STATE REPORT
11.29.2020
Issue 24

ALABAMA

SUMMARY

- Alabama 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. Alabama is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 19th highest rate in the country.
- Alabama has seen a decrease in new cases but continued high test positivity rates.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Jefferson County, 2. Madison County, and 3. Shelby County. These counties represent 29.4% of new cases in Alabama.
- 90% of all counties in Alabama have moderate or high levels of community transmission (yellow, orange, or red zones), with 64% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 24% of nursing homes had at least one new resident COVID-19 case, 46% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Alabama had 213 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 42 to support operations activities from FEMA and 1 to support operations activities from USCG.
- The federal government has supported surge testing in Birmingham, AL and Jefferson County.
- Between Nov 21 - Nov 27, on average, 201 patients with confirmed COVID-19 and 114 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alabama. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity in public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- New hospital admissions in Alabama remain elevated at an increased level. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased 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 in the winter move to mandatory weekly testing of all on and off campus students. Planning for this must begin now.
- There continue to be high levels of positive staff at LTCFs, indicative of continued and unmitigated community spread in these geographic areas.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ALABAMA

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	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	10,465 (213)	-29%	171,312 (256)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.9%	+0.4%*	9.0%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	94,470** (1,927**)	-3%**	1,527,595** (2,283**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	125 (2.5)	-43%	1,680 (2.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	24%	+7%*	22%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	46%	+6%*	41%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	-1%*	7%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,205 (16)	+3% (+4%)	24,045 (16)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

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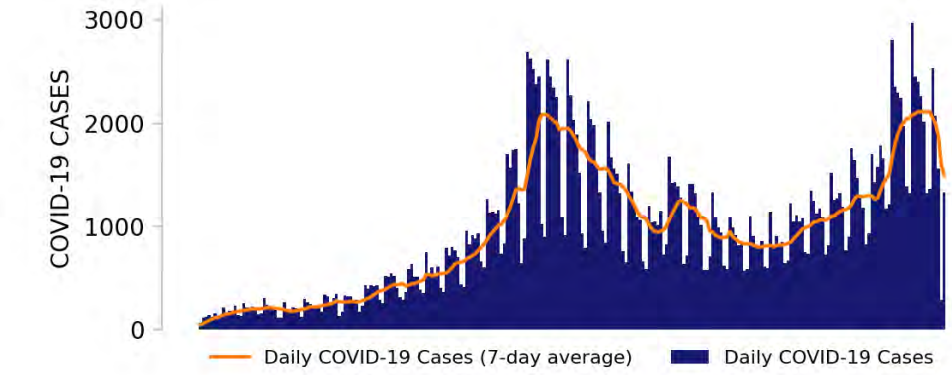
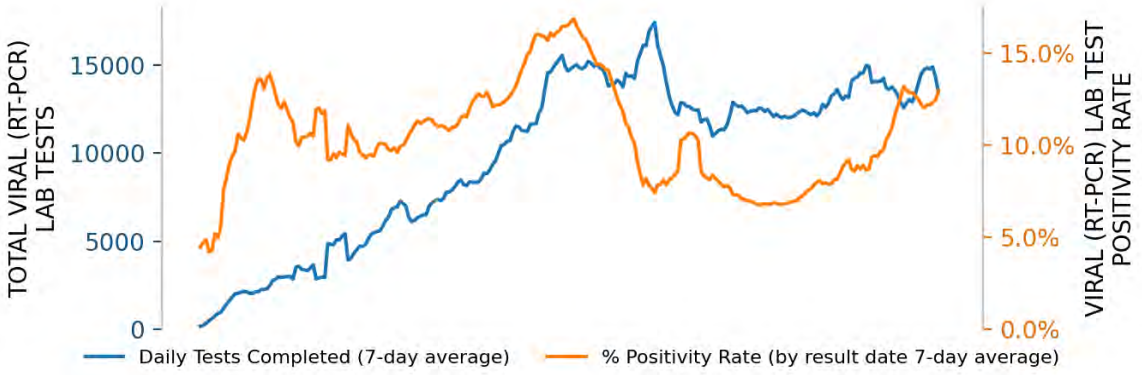
NEW CASES

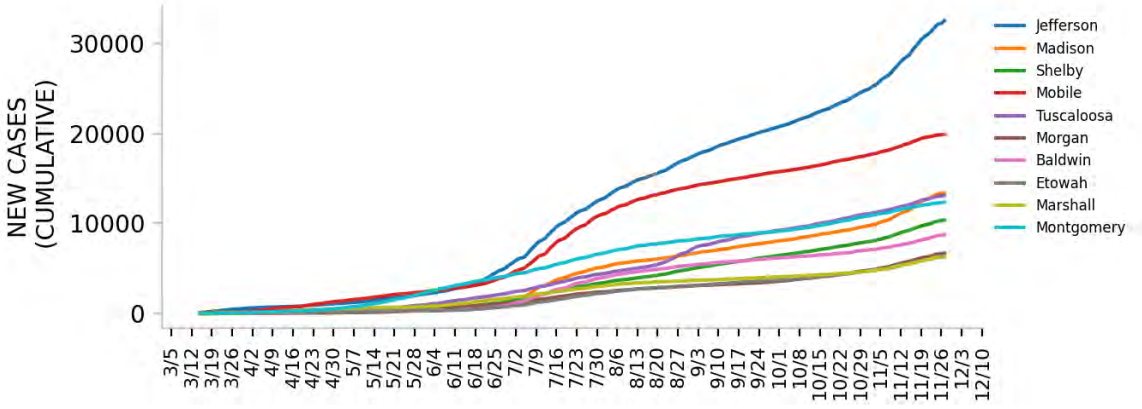


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

ALABAMA

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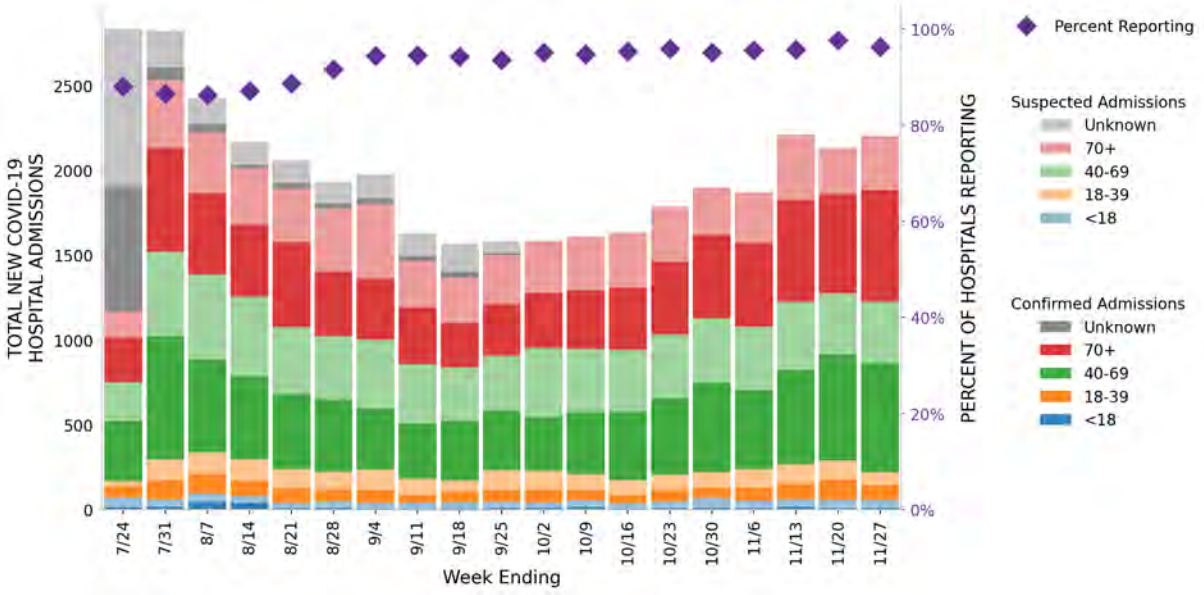
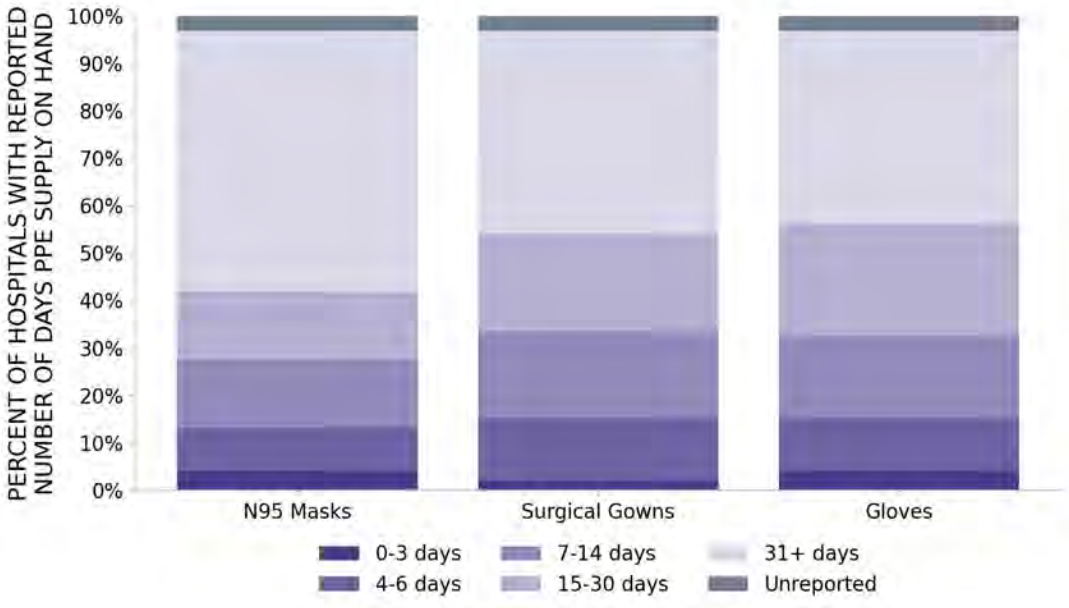
98 hospitals are expected to report in Alabama

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	17 ▲ (+2)	Birmingham-Hoover Huntsville Montgomery Tuscaloosa Decatur Florence-Muscle Shoals Daphne-Fairhope-Foley Gadsden Albertville Cullman Anniston-Oxford Fort Payne	43 ▲ (+5)	Jefferson Madison Shelby Tuscaloosa Morgan Baldwin Etowah Marshall Montgomery Cullman Lauderdale Calhoun
LOCALITIES IN ORANGE ZONE	2 ▼ (-5)	Dothan Ozark	4 ▼ (-8)	Houston Dale Geneva Washington
LOCALITIES IN YELLOW ZONE	7 ▲ (+4)	Mobile Auburn-Opelika Jasper Alexander City Atmore Columbus Eufaula	13 ▼ (-1)	Mobile Lee Walker Tallapoosa Covington Cherokee Escambia Clarke Butler Clay Monroe Barbour

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

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

All Red Counties: Jefferson, Madison, Shelby, Tuscaloosa, Morgan, Baldwin, Etowah, Marshall, Montgomery, Cullman, Lauderdale, Calhoun, DeKalb, Limestone, Jackson, St. Clair, Colbert, Elmore, Blount, Talladega, Coffee, Autauga, Winston, Franklin, Dallas, Chambers, Bibb, Lawrence, Fayette, Chilton, Pickens, Marion, Marengo, Lamar, Macon, Hale, Randolph, Cleburne, Henry, Coosa, Sumter, Greene, Lowndes

All Yellow Counties: Mobile, Lee, Walker, Tallapoosa, Covington, Cherokee, Escambia, Clarke, Butler, Clay, Monroe, Barbour, Wilcox

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

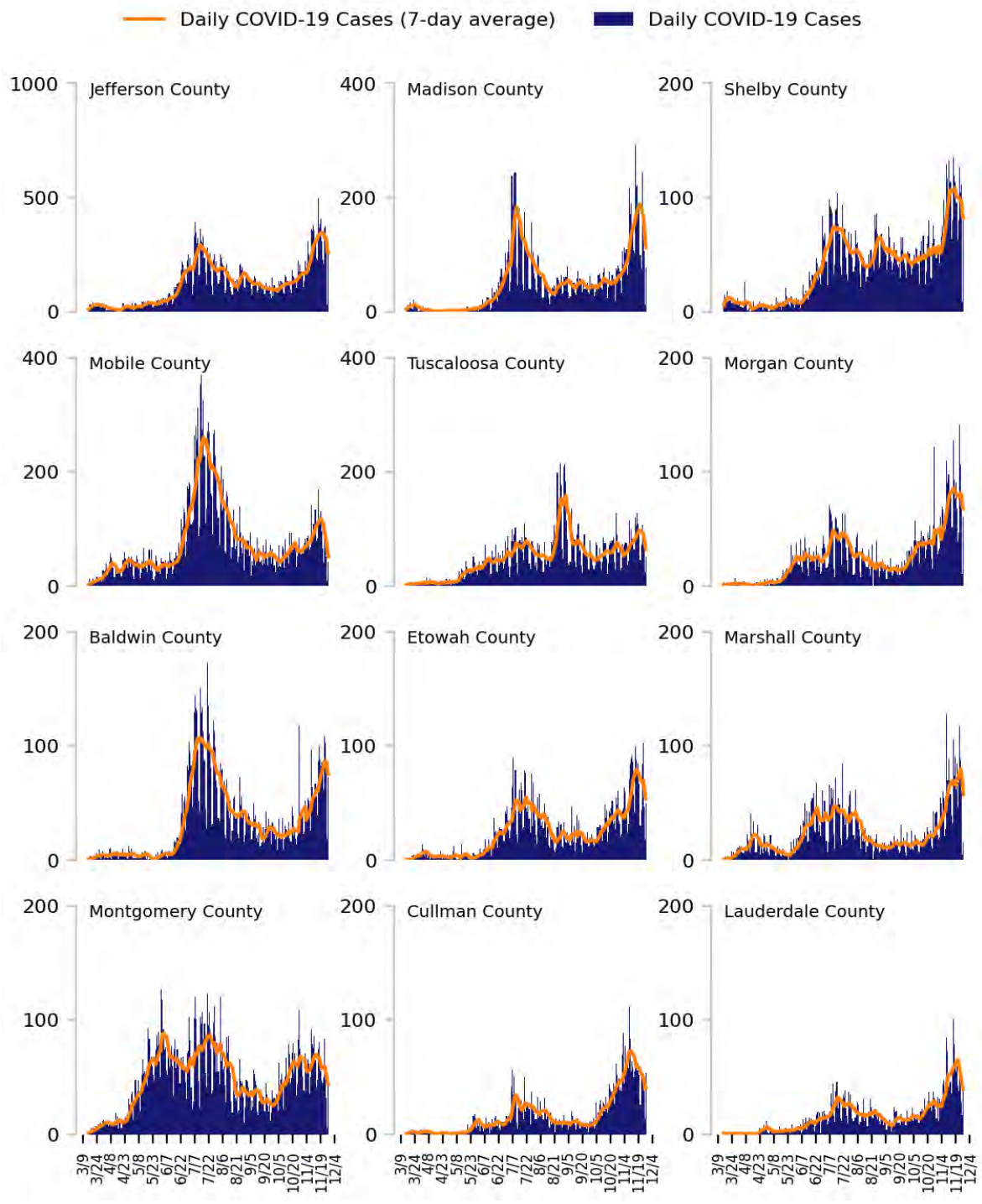
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

ALABAMA

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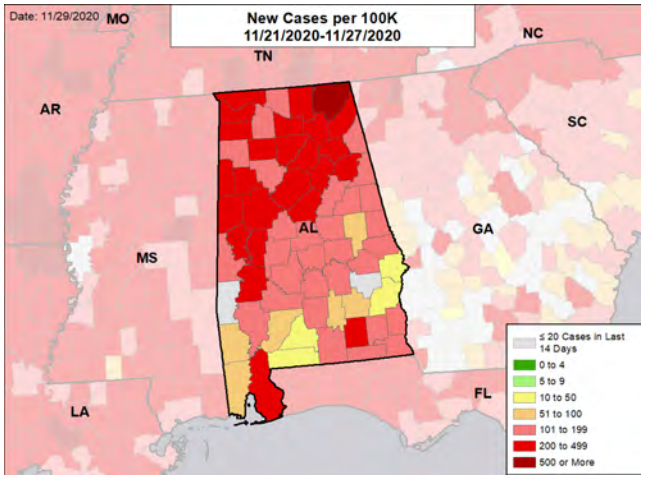
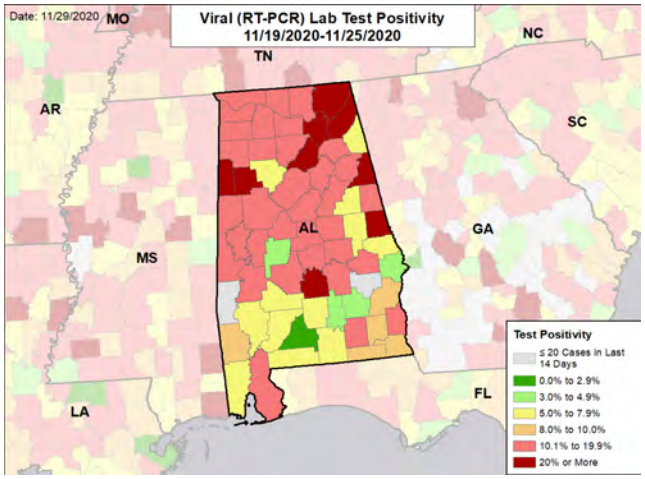
CASE RATES AND VIRAL LAB TEST POSITIVITY

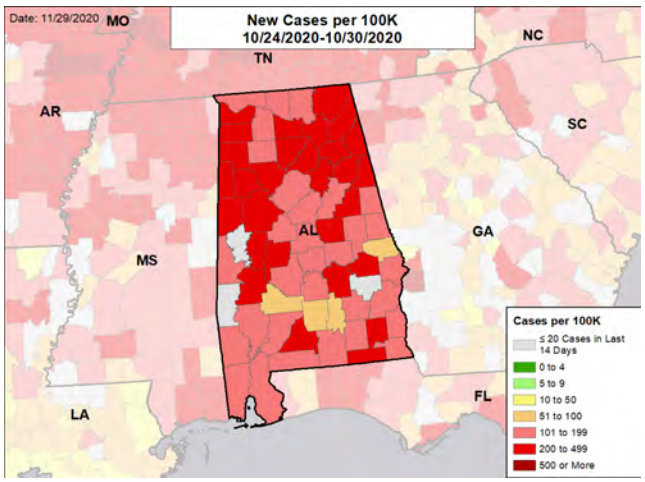
NEW CASES PER 100,000



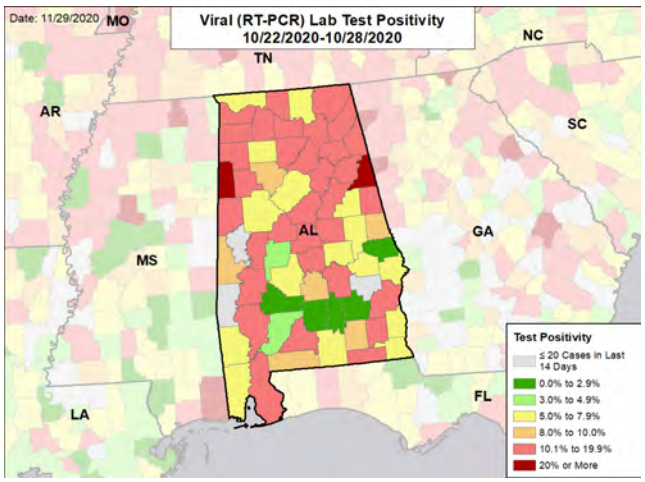
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

ALASKA

SUMMARY

- Alaska 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. Alaska is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 34th highest rate in the country.
- Alaska has seen stability in new cases and a decrease in test positivity. Test volume appears to have plateaued in November and may have dropped over the past two weeks.
- Test positivity and relative case rates increased the most in Northwest Arctic, Aleutians East, Kenai Peninsula, Kodiak Island, and Bristol Bay boroughs and Kusilvak, Bethel, North Slope, and Nome Census Areas.
- 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 74.9% of new cases in Alaska.
- 34% of all boroughs in Alaska have moderate or high levels of community transmission (yellow, orange, or red zones), with 24% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 13% 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. Apparent outbreak in a facility in Soldotna.
- In Anchorage Hospital Service Areas, the inpatient bed utilization was 85% and ICU bed utilization was 72%. Critical staffing shortages are being reported in almost 10% of facilities and are expected to increase.
- Alaska had 583 new cases per 100,000 population, compared to a national average of 349 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; 14 to support medical activities from ASPR; 3 to support operations activities from ASPR; 2 to support medical activities from CDC; and 23 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 23 patients with confirmed COVID-19 and 5 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alaska. This is an increase of 11% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all boroughs must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- Given the persistently elevated case rates (nearly 600 per 100,000 population/week), further restrictions in Anchorage are warranted to reduce hospitalizations and deaths.
- Use of facial coverings has been the critical part of successful efforts to lower transmission, as has been shown in many communities, states, and countries; recommend an increased emphasis on use of face coverings and efforts to monitor and enforce local ordinances.
- Testing capacity should be aggressively expanded, and testing should be widely promoted.
- Proactive weekly testing of individuals who have continued interactions with members of the community (such as healthcare workers, cashiers, drivers, etc.) will help identify the depth and breadth of community infection. Point-of-care antigen tests should be used among these representative individuals, independent of symptoms, in all orange and red communities in Alaska.
- The above surveillance should direct focused testing campaigns wherever increased transmission is detected.
- Education on isolation and quarantine should be given in verbal and written form at the time of testing; all those who are being tested should be instructed to quarantine until they get their results.
- Expand messaging from local healthcare workers to advocate for adherence to community mitigation policies and efforts; public health messages should appeal to community coherence and responsibility, using champions from across the political and cultural spectrum.
- Ensure all hospitals and clinical sites in Alaska are as capacitated as possible, with updated training on the use and timing of effective interventions, contingency staffing plans, and optimized access to telehealth and remote clinical assistance as well as medications and supplies.
- Review policies and procedures at all long-term care facilities to ensure that all staff and residents are being tested weekly with rapid testing and all facilities are strictly adhering to CMS guidance.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ALASKA

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	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	4,266 (583)	+3%	40,619 (283)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.3%	-3.2%*	10.5%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	59,678** (8,158**)	-8%**	398,235** (2,775**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	18 (2.5)	+500%	247 (1.7)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	13%	+2%*	17%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	31%	+9%*	37%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+6%*	5%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	196 (14)	+11% (+10%)	3,178 (14)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

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

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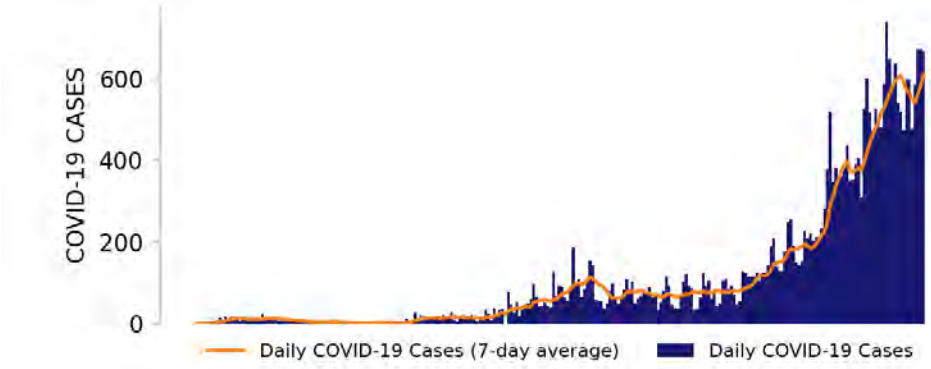
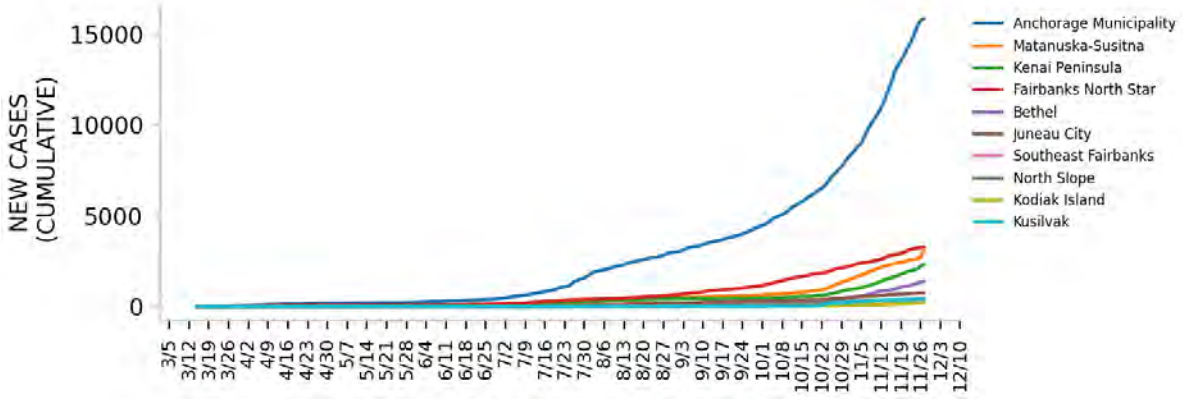
NEW CASES



TESTING

TOP BOROUGHS

Top boroughs based on greatest number of new cases in last three weeks (11/7 - 11/27)



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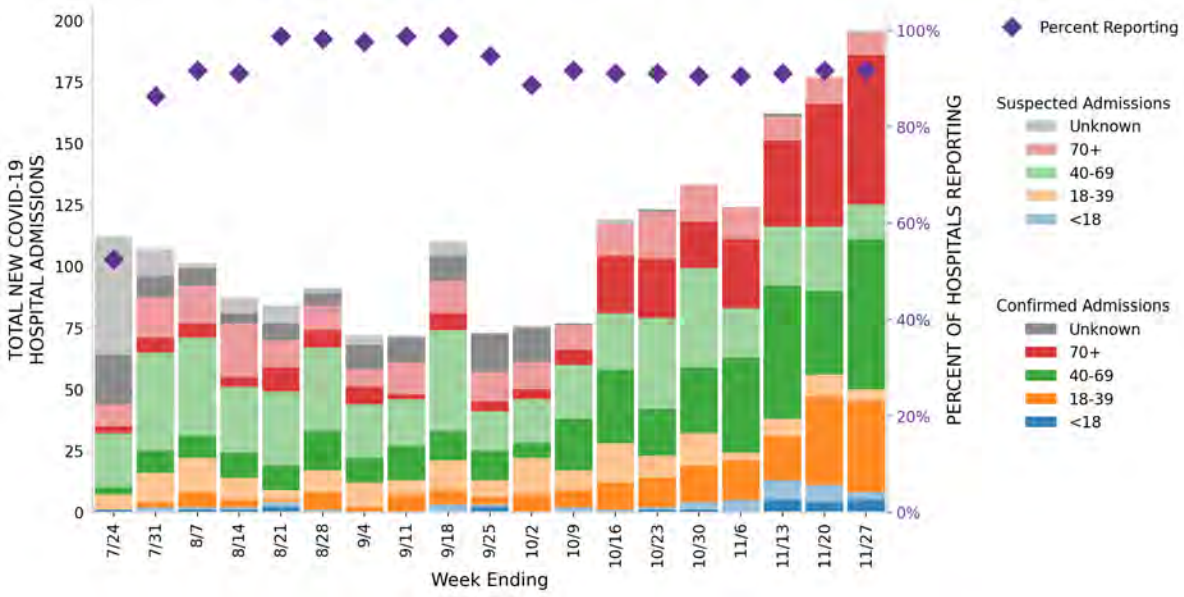
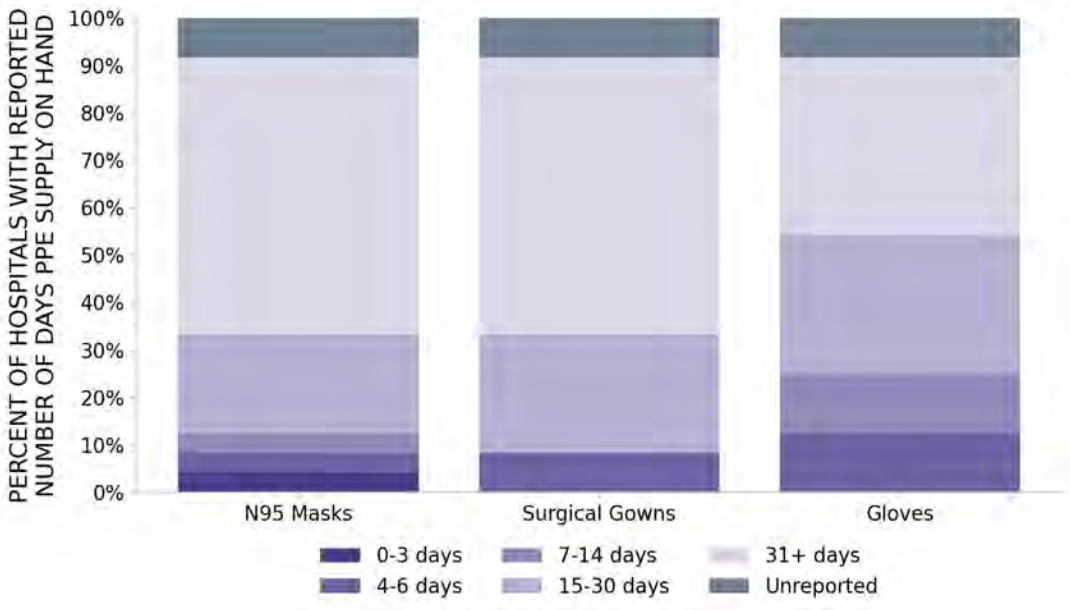
24 hospitals are expected to report in Alaska

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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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.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

ALASKA

STATE REPORT | 11.29.2020

COVID-19 BOROUGH AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		BOROUGHS	
LOCALITIES IN RED ZONE	**0** ▼ (-1)	N/A	**7** ▲ (+1)	Matanuska-Susitna Kenai Peninsula Bethel Census Area Southeast Fairbanks Census Area North Slope Kusilvak Census Area Aleutians East
LOCALITIES IN ORANGE ZONE	**1** ■ (+0)	Fairbanks	**1** ▼ (-1)	Fairbanks North Star
LOCALITIES IN YELLOW ZONE	**1** ■ (+0)	Anchorage	**2** ▼ (-1)	Anchorage Municipality Kodiak Island

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

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

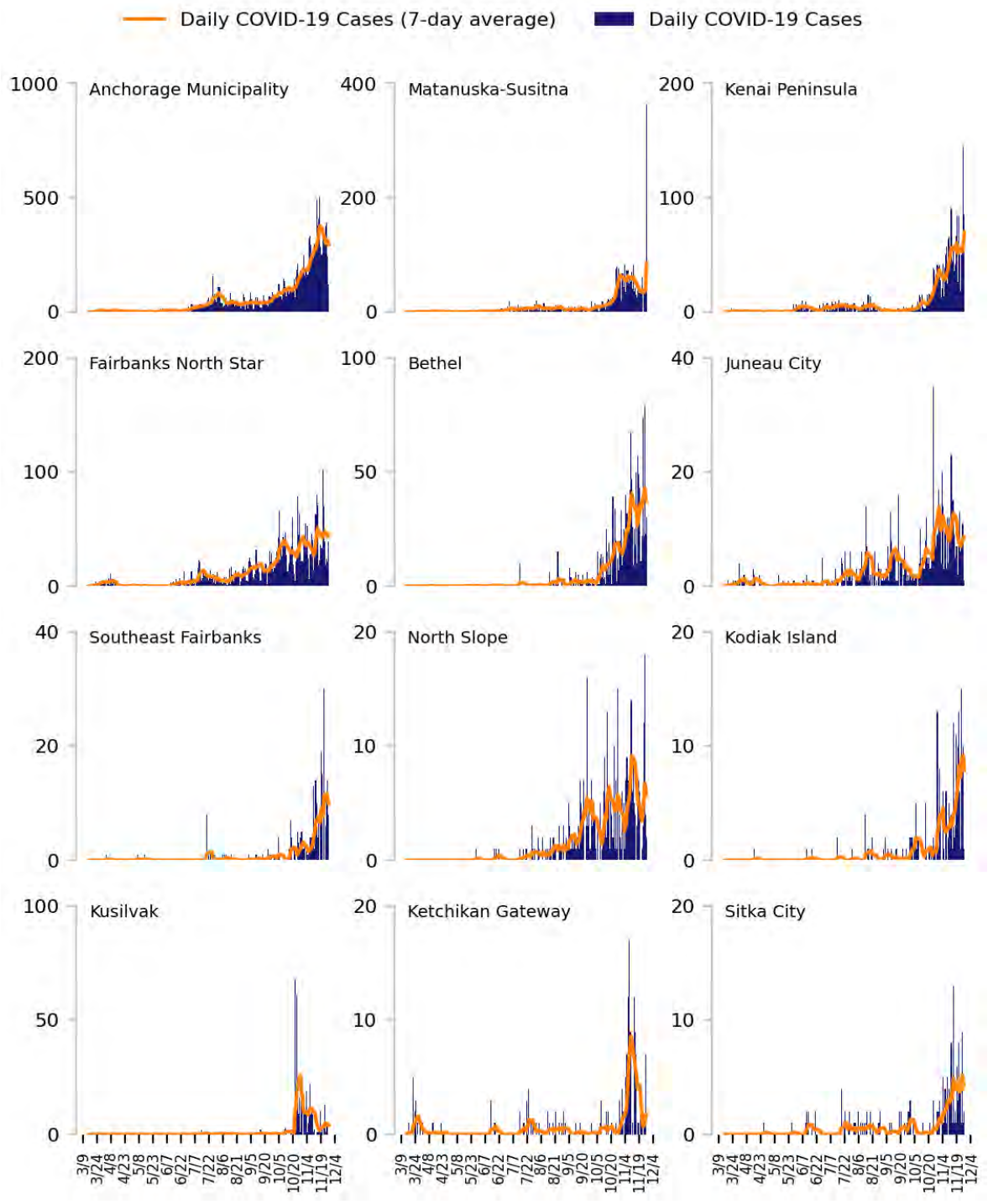
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

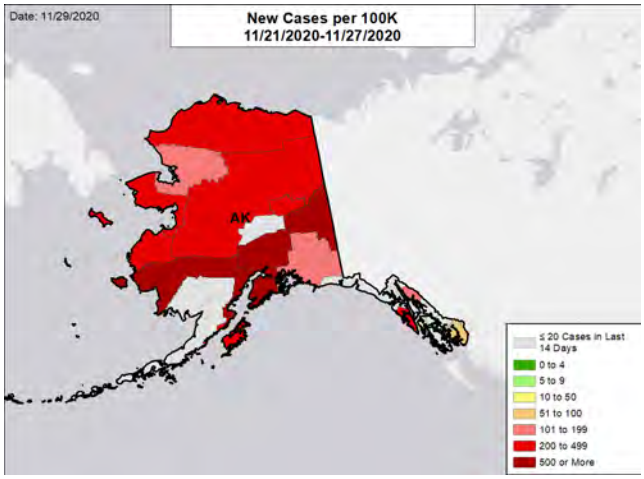
Cases: State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

ALASKA

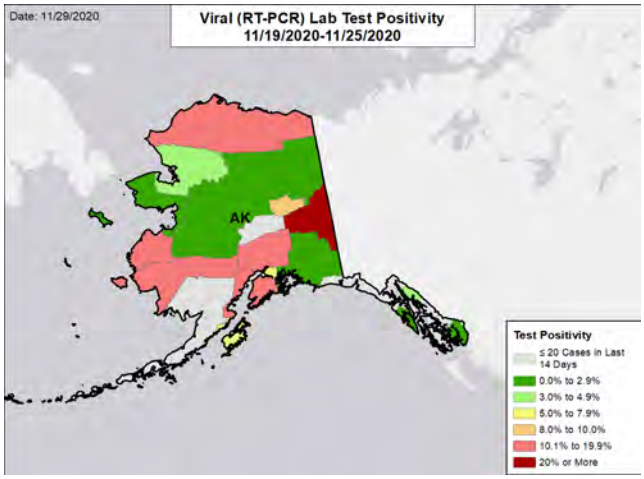
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

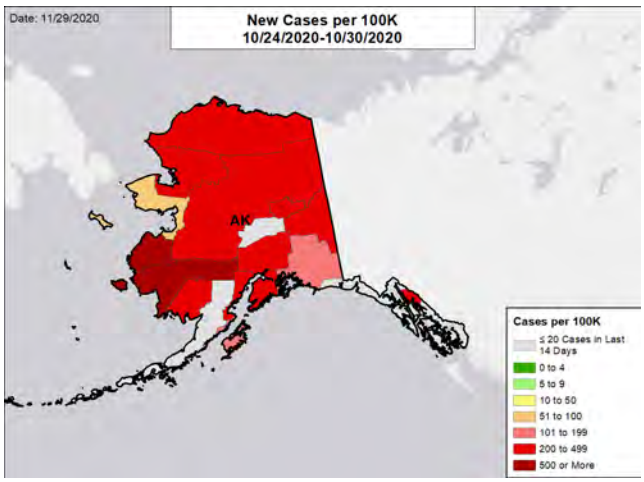
NEW CASES PER 100,000



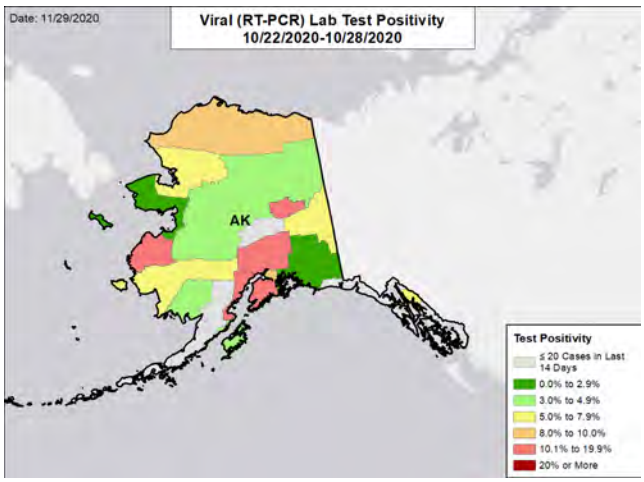
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

ARIZONA

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- Arizona 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. Arizona is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 25th 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 equal to the summer surge but without the needed aggressive mitigation across the state.
- 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 77.6% of new cases in Arizona.
- 93% of all counties in Arizona have moderate or high levels of community transmission (yellow, orange, or red zones), with 73% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 27% of nursing homes had at least one new resident COVID-19 case, 44% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Arizona had 370 new cases per 100,000 population, compared to a national average of 349 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 Nov 21 - Nov 27, on average, 272 patients with confirmed COVID-19 and 234 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arizona. This is an increase of 10% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity in public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- New hospital admissions in Arizona are rapidly increasing and mitigation must be increased.
- Ensure all universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for this must begin now.
- There continue to be high levels of positive staff at LTCFs, indicative of continued and unmitigated community spread in these geographic areas.
- Ensure all Tribal Nations are testing all residents and visitors weekly to ensure rapid isolation of asymptomatic cases.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ARIZONA

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	26,942 (370)	+22%	141,764 (276)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.6%	+0.6%*	8.1%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	229,468** (3,153**)	+22%**	1,268,985** (2,474**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	161 (2.2)	-5%	751 (1.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	27%	+7%*	10%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	44%	+7%*	22%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	-1%*	2%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,546 (26)	+10% (+8%)	15,588 (18)	135,904 (19)

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

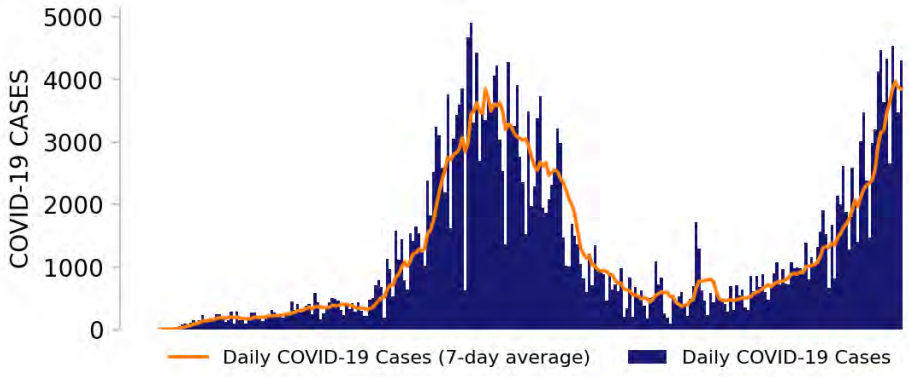
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

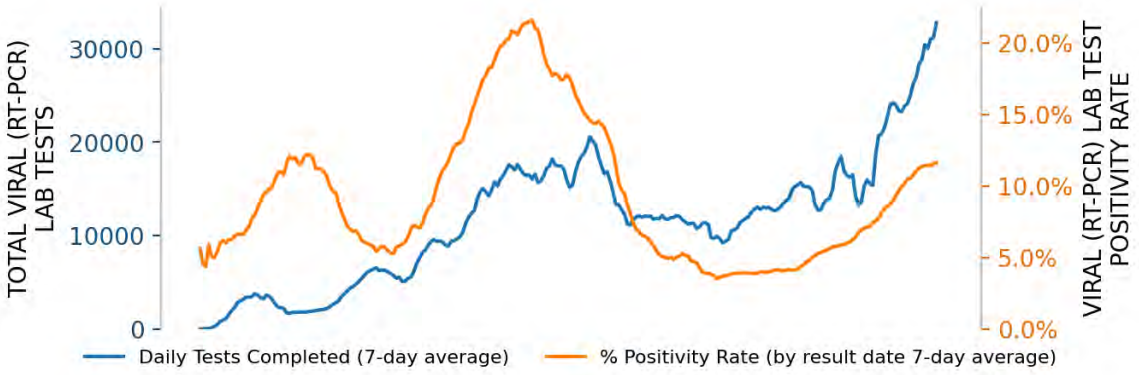
ARIZONA

STATE REPORT | 11.29.2020

NEW CASES

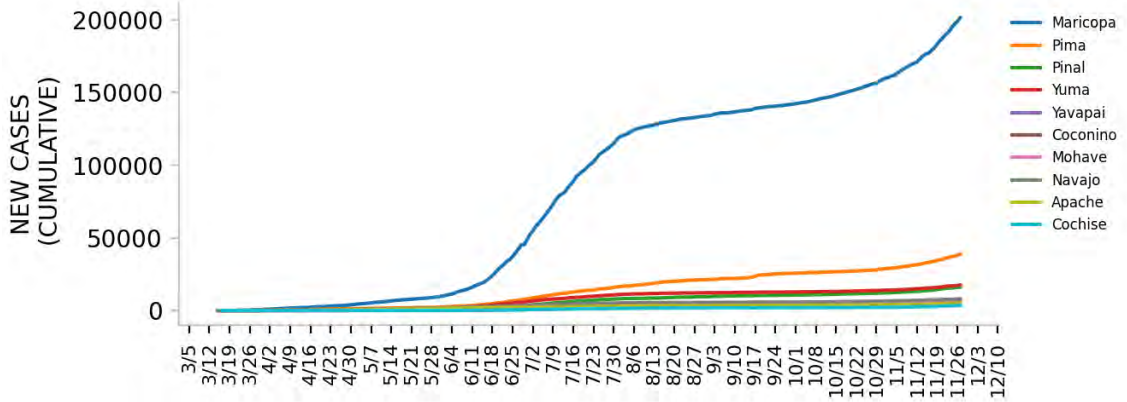


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

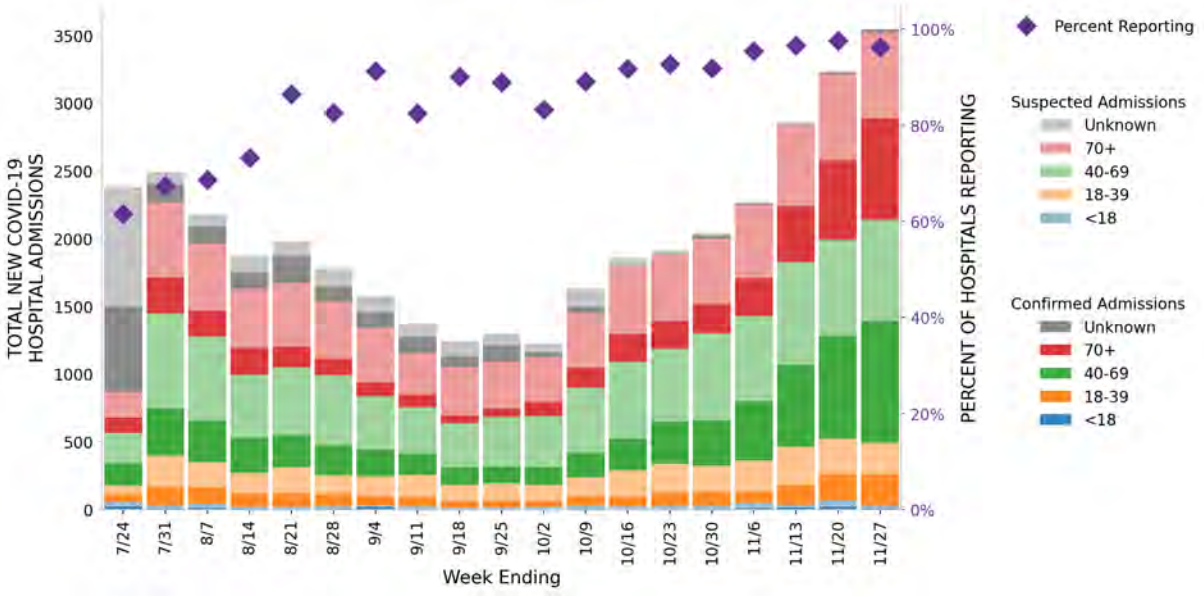
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

ARIZONA

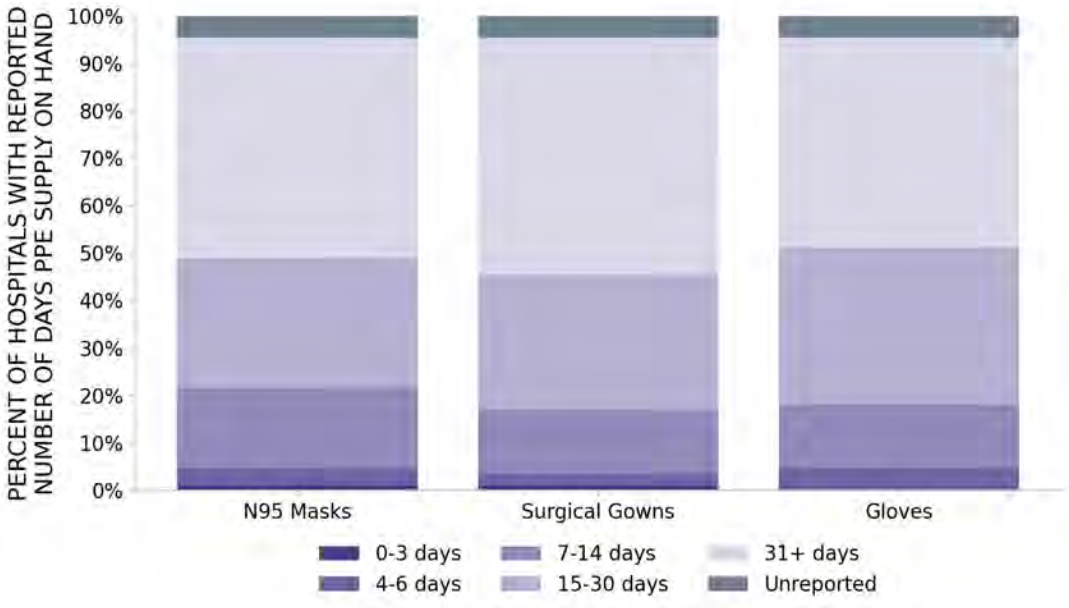
STATE REPORT | 11.29.2020

88 hospitals are expected to report in Arizona

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

ARIZONA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**9** ▼ (-1)	Phoenix-Mesa-Chandler Tucson Yuma Prescott Valley-Prescott Lake Havasu City-Kingman Show Low Sierra Vista-Douglas Safford Nogales	**11** ▼ (-2)	Maricopa Pima Pinal Yuma Yavapai Mohave Navajo Apache Cochise Graham Santa Cruz
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**0** ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	**2** ▲ (+1)	Flagstaff Payson	**3** ▲ (+2)	Coconino Gila Greenlee

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

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

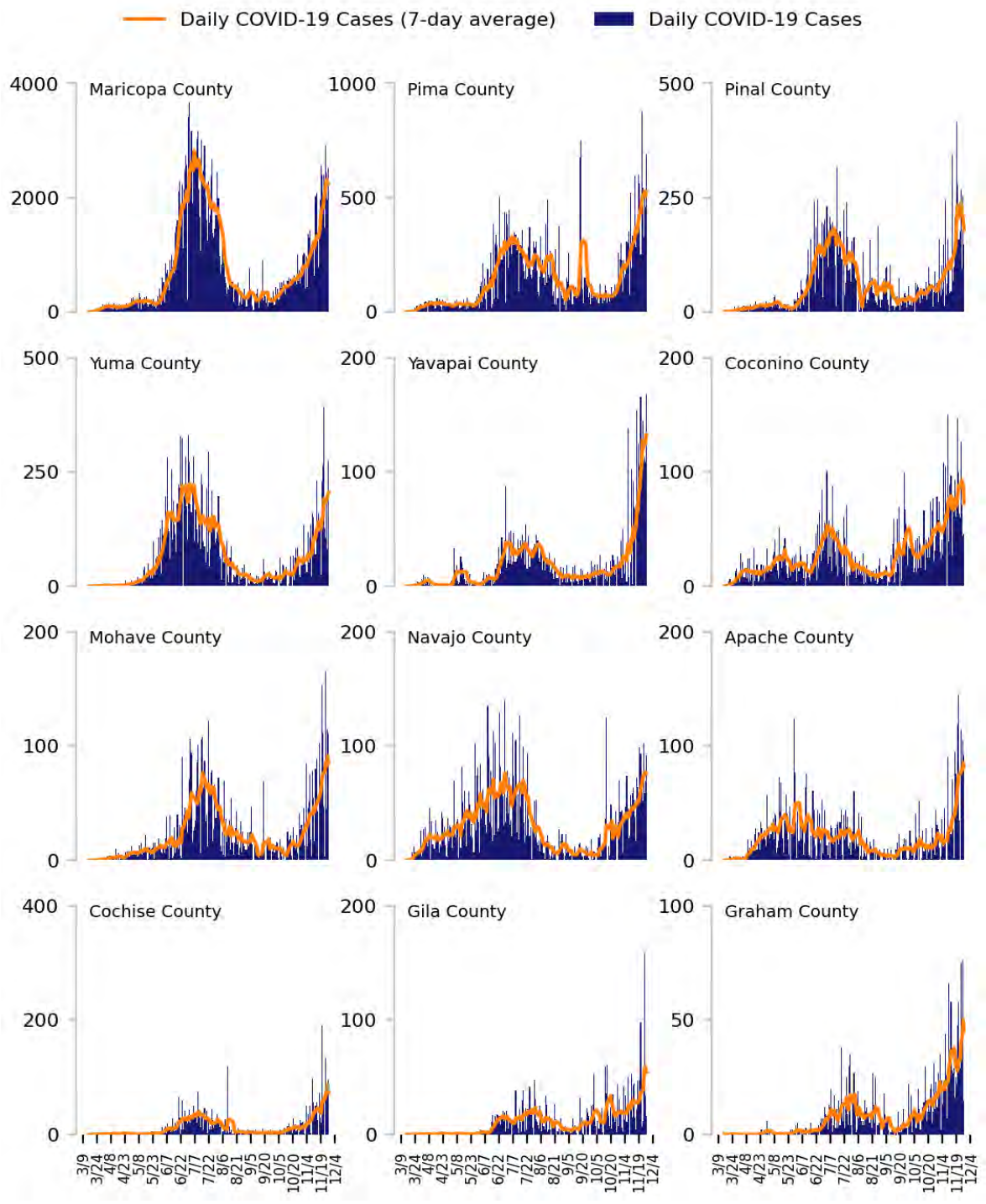
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

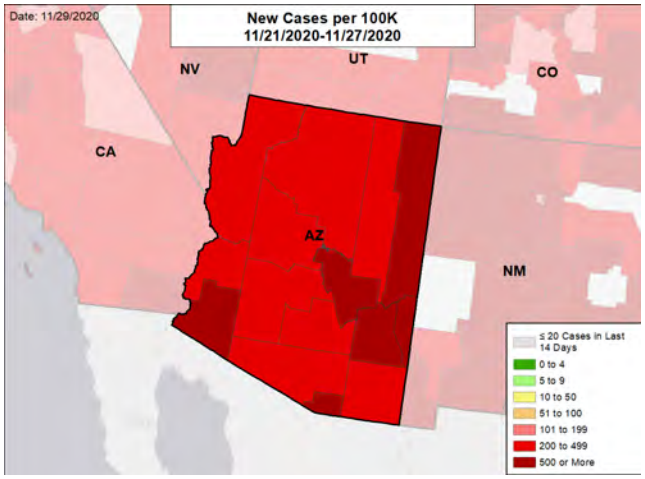
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

ARIZONA

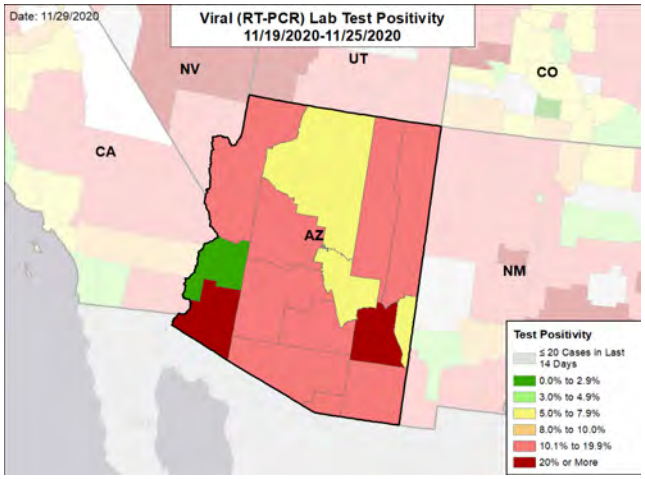
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

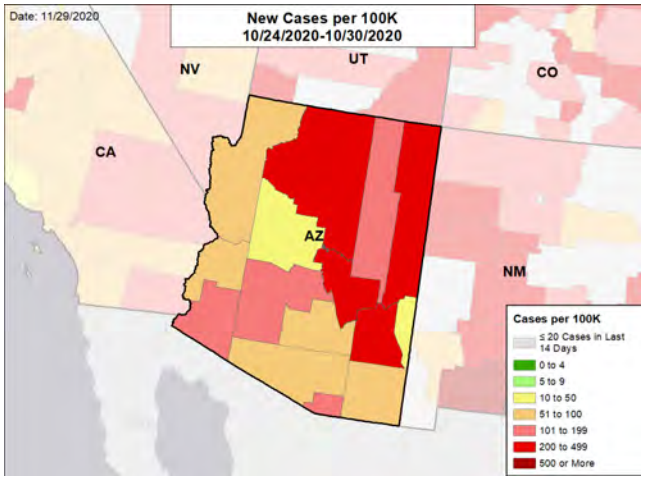
NEW CASES PER 100,000



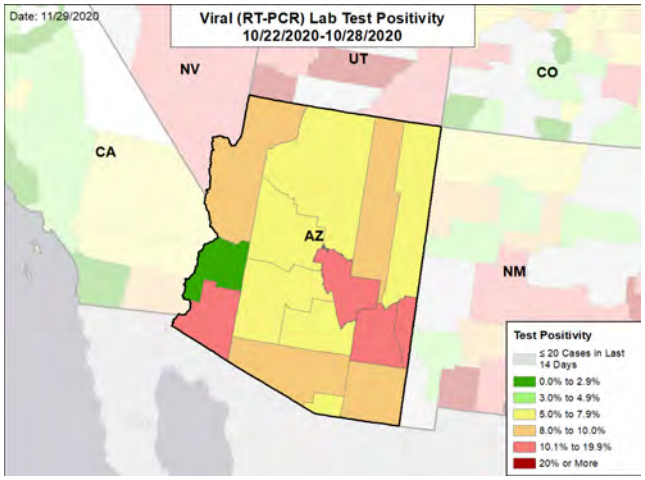
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

ARKANSAS

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- Arkansas 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. Arkansas is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 30th highest rate in the country.
- Arkansas 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. Pulaski County, 2. Washington County, and 3. Benton County. These counties represent 26.0% of new cases in Arkansas.
- 88% of all counties in Arkansas have moderate or high levels of community transmission (yellow, orange, or red zones), with 47% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 29% of nursing homes had at least one new resident COVID-19 case, 59% had at least one new staff COVID-19 case, and 12% had at least one new resident COVID-19 death.
- Arkansas had 390 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 5 to support operations activities from FEMA.
- Between Nov 21 - Nov 27, on average, 128 patients with confirmed COVID-19 and 195 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arkansas. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- Cases may be reaching a plateau in Arkansas, although the percent of nursing homes with at least one positive staff member and positive residents is increasing, indicating virus spread is still broad. COVID-related hospitalizations will continue in the coming weeks.
- Testing and case trends should be cautiously interpreted this week given the number of individuals getting tested may have decreased due to Thanksgiving. Where university students are returning to campus from Thanksgiving break, conduct testing of all students and test weekly until the semester ends.
- Stay vigilant with nursing home staff and residents; nearly 60% of nursing homes have at least one COVID positive staff member and nearly 30% have COVID positive residents, indicating unmitigated community spread. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to <25% and limiting bar hours until cases and test positivity decrease to the yellow zone.
- Ensure compliance with public health orders, including wearing masks.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Ensure all hospitals, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all hospitals, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- Ensure full flu immunizations across the state.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ARKANSAS

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	11,761 (390)	+1%	132,529 (310)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.5%	-0.7%*	11.1%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	77,240** (2,559**)	-4%**	960,221** (2,248**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	115 (3.8)	-34%	1,460 (3.4)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	29%	+2%*	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	59%	+2%*	43%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	12%	-5%*	9%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,260 (30)	-1% (+12%)	18,433 (21)	135,904 (19)

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

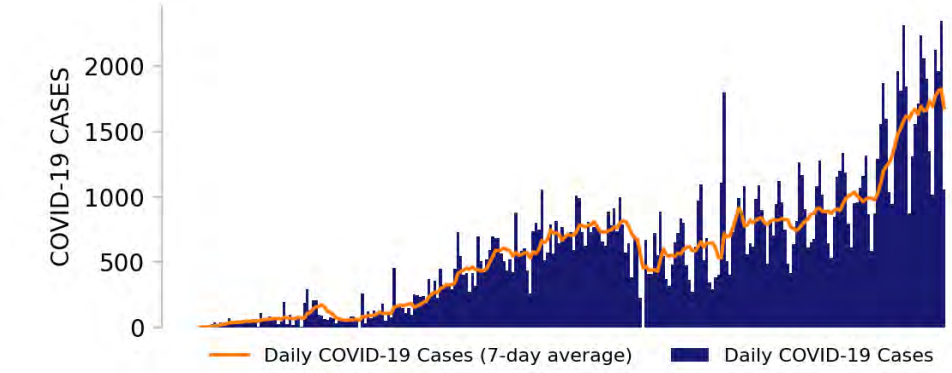
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

ARKANSAS

STATE REPORT | 11.29.2020

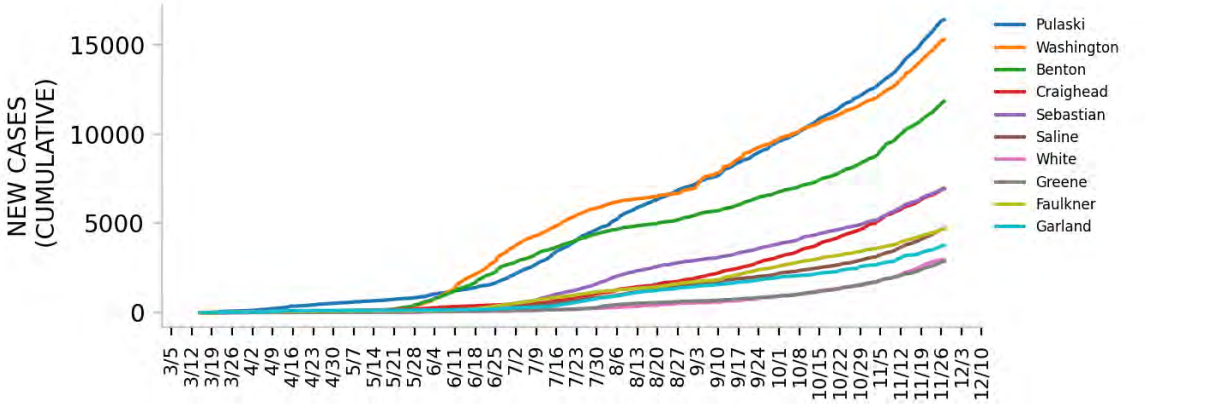
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



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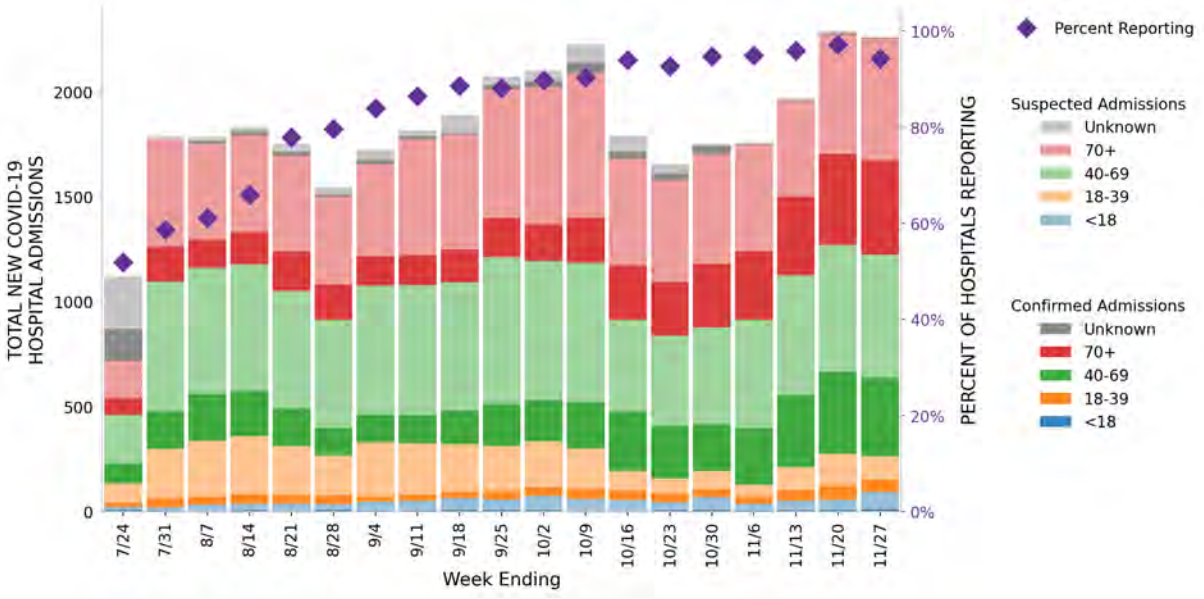
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

ARKANSAS

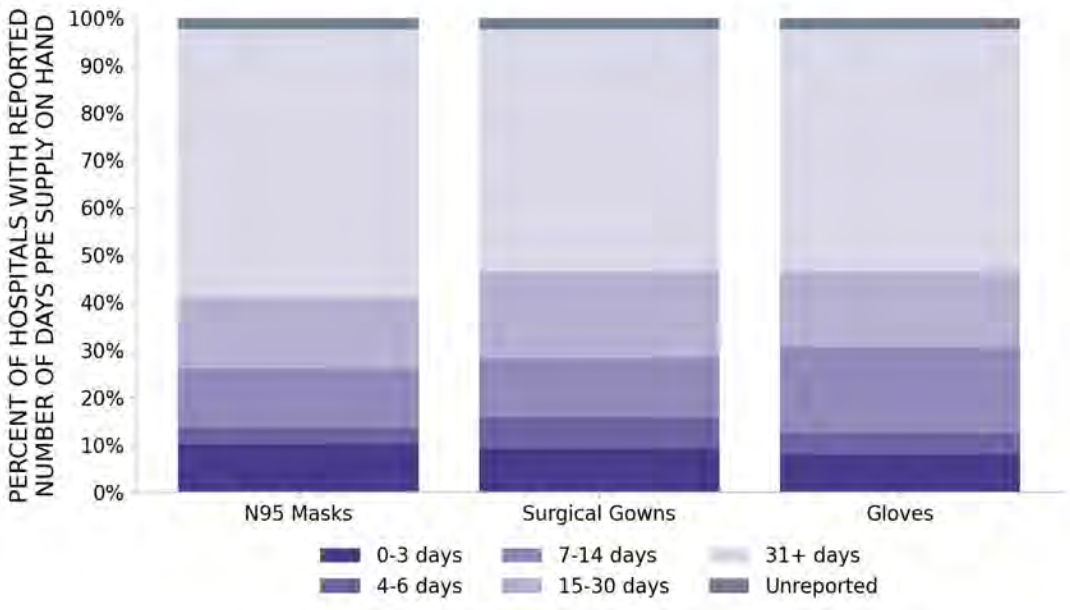
STATE REPORT | 11.29.2020

88 hospitals are expected to report in Arkansas

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

ARKANSAS

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	12 ■ (+0)	Fort Smith Jonesboro Paragould Hot Springs Harrison Blytheville Memphis Malvern Texarkana Mountain Home Camden Magnolia	35 ▼ (-3)	Benton Craighead Sebastian Saline Greene Garland Jackson Crawford Mississippi Boone Hot Spring Baxter
LOCALITIES IN ORANGE ZONE	5 ■ (+0)	Fayetteville-Springdale-Rogers Searcy Russellville El Dorado Arkadelphia	13 ▼ (-4)	Washington White Faulkner Pope Crittenden Miller Conway Union Yell Clark Cross Desha
LOCALITIES IN YELLOW ZONE	5 ▼ (-1)	Little Rock-North Little Rock-Conway Pine Bluff Batesville Forrest City Helena-West Helena	18 ▲ (+4)	Pulaski Jefferson Lonoke Sharp Randolph St. Francis Hempstead Arkansas Johnson Phillips Howard Van Buren

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

All Red Counties: Benton, Craighead, Sebastian, Saline, Greene, Garland, Jackson, Crawford, Mississippi, Boone, Hot Spring, Baxter, Polk, Poinsett, Carroll, Clay, Ouachita, Logan, Columbia, Drew, Ashley, Marion, Lawrence, Grant, Franklin, Fulton, Cleburne, Madison, Chicot, Dallas, Bradley, Newton, Prairie, Montgomery, Calhoun

All Orange Counties: Washington, White, Faulkner, Pope, Crittenden, Miller, Conway, Union, Yell, Clark, Cross, Desha, Stone

All Yellow Counties: Pulaski, Jefferson, Lonoke, Sharp, Randolph, St. Francis, Hempstead, Arkansas, Johnson, Phillips, Howard, Van Buren, Scott, Lincoln, Perry, Searcy, Lee, Monroe

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

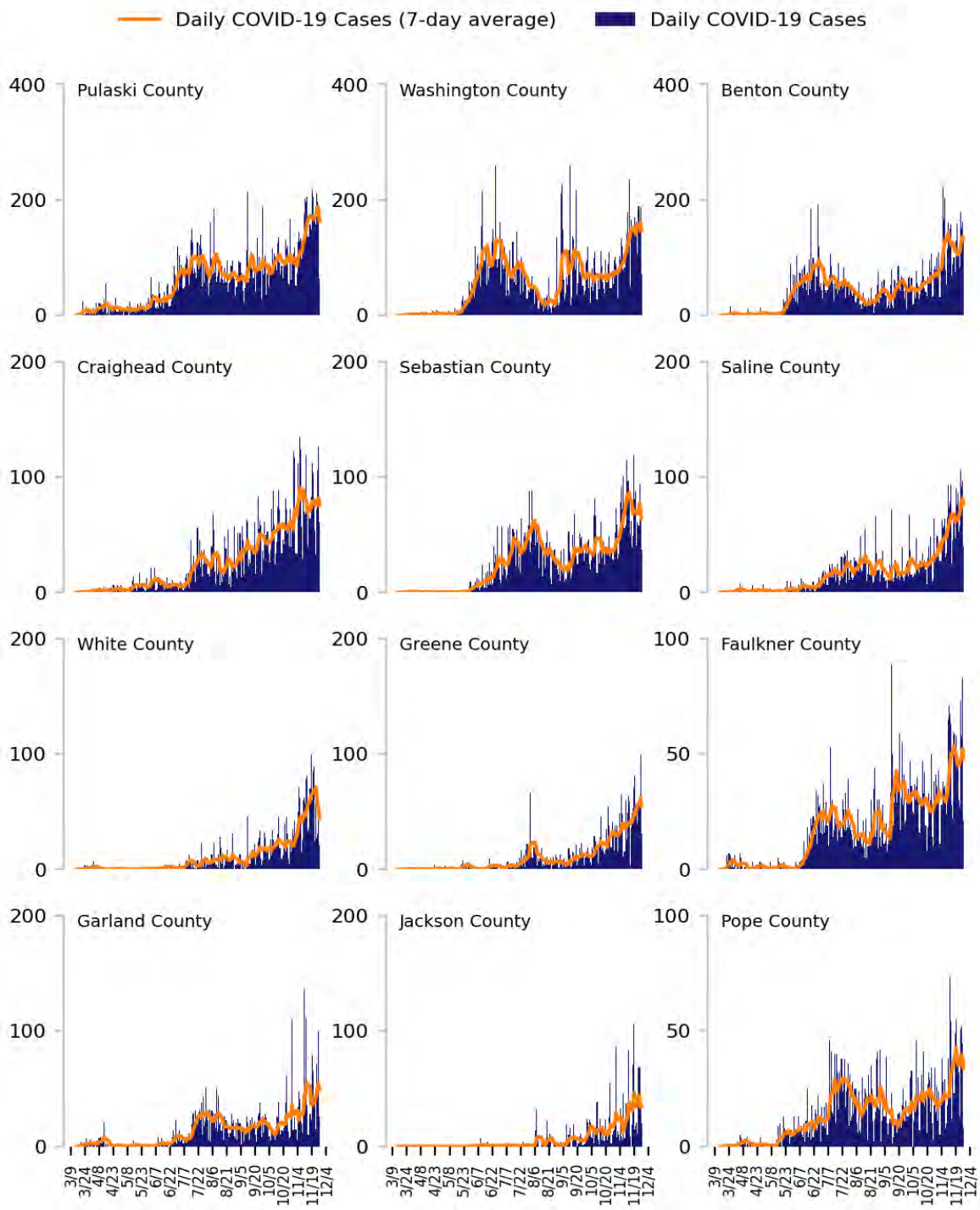
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

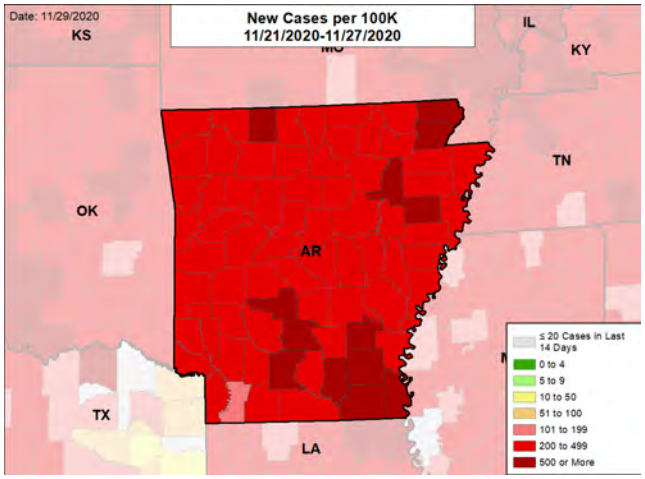
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

ARKANSAS

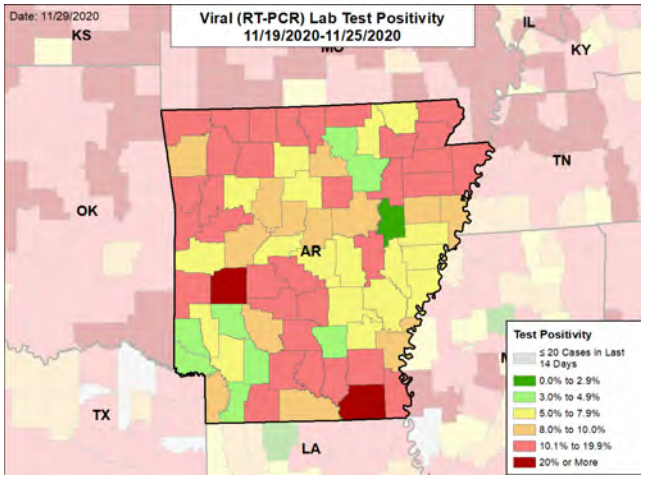
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

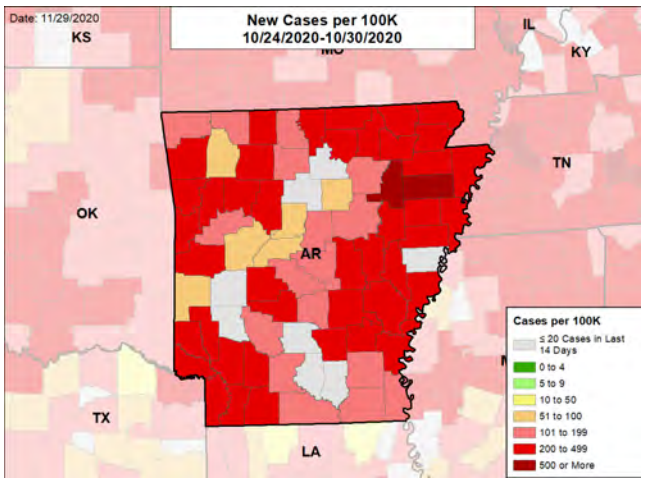
NEW CASES PER 100,000



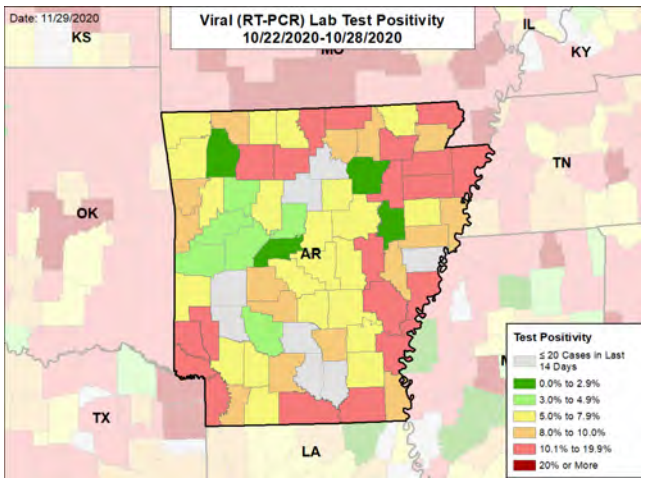
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

CALIFORNIA

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- California saw a further major increase in reported cases, a large increase in hospitalizations, and a continued increase in deaths. California 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. California 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.
- California has seen an increase in new cases and stability in test positivity.
- Test positivity is highest in inland counties. Current hospitalizations continue to increase rapidly, having doubled in less than three weeks; new admissions also increased last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Los Angeles County, 2. San Bernardino County, and 3. San Diego County. These counties represent 49.4% of new cases in California.
- Mitigation: From Nov 21-Dec 21, nonessential businesses and personal gatherings between 10PM and 5AM are prohibited under a limited stay-at-home order for counties in the state's "purple" tier, which includes 94% of California's population.
- 47% of all counties in California 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 16 - Nov 22, 7% of nursing homes had at least one new resident COVID-19 case, 19% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- California had 247 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 126 to support operations activities from FEMA; 6 to support operations activities from ASPR; and 281 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 919 patients with confirmed COVID-19 and 541 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in California. This is an increase of 18% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of California leaders that the current situation is critical after more than a month of continuing, rapid increases in cases and hospitalizations; the population and health care system must do everything possible to prepare for and limit a post-Thanksgiving resurgence. Improved public observance of social distancing measures is urgently needed to limit overrunning hospital capacity and additional preventable deaths. Limiting travel throughout the next several weeks is an additional key mitigation measure this holiday season as the spread across jurisdictions makes control measures much more difficult and leads to additional outbreaks. The Governor's continued personal guidance is commended.
- Ensure all clinical facilities, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including out-patient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. Ensure support for platform for efficient intra- and inter-state patient transfers as needed.
- Expeditious intensification of mitigation measures called for within the state plan will help to slow disease spread. The continued adjustments in response to trends in county cases are commended.
- Additional measures should be taken, including communications to reinforce messaging around social gatherings throughout the ongoing holiday season. Maximizing control of transmission now will also allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- The silent community spread that precedes and continues throughout these COVID disease surges can only be identified and interrupted through proactive and increased testing and surveillance. This approach can be adapted to communities/counties in the orange or red zone with proactive weekly testing of groups from the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers). These cases should be analyzed with data from cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread proactive testing and isolation of positive cases. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Mitigation measures to limit transmission in personal gatherings need continued strengthening. Local influencers are critical; hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing, and utilize the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities planning to bring students back to campus after winter break move to mandatory weekly testing of all on and off campus students. Planning for that must begin 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 | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	97,449 (247)	+27%	141,764 (276)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.2%	+0.3%*	8.1%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	893,471** (2,261**)	-29%**	1,268,985** (2,474**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	462 (1.2)	+10%	751 (1.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	7%	-6%*	10%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	19%	-12%*	22%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	-1%*	2%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	10,220 (16)	+18% (+19%)	15,588 (18)	135,904 (19)

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

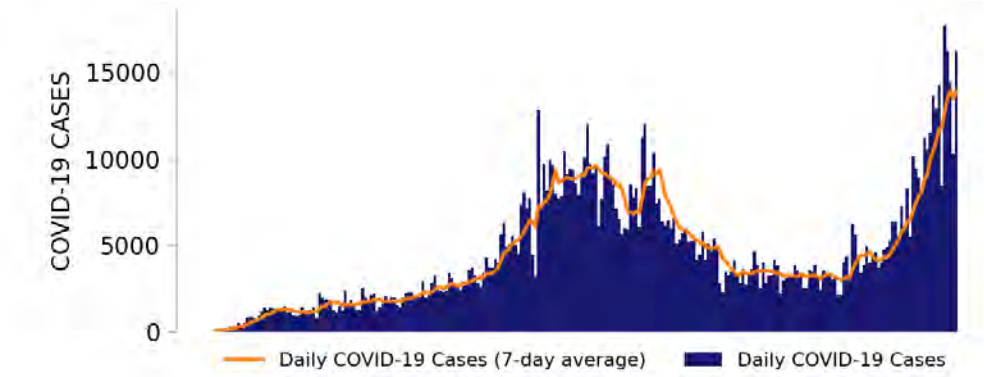
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

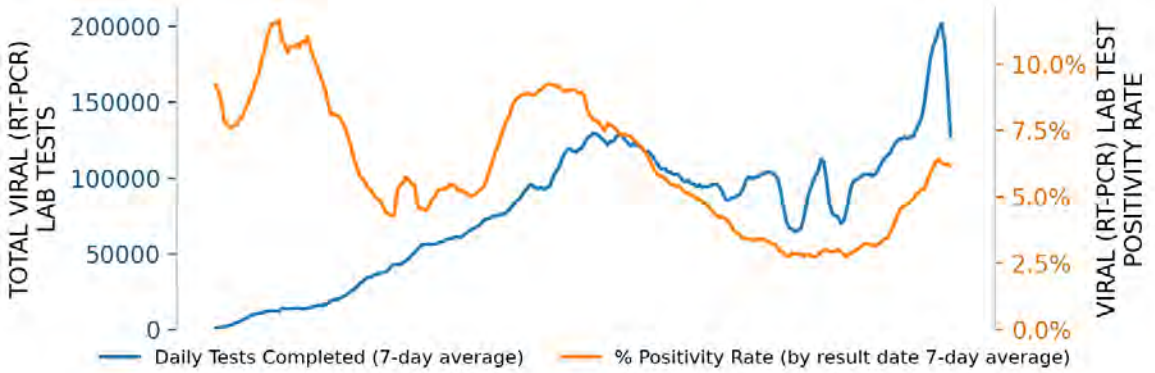
CALIFORNIA

STATE REPORT | 11.29.2020

NEW CASES

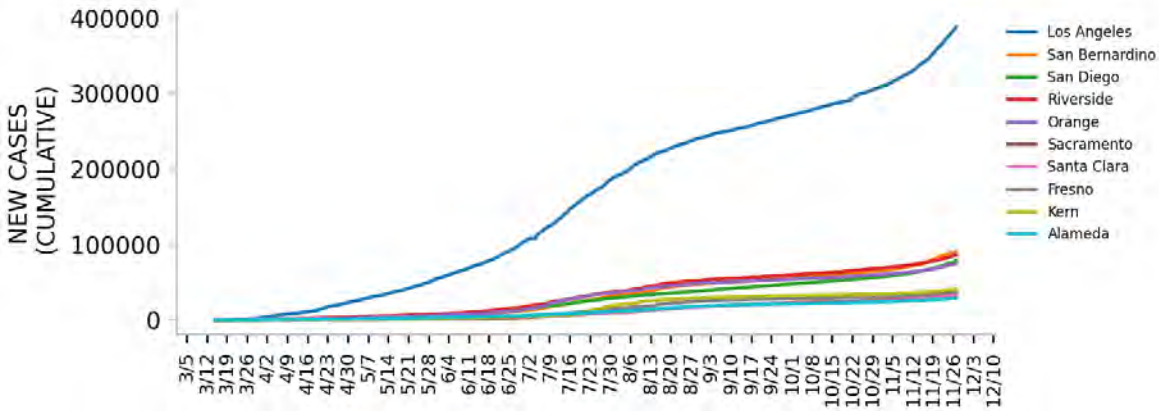


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

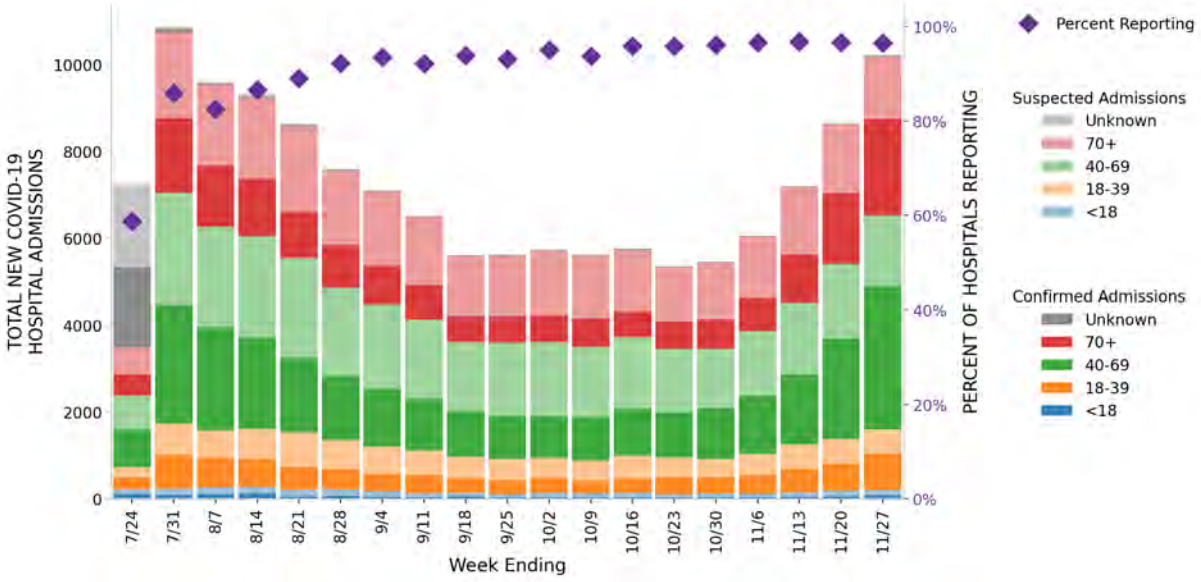
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

CALIFORNIA

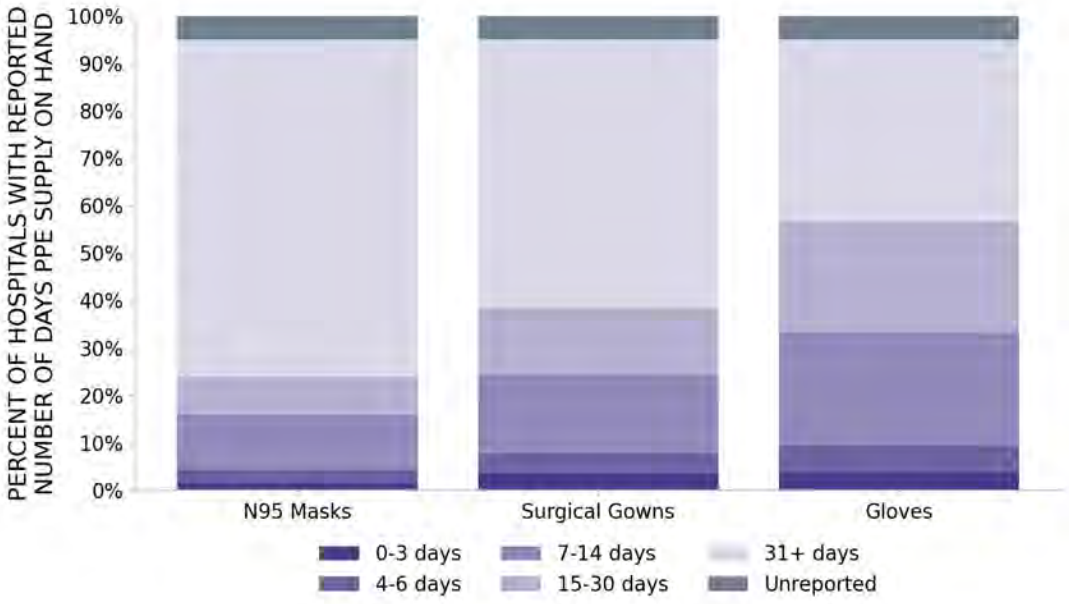
STATE REPORT | 11.29.2020

368 hospitals are expected to report in California

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

CALIFORNIA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**9** ▲ (+4)	Riverside-San Bernardino-Ontario Bakersfield Modesto El Centro Visalia Redding Yuba City Merced Red Bluff	**10** ▲ (+4)	San Bernardino Kern Stanislaus Imperial Tulare Shasta Merced Sutter Tehama Yuba
LOCALITIES IN ORANGE ZONE	**3** ▼ (-2)	Salinas Madera Sonora	**5** ▼ (-1)	Riverside Sacramento Monterey Madera Tuolumne
LOCALITIES IN YELLOW ZONE	**9** ▲ (+1)	Los Angeles-Long Beach-Anaheim Sacramento-Roseville-Folsom Fresno Oxnard-Thousand Oaks-Ventura Stockton Hanford-Corcoran Napa Truckee-Grass Valley Clearlake	**12** ▼ (-1)	Los Angeles Orange Fresno Ventura San Joaquin Kings Placer Yolo Napa Nevada San Benito Lake

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

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

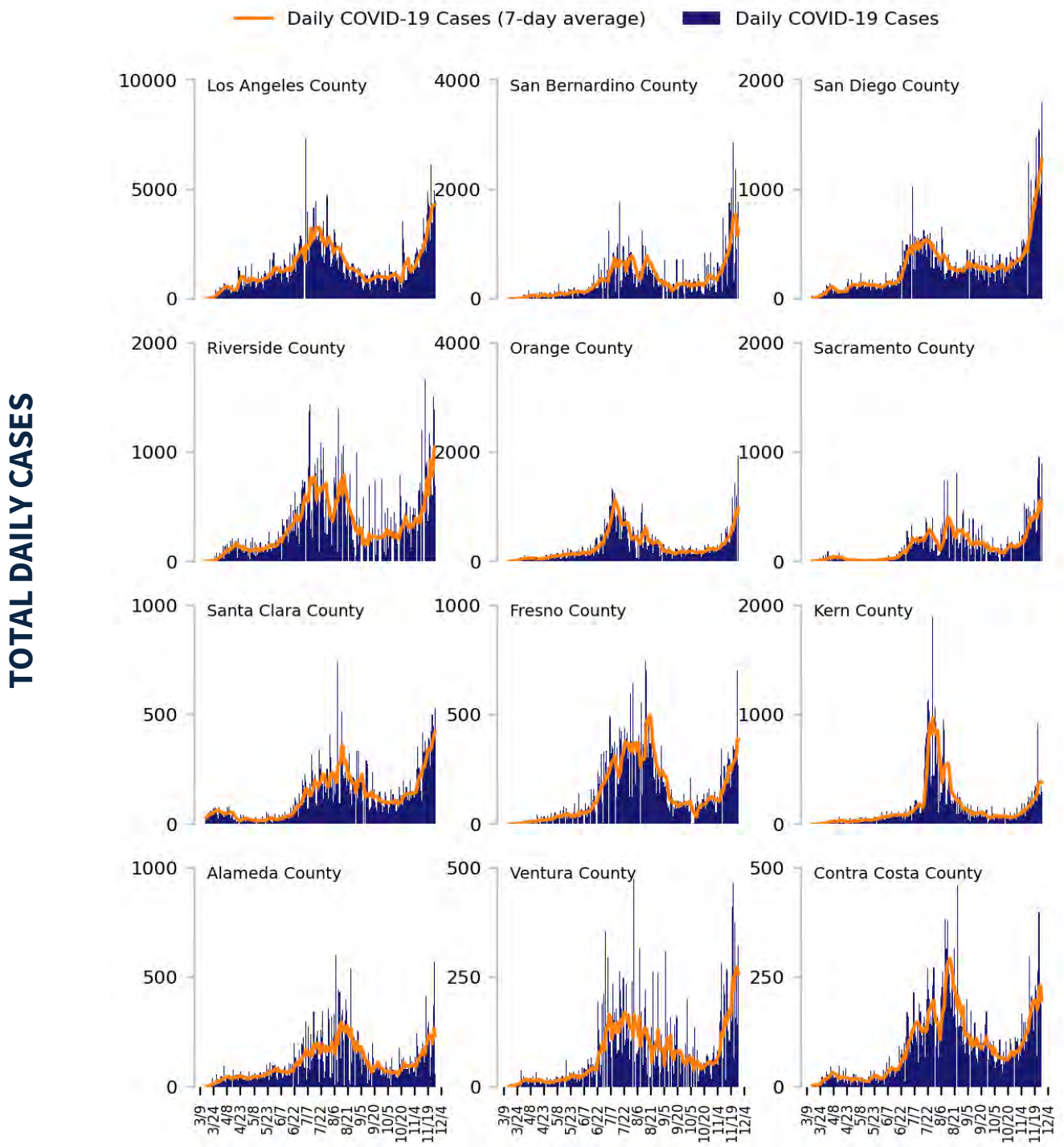
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

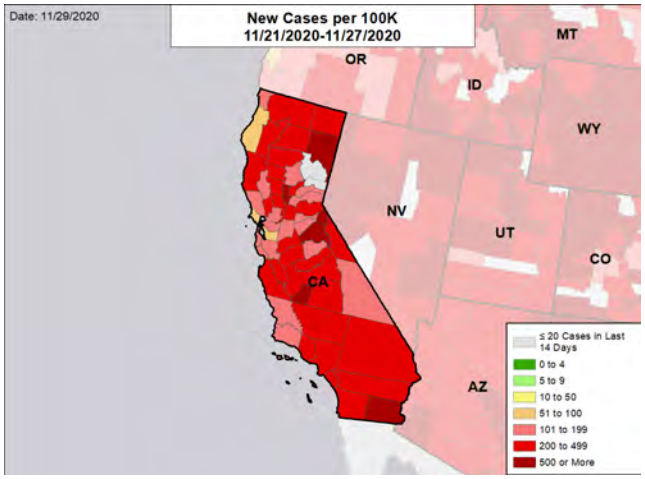
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

CALIFORNIA

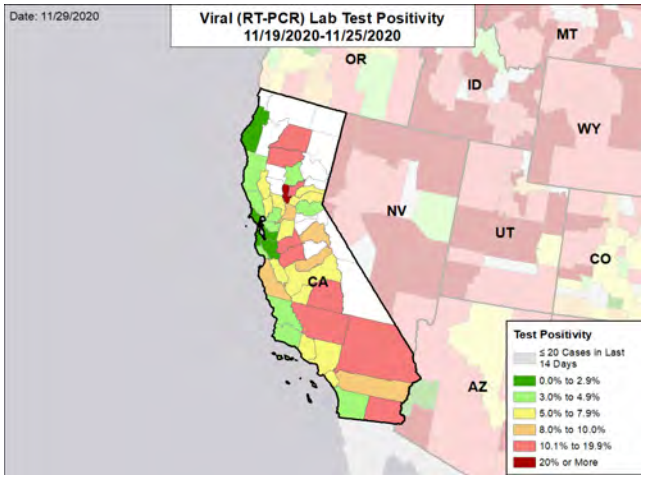
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

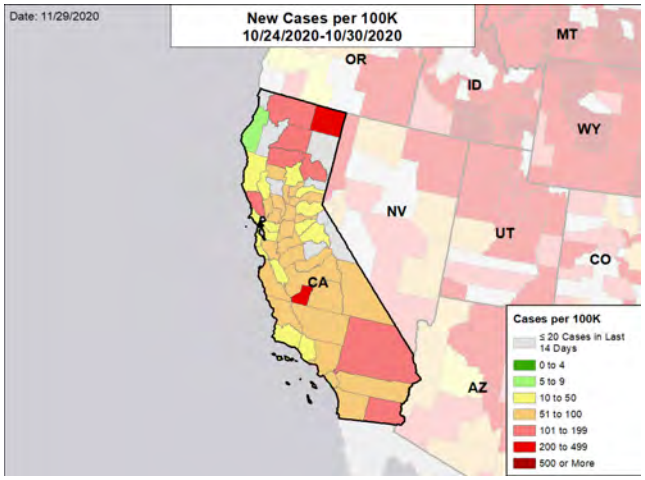
NEW CASES PER 100,000



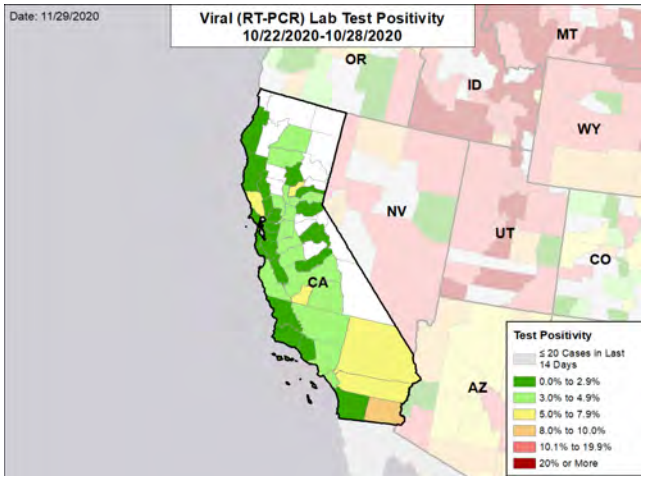
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

COLORADO

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- Colorado has a high level viral transmission statewide, with hospitalizations at their highest level since the beginning of the pandemic. Colorado 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. Colorado is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 26th highest rate in the country.
- Colorado has seen stability in new cases and a decrease in test positivity along with increased testing volume.
- On Nov 25, Colorado reported 167 new outbreaks in the previous week, down from the previous week. High level transmission involves counties throughout the state, although most large urban counties reported some decline in cases. The following three counties had the highest number of new cases over the last 3 weeks: 1. Denver County, 2. El Paso County, and 3. Adams County. These counties represent 37.7% of new cases in Colorado.
- Current hospitalizations continued to increase rapidly last week although new hospitalizations decreased modestly. Three of Colorado's 11 health districts (Southwest, San Luis, and Southeast) reported reaching ICU capacity limits. Hospitals have been rapidly working to expand capacity in anticipation of further increases in cases following Thanksgiving; state authorities have taken measures to facilitate patient transfers from hospitals reaching capacity. Despite a slight decline, Colorado continued to report an average of >30 deaths daily last week, a level similar to the peak reported in spring.
- 81% of all counties in Colorado have moderate or high levels of community transmission (yellow, orange, or red zones), with 44% having high levels of community transmission (red zone). More than 20 counties are at the highest levels of state mitigation measures due to their case trends.
- During the week of Nov 16 - Nov 22, 29% of nursing homes had at least one new resident COVID-19 case, 58% had at least one new staff COVID-19 case, and 13% had at least one new resident COVID-19 death.
- Colorado had 562 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 67 to support operations activities from FEMA; 4 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; and 1 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 256 patients with confirmed COVID-19 and 109 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Colorado. This is a decrease of 15% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of Colorado leaders that the current situation is critical and that the population and health care system must do everything possible to prepare for and limit a post-Thanksgiving resurgence. Improved public observance of social distancing measures is urgently needed to limit overrunning hospital capacity and additional preventable deaths. Limiting travel throughout the next several weeks is an additional key mitigation measure this holiday season as the spread across jurisdictions makes control measures much more difficult and leads to additional outbreaks. The Governor's continued personal guidance on these measures is critical and is commended.
- Ensure all clinical facilities have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities have access to medications, supplies, and staffing and are accurately reporting current status of each resource. Ensure support for platforms for intra- and inter-state patient transfers as needed. Colorado's creation of an additional risk level with increased mitigation measures, and state efforts to work with health care institutions to expand capacity and facilitate transfers are commended.
- Expeditious intensification of mitigation measures called for within the state plan will help to slow disease spread. The adjustments made in mitigation measures in response to trends in county cases are commended. Additional measures should be taken, including communications to reinforce messaging around social gatherings throughout the ongoing holiday season. Maximizing control of transmission now will also allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- The silent community spread that precedes and continues throughout these COVID disease surges can only be identified and interrupted through proactive and increased testing and surveillance. This approach can be adapted to communities/counties in the orange or red zone with proactive weekly testing of groups from the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers). These cases should be analyzed with data from cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread proactive testing and isolation of positive cases. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Mitigation measures to limit transmission in personal gatherings need continued strengthening. Local influencers are critical; hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of long-term care facility testing and rapid implementation of vaccination into LTCF as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing, and utilize the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities planning to bring students back to campus after winter break move to mandatory weekly testing of all on and off campus students. Planning for that must begin 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.

COLORADO

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	32,387 (562)	-6%	77,415 (631)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.2%	-1.8%*	13.7%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	334,986** (5,817**)	+17%**	591,267** (4,823**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	235 (4.1)	-3%	677 (5.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	29%	+4%*	34%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	58%	+1%*	62%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	13%	+6%*	16%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,556 (26)	-15% (-11%)	5,336 (23)	135,904 (19)

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

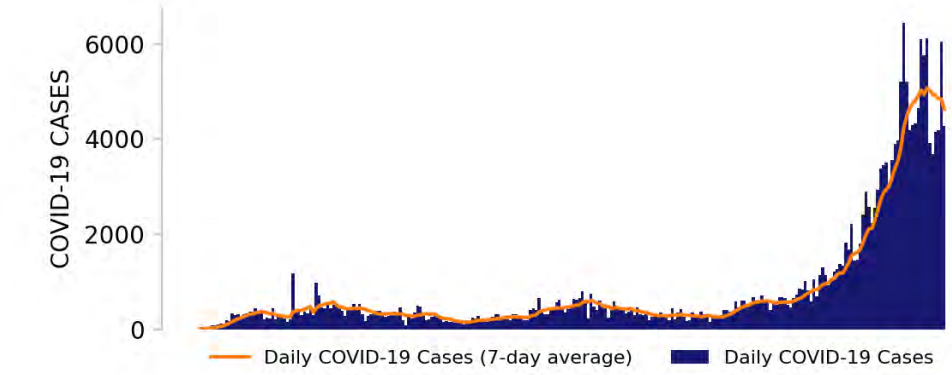
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

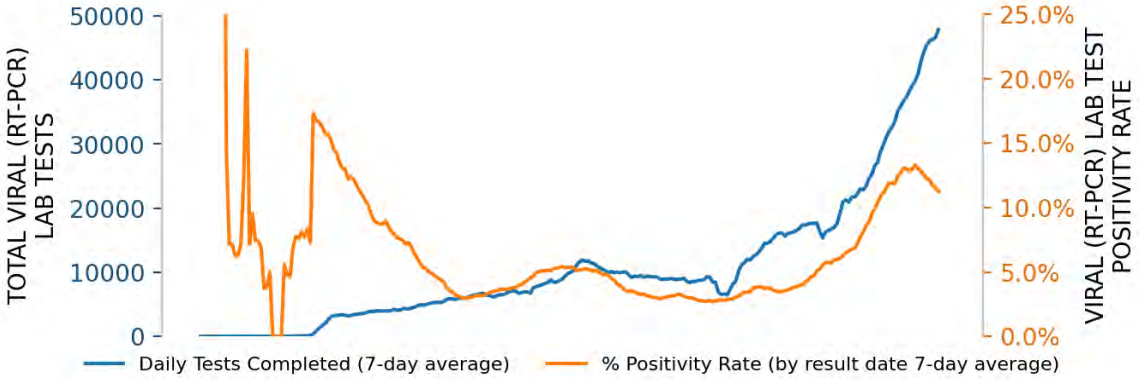
COLORADO

STATE REPORT | 11.29.2020

NEW CASES

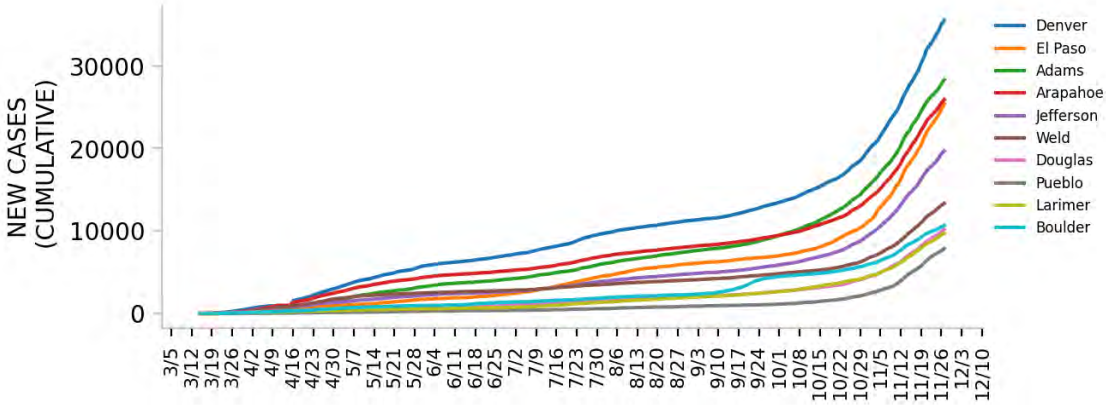


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

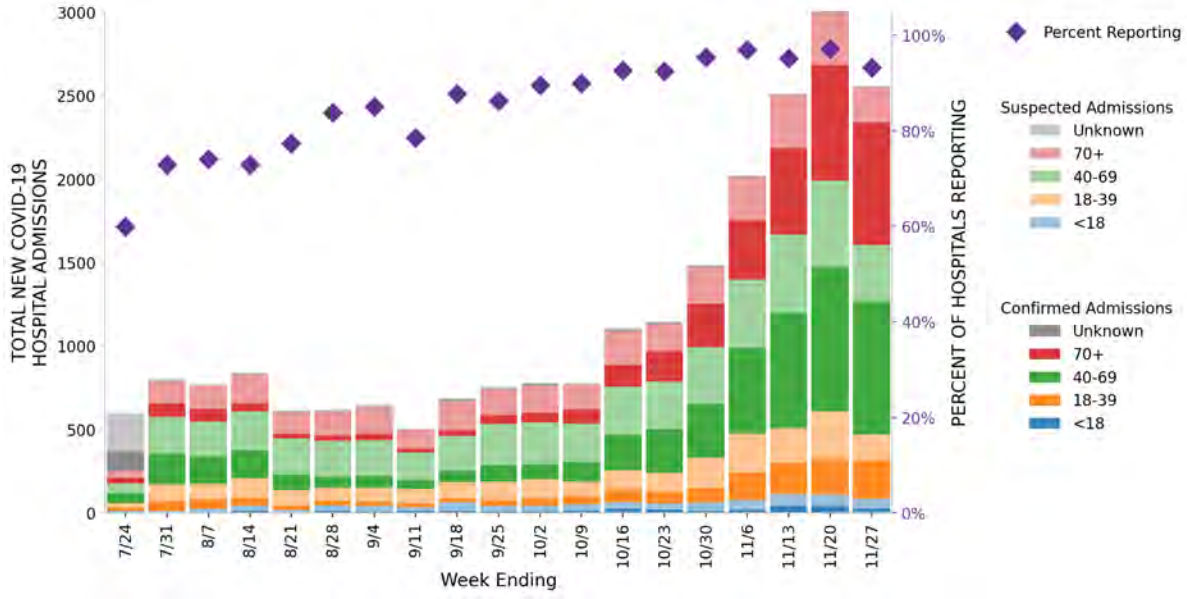
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

COLORADO

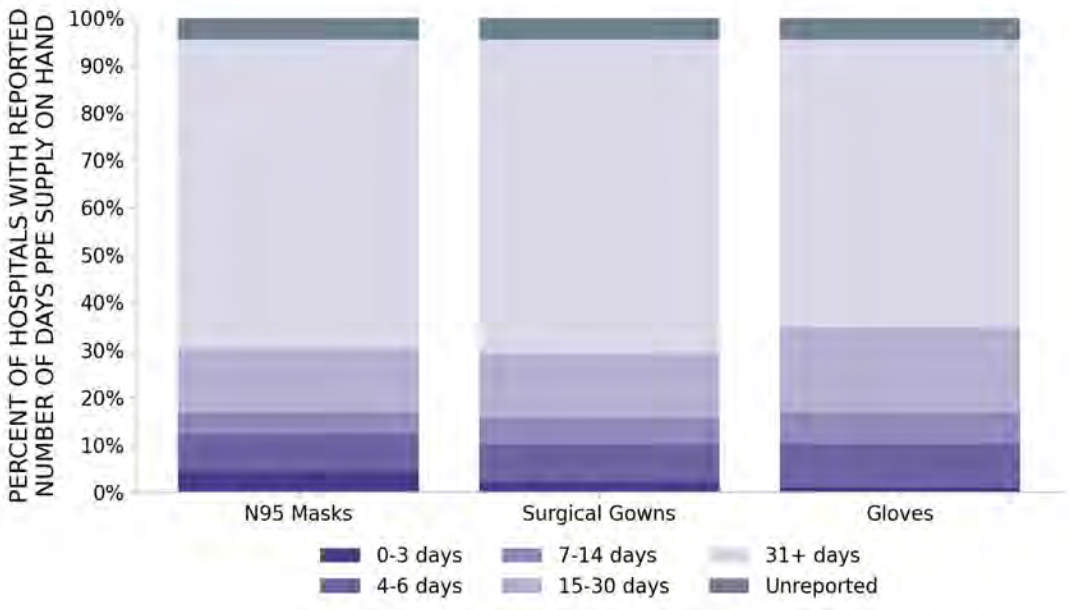
STATE REPORT | 11.29.2020

89 hospitals are expected to report in Colorado

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

COLORADO

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**12** ■ (+0)	Denver-Aurora-Lakewood Colorado Springs Greeley Pueblo Fort Collins Grand Junction Cañon City Glenwood Springs Sterling Fort Morgan Montrose Craig	**28** ▼ (-6)	El Paso Adams Arapahoe Jefferson Weld Douglas Pueblo Larimer Mesa Fremont Crowley Garfield
LOCALITIES IN ORANGE ZONE	**2** ▼ (-1)	Durango Steamboat Springs	**8** ▲ (+1)	Denver La Plata Broomfield Montezuma Routt Kit Carson Clear Creek Conejos
LOCALITIES IN YELLOW ZONE	**3** ▲ (+1)	Boulder Edwards Breckenridge	**16** ▲ (+11)	Boulder Eagle Summit Alamosa Archuleta Pitkin Gunnison Bent Lincoln Park Huerfano Phillips

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

All Red Counties: El Paso, Adams, Arapahoe, Jefferson, Weld, Douglas, Pueblo, Larimer, Mesa, Fremont, Crowley, Garfield, Logan, Morgan, Montrose, Otero, Prowers, Delta, Teller, Elbert, Grand, Moffat, Lake, Rio Blanco, Washington, Yuma, Sedgwick, Custer

All Yellow Counties: Boulder, Eagle, Summit, Alamosa, Archuleta, Pitkin, Gunnison, Bent, Lincoln, Park, Huerfano, Phillips, San Miguel, Saguache, Costilla, Mineral

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

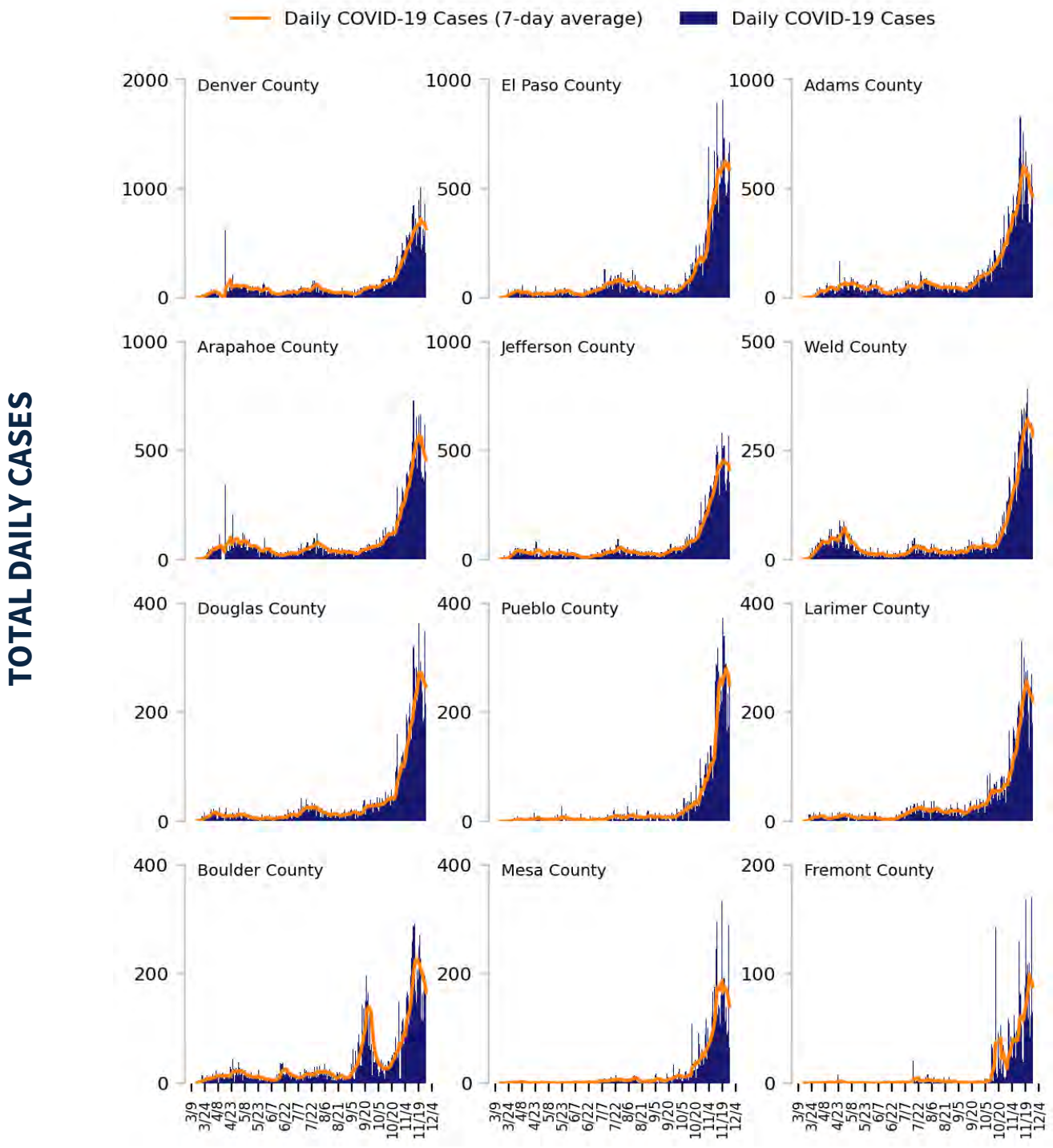
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

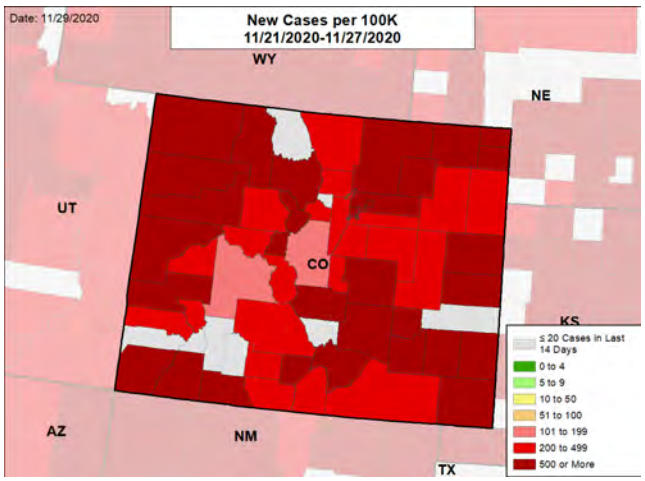
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

COLORADO

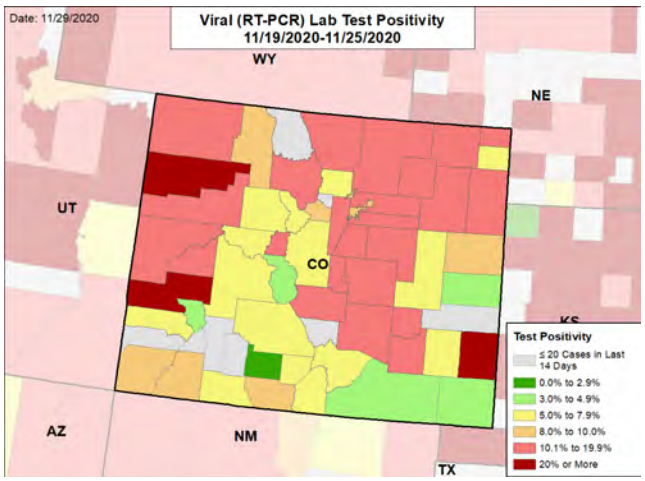
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

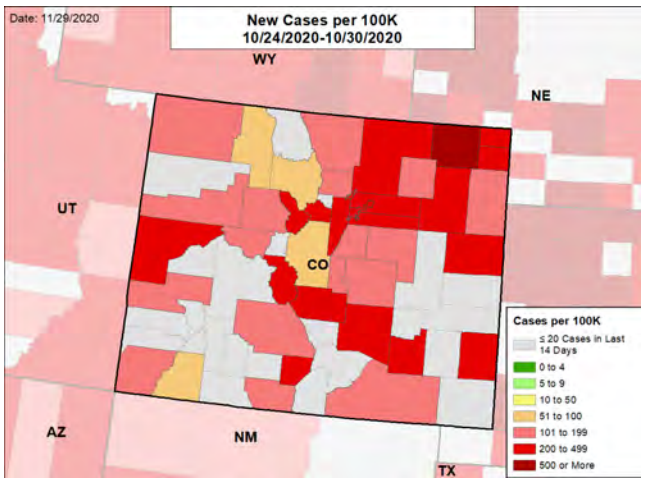
NEW CASES PER 100,000



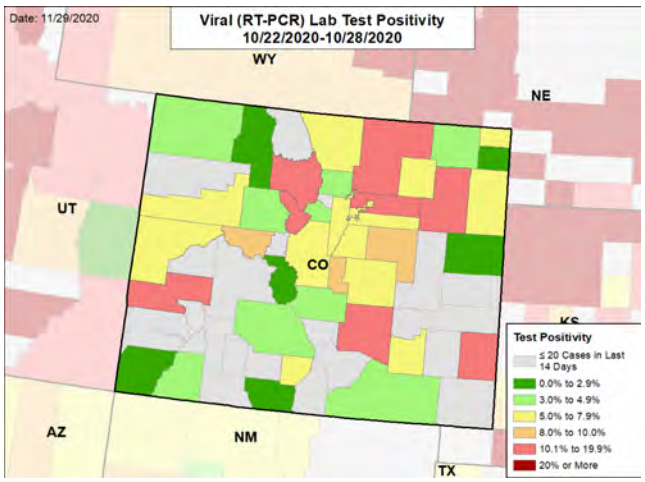
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

CONNECTICUT

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- Connecticut 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. Connecticut is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 32nd highest rate in the country.
- Connecticut has seen a decrease in new cases and a decrease in test positivity.
- Reported new hospitalizations continued to increase with current hospitalizations exceeding 1,000 last week for the first time since mid-May. Mortality continued to increase.
- 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 79.8% of new cases in Connecticut.
- 88% of all counties in Connecticut have moderate or high levels of community transmission (yellow, orange, or red zones), with 25% having high levels of community transmission (red zone). 150 out of 169 communities are now considered "Red Alert" towns, comprising nearly the whole state.
- During the week of Nov 16 - Nov 22, 26% of nursing homes had at least one new resident COVID-19 case, 48% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Connecticut had 312 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA and 9 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 106 patients with confirmed COVID-19 and 93 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Connecticut. This is an increase of 6% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of Connecticut leaders that the current situation is critical and that the population and health care system must do everything possible to prepare for and limit a post-Thanksgiving resurgence. Improved public observance of social distancing measures is urgently needed to limit overrunning hospital capacity and additional preventable deaths. Limiting travel throughout the next several weeks is an additional key mitigation measure this holiday season as the spread across jurisdictions makes control measures much more difficult and leads to additional outbreaks. The Governor's continued personal guidance and forward leaning positions on these measures are critical and are commended.
- Ensure all clinical facilities, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. Ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Expeditious intensification of mitigation measures called for within the state plan will help to slow disease spread. The adjustments made in mitigation measures in response to trends in county cases are commended.
- Additional measures should be taken, including communications to reinforce messaging around social gatherings throughout the ongoing holiday season. Maximizing control of transmission now will also allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- The silent community spread that precedes and continues throughout these COVID disease surges can only be identified and interrupted through proactive and increased testing and surveillance. This approach can be adapted to communities/counties in the orange or red zone with proactive weekly testing of groups from the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers). These cases should be analyzed with data from cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread proactive testing and isolation of positive cases. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Mitigation measures to limit transmission in personal gatherings need continued strengthening. Local influencers are critical; hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of long-term care facility testing and rapid implementation of vaccination into LTCF as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing, and utilize the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities planning to bring students back to campus after winter break move to mandatory weekly testing of all on and off campus students. Planning for that must begin 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 | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	11,112 (312)	-13%	39,813 (268)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.9%	-0.8%*	4.3%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	80,060** (2,246**)	-1%**	901,789** (6,075**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	133 (3.7)	+46%	382 (2.6)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	26%	+8%*	16%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	48%	+9%*	34%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+1%*	4%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,396 (17)	+6% (+7%)	4,085 (12)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
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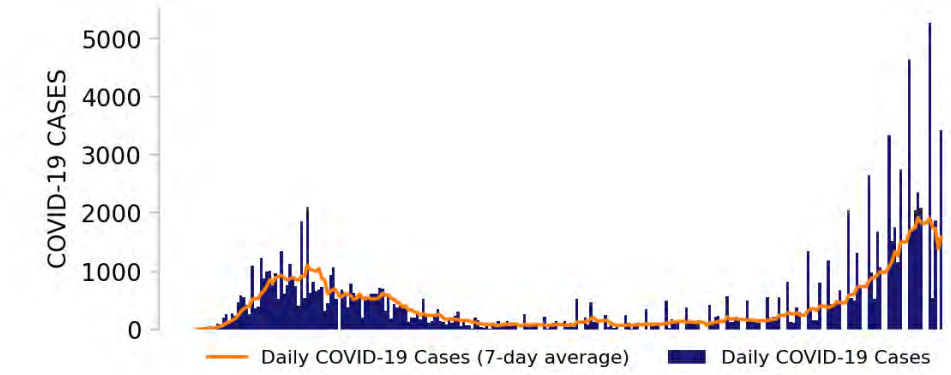
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

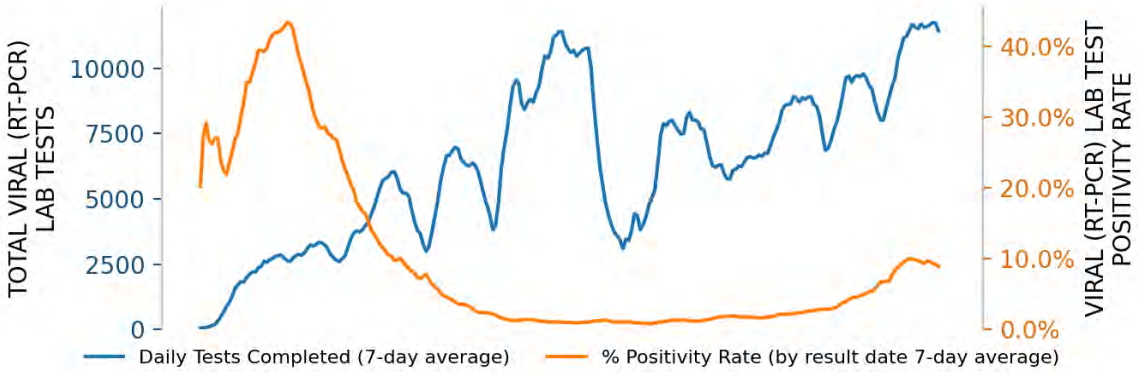
CONNECTICUT

STATE REPORT | 11.29.2020

NEW CASES

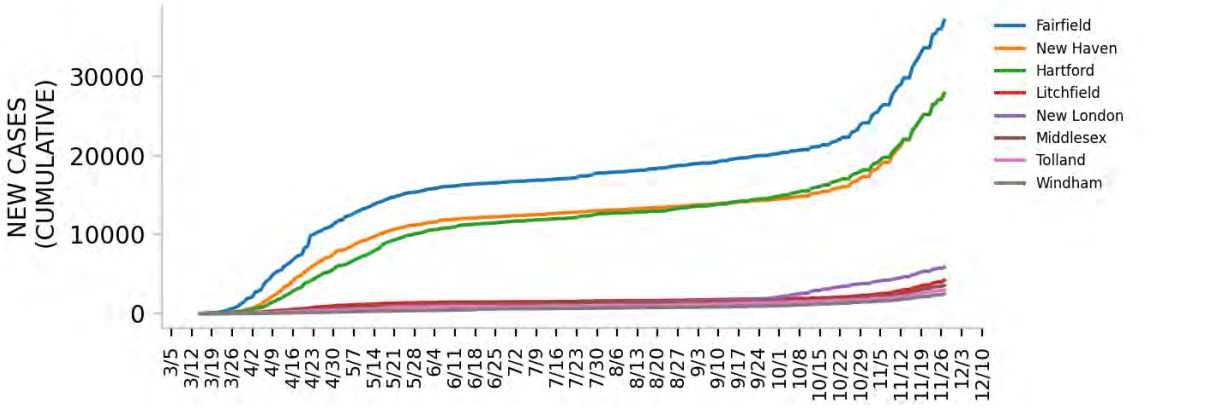


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



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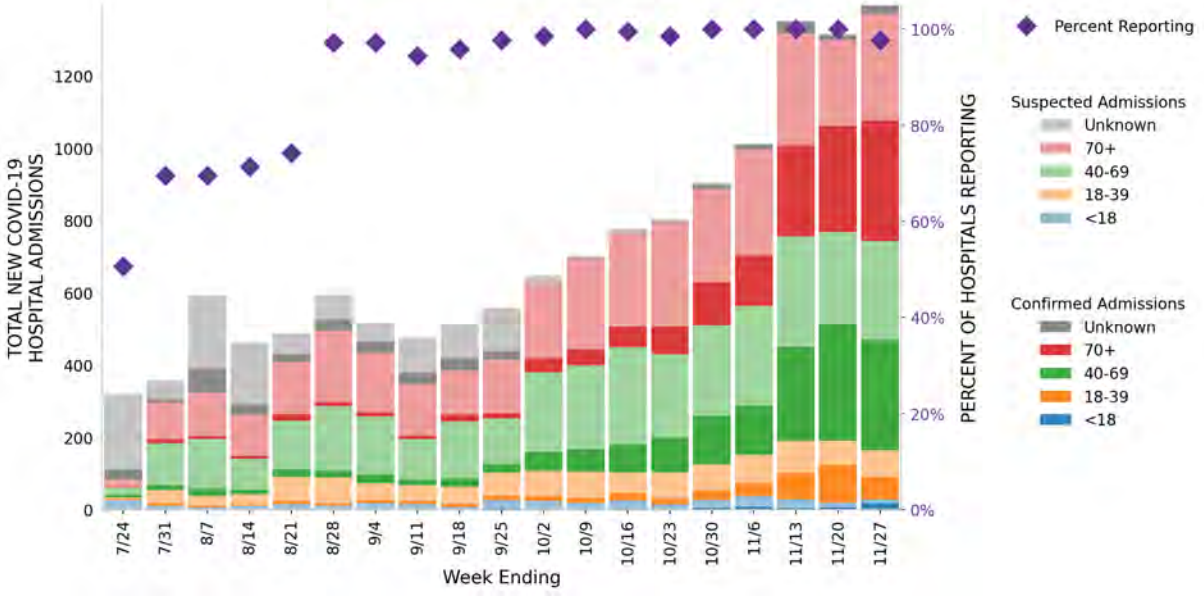
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

CONNECTICUT

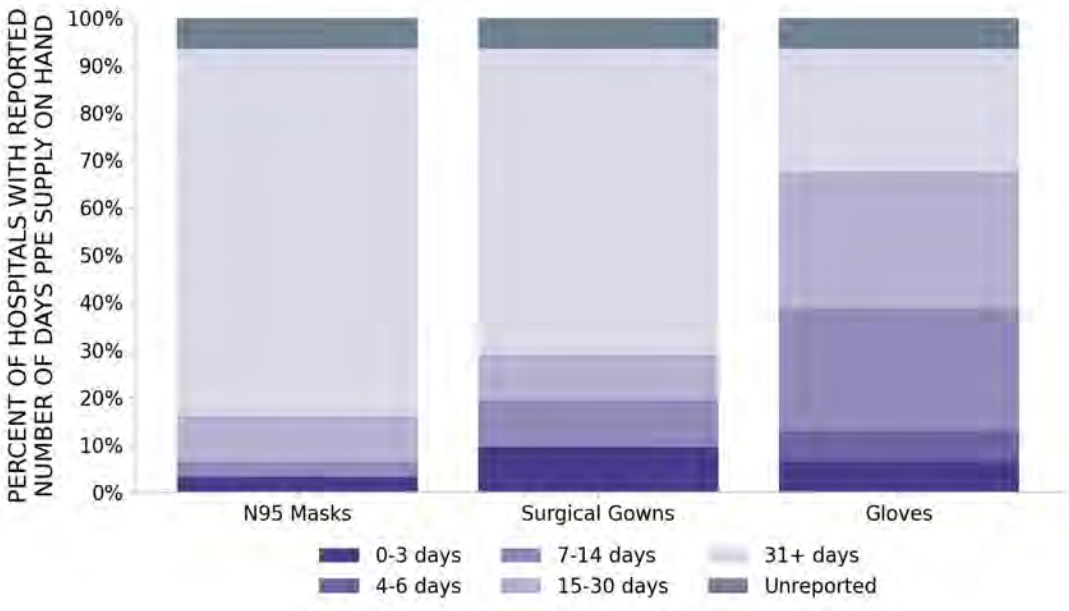
STATE REPORT | 11.29.2020

31 hospitals are expected to report in Connecticut

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

CONNECTICUT

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

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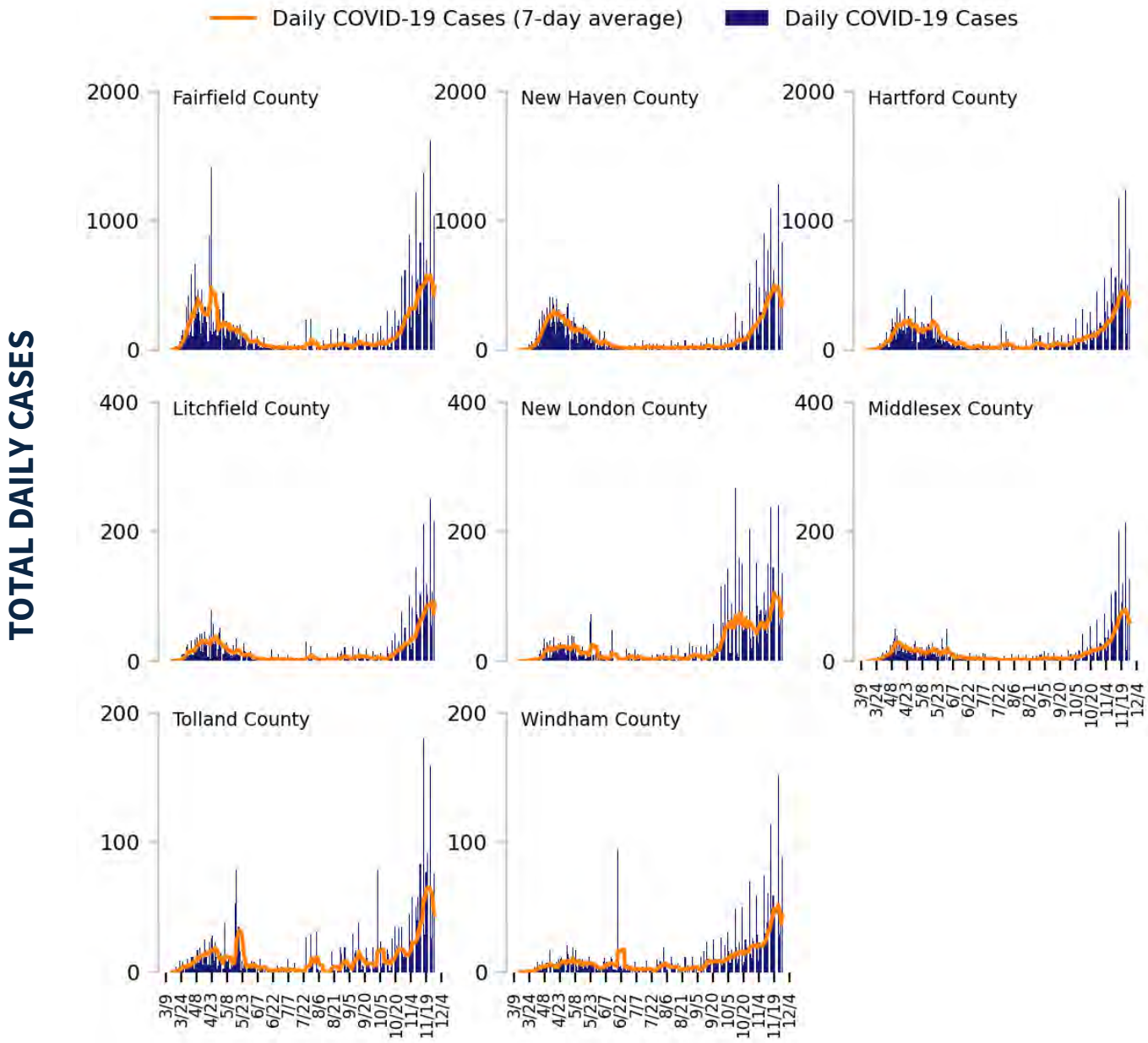
Top 12 counties based on number of new cases in the last 3 weeks



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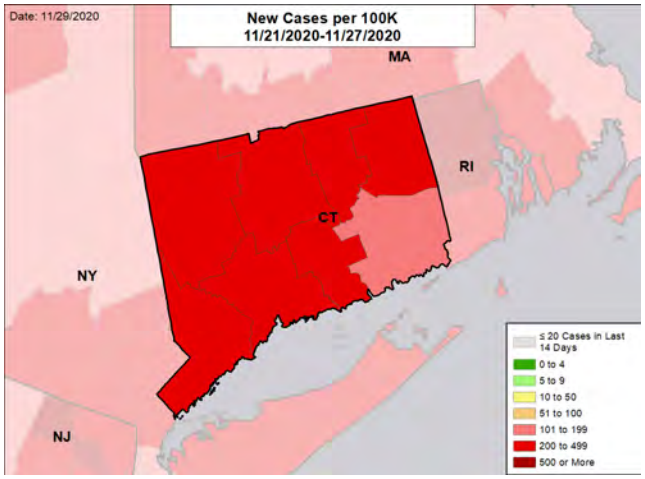
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

CONNECTICUT

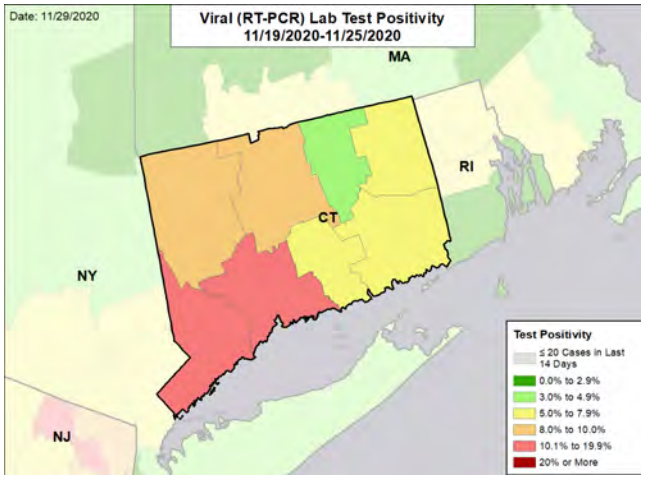
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

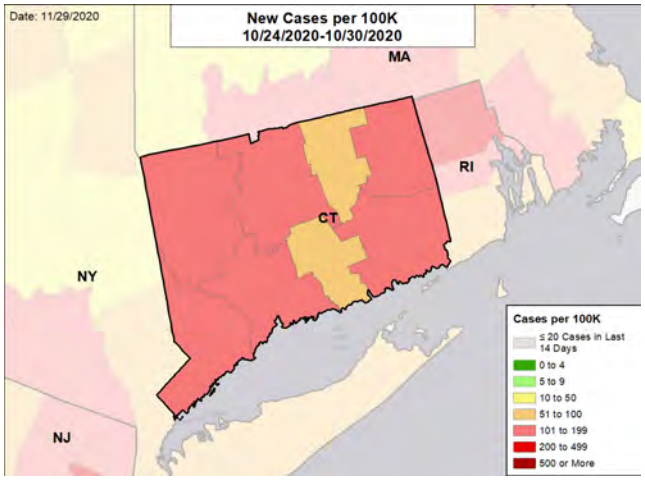
NEW CASES PER 100,000



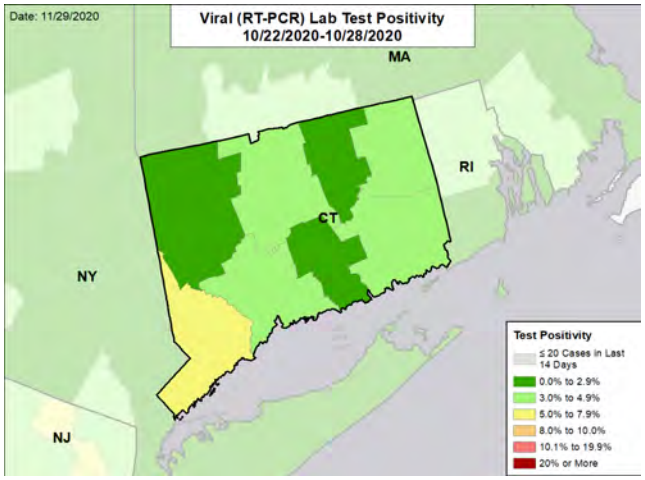
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

DELAWARE

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- Delaware's epidemic continued to worsen last week. Delaware is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 29th highest rate in the country. Delaware is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 45th highest rate in the country.
- Delaware has seen an increase in new cases and stability in test positivity. Cases continue to reach new all-time highs; COVID hospitalizations have continued to increase since mid-September and have now reached levels last seen in May. New statewide restrictions went into place on 23 Nov, including limiting gatherings and restaurant capacity, and suspending youth sports tournaments with out-of-state teams.
- 100% of all counties in Delaware have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 14% of nursing homes had at least one new resident COVID-19 case, 54% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- Delaware had 344 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 7 to support operations activities from FEMA and 5 to support medical activities from VA.
- Between Nov 21 - Nov 27, on average, 27 patients with confirmed COVID-19 and 24 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Delaware. This is an increase of 11% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of Delaware leaders that the current situation is critical and that the population and health care system must do everything possible to prepare for and limit a post-Thanksgiving resurgence. Improved public observance of social distancing measures is urgently needed to limit overrunning hospital capacity and additional preventable deaths. Limiting travel throughout the next several weeks is an additional key mitigation measure this holiday season as the spread across jurisdictions makes control measures much more difficult and leads to additional outbreaks. The Governor's continued personal guidance and forward leaning positions on these measures are critical and are commended.
- Ensure all clinical facilities, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing, and are accurately reporting current status of each resource. Ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Expeditious intensification of mitigation measures called for within the state plan will help to slow disease spread. The adjustments made to mitigation measures in response to trends in county cases are commended.
- Additional measures should be taken, including communications to reinforce messaging around social gatherings throughout the ongoing holiday season. Maximizing control of transmission now will also allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- The silent community spread that precedes and continues throughout these COVID disease surges can only be identified and interrupted through proactive and increased testing and surveillance. This approach can be adapted to communities/counties in the orange or red zone with proactive weekly testing of groups from the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers). These cases should be analyzed with data from cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread proactive testing and isolation of positive cases. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Mitigation measures to limit transmission in personal gatherings need continued strengthening. Local influencers are critical; hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of long-term care facility testing and rapid implementation of vaccination into LTCF as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing, and utilize the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities planning to bring students back to campus after winter break move to mandatory weekly testing of all on and off campus students. Planning for that must begin 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.

