STATE REPORT
10.25.2020

ALABAMA

SUMMARY

- Alabama is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 30th highest rate in the country. Alabama is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 17th highest rate in the country.
- Alabama has seen a decrease in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Jefferson County, 2. Mobile County, and 3. Madison County. These counties represent 24.0% of new cases in Alabama.
- 72% of all counties in Alabama have moderate or high levels of community transmission (yellow, orange, or red zones), with 33% having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 15% of nursing homes had at least one new resident COVID-19 case, 33% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Alabama had 113 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 40 to support operations activities from FEMA and 1 to support operations activities from USCG.
- The federal government has supported surge testing in Birmingham, AL.
- Between Oct 17 - Oct 23, on average, 137 patients with confirmed COVID-19 and 119 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alabama. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- The timeseries of maps at the back of your packet shows early signs of deterioration in the Sunbelt as mitigation efforts were decreased over the last month.
- There continues to be an increase in COVID-19 hospital admissions week over week.
- Alabama must continue the strong mitigation efforts statewide and expand mitigation in the counties with rising cases and hospitalizations. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations.
- Ensure all K-12 schools are following CDC guidelines, including for mask usage, and are utilizing the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread.
- Encourage university students to continue their mitigation behaviors to ensure no further outbreaks on or off campus as symptomatic cases and cases identified through surveillance testing continue to decline. Ensure all students are aware of the potential for viral spread during Halloween gatherings.
- Encourage outdoor activities and ensure mask and physical distancing messages for all Alabama residents, both in public and private spaces to prevent household spread.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among community college students; K-12 teachers; students over 18; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen test results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests. This will give you clear insight into degree of community spread and the ability to stop this early, silent spread, as seen from the continued high level of nursing home staff positivity.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ALABAMA

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,532 (113)	-17%	90,091 (135)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.7%	-0.3%*	6.9%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	79,541** (1,622**)	+4%**	1,017,322** (1,520**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	72 (1.5)	-46%	1,543 (2.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	15%	+0%*	15%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	33%	+7%*	29%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+0%*	5%	4%

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

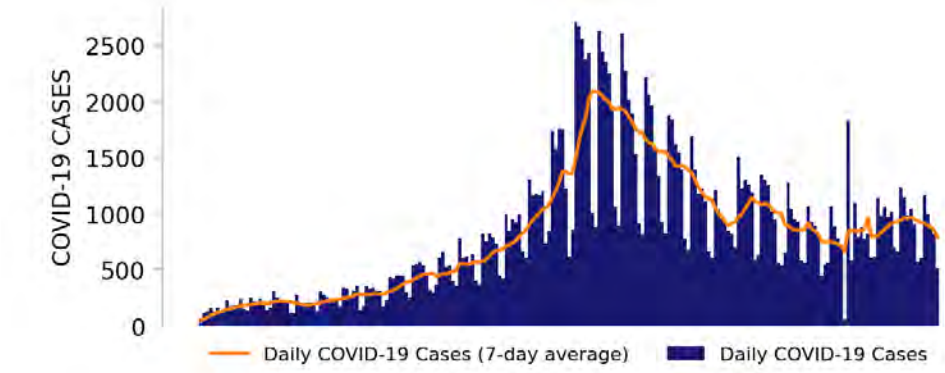
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

ALABAMA

STATE REPORT | 10.25.2020

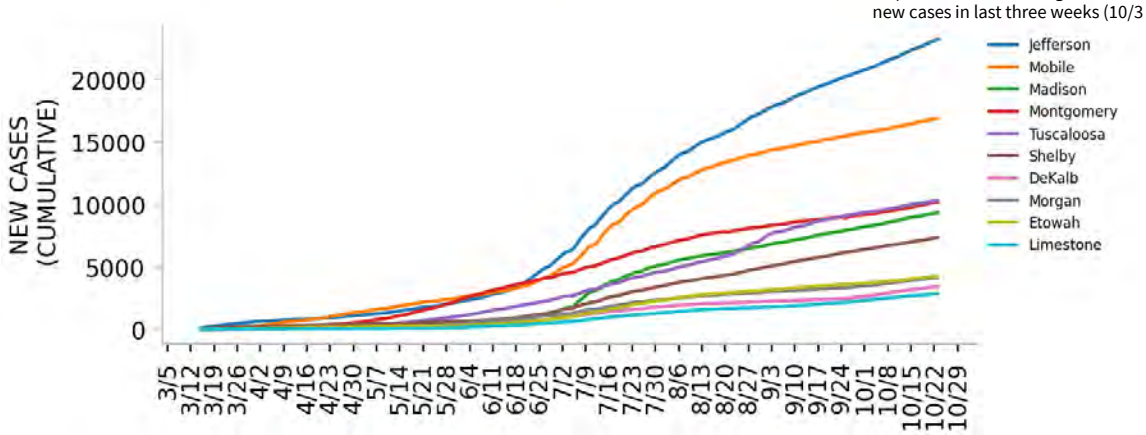
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

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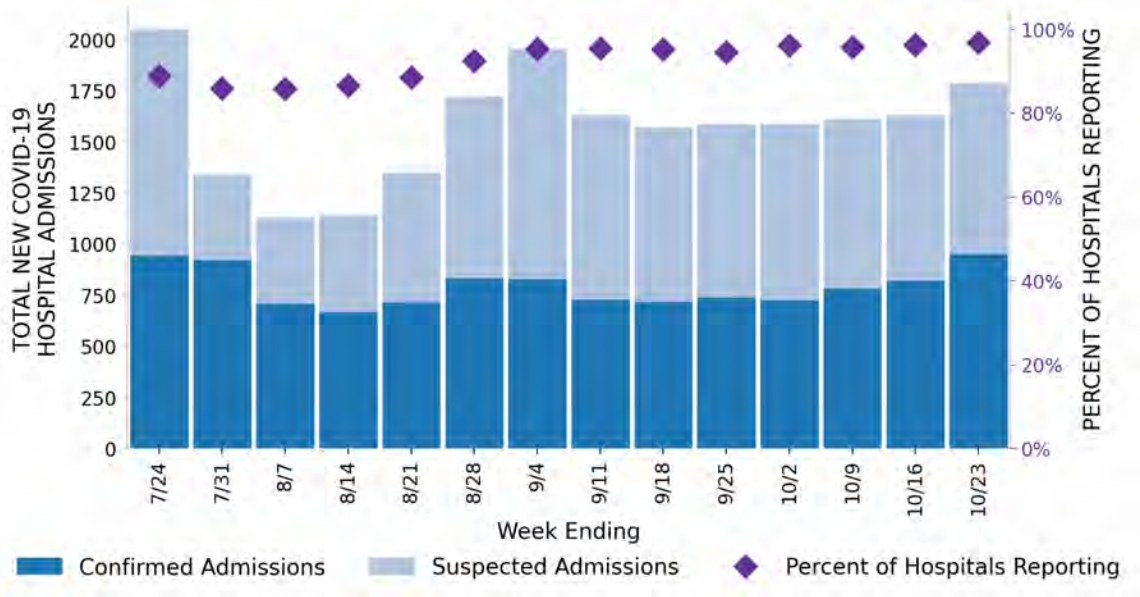
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

ALABAMA

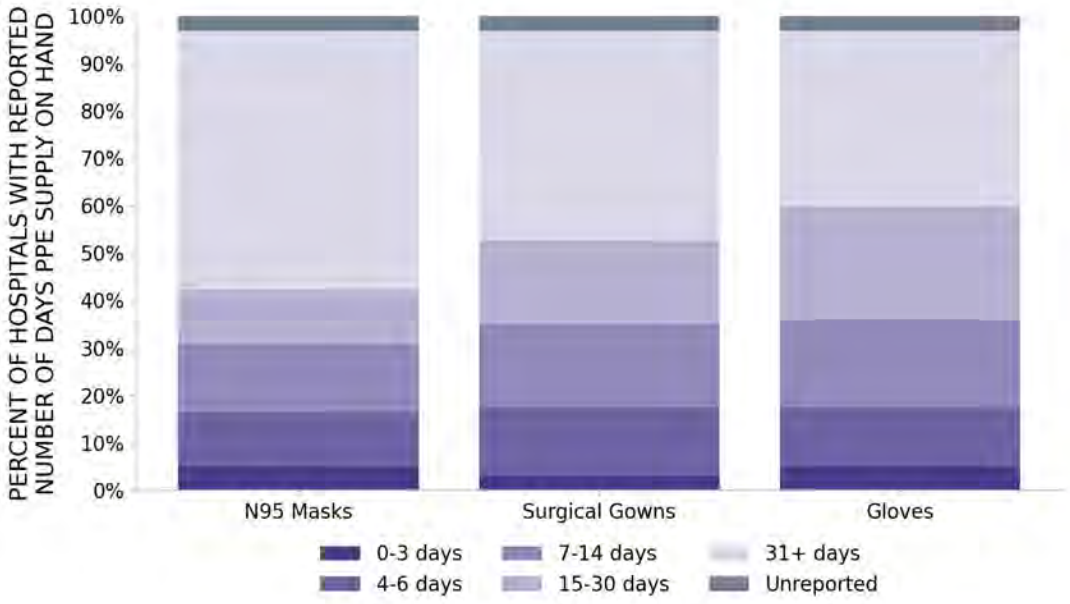
STATE REPORT | 10.25.2020

97 hospitals are expected to report in Alabama

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

ALABAMA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	8 ▼ (-2)	Montgomery Decatur Fort Payne Gadsden Anniston-Oxford Scottsboro Enterprise Ozark	22 ▼ (-5)	Montgomery DeKalb Morgan Etowah Limestone Calhoun Jackson St. Clair Coffee Colbert Blount Chilton
LOCALITIES IN ORANGE ZONE	8 ▲ (+2)	Birmingham-Hoover Tuscaloosa Dothan Cullman Talladega-Sylacauga Jasper Albertville Eufaula	16 ▲ (+4)	Tuscaloosa Shelby Cullman Talladega Walker Marshall Autauga Pickens Winston Clay Geneva Barbour
LOCALITIES IN YELLOW ZONE	6 ▼ (-2)	Huntsville Florence-Muscle Shoals Daphne-Fairhope-Foley Auburn-Opelika Alexander City LaGrange	10 ▼ (-6)	Jefferson Madison Baldwin Lauderdale Houston Elmore Lee Tallapoosa Cherokee Chambers

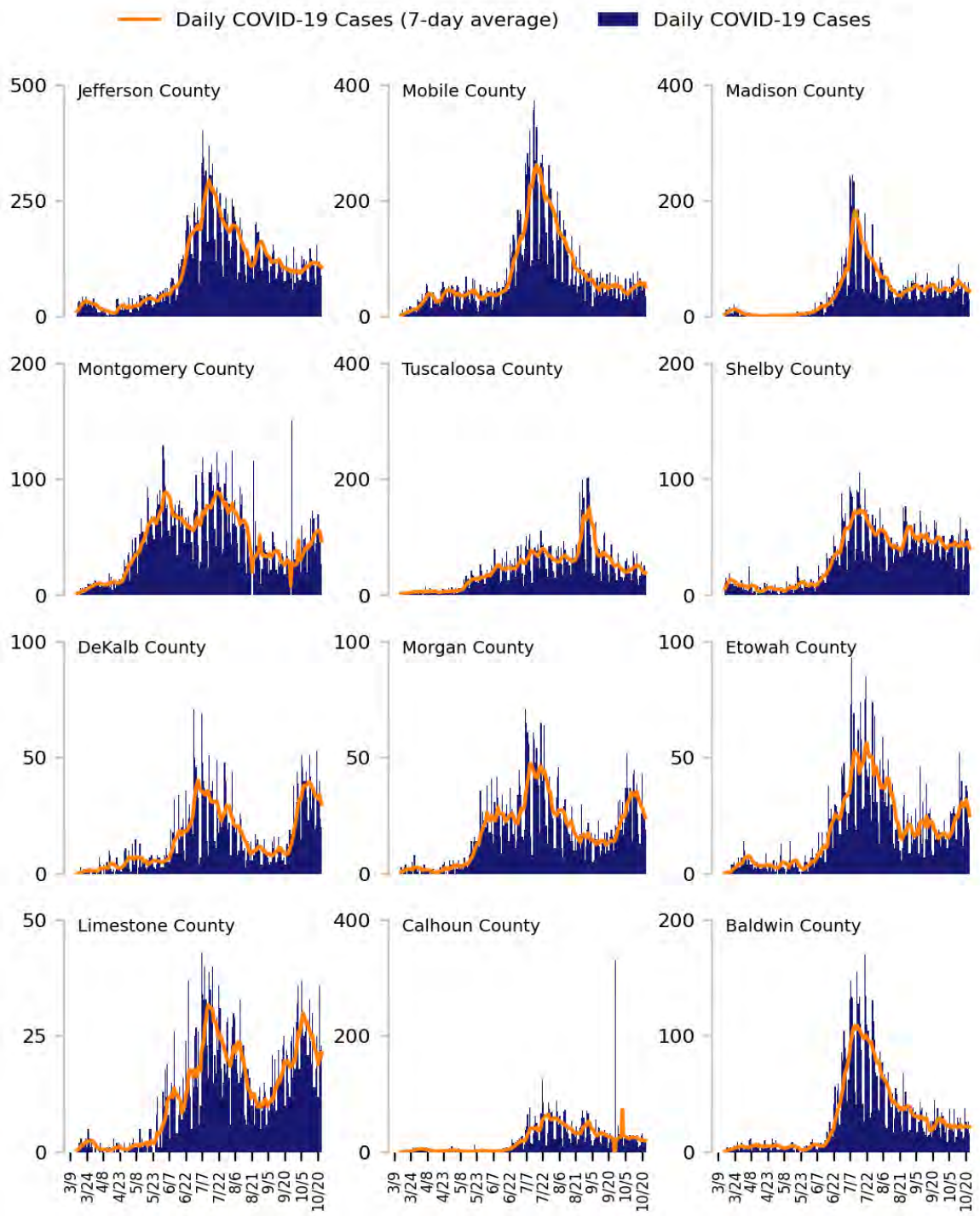
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Montgomery, DeKalb, Morgan, Etowah, Limestone, Calhoun, Jackson, St. Clair, Coffee, Colbert, Blount, Chilton, Franklin, Marengo, Lawrence, Dale, Clarke, Bibb, Randolph, Cleburne, Lamar, Henry
All Orange Counties: Tuscaloosa, Shelby, Cullman, Talladega, Walker, Marshall, Autauga, Pickens, Winston, Clay, Geneva, Barbour, Fayette, Marion, Hale, Crenshaw

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



DATA SOURCES – Additional data details available under METHODS

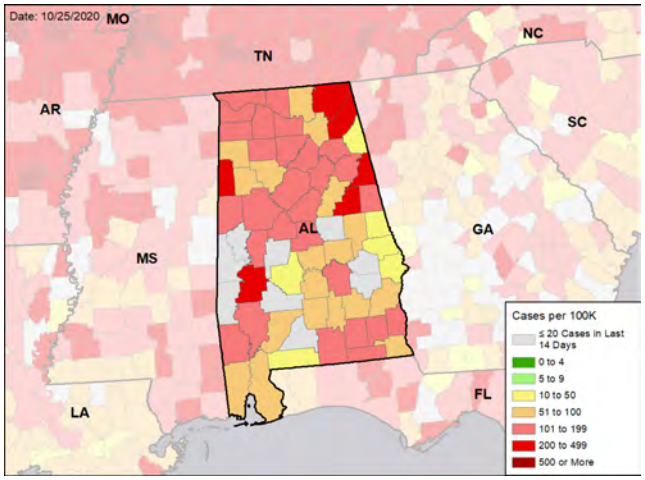
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

ALABAMA

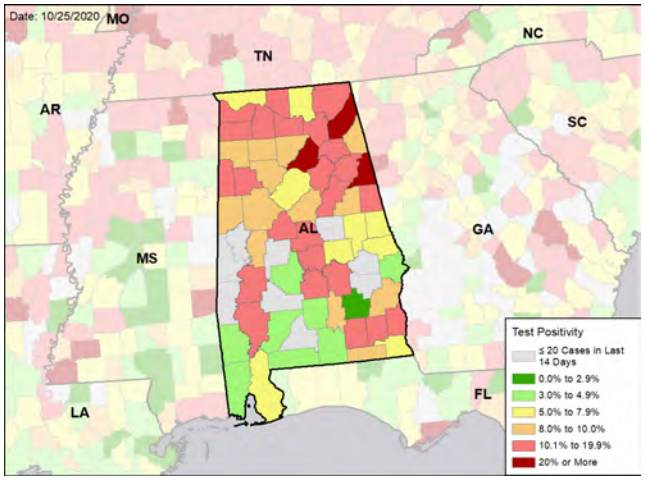
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

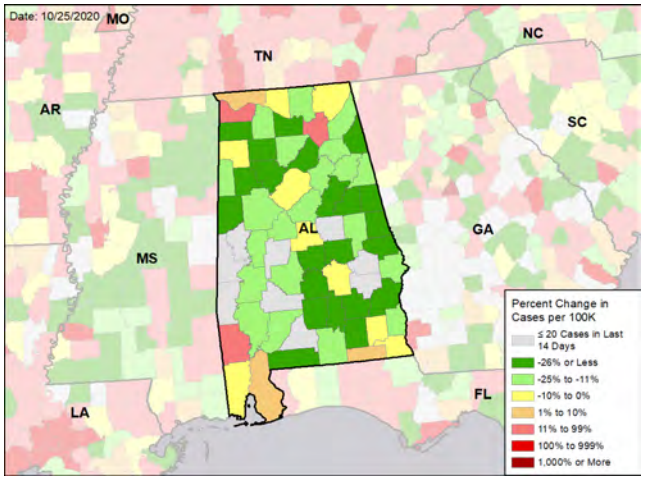
NEW CASES PER 100,000 DURING THE LAST WEEK



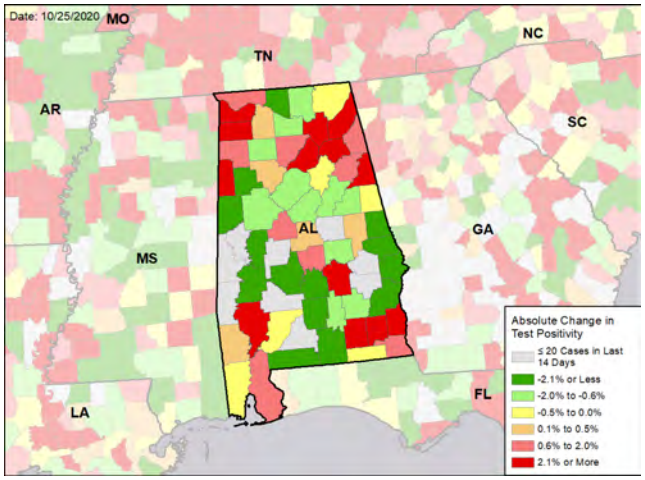
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

ALASKA

SUMMARY

- Alaska is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 15th highest rate in the country. Alaska is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 25th highest rate in the country.
- Alaska has seen an increase in new cases and an increase in test positivity over the last week.
- The following three boroughs had the highest number of new cases over the last 3 weeks: 1. Anchorage Municipality, 2. Fairbanks North Star Borough, and 3. Matanuska-Susitna Borough. These boroughs represent 77.0% of new cases in Alaska.
- 28% of all boroughs in Alaska have moderate or high levels of community transmission (yellow, orange, or red zones), with 7% having high levels of community transmission (red zone).
- The greatest increase in test positivity in areas with more than 25 cases occurred in Kusilvak Census Area, North Slope Borough, Bethel Census Area, Kenai Peninsula Borough, and Matanuska-Susitna Borough; test positivity among 25-64 and 65+ year-olds is highest in Fairbanks (10.5% and 15.9%, respectively).
- State-level hospital capacity appears adequate, but inpatient bed utilization and ICU utilization are at 81% and 75%, respectively, in Anchorage; ICU utilization is 86% in Matanuska. There has been an increase in the number of hospitals reporting both current and anticipated critical staffing shortages.
- During the week of Oct 12 - Oct 18, no nursing homes had at least one new resident COVID-19 case, 20% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death. The number of facilities reporting staff cases has increased from the previous week, with one facility in Anchorage reporting at least 8 cases.
- Alaska had 215 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 16 to support operations activities from FEMA; 2 to support medical activities from CDC; and 23 to support operations activities from USCG.
- Between Oct 17 - Oct 23, on average, 8 patients with confirmed COVID-19 and 9 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alaska. An average of 91% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Maintain testing above 2,000 per 100,000 population per week in all boroughs and follow test positivity, hospitalizations, and hospital capacity at the local level closely (especially in Anchorage, Fairbanks, and Kusilvak).
- Ensure regular testing, regardless of symptoms, to detect silent spread among critical personnel such as teachers; clinical staff; staff working at long-term care facilities (LTCFs) and all other congregate living settings; prisoners and prison staff; public transportation workers; and first responders.
- Utilize antigen testing to facilitate surveillance and ensure all results (positive and negative) are captured and reported.
- In addition to regular surveillance, ensure facility-wide testing at any congregate setting where a case is detected (follow-up on outbreaks at facilities in Fairbanks and Juneau).
- Recommend vigorous community mitigation efforts with limitations on occupancy, adherence to social distancing, and use of face coverings in all red, orange, and yellow zone areas. At a minimum, encourage local ordinances by posting local case rates, existing ordinances, and local hospital capacity on front page of state website.
- Continue to educate on escalating risks of transmission among small gatherings of family and friends; specifically target messaging to elderly and those at risk for severe disease, instructing them to protect themselves by strictly avoiding all social gatherings and crowded indoor environments and maintaining social distancing at all times.
- Continue to promote diligent application of CDC-recommended school-specific mitigation strategies.
- Continue to expand contact tracing by adjusting interview depth, scripting interviews, developing clear algorithms, expanding staff, and task-shifting. Monitor efforts and ensure immediate isolation of cases upon diagnosis, contact interview is conducted within 48 hours, and contacts are rapidly identified and instructed to quarantine.
- Native and tribal communities remain at risk and should receive culturally specific education, easy access to testing, and adequate housing/spaces and food for isolation or quarantine for the 10 to 14-day duration.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

ALASKA

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,570 (215)	+15%	14,439 (101)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.9%	+1.0%*	7.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	46,922** (6,414**)	+7%**	275,248** (1,918**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	4 (0.5)	-20%	136 (0.9)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	0%	N/A*	6%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	20%	+14%*	20%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*	3%	4%

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
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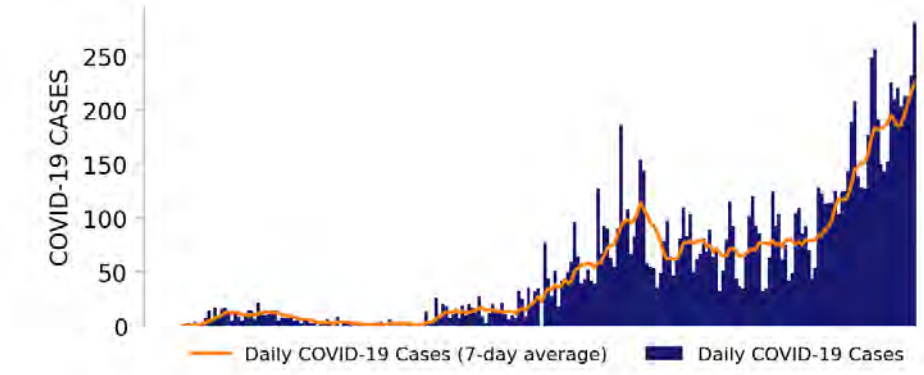
ALASKA

STATE REPORT | 10.25.2020

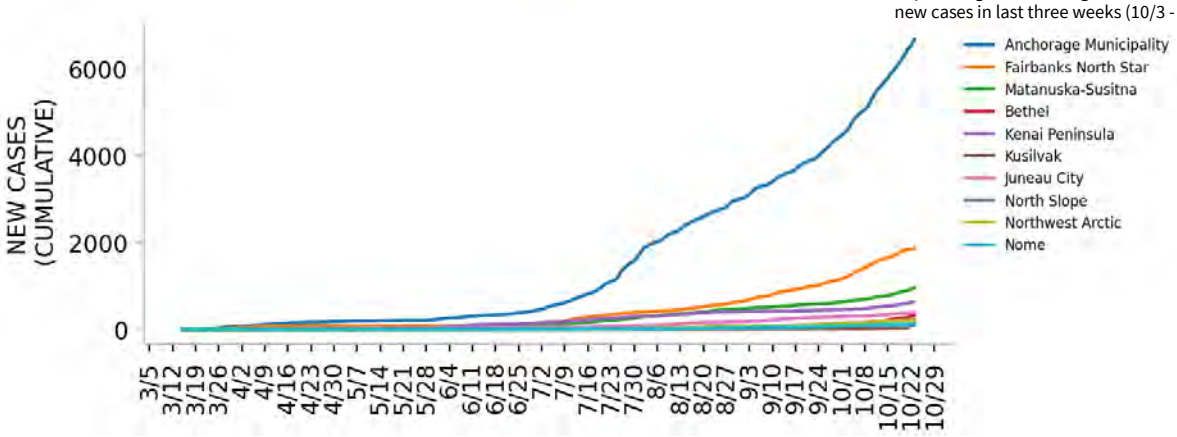
NEW CASES



TESTING

TOP BOROUGHS

Top boroughs based on greatest number of new cases in last three weeks (10/3 - 10/23)



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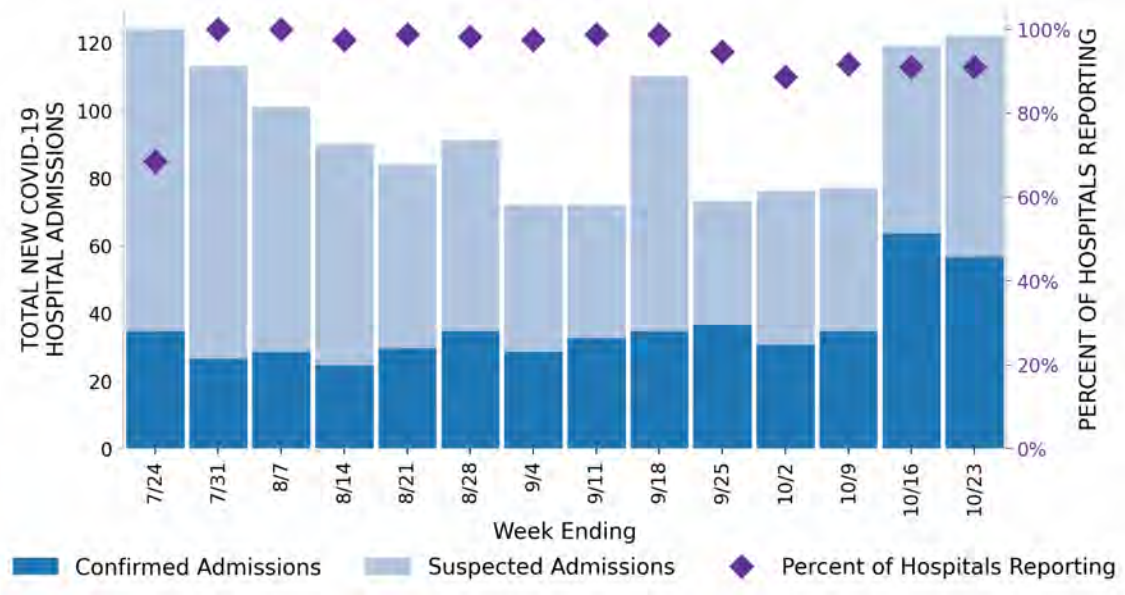
ALASKA

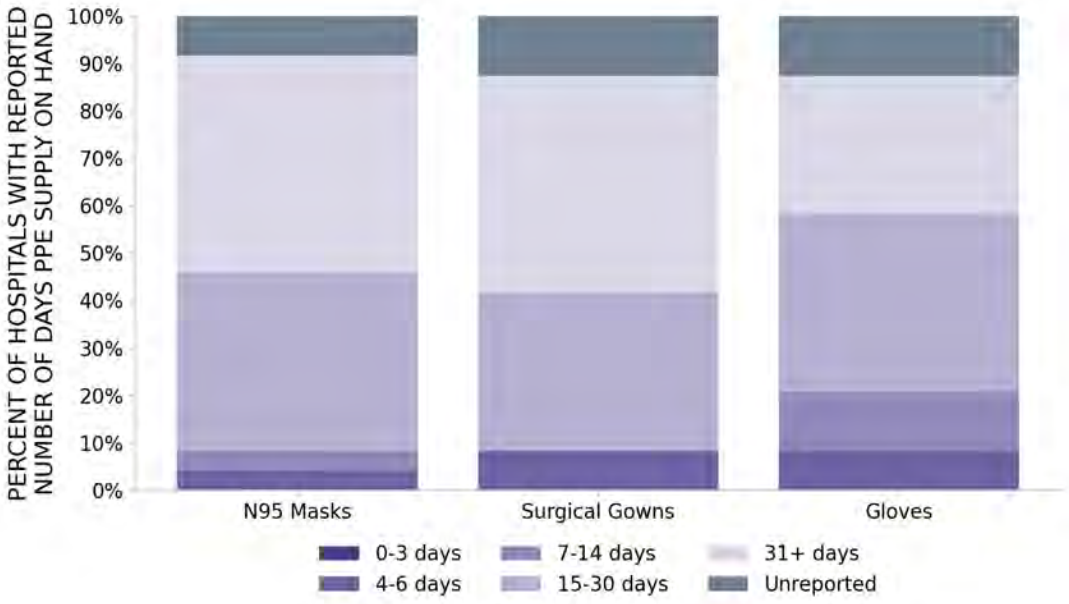
STATE REPORT | 10.25.2020

24 hospitals are expected to report in Alaska

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

ALASKA

STATE REPORT | 10.25.2020

COVID-19 BOROUGH AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		BOROUGH LAST WEEK	
LOCALITIES IN RED ZONE	**0** ▼ (-1)	N/A	**2** ■ (+0)	Matanuska-Susitna Kusilvak Census Area
LOCALITIES IN ORANGE ZONE	**1** ▲ (+1)	Fairbanks	**4** ▲ (+4)	Fairbanks North Star Bethel Census Area Kenai Peninsula Southeast Fairbanks Census Area
LOCALITIES IN YELLOW ZONE	**1** ■ (+0)	Anchorage	**2** ▼ (-1)	Anchorage Municipality North Slope

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

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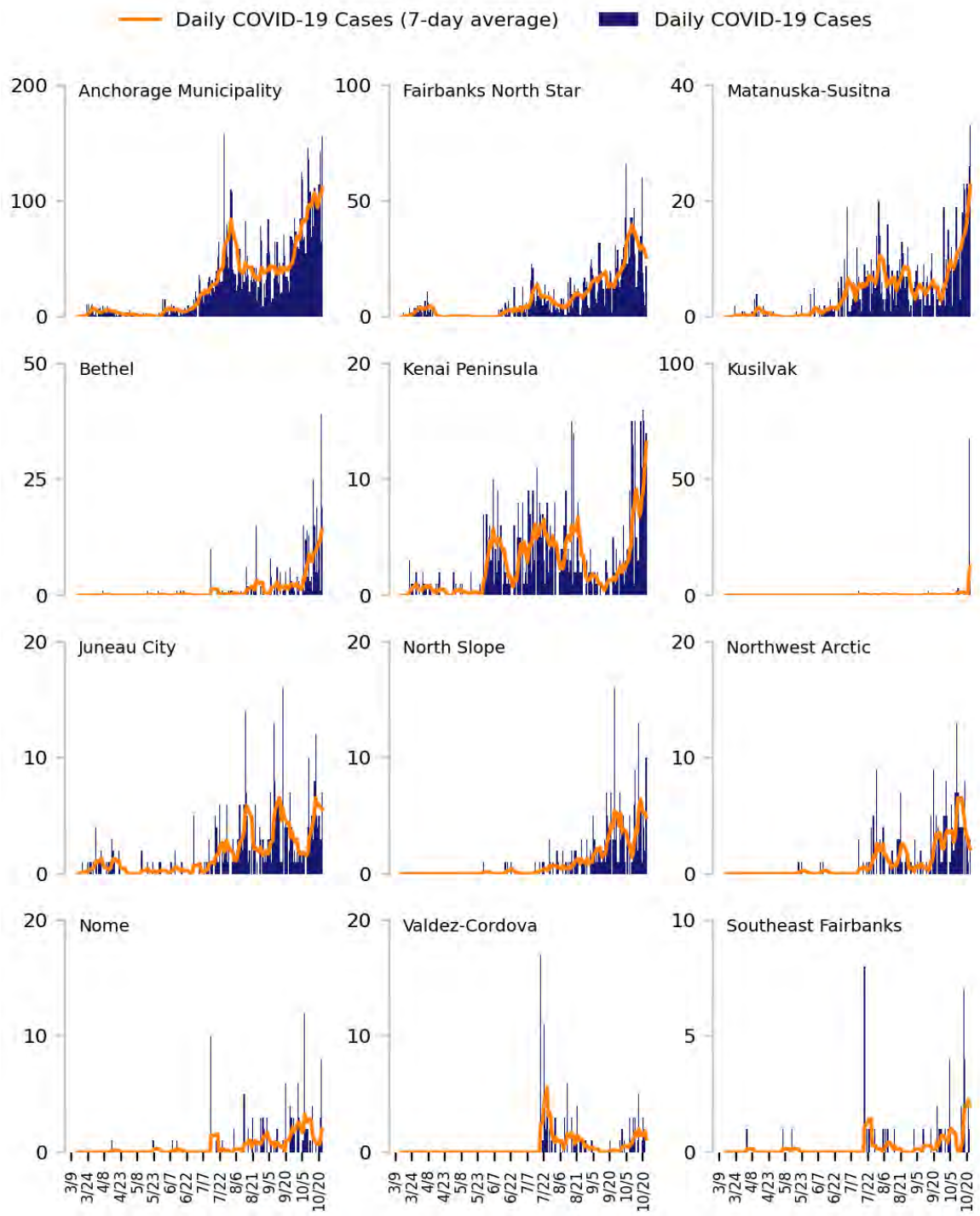
Top 12 boroughs based on number of new cases in the last 3 weeks



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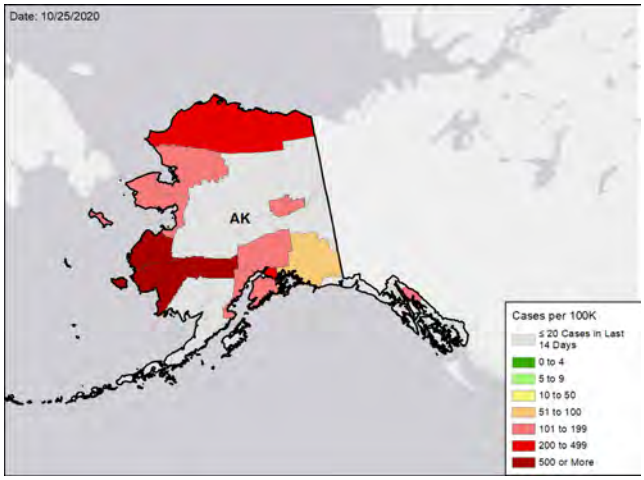
ALASKA

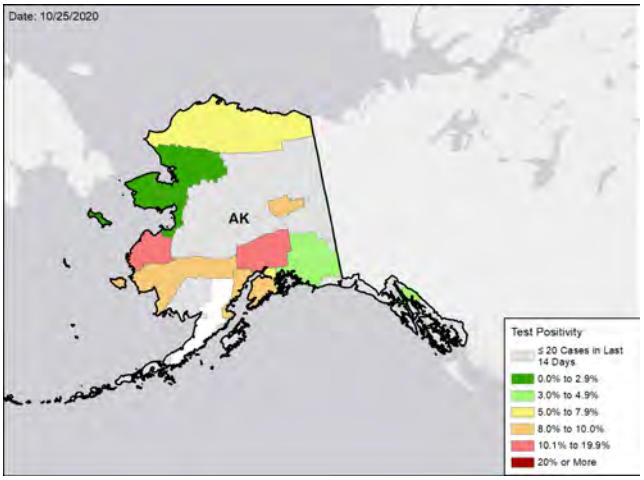
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

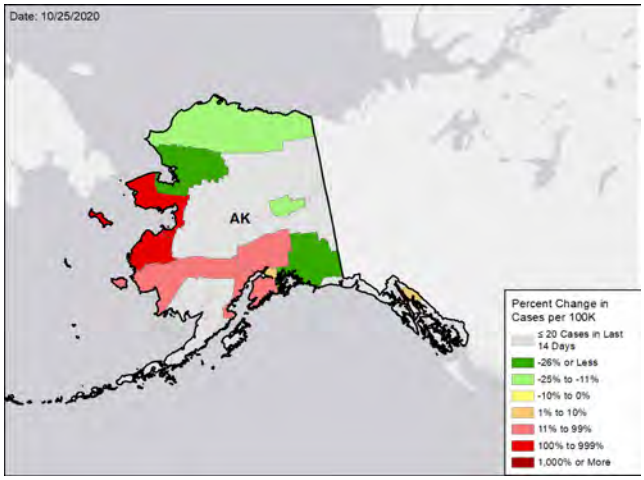
NEW CASES PER 100,000 DURING THE LAST WEEK



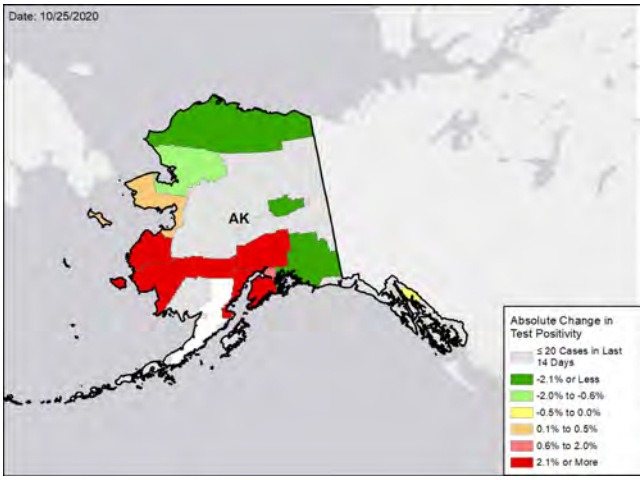
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

ARIZONA

SUMMARY

- Arizona is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 38th highest rate in the country. Arizona is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 30th highest rate in the country.
- Arizona has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Maricopa County, 2. Pima County, and 3. Pinal County. These counties represent 78.1% of new cases in Arizona.
- 67% of all counties in Arizona have moderate or high levels of community transmission (yellow, orange, or red zones), with 27% having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 9% of nursing homes had at least one new resident COVID-19 case, 16% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Arizona had 89 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 9 to support operations activities from FEMA and 2 to support epidemiology activities from CDC.
- Between Oct 17 - Oct 23, on average, 88 patients with confirmed COVID-19 and 186 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arizona. An average of 89% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- The timeseries of maps at the back of your packet shows early signs of deterioration in the Sunbelt as mitigation efforts were decreased over the last month.
- We are concerned about the rising cases, test positivity, and new hospital admissions across multiple counties. Rapid and aggressive response is needed, including the expansion of testing in under-35-year-olds to isolate the early silent spreaders. Would consider required testing of community college students, K-12 teachers, and county employees to be able to geographically define the silent spread. Address those areas with expansive testing to isolate the asymptomatic cases, as well as the symptomatic cases.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations. Consider additional mitigation efforts as utilized in the summer in counties with a rapid rise in cases to blunt further community spread.
- Ensure all K-12 schools are following CDC guidelines, including for mask usage, and are utilizing the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread to further increase mitigation efforts.
- Encourage university students to continue their mitigation behaviors to ensure no further outbreaks on or off campus as symptomatic cases and cases identified through surveillance testing continue to decline. Ensure all students are aware of the potential for viral spread during Halloween gatherings.
- Encourage outdoor activities and ensure mask and physical distancing messages for all Arizona residents, both in public and private spaces to prevent household spread.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among community college students; K-12 teachers; students over 18; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen test results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests. This will give you clear insight into degree of community spread and the ability to stop this early, silent spread, as seen from the continued high level of nursing home staff positivity.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- 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 | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	6,448 (89)	+21%	39,653 (77)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.9%	+0.7%*	4.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	113,452** (1,559**)	+23%**	662,441** (1,292**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	59 (0.8)	-2%	529 (1.0)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	9%	+3%*	4%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	16%	+2%*	8%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+2%*	1%	4%

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
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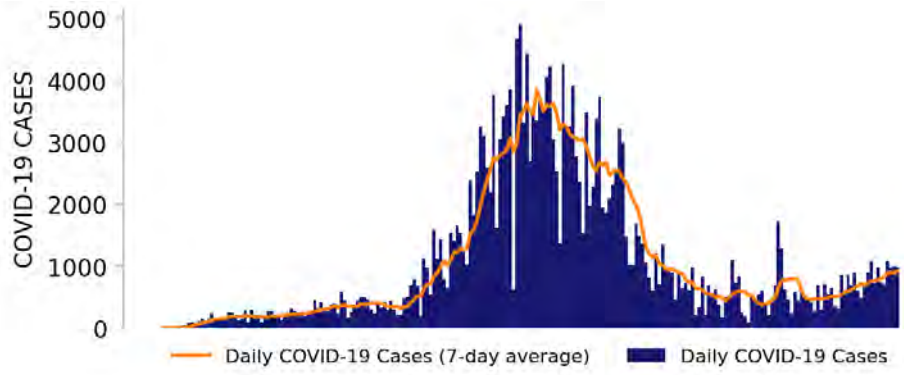
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

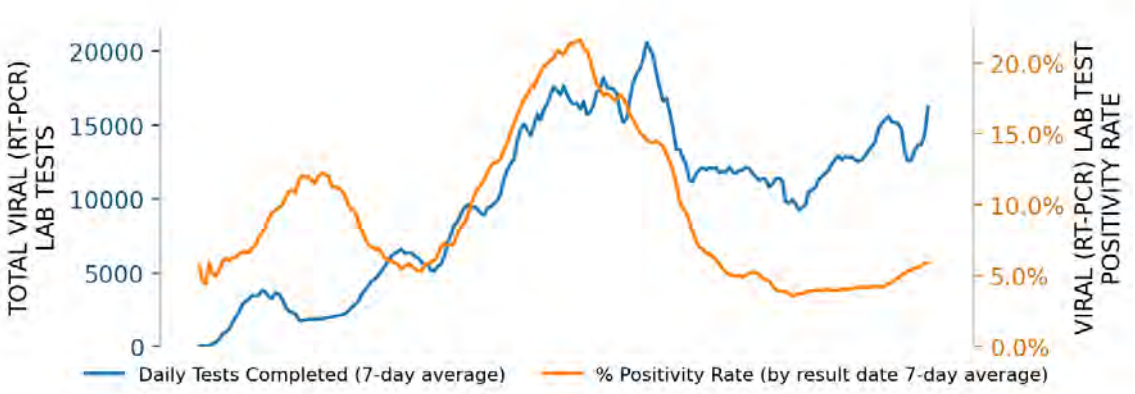
ARIZONA

STATE REPORT | 10.25.2020

NEW CASES

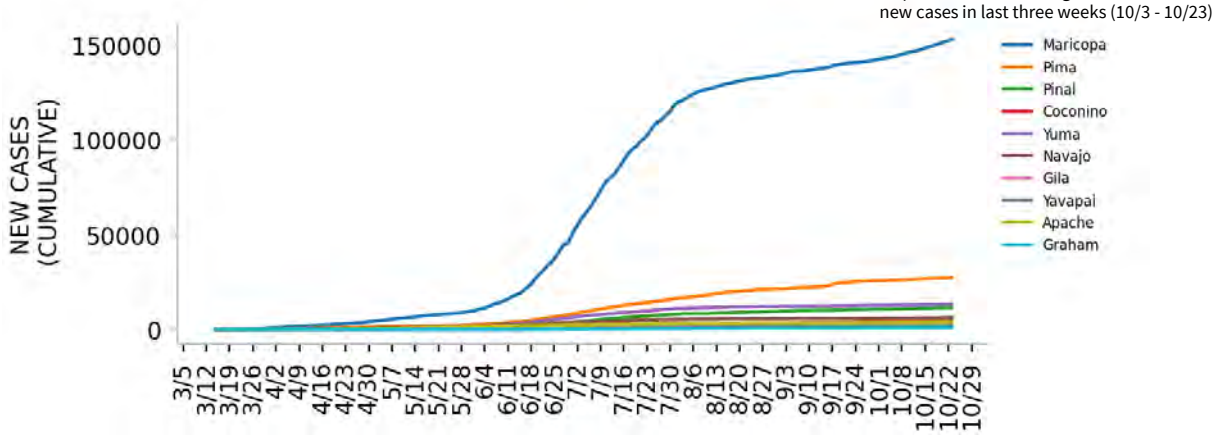


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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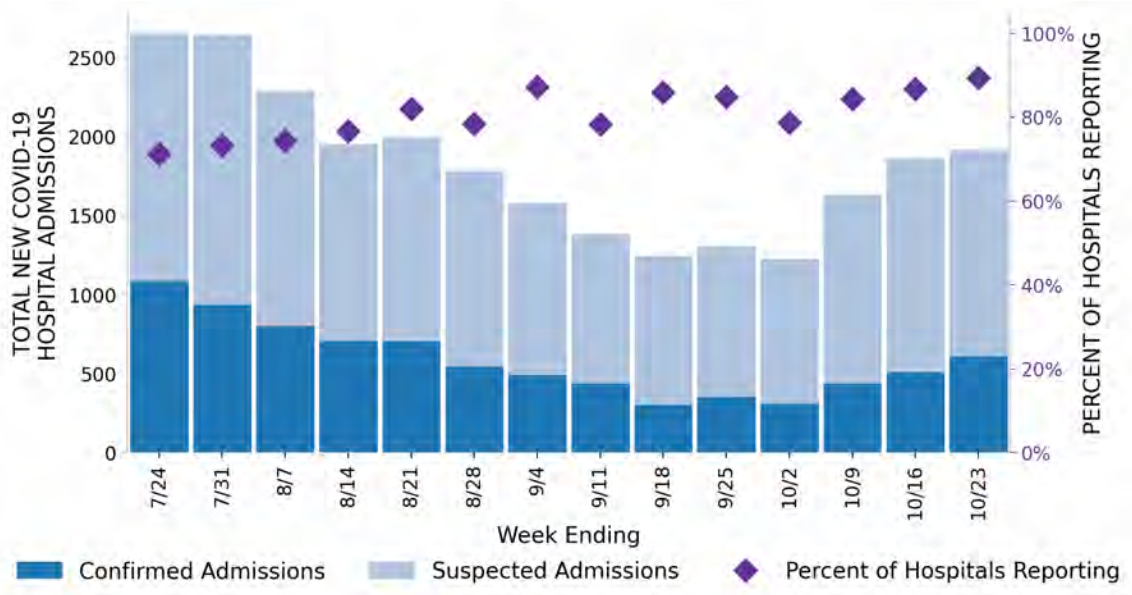
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

ARIZONA

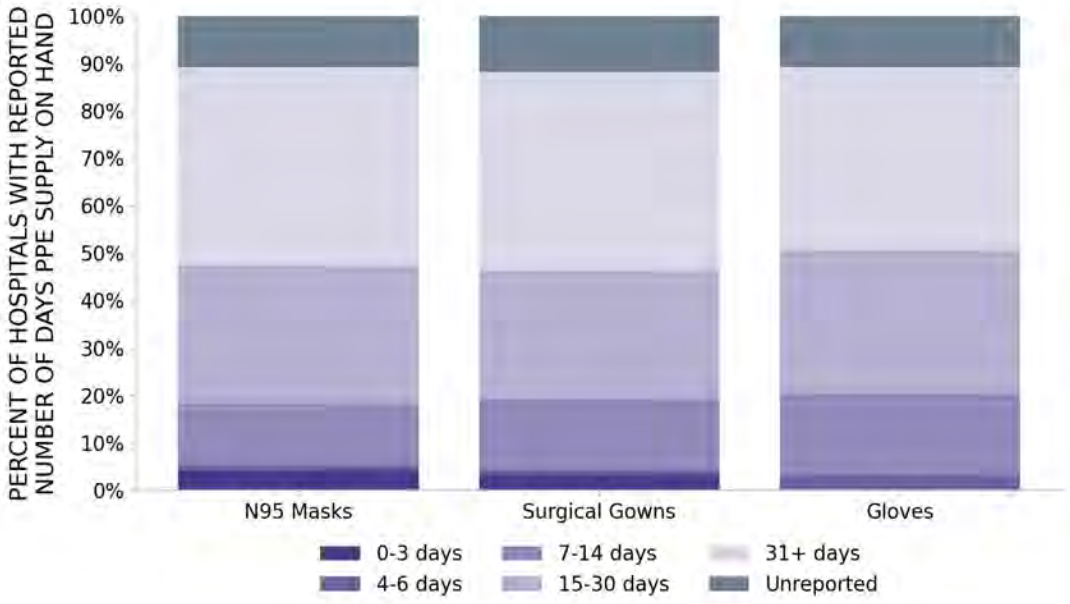
STATE REPORT | 10.25.2020

93 hospitals are expected to report in Arizona

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

ARIZONA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	**3** ▲ (+1)	Yuma Payson Safford	**4** ▲ (+2)	Yuma Gila Graham Greenlee
LOCALITIES IN ORANGE ZONE	**0** ▼ (-2)	N/A	**0** ▼ (-2)	N/A
LOCALITIES IN YELLOW ZONE	**5** ▲ (+2)	Phoenix-Mesa-Chandler Tucson Flagstaff Show Low Sierra Vista-Douglas	**6** ▲ (+1)	Maricopa Pima Coconino Navajo Apache Cochise

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.
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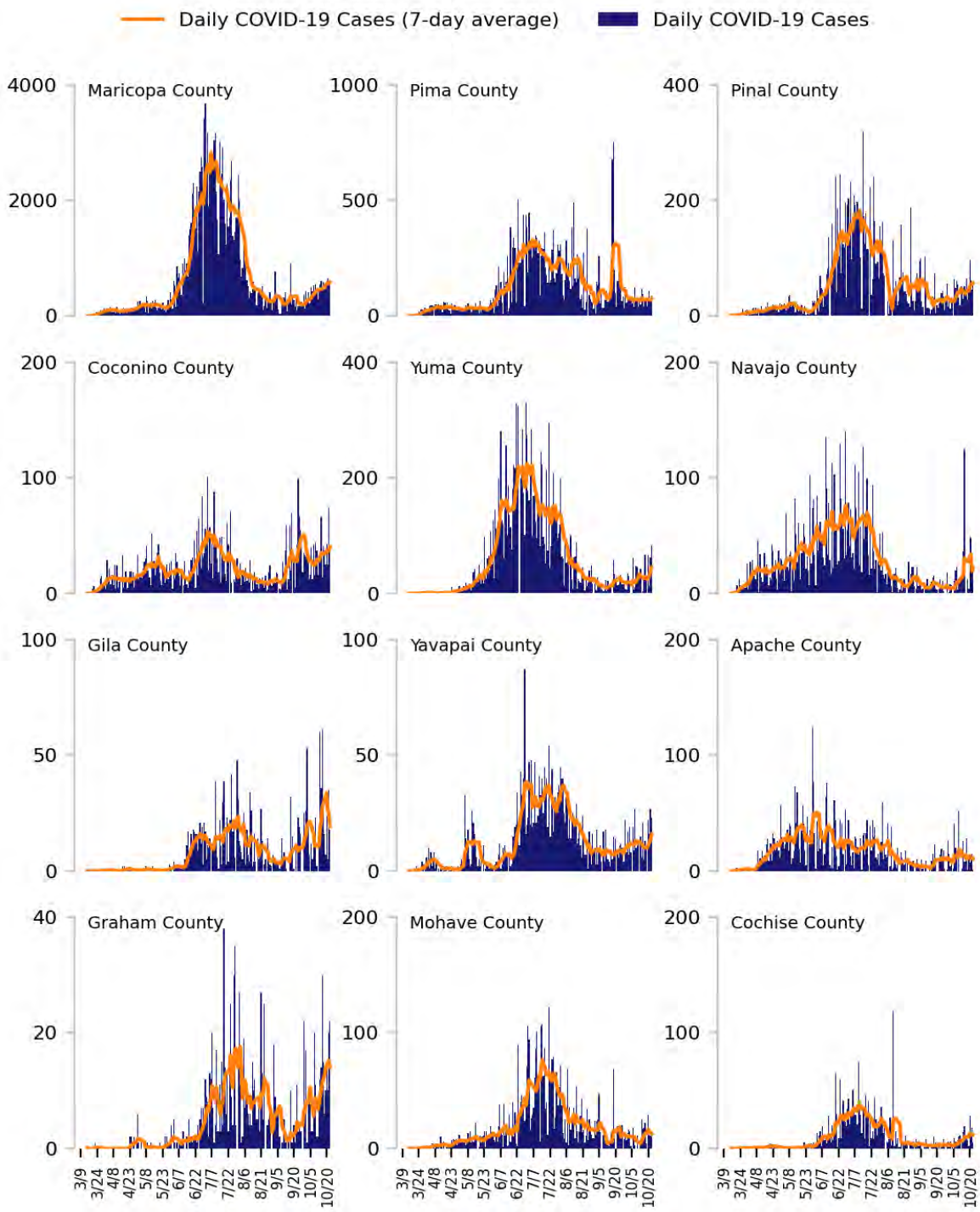
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES – Additional data details available under METHODS

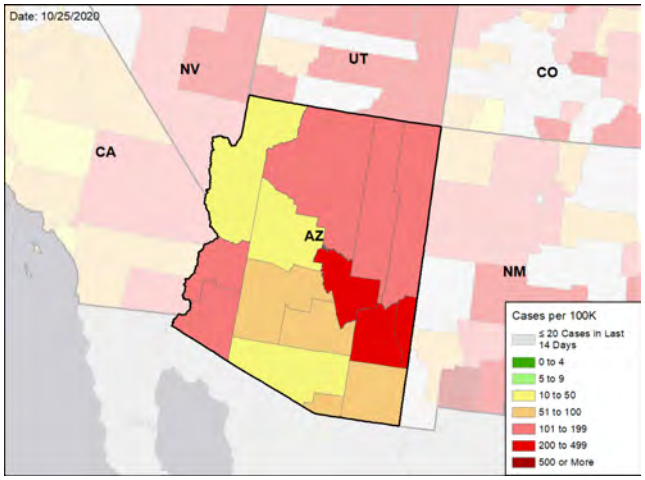
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

ARIZONA

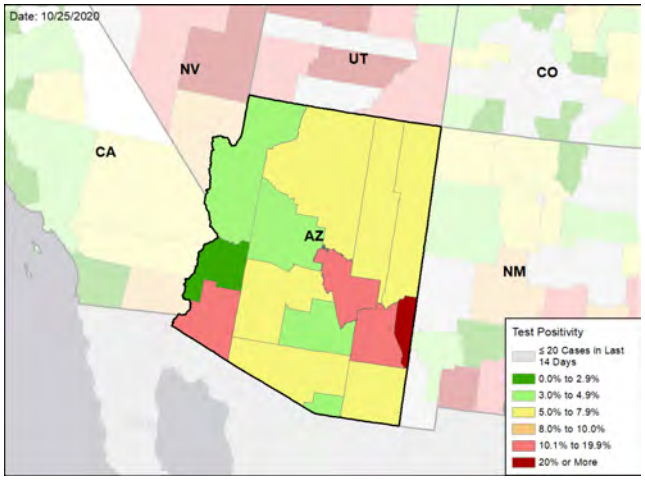
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

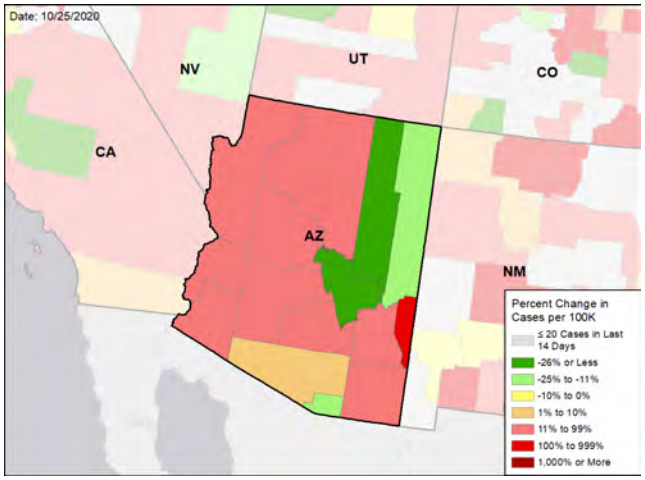
NEW CASES PER 100,000 DURING THE LAST WEEK



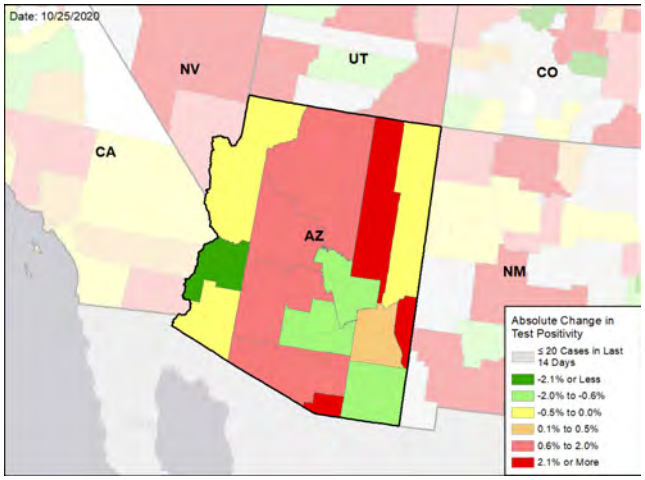
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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STATE REPORT
10.25.2020

ARKANSAS

SUMMARY

- Arkansas is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 13th highest rate in the country. Arkansas is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 22nd highest rate in the country.
- Arkansas has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Pulaski County, 2. Washington County, and 3. Craighead County. These counties represent 24.4% of new cases in Arkansas.
- 76% of all counties in Arkansas 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 Oct 12 - Oct 18, 29% of nursing homes had at least one new resident COVID-19 case, 38% had at least one new staff COVID-19 case, and 11% had at least one new resident COVID-19 death.
- Arkansas had 219 new cases per 100,000 population in the last week, compared to a national average of 133 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 Oct 17 - Oct 23, on average, 81 patients with confirmed COVID-19 and 137 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arkansas. An average of 90% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Need a different strategy for reducing transmission; what worked in the summer is not working in the fall with cooler weather and considering COVID fatigue. Keep mask requirements in place and promote physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations.
- With Craighead County cases continuing to increase, try a “rapid test and isolate” campaign. Incentivize Craighead County residents to come forward to get tested to significantly reduce viral spread and cases within a few weeks. This will be a community approach with every resident doing their part to stop the spread. Have resources set up to support positive individuals who may not be able to isolate within their household. Make the challenge time-limited and focused.
- Ensure retail establishments are complying with directives.
- Work with communities to limit large and small social gatherings; current transmissions are linked to home gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. When meeting people who are not a part of one’s household, masking and physical distancing must be observed at all times, especially when indoors.
- The Abbott BinaxNOW tests perform best when used serially in populations and in schools. Corrections and healthcare workers must use these tests for weekly surveillance testing to monitor and act on county trends identified though sentinel surveillance.
- With nearly 40% of nursing homes reporting at least one COVID-positive staff member, work with nursing homes to trace exposures of positive staff to decrease introduction of community transmission to nursing homes.
- Provide specific mitigation messaging appealing to the following groups to engage them to do their part to slow the spread:
    - Rural communities.
    - Individuals over 65 years-old through senior citizen networks.
    - University students.
- Ensure all hospitals have access to antivirals and antibodies and ensure early use as treatment (within 48 hours).
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

ARKANSAS

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	6,597 (219)	+6%	62,564 (146)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.2%	-0.4%*	8.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	61,308** (2,032**)	-17%**	533,172** (1,248**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	123 (4.1)	-9%	782 (1.8)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	29%	+5%*	14%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	38%	-5%*	24%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	11%	+1%*	5%	4%

* 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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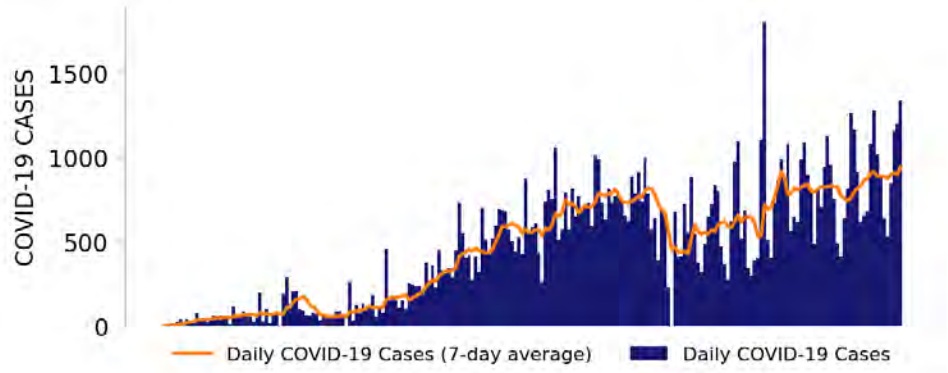
ARKANSAS

STATE REPORT | 10.25.2020

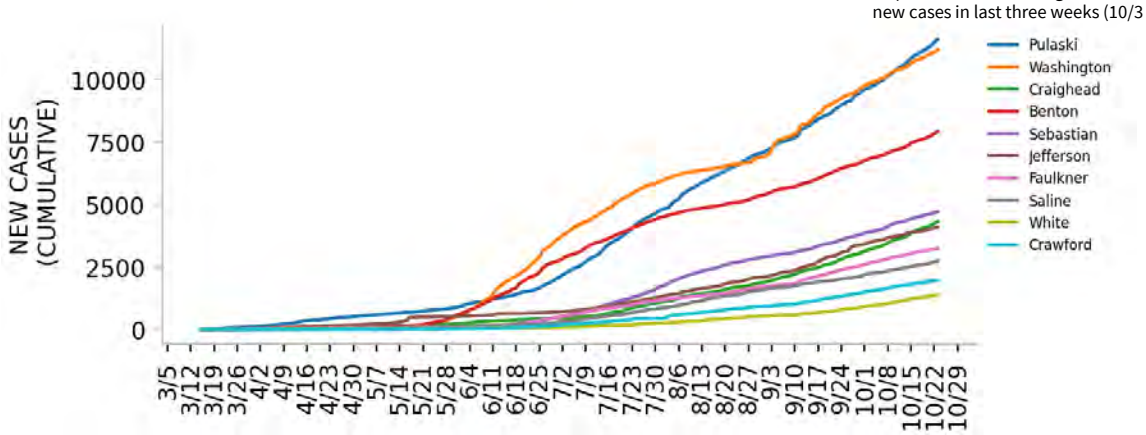
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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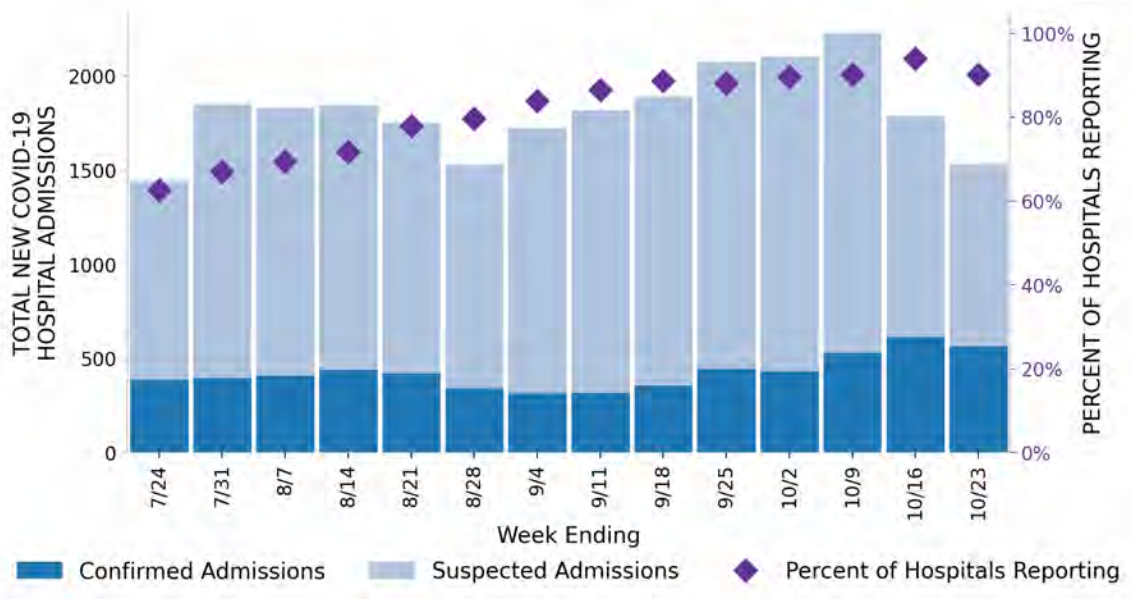
ARKANSAS

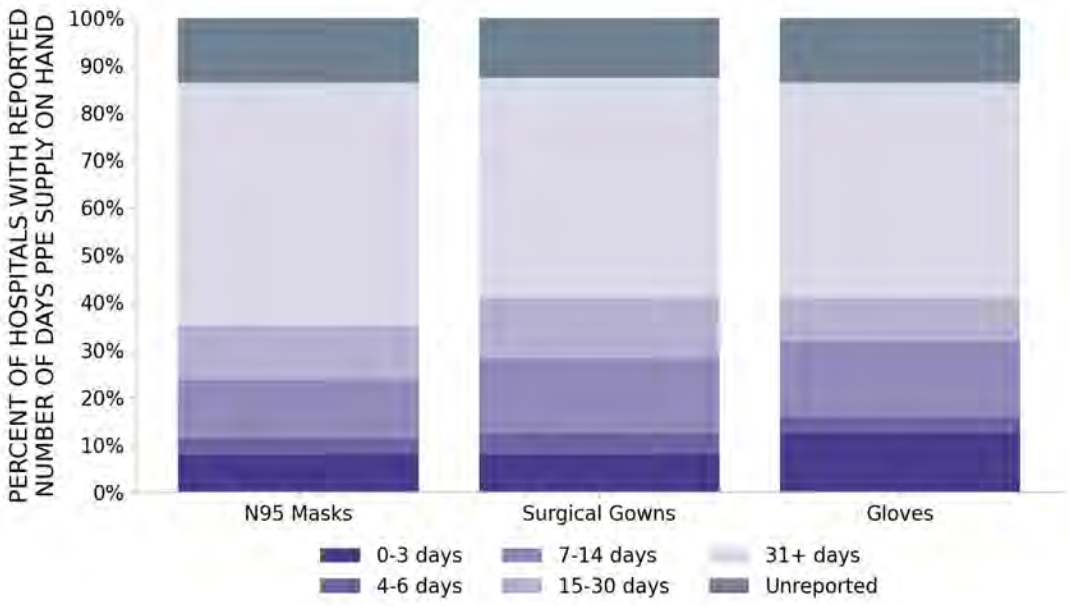
STATE REPORT | 10.25.2020

88 hospitals are expected to report in Arkansas

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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ARKANSAS

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	5 ■ (+0)	Jonesboro Texarkana Blytheville Malvern Mountain Home	18 ▲ (+2)	Craighead Miller Mississippi Lawrence Poinsett Izard Lincoln Hot Spring Carroll Baxter Arkansas Franklin
LOCALITIES IN ORANGE ZONE	4 ▼ (-1)	Fort Smith Memphis Hope Camden	14 ▲ (+2)	Sebastian Saline Crittenden Randolph Clay Hempstead Sevier Cleburne Ouachita Scott Little River Lafayette
LOCALITIES IN YELLOW ZONE	11 ■ (+0)	Little Rock-North Little Rock-Conway Fayetteville-Springdale-Rogers Pine Bluff Russellville Searcy Paragould Hot Springs Batesville Harrison Helena-West Helena Arkadelphia	25 ▼ (-1)	Pulaski Washington Benton Jefferson Faulkner White Crawford Pope Greene Garland Lonoke Jackson
Change from previous week's alerts:		▲ Increase	■ Stable	▼ Decrease

All Red Counties: Craighead, Miller, Mississippi, Lawrence, Poinsett, Izard, Lincoln, Hot Spring, Carroll, Baxter, Arkansas, Franklin, Johnson, Fulton, Desha, Monroe, Howard, Chicot

All Orange Counties: Sebastian, Saline, Crittenden, Randolph, Clay, Hempstead, Sevier, Cleburne, Ouachita, Scott, Little River, Lafayette, Newton, Bradley

All Yellow Counties: Pulaski, Washington, Benton, Jefferson, Faulkner, White, Crawford, Pope, Greene, Garland, Lonoke, Jackson, Independence, Boone, Phillips, Logan, Clark, Cross, Grant, Ashley, Yell, Nevada, Drew, Conway, Woodruff

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

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

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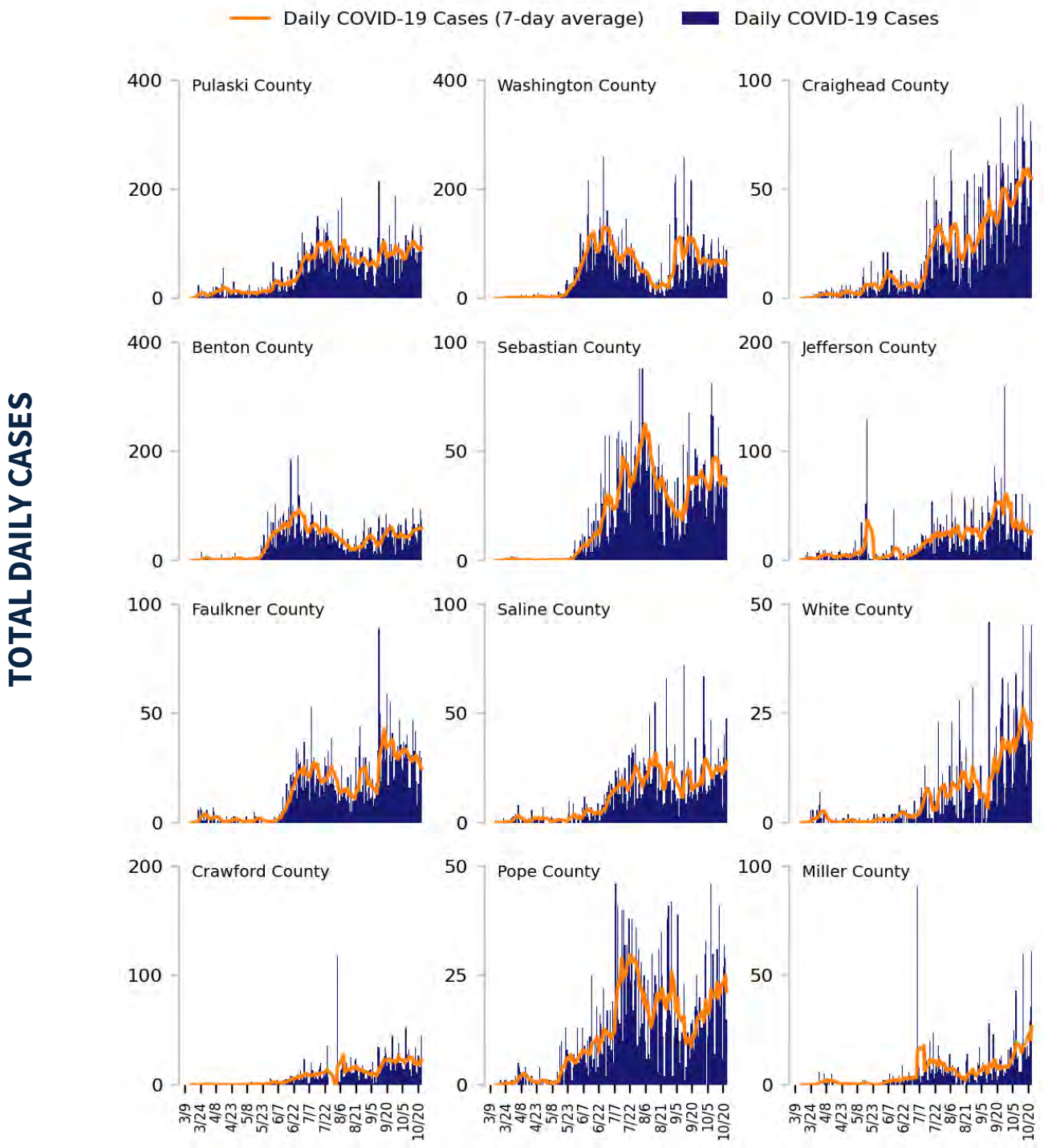
Top 12 counties based on number of new cases in the last 3 weeks



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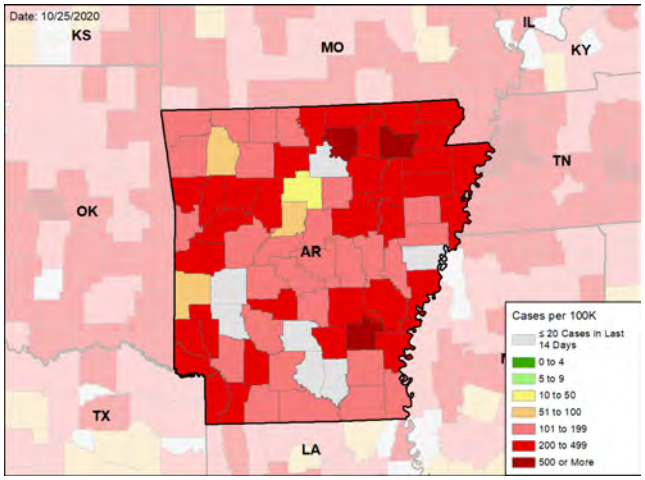
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

ARKANSAS

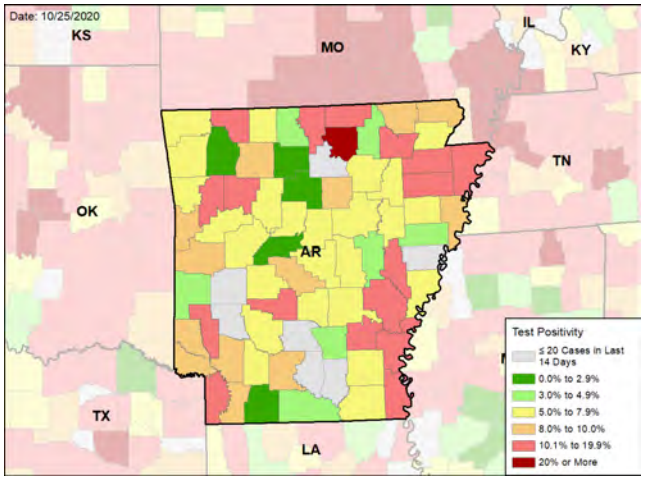
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

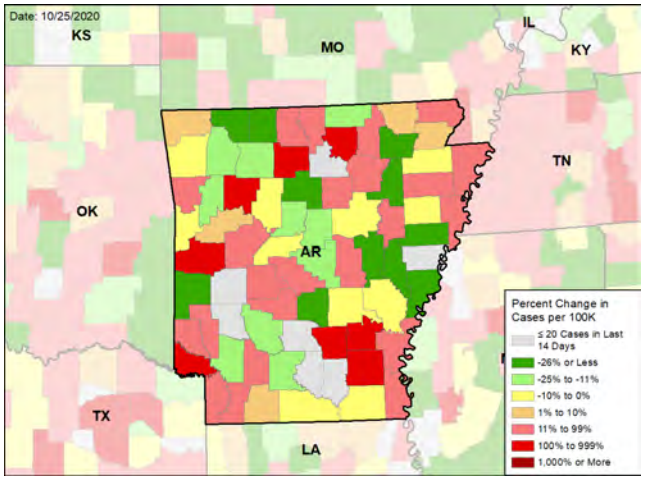
NEW CASES PER 100,000 DURING THE LAST WEEK



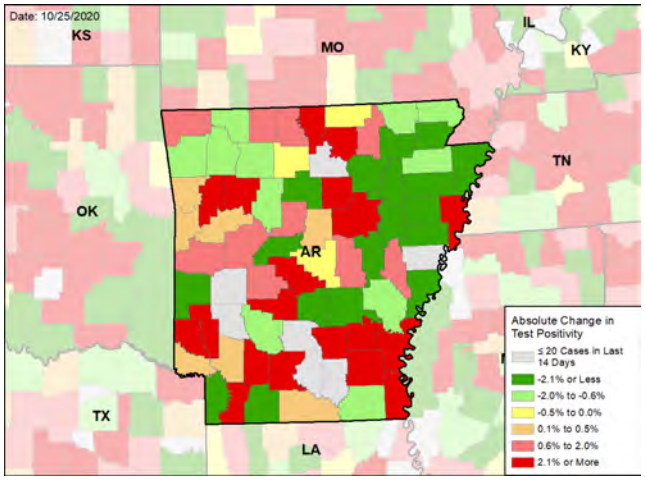
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

CALIFORNIA

SUMMARY

- California continues to be in a plateau with stable disease activity as there has been a gradual relaxation of mandated mitigation measures in increasing numbers of counties. California is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 43rd highest rate in the country. California is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 43rd highest rate in the country.
- California has seen an increase in new cases and stability in test positivity over the last week. Backlogged reporting of cases in Los Angeles County contributed to the reported increase. Hospitalizations remained stable.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Los Angeles County, 2. San Diego County, and 3. San Bernardino County. These counties represent 50.0% of new cases in California.
- Only three counties reported more than 100 cases per 100,000 population last week.
- 10% of all counties in California have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 3% of nursing homes had at least one new resident COVID-19 case, 7% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- California had 70 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 138 to support operations activities from FEMA; 6 to support operations activities from ASPR; and 277 to support operations activities from USCG.
- The federal government has supported surge testing in Bakersfield, CA.
- Between Oct 17 - Oct 23, on average, 298 patients with confirmed COVID-19 and 460 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in California. An average of 90% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- California has had strong success with the gradated series of mitigation measures applied to localities according to local epidemiological trends. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations everywhere, as well as the tailored business and public venue measures for counties with different levels of incidence.
- Continue to use testing and case investigations strategically to identify and mitigate areas of increasing disease activity and transmission venues. Consider implementing increased randomized community testing to find asymptomatic infected individuals, isolate them, and trace contacts. This model has helped universities control spread in their communities. Use of rapid tests are extremely helpful in these activities.
- Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces.
- Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus as symptomatic cases and cases identified through surveillance testing on campus decline .
- Concern remains for further increases in community transmission with increasing hospitalizations and deaths, given the continued spread among younger age groups, much of which is asymptomatic, as has been seen in “hotspot” counties generally (MMWR Early Release/October 9, 2020).
- Community transmission is frequently occurring in smaller gatherings of family and friends, especially among young adults, where masking and social distancing recommendations are not followed. With weather conditions increasingly forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of "prevention fatigue.”
- Continue testing programs in long-term care facilities (LTCFs), with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Utilize point-of-care testing platforms to facilitate rapid COVID-19 case identification.
- Continue to implement plan to increase surveillance for community spread using the Abbott BinaxNOW or other antigen tests, especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Increased rate of infection seen among LTCF workers indicates significant transmission in their communities and those transmission settings must be identified and mitigated.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

CALIFORNIA

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	27,600 (70)	+24%	39,653 (77)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.0%	+0.0%*	4.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	464,620** (1,176**)	-21%**	662,441** (1,292**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	415 (1.1)	+1%	529 (1.0)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	3%	-4%*	4%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	7%	-8%*	8%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	-2%*	1%	4%

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

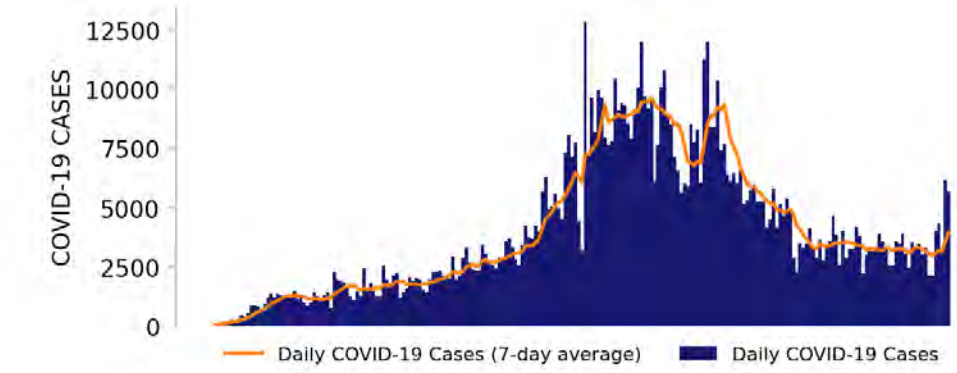
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

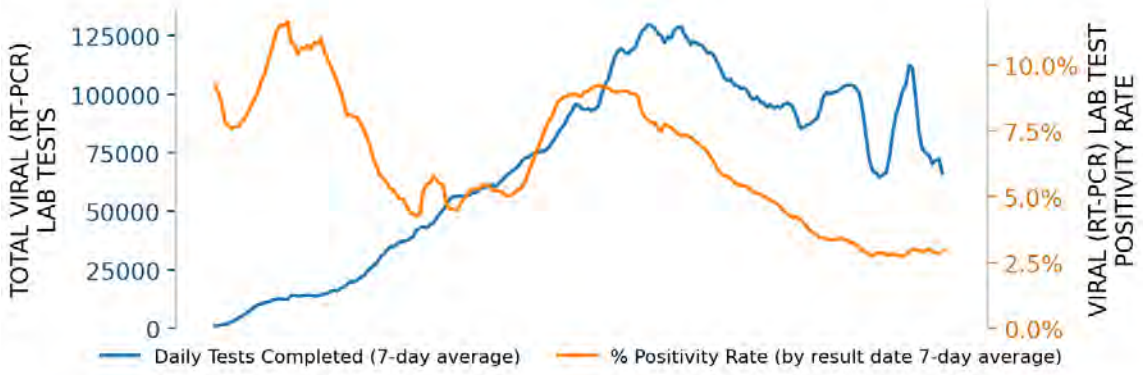
CALIFORNIA

STATE REPORT | 10.25.2020

NEW CASES

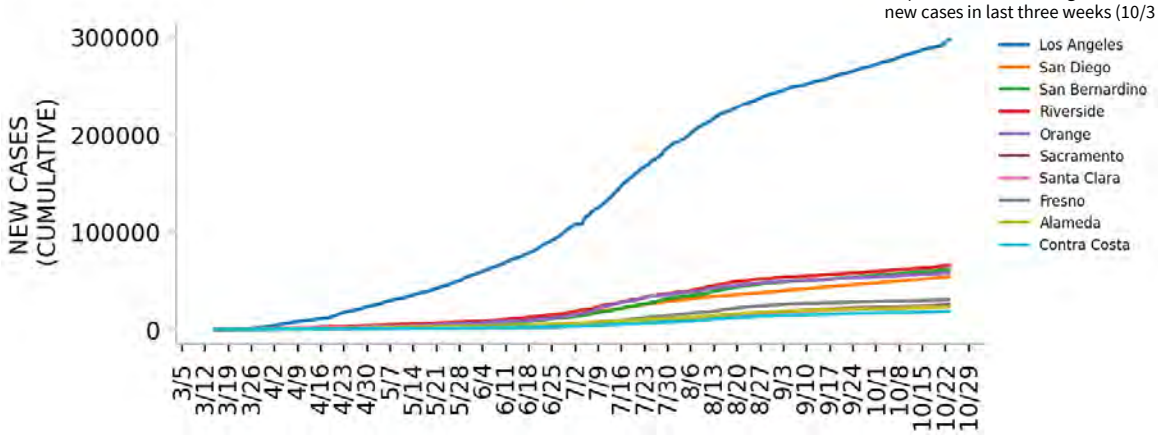


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

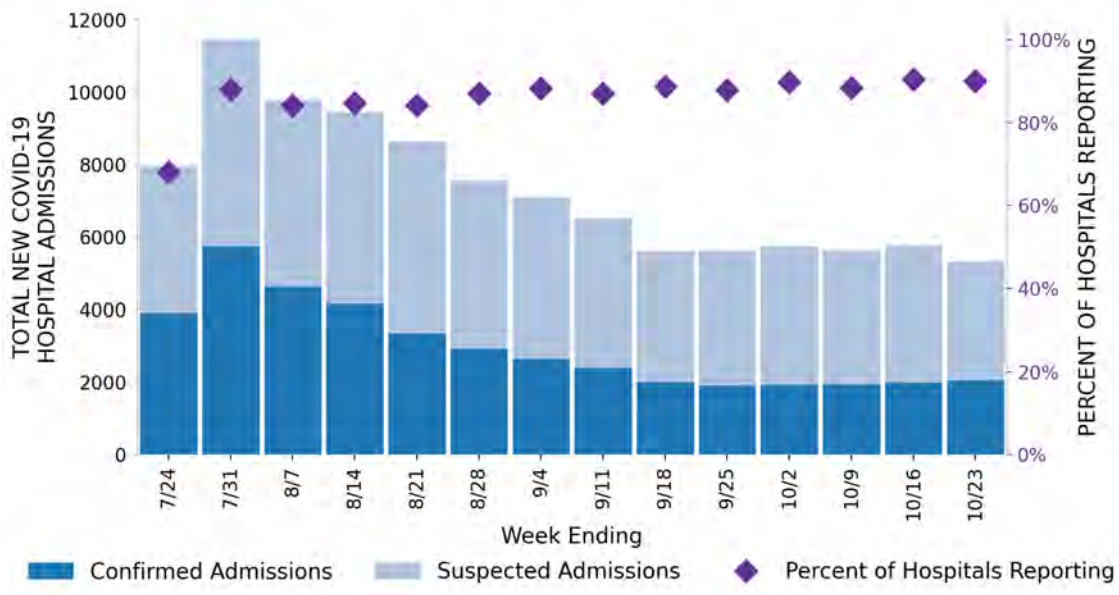
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

CALIFORNIA

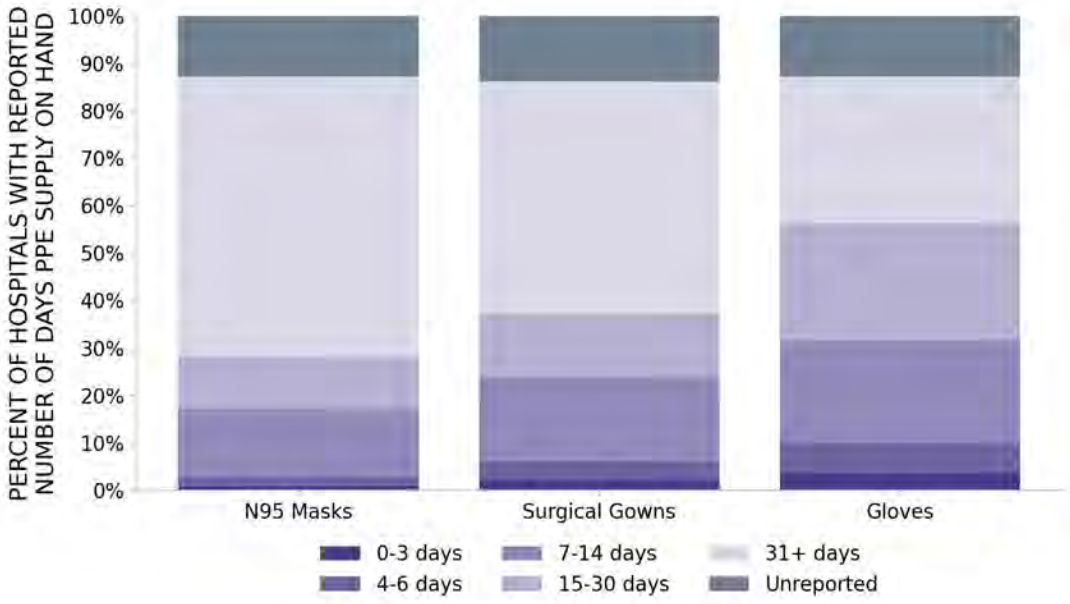
STATE REPORT | 10.25.2020

393 hospitals are expected to report in California

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

CALIFORNIA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	**0** ■ (+0)	N/A	**0** ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	**1** ▲ (+1)	El Centro	**1** ▲ (+1)	Imperial
LOCALITIES IN YELLOW ZONE	**4** ■ (+0)	Riverside-San Bernardino-Ontario Salinas Visalia Red Bluff	**5** ■ (+0)	San Bernardino Riverside Monterey Tulare Tehama

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

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

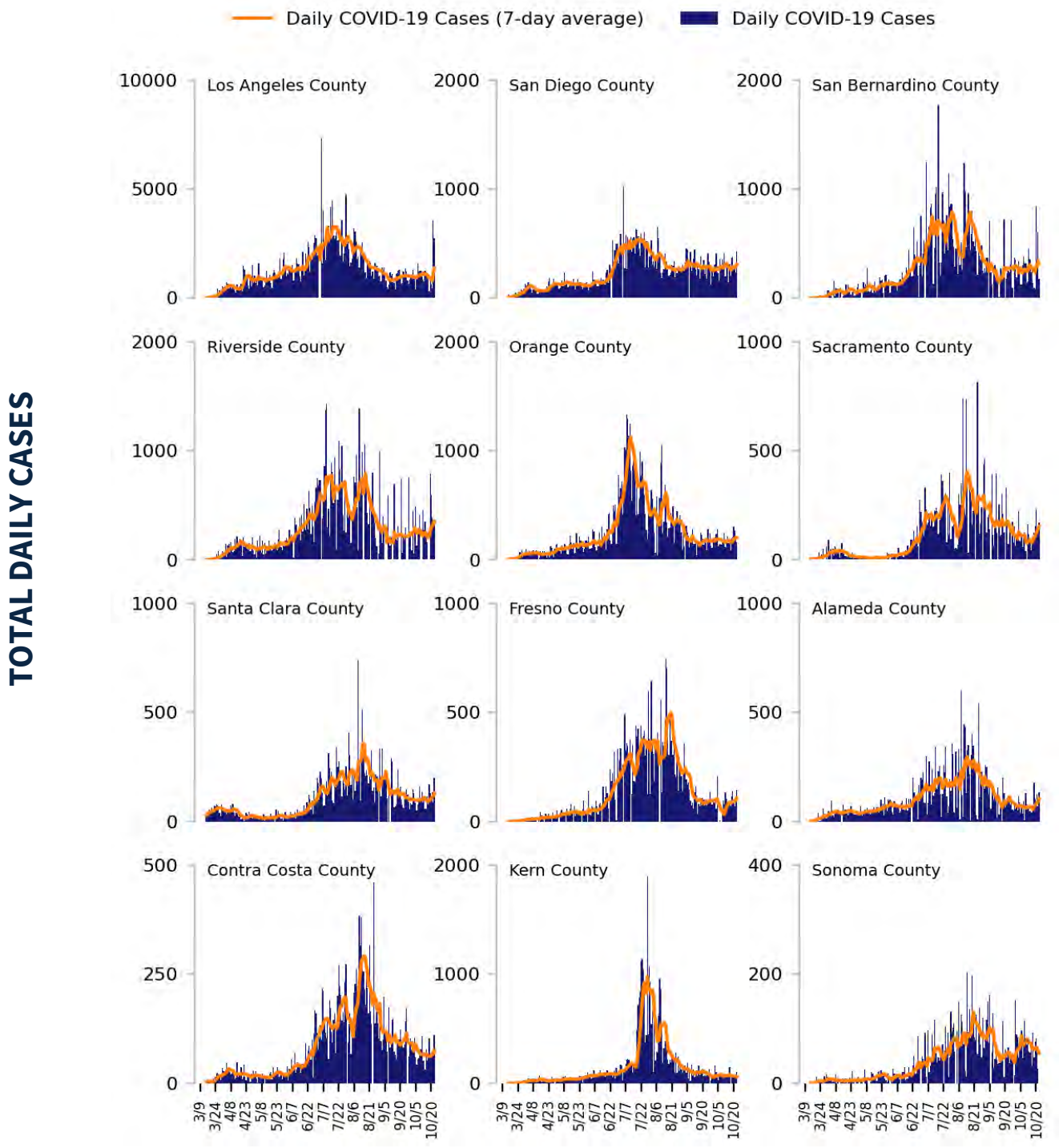
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



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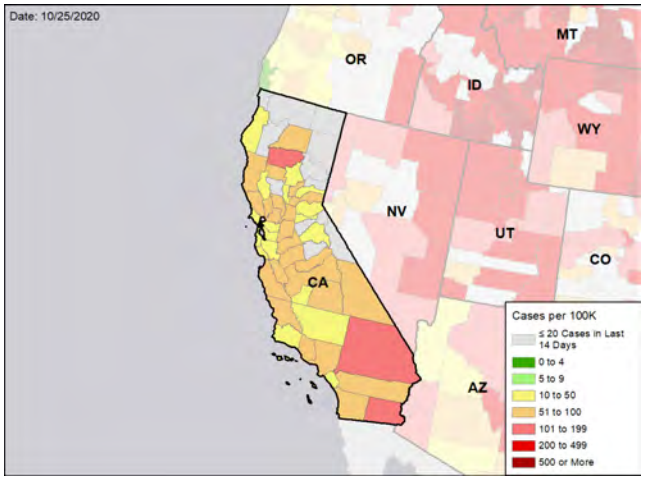
CALIFORNIA

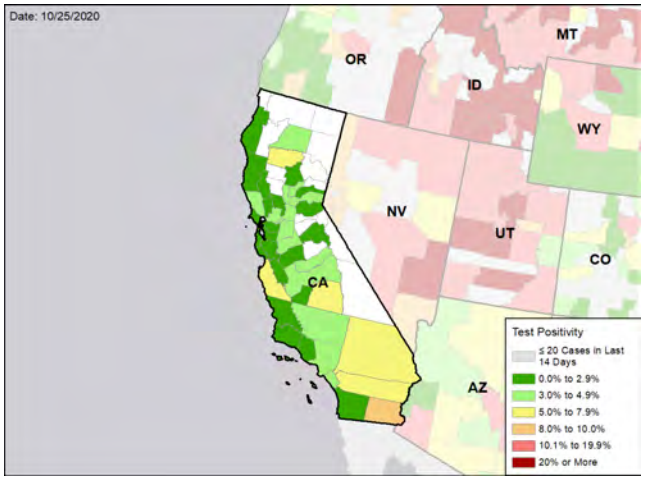
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

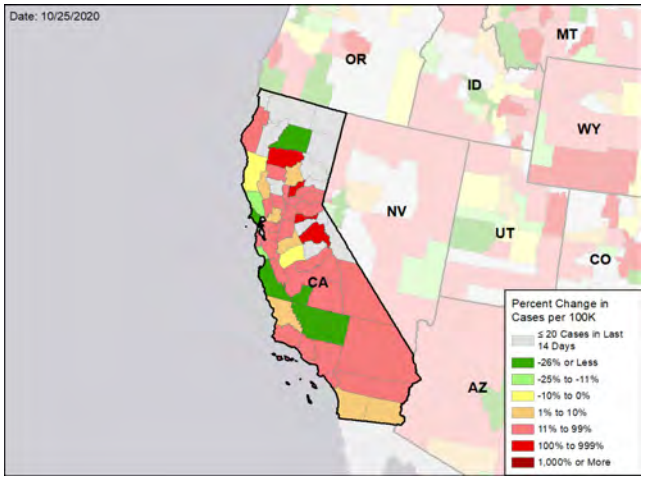
NEW CASES PER 100,000 DURING THE LAST WEEK



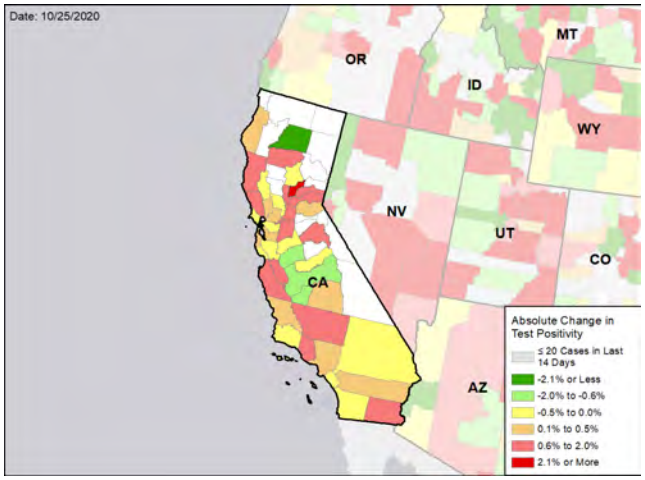
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

COLORADO

SUMMARY

- Colorado is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 24th highest rate in the country. Colorado is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 31st highest rate in the country.
- Colorado has seen an increase in new cases and an increase in test positivity over the last week.
- While absolute numbers of cases continue to be greatest in the Front Range urban centers, counties throughout the state reported increases. The following three counties had the highest number of new cases over the last 3 weeks: 1. Denver County, 2. Adams County, and 3. El Paso County. These counties represent 44.3% of new cases in Colorado. Fremont County reported additional cases in the ongoing prison-related outbreak.
- Current hospitalizations continue to increase more rapidly and are now approximately three times greater than a month ago.
- Institutions of higher education (IHE): While IHEs continue to report limited numbers of cases linked to active outbreaks, mitigation measures have limited broad scale transmission.
- 27% of all counties in Colorado have moderate or high levels of community transmission (yellow, orange, or red zones), with 5% having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 8% of nursing homes had at least one new resident COVID-19 case, 24% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Colorado had 145 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 65 to support operations activities from FEMA; 5 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; and 1 to support operations activities from USCG.
- Between Oct 17 - Oct 23, on average, 76 patients with confirmed COVID-19 and 87 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Colorado. An average of 92% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- We share the strong concern of the state leaders that the current situation is worsening and that there is a limited time window to limit further cases and avoid increases in hospitalizations and deaths. The Governor's continued guidance on these measures to support increased observation of social distancing mitigation measures by the community is critical and is commended. Given the several week upward trajectory, the ongoing planning to ensure adequate hospital capacity is commended.
- Colorado has had considerable success in limiting morbidity and mortality using the adaptive adjustment of mitigation measures in response to changes in incidence. At this point, the rapid increase in cases and test positivity in multiple counties and the severe situation in several adjoining states indicates that increasing mitigation measures should be done expeditiously to avoid falling behind the rapid spread. Proactive intensification in mitigation measures by local authorities, such as those under consideration in El Paso County, should be encouraged.
- State and local leaders should work intensely with communities to ensure a clear and shared message and continue to ask Coloradans to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. The Step Up Colorado media campaign to encourage greater adherence to prevention strategies is commended.
- Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Consider implementing increased randomized community testing to find asymptomatic infected individuals, isolate them, and trace contacts. This model has helped universities control spread in their communities. Use of rapid tests are extremely helpful in these activities.
- In red and orange counties, both public and private gatherings should be as small as possible and optimally, not extend beyond immediate family. The new guidance on gathering size is commended.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. Continue to encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces.
- The release of the new contact tracer app is commended; these apps could improve contact tracing if uptake is adequate.
- 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 | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	8,342 (145)	+26%	35,565 (290)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.7%	+0.7%*	11.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	110,140** (1,913**)	-7%**	301,890** (2,463**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	40 (0.7)	-41%	228 (1.9)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	8%	+1%*	15%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	24%	+9%*	37%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+0%*	5%	4%

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
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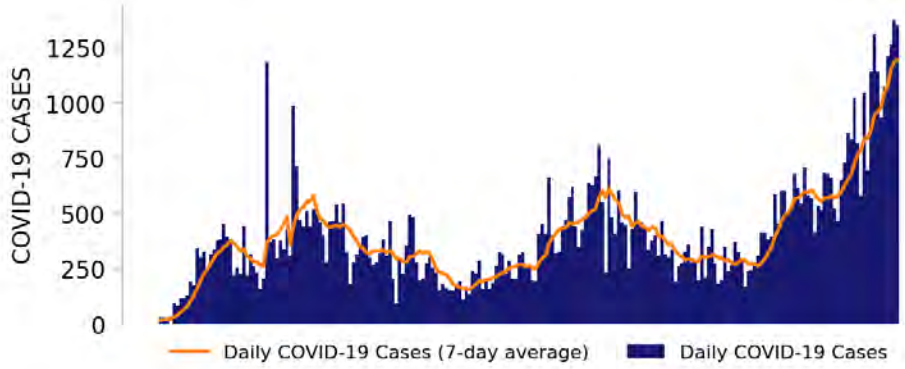
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

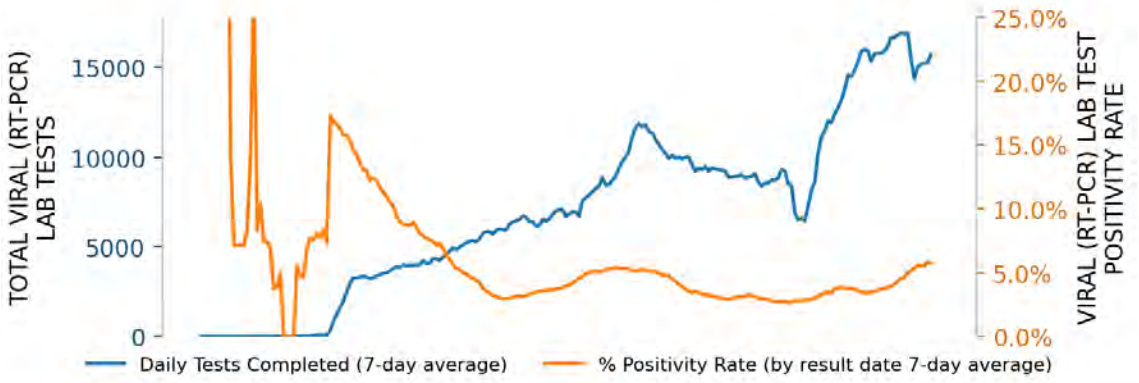
COLORADO

STATE REPORT | 10.25.2020

NEW CASES

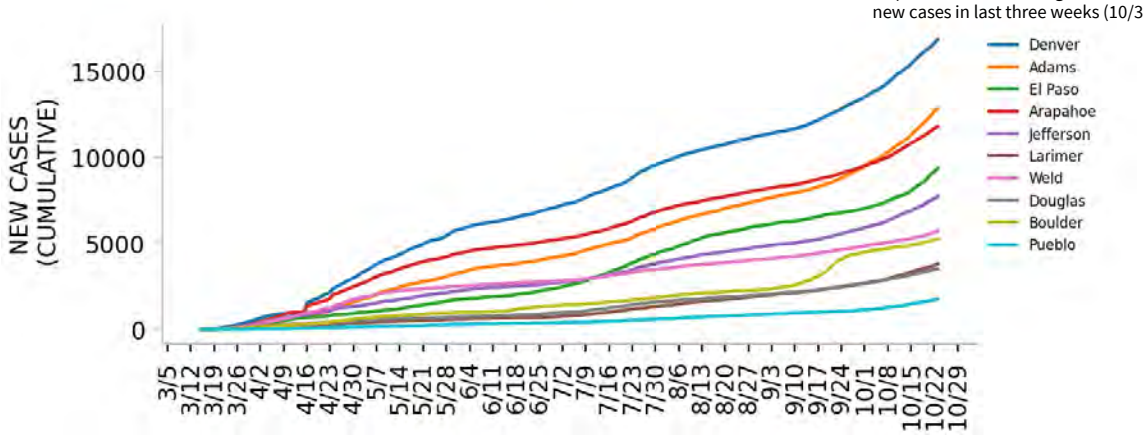


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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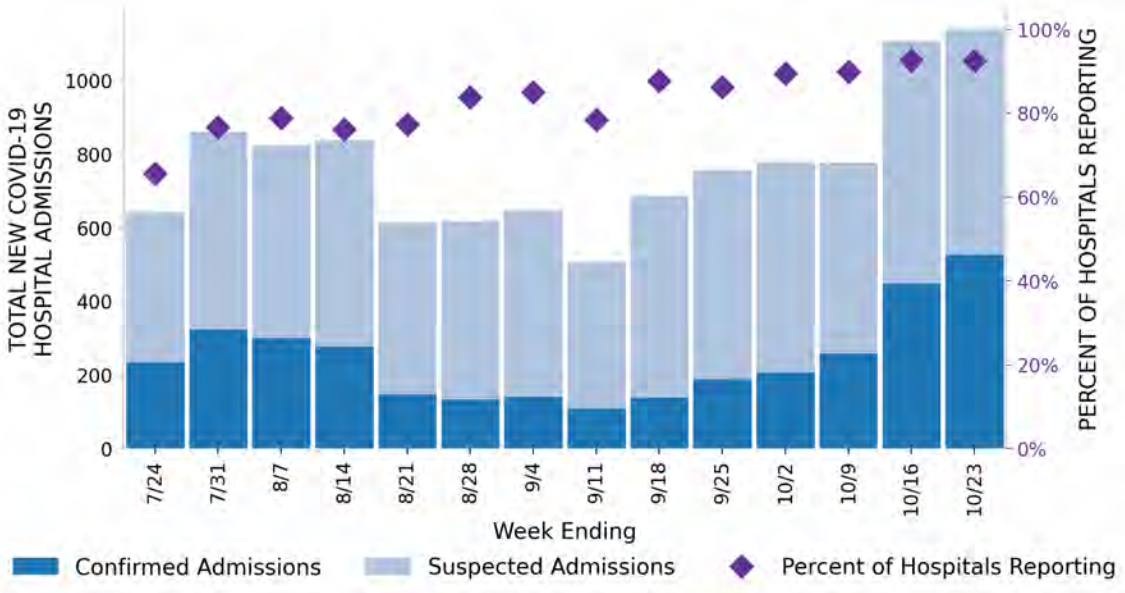
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

COLORADO

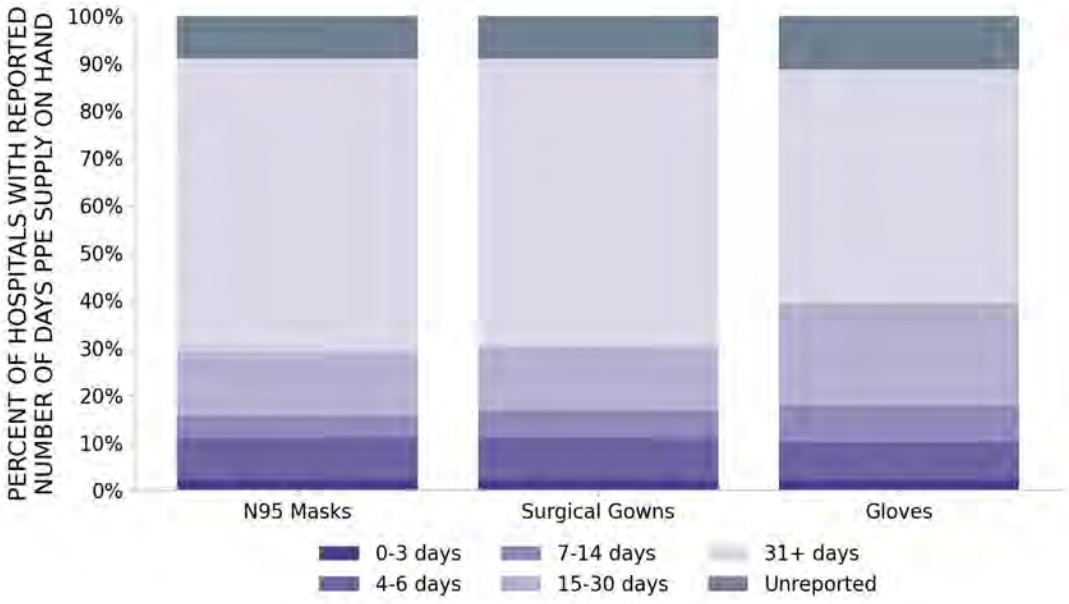
STATE REPORT | 10.25.2020

89 hospitals are expected to report in Colorado

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

COLORADO

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	3 ▲ (+3)	Adams Prowers Sedgwick
LOCALITIES IN ORANGE ZONE	1 ▲ (+1)	Breckenridge	2 ■ (+0)	Summit Grand
LOCALITIES IN YELLOW ZONE	6 ▼ (-1)	Denver-Aurora-Lakewood Colorado Springs Greeley Pueblo Sterling Montrose	12 ▲ (+2)	Denver El Paso Arapahoe Jefferson Weld Pueblo Logan Broomfield Garfield Yuma Montrose Park

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

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

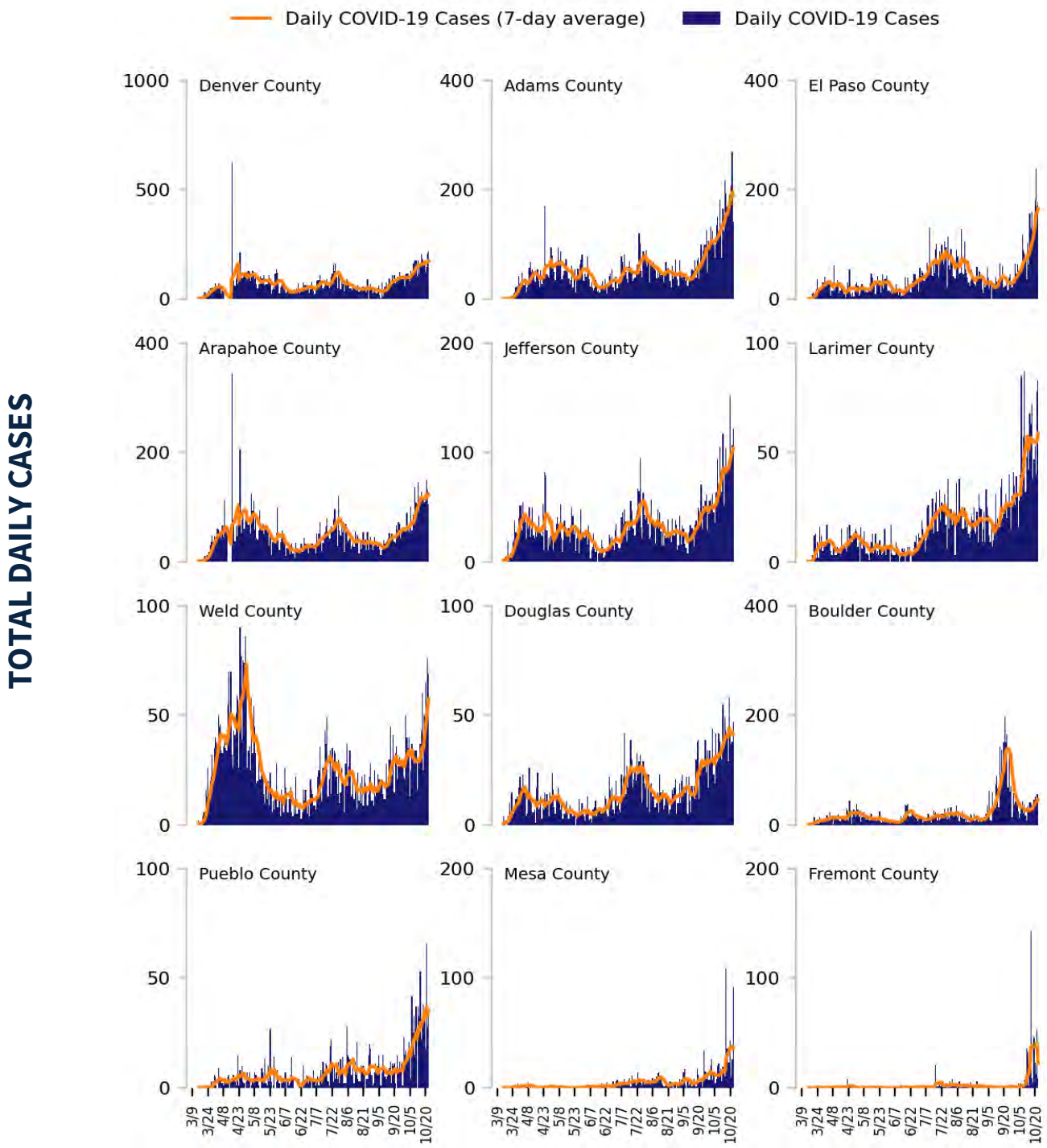
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



DATA SOURCES – Additional data details available under METHODS

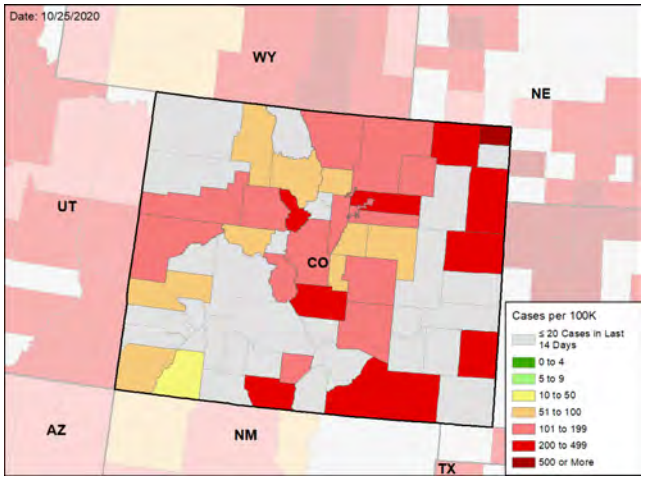
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

COLORADO

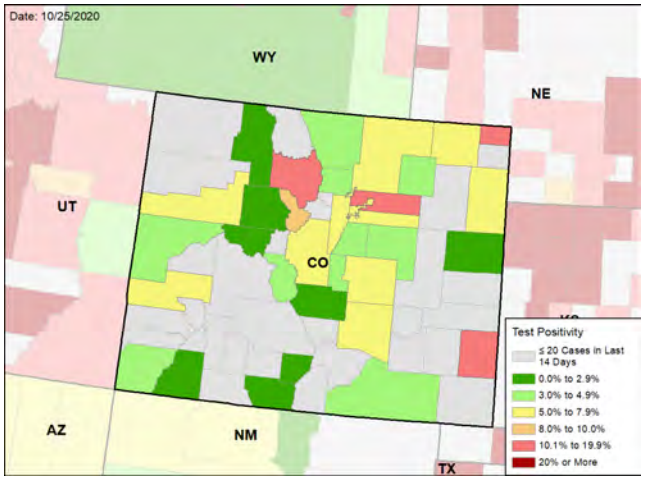
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

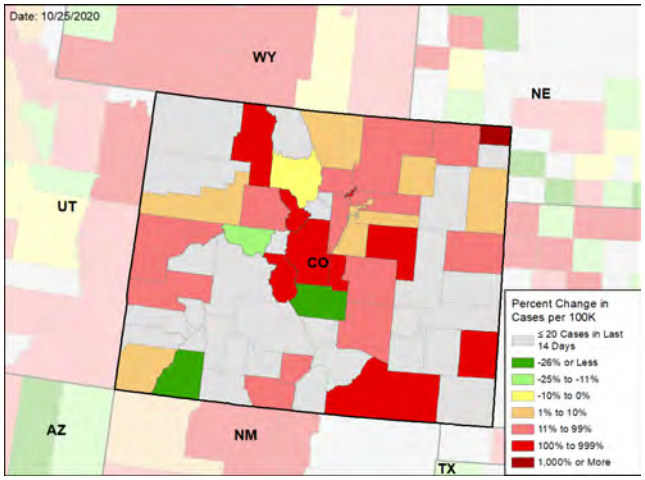
NEW CASES PER 100,000 DURING THE LAST WEEK



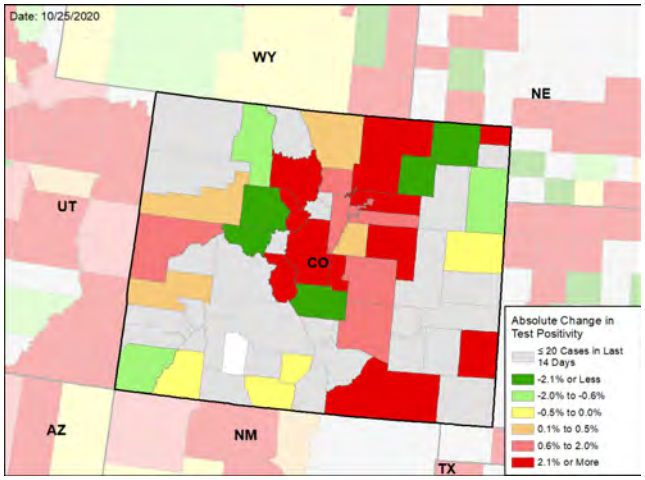
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

CONNECTICUT

SUMMARY

- Connecticut's control of the epidemic worsened modestly last week. Connecticut is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 36th highest rate in the country. Connecticut is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 42nd highest rate in the country.
- Connecticut has seen an increase in new cases and stability in test positivity over the last week. Test positivity is approximately 3% after an extended period in the summer below 1%.
- Cases continue to disproportionately affect young adults. Contact tracing indicates that increased COVID-19 cases are linked to social spread rather than institutional settings. Current hospitalizations continued to increase and are triple the level from mid-September, reaching a level last seen in June.
- Connecticut moved to phase 3 (of 4) of lower social distancing restrictions on Oct 8; bars remain closed. Although the nineteen localities on the state's red list have the option of moving to phase 2 of recovery, only Windham has done so yet. Connecticut updated its travel restrictions for visitors this week; self-quarantine is required for visitors from states on an evolving list.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Hartford County, 2. Fairfield County, and 3. New Haven County. These counties represent 70.7% of new cases in Connecticut.
- Southeastern Connecticut continued to be the most affected portion of the state, with 15 of 19 state designated red alert localities.
- Institutions of higher education: Reported active cases dropped at UConn Storrs. Newly reported cases in students from Sacred Heart and Fairfield Universities (Fairfield County) contributed to the increase in reported cases in the county.
- No counties in Connecticut have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Oct 12 - Oct 18, 6% of nursing homes had at least one new resident COVID-19 case, 14% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- Connecticut had 90 new cases per 100,000 population in the last week, compared to a national average of 133 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 Oct 17 - Oct 23, on average, 28 patients with confirmed COVID-19 and 87 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Connecticut. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- We share the concern of Connecticut leaders that the current situation is worsening and limiting further rises in avoidable cases and deaths will depend on the community increasing its observation of social distancing mitigation measures. The Governor's continued guidance on this subject is critical and is commended.
- Connecticut has had considerable success in limiting morbidity and mortality using gradated mitigation measures in response to changes in incidence. The rapid increase in cases and test positivity in multiple towns, especially in the southeast as well as the worsening situation in adjoining states, indicates that intensifying mitigation measures should be done expeditiously to avoid falling behind the rapid spread. Recommend working closely with local leaders in red counties, or the state-designated red alert communities, to move to phase 2 temporarily to blunt the upsurge associated with large numbers of newly infected and highly infectious individuals. Maintaining or increasing restrictions on indoor gathering sizes, both public and private, will help limit the superspreader events that appear to be critical to rapid epidemic spread.
- Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Consider implementing increased randomized community testing to find asymptomatic infected individuals, isolate them, and trace contacts. This model has helped universities control spread in their communities. Use of rapid tests are extremely helpful in these activities.
- State and local leaders should continue to work intensely with communities to ensure a clear and shared message and continue to ask Connecticuters to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Additional media campaigns with tailored messaging to encourage greater adherence to prevention strategies could help counteract "COVID fatigue."
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. Continue to encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces.
- Continued efforts to increase testing capacity and access are important given the increasing numbers of cases across the region.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

CONNECTICUT

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,222 (90)	+15%	12,176 (82)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.0%	+0.2%*	1.6%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	30,554** (857**)	-47%**	627,161** (4,225**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	35 (1.0)	+192%	195 (1.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	6%	+2%*	5%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	14%	-3%*	10%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	2%	4%

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

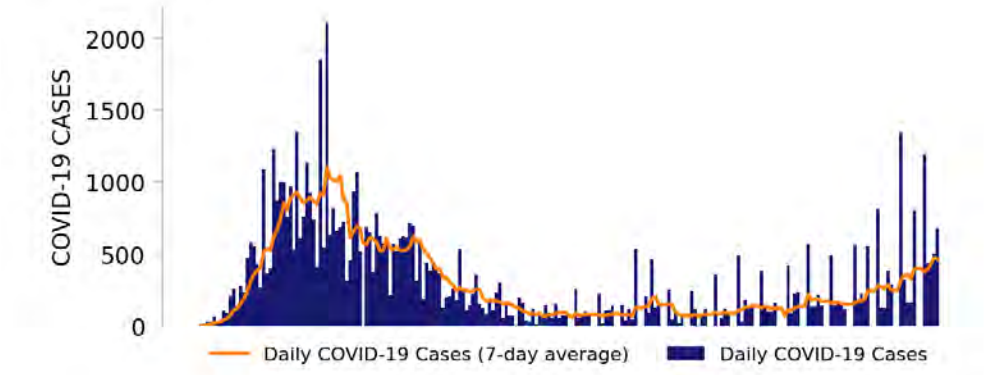
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

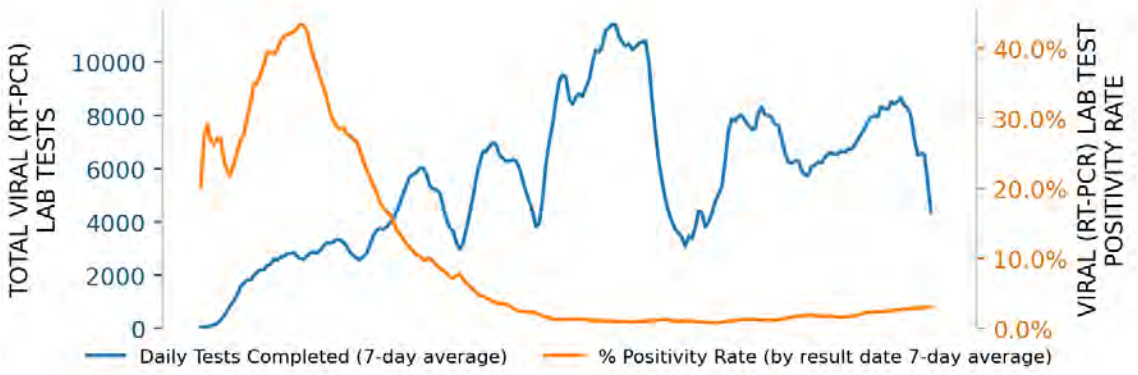
CONNECTICUT

STATE REPORT | 10.25.2020

NEW CASES

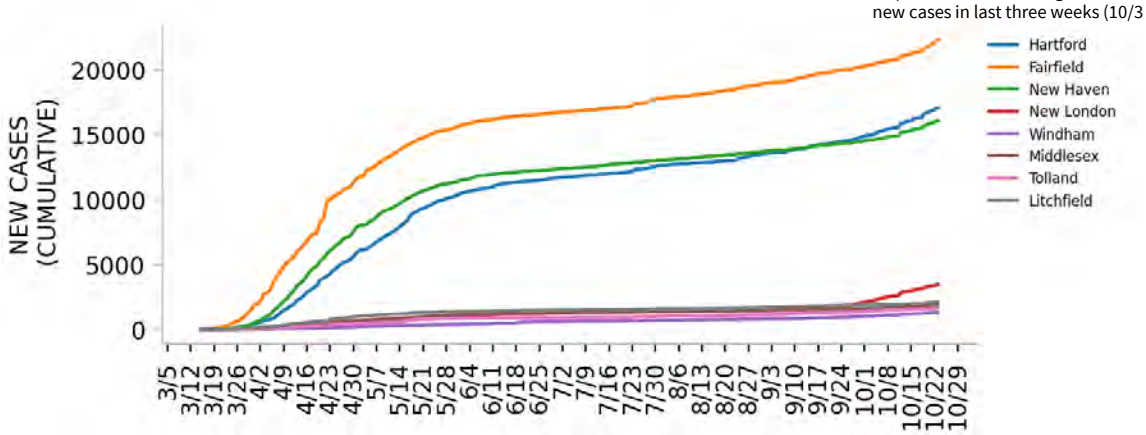


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

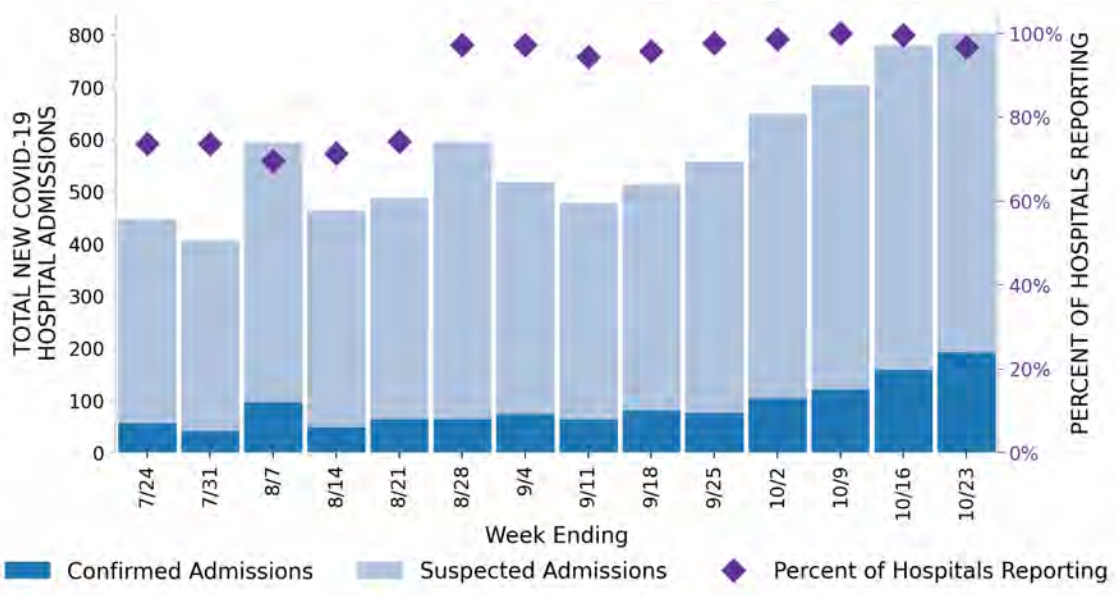
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

