STATE REPORT
12.06.2020
Issue 25

ALABAMA

SUMMARY

- Alabama is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 34th highest rate in the country. Alabama is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 12th highest rate in the country.
- Alabama has seen increased new cases and an increase in test positivity, increasing counties in the red and orange zones, increasing hospitalizations, and rising fatalities. In triangulating all the data, Alabama continues to have significant community spread that is not adequately mitigated.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Jefferson County, 2. Madison County, and 3. Shelby County. These counties represent 29.8% of new cases in Alabama.
- 91% of all counties in Alabama have moderate or high levels of community transmission (yellow, orange, or red zones), with 73% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 27% of nursing homes had at least one new resident COVID-19 case, 51% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Alabama had 347 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 41 to support operations activities from FEMA and 1 to support operations activities from USCG.
- The federal government has supported surge testing in Birmingham, AL and Jefferson County.
- Between Nov 28 - Dec 4, on average, 263 patients with confirmed COVID-19 and 121 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alabama. This is an increase of 21% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- All public health officials must make it clear that if you are over 65 or have significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected during the Thanksgiving period if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested immediately. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are at significant risk for serious COVID infection; if you develop any symptoms you must be tested immediately as the majority of therapeutics work best early in infection. **Begin warning about any gathering during December holidays.**
- Aggressive testing must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity or closure of public and private indoor spaces, including restaurants and bars; and, ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- New hospital admissions in Alabama continue to increase. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased hospitalizations and fatalities.
- Contact all hospitals reporting <1 week's supply to confirm data; contact the regional FEMA office for support if supplies are an issue.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate continued and unmitigated community spread in these geographic locations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ALABAMA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	17,002 (347)	+16%	214,107 (320)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	17.1%	+4.0%*	11.8%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	82,848** (1,690**)	-15%**	1,192,094** (1,782**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	259 (5.3)	+107%	2,117 (3.2)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	27%	N/A*†	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	51%	N/A*†	41%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	N/A*†	9%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,687 (19)	+21% (+21%)	27,764 (18)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

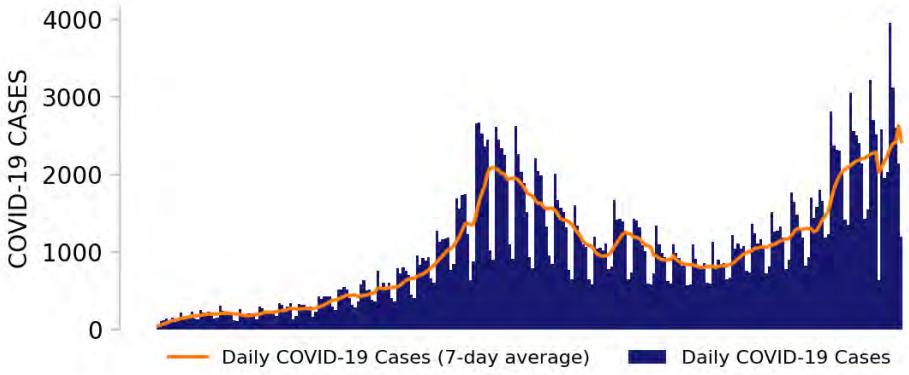
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

ALABAMA

STATE REPORT | 12.06.2020

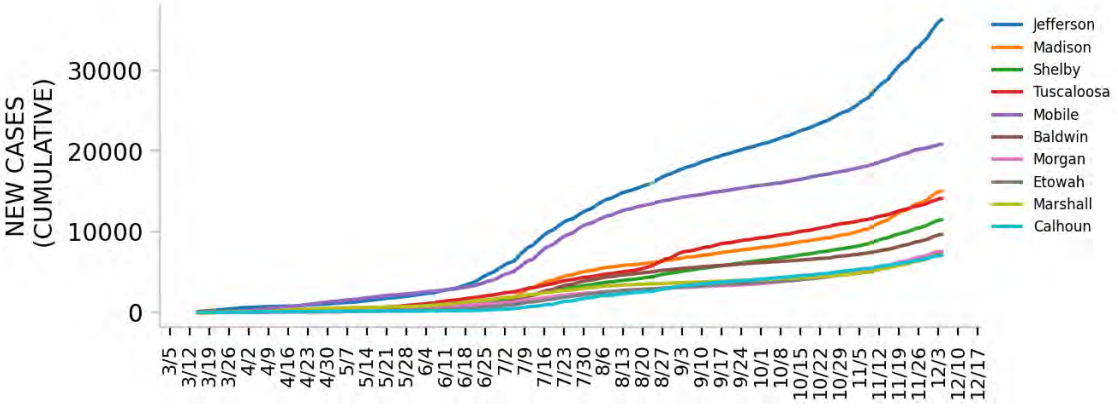
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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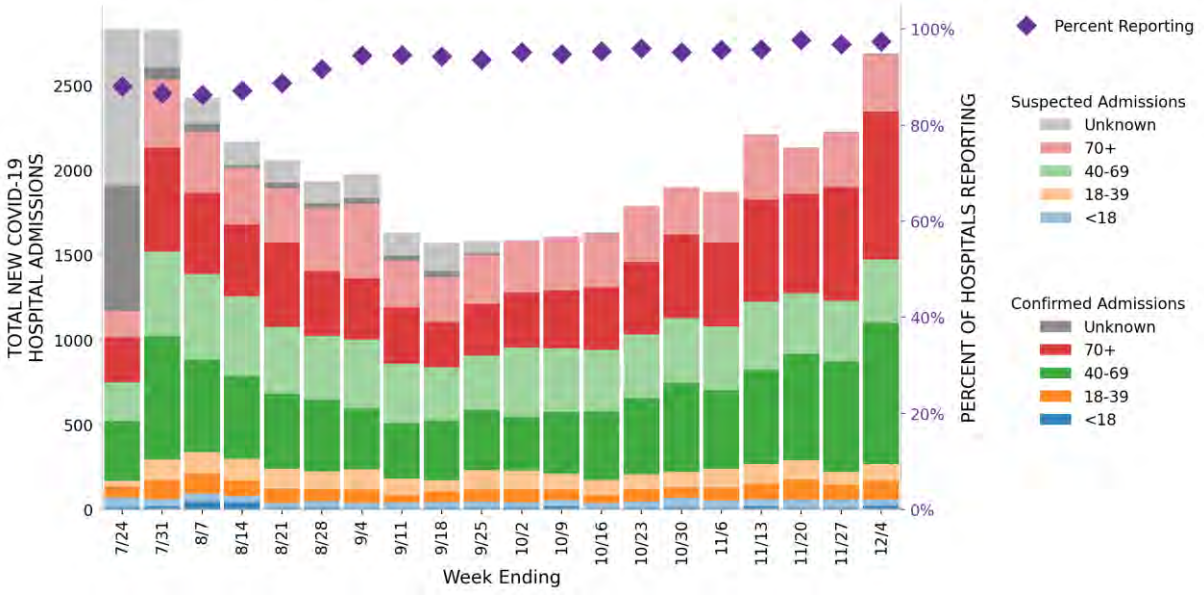
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

ALABAMA

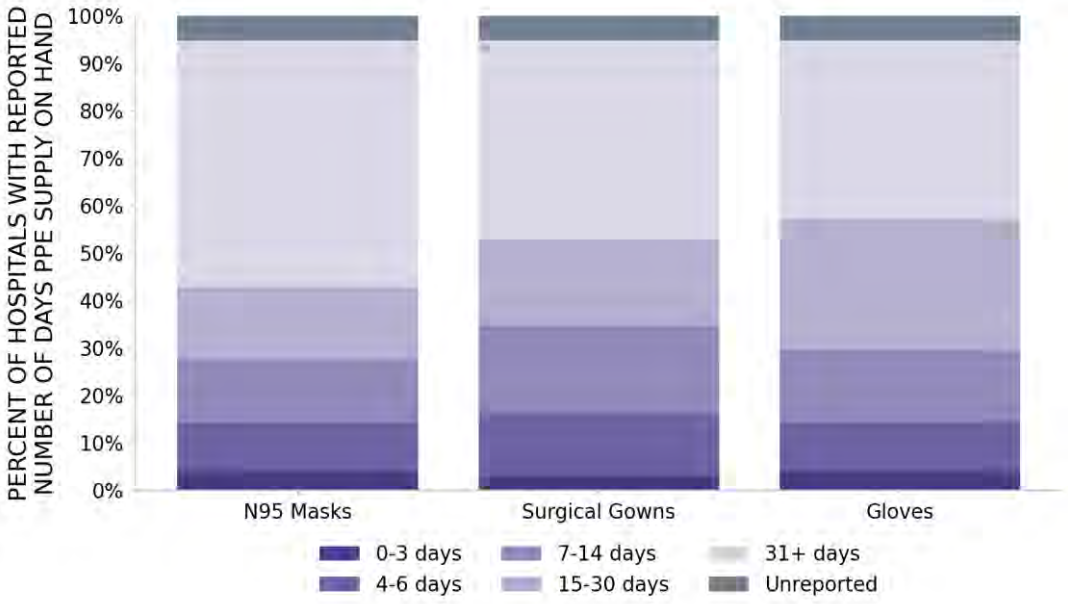
STATE REPORT | 12.06.2020

98 hospitals are expected to report in Alabama

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

ALABAMA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**21** ▲ (+4)	Birmingham-Hoover Huntsville Montgomery Tuscaloosa Decatur Daphne-Fairhope-Foley Florence-Muscle Shoals Gadsden Albertville Anniston-Oxford Cullman Scottsboro	**49** ▲ (+6)	Jefferson Madison Shelby Tuscaloosa Baldwin Morgan Etowah Marshall Calhoun Montgomery Cullman Lauderdale
LOCALITIES IN ORANGE ZONE	**3** ▲ (+1)	Alexander City Atmore Columbus	**6** ▲ (+2)	Covington Pickens Escambia Cherokee Clay Bullock
LOCALITIES IN YELLOW ZONE	**2** ▼ (-5)	Mobile Eufaula	**6** ▼ (-7)	Mobile Russell Barbour Washington Wilcox Choctaw

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

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

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

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

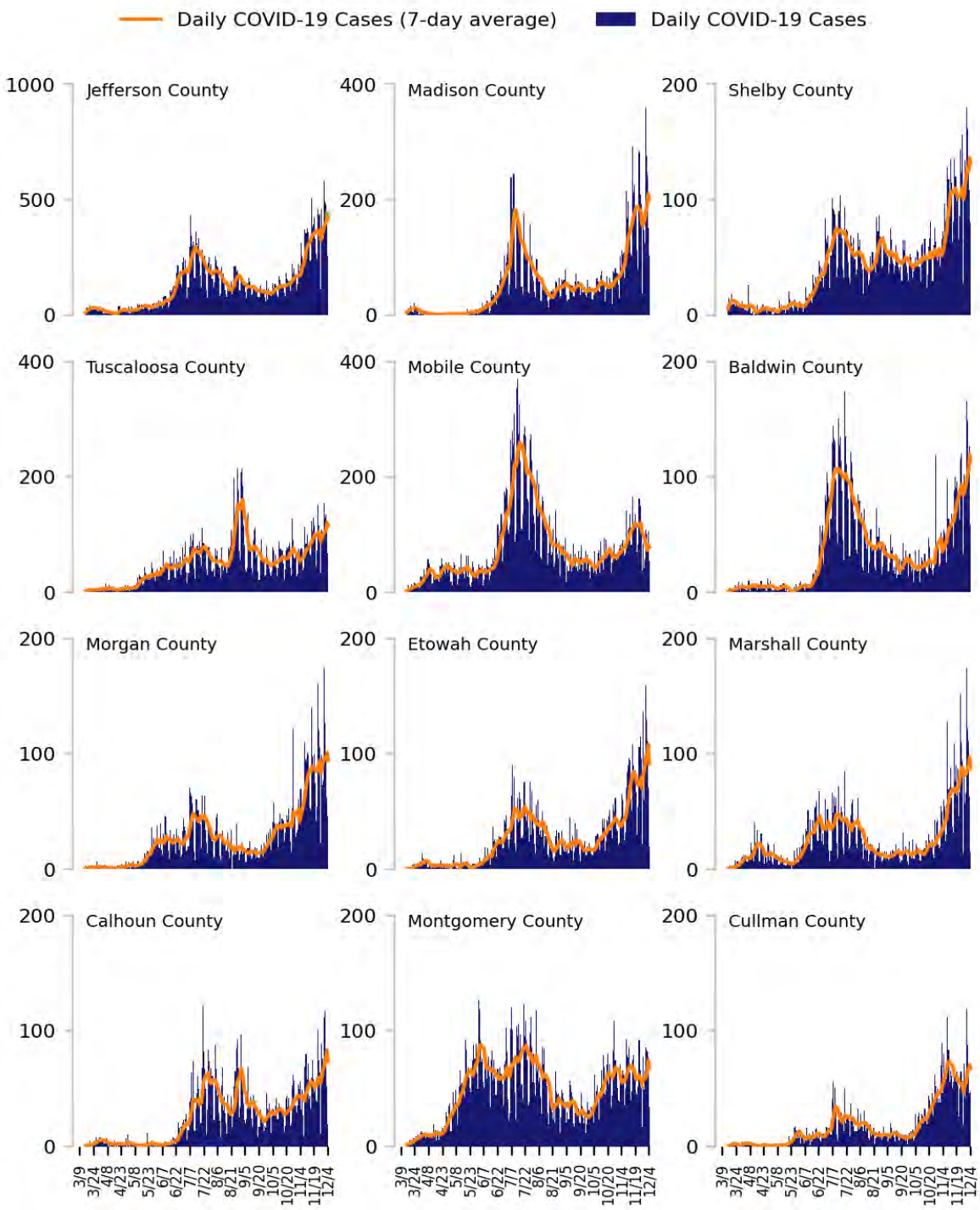
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 12/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

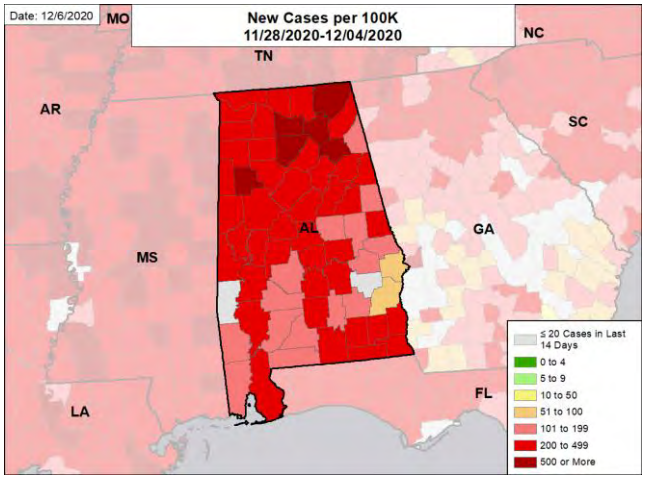
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

ALABAMA

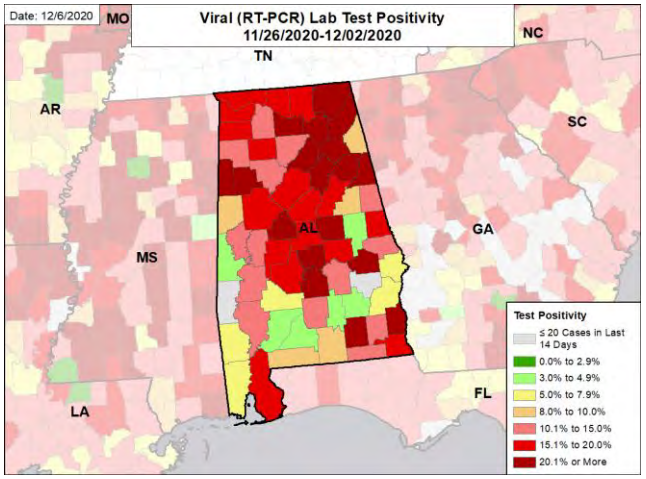
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

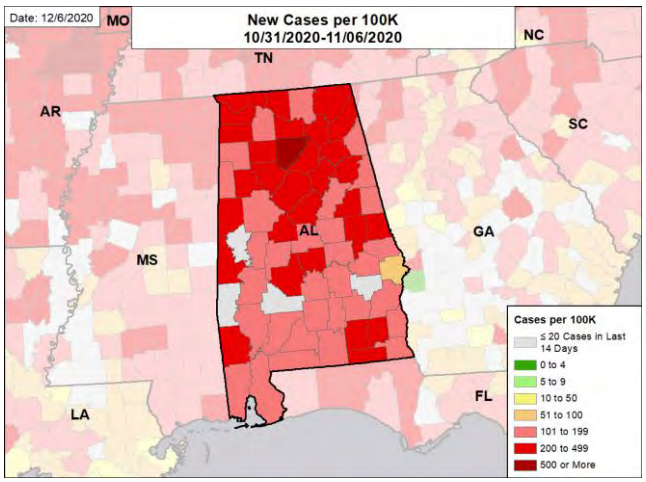
NEW CASES PER 100,000



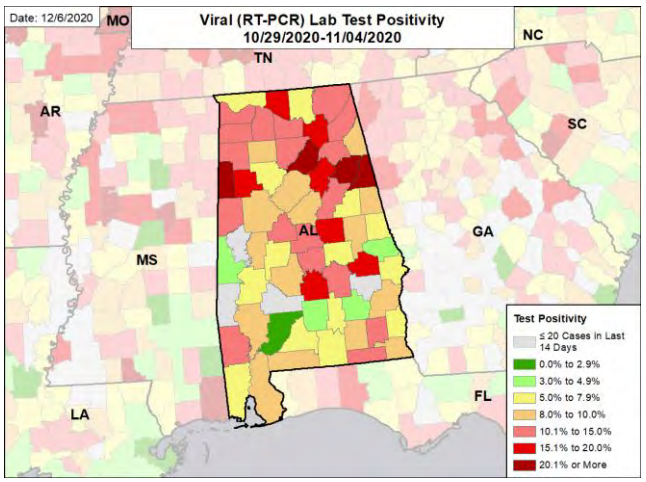
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

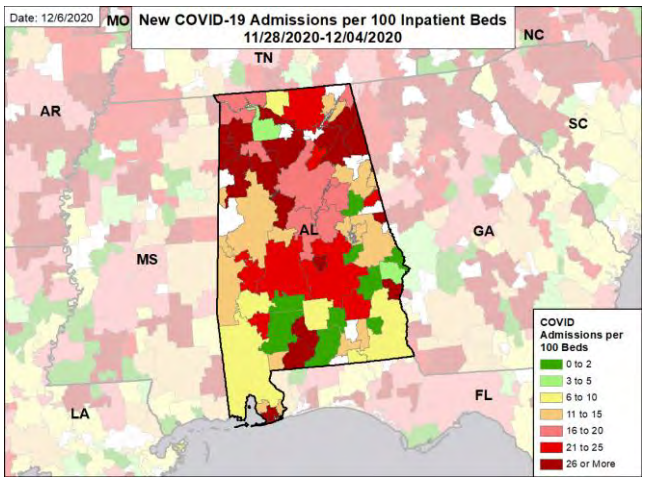
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

ALABAMA

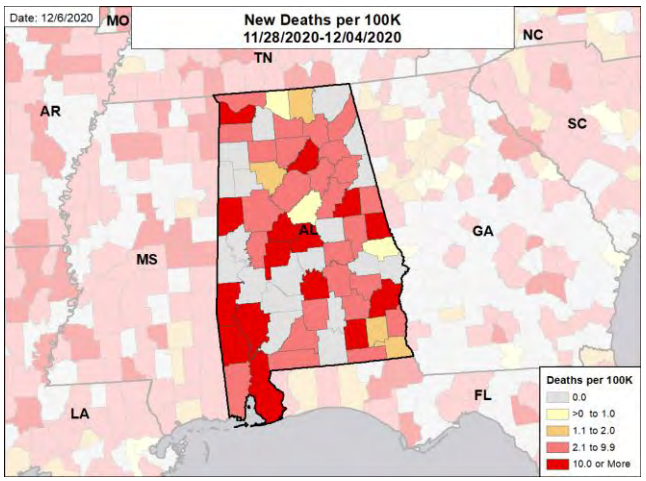
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

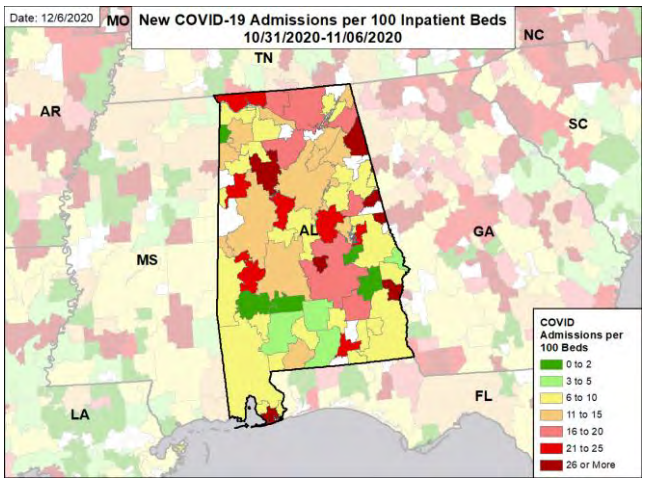
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



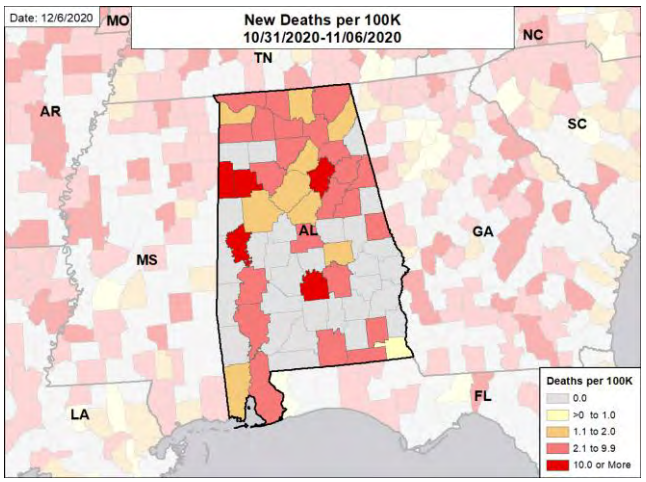
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



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Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

ALASKA

SUMMARY

- Alaska is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 10th highest rate in the country. Alaska is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 41st highest rate in the country.
- Alaska has seen stability in new cases and a decrease in test positivity.
- The following three boroughs had the highest number of new cases over the last 3 weeks: 1. Anchorage Municipality, 2. Matanuska-Susitna Borough, and 3. Kenai Peninsula Borough. These boroughs represent 76.4% of new cases in Alaska.
- Test positivity rates were highest in Matanuska-Susitna, Kodiak Island, North Slope, and Fairbanks North Star boroughs; Kusilvak and Bethel Census Areas; and Anchorage Municipality.
- 31% of all boroughs in Alaska have moderate or high levels of community transmission (yellow, orange, or red zones), with 24% having high levels of community transmission (red zone).
- In Anchorage Hospital Service Areas, the inpatient bed utilization was 85% and ICU bed utilization was 93%.
- During the week of Nov 23 - Nov 29, 7% of nursing homes had at least one new resident COVID-19 case, 29% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Alaska had 600 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 15 to support operations activities from FEMA; 14 to support medical activities from ASPR; 3 to support operations activities from ASPR; 2 to support medical activities from CDC; and 24 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 19 patients with confirmed COVID-19 and 5 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alaska. This is a decrease of 14% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Alaska, and especially Anchorage and all other yellow, orange, and red zone areas, should ensure face masks are used by everyone in all indoor settings outside of the home. Masks should be made widely available, and warnings and fines should be imposed on all indoor businesses that aren't requiring face masks.
- Efforts to increase testing and reduce turnaround times (to <48 hours) remain critically important; Alaska should look into household saliva testing and ensure all molecular platforms in the state are being used as part of testing efforts.
- Surveillance should be greatly expanded through regular quantitative wastewater testing and proactive weekly testing of persons at higher risk using point-of-care antigen tests; signals from surveillance should direct focused surge-testing campaigns.
- Education on isolation and quarantine should be given in verbal and written form at the time of testing; all those who are being tested should be instructed to quarantine until they get their results.
- All congregate facilities and all crowded workplaces should have routine surveillance testing in place, without regard to symptoms.
- Ensure all clinical sites in Alaska are fully capacitated, with updated training on the use and timing of effective interventions, contingency staffing plans, and optimized access to telehealth and remote clinical assistance as well as medications and supplies.
- Development of outpatient infusion centers in areas of highest transmission is an excellent innovation and should be expanded. When monoclonal antibodies are available, they should be directed proportionately to communities and individuals at highest risk for disease progression.
- Review policies and procedures at all long-term care facilities to ensure that all staff and residents are being tested weekly with rapid testing and all facilities are strictly adhering to CMS guidance.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.7%	-1.1%*	10.9%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	43,718** (5,976**)	-46%**	306,023** (2,132**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	20 (2.7)	+11%	476 (3.3)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	7%	N/A*†	11%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	29%	N/A*†	27%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*†	7%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	169 (12)	-14% (-14%)	3,325 (14)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

DATA SOURCES – Additional data details available under METHODS

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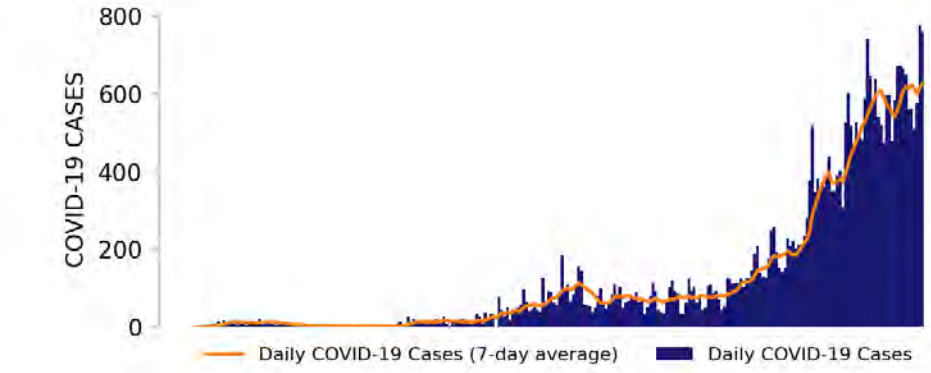
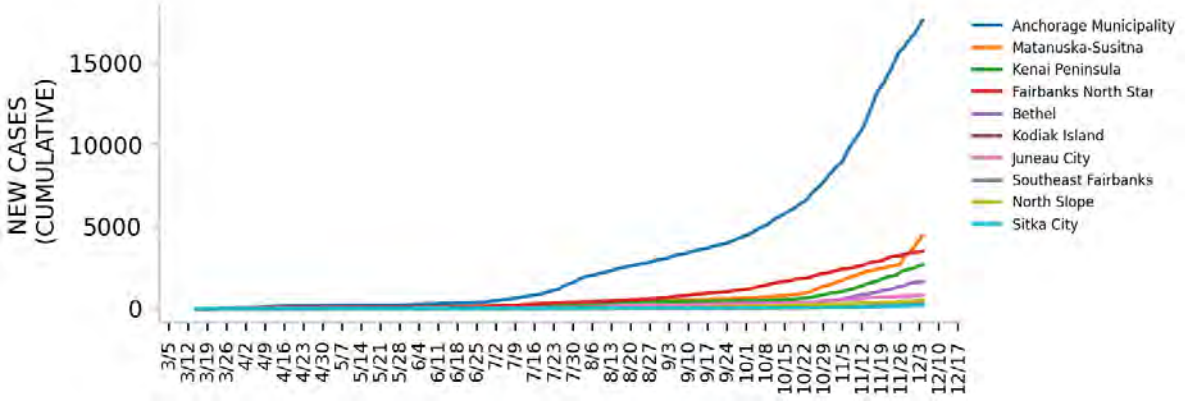
NEW CASES



TESTING

TOP BOROUGHS

Top boroughs based on greatest number of new cases in last three weeks (11/14 - 12/4)



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ALASKA

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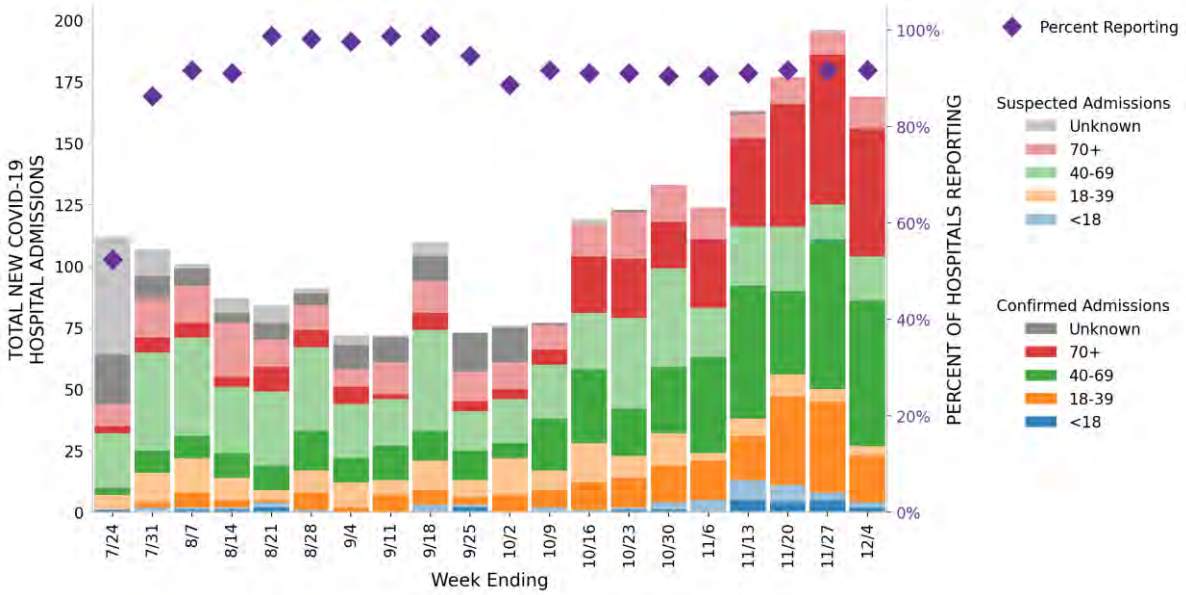
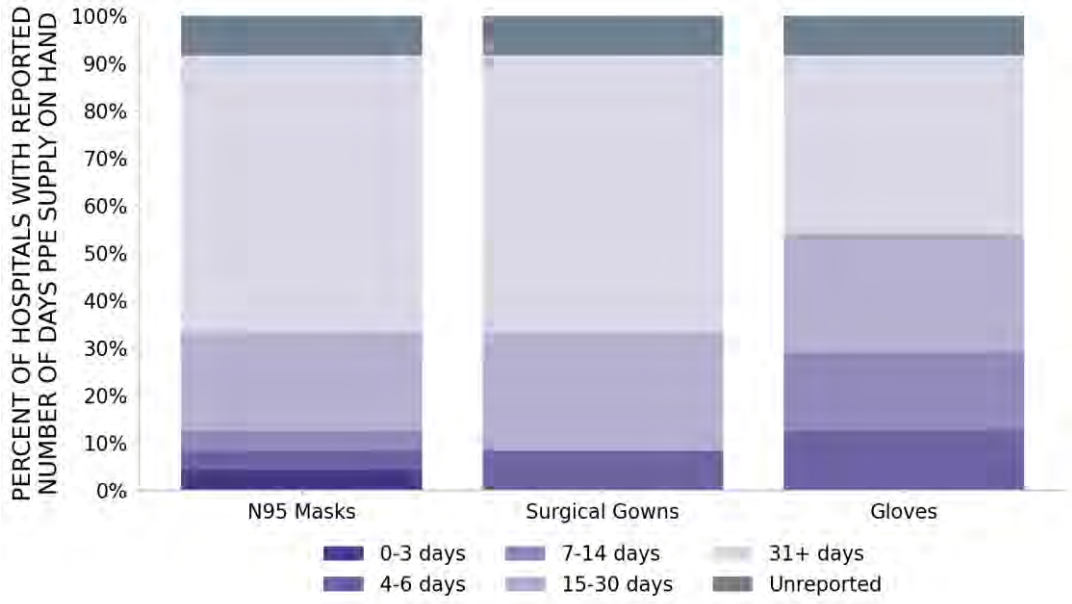
24 hospitals are expected to report in Alaska

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

ALASKA

STATE REPORT | 12.06.2020

COVID-19 BOROUGH AND METRO ALERTS*

Top 12 shown in table (full lists below)

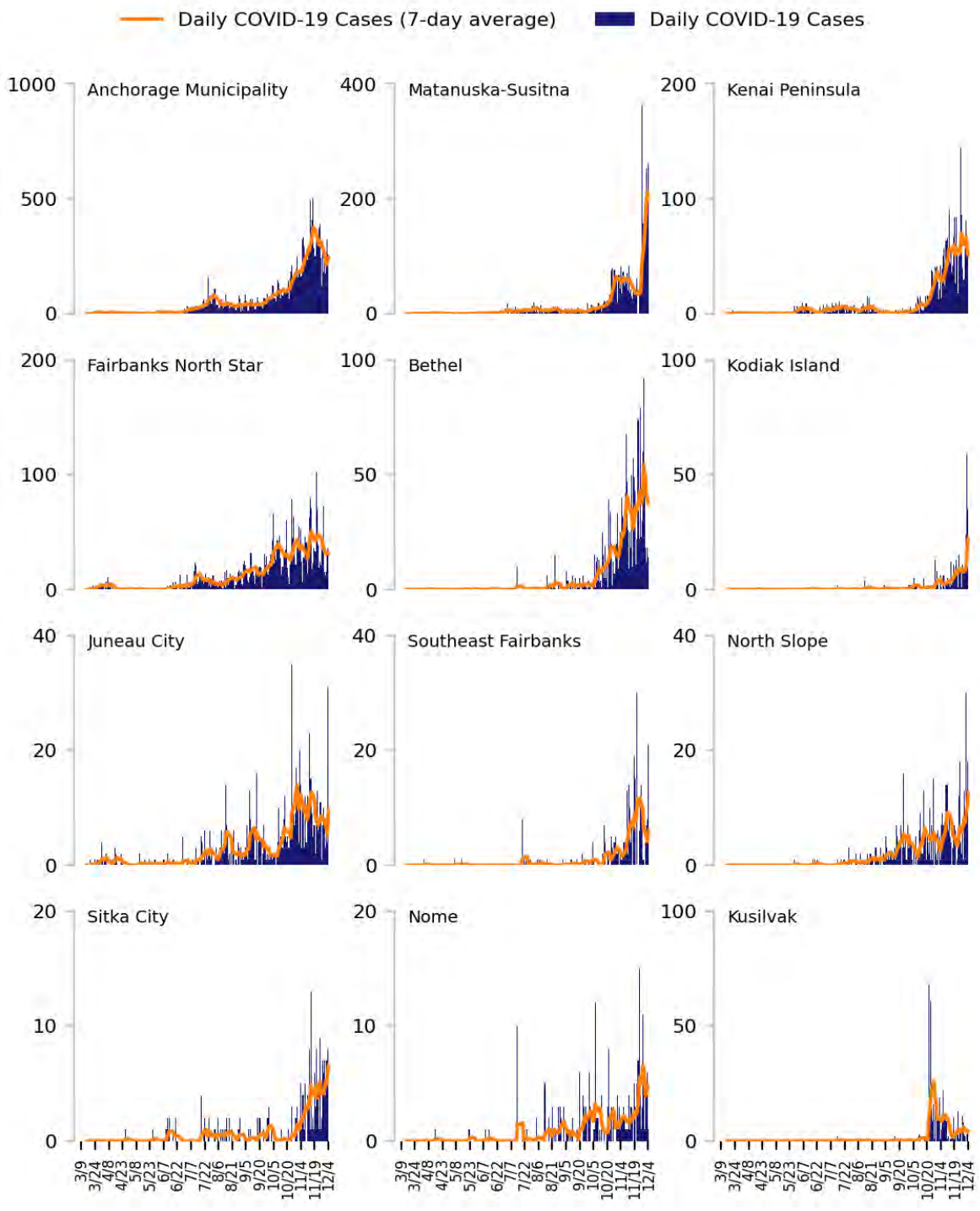
	METRO AREA (CBSA)		BOROUGHS	
LOCALITIES IN RED ZONE	**1** ▲ (+1)	Fairbanks	**7** ■ (+0)	Matanuska-Susitna Kenai Peninsula Fairbanks North Star Bethel Census Area Kodiak Island North Slope Kusilvak Census Area
LOCALITIES IN ORANGE ZONE	**1** ■ (+0)	Anchorage	**1** ■ (+0)	Anchorage Municipality
LOCALITIES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

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

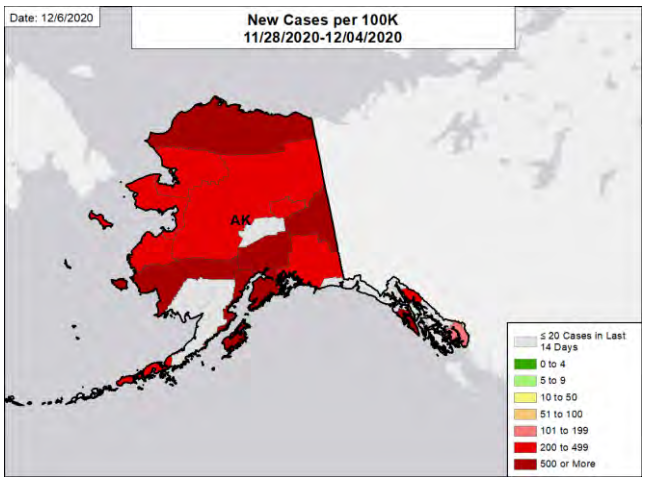
Cases: State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

ALASKA

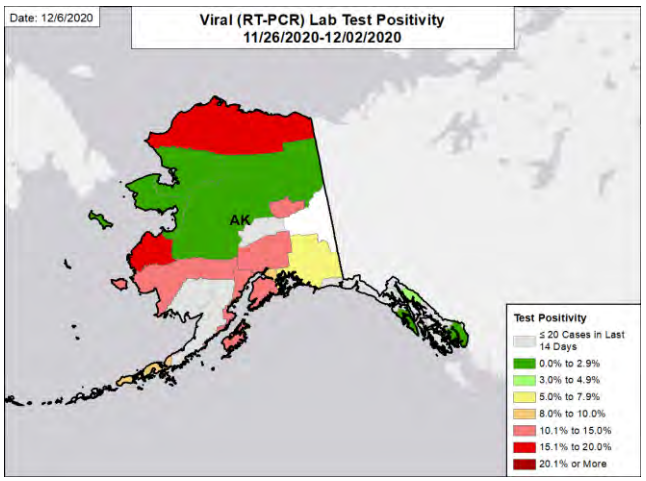
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

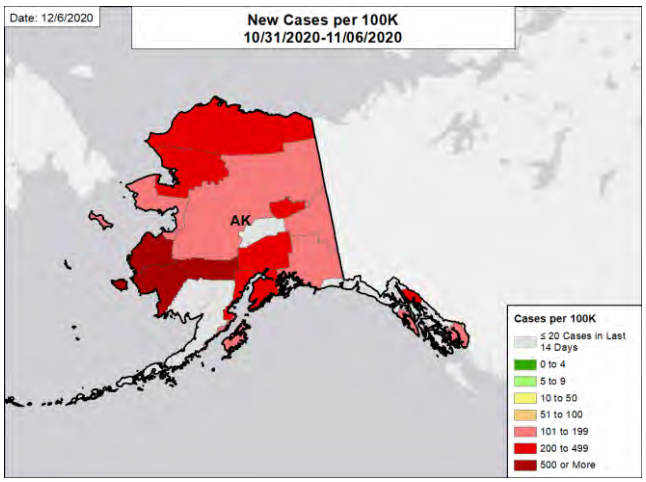
NEW CASES PER 100,000



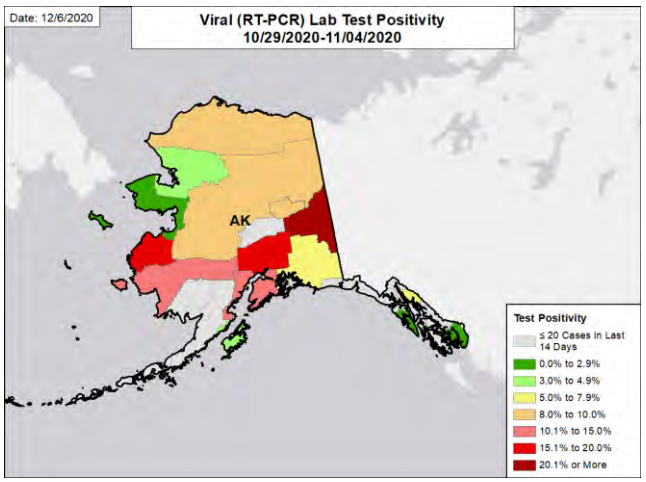
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

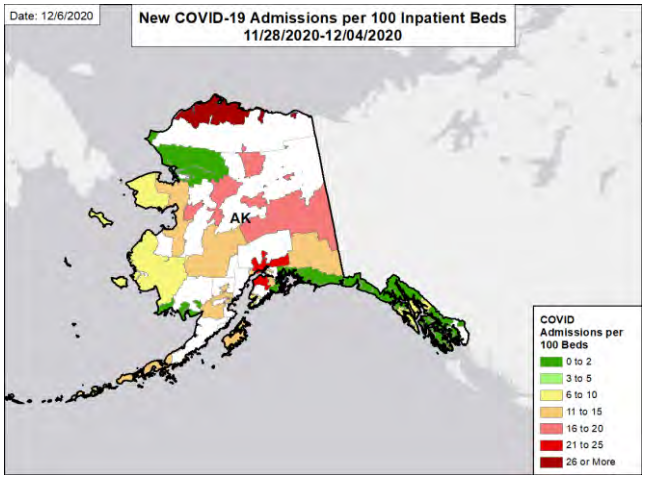
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

ALASKA

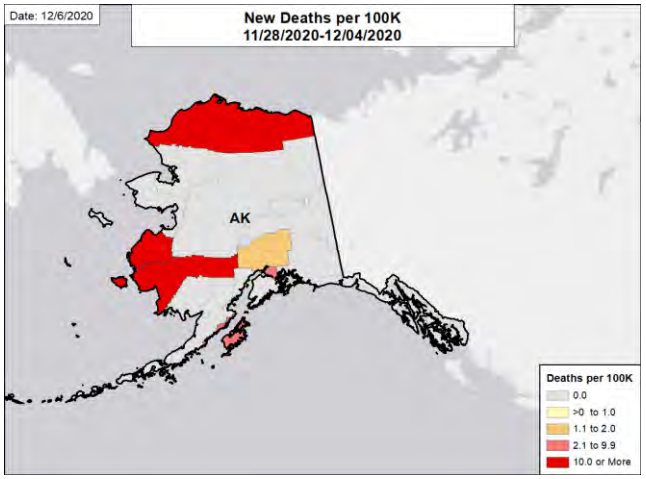
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

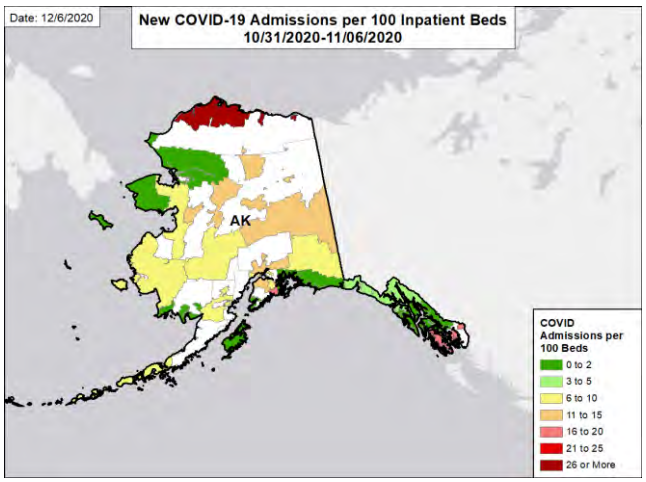
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



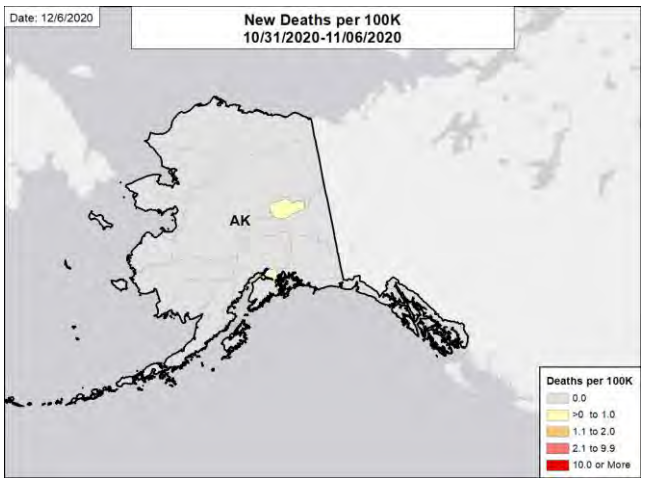
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

ARIZONA

SUMMARY

- Arizona is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 24th highest rate in the country. Arizona is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 14th highest rate in the country.
- Arizona has seen an increase in new cases, test positivity, and fatalities.
- 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 78.8% of new cases in Arizona.
- 93% of all counties in Arizona have moderate or high levels of community transmission (yellow, orange, or red zones), with 87% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 33% 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.
- Arizona had 460 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 8 to support operations activities from FEMA and 4 to support epidemiology activities from CDC.
- Between Nov 28 - Dec 4, on average, 302 patients with confirmed COVID-19 and 202 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arizona. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- All public health officials must make it clear that if you are over 65 or have significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected during the Thanksgiving period if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested immediately. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are at significant risk for serious COVID infection; if you develop any symptoms you must be tested immediately as the majority of therapeutics work best early in infection. **Begin warning about any gathering during December holidays.**
- Aggressive testing must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity or closure of public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- New hospital admissions in Arizona remain at a high level. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased hospitalizations and fatalities.
- Contact all hospitals reporting <1 week's supply to confirm data; contact the regional FEMA office for support if supplies are an issue.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate continued and unmitigated community spread in these geographic locations.
- Continued support to Tribal Nations for COVID-19 vaccination, testing, and clinical support is essential as they represent the highest risk group after LTCF residents.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ARIZONA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	33,463 (460)	+24%	174,481 (340)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	15.3%	+3.7%*	10.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	211,002** (2,899**)	-9%**	1,145,705** (2,234**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	297 (4.1)	+84%	1,188 (2.3)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	33%	N/A*†	8%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	47%	N/A*†	14%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	N/A*†	2%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,531 (26)	-1% (-1%)	18,410 (21)	148,450 (20)

* Indicates absolute change in percentage points.

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

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.

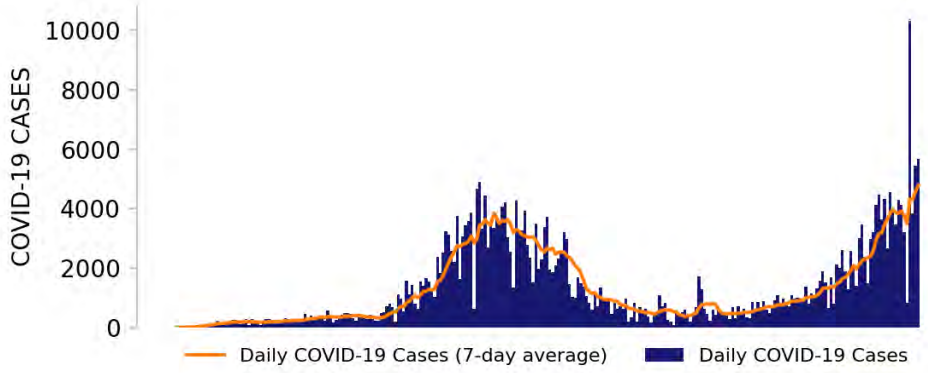
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

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

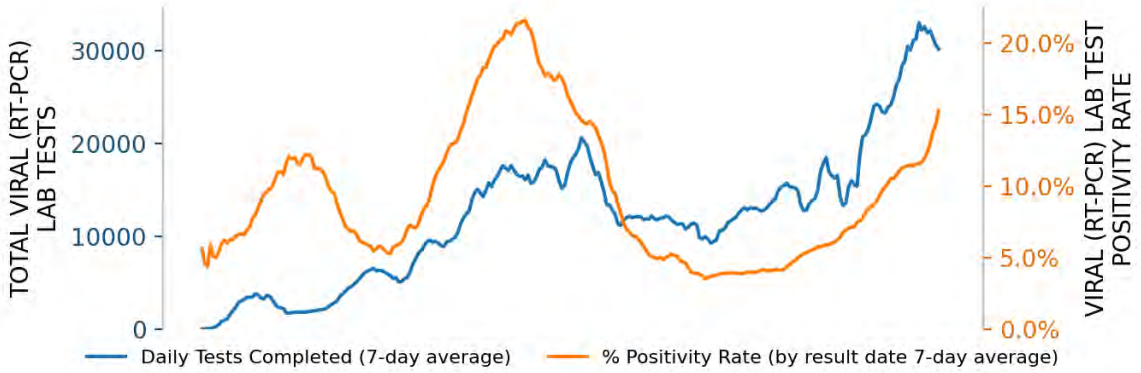
ARIZONA

STATE REPORT | 12.06.2020

NEW CASES

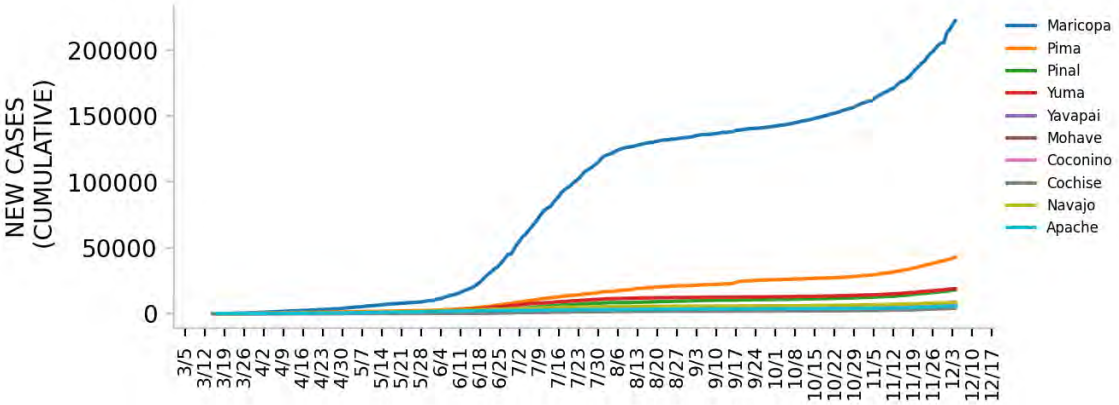


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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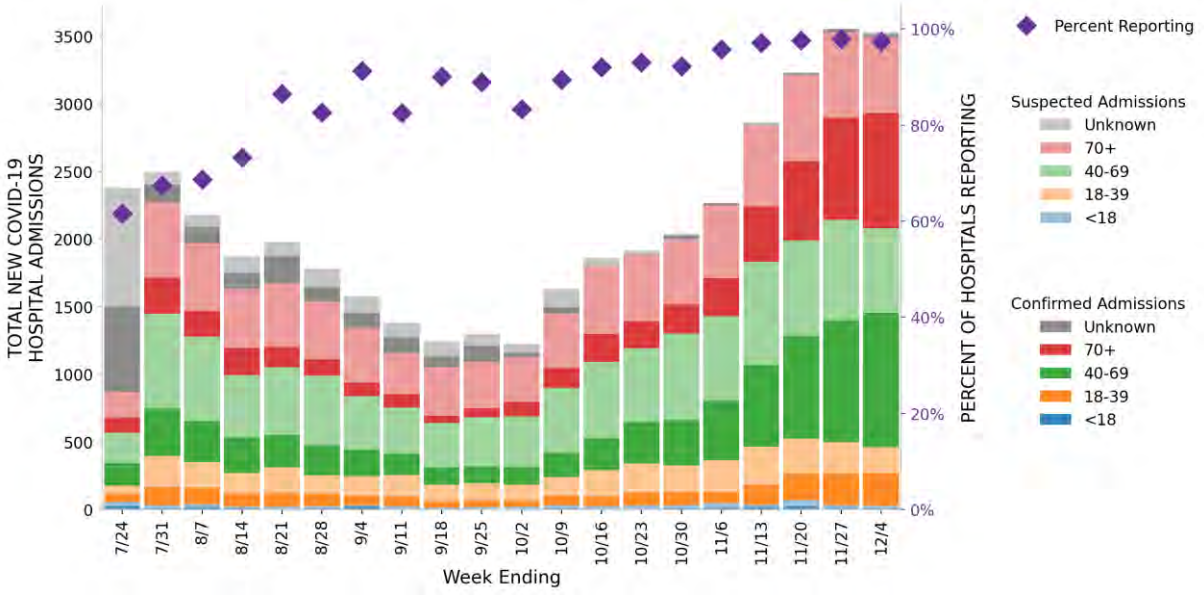
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

ARIZONA

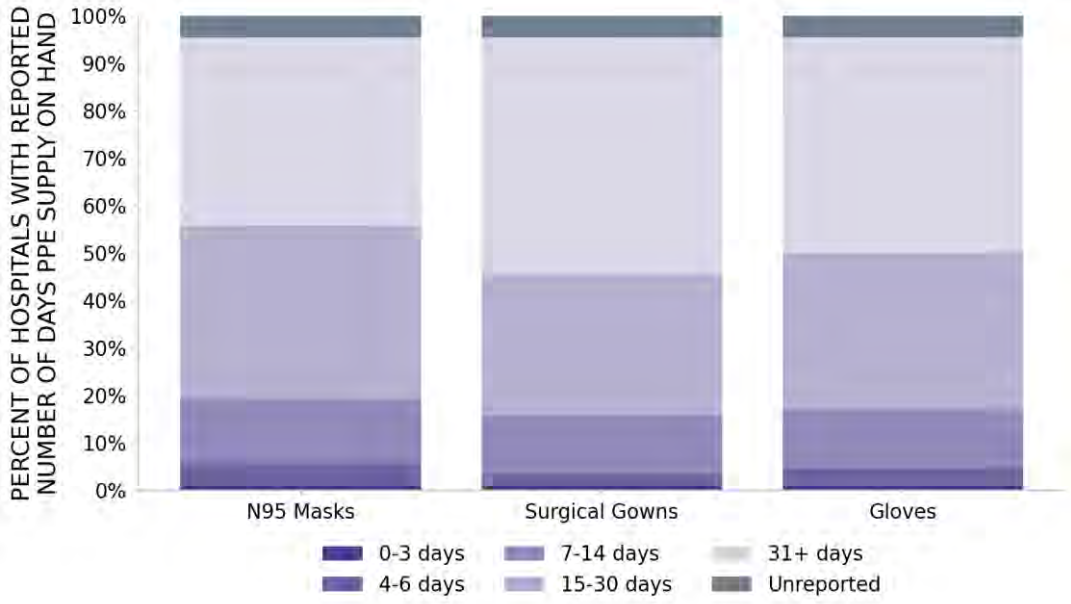
STATE REPORT | 12.06.2020

88 hospitals are expected to report in Arizona

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

ARIZONA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**11** ▲ (+2)	Phoenix-Mesa-Chandler Tucson Yuma Prescott Valley-Prescott Lake Havasu City-Kingman Flagstaff Sierra Vista-Douglas Show Low Nogales Payson Safford	**13** ▲ (+2)	Maricopa Pima Pinal Yuma Yavapai Mohave Coconino Cochise Navajo Apache Santa Cruz Gila
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**1** ▲ (+1)	Greenlee
LOCALITIES IN YELLOW ZONE	**0** ▼ (-2)	N/A	**0** ▼ (-3)	N/A

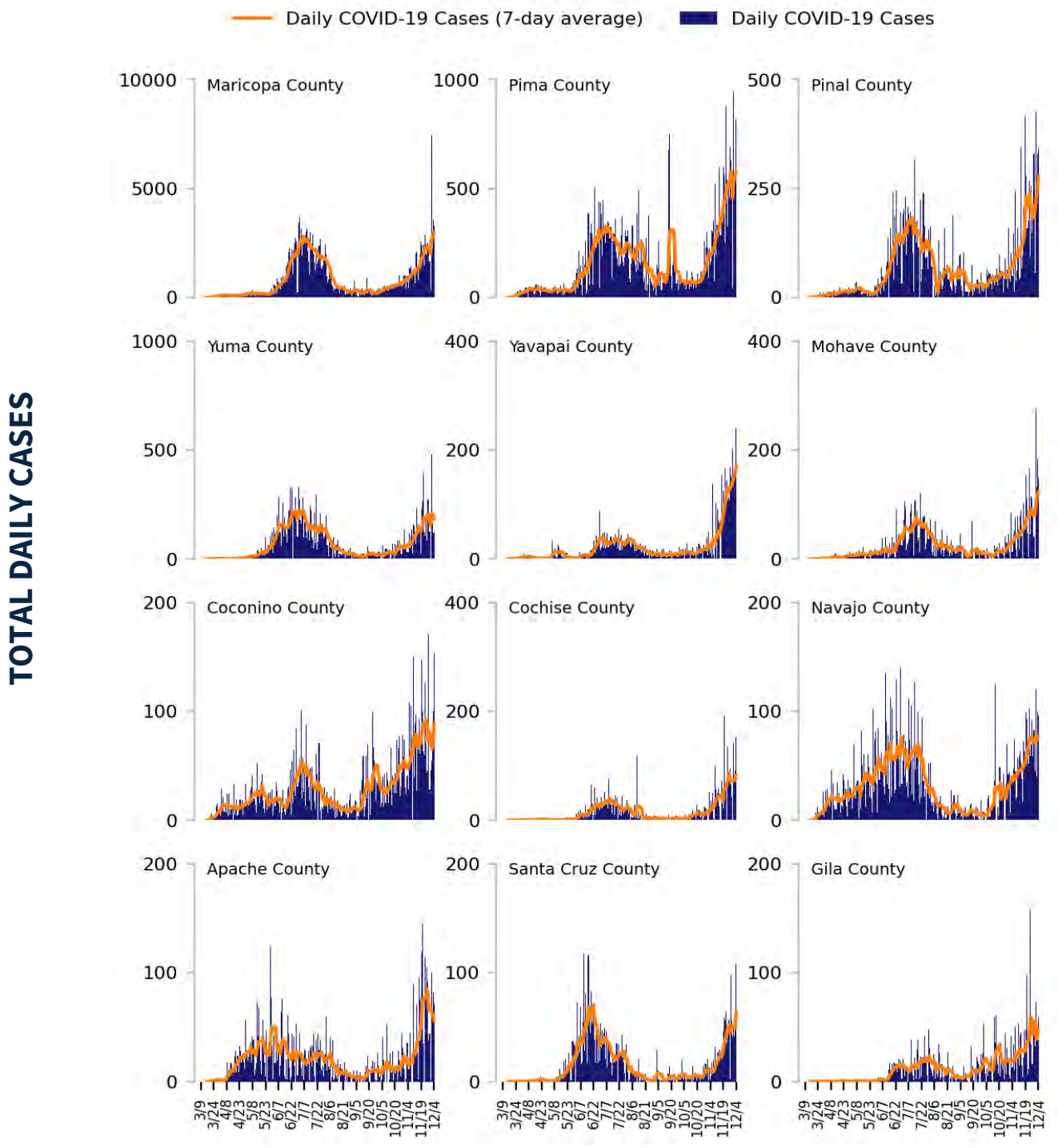
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

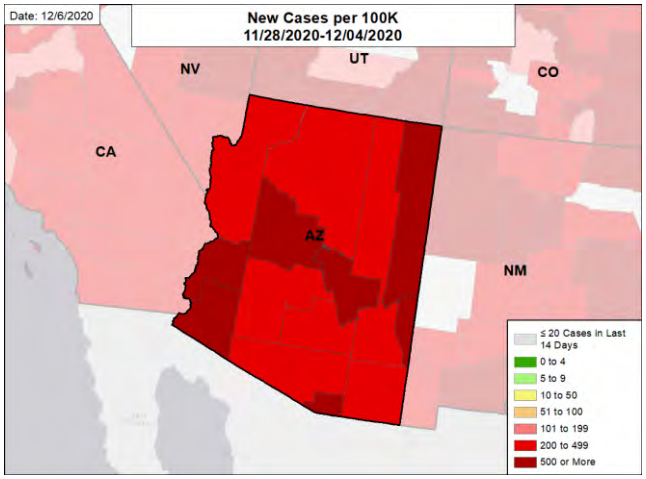
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

ARIZONA

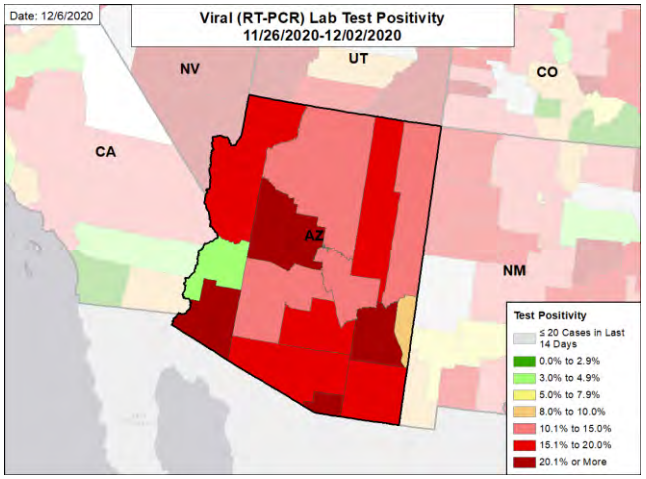
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

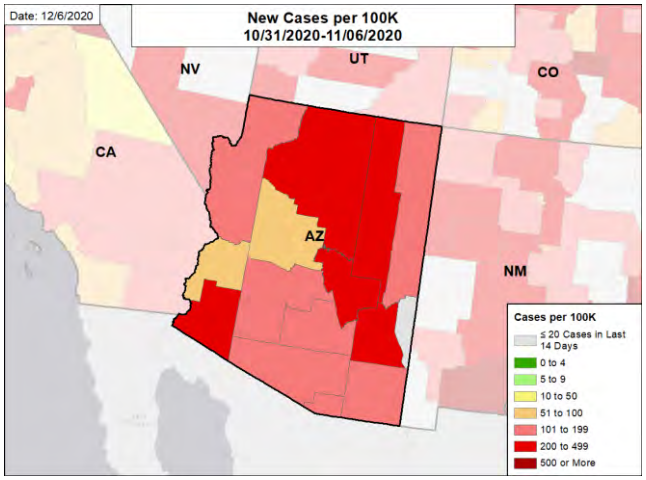
NEW CASES PER 100,000



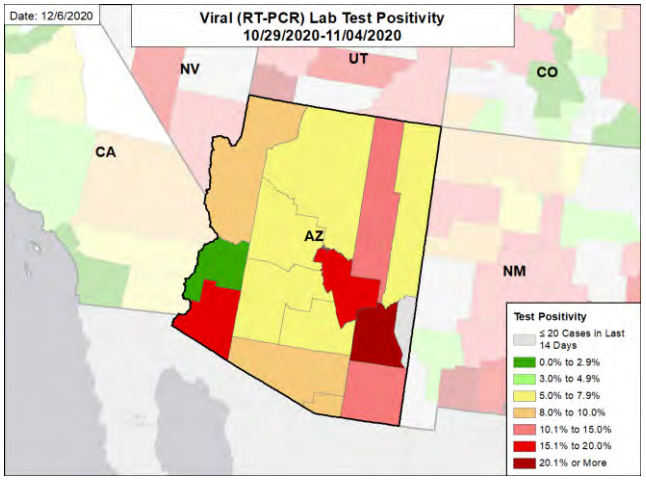
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

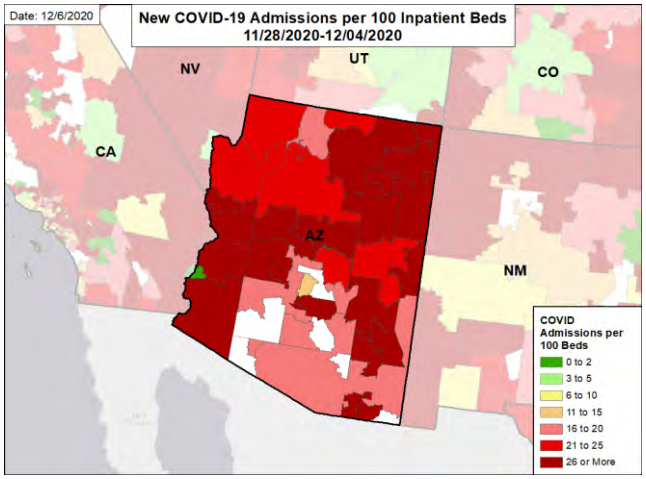
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

ARIZONA

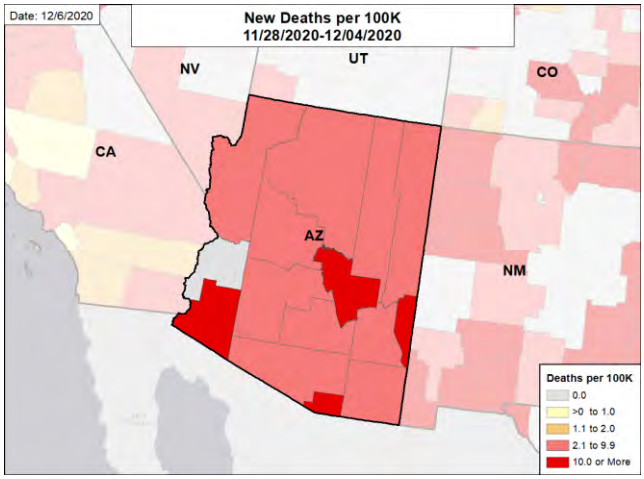
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

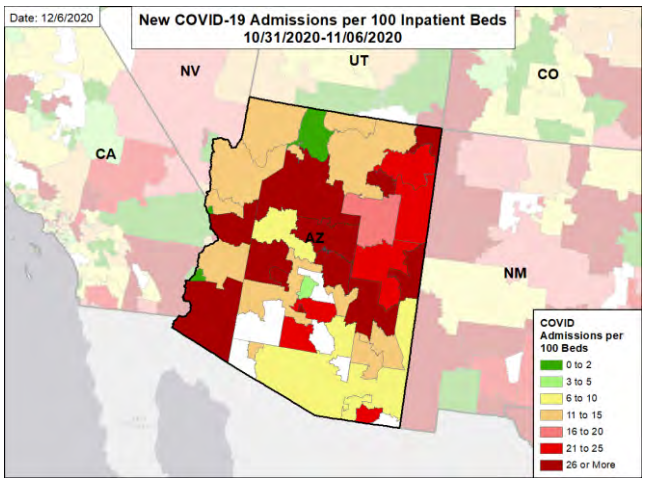
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



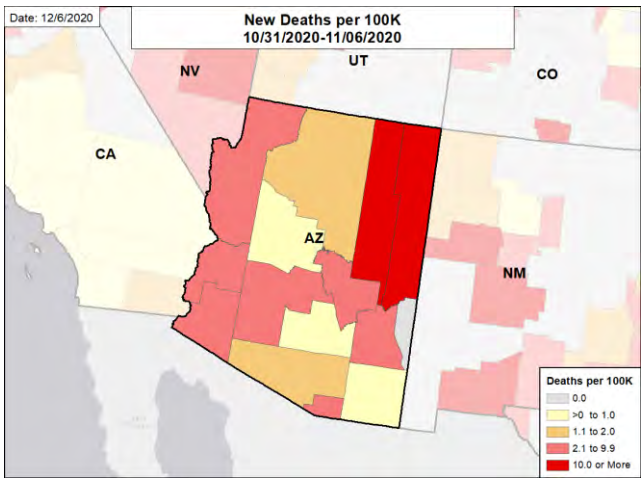
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

ARKANSAS

SUMMARY

- Arkansas is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 25th highest rate in the country. Arkansas is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 32nd highest rate in the country.
- Arkansas has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Pulaski County, 2. Washington County, and 3. Benton County. These counties represent 26.7% of new cases in Arkansas.
- 93% of all counties in Arkansas have moderate or high levels of community transmission (yellow, orange, or red zones), with 51% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 30% of nursing homes had at least one new resident COVID-19 case, 45% had at least one new staff COVID-19 case, and 12% had at least one new resident COVID-19 death.
- Arkansas had 446 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 5 to support operations activities from FEMA.
- Between Nov 28 - Dec 4, on average, 141 patients with confirmed COVID-19 and 243 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arkansas. This is an increase of 14% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Early signs of plateauing did not materialize; cases and new hospital admissions are increasing with a 40% reduction of PCR testing over the past week. Pandemic spread is unyielding in Arkansas. Virus levels continue to increase and are extremely high; activities that were safe in the summer are not safe now. Reexamine capacity thresholds for all public spaces.
- Provide county incidence trends on your public health website so that Arkansans can understand pandemic trends in their county and take appropriate action.
- Must increase testing to find asymptomatic individuals to remove source of spread.
- Universities must have weekly testing plans in place for the spring semester including mandatory testing of all students weekly to prevent spread in the community. Universities who tested all students weekly starting the first week of fall semester saw between 75% and 90% fewer cases than those who did not. For the remaining time in the current semester, students must be tested weekly prior to returning home for winter break.
- Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to <25% and closing bars/limiting bar hours until cases and test positivity decrease to the yellow zone.
- Ensure compliance with public health orders, including wearing masks.
- Ensure all hospitals and clinical sites have updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Ensure full flu immunizations across the state.
- In Tribal Nations, conduct weekly testing of Tribal communities living on and of the reservation. Test results should be rapid, and isolation and contact tracing conducted immediately. Ensure sufficient facilities for isolation and quarantine with support services.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ARKANSAS

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	13,458 (446)	+14%	156,138 (366)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.8%	+1.1%*	13.5%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	50,887** (1,686**)	-36%**	763,358** (1,787**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	161 (5.3)	+49%	1,819 (4.3)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	30%	N/A*†	22%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	45%	N/A*†	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	12%	N/A*†	10%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,690 (36)	+14% (+14%)	19,037 (21)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

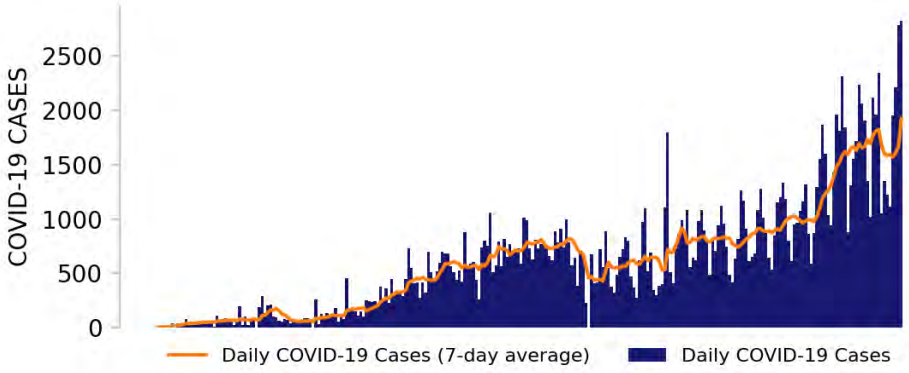
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

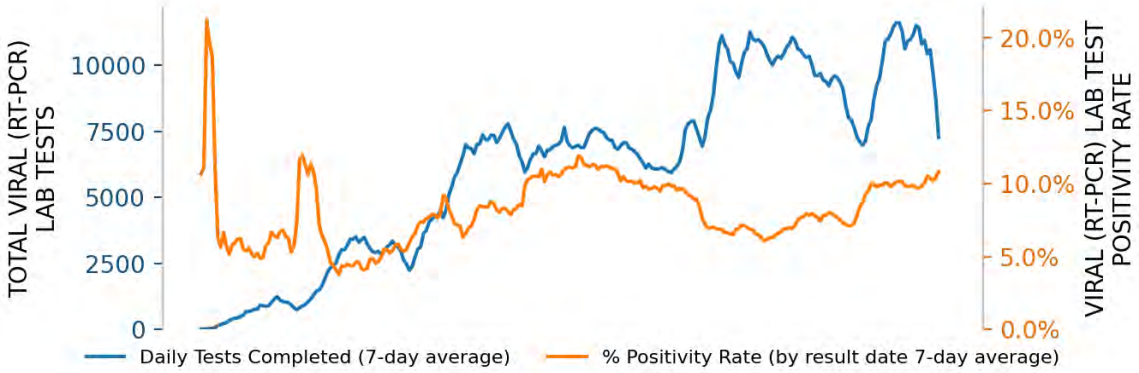
ARKANSAS

STATE REPORT | 12.06.2020

NEW CASES

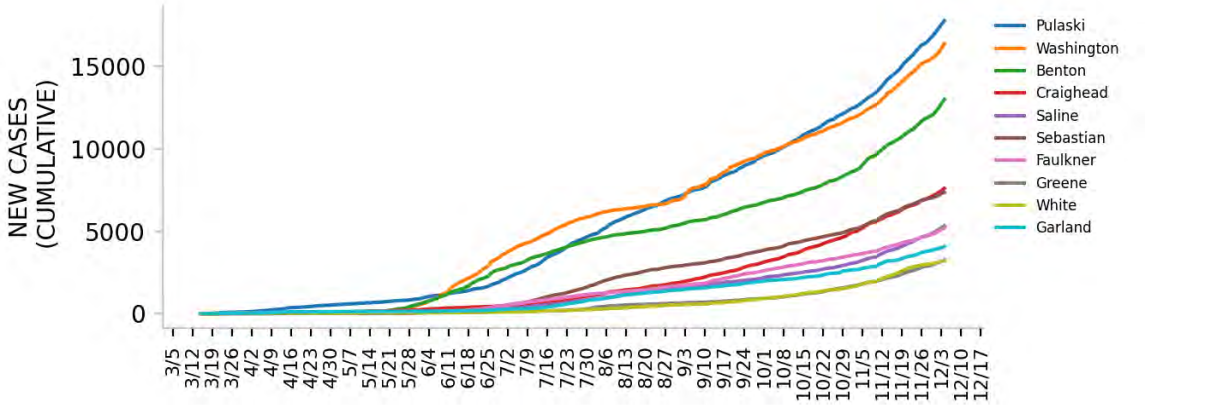


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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 12/4/2020.

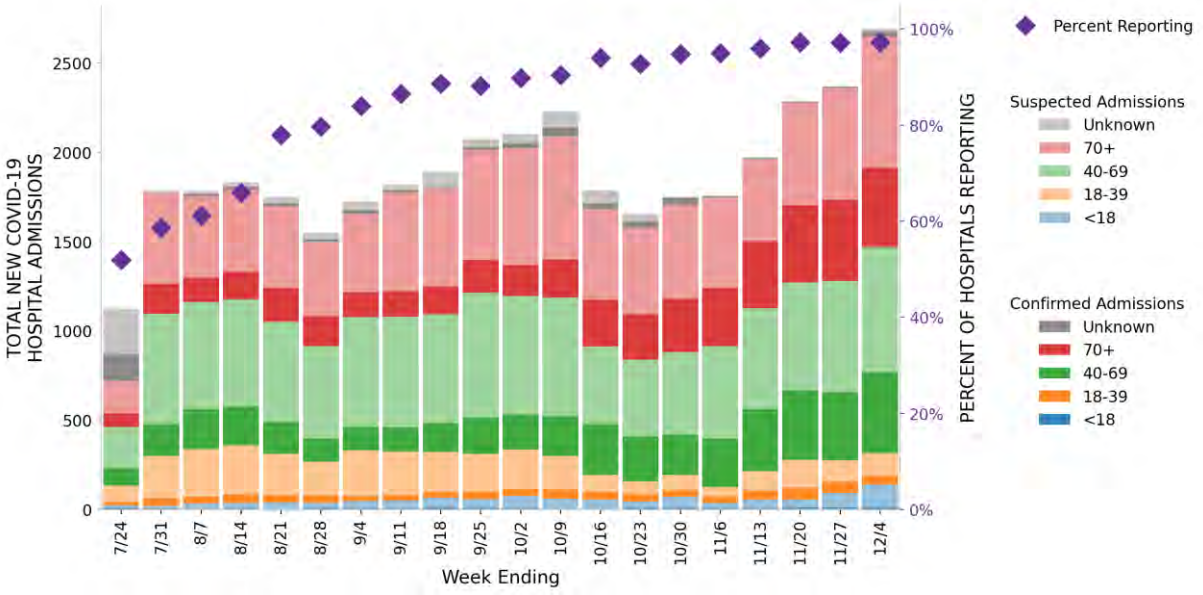
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

ARKANSAS

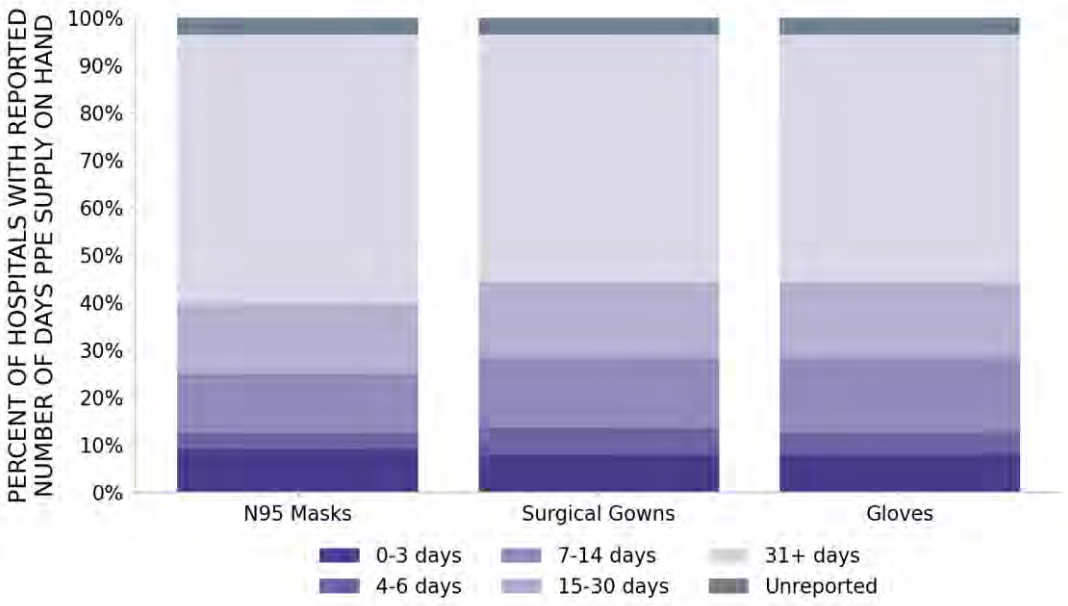
STATE REPORT | 12.06.2020

88 hospitals are expected to report in Arkansas

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

ARKANSAS

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	12 ■ (+0)	Fayetteville-Springdale-Rogers Fort Smith Jonesboro Paragould Hot Springs Harrison Blytheville Batesville Memphis Texarkana Camden Malvern	38 ▲ (+3)	Benton Craighead Saline Sebastian Greene Garland Jackson Mississippi Boone Hot Spring Drew Carroll
LOCALITIES IN ORANGE ZONE	7 ▲ (+2)	Russellville Pine Bluff Mountain Home El Dorado Magnolia Forrest City Arkadelphia	18 ▲ (+5)	Washington Faulkner Crawford Lonoke Baxter Union Columbia St. Francis Randolph Lawrence Clark Madison
LOCALITIES IN YELLOW ZONE	4 ▼ (-1)	Little Rock-North Little Rock-Conway Searcy Hope Helena-West Helena	14 ▼ (-4)	Pulaski White Pope Jefferson Crittenden Independence Miller Logan Arkansas Van Buren Phillips Pike

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

All Red Counties: Benton, Craighead, Saline, Sebastian, Greene, Garland, Jackson, Mississippi, Boone, Hot Spring, Drew, Carroll, Ouachita, Polk, Clay, Poinsett, Conway, Yell, Sharp, Cross, Ashley, Grant, Marion, Cleburne, Franklin, Lincoln, Bradley, Desha, Izard, Fulton, Montgomery, Scott, Dallas, Stone, Newton, Lee, Calhoun, Lafayette

All Orange Counties: Washington, Faulkner, Crawford, Lonoke, Baxter, Union, Columbia, St. Francis, Randolph, Lawrence, Clark, Madison, Sevier, Hempstead, Chicot, Cleveland, Prairie, Monroe

All Yellow Counties: Pulaski, White, Pope, Jefferson, Crittenden, Independence, Miller, Logan, Arkansas, Van Buren, Phillips, Pike, Nevada, Perry

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

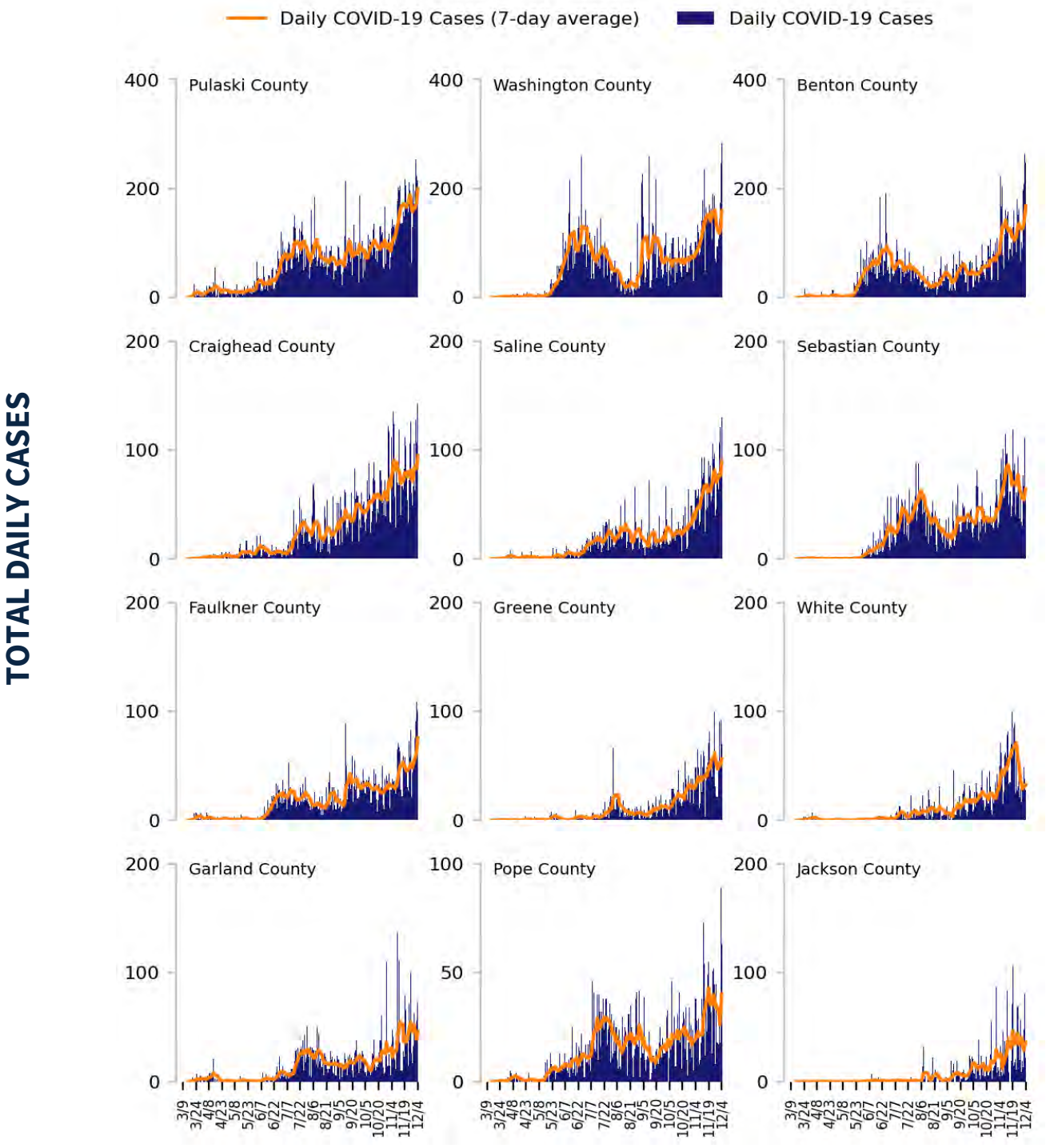
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 12/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

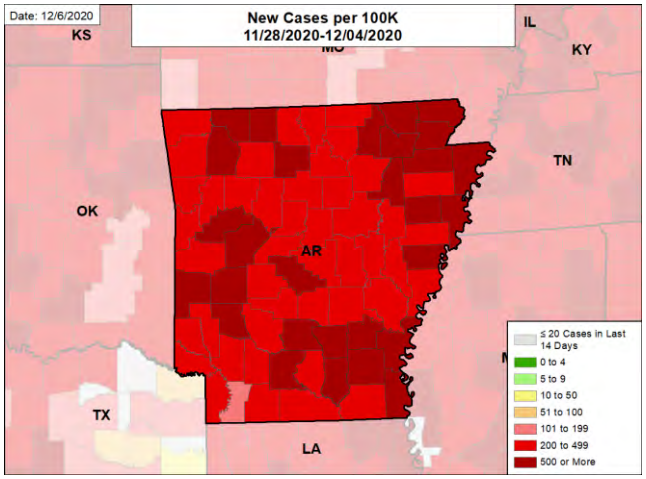
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

ARKANSAS

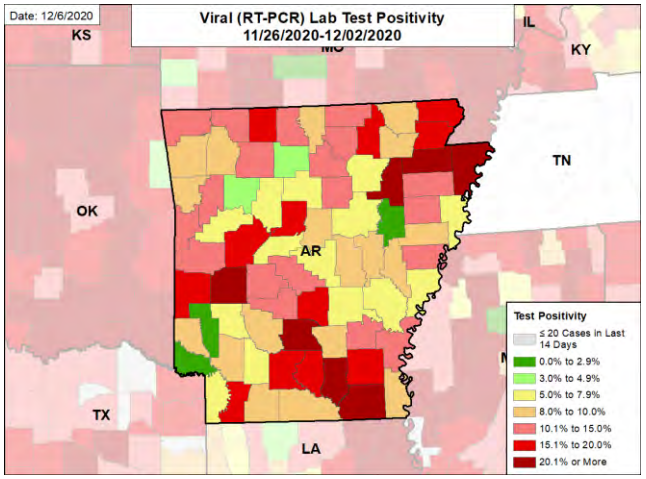
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

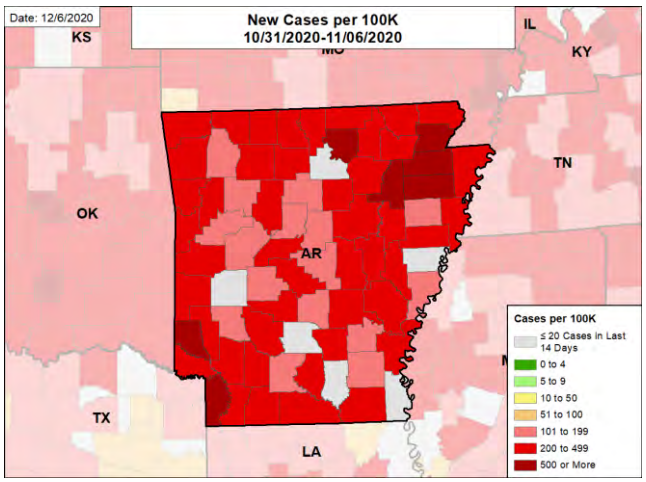
NEW CASES PER 100,000



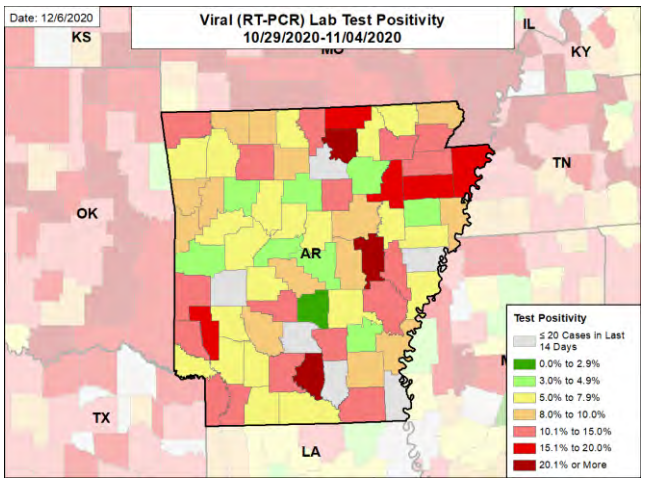
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

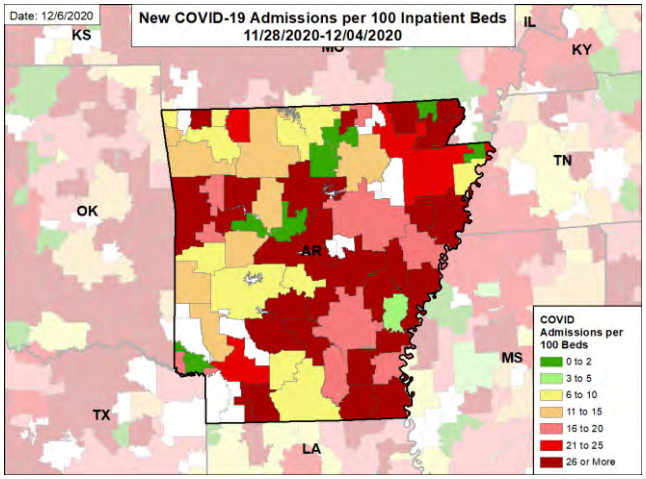
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

ARKANSAS

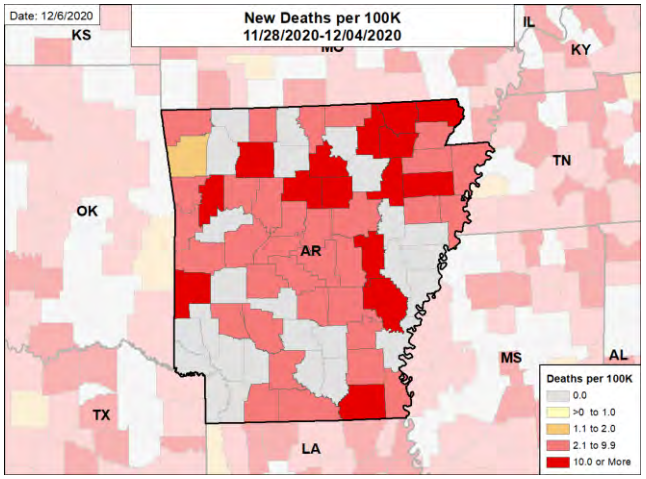
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

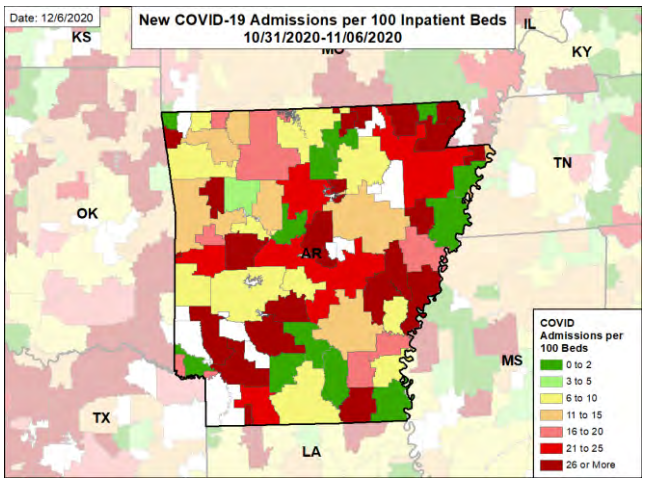
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



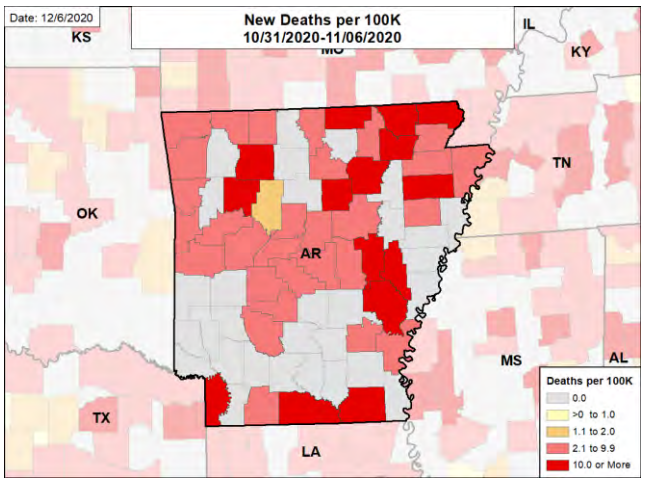
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

CALIFORNIA

SUMMARY

- California saw another week of further, major increases in reported cases, a large increase in hospitalizations, and a continued increase in deaths. California is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 38th highest rate in the country. California is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 43rd highest rate in the country.
- California has seen an increase in new cases and an increase in test positivity. Test positivity is highest in inland counties. Current hospitalizations continue to increase rapidly, as do deaths.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Los Angeles County, 2. San Bernardino County, and 3. San Diego County. These counties represent 50.6% of new cases in California.
- Mitigation: The state laid out conditions for imposing stay-at-home orders regionally based on ICU capacity. In the San Francisco Bay area, Alameda, Contra Costa, Marin, San Francisco, and Santa Clara counties and the City of Berkeley announced implementation of the state's stay-at-home order this weekend prior to being required by the state in order to stave off further strains on the healthcare system. Multiple counties in Southern California were going under a similar order due to rapidly increasing ICU occupancy.
- 57% of all counties in California have moderate or high levels of community transmission (yellow, orange, or red zones), with 31% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 4% of nursing homes had at least one new resident COVID-19 case, 9% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- California had 314 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 122 to support operations activities from FEMA; 6 to support operations activities from ASPR; and 282 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 1219 patients with confirmed COVID-19 and 584 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in California. This is an increase of 23% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- We share the strong concern of California's leaders that the current situation in the state remains critical. Continued control is dependent on the collective effort of California's residents. The population and healthcare system must do everything possible to limit further holiday-related disease surges and prevent overrunning hospital capacity and avoidable deaths. Currently, the imminent arrival of vaccines provides hope; however, large-scale benefits of lower deaths and hospitalizations will only come after months of immunization. Difficult but temporary changes in personal behavior are key to limiting disease and death until we bring the pandemic to an end with immunization; this messaging must be delivered frequently and by all effective modalities. The Governor's continued, personal communication and actions on these measures is critical and commended.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. Ensure support for a platform for efficient intra- and inter-state patient transfers as needed.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of COVID-19 risk factors. Work with healthcare institutions to ensure capacity for outpatient infusion is accessible to COVID-19 patients who may benefit from IV therapies that could limit morbidity and hospitalizations.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Ensure all K-12 schools are following CDC guidelines including masks and utilize Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities returning to campus after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Continue preparations for the delivery and distribution of vaccines including by identifying the staffing capabilities and needs of local health departments and local jurisdictions and preparing for state-supported augmentation of staff and subject matter expertise to ensure timely and safe operations. Provide clear and concise messaging across the response community on the prioritization of vaccinations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

CALIFORNIA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	124,234 (314)	+28%	174,481 (340)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.2%	+1.9%*	10.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	818,308** (2,071**)	-44%**	1,145,705** (2,234**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	696 (1.8)	+51%	1,188 (2.3)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	4%	N/A*†	8%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	9%	N/A*†	14%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	N/A*†	2%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	12,625 (20)	+23% (+23%)	18,410 (21)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
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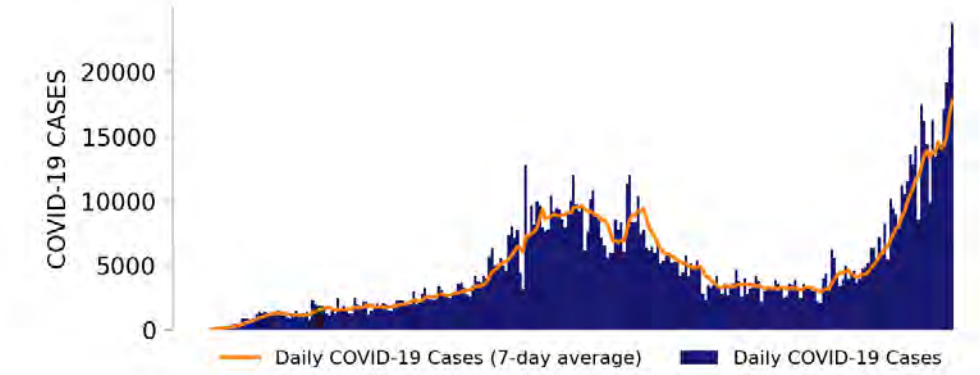
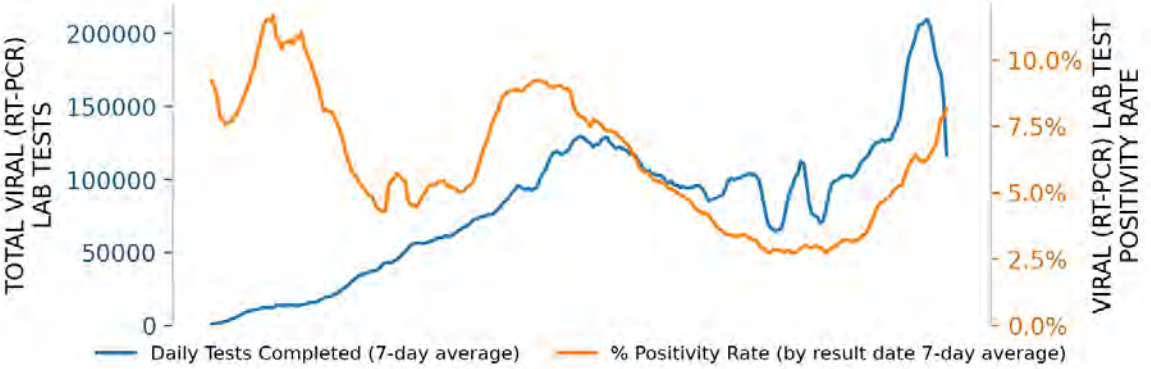
CALIFORNIA

STATE REPORT | 12.06.2020

NEW CASES

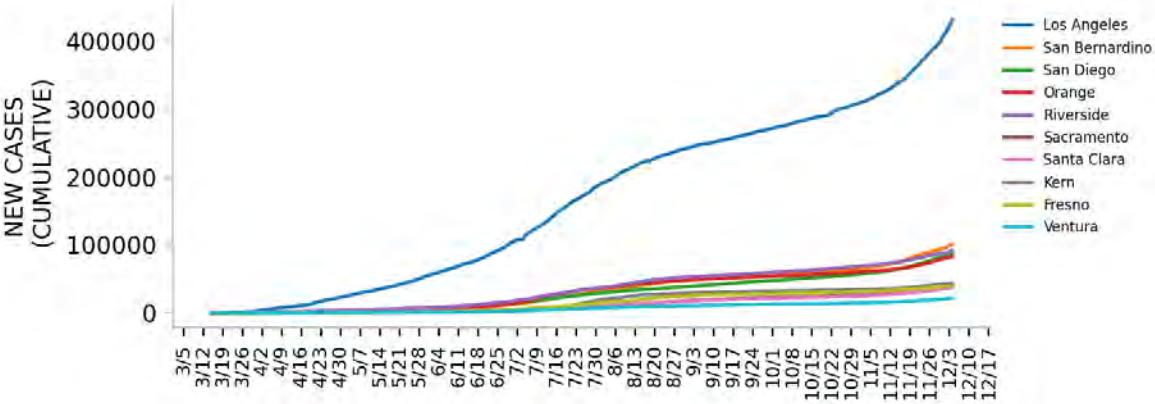


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in 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 12/4/2020.