DELAWARE

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	3,350 (344)	+20%	91,757 (297)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.0%	-0.1%*	8.6%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	58,345** (5,992**)	+1%**	990,331** (3,210**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	17 (1.7)	+42%	939 (3.0)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	14%	+1%*	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	54%	+13%*	45%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	+3%*	8%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	362 (17)	+11% (+32%)	15,696 (23)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

DELAWARE

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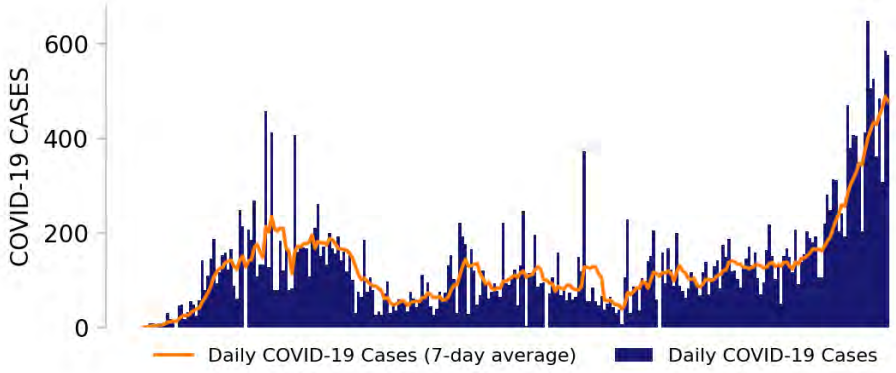
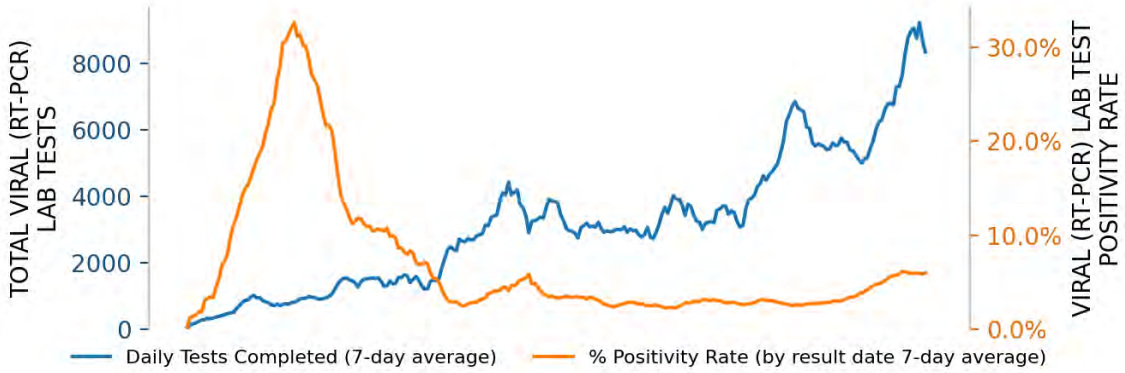
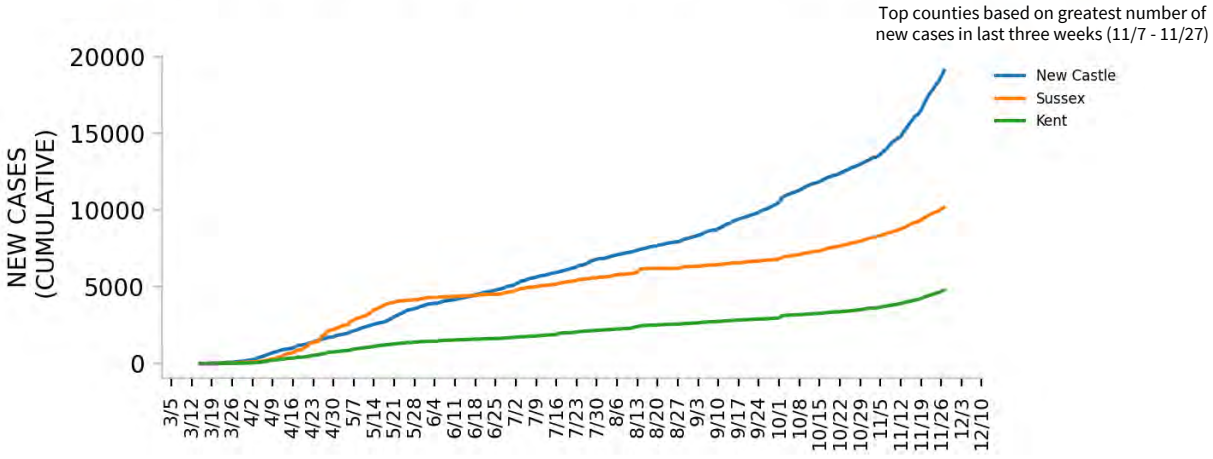
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

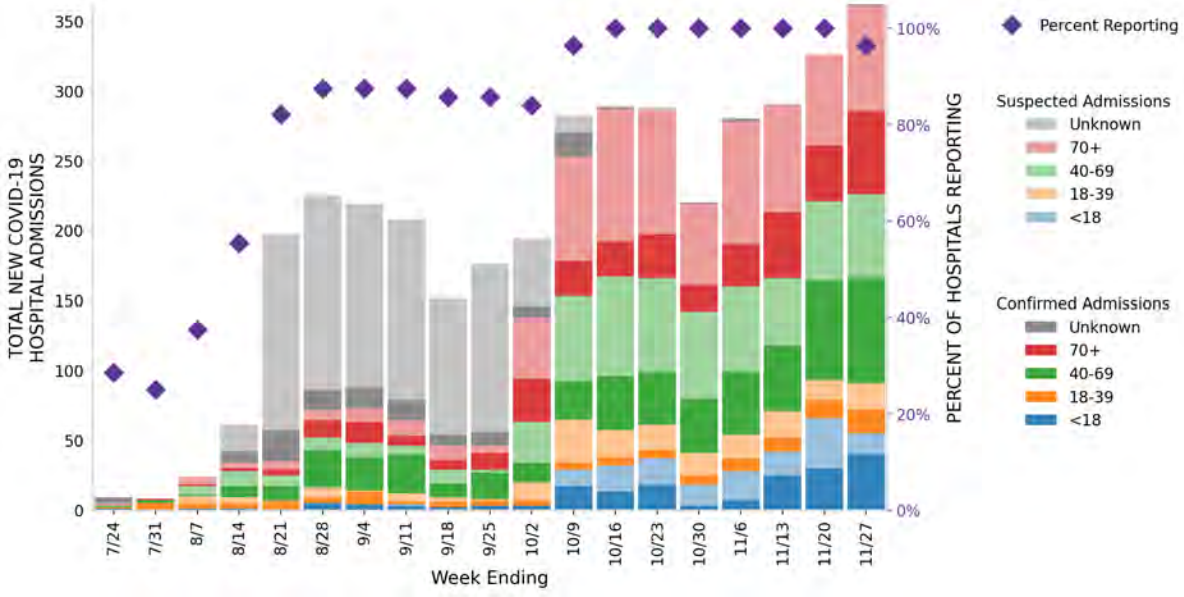
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

DELAWARE

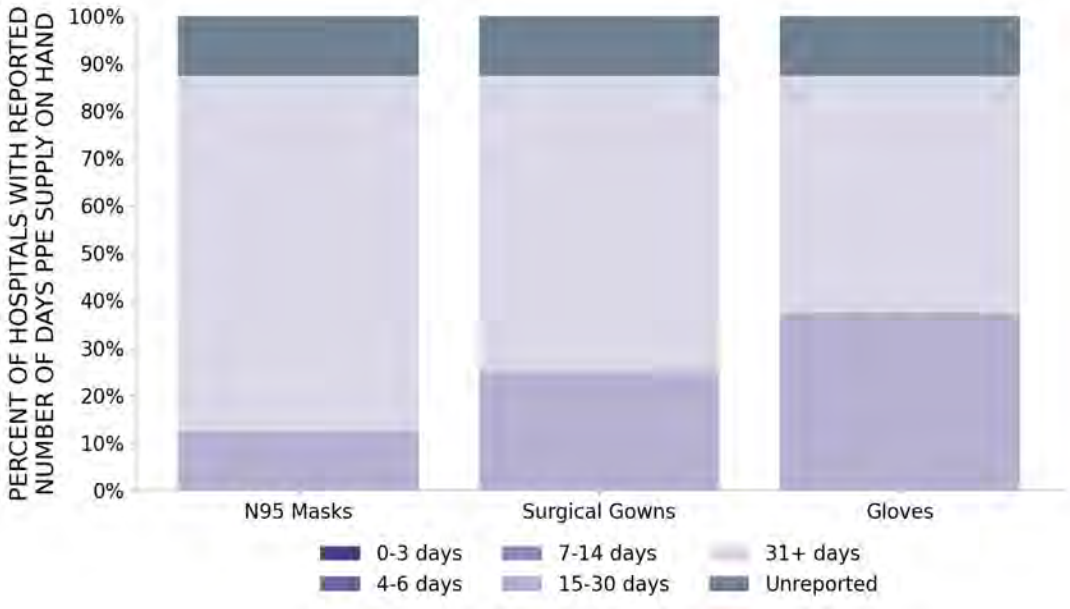
STATE REPORT | 11.29.2020

8 hospitals are expected to report in Delaware

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

DELAWARE

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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	1 ■ (+0)	Philadelphia-Camden-Wilmington	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	2 ■ (+0)	Salisbury Dover	3 ■ (+0)	New Castle Sussex Kent

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

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

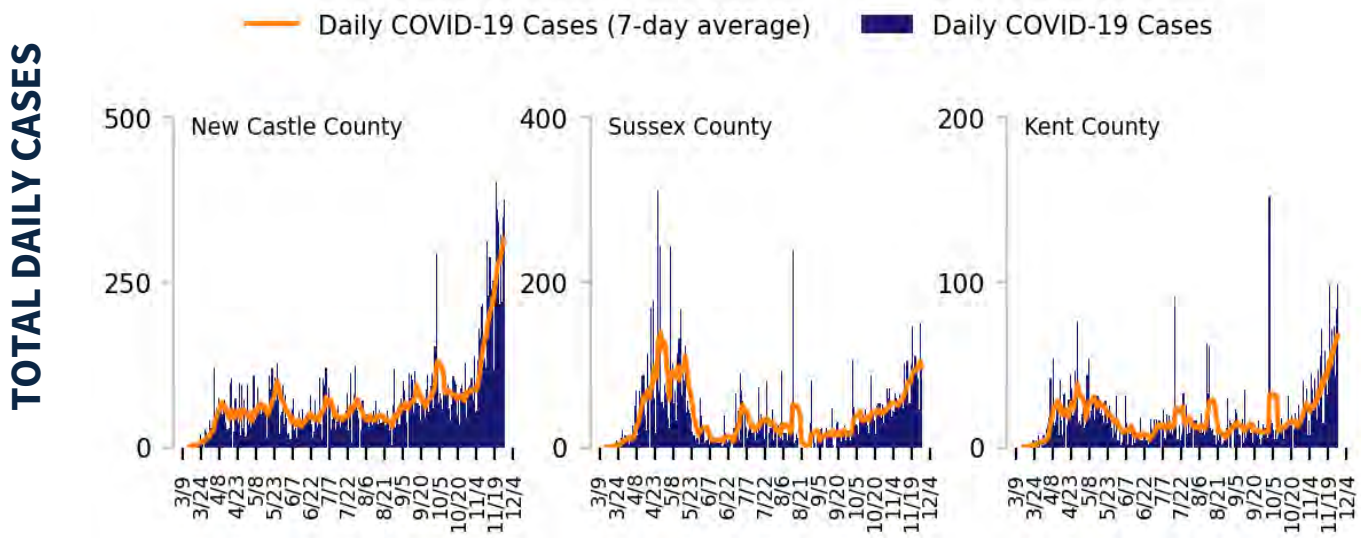
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

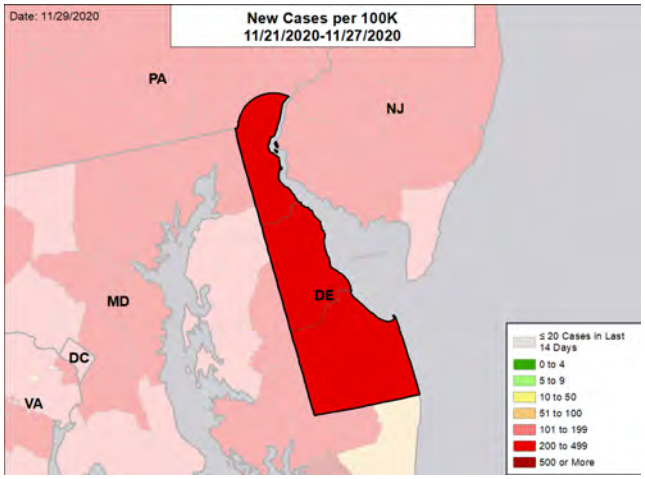
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

DELAWARE

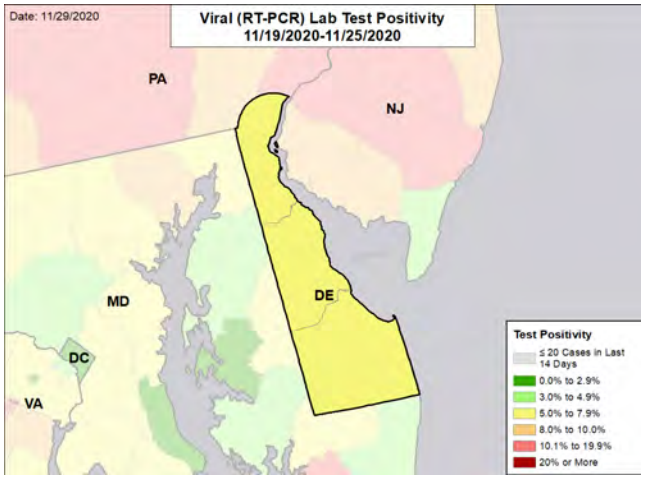
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

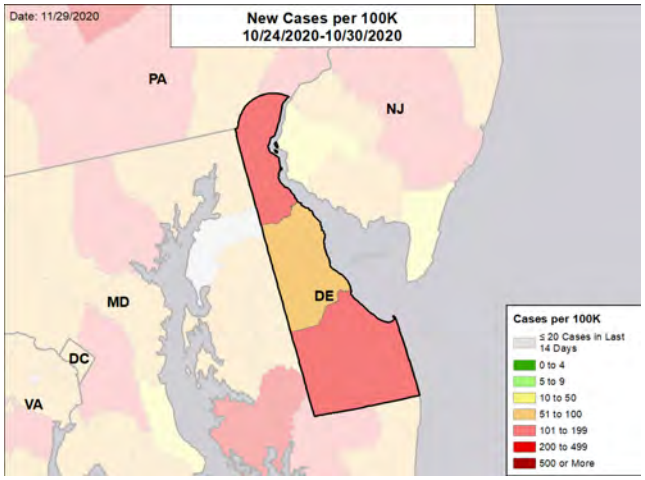
NEW CASES PER 100,000



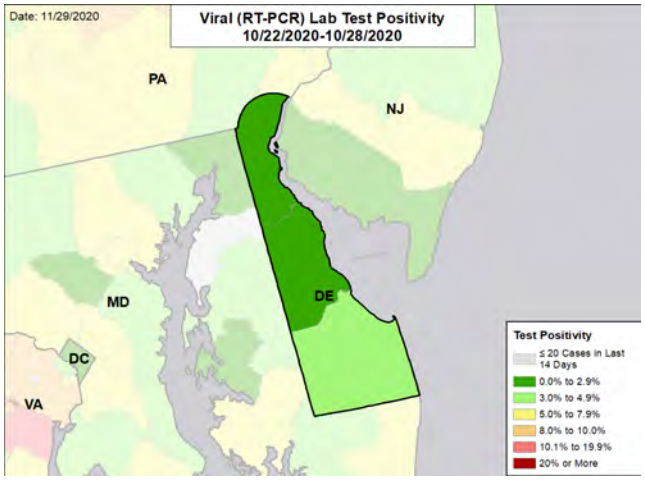
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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STATE REPORT
11.29.2020
Issue 24

THE DISTRICT OF COLUMBIA

SUMMARY

- The District of Columbia's COVID-19 transmission has increased greatly over the last five weeks and concern for further increase is high. The District is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 47th highest rate in the country. The District of Columbia is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 49th highest rate in the country. The District of Columbia has seen stability in new cases for the week; however, very high numbers of cases were reported at the end of the week. Test positivity decreased slightly but test turnaround times have increased due to increased demand.
- 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.
- Although new hospitalizations were stable, current hospitalizations continued to increase, reaching levels last seen in late June.
- The District of Columbia does not have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Nov 16 - Nov 22, 7% of nursing homes had at least one new resident COVID-19 case, 40% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- The District of Columbia had 160 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 4 to support operations activities from FEMA.
- Between Nov 21 - Nov 27, on average, 20 patients with confirmed COVID-19 and 92 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 COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of the District leaders that the current situation is critical and that the population and health care system must do everything possible to prepare for and limit a post-Thanksgiving resurgence. Improved public observance of social distancing measures is urgently needed to limit overrunning hospital capacity and additional preventable deaths. Limiting travel throughout the next several weeks is an additional key mitigation measure this holiday season as the spread across jurisdictions makes control measures much more difficult and leads to additional outbreaks. The mayor's continued personal guidance and actions on these measures are critical and are commended.
- Ensure all clinical facilities, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing, and are accurately reporting current status of each resource. Ensure support for platforms for efficient inter-state patient transfers as needed.
- Short-term mitigation interventions, including restricting indoor dining and limiting and/or closing areas of congregation without masking, will be needed. Expeditious intensification of mitigation measures called for within the District plan will help to slow disease spread. The recent adjustments made in mitigation measures in response to trends in District cases are commended.
- These measures help to control transmission in public settings but have had limited success in preventing spread at private gatherings. Additional measures should be taken, including communications to reinforce messaging around social gatherings throughout the ongoing holiday season. Maximizing control of transmission now will also allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- The silent community spread that precedes and continues throughout these COVID disease surges can only be identified and interrupted through proactive and increased testing and surveillance. This approach can be adapted to communities in the orange or red zone with proactive weekly testing of groups from the community (teachers, city workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers). These cases should be analyzed with data from cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread proactive testing and isolation of positive cases. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Mitigation measures to limit transmission in personal gatherings need continued strengthening. Local influencers are critical; hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Given continuing outbreaks and deaths in nursing homes, ensure increased frequency of long-term care facility testing and rapid implementation of vaccination into LTCF as vaccine becomes available.
- Ensure all universities planning to bring students back to campus after winter break move to mandatory weekly testing of all on and off campus students. Planning for that must begin 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 | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	1,129 (160)	-1%	91,757 (297)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.7%	-0.6%*	8.6%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	71,003** (10,061**)	+37%**	990,331** (3,210**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	8 (1.1)	-33%	939 (3.0)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	7%	+1%*	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	40%	-29%*	45%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+7%*	8%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	778 (26)	-2% (+1%)	15,696 (23)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
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SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. 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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THE DISTRICT OF COLUMBIA

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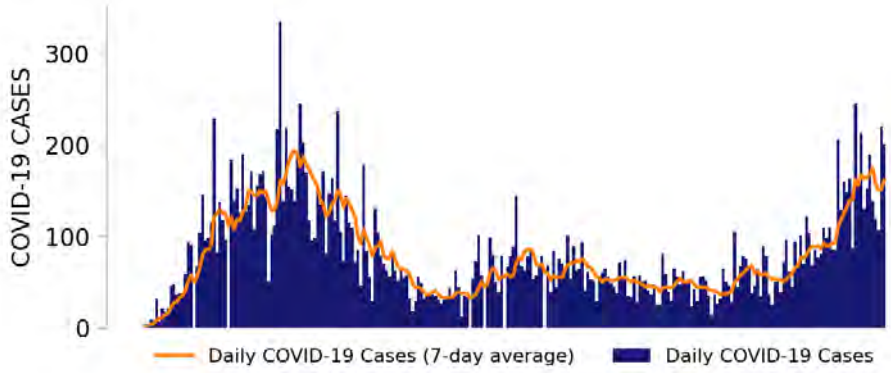
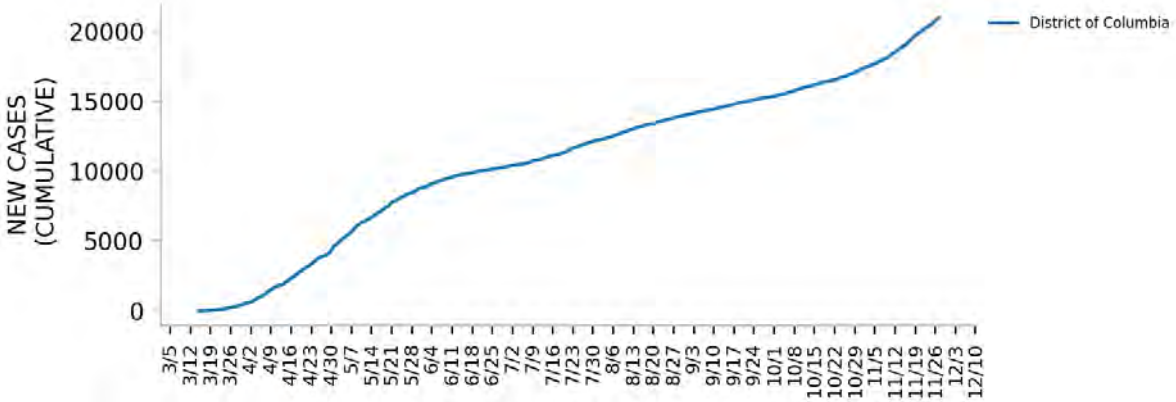
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

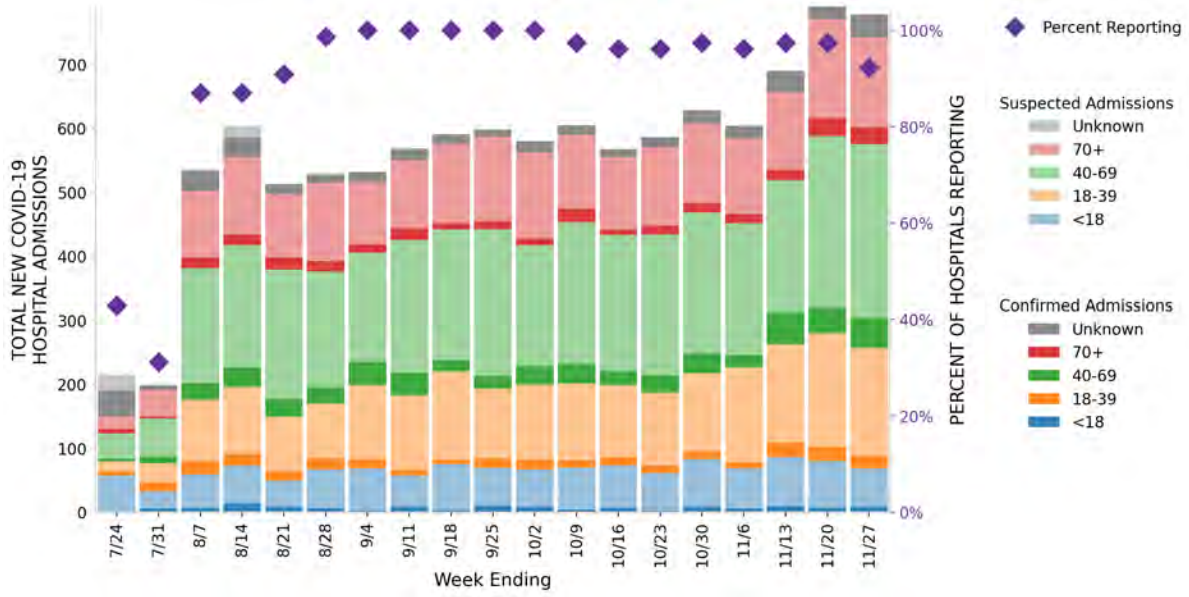
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

THE DISTRICT OF COLUMBIA

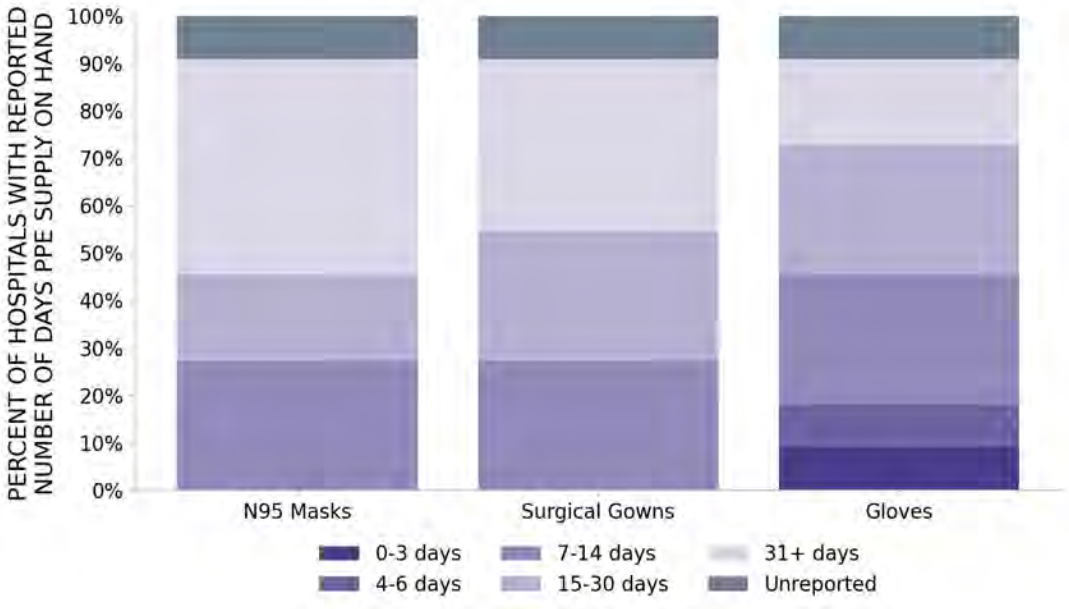
STATE REPORT | 11.29.2020

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. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

THE DISTRICT OF COLUMBIA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

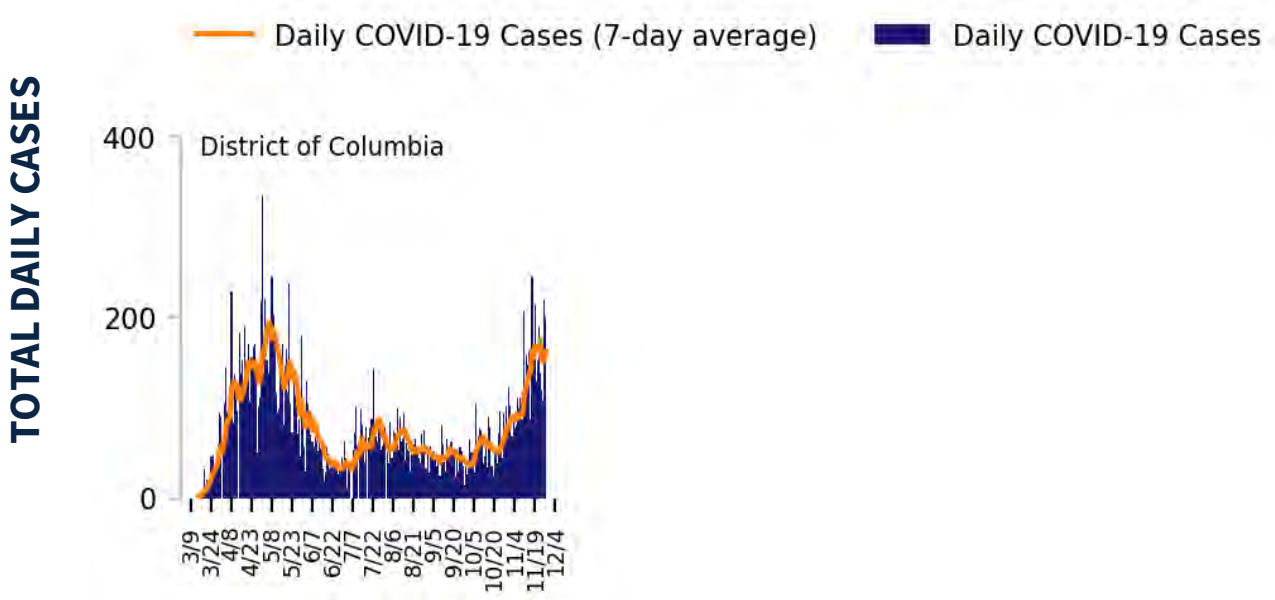
	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ▼ (-1)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	1 ▲ (+1)	Washington-Arlington-Alexandria	0 ■ (+0)	N/A

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

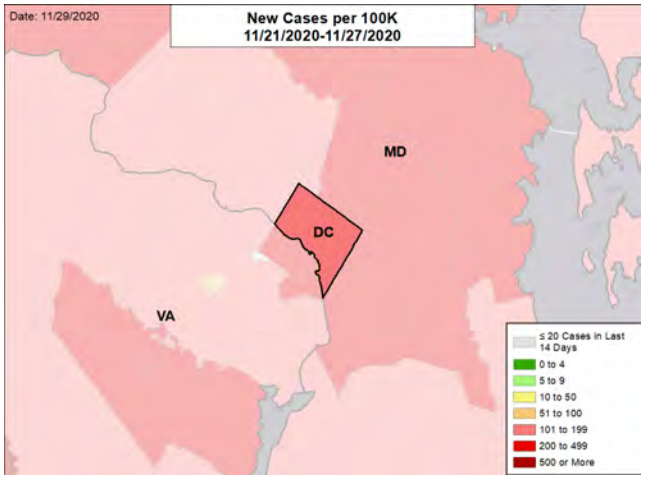
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

THE DISTRICT OF COLUMBIA

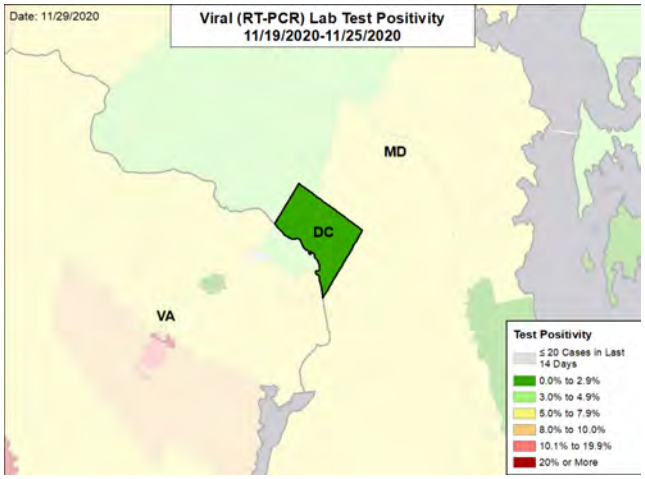
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

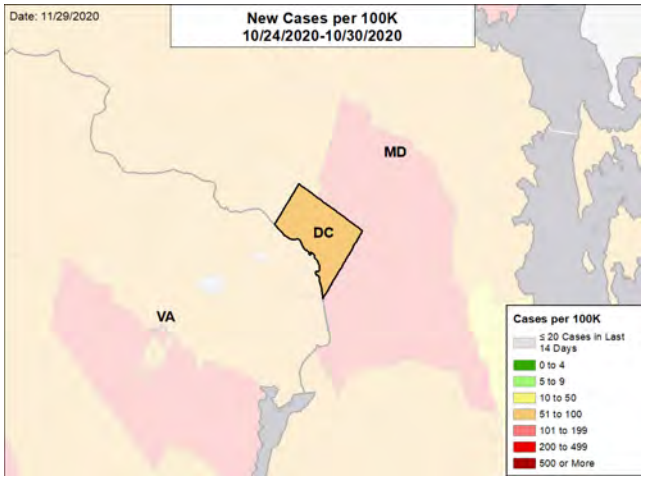
NEW CASES PER 100,000



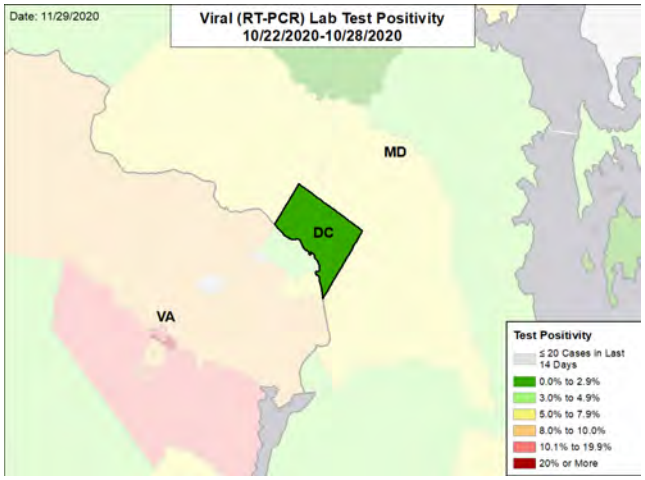
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

FLORIDA

SUMMARY

- Florida 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. Florida is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 33rd highest rate in the country.
- Florida 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. Miami-Dade County, 2. Broward County, and 3. Palm Beach County. These counties represent 39.2% of new cases in Florida.
- 93% of all counties in Florida have moderate or high levels of community transmission (yellow, orange, or red zones), with 21% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 18% of nursing homes had at least one new resident COVID-19 case, 37% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Florida had 259 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 56 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 543 patients with confirmed COVID-19 and 357 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Florida. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity in public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- New hospital admissions in Florida remain elevated. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased 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 in the winter move to mandatory weekly testing of all on and off campus students. Planning for this must begin now.
- There continue to be high levels of positive staff at LTCFs, indicative of continued and unmitigated community spread in these geographic areas.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

FLORIDA

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	55,602 (259)	+5%	171,312 (256)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.4%	-0.1%*	9.0%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	644,610** (3,001**)	+11%**	1,527,595** (2,283**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	485 (2.3)	+11%	1,680 (2.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	18%	+3%*	22%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	37%	-1%*	41%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	-2%*	7%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	6,299 (12)	+2% (+3%)	24,045 (16)	135,904 (19)

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

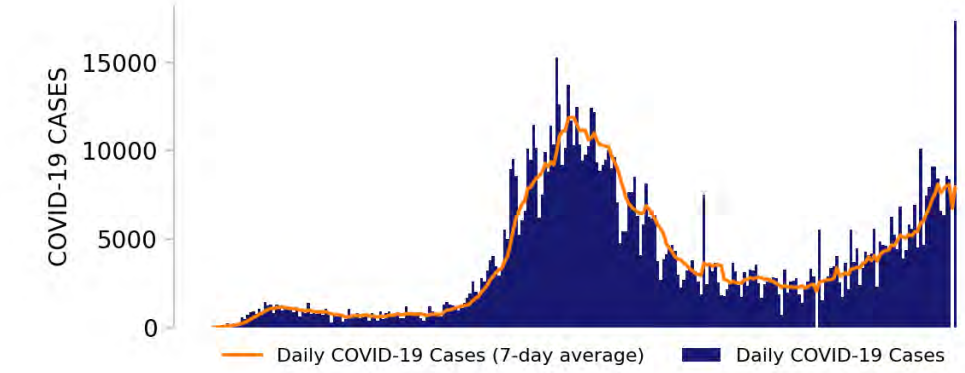
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

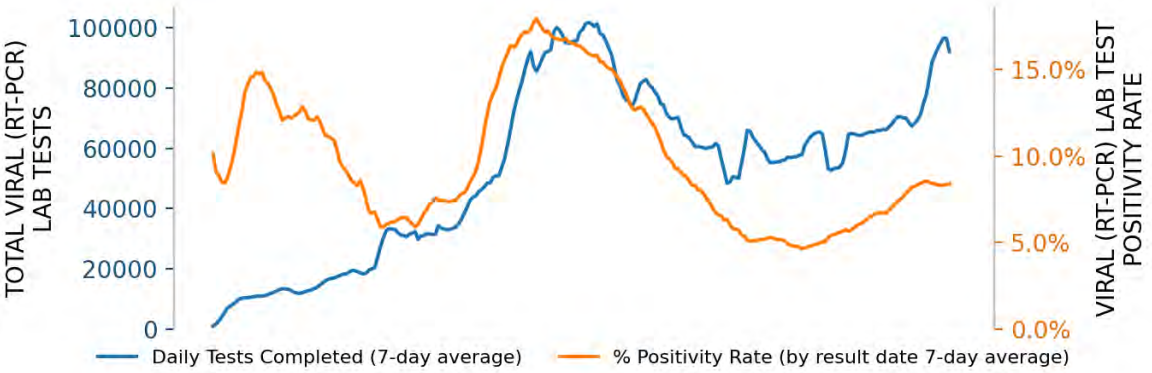
FLORIDA

STATE REPORT | 11.29.2020

NEW CASES

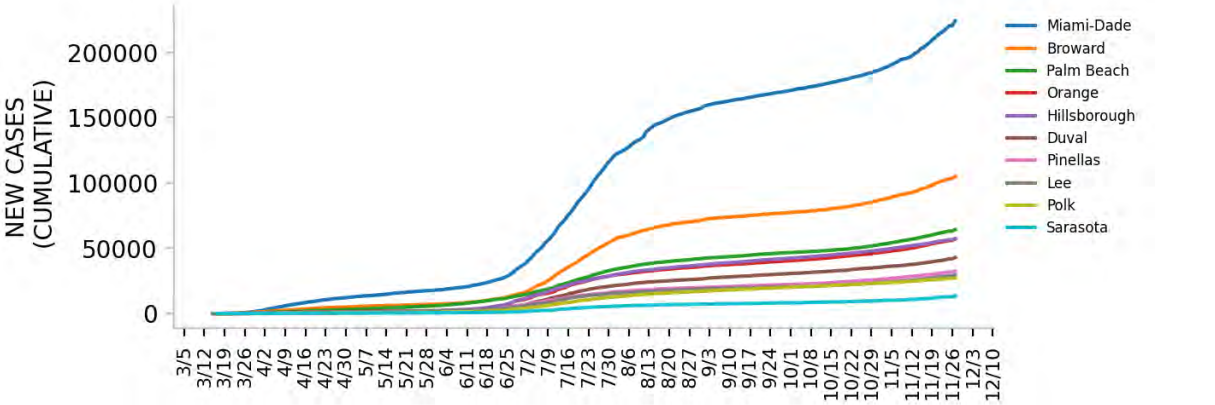


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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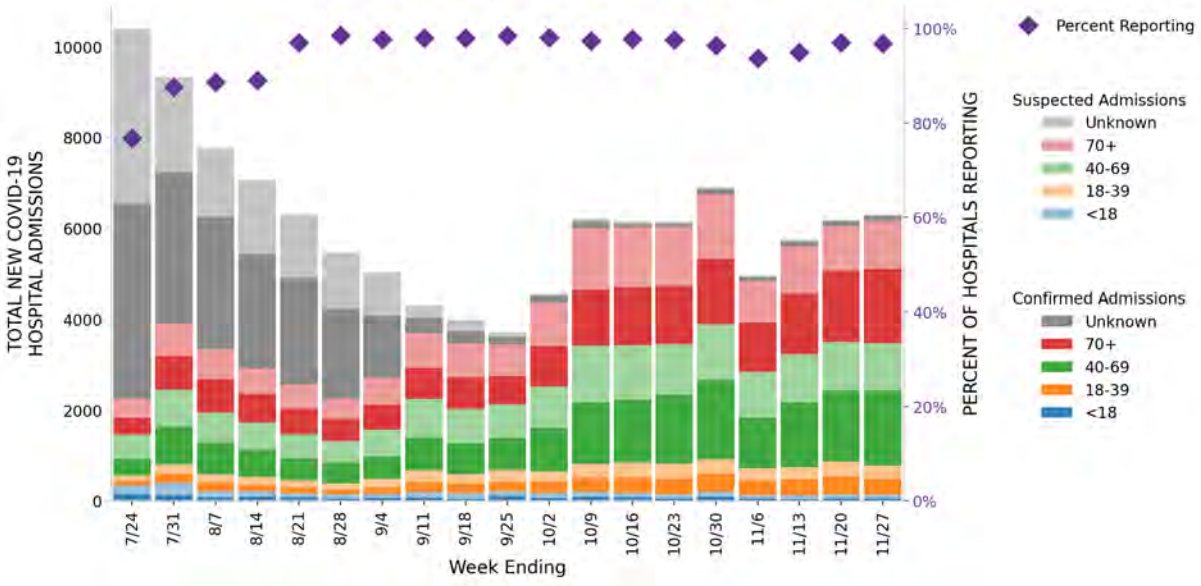
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

FLORIDA

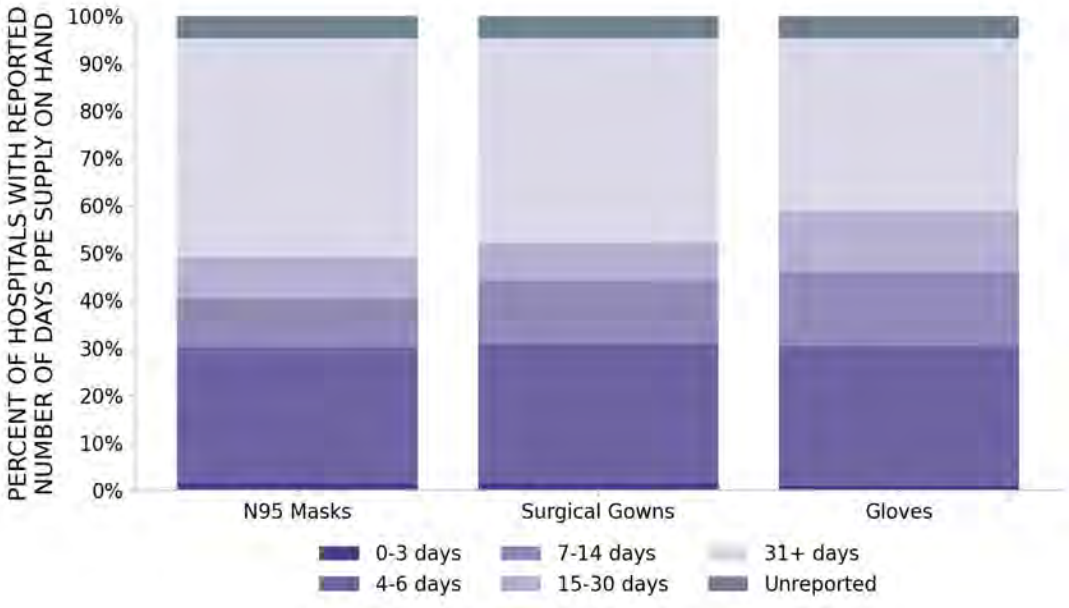
STATE REPORT | 11.29.2020

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. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

FLORIDA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	7 ■ (+0)	Crestview-Fort Walton Beach-Destin Panama City Homosassa Springs Sebring-Avon Park Key West Arcadia Okeechobee	14 ▼ (-1)	Miami-Dade Okaloosa Bay Citrus Hernando Walton Highlands Monroe DeSoto Okeechobee Gilchrist Union
LOCALITIES IN ORANGE ZONE	8 ▲ (+3)	Miami-Fort Lauderdale-Pompano Beach Jacksonville Cape Coral-Fort Myers Naples-Marco Island Port St. Lucie Ocala Palatka Wauchula	24 ▲ (+10)	Broward Palm Beach Duval Lee Osceola Pasco Collier Marion Clay St. Lucie Santa Rosa Jackson
LOCALITIES IN YELLOW ZONE	10 ▼ (-3)	Tampa-St. Petersburg-Clearwater Orlando-Kissimmee-Sanford North Port-Sarasota-Bradenton Pensacola-Ferry Pass-Brent Lakeland-Winter Haven Punta Gorda Sebastian-Vero Beach Lake City The Villages Clewiston	24 ▼ (-4)	Orange Hillsborough Pinellas Polk Sarasota Manatee Escambia Seminole St. Johns Lake Charlotte Indian River
Change from previous week's alerts:		▲ Increase ■ Stable ▼ Decrease		

All Red Counties: Miami-Dade, Okaloosa, Bay, Citrus, Hernando, Walton, Highlands, Monroe, DeSoto, Okeechobee, Gilchrist, Union, Liberty, Lafayette

All Orange Counties: Broward, Palm Beach, Duval, Lee, Osceola, Pasco, Collier, Marion, Clay, St. Lucie, Santa Rosa, Jackson, Putnam, Washington, Levy, Gadsden, Holmes, Madison, Hardee, Taylor, Calhoun, Hamilton, Glades, Dixie

All Yellow Counties: Orange, Hillsborough, Pinellas, Polk, Sarasota, Manatee, Escambia, Seminole, St. Johns, Lake, Charlotte, Indian River, Martin, Nassau, Flagler, Columbia, Sumter, Wakulla, Suwannee, Hendry, Baker, Bradford, Gulf, Jefferson

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

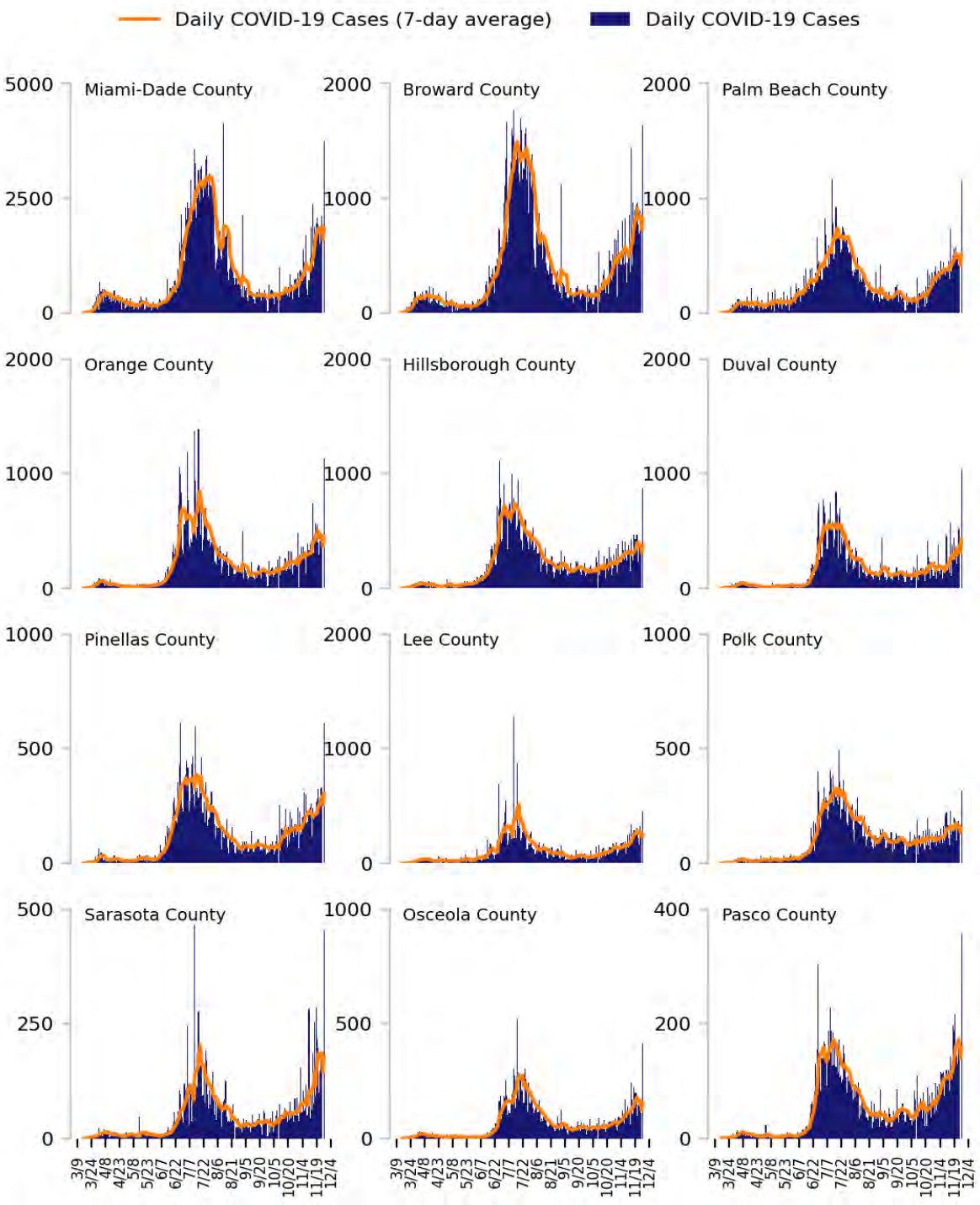
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

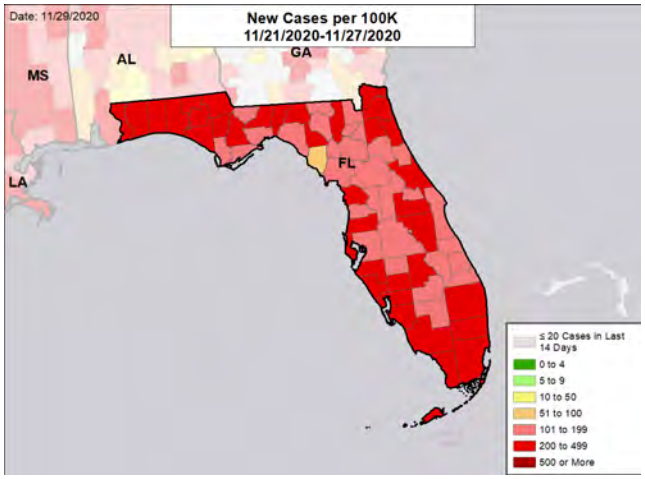
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

FLORIDA

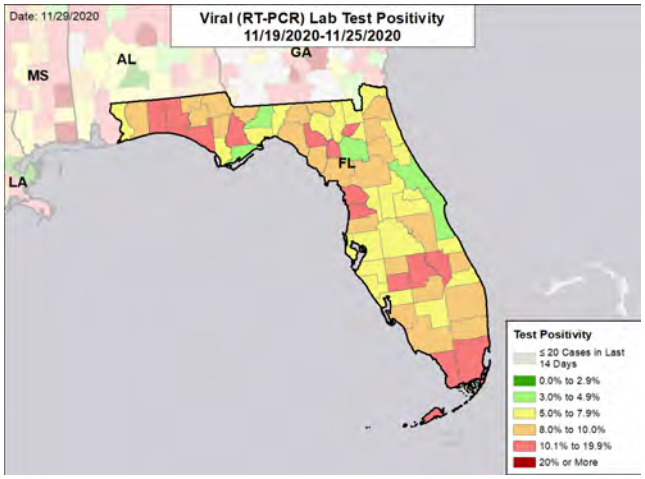
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

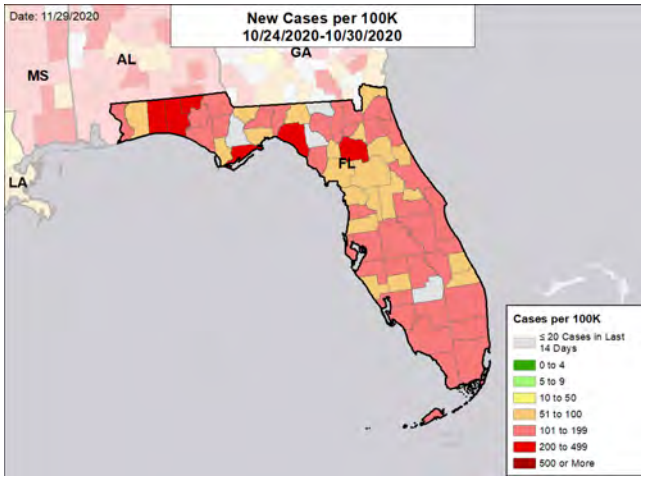
NEW CASES PER 100,000



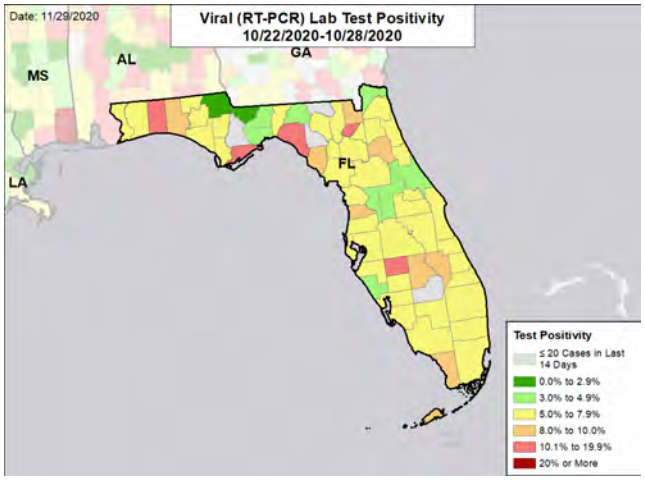
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

GEORGIA

SUMMARY

- Georgia is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 48th highest rate in the country. Georgia is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 37th highest rate in the country.
- Georgia has seen stability in new cases and stability in test positivity but at a high plateau of ongoing community spread.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Fulton County, 2. Gwinnett County, and 3. DeKalb County. These counties represent 26.2% of new cases in Georgia.
- 70% of all counties in Georgia 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 16 - Nov 22, 10% of nursing homes had at least one new resident COVID-19 case, 25% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Georgia had 159 new cases per 100,000 population, compared to a national average of 349 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; 4 to support testing activities from CDC; 9 to support epidemiology activities from CDC; 2 to support operations activities from CDC; and 4 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 340 patients with confirmed COVID-19 and 164 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Georgia. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity in public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- New hospital admissions in Georgia remain elevated. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased 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 in the winter move to mandatory weekly testing of all on and off campus students. Planning for this must begin now.
- There continue to be high levels of positive staff at LTCFs, indicative of continued and unmitigated community spread in these geographic areas.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

GEORGIA

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	16,908 (159)	+0%	171,312 (256)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.0%	-0.1%*	9.0%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	191,972** (1,808**)	-3%**	1,527,595** (2,283**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	163 (1.5)	-6%	1,680 (2.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	10%	-2%*	22%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	25%	+0%*	41%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	-3%*	7%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,528 (18)	-2% (-2%)	24,045 (16)	135,904 (19)

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

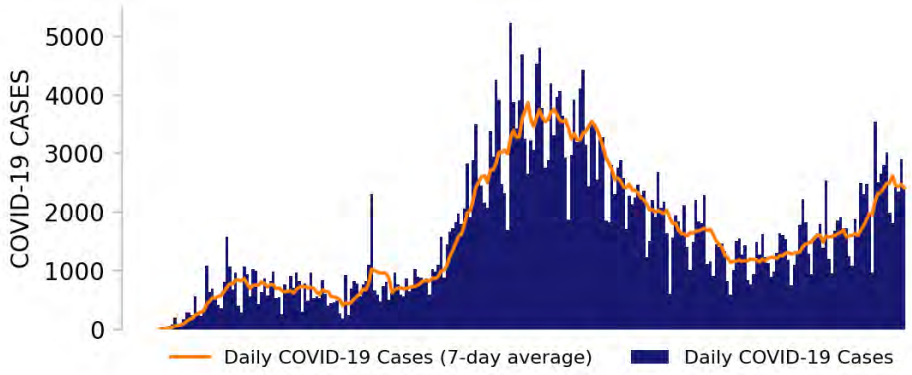
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

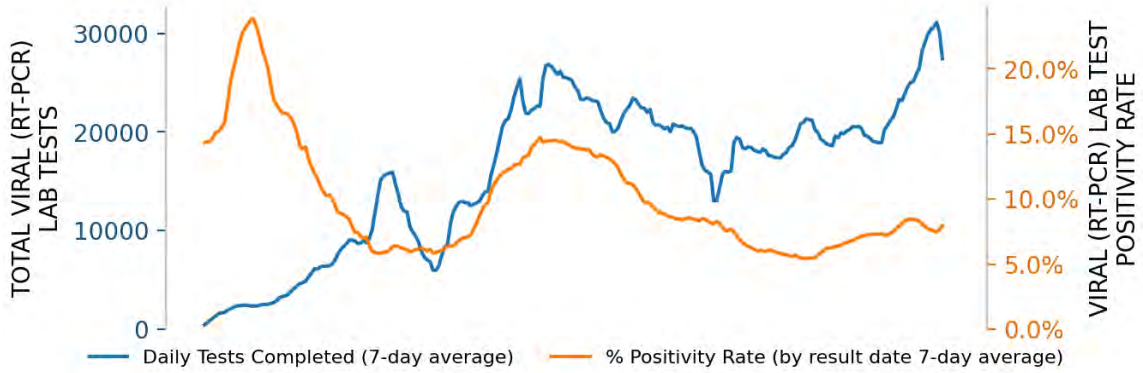
GEORGIA

STATE REPORT | 11.29.2020

NEW CASES

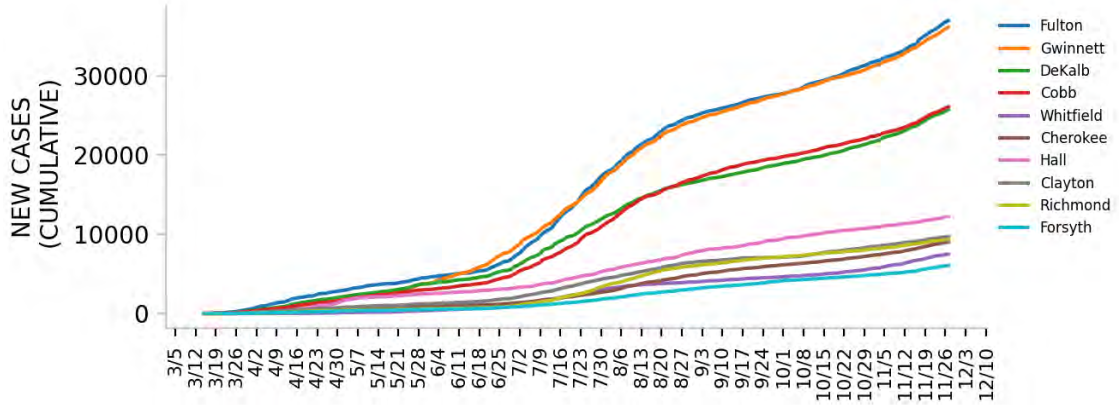


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

GEORGIA

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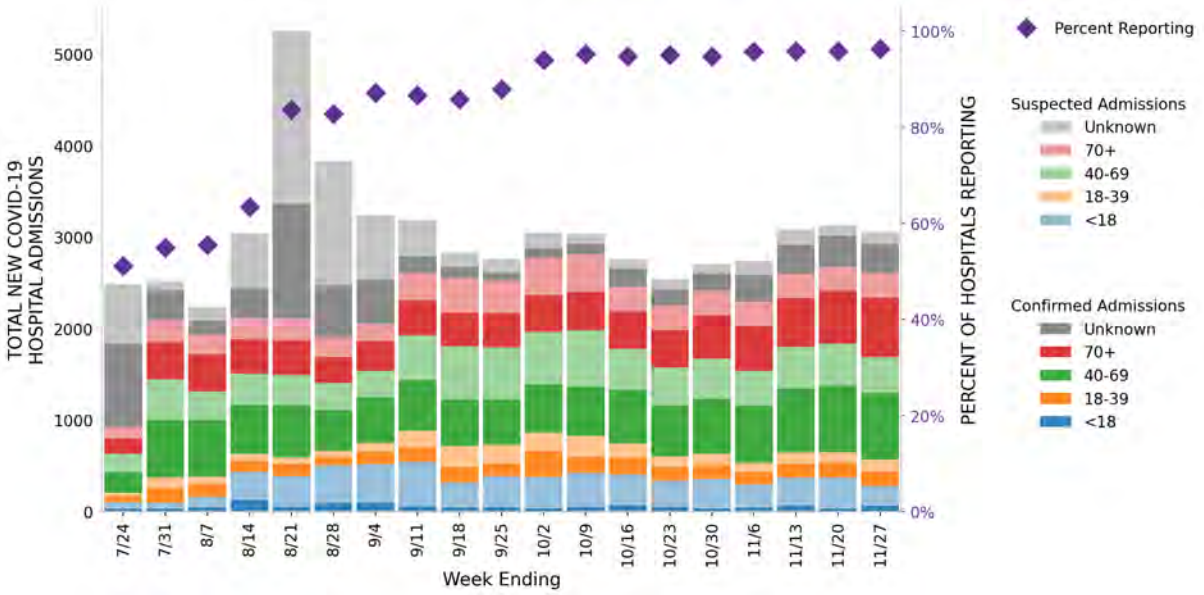
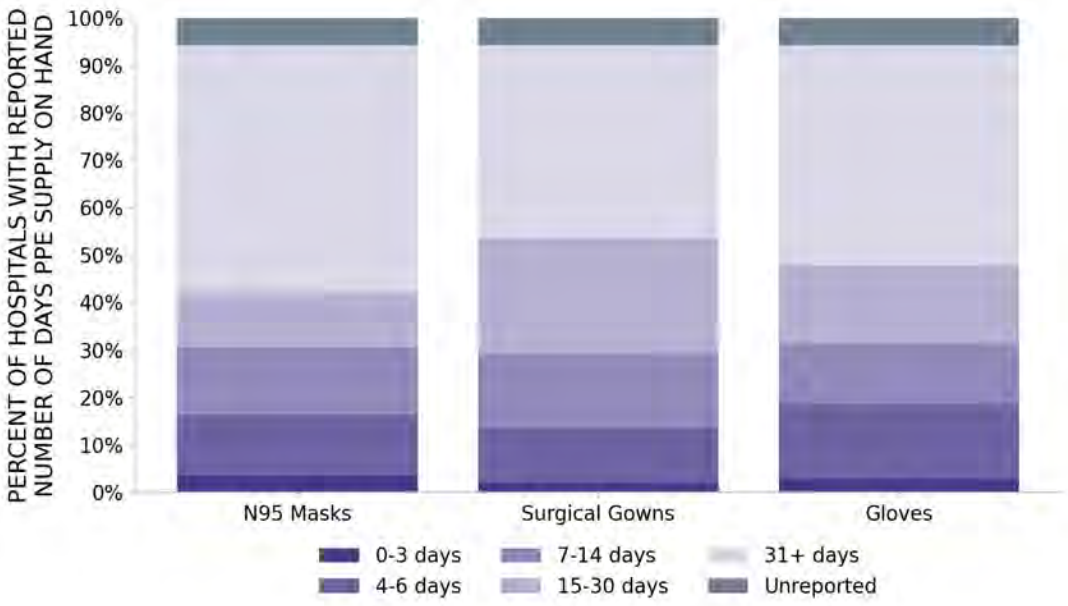
140 hospitals are expected to report in Georgia

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

GEORGIA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	19 ▲ (+1)	Dalton Augusta-Richmond County Gainesville Chattanooga Rome Valdosta Jefferson Calhoun Cornelia Douglas Tifton St. Marys	64 ▲ (+13)	Whitfield Cherokee Hall Clayton Henry Floyd Paulding Bartow Lowndes Carroll Murray Coweta
LOCALITIES IN ORANGE ZONE	8 ▲ (+1)	Savannah Macon-Bibb County Warner Robins Milledgeville Hinesville Thomasville Fitzgerald Cordele	31 ▼ (-1)	Gwinnett Richmond Forsyth Chatham Columbia Douglas Bibb Rockdale Effingham Pickens Baldwin Liberty
LOCALITIES IN YELLOW ZONE	9 ▲ (+3)	Atlanta-Sandy Springs-Alpharetta Athens-Clarke County Columbus Brunswick Albany Waycross Americus Moultrie Eufaula	17 ▼ (-5)	Fulton DeKalb Cobb Houston Fayette Muscogee Troup Fannin Ware Oconee Dougherty Jones

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

All Red CBSAs: Dalton, Augusta-Richmond County, Gainesville, Chattanooga, Rome, Valdosta, Jefferson, Calhoun, Cornelia, Douglas, Tifton, St. Marys, Cedartown, LaGrange, Toccoa, Jesup, Vidalia, Summerville, Thomaston

All Red Counties: Whitfield, Cherokee, Hall, Clayton, Henry, Floyd, Paulding, Bartow, Lowndes, Murray, Carroll, Coweta, Jackson, Gordon, Walker, Catoosa, Barrow, Walton, Newton, Habersham, Coffee, Tift, Camden, White, Spalding, Polk, Stephens, Lumpkin, Franklin, Dawson, Wayne, Madison, Banks, Haralson, Rabun, Elbert, Gilmer, Washington, Peach, Cook, Chattooga, Union, Hart, Monroe, Butts, Toombs, Lamar, Upson, Jefferson, Towns, Berrien, Pike, Hancock, Brantley, Oglethorpe, Early, Wilkes, Turner, Brooks, Lincoln, Atkinson, Taylor, Evans, Wilcox

All Orange Counties: Gwinnett, Richmond, Forsyth, Chatham, Columbia, Douglas, Bibb, Rockdale, Effingham, Pickens, Baldwin, Liberty, Bryan, Thomas, Dade, Burke, Harris, Seminole, Lee, Putnam, Tattnall, Appling, Ben Hill, Crisp, McIntosh, Heard, Pulaski, Grady, Macon, Jasper, Worth

All Yellow Counties: Fulton, DeKalb, Cobb, Houston, Fayette, Muscogee, Troup, Fannin, Ware, Oconee, Dougherty, Jones, Sumter, Colquitt, Irwin, Mitchell, Long

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

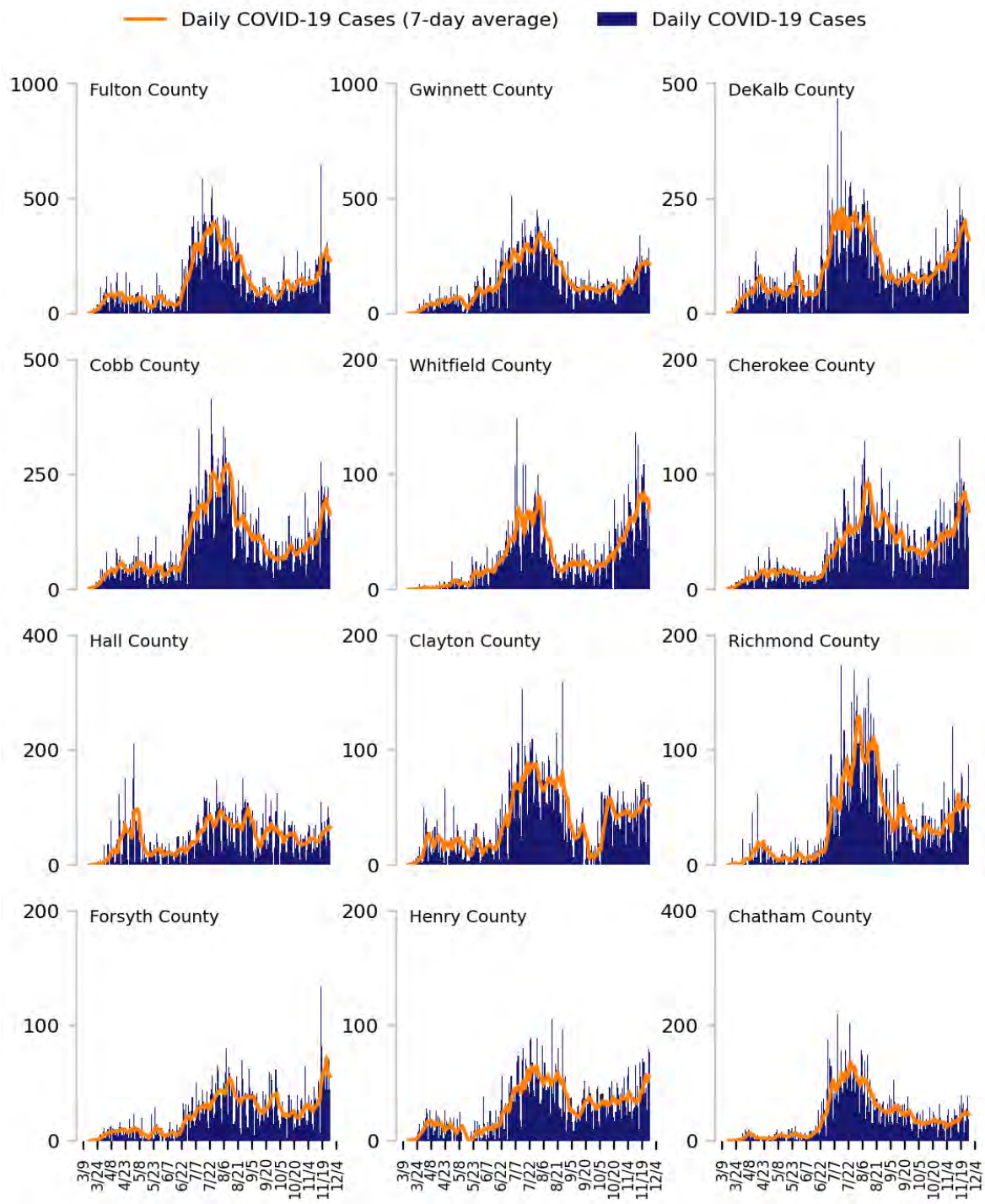
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

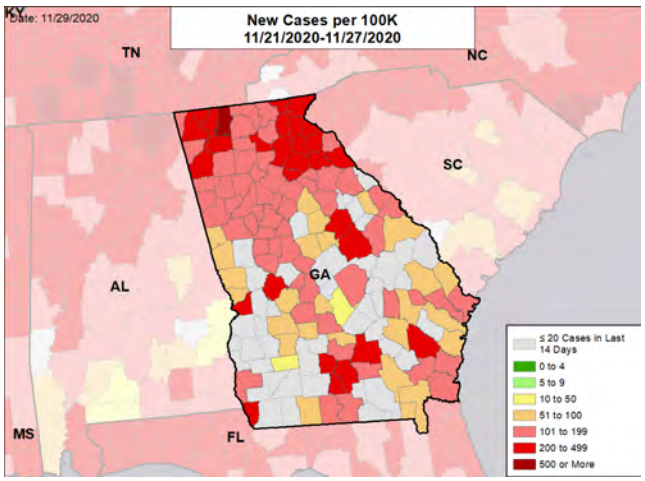
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

GEORGIA

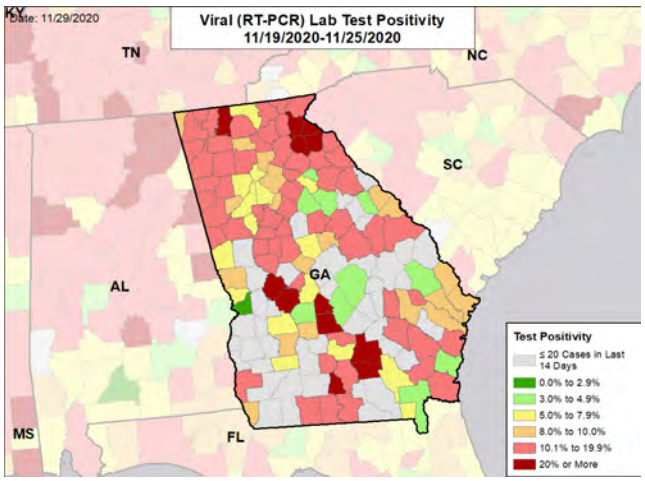
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

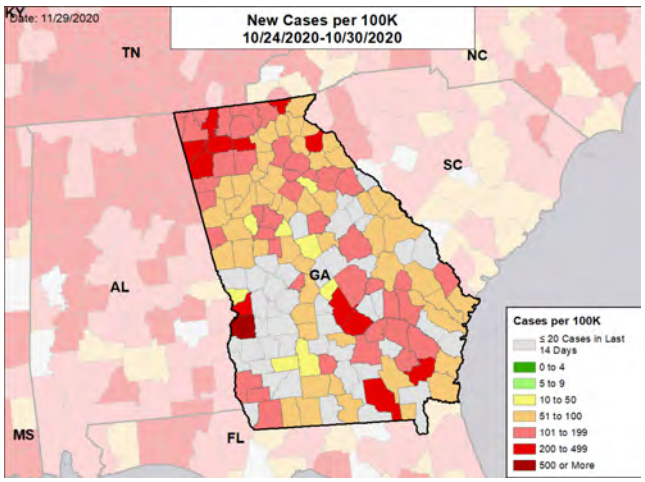
NEW CASES PER 100,000



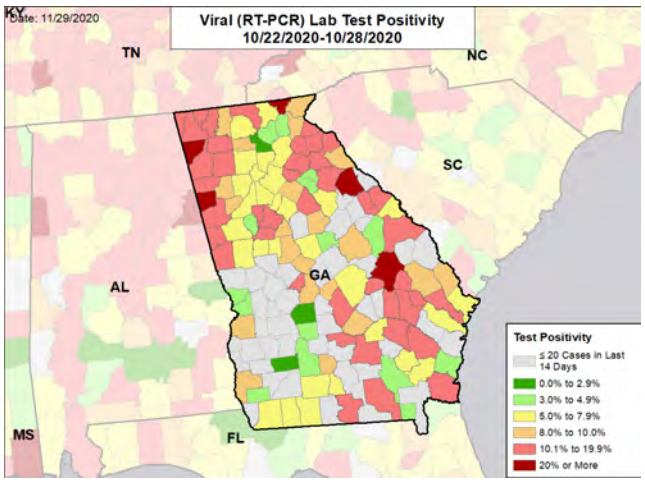
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

HAWAII

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- Hawaii is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population, with the 51st highest rate in the country. Hawaii is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 50th highest rate in the country.
- Hawaii has seen an increase in new cases and stability in test positivity.
- After an increase of testing volume in October, testing has largely plateaued in November.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Honolulu County, 2. Hawaii County, and 3. Maui County. These counties represent 93.0% 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 16 - Nov 22, no nursing homes had at least one new resident COVID-19 case, 6% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Hawaii had 56 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 17 to support operations activities from FEMA; 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 Nov 21 - Nov 27, on average, 5 patients with confirmed COVID-19 and 16 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Hawaii. This is a decrease of 6% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The recent slight increase in case rates is concerning, especially given stability in testing. Given the need to protect the islands from the intensified epidemic on CONUS, the recently tightened requirements for tourists are warranted and should continue through the tourist season.
- All efforts should be made to enhance case finding and contact tracing and isolation of cases. This will require expansion of testing capacity and active promotion of testing, especially for those who had close contact with people other than their own households.
- Hawaii should continually publicize and enforce the requirements for face coverings and social distancing; health authorities should have procedures for enforcing community mitigation policies.
- Proactive weekly testing of individuals who have continued interactions with members of the community (such as healthcare workers, cashiers, drivers, etc.) will help identify the depth and breadth of community infection. Point-of-care antigen tests should be used among these representative individuals, independent of symptoms.
- The above surveillance should direct focused testing campaigns wherever increased transmission is detected.
- In addition to expansion of testing, decreasing turnaround times of results and immediate isolation and contact interviewing of cases should be a top priority. Contact tracing capacity should be expanded as previously described and all persons being testing should be given detailed written and verbal instructions on how to isolate at the time of testing.
- All clinical sites should have contingency plans, with maximal access to telehealth and remote clinical support, as well as medicines and supplies.
- All staff who work with patients or residents in any congregate setting should be tested weekly with rapid tests and should not be permitted to work without a recent negative test or clearance from isolation; health authorities should monitor rehab and long-term care facilities to ensure strict adherence to CMS guidance.
- Ensure all persons who live in congregate or multi-generational settings are fully informed about potential risks and community mitigation efforts; ensure communities with higher levels of such households have immediate access to testing and resources.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

HAWAII

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	796 (56)	+48%	141,764 (276)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.4%	+0.2%*	8.1%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	30,956** (2,186**)	+0%**	1,268,985** (2,474**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	16 (1.1)	+700%	751 (1.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	0%	N/A*	10%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	6%	+3%*	22%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*	2%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	145 (6)	-6% (-7%)	15,588 (18)	135,904 (19)

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

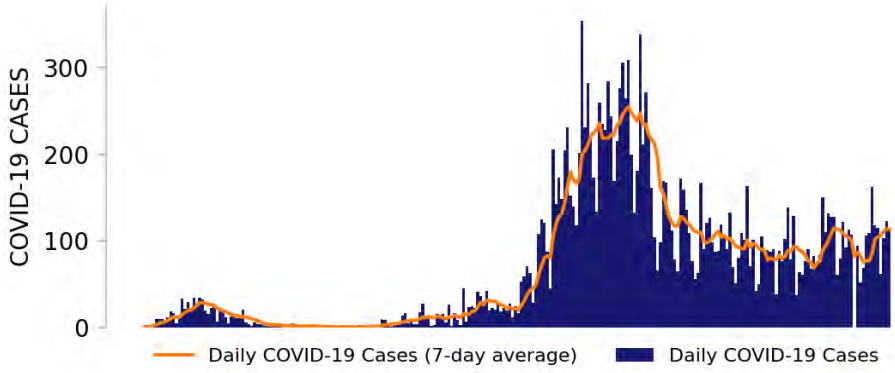
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

HAWAII

STATE REPORT | 11.29.2020

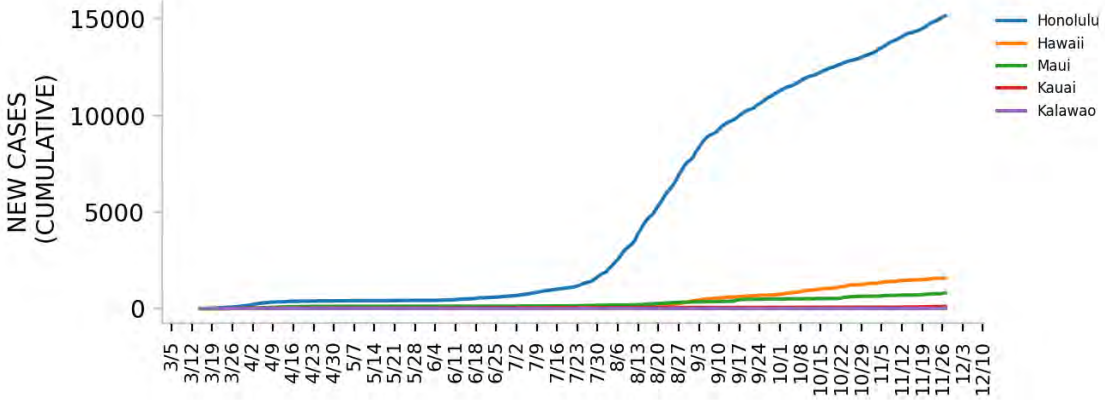
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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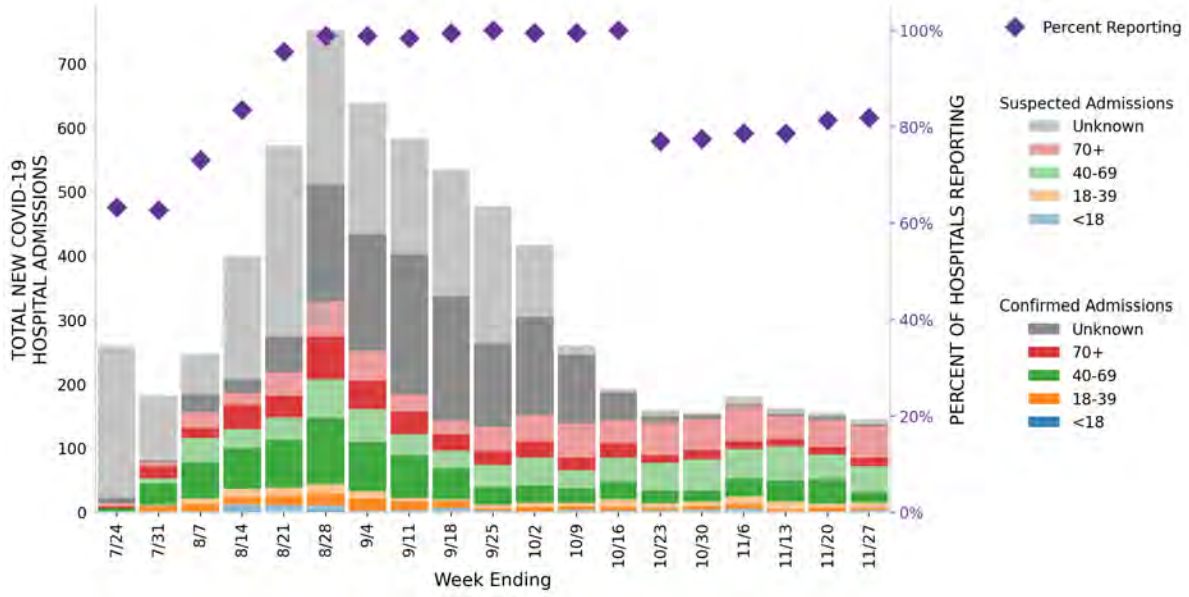
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

HAWAII

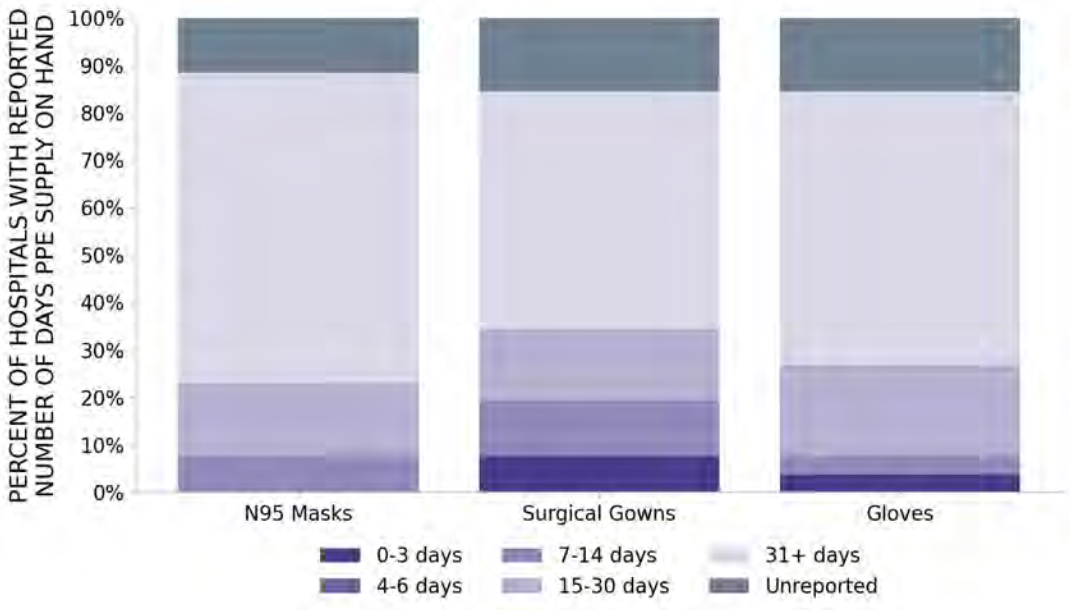
STATE REPORT | 11.29.2020

26 hospitals are expected to report in Hawaii

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

HAWAII

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

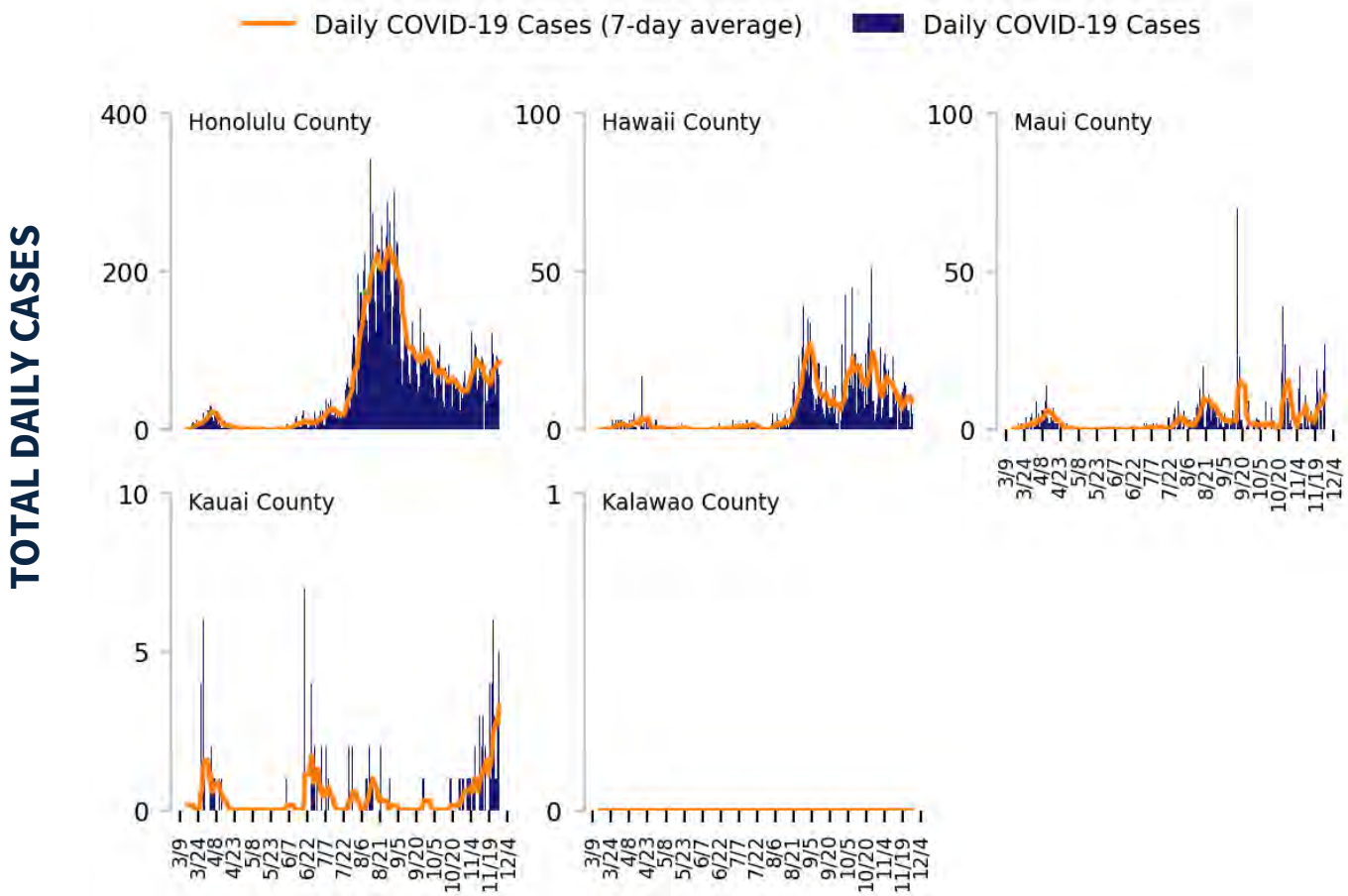
	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**0** ■ (+0)	N/A	**0** ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**0** ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**0** ■ (+0)	N/A

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

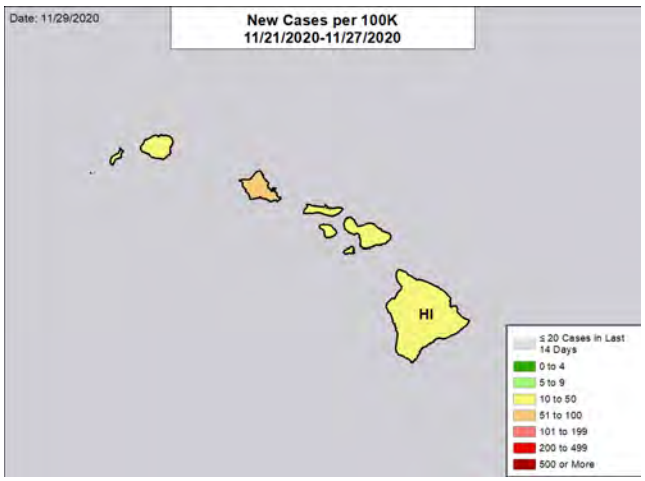
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

HAWAII

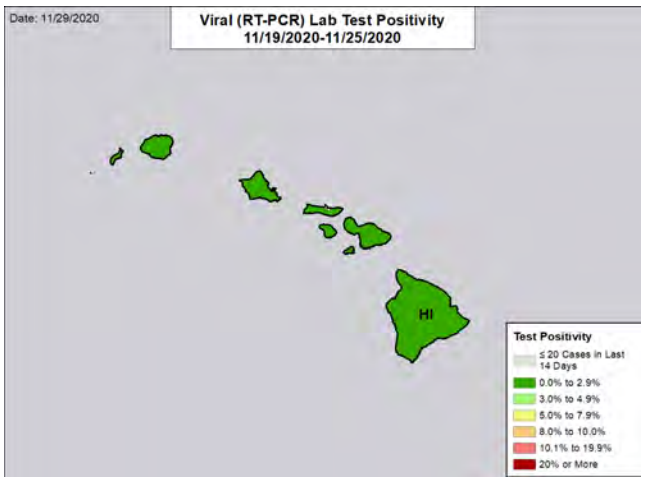
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

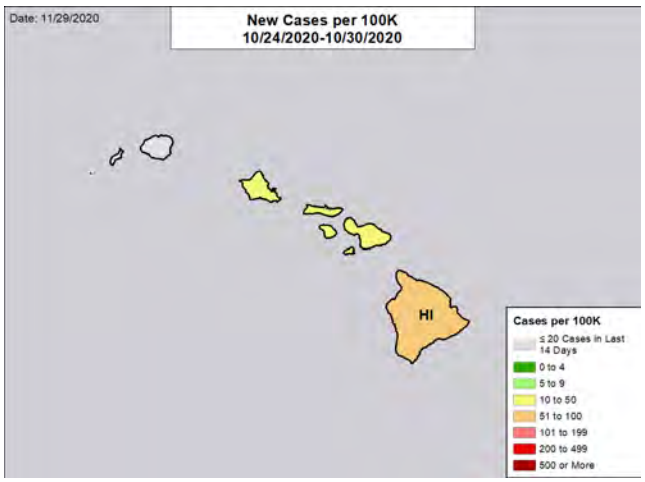
NEW CASES PER 100,000



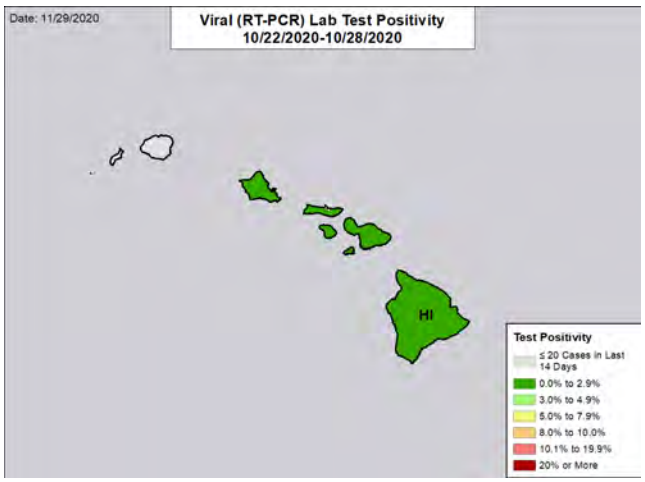
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

IDAHO

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- Idaho 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. Idaho is in the red zone for test positivity, indicating a rate at or above 10.1%, with the highest rate in the country.
- Idaho has seen a decrease in new cases and a decrease in test positivity.
- Test positivity is still over 20% in 27 counties; cases rates were over 300 per 100,000 population per week in 33 counties and, compared to the week prior, case rates from this past week increased in 9 counties (which is down from 27 counties the previous week).
- 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 44.7% of new cases in Idaho.
- 89% of all counties in Idaho 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 16 - Nov 22, 26% of nursing homes had at least one new resident COVID-19 case, 61% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death. Apparent outbreaks have been reported in facilities in Emmett, Grangeville, Preston, Idaho Falls, Kimberly, Nampa, Saint Maries, and Boise.
- ICU bed utilization exceeded 85% in the Boise and Idaho Falls Hospital Service Areas.
- Idaho had 489 new cases per 100,000 population, compared to a national average of 349 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 medical activities from VA.
- Between Nov 21 - Nov 27, on average, 58 patients with confirmed COVID-19 and 8 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Idaho. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- Given the persistently elevated case rates at state level (nearly 500 per 100,000 population/week), further restrictions across Idaho are warranted to reduce hospitalizations and deaths; recent face mask policy in Boise is an excellent example.
- Wherever local ordinances for community mitigation are in effect, procedures to support enforcement should be developed and deployed.
- Testing capacity should be aggressively expanded, and testing should be widely promoted throughout the holiday season.
- Proactive weekly testing of individuals who have continued interactions with members of the community (such as healthcare workers, those who work in shelters or congregate living facilities, cashiers, transportation drivers, etc.) will help identify the depth and breadth of community infection. Point-of-care antigen tests should be used among these representative individuals, independent of symptoms, in all orange and red counties in Idaho.
- The above surveillance should direct focused testing campaigns wherever increased transmission is detected (e.g., in all communities with outbreaks in long-term care facilities (LTCFs)).
- Throughout the holiday season, all media platforms should be saturated with messaging on the risks of social gatherings, the clear recommendation to avoid such gatherings, the critical need for face coverings and social distancing, and instructions on how to report non-compliance of local businesses.
- Continually expand use of clinical personnel from local facilities and champions from across the political and cultural spectra to urgently advocate for adherence to face covering and social distancing.
- Decreasing turnaround times of test results is critically important, as most people who are aware of their infection will isolate. Education on isolation and quarantine should be given in verbal and written form at the time of testing and those who are testing should be instructed to quarantine until results are returned.
- Ensure all hospitals and clinical sites should have updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies.
- Ensure all universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for that should begin now.
- There continue to be high levels of positive staff at LTCFs, indicative of continued and unmitigated community spread in these geographic locations; adherence to CMS guidance should be verified and enforced and all staff should be permitted to work only if they have a recent negative rapid test.
- Flu vaccines should be aggressively promoted and widely available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

IDAHO

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	8,735 (489)	-12%	40,619 (283)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	22.9%	-5.1%*	10.5%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	49,056** (2,745**)	-4%**	398,235** (2,775**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	66 (3.7)	-29%	247 (1.7)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	26%	-3%*	17%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	61%	-2%*	37%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	-2%*	5%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	465 (15)	+1% (+10%)	3,178 (14)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

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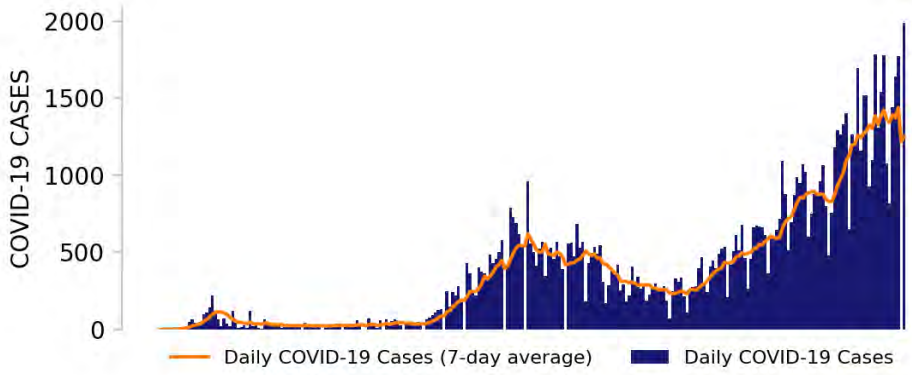
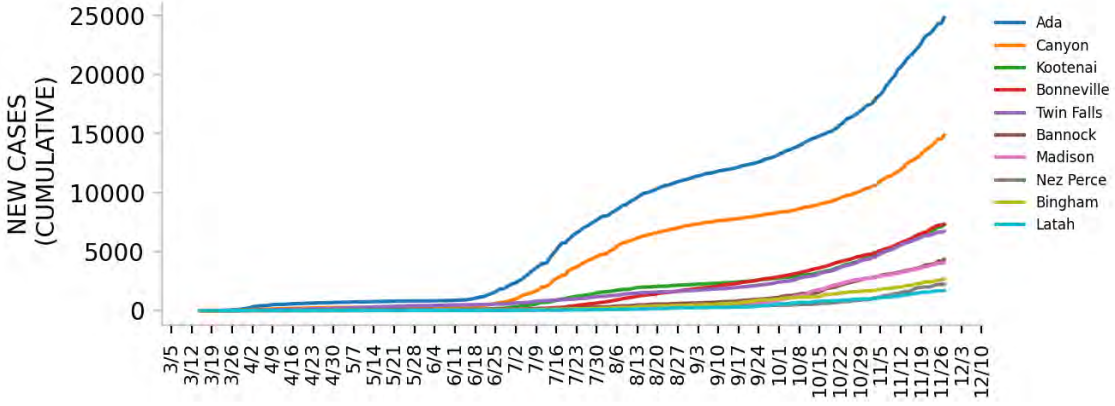
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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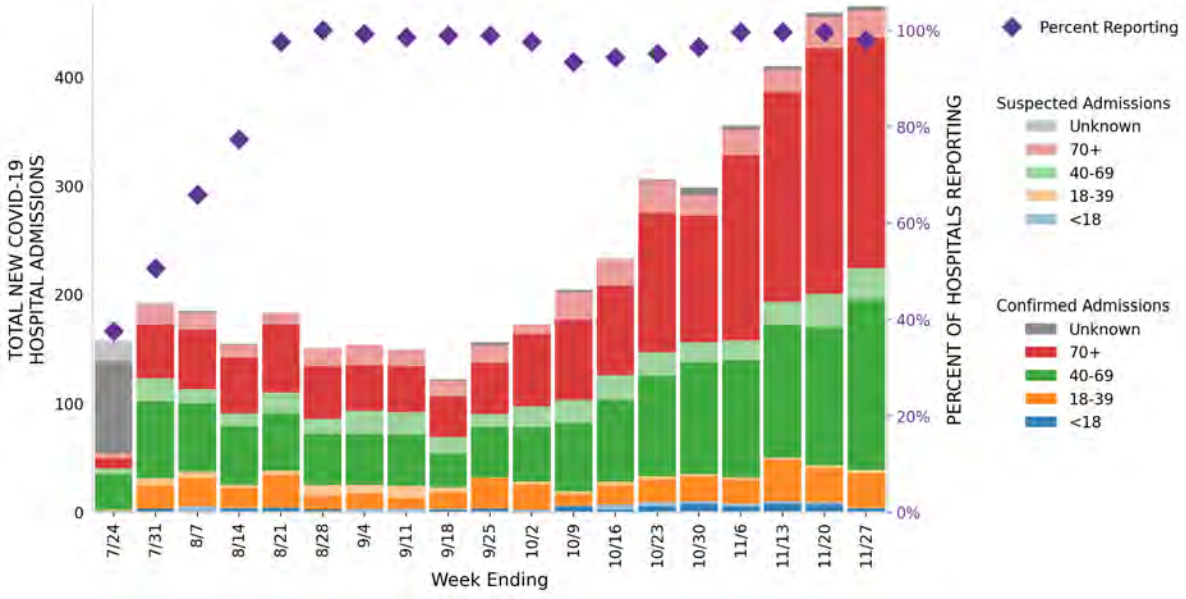
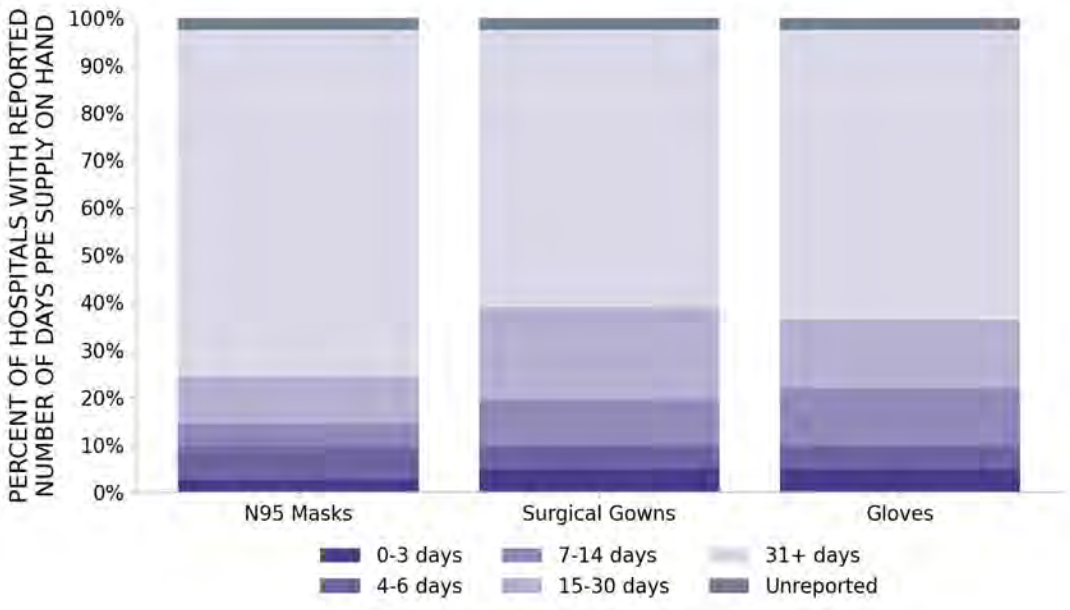
41 hospitals are expected to report in Idaho

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS
Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.
PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**16** ■ (+0)	Boise Idaho Falls Coeur d'Alene Twin Falls Pocatello Rexburg Lewiston Burley Blackfoot Moscow Sandpoint Ontario	**39** ▲ (+1)	Ada Canyon Kootenai Bonneville Twin Falls Bannock Madison Nez Perce Bingham Latah Cassia Jerome
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**0** ▼ (-1)	N/A
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**0** ■ (+0)	N/A

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

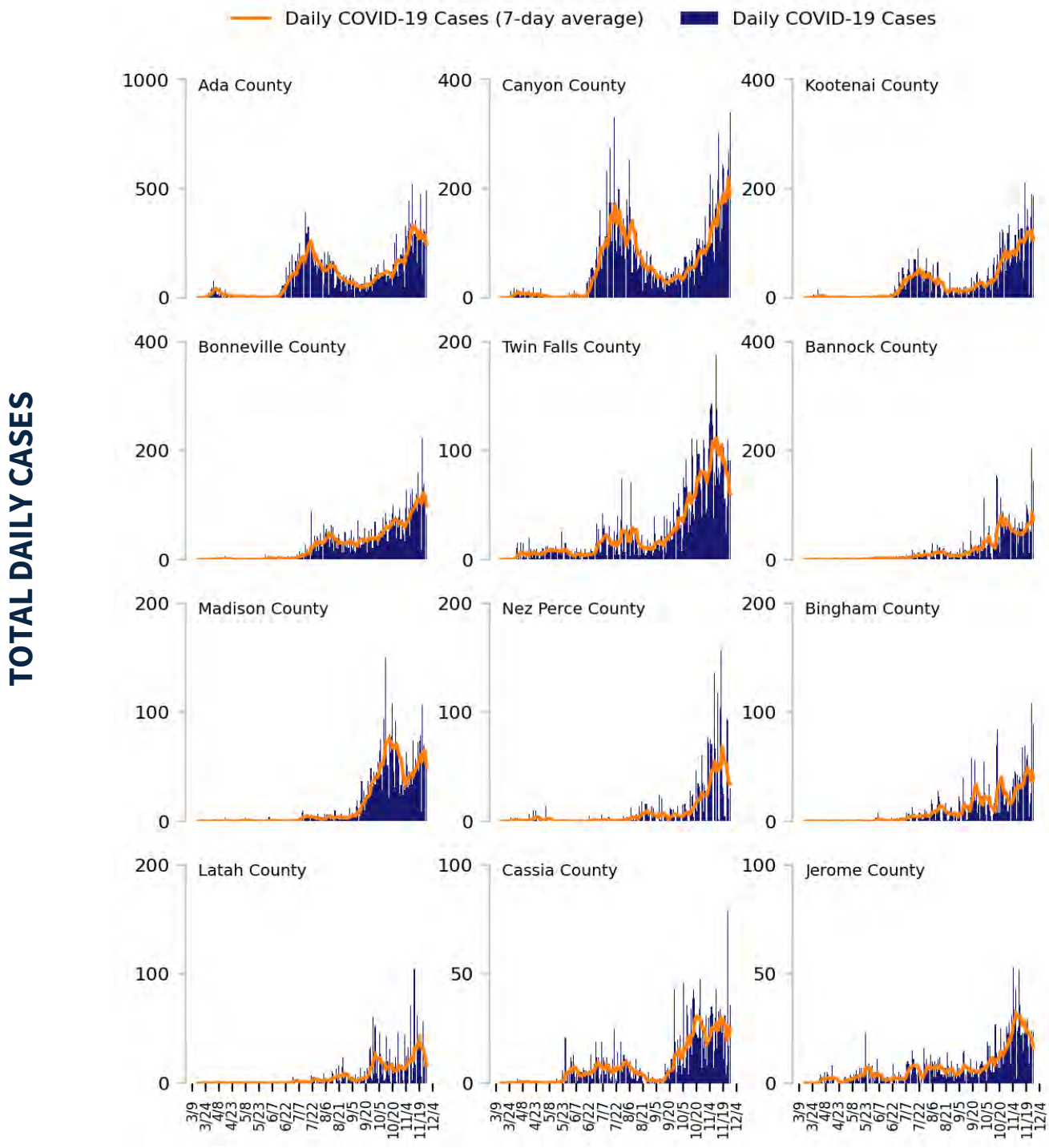
All Red CBSAs: Boise, Idaho Falls, Coeur d'Alene, Twin Falls, Pocatello, Rexburg, Lewiston, Burley, Blackfoot, Moscow, Sandpoint, Ontario, Hailey, Logan, Mountain Home, Jackson
All Red Counties: Ada, Canyon, Kootenai, Bonneville, Twin Falls, Bannock, Madison, Nez Perce, Bingham, Latah, Cassia, Jerome, Gem, Minidoka, Bonner, Jefferson, Payette, Clearwater, Blaine, Idaho, Franklin, Elmore, Owyhee, Washington, Gooding, Teton, Shoshone, Fremont, Boundary, Bear Lake, Caribou, Lewis, Valley, Lincoln, Benewah, Power, Oneida, Custer, Boise

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

IDAHO

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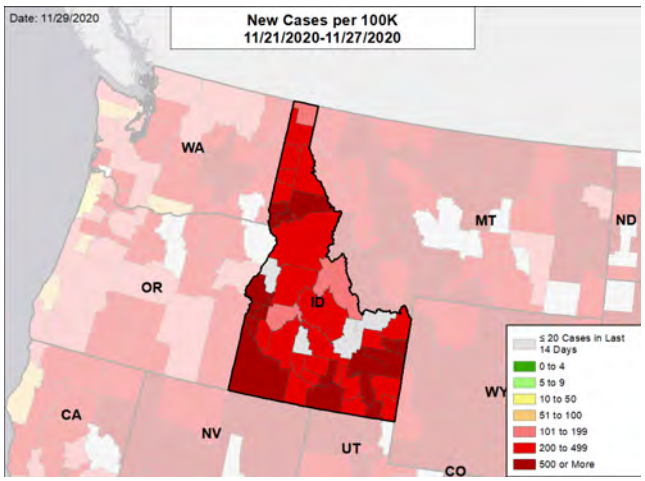
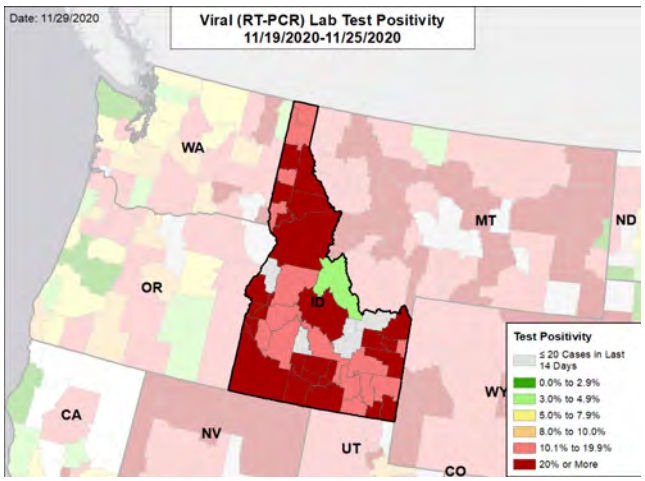
CASE RATES AND VIRAL LAB TEST POSITIVITY

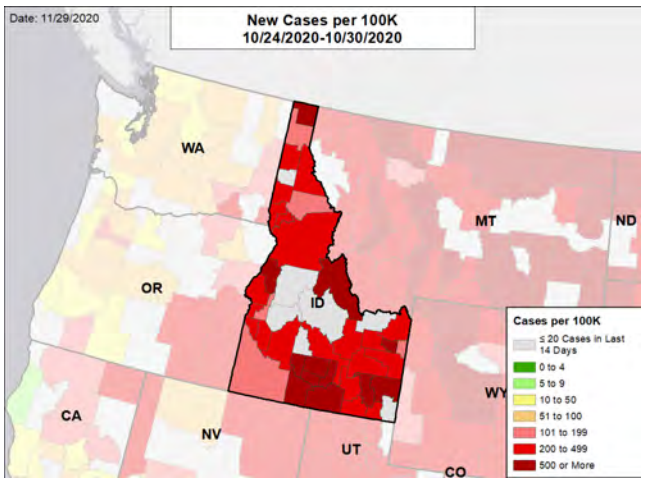
NEW CASES PER 100,000



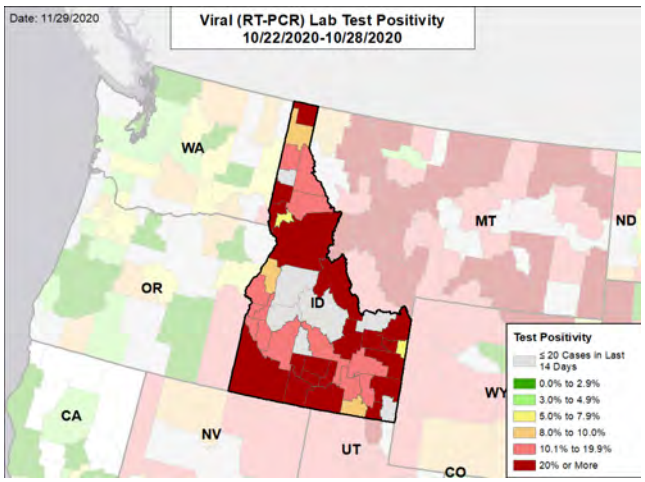
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

ILLINOIS

SUMMARY

- Illinois saw a week of slight improvement although remained at extremely high levels of disease transmission, hospitalizations, and deaths. Hospitalizations stabilized but remained at or near the highest level of the pandemic above the spring peak. Illinois 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. Illinois is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 21st highest rate in the country.
- Illinois has seen a decrease in new cases and a decrease in test positivity while test volumes declined slightly. Hospitalizations continue to at high levels. Hospitals are limiting visitors and elective procedures. Illinois reported an average of more than 100 deaths a day last week.
- 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 49.4% of new cases in Illinois.
- Mitigation: Illinois moved to intensified stage 3 mitigation measures as of Nov 20. Several of the 11 Illinois healthcare regions are beginning to see improvements in key coronavirus metrics.
- 97% of all counties in Illinois 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 16 - Nov 22, 38% of nursing homes had at least one new resident COVID-19 case, 64% had at least one new staff COVID-19 case, and 16% had at least one new resident COVID-19 death.
- Illinois had 558 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 67 to support operations activities from FEMA; 5 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; and 7 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 589 patients with confirmed COVID-19 and 547 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. This is a decrease of 6% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of Illinois leaders that the current situation is critical and that despite the slight recent improvements, the population and health care system must do everything possible to prepare for and limit a post-Thanksgiving resurgence. Improved public observance of social distancing measures is urgently needed to limit overrunning hospital capacity and additional preventable deaths. Limiting travel throughout the next several weeks is an additional key mitigation measure this holiday season as the spread across jurisdictions makes control measures much more difficult and leads to additional outbreaks. The Governor's continued personal guidance and forward leaning positions on these measures are critical and are commended.
- Ensure all clinical facilities, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing, and are accurately reporting current status of each resource. Ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Short-term mitigation interventions, including restricting indoor dining and limiting and/or closing areas of congregation without masking, will be needed. Expeditious intensification of mitigation measures called for within the state plan will help to slow disease spread. The adjustments made in mitigation measures in response to trends in county cases and healthcare regions metrics are commended.
- These measures help to control transmission in public settings but have had limited success in preventing spread at private gatherings. Additional measures should be taken, including communications to reinforce messaging around social gatherings throughout the ongoing holiday season. Maximizing control of transmission now will also allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- The silent community spread that precedes and continues throughout these COVID disease surges can only be identified and interrupted through proactive and increased testing and surveillance. This approach can be adapted to communities/counties in the orange or red zone with proactive weekly testing of groups from the community. These cases should be analyzed with data from cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread proactive testing and isolation of positive cases. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Mitigation measures to limit transmission in personal gatherings need continued strengthening. Local influencers are critical; hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of long-term care facility testing and rapid implementation of vaccination into LTCF as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing, and utilize the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities planning to bring students back to campus after winter break move to mandatory weekly testing of all on and off campus students. Planning for that must begin 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 | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	70,667 (558)	-14%	299,152 (569)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.3%	-1.8%*	13.0%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	555,885** (4,387**)	-6%**	2,487,089** (4,734**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	725 (5.7)	-9%	2,726 (5.2)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	38%	+4%*	34%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	64%	+0%*	60%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	16%	+5%*	13%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	7,956 (27)	-6% (-4%)	31,001 (26)	135,904 (19)