CONNECTICUT

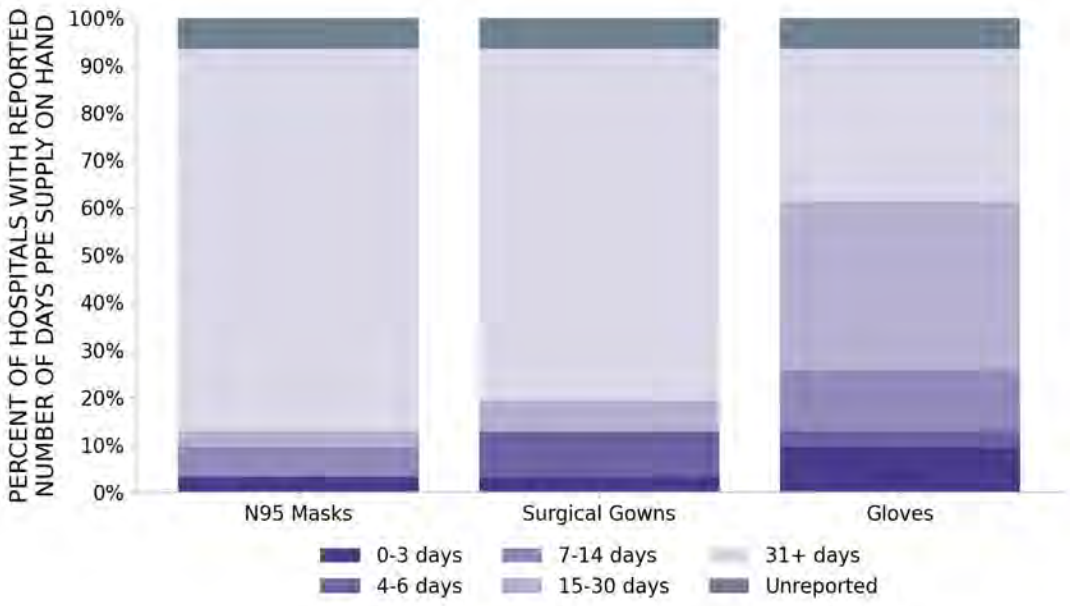
STATE REPORT | 10.25.2020

31 hospitals are expected to report in Connecticut

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

CONNECTICUT

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+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

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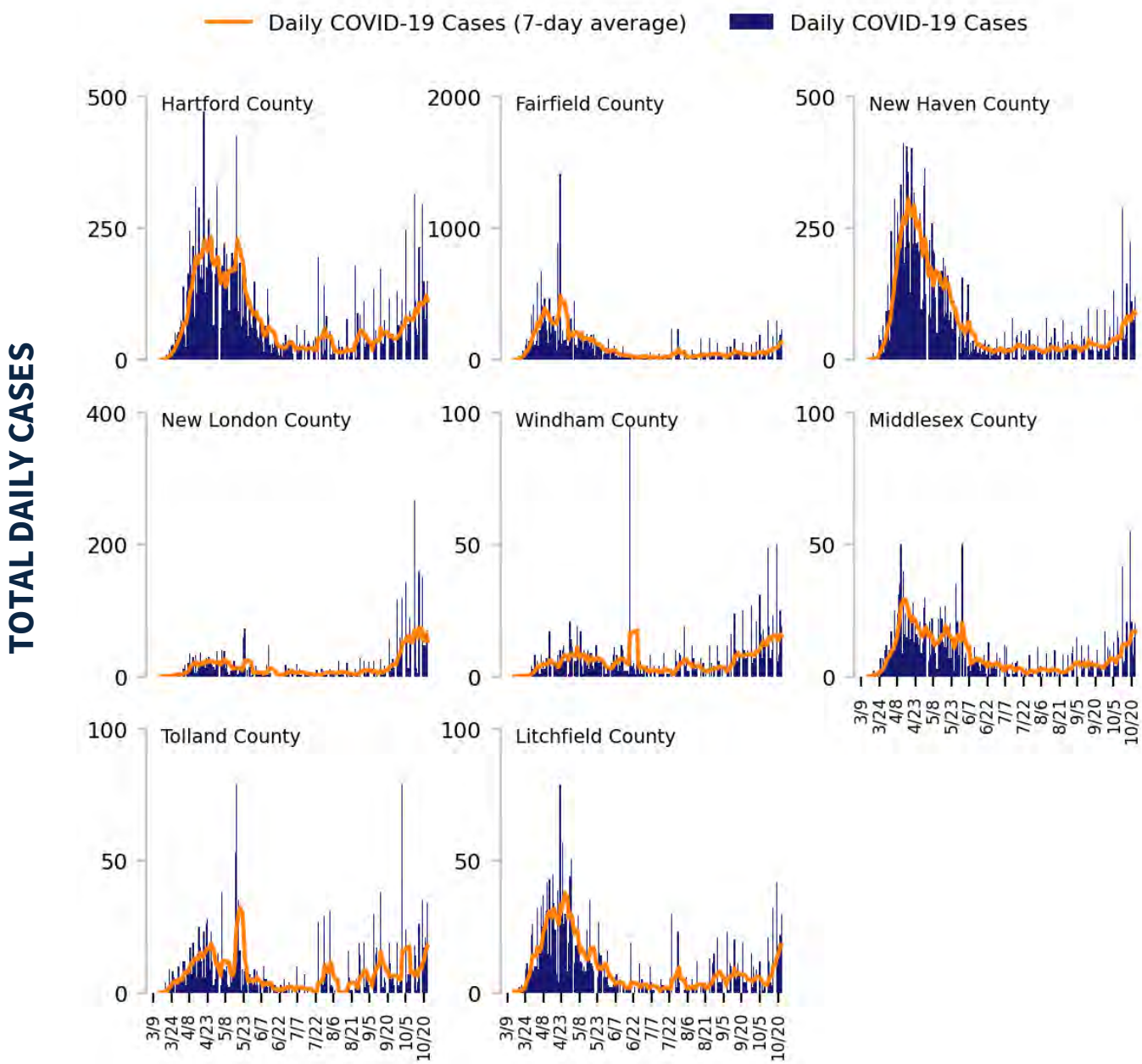
Top 12 counties based on number of new cases in the last 3 weeks



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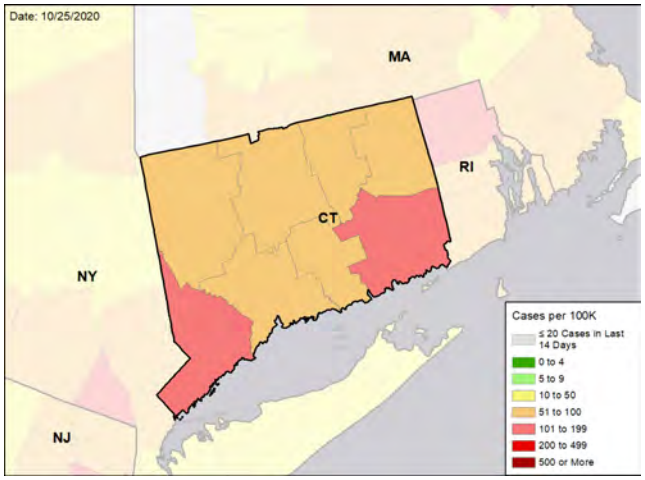
CONNECTICUT

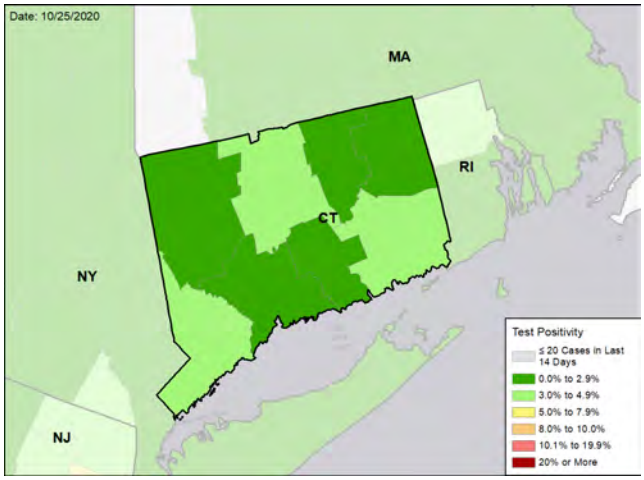
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

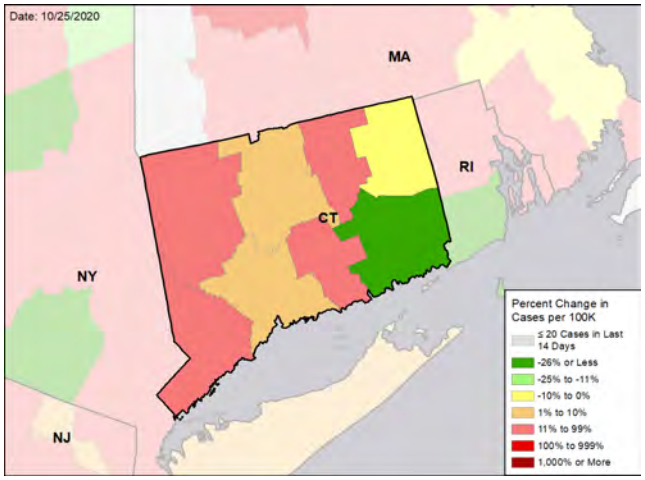
NEW CASES PER 100,000 DURING THE LAST WEEK



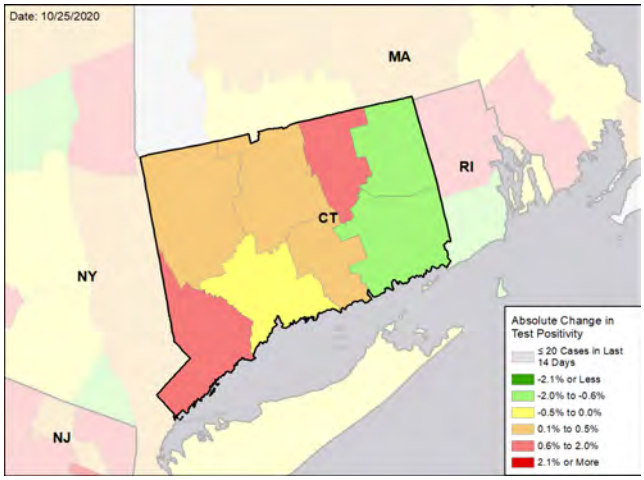
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

DELAWARE

SUMMARY

- Delaware's control of the epidemic remains vulnerable with modest, gradual worsening over the last several weeks. Delaware is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 33rd highest rate in the country. Delaware is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 44th highest rate in the country.
- Delaware has seen stability in new cases and stability in test positivity over the last week.
- Cases disproportionately affect young adults (20-35 years) contracting the virus from social and family gatherings. Outbreaks in long-term care facilities (LTCFs) continue, with additional cases reported in four ongoing outbreaks and an increased proportion of LTCF reporting a staff member having COVID-19.
- Hospitalizations remained similar to the previous week at more than 100.
- Institutions of higher education (IHE): UD reported 39 cases in the week of Oct 18, an increase over the previous two weeks but significantly lower cases than following the reopening of school.
- No counties in Delaware have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Oct 12 - Oct 18, 13% of nursing homes had at least one new resident COVID-19 case, 44% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Delaware had 100 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 6 to support operations activities from FEMA.
- Between Oct 17 - Oct 23, on average, 13 patients with confirmed COVID-19 and 28 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Delaware. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Recommendations largely continue from last week.
- Delaware remains at an important inflection point. Although cases have been stable for the last weeks after extensive increases driven by transmission among younger adults, other states in similar situations have gone on to sustained increases in cases affecting all age groups with increased hospitalizations and deaths. Delaware's hospitalizations increased in parallel to cases and remain elevated. Delaware's ability to limit further cases and avoid increases in hospitalizations and deaths will depend on increased observation of social distancing mitigation measures by the community until cases decline.
- Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Consider implementing increased randomized community testing to find asymptomatic infected individuals, isolate them, and trace contacts. This model has helped universities control spread in their communities. Use of rapid tests are extremely helpful in these activities.
- Delaware has had considerable success in limiting morbidity and mortality using gradated mitigation measures. Community leaders should continue to weigh how to most effectively mitigate increasing cases while maximizing economic activity based on the evidence from these investigations. Maintaining or increasing restrictions on indoor gathering sizes, both public and private, will help limit the superspreader events that appear to be critical to rapid epidemic spread.
- State and local leaders should work intensely with communities to ensure a clear and shared message and continue to ask Delawareans to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. With multiple holidays approaching, emphasize the need to help protect individuals and their families, friends, and communities from COVID-19 during holiday celebrations.
- In red and orange counties, or state-designated high incidence communities, both public and private gatherings should be as small as possible and optimally, not extend beyond immediate family.
- Continue testing programs in long-term care facilities, with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Infection Prevention and Control Assessments should be conducted in all LTCFs if not already completed.
- Analyze surveillance data to improve race and ethnicity case reporting.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

DELAWARE

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	970 (100)	+8%	26,158 (85)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.9%	+0.3%*	4.7%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	25,489** (2,618**)	-26%**	608,658** (1,973**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	16 (1.6)	+45%	386 (1.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	13%	+1%*	9%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	44%	+17%*	19%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	-2%*	3%	4%

* 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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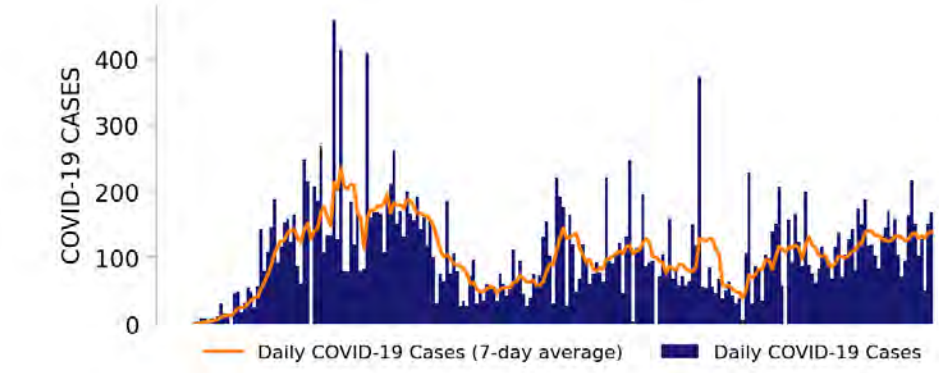
DELAWARE

STATE REPORT | 10.25.2020

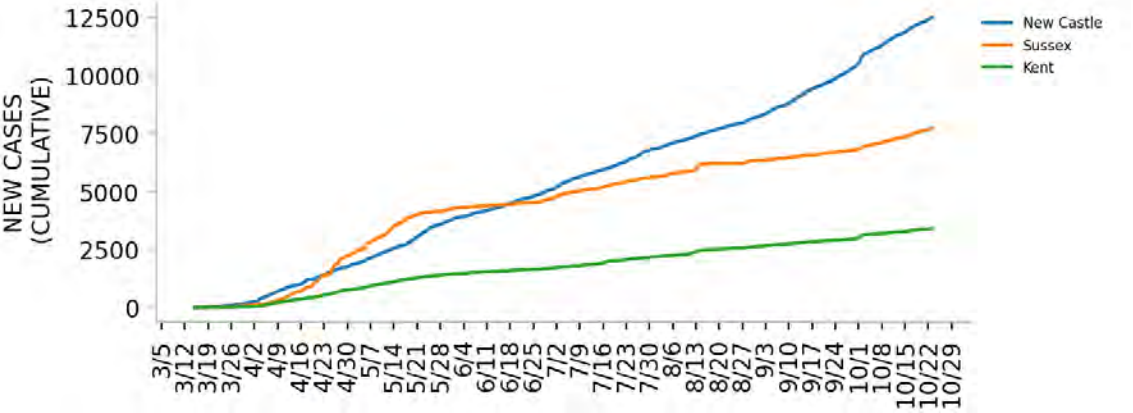
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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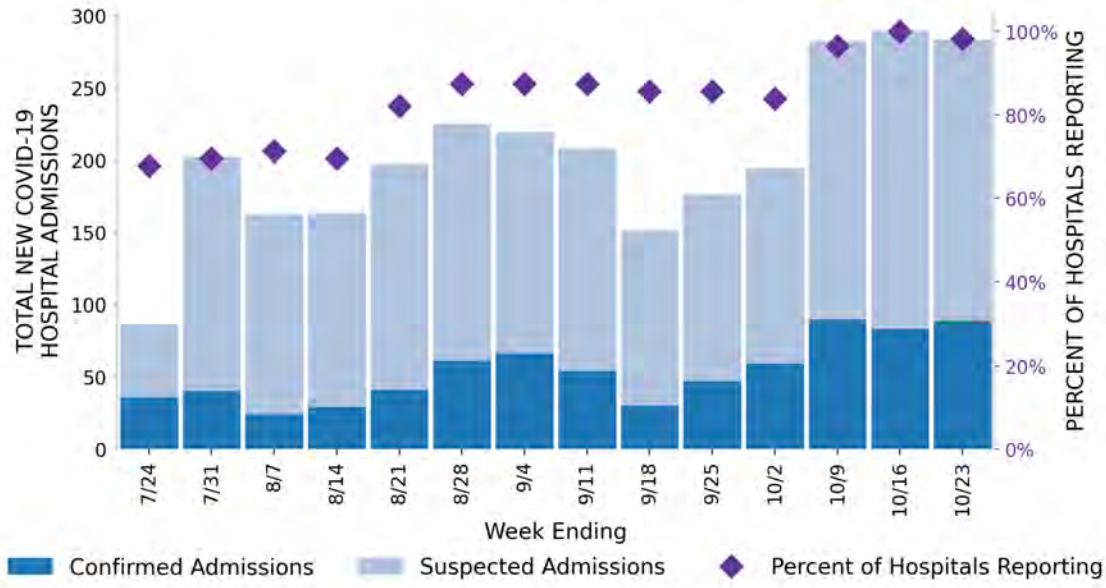
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

DELAWARE

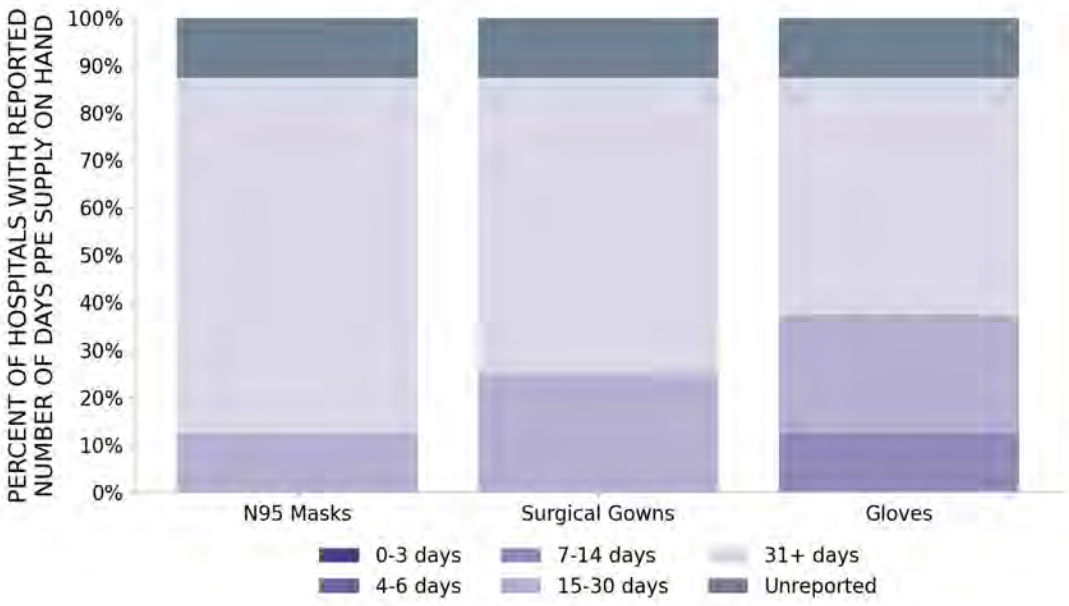
STATE REPORT | 10.25.2020

8 hospitals are expected to report in Delaware

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

DELAWARE

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+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.**

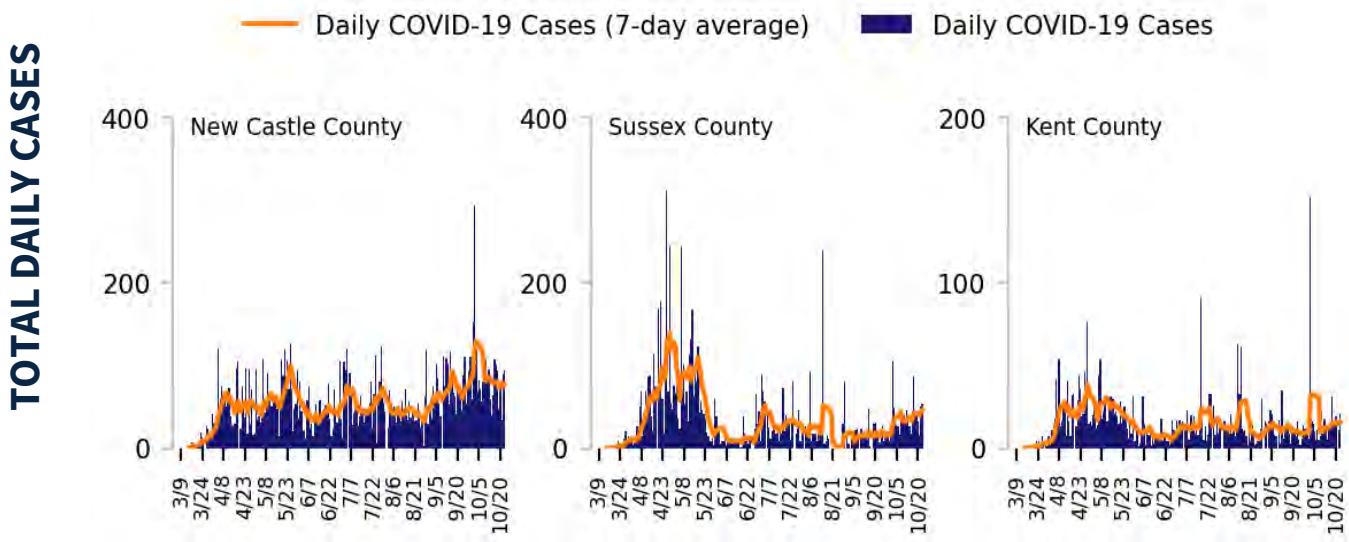
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



DATA SOURCES – Additional data details available under METHODS

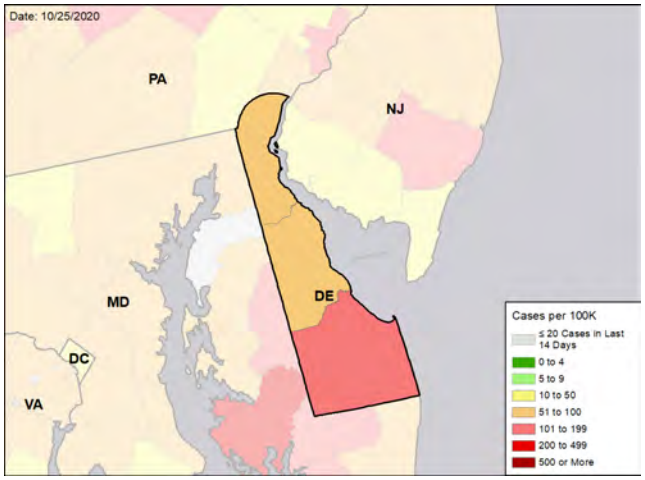
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

DELAWARE

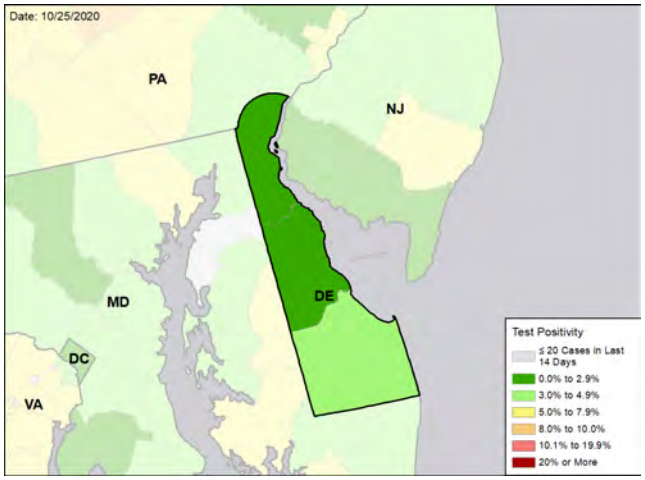
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

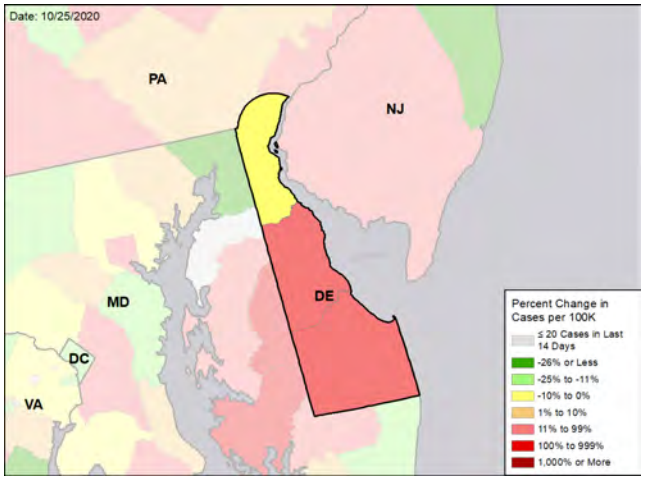
NEW CASES PER 100,000 DURING THE LAST WEEK



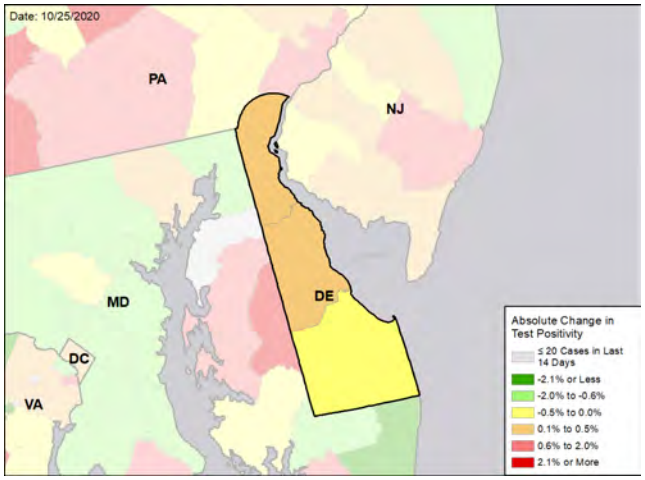
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

THE DISTRICT OF COLUMBIA

SUMMARY

- The District of Columbia is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the 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 a decrease in new cases and stability in test positivity over the last week.
- DC Health reported that it was able to complete a contact tracing interview within three days of a positive test for more than 70% of new cases throughout October, nearing its goal of more than 80%. Data from contacts indicated decreased observation of social distancing.
- Institutions of higher education (IHE): American, Georgetown, George Washington, and Howard Universities are primarily online.
- The District of Columbia does not have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Oct 12 - Oct 18, 6% of nursing homes had at least one new resident COVID-19 case, 35% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- The District of Columbia had 50 new cases per 100,000 population in the last week, compared to a national average of 133 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 and 1 to support epidemiology activities from CDC.
- Between Oct 17 - Oct 23, on average, 10 patients with confirmed COVID-19 and 74 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in the District of Columbia. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Continue to use testing and case investigations strategically to identify and mitigate transmission venues. Careful testing and case investigations should be conducted to identify any early signs of transmission at business or community venues. Use of rapid tests can be extremely helpful in doing this.
- As shown in the contact investigations, community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With weather conditions increasingly forcing activities indoors, recommend increased targeted messages and recommendations on safety measures to follow to prevent spread of COVID-19 at home gatherings, especially given the element of "prevention fatigue."
- Recommend analysis of data to determine factors contributing to the District's large ratio of probable to confirmed COVID hospital admissions.
- The District of Columbia's continued high rate of testing is commended.
- The District has had considerable success in limiting morbidity and mortality using gradated mitigation measures. Community leaders should continue to weigh how to most effectively mitigate increasing cases while maximizing economic activity based on the evidence from these investigations. Maintaining or increasing restrictions on indoor gathering sizes, both public and private, will help limit the superspreader events that appear to be critical to rapid epidemic spread.
- District leaders should work intensely with communities to ensure a clear and shared message and continue to ask District residents to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. With multiple holidays approaching, emphasize the need to help protect individuals and their families, friends, and communities from COVID-19 during holiday celebrations.
- In high incidence areas of the District, both public and private gatherings should be as small as possible and optimally, not extend beyond immediate family.
- Given ongoing risk from political events or demonstrations that bring in thousands of visitors from multiple states, continue to work with event organizers to ensure social distancing and personal protective measures and recommend that participants in these activities be tested, especially following events where measures were not consistently followed.
- 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 | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	354 (50)	-14%	26,158 (85)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.4%	+0.1%*	4.7%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	33,950** (4,810**)	-12%**	608,658** (1,973**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	1 (0.1)	-86%	386 (1.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	6%	+0%*	9%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	35%	-6%*	19%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*	3%	4%

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

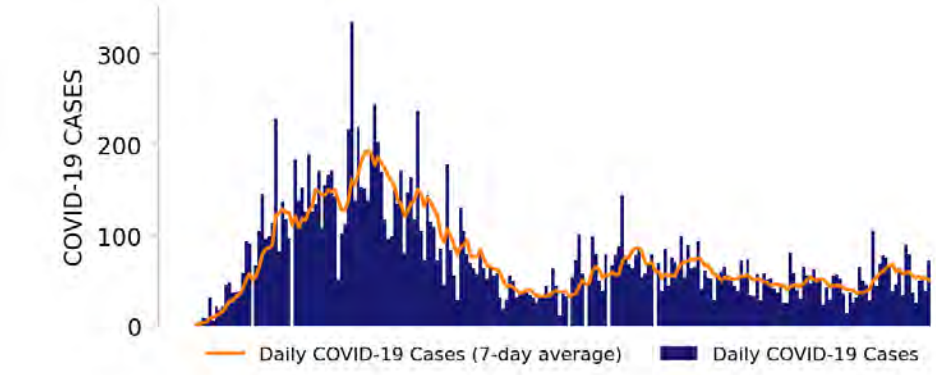
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

THE DISTRICT OF COLUMBIA

STATE REPORT | 10.25.2020

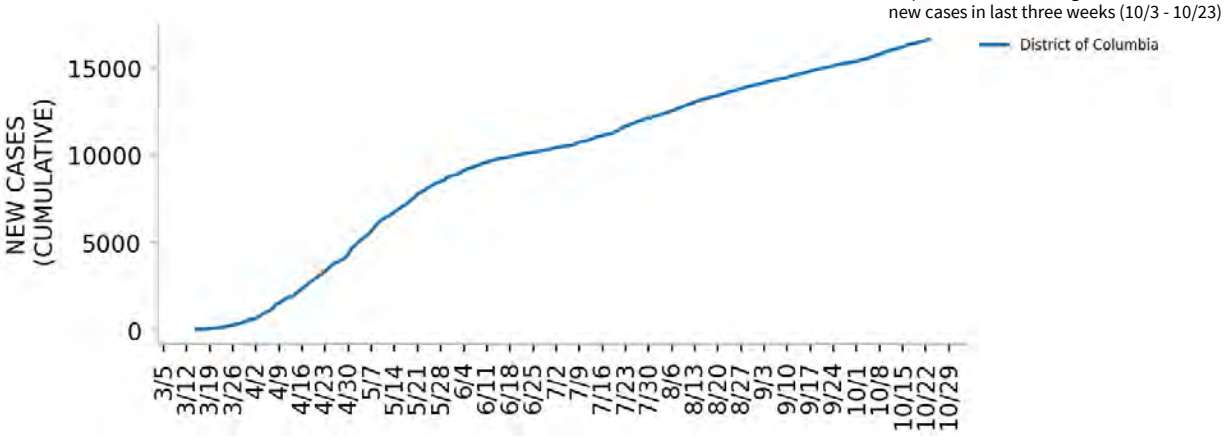
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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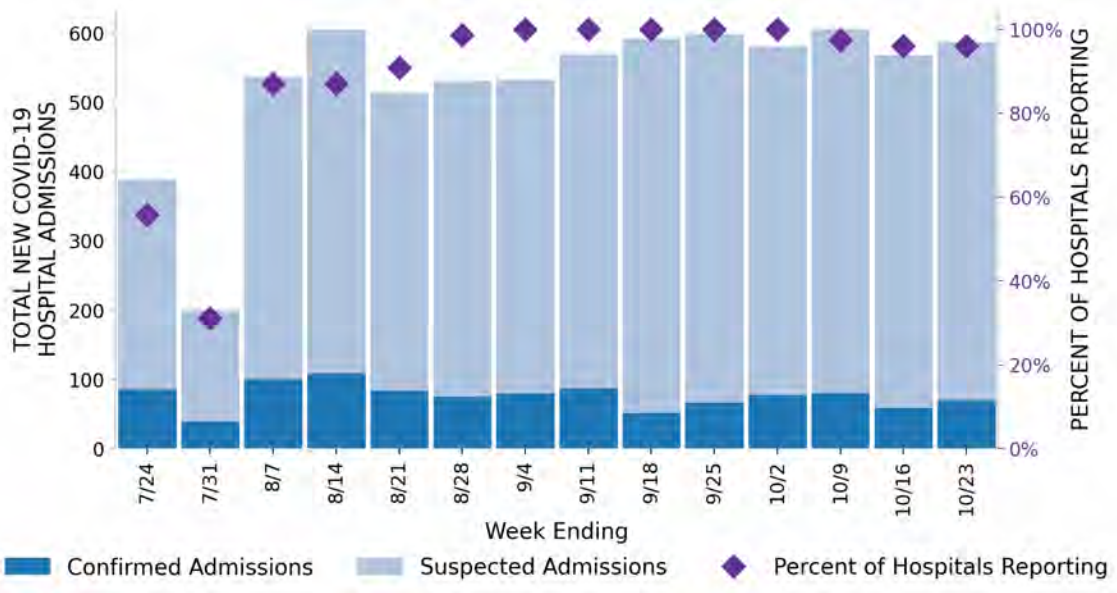
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

THE DISTRICT OF COLUMBIA

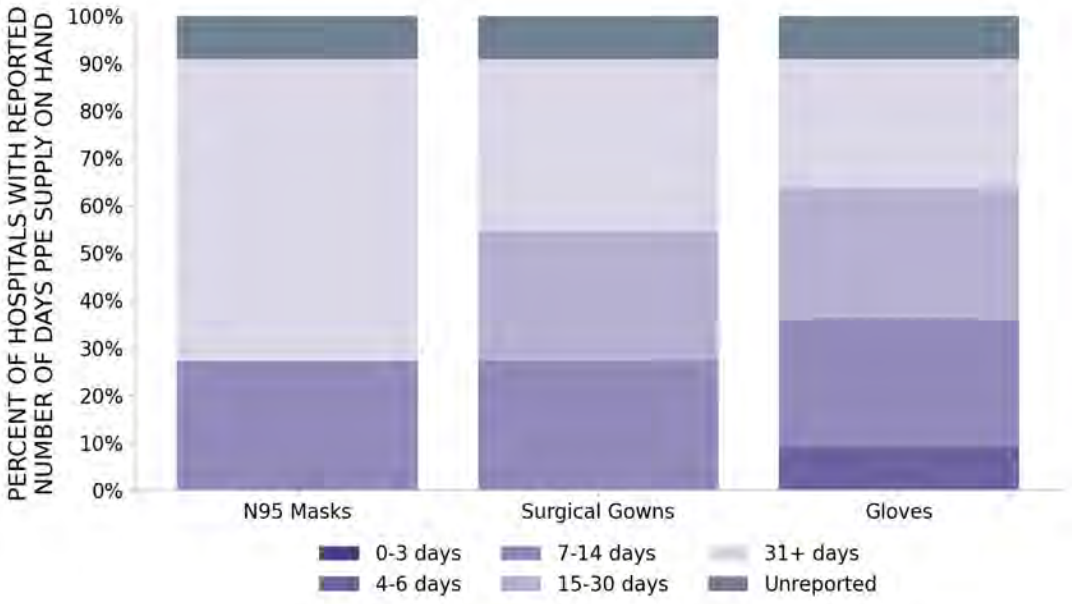
STATE REPORT | 10.25.2020

11 hospitals are expected to report in the District of Columbia

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

THE DISTRICT OF COLUMBIA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+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.

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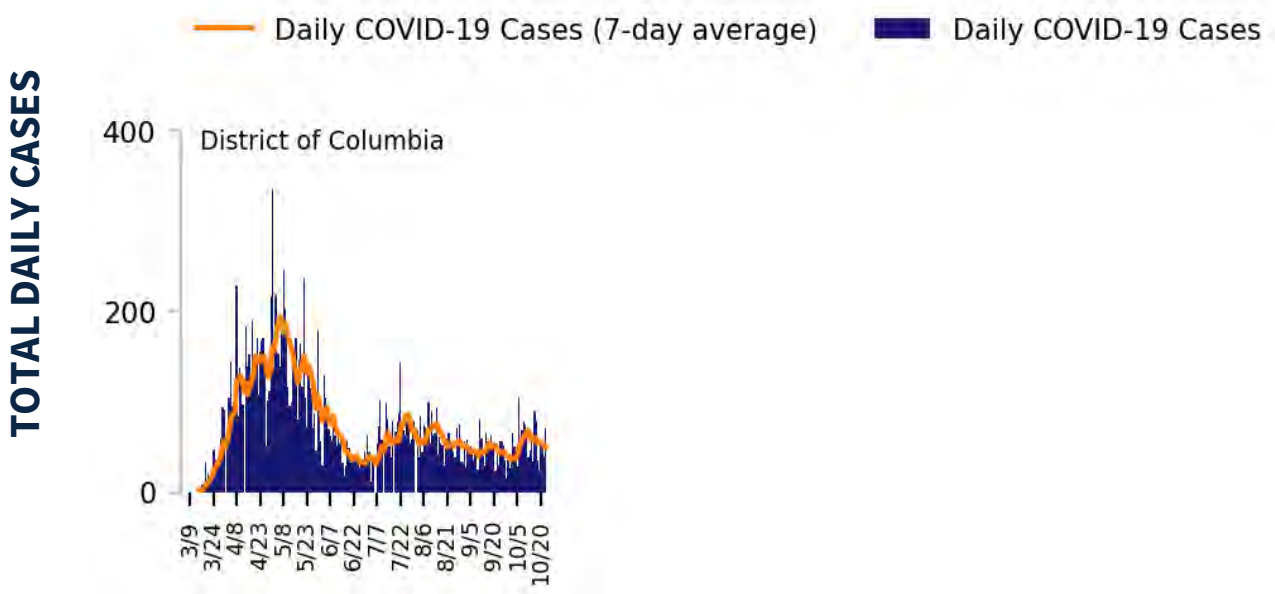
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES – Additional data details available under METHODS

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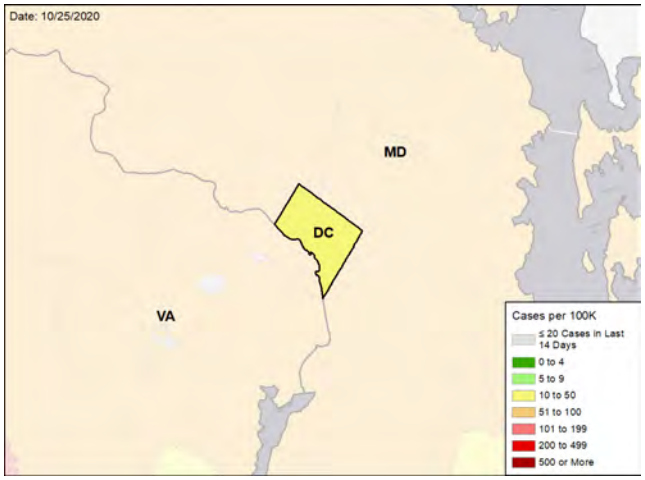
THE DISTRICT OF COLUMBIA

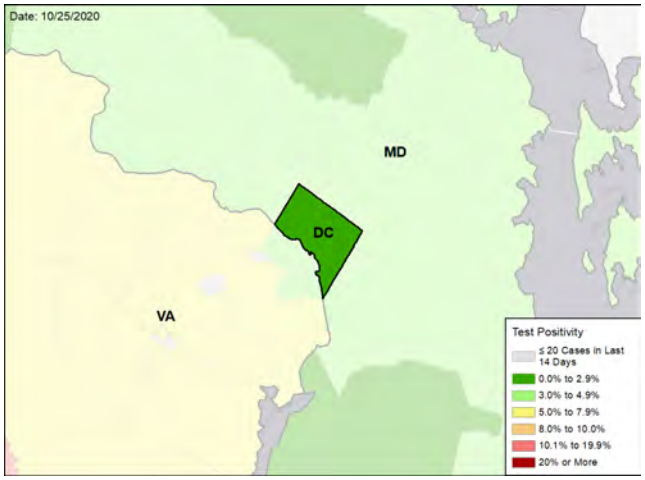
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

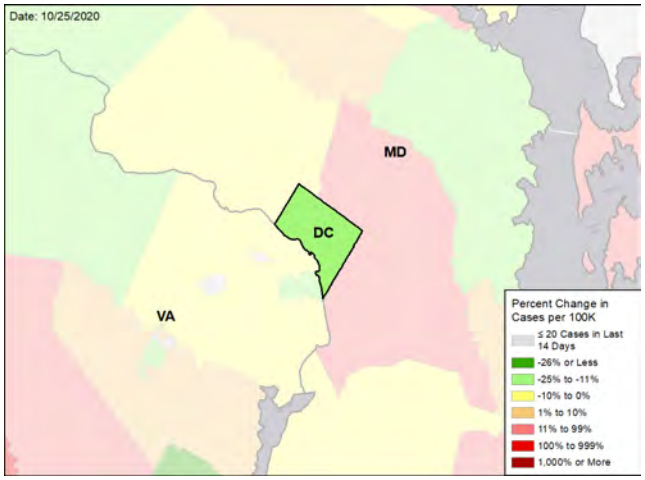
NEW CASES PER 100,000 DURING THE LAST WEEK



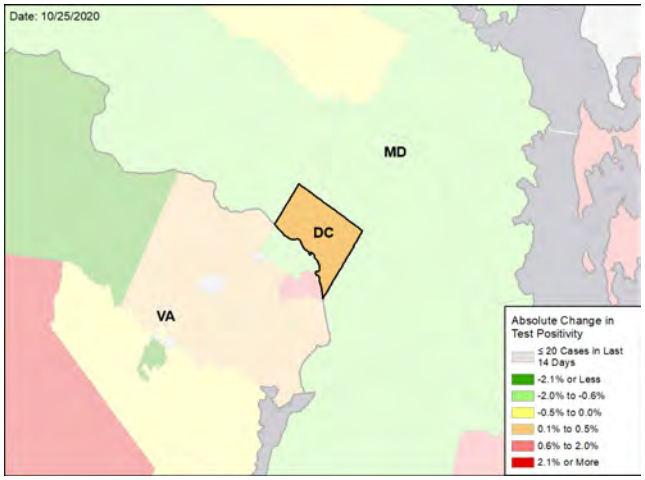
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

FLORIDA

SUMMARY

- Florida is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 31st highest rate in the country. Florida is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 33rd highest rate in the country.
- Florida has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Miami-Dade County, 2. Broward County, and 3. Hillsborough County. These counties represent 31.1% of new cases in Florida.
- 57% of all counties in Florida have moderate or high levels of community transmission (yellow, orange, or red zones), with 7% having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 11% of nursing homes had at least one new resident COVID-19 case, 26% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Florida had 109 new cases per 100,000 population in the last week, compared to a national average of 133 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 Oct 17 - Oct 23, on average, 281 patients with confirmed COVID-19 and 347 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Florida. An average of 94% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- The timeseries of maps at the back of your packet shows early signs of deterioration in the Sunbelt, including Florida, as mitigation efforts were decreased over the last month.
- There continues to be an increase in COVID-19 cases, a slight increase in test positivity, and no decline in week over week new hospital admissions. These, taken with the continued increase in percent of long-term care facilities with a positive staff member, suggest the early signals of expanding community spread that should be immediately addressed.
- Florida should immediately expand mitigation in the counties with rising cases and any increase in daily hospitalizations. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations.
- Ensure all K-12 schools are following CDC guidelines, including for mask usage, and are utilizing the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread to further increase mitigation efforts.
- Encourage university students to continue their mitigation behaviors to ensure no further outbreaks on or off campus as symptomatic cases and cases identified through surveillance testing continue to decline. Ensure all students are aware of the potential for viral spread during Halloween gatherings.
- Encourage outdoor activities and ensure mask and physical distancing messages for all Florida residents, both in public and private spaces to prevent household spread.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among community college students; K-12 teachers; students over 18; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen test results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests. This will give you clear insight into degree of community spread and the ability to stop this early, silent spread, as seen from the continued high level of nursing home staff positivity.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- 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 | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	23,343 (109)	+20%	90,091 (135)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.5%	+0.1%*	6.9%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	376,582** (1,753**)	+2%**	1,017,322** (1,520**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	509 (2.4)	-21%	1,543 (2.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	11%	+0%*	15%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	26%	+3%*	29%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	-1%*	5%	4%

* 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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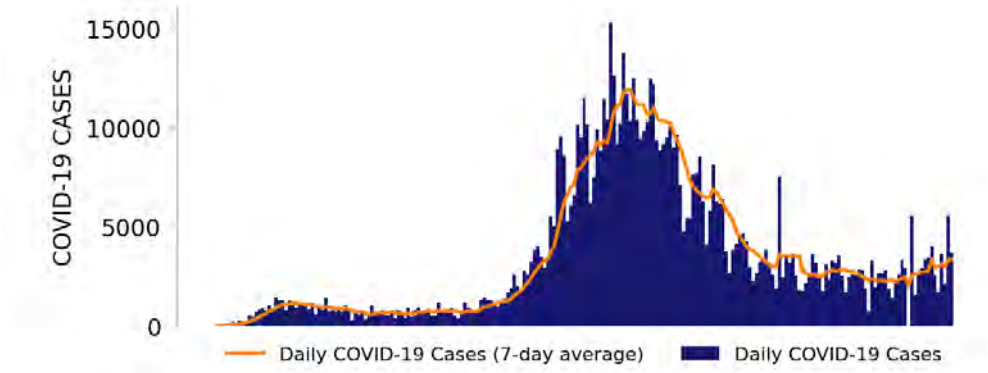
FLORIDA

STATE REPORT | 10.25.2020

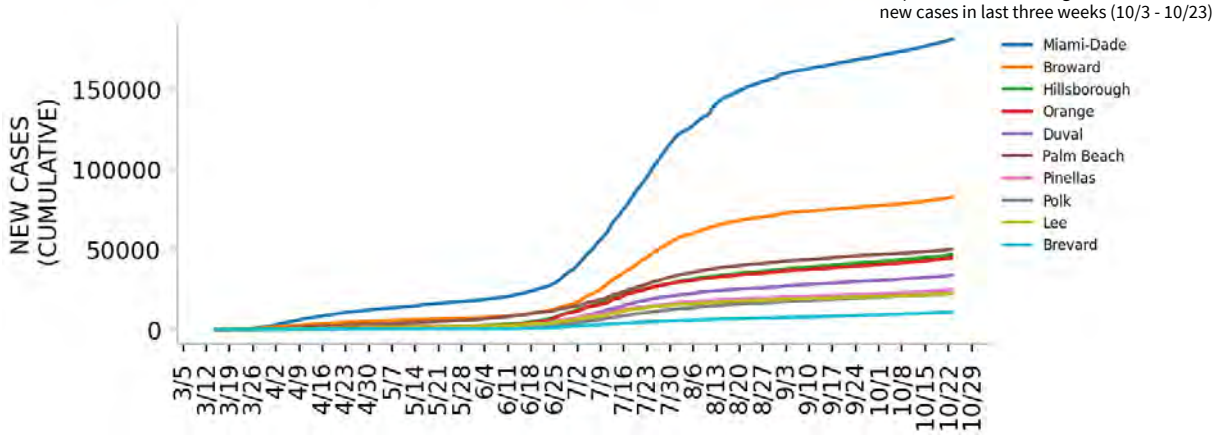
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

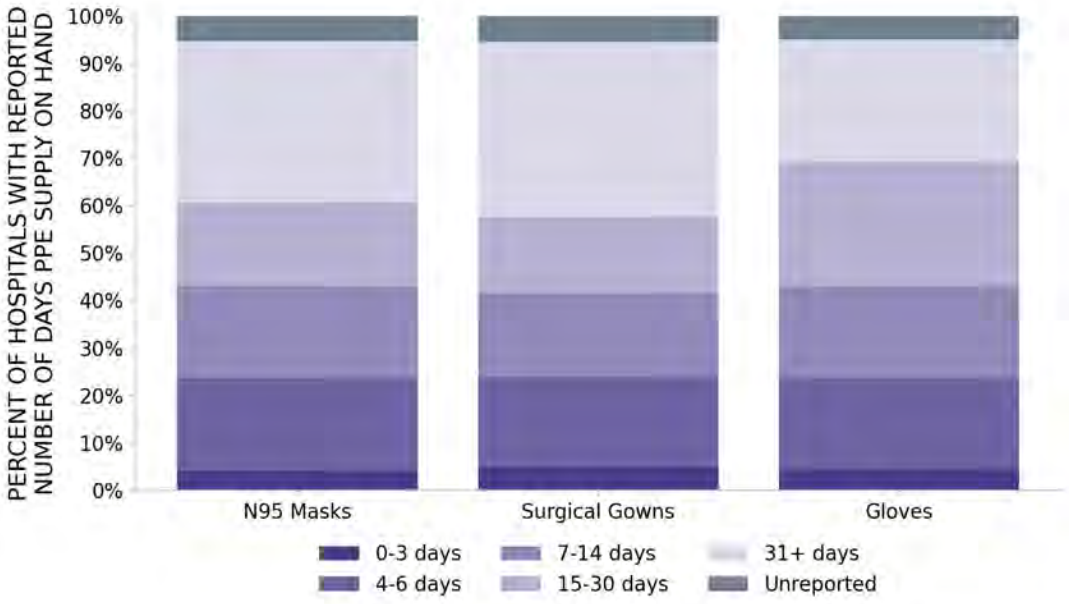
FLORIDA

STATE REPORT | 10.25.2020

224 hospitals are expected to report in Florida

HOSPITAL ADMISSIONS

HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

FLORIDA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	1 ■ (+0)	Wauchula	5 ▲ (+1)	Hardee Union Franklin Gilchrist Jefferson
LOCALITIES IN ORANGE ZONE	0 ▼ (-1)	N/A	2 ▼ (-4)	Baker Taylor
LOCALITIES IN YELLOW ZONE	17 ▲ (+5)	Miami-Fort Lauderdale-Pompano Beach Tampa-St. Petersburg-Clearwater Orlando-Kissimmee-Sanford Jacksonville Lakeland-Winter Haven Cape Coral-Fort Myers Gainesville Deltona-Daytona Beach-Ormond Beach Crestview-Fort Walton Beach-Destin Naples-Marco Island Ocala Lake City	31 ▲ (+5)	Miami-Dade Broward Hillsborough Orange Duval Pinellas Polk Lee Alachua Manatee Collier Osceola

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

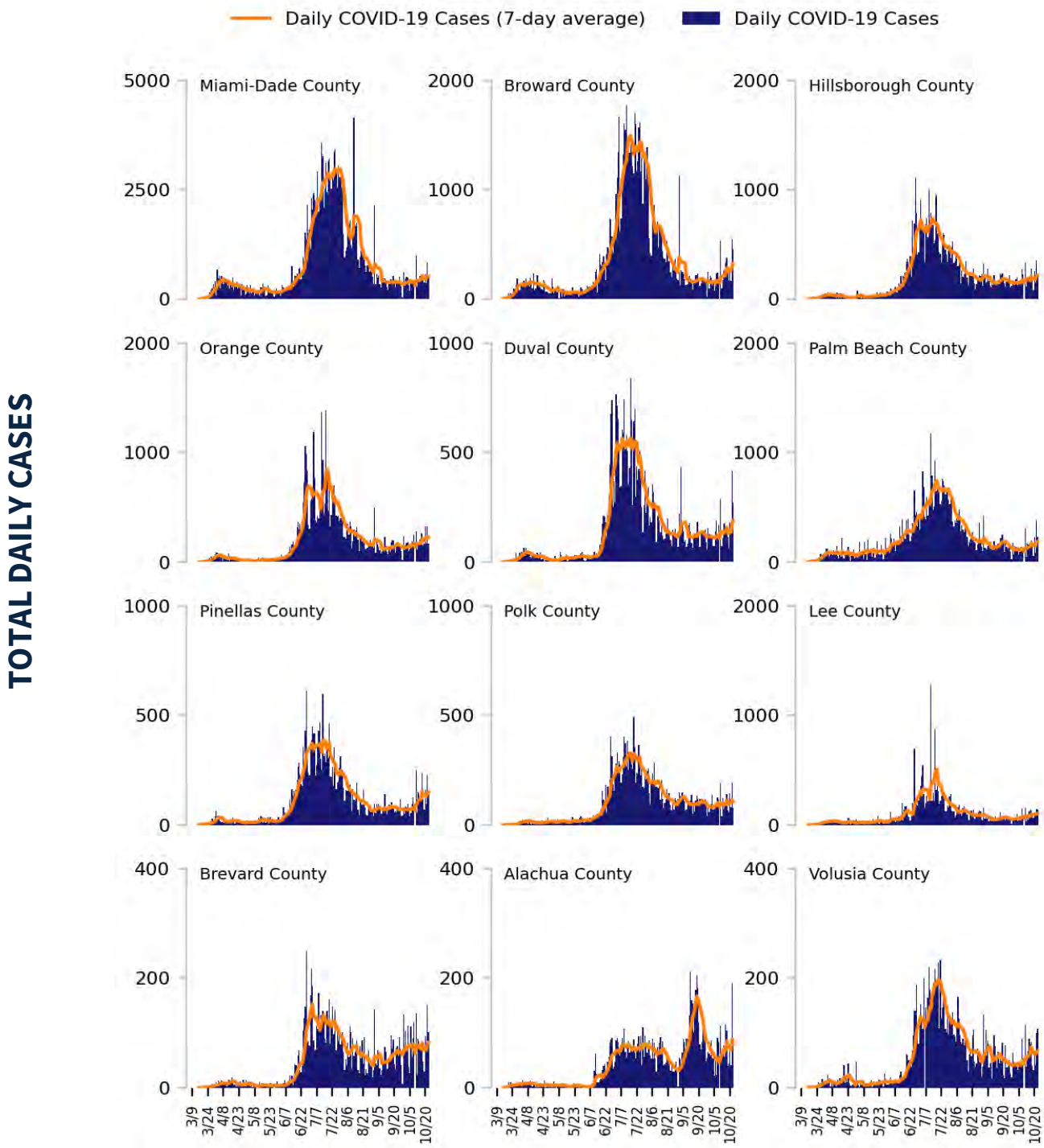
All Yellow CBSAs: Miami-Fort Lauderdale-Pompano Beach, Tampa-St. Petersburg-Clearwater, Orlando-Kissimmee-Sanford, Jacksonville, Lakeland-Winter Haven, Cape Coral-Fort Myers, Gainesville, Deltona-Daytona Beach-Ormond Beach, Crestview-Fort Walton Beach-Destin, Naples-Marco Island, Ocala, Lake City, Sebring-Avon Park, Key West, Palatka, Clewiston, Arcadia

All Yellow Counties: Miami-Dade, Broward, Hillsborough, Orange, Duval, Pinellas, Polk, Lee, Alachua, Manatee, Collier, Osceola, Okaloosa, Marion, St. Johns, Clay, Santa Rosa, Hernando, Walton, Columbia, Highlands, Monroe, Flagler, Putnam, Hendry, Bradford, Calhoun, DeSoto, Gulf, Lafayette, Liberty

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



DATA SOURCES – Additional data details available under METHODS

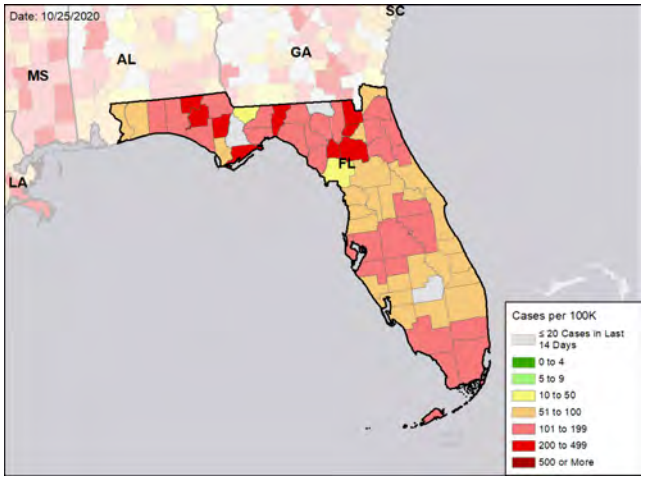
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

FLORIDA

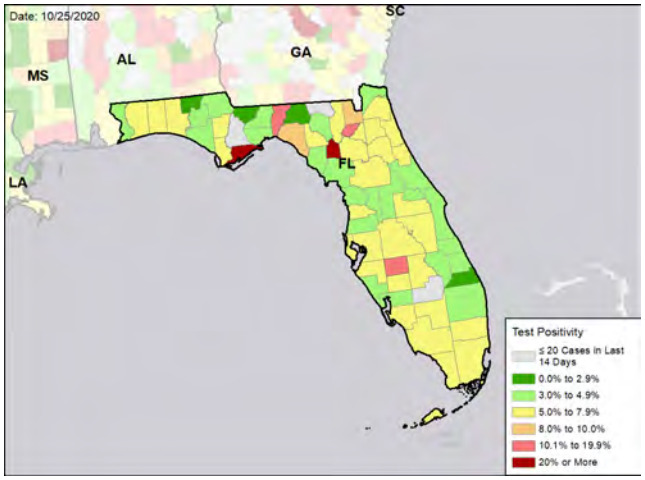
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

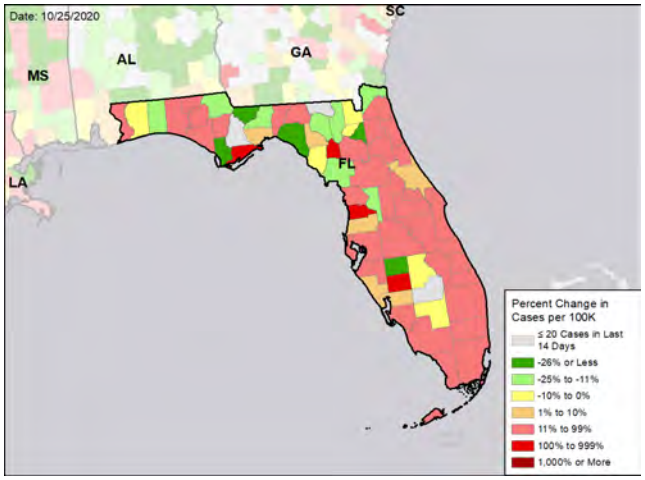
NEW CASES PER 100,000 DURING THE LAST WEEK



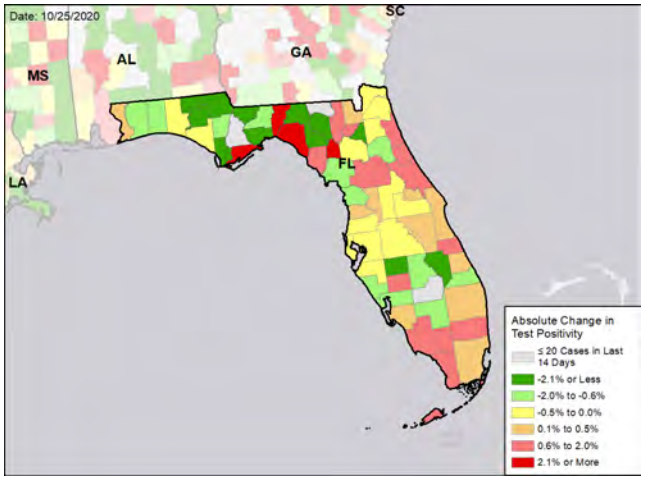
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

GEORGIA

SUMMARY

- Georgia is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 34th highest rate in the country. Georgia is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 29th highest rate in the country.
- Georgia has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Fulton County, 2. Gwinnett County, and 3. DeKalb County. These counties represent 24.7% of new cases in Georgia.
- 58% of all counties in Georgia have moderate or high levels of community transmission (yellow, orange, or red zones), with 21% having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 8% of nursing homes had at least one new resident COVID-19 case, 20% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Georgia had 93 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 39 to support operations activities from FEMA; 9 to support operations activities from ASPR; 2 to support medical activities from CDC; 2 to support testing activities from CDC; 23 to support epidemiology activities from CDC; and 4 to support operations activities from USCG.
- Between Oct 17 - Oct 23, on average, 356 patients with confirmed COVID-19 and 161 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Georgia. An average of 91% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- The timeseries of maps at the back of your packet shows early signs of deterioration in the Sunbelt, now including Georgia, as mitigation efforts were decreased over the last month.
- Georgia continues to see an increase in COVID-19 cases, increase in test positivity, and no declines in new hospital admissions week over week, suggesting early and expanding community spread.
- Georgia must expand mitigation in the counties with rising cases and new hospital admissions. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations.
- Ensure all K-12 schools are following CDC guidelines, including for mask usage, and are utilizing the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread to further increase mitigation efforts.
- Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus as symptomatic cases and cases identified through surveillance testing continue to decline. Ensure all students are aware of the potential for viral spread during Halloween gatherings.
- Encourage outdoor activities and ensure mask and physical distancing messages for all Georgia residents, both in public and private spaces to prevent household spread.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among community college students; K-12 teachers; students over 18; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen test results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests. This will give you clear insight into degree of community spread and the ability to stop this early, silent spread, as seen from the continued high level of nursing home staff positivity.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- 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 | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	9,923 (93)	+13%	90,091 (135)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.4%	+0.5%*	6.9%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	117,816** (1,110**)	-12%**	1,017,322** (1,520**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	215 (2.0)	+3%	1,543 (2.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	8%	+0%*	15%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	20%	+0%*	29%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	-2%*	5%	4%

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

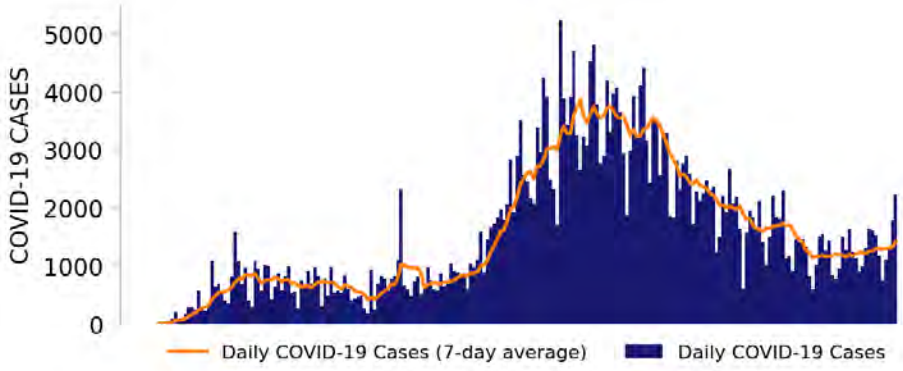
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

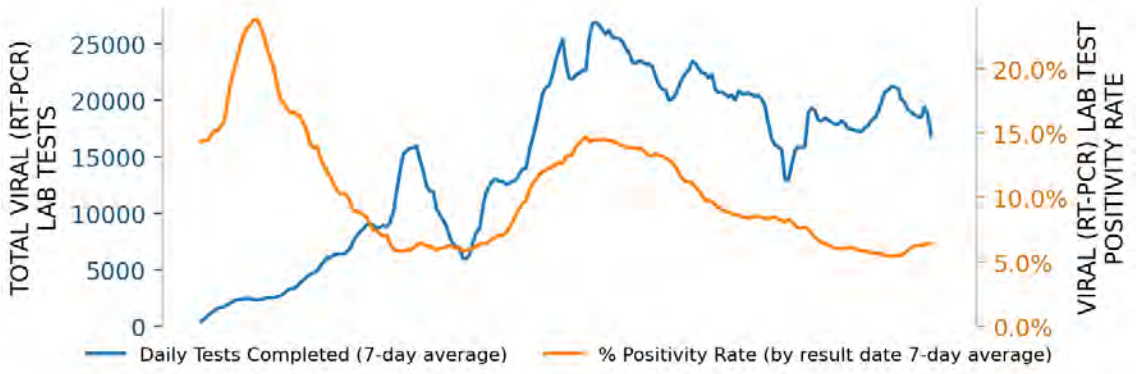
GEORGIA

STATE REPORT | 10.25.2020

NEW CASES

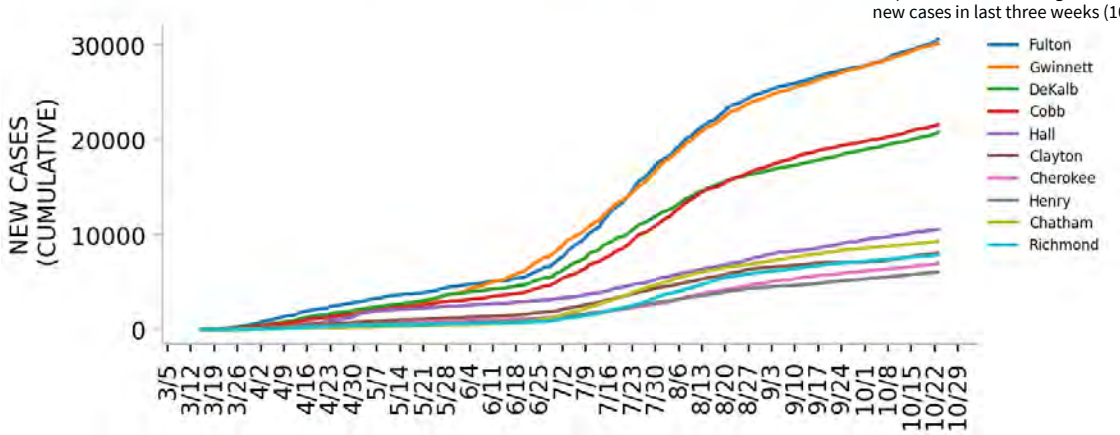


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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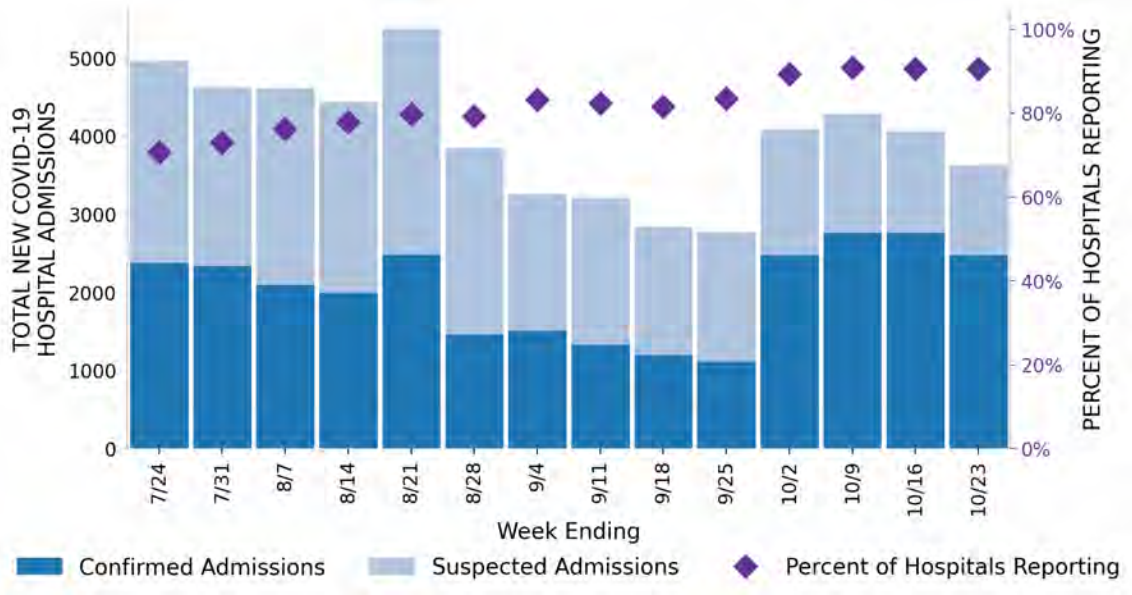
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

GEORGIA

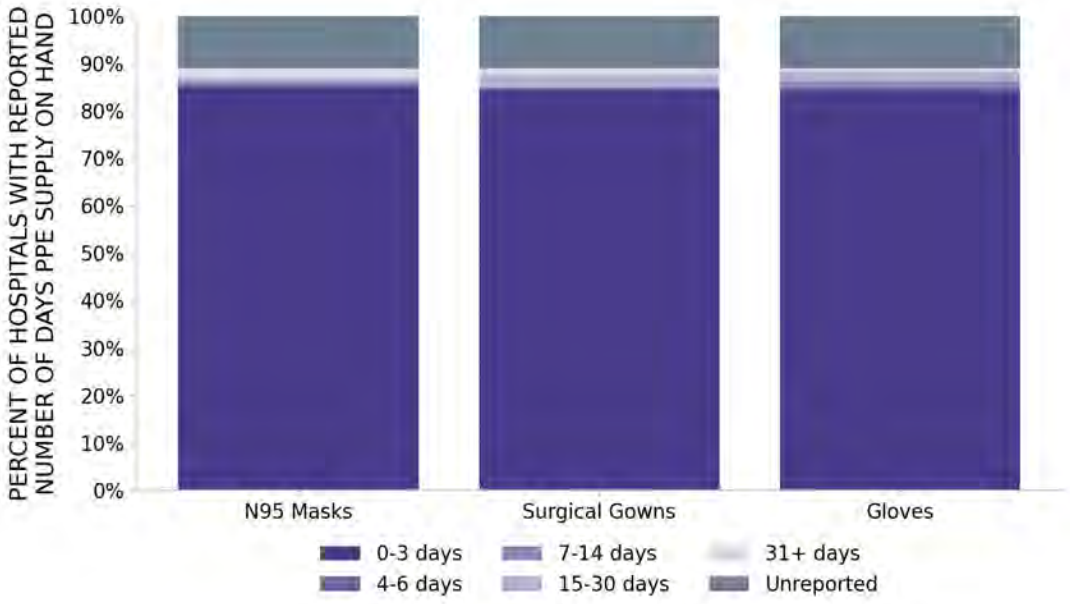
STATE REPORT | 10.25.2020

145 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. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

GEORGIA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	7 ▲ (+1)	Rome Valdosta Chattanooga Calhoun Cedartown Vidalia Toccoa	34 ▲ (+10)	Floyd Bartow Columbia Carroll Lowndes Gordon Barrow Effingham Walker Spalding Polk Stephens
LOCALITIES IN ORANGE ZONE	7 ▼ (-5)	Augusta-Richmond County Warner Robins Jefferson Cornelia Hinesville Summerville Eufaula	20 ▼ (-5)	Clayton Henry Walton Douglas Houston Jackson Murray Habersham Pickens Chattooga Fannin Union
LOCALITIES IN YELLOW ZONE	15 ▲ (+5)	Atlanta-Sandy Springs-Alpharetta Savannah Gainesville Dalton Macon-Bibb County Dublin Brunswick Waycross Douglas LaGrange Statesboro Tifton	39 ▼ (-1)	Fulton Gwinnett Hall Cherokee Chatham Richmond Bibb Coweta Paulding Laurens Newton Ware

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

All Yellow CBSAs: Atlanta-Sandy Springs-Alpharetta, Savannah, Gainesville, Dalton, Macon-Bibb County, Dublin, Brunswick, Waycross, Douglas, LaGrange, Statesboro, Tifton, Thomasville, Fitzgerald, Jesup

All Red Counties: Floyd, Bartow, Columbia, Carroll, Lowndes, Gordon, Barrow, Effingham, Walker, Spalding, Polk, Stephens, Dodge, Haralson, Franklin, Toombs, Appling, Emanuel, Peach, Brantley, Tattnall, Bleckley, Washington, Oglethorpe, Candler, Elbert, Montgomery, Telfair, Evans, Treutlen, Early, Heard, Wheeler, Lincoln

All Orange Counties: Clayton, Henry, Walton, Douglas, Houston, Jackson, Murray, Habersham, Pickens, Chattooga, Fannin, Union, Towns, McDuffie, Madison, Butts, Banks, Brooks, Dooly, Seminole

All Yellow Counties: Fulton, Gwinnett, Hall, Cherokee, Chatham, Richmond, Bibb, Coweta, Paulding, Laurens, Newton, Ware, Fayette, Rockdale, Troup, Gilmer, Catoosa, Coffee, Bulloch, Bryan, Tift, Liberty, Oconee, Thomas, Ben Hill, Jones, Wayne, Worth, Clinch, Grady, Dade, Burke, Monroe, Pierce, Hart, Jefferson, Miller, Cook, Wilkes

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

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

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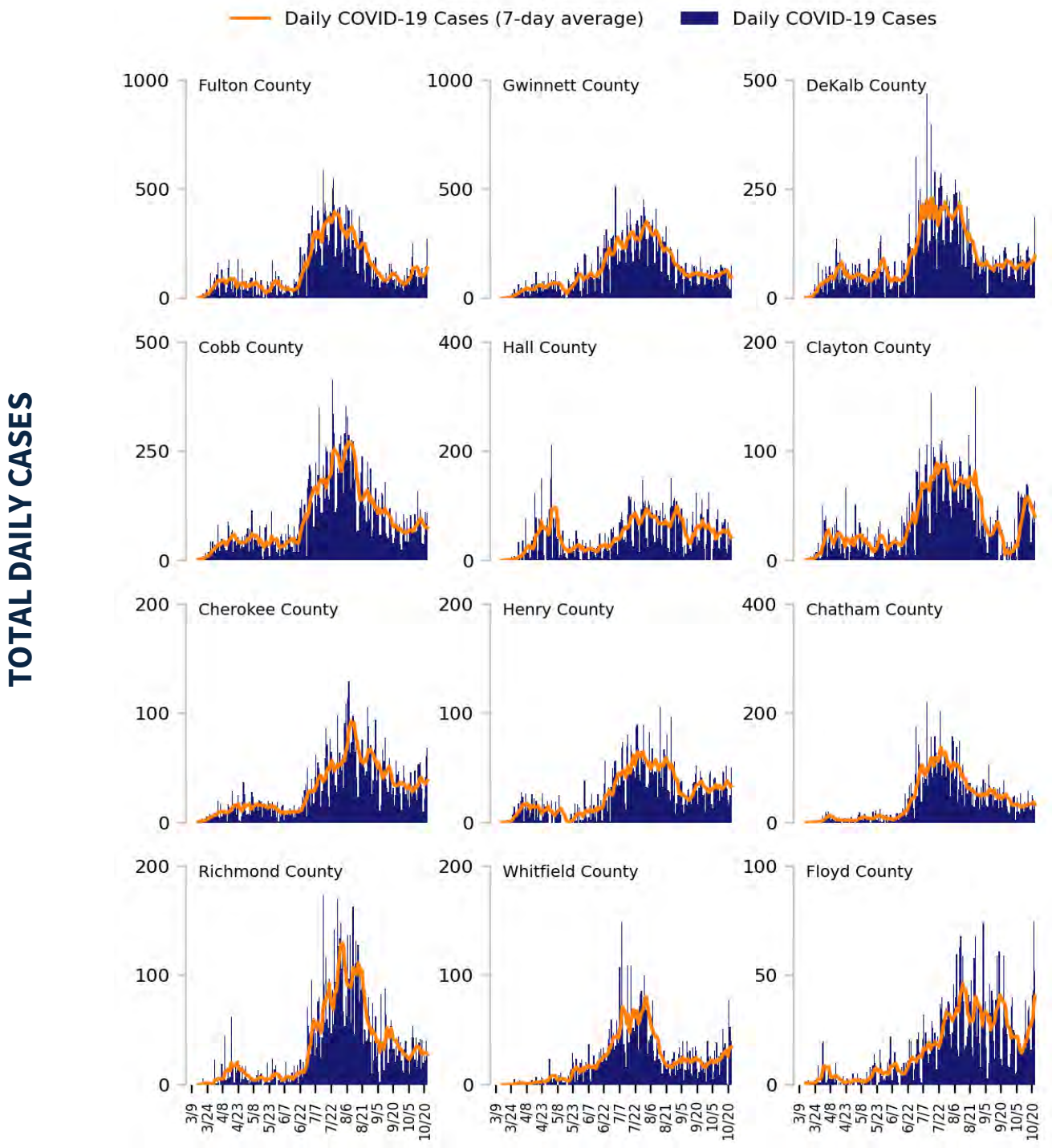
Top 12 counties based on number of new cases in the last 3 weeks



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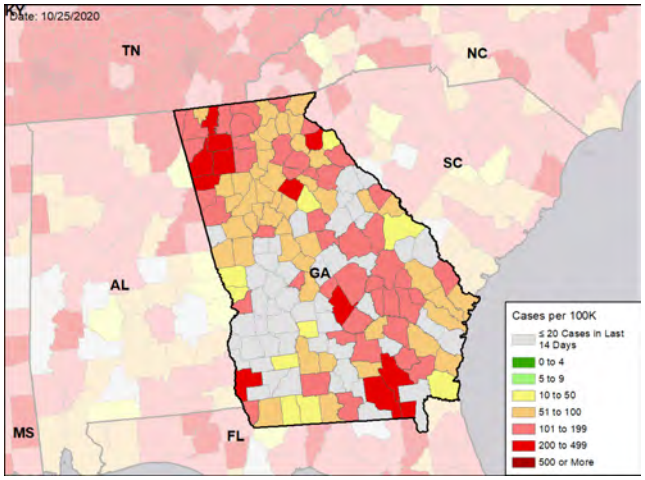
GEORGIA

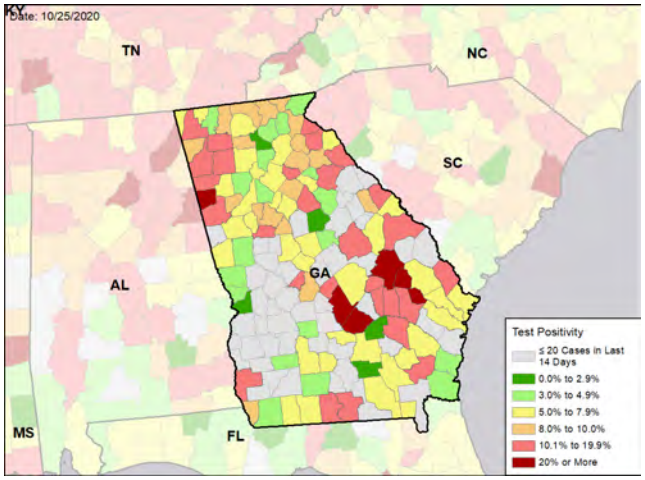
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

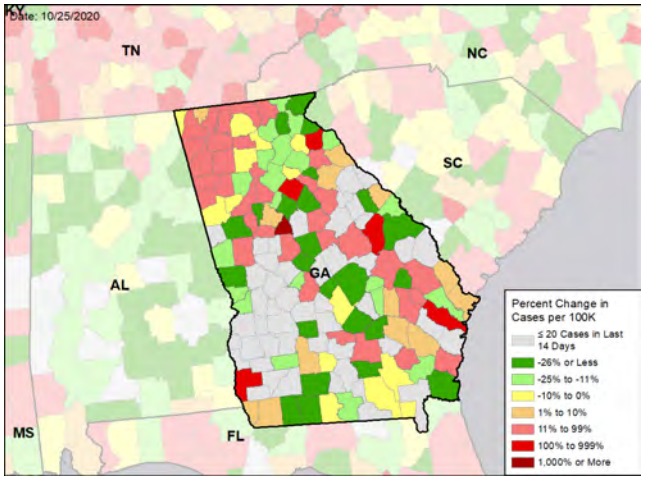
NEW CASES PER 100,000 DURING THE LAST WEEK



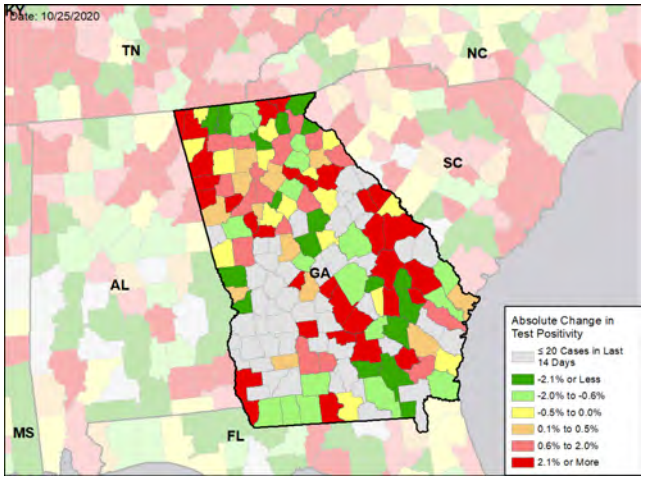
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

HAWAII

SUMMARY

- Hawaii is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the 49th highest rate in the country. Hawaii is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 37th highest rate in the country.
- Hawaii has seen stability in new cases and an increase in test positivity over the last week; Maui County (Lanai) has seen a surge in cases and increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Honolulu County, 2. Hawaii County, and 3. Maui County. These counties represent 99.9% of new cases in Hawaii.
- 20% of all counties in Hawaii have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- Inpatient bed utilization is 69% in Honolulu, 69% in Hawaii, and 83% in Maui counties and ICU utilization is 63%, 79%, and 100%, respectively.
- During the week of Oct 12 - Oct 18, 5% of nursing homes had at least one new resident COVID-19 case, 5% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death. Apparent ongoing outbreak at a facility in Hilo (4 additional cases).
- Hawaii had 43 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 18 to support operations activities from FEMA; 4 to support epidemiology activities from CDC; and 18 to support operations activities from USCG.
- The federal government has supported surge testing in Honolulu, HI.
- Between Oct 17 - Oct 23, on average, 6 patients with confirmed COVID-19 and 15 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Hawaii. An average of 74% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Hawaii did an excellent job addressing the most recent spike in transmission, but sustained high-volume testing and surveillance are needed to monitor reemergent transmission; increase testing to achieve at least 1,500 tests per 100,000 population per week in all counties.
- Given very recent increase in test positivity in Honolulu, monitor reopening very cautiously and act quickly to reinstitute mitigation requirements if trend continues; continue face mask policy in all indoor public or commercial spaces.
- Enact all recommended community mitigation efforts in Lanai as soon as possible; follow trend in cases and test positivity across Maui and investigate and expand hospital capacity now.
- Release and post data of wastewater surveillance for all counties.
- Ensure adequate surveillance (regular testing, regardless of symptoms) to monitor silent spread among critical staff, such as teachers, clinical staff, staff working at long-term care facilities (LTCFs) and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders.
- Use antigen tests for as appropriate and ensure reporting of all test results (both negative and positive).
- Continue media campaigns, including SMS texting, to expand public health messaging to residents focusing on risks of transmission in smaller, intimate gatherings of family, friends, and neighbors. Emphasize need for ongoing mitigation behaviors, such as face coverings, social distancing, and avoidance of gatherings. Messaging to tourists should focus on risks in commercial and retail settings. Requirements for social distancing and face coverings in indoor public and commercial spaces should be enforced.
- Maintain strict adherence to CMS guidance at all LTCFs; address ongoing transmission at facility in Hilo by enforcing strict adherence to infection prevention and control principles described in CMS guidance.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

HAWAII

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	603 (43)	+10%	39,653 (77)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.5%	+1.1%*	4.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	17,483** (1,235**)	-7%**	662,441** (1,292**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	24 (1.7)	+26%	529 (1.0)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	5%	+0%*	4%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	5%	-3%*	8%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+0%*	1%	4%

* 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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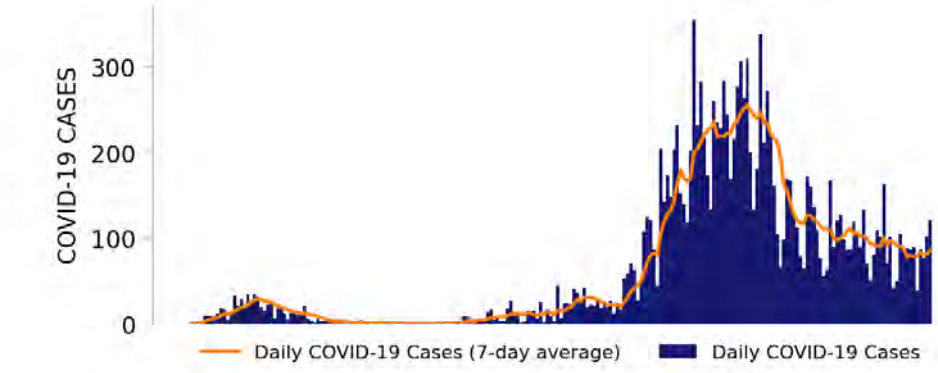
HAWAII

STATE REPORT | 10.25.2020

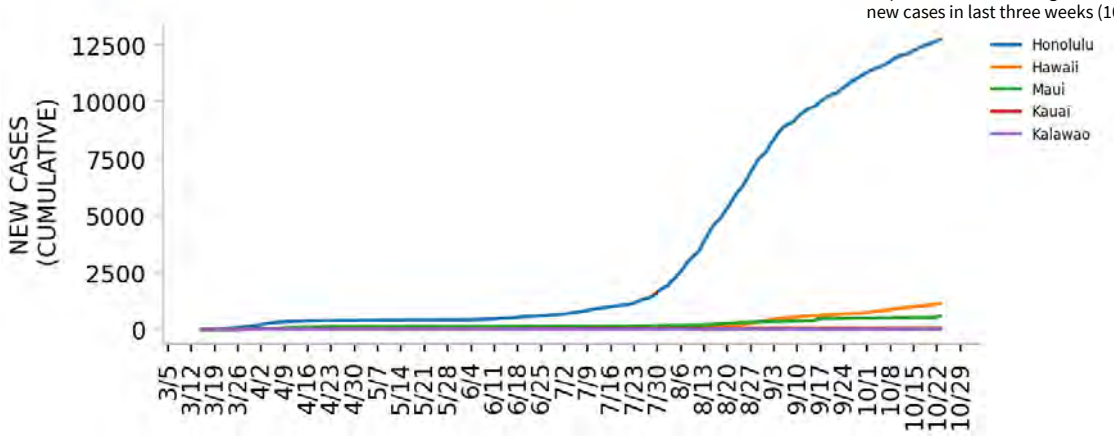
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

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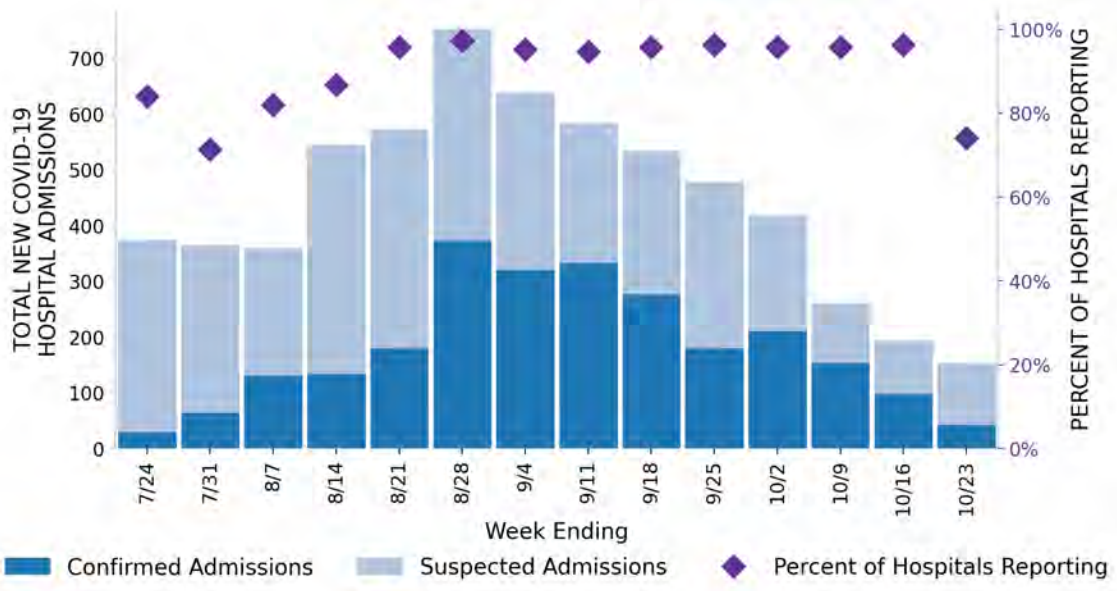
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

HAWAII

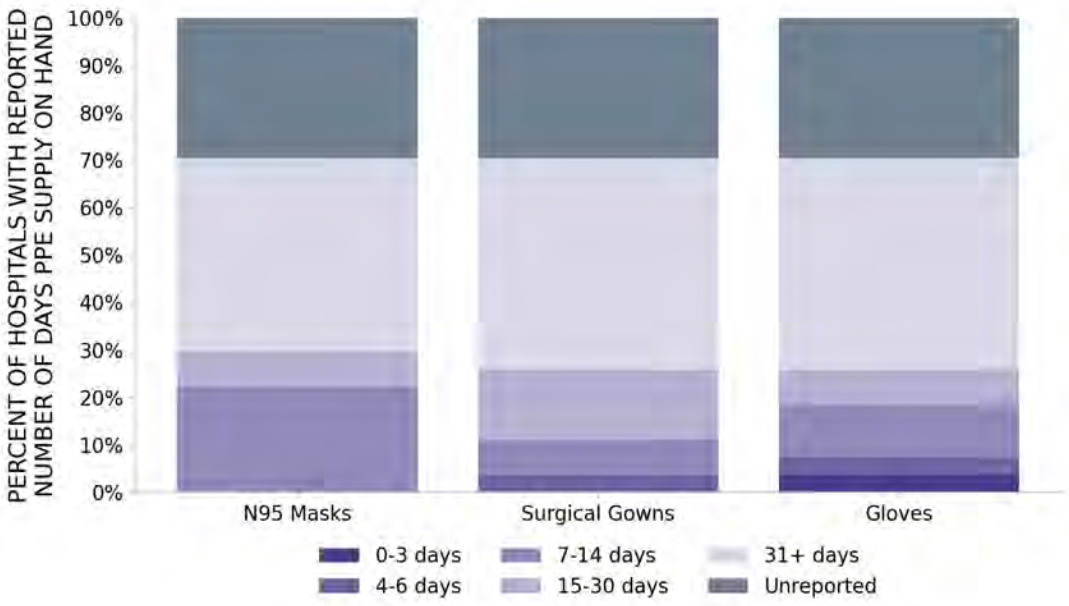
STATE REPORT | 10.25.2020

27 hospitals are expected to report in Hawaii

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

HAWAII

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

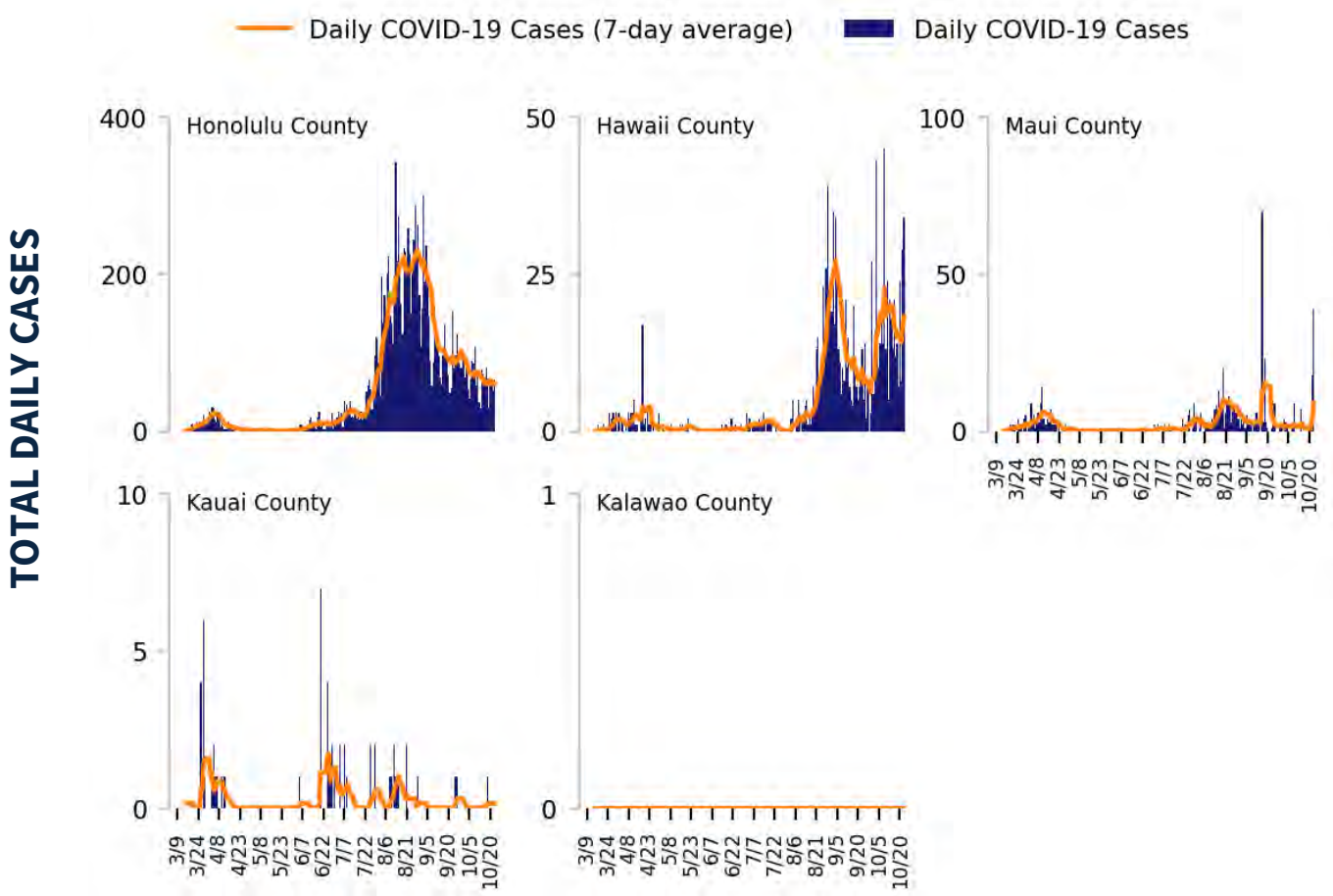
	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	1 ▲ (+1)	Urban Honolulu	1 ▲ (+1)	Honolulu

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



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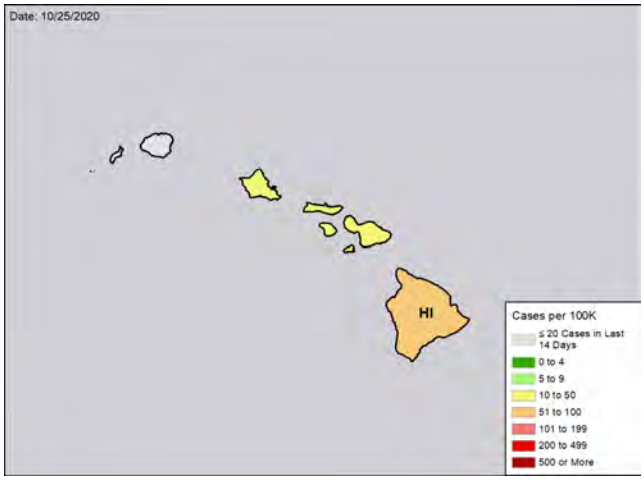
HAWAII

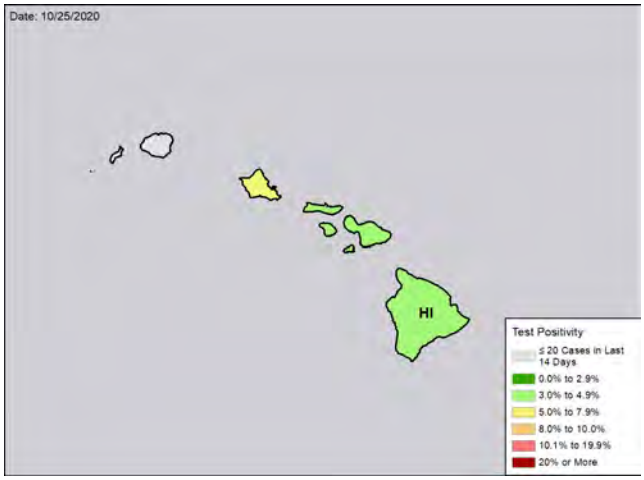
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

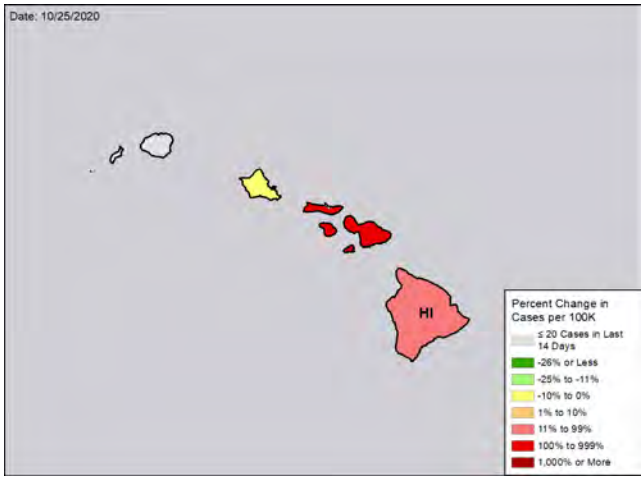
NEW CASES PER 100,000 DURING THE LAST WEEK



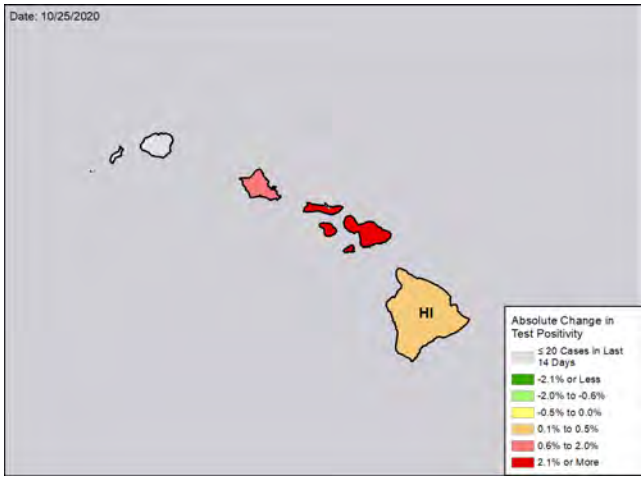
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

IDAHO

SUMMARY

- Idaho is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 5th highest rate in the country. Idaho is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 2nd highest rate in the country.
- Idaho has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Ada County, 2. Madison County, and 3. Bonneville County. These counties represent 36.2% of new cases in Idaho; Madison County has over 1,000 cases per 100,000 population and test positivity exceeding 30%.
- 82% of all counties in Idaho have moderate or high levels of community transmission (yellow, orange, or red zones), with 70% having high levels of community transmission (red zone).
- Test positivity exceeds 10% in 35 counties and, among counties with at least 500 tests in the past week, positivity increased most significantly in Kootenai, Nez Perce, Canyon, Bonneville, and Bingham counties.
- Testing among 65+ year-olds has increased substantially and test positivity in this age groups remains above 10% in at least 24 counties.
- Kootenai County has 77% inpatient bed utilization and 83% ICU utilization; Bannock County reported 69% and 86%, respectively.
- During the week of Oct 12 - Oct 18, 6% of nursing homes had at least one new resident COVID-19 case, 30% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death; facilities in Coeur d'Alene, Lewiston, and Pocatello saw multiple cases among staff/residents.
- Idaho had 334 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 9 to support operations activities from FEMA and 2 to support epidemiology activities from CDC.
- Between Oct 17 - Oct 23, on average, 35 patients with confirmed COVID-19 and 8 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Idaho. An average of 94% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Given intensity and acceleration of epidemic and inconsistent local ordinances, recommend statewide policies for mitigation efforts (limitations on occupancy, use of face coverings, and strict social distancing). Multiple states have been able to turn around rising epidemics with effective policy implementation and, while implementation might be difficult in certain areas of Idaho, issuance of clear statewide guidance will likely reduce transmission in many counties.
- Monitor implementation of community mitigation recommendations in counties and metro areas with highest transmission by observing use of face covering and social distancing in public and commercial indoor spaces. Consider developing scoring system for implementation (e.g., face covering use in public) and posting on local and state websites along with case rates, test positivity, and hospital capacity.
- Monitor contact tracing capacity to ensure all cases are immediately isolated and interviewed within 48 hours of diagnosis; if necessary, expand contact tracing capacity by focusing the interview, developing scripts and clear algorithms, task-shifting, and coordinating remote surge capacity from districts with lower case rates.
- Continue to use local hospital or clinical staff as part of strong public advocacy for community mitigation behaviors.
- Ensure all clinical staff have been instructed on latest practices, including early use of anti-viral and antibody therapy, and appropriate use of glucocorticoids, high-flow oxygen, and prone positioning.
- Continue efforts to expand testing and surveillance; ideally, given intensity of current outbreak, testing rates should exceed 2,000 per 100,000 population per week in all counties. As antigen tests are being utilized, ensure that all test results are reported, both negative and positive.
- Continue development of surveillance network in lower transmission counties using wastewater testing and routine testing of staff at increased risk of infection.
- In advance of the holidays, expand use of all media platforms (social media outreach; automated SMS; websites; and conventional print, television, and radio) to educate vulnerable individuals and their families about risks of transmission from familial or smaller social gatherings and make clear recommendations to avoid all such gatherings and crowded public spaces.
- Work with BYU-Idaho to post details of testing on their website, including testing volume, positivity, and trends. Given extremely high case rates and test positivity in Madison County and reports of intentional exposure among students, recommend imposition of strict community mitigation efforts on campus with appropriate disciplinary actions for violations.
- Continue culturally-specific messaging to at-risk groups (Hispanic communities and Tribal Nations) and ensure adequate contact tracing and isolation/quarantine facilities and supplies.
- Residents at long-term care facilities are the most vulnerable and their protection should be a top priority; ensure that all facilities with three or more cases among staff/residents in the past three weeks have had repeated facility-wide testing and have been thoroughly investigated to ensure that all CMS recommendations have been diligently implemented.
- 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 | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,968 (334)	+29%	14,439 (101)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	16.9%	+0.2%*	7.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	30,260** (1,693**)	+0%**	275,248** (1,918**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	39 (2.2)	+129%	136 (0.9)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	6%	-8%*	6%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	30%	+3%*	20%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	3%	4%

* 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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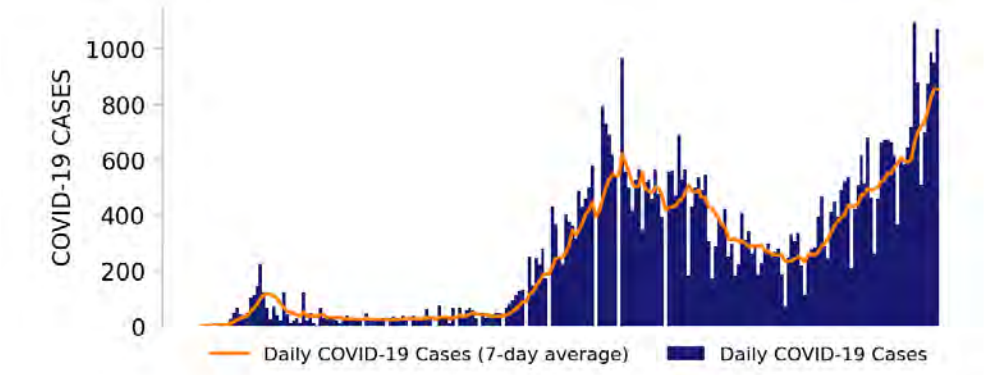
IDAHO

STATE REPORT | 10.25.2020

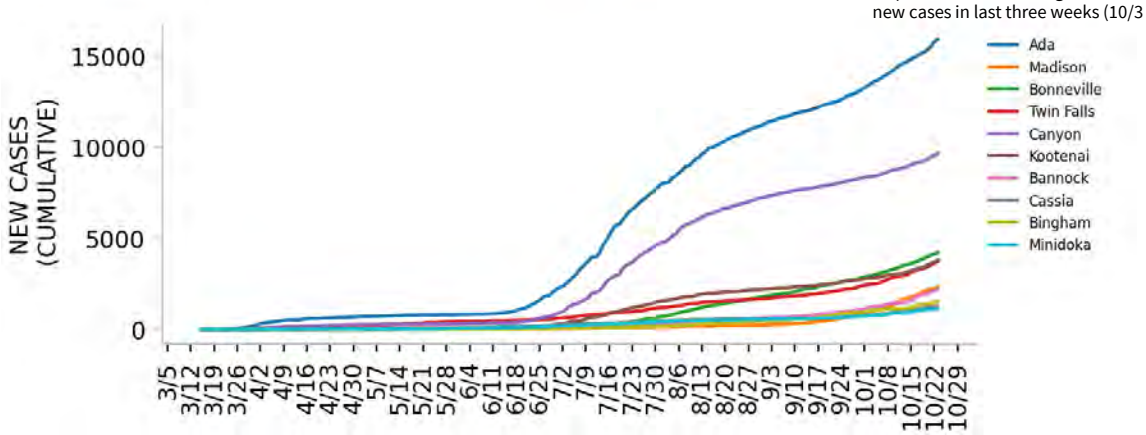
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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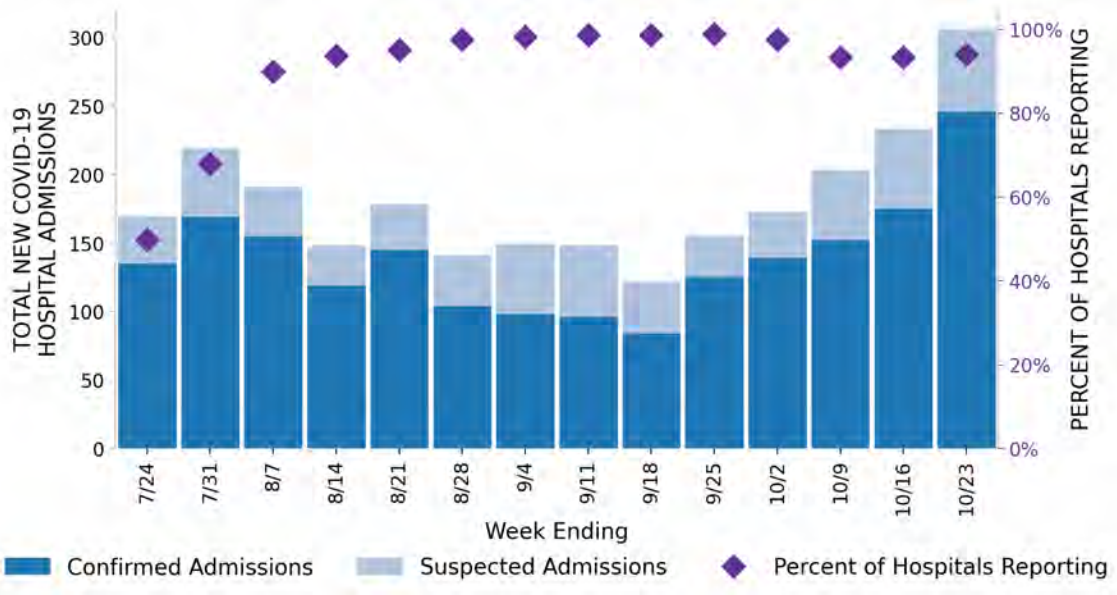
IDAHO

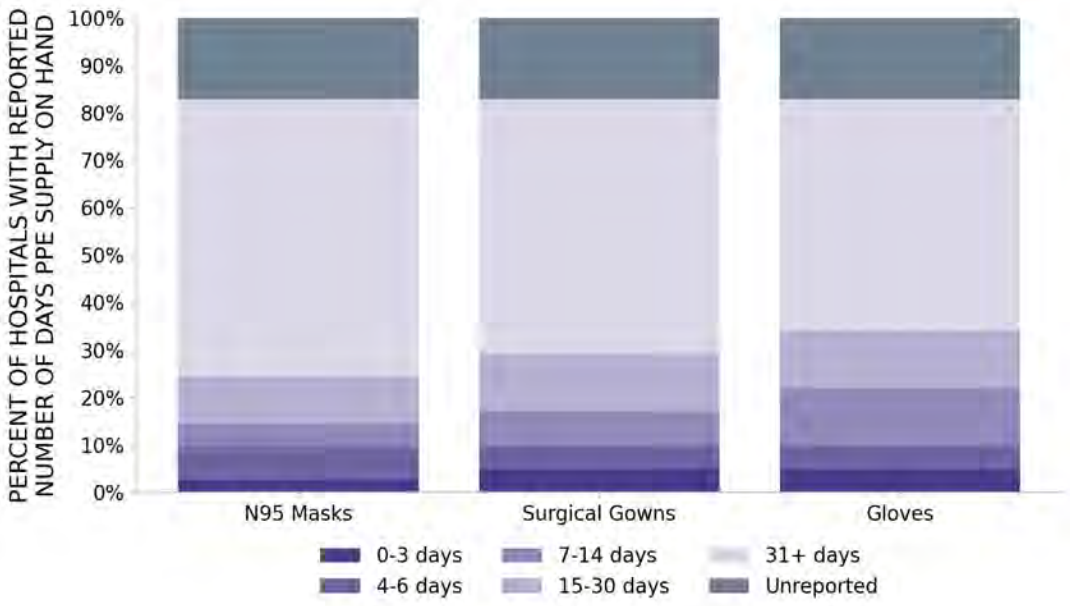
STATE REPORT | 10.25.2020

41 hospitals are expected to report in Idaho

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. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

IDAHO

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	14 ▲ (+2)	Boise Idaho Falls Rexburg Twin Falls Pocatello Coeur d'Alene Burley Blackfoot Moscow Lewiston Logan Ontario	31 ▲ (+2)	Madison Bonneville Twin Falls Canyon Kootenai Bannock Cassia Bingham Minidoka Latah Nez Perce Jefferson
LOCALITIES IN ORANGE ZONE	0 ▼ (-1)	N/A	3 ■ (+0)	Ada Gem Lewis
LOCALITIES IN YELLOW ZONE	2 ▼ (-1)	Sandpoint Jackson	2 ▼ (-1)	Bonner Teton

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

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

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. Rexburg CBSA is comprised of Fremont County, ID and Madison 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. Coeur d'Alene CBSA is comprised of Kootenai County, ID. 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. Lewiston CBSA is comprised of Nez Perce County, ID and Asotin County, WA. Logan CBSA is comprised of Franklin County, ID and Cache County, UT. Ontario CBSA is comprised of Payette County, ID and Malheur County, OR. Hailey CBSA is comprised of Blaine County, ID and Camas County, ID. Mountain Home CBSA is comprised of Elmore County, ID.
Yellow CBSAs: Sandpoint CBSA is comprised of Bonner 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.
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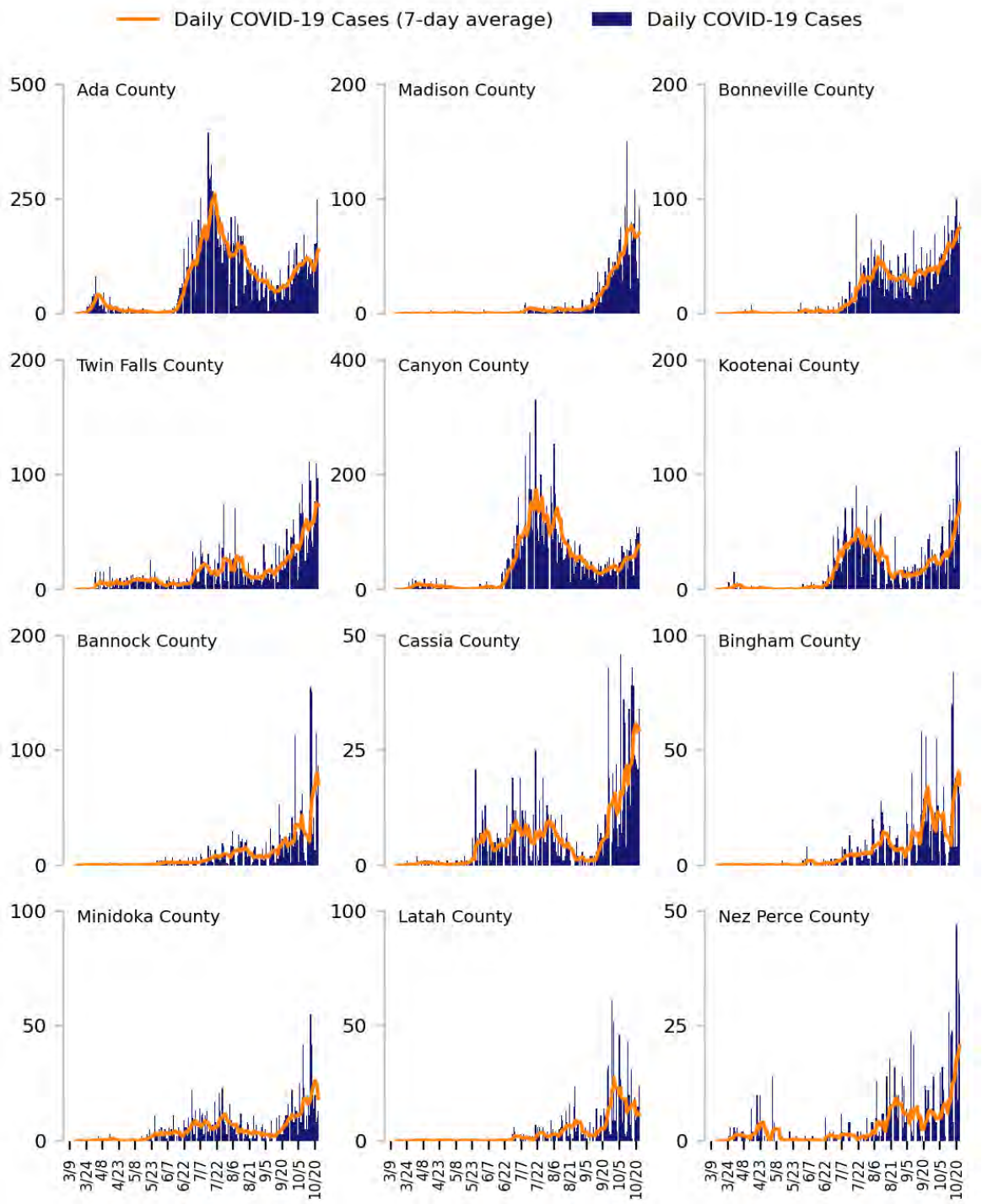

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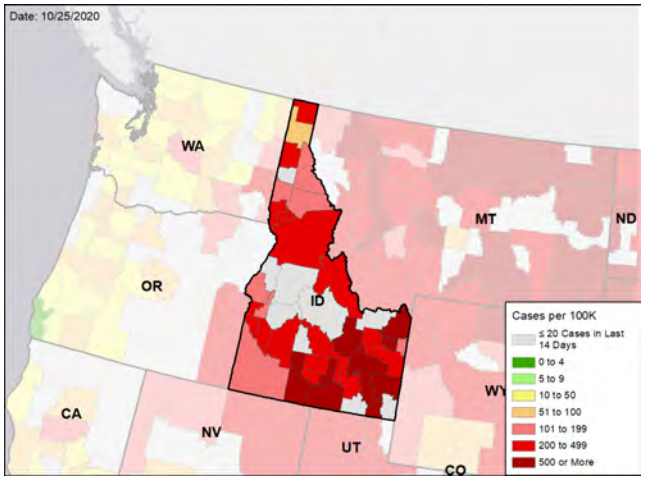
IDAHO

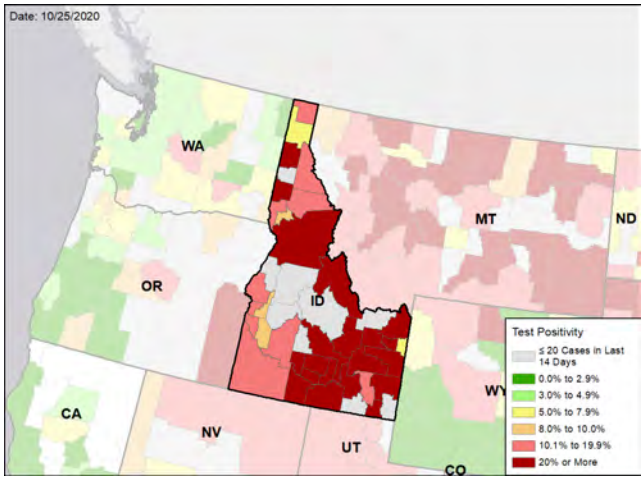
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

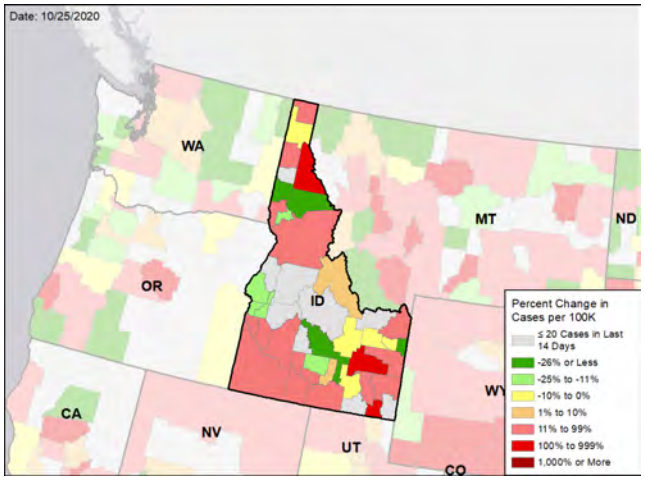
NEW CASES PER 100,000 DURING THE LAST WEEK



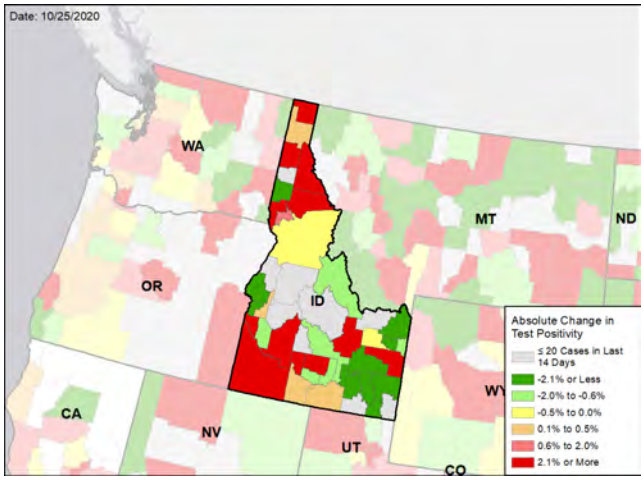
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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STATE REPORT
10.25.2020

ILLINOIS

SUMMARY

- Illinois is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 12th highest rate in the country. Illinois is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 23rd highest rate in the country.
- Illinois has seen a continued increase in new cases and in test positivity over the last week. Hospitalizations have continued to increase for four weeks and have reached levels last seen in early June.
- Moderate to high viral transmission is widely distributed throughout Illinois. The following three counties had the highest number of new cases over the last 3 weeks: 1. Cook County, 2. DuPage County, and 3. Will County. These counties represent 48.2% of new cases in Illinois.
- 85% of all counties in Illinois have moderate or high levels of community transmission (yellow, orange, or red zones), with 33% having high levels of community transmission (red zone).
- Outbreaks have been tied to social gatherings (weddings, funerals, college parties) with large numbers of young people and without social distancing; news reports indicate that some businesses have are not following mitigation measures.
- Institutions of higher education (IHE): University of Illinois at Urbana-Champaign (Champaign) continued to report stably low case rates among the campus community a test positivity of 0.19% in the last week despite the increasing rate of cases in the state and the slight overall increase in Champaign County.
- During the week of Oct 12 - Oct 18, 15% of nursing homes had at least one new resident COVID-19 case, 30% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Illinois had 220 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 62 to support operations activities from FEMA; 5 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; and 7 to support operations activities from USCG.
- Between Oct 17 - Oct 23, on average, 309 patients with confirmed COVID-19 and 563 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. An average of 94% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- We share the concern of the state leaders that the current situation is worsening and that additional measures are needed to limit increases in hospitalizations and deaths. Illinois's ability to limit further cases and avoid increases in hospitalizations and deaths will depend on increased observation of social distancing mitigation measures by the community. The Governor's decision to increase the frequency of communications to the public is commended.
- Illinois has a carefully crafted plan for tiered mitigation for the 11 public health regions in the state for adaptive changes in mitigation measures depending on local disease activity. Continue the strong mitigation efforts statewide. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations, as well as tailored business and public venue measures. Given the rapid increases in cases and hospitalizations observed, increasing mitigation measures should be done expeditiously to avoid falling behind the rapid spread. Recommend working closely with local leaders in red zones or state-designated high-risk communities, to increase mitigation at least temporarily to blunt the upsurge associated with large numbers of newly infected and highly infectious individuals.
- Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Consider implementing increased randomized community testing to find asymptomatic infected individuals, isolate them and trace contacts. This model has helped universities control spread in their communities. Use of rapid tests are extremely helpful in these activities.
- As state and local leaders use case investigation information to weigh how to most effectively mitigate increasing cases while maximizing economic activity, it may be useful to emphasize that compliance with restrictions on public and private gathering sizes, especially indoors, will help limit the superspreader events that are critical to rapid epidemic spread. This in turn will help to increase the level at which businesses can operate safely.
- In red and orange counties, both public and private gatherings should be as small as possible and optimally, not extend beyond immediate family.
- Given rapid increase in cases among residents of long-term care facilities and other congregate settings, continue testing programs in long-term care facilities, with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Utilize point-of-care testing platforms to facilitate rapid COVID-19 case identification.
- Continue to implement plan to increase surveillance for community spread using the Abbott BinaxNOW or other antigen tests, especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Increased rate of infection seen among LTCF workers indicates significant transmission in their communities and those transmission settings must be identified and mitigated.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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 | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	27,858 (220)	+23%	105,807 (201)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.0%	+0.7%*	7.2%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	403,968** (3,188**)	+3%**	1,522,134** (2,897**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	253 (2.0)	+14%	1,038 (2.0)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	15%	+3%*	13%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	30%	+4%*	29%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+2%*	5%	4%

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

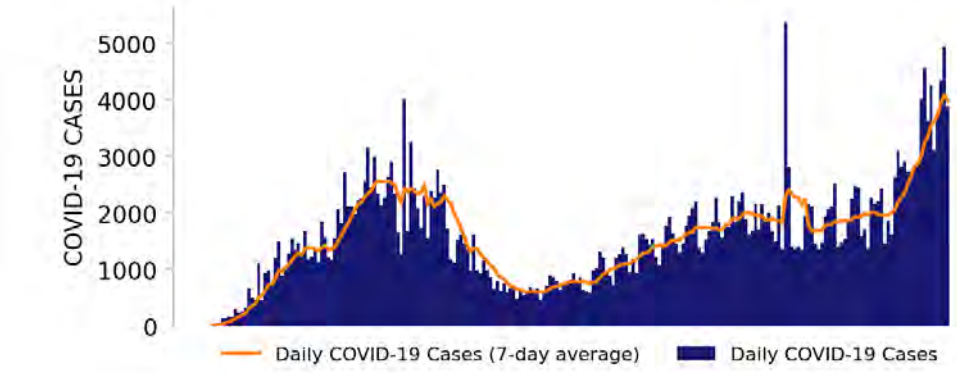
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