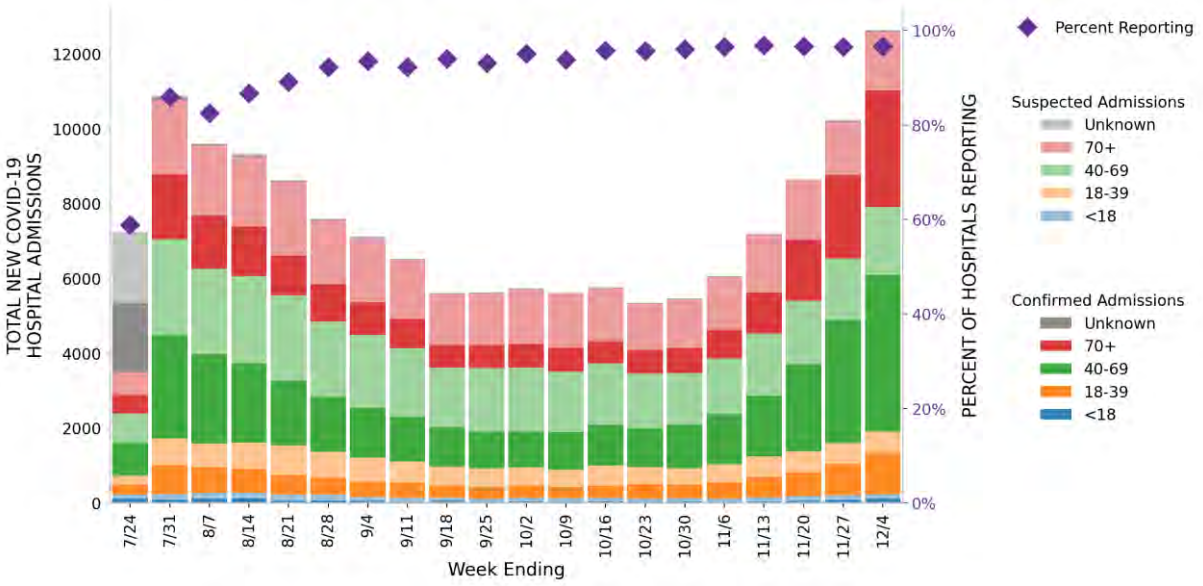
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

CALIFORNIA

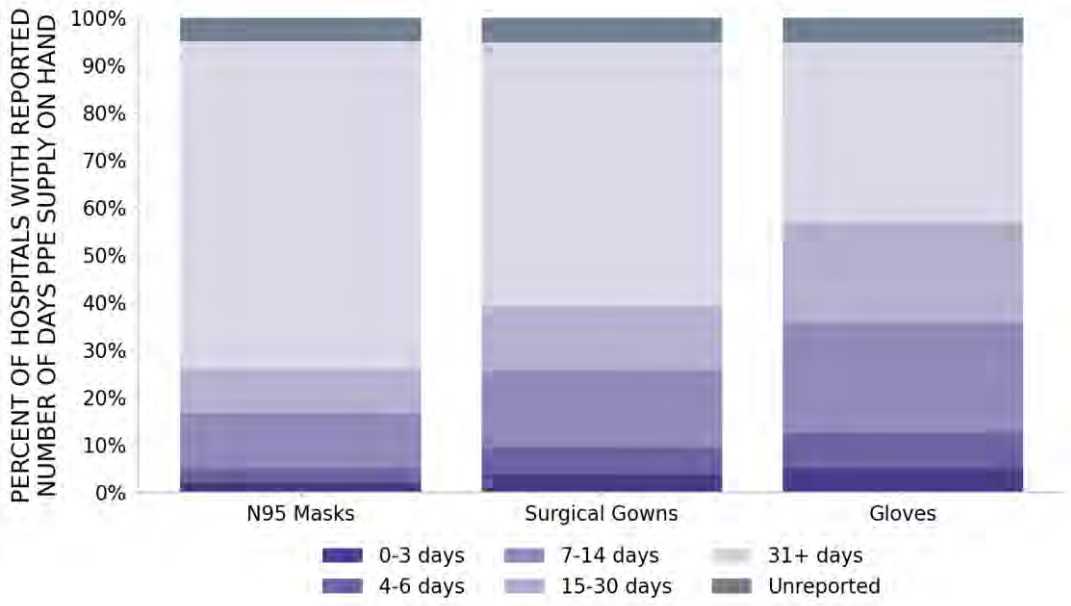
STATE REPORT | 12.06.2020

369 hospitals are expected to report in California

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

CALIFORNIA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**12** ▲ (+3)	Los Angeles-Long Beach-Anaheim Sacramento-Roseville-Folsom Bakersfield Modesto Visalia Salinas Yuba City Merced Hanford-Corcoran Red Bluff Truckee-Grass Valley Sonora	**18** ▲ (+8)	Los Angeles San Bernardino Orange Sacramento Kern Stanislaus Tulare Monterey Merced Kings Sutter Yolo
LOCALITIES IN ORANGE ZONE	**5** ▲ (+2)	Riverside-San Bernardino-Ontario Oxnard-Thousand Oaks-Ventura El Centro Redding Madera	**4** ▼ (-1)	Ventura Imperial Shasta Madera
LOCALITIES IN YELLOW ZONE	**9** ■ (+0)	Stockton Vallejo Santa Rosa-Petaluma San Luis Obispo-Paso Robles Santa Cruz-Watsonville Chico Napa Ukiah Clearlake	**11** ▼ (-1)	Contra Costa San Joaquin Solano Sonoma Placer San Luis Obispo Santa Cruz Butte Napa Mendocino Lake

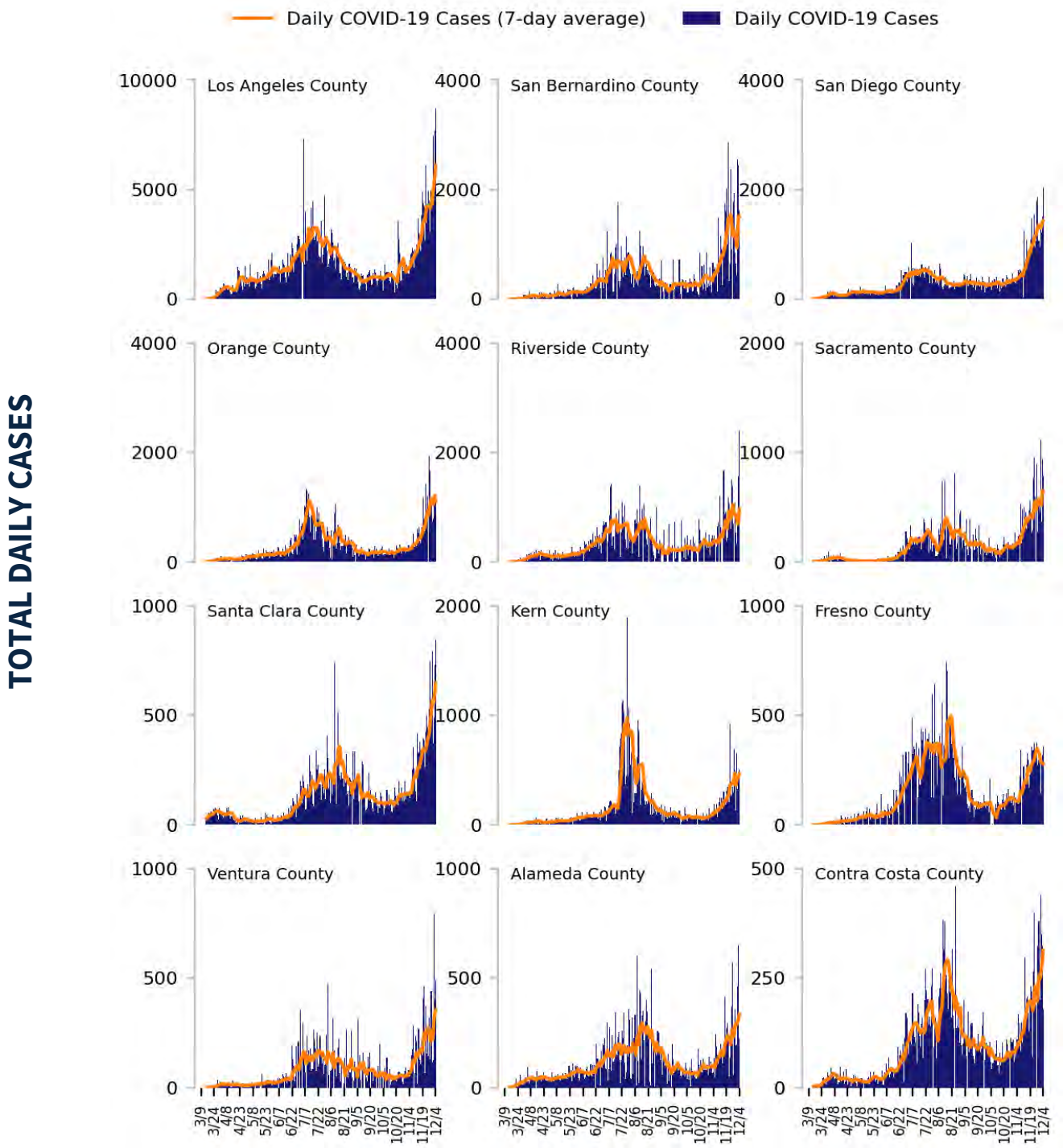
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Los Angeles, San Bernardino, Orange, Sacramento, Kern, Stanislaus, Tulare, Monterey, Merced, Kings, Sutter, Yolo, El Dorado, Yuba, Tehama, Nevada, Tuolumne, San Benito

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

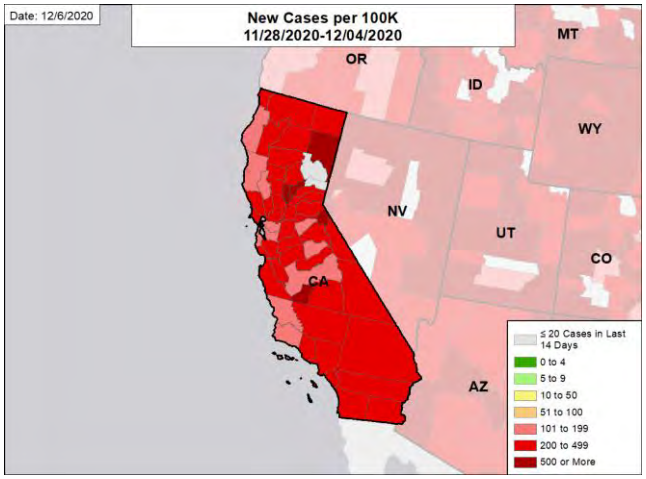
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

CALIFORNIA

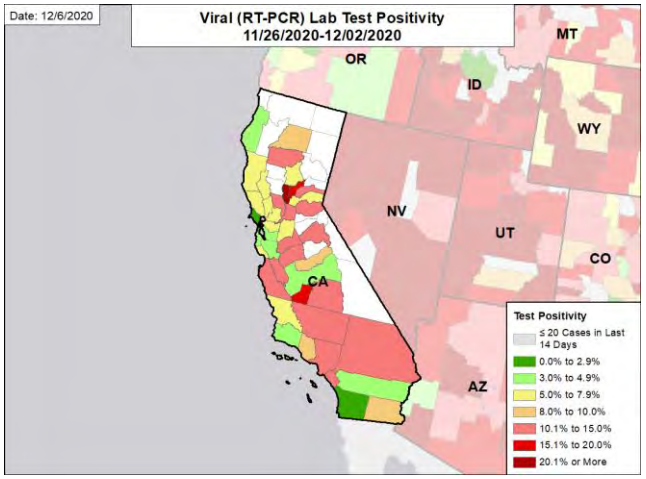
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

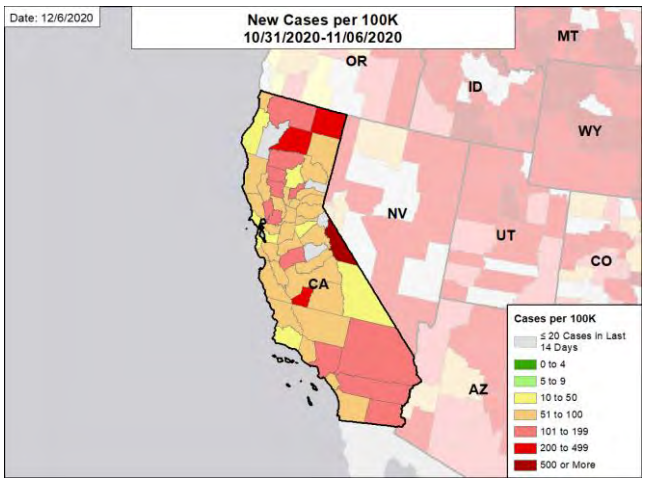
NEW CASES PER 100,000



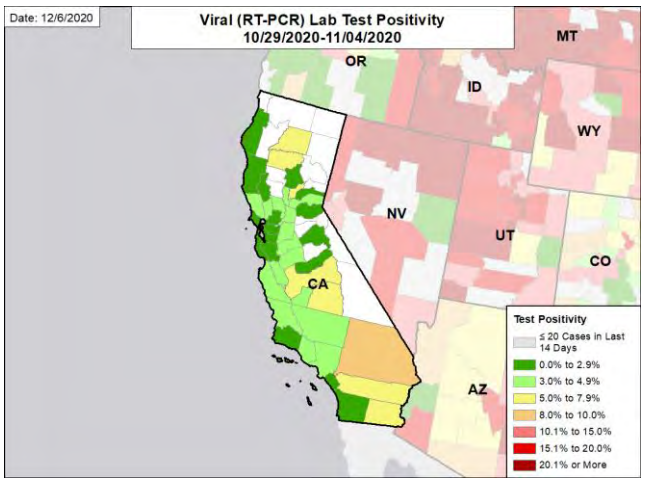
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

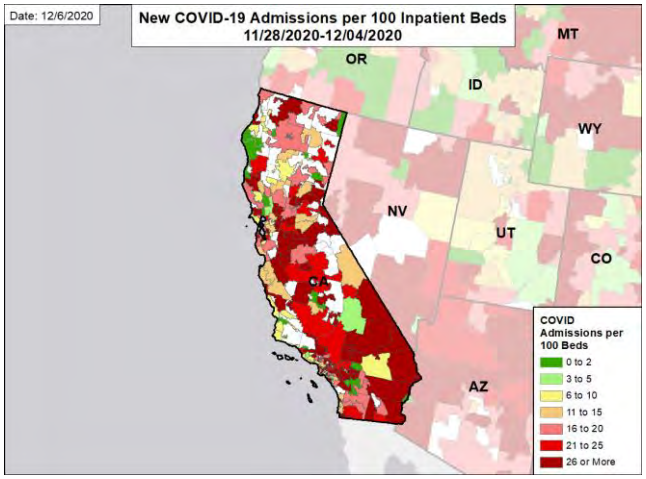
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

CALIFORNIA

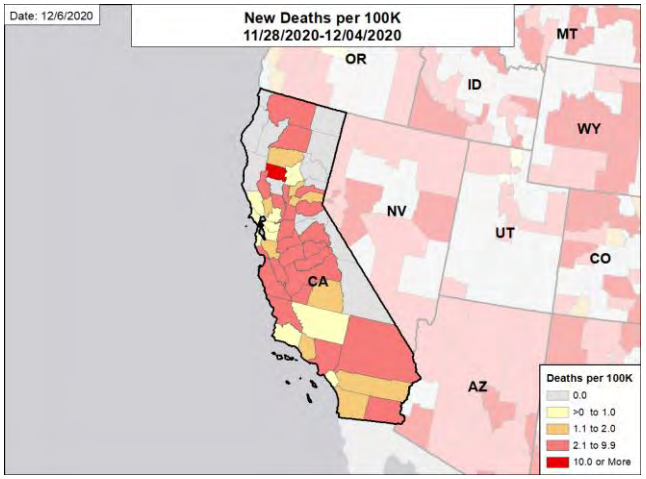
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

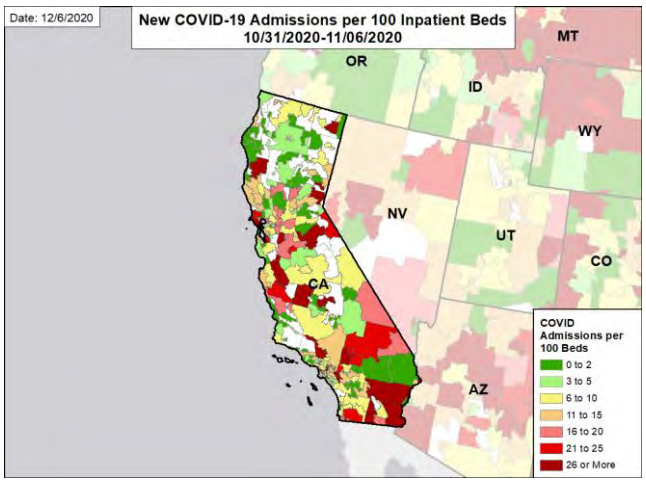
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



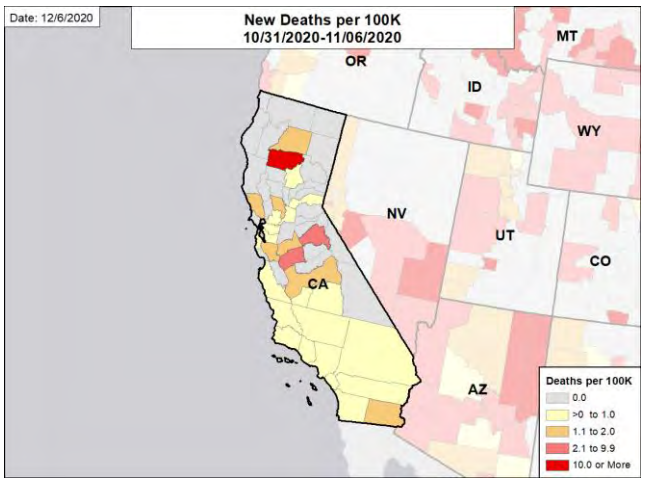
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

COLORADO

STATE REPORT
12.06.2020
Issue 25

SUMMARY

- Colorado has continued, high level viral transmission statewide. Colorado is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 15th highest rate in the country. Colorado is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 27th highest rate in the country.
- Colorado has seen stability in new cases (-3%) and an increase in test positivity, along with decreased testing volume.
- On Dec 2, Colorado reported 139 new outbreaks in the previous week, down from 167 the previous week, with active nursing home outbreaks at their highest level during the pandemic. High level transmission involves counties throughout the state. The following three counties had the highest number of new cases over the last 3 weeks: 1. El Paso County, 2. Denver County, and 3. Adams County. These counties represent 36.4% of new cases in Colorado.
- State modeling suggested that deaths would continue to rise rapidly but with a great deal of likely variability depending on compliance with social distancing; the higher levels of compliance achieved pre-Thanksgiving would lead to lower death rates if continued.
- 81% of all counties in Colorado have moderate or high levels of community transmission (yellow, orange, or red zones), with 62% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 37% of nursing homes had at least one new resident COVID-19 case, 68% had at least one new staff COVID-19 case, and 12% had at least one new resident COVID-19 death.
- Colorado had 543 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 69 to support operations activities from FEMA; 4 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; and 1 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 263 patients with confirmed COVID-19 and 117 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Colorado. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- We share the strong concern of Colorado leaders that the current situation remains critical with wide variation in outcomes depending on the collective effort of Colorado's residents. The population and healthcare system must do everything possible to limit further holiday-related disease surges and prevent overrunning hospital capacity and avoidable deaths. Currently, the imminent arrival of vaccines provides hope; however, large-scale benefits of lower deaths and hospitalizations will only come after months of immunization. Difficult but temporary changes in personal behavior are key to limiting disease and death until we bring the pandemic to an end with immunization; this messaging must be delivered frequently and by all effective modalities. The Governor's continued, personal communication on these measures is commended.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. Ensure support for a platform for efficient intra- and inter-state patient transfers as needed.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of COVID-19 risk factors. Work with healthcare institutions to ensure capacity for outpatient infusion is accessible to COVID-19 patients who may benefit from IV therapies that could limit morbidity and hospitalizations.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings.
- Given continuing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines including masks and utilize Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities returning to campus after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COLORADO

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	31,271 (543)	-3%	71,931 (587)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.6%	+1.4%*	14.5%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	283,536** (4,924**)	-15%**	470,275** (3,836**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	358 (6.2)	+52%	808 (6.6)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	37%	N/A*†	36%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	68%	N/A*†	61%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	12%	N/A*†	15%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,662 (26)	-1% (-1%)	5,191 (21)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

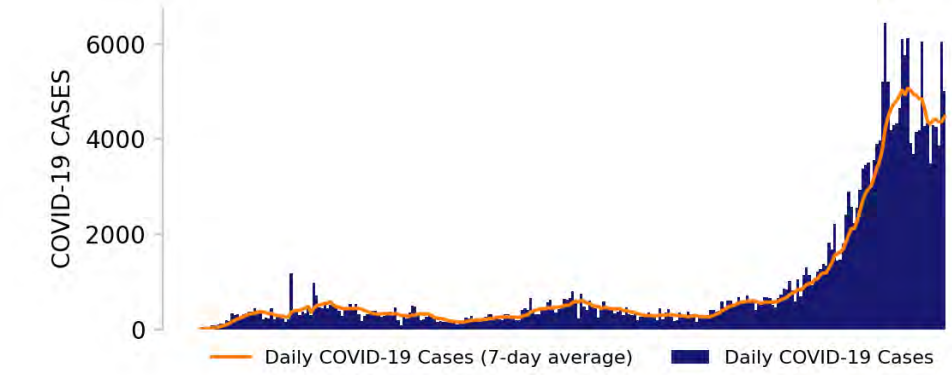
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

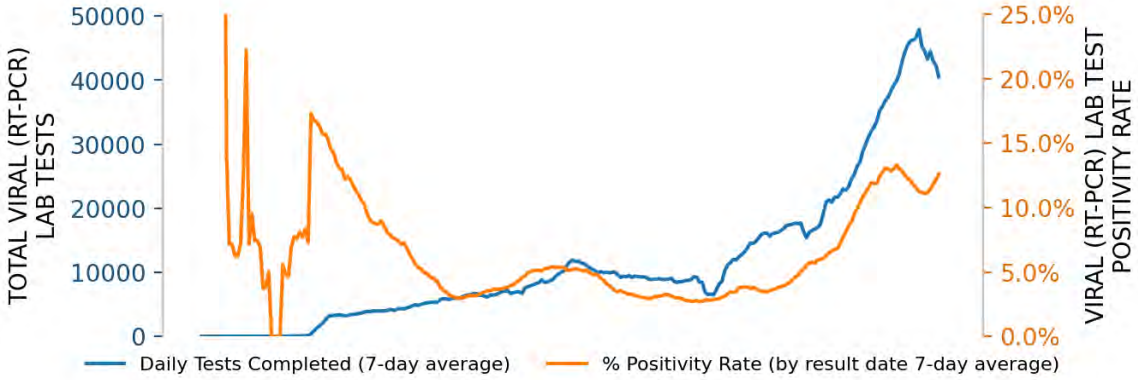
COLORADO

STATE REPORT | 12.06.2020

NEW CASES

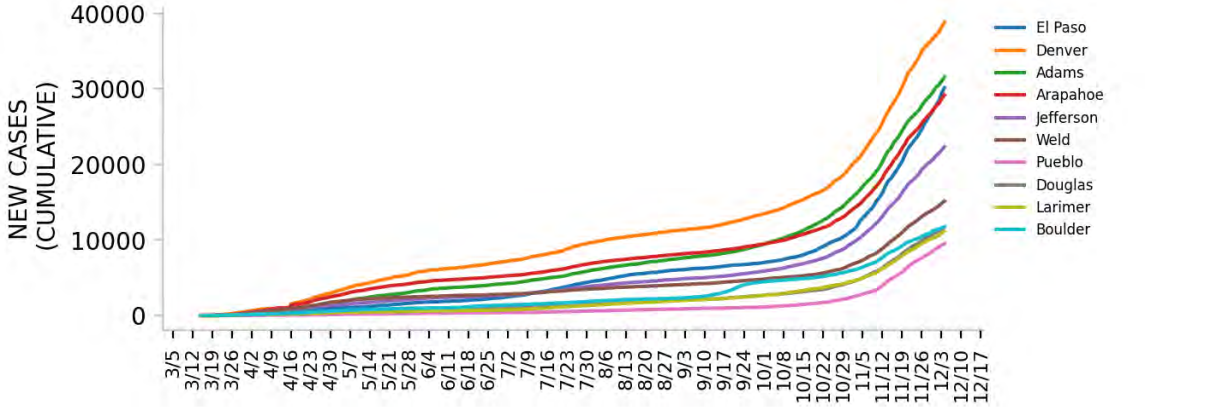


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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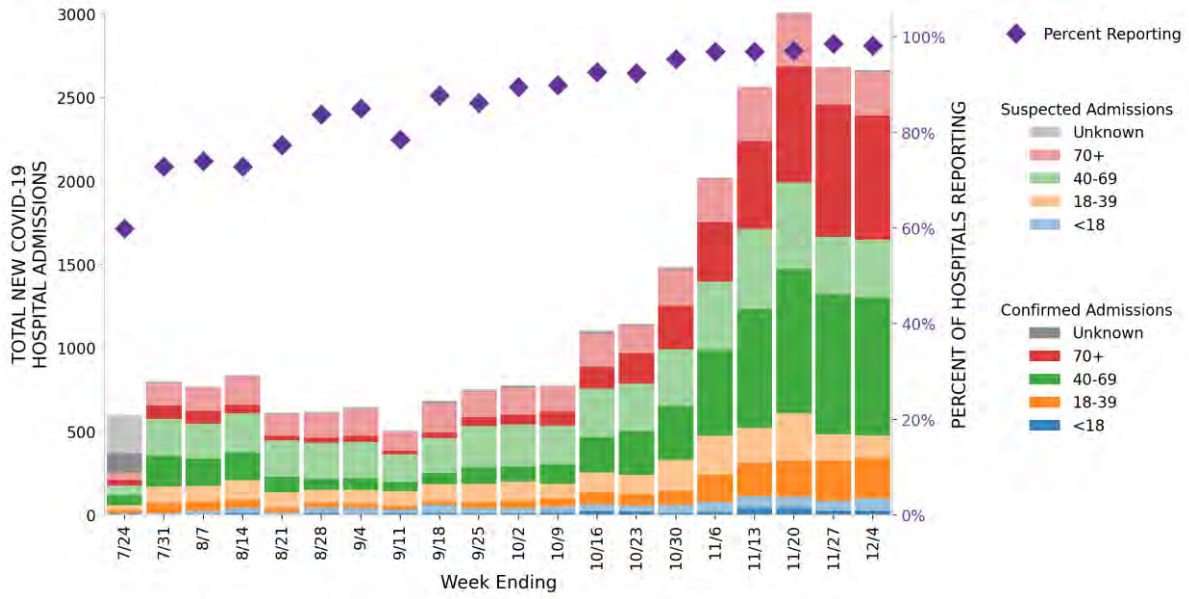
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

COLORADO

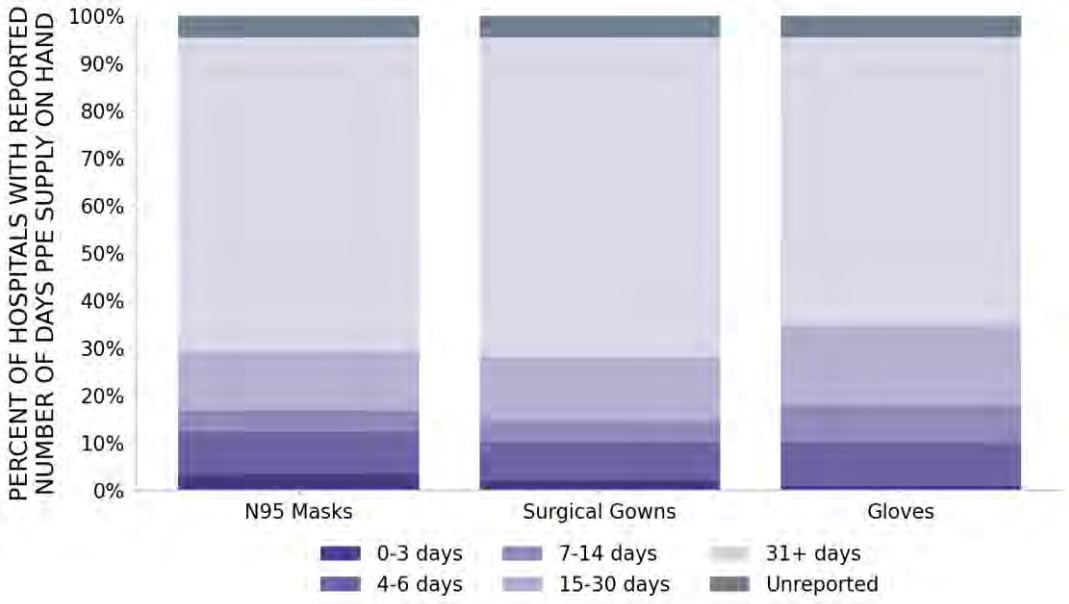
STATE REPORT | 12.06.2020

89 hospitals are expected to report in Colorado

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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COLORADO

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**13** ▲ (+1)	Denver-Aurora-Lakewood Colorado Springs Greeley Pueblo Fort Collins Cañon City Glenwood Springs Durango Sterling Montrose Fort Morgan Breckenridge	**40** ▲ (+12)	El Paso Adams Arapahoe Jefferson Weld Pueblo Douglas Larimer Fremont La Plata Garfield Logan
LOCALITIES IN ORANGE ZONE	**2** ■ (+0)	Grand Junction Edwards	**8** ■ (+0)	Denver Mesa Crowley Eagle Alamosa Kit Carson Conejos Saguache
LOCALITIES IN YELLOW ZONE	**2** ▼ (-1)	Boulder Steamboat Springs	**4** ▼ (-12)	Boulder Routt Huerfano Cheyenne

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

All Red CBSAs: Denver-Aurora-Lakewood, Colorado Springs, Greeley, Pueblo, Fort Collins, Cañon City, Glenwood Springs, Durango, Sterling, Montrose, Fort Morgan, Breckenridge, Craig

All Red Counties: El Paso, Adams, Arapahoe, Jefferson, Weld, Pueblo, Douglas, Larimer, Fremont, La Plata, Garfield, Logan, Broomfield, Montrose, Otero, Morgan, Summit, Lincoln, Montezuma, Delta, Prowers, Bent, Teller, Elbert, Grand, Moffat, Pitkin, Archuleta, Washington, Lake, Park, Rio Blanco, Yuma, Gunnison, San Miguel, Phillips, Clear Creek, Custer, Gilpin, Dolores

*** 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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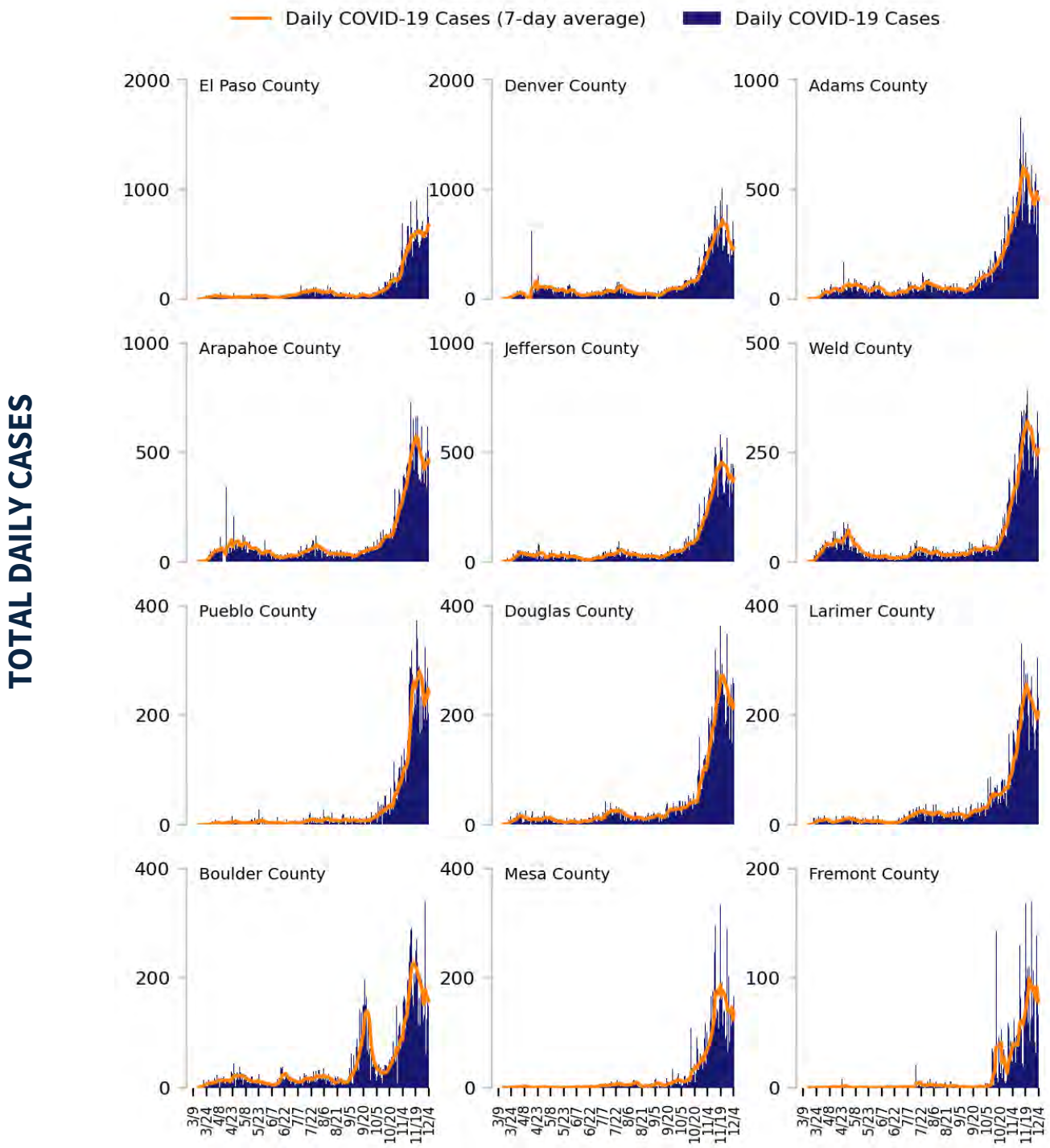
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



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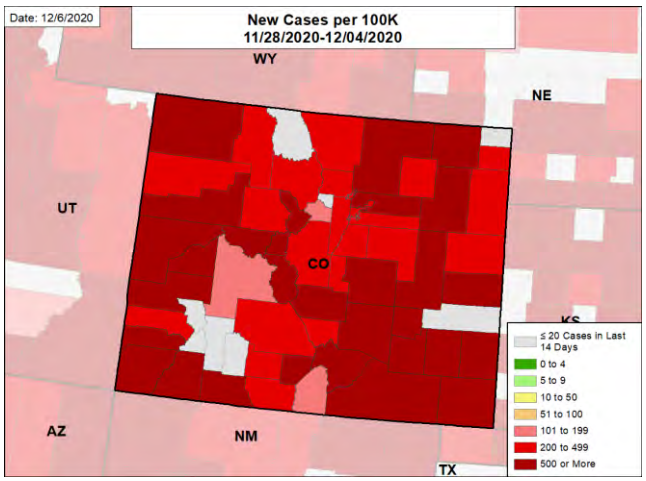
COLORADO

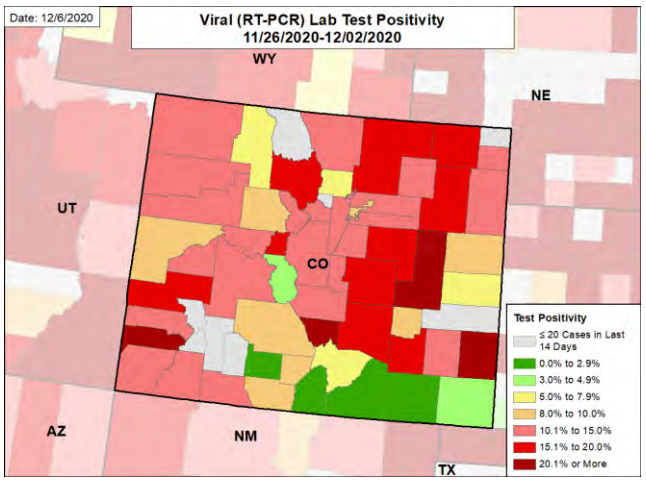
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

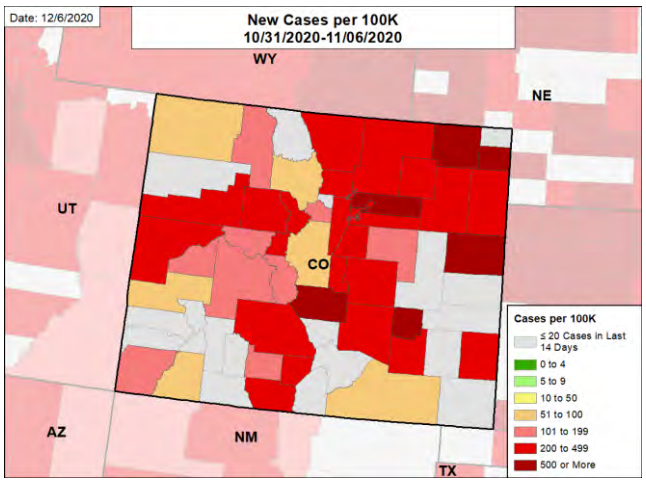
NEW CASES PER 100,000



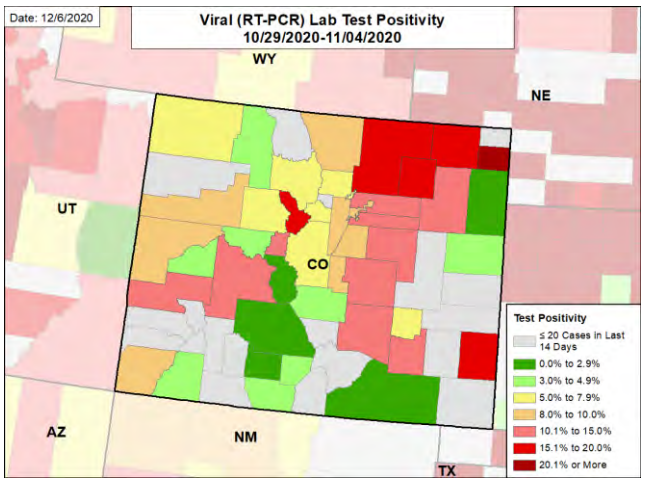
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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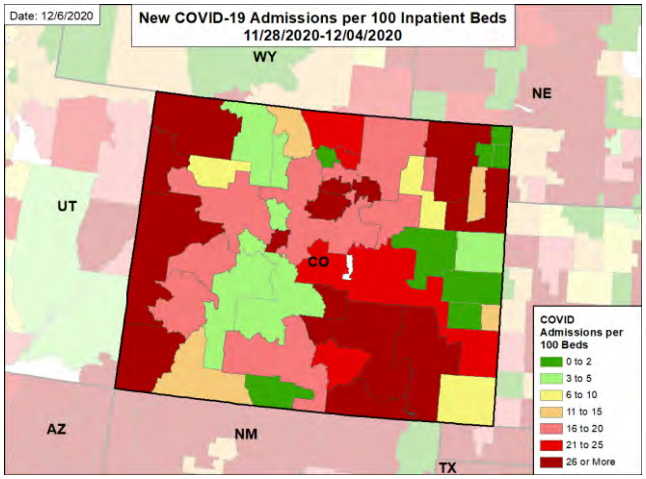
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

COLORADO

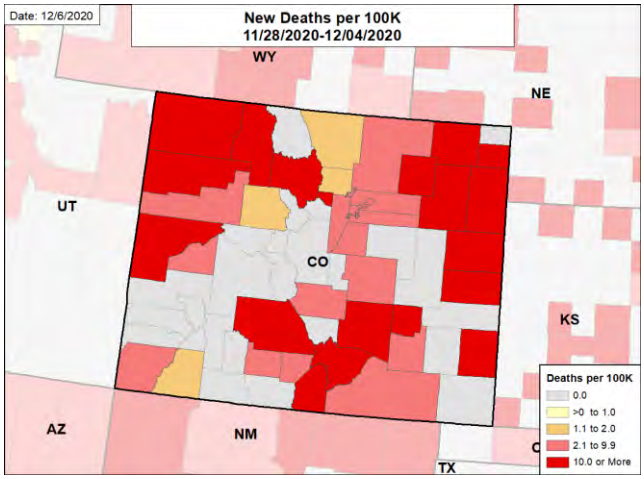
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

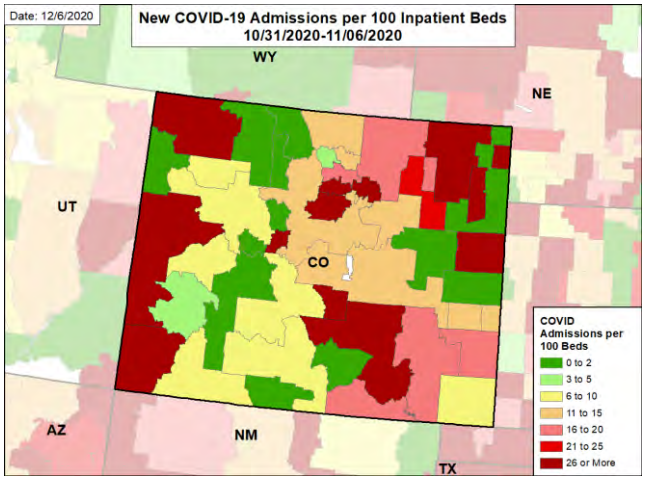
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



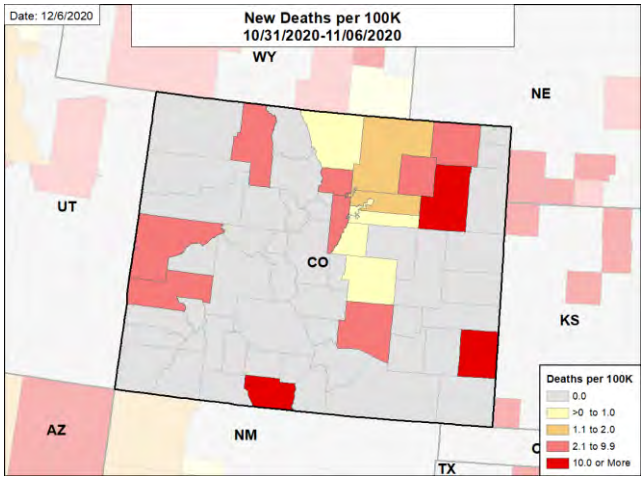
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

CONNECTICUT

STATE REPORT
12.06.2020
Issue 25

SUMMARY

- Connecticut is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 29th highest rate in the country. Connecticut is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 29th highest rate in the country.
- Connecticut has seen an increase in new cases and an increase in test positivity, now at its highest level since spring when testing availability was much lower.
- Reported new and current hospitalizations continued to increase with current hospitalizations reaching their highest average level since the beginning of the pandemic. Hospitals are stretched with staffing shortages adding to the burden from increased COVID cases. Mortality continued to increase; Connecticut reported an average of >25 deaths daily last week.
- Mitigation: An executive order that allows for a fine up to $10,000 for businesses breaking capacity limits came into effect Nov 26.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Fairfield County, 2. New Haven County, and 3. Hartford County. These counties represent 80.2% of new cases in Connecticut.
- 159 out of 169 communities are now considered "Red Alert" towns, slightly higher than last week. The high alert localities comprise nearly the state.
- 100% of counties in Connecticut have moderate or high levels of community transmission (yellow, orange, or red zones), with 38% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 28% of nursing homes had at least one new resident COVID-19 case, 39% had at least one new staff COVID-19 case, and 10% had at least one new resident COVID-19 death.
- Connecticut had 424 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA and 9 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 136 patients with confirmed COVID-19 and 98 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Connecticut. This is an increase of 17% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- We share the strong concern of Connecticut leaders that the current situation remains critical with wide variation in outcomes depending on the collective effort of all residents. The population and healthcare system must do everything possible to limit further holiday-related disease surges and prevent overrunning hospital capacity and avoidable deaths. Currently, the imminent arrival of vaccines provides hope; however, large-scale benefits of lower deaths and hospitalizations will only come after months of immunization. Difficult but temporary changes in personal behavior are key to limiting disease and death until we bring the pandemic to an end with immunization; this messaging must be delivered frequently and by all effective modalities. The Governor's continued, personal communication on these measures is commended.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. Ensure support for a platform for efficient intra- and inter-state patient transfers as needed.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of COVID-19 risk factors. Work with healthcare institutions to ensure capacity for outpatient infusion is accessible to COVID-19 patients who may benefit from IV therapies that could limit morbidity and hospitalizations.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings.
- Given continuing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines including masks and utilize Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities returning to campus after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

CONNECTICUT

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	15,134 (424)	+36%	57,600 (388)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.4%	+2.5%*	6.3%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	22,512** (631**)	-73%**	677,714** (4,565**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	185 (5.2)	+39%	607 (4.1)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	28%	N/A*†	19%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	39%	N/A*†	32%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10%	N/A*†	7%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,642 (20)	+17% (+18%)	4,876 (14)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

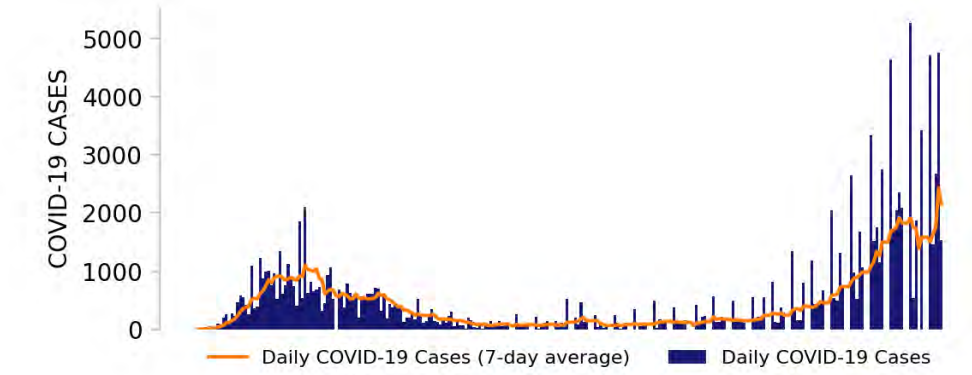
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25. Testing data for Connecticut is complete through 11/29. Values shown may be inaccurate or incomplete.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

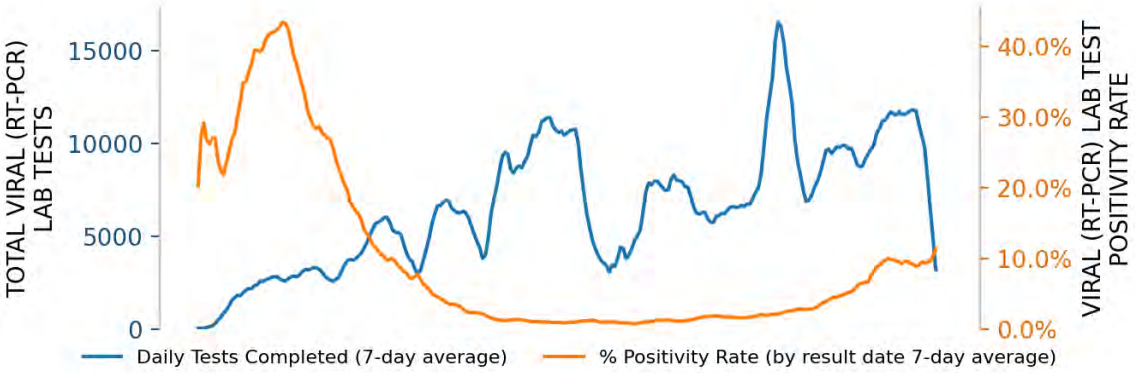
CONNECTICUT

STATE REPORT | 12.06.2020

NEW CASES

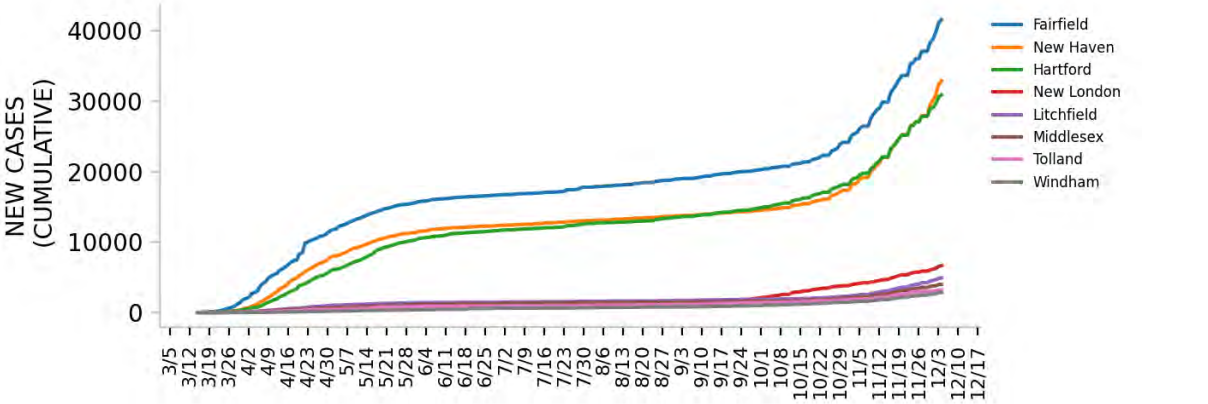


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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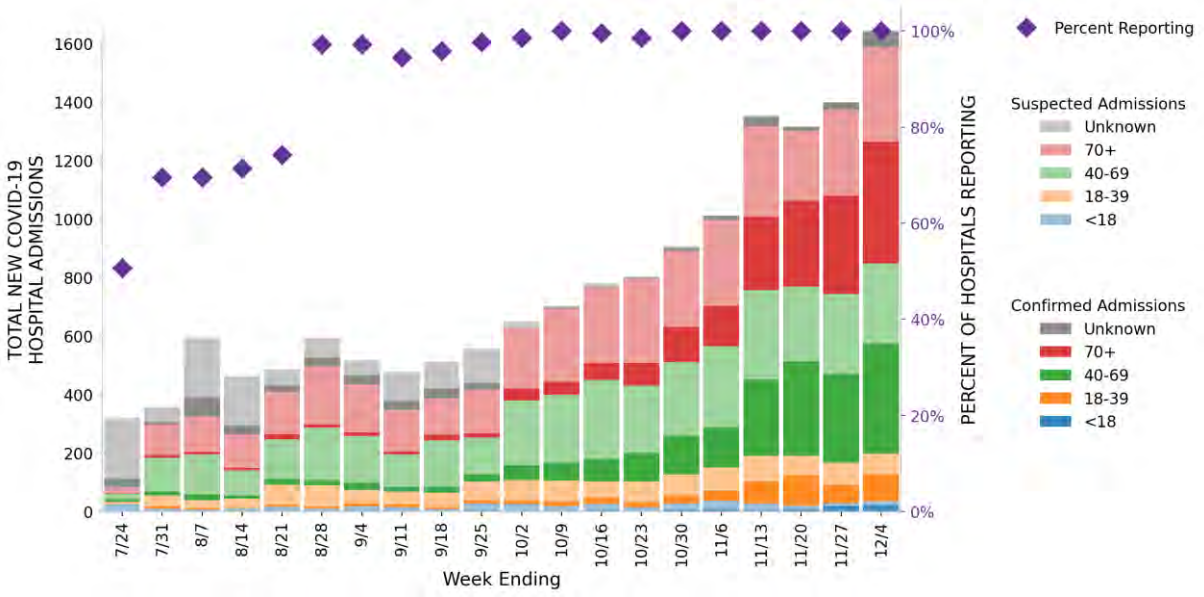
CONNECTICUT

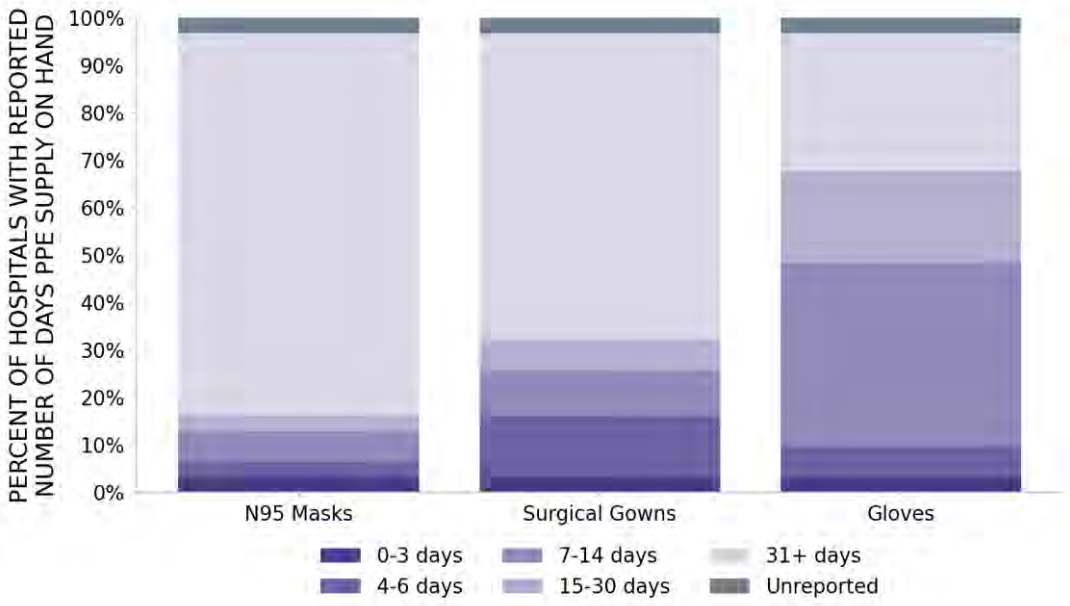
STATE REPORT | 12.06.2020

31 hospitals are expected to report in Connecticut

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

CONNECTICUT

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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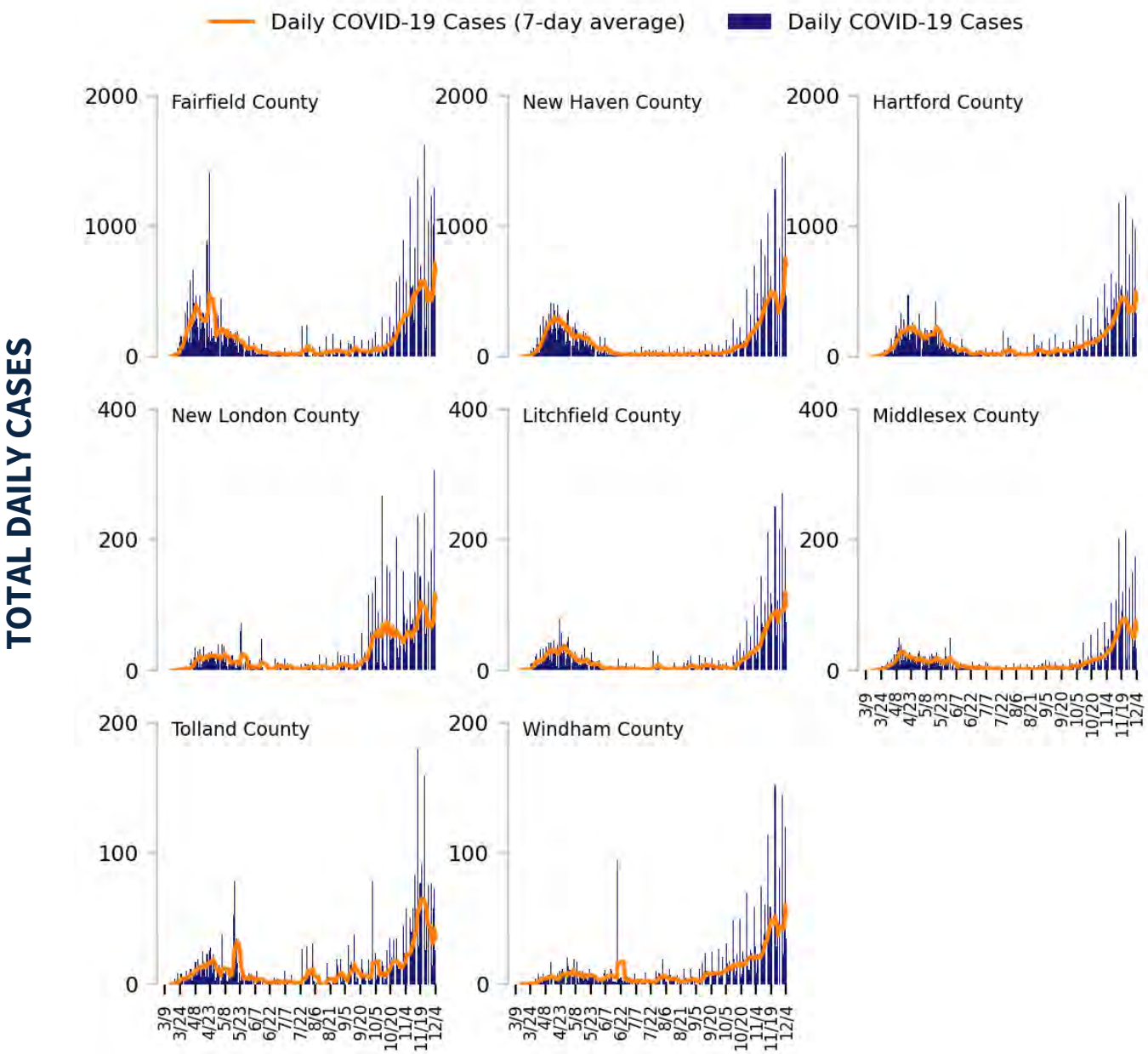
Top 12 counties based on number of new cases in the last 3 weeks



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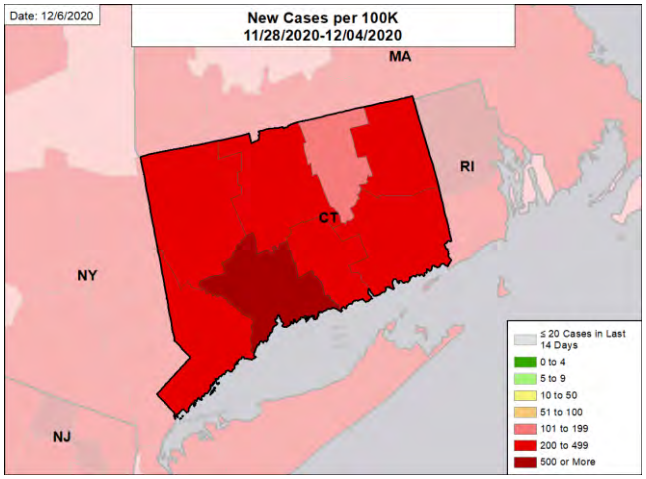
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

CONNECTICUT

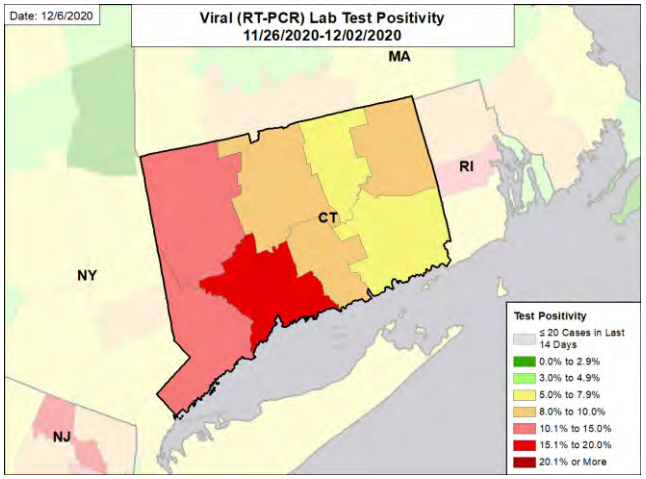
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

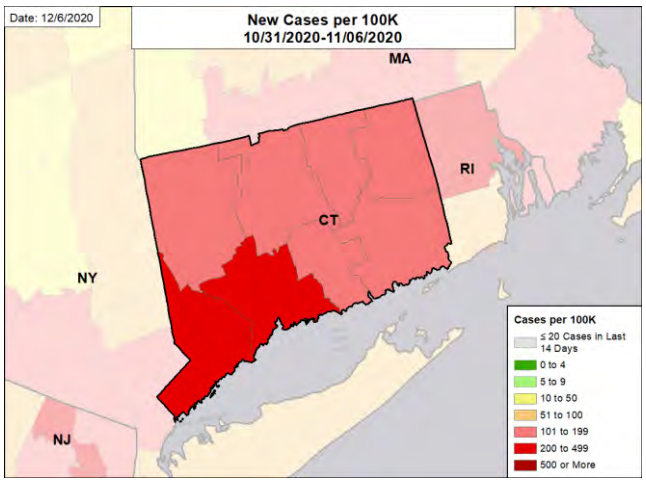
NEW CASES PER 100,000



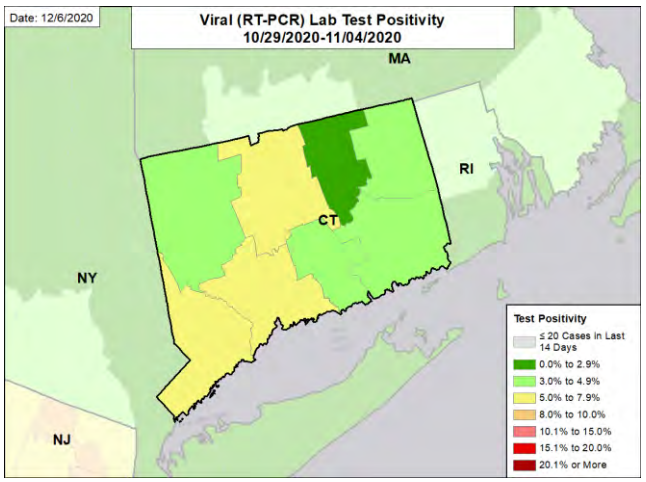
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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CONNECTICUT

STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

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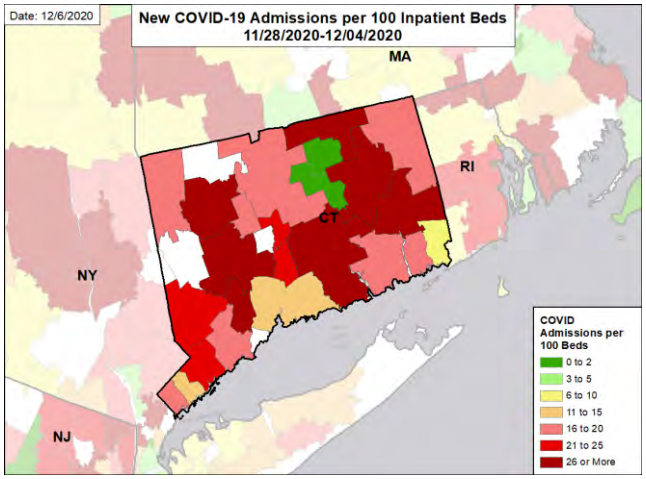
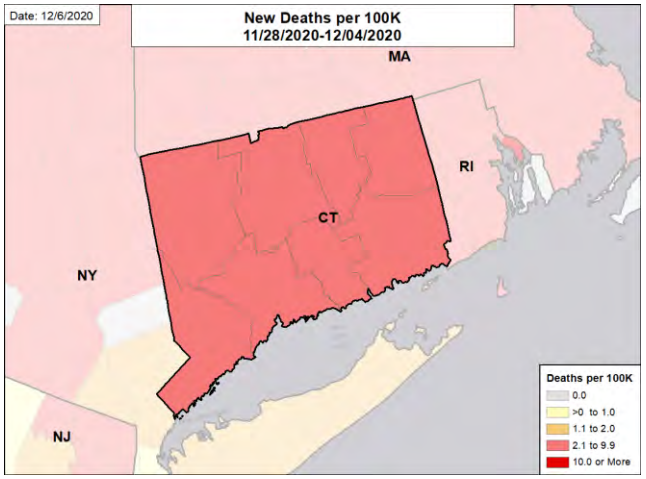
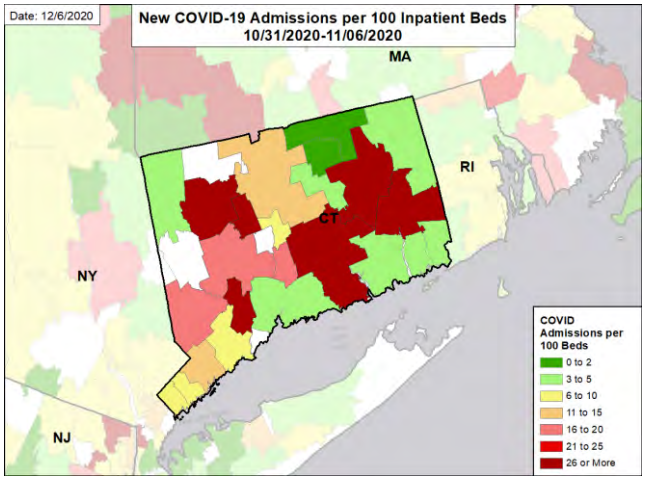


NEW DEATHS PER 100,000



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



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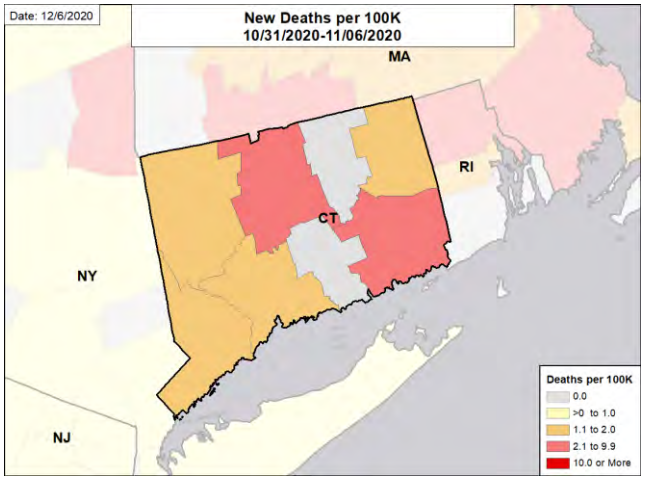

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DELAWARE

STATE REPORT
12.06.2020
Issue 25

SUMMARY

- Delaware's epidemic continued to worsen last week. Delaware is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 27th highest rate in the country. Delaware is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 42nd highest rate in the country.
- Delaware has seen an increase in new cases and an increase in test positivity.
- Cases continue to reach new all-time highs; hospitalizations have continued to increase since mid-September and have now reached the peak levels seen in late April. New statewide restrictions went into place on 23 Nov, including limiting gatherings and restaurant capacity. The Governor issued a stay-at-home advisory last week, asking people not to gather indoors with anyone outside their household.
- 100% of all counties in Delaware have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 18% of nursing homes had at least one new resident COVID-19 case, 50% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- Delaware had 436 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 6 to support operations activities from FEMA and 5 to support medical activities from VA.
- Between Nov 28 - Dec 4, on average, 44 patients with confirmed COVID-19 and 27 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Delaware. This is an increase of 26% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- We share the strong concern of Delaware leaders that the current situation is becoming critical with more favorable outcomes dependent on the collective effort of Delaware's residents. The population and healthcare system must do everything possible to limit further holiday-related disease surges and prevent overrunning hospital capacity and avoidable deaths. Currently, the imminent arrival of vaccines provides hope; however, large-scale benefits of lower deaths and hospitalizations will only come after months of immunization. Difficult but temporary changes in personal behavior are key to limiting disease and death until we bring the pandemic to an end with immunization; this messaging must be delivered frequently and by all effective modalities. The Governor's continued, personal communication on these measures is commended.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. Ensure support for a platform for efficient intra- and inter-state patient transfers as needed.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of COVID-19 risk factors. Work with healthcare institutions to ensure capacity for outpatient infusion is accessible to COVID-19 patients who may benefit from IV therapies that could limit morbidity and hospitalizations.
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- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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COVID-19

DELAWARE

STATE REPORT | 12.06.2020

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VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.5%	+2.3%*	11.7%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	52,562** (5,398**)	-15%**	771,718** (2,501**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	19 (2.0)	+12%	1,353 (4.4)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	18%	N/A*†	27%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	50%	N/A*†	50%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	N/A*†	12%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	496 (21)	+26% (+38%)	17,950 (26)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
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SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
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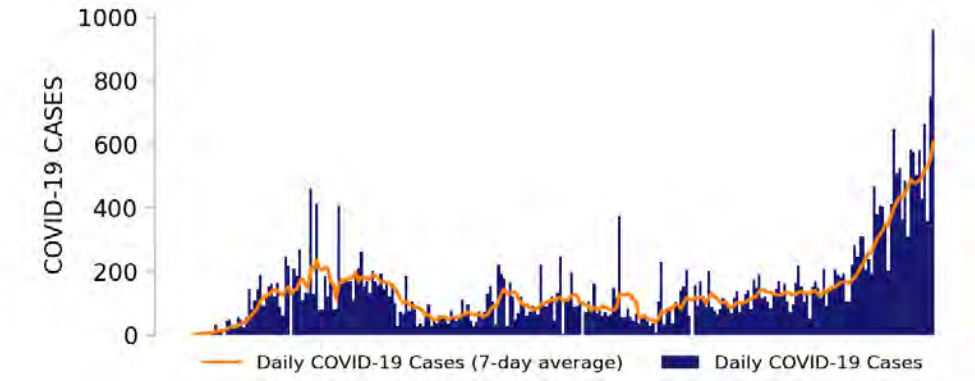
DELAWARE

STATE REPORT | 12.06.2020

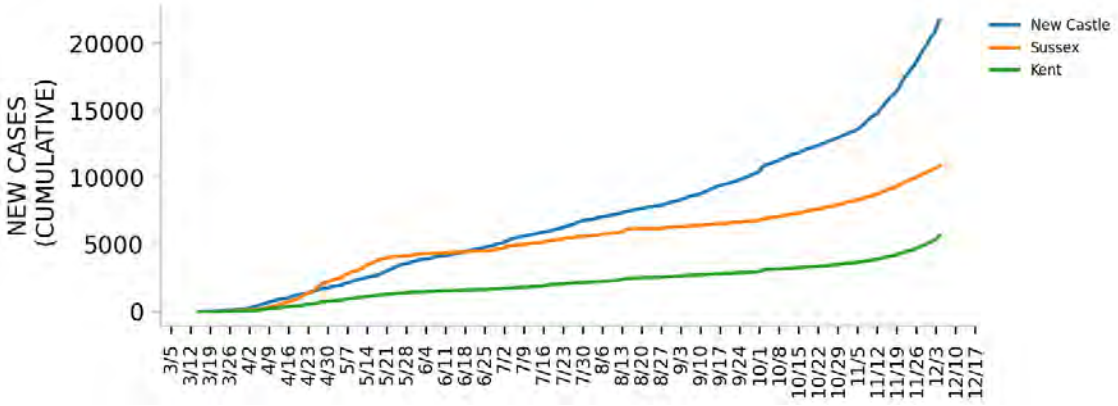
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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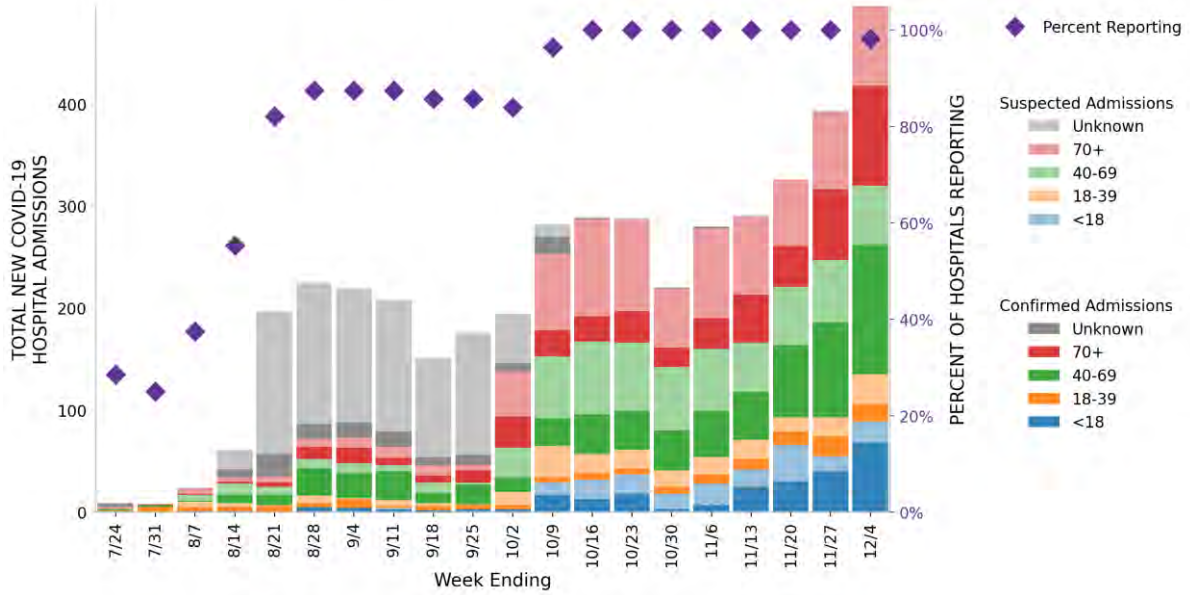
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

DELAWARE

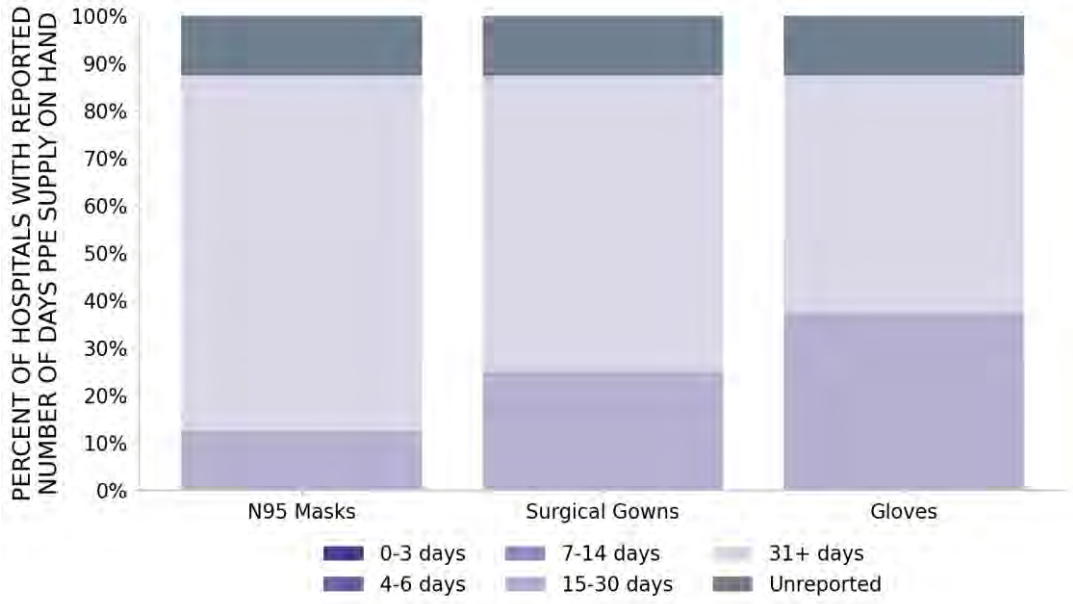
STATE REPORT | 12.06.2020

8 hospitals are expected to report in Delaware

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

DELAWARE

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

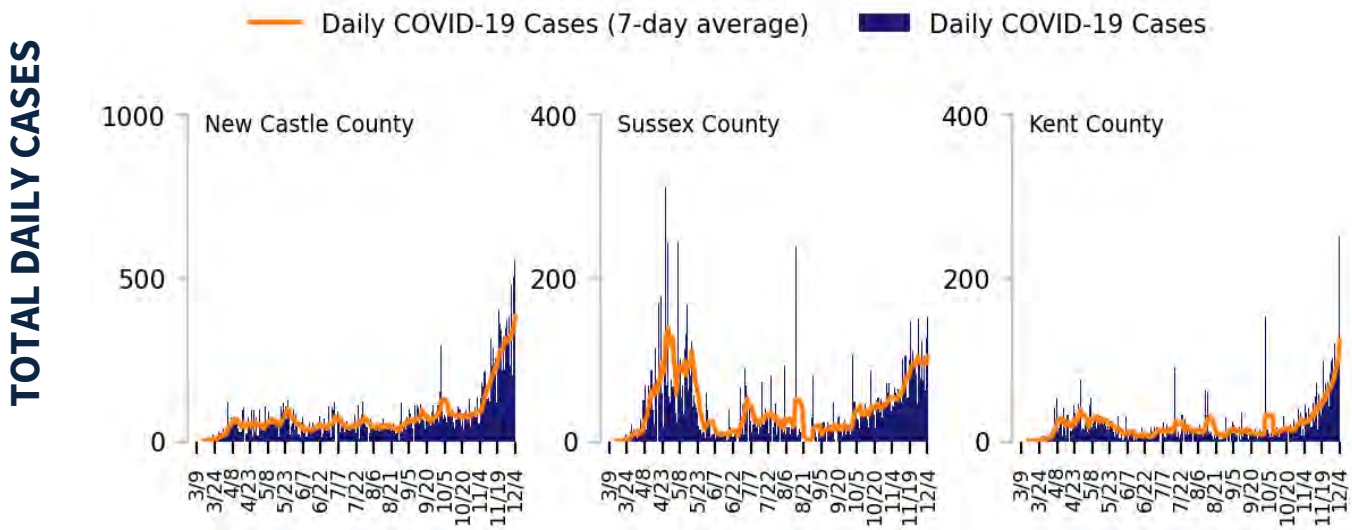
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 12/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



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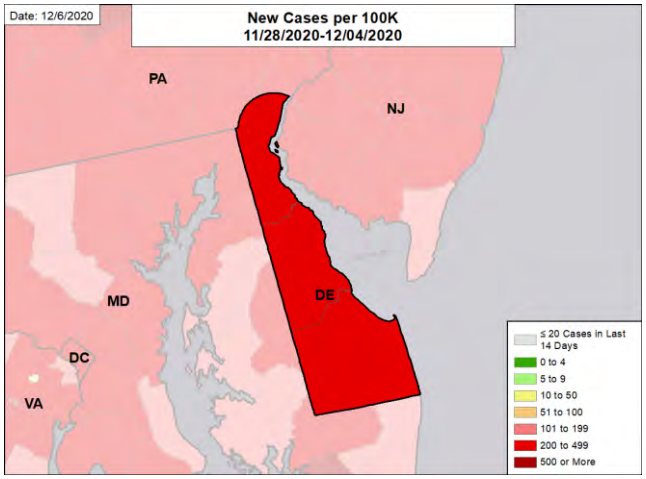
DELAWARE

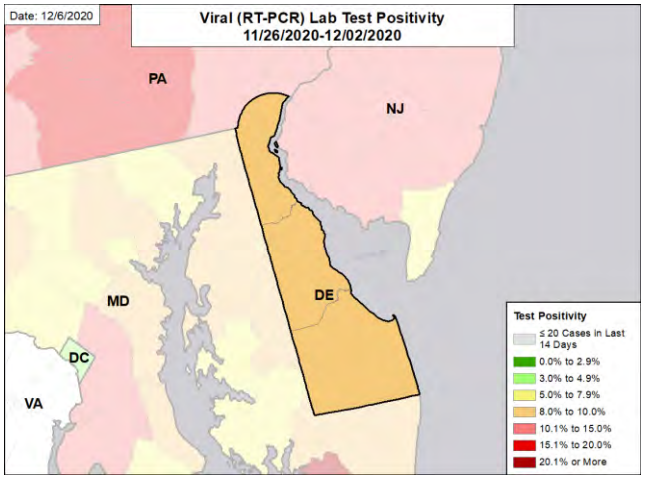
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

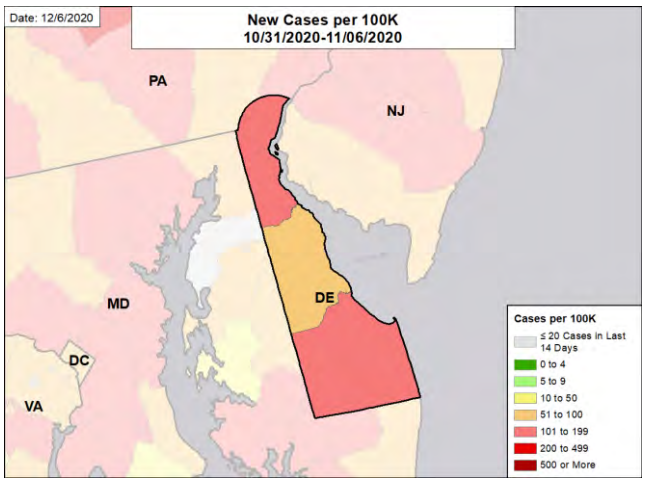
NEW CASES PER 100,000



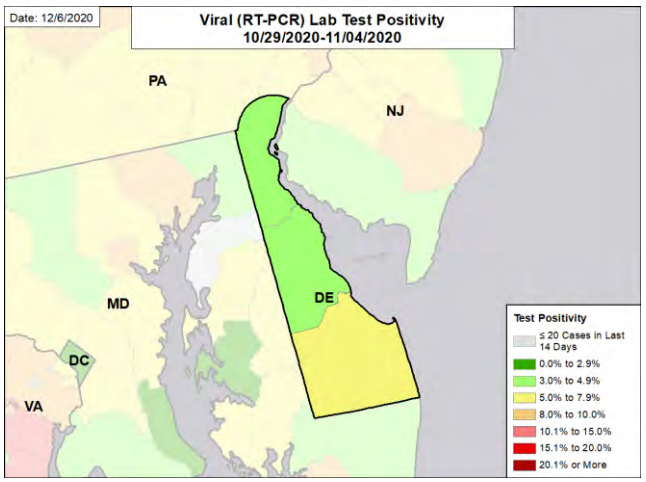
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

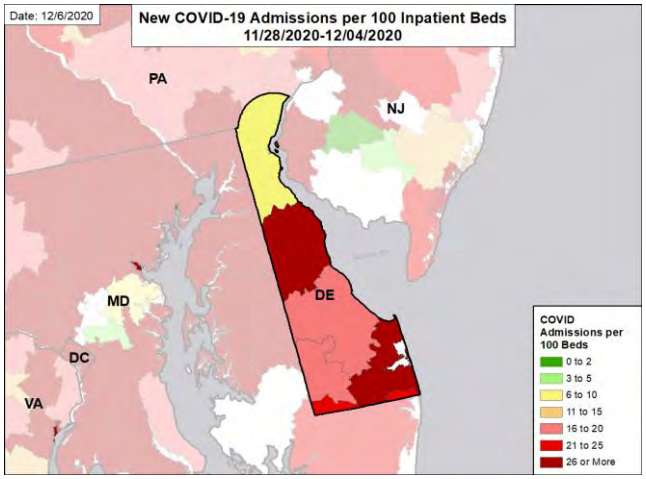
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

DELAWARE

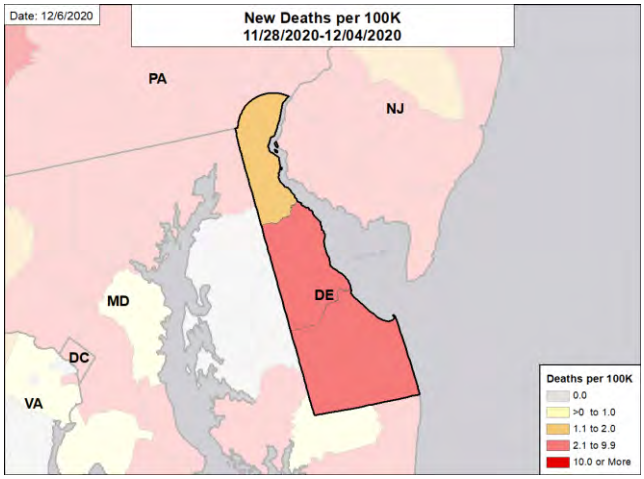
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

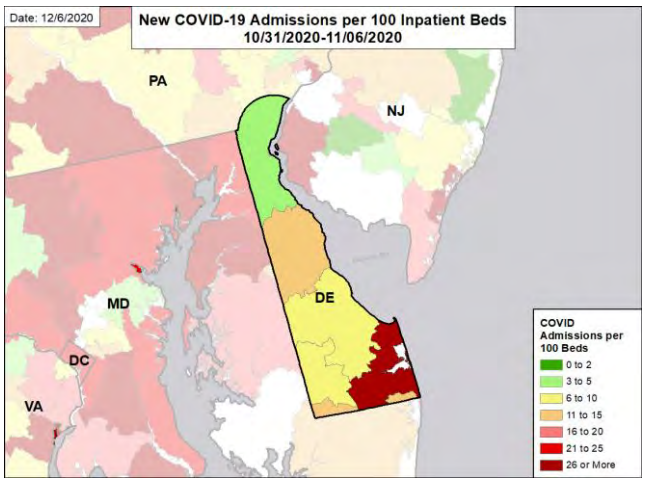
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



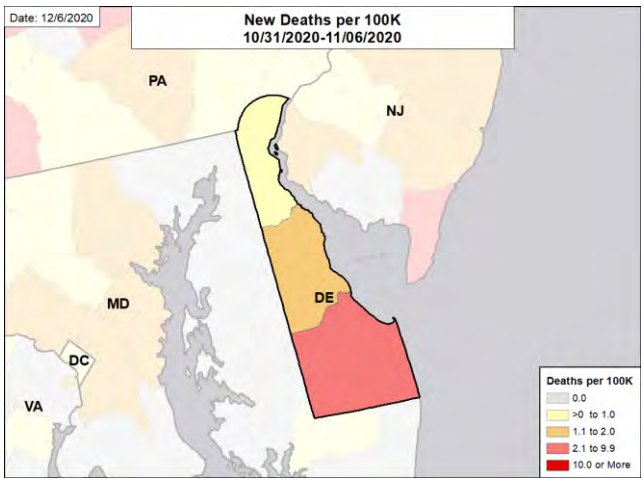
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

THE DISTRICT OF COLUMBIA

SUMMARY

- The District of Columbia's COVID-19 burden continued to increase for a sixth week. The District of Columbia is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 45th highest rate in the country. The District of Columbia is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 47th highest rate in the country.
- The District of Columbia has seen an increase in new cases and an increase in test positivity. The District is setting new records for cases.
- Mitigation: Phase 2 adjustments went into place on 25Nov, including limiting indoor gatherings to 10 people, prohibiting alcohol sales at restaurants past 10pm, suspending all indoor exercise classes, and encouraging telework when possible.
- Current hospitalizations continued to increase rapidly, reaching levels last seen in early to mid-June.
- The District of Columbia does not have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Nov 23 - Nov 29, 7% of nursing homes had at least one new resident COVID-19 case, 64% 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 219 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 4 to support operations activities from FEMA.
- Between Nov 28 - Dec 4, on average, 27 patients with confirmed COVID-19 and 91 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in the District of Columbia. This is an increase of 5% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- We share the strong concern of District leaders that the current situation is becoming critical with more favorable outcomes dependent on the collective effort of the District's residents. The population and healthcare system must do everything possible to limit further holiday-related disease surges and prevent overrunning hospital capacity and avoidable deaths. Currently, the imminent arrival of vaccines provides hope; however, large-scale benefits of lower deaths and hospitalizations will only come after months of immunization. Difficult but temporary changes in personal behavior are key to limiting disease and death until we bring the pandemic to an end with immunization; this messaging must be delivered frequently and by all effective modalities. The Mayor's continued, personal communication on these measures is commended.
- Ensure all clinical facilities, including mid-level facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. Ensure support for a platform for efficient inter-state patient transfers as needed.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of COVID-19 risk factors. Work with healthcare institutions to ensure capacity for outpatient infusion is accessible to COVID-19 patients who may benefit from IV therapies that could limit morbidity and hospitalizations.
- Proactive weekly testing of groups representative of the community (teachers, city workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings.
- Given continuing outbreaks in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines including masks and utilize Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities returning to campus after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

THE DISTRICT OF COLUMBIA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	1,543 (219)	+37%	101,174 (328)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.0%	+1.2%*	11.7%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	34,504** (4,889**)	-52%**	771,718** (2,501**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	16 (2.3)	+100%	1,353 (4.4)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	7%	N/A*†	27%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	64%	N/A*†	50%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*†	12%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	824 (27)	+5% (+5%)	17,950 (26)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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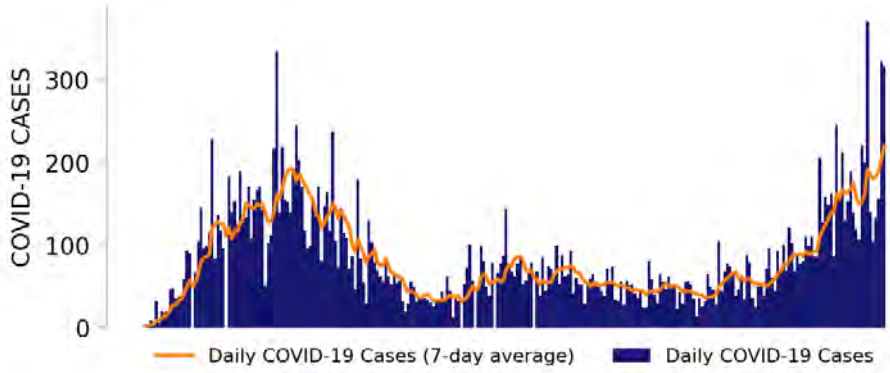
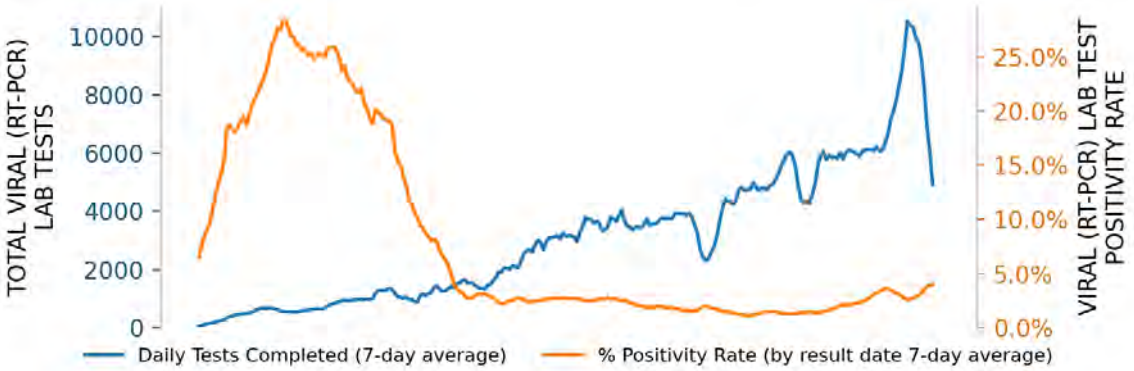
THE DISTRICT OF COLUMBIA

STATE REPORT | 12.06.2020

NEW CASES

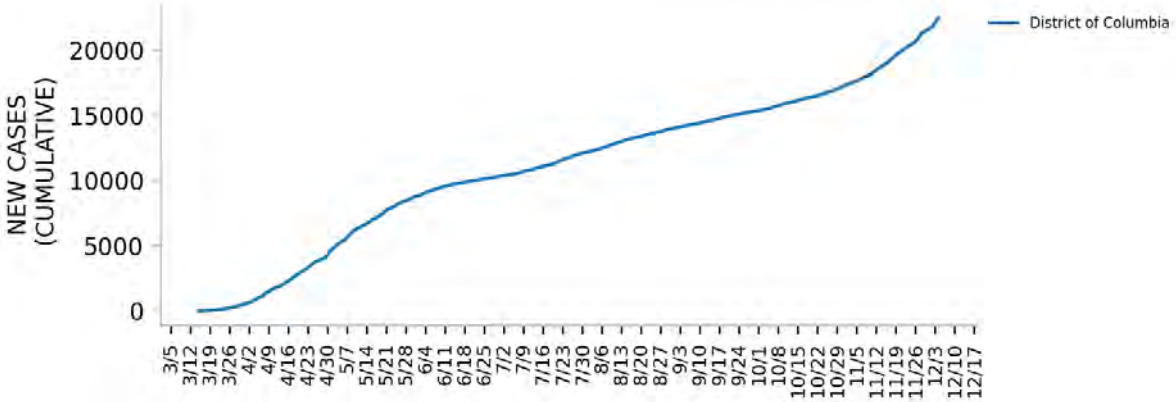


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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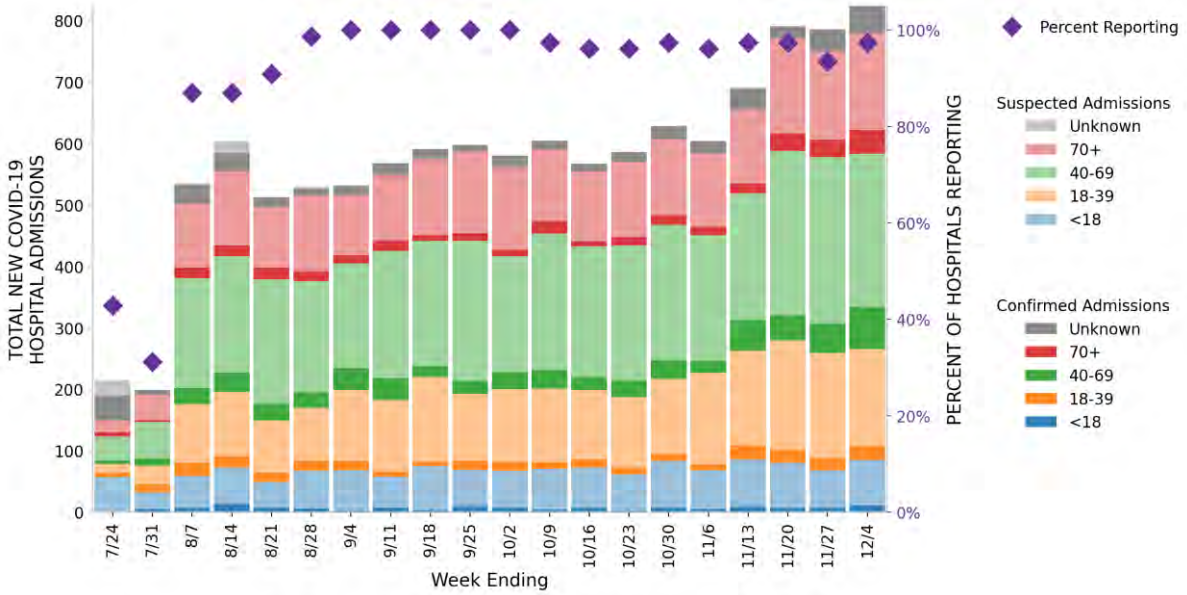
THE DISTRICT OF COLUMBIA