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

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ILLINOIS

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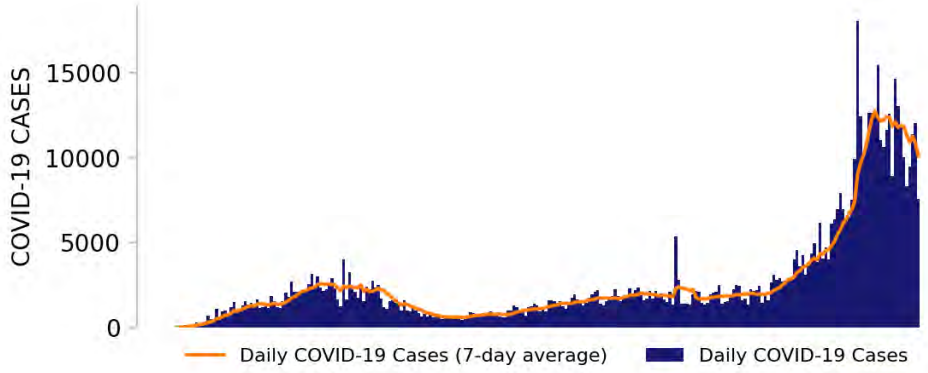
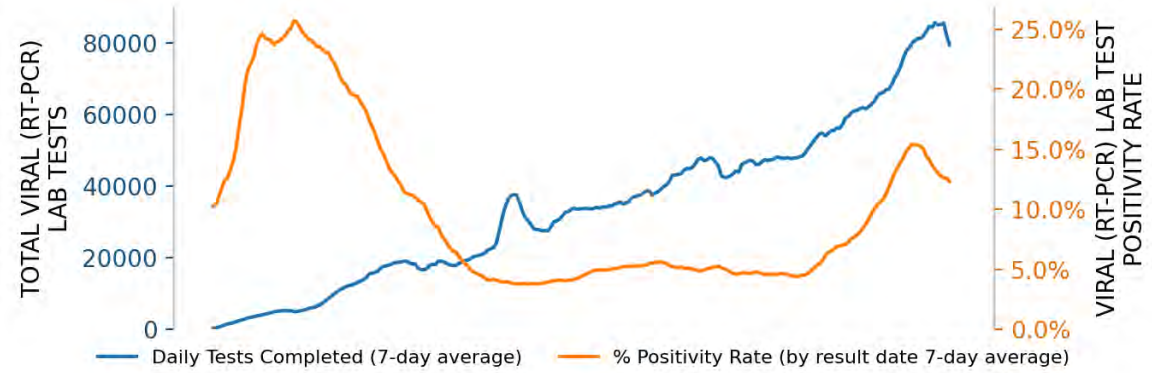
NEW CASES



TESTING



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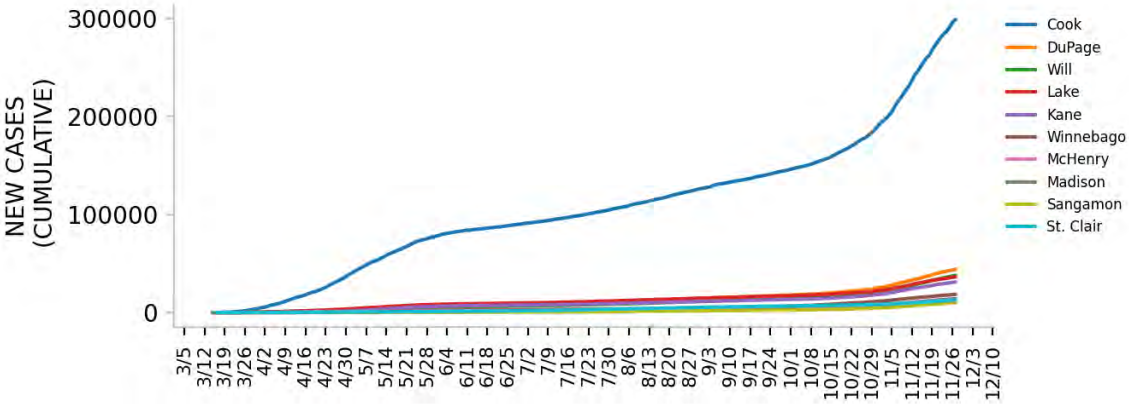
Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



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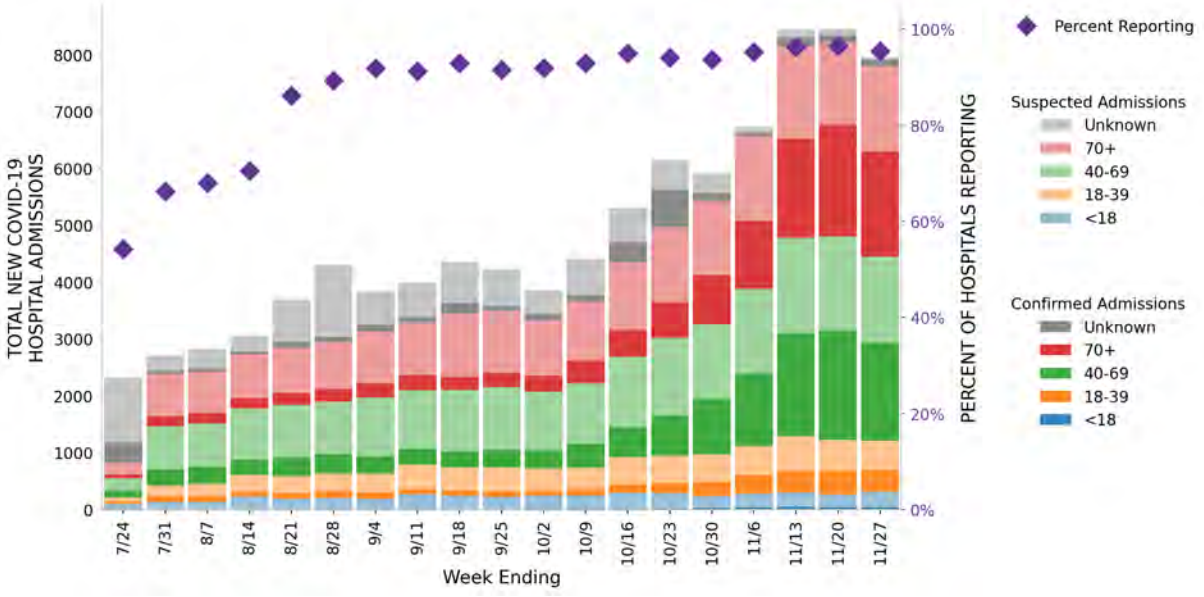
ILLINOIS

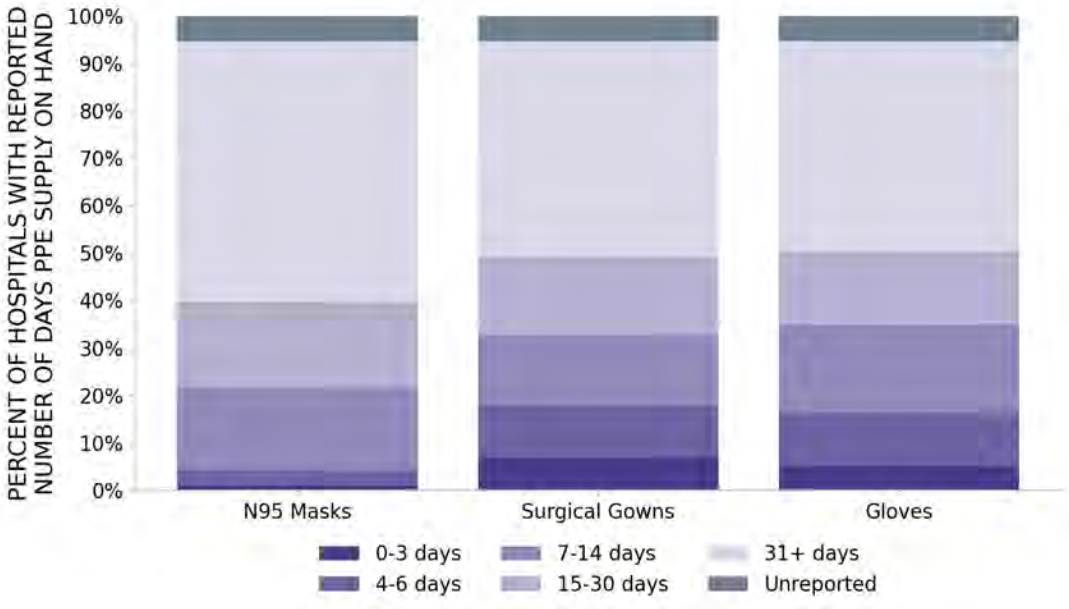
STATE REPORT | 11.29.2020

189 hospitals are expected to report in Illinois

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

ILLINOIS

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	28 ▼ (-1)	Chicago-Naperville-Elgin St. Louis Peoria Rockford Davenport-Moline-Rock Island Springfield Kankakee Ottawa Carbondale-Marion Decatur Danville Sterling	79 ▼ (-10)	Cook DuPage Will Lake Kane Winnebago McHenry Madison Sangamon St. Clair Kankakee Peoria
LOCALITIES IN ORANGE ZONE	2 ■ (+0)	Bloomington Charleston-Mattoon	14 ▲ (+8)	McLean Coles Jackson Woodford Fulton Jersey Piatt Crawford Saline Clark Moultrie Union
LOCALITIES IN YELLOW ZONE	1 ▲ (+1)	Quincy	6 ▲ (+2)	Adams Bond Montgomery Edgar Wabash Schuyler

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

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

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

All Orange Counties: McLean, Coles, Jackson, Woodford, Fulton, Jersey, Piatt, Crawford, Saline, Clark, Moultrie, Union, Alexander, Gallatin

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

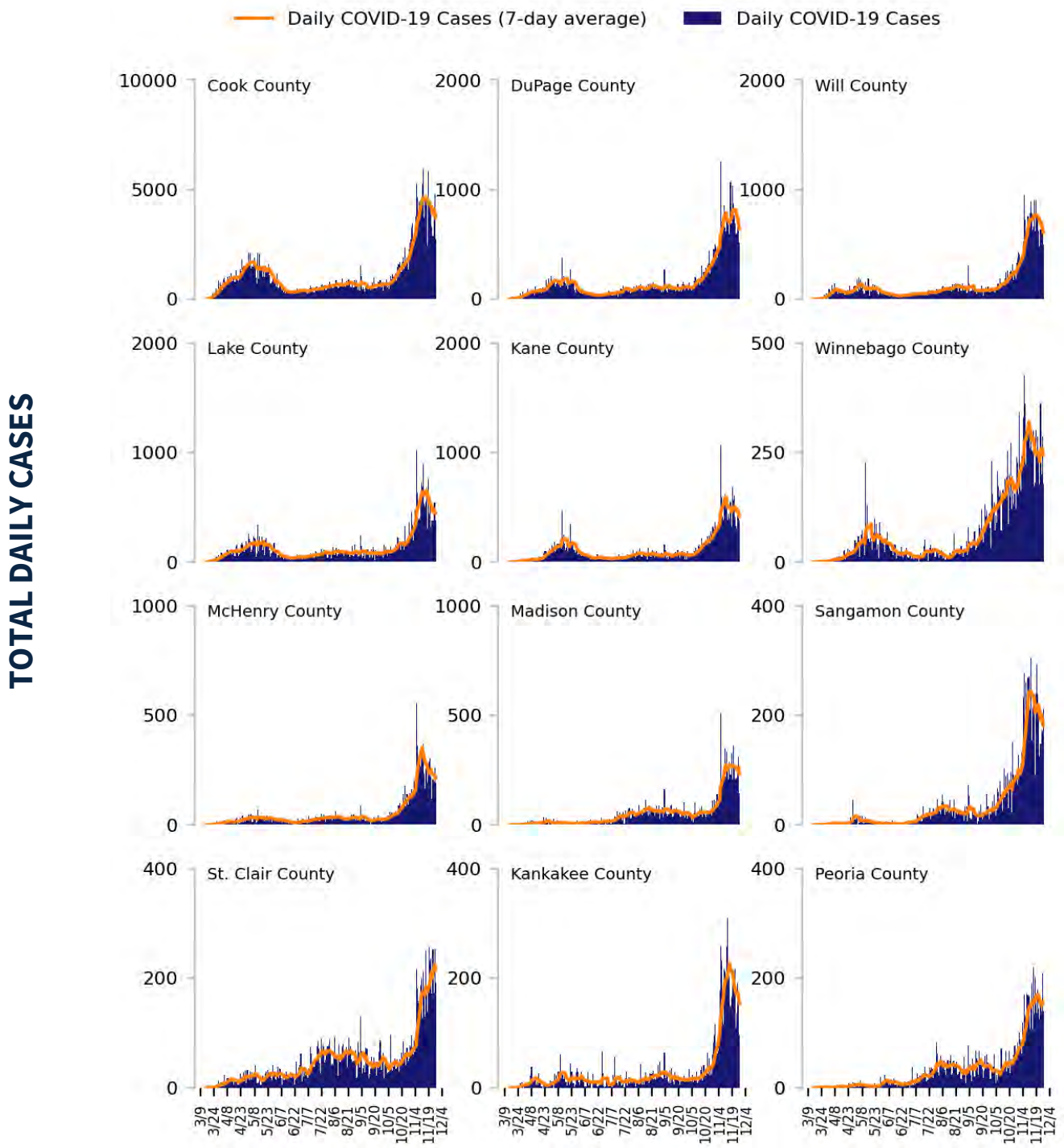
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

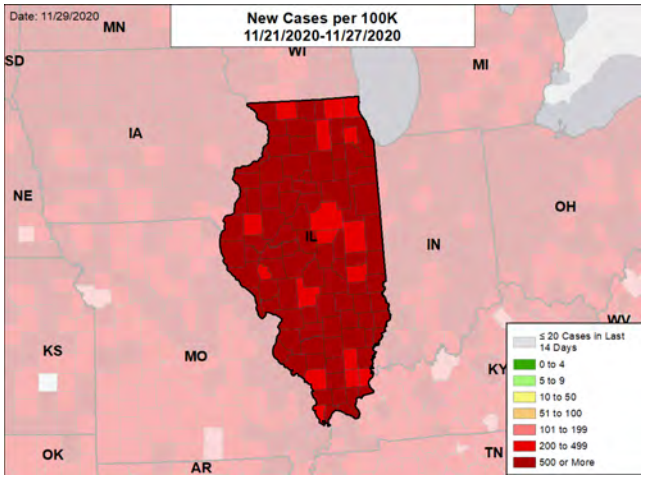
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

ILLINOIS

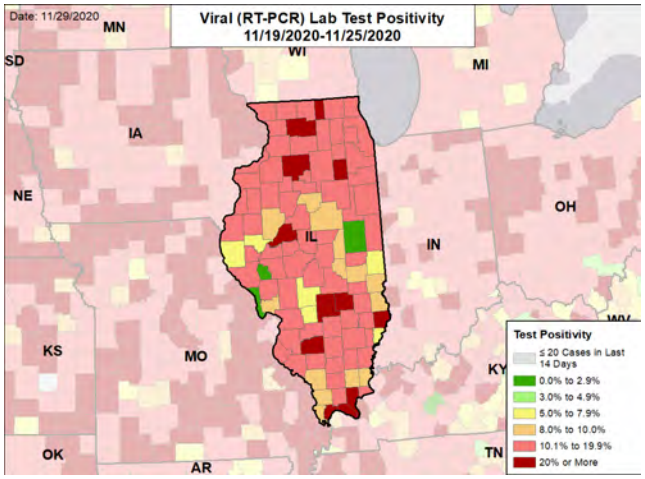
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

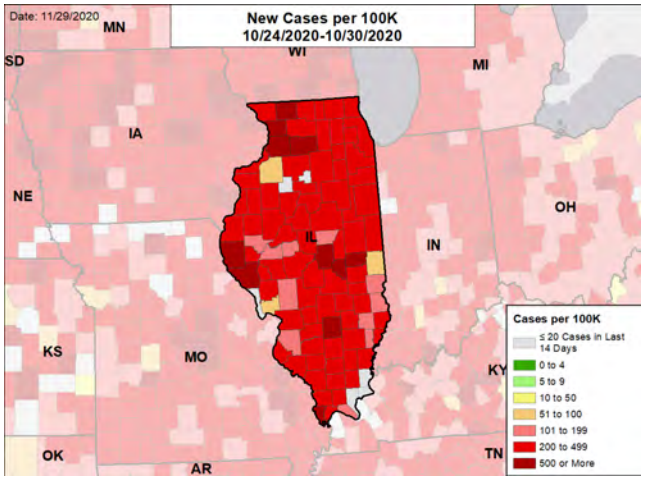
NEW CASES PER 100,000



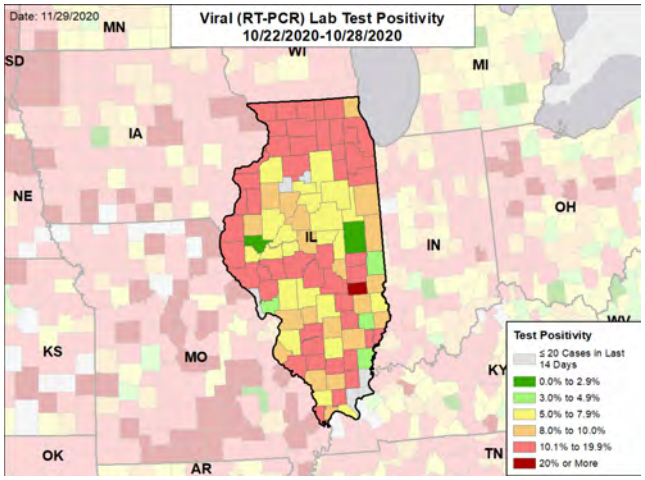
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

INDIANA

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- Indiana continues to experience extremely high levels of viral transmission along with reported cases, hospitalizations, and deaths. Indiana 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. Indiana is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 10th highest rate in the country.
- Indiana has seen stability in new cases and a decrease in test positivity last week. New hospitalizations edged higher and current hospitalizations increased. 43% of state ICU beds were occupied by COVID patients as of Nov 27. Daily deaths continued to rise; as reported on Nov 28, the 7-day rolling average rose to 56 per day, one third 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 26.4% of new cases in Indiana.
- 100% of all counties in Indiana 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 16 - Nov 22, 33% of nursing homes had at least one new resident COVID-19 case, 52% had at least one new staff COVID-19 case, and 13% had at least one new resident COVID-19 death.
- Indiana had 632 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 5 to support operations activities from FEMA.
- Between Nov 21 - Nov 27, on average, 356 patients with confirmed COVID-19 and 274 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Indiana. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of Indiana leaders that the current situation is critical and that the population and health care system must do everything possible to prepare for and limit a post-Thanksgiving resurgence. Improved public observance of social distancing measures is urgently needed to limit overrunning hospital capacity and additional preventable deaths. Limiting travel throughout the next several weeks is an additional key mitigation measure this holiday season as the spread across jurisdictions makes control measures much more difficult and leads to additional outbreaks. The Governor's continued personal guidance is critical.
- Ensure all clinical facilities, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing, and are accurately reporting current status of each resource. Ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Short-term mitigation interventions, including restricting indoor dining and limiting and/or closing areas of congregation without masking, will be needed. Expeditious intensification of mitigation measures called for within the state plan will help to slow disease spread. The recent adjustments made in mitigation measures in response to trends in county cases are commended; further measures are needed given the intensity of the epidemic.
- These measures help to control transmission in public settings but have had limited success in preventing spread at private gatherings. Additional measures should be taken, including communications to reinforce messaging around social gatherings throughout the ongoing holiday season. Maximizing control of transmission now will also allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- The silent community spread that precedes and continues throughout these COVID disease surges can only be identified and interrupted through proactive and increased testing and surveillance. This approach can be adapted to communities/counties in the orange or red zone with proactive weekly testing of groups from the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers). These cases should be analyzed with data from cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread proactive testing and isolation of positive cases. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Mitigation measures to limit transmission in personal gatherings need continued strengthening. Local influencers are critical; hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing, and utilize the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities planning to bring students back to campus after winter break move to mandatory weekly testing of all on and off campus students. Planning for that must begin 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.

INDIANA

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	42,559 (632)	-7%	299,152 (569)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	15.1%	-1.1%*	13.0%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	322,055** (4,784**)	+10%**	2,487,089** (4,734**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	388 (5.8)	+13%	2,726 (5.2)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	33%	+1%*	34%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	52%	-2%*	60%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	13%	-1%*	13%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	4,408 (27)	+3% (+4%)	31,001 (26)	135,904 (19)

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

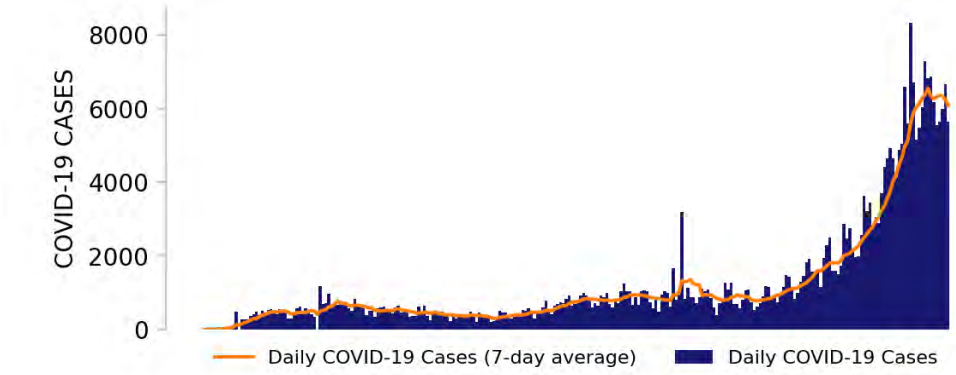
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

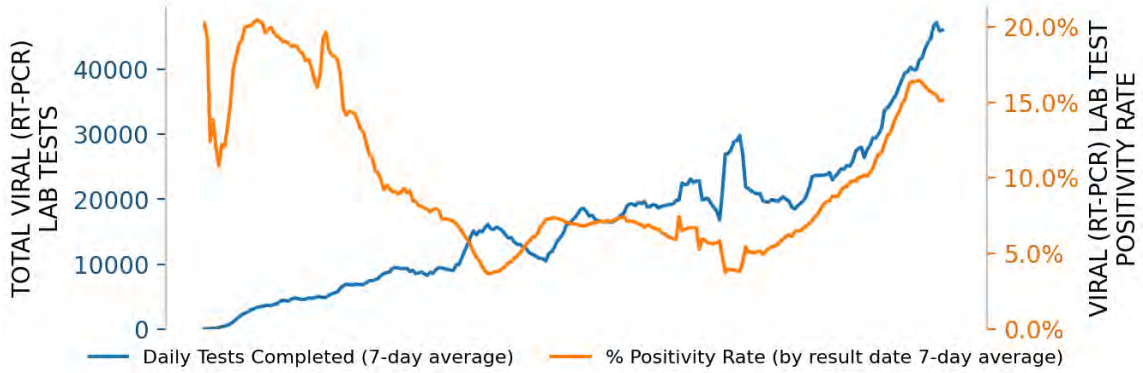
INDIANA

STATE REPORT | 11.29.2020

NEW CASES

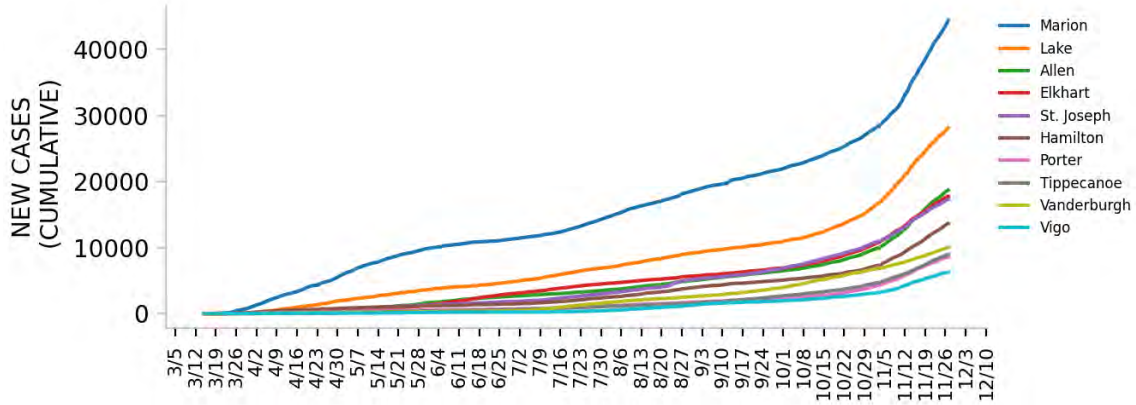


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

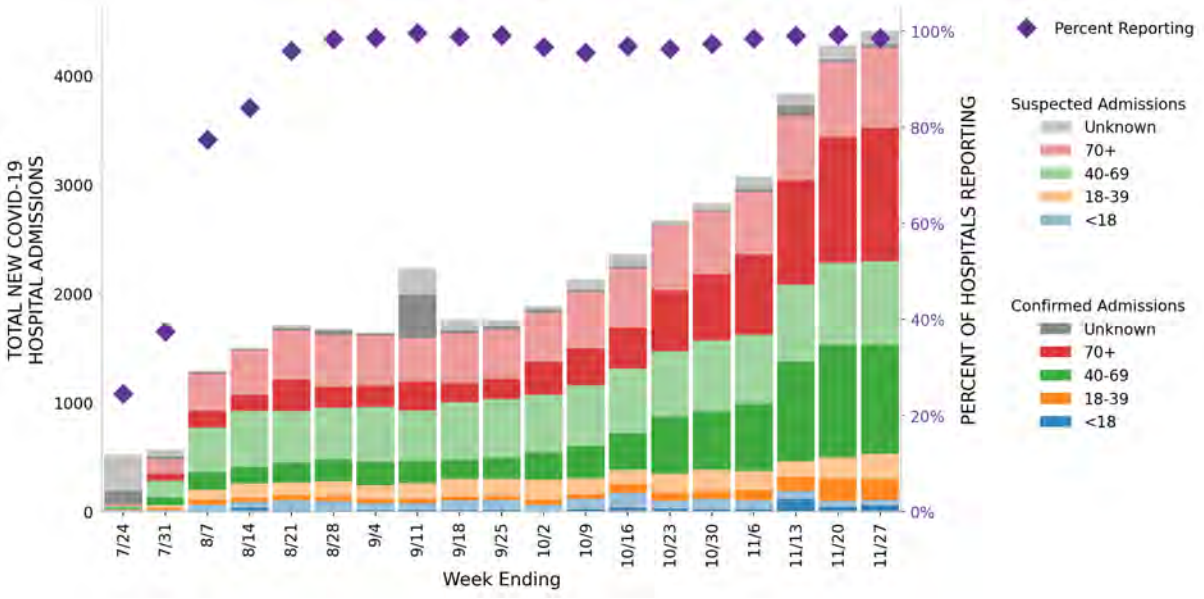
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

INDIANA

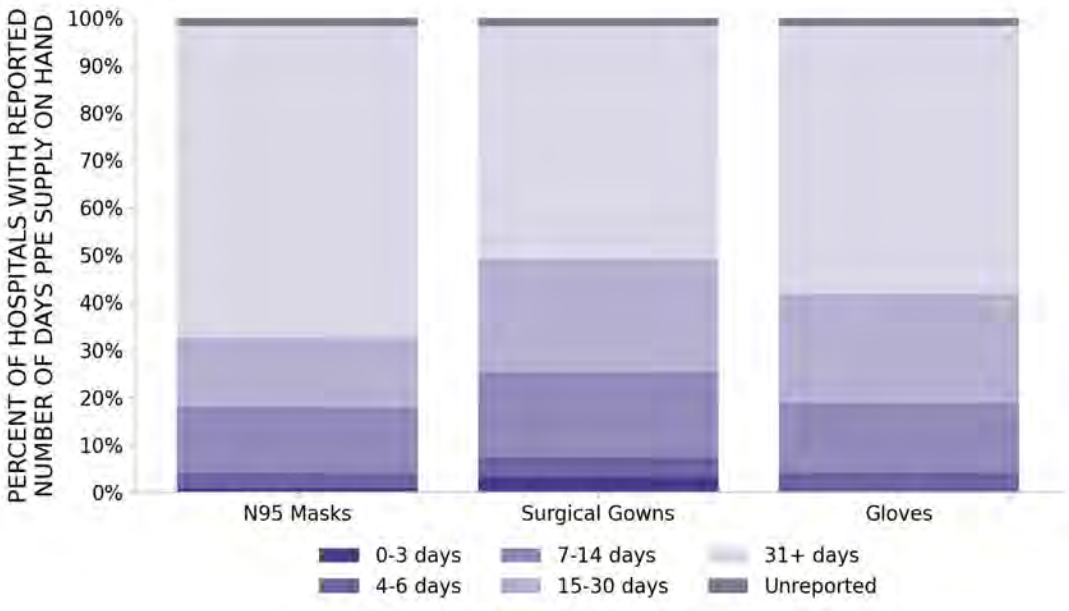
STATE REPORT | 11.29.2020

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.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

INDIANA

STATE REPORT | 11.29.2020

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 Elkhart-Goshen South Bend-Mishawaka Terre Haute Lafayette-West Lafayette Evansville Louisville/Jefferson County Warsaw Michigan City-La Porte Kokomo	**86** ▲ (+1)	Marion Lake Allen Elkhart St. Joseph Hamilton Porter Vanderburgh Vigo Johnson Hendricks Madison
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**3** ▼ (-1)	Tippecanoe Perry Brown
LOCALITIES IN YELLOW ZONE	**1** ▲ (+1)	Bloomington	**3** ▲ (+1)	Monroe Owen Ohio

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

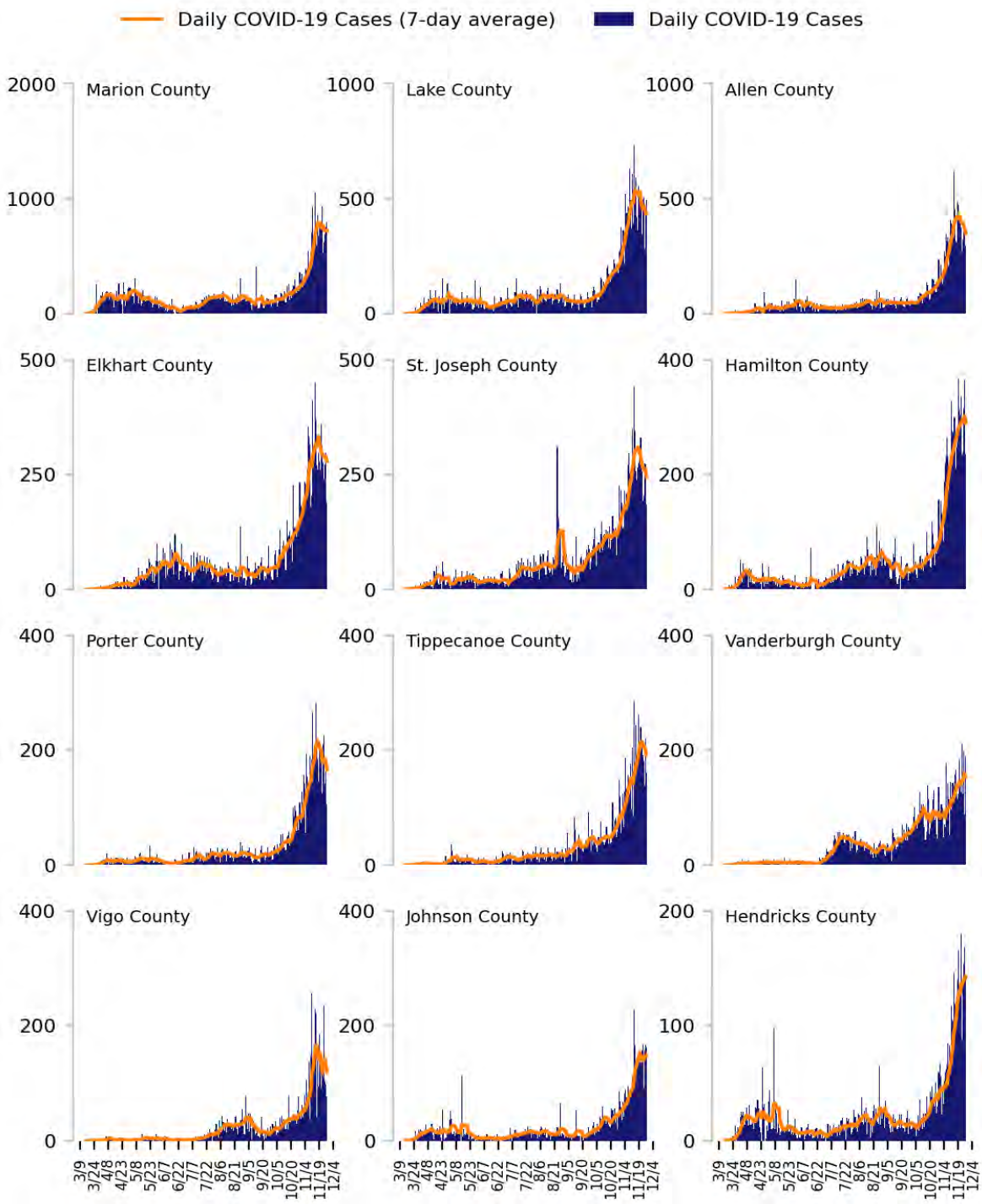
All Red CBSAs: Indianapolis-Carmel-Anderson, Chicago-Naperville-Elgin, Fort Wayne, Elkhart-Goshen, South Bend-Mishawaka, Terre Haute, Lafayette-West Lafayette, Evansville, Louisville/Jefferson County, Warsaw, Michigan City-La Porte, Kokomo, Columbus, Cincinnati, Muncie, Richmond, Marion, Plymouth, Decatur,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

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

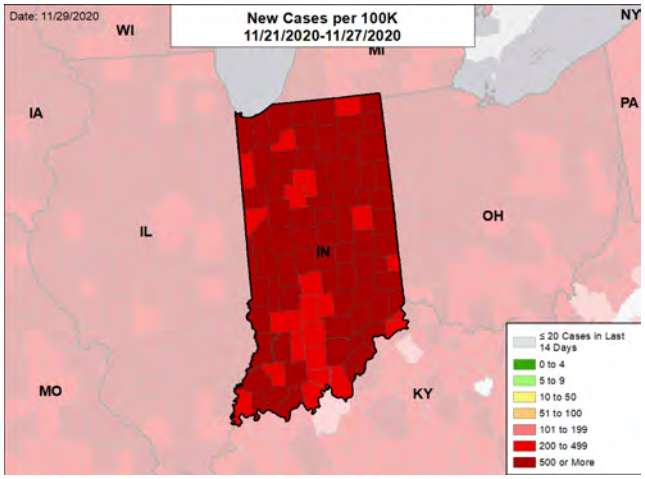
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

INDIANA

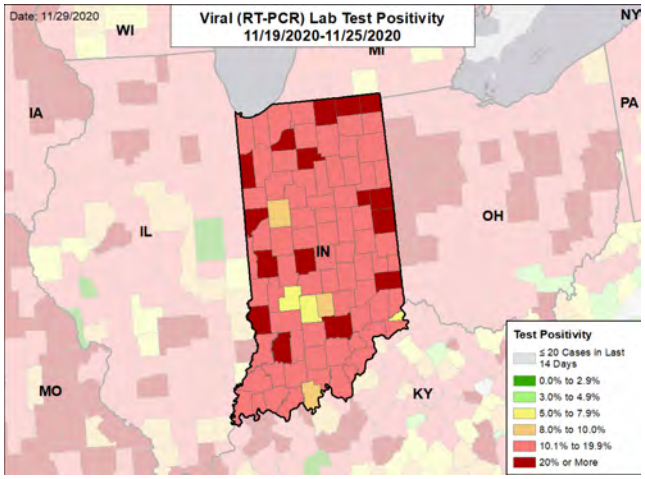
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

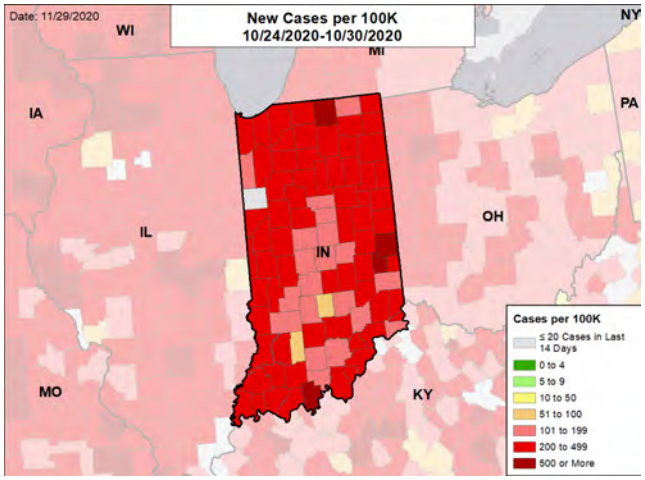
NEW CASES PER 100,000



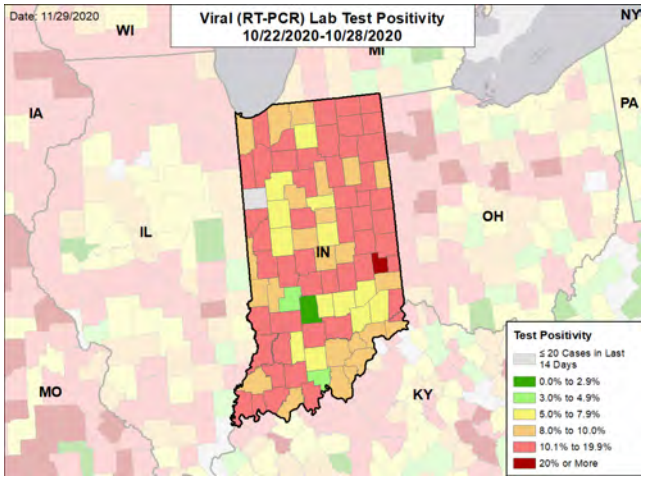
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

IOWA

SUMMARY

- Iowa 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. Iowa is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 7th highest rate in the country.
- Iowa has seen a decrease in new cases and a decrease in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Polk County, 2. Linn County, and 3. Scott County. These counties represent 27.5% of new cases in Iowa.
- 100% of all counties in Iowa have moderate or high levels of community transmission (yellow, orange, or red zones), with 98% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 32% of nursing homes had at least one new resident COVID-19 case, 62% had at least one new staff COVID-19 case, and 10% had at least one new resident COVID-19 death.
- Iowa had 650 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Between Nov 21 - Nov 27, on average, 169 patients with confirmed COVID-19 and 35 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Iowa. This is a decrease of 23% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- Cases may be reaching a plateau in Iowa, although the percent of nursing homes with at least one positive staff member and positive residents continues to be at very high levels, indicating virus spread is still broad. COVID-related hospitalizations will continue in the coming weeks.
- Testing and case trends should be cautiously interpreted this week given the Thanksgiving holiday weekend.
- Where university students are returning to campus from Thanksgiving break, conduct testing of all students and test weekly until the semester ends.
- Stay vigilant with nursing home staff and residents; over 60% of nursing homes have at least one COVID positive staff member and over 30% have COVID positive residents, indicating unmitigated community spread. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to <25% and limiting bar hours until cases and test positivity decrease to the yellow zone.
- Ensure compliance with public health orders, including wearing masks.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Ensure all hospitals, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all hospitals, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- Ensure full flu immunizations across the state.
- Continue to promote weekly testing of all Tribal communities, regardless of symptoms. Test results should be rapid, and isolation and contact tracing conducted immediately. Ensure sufficient facilities for isolation and quarantine 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.

IOWA

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	20,511 (650)	-26%	79,932 (565)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	18.1%	-4.0%*	18.4%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	126,376** (4,005**)	+1%**	322,957** (2,284**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	222 (7.0)	+23%	713 (5.0)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	32%	+2%*	33%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	62%	-6%*	59%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10%	+0%*	12%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,433 (18)	-23% (-24%)	7,921 (23)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. 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.

IOWA

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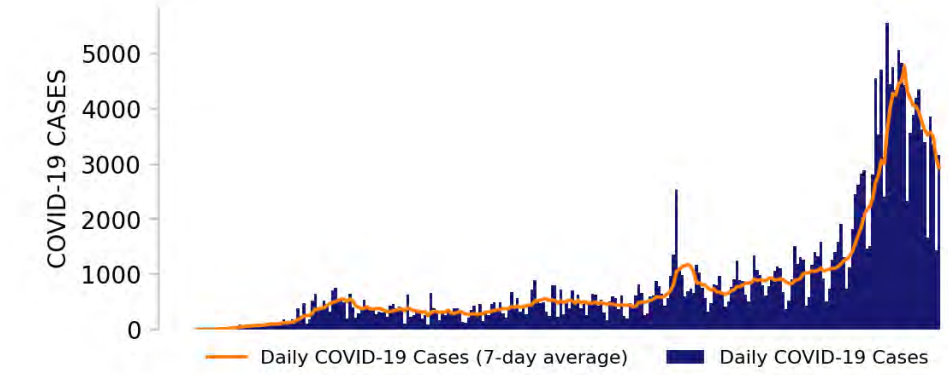
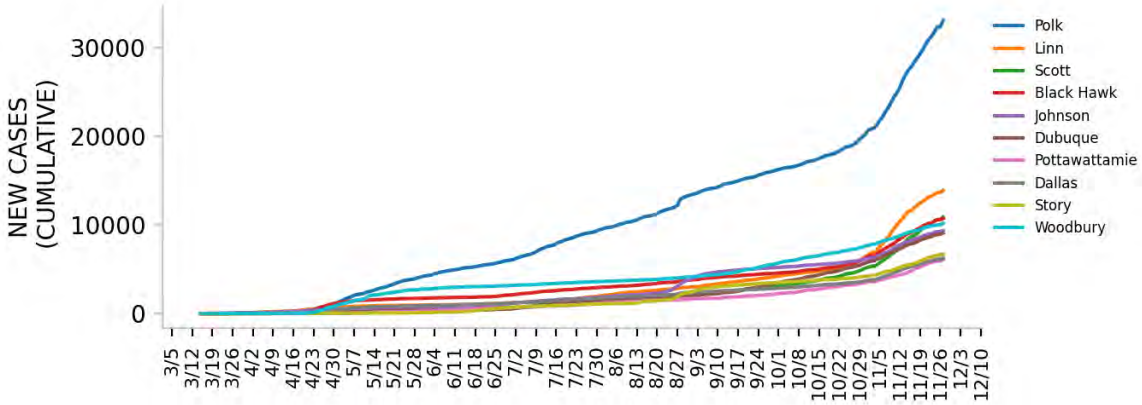
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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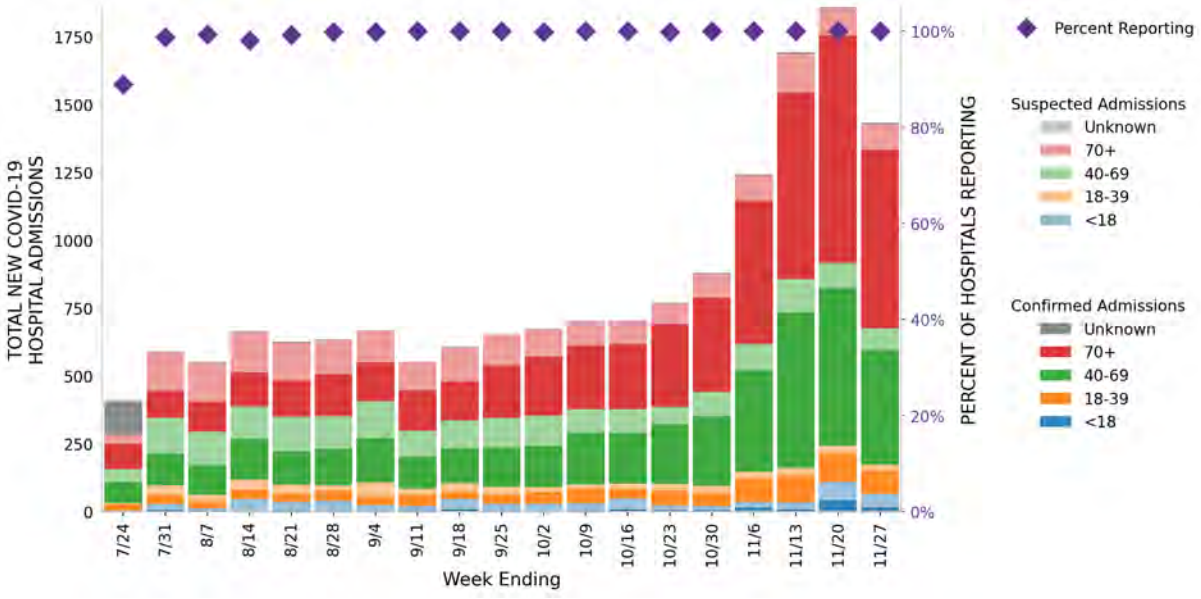
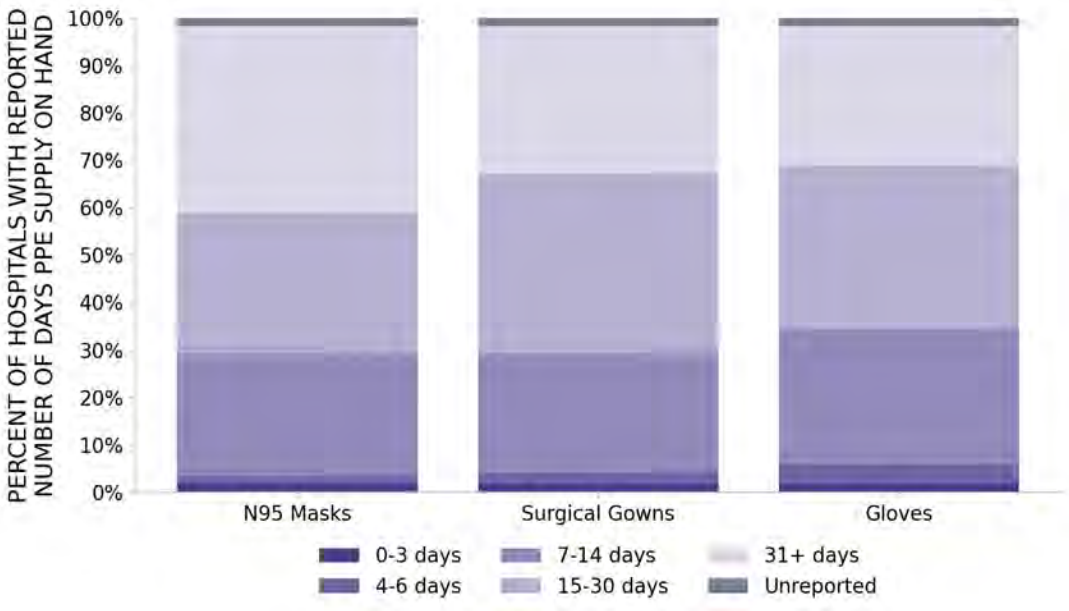
STATE REPORT | 11.29.2020

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. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

IOWA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**24** ■ (+0)	Des Moines-West Des Moines Cedar Rapids Waterloo-Cedar Falls Davenport-Moline-Rock Island Iowa City Omaha-Council Bluffs Dubuque Ames Sioux City Mason City Clinton Fort Dodge	**97** ▼ (-1)	Polk Linn Scott Black Hawk Johnson Dubuque Pottawattamie Dallas Story Woodbury Cerro Gordo Clinton
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**2** ▲ (+2)	Poweshiek Shelby
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**0** ▼ (-1)	N/A

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

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

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

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

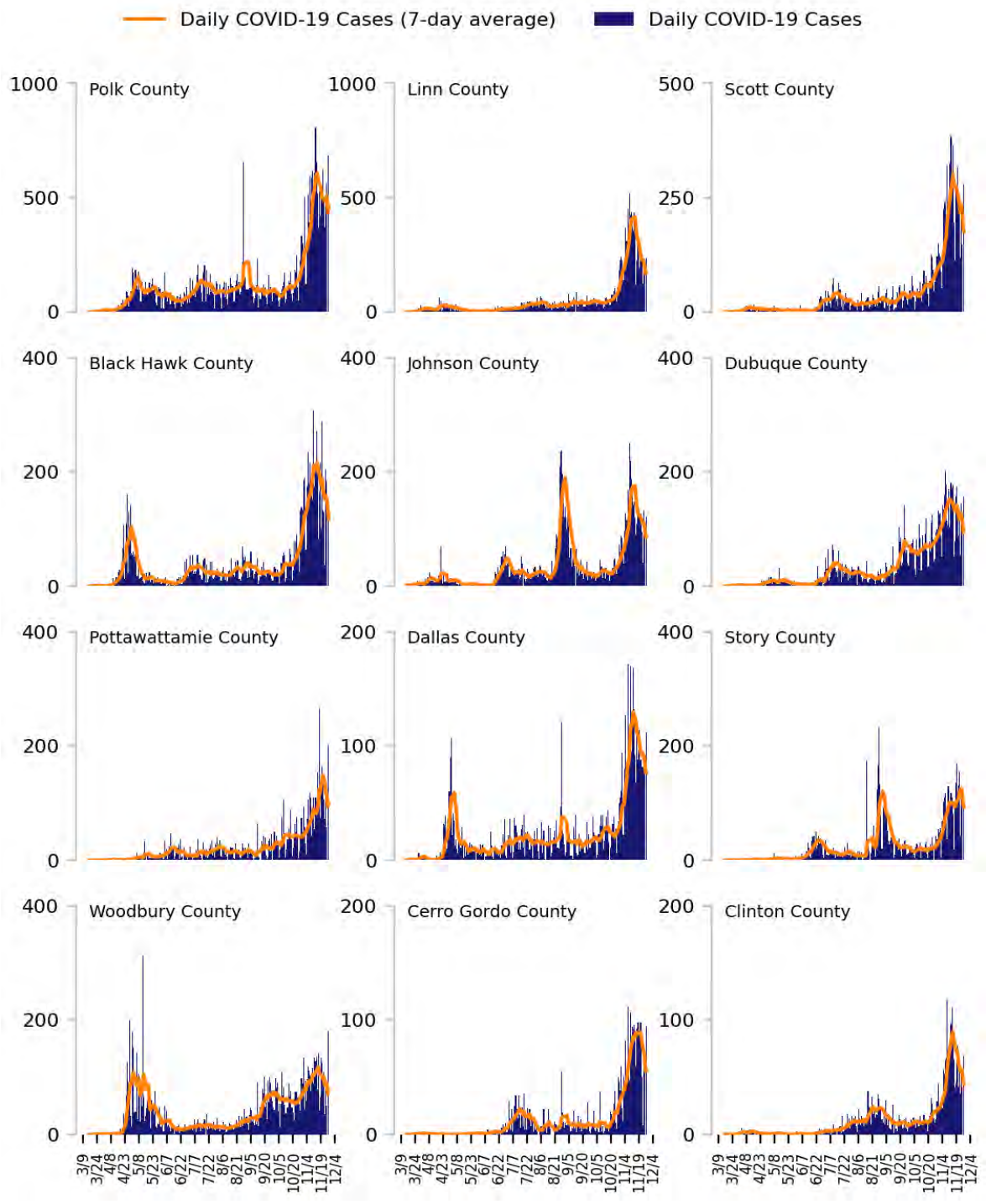
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

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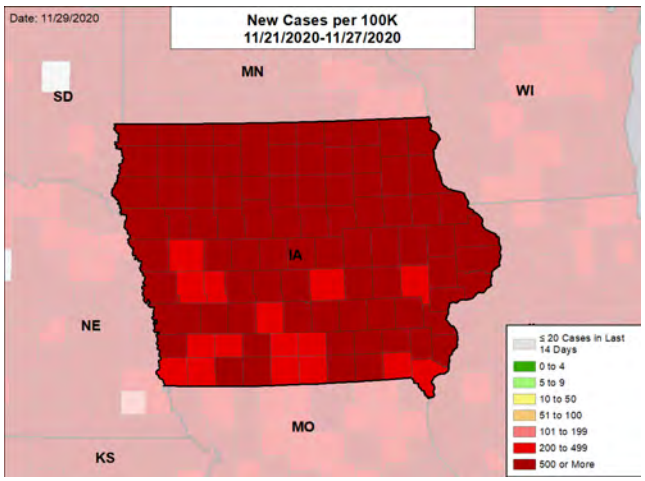
IOWA

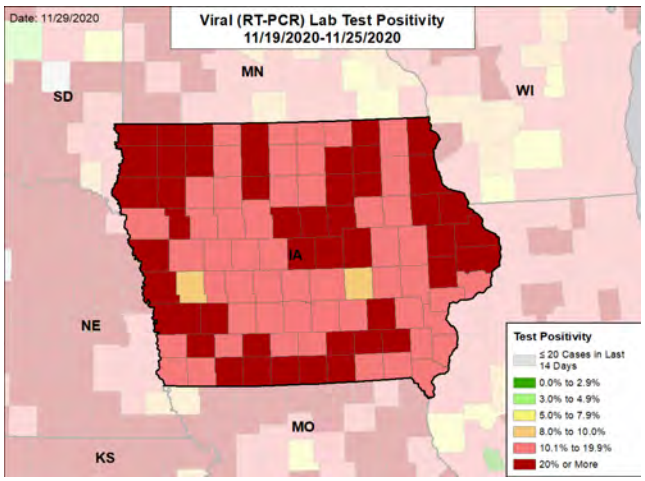
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

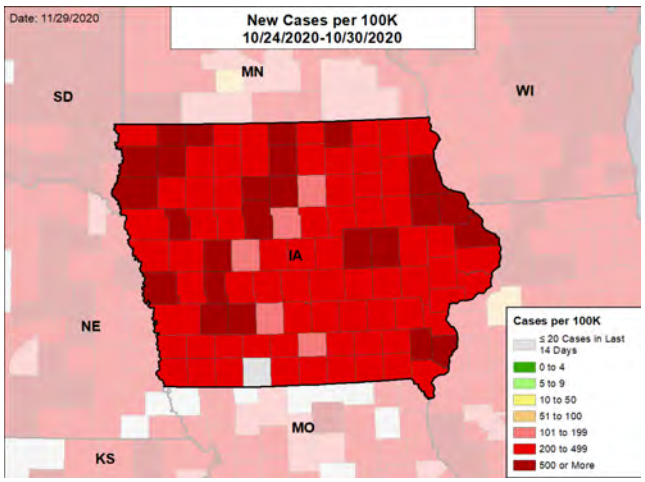
NEW CASES PER 100,000



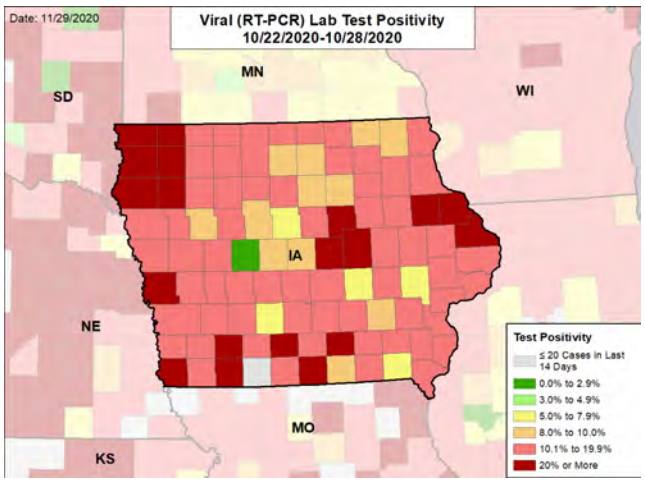
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

KANSAS

SUMMARY

- Kansas is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 9th highest rate in the country. Kansas is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 3rd 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 41.7% of new cases in Kansas.
- 93% of all counties in Kansas 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 16 - Nov 22, 32% of nursing homes had at least one new resident COVID-19 case, 57% had at least one new staff COVID-19 case, and 12% had at least one new resident COVID-19 death.
- Kansas had 628 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Between Nov 21 - Nov 27, on average, 165 patients with confirmed COVID-19 and 98 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kansas. This is a decrease of 10% in total 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

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- Cases may be reaching a plateau in Kansas, although the percent of nursing homes with at least one positive staff member and positive residents continues to be at very high levels, indicating virus spread is still broad. COVID-related hospitalizations will continue in the coming weeks.
- Testing and case trends should be cautiously interpreted this week given the Thanksgiving holiday weekend.
- Where university students are returning to campus from Thanksgiving break, conduct testing of all students and test weekly until the semester ends.
- Stay vigilant with nursing home staff and residents; nearly 60% of nursing homes have at least one COVID positive staff member and over 30% have COVID positive residents, indicating unmitigated community spread. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to <25% and limiting bar hours until cases and test positivity decrease to the yellow zone.
- Ensure compliance with public health orders, including wearing masks.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Ensure all hospitals, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all hospitals, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- Ensure full flu immunizations across the state.
- Continue to promote weekly testing of all Tribal communities, regardless of symptoms. Test results should be rapid, and isolation and contact tracing conducted immediately. Ensure sufficient facilities for isolation and quarantine 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

KANSAS

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	18,286 (628)	-6%	79,932 (565)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	19.6%	-2.3%*	18.4%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	44,521** (1,528**)	+0%**	322,957** (2,284**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	119 (4.1)	-24%	713 (5.0)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	32%	-3%*	33%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	57%	-1%*	59%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	12%	+2%*	12%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,843 (26)	-10% (-3%)	7,921 (23)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

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KANSAS

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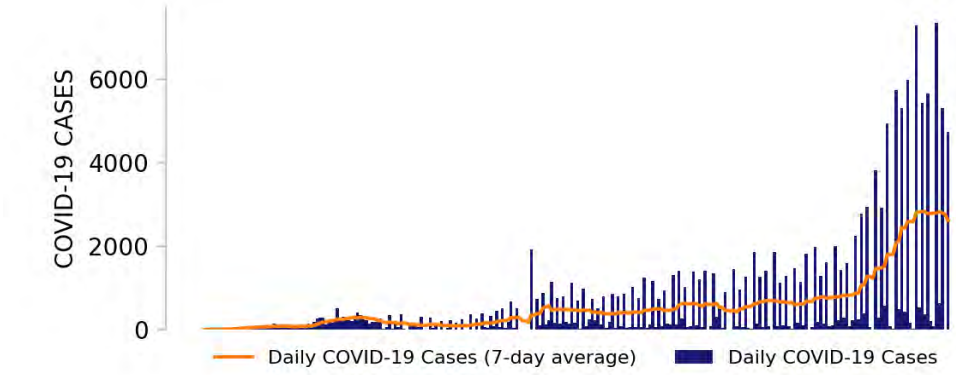
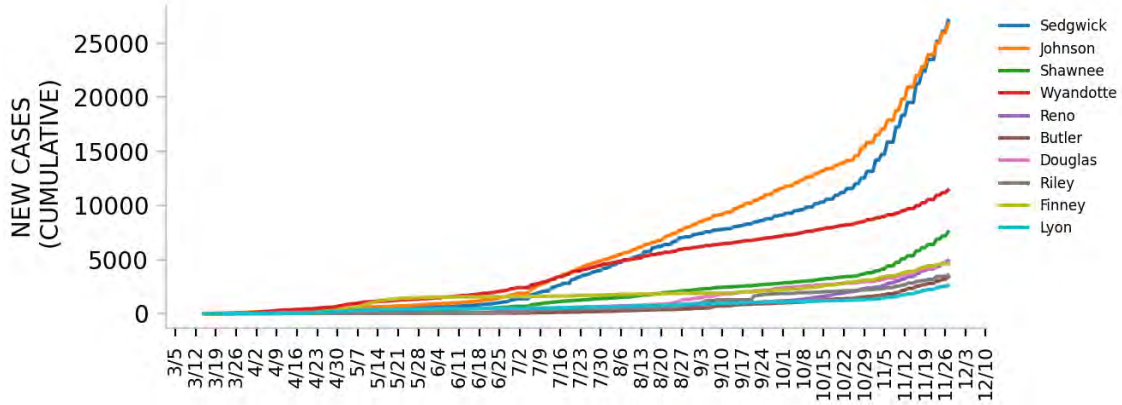
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



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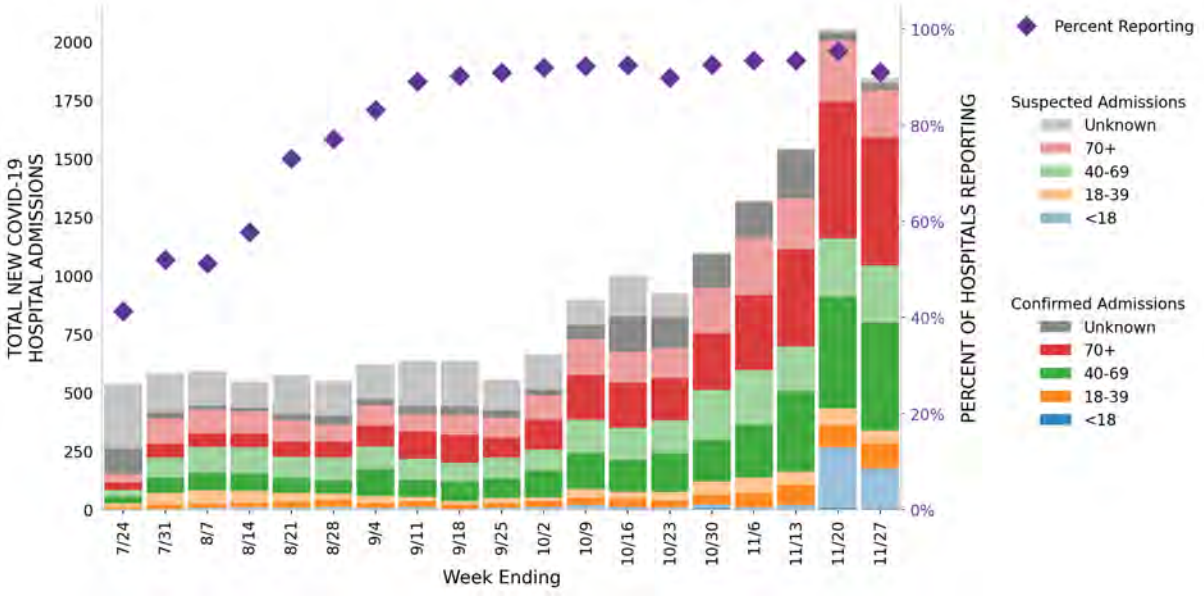
KANSAS

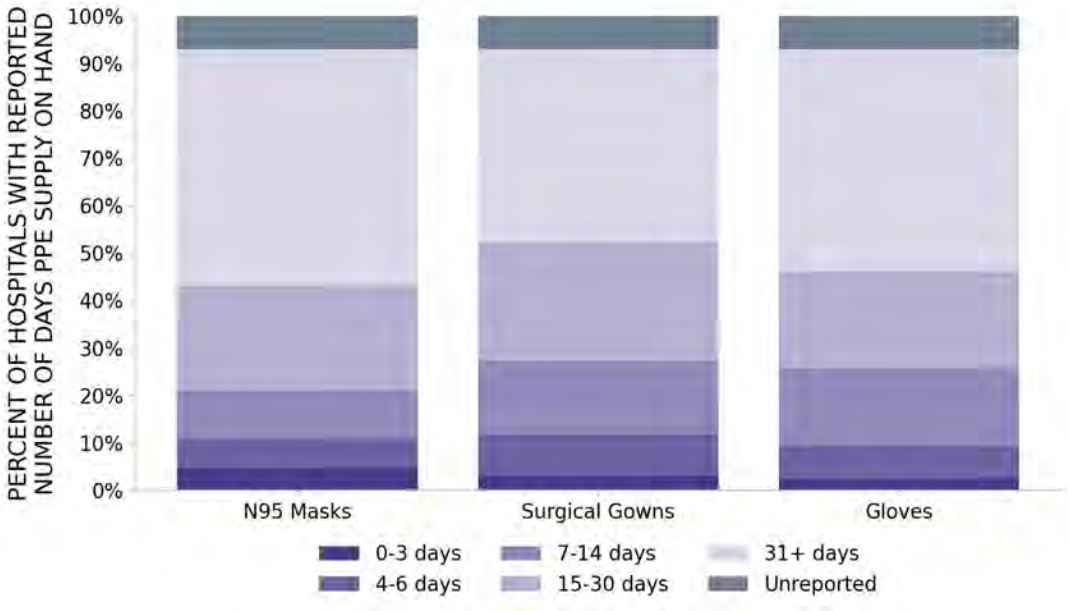
STATE REPORT | 11.29.2020

128 hospitals are expected to report in Kansas

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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KANSAS

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	19 ▼ (-2)	Wichita Kansas City Topeka Hutchinson Manhattan Garden City Emporia Salina Winfield Dodge City McPherson Hays	92 ▼ (-2)	Sedgwick Johnson Shawnee Wyandotte Reno Butler Riley Finney Lyon Saline Leavenworth Cowley
LOCALITIES IN ORANGE ZONE	2 ▲ (+2)	Lawrence Atchison	5 ▲ (+3)	Douglas Atchison Pawnee Marion Morris
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	1 ■ (+0)	Chautauqua

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

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

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

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

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

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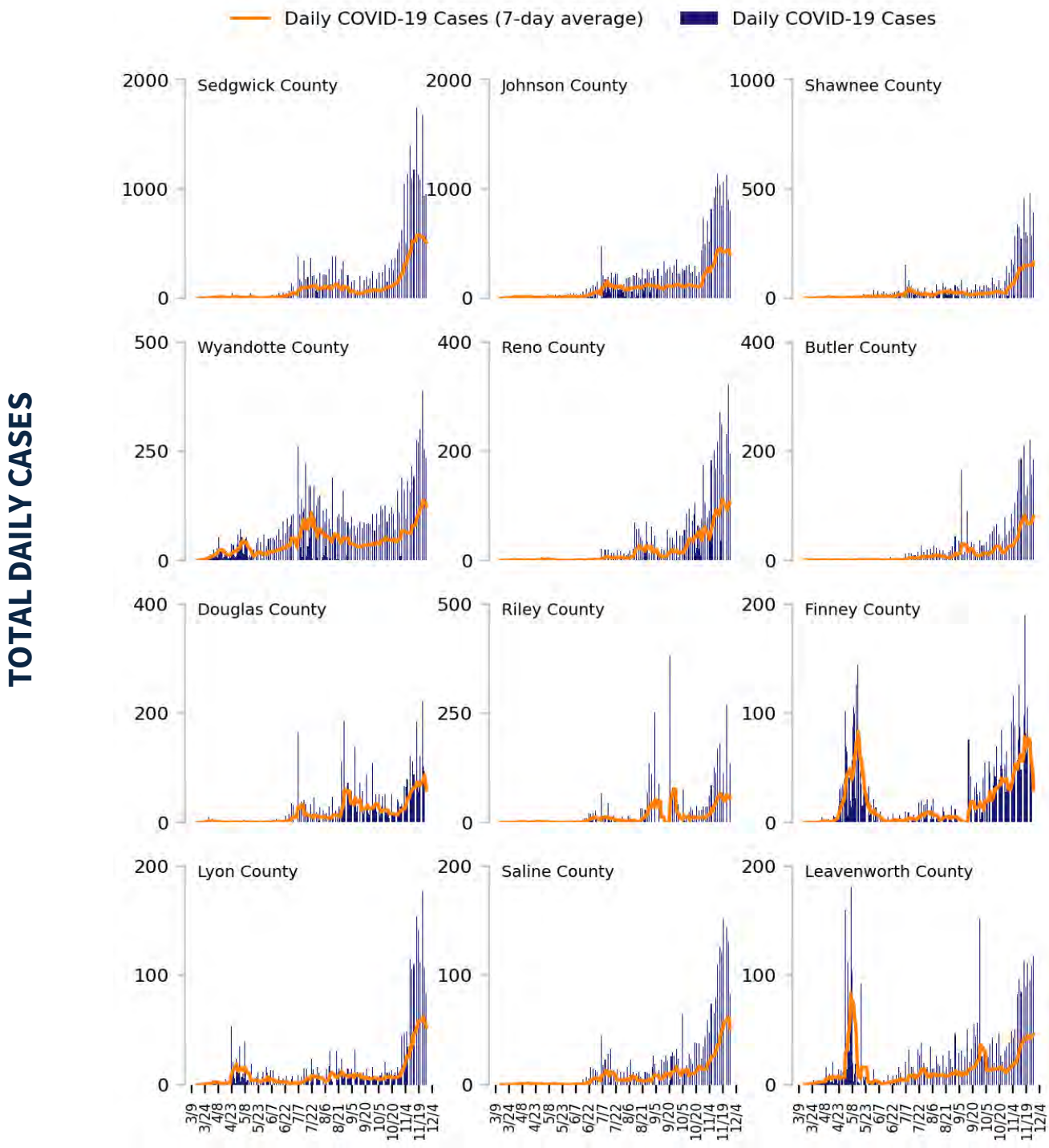
Top 12 counties based on number of new cases in the last 3 weeks



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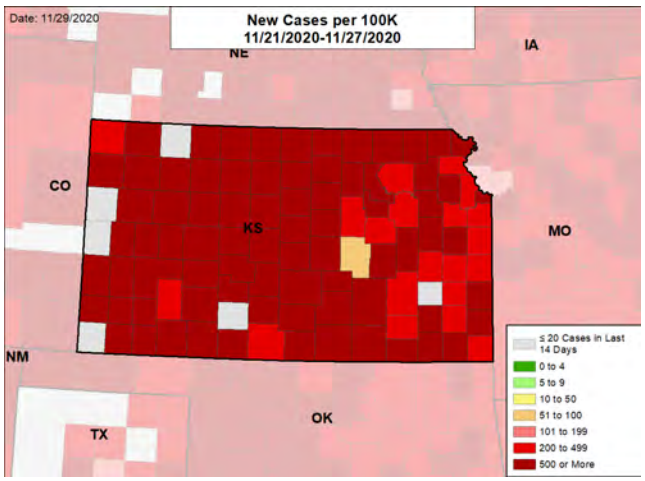
KANSAS

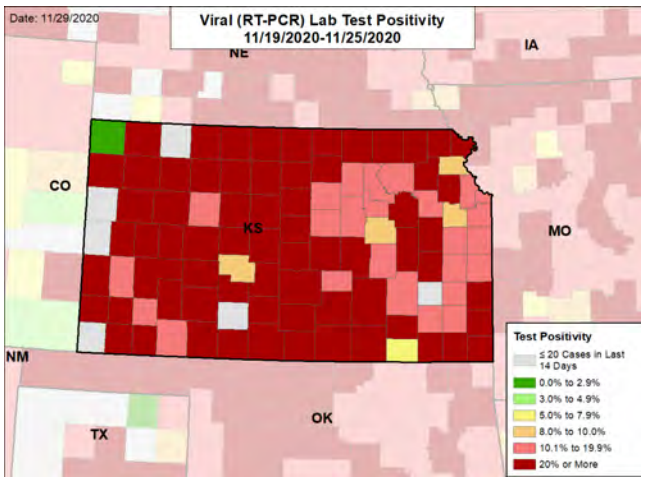
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

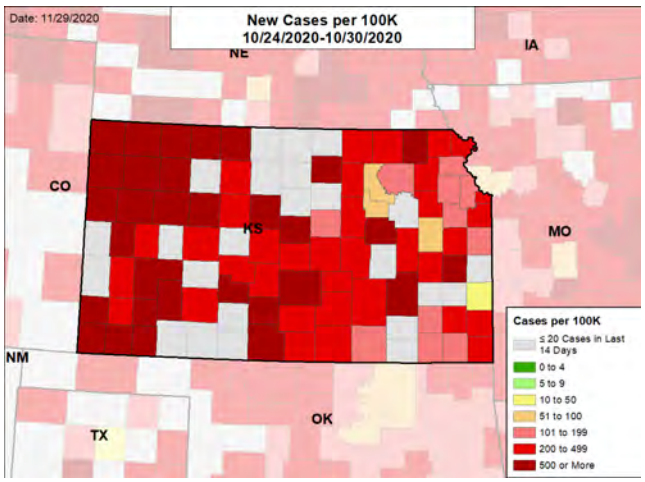
NEW CASES PER 100,000



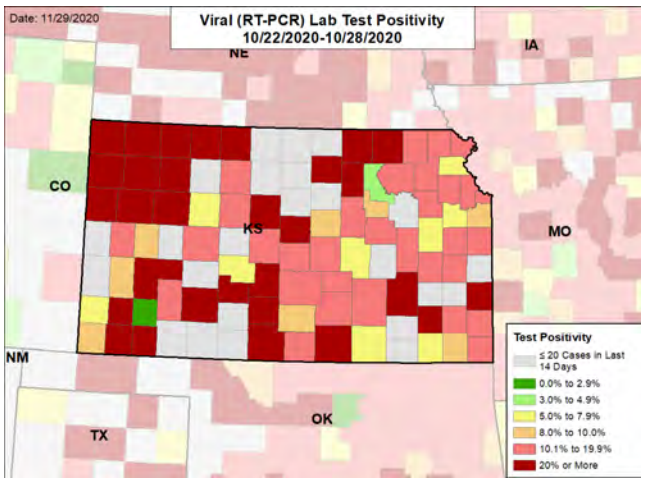
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

KENTUCKY

SUMMARY

- Kentucky 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. Kentucky is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 16th 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. Boone County. These counties represent 30.9% of new cases in Kentucky.
- 96% of all counties in Kentucky have moderate or high levels of community transmission (yellow, orange, or red zones), with 68% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 34% 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.
- Kentucky had 437 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from FEMA.
- The federal government has supported surge testing in Louisville, KY and Lexington, KY.
- Between Nov 21 - Nov 27, on average, 384 patients with confirmed COVID-19 and 118 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kentucky. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- New orders put in place by the Governor should result in a rapid decrease in transmission if compliance is high.
- Ensure testing data, case data, and hospitalizations are consistently tracked to show Kentuckians the impact their efforts have had to reduce COVID transmission.
- Where university students are returning to campus from Thanksgiving break, conduct testing of all students and test weekly until the semester ends.
- Stay vigilant with nursing home staff and residents; over half of nursing homes have at least one COVID positive staff member and a third have COVID positive residents, indicating unmitigated community spread. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Ensure compliance with public health orders, including wearing masks.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Ensure all hospitals, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all hospitals, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- Ensure full flu immunizations across the state.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

KENTUCKY

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	19,540 (437)	+1%	171,312 (256)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.3%	-1.0%*	9.0%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	45,005** (1,007**)	-48%**	1,527,595** (2,283**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	108 (2.4)	-8%	1,680 (2.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	34%	+6%*	22%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	56%	+1%*	41%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	12%	+2%*	7%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,512 (29)	+1% (+1%)	24,045 (16)	135,904 (19)

* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18. We understand that testing data after 11/23 has not yet been received by CELR, which may affect the values shown above.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

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

KENTUCKY

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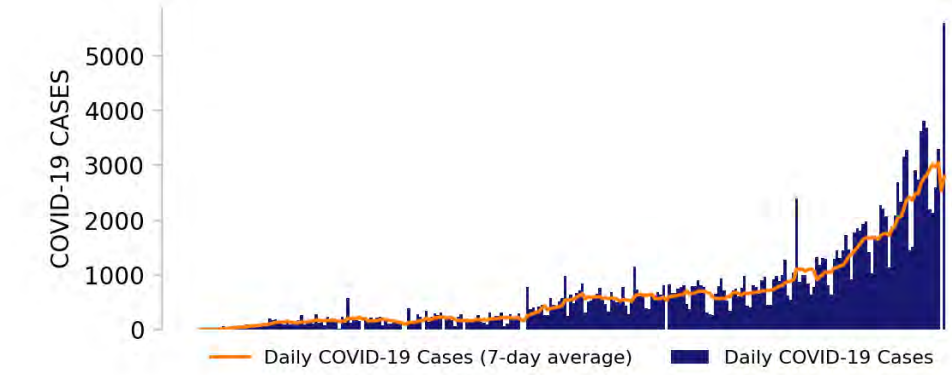
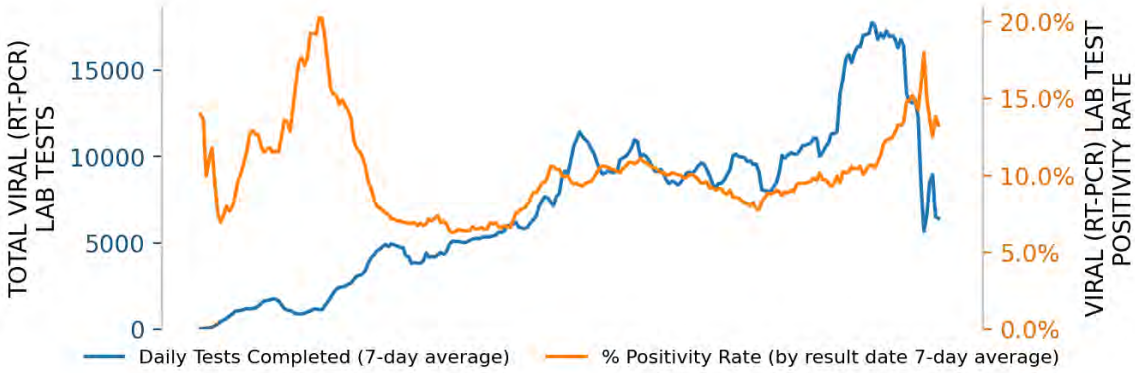
NEW CASES

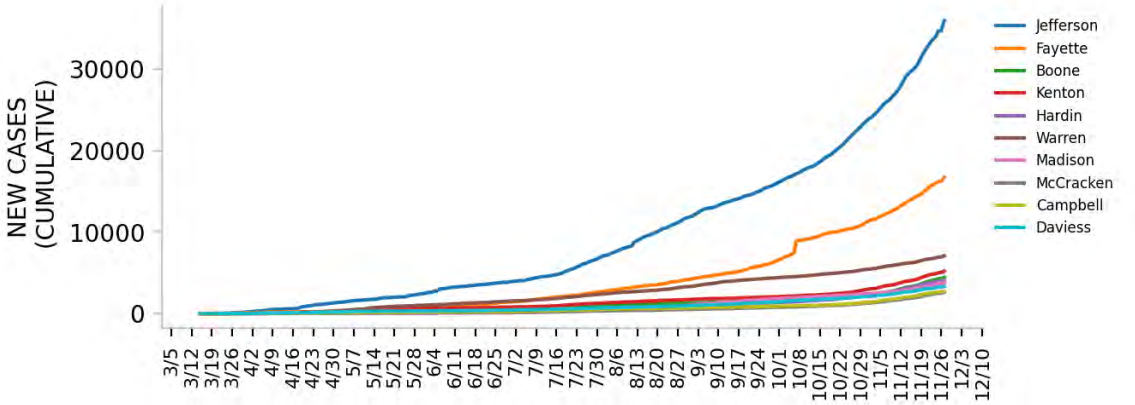


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

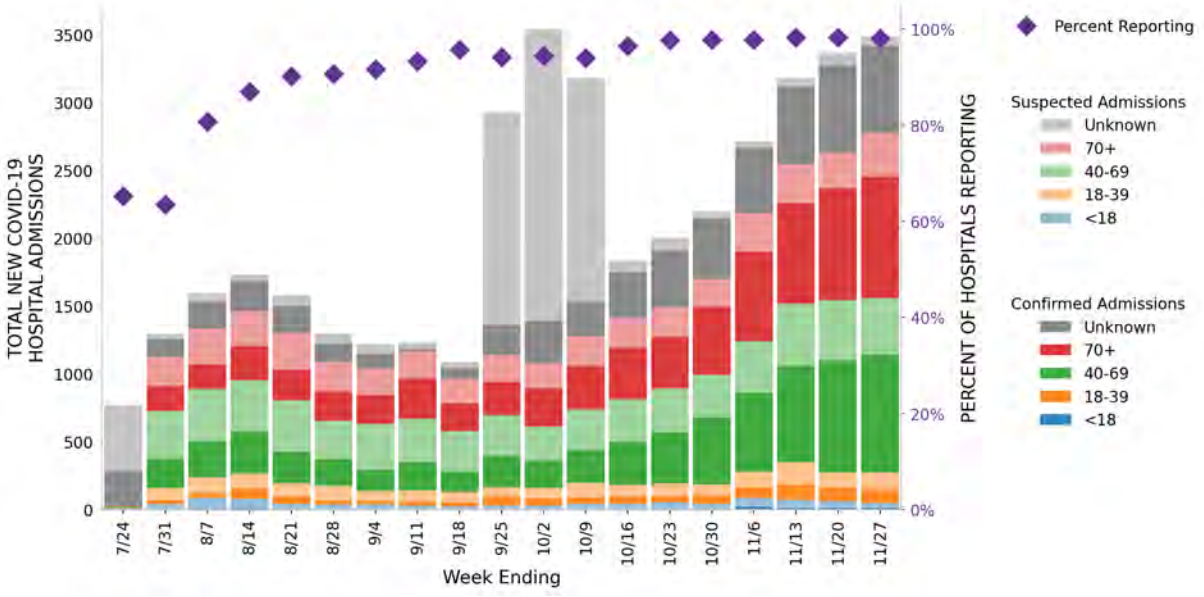
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. We understand that testing data after 11/23 has not yet been received by CELR, which may affect the values shown above.

KENTUCKY

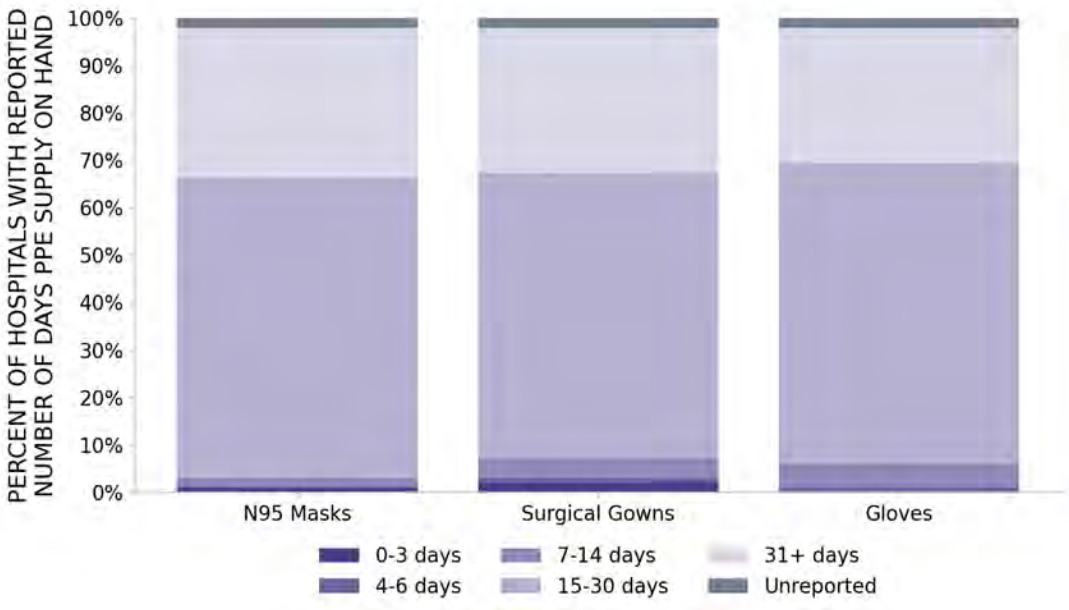
STATE REPORT | 11.29.2020

98 hospitals are expected to report in Kentucky

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

KENTUCKY

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**19** ▼ (-2)	Louisville/Jefferson County Lexington-Fayette Cincinnati Elizabethtown-Fort Knox Bowling Green London Richmond-Berea Paducah Owensboro Bardstown Mayfield Frankfort	**81** ▼ (-3)	Fayette Boone Kenton Hardin Warren Madison McCracken Campbell Daviess Bullitt Nelson Boyd
LOCALITIES IN ORANGE ZONE	**3** ▲ (+2)	Huntington-Ashland Clarksville Danville	**19** ▲ (+6)	Jefferson Christian Laurel Whitley Scott Monroe Knox Anderson Caldwell Bourbon Letcher Breathitt
LOCALITIES IN YELLOW ZONE	**3** ■ (+0)	Glasgow Somerset Middlesborough	**15** ▲ (+1)	Lee Pulaski Barren Bell Adair Wayne Casey Jackson Lewis Wolfe Lyon Owen

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

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

All Red Counties: Fayette, Boone, Kenton, Hardin, Warren, Madison, McCracken, Campbell, Daviess, Bullitt, Nelson, Boyd, Oldham, Graves, Pike, Floyd, Greenup, Shelby, Hopkins, Calloway, Jessamine, Henderson, Franklin, Marion, Muhlenberg, Taylor, Marshall, Logan, Carter, Clark, Rowan, Grayson, Ohio, Grant, Powell, Clay, Johnson, Mercer, Woodford, Lincoln, Spencer, Elliott, Montgomery, Simpson, Magoffin, Harlan, Washington, Pendleton, Lawrence, Larue, Garrard, Meade, Mason, Hart, Webster, Union, Knott, Martin, Edmonson, Henry, Morgan, McLean, Estill, Trigg, Fleming, Green, Livingston, Hancock, Owsley, Bath, Clinton, Todd, Leslie, Carroll, Rockcastle, Gallatin, Carlisle, Bracken, Crittenden, Robertson, Hickman

All Orange Counties: Jefferson, Christian, Laurel, Whitley, Scott, Monroe, Knox, Anderson, Caldwell, Bourbon, Letcher, Breathitt, Russell, Breckinridge, Metcalfe, Allen, McCreary, Trimble, Ballard

All Yellow Counties: Lee, Pulaski, Barren, Bell, Adair, Wayne, Casey, Jackson, Lewis, Wolfe, Lyon, Owen, Cumberland, Fulton, Nicholas

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

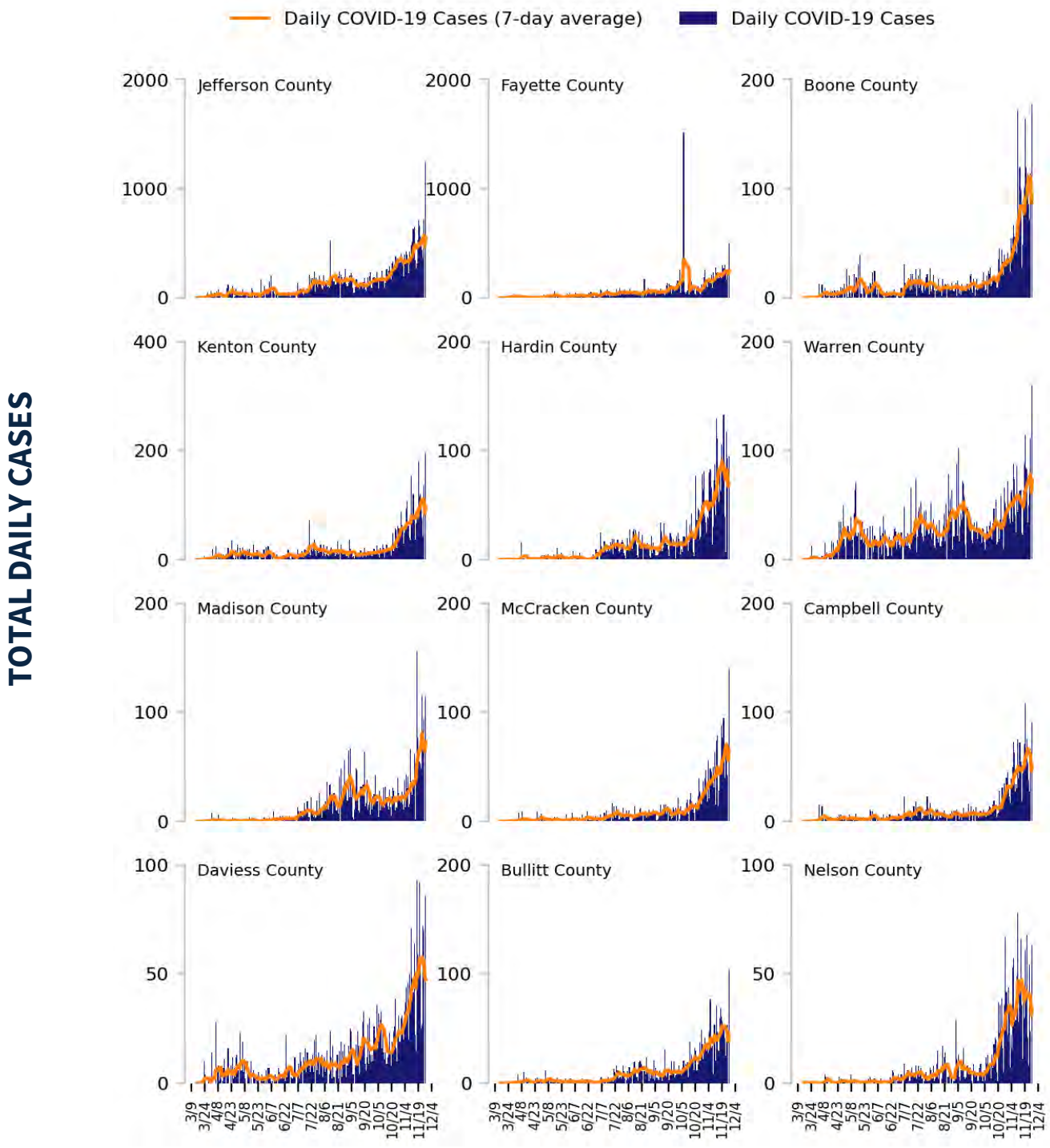
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. We understand that testing data after 11/23 has not yet been received by CELR, which may affect the values shown above.

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



DATA SOURCES – Additional data details available under METHODS

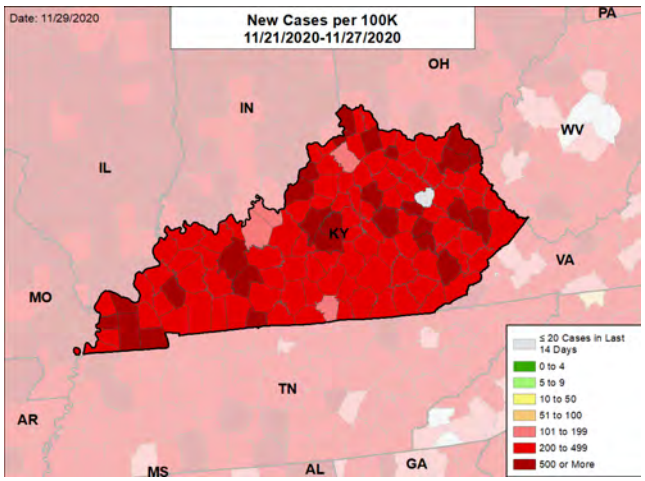
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

KENTUCKY

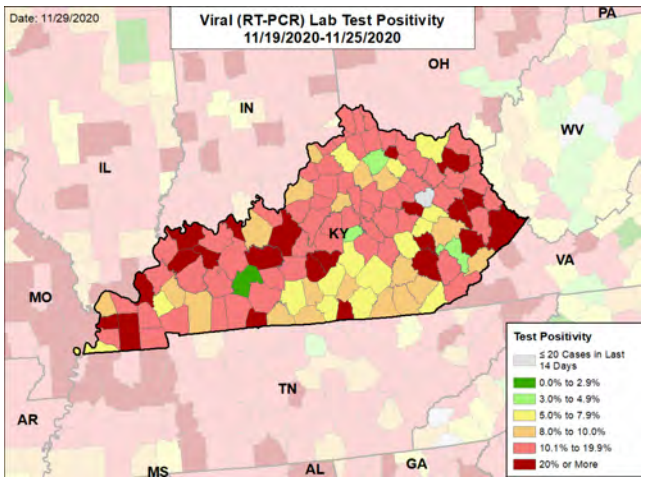
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

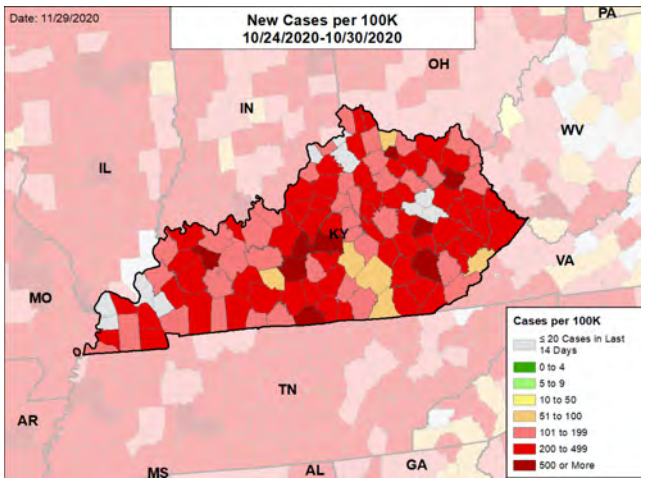
NEW CASES PER 100,000



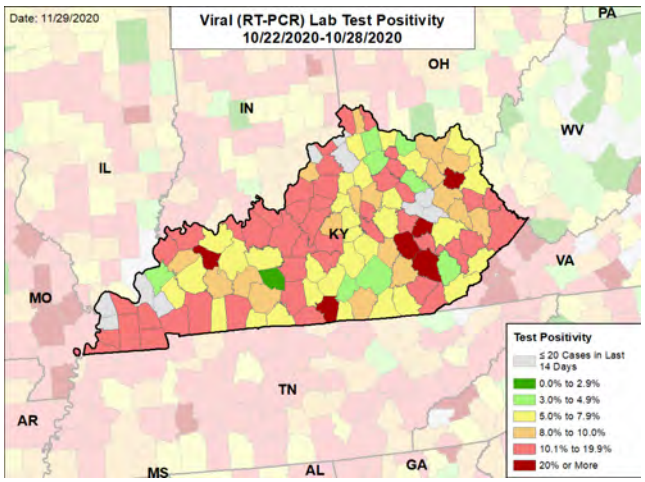
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28. We understand that testing data after 11/23 has not yet been received by CELR, which may affect the values shown above.

LOUISIANA

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- Louisiana 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. Louisiana is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 38th highest rate in the country.
- Louisiana has seen a decrease in new cases and stability in test positivity.
- 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. Ouachita Parish. These parishes represent 20.6% of new cases in Louisiana.
- 91% of all parishes in Louisiana have moderate or high levels of community transmission (yellow, orange, or red zones), with 45% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 21% of nursing homes had at least one new resident COVID-19 case, 38% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Louisiana had 299 new cases per 100,000 population, compared to a national average of 349 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 45 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 147 patients with confirmed COVID-19 and 27 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Louisiana. This is an increase of 15% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all parishes must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity in public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, parish workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- New hospital admissions in Louisiana continue to increase. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased 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 in the winter move to mandatory weekly testing of all on and off campus students. Planning for this must begin now.
- There continue to be high levels of positive staff at LTCFs, indicative of continued and unmitigated community spread in these geographic areas.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

LOUISIANA

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	13,885 (299)	-37%	132,529 (310)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.8%	-0.4%*	11.1%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	116,831** (2,513**)	+2%**	960,221** (2,248**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	157 (3.4)	-55%	1,460 (3.4)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	21%	+3%*	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	38%	-1%*	43%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+1%*	9%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,216 (9)	+15% (+14%)	18,433 (21)	135,904 (19)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
DATA SOURCES – Additional data details available under METHODS
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20. USAFacts began reporting probable cases on 11/15.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

LOUISIANA

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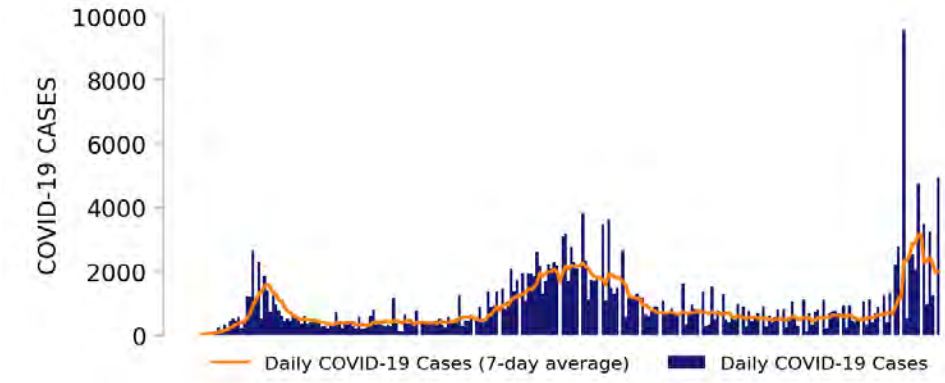
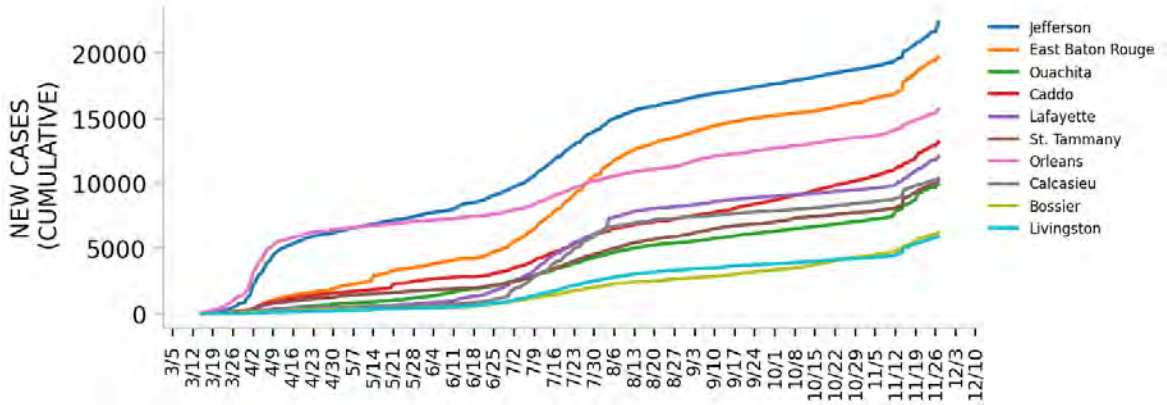
NEW CASES



TESTING

TOP PARISHES

Top parishes based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. USAFacts began reporting probable cases on 11/15.

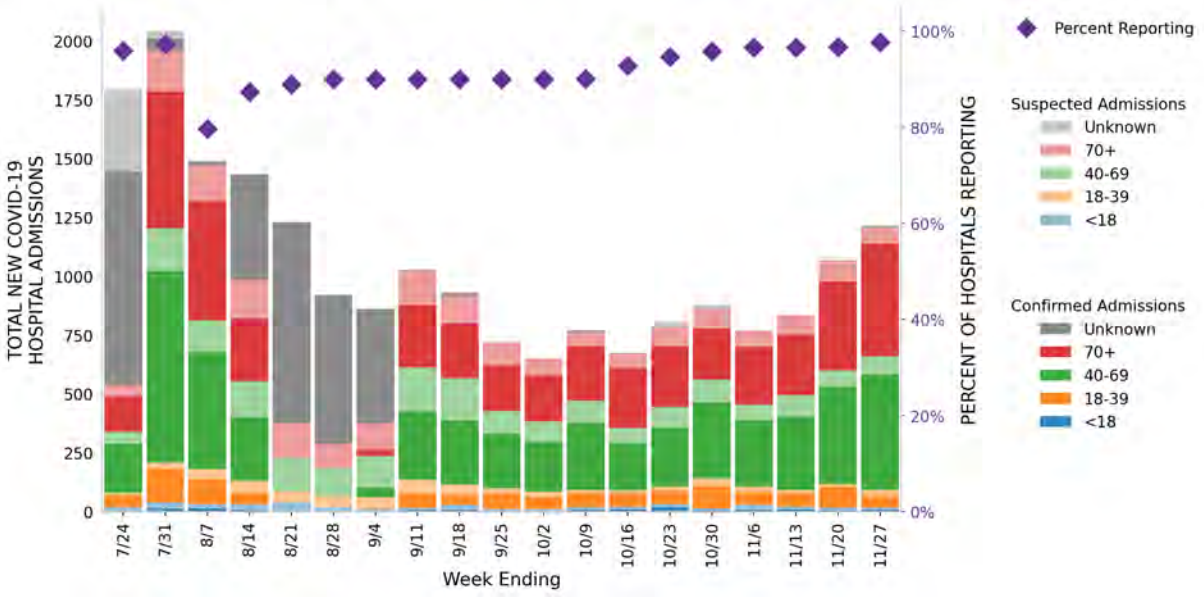
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

LOUISIANA

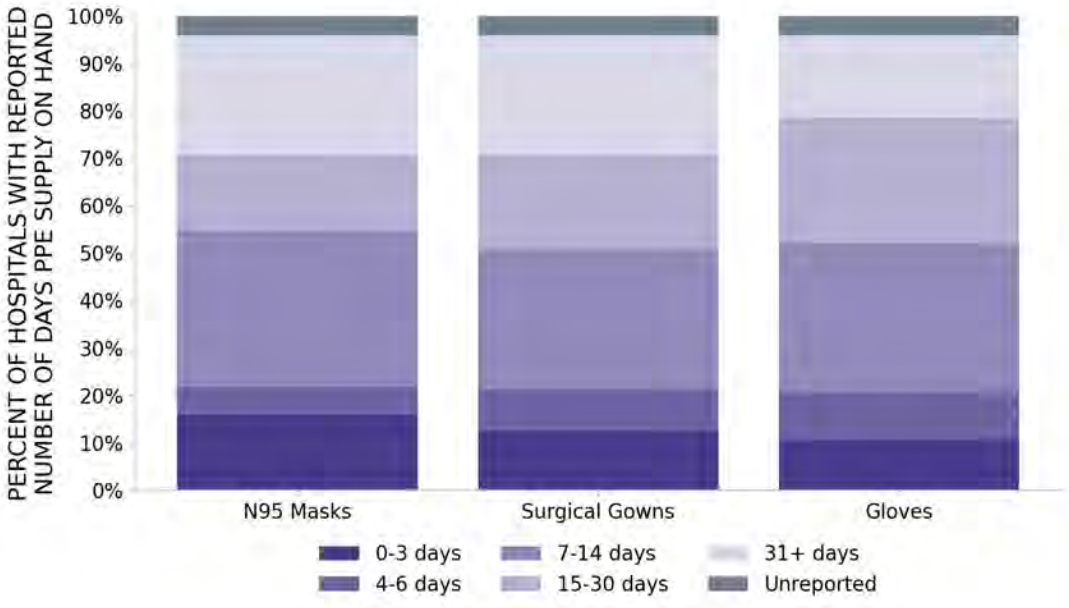
STATE REPORT | 11.29.2020

150 hospitals are expected to report in Louisiana

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

LOUISIANA

STATE REPORT | 11.29.2020

COVID-19 PARISH AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		PARISHES	
LOCALITIES IN RED ZONE	10 ▼ (-2)	Lafayette Monroe Lake Charles Hammond Opelousas Ruston Natchez Jennings Fort Polk South DeRidder	29 ▼ (-4)	Ouachita Calcasieu Livingston Tangipahoa Ascension St. Landry Lincoln Iberia Morehouse Richland Iberville St. Martin
LOCALITIES IN ORANGE ZONE	4 ▲ (+2)	Baton Rouge Bogalusa Natchitoches Minden	15 ▲ (+1)	Jefferson East Baton Rouge Lafayette St. Tammany Bossier Acadia St. Charles Washington Natchitoches Evangeline Webster Vermilion
LOCALITIES IN YELLOW ZONE	5 ▲ (+1)	New Orleans-Metairie Shreveport-Bossier City Alexandria Houma-Thibodaux Morgan City	14 ▲ (+2)	Caddo Rapides Lafourche Terrebonne LaSalle Franklin St. Mary Jackson Allen Pointe Coupee Assumption De Soto

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

All Red Parishes: Ouachita, Calcasieu, Livingston, Tangipahoa, Ascension, St. Landry, Lincoln, Iberia, Morehouse, Richland, Iberville, St. Martin, Sabine, Concordia, Jefferson Davis, West Baton Rouge, Vernon, Grant, Winn, Beauregard, Union, West Carroll, Caldwell, Plaquemines, East Carroll, St. James, Cameron, West Feliciana, Tensas

All Orange Parishes: Jefferson, East Baton Rouge, Lafayette, St. Tammany, Bossier, Acadia, St. Charles, Washington, Natchitoches, Evangeline, Webster, Vermilion, St. John the Baptist, Catahoula, Madison

All Yellow Parishes: Caddo, Rapides, Lafourche, Terrebonne, LaSalle, Franklin, St. Mary, Jackson, Allen, Pointe Coupee, Assumption, De Soto, Bienville, Red River

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

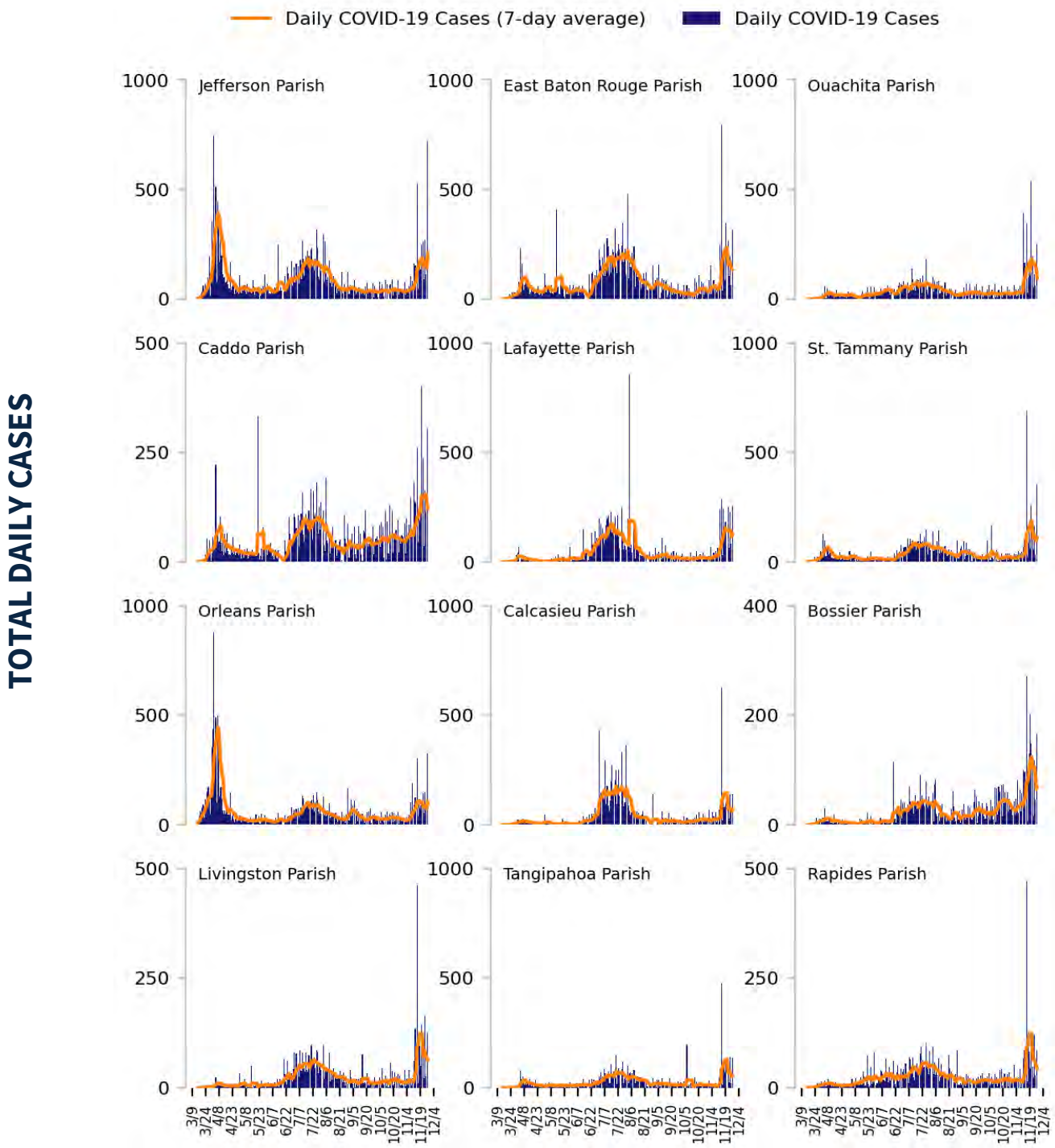
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. USAFacts began reporting probable cases on 11/15.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

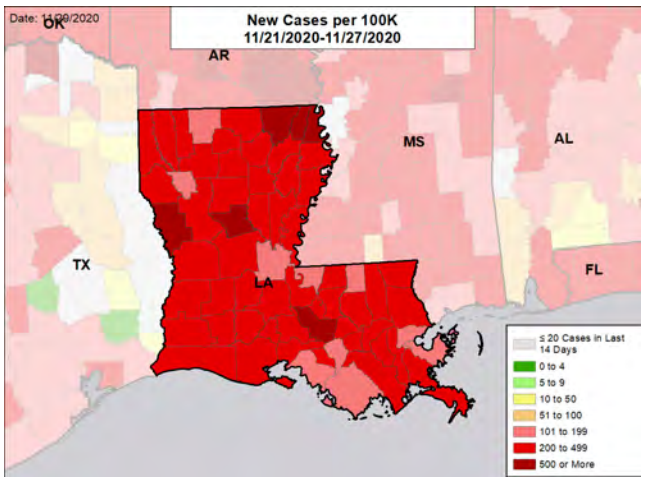
Cases: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27. USAFacts began reporting probable cases on 11/15.

LOUISIANA

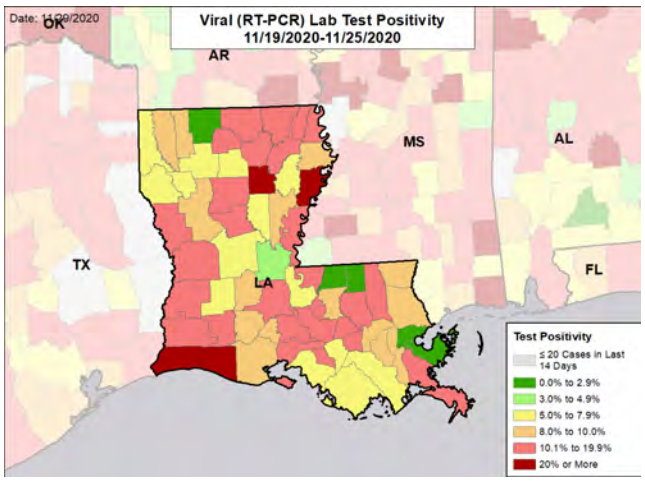
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

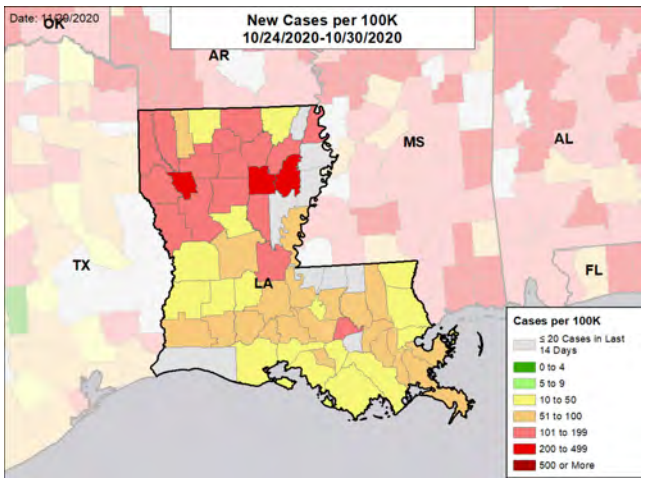
NEW CASES PER 100,000



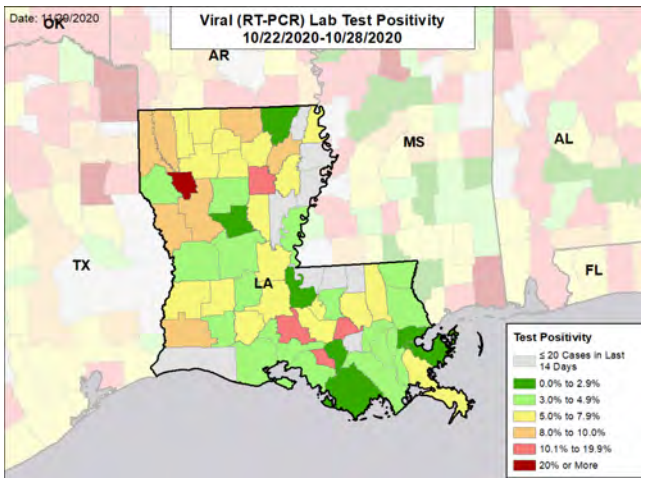
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30. USAFacts began reporting probable cases on 11/15.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

MAINE

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- Maine is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population, with the 49th highest rate in the country. Maine is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 47th highest rate in the country.
- Maine has seen stability in new cases and stability in test positivity.
- 11 counties had an increase in case rates and 8 counties had an increase in test positivity; test positivity was highest in Somerset, Androscoggin, and Penobscot, each over 5%.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Cumberland County, 2. York County, and 3. Androscoggin County. These counties represent 54.2% of new cases in Maine.
- 12% of all counties in Maine have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 3% of nursing homes had at least one new resident COVID-19 case, 16% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death. There was an apparent outbreak at a facility in Auburn.
- ICU bed utilization is almost 92% in the Penobscot Hospital Service Area.
- Maine had 97 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA.
- Between Nov 21 - Nov 27, on average, 12 patients with confirmed COVID-19 and 28 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maine. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- With persistent effort, Maine can prevent the explosion in cases that we have seen in the rest of the country.
- Testing capacity should be aggressively expanded, and testing should be widely promoted throughout the holidays.
- Proactive weekly testing of individuals who have continued interactions with members of the community (such as healthcare workers, those who work in shelters or congregate living facilities, cashiers, transportation drivers, etc.) will help identify the depth and breadth of community infection. Point-of-care antigen tests should be used among these representative individuals, independent of symptoms, in all counties with increased case rates.
- The above surveillance should direct focused testing campaigns wherever increased transmission is detected (e.g., in all communities with outbreaks in long-term care facilities).
- Instructions for quarantine and isolation should be posted on all test locator websites and given at time of testing; all persons should be told to quarantine until results are returned, with an additional 8-9 days of isolation if results are positive.
- Throughout the holidays, all media platforms should be saturated with messaging on the risks of social gatherings, the clear recommendation to avoid such gatherings, the critical need for face coverings and social distancing, and instructions on how to report non-compliance of local businesses.
- Clinical personnel from local facilities as well as champions from across the political spectrum should be used to advocate for adherence to face coverings and social distancing.
- Maine should continue to work with religious and community leaders to ensure adherence to guidance.
- Ensure all clinical facilities are fully prepared with regular trainings and expansion plans; all facilities should have access to telehealth and remote clinical support and exchange sites to list and address shortages.
- Roll out aggressive flu vaccine campaigns to ensure widespread coverage.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MAINE

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	1,305 (97)	-1%	39,813 (268)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.7%	+0.3%*	4.3%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	40,507** (3,013**)	+7%**	901,789** (6,075**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	17 (1.3)	+55%	382 (2.6)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	3%	+2%*	16%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	16%	+6%*	34%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	4%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	279 (10)	-3% (+3%)	4,085 (12)	135,904 (19)

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

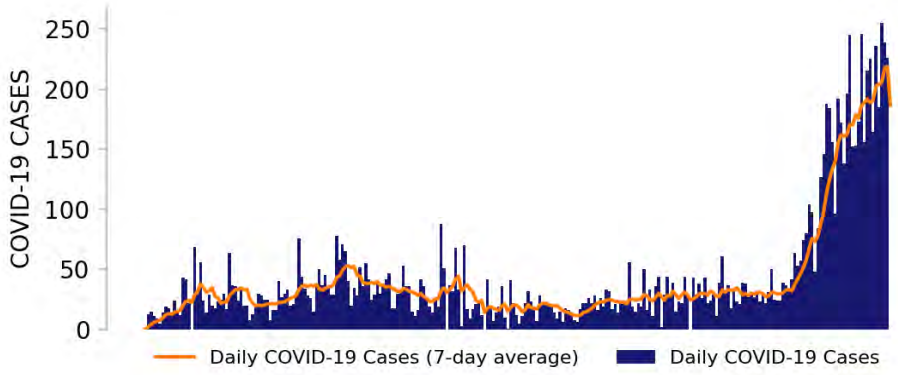
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

MAINE

STATE REPORT | 11.29.2020

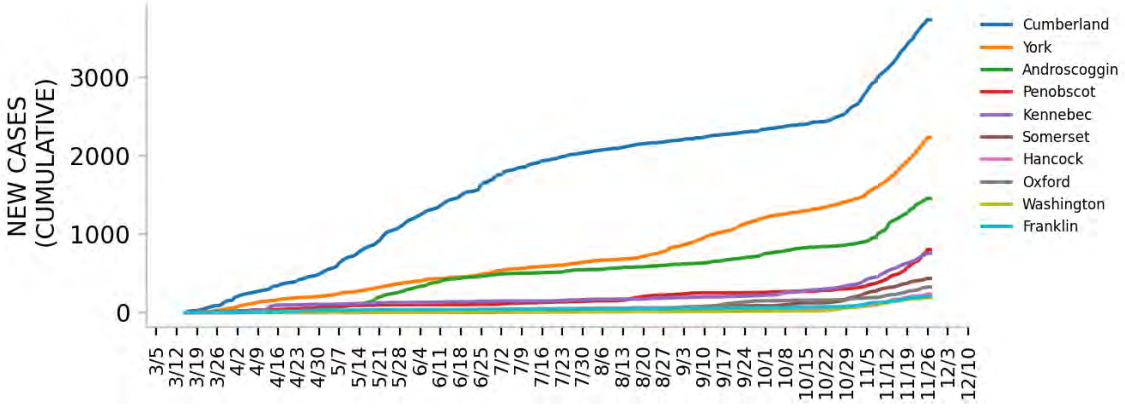
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

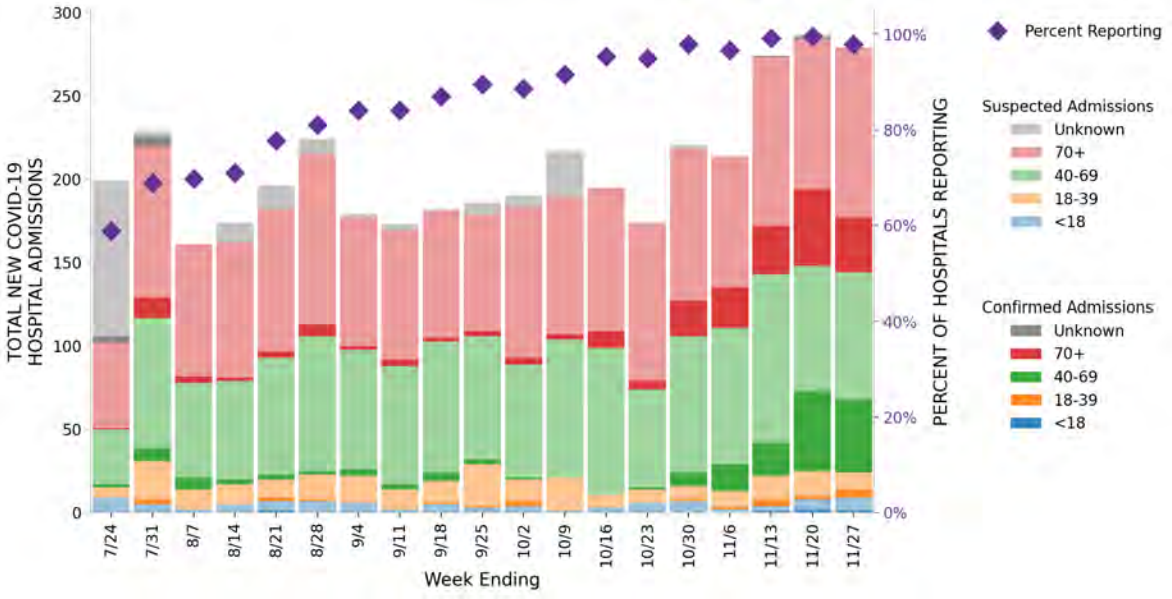
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020.