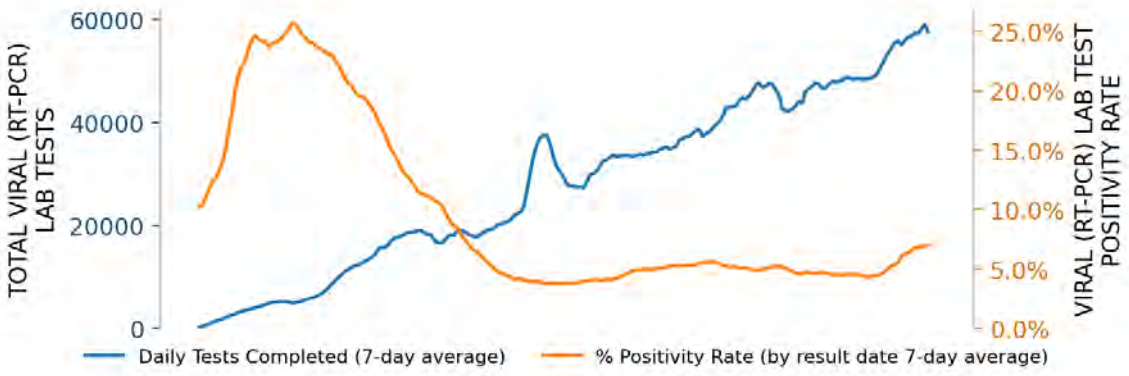
ILLINOIS

STATE REPORT | 10.25.2020

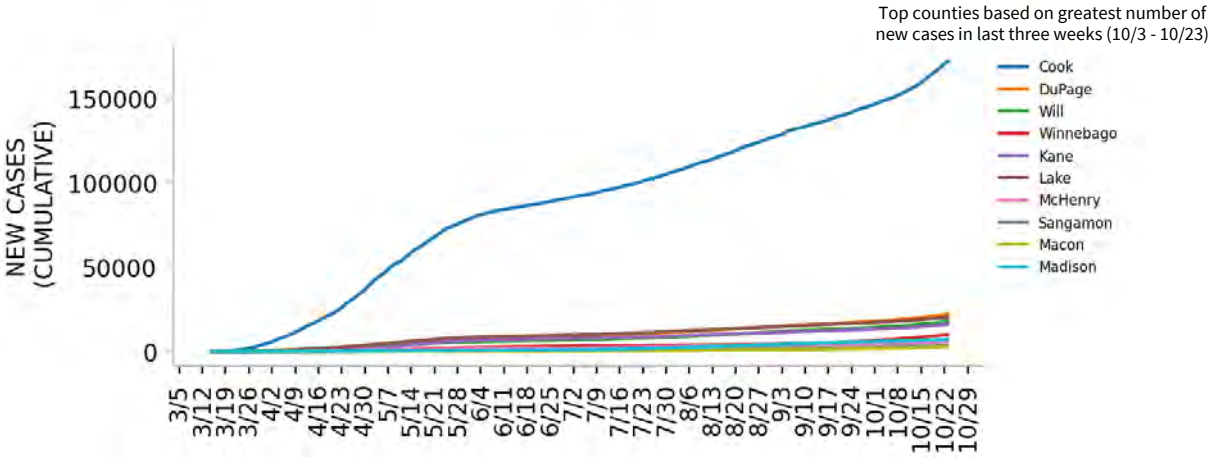
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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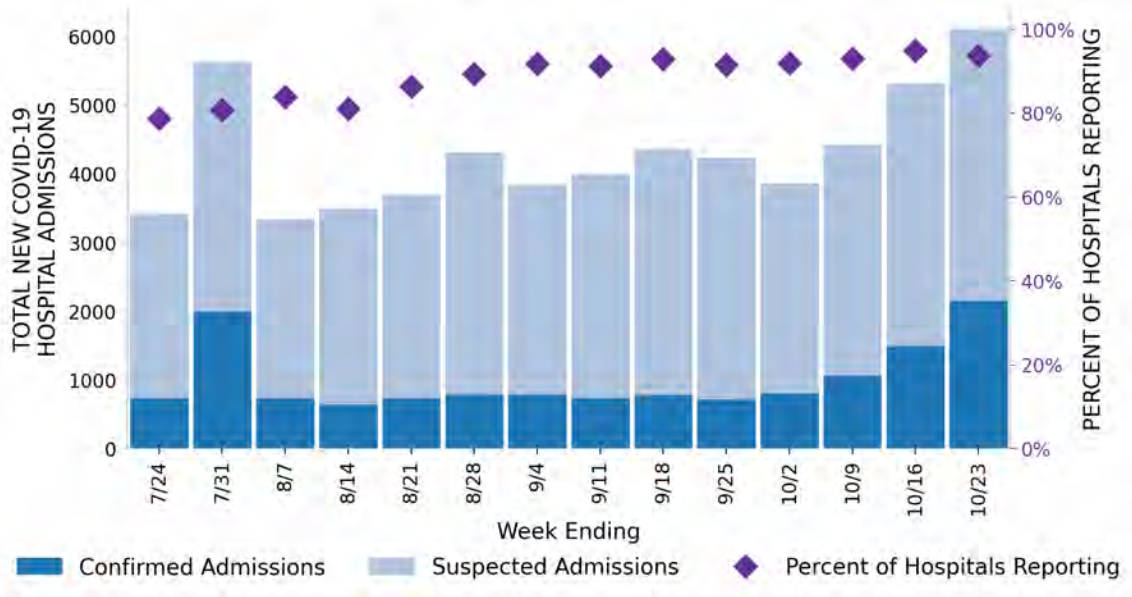
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

ILLINOIS

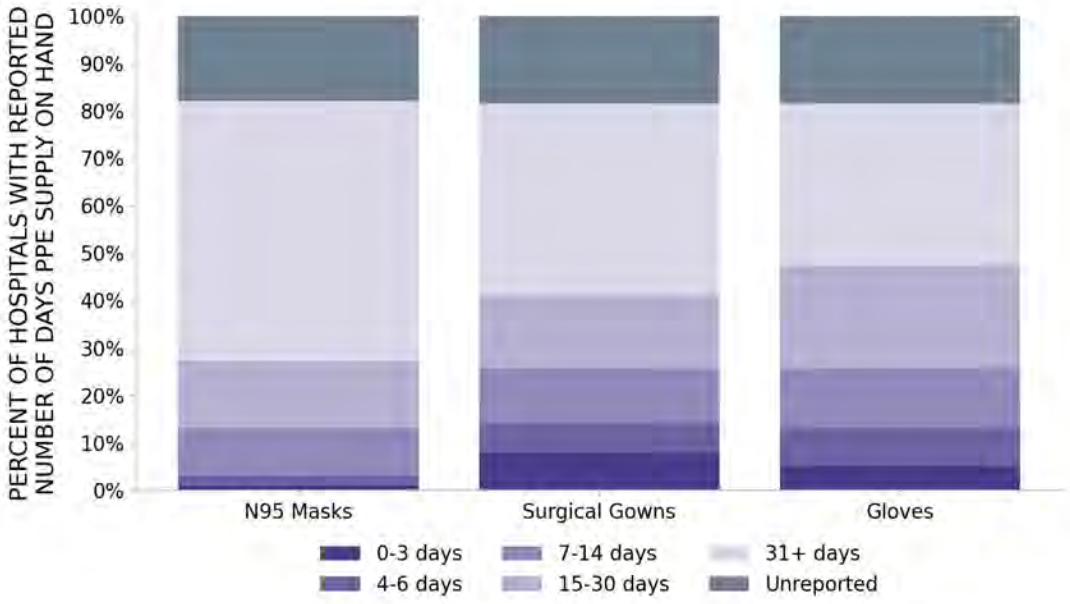
STATE REPORT | 10.25.2020

190 hospitals are expected to report in Illinois

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

ILLINOIS

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	10 ▲ (+2)	Rockford Decatur Sterling Rochelle Centralia Freeport Dixon Macomb Burlington Cape Girardeau	34 ▲ (+5)	Winnebago Kane McHenry Macon Rock Island Boone Whiteside Clinton Ogle Williamson Franklin Marion
LOCALITIES IN ORANGE ZONE	9 ■ (+0)	Chicago-Naperville-Elgin St. Louis Davenport-Moline-Rock Island Carbondale-Marion Danville Quincy Galesburg Effingham Fort Madison-Keokuk	16 ▼ (-8)	Will Madison Vermilion Adams Kendall Knox Effingham Grundy Union Fayette Montgomery Warren
LOCALITIES IN YELLOW ZONE	11 ■ (+0)	Peoria Springfield Ottawa Kankakee Charleston-Mattoon Mount Vernon Jacksonville Taylorville Pontiac Lincoln Paducah	37 ▲ (+5)	Cook DuPage Lake Sangamon St. Clair Peoria Tazewell DeKalb LaSalle Kankakee Coles Fulton

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

All Red Counties: Winnebago, Kane, McHenry, Macon, Rock Island, Boone, Whiteside, Clinton, Williamson, Ogle, Franklin, Marion, Stephenson, Douglas, Randolph, Lee, McDonough, Shelby, Jo Daviess, Pike, Crawford, Johnson, Saline, Wayne, Bond, Clay, Clark, Mercer, Washington, Cumberland, Henderson, Hamilton, Edwards, Alexander

All Orange Counties: Will, Madison, Vermilion, Adams, Kendall, Knox, Effingham, Grundy, Union, Fayette, Montgomery, Warren, Carroll, Wabash, Pulaski, Greene

All Yellow Counties: Cook, DuPage, Lake, Sangamon, St. Clair, Peoria, Tazewell, DeKalb, LaSalle, Kankakee, Coles, Fulton, Jefferson, Jackson, Monroe, Christian, Macoupin, Livingston, Morgan, Bureau, Moultrie, Henry, Woodford, Mason, De Witt, Logan, Piatt, Ford, Richland, Jersey, Hancock, Perry, Menard, Brown, Schuyler, Massac, Scott

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

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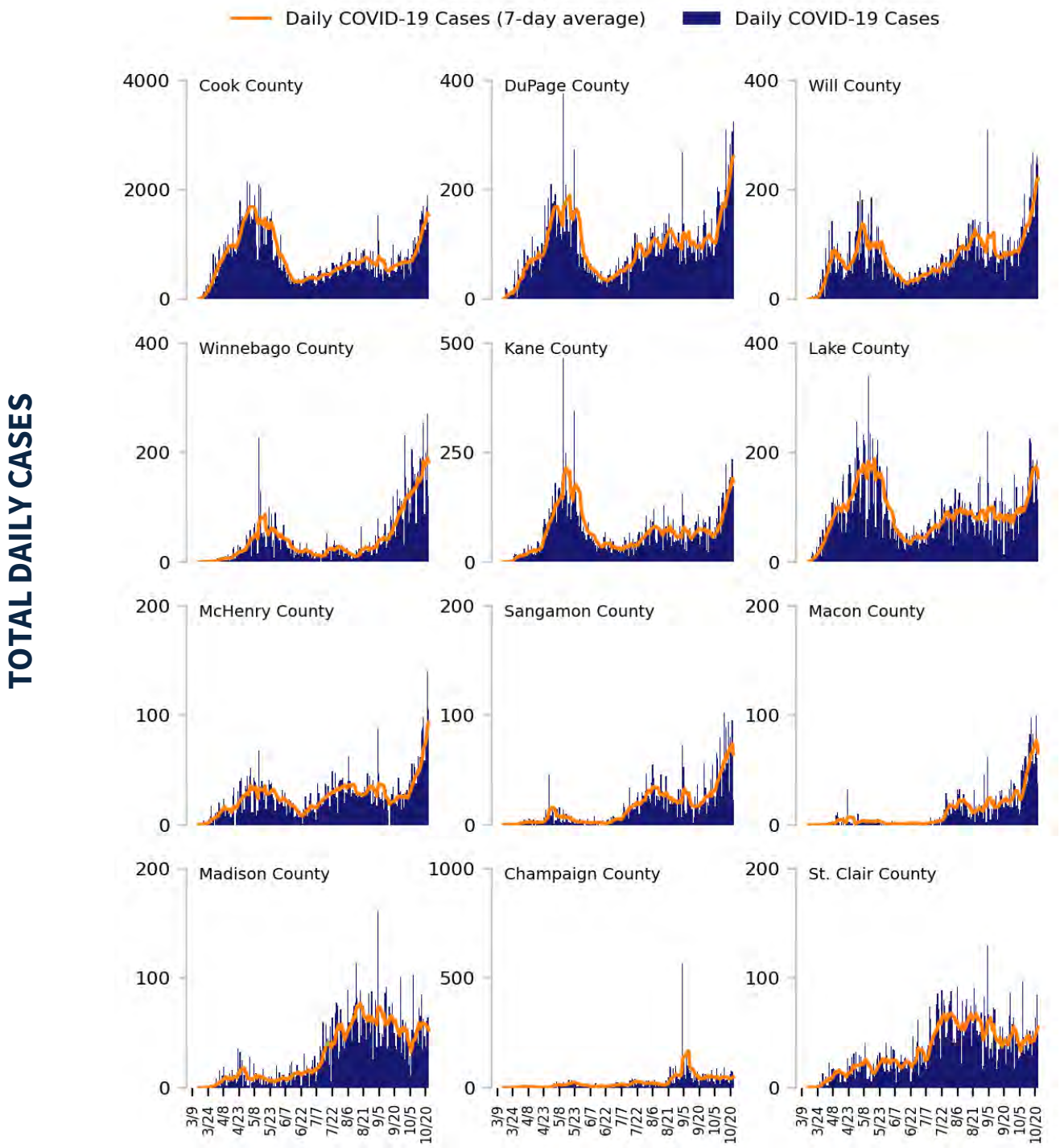
Top 12 counties based on number of new cases in the last 3 weeks



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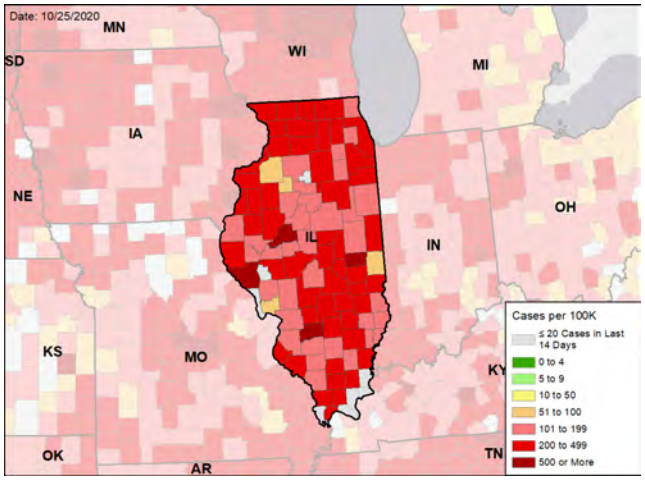
ILLINOIS

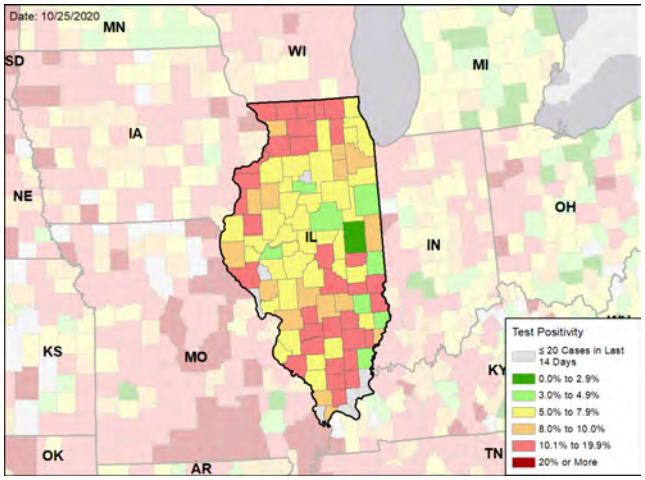
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

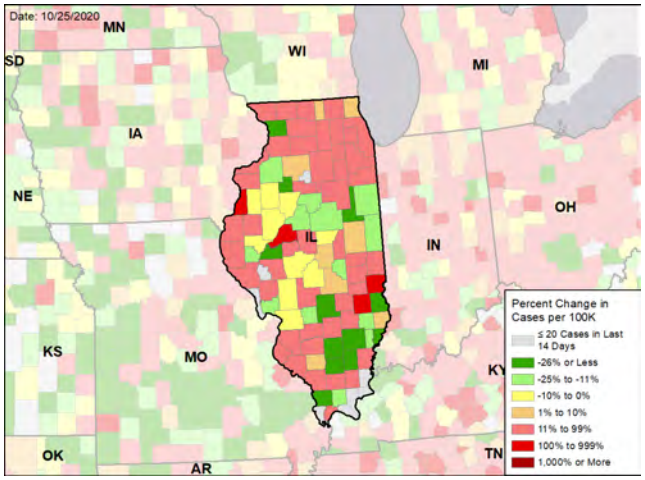
NEW CASES PER 100,000 DURING THE LAST WEEK



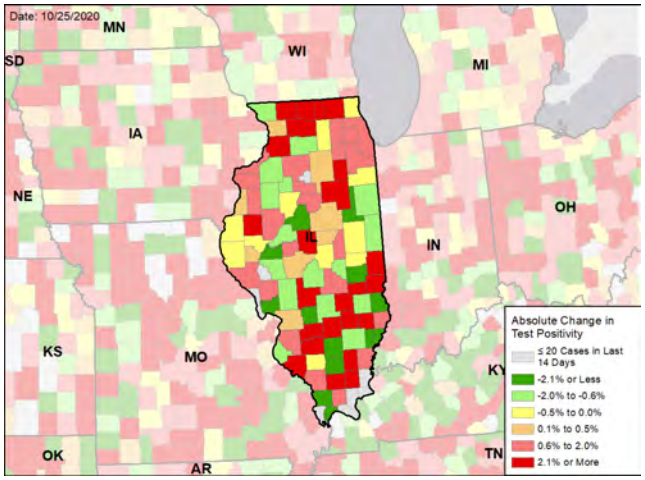
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

INDIANA

SUMMARY

- The epidemic control situation in Indiana continued to worsen last week. Indiana is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 16th highest rate in the country. Indiana is in the orange zone for test positivity, indicating a rate between 8% and 10%, with the 15th highest rate in the country.
- Indiana has seen a continued increase in new cases and a sharp increase in test positivity over the last week. Hospitalizations have doubled since mid-September and deaths sharply increased. The IDOH noted concerns regarding personnel shortages.
- On Sept 26, Indiana entered Phase 5 of the state's reopening plan, which has allowed businesses, including restaurants and gyms, to reopen to full capacity. The mask mandate has been extended to Nov 14.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Marion County, 2. Lake County, and 3. St. Joseph County. These counties represent 24.4% of new cases in Indiana.
- Institutions of higher education (IHE): Purdue University reported an increase in test positivity last week.
- 95% of all counties in Indiana have moderate or high levels of community transmission (yellow, orange, or red zones), with 45% having high levels of community transmission (red zone). The number of counties meeting state criteria for increased caution continue to increase throughout all regions of the state with only approximately 10% remaining in the blue low risk category.
- During the week of Oct 12 - Oct 18, 15% of nursing homes had at least one new resident COVID-19 case, 28% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Indiana had 211 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 6 to support operations activities from FEMA.
- Between Oct 17 - Oct 23, on average, 170 patients with confirmed COVID-19 and 213 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Indiana. An average of 93% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Indiana previously had success in large part due to a well-developed, gradated set of social distancing measures for communities based on transmission indicators. The lessening of mitigation measures has been followed by a continuing increase in cases, hospitalizations, and deaths; we share the concern of health and hospital officials that the situation will continue to worsen. The ability to limit further, avoidable increases in hospitalizations and deaths will depend on communities' compliance with social distancing mitigation measures.
- As state and local leaders balance mitigating increasing cases while maximizing economic activity, emphasize that compliance with restrictions on public and private gathering sizes, especially indoors, will help limit the superspreader events that are critical to rapid epidemic spread. This in turn will help to increase the level at which businesses can operate safely.
- Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Consider implementing increased randomized community testing to find asymptomatic infected individuals, isolate them, and trace contacts. This model has helped universities control spread in their communities. Use of rapid tests are extremely helpful in these activities.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations everywhere, as well as tailored business and public venue measures for counties with increasing incidence.
- Concern remains for further increases in community transmission with increasing hospitalizations and deaths, given the continued spread among younger age groups, much of which is asymptomatic. Community transmission is frequently occurring in smaller gatherings of family and friends, especially among young adults, where masking and social distancing recommendations are not followed. With weather conditions increasingly forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of "prevention fatigue."
- Given the sustained increase in morbidity and mortality, localized more intense mitigation measures in high incidence jurisdictions are recommended, including maintaining or increasing restrictions on gathering sizes, especially indoors. This is especially important in the next few weeks given the recent increased transmission with larger numbers of highly infectious individuals. Public education and public health measures to increase compliance should be enhanced. In red and orange counties, or state-designated high incidence communities, both public and private gatherings should be as small as possible and optimally, not extend beyond immediate family. Encourage outdoor activities and ensure mask and physical distancing messages for all residents.
- Continue testing programs in long-term care facilities (LTCFs), with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Utilize point-of-care testing platforms to facilitate rapid COVID-19 case identification.
- Continue to implement plan to increase surveillance for community spread using the Abbott BinaxNOW or other antigen tests, especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and congregate living settings; prison staff; and first responders as tests become available. Increased rate of infection seen among LTCF workers indicates significant transmission in their communities; those transmission settings must be identified and mitigated.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

INDIANA

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	14,228 (211)	+18%	105,807 (201)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.9%	+1.0%*	7.2%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	164,567** (2,444**)	+1%**	1,522,134** (2,897**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	205 (3.0)	+61%	1,038 (2.0)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	15%	+5%*	13%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	28%	+6%*	29%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+2%*	5%	4%

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

DATA SOURCES – Additional data details available under METHODS

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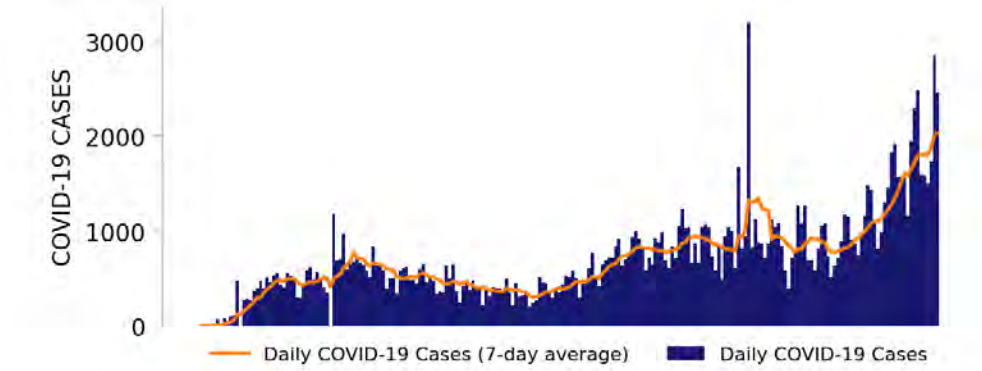
INDIANA

STATE REPORT | 10.25.2020

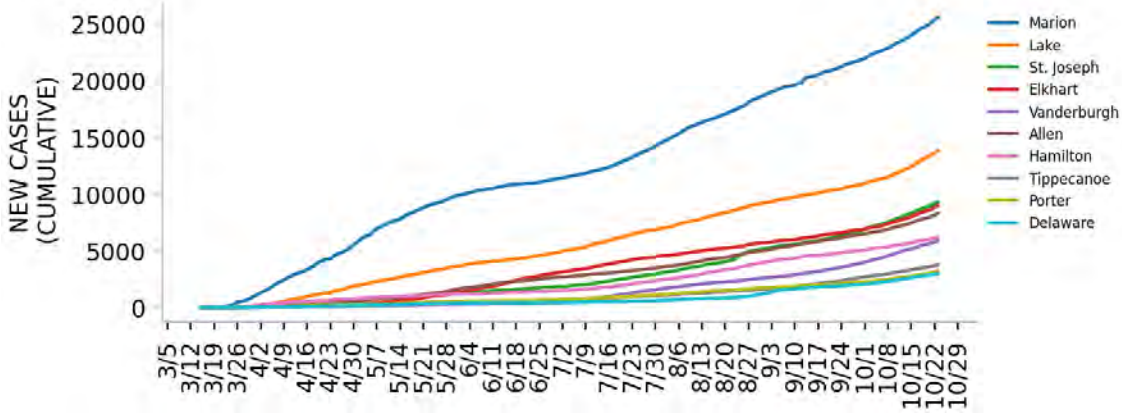
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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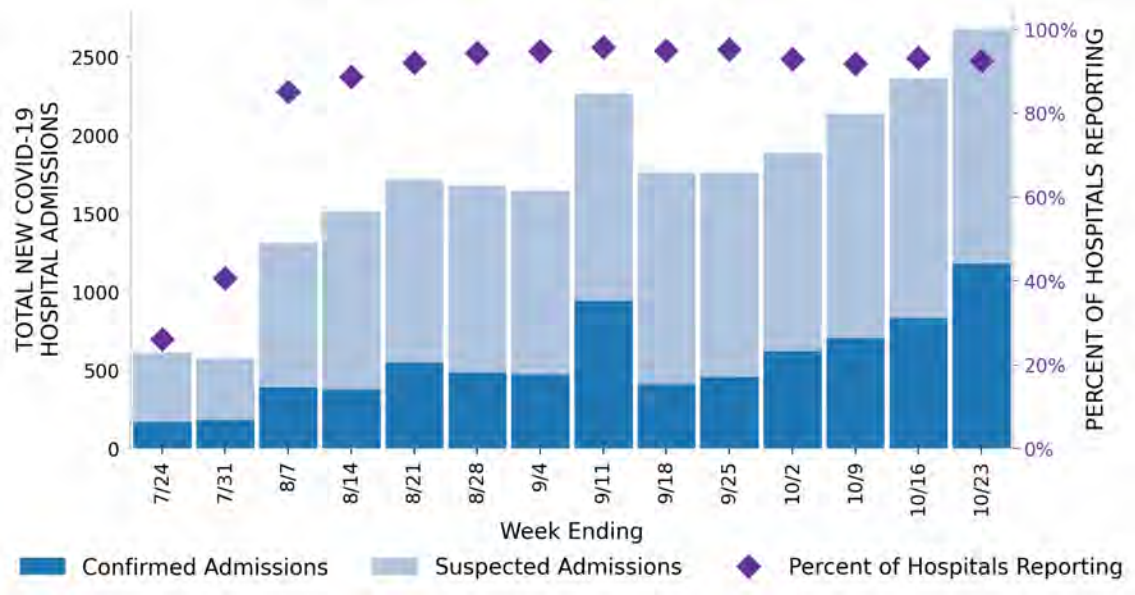
INDIANA

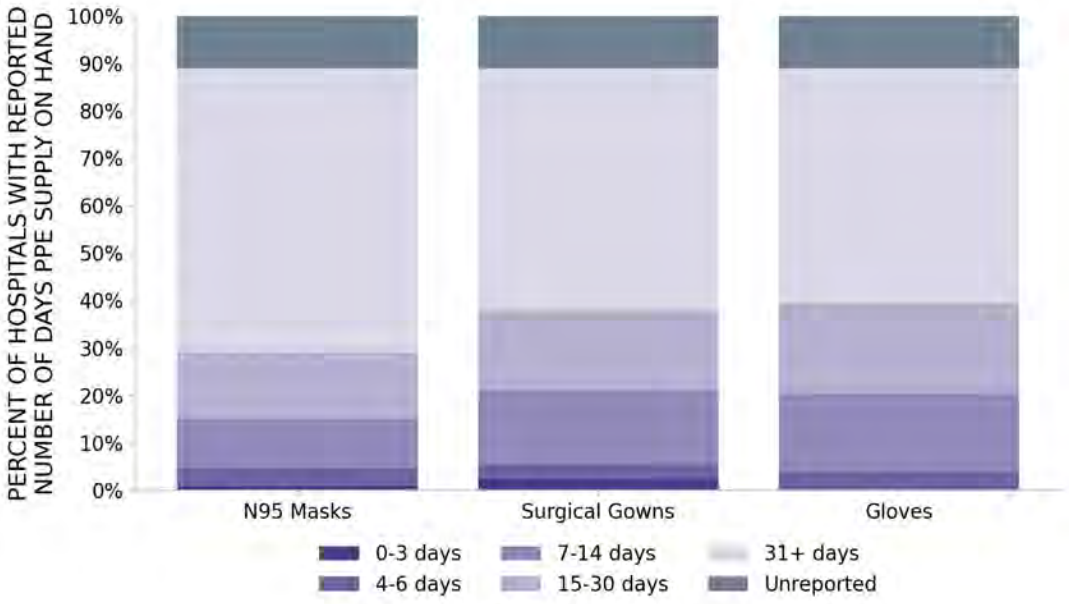
STATE REPORT | 10.25.2020

127 hospitals are expected to report in Indiana

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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INDIANA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	19 ▲ (+8)	Evansville Elkhart-Goshen Fort Wayne Terre Haute Muncie Michigan City-La Porte Warsaw Richmond New Castle Bedford Seymour Marion	41 ▲ (+16)	Lake Elkhart Vanderburgh Allen Porter Delaware Vigo LaPorte Kosciusko Wayne Warrick Henry
LOCALITIES IN ORANGE ZONE	6 ▼ (-2)	Chicago-Naperville-Elgin South Bend-Mishawaka Louisville/Jefferson County Jasper Logansport Frankfort	20 ▲ (+1)	St. Joseph Clark Madison Hendricks Dubois Dearborn Cass Hancock Clinton Shelby Whitley Starke
LOCALITIES IN YELLOW ZONE	12 ▼ (-2)	Indianapolis-Carmel-Anderson Cincinnati Plymouth Kokomo Decatur Peru Wabash Huntington Scottsburg Madison Crawfordsville North Vernon	26 ▼ (-3)	Marion Hamilton Johnson Marshall Floyd Howard Boone Adams Morgan Miami Harrison Wabash
Change from previous week's alerts:		▲ Increase ■ Stable ▼ Decrease		

All Red CBSAs: Evansville, Elkhart-Goshen, Fort Wayne, Terre Haute, Muncie, Michigan City-La Porte, Warsaw, Richmond, New Castle, Bedford, Seymour, Marion, Connersville, Kendallville, Vincennes, Angola, Auburn, Washington, Bluffton

All Red Counties: Lake, Elkhart, Vanderburgh, Allen, Porter, Delaware, Vigo, LaPorte, Kosciusko, Wayne, Warrick, Henry, Lawrence, Jackson, Posey, Grant, Gibson, Fayette, Noble, Knox, Steuben, Jasper, DeKalb, Daviess, Fountain, Wells, LaGrange, Putnam, Clay, Parke, Greene, Vermillion, Jay, Fulton, Perry, Rush, Newton, Ohio, Crawford, Warren, Pulaski

All Orange Counties: St. Joseph, Clark, Madison, Hendricks, Dubois, Dearborn, Cass, Hancock, Clinton, Shelby, Whitley, Starke, Randolph, Orange, Pike, Spencer, Sullivan, Blackford, Martin, Benton

All Yellow Counties: Marion, Hamilton, Johnson, Marshall, Floyd, Howard, Boone, Adams, Morgan, Miami, Harrison, Wabash, Ripley, Huntington, Scott, Washington, White, Jefferson, Montgomery, Franklin, Jennings, Carroll, Tipton, Brown, Union, Switzerland

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

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

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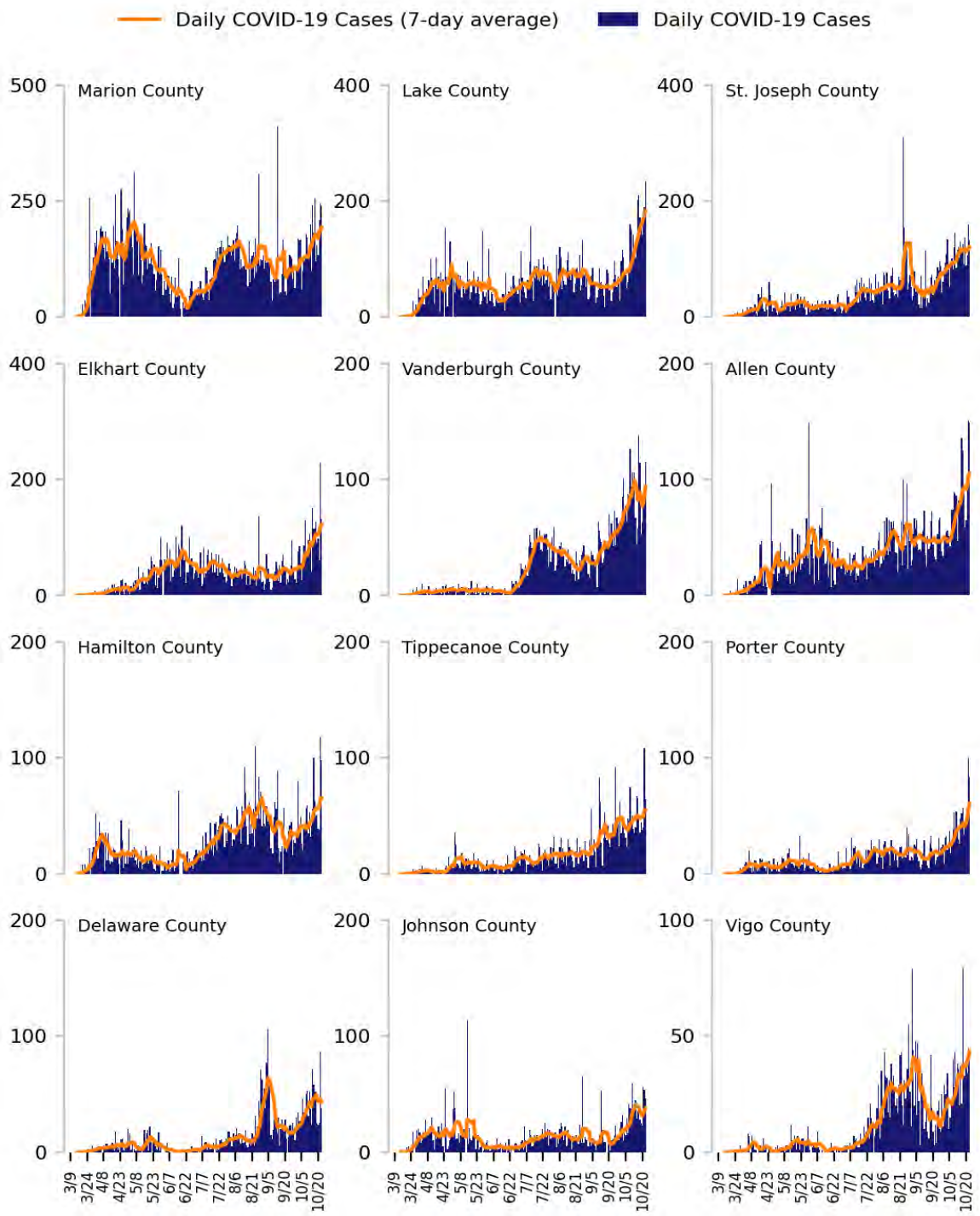
Top 12 counties based on number of new cases in the last 3 weeks



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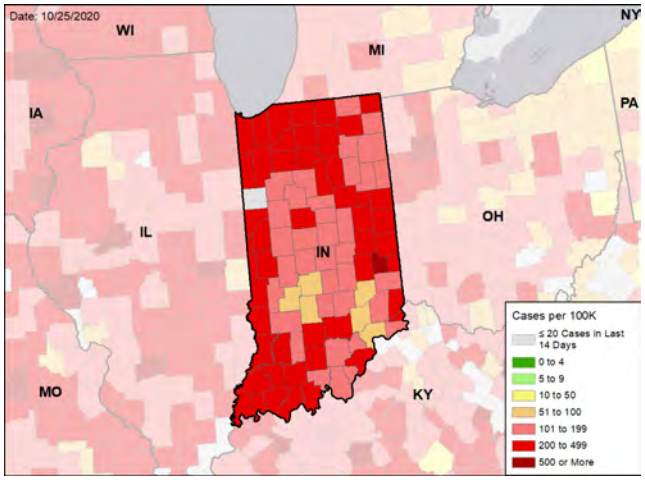
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

INDIANA

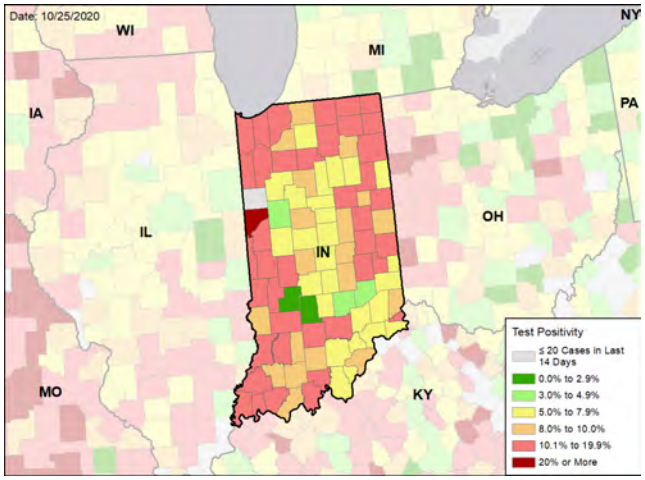
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

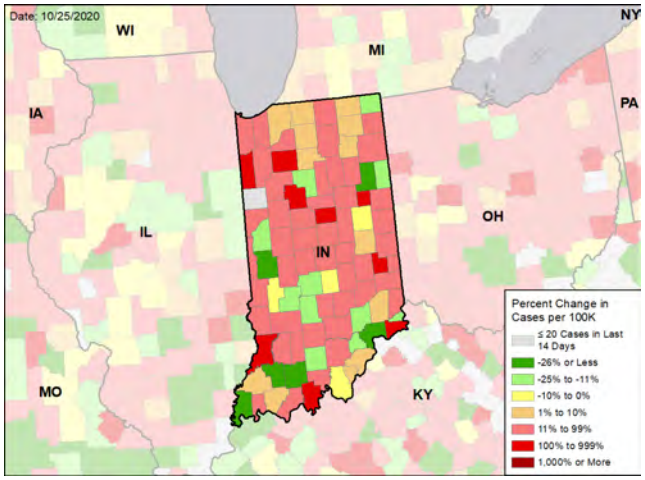
NEW CASES PER 100,000 DURING THE LAST WEEK



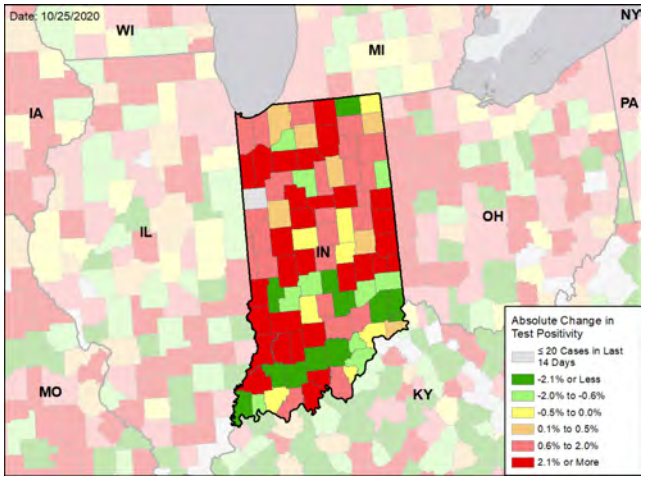
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

IOWA

SUMMARY

- Iowa is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 10th highest rate in the country. Iowa is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 11th highest rate in the country.
- Iowa has seen stability in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Polk County, 2. Dubuque County, and 3. Woodbury County. These counties represent 21.9% of new cases in Iowa.
- 97% of all counties in Iowa 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 Oct 12 - Oct 18, 15% of nursing homes had at least one new resident COVID-19 case, 32% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Iowa had 254 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Between Oct 17 - Oct 23, on average, 84 patients with confirmed COVID-19 and 26 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Iowa. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- All indicators of community spread are increasing, including percent of nursing homes with positive staff members and residents, and community spread is increasing hospital admissions, leading to potential resource constraints.
- Mitigation efforts must be increased to control community spread to include mask wearing, physical distancing, hand hygiene, and avoiding crowds in public and specifically, social gatherings in private.
- We are finding that as the weather cools, friends and families are moving social gatherings indoors, significantly increasing spread.
- Work with communities to limit large and small social gatherings; current transmissions are linked to home gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. When meeting people who are not a part of one's household, masking and physical distancing must be observed at all times, especially when indoors.
- Review transmissions in Polk, Dubuque, and Linn counties. Trace the source of spread with specific messages to those communities to change behaviors.
- With over 30% of nursing homes reporting at least one COVID positive staff member, work with nursing homes to trace exposures of positive staff to decrease introduction of community transmission to nursing homes.
- Provide specific mitigation messaging appealing to the following groups to engage them to do their part to slow the spread:
    - Rural communities.
    - Individuals over 65 years-old through senior citizen networks.
    - University students.
- The Abbott BinaxNOW tests perform best when used serially in populations and in schools. Corrections and healthcare workers must use these tests for weekly surveillance testing to monitor and act on county trends identified though sentinel surveillance.
- Ensure all hospitals have access to antivirals and antibodies, and ensure early use as treatment (within 48 hours).
- Tribal Nations: Address COVID fatigue; work on practices that are culturally supportive for the fall; ensure testing and hospital supplies are 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.

IOWA

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	8,003 (254)	+7%	31,703 (224)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.5%	+0.8%*	11.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	78,799** (2,498**)	+0%**	248,267** (1,756**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	96 (3.0)	+9%	481 (3.4)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	15%	+4%*	18%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	32%	+5%*	35%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+0%*	5%	4%

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

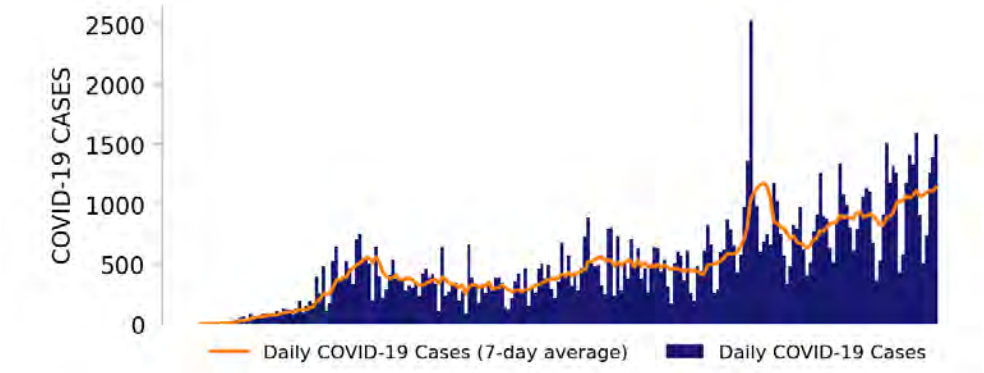
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

IOWA

STATE REPORT | 10.25.2020

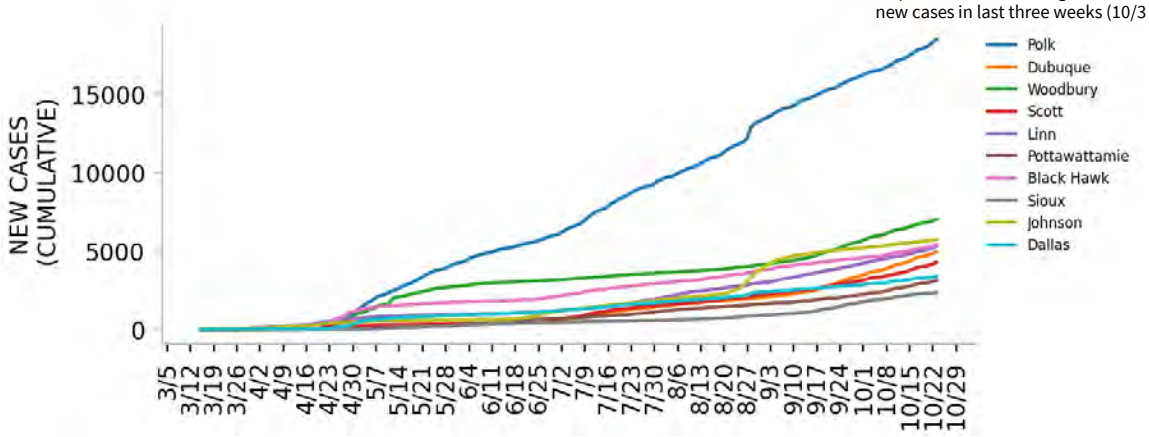
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

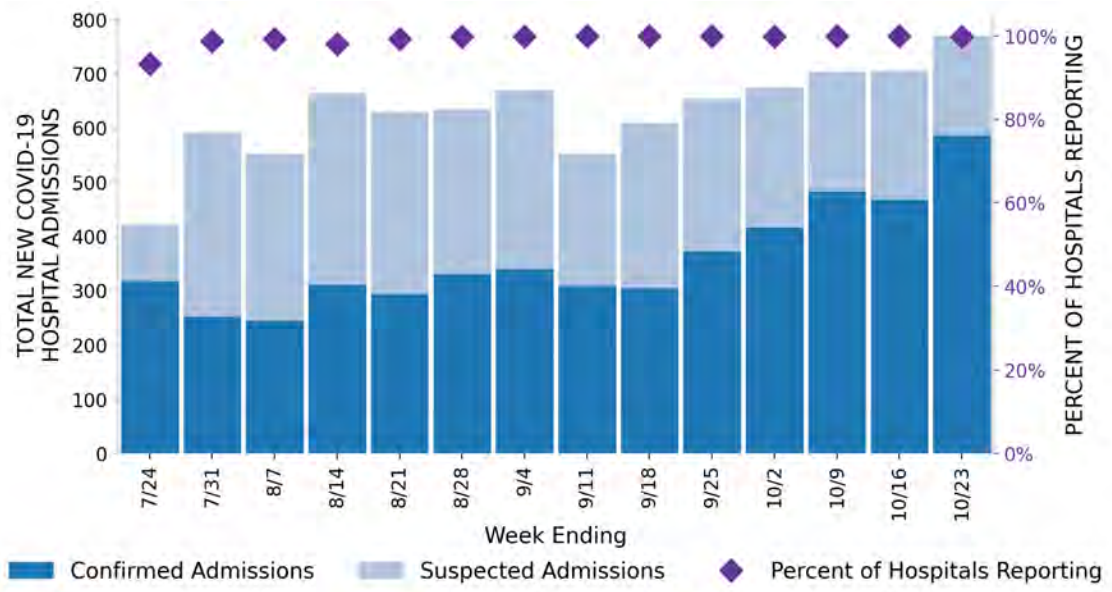
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

IOWA

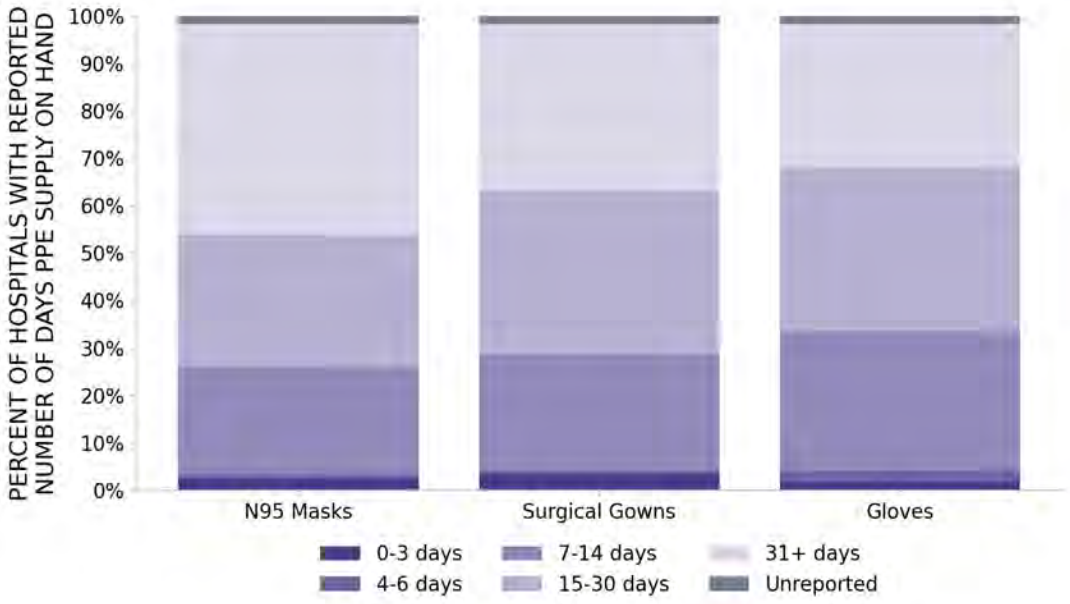
STATE REPORT | 10.25.2020

119 hospitals are expected to report in Iowa

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

IOWA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	14 ▲ (+4)	Dubuque Omaha-Council Bluffs Sioux City Waterloo-Cedar Falls Burlington Carroll Muscatine Oskaloosa Storm Lake Pella Spirit Lake Marshalltown	56 ▲ (+7)	Dubuque Woodbury Pottawattamie Black Hawk Sioux Des Moines Plymouth Carroll Harrison Delaware Muscatine Crawford
LOCALITIES IN ORANGE ZONE	7 ▲ (+1)	Des Moines-West Des Moines Cedar Rapids Davenport-Moline-Rock Island Ames Fort Dodge Clinton Fort Madison-Keokuk	21 ▲ (+2)	Polk Scott Dallas Webster Clinton Lee Benton Jasper Page Mills Emmet Hamilton
LOCALITIES IN YELLOW ZONE	2 ▼ (-4)	Mason City Ottumwa	19 ▼ (-2)	Linn Story Cerro Gordo Warren Wapello Washington Clayton Poweshiek Madison Hancock Shelby Union

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

All Red CBSAs: Dubuque, Omaha-Council Bluffs, Sioux City, Waterloo-Cedar Falls, Burlington, Carroll, Muscatine, Oskaloosa, Storm Lake, Pella, Spirit Lake, Spencer, Marshalltown, Fairfield

All Red Counties: Dubuque, Woodbury, Pottawattamie, Black Hawk, Sioux, Des Moines, Plymouth, Carroll, Harrison, Delaware, Muscatine, Crawford, Mahaska, Buena Vista, Henry, Jackson, O'Brien, Cass, Marion, Iowa, Cedar, Boone, Tama, Dickinson, Marshall, Clay, Kossuth, Hardin, Bremer, Lyon, Winnebago, Jones, Buchanan, Humboldt, Cherokee, Wright, Monroe, Allamakee, Osceola, Adair, Palo Alto, Jefferson, Taylor, Decatur, Appanoose, Louisa, Clarke, Fremont, Grundy, Chickasaw, Montgomery, Pocahontas, Van Buren, Audubon, Lucas, Adams

All Orange Counties: Polk, Scott, Dallas, Webster, Clinton, Lee, Benton, Jasper, Page, Mills, Emmet, Hamilton, Fayette, Winneshiek, Guthrie, Sac, Calhoun, Butler, Howard, Monona, Franklin

All Yellow Counties: Linn, Story, Cerro Gordo, Warren, Wapello, Washington, Clayton, Poweshiek, Madison, Hancock, Shelby, Union, Greene, Floyd, Ida, Mitchell, Davis, Keokuk, Worth

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

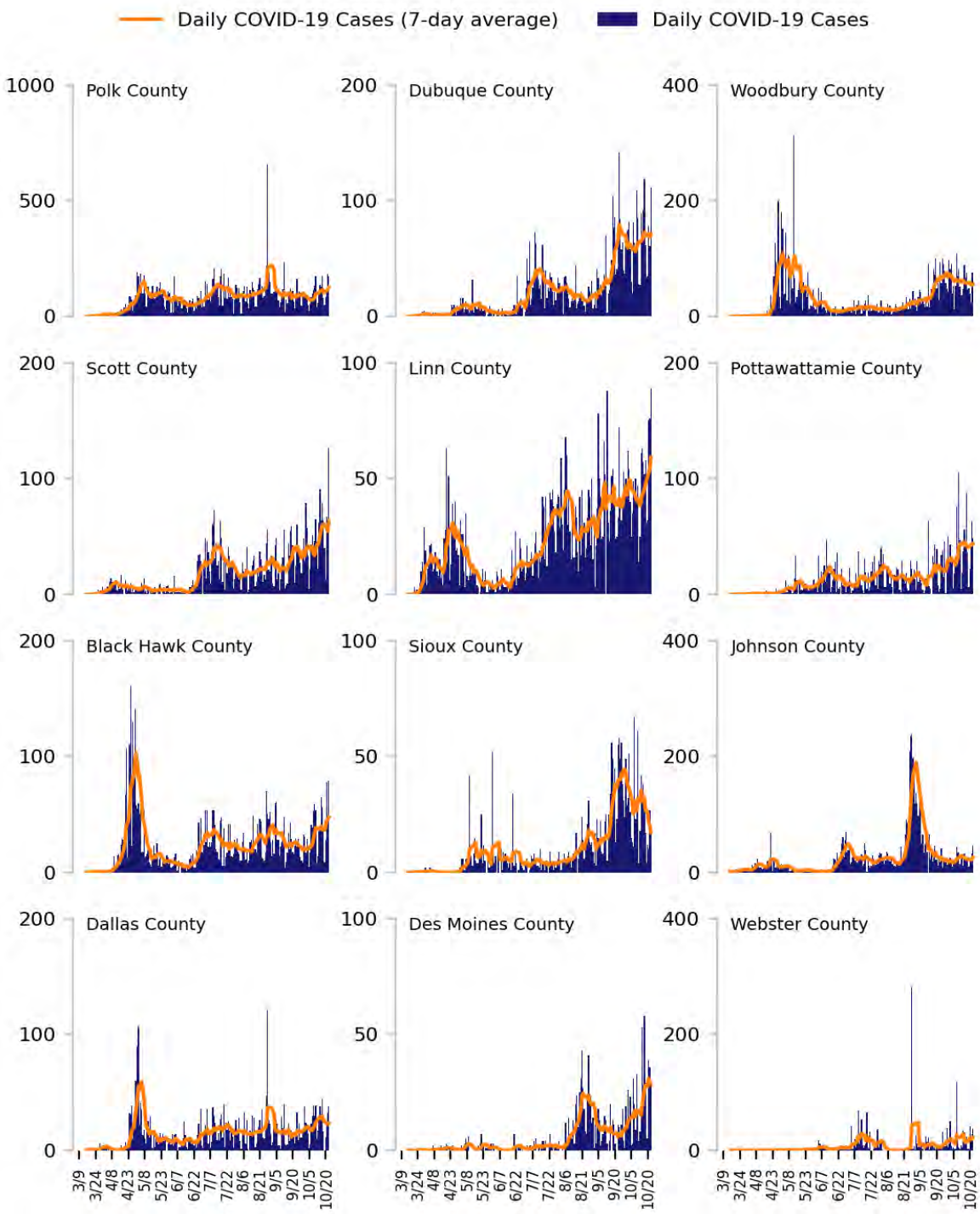
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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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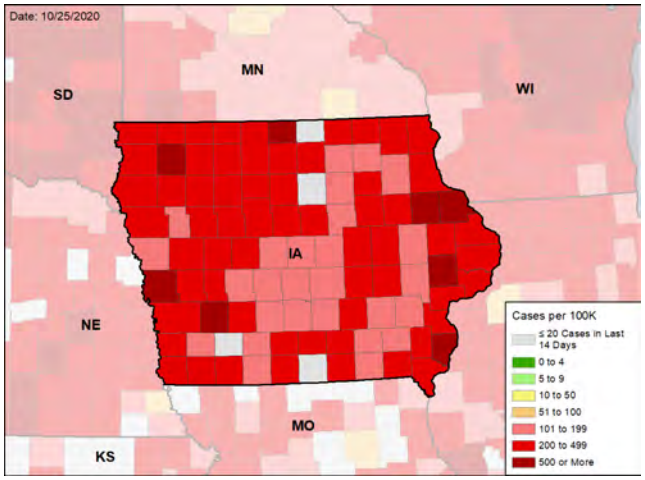
IOWA

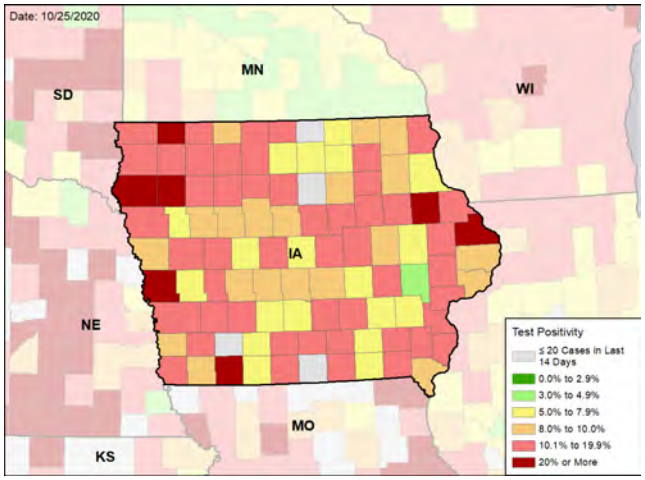
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

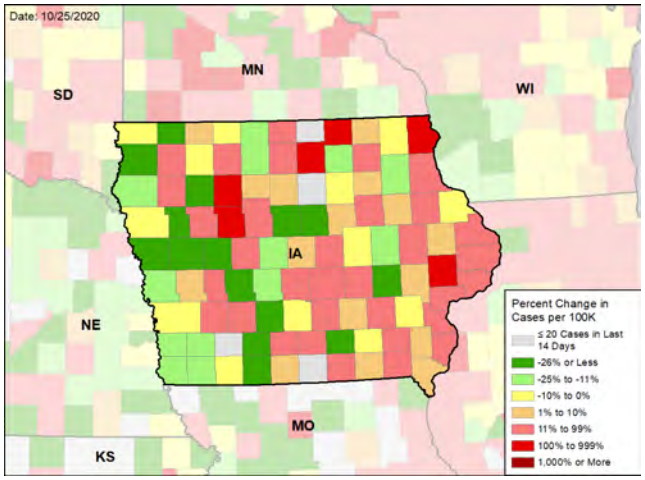
NEW CASES PER 100,000 DURING THE LAST WEEK



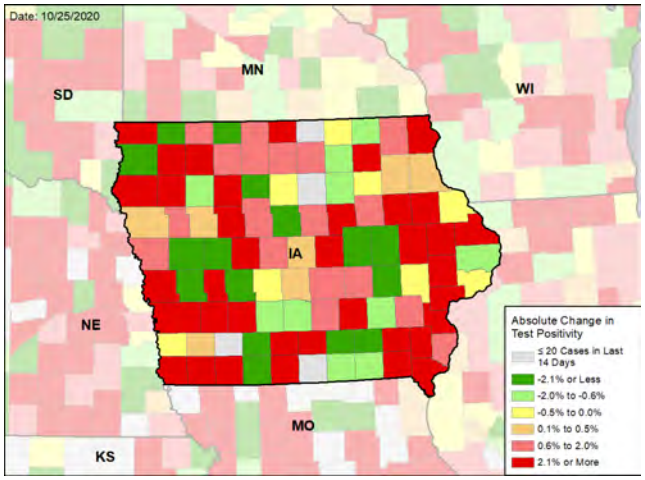
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

KANSAS

SUMMARY

- Kansas is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 19th highest rate in the country. Kansas is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 9th highest rate in the country.
- Kansas has seen stability in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Johnson County, 2. Sedgwick County, and 3. Wyandotte County. These counties represent 35.4% of new cases in Kansas.
- 68% of all counties in Kansas have moderate or high levels of community transmission (yellow, orange, or red zones), with 49% having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 12% of nursing homes had at least one new resident COVID-19 case, 30% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Kansas had 196 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Between Oct 17 - Oct 23, on average, 71 patients with confirmed COVID-19 and 60 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kansas. An average of 90% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Need a different strategy for reducing transmission in cooler weather and considering COVID fatigue. Keep mask requirements in place. Ensure physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and flu immunizations.
- Work with communities to limit large and small social gatherings; current transmissions are linked to home gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. When meeting people who are not a part of one's household, masking and physical distancing must be observed at all times, especially when indoors.
- With 30% of nursing homes reporting at least one COVID positive staff member, work with nursing homes to trace exposures of positive staff to decrease introduction of community transmission to nursing homes.
- Provide specific mitigation messaging appealing to the following groups to engage them to do their part to slow the spread:
    - Rural communities.
    - Individuals over 65 years-old through senior citizen networks.
    - University students.
- The Abbott BinaxNOW tests perform best when used serially in populations and in schools. Corrections and healthcare workers must use these tests for weekly surveillance testing to monitor and act on county trends identified though sentinel surveillance.
- Ensure all hospitals have access to antivirals and antibodies and ensure early use as treatment (within 48 hours). Need visibility from all hospitals on admissions and supplies in order to adequately support them.
- Tribal Nations: Address COVID fatigue; work on practices that are culturally supportive for the fall; ensure testing and hospital supplies are 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

KANSAS

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,710 (196)	+9%	31,703 (224)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.0%	+1.8%*	11.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	51,723** (1,775**)	-17%**	248,267** (1,756**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	116 (4.0)	+21%	481 (3.4)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	12%	+2%*	18%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	30%	+8%*	35%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+0%*	5%	4%

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
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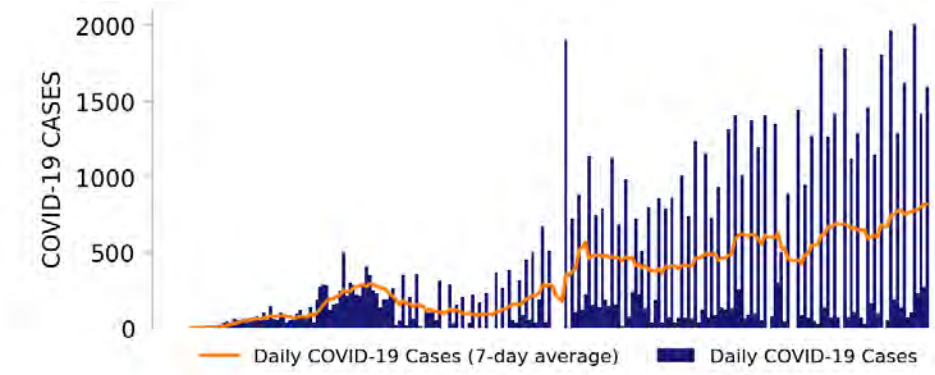
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

KANSAS

STATE REPORT | 10.25.2020

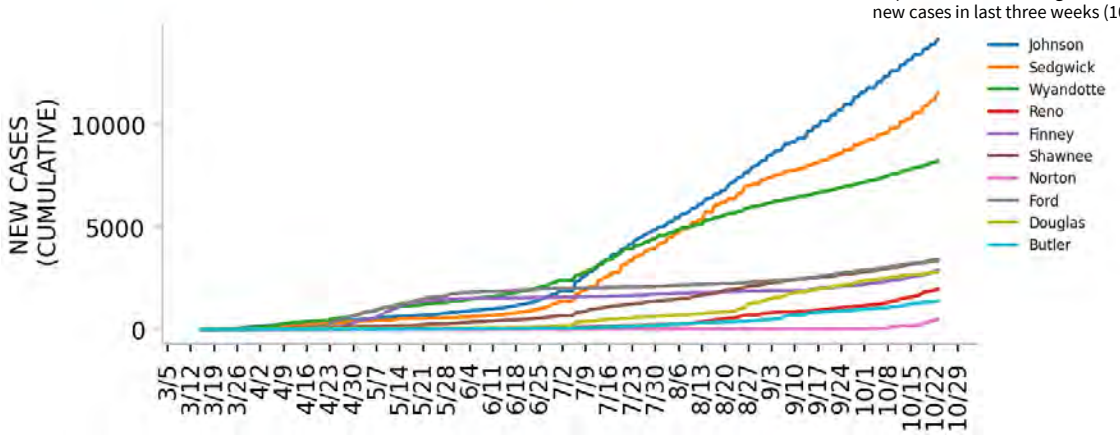
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

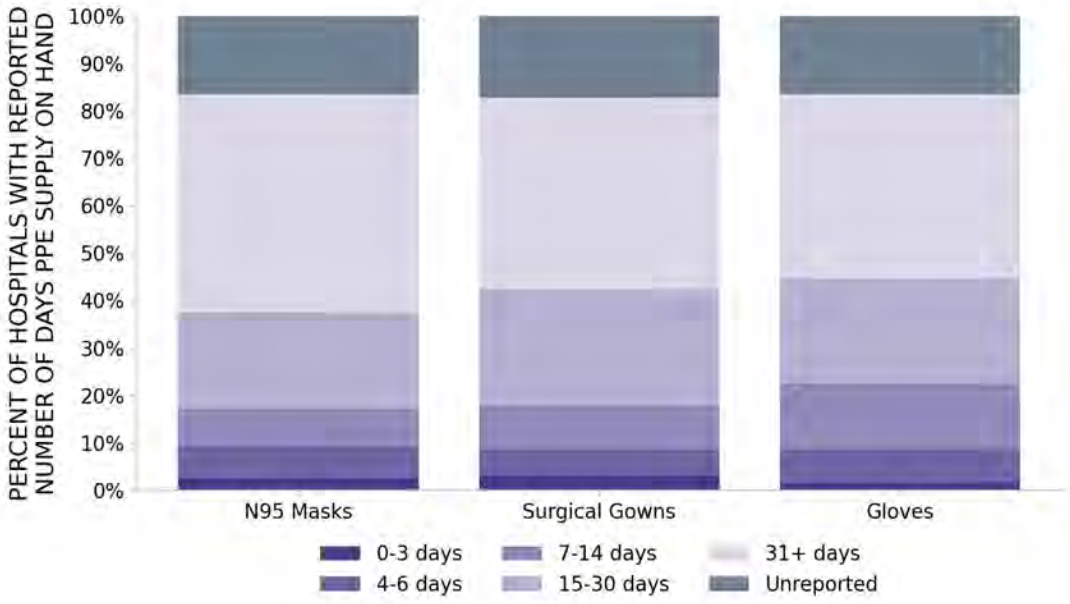
KANSAS

STATE REPORT | 10.25.2020

128 hospitals are expected to report in Kansas

HOSPITAL ADMISSIONS

HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

KANSAS

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	12 ▲ (+2)	Wichita Hutchinson Topeka Garden City Dodge City Liberal Pittsburg Hays Coffeyville Great Bend Parsons St. Joseph	51 ▲ (+9)	Sedgwick Reno Finney Shawnee Norton Ford Butler Seward Crawford Leavenworth Ellis Montgomery
LOCALITIES IN ORANGE ZONE	3 ▼ (-1)	Kansas City Salina Winfield	11 ▼ (-1)	Wyandotte Saline Harvey Cowley Geary Pottawatomie Doniphan Brown Marion Kearny Stanton
LOCALITIES IN YELLOW ZONE	5 ▼ (-1)	Manhattan Atchison Emporia Ottawa McPherson	9 ▼ (-5)	Johnson Atchison Lyon Franklin Miami McPherson Russell Neosho Osage

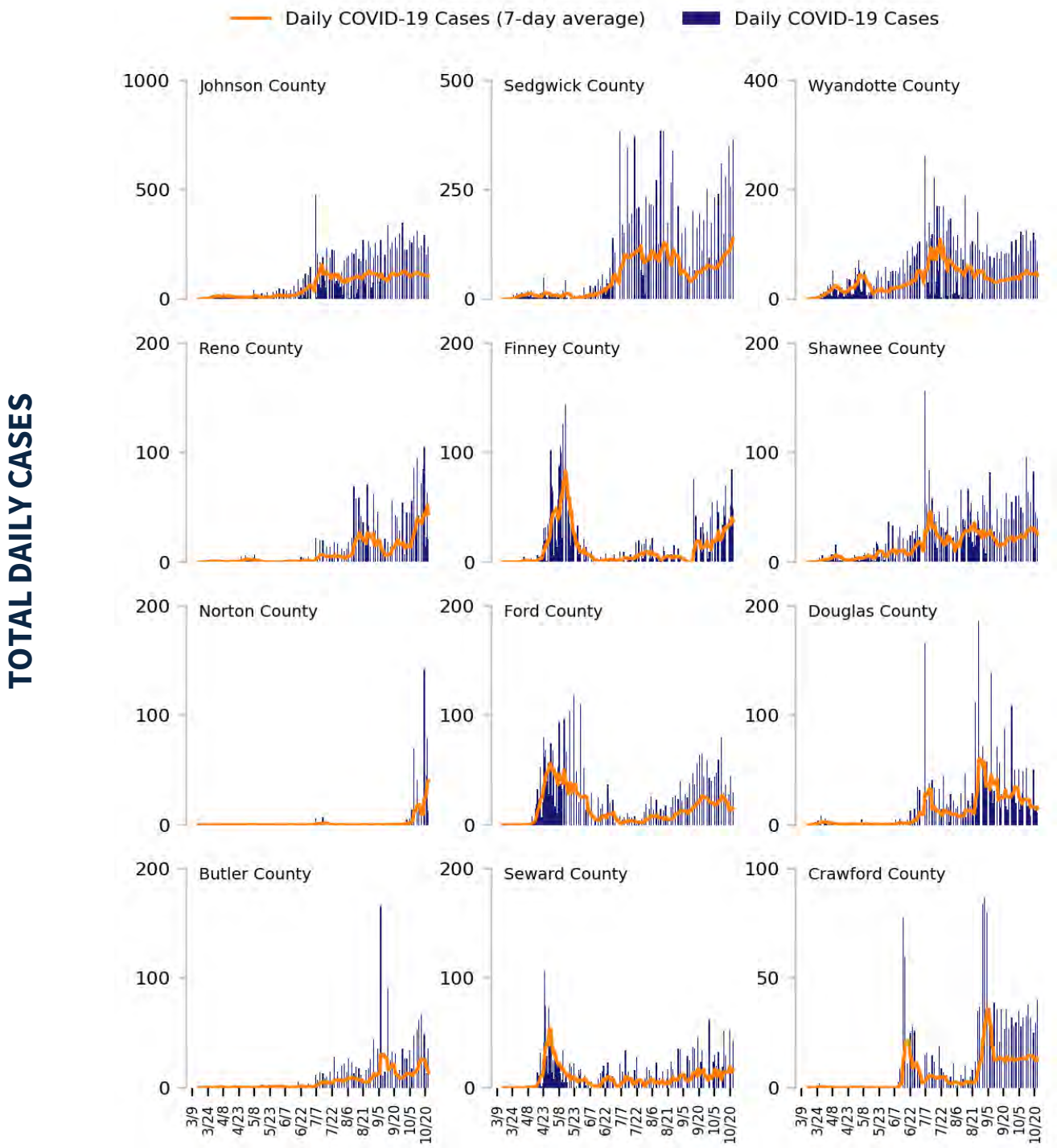
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Sedgwick, Reno, Finney, Shawnee, Norton, Ford, Butler, Seward, Crawford, Leavenworth, Ellis, Montgomery, Barton, Nemaha, Ellsworth, Sherman, Grant, Cherokee, Labette, Gove, Sheridan, Thomas, Anderson, Bourbon, Jefferson, Dickinson, Sumner, Scott, Decatur, Jackson, Ness, Rawlins, Phillips, Stevens, Gray, Rice, Cloud, Logan, Cheyenne, Pratt, Kiowa, Rooks, Kingman, Wichita, Coffey, Clay, Greenwood, Trego, Harper, Hamilton, Wallace

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



DATA SOURCES – Additional data details available under METHODS

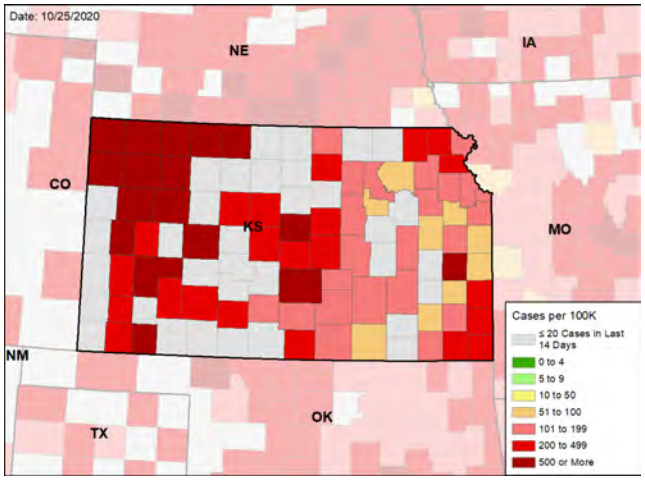
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

KANSAS

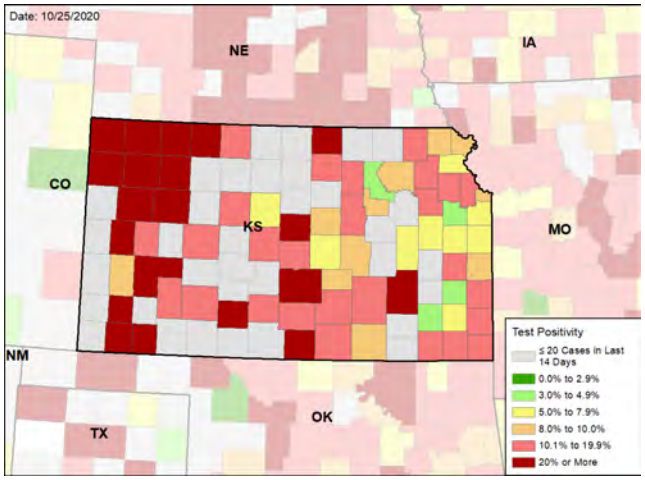
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

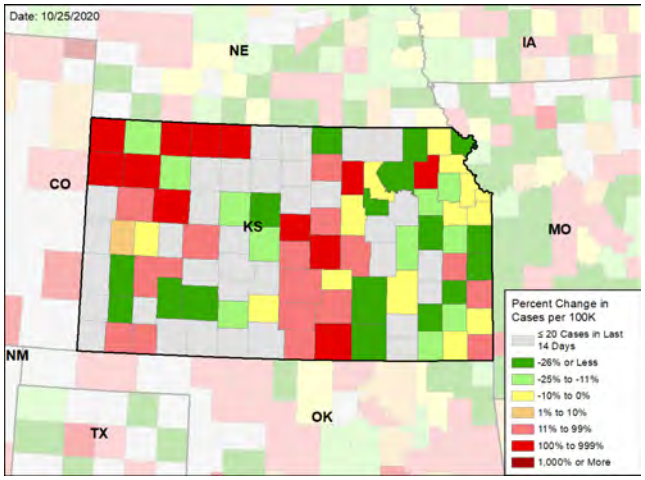
NEW CASES PER 100,000 DURING THE LAST WEEK



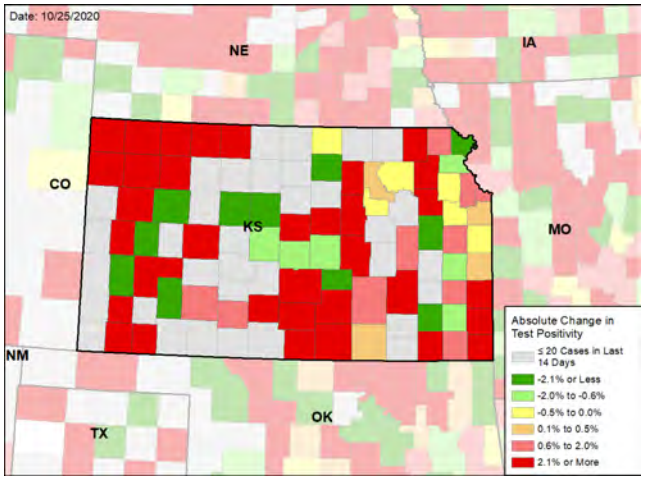
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

KENTUCKY

SUMMARY

- Kentucky is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 21st highest rate in the country. Kentucky is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 18th highest rate in the country.
- Kentucky has seen an increase in new cases and a decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Jefferson County, 2. Fayette County, and 3. Warren County. These counties represent 37.1% of new cases in Kentucky.
- 78% of all counties in Kentucky have moderate or high levels of community transmission (yellow, orange, or red zones), with 39% having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 21% of nursing homes had at least one new resident COVID-19 case, 41% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Kentucky had 185 new cases per 100,000 population in the last week, compared to a national average of 133 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 15 to support medical activities from VA.
- Between Oct 17 - Oct 23, on average, 181 patients with confirmed COVID-19 and 98 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kentucky. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Need a different strategy for reducing transmission; what worked in the summer is not working in the fall with cooler weather and considering COVID fatigue. Keep mask requirements in place and ensure physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and flu immunizations.
- Try a “rapid test and isolate” campaign in two counties to create county competition to decrease transmission and cases. Incentivize county residents to come forward to get tested to significantly reduce viral spread and cases within a few weeks. This will be a community approach with every resident doing their part to stop the spread. Have resources set up to support positive individuals who may not be able to isolate within their household. Make the challenge time-limited and focused.
- Work with communities to limit large and small social gatherings; current transmissions are linked to home gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. When meeting people who are not a part of one’s household, masking and physical distancing must be observed at all times, especially when indoors.
- Ensure retail establishment are complying with directives.
- The Abbott BinaxNOW tests perform best when used serially in populations and in schools. Corrections and healthcare workers must use these tests for weekly surveillance testing to monitor and act on county trends identified though sentinel surveillance.
- With over 40% of nursing homes reporting at least one COVID positive staff member, work with nursing homes to trace exposures of positive staff to decrease introduction of community transmission to nursing homes.
- Provide specific mitigation messaging appealing to the following groups to engage them to do their part to slow the spread:
    - Rural communities.
    - Individuals over 65 years-old through senior citizen networks.
    - University students.
- Ensure all hospitals have access to antivirals and antibodies and ensure early use as treatment (within 48 hours). Need visibility from all hospitals on admissions and supplies in order to adequately support them.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

KENTUCKY

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	8,243 (185)	+17%	90,091 (135)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.5%	-1.0%*	6.9%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	77,509** (1,735**)	+2%**	1,017,322** (1,520**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	96 (2.1)	+66%	1,543 (2.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	21%	+6%*	15%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	41%	+5%*	29%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	-1%*	5%	4%

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

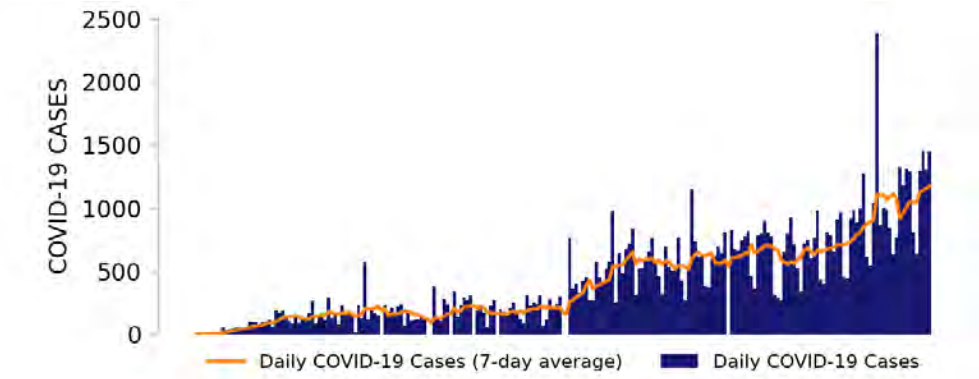
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

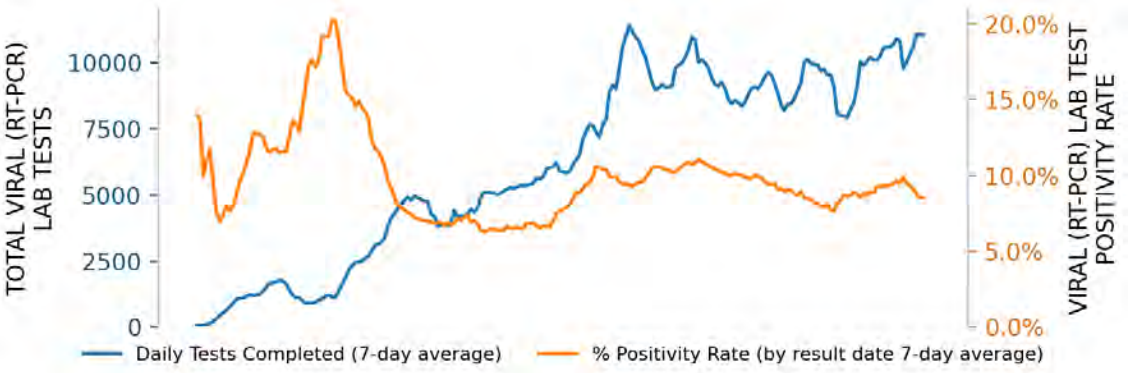
KENTUCKY

STATE REPORT | 10.25.2020

NEW CASES

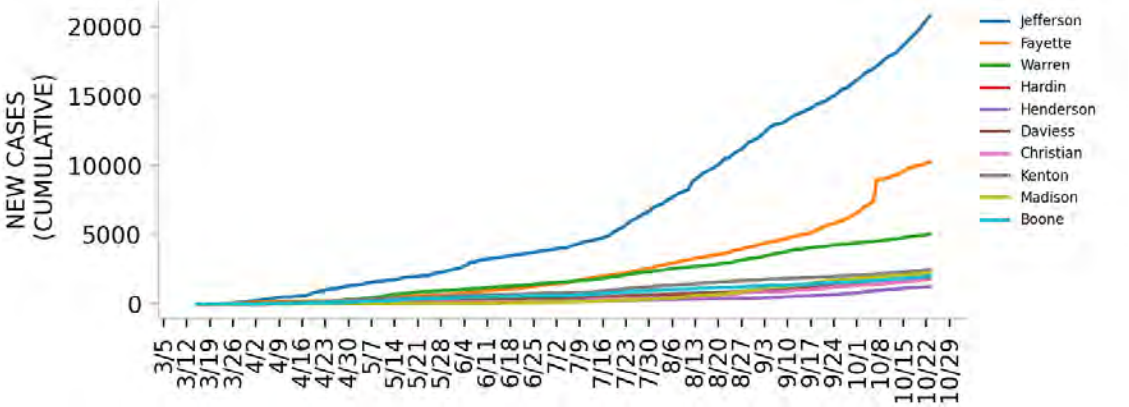


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

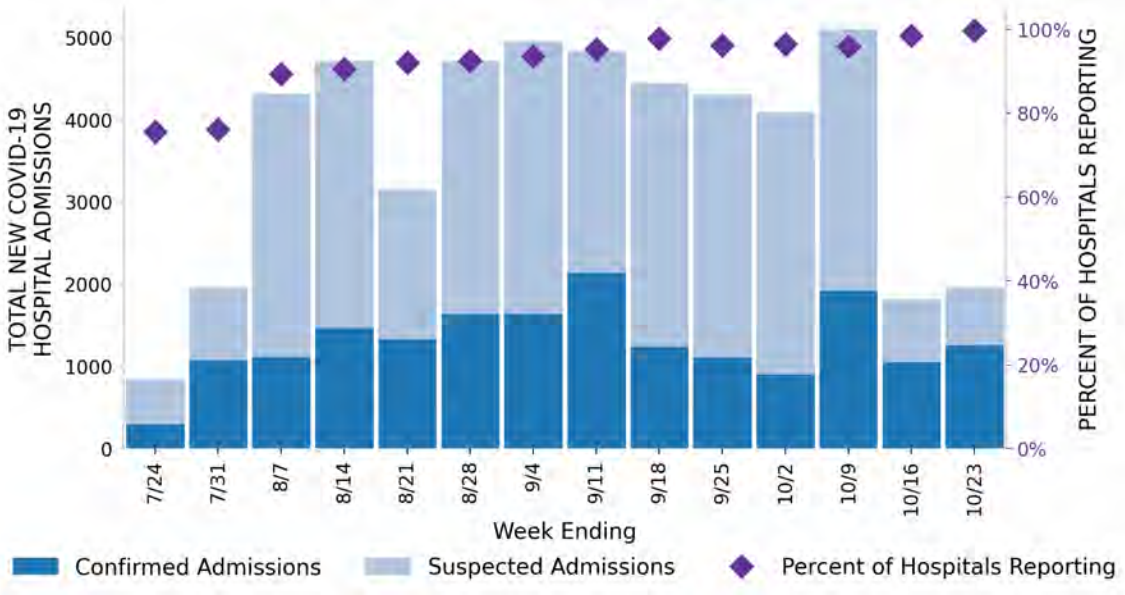
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

KENTUCKY

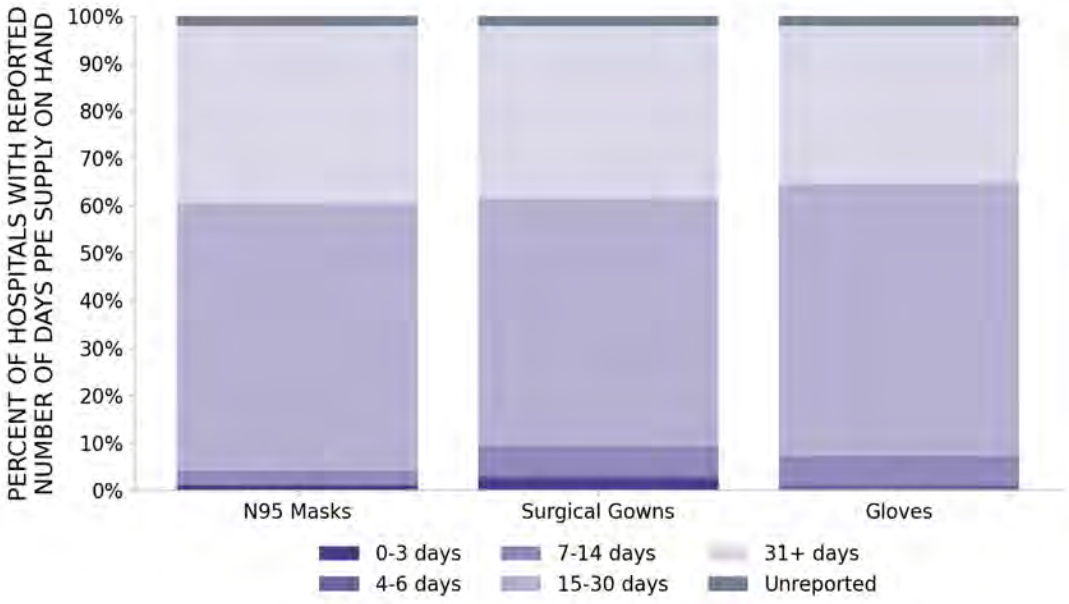
STATE REPORT | 10.25.2020

96 hospitals are expected to report in Kentucky

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

KENTUCKY

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	12 ▲ (+4)	London Elizabethtown-Fort Knox Owensboro Clarksville Evansville Glasgow Bardstown Murray Campbellsville Mount Sterling Central City Middlesborough	47 ▲ (+4)	Hardin Henderson Christian Bullitt Laurel Whitley Nelson Barren Jessamine Shelby Calloway Hart
LOCALITIES IN ORANGE ZONE	3 ▼ (-4)	Louisville/Jefferson County Bowling Green Maysville	22 ▲ (+3)	Jefferson Warren Daviess Boone Scott Knox Adair Floyd Johnson Marshall Ohio Bourbon
LOCALITIES IN YELLOW ZONE	7 ■ (+0)	Lexington-Fayette Cincinnati Richmond-Berea Huntington-Ashland Madisonville Paducah Mayfield	24 ▲ (+2)	Fayette Kenton Madison Hopkins Pike McCracken Campbell Oldham Greenup Rockcastle Clark Letcher

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

All Red Counties: Hardin, Henderson, Christian, Bullitt, Laurel, Whitley, Nelson, Barren, Jessamine, Shelby, Calloway, Hart, Marion, Logan, Muhlenberg, Perry, Clay, Taylor, Bell, Allen, Union, Meade, Montgomery, Garrard, Wayne, Larue, Knott, Webster, Todd, McLean, Fleming, Lawrence, Lee, Elliott, Nicholas, Fulton, Metcalfe, Jackson, Butler, Henry, Monroe, Leslie, Owsley, Hickman, Cumberland, Bracken, Gallatin

All Orange Counties: Jefferson, Warren, Daviess, Boone, Scott, Knox, Adair, Floyd, Johnson, Marshall, Ohio, Bourbon, Martin, Estill, Washington, Rowan, McCreary, Trigg, Magoffin, Breckinridge, Mason, Hancock

All Yellow Counties: Fayette, Kenton, Madison, Hopkins, Pike, McCracken, Campbell, Oldham, Greenup, Rockcastle, Clark, Letcher, Harlan, Graves, Clinton, Harrison, Anderson, Spencer, Green, Simpson, Lewis, Casey, Livingston, Lyon

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

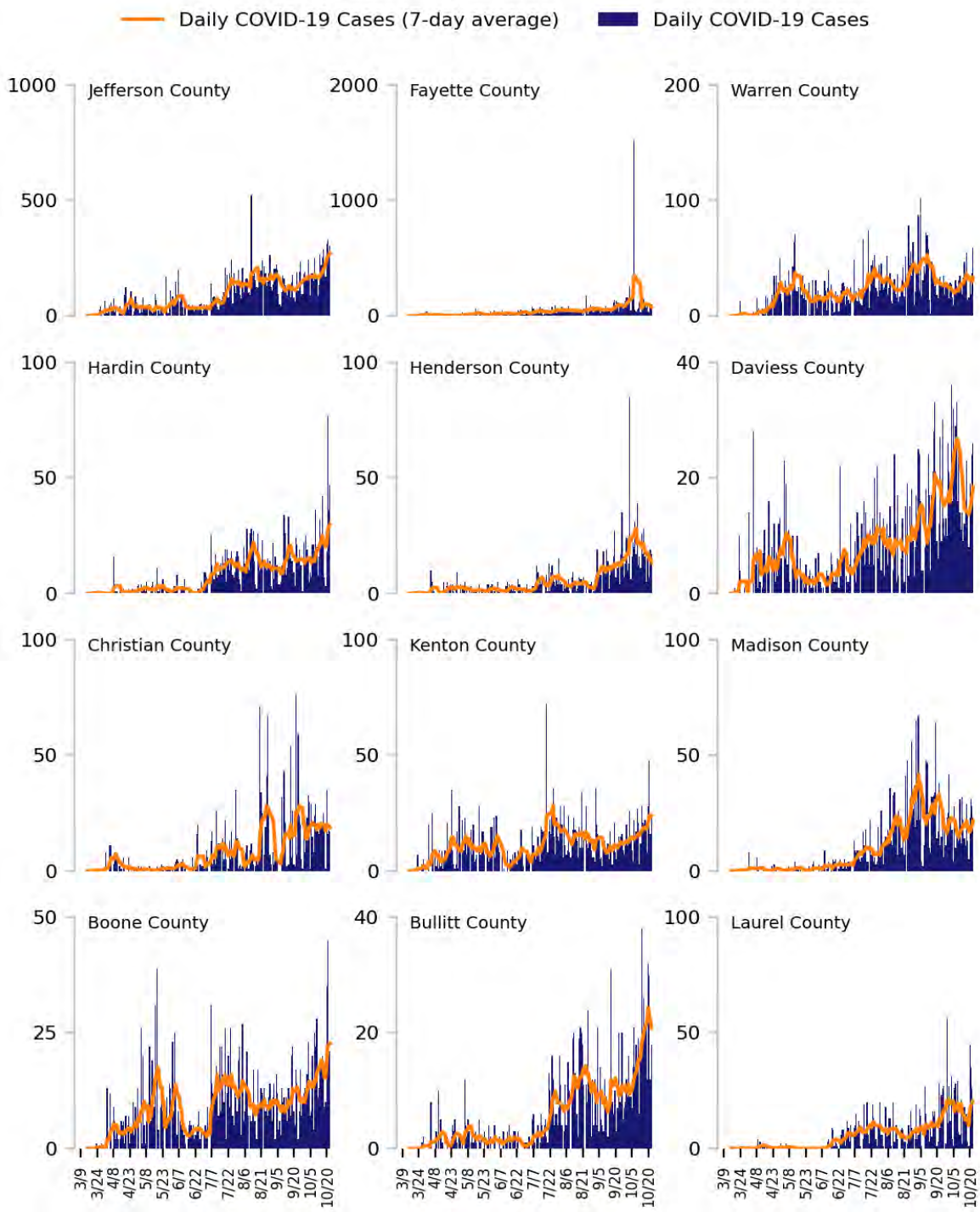
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



DATA SOURCES – Additional data details available under METHODS

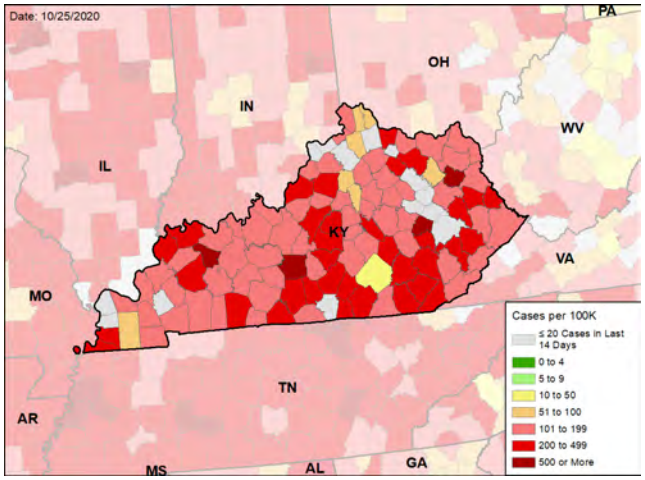
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

KENTUCKY

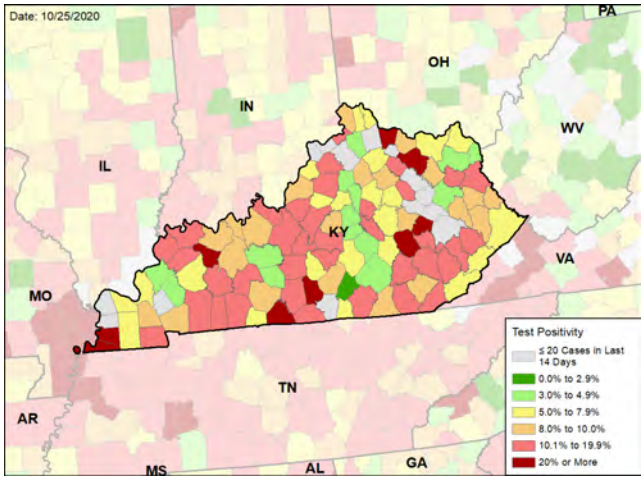
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

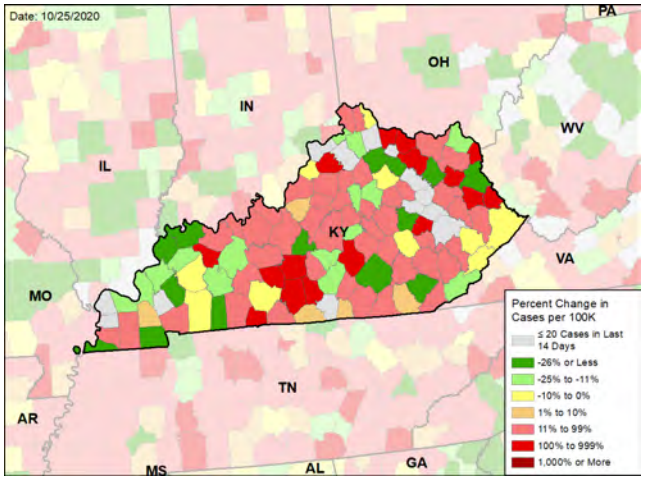
NEW CASES PER 100,000 DURING THE LAST WEEK



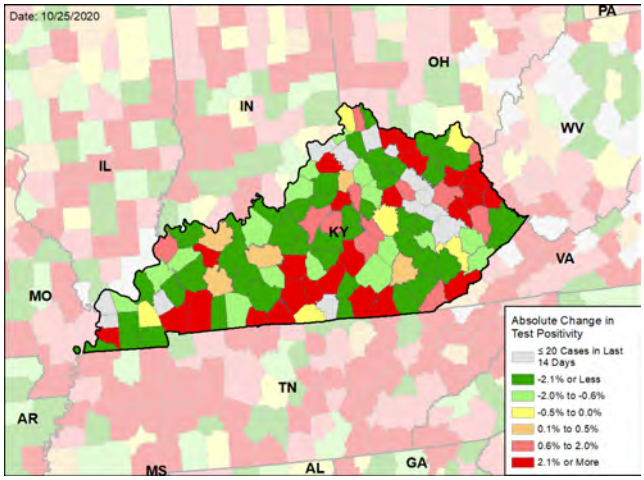
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

LOUISIANA

SUMMARY

- Louisiana is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 35th highest rate in the country. Louisiana is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 36th highest rate in the country.
- Louisiana has seen an increase in new cases and stability in test positivity over the last week.
- The following three parishes had the highest number of new cases over the last 3 weeks: 1. Caddo Parish, 2. Jefferson Parish, and 3. Bossier Parish. These parishes represent 23.9% of new cases in Louisiana.
- 53% of all parishes in Louisiana have moderate or high levels of community transmission (yellow, orange, or red zones), with 20% having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 13% of nursing homes had at least one new resident COVID-19 case, 18% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Louisiana had 91 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 41 to support operations activities from USCG.
- The federal government has supported surge testing in Baton Rouge, LA and New Orleans, LA.
- Between Oct 17 - Oct 23, on average, 84 patients with confirmed COVID-19 and 54 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Louisiana. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- The timeseries of maps at the back of your packet shows early signs of deterioration in the Sunbelt as mitigation efforts were decreased over the last month. We are tracking Louisiana closely and your tracking of wastewater in your communities would be key in this moment, as it appears there are early signals of increasing community spread, especially across the upper half of Louisiana.
- Louisiana must continue the strong mitigation efforts statewide and expand mitigation in the parishes with rising cases and hospitalizations. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations.
- Ensure all K-12 schools are following CDC guidelines, including for mask usage, and are utilizing the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread to further increase mitigation efforts.
- Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus as symptomatic cases and cases identified through surveillance testing continue to decline. Ensure all students are aware of the potential for viral spread during Halloween gatherings.
- Encourage outdoor activities and ensure mask and physical distancing messages for all Louisiana residents, both in public and private spaces to prevent household spread.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among community college students; K-12 teachers; students over 18; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen test results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests. This will give you clear insight into degree of community spread and the ability to stop this early, silent spread, as seen from the continued high level of nursing home staff positivity.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- 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 | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,242 (91)	+13%	62,564 (146)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.8%	+0.0%*	8.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	88,593** (1,906**)	-7%**	533,172** (1,248**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	87 (1.9)	+0%	782 (1.8)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	13%	-2%*	14%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	18%	-4%*	24%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+2%*	5%	4%

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

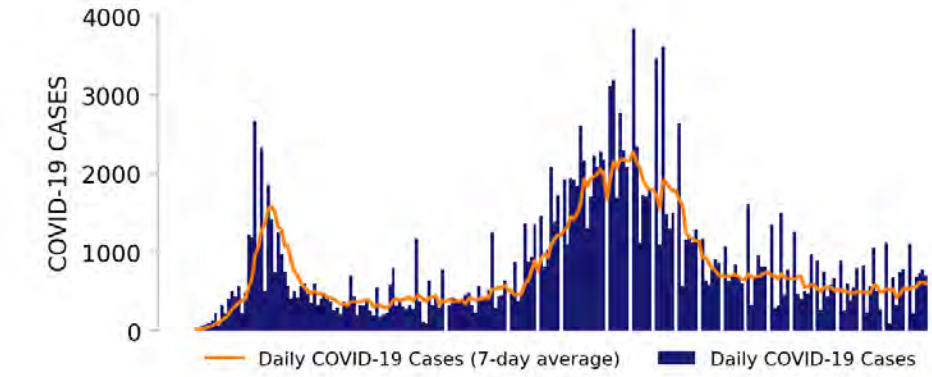
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

LOUISIANA

STATE REPORT | 10.25.2020

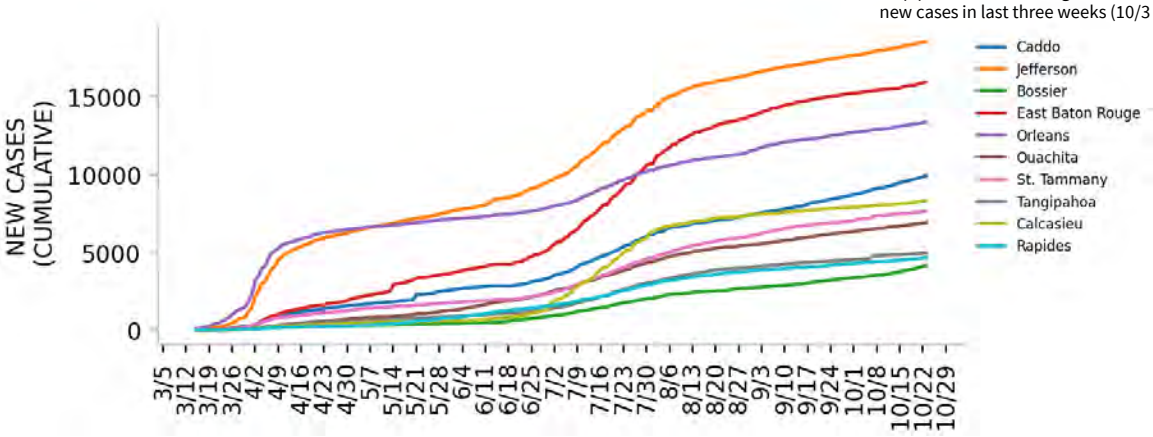
NEW CASES



TESTING

TOP PARISHES

Top parishes based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

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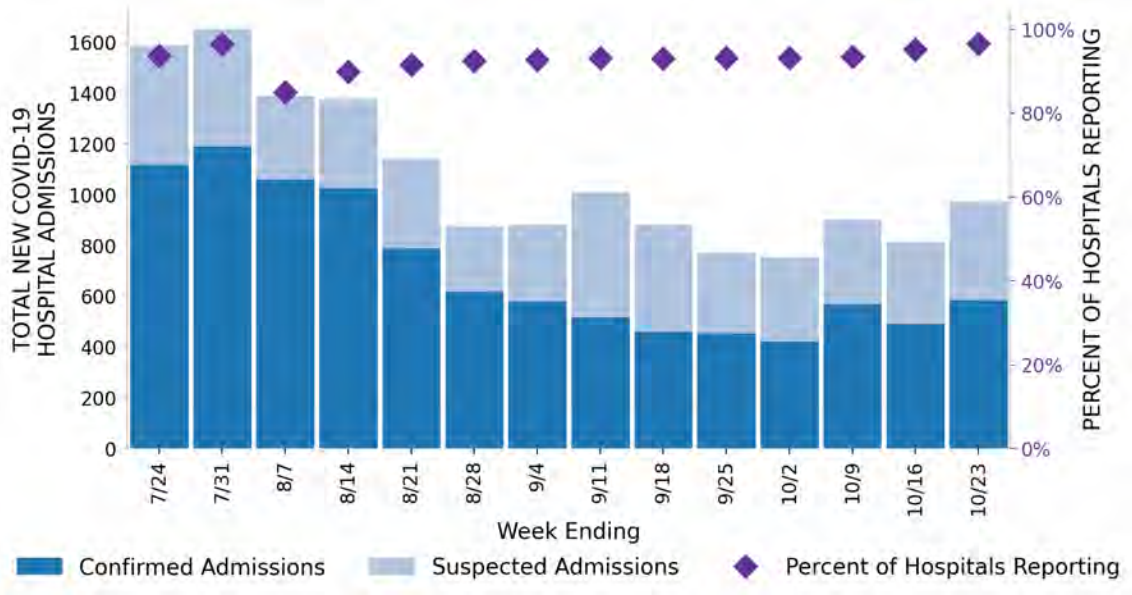
Cases: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

LOUISIANA

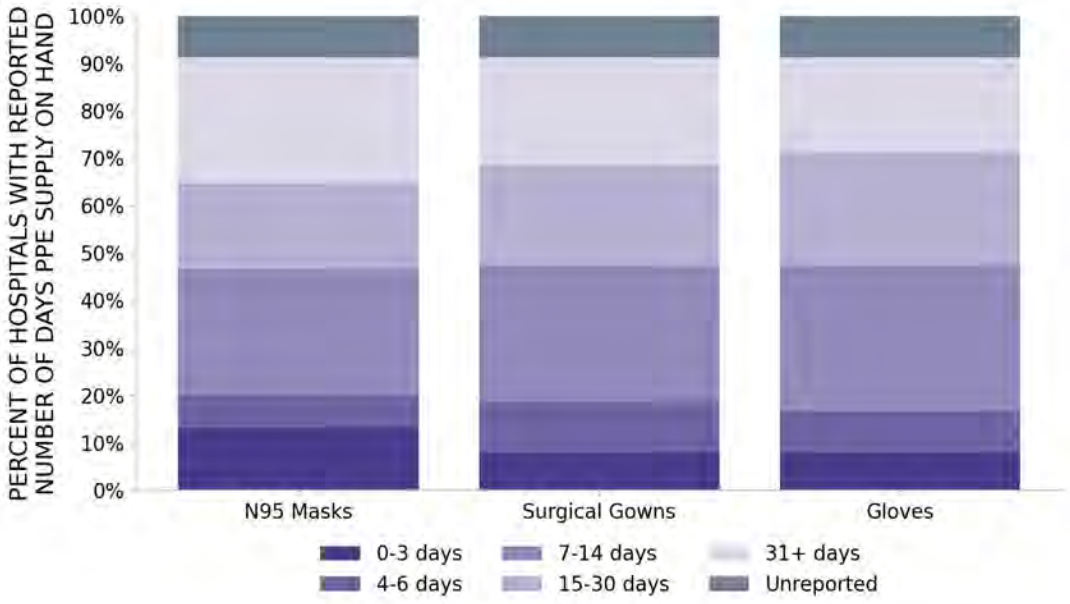
STATE REPORT | 10.25.2020

150 hospitals are expected to report in Louisiana

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

LOUISIANA

STATE REPORT | 10.25.2020

COVID-19 PARISH AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		PARISH LAST WEEK	
LOCALITIES IN RED ZONE	2 ▲ (+2)	Natchitoches Natchez	13 ▲ (+8)	Bossier Natchitoches Jackson Allen Union De Soto Richland Franklin Concordia Pointe Coupee Red River Caldwell
LOCALITIES IN ORANGE ZONE	3 ▼ (-1)	Shreveport-Bossier City Monroe Lake Charles	8 ▼ (-2)	Ouachita Calcasieu Livingston Ascension St. Martin Sabine Claiborne St. Helena
LOCALITIES IN YELLOW ZONE	6 ▼ (-1)	Baton Rouge Hammond Opelousas Ruston Bogalusa DeRidder	13 ▼ (-1)	Caddo Tangipahoa St. Landry Lincoln Plaquemines Acadia St. Charles Washington LaSalle Iberville Beauregard West Baton Rouge

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

All Red Parishes: Bossier, Natchitoches, Jackson, Allen, Union, De Soto, Richland, Franklin, Concordia, Pointe Coupee, Red River, Caldwell, East Carroll

All Yellow Parishes: Caddo, Tangipahoa, St. Landry, Lincoln, Plaquemines, Acadia, St. Charles, Washington, LaSalle, Iberville, Beauregard, West Baton Rouge, West Carroll

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

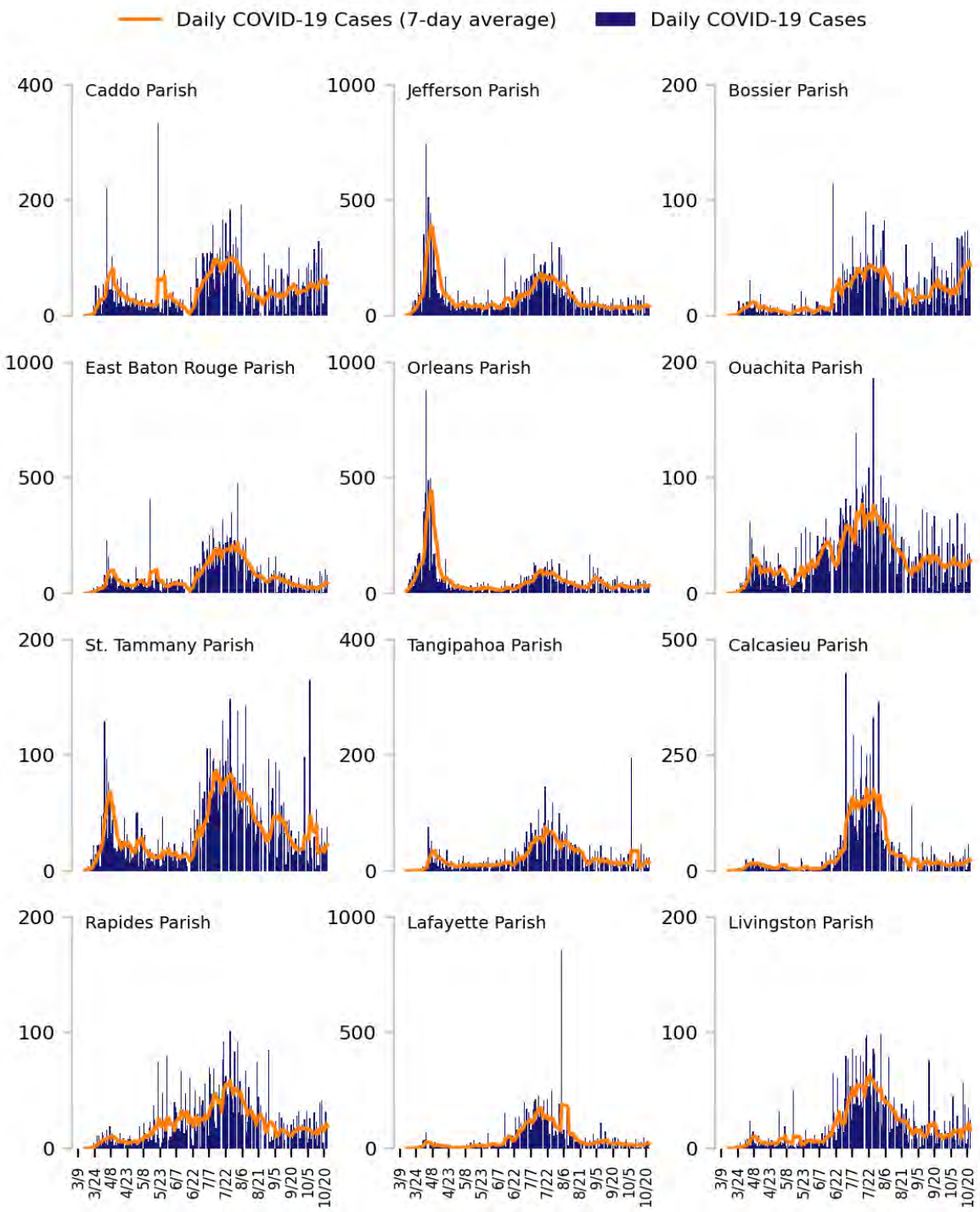
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



DATA SOURCES – Additional data details available under METHODS

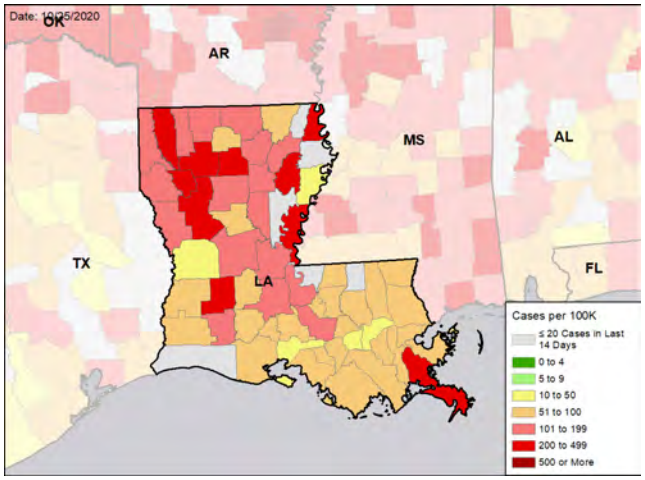
Cases: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

LOUISIANA

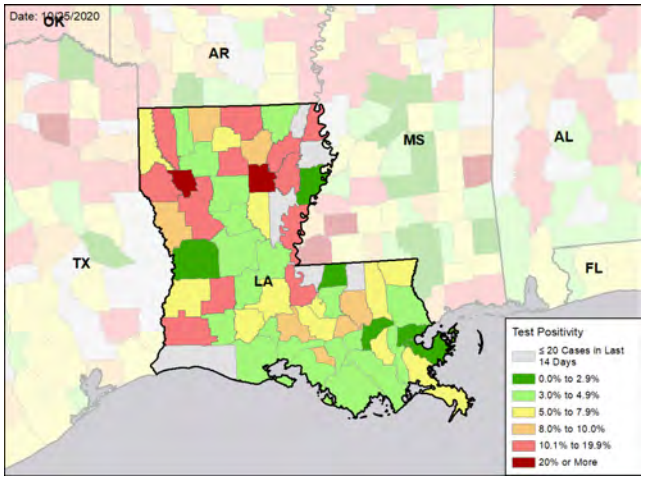
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

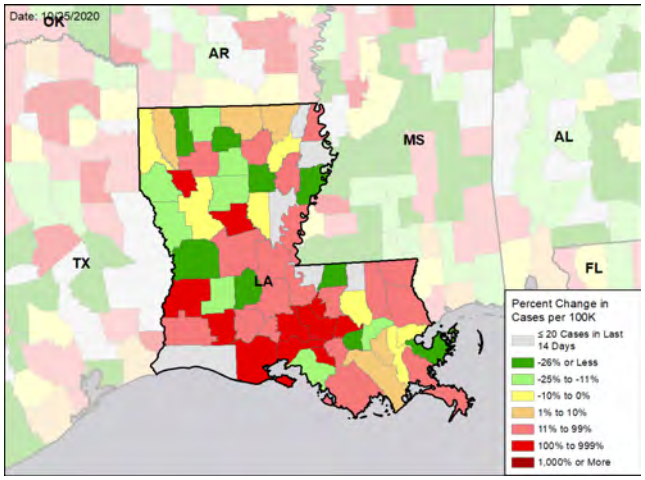
NEW CASES PER 100,000 DURING THE LAST WEEK



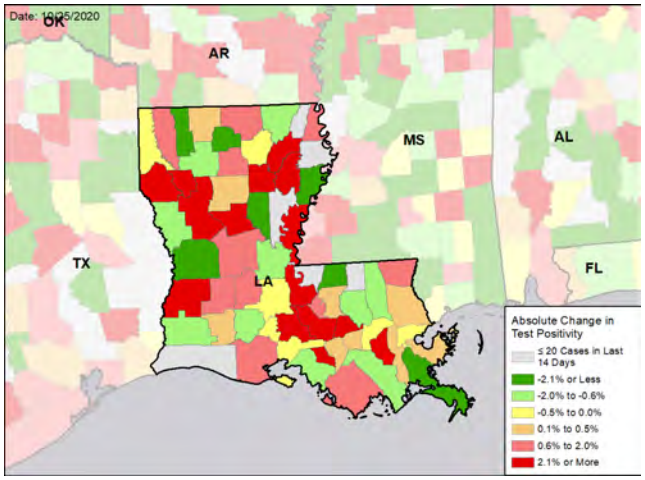
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

MAINE

SUMMARY

- Maine is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the 50th highest rate in the country. Maine is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 50th highest rate in the country.
- Maine has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. York County, 2. Cumberland County, and 3. Androscoggin County. These counties represent 51.9% of new cases in Maine.
- No counties in Maine have moderate or high levels of community transmission (yellow, orange, or red zones).
- Test positivity increased the most in Somerset, Washington, and Waldo counties (the latter associated with an outbreak at a church gathering).
- Hospital bed and ICU utilization in Penobscot County are around 83% and 92%, respectively.
- During the week of Oct 12 - Oct 18, no nursing homes had at least one new resident COVID-19 case, 1% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Maine had 17 new cases per 100,000 population in the last week, compared to a national average of 133 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 Oct 17 - Oct 23, on average, 1 patient with confirmed COVID-19 and 24 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maine. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Develop adequate surveillance network to catch silent spread as early as possible using wastewater surveillance and regular testing of staff at high risk of infection such as teachers, clinic staff and staff working at long-term care facilities (LTCFs) and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders.
- Continue case investigation of an outbreak in Waldo County and use as an important cautionary tale in media campaigns.
- Monitor contact tracing capacity to ensure all cases are immediately isolated and contact interviews are conducted within 48 hours; expand capacity as needed to meet these benchmarks.
- As Maine cautiously reopens its economy, maintain close tracking of incidence and test positivity at the local level and consider reverting to tighter restrictions locally at signs of increasing transmission.
- As transmission is now primarily being driven by smaller gatherings of family, friends, and neighbors, continue using various media platforms to recommend avoidance of close indoor gatherings, particularly for older individuals and those with comorbidities.
- Target public community testing efforts to those most at risk with highly specific messaging and strategic selection of testing locations.
- As antigen tests are dispersed, ensure reliable reporting of all results (both positive and negative).
- Continue to follow hospital capacity at the local level and develop expansion plans as needed to ensure adequate capacity; ensure hospitals in Penobscot County are sufficiently capacitated.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

MAINE

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	233 (17)	+19%	12,176 (82)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	0.7%	+0.1%*	1.6%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	21,084** (1,569**)	-10%**	627,161** (4,225**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	1 (0.1)	-50%	195 (1.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	0%	-1%*	5%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	1%	-1%*	10%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+1%*	2%	4%

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

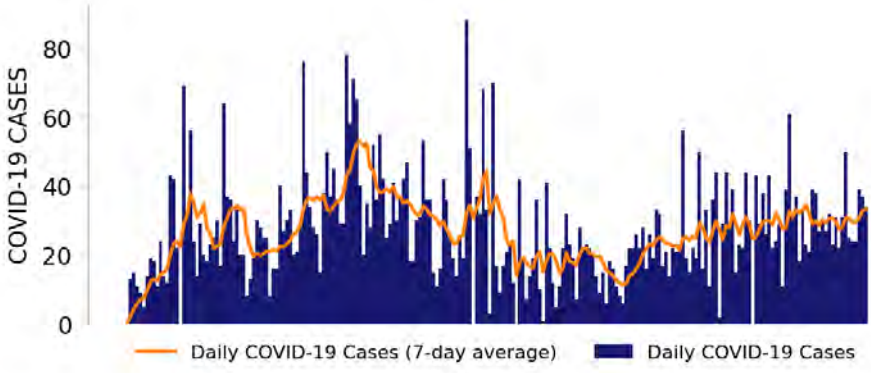
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

MAINE

STATE REPORT | 10.25.2020

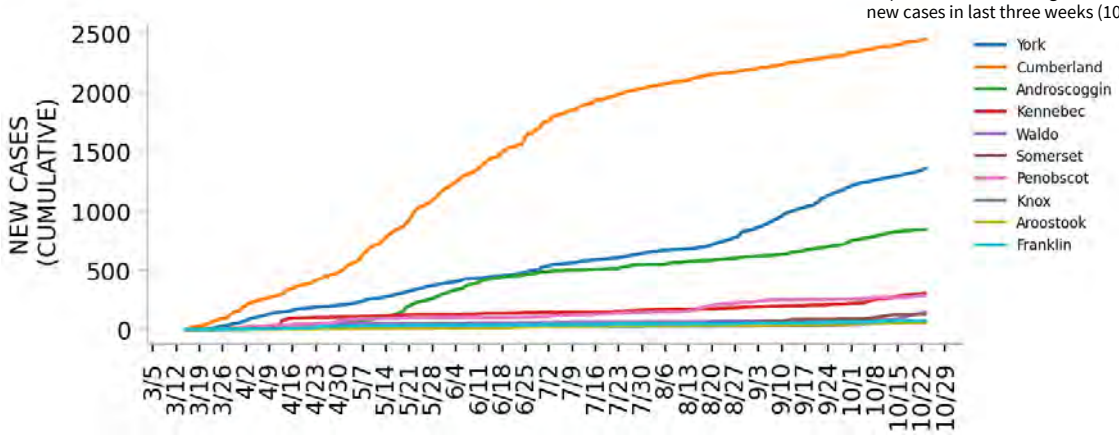
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

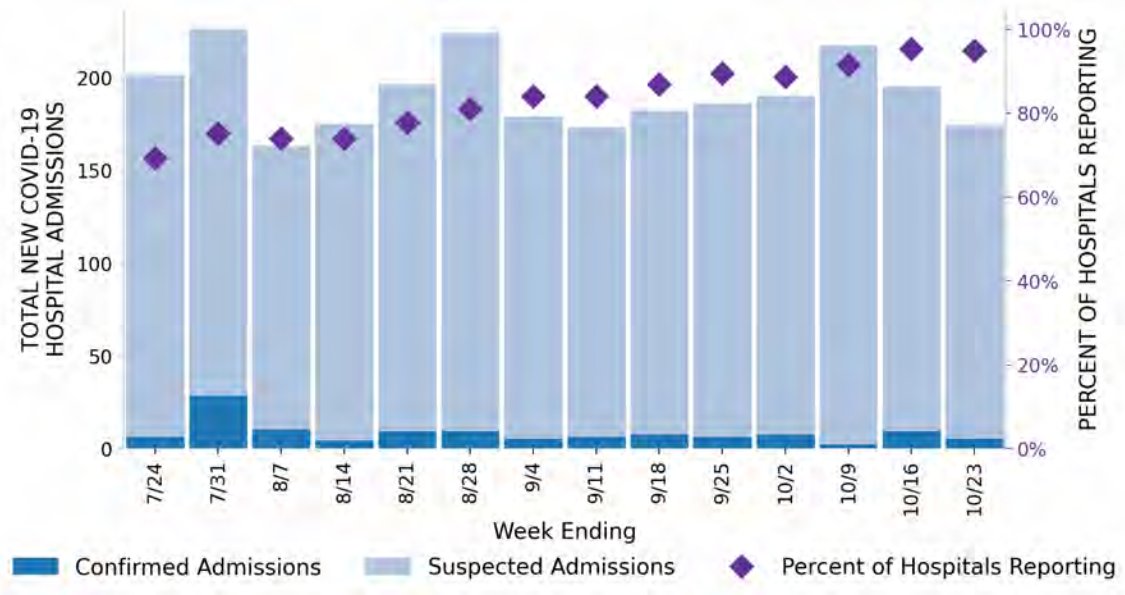
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/21/2020.