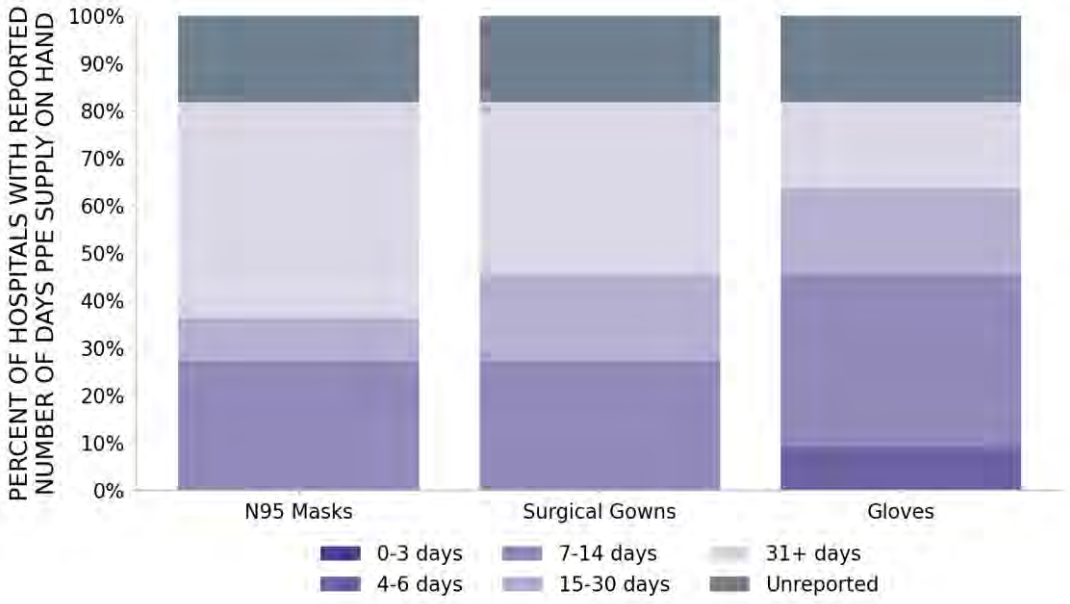
STATE REPORT | 12.06.2020

11 hospitals are expected to report in the District of Columbia

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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THE DISTRICT OF COLUMBIA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

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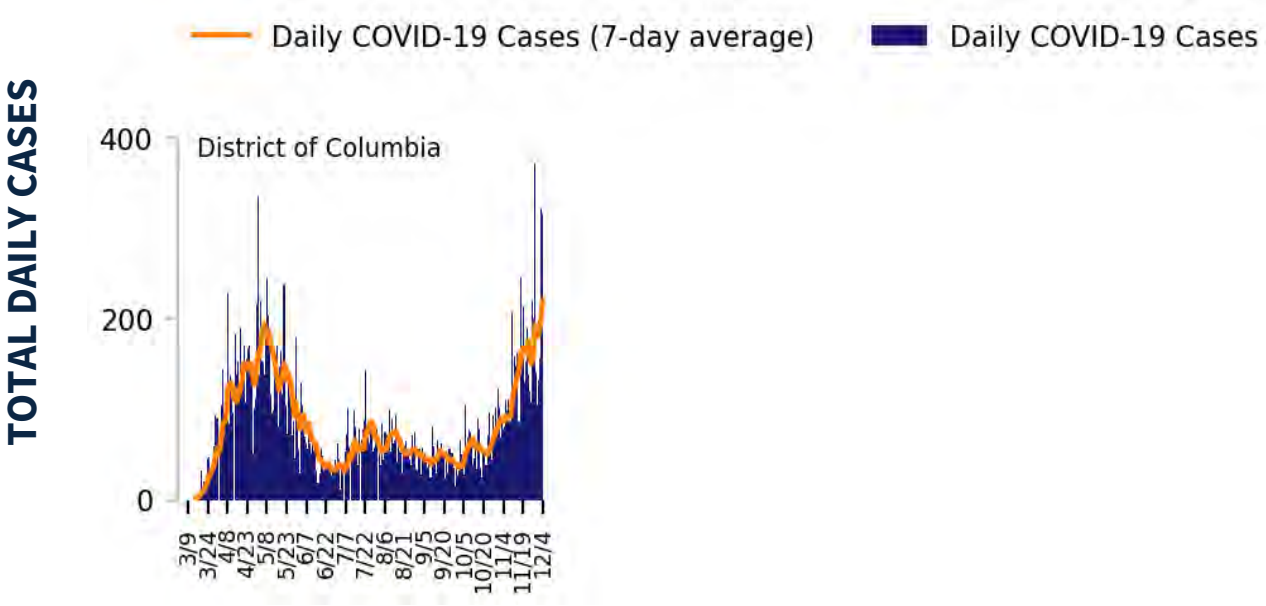
Top 12 counties based on number of new cases in the last 3 weeks



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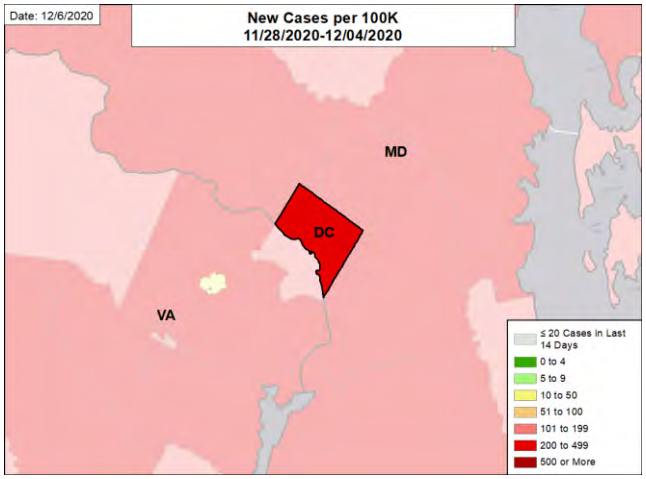
THE DISTRICT OF COLUMBIA

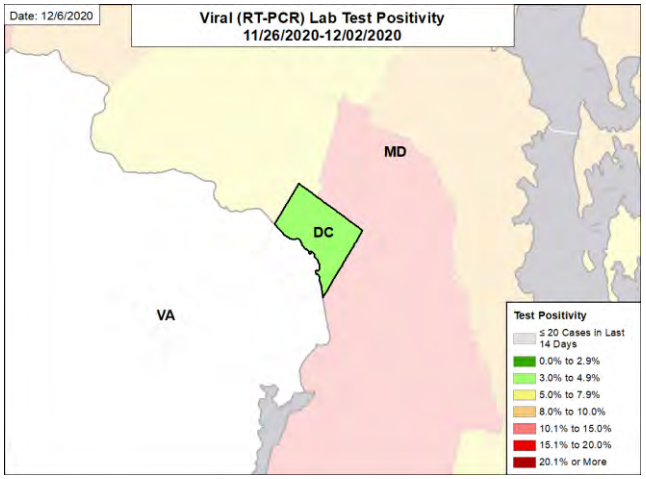
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

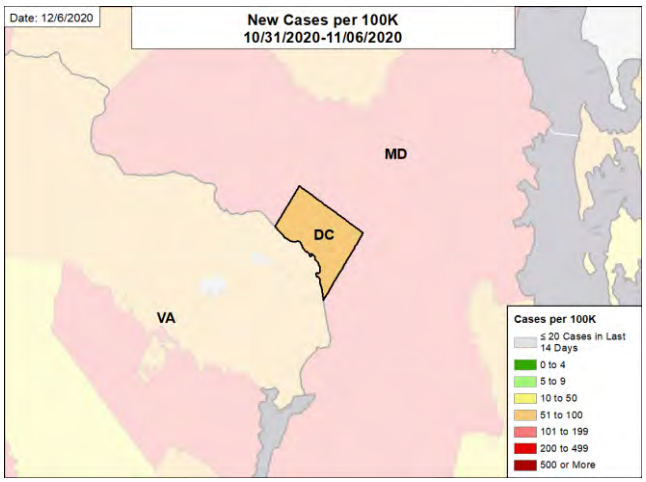
NEW CASES PER 100,000



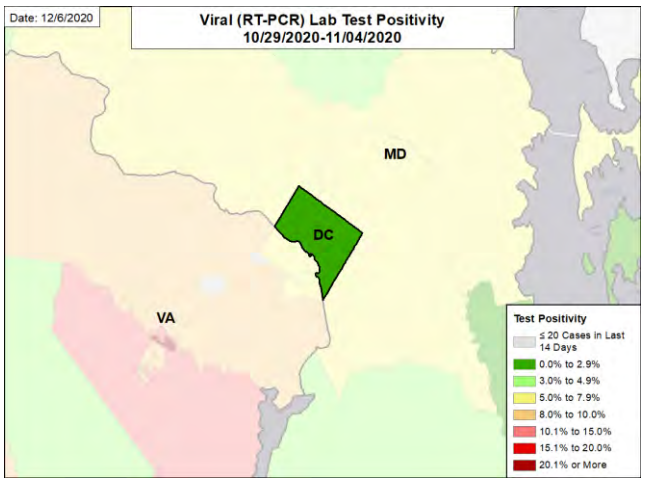
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

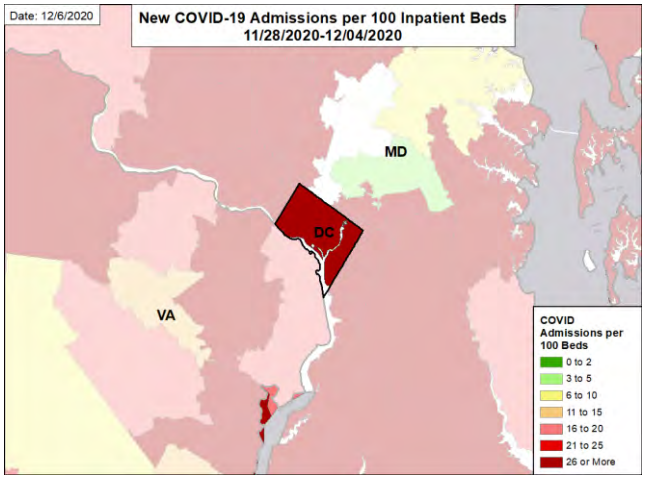
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

THE DISTRICT OF COLUMBIA

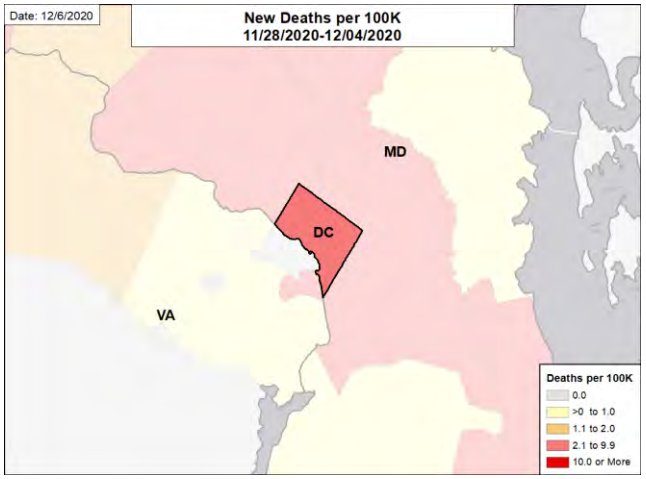
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

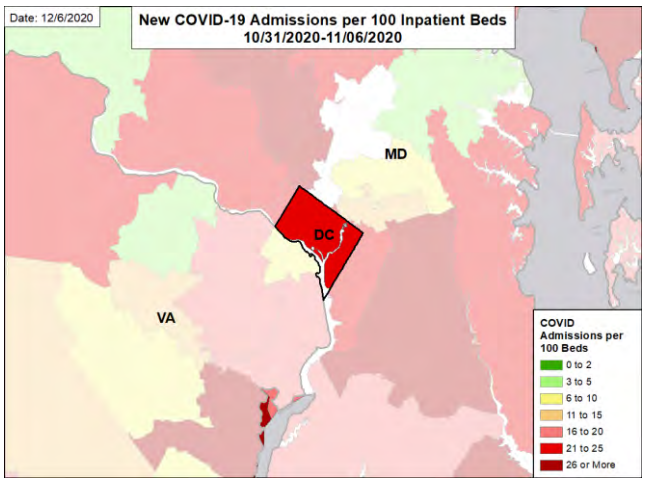
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



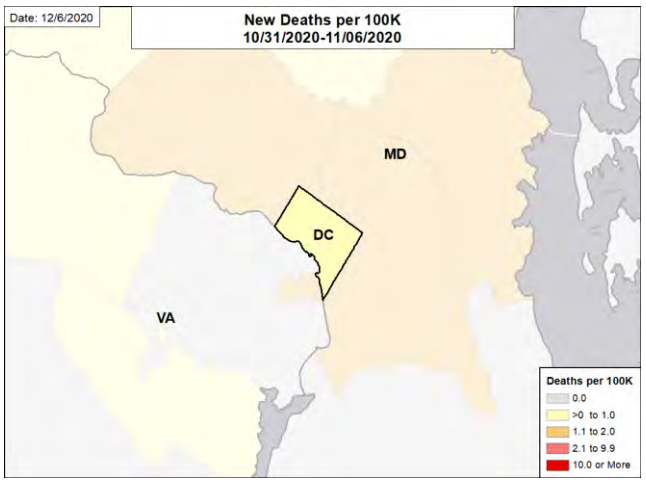
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.
Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Totals include confirmed and suspected COVID-19 admissions.

STATE REPORT
12.06.2020
Issue 25

FLORIDA

SUMMARY

- Florida is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 41st highest rate in the country. Florida is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 33rd highest rate in the country. Rankings are almost irrelevant as the entire country is surging.
- Florida has seen stability in new cases, an increase in test positivity, and increasing hospitalizations and deaths, indicating unrelenting community spread and inadequate mitigation.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Miami-Dade County, 2. Broward County, and 3. Palm Beach County. These counties represent 40.5% of new cases in Florida.
- 99% of all counties in Florida have moderate or high levels of community transmission (yellow, orange, or red zones), with 51% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 18% of nursing homes had at least one new resident COVID-19 case, 36% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Florida had 280 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 56 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 651 patients with confirmed COVID-19 and 400 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Florida. This is an increase of 15% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- All public health officials must make it clear that if you are over 65 or have significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected during the Thanksgiving period if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested immediately. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are at significant risk for serious COVID infection; if you develop any symptoms you must be tested immediately as the majority of therapeutics work best early in infection. **Begin warning about any gathering during December holidays.**
- Aggressive testing must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity or closure of public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- New hospital admissions in Florida continue to increase. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased hospitalizations and fatalities.
- Contact all hospitals reporting <1 week's supply to confirm data; contact the regional FEMA office for support if supplies are an issue.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate continued and unmitigated community spread in these geographic locations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

FLORIDA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	60,187 (280)	+8%	214,107 (320)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.5%	+2.1%*	11.8%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	533,975** (2,486**)	-22%**	1,192,094** (1,782**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	630 (2.9)	+30%	2,117 (3.2)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	18%	N/A*†	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	36%	N/A*†	41%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	N/A*†	9%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	7,355 (14)	+15% (+14%)	27,764 (18)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

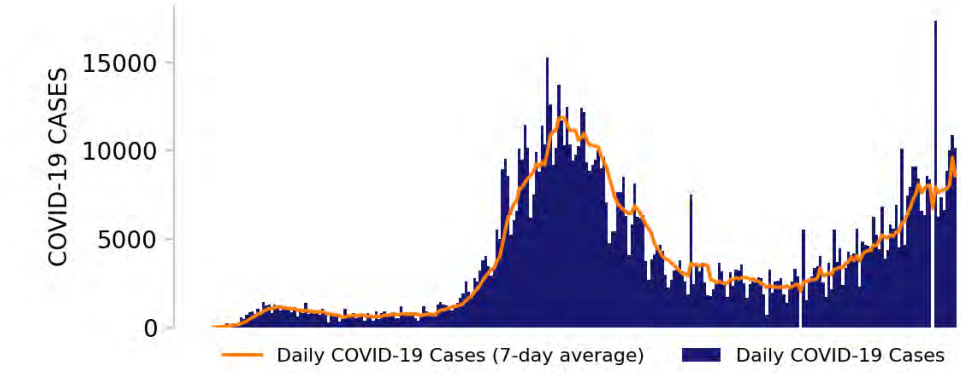
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

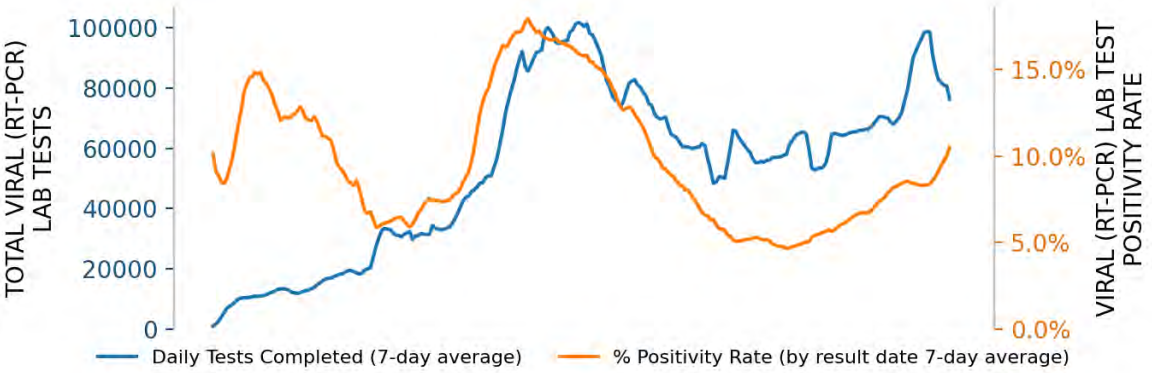
FLORIDA

STATE REPORT | 12.06.2020

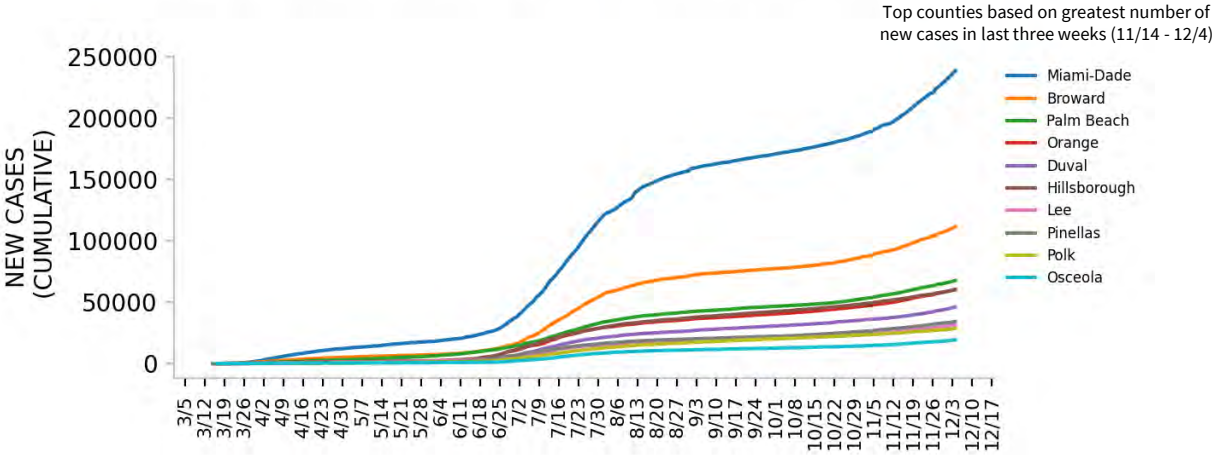
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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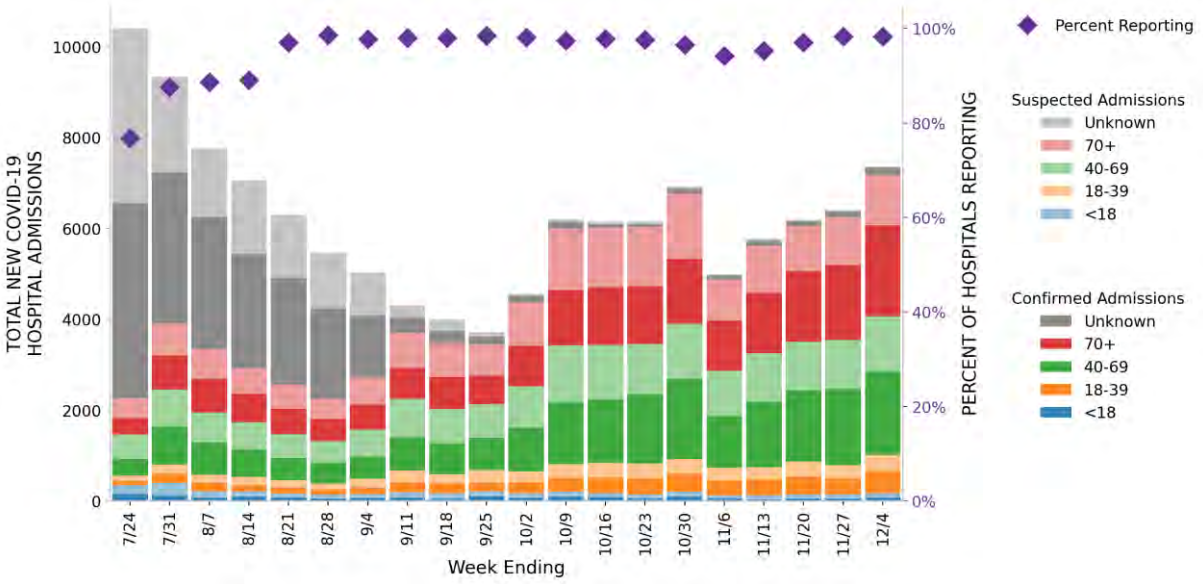
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

FLORIDA

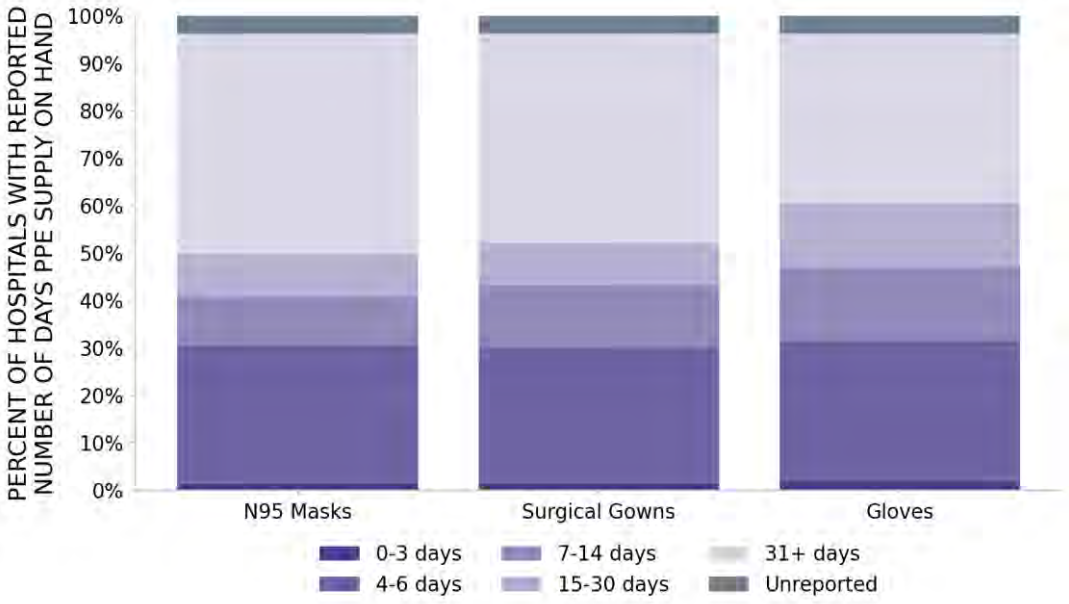
STATE REPORT | 12.06.2020

213 hospitals are expected to report in Florida

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

FLORIDA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	13 ▲ (+6)	Miami-Fort Lauderdale-Pompano Beach Jacksonville Cape Coral-Fort Myers Pensacola-Ferry Pass-Brent Crestview-Fort Walton Beach-Destin Ocala Panama City Homosassa Springs Sebring-Avon Park Arcadia Palatka Clewiston	34 ▲ (+20)	Miami-Dade Broward Duval Lee Osceola Pasco Escambia Okaloosa Marion Clay Bay Santa Rosa
LOCALITIES IN ORANGE ZONE	10 ▲ (+2)	Tampa-St. Petersburg-Clearwater Orlando-Kissimmee-Sanford Lakeland-Winter Haven Naples-Marco Island Port St. Lucie Punta Gorda Key West The Villages Lake City Okeechobee	18 ▼ (-6)	Palm Beach Orange Hillsborough Polk Collier Seminole St. Johns St. Lucie Charlotte Monroe Sumter Flagler
LOCALITIES IN YELLOW ZONE	6 ▼ (-4)	North Port-Sarasota-Bradenton Deltona-Daytona Beach-Ormond Beach Palm Bay-Melbourne-Titusville Tallahassee Gainesville Sebastian-Vero Beach	14 ▼ (-10)	Pinellas Sarasota Brevard Volusia Manatee Leon Alachua Lake Indian River Martin Nassau Bradford

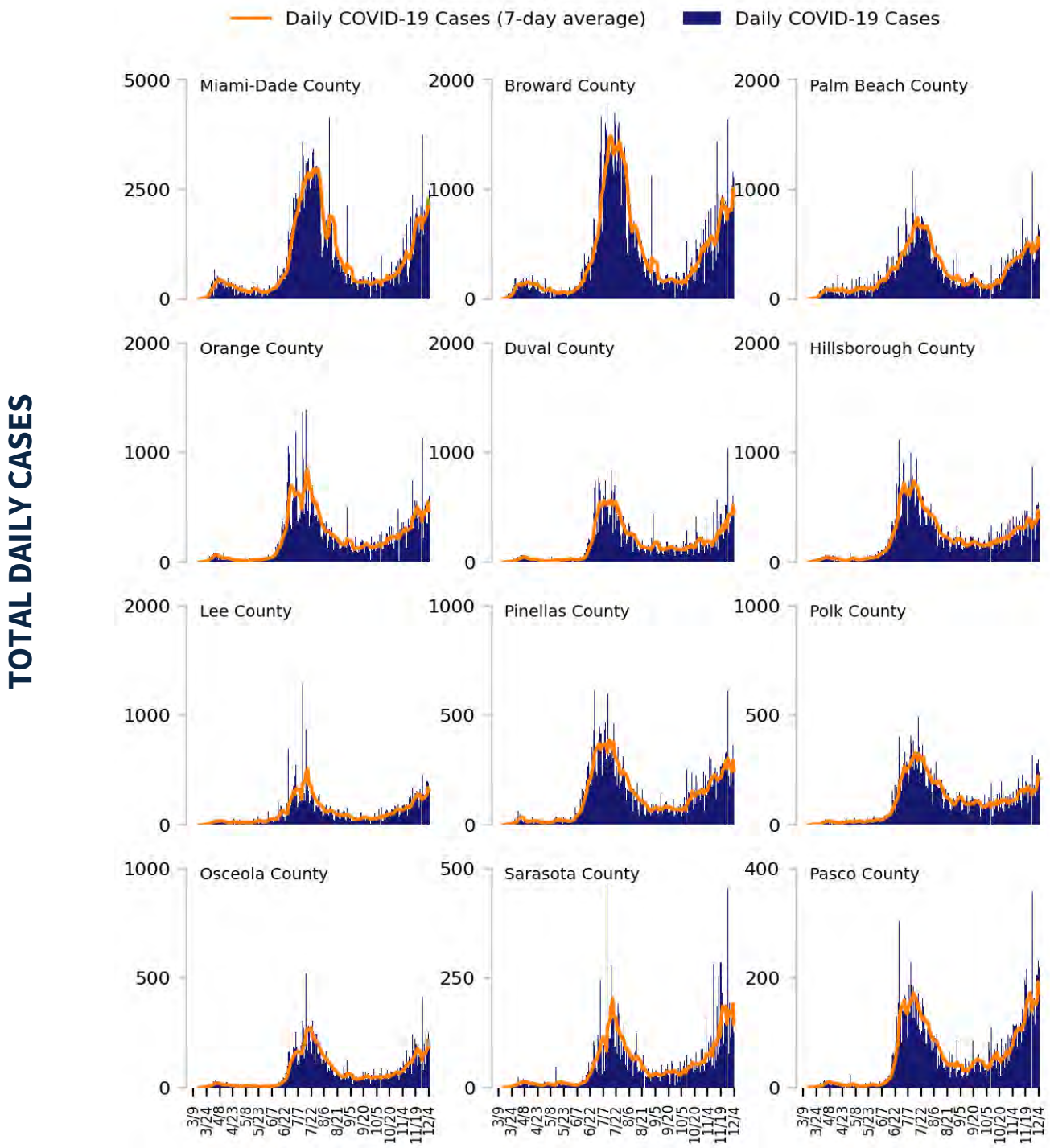
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Miami-Fort Lauderdale-Pompano Beach, Jacksonville, Cape Coral-Fort Myers, Pensacola-Ferry Pass-Brent, Crestview-Fort Walton Beach-Destin, Ocala, Panama City, Homosassa Springs, Sebring-Avon Park, Arcadia, Palatka, Clewiston, Wauchula
All Red Counties: Miami-Dade, Broward, Duval, Lee, Osceola, Pasco, Escambia, Okaloosa, Marion, Clay, Bay, Santa Rosa, Citrus, Hernando, Highlands, DeSoto, Walton, Jackson, Putnam, Gadsden, Suwannee, Hendry, Washington, Levy, Holmes, Baker, Gilchrist, Taylor, Hardee, Calhoun, Hamilton, Gulf, Liberty, Lafayette
All Orange Counties: Palm Beach, Orange, Hillsborough, Polk, Collier, Seminole, St. Johns, St. Lucie, Charlotte, Monroe, Sumter, Flagler, Columbia, Wakulla, Okeechobee, Union, Glades, Dixie
All Yellow Counties: Pinellas, Sarasota, Brevard, Volusia, Manatee, Leon, Alachua, Lake, Indian River, Martin, Nassau, Bradford, Madison, Jefferson

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

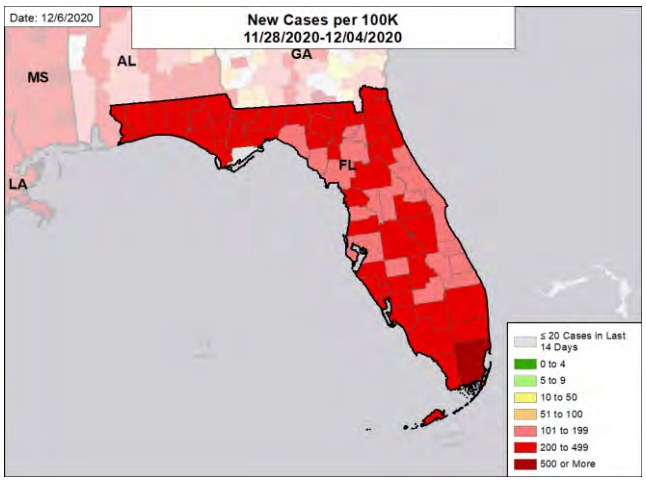
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

FLORIDA

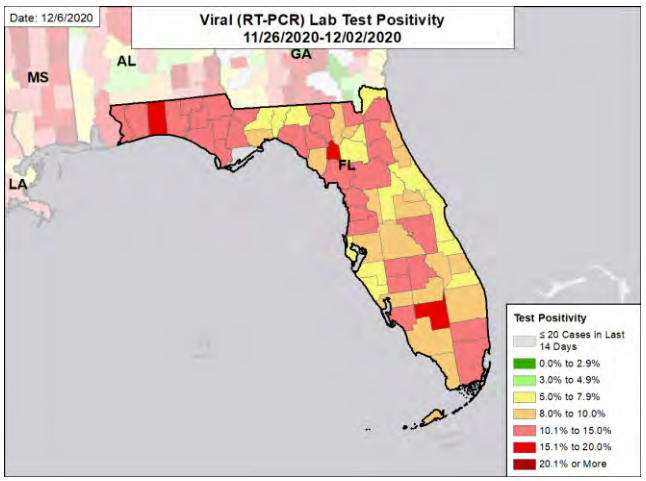
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

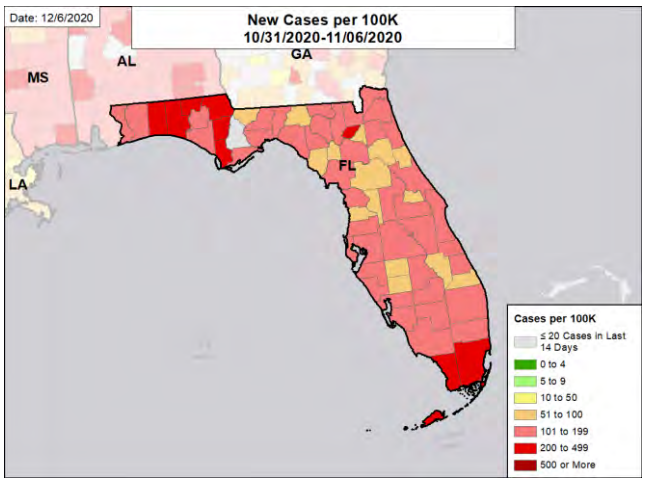
NEW CASES PER 100,000



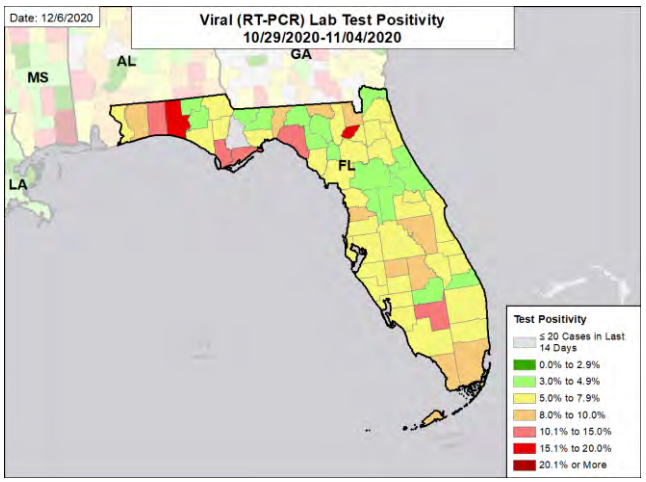
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

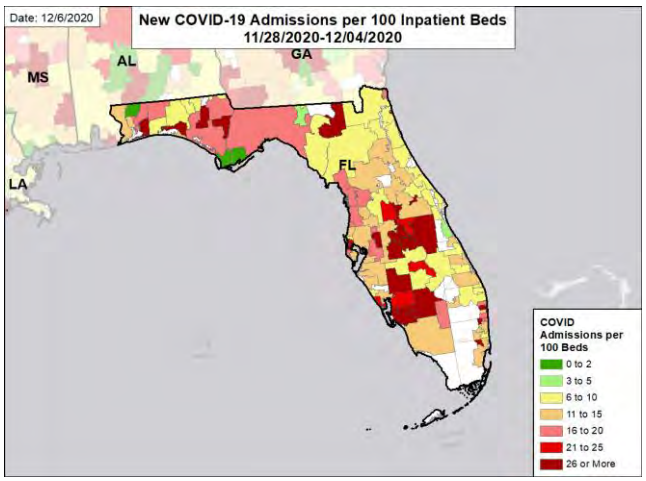
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

FLORIDA

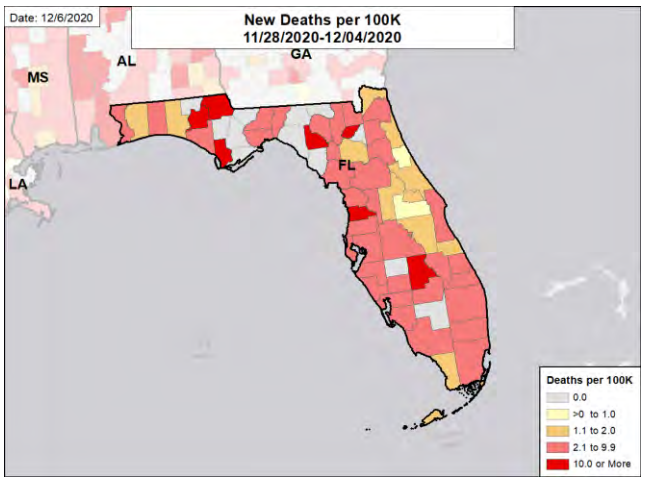
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

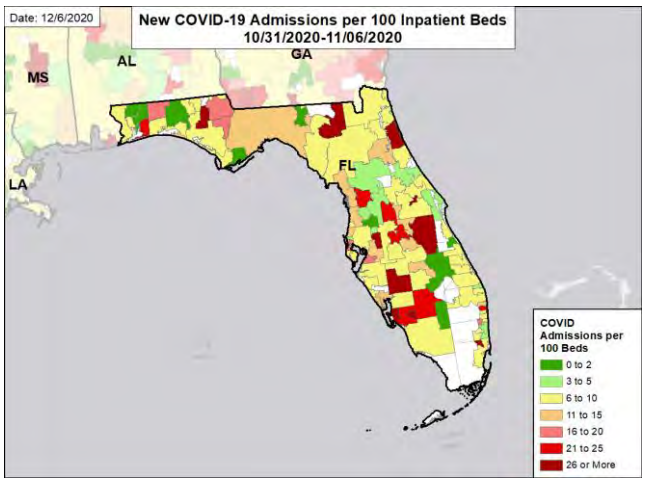
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



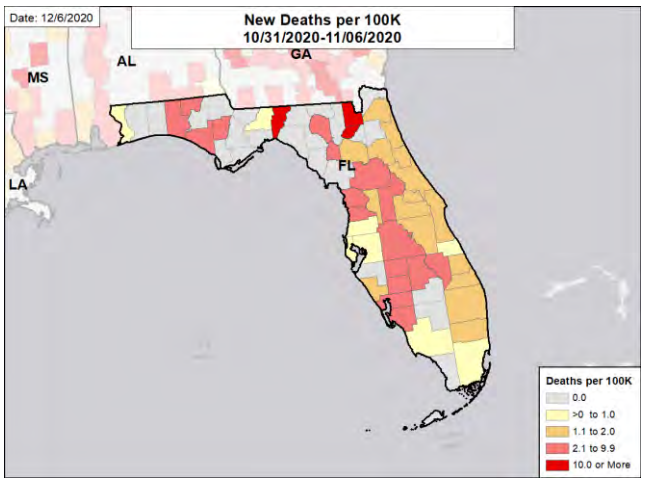
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



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Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.
Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Totals include confirmed and suspected COVID-19 admissions.

STATE REPORT
12.06.2020
Issue 25

GEORGIA

SUMMARY

- Georgia is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 47th highest rate in the country. Georgia is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 25th highest rate in the country.
- Georgia has seen an increase in new cases, increase in test positivity, and increasing hospitalizations and deaths, indicating ongoing aggressive community spread.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Fulton County, 2. Gwinnett County, and 3. Cobb County. These counties represent 26.4% of new cases in Georgia.
- 79% of all counties in Georgia have moderate or high levels of community transmission (yellow, orange, or red zones), with 60% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 12% of nursing homes had at least one new resident COVID-19 case, 27% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Georgia had 207 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 26 to support operations activities from FEMA; 9 to support operations activities from ASPR; 1 to support testing activities from CDC; 7 to support epidemiology activities from CDC; 2 to support operations activities from CDC; and 4 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 419 patients with confirmed COVID-19 and 193 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Georgia. This is an increase of 21% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- All public health officials must make it clear that if you are over 65 or have significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected during the Thanksgiving period if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested immediately. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are at significant risk for serious COVID infection; if you develop any symptoms you must be tested immediately as the majority of therapeutics work best early in infection. **Begin warning about any gathering during December holidays.**
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- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
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- Contact all hospitals reporting <1 week's supply to confirm data; contact the regional FEMA office for support if supplies are an issue.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate continued and unmitigated community spread in these geographic locations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

GEORGIA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	22,001 (207)	+30%	214,107 (320)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.0%	+4.9%*	11.8%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	122,275** (1,152**)	-43%**	1,192,094** (1,782**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	177 (1.7)	+10%	2,117 (3.2)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	12%	N/A*†	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	27%	N/A*†	41%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	N/A*†	9%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	4,287 (22)	+21% (+21%)	27,764 (18)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

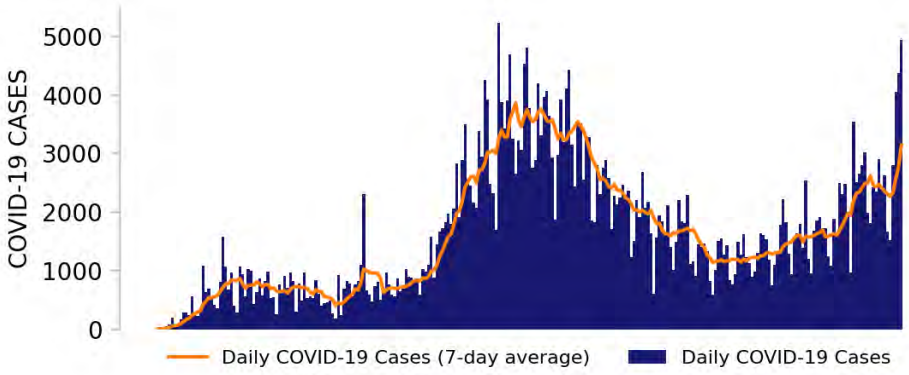
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

GEORGIA

STATE REPORT | 12.06.2020

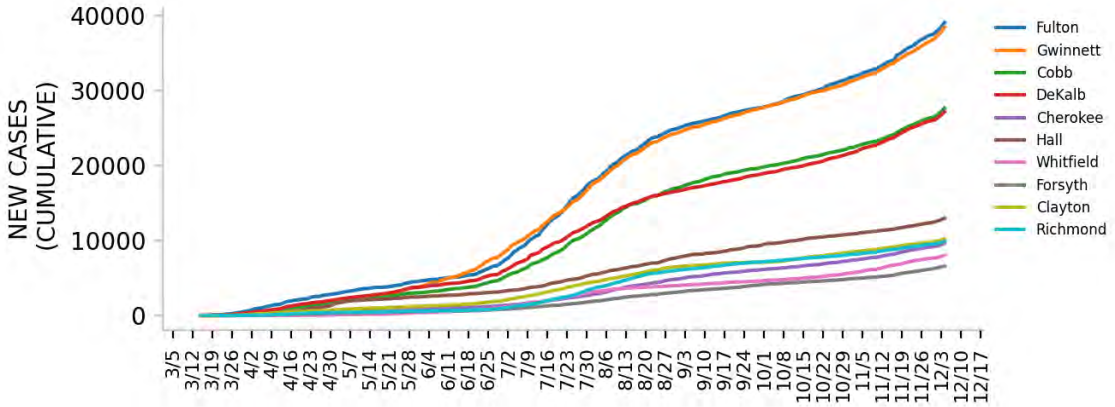
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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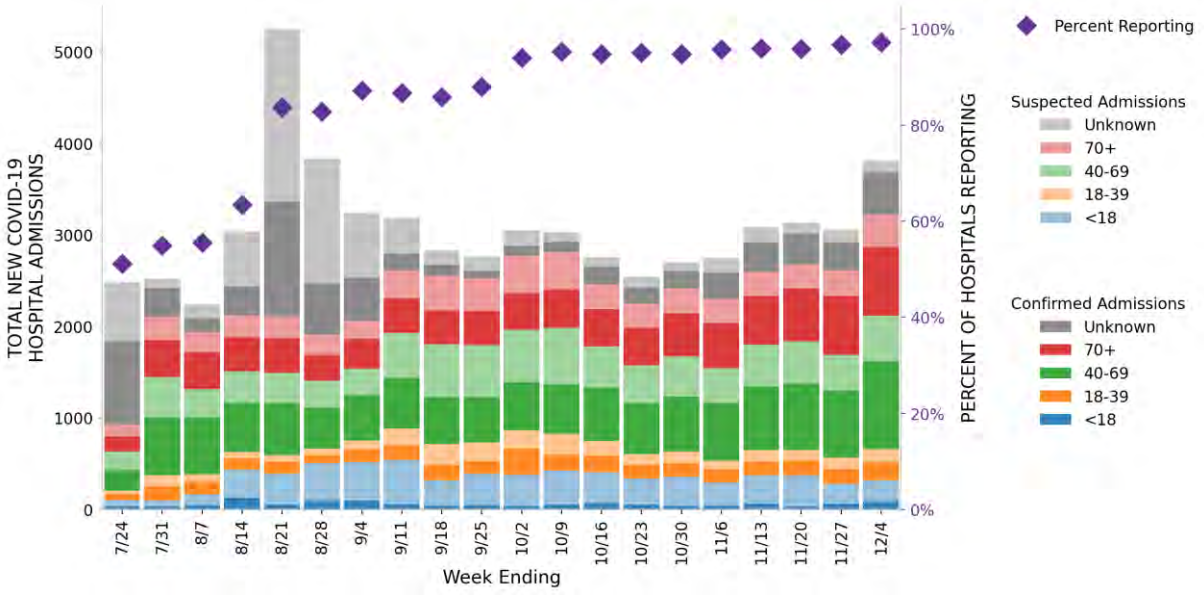
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

GEORGIA

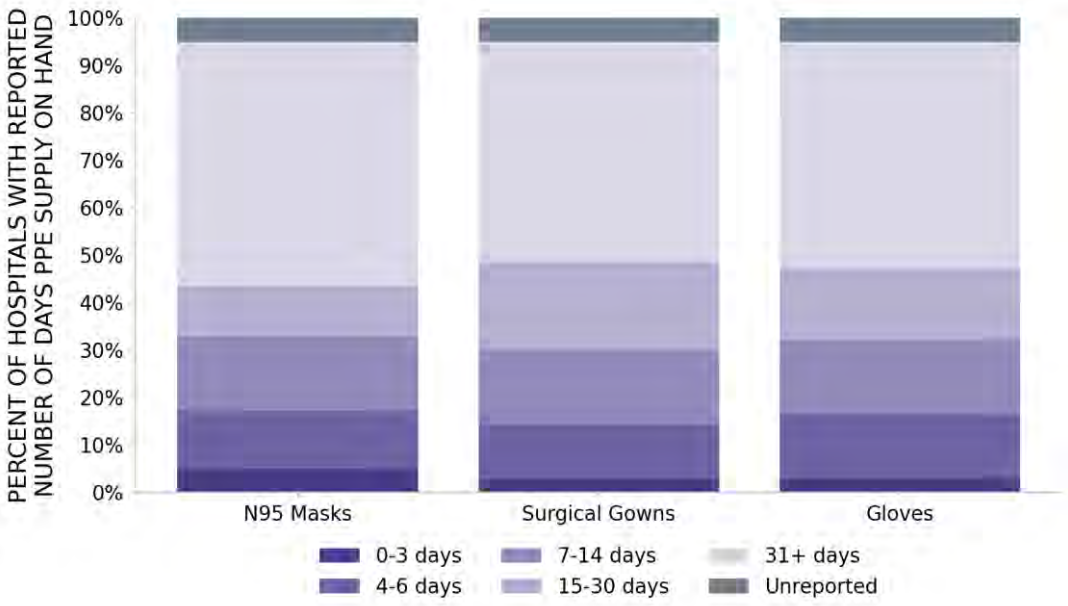
STATE REPORT | 12.06.2020

140 hospitals are expected to report in Georgia

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. 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 12/2/2020.

GEORGIA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	26 ▲ (+7)	Atlanta-Sandy Springs-Alpharetta Augusta-Richmond County Dalton Gainesville Athens-Clarke County Chattanooga Macon-Bibb County Rome Valdosta Warner Robins Jefferson Calhoun	96 ▲ (+32)	Fulton Gwinnett Cobb DeKalb Cherokee Hall Whitfield Forsyth Clayton Richmond Henry Chatham
LOCALITIES IN ORANGE ZONE	6 ▼ (-2)	Savannah Columbus St. Marys Hinesville Statesboro Thomaston	21 ▼ (-10)	Camden Effingham Bulloch Fannin Liberty Bryan Chattahoochee Harris Jones Upson Brantley Tattnall
LOCALITIES IN YELLOW ZONE	6 ▼ (-3)	Brunswick Albany Americus Cordele Bainbridge Eufaula	9 ▼ (-8)	Glynn Sumter Lee Seminole McIntosh Crisp Decatur Grady Schley

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

All Red CBSAs: Atlanta-Sandy Springs-Alpharetta, Augusta-Richmond County, Dalton, Gainesville, Athens-Clarke County, Chattanooga, Macon-Bibb County, Rome, Valdosta, Warner Robins, Jefferson, Calhoun, Cornelia, Douglas, Tifton, Toccoa, Milledgeville, LaGrange, Dublin, Cedartown, Jesup, Vidalia, Thomasville, Summerville, Moultrie, Fitzgerald
All Red Counties: Fulton, Gwinnett, Cobb, DeKalb, Cherokee, Hall, Whitfield, Forsyth, Clayton, Richmond, Henry, Chatham, Floyd, Paulding, Columbia, Douglas, Clarke, Bartow, Coweta, Jackson, Bibb, Lowndes, Murray, Barrow, Carroll, Fayette, Houston, Walton, Muscogee, Walker, Catoosa, Gordon, Habersham, Newton, Rockdale, Tift, Coffee, White, Stephens, Spalding, Dawson, Troup, Madison, Lumpkin, Franklin, Polk, Banks, Pickens, Wayne, Oconee, Rabun, Haralson, Laurens, Union, Cook, Gilmer, Baldwin, Hart, Monroe, Peach, Thomas, Butts, Elbert, Toombs, Dade, Chattooga, Lamar, Berrien, Hancock, Brooks, Burke, Colquitt, Washington, Towns, Jefferson, Oglethorpe, Pike, McDuffie, Ben Hill, Greene, Putnam, Heard, Worth, Wilkes, Morgan, Jasper, Atkinson, Taylor, Wilkinson, Wilcox, Turner, Echols, Crawford, Twiggs, Calhoun, Lanier
All Orange Counties: Camden, Effingham, Bulloch, Fannin, Liberty, Bryan, Chattahoochee, Harris, Jones, Upson, Brantley, Tattnall, Appling, Mitchell, Macon, Long, Meriwether, Pulaski, Bleckley, Jeff Davis, Montgomery

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.
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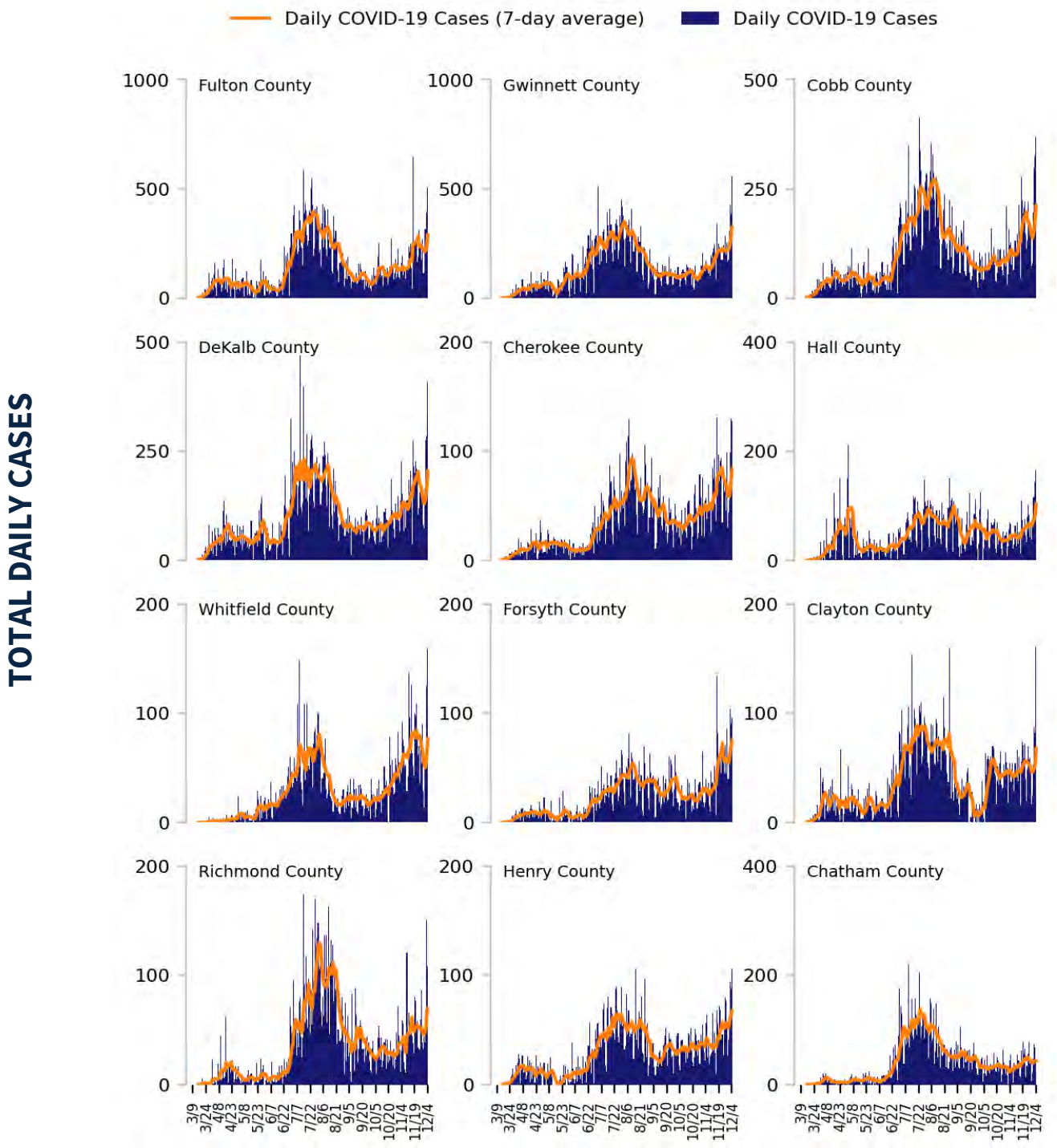
Top 12 counties based on number of new cases in the last 3 weeks



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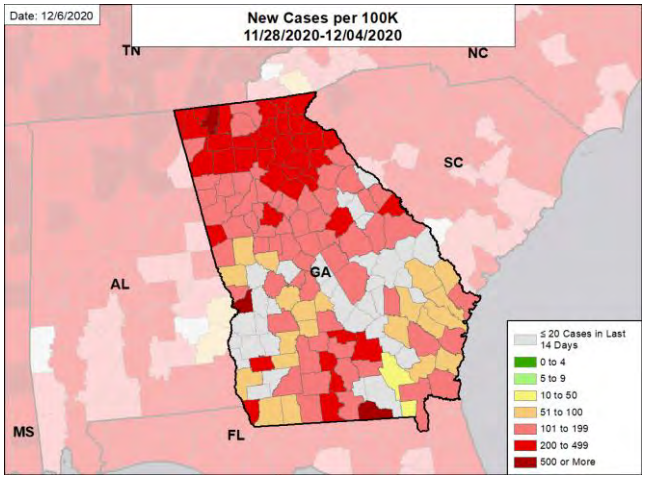
GEORGIA

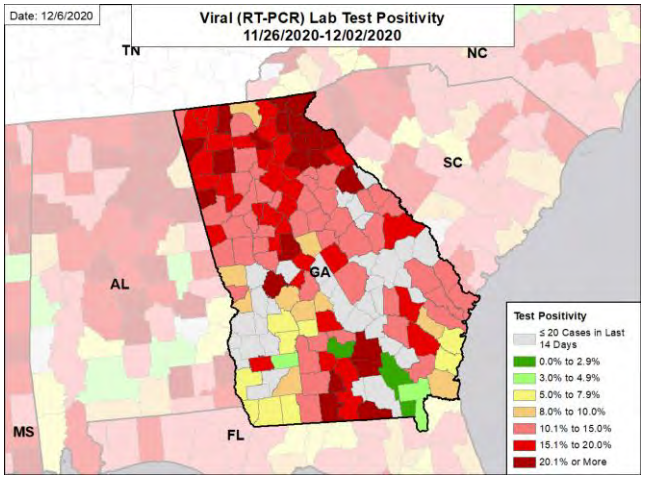
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

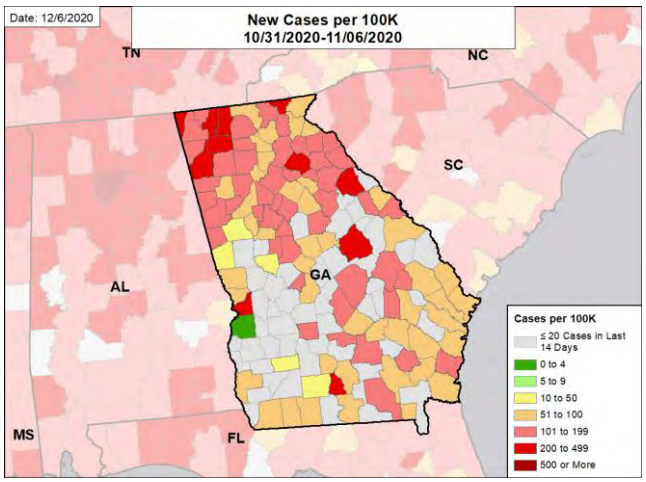
NEW CASES PER 100,000



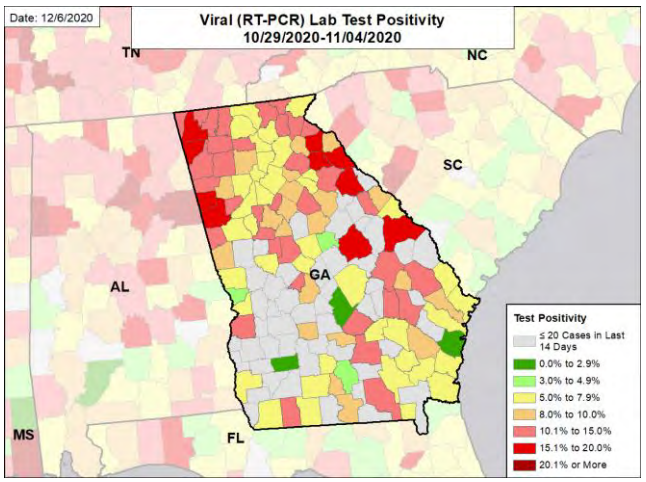
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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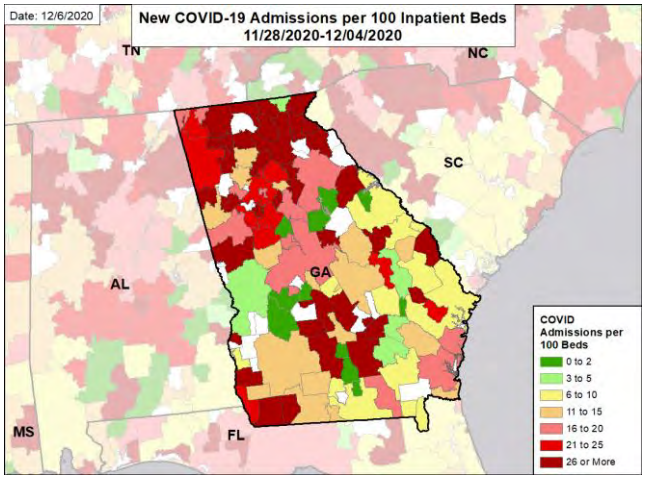
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

GEORGIA

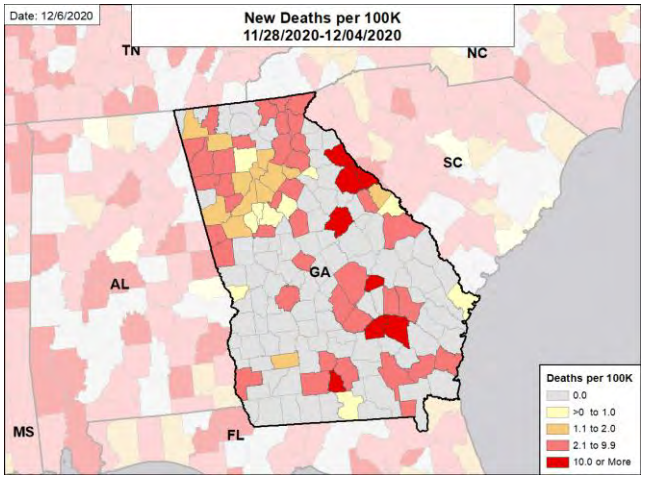
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

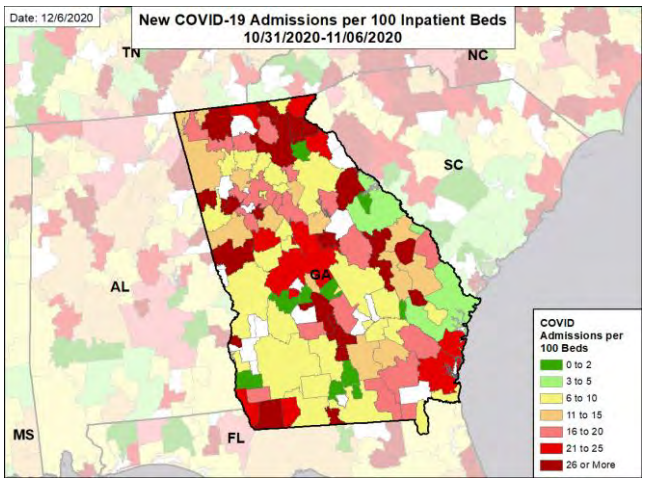
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



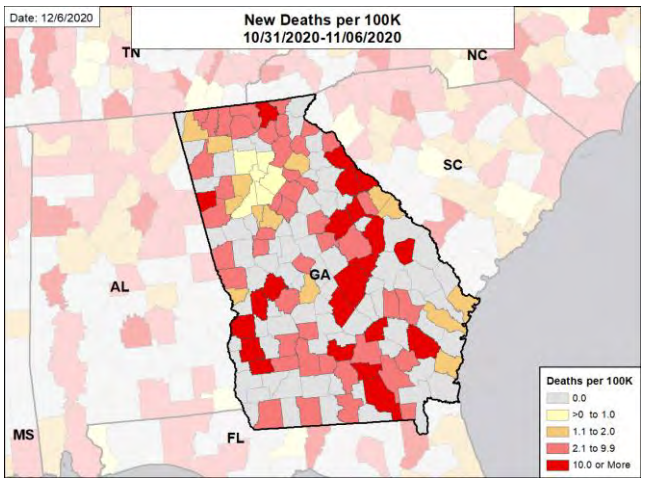
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



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Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

HAWAII

SUMMARY

- Hawaii is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population, with the lowest rate in the country. Hawaii is in the green zone for test positivity, indicating a rate at or below 4.9%, with the lowest positivity rate in the countryy.
- Hawaii has seen a decrease in new cases and stability in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Honolulu County, 2. Maui County, and 3. Hawaii County. These counties represent 92.9% of new cases in Hawaii.
- No counties in Hawaii have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Nov 23 - Nov 29, no nursing homes had at least one new resident COVID-19 case, 3% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Hawaii had 42 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 17 to support operations activities from FEMA; 1 to support epidemiology activities from CDC; and 19 to support operations activities from USCG.
- The federal government has supported surge testing in Kauai, Maui, and Lanai.
- Between Nov 28 - Dec 4, on average, 7 patients with confirmed COVID-19 and 17 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Hawaii. This is an increase of 12% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Maintain requirements for documentation of a negative test result within 72 hours of departure, additional local county restrictions, and other inter-county travel restrictions.
- Hawaii should continue to aggressively promote and enforce requirements for face masks and social distancing throughout the holiday season; local health authorities should have procedures for enforcing community mitigation policies.
- Hawaii is in position to benefit the most from a sensitive surveillance system. Proactive weekly testing of individuals at heightened risk for infection, regardless of symptoms, using point-of-care antigen tests should be scaled as widely as feasible. Regular quantitative wastewater testing should be implemented at the lowest level and scaled as widely as is feasible.
- Testing should be made as widely available as possible, with turnaround times <72 hours; anyone being tested should be given written and verbal education and instructed to quarantine until test results are returned and on the absolute necessity for wearing face masks outside of the home.
- Contact tracing capacity should be expanded as previously described; automated systems for counseling of cases and contacts and eliciting contacts by email should be established.
- All clinical sites should have contingency plans to expand clinical capacity, updated treatment protocols, maximal access to telehealth, and remote clinical support, as well as medicines and supplies.
- All staff who work with patients or residents in any congregate setting should be tested weekly with rapid tests and should not be permitted to work without a recent negative test or clearance from isolation; health authorities should closely monitor rehabs and LTCFs to ensure strict adherence to CMS guidance.
- Ensure all persons who live in congregate or multi-generational settings are fully informed about potential risks and community mitigation efforts and ensure communities with higher levels of such households have immediate access to testing and are well-surveilled.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

HAWAII

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	593 (42)	-26%	174,481 (340)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.0%	-0.3%*	10.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	29,461** (2,081**)	-19%**	1,145,705** (2,234**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	16 (1.1)	+0%	1,188 (2.3)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	0%	N/A*†	8%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	3%	N/A*†	14%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*†	2%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	163 (7)	+12% (+12%)	18,410 (21)	148,450 (20)

* Indicates absolute change in percentage points.

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

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

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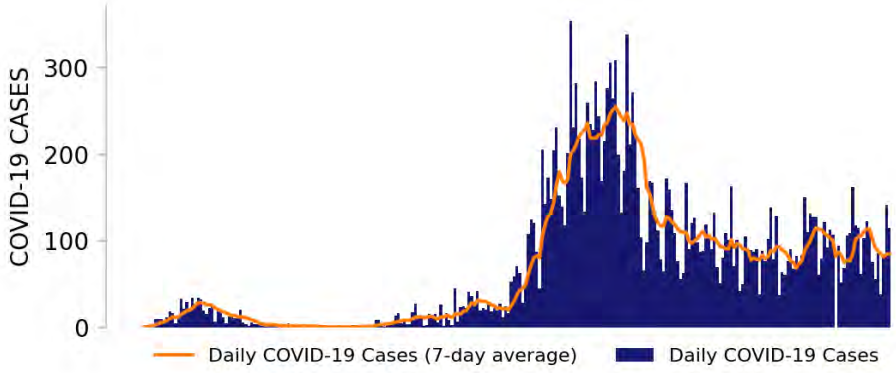
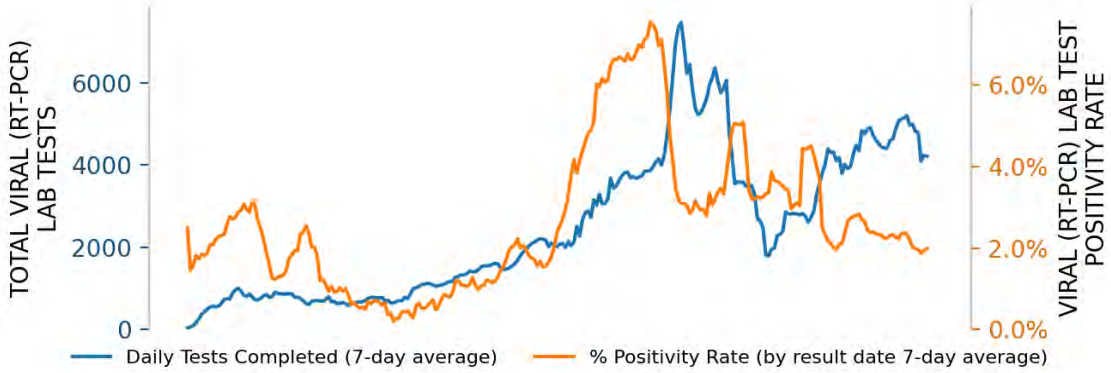
HAWAII

STATE REPORT | 12.06.2020

NEW CASES

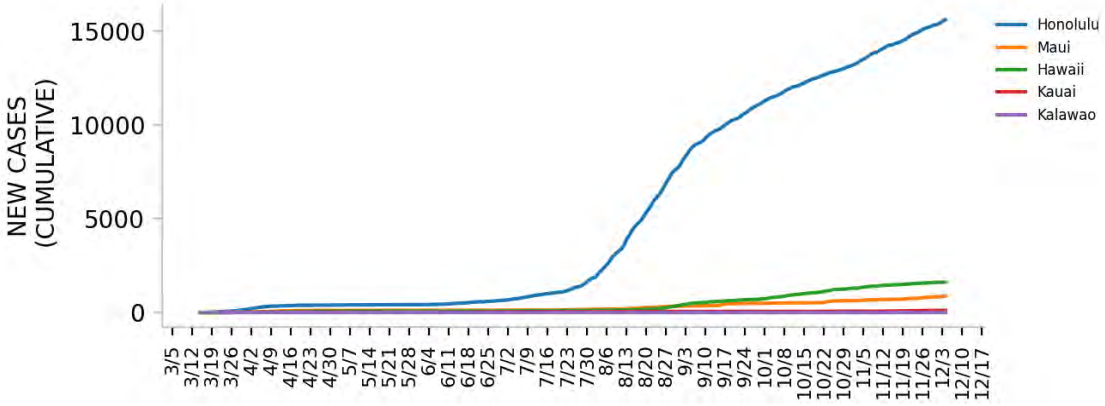


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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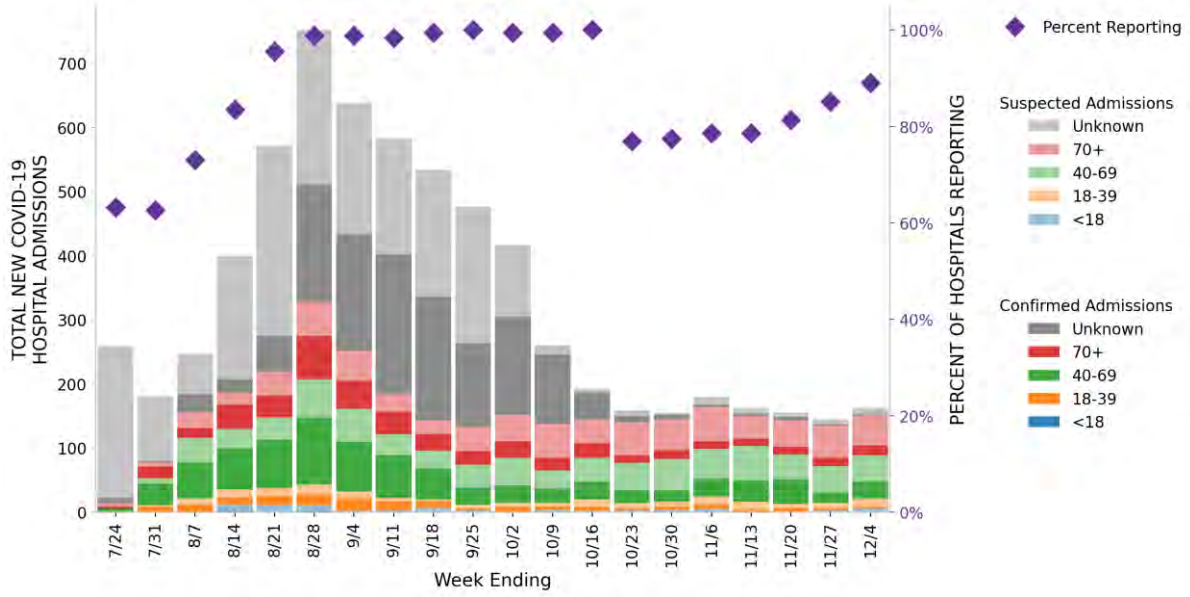
HAWAII

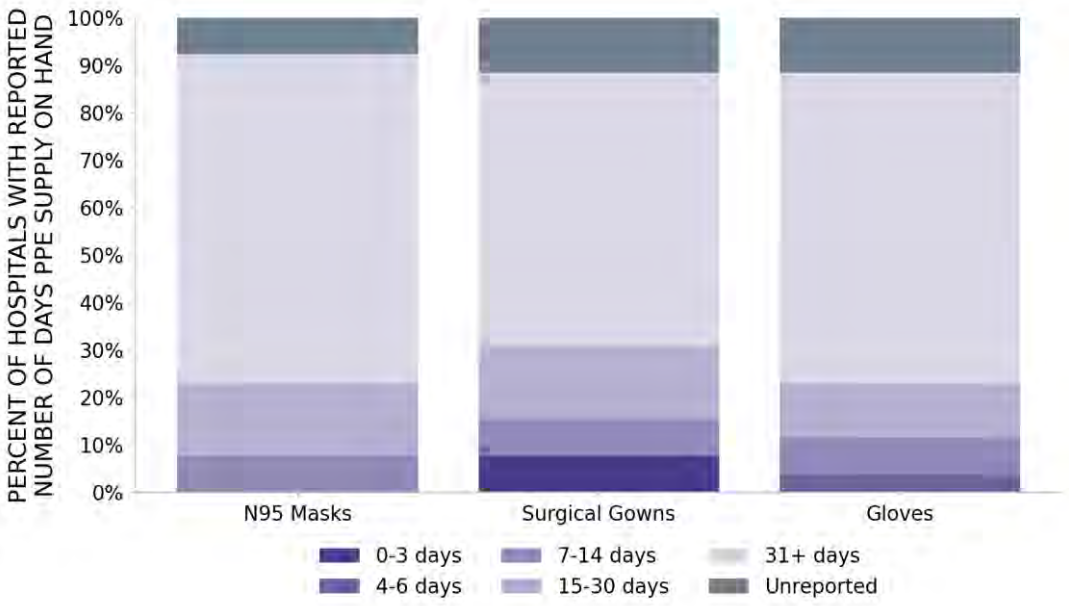
STATE REPORT | 12.06.2020

26 hospitals are expected to report in Hawaii

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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HAWAII

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

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

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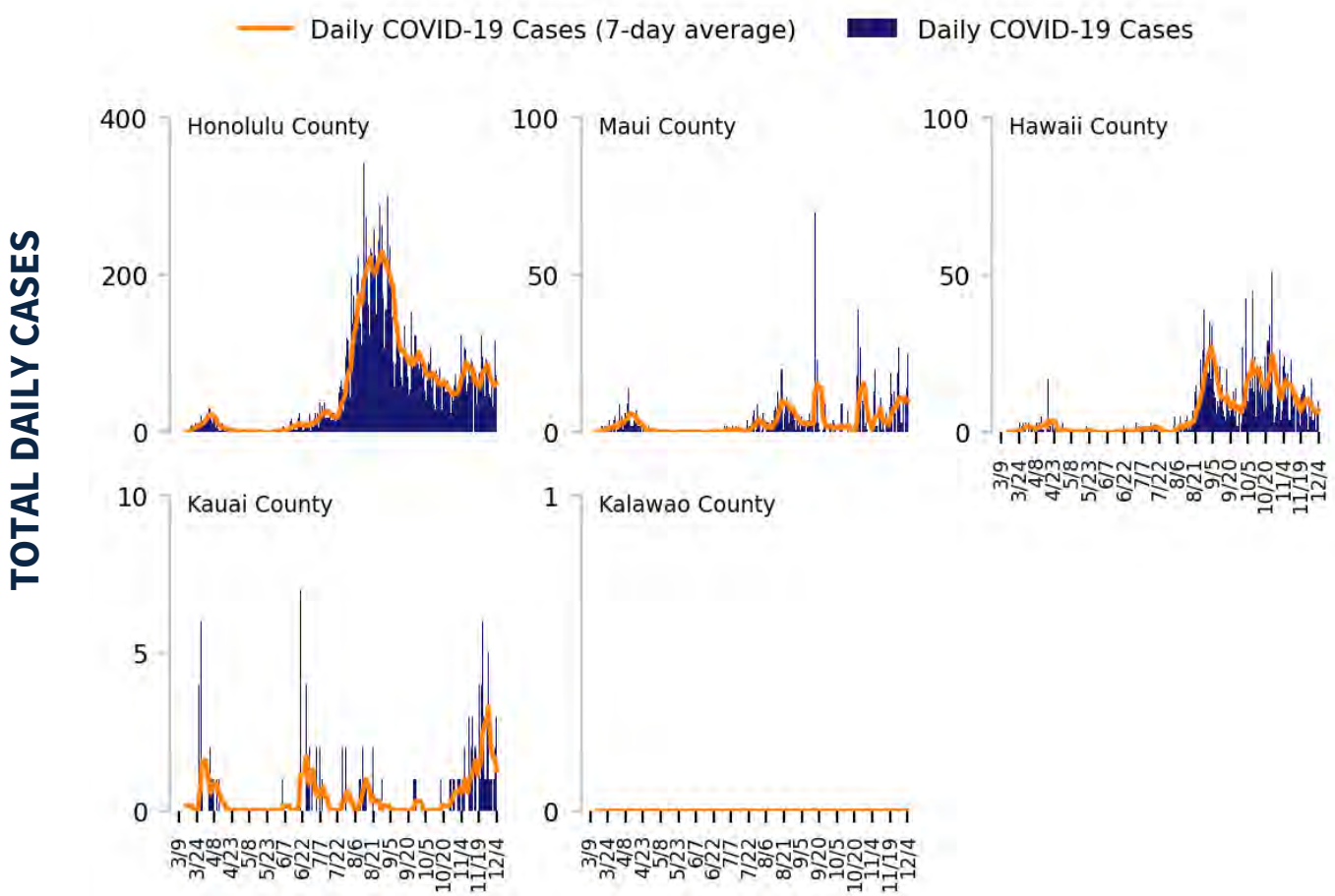
Top 12 counties based on number of new cases in the last 3 weeks



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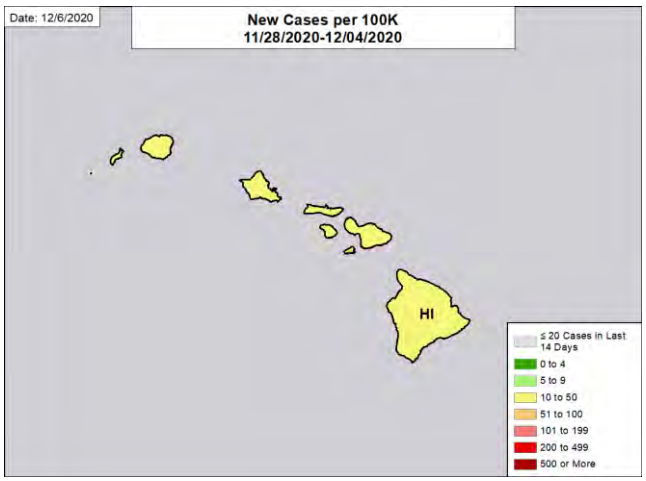
HAWAII

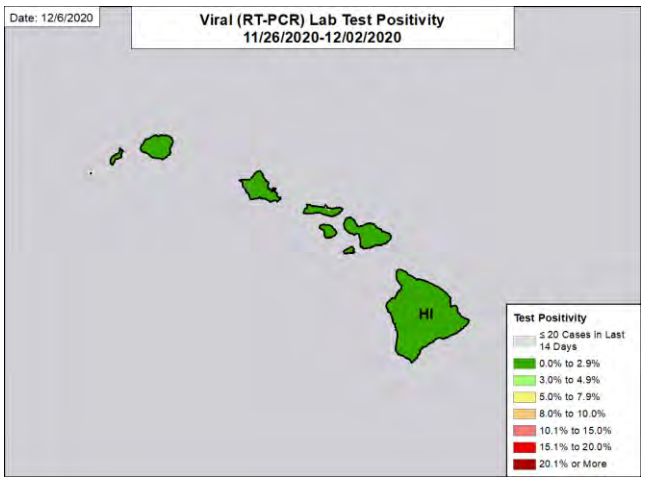
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

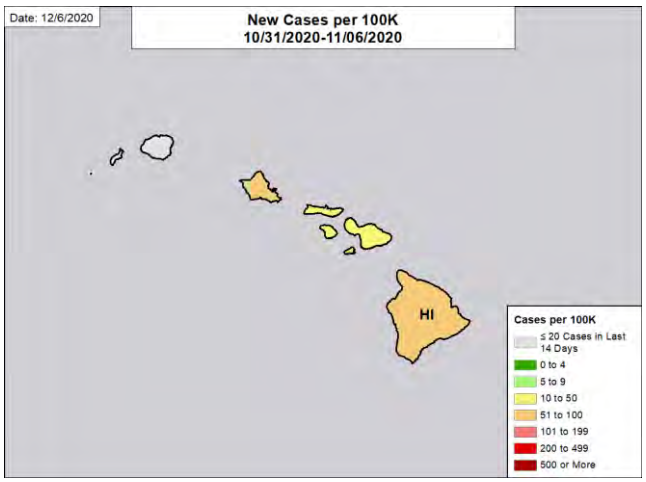
NEW CASES PER 100,000



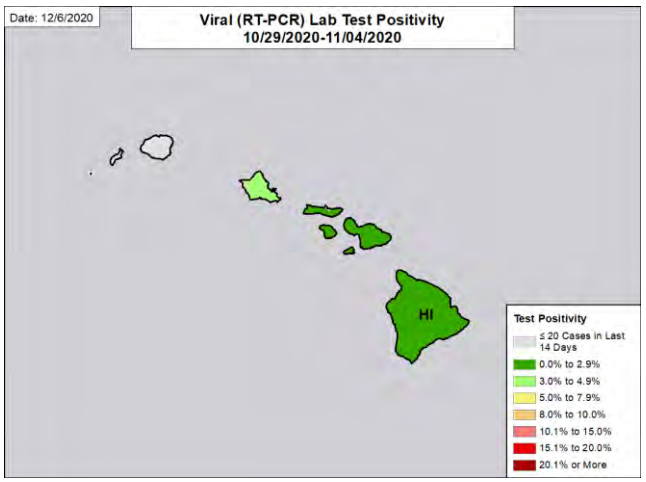
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

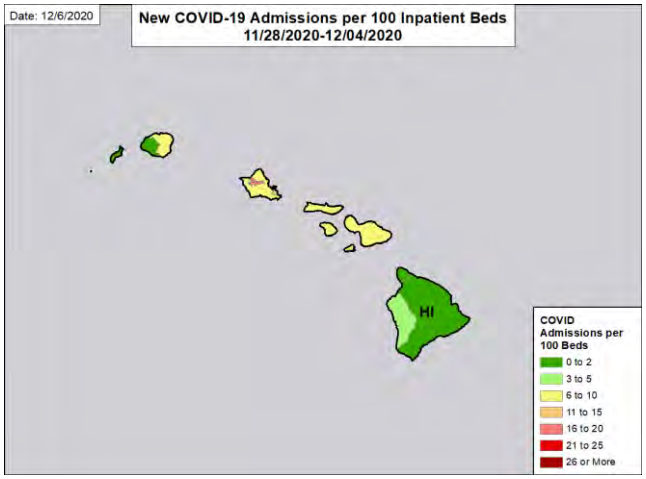
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

HAWAII

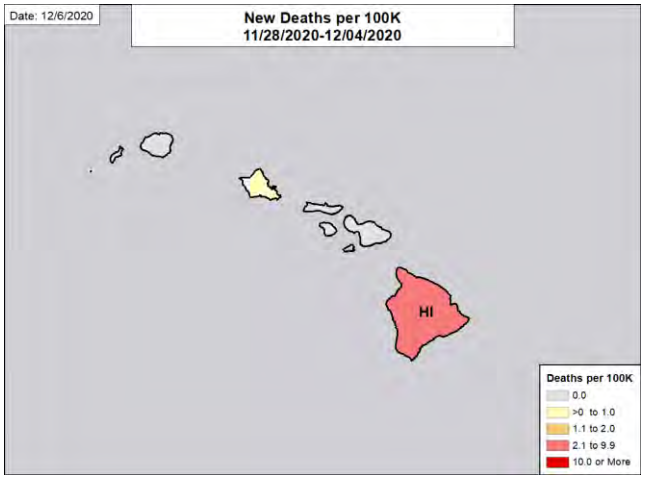
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

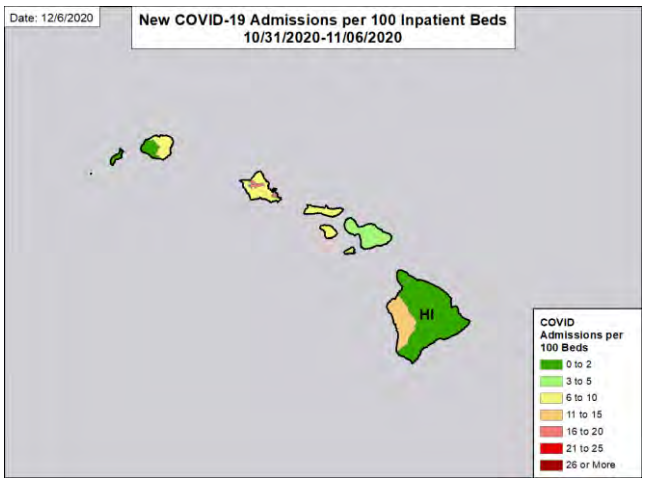
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



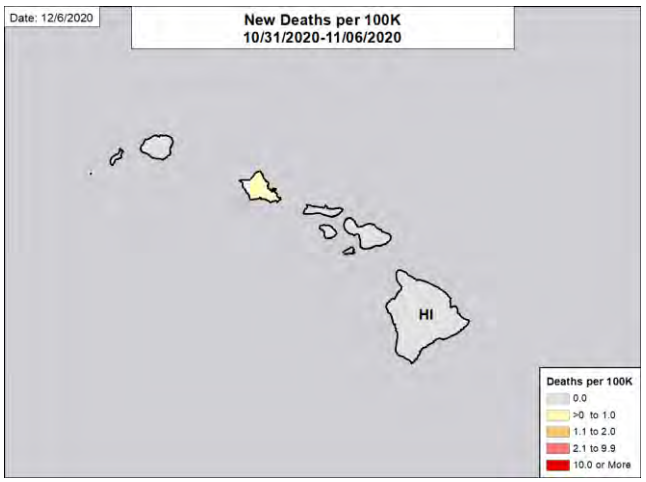
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.
Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Totals include confirmed and suspected COVID-19 admissions.

STATE REPORT
12.06.2020
Issue 25

IDAHO

SUMMARY

- Idaho is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 14th highest rate in the country. Idaho is in the red zone for test positivity, indicating a rate at or above 10.1%, with the highest rate in the country.
- Idaho has seen an increase in new cases and a decrease in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Ada County, 2. Canyon County, and 3. Kootenai County. These counties represent 46.5% of new cases in Idaho.
- Test positivity is still >20% in 29 counties; cases rates were >300 per 100,000 population per week in 35 counties and, compared to the week prior, case rates from this past week increased in 28 counties, suggesting that previous dip was an issue of data reporting and not a sign of decreased transmission.
- 89% of all counties in Idaho have moderate or high levels of community transmission (yellow, orange, or red zones), with 82% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 15% of nursing homes had at least one new resident COVID-19 case, 28% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Idaho had 552 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 9 to support operations activities from FEMA and 1 to support epidemiology activities from CDC.
- Between Nov 28 - Dec 4, on average, 63 patients with confirmed COVID-19 and 9 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Idaho. This is an increase of 9% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Given the persistently elevated case rates at state level, further restrictions and clinical enhancements are urgently needed. Procedures to enforce use of face masks and social distancing should be developed and widely implemented; consider fines for businesses that violate.
- Testing capacity should be aggressively expanded, and testing should be widely promoted throughout the holiday season; in this public health emergency, all molecular platforms in the state should be involved with testing efforts.
- Surveillance net should be well-developed, including proactive weekly testing of individuals at increased risk for infection, regardless of symptoms, using point-of-care antigen tests in all yellow, orange, and red counties in Idaho.
- Throughout the holiday season, all media platforms should remain saturated with messaging on the risks of social gatherings, the clear recommendation to avoid such gatherings, the critical need for face masks and social distancing, and instructions on how to report non-compliance of local businesses.
- Ensure all hospitals and clinical sites have updated clinical protocols, telehealth and remote clinical support, and maximized access to medications and supplies.
- Develop outpatient infusion centers to support medical interventions when hospital capacity is strained and as resources and outpatient protocols expand treatment options. When monoclonal antibodies are available, they should be directed proportionately to communities and individuals at highest risk for disease progression.
- The continued transmission at LTCFs and nursing homes is of grave concern; ensure all facilities are strictly following CMS guidelines and staff are not permitted to work unless they have a recent negative rapid test.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

IDAHO

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	9,870 (552)	+13%	41,172 (287)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	22.8%	-2.7%*	10.9%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	31,364** (1,755**)	-41%**	306,023** (2,132**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	122 (6.8)	+85%	476 (3.3)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	15%	N/A*†	11%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	28%	N/A*†	27%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	N/A*†	7%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	505 (16)	+9% (+9%)	3,325 (14)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

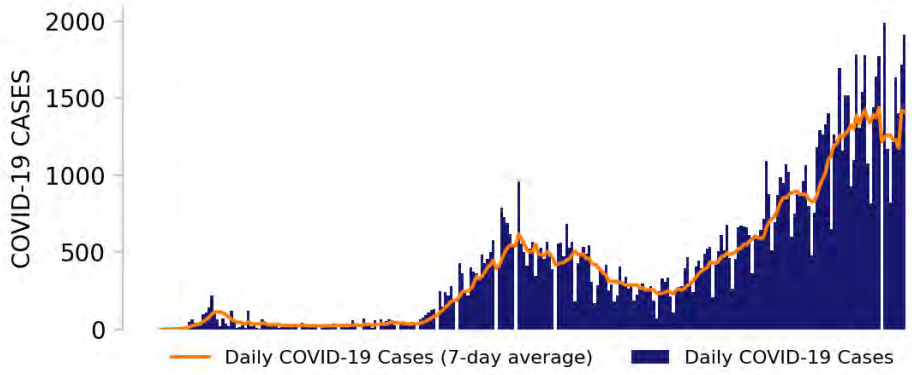
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

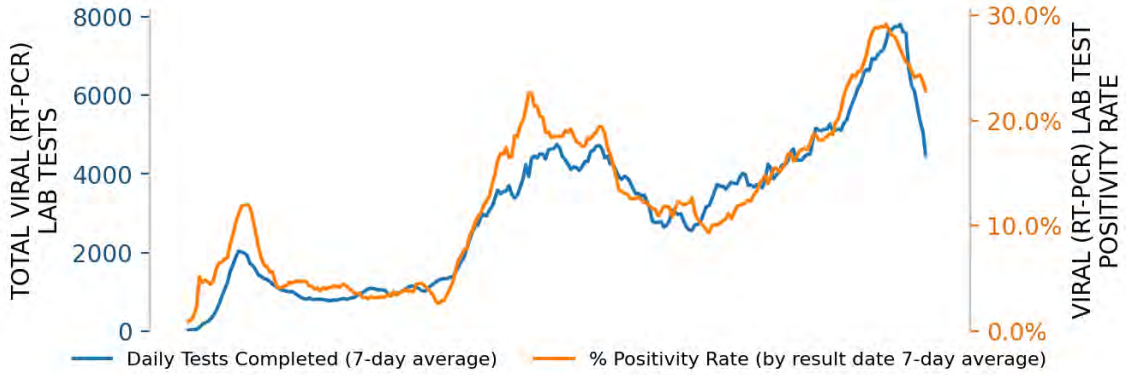
IDAHO

STATE REPORT | 12.06.2020

NEW CASES

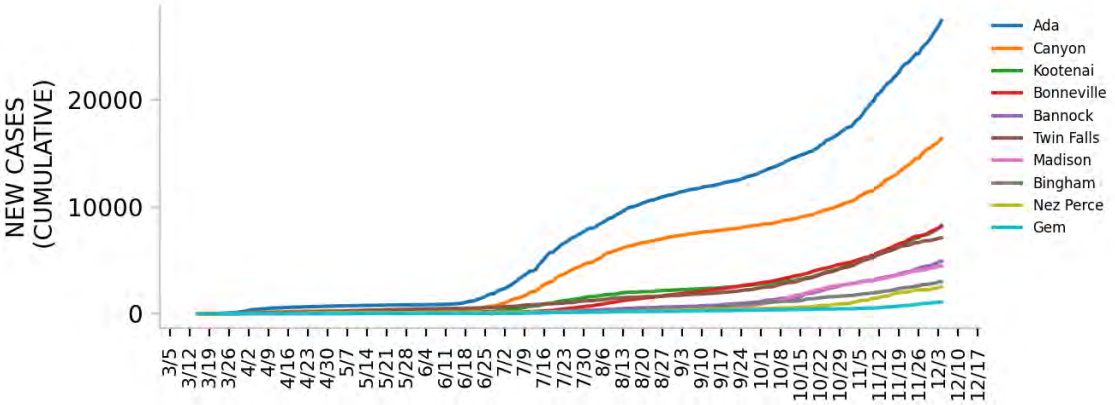


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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 12/4/2020.