MAINE

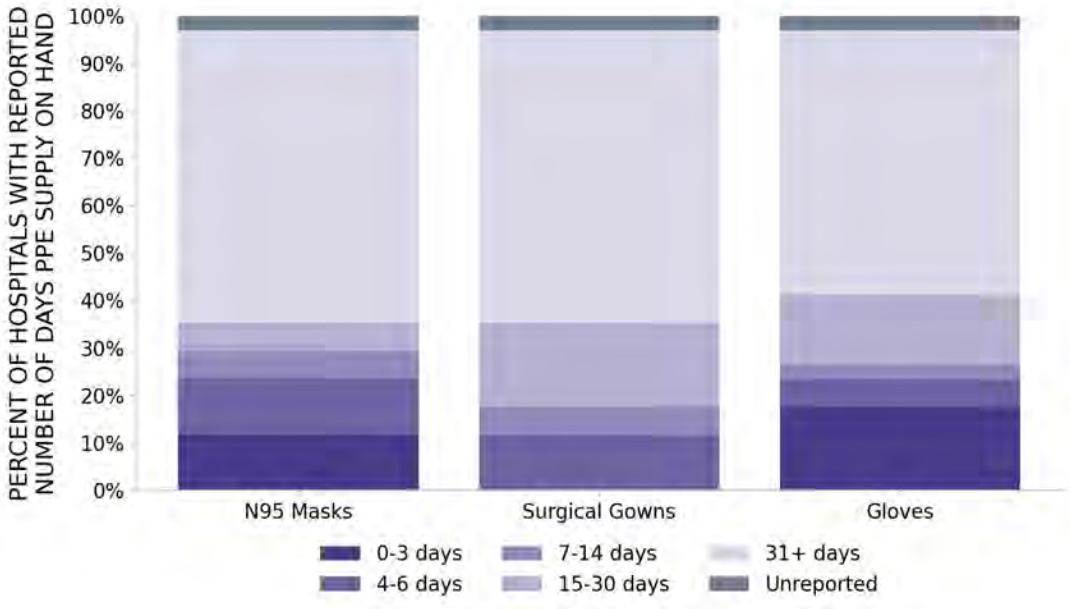
STATE REPORT | 11.29.2020

34 hospitals are expected to report in Maine

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

MAINE

STATE REPORT | 11.29.2020

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** ▲ (+1)	Lewiston-Auburn Bangor	**2** ■ (+0)	Androscoggin Penobscot

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

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

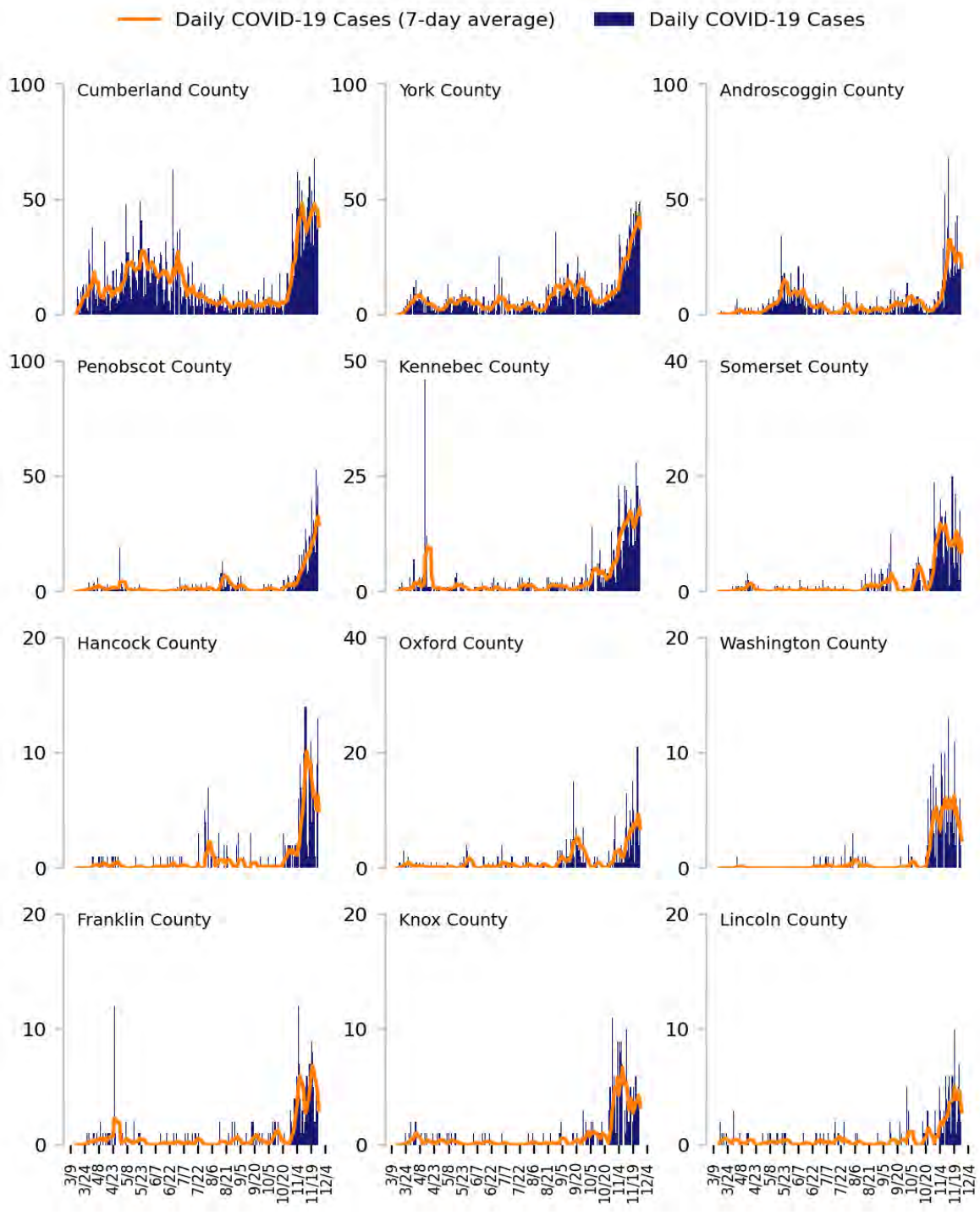
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

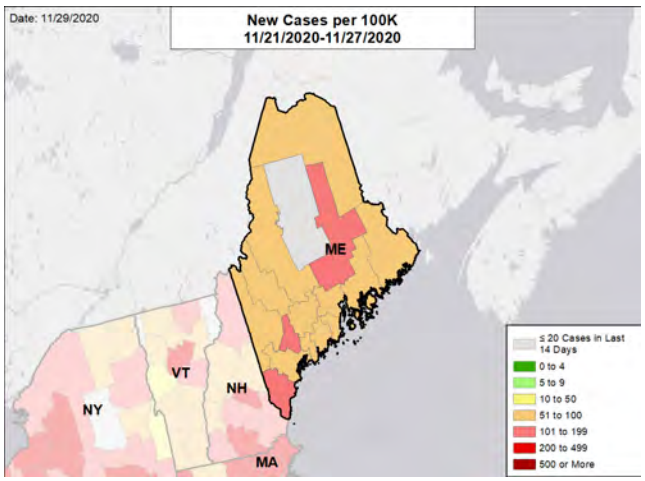
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

MAINE

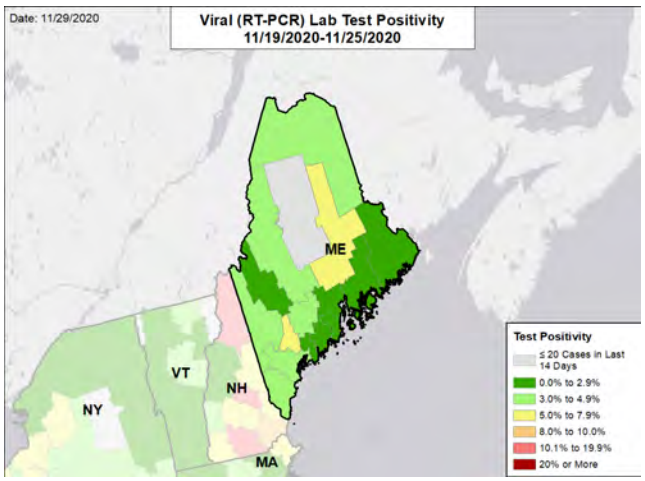
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

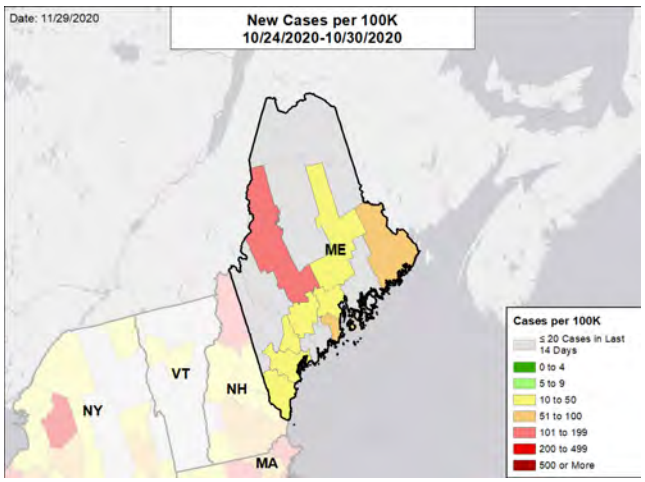
NEW CASES PER 100,000



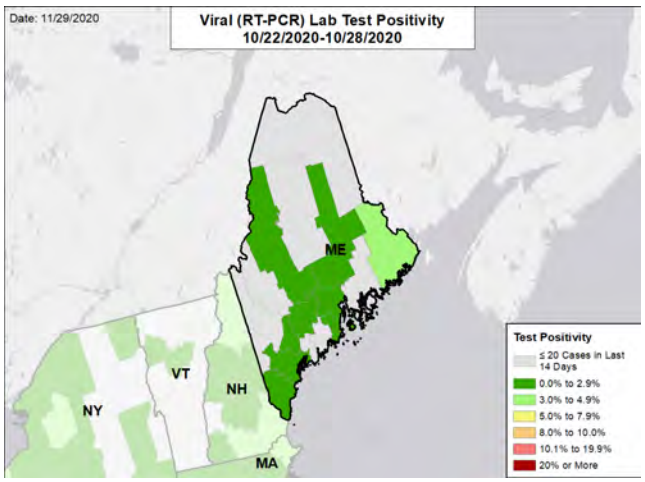
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

MARYLAND

SUMMARY

- Maryland is showing signs of a continued viral surge. The average daily number of cases exceeded 2,000 last week. Maryland 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. Maryland 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.
- Maryland has seen stability in new cases and a decrease in test positivity. Hospitalizations and deaths continued to increase.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Baltimore County, 2. Prince George's County, and 3. Montgomery County. These counties represent 44.7% of new cases in Maryland. In Montgomery County, the African American Health Program is hosting free testing sites, mental health services, food security, and wellness programs in an effort to increase testing and pandemic assistance for Black residents.
- 67% of all counties in Maryland have moderate or high levels of community transmission (yellow, orange, or red zones), with 12% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 27% of nursing homes had at least one new resident COVID-19 case, 55% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- Maryland had 261 new cases per 100,000 population, compared to a national average of 349 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 Nov 21 - Nov 27, on average, 192 patients with confirmed COVID-19 and 272 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maryland. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of Maryland leaders that the current situation is critical and that despite the stabilization in cases last week, it is essential to prepare for and limit a post-Thanksgiving resurgence. Improved public observance of social distancing measures is urgently needed to limit overrunning hospital capacity and preventable deaths. Limiting travel throughout the next several weeks is an additional key mitigation measure. The Governor's continued personal guidance and forward leaning positions on these measures are critical and are commended. The unified public health campaign with public service announcements on TV and radio is commended.
- Ensure all clinical facilities, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing, and are accurately reporting current status of each resource. Ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Short-term mitigation interventions, including restricting indoor dining and limiting and/or closing areas of congregation without masking, will be needed. Expeditious intensification of mitigation measures called for within the state plan will help to slow disease spread. The recent adjustments made in mitigation measures in response to trends in county cases are commended.
- These measures help to control transmission in public settings but have had limited success in preventing spread at private gatherings. Additional measures should be taken, including communications to reinforce messaging around social gatherings throughout the ongoing holiday season. Maximizing control of transmission now will also allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- The silent community spread that precedes and continues throughout these COVID disease surges can only be identified and interrupted through proactive and increased testing and surveillance. This approach can be adapted to communities/counties in the orange or red zone with proactive weekly testing of groups from the community. These cases should be analyzed with data from cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread proactive testing and isolation of positive cases. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Mitigation measures to limit transmission in personal gatherings need continued strengthening. Local influencers are critical; hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of long-term care facility testing and rapid implementation of vaccination into LTCF as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing, and utilize the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities planning to bring students back to campus after winter break move to mandatory weekly testing of all on and off campus students. Planning for that must begin 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 | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	15,772 (261)	+3%	91,757 (297)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.3%	-3.5%*	8.6%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	164,950** (2,728**)	-38%**	990,331** (3,210**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	165 (2.7)	+42%	939 (3.0)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	27%	+6%*	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	55%	+13%*	45%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	+2%*	8%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,251 (33)	-1% (+6%)	15,696 (23)	135,904 (19)

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

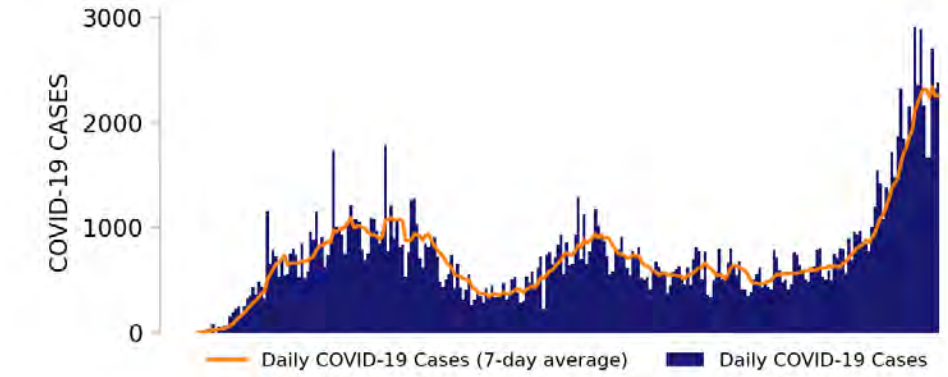
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. 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.

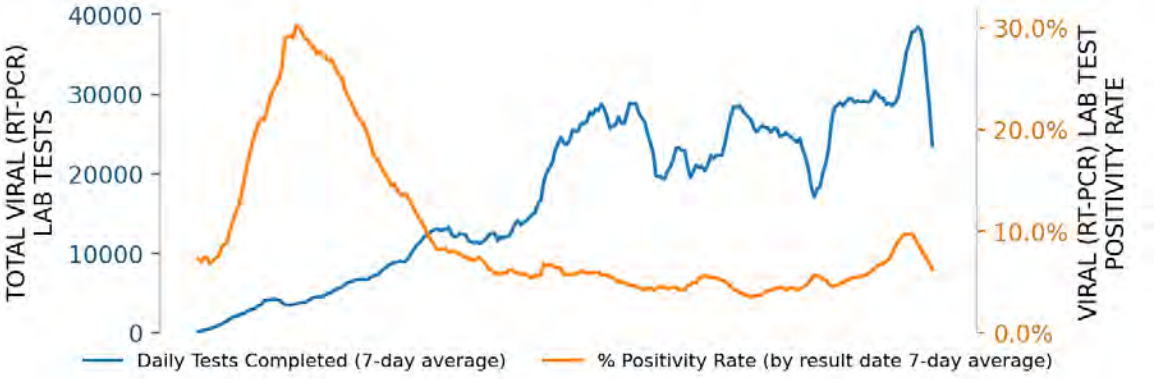
MARYLAND

STATE REPORT | 11.29.2020

NEW CASES

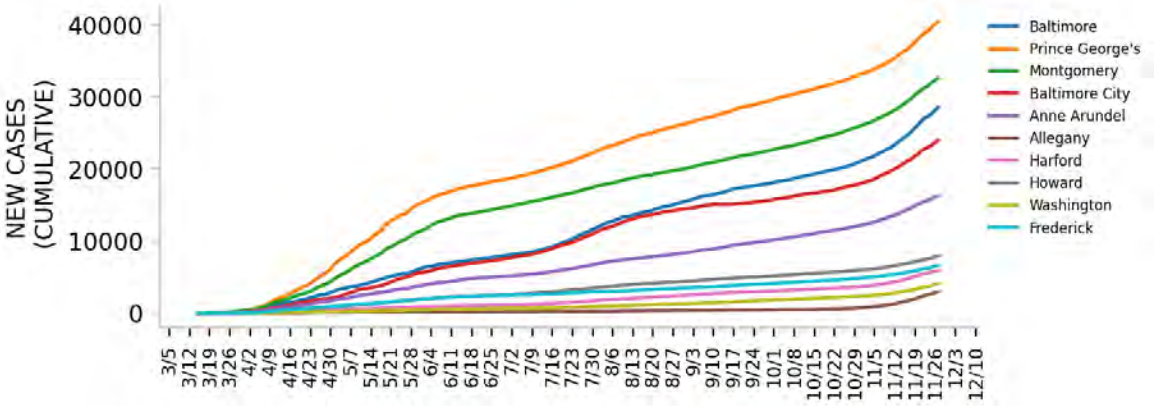


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

MARYLAND

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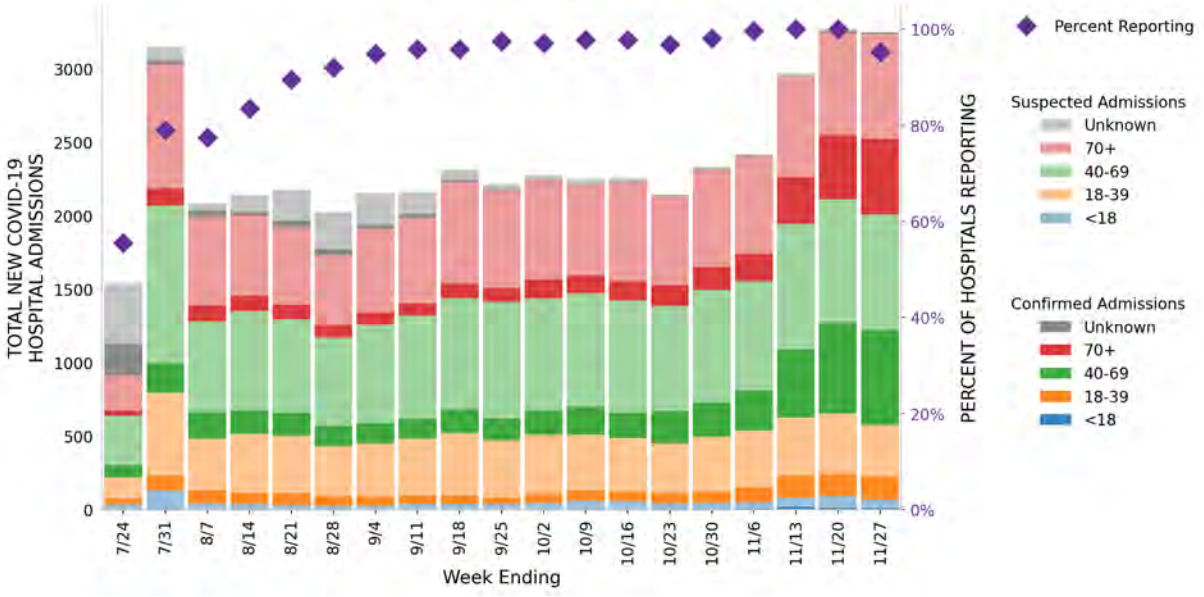
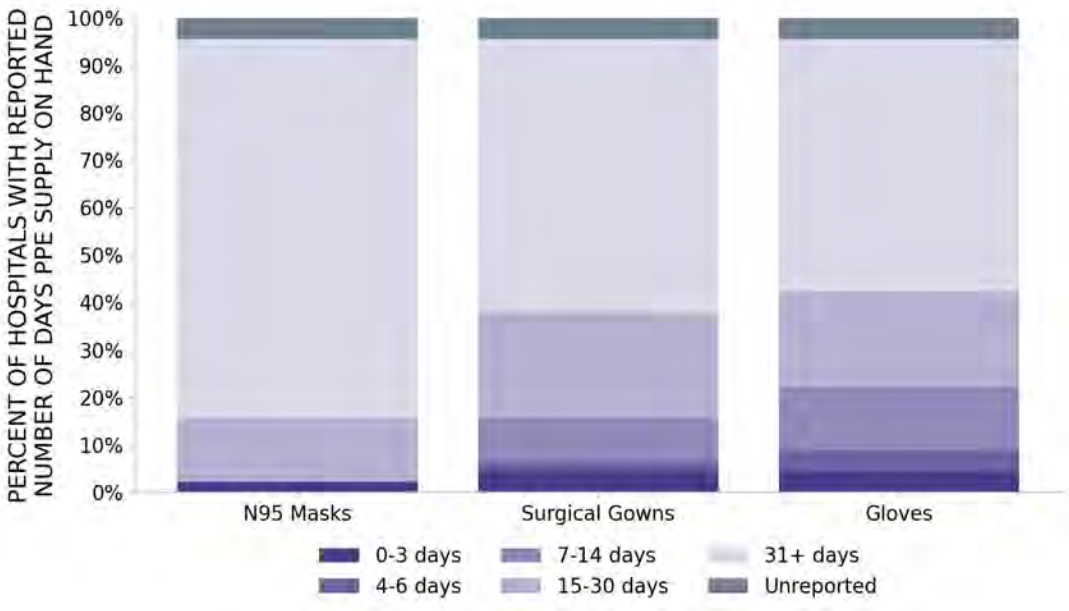
45 hospitals are expected to report in Maryland

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

MARYLAND

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	2 ▼ (-1)	Cumberland Philadelphia-Camden-Wilmington	3 ▼ (-5)	Allegany Garrett Somerset
LOCALITIES IN ORANGE ZONE	1 ▼ (-1)	Hagerstown-Martinsburg	2 ▼ (-4)	Harford Washington
LOCALITIES IN YELLOW ZONE	4 ▲ (+1)	Baltimore-Columbia-Towson Washington-Arlington-Alexandria Salisbury California-Lexington Park	11 ▲ (+3)	Baltimore Prince George's Baltimore City Anne Arundel Frederick Charles Carroll Wicomico Cecil St. Mary's Caroline

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

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

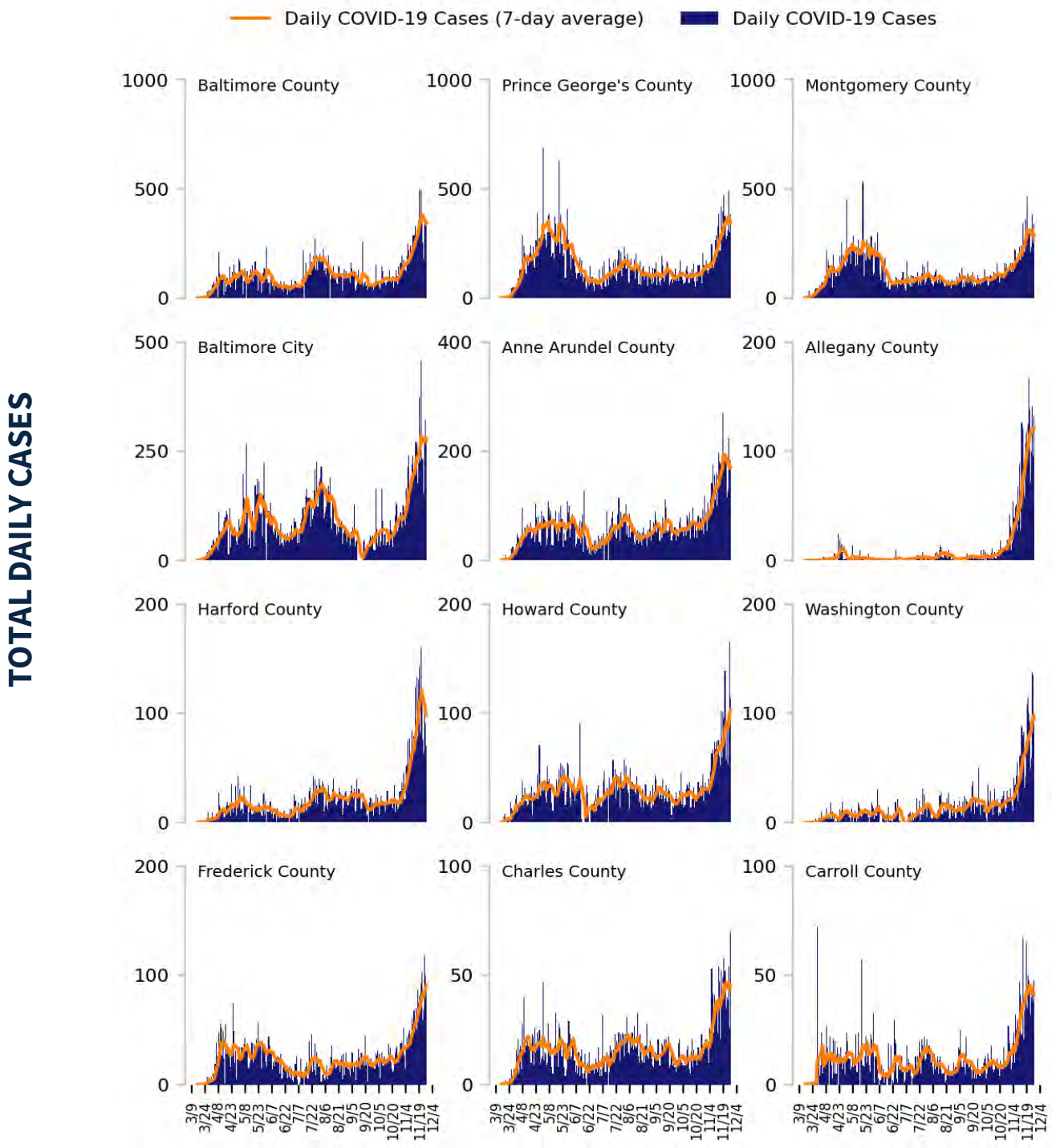
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

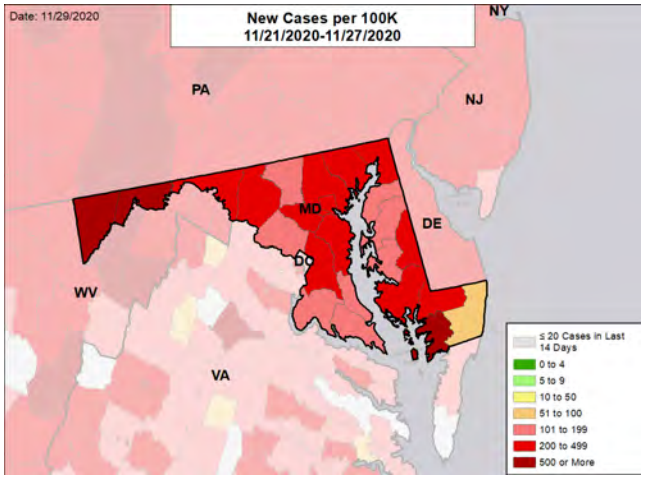
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

MARYLAND

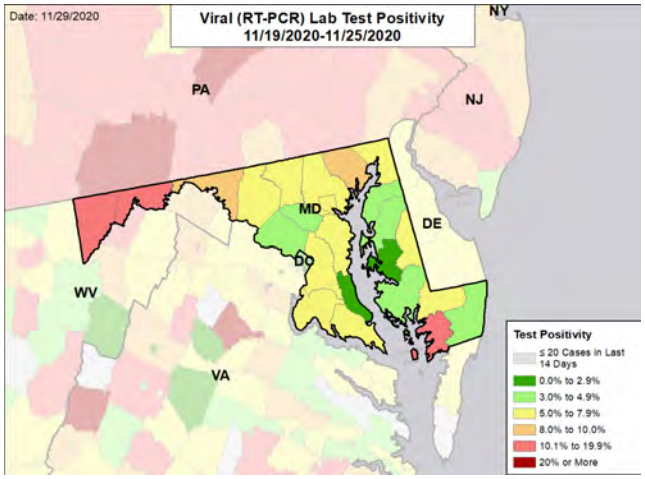
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

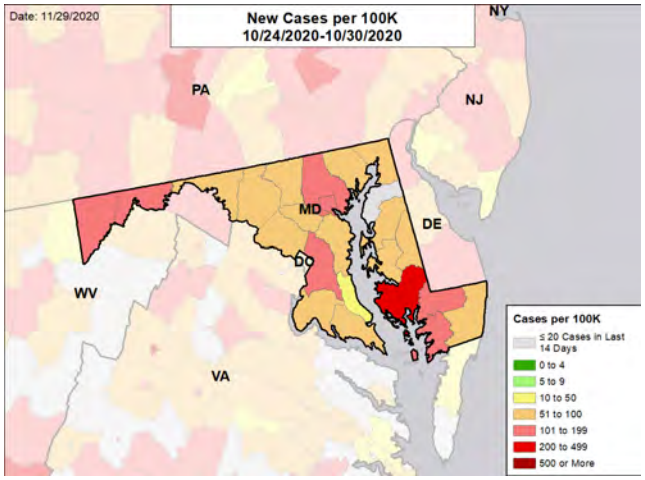
NEW CASES PER 100,000



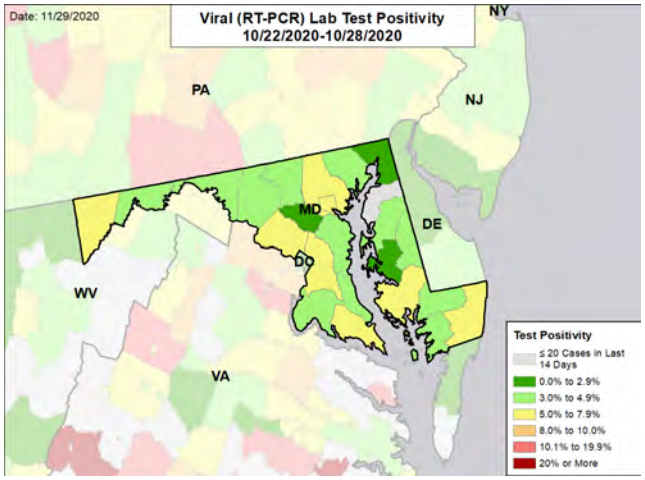
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

MASSACHUSETTS

SUMMARY

- Massachusetts 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. Massachusetts is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 48th highest rate in the country.
- Massachusetts has seen stability in new cases and stability in test positivity.
- Case rates increased in 10 counties and test positivity increased in about 13. The largest proportionate increases in test positivity were seen in Hampden, Barnstable, Bristol, Essex, and Plymouth counties.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Middlesex County, 2. Essex County, and 3. Suffolk County. These counties represent 47.3% of new cases in Massachusetts.
- 21% of all counties in Massachusetts have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 14% of nursing homes had at least one new resident COVID-19 case, 29% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death. Apparent outbreaks were seen in facilities in Norton, Boston, Lenox, Groton, Chelmsford, Worcester, and Fairhaven.
- Massachusetts had 266 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 119 to support operations activities from FEMA; 3 to support operations activities from ASPR; and 19 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 122 patients with confirmed COVID-19 and 146 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Massachusetts. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- Efforts to curb transmission appear to be having an impact; continue working with retailers and businesses to enhance adherence to local and state ordinances.
- Consider rolling back a step in the state reopening plan as a whole and not just in high-risk areas. Restricting certain activities in some areas may encourage movement and potential spread to surrounding “non high-risk” communities.
- Expand your public text messaging and "Get Back Mass" campaign and maintain throughout the holiday season, utilizing all media platforms to thoroughly describe and promote need for continued mitigations efforts. Begin encouraging the public to stay vigilant and minimize risks of winter holiday events and shopping.
- Continue Everbridge Resident Connection Alerts and consider expanding to include the entire Commonwealth.
- Proactive weekly testing of individuals who have continued interactions with members of the community (such as healthcare workers, those who work in shelters or congregate living facilities, cashiers, transportation drivers, etc.) will help identify the depth and breadth of community infection. Point-of-care antigen tests should be used among these representative individuals, independent of symptoms, in all counties with increased case rates.
- The above surveillance should direct focused testing campaigns wherever increased transmission is detected (e.g., in all communities with outbreaks in long-term care facilities (LTCFs)).
- Continue use of clinical personnel from local facilities to advocate for adherence to face covering and social distancing and appeal to community coherence and responsibility, using champions from across the political and cultural spectrum.
- Ensure all clinical facilities have contingency plans, up-to-date treatment protocols, access to telehealth systems, and remote clinical support.
- Provide written and verbal education at the time of testing with instruction to quarantine until results are returned and to continue isolation if results are positive.
- Deploy vigorous flu vaccine campaigns across the state.
- Ensure all universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for that must begin now.
- The most vulnerable should be protected. Every effort should be made to ensure regular (weekly) screening with rapid antigen tests of all staff at all residential facilities and LTCFs. Staff should not be permitted to work unless they have a recent negative test or clearance from isolation. Ensure absolute adherence to CMS guidance.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MASSACHUSETTS

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	18,365 (266)	+3%	39,813 (268)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.4%	-0.1%*	4.3%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	604,440** (8,770**)	+6%**	901,789** (6,075**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	166 (2.4)	-19%	382 (2.6)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	14%	+4%*	16%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	29%	+2%*	34%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+2%*	4%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,876 (11)	-4% (-4%)	4,085 (12)	135,904 (19)

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

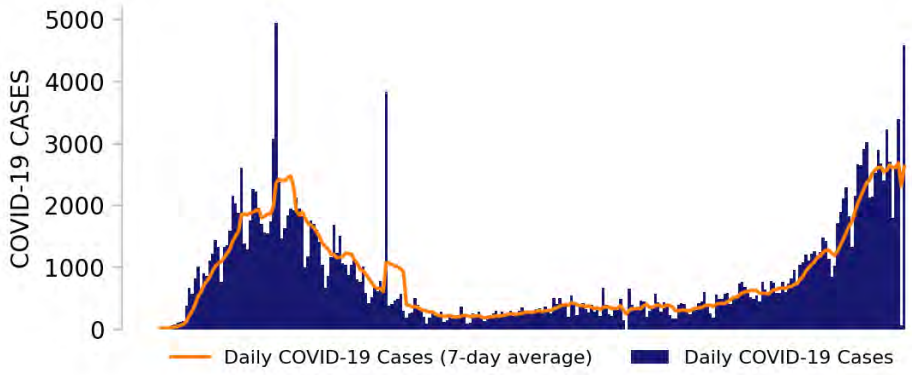
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

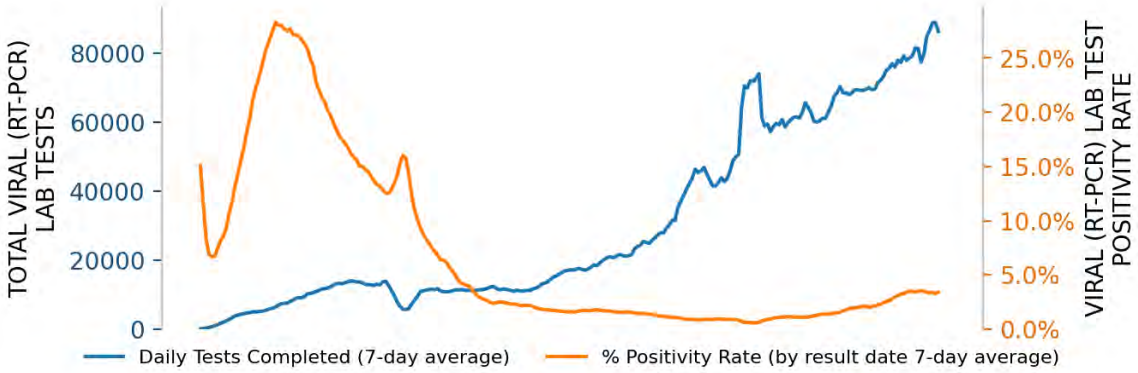
MASSACHUSETTS

STATE REPORT | 11.29.2020

NEW CASES

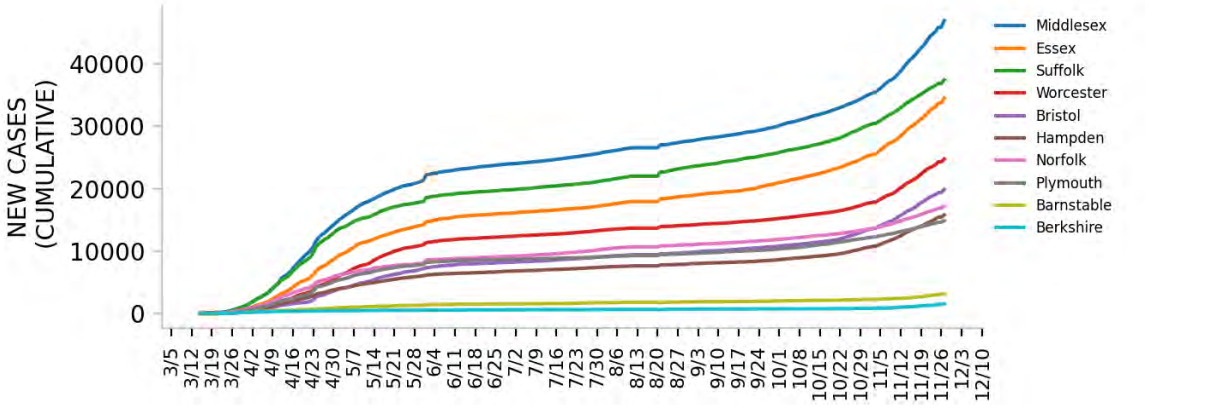


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

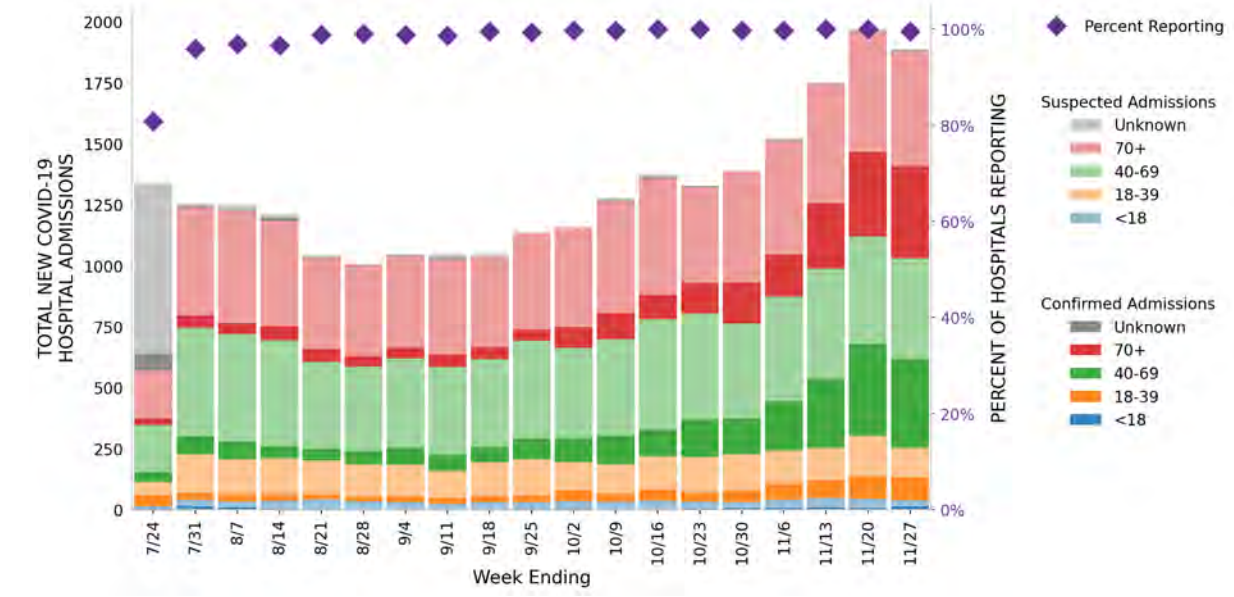
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

MASSACHUSETTS

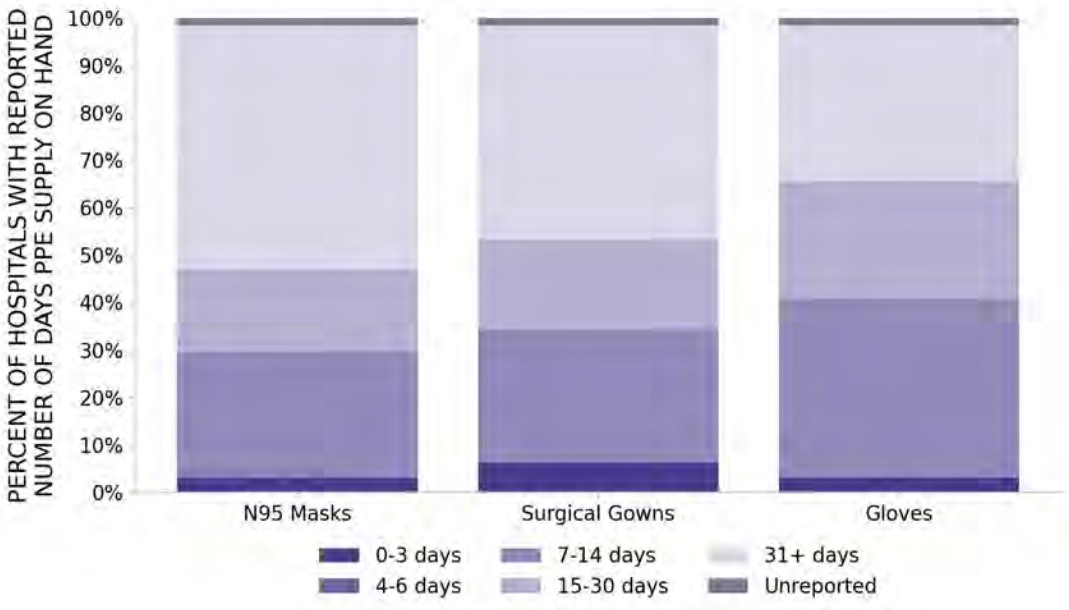
STATE REPORT | 11.29.2020

64 hospitals are expected to report in Massachusetts

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

MASSACHUSETTS

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

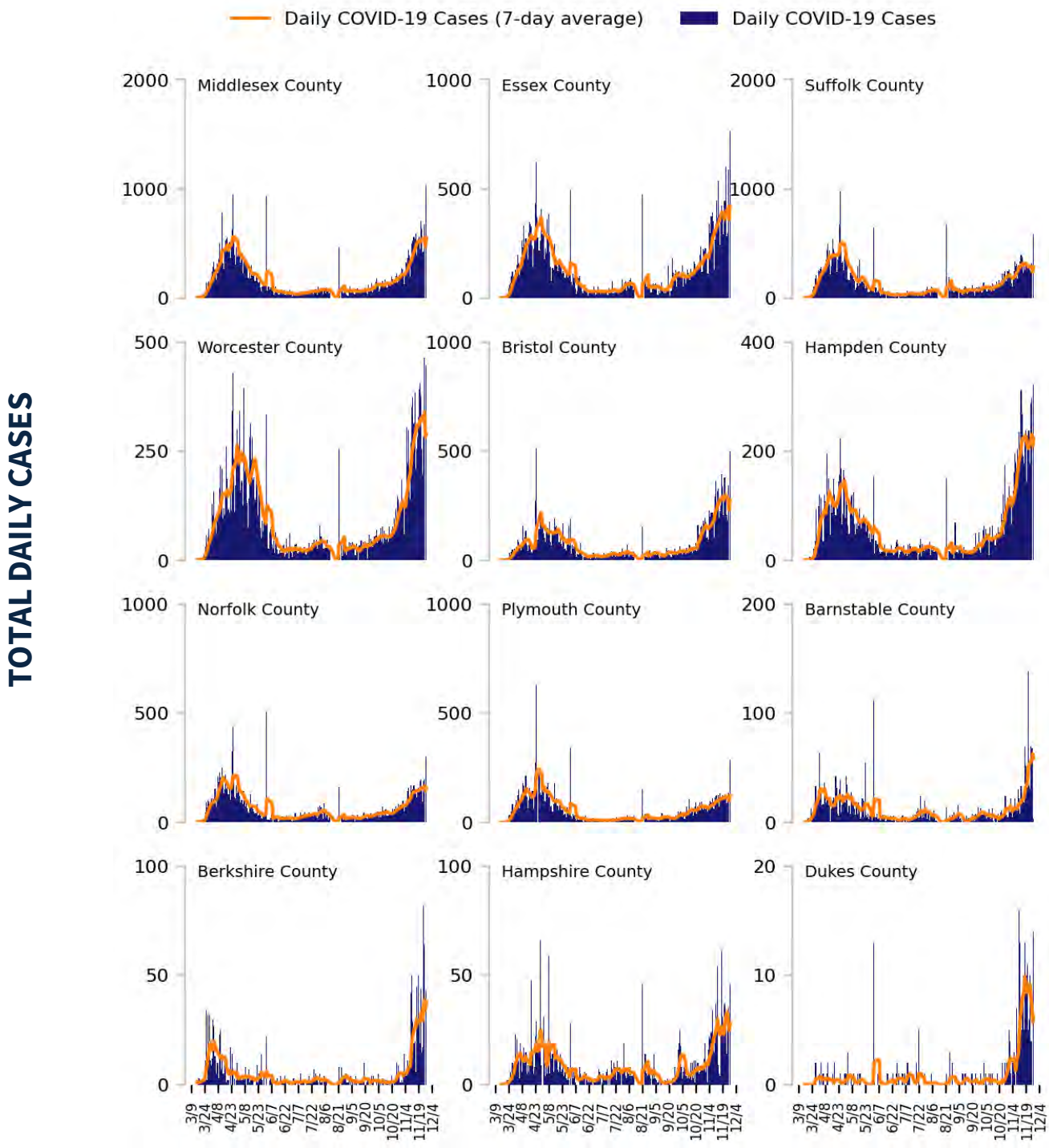
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

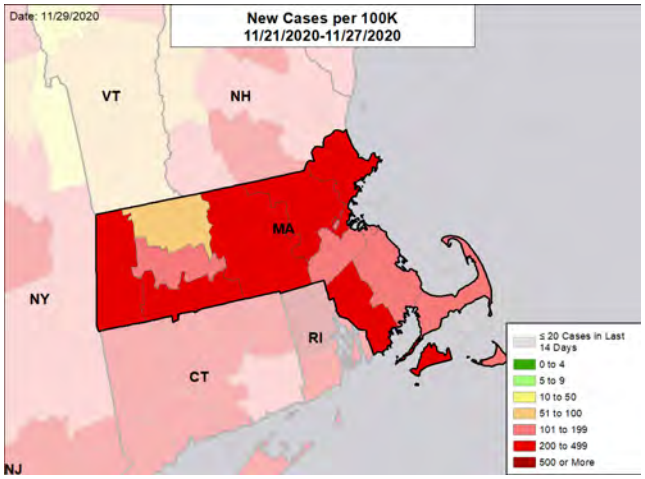
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

MASSACHUSETTS

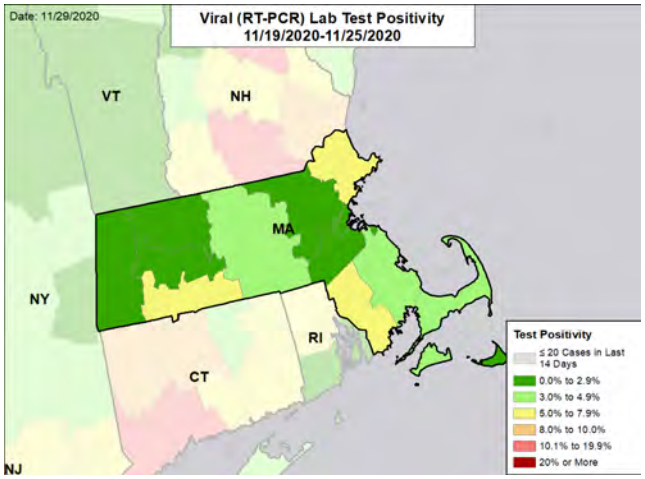
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

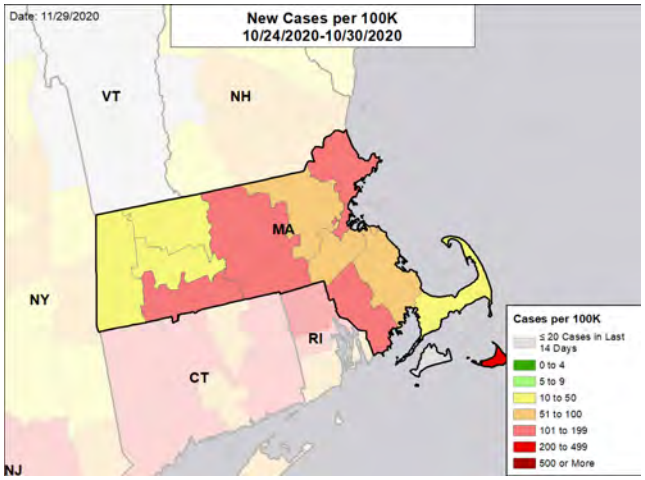
NEW CASES PER 100,000



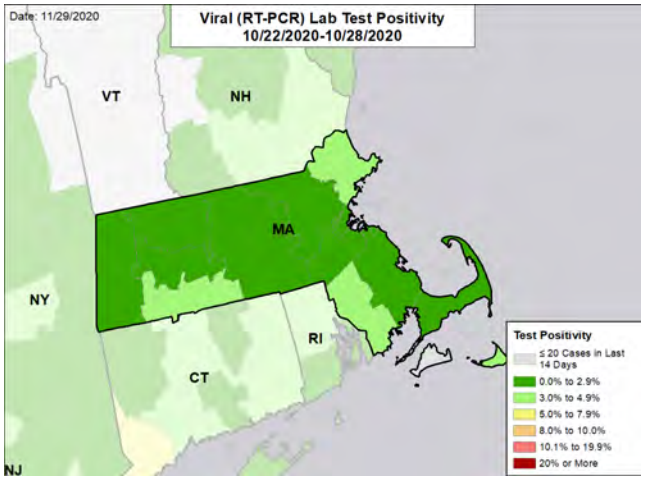
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

MICHIGAN

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- Michigan is going through a severe viral surge with extremely high levels of cases continuing; despite the apparent stabilization of cases last week, rapid deterioration could occur post-Thanksgiving. Michigan 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. Michigan is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 15th highest rate in the country.
- Michigan has seen stability in new cases and stability in test positivity. Hospitalizations and deaths increased again last week, and hospitalizations exceeded the spring peak. Hospitals continued to implement plans to increase capacity. Staffing shortages continue to be a pressing concern.
- Mitigation: The state intensified mitigation measures for a 3-week period from Nov 18 – Dec 8.
- 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 31.6% 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 73% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 34% of nursing homes had at least one new resident COVID-19 case, 61% had at least one new staff COVID-19 case, and 10% had at least one new resident COVID-19 death.
- Michigan had 489 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 10 to support operations activities from FEMA and 7 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 520 patients with confirmed COVID-19 and 179 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Michigan. This is an increase of 6% in total COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, but the state is managing and implementing staffing contracts to accommodate.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of Michigan leaders that the current situation is critical and that despite the stabilization in cases last week, the population and health care system must do everything possible to prepare for and limit a post-Thanksgiving resurgence. Improved public observance of social distancing measures is urgently needed to limit overrunning hospital capacity and additional preventable deaths. Limiting travel throughout the next several weeks is an additional key mitigation measure this holiday season as the spread across jurisdictions makes control measures much more difficult and leads to additional outbreaks. The Governor's continued personal guidance and forward-leaning positions on these measures are critical and are commended.
- Ensure all clinical facilities, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing, and are accurately reporting current status of each resource. Ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Short-term mitigation interventions, including restricting indoor dining and limiting and/or closing areas of congregation without masking, will be needed. Expeditious intensification of mitigation measures called for within the state plan will help to slow disease spread. The recent adjustments made in mitigation measures in response to trends in county cases are commended.
- These measures help to control transmission in public settings but have had limited success in preventing spread at private gatherings. Additional measures should be taken, including communications to reinforce messaging around social gatherings throughout the ongoing holiday season. Maximizing control of transmission now will also allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- The silent community spread that precedes and continues throughout these COVID disease surges can only be identified and interrupted through proactive and increased testing and surveillance. This approach can be adapted to communities/counties in the orange or red zone with proactive weekly testing of groups from the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers). These cases should be analyzed with data from cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread proactive testing and isolation of positive cases. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Mitigation measures to limit transmission in personal gatherings need continued strengthening. Local influencers are critical; hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of long-term care facility testing and rapid implementation of vaccination into LTCF as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing, and utilize the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities planning to bring students back to campus after winter break move to mandatory weekly testing of all on and off campus students. Planning for that must begin 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 | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	48,840 (489)	-7%	299,152 (569)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.3%	+0.0%*	13.0%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	436,176** (4,368**)	-7%**	2,487,089** (4,734**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	585 (5.9)	+24%	2,726 (5.2)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	34%	+6%*	34%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	61%	+5%*	60%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10%	+3%*	13%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	4,895 (23)	+6% (+7%)	31,001 (26)	135,904 (19)

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

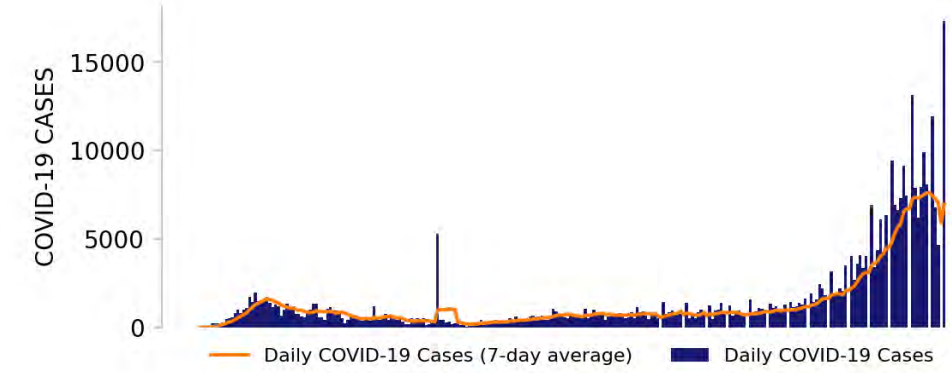
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

MICHIGAN

STATE REPORT | 11.29.2020

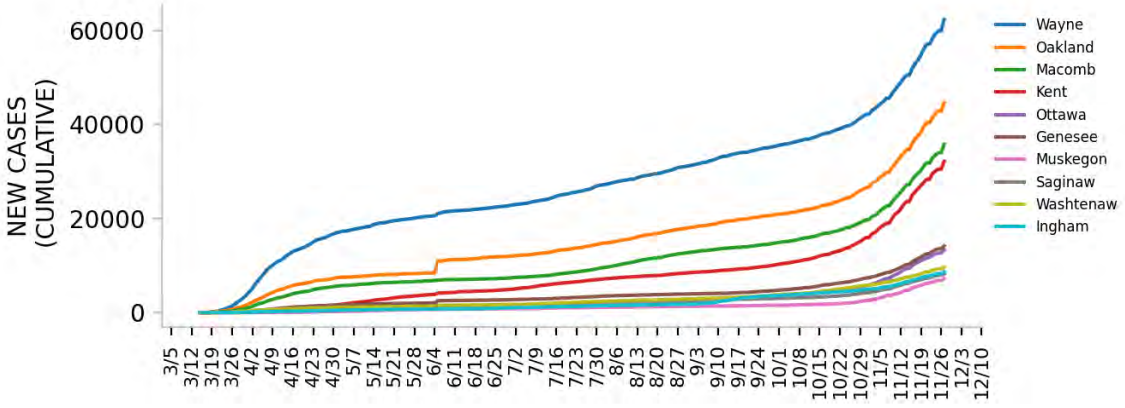
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

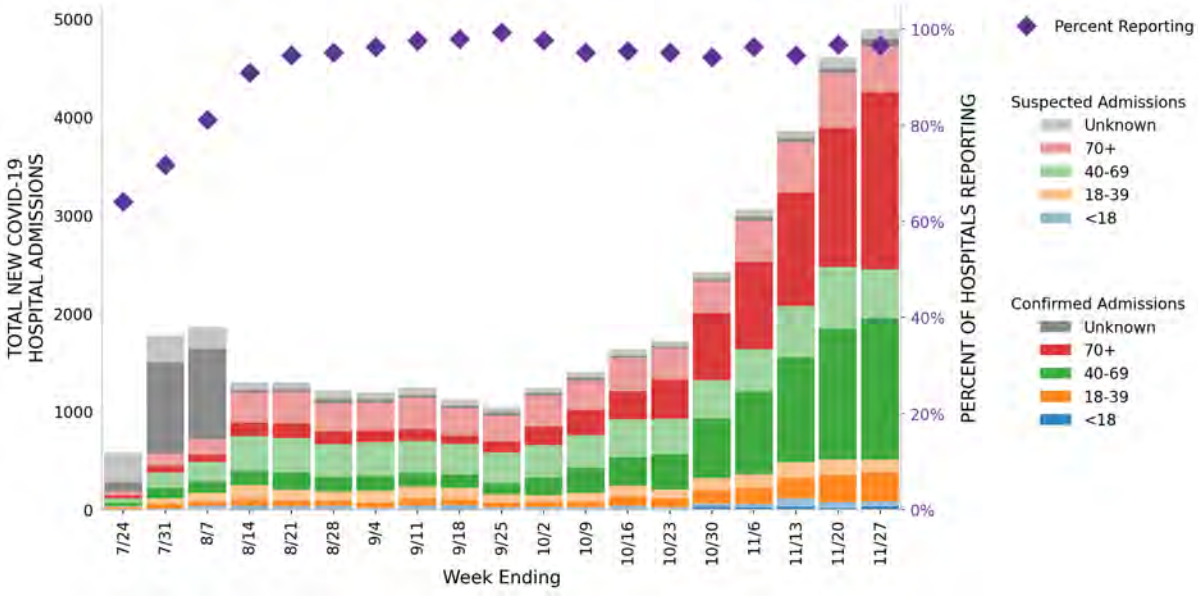
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

MICHIGAN

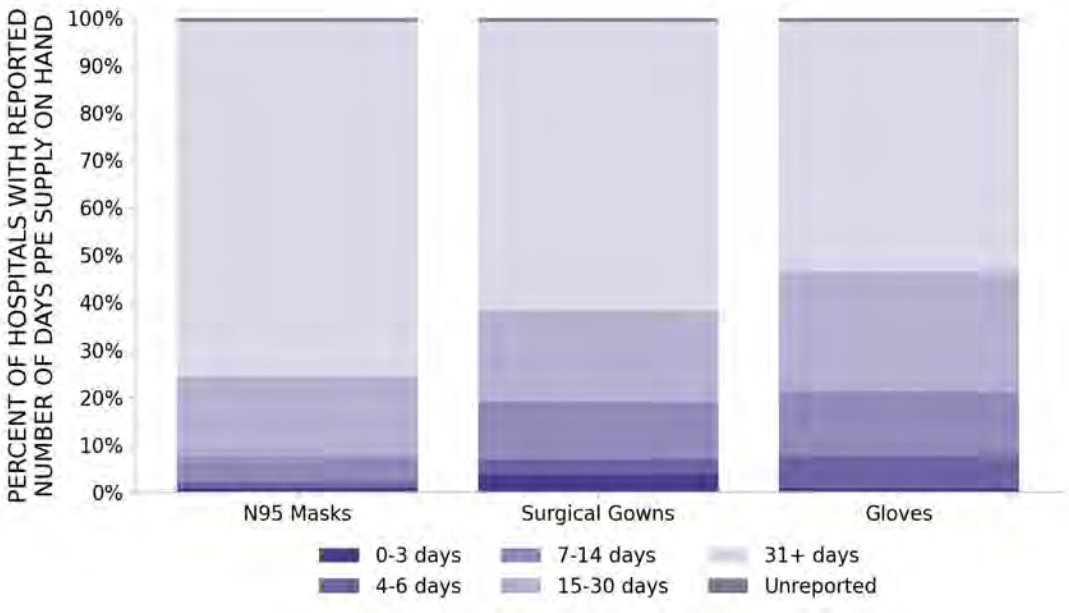
STATE REPORT | 11.29.2020

131 hospitals are expected to report in Michigan

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

MICHIGAN

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	27 ▼ (-1)	Detroit-Warren-Dearborn Grand Rapids-Kentwood Lansing-East Lansing Flint Muskegon Saginaw Kalamazoo-Portage Niles Jackson Monroe Bay City Battle Creek	61 ▲ (+5)	Wayne Oakland Macomb Kent Ottawa Genesee Muskegon Saginaw Ingham Kalamazoo Berrien Jackson
LOCALITIES IN ORANGE ZONE	1 ▼ (-1)	Alpena	8 ▲ (+1)	Ionia Clinton Montcalm Alpena Otsego Charlevoix Antrim Leelanau
LOCALITIES IN YELLOW ZONE	4 ▲ (+1)	Ann Arbor Midland Coldwater Ludington	7 ▼ (-8)	Washtenaw Midland Branch Clare Mason Iron Mackinac

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

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

All Red Counties: Wayne, Oakland, Macomb, Kent, Ottawa, Genesee, Muskegon, Saginaw, Ingham, Kalamazoo, Berrien, Jackson, Livingston, Monroe, Bay, St. Clair, Calhoun, Allegan, Eaton, Marquette, Van Buren, Lapeer, Lenawee, Barry, Isabella, Shiawassee, Hillsdale, Grand Traverse, St. Joseph, Cass, Gratiot, Tuscola, Delta, Dickinson, Newaygo, Chippewa, Gladwin, Mecosta, Sanilac, Oceana, Huron, Menominee, Wexford, Roscommon, Iosco, Ogemaw, Arenac, Osceola, Cheboygan, Gogebic, Benzie, Kalkaska, Crawford, Presque Isle, Missaukee, Alcona, Montmorency, Lake, Ontonagon, Oscoda, Luce

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

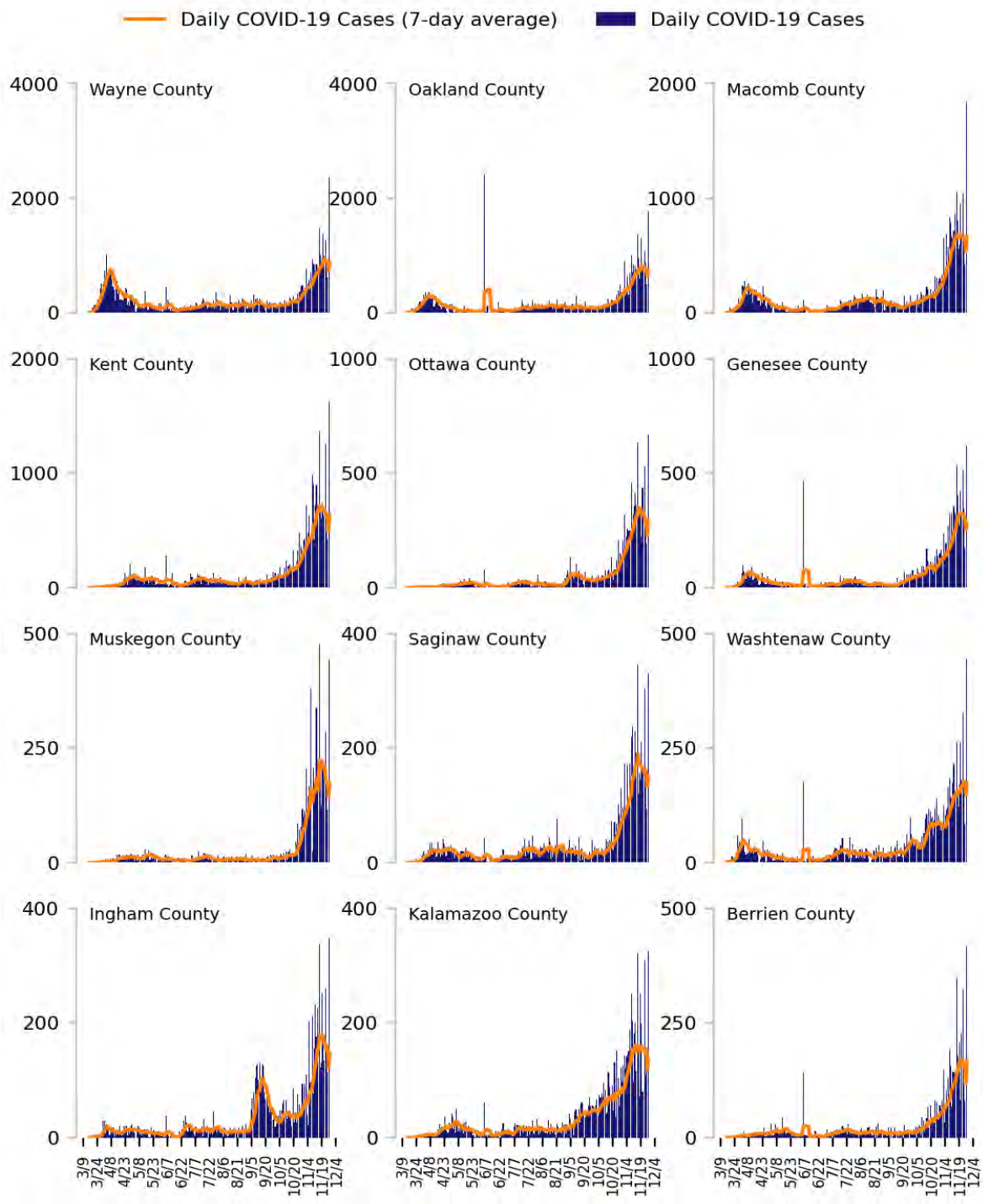
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

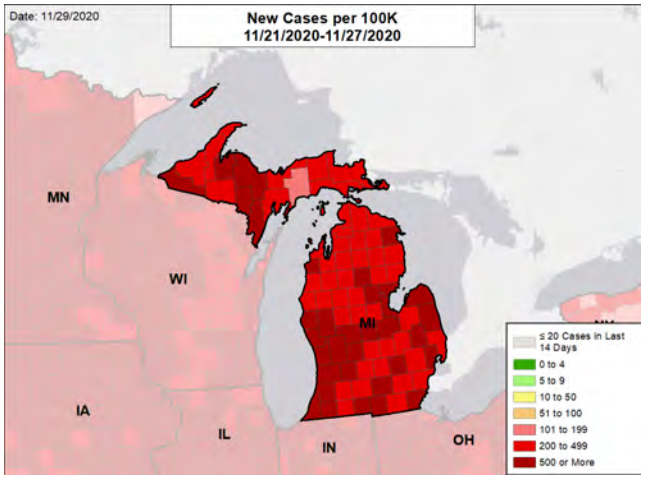
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

MICHIGAN

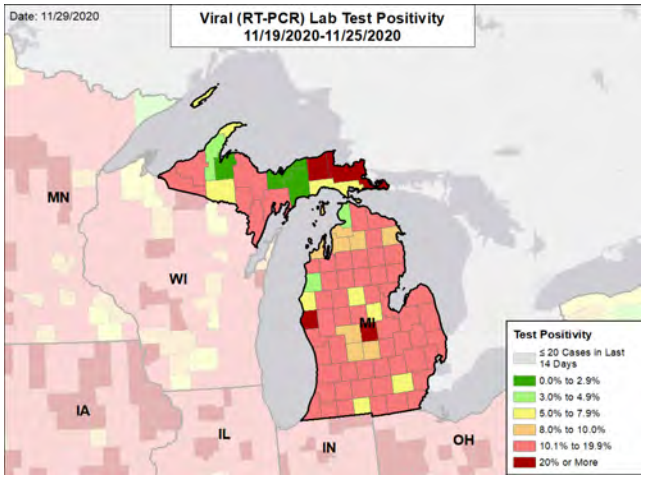
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

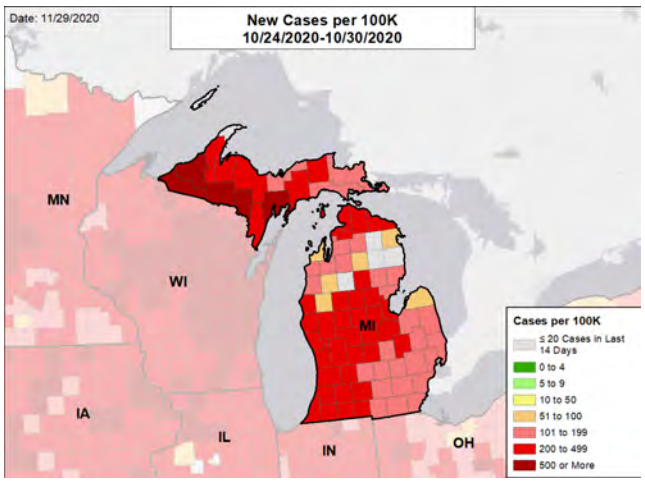
NEW CASES PER 100,000



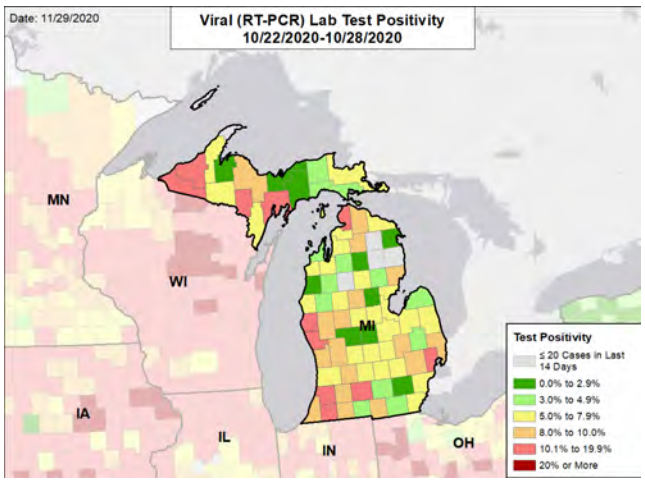
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

MINNESOTA

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- Minnesota is seeing a continued, dramatic rise in cases, hospitalizations, and deaths. Limiting further increases in test positivity, hospitalizations, and deaths requires observance of intensified mitigation measures. Minnesota is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 5th highest rate in the country. Minnesota is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 22nd highest rate in the country.
- Minnesota has seen a decrease in new cases and a decrease in test positivity. New hospitalizations fell slightly last week but remain extremely high. The 7-day trend of current hospitalizations rose week on week. Large numbers of health care workers are unable to work due to infection with or exposure to SARS-CoV-2. Deaths also continued to increase.
- Viral transmission is intense throughout the state. The following three counties had the highest number of new cases over the last 3 weeks: 1. Hennepin County, 2. Anoka County, and 3. Ramsey County. These counties in the Minneapolis CBSA represent 32.4% of new cases in Minnesota but the most intense outbreaks are elsewhere in the state, especially along the border with the Dakotas.
- 99% of all counties in Minnesota have moderate or high levels of community transmission (yellow, orange, or red zones), with 84% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 38% of nursing homes had at least one new resident COVID-19 case, 72% had at least one new staff COVID-19 case, and 17% had at least one new resident COVID-19 death.
- Minnesota had 680 new cases per 100,000 population, compared to a national average of 349 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 Nov 21 - Nov 27, on average, 218 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 COVID-19 hospital admissions.
- Hospitals are reporting PPE shortages, but the state has resources and systems in place for facilities to request assistance.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of Minnesota leaders that the current situation is critical and that despite the apparent improvement in cases and test positivity last week, the population and health care system must do everything possible to prepare for and limit a post-Thanksgiving resurgence. Improved public observance of social distancing measures is urgently needed to limit overrunning hospital capacity and additional preventable deaths. Limiting travel throughout the next several weeks is an additional key mitigation measure this holiday season as the spread across jurisdictions makes control measures much more difficult and leads to additional outbreaks. The Governor's continued personal guidance and actions on these measures are critical and are commended.
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- Additional measures should be taken, including communications to reinforce messaging around social gatherings throughout the ongoing holiday season. Maximizing control of transmission now will also allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- The silent community spread that precedes and continues throughout these COVID disease surges can only be identified and interrupted through proactive and increased testing and surveillance. This approach can be adapted to counties in the orange or red zone with proactive weekly testing of groups from the community. These cases should be analyzed with data from cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread proactive testing and isolation of positive cases. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Mitigation measures to limit transmission in personal gatherings need continued strengthening. Local influencers are critical; hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing, and utilize the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities planning to bring students back to campus after winter break move to mandatory weekly testing of all on and off campus students. Planning for that must begin now.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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MINNESOTA

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
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TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	484,806** (8,596**)	-2%**	2,487,089** (4,734**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	330 (5.9)	+6%	2,726 (5.2)	10,169 (3.1)
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TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,192 (21)	-11% (-7%)	31,001 (26)	135,904 (19)

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

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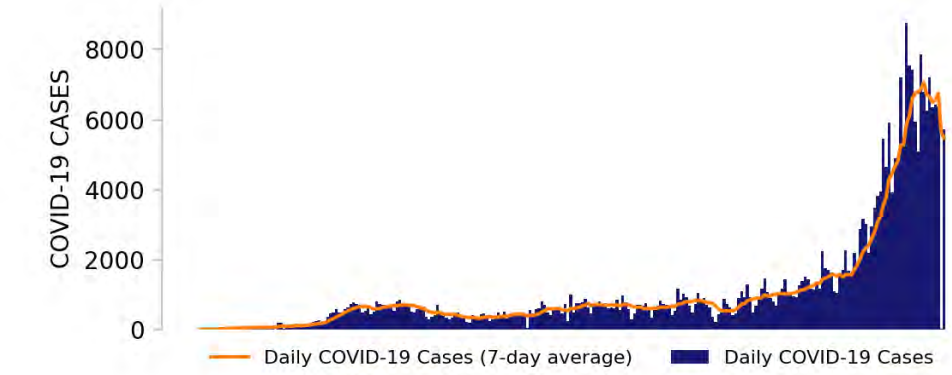
MINNESOTA

STATE REPORT | 11.29.2020

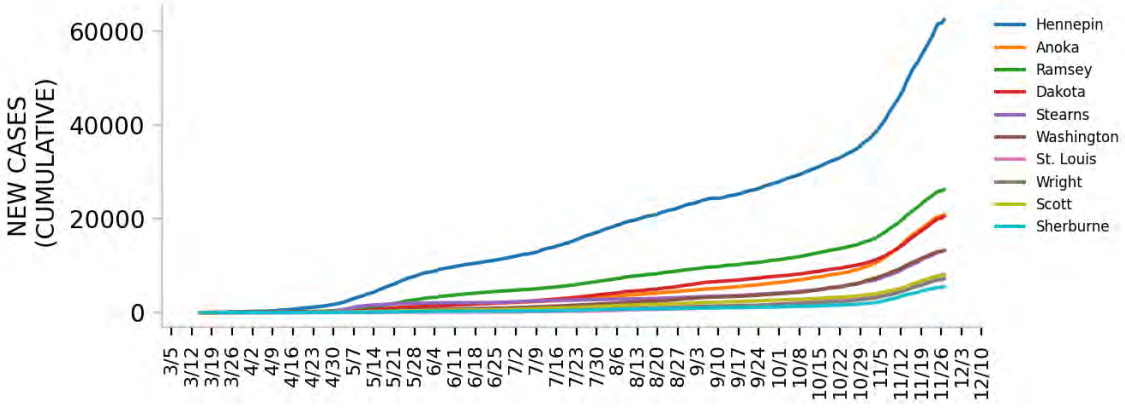
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



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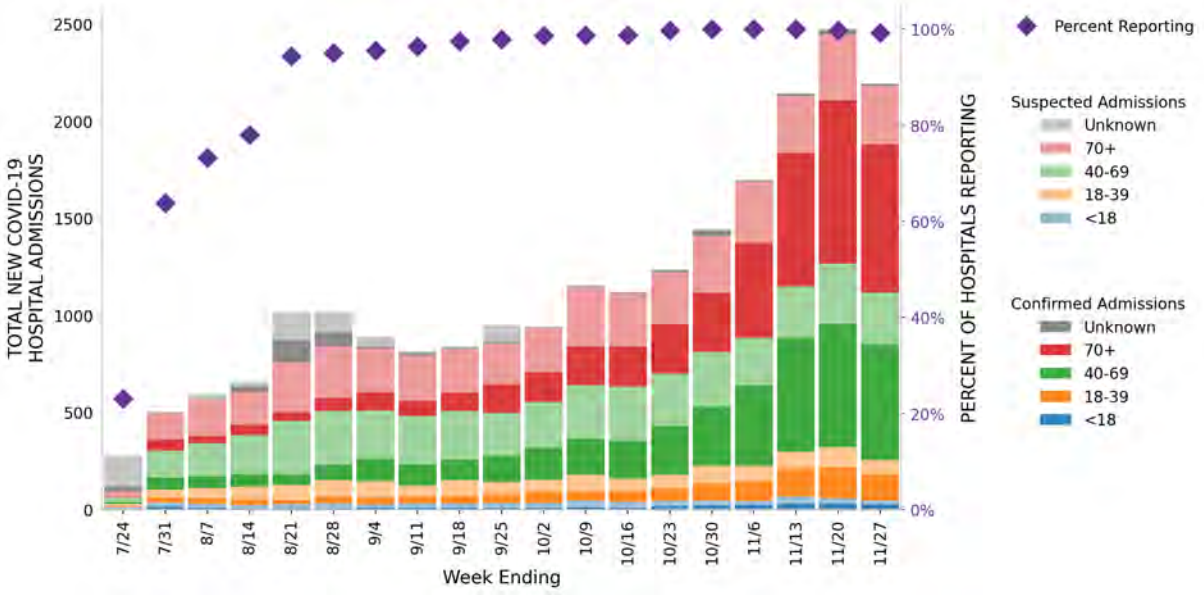
MINNESOTA

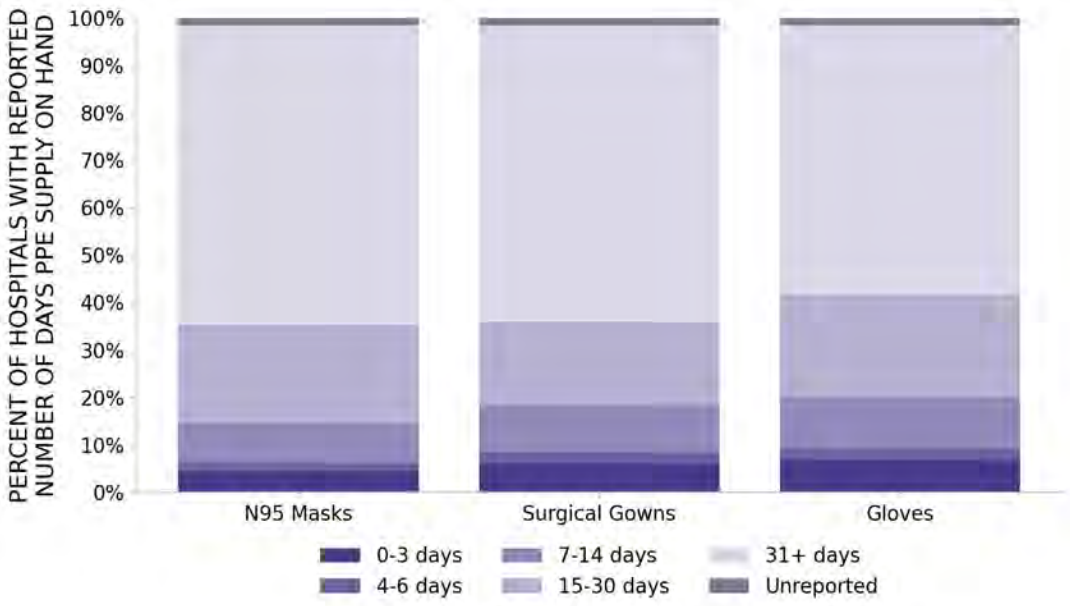
STATE REPORT | 11.29.2020

130 hospitals are expected to report in Minnesota

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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MINNESOTA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**23** ▼ (-3)	Minneapolis-St. Paul-Bloomington St. Cloud Duluth Brainerd Mankato Fargo Fergus Falls Willmar Alexandria Hutchinson Grand Forks Red Wing	**73** ▼ (-8)	Anoka Dakota Stearns Washington St. Louis Wright Scott Sherburne Carver Crow Wing Clay Otter Tail
LOCALITIES IN ORANGE ZONE	**3** ▲ (+3)	Rochester Faribault-Northfield Winona	**9** ▲ (+5)	Hennepin Ramsey Rice Winona Carlton Nicollet Wabasha Faribault Traverse
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**4** ▲ (+3)	Olmsted Fillmore Lac qui Parle Lake of the Woods

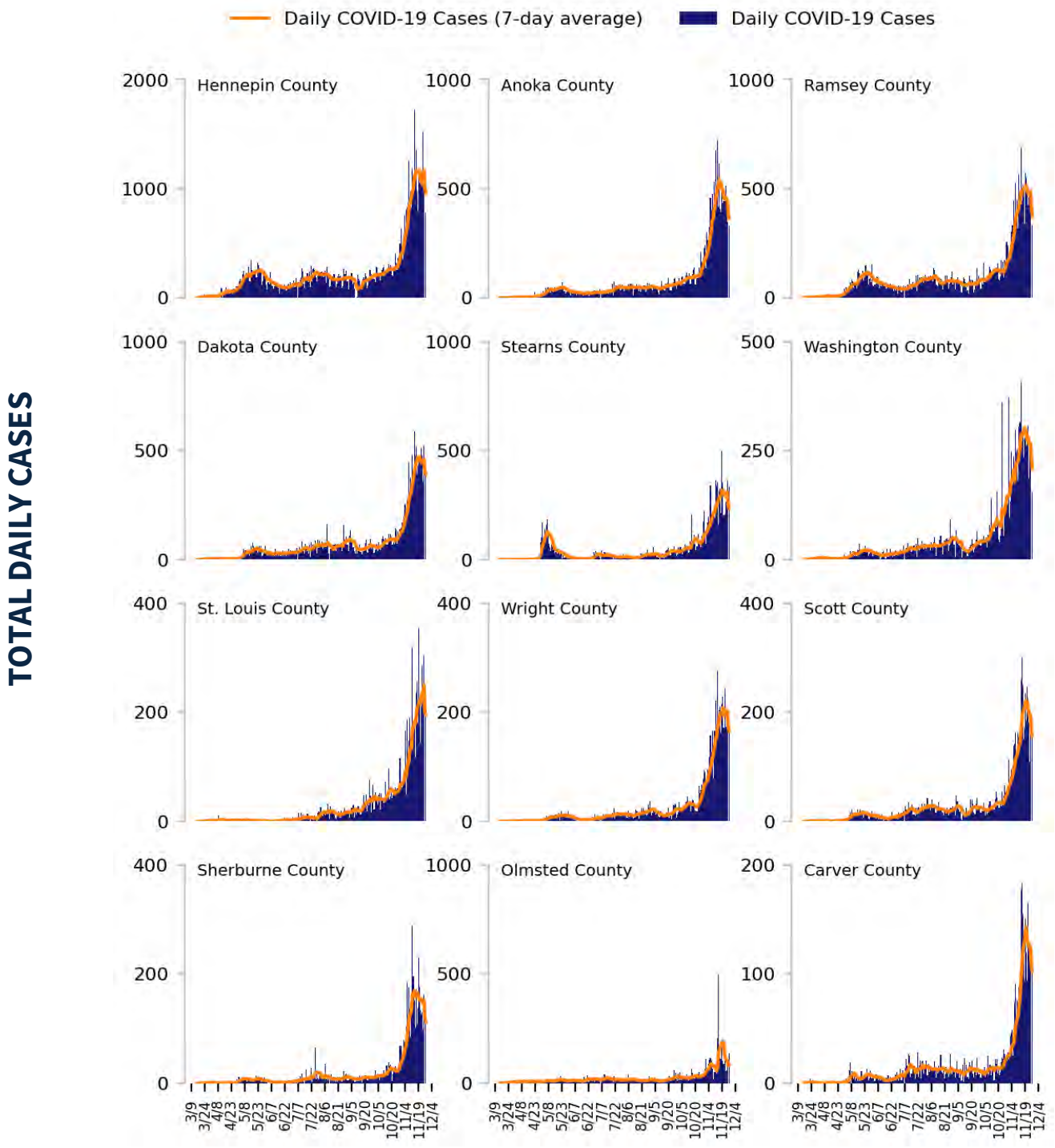
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Minneapolis-St. Paul-Bloomington, St. Cloud, Duluth, Brainerd, Mankato, Fargo, Fergus Falls, Willmar, Alexandria, Hutchinson, Grand Forks, Red Wing, Marshall, Owatonna, Bemidji, Grand Rapids, Austin, New Ulm, Albert Lea, Worthington, Fairmont, La Crosse-Onalaska, Wahpeton
All Red Counties: Anoka, Dakota, Stearns, Washington, St. Louis, Wright, Scott, Sherburne, Carver, Crow Wing, Clay, Otter Tail, Kandiyohi, Blue Earth, Benton, Chisago, Douglas, McLeod, Polk, Morrison, Becker, Isanti, Goodhue, Lyon, Steele, Beltrami, Itasca, Mower, Brown, Mille Lacs, Cass, Meeker, Freeborn, Le Sueur, Todd, Roseau, Pine, Redwood, Hubbard, Nobles, Cottonwood, Sibley, Aitkin, Renville, Wadena, Martin, Waseca, Pennington, Dodge, Houston, Rock, Pope, Clearwater, Chippewa, Kanabec, Pipestone, Swift, Stevens, Yellow Medicine, Murray, Lake, Marshall, Watonwan, Jackson, Wilkin, Koochiching, Norman, Mahnomen, Grant, Lincoln, Kittson, Red Lake, Big Stone

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

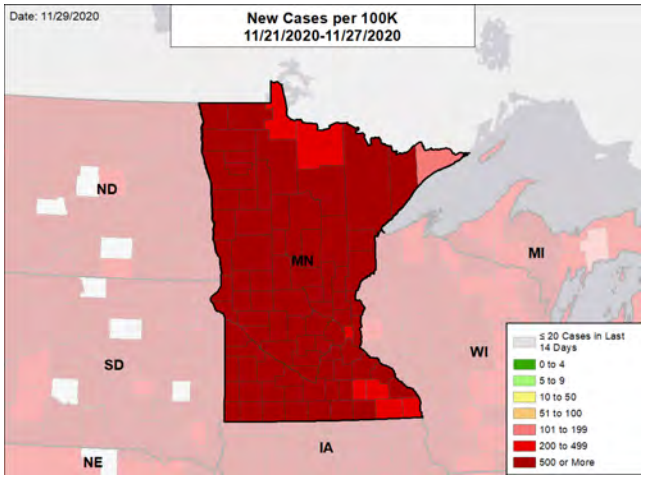
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

MINNESOTA

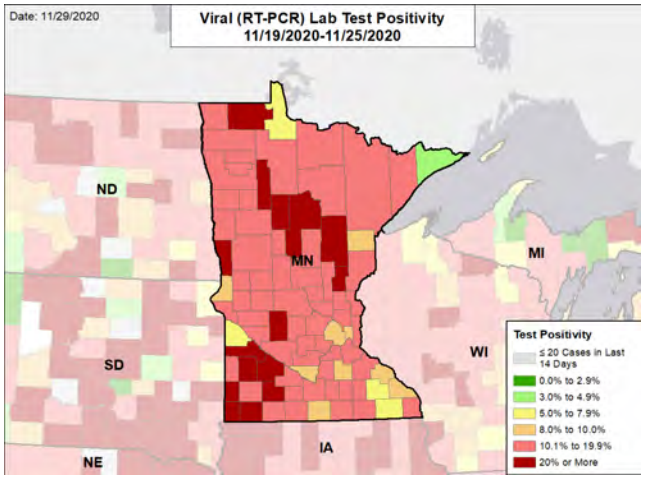
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

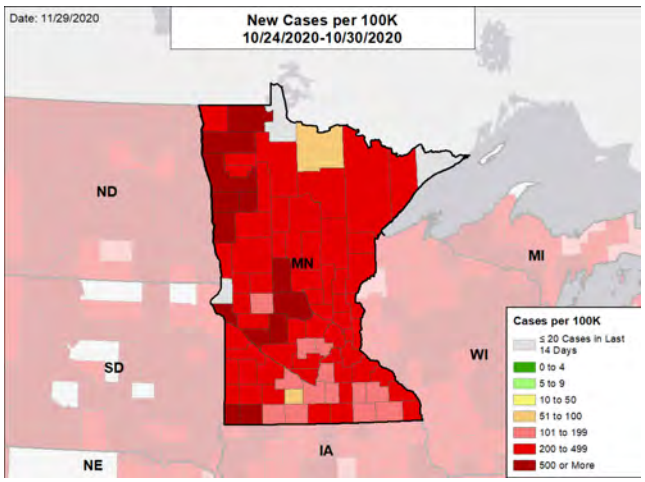
NEW CASES PER 100,000



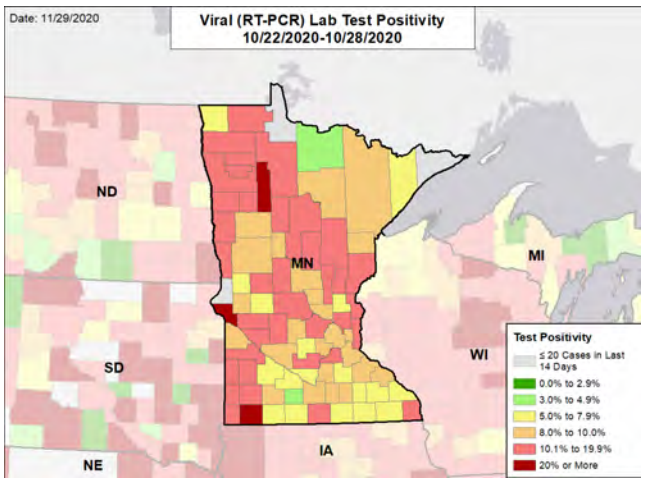
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

MISSISSIPPI

SUMMARY

- Mississippi is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 33rd highest rate in the country. Mississippi is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 20th highest rate in the country.
- Mississippi 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. DeSoto County, 2. Hinds County, and 3. Harrison County. These counties represent 19.1% of new cases in Mississippi.
- 94% of all counties in Mississippi have moderate or high levels of community transmission (yellow, orange, or red zones), with 57% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 21% of nursing homes had at least one new resident COVID-19 case, 38% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- Mississippi had 267 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from FEMA.
- Between Nov 21 - Nov 27, on average, 119 patients with confirmed COVID-19 and 41 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Mississippi. This is an increase of 5% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity in public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- New hospital admissions in Mississippi remain elevated. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased 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 in the winter move to mandatory weekly testing of all on and off campus students. Planning for this must begin now.
- There continue to be high levels of positive staff at LTCFs, indicative of continued and unmitigated community spread in these geographic areas.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MISSISSIPPI

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	7,958 (267)	-6%	171,312 (256)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.6%	+0.4%*	9.0%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	28,340** (952**)	-2%**	1,527,595** (2,283**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	127 (4.3)	+2%	1,680 (2.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	21%	+2%*	22%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	38%	-1%*	41%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	+2%*	7%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,119 (14)	+5% (+7%)	24,045 (16)	135,904 (19)

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

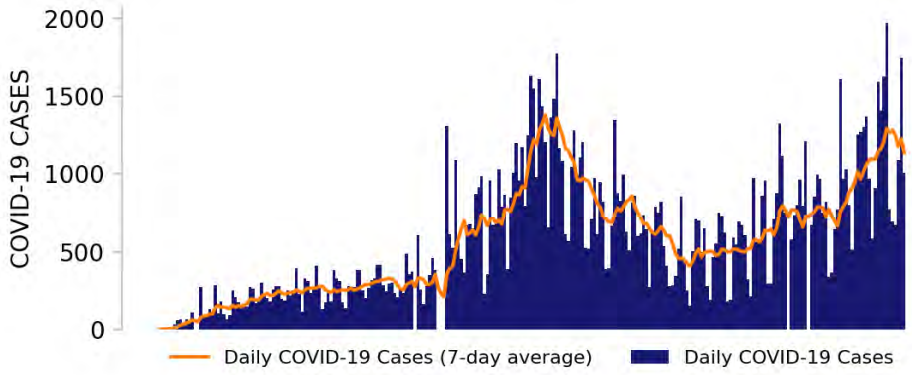
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

MISSISSIPPI

STATE REPORT | 11.29.2020

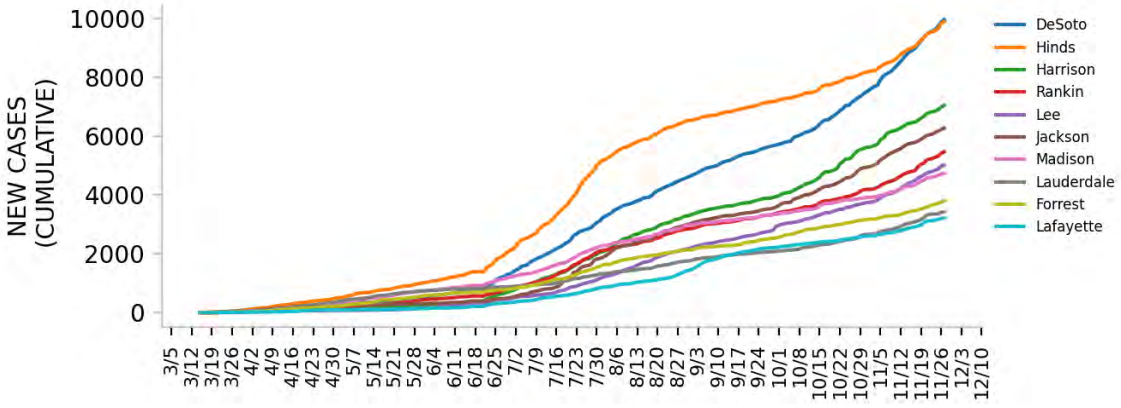
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

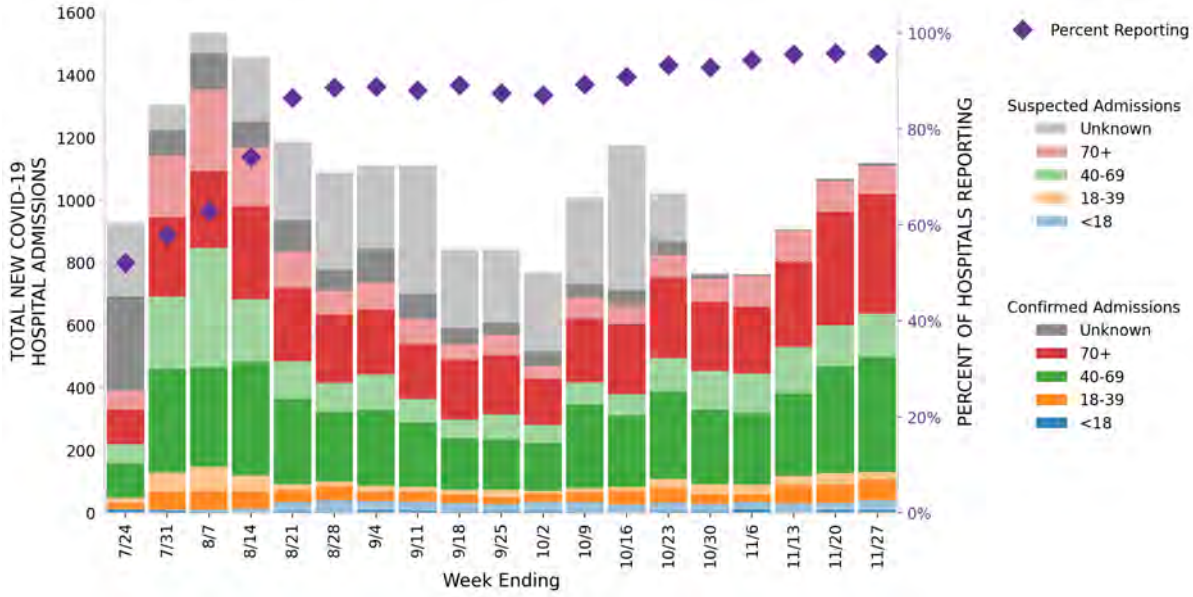
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

MISSISSIPPI

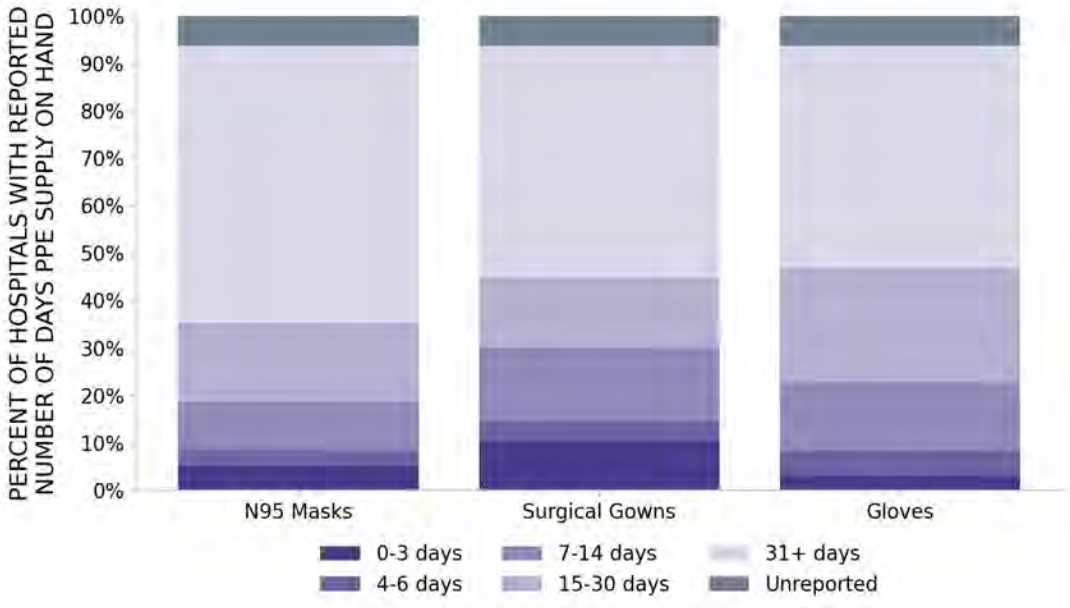
STATE REPORT | 11.29.2020

96 hospitals are expected to report in Mississippi

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

MISSISSIPPI

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	16 ▲ (+2)	Jackson Memphis Gulfport-Biloxi Tupelo Meridian Laurel Greenwood Greenville Columbus Corinth Natchez Indianola	47 ▼ (-5)	DeSoto Hinds Rankin Lee Jackson Lauderdale Marshall Jones Lamar Washington Panola Lowndes
LOCALITIES IN ORANGE ZONE	4 ■ (+0)	Hattiesburg Oxford Brookhaven McComb	16 ▲ (+5)	Harrison Madison Forrest Lafayette Lincoln Pontotoc Attala Neshoba Tippah Pike Marion Newton
LOCALITIES IN YELLOW ZONE	3 ▼ (-1)	Starkville Cleveland Picayune	14 ▲ (+6)	Union Oktibbeha Bolivar Hancock Pearl River Yazoo Covington Chickasaw George Benton Noxubee Tallahatchie

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

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

All Red Counties: DeSoto, Hinds, Rankin, Lee, Jackson, Lauderdale, Marshall, Jones, Lamar, Washington, Panola, Lowndes, Tate, Monroe, Alcorn, Winston, Prentiss, Itawamba, Adams, Leflore, Stone, Tishomingo, Scott, Copiah, Sunflower, Coahoma, Simpson, Carroll, Clay, Warren, Grenada, Leake, Holmes, Lawrence, Wayne, Jefferson Davis, Perry, Choctaw, Greene, Calhoun, Walthall, Amite, Clarke, Franklin, Jefferson, Quitman, Humphreys

All Orange Counties: Harrison, Madison, Forrest, Lafayette, Lincoln, Pontotoc, Attala, Neshoba, Tippah, Pike, Marion, Newton, Montgomery, Jasper, Tunica, Claiborne

All Yellow Counties: Union, Oktibbeha, Bolivar, Hancock, Pearl River, Yazoo, Covington, Chickasaw, George, Benton, Noxubee, Tallahatchie, Smith, Webster

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

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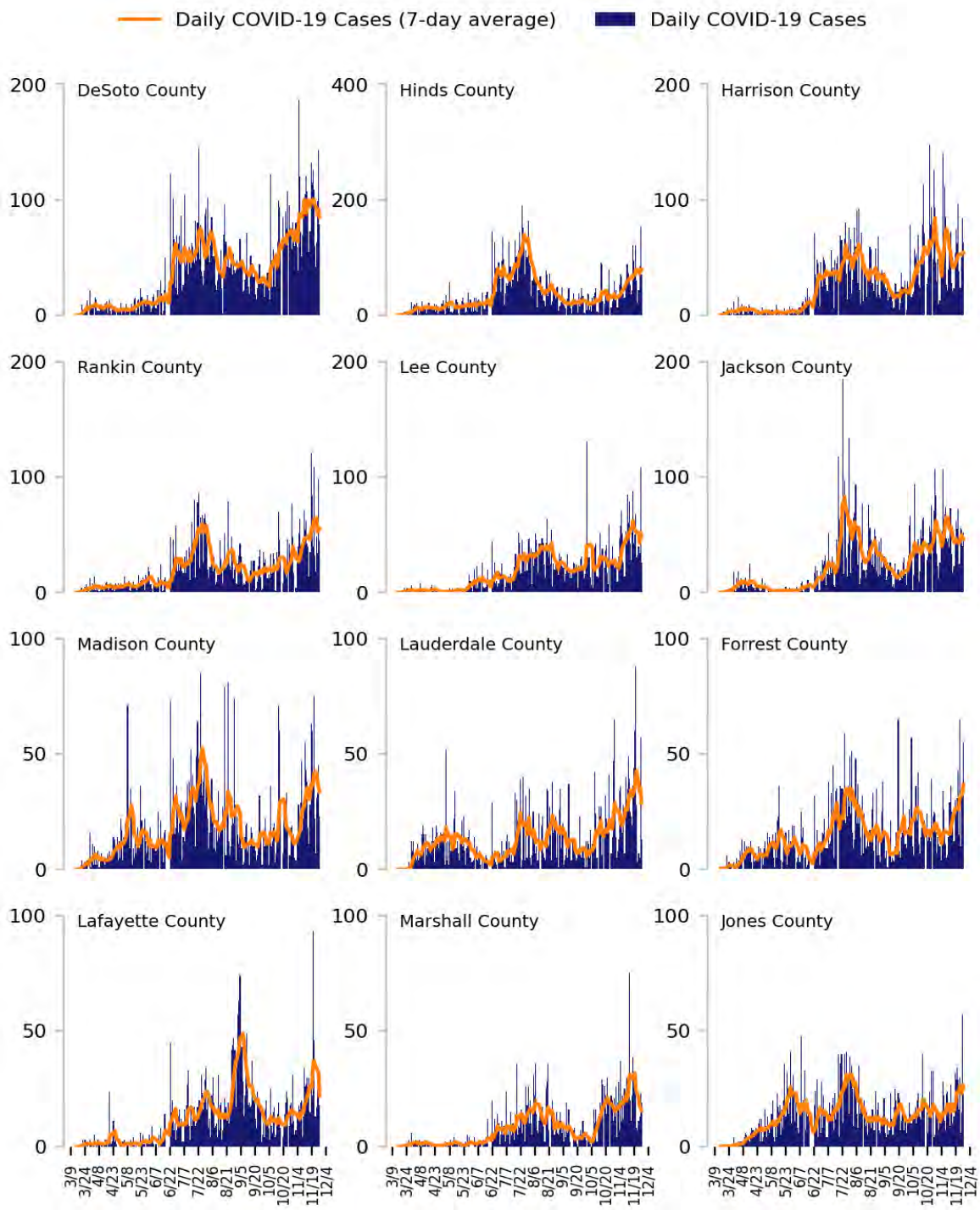
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES – Additional data details available under METHODS

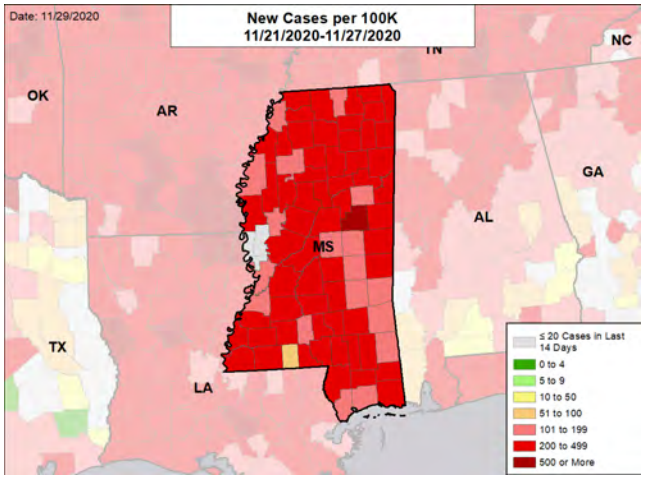
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

MISSISSIPPI

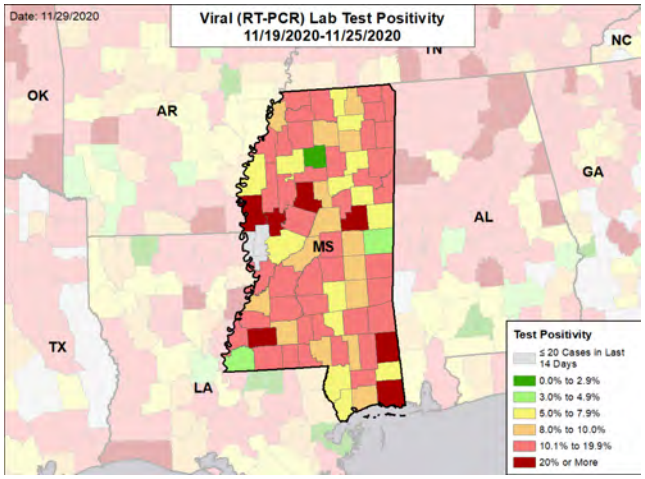
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

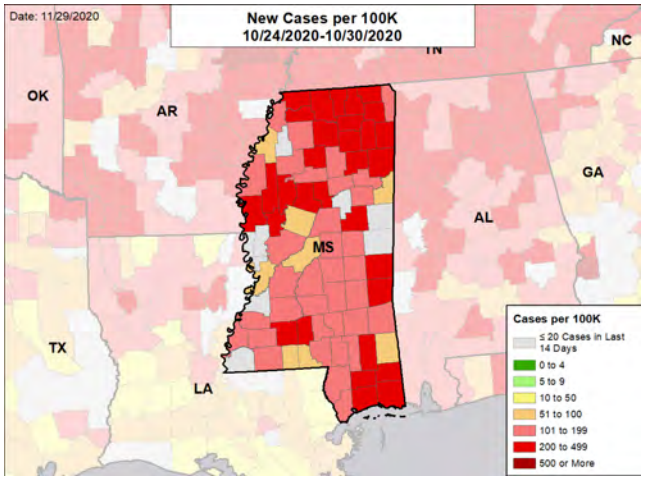
NEW CASES PER 100,000



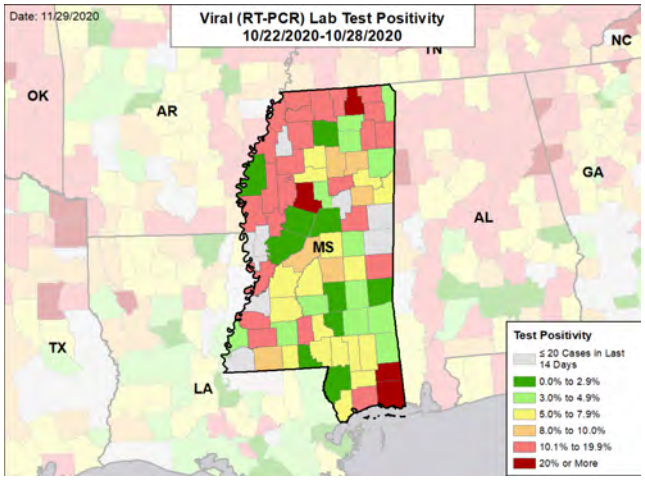
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

MISSOURI

SUMMARY

- Missouri 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. Missouri is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 5th highest rate in the country.
- Missouri has seen 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 36.7% of new cases in Missouri.
- 100% of all counties in Missouri have moderate or high levels of community transmission (yellow, orange, or red zones), with 91% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 36% of nursing homes had at least one new resident COVID-19 case, 56% had at least one new staff COVID-19 case, and 11% had at least one new resident COVID-19 death.
- Missouri had 468 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 85 to support operations activities from FEMA and 5 to support operations activities from ASPR.
- The federal government has supported surge testing in Columbia, Cape Giradeau, Branson, Lee's Summit, and St. Louis.
- Between Nov 21 - Nov 27, on average, 304 patients with confirmed COVID-19 and 213 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Missouri. This is a decrease of 12% in total COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, but the state is managing and is working on a staffing contract.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The depth of viral spread across Missouri remains significant and without public health orders in place compelling Missourians to act differently, the spread will remain unyielding with significant impact on the healthcare system.
- Mitigation and messaging need to be further strengthened as other states have done. Effective practices to decrease transmission in public spaces include requiring masks, limiting restaurant indoor capacity to <25%, and limiting bar hours until cases and test positivity decrease to the yellow zone. Strong mitigation efforts by neighboring states are showing early impact.
- Where university students are returning to campus from Thanksgiving break, conduct testing of all students and test weekly until the semester ends.
- Stay vigilant with nursing home staff and residents; nearly 60% of nursing homes have at least one COVID positive staff member and nearly 40% have COVID positive residents, indicating unmitigated community spread. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Ensure compliance with public health orders, including wearing masks.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Ensure all hospitals, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all hospitals, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- Ensure full flu immunizations across the state.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MISSOURI

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	28,707 (468)	-15%	79,932 (565)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	18.6%	-1.5%*	18.4%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	89,841** (1,464**)	-5%**	322,957** (2,284**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	274 (4.5)	+54%	713 (5.0)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	36%	+2%*	33%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	56%	+0%*	59%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	11%	+1%*	12%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,619 (25)	-12% (+4%)	7,921 (23)	135,904 (19)

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

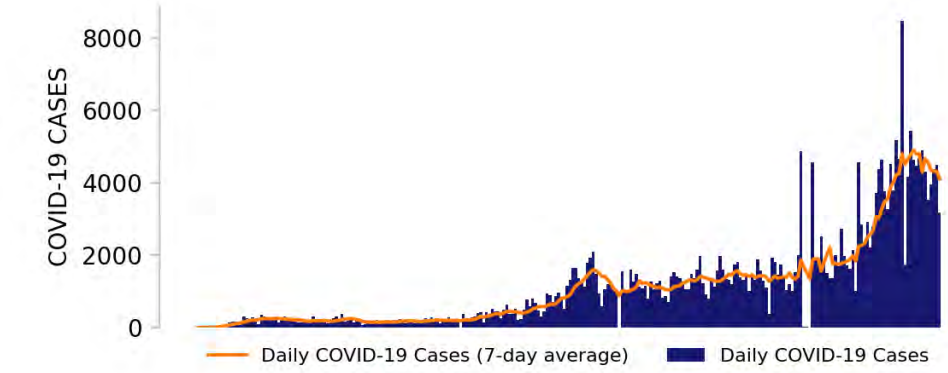
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

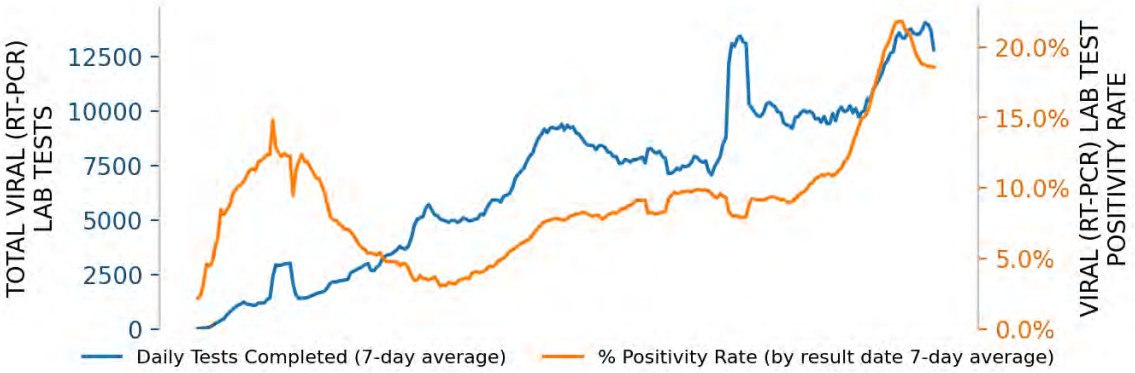
MISSOURI

STATE REPORT | 11.29.2020

NEW CASES

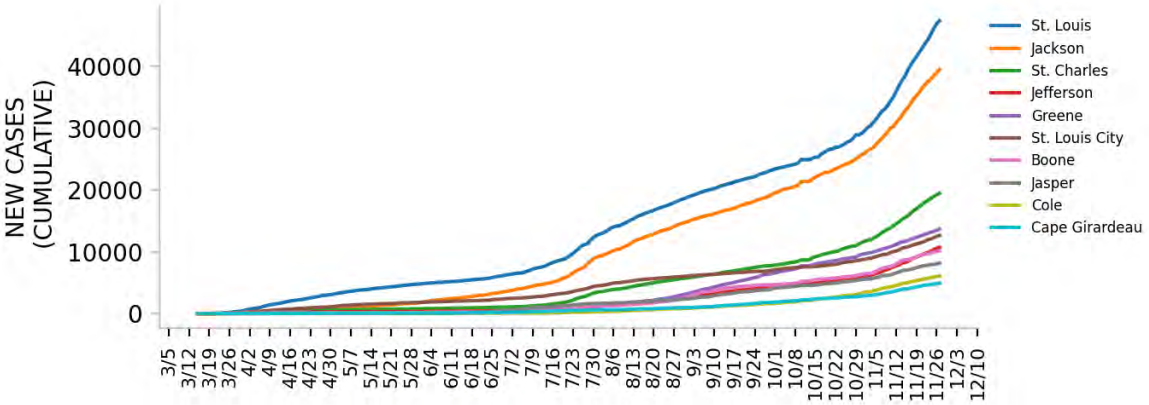


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

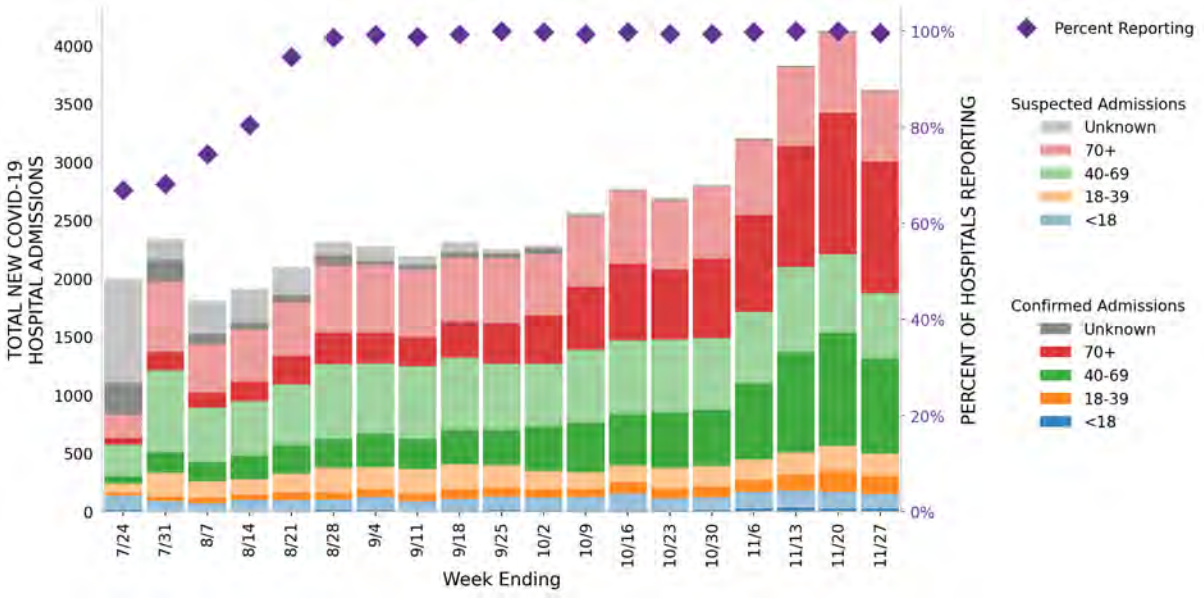
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020.