MAINE

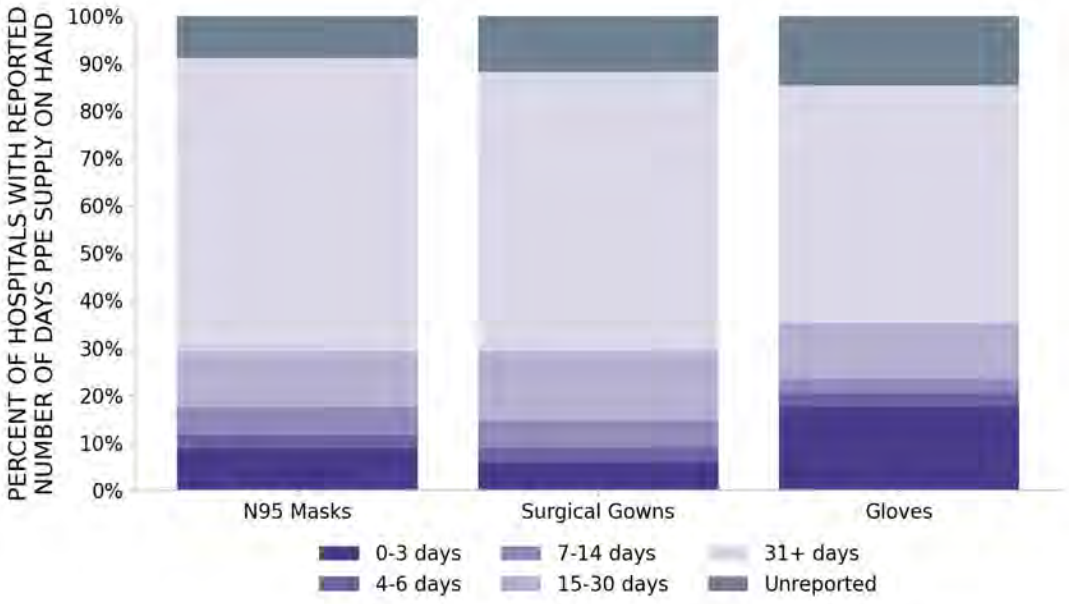
STATE REPORT | 10.25.2020

34 hospitals are expected to report in Maine

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

MAINE

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+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.**

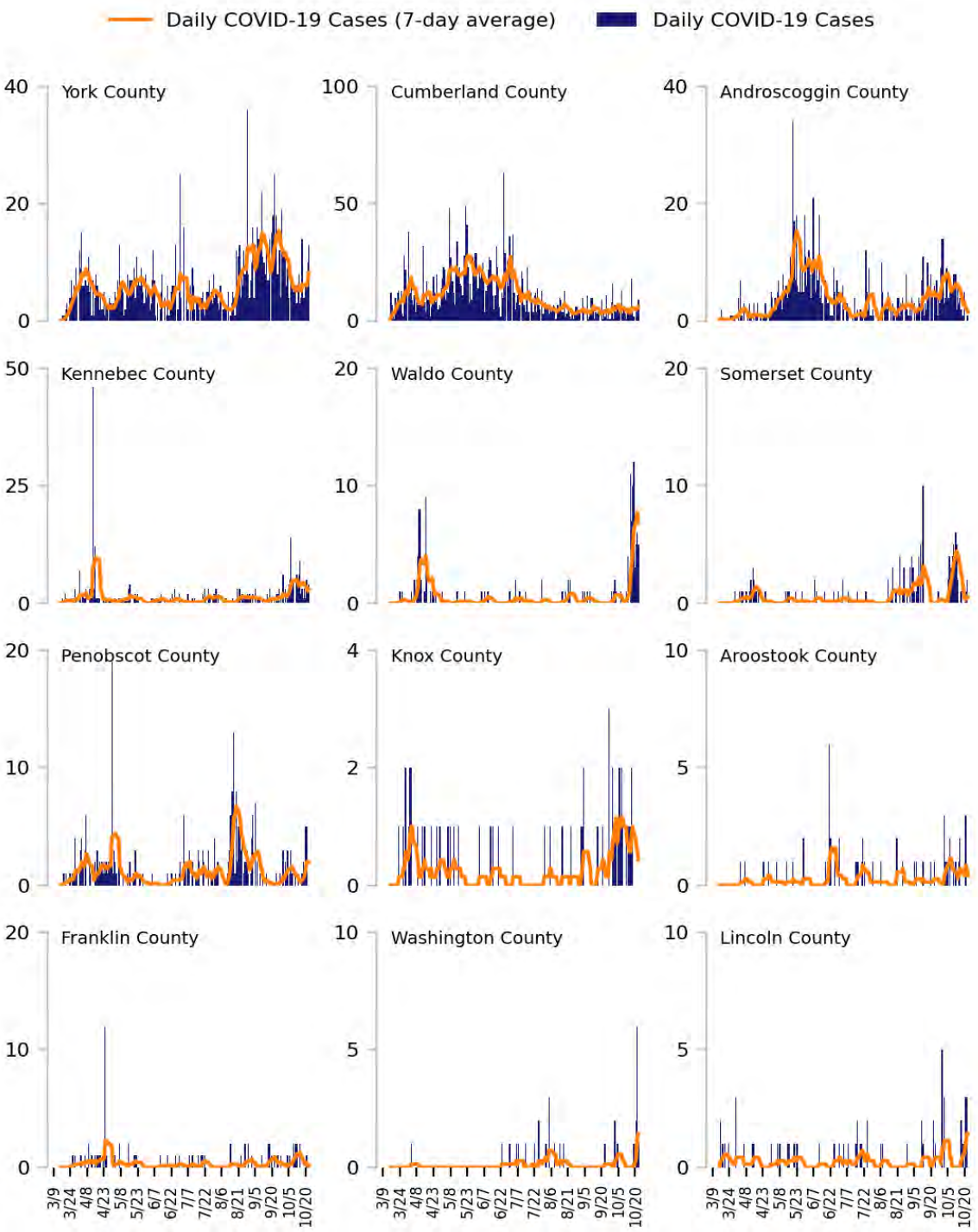
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

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

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



DATA SOURCES – Additional data details available under METHODS

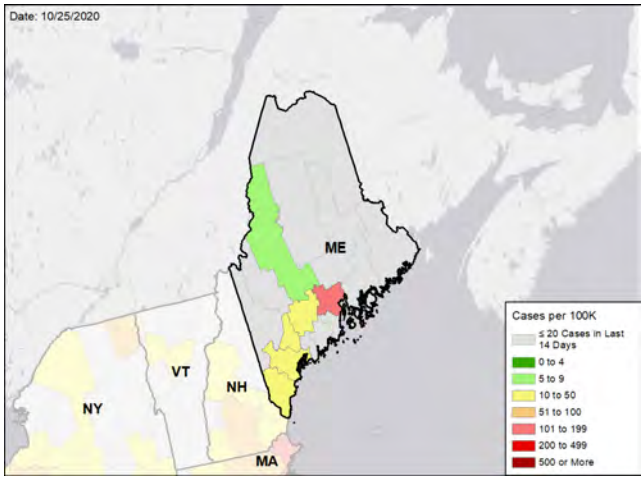
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

MAINE

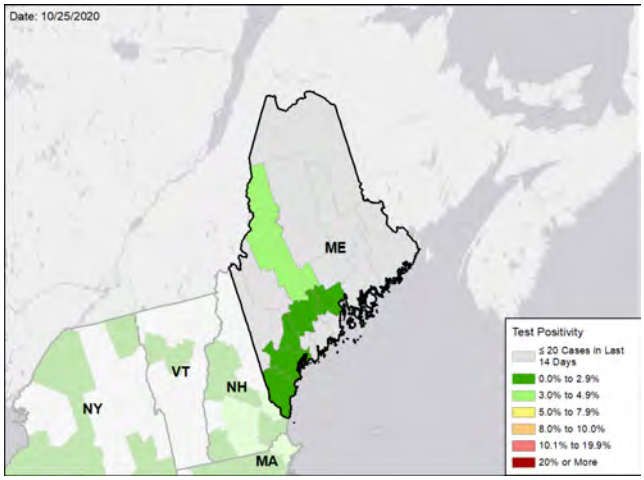
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

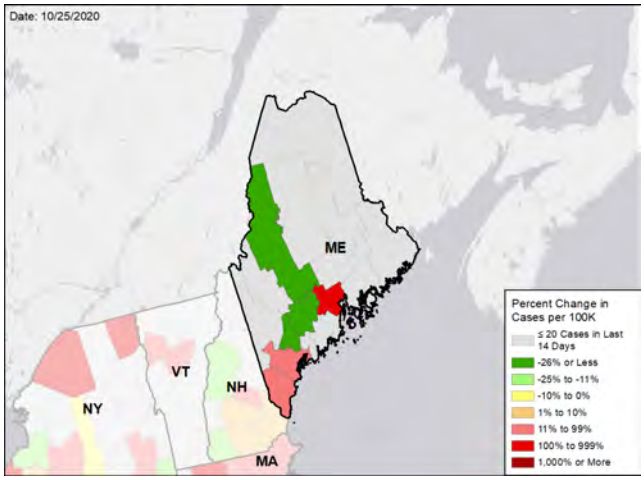
NEW CASES PER 100,000 DURING THE LAST WEEK



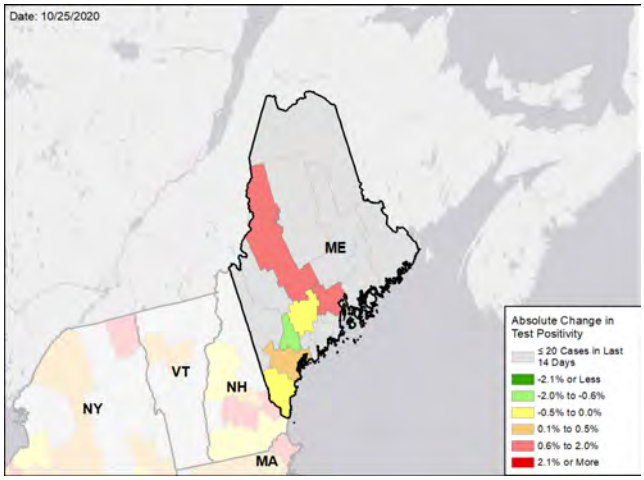
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

MARYLAND

SUMMARY

- Maryland is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 42nd highest rate in the country. Maryland is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 40th highest rate in the country.
- Maryland has seen stability in new cases and a decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Prince George's County, 2. Montgomery County, and 3. Baltimore County. These counties represent 48.5% of new cases in Maryland.
- 25% of all counties in Maryland have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 10% of nursing homes had at least one new resident COVID-19 case, 18% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Maryland had 72 new cases per 100,000 population in the last week, compared to a national average of 133 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; 8 to support operations activities from ASPR; and 14 to support operations activities from USCG.
- Between Oct 17 - Oct 23, on average, 62 patients with confirmed COVID-19 and 243 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maryland. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Maryland has previously had success in large part due to a well-developed, gradated set of mitigation measures for communities based on transmission indicators. With the recent lessening of mitigation measures, the state should ensure that jurisdictions are increasing active testing and case rate monitoring and be prepared to modify practices for increasing disease activity.
- Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Consider implementing increased randomized community testing to find asymptomatic infected individuals, isolate them, and trace contacts. This model has helped universities control spread in their communities. Use of rapid tests are extremely helpful in these activities.
- As state and local leaders balance mitigating cases while maximizing economic activity, recommend emphasizing that compliance with restrictions on public and private gathering sizes, especially indoors, will help limit the superspreader events that are critical to rapid epidemic spread. This in turn will help to increase the level at which businesses can operate safely. State and local leaders should work intensely with business leaders and communities to ensure a clear and shared message.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations everywhere, as well as tailored business and public venue measures for counties with increasing incidence.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With weather conditions increasingly forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of "prevention fatigue."
- The media and outreach campaign to Baltimore's Latinx community is commended, as is the #MasksOnMaryland campaign.
- Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces.
- Localized, more intense mitigation measures in high incidence jurisdictions are recommended, including maintaining or increasing restrictions on gathering sizes, especially indoors. Public education and enforcement measures to increase compliance should be enhanced. In red and orange counties, or state-designated high incidence communities, both public and private gatherings should be as small as possible and optimally, not extend beyond immediate family.
- Continue to implement plan to increase surveillance for community spread using the Abbott BinaxNOW or other antigen tests, especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Increased rate of infection seen among long-term care facility (LTCF) workers indicates significant transmission in their communities and those transmission settings must be identified and mitigated.
- With the holiday season on the way, encourage citizens to adhere to CDC's guidance to help protect individuals and their families, friends, and communities from COVID-19 during holiday celebrations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MARYLAND

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,362 (72)	+5%	26,158 (85)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.9%	-0.7%*	4.7%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	151,352** (2,503**)	+21%**	608,658** (1,973**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	43 (0.7)	+0%	386 (1.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	10%	+4%*	9%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	18%	+2%*	19%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+0%*	3%	4%

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

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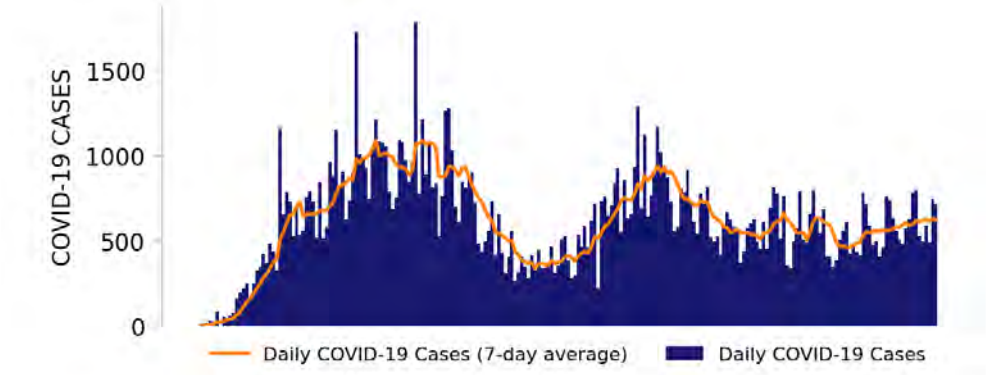
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

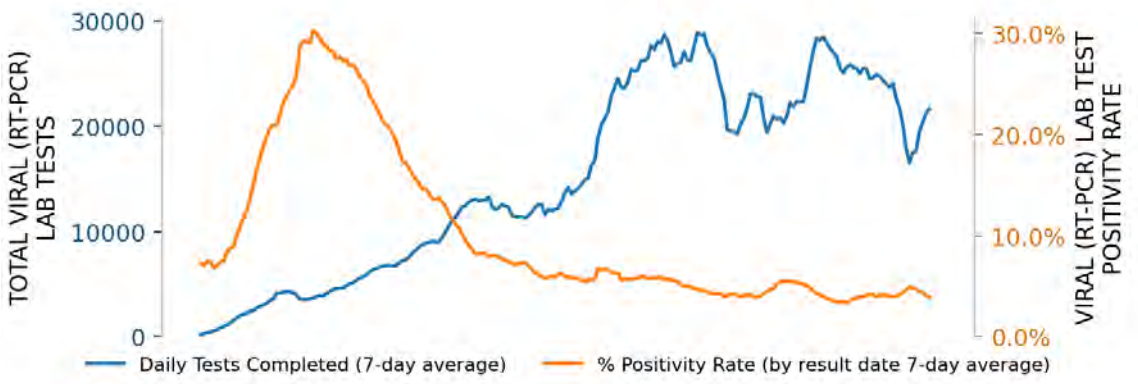
MARYLAND

STATE REPORT | 10.25.2020

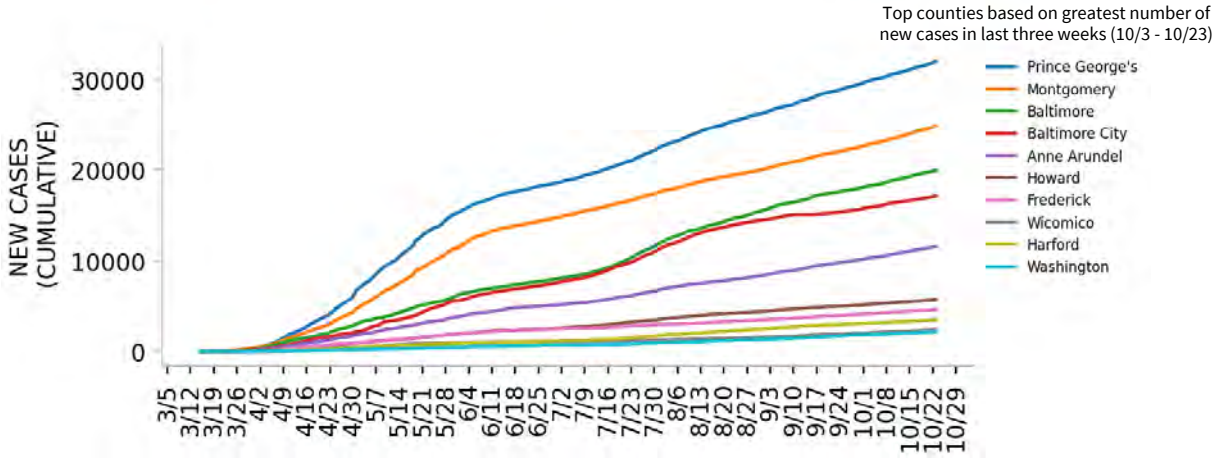
NEW CASES



TESTING



TOP COUNTIES



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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.

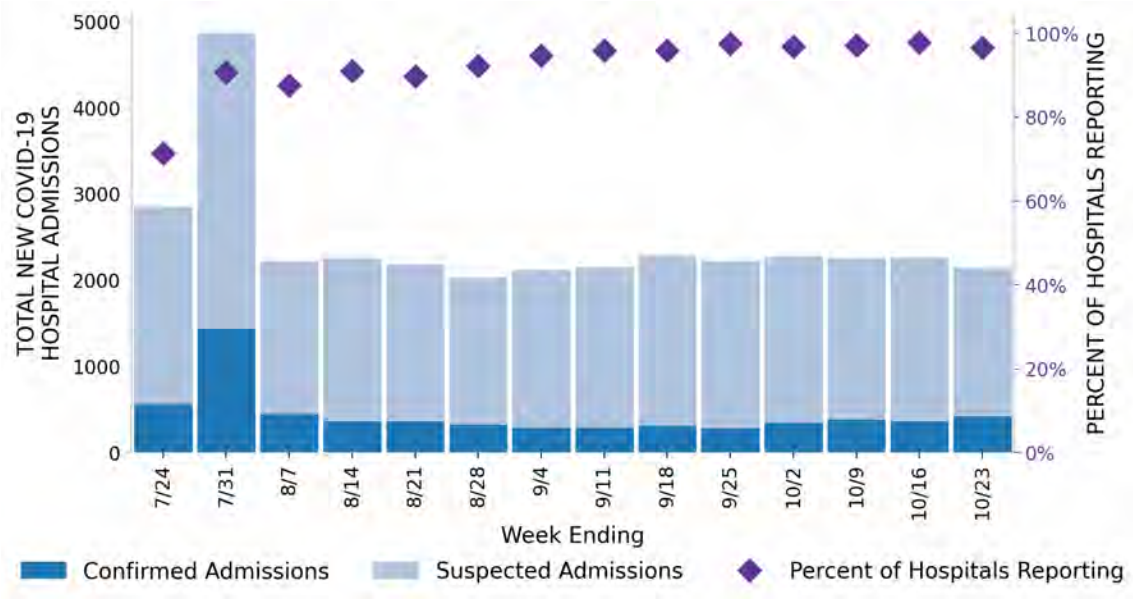
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

MARYLAND

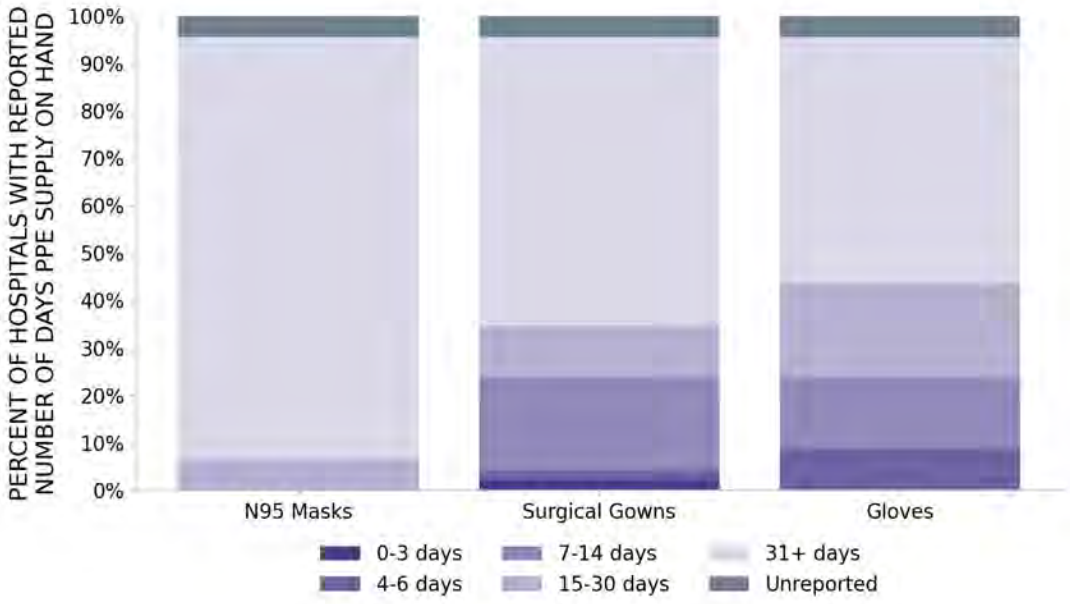
STATE REPORT | 10.25.2020

46 hospitals are expected to report in Maryland

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

MARYLAND

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+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)	Cambridge Cumberland	6 ▼ (-6)	Harford Dorchester Allegany Somerset Caroline Garrett

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

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

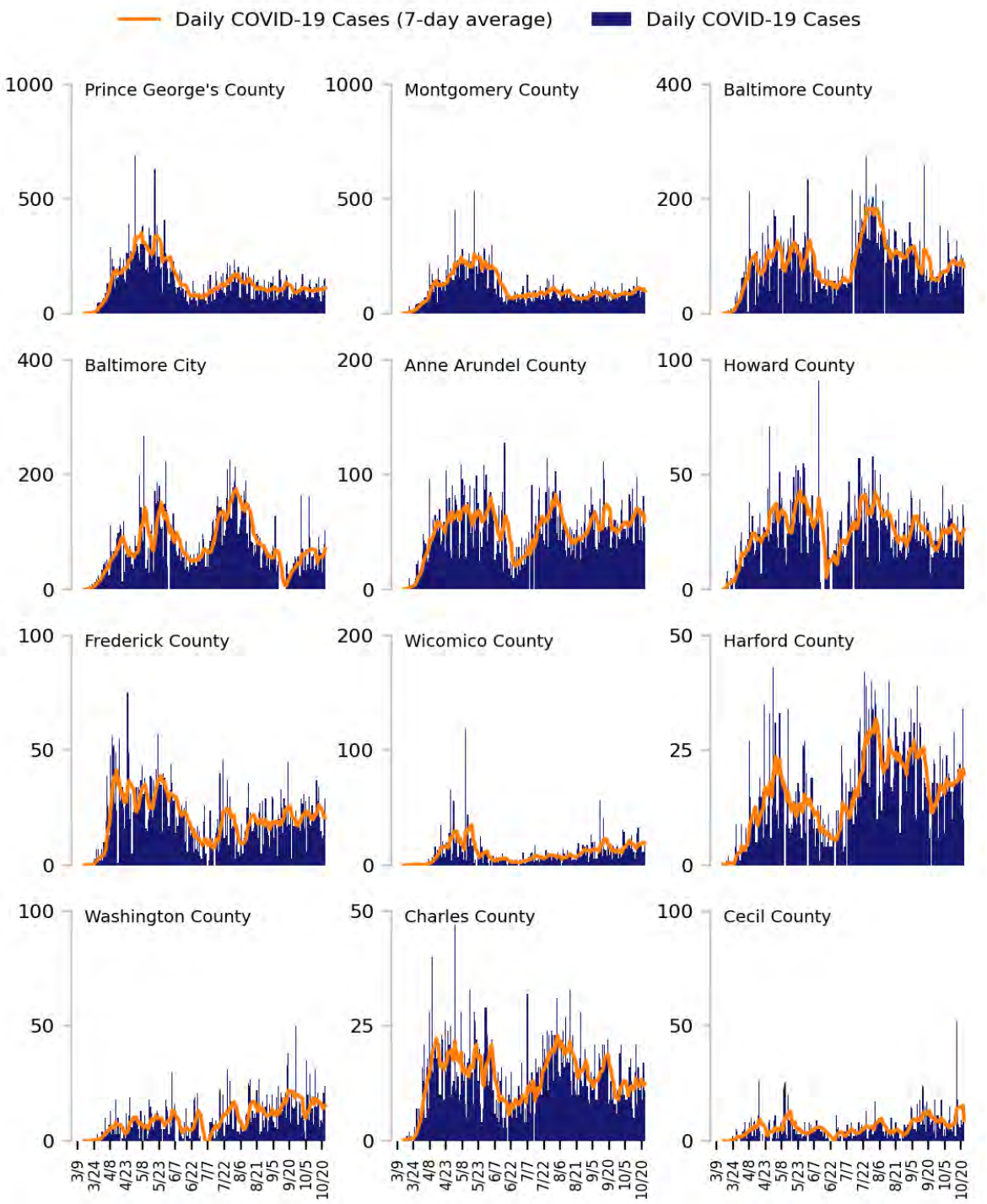
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



DATA SOURCES – Additional data details available under METHODS

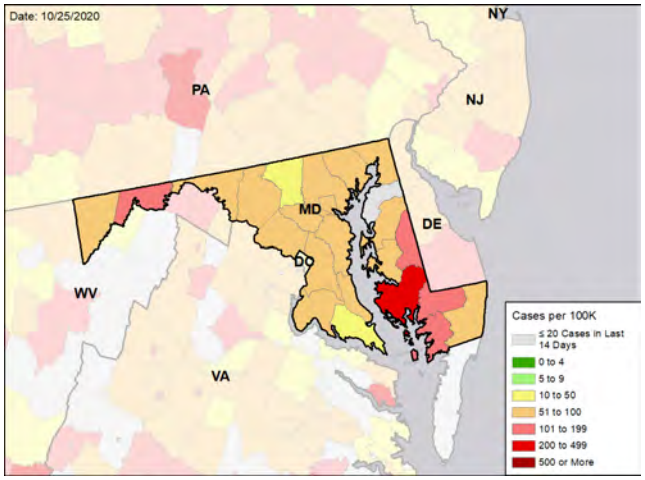
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

MARYLAND

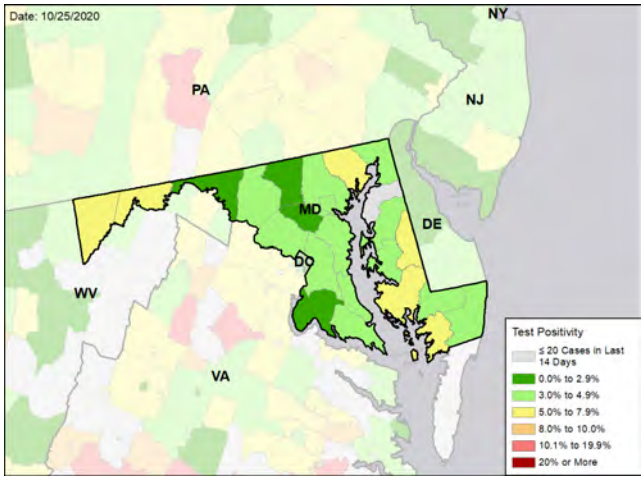
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

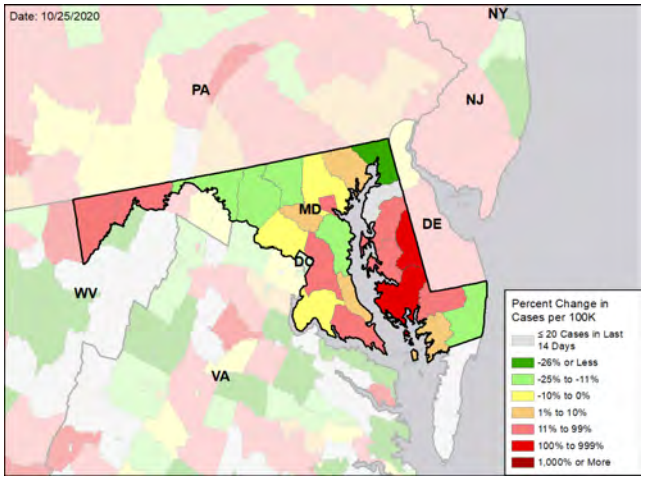
NEW CASES PER 100,000 DURING THE LAST WEEK



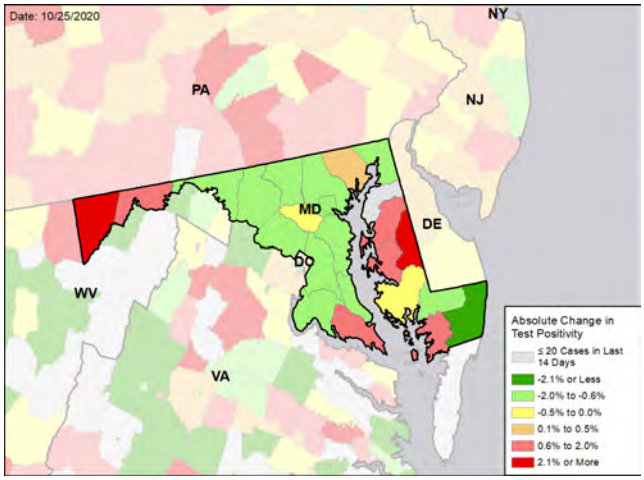
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

MASSACHUSETTS

SUMMARY

- Massachusetts is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 41st highest rate in the country. Massachusetts is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 48th highest rate in the country.
- Massachusetts has seen an increase in new cases and stability in test positivity over the last week; test positivity increased the most in Essex, Franklin, Worcester, and Bristol 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 52.1% of new cases in Massachusetts.
- No counties in Massachusetts have moderate or high levels of community transmission (yellow, orange, or red zones).
- Inpatient bed utilization is at 70% for the state; Worcester and Bristol counties each report 76% bed utilization.
- During the week of Oct 12 - Oct 18, 5% of nursing homes had at least one new resident COVID-19 case, 11% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death. The number of facilities with multiple cases has increased across the state and there is an apparent outbreak at a facility in Newton. Multiple facilities have greater than 3 cases in Kingston, Chelmsford, Westfield, Westford, Worcester, Middleborough, and Somerset.
- Massachusetts had 81 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 109 to support operations activities from FEMA; 3 to support operations activities from ASPR; and 19 to support operations activities from USCG.
- Between Oct 17 - Oct 23, on average, 46 patients with confirmed COVID-19 and 143 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Massachusetts. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Maintaining adequate surveillance network at the local level is critically important; ensure wastewater testing is being deployed at local levels and strategic, regular testing of staff at highest risk for infection is conducted routinely.
- Expand broad messaging to warn about risks of transmission from small gatherings of friends and family; residents should be cautioned to minimize participation in such gatherings and to maintain social distancing and use of face covering.
- Public health messaging and enhanced community testing efforts should be targeted to those most at risk for infection or severe disease; ensure those who are vulnerable to severe disease, and those who interact with them, are being tested in sufficient volume in all counties.
- Build upon coronavirus risk map and wireless emergency alert system by adjusting community mitigation policy to local transmission; where there is evidence of increasing transmission, intensify community mitigation efforts and enforcement of distancing and limitations of occupancy in all retail shops, restaurants, and bars.
- Continue outreach to marginalized populations, such as immigrant or non-English speaking communities and those that live in crowded or multigenerational households.
- Require all institutions of higher education to post surveillance efforts, testing volumes, and results online and to document actions in case outbreaks are detected.
- Document and follow incidence and test positivity trends by age group and by county to track as transmission moves up to those who are older and more at-risk for severe disease.
- Ensure all antigen test results are reported, both positive and negative.
- Ensure that all facilities with 3 or more cases have had facility-wide testing and mandatory inspection surveys to document strict adherence to all CMS guidance.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MASSACHUSETTS

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,595 (81)	+19%	12,176 (82)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.4%	+0.2%*	1.6%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	440,527** (6,391**)	+6%**	627,161** (4,225**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	128 (1.9)	+2%	195 (1.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	5%	+1%*	5%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	11%	+0%*	10%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+2%*	2%	4%

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
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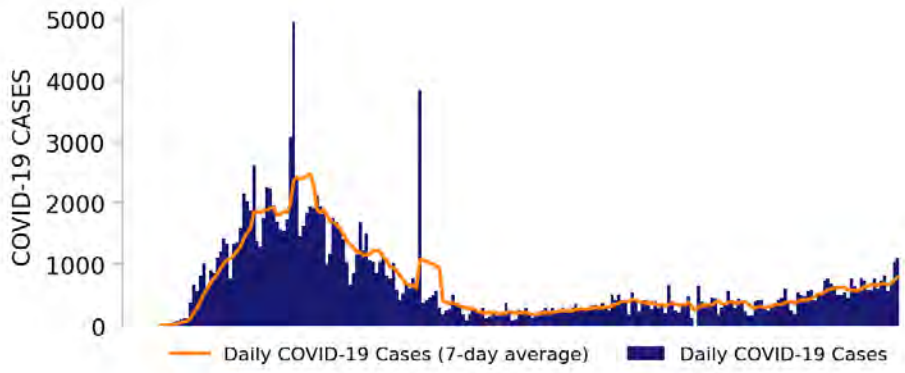
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

MASSACHUSETTS

STATE REPORT | 10.25.2020

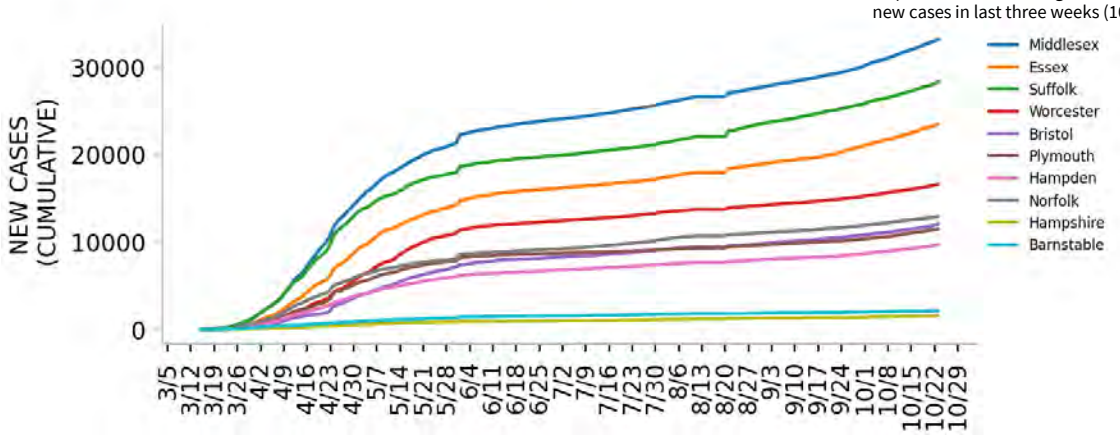
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

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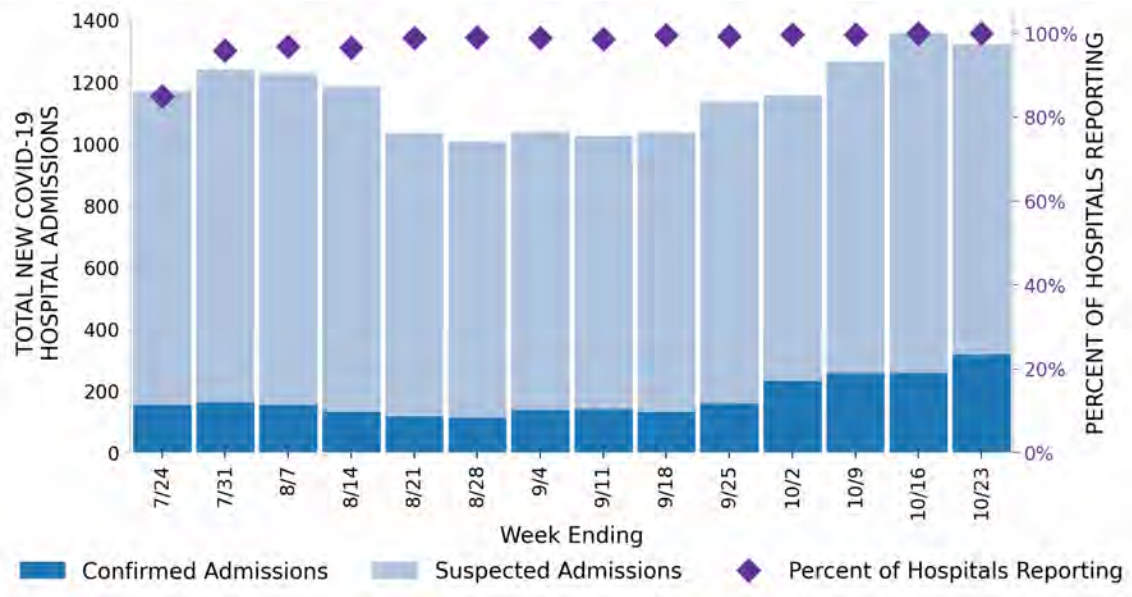
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

MASSACHUSETTS

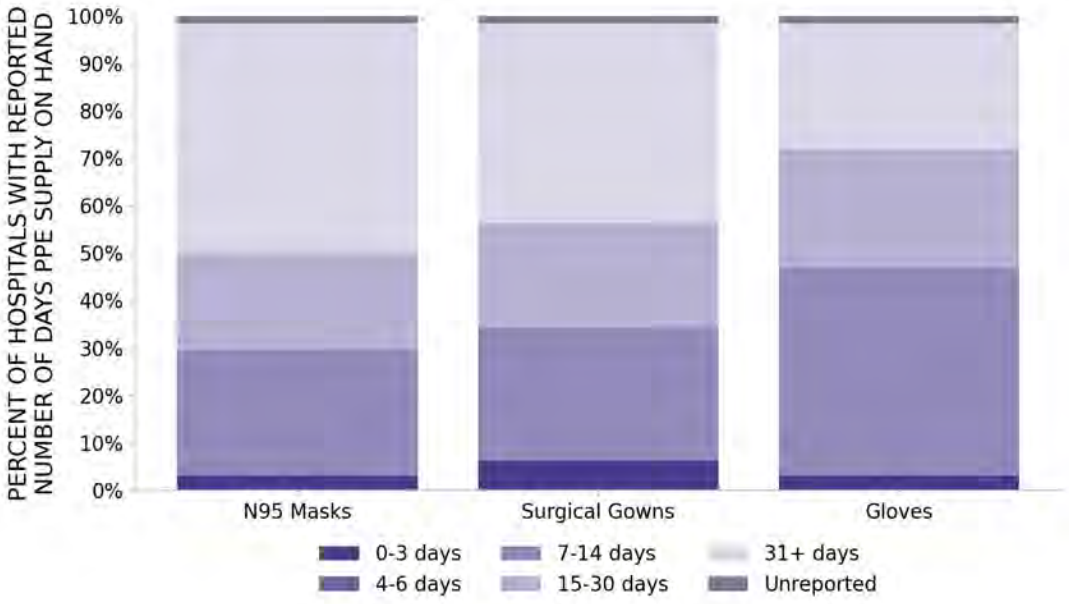
STATE REPORT | 10.25.2020

64 hospitals are expected to report in Massachusetts

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. In addition, 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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MASSACHUSETTS

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+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.
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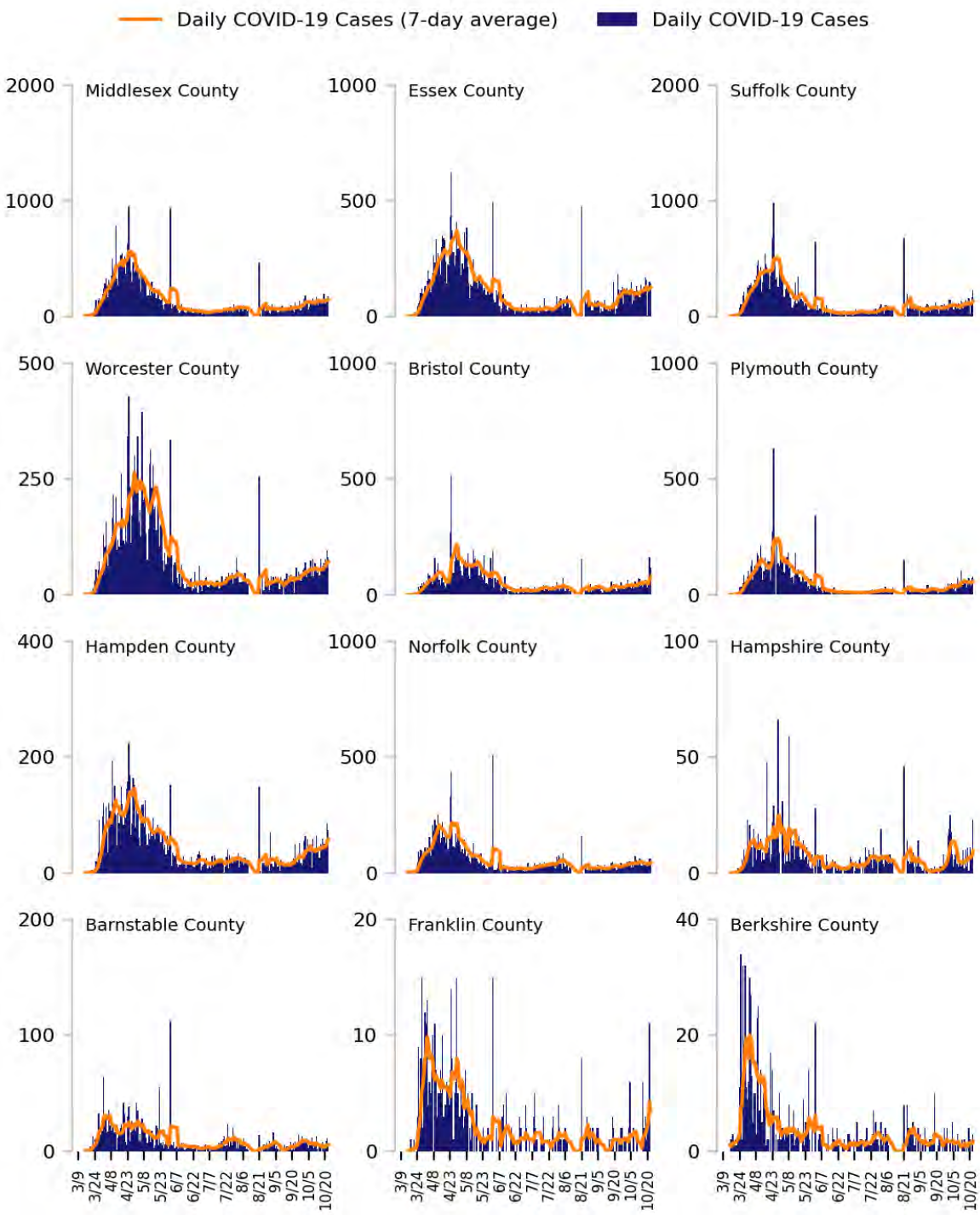
Top 12 counties based on number of new cases in the last 3 weeks



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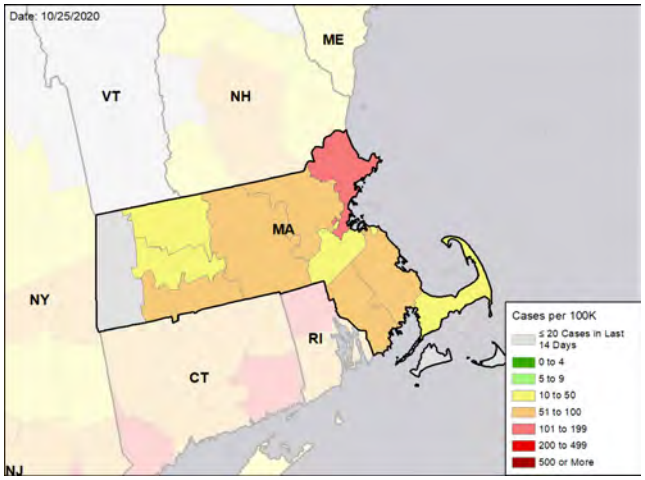
MASSACHUSETTS

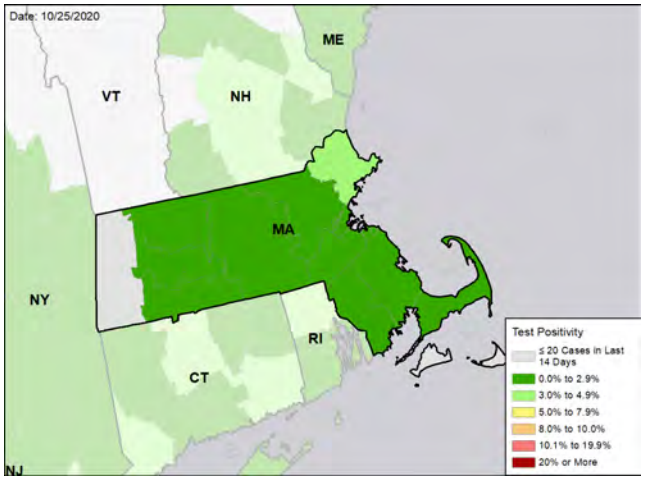
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

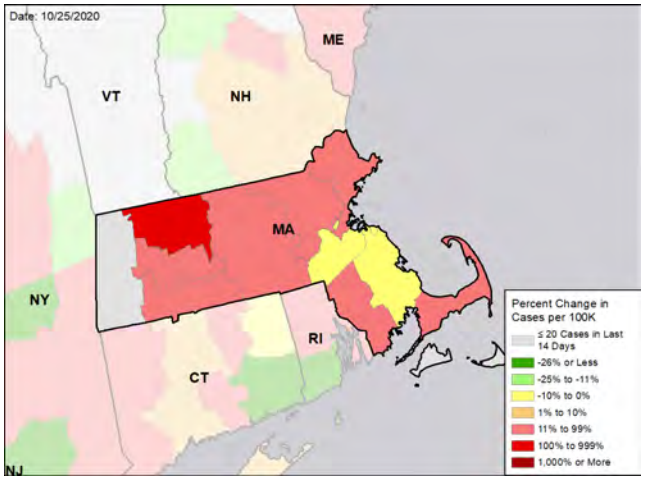
NEW CASES PER 100,000 DURING THE LAST WEEK



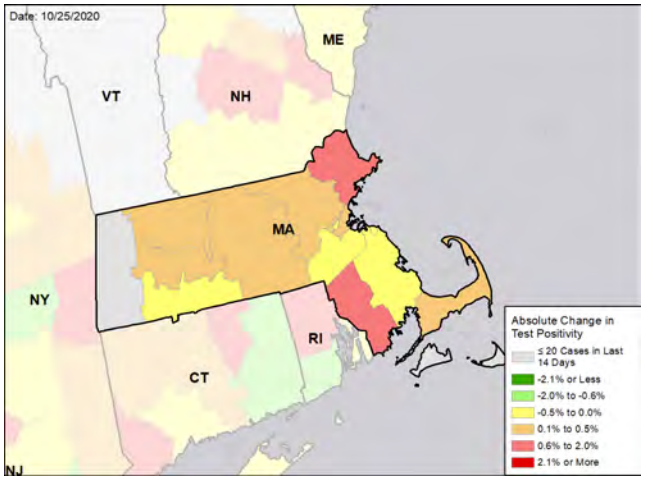
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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STATE REPORT
10.25.2020

MICHIGAN

SUMMARY

- Michigan's control of the COVID-19 epidemic worsened due to increasing cases from incomplete compliance with mitigation measures. Michigan is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 27th highest rate in the country. Michigan is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 32nd highest rate in the country.
- Michigan has seen an increase in new cases and an increase in test positivity over the last week.
- Hospitalizations have more than doubled in the past three weeks and deaths increased last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Wayne County, 2. Oakland County, and 3. Kent County. These counties represent 30.1% of new cases in Michigan. Incidence is higher outside the Detroit CBSA.
- The epidemic in the Upper Peninsula continued to worsen with several counties reporting more than 500 cases per 100,000 residents last week. Additional Lower Peninsula counties reported increasing cases with the sharpest rises in counties close to the Mackinac Bridge.
- 47% of all counties in Michigan have moderate or high levels of community transmission (yellow, orange, or red zones), with 4% having high levels of community transmission (red zone).
- Institutions of higher education (IHE): 61% of new cases in Washtenaw County were linked to UM social events and gatherings, leading to an order restricting activities for undergraduates until Nov 3.
- During the week of Oct 12 - Oct 18, 10% of nursing homes had at least one new resident COVID-19 case, 24% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Michigan had 130 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 12 to support operations activities from FEMA and 7 to support operations activities from USCG.
- Between Oct 17 - Oct 23, on average, 124 patients with confirmed COVID-19 and 121 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Michigan. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- We share the strong concern of the state leaders that the current situation is worsening and that additional measures can limit further cases and avoid increases in hospitalizations and deaths. The Governor's continued guidance on these measures to support increased observation of social distancing mitigation measures by the community is critical and is commended.
- Michigan had been successful in controlling COVID-19 with a well-developed, gradated set of social distancing measures for communities based on transmission indicators. The regional upsurge in cases and inadequate compliance with mitigation measures is resulting in rapidly increasing cases, hospitalizations, and deaths. These rapid increases in cases and test positivity and the severe situation in several adjoining states indicates that increasing mitigation measures should be done expeditiously to avoid falling behind the rapid spread. The ability to limit further, avoidable increases in hospitalizations and deaths will depend on communities' compliance with social distancing mitigation measures.
- As state and local leaders weigh how to most effectively mitigate increasing cases while maximizing economic activity, recommend continuing to emphasize that compliance with restrictions on public and private gathering sizes, especially indoors, will help limit superspreader events that are critical to rapid epidemic spread. This in turn will help to increase the level at which businesses can operate safely. State and local leaders should work intensely with business leaders and communities to ensure a clear and shared message.
- Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Consider implementing increased randomized community testing to find asymptomatic infected individuals, isolate them, and trace contacts. This model has helped universities control spread in their communities. Use of rapid tests are extremely helpful in these activities.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations everywhere, as well as tailored business and public venue measures for counties with increasing incidence.
- Concern remains for further increases in community transmission with increasing hospitalizations and deaths, given the continued spread among younger age groups, much of which is asymptomatic. Community transmission is frequently occurring in smaller gatherings of family and friends, especially among young adults, where masking and social distancing recommendations are not followed. With weather conditions forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of "prevention fatigue."
- In red and orange counties, or state-designated high incidence communities, both public and private gatherings should be as small as possible and optimally, not extend beyond immediate family.
- Continue testing programs in long-term care facilities, with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Utilize point-of-care testing platforms to facilitate rapid COVID-19 case identification.
- Continue to implement plans to increase surveillance for community spread using the Abbott BinaxNOW or other antigen tests to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Increased rate of infection seen among LTCF workers indicates significant transmission in their communities; those transmission settings must be identified and mitigated.
- The piloting of the new contact tracer app is commended; these apps could improve contact tracing if uptake is adequate.
- 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 | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	13,015 (130)	+15%	105,807 (201)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.7%	+0.8%*	7.2%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	235,207** (2,355**)	-14%**	1,522,134** (2,897**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	168 (1.7)	+44%	1,038 (2.0)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	10%	+0%*	13%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	24%	+5%*	29%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+0%*	5%	4%

* 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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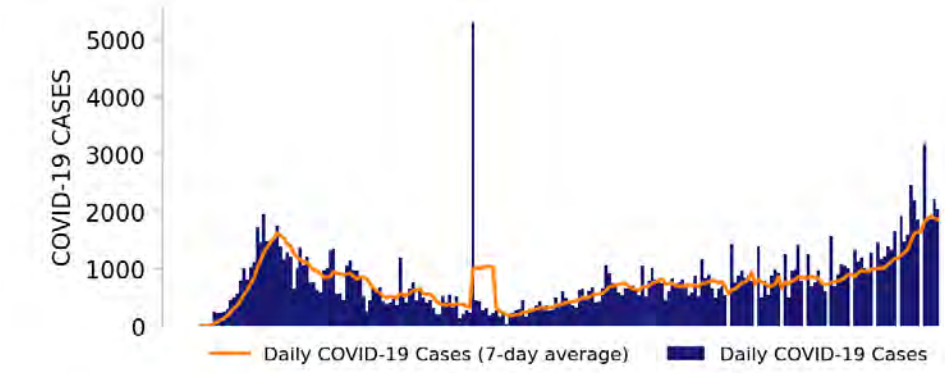
MICHIGAN

STATE REPORT | 10.25.2020

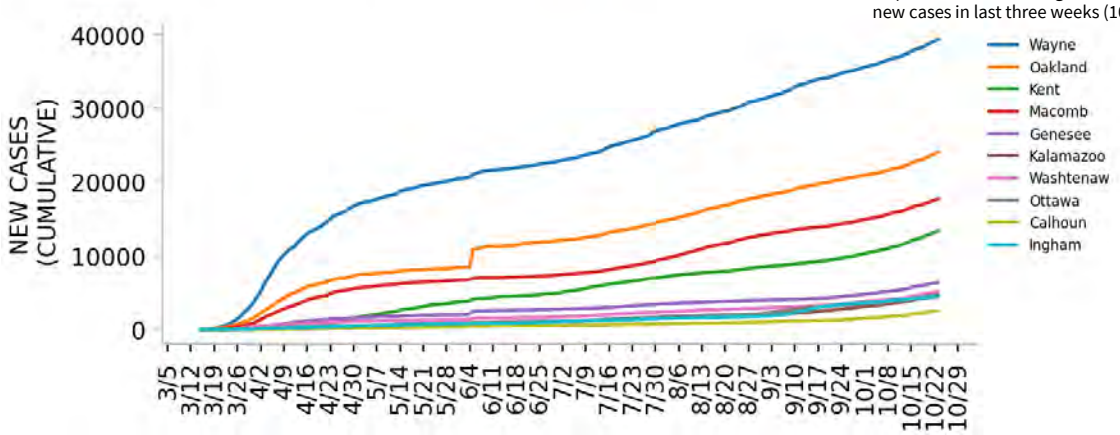
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.

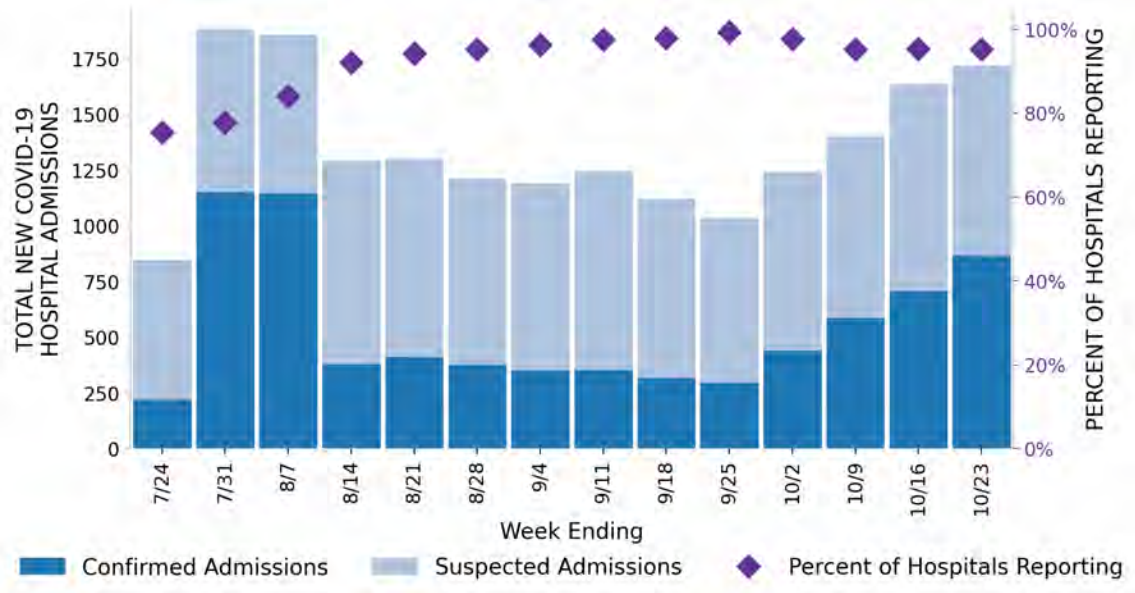
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

MICHIGAN

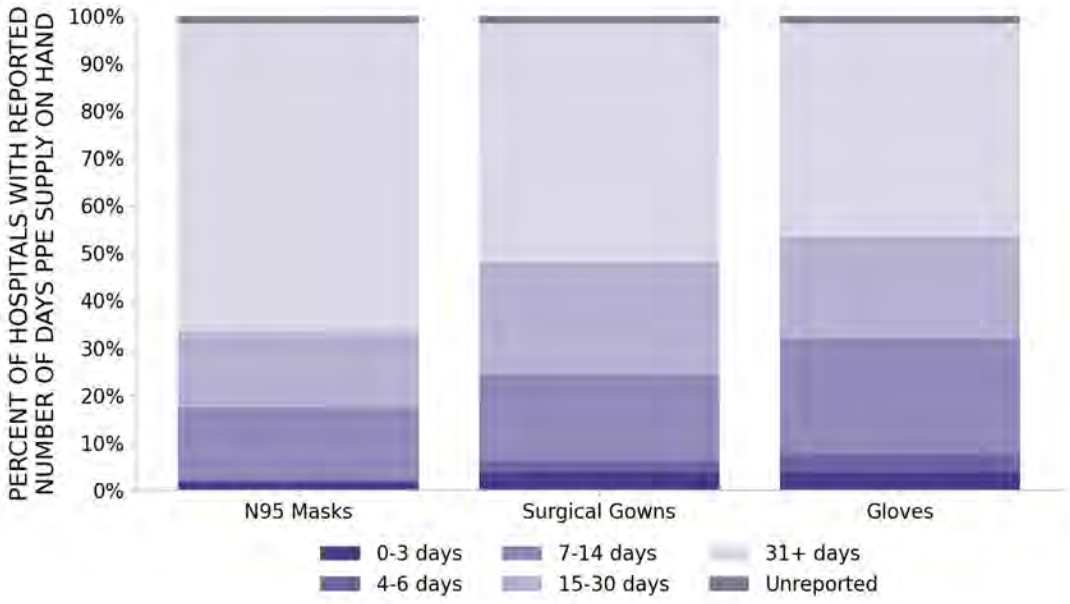
STATE REPORT | 10.25.2020

131 hospitals are expected to report in Michigan

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

MICHIGAN

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	4 ▲ (+2)	Marquette Escanaba Iron Mountain Marinette	3 ▲ (+1)	Marquette Delta Dickinson
LOCALITIES IN ORANGE ZONE	2 ▼ (-3)	Battle Creek South Bend-Mishawaka	5 ▲ (+1)	Macomb Calhoun Cass Mackinac Luce
LOCALITIES IN YELLOW ZONE	14 ▲ (+9)	Detroit-Warren-Dearborn Grand Rapids-Kentwood Flint Kalamazoo-Portage Niles Saginaw Monroe Holland Sturgis Traverse City Bay City Mount Pleasant	31 ▲ (+13)	Wayne Oakland Kent Genesee Kalamazoo Berrien Saginaw Livingston St. Clair Monroe Allegan Eaton

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

All Yellow CBSAs: Detroit-Warren-Dearborn, Grand Rapids-Kentwood, Flint, Kalamazoo-Portage, Niles, Saginaw, Monroe, Holland, Sturgis, Traverse City, Bay City, Mount Pleasant, Big Rapids, Hillsdale

All Yellow Counties: Wayne, Oakland, Kent, Genesee, Kalamazoo, Berrien, Saginaw, Livingston, St. Clair, Monroe, Allegan, Eaton, St. Joseph, Bay, Barry, Isabella, Menominee, Van Buren, Grand Traverse, Mecosta, Iron, Gogebic, Newaygo, Clare, Hillsdale, Shiawassee, Tuscola, Roscommon, Otsego, Osceola, Lake

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

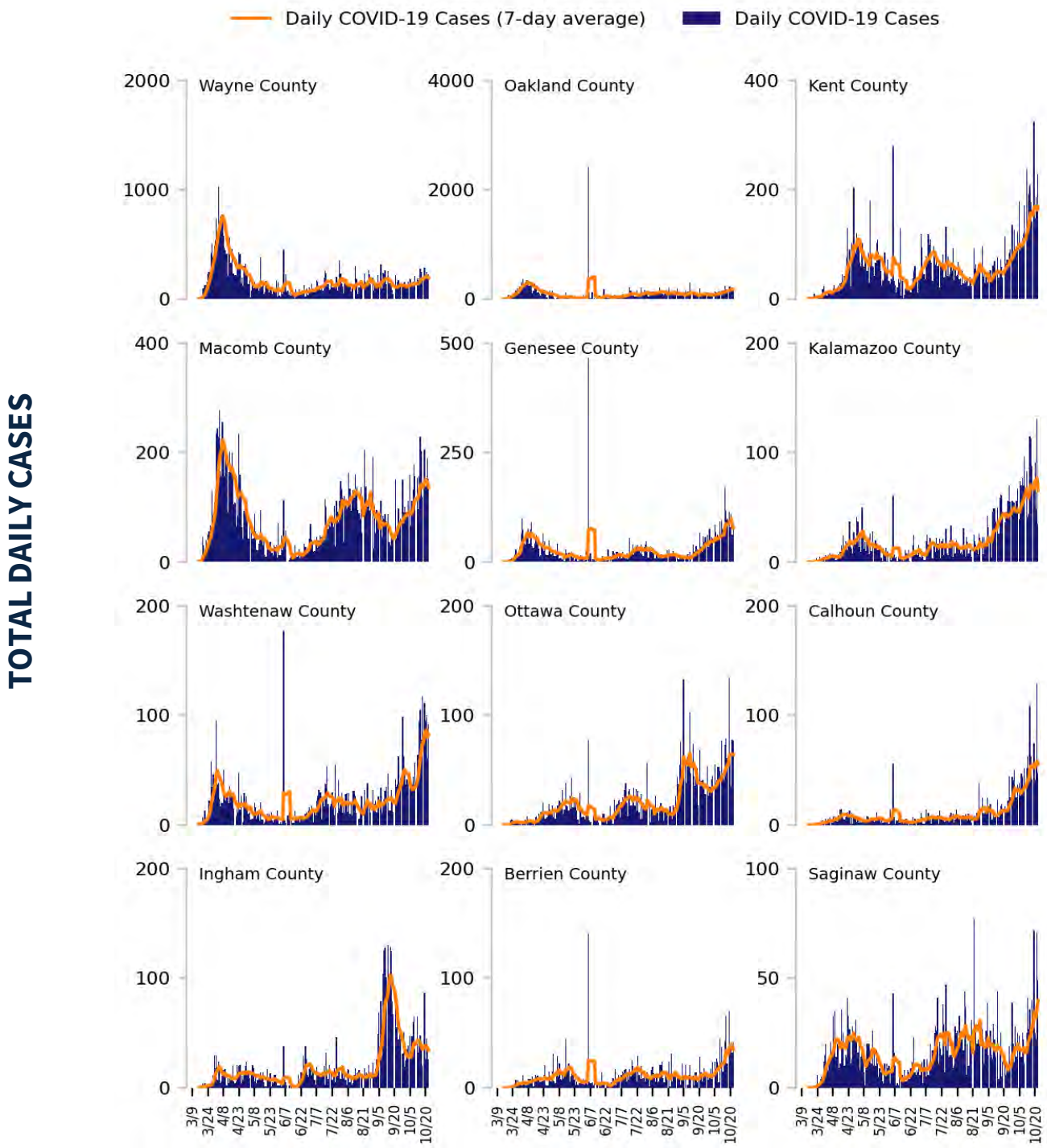
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



DATA SOURCES – Additional data details available under METHODS

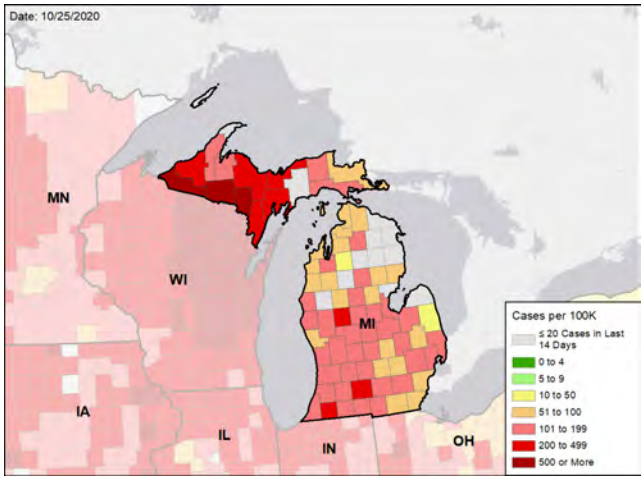
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

MICHIGAN

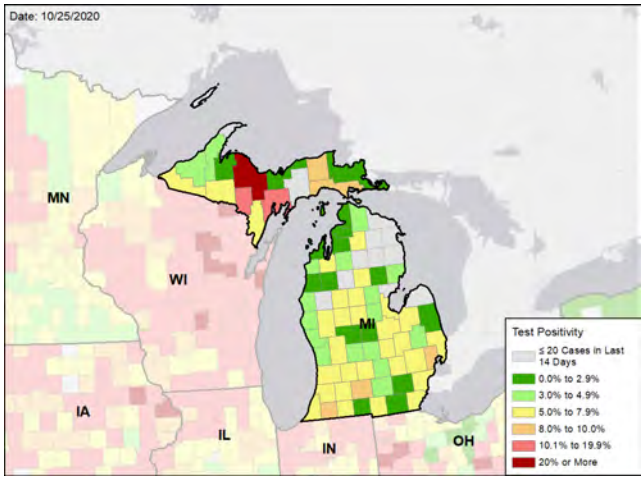
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

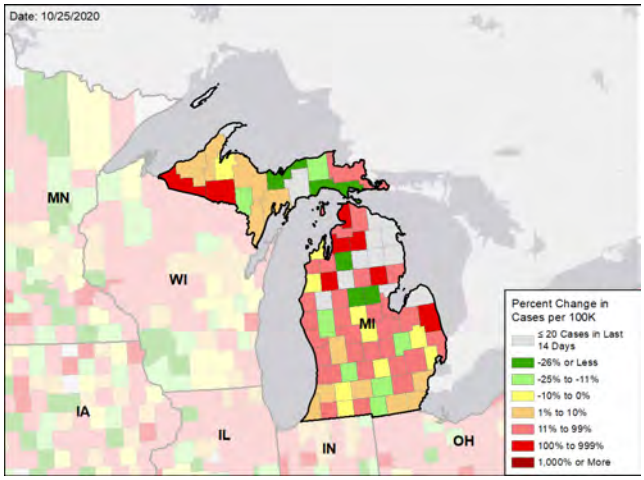
NEW CASES PER 100,000 DURING THE LAST WEEK



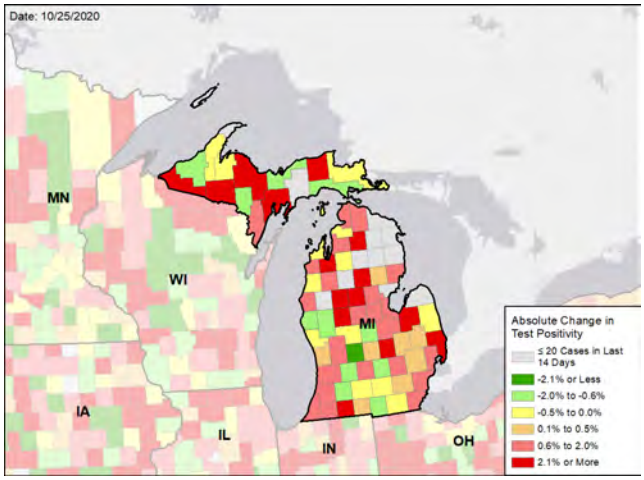
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

MINNESOTA

SUMMARY

- Minnesota is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 20th highest rate in the country. Minnesota is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 26th highest rate in the country.
- Minnesota has seen stability in new cases and stability in test positivity over the last week. Hospitalizations continue to rise and are approximately twice the level of mid-September.
- Viral transmission is intense throughout the state with the highest incidence rates in multiple counties in the western half of the state; counties in western Minnesota also have larger increases in cases, higher test positivity rate, and increases in test positivity. The following three counties had the highest number of new cases over the last 3 weeks: 1. Hennepin County, 2. Ramsey County, and 3. Anoka County. These counties in the Minneapolis CBSA represent 33.4% of new cases in Minnesota, but the greatest growth in cases is outside of the Twin Cities area.
- 71% of all counties in Minnesota 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 Oct 12 - Oct 18, 12% of nursing homes had at least one new resident COVID-19 case, 39% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Minnesota had 186 new cases per 100,000 population in the last week, compared to a national average of 133 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; 23 to support operations activities from ASPR; and 1 to support operations activities from USCG.
- Between Oct 17 - Oct 23, on average, 84 patients with confirmed COVID-19 and 92 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Minnesota. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Minnesota had been successful in controlling COVID-19 with a well-developed, gradated set of social distancing measures. The upsurge in cases and relaxation of observance of mitigation measures is resulting in an increase in cases, hospitalizations, and deaths in both Minnesota and the region. We share the concern of health and hospital officials that the situation will continue to worsen. The ability to limit further, avoidable increases in hospitalizations and deaths will depend on increased compliance with social distancing mitigation measures.
- As state and local leaders weigh how to most effectively mitigate increasing cases while maximizing economic activity, recommend continuing to emphasize that compliance with restrictions on public and private gathering sizes, especially indoors, will help limit superspreader events that are critical to rapid epidemic spread. This in turn will help to increase the level at which businesses can operate safely. State and local leaders should work intensely with business leaders and communities to ensure a clear and shared message.
- Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Consider implementing increased randomized community testing to find asymptomatic infected individuals, isolate them, and trace contacts. This model has helped universities control spread in their communities. Use of rapid tests are extremely helpful in these activities.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations everywhere, as well as tailored business and public venue measures for counties with increasing incidence.
- Concern remains for further increases in community transmission with increasing hospitalizations and deaths, given the continued spread among younger age groups, much of which is asymptomatic. Community transmission is frequently occurring in smaller gatherings of family and friends, especially among young adults, where masking and social distancing recommendations are not followed. With weather conditions forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of "prevention fatigue."
- Localized, more intense mitigation measures in high incidence jurisdictions are recommended, including maintaining or increasing restrictions on gathering sizes, especially indoors. This is especially important in the next few weeks given the recent increased transmission with larger numbers of highly infectious individuals. Public education and enforcement measures to increase compliance should be enhanced. In red and orange counties, or state-designated high incidence communities, both public and private gatherings should be as small as possible and optimally, not extend beyond immediate family.
- Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus.
- Continue testing programs in long-term care facilities (LTCFs), with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Utilize point-of-care testing platforms to facilitate rapid COVID-19 case identification.
- Continue to implement plan to increase surveillance for community spread using the Abbott BinaxNOW or other antigen tests to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Increased rate of infection seen among LTCF workers indicates significant transmission in their communities; those transmission settings must be identified and mitigated.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

MINNESOTA

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	10,510 (186)	+5%	105,807 (201)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.8%	+0.1%*	7.2%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	251,717** (4,463**)	+4%**	1,522,134** (2,897**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	111 (2.0)	+35%	1,038 (2.0)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	12%	-2%*	13%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	39%	+4%*	29%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+3%*	5%	4%

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

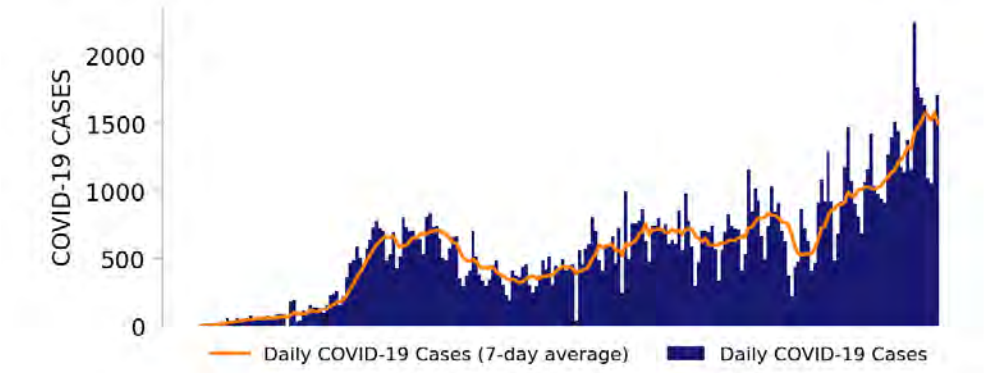
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

MINNESOTA

STATE REPORT | 10.25.2020

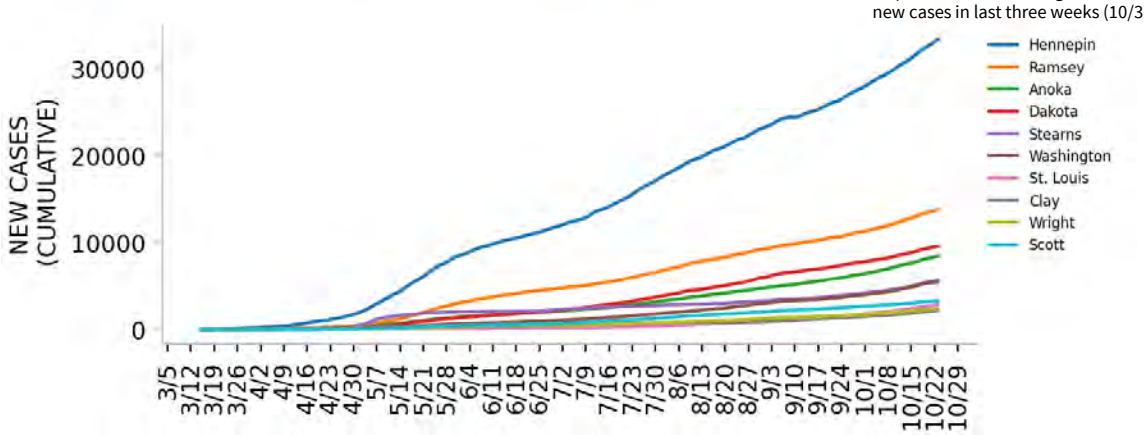
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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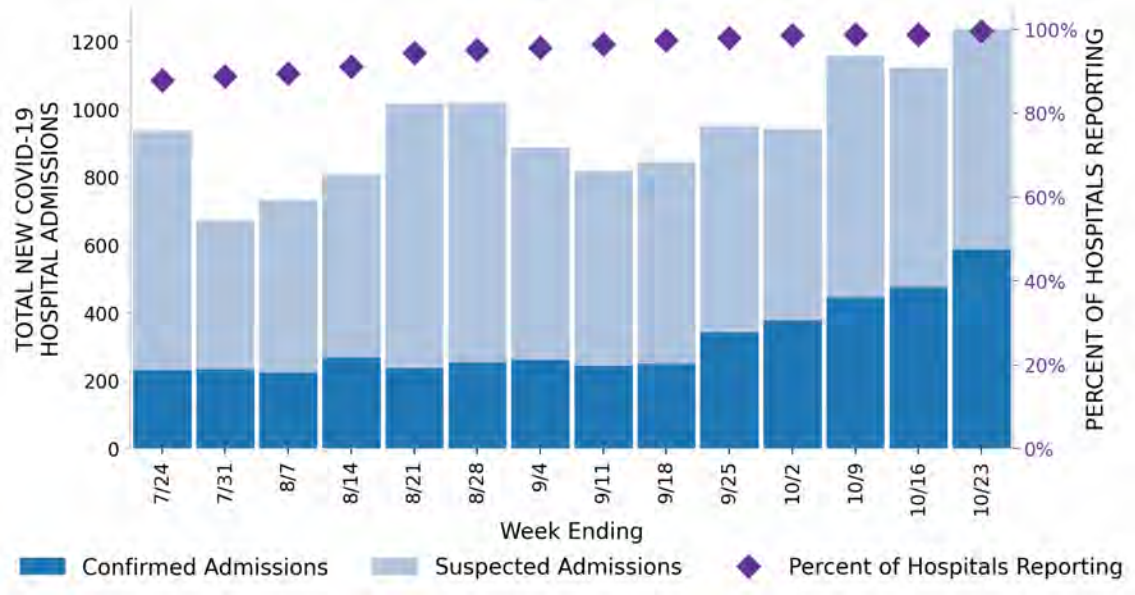
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

MINNESOTA

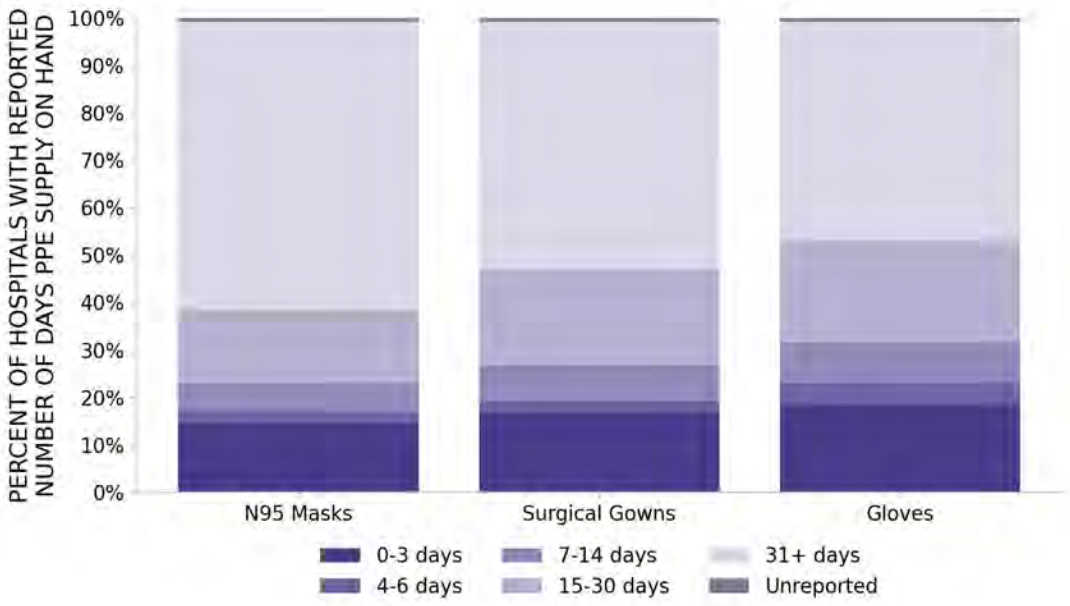
STATE REPORT | 10.25.2020

130 hospitals are expected to report in Minnesota

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

MINNESOTA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	6 ▲ (+3)	Fargo Willmar Bemidji Grand Forks Worthington Wahpeton	15 ▲ (+3)	Clay Kandiyohi Chisago Morrison Beltrami Todd Hubbard Nobles Cass Roseau Murray Clearwater
LOCALITIES IN ORANGE ZONE	4 ▼ (-2)	St. Cloud Brainerd Fergus Falls La Crosse-Onalaska	13 ▼ (-2)	Anoka Stearns Crow Wing Otter Tail Benton Polk Chippewa Pine Wadena Pipestone Mahnomen Jackson
LOCALITIES IN YELLOW ZONE	8 ▼ (-3)	Minneapolis-St. Paul-Bloomington Duluth Mankato Winona Marshall Red Wing New Ulm Hutchinson	34 ▼ (-3)	Hennepin Ramsey Dakota Washington St. Louis Wright Scott Sherburne Winona Carver Becker Mille Lacs

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

All Red Counties: Clay, Kandiyohi, Chisago, Morrison, Beltrami, Todd, Hubbard, Nobles, Cass, Roseau, Murray, Clearwater, Wilkin, Marshall, Red Lake

All Orange Counties: Anoka, Stearns, Crow Wing, Otter Tail, Benton, Polk, Chippewa, Pine, Wadena, Pipestone, Mahnomen, Jackson, Big Stone

All Yellow Counties: Hennepin, Ramsey, Dakota, Washington, St. Louis, Wright, Scott, Sherburne, Winona, Carver, Becker, Mille Lacs, Lyon, Isanti, Goodhue, Waseca, Nicollet, Wabasha, Rock, Carlton, Dodge, Brown, Meeker, Redwood, McLeod, Faribault, Stevens, Lincoln, Kanabec, Pennington, Lake, Watonwan, Cottonwood, Kittson

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

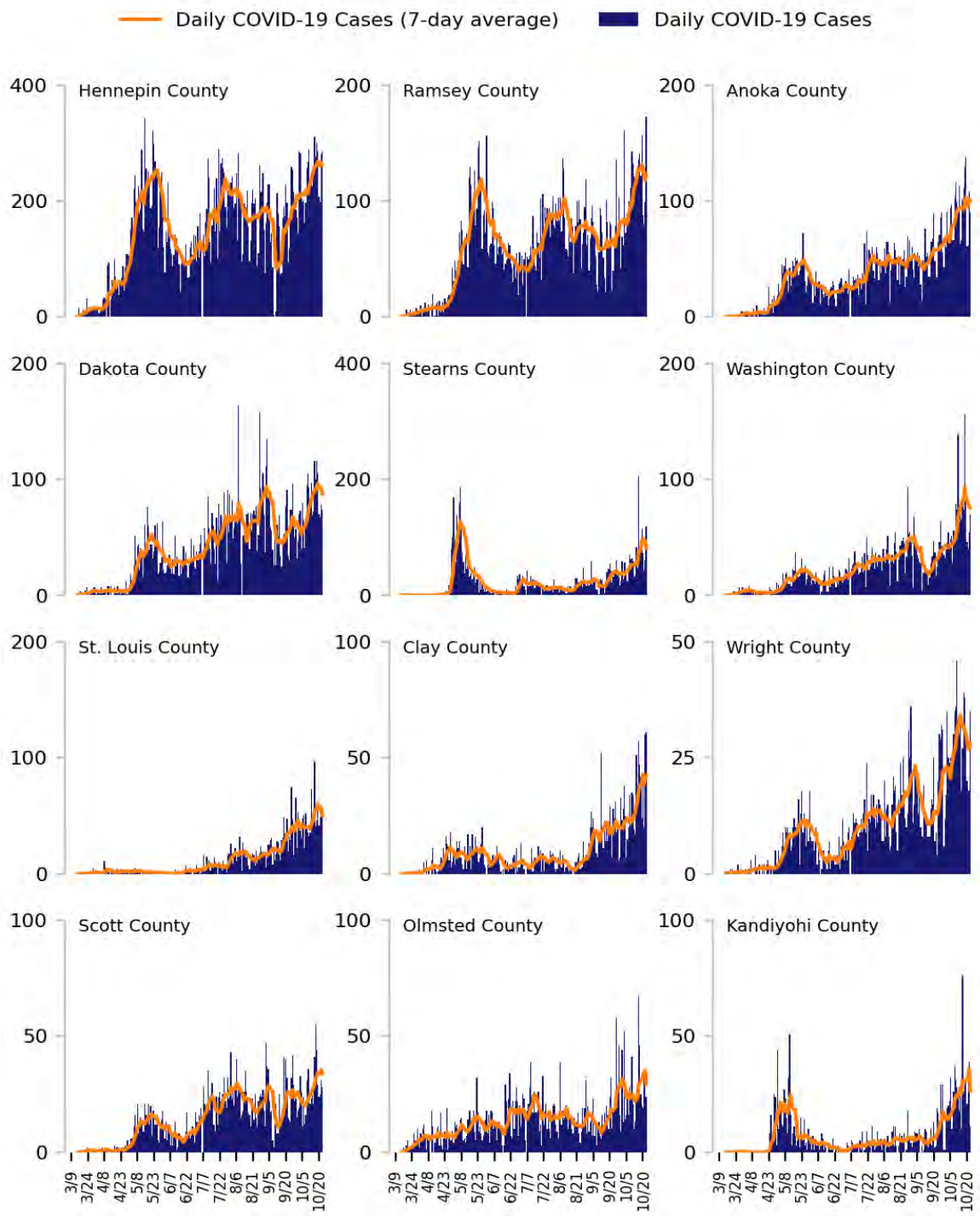
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



DATA SOURCES – Additional data details available under METHODS

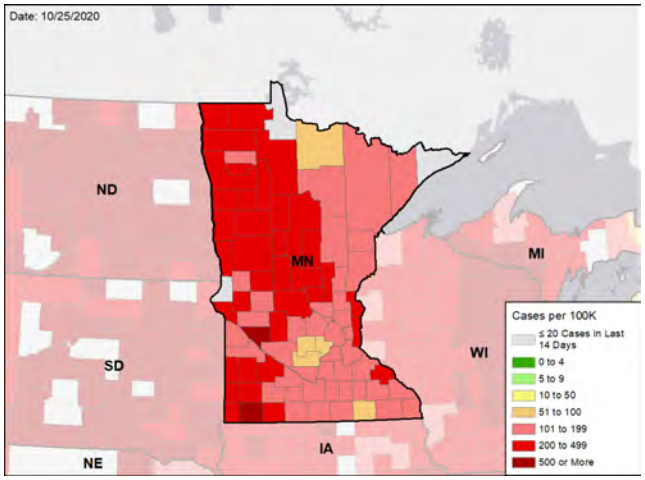
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

MINNESOTA

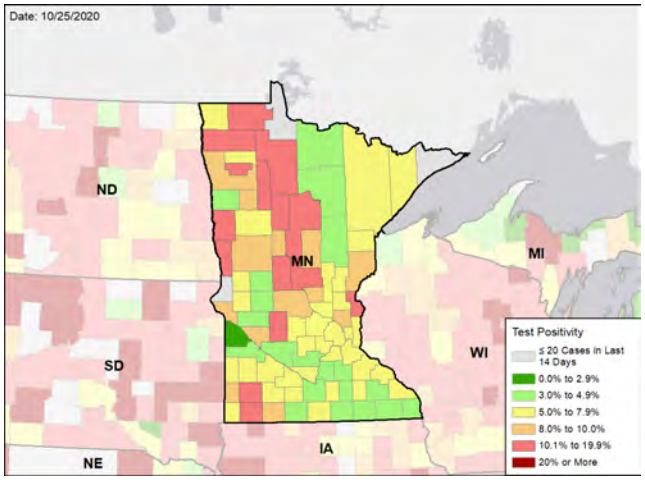
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

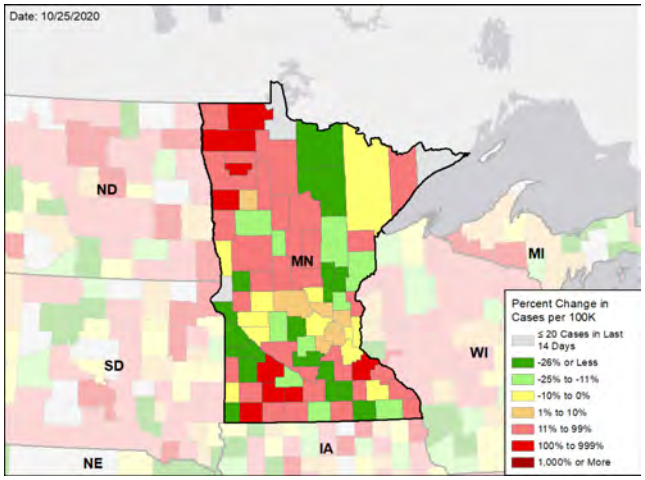
NEW CASES PER 100,000 DURING THE LAST WEEK



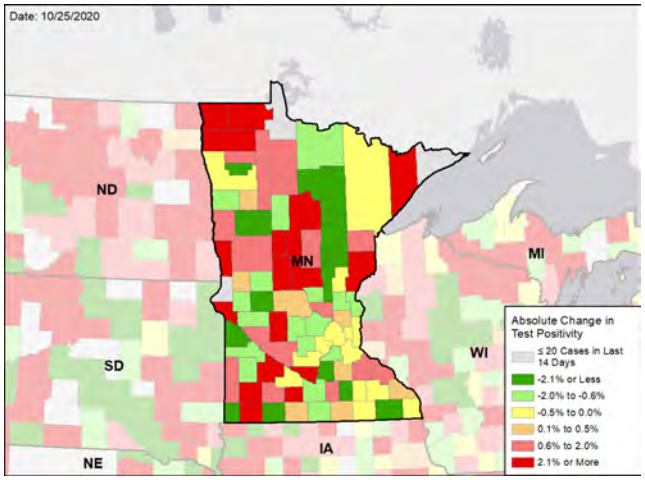
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

MISSISSIPPI

SUMMARY

- Mississippi is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 23rd highest rate in the country. Mississippi is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 19th highest rate in the country.
- Mississippi has seen a decrease in new cases and a decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. DeSoto County, 2. Harrison County, and 3. Jackson County. These counties represent 21.4% of new cases in Mississippi.
- 61% of all counties in Mississippi 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 Oct 12 - Oct 18, 19% of nursing homes had at least one new resident COVID-19 case, 29% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Mississippi had 155 new cases per 100,000 population in the last week, compared to a national average of 133 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 Oct 17 - Oct 23, on average, 89 patients with confirmed COVID-19 and 56 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Mississippi. An average of 93% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- The timeseries of maps at the back of your packet shows early signs of deterioration in the Sunbelt as mitigation efforts were decreased over the last month.
- There is a mixed picture in Mississippi. We are seeing plateauing of cases and test positivity, suggesting early control but a continued increase in hospitalizations as a lagging indicator. On the other hand, we see continued increases in the number of COVID positive staff members at long-term care facilities, suggesting expanding community silent spread in specific counties.
- Mississippi must continue the strong mitigation efforts statewide and expand mitigation in the counties with rising cases and hospitalizations. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations.
- Ensure all K-12 schools are following CDC guidelines, including for mask usage, and are utilizing the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread to further increase mitigation efforts.
- Encourage university students to continue their mitigation behaviors to ensure no further outbreaks on or off campus as symptomatic cases and cases identified through surveillance testing continue to decline. Ensure all students are aware of the potential for viral spread during Halloween gatherings.
- Encourage outdoor activities and ensure mask and physical distancing messages for all Mississippi residents, both in public and private spaces to prevent household spread.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among community college students; K-12 teachers; students over 18; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen test results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests. This will give you clear insight into degree of community spread and the ability to stop this early, silent spread, as seen from the continued high level of nursing home staff positivity.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- 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 | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,622 (155)	-17%	90,091 (135)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.2%	-0.9%*	6.9%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	19,810** (666**)	-7%**	1,017,322** (1,520**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	77 (2.6)	-6%	1,543 (2.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	19%	+3%*	15%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	29%	+7%*	29%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	-3%*	5%	4%

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

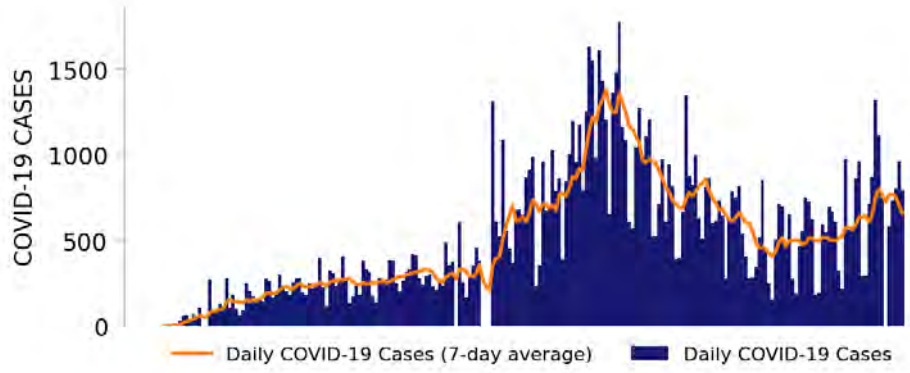
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

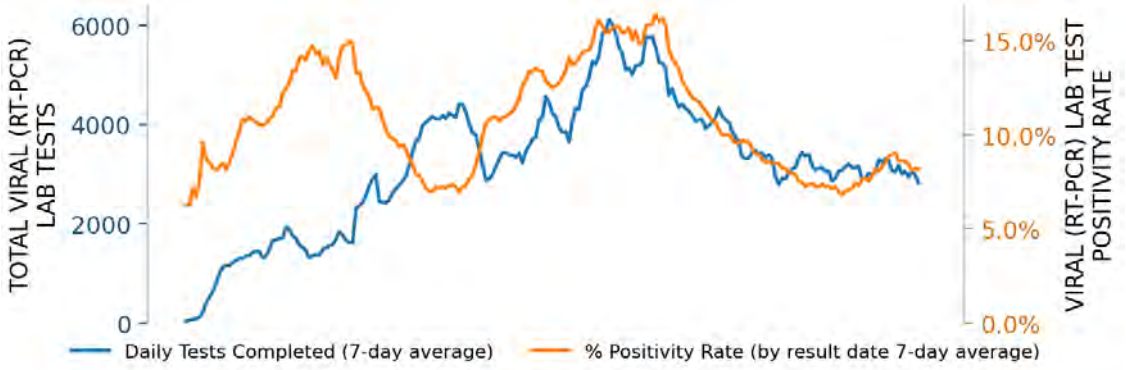
MISSISSIPPI

STATE REPORT | 10.25.2020

NEW CASES

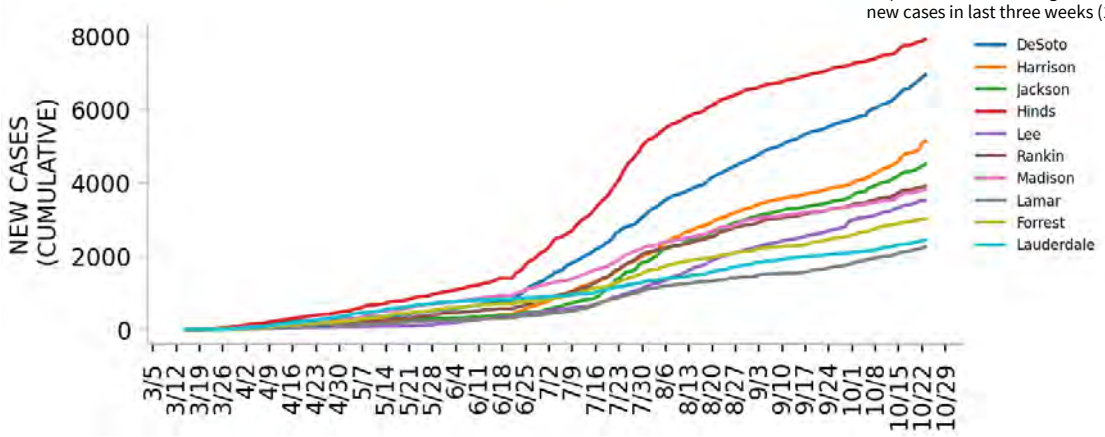


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.

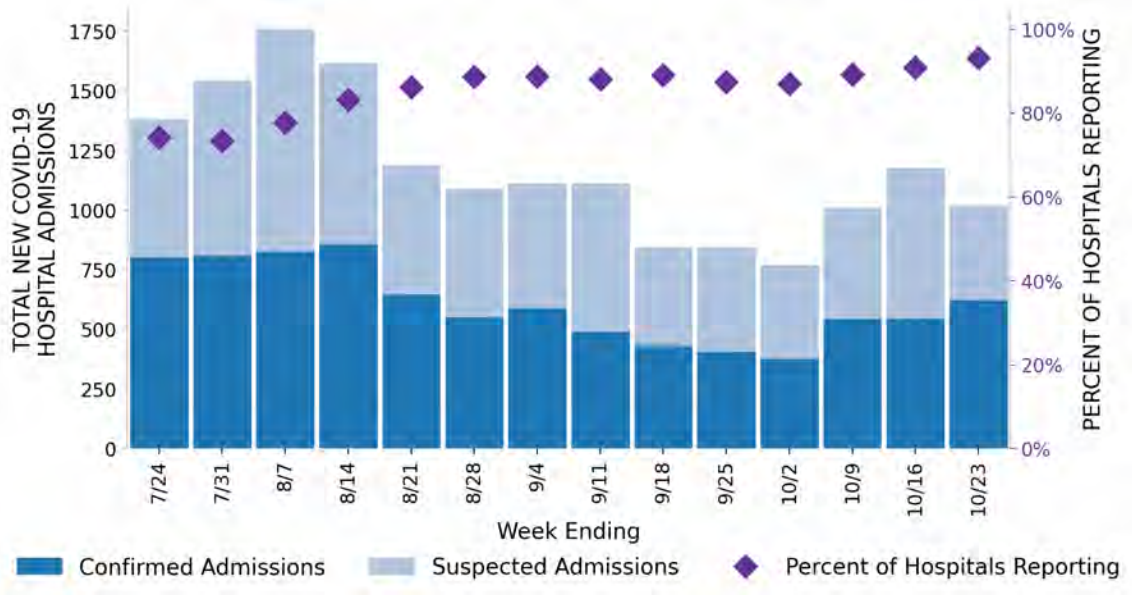
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/21/2020.

MISSISSIPPI

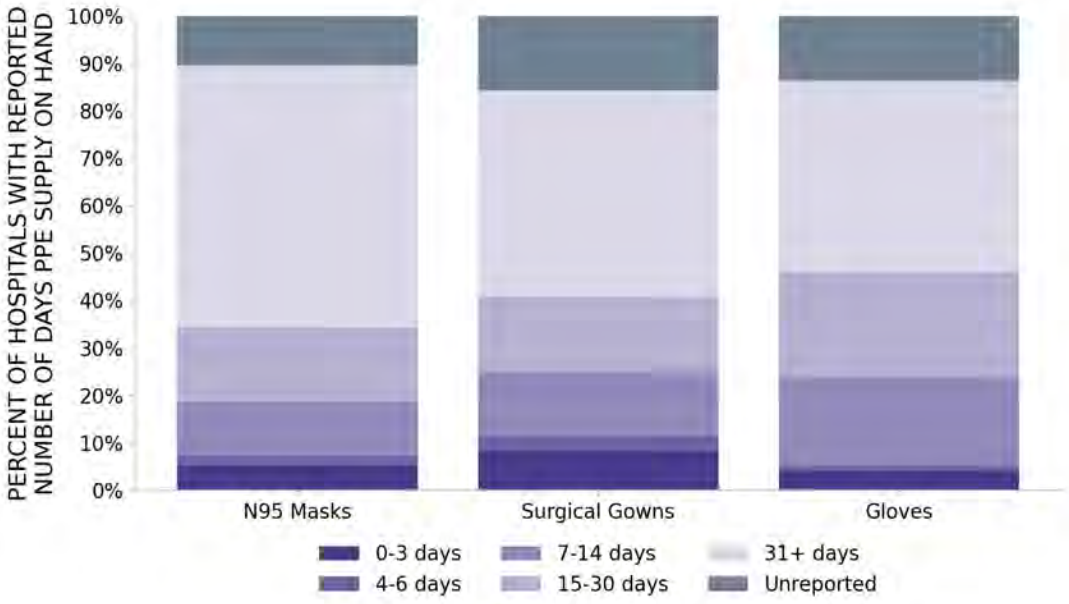
STATE REPORT | 10.25.2020

96 hospitals are expected to report in Mississippi

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

MISSISSIPPI

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	7 ▼ (-1)	Gulfport-Biloxi Tupelo Greenwood Greenville Corinth Natchez Indianola	25 ▼ (-2)	DeSoto Harrison Jackson Lee Marshall Washington Leflore Tippah Prentiss Carroll Copiah Alcorn
LOCALITIES IN ORANGE ZONE	5 ■ (+0)	Memphis Meridian McComb Grenada Clarksdale	8 ▼ (-4)	Lauderdale Itawamba Hancock Covington Pike Adams Grenada Coahoma
LOCALITIES IN YELLOW ZONE	9 ▲ (+4)	Jackson Hattiesburg Laurel Brookhaven Starkville Columbus Vicksburg Cleveland West Point	17 ▼ (-1)	Hinds Jones Lincoln Leake Oktibbeha George Lowndes Union Warren Bolivar Jasper Clay

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

All Red Counties: DeSoto, Harrison, Jackson, Lee, Marshall, Washington, Leflore, Tippah, Prentiss, Carroll, Copiah, Alcorn, Tate, Clarke, Sunflower, Benton, Calhoun, Tishomingo, Winston, Yalobusha, Tallahatchie, Humphreys, Franklin, Jefferson, Quitman

All Yellow Counties: Hinds, Jones, Lincoln, Leake, Oktibbeha, George, Lowndes, Union, Warren, Bolivar, Jasper, Clay, Stone, Lawrence, Newton, Montgomery, Perry

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

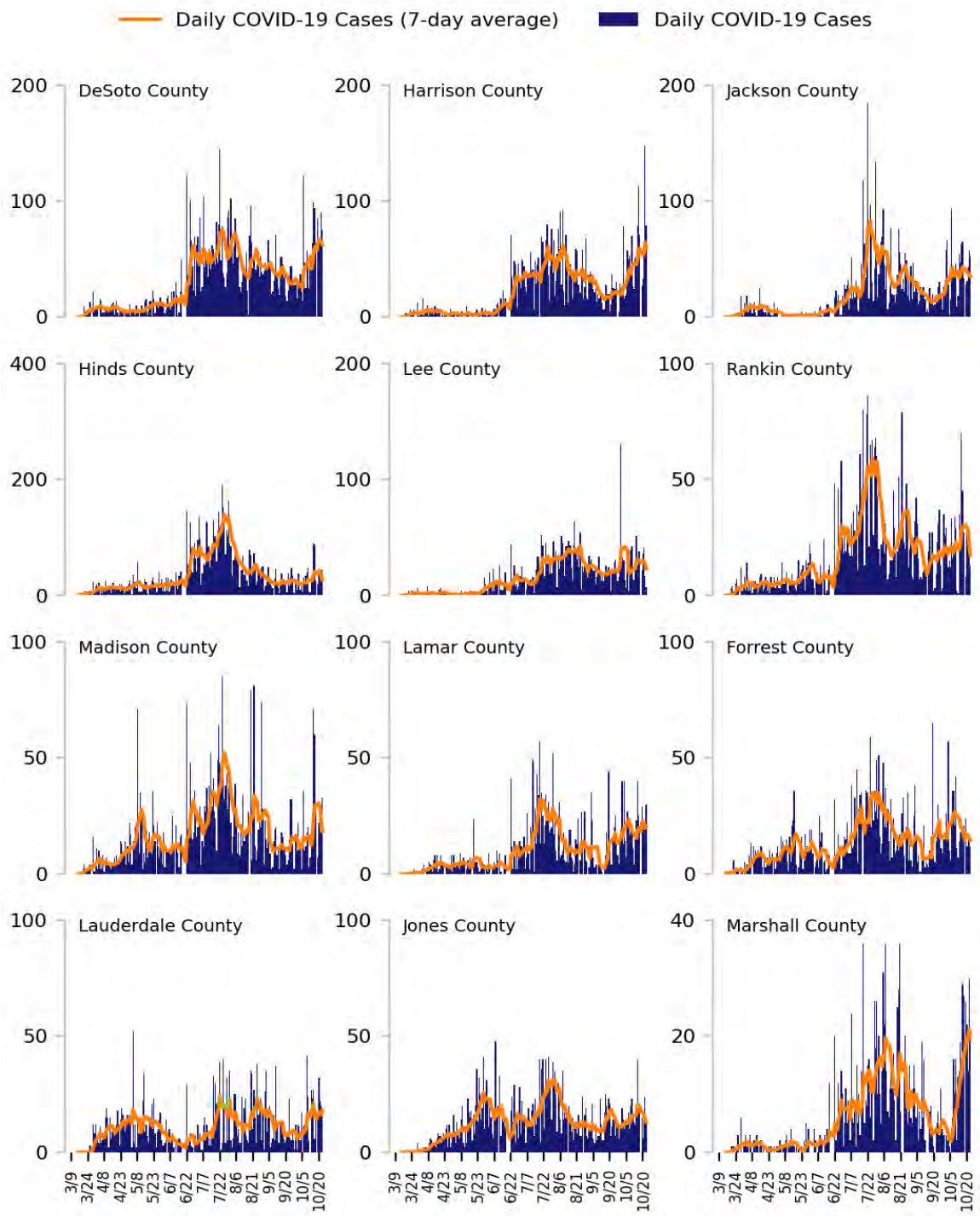
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

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

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



DATA SOURCES – Additional data details available under METHODS

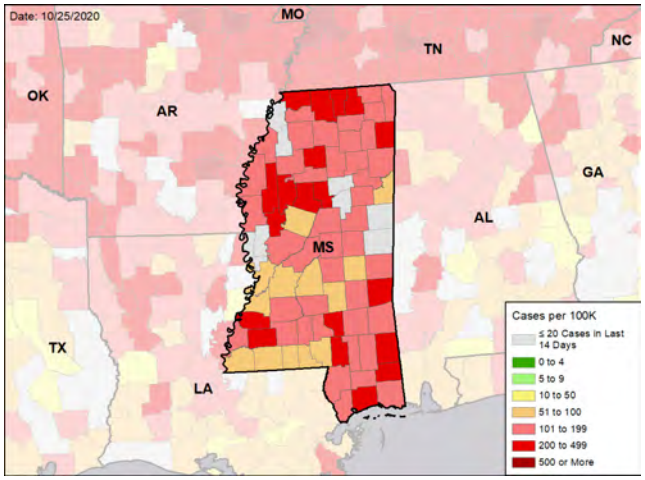
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

MISSISSIPPI

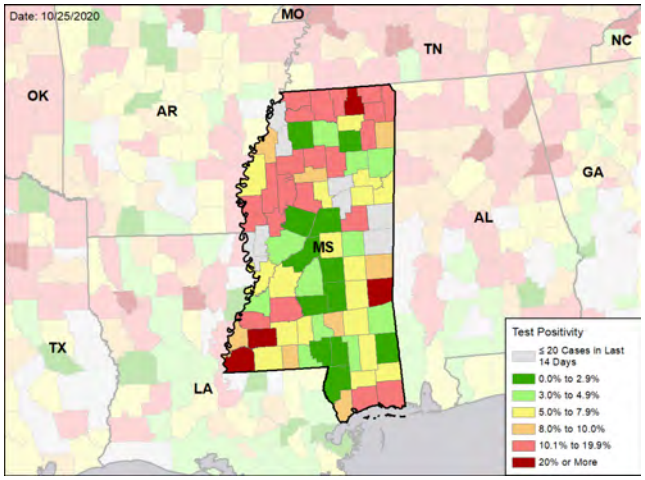
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

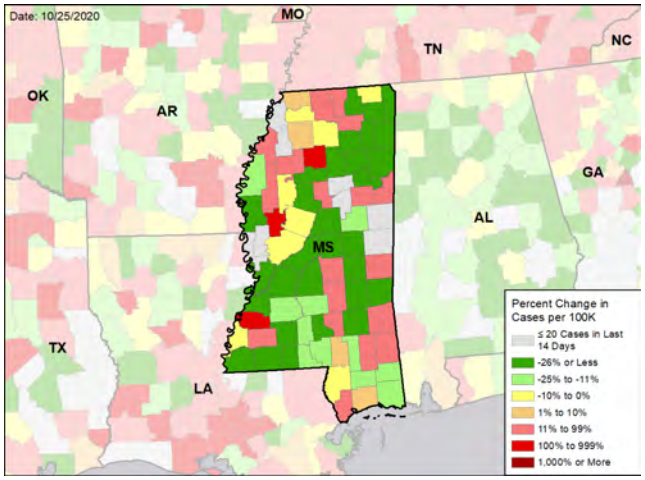
NEW CASES PER 100,000 DURING THE LAST WEEK



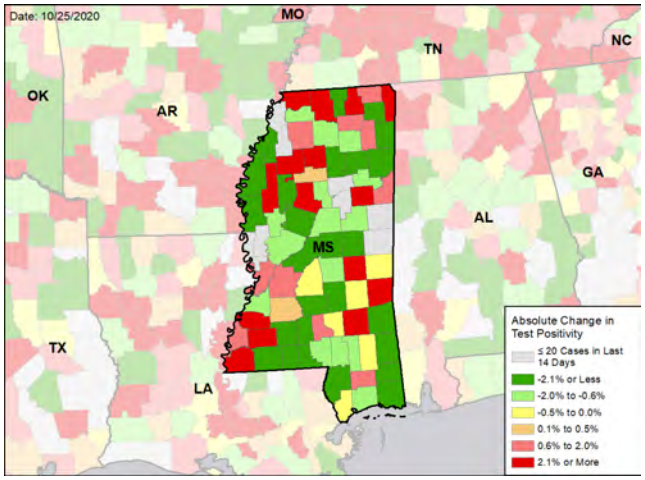
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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STATE REPORT
10.25.2020

MISSOURI

SUMMARY

- Missouri is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 18th highest rate in the country. Missouri is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 10th highest rate in the country.
- Missouri has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Jackson County, 2. St. Louis County, and 3. St. Charles County. These counties represent 27.2% of new cases in Missouri.
- 87% of all counties in Missouri 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 Oct 12 - Oct 18, 22% of nursing homes had at least one new resident COVID-19 case, 37% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Missouri had 199 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 66 to support operations activities from FEMA; 5 to support operations activities from ASPR; 31 to support medical activities from VA; and 1 to support operations activities from VA.
- The federal government has supported surge testing in Columbia, Cape Giradeau, Branson, and Lee's Summit.
- Between Oct 17 - Oct 23, on average, 169 patients with confirmed COVID-19 and 216 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Missouri. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- All indicators of community spread are increasing, including percent of nursing homes with positive staff members and residents, and community spread is increasing hospital admissions, leading to potential resource constraints.
- Mitigation efforts must be increased to control community spread to include mask wearing, physical distancing, hand hygiene, and avoiding crowds in public and specifically, social gatherings in private.
- We are finding that as the weather cools, friends and families are moving social gatherings indoors, significantly increasing spread.
- Work with communities to limit large and small social gatherings; current transmissions are linked to home gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. When meeting people who are not a part of one’s household, masking and physical distancing must be observed at all times, especially when indoors.
- With nearly 40% of nursing homes reporting at least one COVID positive staff member, work with nursing homes to trace exposures of positive staff to decrease introduction of community transmission to nursing homes.
- Provide specific mitigation messaging appealing to the following groups to engage them to do their part to slow the spread:
    - Rural communities.
    - Individuals over 65 years-old through senior citizen networks.
    - University students.
- The Abbott BinaxNOW tests perform best when used serially in populations and in schools. Corrections and healthcare workers must use these tests for weekly surveillance testing to monitor and act on county trends identified though sentinel surveillance.
- Ensure all hospitals have access to antivirals and antibodies and ensure early use as treatment (within 48 hours). Need visibility from all hospitals on admissions and supplies in order to adequately support them.
- 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 | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	12,190 (199)	-8%	31,703 (224)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.9%	+0.5%*	11.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	66,962** (1,091**)	-4%**	248,267** (1,756**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	224 (3.6)	+91%	481 (3.4)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	22%	+4%*	18%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	37%	+3%*	35%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	-1%*	5%	4%

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
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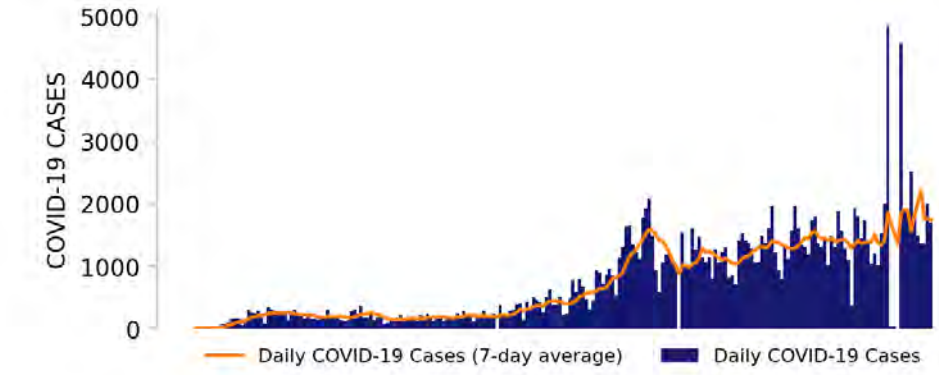
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

MISSOURI

STATE REPORT | 10.25.2020

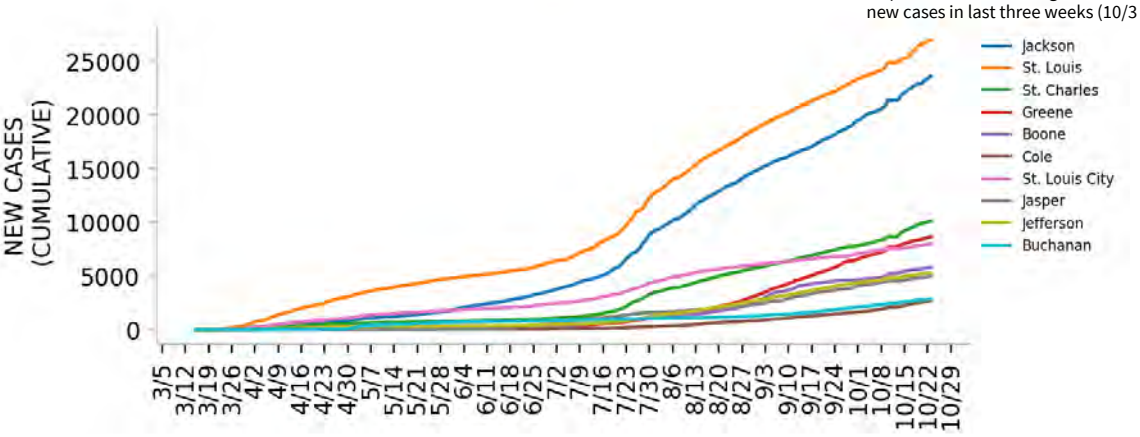
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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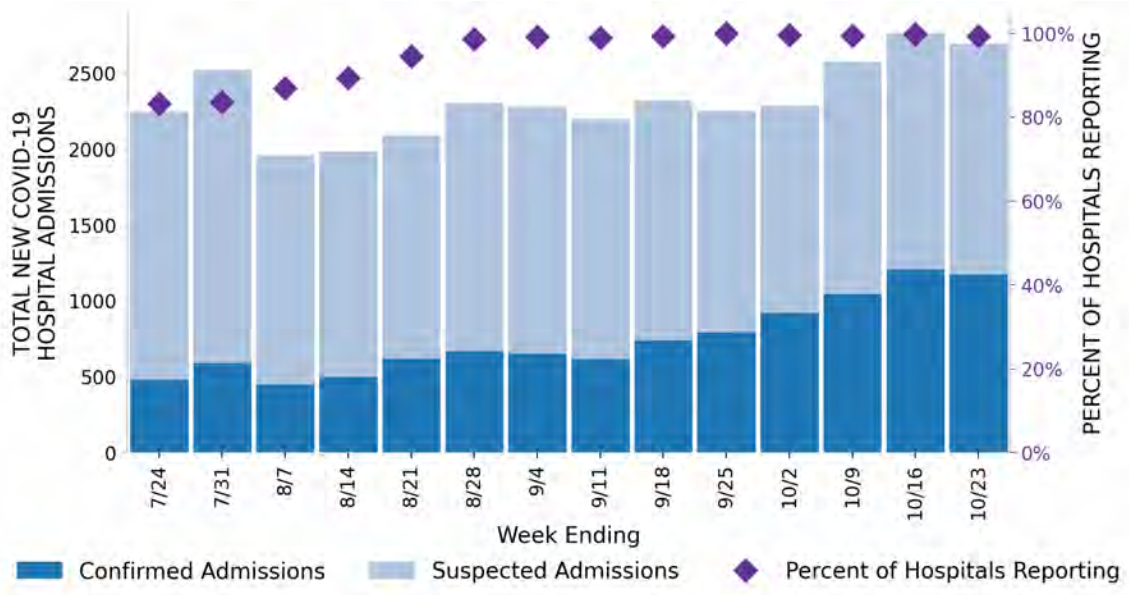
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/21/2020.