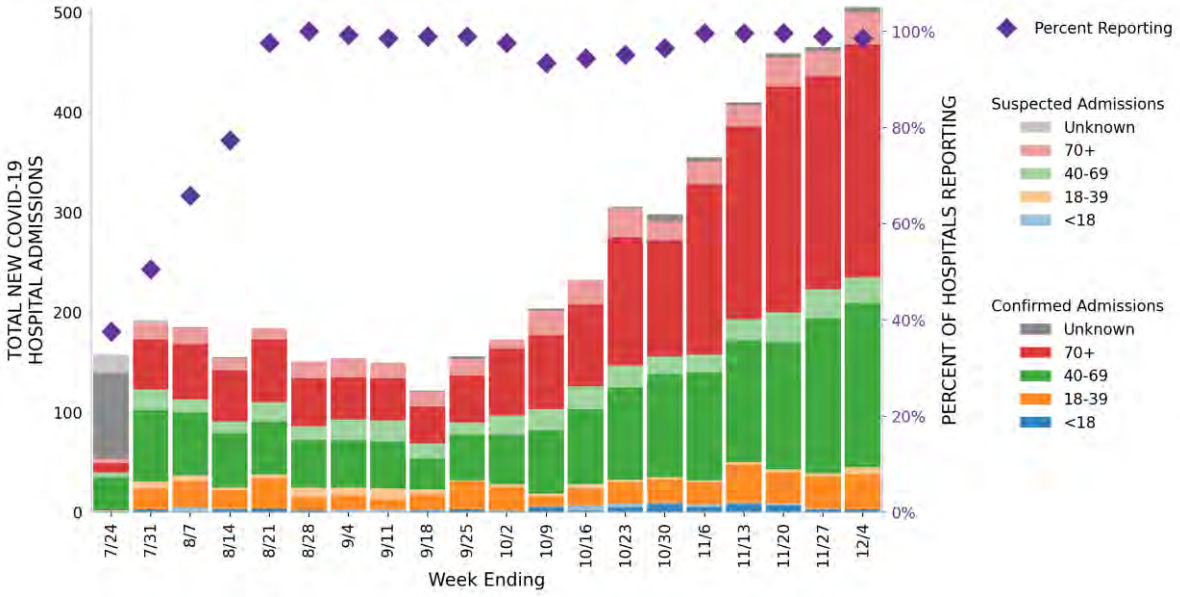
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

IDAHO

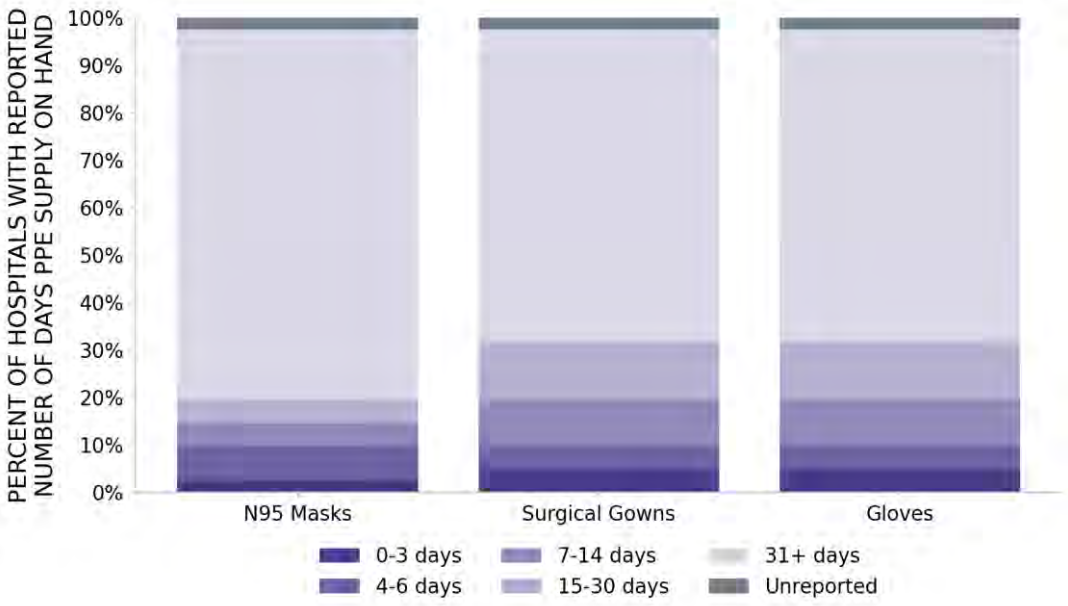
STATE REPORT | 12.06.2020

41 hospitals are expected to report in Idaho

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

IDAHO

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**16** ■ (+0)	Boise Idaho Falls Coeur d'Alene Twin Falls Pocatello Rexburg Blackfoot Lewiston Burley Moscow Sandpoint Ontario	**36** ▼ (-3)	Ada Canyon Kootenai Bonneville Bannock Twin Falls Madison Bingham Nez Perce Gem Latah Cassia
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**2** ▲ (+2)	Valley Benewah
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**1** ▲ (+1)	Teton

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

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

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
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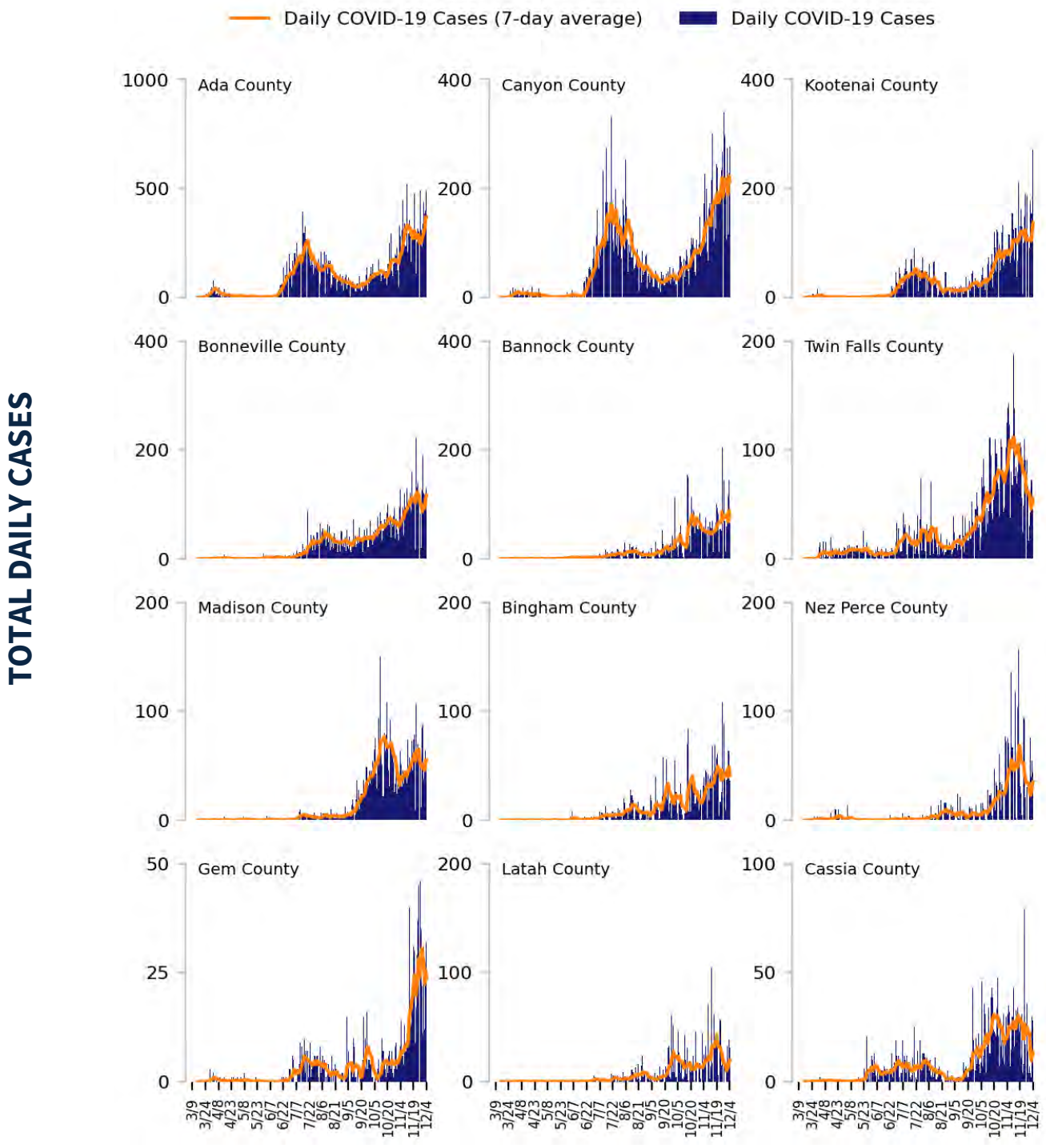
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



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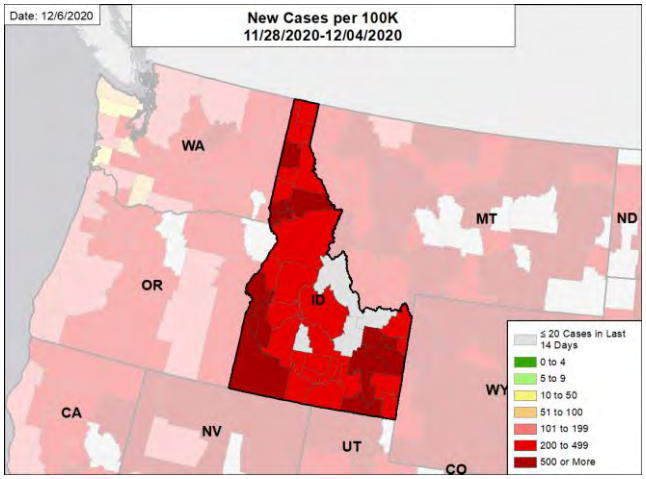
IDAHO

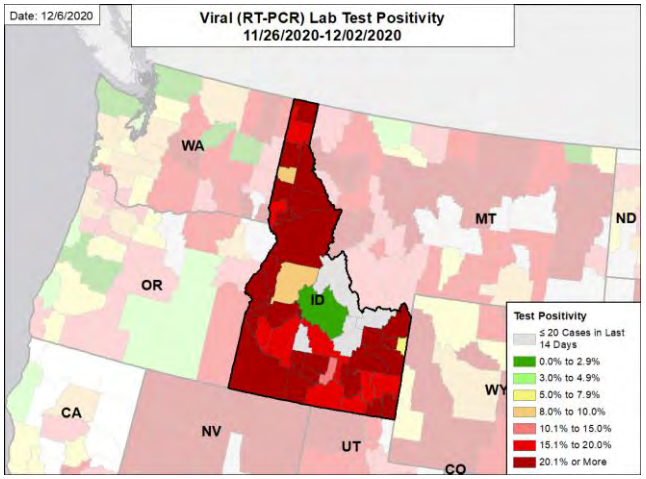
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

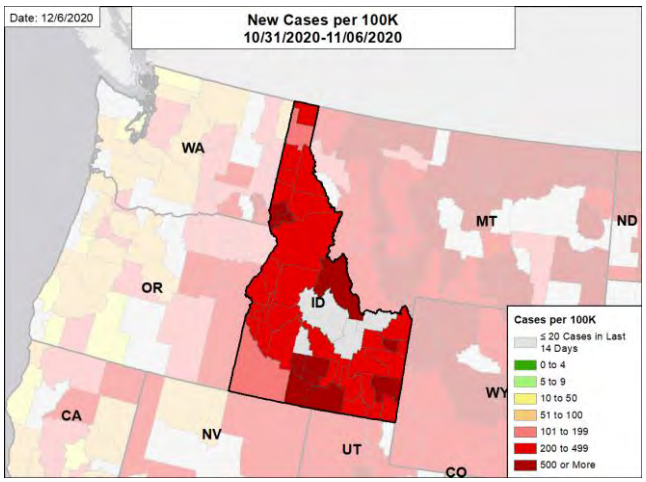
NEW CASES PER 100,000



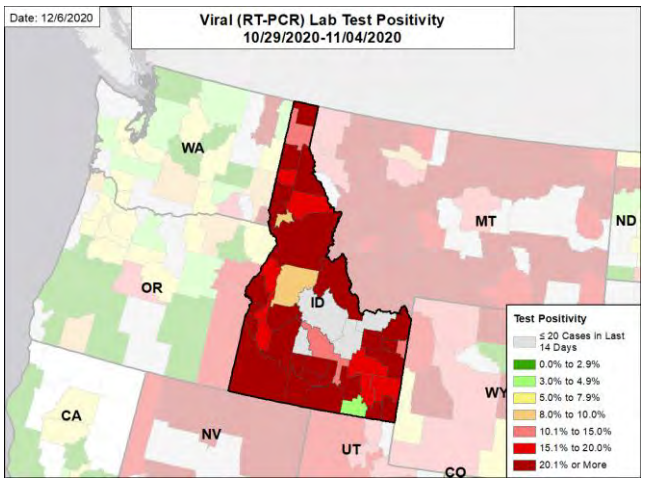
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

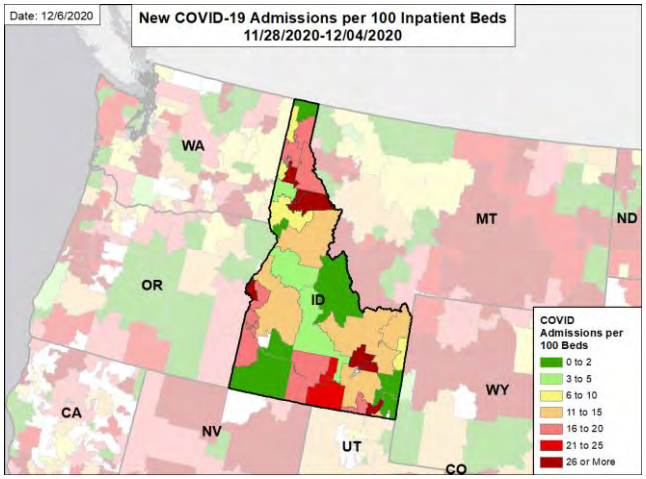
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

IDAHO

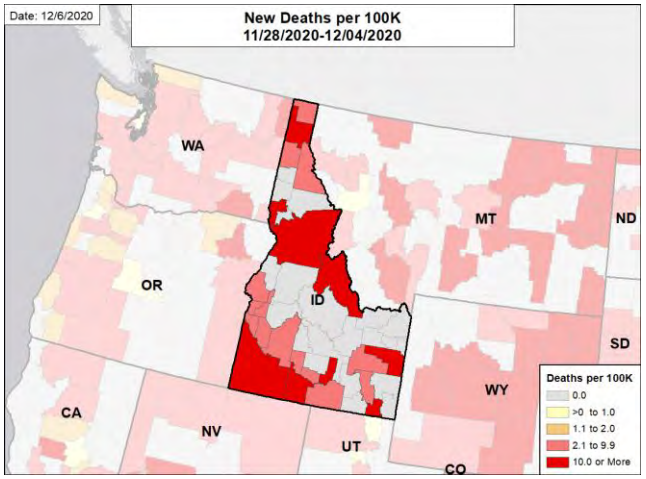
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

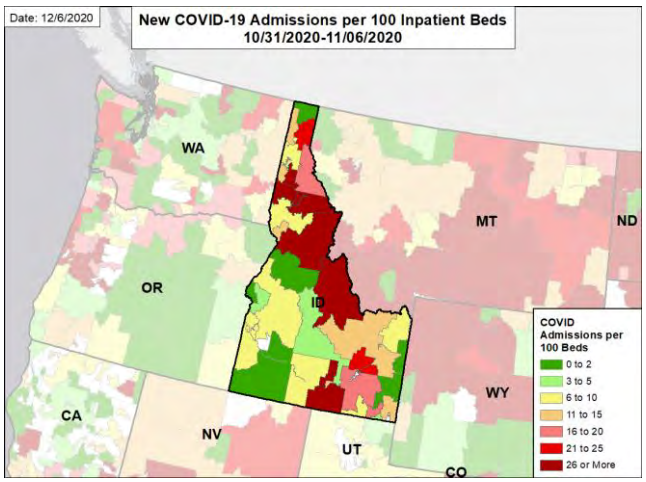
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



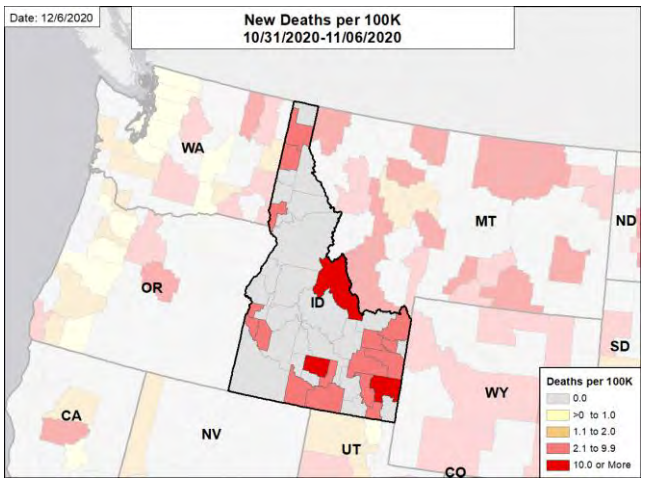
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS
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Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.
Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Totals include confirmed and suspected COVID-19 admissions.

STATE REPORT
12.06.2020
Issue 25

ILLINOIS

SUMMARY

- Illinois saw a second week of slight improvement, although remained at extremely high levels of disease transmission, hospitalizations, and deaths. Illinois is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 19th highest rate in the country. Illinois is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 21st highest rate in the country.
- Illinois has seen stability in new cases and an increase in test positivity. Hospitalizations decreased slightly for a second week but remained near the highest levels of the pandemic and above the spring peak. Illinois reported an average of 135 deaths a day last week, the highest of any state. Congregate group homes and correctional facilities comprise a majority of the reported outbreaks the past month.
- Extremely high viral transmission continues to involve the entire state. The following three counties had the highest number of new cases over the last 3 weeks: 1. Cook County, 2. DuPage County, and 3. Will County. These counties represent 49.7% of new cases in Illinois.
- Illinois moved to intensified Tier 3 mitigation measures on Nov 20. Tier 3 restrictions will remain in place across Illinois until at least mid-December.
- 98% of all counties in Illinois have moderate or high levels of community transmission (yellow, orange, or red zones), with 85% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 33% of nursing homes had at least one new resident COVID-19 case, 52% had at least one new staff COVID-19 case, and 16% had at least one new resident COVID-19 death.
- Illinois had 513 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 69 to support operations activities from FEMA; 5 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; and 7 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 574 patients with confirmed COVID-19 and 537 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- We share the strong concern of Illinois leaders that the current situation is becoming critical with more favorable outcomes dependent on the collective effort of Illinois's residents. The population and healthcare system must do everything possible to limit further holiday-related disease surges and prevent overrunning hospital capacity and avoidable deaths. Currently, the imminent arrival of vaccines provides hope; however, large-scale benefits of lower deaths and hospitalizations will only come after months of immunization. Difficult but temporary changes in personal behavior are key to limiting disease and death until we bring the pandemic to an end with immunization; this messaging must be delivered frequently and by all effective modalities. The Governor's continued, personal communication on these measures is commended.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. Ensure support for a platform for efficient intra- and inter-state patient transfers as needed.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of COVID-19 risk factors. Work with healthcare institutions to ensure capacity for outpatient infusion is accessible to COVID-19 patients who may benefit from IV therapies that could limit morbidity and hospitalizations.
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- Ensure all K-12 schools are following CDC guidelines including masks and utilize Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities returning to campus after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Continue preparations for the delivery and distribution of vaccines including by identifying the staffing capabilities and needs of local health departments and local jurisdictions and preparing for state-supported augmentation of staff and subject matter expertise to ensure timely and safe operations. Provide clear and concise messaging across the response community on the prioritization of vaccinations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ILLINOIS

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	65,024 (513)	-8%	292,123 (556)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.6%	+1.4%*	14.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	412,634** (3,256**)	-31%**	1,948,301** (3,708**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	945 (7.5)	+30%	3,507 (6.7)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	33%	N/A*†	33%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	52%	N/A*†	54%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	16%	N/A*†	16%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	7,774 (26)	-3% (-3%)	30,833 (26)	148,450 (20)

* Indicates absolute change in percentage points.

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

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

DATA SOURCES – Additional data details available under METHODS

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Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.

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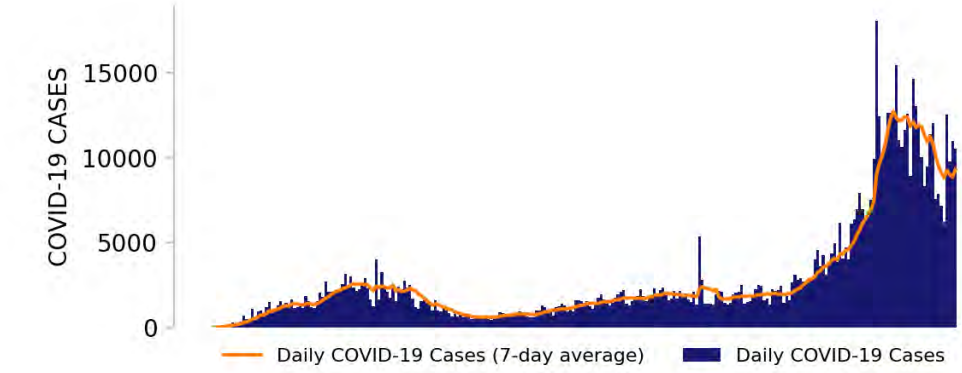
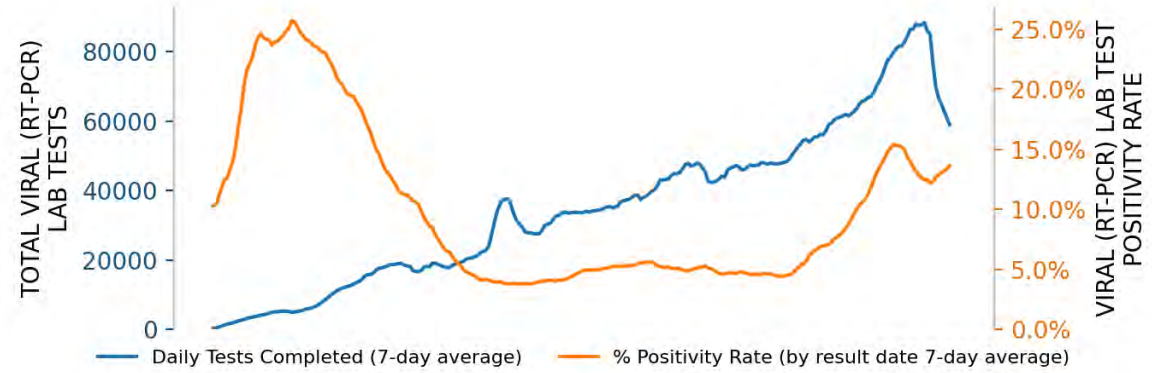
ILLINOIS

STATE REPORT | 12.06.2020

NEW CASES

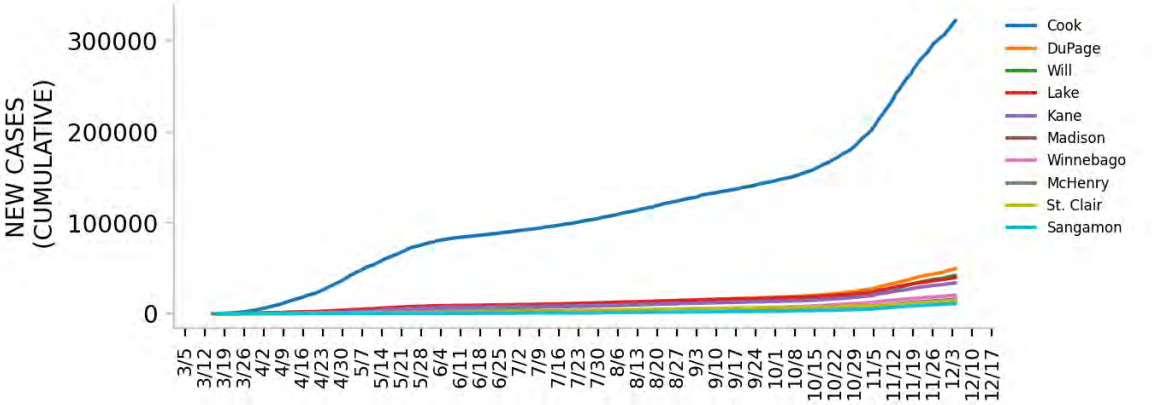


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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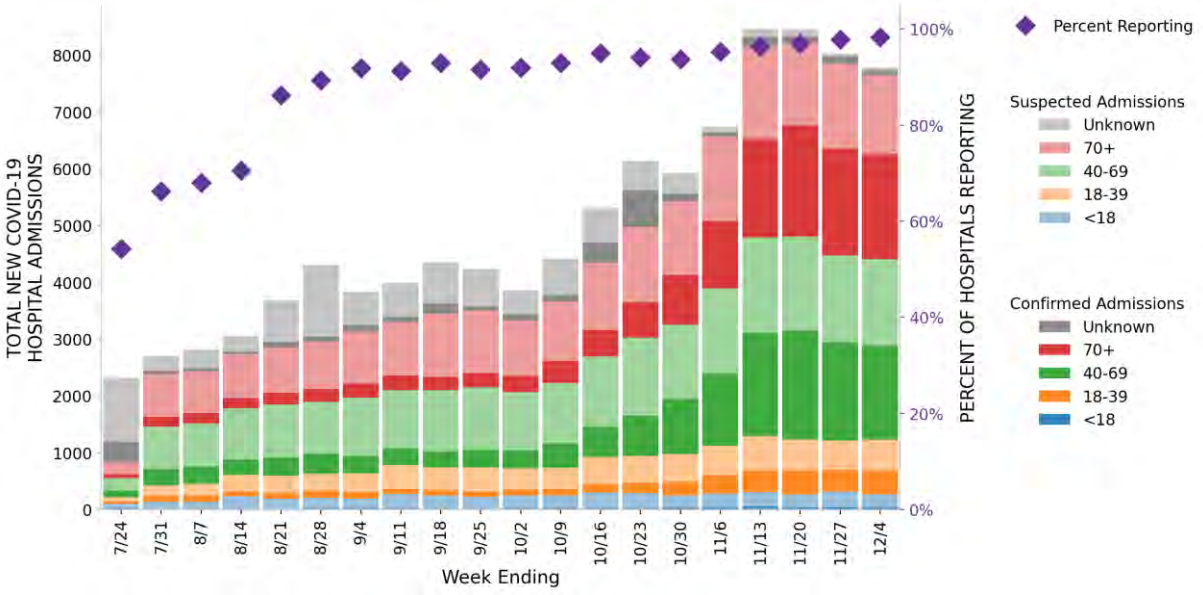
ILLINOIS

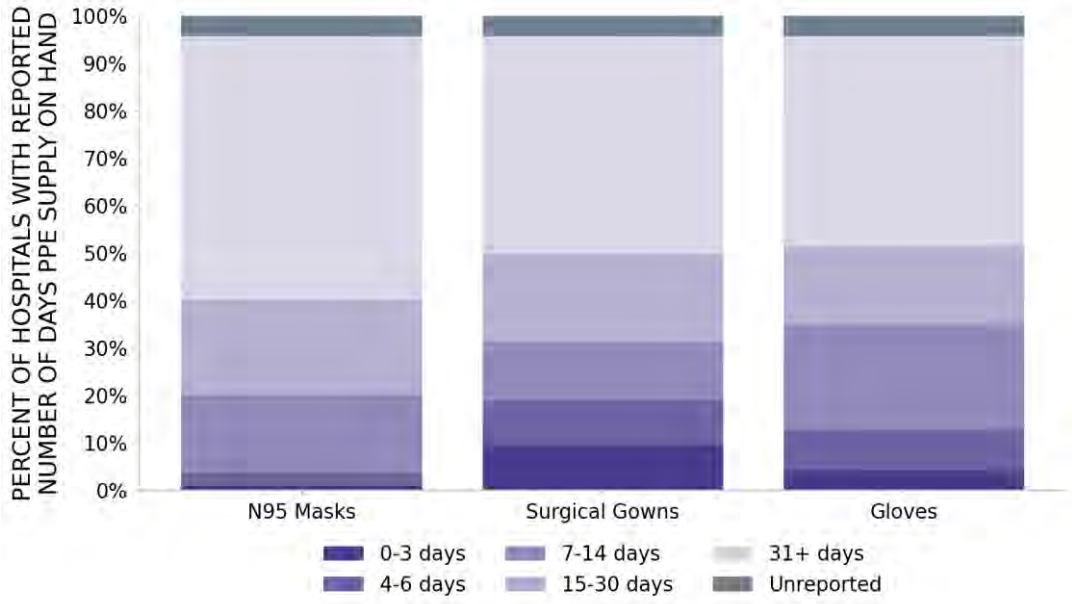
STATE REPORT | 12.06.2020

189 hospitals are expected to report in Illinois

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

ILLINOIS

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**30** ▲ (+2)	Chicago-Naperville-Elgin St. Louis Peoria Rockford Davenport-Moline-Rock Island Springfield Kankakee Ottawa Bloomington Carbondale-Marion Decatur Danville	**87** ▲ (+8)	Cook DuPage Will Lake Kane Madison Winnebago McHenry St. Clair Sangamon Peoria Kankakee
LOCALITIES IN ORANGE ZONE	**0** ▼ (-2)	N/A	**5** ▼ (-9)	Cass Montgomery Saline Ford Scott
LOCALITIES IN YELLOW ZONE	**0** ▼ (-1)	N/A	**8** ▲ (+2)	Crawford Union Greene Wabash White Piatt Schuyler Brown

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

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

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

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.

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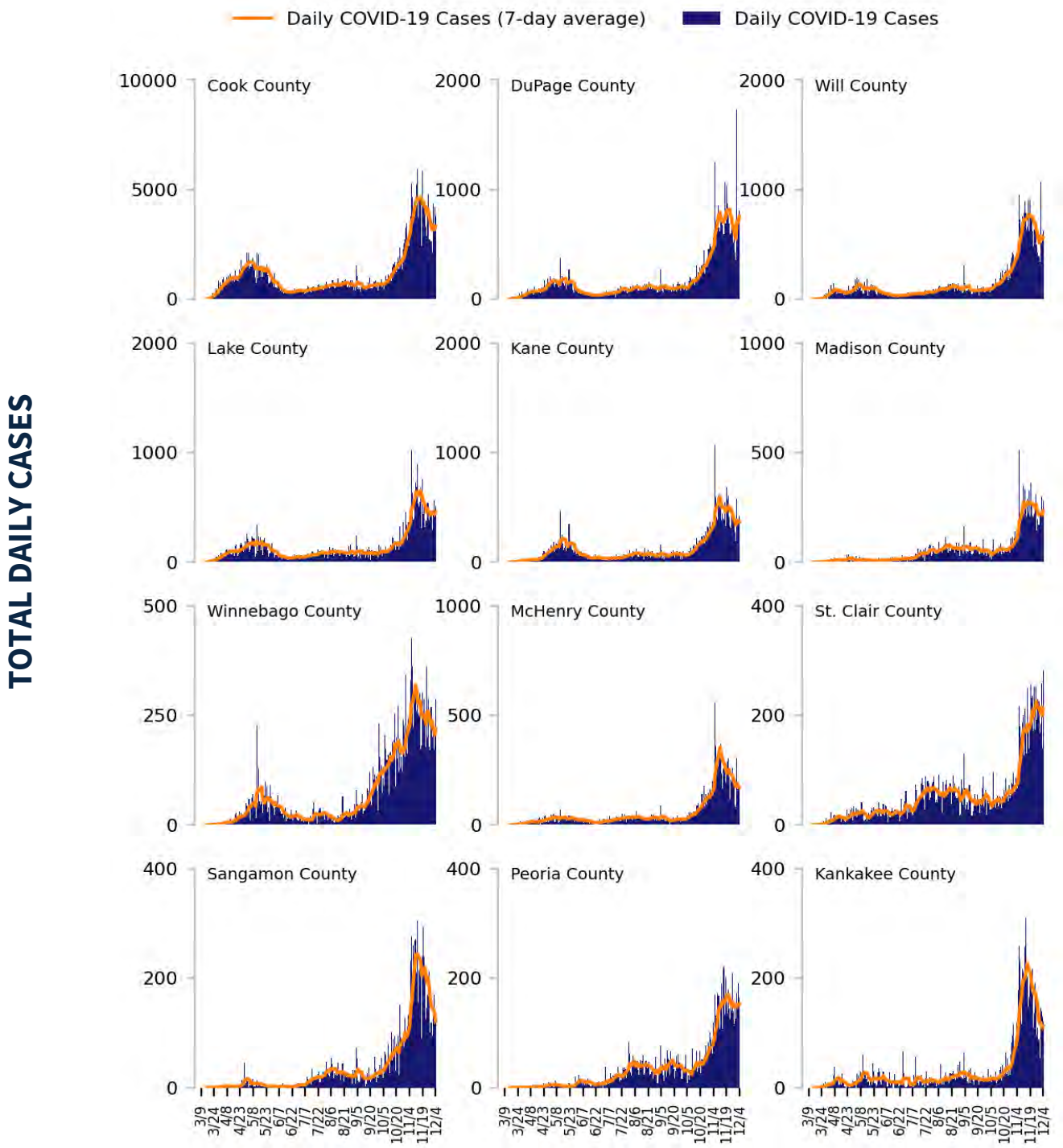
Top 12 counties based on number of new cases in the last 3 weeks



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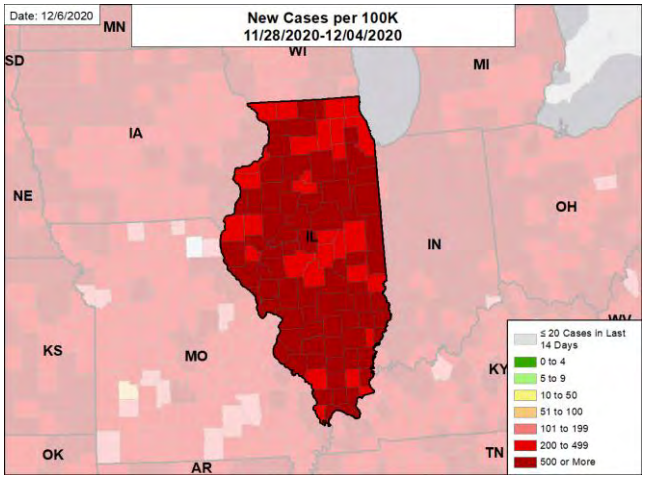
ILLINOIS

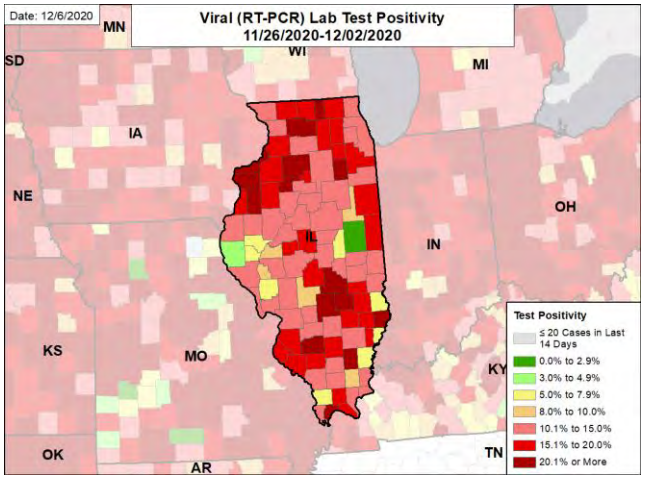
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

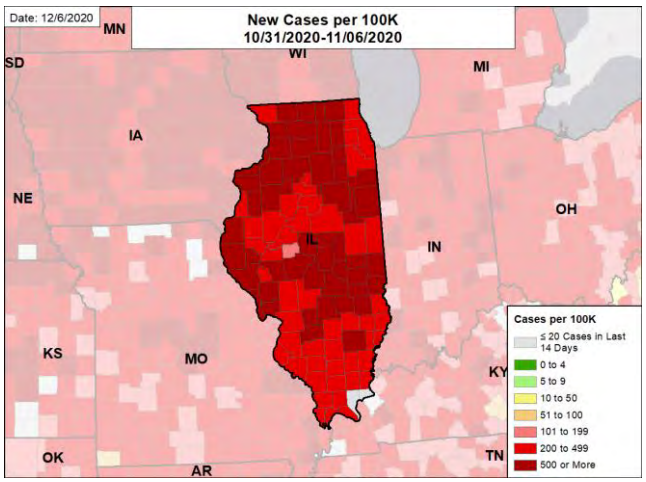
NEW CASES PER 100,000



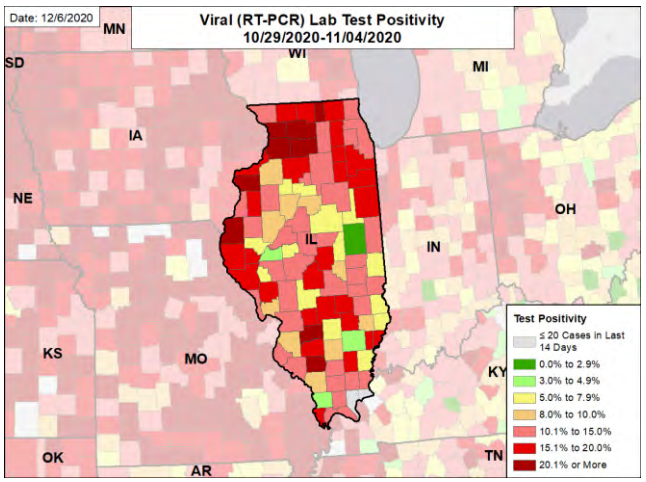
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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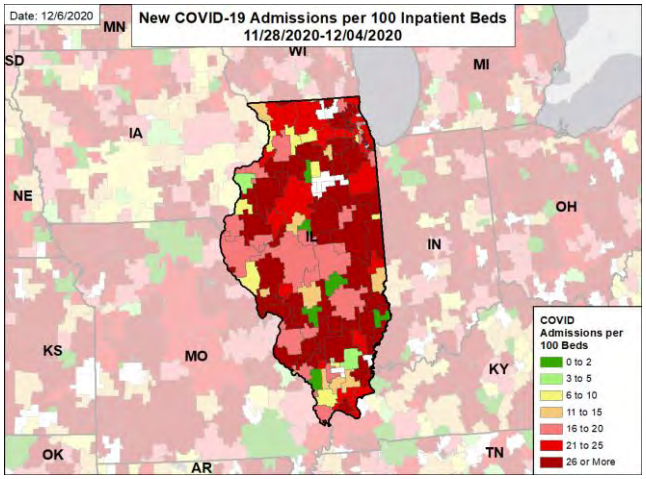
ILLINOIS

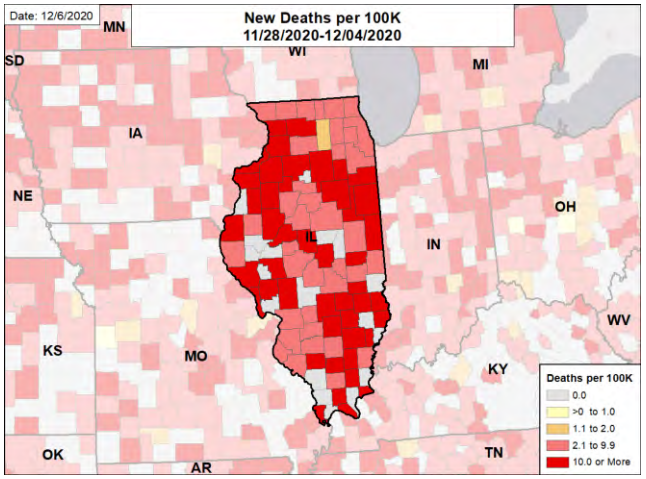
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

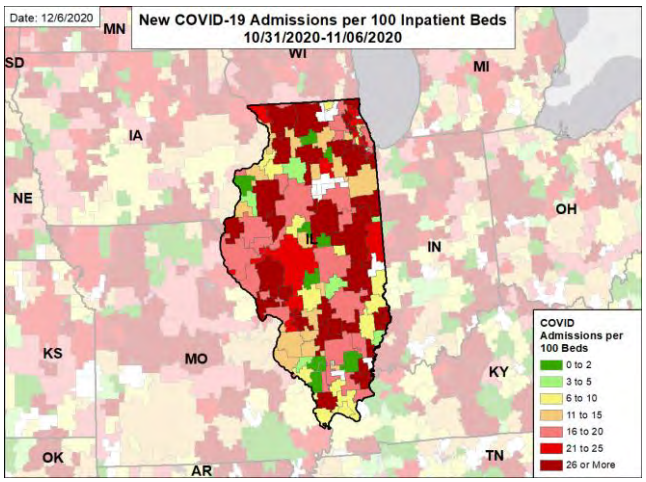
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



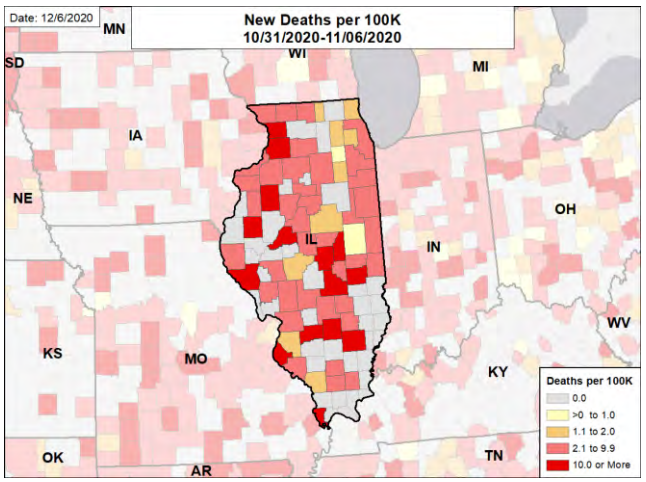
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



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STATE REPORT
12.06.2020
Issue 25

INDIANA

SUMMARY

- Indiana continues to experience extremely high levels of viral transmission along with high reported cases, hospitalizations, and deaths. Indiana is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 5th highest rate in the country. Indiana is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 10th highest rate in the country.
- Indiana has seen stability in new cases and an increase in test positivity. Hospitalization rates per capita are among the highest in the nation. Daily deaths continued to rise rapidly; the 7-day rolling average rose to 76 per day, far above the peak set in spring.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Marion County, 2. Lake County, and 3. Allen County. These counties represent 25.9% of new cases in Indiana.
- Mitigation measures: The mask mandate continues. The state extended the public health emergency order through Dec 31.
- Hospitals are reporting capacity and staffing constraints due to COVID-19 patients, especially in northwest Indiana.
- 100% of all counties in Indiana have moderate or high levels of community transmission (yellow, orange, or red zones), with 96% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 22% of nursing homes had at least one new resident COVID-19 case, 38% had at least one new staff COVID-19 case, and 18% had at least one new resident COVID-19 death.
- Indiana had 637 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 5 to support operations activities from FEMA.
- Between Nov 28 - Dec 4, on average, 372 patients with confirmed COVID-19 and 245 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Indiana. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
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COVID-19

INDIANA

STATE REPORT | 12.06.2020

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VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	17.8%	+2.6%*	14.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	237,413** (3,527**)	-27%**	1,948,301** (3,708**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	534 (7.9)	+39%	3,507 (6.7)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	22%	N/A*†	33%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	38%	N/A*†	54%	43%
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TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	4,315 (26)	-3% (-3%)	30,833 (26)	148,450 (20)

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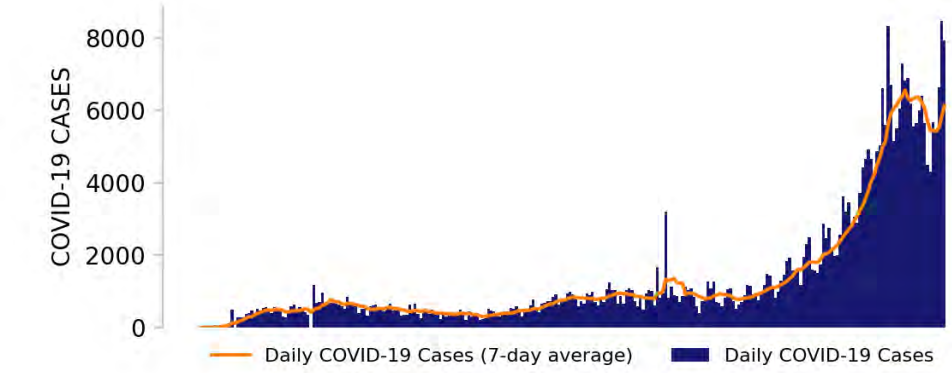
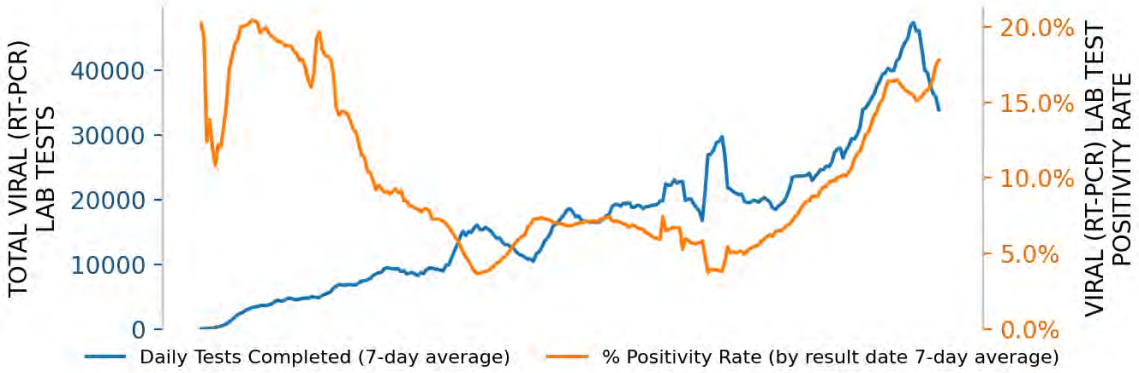
INDIANA

STATE REPORT | 12.06.2020

NEW CASES

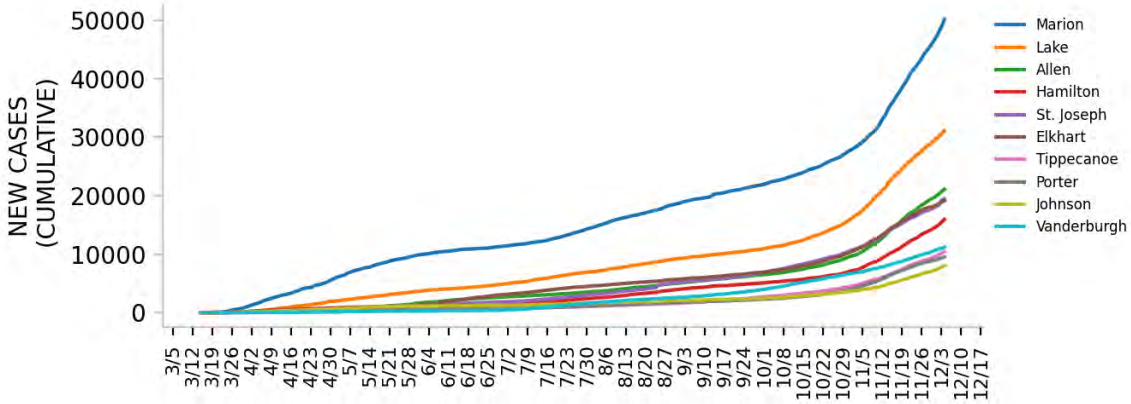


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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 12/4/2020.

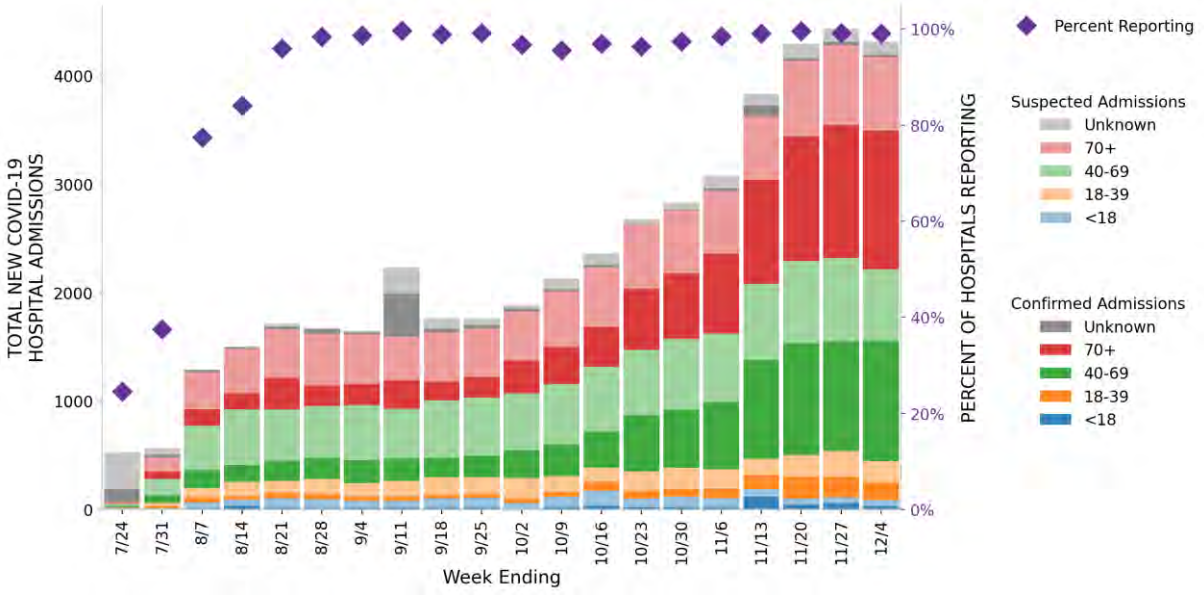
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

INDIANA

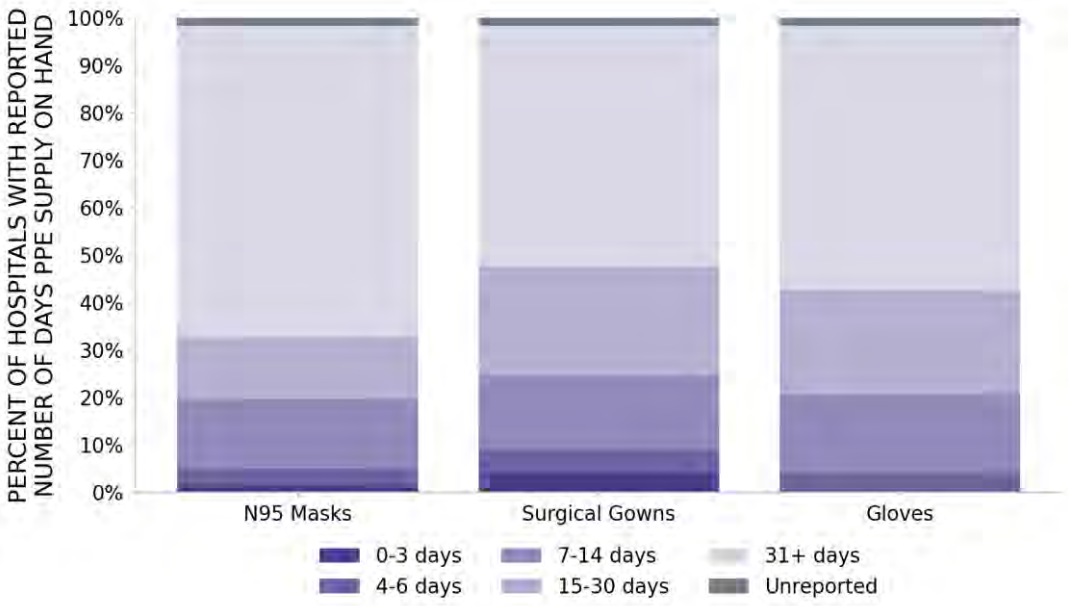
STATE REPORT | 12.06.2020

122 hospitals are expected to report in Indiana

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

INDIANA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**40** ▲ (+1)	Indianapolis-Carmel-Anderson Chicago-Naperville-Elgin Fort Wayne South Bend-Mishawaka Elkhart-Goshen Lafayette-West Lafayette Evansville Terre Haute Louisville/Jefferson County Kokomo Warsaw Michigan City-La Porte	**88** ▲ (+2)	Marion Lake Allen Hamilton St. Joseph Elkhart Tippecanoe Porter Johnson Vanderburgh Hendricks Vigo
LOCALITIES IN ORANGE ZONE	**1** ▲ (+1)	Bloomington	**3** ■ (+0)	Monroe Brown Switzerland
LOCALITIES IN YELLOW ZONE	**0** ▼ (-1)	N/A	**1** ▼ (-2)	Owen

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

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

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

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

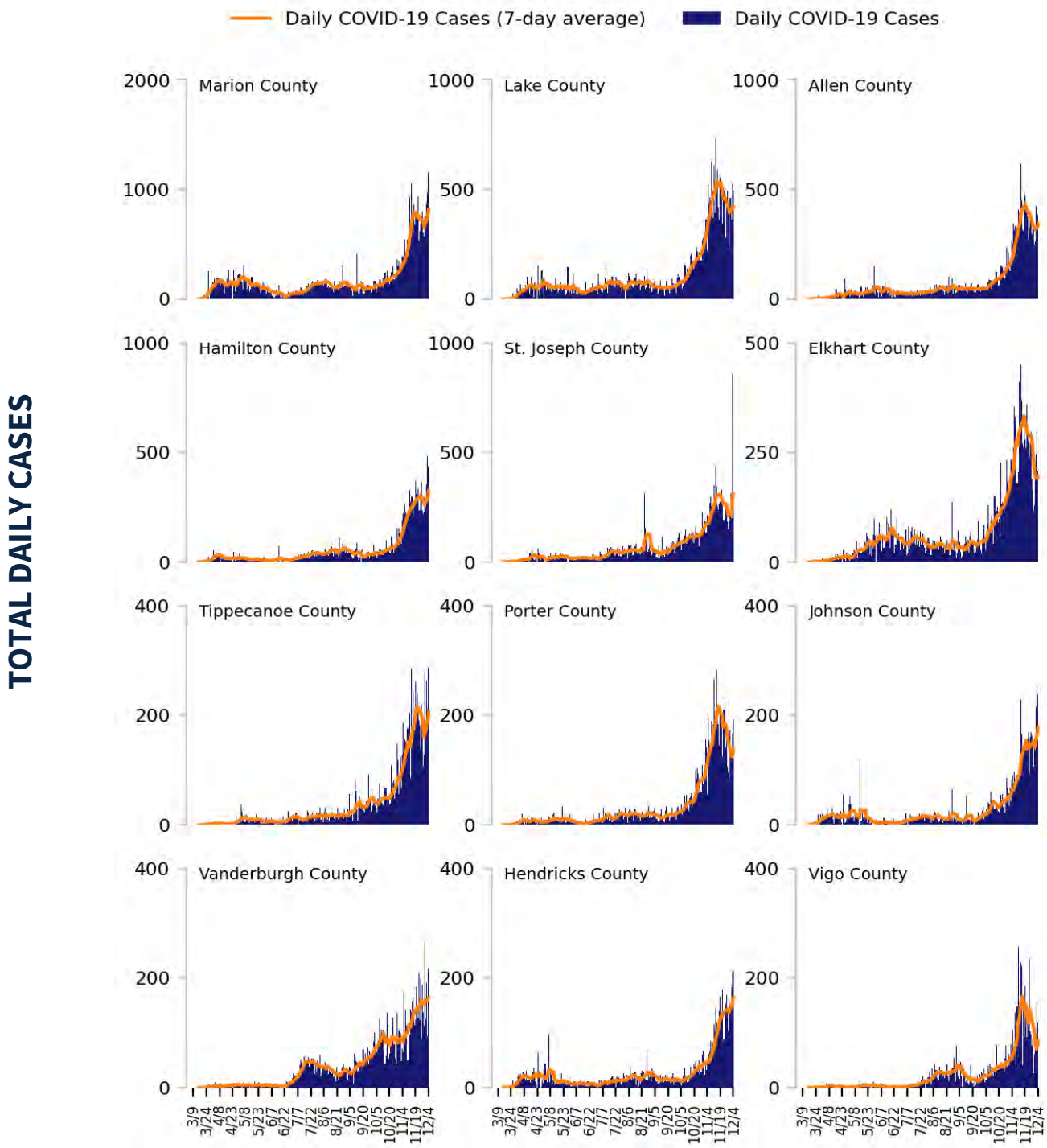
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 12/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

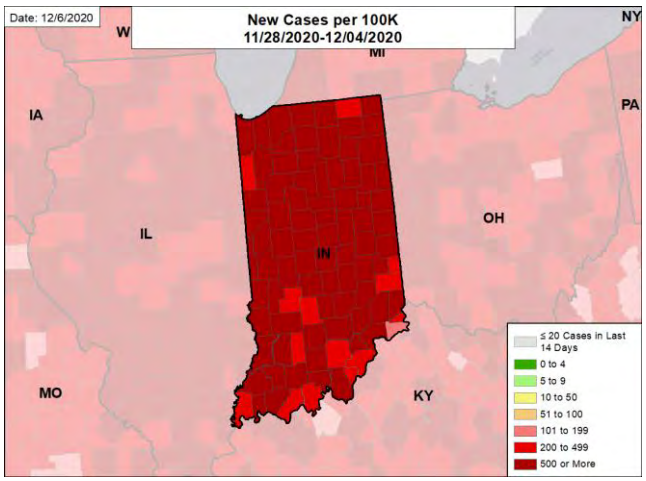
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

INDIANA

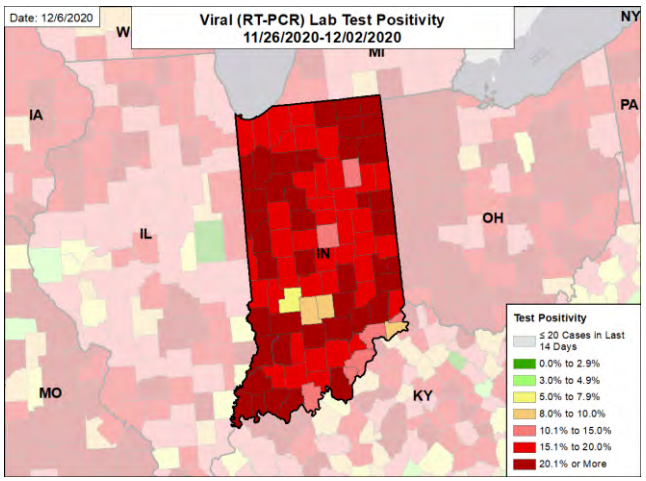
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

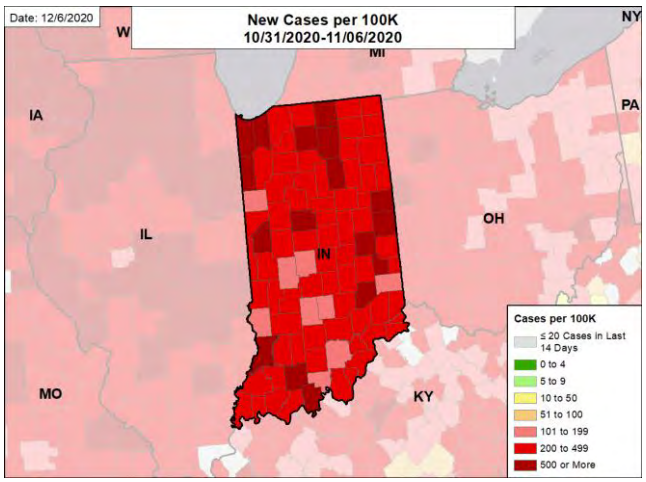
NEW CASES PER 100,000



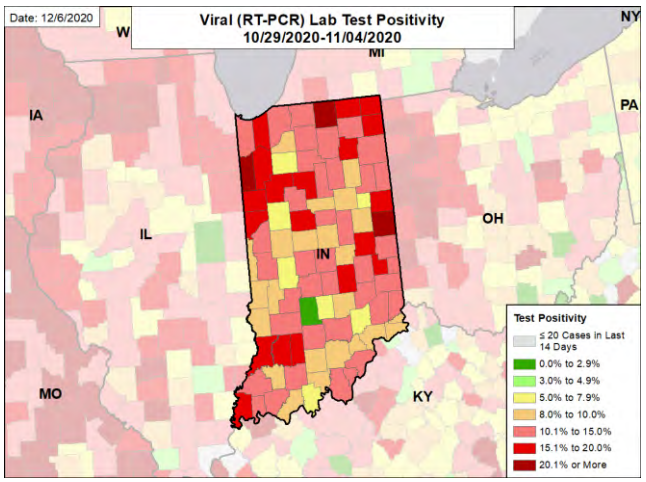
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

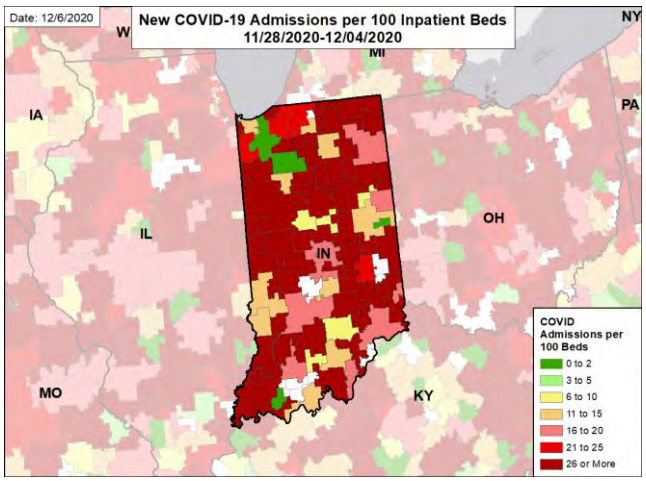
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

INDIANA

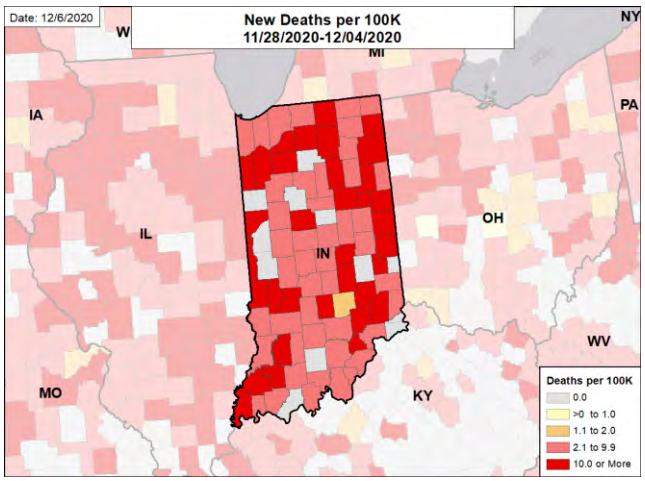
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

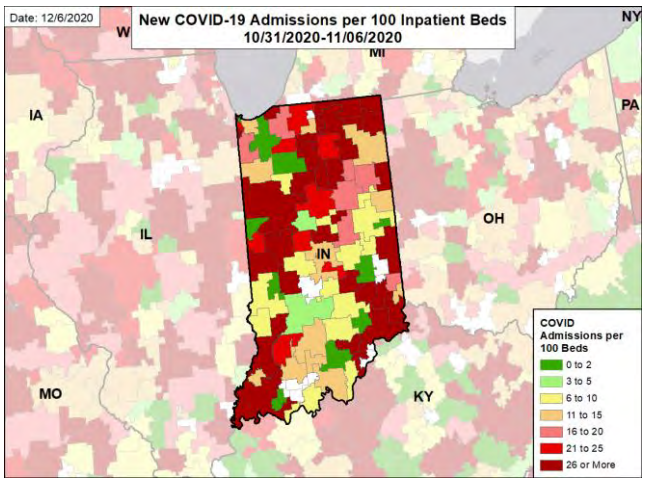
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



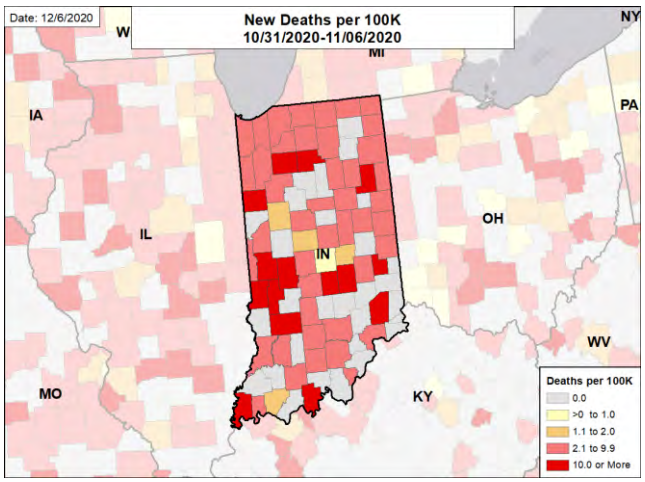
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

IOWA

SUMMARY

- Iowa is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 20th highest rate in the country. 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 a decrease in new cases and a decrease in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Polk County, 2. Linn County, and 3. Scott County. These counties represent 26.3% of new cases in Iowa.
- 100% of all counties in Iowa have moderate or high levels of community transmission (yellow, orange, or red zones), with 95% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 30% of nursing homes had at least one new resident COVID-19 case, 48% had at least one new staff COVID-19 case, and 15% had at least one new resident COVID-19 death.
- Iowa had 512 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Between Nov 28 - Dec 4, on average, 140 patients with confirmed COVID-19 and 30 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Iowa. This is a decrease of 17% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Encouraging signs as cases and new hospital admissions have plateaued; however, this should be viewed very cautiously since there was a 40% reduction of PCR testing over the past week and nearly 50% of nursing homes have at least one positive staff member. There are still very high virus levels across the state; activities that were safe in the summer are not safe now. Keep mitigation efforts high.
- Must increase testing levels to find asymptomatic individuals to remove source of spread.
- Universities must have weekly testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community. Universities who tested all students weekly starting the first week of fall semester saw between 75% and 90% fewer cases than those who did not. For the remaining time in current semester, students must be tested weekly prior to returning home for winter break.
- Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to <25% and closing bars/limiting bar hours until cases and test positivity decrease to the yellow zone.
- Ensure compliance with public health orders, including wearing masks. Ensure full flu immunizations across the state.
- Ensure all hospitals and clinical sites have updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- In Tribal Nations, conduct weekly testing of Tribal communities living on and off the reservation. Test results should be rapid, and isolation and contact tracing conducted immediately. Ensure sufficient facilities for isolation and quarantine with support services.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

IOWA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	16,147 (512)	-21%	68,584 (485)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	17.3%	-0.6%*	19.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	82,162** (2,604**)	-37%**	260,078** (1,839**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	254 (8.1)	+14%	1,122 (7.9)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	30%	N/A*†	32%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	48%	N/A*†	51%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	15%	N/A*†	15%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,186 (15)	-17% (-17%)	7,574 (22)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

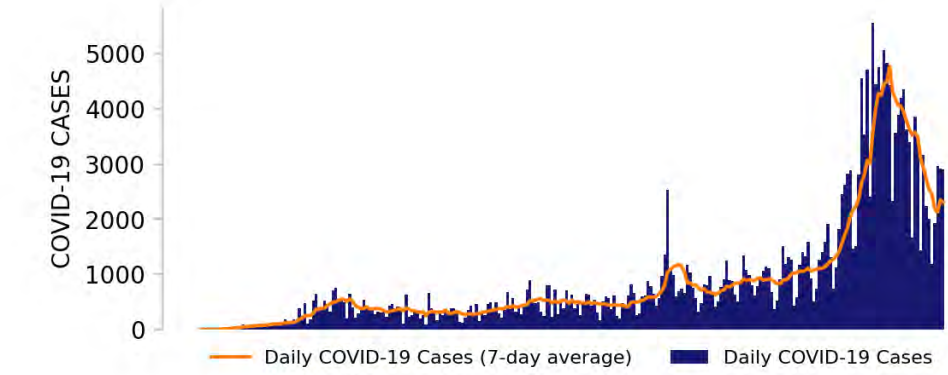
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

IOWA

STATE REPORT | 12.06.2020

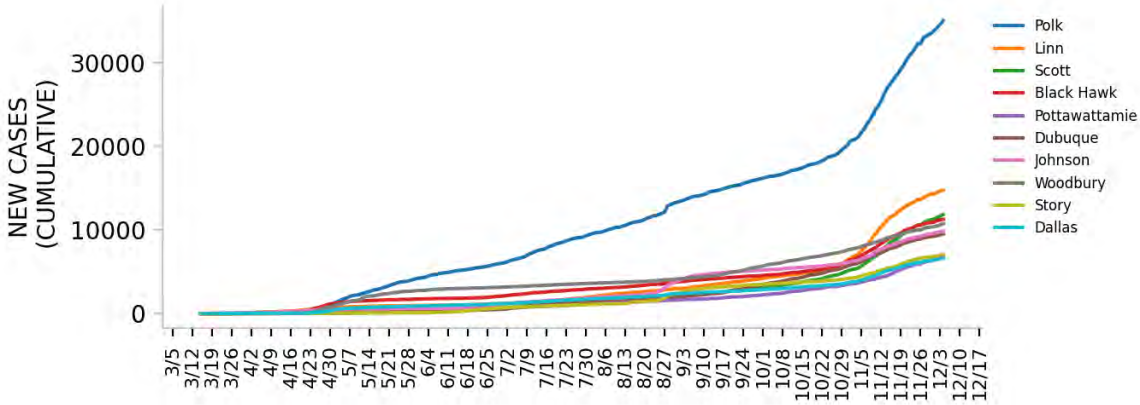
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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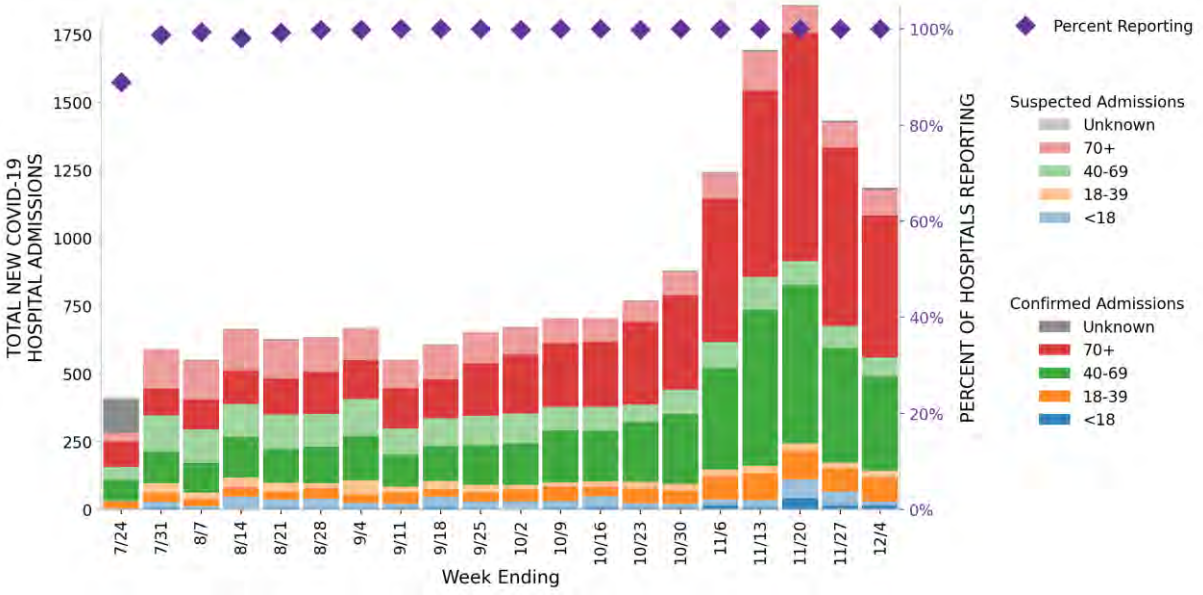
IOWA

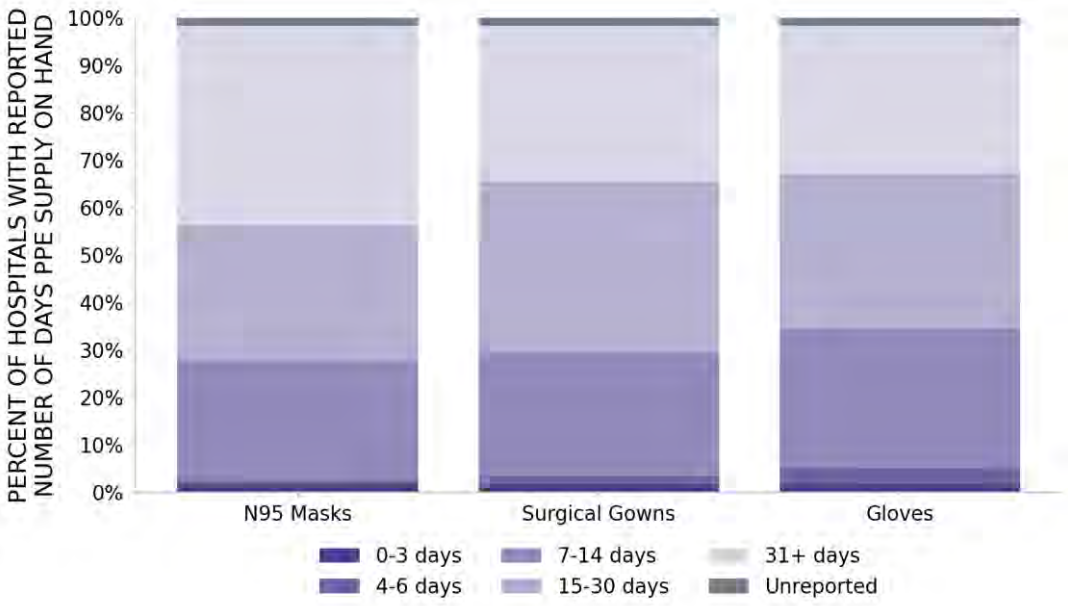
STATE REPORT | 12.06.2020

119 hospitals are expected to report in Iowa

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

IOWA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**24** ■ (+0)	Des Moines-West Des Moines Cedar Rapids Davenport-Moline-Rock Island Waterloo-Cedar Falls Omaha-Council Bluffs Iowa City Ames Dubuque Sioux City Mason City Clinton Fort Dodge	**94** ▼ (-3)	Polk Linn Scott Black Hawk Pottawattamie Dubuque Woodbury Story Dallas Cerro Gordo Clinton Webster
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**3** ▲ (+1)	Johnson Poweshiek Franklin
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**2** ▲ (+2)	Shelby Greene

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

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

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

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

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

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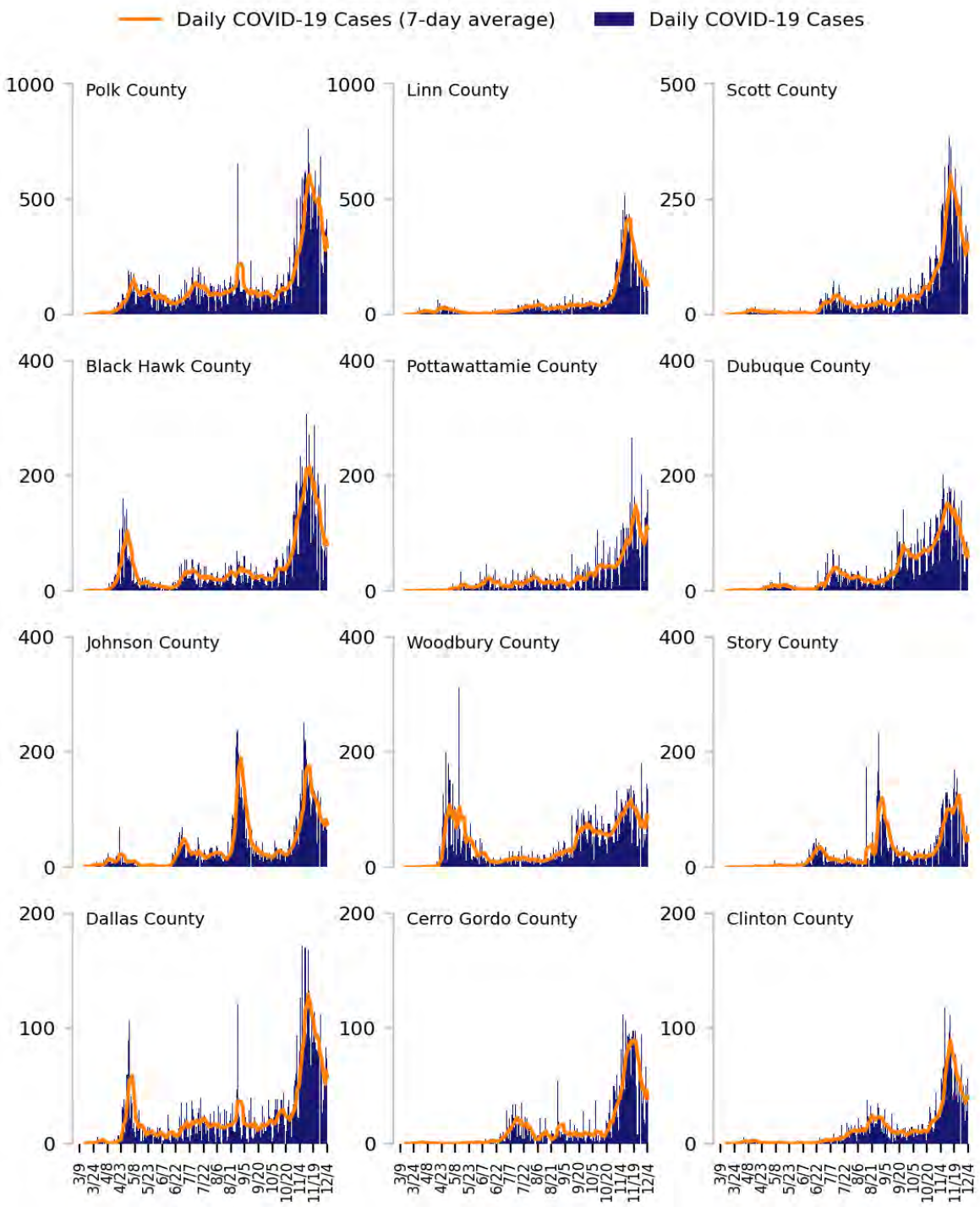
Top 12 counties based on number of new cases in the last 3 weeks



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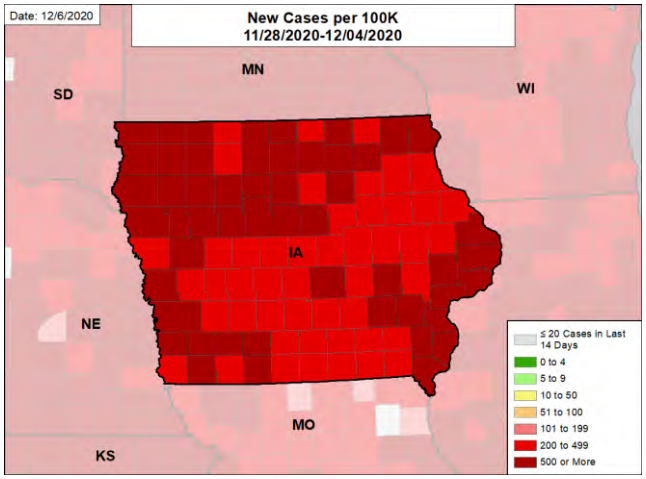
IOWA

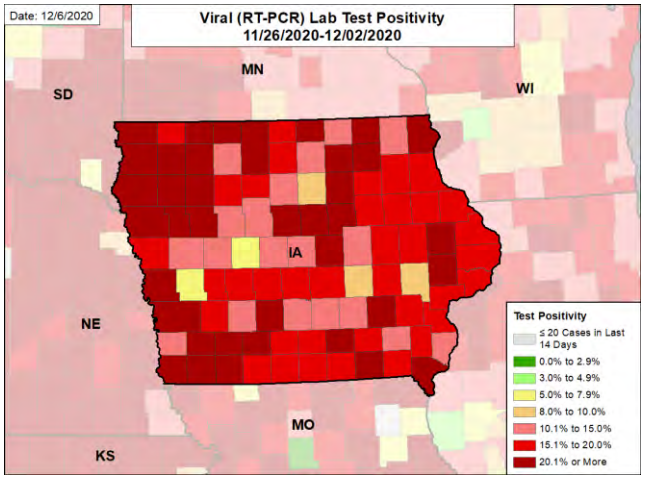
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

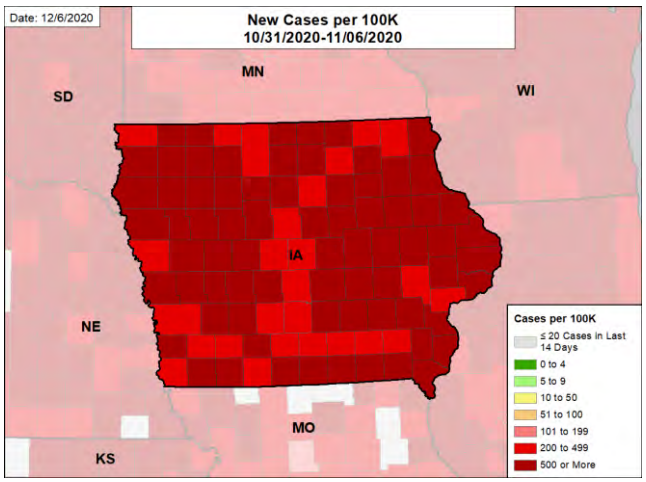
NEW CASES PER 100,000



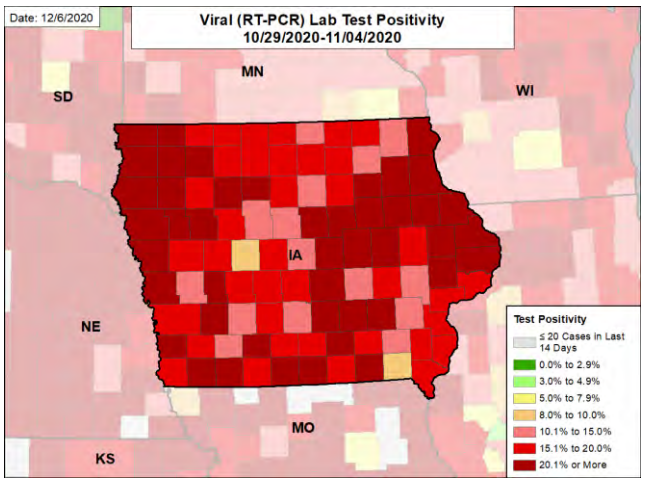
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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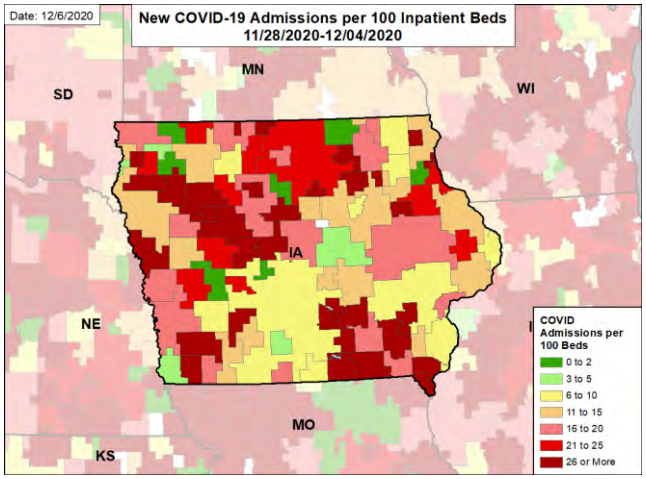
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

IOWA

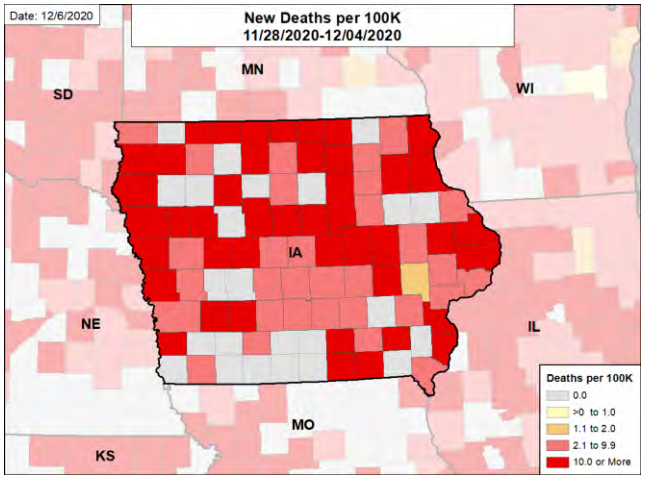
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

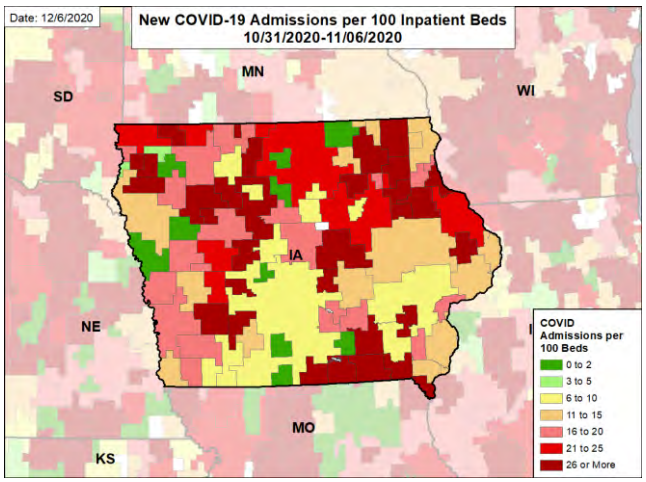
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



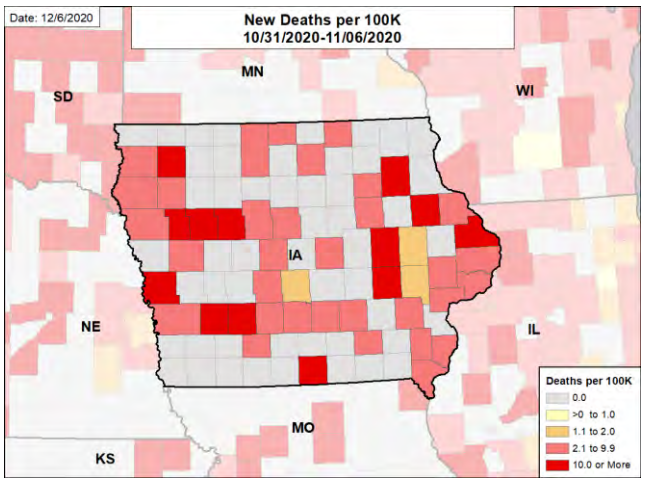
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

KANSAS

SUMMARY

- Kansas is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 12th highest rate in the country. Kansas is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 5th highest rate in the country.
- Kansas has seen stability in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Sedgwick County, 2. Johnson County, and 3. Shawnee County. These counties represent 40.3% of new cases in Kansas.
- 90% of all counties in Kansas have moderate or high levels of community transmission (yellow, orange, or red zones), with 87% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 33% of nursing homes had at least one new resident COVID-19 case, 55% had at least one new staff COVID-19 case, and 19% had at least one new resident COVID-19 death.
- Kansas had 563 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Between Nov 28 - Dec 4, on average, 165 patients with confirmed COVID-19 and 78 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kansas. This is a decrease of 13% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Encouraging signs as cases and new hospital admissions have plateaued; however, these should be viewed very cautiously since PCR testing has decreased by a third over the past week and 55% of nursing homes have at least one positive staff member. There are still very high virus levels across the state; activities that were safe in the summer are not safe now. Keep mitigation efforts high.
- Must increase testing levels to find asymptomatic individuals to remove source of spread.
- Universities must have weekly testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community. Universities who tested all students weekly starting the first week of fall semester saw between 75% and 90% fewer cases than those who did not. For the remaining time in current semester, students must be tested weekly prior to returning home for winter break.
- Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to <25% and closing bars/limiting bar hours until cases and test positivity decrease to the yellow zone.
- Ensure compliance with public health orders, including wearing masks. Ensure full flu immunizations across the state.
- Ensure all hospitals and clinical sites have updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- In Tribal Nations, conduct weekly testing of Tribal communities living on and off the reservation. Test results should be rapid, and isolation and contact tracing conducted immediately. Ensure sufficient facilities for isolation and quarantine with support services.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

KANSAS

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	16,407 (563)	-10%	68,584 (485)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	21.3%	+1.2%*	19.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	59,891** (2,056**)	-26%**	260,078** (1,839**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	257 (8.8)	+116%	1,122 (7.9)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	33%	N/A*†	32%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	55%	N/A*†	51%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	19%	N/A*†	15%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,697 (22)	-13% (-15%)	7,574 (22)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

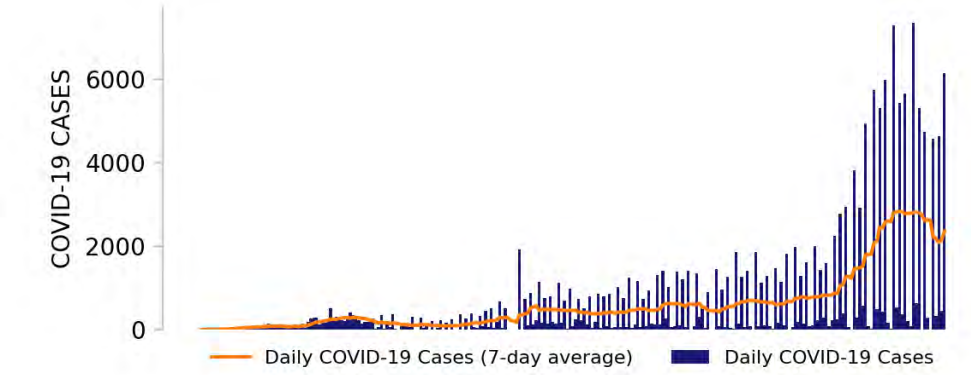
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

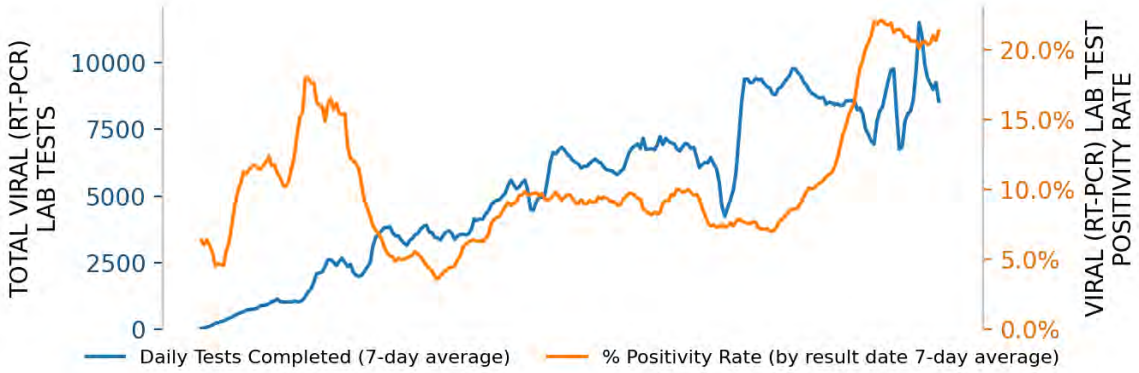
KANSAS

STATE REPORT | 12.06.2020

NEW CASES

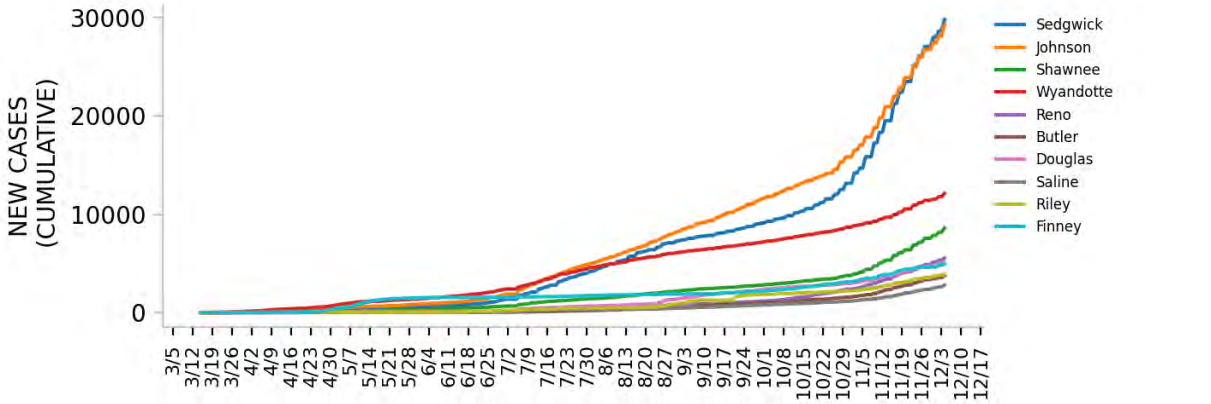


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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 12/4/2020.