MISSOURI

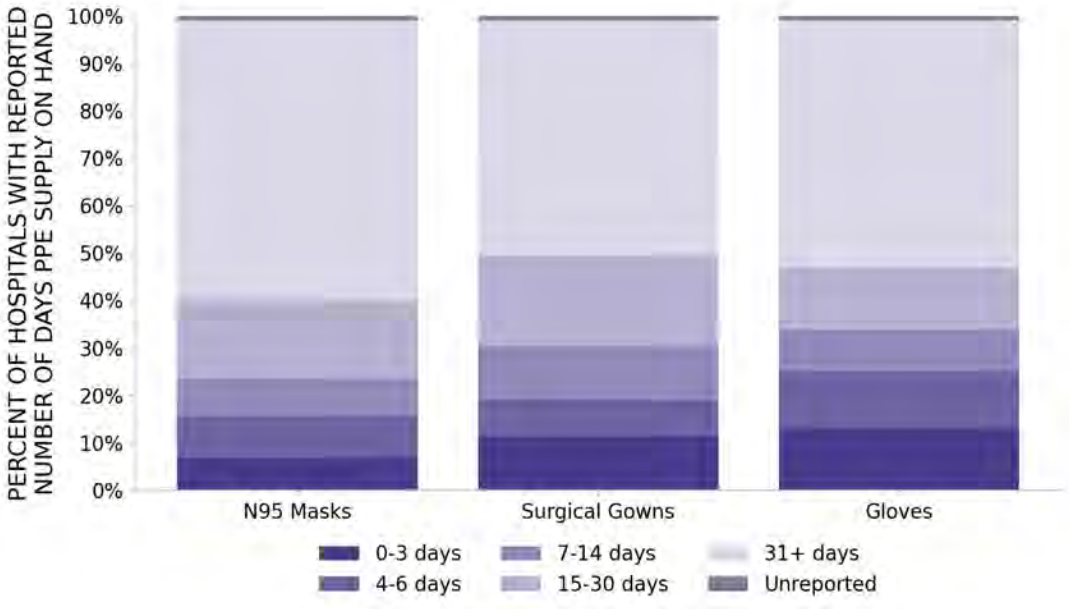
STATE REPORT | 11.29.2020

115 hospitals are expected to report in Missouri

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

MISSOURI

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	25 ▼ (-2)	St. Louis Kansas City Springfield Jefferson City Columbia Joplin Cape Girardeau St. Joseph Sikeston Hannibal Poplar Bluff Branson	105 ▼ (-6)	St. Louis Jackson St. Charles Jefferson Greene St. Louis City Boone Jasper Cole Cape Girardeau Franklin Clay
LOCALITIES IN ORANGE ZONE	1 ▲ (+1)	Farmington	7 ▲ (+5)	St. Francois Ray Polk Dallas Gasconade Atchison Carter
LOCALITIES IN YELLOW ZONE	1 ▲ (+1)	Quincy	3 ▲ (+1)	Livingston Cedar Ozark

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

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

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

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

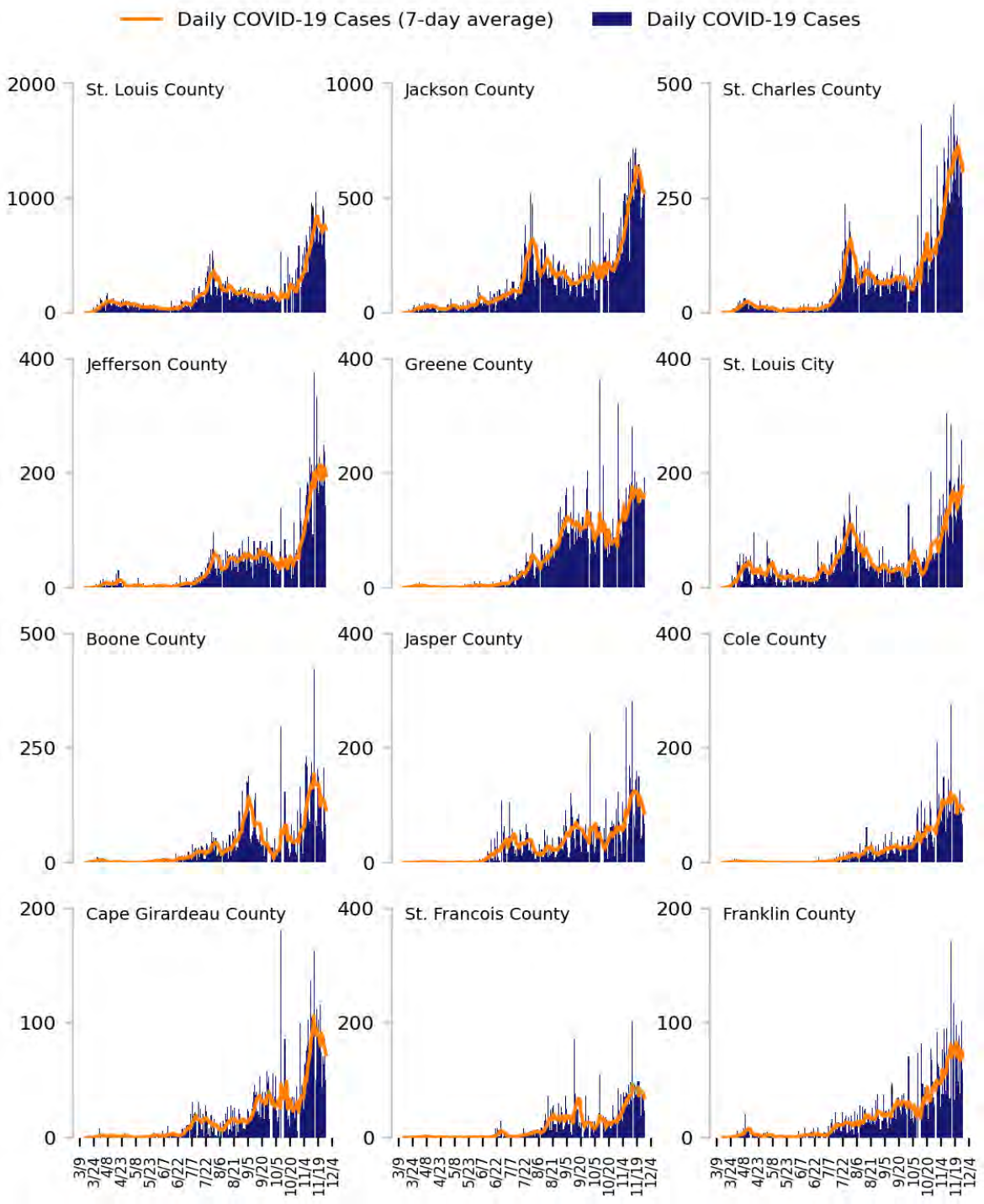
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

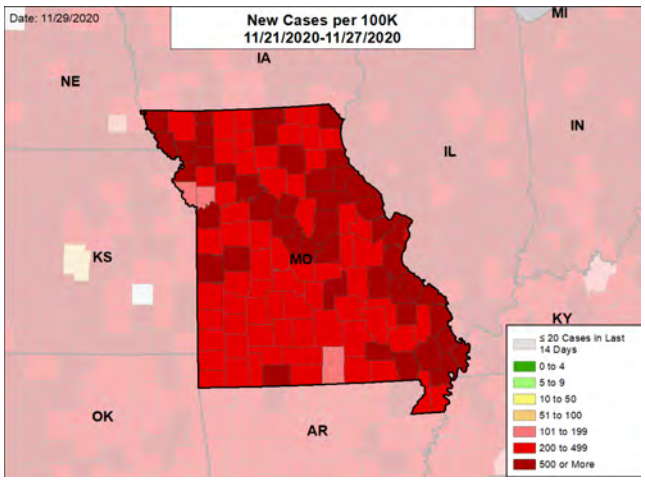
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

MISSOURI

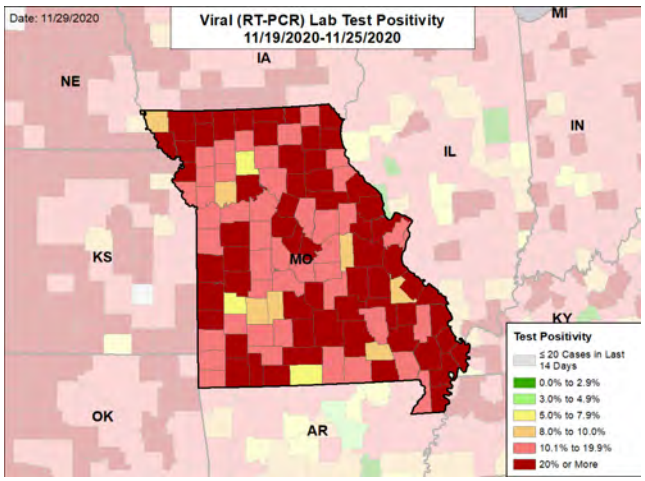
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

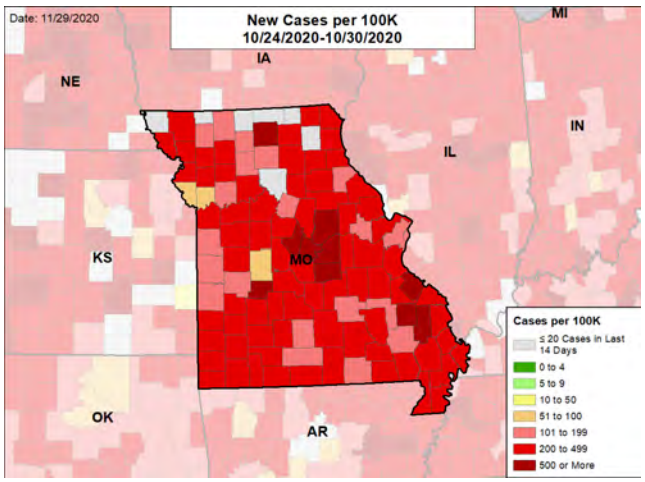
NEW CASES PER 100,000



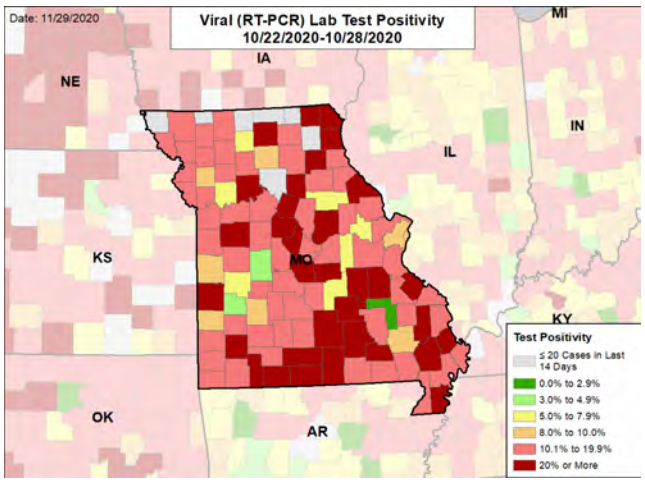
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

MONTANA

SUMMARY

- Montana is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 10th highest rate in the country. Montana is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 2nd 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 increased in 20 counties and test positivity increased in 9 counties in the past week. Test positivity exceeded 20% in 32 counties.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Yellowstone County, 2. Gallatin County, and 3. Flathead County. These counties represent 38.7% of new cases in Montana.
- 79% of all counties in Montana 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 16 - Nov 22, 34% 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. Multiple outbreaks in nursing homes and care facilities were reported, the largest in Miles City, Helena, Billings, Lewiston, and Great Falls.
- Montana had 609 new cases per 100,000 population, compared to a national average of 349 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; 5 to support testing activities from CDC; 10 to support epidemiology activities from CDC; and 5 to support operations activities from CDC.
- Between Nov 21 - Nov 27, on average, 78 patients with confirmed COVID-19 and 29 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Montana. This is a decrease of 7% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- Decreases in case rates and test positivity could be a result of the recent intensification of mitigation efforts, including requirements for face coverings. This should be featured in public health messages; local health authorities should monitor and enforce requirements for face coverings and social distancing.
- Ensure a complete public health campaign across all media platforms, promoting the impact of recent mitigation efforts, the ongoing need to avoid social gatherings, and the hope of the new vaccines. Expand use of clinical personnel and champions from across the political spectrum to advocate for adherence to recommended guidance.
- Surveillance should be expanded by proactive weekly testing of individuals who have continued interactions with members of the community (such as healthcare workers, those who work in shelters or congregate living facilities, cashiers, transportation drivers, etc.). Point-of-care antigen tests should be used among these representative individuals, independent of symptoms, in all counties with increased case rates.
- Testing capacity should be widely available and expanded as much as possible, and focused testing campaigns should be directed by surveillance signals. At the time of testing, provide written and verbal education with instructions to quarantine until results are returned and to continue isolation for a total of 10 days if results are positive.
- Expand contact tracing capacity by limiting/focusing interviews, auto-emailing or texting instructions on isolation and quarantine, expanding staff through task-shifting, using clear scripts and protocols, and engaging remote assistance from regions or states with lower burden.
- Ensure all staff who work with any patients or residents in any congregate setting are being tested weekly with rapid tests; such staff should not be permitted to work without a recent negative test or clearance from isolation. Monitor and ensure all long-term care facilities are completely adherent to CMS guidelines.
- Continue with aggressive flu vaccine campaigns, ensuring that vaccines are available at all private and public health facilities, including private pharmacies.
- Continue to provide weekly testing of all Tribal communities, regardless of symptoms. Test results should be rapidly available, and isolation and contact tracing conducted immediately. Ensure sufficient facilities for isolation and quarantine and adequate delivery of food, water, and laundry services.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

MONTANA

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	6,511 (609)	-29%	77,415 (631)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	20.8%	-8.6%*	13.7%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	36,889** (3,452**)	+1%**	591,267** (4,823**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	91 (8.5)	+5%	677 (5.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	34%	+1%*	34%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	59%	-4%*	62%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10%	-9%*	16%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	748 (27)	-7% (-6%)	5,336 (23)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
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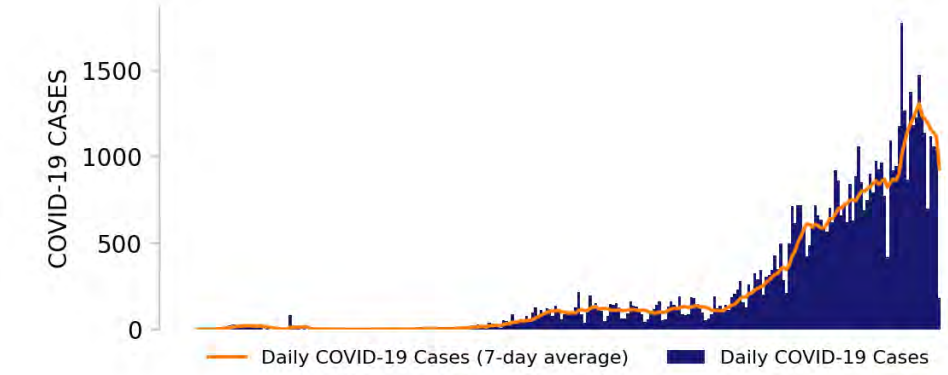
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

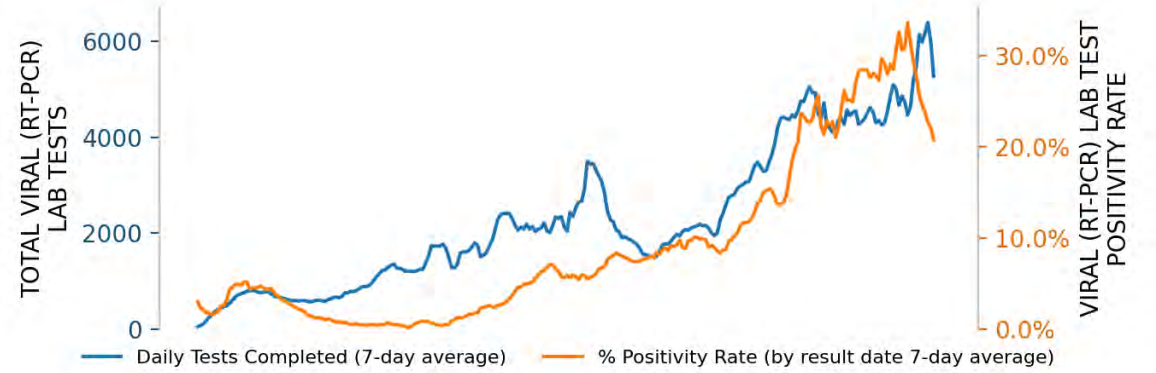
MONTANA

STATE REPORT | 11.29.2020

NEW CASES

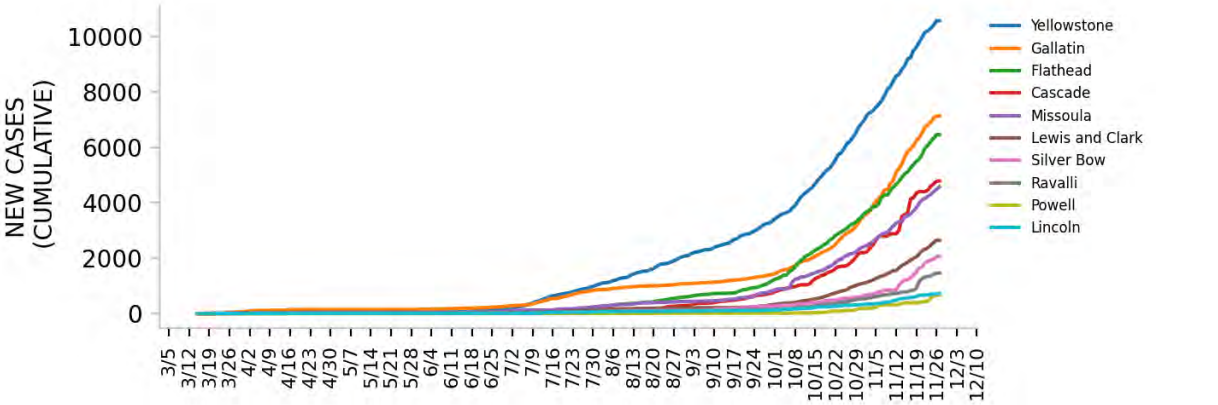


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



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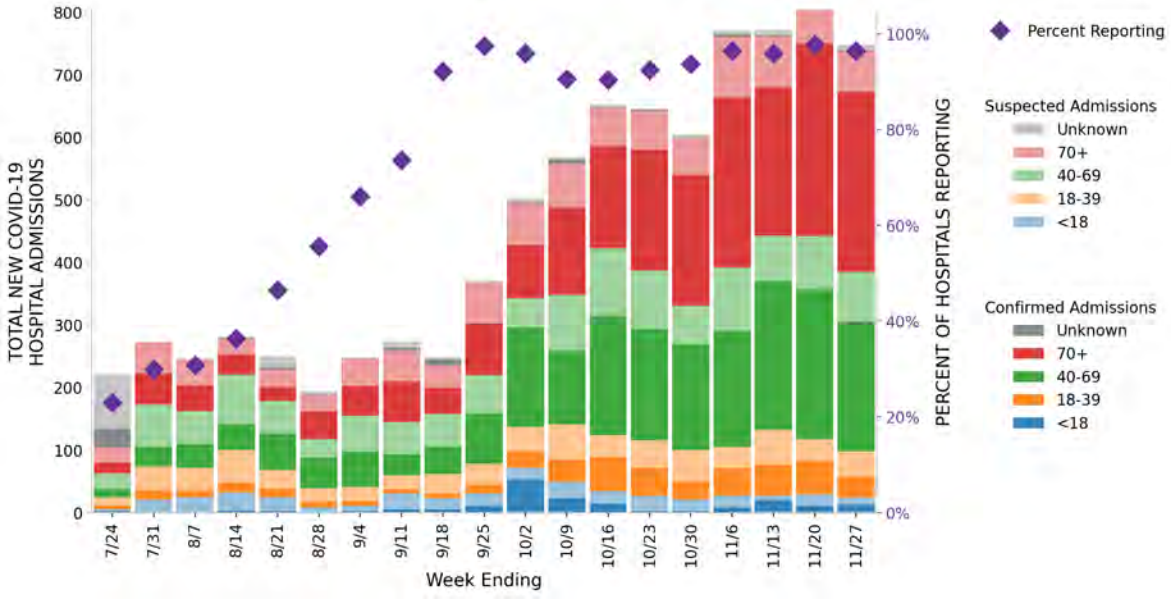
MONTANA

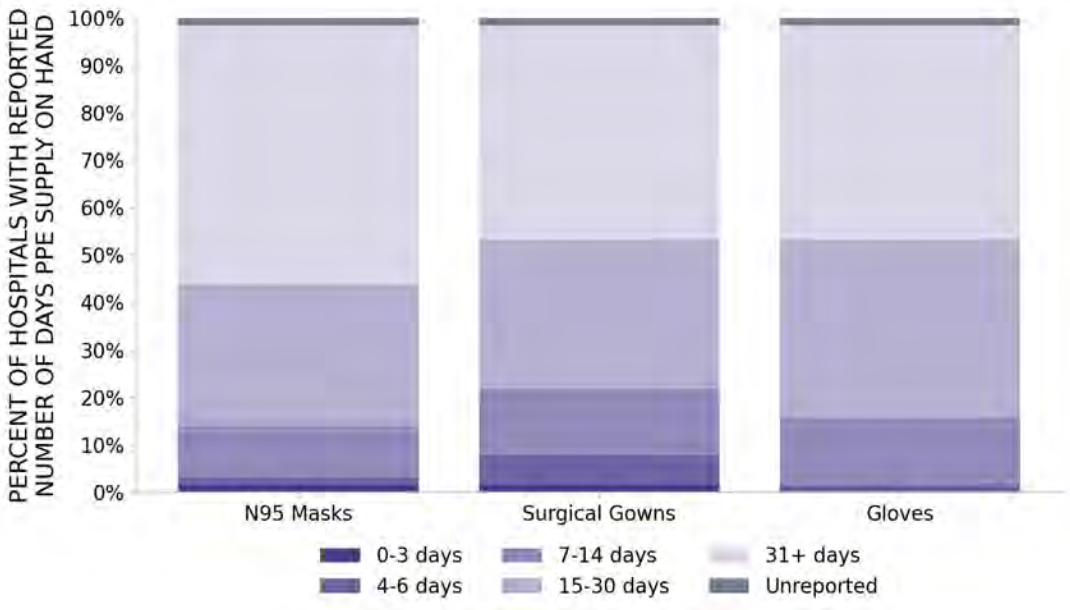
STATE REPORT | 11.29.2020

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. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

MONTANA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**7** ■ (+0)	Billings Bozeman Kalispell Great Falls Missoula Helena Butte-Silver Bow	**44** ▼ (-4)	Yellowstone Gallatin Flathead Cascade Missoula Lewis and Clark Silver Bow Ravalli Powell Lincoln Lake Park
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**0** ▼ (-2)	N/A
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**0** ■ (+0)	N/A

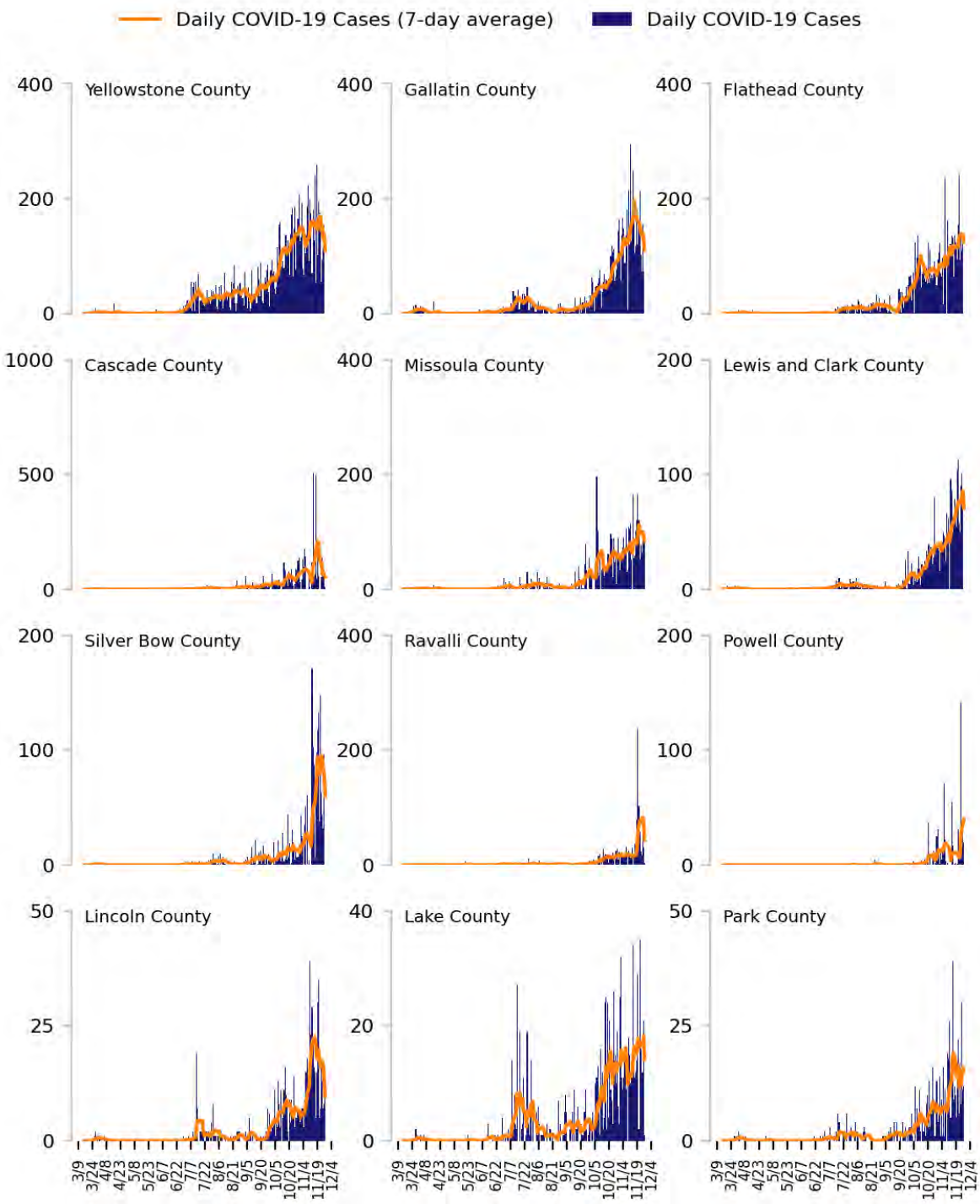
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

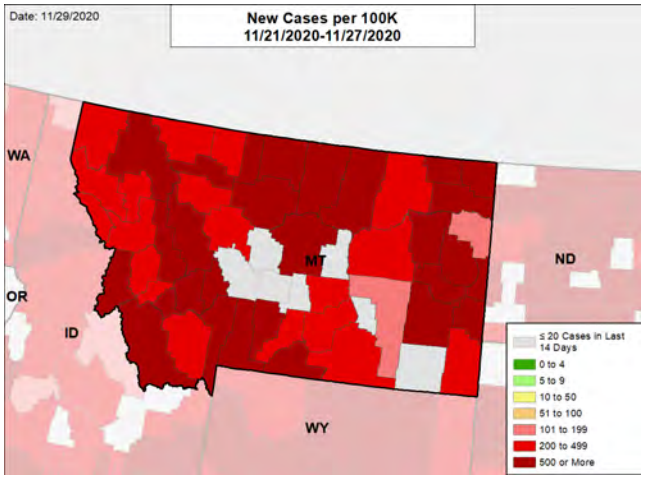
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

MONTANA

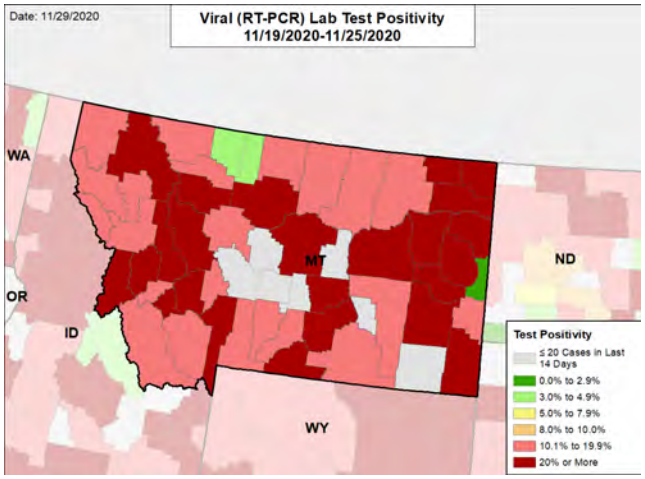
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

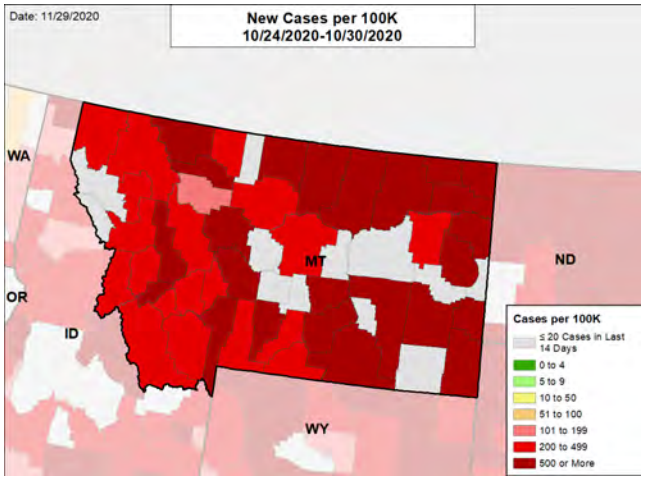
NEW CASES PER 100,000



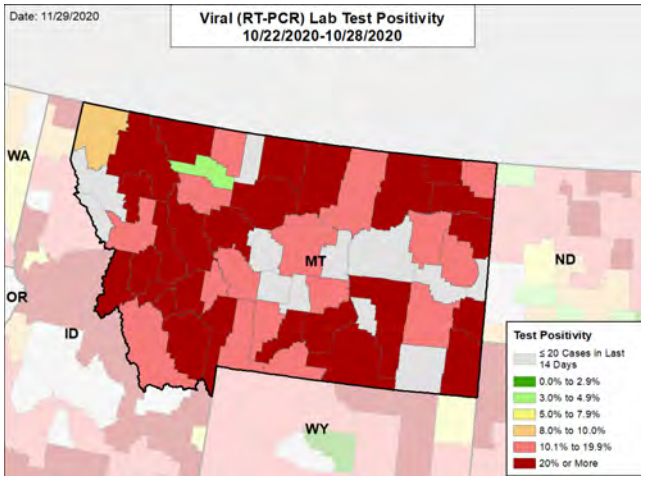
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

NEBRASKA

SUMMARY

- Nebraska 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. Nebraska is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 8th 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 52.3% of new cases in Nebraska.
- 81% of all counties in Nebraska 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 16 - Nov 22, 34% of nursing homes had at least one new resident COVID-19 case, 66% had at least one new staff COVID-19 case, and 15% had at least one new resident COVID-19 death.
- Nebraska had 642 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from FEMA.
- Between Nov 21 - Nov 27, on average, 109 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 21% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The depth of viral spread across Nebraska remains significant and without public health orders in place compelling all Nebraskans to act differently, the spread will remain unyielding with significant impact on the healthcare system.
- Mitigation and messaging need to be further strengthened as other states have done. Effective practices to decrease transmission in public spaces include requiring masks, limiting restaurant indoor capacity to <25%, and limiting bar hours until cases and test positivity decrease to the yellow zone. Strong mitigation efforts by neighboring states are showing early impact.
- Where university students are returning to campus from Thanksgiving break, conduct testing of all students and test weekly until the semester ends.
- Stay vigilant with nursing home staff and residents; over 65% of nursing homes have at least one COVID positive staff member and over 30% have COVID positive residents, indicating unmitigated community spread. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Ensure compliance with public health orders, including wearing masks.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Ensure all hospitals, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all hospitals, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- Ensure full flu immunizations across the state.
- Continue to promote weekly testing of all Tribal communities, regardless of symptoms. Test results should be rapid, and isolation and contact tracing conducted immediately. Ensure sufficient facilities for isolation and quarantine 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 | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	12,428 (642)	-26%	79,932 (565)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	18.0%	-2.1%*	18.4%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	62,219** (3,216**)	-17%**	322,957** (2,284**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	98 (5.1)	-18%	713 (5.0)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	34%	-1%*	33%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	66%	-4%*	59%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	15%	+5%*	12%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,026 (22)	-21% (-22%)	7,921 (23)	135,904 (19)

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

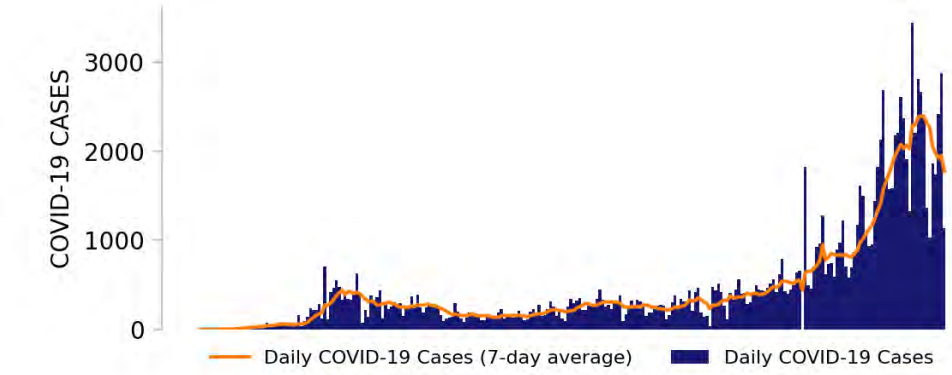
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

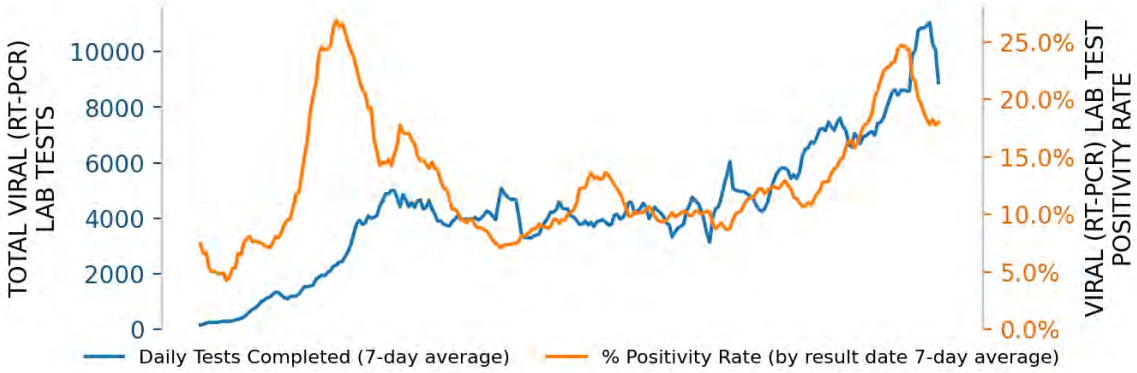
NEBRASKA

STATE REPORT | 11.29.2020

NEW CASES

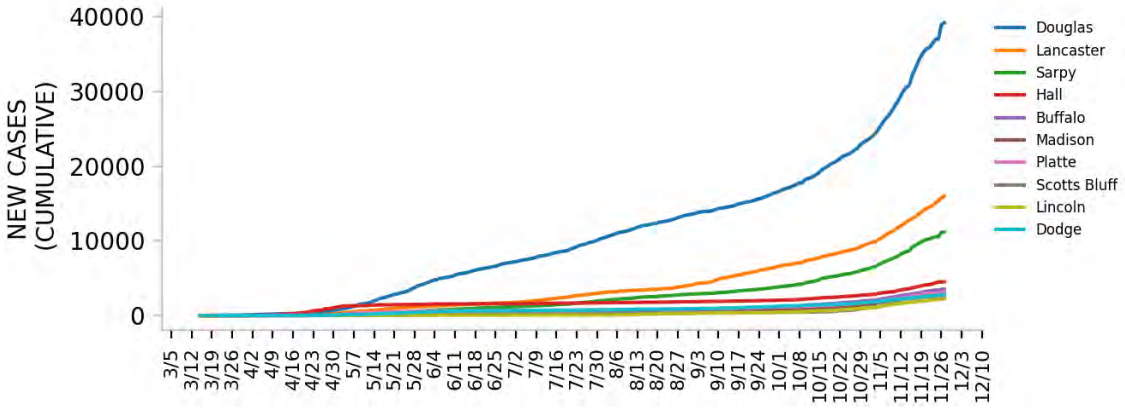


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

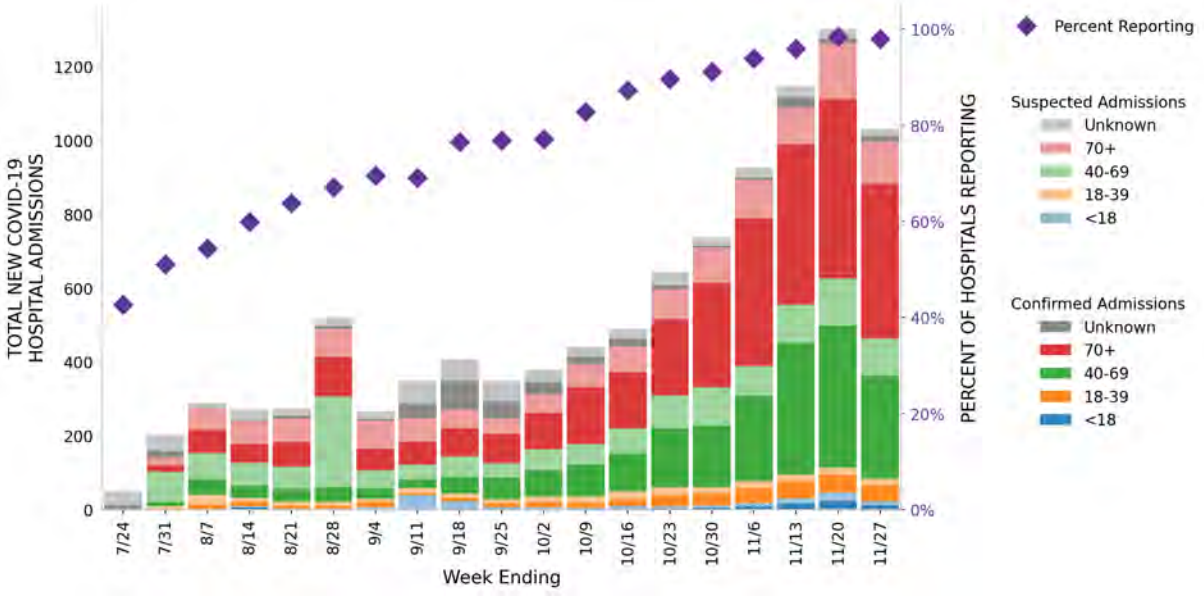
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

NEBRASKA

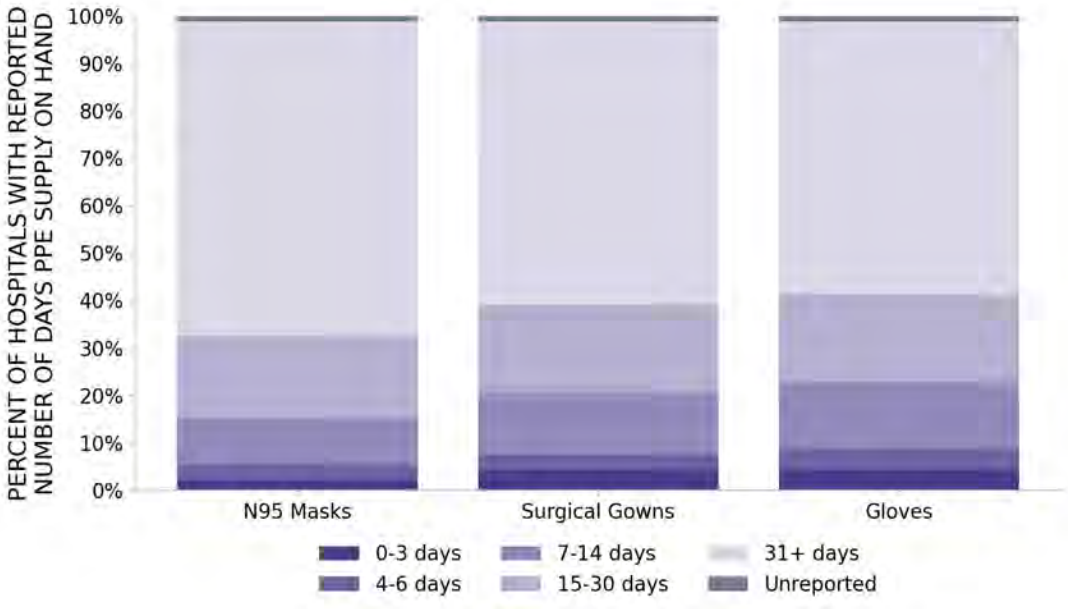
STATE REPORT | 11.29.2020

92 hospitals are expected to report in Nebraska

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

NEBRASKA

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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	**13** ■ (+0)	Omaha-Council Bluffs Lincoln Grand Island Norfolk Kearney Columbus Scottsbluff North Platte Fremont Sioux City Hastings Beatrice	**73** ▼ (-3)	Douglas Lancaster Sarpy Hall Buffalo Madison Platte Scotts Bluff Lincoln Dodge Adams Gage
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**1** ▲ (+1)	Nemaha
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**1** ▲ (+1)	Hitchcock

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

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

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

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

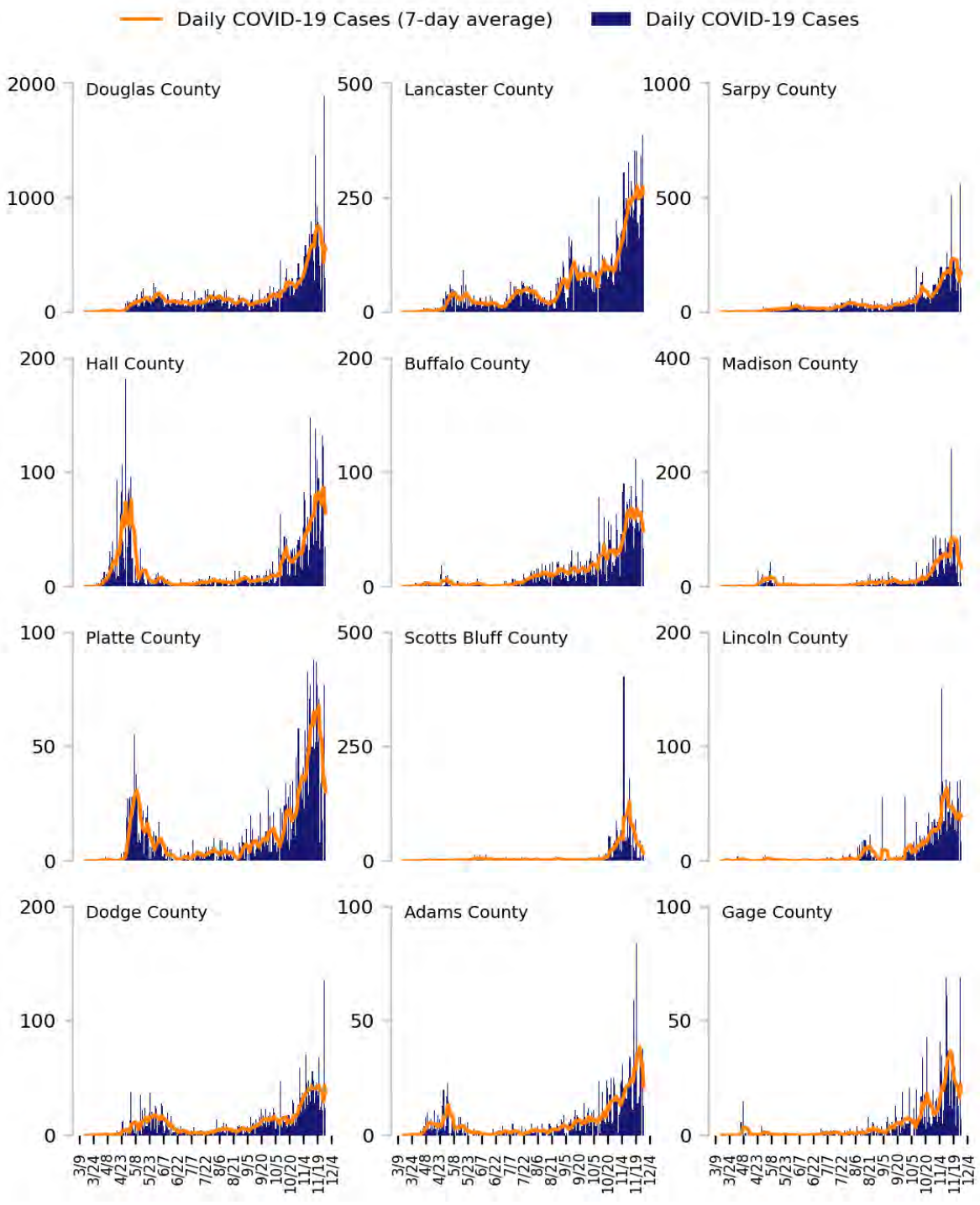
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

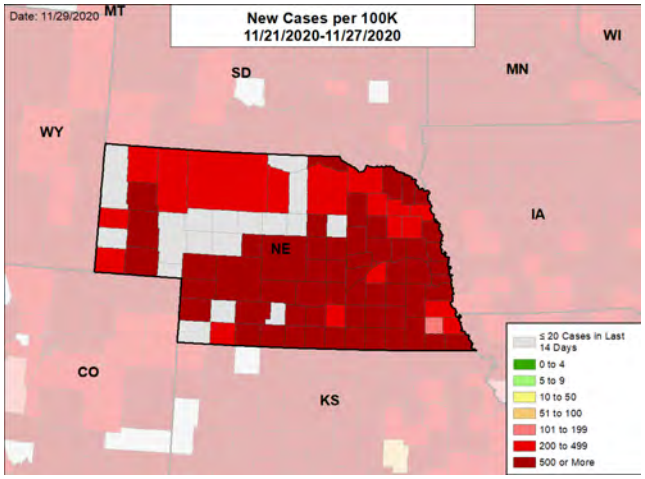
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

NEBRASKA

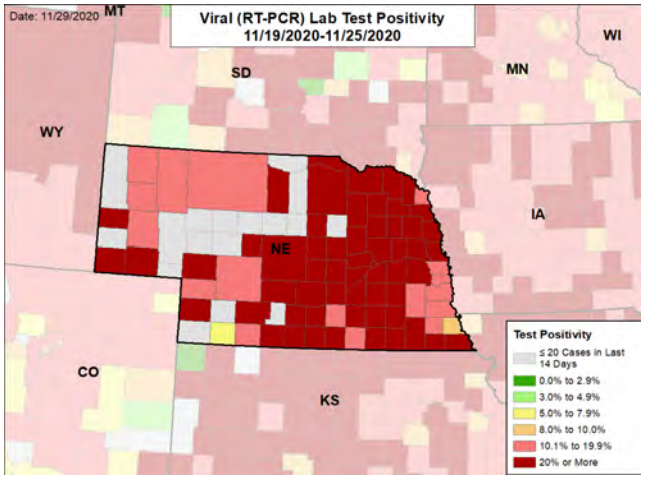
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

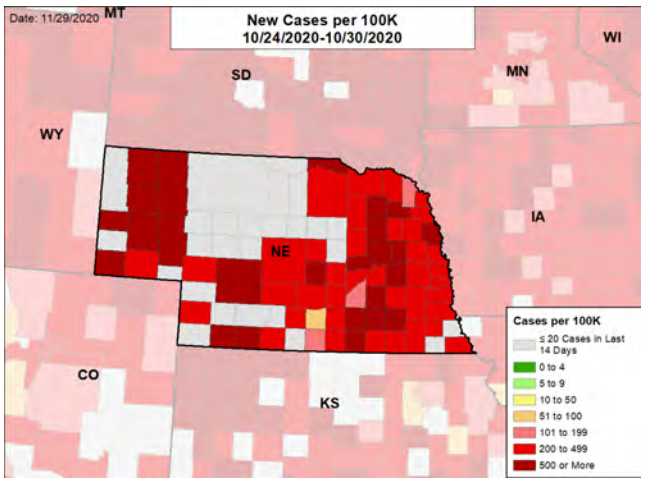
NEW CASES PER 100,000



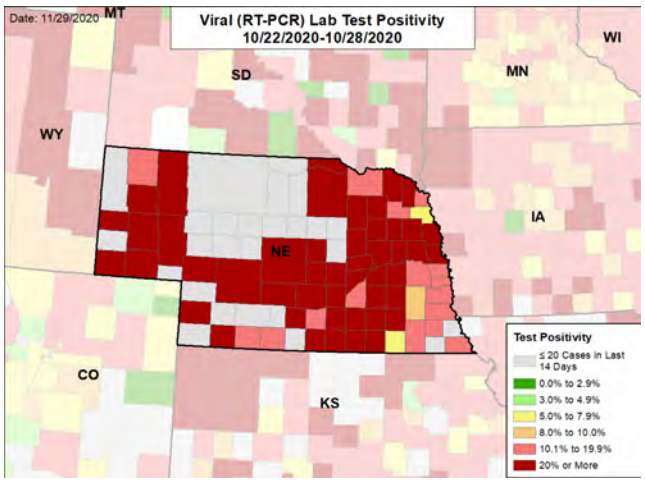
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

NEVADA

SUMMARY

- Nevada 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. Nevada is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 9th highest rate in the country.
- Nevada has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Clark County, 2. Washoe County, and 3. Carson City. These counties represent 91.5% 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 16 - Nov 22, 26% of nursing homes had at least one new resident COVID-19 case, 54% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Nevada had 538 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 9 to support operations activities from FEMA.
- Between Nov 21 - Nov 27, on average, 120 patients with confirmed COVID-19 and 110 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nevada. This is a decrease of 12% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The rate of COVID spread is increasing in Nevada. Engage local leaders to demonstrate the effect growing cases will have on hospitals and overall patient care if Nevadans don't change their behaviors.
- New orders put in place by the Governor should result in a rapid decrease in transmission if compliance is high.
- Ensure testing data, case data, and hospitalizations are consistently tracked and visualized to show Nevadans the impact their efforts have had on reducing COVID transmission.
- Where university students are returning to campus from Thanksgiving break, conduct testing of all students and test weekly until the semester ends.
- Stay vigilant with nursing home staff and residents; over half of nursing homes have at least one COVID positive staff member and over a quarter have COVID positive residents, indicating unmitigated community spread. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Ensure all hospitals, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all hospitals, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- Ensure full flu immunizations across the state.
- Continue to promote weekly testing of all Tribal communities, regardless of symptoms. Test results should be rapid, and isolation and contact tracing conducted immediately. Ensure sufficient facilities for isolation and quarantine 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.

NEVADA

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	16,577 (538)	+28%	141,764 (276)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	17.2%	+0.9%*	8.1%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	115,090** (3,736**)	+16%**	1,268,985** (2,474**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	112 (3.6)	+24%	751 (1.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	26%	-2%*	10%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	54%	+2%*	22%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+4%*	2%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,612 (26)	-12% (+5%)	15,588 (18)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

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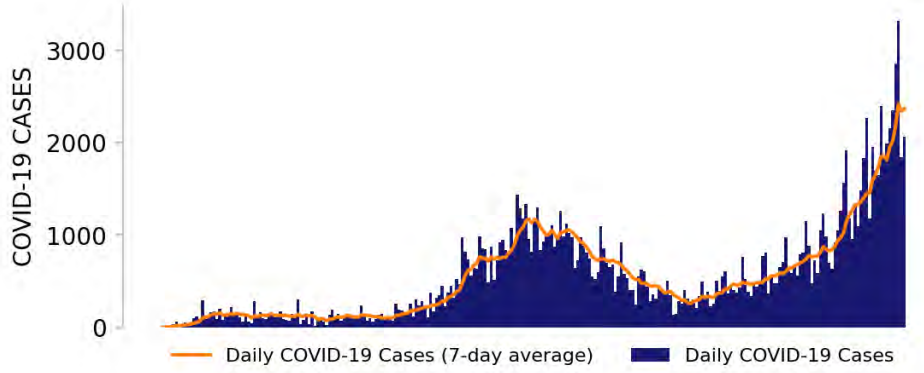
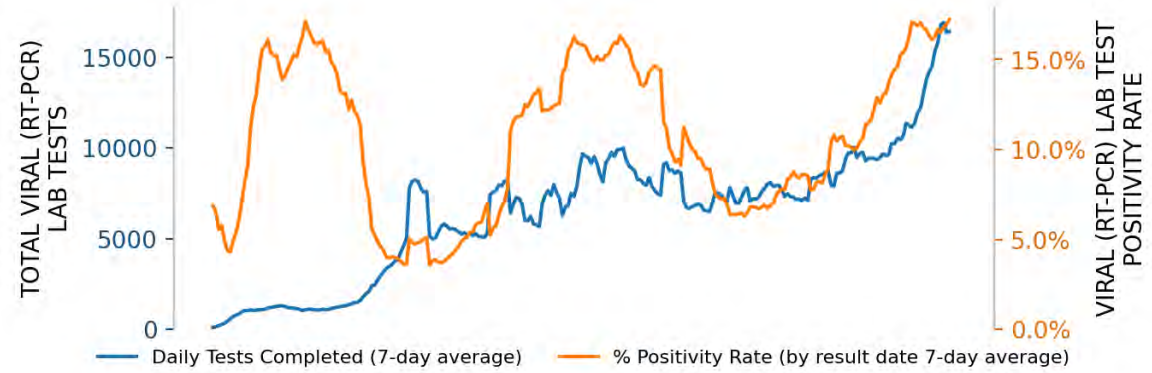
NEVADA

STATE REPORT | 11.29.2020

NEW CASES

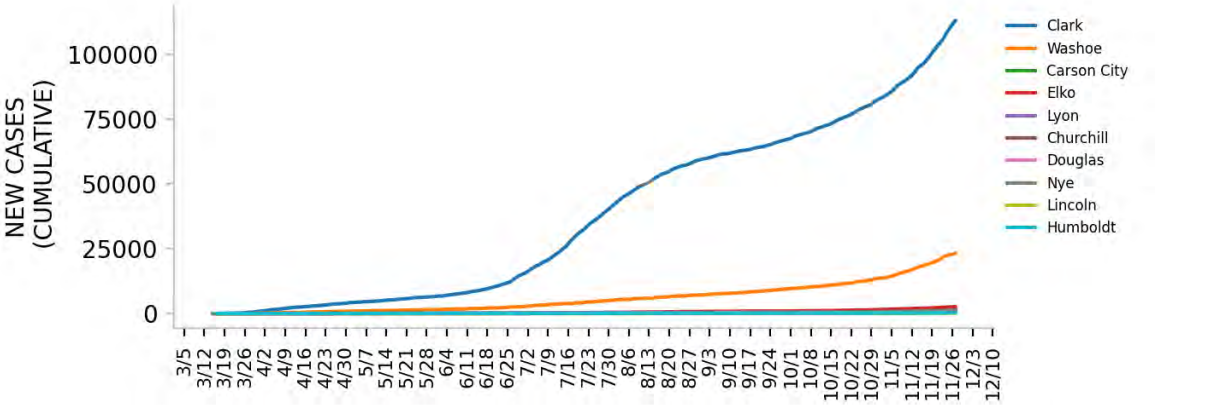


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



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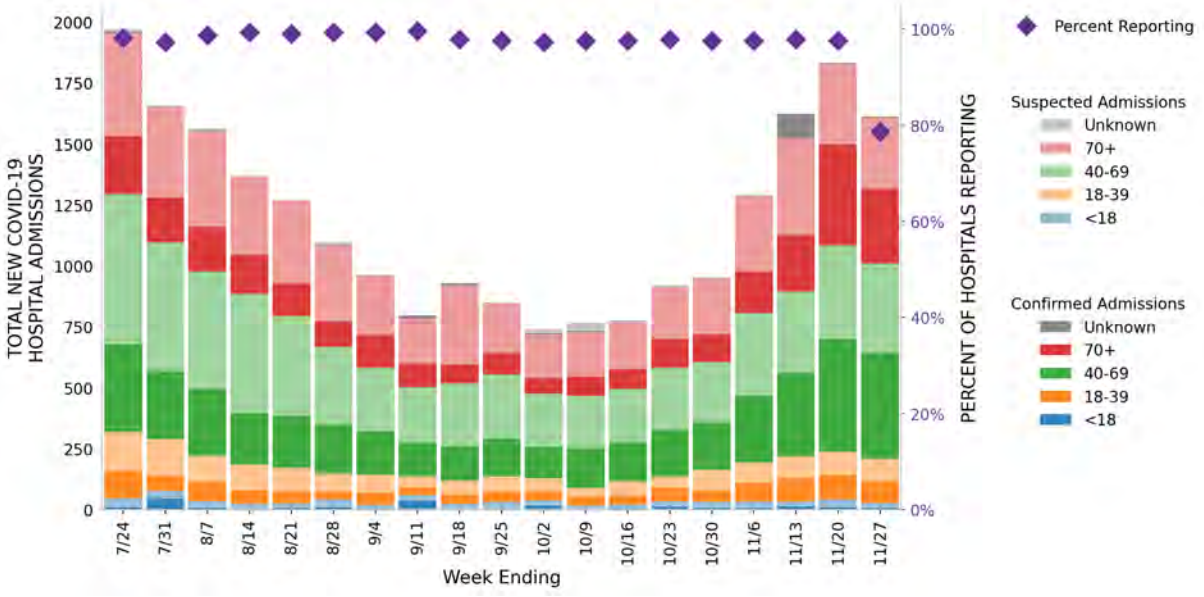
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

NEVADA

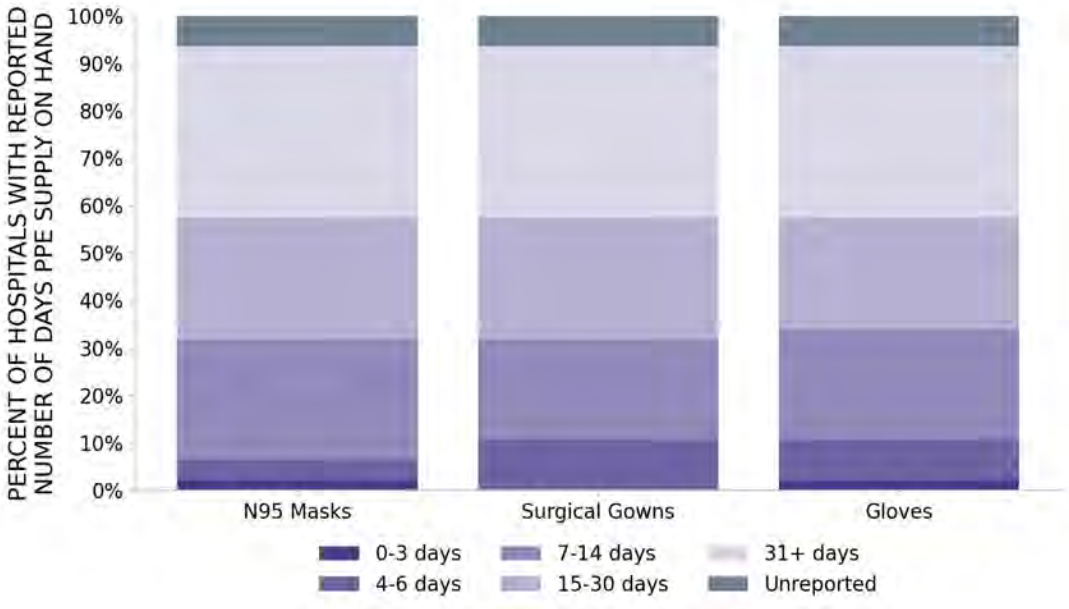
STATE REPORT | 11.29.2020

47 hospitals are expected to report in Nevada

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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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.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

NEVADA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**9** ▲ (+1)	Las Vegas-Henderson-Paradise Reno Carson City Elko Fernley Fallon Gardnerville Ranchos Pahrump Winnemucca	**14** ▲ (+3)	Clark Washoe Carson City Elko Lyon Churchill Douglas Nye Lincoln Humboldt Mineral Pershing
LOCALITIES IN ORANGE ZONE	**0** ▼ (-1)	N/A	**0** ▼ (-1)	N/A
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**0** ▼ (-1)	N/A

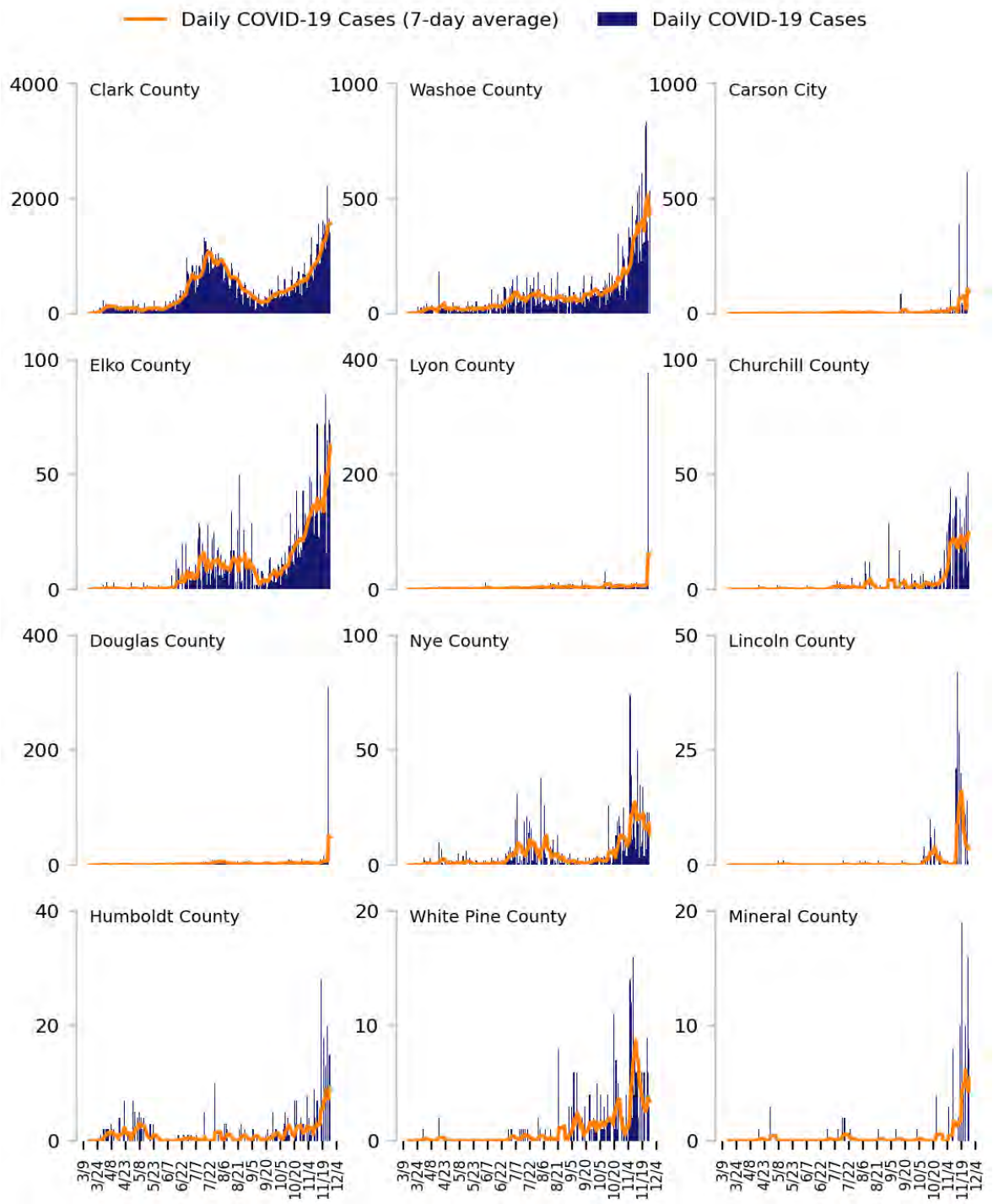
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Clark, Washoe, Carson City, Elko, Lyon, Churchill, Douglas, Nye, Lincoln, Humboldt, Mineral, Pershing, Lander, Storey

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

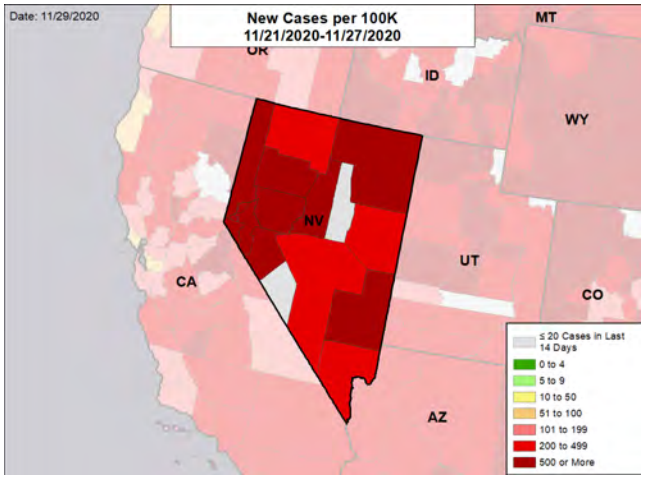
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

NEVADA

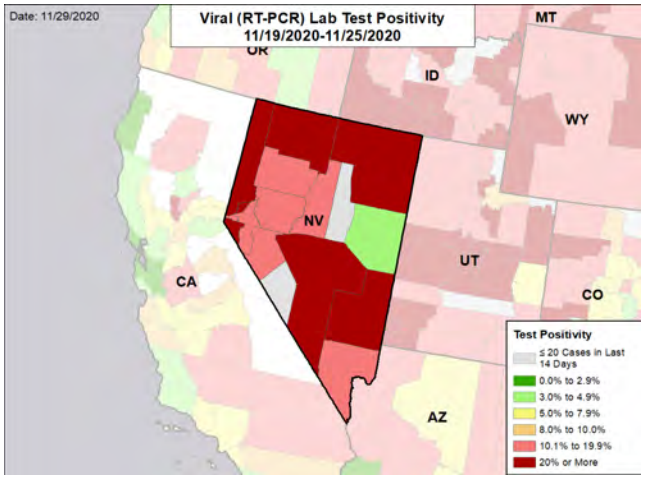
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

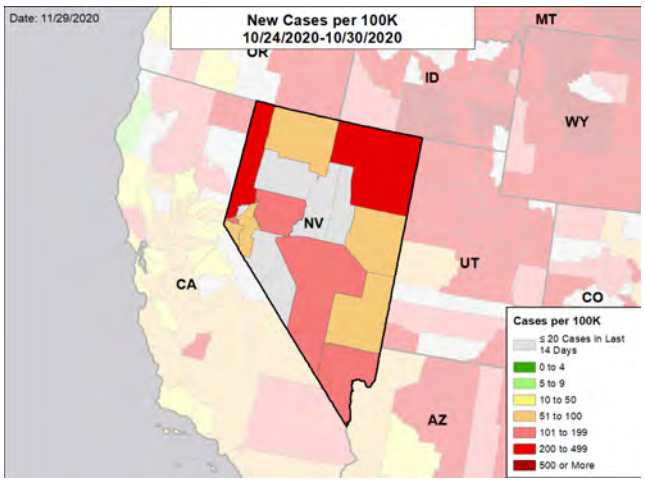
NEW CASES PER 100,000



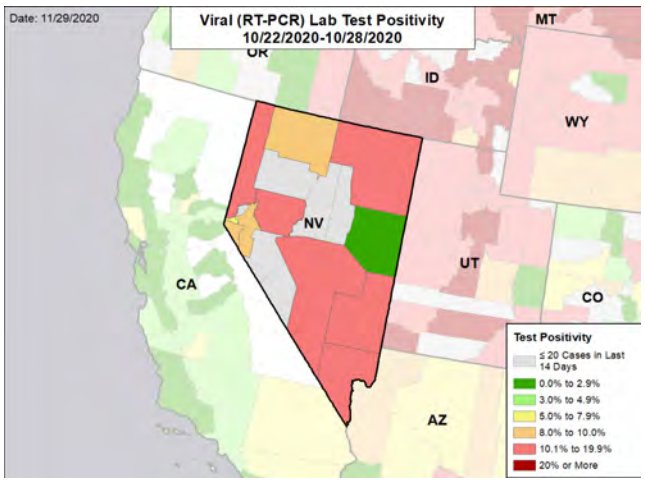
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

NEW HAMPSHIRE

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- New Hampshire continues to experience a strong viral surge. New Hampshire 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. New Hampshire is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 35th highest rate in the country.
- New Hampshire has seen a decrease in new cases but a continued increase in test positivity last week. Test turnaround times have increased due to increased demand. Daily cases remain at near record levels. Hospitalizations continued to increase last week with current hospitalizations exceeding peak levels from the spring. Hospitals are implementing plans to add capacity.
- Mitigation: A state mask mandate was issued last week.
- 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 69.7% of new cases in New Hampshire.
- 80% of all counties in New Hampshire have moderate or high levels of community transmission (yellow, orange, or red zones), with 30% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 12% of nursing homes had at least one new resident COVID-19 case, 25% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- New Hampshire had 186 new cases per 100,000 population, compared to a national average of 349 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 Nov 21 - Nov 27, on average, 16 patients with confirmed COVID-19 and 24 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Hampshire. This is an increase of 11% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of New Hampshire leaders that the current situation is critical and that despite the apparent improvement in reported cases last week, the population and health care system must do everything possible to prepare for and limit a post-Thanksgiving resurgence. Improved public observance of social distancing measures is urgently needed to limit overrunning hospital capacity and additional preventable deaths. Limiting travel throughout the next several weeks is an additional key mitigation measure this holiday season as the spread across jurisdictions makes control measures much more difficult and leads to additional outbreaks. The Governor's continued personal guidance and recent actions on these measures are critical and are commended.
- Ensure all clinical facilities, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing, and are accurately reporting current status of each resource. Ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Additional measures should be taken, including communications to reinforce messaging around social gatherings throughout the ongoing holiday season. Maximizing control of transmission now will also allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- The silent community spread that precedes and continues throughout these COVID disease surges can only be identified and interrupted through proactive and increased testing and surveillance. This approach can be adapted to communities/counties in the orange or red zone with proactive weekly testing of groups from the community. These cases should be analyzed with data from cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread proactive testing and isolation of positive cases. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Mitigation measures to limit transmission in personal gatherings need continued strengthening. Local influencers are critical; hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing, and utilize the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities planning to bring students back to campus after winter break move to mandatory weekly testing of all on and off campus students. Planning for that must begin 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 | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	2,532 (186)	-11%	39,813 (268)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.1%	+1.1%*	4.3%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	26,762** (1,968**)	-4%**	901,789** (6,075**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	9 (0.7)	+0%	382 (2.6)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	12%	+9%*	16%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	25%	-1%*	34%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+0%*	4%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	281 (10)	+11% (+13%)	4,085 (12)	135,904 (19)

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

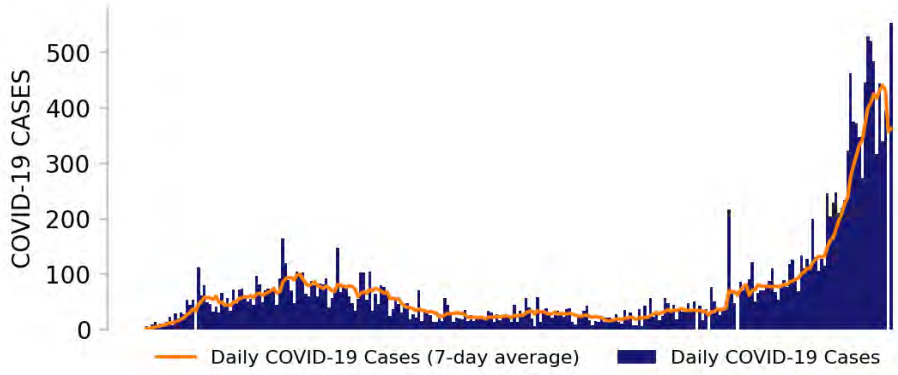
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

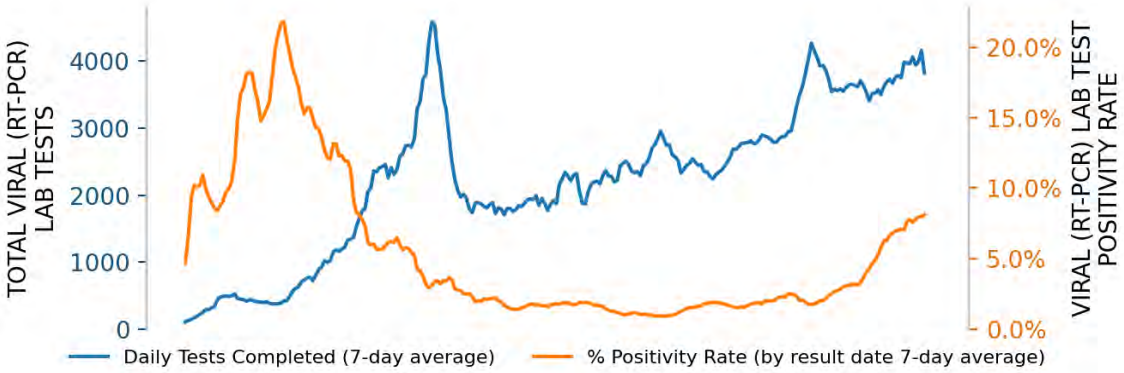
NEW HAMPSHIRE

STATE REPORT | 11.29.2020

NEW CASES

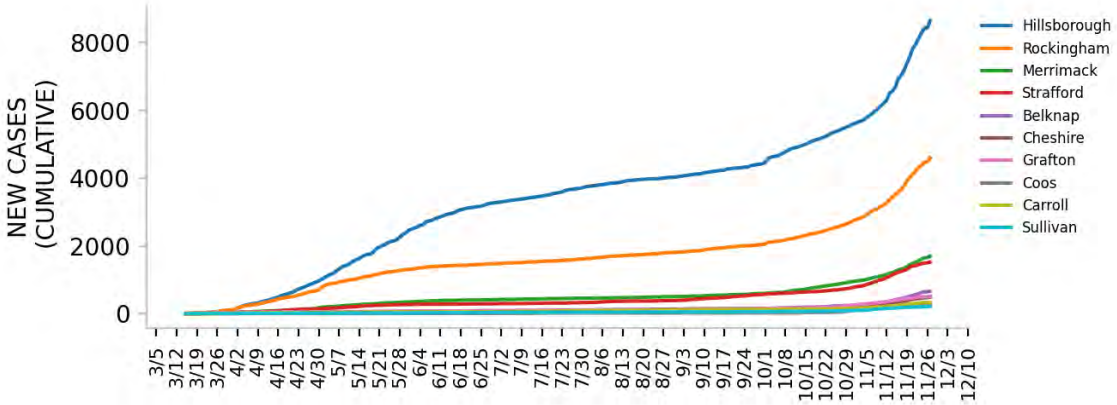


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

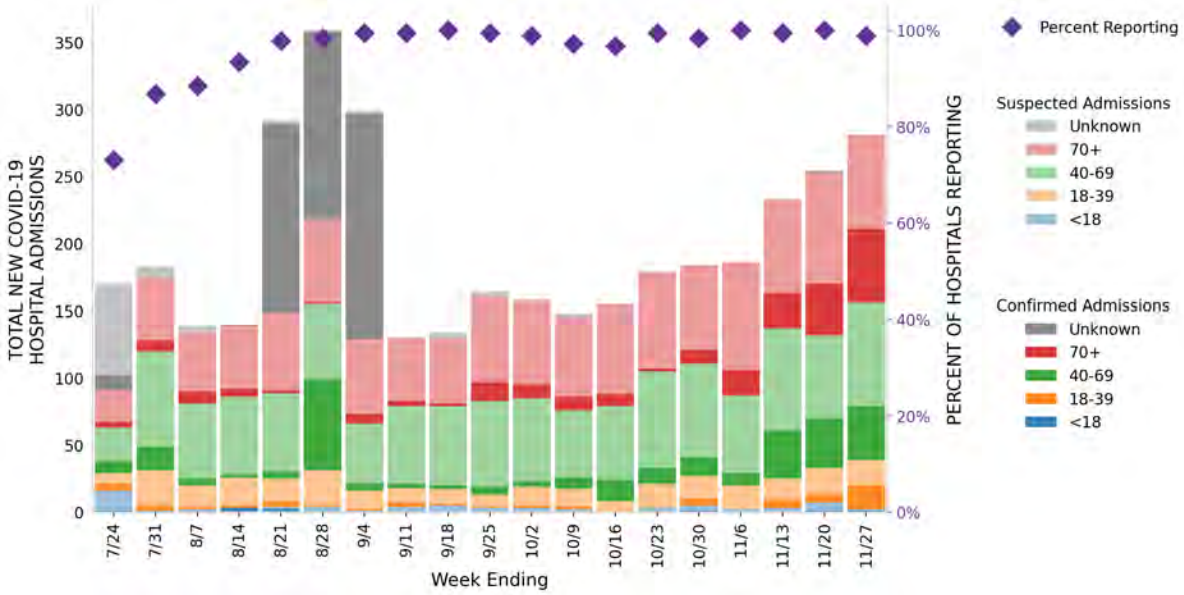
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

NEW HAMPSHIRE

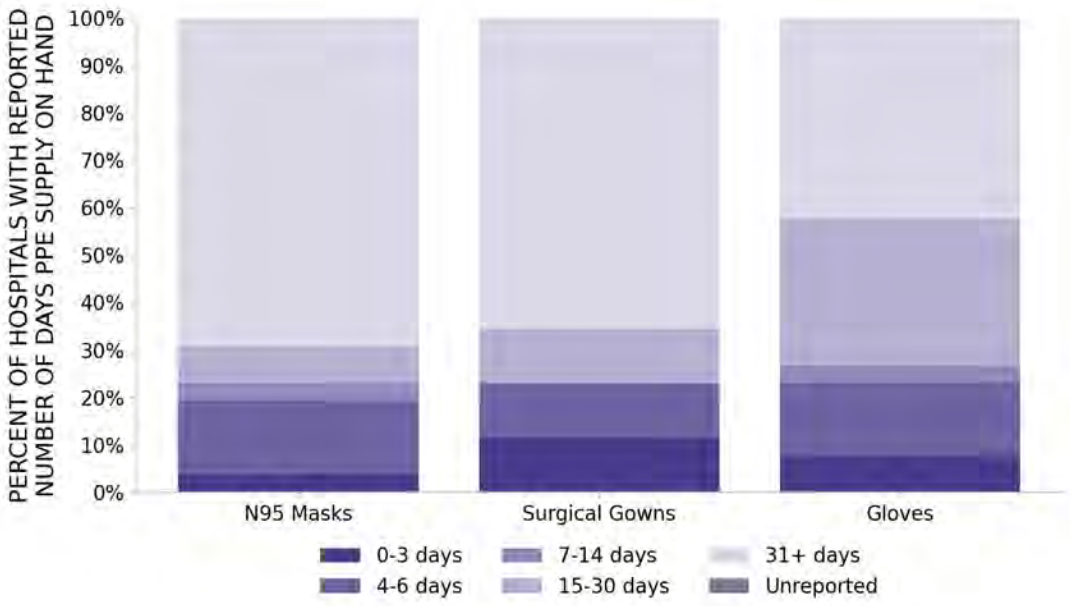
STATE REPORT | 11.29.2020

26 hospitals are expected to report in New Hampshire

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

NEW HAMPSHIRE

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**3** ▲ (+3)	Manchester-Nashua Laconia Berlin	**3** ▲ (+3)	Hillsborough Belknap Coos
LOCALITIES IN ORANGE ZONE	**0** ▼ (-1)	N/A	**1** ▼ (-1)	Rockingham
LOCALITIES IN YELLOW ZONE	**2** ▼ (-2)	Concord Keene	**4** ▼ (-1)	Merrimack Strafford Cheshire Carroll

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

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

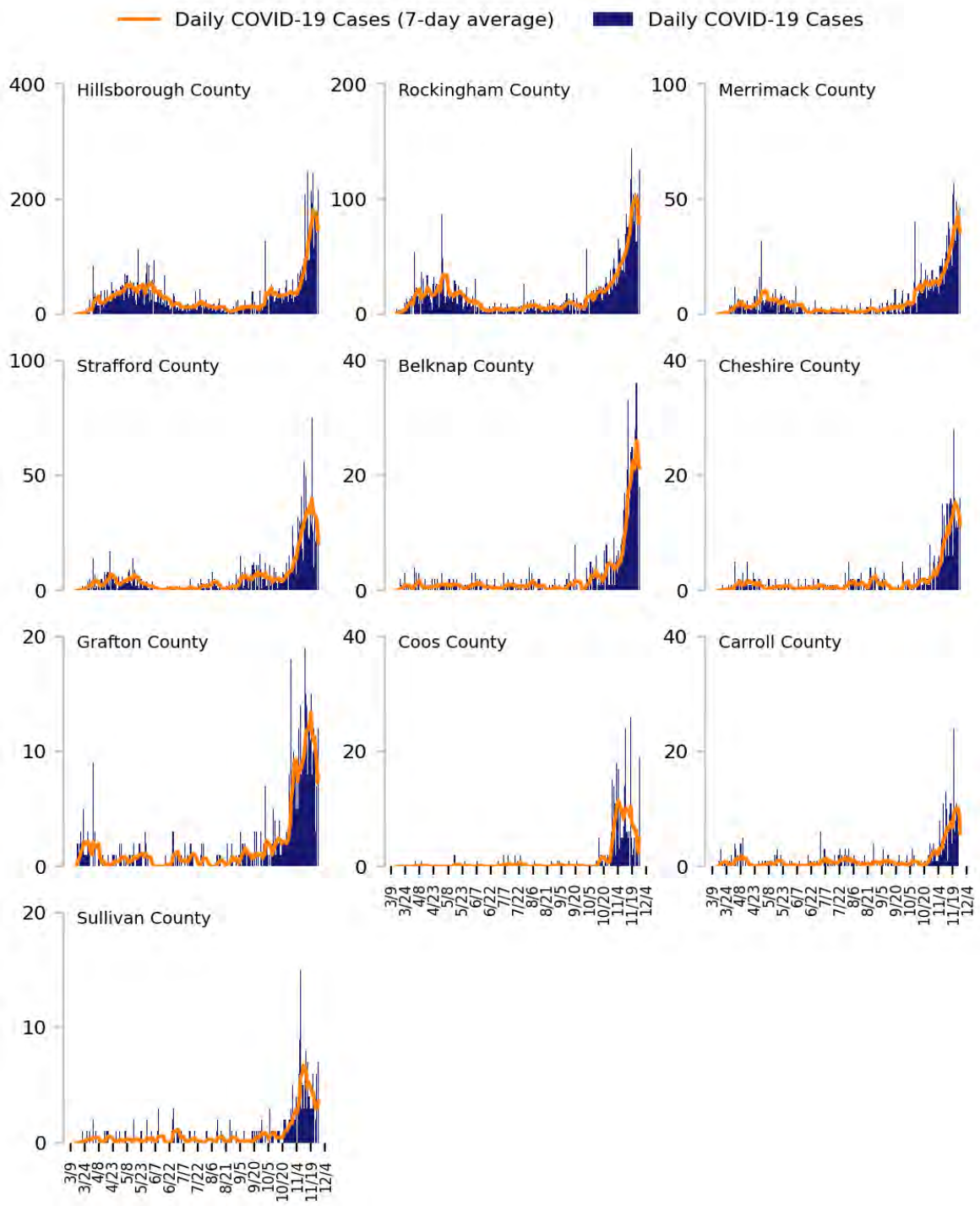
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

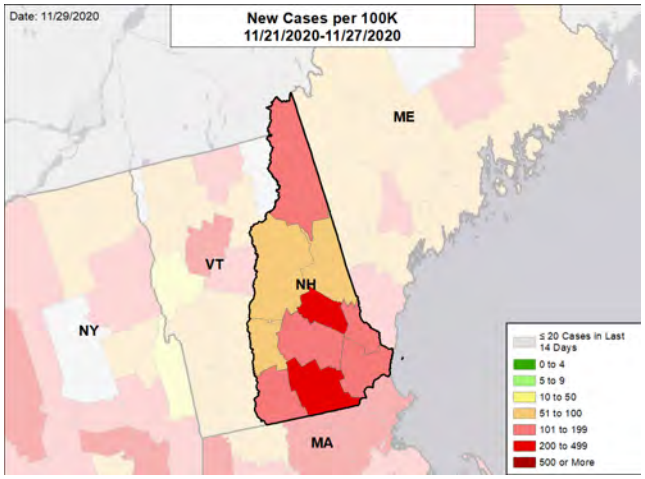
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

NEW HAMPSHIRE

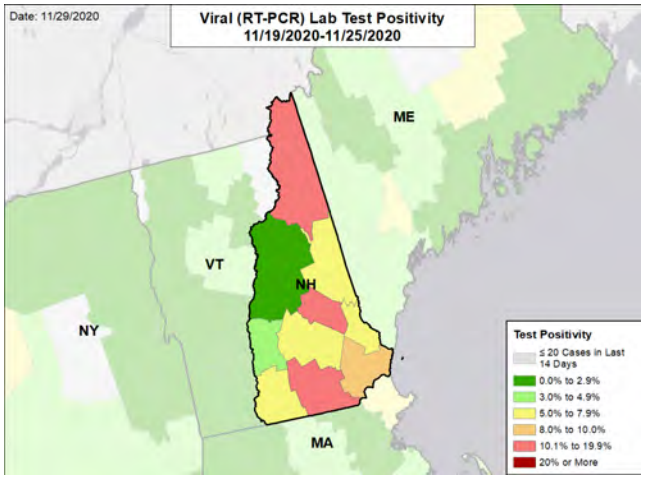
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

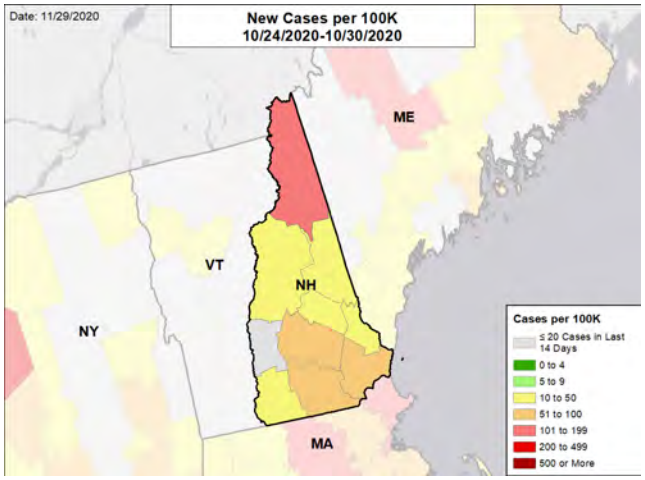
NEW CASES PER 100,000



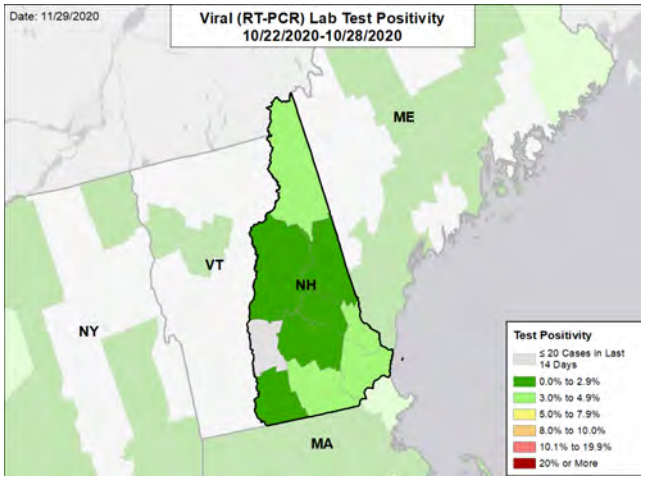
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

NEW JERSEY

SUMMARY

- New Jersey is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 30th highest rate in the country. New Jersey is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 29th highest rate in the country.
- New Jersey 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. Essex County, 2. Bergen County, and 3. Passaic County. These counties represent 29.0% of new cases in New Jersey.
- 95% of all counties in New Jersey have moderate or high levels of community transmission (yellow, orange, or red zones), with 33% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 22% of nursing homes had at least one new resident COVID-19 case, 42% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- New Jersey had 328 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 60 to support operations activities from FEMA; 20 to support operations activities from USCG; and 5 to support medical activities from VA.
- Between Nov 21 - Nov 27, on average, 347 patients with confirmed COVID-19 and 176 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Jersey. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- With new hospital admissions and the proportion of nursing homes with positive staff and residents continuing to rise, New Jerseyans must be aware and change their personal behaviors to stop the spread of COVID.
- At the zip code level, use antigen tests to find asymptomatic individuals where percent positivity is increasing; quickly finding and isolating asymptomatic individuals can prevent widespread transmission, but testing must happen now.
- Ensure testing data, case data, and hospitalizations are consistently tracked and visualized to show residents the impact their efforts have had on reducing COVID transmission.
- Where university students are returning to campus from Thanksgiving break, conduct testing of all students and test weekly until the semester ends.
- Stay vigilant with nursing home staff and residents; nearly one half of nursing homes have at least one COVID positive staff member and nearly a quarter have COVID positive residents, indicating unmitigated community spread. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Ensure all hospitals have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all hospitals, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- Ensure full flu immunizations across the state.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

NEW JERSEY

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	29,103 (328)	+8%	72,628 (256)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.7%	+0.1%*	5.5%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	295,118** (3,323**)	-12%**	1,398,370** (4,935**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	228 (2.6)	+19%	594 (2.1)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	22%	+2%*	21%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	42%	+2%*	39%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+0%*	4%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,662 (19)	+1% (+1%)	10,621 (13)	135,904 (19)

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

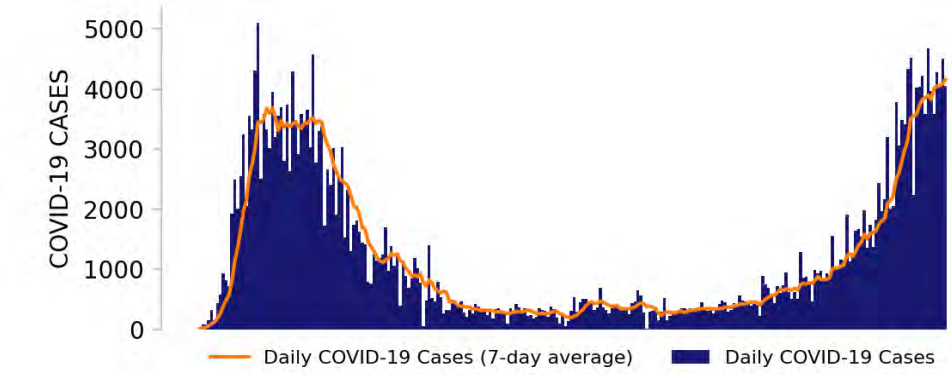
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

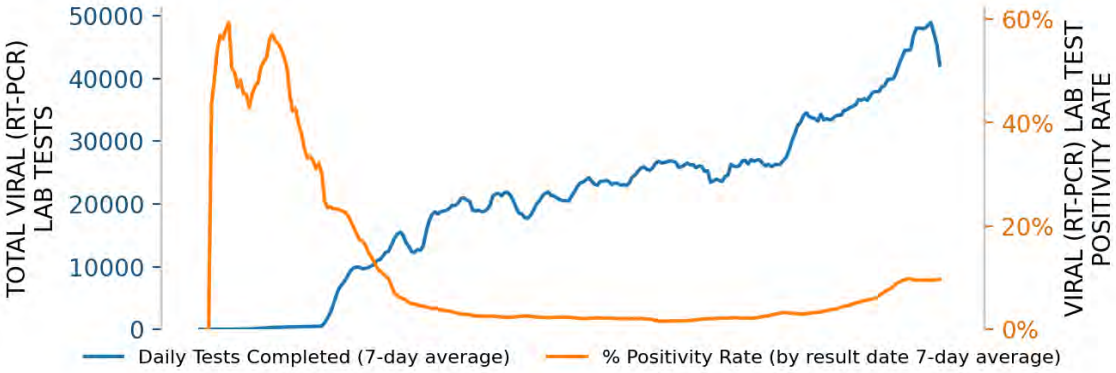
NEW JERSEY

STATE REPORT | 11.29.2020

NEW CASES

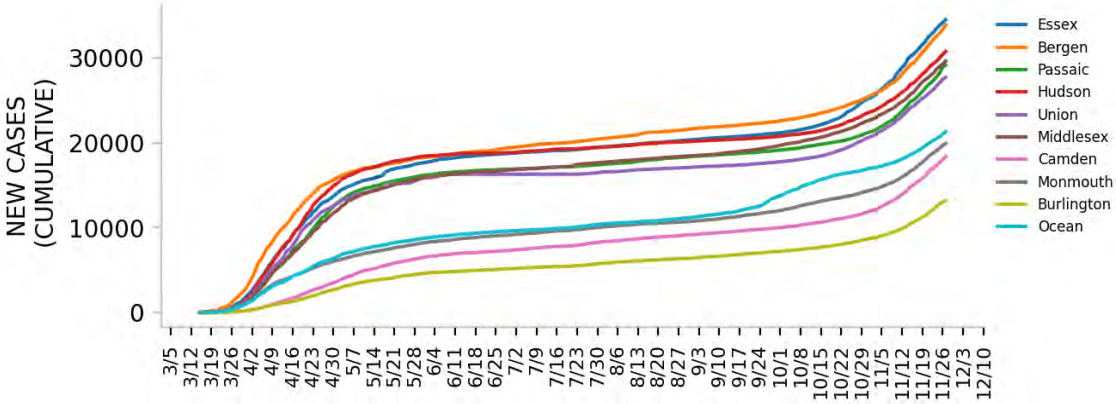


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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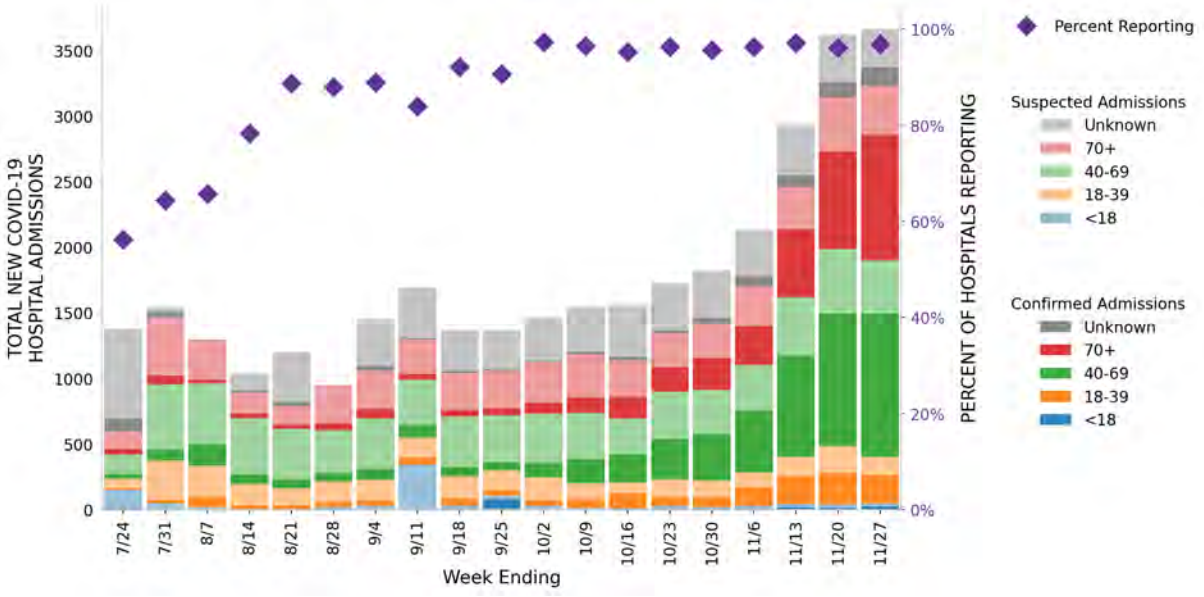
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

NEW JERSEY

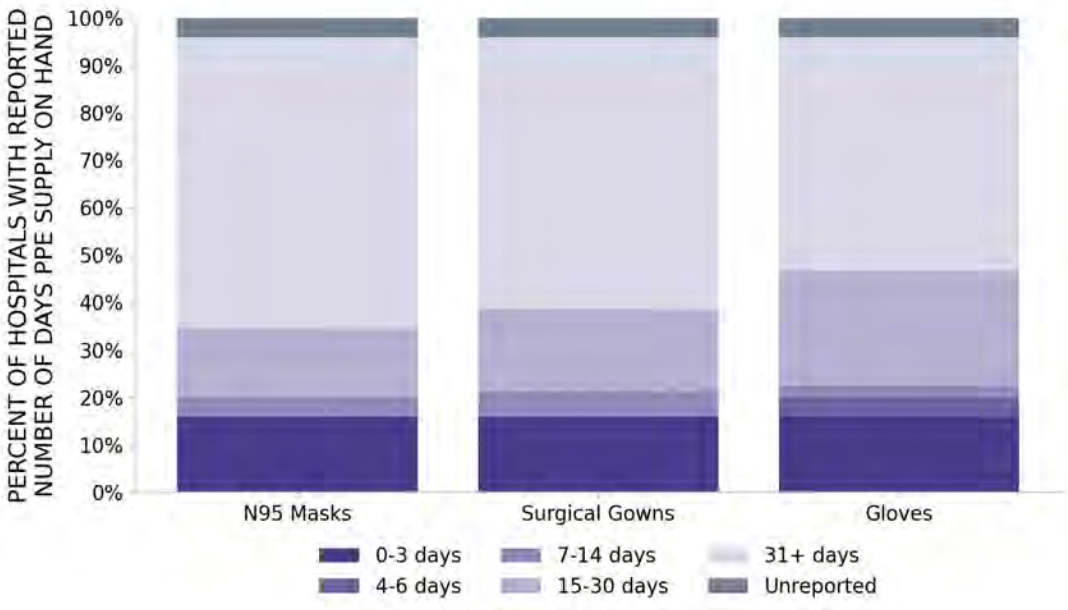
STATE REPORT | 11.29.2020

75 hospitals are expected to report in New Jersey

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

NEW JERSEY

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**3** ■ (+0)	Philadelphia-Camden-Wilmington Atlantic City-Hammonton Allentown-Bethlehem-Easton	**7** ▼ (-2)	Passaic Hudson Union Camden Burlington Gloucester Atlantic
LOCALITIES IN ORANGE ZONE	**2** ▲ (+1)	Trenton-Princeton Vineland-Bridgeton	**9** ▲ (+5)	Essex Bergen Middlesex Monmouth Ocean Mercer Cumberland Warren Salem
LOCALITIES IN YELLOW ZONE	**1** ▼ (-2)	New York-Newark-Jersey City	**4** ▼ (-4)	Morris Somerset Hunterdon Sussex

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

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

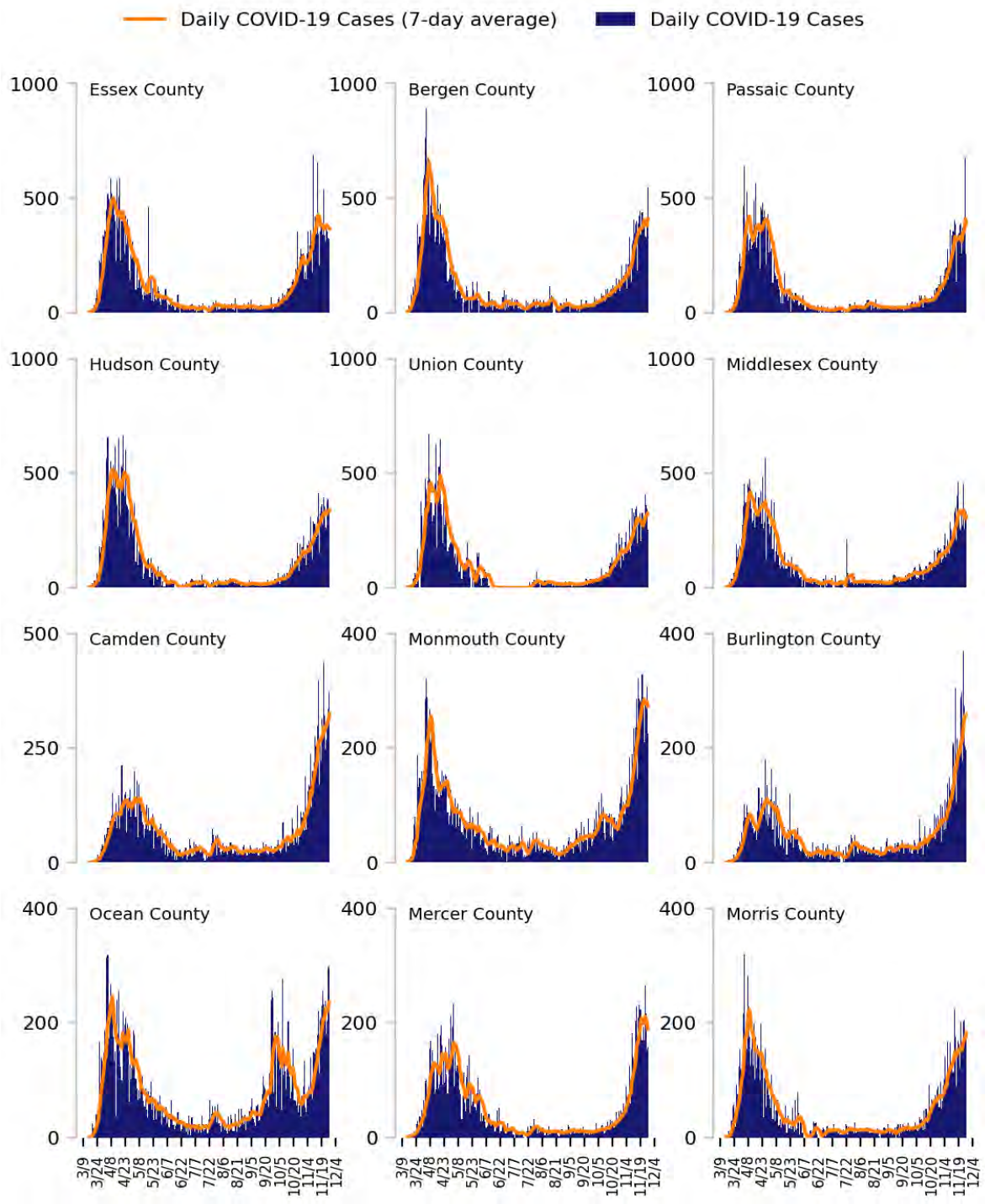
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

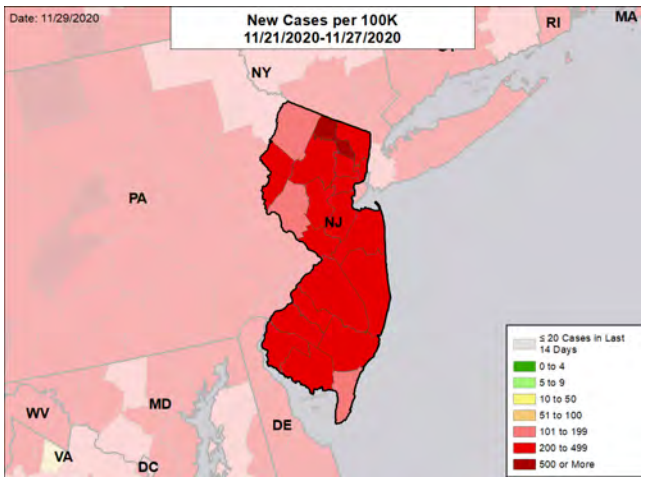
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

NEW JERSEY

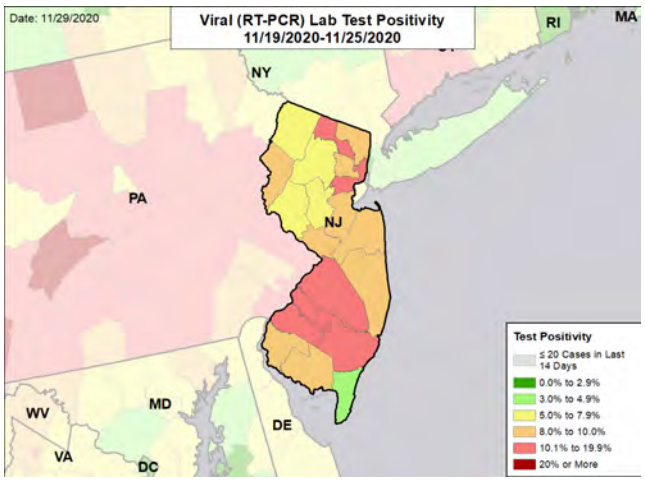
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

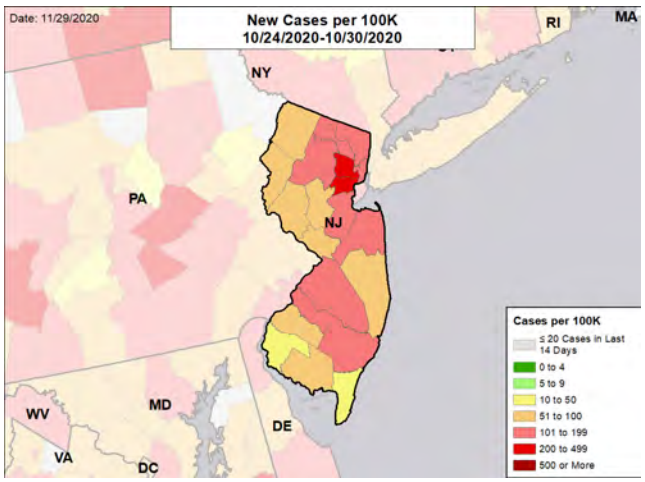
NEW CASES PER 100,000



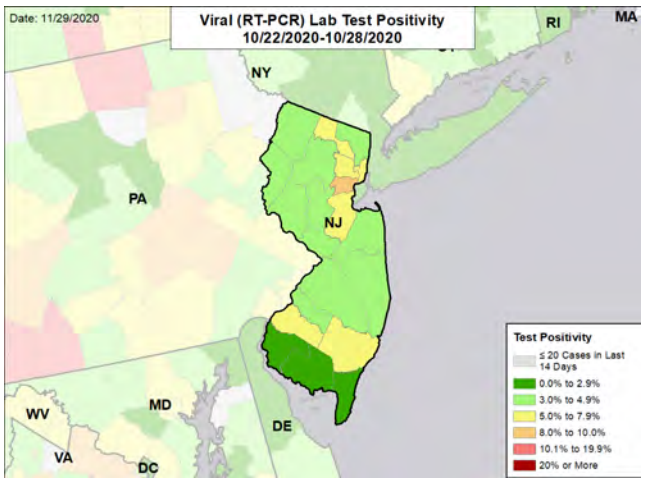
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

NEW MEXICO

SUMMARY

- New Mexico 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. New Mexico is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 11th highest rate in the country.
- New Mexico has seen stability in new cases and a decrease in test positivity. New Mexico may be achieving a high plateau and improving if a new surge doesn't occur post-Thanksgiving.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Bernalillo County, 2. Doña Ana County, and 3. Santa Fe County. These counties represent 49.8% of new cases in New Mexico.
- 82% of all counties in New Mexico have moderate or high levels of community transmission (yellow, orange, or red zones), with 73% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 30% of nursing homes had at least one new resident COVID-19 case, 70% had at least one new staff COVID-19 case, and 16% had at least one new resident COVID-19 death.
- New Mexico had 704 new cases per 100,000 population, compared to a national average of 349 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; 1 to support operations activities from ASPR; and 1 to support epidemiology activities from CDC.
- The federal government has supported surge testing in Albuquerque, Santa Fe, Las Cruses, Sunland Park, and Socorro.
- Between Nov 21 - Nov 27, on average, 120 patients with confirmed COVID-19 and 19 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Mexico. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity in public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- New hospital admissions in New Mexico were rapidly increasing but now appear to be stabilizing at a high level. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased hospitalizations and fatalities.
- Ensure all universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for this must begin now.
- There continue to be high levels of positive staff at LTCFs, indicative of continued and unmitigated community spread in these geographic areas.
- Ensure all Tribal Nations are testing all residents and visitors weekly to ensure rapid isolation of asymptomatic cases.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NEW MEXICO

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	14,754 (704)	-2%	132,529 (310)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	15.1%	-1.6%*	11.1%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	67,273** (3,208**)	+13%**	960,221** (2,248**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	179 (8.5)	+41%	1,460 (3.4)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	30%	-8%*	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	70%	+2%*	43%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	16%	+8%*	9%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	971 (26)	-1% (+3%)	18,433 (21)	135,904 (19)

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

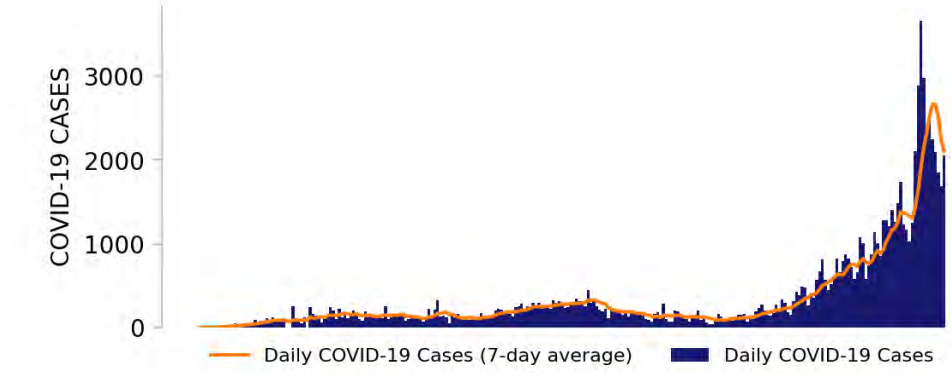
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

NEW MEXICO

STATE REPORT | 11.29.2020

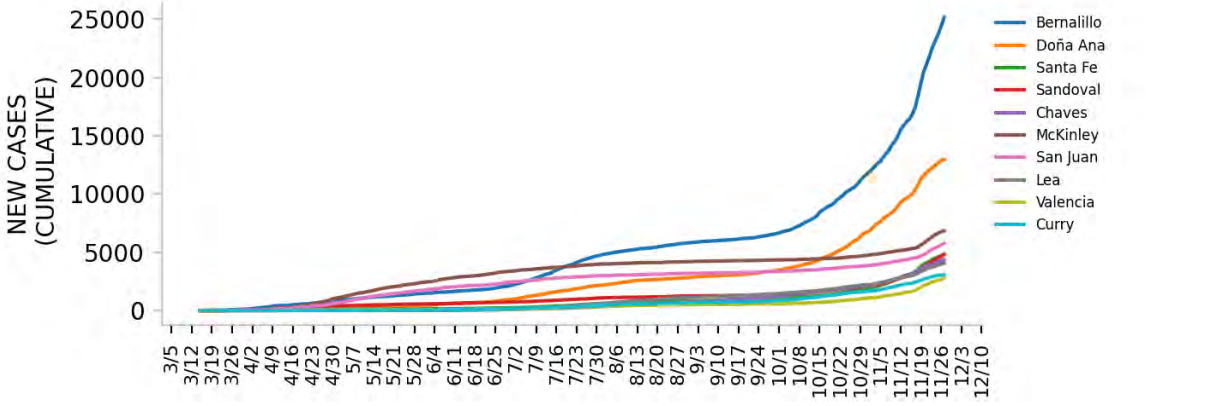
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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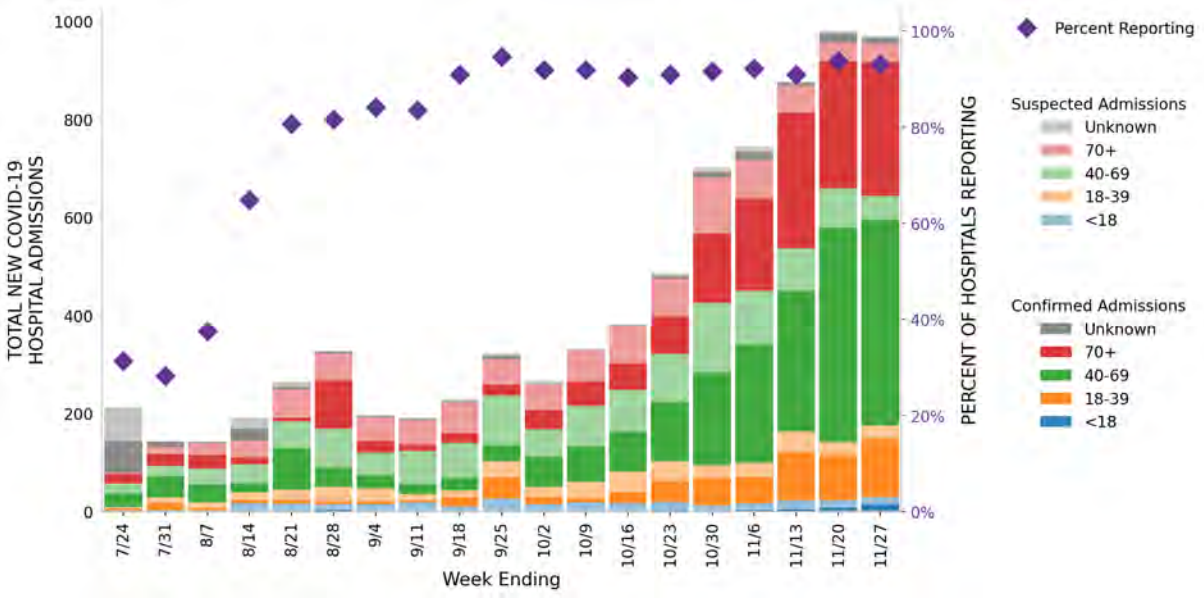
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

NEW MEXICO

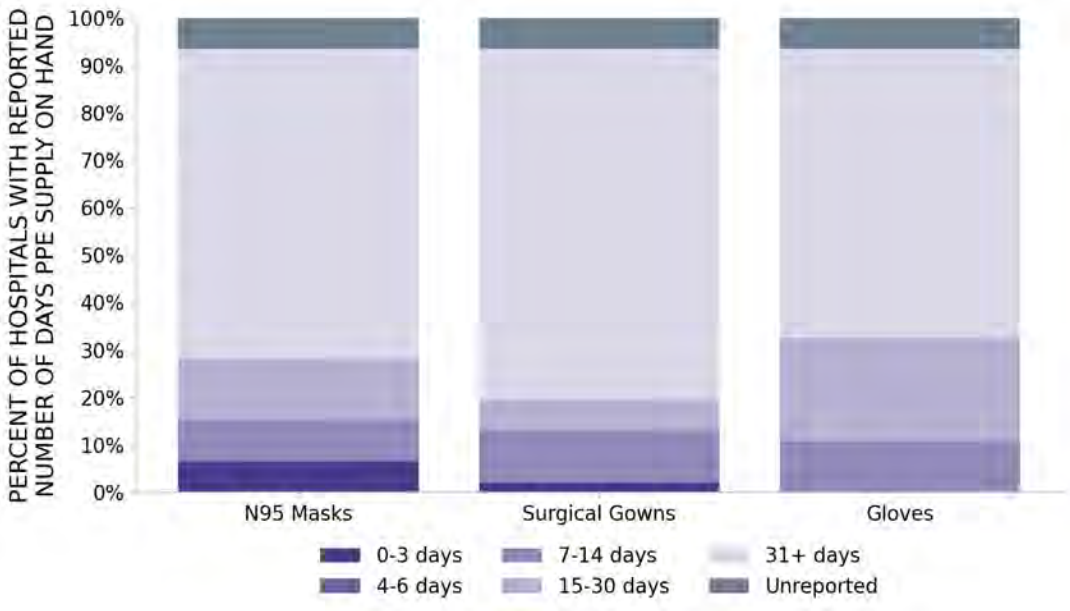
STATE REPORT | 11.29.2020

46 hospitals are expected to report in New Mexico

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

NEW MEXICO

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**15** ▲ (+1)	Albuquerque Las Cruces Santa Fe Roswell Gallup Farmington Hobbs Clovis Carlsbad-Artesia Grants Alamogordo Española	**24** ▲ (+1)	Bernalillo Doña Ana Santa Fe Sandoval Chaves McKinley San Juan Lea Valencia Curry Eddy Cibola
LOCALITIES IN ORANGE ZONE	**1** ▼ (-2)	Taos	**2** ▼ (-2)	Taos Sierra
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**1** ▼ (-1)	Colfax

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

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

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

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

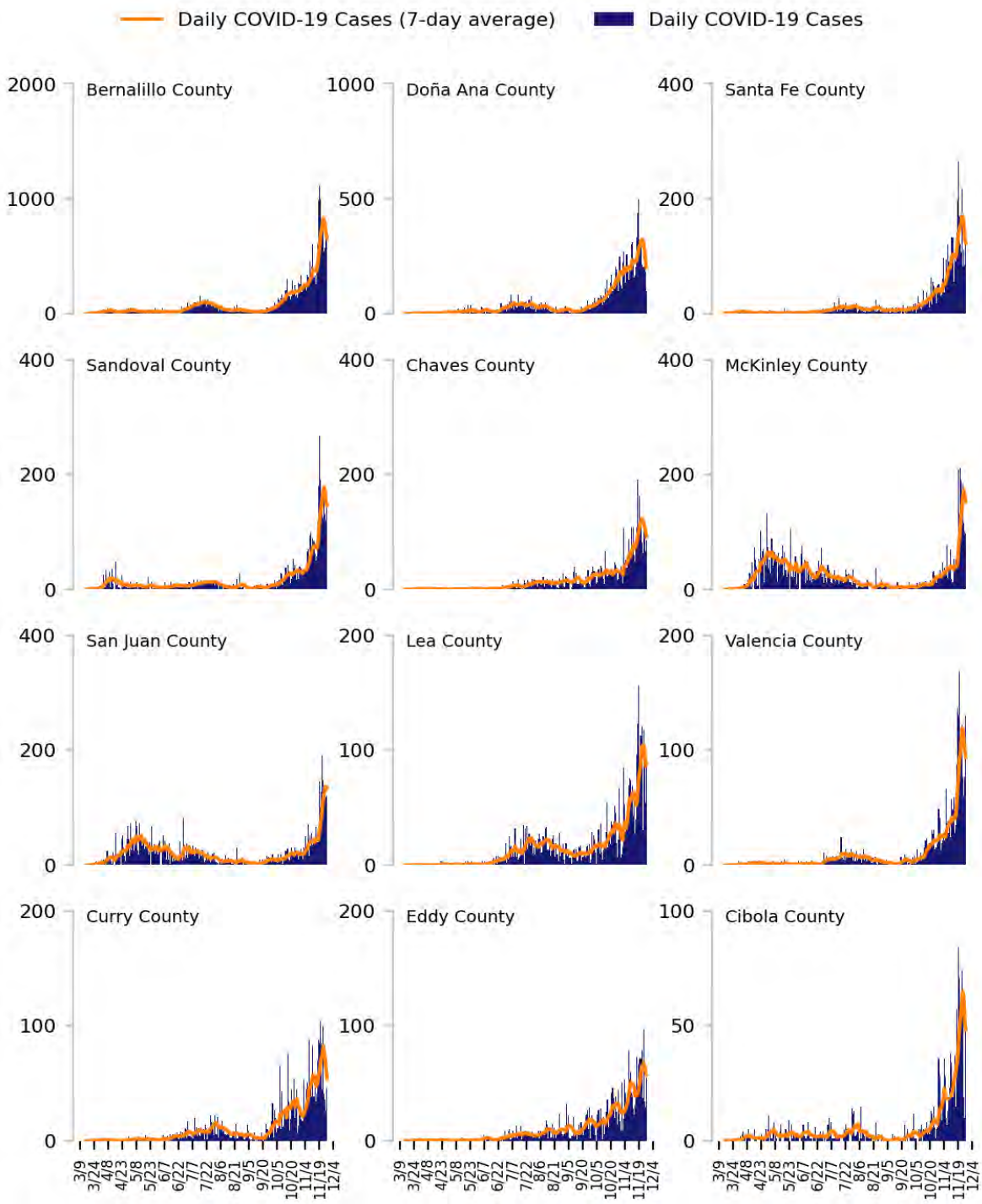
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

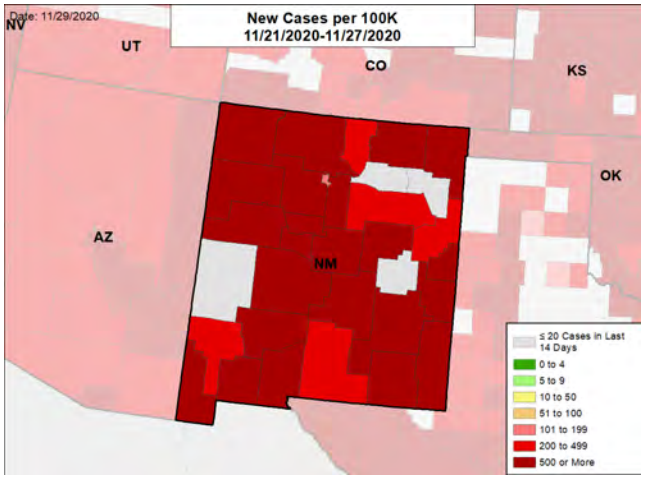
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

NEW MEXICO

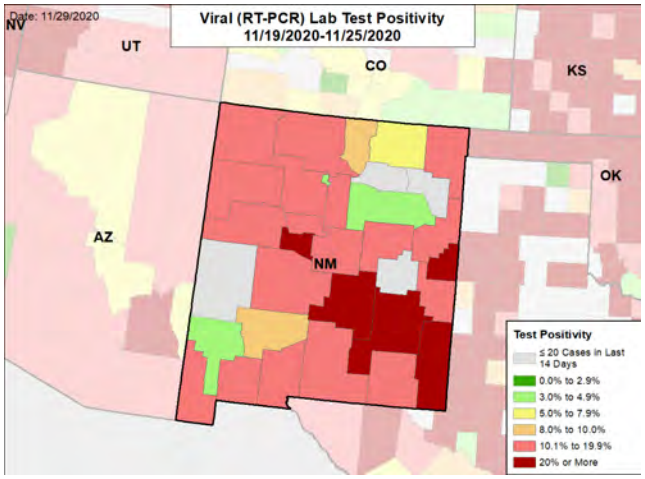
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

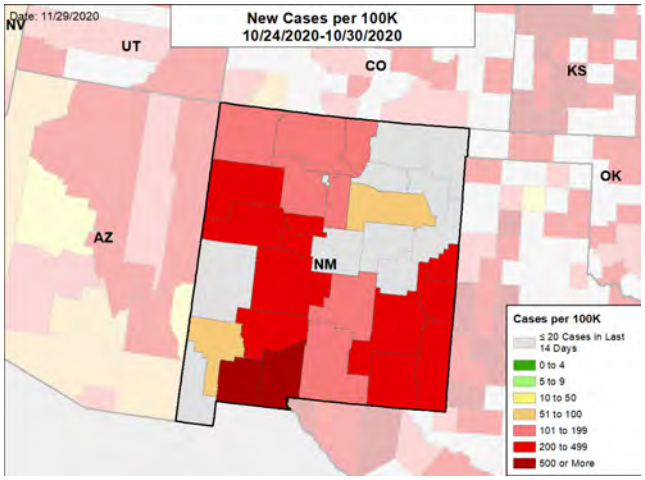
NEW CASES PER 100,000



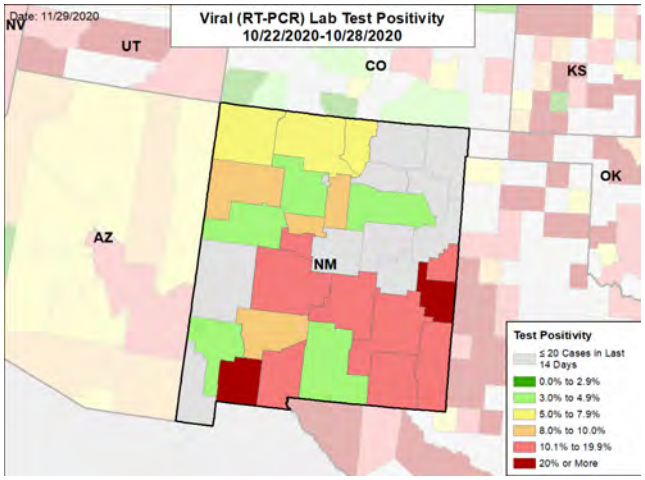
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

NEW YORK

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- New York is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 41st highest rate in the country. New York is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 46th highest rate in the country.
- New York has seen an increase in new cases and stability in test positivity.
- Cases increased in 52 counties and test positivity increased in 46 counties; 23 counties had test positivity above 5%. Allegheny County had test positivity over 16%.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Queens County, 2. Kings County, and 3. Erie County. These counties represent 27.3% of new cases in New York.
- 35% of all counties in New York have moderate or high levels of community transmission (yellow, orange, or red zones), with 2% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 21% of nursing homes had at least one new resident COVID-19 case, 38% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death. Multiple outbreaks among residents and staff of long-term care facilities (LTCFs) have been reported, the largest in Wellsville, Cheektowaga, Amsterdam, Bronx, Syracuse, Gasport, Painted Post, Horseheads, Rockville Center, and Cortlandt Manor.
- New York had 224 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 68 to support operations activities from FEMA; 4 to support operations activities from ASPR; 1 to support testing activities from CDC; and 21 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 527 patients with confirmed COVID-19 and 360 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New York. This is an increase of 9% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of New York leaders that the current situation is worrisome and that improved adherence to community mitigation recommendations is needed to limit the overrunning of hospital capacity and additional preventable deaths.
- Testing capacity has increased steadily and is at a very high rate across the state; an effective surveillance net will help maximize impact of those resources. Proactive weekly testing of individuals who have continued interactions with members of the community (healthcare workers, those who work in shelters or congregate living facilities, cashiers, transportation drivers, etc.) will help identify the depth and breadth of community infection. Point-of-care antigen tests should be used among representative individuals, independent of symptoms, in all counties with increased case rates.
- The above surveillance should direct focused testing campaigns wherever increased transmission is detected (e.g., in all communities with outbreaks in long-term care facilities (LTCFs)).
- Ensure a complete public health campaign across all media platforms, promoting the impact of recent mitigation efforts, the ongoing need to avoid social gatherings, the hope of the new vaccines, and instructions on how to report non-compliance of local businesses.
- Continue to expand use of clinical personnel and champions from across the political spectrum to advocate for adherence to recommended guidance.
- At the time of testing, provide written and verbal education with instruction to quarantine until results are returned and to continue isolation if results are positive. All testing and contact tracing should be monitored and made more efficient if reporting of results requires longer than 48 hours and contact tracing longer than 72 hours after testing.
- Ensure aggressive flu vaccine campaigns are underway.
- The most vulnerable should be protected. Every effort should be made to ensure regular (weekly) screening with rapid antigen tests of all staff at all residential and LTCFs. Staff should not be permitted to work unless they have a recent negative test or clearance from isolation. Ensure absolute adherence to CMS guidance.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NEW YORK

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	43,525 (224)	+29%	72,628 (256)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.5%	+0.5%*	5.5%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	1,103,252** (5,671**)	+14%**	1,398,370** (4,935**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	366 (1.9)	+41%	594 (2.1)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	21%	+6%*	21%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	38%	+3%*	39%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+1%*	4%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	6,207 (12)	+9% (+14%)	10,621 (13)	135,904 (19)

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

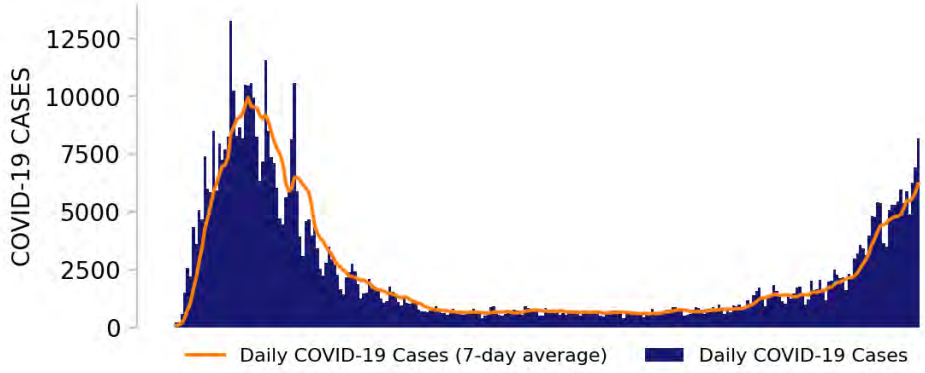
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

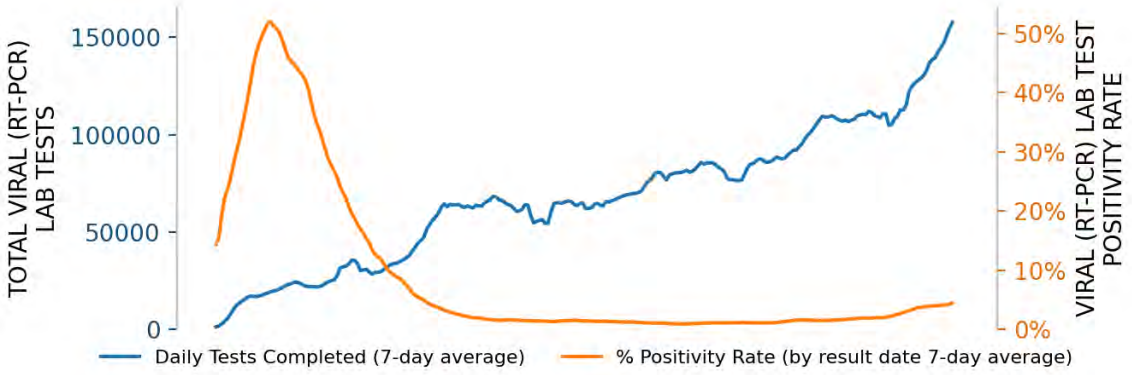
NEW YORK

STATE REPORT | 11.29.2020

NEW CASES

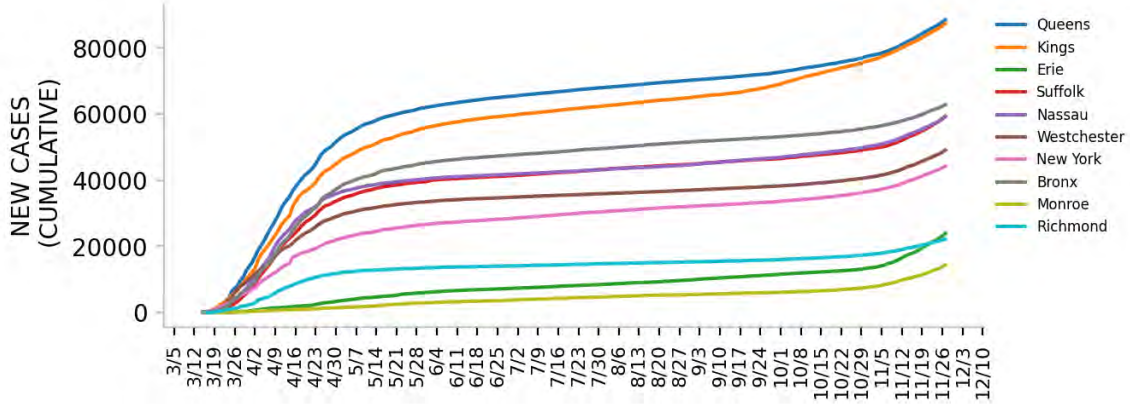


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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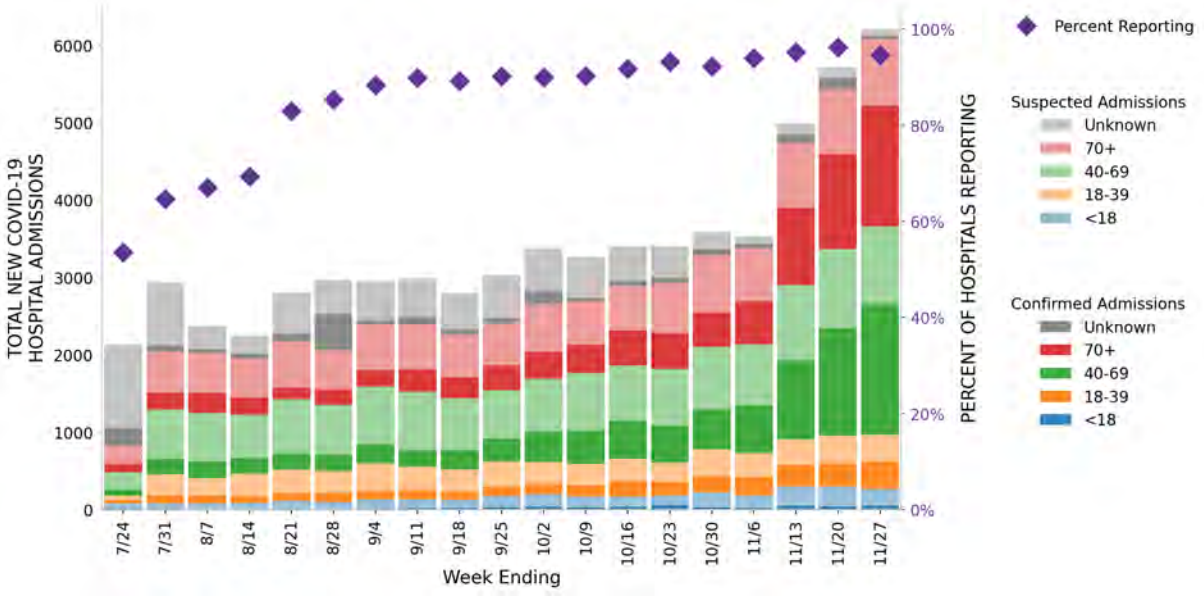
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

NEW YORK

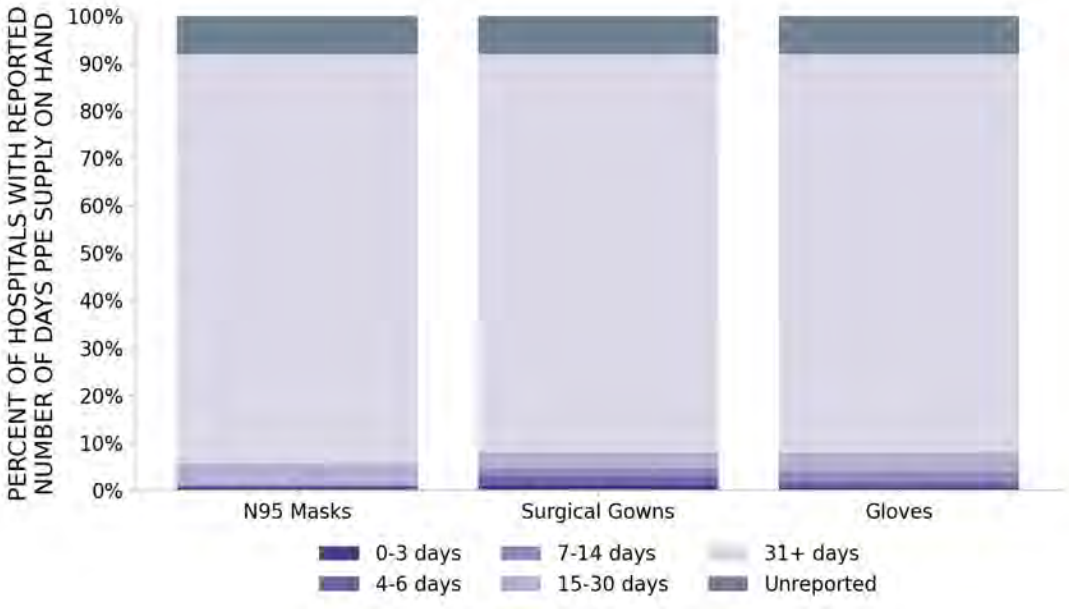
STATE REPORT | 11.29.2020

176 hospitals are expected to report in New York

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

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NEW YORK

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	1 ■ (+0)	Allegany
LOCALITIES IN ORANGE ZONE	2 ▲ (+1)	Elmira Batavia	3 ▲ (+2)	Erie Chemung Genesee
LOCALITIES IN YELLOW ZONE	8 ▲ (+1)	New York-Newark-Jersey City Buffalo-Cheektowaga Rochester Syracuse Poughkeepsie-Newburgh-Middletown Binghamton Olean Cortland	18 ■ (+0)	Westchester Monroe Richmond Onondaga Rockland Orange Niagara Broome Putnam Oswego Cattaraugus Wayne