MISSOURI

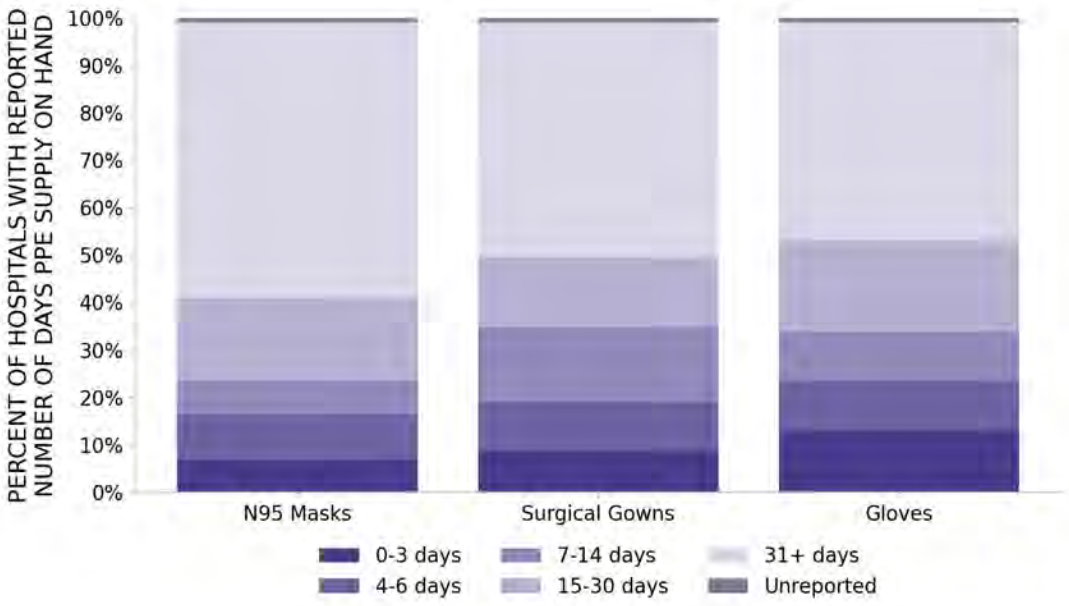
STATE REPORT | 10.25.2020

115 hospitals are expected to report in Missouri

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

MISSOURI

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	18 ▲ (+1)	Springfield Jefferson City Joplin Columbia St. Joseph Cape Girardeau Poplar Bluff Warrensburg Sikeston Lebanon West Plains Maryville	78 ▲ (+7)	St. Charles Greene Boone Cole Jasper Jefferson Buchanan Cape Girardeau Christian Franklin Newton Camden
LOCALITIES IN ORANGE ZONE	8 ▲ (+2)	St. Louis Kansas City Farmington Sedalia Rolla Kennett Quincy Fort Madison-Keokuk	16 ▼ (-2)	St. Louis Clay St. Francois Pettis Phelps Lincoln Platte Dunklin Polk Barton Perry DeKalb
LOCALITIES IN YELLOW ZONE	1 ▼ (-2)	Kirksville	6 ▼ (-6)	Jackson St. Louis City Lafayette Adair Warren Bates

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

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

All Red Counties: St. Charles, Greene, Boone, Cole, Jasper, Jefferson, Buchanan, Cape Girardeau, Christian, Franklin, Newton, Camden, Johnson, Cass, Scott, Callaway, Butler, Laclede, Webster, Howell, Lawrence, Nodaway, Taney, Stoddard, Randolph, Osage, Miller, Barry, Moniteau, Morgan, Pulaski, Clinton, Texas, Crawford, Wright, Washington, Marion, Saline, New Madrid, Stone, Pemiscot, Andrew, Cooper, Dallas, Henry, Ste. Genevieve, Livingston, Audrain, Ripley, Mississippi, Benton, Bollinger, Vernon, Dent, Oregon, McDonald, Shannon, Ray, Pike, Hickory, Lewis, Gasconade, Daviess, Maries, Carter, Ozark, Harrison, Howard, Monroe, Caldwell, Douglas, Ralls, St. Clair, Carroll, Montgomery, Scotland, Holt, Reynolds

All Orange Counties: St. Louis, Clay, St. Francois, Pettis, Phelps, Lincoln, Platte, Dunklin, Polk, Barton, Perry, DeKalb, Sullivan, Grundy, Gentry, Macon

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

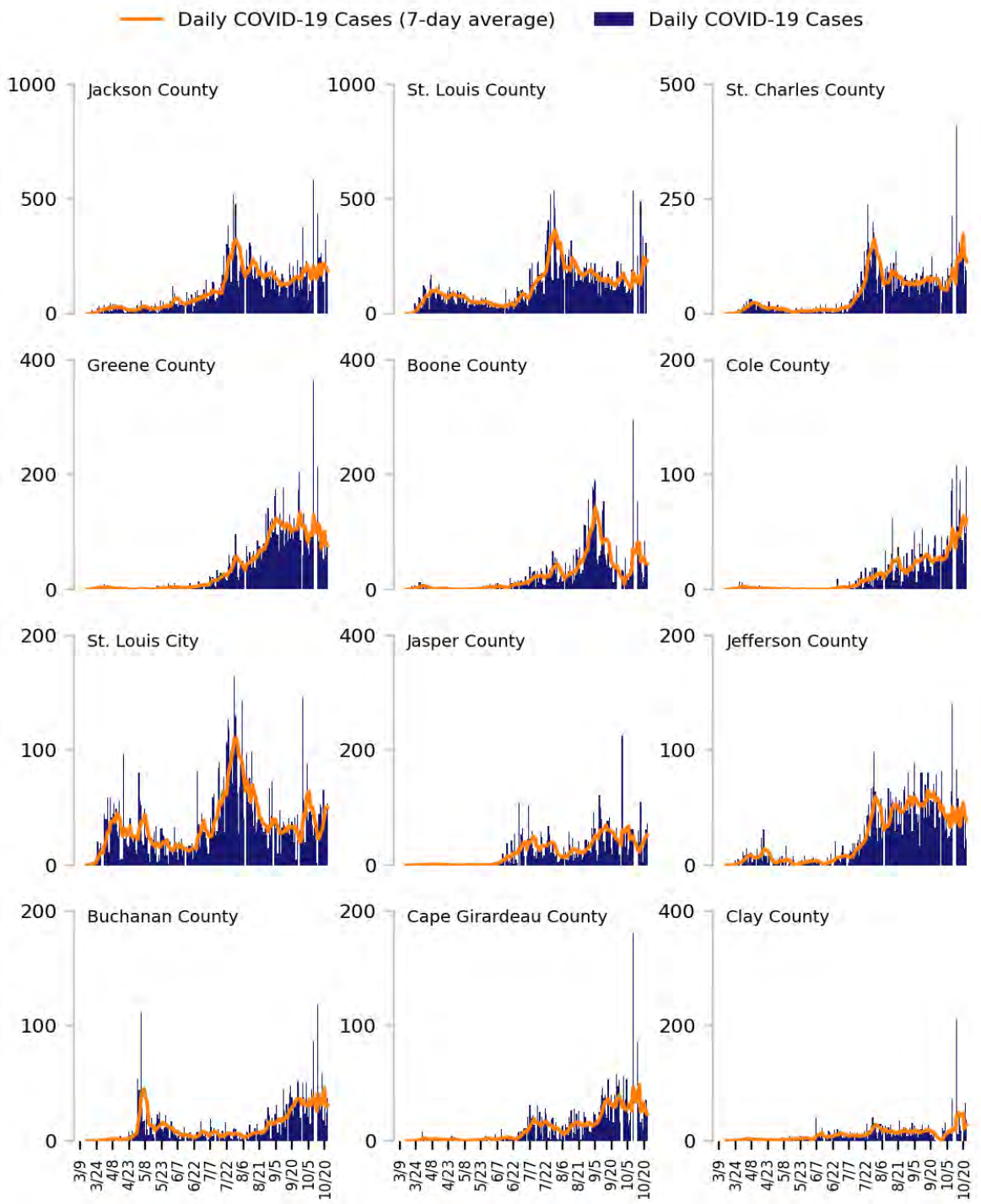
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

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

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



DATA SOURCES – Additional data details available under METHODS

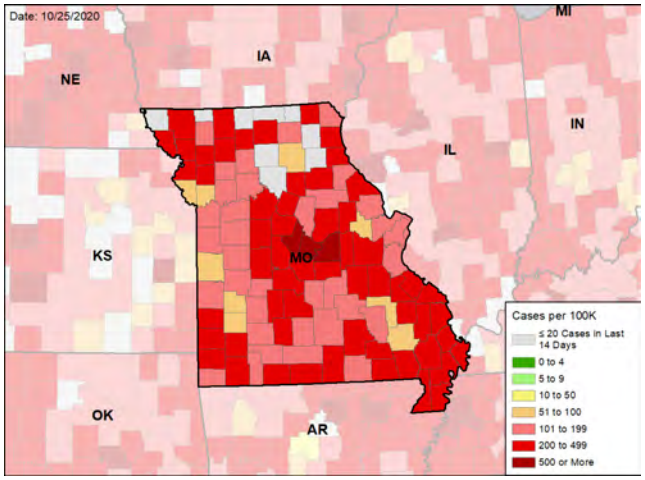
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

MISSOURI

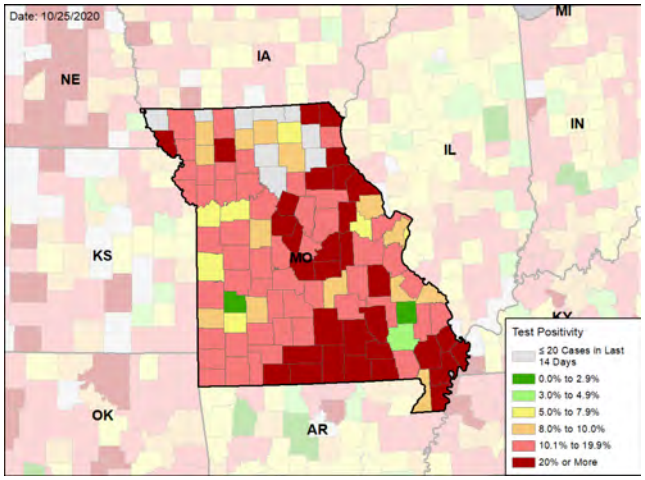
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

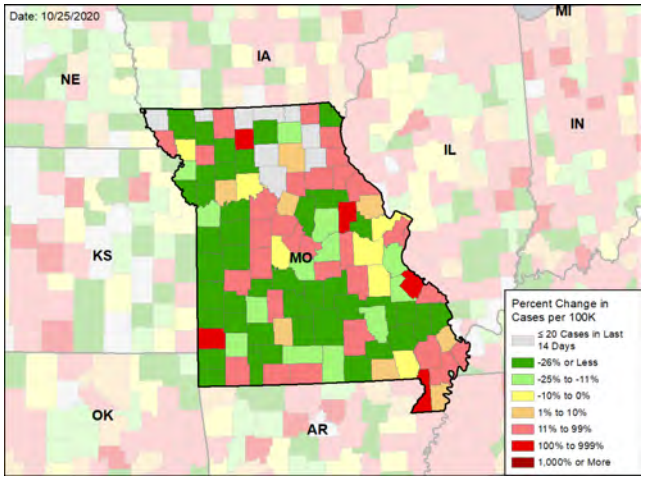
NEW CASES PER 100,000 DURING THE LAST WEEK



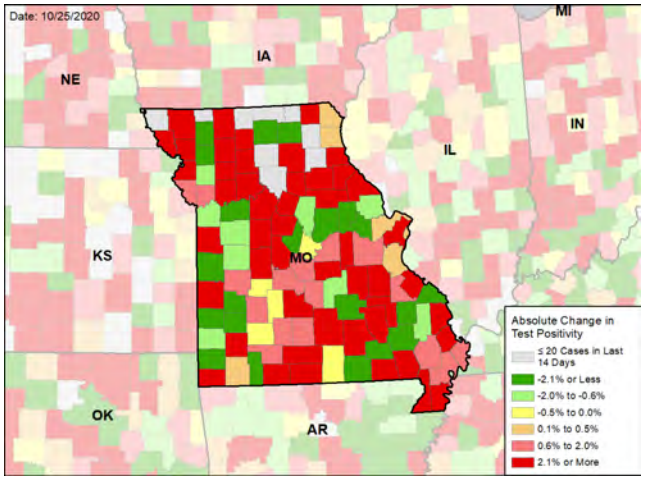
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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STATE REPORT
10.25.2020

MONTANA

SUMMARY

- Montana is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 3rd highest rate in the country. Montana is in the red zone for test positivity, indicating a rate at or above 10.1%, with the highest rate in the country.
- Montana has seen an increase in new cases and a decrease in test positivity over the last week; however, test positivity has increased in 37 counties among all age groups and, among counties with at least 500 tests done, Hill, Lake, Missoula, and Gallatin counties had the largest increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Yellowstone County, 2. Flathead County, and 3. Gallatin County. These counties represent 39.5% 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 73% having high levels of community transmission (red zone).
- Inpatient bed utilization is 89% in Yellowstone, 88% in Lewis and Clark, and 82% in Cascade counties and ICU utilization is 94%, 77%, and 100%, respectively; 16 hospitals reported critical staffing shortages.
- During the week of Oct 12 - Oct 18, 21% of nursing homes had at least one new resident COVID-19 case, 46% had at least one new staff COVID-19 case, and 10% had at least one new resident COVID-19 death. Apparent outbreak at a facility in Missoula, and many more facilities reported at least 5 cases, including facilities in Great Falls, Havre, Harden, and Wolf Point.
- Montana had 459 new cases per 100,000 population in the last week, compared to a national average of 133 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 epidemiology activities from CDC; and 1 to support operations activities from CDC.
- Between Oct 17 - Oct 23, on average, 60 patients with confirmed COVID-19 and 32 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Montana. An average of 87% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Efforts to expand testing are the key to controlling the epidemic; maintain at least this volume of testing throughout the winter.
- Ensure populations most at-risk for infections or severe disease, such as older individuals and those with comorbidities, are targeted for testing.
- Many states have been able to control outbreaks by enforcing strict mitigation measures; given extent of transmission, Montana should limit bar and gym hours and urgently enforce face mask, occupancy restrictions, and social distancing policies in all counties.
- Aggressively expand messaging on possible long-term health risks of COVID-19 and post clear recommendations on state website for residents to avoid indoor gatherings wherever possible and maintain social distancing and face covering during necessary indoor gatherings.
- Continue to closely monitor local test positivity and case rates among those 65 years and older, along with local hospital utilization, resources, and capacity; work with state and federal partners to implement expansion plans where needed.
- Ensure that all clinical staff throughout the state have been trained in latest treatment protocols, including early use of antiviral and antibody therapy for hospitalized patients and appropriate use of high-flow oxygen, glucocorticoids, and proper positioning.
- Monitor contact tracing to ensure cases are immediately isolated and interviewed within 48 hours; enhance contact tracing capacity by focusing the interview, developing scripts and protocols to allow task-shifting, and expanding staff by hiring within local communities.
- Ensure institutions of higher education, particularly Montana State University and Montana Tech, post total testing volumes and results on school websites and ensure both are conducting adequate surveillance and testing; given marked increase in test positivity in Bozeman in all age groups, review protocols and data from MSU and consider intensifying mitigation efforts.
- Ensure prison outbreak has been fully investigated and appropriate preventive measures implemented; ensure appropriate surveillance and prevention at all congregate settings.
- Build adequate surveillance network by testing wastewater at the local level and by implementing regular testing of staff at highest risk for infection, using antigen testing as needed.
- Ensure all results of antigen tests, both negative and positive results, are reported.
- Tribal Nations: Continue to deliver culturally-specific public health education and easily accessible testing. Ensure prompt (within 48 hours of diagnosis) isolation and contact tracing for all cases and provide housing, food, and supplies to support immediate quarantine of contacts and isolation of cases.
- Ensure all facilities with apparent outbreaks in above cities have had mandatory inspection surveys with facility-wide testing and surveys to document strict adherence to all CMS guidance; enforce adherence in all congregate facilities.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MONTANA

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,908 (459)	+17%	35,565 (290)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	19.9%	-2.1%*	11.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	27,531** (2,576**)	-19%**	301,890** (2,463**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	47 (4.4)	+62%	228 (1.9)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	21%	+4%*	15%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	46%	+8%*	37%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10%	+7%*	5%	4%

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

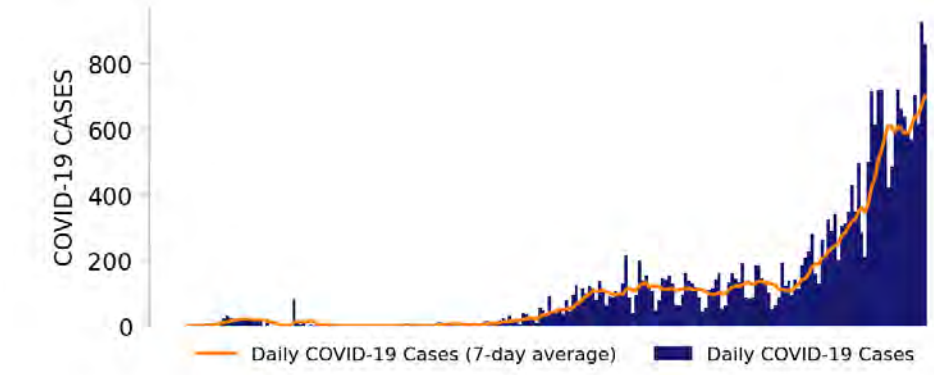
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

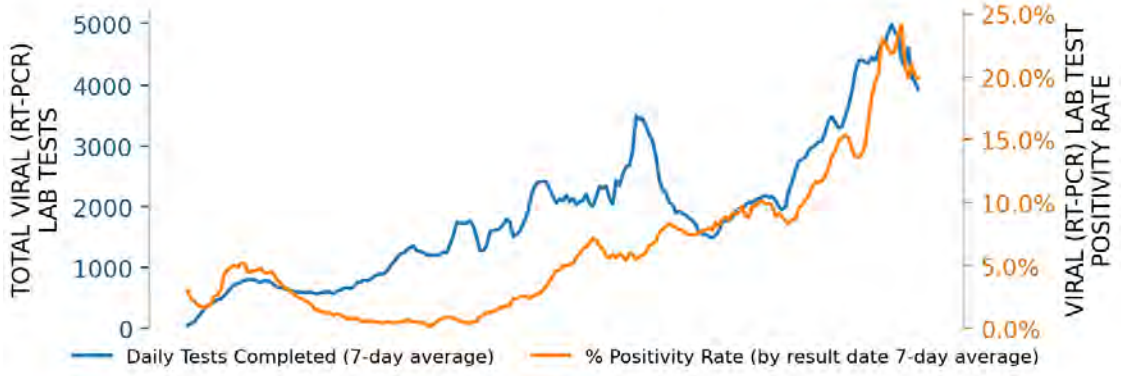
MONTANA

STATE REPORT | 10.25.2020

NEW CASES

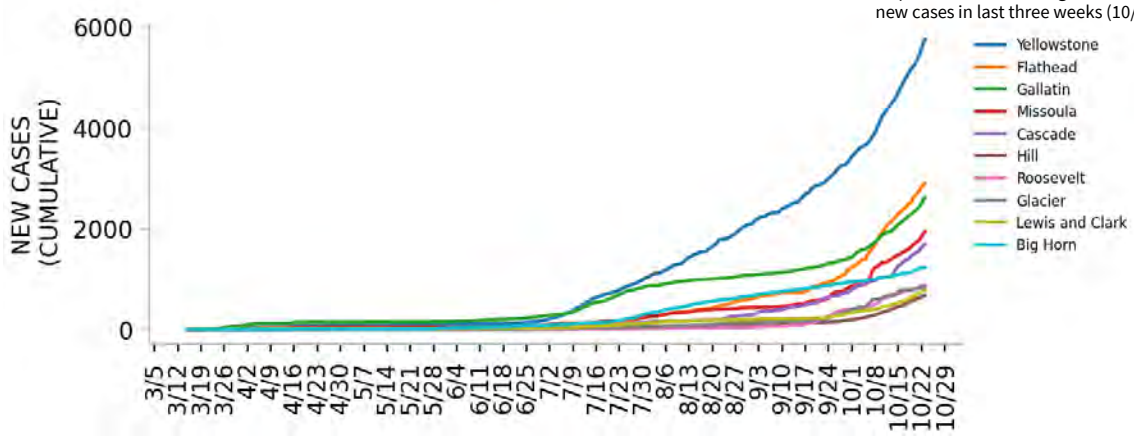


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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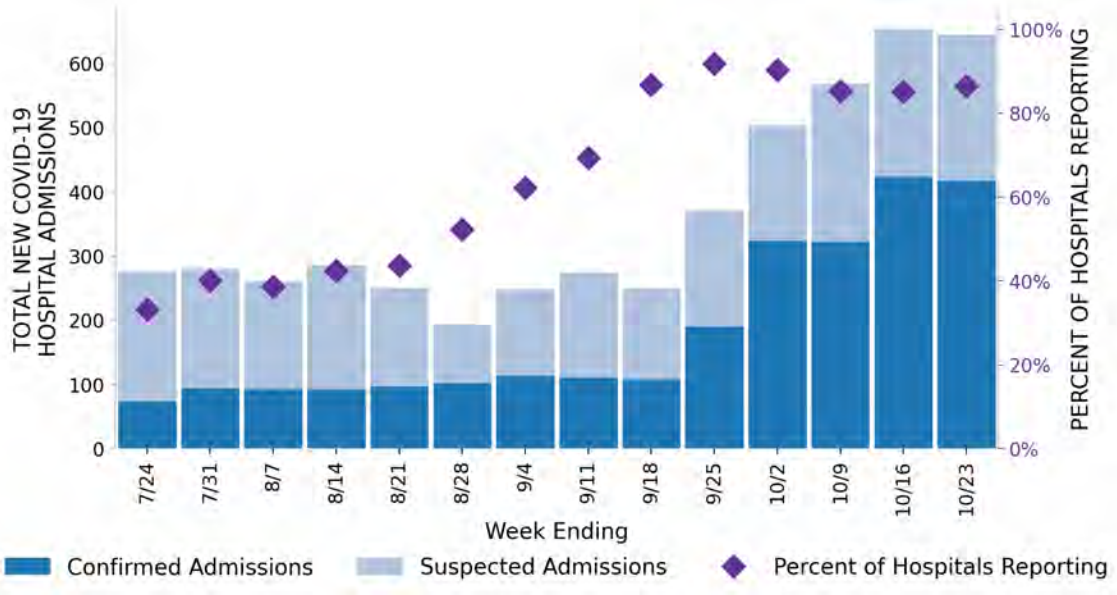
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

MONTANA

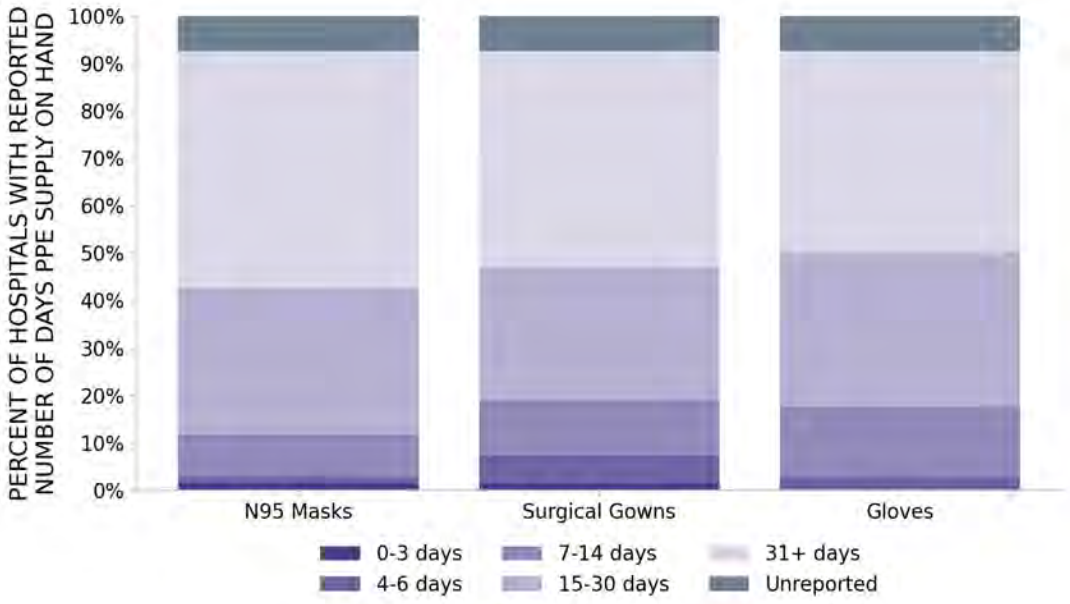
STATE REPORT | 10.25.2020

68 hospitals are expected to report in Montana

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

MONTANA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	7 ▲ (+1)	Billings Kalispell Bozeman Missoula Great Falls Helena Butte-Silver Bow	41 ▲ (+5)	Yellowstone Flathead Gallatin Missoula Cascade Hill Roosevelt Glacier Lewis and Clark Big Horn Deer Lodge Silver Bow
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	2 ▼ (-1)	Lincoln Phillips
LOCALITIES IN YELLOW ZONE	0 ▼ (-1)	N/A	1 ■ (+0)	Sheridan

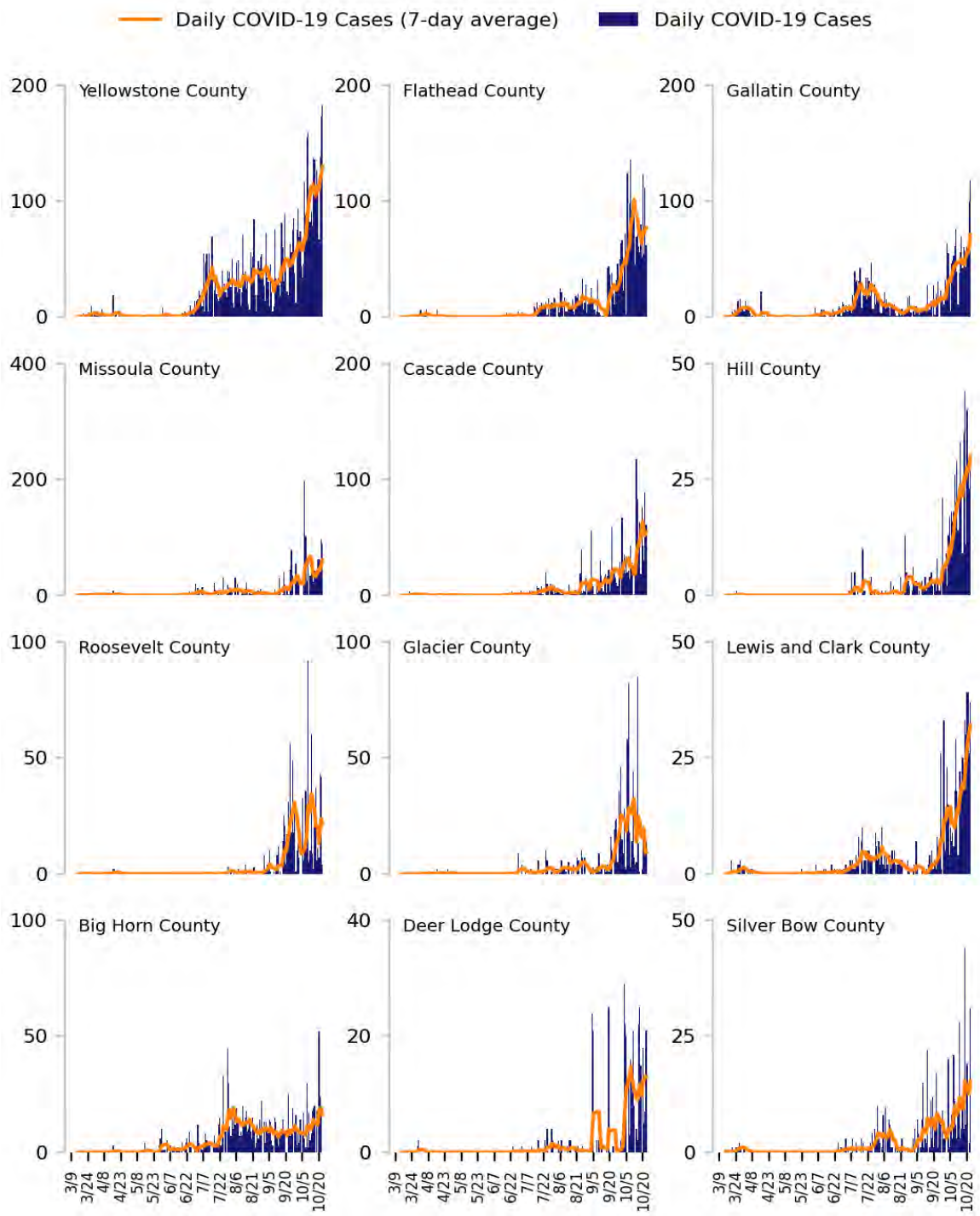
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



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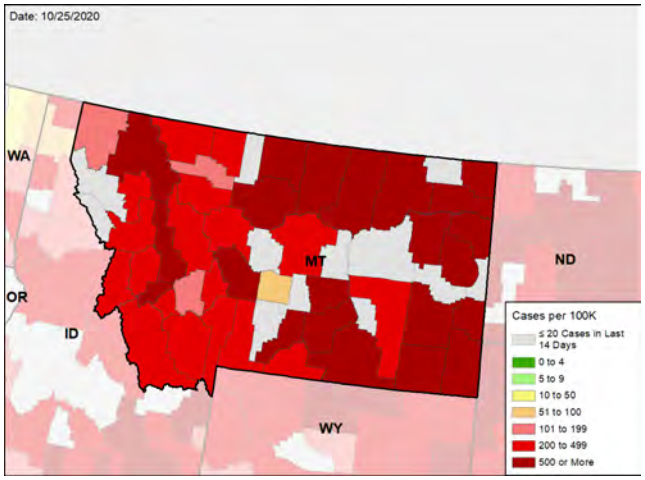
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

MONTANA

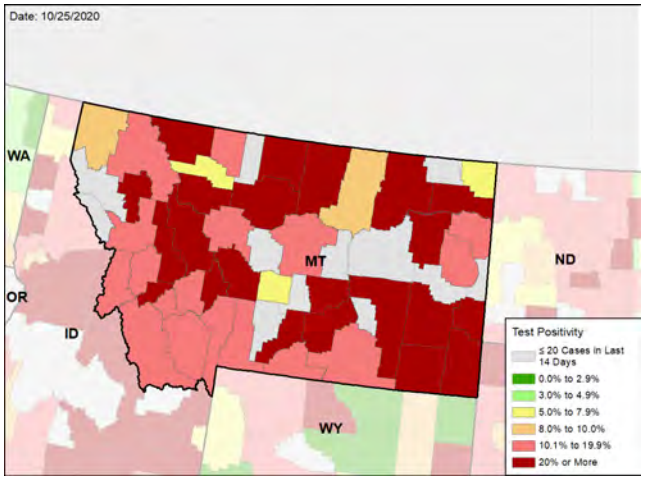
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

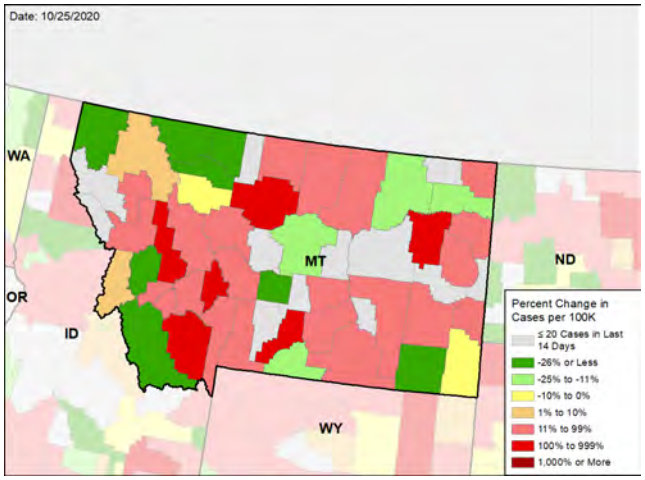
NEW CASES PER 100,000 DURING THE LAST WEEK



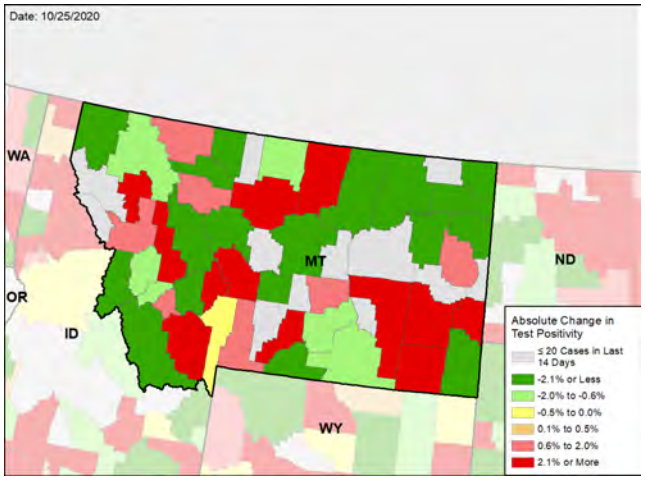
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

NEBRASKA

SUMMARY

- Nebraska is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 8th highest rate in the country. Nebraska is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 5th highest rate in the country.
- Nebraska has seen a decrease in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Douglas County, 2. Lancaster County, and 3. Sarpy County. These counties represent 50.9% of new cases in Nebraska.
- 67% of all counties in Nebraska have moderate or high levels of community transmission (yellow, orange, or red zones), with 58% having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 20% of nursing homes had at least one new resident COVID-19 case, 40% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Nebraska had 300 new cases per 100,000 population in the last week, compared to a national average of 133 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 Oct 17 - Oct 23, on average, 51 patients with confirmed COVID-19 and 29 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nebraska. An average of 88% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- All indicators of community spread are increasing, including percent of nursing homes with positive staff members and residents, and community spread is increasing hospital admissions, leading to potential resource constraints.
- Mitigation efforts must be increased to control community spread to include mask wearing, physical distancing, hand hygiene, and avoiding crowds in public and specifically, social gatherings in private.
- We are finding that as the weather cools, friends and families are moving social gatherings indoors, significantly increasing spread.
- Work with communities to limit large and small social gatherings; current transmissions are linked to home gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. When meeting people who are not a part of one's household, masking and physical distancing must be observed at all times, especially when indoors.
- With over 40% of nursing homes reporting at least one COVID positive staff member, work with nursing homes to trace exposures of positive staff to decrease introduction of community transmission to nursing homes.
- Provide specific mitigation messaging appealing to the following groups to engage them to do their part to slow the spread:
    - Rural communities.
    - Individuals over 65 years-old through senior citizen networks.
    - University students.
- The Abbott BinaxNOW tests perform best when used serially in populations and in schools. Corrections and healthcare workers must use these tests for weekly surveillance testing to monitor and act on county trends identified though sentinel surveillance.
- Ensure all hospitals have access to antivirals and antibodies and ensure early use as treatment (within 48 hours). Need visibility from all hospitals on admissions and supplies in order to adequately support them.
- Tribal Nations: Address COVID fatigue; work on practices that are culturally supportive for the fall; ensure testing and hospital supplies are 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

NEBRASKA

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,800 (300)	-13%	31,703 (224)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.5%	+1.7%*	11.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	50,783** (2,625**)	+6%**	248,267** (1,756**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	45 (2.3)	+41%	481 (3.4)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	20%	+9%*	18%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	40%	+5%*	35%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+0%*	5%	4%

* 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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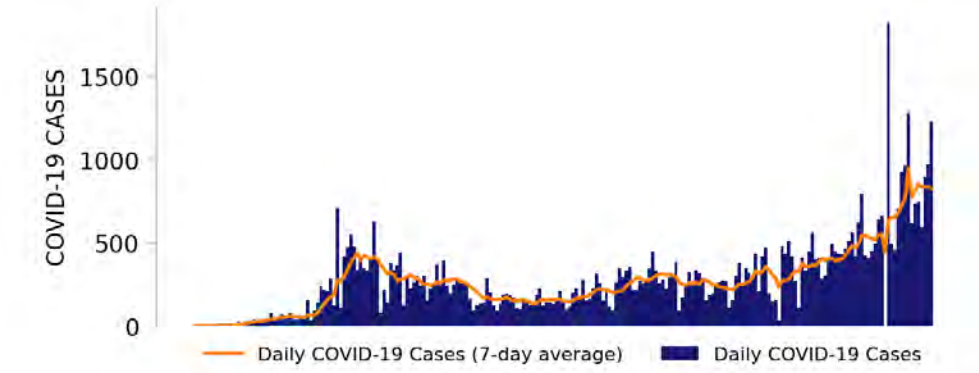
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

NEBRASKA

STATE REPORT | 10.25.2020

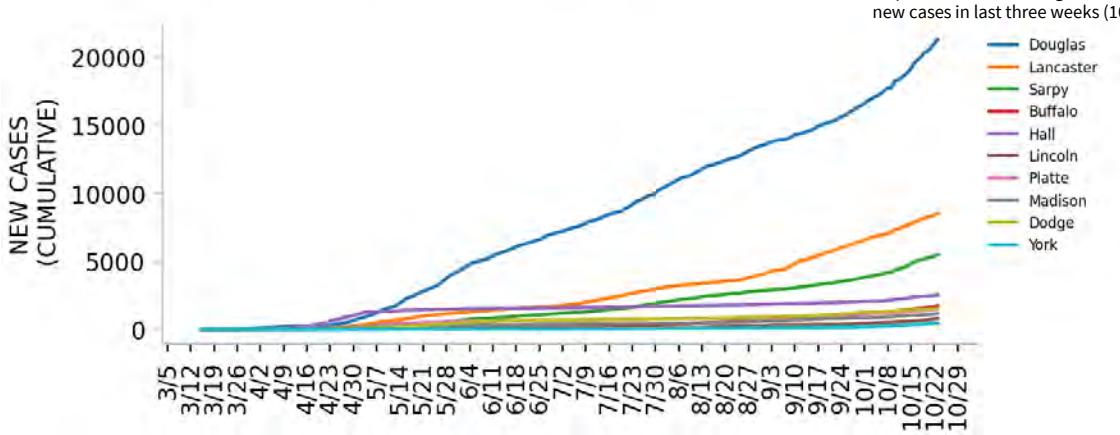
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

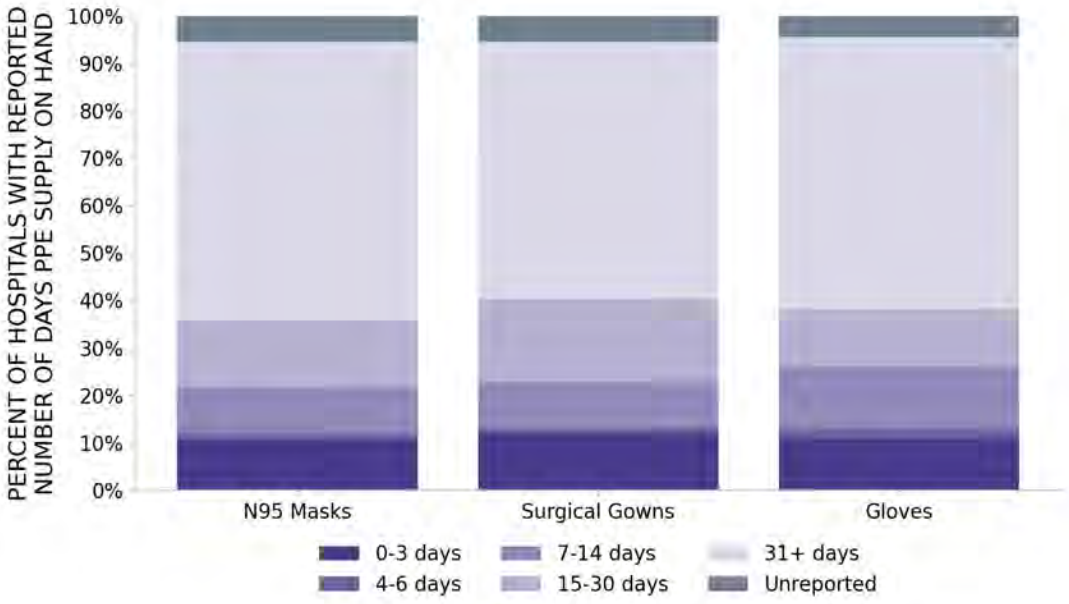
NEBRASKA

STATE REPORT | 10.25.2020

92 hospitals are expected to report in Nebraska

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

NEBRASKA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	12 ▲ (+1)	Omaha-Council Bluffs Kearney Grand Island Norfolk North Platte Columbus Sioux City Fremont Scottsbluff Beatrice Hastings Lexington	54 ▲ (+4)	Sarpy Buffalo Hall Lincoln Platte Madison Dodge York Scotts Bluff Dakota Gage Adams
LOCALITIES IN ORANGE ZONE	1 ▼ (-1)	Lincoln	6 ▼ (-4)	Douglas Lancaster Cass Hamilton Hitchcock Stanton
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	2 ▲ (+1)	Washington Knox

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

All Red Counties: Sarpy, Buffalo, Hall, Lincoln, Platte, Madison, Dodge, York, Scotts Bluff, Dakota, Gage, Adams, Phelps, Holt, Dawson, Red Willow, Saunders, Wayne, Saline, Polk, Chase, Box Butte, Otoe, Cuming, Butler, Custer, Kearney, Webster, Seward, Colfax, Dawes, Clay, Pierce, Nuckolls, Sheridan, Dixon, Antelope, Franklin, Furnas, Thurston, Merrick, Jefferson, Boone, Cheyenne, Richardson, Fillmore, Boyd, Howard, Keith, Thayer, Valley, Burt, Frontier, Morrill

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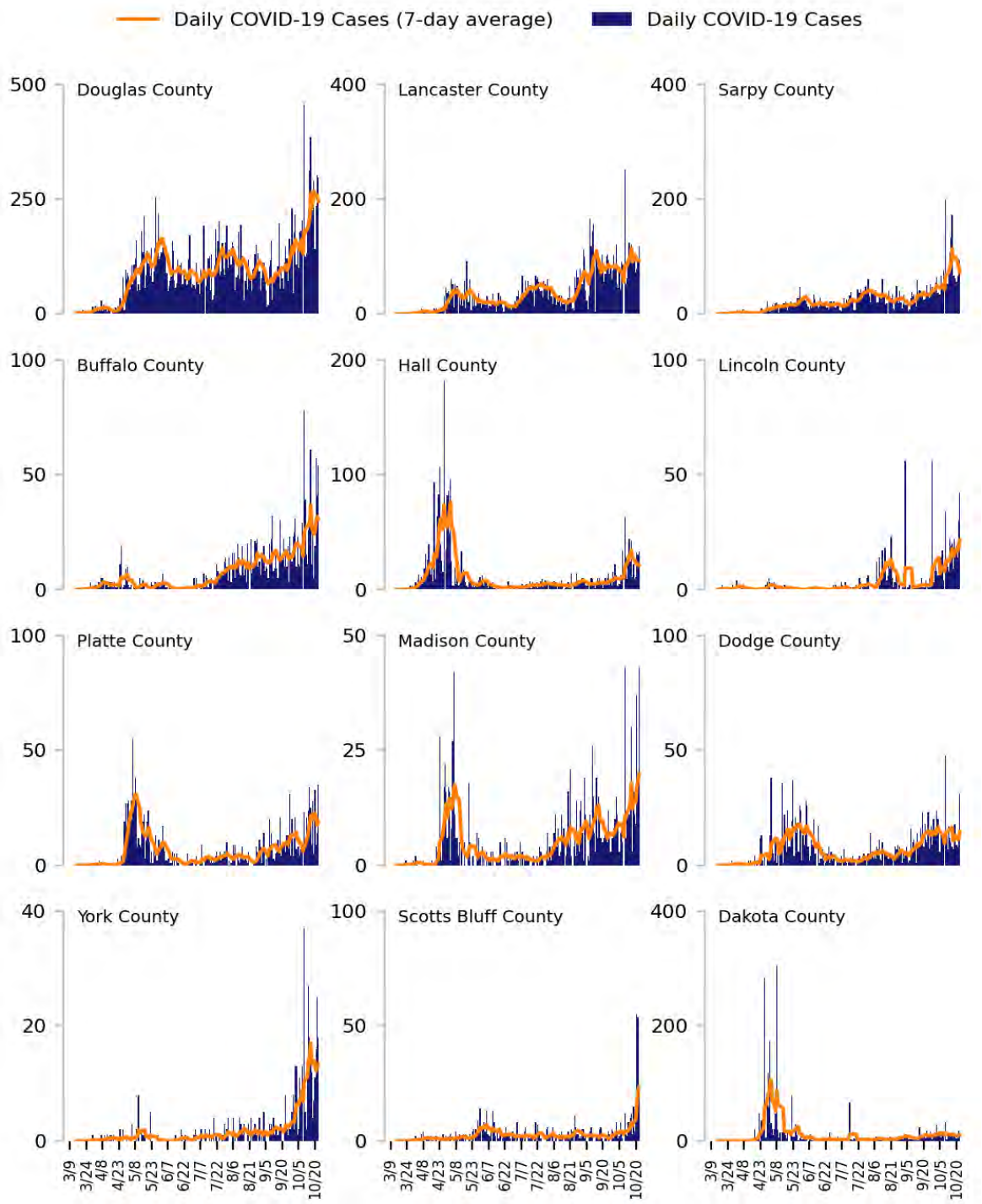
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES – Additional data details available under METHODS

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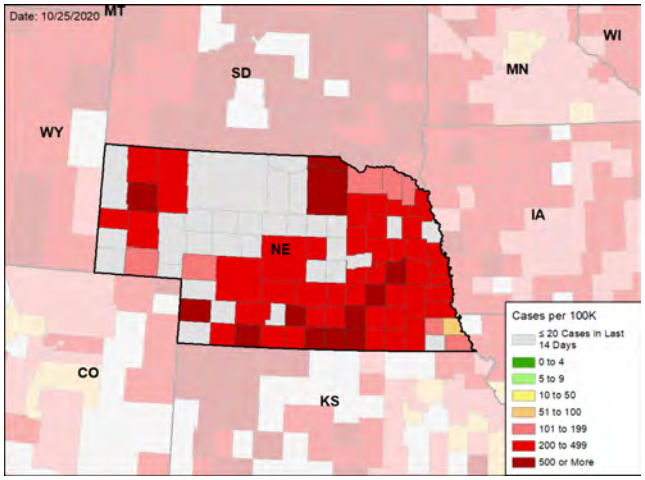
NEBRASKA

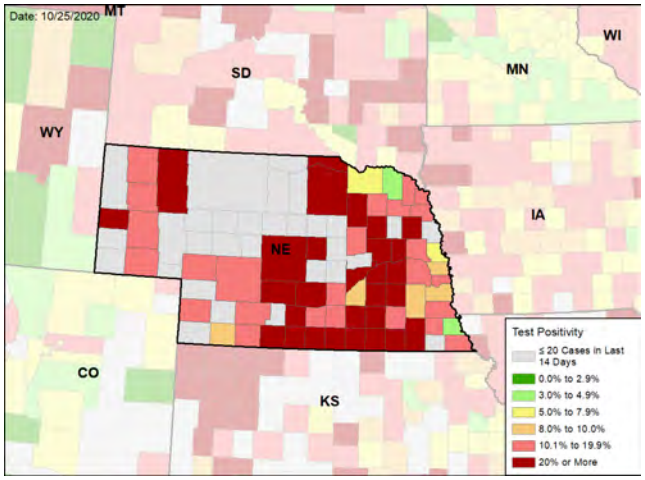
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

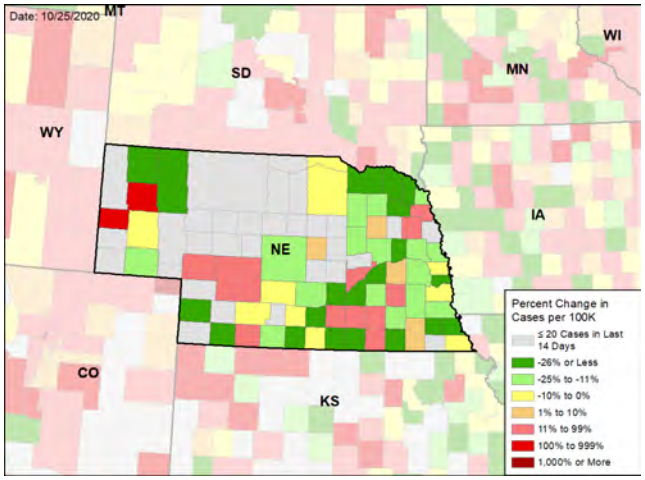
NEW CASES PER 100,000 DURING THE LAST WEEK



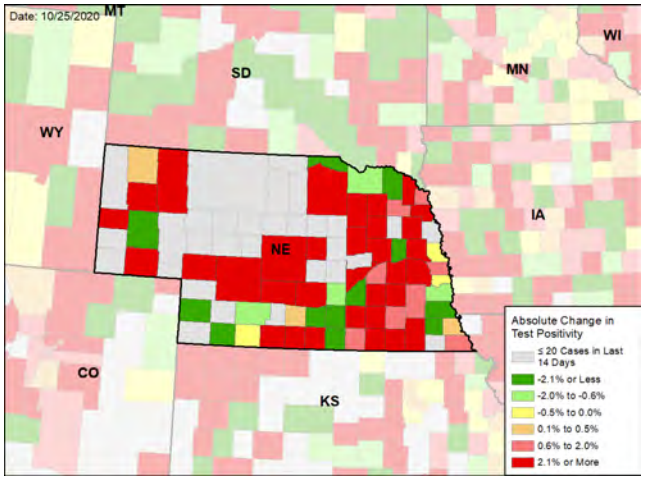
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

NEVADA

SUMMARY

- Nevada is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 22nd highest rate in the country. Nevada is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 13th highest rate in the country.
- Nevada has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Clark County, 2. Washoe County, and 3. Elko County. These counties represent 94.7% of new cases in Nevada.
- 71% of all counties in Nevada 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 Oct 12 - Oct 18, 7% of nursing homes had at least one new resident COVID-19 case, 22% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Nevada had 162 new cases per 100,000 population in the last week, compared to a national average of 133 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 Oct 17 - Oct 23, on average, 54 patients with confirmed COVID-19 and 78 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nevada. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Need a different strategy for reducing transmission in cooler weather and considering COVID fatigue. Keep mask requirements in place and ensure physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and flu immunizations.
- Work with communities to limit large and small social gatherings; current transmissions are linked to home gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. When meeting people who are not a part of one's household, masking and physical distancing must be observed at all times, especially when indoors.
- With over 20% of nursing homes reporting at least one COVID positive staff member, work with nursing homes to trace exposures of positive staff to decrease introduction of community transmission to nursing homes.
- Provide specific mitigation messaging appealing to the following groups to engage them to do their part to slow the spread:
    - Rural communities.
    - Individuals over 65 years-old through senior citizen networks.
    - University students.
- The Abbott BinaxNOW tests perform best when used serially in populations and in schools. Corrections and healthcare workers must use these tests for weekly surveillance testing to monitor and act on county trends identified though sentinel surveillance.
- Ensure all hospitals have access to antivirals and antibodies and ensure early use as treatment (within 48 hours). Need visibility from all hospitals on admissions and supplies in order to adequately support them.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

NEVADA

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,002 (162)	+23%	39,653 (77)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.3%	+0.7%*	4.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	66,886** (2,172**)	+10%**	662,441** (1,292**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	31 (1.0)	-38%	529 (1.0)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	7%	+0%*	4%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	22%	-5%*	8%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+0%*	1%	4%

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

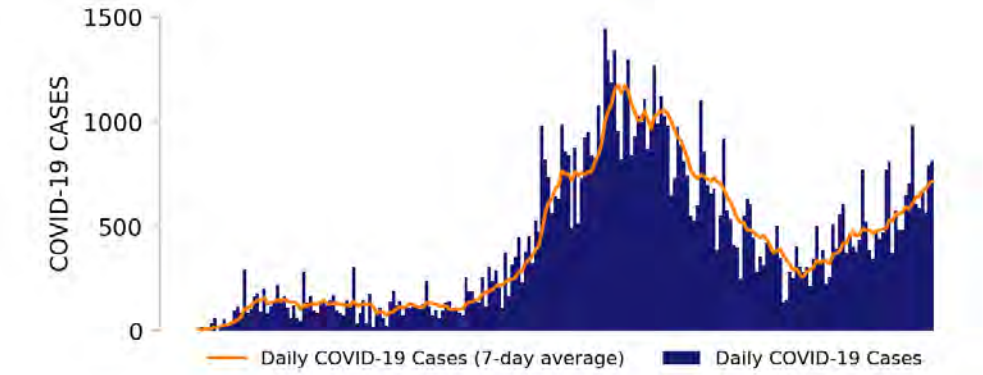
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

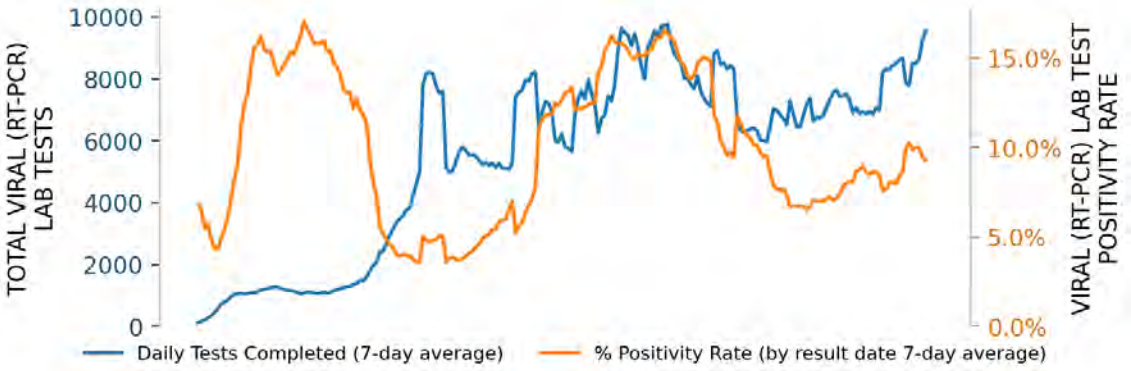
NEVADA

STATE REPORT | 10.25.2020

NEW CASES

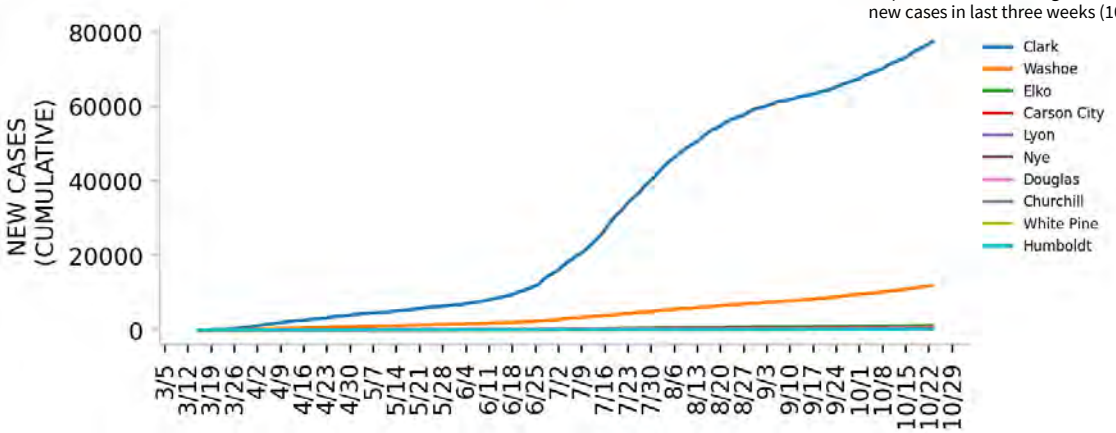


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

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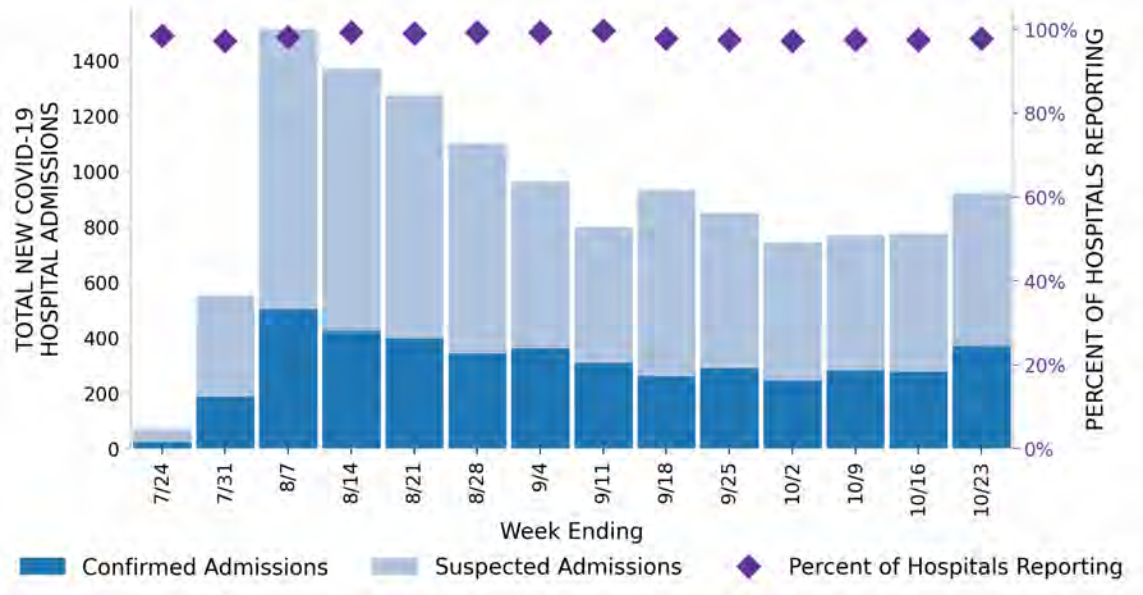
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

NEVADA

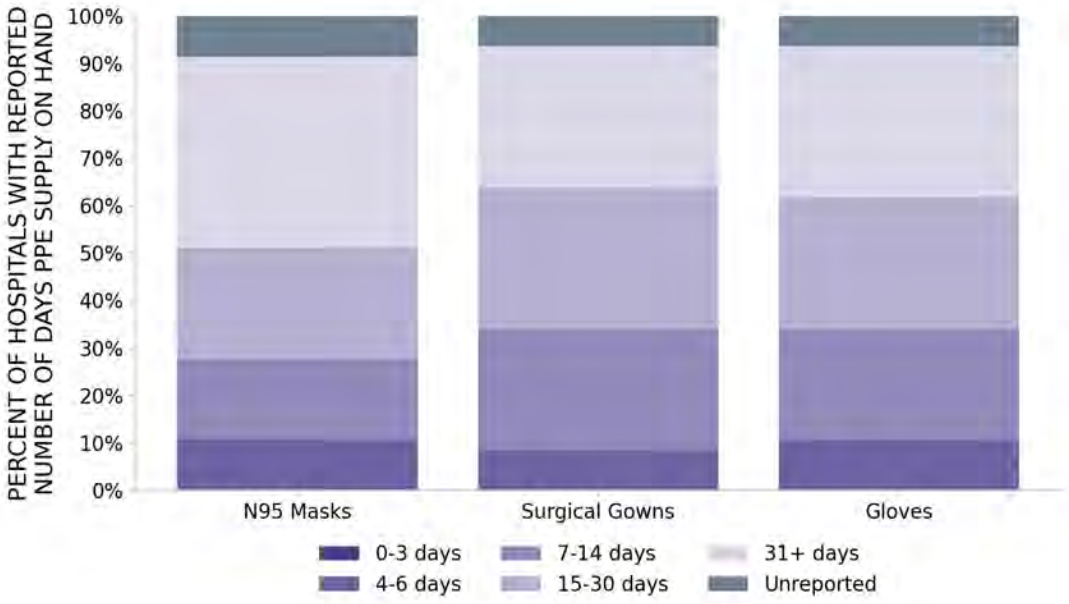
STATE REPORT | 10.25.2020

47 hospitals are expected to report in Nevada

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

NEVADA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

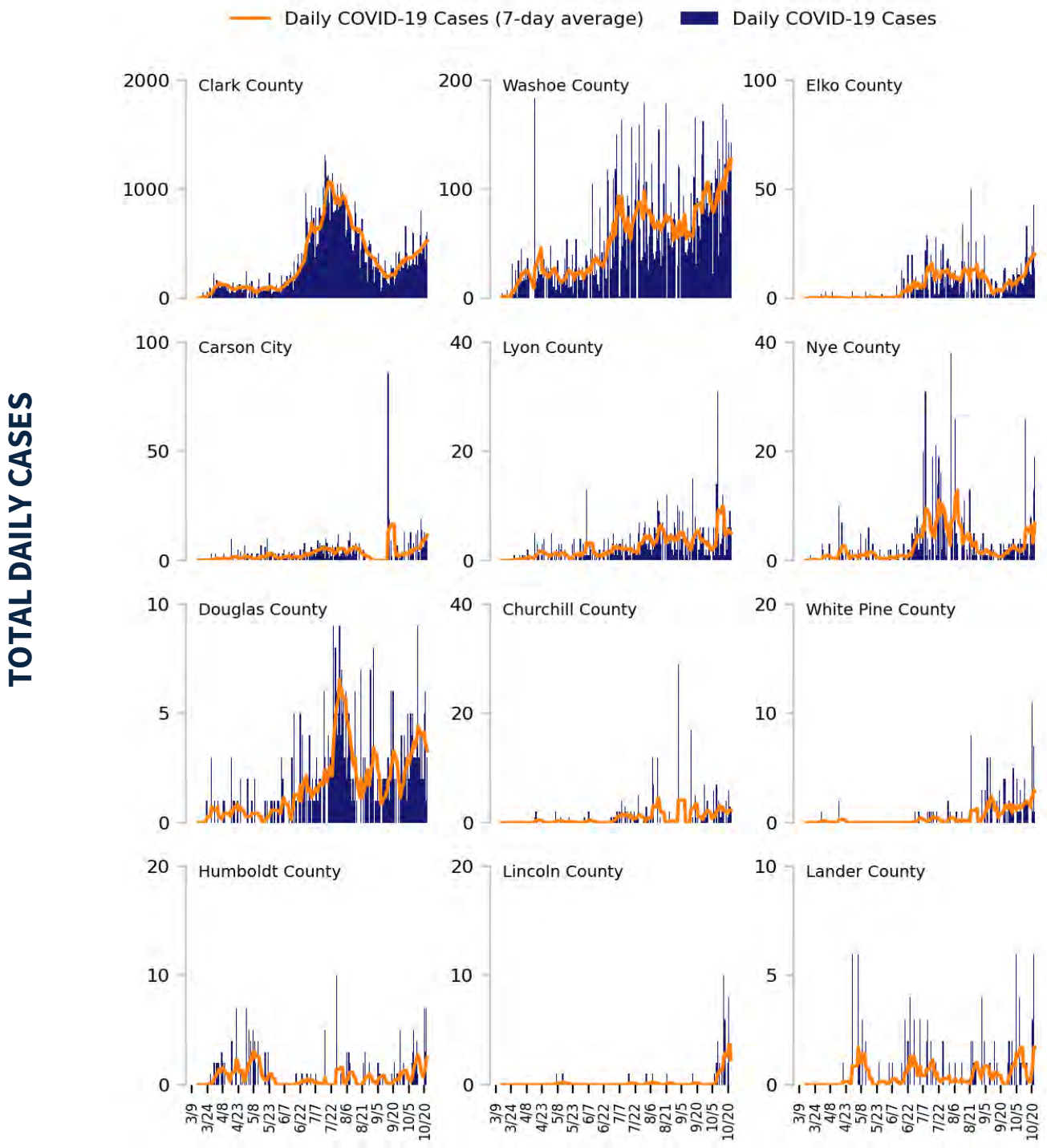
	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	3 ■ (+0)	Elko Pahrump Winnemucca	4 ■ (+0)	Elko Nye Humboldt Lincoln
LOCALITIES IN ORANGE ZONE	4 ▲ (+3)	Las Vegas-Henderson-Paradise Reno Carson City Fernley	4 ▲ (+3)	Clark Washoe Carson City Lyon
LOCALITIES IN YELLOW ZONE	2 ▼ (-2)	Gardnerville Ranchos Fallon	4 ▼ (-1)	Douglas Churchill White Pine Lander

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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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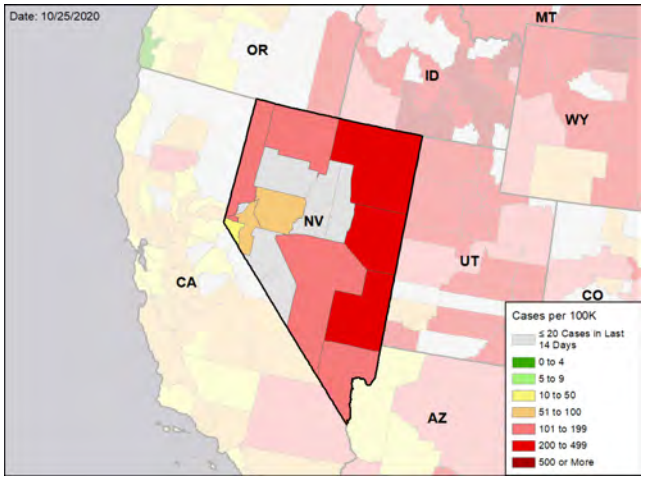
NEVADA

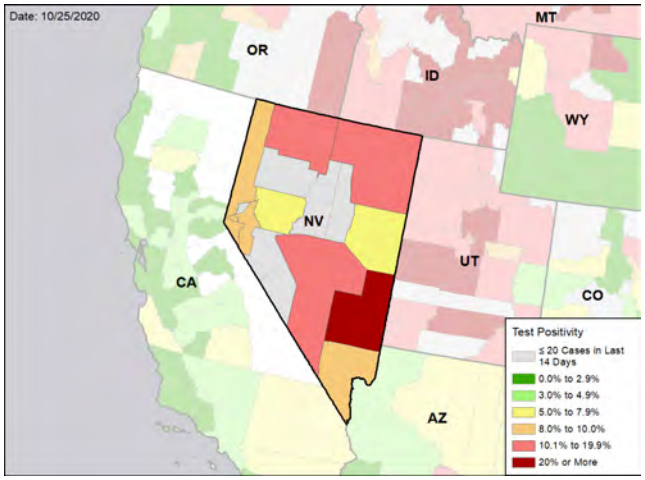
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

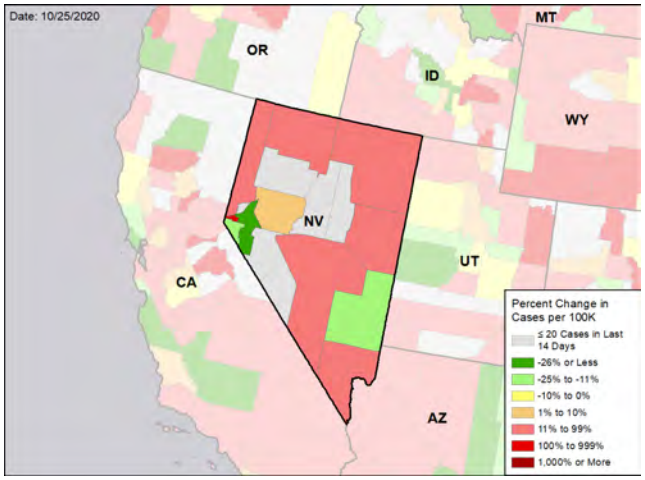
NEW CASES PER 100,000 DURING THE LAST WEEK



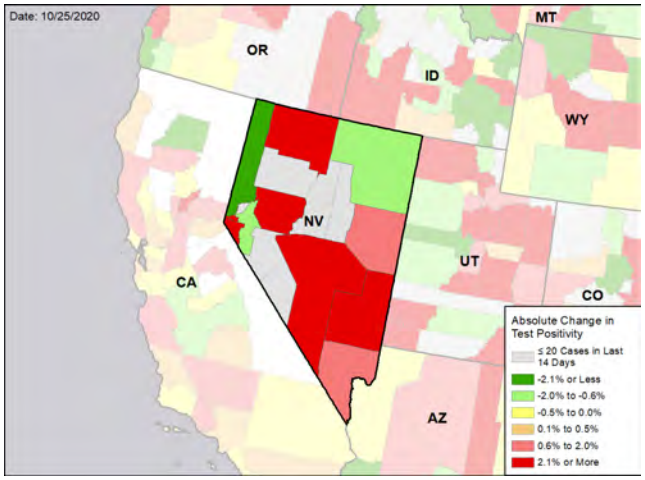
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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STATE REPORT
10.25.2020

NEW HAMPSHIRE

SUMMARY

- New Hampshire is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the 48th highest rate in the country. New Hampshire is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 46th highest rate in the country.
- New Hampshire has seen stability in new cases and stability in test positivity over the last week. Multiple clusters have been linked to restaurants, indoor hockey, and long-term care facilities (LTCF). Supporting LTCF with additional staff is a concern.
- 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 82.5% of new cases in New Hampshire.
- No counties in New Hampshire have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Oct 12 - Oct 18, 3% of nursing homes had at least one new resident COVID-19 case, 8% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- New Hampshire had 44 new cases per 100,000 population in the last week, compared to a national average of 133 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 Oct 17 - Oct 23, on average, 2 patients with confirmed COVID-19 and 24 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Hampshire. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- New Hampshire has been very successful with limiting transmission due to a well-designed set of gradated mitigation measures and enhanced disease control capacity, including expanded testing and contact tracing capacity. The regional upsurge in cases, decreased mitigation measures, and relaxed observation of recommended measures are contributing to the upsurge in cases. Maintaining control will require careful evaluation of where cases are occurring. Enhanced mitigation measures, such as mask wearing and increased public education about social distancing even in family settings, could help limit further increases in morbidity and mortality that are otherwise likely.
- Recommend maintaining high vigilance for transmission events after restrictions were recently eased for inside dining, especially given recent clusters.
- As state and local leaders weigh how to most effectively mitigate increasing cases while maximizing economic activity, it may be useful to emphasize that compliance with restrictions on public and private gathering sizes, especially indoors, will help limit superspreader events that are critical to rapid epidemic spread. This in turn will help to increase the level at which businesses can operate safely. State and local leaders should work intensely with business leaders and communities to ensure a clear and shared message.
- Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Consider implementing increased randomized community testing to find asymptomatic infected individuals, isolate them and trace contacts. This model has helped universities control spread in their communities. Use of rapid tests are extremely helpful in these activities.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations everywhere, as well as tailored business and public venue measures, especially for counties with increasing incidence.
- Continue testing programs in LTCFs, with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Utilize point-of-care testing platforms to facilitate rapid COVID-19 case identification.
- Surge staffing for long term care facilities may be an increasing problem. Transfer of patients and/or staff between LTCFs within networks could be useful in addressing this if the risk of spread of virus could be mitigated, possibly with the use of repeated testing with rapid antigen tests.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NEW HAMPSHIRE

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	598 (44)	+10%	12,176 (82)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.9%	-0.2%*	1.6%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	27,443** (2,018**)	+8%**	627,161** (4,225**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	6 (0.4)	-60%	195 (1.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	3%	+3%*	5%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	8%	+3%*	10%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*	2%	4%

* 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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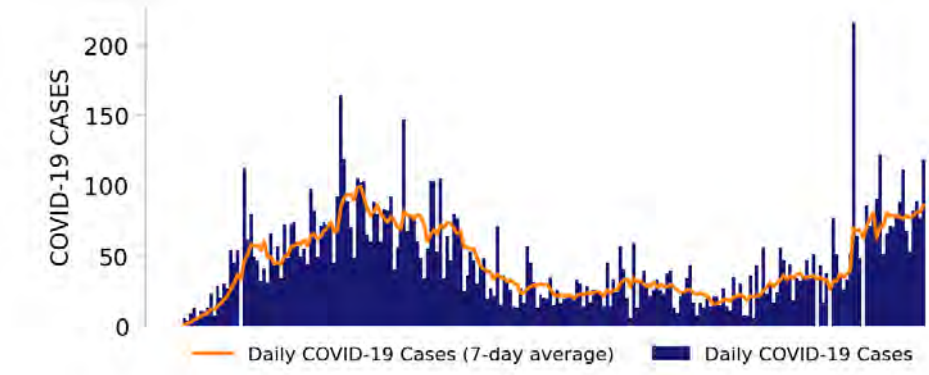
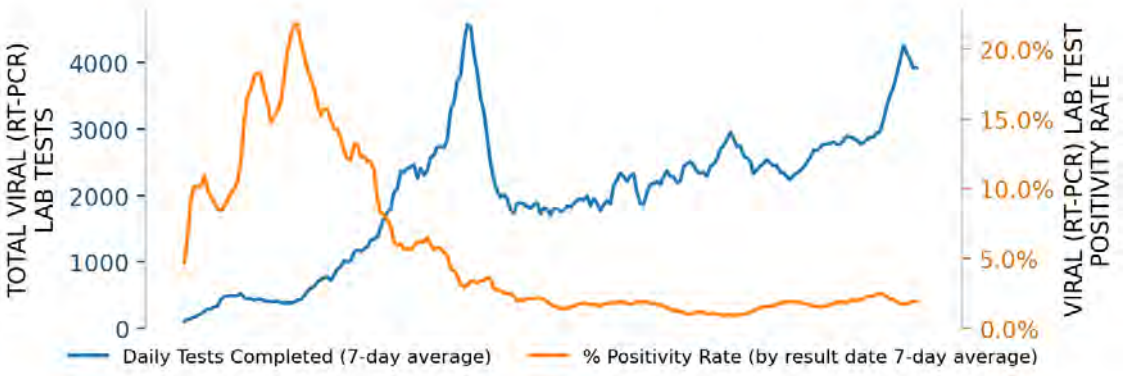
NEW HAMPSHIRE

STATE REPORT | 10.25.2020

NEW CASES

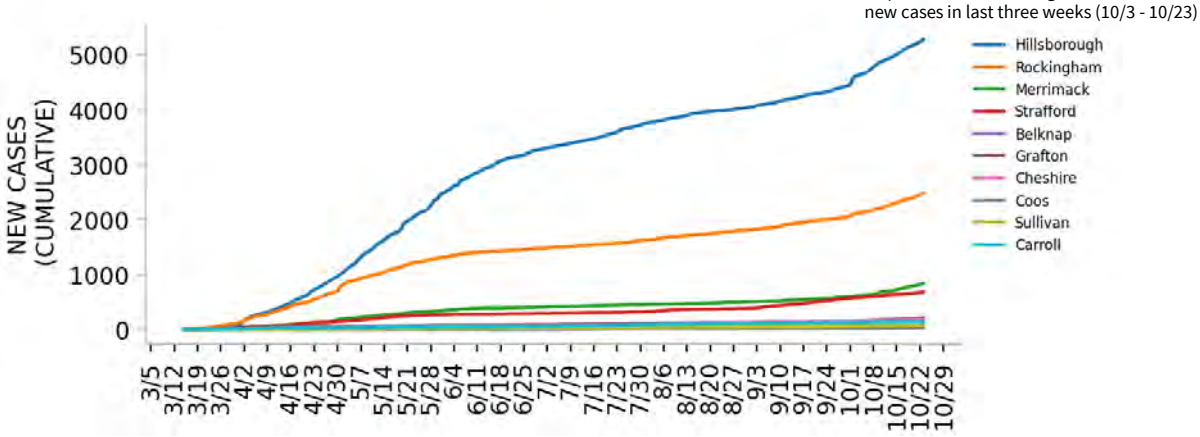


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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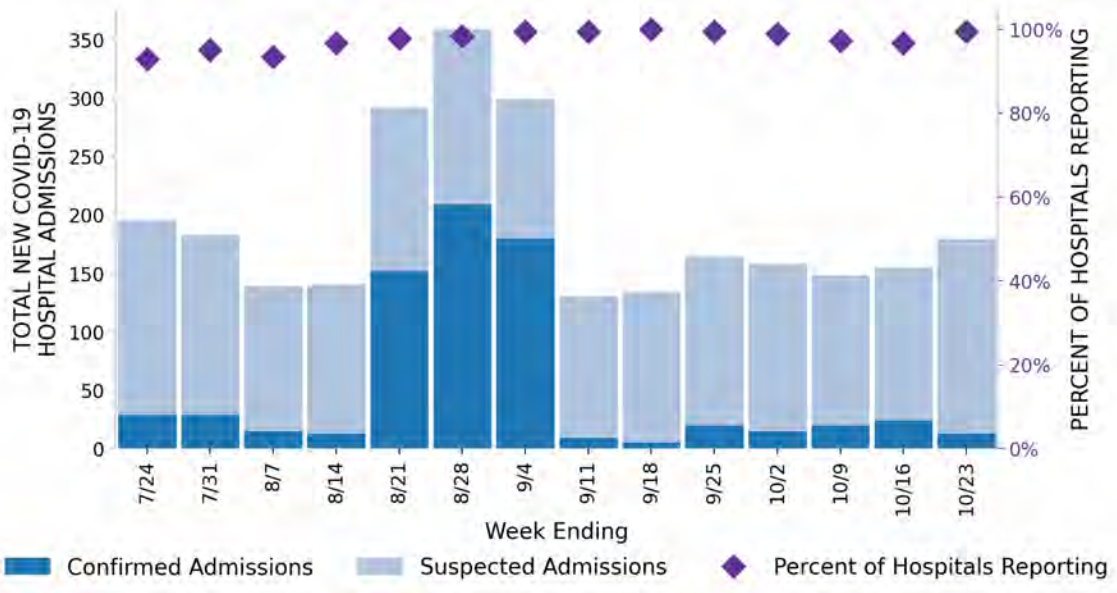
NEW HAMPSHIRE

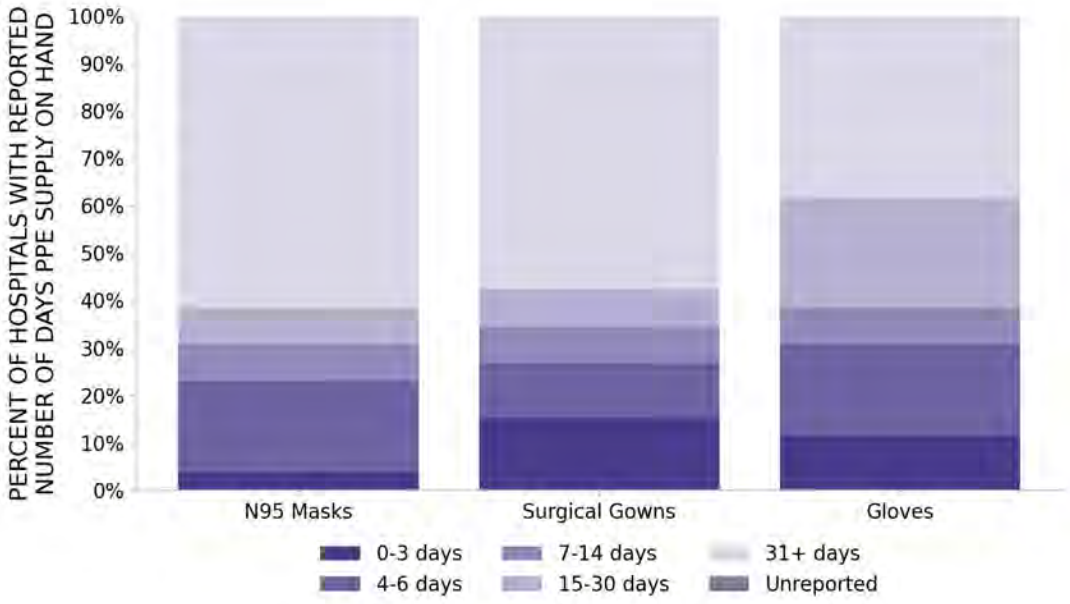
STATE REPORT | 10.25.2020

26 hospitals are expected to report in New Hampshire

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. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

NEW HAMPSHIRE

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+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.
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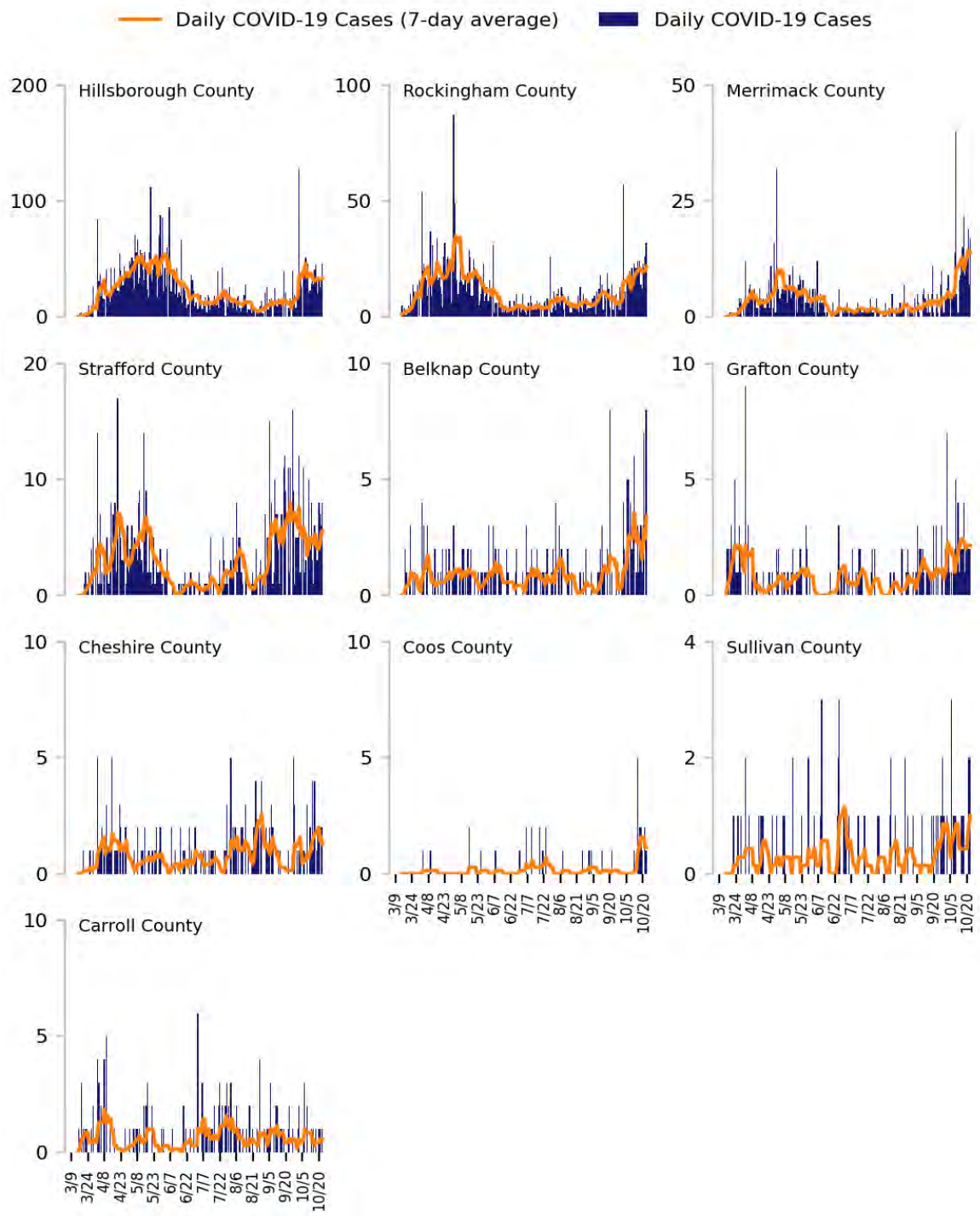
Top 12 counties based on number of new cases in the last 3 weeks



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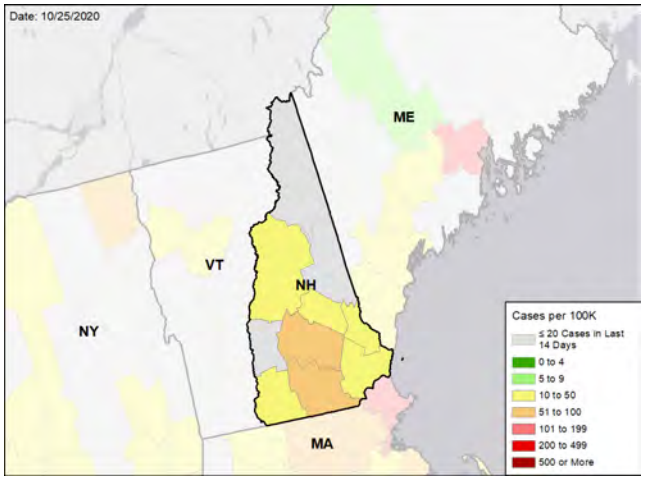
NEW HAMPSHIRE

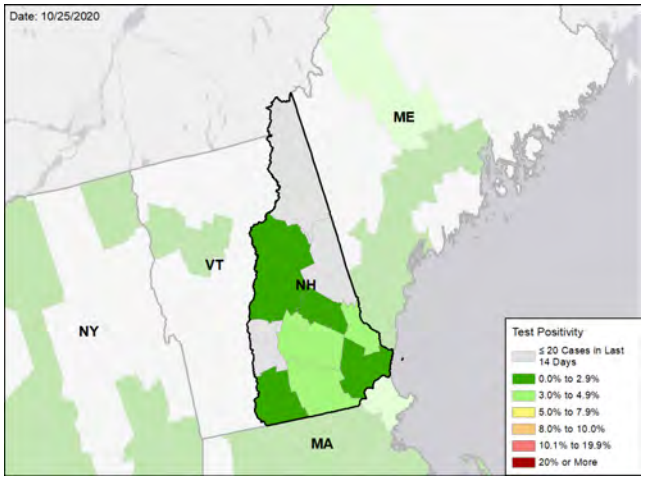
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

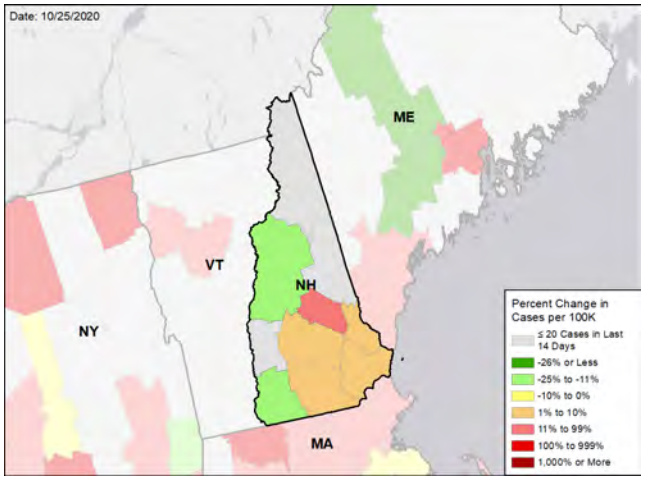
NEW CASES PER 100,000 DURING THE LAST WEEK



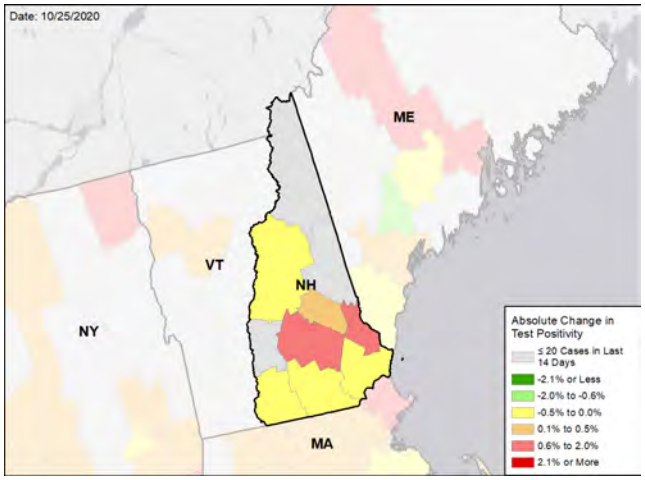
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

NEW JERSEY

SUMMARY

- New Jersey is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 39th highest rate in the country. New Jersey is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 39th highest rate in the country.
- New Jersey has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Ocean County, 2. Essex County, and 3. Middlesex County. These counties represent 32.8% of new cases in New Jersey.
- 19% of all counties in New Jersey have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 9% of nursing homes had at least one new resident COVID-19 case, 15% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- New Jersey had 86 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 58 to support operations activities from FEMA; 19 to support operations activities from USCG; 5 to support medical activities from VA; and 2 to support operations activities from VA.
- Between Oct 17 - Oct 23, on average, 36 patients with confirmed COVID-19 and 91 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Jersey. An average of 43% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Keep testing levels high across the state and provide specific messaging to specific communities with increasing cases.
- Cases and transmission in Ocean County seem to be coming under control. Take the same approach in contact tracing with nursing home staff who have COVID-19 to stop the spread early.
- In yellow counties, including Essex, Union, Hudson, and Atlantic counties, proactively align contact tracing resources to rapidly identify and isolate exposed individuals.
- Provide specific mitigation messaging appealing to the following groups to engage them to do their part to slow the spread:
  - Individuals over 65 years-old through senior citizen networks.
  - University students.
- The Abbott BinaxNOW tests perform best when used serially in populations and in schools. Corrections and healthcare workers must use these tests for weekly surveillance testing to monitor and act on county trends identified though sentinel surveillance.
- Ensure all hospitals have access to antivirals and antibodies and ensure early use as treatment (within 48 hours). Need visibility from all hospitals on admissions and supplies in order to adequately support them.
- 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 | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	7,626 (86)	+31%	18,286 (65)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.1%	+0.7%*	2.2%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	183,831** (2,070**)	-16%**	910,253** (3,212**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	71 (0.8)	+73%	166 (0.6)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	9%	+3%*	7%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	15%	+0%*	17%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+0%*	1%	4%

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

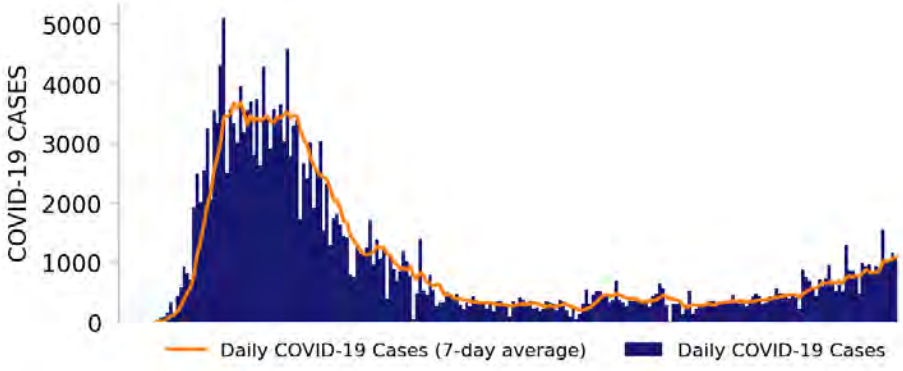
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

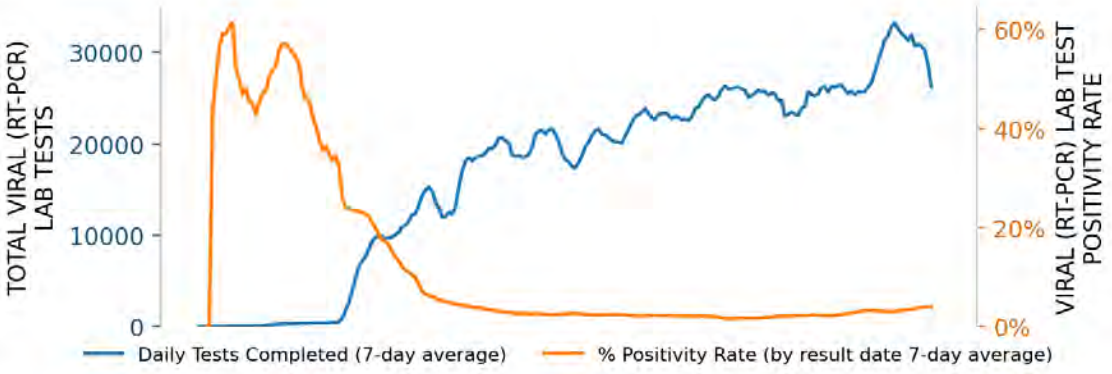
NEW JERSEY

STATE REPORT | 10.25.2020

NEW CASES

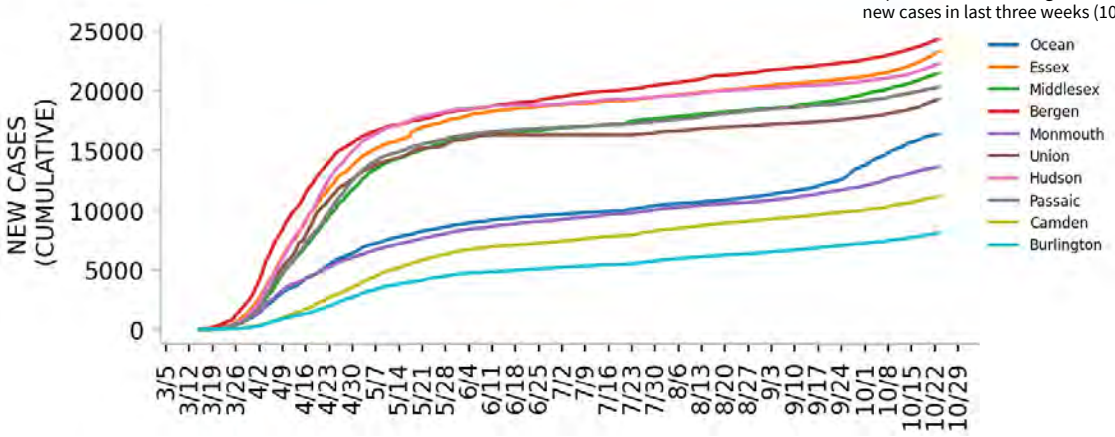


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

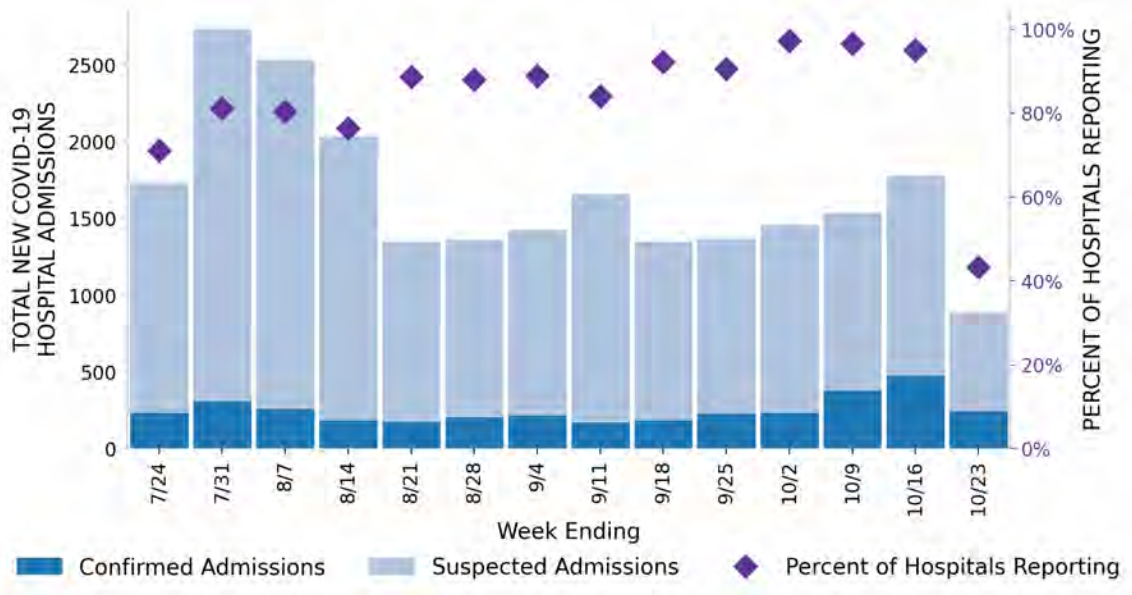
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

NEW JERSEY

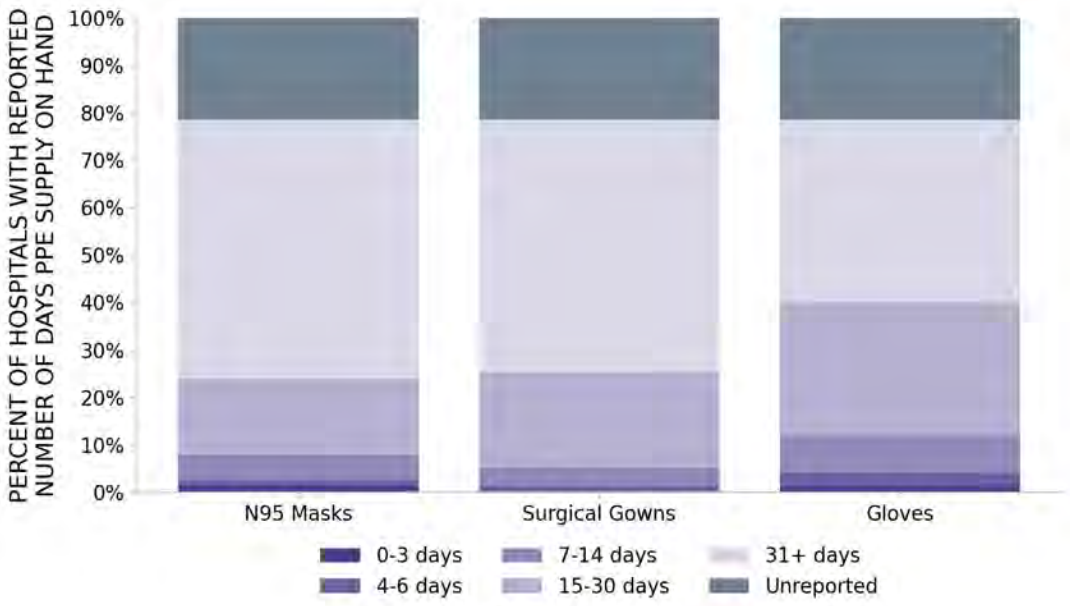
STATE REPORT | 10.25.2020

75 hospitals are expected to report in New Jersey

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

NEW JERSEY

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+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)	Atlantic City-Hammonton	4 ▲ (+3)	Essex Union Hudson Atlantic

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

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

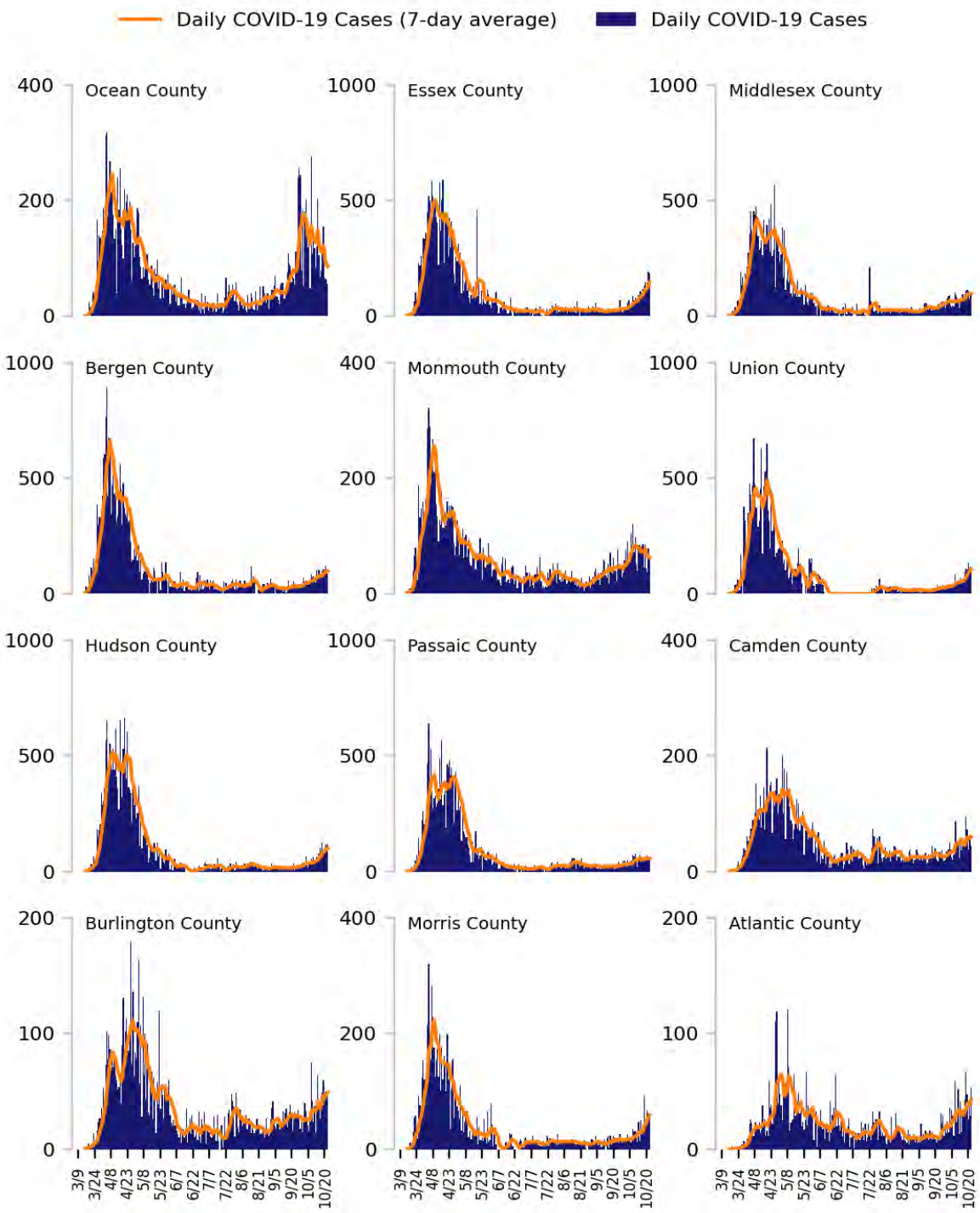
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



DATA SOURCES – Additional data details available under METHODS

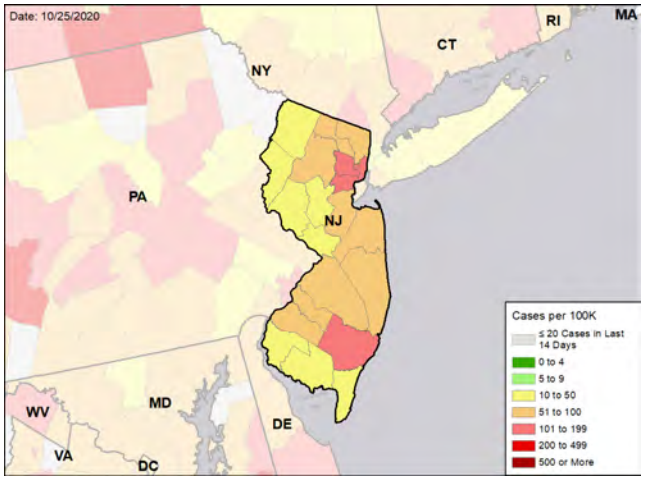
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

NEW JERSEY

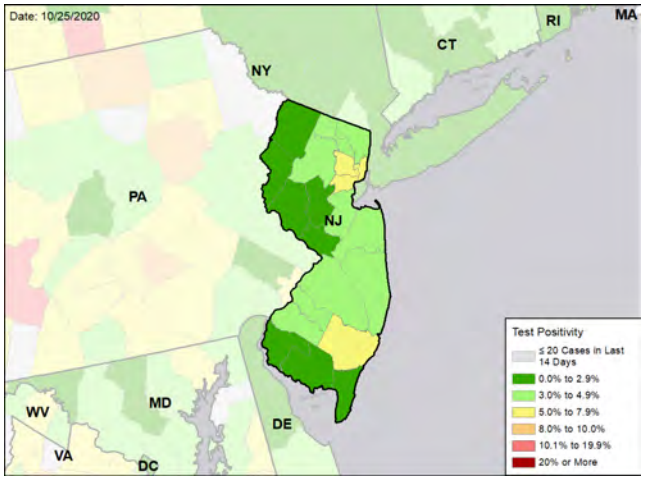
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

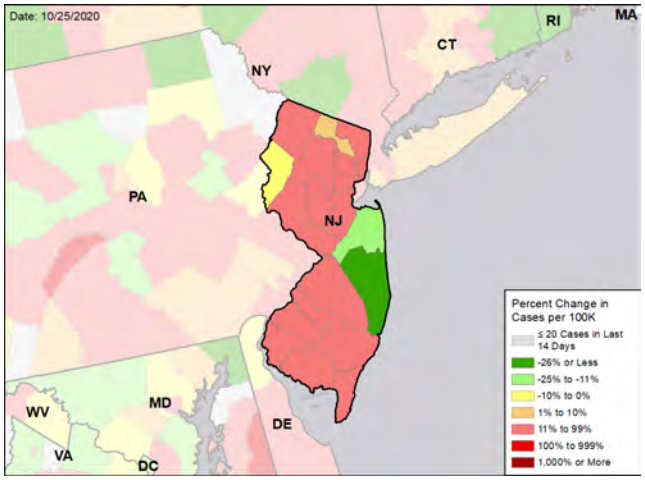
NEW CASES PER 100,000 DURING THE LAST WEEK



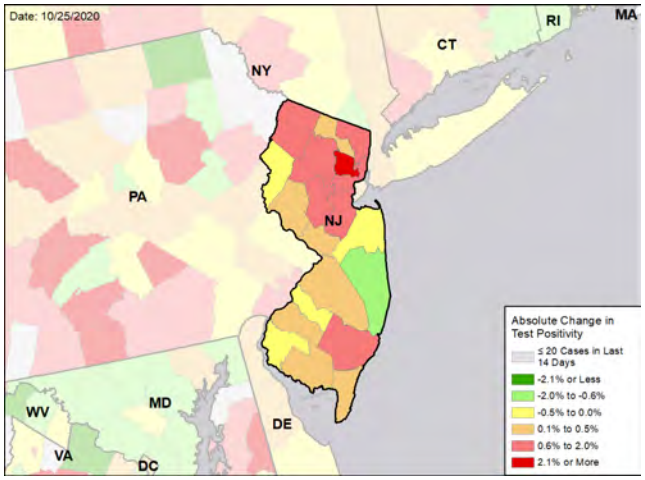
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

NEW MEXICO

SUMMARY

- New Mexico is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 17th highest rate in the country. New Mexico is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 20th highest rate in the country.
- New Mexico has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Bernalillo County, 2. Doña Ana County, and 3. Chaves County. These counties represent 53.9% of new cases in New Mexico.
- 52% of all counties in New Mexico 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 Oct 12 - Oct 18, 12% of nursing homes had at least one new resident COVID-19 case, 28% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- New Mexico had 210 new cases per 100,000 population in the last week, compared to a national average of 133 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 1 to support epidemiology activities from CDC.
- Between Oct 17 - Oct 23, on average, 35 patients with confirmed COVID-19 and 34 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Mexico. An average of 91% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- The timeseries of maps at the back of your packet shows early signs of deterioration in the Sunbelt, including New Mexico, as mitigation efforts were decreased over the last month in many states surrounding New Mexico.
- We remain deeply concerned about the speed of the rapid rise in cases, test positivity, and hospitalizations, as well as the number of long-term care facilities with COVID positive staff members, showing significant and escalating community spread. This expanding community spread is being fueled by silent spread in specific counties that is leading to symptomatic individuals. Finding and stopping both the visible and invisible spread through aggressive community testing is essential.
- New Mexico must continue the strong mitigation efforts statewide and expand mitigation in the counties with rising cases and hospitalizations. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations.
- Ensure all K-12 schools are following CDC guidelines, including for mask usage, and are utilizing the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread to further increase mitigation efforts.
- Ensure all residents are aware of the potential for viral spread during Halloween gatherings.
- Encourage outdoor activities and ensure mask and physical distancing messages for all New Mexican residents, both in public and private spaces to prevent household spread.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among community college students; K-12 teachers; students over 18; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen test results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests. This will give clear insight into degree of community spread and the ability to stop this early, silent spread, as seen from the continued high level of nursing home staff positivity.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- It is critical to continue aggressive proactive testing and support to detect early and asymptomatic spread among Tribal Nations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

NEW MEXICO

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,398 (210)	+25%	62,564 (146)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.7%	+1.2%*	8.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	40,750** (1,943**)	+13%**	533,172** (1,248**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	32 (1.5)	+23%	782 (1.8)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	12%	+3%*	14%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	28%	+16%*	24%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+2%*	5%	4%

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

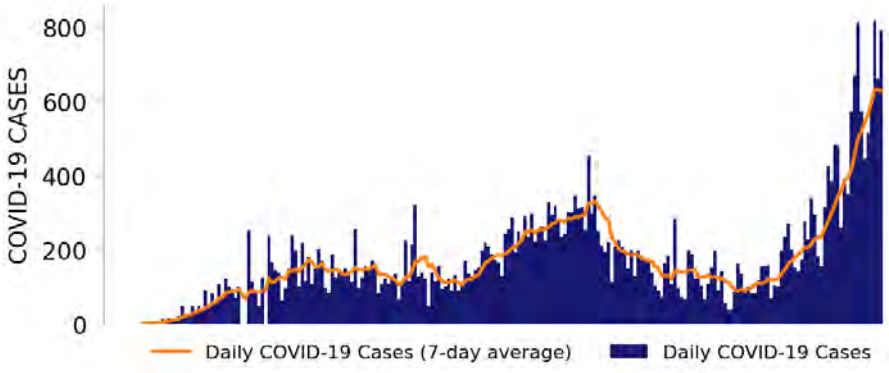
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

NEW MEXICO

STATE REPORT | 10.25.2020

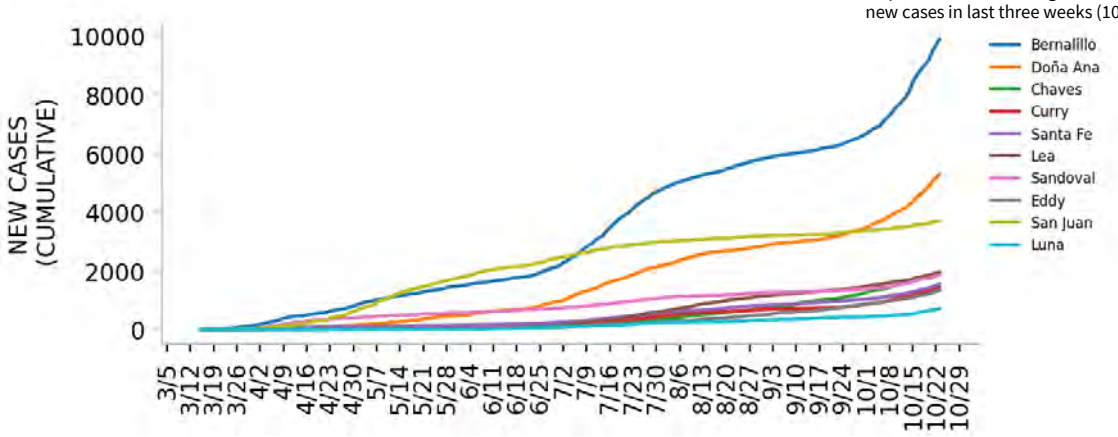
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

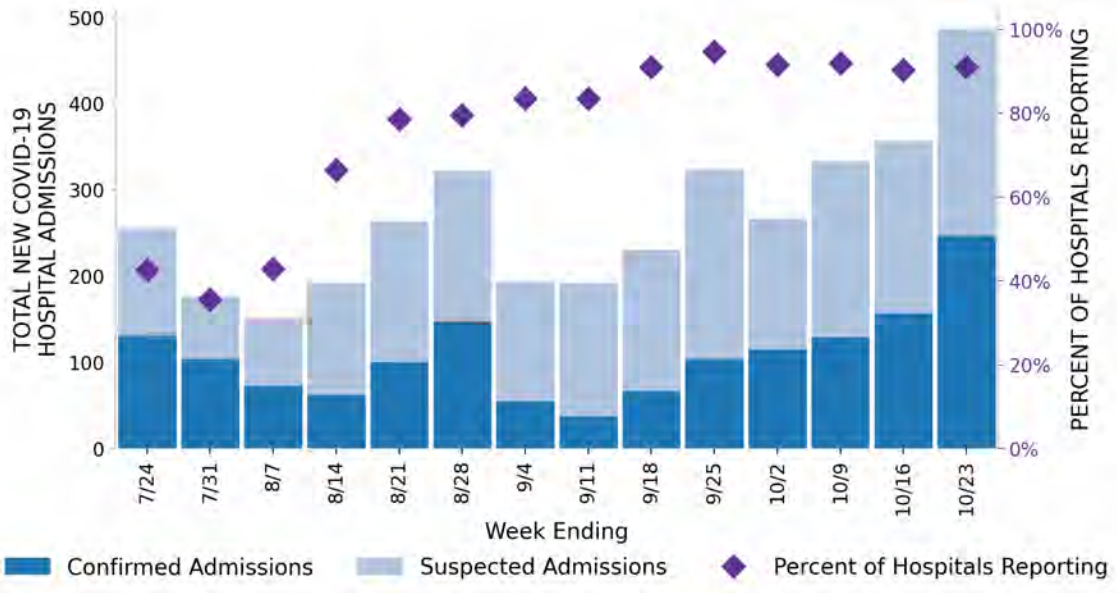
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

NEW MEXICO

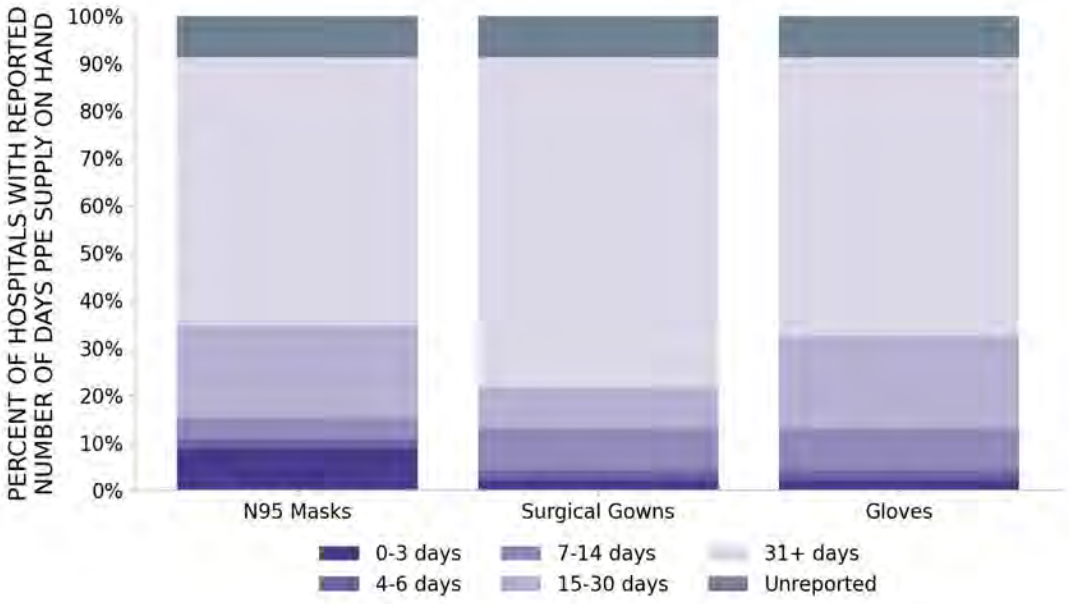
STATE REPORT | 10.25.2020

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

NEW MEXICO

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	7 ▲ (+1)	Las Cruces Clovis Hobbs Carlsbad-Artesia Deming Portales Ruidoso	7 ▲ (+1)	Doña Ana Curry Lea Eddy Luna Roosevelt Lincoln
LOCALITIES IN ORANGE ZONE	1 ■ (+0)	Roswell	3 ▲ (+2)	Chaves Valencia Socorro
LOCALITIES IN YELLOW ZONE	5 ▲ (+3)	Albuquerque Santa Fe Farmington Alamogordo Española	7 ▲ (+2)	Bernalillo Santa Fe Sandoval San Juan Otero Rio Arriba Quay

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

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

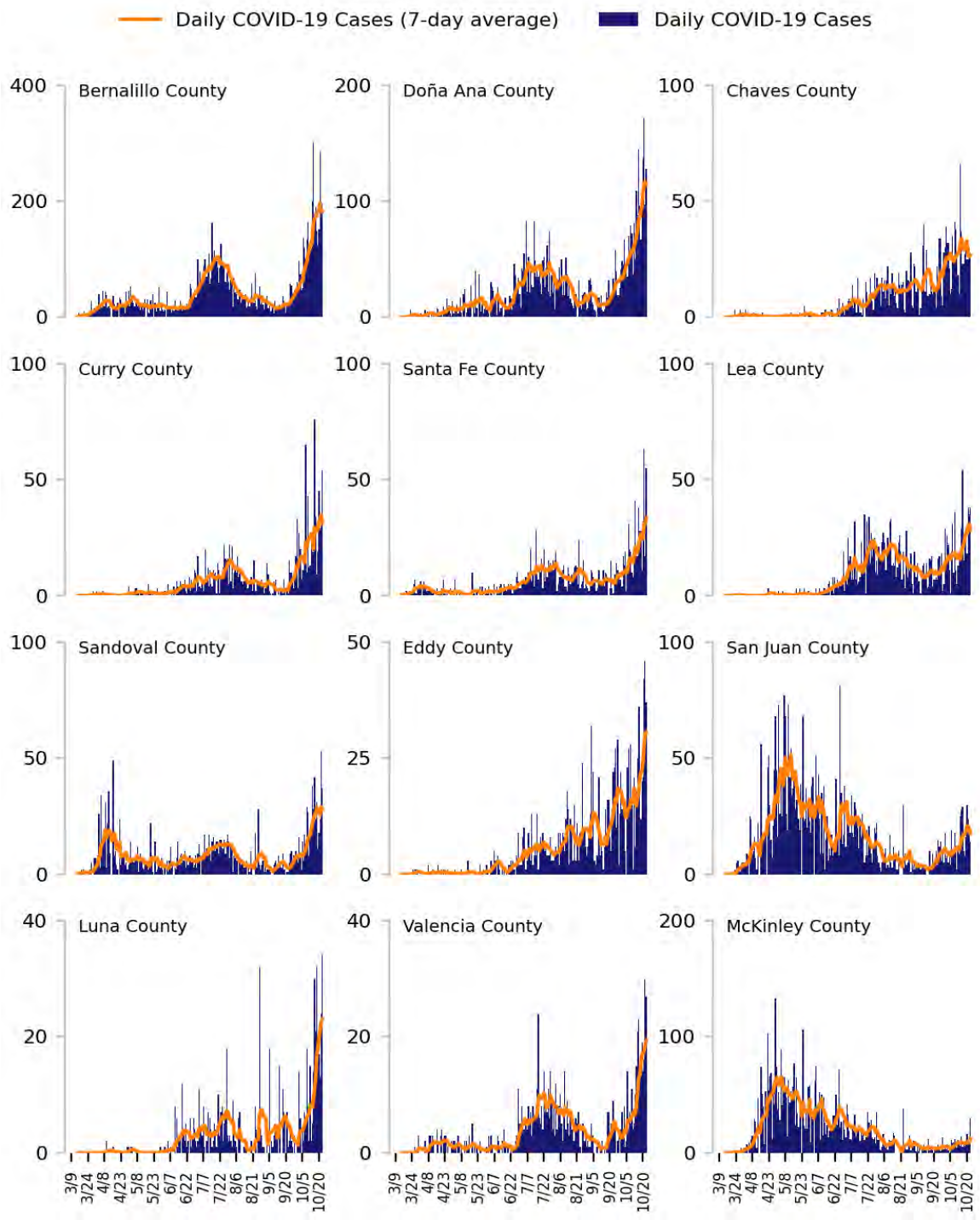
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



DATA SOURCES – Additional data details available under METHODS

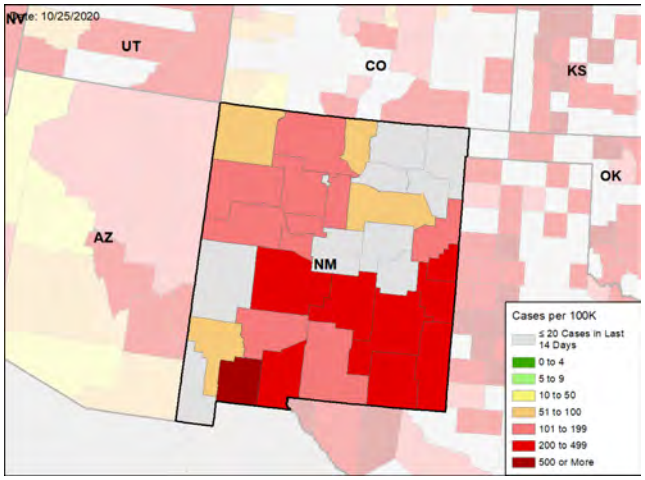
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

NEW MEXICO

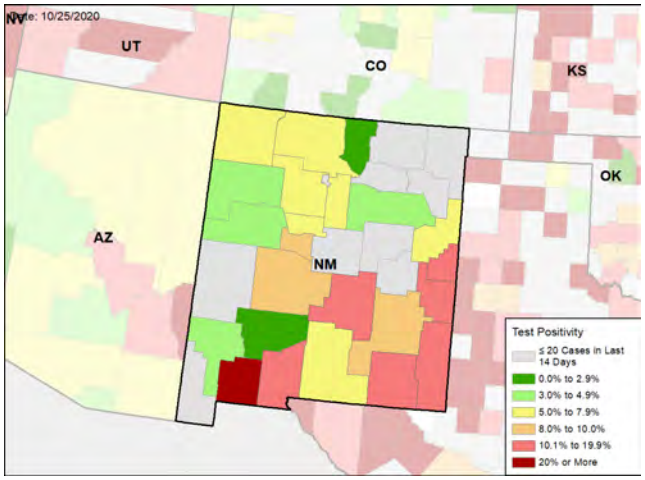
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

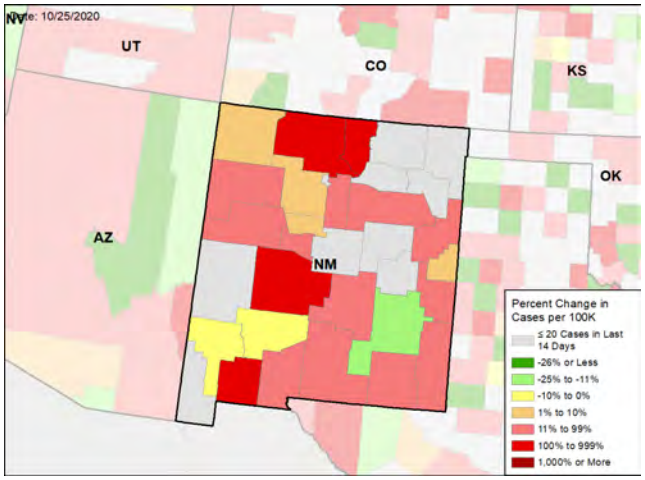
NEW CASES PER 100,000 DURING THE LAST WEEK



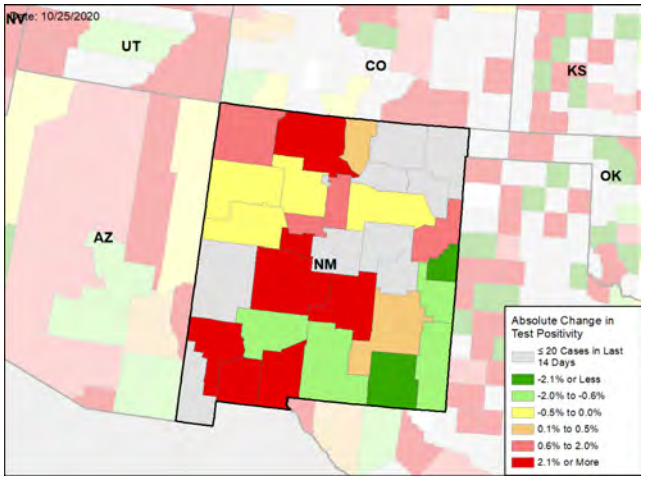
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

NEW YORK

SUMMARY

- New York is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 46th highest rate in the country. New York is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 47th highest rate in the country.
- New York has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Kings County, 2. Queens County, and 3. Nassau County. These counties represent 32.5% of new cases in New York.
- 6% 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).
- Persistently elevated (more than 100 cases per 100,000 population) incidence and increasing test positivity is seen in Chemung, Broome, Cortland, Tioga, Allegany, and Chenango counties, with case rates exceeding 100 cases per 100,000 population in Steuben, Schuyler, and Rockland counties.
- During the week of Oct 12 - Oct 18, 7% of nursing homes had at least one new resident COVID-19 case, 18% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death. Reported outbreaks have decreased, but an apparent outbreak in Houghton and multiple cases (>5) were reported in facilities in Allegany, Brooklyn, Oswego, Stony Brook, and Lancaster.
- New York had 55 new cases per 100,000 population in the last week, compared to a national average of 133 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; 1 to support testing activities from CDC; and 20 to support operations activities from USCG.
- Between Oct 17 - Oct 23, on average, 178 patients with confirmed COVID-19 and 312 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New York. An average of 94% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- High level testing has been critical to New York's success; continue testing at least 2,000 per 100,000 population per week in all counties.
- Acknowledging the dramatically accelerating epidemic in many rural areas with previous low levels of transmission, it is exceedingly important to reinvigorate community mitigation efforts, like social distancing and use of face coverings, especially in all indoor public settings.
- Ensure adequate surveillance through local wastewater quantitative testing and regular testing of select staff who are at highest risk for infection.
- Distribute antigen tests and ensure all antigen test results are reported, both positive and negative.
- Expand public health messaging and recommendations to avoid or minimize family and social gatherings, especially those at risk of severe disease, and maintain face coverings and strict social distancing when gatherings cannot be avoided.
- Ensure appropriately targeted public health messaging that describes potential long-term risks of COVID-19 to those who live in crowded or multigenerational settings or areas of increased transmission and those who are resistant to public health policy.
- Continue policy of adjusting local mitigation efforts to local data.
- Anecdotal data suggest delays in contact tracing; surge contact tracing efforts where incidence and test positivity are highest to ensure case interview within 48 hours of test result. Expand capacity by focusing and reducing the interview and developing scripts and protocols to allow task-shifting. Expand staff by hiring within local communities and using remote tracers from other communities who aren't as busy.
- Continue efforts to work directly with communities with fewer mitigation strategies by holding community discussions to review epi and hospital data; include clinical and hospital staff from previously hard-hit communities.
- Ensure that all nursing homes with 3 or more cases of COVID among staff and/or residents per week have had facility-wide testing and inspection surveys to document and enforce strict adherence to CMS guidance.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NEW YORK

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	10,660 (55)	+13%	18,286 (65)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.8%	+0.2%*	2.2%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	726,422** (3,734**)	-4%**	910,253** (3,212**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	95 (0.5)	+3%	166 (0.6)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	7%	+1%*	7%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	18%	+1%*	17%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	1%	4%

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

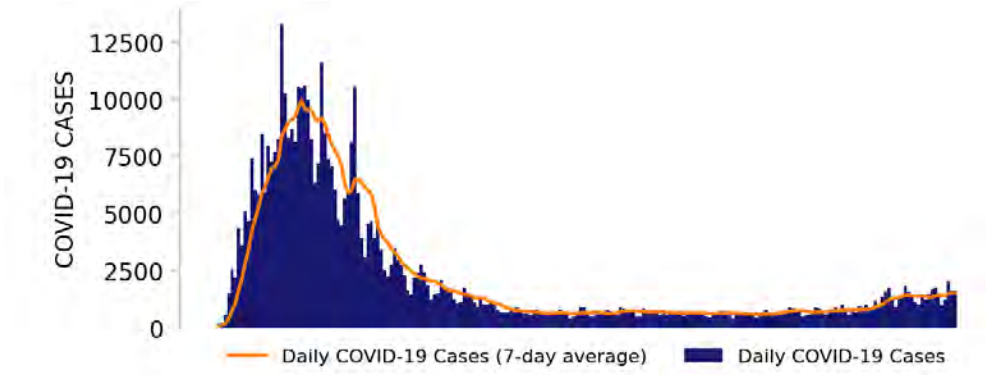
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

NEW YORK

STATE REPORT | 10.25.2020

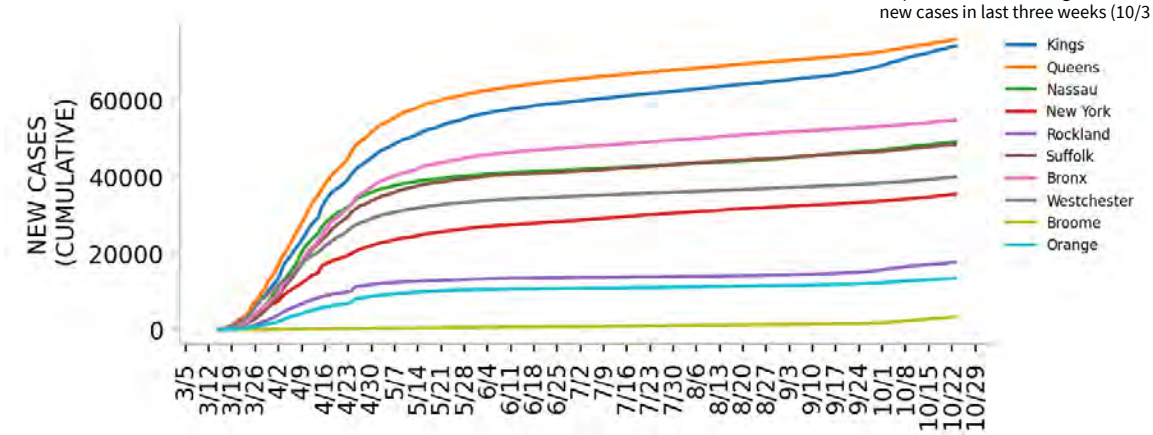
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

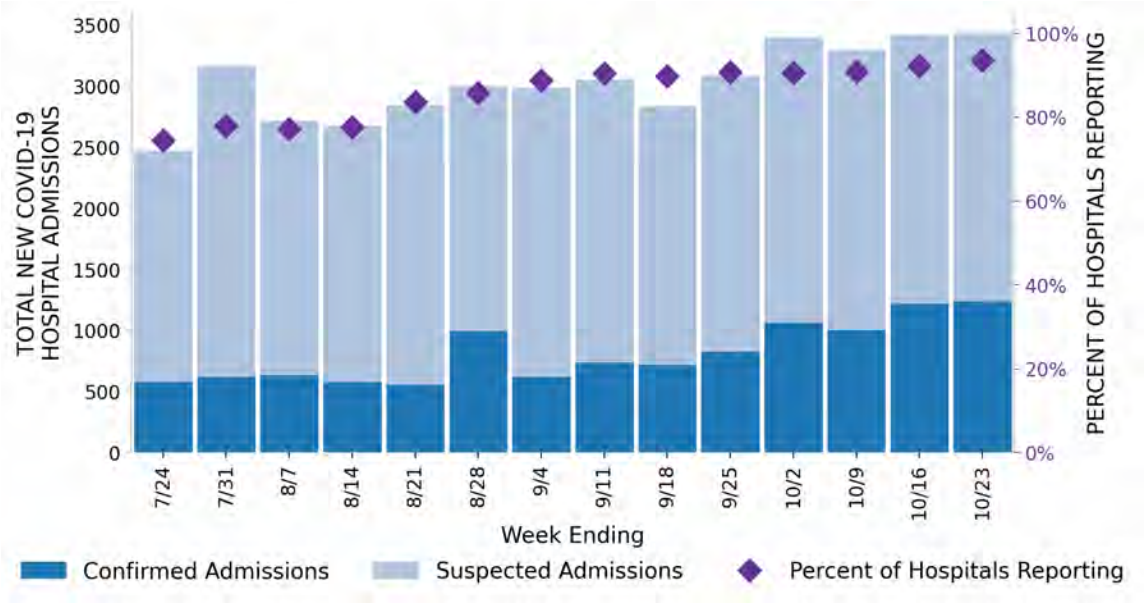
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

NEW YORK

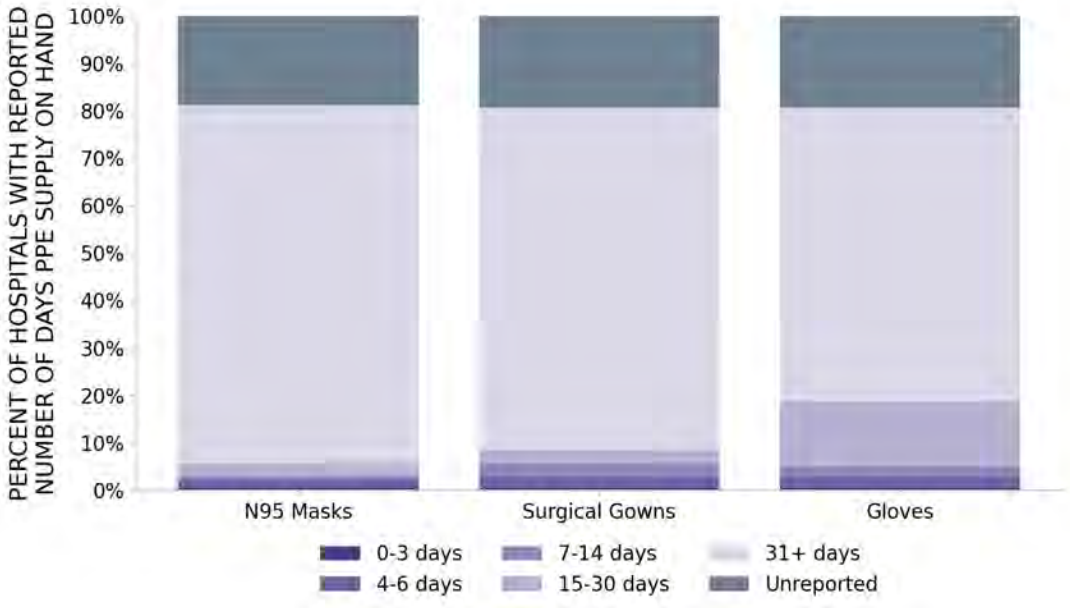
STATE REPORT | 10.25.2020

176 hospitals are expected to report in New York

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

NEW YORK

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	1 ▲ (+1)	Elmira	1 ▲ (+1)	Chemung
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	2 ■ (+0)	Binghamton Corning	3 ▲ (+1)	Broome Steuben Tioga

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

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

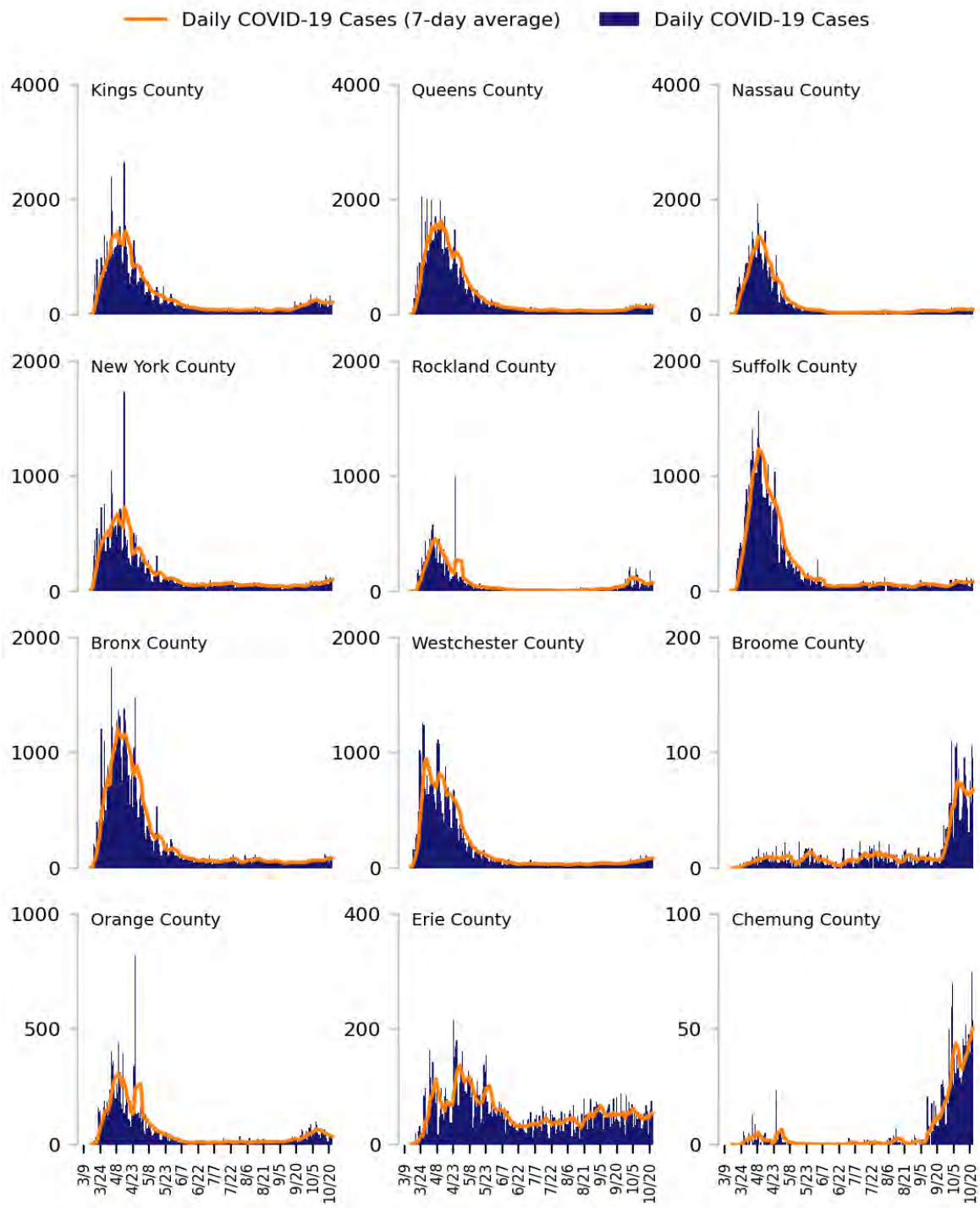
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