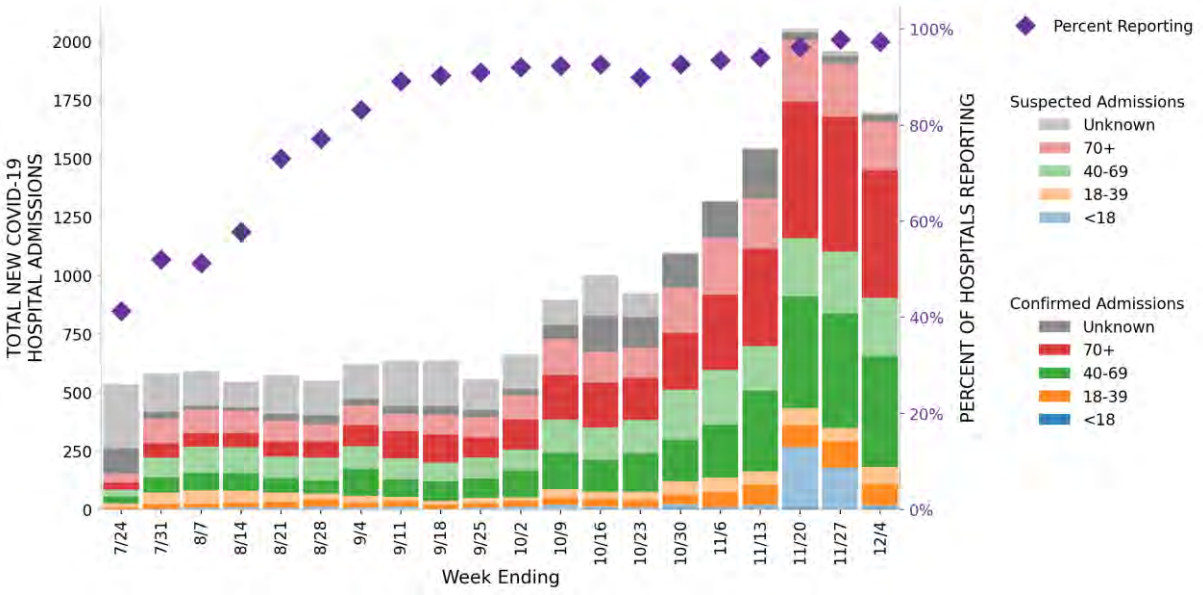
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

KANSAS

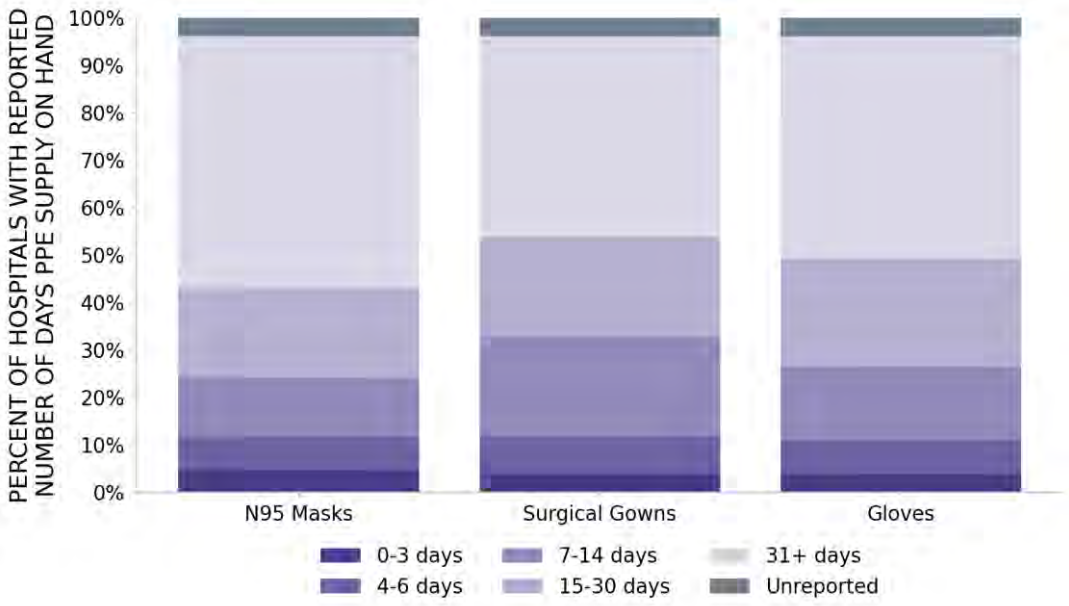
STATE REPORT | 12.06.2020

128 hospitals are expected to report in Kansas

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

KANSAS

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**19** ■ (+0)	Wichita Kansas City Topeka Hutchinson Manhattan Salina Garden City Emporia Hays McPherson Winfield Pittsburg	**91** ▼ (-1)	Sedgwick Johnson Shawnee Wyandotte Reno Butler Saline Riley Finney Lyon Leavenworth Ellis
LOCALITIES IN ORANGE ZONE	**2** ■ (+0)	Lawrence Atchison	**3** ▼ (-2)	Douglas Atchison Logan
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**1** ■ (+0)	Kearny

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

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

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

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

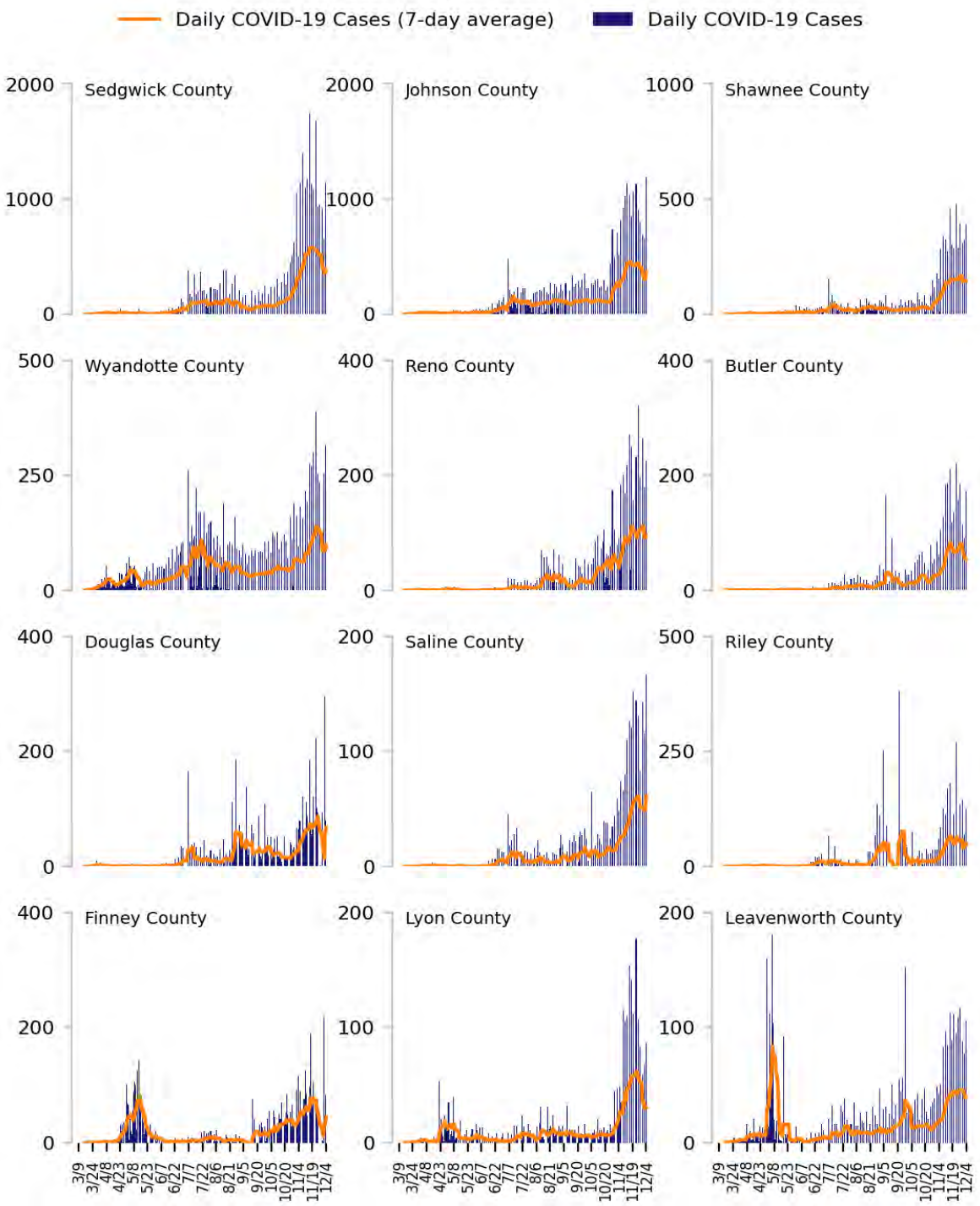
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 12/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

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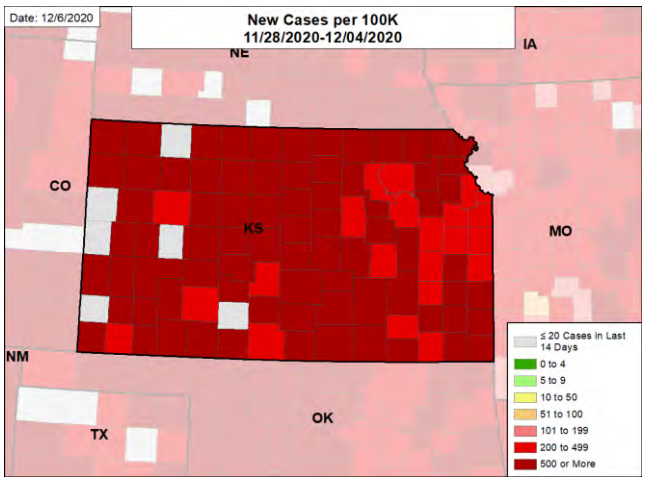
KANSAS

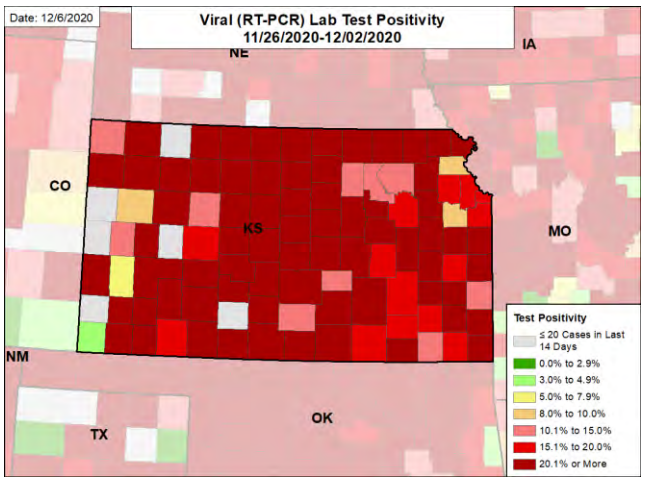
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

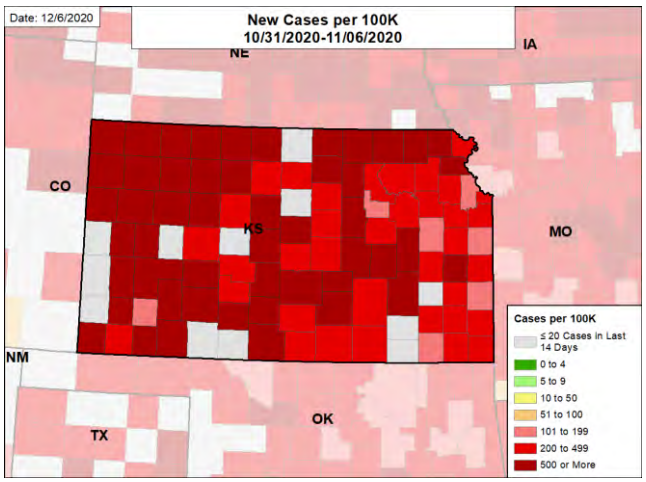
NEW CASES PER 100,000



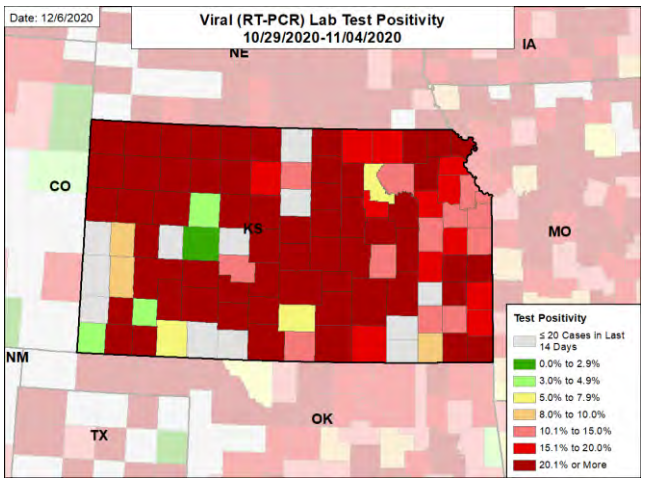
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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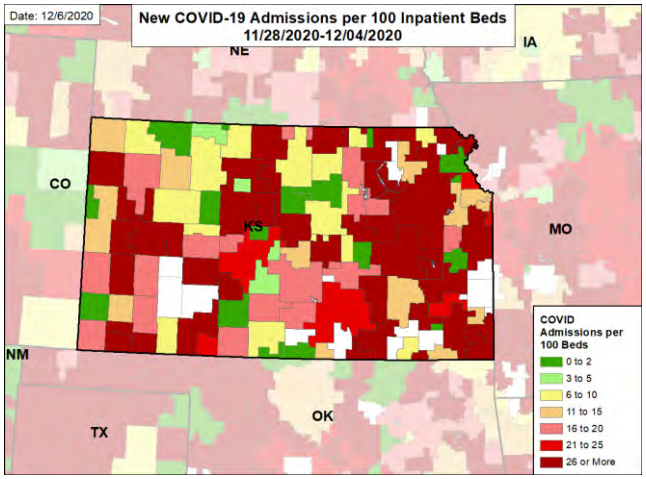
KANSAS

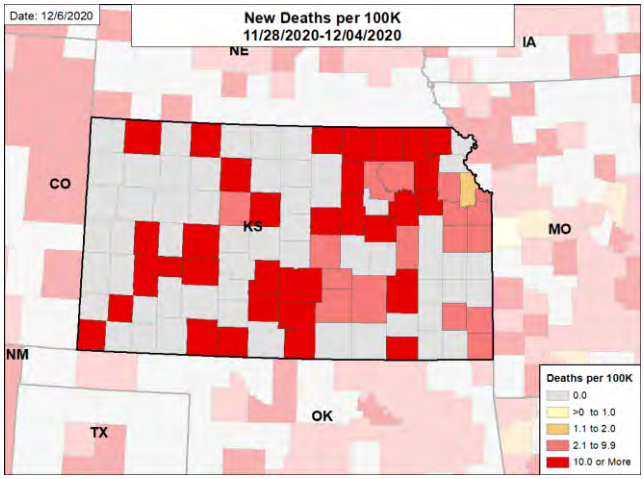
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

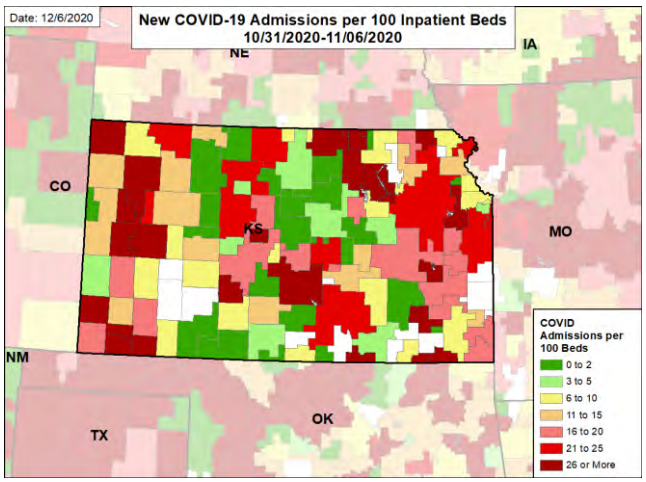
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



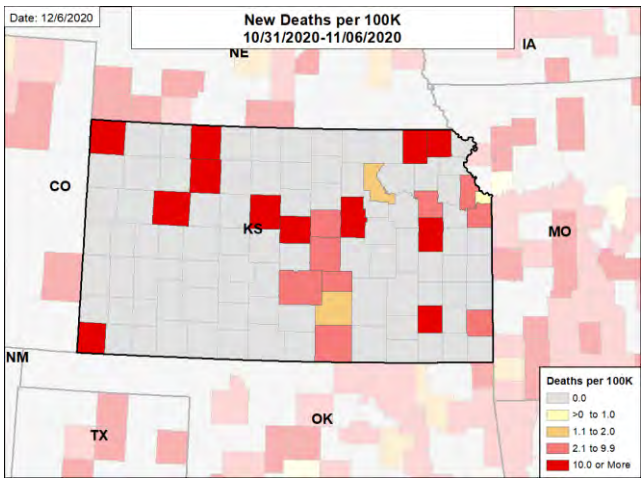
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



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

STATE REPORT
12.06.2020
Issue 25

KENTUCKY

SUMMARY

- Kentucky is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 22nd highest rate in the country. Kentucky is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 17th highest rate in the country.
- Kentucky has seen an increase in new cases and a decrease in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Jefferson County, 2. Fayette County, and 3. Kenton County. These counties represent 30.0% of new cases in Kentucky.
- 97% of all counties in Kentucky have moderate or high levels of community transmission (yellow, orange, or red zones), with 70% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 39% of nursing homes had at least one new resident COVID-19 case, 58% had at least one new staff COVID-19 case, and 12% had at least one new resident COVID-19 death.
- Kentucky had 502 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- The federal government has supported surge testing in Louisville, KY and Lexington, KY.
- Between Nov 28 - Dec 4, on average, 403 patients with confirmed COVID-19 and 117 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kentucky. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Calling on all Kentuckians to use their unbridled spirit to combat the pandemic. The spread is unyielding and impacting all ages across the state.
- Follow the time-limited public health protocols to save lives and support the economy.
- Must maintain high testing levels in targeted geographies and among <40 age groups to find and isolate asymptomatic spread.
- Universities must have weekly testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community. Universities who tested all students weekly starting the first week of fall semester saw between 75% and 90% fewer cases than those who did not. For the remaining time in current semester, students must be tested weekly prior to returning home for winter break.
- Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to <25% and closing bars/limiting bar hours until cases and test positivity decrease to the yellow zone.
- Ensure compliance with public health orders, including wearing masks.
- Ensure all hospitals and clinical sites have updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Ensure full flu immunizations across the state.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

KENTUCKY

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	22,439 (502)	+15%	214,107 (320)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	14.5%	-2.9%*	11.8%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	84,790** (1,898**)	+23%**	1,192,094** (1,782**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	168 (3.8)	+56%	2,117 (3.2)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	39%	N/A*†	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	58%	N/A*†	41%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	12%	N/A*†	9%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,639 (30)	+3% (+4%)	27,764 (18)	148,450 (20)

* Indicates absolute change in percentage points.

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

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

DATA SOURCES – Additional data details available under METHODS

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.

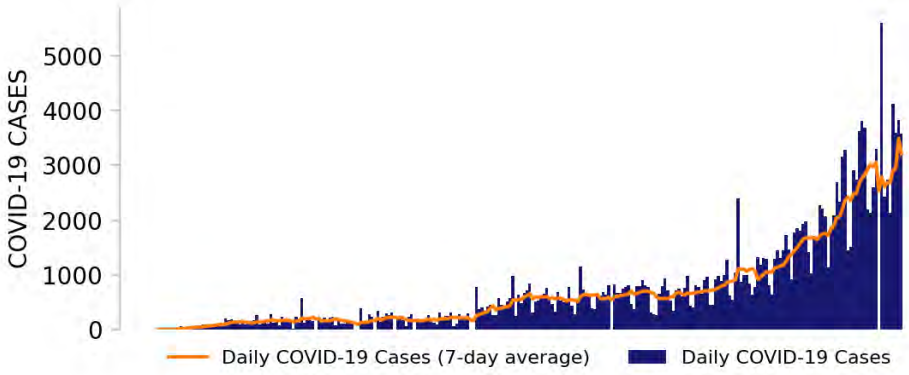
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

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

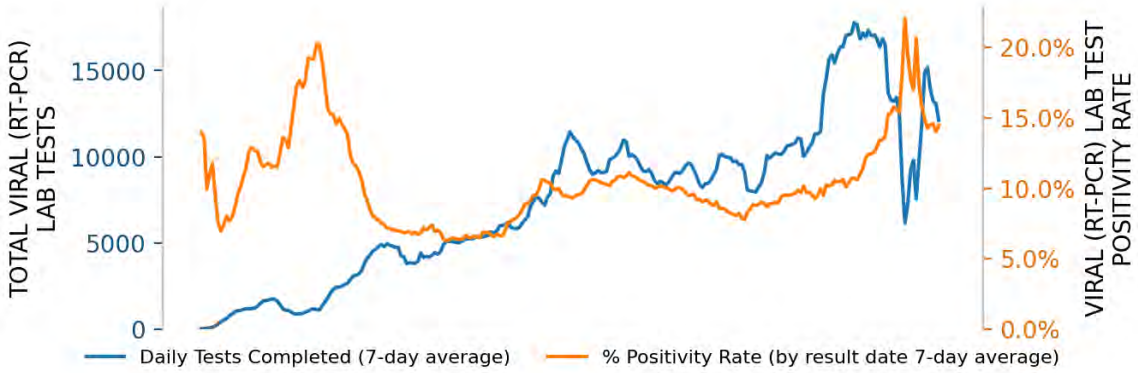
KENTUCKY

STATE REPORT | 12.06.2020

NEW CASES

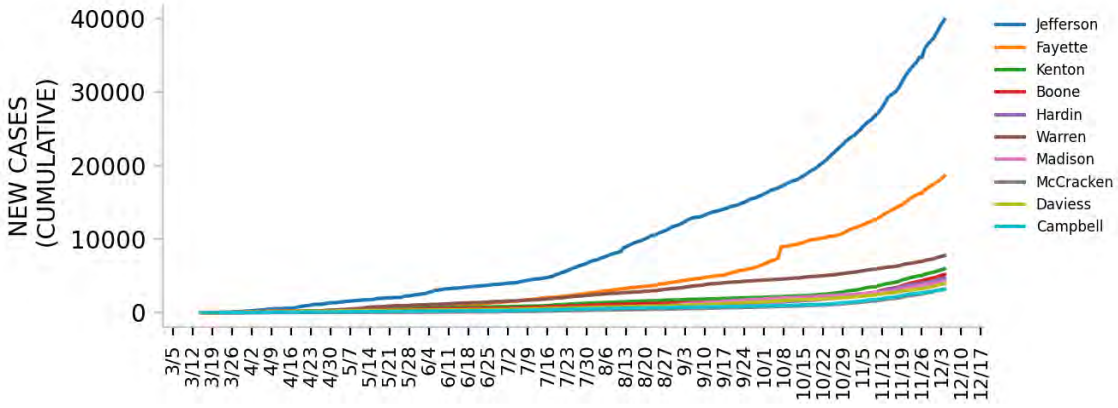


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in 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 12/4/2020.

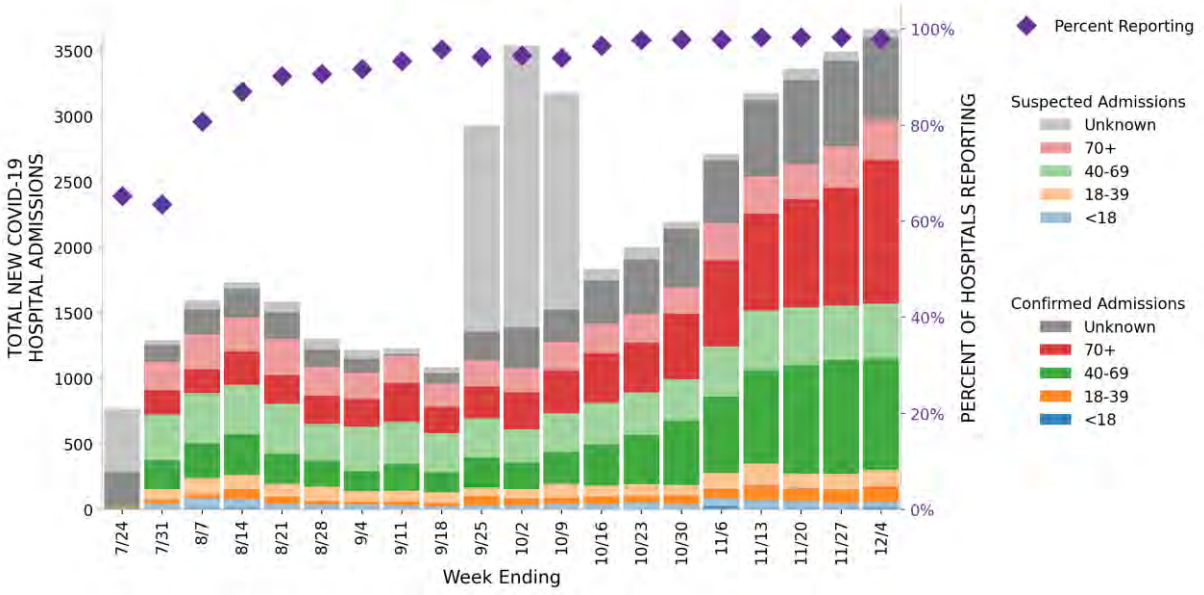
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

KENTUCKY

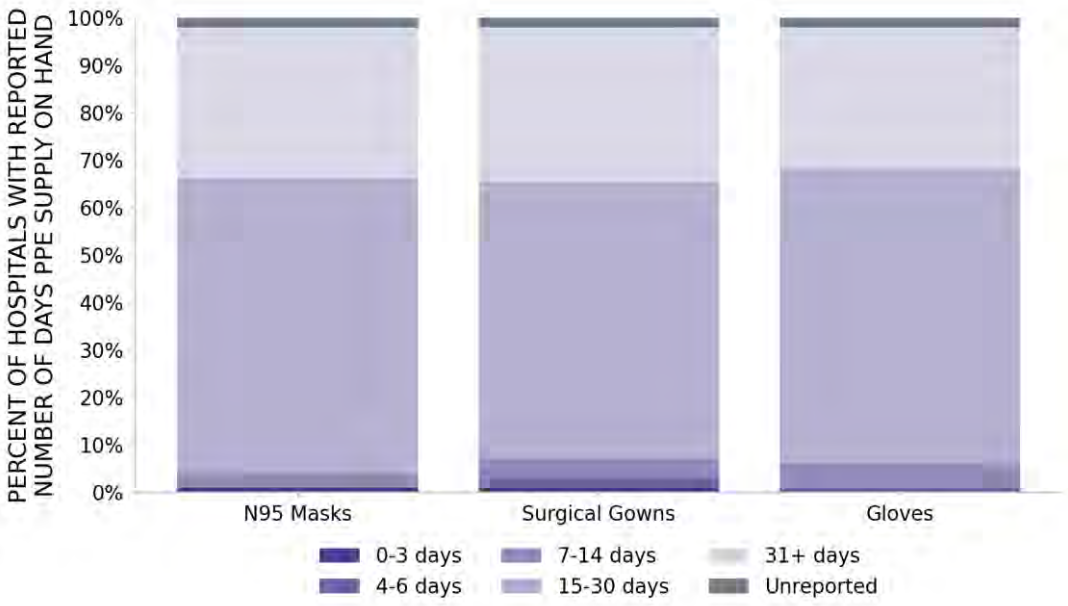
STATE REPORT | 12.06.2020

98 hospitals are expected to report in Kentucky

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

KENTUCKY

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	21 ▲ (+2)	Louisville/Jefferson County Lexington-Fayette Cincinnati Bowling Green Elizabethtown-Fort Knox Huntington-Ashland London Paducah Owensboro Richmond-Berea Clarksville Danville	84 ▲ (+3)	Fayette Kenton Boone Hardin Warren Madison McCracken Daviess Campbell Bullitt Boyd Oldham
LOCALITIES IN ORANGE ZONE	2 ▼ (-1)	Frankfort Middlesborough	21 ▲ (+2)	Jefferson Whitley Scott Rowan Logan Bell Wayne Anderson Larue Harrison Edmonson Letcher
LOCALITIES IN YELLOW ZONE	2 ▼ (-1)	Glasgow Somerset	11 ▼ (-4)	Christian Pulaski Barren Meade Monroe Breathitt Leslie Todd Lyon Crittenden Cumberland

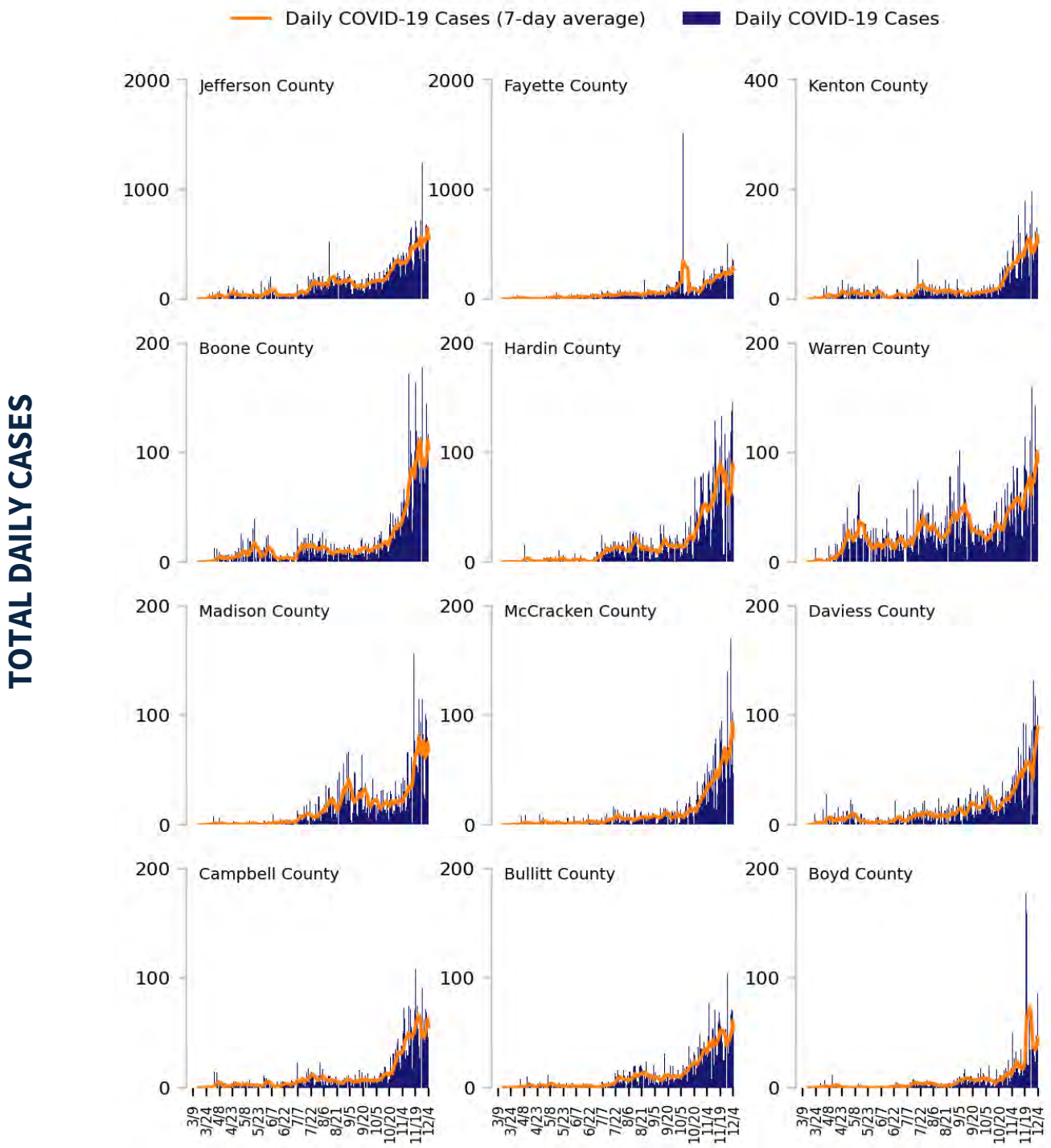
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

*** 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 12/4/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

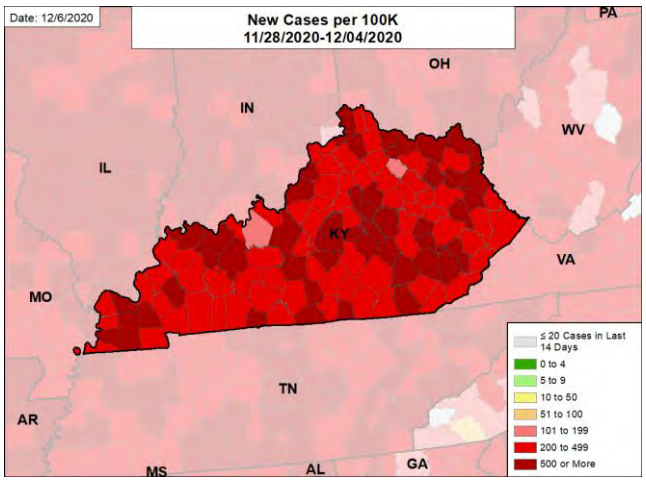
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

KENTUCKY

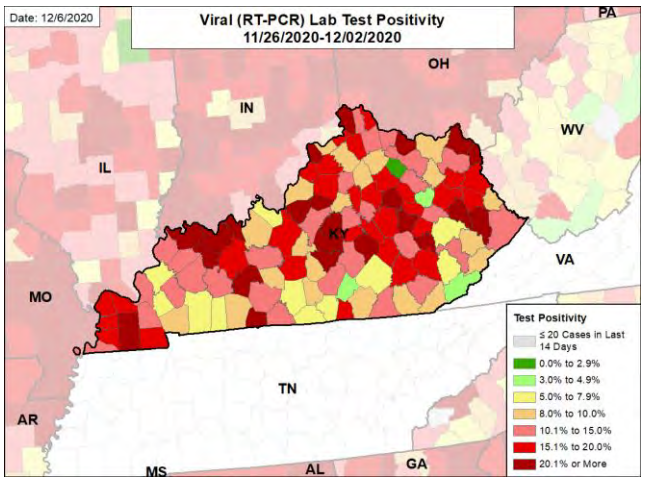
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

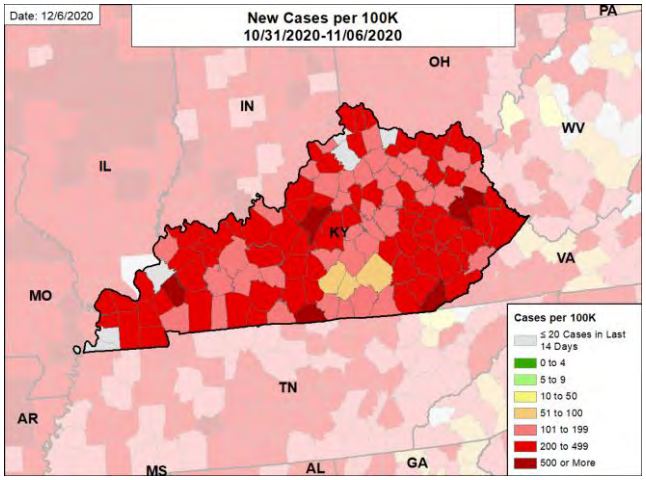
NEW CASES PER 100,000



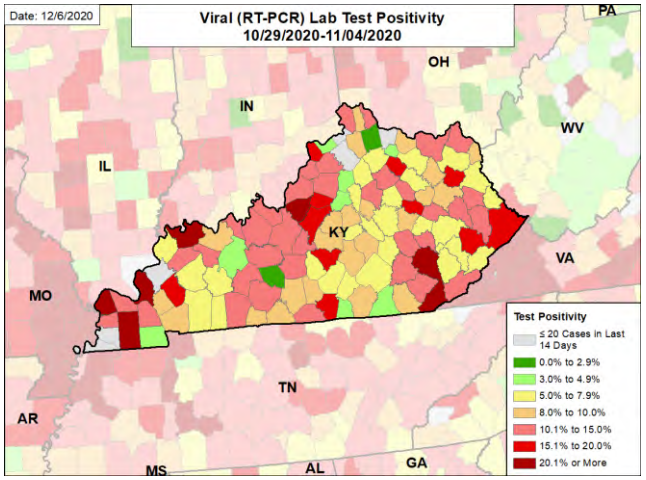
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

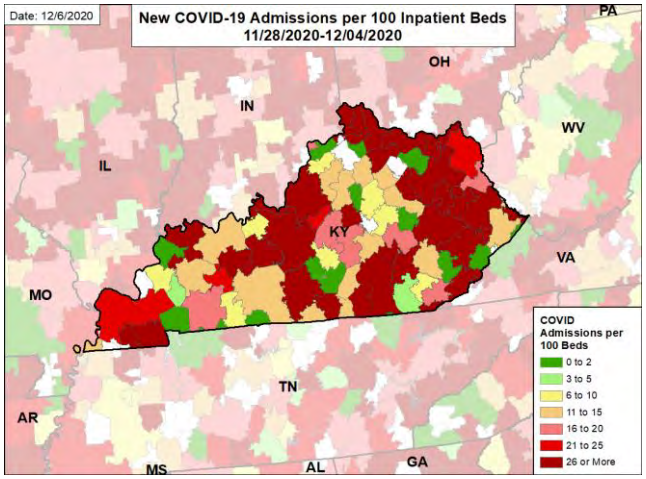
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

KENTUCKY

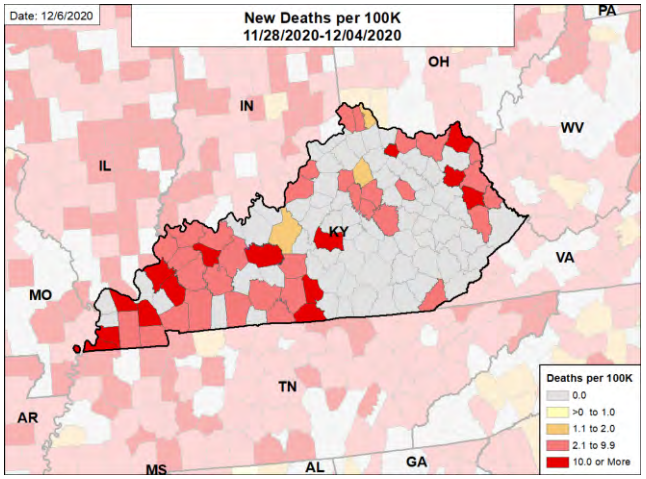
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

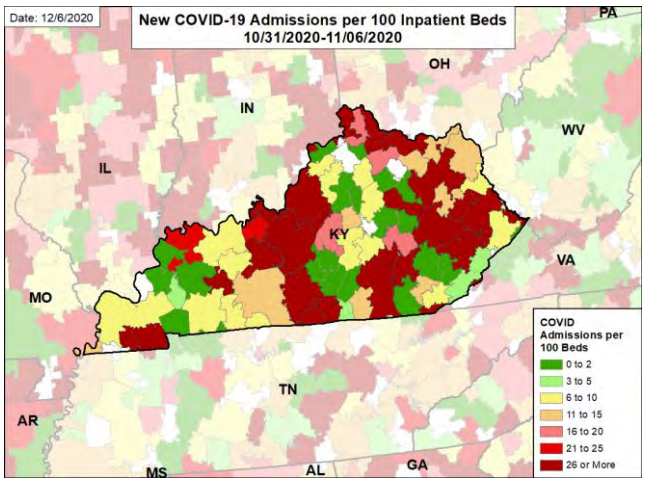
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



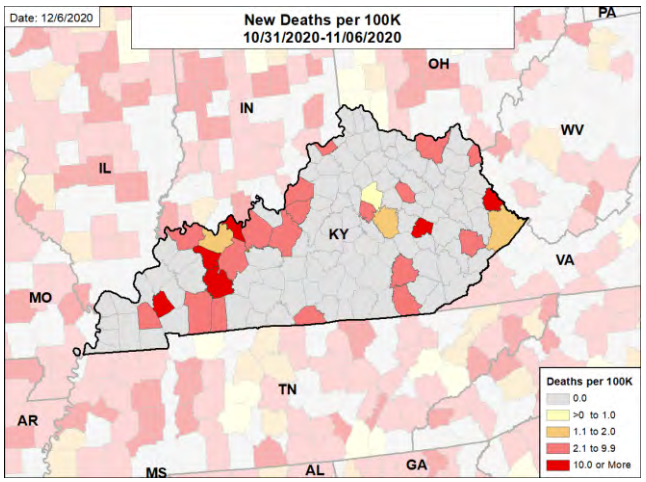
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

LOUISIANA

SUMMARY

- Louisiana is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 33rd highest rate in the country. Louisiana is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 31st highest rate in the country.
- Louisiana has seen an increase in new cases, an increase in test positivity, and increasing hospitalizations and deaths.
- The following three parishes had the highest number of new cases over the last 3 weeks: 1. Jefferson Parish, 2. East Baton Rouge Parish, and 3. Caddo Parish. These parishes represent 22.5% of new cases in Louisiana.
- 95% of all parishes in Louisiana have moderate or high levels of community transmission (yellow, orange, or red zones), with 69% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 22% of nursing homes had at least one new resident COVID-19 case, 46% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Louisiana had 357 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA and 45 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 174 patients with confirmed COVID-19 and 32 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Louisiana. This is an increase of 18% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- All public health officials must make it clear that if you are over 65 or have significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected during the Thanksgiving period if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested immediately. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are at significant risk for serious COVID infection; if you develop any symptoms you must be tested immediately as the majority of therapeutics work best early in infection. **Begin warning about any gathering during December holidays.**
- Aggressive testing must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity or closure of public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals.
- Proactive weekly testing of groups representative of the community (teachers, community college students, parish workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- New hospital admissions in Louisiana continue to increase. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased hospitalizations and fatalities.
- Contact all hospitals reporting <1 week's supply to confirm data; contact the regional FEMA office for support if supplies are an issue.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate continued and unmitigated community spread in these geographic locations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

LOUISIANA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	16,597 (357)	+20%	156,138 (366)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.9%	+3.3%*	13.5%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	108,166** (2,327**)	-23%**	763,358** (1,787**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	158 (3.4)	+1%	1,819 (4.3)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	22%	N/A*†	22%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	46%	N/A*†	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	N/A*†	10%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,439 (11)	+18% (+19%)	19,037 (21)	148,450 (20)

* Indicates absolute change in percentage points.

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

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.

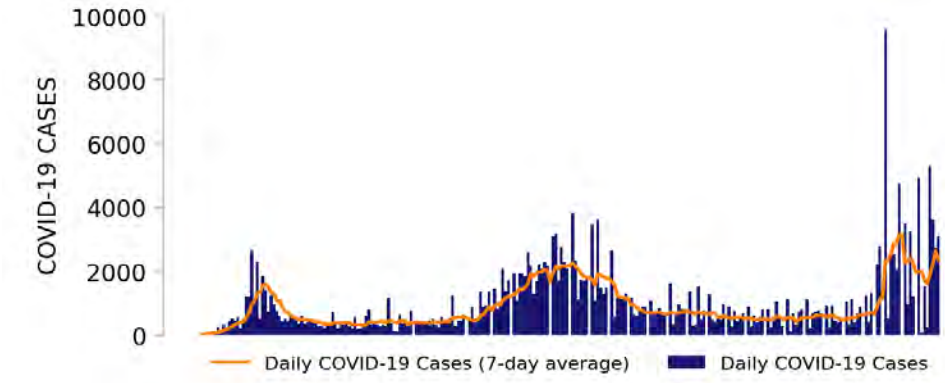
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

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

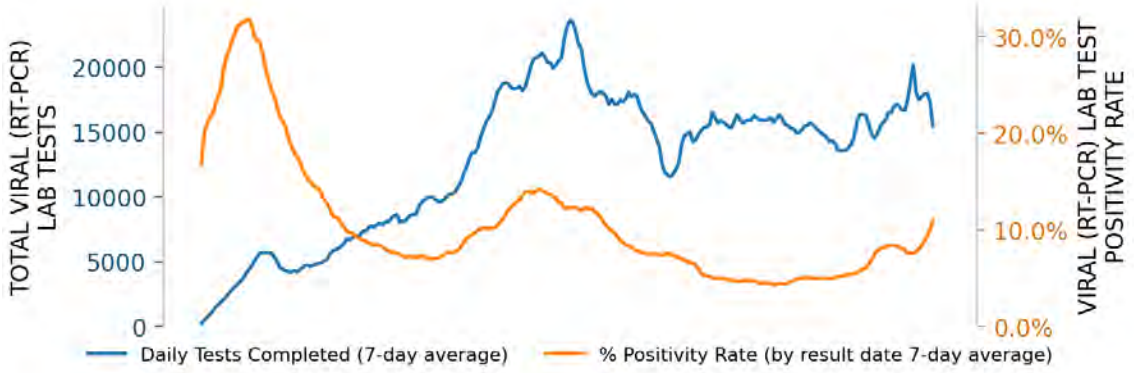
LOUISIANA

STATE REPORT | 12.06.2020

NEW CASES

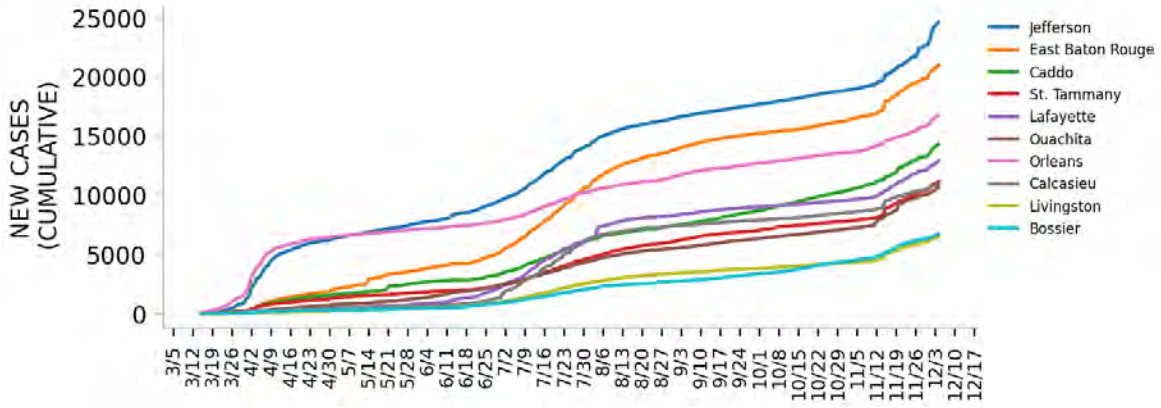


TESTING



TOP PARISHES

Top parishes based on greatest number of new cases in last three weeks (11/14 - 12/4)



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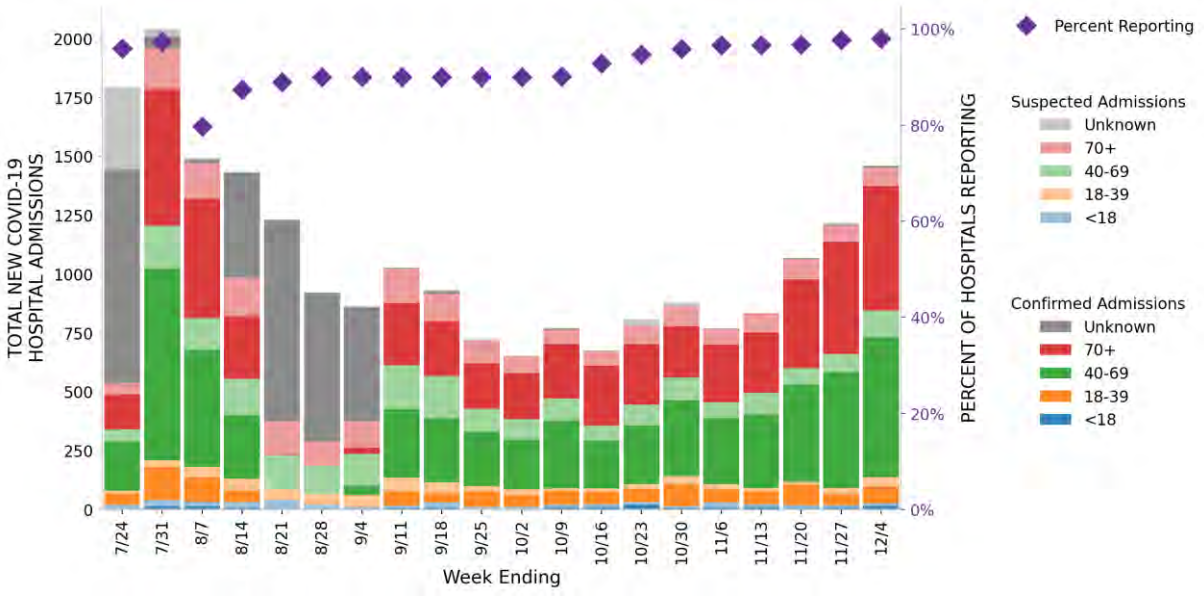
LOUISIANA

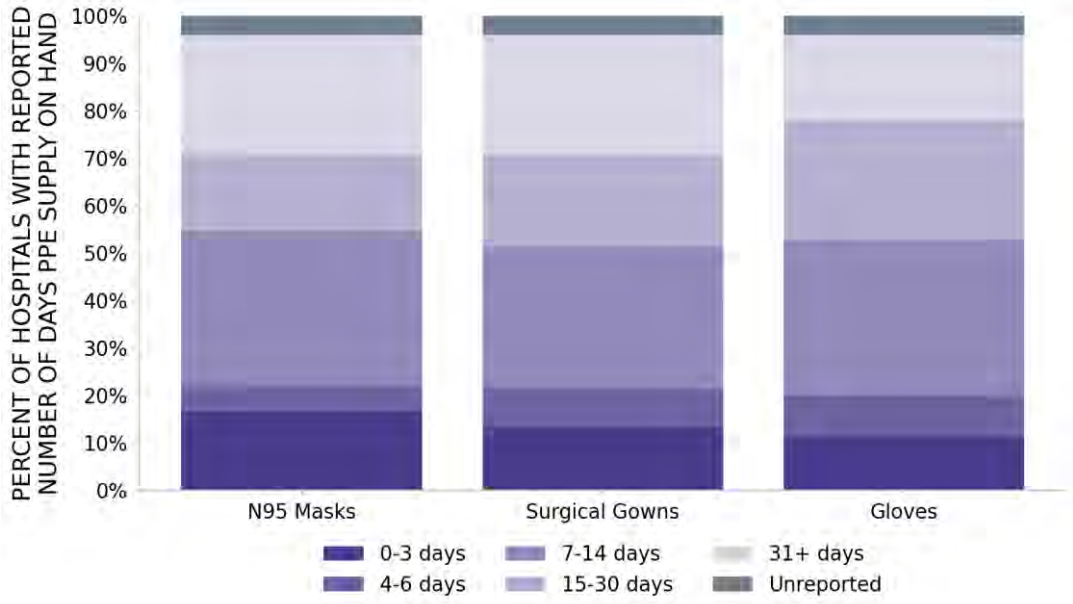
STATE REPORT | 12.06.2020

150 hospitals are expected to report in Louisiana

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

LOUISIANA

STATE REPORT | 12.06.2020

COVID-19 PARISH AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		PARISHES	
LOCALITIES IN RED ZONE	**14** ▲ (+4)	Baton Rouge Lafayette Monroe Lake Charles Hammond Houma-Thibodaux Opelousas Ruston Bogalusa Minden Jennings Natchez	**44** ▲ (+15)	Jefferson East Baton Rouge St. Tammany Lafayette Ouachita Calcasieu Livingston Tangipahoa Ascension St. Landry Lafourche Lincoln
LOCALITIES IN ORANGE ZONE	**2** ▼ (-2)	New Orleans-Metairie Shreveport-Bossier City	**5** ▼ (-10)	Caddo Terrebonne LaSalle Grant Bienville
LOCALITIES IN YELLOW ZONE	**3** ▼ (-2)	Alexandria Natchitoches Morgan City	**12** ▼ (-2)	Orleans Bossier Rapides Natchitoches Avoyelles St. John the Baptist St. Mary St. Bernard Jackson Allen Assumption Red River

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

All Red CBSAs: Baton Rouge, Lafayette, Monroe, Lake Charles, Hammond, Houma-Thibodaux, Opelousas, Ruston, Bogalusa, Minden, Jennings, Natchez, Fort Polk South, DeRidder

All Red Parishes: Jefferson, East Baton Rouge, St. Tammany, Lafayette, Ouachita, Calcasieu, Livingston, Tangipahoa, Ascension, St. Landry, Lafourche, Lincoln, St. Charles, Acadia, Iberia, Washington, Morehouse, Webster, Iberville, Evangeline, Sabine, St. Martin, Vermilion, Richland, Jefferson Davis, Concordia, West Baton Rouge, Plaquemines, Vernon, Franklin, Pointe Coupee, West Carroll, Beauregard, Winn, Union, Caldwell, De Soto, East Carroll, Madison, Catahoula, St. James, St. Helena, West Feliciana, Cameron

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

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

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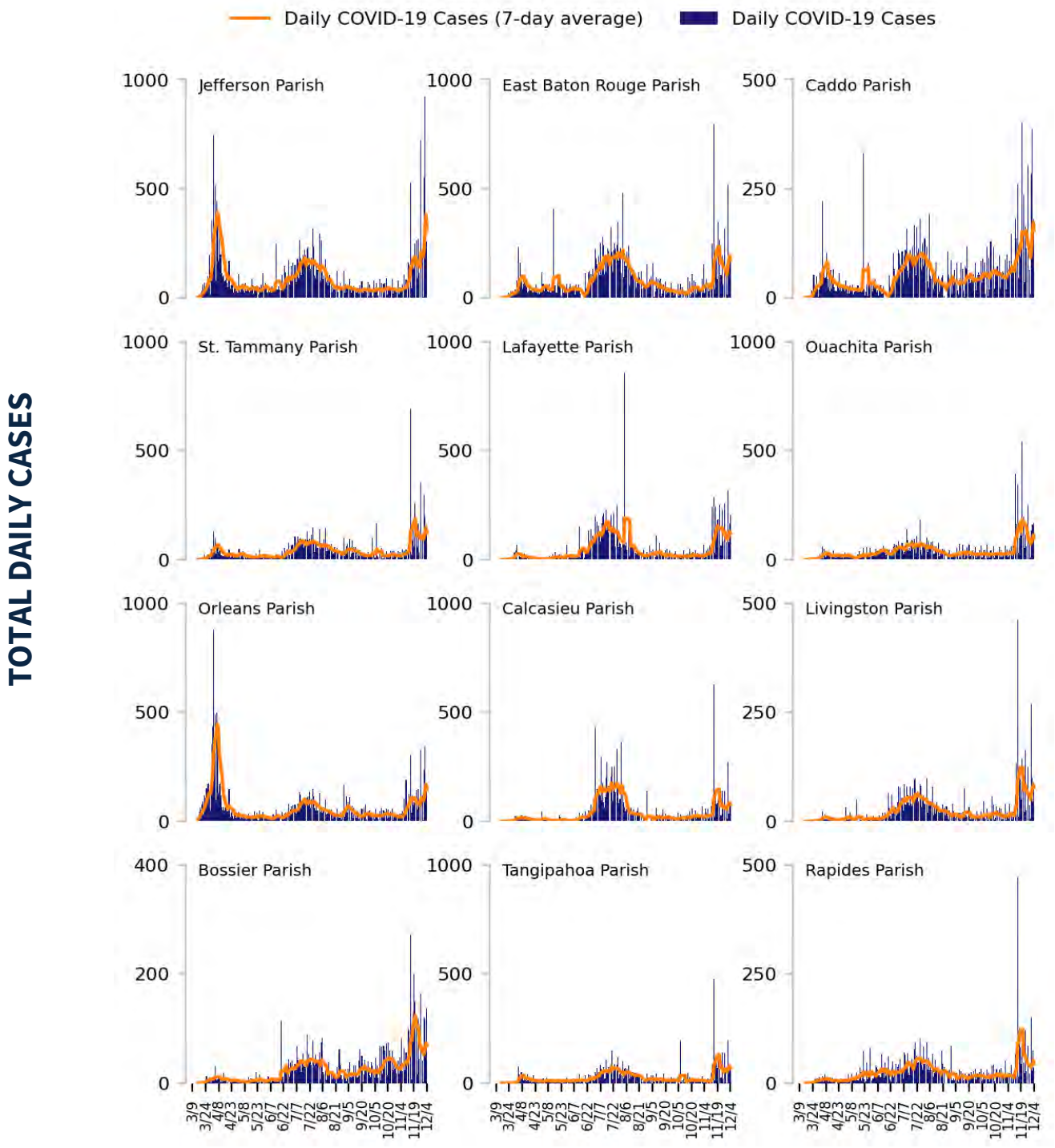
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



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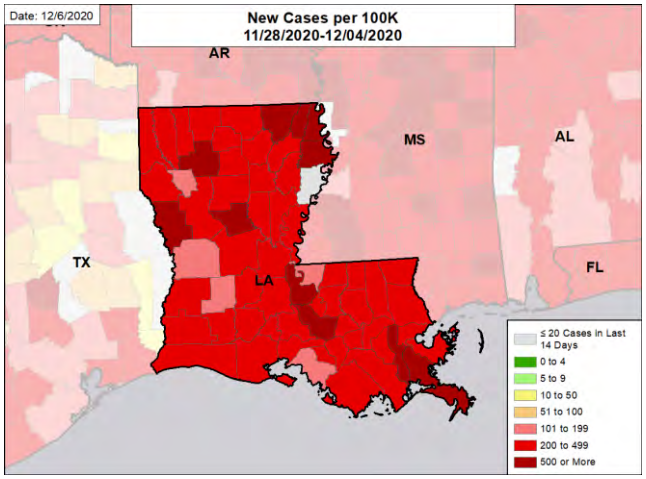
LOUISIANA

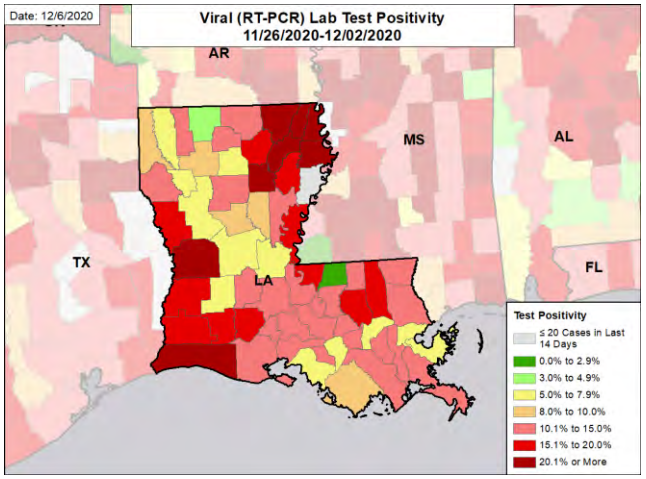
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

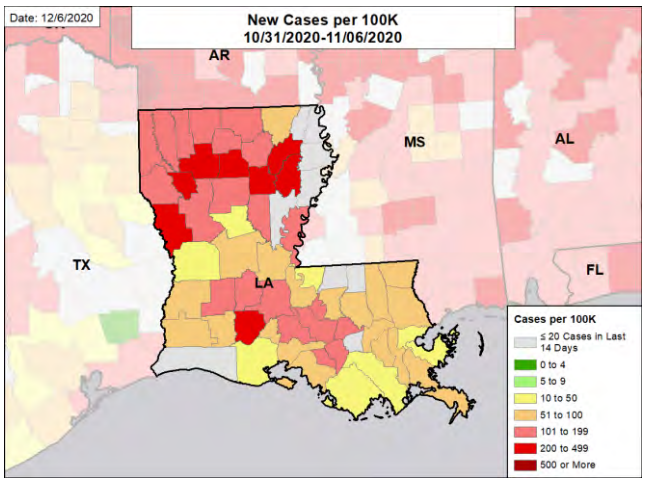
NEW CASES PER 100,000



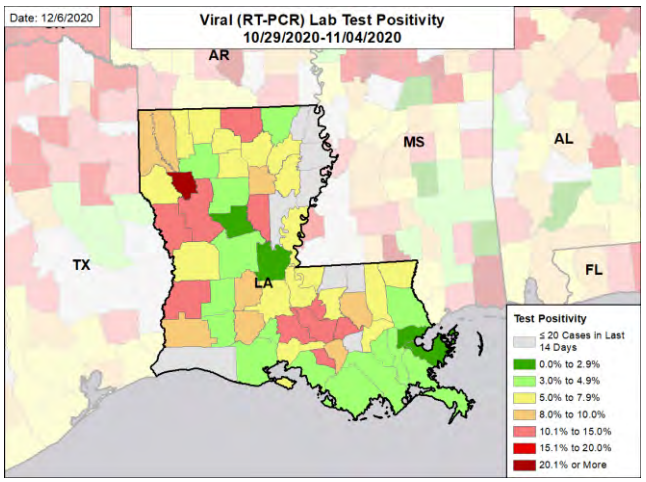
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

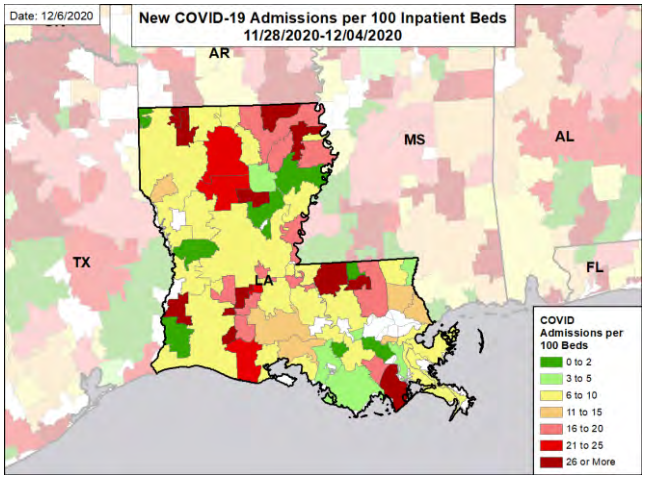
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

LOUISIANA

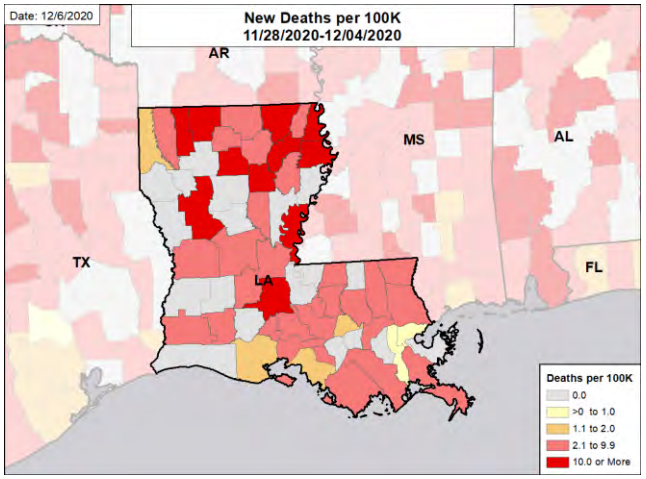
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

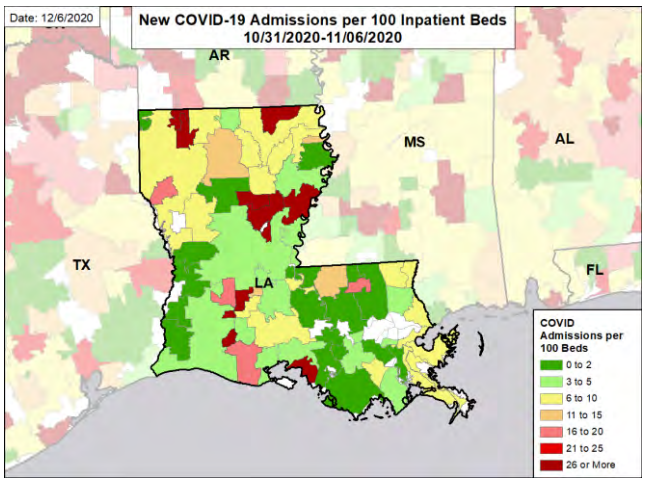
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



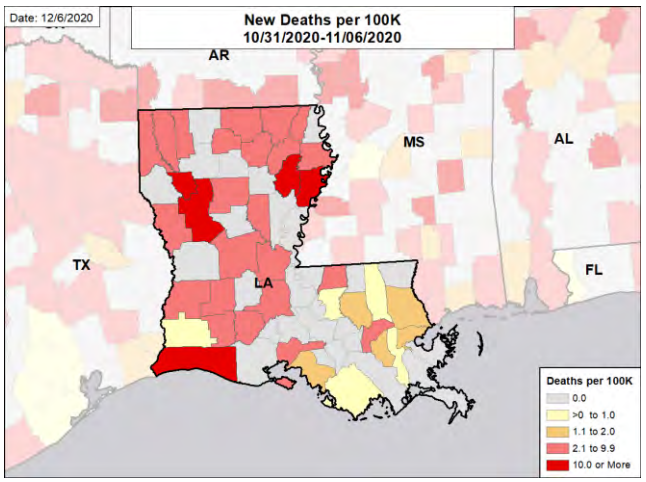
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

MAINE

SUMMARY

- Maine is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 50th highest rate in the country. Maine is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 46th highest rate in the country.
- Maine has seen an increase in new cases and an increase in test positivity; test positivity was >5% in Penobscot, Kennebec, Androscoggin, Waldo, and Oxford.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Cumberland County, 2. York County, and 3. Penobscot County. These counties represent 53.1% of new cases in Maine.
- 25% of all counties in Maine have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- Inpatient bed and ICU bed utilization were approximately 90% in the Bangor Hospital Service Area.
- During the week of Nov 23 - Nov 29, 8% of nursing homes had at least one new resident COVID-19 case, 10% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- Maine had 117 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA.
- Between Nov 28 - Dec 4, on average, 18 patients with confirmed COVID-19 and 31 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maine. This is an increase of 19% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Mainers should be encouraged to report businesses that are not compliant with requirements for face masks and social distancing, and there should be clear protocols across the state for health authorities to intervene and enforce these requirements.
- Surveillance should be greatly expanded through regular quantitative wastewater testing and proactive weekly testing of persons at higher risk, regardless of symptoms, using point-of-care antigen tests. This surveillance should direct focused surge-testing campaigns.
- Instructions for quarantine and isolation should be given at the time of testing and posted on all test locator websites; given the increasing transmission, all persons who are testing should be told to quarantine until results are returned, with an additional 8-9 days of isolation if results are positive.
- Contact tracing remains a critical intervention and should be expanded as previously described to keep up with the number of cases; consider methods to automate counseling, contact elicitation, and instructions for isolation and quarantine by email or text messaging.
- Maintain saturation of all media platforms on the risks of social gatherings, the clear recommendation to avoid such gatherings, the critical need for face masks and social distancing, and instructions on how to report non-compliance of local businesses.
- Ensure all hospitals and clinical sites have updated clinical protocols, telehealth and remote clinical support, and maximized access to medications and supplies.
- Develop outpatient infusion centers to support medical interventions when hospital capacity is strained and as resources and outpatient protocols expand treatment options. When monoclonal antibodies are available, they should be directed proportionately to communities and individuals at highest risk for disease progression.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

MAINE

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	1,579 (117)	+21%	57,600 (388)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.2%	+1.5%*	6.3%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	36,522** (2,717**)	-12%**	677,714** (4,565**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	34 (2.5)	+100%	607 (4.1)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	8%	N/A*†	19%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	10%	N/A*†	32%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	N/A*†	7%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	339 (12)	+19% (+20%)	4,876 (14)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

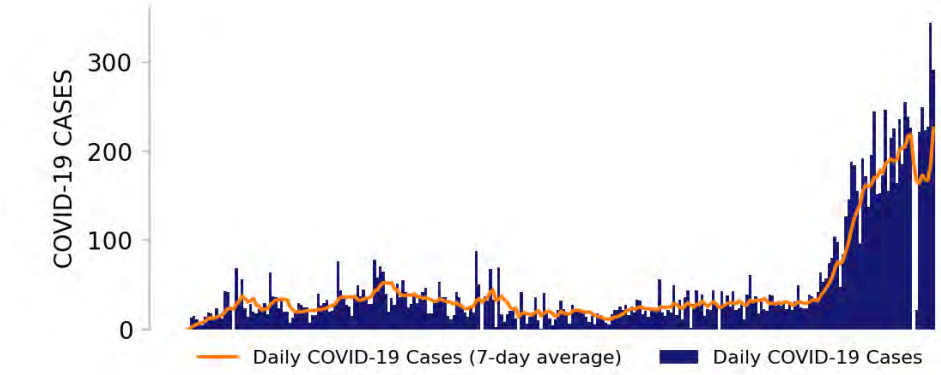
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

MAINE

STATE REPORT | 12.06.2020

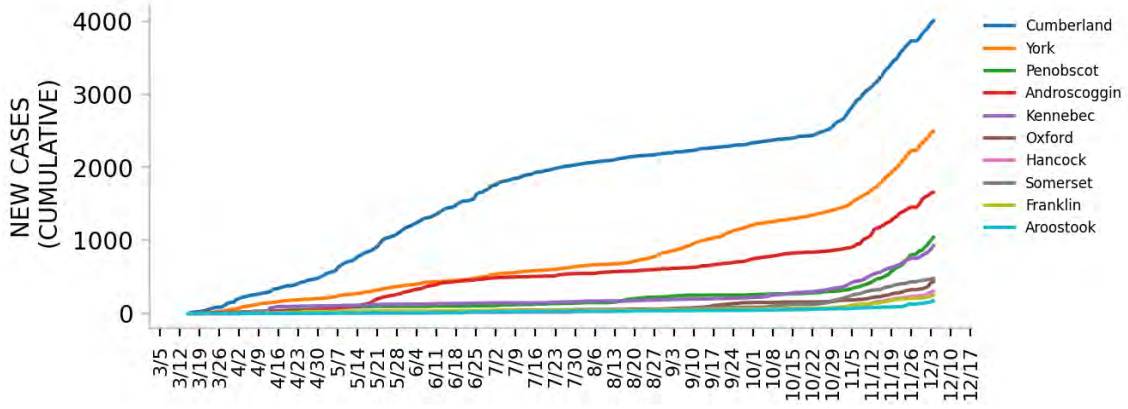
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in 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 12/4/2020.

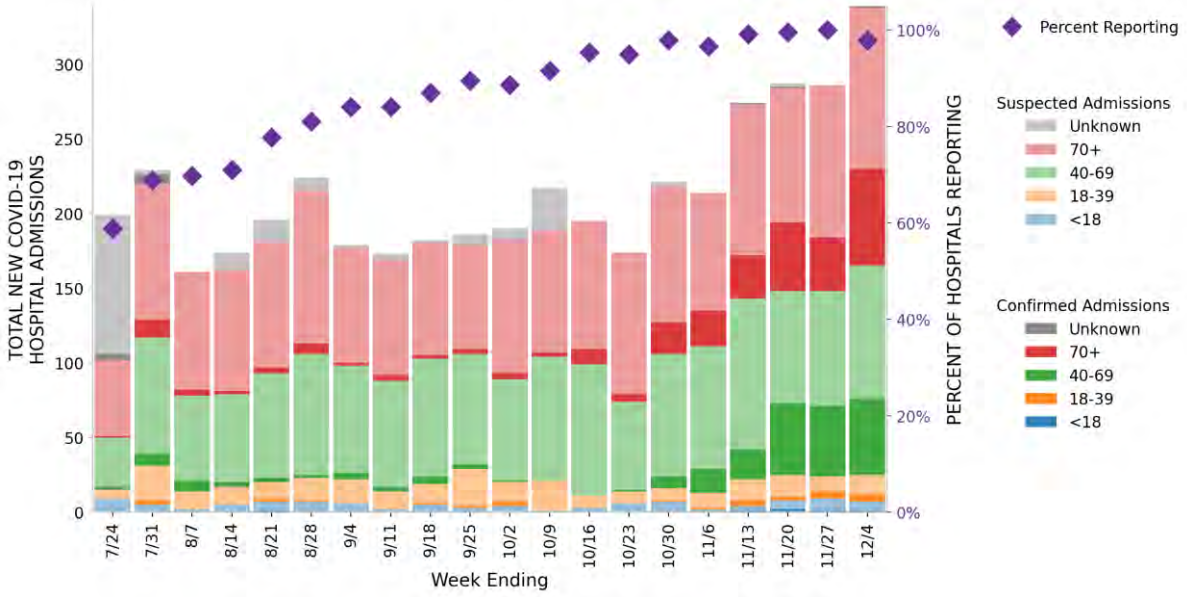
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/2/2020.

MAINE

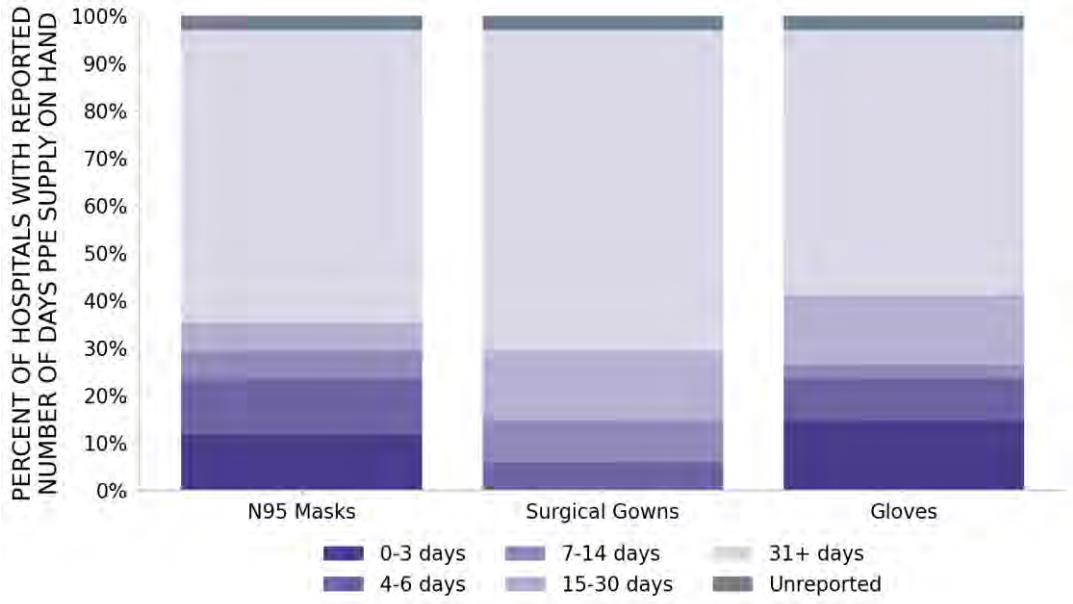
STATE REPORT | 12.06.2020

34 hospitals are expected to report in Maine

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

MAINE

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**0** ■ (+0)	N/A	**0** ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**0** ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	**4** ▲ (+2)	Portland-South Portland Bangor Lewiston-Auburn Augusta-Waterville	**4** ▲ (+2)	Cumberland Penobscot Androscoggin Kennebec

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

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

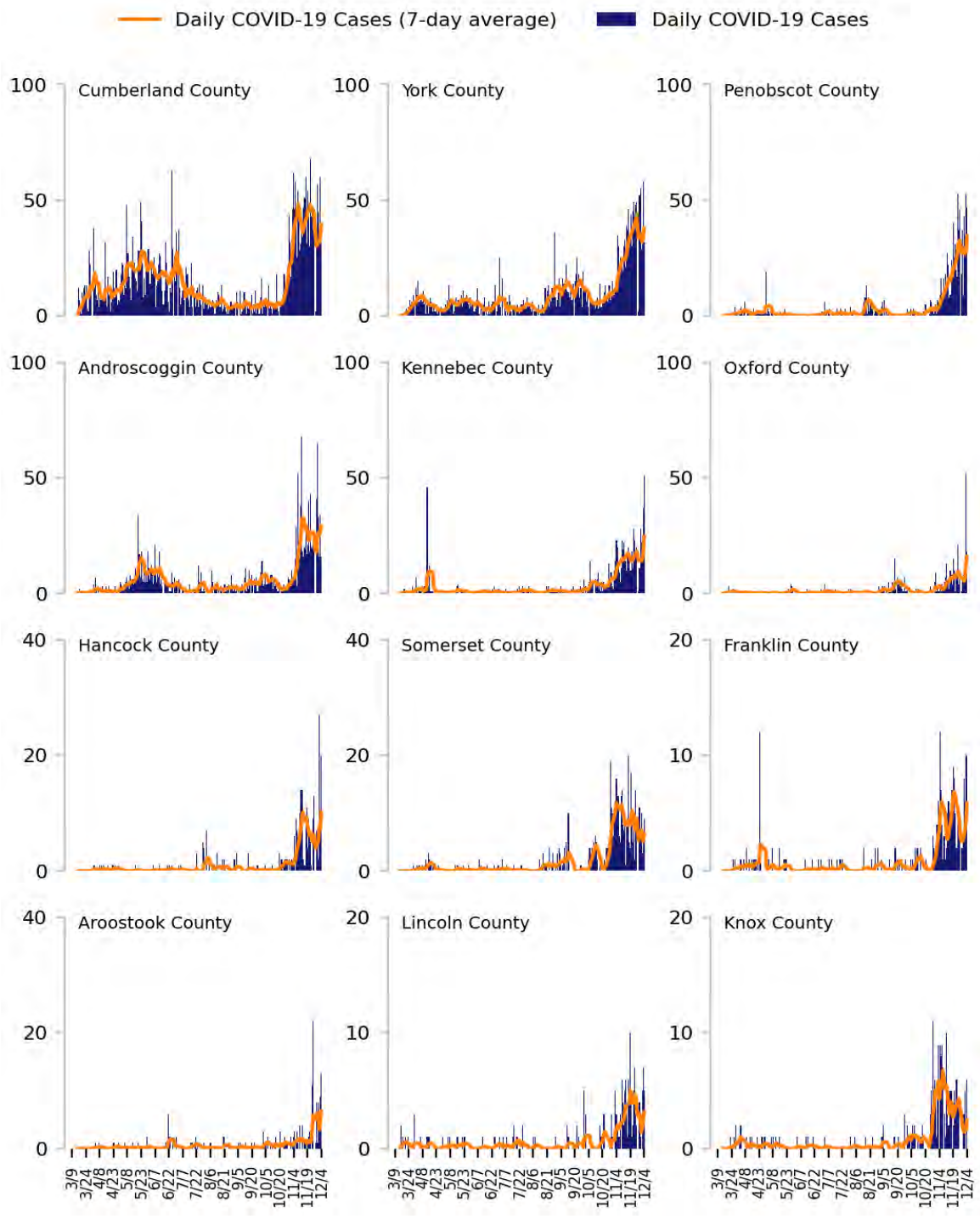
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 12/4/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

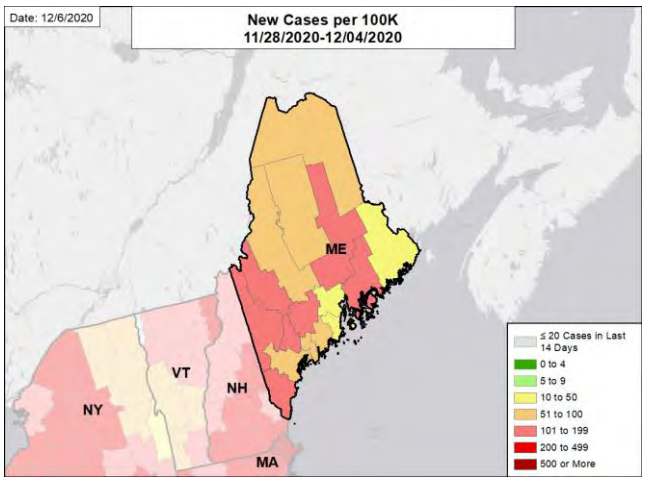
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

MAINE

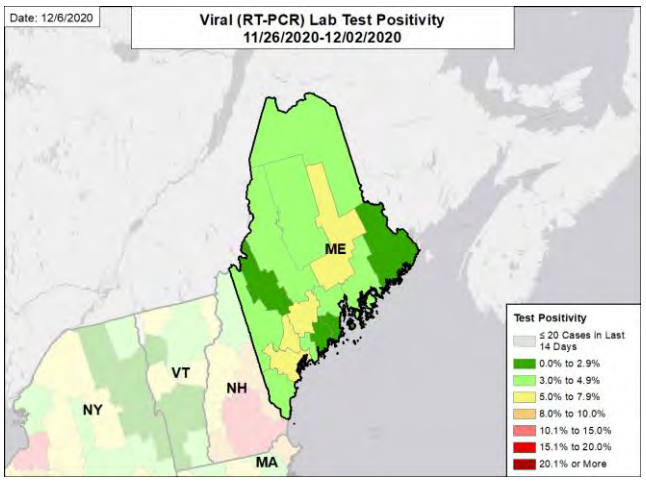
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

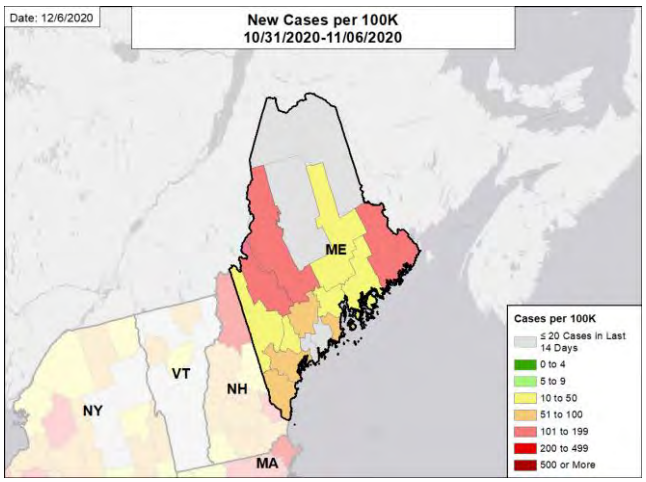
NEW CASES PER 100,000



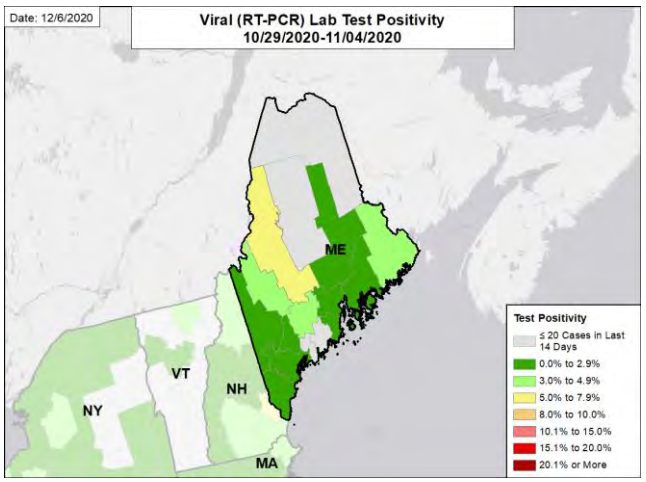
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

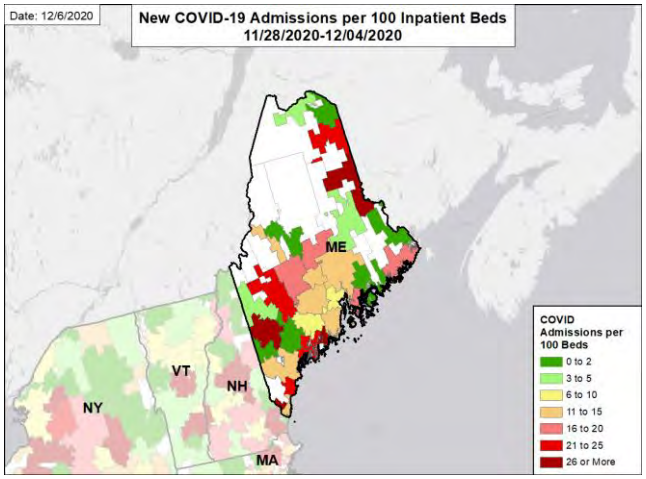
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/2/2020. The week one month before is 10/29 - 11/4.

MAINE

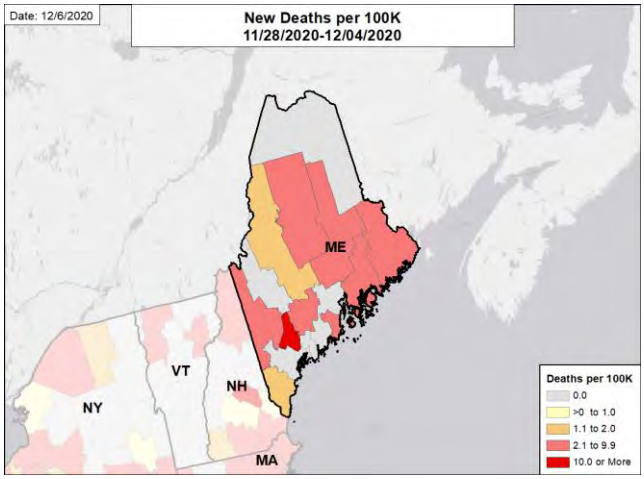
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

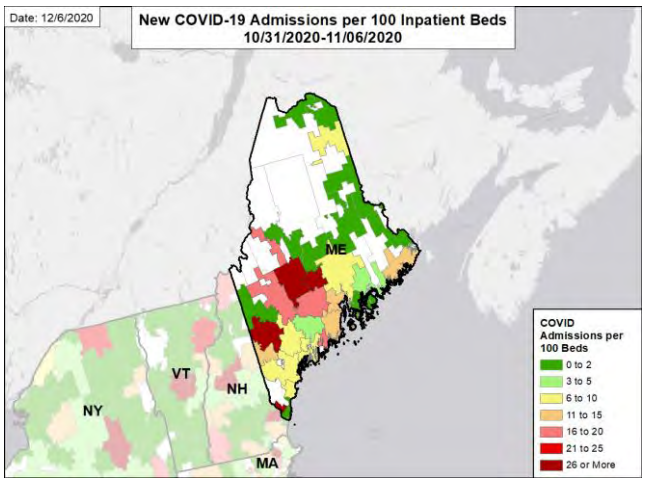
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



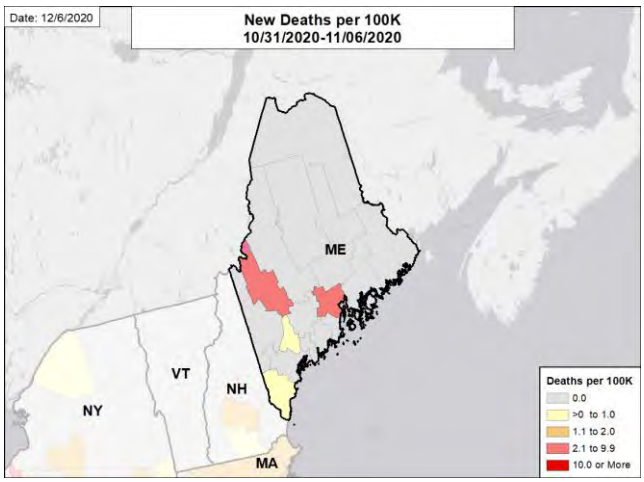
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

MARYLAND

SUMMARY

- Maryland is showing signs of a sustained viral surge. The average daily number of cases exceeded 2,300 last week. Maryland is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 42nd highest rate in the country. Maryland is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 37th highest rate in the country.
- Maryland has seen stability in new cases and an increase in test positivity. Hospitalizations and deaths continued to increase. The Governor announced a series of actions to mobilize a medical staffing surge and make surge capacity adjustments to hospitals.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Prince George's County, 2. Baltimore County, and 3. Montgomery County. These counties represent 44.3% of new cases in Maryland.
- Mitigation: New coronavirus restrictions on a variety of businesses and institutions took effect on Nov 20. The state's compliance teams reported a high degree of compliance among business after Thanksgiving with ~87% of inspected businesses meeting standards.
- 100% of all counties in Maryland have moderate or high levels of community transmission (yellow, orange, or red zones), with 25% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 21% of nursing homes had at least one new resident COVID-19 case, 41% had at least one new staff COVID-19 case, and 13% had at least one new resident COVID-19 death.
- Maryland had 270 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 15 to support operations activities from FEMA; 13 to support operations activities from ASPR; and 14 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 227 patients with confirmed COVID-19 and 304 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maryland. This is an increase of 8% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- We share the strong concern of Maryland's leaders that the current situation continues to be critical with more favorable outcomes dependent on the collective effort of Maryland's residents. The population and healthcare system must do everything possible to limit further holiday-related disease surges and prevent overrunning hospital capacity and avoidable deaths. Currently, the imminent arrival of vaccines provides hope; however, large-scale benefits of lower deaths and hospitalizations will only come after months of immunization. Difficult but temporary changes in personal behavior are key to limiting disease and death until we bring the pandemic to an end with immunization; this messaging must be delivered frequently and by all effective modalities. The Governor's continued, personal communication on these measures is commended.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. Ensure support for a platform for efficient intra- and inter-state patient transfers as needed.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of COVID-19 risk factors. Work with healthcare institutions to ensure capacity for outpatient infusion is accessible to COVID-19 patients who may benefit from IV therapies that could limit morbidity and hospitalizations.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Given continuing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines including masks and utilize Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities returning to campus after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Continue preparations for the delivery and distribution of vaccines including by identifying the staffing capabilities and needs of local health departments and local jurisdictions and preparing for state-supported augmentation of staff and subject matter expertise to ensure timely and safe operations. Provide clear and concise messaging across the response community on the prioritization of vaccinations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

MARYLAND

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	16,333 (270)	+4%	101,174 (328)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.2%	+1.6%*	11.7%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	169,851** (2,809**)	-16%**	771,718** (2,501**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	231 (3.8)	+42%	1,353 (4.4)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	21%	N/A*†	27%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	41%	N/A*†	50%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	13%	N/A*†	12%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,717 (37)	+8% (+10%)	17,950 (26)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

DATA SOURCES – Additional data details available under METHODS

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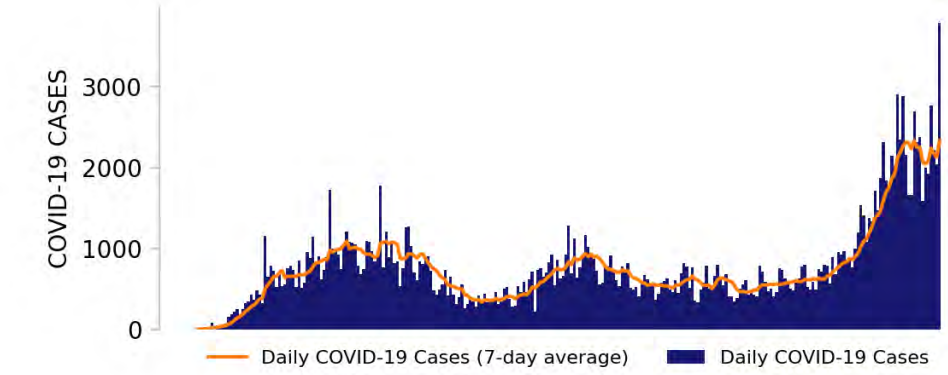
MARYLAND

STATE REPORT | 12.06.2020

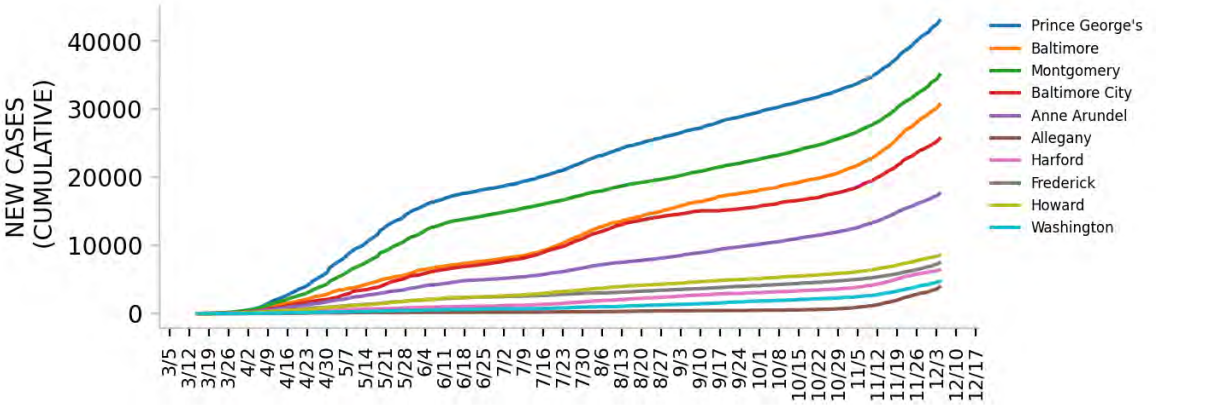
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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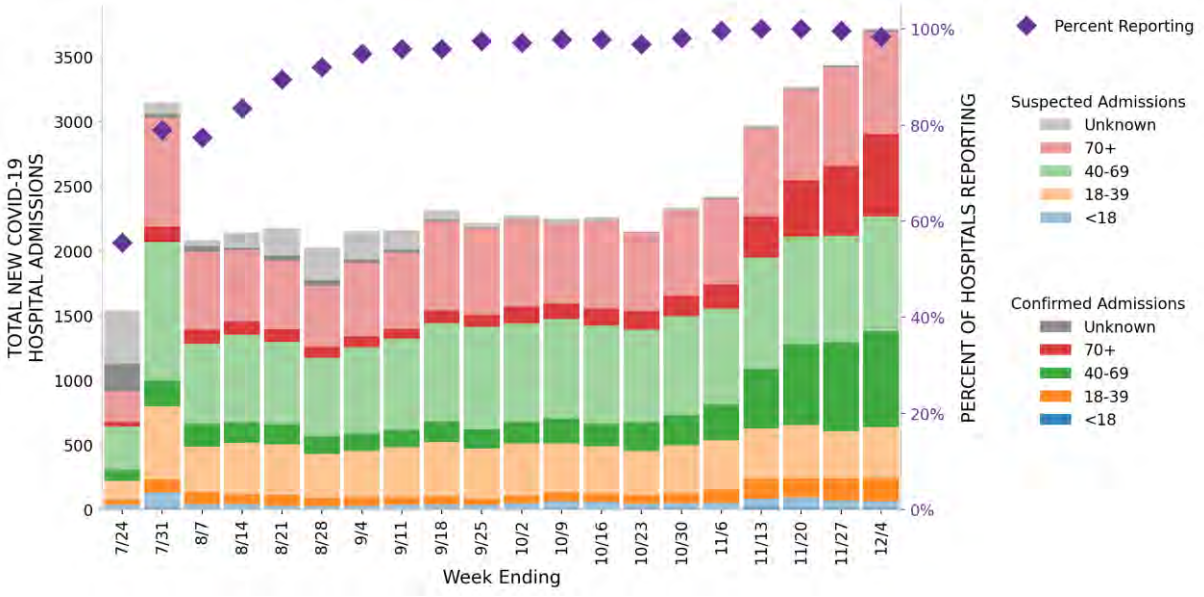
MARYLAND

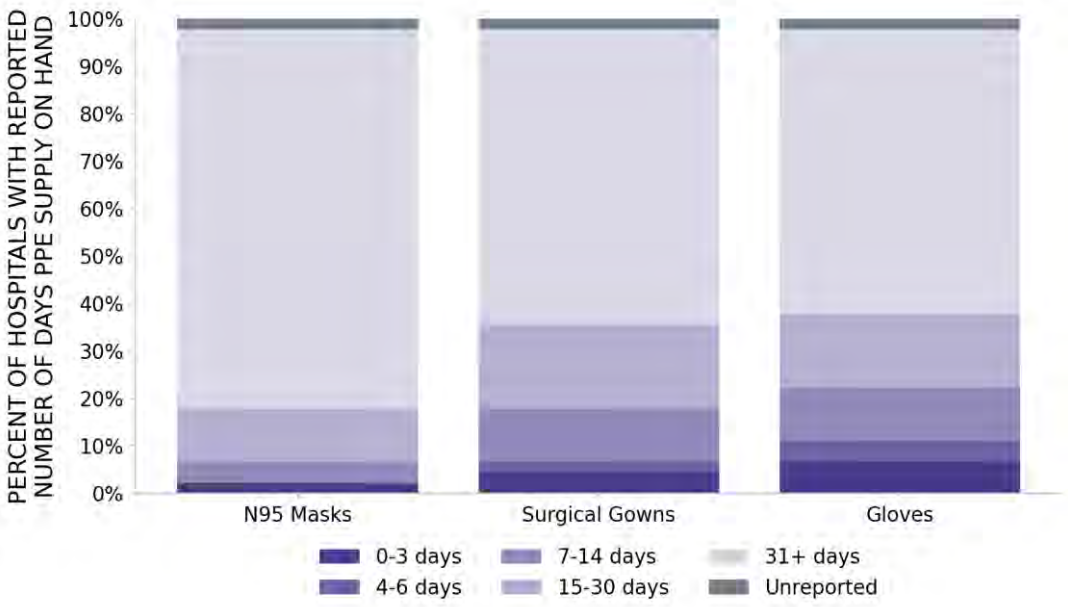
STATE REPORT | 12.06.2020

45 hospitals are expected to report in Maryland

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

MARYLAND

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	4 ▲ (+2)	Cumberland Hagerstown-Martinsburg Salisbury Philadelphia-Camden-Wilmington	6 ▲ (+3)	Prince George's Allegany Washington Charles Garrett Somerset
LOCALITIES IN ORANGE ZONE	1 ■ (+0)	Baltimore-Columbia-Towson	10 ▲ (+8)	Baltimore Anne Arundel Frederick Wicomico Cecil Calvert Queen Anne's Caroline Worcester Kent
LOCALITIES IN YELLOW ZONE	4 ■ (+0)	Washington-Arlington-Alexandria California-Lexington Park Easton Cambridge	8 ▼ (-3)	Montgomery Baltimore City Harford Howard Carroll St. Mary's Talbot Dorchester

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

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

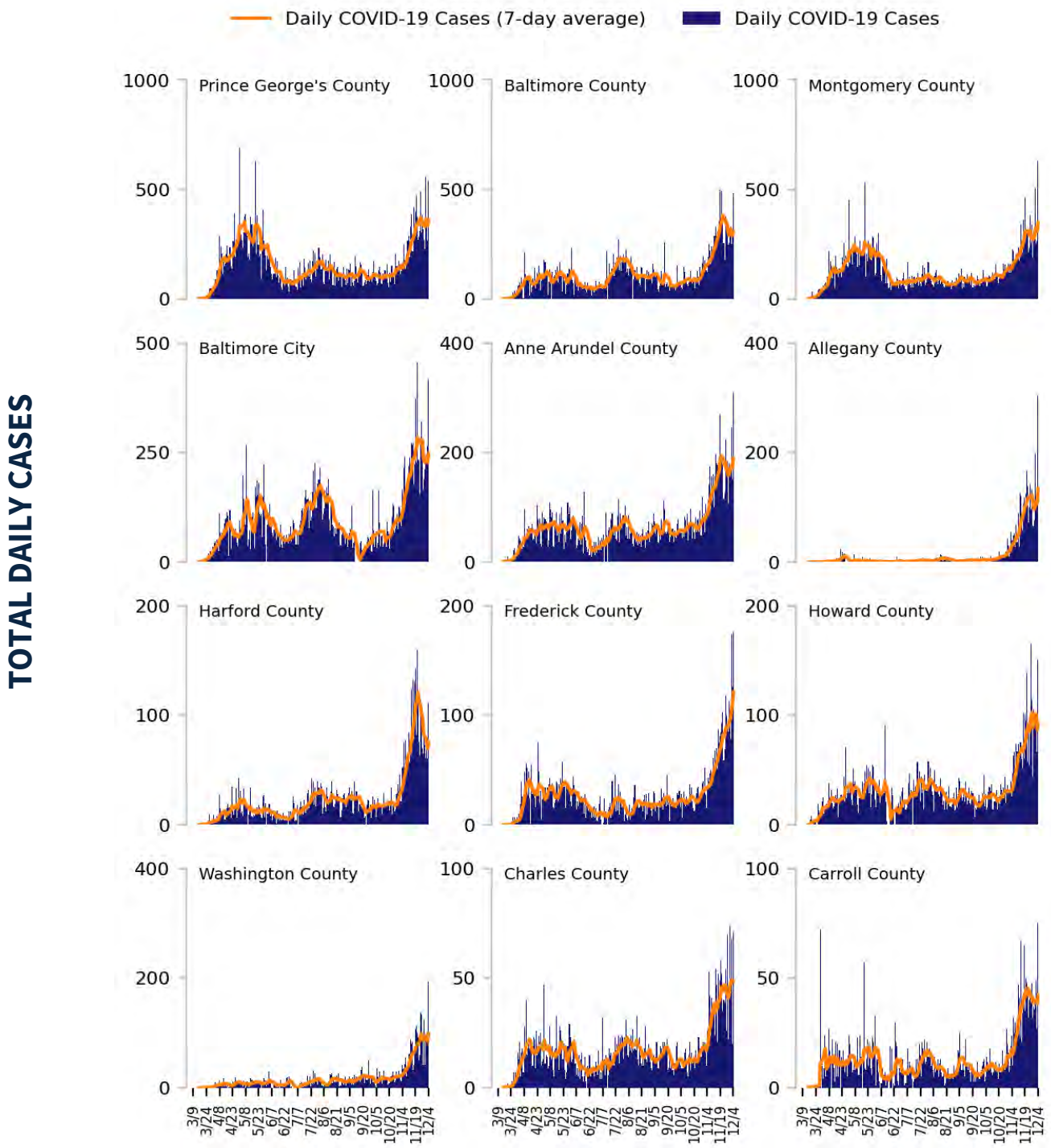
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



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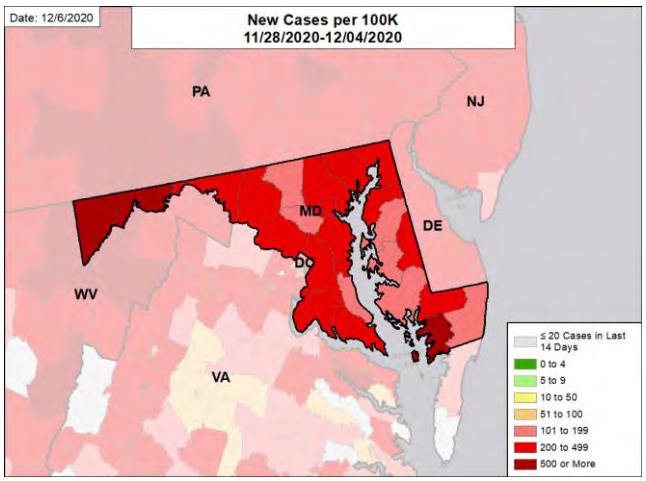
MARYLAND