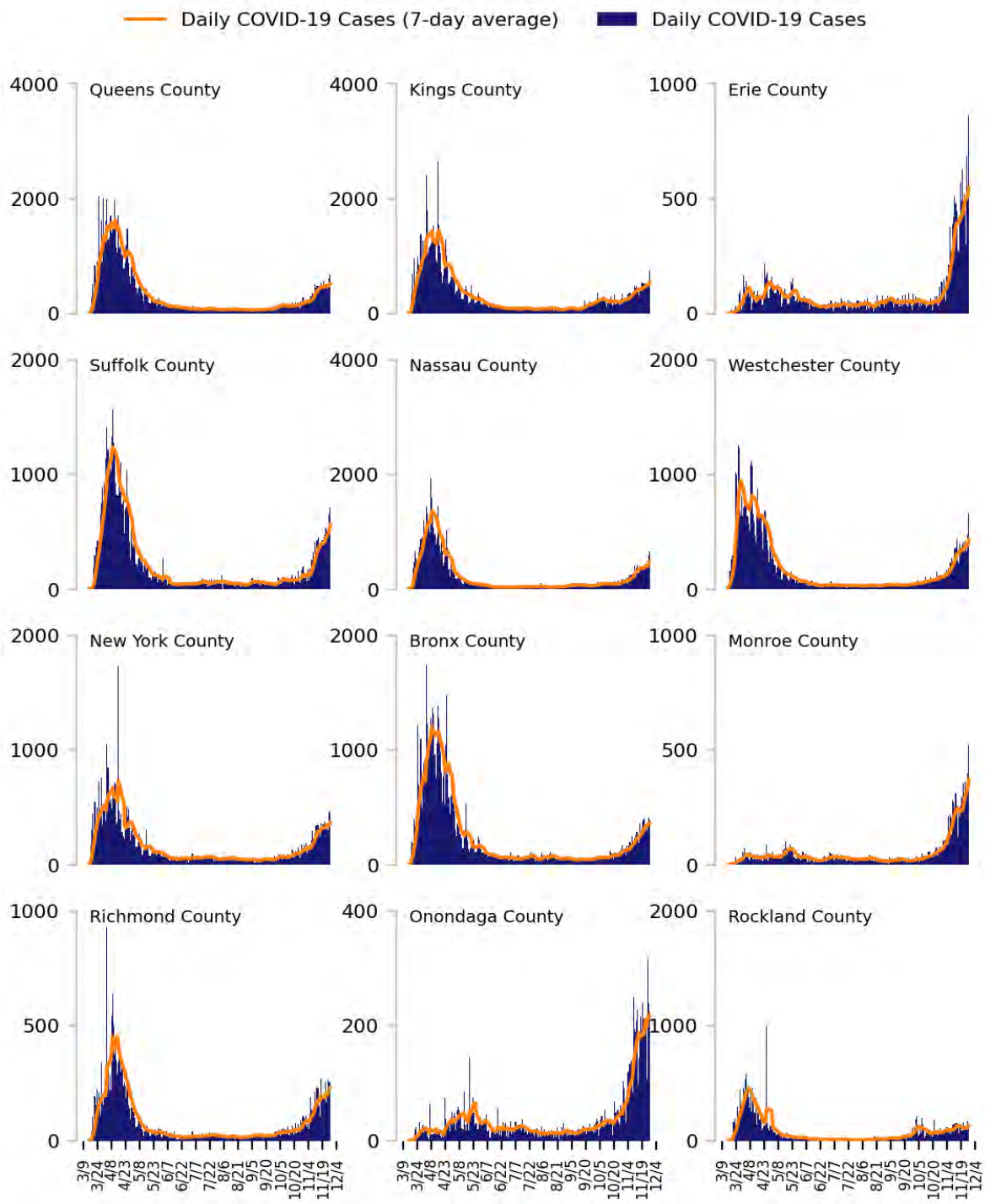
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Yellow Counties: Westchester, Monroe, Richmond, Onondaga, Rockland, Orange, Niagara, Broome, Putnam, Oswego, Cattaraugus, Wayne, Cortland, Tioga, Wyoming, Livingston, Orleans, Lewis

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

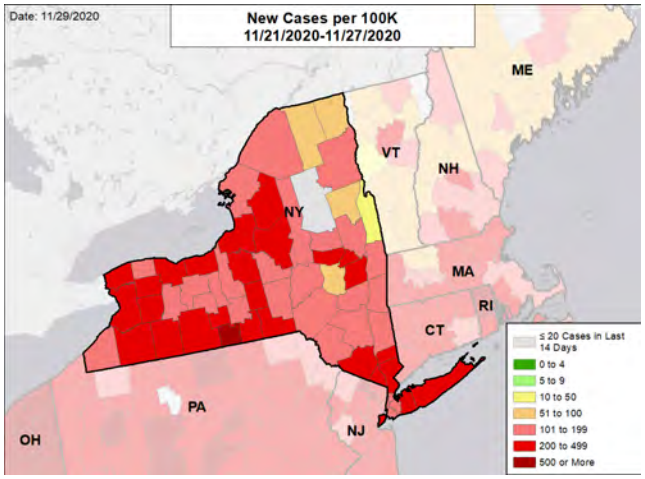
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

NEW YORK

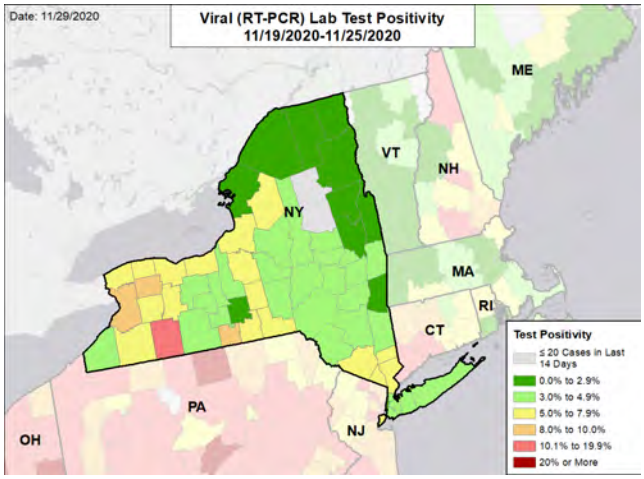
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

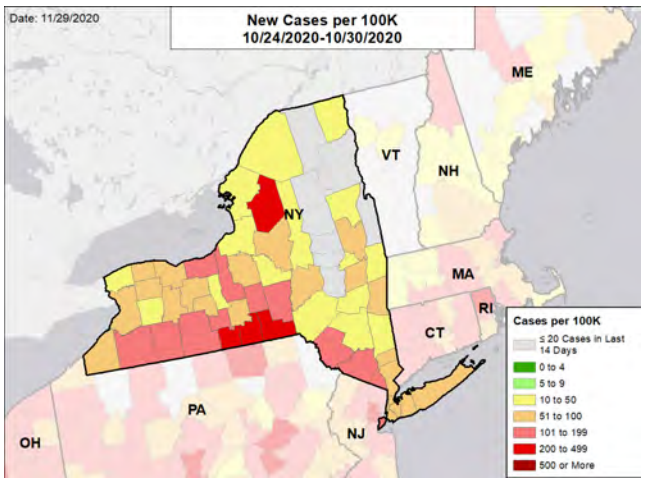
NEW CASES PER 100,000



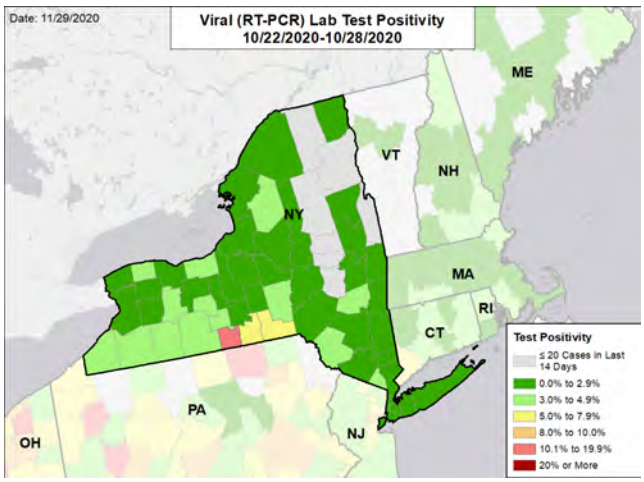
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

NORTH CAROLINA

SUMMARY

- North Carolina is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 40th highest rate in the country. North Carolina is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 39th highest rate in the country.
- North Carolina has seen stability in new cases and a decrease in test positivity; there was an increase in case rates in 77 counties and an increase in test positivity in 34 counties.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Mecklenburg County, 2. Wake County, and 3. Guilford County. These counties represent 23.3% of new cases in North Carolina.
- 86% of all counties in North Carolina 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 16 - Nov 22, 23% of nursing homes had at least one new resident COVID-19 case, 43% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death. Multiple outbreaks in facilities across the state, the largest in facilities in Spruce Pine, Goldsboro, Statesville, Wilkesboro, Asheville, Hendersonville, Waynesville, Mocksville, Conover, Grantsboro, and Rutherfordton.
- North Carolina had 245 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA; 7 to support operations activities from USCG; and 1 to support operations activities from VA.
- The federal government has supported surge testing in in New Hanover, Guilford, Mecklenburg, Pitt, and Harnett counties.
- Between Nov 21 - Nov 27, on average, 218 patients with confirmed COVID-19 and 276 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Carolina. This is a minimal change in total 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

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The recent expansion of testing is highly commendable and, along with clear guidance on community mitigation efforts, could be having an impact on transmission. Ensure a complete public health campaign across all media platforms, promoting the impact of recent mitigation efforts, the ongoing need to avoid social gatherings, the hope of the new vaccines, and instructions on how to report non-compliance of local businesses.
- Proactive weekly rapid testing of individuals who have continued interactions with members of the community (such as healthcare workers, those who work in shelters or congregate living facilities, cashiers, transportation drivers, etc.) will help identify the depth and breadth of community infection. Point-of-care antigen tests should be used among representative individuals, independent of symptoms, in all counties with increased case rates.
- The above surveillance should direct focused testing campaigns wherever increased transmission is detected (e.g., in all communities with outbreaks in long-term care facilities).
- At time of testing, all persons should be given written and verbal instructions to quarantine until results are returned, with an additional 8-9 days of isolation if results are positive. Contact tracing should be monitored in all counties to ensure it is being conducted within 72 hours of testing; if necessary, make contact tracing more efficient and expand as previously described. Consider automating emails to instruct and elicit contacts.
- Ensure aggressive flu vaccine campaigns are underway in all counties.
- Ensure all universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning should begin now.
- Continued outbreaks among the most vulnerable remain a persistent, grave concern; ensure all CMS guidance is followed and weekly testing of all staff with rapid tests is being conducted at all long-term and rehab care facilities. Facilities that are not adherent should be fined and/or made public.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

NORTH CAROLINA

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	25,666 (245)	+9%	171,312 (256)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.5%	-1.3%*	9.0%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	330,659** (3,153**)	+26%**	1,527,595** (2,283**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	231 (2.2)	-11%	1,680 (2.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	23%	+5%*	22%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	43%	+5%*	41%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	-1%*	7%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,459 (16)	-4% (-3%)	24,045 (16)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

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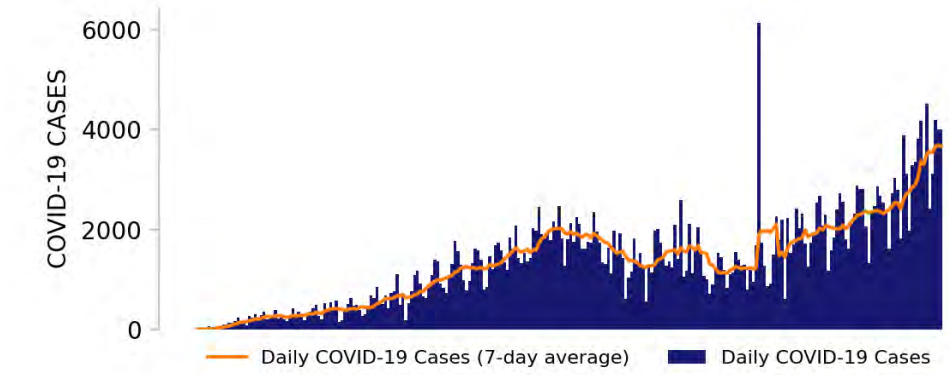
NORTH CAROLINA

STATE REPORT | 11.29.2020

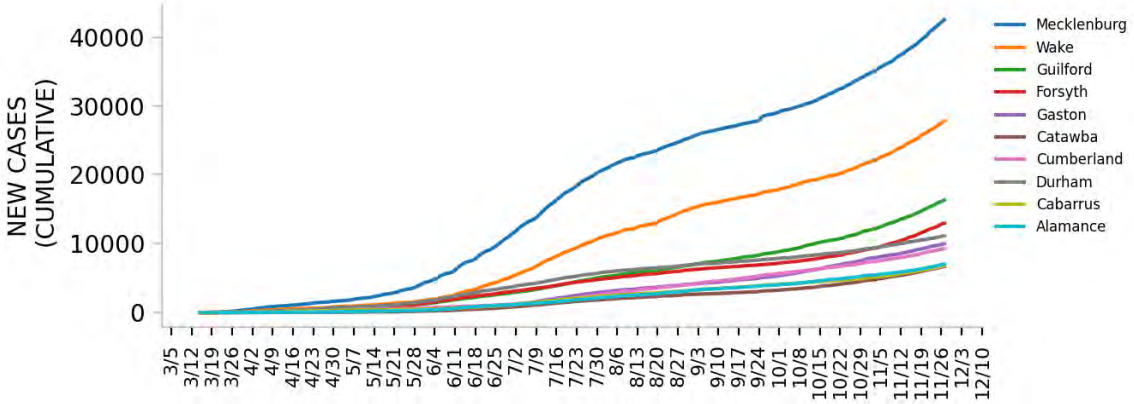
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



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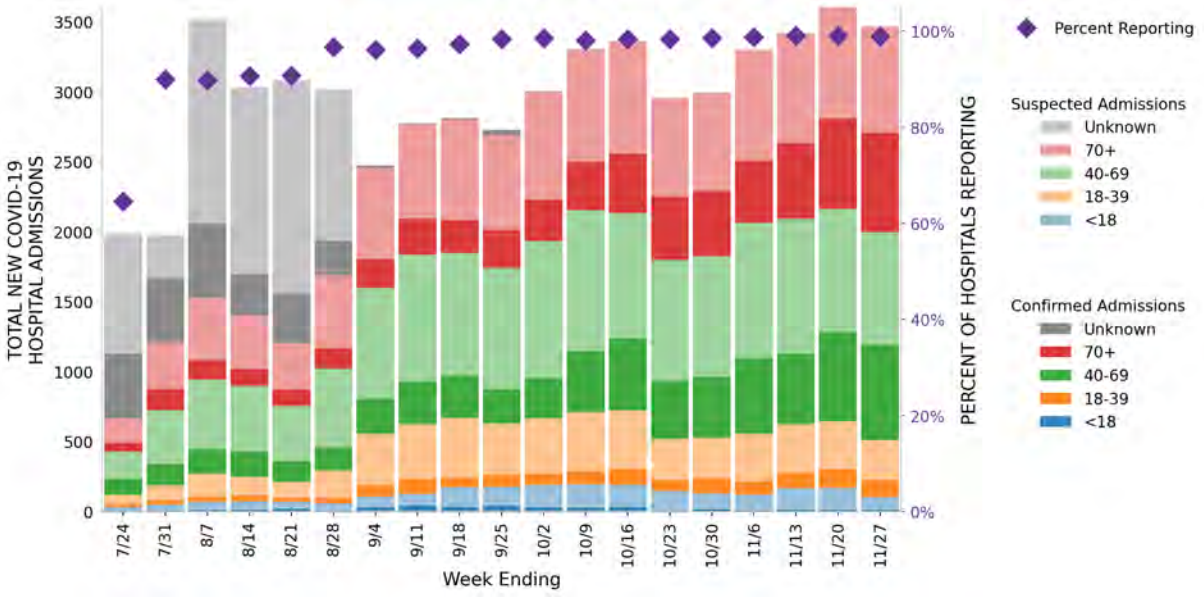
NORTH CAROLINA

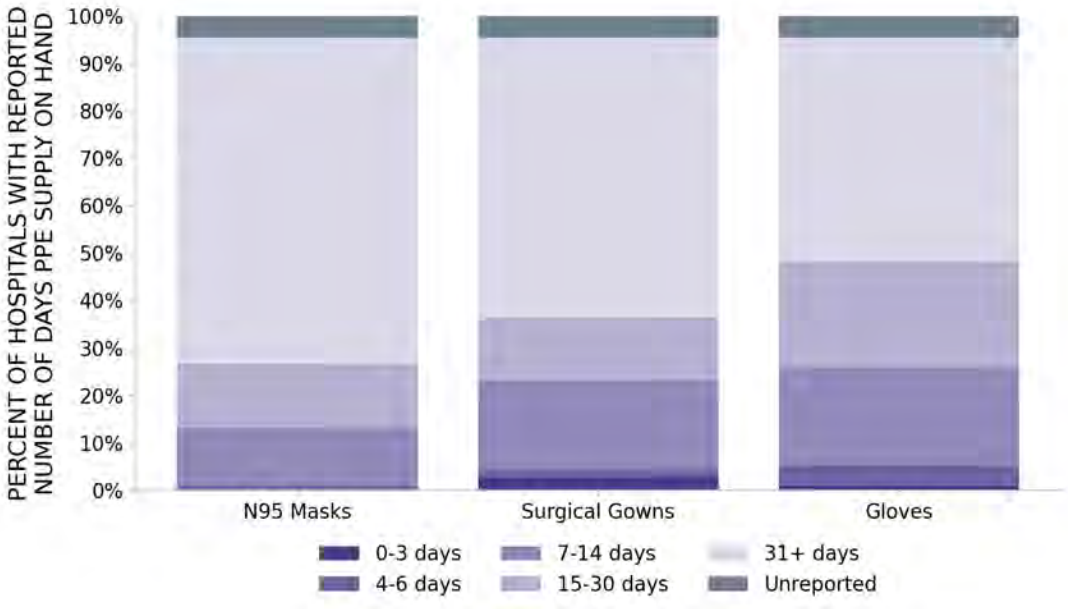
STATE REPORT | 11.29.2020

112 hospitals are expected to report in North Carolina

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

NORTH CAROLINA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	9 ▼ (-3)	Fayetteville Jacksonville Rocky Mount Lumberton Roanoke Rapids Forest City Laurinburg Elizabeth City Brevard	33 ▼ (-2)	Gaston Catawba Cumberland Cabarrus Onslow Davidson Rowan Robeson Columbus Lincoln Nash Rutherford
LOCALITIES IN ORANGE ZONE	13 ▲ (+2)	Charlotte-Concord-Gastonia Winston-Salem Hickory-Lenoir-Morganton Burlington Shelby Wilson Mount Airy Myrtle Beach-Conway-North Myrtle Beach Pinehurst-Southern Pines Henderson Marion Rockingham	27 ▲ (+5)	Forsyth Alamance Johnston Union Iredell Randolph Burke Rockingham Cleveland Wilson Surry Caldwell
LOCALITIES IN YELLOW ZONE	14 ▼ (-1)	Raleigh-Cary Greensboro-High Point Asheville Wilmington Greenville Goldsboro New Bern North Wilkesboro Kinston Morehead City Albemarle Cullowhee	26 ▼ (-7)	Mecklenburg Wake Guilford Pitt Wayne Harnett Brunswick Sampson Wilkes Craven Lenoir Henderson

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

All Orange CBSAs: Charlotte-Concord-Gastonia, Winston-Salem, Hickory-Lenoir-Morganton, Burlington, Shelby, Wilson, Mount Airy, Myrtle Beach-Conway-North Myrtle Beach, Pinehurst-Southern Pines, Henderson, Marion, Rockingham, Sanford

All Yellow CBSAs: Raleigh-Cary, Greensboro-High Point, Asheville, Wilmington, Greenville, Goldsboro, New Bern, North Wilkesboro, Kinston, Morehead City, Albemarle, Cullowhee, Washington, Virginia Beach-Norfolk-Newport News

All Red Counties: Gaston, Catawba, Cumberland, Cabarrus, Onslow, Davidson, Rowan, Robeson, Columbus, Lincoln, Nash, Rutherford, Alexander, Halifax, Yadkin, Edgecombe, Pender, Hoke, Avery, Scotland, Northampton, Mitchell, Madison, Yancey, Caswell, Bertie, Montgomery, Pasquotank, Anson, Transylvania, Swain, Perquimans, Gates

All Orange Counties: Forsyth, Alamance, Johnston, Union, Iredell, Randolph, Burke, Rockingham, Cleveland, Wilson, Surry, Caldwell, Moore, Vance, McDowell, Davie, Stokes, Haywood, Richmond, Lee, Person, Bladen, Warren, Cherokee, Hertford, Jones, Camden

All Yellow Counties: Mecklenburg, Wake, Guilford, Pitt, Wayne, Harnett, Brunswick, Sampson, Wilkes, Craven, Lenoir, Henderson, Carteret, Duplin, Franklin, Stanly, Granville, Ashe, Beaufort, Jackson, Greene, Martin, Macon, Currituck, Chowan, Pamlico

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

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

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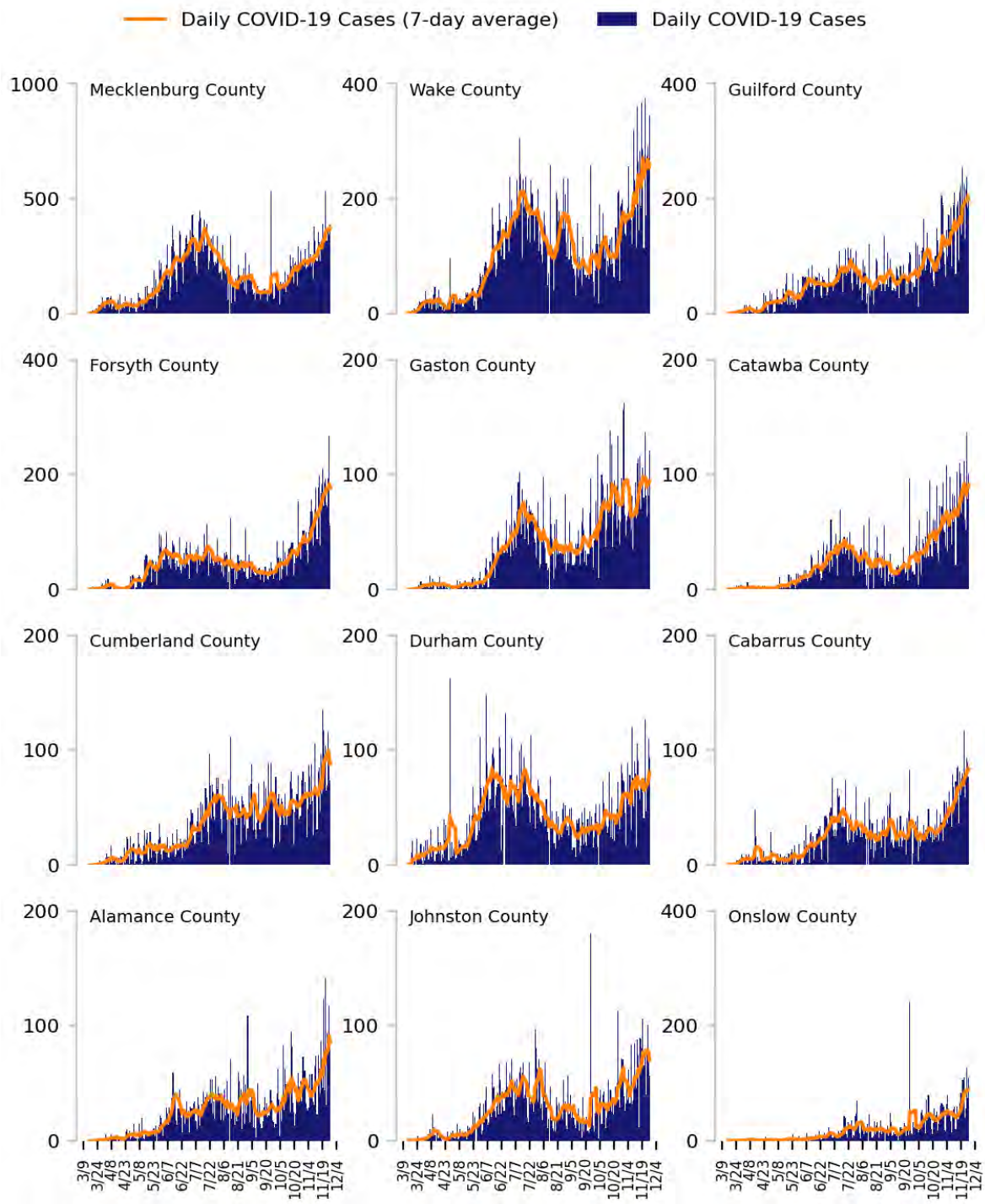
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



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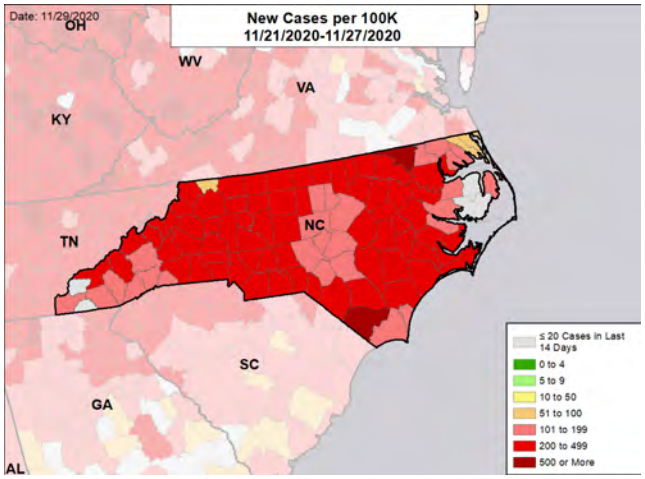
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

NORTH CAROLINA

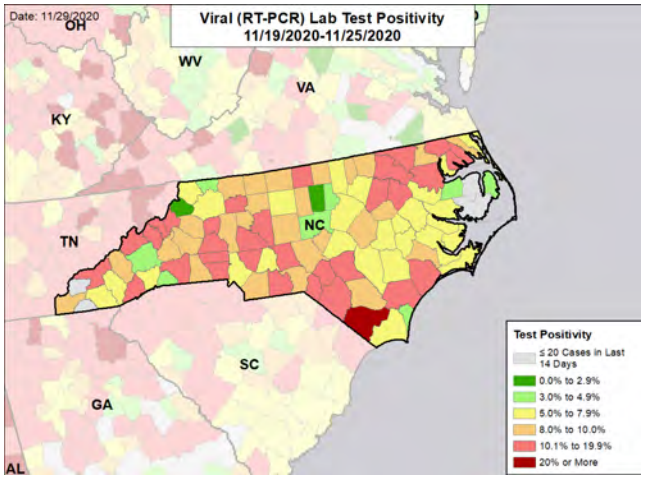
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

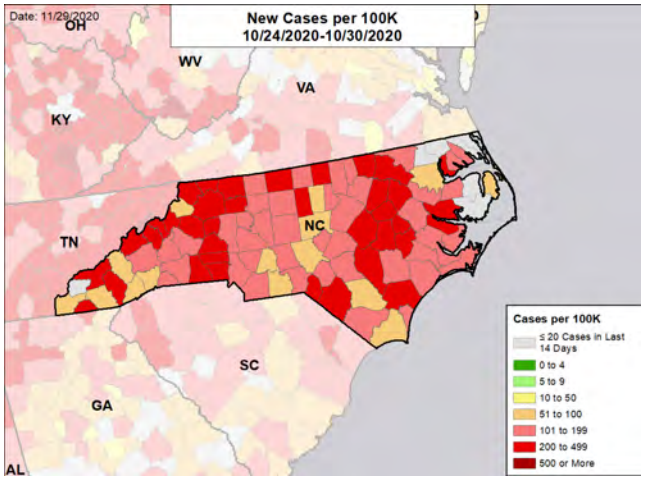
NEW CASES PER 100,000



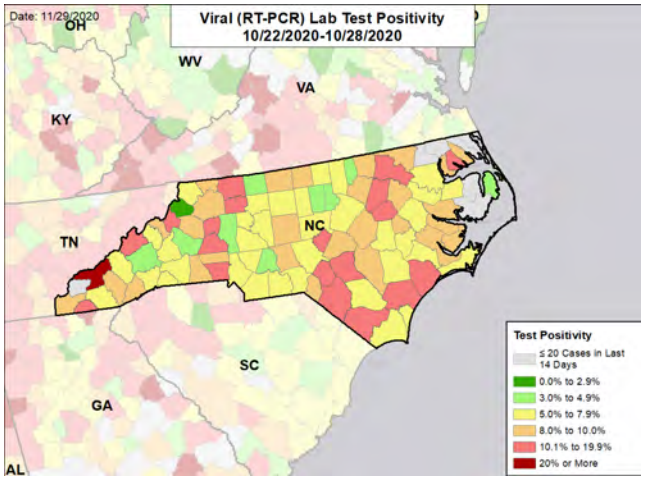
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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STATE REPORT
11.29.2020
Issue 24

NORTH DAKOTA

SUMMARY

- North Dakota is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the highest rate in the country. North Dakota is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 18th highest rate in the country.
- North Dakota has seen a decrease in new cases, stability in test positivity, and critically, a decreasing rate of new hospitalizations.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Cass County, 2. Burleigh County, and 3. Ward County. These counties represent 45.3% of new cases in North Dakota.
- 77% of all counties in North Dakota have moderate or high levels of community transmission (yellow, orange, or red zones), with 60% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 51% of nursing homes had at least one new resident COVID-19 case, 75% had at least one new staff COVID-19 case, and 23% had at least one new resident COVID-19 death.
- North Dakota had 947 new cases per 100,000 population, compared to a national average of 349 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 and 2 to support epidemiology activities from CDC.
- Between Nov 21 - Nov 27, on average, 47 patients with confirmed COVID-19 and 18 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Dakota. This is a decrease of 17% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity in public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- New hospital admissions in North Dakota are stabilizing and beginning to decline. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased hospitalizations and fatalities.
- Ensure all universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for this must begin now.
- There continue to be high levels of positive staff at LTCFs, indicative of continued and unmitigated community spread in these geographic areas.
- Ensure all Tribal Nations are testing all residents and visitors weekly to ensure rapid isolation of asymptomatic cases.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

NORTH DAKOTA

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	7,215 (947)	-23%	77,415 (631)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.2%	+0.1%*	13.7%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	46,881** (6,152**)	+24%**	591,267** (4,823**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	85 (11.2)	-27%	677 (5.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	51%	-7%*	34%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	75%	+1%*	62%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	23%	+3%*	16%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	450 (22)	-17% (-16%)	5,336 (23)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

NORTH DAKOTA

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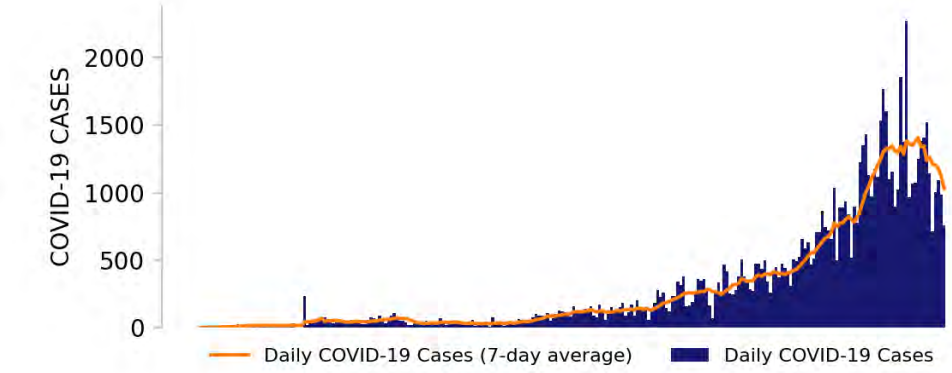
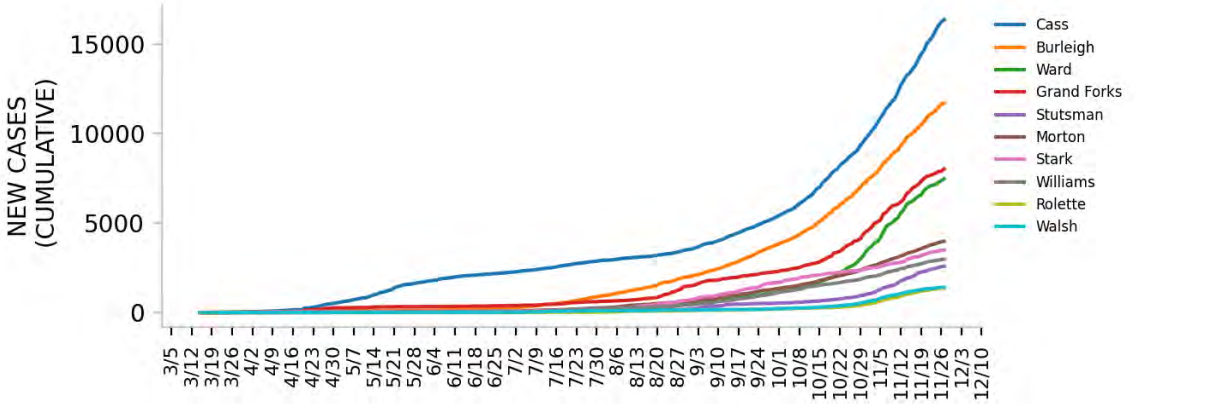
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

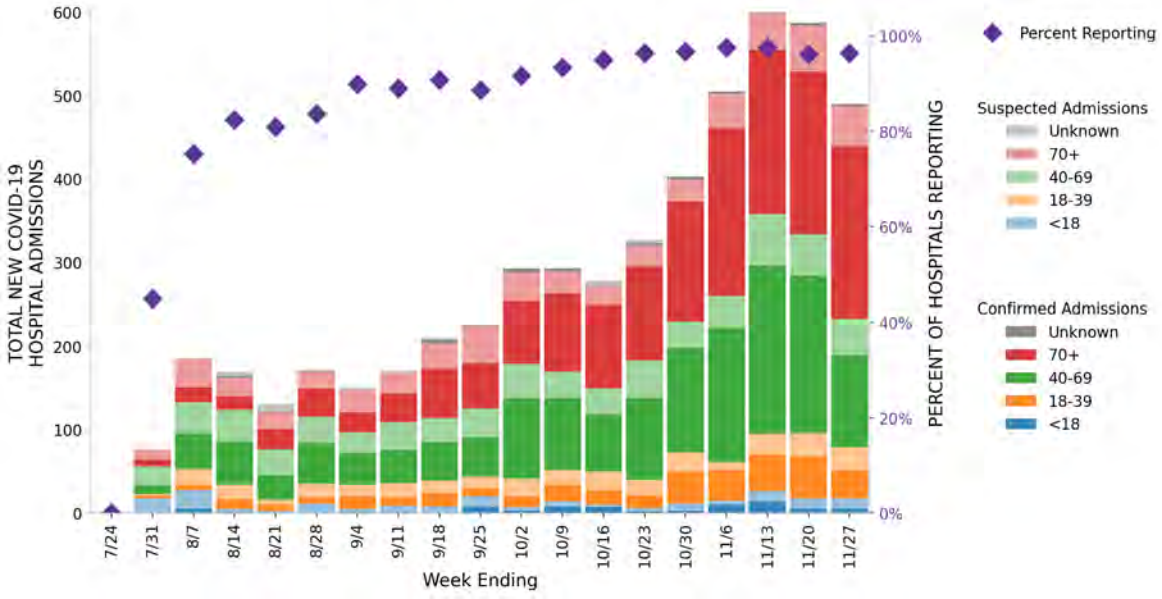
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

NORTH DAKOTA

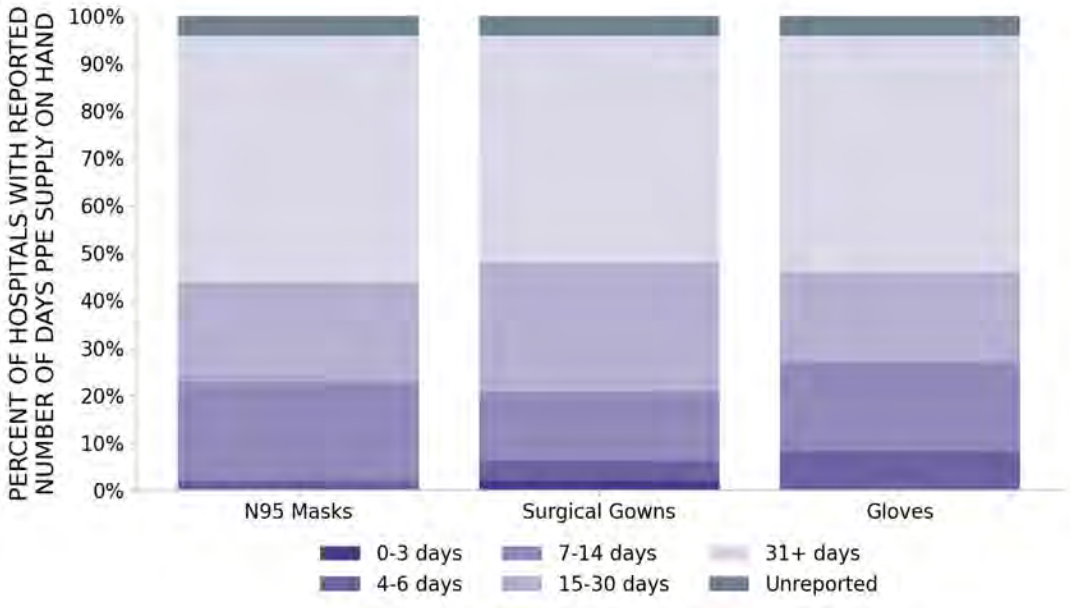
STATE REPORT | 11.29.2020

48 hospitals are expected to report in North Dakota

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

NORTH DAKOTA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**6** ■ (+0)	Fargo Bismarck Minot Grand Forks Williston Wahpeton	**32** ▲ (+1)	Cass Burleigh Ward Grand Forks Williams Rolette Walsh Barnes Richland Ramsey Mountrail Pembina
LOCALITIES IN ORANGE ZONE	**1** ■ (+0)	Jamestown	**7** ■ (+0)	Stutsman Morton Traill Mercer Dickey Eddy Dunn
LOCALITIES IN YELLOW ZONE	**1** ■ (+0)	Dickinson	**2** ▼ (-4)	Stark Ransom

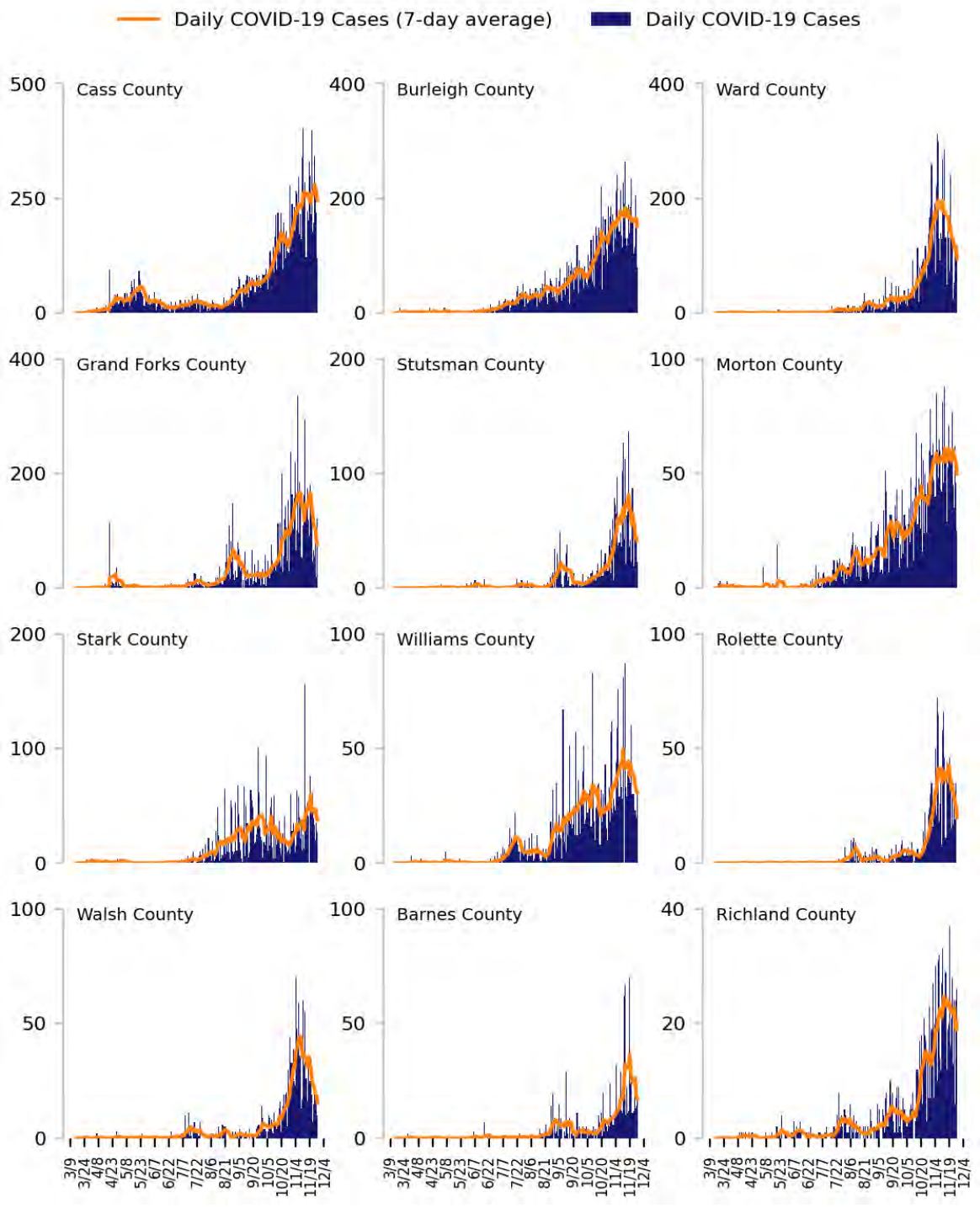
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Cass, Burleigh, Ward, Grand Forks, Williams, Rolette, Walsh, Barnes, Richland, Ramsey, Mountrail, Pembina, McLean, Foster, Pierce, McKenzie, Sioux, Cavalier, McHenry, Benson, Bottineau, Sargent, Nelson, LaMoure, Griggs, Renville, Burke, Kidder, Grant, Towner, Steele, Emmons

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

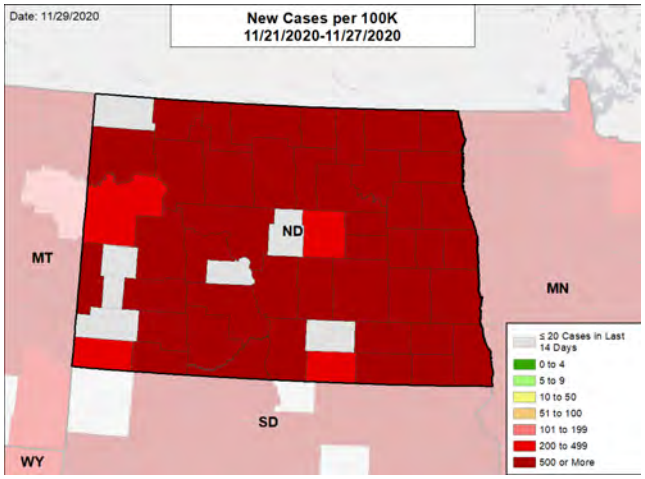
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

NORTH DAKOTA

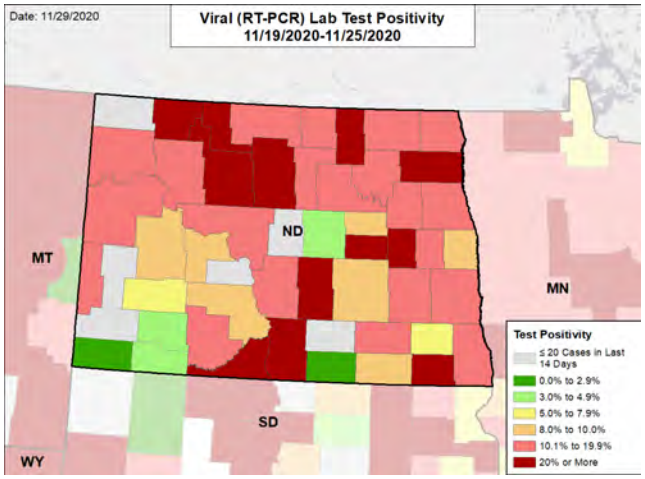
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

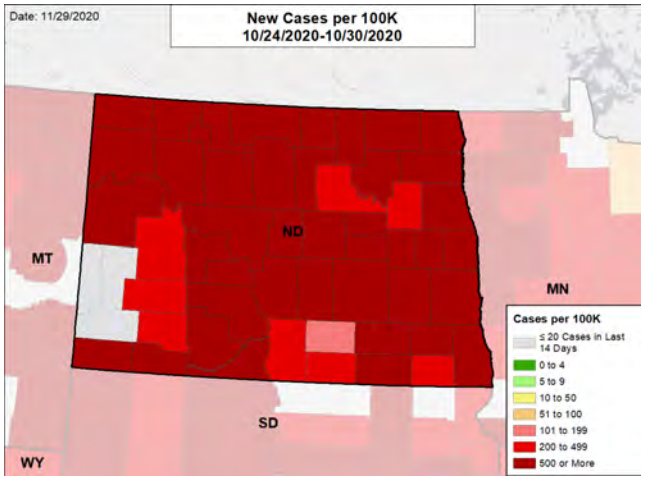
NEW CASES PER 100,000



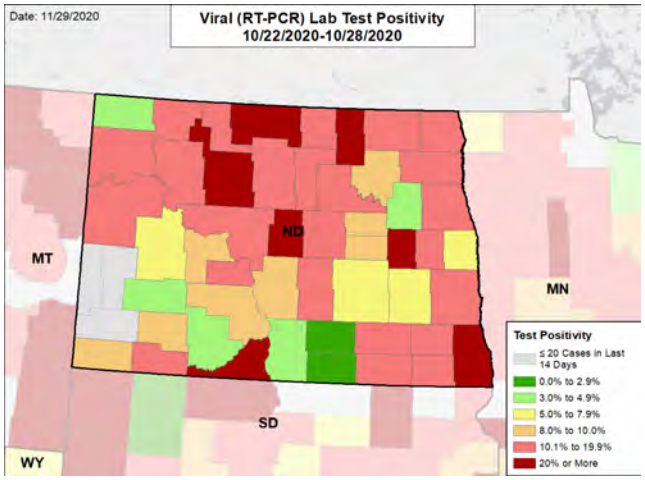
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

OHIO

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- Ohio 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. Ohio is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 13th highest rate in the country.
- Ohio has seen an increase in new cases, continued high test positivity, and a high rate of hospitalizations.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Franklin County, 2. Cuyahoga County, and 3. Hamilton County. These counties represent 26.6% of new cases in Ohio.
- 98% 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 16 - Nov 22, 31% of nursing homes had at least one new resident COVID-19 case, 54% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- Ohio had 551 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 8 to support operations activities from FEMA and 4 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 639 patients with confirmed COVID-19 and 470 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Ohio. This is an increase of 6% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity in public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- New hospital admissions in Ohio continue to rapidly increase. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased 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 in the winter move to mandatory weekly testing of all on and off campus students. Planning for this must begin now.
- There continue to be high levels of positive staff at LTCFs, indicative of continued and unmitigated community spread in these geographic areas.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

OHIO

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	64,385 (551)	+22%	299,152 (569)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.4%	+0.5%*	13.0%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	385,925** (3,302**)	-3%**	2,487,089** (4,734**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	392 (3.4)	+54%	2,726 (5.2)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	31%	+3%*	34%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	54%	-2%*	60%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	-1%*	13%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	7,763 (26)	+6% (+6%)	31,001 (26)	135,904 (19)

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

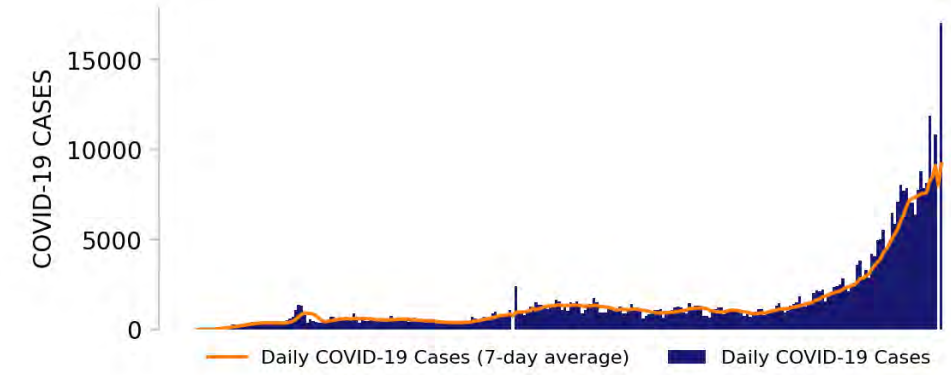
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

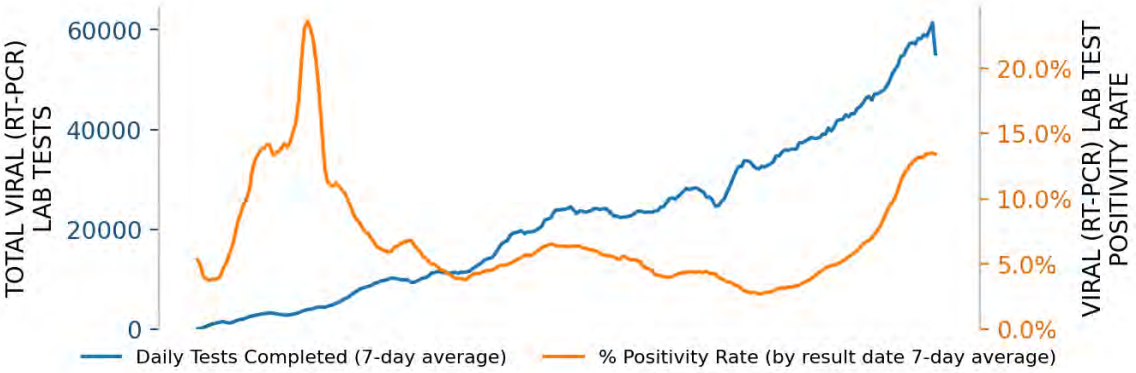
OHIO

STATE REPORT | 11.29.2020

NEW CASES

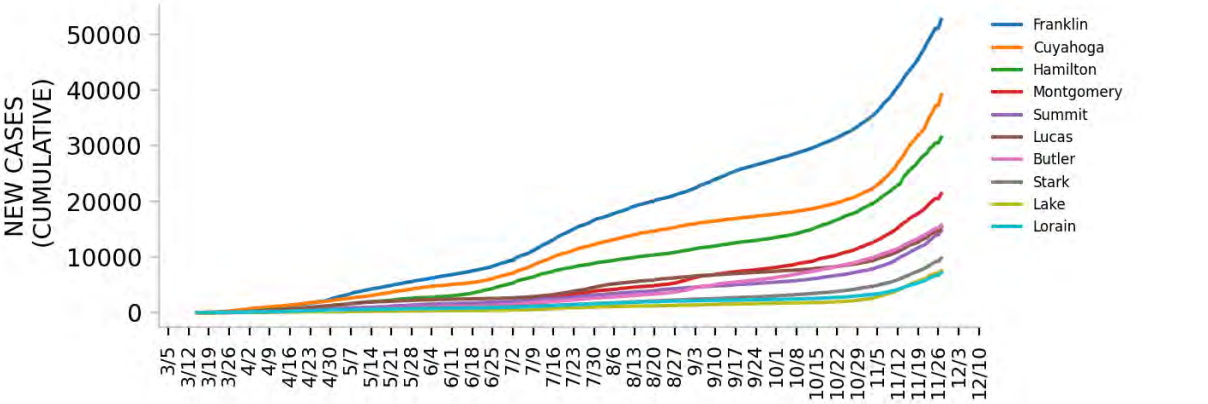


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



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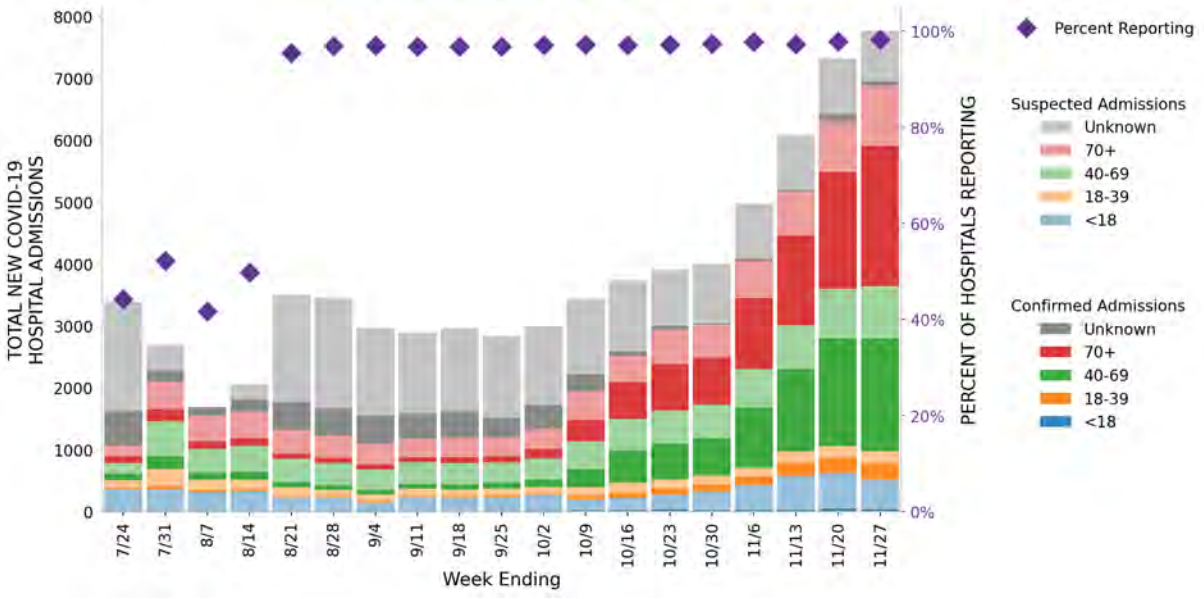
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

OHIO

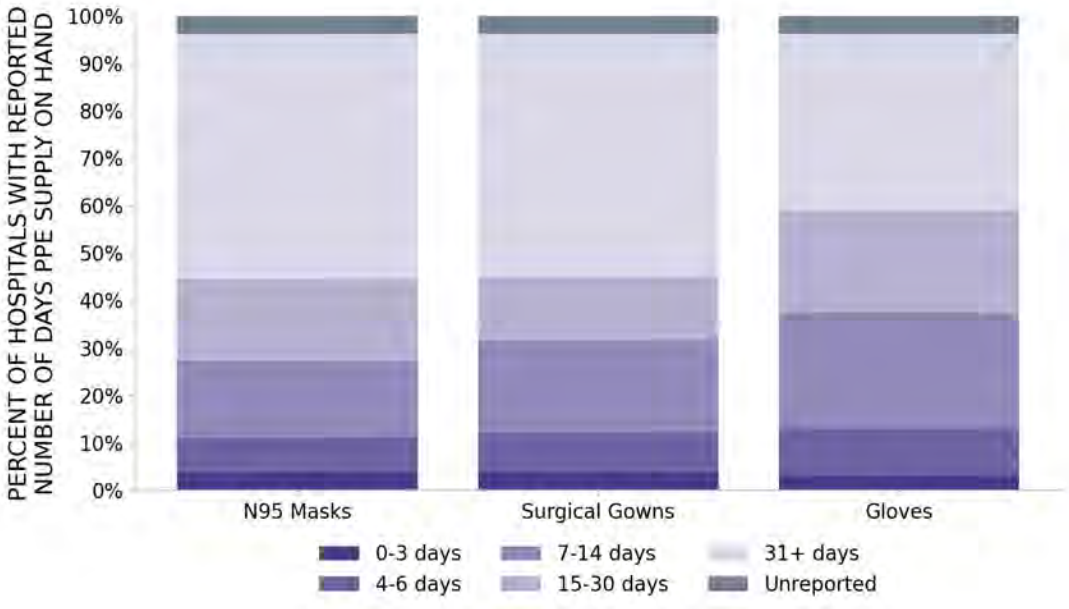
STATE REPORT | 11.29.2020

187 hospitals are expected to report in Ohio

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS
Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.
PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

OHIO

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	44 ■ (+0)	Cleveland-Elyria Columbus Cincinnati Dayton-Kettering Toledo Akron Youngstown-Warren-Boardman Canton-Massillon Lima Springfield New Philadelphia-Dover Mansfield	84 ▼ (-2)	Franklin Cuyahoga Hamilton Montgomery Summit Lucas Butler Stark Lake Lorain Mahoning Warren
LOCALITIES IN ORANGE ZONE	2 ▲ (+1)	Ashtabula Huntington-Ashland	1 ▼ (-1)	Ashtabula
LOCALITIES IN YELLOW ZONE	0 ▼ (-1)	N/A	1 ▲ (+1)	Lawrence

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

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

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

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

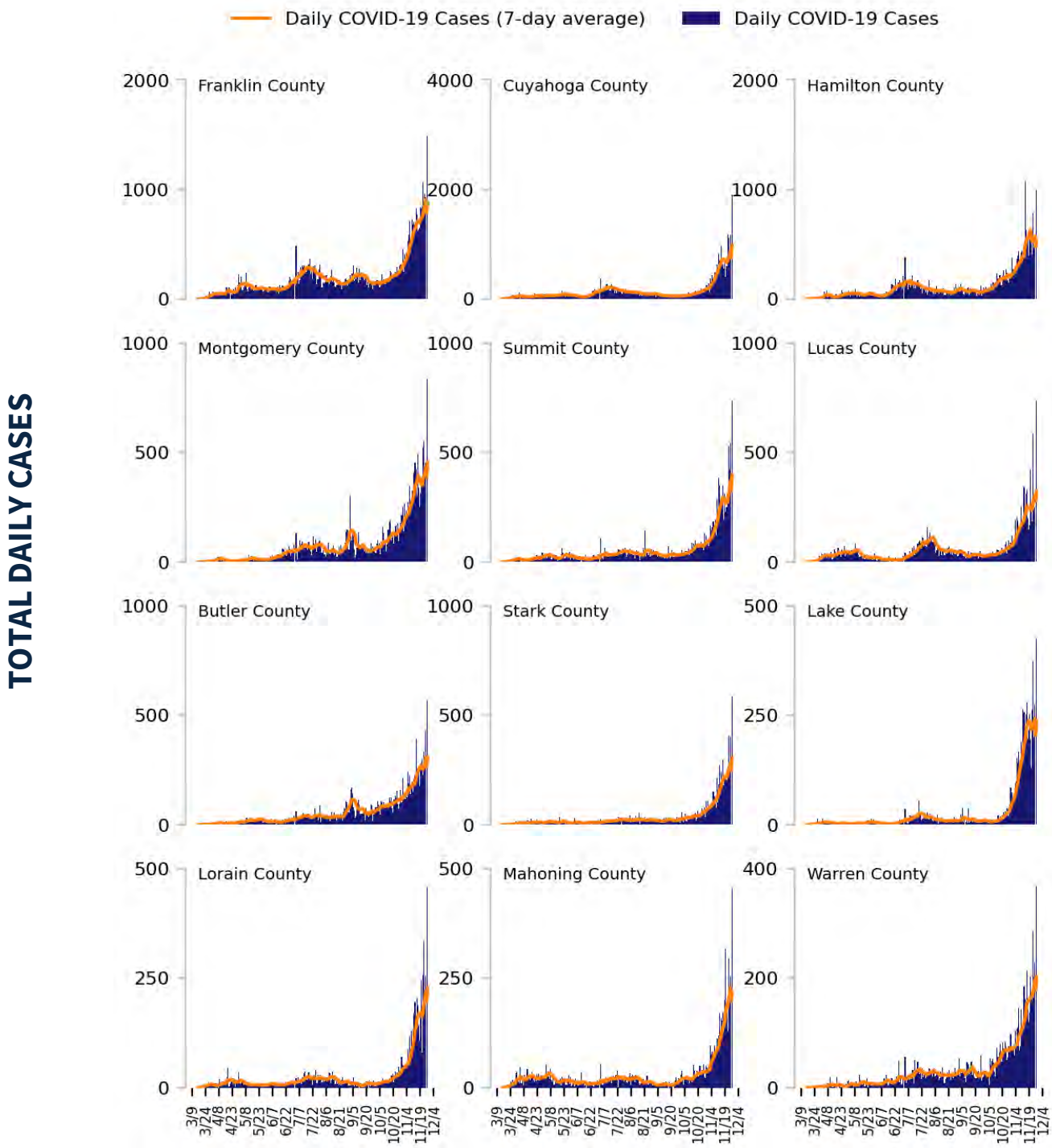
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

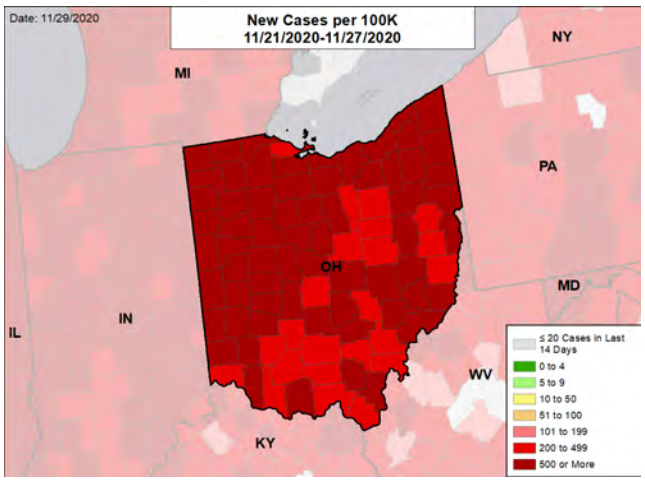
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

OHIO

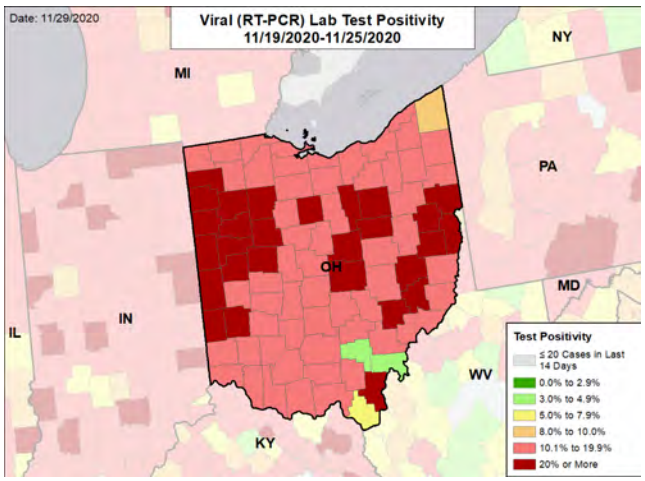
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

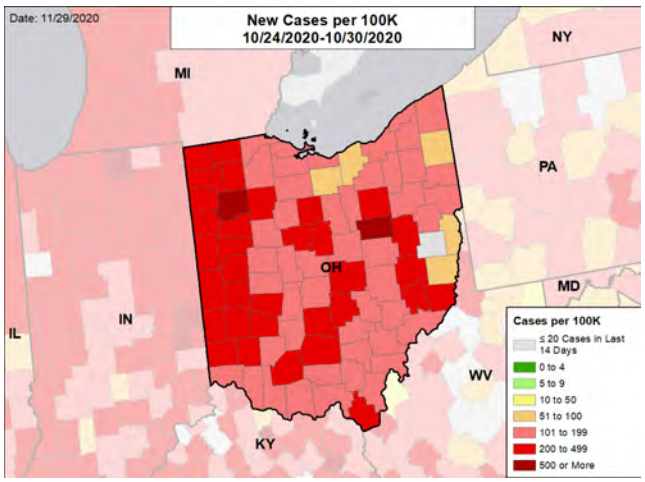
NEW CASES PER 100,000



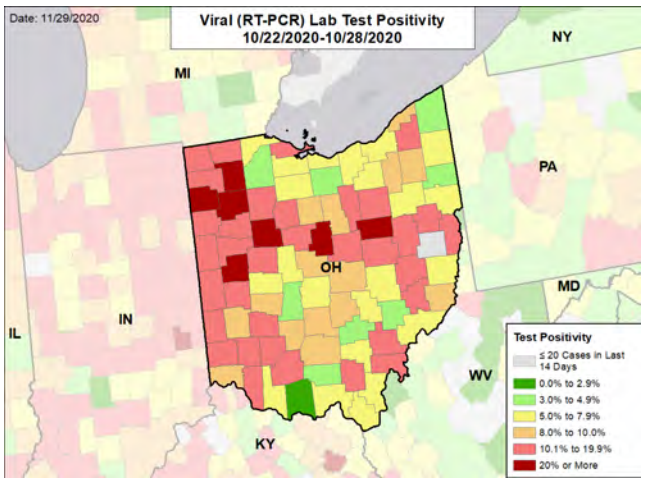
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020. The week one month before is 10/22 - 10/28.

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11.29.2020
Issue 24

OKLAHOMA

SUMMARY

- Oklahoma 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. Oklahoma is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 4th highest rate in the country.
- Oklahoma 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. Oklahoma County, 2. Tulsa County, and 3. Cleveland County. These counties represent 41.1% 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 96% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 29% of nursing homes had at least one new resident COVID-19 case, 47% had at least one new staff COVID-19 case, and 13% had at least one new resident COVID-19 death.
- Oklahoma had 513 new cases per 100,000 population, compared to a national average of 349 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.
- The federal government has supported surge testing in Lawton, Altus, Elk City, Sayre, Stillwater, and Clinton.
- Between Nov 21 - Nov 27, on average, 322 patients with confirmed COVID-19 and 84 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oklahoma. This is an increase of 6% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The depth of viral spread across Oklahoma remains significant and without public health orders in place compelling Oklahomans to act differently, the spread will remain unyielding with significant impact on the healthcare system.
- Mitigation and messaging need to be further strengthened as other states have done. Effective practices to decrease transmission in public spaces include requiring masks, limiting restaurant indoor capacity to <25%, and limiting bar hours until cases and test positivity decrease to the yellow zone. Strong mitigation efforts by neighboring states are showing early impact.
- Where university students are returning to campus from Thanksgiving break, conduct testing of all students and test weekly until the semester ends.
- Stay vigilant with nursing home staff and residents; nearly 50% of nursing homes have at least one COVID positive staff member and nearly 30% have COVID positive residents, indicating unmitigated community spread. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Ensure compliance with public health orders, including wearing masks.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Ensure all hospitals, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all hospitals, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- Ensure full flu immunizations across the state.
- Continue to promote weekly testing of all Tribal communities, regardless of symptoms. Test results should be rapid, and isolation and contact tracing conducted immediately. Ensure sufficient facilities for isolation and quarantine 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.

OKLAHOMA

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	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	20,304 (513)	+2%	132,529 (310)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	18.8%	-0.2%*	11.1%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	52,923** (1,337**)	+4%**	960,221** (2,248**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	101 (2.6)	-8%	1,460 (3.4)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	29%	+4%*	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	47%	+1%*	43%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	13%	+5%*	9%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,840 (30)	+6% (+12%)	18,433 (21)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

OKLAHOMA

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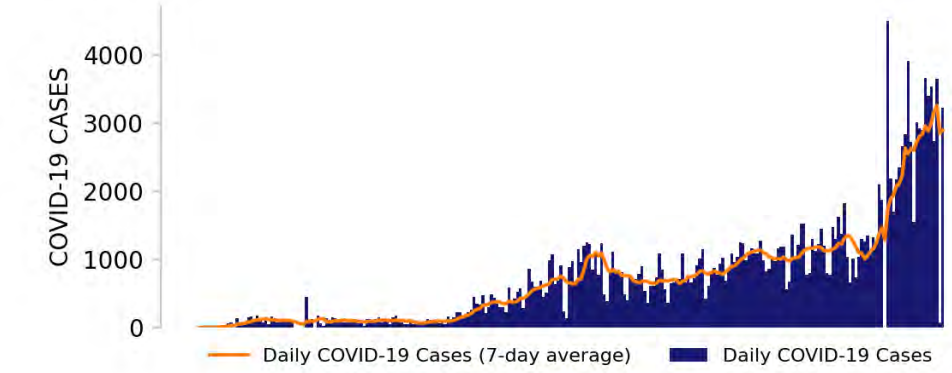
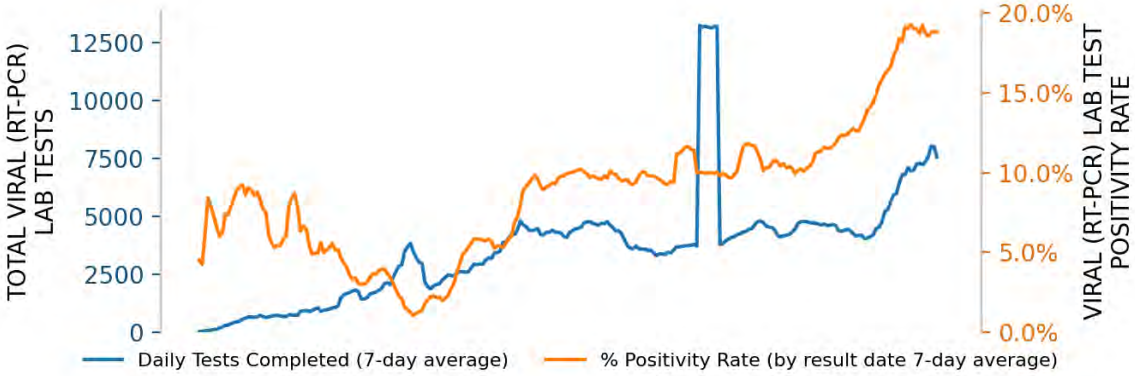
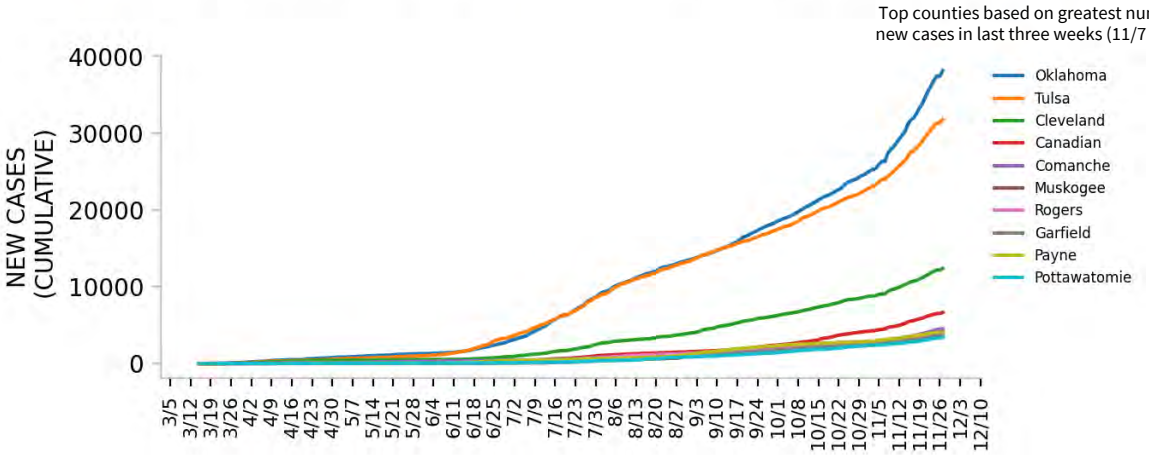
NEW CASES



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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020.

OKLAHOMA

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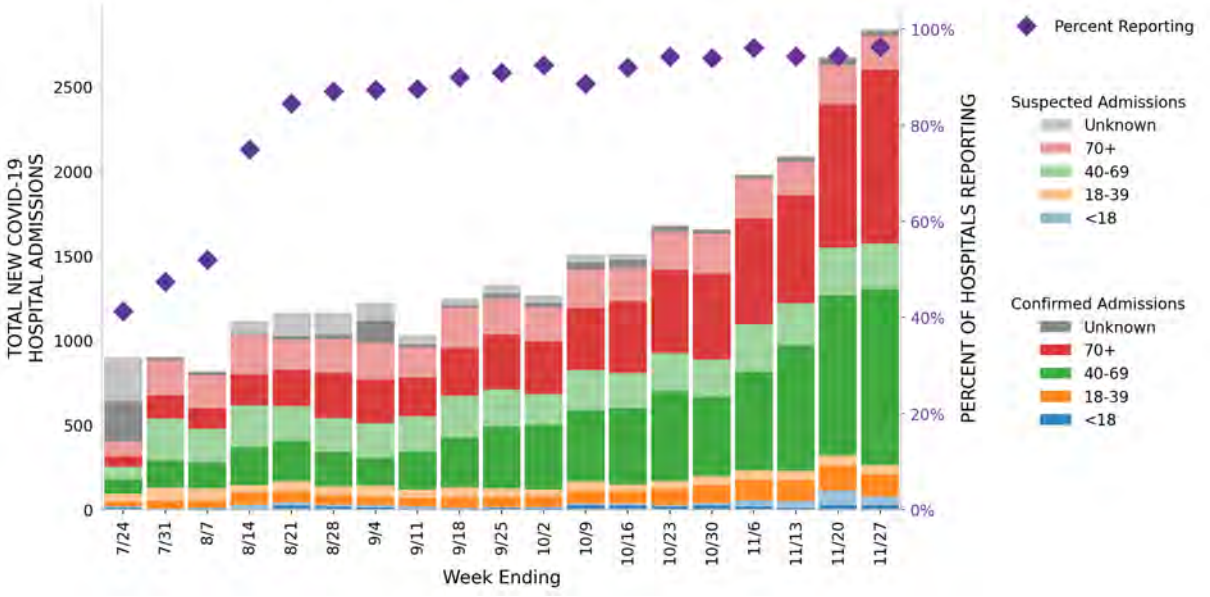
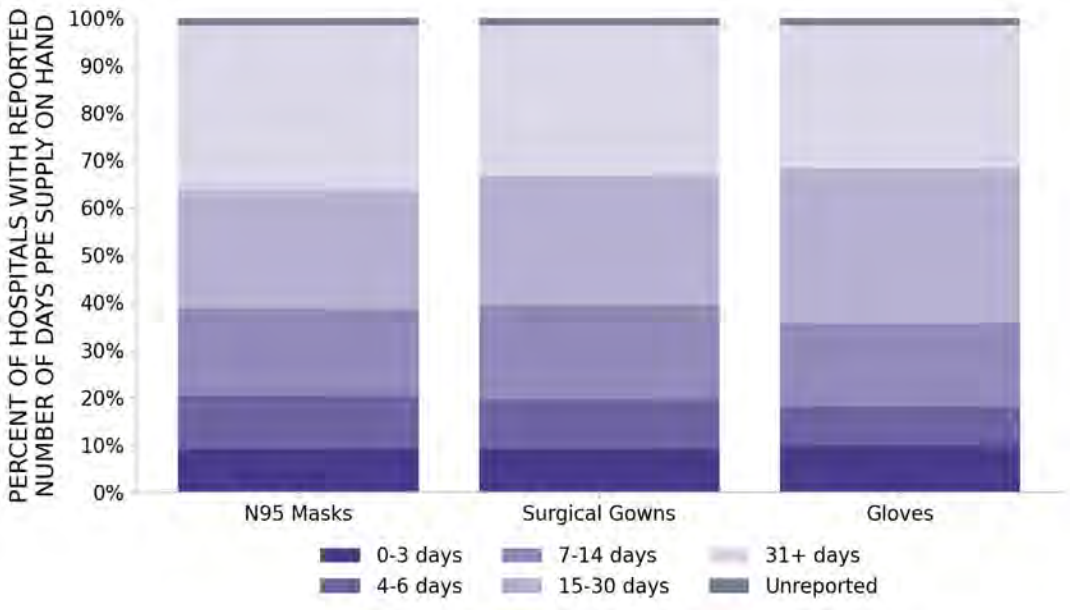
132 hospitals are expected to report in Oklahoma

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

OKLAHOMA

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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	**22** ▲ (+1)	Oklahoma City Tulsa Lawton Muskogee Enid Stillwater Shawnee Durant Ada Ardmore Ponca City Weatherford	**74** ▲ (+1)	Oklahoma Tulsa Cleveland Canadian Comanche Muskogee Rogers Garfield Payne Pottawatomie Bryan Pontotoc
LOCALITIES IN ORANGE ZONE	**0** ▼ (-1)	N/A	**2** ▼ (-1)	Murray Latimer
LOCALITIES IN YELLOW ZONE	**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, Enid, Stillwater, Shawnee, Durant, Ada, Ardmore, Ponca City, Weatherford, Tahlequah, Duncan, Woodward, Altus, Bartlesville, McAlester, Guymon, Fort Smith, Miami, Elk City

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

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

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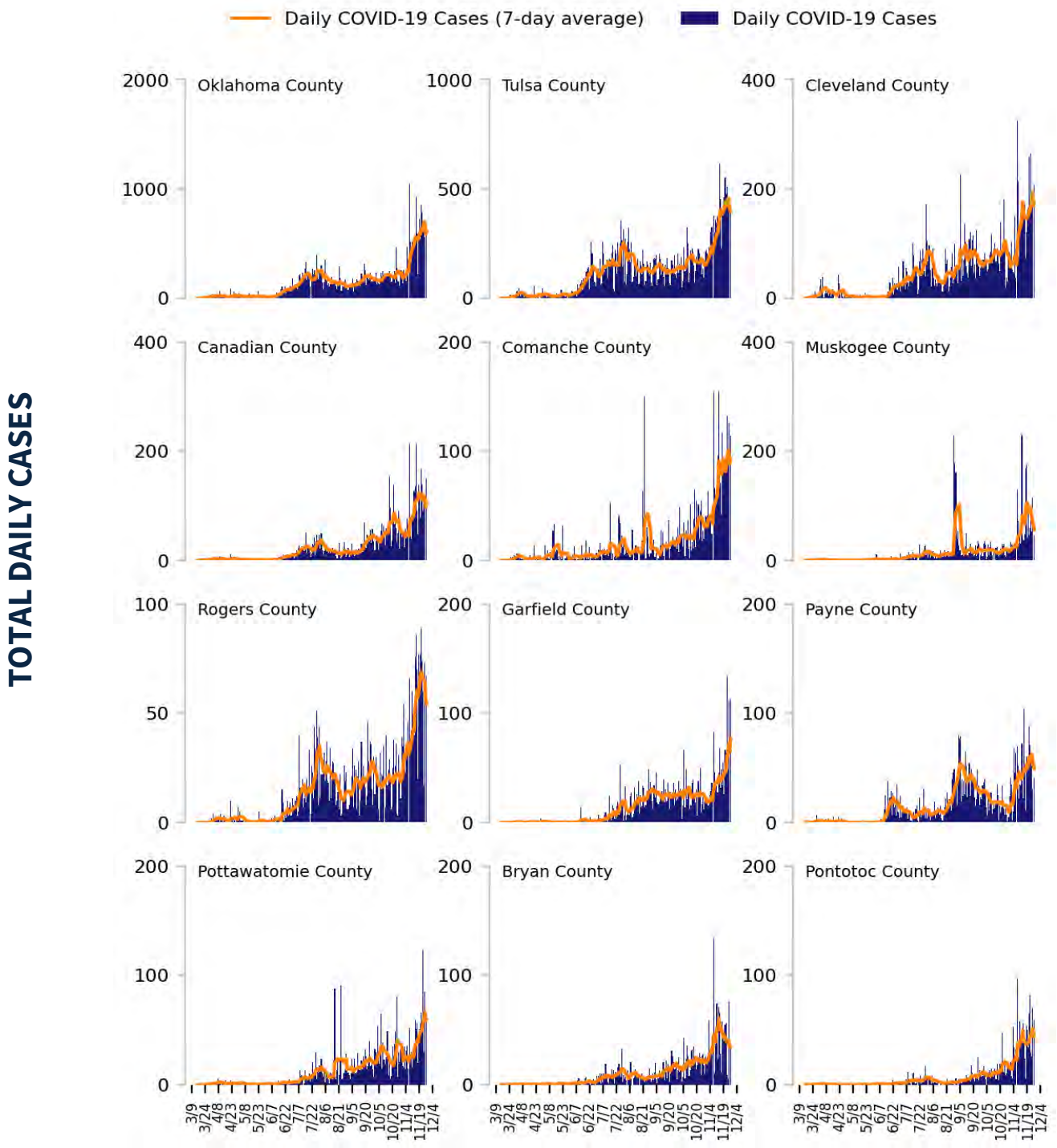
Top 12 counties based on number of new cases in the last 3 weeks



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OKLAHOMA

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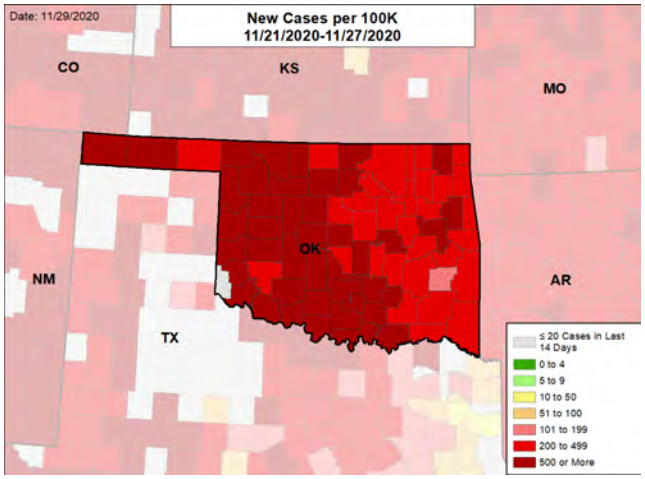
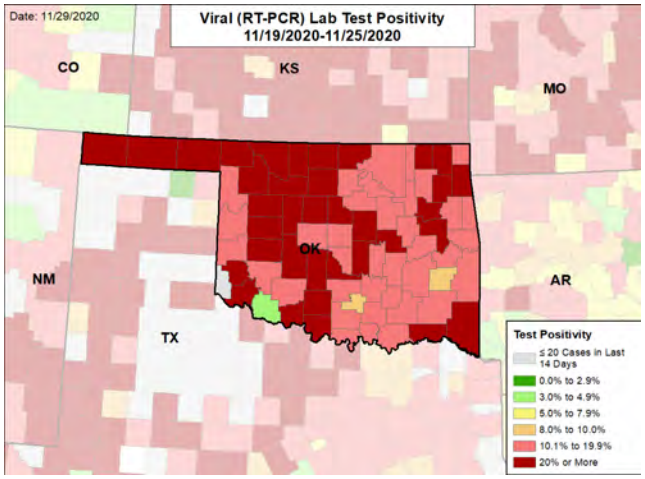
CASE RATES AND VIRAL LAB TEST POSITIVITY

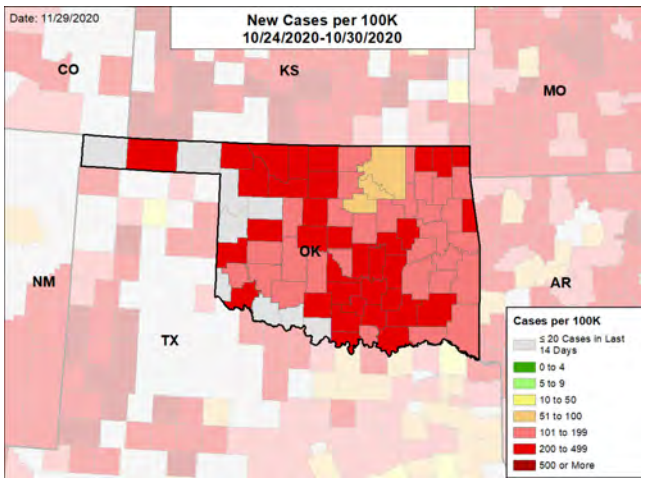
NEW CASES PER 100,000



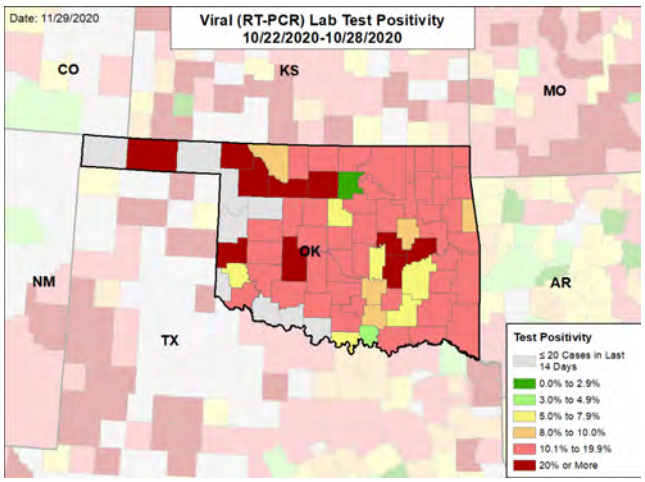
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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OREGON

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- Oregon 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. Oregon is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 28th highest rate in the country.
- Oregon has seen an increase in new cases and stability in test positivity. 251 counties had an increase in case rate and 20 counties had an increase in test positivity; 16 counties had test positivity rates over 10%, the highest in Baker, Clatsop, and Union counties.
- 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 49.0% of new cases in Oregon.
- 75% of all counties in Oregon have moderate or high levels of community transmission (yellow, orange, or red zones), with 44%having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 12% of nursing homes had at least one new resident COVID-19 case, 25% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death. Ongoing transmission in facilities in Medford, Portland, and Eugene.
- Oregon had 205 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 19 to support operations activities from FEMA and 8 to support operations activities from USCG.
- The federal government is currently supporting surge testing in Clackamas, Marion, Linn, and Malheur counties.
- Between Nov 21 - Nov 27, on average, 61 patients with confirmed COVID-19 and 104 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oregon. This is an increase of 6% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- All media platforms (conventional and social) should be fully saturated with public health messaging on the risks of social gatherings, the clear recommendation to avoid such gatherings, the critical need for face coverings and social distancing, and instructions on how to report non-compliance of local businesses and organizations.
- Recruit clinical personnel from local facilities to advocate for adherence to face covering and social distancing; public health messaging should appeal to community coherence and responsibility, using champions from across the different political and cultural spectra to convey the importance of mitigation efforts.
- As mitigation restrictions fluctuate, active monitor to ensure adherence to guidance; work closely with religious organizations and retail service providers to ensure maximal safety.
- Ensure aggressive flu vaccine campaigns are underway in all counties.
- Continue to expand the surveillance net through regular testing of at-risk workers; surveillance signals should direct local testing campaigns.
- Ensure all clinical facilities throughout the state, including mid-level and rural, have expansion plans, updated treatment protocols, telehealth and remote support capabilities, maximal access to medications, and access to platforms for efficient intra- and inter-state exchanges.
- All staff who work with any patients or residents should be tested weekly with rapid tests and should not be permitted to work without a recent negative test or clearance from isolation.
- If needed, contact tracing capacity should be expanded by focusing interviews, developing scripts and clear algorithms to allow task-shifting, using automated emails/texts that contain instructions to isolate and/or quarantine and mechanisms for reporting contact information, and coordinating remote surge capacity from counties with lower case rates.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

OREGON

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	8,657 (205)	+20%	40,619 (283)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.7%	+0.4%*	10.5%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	145,679** (3,454**)	+15%**	398,235** (2,775**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	75 (1.8)	+27%	247 (1.7)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	12%	+6%*	17%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	25%	-4%*	37%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+1%*	5%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,160 (17)	+6% (+9%)	3,178 (14)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

OREGON

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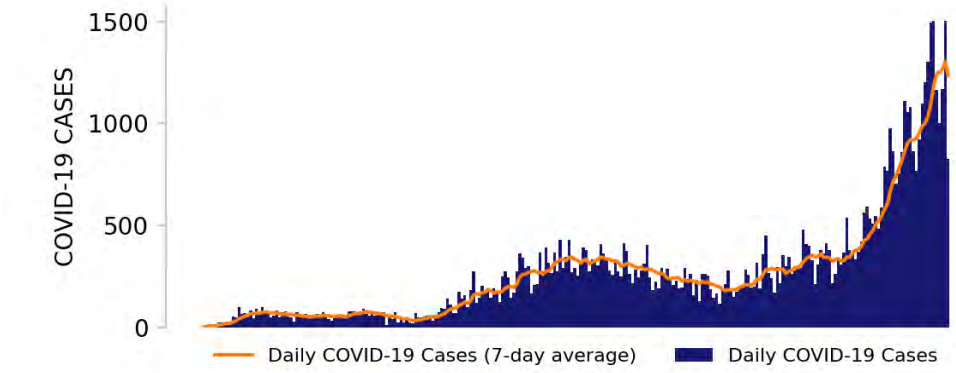
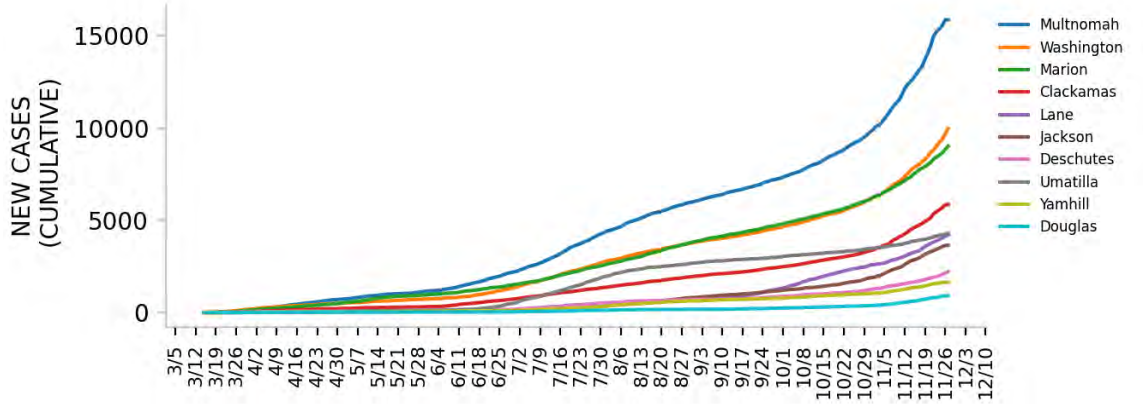
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



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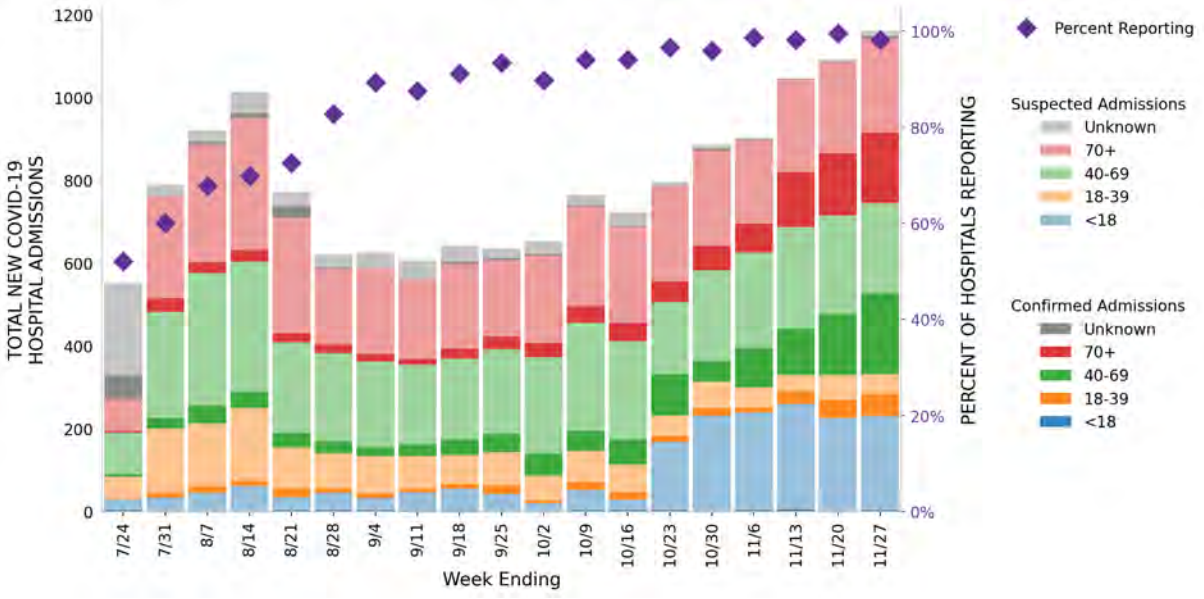
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

OREGON

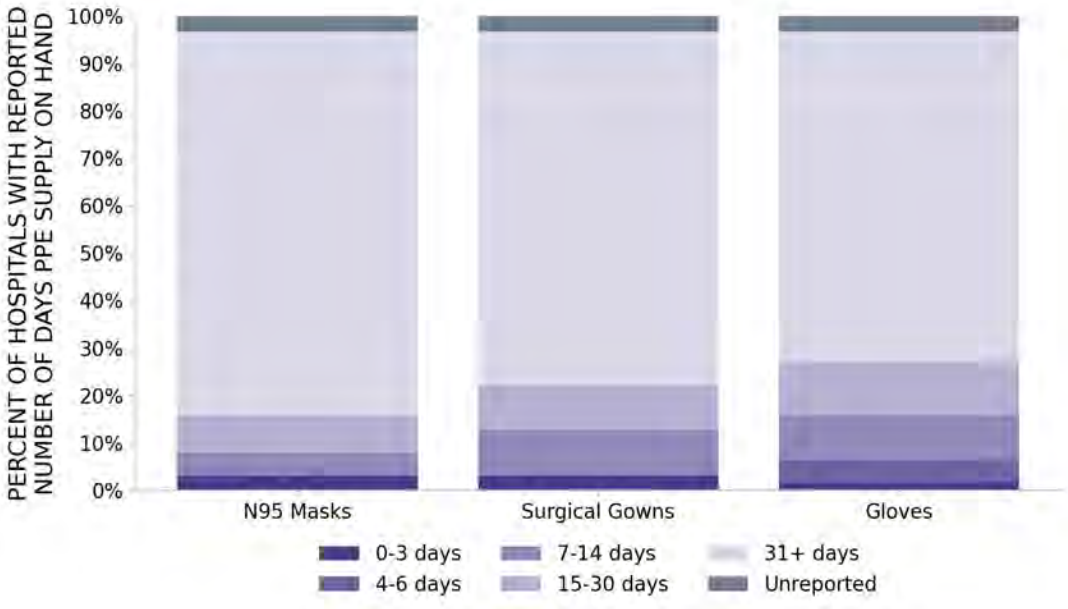
STATE REPORT | 11.29.2020

63 hospitals are expected to report in Oregon

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

OREGON

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**8** ▲ (+2)	Portland-Vancouver-Hillsboro Salem Medford Bend Hermiston-Pendleton Ontario La Grande Hood River	**16** ▲ (+7)	Multnomah Washington Marion Clackamas Jackson Deschutes Umatilla Polk Malheur Union Jefferson Columbia
LOCALITIES IN ORANGE ZONE	**5** ▲ (+2)	Klamath Falls The Dalles Prineville Astoria Brookings	**6** ▼ (-1)	Yamhill Klamath Wasco Crook Clatsop Curry
LOCALITIES IN YELLOW ZONE	**4** ▼ (-2)	Roseburg Albany-Lebanon Grants Pass Newport	**5** ▼ (-4)	Douglas Linn Josephine Grant Lincoln

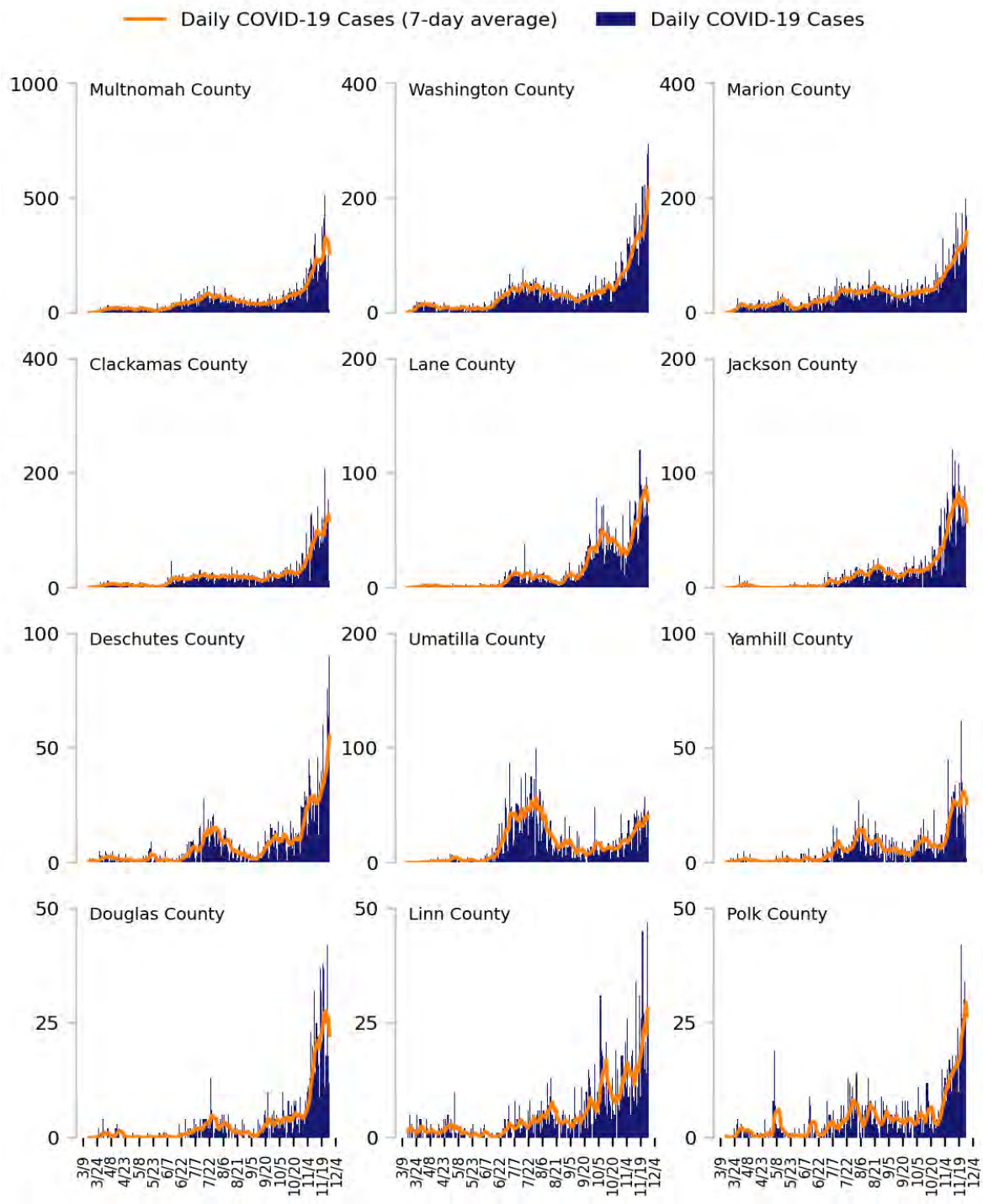
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Multnomah, Washington, Marion, Clackamas, Jackson, Deschutes, Umatilla, Polk, Malheur, Union, Jefferson, Columbia, Hood River, Baker, Morrow, 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

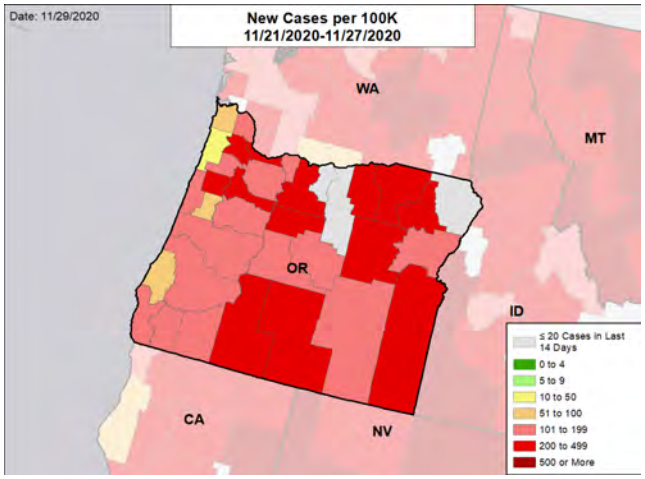
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

OREGON

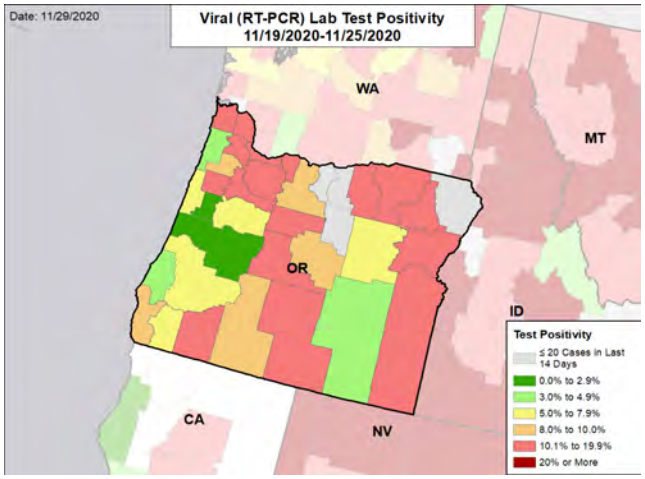
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

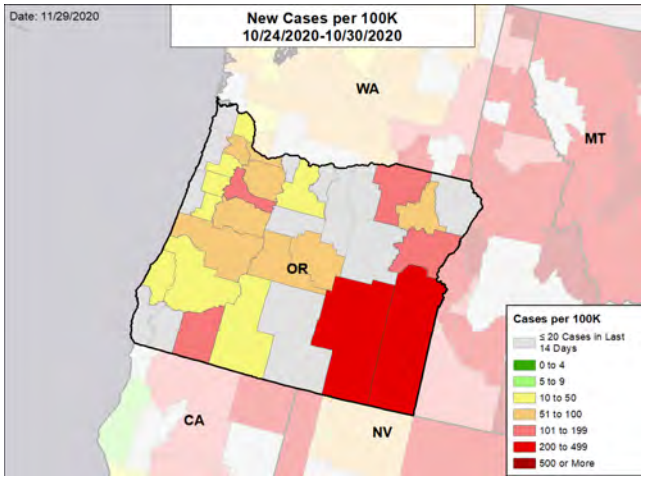
NEW CASES PER 100,000



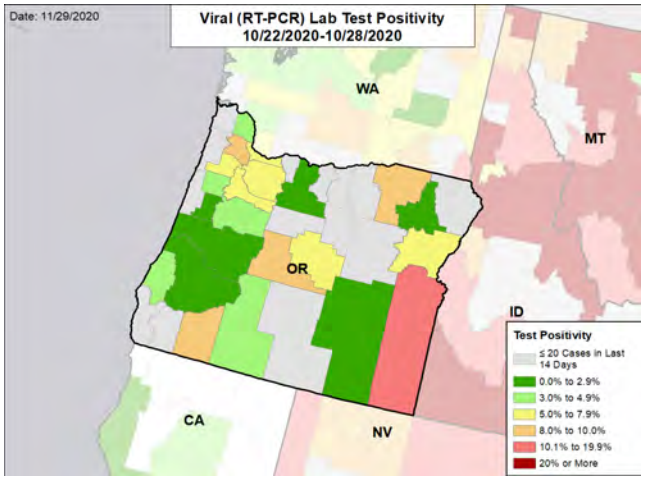
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

PENNSYLVANIA

SUMMARY

- Pennsylvania 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. Pennsylvania is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 24th highest rate in the country.
- Pennsylvania has seen an increase in new cases and stability in test positivity. 56 counties reported an increase in case rate and 39 counties reported an increase in test positivity. 51 counties reported test positivity rates over 10%.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Philadelphia County, 2. Allegheny County, and 3. Montgomery County. These counties represent 27.9% of new cases in Pennsylvania.
- 99% of all counties in Pennsylvania 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 16 - Nov 22, 27% of nursing homes had at least one new resident COVID-19 case, 49% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death. Dozens of outbreaks (>10 cases among staff and residents) were reported across the state.
- Pennsylvania had 374 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 50 to support operations activities from FEMA; 8 to support operations activities from ASPR; 7 to support epidemiology activities from CDC; and 4 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 549 patients with confirmed COVID-19 and 563 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Pennsylvania. This is an increase of 18% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The continued increase in transmission remains concerning, especially given local hospital shortages and further increases anticipated over the upcoming holidays. Recent restrictions are warranted and commendable.
- All media platforms (conventional and social) should be fully saturated with public health messaging on the risks of social gatherings, the clear recommendation to avoid such gatherings, the critical need for face coverings and social distancing, and instructions on how to report non-compliance of local businesses and organizations.
- Continue to expand the surveillance net through regular testing of at-risk workers; surveillance signals should direct testing campaigns.
- Recruit clinical personnel from local facilities to convey local messages and plead for adherence to face covering and social distancing; public health messaging should appeal to community coherence and responsibility, using champions from different political and cultural belief systems to convey the importance of mitigation efforts.
- As mitigation restrictions fluctuate, actively monitor to ensure adherence to guidance; work closely with religious organizations and retail service providers to ensure maximal safety.
- Ensure aggressive flu vaccine campaigns are underway in all counties.
- Continue to engage with the healthcare system to monitor hospitalization rates and staffing, PPE, or bed shortages. Identify clear triggers that would require support, especially need for any assistance from federal partners. Ensure all clinical facilities throughout the state, including mid-level and rural, have expansion plans, updated treatment protocols, telehealth and remote support capabilities, maximal access to medications, and access to platforms for efficient intra- and inter-state exchanges.
- If needed, contact tracing capacity should be expanded as previously described; consider using automated emails/texts that contain instructions to isolate and/or quarantine and mechanisms for reporting contact information.
- Continued and increasing outbreaks among the most vulnerable are a grave and persistent concern; prioritize total adherence to all CMS guidance and ensure regular testing of all staff with rapid tests is being conducted at all long-term and rehab care facilities. Facilities that are not fully adherent should be fined and/or made public.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

PENNSYLVANIA

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	47,828 (374)	+16%	91,757 (297)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.8%	+0.3%*	8.6%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	439,636** (3,434**)	+9%**	990,331** (3,210**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	544 (4.2)	+18%	939 (3.0)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	27%	+8%*	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	49%	+3%*	45%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	+2%*	8%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	7,783 (24)	+18% (+18%)	15,696 (23)	135,904 (19)

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

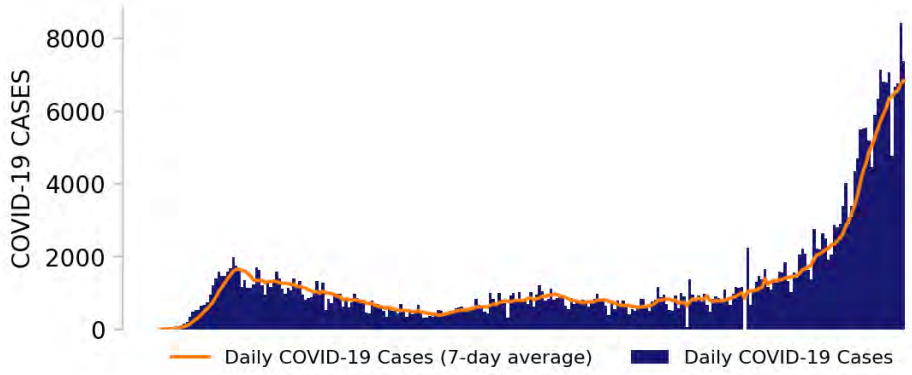
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

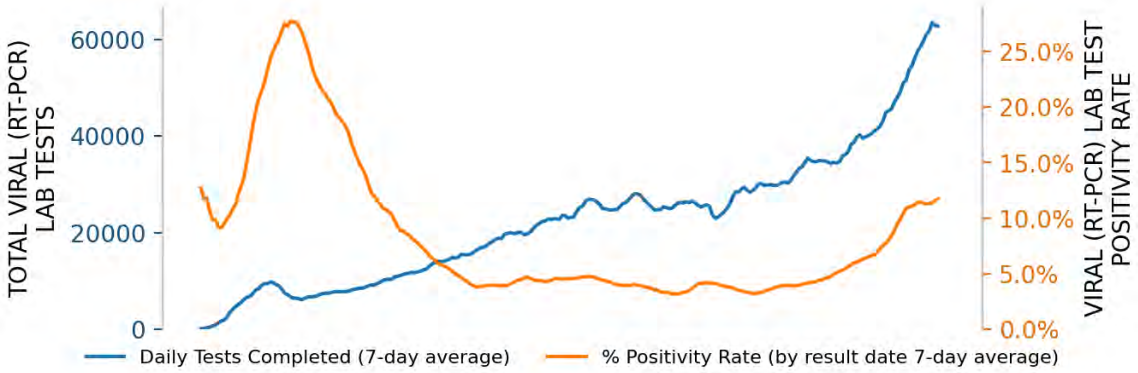
PENNSYLVANIA

STATE REPORT | 11.29.2020

NEW CASES

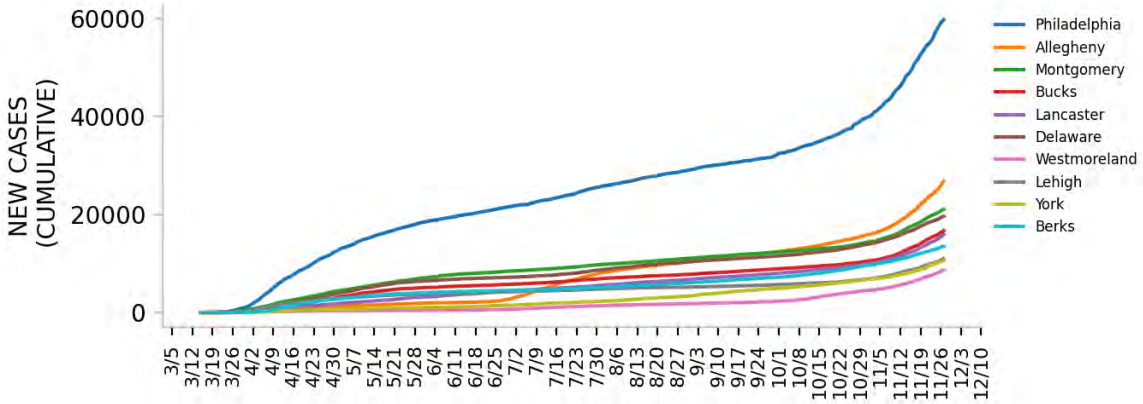


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



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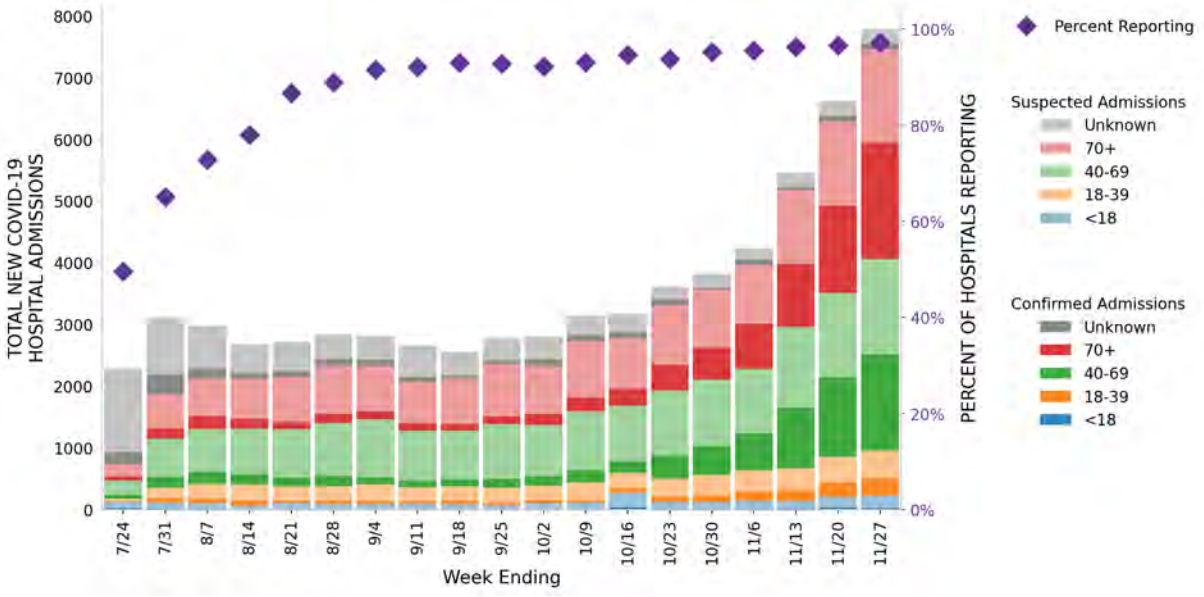
PENNSYLVANIA

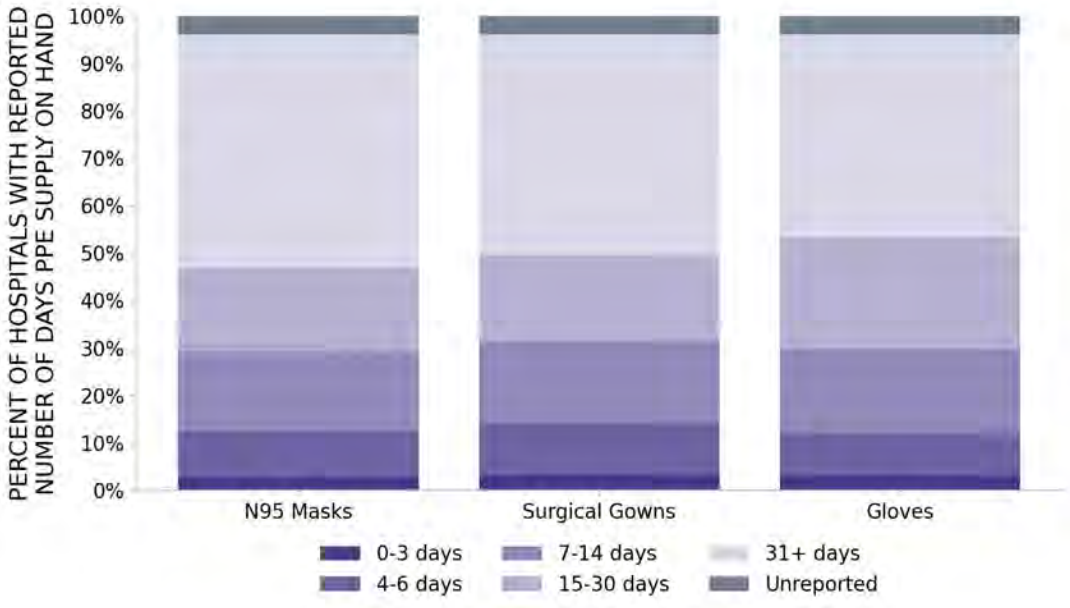
STATE REPORT | 11.29.2020

184 hospitals are expected to report in Pennsylvania

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

PENNSYLVANIA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	30 ▲ (+4)	Philadelphia-Camden-Wilmington Pittsburgh Allentown-Bethlehem-Easton Lancaster Scranton--Wilkes-Barre Harrisburg-Carlisle York-Hanover Reading Erie Johnstown Altoona Chambersburg-Waynesboro	50 ▲ (+5)	Philadelphia Bucks Lancaster Delaware Westmoreland Lehigh York Berks Luzerne Northampton Erie Cambria
LOCALITIES IN ORANGE ZONE	5 ■ (+0)	Sayre Gettysburg Oil City Bloomsburg-Berwick Bradford	10 ▲ (+1)	Allegheny Montgomery Chester Butler Bradford Adams Venango McKean Wayne Sullivan
LOCALITIES IN YELLOW ZONE	2 ▼ (-3)	State College New York-Newark-Jersey City	6 ▼ (-3)	Centre Lackawanna Pike Susquehanna Montour Forest

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

All Red CBSAs: Philadelphia-Camden-Wilmington, Pittsburgh, Allentown-Bethlehem-Easton, Lancaster, Scranton--Wilkes-Barre, Harrisburg-Carlisle, York-Hanover, Reading, Erie, Johnstown, Altoona, Chambersburg-Waynesboro, Lebanon, Pottsville, Youngstown-Warren-Boardman, Somerset, Lewistown, Meadville, Indiana, East Stroudsburg, Williamsport, DuBois, New Castle, Lewisburg, Sunbury, Huntingdon, Selinsgrove, Lock Haven, St. Marys, Warren
All Red Counties: Philadelphia, Bucks, Lancaster, Delaware, Westmoreland, Lehigh, York, Berks, Luzerne, Northampton, Erie, Cambria, Blair, Dauphin, Cumberland, Washington, Franklin, Lebanon, Schuylkill, Mercer, Beaver, Somerset, Mifflin, Crawford, Indiana, Monroe, Lycoming, Clearfield, Lawrence, Bedford, Fayette, Union, Armstrong, Northumberland, Tioga, Clarion, Carbon, Huntingdon, Juniata, Jefferson, Snyder, Greene, Clinton, Columbia, Elk, Perry, Wyoming, Warren, Fulton, Potter

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
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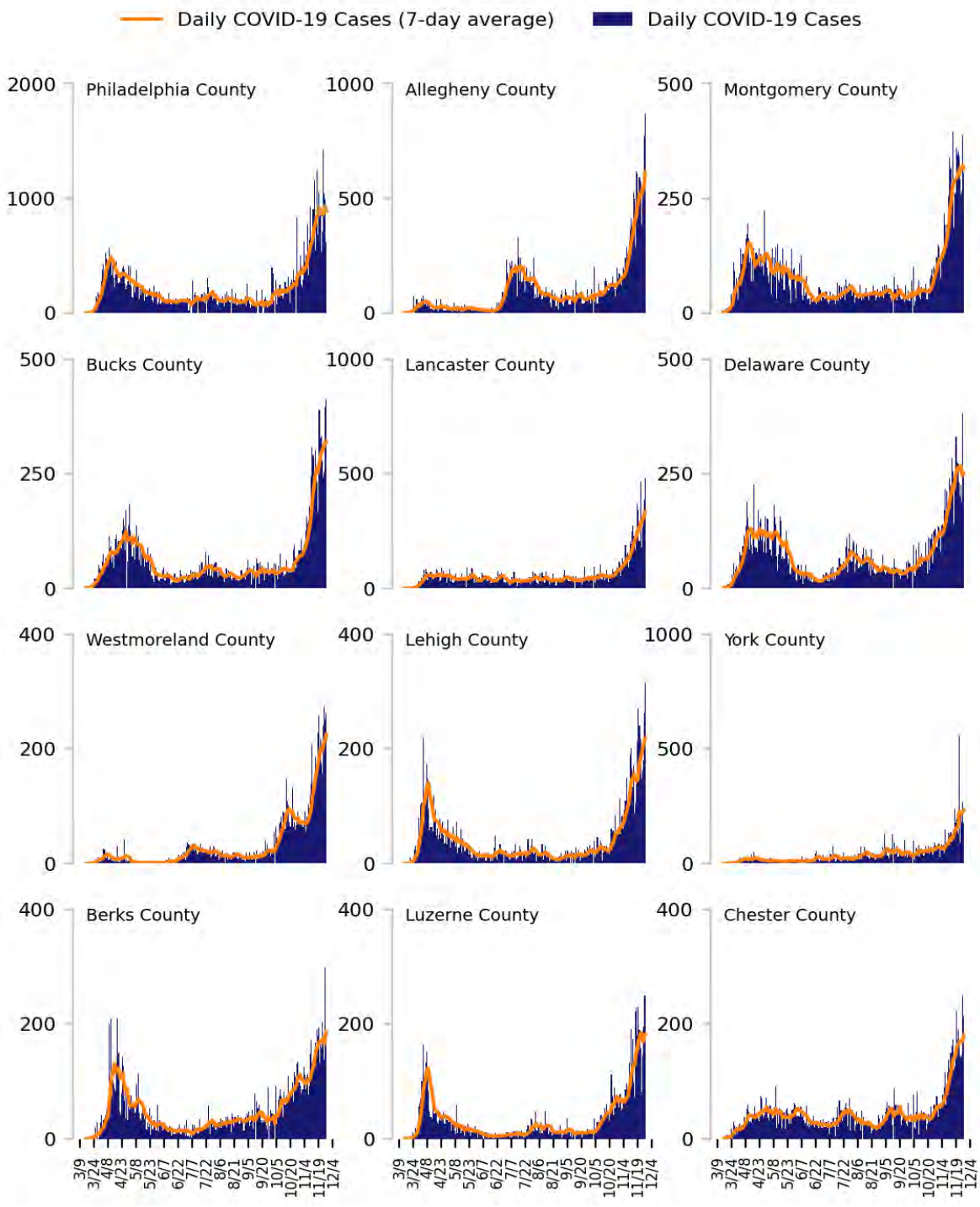
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES – Additional data details available under METHODS

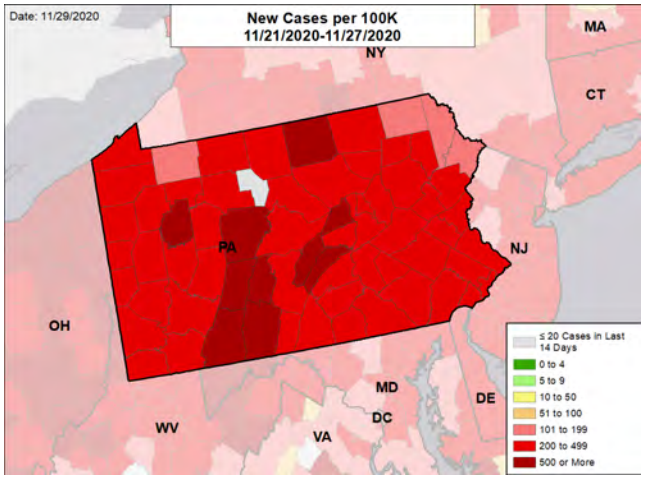
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

PENNSYLVANIA

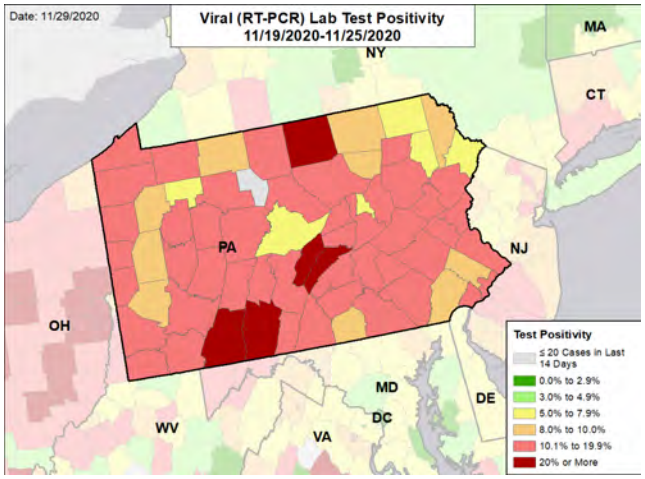
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

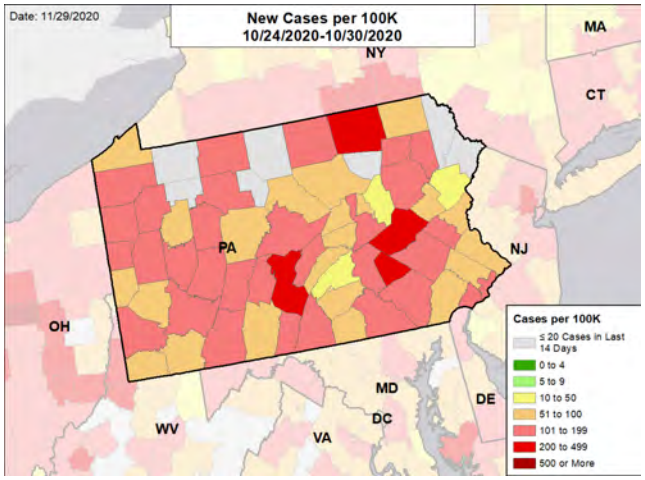
NEW CASES PER 100,000



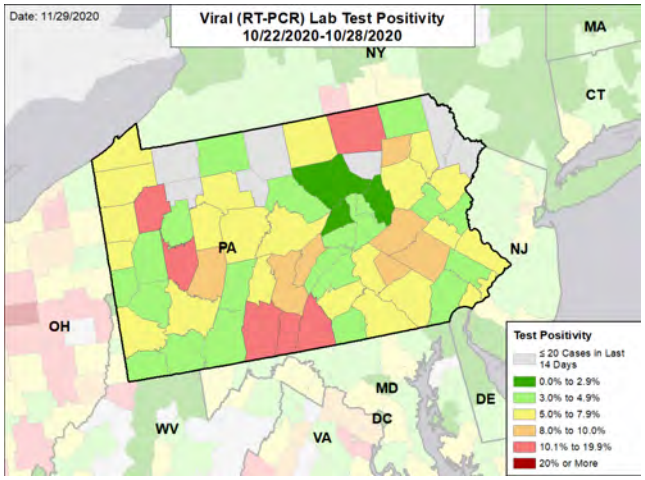
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