DATA SOURCES – Additional data details available under METHODS

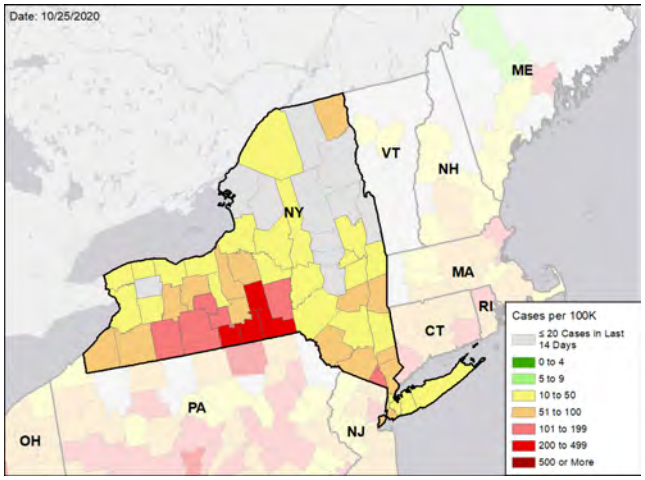
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

NEW YORK

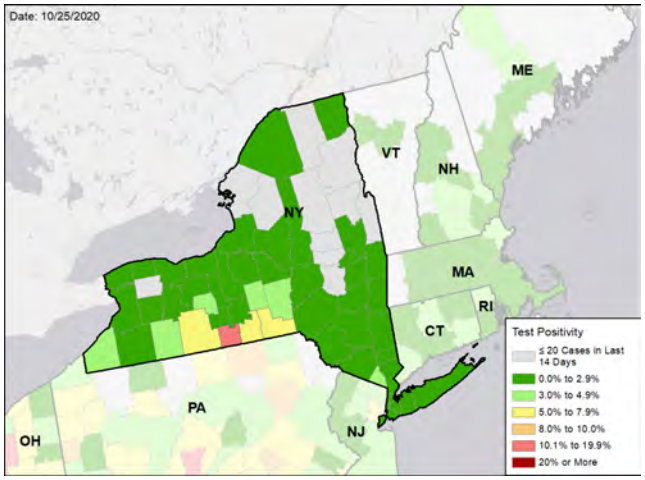
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

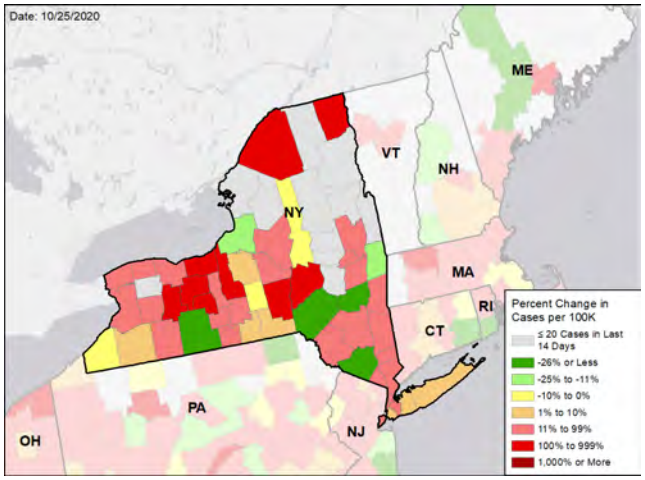
NEW CASES PER 100,000 DURING THE LAST WEEK



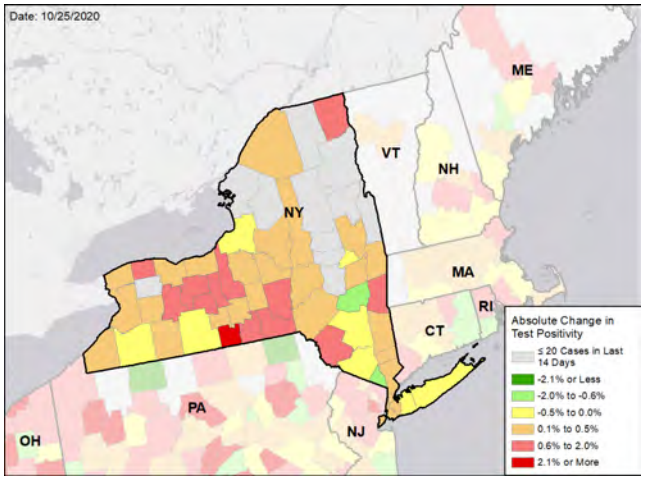
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

NORTH CAROLINA

SUMMARY

- North Carolina is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 25th highest rate in the country. North Carolina is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 28th highest rate in the country.
- North Carolina has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Mecklenburg County, 2. Wake County, and 3. Guilford County. These counties represent 18.2% of new cases in North Carolina.
- 73% of all counties in North Carolina have moderate or high levels of community transmission (yellow, orange, or red zones), with 11% having high levels of community transmission (red zone).
- There were 28 counties with at least 200 cases per 100,000 population in previous 7 days; case rates and test positivity are increasing most quickly in more rural counties.
- At the state level, 76% of inpatient beds are being used and 78% of ICU beds are being used.
- During the week of Oct 12 - Oct 18, 15% of nursing homes had at least one new resident COVID-19 case, 28% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death. There are multiple facilities with apparent outbreaks, including three facilities in Graham, Windsor, and Stanley with over 20 cases, many other facilities throughout the state with more than 10 cases.
- North Carolina had 135 new cases per 100,000 population in the last week, compared to a national average of 133 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 7 to support operations activities from USCG.
- The federal government has supported surge testing in New Hanover, Guilford, and Mecklenburg Counties.
- Between Oct 17 - Oct 23, on average, 136 patients with confirmed COVID-19 and 285 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Carolina. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Expansion of testing has been a commendable achievement. Efforts to expand testing should continue until all counties are testing at least 2,000 people per 100,000 population each week.
- Adjust community mitigation and policy to local data; intensify community mitigation and restrictions where incidence and test positivity are elevated or increasing.
- Intensify local surveillance through expansion of quantitative wastewater testing at most local levels and through regular testing of staff who are at highest risk for infection.
- In advance of the holiday season, expand public health messaging across all media platforms with recommendations to avoid social gatherings whenever possible or, at the minimum, to maintain social distance and wear face coverings during any gatherings beyond immediate family.
- Following recent outbreaks, develop outreach to all churches that have resumed in-person services with strong messaging about increasing transmission and the potentially deadly risks for older persons; monitor and urge compliance with occupancy and mitigation policies.
- Develop and enforce policies to ensure safe voting; disseminate widely.
- Closely monitor local transmission rate by age group and document hospital utilization and capacity; implement expansion plans whenever inpatient bed or ICU utilization exceeds 90% (or 85% in catchment areas with evidence of accelerating transmission in residents over age 65).
- Ensure that groups at higher risk for infection, including Black, Hispanic, and Native American communities (the latter in Robeson, Swain, and Scotland counties), are reached with specific messaging/education, adequate contact tracing, and provision of spaces and supplies for isolation/quarantine. Target those at higher risk for severe disease, such as those over age 65, with clear recommendations to maintain social distancing at all times and to avoid even small, familial social gatherings.
- Surge contact tracing efforts where incidence and test positivity are highest; expand capacity by focusing and reducing the interview, developing scripts and protocols to allow task-shifting, expanding staff by hiring within local communities, and using remote tracers from other communities who aren't as busy.
- Work with all state and private institutions of higher education to ensure adequate surveillance, including testing of asymptomatic persons in high transmission counties, with adequate contact tracing and provision of spaces and supplies for isolation/quarantine.
- Long-term care facilities should be a priority focus; intensify efforts at nursing homes with 3 or more cases among staff and/or residents per week over any of the past 3 weeks and ensure all have had facility wide testing and mandatory inspection surveys conducted to ensure strict adherence to CMS guidance.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NORTH CAROLINA

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	14,112 (135)	-1%	90,091 (135)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.5%	+0.2%*	6.9%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	217,601** (2,075**)	-3%**	1,017,322** (1,520**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	207 (2.0)	+30%	1,543 (2.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	15%	+3%*	15%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	28%	+3%*	29%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+1%*	5%	4%

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

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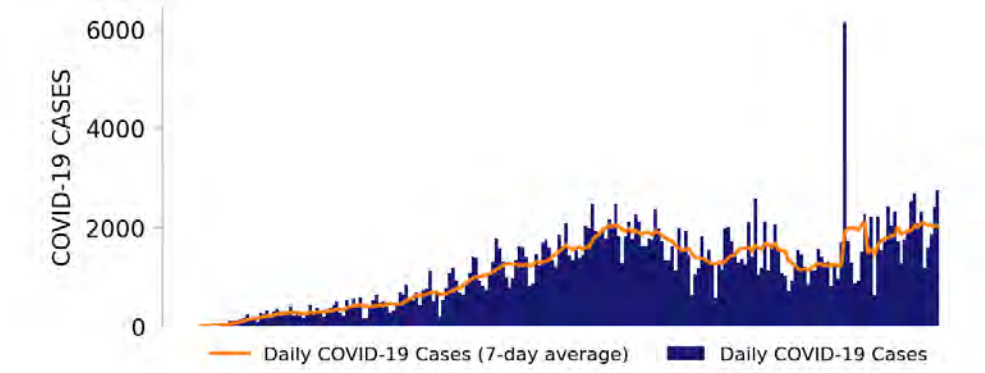
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

NORTH CAROLINA

STATE REPORT | 10.25.2020

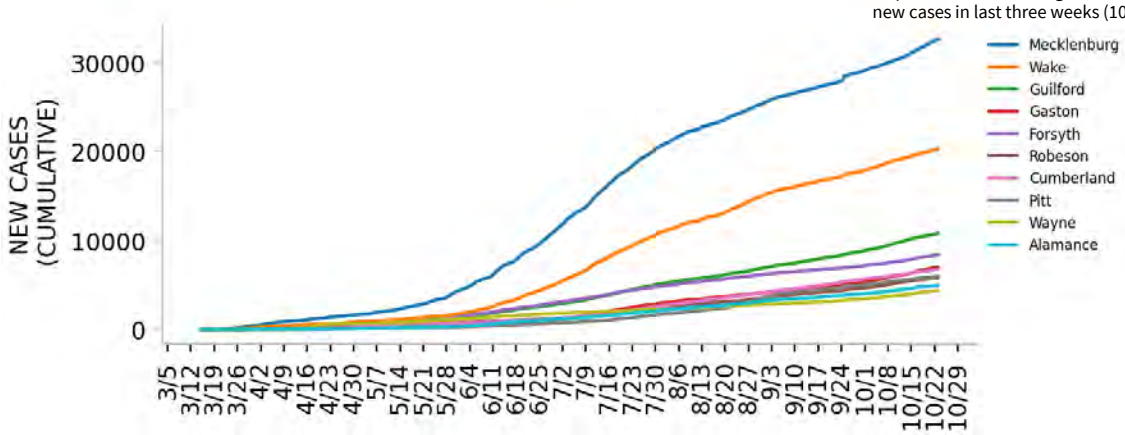
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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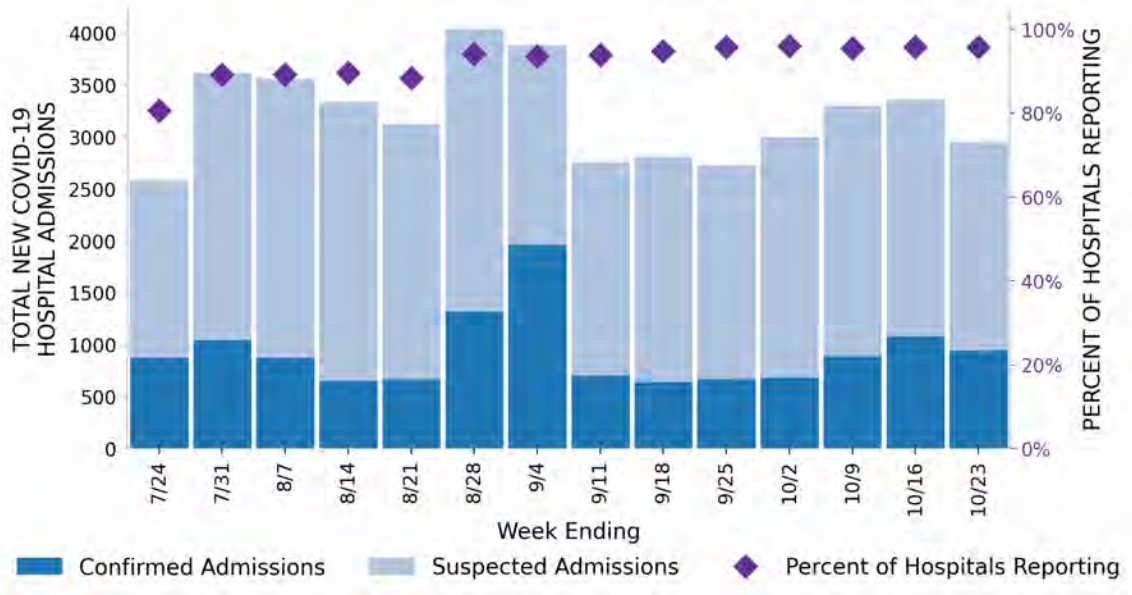
NORTH CAROLINA

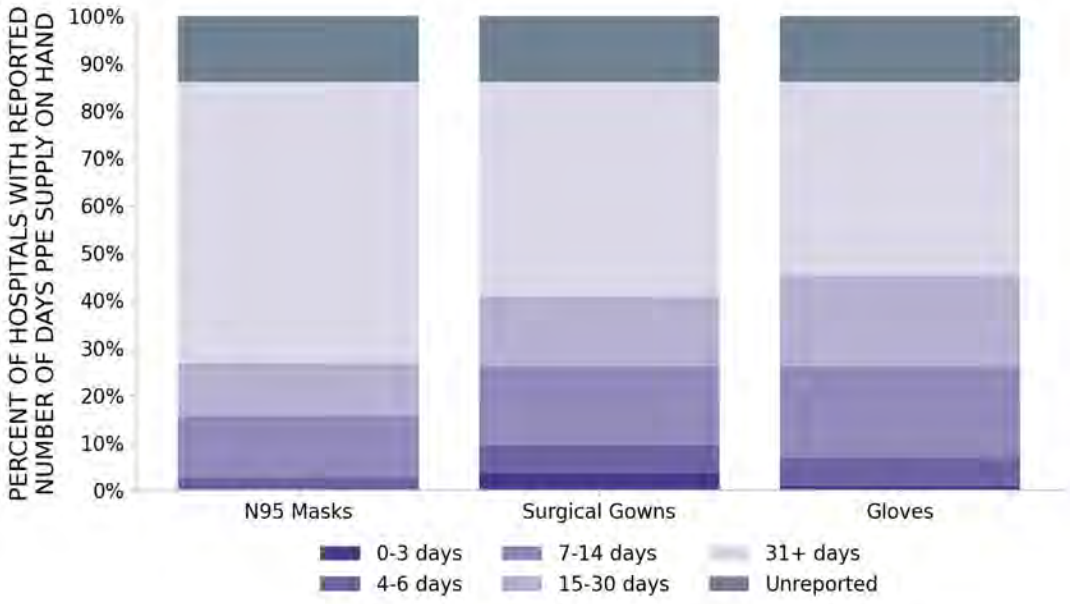
STATE REPORT | 10.25.2020

115 hospitals are expected to report in North Carolina

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

NORTH CAROLINA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	3 ▼ (-2)	Lumberton Roanoke Rapids Rockingham	11 ▼ (-8)	Gaston Robeson Lincoln Richmond Halifax Hoke Alexander Avery Montgomery Swain Clay
LOCALITIES IN ORANGE ZONE	9 ▲ (+2)	Hickory-Lenoir-Morganton Fayetteville Rocky Mount Jacksonville Shelby Wilson Myrtle Beach-Conway-North Myrtle Beach Cullowhee Washington	22 ▲ (+9)	Cumberland Catawba Onslow Nash Randolph Cleveland Caldwell Wilson Edgecombe Rockingham Beaufort Jackson
LOCALITIES IN YELLOW ZONE	21 ▲ (+1)	Charlotte-Concord-Gastonia Greensboro-High Point Winston-Salem Asheville Greenville Wilmington Goldsboro Burlington New Bern Pinehurst-Southern Pines Forest City Mount Airy	40 ▲ (+1)	Mecklenburg Guilford Forsyth Pitt Wayne Alamance Union Johnston New Hanover Davidson Cabarrus Craven

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

All Yellow CBSAs: Charlotte-Concord-Gastonia, Greensboro-High Point, Winston-Salem, Asheville, Greenville, Wilmington, Goldsboro, Burlington, New Bern, Pinehurst-Southern Pines, Forest City, Mount Airy, Morehead City, North Wilkesboro, Laurinburg, Sanford, Kinston, Marion, Elizabeth City, Virginia Beach-Norfolk-Newport News, Kill Devil Hills

All Orange Counties: Cumberland, Catawba, Onslow, Nash, Randolph, Cleveland, Caldwell, Wilson, Edgecombe, Rockingham, Beaufort, Jackson, Greene, Pender, Columbus, Yadkin, Caswell, Person, Cherokee, Madison, Perquimans, Mitchell

All Yellow Counties: Mecklenburg, Guilford, Forsyth, Pitt, Wayne, Alamance, Union, Johnston, New Hanover, Davidson, Cabarrus, Craven, Rowan, Harnett, Brunswick, Moore, Rutherford, Burke, Henderson, Surry, Carteret, Wilkes, Sampson, Scotland, Lee, Lenoir, Duplin, McDowell, Granville, Bladen, Pasquotank, Macon, Bertie, Northampton, Anson, Yancey, Dare, Warren, Alleghany, Jones

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

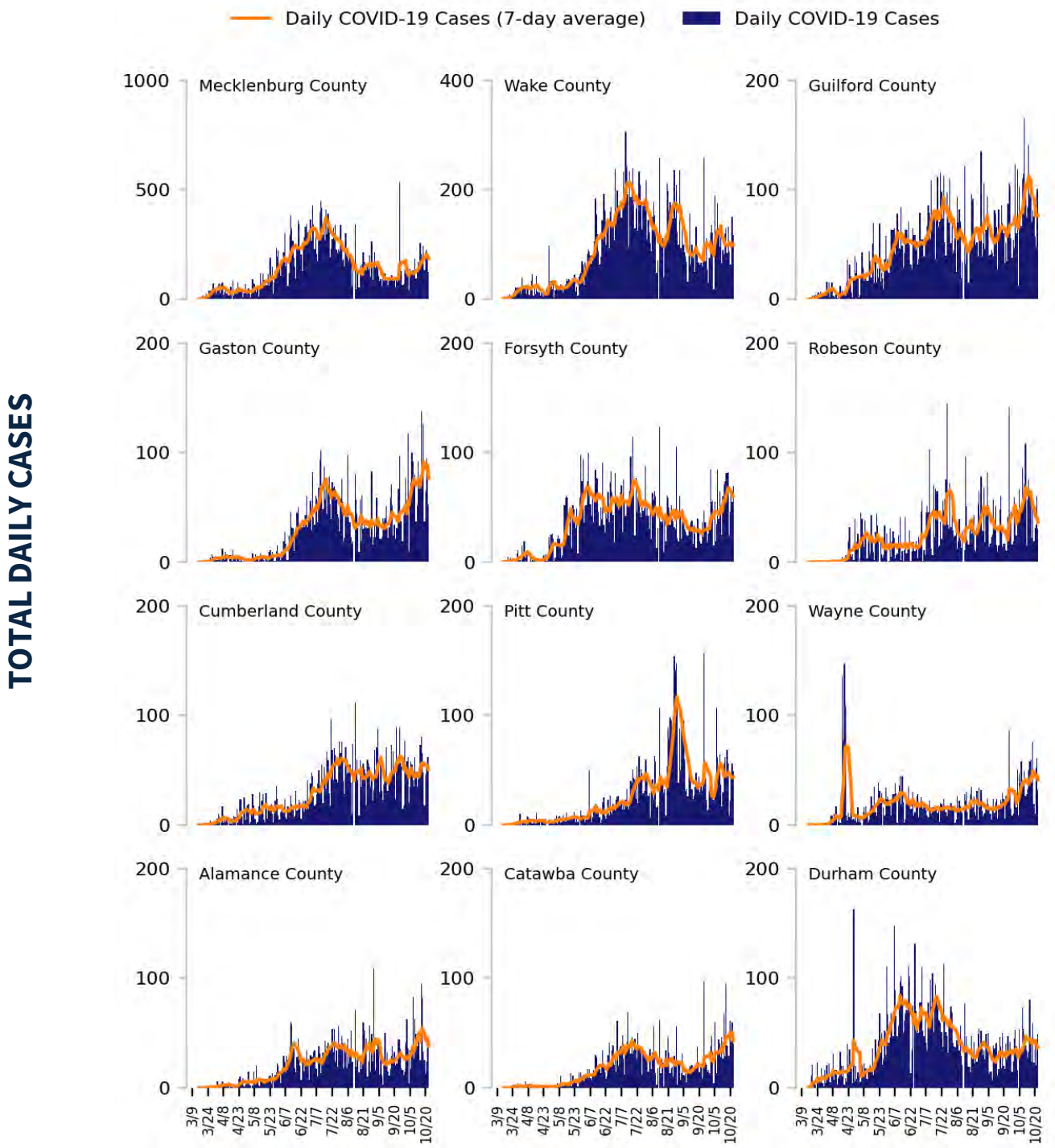
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



DATA SOURCES – Additional data details available under METHODS

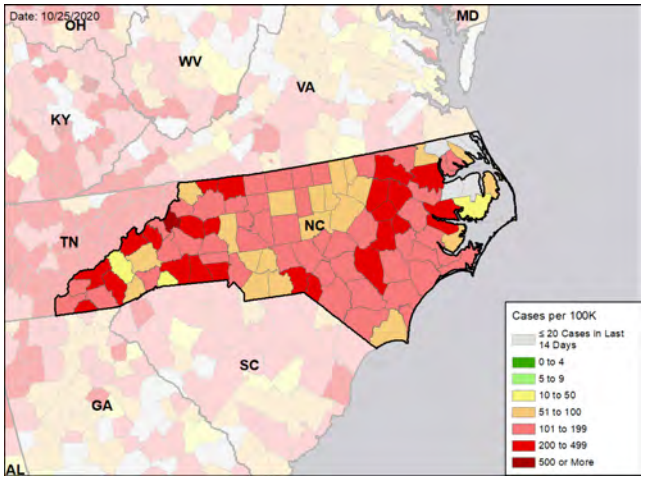
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

NORTH CAROLINA

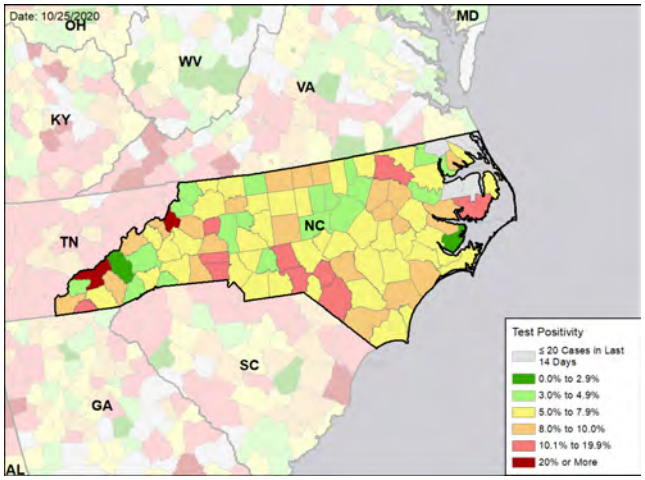
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

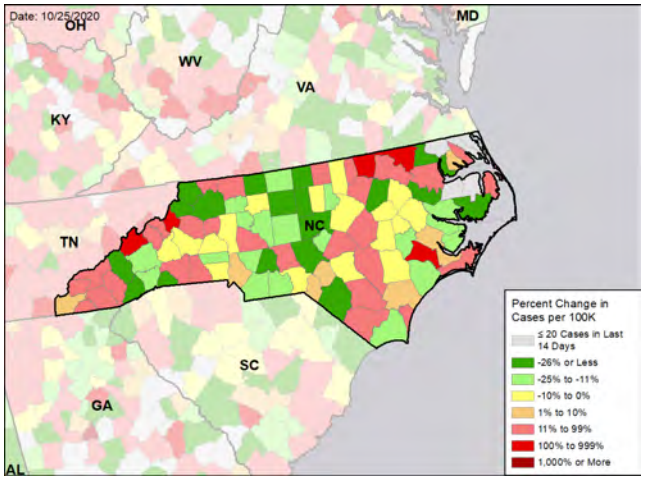
NEW CASES PER 100,000 DURING THE LAST WEEK



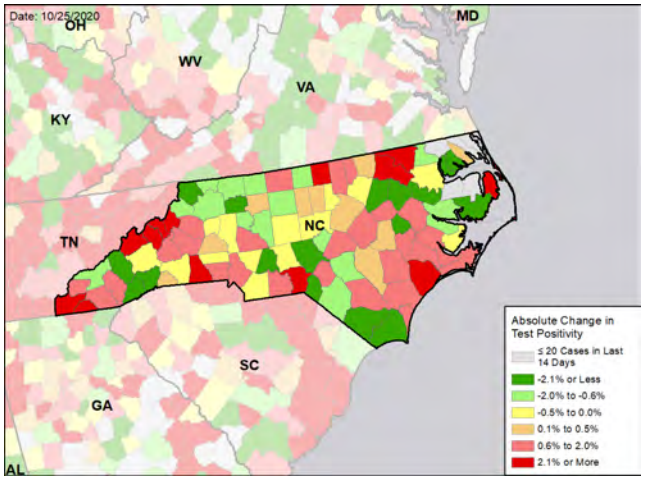
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

NORTH DAKOTA

SUMMARY

- North Dakota is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the highest rate in the country. North Dakota is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 7th highest rate in the country.
- North Dakota has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Cass County, 2. Burleigh County, and 3. Grand Forks County. These counties represent 47.2% of new cases in North Dakota.
- 83% of all counties in North Dakota have moderate or high levels of community transmission (yellow, orange, or red zones), with 51% having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 28% of nursing homes had at least one new resident COVID-19 case, 62% had at least one new staff COVID-19 case, and 13% had at least one new resident COVID-19 death.
- North Dakota had 712 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support epidemiology activities from CDC.
- Between Oct 17 - Oct 23, on average, 23 patients with confirmed COVID-19 and 6 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Dakota. An average of 94% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- We continue to see unrelenting, broad community spread in the Midwest, Upper Midwest, and West. This will require aggressive mitigation to control both the silent, asymptomatic spread and symptomatic spread.
- We remain deeply concerned about the speed of the rapid rise in cases, test positivity, and hospitalizations, as well as the number of long-term care facilities with positive staff members, showing significant and escalating community spread. This expanding community spread is being fueled by silent spread in specific counties that is leading to symptomatic individuals. Finding and stopping both the visible and invisible spread through aggressive community testing is essential.
- North Dakota must continue the strong mitigation efforts statewide and expand mitigation in the counties with rising cases and hospitalizations. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations.
- Efforts must intensify. Both North and South Dakota have the highest percent of the population infected, with documented infections approaching 5% and with the missed silent infections, 20% of the population may have been infected.
- Ensure all residents are aware of the potential for viral spread during Halloween gatherings.
- Ensure mask and physical distancing messages for all North Dakota residents, both in public and private spaces to prevent household spread. Indoor gatherings are part of the continued and unrelenting spread.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among community college students; K-12 teachers; students over 18; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. The incredibly high percent (over 60%) of long-term care facilities with a positive staff member shows the extent of community spread that must be controlled.
- All antigen test results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests. This will give you clear insight into degree of community spread and the ability to stop this early, silent spread, as seen from the continued high level of nursing home staff positivity.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- It is critical to continue aggressive proactive testing and support to detect early and asymptomatic spread among the Tribal Nations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NORTH DAKOTA

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,425 (712)	+21%	35,565 (290)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.8%	+3.1%*	11.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	45,190** (5,930**)	+1%**	301,890** (2,463**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	52 (6.8)	-24%	228 (1.9)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	28%	+6%*	15%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	62%	-2%*	37%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	13%	-4%*	5%	4%

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

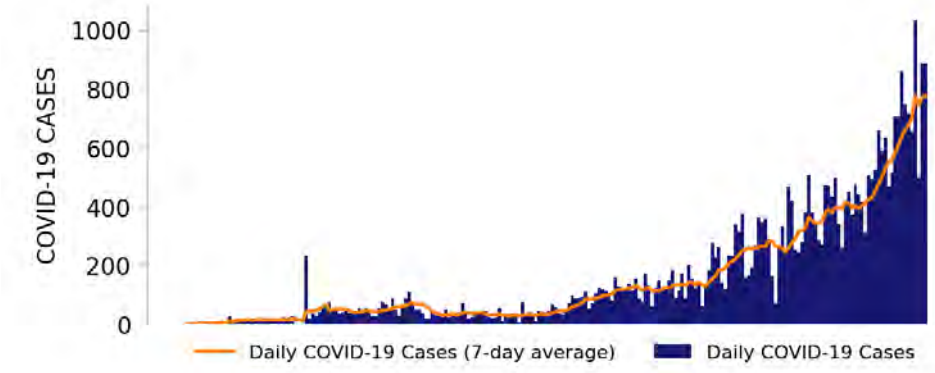
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

NORTH DAKOTA

STATE REPORT | 10.25.2020

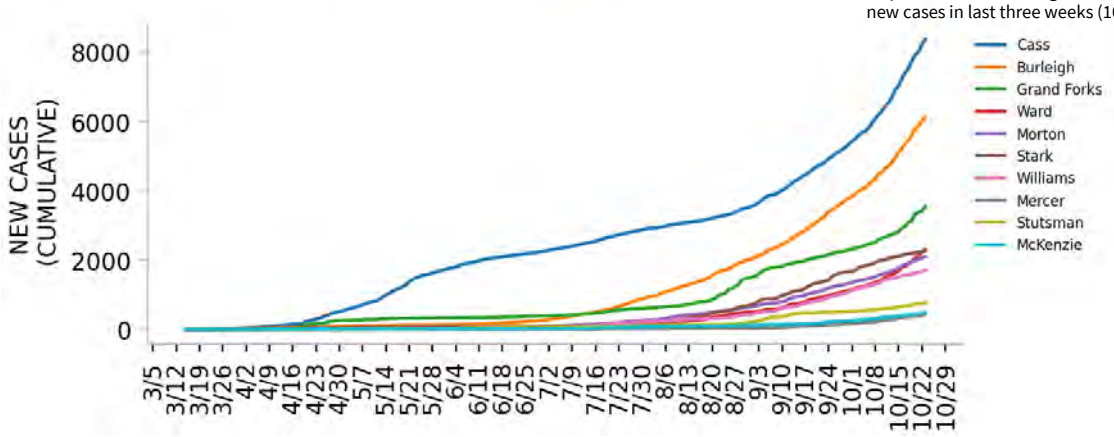
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

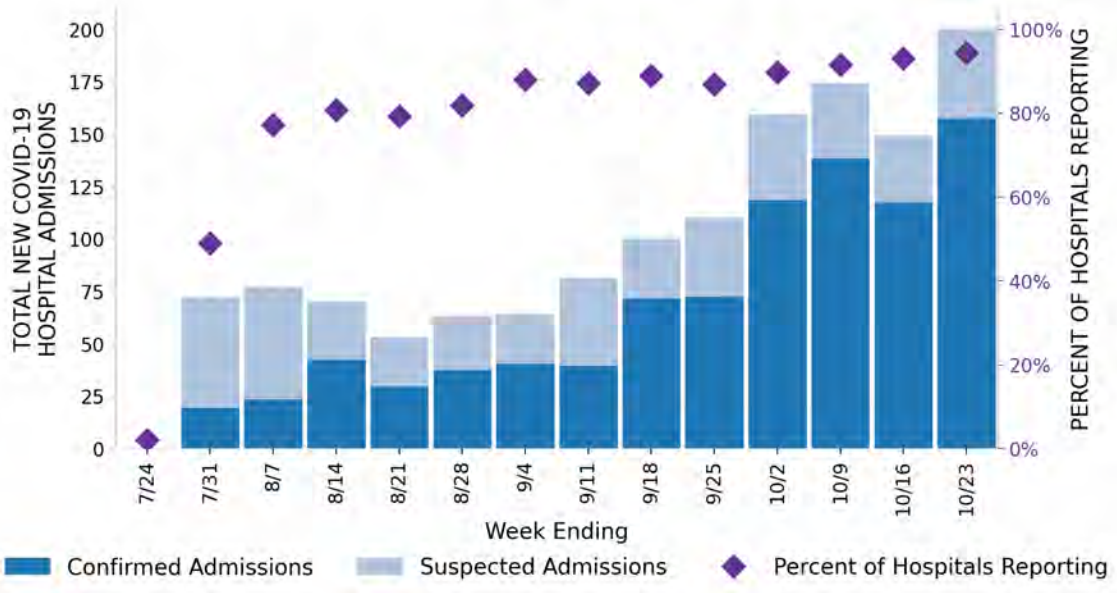
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

NORTH DAKOTA

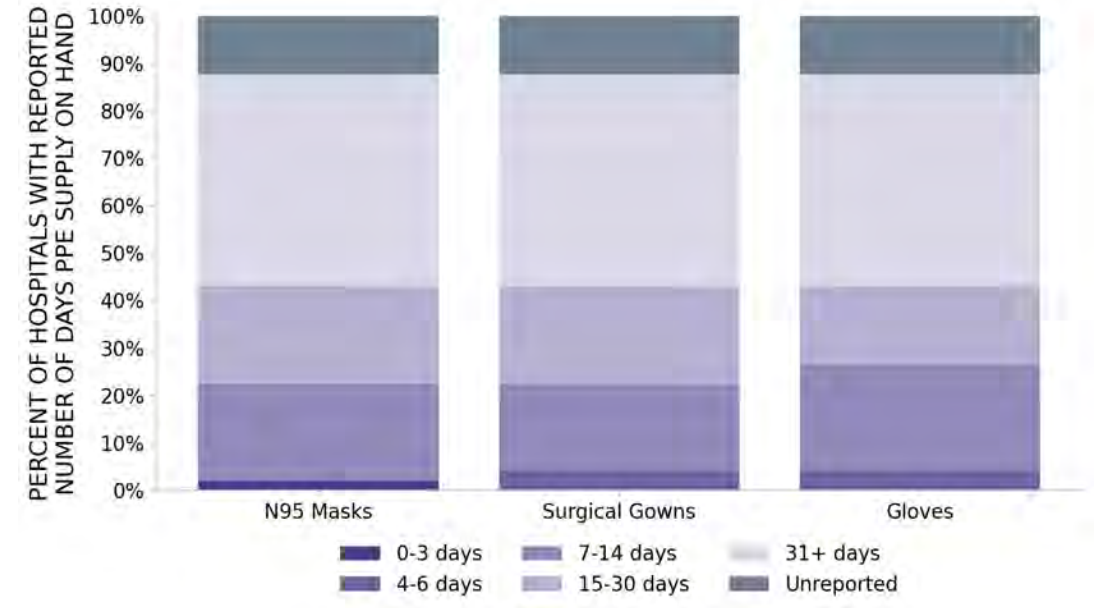
STATE REPORT | 10.25.2020

49 hospitals are expected to report in North Dakota

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

NORTH DAKOTA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	6 ▲ (+3)	Bismarck Fargo Minot Grand Forks Williston Wahpeton	27 ▲ (+10)	Cass Burleigh Grand Forks Ward Morton Williams Mercer McLean Ramsey Mountrail Benson Bottineau
LOCALITIES IN ORANGE ZONE	0 ▼ (-3)	N/A	5 ▼ (-3)	Walsh Richland Foster Eddy Ransom
LOCALITIES IN YELLOW ZONE	2 ▲ (+1)	Dickinson Jamestown	12 ▲ (+4)	Stark Stutsman McKenzie Dickey Barnes McIntosh Pembina Nelson Golden Valley Logan Adams Sargent

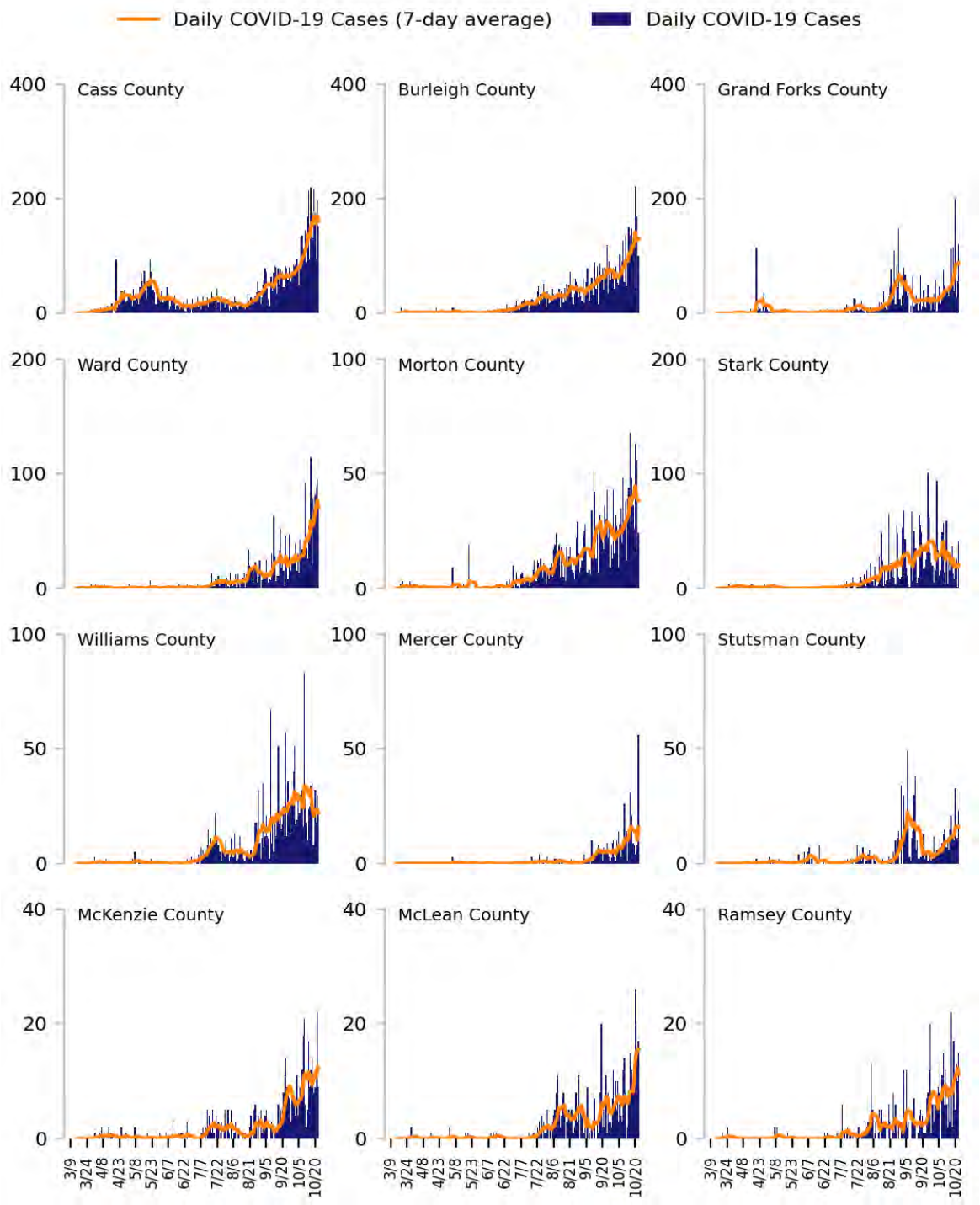
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Cass, Burleigh, Grand Forks, Ward, Morton, Williams, Mercer, McLean, Ramsey, Mountrail, Benson, Bottineau, Traill, LaMoure, McHenry, Emmons, Sioux, Bowman, Towner, Hettinger, Oliver, Pierce, Divide, Kidder, Burke, Sheridan, Griggs

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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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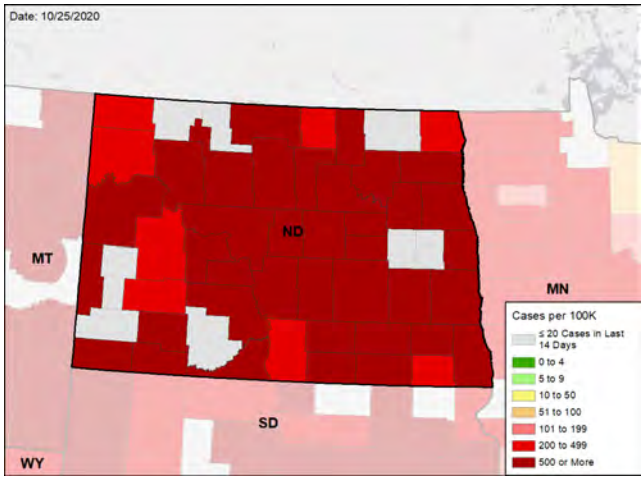
NORTH DAKOTA

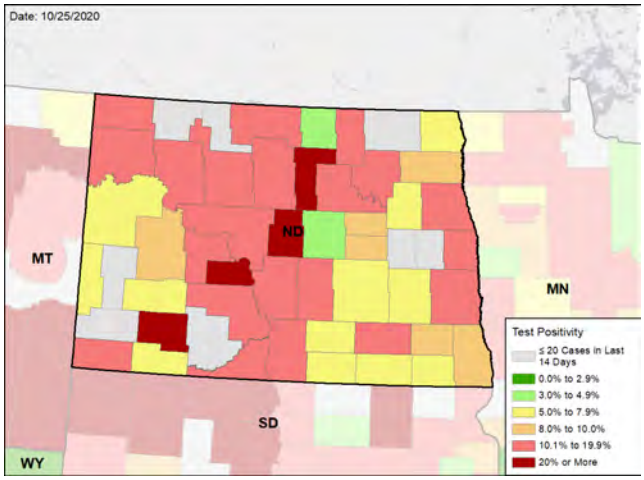
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

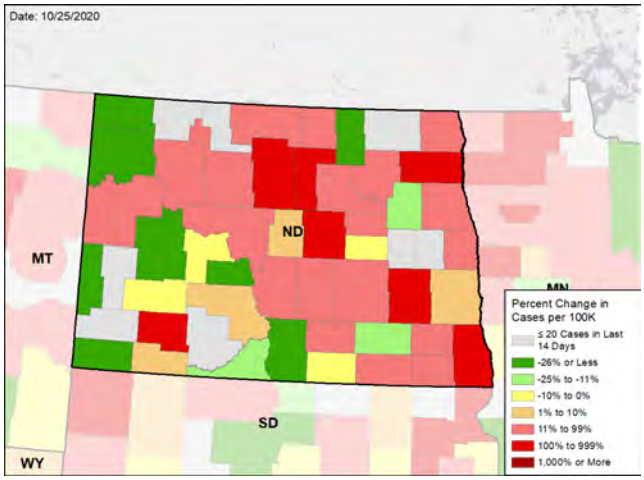
NEW CASES PER 100,000 DURING THE LAST WEEK



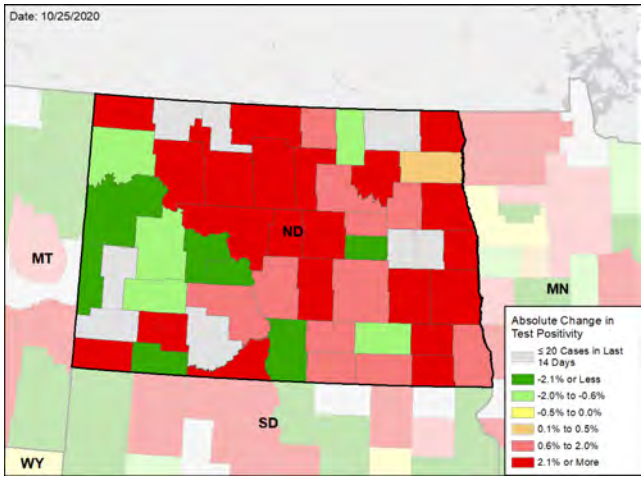
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

OHIO

SUMMARY

- Ohio is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 28th highest rate in the country. Ohio is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 35th highest rate in the country.
- Ohio has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Franklin County, 2. Hamilton County, and 3. Montgomery County. These counties represent 26.3% of new cases in Ohio.
- 72% of all counties in Ohio have moderate or high levels of community transmission (yellow, orange, or red zones), with 28% having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 10% of nursing homes had at least one new resident COVID-19 case, 20% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Ohio had 128 new cases per 100,000 population in the last week, compared to a national average of 133 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 4 to support operations activities from USCG.
- Between Oct 17 - Oct 23, on average, 213 patients with confirmed COVID-19 and 340 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Ohio. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- We continue to see unrelenting, broad community spread in the Midwest, Upper Midwest, and West. This will require aggressive mitigation to control both the silent, asymptomatic spread and symptomatic spread.
- We remain concerned about the continued rise in cases, test positivity, and hospitalizations as well as the consistent number of long-term care facilities with positive staff members, showing significant and escalating community spread. This expanding community spread is being fueled by silent spread in specific counties that is leading to symptomatic individuals. Finding and stopping both the visible and invisible spread through aggressive community testing is essential.
- Ohio must continue the strong mitigation efforts statewide and expand mitigation in the counties with rising cases and hospitalizations. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations. Efforts must intensify.
- Ensure all residents are aware of the potential for viral spread during Halloween gatherings.
- Ensure mask and physical distancing messages for all Ohio residents, both in public and private spaces to prevent household spread. Indoor gatherings are part of the continued and unrelenting spread.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among community college students; K-12 teachers; students over 18; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- To define the extent of silent spread, use the Abbott BinaxNOW tests to routinely test all K-12 teachers and community college students as another indicator of the degree of community spread to further increase mitigation efforts.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests. This will give you clear insight into degree of community spread and the ability to stop this early, silent spread, as seen from the continued high level of nursing home staff positivity.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

OHIO

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	14,957 (128)	+26%	105,807 (201)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.9%	+0.9%*	7.2%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	282,654** (2,418**)	+6%**	1,522,134** (2,897**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	130 (1.1)	+113%	1,038 (2.0)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	10%	+2%*	13%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	20%	+1%*	29%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+1%*	5%	4%

* 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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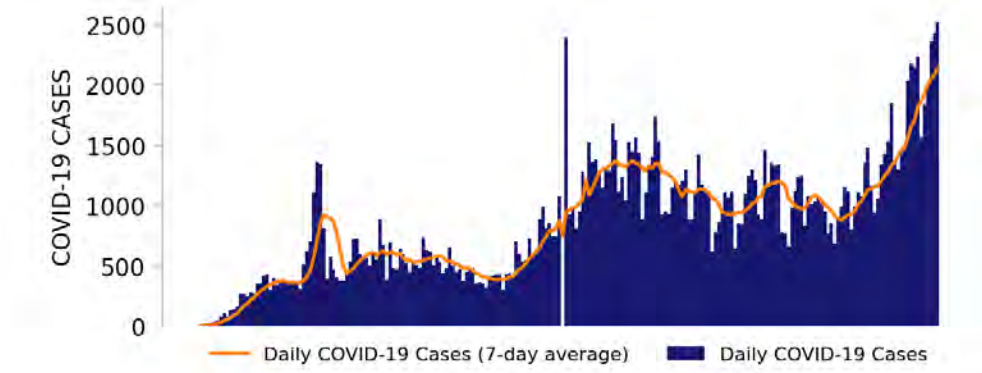
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

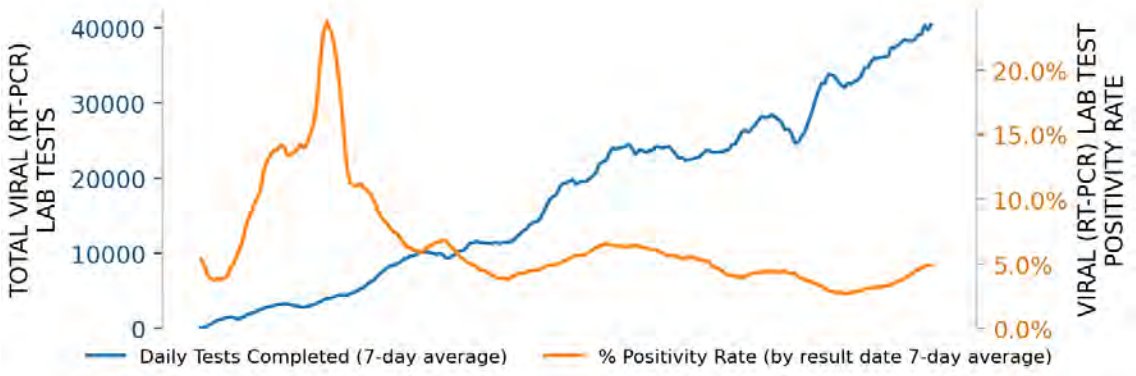
OHIO

STATE REPORT | 10.25.2020

NEW CASES

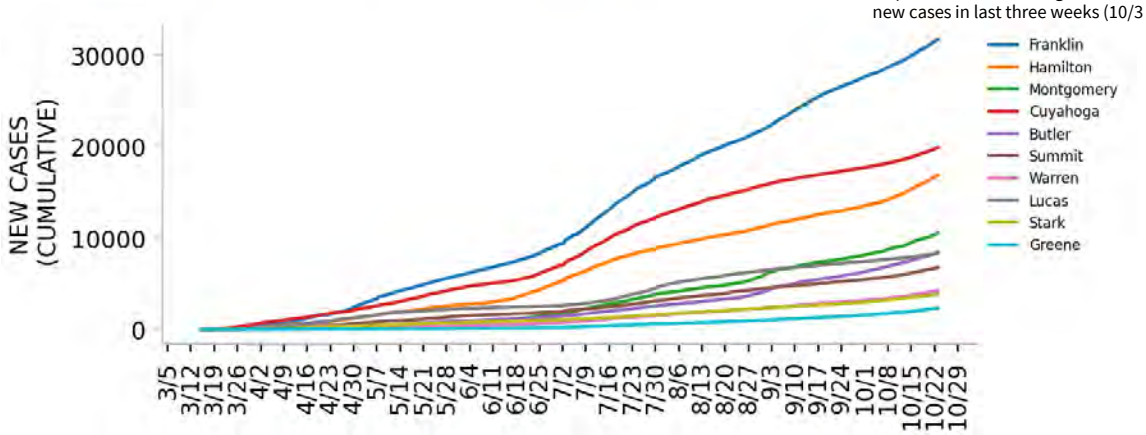


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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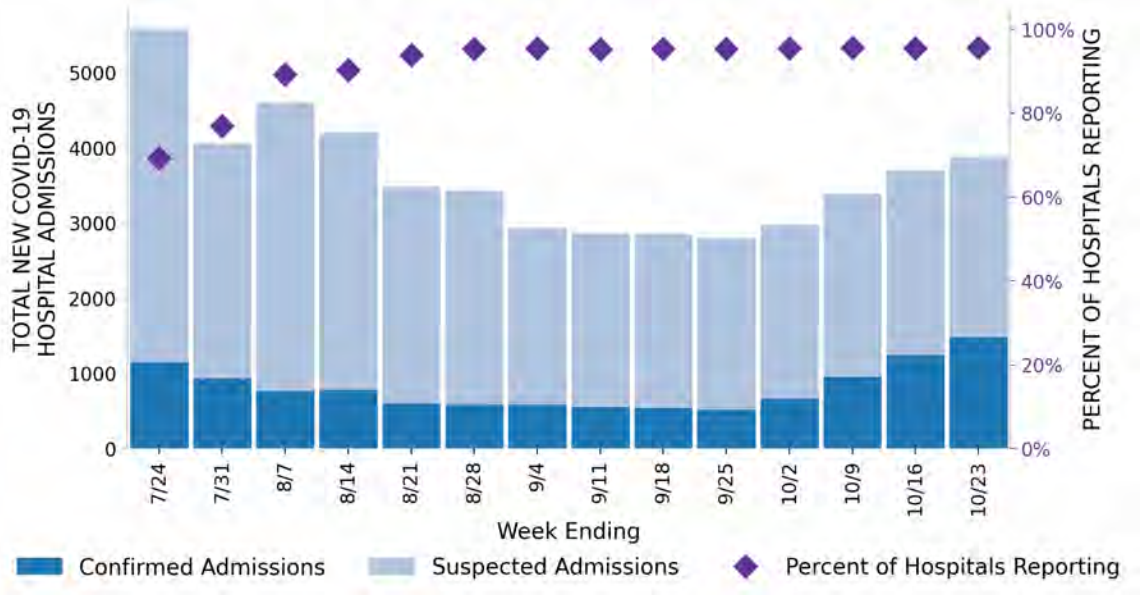
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

OHIO

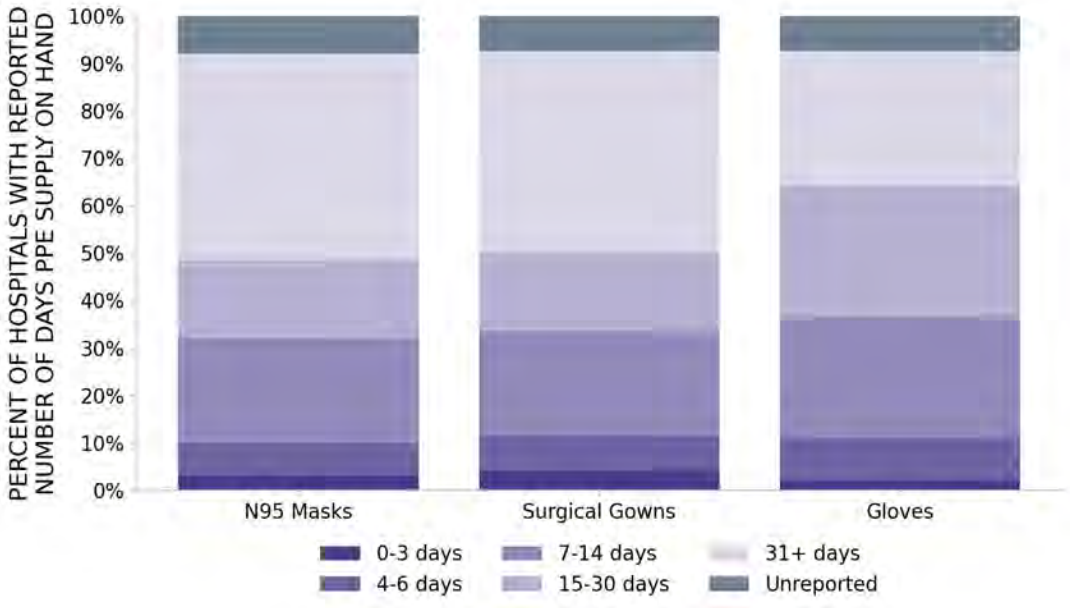
STATE REPORT | 10.25.2020

190 hospitals are expected to report in Ohio

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

OHIO

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	14 ▲ (+9)	Lima Wooster Wapakoneta Celina New Philadelphia-Dover Findlay Greenville Marion Sidney Cambridge Van Wert Bellefontaine	25 ▲ (+13)	Butler Warren Greene Allen Licking Wayne Miami Auglaize Putnam Mercer Tuscarawas Hancock
LOCALITIES IN ORANGE ZONE	7 ▲ (+1)	Dayton-Kettering Akron Athens Zanesville Bucyrus-Galion Washington Court House Jackson	11 ▼ (-2)	Summit Athens Muskingum Crawford Highland Fayette Jackson Williams Hardin Monroe Harrison
LOCALITIES IN YELLOW ZONE	13 ▼ (-7)	Cincinnati Columbus Toledo Canton-Massillon Mansfield Portsmouth Huntington-Ashland Sandusky Salem Wilmington Fremont Marietta	27 ▼ (-1)	Franklin Hamilton Montgomery Lucas Stark Clermont Wood Fairfield Portage Richland Scioto Pickaway

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

All Red CBSAs: Lima, Wooster, Wapakoneta, Celina, New Philadelphia-Dover, Findlay, Greenville, Marion, Sidney, Cambridge, Van Wert, Bellefontaine, Defiance, Coshocton

All Yellow CBSAs: Cincinnati, Columbus, Toledo, Canton-Massillon, Mansfield, Portsmouth, Huntington-Ashland, Sandusky, Salem, Wilmington, Fremont, Marietta, Point Pleasant

All Red Counties: Butler, Warren, Greene, Allen, Licking, Wayne, Miami, Auglaize, Putnam, Mercer, Tuscarawas, Hancock, Darke, Marion, Fulton, Holmes, Shelby, Preble, Guernsey, Van Wert, Logan, Defiance, Coshocton, Paulding, Morgan

All Yellow Counties: Franklin, Hamilton, Montgomery, Lucas, Stark, Clermont, Wood, Fairfield, Portage, Richland, Scioto, Pickaway, Lake, Lawrence, Union, Erie, Madison, Columbiana, Clinton, Henry, Geauga, Ottawa, Sandusky, Morrow, Washington, Gallia, Belmont

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

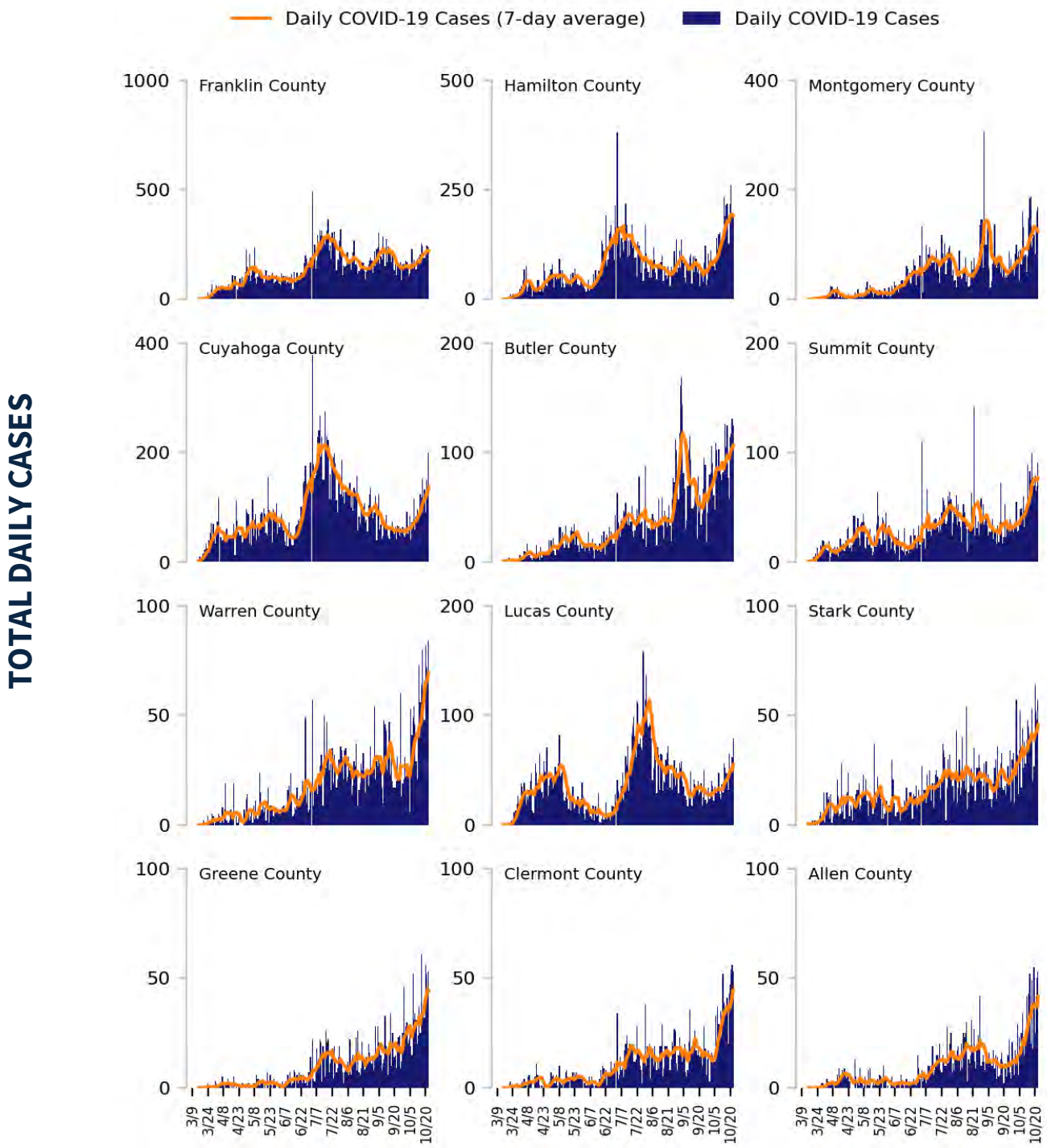
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

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

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



DATA SOURCES – Additional data details available under METHODS

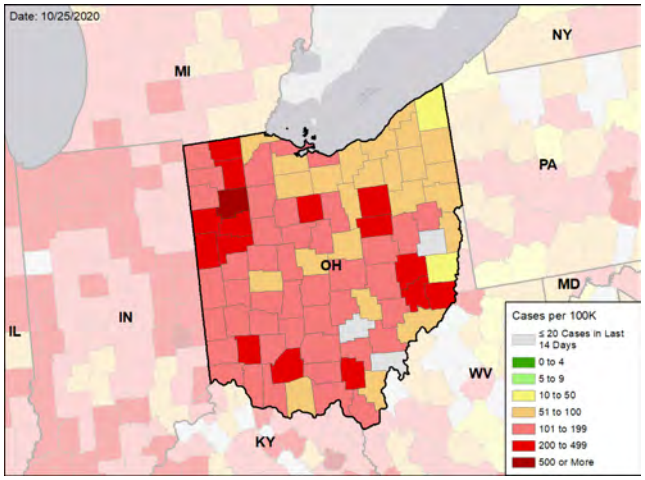
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

OHIO

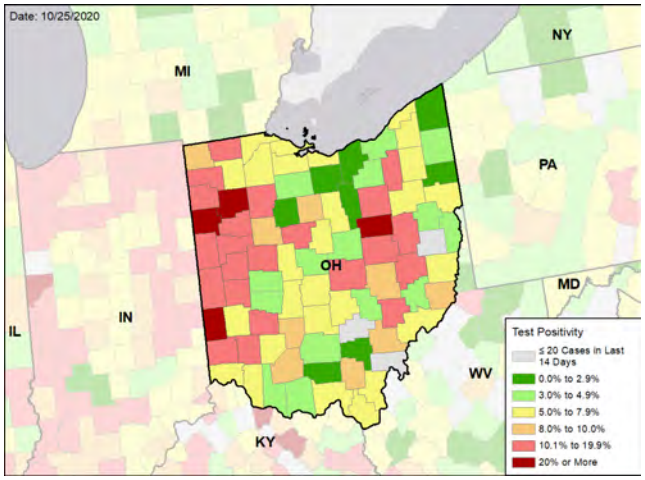
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

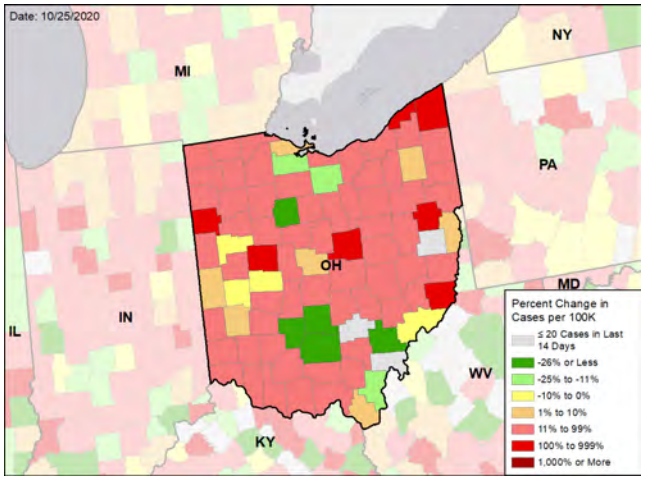
NEW CASES PER 100,000 DURING THE LAST WEEK



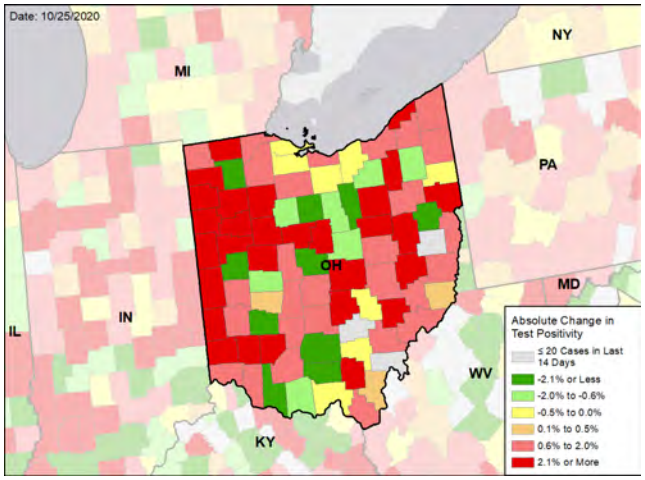
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

OKLAHOMA

SUMMARY

- Oklahoma is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 14th highest rate in the country. Oklahoma is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 8th highest rate in the country.
- Oklahoma has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Oklahoma County, 2. Tulsa County, and 3. Cleveland County. These counties represent 38.7% of new cases in Oklahoma.
- 84% of all counties in Oklahoma have moderate or high levels of community transmission (yellow, orange, or red zones), with 55% having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 15% of nursing homes had at least one new resident COVID-19 case, 26% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Oklahoma had 217 new cases per 100,000 population in the last week, compared to a national average of 133 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 Oct 17 - Oct 23, on average, 165 patients with confirmed COVID-19 and 74 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oklahoma. An average of 93% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- All indicators of community spread are increasing, including percent of nursing homes with positive staff members and residents, and community spread is increasing hospital admissions, leading to potential resource constraints.
- Mitigation efforts must be increased to control community spread to include mask wearing, physical distancing, hand hygiene, and avoiding crowds in public and specifically, social gatherings in private.
- We are finding that as the weather cools, friends and families are moving social gatherings indoors, significantly increasing spread.
- Work with communities to limit large and small social gatherings; current transmissions are linked to home gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. When meeting people who are not a part of one's household, masking and physical distancing must be observed at all times, especially when indoors.
- With over a quarter of nursing homes reporting at least one COVID positive staff member, work with nursing homes to trace exposures of positive staff to decrease introduction of community transmission to nursing homes.
- Provide specific mitigation messaging appealing to the following groups to engage them to do their part to slow the spread:
    - Rural communities.
    - Individuals over 65 years-old through senior citizen networks.
    - University students.
- The Abbott BinaxNOW tests perform best when used serially in populations and in schools. Corrections and healthcare workers must use these tests for weekly surveillance testing to monitor and act on county trends identified though sentinel surveillance.
- Ensure all hospitals have access to antivirals and antibodies and ensure early use as treatment (within 48 hours). Need visibility from all hospitals on admissions and supplies in order to adequately support them.
- Tribal Nations: Address COVID fatigue; work on practices that are culturally supportive for the fall; ensure testing and hospital supplies are 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

OKLAHOMA

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	8,571 (217)	+4%	62,564 (146)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.4%	+0.2%*	8.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	30,687** (776**)	-6%**	533,172** (1,248**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	80 (2.0)	+27%	782 (1.8)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	15%	+2%*	14%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	26%	+0%*	24%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+0%*	5%	4%

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

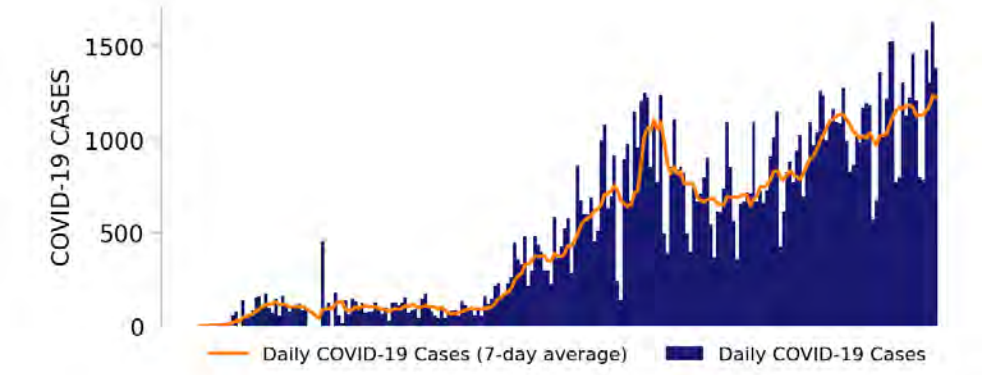
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

OKLAHOMA

STATE REPORT | 10.25.2020

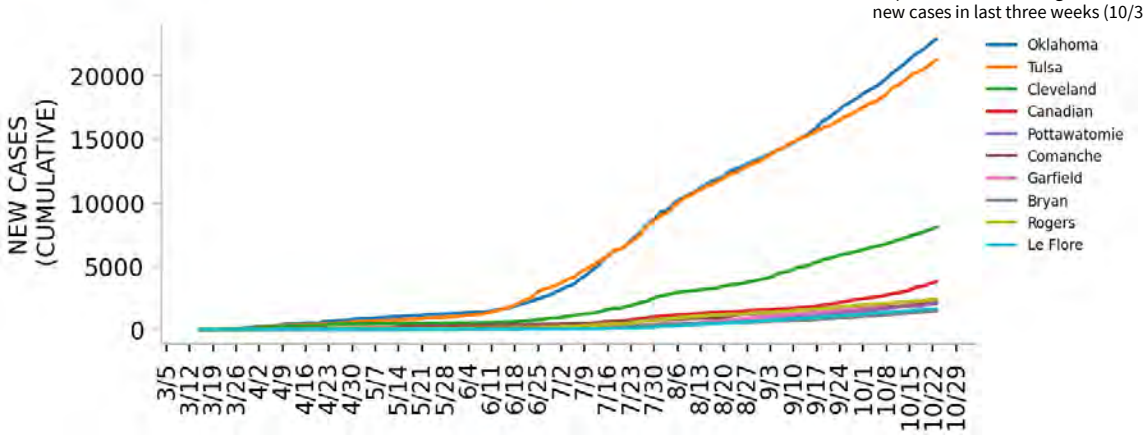
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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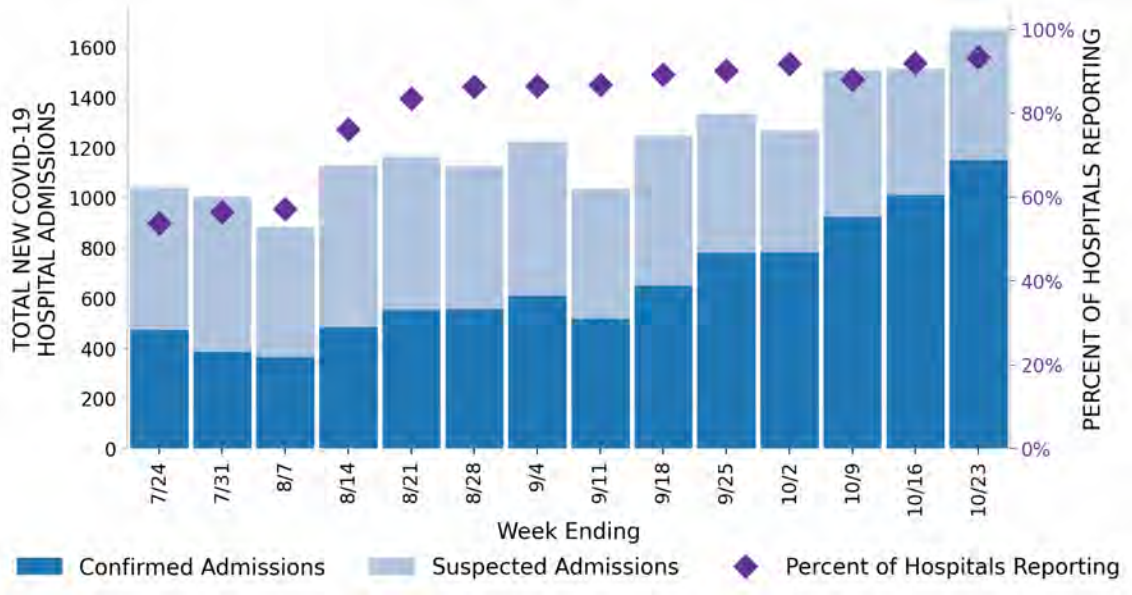
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/21/2020.

OKLAHOMA

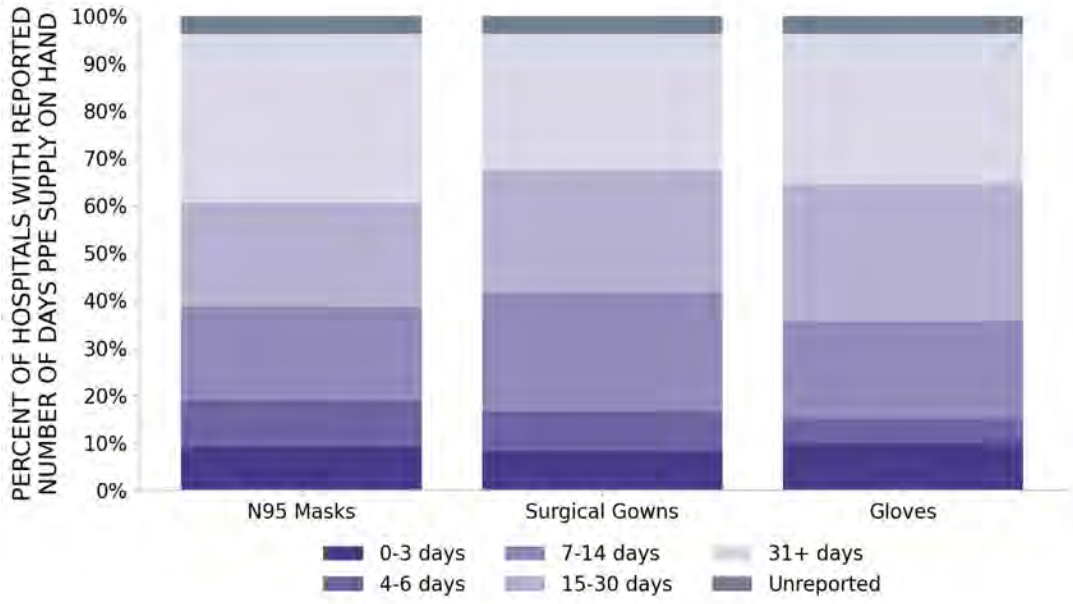
STATE REPORT | 10.25.2020

132 hospitals are expected to report in Oklahoma

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

OKLAHOMA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	14 ▲ (+1)	Oklahoma City Tulsa Shawnee Lawton Enid Durant Stillwater Miami Elk City Altus Bartlesville McAlester	42 ▲ (+1)	Tulsa Canadian Pottawatomie Comanche Garfield Bryan Rogers Le Flore Delaware Okfuskee Payne McClain
LOCALITIES IN ORANGE ZONE	5 ■ (+0)	Muskogee Weatherford Fort Smith Tahlequah Ponca City	11 ▼ (-1)	Oklahoma Muskogee Custer McCurtain Cherokee Kay Adair Kiowa Pawnee Greer Coal
LOCALITIES IN YELLOW ZONE	2 ▼ (-2)	Ada Ardmore	12 ▼ (-1)	Cleveland Creek Pontotoc Garvin Carter McIntosh Murray Nowata Love Grant Jefferson Beaver

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

All Red CBSAs: Oklahoma City, Tulsa, Shawnee, Lawton, Enid, Durant, Stillwater, Miami, Elk City, Altus, Bartlesville, McAlester, Duncan, Guymon

All Red Counties: Tulsa, Canadian, Pottawatomie, Comanche, Garfield, Bryan, Rogers, Le Flore, Delaware, Okfuskee, Payne, McClain, Wagoner, Okmulgee, Ottawa, Caddo, Beckham, Jackson, Sequoyah, Seminole, Logan, Washington, Mayes, Osage, Lincoln, Pittsburg, Stephens, Texas, Kingfisher, Atoka, Choctaw, Craig, Pushmataha, Hughes, Washita, Haskell, Major, Blaine, Latimer, Woods, Alfalfa, Harper

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

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

DATA SOURCES – Additional data details available under METHODS

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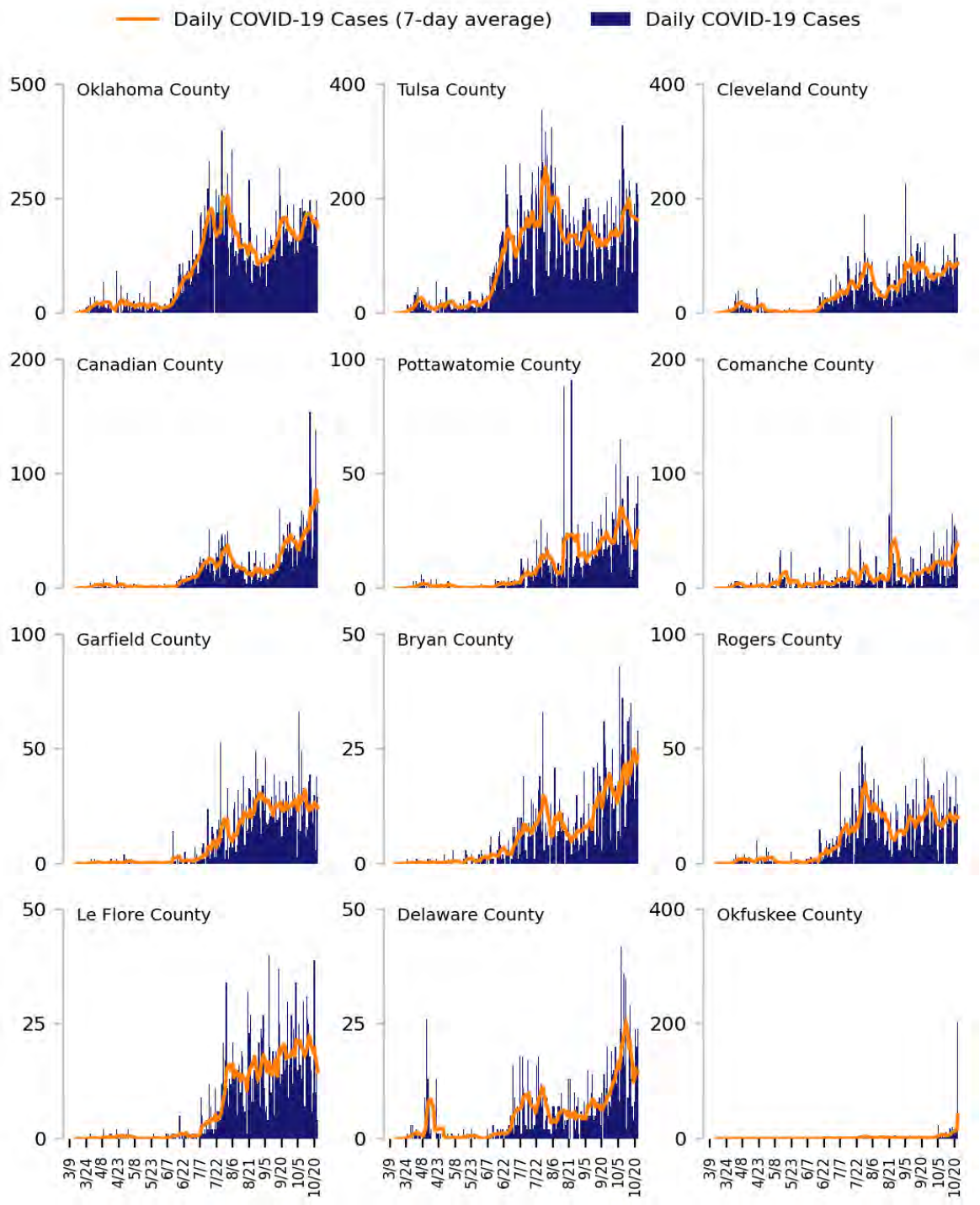
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/21/2020. Last week is 10/15 - 10/21.

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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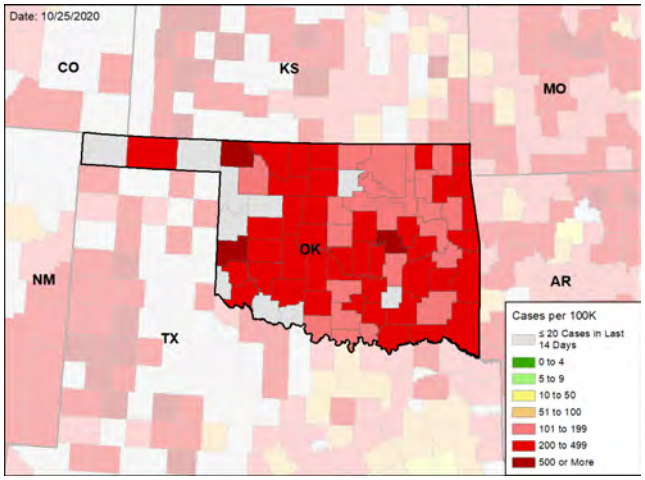
OKLAHOMA

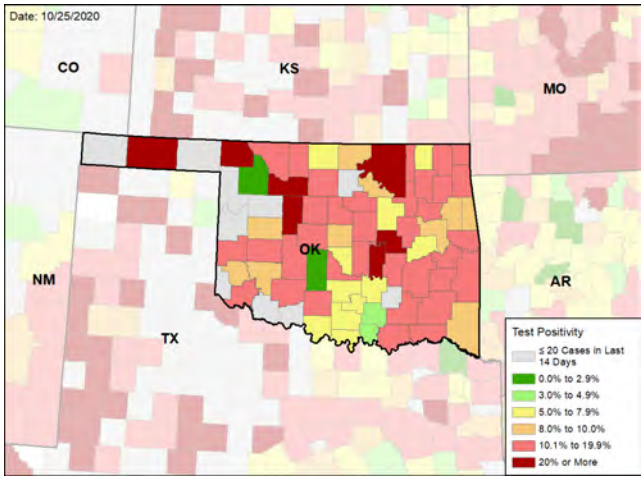
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

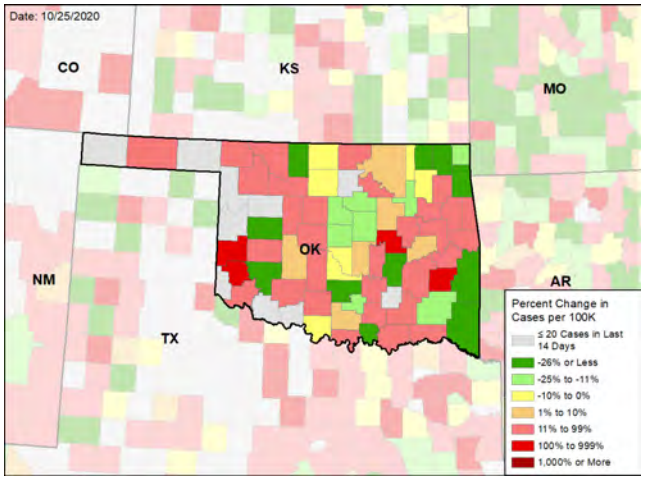
NEW CASES PER 100,000 DURING THE LAST WEEK



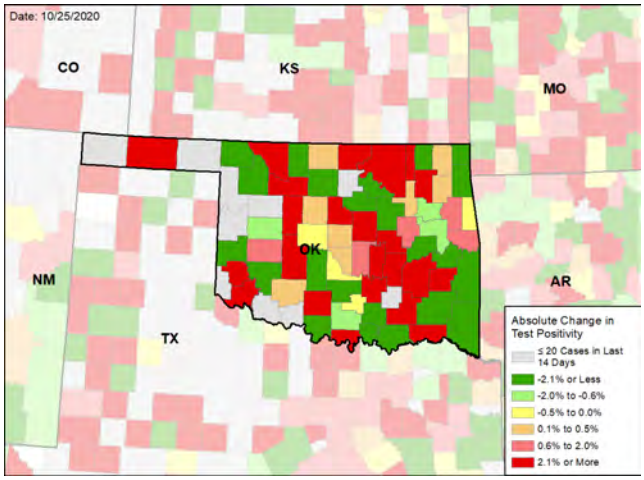
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

OREGON

SUMMARY

- Oregon is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 45th highest rate in the country. Oregon is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 24th highest rate in the country.
- Oregon has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Multnomah County, 2. Lane County, and 3. Washington County. These counties represent 47.1% of new cases in Oregon.
- 28% of all counties in Oregon have moderate or high levels of community transmission (yellow, orange, or red zones), with 3% having high levels of community transmission (red zone).
- Malheur and Deschutes counties had test positivity over 10%; however, test positivity increased in 14 counties, most notably in Malheur, Sherman, Grant, Coos, Umatilla, Deschutes, Wallowa, Polk, Douglas, and Harney counties.
- Hospital inpatient bed utilization is at 72% at the state level, with wide variability by CBSA and county.
- During the week of Oct 12 - Oct 18, 4% of nursing homes had at least one new resident COVID-19 case, 18% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Oregon had 57 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 22 to support operations activities from FEMA and 7 to support operations activities from USCG.
- Between Oct 17 - Oct 23, on average, 24 patients with confirmed COVID-19 and 89 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oregon. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Intensify surveillance at all local levels through expansion of quantitative wastewater testing and through regular testing of staff who are at highest risk for infection.
- Continue monitoring of workplaces and congregate settings. Ensure strict adherence to mitigation policies on occupancy limits, face masks, and social distancing,.
- Expand testing so that at least 1,500 tests per 100,000 population are conducted each week in all counties.
- Target community testing efforts to those most at risk by strategically selecting testing locations; ensure elderly and those at-risk or vulnerable to severe disease, as well as those who interact with them, are being tested in sufficient volume.
- Ensure that groups at higher risk for infection, including Black, Hispanic, and Native American communities, are reached with specific messaging/education, adequate contact tracing, and provision of spaces and supplies for isolation/quarantine. Target those at higher risk for severe disease, such as those over age 65, with clear recommendations to maintain social distancing at all times and to avoid even small, familial social gatherings.
- Ensure all hospital staff, especially those in rural areas, are trained on latest treatment protocols, including early use of antiviral and antibody therapy for hospitalized patients and proper use of high-flow oxygen, positioning, and use of glucocorticoids.
- Surge contact tracing efforts where incidence and test positivity are highest; expand capacity by focusing and reducing the interview, developing scripts and protocols to allow task-shifting, expanding staff by hiring within local communities, and using remote tracers from other communities who aren't as busy.
- Ensure all nursing homes with 3 or more cases among staff and/or residents per week over any of the past 3 weeks have had facility-wide testing and inspection surveys to ensure strict compliance with 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

OREGON

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,415 (57)	+0%	14,439 (101)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.0%	+0.4%*	7.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	110,786** (2,627**)	+2%**	275,248** (1,918**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	33 (0.8)	+74%	136 (0.9)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	4%	-2%*	6%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	18%	+1%*	20%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+2%*	3%	4%

* 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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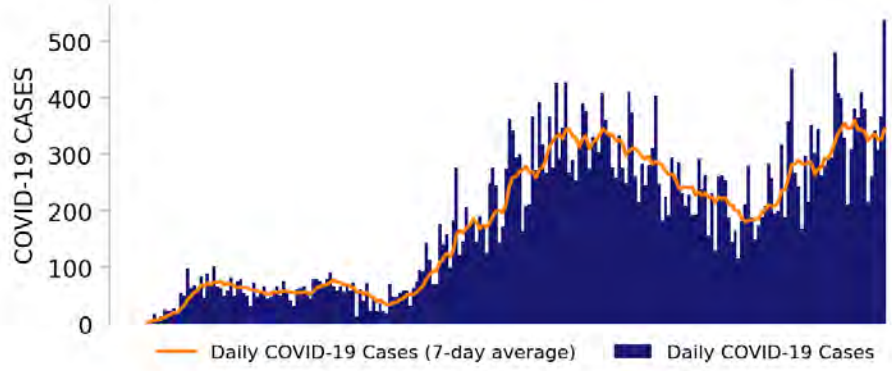
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

OREGON

STATE REPORT | 10.25.2020

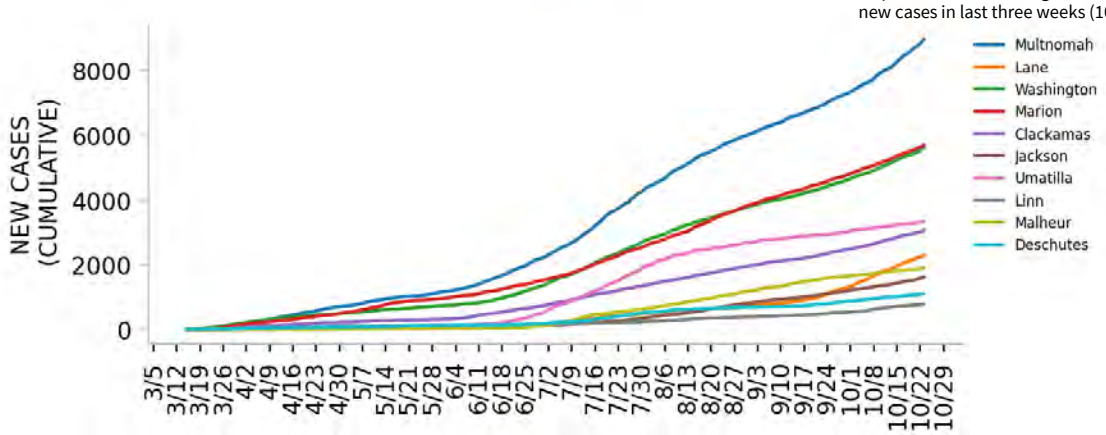
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

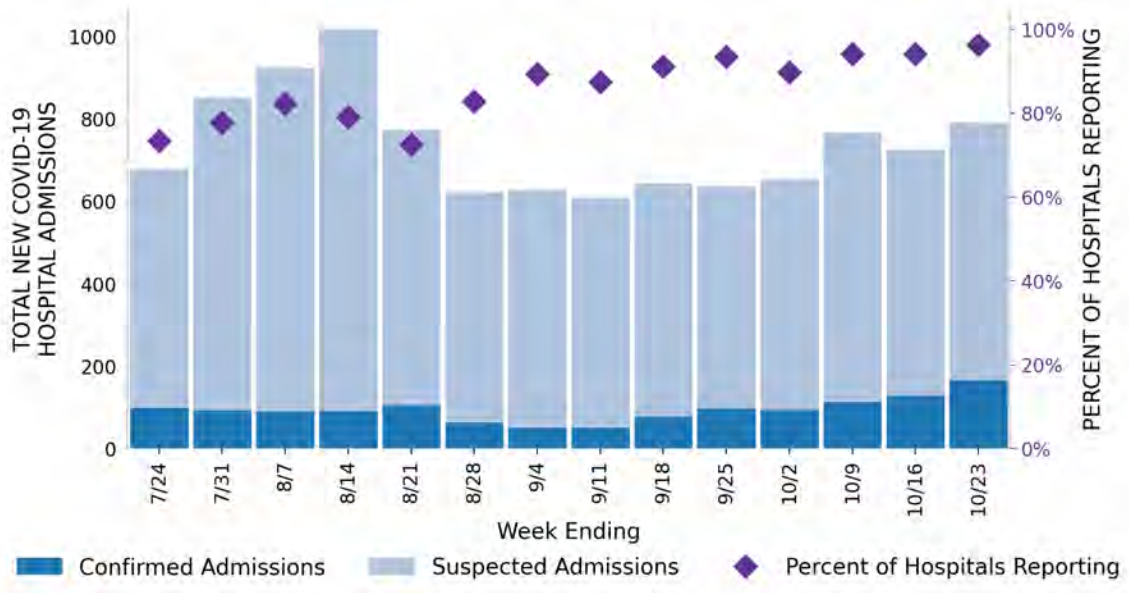
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

OREGON

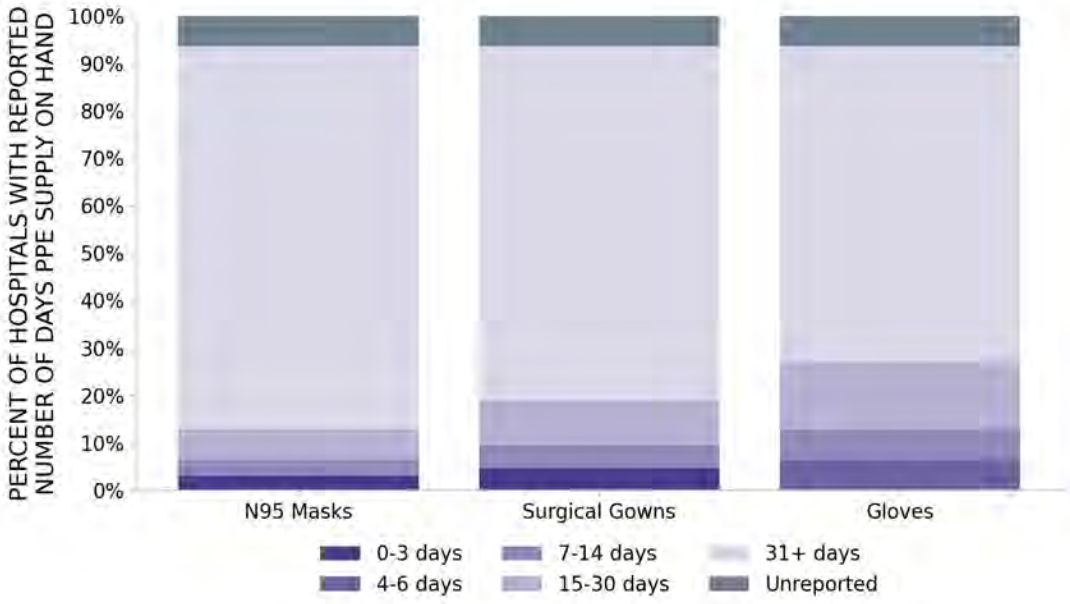
STATE REPORT | 10.25.2020

63 hospitals are expected to report in Oregon

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

OREGON

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

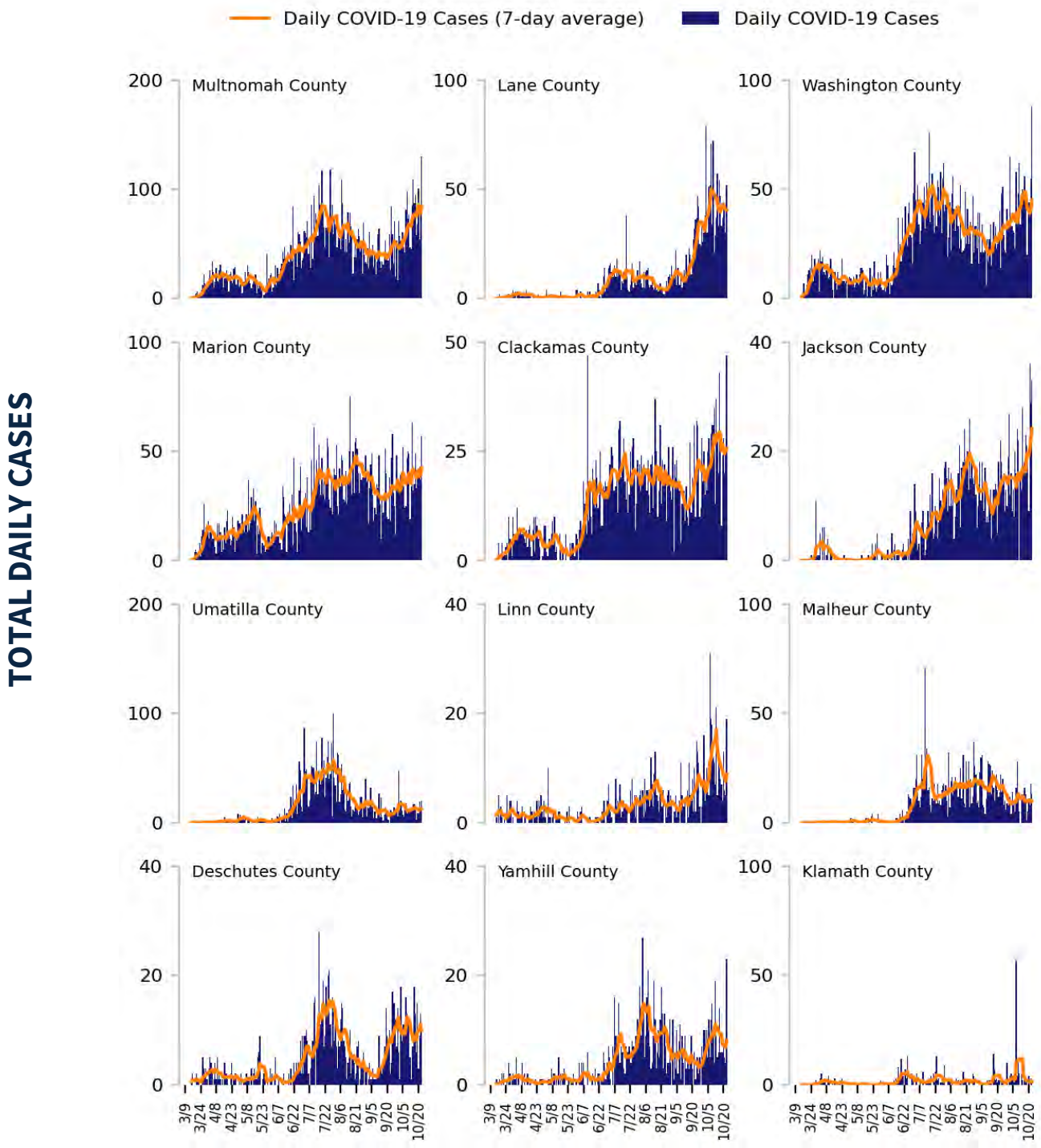
	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	**1** ■ (+0)	Ontario	**1** ■ (+0)	Malheur
LOCALITIES IN ORANGE ZONE	**3** ▲ (+2)	Medford Hermiston-Pendleton Prineville	**4** ▲ (+3)	Washington Jackson Umatilla Crook
LOCALITIES IN YELLOW ZONE	**3** ▼ (-5)	Portland-Vancouver-Hillsboro Salem Bend	**5** ▼ (-6)	Multnomah Marion Clackamas Deschutes Yamhill

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



DATA SOURCES – Additional data details available under METHODS

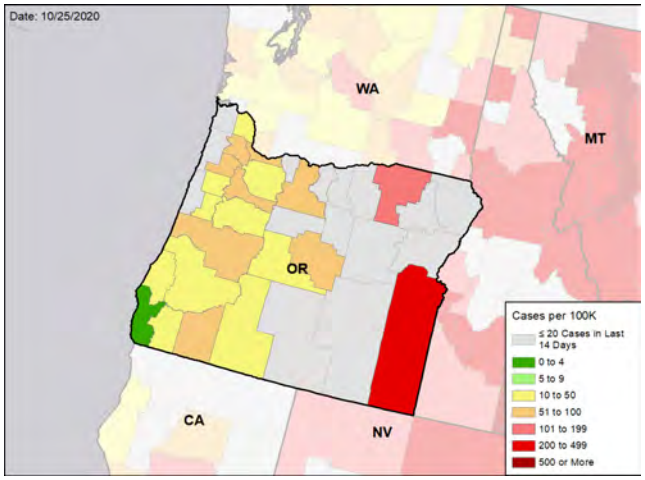
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

OREGON

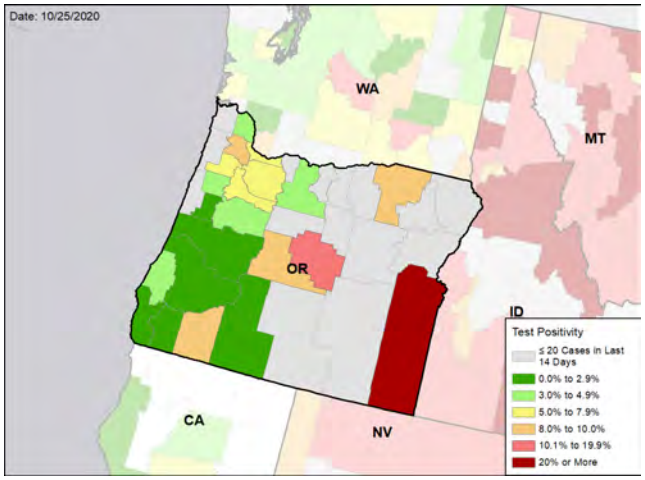
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

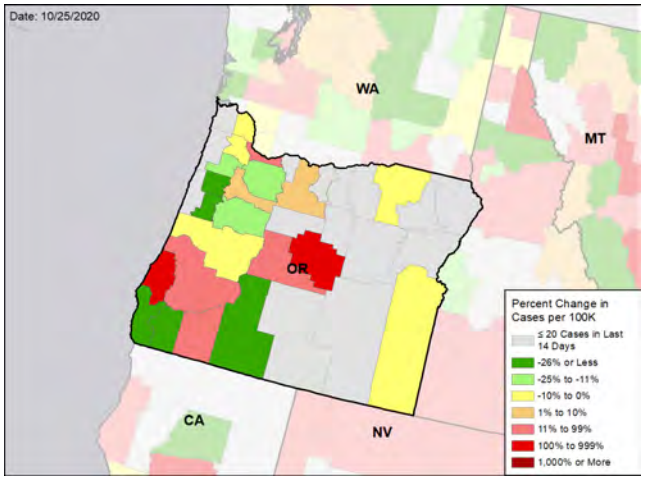
NEW CASES PER 100,000 DURING THE LAST WEEK



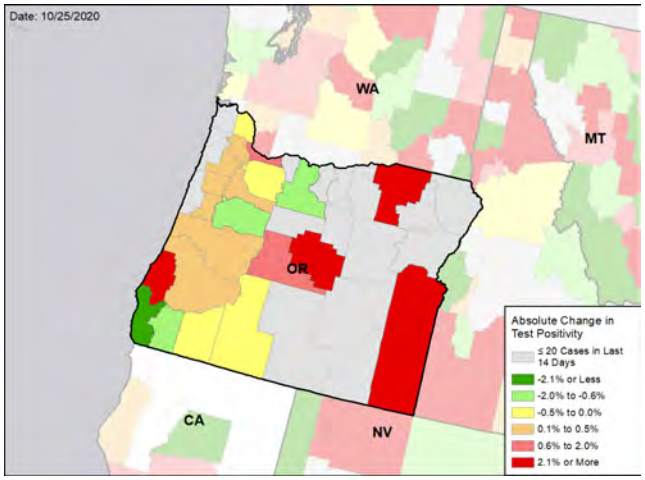
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

PENNSYLVANIA

SUMMARY

- Pennsylvania is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 37th highest rate in the country. Pennsylvania is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 34th highest rate in the country.
- Pennsylvania has seen an increase in new cases and an increase in test positivity over the last week.
- 17 counties had case rates over 100 per 100,000 population this past week, 32 had an increase in case rate from the previous week, and 42 had an increase in test positivity; 28 counties had test positivity above 5% among 65+ year-olds.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Philadelphia County, 2. Allegheny County, and 3. Westmoreland County. These counties represent 27.5% of new cases in Pennsylvania.
- 43% of all counties in Pennsylvania have moderate or high levels of community transmission (yellow, orange, or red zones), with 1% having high levels of community transmission (red zone).
- State-level inpatient bed and ICU utilization are reported at 74% and 76%, respectively, with high variability at the local level.
- During the week of Oct 12 - Oct 18, 7% of nursing homes had at least one new resident COVID-19 case, 16% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death; apparent outbreaks (>10 cases) in facilities in Shenandoah, New Castle, Washington, Gettysburg, Greensburg, Kittanning, Martinsburg, and Philipsburg.
- Pennsylvania had 90 new cases per 100,000 population in the last week, compared to a national average of 133 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; and 2 to support operations activities from USCG.
- Between Oct 17 - Oct 23, on average, 141 patients with confirmed COVID-19 and 373 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Pennsylvania. An average of 94% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Transmission is increasing in Pennsylvania and it is critically important to ensure that testing volumes are at least 1,500 per 100,000 population per week in all counties, ideally exceeding 2,000 tests per 100,000 population.
- Expand surveillance to detect silent spread by implementing quantitative wastewater testing and increasing regular testing (e.g., twice monthly) of staff at highest risk of infection.
- Follow transmission dynamics by age group and hospital capacity at the most local level; intensify mitigation policies and restrictions and deploy community testing teams wherever transmission is elevated or increasing.
- Surge contact tracing efforts where incidence and test positivity are highest; expand capacity by focusing and reducing the interview, developing scripts and protocols to allow task-shifting, expanding staff by hiring within local communities, and using remote tracers from other communities who aren't as busy.
- Develop policies for safe in-person voting and ensure they are widely disseminated and enforced, particularly in counties with increasing transmission.
- In advance of the holidays, increase messaging to ensure residents are fully educated on the increasing risks of transmission from smaller gatherings of family, friends, and neighbors and are given recommendations to avoid such gatherings or, at a minimum, to maintain social distancing at all times and wear face coverings whenever indoors with other people beyond immediate cohabitants.
- Ensure all institutions of higher education, especially those with in-person classes or open dormitories, are putting all testing volumes and positivity rates online, have adequate capacity for isolation/quarantine, and are enforcing policies for violation of policies.
- Work with communities that are resistant to public health policies by sponsoring community discussion to review epi and hospital data and describe the rationale for public health policies; bring clinical staff to describe their experiences and emphasize need for community engagement to protect the most vulnerable.
- Outbreaks in long-term care facilities are extensive and this should be a top priority; ensure that all nursing homes with 3 or more cases among staff and/or residents per week over any of the past 3 weeks have conducted facility-wide testing and have had inspection surveys to ensure strict adherence to all CMS guidance.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

PENNSYLVANIA

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	11,493 (90)	+19%	26,158 (85)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.1%	+0.7%*	4.7%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	231,529** (1,809**)	-3%**	608,658** (1,973**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	166 (1.3)	+13%	386 (1.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	7%	+0%*	9%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	16%	+3%*	19%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+0%*	3%	4%

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

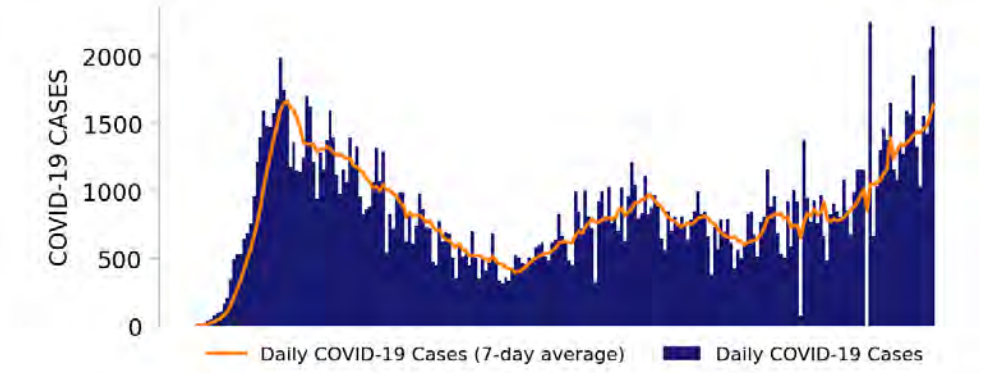
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

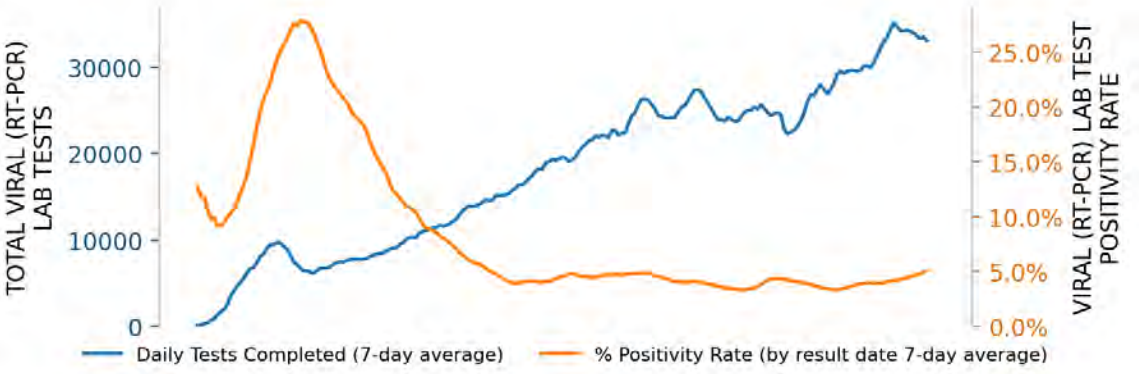
PENNSYLVANIA

STATE REPORT | 10.25.2020

NEW CASES

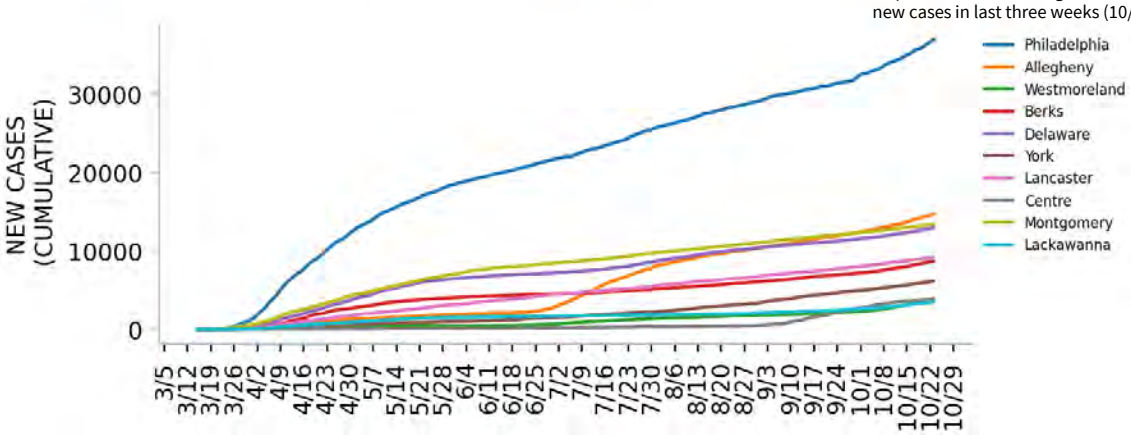


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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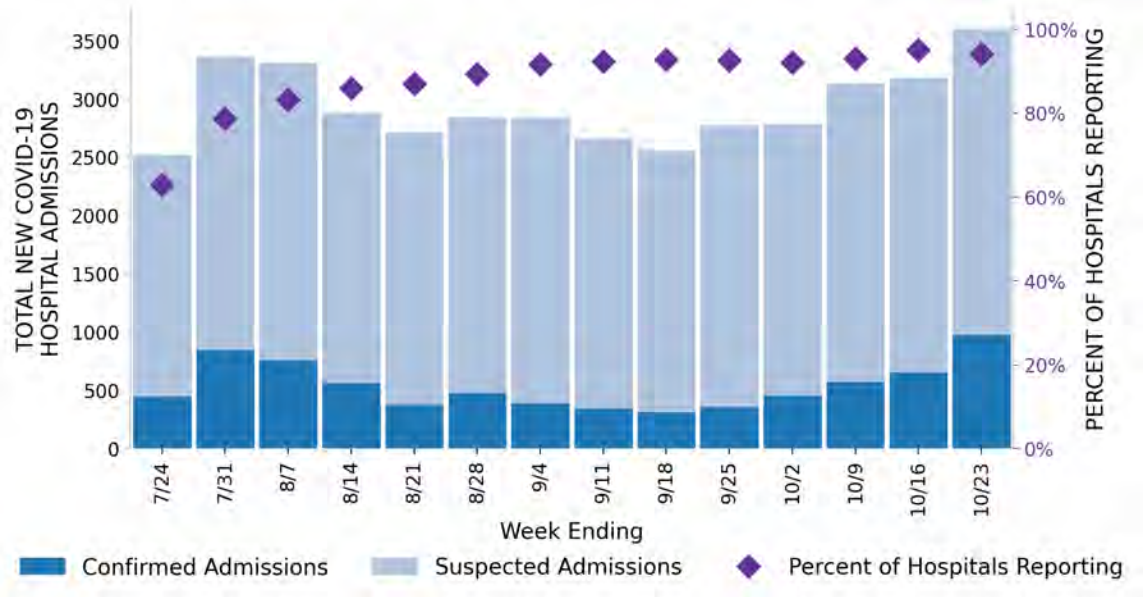
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

PENNSYLVANIA

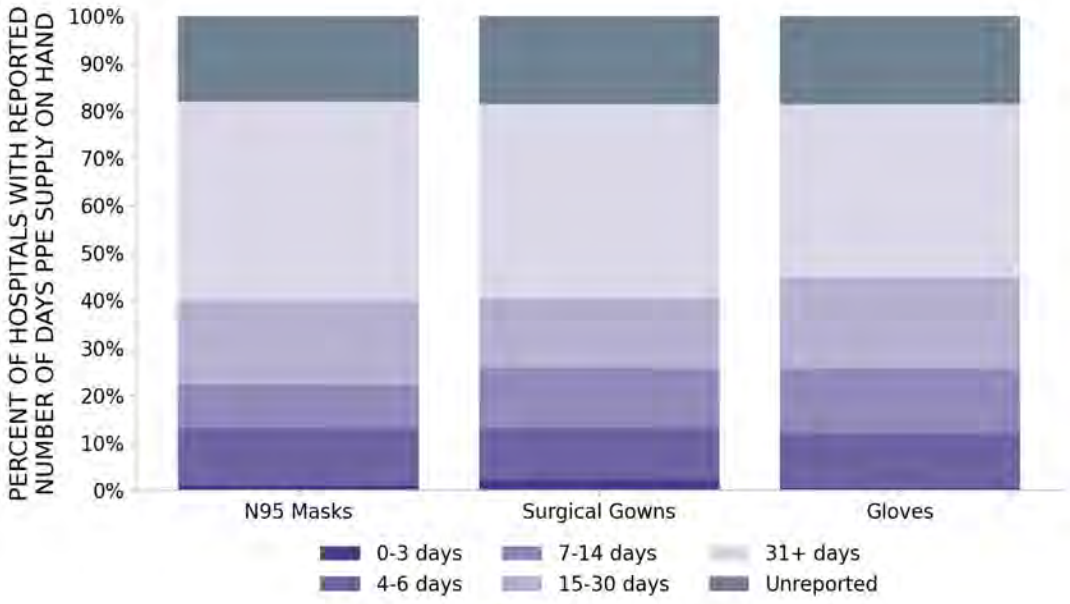
STATE REPORT | 10.25.2020

183 hospitals are expected to report in Pennsylvania

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. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

PENNSYLVANIA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	1 ■ (+0)	Huntingdon	1 ■ (+0)	Huntingdon
LOCALITIES IN ORANGE ZONE	3 ▲ (+2)	Lebanon Sayre New Castle	5 ▲ (+2)	Westmoreland Luzerne Lebanon Bradford Lawrence
LOCALITIES IN YELLOW ZONE	14 ▲ (+3)	Scranton--Wilkes-Barre Reading Harrisburg-Carlisle York-Hanover Lancaster State College Pottsville Altoona Chambersburg-Waynesboro Indiana Lewistown Meadville	23 ▲ (+7)	Philadelphia Berks York Lancaster Centre Lackawanna Dauphin Schuylkill Cumberland Washington Blair Franklin

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

All Yellow CBSAs: Scranton--Wilkes-Barre, Reading, Harrisburg-Carlisle, York-Hanover, Lancaster, State College, Pottsville, Altoona, Indiana, Chambersburg-Waynesboro, Meadville, Lewistown, Oil City, St. Marys
All Yellow Counties: Philadelphia, Berks, York, Lancaster, Centre, Lackawanna, Dauphin, Schuylkill, Cumberland, Washington, Blair, Franklin, Indiana, Mercer, Armstrong, Crawford, Mifflin, Bedford, Perry, Venango, Tioga, Elk, Wyoming

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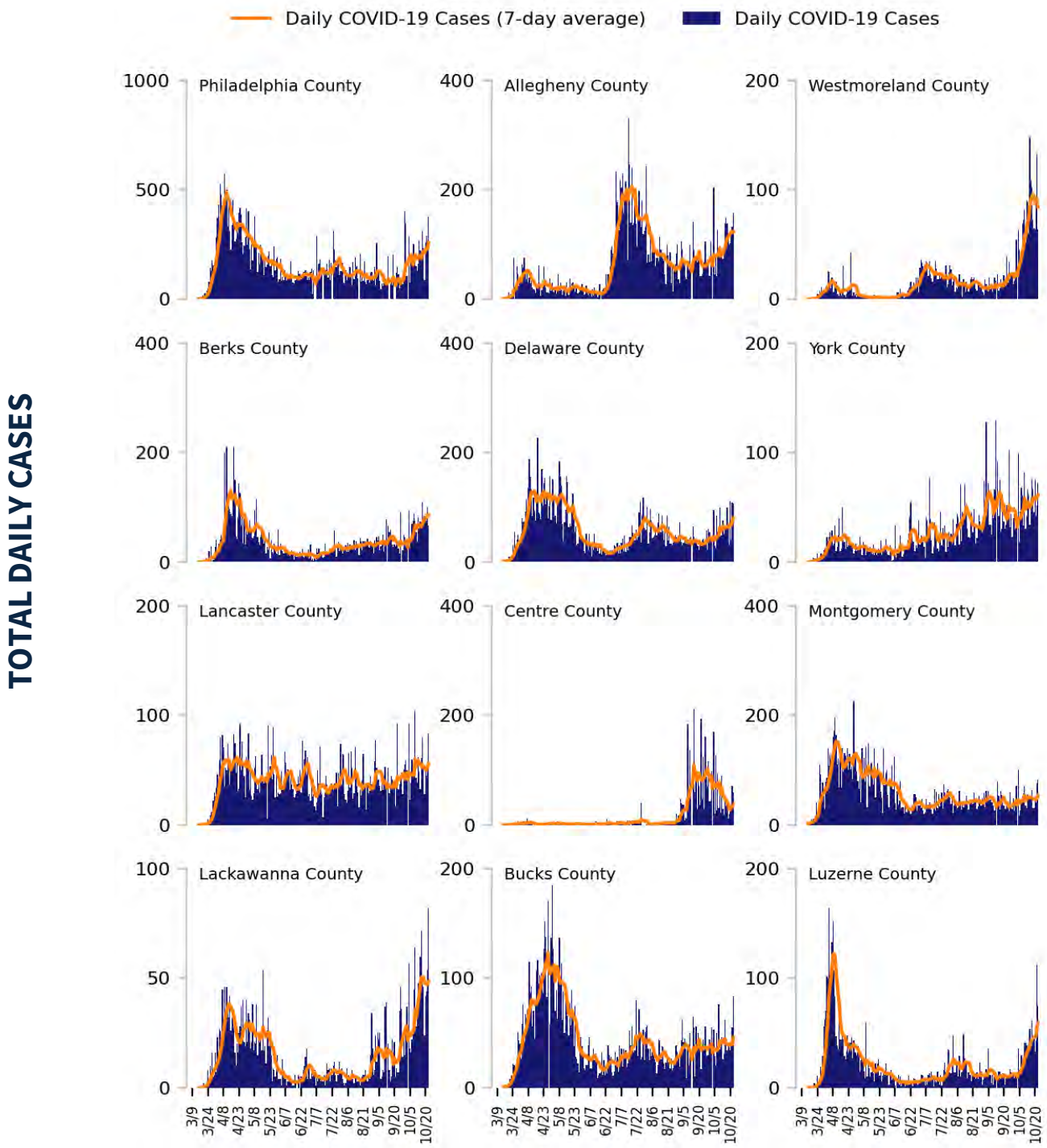
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES – Additional data details available under METHODS

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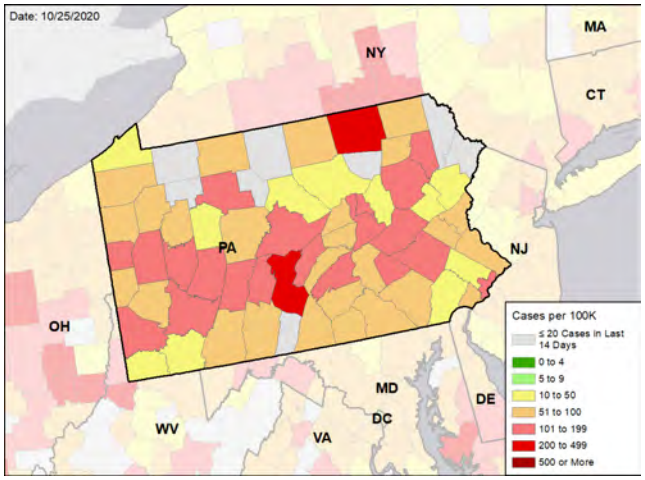
PENNSYLVANIA

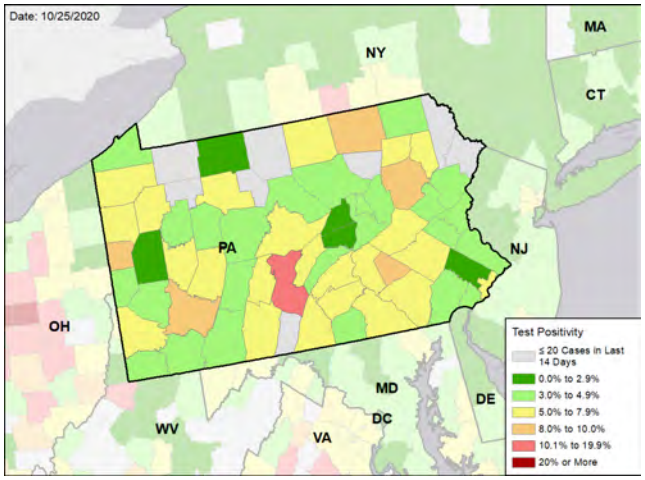
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

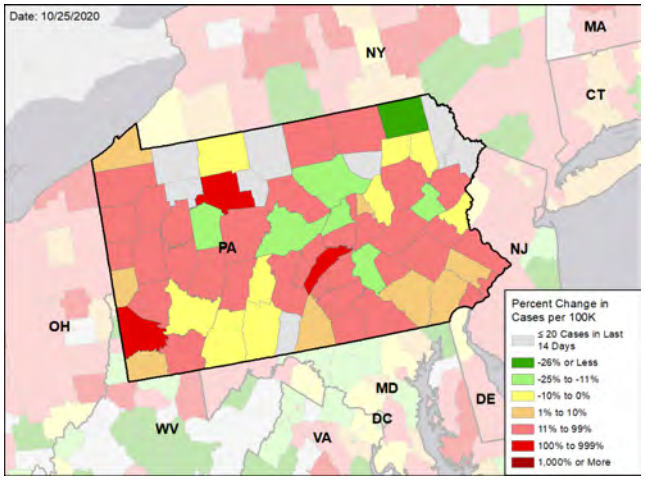
NEW CASES PER 100,000 DURING THE LAST WEEK



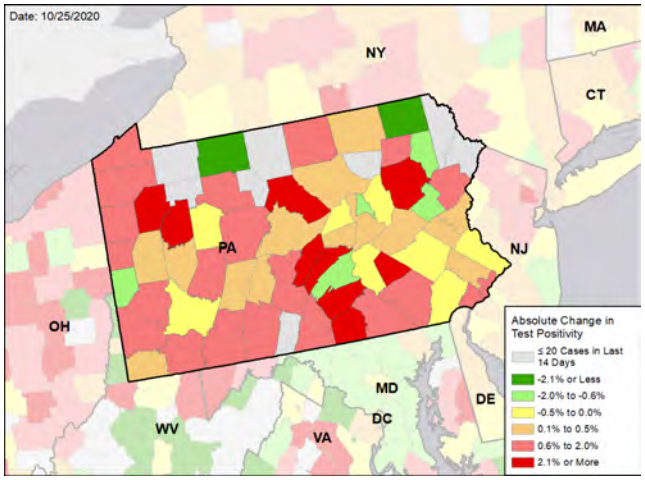
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