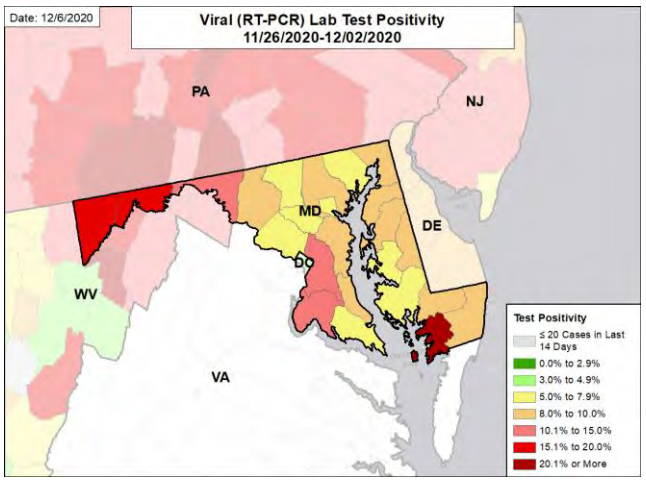
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

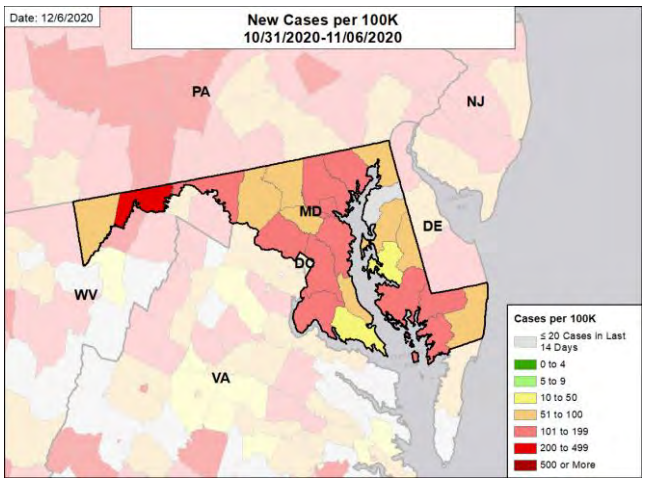
NEW CASES PER 100,000



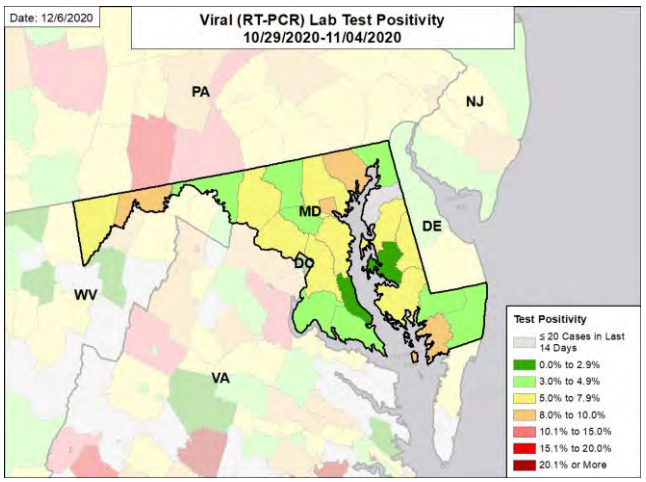
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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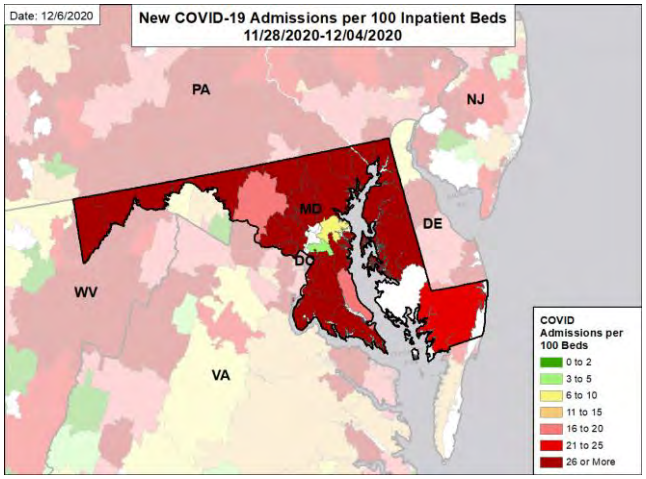
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

MARYLAND

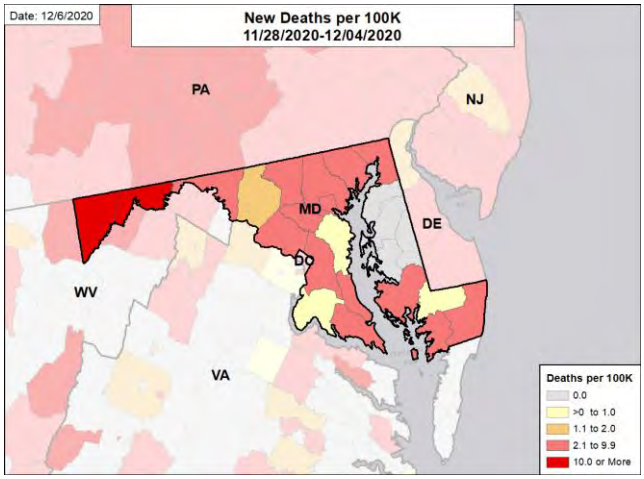
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

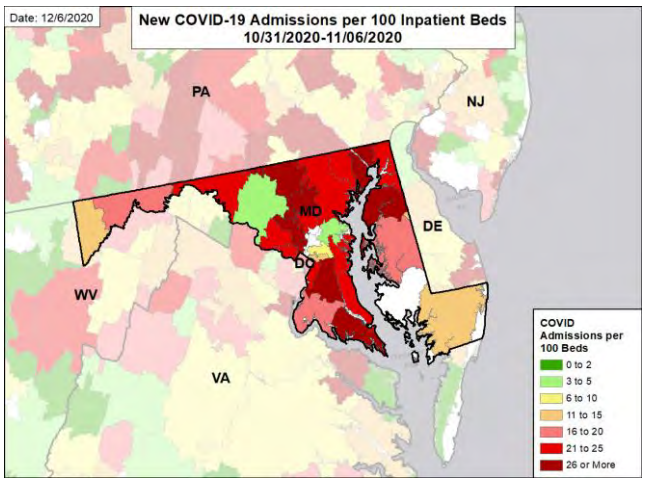
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



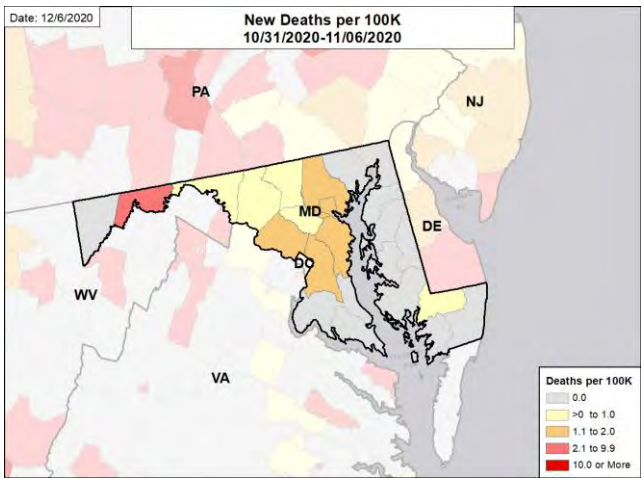
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



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Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

MASSACHUSETTS

SUMMARY

- Massachusetts is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 30th highest rate in the country. Massachusetts is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 45th highest rate in the country.
- Massachusetts has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Middlesex County, 2. Essex County, and 3. Worcester County. These counties represent 48.3% of new cases in Massachusetts.
- Case rates increased in 13 counties and are now >300 per 100,000 population per week in 7 counties. Test positivity is <10% in all counties, but >5% in 7 and is increasing in all counties, with the largest proportionate increases in Nantucket, Berkshire, Essex, and Hampden counties.
- 50% of all counties in Massachusetts have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- ICU bed utilization has increased in the past week by 3%.
- During the week of Nov 23 - Nov 29, 17% of nursing homes had at least one new resident COVID-19 case, 32% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Massachusetts had 400 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 123 to support operations activities from FEMA; 3 to support operations activities from ASPR; and 19 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 169 patients with confirmed COVID-19 and 143 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Massachusetts. This is an increase of 16% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Recommend rolling back a step in the state's reopening plan as a whole, not just in high-risk areas. Intensify outreach to community and religious organizations to provide public health data and rationale for restrictions and to monitor compliance.
- Fully saturate all media platforms, including automated SMS texting, to promote continued mitigations efforts and encourage reporting of businesses that are not compliant.
- Surveillance should be greatly expanded through regular quantitative wastewater testing at the most local level and proactive weekly testing of persons at higher risk for infection, regardless of symptoms, using point-of-care antigen tests. This surveillance should direct focused surge-testing campaigns.
- Instructions for quarantine and isolation should be given at the time of testing and posted on all testing websites; given the increasing transmission, all persons who are testing should be told to quarantine until results are returned, with an additional 8-9 days of isolation if results are positive.
- Ensure all clinical facilities have contingency plans, up-to-date treatment protocols, access to telehealth systems, and remote clinical support. Ensure local healthcare systems have expansion plans for beds and staffing.
- Develop outpatient infusion centers to provide IV therapy to those who don't need admission or when hospital systems are over capacity. When monoclonal antibodies are available, they should be directed proportionately to communities and individuals at highest risk for disease progression.
- Ensure vigorous flu vaccine campaigns are fully active across the state and that flu vaccines are widely available, including in private pharmacies.
- Ensure all universities and IHEs returning after winter break are planning for weekly mandatory testing of all on and off campus students.
- Contact tracing remains a critical intervention and should be expanded as previously described to keep up with the number of cases; consider methods to automate counseling, contact elicitation, and instructions for isolation and quarantine by email or text messaging.
- All congregate living facilities, including LTCFs and shelters, should strictly adhere to guidance. Staff should be testing weekly with rapid antigen tests and not permitted to work without a recent negative test. Consider fines and/or legal action for facilities that are non-compliant.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MASSACHUSETTS

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	27,585 (400)	+50%	57,600 (388)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.6%	+2.1%*	6.3%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	487,335** (7,071**)	-22%**	677,714** (4,565**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	275 (4.0)	+66%	607 (4.1)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	17%	N/A*†	19%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	32%	N/A*†	32%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	N/A*†	7%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,184 (13)	+16% (+19%)	4,876 (14)	148,450 (20)

* 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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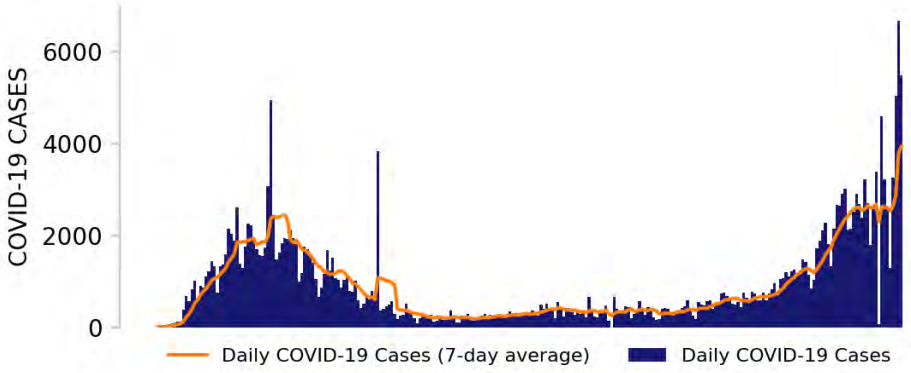
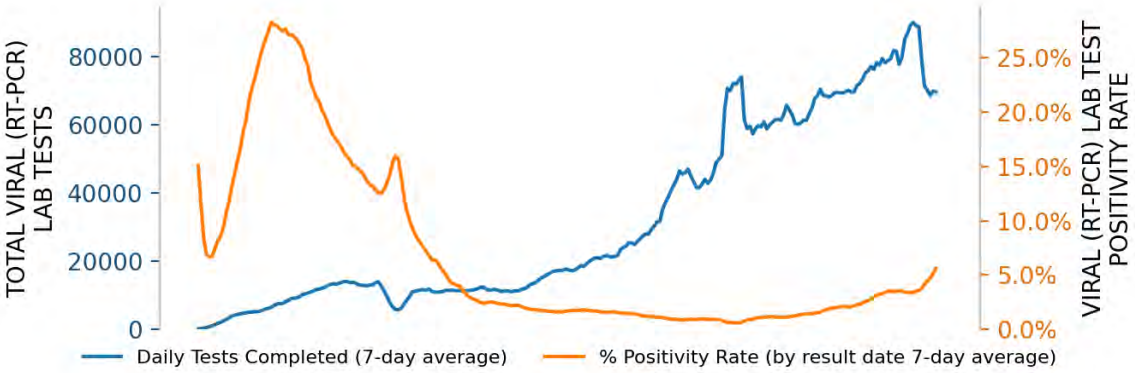
MASSACHUSETTS

STATE REPORT | 12.06.2020

NEW CASES

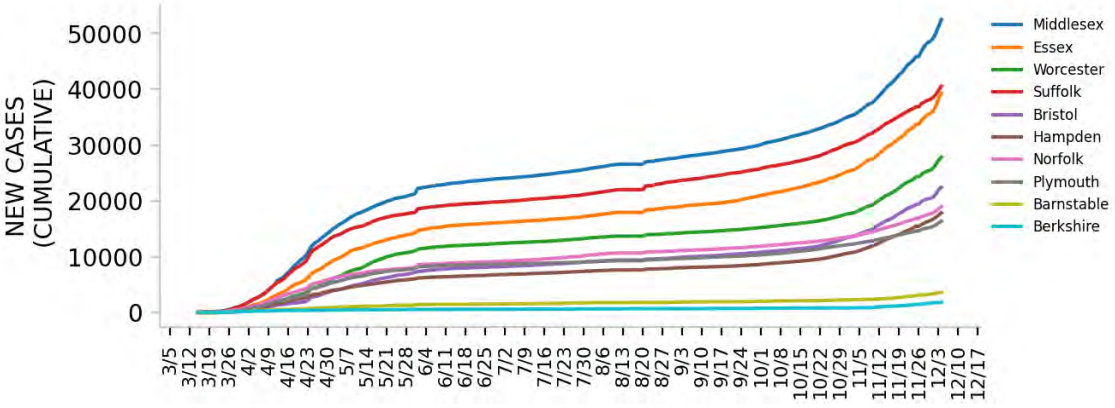


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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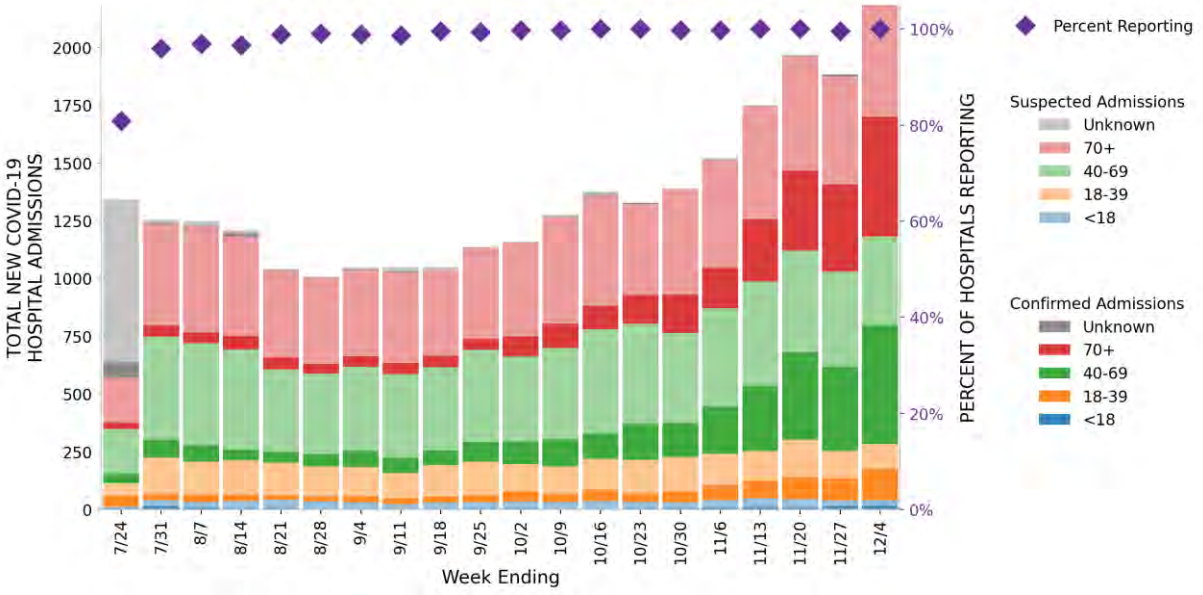
MASSACHUSETTS

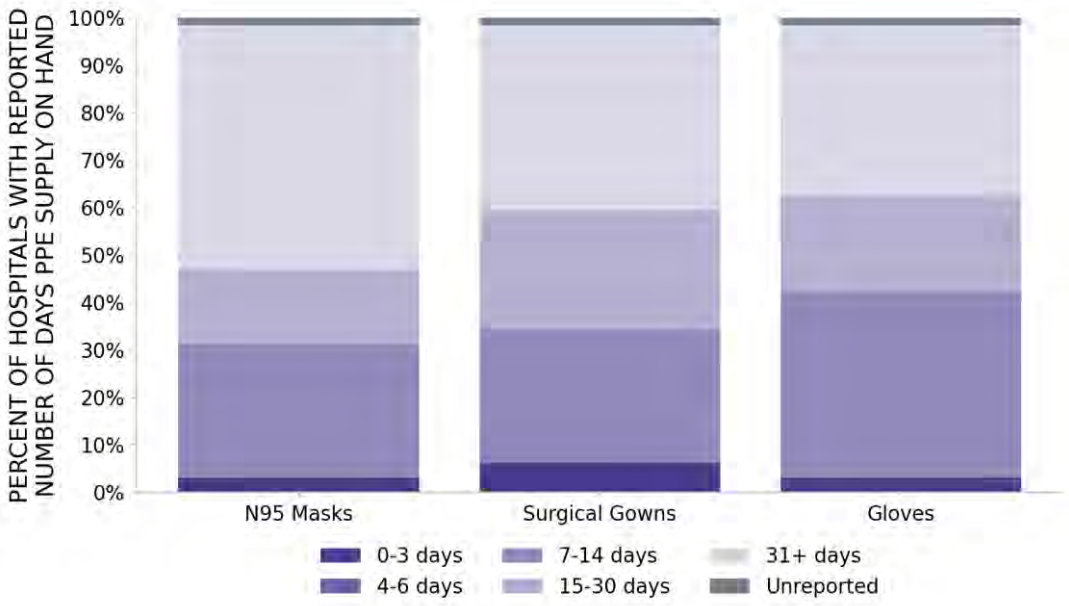
STATE REPORT | 12.06.2020

64 hospitals are expected to report in Massachusetts

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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MASSACHUSETTS

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**0** ■ (+0)	N/A	**0** ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	**1** ▲ (+1)	Providence-Warwick	**4** ▲ (+4)	Essex Bristol Hampden Nantucket
LOCALITIES IN YELLOW ZONE	**4** ▲ (+3)	Boston-Cambridge-Newton Worcester Springfield Pittsfield	**3** ■ (+0)	Worcester Plymouth Berkshire

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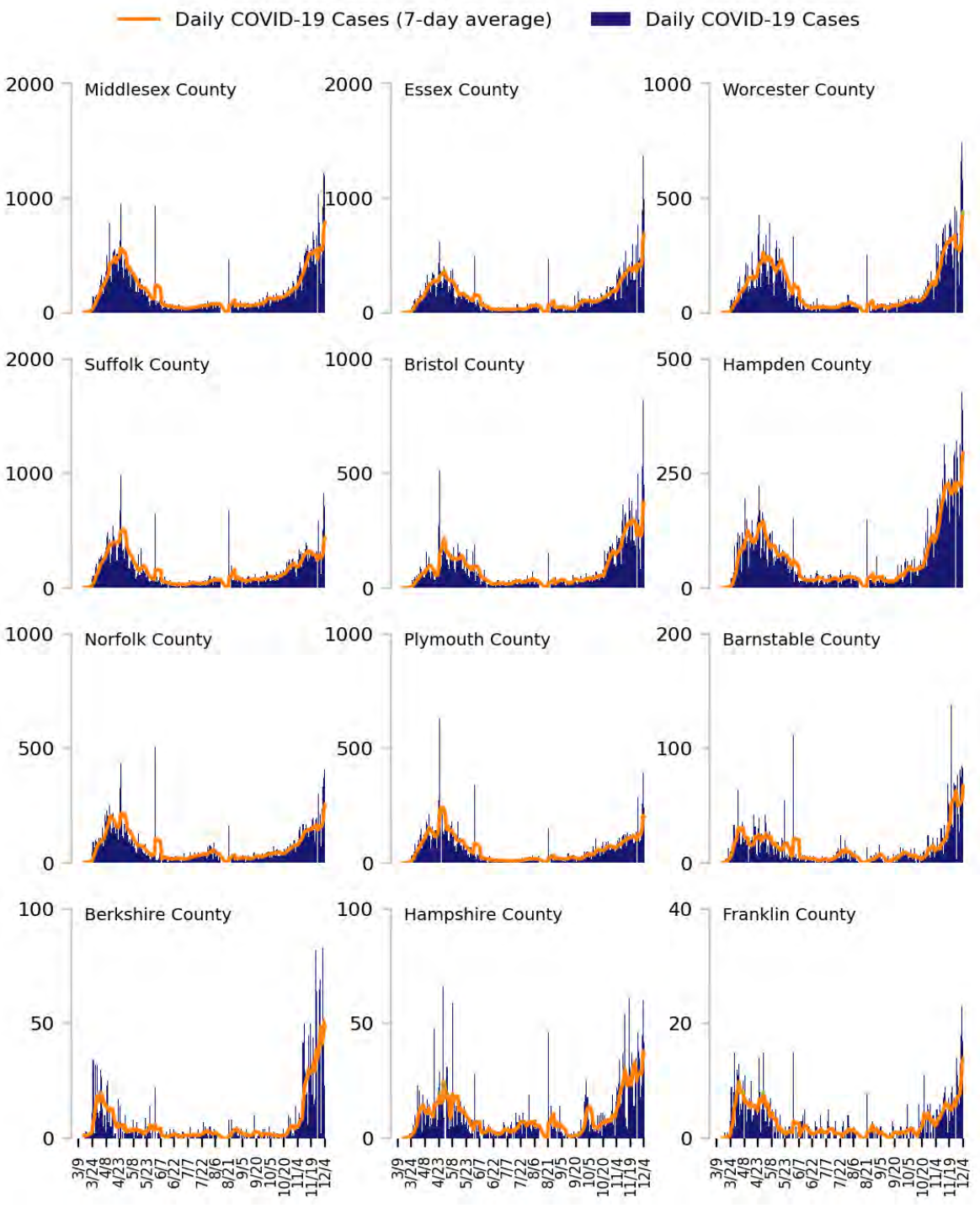
Top 12 counties based on number of new cases in the last 3 weeks



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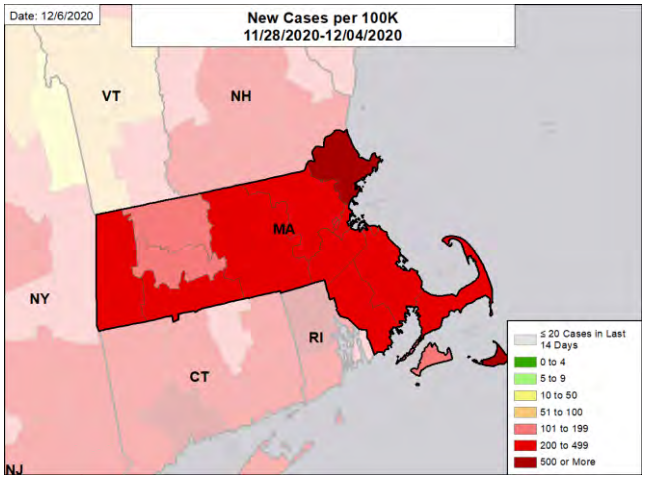
MASSACHUSETTS

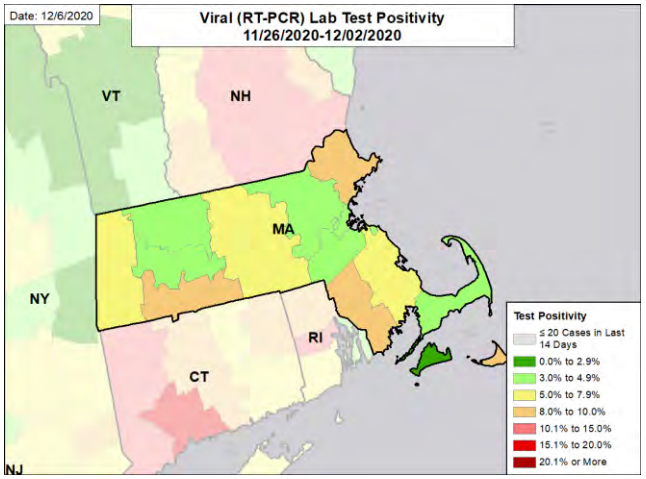
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

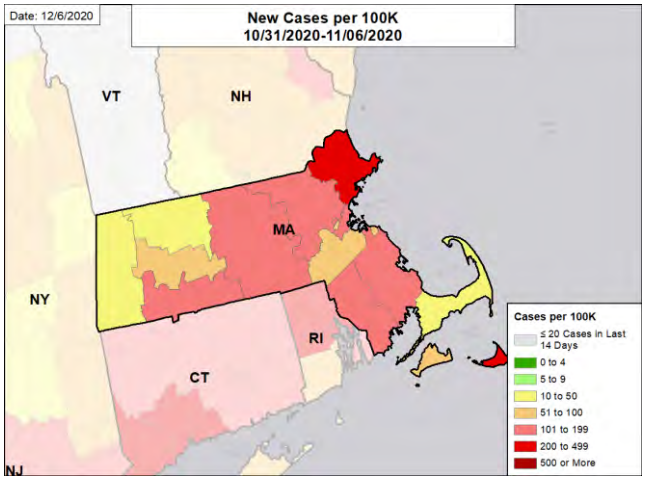
NEW CASES PER 100,000



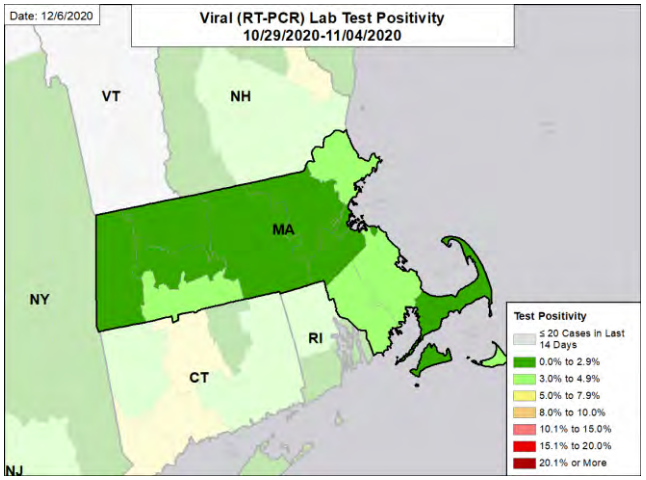
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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Note: Some dates may have incomplete data due to delays in 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 12/4/2020. The week one month before is 10/31 - 11/6.

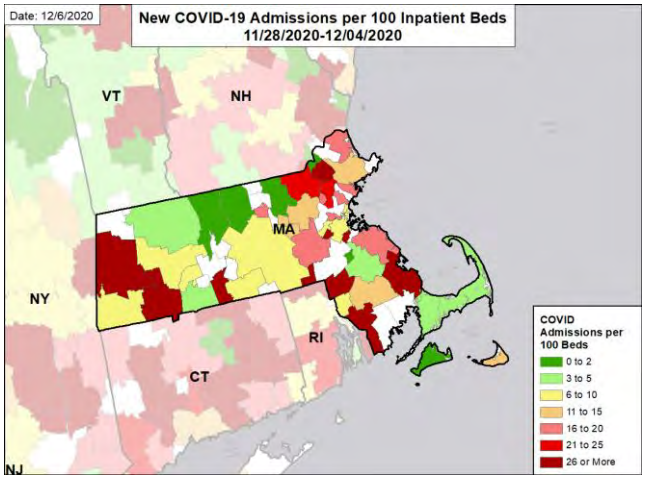
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

MASSACHUSETTS

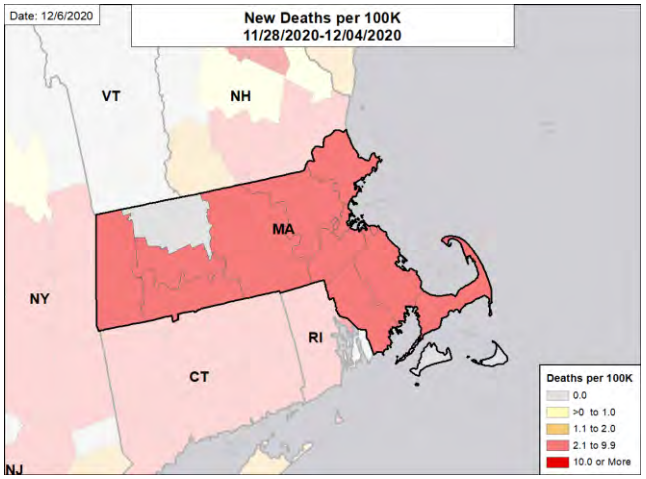
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

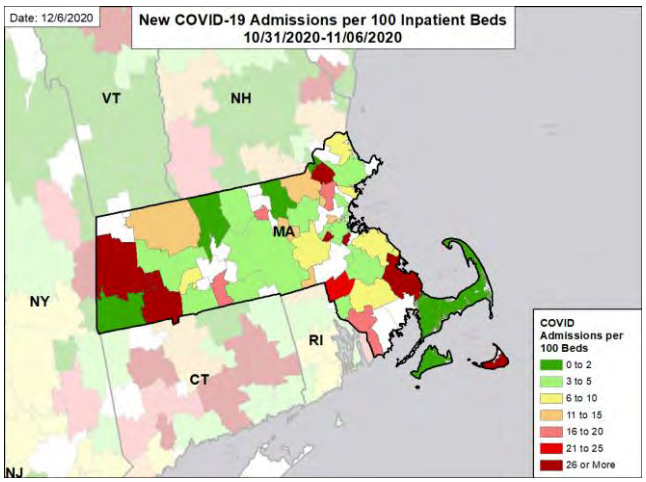
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



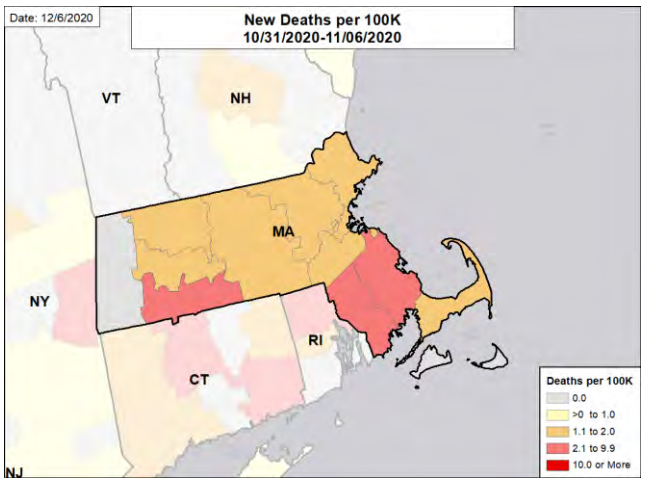
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

MICHIGAN

STATE REPORT
12.06.2020
Issue 25

SUMMARY

- Michigan is going through a severe viral surge with extremely high cases continuing; despite the apparent stabilization of cases over the last 2 weeks, rapid deterioration could occur as cases related to Thanksgiving transmission occur. Michigan is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 21st highest rate in the country. Michigan is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 18th highest rate in the country.
- Michigan has seen stability in new cases and an increase in test positivity. Hospitalizations and deaths increased again last week; however, hospitalizations slightly declined over the last days of the week. Hospitals continue to work to increase capacity and address COVID-19 related staffing shortages.
- Mitigation: The state intensified mitigation measures for a 3-week period from Nov 18 – Dec 8.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Wayne County, 2. Oakland County, and 3. Macomb County. These counties represent 32.9% of new cases in Michigan.
- 96% of all counties in Michigan have moderate or high levels of community transmission (yellow, orange, or red zones), with 81% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 28% of nursing homes had at least one new resident COVID-19 case, 47% had at least one new staff COVID-19 case, and 13% had at least one new resident COVID-19 death.
- Michigan had 506 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 10 to support operations activities from FEMA and 7 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 521 patients with confirmed COVID-19 and 170 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Michigan. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- We share the strong concern of Michigan's leaders that the current situation continues to be critical with more favorable outcomes dependent on the collective effort of Michigan's residents. The population and healthcare system must do everything possible to limit further holiday-related disease surges and prevent overrunning hospital capacity and avoidable deaths. Currently, the imminent arrival of vaccines provides hope; however, large-scale benefits of lower deaths and hospitalizations will only come after months of immunization. Difficult but temporary changes in personal behavior are key to limiting disease and death until we bring the pandemic to an end with immunization; this messaging must be delivered frequently and by all effective modalities. The Governor's continued, personal communication on these measures is commended.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. Ensure support for a platform for efficient intra- and inter-state patient transfers as needed.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of COVID-19 risk factors. Work with healthcare institutions to ensure capacity for outpatient infusion is accessible to COVID-19 patients who may benefit from IV therapies that could limit morbidity and hospitalizations.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Given continuing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines including masks and utilize Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities returning to campus after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Continue preparations for the delivery and distribution of vaccines including by identifying the staffing capabilities and needs of local health departments and local jurisdictions and preparing for state-supported augmentation of staff and subject matter expertise to ensure timely and safe operations. Provide clear and concise messaging across the response community on the prioritization of vaccinations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MICHIGAN

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	50,498 (506)	+3%	292,123 (556)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	14.4%	+1.1%*	14.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	342,956** (3,434**)	-27%**	1,948,301** (3,708**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	760 (7.6)	+30%	3,507 (6.7)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	28%	N/A*†	33%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	47%	N/A*†	54%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	13%	N/A*†	16%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	4,841 (23)	-1% (+0%)	30,833 (26)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

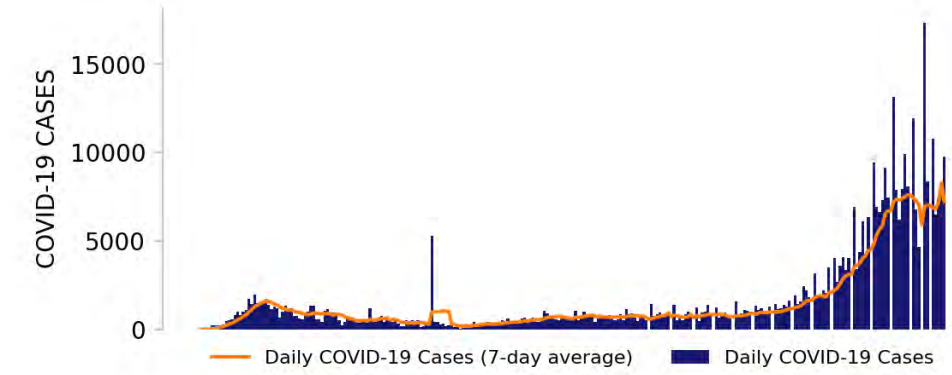
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

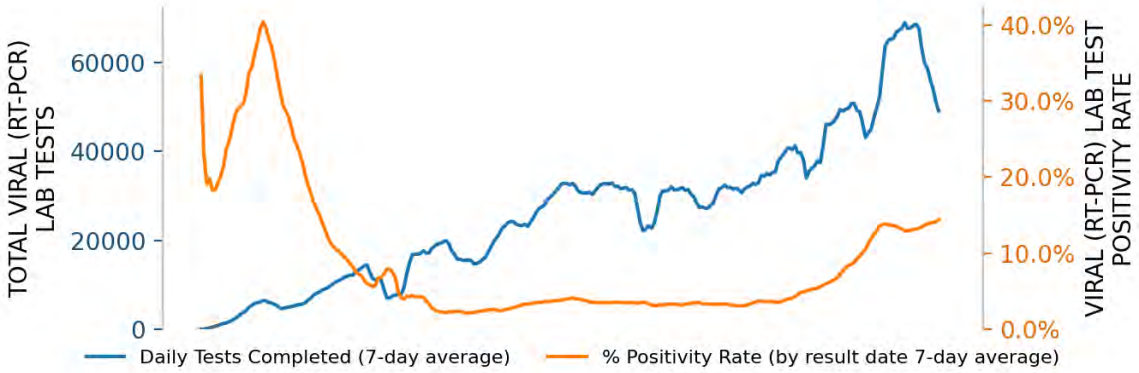
MICHIGAN

STATE REPORT | 12.06.2020

NEW CASES

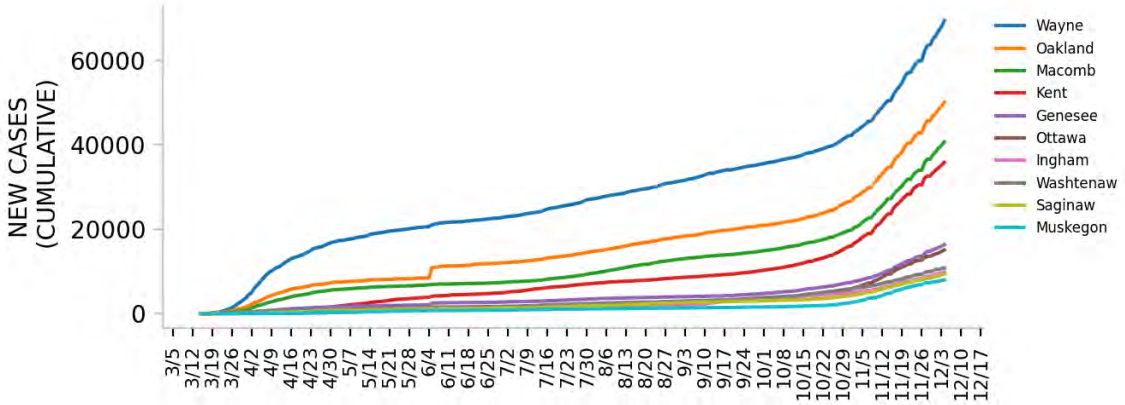


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



DATA SOURCES – Additional data details available under METHODS

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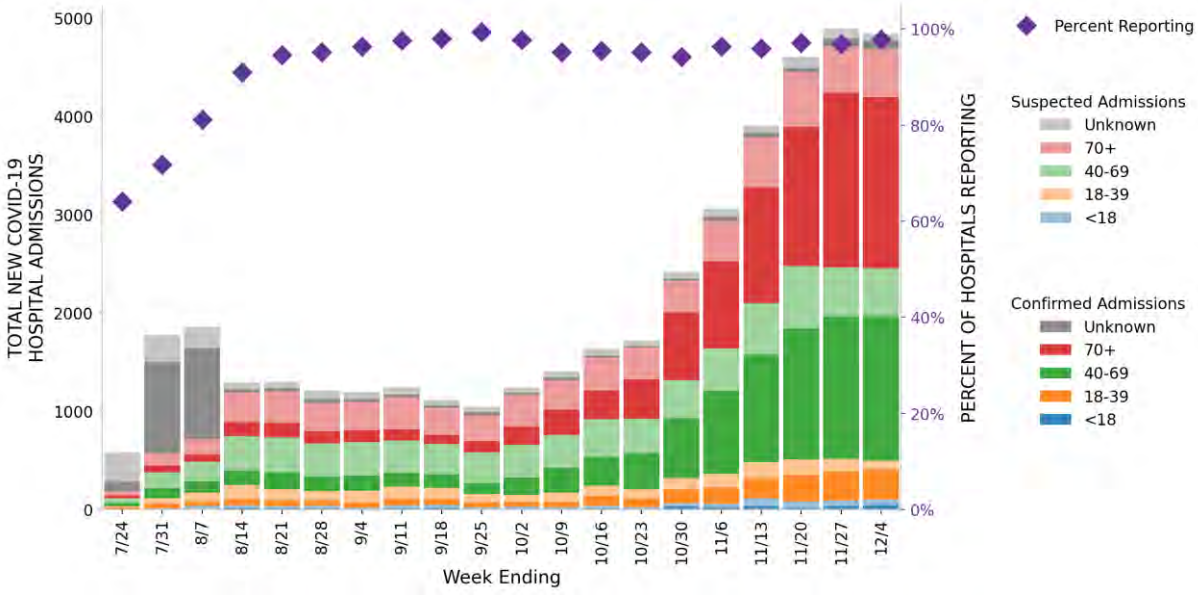
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

MICHIGAN

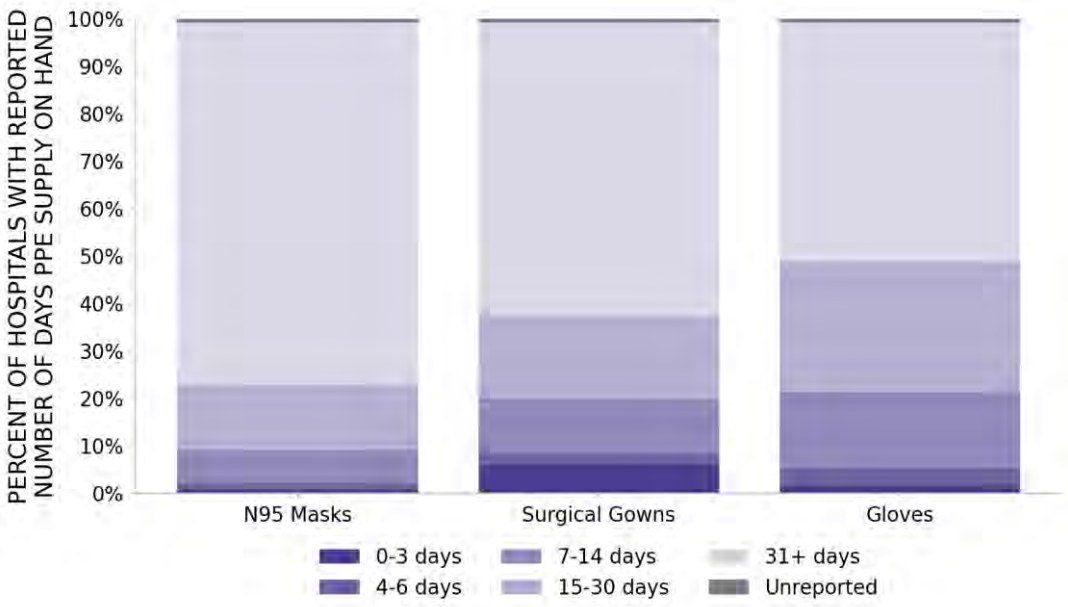
STATE REPORT | 12.06.2020

131 hospitals are expected to report in Michigan

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

MICHIGAN

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**29** ▲ (+2)	Detroit-Warren-Dearborn Grand Rapids-Kentwood Lansing-East Lansing Flint Ann Arbor Saginaw Muskegon Niles Kalamazoo-Portage Jackson Monroe Bay City	**67** ▲ (+6)	Wayne Oakland Macomb Kent Genesee Ottawa Ingham Washtenaw Saginaw Muskegon Berrien Kalamazoo
LOCALITIES IN ORANGE ZONE	**2** ▲ (+1)	Coldwater Escanaba	**5** ▼ (-3)	Clinton Branch Delta Antrim Missaukee
LOCALITIES IN YELLOW ZONE	**2** ▼ (-2)	Marquette Houghton	**8** ▲ (+1)	Ionia Marquette Houghton Emmet Baraga Iron Mackinac Schoolcraft

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

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

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

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

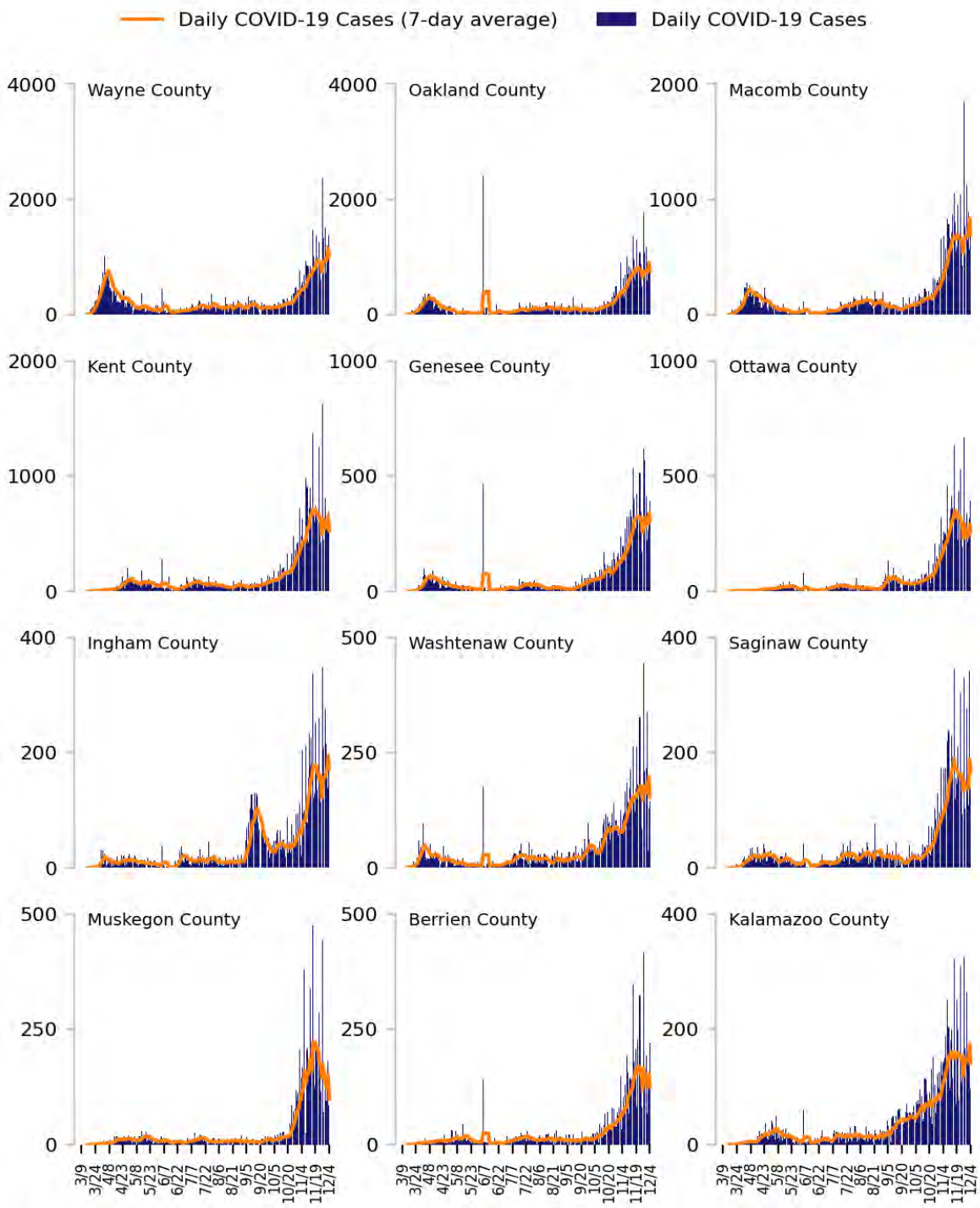
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

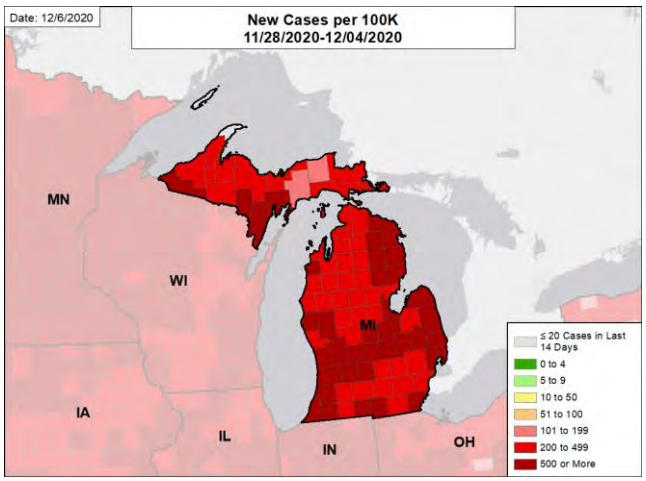
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

MICHIGAN

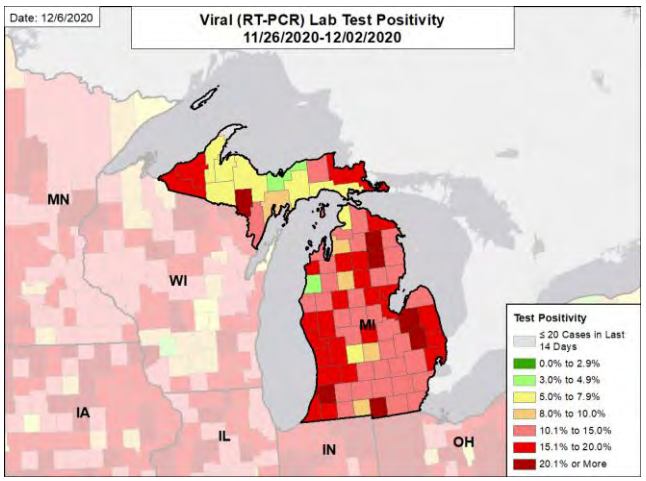
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

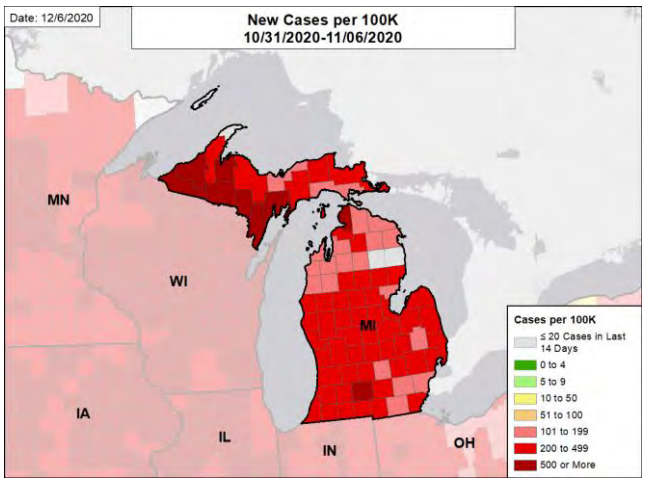
NEW CASES PER 100,000



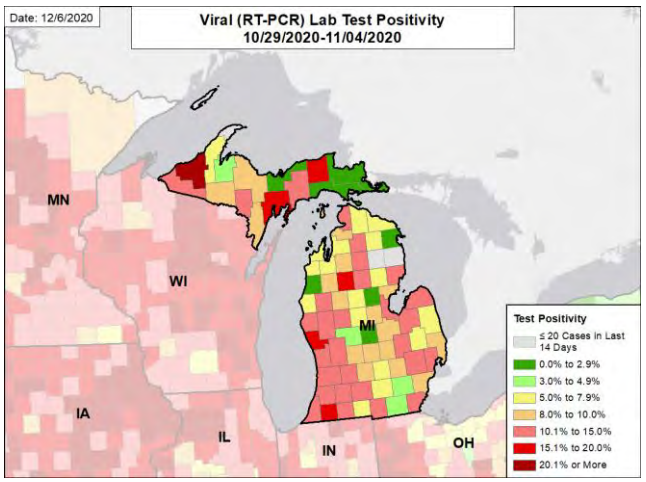
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

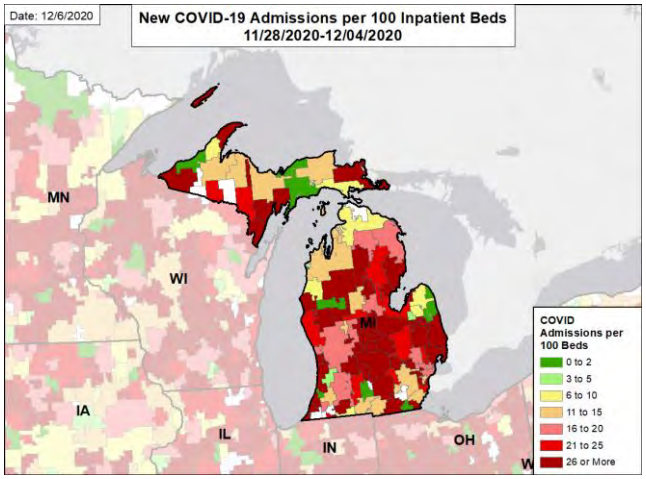
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

MICHIGAN

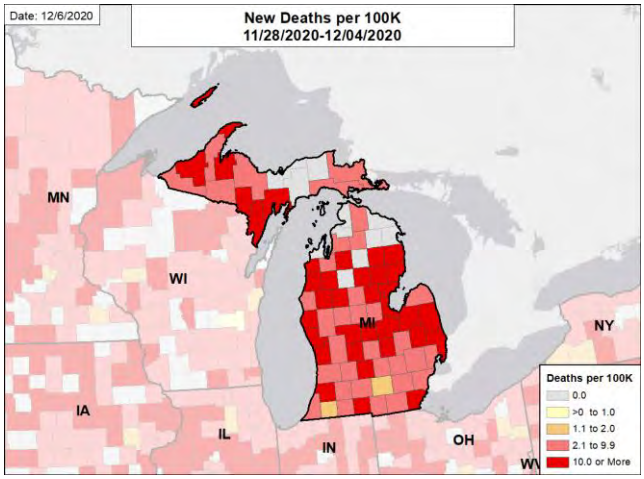
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

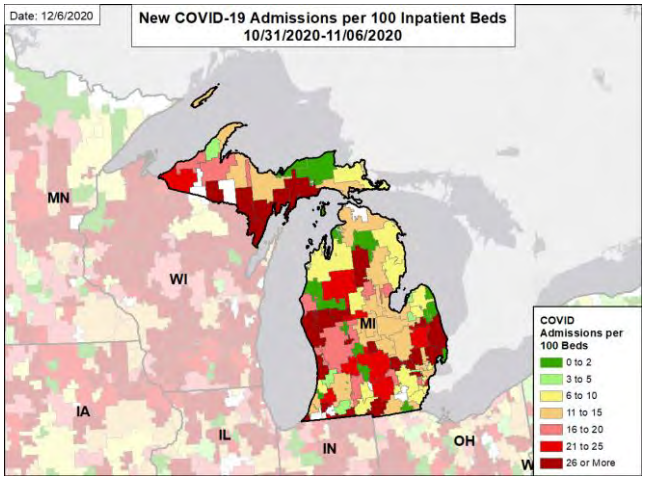
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



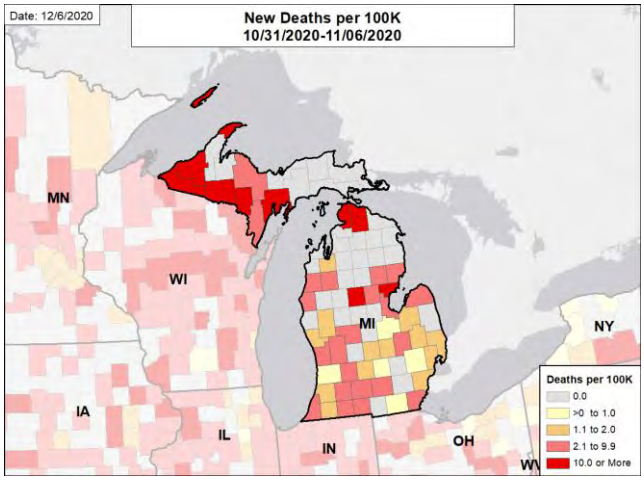
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

MINNESOTA

STATE REPORT
12.06.2020
Issue 25

SUMMARY

- Minnesota is seeing a sustained dramatic peak in cases, hospitalizations, and deaths, all of which are at or near their highest points ever in the pandemic. Decreasing the rates of test positivity, hospitalizations, and deaths requires increased observance of the intensified mitigation measures. Minnesota is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the highest rate in the country. Minnesota is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 23rd highest rate in the country.
- Minnesota has seen an increase in new cases and an increase in test positivity. Current hospitalizations (7-day average) fell slightly last week after Tuesday's peak but remain extremely high. Large numbers of health care workers are unable to work due to infection with or exposure to SARS-CoV-2. National Guard personnel have been very helpful in alleviating some staffing shortages. Deaths also continued to increase rapidly; roughly 1/3 of all recent deaths in Minnesota are tied to COVID-19.
- Viral transmission is intense throughout the state. The following three counties had the highest number of new cases over the last 3 weeks: 1. Hennepin County, 2. Ramsey County, and 3. Dakota County. Counties in the Minneapolis CBSA represent 32.7% of new cases in Minnesota, but the most intense outbreaks are elsewhere in the state, especially along the Dakota borders. In these counties, the per capita death rates are several-fold higher than in the Twin Cities.
- 100% of all counties in Minnesota have moderate or high levels of community transmission (yellow, orange, or red zones), with 89% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 36% of nursing homes had at least one new resident COVID-19 case, 69% had at least one new staff COVID-19 case, and 22% had at least one new resident COVID-19 death.
- Minnesota had 779 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 8 to support operations activities from FEMA; 33 to support medical activities from ASPR; 4 to support operations activities from ASPR; and 1 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 211 patients with confirmed COVID-19 and 100 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Minnesota. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- We share the strong concern of Minnesota's leaders that the current situation in the state remains critical with more favorable outcomes dependent on the collective effort of Minnesota's residents. The population and healthcare system must do everything possible to limit further holiday-related disease surges and prevent overrunning hospital capacity and avoidable deaths. Currently, the imminent arrival of vaccines provides hope; however, large-scale benefits of lower deaths and hospitalizations will only come after months of immunization. Difficult but temporary changes in personal behavior are key to limiting disease and death until we bring the pandemic to an end with immunization; this messaging must be delivered frequently and by all effective modalities. The Governor's continued, personal communication on these measures is commended.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. Ensure support for a platform for efficient intra- and inter-state patient transfers as needed.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of COVID-19 risk factors. Work with healthcare institutions to ensure capacity for outpatient infusion is accessible to COVID-19 patients who may benefit from IV therapies that could limit morbidity and hospitalizations.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic.
- Given continuing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- Continue preparations for the delivery and distribution of vaccines, including by identifying the staffing capabilities and needs of local health departments and local jurisdictions and preparing for state-supported augmentation of staff and subject matter expertise to ensure timely and safe operations. Provide clear and concise messaging across the response community on the prioritization of vaccinations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MINNESOTA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	43,908 (779)	+14%	292,123 (556)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.4%	+1.3%*	14.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	373,603** (6,625**)	-28%**	1,948,301** (3,708**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	369 (6.5)	+12%	3,507 (6.7)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	36%	N/A*†	33%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	69%	N/A*†	54%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	22%	N/A*†	16%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,176 (21)	-1% (+1%)	30,833 (26)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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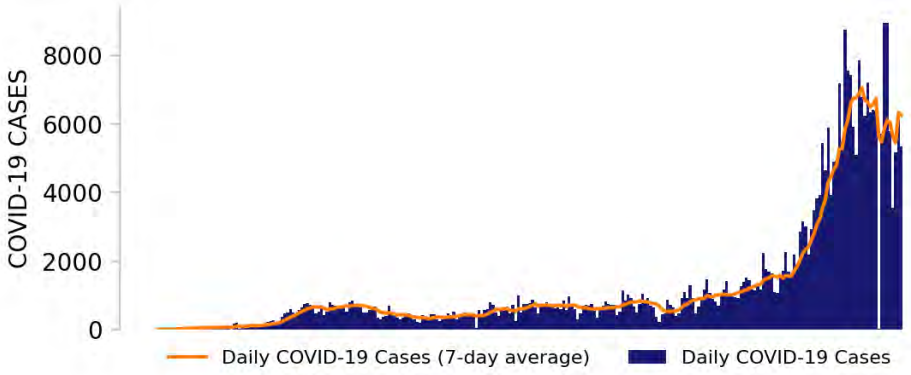
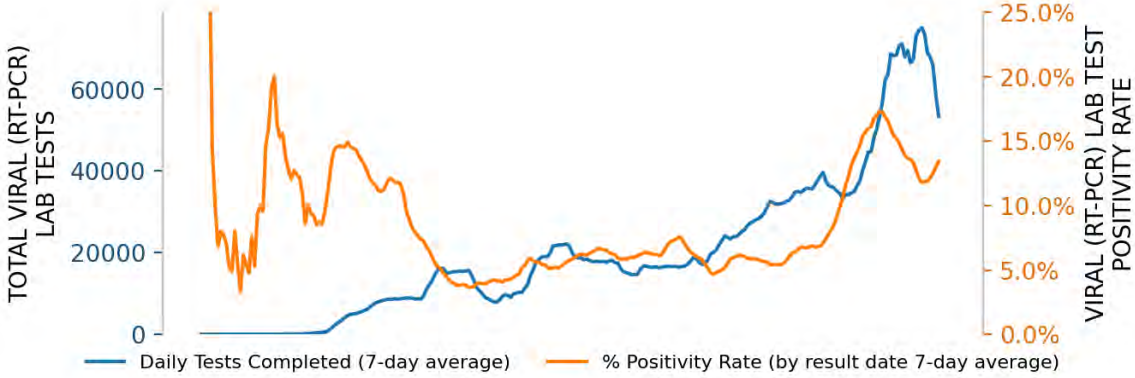
MINNESOTA

STATE REPORT | 12.06.2020

NEW CASES

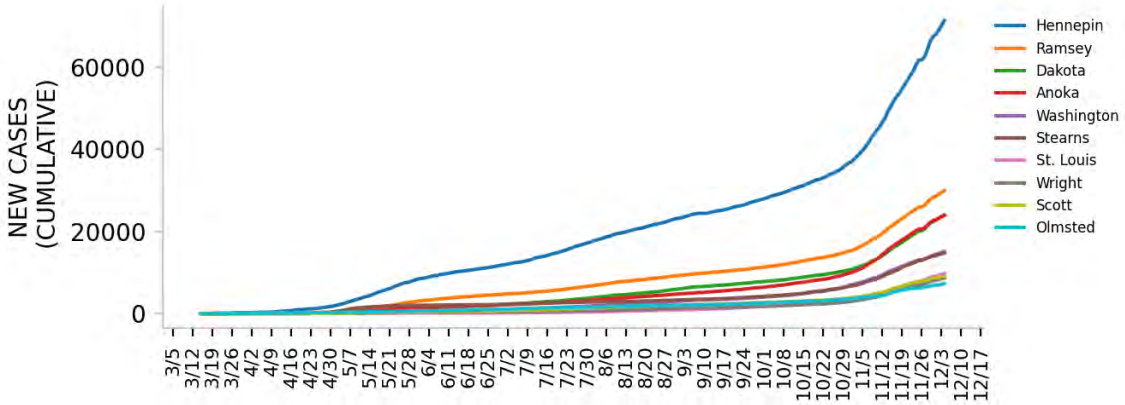


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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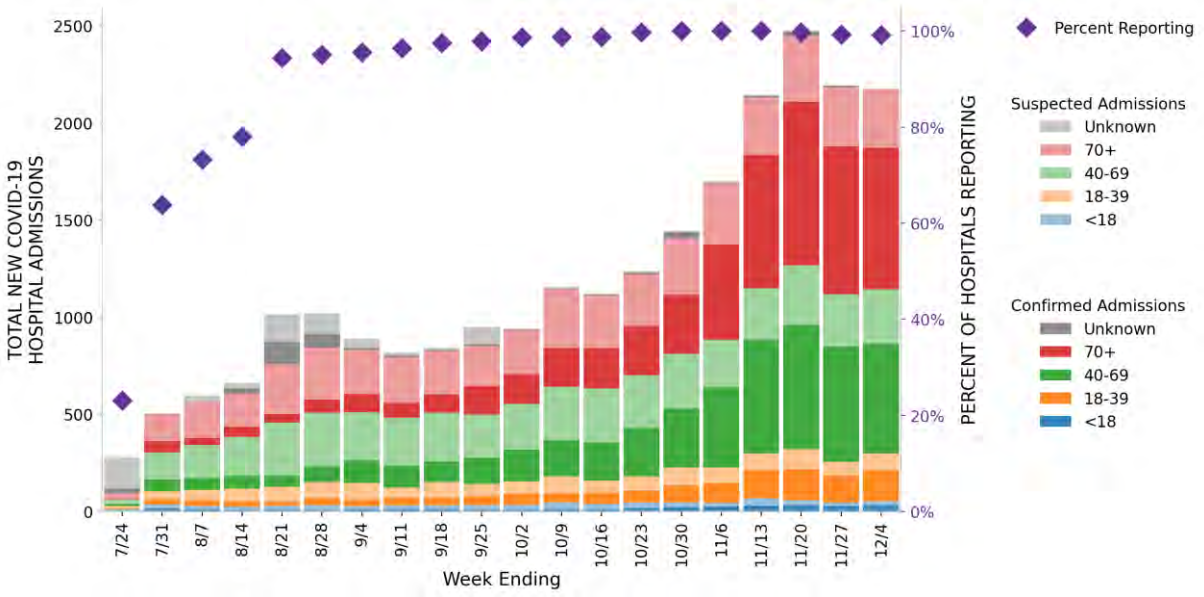
MINNESOTA

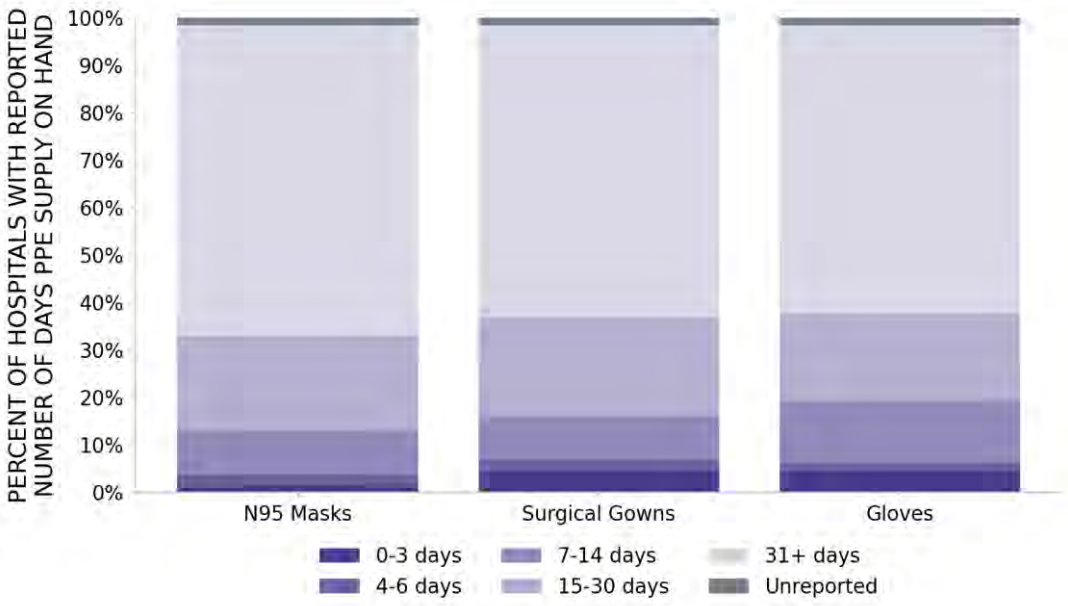
STATE REPORT | 12.06.2020

130 hospitals are expected to report in Minnesota

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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MINNESOTA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**25** ▲ (+2)	Minneapolis-St. Paul-Bloomington St. Cloud Duluth Rochester Brainerd Mankato Willmar Faribault-Northfield Fergus Falls Alexandria Hutchinson Red Wing	**77** ▲ (+4)	Hennepin Ramsey Dakota Anoka Washington Stearns St. Louis Wright Scott Olmsted Sherburne Carver
LOCALITIES IN ORANGE ZONE	**1** ▼ (-2)	Fargo	**8** ▼ (-1)	Sibley Faribault Stevens Lake Lac qui Parle Norman Big Stone Lake of the Woods
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**2** ▼ (-2)	Traverse Cook

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

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

All Red Counties: Hennepin, Ramsey, Dakota, Anoka, Washington, Stearns, St. Louis, Wright, Scott, Olmsted, Sherburne, Carver, Kandiyohi, Rice, Otter Tail, Clay, Crow Wing, Blue Earth, Douglas, Benton, McLeod, Chisago, Morrison, Goodhue, Polk, Becker, Steele, Mower, Winona, Carlton, Isanti, Lyon, Beltrami, Brown, Itasca, Meeker, Cass, Nicollet, Freeborn, Mille Lacs, Roseau, Le Sueur, Pine, Redwood, Todd, Wabasha, Renville, Cottonwood, Martin, Hubbard, Nobles, Waseca, Dodge, Wadena, Aitkin, Chippewa, Rock, Pennington, Houston, Fillmore, Kanabec, Swift, Yellow Medicine, Clearwater, Pipestone, Watonwan, Pope, Marshall, Jackson, Murray, Wilkin, Koochiching, Mahnomen, Grant, Lincoln, Kittson, Red 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 12/4/2020.

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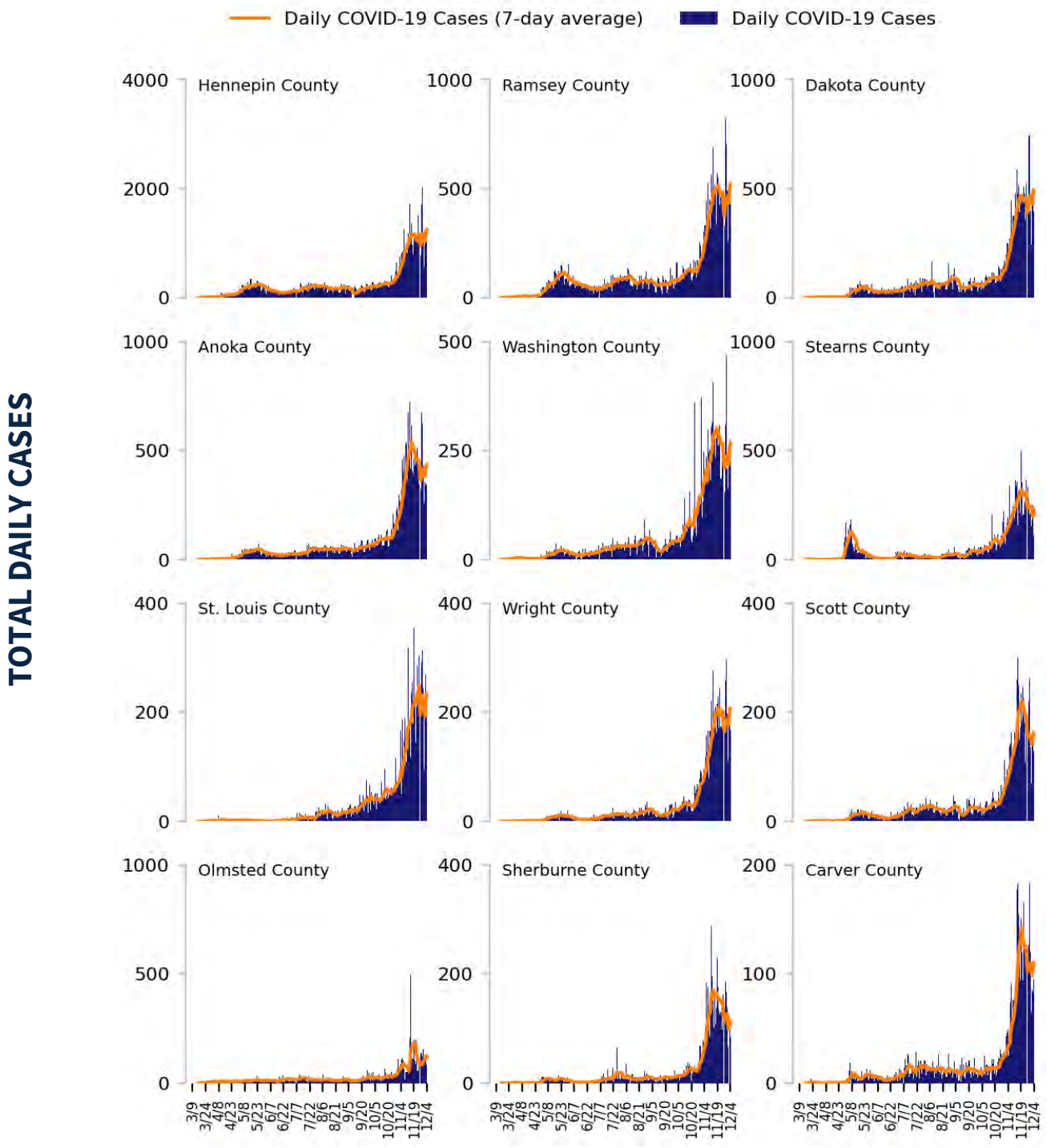
Top 12 counties based on number of new cases in the last 3 weeks



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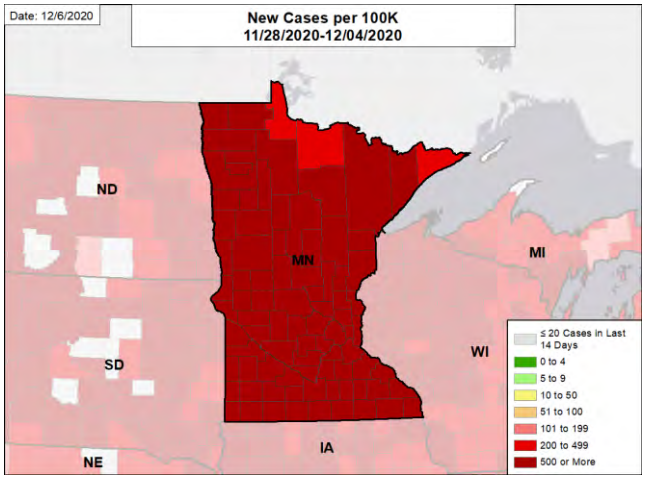
MINNESOTA

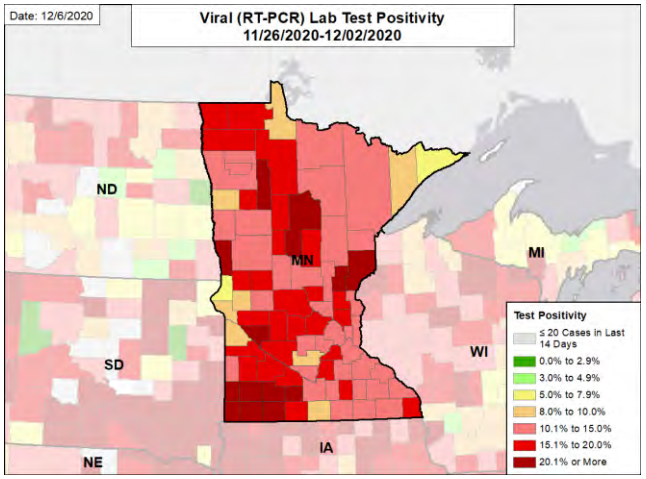
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

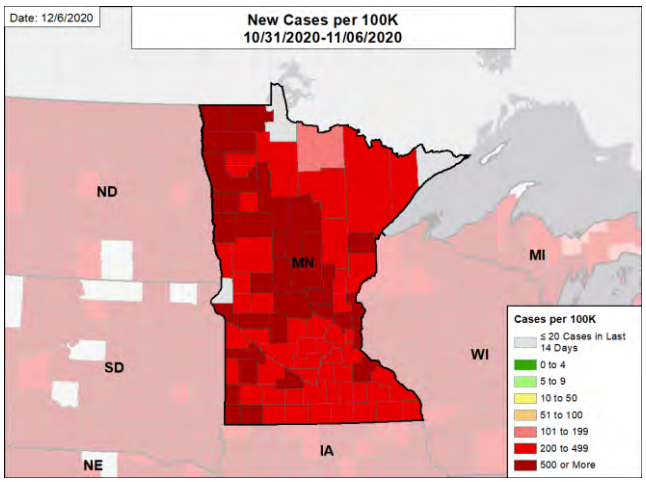
NEW CASES PER 100,000



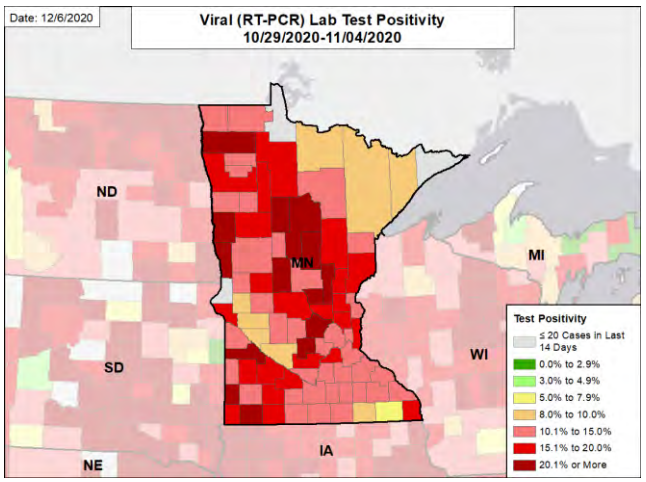
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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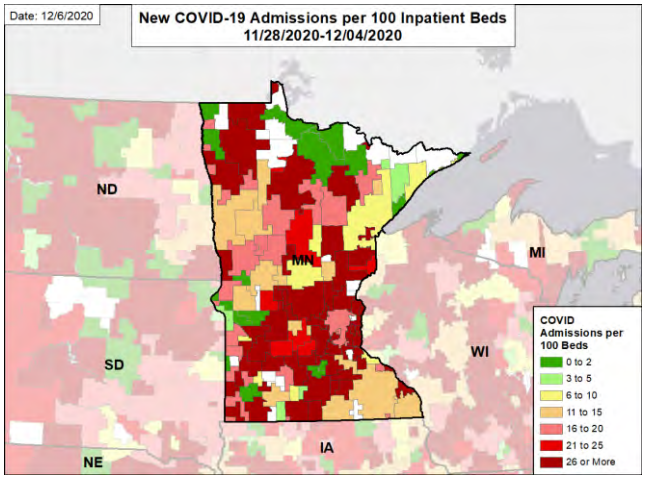
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

MINNESOTA

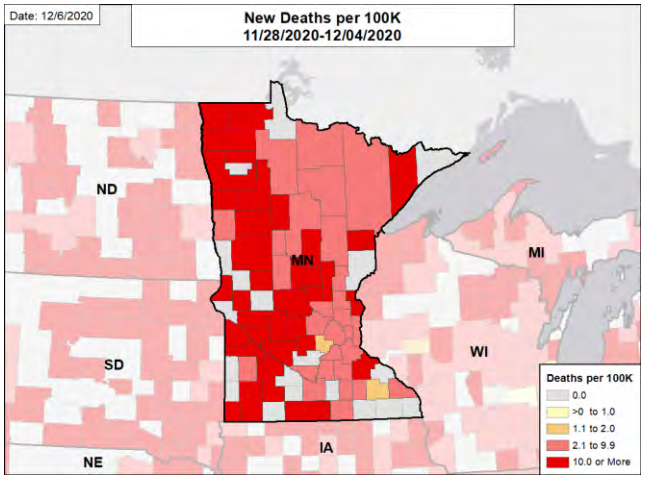
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

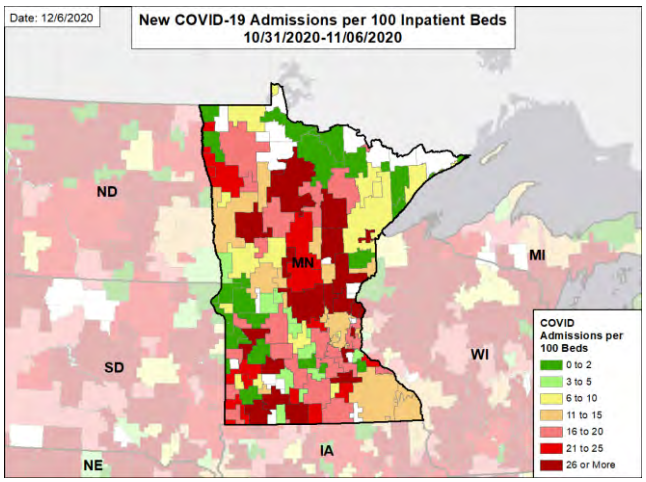
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



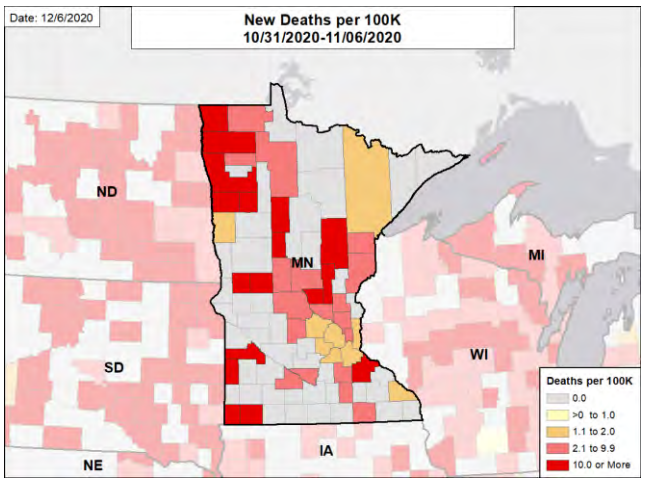
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



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Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

MISSISSIPPI

SUMMARY

- Mississippi is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 26th highest rate in the country. Mississippi is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 13th highest rate in the country.
- Mississippi has seen an increase in new cases, test positivity, hospitalizations, and deaths; increasd mitigation is critical.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. DeSoto County, 2. Hinds County, and 3. Rankin County. These counties represent 19.2% of new cases in Mississippi.
- 96% of all counties in Mississippi have moderate or high levels of community transmission (yellow, orange, or red zones), with 85% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 21% of nursing homes had at least one new resident COVID-19 case, 40% had at least one new staff COVID-19 case, and 11% had at least one new resident COVID-19 death.
- Mississippi had 441 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from FEMA.
- Between Nov 28 - Dec 4, on average, 133 patients with confirmed COVID-19 and 42 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Mississippi. This is an increase of 7% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- All public health officials must make it clear that if you are over 65 or have significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected during the Thanksgiving period if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested immediately. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are at significant risk for serious COVID infection; if you develop any symptoms you must be tested immediately as the majority of therapeutics work best early in infection. **Begin warning about any gathering during December holidays.**
- Aggressive testing must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity or closure of public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- New hospital admissions in Mississippi continue to increase. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased hospitalizations and fatalities.
- Contact all hospitals reporting <1 week's supply to confirm data; contact the regional FEMA office for support if supplies are an issue.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate continued and unmitigated community spread in these geographic locations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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COVID-19

MISSISSIPPI

STATE REPORT | 12.06.2020

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TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	20,710** (696**)	-36%**	1,192,094** (1,782**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	147 (4.9)	+16%	2,117 (3.2)	13,769 (4.2)
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SNFs WITH ≥1 NEW STAFF COVID-19 CASE	40%	N/A*†	41%	43%
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TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,228 (15)	+7% (+8%)	27,764 (18)	148,450 (20)

* Indicates absolute change in percentage points.

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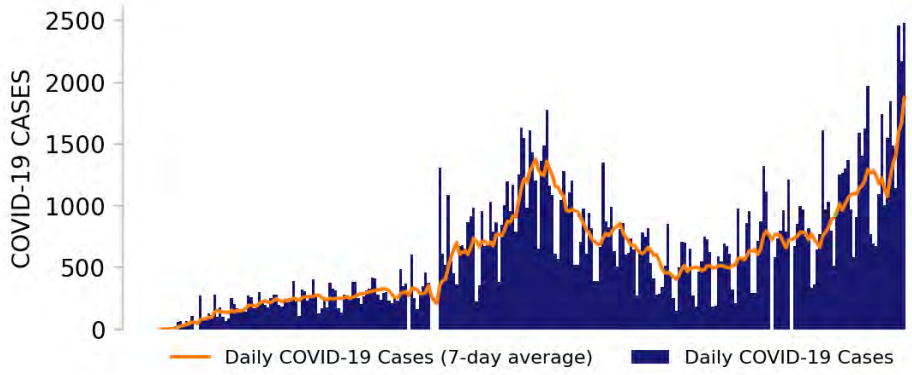
MISSISSIPPI

STATE REPORT | 12.06.2020

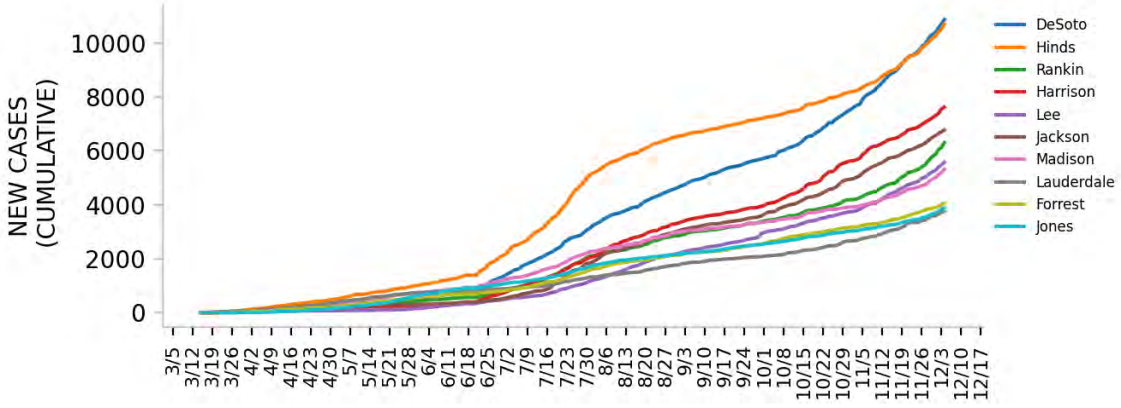
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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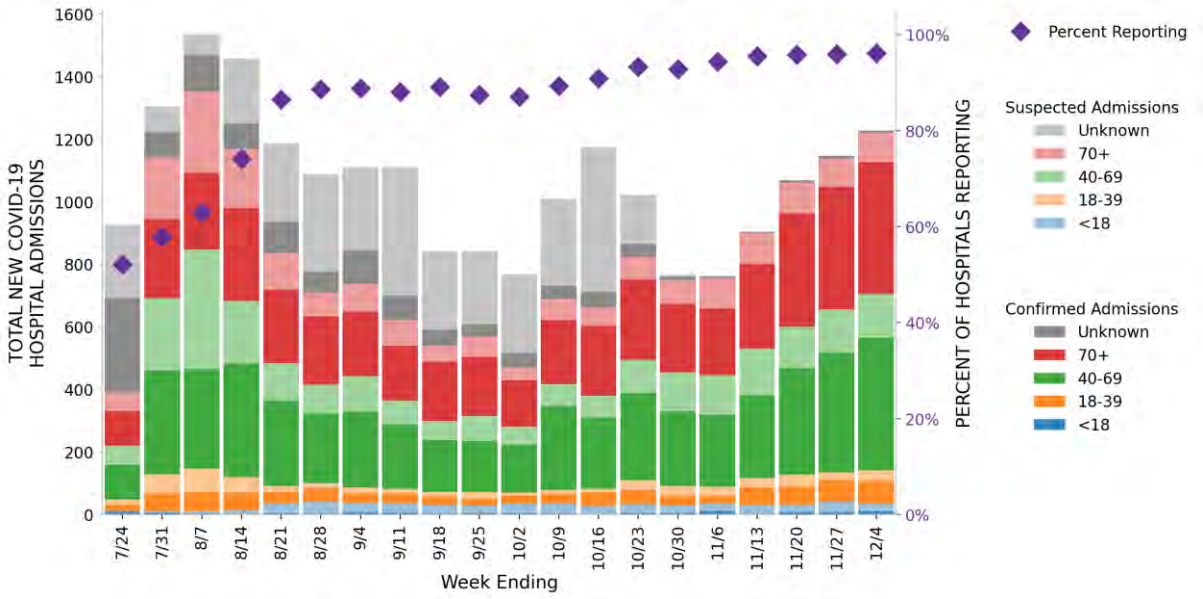
MISSISSIPPI

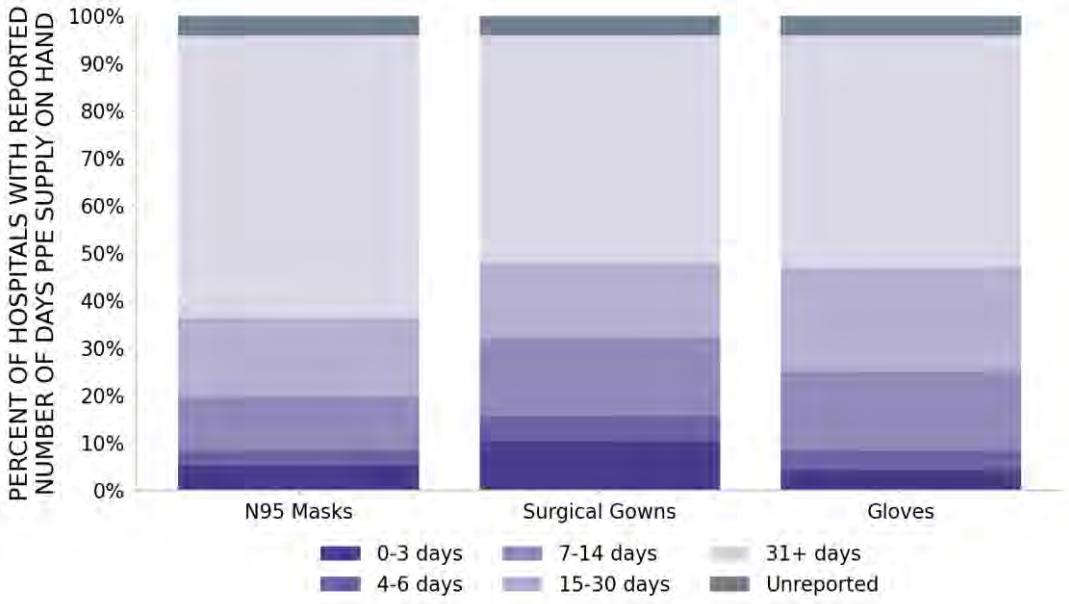
STATE REPORT | 12.06.2020

96 hospitals are expected to report in Mississippi

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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MISSISSIPPI

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**21** ▲ (+5)	Jackson Memphis Gulfport-Biloxi Tupelo Hattiesburg Meridian Laurel Columbus Greenville Starkville Brookhaven Greenwood	**70** ▲ (+23)	DeSoto Hinds Rankin Harrison Lee Jackson Madison Lauderdale Forrest Jones Lowndes Washington
LOCALITIES IN ORANGE ZONE	**1** ▼ (-3)	Picayune	**5** ▼ (-11)	Pearl River Hancock Tippah Montgomery Claiborne
LOCALITIES IN YELLOW ZONE	**1** ▼ (-2)	Oxford	**4** ▼ (-10)	Lafayette Chickasaw Jefferson Davis Quitman

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

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

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

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

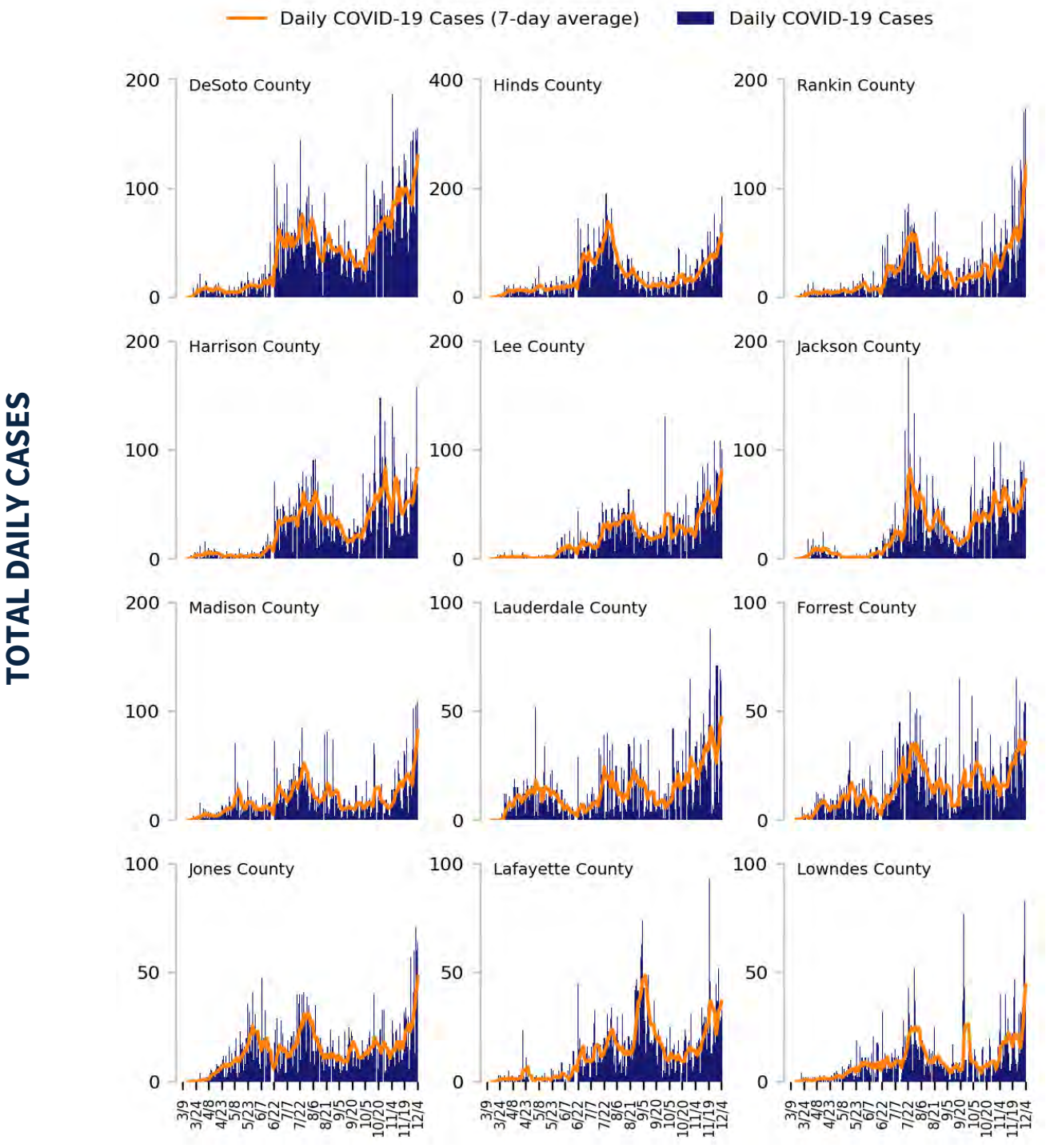
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 12/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

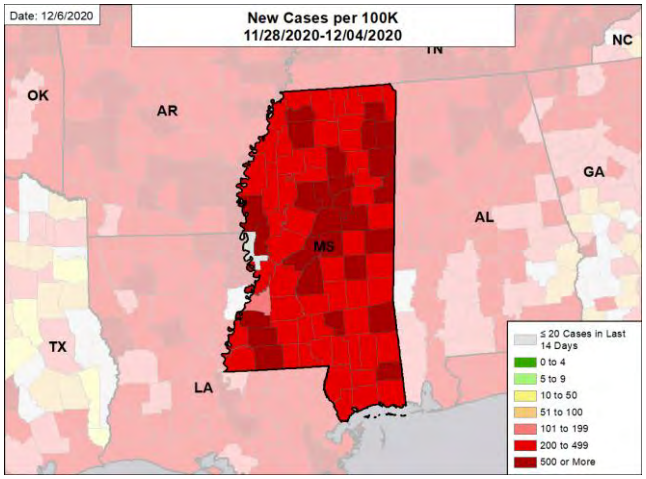
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

MISSISSIPPI

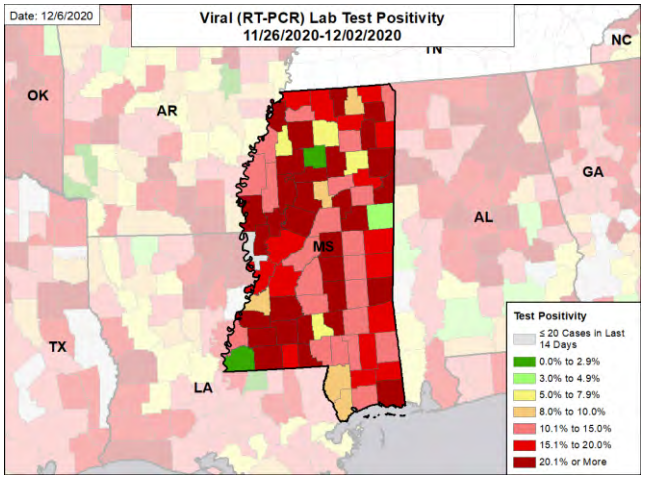
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

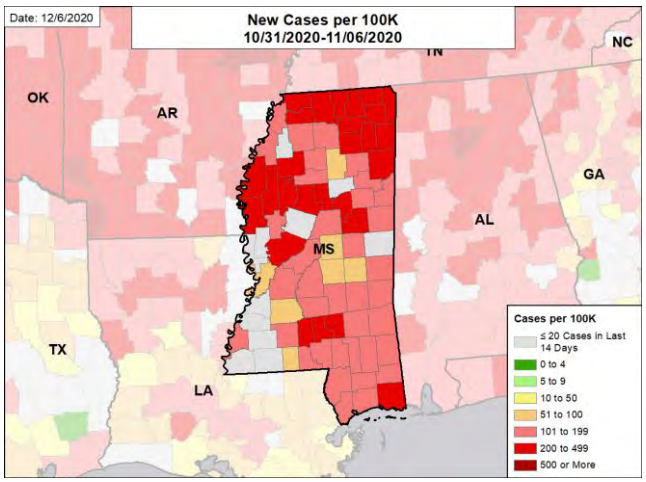
NEW CASES PER 100,000



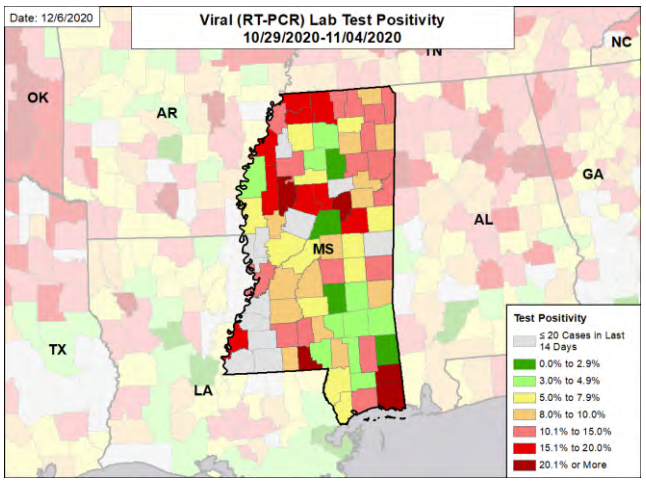
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

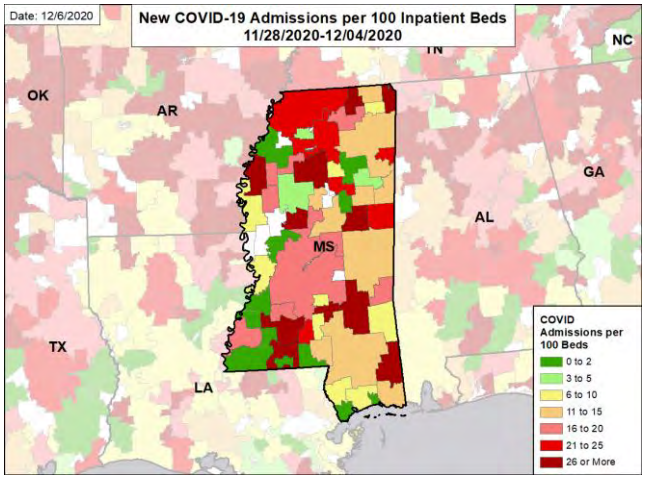
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

MISSISSIPPI

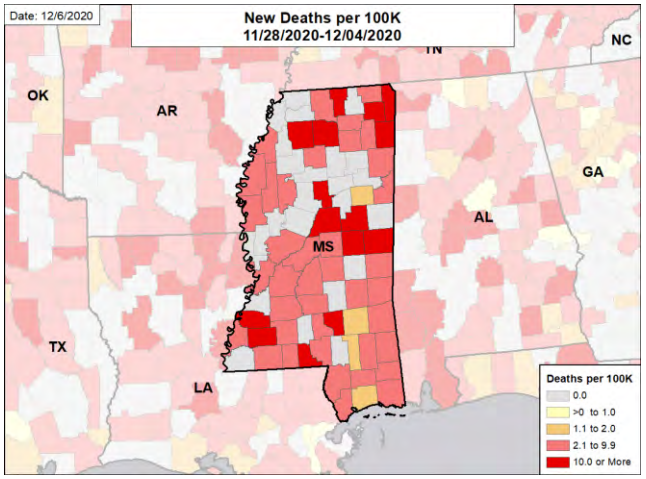
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

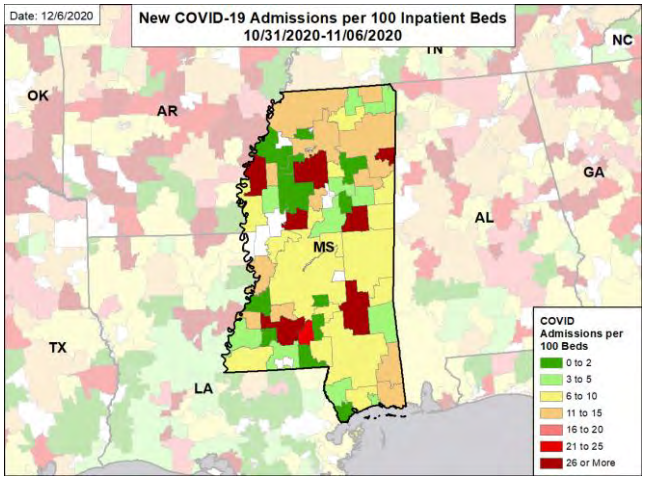
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



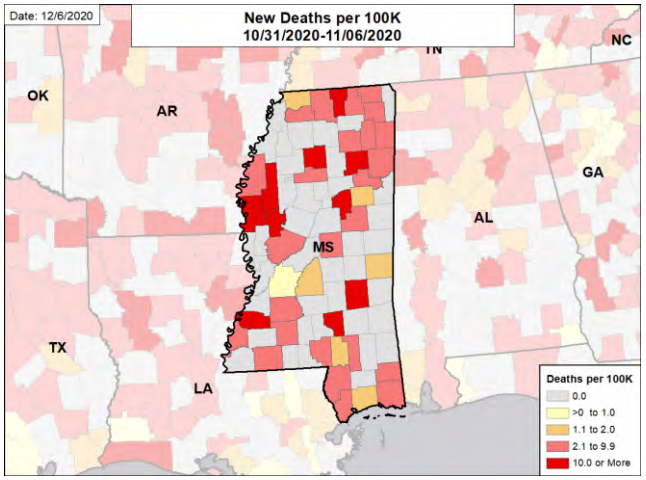
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

MISSOURI

SUMMARY

- Missouri is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 32nd highest rate in the country. Missouri is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 9th highest rate in the country.
- Missouri has seen a decrease in new cases and stability in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. St. Louis County, 2. Jackson County, and 3. St. Charles County. These counties represent 37.9% of new cases in Missouri.
- 91% of all counties in Missouri have moderate or high levels of community transmission (yellow, orange, or red zones), with 83% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 32% of nursing homes had at least one new resident COVID-19 case, 49% had at least one new staff COVID-19 case, and 12% had at least one new resident COVID-19 death.
- Missouri had 388 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 86 to support operations activities from FEMA and 5 to support operations activities from ASPR.
- The federal government has supported surge testing in Columbia, Cape Giradeau, Branson, Lee's Summit, and St. Louis.
- Between Nov 28 - Dec 4, on average, 302 patients with confirmed COVID-19 and 230 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Missouri. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Mixed signals over the past 2 weeks with a 30% decrease in testing. There are still very high virus levels across the state; activities that were safe in the summer are not safe now. Increase mitigation efforts.
- Must increase testing levels to find asymptomatic individuals to remove source of spread.
- Universities must have weekly testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community. Universities who tested all students weekly starting the first week of fall semester saw between 75% and 90% fewer cases than those who did not. For the remaining time in current semester, students must be tested weekly prior to returning home for winter break.
- Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to <25% and closing bars/limiting bar hours until cases and test positivity decrease to the yellow zone.
- Ensure compliance with public health orders, including wearing masks. Ensure full flu immunizations across the state.
- Ensure all hospitals and clinical sites have updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MISSOURI

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	23,791 (388)	-17%	68,584 (485)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	18.6%	-0.2%*	19.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	71,970** (1,173**)	-27%**	260,078** (1,839**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	405 (6.6)	+48%	1,122 (7.9)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	32%	N/A*†	32%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	49%	N/A*†	51%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	12%	N/A*†	15%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,725 (26)	+3% (+4%)	7,574 (22)	148,450 (20)

* Indicates absolute change in percentage points.