RHODE ISLAND

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- Rhode Island 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. Rhode Island 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.
- Rhode Island has seen stability in new cases and stability in test positivity; case rates are above 200 per 100,000 population per week in all counties and above 600 per 100,000 population in Providence and Kent counties.
- 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 78.1% of new cases in Rhode Island.
- 40% of all counties in Rhode Island have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 25% of nursing homes had at least one new resident COVID-19 case, 63% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death. Multiple facilities reported outbreaks (>5 cases) among staff and residents, the largest in facilities in East Providence, Warwick, Riverside, Cranston, and Woonsocket.
- Inpatient bed utilization was at 90% and ICU bed utilization was at 84%.
- Rhode Island had 562 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA.
- Between Nov 21 - Nov 27, on average, 27 patients with confirmed COVID-19 and 0 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Rhode Island. This is an increase of 11% in total 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

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- Given the very high level of transmission and critical hospital shortages, the proposed pause is warranted; consider ways to enforce the additional restrictions.
- All media platforms (conventional and social) should be fully saturated with public health messaging on the risks of social gatherings, the clear recommendation to avoid such gatherings, the critical need for face coverings and social distancing, and instructions on how to report non-compliance of local businesses and organizations.
- Continue to expand the surveillance net through regular testing of at-risk workers; surveillance signals should direct testing campaigns.
- Continue maximal testing throughout the holiday season, consider adding quarantine/isolation instructions to the testing website along with exhortation to quarantine until results are reported.
- Ensure aggressive flu vaccine campaigns are underway in all counties.
- Ensure all universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for that should begin now.
- Continue regular outreach to businesses and religious organizations regarding distancing and limitations on occupancy and enforce penalties where violations are encountered.
- Contact tracing remains critically important; if needed, contact tracing capacity should be expanded as previously described; consider using automated emails/texts that contain instructions to isolate and/or quarantine and mechanisms for reporting contact information.
- Continued outbreaks among the most vulnerable are a grave concern; ensure all CMS guidance is followed at all long-term care facilities (LTCFs) and congregate settings, and regular testing of all staff with rapid tests is being conducted. Consider reinstating requirement for 2 negative tests prior to LTCF admission. Facilities that are not fully adherent should be fined and/or made public.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

RHODE ISLAND

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	5,953 (562)	-8%	39,813 (268)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.1%	-0.3%*	4.3%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	104,937** (9,906**)	+12%**	901,789** (6,075**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	52 (4.9)	+30%	382 (2.6)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	25%	-3%*	16%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	63%	+5%*	34%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	-1%*	4%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	190 (10)	+11% (+19%)	4,085 (12)	135,904 (19)

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

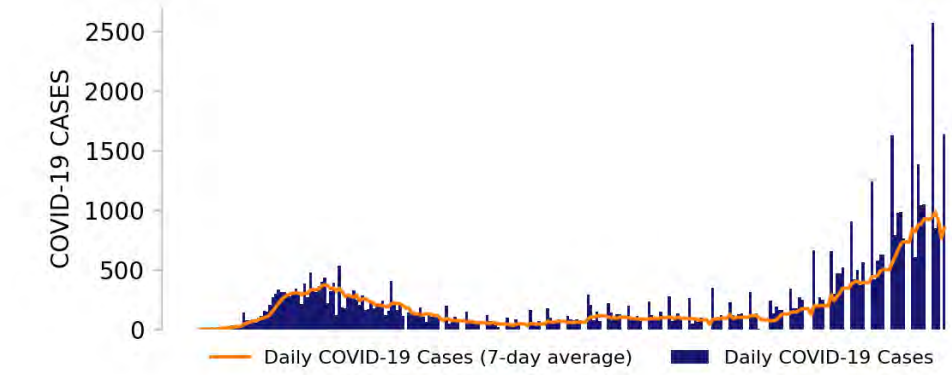
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

RHODE ISLAND

STATE REPORT | 11.29.2020

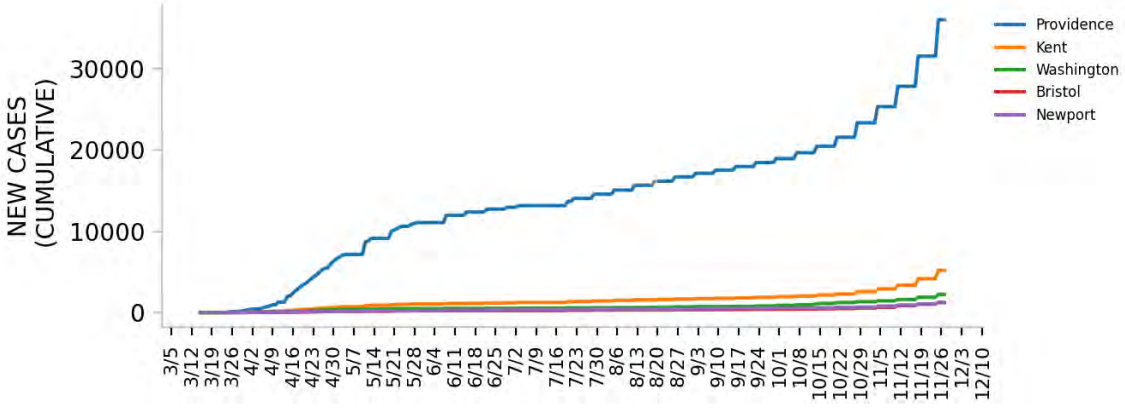
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

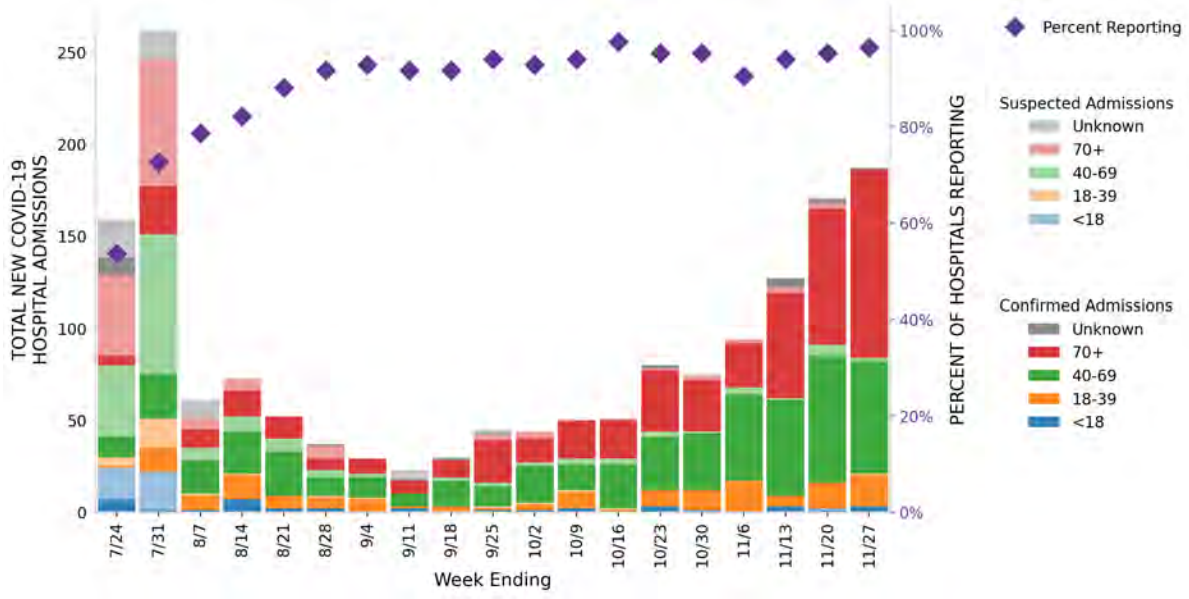
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

RHODE ISLAND

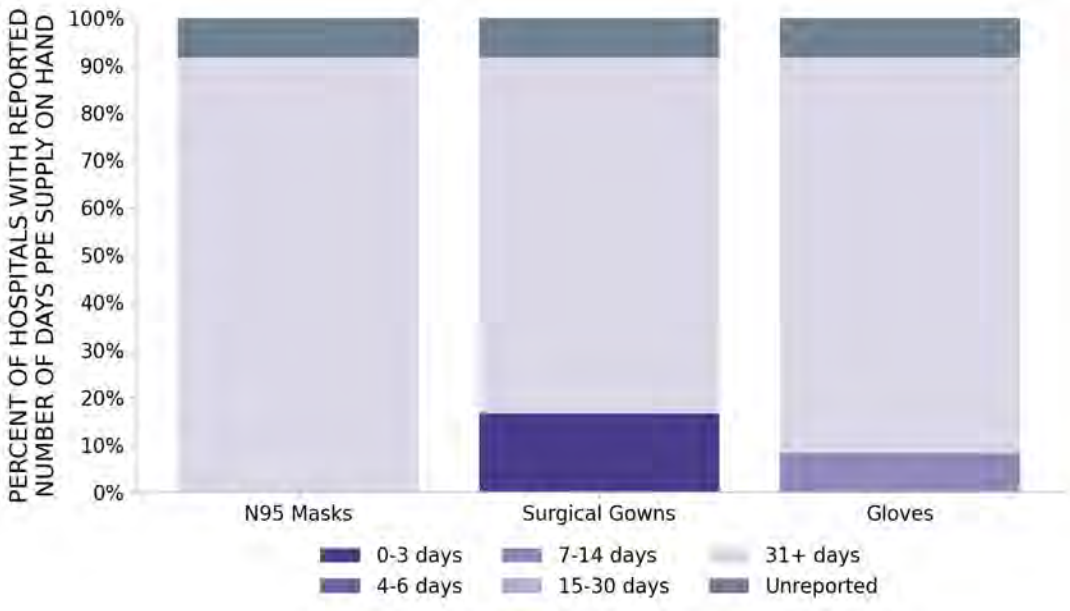
STATE REPORT | 11.29.2020

12 hospitals are expected to report in Rhode Island

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS
Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.
PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

RHODE ISLAND

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

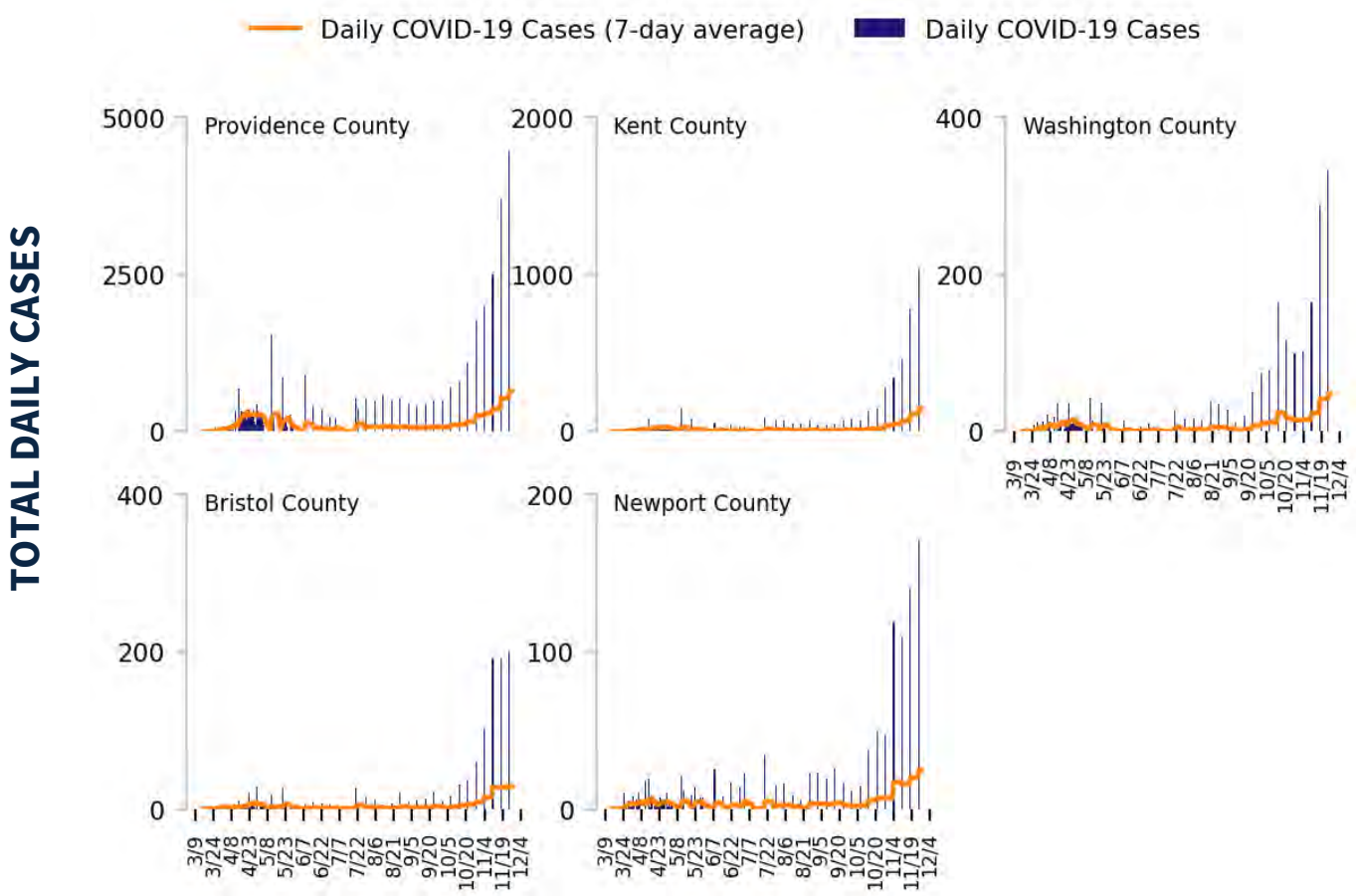
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

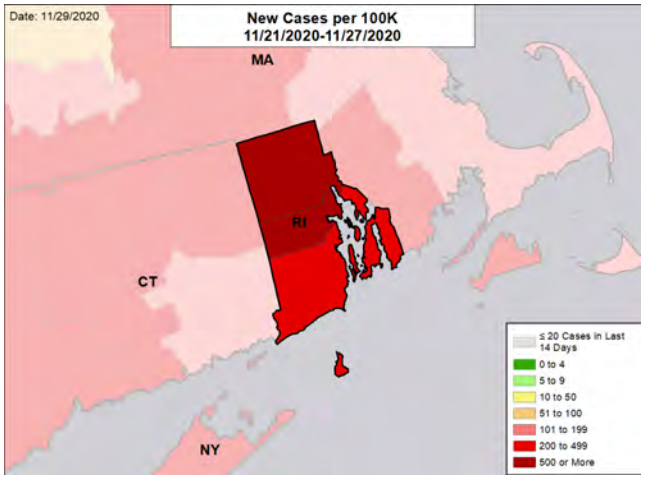
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

RHODE ISLAND

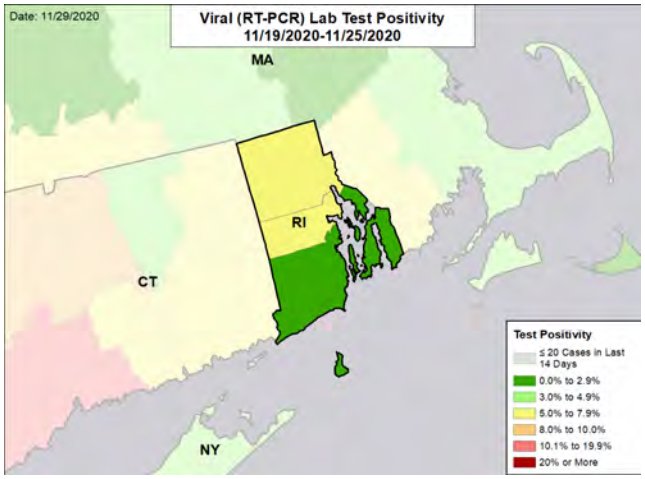
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

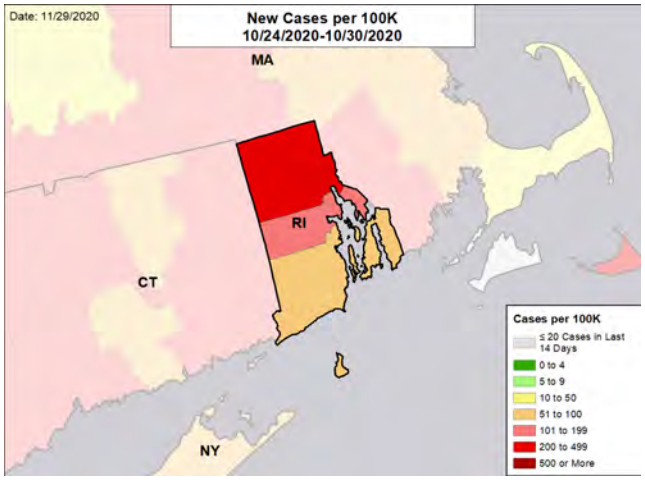
NEW CASES PER 100,000



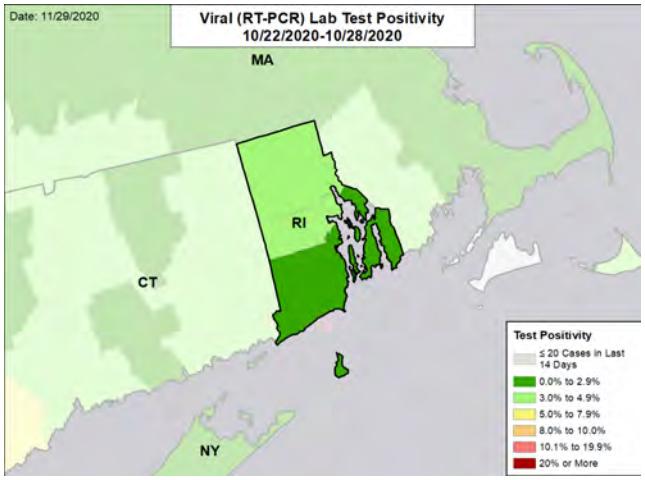
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

SOUTH CAROLINA

SUMMARY

- South Carolina 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. South Carolina is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 31st highest rate in the country.
- South Carolina has seen stability in new cases and a decrease in test positivity. Continued aggressive mitigation and expanded testing to detect asymptomatic individuals could prevent a post-Thanksgiving surge.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Greenville County, 2. Spartanburg County, and 3. York County. These counties represent 29.7% of new cases in South Carolina.
- 89% of all counties in South Carolina have moderate or high levels of community transmission (yellow, orange, or red zones), with 41% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 17% of nursing homes had at least one new resident COVID-19 case, 33% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- South Carolina had 194 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 11 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 91 patients with confirmed COVID-19 and 83 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Carolina. This is a decrease of 12% in total 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

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity in public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- New hospital admissions in South Carolina remain elevated. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased 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 in the winter move to mandatory weekly testing of all on and off campus students. Planning for this must begin now.
- There continue to be high levels of positive staff at LTCFs, indicative of continued and unmitigated community spread in these areas.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

SOUTH CAROLINA

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	9,989 (194)	-9%	171,312 (256)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.1%	-1.7%*	9.0%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	94,329** (1,832**)	+24%**	1,527,595** (2,283**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	116 (2.3)	-10%	1,680 (2.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	17%	+2%*	22%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	33%	-3%*	41%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	-1%*	7%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,219 (12)	-12% (-12%)	24,045 (16)	135,904 (19)

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

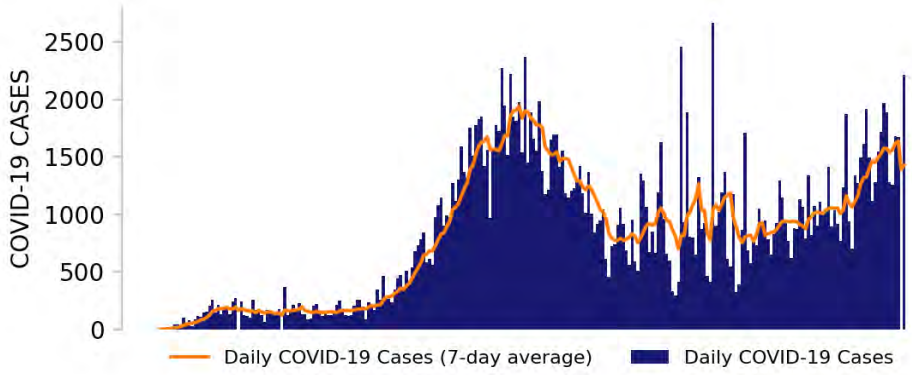
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

SOUTH CAROLINA

STATE REPORT | 11.29.2020

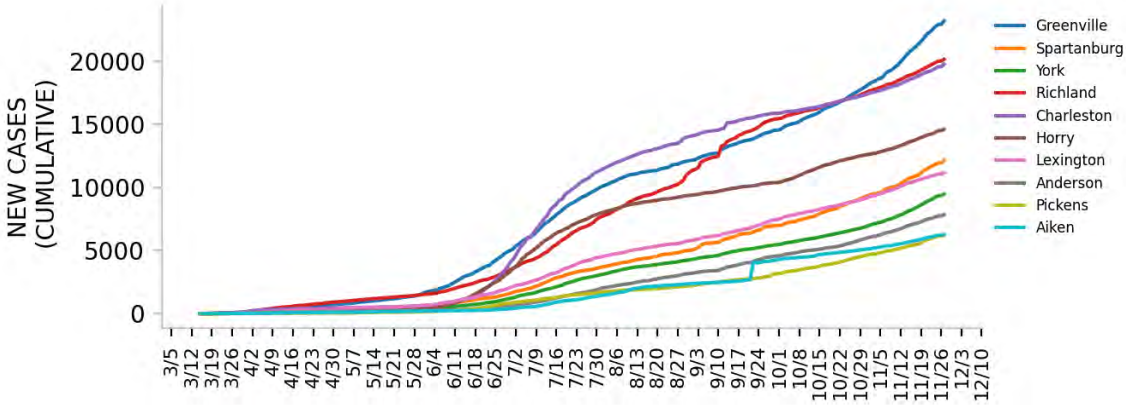
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

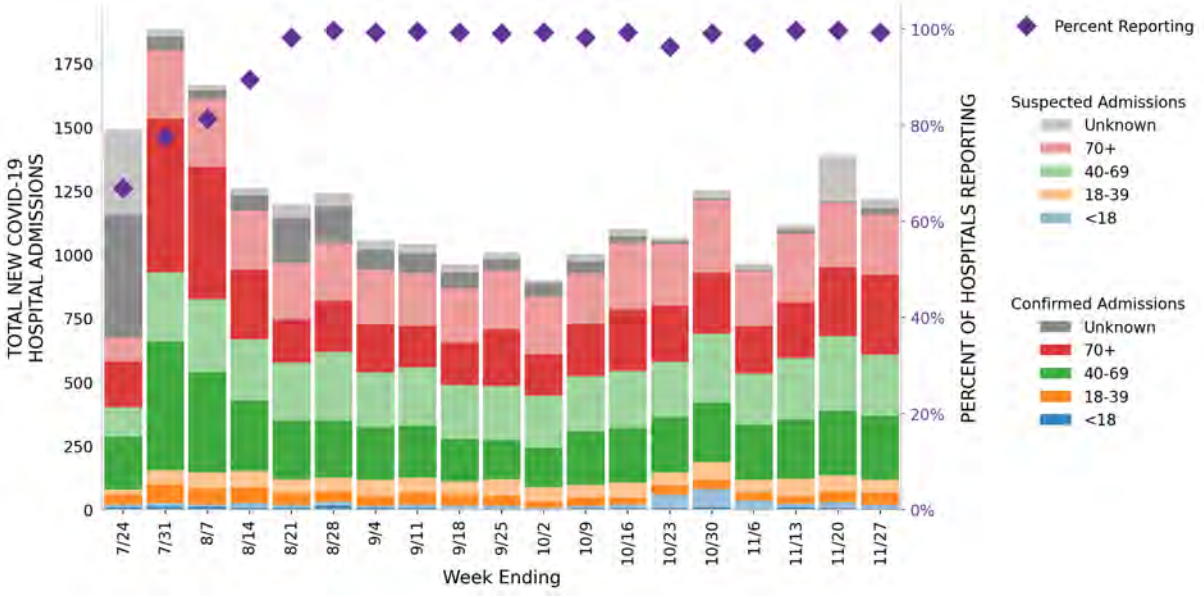
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

SOUTH CAROLINA

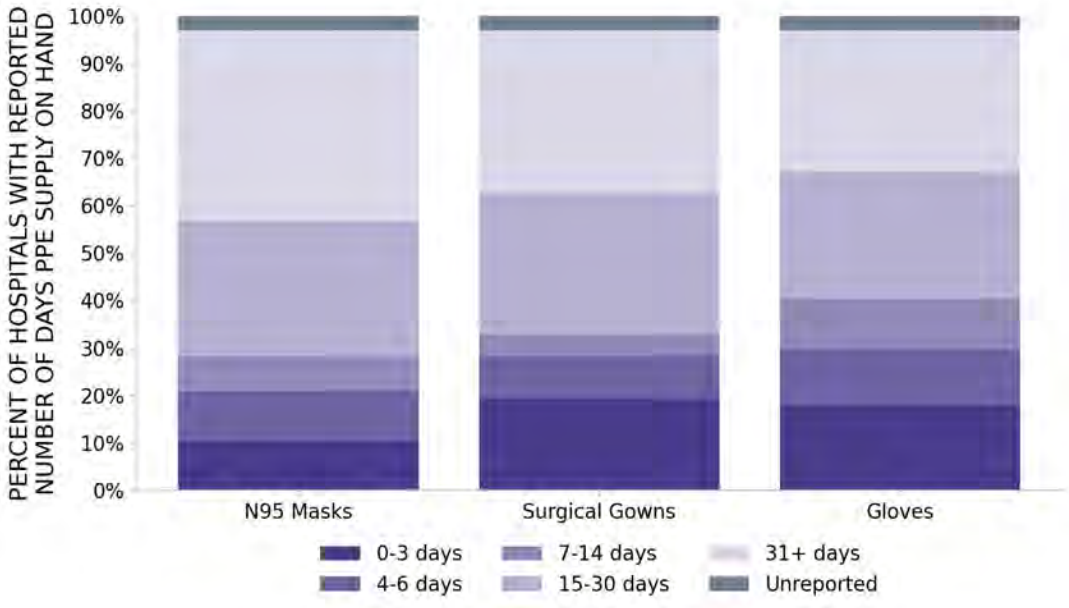
STATE REPORT | 11.29.2020

67 hospitals are expected to report in South Carolina

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

SOUTH CAROLINA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**7** ■ (+0)	Greenville-Anderson Spartanburg Augusta-Richmond County Seneca Gaffney Newberry Union	**19** ▼ (-1)	Greenville Spartanburg York Horry Anderson Pickens Aiken Lancaster Oconee Cherokee Laurens Newberry
LOCALITIES IN ORANGE ZONE	**5** ▼ (-1)	Charlotte-Concord-Gastonia Myrtle Beach-Conway-North Myrtle Beach Florence Sumter Bennettsville	**7** ▼ (-1)	Florence Sumter Marlboro Chesterfield Fairfield Marion McCormick
LOCALITIES IN YELLOW ZONE	**5** ■ (+0)	Columbia Charleston-North Charleston Hilton Head Island-Bluffton Orangeburg Georgetown	**15** ▲ (+3)	Charleston Lexington Dorchester Beaufort Berkeley Darlington Orangeburg Kershaw Georgetown Colleton Williamsburg Abbeville

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

All Red Counties: Greenville, Spartanburg, York, Horry, Anderson, Pickens, Aiken, Lancaster, Oconee, Cherokee, Laurens, Newberry, Chester, Union, Edgefield, Dillon, Clarendon, Jasper, Saluda

All Yellow Counties: Charleston, Lexington, Dorchester, Beaufort, Berkeley, Darlington, Orangeburg, Kershaw, Georgetown, Colleton, Williamsburg, Abbeville, Barnwell, Hampton, Bamberg

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

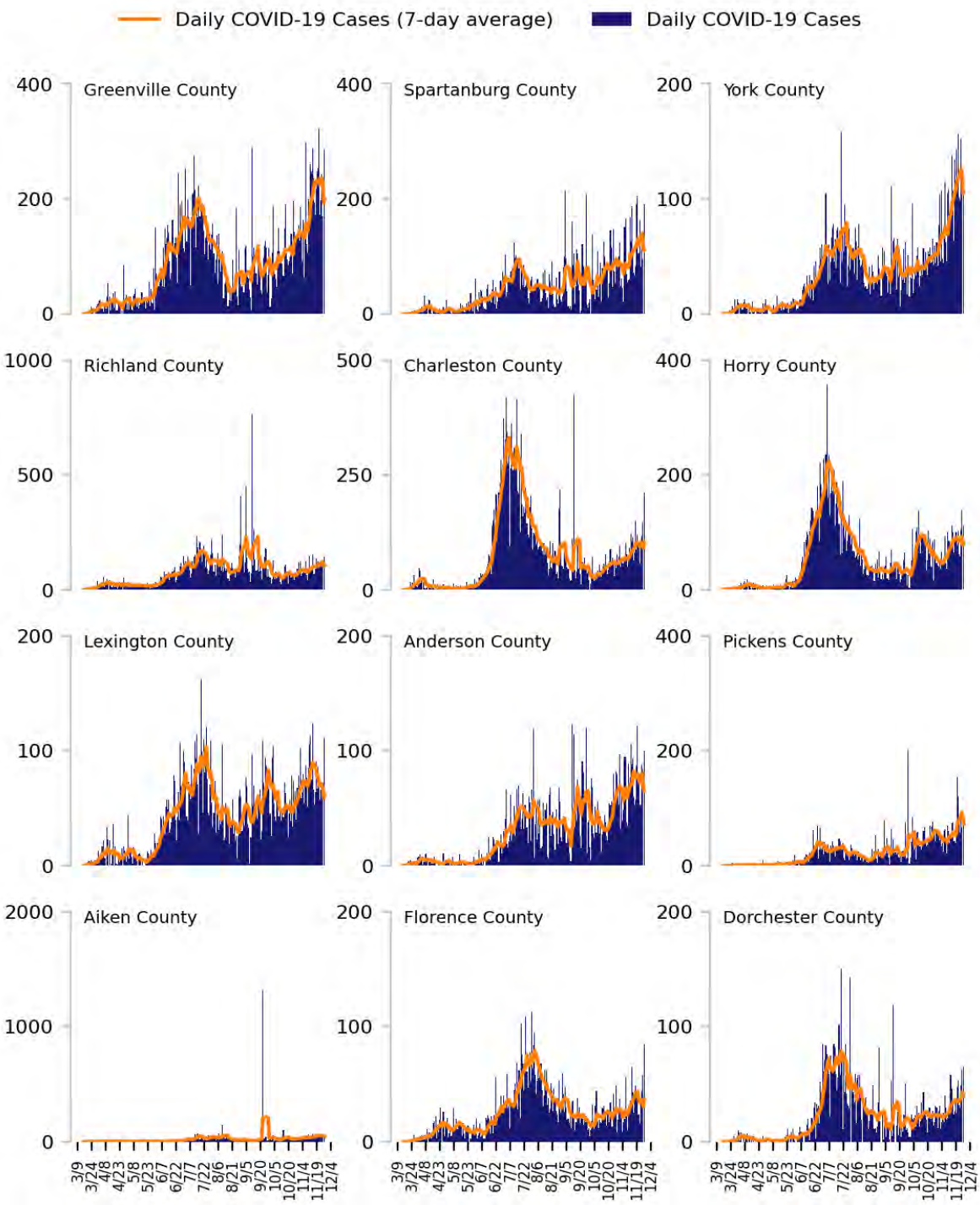
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

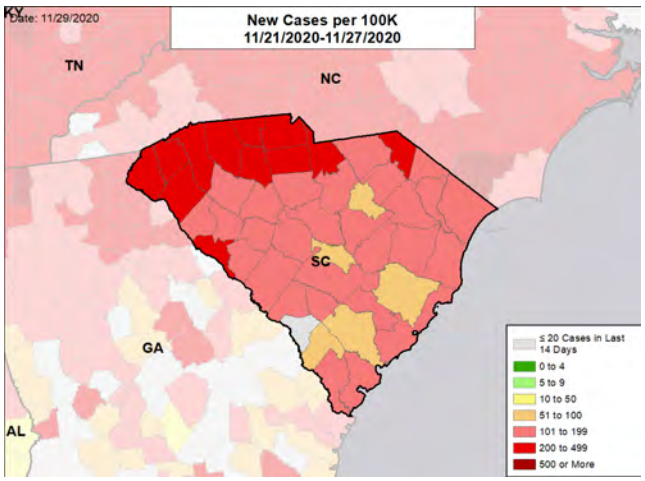
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

SOUTH CAROLINA

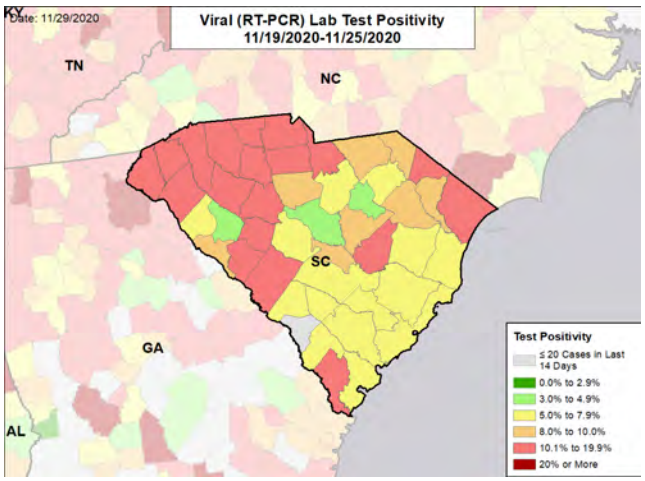
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

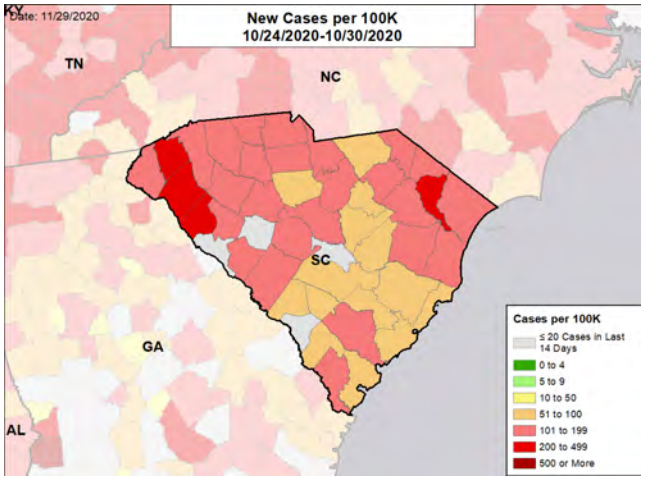
NEW CASES PER 100,000



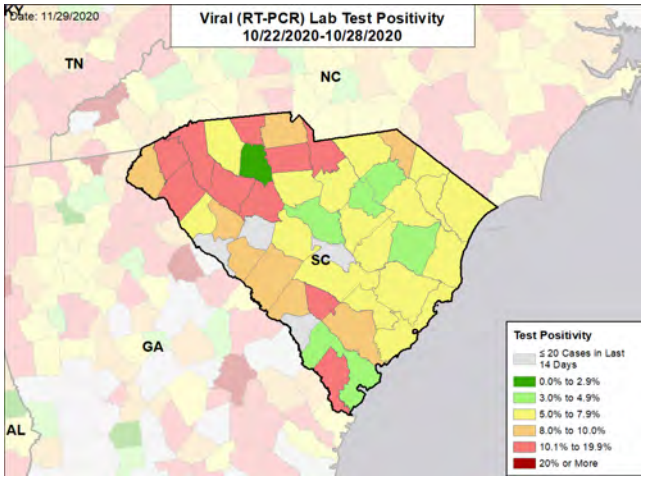
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

SOUTH DAKOTA

SUMMARY

- South Dakota is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 2nd highest rate in the country. South Dakota is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 12th highest rate in the country.
- South Dakota has seen a decrease in new cases and a decrease in test positivity. 11 counties had an increase in case rates and 28 had an increase in test positivity; case rates remain above 500 per 100,000 population per week in 51 counties and test positivity remains above 20% in 29 counties.
- The volume of testing increased in September and October but appears to be diminishing in November.
- 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 42.5% of new cases in South Dakota.
- 79% of all counties in South Dakota have moderate or high levels of community transmission (yellow, orange, or red zones), with 67% having high levels of community transmission (red zone).
- Hospital utilization varies widely across the state. Both 100% inpatient and ICU bed utilization have been reported in some hospital service areas.
- During the week of Nov 16 - Nov 22, 43% of nursing homes had at least one new resident COVID-19 case, 73% had at least one new staff COVID-19 case, and 31% had at least one new resident COVID-19 death. Outbreaks were reported in facilities in Estelline, Lake Norden, Aberdeen, Flandreau, Rapid City, and Salem.
- South Dakota had 815 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA.
- Between Nov 21 - Nov 27, on average, 54 patients with confirmed COVID-19 and 19 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Dakota. This is a decrease of 13% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- Use of facial coverings has been the critical part of successful efforts to lower transmission, as has been shown in many communities, states, and countries; recommend an increased emphasis on use of face coverings and efforts to monitor and enforce local ordinances.
- Efforts to expand testing are commendable, but the volume of testing has begun to wane; testing should be continually expanded and maximized throughout the holidays.
- At time of testing, all persons should be given written and verbal instructions to isolate until results are returned, with an additional 8-9 days of isolation if results are positive.
- A holiday public messaging campaign should be launched and maintained across all platforms, including automated SMS, with messages to stay vigilant during the winter holiday season and providing instructions on how to minimize risk (e.g., avoidance of all unnecessary social gatherings, use of facial coverings and maintaining social distancing).
- Expand use of clinical personnel from local facilities to convey local messages and plead for adherence to face covering and social distancing; public health messaging should appeal to community coherence and responsibility, using champions from across political and cultural spectra to convey local messages about the importance of mitigation efforts.
- Continue to expand the surveillance net through regular testing of at-risk workers; surveillance signals should direct local testing campaigns.
- Contact tracing remains critically important; if needed, contact tracing capacity should be expanded as previously described; consider using automated emails/texts that contain instructions to isolate and/or quarantine and mechanisms for reporting contact information.
- Continued and increasing outbreaks among the most vulnerable are a grave concern; ensure all CMS guidance is followed at all long-term care facilities and congregate settings, and staff are not permitted to work without a recent negative rapid test (within one week) or clearance from isolation. Facilities that are not fully adherent should be fined and/or made public.
- Tribal Nations should be fully supported in their efforts to minimize transmission. They should be permitted to install checkpoints, and be 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.

SOUTH DAKOTA

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	7,209 (815)	-18%	77,415 (631)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	15.1%	-1.9%*	13.7%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	20,100** (2,272**)	-3%**	591,267** (4,823**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	147 (16.6)	-15%	677 (5.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	43%	-3%*	34%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	73%	+0%*	62%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	31%	+11%*	16%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	515 (21)	-13% (-12%)	5,336 (23)	135,904 (19)

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

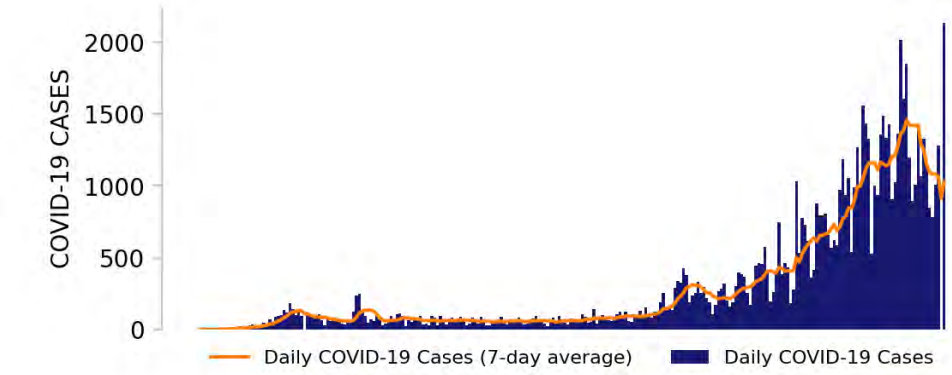
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

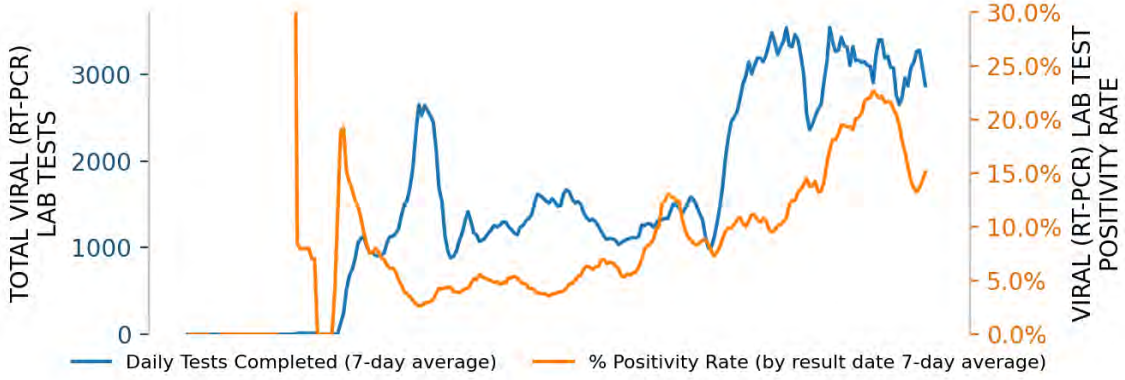
SOUTH DAKOTA

STATE REPORT | 11.29.2020

NEW CASES

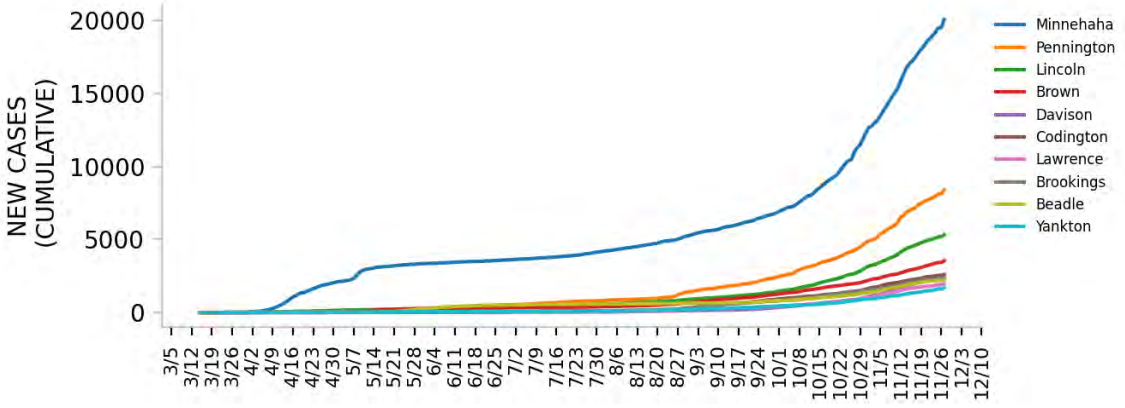


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

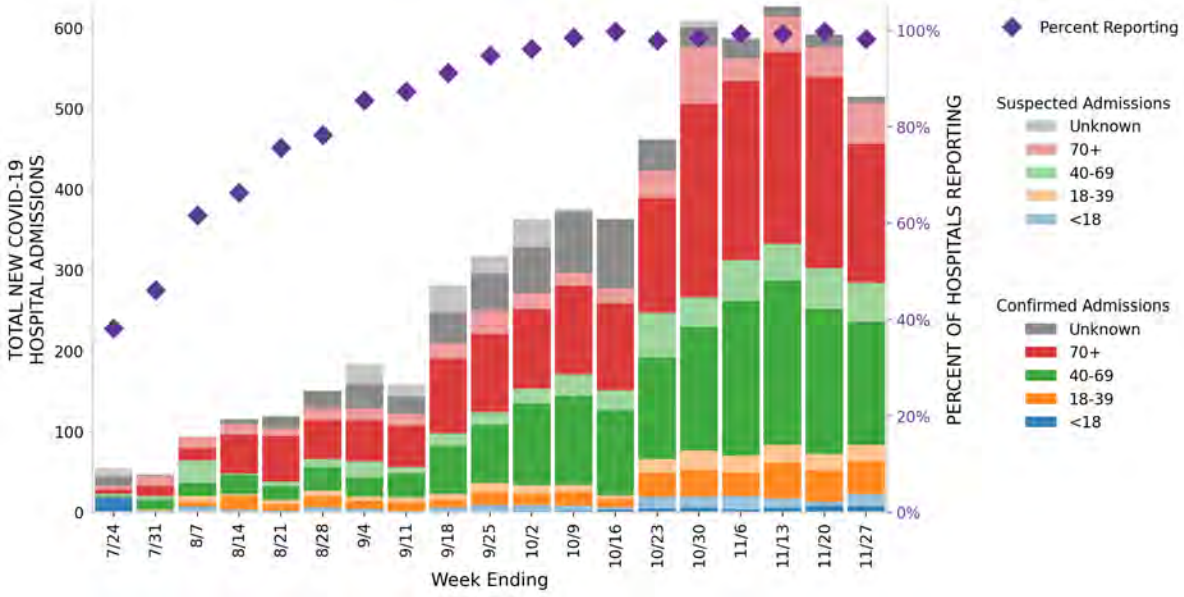
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

SOUTH DAKOTA

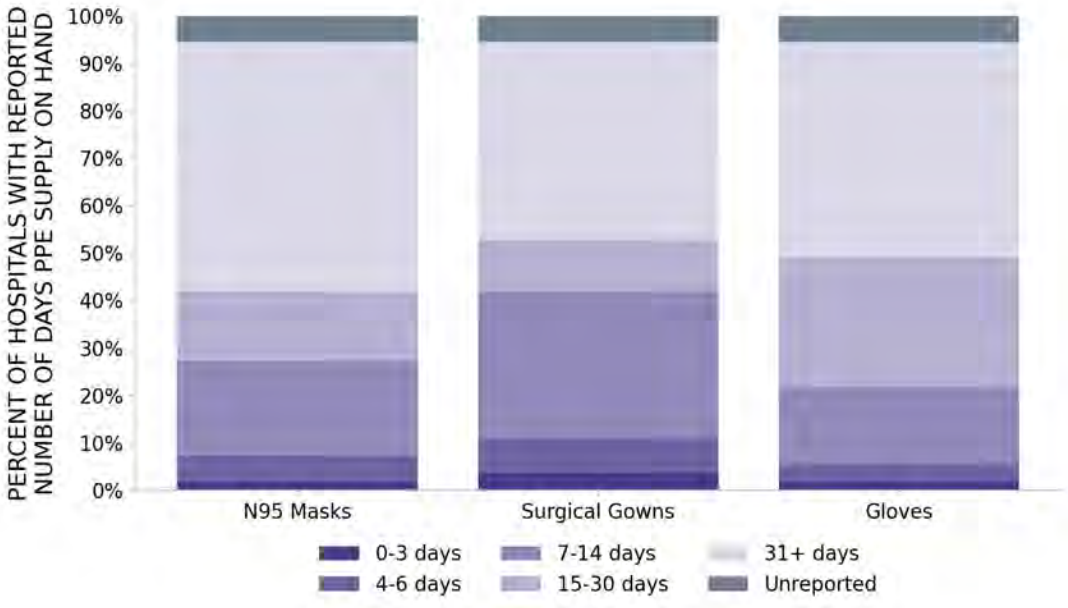
STATE REPORT | 11.29.2020

55 hospitals are expected to report in South Dakota

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

SOUTH DAKOTA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**8** ▼ (-3)	Sioux Falls Rapid City Aberdeen Mitchell Pierre Spearfish Yankton Sioux City	**44** ▼ (-5)	Minnehaha Pennington Lincoln Brown Davison Lawrence Yankton Hughes Meade Union Todd Lake
LOCALITIES IN ORANGE ZONE	**1** ■ (+0)	Vermillion	**5** ■ (+0)	Clay Fall River Potter McPherson Bennett
LOCALITIES IN YELLOW ZONE	**2** ▲ (+2)	Watertown Brookings	**3** ▼ (-1)	Codington Brookings Roberts

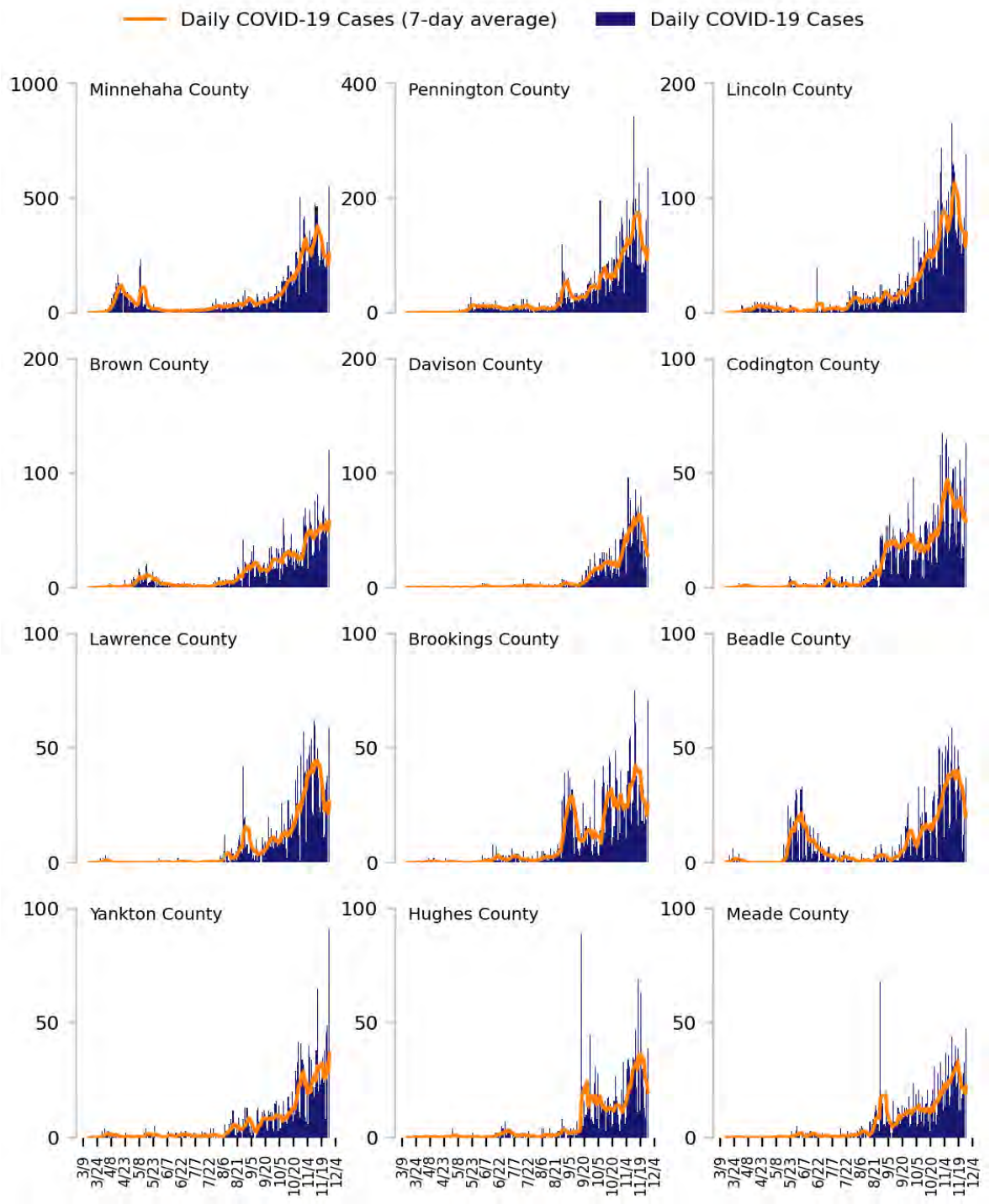
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

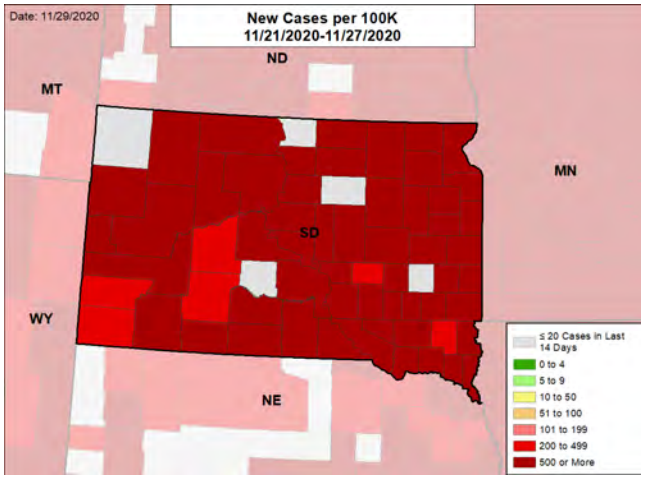
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

SOUTH DAKOTA

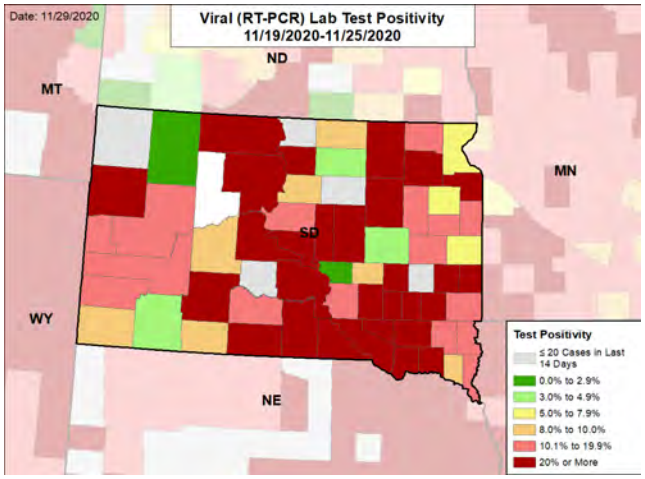
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

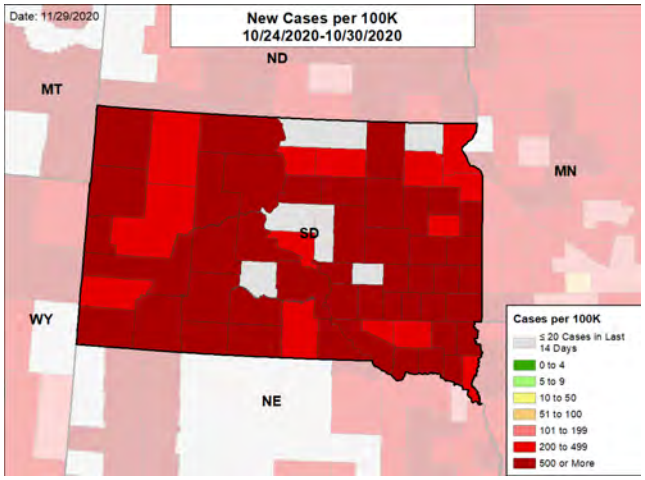
NEW CASES PER 100,000



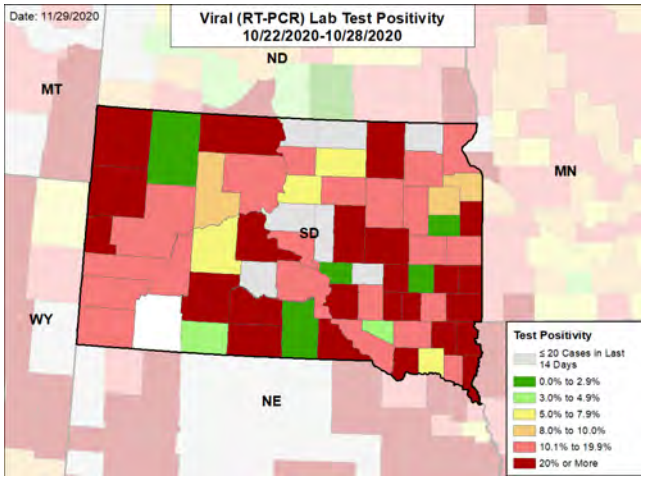
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

TENNESSEE

SUMMARY

- Tennessee 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. Tennessee is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 17th highest rate in the country.
- Tennessee has seen 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. Shelby County, 2. Davidson County, and 3. Rutherford County. These counties represent 24.1% of new cases in Tennessee.
- 99% of all counties in Tennessee have moderate or high levels of community transmission (yellow, orange, or red zones), with 85% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 32% of nursing homes had at least one new resident COVID-19 case, 57% had at least one new staff COVID-19 case, and 17% had at least one new resident COVID-19 death.
- Tennessee had 369 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA.
- Between Nov 21 - Nov 27, on average, 260 patients with confirmed COVID-19 and 126 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Tennessee. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The depth of viral spread across Tennessee remains significant and without public health orders in place compelling Tennesseans to act differently, the spread will remain unyielding with significant impact on the healthcare system.
- Mitigation and messaging need to be further strengthened as other states have done. Effective practices to decrease transmission in public spaces include requiring masks, limiting restaurant indoor capacity to <25%, and closing bars until cases and test positivity decrease to the yellow zone. Strong mitigation efforts by neighboring states are showing early impact.
- Target testing campaigns to under 40-year-old individuals.
- Where university students are returning to campus from Thanksgiving break, conduct testing of all students and test weekly until the semester ends.
- Stay vigilant with nursing home staff and residents; nearly 60% of nursing homes have at least one COVID positive staff member and over 30% have COVID positive residents, indicating unmitigated community spread. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Ensure compliance with public health orders, including wearing masks.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Ensure all hospitals, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all hospitals, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- Ensure full flu immunizations across the state.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

TENNESSEE

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	25,184 (369)	-19%	171,312 (256)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.2%	-1.2%*	9.0%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	98,210** (1,438**)	-19%**	1,527,595** (2,283**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	325 (4.8)	-7%	1,680 (2.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	32%	-1%*	22%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	57%	+2%*	41%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	17%	+5%*	7%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,704 (16)	+4% (+5%)	24,045 (16)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

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Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
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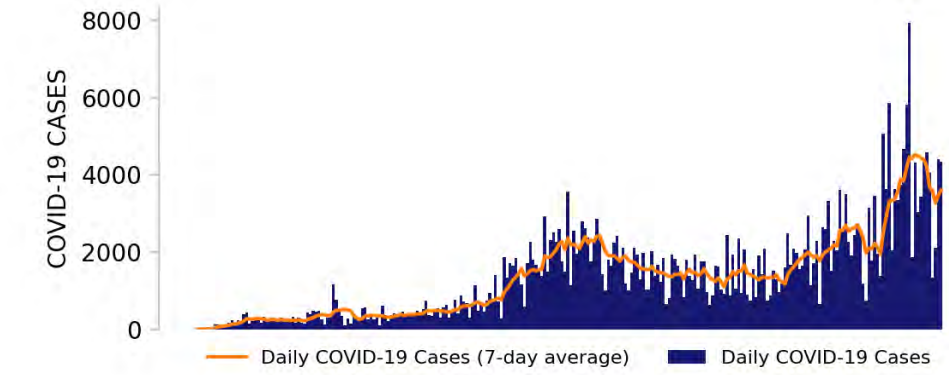
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

TENNESSEE

STATE REPORT | 11.29.2020

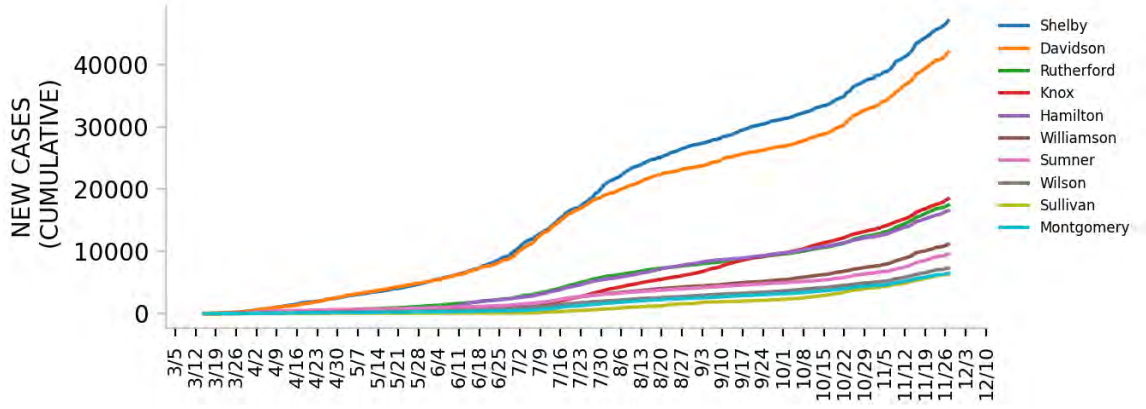
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



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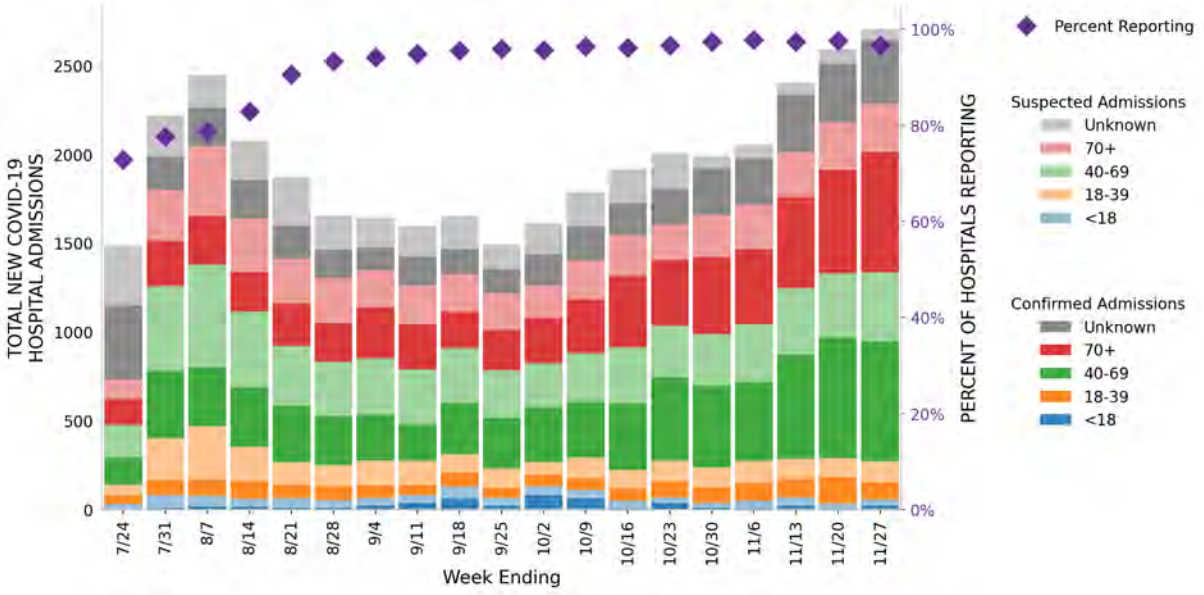
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

TENNESSEE

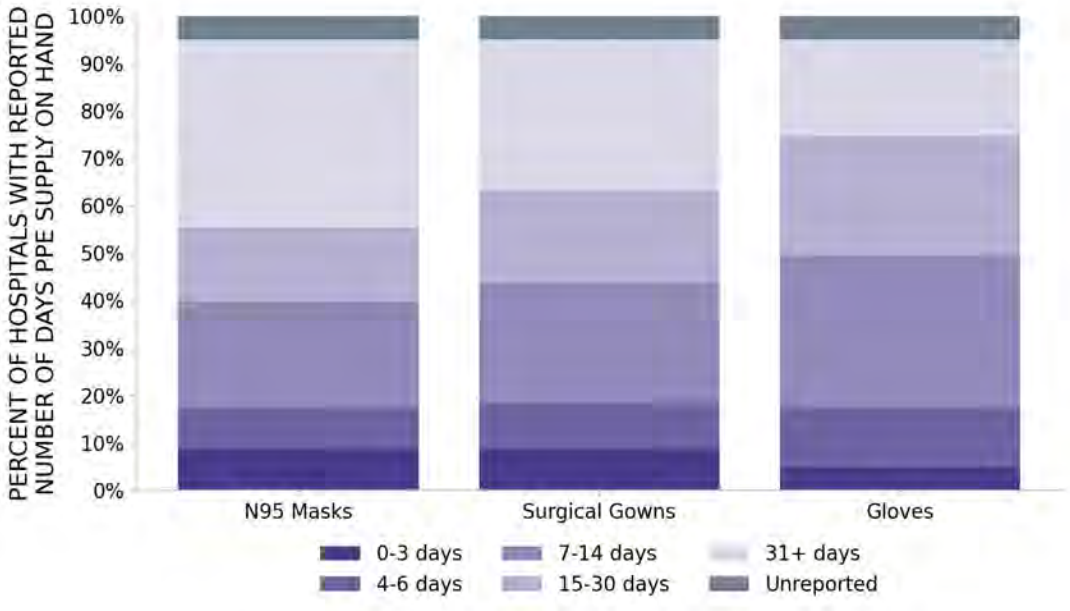
STATE REPORT | 11.29.2020

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. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

TENNESSEE

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	23 ▼ (-2)	Nashville-Davidson--Murfreesboro--Franklin Memphis Knoxville Chattanooga Johnson City Kingsport-Bristol Jackson Morristown Tullahoma-Manchester Cleveland Sevierville Greeneville	81 ■ (+0)	Davidson Rutherford Knox Hamilton Williamson Sumner Wilson Sullivan Maury Blount Washington Bradley
LOCALITIES IN ORANGE ZONE	4 ▲ (+2)	Clarksville Cookeville Crossville Athens	11 ▲ (+4)	Shelby Montgomery Putnam Cumberland McMinn Jefferson Fayette DeKalb Marion McNairy Hancock
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	2 ▼ (-4)	Campbell Hardin

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

All Red CBSAs: Nashville-Davidson--Murfreesboro--Franklin, Memphis, Knoxville, Chattanooga, Johnson City, Kingsport-Bristol, Jackson, Morristown, Tullahoma-Manchester, Cleveland, Sevierville, Greeneville, Shelbyville, Lawrenceburg, McMinnville, Dyersburg, Union City, Paris, Lewisburg, Martin, Dayton, Newport, Brownsville

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

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

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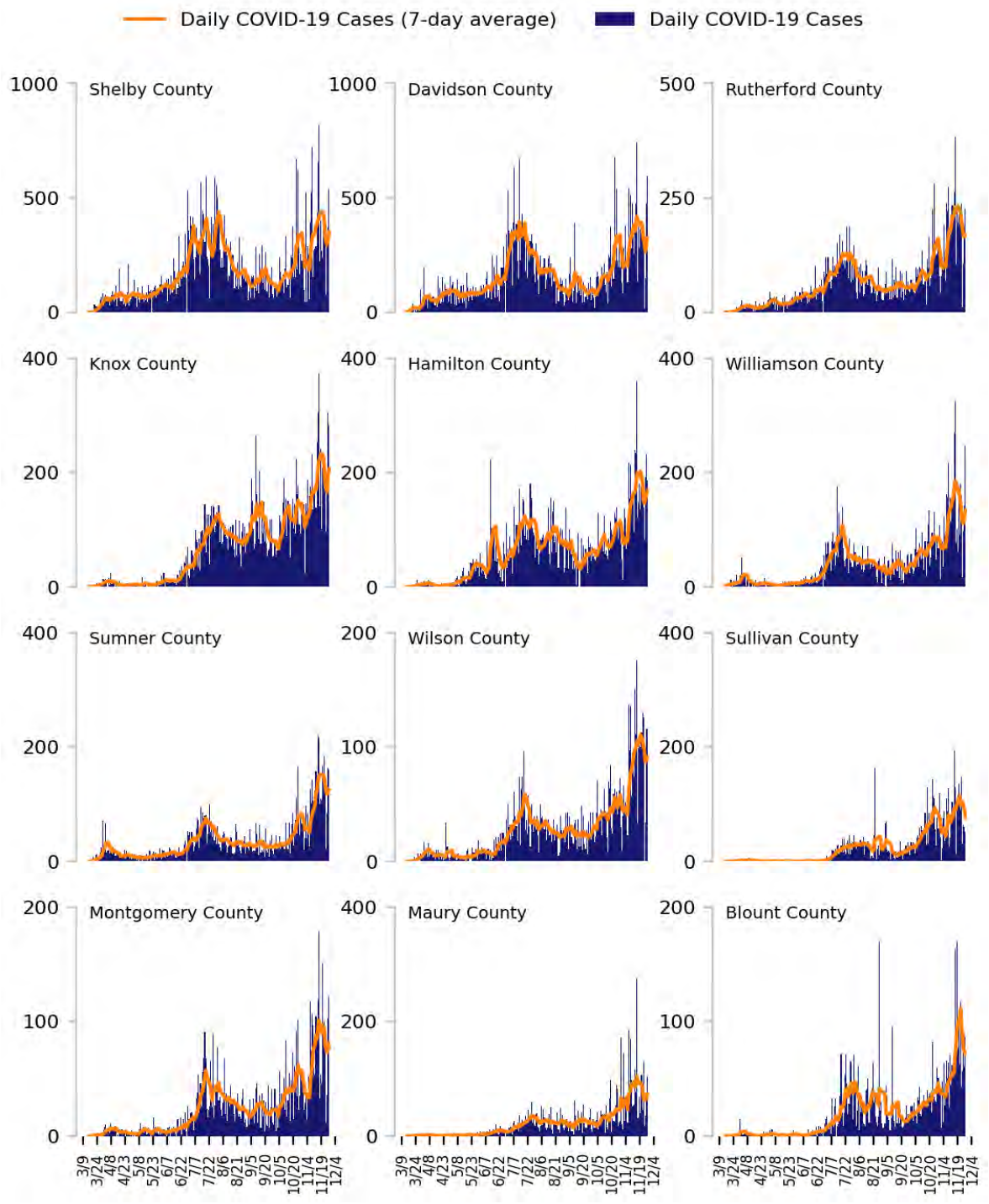
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES – Additional data details available under METHODS

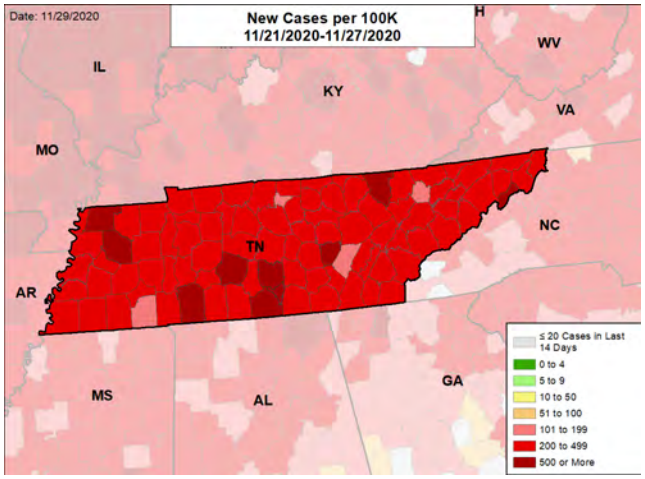
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

TENNESSEE

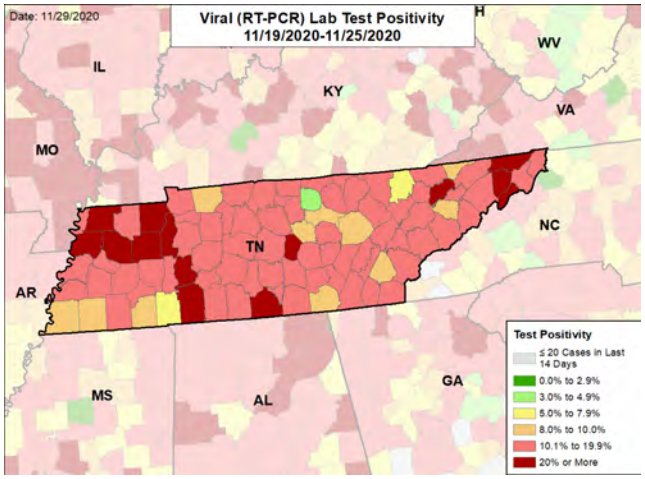
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

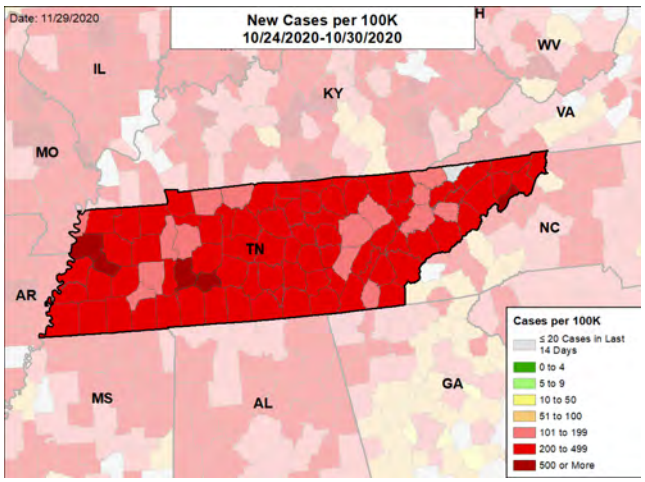
NEW CASES PER 100,000



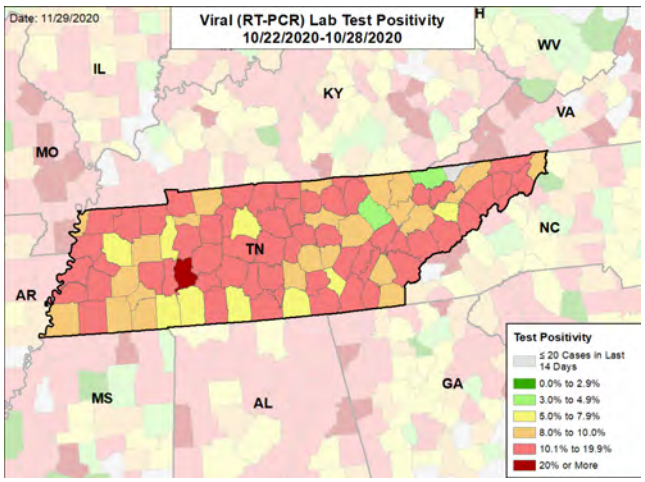
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

TEXAS

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- Texas 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. Texas is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 27th highest rate in the country.
- Texas 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. El Paso County, 2. Tarrant County, and 3. Harris County. These counties represent 33.5% 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 48% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 21% of nursing homes had at least one new resident COVID-19 case, 38% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Texas had 248 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 62 to support medical activities from DoD; 49 to support operations activities from FEMA; 4 to support medical activities from ASPR; 11 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; and 16 to support operations activities from USCG.
- The federal government has supported surge testing in Houston, Waco, and Harris County.
- Between Nov 21 - Nov 27, on average, 964 patients with confirmed COVID-19 and 629 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Texas. This is a decrease of 15% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity in public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- New hospital admissions in Texas are beginning to peak. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased hospitalizations and fatalities.
- Ensure all universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for this must begin now.
- There continue to be high levels of positive staff at LTCFs, indicative of continued and unmitigated community spread in these geographic areas.
- Ensure all Tribal Nations are testing all residents and visitors weekly to ensure rapid isolation of asymptomatic cases.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

TEXAS

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	71,825 (248)	-4%	132,529 (310)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.8%	-2.0%*	11.1%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	645,954** (2,228**)	+5%**	960,221** (2,248**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	908 (3.1)	-6%	1,460 (3.4)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	21%	+3%*	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	38%	+0%*	43%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+1%*	9%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	11,146 (20)	-15% (-7%)	18,433 (21)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

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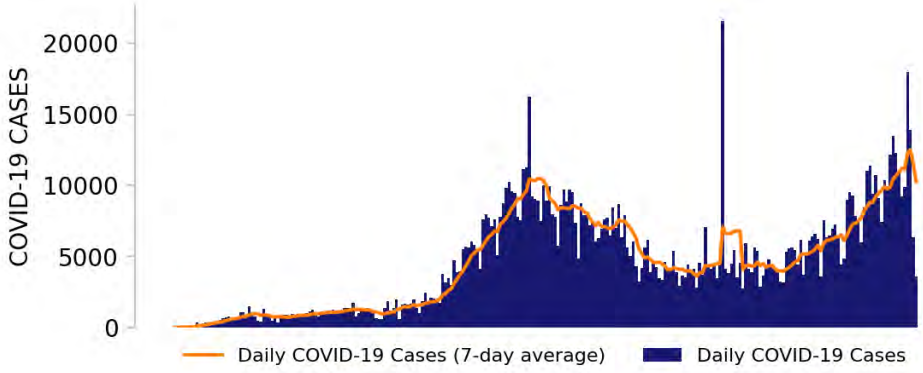
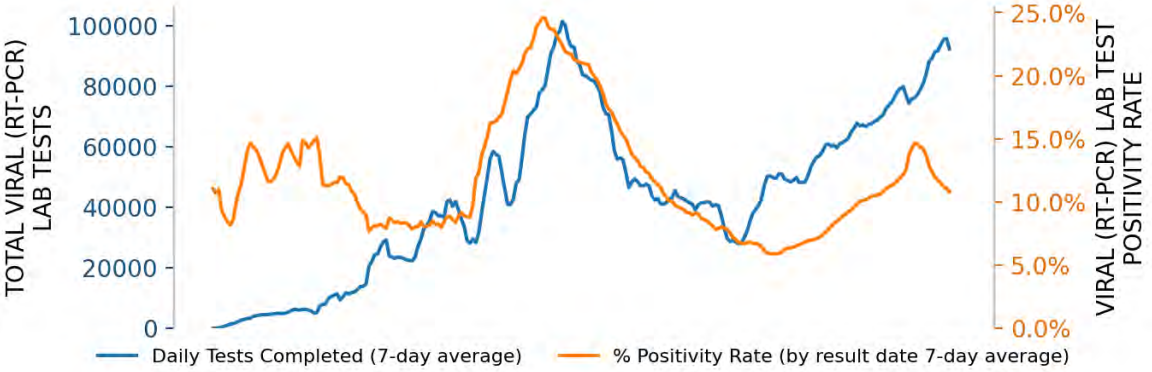
NEW CASES

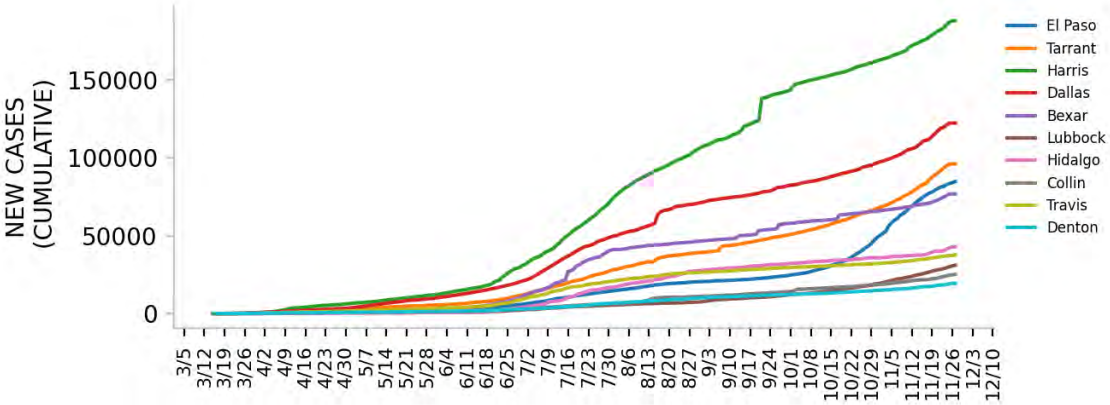


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

TEXAS

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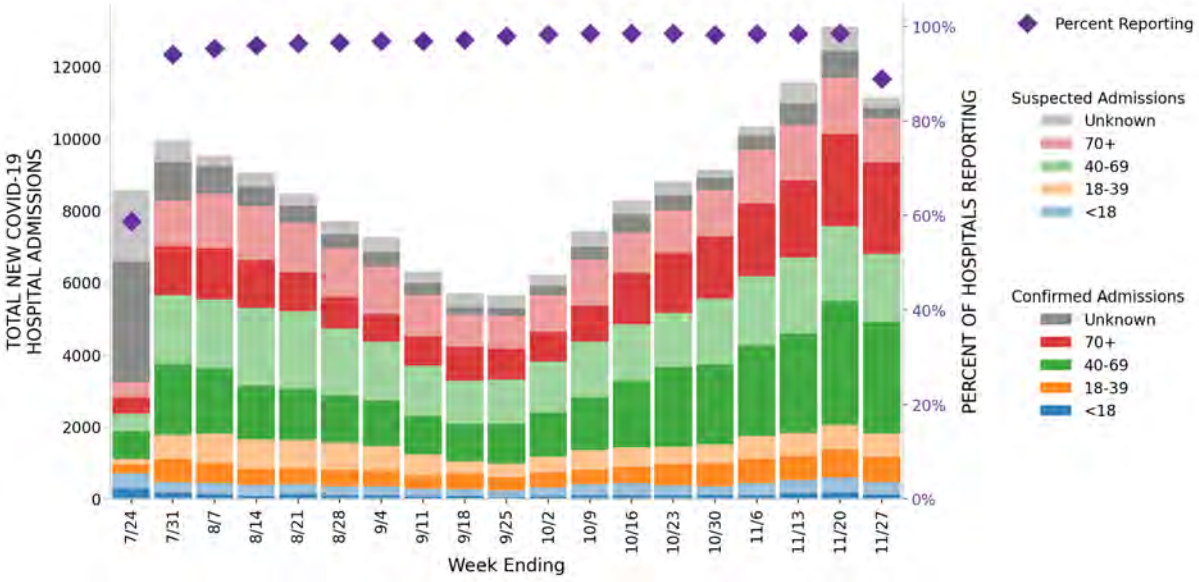
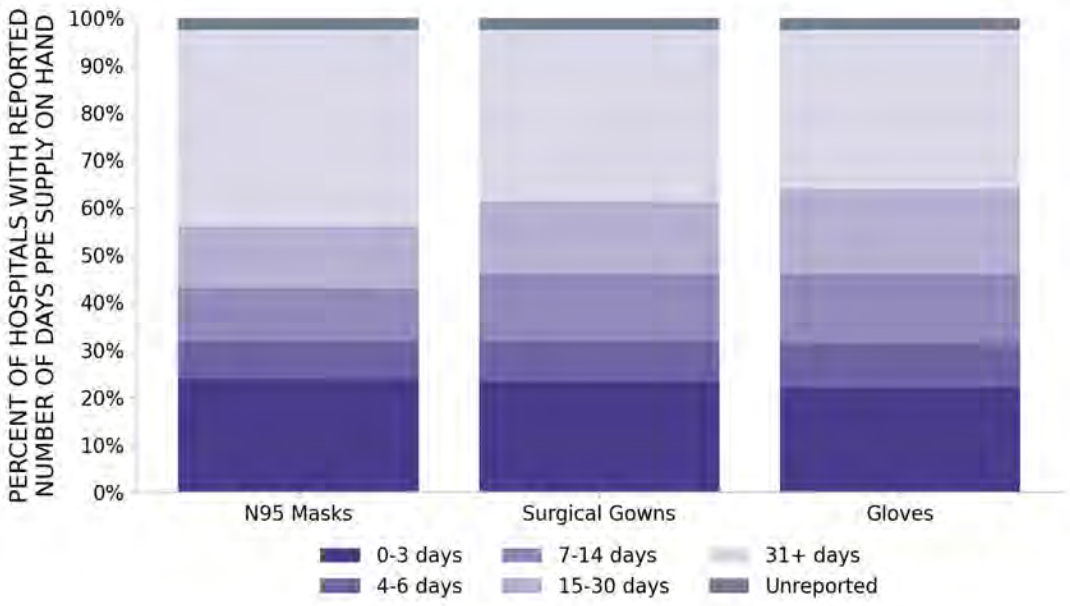
457 hospitals are expected to report in Texas

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Anomalous confirmed admissions for the 18-19 year-old age group in TX on 8/15 have been corrected. We look forward to working to improve data quality.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

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STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	47 ▼ (-3)	Dallas-Fort Worth-Arlington El Paso San Antonio-New Braunfels Lubbock Amarillo McAllen-Edinburg-Mission Laredo Waco Corpus Christi Wichita Falls Abilene Beaumont-Port Arthur	122 ▼ (-13)	El Paso Tarrant Dallas Bexar Lubbock Hidalgo Denton Webb Randall McLennan Potter Montgomery
LOCALITIES IN ORANGE ZONE	20 ▲ (+3)	Houston-The Woodlands-Sugar Land Killeen-Temple Sherman-Denison Longview Brownwood Lufkin Uvalde Brenham Lamesa Kerrville Mount Pleasant Bonham	45 ▲ (+5)	Collin Nueces Fort Bend Galveston Bell Brazoria Grayson Jones Comal Hunt Gregg Brown
LOCALITIES IN YELLOW ZONE	2 ▼ (-1)	Austin-Round Rock-Georgetown College Station-Bryan	22 ▲ (+1)	Harris Travis Williamson Brazos Hays Guadalupe Bastrop Orange Waller Wilson Harrison Somervell
Change from previous week's alerts:		▲ Increase ■ Stable ▼ Decrease		

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
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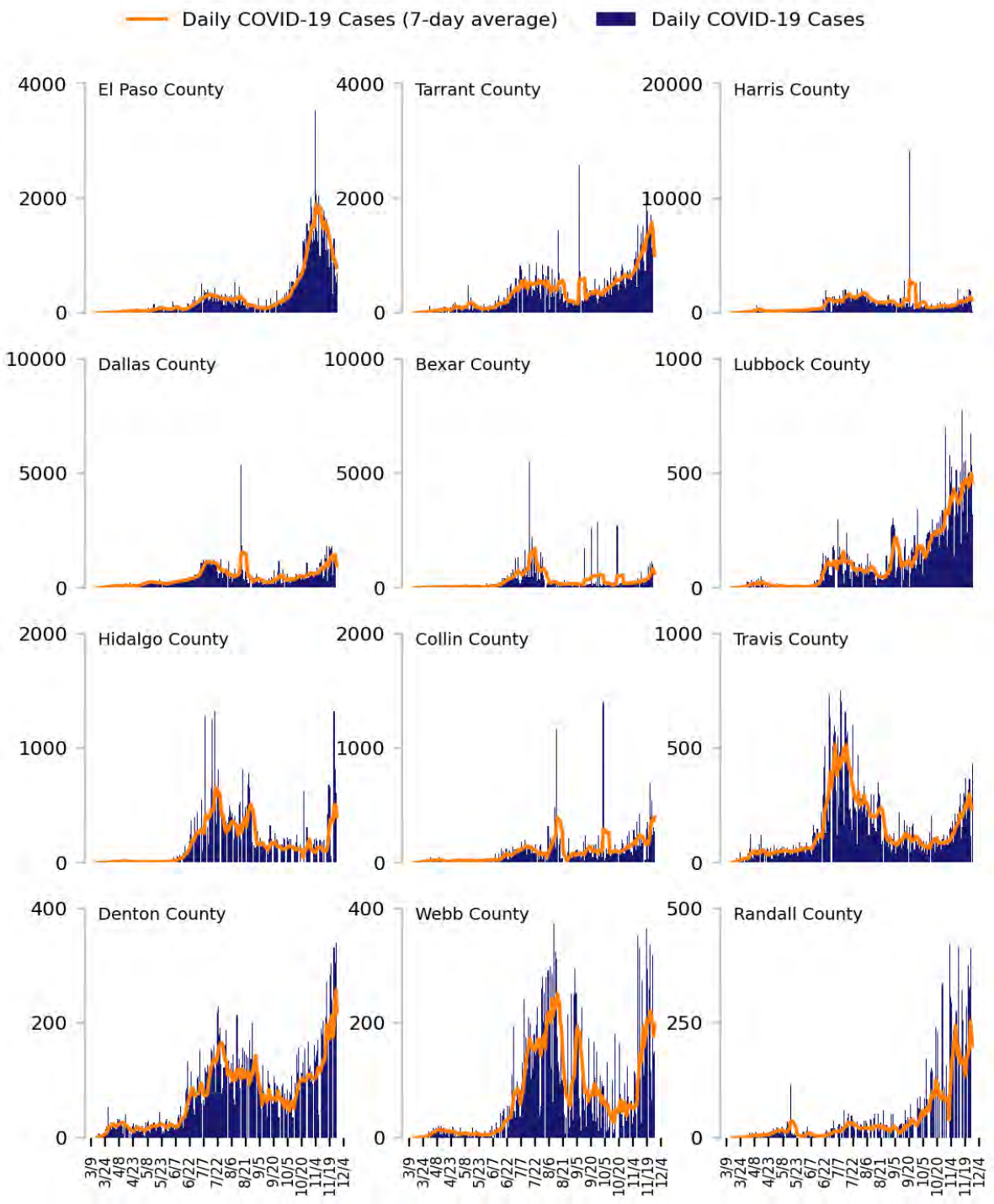
Top 12 counties based on number of new cases in the last 3 weeks



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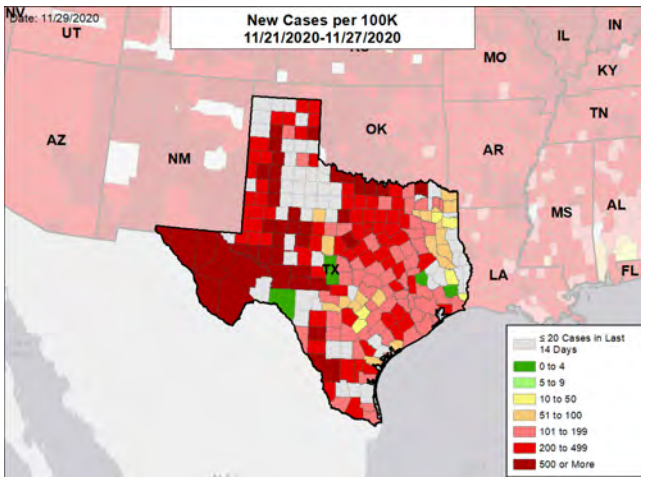
TEXAS

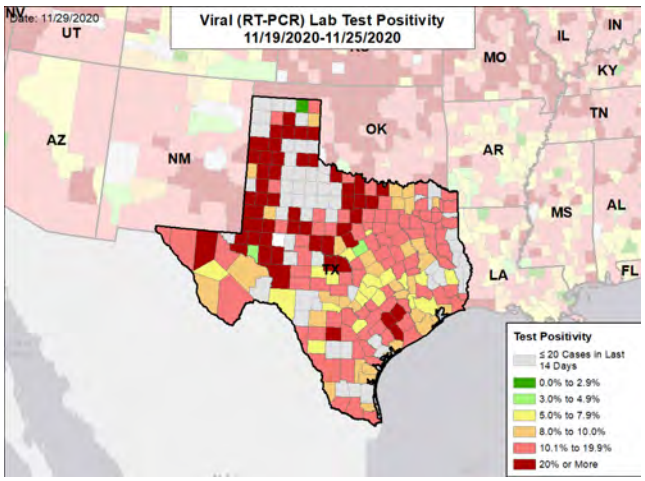
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

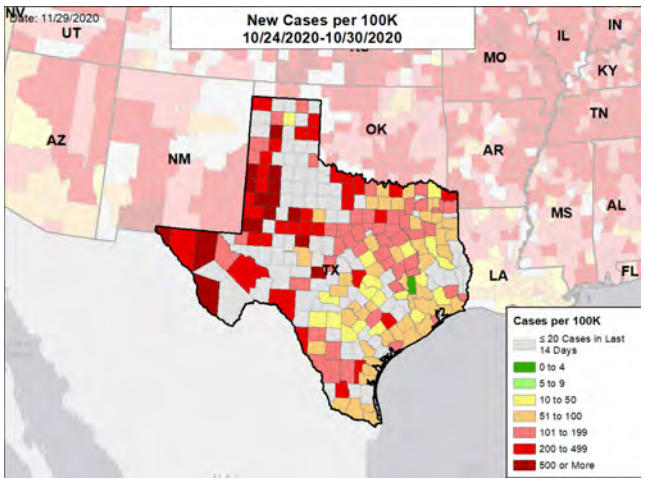
NEW CASES PER 100,000



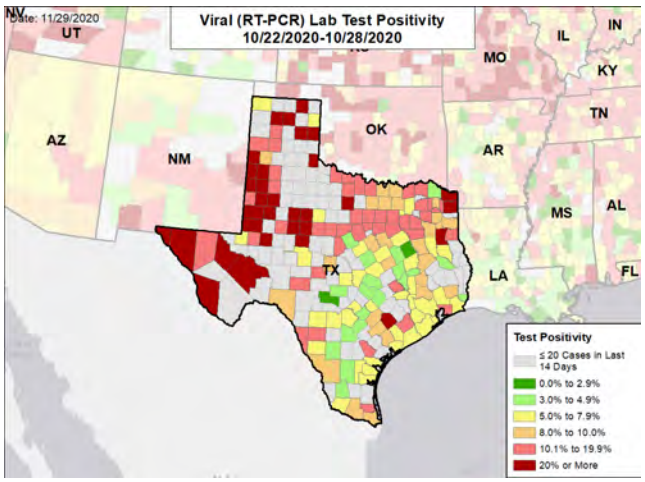
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

UTAH

STATE REPORT
11.29.2020
Issue 24

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 6th highest rate in the country.
- Utah has seen a decrease in new cases and stability in test positivity; however, 12 counties have case rates over 500 per 100,000 population per week and 19 counties have test positivity rates over 10%.
- 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 71.3% 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 16 - Nov 22, 17% of nursing homes had at least one new resident COVID-19 case, 50% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death. Apparent outbreaks were reported in facilities in Ogden, Salt Lake City, and Murray.
- Utah had 607 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from FEMA and 2 to support epidemiology activities from CDC.
- The federal government has supported surge testing in Grantsville, UT.
- Between Nov 21 - Nov 27, on average, 88 patients with confirmed COVID-19 and 8 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Utah. This is a minimal change in total 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

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The expansion in testing volume over the past two months has been a critical achievement and should be continued.
- Continue to expand the surveillance net through regular testing of at-risk workers (using rapid tests); surveillance signals should direct local testing surges/campaigns.
- A holiday public messaging campaign should be launched and maintained across all platforms, including automated SMS, with messages to stay vigilant during the winter holiday season and providing instructions on how to minimize risk (e.g., avoidance of all unnecessary social gatherings, use of facial coverings and maintaining social distancing) and how to report businesses that are non-compliant with state and local ordinances.
- The recent requirement for facial covering is highly commendable and the impact may already be apparent; public health messaging should promote these recent gains and build momentum for use of face coverings.
- Expand use of clinical personnel/first responders from local facilities and champions from across the political spectrum to advocate for adherence to face covering and social distancing.
- Contact tracing remains critically important; if needed, contact tracing capacity should be expanded as previously described; consider using automated emails/texts that contain instructions to isolate and/or quarantine and mechanisms for reporting contact information.
- Ensure all clinical facilities throughout the state, including mid-level and rural, have expansion plans, updated treatment protocols, telehealth and remote support capabilities, maximal access to medications, and access to platforms for efficient intra- and inter-state exchanges.
- Ensure all universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for that should begin now.
- Ensure aggressive flu vaccine campaigns are underway in all counties.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

UTAH

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	19,449 (607)	-21%	77,415 (631)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	18.3%	-0.4%*	13.7%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	121,893** (3,802**)	-2%**	591,267** (4,823**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	75 (2.3)	+3%	677 (5.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	17%	-3%*	34%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	50%	-5%*	62%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	+2%*	16%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	671 (13)	-2% (-2%)	5,336 (23)	135,904 (19)

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

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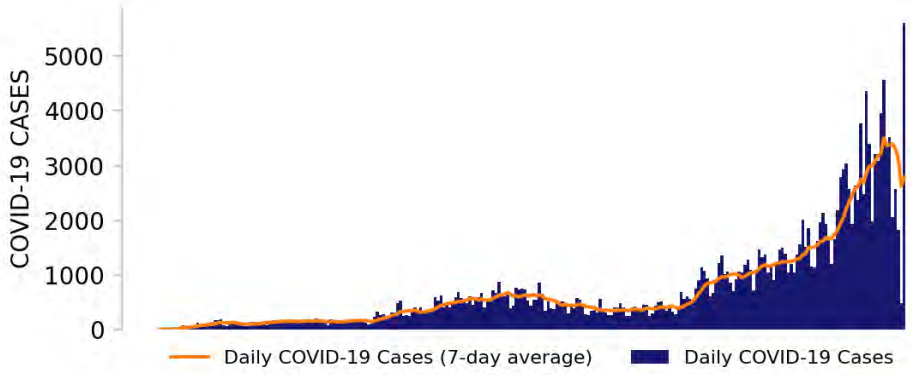
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

UTAH

STATE REPORT | 11.29.2020

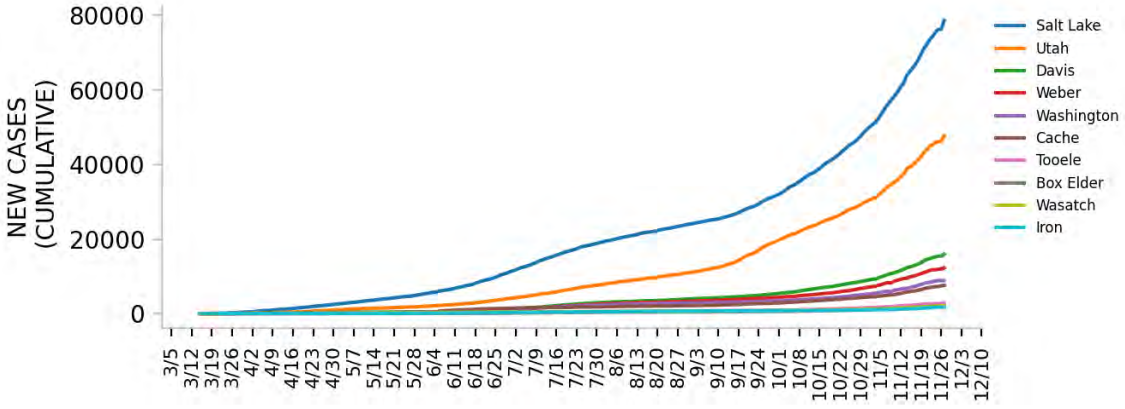
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

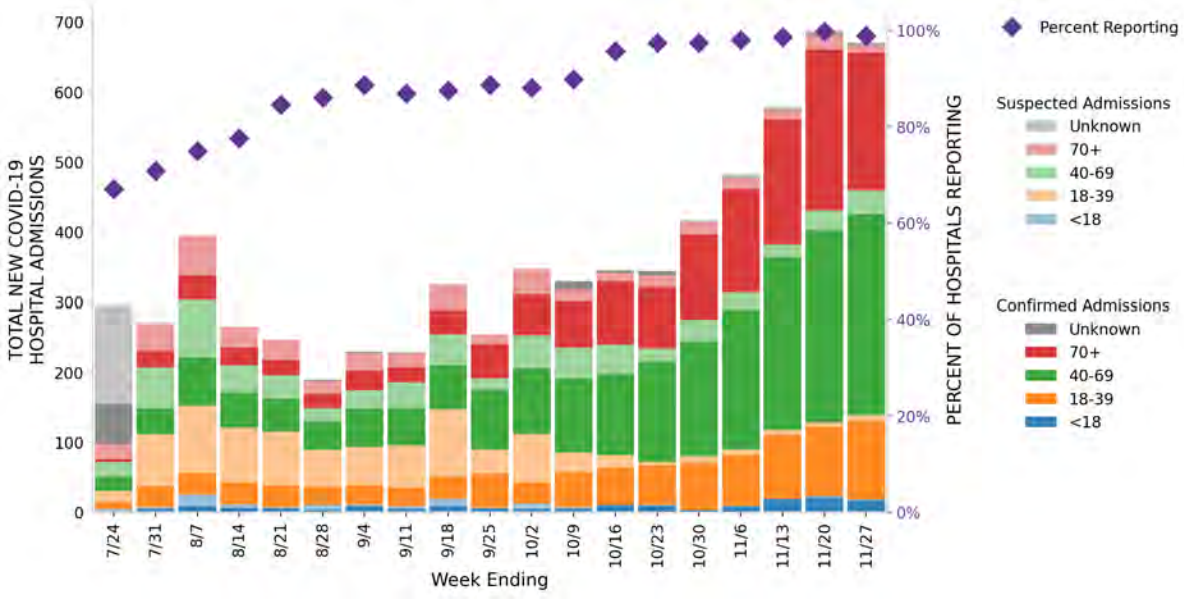
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

UTAH

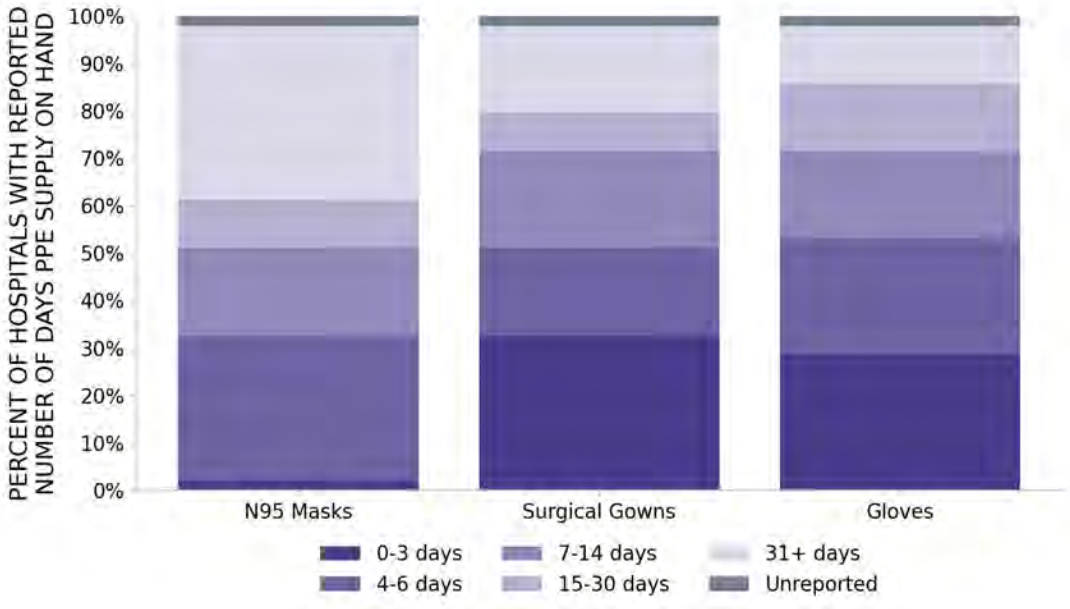
STATE REPORT | 11.29.2020

49 hospitals are expected to report in Utah

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

UTAH

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**9** ■ (+0)	Salt Lake City Provo-Orem Ogden-Clearfield St. George Logan Heber Cedar City Vernal Price	**23** ▼ (-1)	Salt Lake Utah Davis Weber Washington Cache Tooele Box Elder Wasatch Iron Sanpete Sevier
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**1** ■ (+0)	Summit
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**1** ■ (+0)	Grand

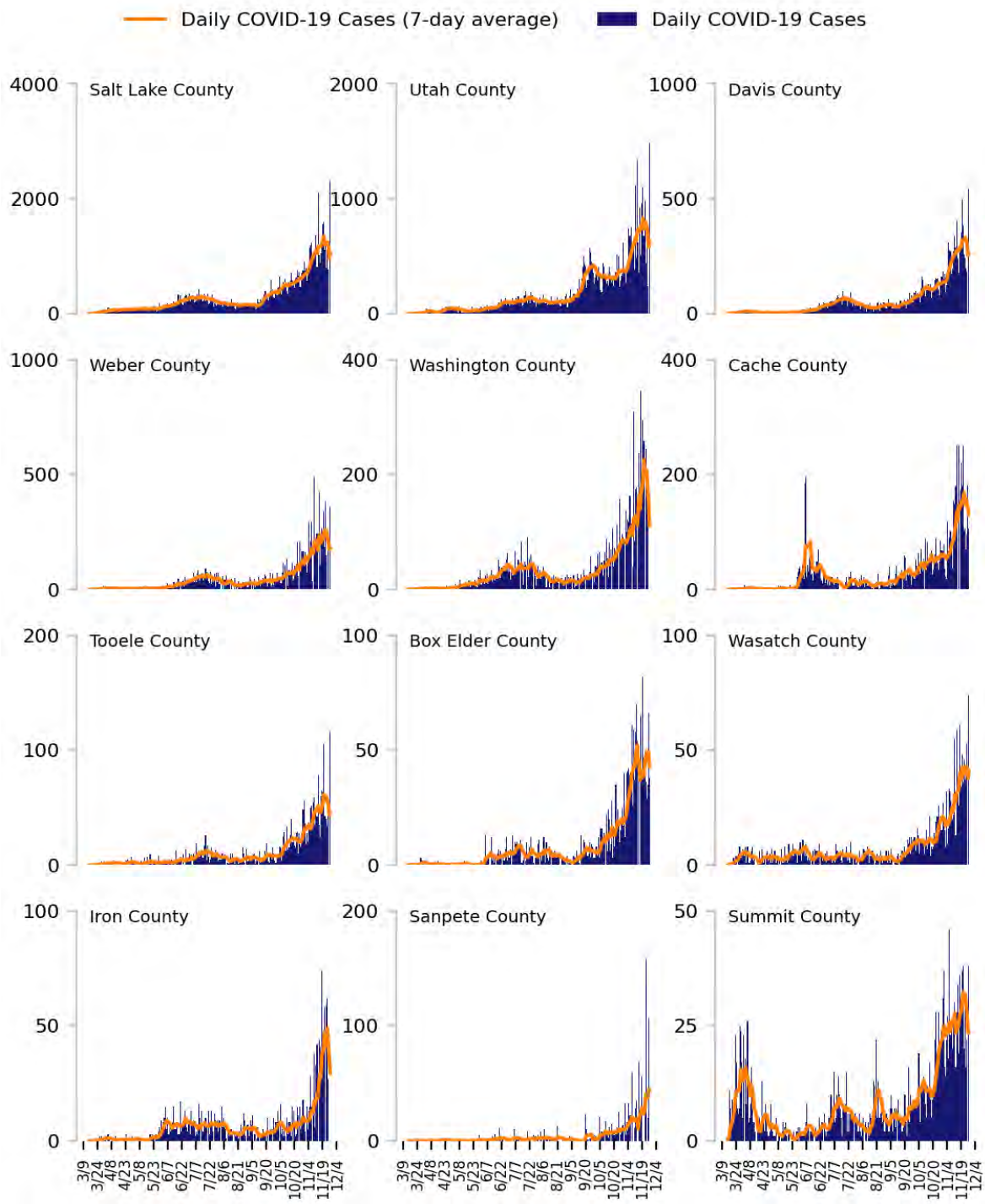
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

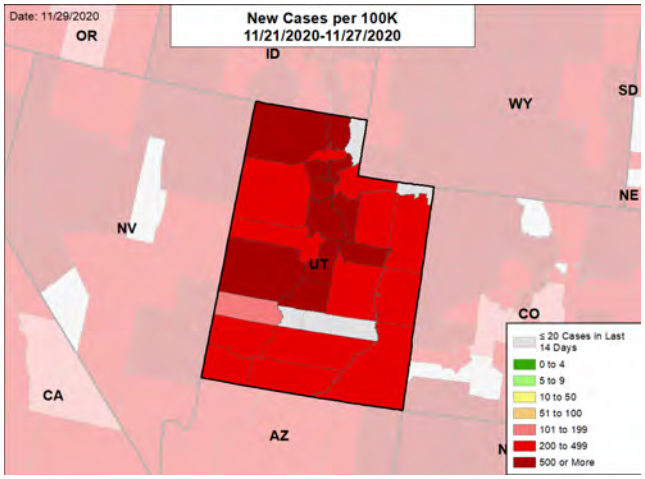
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

UTAH

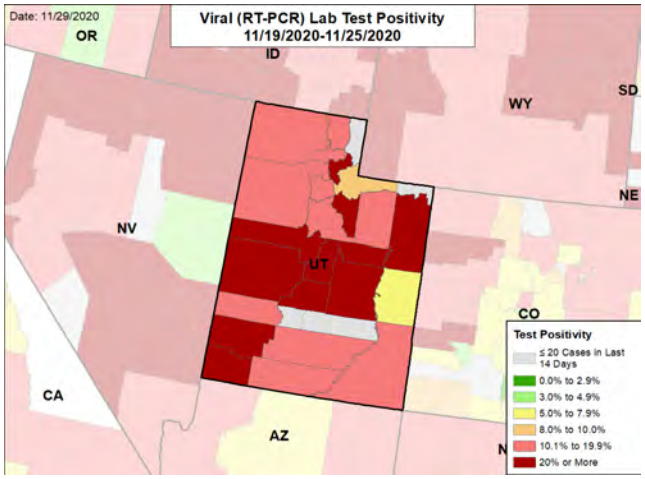
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

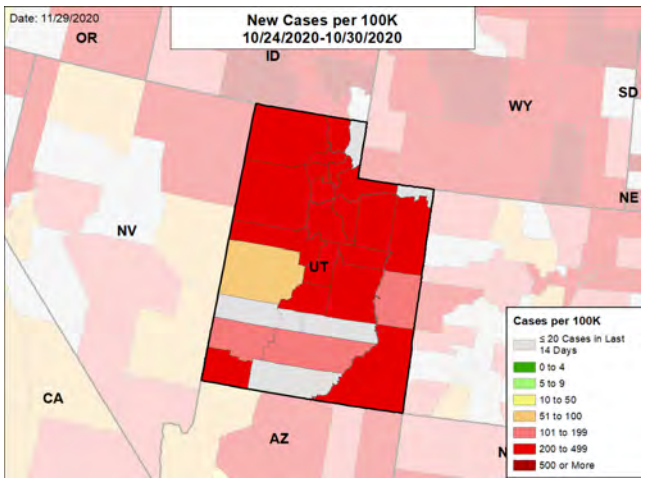
NEW CASES PER 100,000



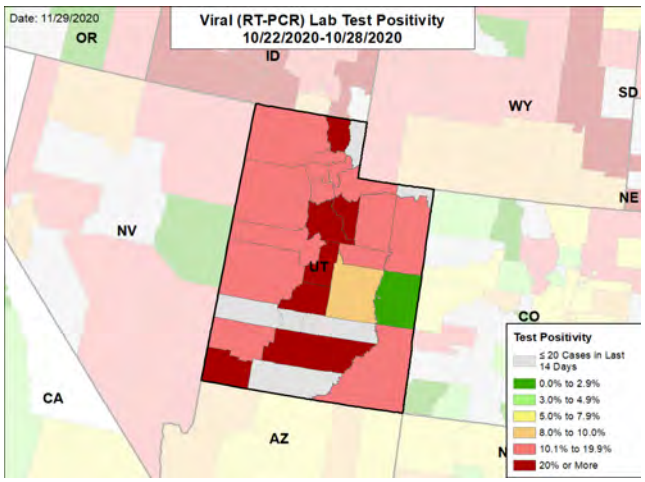
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

VERMONT

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- Vermont's control of its COVID epidemic stabilized last week but remains at a critical juncture. Vermont is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population, with the 50th highest rate in the country. Vermont is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 51st highest rate in the country.
- After several weeks of steep increases in cases and an increase in test positivity, Vermont has seen a decrease in new cases and a decrease in test positivity last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Washington County, 2. Chittenden County, and 3. Orange County. These counties represent 60.5% of new cases in Vermont.
- Mitigation: On Nov 14, intensified mitigation measures went into effect. The Governor has asked residents who attended multi-household Thanksgiving celebrations to quarantine and be tested.
- No counties in Vermont have moderate or high levels of community transmission (yellow, orange, or red zones). Surveillance testing of >9,000 public school staff throughout the state identified 21 positives without indicating a higher prevalence in any defined locality.
- During the week of Nov 16 - Nov 22, 3% of nursing homes had at least one new resident COVID-19 case, 12% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death. Several outbreaks in LTCF are being followed by the state.
- Vermont had 88 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA and 1 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 4 patients with confirmed COVID-19 and 5 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Vermont. This is an increase of 97% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of Vermont leaders that the current situation remains critical and that despite the improvement in cases and test positivity last week, the population and health care system must do everything possible to prepare for and limit a post-Thanksgiving resurgence. Improved public observance of social distancing measures is urgently needed to limit overrunning hospital capacity and additional preventable deaths. Limiting travel throughout the next several weeks is an additional key mitigation measure this holiday season as the spread across jurisdictions makes control measures much more difficult and leads to additional outbreaks. The modest proportion of Vermonters who, in a national survey, indicated plans to spend Thanksgiving with other households is encouraging. The Governor's continued personal guidance and recent actions on these measures are critical and are commended.
- Ensure all clinical facilities, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing, and are accurately reporting current status of each resource. Ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Additional measures should be taken, including communications to reinforce messaging around social gatherings throughout the ongoing holiday season. Maximizing control of transmission now will also allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- The silent community spread that precedes and continues throughout these COVID disease surges can only be identified and interrupted through proactive and increased testing and surveillance. This approach can be adapted to communities in the orange or red zone with proactive weekly testing of groups from the community. These cases should be analyzed with data from cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread proactive testing and isolation of positive cases. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Mitigation measures to limit transmission in personal gatherings need continued strengthening. Local influencers are critical; hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Given increasing outbreaks in nursing homes, ensure increased frequency of long-term care facility testing and rapid implementation of vaccination into LTCF as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing, and utilize the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities planning to bring students back to campus after winter break move to mandatory weekly testing of all on and off campus students. Planning for that must begin now. Vermont's exemplary testing program at IHEs is commended.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

VERMONT

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	546 (88)	-24%	39,813 (268)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.6%	-0.8%*	4.3%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	45,083** (7,225**)	+18%**	901,789** (6,075**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	5 (0.8)	+67%	382 (2.6)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	3%	+3%*	16%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	12%	+6%*	34%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*	4%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	63 (6)	+97% (+40%)	4,085 (12)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

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VERMONT

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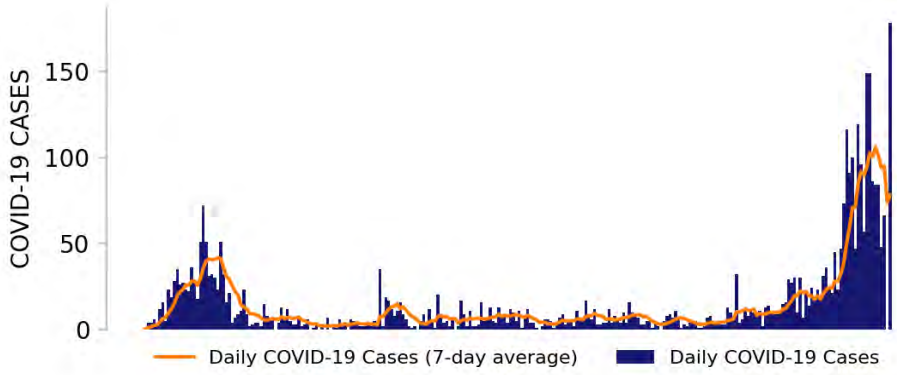
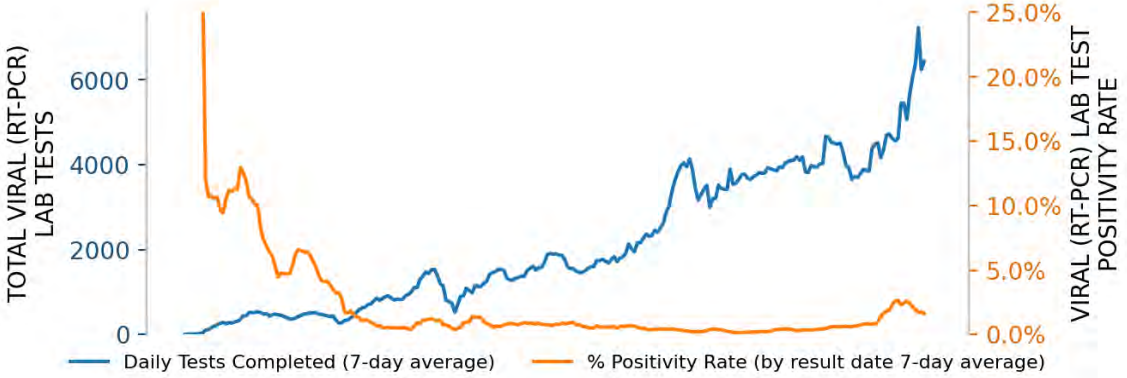
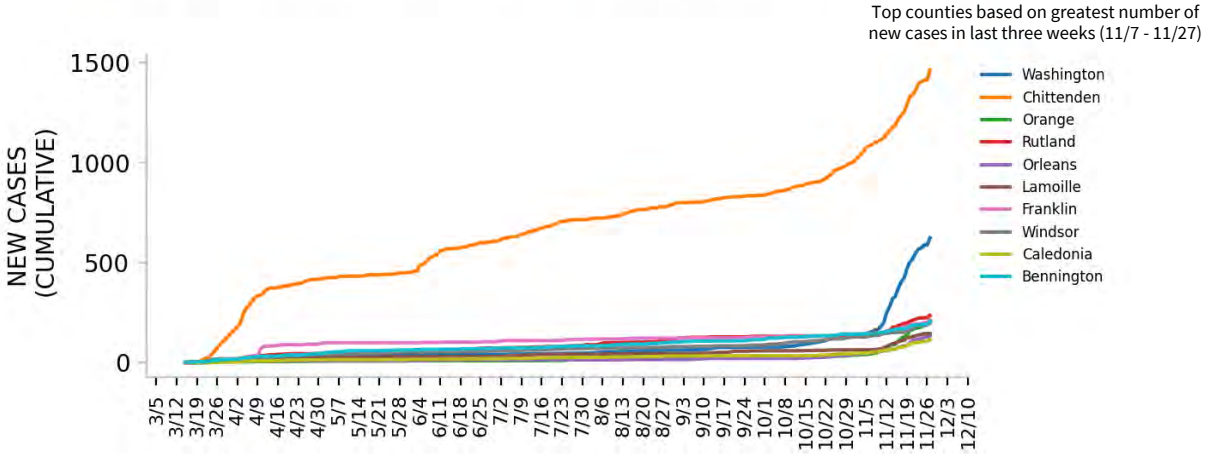
NEW CASES



TESTING



TOP COUNTIES



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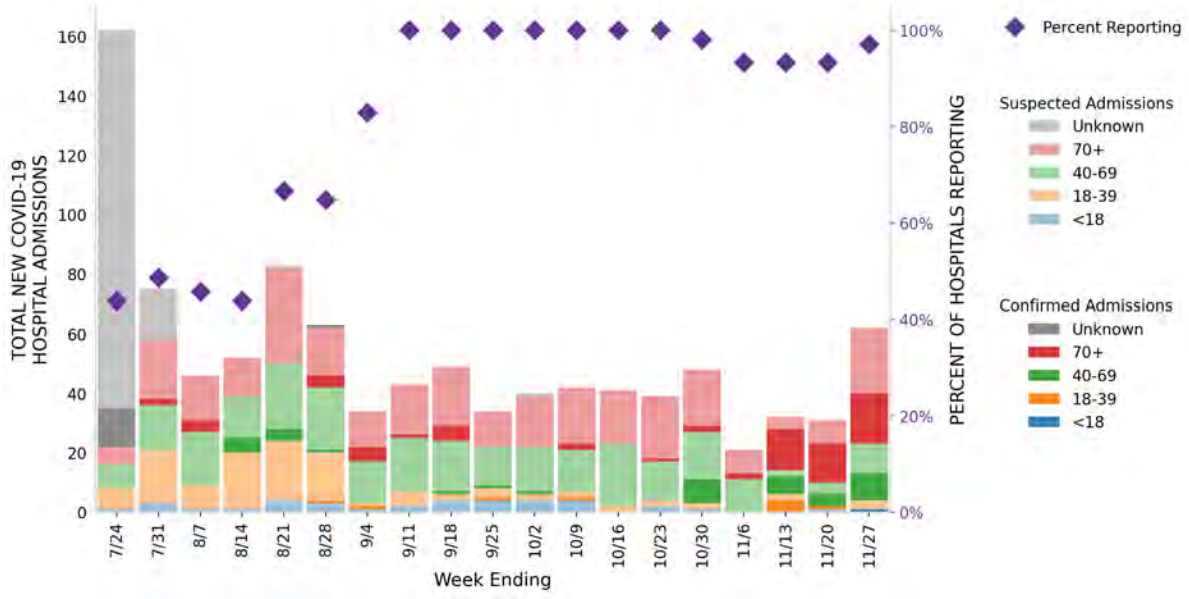
VERMONT

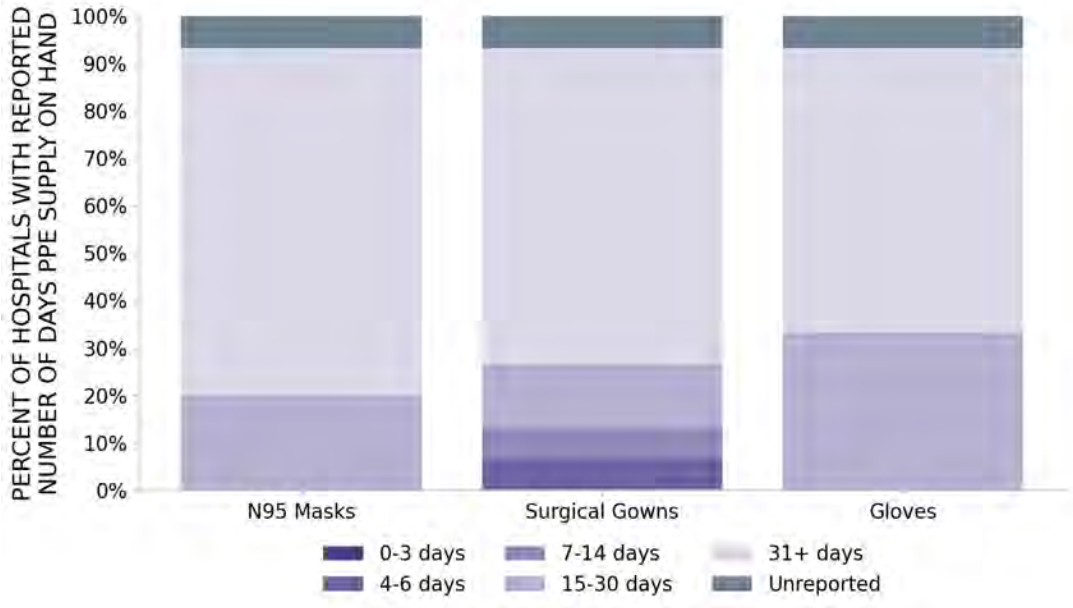
STATE REPORT | 11.29.2020

15 hospitals are expected to report in Vermont

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

VERMONT

STATE REPORT | 11.29.2020

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** ▼ (-1)	N/A
LOCALITIES IN YELLOW ZONE	**0** ▼ (-1)	N/A	**0** ▼ (-3)	N/A

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
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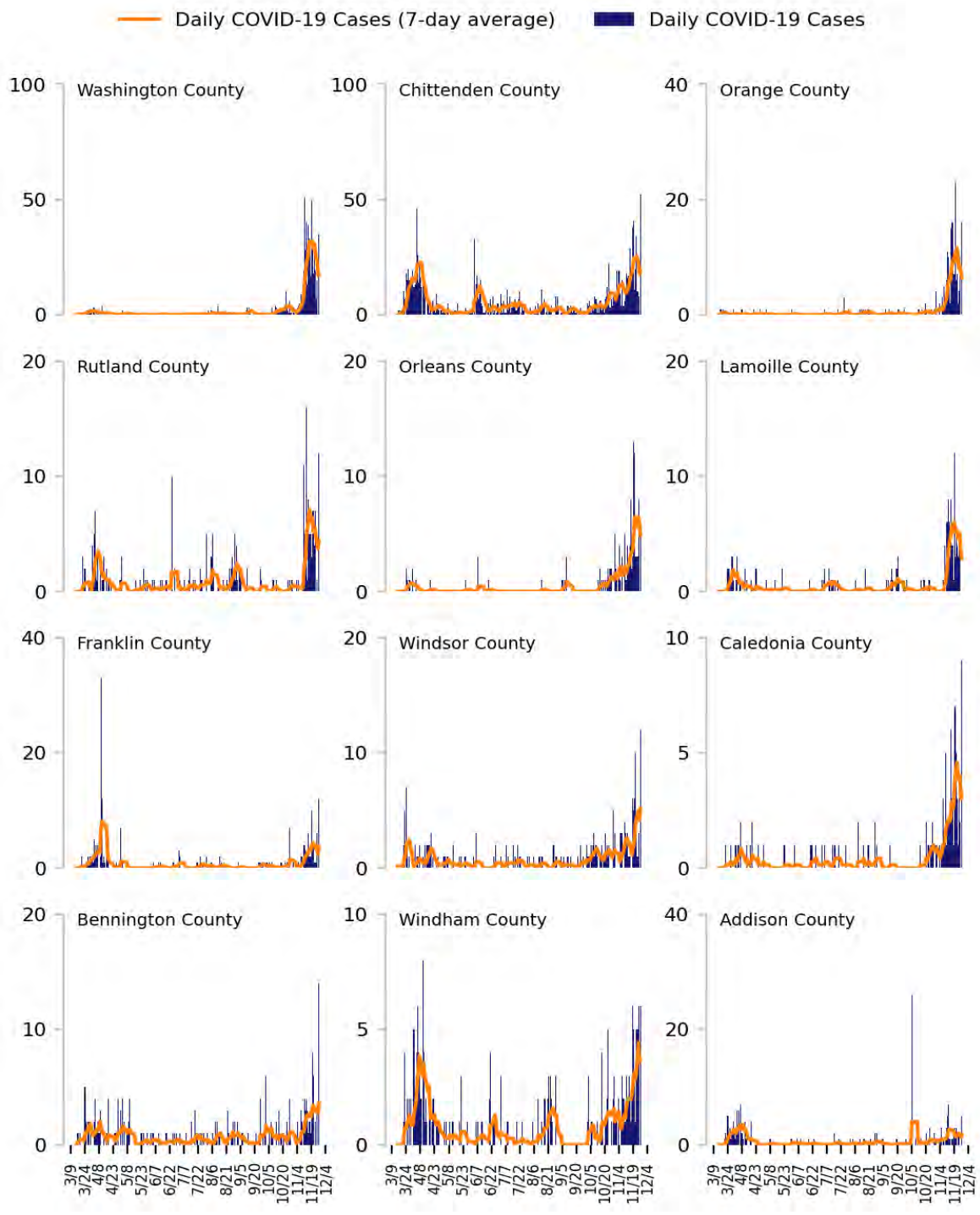
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