RHODE ISLAND

SUMMARY

- Rhode Island is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 11th highest rate in the country. Rhode Island is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 45th highest rate in the country.
- Rhode Island has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Providence County, 2. Washington County, and 3. Kent County. These counties represent 65.8% of new cases in Rhode Island.
- No counties in Rhode Island have moderate or high levels of community transmission (yellow, orange, or red zones). The highest test positivity was seen in Newport County.
- Test positivity increased in four counties, most notably in Providence and Kent, and is increasing most substantially among 25-64 and 65+ year-olds; testing rates in these age groups remain considerably lower than for 18-24 year-olds.
- Inpatient bed utilization is reported at 85% and ICU bed utilization is reported at 80%; in Providence, inpatient bed utilization is 92% and ICU bed utilization is 79%.
- During the week of Oct 12 - Oct 18, 7% of nursing homes had at least one new resident COVID-19 case, 15% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death; ongoing transmission in the facility in Cranston.
- Rhode Island had 229 new cases per 100,000 population in the last week, compared to a national average of 133 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 Oct 17 - Oct 23, on average, 10 patients with confirmed COVID-19 and 1 patient with suspected COVID-19 were reported as newly admitted each day to hospitals in Rhode Island. An average of 86% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Enhance surveillance at the most local levels to detect silent spread by expanding wastewater surveillance and regular testing (e.g., weekly or twice monthly) of selected at-risk staff using antigen or other rapid tests.
- Ensure reporting of all antigen test results, both positive and negative.
- Deploy community testing teams and intensify mitigation policies and restrictions on occupancy in communities where increased transmission is detected and/or hospital capacity is limited (Providence).
- Ensure all congregate facilities such as prisons, homeless shelters, dormitories, and long-term care facilities (LTCFs) have adequate regular surveillance and that the response to cases is immediate and thorough.
- Develop policies for safe in-person voting and ensure they are widely disseminated and enforced.
- Transmission is now primarily driven by smaller gatherings of family, friends, and neighbors, highlighting the need to avoid such gatherings and reinvigorate adherence to face covering and social distancing, especially as the holidays approach; intensify appropriate public health messaging.
- Ensure all colleges and universities have adequate surveillance plans which include testing of both symptomatic and selected asymptomatic students.
- Continue to closely monitor hospital/ICU utilization, resources, and capacity at the local level and put local data on all websites (local and state) as part of educational campaigns; use data to determine level of community mitigation and to present at local meetings if there is community resistance to mitigation policies.
- LTCFs should be a priority focus; intensify efforts at nursing homes with 3 or more cases among staff and/or residents per week over any of the past 3 weeks and ensure all have had facility-wide testing and mandatory inspection surveys conducted to ensure strict adherence to CMS guidance.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

RHODE ISLAND

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,427 (229)	+74%	12,176 (82)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.7%	+0.8%*	1.6%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	79,372** (7,492**)	+11%**	627,161** (4,225**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	25 (2.4)	+14%	195 (1.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	7%	+3%*	5%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	15%	-6%*	10%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+3%*	2%	4%

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

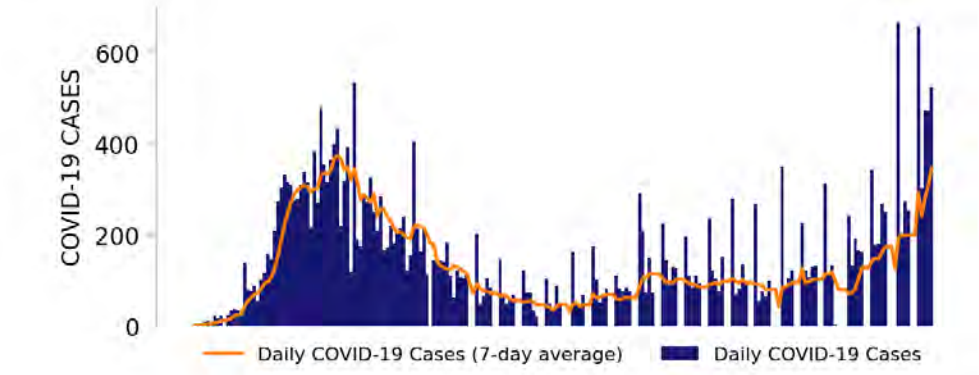
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

RHODE ISLAND

STATE REPORT | 10.25.2020

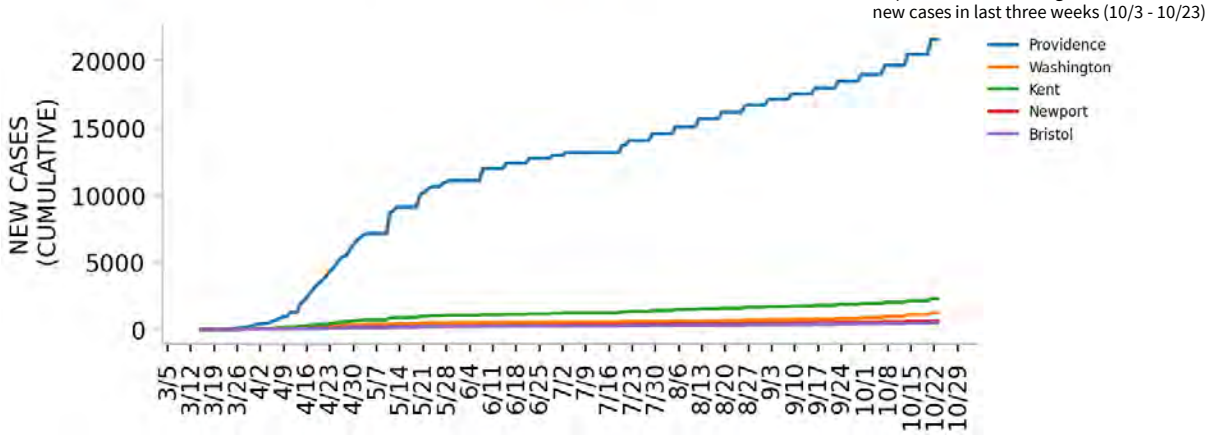
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

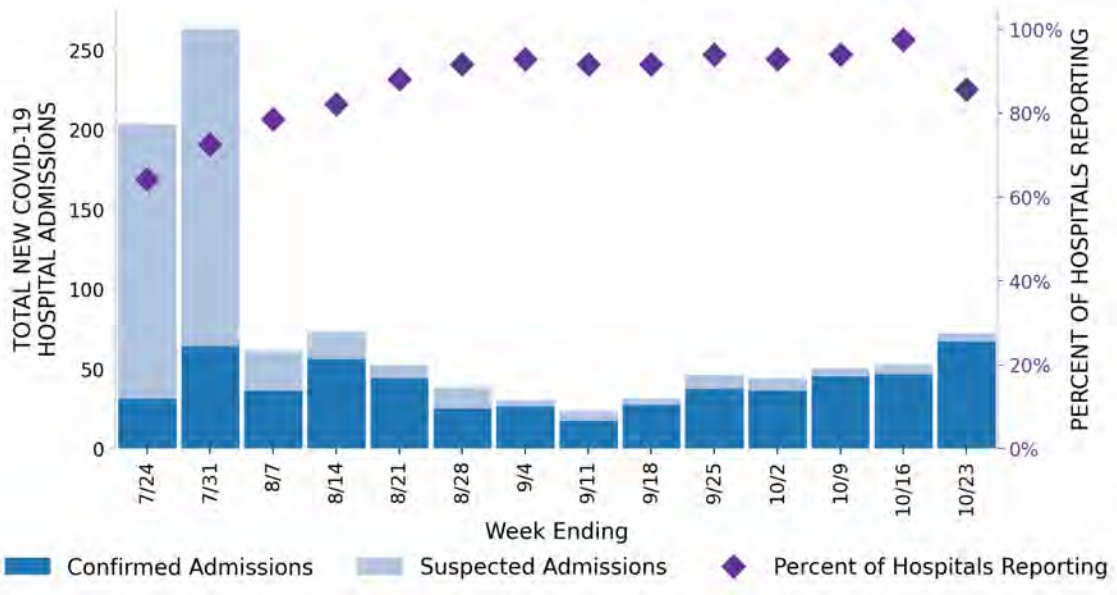
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

RHODE ISLAND

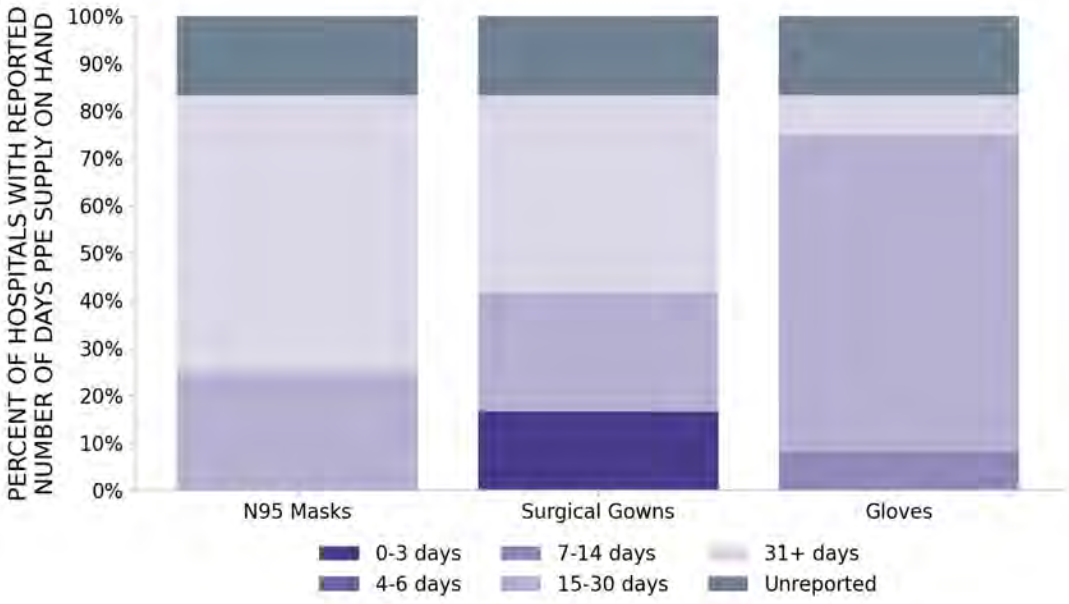
STATE REPORT | 10.25.2020

12 hospitals are expected to report in Rhode Island

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

RHODE ISLAND

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+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.**

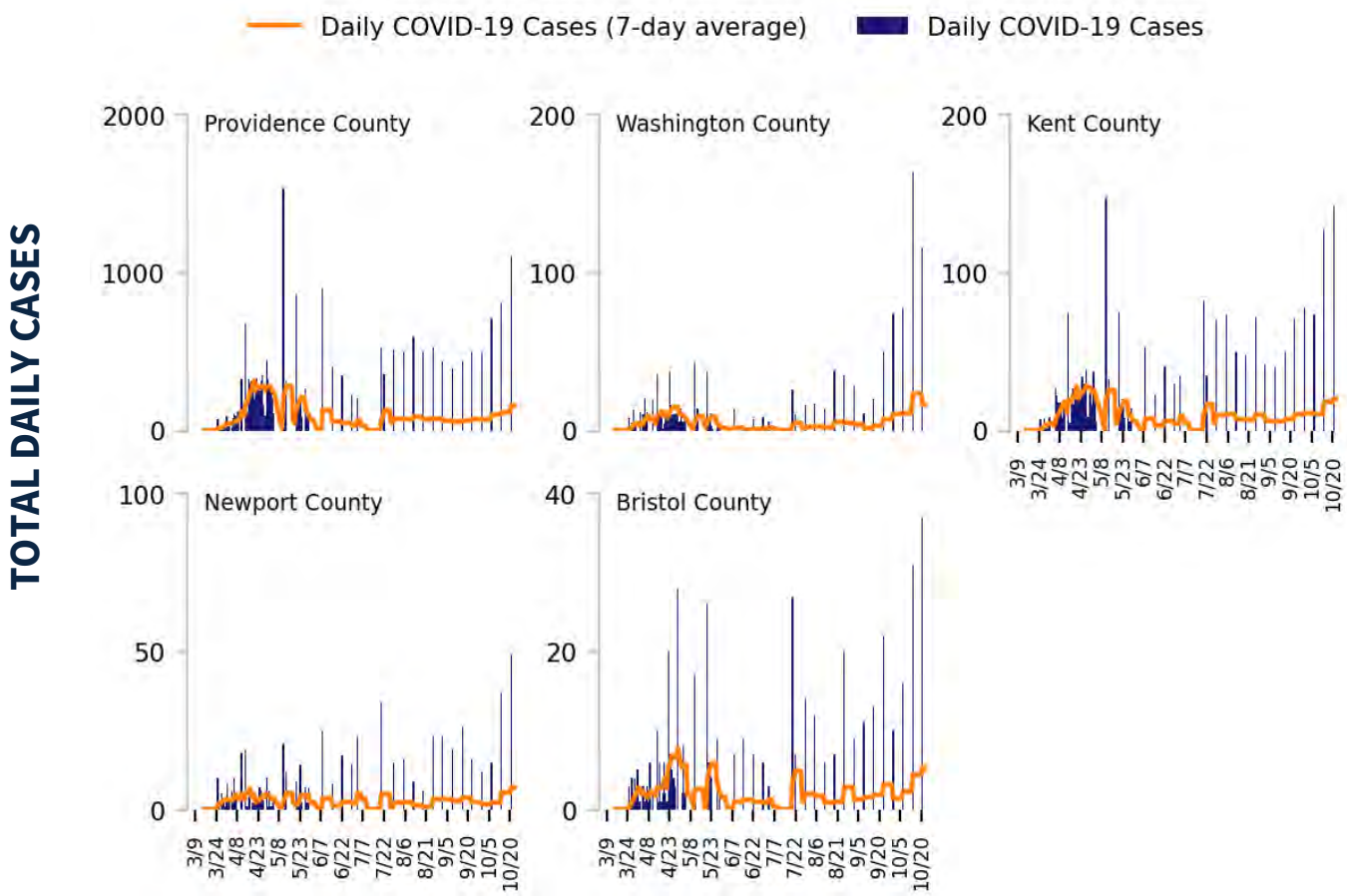
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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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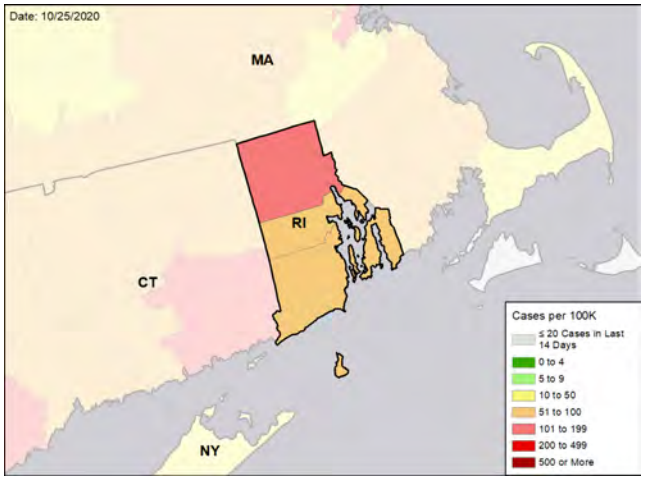
RHODE ISLAND

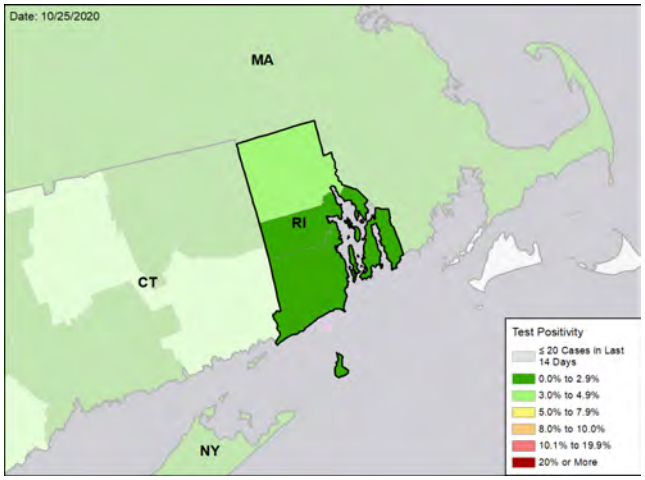
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

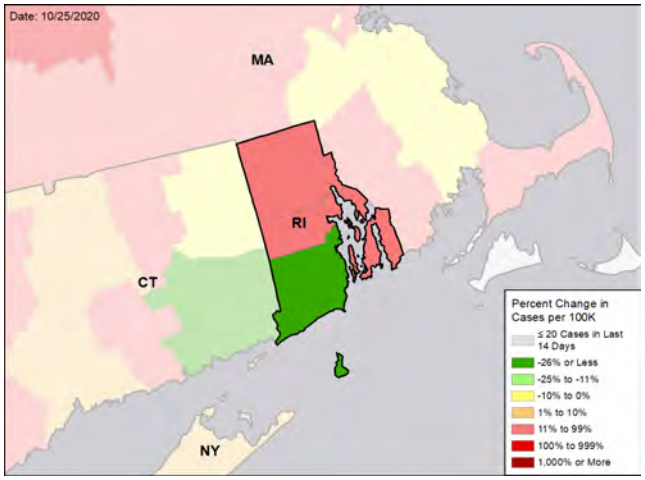
NEW CASES PER 100,000 DURING THE LAST WEEK



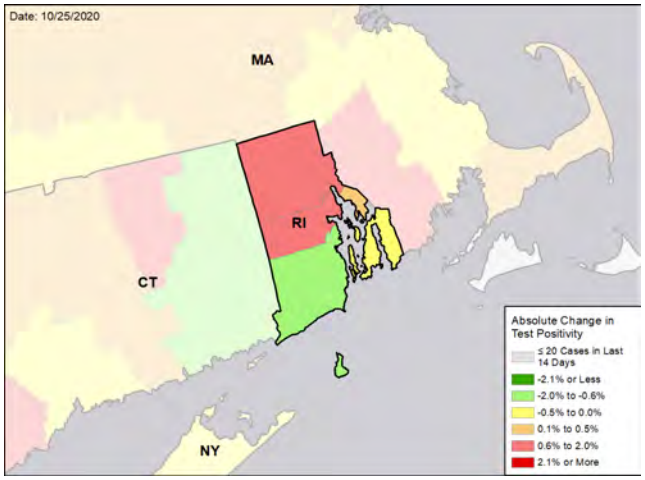
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

SOUTH CAROLINA

SUMMARY

- South Carolina is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 29th 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 14th highest rate in the country.
- South Carolina has seen stability in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Greenville County, 2. Horry County, and 3. Spartanburg County. These counties represent 28.6% of new cases in South Carolina.
- 76% of all counties in South Carolina 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 Oct 12 - Oct 18, 15% of nursing homes had at least one new resident COVID-19 case, 24% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- South Carolina had 122 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 10 to support operations activities from USCG.
- Between Oct 17 - Oct 23, on average, 70 patients with confirmed COVID-19 and 82 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Carolina. An average of 91% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- The timeseries of maps at the back of your packet shows early signs of deterioration in the Sunbelt as mitigation efforts were decreased over the last month. We are tracking South Carolina closely as there are mixed signals with decreasing cases but rising test positivity, which may be driven by decreased testing. There may actually be early signs of community spread, primarily through asymptomatic spread.
- South Carolina must continue the strong mitigation efforts statewide and expand mitigation in the counties with rising cases and hospitalizations. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations.
- Ensure all K-12 schools are following CDC guidelines, including for mask usage, and are utilizing the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread to further increase mitigation efforts.
- Encourage university students to continue their mitigation behaviors to ensure no further outbreaks on or off campus as symptomatic cases and cases identified through surveillance testing continue to decline. Ensure all students are aware of the potential for viral spread during Halloween gatherings.
- Encourage outdoor activities and ensure mask and physical distancing messages for all South Carolina residents, both in public and private spaces to prevent household spread.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among community college students; K-12 teachers; students over 18; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen test results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests. This will give you clear insight into degree of community spread and the ability to stop this early, silent spread, as seen from the continued high level of nursing home staff positivity.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- 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 | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	6,295 (122)	-4%	90,091 (135)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.0%	+1.8%*	6.9%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	52,028** (1,011**)	-35%**	1,017,322** (1,520**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	162 (3.1)	+91%	1,543 (2.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	15%	+0%*	15%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	24%	-2%*	29%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	-1%*	5%	4%

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

DATA SOURCES – Additional data details available under METHODS

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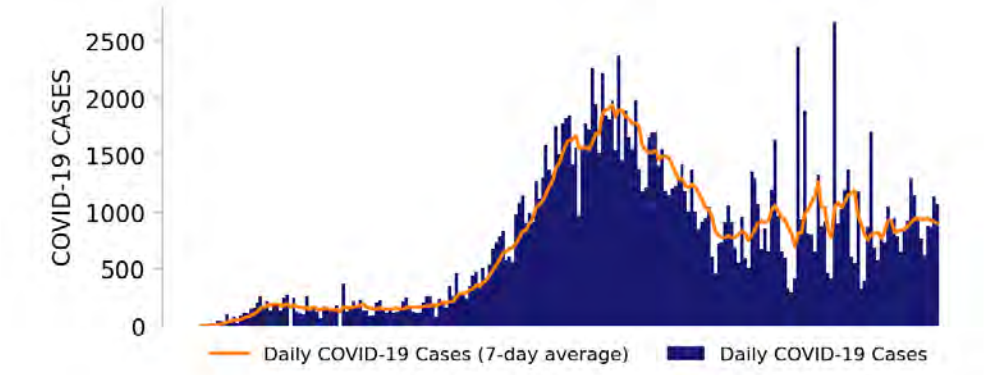
SOUTH CAROLINA

STATE REPORT | 10.25.2020

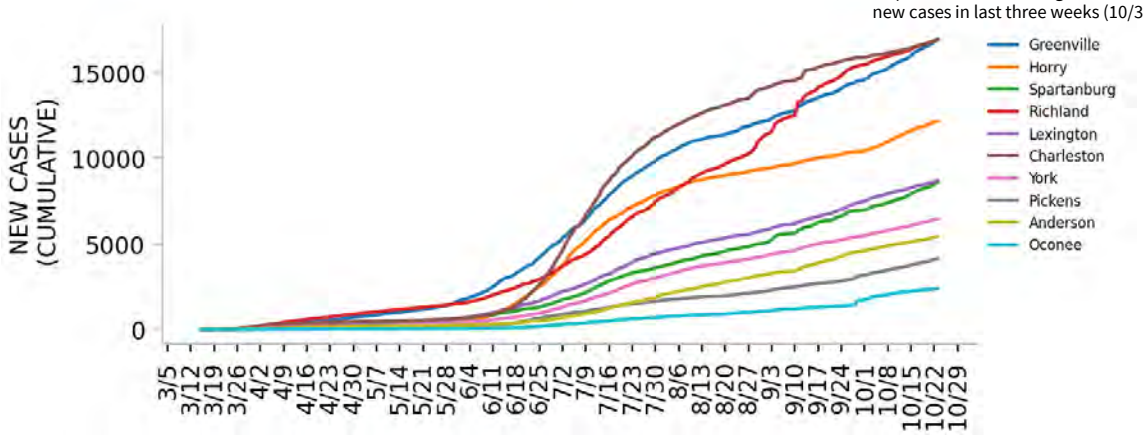
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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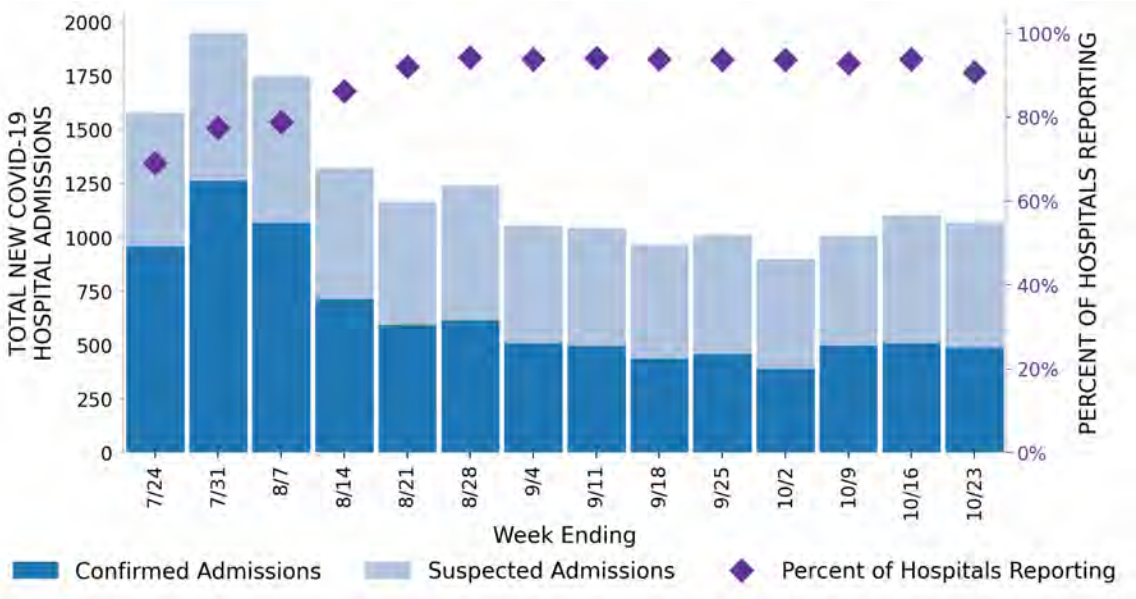
SOUTH CAROLINA

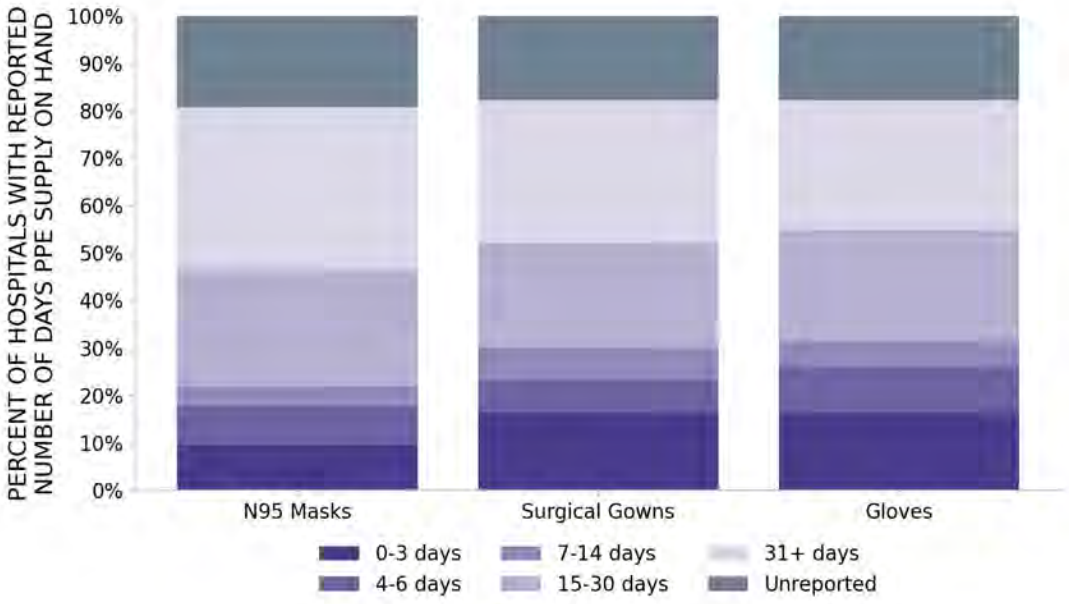
STATE REPORT | 10.25.2020

73 hospitals are expected to report in South Carolina

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. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

SOUTH CAROLINA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	4 ■ (+0)	Greenville-Anderson Seneca Georgetown Gaffney	14 ▲ (+4)	Greenville Horry York Pickens Anderson Oconee Aiken Georgetown Darlington Cherokee Chesterfield Marion
LOCALITIES IN ORANGE ZONE	7 ▲ (+5)	Charleston-North Charleston Myrtle Beach-Conway-North Myrtle Beach Spartanburg Florence Augusta-Richmond County Newberry Bennettsville	13 ▲ (+3)	Spartanburg Lexington Florence Dorchester Berkeley Newberry Lancaster Sumter Dillon Marlboro Barnwell Williamsburg
LOCALITIES IN YELLOW ZONE	5 ▼ (-3)	Columbia Charlotte-Concord-Gastonia Sumter Greenwood Orangeburg	8 ▼ (-6)	Richland Charleston Kershaw Greenwood Orangeburg Laurens Jasper Lee

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

All Red Counties: Greenville, Horry, York, Pickens, Anderson, Oconee, Aiken, Georgetown, Darlington, Cherokee, Chesterfield, Marion, Chester, Edgefield

All Orange Counties: Spartanburg, Lexington, Florence, Dorchester, Berkeley, Newberry, Lancaster, Sumter, Dillon, Marlboro, Barnwell, Williamsburg, 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.

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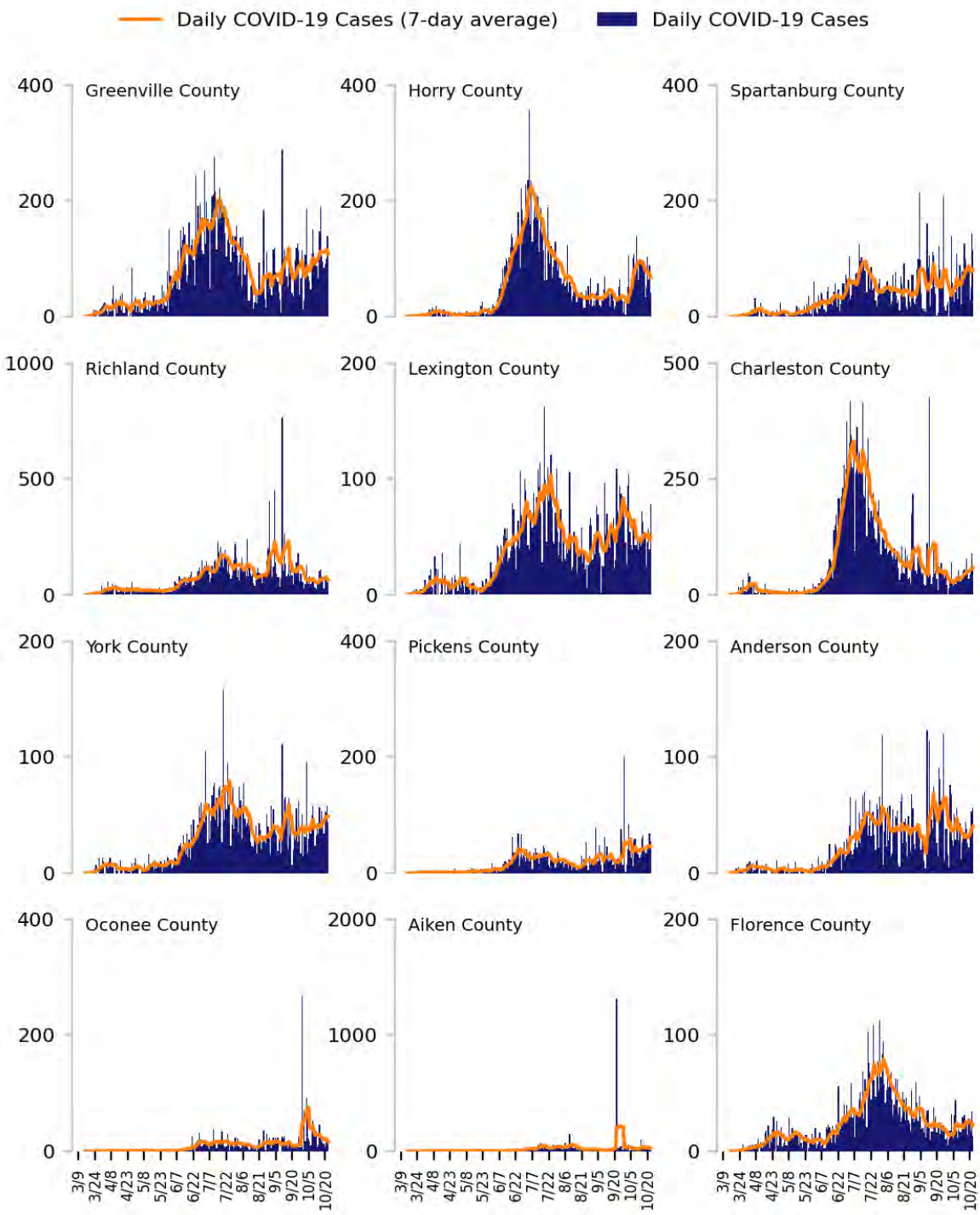
Top 12 counties based on number of new cases in the last 3 weeks



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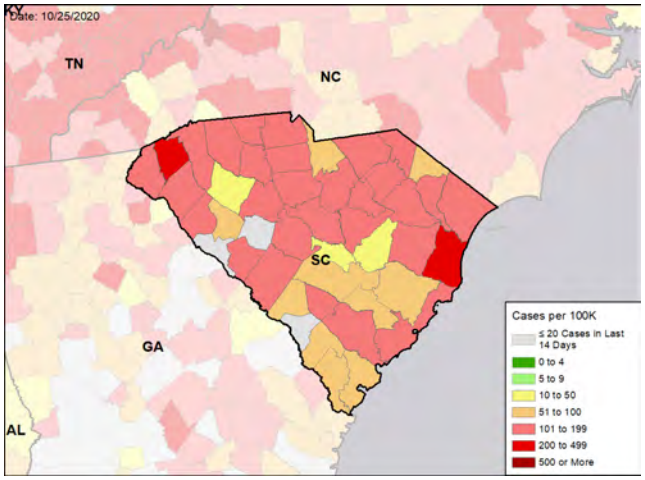
SOUTH CAROLINA

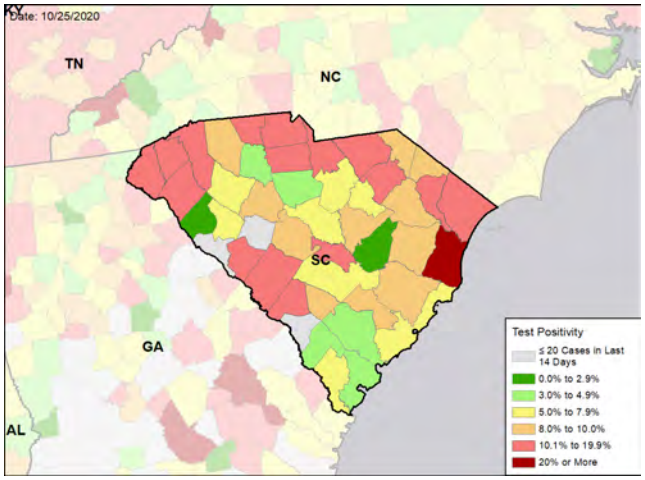
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

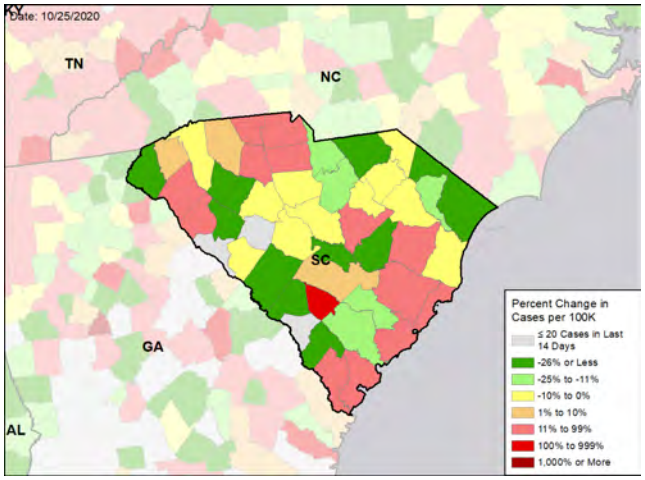
NEW CASES PER 100,000 DURING THE LAST WEEK



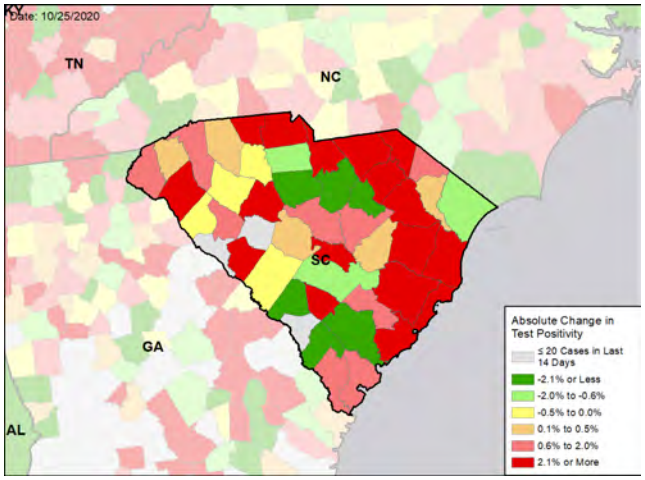
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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STATE REPORT
10.25.2020

SOUTH DAKOTA

SUMMARY

- South Dakota is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 2nd highest rate in the country. South Dakota is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 4th highest rate in the country.
- South Dakota has seen an increase in new cases and an increase in test positivity over the last week; test positivity is increasing in 30 counties (down from last week), but still above 10% in 51 counties across all age groups and above 10% in 65+ year-olds in at least 29 counties.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Minnehaha County, 2. Pennington County, and 3. Lincoln County. These counties represent 38.6% of new cases in South Dakota.
- 85% of all counties in South Dakota 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 Oct 12 - Oct 18, 21% of nursing homes had at least one new resident COVID-19 case, 52% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death. There is are apparent outbreaks in facilities in Sioux Falls (at least 30 cases), Elk Point and Garretson. Multiple facilities across 14 cities had 3 or more cases among staff and residents.
- South Dakota had 610 new cases per 100,000 population in the last week, compared to a national average of 133 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 Oct 17 - Oct 23, on average, 49 patients with confirmed COVID-19 and 17 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Dakota. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Many states have been able to control outbreaks by enforcing strict mitigation measures; given extent of transmission, South Dakota should limit bar and gym hours and urgently enforce face mask usage, occupancy limits, and social distancing policy in all counties.
- Given extent of epidemic, continue to expand testing in all counties, with a particular focus on those most at risk (elderly and those with comorbidities) and people who interact with them; as testing is expanding, follow test positivity and hospitalizations as markers of transmission dynamics.
- Work to get test results returned within 48 hours maximum, ideally within 24 hours.
- Ensure reporting of all antigen test results, both positive and negative.
- The widespread transmission is now primarily driven by smaller gatherings of family and friends. In advance of the holidays, develop campaigns across all media (including SMS) to educate residents and recommend avoidance of all such gatherings. If gatherings cannot be avoided, urge use of face coverings and social distancing, especially in any indoor setting.
- Deploy strategies for safe in-person voting now and ensure compliance on Election Day.
- Target public health messaging to those most at risk for infection or severe disease with highly specific messaging.
- Surge contact tracing efforts where incidence and test positivity are highest to ensure interview of cases within 48 hours of test result; expand capacity by focusing and reducing the interview, developing scripts and protocols to allow task-shifting, expanding staff by hiring within local communities, and using remote tracers from other communities who aren't as busy.
- Continue to closely monitor hospital and ICU utilization, resources, and capacity at the local level; expand capacity where there are critical staffing shortages or where inpatient bed utilization or ICU utilization exceeds 85% and test positivity is above 5% among 65 year-olds.
- Document diligent adherence to CDC recommendations for schools in areas where hospital capacity is limited or decreasing and case rates are increasing in older age bands.
- Native Americans remain at elevated risk due to multi-generational housing and are comparatively under-testing. Expand culturally-specific outreach to Native American and Hispanic communities and other at-risk populations, educating on risks of household transmission to elderly and those with risk factors and emphasizing critical need for face covering and social distancing to protect the most vulnerable. Expand testing and contact tracing among the tribes and provide for spaces and supplies (food) to isolate/quarantine.
- Focus on protecting the most vulnerable by ensuring that all nursing homes with 3 or more cases per week among staff/residents over any of the past 3 weeks have had repeated facility-wide rapid testing and complete inspection surveys to investigate and enforce strict adherence to CMS guidance.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

SOUTH DAKOTA

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,397 (610)	+18%	35,565 (290)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	14.7%	+0.7%*	11.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	19,214** (2,172**)	-8%**	301,890** (2,463**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	49 (5.5)	+63%	228 (1.9)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	21%	+8%*	15%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	52%	+11%*	37%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+3%*	5%	4%

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

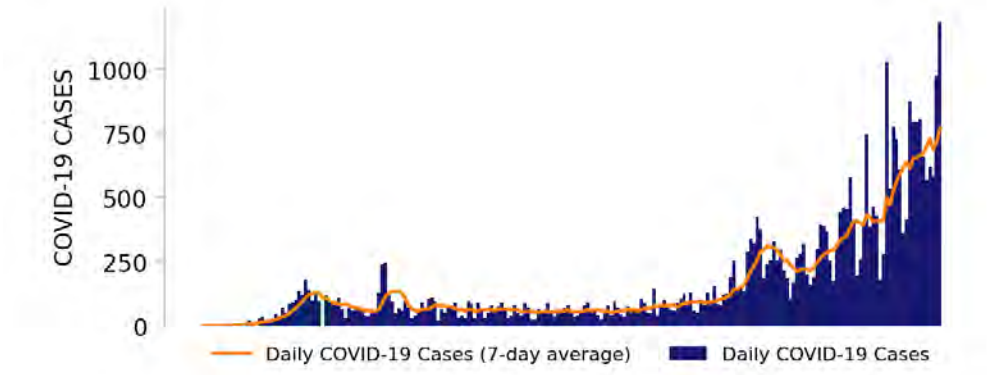
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

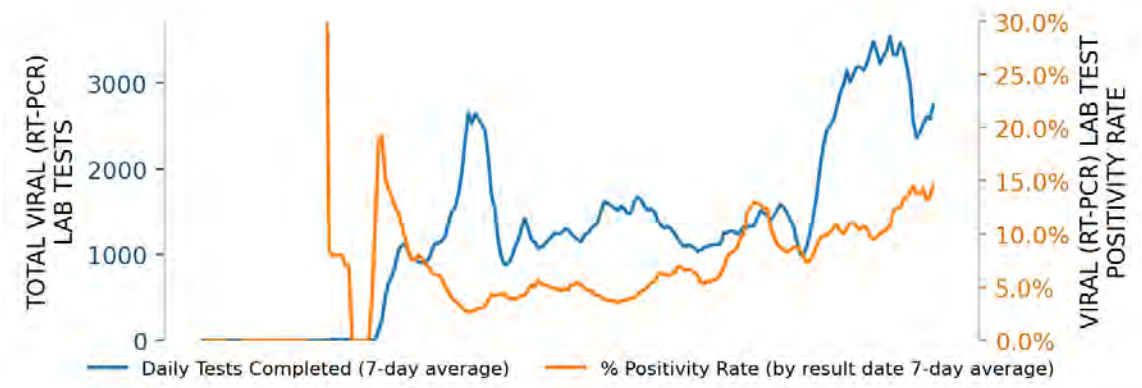
SOUTH DAKOTA

STATE REPORT | 10.25.2020

NEW CASES

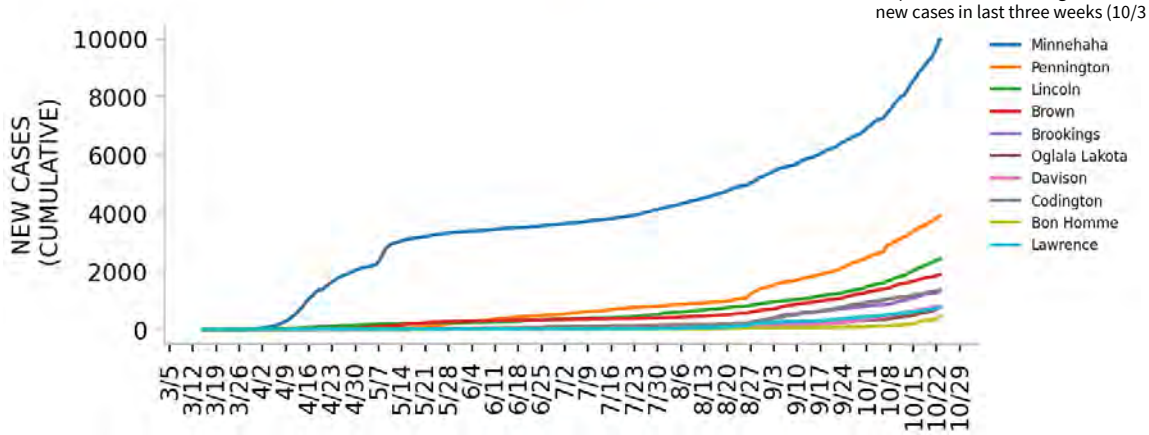


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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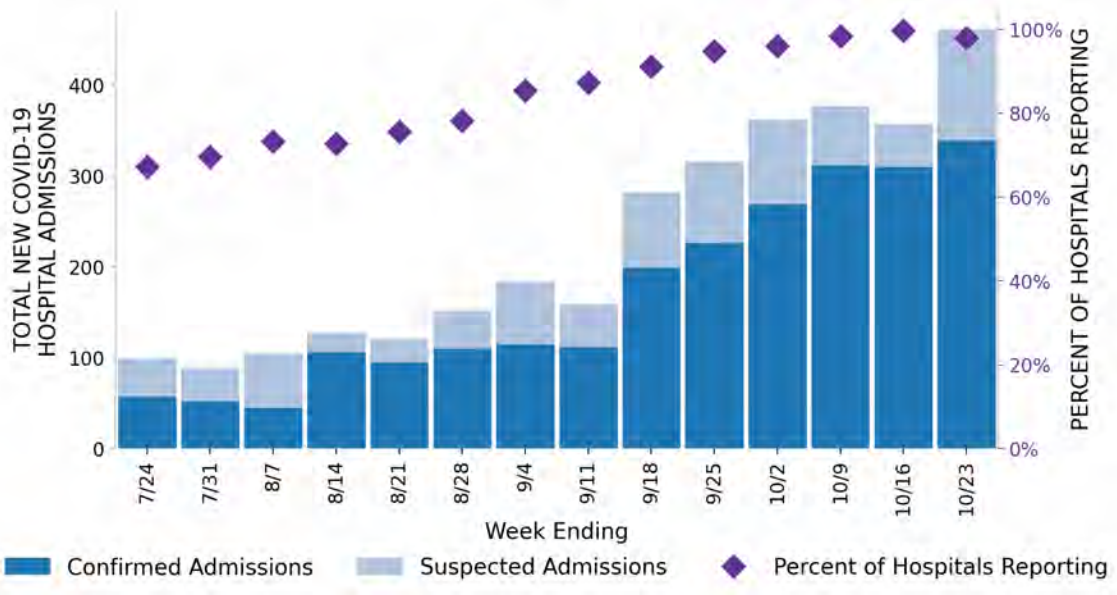
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

SOUTH DAKOTA

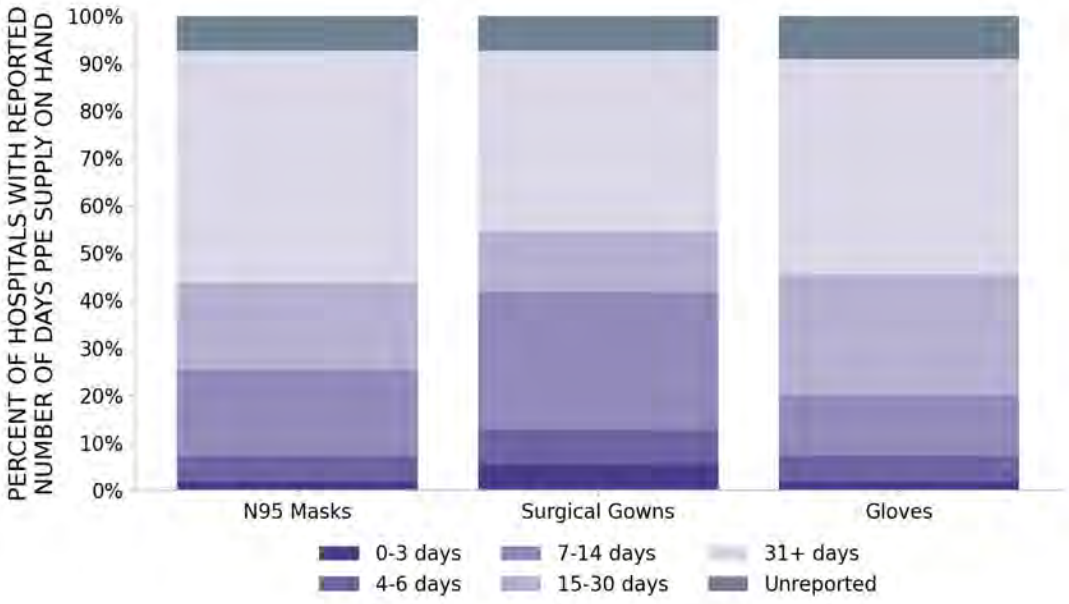
STATE REPORT | 10.25.2020

55 hospitals are expected to report in South Dakota

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

SOUTH DAKOTA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	10 ■ (+0)	Sioux Falls Rapid City Aberdeen Brookings Mitchell Huron Spearfish Pierre Sioux City Vermillion	48 ▲ (+1)	Minnehaha Pennington Lincoln Brown Brookings Davison Bon Homme Lawrence Beadle Hughes Union Todd
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	3 ■ (+0)	Meade Grant McCook
LOCALITIES IN YELLOW ZONE	1 ■ (+0)	Yankton	5 ▲ (+1)	Oglala Lakota Yankton Charles Mix Bennett Lyman

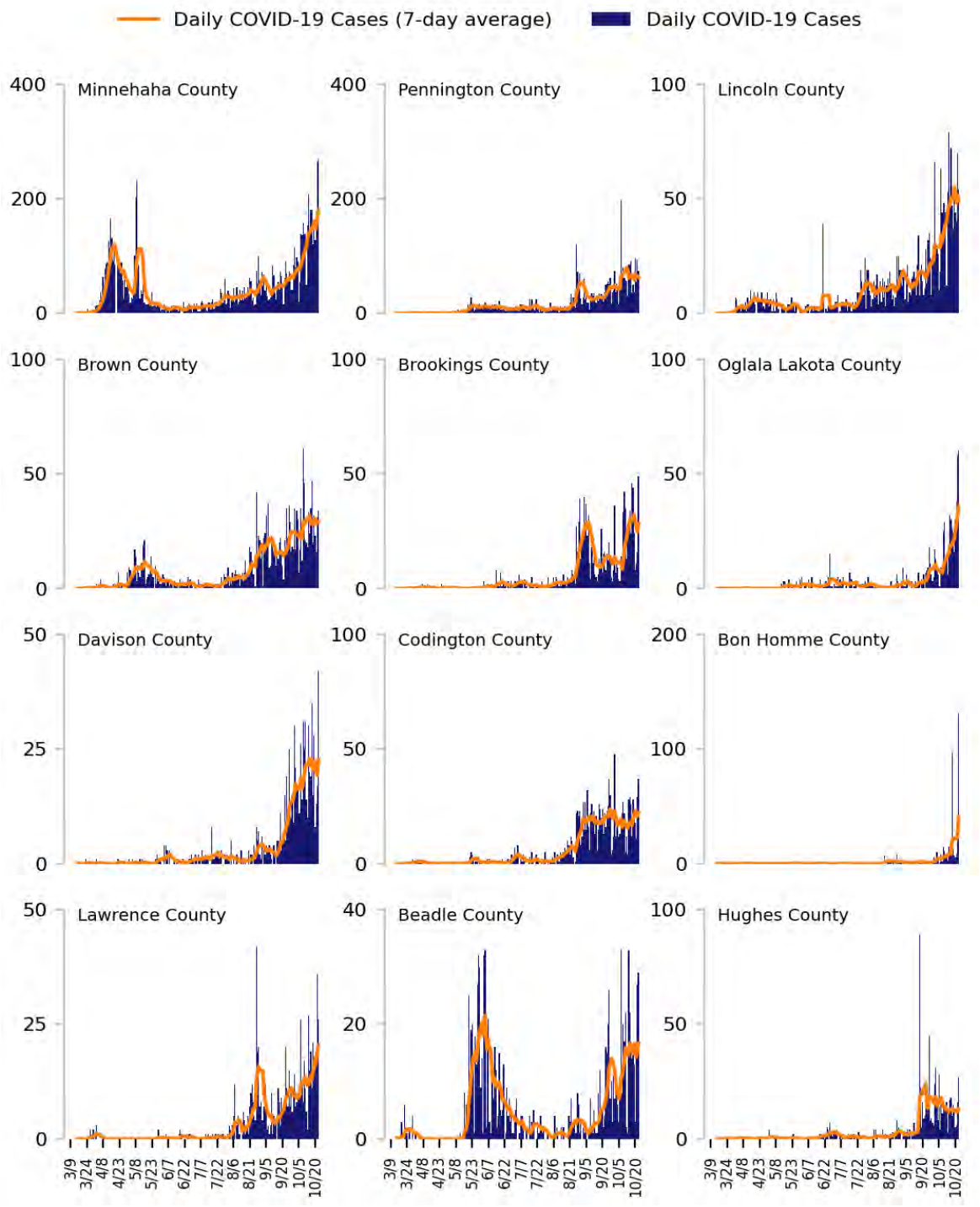
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Minnehaha, Pennington, Lincoln, Brown, Brookings, Davison, Bon Homme, Lawrence, Beadle, Hughes, Union, Todd, Turner, Clay, Butte, Lake, Dewey, Walworth, Faulk, Brule, Miner, Aurora, Custer, Kingsbury, Roberts, Hutchinson, Spink, Moody, Fall River, Deuel, Tripp, Buffalo, Jackson, Gregory, Corson, Day, Clark, Hand, Potter, Sanborn, Haakon, Harding, Stanley, Campbell, Hanson, Perkins, Mellette, Sully

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



DATA SOURCES – Additional data details available under METHODS

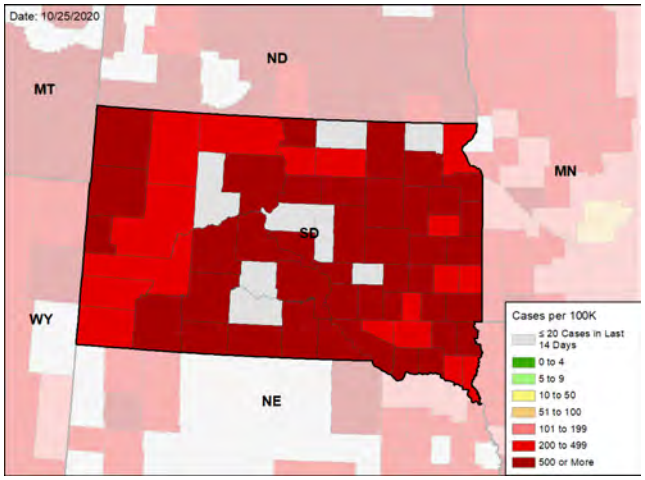
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

SOUTH DAKOTA

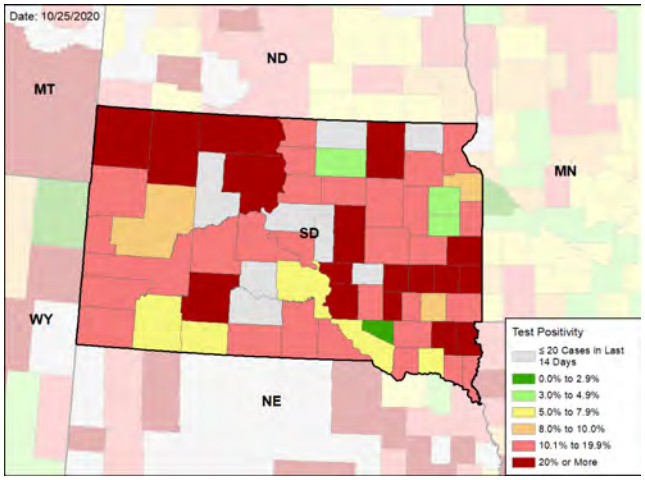
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

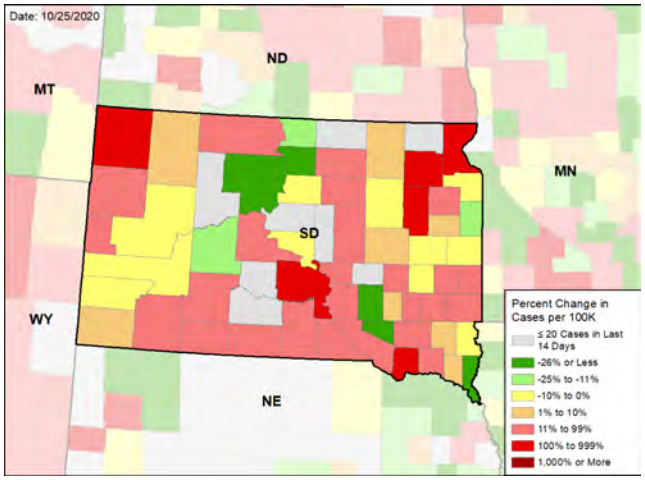
NEW CASES PER 100,000 DURING THE LAST WEEK



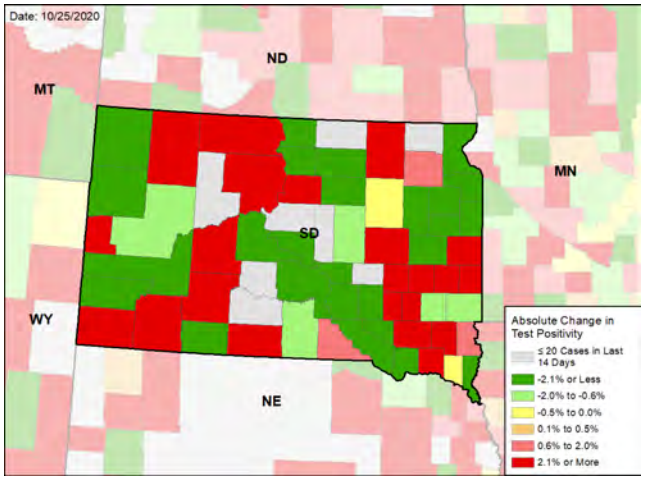
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

TENNESSEE

SUMMARY

- Tennessee is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 9th highest rate in the country. Tennessee is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 12th highest rate in the country.
- Tennessee has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Shelby County, 2. Davidson County, and 3. Knox County. These counties represent 25.0% of new cases in Tennessee.
- 98% of all counties in Tennessee have moderate or high levels of community transmission (yellow, orange, or red zones), with 74% having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 22% of nursing homes had at least one new resident COVID-19 case, 35% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- Tennessee had 264 new cases per 100,000 population in the last week, compared to a national average of 133 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 Oct 17 - Oct 23, on average, 205 patients with confirmed COVID-19 and 146 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Tennessee. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- All indicators of community spread are increasing, including percent of nursing homes with positive staff members and residents, and community spread is increasing hospital admissions, leading to potential resource constraints.
- Mitigation efforts must be increased to control community spread to include mask wearing, physical distancing, hand hygiene, and avoiding crowds in public and specifically, social gatherings in private.
- We are finding that as the weather cools, friends and families are moving social gatherings indoors, significantly increasing spread.
- Work with communities to limit large and small social gatherings; current transmissions are linked to home gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. When meeting people who are not a part of one's household, masking and physical distancing must be observed at all times, especially when indoors.
- With over a third of nursing homes reporting at least one COVID positive staff member, work with nursing homes to trace exposures of positive staff to decrease introduction of community transmission to nursing homes.
- Provide specific mitigation messaging appealing to the following groups to engage them to do their part to slow the spread:
    - Rural communities.
    - Individuals over 65 years-old through senior citizen networks.
    - University students.
- The Abbott BinaxNOW tests perform best when used serially in populations and in schools. Corrections and healthcare workers must use these tests for weekly surveillance testing to monitor and act on county trends identified though sentinel surveillance.
- Ensure all hospitals have access to antivirals and antibodies and ensure early use as treatment (within 48 hours). Need visibility from all hospitals on admissions and supplies in order to adequately support them.
- 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 | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	18,021 (264)	+44%	90,091 (135)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.2%	+1.5%*	6.9%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	76,435** (1,119**)	-37%**	1,017,322** (1,520**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	205 (3.0)	+43%	1,543 (2.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	22%	+6%*	15%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	35%	-5%*	29%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	+1%*	5%	4%

* 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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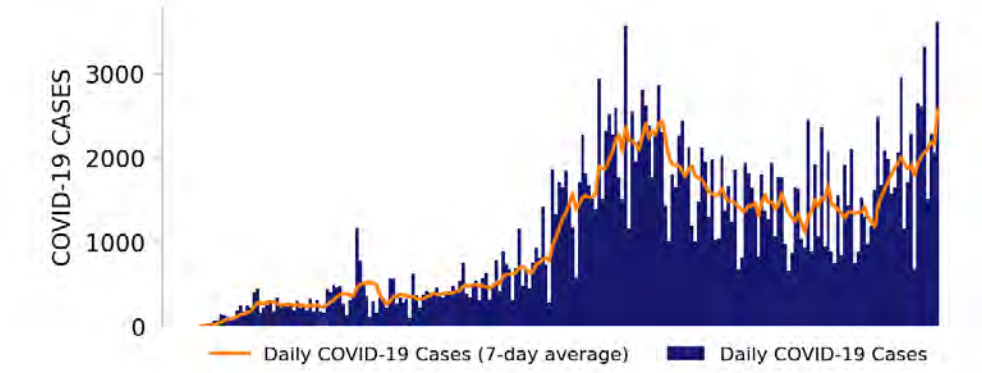
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

TENNESSEE

STATE REPORT | 10.25.2020

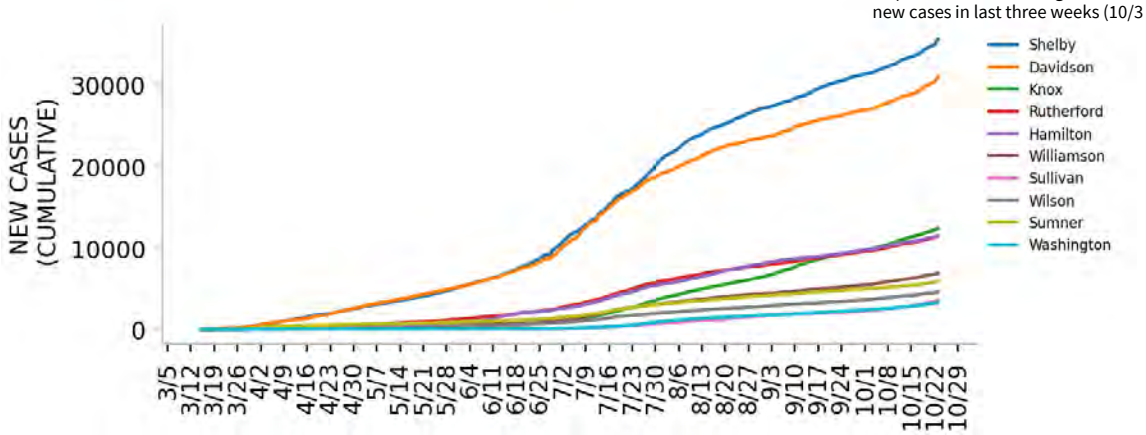
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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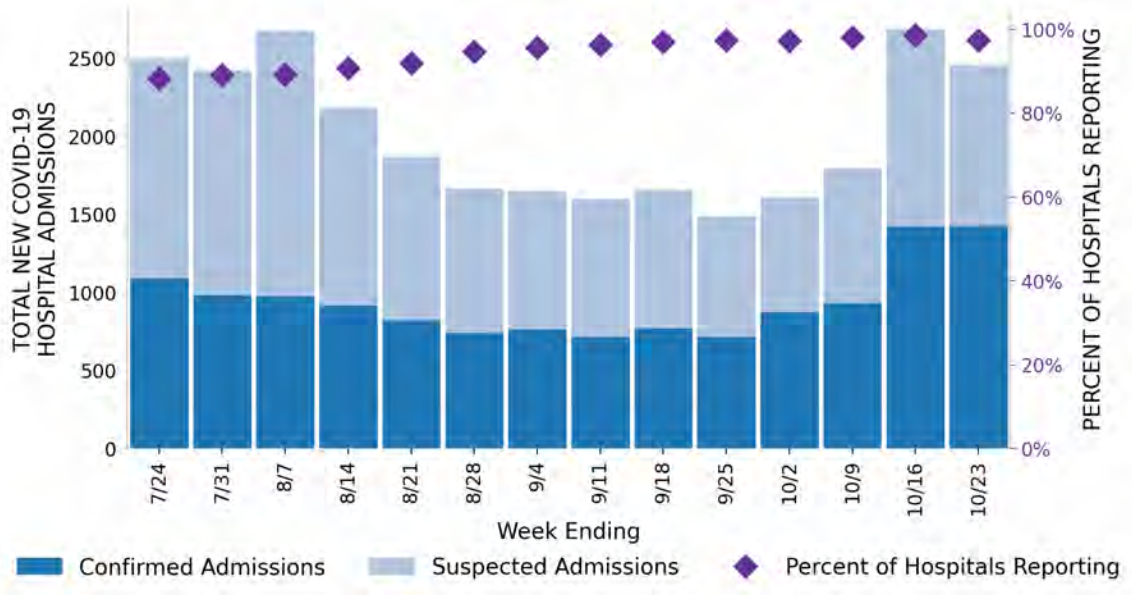
TENNESSEE

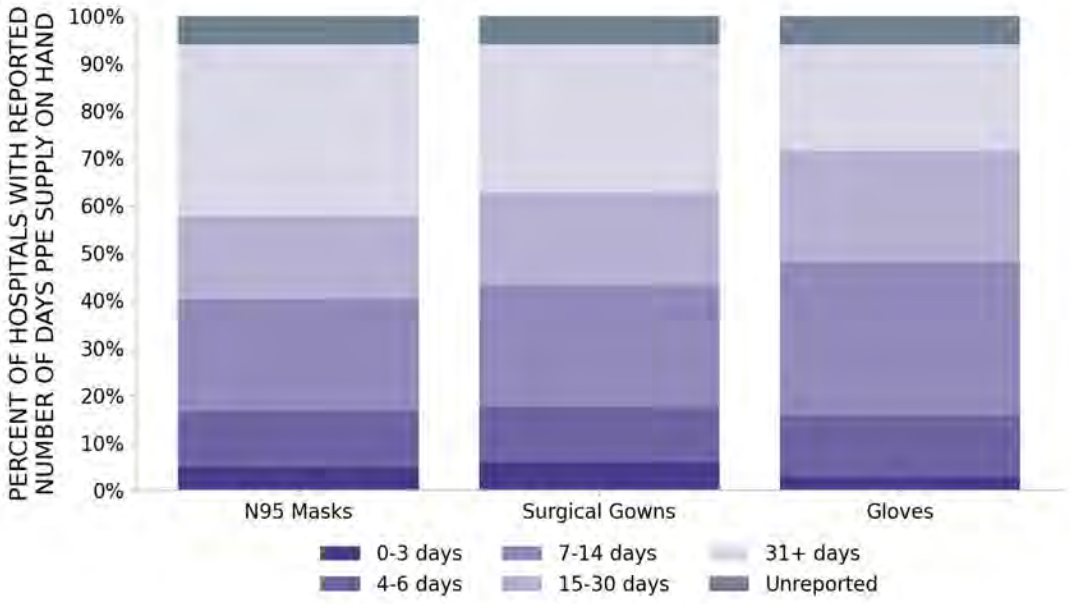
STATE REPORT | 10.25.2020

102 hospitals are expected to report in Tennessee

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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TENNESSEE

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	22 ▲ (+8)	Knoxville Chattanooga Kingsport-Bristol Cookeville Johnson City Jackson Clarksville Morristown Dyersburg Cleveland Sevierville Union City	70 ▲ (+17)	Knox Hamilton Sullivan Wilson Sumner Washington Putnam Dyer Maury Sevier Bradley Coffee
LOCALITIES IN ORANGE ZONE	5 ▼ (-2)	Nashville-Davidson--Murfreesboro--Franklin Memphis Tullahoma-Manchester Shelbyville Brownsville	16 ▼ (-6)	Rutherford Williamson Montgomery Blount Madison Anderson Jefferson Loudon Roane Bedford Haywood Marion
LOCALITIES IN YELLOW ZONE	0 ▼ (-5)	N/A	7 ▼ (-7)	Shelby Davidson Franklin Sequatchie Chester Claiborne Van Buren

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

All Red CBSAs: Knoxville, Chattanooga, Kingsport-Bristol, Cookeville, Johnson City, Jackson, Clarksville, Morristown, Dyersburg, Cleveland, Sevierville, Union City, Greeneville, Lawrenceburg, Athens, Crossville, McMinnville, Lewisburg, Martin, Newport, Dayton, Paris

All Red Counties: Knox, Hamilton, Sullivan, Wilson, Sumner, Washington, Putnam, Dyer, Maury, Sevier, Bradley, Coffee, Campbell, Obion, Greene, Tipton, Lawrence, Hamblen, Fayette, McMinn, Overton, Lauderdale, Johnson, Gibson, Cumberland, Warren, Dickson, Monroe, Hawkins, Robertson, Marshall, Carter, Fentress, Hardin, White, Giles, Crockett, Weakley, Hardeman, Cocke, Macon, Smith, Rhea, Lincoln, Cheatham, Grundy, Henderson, Carroll, McNairy, Grainger, Lewis, Clay, Humphreys, Hickman, Union, Scott, Henry, Perry, Unicoi, Morgan, Decatur, Jackson, Cannon, Stewart, Polk, Trousdale, Meigs, Moore, Benton, Lake

All Orange Counties: Rutherford, Williamson, Montgomery, Blount, Madison, Anderson, Jefferson, Loudon, Roane, Bedford, Haywood, Marion, Bledsoe, DeKalb, Pickett, Houston

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

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

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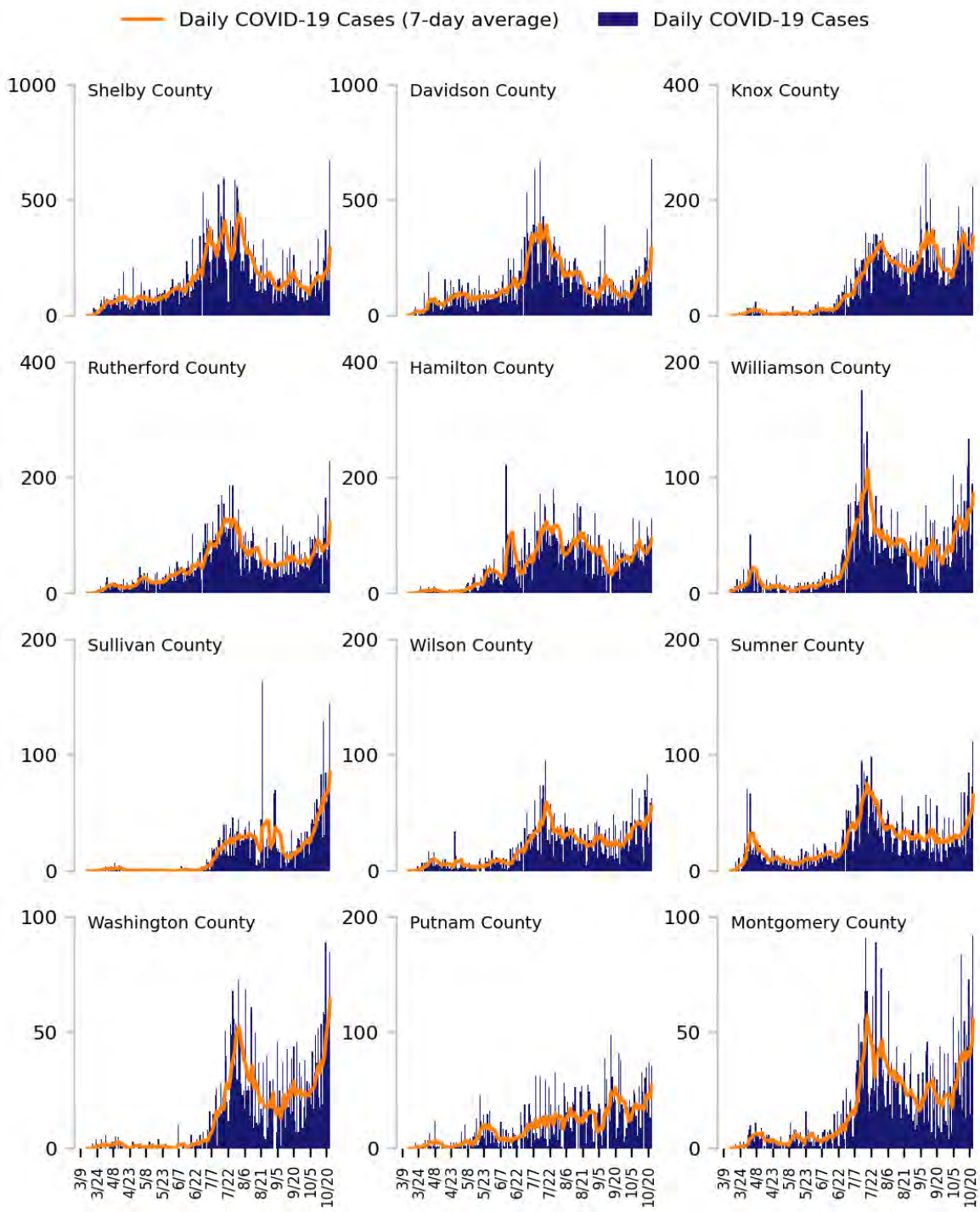
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



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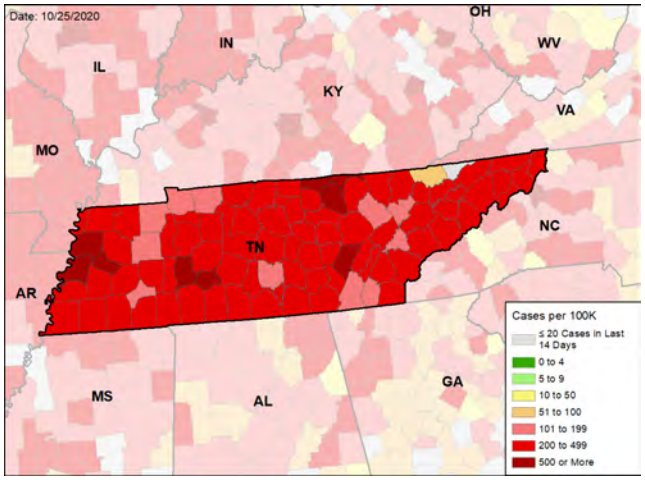
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

TENNESSEE

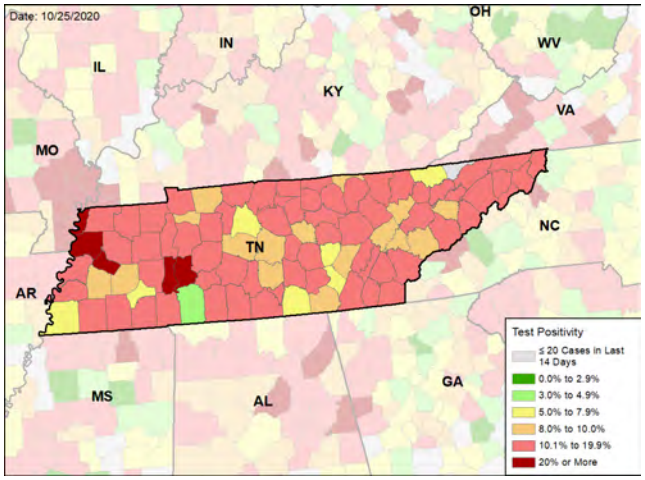
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

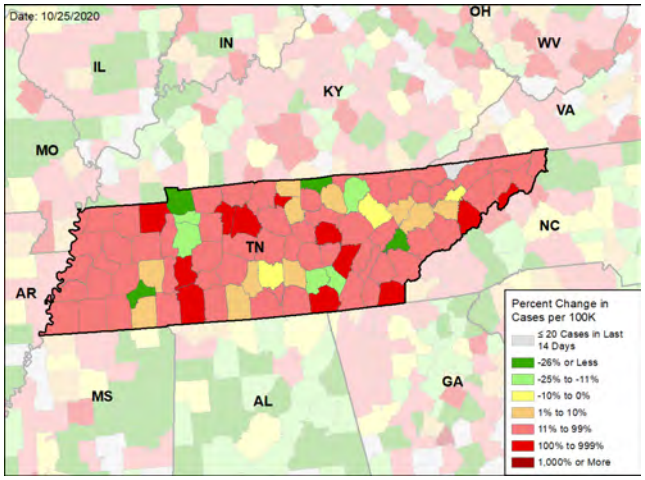
NEW CASES PER 100,000 DURING THE LAST WEEK



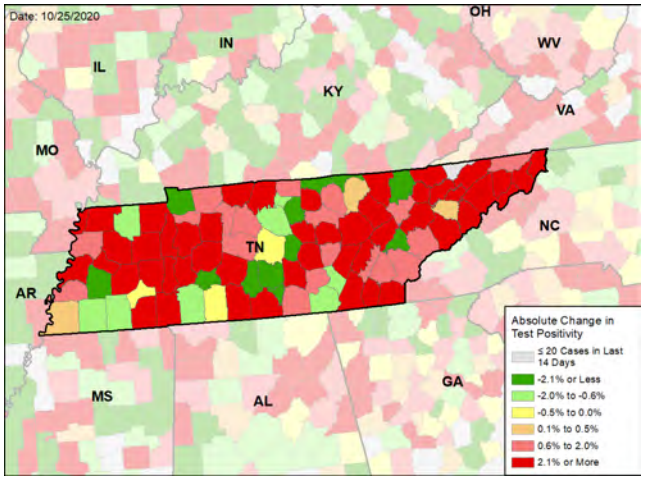
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

TEXAS

SUMMARY

- Texas is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 26th highest rate in the country. Texas is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 16th highest rate in the country.
- Texas has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. El Paso County, 2. Tarrant County, and 3. Harris County. These counties represent 34.6% of new cases in Texas.
- 52% of all counties in Texas have moderate or high levels of community transmission (yellow, orange, or red zones), with 25% having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 11% of nursing homes had at least one new resident COVID-19 case, 22% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Texas had 134 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 48 to support operations activities from FEMA; 19 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; and 15 to support operations activities from USCG.
- The federal government has supported surge testing in Houston, TX and Waco, TX.
- Between Oct 17 - Oct 23, on average, 648 patients with confirmed COVID-19 and 507 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Texas. An average of 73% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- The timeseries of maps at the back of your packet shows early signs of deterioration in the Sunbelt as mitigation efforts were decreased over the last month.
- We are concerned about the rising cases, test positivity, and new hospital admissions across multiple counties. Rapid and aggressive response is needed, including the expansion of testing in under 35 year-olds to isolate the early silent spreaders. Would consider requiring testing of community college students, K-12 teachers, and county employees to be able to geographically define the silent spread and address those areas with expansive testing to isolate the asymptomatic cases, as well as the symptomatic cases.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations. Consider additional mitigation efforts as utilized in the summer in counties with rapid rise in cases to blunt further community spread.
- Ensure all K-12 schools are following CDC guidelines, including for mask usage, and are utilizing the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread to further increase mitigation efforts.
- Ensure all residents are aware of the potential for viral spread during Halloween gatherings.
- Encourage outdoor activities and ensure mask and physical distancing messages for all Texas residents, both in public and private spaces to prevent household spread.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among community college students; K-12 teachers; students over 18; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen test results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests. This will give you clear insight into degree of community spread and the ability to stop this early, silent spread, as seen from the continued high level of nursing home staff positivity.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

TEXAS

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	38,756 (134)	+20%	62,564 (146)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.8%	+1.1%*	8.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	311,834** (1,075**)	-24%**	533,172** (1,248**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	460 (1.6)	-7%	782 (1.8)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	11%	+0%*	14%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	22%	+2%*	24%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+1%*	5%	4%

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

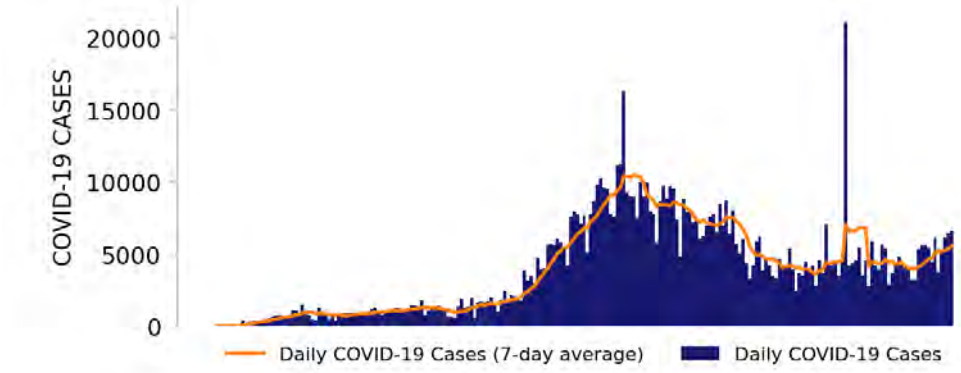
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

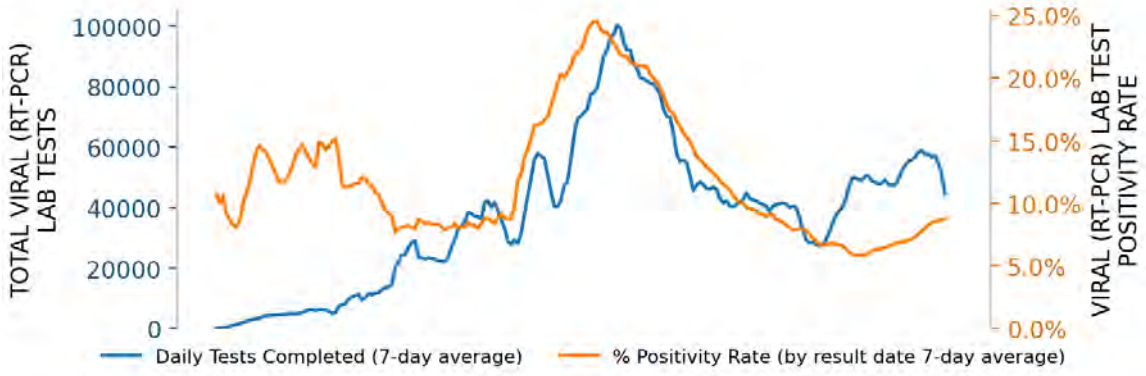
TEXAS

STATE REPORT | 10.25.2020

NEW CASES

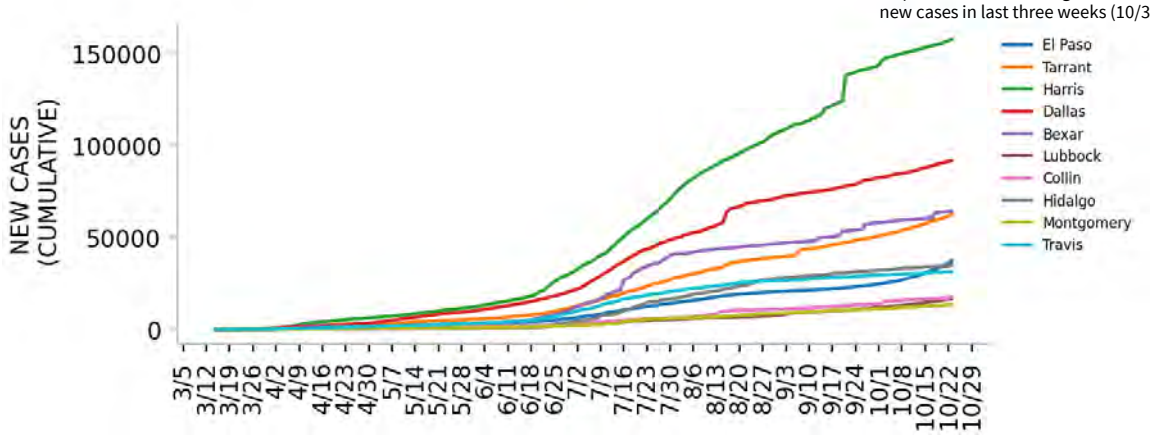


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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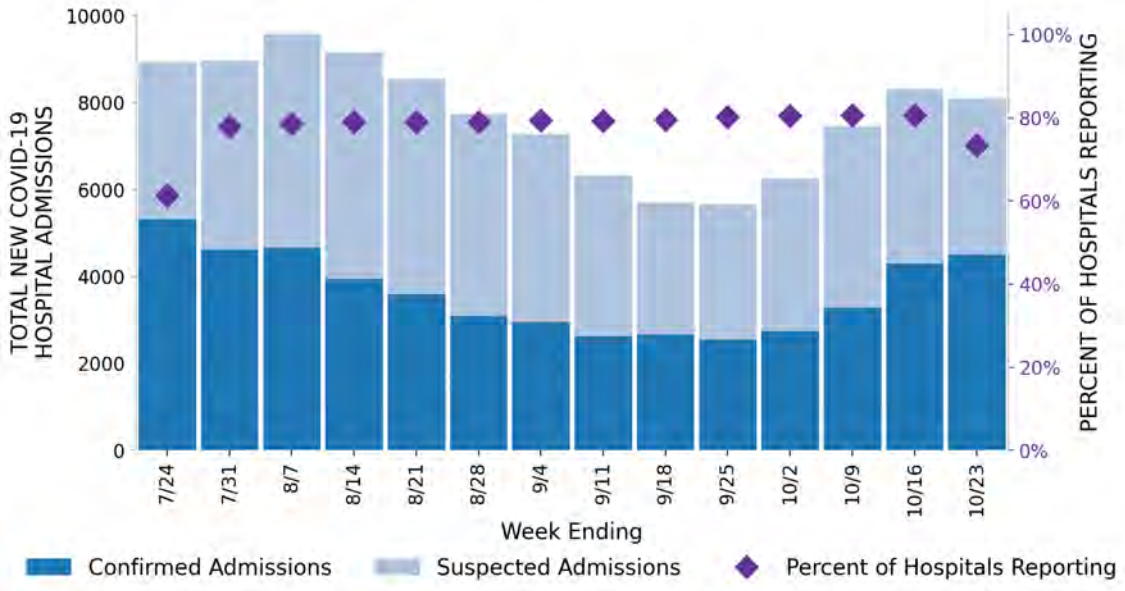
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

TEXAS

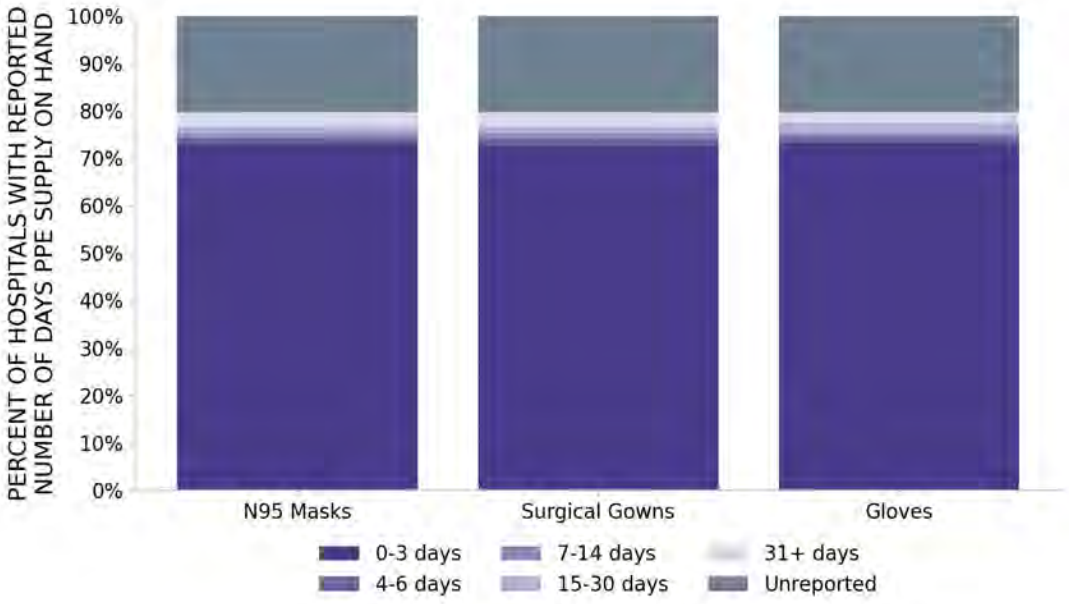
STATE REPORT | 10.25.2020

562 hospitals are expected to report in Texas

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

TEXAS

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	27 ▲ (+10)	El Paso Lubbock Amarillo Wichita Falls Odessa Midland Paris Texarkana Eagle Pass Lamesa Snyder Del Rio	63 ▲ (+23)	El Paso Tarrant Dallas Lubbock Randall Wichita Potter Ector Midland Lamar Falls Bowie
LOCALITIES IN ORANGE ZONE	13 ▼ (-9)	Dallas-Fort Worth-Arlington McAllen-Edinburg-Mission Brownsville-Harlingen Laredo Plainview Longview Tyler Abilene San Angelo Athens Rio Grande City-Roma Gainesville	34 ▼ (-1)	Hidalgo Cameron Webb Ellis Hale Smith Johnson Parker Taylor Tom Green Hunt Gregg
LOCALITIES IN YELLOW ZONE	15 ▲ (+1)	Houston-The Woodlands-Sugar Land San Antonio-New Braunfels Waco Beaumont-Port Arthur Sherman-Denison Huntsville Victoria Brownwood Nacogdoches Mount Pleasant Palestine Alice	36 ▼ (-6)	Harris Bexar Collin Montgomery Denton McLennan Fort Bend Jefferson Brazoria Grayson Walker Ochiltree

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

All Red CBSAs: El Paso, Lubbock, Amarillo, Wichita Falls, Odessa, Midland, Paris, Texarkana, Eagle Pass, Lamesa, Snyder, Del Rio, Levelland, Sulphur Springs, Big Spring, Sweetwater, Dumas, Stephenville, Granbury, Andrews, Hereford, Pampa, Vernon, Mineral Wells, Borger, Bonham, Pecos

All Orange CBSAs: Dallas-Fort Worth-Arlington, McAllen-Edinburg-Mission, Brownsville-Harlingen, Laredo, Plainview, Longview, Tyler, Abilene, San Angelo, Athens, Rio Grande City-Roma, Gainesville, Raymondville

All Yellow CBSAs: Houston-The Woodlands-Sugar Land, San Antonio-New Braunfels, Waco, Beaumont-Port Arthur, Sherman-Denison, Huntsville, Victoria, Brownwood, Nacogdoches, Mount Pleasant, Palestine, Alice, Uvalde, Beeville, Kingsville

All Red Counties: El Paso, Tarrant, Dallas, Lubbock, Randall, Wichita, Potter, Ector, Midland, Lamar, Falls, Bowie, Maverick, Dawson, Scurry, Kaufman, Val Verde, Hardin, Hockley, Hopkins, Terry, Young, Howard, Gaines, Nolan, Moore, Parmer, Erath, Hood, Andrews, Deaf Smith, Lavaca, Wilbarger, Cass, Gray, Palo Pinto, Dallam, Hutchinson, Zavala, Franklin, Fannin, Mitchell, Panola, Lynn, Coke, Eastland, Archer, Bailey, Gonzales, Reeves, Culberson, Childress, Cochran, Castro, Swisher, Hudspeth, Fisher, Dimmit, Crosby, Kinney, Sutton, Wheeler, Winkler

All Orange Counties: Hidalgo, Cameron, Webb, Ellis, Hale, Smith, Johnson, Parker, Taylor, Tom Green, Hunt, Gregg, Henderson, Rockwall, Chambers, Lamb, Harrison, Wise, Starr, Burleson, Wood, DeWitt, Van Zandt, Upshur, Leon, Cooke, Bosque, Pecos, Rusk, McCulloch, Houston, Clay, Willacy, Callahan

All Yellow Counties: Harris, Bexar, Collin, Montgomery, Denton, McLennan, Fort Bend, Jefferson, Brazoria, Grayson, Walker, Ochiltree, Victoria, Grimes, Brown, Nacogdoches, Orange, Burnet, Anderson, Titus, Atascosa, Hill, Caldwell, Montague, Jim Wells, Liberty, Medina, Polk, Comanche, Uvalde, Duval, Bee, Camp, Morris, La Salle, Kleberg

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

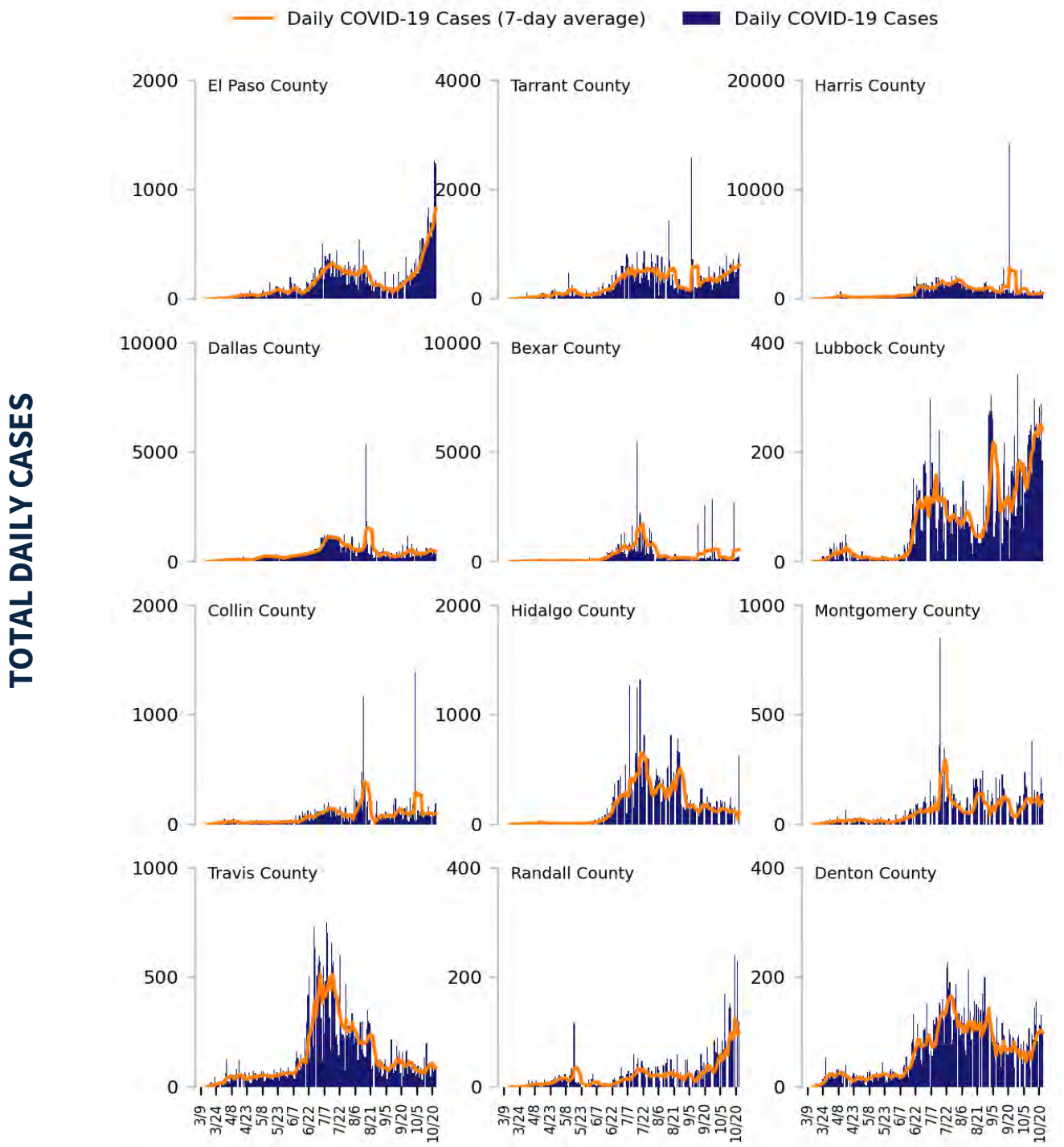
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



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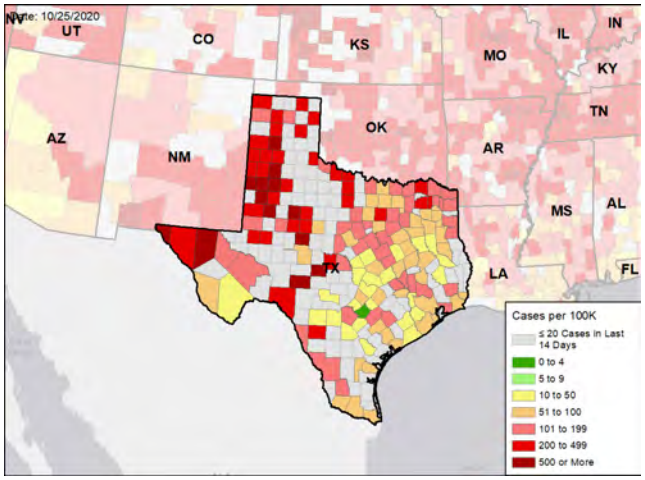
TEXAS

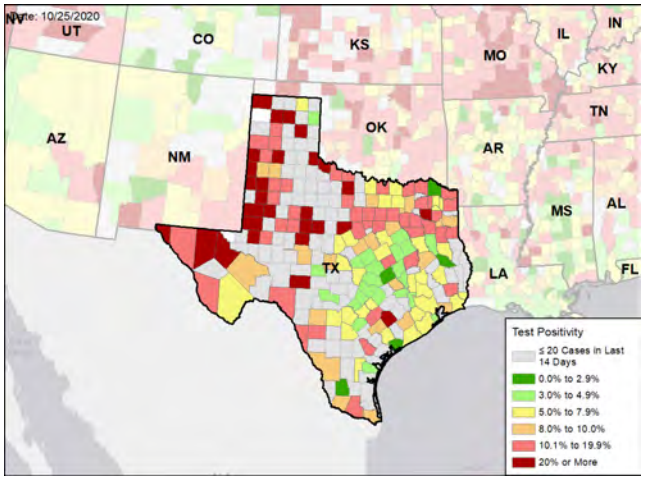
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

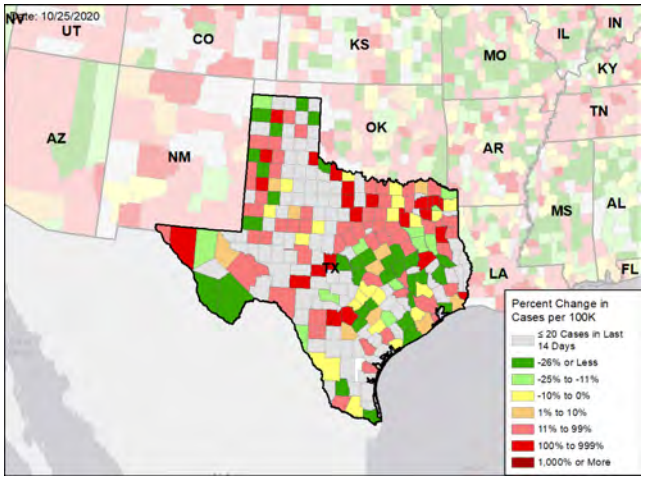
NEW CASES PER 100,000 DURING THE LAST WEEK



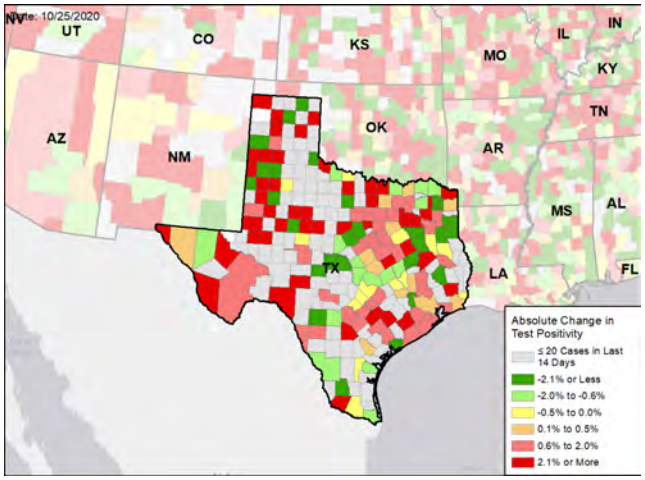
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

UTAH

SUMMARY

- Utah is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 7th highest rate in the country. Utah is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 3rd highest rate in the country.
- Utah has seen an increase in new cases and an increase in test positivity over the last week; test positivity increased the most in Sevier, Wayne, Uintah, Wasatch, Duchesne, and Box Elder counties.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Salt Lake County, 2. Utah County, and 3. Davis County. These counties represent 76.8% of new cases in Utah.
- 76% of all counties in Utah have moderate or high levels of community transmission (yellow, orange, or red zones), with 69% having high levels of community transmission (red zone).
- Sewage data from Utah Department of Environmental Quality suggest increasing incidence across the state, most intensively across the Wasatch Range.
- During the week of Oct 12 - Oct 18, 5% of nursing homes had at least one new resident COVID-19 case, 29% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death. There are multiple facilities with 3 or more cases in Provo, American Fork, Layton, Orem, Logan, and Bountiful.
- Utah had 300 new cases per 100,000 population in the last week, compared to a national average of 133 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 3 to support epidemiology activities from CDC.
- Between Oct 17 - Oct 23, on average, 43 patients with confirmed COVID-19 and 6 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Utah. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- New approach that takes into account incidence, test positivity, and hospitalization is excellent; however, the defining transmission thresholds are somewhat high. In all high-level transmission counties, Utah should limit bar and gym hours, substantially reduce occupancy limits, and urgently enforce face mask, occupancy restrictions, and social distancing policy.
- Continue to expand testing in all counties, particularly among those most at risk (elderly and those with comorbidities) and people who interact with them; aim to test more than 2,000 people per 100,000 population each week in all counties. As testing is expanding, focus on test positivity and hospitalizations as markers of transmission dynamics.
- Transmission is driven primarily by smaller indoor gatherings of family and friends; in advance of the holidays, develop educational campaigns across all media platforms (including SMS) to educate residents and recommend avoidance of all such gatherings, especially for older individuals and those at risk for severe disease.
- Use routine rapid testing (e.g., weekly or twice monthly) of at-risk staff, regardless of symptoms, to document extent of silent spread and direct interventions. Ensure reporting of all antigen test results, both positive and negative.
- Working with state and federal partners, expand capacity where there are critical staffing shortages or where inpatient bed utilization or ICU utilization exceeds 85% and test positivity is above 5% among 65 year-olds.
- Ensure all hospital staff, especially those in rural areas, are trained on latest treatment protocols, including early use of antiviral and antibody therapy for hospitalized patients and proper use of high-flow oxygen, positioning, and use of glucocorticoids.
- Surge contact tracing efforts where incidence and test positivity are highest to ensure interview of cases within 48 hours of test result; expand capacity by focusing and reducing the interview, developing scripts and protocols to allow task-shifting, expanding staff by hiring within local communities, and using remote tracers from other communities who aren't as busy.
- Document diligent adherence to CDC recommendations for schools in all areas where hospital capacity is limited or decreasing and where case rates are increasing in older age bands.
- Hispanic and Native American communities remain at elevated risk due to more frequent multi-generational or crowded housing and may be under-tested. Expand culturally-specific outreach to these communities and other at-risk populations, educating on risks of household transmission and emphasizing critical need for face covering and social distancing to protect the most vulnerable. Expand testing among these populations and provide for spaces and supplies (food) to isolate/quarantine.
- Focus on protecting the most vulnerable by ensuring that all nursing homes with 3 or more cases per week among staff/residents over any of the past 3 weeks have had repeated facility-wide testing with rapid turn-around of results and complete inspection surveys to investigate and enforce strict adherence to CMS guidance.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

UTAH

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	9,613 (300)	+11%	35,565 (290)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	16.1%	+1.7%*	11.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	82,492** (2,573**)	-10%**	301,890** (2,463**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	29 (0.9)	-9%	228 (1.9)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	5%	+0%*	15%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	29%	+0%*	37%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	-2%*	5%	4%

* 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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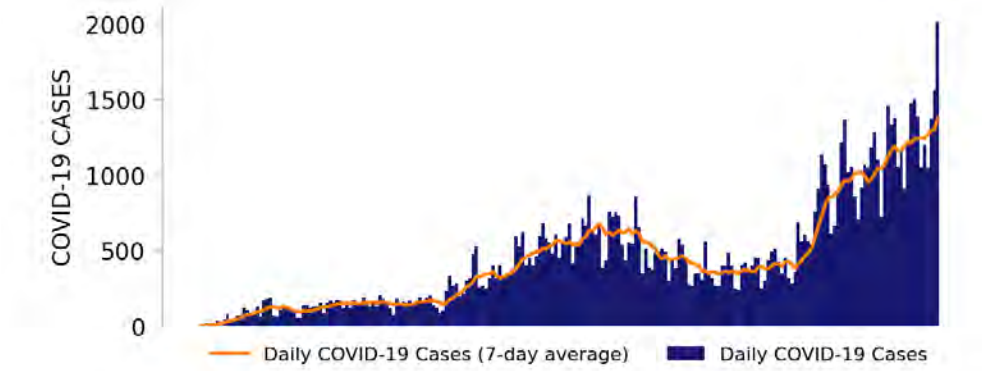
UTAH

STATE REPORT | 10.25.2020

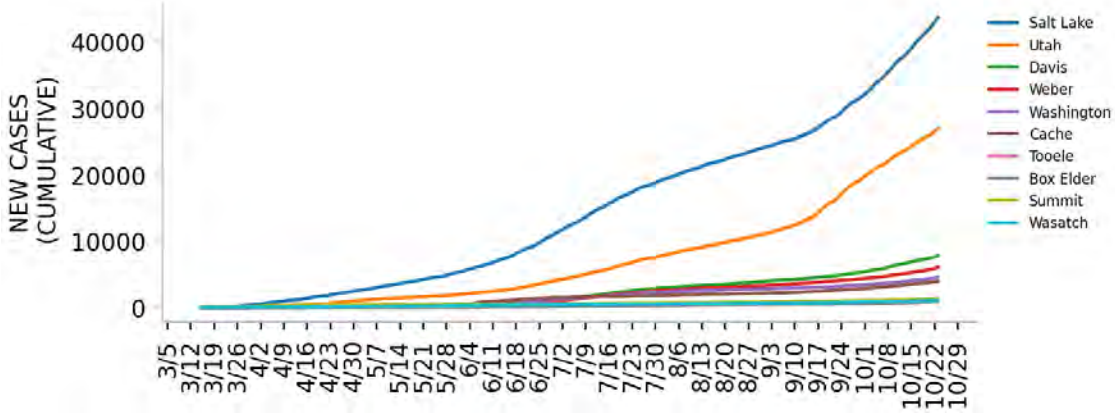
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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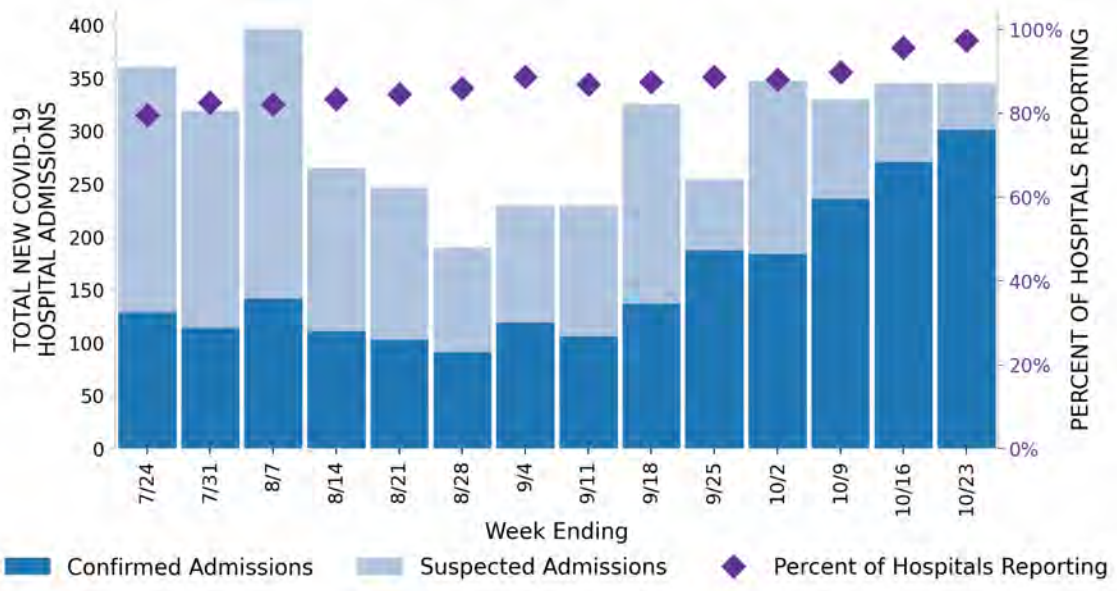
UTAH

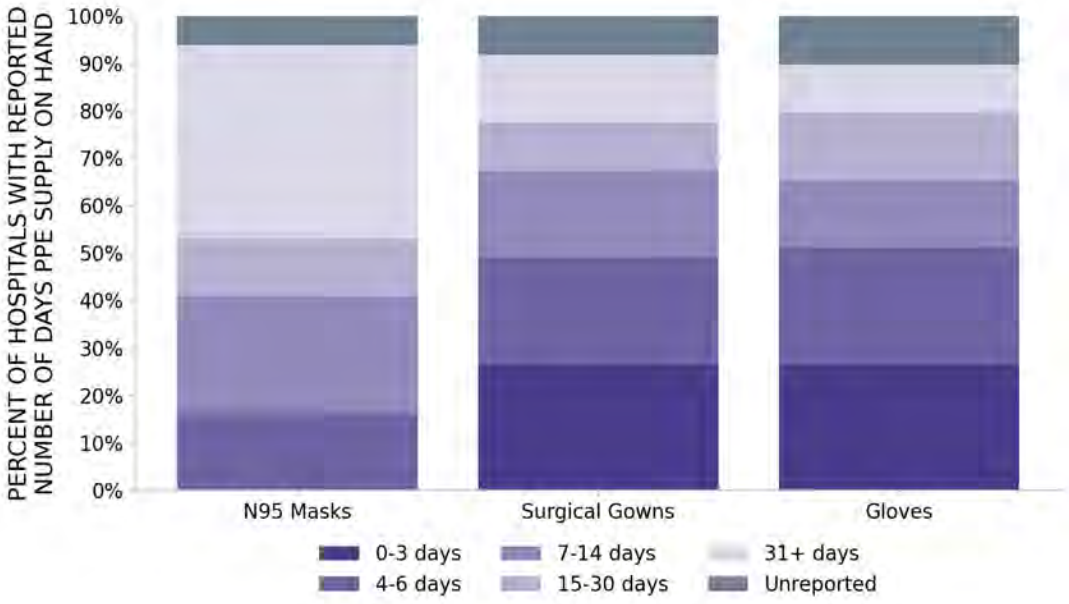
STATE REPORT | 10.25.2020

49 hospitals are expected to report in Utah

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. In addition, 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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UTAH

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	7 ▲ (+1)	Salt Lake City Provo-Orem Ogden-Clearfield St. George Logan Heber Vernal	20 ▲ (+3)	Salt Lake Utah Davis Weber Washington Cache Tooele Box Elder Summit Wasatch Sanpete Sevier
LOCALITIES IN ORANGE ZONE	2 ■ (+0)	Cedar City Price	2 ▼ (-1)	Iron Carbon
LOCALITIES IN YELLOW ZONE	0 ▼ (-1)	N/A	0 ▼ (-3)	N/A

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

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

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

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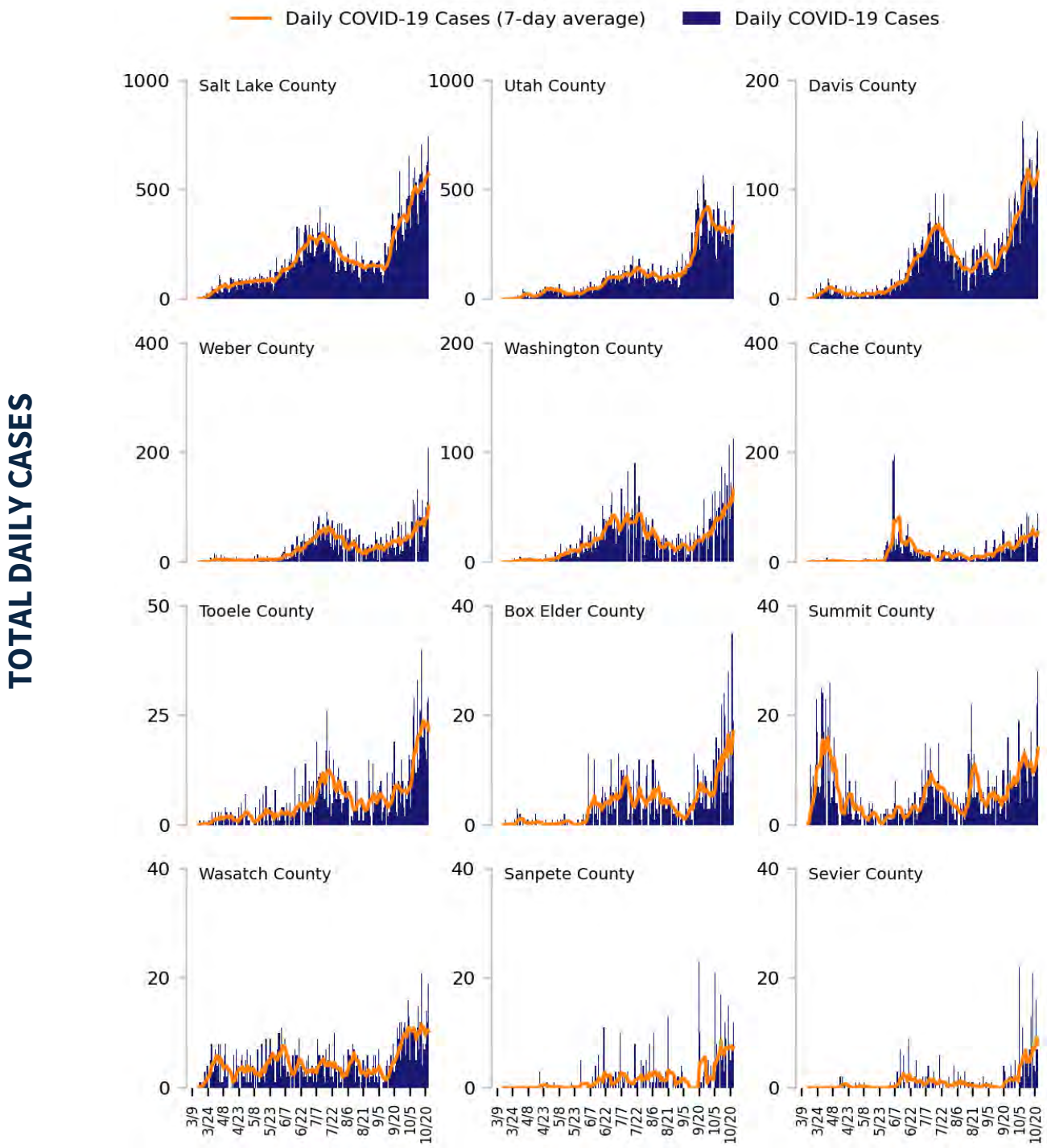

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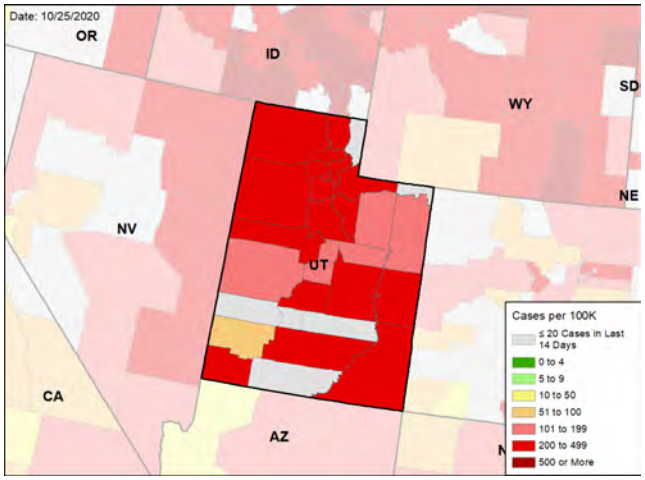
UTAH

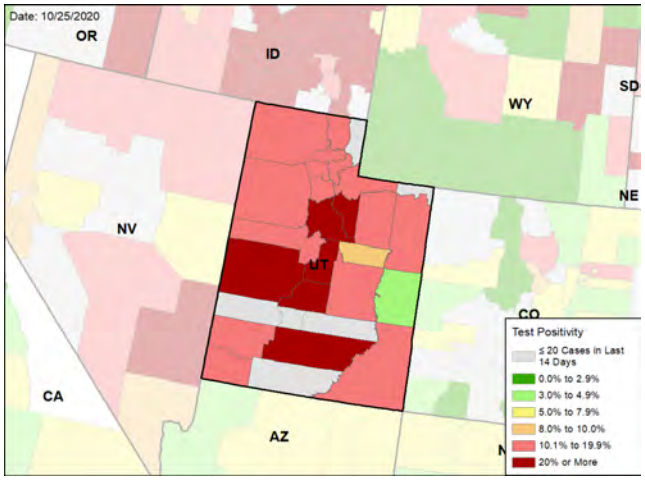
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

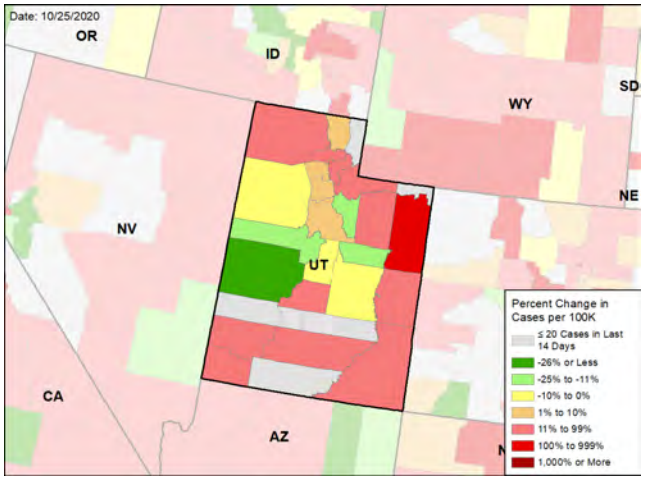
NEW CASES PER 100,000 DURING THE LAST WEEK



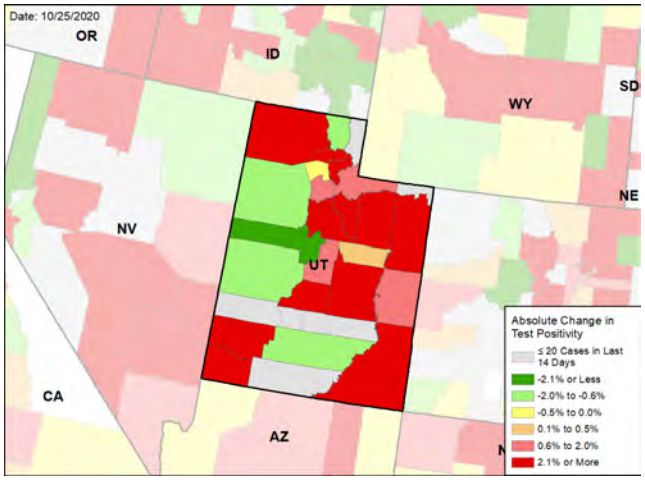
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

VERMONT

SUMMARY

- Vermont is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the lowest rate in the country. Vermont is in the green zone for test positivity, indicating a rate at or below 4.9%, with the lowest rate in the country.
- Vermont has seen an increase in new cases and stability in test positivity over the last week.
- The outbreak linked to recreational hockey and broomball leagues has grown to at least 30 cases.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Chittenden County, 2. Washington County, and 3. Addison County. These counties represent 66.5% of new cases in Vermont.
- Institutions of higher education (IHE): No new outbreaks reported.
- No counties in Vermont have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Oct 12 - Oct 18, no nursing homes had at least one new resident COVID-19 case, 9% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Vermont had 16 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from FEMA and 1 to support operations activities from USCG.
- Between Oct 17 - Oct 23, on average, 0 patients with confirmed COVID-19 and 5 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Vermont. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Vermont has been extraordinarily successful with limiting transmission due to a well-designed set of gradated mitigation measures and enhanced disease control capacity, including greatly expanded testing and contact tracing capacity. However, there is cause for concern given the recent uptick in the state and the more marked increase in the region. The situation may be comparable to the situation seen in similarly less populated states in the Upper Plains several weeks ago. Increased public education about social distancing even in family settings could help limit further disease activities.
- Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Use of rapid tests can be extremely helpful in doing this.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations everywhere, as well as tailored business and public venue measures for counties with increasing incidence.
- There is concern for further increases in community transmission with increasing hospitalizations and deaths, given the spread seen among younger age groups regionally, much of which is asymptomatic, as has been seen in “hotspot” counties generally (MMWR Early Release/October 9, 2020). Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. Encourage outdoor activities and ensure mask and physical distancing messages for all residents both in public and private spaces. With weather conditions increasingly forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of "prevention fatigue.”
- Continue to implement plan to increase surveillance for community spread using the Abbott BinaxNOW or other antigen tests, especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Increased rate of infection seen among LTCF workers indicates significant transmission in their communities and those transmission settings must be identified and mitigated.
- Ensure university faculty, staff, and students continue their mitigation behaviors to ensure no further outbreaks on or off campus.
- 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 | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	101 (16)	+46%	12,176 (82)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	0.4%	+0.1%*	1.6%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	28,181** (4,516**)	-4%**	627,161** (4,225**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	0 (0.0)	N/A	195 (1.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	0%	N/A*	5%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	9%	+9%*	10%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*	2%	4%

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

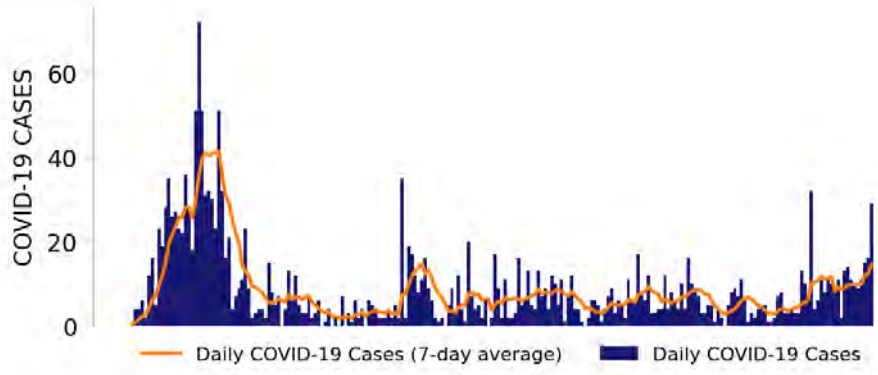
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

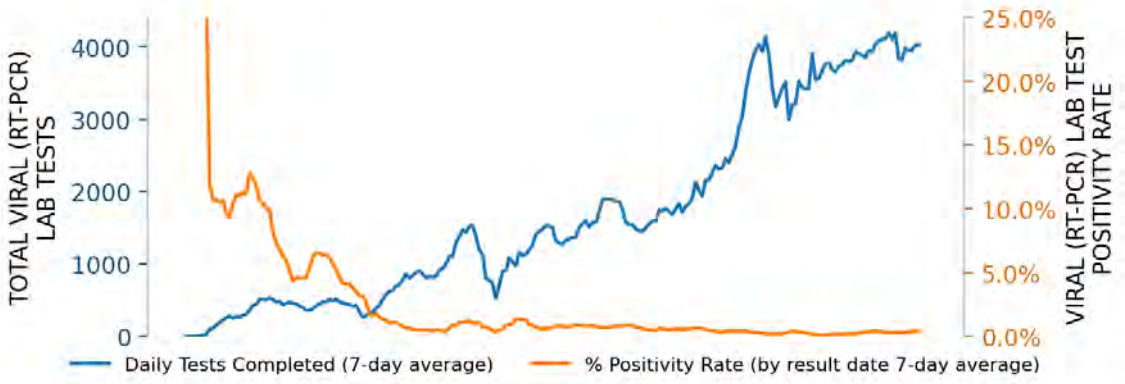
VERMONT

STATE REPORT | 10.25.2020

NEW CASES

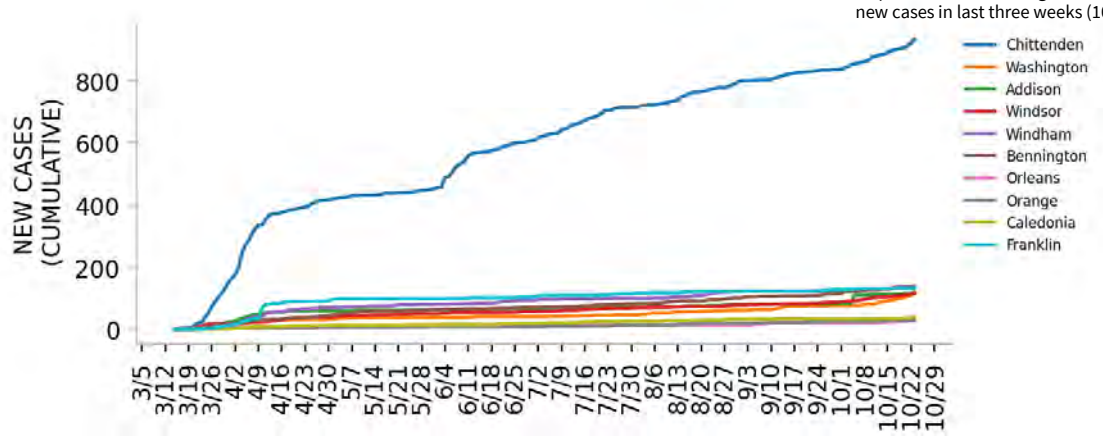


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

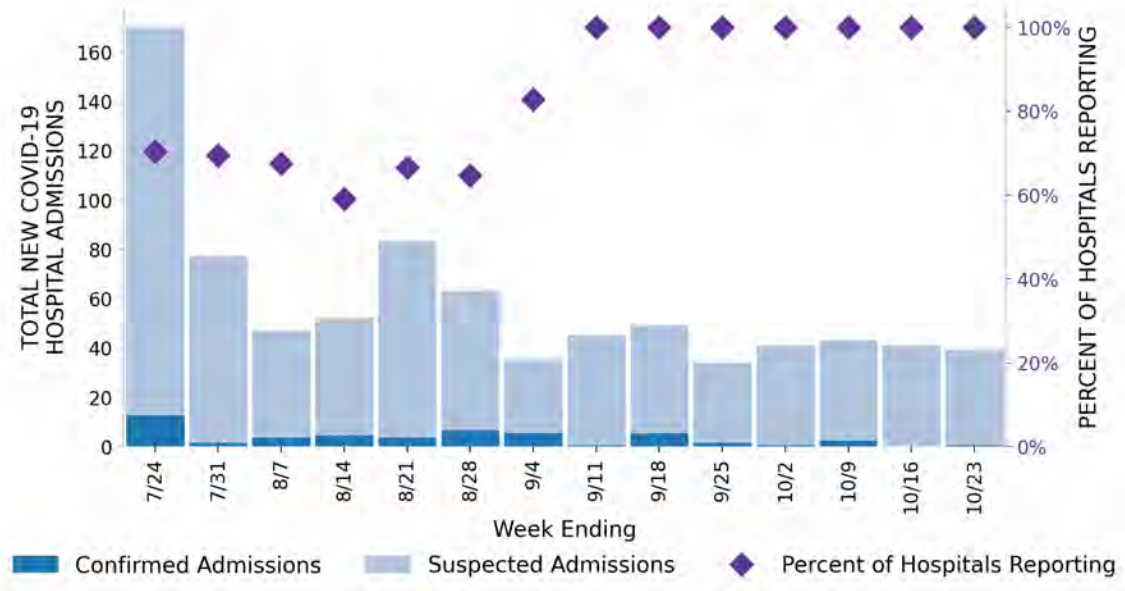
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