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

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.

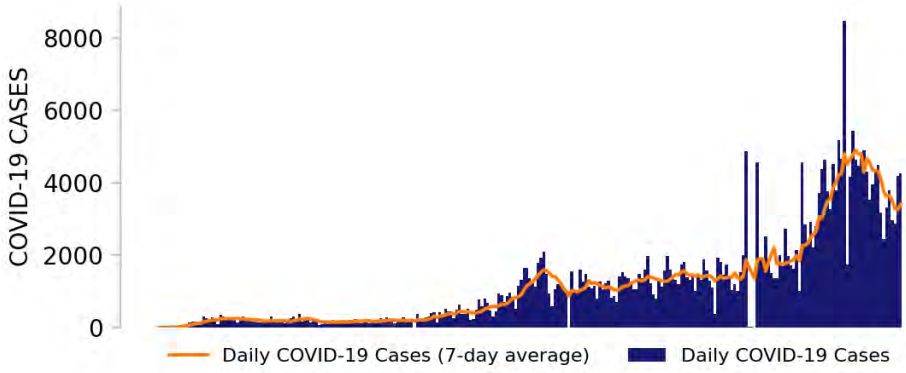
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

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

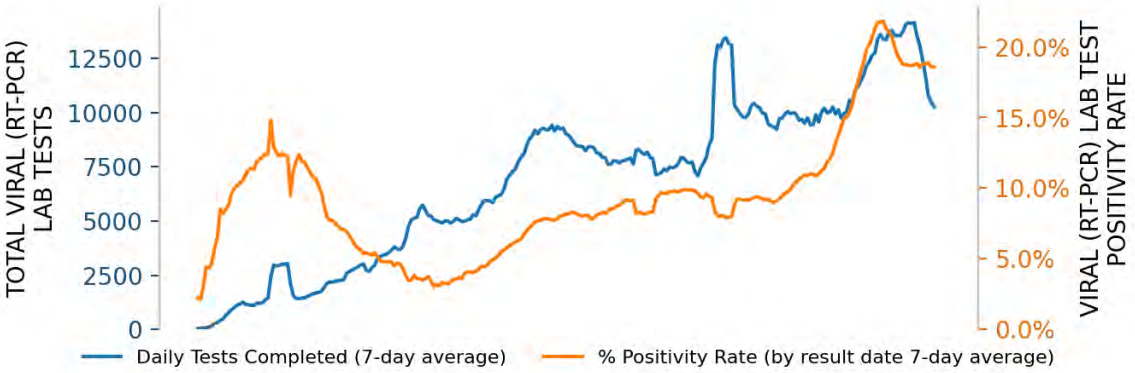
MISSOURI

STATE REPORT | 12.06.2020

NEW CASES

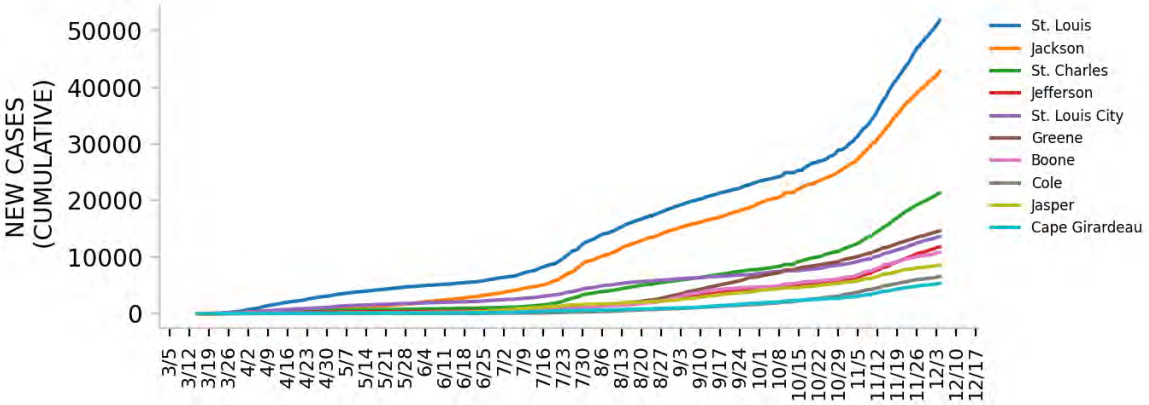


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in 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 12/4/2020.

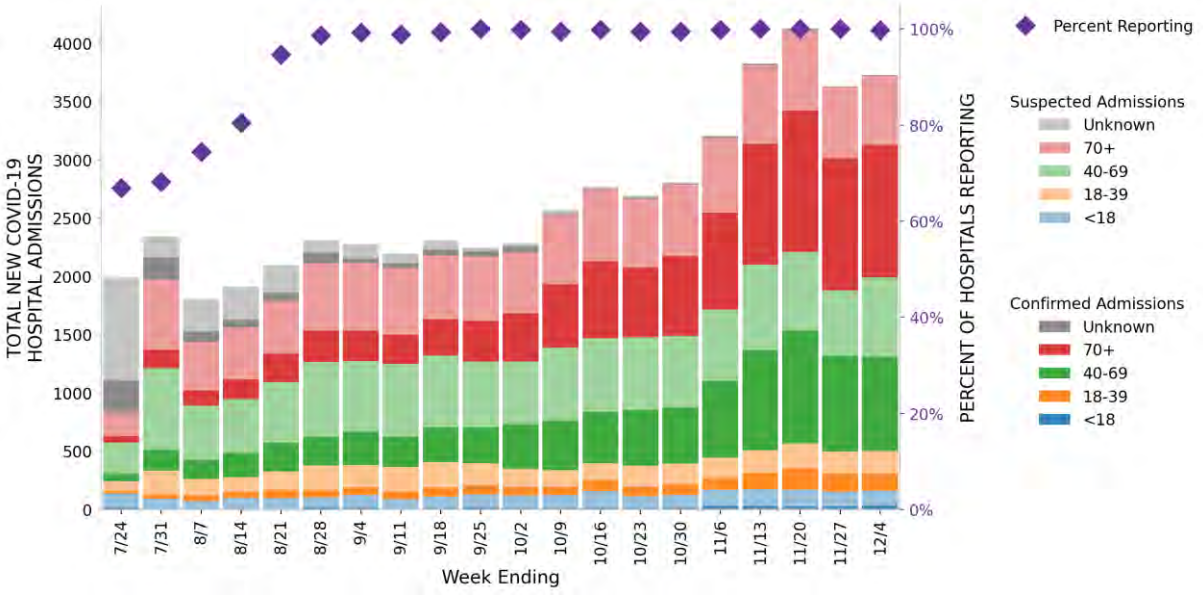
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/2/2020.

MISSOURI

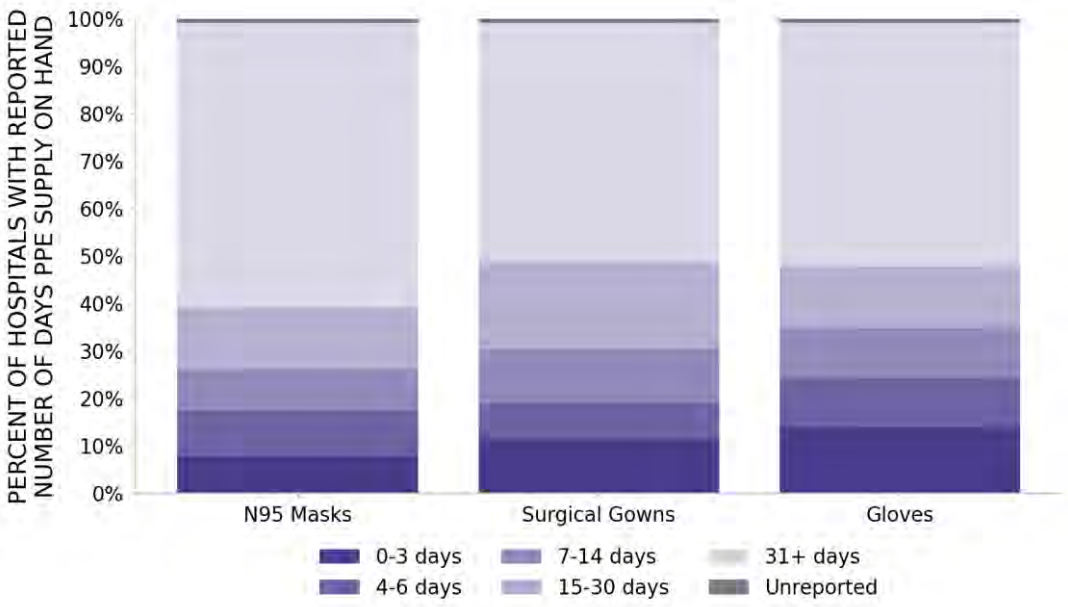
STATE REPORT | 12.06.2020

115 hospitals are expected to report in Missouri

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

MISSOURI

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	24 ▼ (-1)	St. Louis Kansas City Springfield Jefferson City Columbia Joplin St. Joseph Cape Girardeau Sikeston Poplar Bluff Branson Hannibal	95 ▼ (-10)	St. Louis Jackson St. Charles Jefferson St. Louis City Greene Boone Cole Jasper Cape Girardeau Franklin Clay
LOCALITIES IN ORANGE ZONE	1 ■ (+0)	Farmington	3 ▼ (-4)	St. Francois Osage Montgomery
LOCALITIES IN YELLOW ZONE	0 ▼ (-1)	N/A	7 ▲ (+4)	Polk Gasconade Lewis Shelby Dade Hickory Worth

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

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

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

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

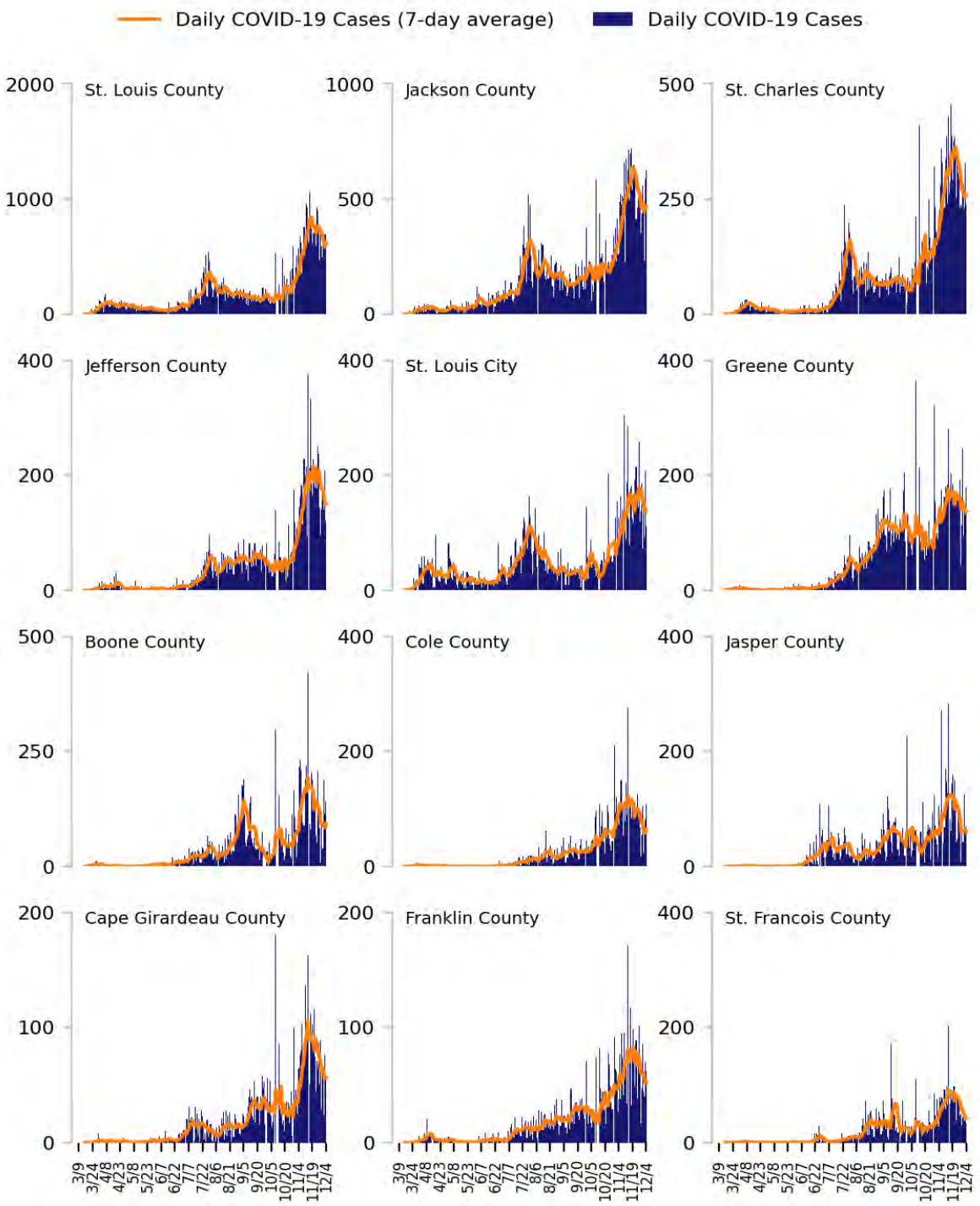
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 12/4/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

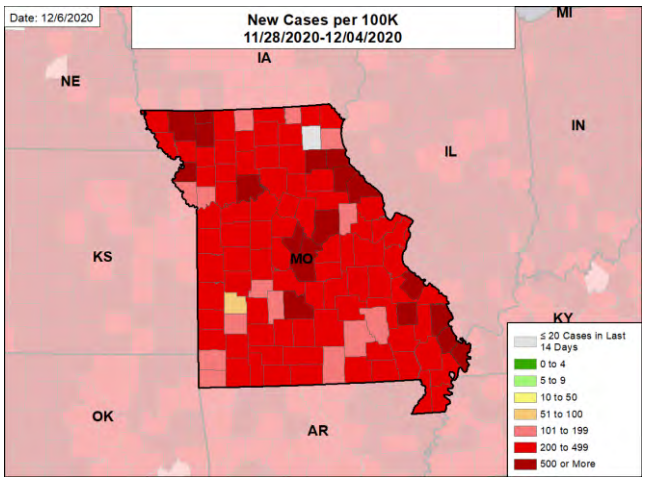
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

MISSOURI

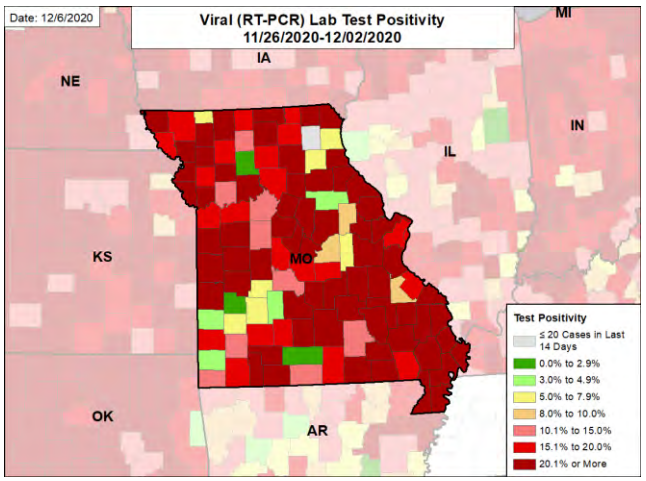
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

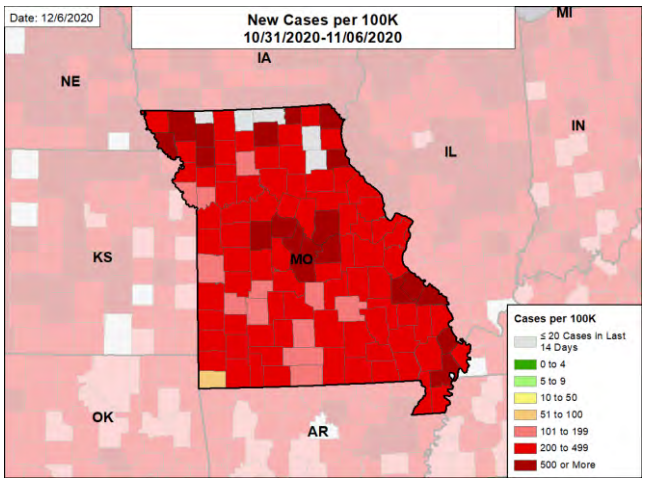
NEW CASES PER 100,000



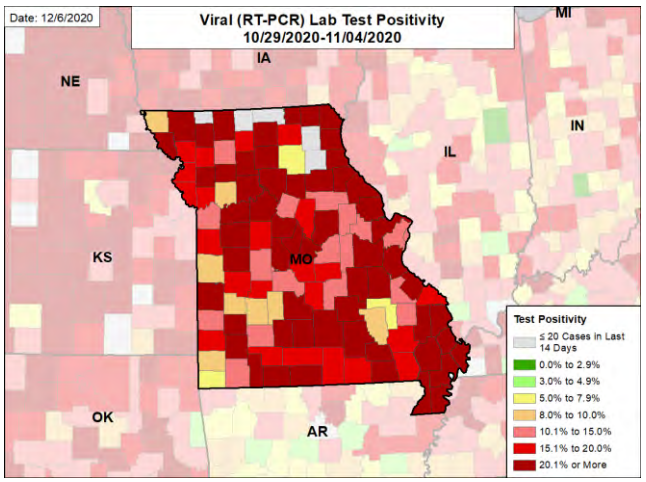
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

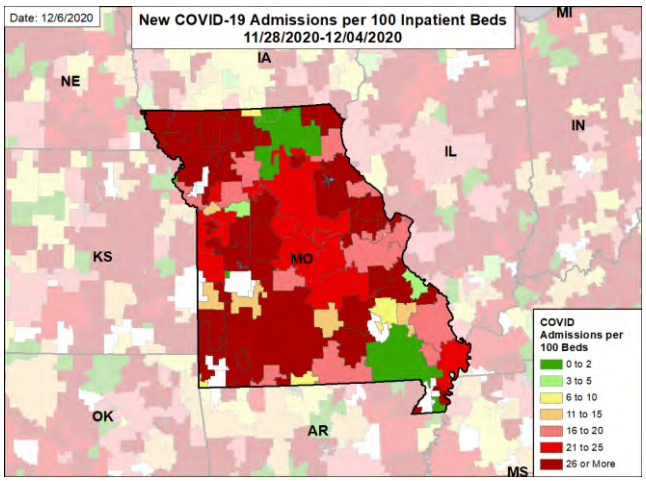
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/2/2020. The week one month before is 10/29 - 11/4.

MISSOURI

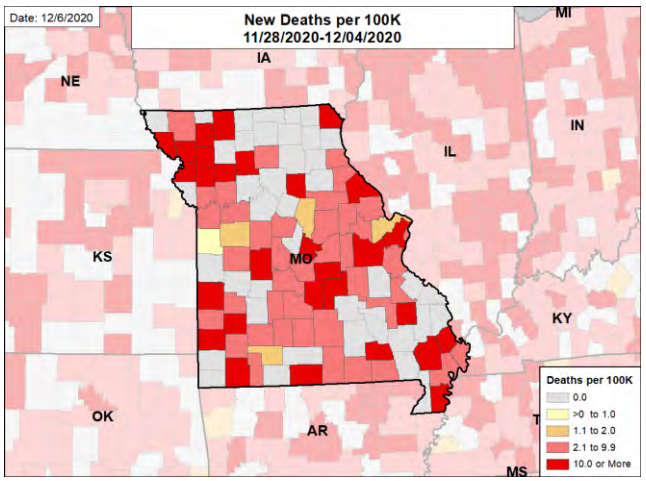
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

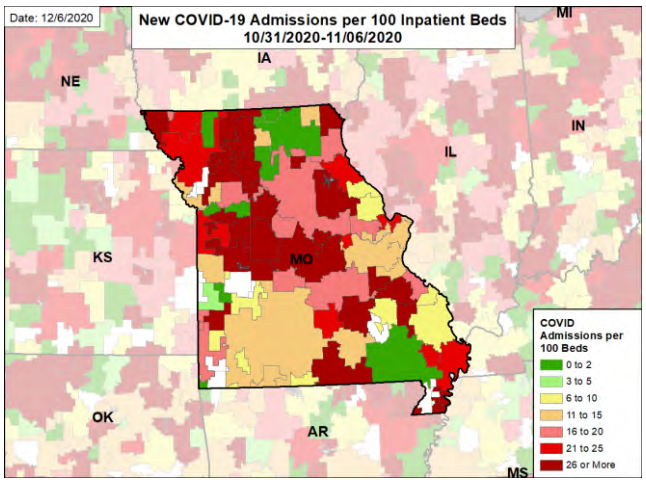
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



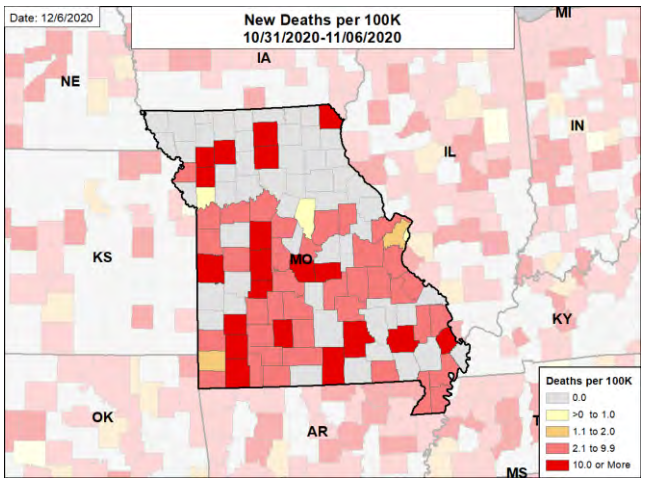
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

MONTANA

SUMMARY

- Montana is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 8th highest rate in the country. Montana is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 7th highest rate in the country.
- Montana has seen stability in new cases and a decrease in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Yellowstone County, 2. Gallatin County, and 3. Flathead County. These counties represent 35.3% of new cases in Montana.
- Compared to the week before, case rates have decreased in 41 counties and test positivity has decreased in 37 counties; nonetheless, test positivity is above 10% in 44 counties.
- 84% of all counties in Montana have moderate or high levels of community transmission (yellow, orange, or red zones), with 77% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 26% of nursing homes had at least one new resident COVID-19 case, 44% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Montana had 621 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA; 7 to support testing activities from CDC; 14 to support epidemiology activities from CDC; and 5 to support operations activities from CDC.
- Between Nov 28 - Dec 4, on average, 62 patients with confirmed COVID-19 and 27 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Montana. This is a decrease of 18% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Decreases in case rate and test positivity likely related to recent intensification of mitigation efforts, including requirements for face masks; this should be featured in public health messages and local health authorities should monitor and enforce requirements for face masks and social distancing.
- Ensure a complete public health campaign across all media platforms, promoting the impact of recent mitigation efforts, the ongoing need to avoid social gatherings, and the hope of the new vaccines. Expand use of clinical personnel from distressed hospitals and champions from across the political spectrum to advocate for adherence to recommended guidance.
- Surveillance should be greatly expanded through proactive weekly testing of persons at higher risk using point-of-care antigen tests, regardless of symptoms; surveillance should direct focused surge-testing campaigns.
- Education on isolation and quarantine should be given in verbal and written form at the time of testing; all those who are being tested should be instructed to quarantine until they get their results.
- Ensure all clinical facilities have contingency plans, up-to-date treatment protocols, access to telehealth systems, and remote clinical support. Ensure local healthcare systems have expansion plans for beds and staffing.
- Develop outpatient infusion centers to provide IV therapy to those who don't need admission or when hospital systems are over-capacity. When monoclonal antibodies are available, they should be directed proportionately to communities and individuals at highest risk for disease progression.
- Contact tracing remains a critical intervention and should be expanded as previously described to keep up with the number of cases; consider methods to automate counseling, contact elicitation, and instructions for isolation and quarantine by email or text messaging.
- Ensure all staff who work with any patients or residents in any congregate setting are tested weekly with rapid tests; such staff should not be permitted to work without a recent negative test or clearance from isolation. Monitor and ensure all long-term care facilities are completely adherent to CMS guidelines. All congregate facilities and all crowded workplaces should have routine surveillance testing in place, without regard to symptoms.
- Continue with aggressive flu vaccine campaigns, ensuring that vaccines are available at all private and public health facilities, including private pharmacies.
- Continue to provide weekly testing of all Tribal communities, regardless of symptoms. Test results should be rapid, and isolation and contact tracing conducted immediately. Ensure sufficient facilities for isolation and quarantine and adequate delivery of food, water, and laundry services.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MONTANA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	6,641 (621)	+2%	71,931 (587)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	20.2%	-1.2%*	14.5%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	24,858** (2,326**)	-33%**	470,275** (3,836**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	71 (6.6)	-22%	808 (6.6)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	26%	N/A*†	36%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	44%	N/A*†	61%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	N/A*†	15%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	618 (21)	-18% (-19%)	5,191 (21)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

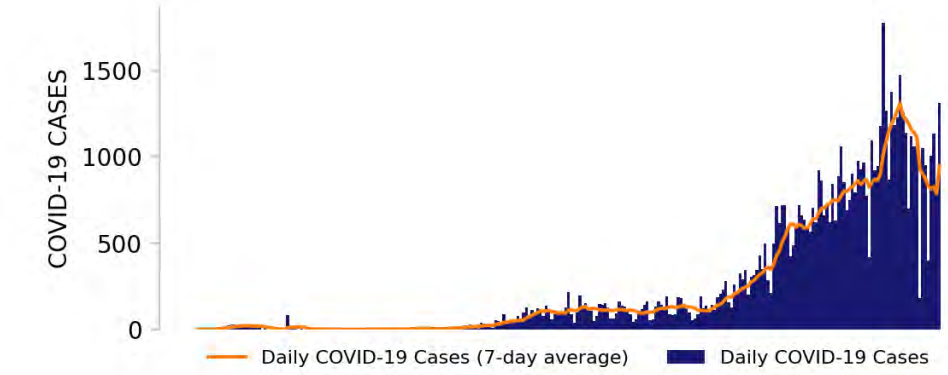
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

MONTANA

STATE REPORT | 12.06.2020

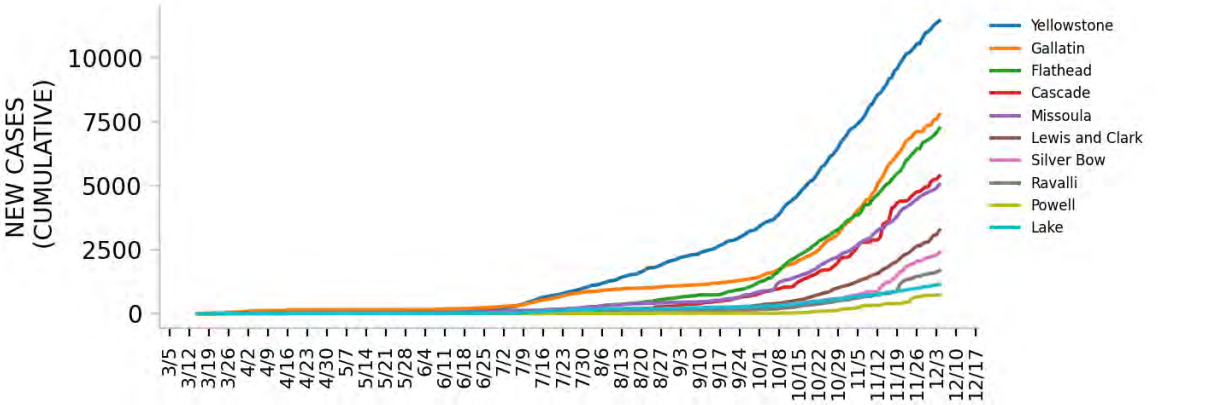
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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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 12/4/2020.

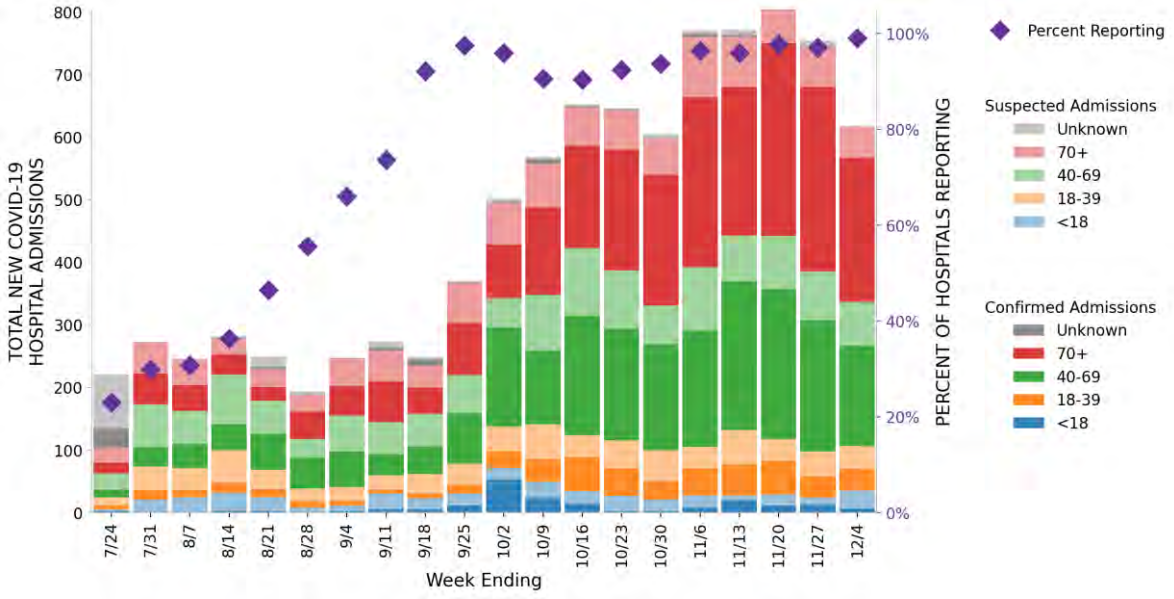
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

MONTANA

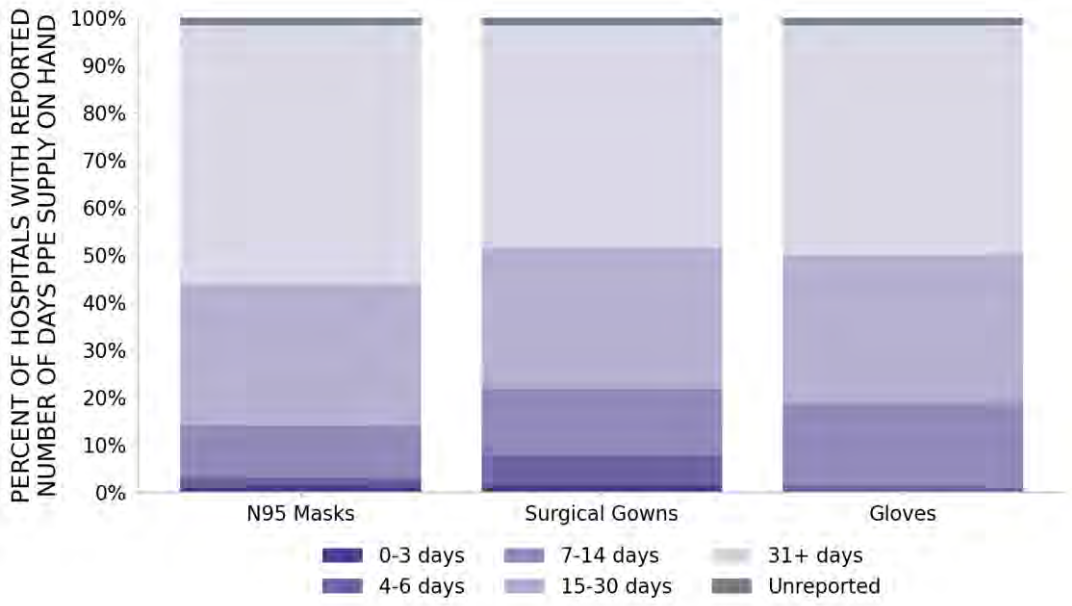
STATE REPORT | 12.06.2020

64 hospitals are expected to report in Montana

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

MONTANA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**7** ■ (+0)	Billings Bozeman Kalispell Great Falls Helena Missoula Butte-Silver Bow	**43** ▼ (-1)	Yellowstone Gallatin Flathead Cascade Missoula Lewis and Clark Silver Bow Ravalli Powell Lake Hill Fergus
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**1** ▲ (+1)	Big Horn
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**3** ▲ (+3)	Sheridan Sweet Grass Pondera

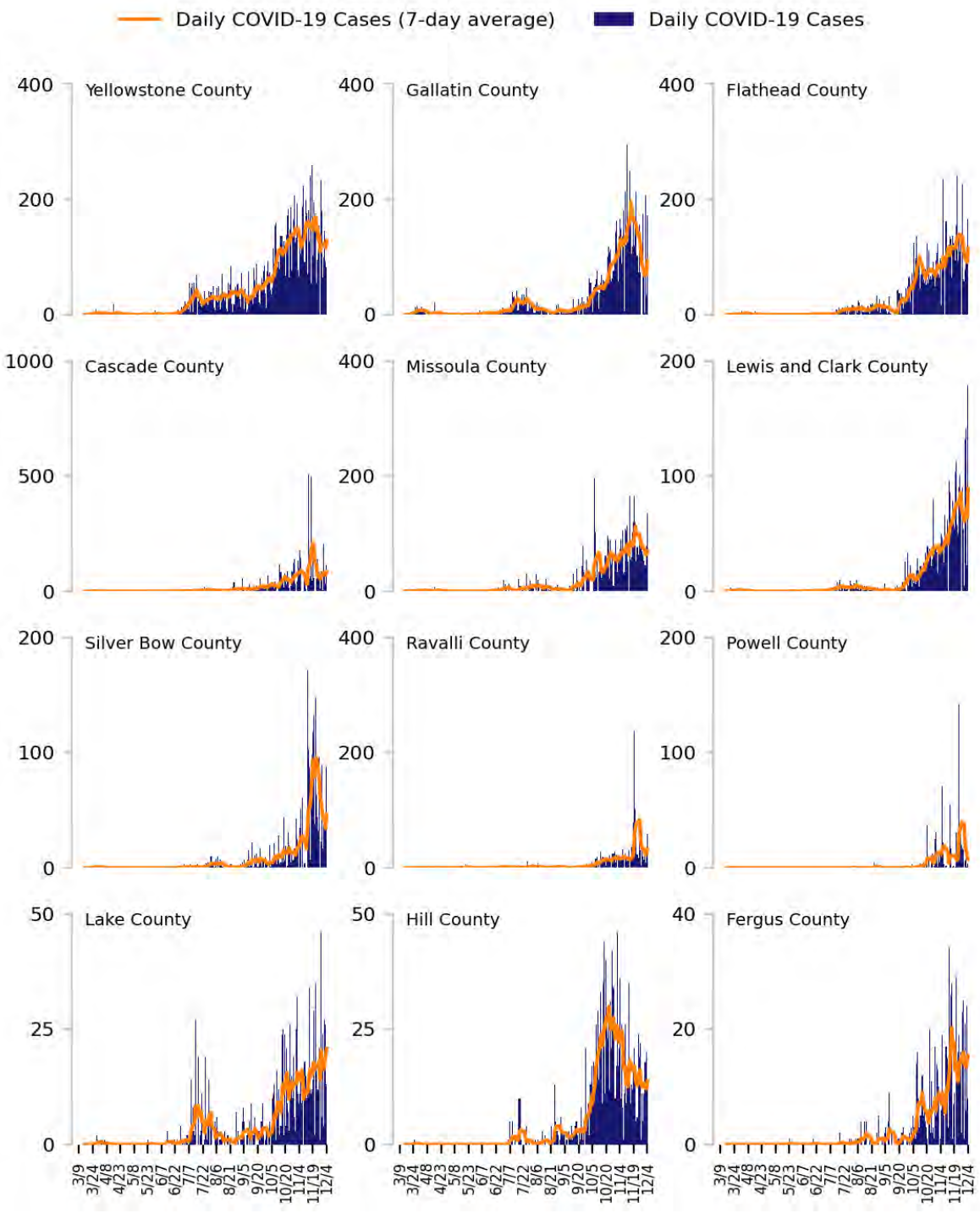
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

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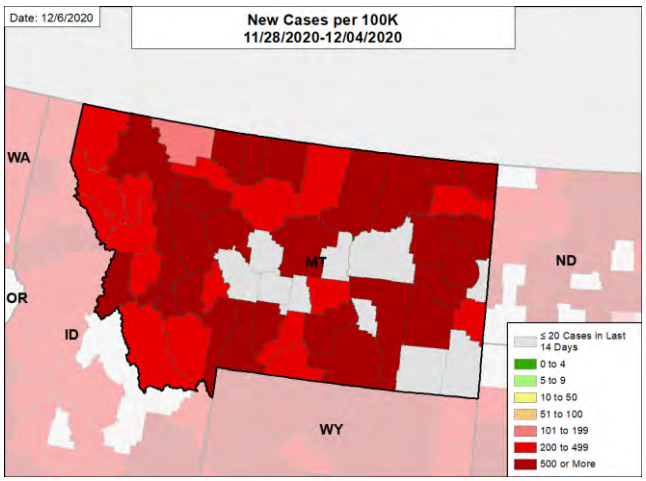
MONTANA

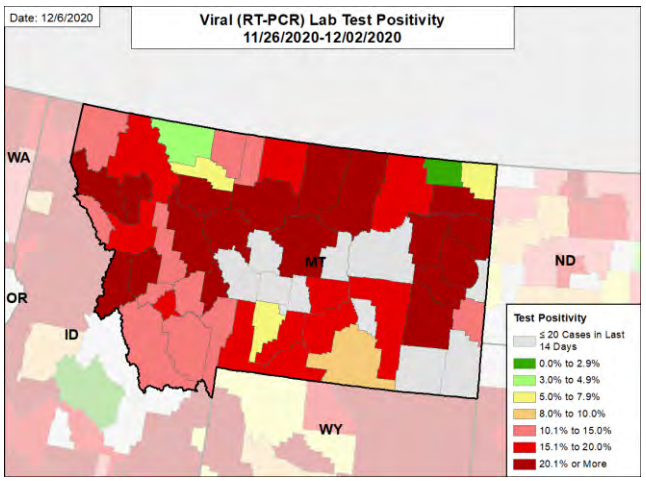
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

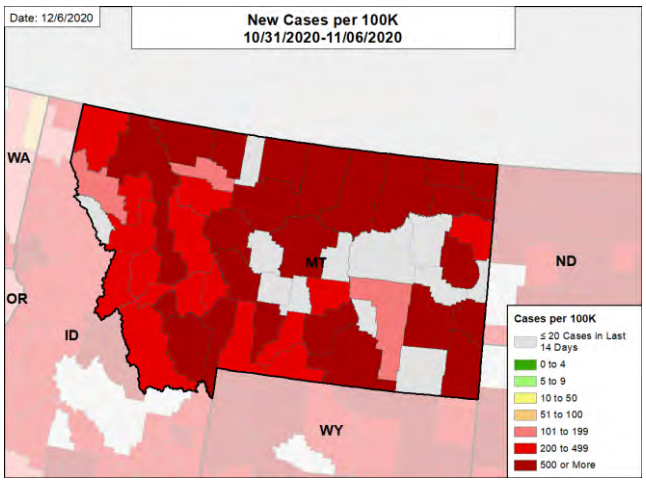
NEW CASES PER 100,000



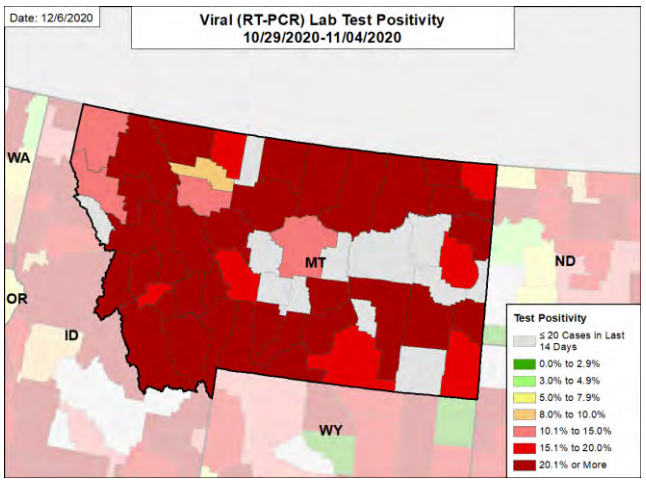
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

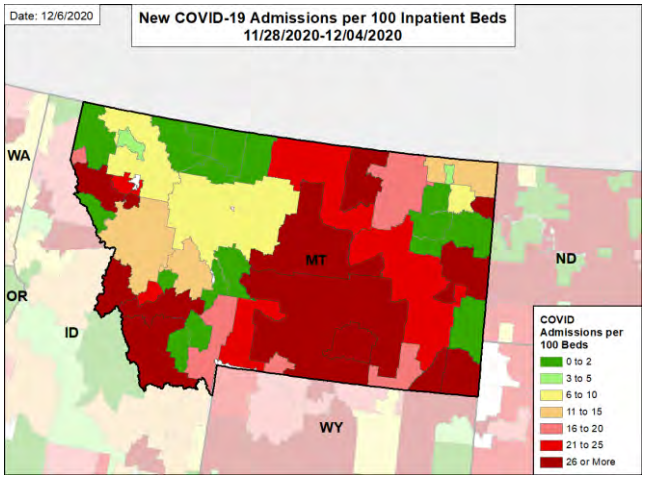
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

MONTANA

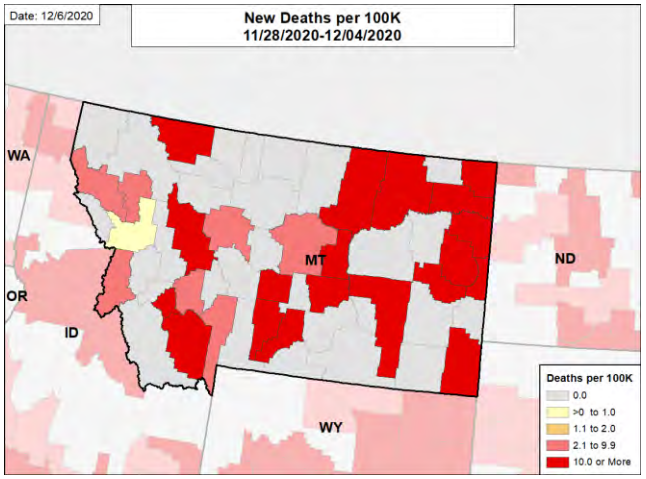
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

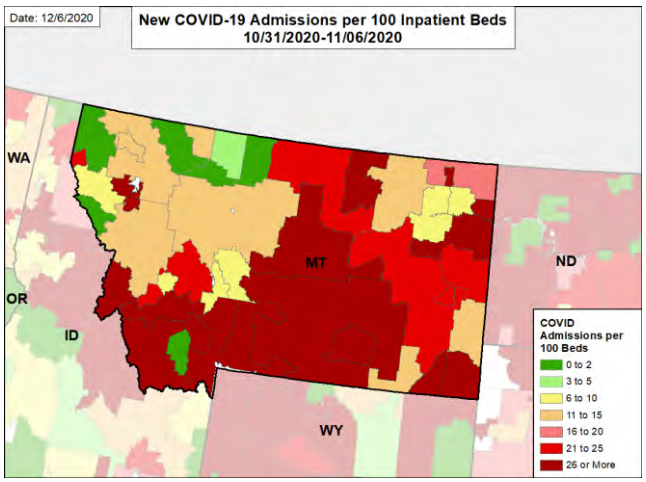
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



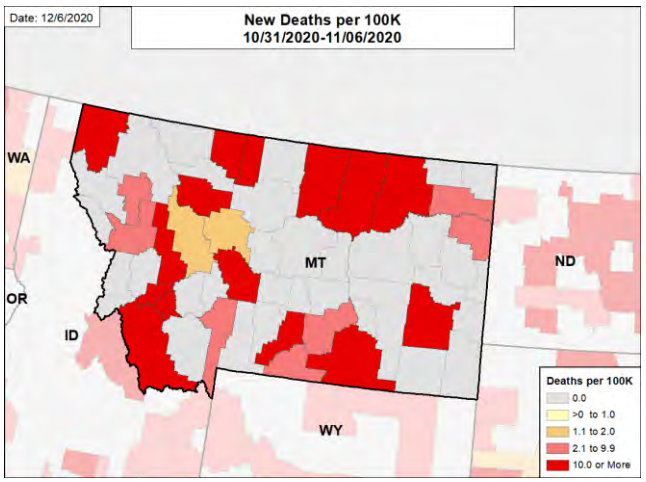
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



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Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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STATE REPORT
12.06.2020
Issue 25

NEBRASKA

SUMMARY

- Nebraska is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 6th highest rate in the country. Nebraska is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 4th highest rate in the country.
- Nebraska has seen stability in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Douglas County, 2. Lancaster County, and 3. Sarpy County. These counties represent 54.4% of new cases in Nebraska.
- 77% of all counties in Nebraska have moderate or high levels of community transmission (yellow, orange, or red zones), with 75% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 34% of nursing homes had at least one new resident COVID-19 case, 58% had at least one new staff COVID-19 case, and 16% had at least one new resident COVID-19 death.
- Nebraska had 633 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from FEMA.
- Between Nov 28 - Dec 4, on average, 101 patients with confirmed COVID-19 and 37 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nebraska. This is a decrease of 6% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
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- Mixed signals over the past 2 weeks with a 30% decrease in testing. There are still very high virus levels across the state; activities that were safe in the summer are not safe now. Effective mitigation must be implemented.
- Must increase testing levels to find asymptomatic individuals to remove source of spread must happen.
- Universities must have weekly testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community. Universities who tested all students weekly starting the first week of fall semester saw between 75% and 90% fewer cases than those who did not. For the remaining time in current semester, students must be tested weekly prior to returning home for winter break.
- Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to <25% and closing bars/limiting bar hours until cases and test positivity decrease to the yellow zone and requiring masks in all public spaces.
- Ensure compliance with public health orders, including wearing masks. Ensure full flu immunizations across the state.
- Ensure all hospitals and clinical sites have updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- In Tribal Nations, conduct weekly testing of Tribal communities living on and off the reservation. Test results should be rapid, and isolation and contact tracing conducted immediately. Ensure sufficient facilities for isolation/quarantine with support services.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NEBRASKA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
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TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	46,055** (2,381**)	-28%**	260,078** (1,839**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	206 (10.6)	+119%	1,122 (7.9)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	34%	N/A*†	32%	25%
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TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	966 (21)	-6% (-5%)	7,574 (22)	148,450 (20)

* Indicates absolute change in percentage points.
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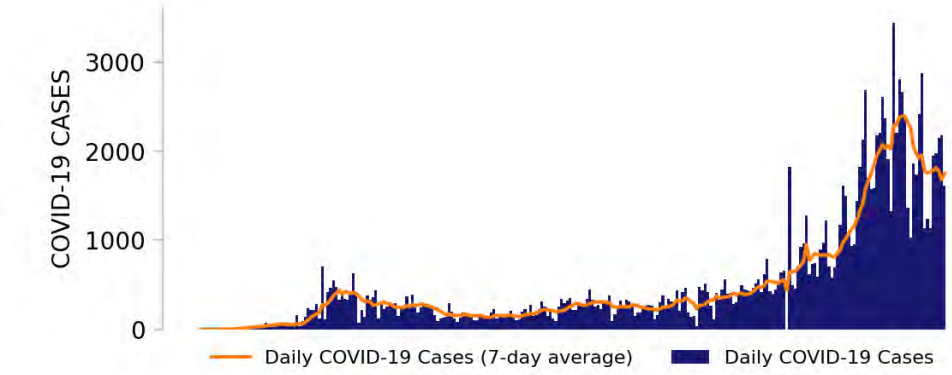
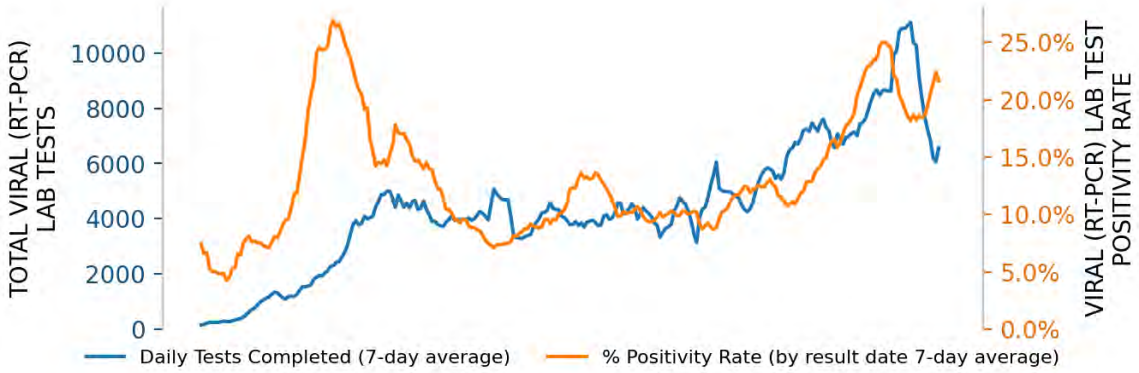
NEBRASKA

STATE REPORT | 12.06.2020

NEW CASES

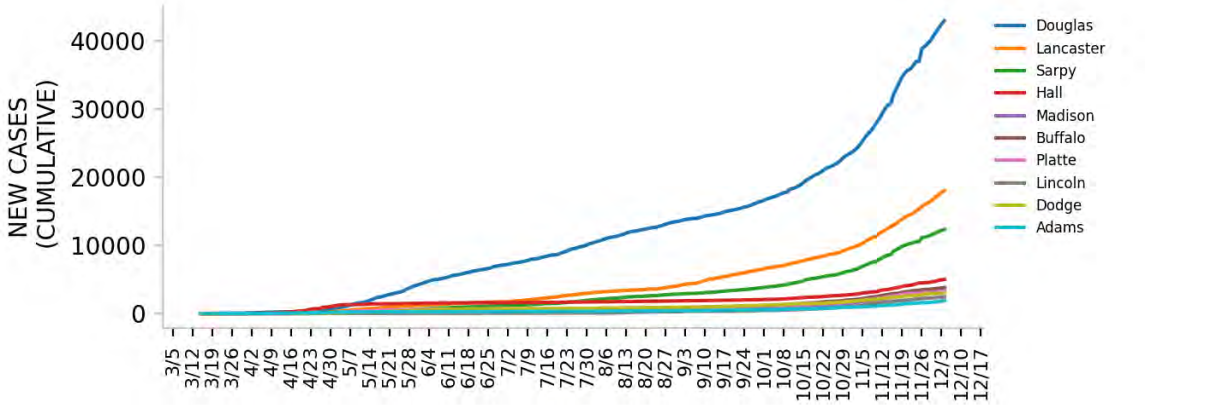


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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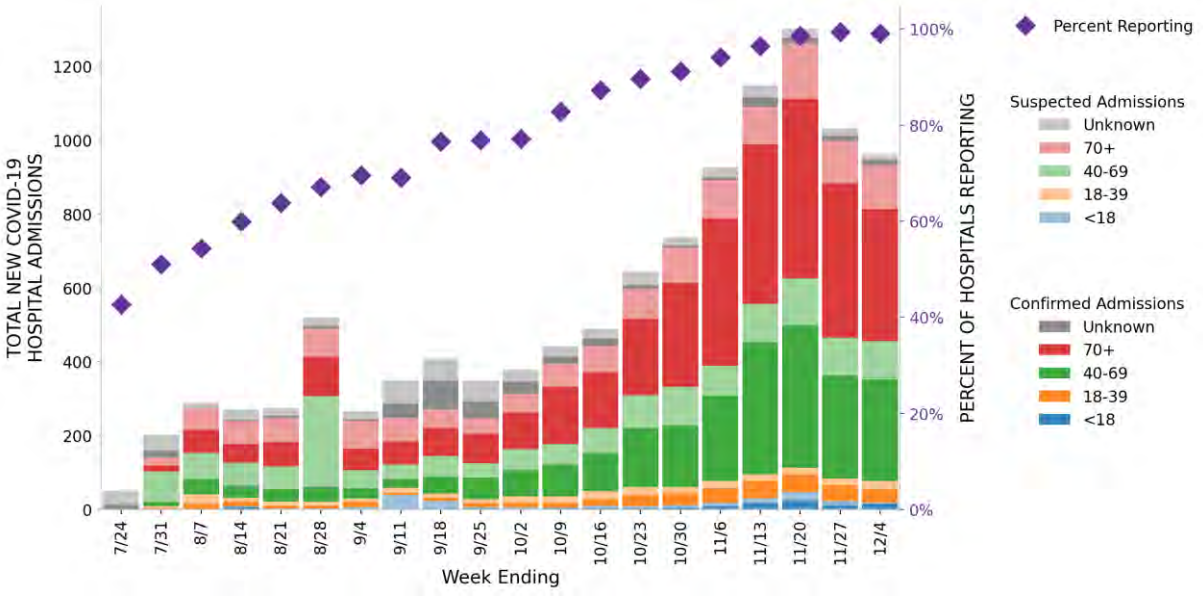
NEBRASKA

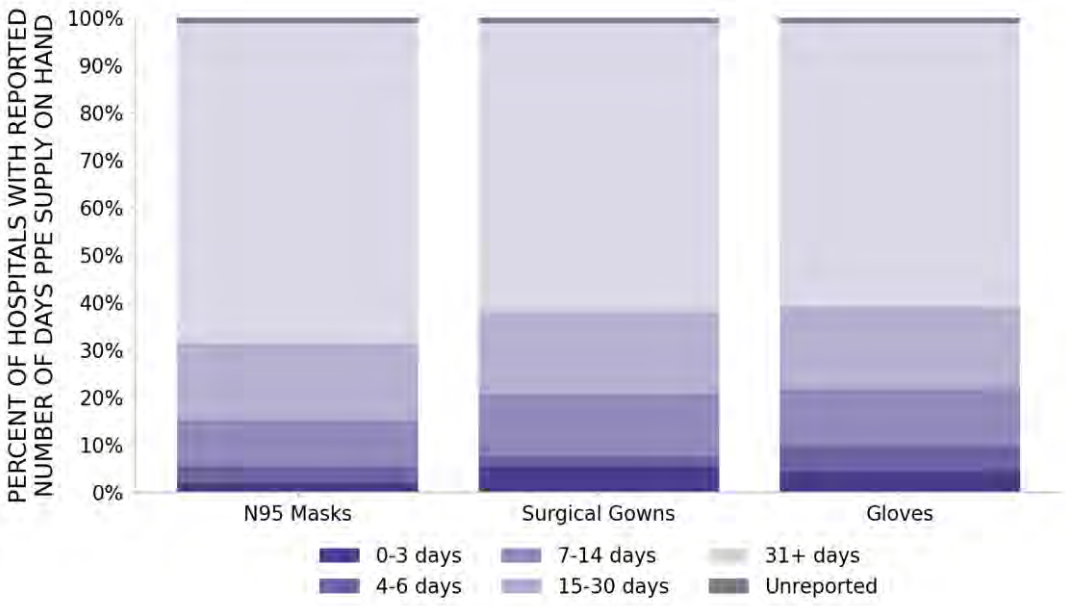
STATE REPORT | 12.06.2020

92 hospitals are expected to report in Nebraska

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

NEBRASKA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**13** ■ (+0)	Omaha-Council Bluffs Lincoln Grand Island Norfolk Kearney Columbus North Platte Fremont Hastings Scottsbluff Sioux City Beatrice	**70** ▼ (-3)	Douglas Lancaster Sarpy Hall Madison Buffalo Platte Lincoln Dodge Adams Scotts Bluff Gage
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**2** ▲ (+1)	Thurston Valley
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**0** ▼ (-1)	N/A

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

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

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

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

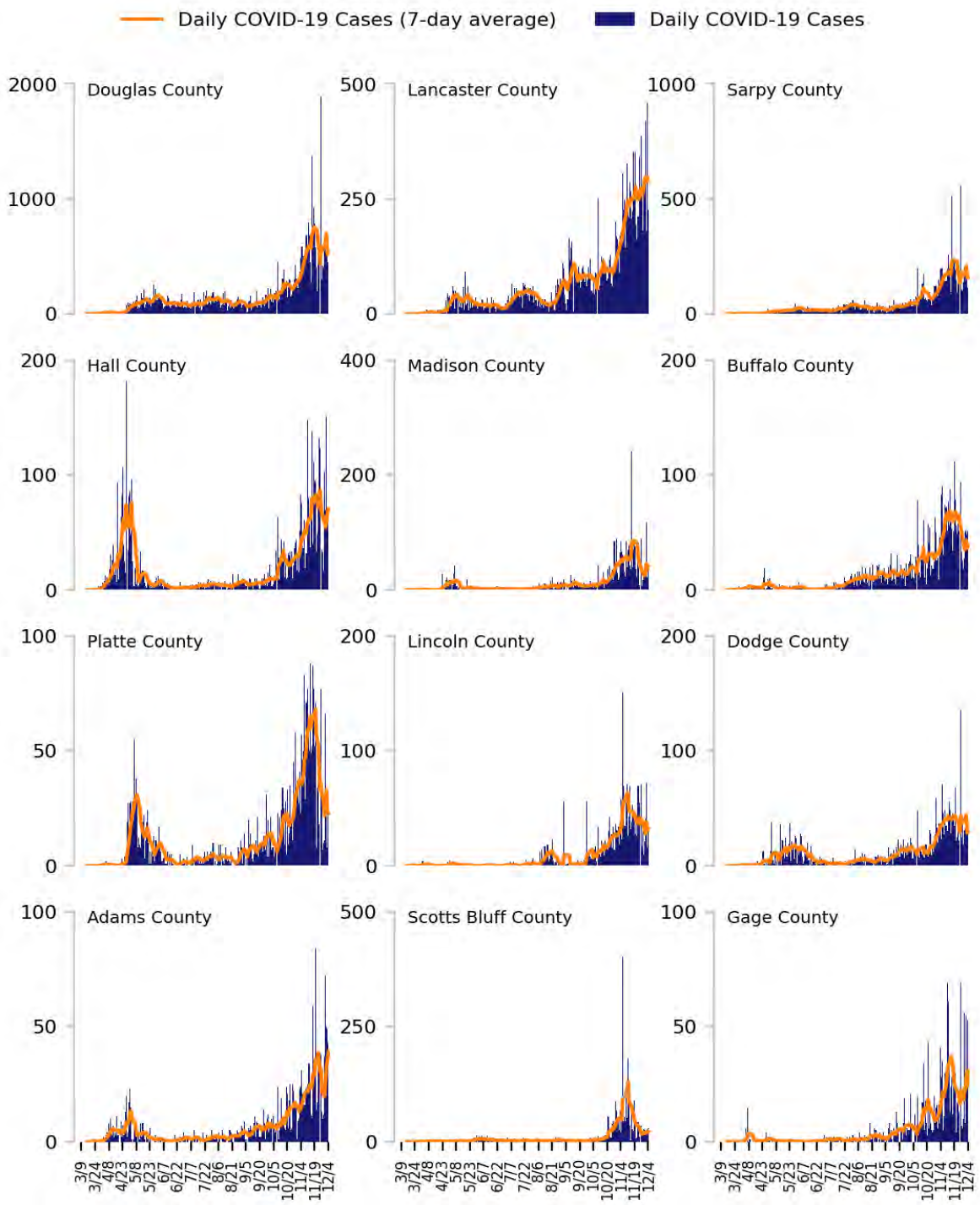
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 12/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

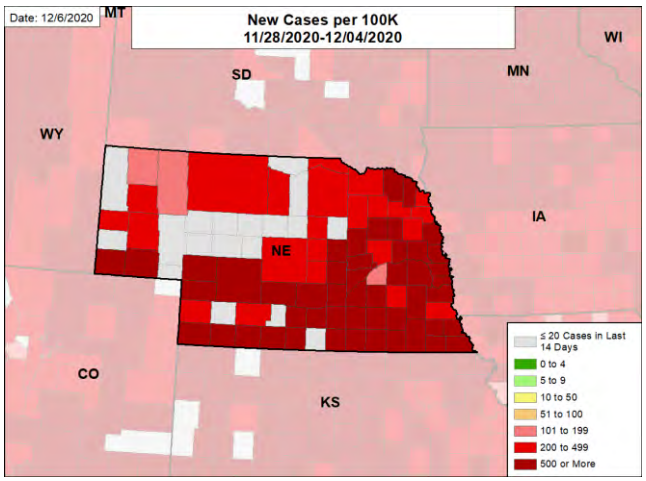
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

NEBRASKA

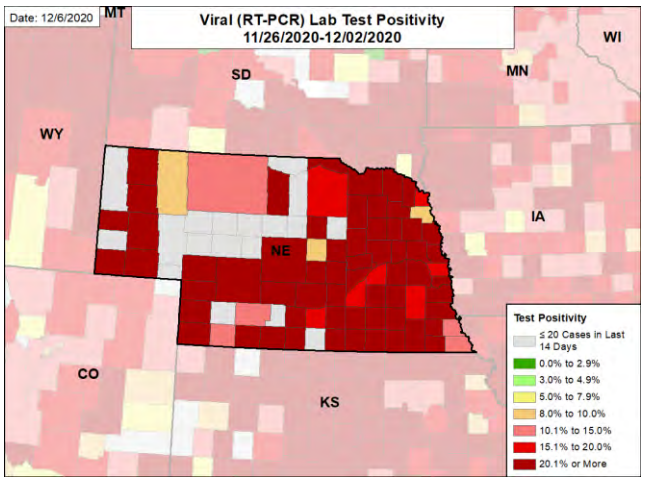
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

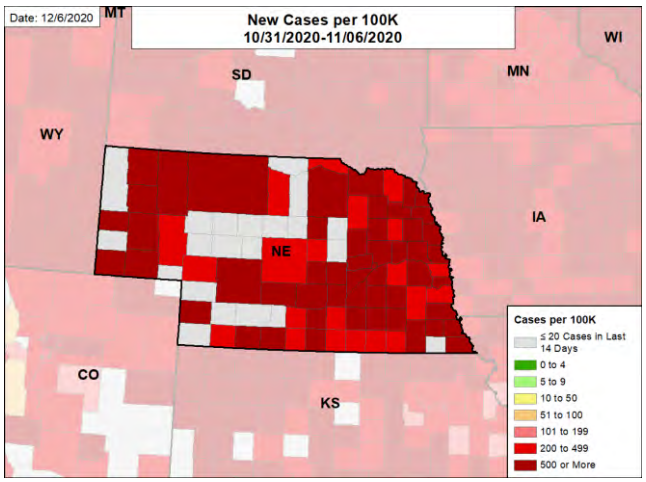
NEW CASES PER 100,000



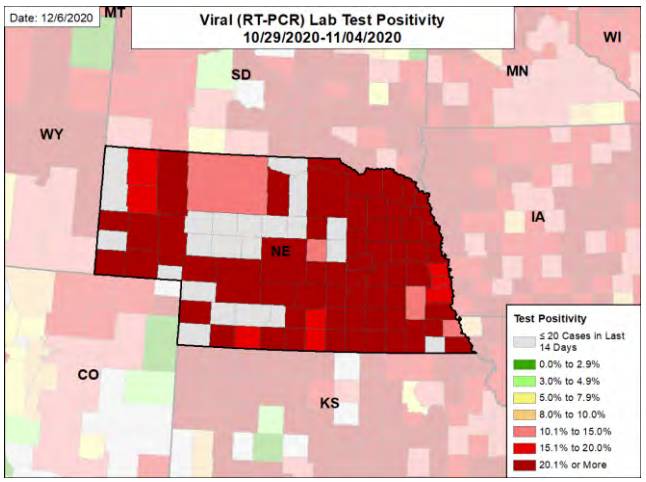
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

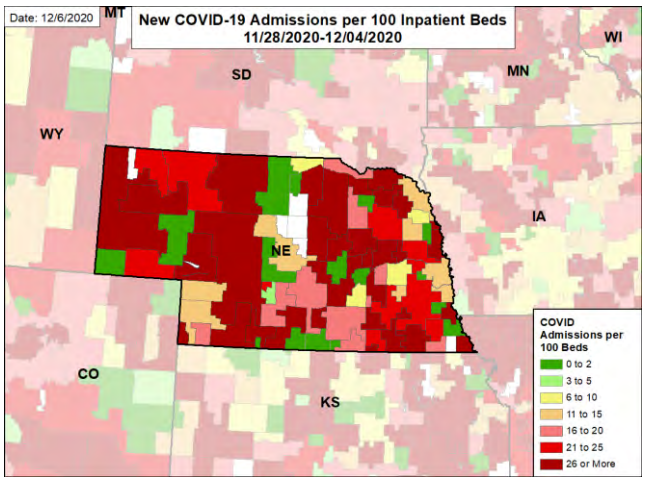
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

NEBRASKA

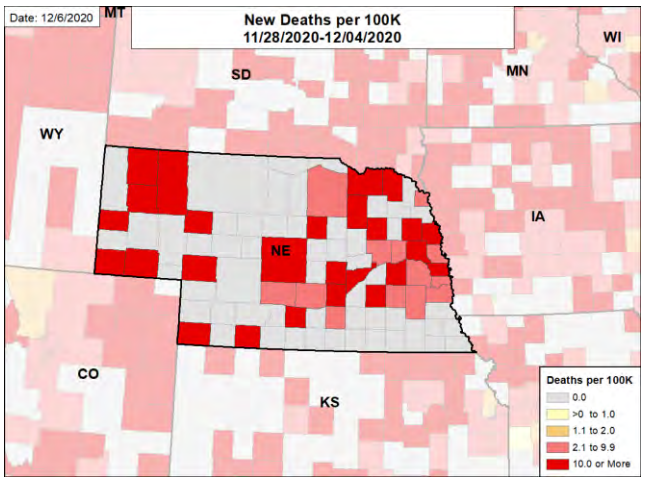
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

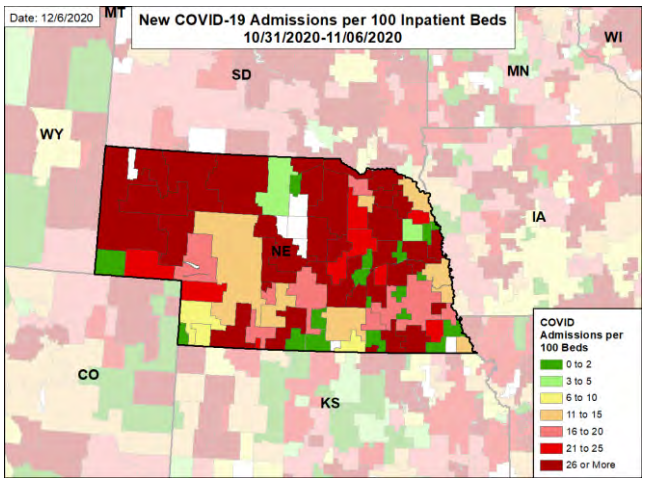
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



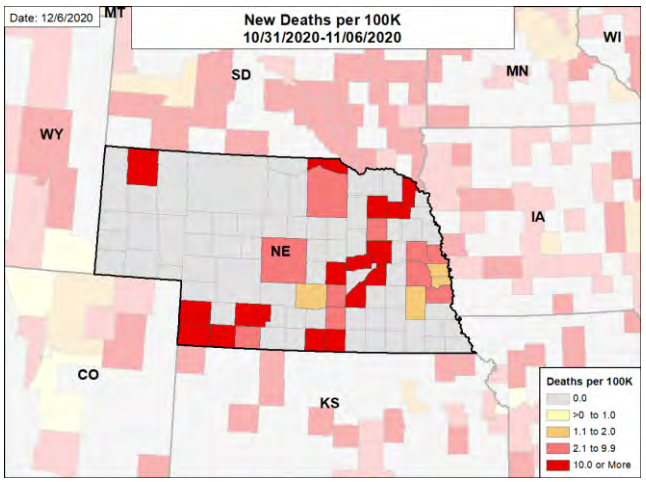
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

NEVADA

SUMMARY

- Nevada is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 17th highest rate in the country. Nevada is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 2nd highest rate in the country.
- Nevada has seen stability in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Clark County, 2. Washoe County, and 3. Carson City. These counties represent 90.8% of new cases in Nevada.
- 76% of all counties in Nevada have moderate or high levels of community transmission (yellow, orange, or red zones), with 76% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 40% of nursing homes had at least one new resident COVID-19 case, 57% had at least one new staff COVID-19 case, and 13% had at least one new resident COVID-19 death.
- Nevada had 526 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 9 to support operations activities from FEMA and 1 to support epidemiology activities from CDC.
- Between Nov 28 - Dec 4, on average, 164 patients with confirmed COVID-19 and 123 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nevada. This is an increase of 5% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Calling on all Nevadans to take personal responsibility to combat the pandemic. The spread is unyielding and impacting all ages across the state. Follow the time-limited public health protocols to save lives and support the economy.
- Must maintain high testing levels in targeted geographies and among <40 age groups to find and isolate asymptomatic spread.
- Universities must have weekly testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community. Universities who tested all students weekly starting the first week of fall semester saw between 75% and 90% fewer cases than those who did not. For the remaining time in current semester, students must be tested weekly prior to returning home for winter break.
- Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to <25% and closing bars/limiting bar hours until cases and test positivity decrease to the yellow zone.
- Ensure compliance with public health orders, including wearing masks. Ensure full flu immunizations across the state.
- Ensure all hospitals and clinical sites have updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- In Tribal Nations, conduct weekly testing of Tribal communities living on and off the reservation. Test results should be rapid, and isolation and contact tracing conducted immediately. Ensure sufficient facilities for isolation/quarantine with support services.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NEVADA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	16,191 (526)	-2%	174,481 (340)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	21.9%	+4.3%*	10.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	86,934** (2,822**)	-25%**	1,145,705** (2,234**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	179 (5.8)	+61%	1,188 (2.3)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	40%	N/A*†	8%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	57%	N/A*†	14%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	13%	N/A*†	2%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,011 (27)	+5% (+5%)	18,410 (21)	148,450 (20)

* Indicates absolute change in percentage points.

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

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.

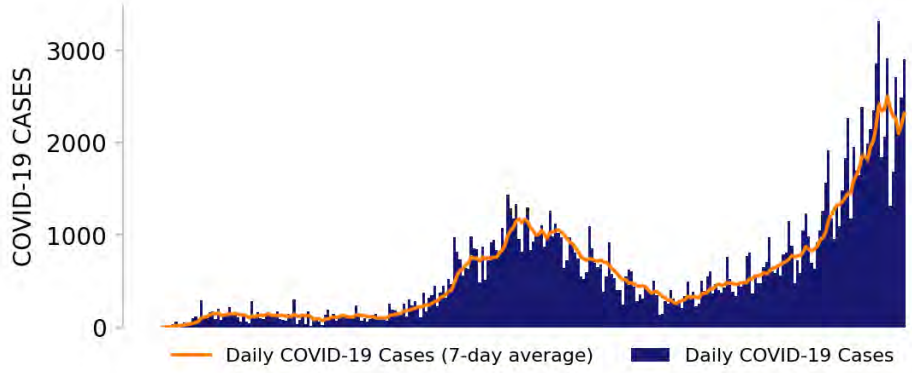
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

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

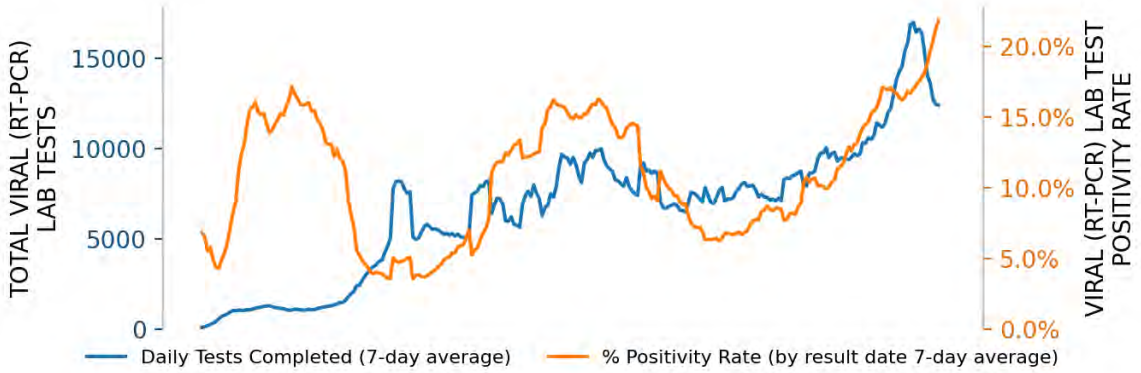
NEVADA

STATE REPORT | 12.06.2020

NEW CASES

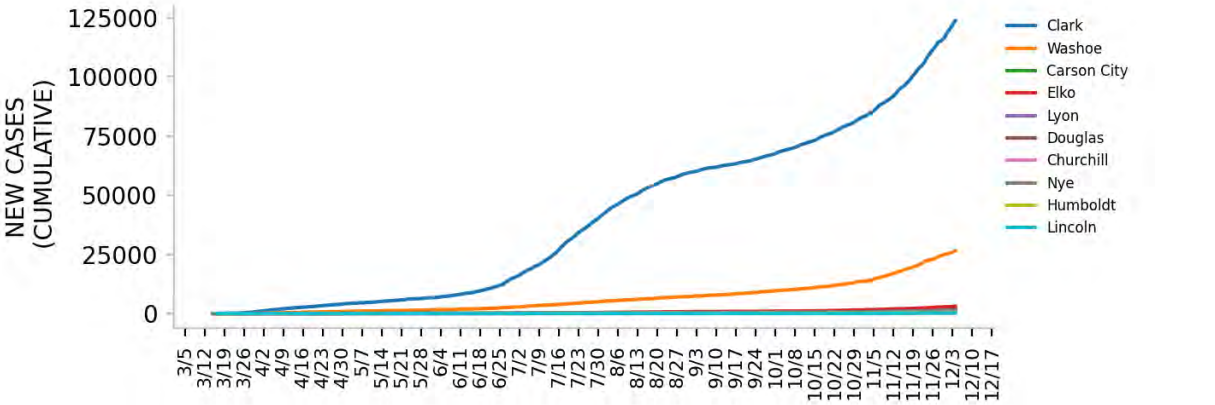


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in 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 12/4/2020.

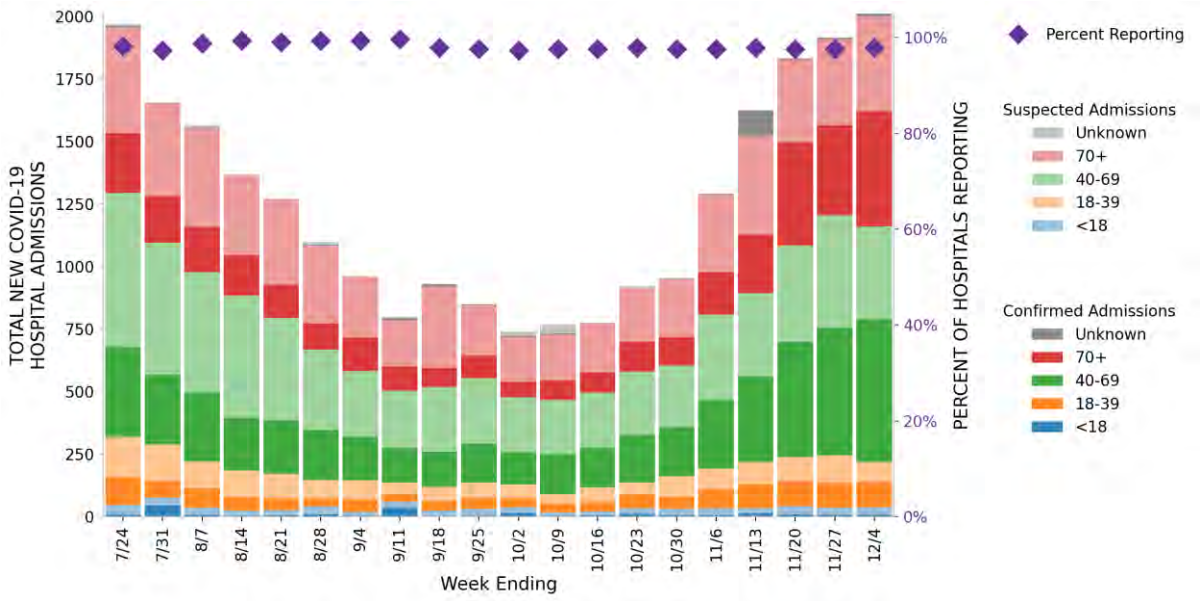
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

NEVADA

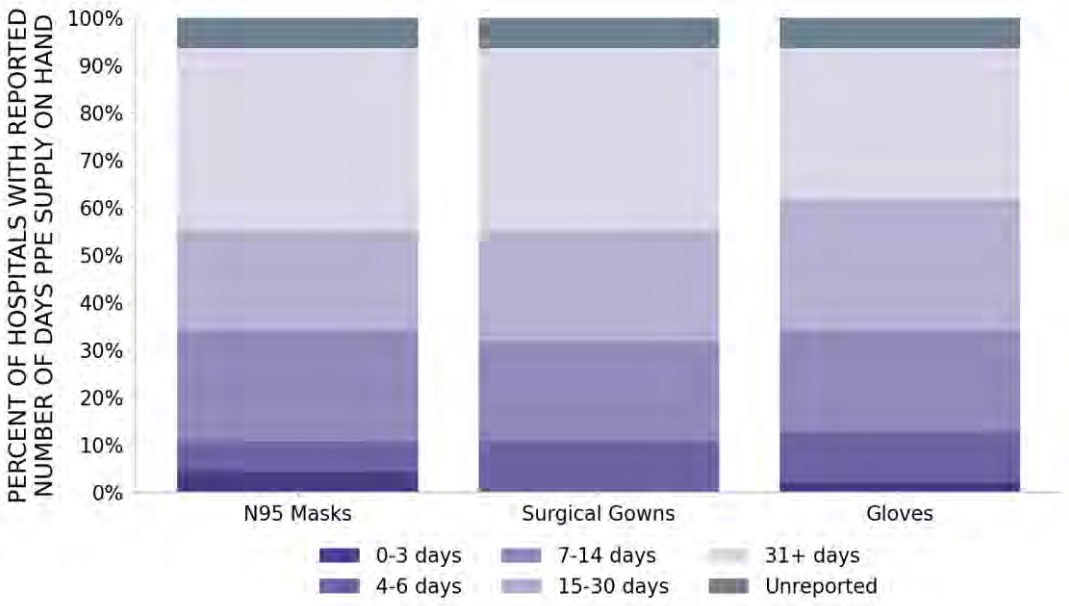
STATE REPORT | 12.06.2020

47 hospitals are expected to report in Nevada

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. 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 12/2/2020.

NEVADA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**9** ■ (+0)	Las Vegas-Henderson-Paradise Reno Carson City Elko Fernley Gardnerville Ranchos Fallon Pahrump Winnemucca	**13** ▼ (-1)	Clark Washoe Carson City Elko Lyon Douglas Churchill Nye Humboldt Lincoln White Pine Lander
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**0** ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**0** ■ (+0)	N/A

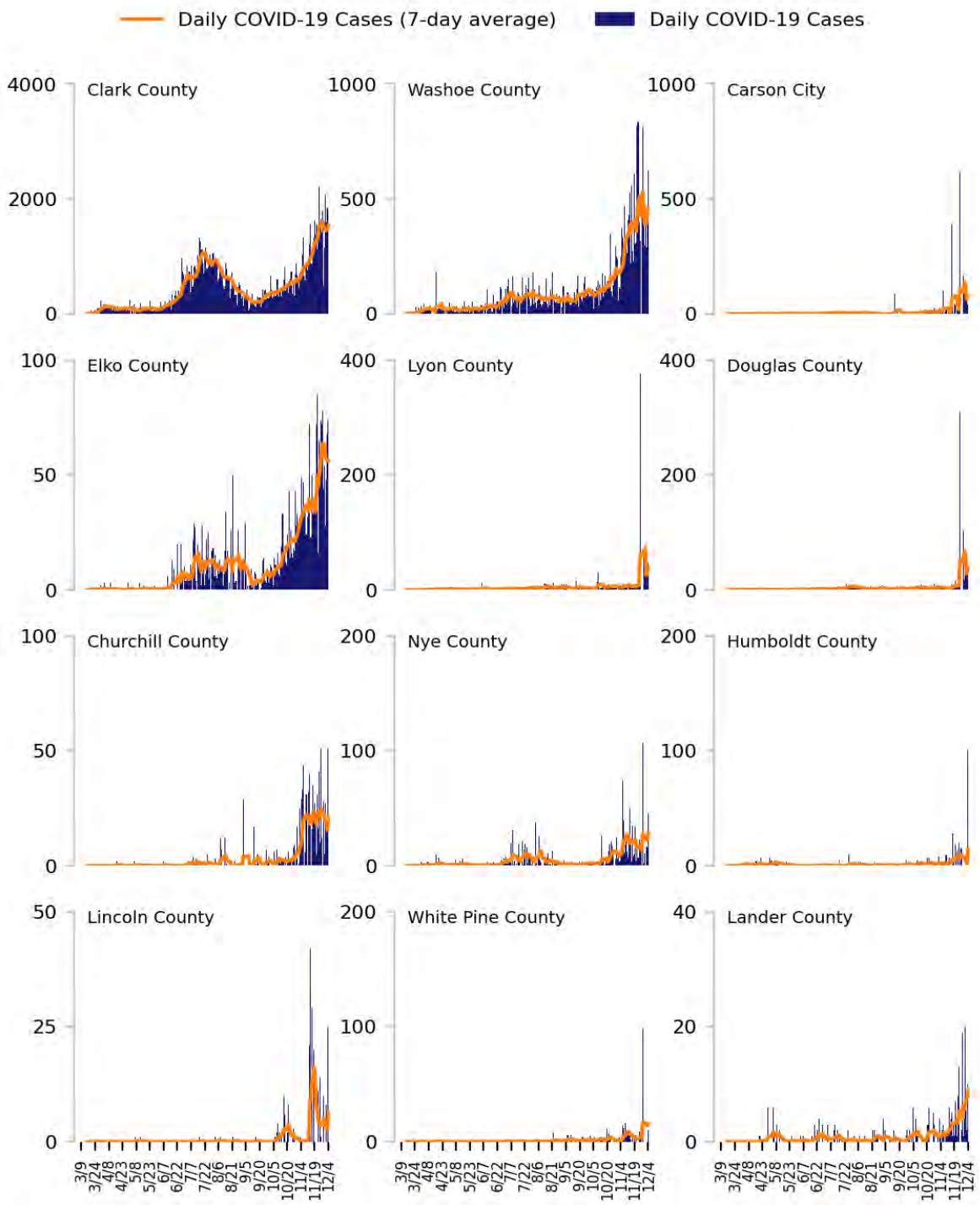
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

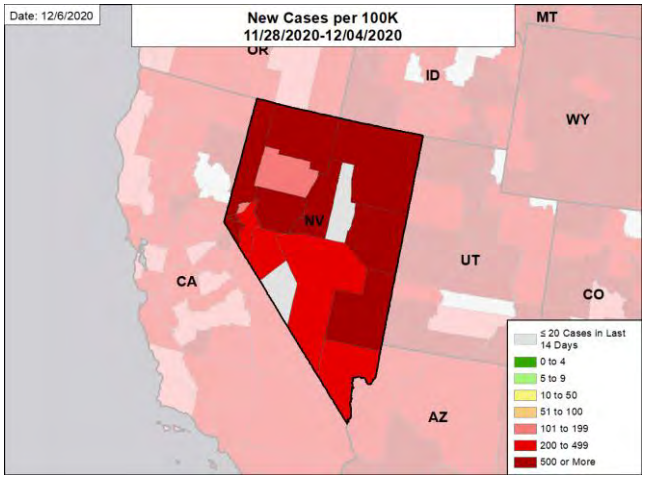
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

NEVADA

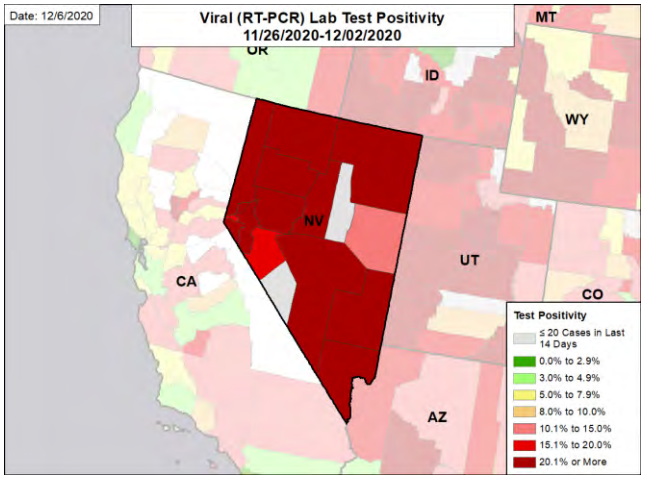
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

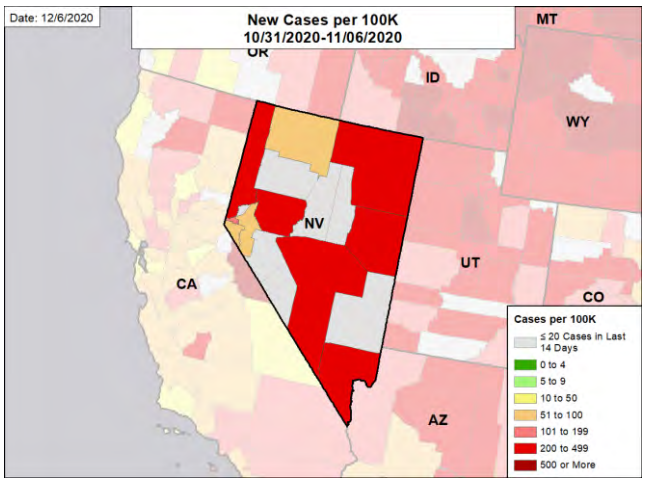
NEW CASES PER 100,000



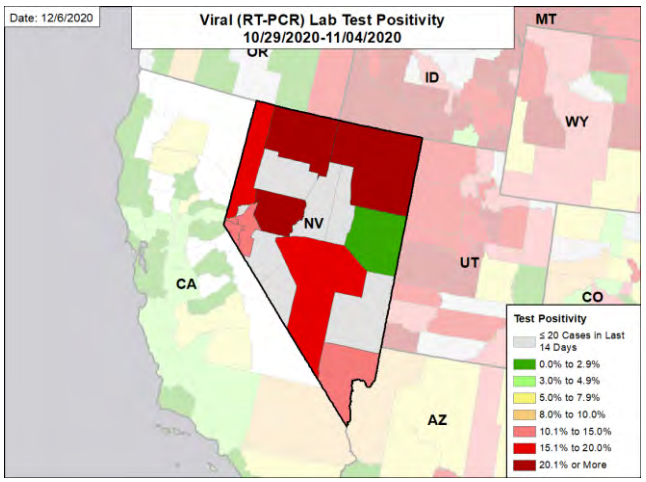
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

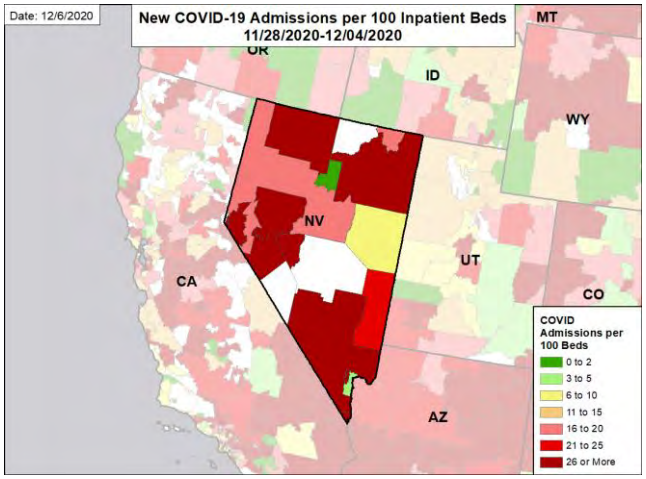
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

NEVADA

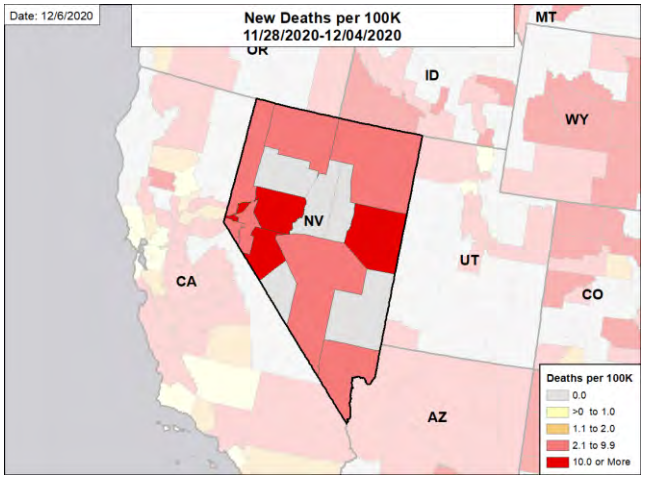
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

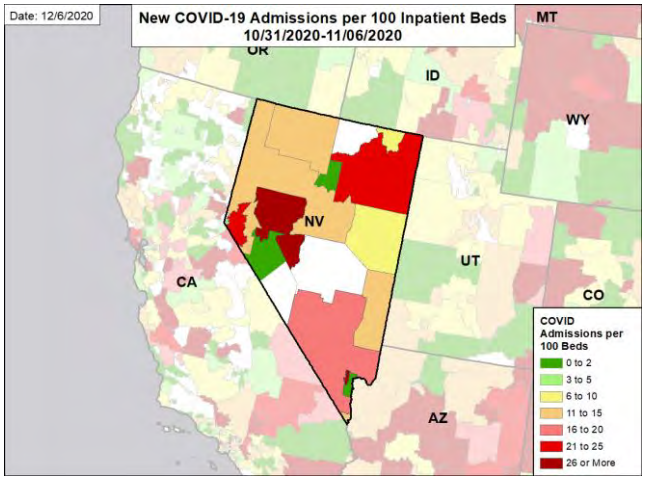
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



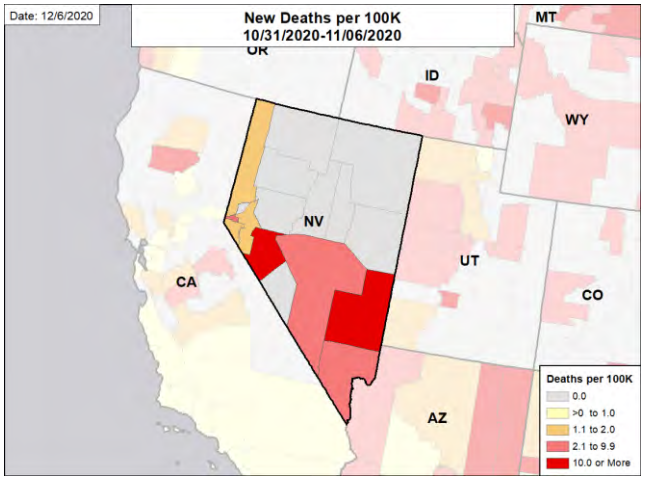
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

NEW HAMPSHIRE

SUMMARY

- New Hampshire's viral surge continues to worsen. New Hampshire is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 36th highest rate in the country. New Hampshire is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 28th highest rate in the country.
- New Hampshire has seen an increase in new cases and a multi-week increase in test positivity, now exceeding 11%. Reported 7-day average daily cases reached new highs last week. Test turnaround time continues to increase. Reported 7-day average of current hospitalizations also increased last week; multiple outbreaks in institutional settings were reported.
- 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 74.3% of new cases in New Hampshire.
- 90% of all counties in New Hampshire have moderate or high levels of community transmission (yellow, orange, or red zones), with 40% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 12% 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.
- New Hampshire had 321 new cases per 100,000 population, compared to a national average of 385 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 17 to support medical activities from VA.
- Between Nov 28 - Dec 4, on average, 24 patients with confirmed COVID-19 and 27 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Hampshire. This is an increase of 27% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- We share the strong concern of New Hampshire's leaders that the current situation in the state remains critical with more favorable outcomes dependent on the collective effort of New Hampshire's residents. The population and healthcare system must do everything possible to limit further holiday-related disease surges and prevent overrunning hospital capacity and avoidable deaths. Currently, the imminent arrival of vaccines provides hope; however, large-scale benefits of lower deaths and hospitalizations will only come after months of immunization. Difficult but temporary changes in personal behavior are key to limiting disease and death until we bring the pandemic to an end with immunization; this messaging must be delivered frequently and by all effective modalities. The Governor's continued, personal communication on these measures is commended.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. Ensure support for a platform for efficient intra- and inter-state patient transfers as needed.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of COVID-19 risk factors. Work with healthcare institutions to ensure capacity for outpatient infusion is accessible to COVID-19 patients who may benefit from IV therapies that could limit morbidity and hospitalizations.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Given continuing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines including masks and utilize Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities returning to campus after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Continue preparations for the delivery and distribution of vaccines including by identifying the staffing capabilities and needs of local health departments and local jurisdictions and preparing for state-supported augmentation of staff and subject matter expertise to ensure timely and safe operations. Provide clear and concise messaging across the response community on the prioritization of vaccinations.
- 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 | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	4,361 (321)	+72%	57,600 (388)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.6%	+3.3%*	6.3%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	25,160** (1,850**)	-6%**	677,714** (4,565**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	36 (2.6)	+300%	607 (4.1)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	12%	N/A*†	19%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	22%	N/A*†	32%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	N/A*†	7%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	358 (13)	+27% (+28%)	4,876 (14)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

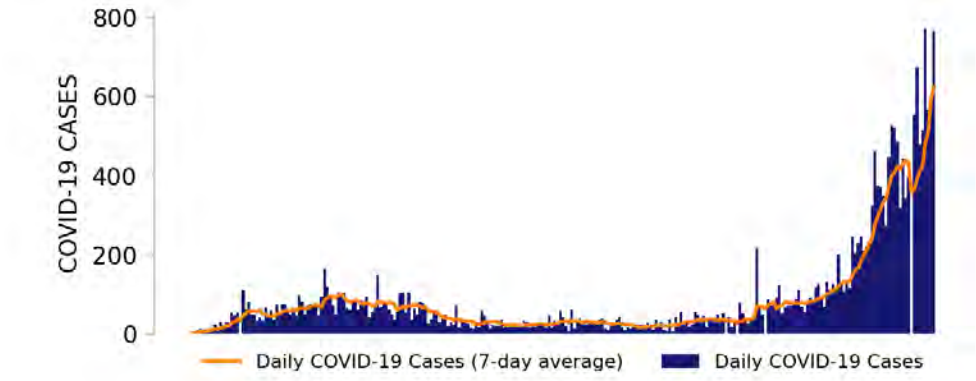
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

NEW HAMPSHIRE

STATE REPORT | 12.06.2020

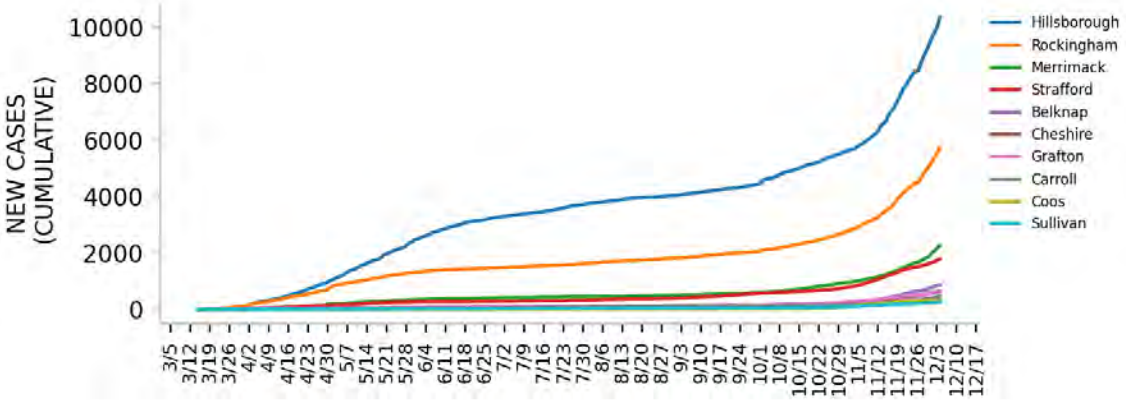
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in 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 12/4/2020.