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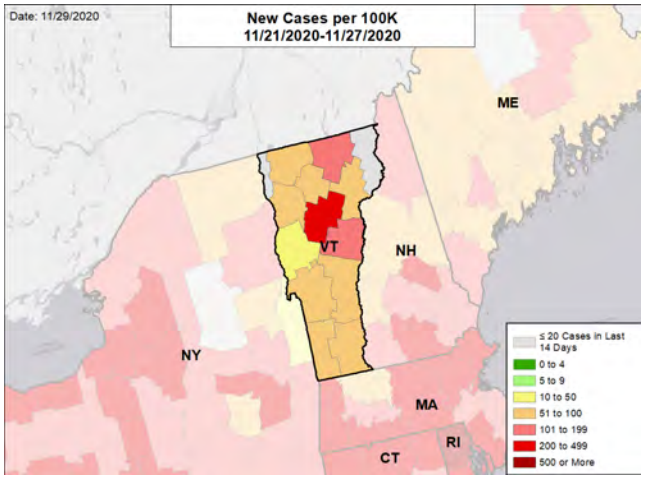
VERMONT

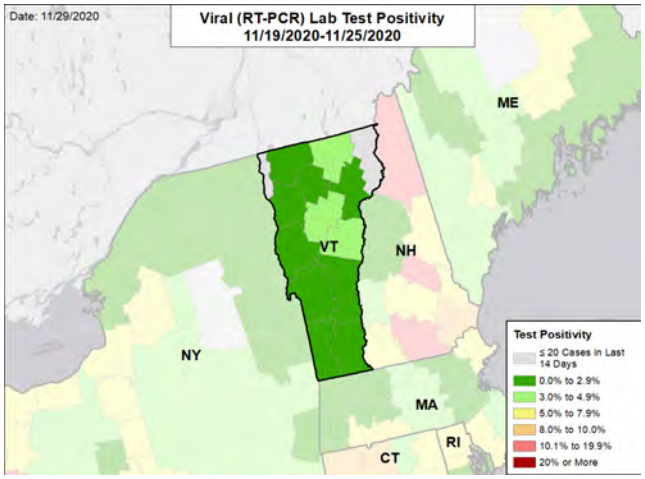
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

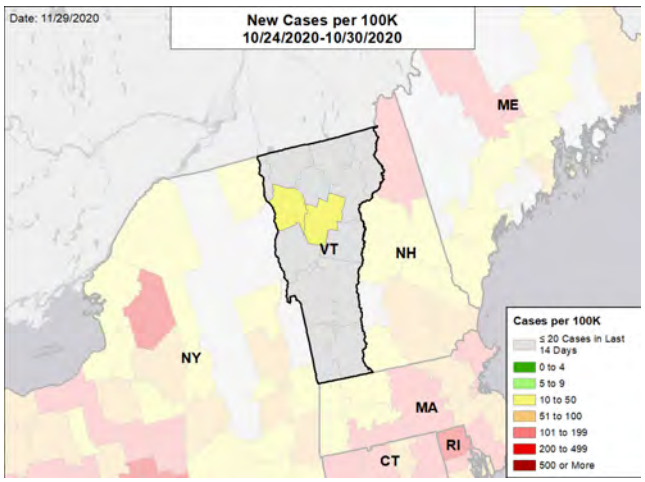
NEW CASES PER 100,000



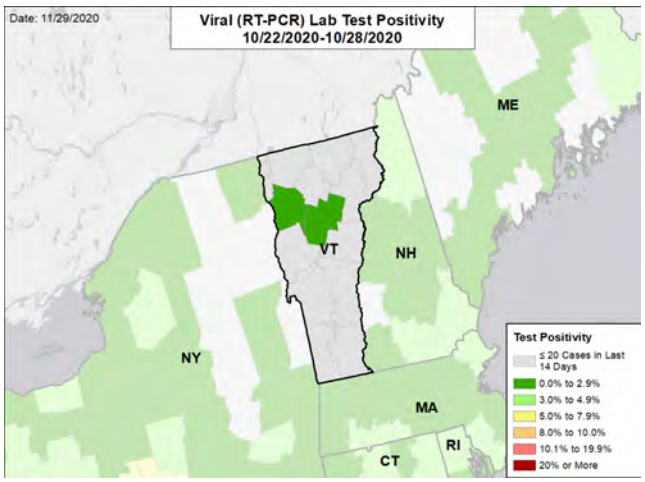
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

VIRGINIA

SUMMARY

- Virginia 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. Virginia is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 41st highest rate in the country.
- Virginia has seen an increase in new cases and a decrease in test positivity, but a continued rise in hospitalizations.
- 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 23.7% of new cases in Virginia.
- 70% of all counties in Virginia have moderate or high levels of community transmission (yellow, orange, or red zones), with 23% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 16% of nursing homes had at least one new resident COVID-19 case, 28% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Virginia had 200 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 32 to support operations activities from FEMA; 106 to support operations activities from USCG; and 13 to support medical activities from VA.
- The federal government has supported surge testing in Harrisonburg, Lexington, and Saunton.
- Between Nov 21 - Nov 27, on average, 151 patients with confirmed COVID-19 and 236 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Virginia. This is an increase of 8% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity in public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- New hospital admissions in Virginia continue to rise. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased 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 in the winter move to mandatory weekly testing of all on and off campus students. Planning for this must begin now.
- There continue to be high levels of positive staff at LTCFs, indicative of continued and unmitigated community spread in these geographic areas.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

VIRGINIA

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	17,112 (200)	+22%	91,757 (297)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.5%	-3.6%*	8.6%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	153,646** (1,800**)	-23%**	990,331** (3,210**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	133 (1.6)	+0%	939 (3.0)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	16%	+0%*	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	28%	+0%*	45%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+1%*	8%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,713 (16)	+8% (+10%)	15,696 (23)	135,904 (19)

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

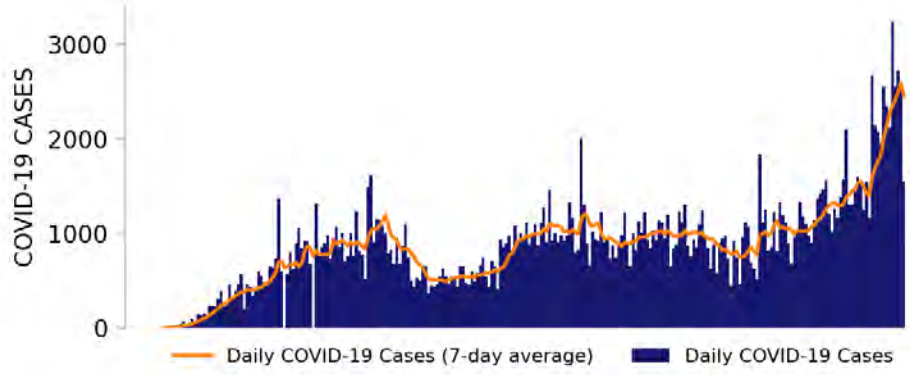
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

VIRGINIA

STATE REPORT | 11.29.2020

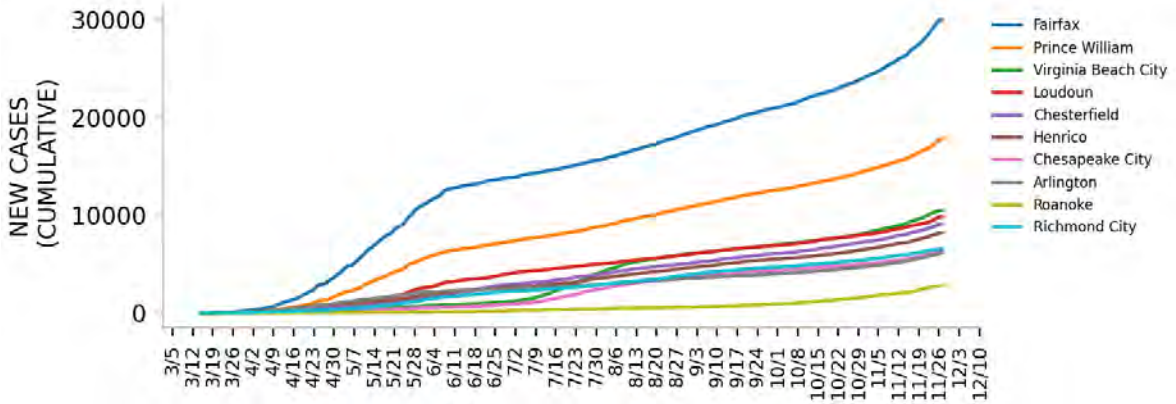
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

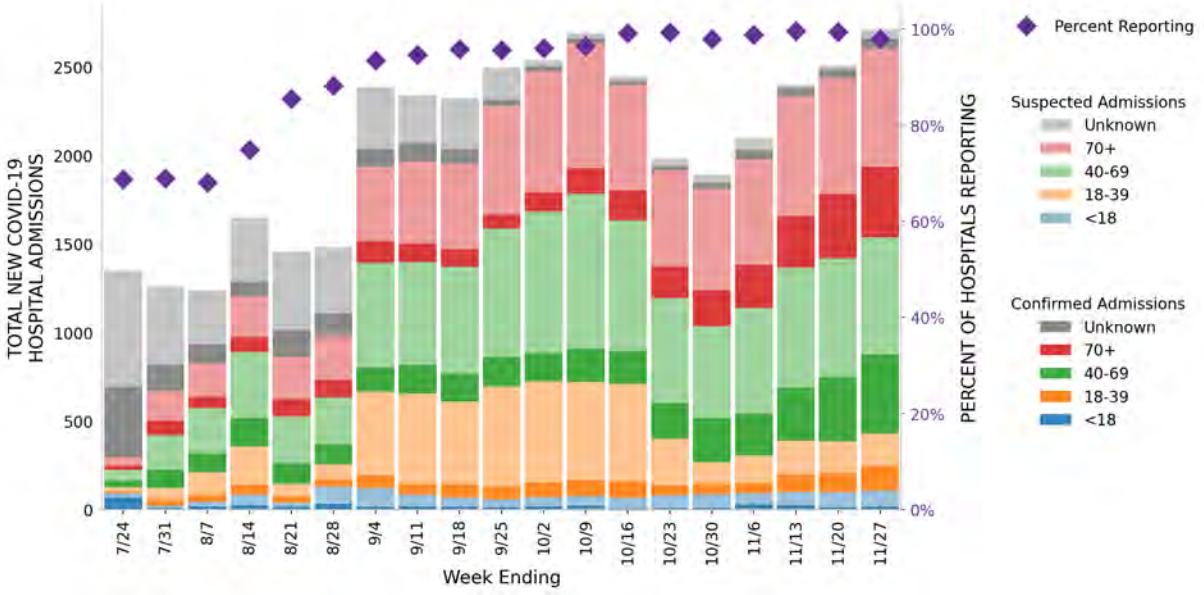
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

VIRGINIA

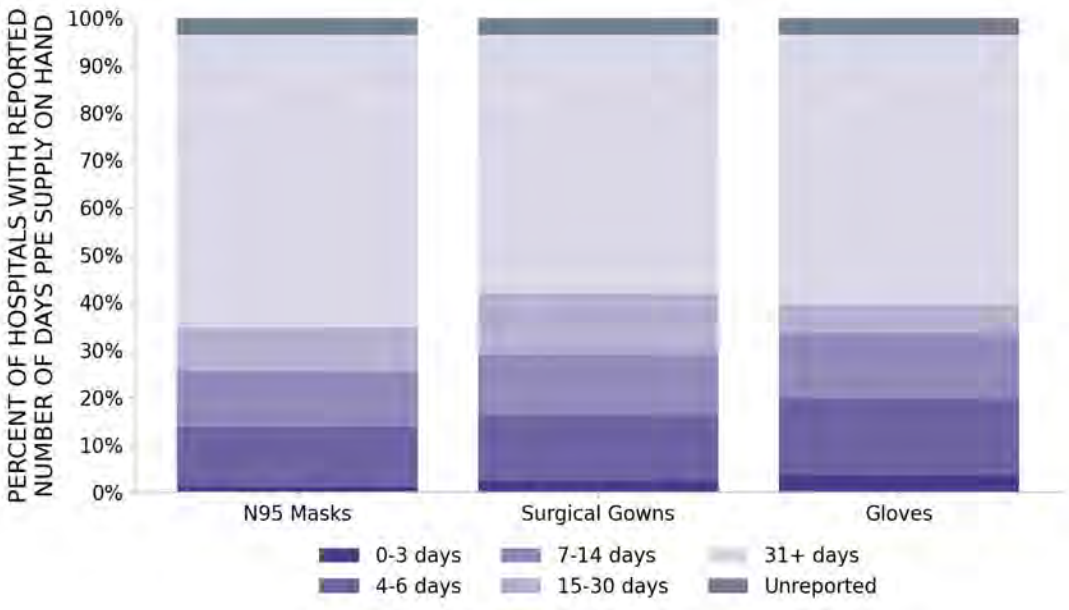
STATE REPORT | 11.29.2020

86 hospitals are expected to report in Virginia

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

VIRGINIA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	3 ▼ (-5)	Kingsport-Bristol Martinsville Big Stone Gap	31 ▼ (-28)	Culpeper Washington Franklin Henry Tazewell Wise Augusta Pulaski Lee Campbell Pittsylvania Winchester City
LOCALITIES IN ORANGE ZONE	3 ■ (+0)	Lynchburg Winchester Danville	15 ▲ (+2)	Prince William Frederick Hanover Spotsylvania Bedford Rockingham Danville City Halifax Alleghany Petersburg City Colonial Heights City Page
LOCALITIES IN YELLOW ZONE	6 ▲ (+3)	Washington-Arlington-Alexandria Virginia Beach-Norfolk-Newport News Richmond Roanoke Staunton Bluefield	47 ▲ (+24)	Fairfax Virginia Beach City Loudoun Chesterfield Henrico Chesapeake City Roanoke Roanoke City Alexandria City Norfolk City Stafford Hampton City

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

All Red Counties: Culpeper, Washington, Franklin, Henry, Tazewell, Wise, Augusta, Pulaski, Lee, Campbell, Pittsylvania, Winchester City, Wythe, Scott, Carroll, Prince George, Manassas City, Martinsville City, Russell, Bristol City, Amherst, Powhatan, Buchanan, Dinwiddie, Dickenson, Bland, Galax City, Manassas Park City, Amelia, Bath, Emporia City

All Orange Counties: Prince William, Frederick, Hanover, Spotsylvania, Bedford, Rockingham, Danville City, Halifax, Alleghany, Petersburg City, Colonial Heights City, Page, Floyd, Charlotte, Surry

All Yellow Counties: Fairfax, Virginia Beach City, Loudoun, Chesterfield, Henrico, Chesapeake City, Roanoke, Roanoke City, Alexandria City, Norfolk City, Stafford, Hampton City, Lynchburg City, Suffolk City, Smyth, Fauquier, Shenandoah, Portsmouth City, Botetourt, Salem City, Waynesboro City, York, Warren, Radford City, Isle of Wight, Buena Vista City, Orange, Patrick, Giles, Louisa, Accomack, Covington City, New Kent, Hopewell City, Appomattox, Greene, Clarke, Buckingham, Williamsburg City, Richmond, Northumberland, Nelson, Poquoson City, Essex, Lancaster, Norton City, Middlesex

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

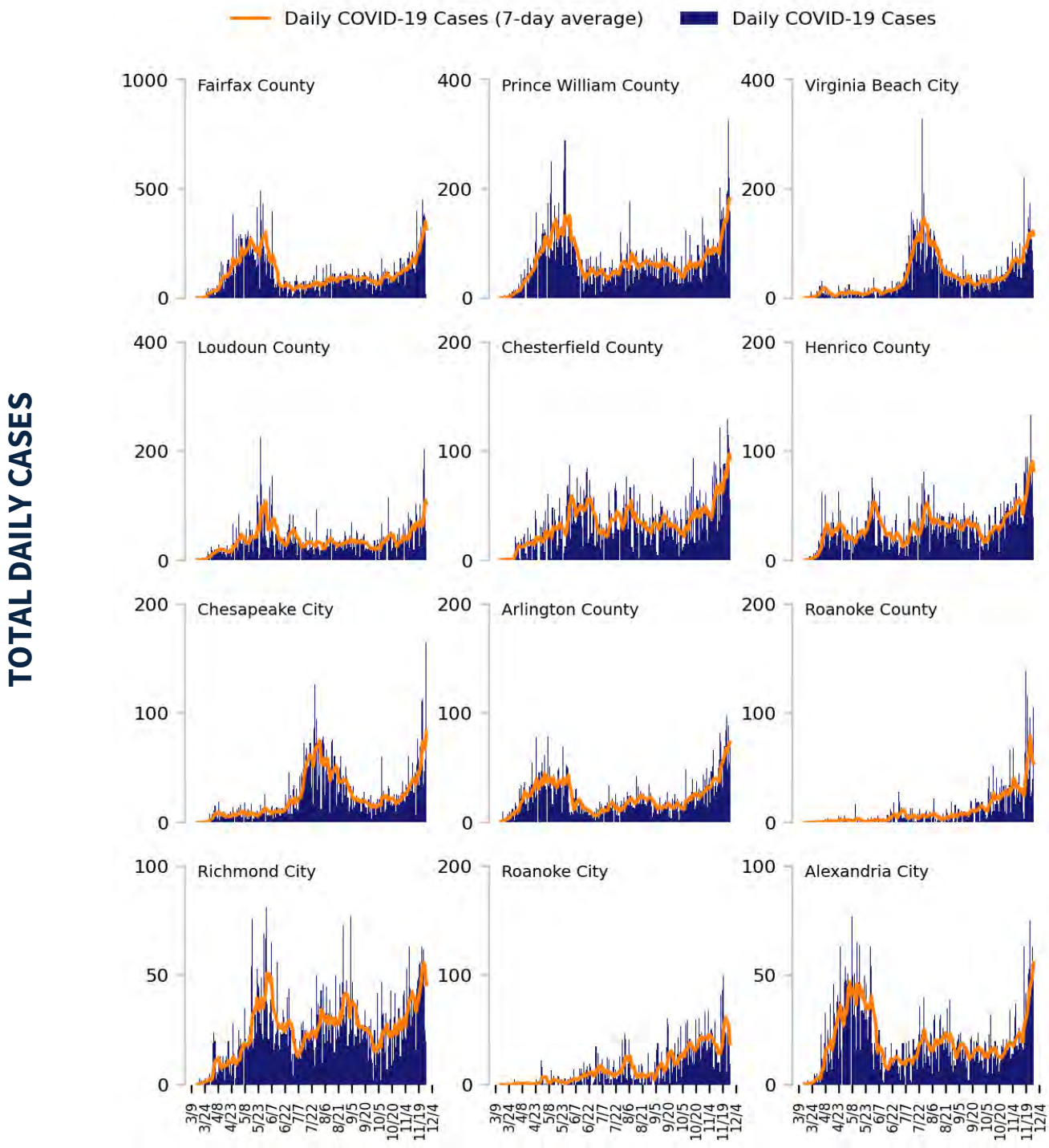
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

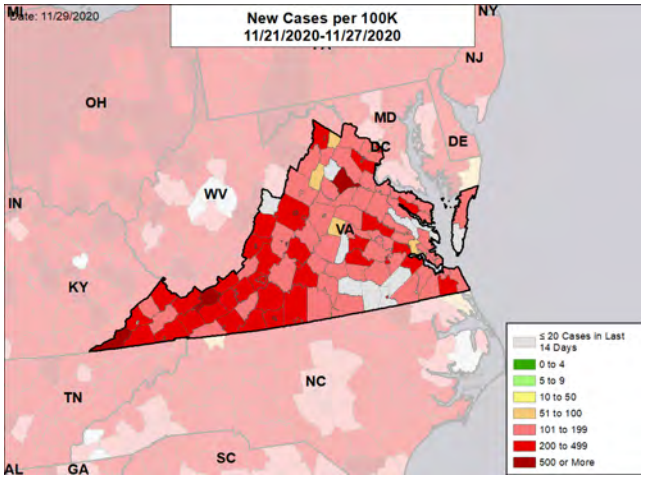
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

VIRGINIA

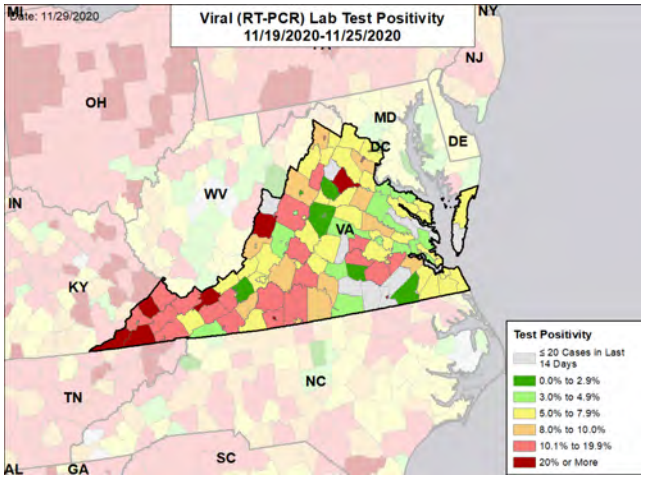
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

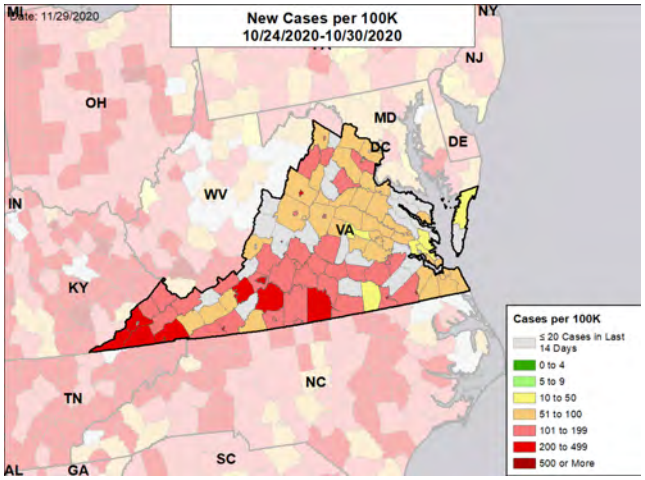
NEW CASES PER 100,000



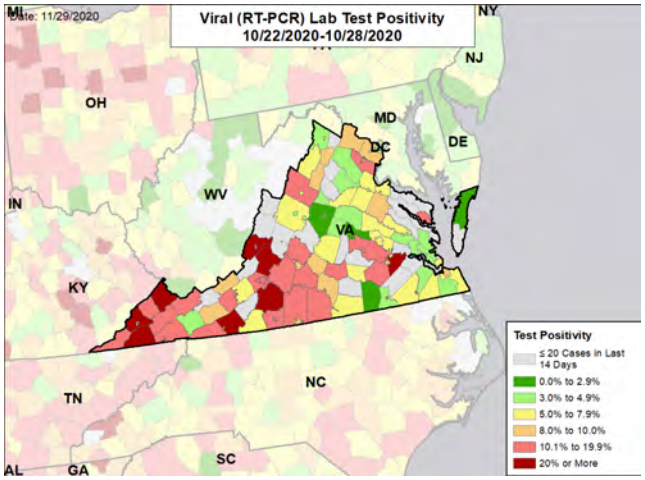
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

STATE REPORT
11.29.2020
Issue 24

WASHINGTON

SUMMARY

- Washington continued to set new records for reported cases. Washington 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. Washington 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.
- Washington has seen an increase in new cases and stability in test positivity. Cases are increasing in a majority of counties throughout the state. The highest incidences continued to be in a large number of counties in eastern Washington but multiple counties in the Puget Sound area are also reporting high incidence. Current hospitalizations continue to rapidly increase. Hospitals are making and implementing surge capacity plans.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. King County, 2. Spokane County, and 3. Pierce County. These counties represent 51.6% of new cases in Washington.
- 74% of all counties in Washington have moderate or high levels of community transmission (yellow, orange, or red zones), with 38% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 17% of nursing homes had at least one new resident COVID-19 case, 36% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Washington had 249 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 49 to support operations activities from FEMA; 3 to support operations activities from ASPR; and 21 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 98 patients with confirmed COVID-19 and 96 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Washington. This is an increase of 8% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of Washington leaders that the current situation remains critical and that the population and health care system must do everything possible to prepare for and limit a post-Thanksgiving resurgence. Improved public observance of social distancing measures is urgently needed to limit overrunning hospital capacity and additional preventable deaths. Limiting travel throughout the next several weeks is an additional key mitigation measure this holiday season as the spread across jurisdictions makes control measures much more difficult and leads to additional outbreaks. The Governor's continued personal guidance and recent actions on these measures are critical and are commended.
- Ensure all clinical facilities, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing, and are accurately reporting current status of each resource. Ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Short-term mitigation interventions, including restricting indoor dining and limiting and/or closing areas of congregation without masking, will be needed as have been successful in the USA and is currently showing effectiveness in Europe. The recent intensification of mitigation measures is commended.
- These measures help to control transmission in public settings but have had limited success in preventing spread at private gatherings. Additional measures should be taken, including communications to reinforce messaging around social gatherings throughout the ongoing holiday season. Maximizing control of transmission now will also allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- The silent community spread that precedes and continues throughout these COVID disease surges can only be identified and interrupted through proactive and increased testing and surveillance. This approach can be adapted to counties in the orange or red zone with proactive weekly testing of groups from the community. These cases should be analyzed with data from cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread proactive testing and isolation of positive cases. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Mitigation measures to limit transmission in personal gatherings need continued strengthening. Local influencers are critical; hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of long-term care facility testing and rapid implementation of vaccination into LTCF as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing, and utilize the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities planning to bring students back to campus after winter break move to mandatory weekly testing of all on and off campus students. Planning for that must begin 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 | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	18,961 (249)	+34%	40,619 (283)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.0%	+0.2%*	10.5%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	143,822** (1,889**)	+15%**	398,235** (2,775**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	88 (1.2)	-14%	247 (1.7)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	17%	+2%*	17%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	36%	+5%*	37%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+2%*	5%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,357 (11)	+8% (+5%)	3,178 (14)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
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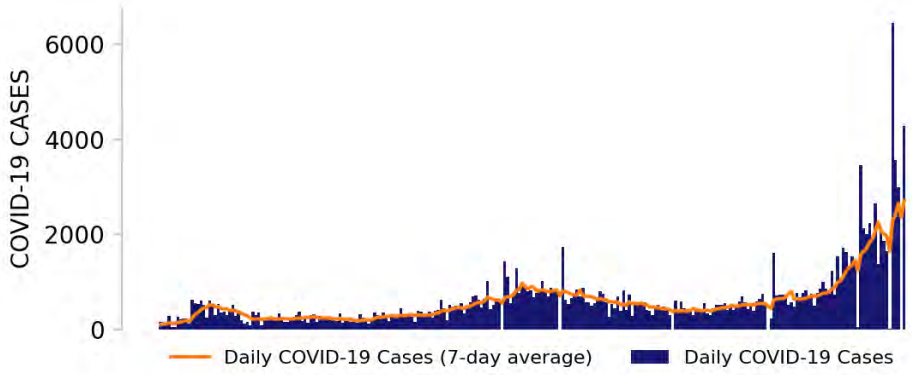
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

WASHINGTON

STATE REPORT | 11.29.2020

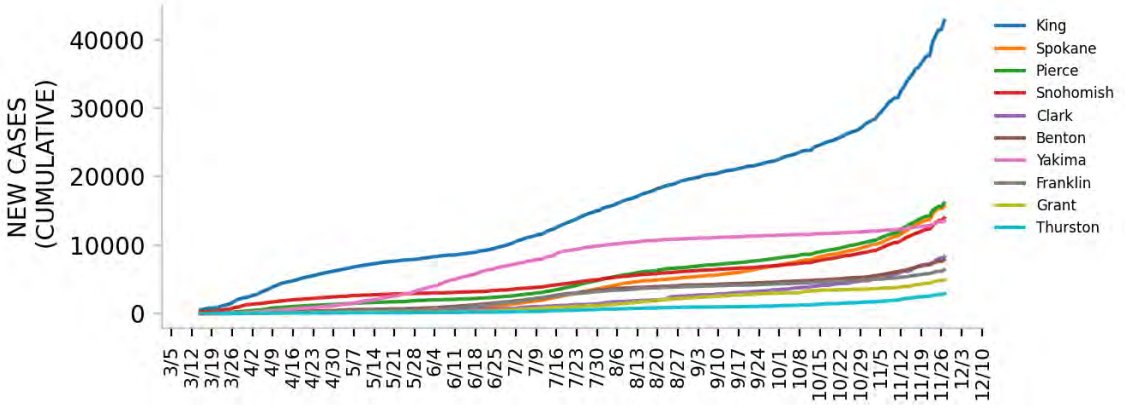
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



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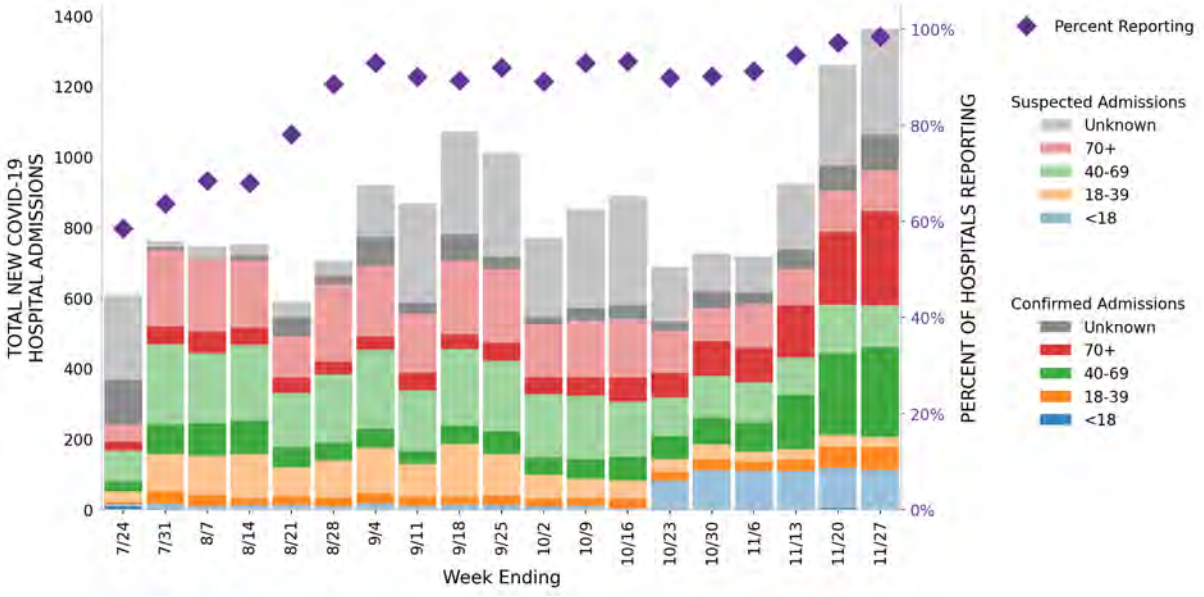
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020.

WASHINGTON

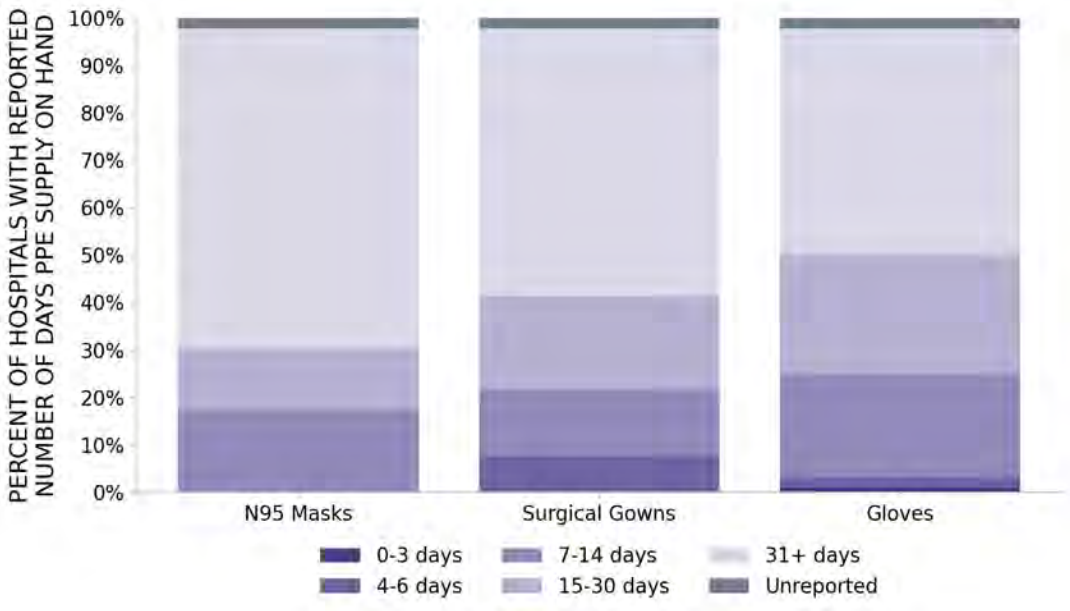
STATE REPORT | 11.29.2020

92 hospitals are expected to report in Washington

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

WASHINGTON

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**12** ▲ (+1)	Spokane-Spokane Valley Kennewick-Richland Portland-Vancouver-Hillsboro Yakima Moses Lake Walla Walla Wenatchee Longview Pullman Othello Lewiston Shelton	**15** ■ (+0)	Spokane Clark Yakima Franklin Grant Walla Walla Cowlitz Whitman Adams Asotin Stevens Chelan
LOCALITIES IN ORANGE ZONE	**2** ▲ (+1)	Centralia Ellensburg	**6** ▲ (+3)	Pierce Benton Lewis Kittitas Lincoln Klickitat
LOCALITIES IN YELLOW ZONE	**5** ▼ (-1)	Seattle-Tacoma-Bellevue Olympia-Lacey-Tumwater Bremerton-Silverdale-Port Orchard Bellingham Aberdeen	**8** ▼ (-1)	King Snohomish Thurston Kitsap Whatcom Douglas Grays Harbor Okanogan

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

All Red Counties: Spokane, Clark, Yakima, Franklin, Grant, Walla Walla, Cowlitz, Whitman, Adams, Asotin, Stevens, Chelan, Mason, Pacific, Ferry

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

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

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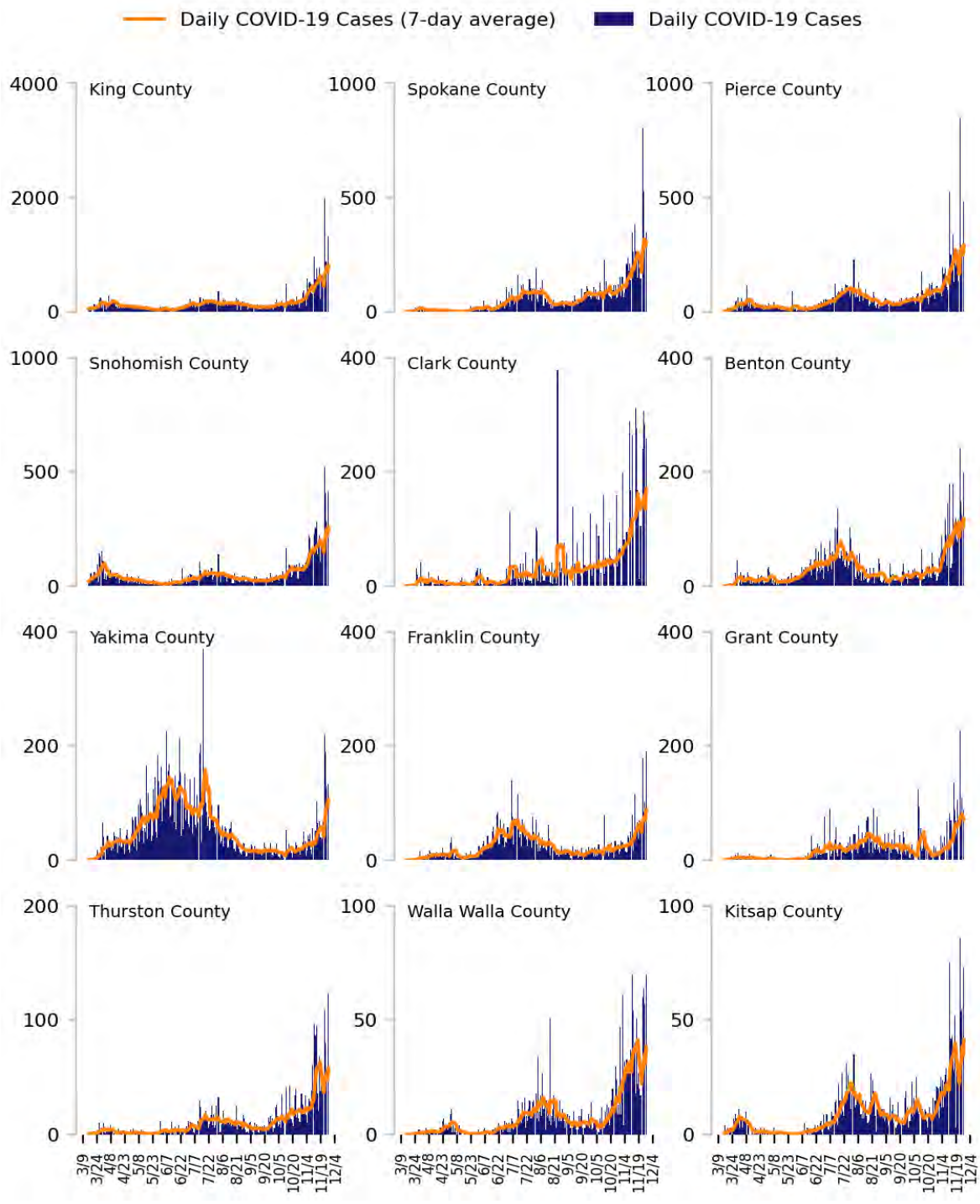
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES – Additional data details available under METHODS

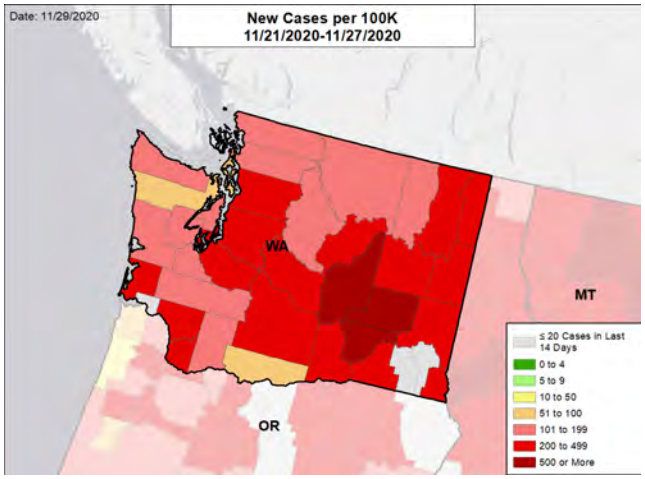
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

WASHINGTON

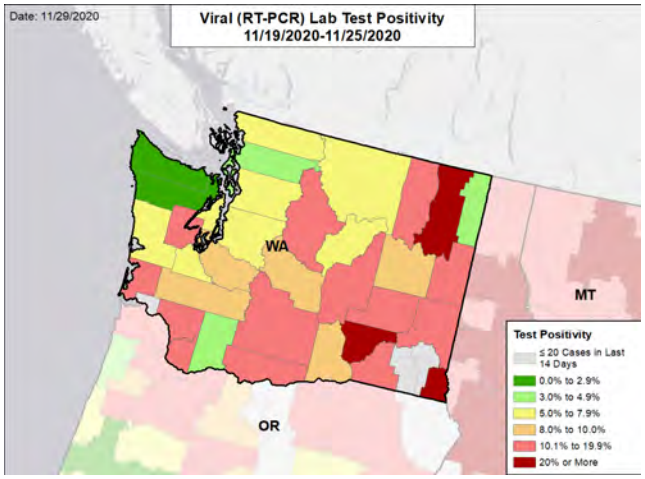
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

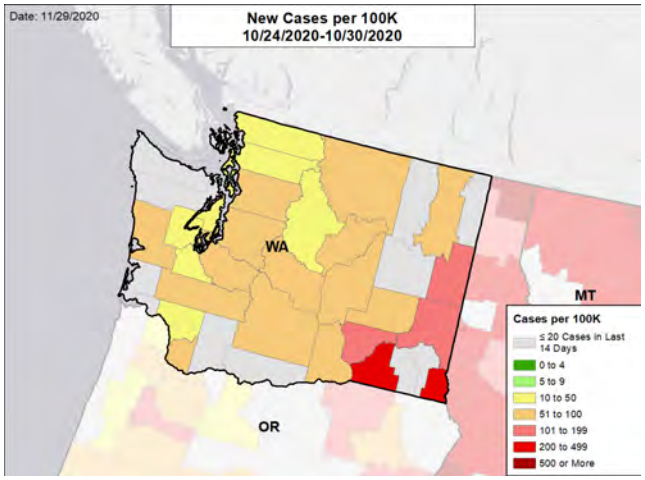
NEW CASES PER 100,000



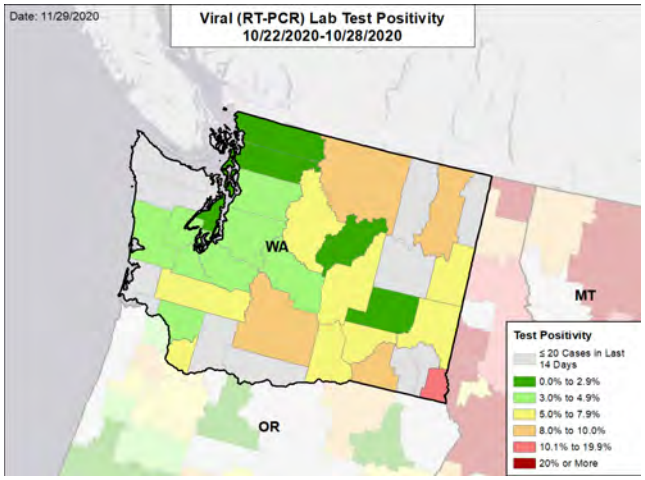
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020. The week one month before is 10/22 - 10/28.

WEST VIRGINIA

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- West Virginia 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. West Virginia is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 40th highest rate in the country.
- West Virginia 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. Wood County, 2. Kanawha County, and 3. Berkeley County. These counties represent 23.5% of new cases in West Virginia.
- 75% of all counties in West Virginia have moderate or high levels of community transmission (yellow, orange, or red zones), with 24% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 18% of nursing homes had at least one new resident COVID-19 case, 38% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- West Virginia had 366 new cases per 100,000 population, compared to a national average of 349 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; 6 to support epidemiology activities from CDC; and 29 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 70 patients with confirmed COVID-19 and 46 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in West Virginia. This is an increase of 18% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- Concerning increases in COVID cases among nursing home staff. The gains achieved earlier are fragile and personal behaviors must change. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. These trends will also track with trends in the community.
- Ensure testing data, case data, and hospitalizations are consistently tracked and visualized to show West Virginians the impact their efforts have had on reducing COVID transmission.
- Where university students are returning to campus from Thanksgiving break, conduct testing of all students and test weekly until the semester ends.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Ensure all hospitals, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all hospitals, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each. Establish clear triggers for requesting any assistance from federal partners.
- Ensure full flu immunizations across the state.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

WEST VIRGINIA

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	6,566 (366)	-4%	91,757 (297)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.4%	-0.6%*	8.6%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	102,751** (5,733**)	+11%**	990,331** (3,210**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	72 (4.0)	+0%	939 (3.0)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	18%	+2%*	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	38%	+8%*	45%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	+4%*	8%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	809 (15)	+18% (+19%)	15,696 (23)	135,904 (19)

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

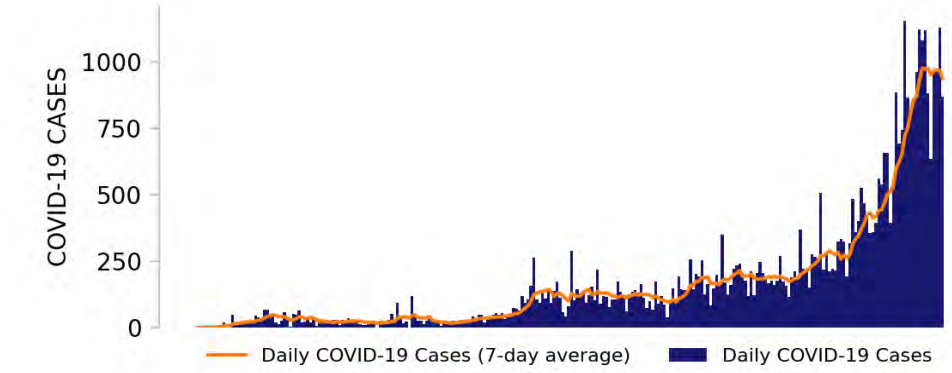
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

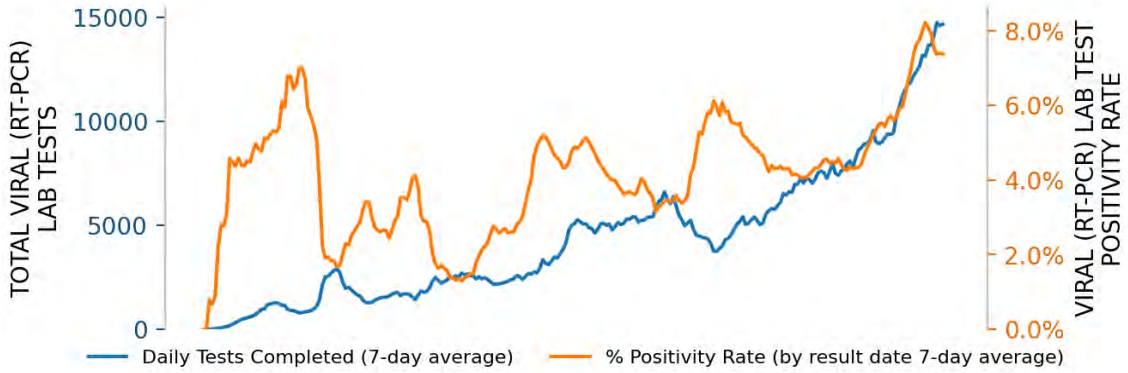
WEST VIRGINIA

STATE REPORT | 11.29.2020

NEW CASES

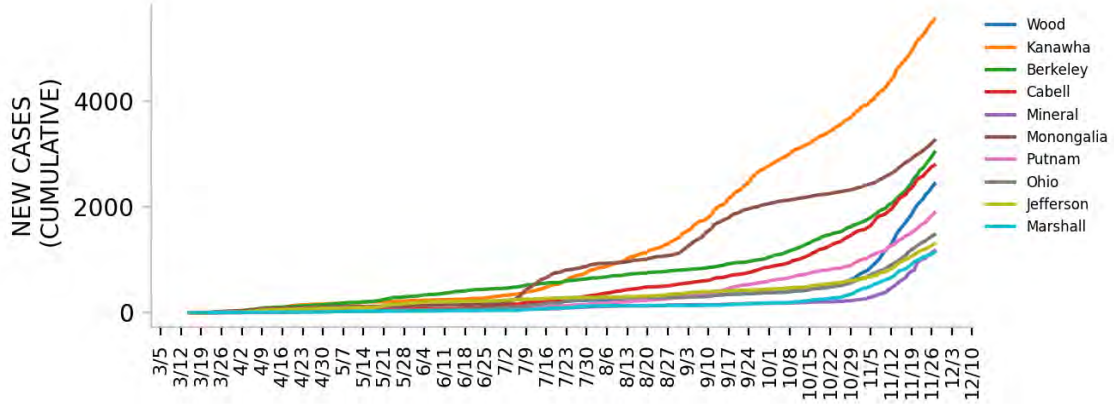


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

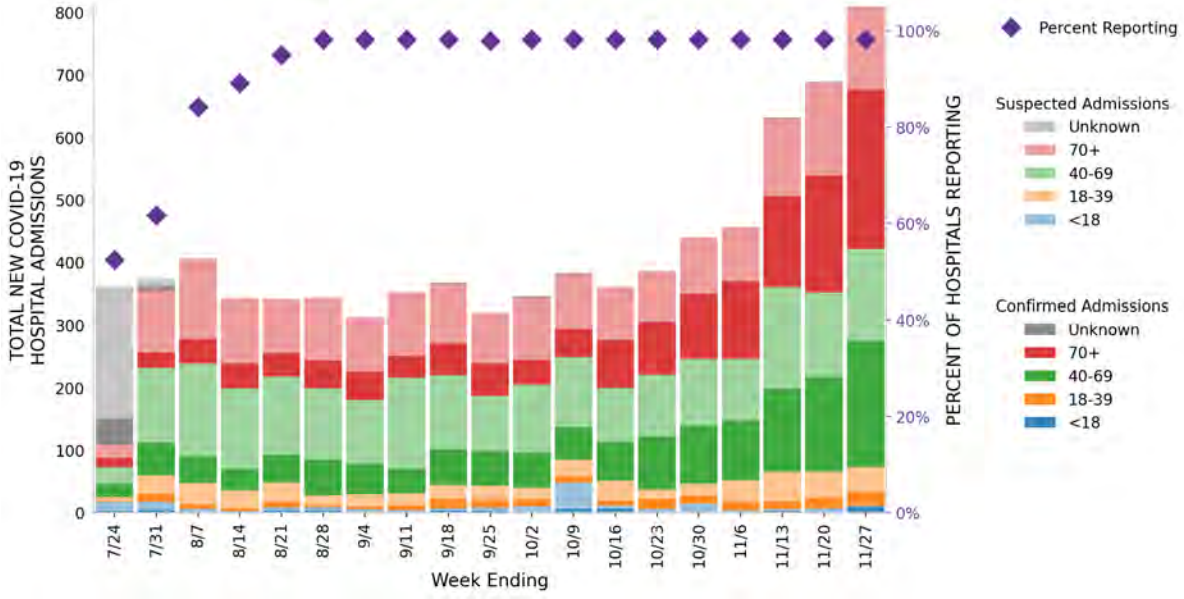
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

WEST VIRGINIA

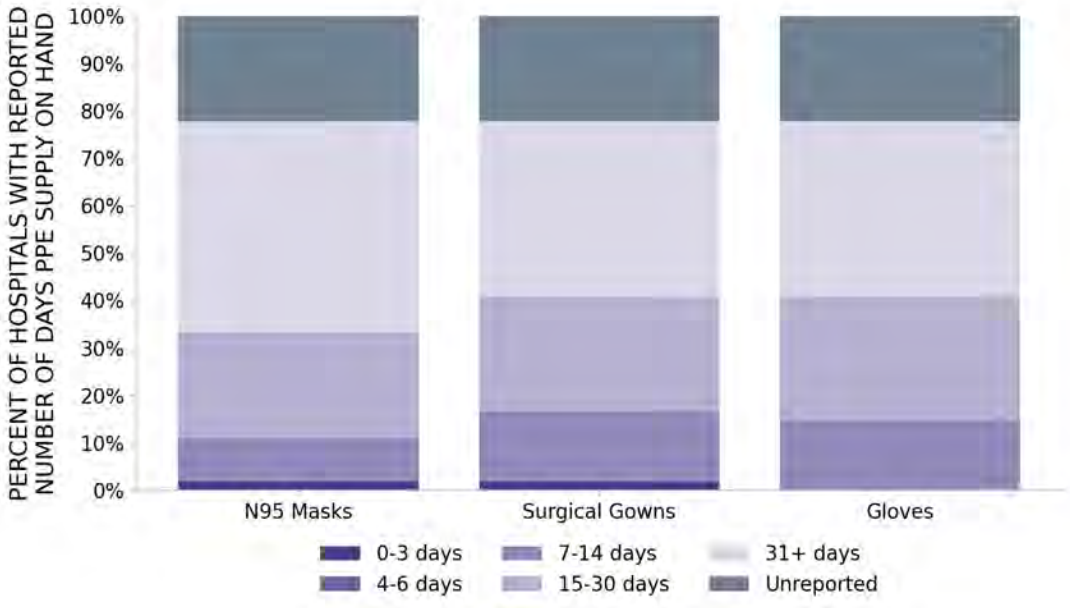
STATE REPORT | 11.29.2020

54 hospitals are expected to report in West Virginia

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

WEST VIRGINIA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	5 ▼ (-3)	Parkersburg-Vienna Wheeling Cumberland Weirton-Steubenville Point Pleasant	13 ▼ (-1)	Wood Mineral Ohio Marshall Brooke Wyoming Boone Upshur Taylor Ritchie Pocahontas Wirt
LOCALITIES IN ORANGE ZONE	4 ▲ (+2)	Huntington-Ashland Hagerstown-Martinsburg Clarksburg Winchester	10 ▲ (+3)	Berkeley Putnam Harrison Hancock Mingo Mason Grant Lincoln Morgan Pleasants
LOCALITIES IN YELLOW ZONE	5 ▼ (-1)	Charleston Washington-Arlington-Alexandria Bluefield Fairmont Mount Gay-Shamrock	18 ▼ (-5)	Kanawha Cabell Jefferson McDowell Marion Wayne Preston Jackson Greenbrier Logan Barbour Hardy

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

All Red Counties: Wood, Mineral, Ohio, Marshall, Brooke, Wyoming, Boone, Upshur, Taylor, Ritchie, Pocahontas, Wirt, Doddridge

All Yellow Counties: Kanawha, Cabell, Jefferson, McDowell, Marion, Wayne, Preston, Jackson, Greenbrier, Logan, Barbour, Hardy, Hampshire, Wetzel, Gilmer, Summers, Monroe, Tyler

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

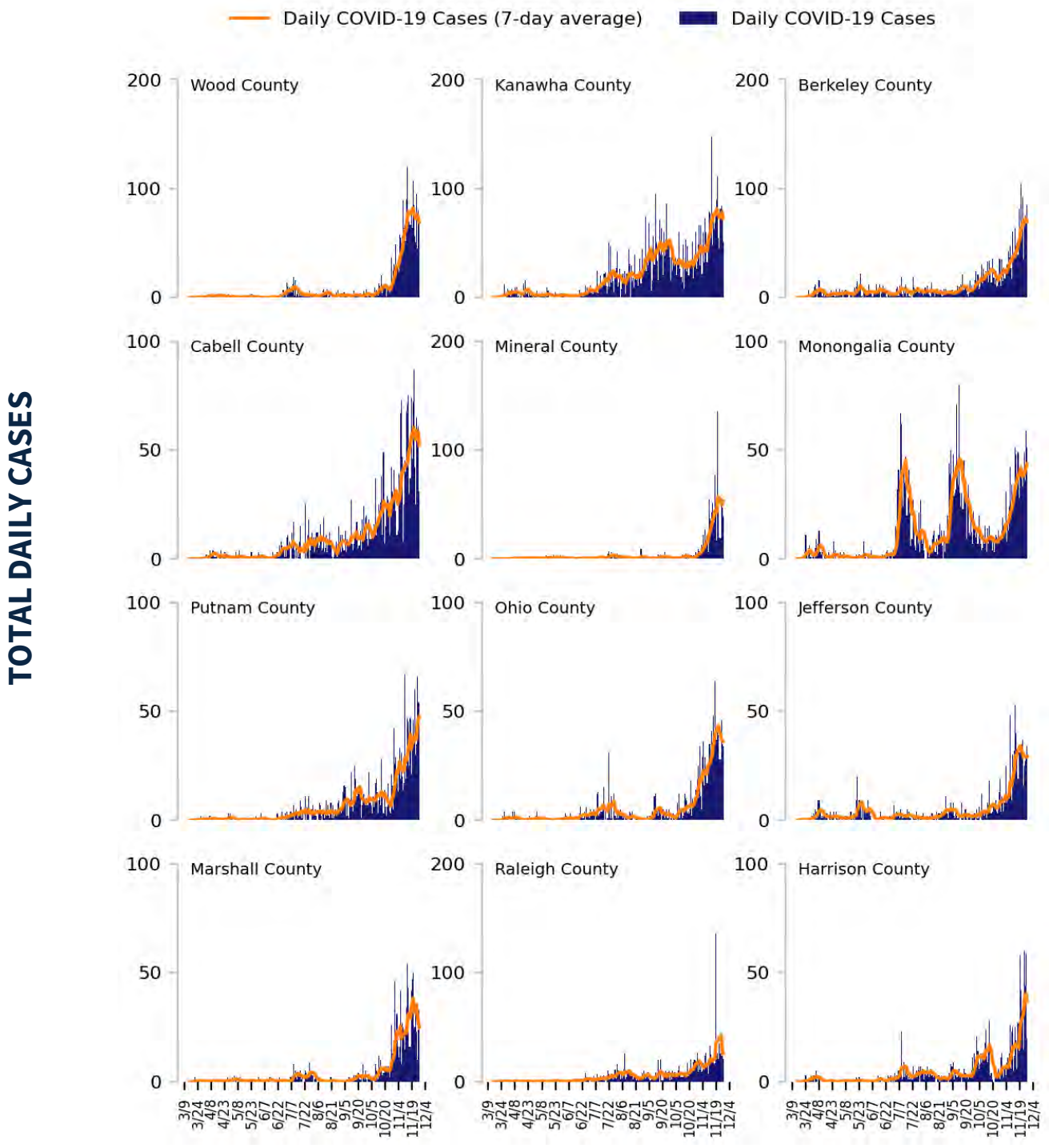
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

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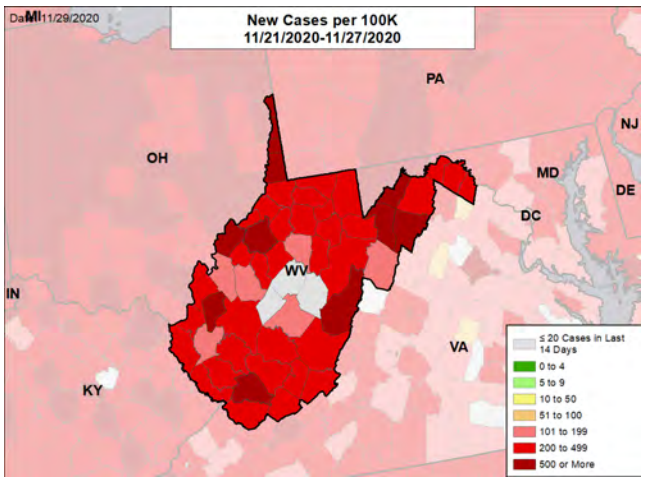
WEST VIRGINIA

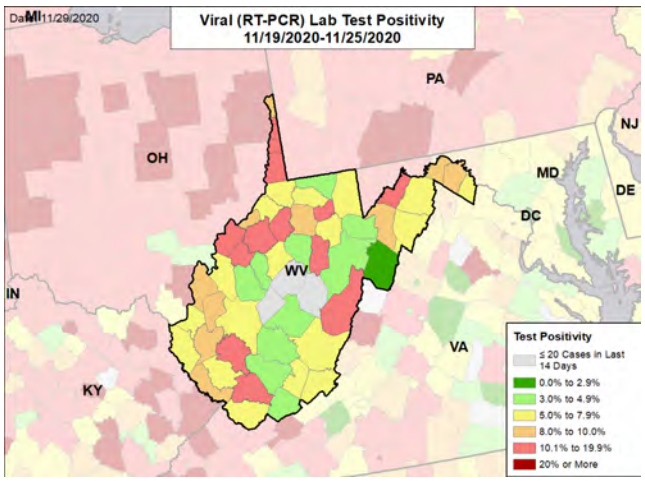
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

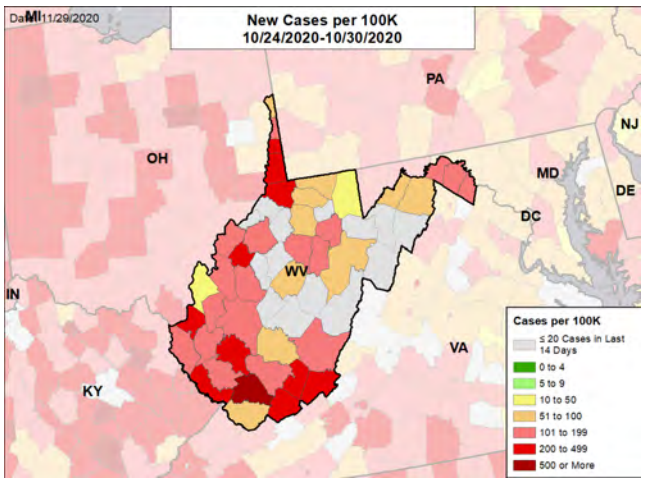
NEW CASES PER 100,000



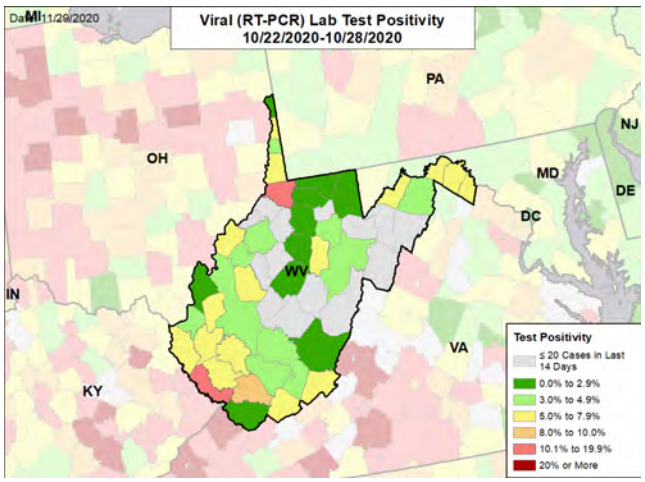
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

WISCONSIN

STATE REPORT
11.29.2020
Issue 24

SUMMARY

- Wisconsin continues to see extraordinarily high rates of cases and test positivity in an ongoing health emergency due to COVID, despite a modest drop in cases last week. Hospitalizations and deaths are several-fold greater than the spring or summer peaks. Wisconsin is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 12th highest rate in the country. Wisconsin is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 23rd highest rate in the country.
- Wisconsin has seen a decrease in new cases and a decrease in test positivity, although both cases and test positivity remain at high levels. The state reported >4,900 cases a day last week on average, a significant decline from the previous week. New hospitalizations declined but remained at extremely high levels.
- 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 30.8% of new cases in Wisconsin.
- Intense community virus transmission continues throughout the state with none of 72 counties reporting <100 cases per 100,000 population. Two counties continued to report >1,000 cases per 100,000 population last week, down from 17 the previous week. 100% of all counties in Wisconsin 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 16 - Nov 22, 34% of nursing homes had at least one new resident COVID-19 case, 68% had at least one new staff COVID-19 case, and 20% had at least one new resident COVID-19 death.
- Wisconsin had 590 new cases per 100,000 population, compared to a national average of 349 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; 40 to support medical activities from ASPR; 6 to support operations activities from ASPR; 5 to support epidemiology activities from CDC; 1 to support operations activities from USCG; and 2 to support operations activities from VA.
- The federal government has supported surge testing at the University of Wisconsin System, in Neenah, WI, and in surrounding towns.
- Between Nov 21 - Nov 27, on average, 410 patients with confirmed COVID-19 and 131 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wisconsin. This is a decrease of 14% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of Wisconsin leaders that the current situation remains extremely critical with minimal reserve capacity in the health care system and that the population and health care system must do everything possible to prepare for and limit a post-Thanksgiving resurgence. Improved public observance of social distancing measures is urgently needed to limit overrunning hospital capacity and additional preventable deaths. Limiting travel throughout the next several weeks is an additional key mitigation measure this holiday season as the spread across jurisdictions makes control measures much more difficult and leads to additional outbreaks. The Governor's continued personal guidance is critical and is commended.
- Ensure all clinical facilities, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing, and are accurately reporting current status of each resource. Ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Additional measures should be taken, including communications to reinforce messaging around social gatherings throughout the ongoing holiday season. Maximizing control of transmission now will also allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- The silent community spread that precedes and continues throughout these COVID disease surges can only be identified and interrupted through proactive and increased testing and surveillance. This approach can be adapted to counties in the orange or red zone with proactive weekly testing of groups from the community. These cases should be analyzed with data from cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread proactive testing and isolation of positive cases. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Mitigation measures to limit transmission in personal gatherings need continued strengthening. Local influencers are critical; hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Given continuing outbreaks and deaths in nursing homes, ensure increased frequency of long-term care facility testing and rapid implementation of vaccination into LTCF as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing, and utilize the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities planning to bring students back to campus after winter break move to mandatory weekly testing of all on and off campus students. Planning for that must begin now. The U Wisconsin Oshkosh rapid antigen testing program offers a potential model.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

WISCONSIN

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	34,336 (590)	-27%	299,152 (569)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.9%	-2.7%*	13.0%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	302,242** (5,191**)	-11%**	2,487,089** (4,734**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	306 (5.3)	-19%	2,726 (5.2)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	34%	-4%*	34%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	68%	-5%*	60%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	20%	-1%*	13%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,787 (31)	-14% (-13%)	31,001 (26)	135,904 (19)

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

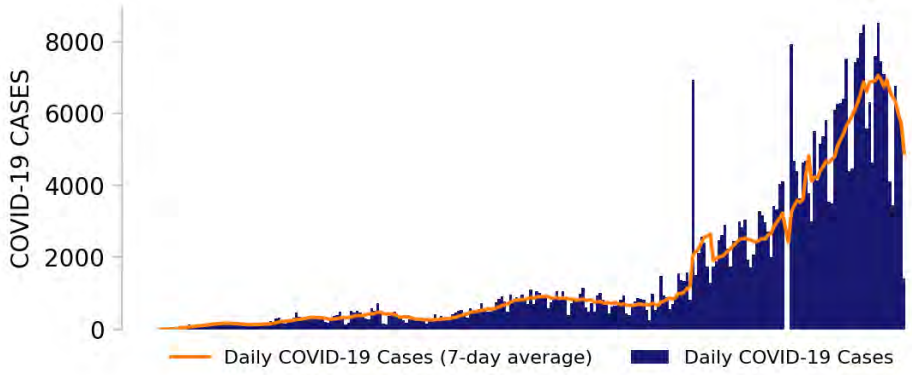
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. 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.

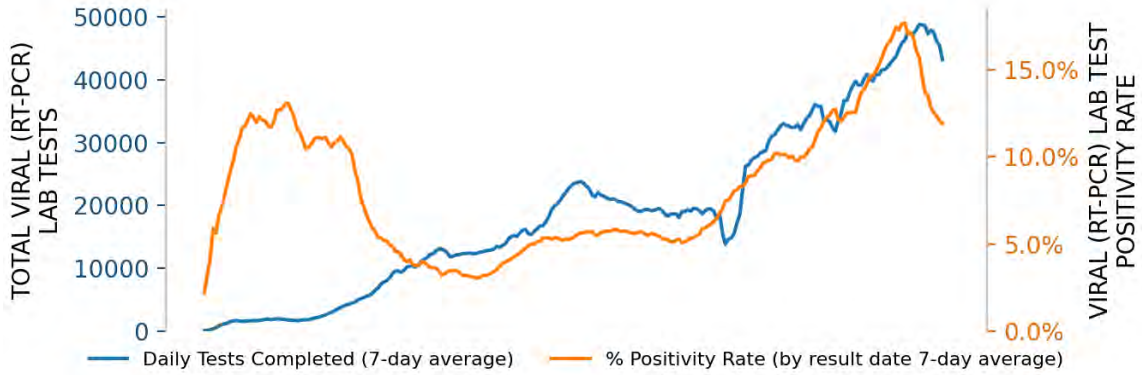
WISCONSIN

STATE REPORT | 11.29.2020

NEW CASES

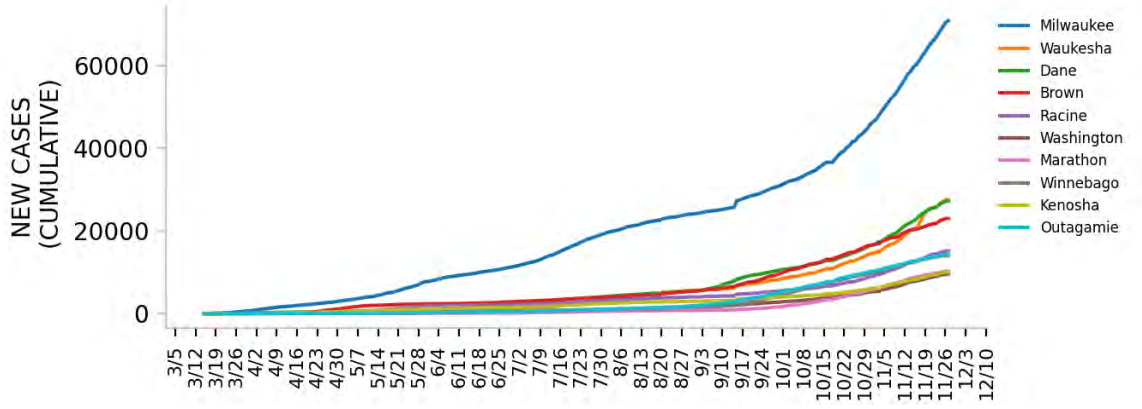


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

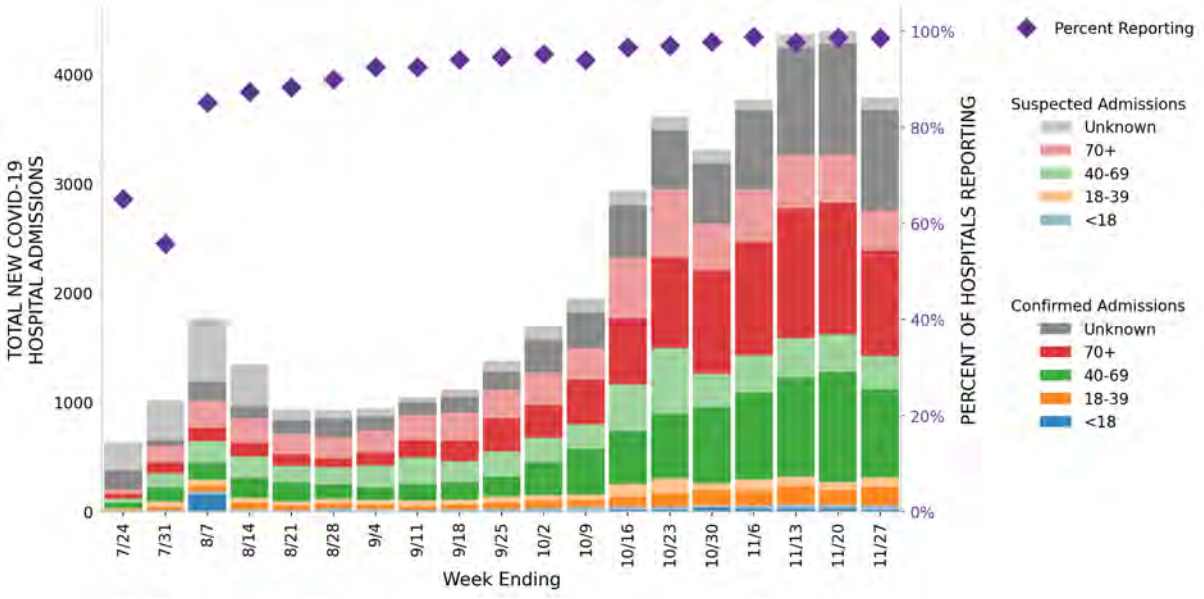
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

WISCONSIN

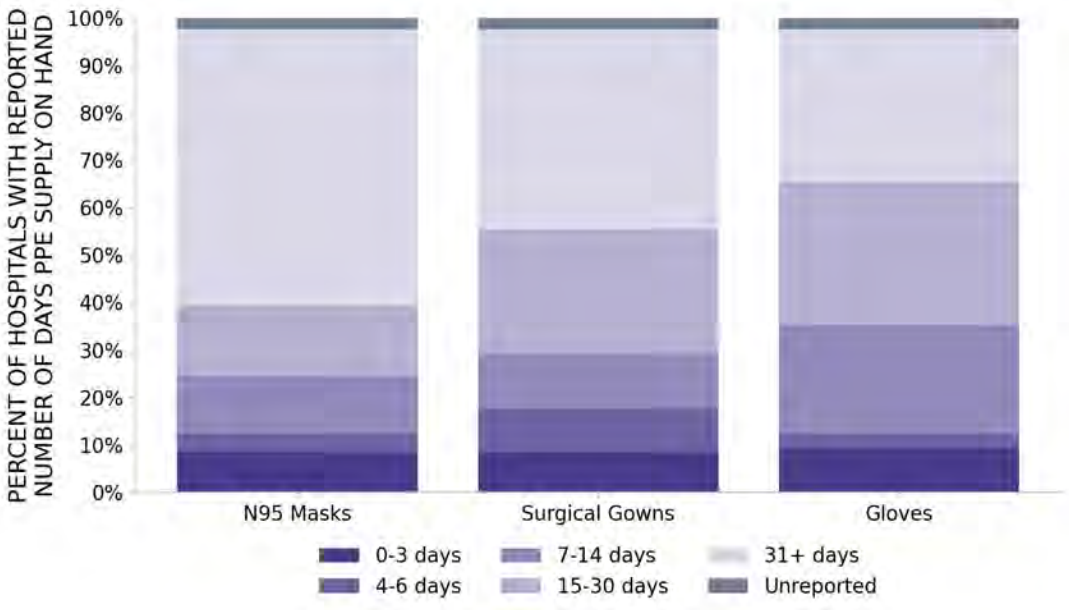
STATE REPORT | 11.29.2020

130 hospitals are expected to report in Wisconsin

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**25** ▼ (-1)	Milwaukee-Waukesha Green Bay Racine Eau Claire Wausau-Weston Appleton Oshkosh-Neenah Chicago-Naperville-Elgin Sheboygan Minneapolis-St. Paul-Bloomington Janesville-Beloit Beaver Dam	**57** ▼ (-14)	Milwaukee Waukesha Brown Racine Washington Marathon Winnebago Kenosha Outagamie Sheboygan Rock Dodge
LOCALITIES IN ORANGE ZONE	**1** ■ (+0)	Baraboo	**9** ▲ (+8)	Sauk Waupaca Iowa Door Vernon Waushara Richland Price Menominee
LOCALITIES IN YELLOW ZONE	**1** ▲ (+1)	Madison	**6** ▲ (+6)	Dane Lafayette Green Lake Bayfield Ashland Forest

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

All Red CBSAs: Milwaukee-Waukesha, Green Bay, Racine, Eau Claire, Wausau-Weston, Appleton, Oshkosh-Neenah, Chicago-Naperville-Elgin, Sheboygan, Minneapolis-St. Paul-Bloomington, Janesville-Beloit, Beaver Dam, La Crosse-Onalaska, Fond du Lac, Whitewater, Watertown-Fort Atkinson, Wisconsin Rapids-Marshfield, Manitowoc, Stevens Point, Menomonie, Platteville, Duluth, Shawano, Marinette, Iron Mountain

All Red Counties: Milwaukee, Waukesha, Brown, Racine, Washington, Marathon, Winnebago, Kenosha, Outagamie, Sheboygan, Rock, Dodge, Eau Claire, La Crosse, Fond du Lac, Walworth, Jefferson, Ozaukee, Chippewa, Wood, St. Croix, Barron, Manitowoc, Portage, Dunn, Columbia, Grant, Polk, Pierce, Douglas, Calumet, Trempealeau, Monroe, Clark, Jackson, Marinette, Shawano, Juneau, Lincoln, Oconto, Crawford, Oneida, Taylor, Green, Rusk, Vilas, Kewaunee, Sawyer, Burnett, Langlade, Buffalo, Washburn, Adams, Marquette, Pepin, Iron, Florence

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

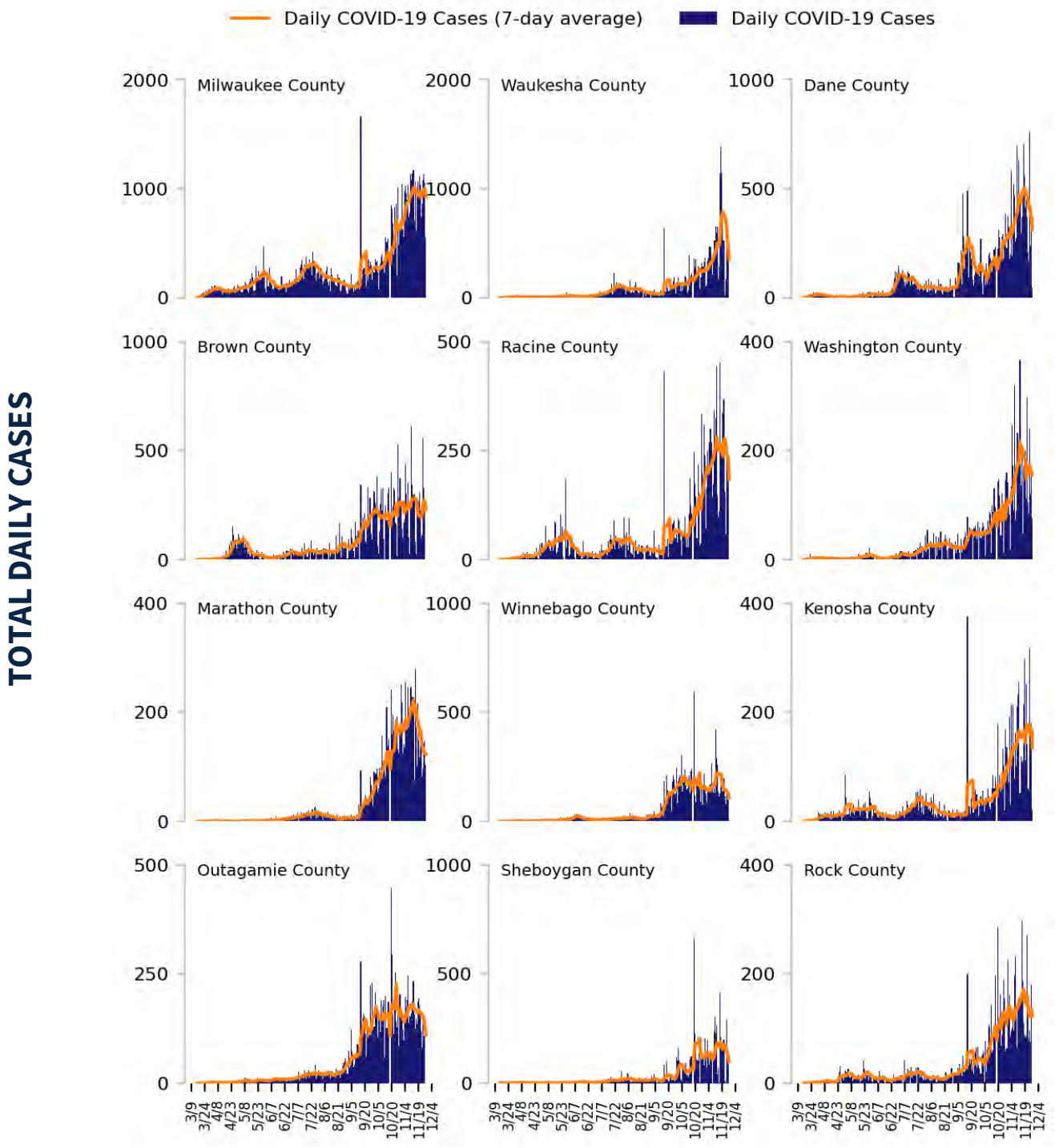
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

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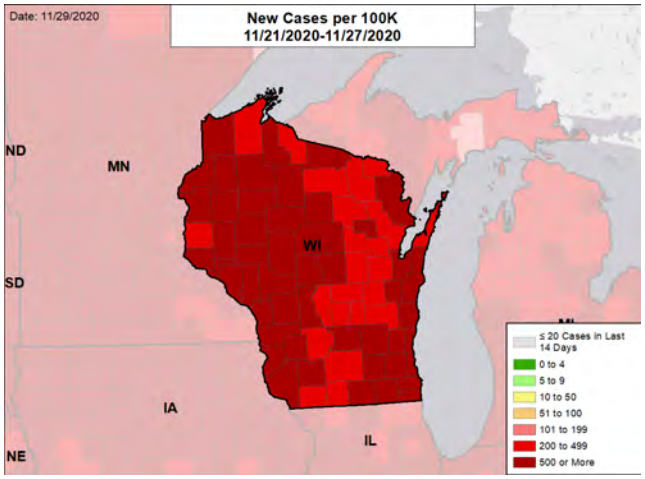
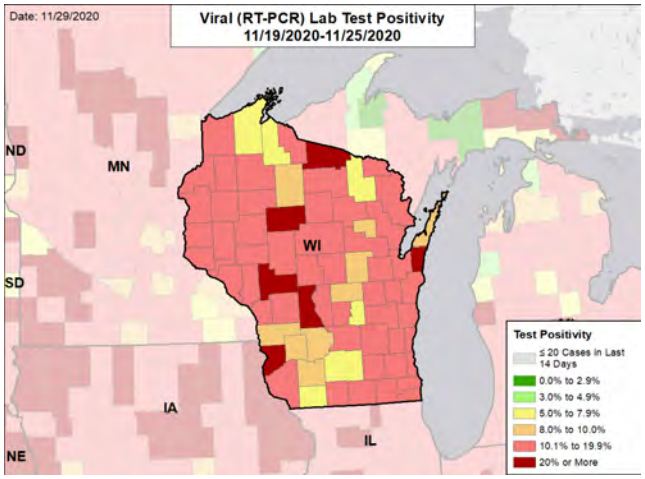
CASE RATES AND VIRAL LAB TEST POSITIVITY

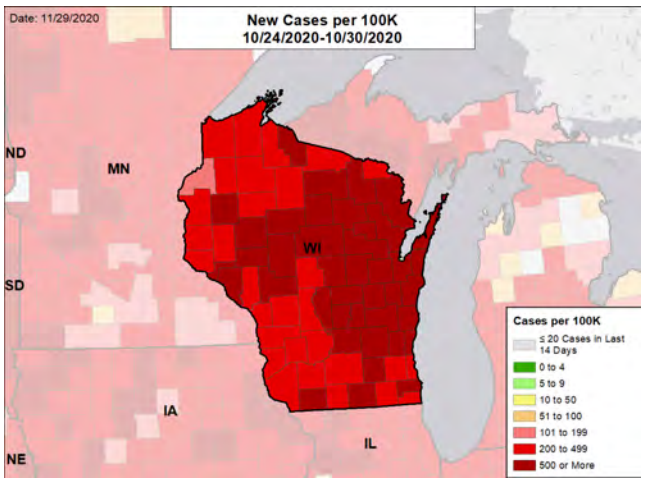
NEW CASES PER 100,000



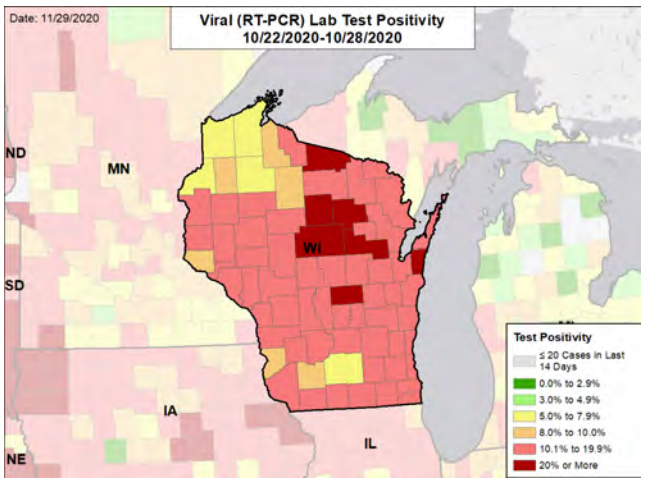
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

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Issue 24

WYOMING

SUMMARY

- Wyoming 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. Wyoming is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 14th highest rate in the country.
- Wyoming has seen a decrease in new cases and a decrease in test positivity. 17 counties had case rates over 500 per 100,000 population per week and 13 counties had test positivity over 20%.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Natrona County, 2. Laramie County, and 3. Fremont County. These counties represent 43.8% of new cases in Wyoming.
- 100% of all counties in Wyoming have moderate or high levels of community transmission (yellow, orange, or red zones), with 100% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 38% of nursing homes had at least one new resident COVID-19 case, 74% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- Wyoming had 802 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA; 24 to support medical activities from ASPR; and 8 to support operations activities from ASPR.
- Between Nov 21 - Nov 27, on average, 29 patients with confirmed COVID-19 and 27 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wyoming. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have 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 during the Thanksgiving period 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 immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at 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.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- Rapidly lowering the high case rate will likely require more intensive restrictions, such as increasing physical distancing through significant reduction in capacity in public and private indoor spaces, including in restaurants and bars, and enforceable requirements for face masks and social distancing.
- Continue to expand the surveillance net through regular testing of at-risk workers (with rapid tests); surveillance signals should direct local testing campaigns.
- Recruit clinical personnel from local facilities to urge adherence to face covering and social distancing; public health messaging should appeal to community coherence and responsibility, using champions from across the political spectrum.
- Ensure all clinical facilities throughout the state, including mid-level and rural, have expansion plans, updated treatment protocols, telehealth and remote support capabilities, maximal access to medications, and access to platforms for efficient intra- and inter-state exchanges.
- At the time of testing, provide written and verbal education with instructions to isolate (and how to isolate) until results are returned and to continue isolation if results are positive.
- Reducing turnaround times of results and timing of contact tracing is critical to interrupt chains of transmission; all testing and contact tracing should be monitored and made more efficient if results require longer than 48 hours and contact tracing longer than 72 hours after testing. Consider use of automated messages to elicit contacts and to educate on isolation/quarantine.
- Tribal Nations should be fully supported in their efforts to minimize transmission. They should be permitted to install checkpoints and be 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.

WYOMING

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	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	4,644 (802)	-20%	77,415 (631)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.4%	-1.0%*	13.7%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	30,518** (5,273**)	-13%**	591,267** (4,823**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	44 (7.6)	-6%	677 (5.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	38%	+11%*	34%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	74%	+16%*	62%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	-9%*	16%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	396 (34)	+1% (+12%)	5,336 (23)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. 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.

WYOMING

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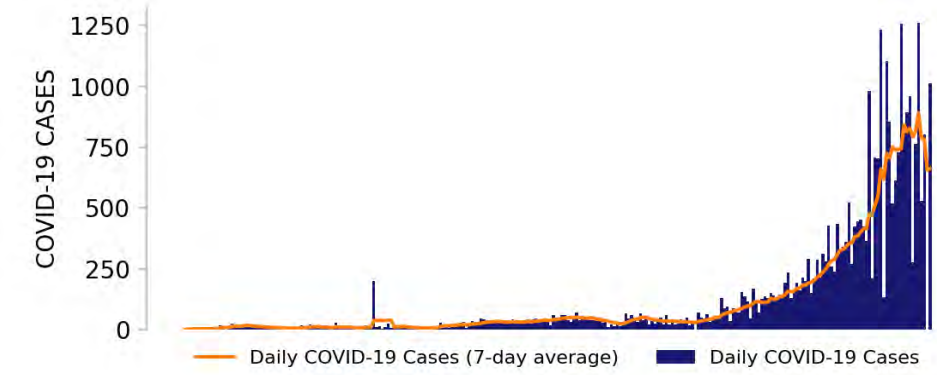
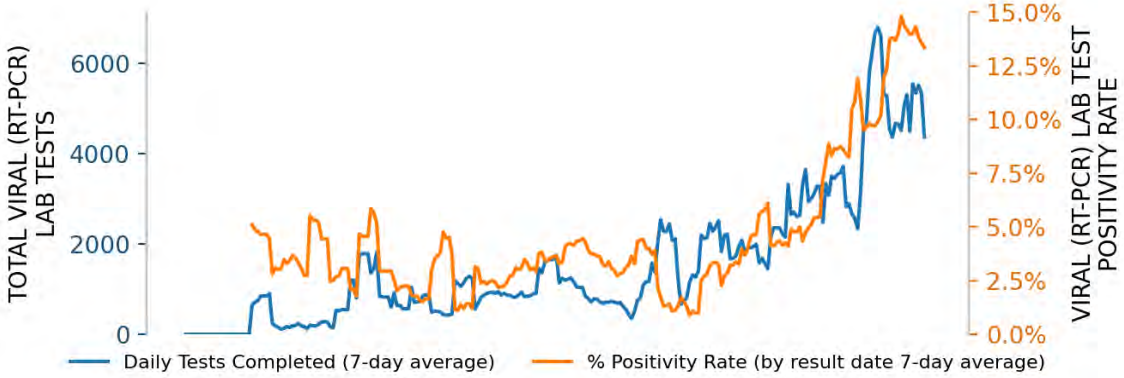
NEW CASES

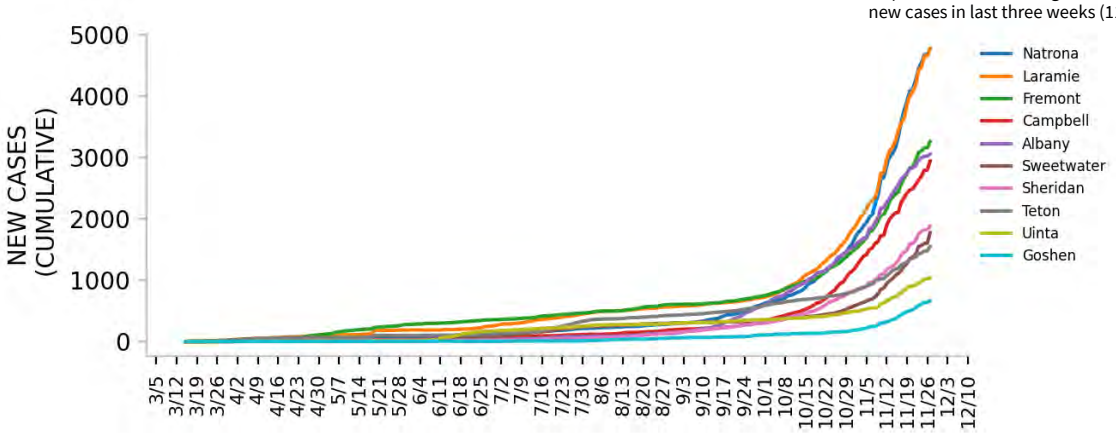


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/7 - 11/27)



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WYOMING

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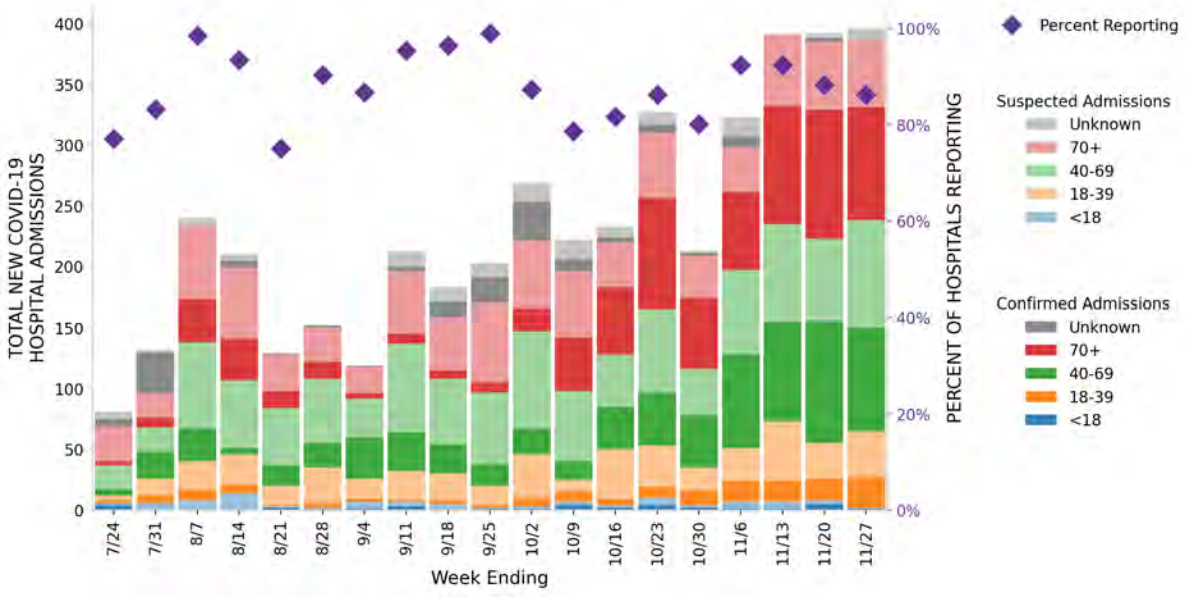
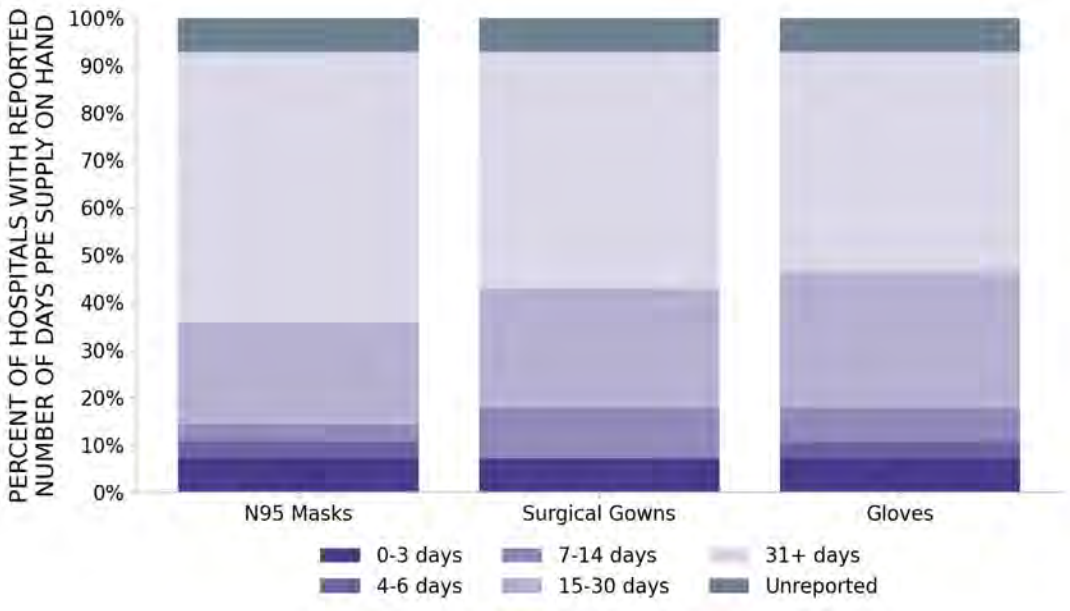
28 hospitals are expected to report in Wyoming

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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WYOMING

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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	**9** ■ (+0)	Casper Cheyenne Gillette Riverton Laramie Rock Springs Sheridan Jackson Evanston	**23** ▲ (+3)	Natrona Laramie Fremont Campbell Albany Sweetwater Sheridan Teton Uinta Goshen Park Carbon
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**0** ▼ (-2)	N/A
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**0** ▼ (-1)	N/A

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

All Red Counties: Natrona, Laramie, Fremont, Campbell, Albany, Sweetwater, Sheridan, Teton, Uinta, Goshen, Park, Carbon, Washakie, Lincoln, Sublette, Converse, Big Horn, Johnson, Crook, Platte, Weston, Niobrara, Hot Springs

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
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Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
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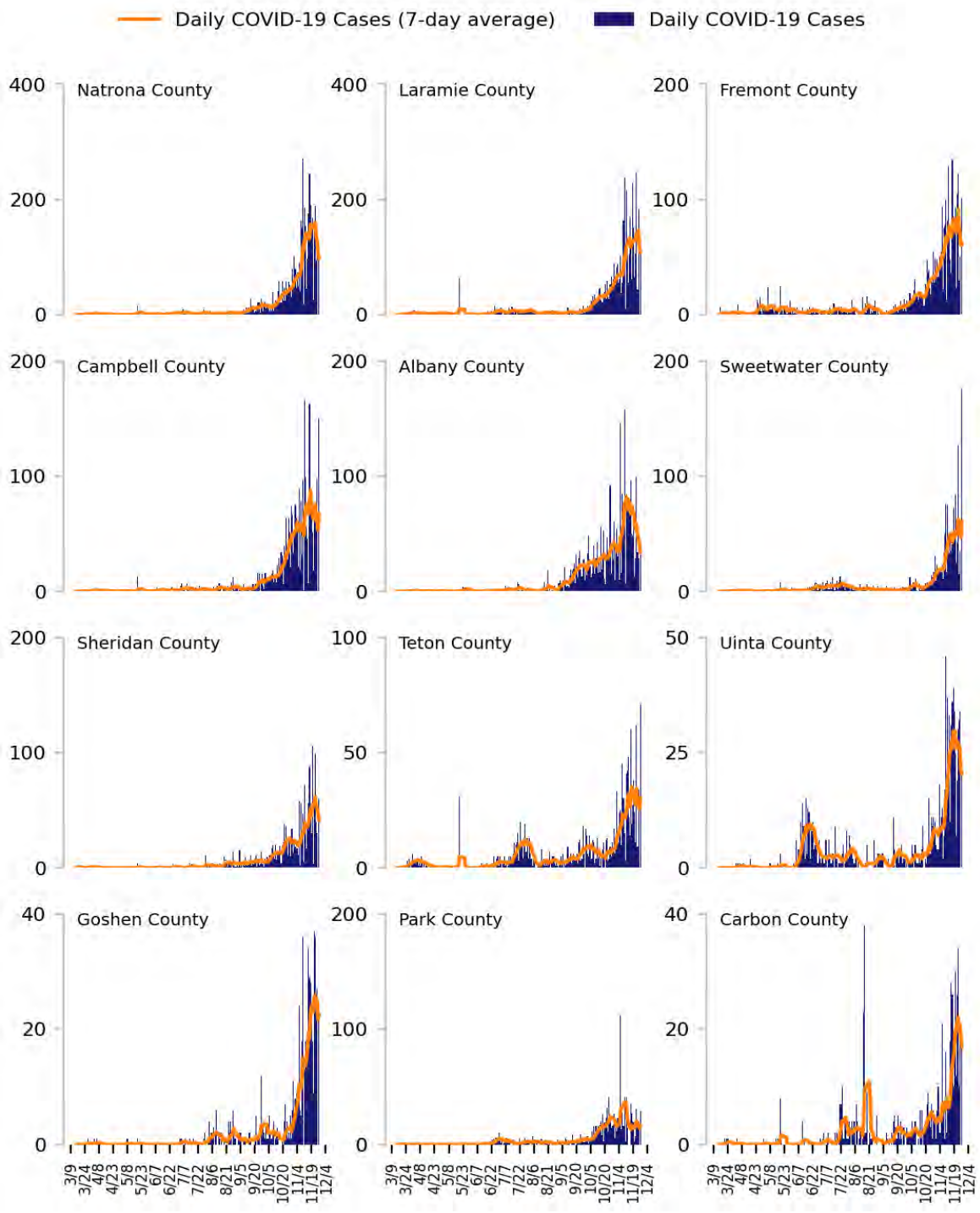
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES – Additional data details available under METHODS

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WYOMING

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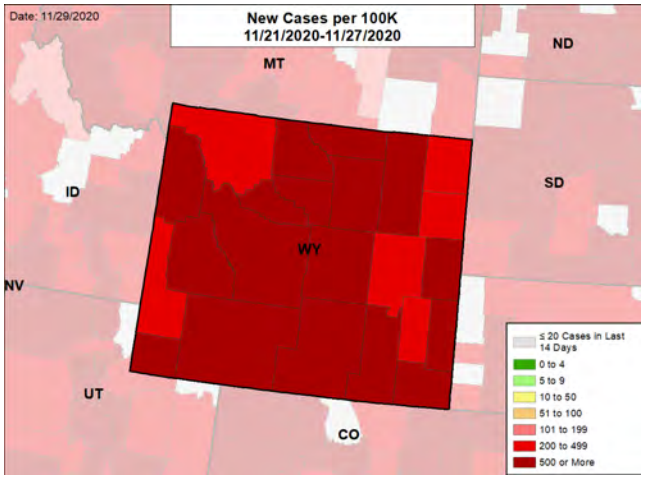
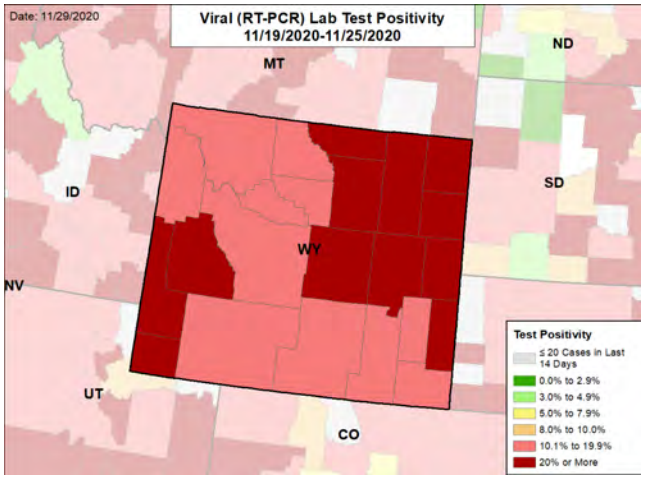
CASE RATES AND VIRAL LAB TEST POSITIVITY

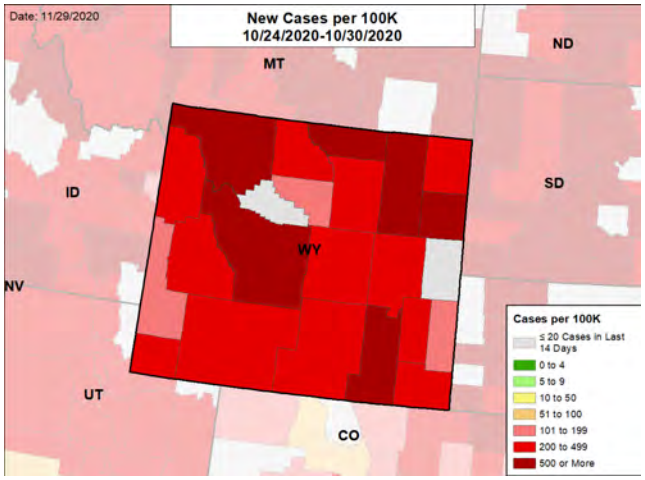
NEW CASES PER 100,000



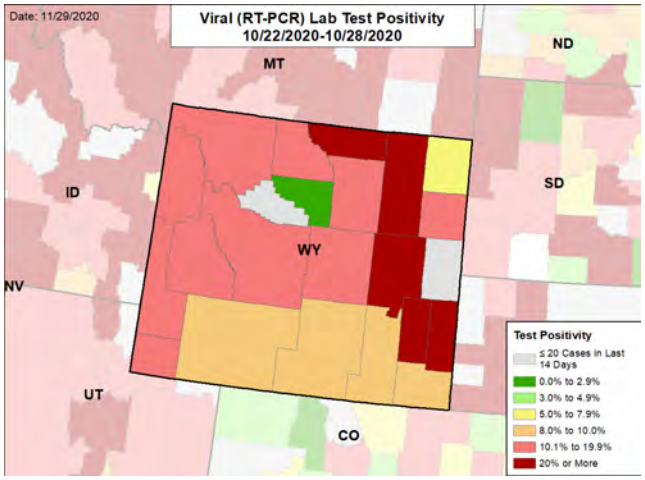
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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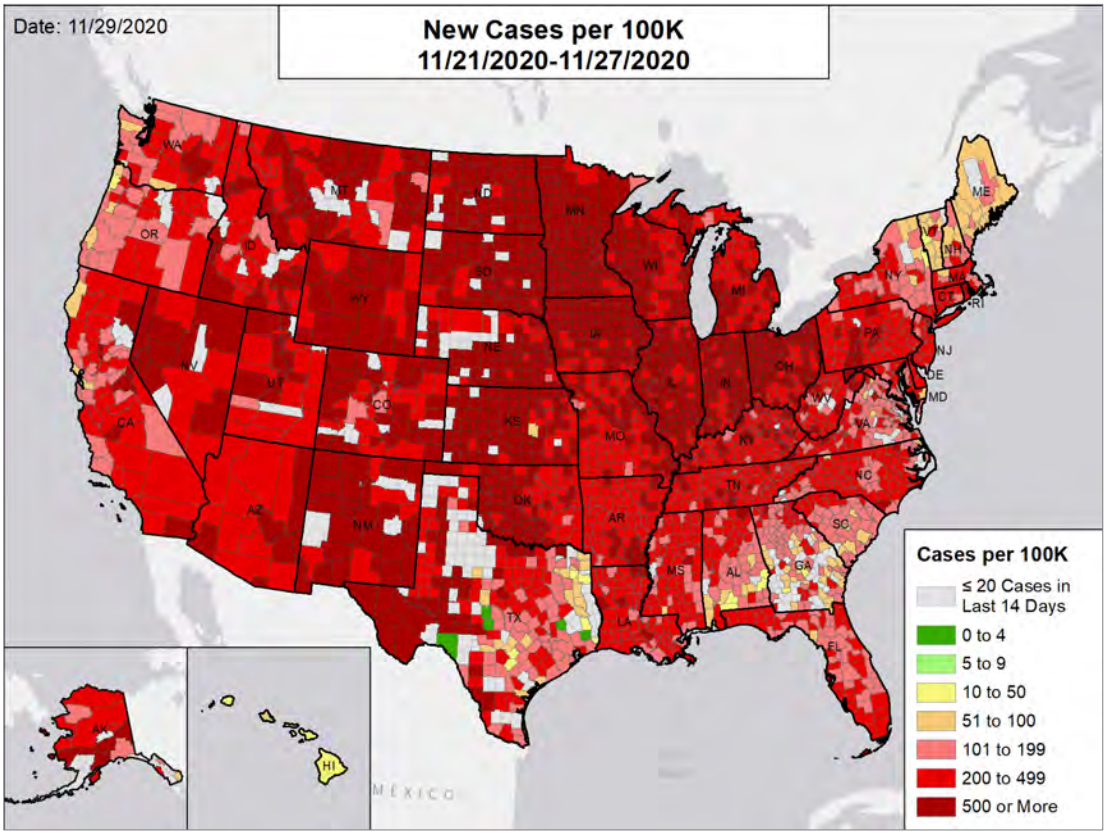
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020. The week one month before is 10/22 - 10/28.

National Picture

NEW CASES PER 100,000



NATIONAL RANKING OF NEW CASES PER 100,000

National Rank	State
1	ND
2	SD
3	WY
4	NM
5	MN
6	IA
7	NE
8	IN
9	KS
10	MT
11	UT
12	WI
13	AK
14	CO
15	RI
16	IL
17	OH
18	NV
19	OK
20	MI
21	ID
22	MO
23	KY
24	AR
25	PA
26	AZ
27	TN
28	WV
29	DE
30	NJ
31	CT
32	LA
33	MS
34	MA
35	MD
36	FL
37	WA
38	TX
39	CA
40	NC
41	NY
42	AL
43	OR
44	VA
45	SC
46	NH
47	DC
48	GA
49	ME
50	VT
51	HI

Europe is experiencing a fall surge similar to the USA and is showing early signs of improvement through country-specific mitigation efforts.

- 80% (48/60 countries) require wearing masks in all public settings
  - Most countries have imposed fines for non-compliance
- 93% (56/60) have significant restrictions on gathering size
- 63% (38/60) have some form of nonessential business closures, initially focused on bars and reducing restaurant capacity
- 60% (37/60) have some form of entertainment or public space restriction
- 65% (39/60) have deployed a contact tracing app

DATA SOURCES

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

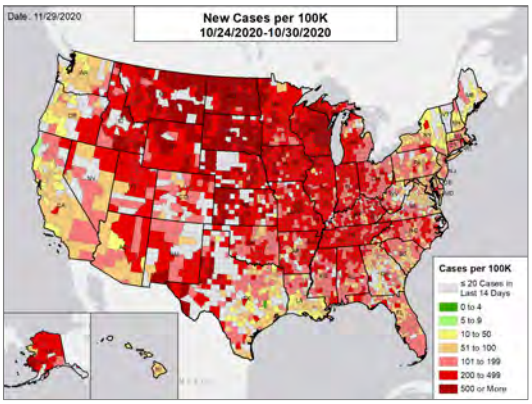
Cases: County-level data from USAFacts through 11/27/2020.

European community mitigation information sourced from European CDC — Situation Update Worldwide.

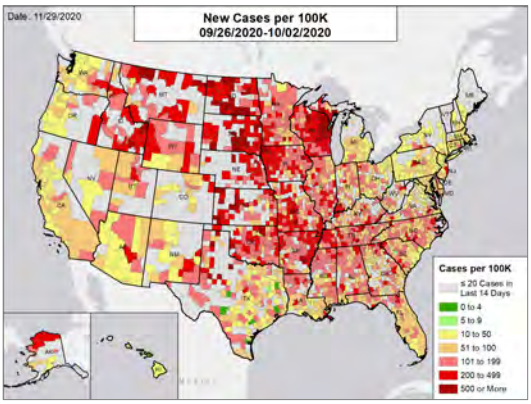
National Picture

NEW CASES PER 100,000 IN THE WEEK:

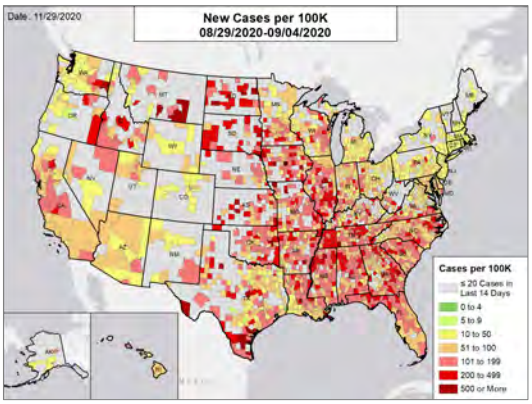
ONE MONTH BEFORE



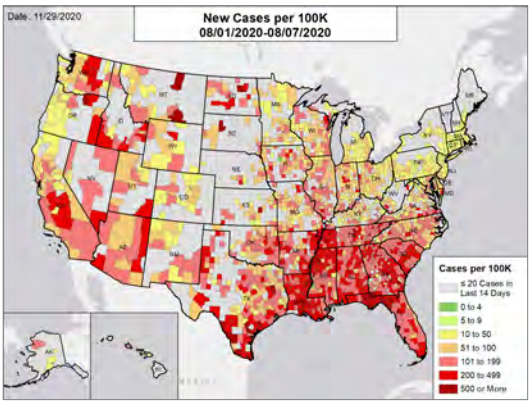
TWO MONTHS BEFORE



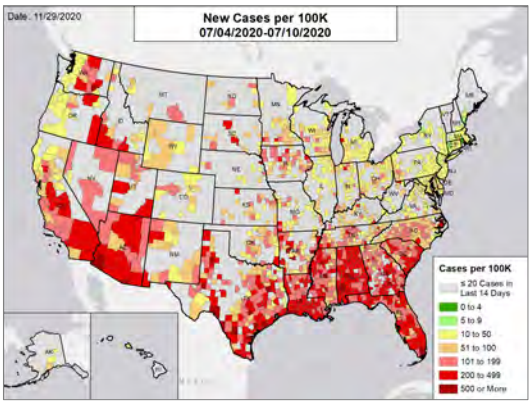
THREE MONTHS BEFORE



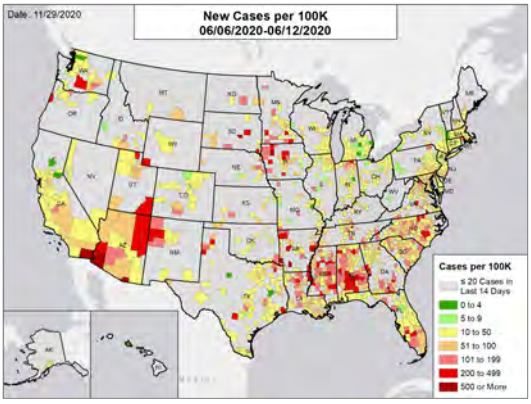
FOUR MONTHS BEFORE



FIVE MONTHS BEFORE



SIX MONTHS BEFORE



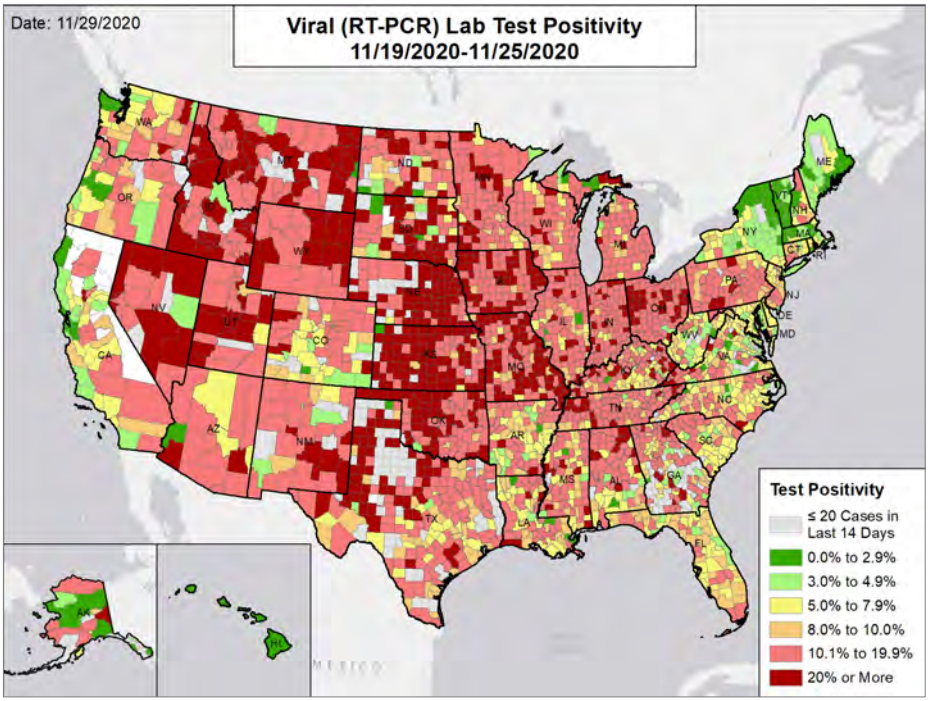
DATA SOURCES

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

Cases: County-level data from USAFacts through 11/27/2020. The week one month before is 10/24 - 10/30; the week two months before is 9/26 - 10/2; the week three months before is 8/29 - 9/4; the week four months before is 8/1 - 8/7; the week five months before is 7/4 - 7/10; the week six months before is 6/6 - 6/12.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY



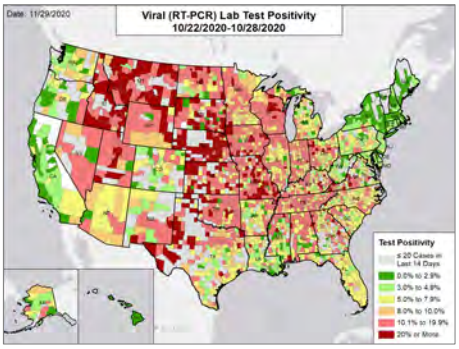
NATIONAL RANKING OF TEST POSITIVITY

National Rank	State
1	ID
2	MT
3	KS
4	OK
5	MO
6	UT
7	IA
8	NE
9	NV
10	IN
11	NM
12	SD
13	OH
14	WY
15	MI
16	KY
17	TN
18	ND
19	AL
20	MS
21	IL
22	MN
23	WI
24	PA
25	AZ
26	CO

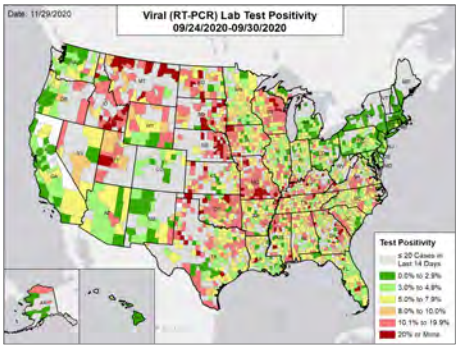
National Rank	State
27	TX
28	OR
29	NJ
30	AR
31	SC
32	CT
33	FL
34	AK
35	NH
36	WA
37	GA
38	LA
39	NC
40	WV
41	VA
42	MD
43	CA
44	RI
45	DE
46	NY
47	ME
48	MA
49	DC
50	HI
51	VT

VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK:

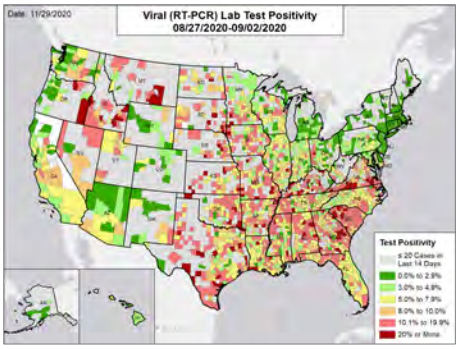
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



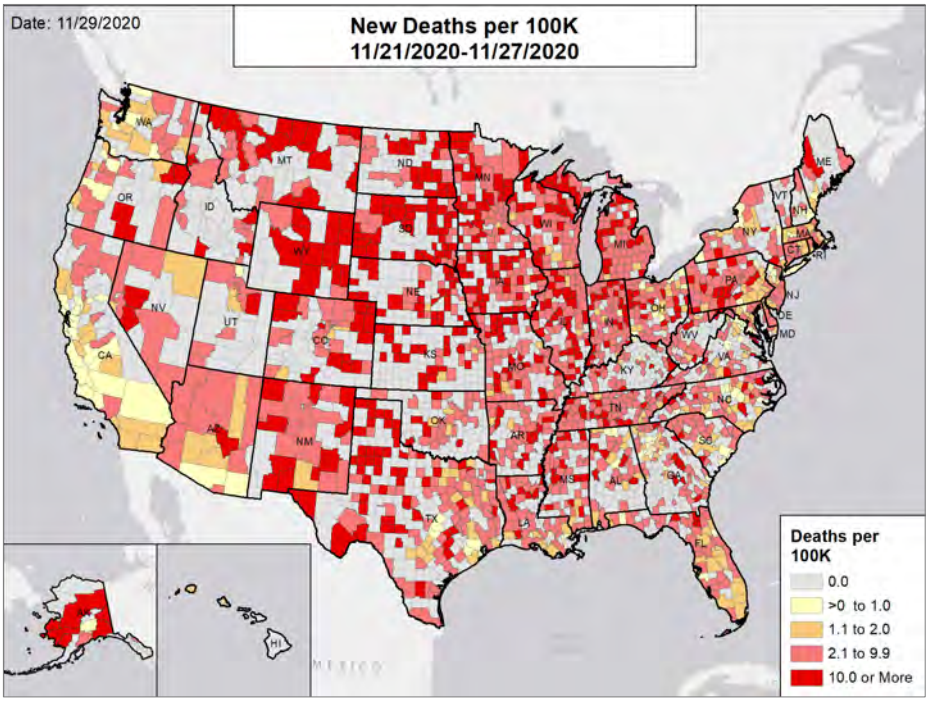
DATA SOURCES

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

Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020. Tthe week one month before is 10/22 - 10/28; the week two months before is 9/24 - 9/30; the week three months before is 8/27 - 9/2.

National Picture

NEW DEATHS PER 100,000



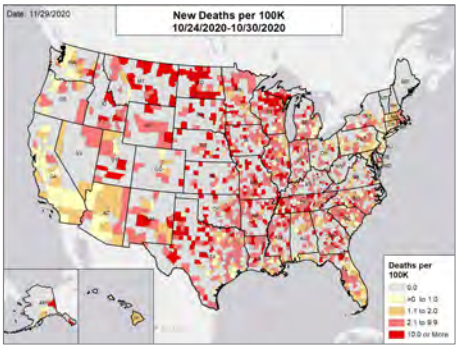
NATIONAL RANKING OF NEW DEATHS PER 100,000

National Rank	State
1	SD
2	ND
3	NM
4	MT
5	WY
6	IA
7	MI
8	MN
9	IN
10	IL
11	WI
12	NE
13	RI
14	TN
15	MO
16	MS
17	PA
18	KS
19	CO
20	WV
21	AR
22	CT
23	ID
24	NV
25	LA
26	OH

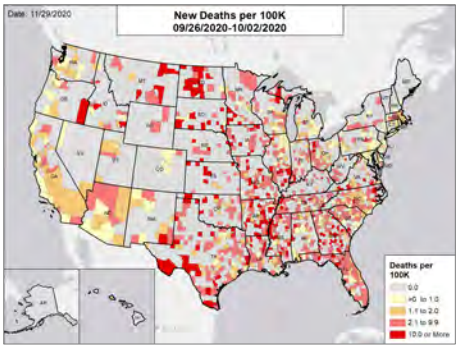
National Rank	State
27	TX
28	MD
29	NJ
30	OK
31	AL
32	AK
33	KY
34	MA
35	UT
36	FL
37	SC
38	AZ
39	NC
40	NY
41	OR
42	DE
43	VA
44	GA
45	ME
46	CA
47	WA
48	DC
49	HI
50	VT
51	NH

NEW DEATHS PER 100,000 IN THE WEEK:

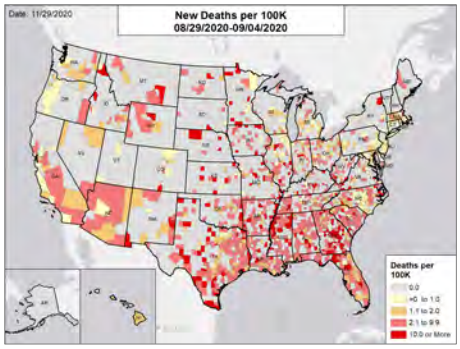
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



DATA SOURCES

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

Deaths: County-level data from USAFacts through 11/27/2020. The week one month before is 10/24 - 10/30; the week two months before is 9/26 - 10/2; the week three months before is 8/29 - 9/4.

METHODS

STATE REPORT | 11.29.2020

Metric	Dark Green	Light Green	Yellow	Orange	Light Red	Red	Dark Red
New cases per 100,000 population per week	≤4	5 – 9	10 – 50	51 – 100	101 – 199	200 – 499	≥500
Percent change in new cases per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 99%	100% – 999%	≥1000%
Diagnostic test result positivity rate	≤2.9%	3.0% – 4.9%	5.0% – 7.9%	8.0% – 10.0%	10.1% – 19.9%		≥20.0%
Change in test positivity	≤-2.1%	-2.0% – -0.6%	-0.5% – 0.0%	0.1% – 0.5%	0.6% – 2.0%		≥2.1%
Total diagnostic tests resulted per 100,000 population per week	≥2001	1001 – 2000	750 – 1000	500 – 749	250 – 499		≤249
Percent change in tests per 100,000 population	≥26%	11% – 25%	1% – 10%	-10% – 0%	-25% – -11%		≤-26%
COVID-19 deaths per 100,000 population per week	0.0		0.1 – 1.0	1.1 – 2.0	2.1 – 3.0		≥3.1
Percent change in deaths per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 25%		≥26%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%		1% – 5%		≥6%		
Change in SNFs with at least one resident COVID-19 case, death	≤-2%		-1% – 1%		≥2%		
Total new COVID-19 hospital admissions per 100 beds	≤2	3 – 5	6 – 10	11 – 20	21 – 30		≥31
Change in total new COVID-19 hospital admissions per 100 beds	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 25%		≥26%

- Some dates may have incomplete data due to delays and/or differences in state reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible. Figures and values may also differ from state reports due to differing methodologies.
- Color threshold values are rounded before color classification.
- **Cases and deaths:** County-level data from USAFacts as of 17:59 EST on 11/29/2020. State values are calculated by aggregating county-level data from USAFacts. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests, unless stated otherwise. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 RT-PCR result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Because the data are deidentified, total RT-PCR tests are the number of tests performed, not the number of individuals tested. RT-PCR test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 11/19 to 11/25; previous week data are from 11/12 to 11/18; the week one month before data are from 10/22 to 10/28. HHS Protect data is recent as of 14:31 EST on 11/29/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EST on 11/28/2020.
- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 18:53 EST on 11/29/2020.
- **Hospital PPE:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Data is recent as of 18:00 EST on 11/28/2020.
- **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 11/16-11/22, previous week is 11/9-11/15. 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."