VERMONT

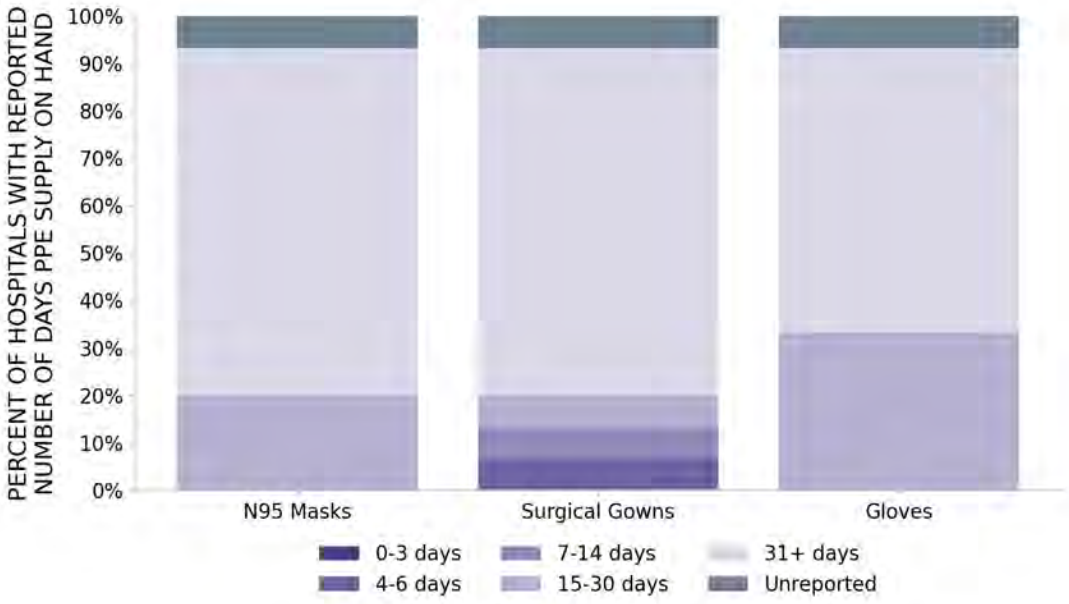
STATE REPORT | 10.25.2020

15 hospitals are expected to report in Vermont

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

VERMONT

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+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.**

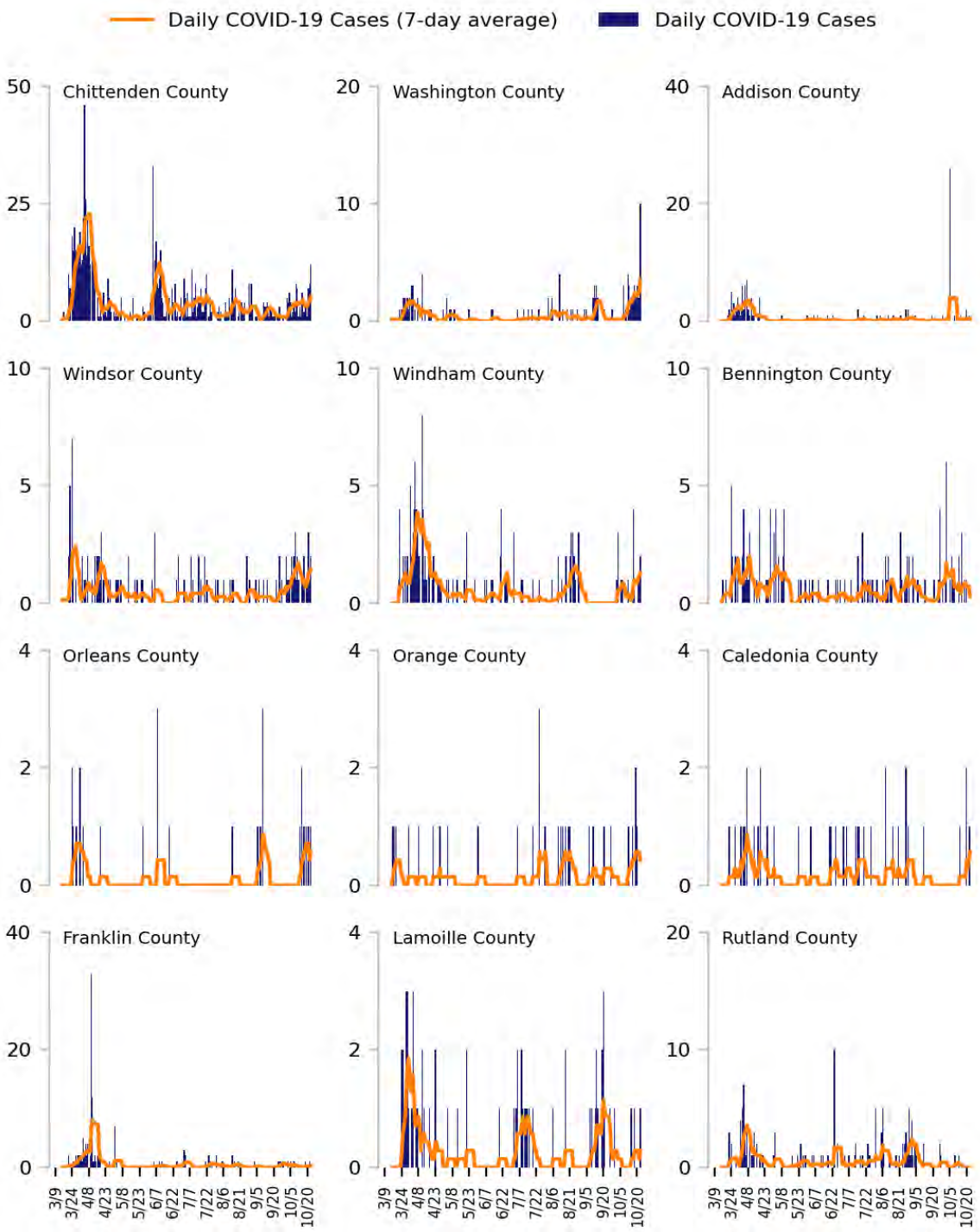
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



DATA SOURCES – Additional data details available under METHODS

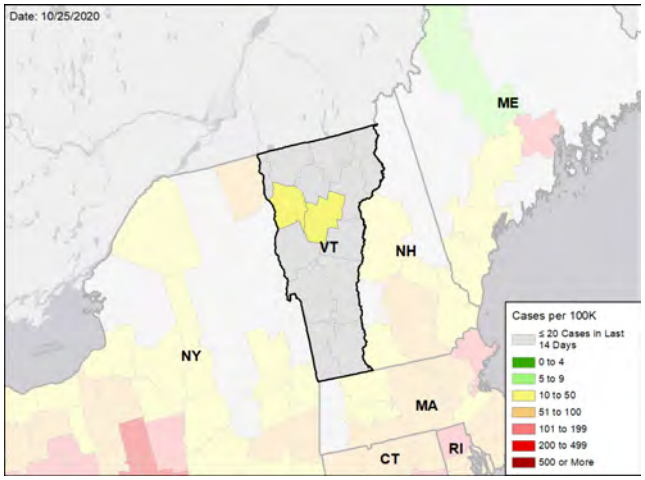
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

VERMONT

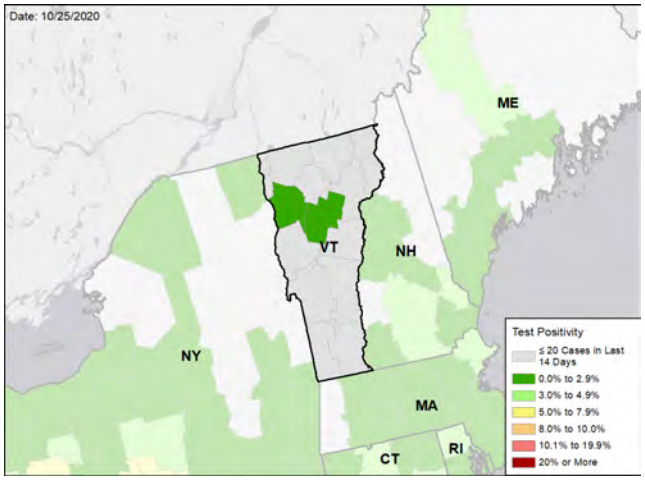
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

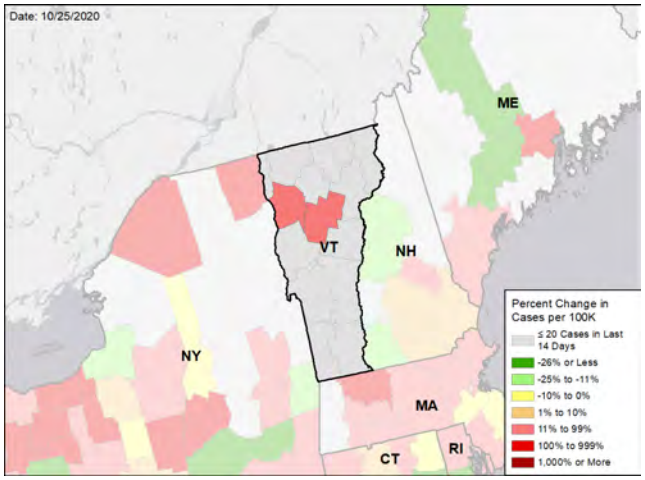
NEW CASES PER 100,000 DURING THE LAST WEEK



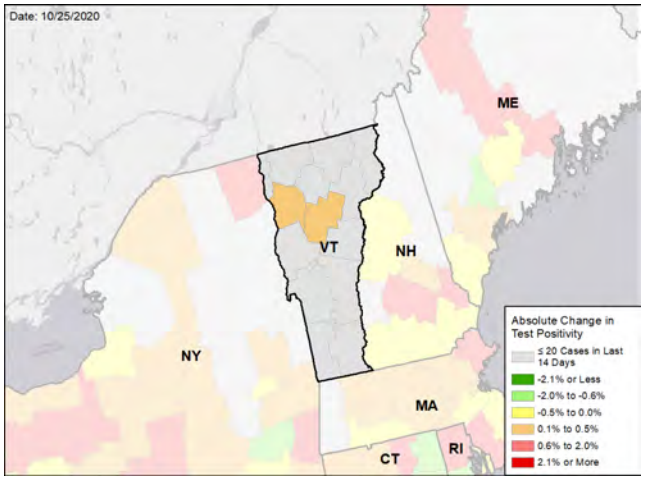
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

VIRGINIA

SUMMARY

- Virginia is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 40th 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 27th highest rate in the country.
- Virginia has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Fairfax County, 2. Prince William County, and 3. Loudoun County. These counties represent 19.1% of new cases in Virginia.
- 55% of all counties in Virginia 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 Oct 12 - Oct 18, 12% of nursing homes had at least one new resident COVID-19 case, 24% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Virginia had 84 new cases per 100,000 population in the last week, compared to a national average of 133 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; 5 to support epidemiology activities from CDC; 100 to support operations activities from USCG; 7 to support medical activities from VA; and 4 to support operations activities from VA.
- The federal government has supported surge testing in Harrisonburg, VA.
- Between Oct 17 - Oct 23, on average, 66 patients with confirmed COVID-19 and 215 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Virginia. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- The timeseries of maps at the back of your packet shows early signs of deterioration in the South as mitigation efforts were decreased over the last month.
- Currently, Virginia is stable in test positivity, cases, and hospitalizations. To ensure stability, recommend expanding routine testing in under 35 year-olds to isolate the early silent spreaders. Would consider required testing of community college students, K-12 teachers, and county employees to be able to geographically define the silent spread and address those areas with expansive testing to isolate the asymptomatic cases, as well as the symptomatic cases.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations. Consider additional mitigation efforts as utilized in the summer in counties with rapid rise in cases to blunt further community spread.
- Ensure all K-12 schools are following CDC guidelines, including for mask usage, and are utilizing the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread to further increase mitigation efforts.
- Ensure all residents are aware of the potential for viral spread during Halloween gatherings.
- Encourage outdoor activities and ensure mask and physical distancing messages for all Virginia residents, both in public and private spaces to prevent household spread.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among community college students; K-12 teachers; students over 18; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen test results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests. This will give you clear insight into degree of community spread and the ability to stop this early, silent spread, as seen from the continued high level of nursing home staff positivity.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- 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 | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	7,173 (84)	-4%	26,158 (85)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.6%	-0.3%*	4.7%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	115,566** (1,354**)	-14%**	608,658** (1,973**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	134 (1.6)	+116%	386 (1.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	12%	+2%*	9%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	24%	-4%*	19%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+2%*	3%	4%

* 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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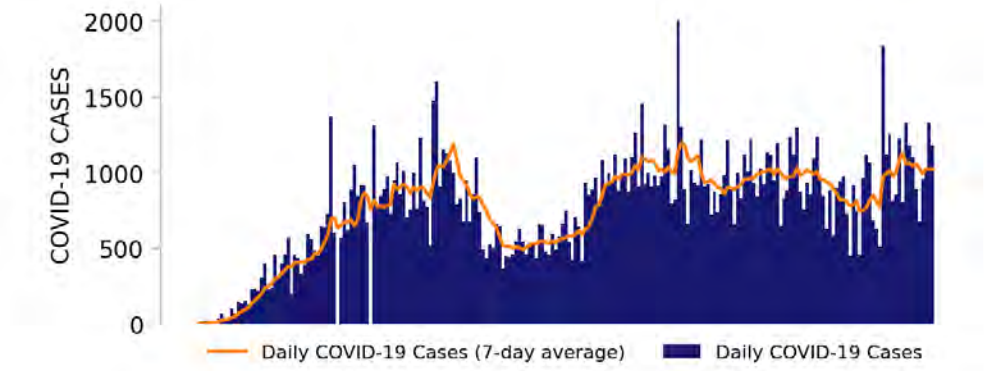
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

VIRGINIA

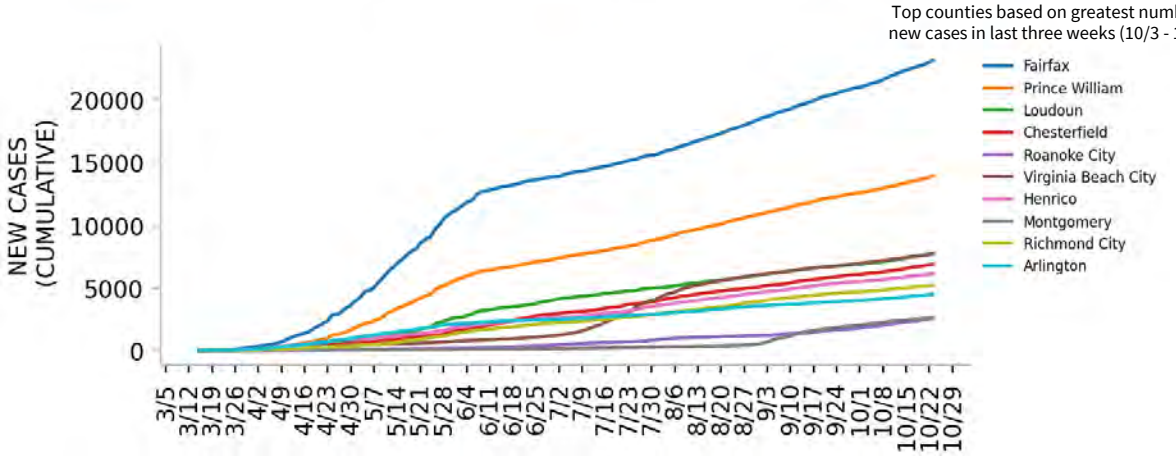
STATE REPORT | 10.25.2020

NEW CASES



TESTING

TOP COUNTIES



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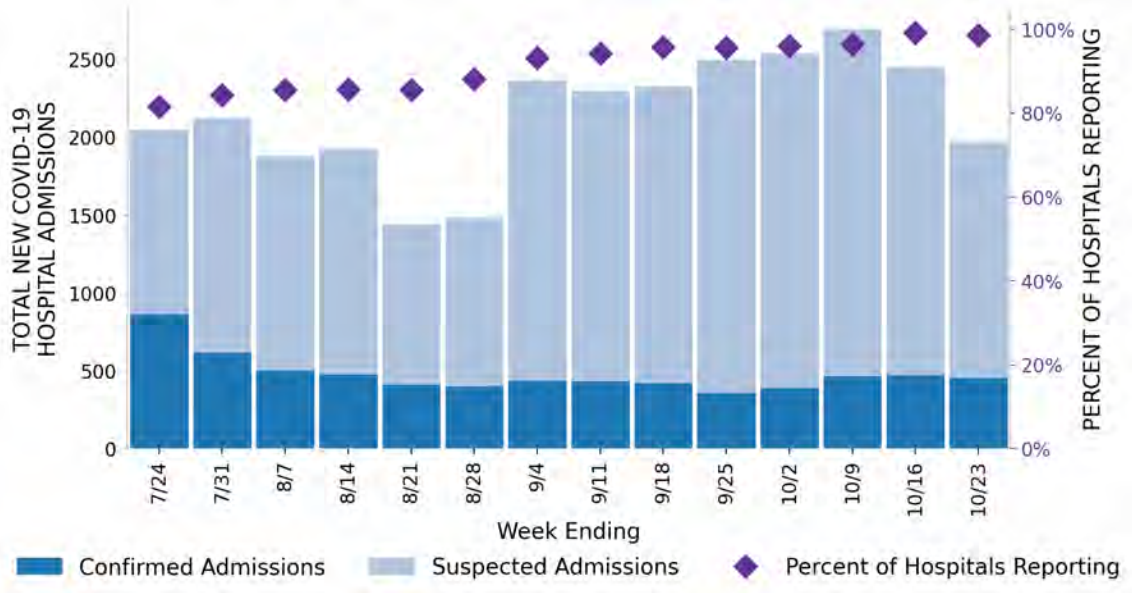
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

VIRGINIA

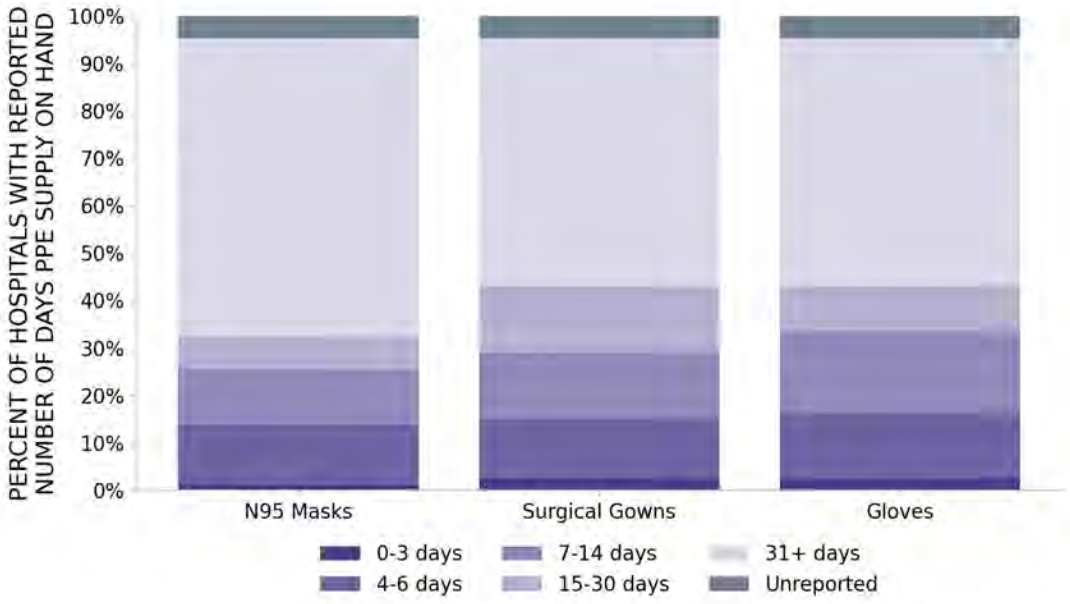
STATE REPORT | 10.25.2020

86 hospitals are expected to report in Virginia

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

VIRGINIA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	2 ▼ (-1)	Roanoke Kingsport-Bristol	23 ▲ (+3)	Roanoke Franklin Bedford Washington Salem City Prince George Russell Radford City Prince Edward Southampton Tazewell Lee
LOCALITIES IN ORANGE ZONE	4 ■ (+0)	Lynchburg Danville Martinsville Big Stone Gap	16 ▼ (-1)	Roanoke City Danville City Campbell Pittsylvania Amherst Warren Charlotte New Kent Wythe Botetourt Nottoway Page
LOCALITIES IN YELLOW ZONE	6 ▲ (+2)	Virginia Beach-Norfolk-Newport News Richmond Blacksburg-Christiansburg Harrisonburg Winchester Bluefield	34 ▼ (-3)	Fairfax Prince William Loudoun Chesterfield Henrico Montgomery Chesapeake City Lynchburg City Suffolk City Harrisonburg City Stafford Hanover

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

All Red Counties: Roanoke, Franklin, Bedford, Washington, Salem City, Prince George, Russell, Radford City, Prince Edward, Southampton, Tazewell, Lee, Scott, Wise, Culpeper, Dinwiddie, Buchanan, Martinsville City, Carroll, Franklin City, Bristol City, Appomattox, Grayson

All Orange Counties: Roanoke City, Danville City, Campbell, Pittsylvania, Amherst, Warren, Charlotte, New Kent, Wythe, Botetourt, Nottoway, Page, Greene, Patrick, Manassas Park City, Alleghany

All Yellow Counties: Fairfax, Prince William, Loudoun, Chesterfield, Henrico, Montgomery, Chesapeake City, Lynchburg City, Suffolk City, Harrisonburg City, Stafford, Hanover, Rockingham, Frederick, Spotsylvania, Henry, Portsmouth City, Petersburg City, Augusta, Fauquier, Halifax, Waynesboro City, Manassas City, Isle of Wight, Winchester City, Powhatan, Brunswick, Pulaski, King William, Fluvanna, Floyd, Colonial Heights City, Emporia City, Fairfax City

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

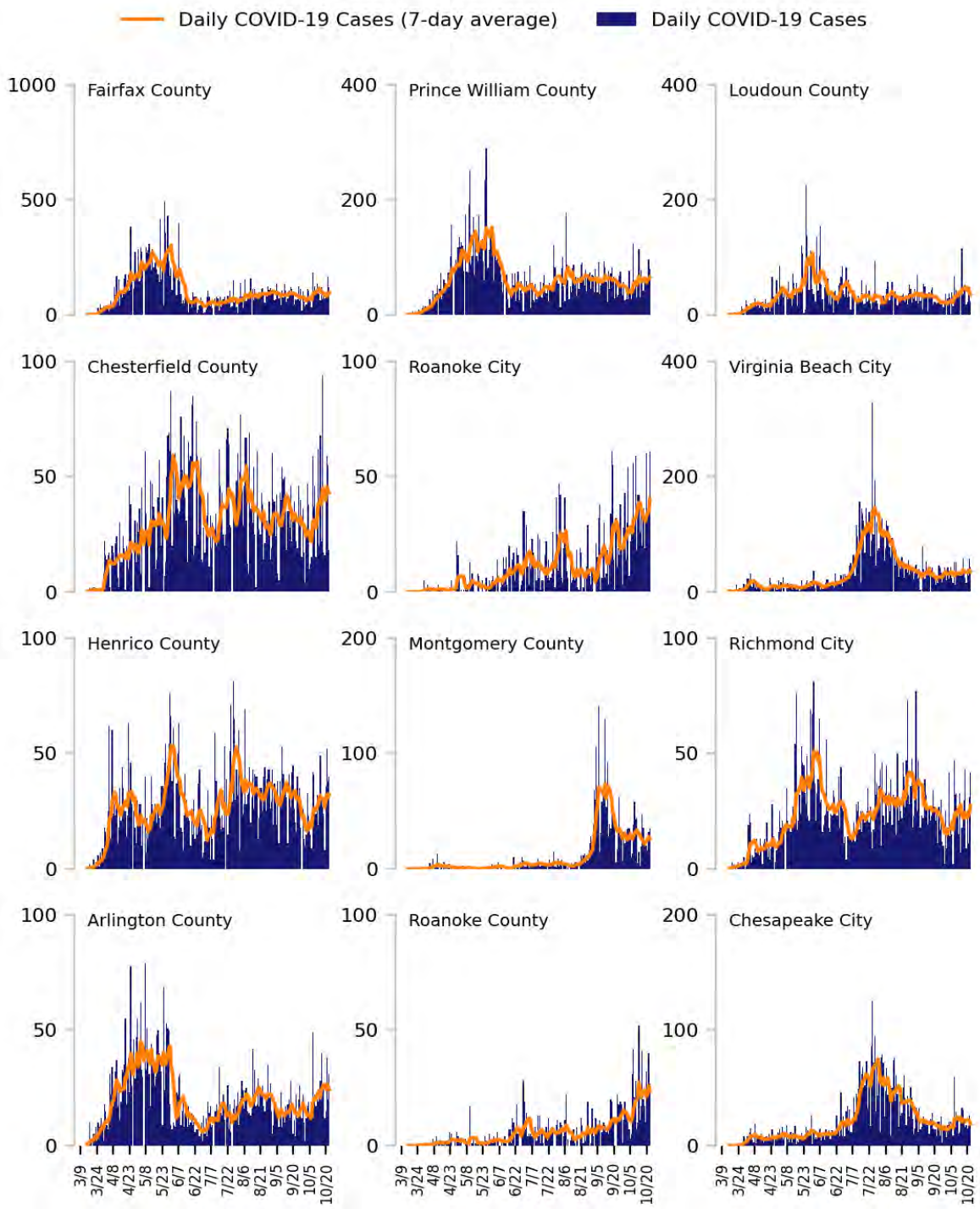
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



DATA SOURCES – Additional data details available under METHODS

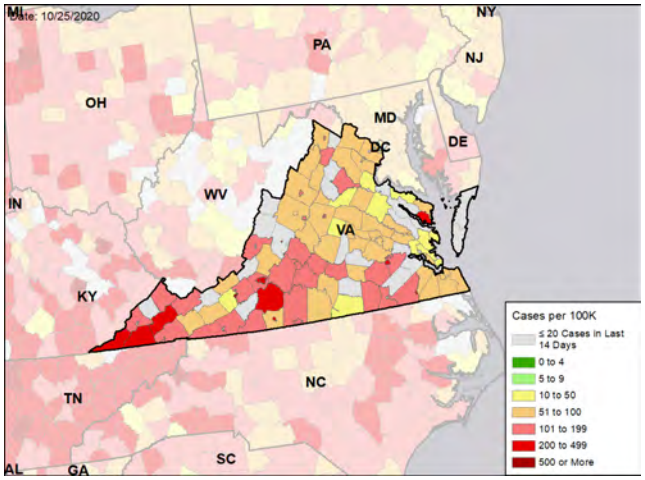
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

VIRGINIA

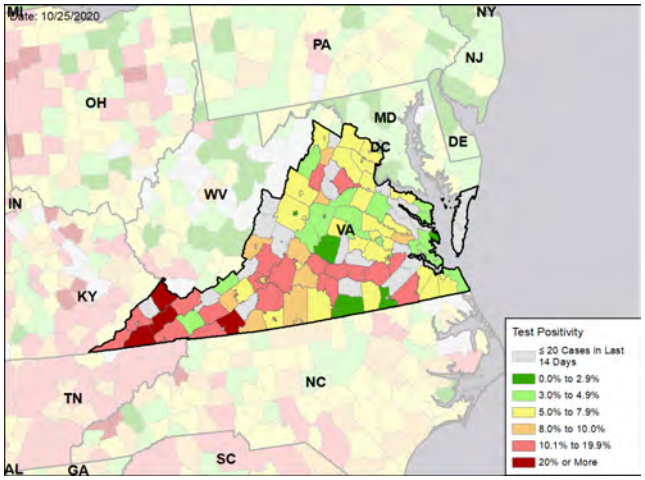
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

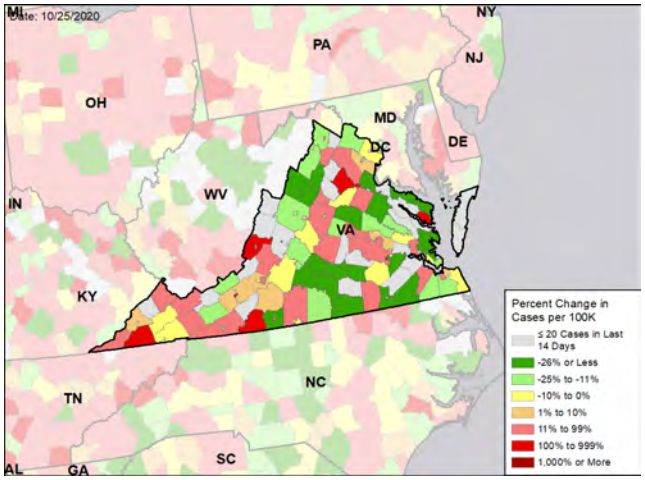
NEW CASES PER 100,000 DURING THE LAST WEEK



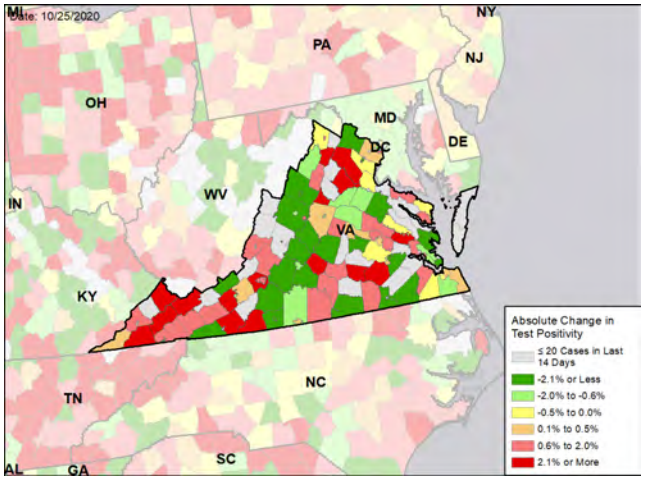
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

WASHINGTON

SUMMARY

- Washington is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 44th highest rate in the country. Washington is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 41st highest rate in the country.
- Washington has seen stability in new cases and an increase in test positivity over the last week.
- Cases increased in several counties in both eastern and western Washington, although the highest incidences continued to be in counties in eastern Washington.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. King County, 2. Spokane County, and 3. Pierce County. These counties represent 49.6% of new cases in Washington.
- Institutions of higher education (IHE): New statewide social distancing measures for universities were published in response to the outbreaks at UW (King County) and Washington State University (Whitman County).
- 31% of all counties in Washington have moderate or high levels of community transmission (yellow, orange, or red zones), with 8% having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 6% of nursing homes had at least one new resident COVID-19 case, 18% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Washington had 59 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 63 to support operations activities from FEMA; 3 to support operations activities from ASPR; and 21 to support operations activities from USCG.
- Between Oct 17 - Oct 23, on average, 27 patients with confirmed COVID-19 and 72 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Washington. An average of 90% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Washington has been successful with limiting transmission with gradated mitigation measures and enhanced disease control capacity, including expanded testing. Although the stability in cases last week is welcome, hospital census continues to rise gradually, indicating a need to continue mitigation measures with efforts to help communities increase their observance of them.
- As state and local leaders consider how to most effectively mitigate increasing cases while maximizing economic activity, it may be useful to emphasize that compliance with restrictions on gathering sizes, especially indoors, will help limit the superspreader events that are critical to rapid epidemic spread. This in turn will help to increase the level at which businesses can operate safely. State and local leaders should work intensely with business leaders and communities to ensure a clear, shared message.
- Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Consider implementing increased randomized community testing to find asymptomatic infected individuals, isolate them, and trace contacts. This model has helped universities control spread in their communities. Use of rapid tests are extremely helpful in these activities.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations everywhere, as well as tailored business and public venue measures for counties with increasing incidence.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. Encourage outdoor activities and ensure mask and physical distancing messages for all residents both in public and private spaces. With weather conditions increasingly forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of "prevention fatigue."
- Continue to implement plan to increase surveillance for community spread using the Abbott BinaxNOW or other antigen tests, especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Increased rate of infection seen among LTCF workers indicates significant transmission in their communities and those transmission settings must be identified and mitigated.
- Ensure university faculty, staff, and students continue their mitigation behaviors to ensure no further outbreaks on or off campus.
- 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 | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,486 (59)	-1%	14,439 (101)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.5%	+0.6%*	7.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	87,280** (1,146**)	-6%**	275,248** (1,918**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	60 (0.8)	+30%	136 (0.9)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	6%	-1%*	6%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	18%	-1%*	20%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+0%*	3%	4%

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

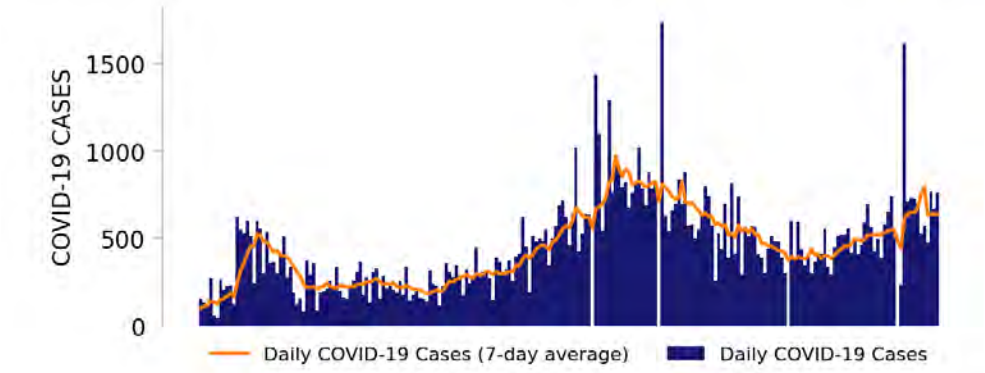
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020; last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

WASHINGTON

STATE REPORT | 10.25.2020

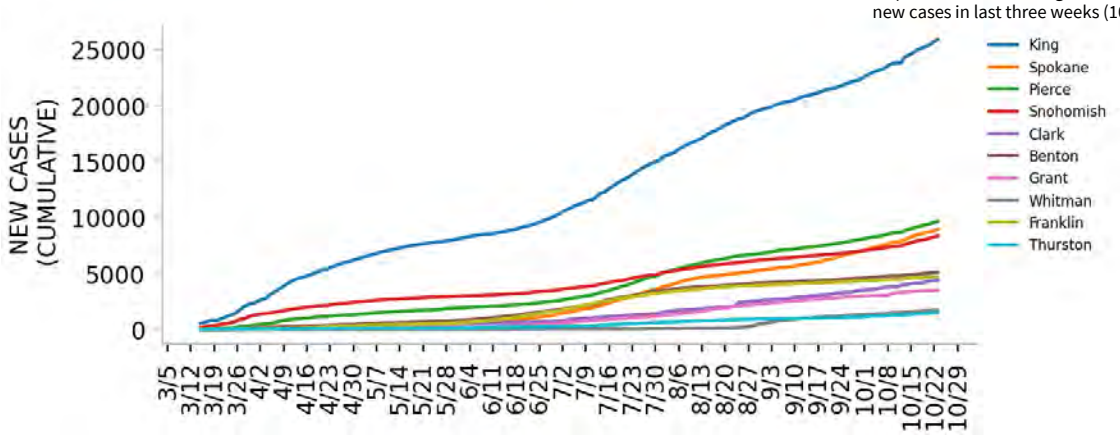
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

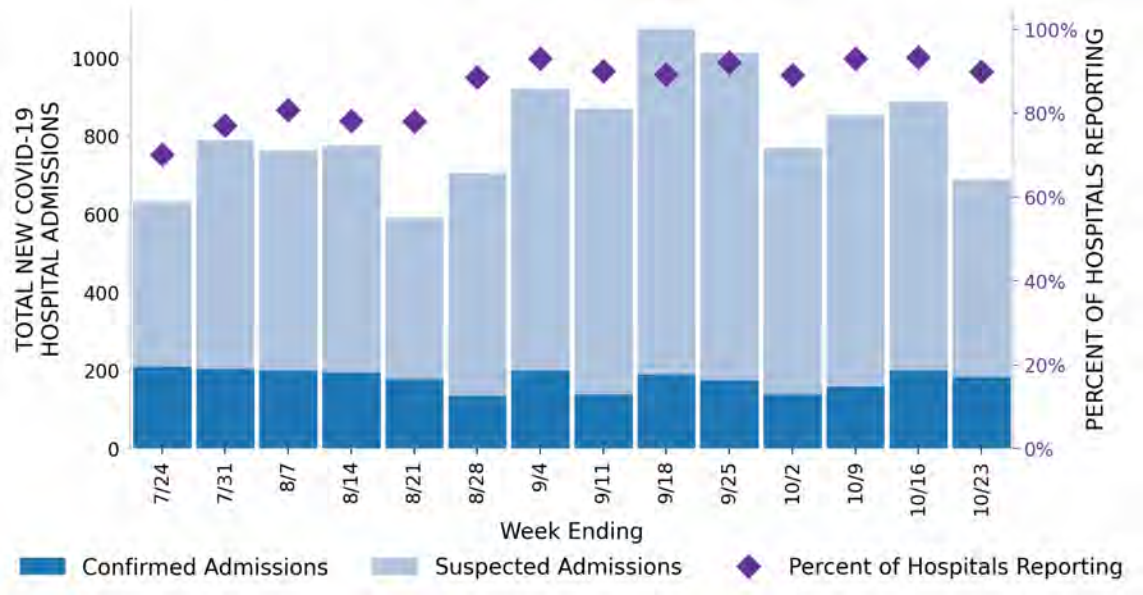
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/21/2020.

WASHINGTON

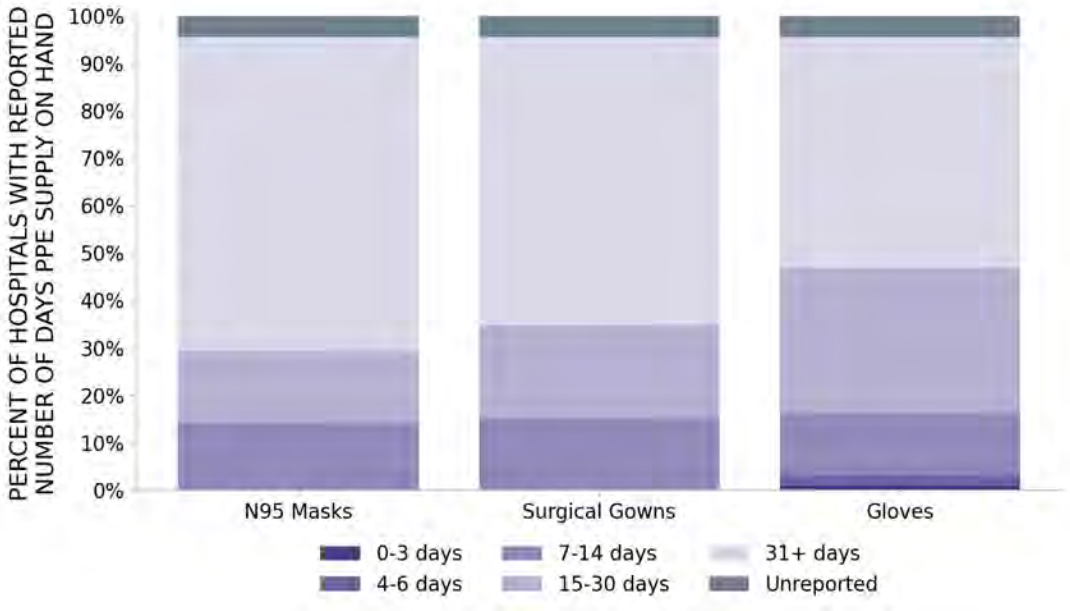
STATE REPORT | 10.25.2020

92 hospitals are expected to report in Washington

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

WASHINGTON

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	**2** ▲ (+1)	Ellensburg Lewiston	**3** ▲ (+1)	Franklin Kittitas Lincoln
LOCALITIES IN ORANGE ZONE	**1** ■ (+0)	Moses Lake	**3** ▲ (+1)	Clark Grant Asotin
LOCALITIES IN YELLOW ZONE	**6** ▼ (-1)	Portland-Vancouver-Hillsboro Kennewick-Richland Pullman Yakima Walla Walla Shelton	**6** ▼ (-3)	Benton Whitman Yakima Walla Walla Mason Pacific

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

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

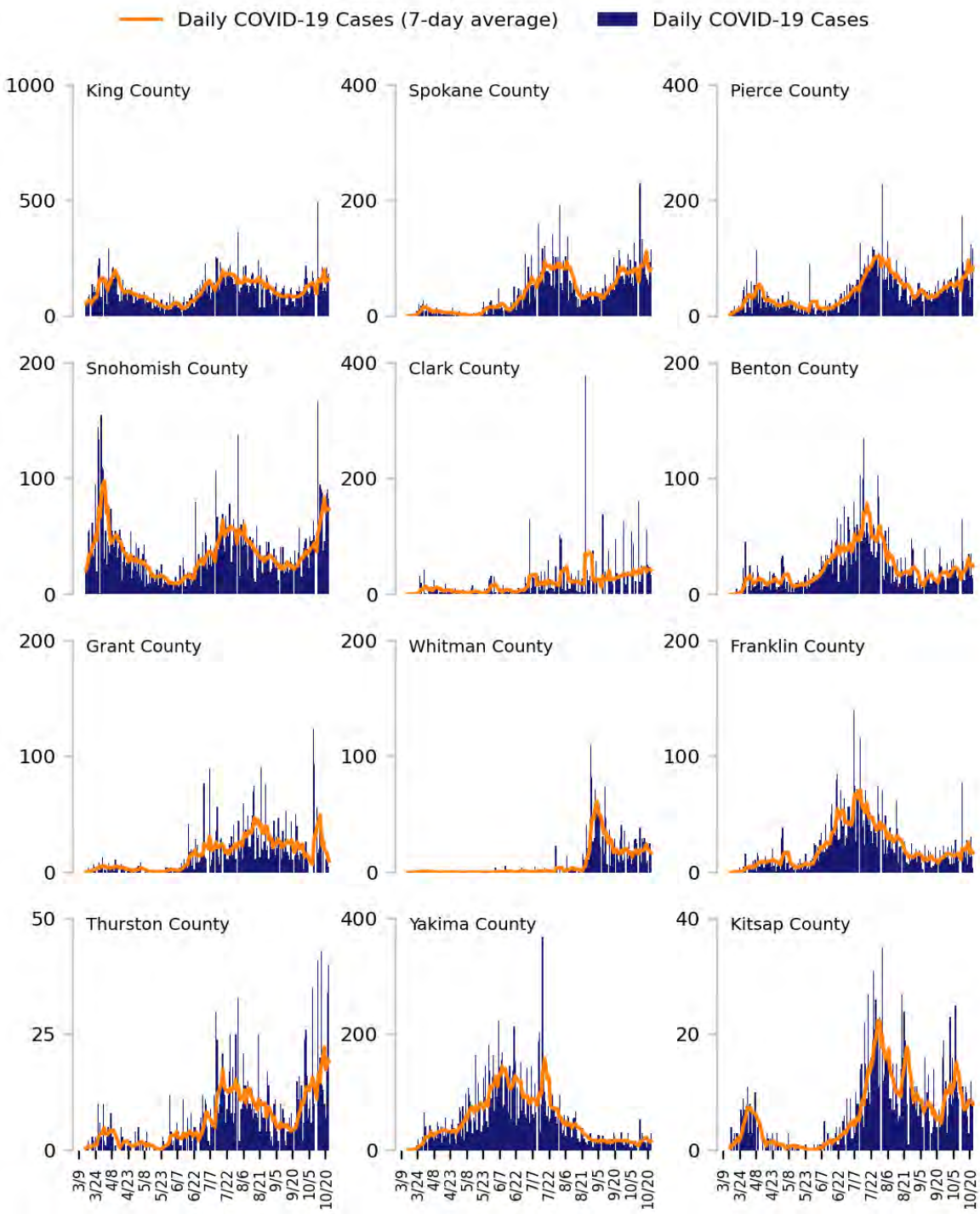
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

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

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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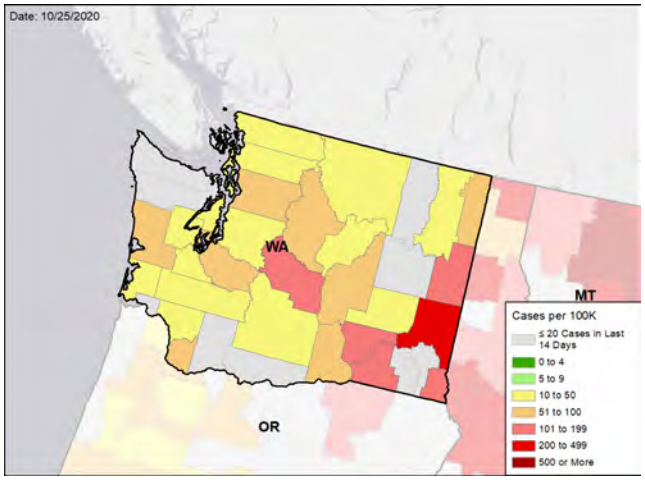
WASHINGTON

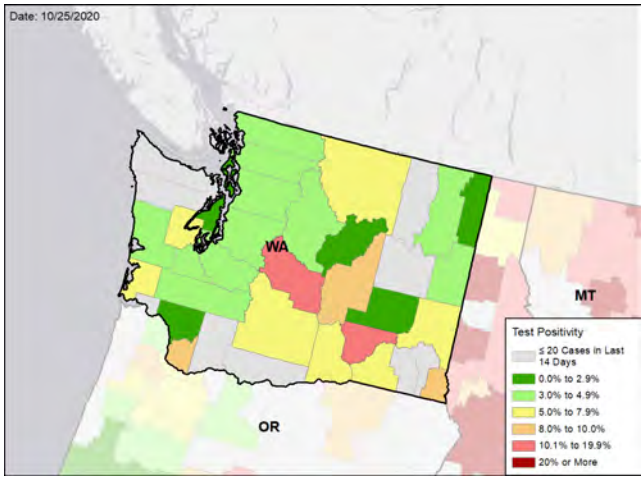
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

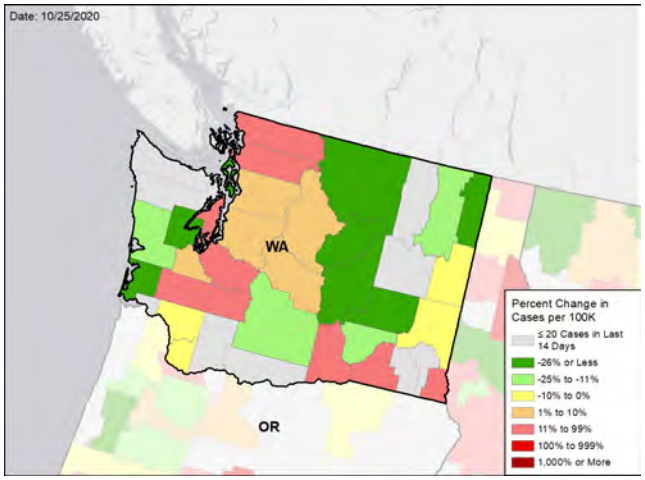
NEW CASES PER 100,000 DURING THE LAST WEEK



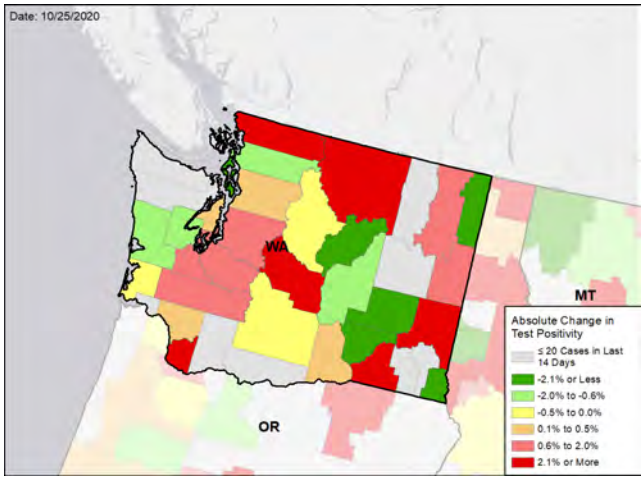
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

WEST VIRGINIA

SUMMARY

- West Virginia is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 32nd highest rate in the country. West Virginia is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 38th highest rate in the country.
- West Virginia has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Kanawha County, 2. Berkeley County, and 3. Cabell County. These counties represent 29.4% of new cases in West Virginia.
- 27% of all counties in West Virginia have moderate or high levels of community transmission (yellow, orange, or red zones), with 5% having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 8% of nursing homes had at least one new resident COVID-19 case, 13% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- West Virginia had 101 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 7 to support operations activities from FEMA; 6 to support epidemiology activities from CDC; and 29 to support operations activities from USCG.
- Between Oct 17 - Oct 23, on average, 26 patients with confirmed COVID-19 and 29 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in West Virginia. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- West Virginians' community approach to decrease spread is paying off!.
- Keep requirements in place including mask wearing, physical distancing, hand hygiene, and avoiding crowds in public and social gatherings in private.
- Work with communities to limit large and small social gatherings; current transmissions are linked to home gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. When meeting people who are not a part of one's household, masking and physical distancing must be observed at all times, especially when indoors.
- Continue to contact trace all nursing home staff to track exposures and use that information to develop messages to reduce introduction of COVID-19 to nursing homes.
- Provide specific mitigation messaging appealing to the following groups to engage them to do their part to slow the spread:
    - Rural communities.
    - Individuals over 65 years-old through senior citizen networks.
    - University students.
- The Abbott BinaxNOW tests perform best when used serially in populations and in schools. Corrections and healthcare workers must use these tests for weekly surveillance testing to monitor and act on county trends identified though sentinel surveillance.
- Ensure all hospitals have access to antivirals and antibodies and ensure early use as treatment (within 48 hours). Need visibility from all hospitals on admissions and supplies in order to adequately support them.
- 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 | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,806 (101)	-4%	26,158 (85)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.4%	+0.0%*	4.7%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	50,772** (2,833**)	-6%**	608,658** (1,973**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	26 (1.5)	+30%	386 (1.3)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	8%	-2%*	9%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	13%	-7%*	19%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	-1%*	3%	4%

* 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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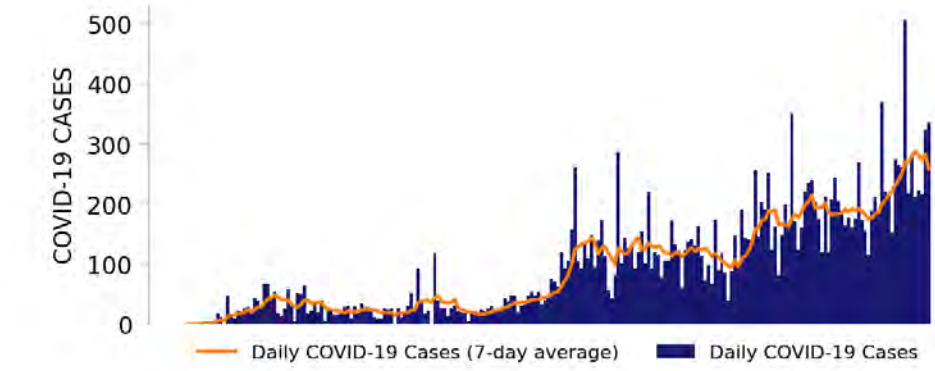
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 10/12-10/18, previous week is 10/5-10/11. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

WEST VIRGINIA

STATE REPORT | 10.25.2020

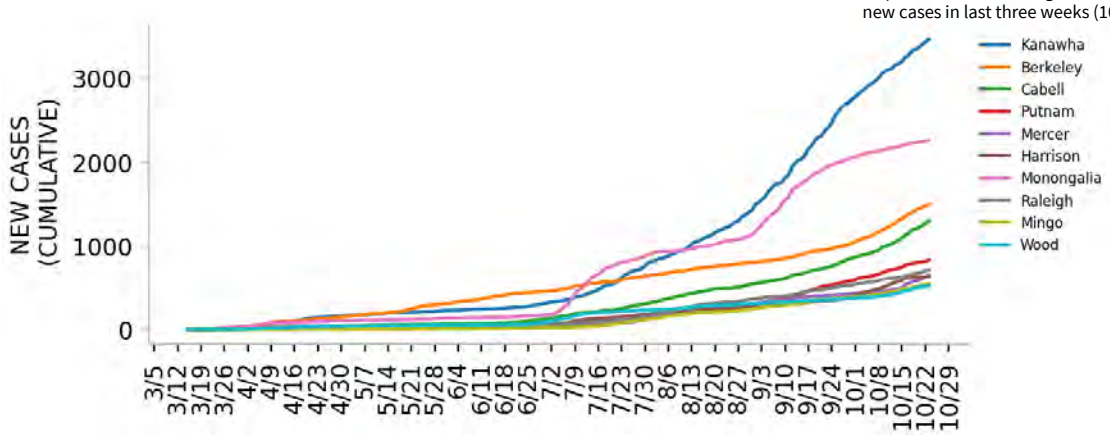
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

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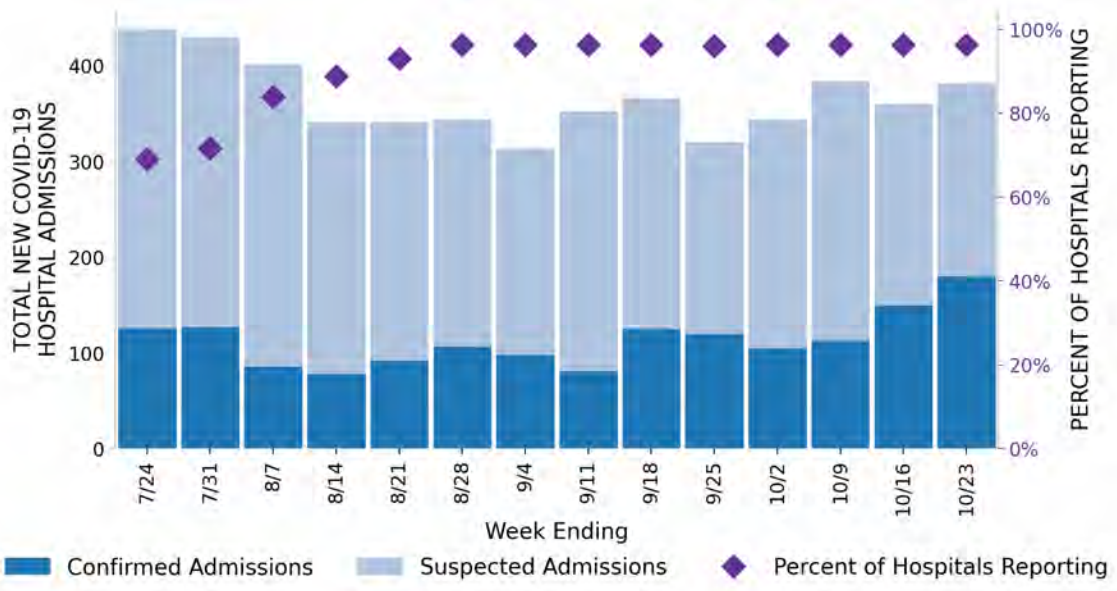
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

WEST VIRGINIA

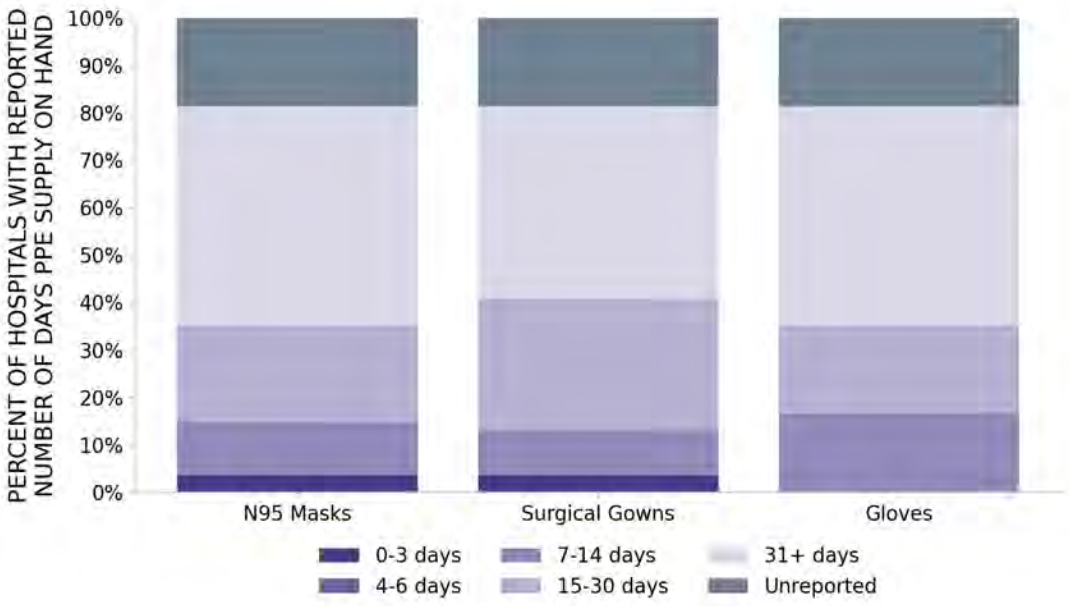
STATE REPORT | 10.25.2020

54 hospitals are expected to report in West Virginia

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

WEST VIRGINIA

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	**0** ■ (+0)	N/A	**3** ▼ (-1)	Mingo Wyoming Wetzel
LOCALITIES IN ORANGE ZONE	**1** ■ (+0)	Mount Gay-Shamrock	**2** ■ (+0)	Logan Braxton
LOCALITIES IN YELLOW ZONE	**6** ▲ (+2)	Charleston Huntington-Ashland Bluefield Cumberland Point Pleasant Winchester	**10** ▼ (-5)	Kanawha Berkeley Cabell Upshur Wayne Brooke Jackson Boone Monroe Summers

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

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

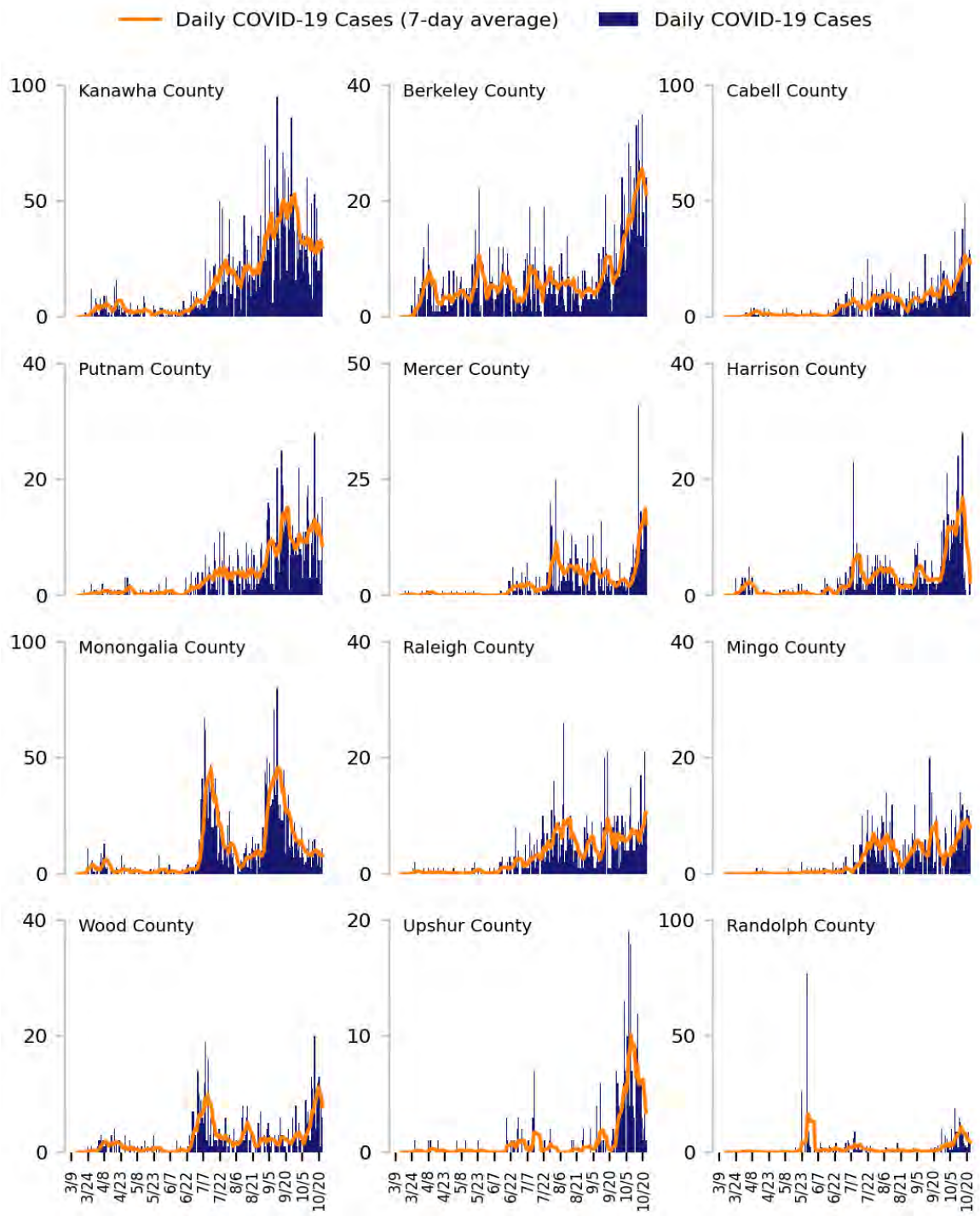
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21.

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



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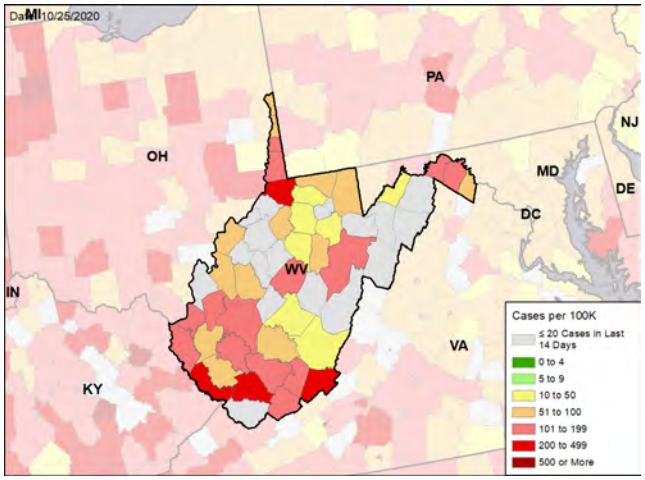
WEST VIRGINIA

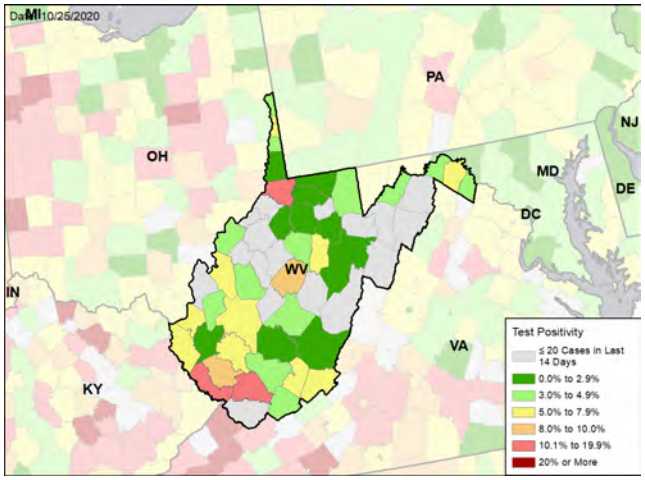
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

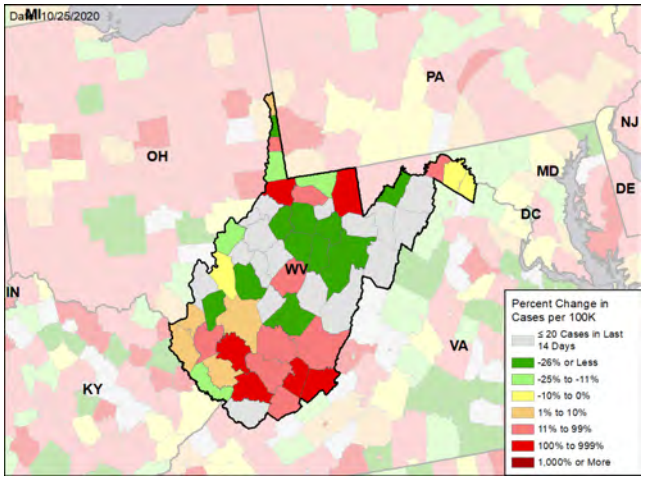
NEW CASES PER 100,000 DURING THE LAST WEEK



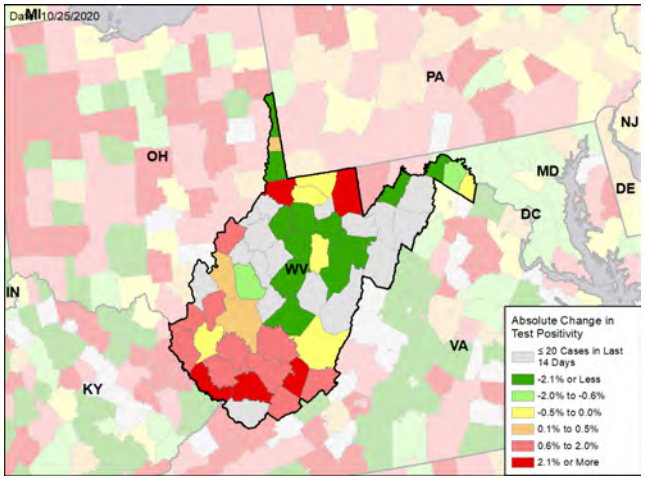
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

STATE REPORT
10.25.2020

WISCONSIN

SUMMARY

- Wisconsin continued to have a sustained peak of epidemic activity over the last week with an ongoing health emergency. Wisconsin is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 4th highest rate in the country. Wisconsin is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 6th highest rate in the country.
- Wisconsin has seen an increase in new cases and stability in test positivity over the last week.
- The state reported more than 3,600 cases a day last week on average; hospitalizations and deaths continued to increase last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Milwaukee County, 2. Brown County, and 3. Winnebago County. These counties represent 25.5% of new cases in Wisconsin.
- Intense community virus transmission is seen throughout the state with none of 72 counties reporting less than 100 cases per 100,000 population. 99% of all counties in Wisconsin have moderate or high levels of community transmission (yellow, orange, or red zones), with 76% having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 18% of nursing homes had at least one new resident COVID-19 case, 47% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Wisconsin had 433 new cases per 100,000 population in the last week, compared to a national average of 133 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 6 to support operations activities from FEMA; 1 to support epidemiology activities from CDC; 1 to support operations activities from USCG; 12 to support medical activities from VA; and 2 to support operations activities from VA.
- The federal government has supported surge testing in Neenah, WI.
- Between Oct 17 - Oct 23, on average, 299 patients with confirmed COVID-19 and 217 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wisconsin. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- We share the concern of the state leadership that the situation will continue to worsen with increased morbidity and mortality. Wisconsin's ability to limit these increases depends on increased observation of social distancing mitigation measures by the community until cases decline.
- The regional upsurge in cases and inadequate compliance with mitigation measures is resulting in a rapidly increasing cases, hospitalizations, and deaths. These increases in cases and test positivity, along with the severe situation in several adjoining states, indicate that increasing mitigation measures should be implemented expeditiously to avoid falling behind the rapid spread. The ability to limit further, avoidable increases in hospitalizations and deaths will depend on communities' compliance with social distancing mitigation measures.
- As state and local leaders weigh how to most effectively mitigate increasing cases while maximizing economic activity, recommend continuing to emphasize that compliance with restrictions on public and private gathering sizes, especially indoors, will help limit the superspreader events that are critical to rapid epidemic spread. This in turn will help to increase the level at which businesses can operate safely. State and local leaders should work intensely with business leaders and communities to ensure a clear and shared message.
- Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Consider implementing increased randomized community testing to find asymptomatic infected individuals, isolate them, and trace contacts. This model has helped universities control spread in their communities. Use of rapid tests are extremely helpful in these activities.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations everywhere, as well as tailored business and public venue measures for counties with increasing incidence.
- Concern remains for further increases in community transmission with increasing hospitalizations and deaths, given the continued spread among younger age groups, much of which is asymptomatic. Community transmission is frequently occurring in smaller gatherings of family and friends, especially among young adults, where masking and social distancing recommendations are not followed. With weather conditions forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of "prevention fatigue."
- Localized, more intense mitigation measures in high incidence jurisdictions are recommended, including maintaining or increasing restrictions on gathering sizes, especially indoors. This is especially important in the next few weeks given the recent increased transmission with larger numbers of highly infectious individuals. Public education and enforcement measures to increase compliance should be enhanced. In red and orange counties, or state-designated high incidence communities, both public and private gatherings should be as small as possible and optimally, not extend beyond immediate family.
- Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus.
- Continue testing programs in long-term care facilities (LTCF), with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Utilize point-of-care testing platforms to facilitate rapid COVID-19 case identification.
- Continue to implement plan to increase surveillance for community spread using the Abbott BinaxNOW or other antigen tests, especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Increased rate of infection seen among LTCF workers indicates significant transmission in their communities and those transmission settings must be identified and mitigated.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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.

WISCONSIN

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	25,239 (433)	+12%	105,807 (201)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.2%	+0.4%*	7.2%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	184,021** (3,161**)	-25%**	1,522,134** (2,897**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	171 (2.9)	+28%	1,038 (2.0)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	18%	+3%*	13%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	47%	+5%*	29%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+2%*	5%	4%

* 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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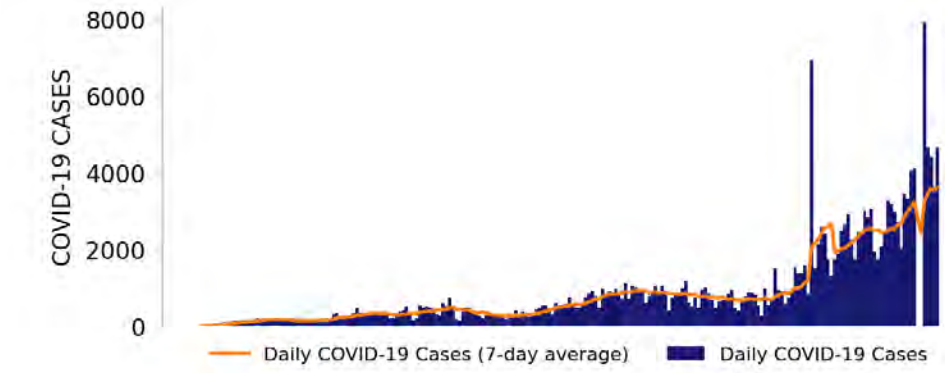
STATE REPORT | 10.25.2020

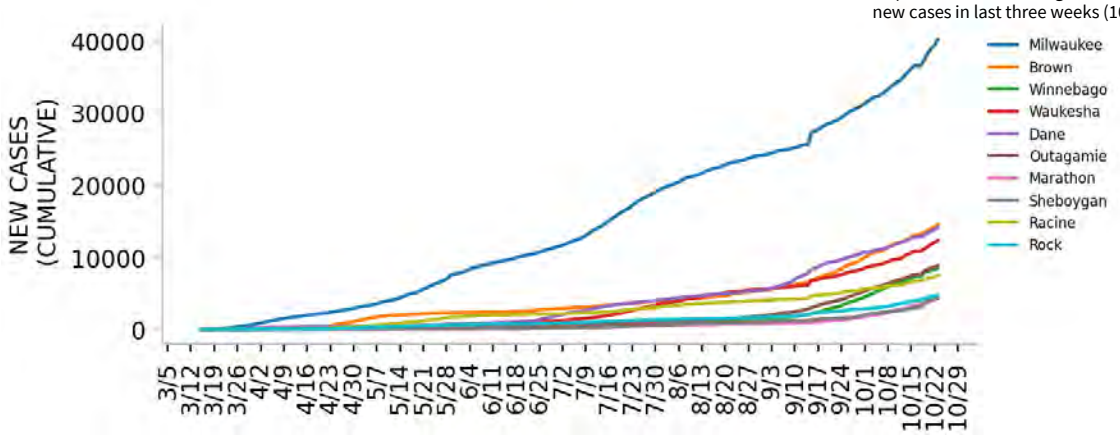
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



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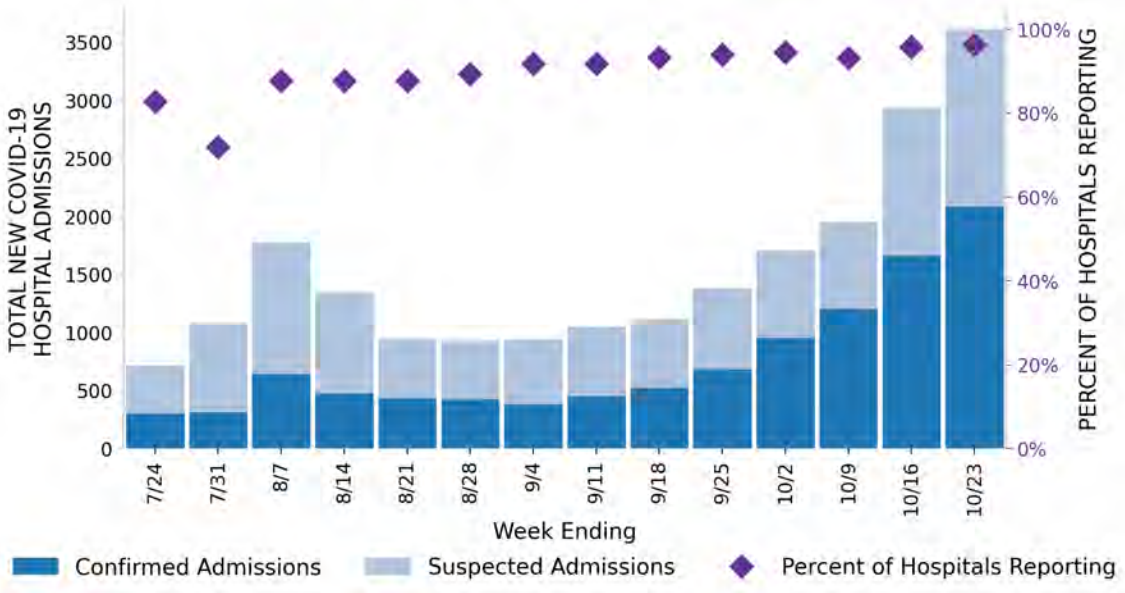
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

WISCONSIN

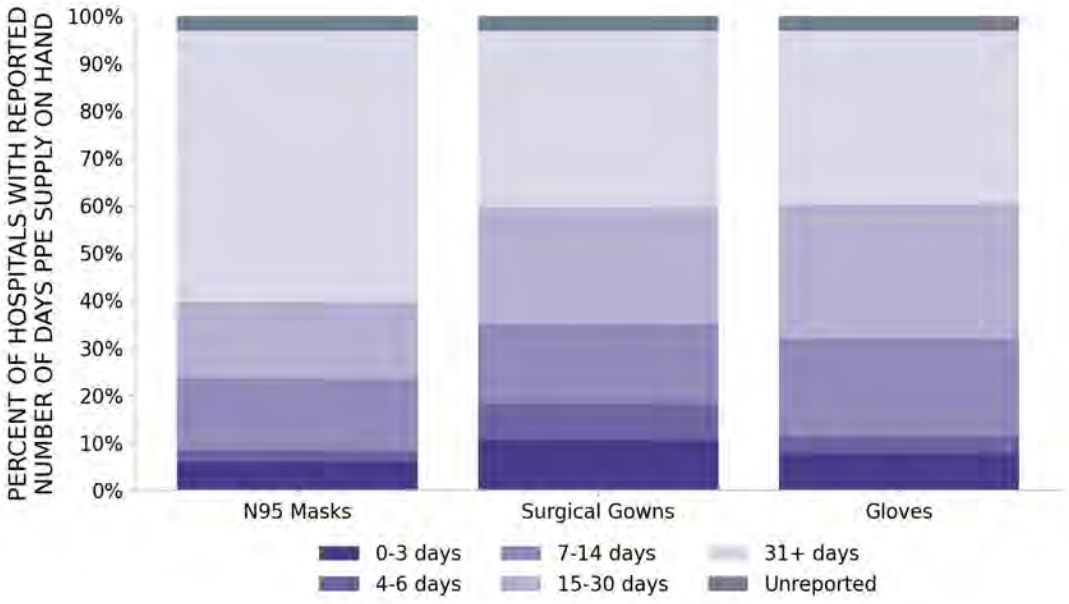
STATE REPORT | 10.25.2020

131 hospitals are expected to report in Wisconsin

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

WISCONSIN

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	19 ■ (+0)	Milwaukee-Waukesha Green Bay Appleton Oshkosh-Neenah Wausau-Weston Sheboygan Racine Janesville-Beloit Fond du Lac Eau Claire Beaver Dam Manitowoc	55 ▲ (+7)	Milwaukee Brown Winnebago Waukesha Outagamie Marathon Sheboygan Racine Rock Fond du Lac Dodge Washington
LOCALITIES IN ORANGE ZONE	4 ▲ (+2)	Chicago-Naperville-Elgin La Crosse-Onalaska Platteville Baraboo	8 ▼ (-4)	La Crosse Grant Sauk Taylor Crawford Sawyer Rusk Washburn
LOCALITIES IN YELLOW ZONE	4 ▼ (-2)	Madison Minneapolis-St. Paul-Bloomington Whitewater Duluth	8 ▼ (-1)	Dane Walworth Clark Iowa Pierce Ashland Burnett Bayfield

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

All Red CBSAs: Milwaukee-Waukesha, Green Bay, Appleton, Oshkosh-Neenah, Wausau-Weston, Sheboygan, Racine, Janesville-Beloit, Fond du Lac, Eau Claire, Beaver Dam, Manitowoc, Shawano, Stevens Point, Watertown-Fort Atkinson, Wisconsin Rapids-Marshfield, Marinette, Menomonie, Iron Mountain

All Red Counties: Milwaukee, Brown, Winnebago, Waukesha, Outagamie, Marathon, Sheboygan, Racine, Rock, Fond du Lac, Dodge, Washington, Manitowoc, Calumet, Shawano, Kenosha, Waupaca, Portage, Oconto, Columbia, Eau Claire, Jefferson, Chippewa, Ozaukee, Wood, St. Croix, Marinette, Oneida, Langlade, Waushara, Barron, Lincoln, Monroe, Green Lake, Kewaunee, Door, Dunn, Green, Juneau, Marquette, Vilas, Trempealeau, Richland, Polk, Vernon, Price, Jackson, Adams, Menominee, Lafayette, Forest, Florence, Buffalo, Pepin, Iron

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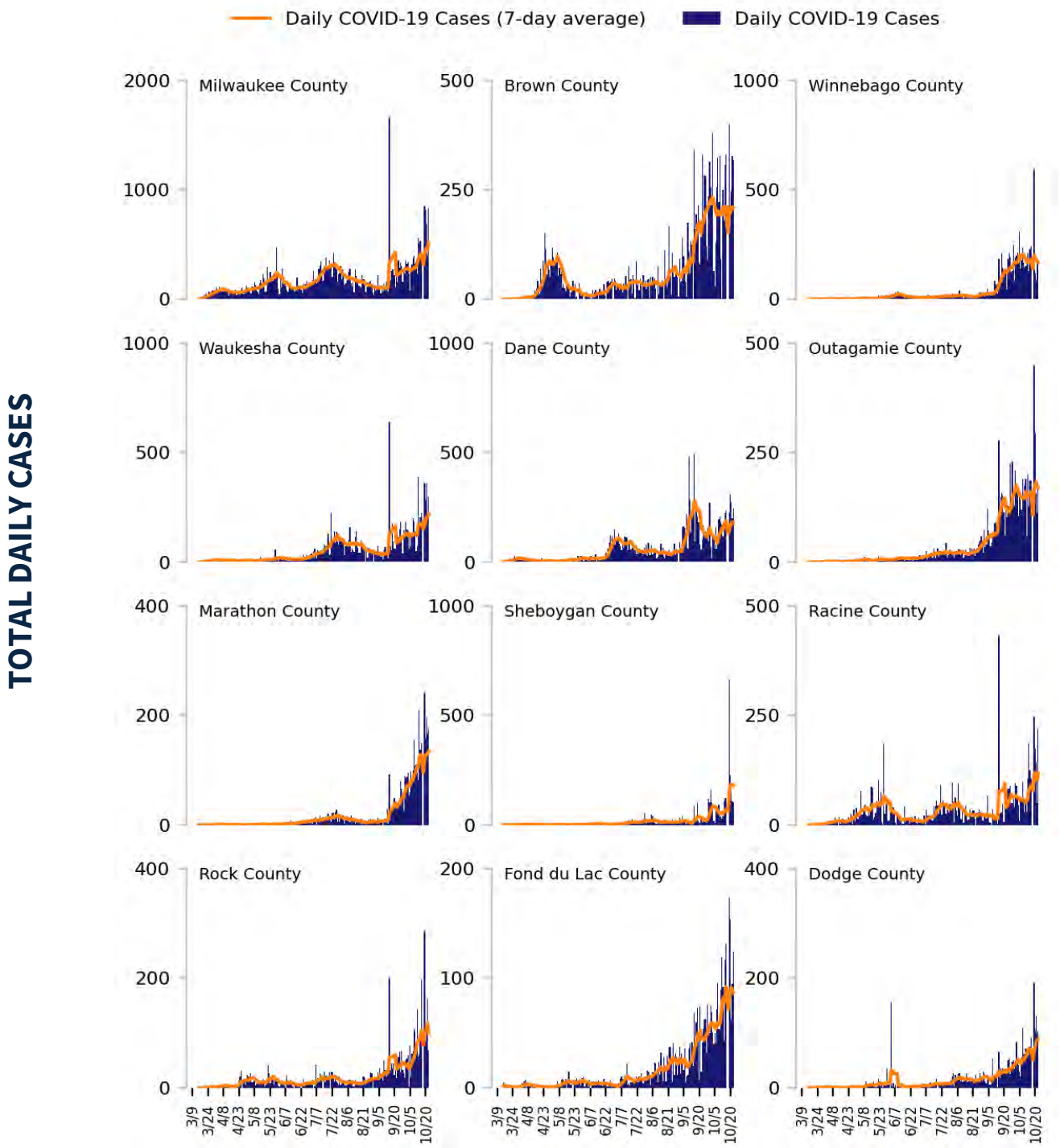
Top 12 counties based on number of new cases in the last 3 weeks



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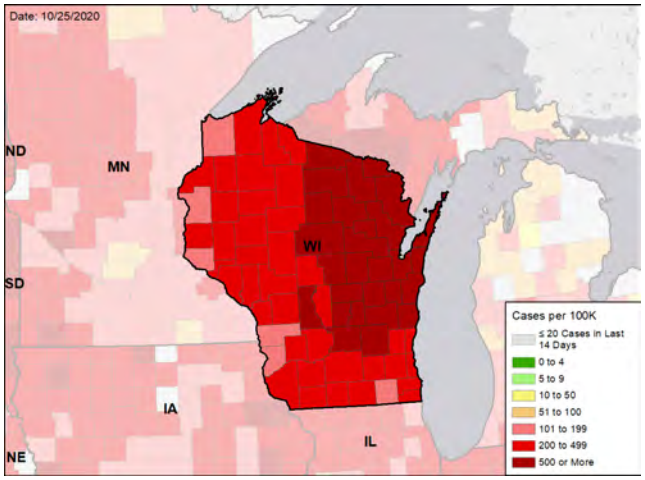
WISCONSIN

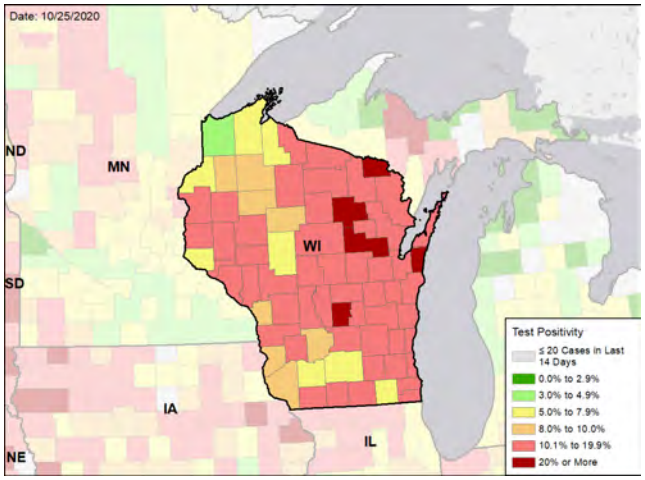
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

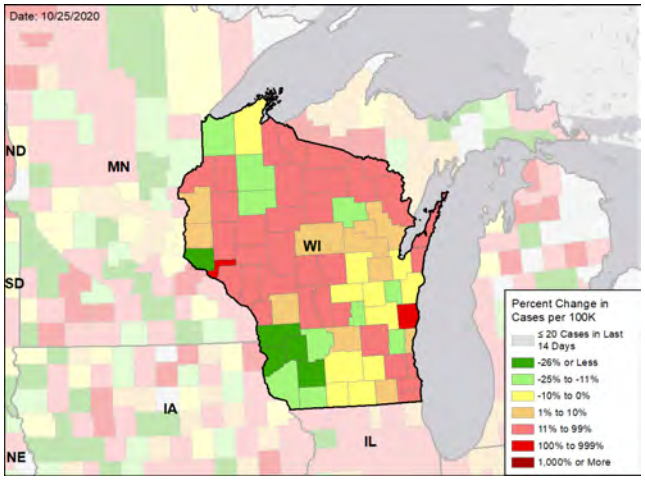
NEW CASES PER 100,000 DURING THE LAST WEEK



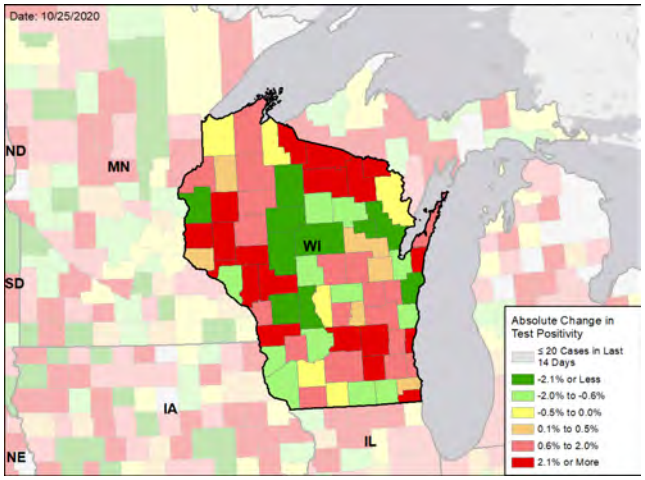
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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STATE REPORT
10.25.2020

WYOMING

SUMMARY

- Wyoming is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 6th highest rate in the country. Wyoming is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 21st highest rate in the country.
- Wyoming has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Laramie County, 2. Albany County, and 3. Natrona County. These counties represent 40.9% of new cases in Wyoming.
- 39% of all counties in Wyoming have moderate or high levels of community transmission (yellow, orange, or red zones), with 26% having high levels of community transmission (red zone).
- During the week of Oct 12 - Oct 18, 24% of nursing homes had at least one new resident COVID-19 case, 29% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death; apparent outbreaks in facilities in Laramie (9 cases) and Lovell (5 cases), with multiple other facilities in Cheyenne, Gillette, and Torrington having 3 or more cases.
- Wyoming had 325 new cases per 100,000 population in the last week, compared to a national average of 133 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 Oct 17 - Oct 23, on average, 22 patients with confirmed COVID-19 and 23 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wyoming. An average of 85% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- This week, we have included PPE availability reported from your hospitals. We will continue to work together on improving the quality of reporting on hospital admissions and supplies.
- Other states have managed to greatly curtail transmission through high-level testing and strict mitigation efforts. Given the current extent of transmission, Wyoming should continue to expand testing and enact stronger mitigation policies, including limit hours of bars, theaters, and gyms; substantially reduce occupancy limits in all indoor restaurants and commercial settings; and monitor and enforce use of face coverings in all public indoor spaces and where at least 6 feet of distance cannot be maintained.
- Surge contact tracing efforts where incidence and test positivity are highest to ensure interview of cases within 48 hours of test result; expand capacity by focusing and reducing the interview, developing scripts and protocols to allow task-shifting, expanding staff by hiring within local communities, and using remote tracers from other communities who aren't as busy.
- Deploy strategies for safe in-person voting now and ensure compliance on Election Day.
- Expand use of quantitative wastewater testing to detect changes in transmission; develop a sentinel surveillance by using antigen or other rapid tests to regularly test (e.g., weekly or twice monthly) selected staff at high risk of infection.
- Report results of all antigen test results, negative as well as positive.
- Continue to closely monitor hospital utilization, resources, and capacity at the local level and engage state and federal partners early if there are resource limitations or critical staffing issues.
- In advance of the holidays, develop and deploy public health messaging across all media platforms (including SMS) that recommends avoidance of all social gatherings outside immediate household, especially for those most vulnerable to severe disease; if such gatherings cannot be avoided, reemphasize the need to limit size, practice social distancing, and wear face coverings.
- Given increasing test positivity, University of Wyoming should:
    - Intensify messaging to students and clarify policies and procedures and consequences for non-adherence.
    - Accelerate efforts to expand PCR capacity (and shorten time to return of results) and consider use of wastewater surveillance to monitor residence halls and dormitories.
    - Continue adapting classroom policies according to data and define threshold that will trigger cessation of in-person activities.
- Ensure effective communication, testing, contact tracing, and isolation/quarantine are provided to Hispanic and Native American communities.
- All nursing homes with 3 or more cases per week over any of the past 3 weeks should have facility-wide testing and complete inspection surveys to ensure strict adherence to CMS guidance.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

WYOMING

STATE REPORT | 10.25.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,880 (325)	+40%	35,565 (290)	436,442 (133)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.2%	+2.9%*	11.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	17,323** (2,993**)	-25%**	301,890** (2,463**)	6,706,546** (2,043**)
COVID-19 DEATHS (RATE PER 100,000)	11 (1.9)	+175%	228 (1.9)	5,484 (1.7)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	24%	+5%*	15%	12%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	29%	-7%*	37%	24%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+3%*	5%	4%

* 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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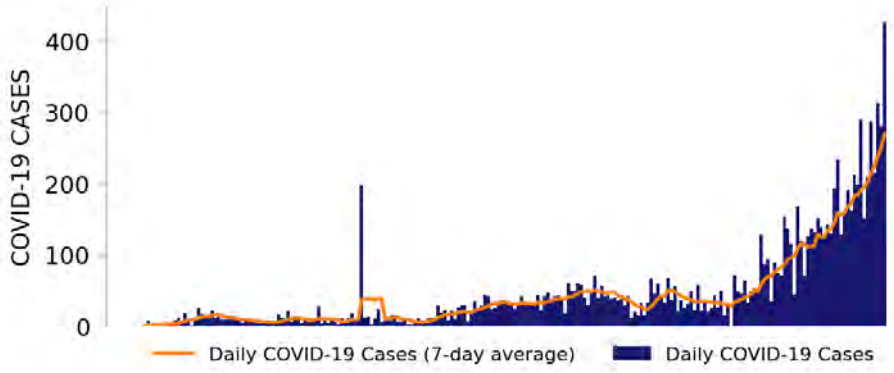
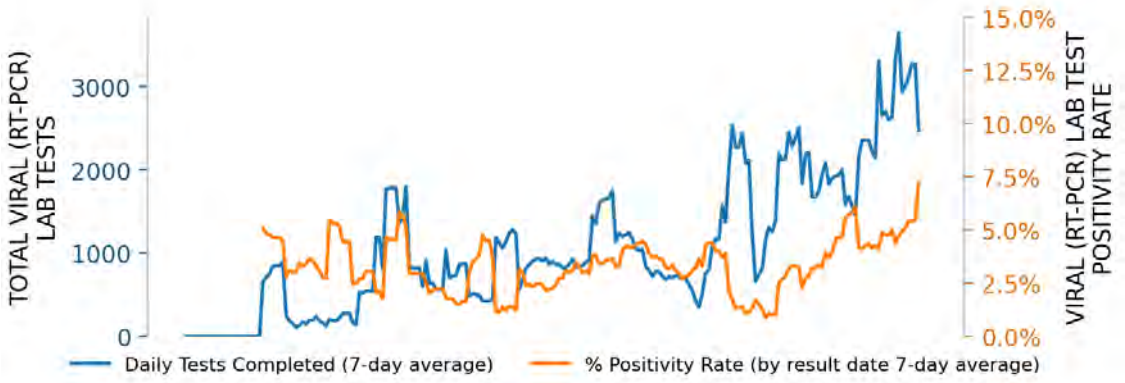
WYOMING

STATE REPORT | 10.25.2020

NEW CASES

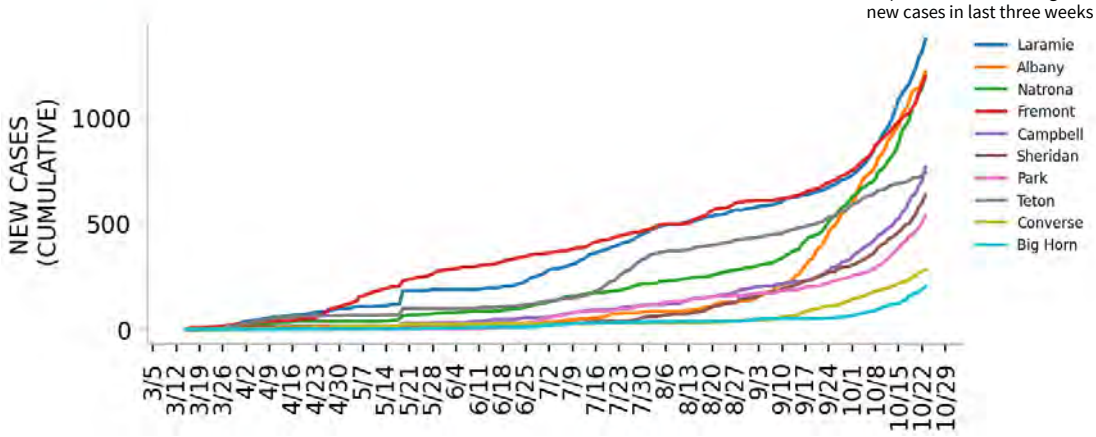


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/3 - 10/23)



DATA SOURCES – Additional data details available under METHODS

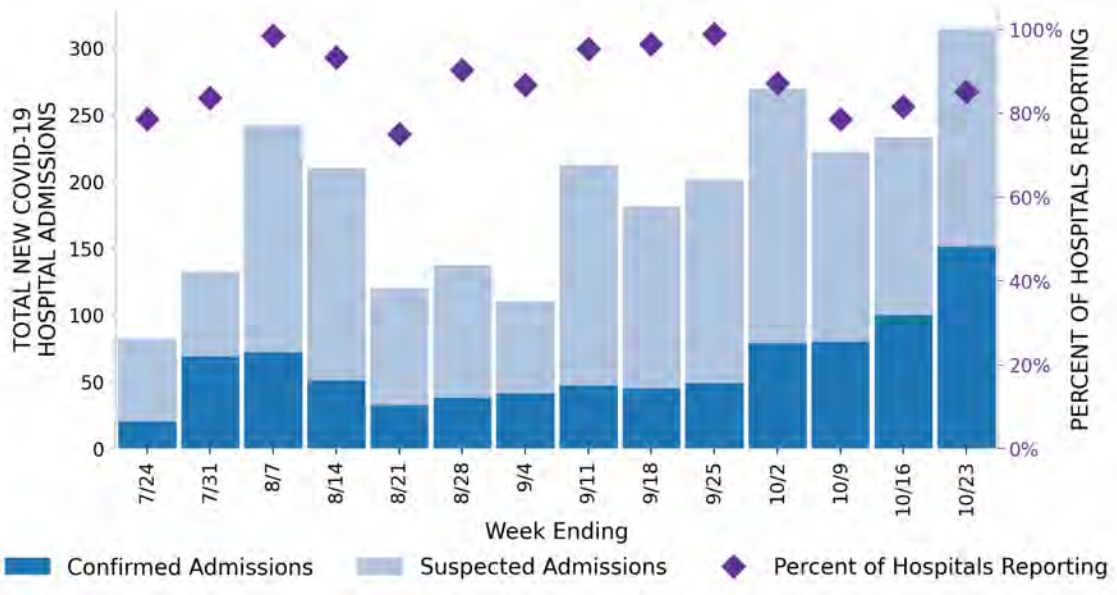
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/21/2020.

WYOMING

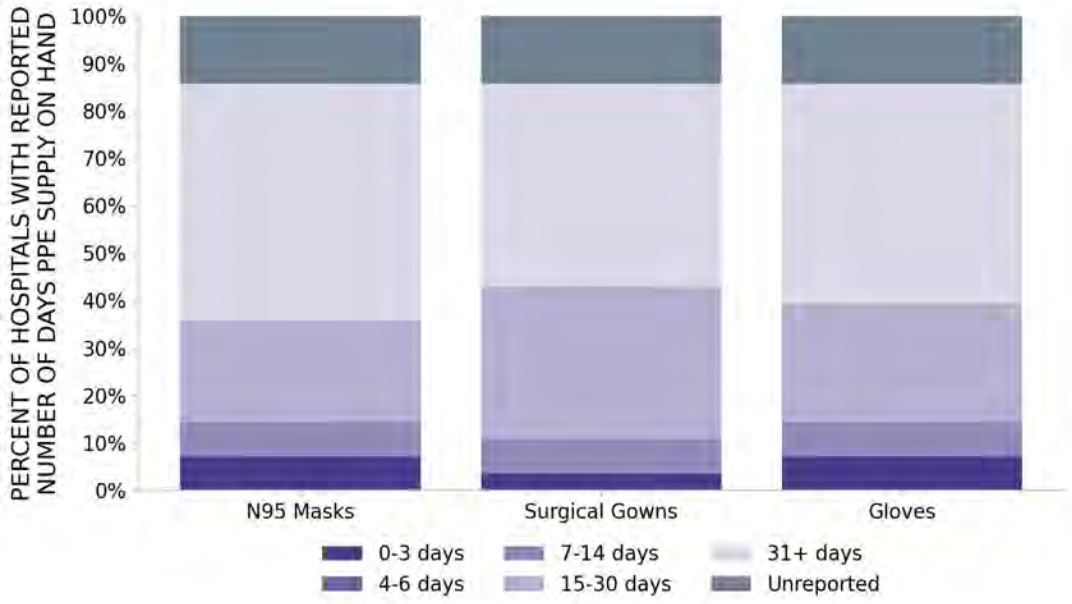
STATE REPORT | 10.25.2020

28 hospitals are expected to report in Wyoming

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/21/2020.

WYOMING

STATE REPORT | 10.25.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	2 ▲ (+1)	Gillette Riverton	6 ▲ (+1)	Fremont Park Converse Big Horn Weston Goshen
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	1 ▲ (+1)	Campbell
LOCALITIES IN YELLOW ZONE	2 ▼ (-1)	Casper Jackson	2 ▼ (-2)	Natrona Teton

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

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

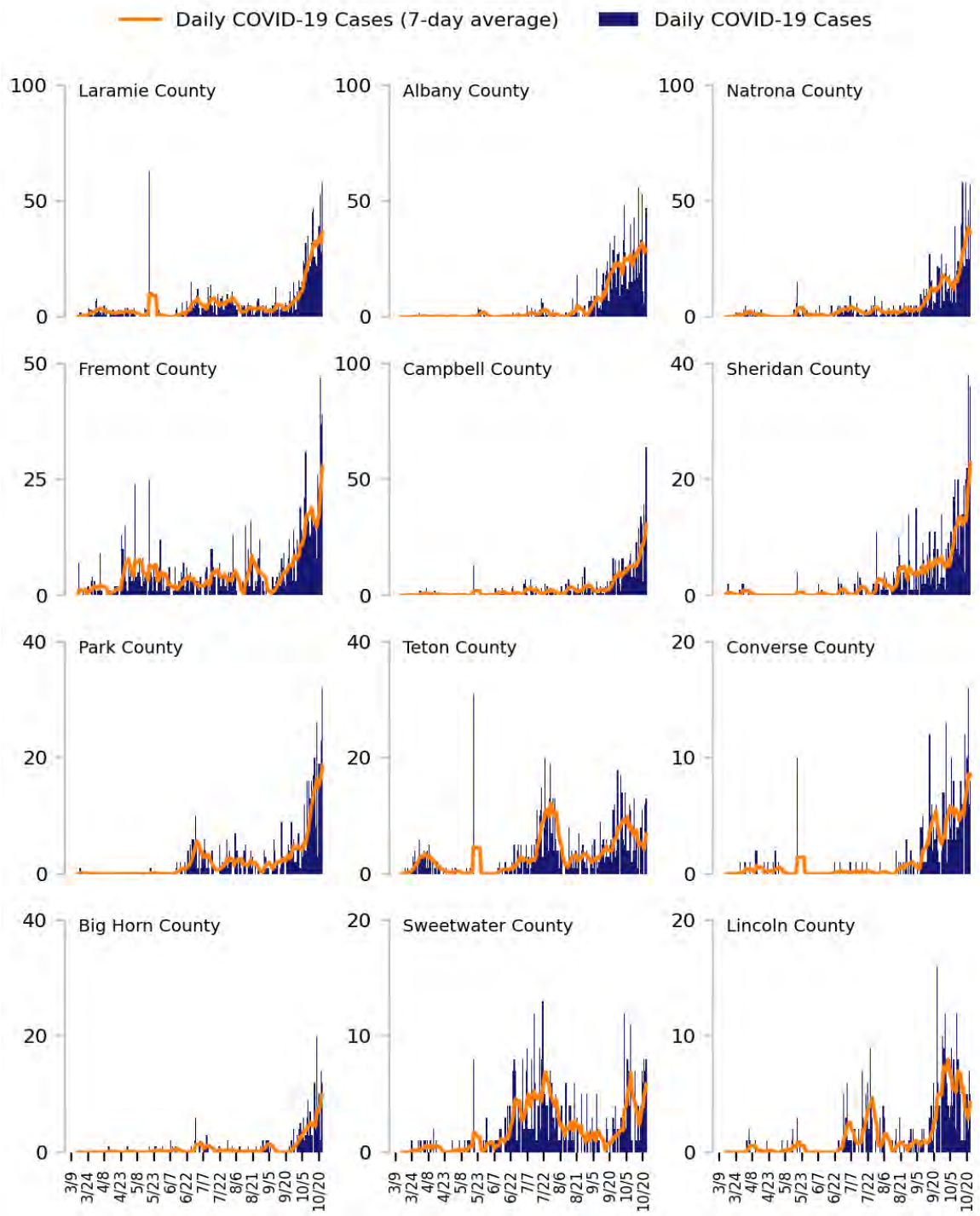
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 10/23/2020; last week is 10/17 - 10/23, three weeks is 10/3 - 10/23.

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

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



DATA SOURCES – Additional data details available under METHODS

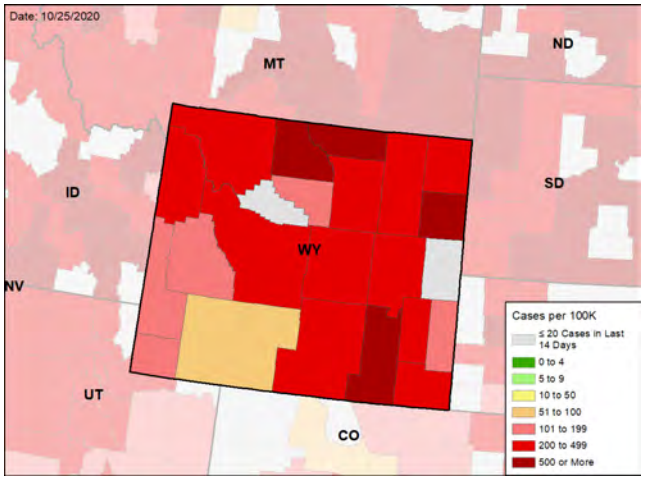
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last 3 weeks is 10/3 - 10/23.

WYOMING

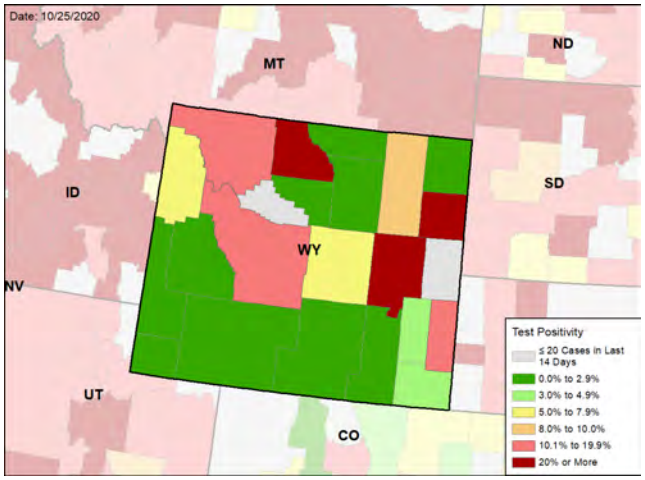
STATE REPORT | 10.25.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

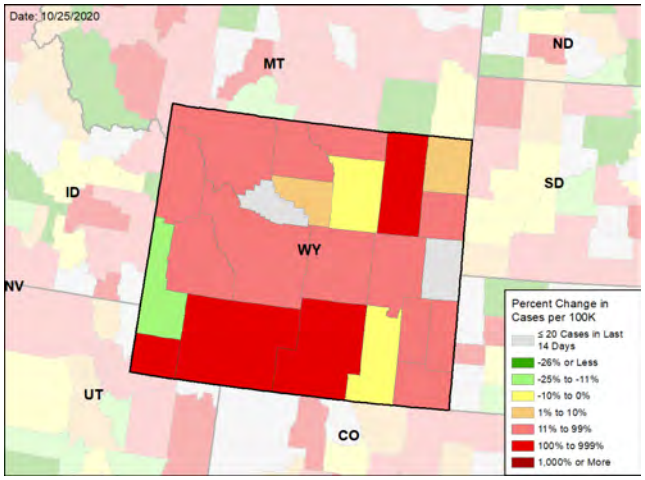
NEW CASES PER 100,000 DURING THE LAST WEEK



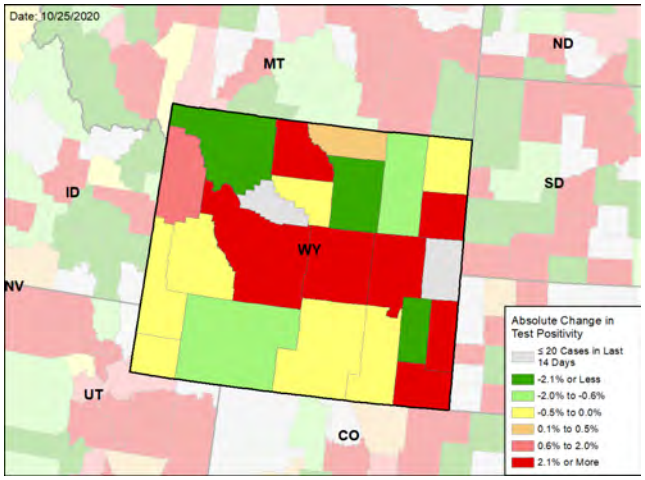
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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

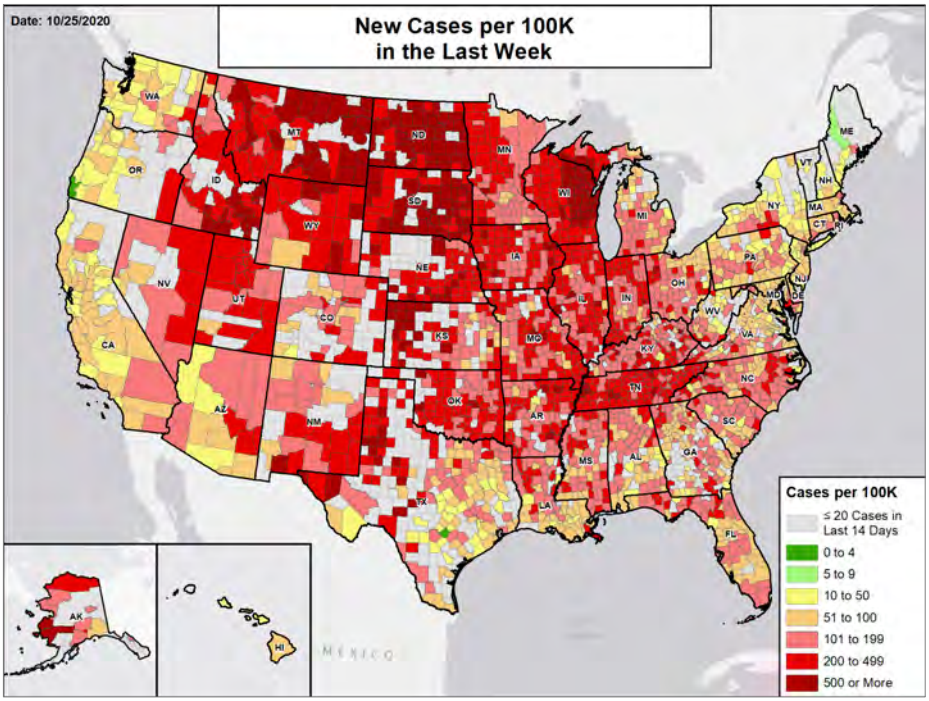


DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/23/2020. Last week is 10/17 - 10/23, previous week is 10/10 - 10/16.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/21/2020. Last week is 10/15 - 10/21, previous week is 10/8 - 10/14.

National Picture

NEW CASES PER 100,000 LAST WEEK



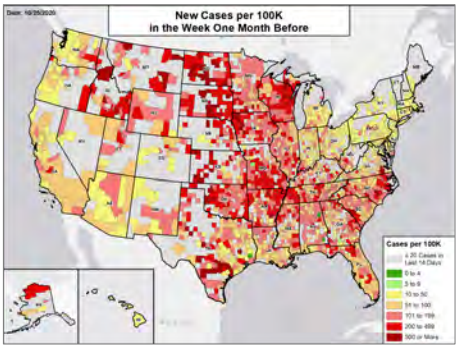
NATIONAL RANKING OF NEW CASES PER 100,000 LAST WEEK

National Rank	State
1	ND
2	SD
3	MT
4	WI
5	ID
6	WY
7	UT
8	NE
9	TN
10	IA
11	RI
12	IL
13	AR
14	OK
15	AK
16	IN
17	NM
18	MO
19	KS
20	MN
21	KY
22	NV
23	MS
24	CO
25	NC
26	TX

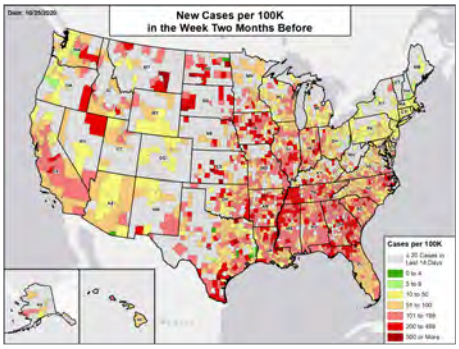
National Rank	State
27	MI
28	OH
29	SC
30	AL
31	FL
32	WV
33	DE
34	GA
35	LA
36	CT
37	PA
38	AZ
39	NJ
40	VA
41	MA
42	MD
43	CA
44	WA
45	OR
46	NY
47	DC
48	NH
49	HI
50	ME
51	VT

NEW CASES PER 100,000 IN THE WEEK:

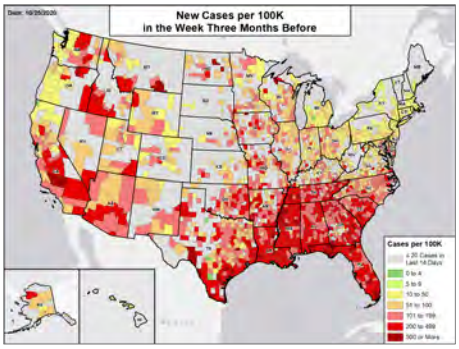
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



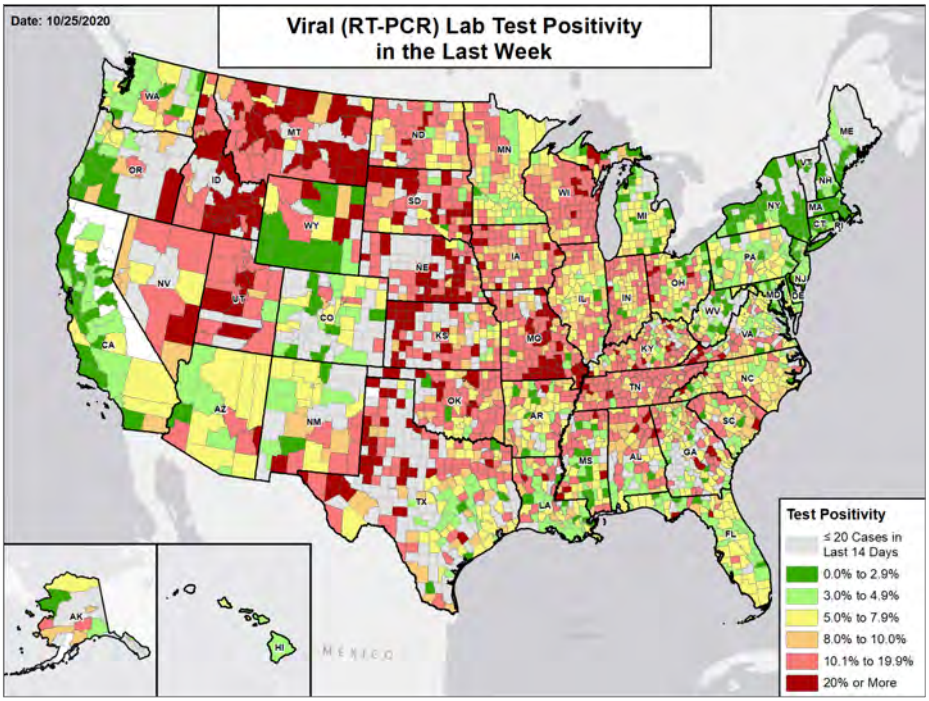
DATA SOURCES

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

Cases: County-level data from USAFacts through 10/23/2020. Last week is 10/17 - 10/23; the week one month before is 9/19 - 9/25; the week two months before is 8/22 - 8/28; the week three months before is 7/25 - 7/31.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



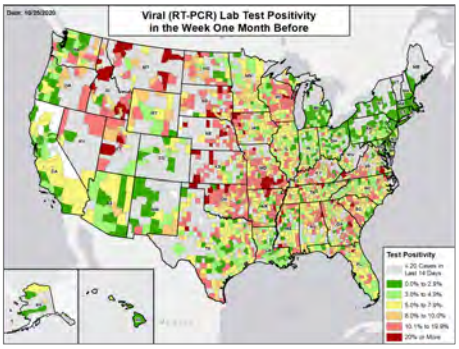
NATIONAL RANKING OF TEST POSITIVITY LAST WEEK

National Rank	State
1	MT
2	ID
3	UT
4	SD
5	NE
6	WI
7	ND
8	OK
9	KS
10	MO
11	IA
12	TN
13	NV
14	SC
15	IN
16	TX
17	AL
18	KY
19	MS
20	NM
21	WY
22	AR
23	IL
24	OR
25	AK
26	MN

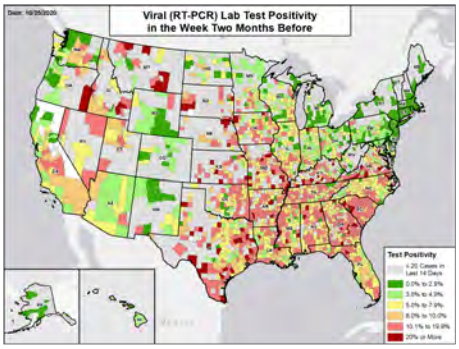
National Rank	State
27	VA
28	NC
29	GA
30	AZ
31	CO
32	MI
33	FL
34	PA
35	OH
36	LA
37	HI
38	WV
39	NJ
40	MD
41	WA
42	CT
43	CA
44	DE
45	RI
46	NH
47	NY
48	MA
49	DC
50	ME
51	VT

VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK:

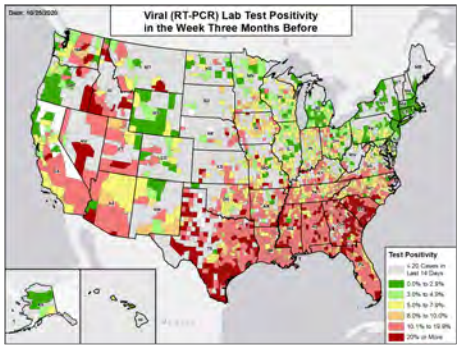
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



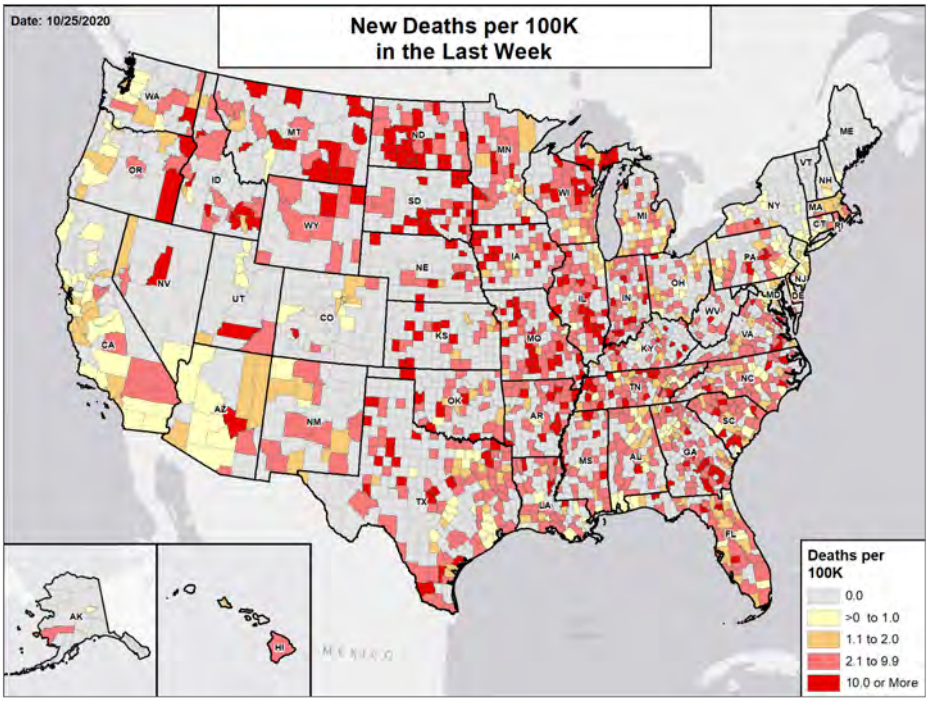
DATA SOURCES

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 10/21/2020. Last week is 10/15 - 10/21; the week one month before is 9/17 - 9/23; the week two months before is 8/20 - 8/26; the week three months before is 7/23 - 7/29.

National Picture

NEW DEATHS PER 100,000 LAST WEEK



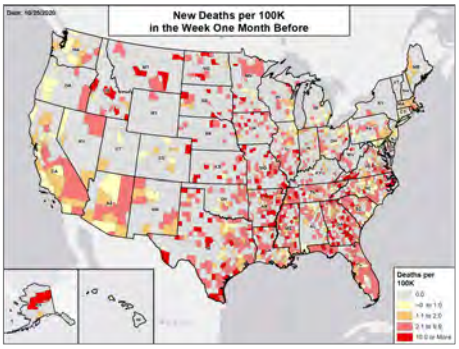
NATIONAL RANKING OF NEW DEATHS PER 100,000 LAST WEEK

National Rank	State
1	ND
2	SD
3	MT
4	AR
5	KS
6	MO
7	SC
8	IN
9	IA
10	TN
11	WI
12	MS
13	FL
14	RI
15	NE
16	ID
17	KY
18	GA
19	OK
20	IL
21	NC
22	MN
23	WY
24	LA
25	MA
26	HI

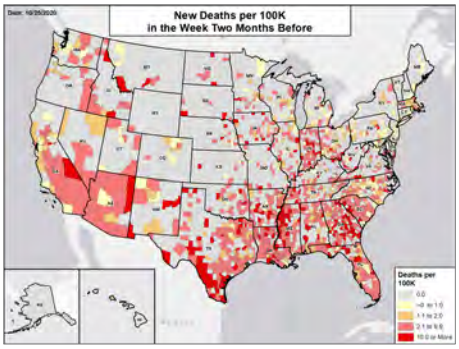
National Rank	State
27	MI
28	DE
29	TX
30	VA
31	NM
32	AL
33	WV
34	PA
35	OH
36	CA
37	NV
38	CT
39	UT
40	AZ
41	NJ
42	WA
43	OR
44	MD
45	CO
46	AK
47	NY
48	NH
49	DC
50	ME
51	VT

NEW DEATHS PER 100,000 IN THE WEEK:

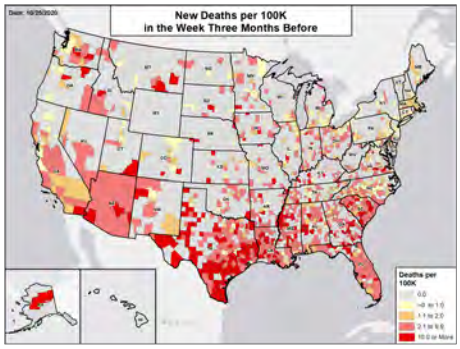
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



DATA SOURCES

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

Deaths: County-level data from USAFacts through 10/23/2020. Last week is 10/17 - 10/23; the week one month before is 9/19 - 9/25; the week two months before is 8/22 - 8/28; the week three months before is 7/25 - 7/31.

METHODS

STATE REPORT | 10.25.2020

COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume). Values are rounded before color classification.

Metric	Dark Green	Light Green	Yellow	Orange	Red
New cases per 100,000 population per week	≤4	5 – 9	10 – 50	51 – 100	≥101
Percent change in new cases per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	≥11%
Diagnostic test result positivity rate	≤2.9%	3.0% – 4.9%	5.0% – 7.9%	8.0% – 10.0%	≥10.1%
Change in test positivity	≤-2.1%	-2.0% – -0.6%	-0.5% – 0.0%	0.1% – 0.5%	≥0.6%
Total diagnostic tests resulted per 100,000 population per week	≥2001	1001 – 2000	750 – 1000	500 – 749	≤499
Percent change in tests per 100,000 population	≥26%	11% – 25%	1% – 10%	-10% – 0%	≤-11%
COVID-19 deaths per 100,000 population per week	0.0		0.1 – 1.0	1.1 – 2.0	≥2.1
Percent change in deaths per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	≥11%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%		1% – 5%		≥6%
Change in SNFs with at least one resident COVID-19 case, death	≤-2%		-1% – 1%		≥2%

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 20:58 EDT on 10/25/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 10/17 to 10/23; previous week data are from 10/10 to 10/16; the week one month before data are from 9/19 to 9/25.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests, unless stated otherwise. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 10/15 to 10/21; previous week data are from 10/8 to 10/14; the week one month before data are from 9/17 to 9/23. HHS Protect data is recent as of 11:24 EDT on 10/25/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 10/24/2020.
- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 20:09 EDT on 10/25/2020.
- **Hospital PPE:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Data is recent as of 16:10 EDT on 10/25/2020.
- **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 10/12-10/18, previous week is 10/5-10/11. 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."