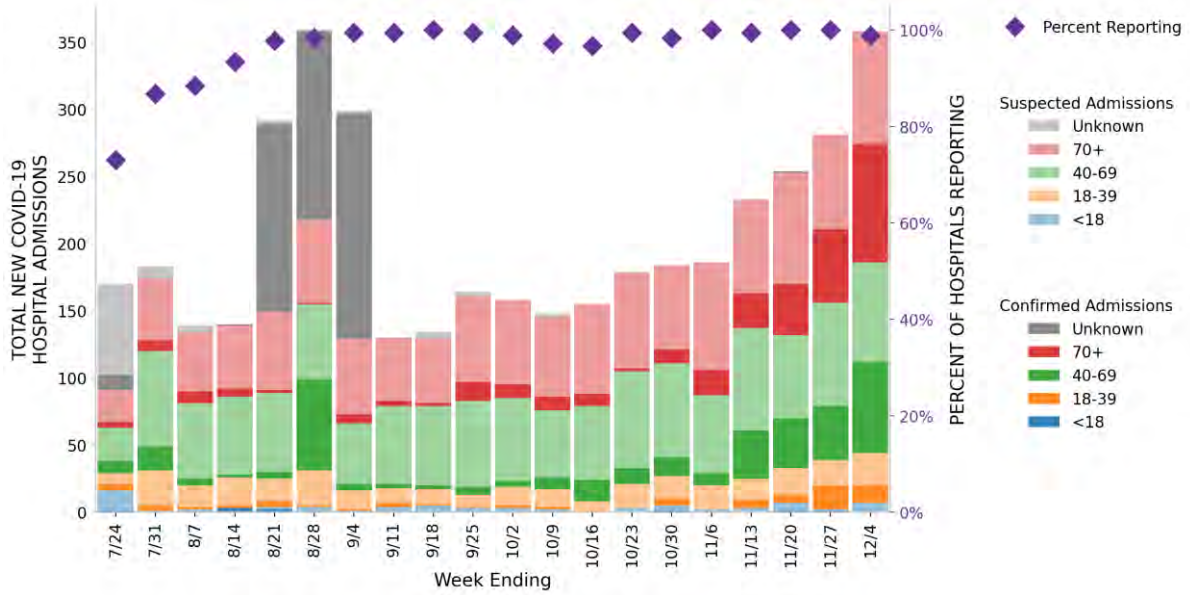
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

NEW HAMPSHIRE

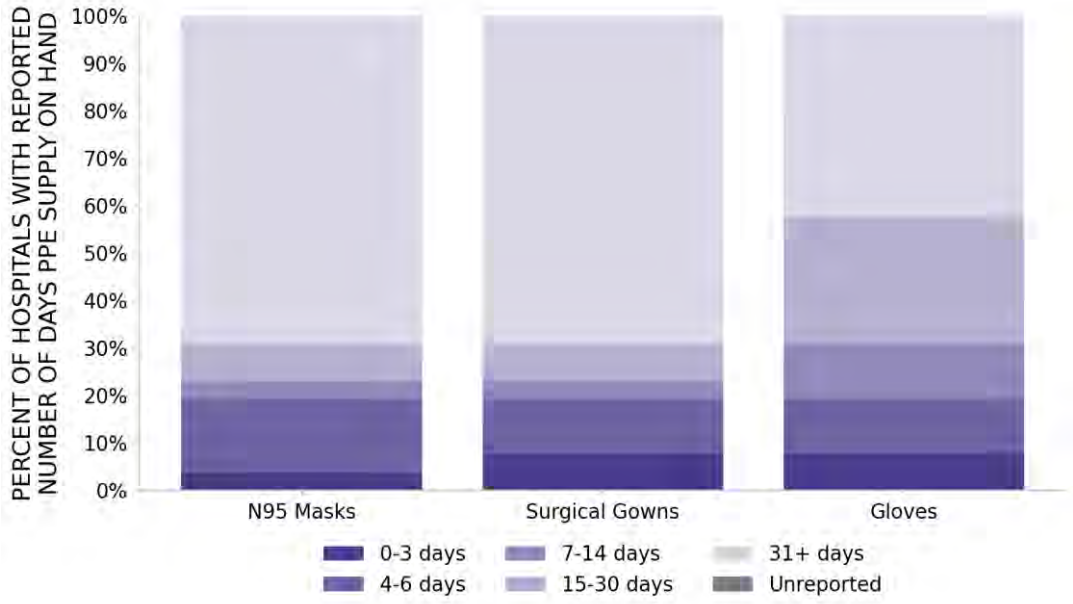
STATE REPORT | 12.06.2020

26 hospitals are expected to report in New Hampshire

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

NEW HAMPSHIRE

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**3** ■ (+0)	Manchester-Nashua Concord Laconia	**4** ▲ (+1)	Hillsborough Rockingham Merrimack Belknap
LOCALITIES IN ORANGE ZONE	**1** ▲ (+1)	Keene	**3** ▲ (+2)	Strafford Cheshire Carroll
LOCALITIES IN YELLOW ZONE	**1** ▼ (-1)	Boston-Cambridge-Newton	**2** ▼ (-2)	Grafton Sullivan

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

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

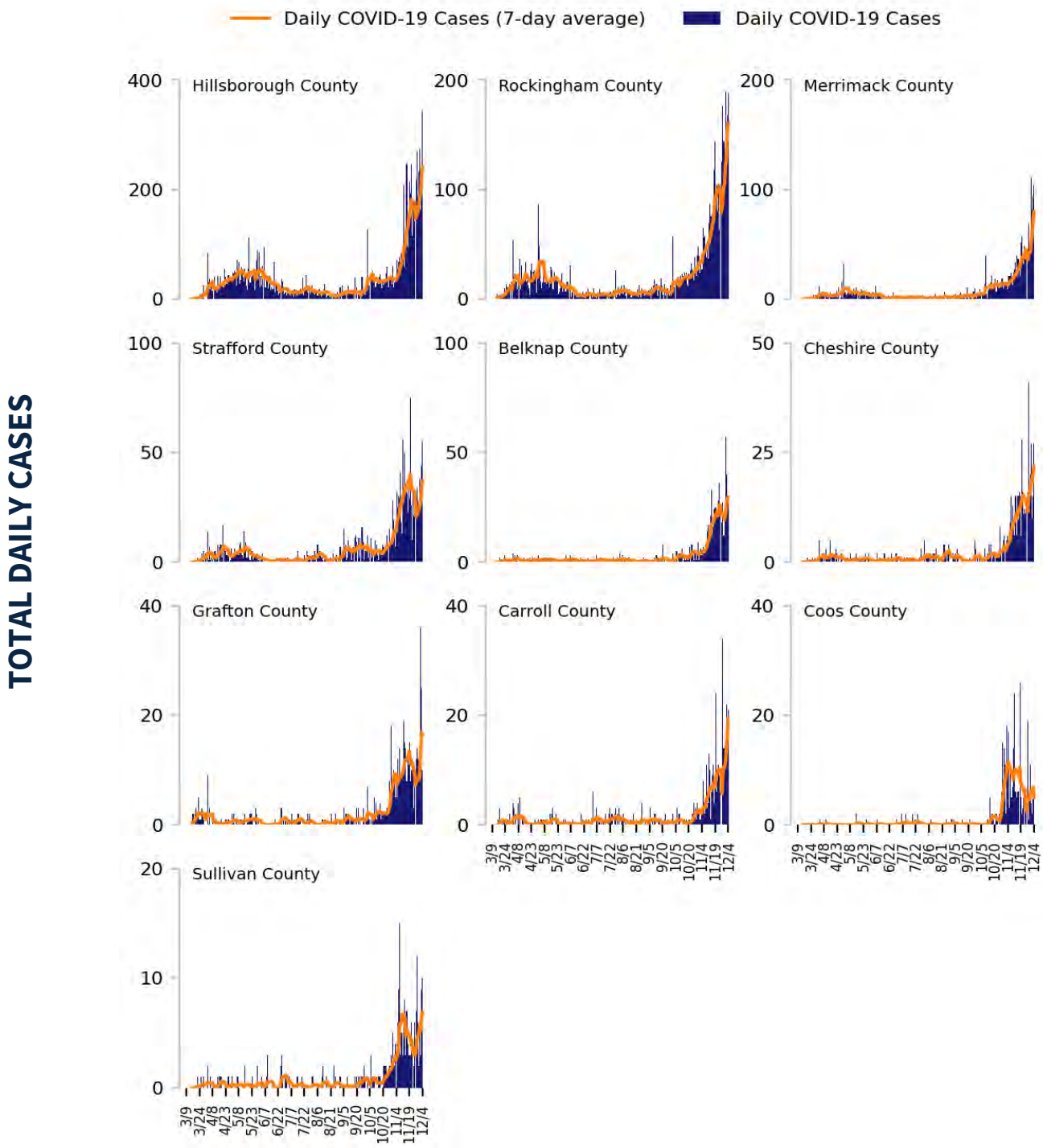
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

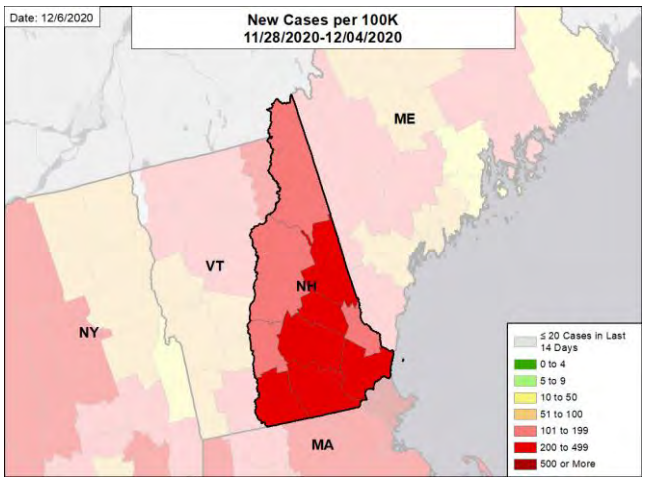
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

NEW HAMPSHIRE

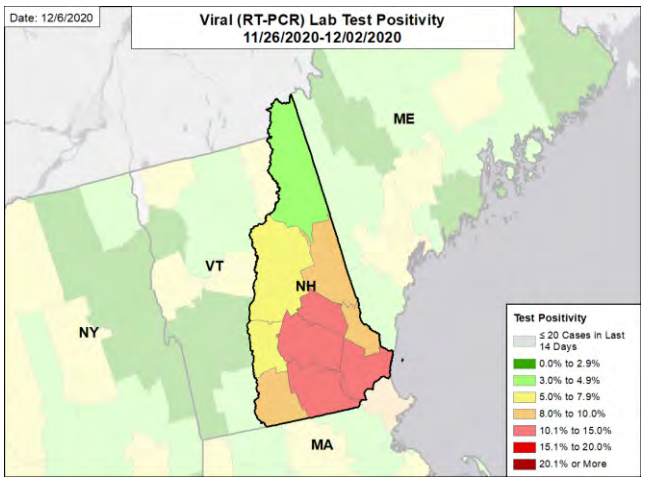
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

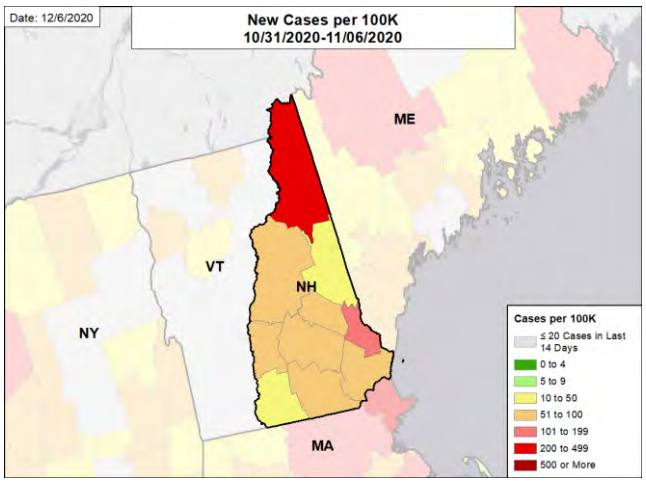
NEW CASES PER 100,000



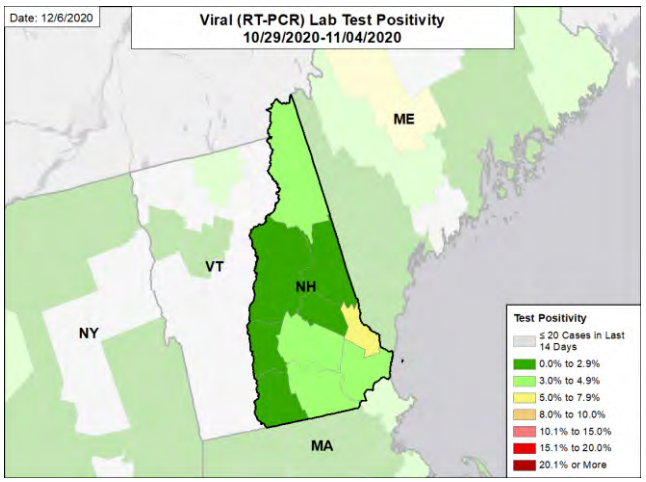
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

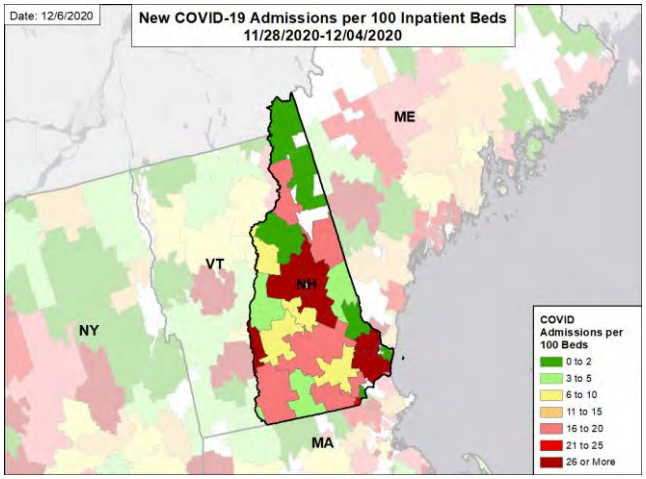
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

NEW HAMPSHIRE

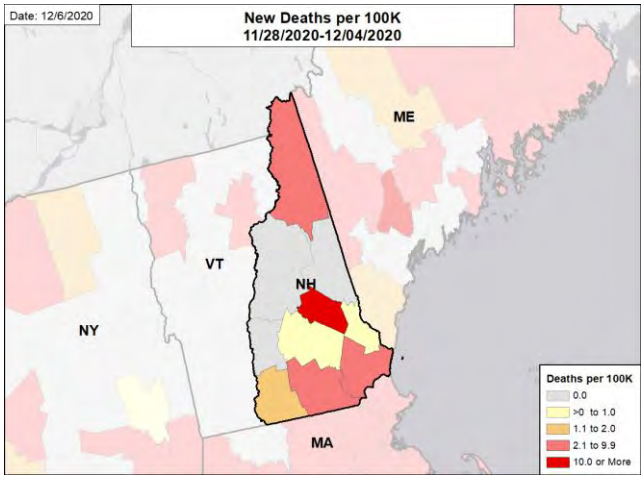
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

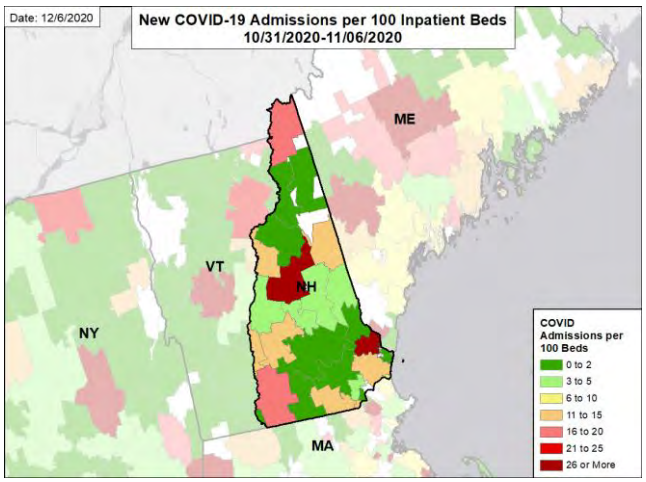
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



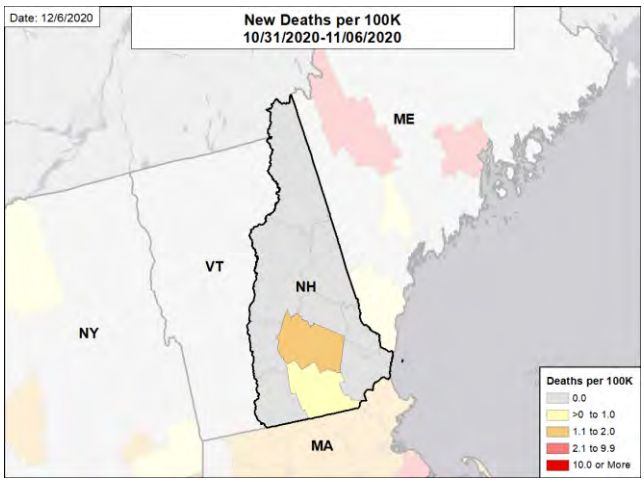
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

NEW JERSEY

SUMMARY

- New Jersey is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 35th highest rate in the country. New Jersey is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 30th highest rate in the country.
- New Jersey has seen stability in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Bergen County, 2. Essex County, and 3. Passaic County. These counties represent 27.9% of new cases in New Jersey.
- 100% of all counties in New Jersey have moderate or high levels of community transmission (yellow, orange, or red zones), with 71% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 29% of nursing homes had at least one new resident COVID-19 case, 40% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- New Jersey had 340 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 60 to support operations activities from FEMA; 20 to support operations activities from USCG; and 5 to support medical activities from VA.
- Between Nov 28 - Dec 4, on average, 399 patients with confirmed COVID-19 and 206 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Jersey. This is an increase of 15% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Calling on all New Jerseyans to take personal responsibility to combat the pandemic. The spread is increasing and impacting all ages across the state. Follow the time-limited public health protocols to save lives and support the economy.
- Must maintain high testing levels in targeted geographies and among <40 age groups to find and isolate asymptomatic spread.
- Universities must have weekly testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community. Universities who tested all students weekly starting the first week of fall semester saw between 75% and 90% fewer cases than those who did not. For the remaining time in current semester, students must be tested weekly prior to returning home for winter break.
- Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to <25% and closing bars/limiting bar hours until cases and test positivity decrease to the yellow zone.
- Ensure compliance with public health orders, including wearing masks.
- Ensure all hospitals and clinical sites have updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Ensure full flu immunizations across the state.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

NEW JERSEY

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	30,189 (340)	+4%	87,178 (308)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.3%	+1.5%*	6.7%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	152,554** (1,718**)	-56%**	1,169,659** (4,128**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	315 (3.5)	+38%	772 (2.7)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	29%	N/A*†	25%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	40%	N/A*†	42%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	N/A*†	5%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	4,238 (22)	+15% (+14%)	13,490 (16)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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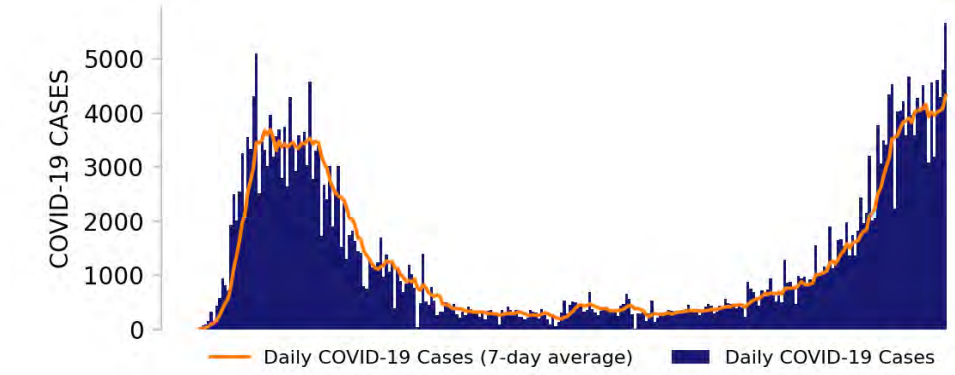
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and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

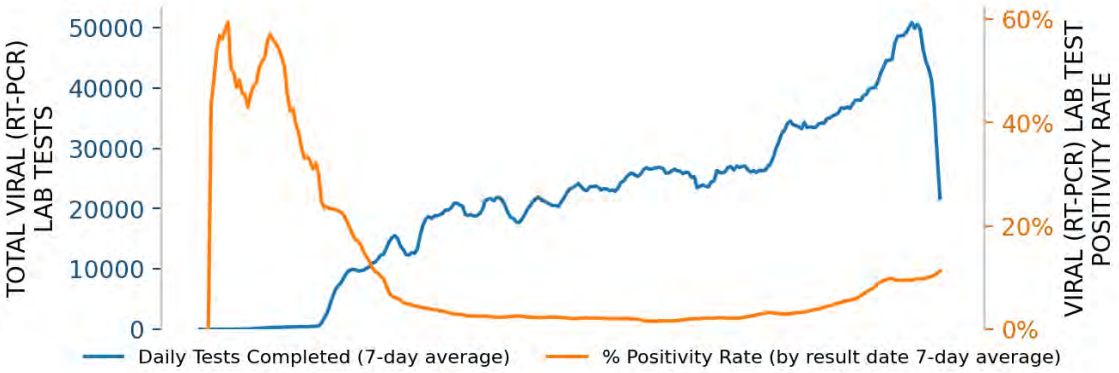
NEW JERSEY

STATE REPORT | 12.06.2020

NEW CASES

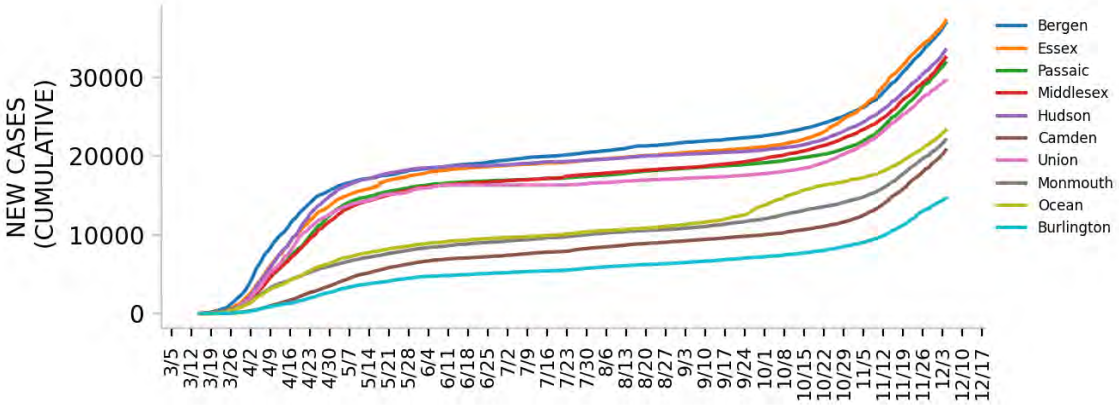


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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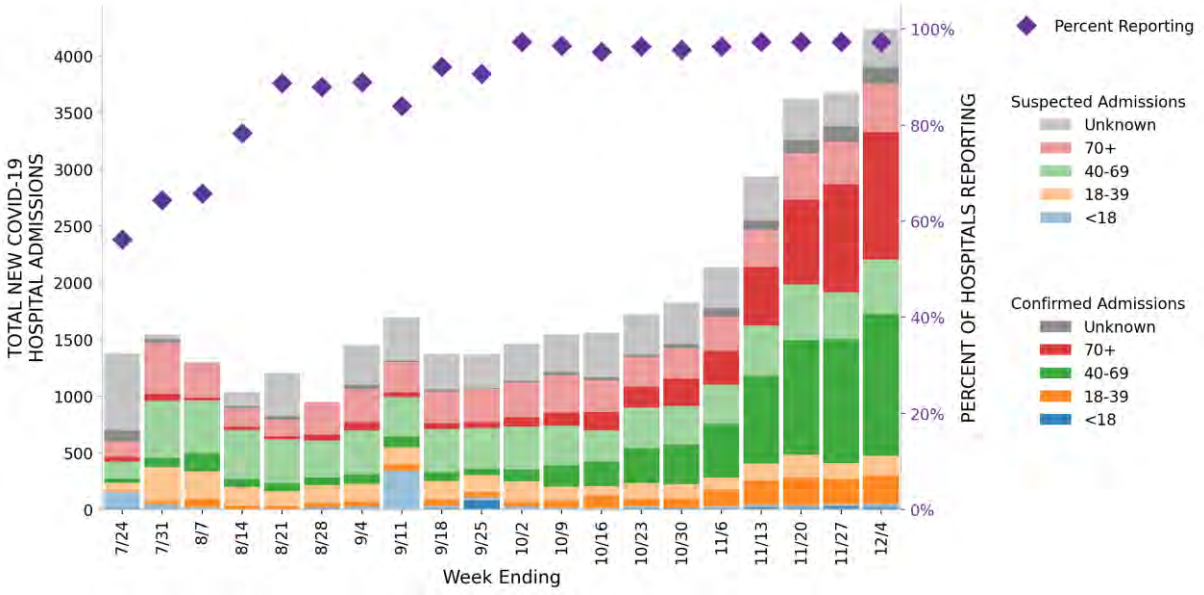
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

NEW JERSEY

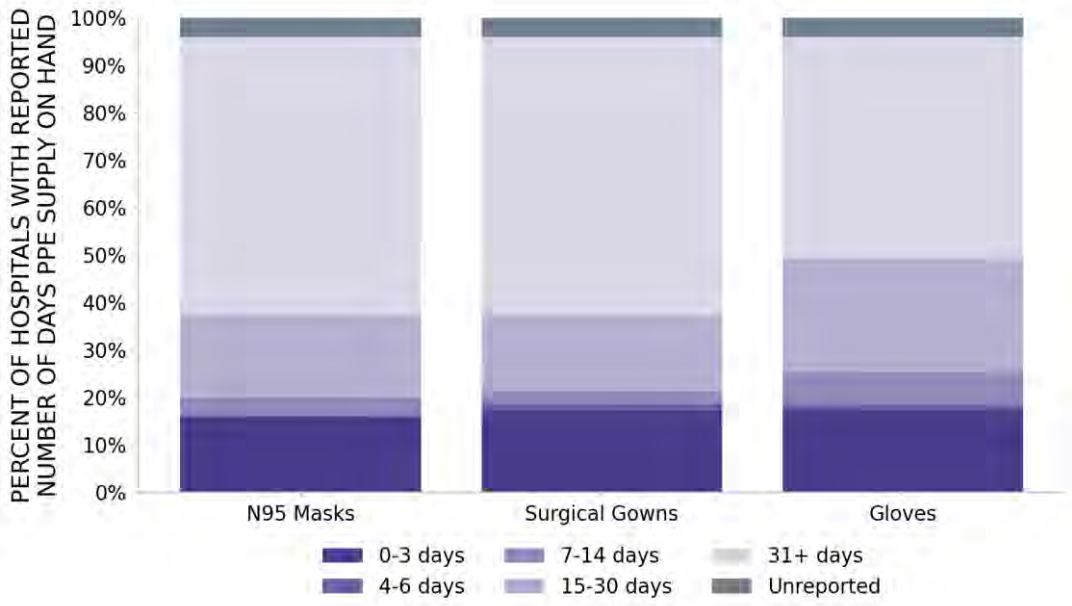
STATE REPORT | 12.06.2020

75 hospitals are expected to report in New Jersey

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

NEW JERSEY

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**5** ▲ (+2)	Philadelphia-Camden-Wilmington Trenton-Princeton Atlantic City-Hammonton Vineland-Bridgeton Allentown-Bethlehem-Easton	**15** ▲ (+8)	Essex Passaic Middlesex Hudson Camden Union Ocean Burlington Mercer Gloucester Somerset Atlantic
LOCALITIES IN ORANGE ZONE	**0** ▼ (-2)	N/A	**4** ▼ (-5)	Bergen Monmouth Morris Hunterdon
LOCALITIES IN YELLOW ZONE	**2** ▲ (+1)	New York-Newark-Jersey City Ocean City	**2** ▼ (-2)	Sussex Cape May

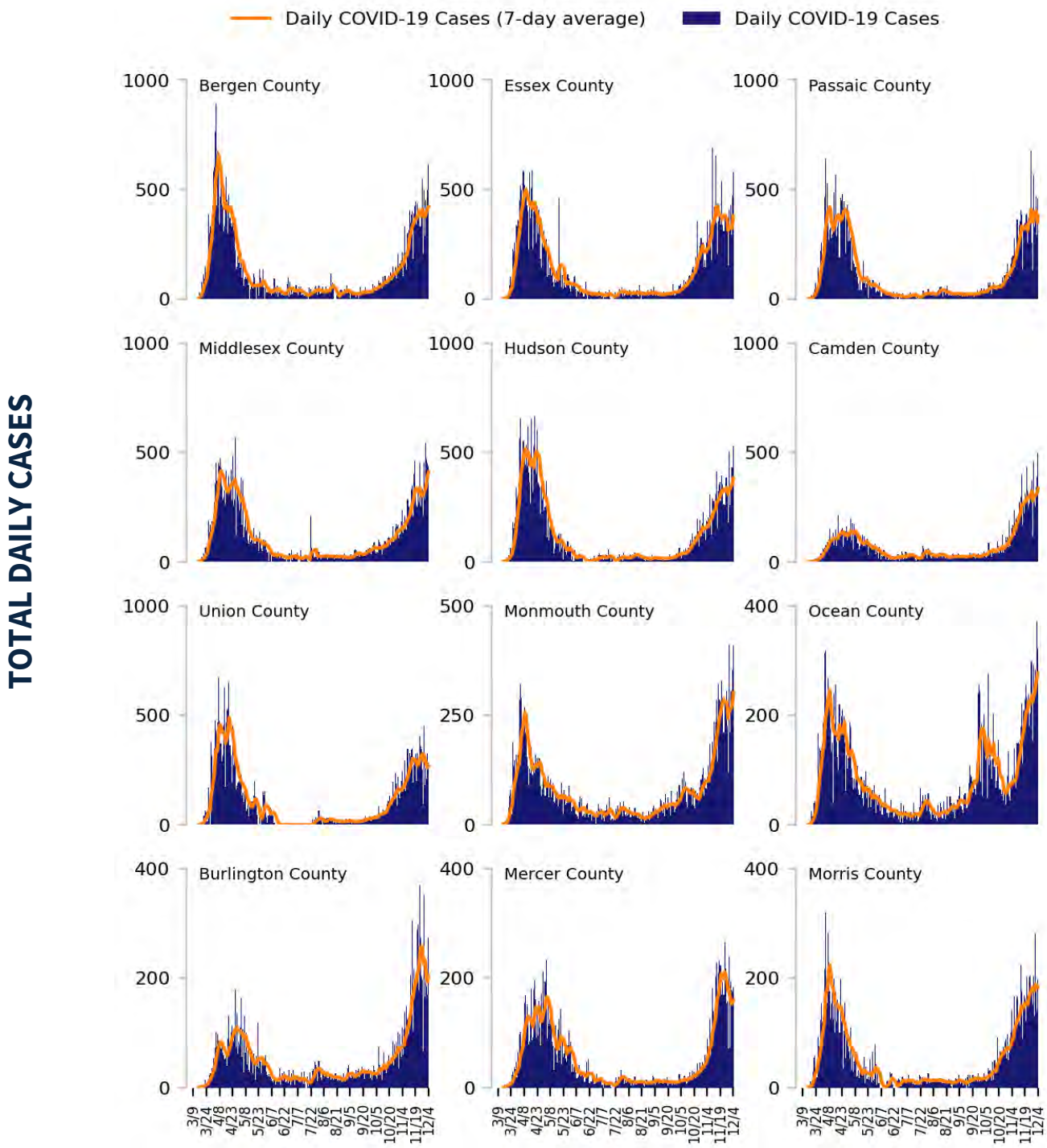
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Essex, Passaic, Middlesex, Hudson, Camden, Union, Ocean, Burlington, Mercer, Gloucester, Somerset, Atlantic, Cumberland, Warren, Salem

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

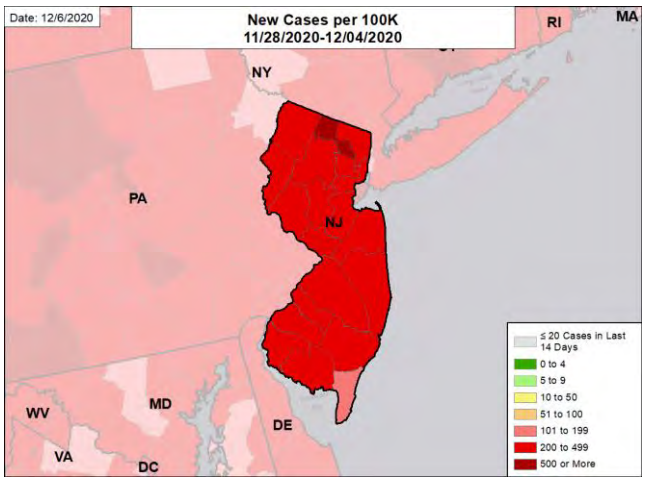
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

NEW JERSEY

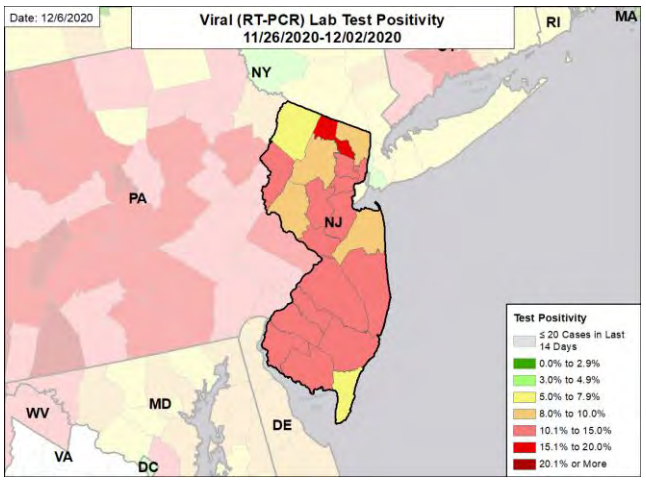
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

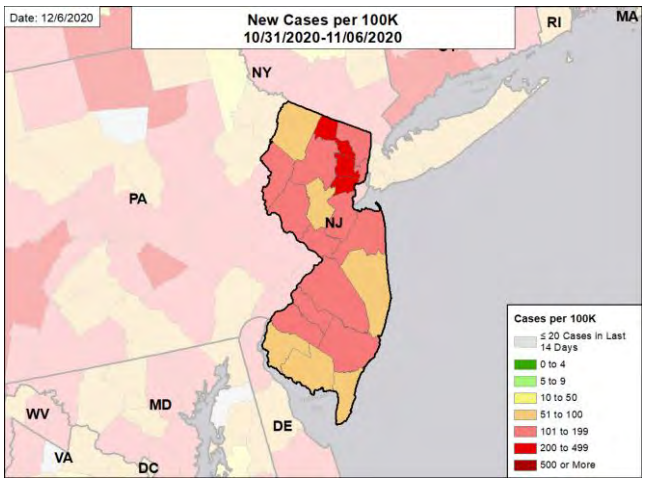
NEW CASES PER 100,000



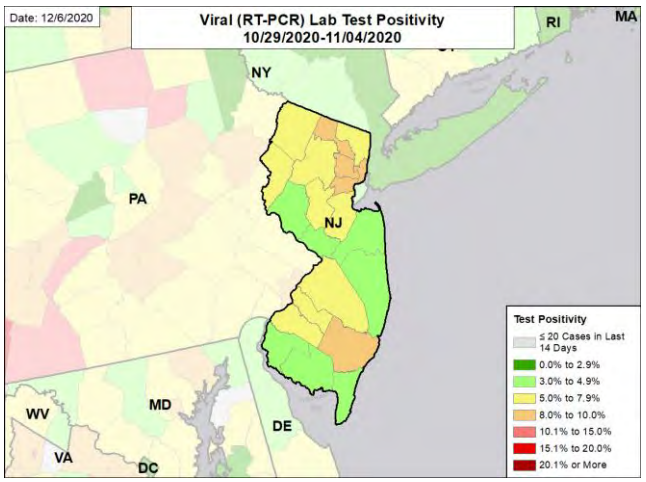
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

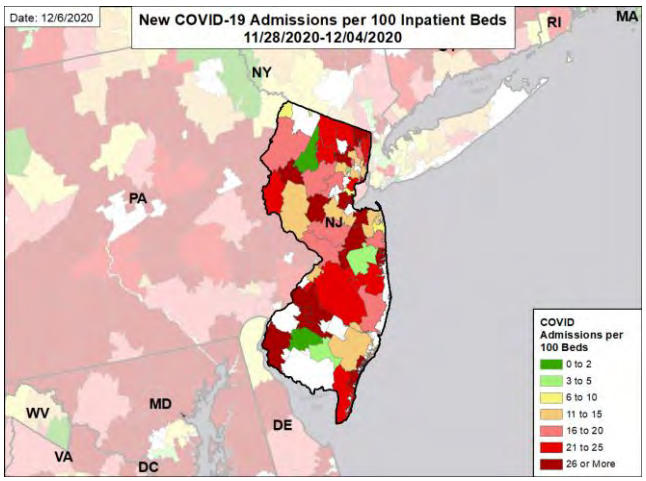
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

NEW JERSEY

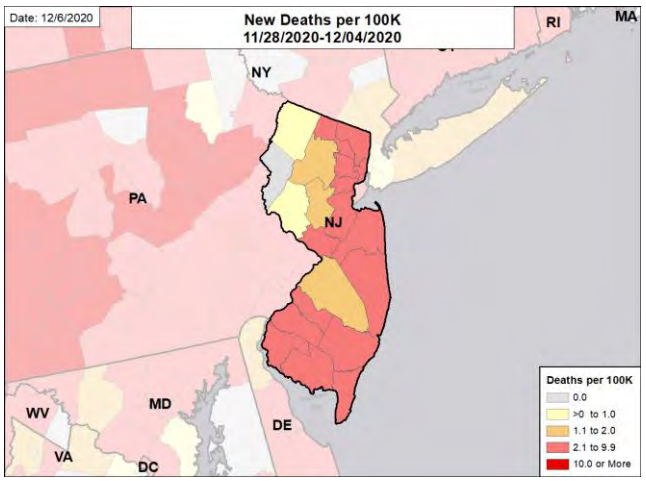
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

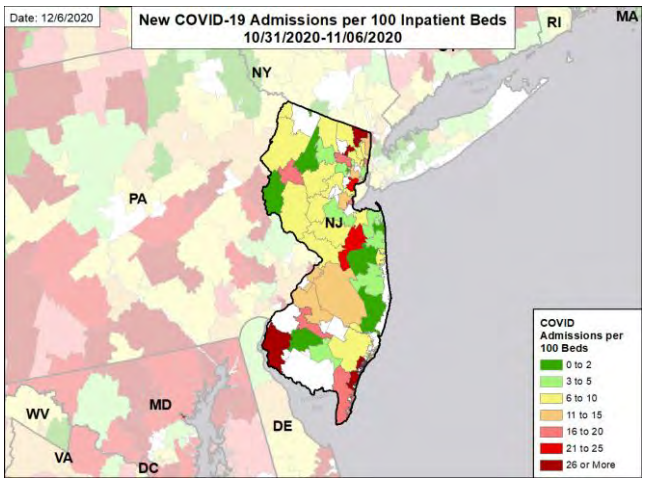
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



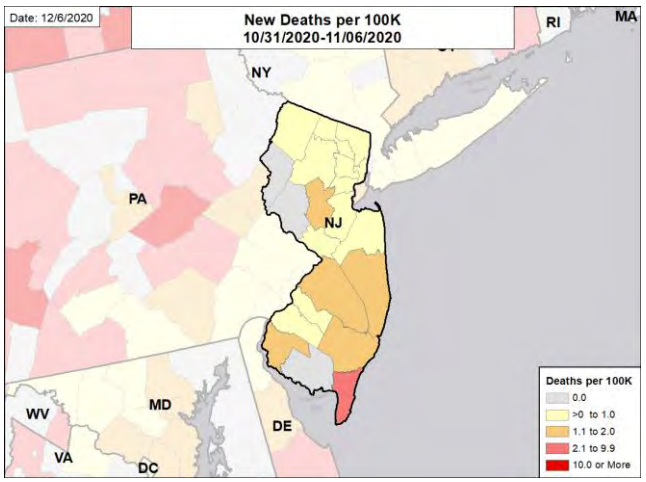
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

NEW MEXICO

SUMMARY

- New Mexico is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 7th highest rate in the country. New Mexico is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 16th highest rate in the country.
- New Mexico has seen a decrease in new cases, stability in test positivity, and stabilizing hospitalizations due to the strong mitigation and leadership efforts.
- 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. Sandoval County. These counties represent 49.5% of new cases in New Mexico.
- 88% of all counties in New Mexico have moderate or high levels of community transmission (yellow, orange, or red zones), with 70% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 24% of nursing homes had at least one new resident COVID-19 case, 57% had at least one new staff COVID-19 case, and 11% had at least one new resident COVID-19 death.
- New Mexico had 624 new cases per 100,000 population, compared to a national average of 385 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 medical activities from ASPR; and 1 to support operations activities from ASPR.
- The federal government has supported surge testing in Albuquerque, Santa Fe, Las Cruses, Sunland Park, and Socorro.
- Between Nov 28 - Dec 4, on average, 132 patients with confirmed COVID-19 and 15 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Mexico. This is an increase of 5% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- All public health officials must make it clear that if you are over 65 or have significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected during the Thanksgiving period if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested immediately. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are at significant risk for serious COVID infection; if you develop any symptoms you must be tested immediately as the majority of therapeutics work best early in infection. **Begin warning about any gathering during December holidays.**
- Aggressive testing must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity or closure of public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- New hospital admissions in New Mexico remain elevated at a high level but are stabilizing. Now is the moment to conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased hospitalizations and fatalities.
- Contact all hospitals reporting <1 week's supply to confirm data; contact the regional FEMA office for support if supplies are an issue.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate continued and unmitigated community spread in these geographic locations.
- Continued support to Tribal Nations for COVID-19 vaccination, testing, and clinical support is essential as they represent the highest risk group after LTCF residents.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NEW MEXICO

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	13,084 (624)	-11%	156,138 (366)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	14.6%	+0.1%*	13.5%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	68,175** (3,251**)	-5%**	763,358** (1,787**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	202 (9.6)	+13%	1,819 (4.3)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	24%	N/A*†	22%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	57%	N/A*†	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	11%	N/A*†	10%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,026 (27)	+5% (+3%)	19,037 (21)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

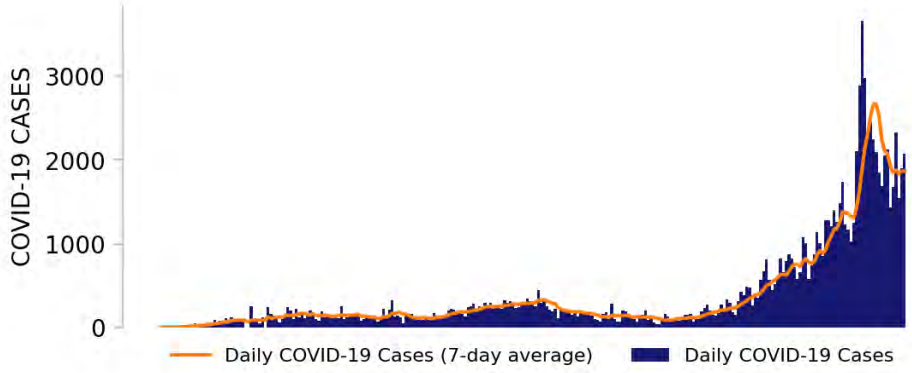
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

NEW MEXICO

STATE REPORT | 12.06.2020

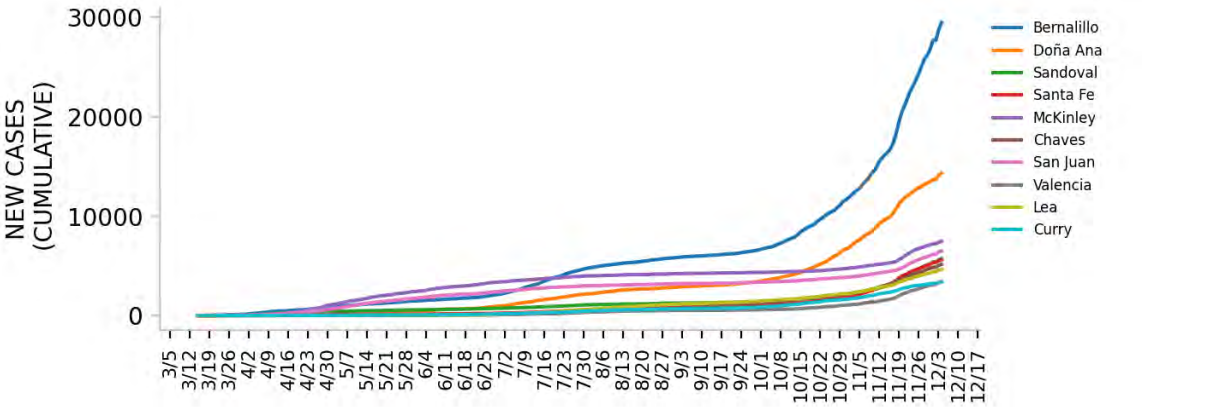
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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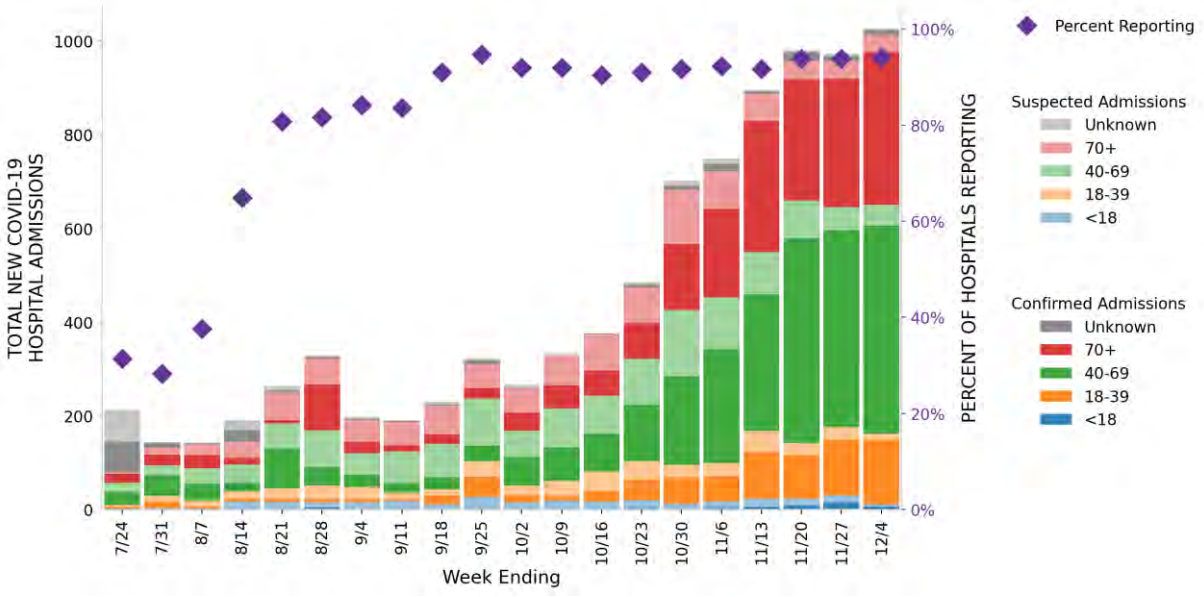
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

NEW MEXICO

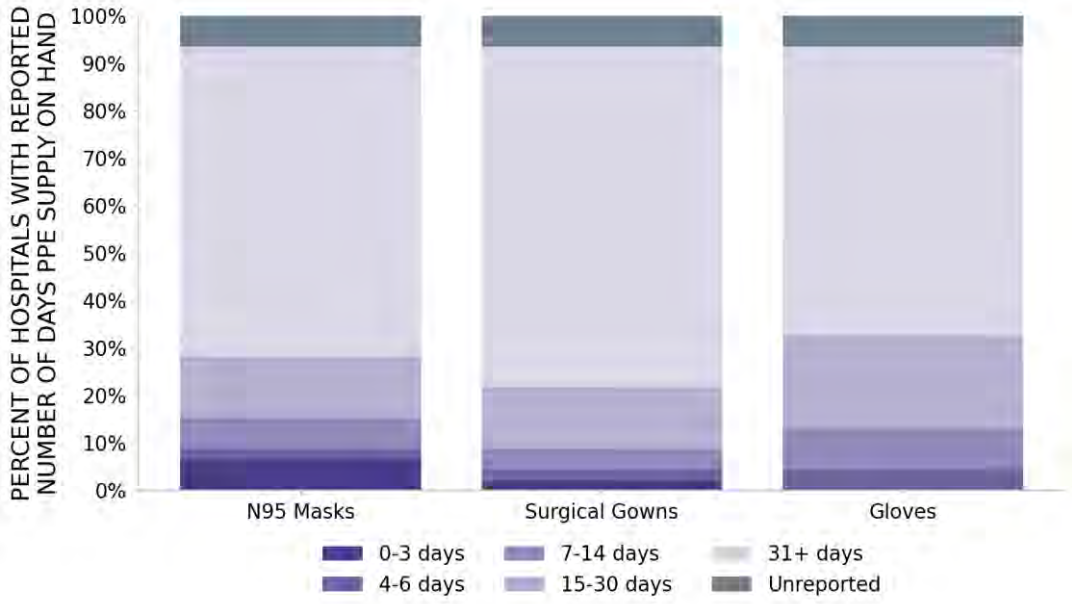
STATE REPORT | 12.06.2020

46 hospitals are expected to report in New Mexico

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

NEW MEXICO

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

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

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

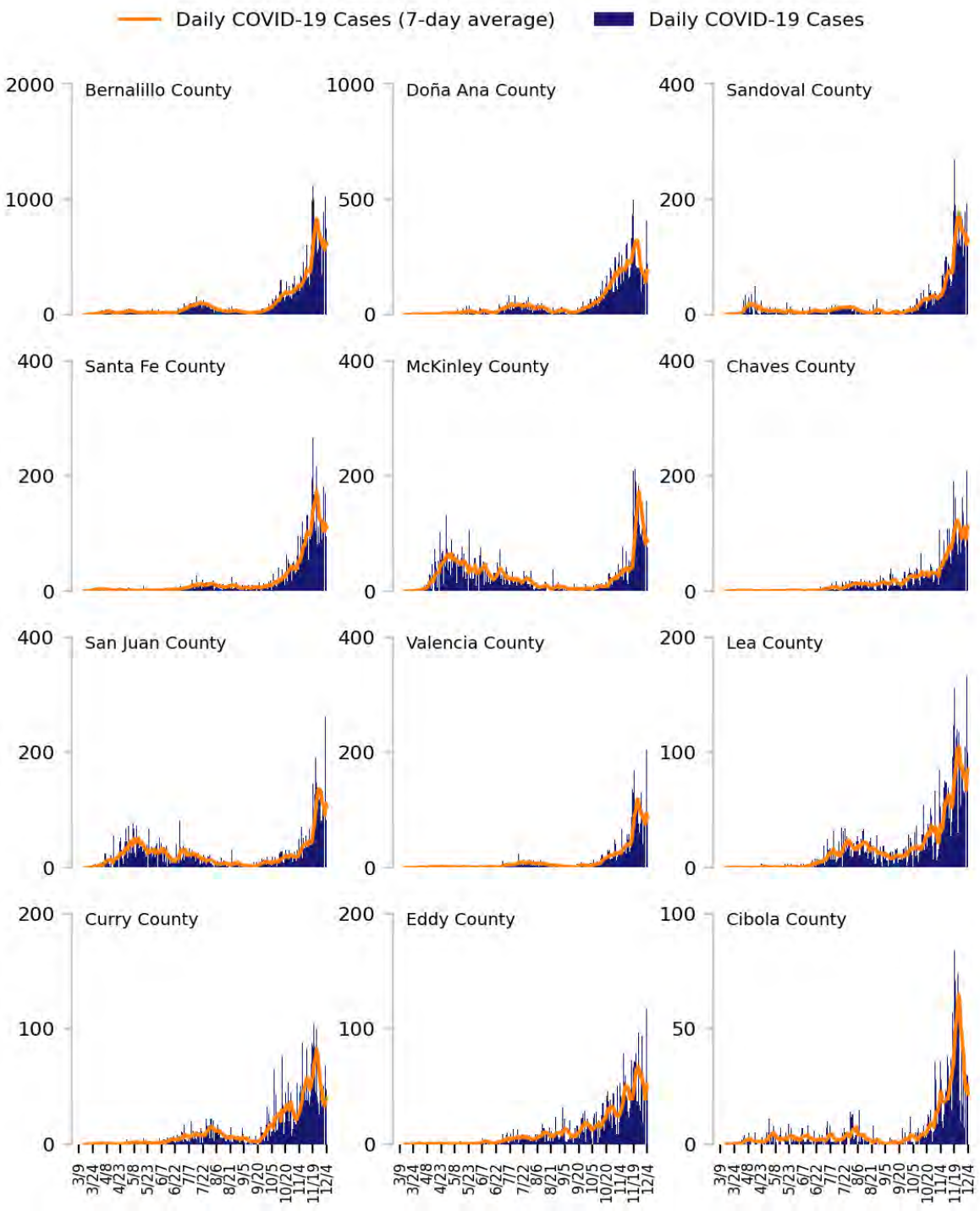
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

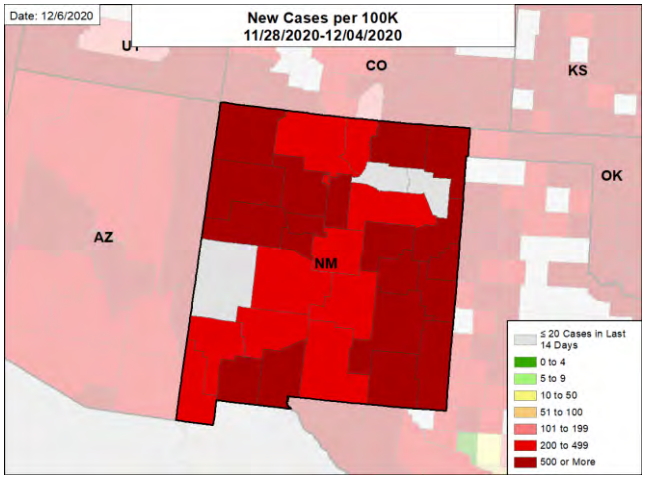
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

NEW MEXICO

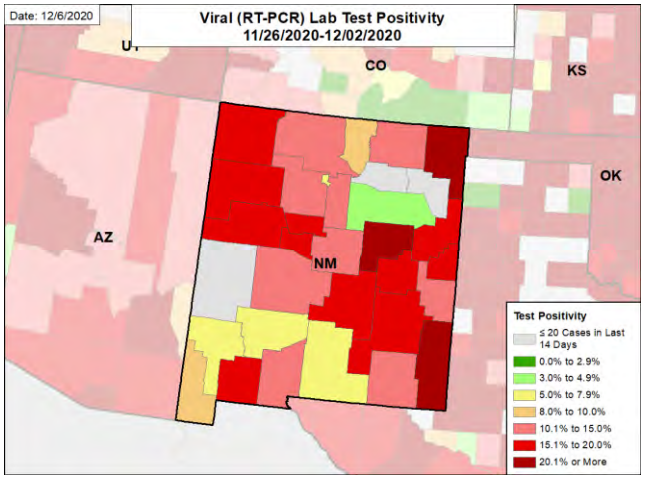
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

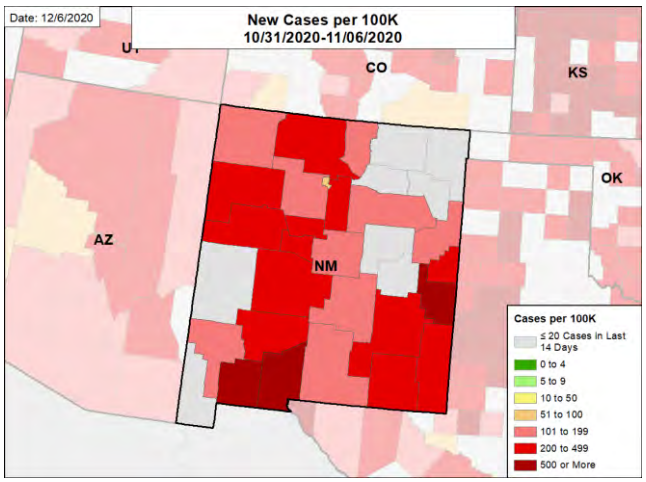
NEW CASES PER 100,000



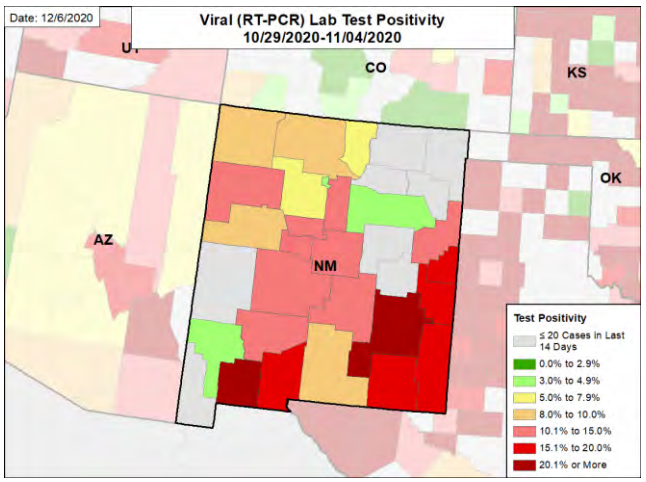
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS
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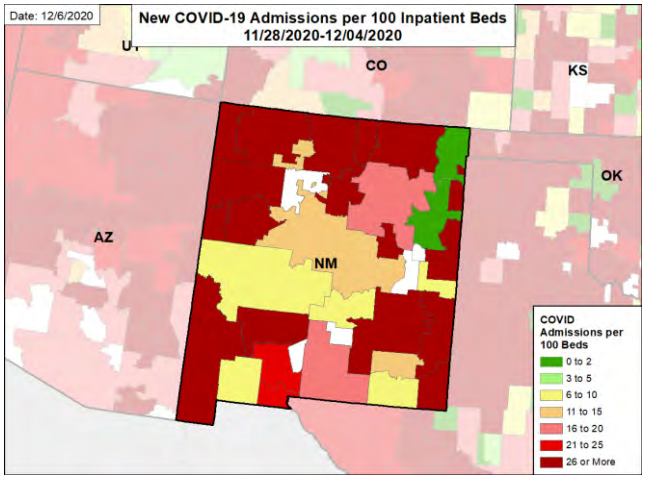
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

NEW MEXICO

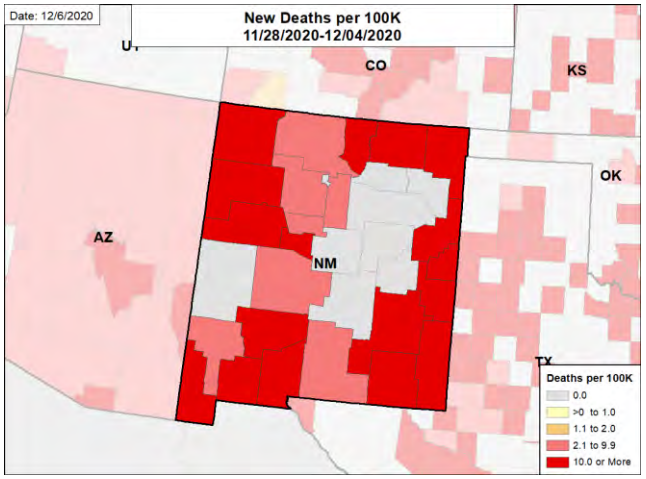
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

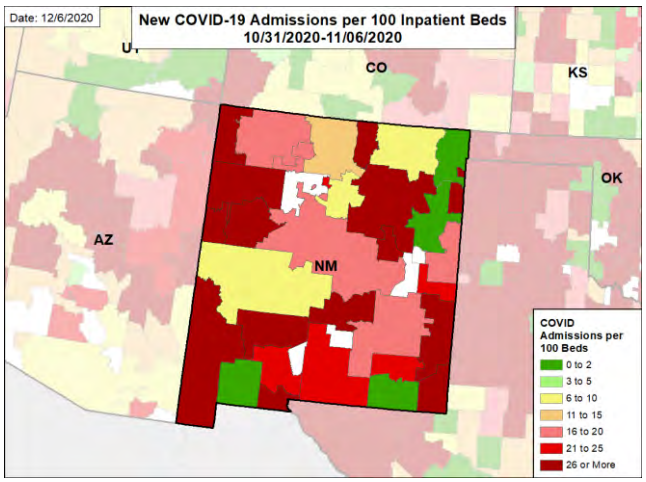
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



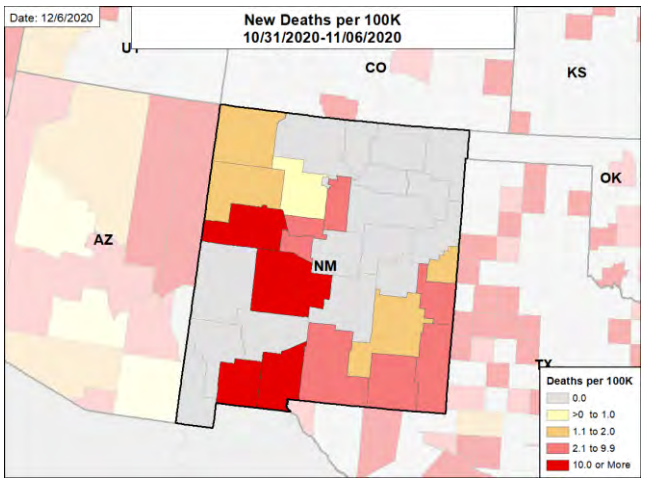
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.
Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Totals include confirmed and suspected COVID-19 admissions.

STATE REPORT
12.06.2020
Issue 25

NEW YORK

SUMMARY

- New York is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 40th highest rate in the country. New York is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 44th highest rate in the country.
- New York has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Suffolk County, 2. Queens County, and 3. Kings County. These counties represent 27.4% of new cases in New York.
- Case rates increased in 33 counties and test positivity increased in 49 counties; 36 counties had test positivity >5% and test positivity was >10% in Allegany, Oswego, and Genesee counties.
- 61% of all counties in New York 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 Nov 23 - Nov 29, 22% of nursing homes had at least one new resident COVID-19 case, 43% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- New York had 293 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 71 to support operations activities from FEMA; 4 to support operations activities from ASPR; 2 to support testing activities from CDC; and 27 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 703 patients with confirmed COVID-19 and 397 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New York. This is an increase of 20% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- The continuously increasing transmission as we go into the holidays is gravely concerning and will require improved adherence to community mitigation recommendations to limit overrunning of hospital capacity and additional preventable deaths.
- Recent advances in testing are commendable, but efforts to further increase access to testing and reduce turnaround times (to <48 hours) remain critically important.
- Surveillance should be greatly expanded through regular quantitative wastewater testing and proactive weekly testing of persons at higher risk using point-of-care antigen tests, regardless of symptoms; surveillance should direct focused surge-testing campaigns.
- All congregate facilities and all crowded workplaces should have routine surveillance testing in place, without regard to symptoms.
- Education on isolation and quarantine should be given in verbal and written form at the time of testing; all those who are being tested should be instructed to quarantine until they get their results.
- Ensure a complete public health campaign across all media platforms, including SMS texting, describing the need to avoid social gatherings, maintain social distancing, and wear face masks; the promise and timing of the new vaccines; and instructions on how to report non-compliance of local businesses.
- Ensure all clinical facilities have contingency plans, up-to-date treatment protocols, access to telehealth systems, and remote clinical support. Ensure local healthcare systems have expansion plans for beds and staffing.
- Develop outpatient infusion centers to provide IV therapy to those who don't warrant admission or when hospital systems are over-capacity. When monoclonal antibodies are available, they should be directed proportionately to communities and individuals at highest risk for disease progression.
- Contact tracing remains a critical intervention and should be expanded as previously described to keep up with the number of cases; consider methods to automate counseling, contact elicitation, and instructions for isolation and quarantine by email or text messaging.
- Continue with aggressive flu vaccine campaigns, ensuring that vaccines are available at all private and public health facilities, including private pharmacies.
- Monitor long-term care and congregate facilities to ensure all staff undergoing (weekly) testing with rapid antigen tests and that staff are not be permitted to work unless they have a recent negative test or clearance from isolation. Ensure absolute adherence to CMS guidance at all facilities.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NEW YORK

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	56,989 (293)	+31%	87,178 (308)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.0%	+1.5%*	6.7%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	1,017,105** (5,228**)	-9%**	1,169,659** (4,128**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	457 (2.3)	+67%	772 (2.7)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	22%	N/A*†	25%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	43%	N/A*†	42%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	N/A*†	5%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	7,702 (14)	+20% (+19%)	13,490 (16)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

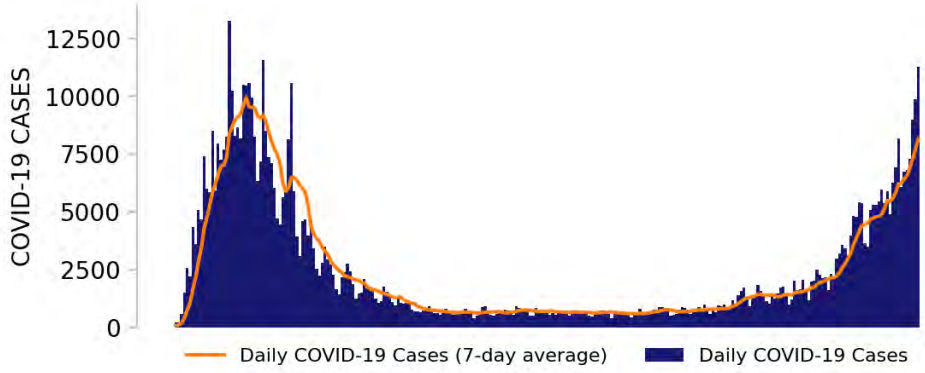
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

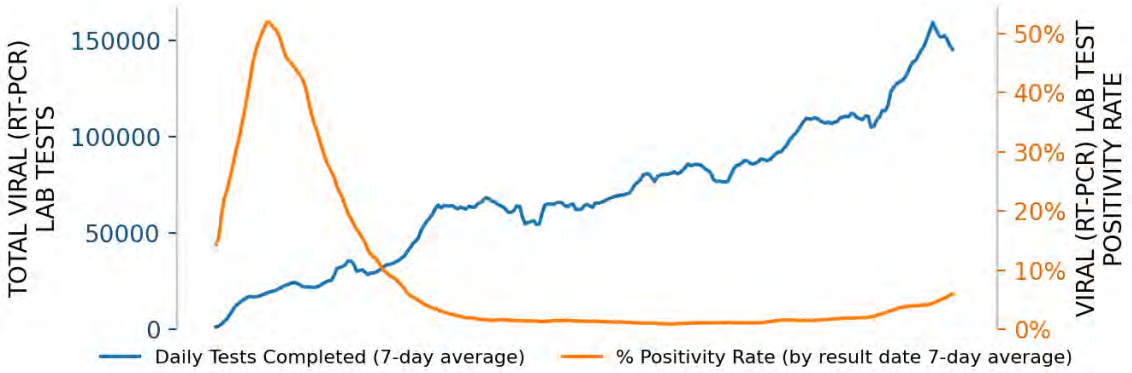
NEW YORK

STATE REPORT | 12.06.2020

NEW CASES

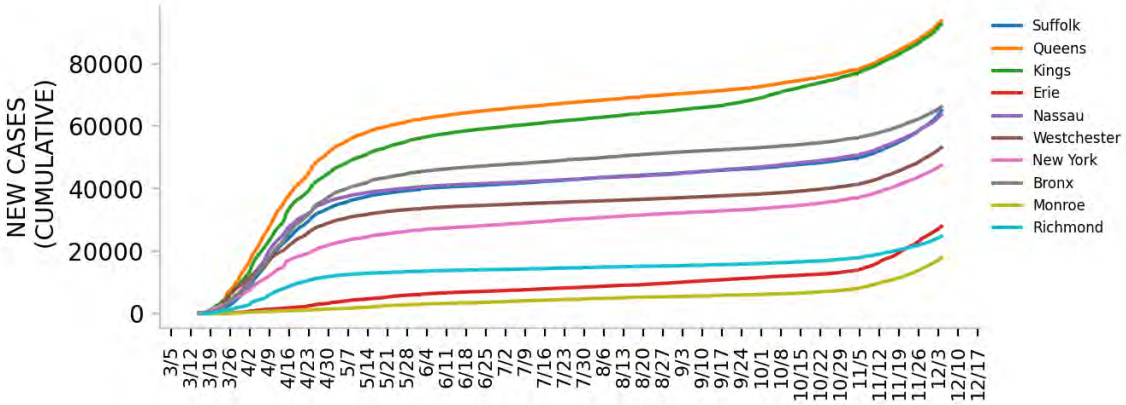


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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 12/4/2020.

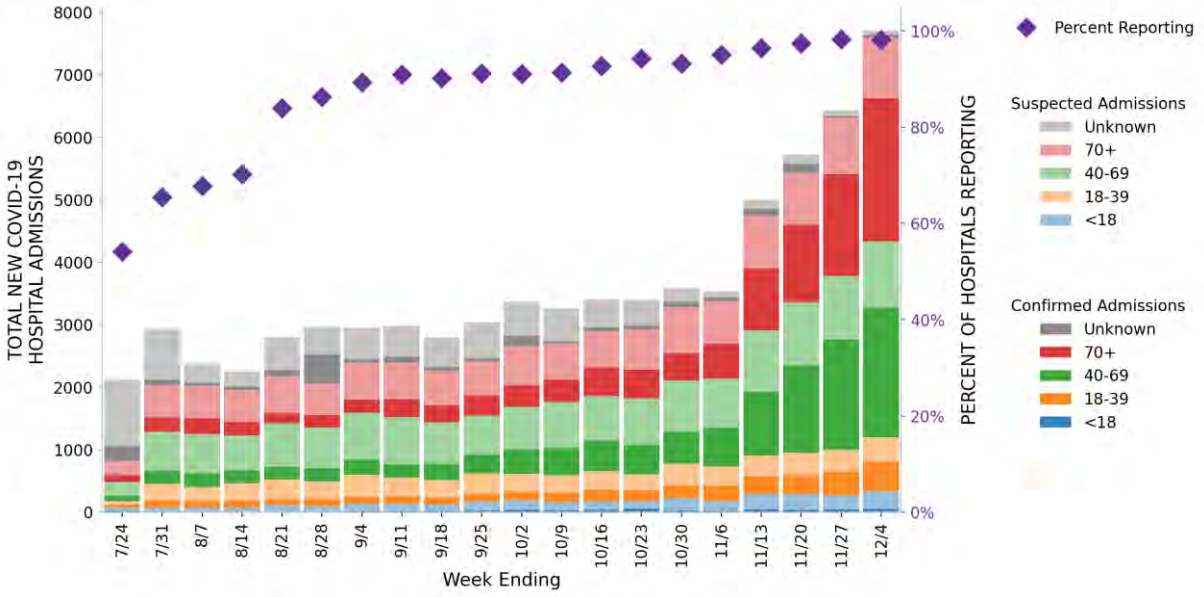
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

NEW YORK

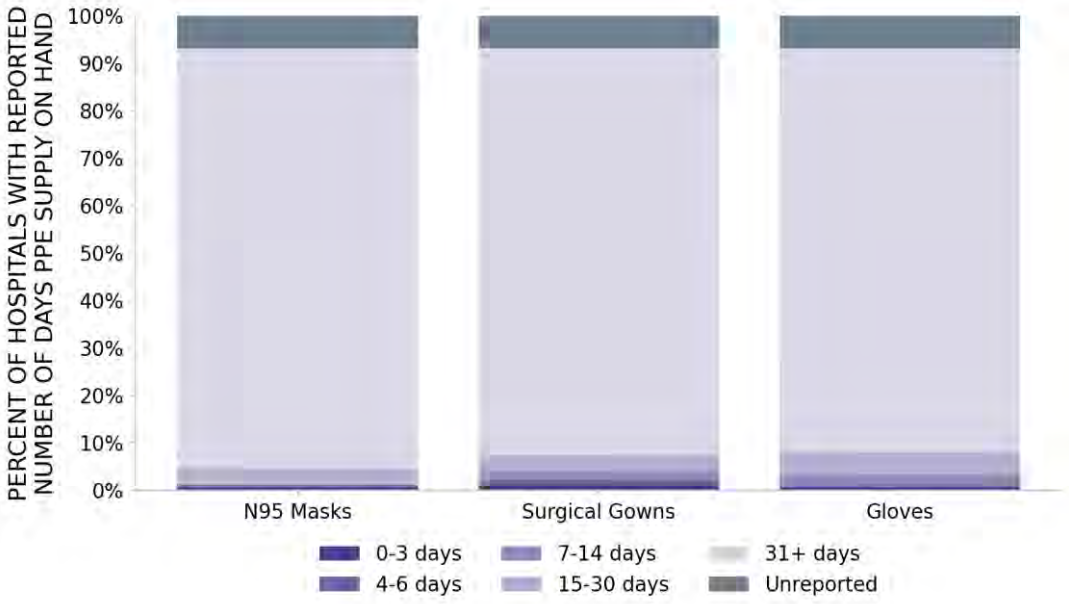
STATE REPORT | 12.06.2020

174 hospitals are expected to report in New York

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. 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 12/2/2020.

NEW YORK

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**1** ▲ (+1)	Batavia	**3** ▲ (+2)	Oswego Genesee Allegany
LOCALITIES IN ORANGE ZONE	**5** ▲ (+3)	Buffalo-Cheektowaga Rochester Syracuse Elmira Seneca Falls	**9** ▲ (+6)	Erie Monroe Onondaga Niagara Chemung Putnam Livingston Wyoming Seneca
LOCALITIES IN YELLOW ZONE	**12** ▲ (+4)	New York-Newark-Jersey City Albany-Schenectady-Troy Poughkeepsie-Newburgh-Middletown Utica-Rome Binghamton Kingston Olean Corning Jamestown-Dunkirk-Fredonia Ogdensburg-Massena Cortland Auburn	**26** ▲ (+8)	Suffolk Queens Nassau Westchester Bronx Richmond Rockland Orange Oneida Albany Dutchess Broome

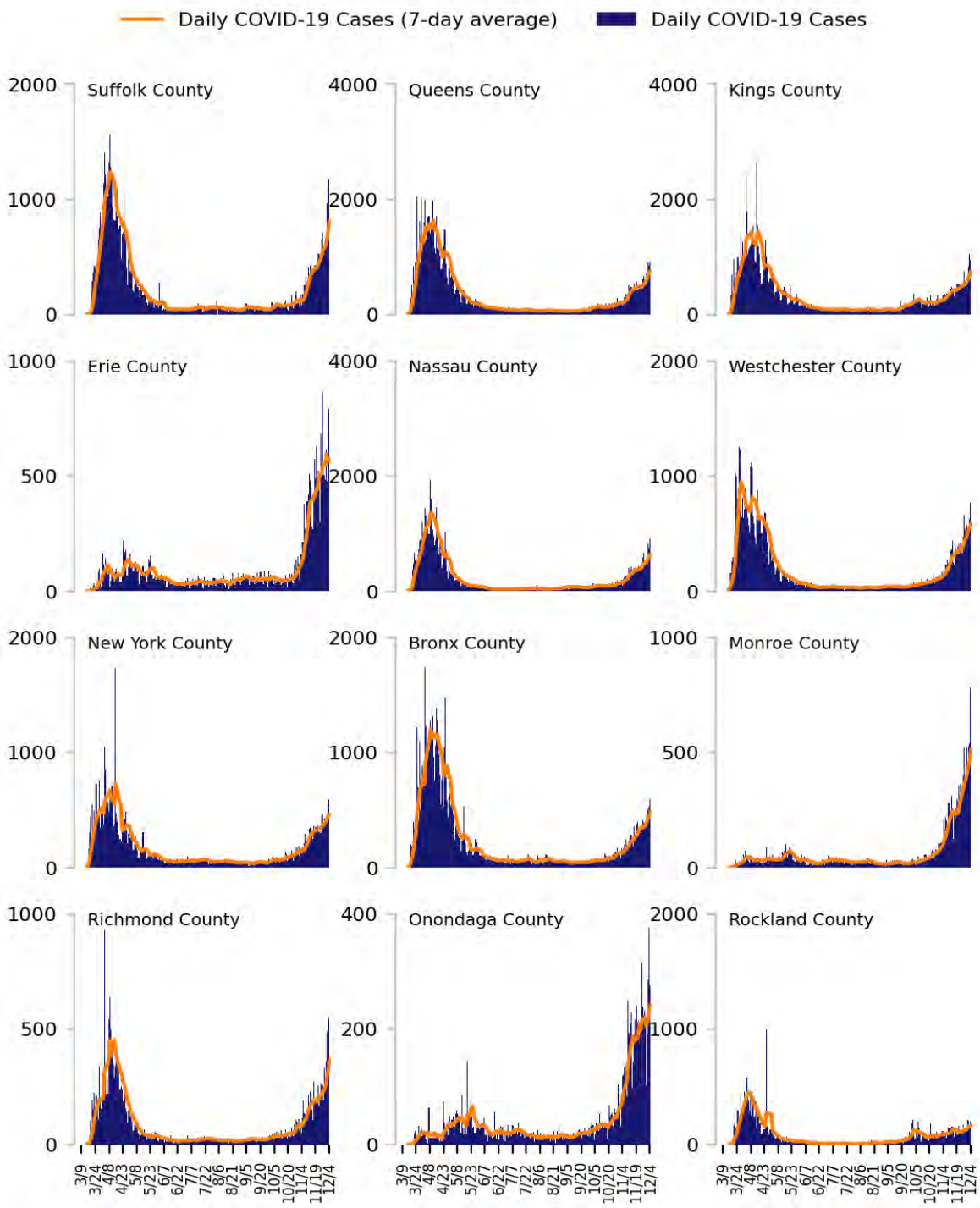
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Yellow Counties: Suffolk, Queens, Nassau, Westchester, Bronx, Richmond, Rockland, Orange, Oneida, Albany, Dutchess, Broome, Schenectady, Ulster, Cattaraugus, Ontario, Steuben, Chautauqua, Wayne, St. Lawrence, Cortland, Cayuga, Madison, Tioga, Lewis, Hamilton

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

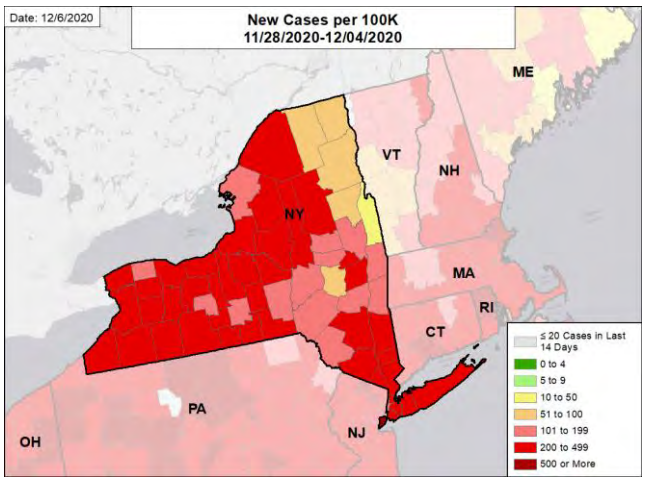
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

NEW YORK

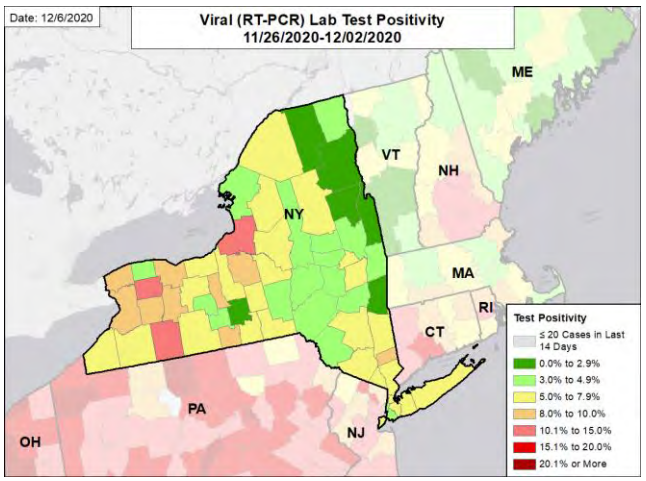
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

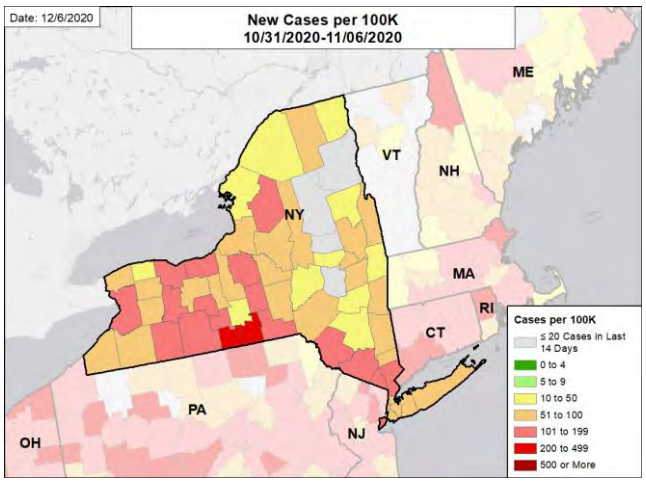
NEW CASES PER 100,000



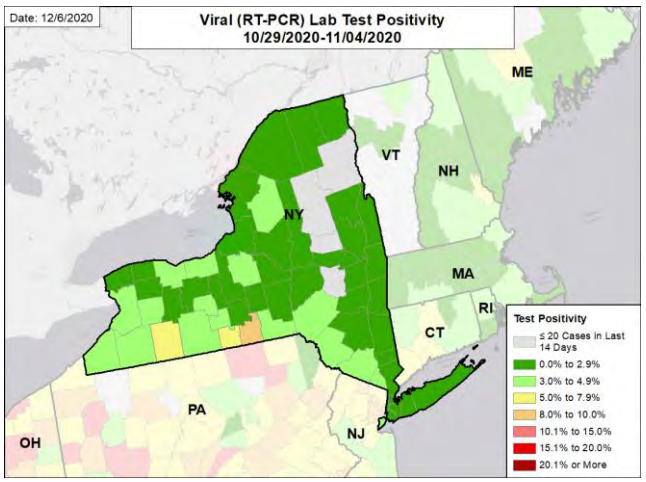
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

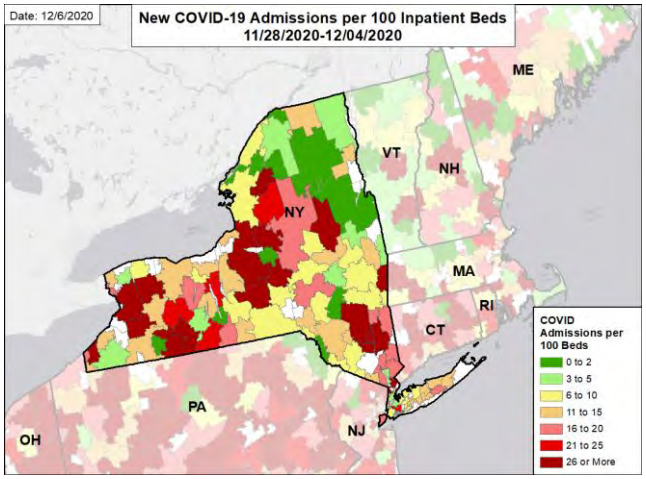
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

NEW YORK

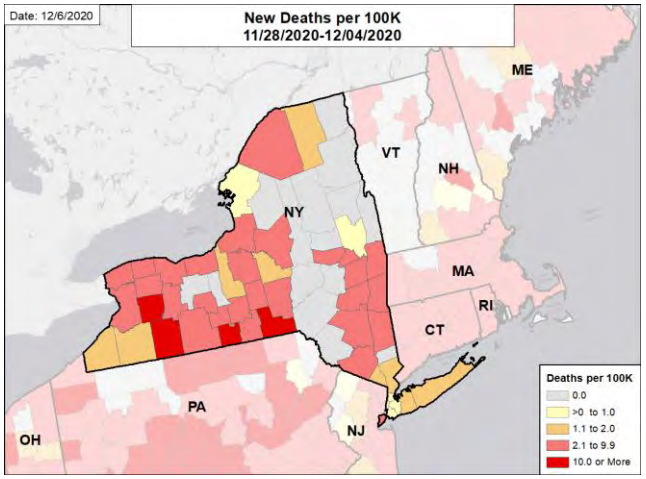
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

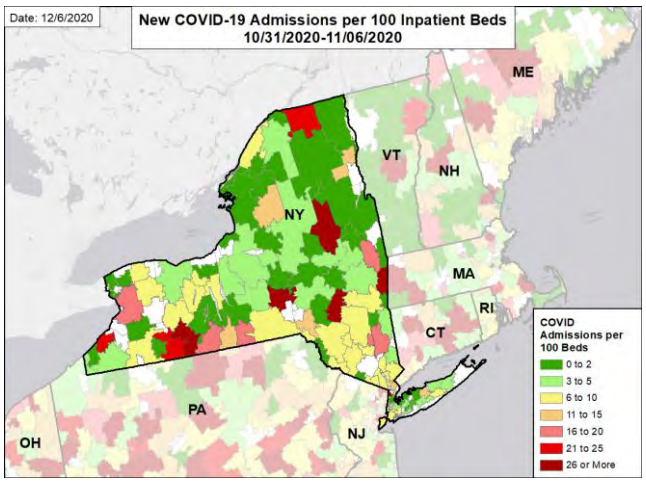
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



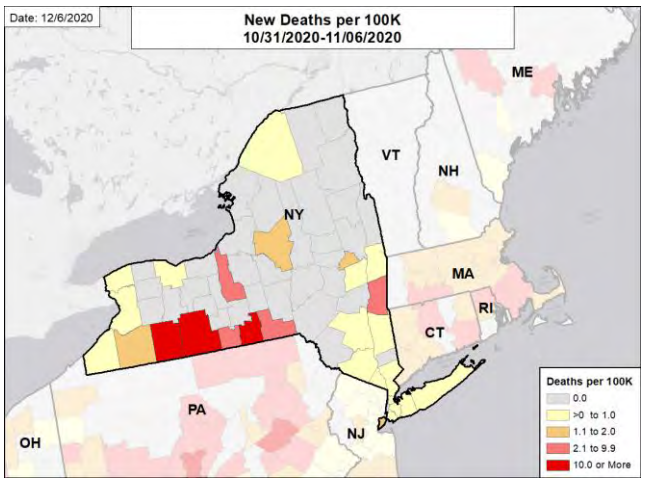
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

NORTH CAROLINA

SUMMARY

- North Carolina is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 43rd highest rate in the country. North Carolina is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 34th highest rate in the country.
- North Carolina has seen stability in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Mecklenburg County, 2. Wake County, and 3. Guilford County. These counties represent 24.1% of new cases in North Carolina.
- Case rates increased in 57 counties and 34 counties had case rates >300 per 100,000 population; test positivity increased in 82 counties and was >10% in 62 counties. Counties with the largest increases included Gates, Currituck, Swain, and Sampson.
- 94% of all counties in North Carolina have moderate or high levels of community transmission (yellow, orange, or red zones), with 60% having high levels of community transmission (red zone).
- Hospital bed and ICU bed utilization exceeds 83% in parts of the state.
- During the week of Nov 23 - Nov 29, 21% of nursing homes had at least one new resident COVID-19 case, 39% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- North Carolina had 269 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 4 to support operations activities from FEMA; 7 to support operations activities from USCG; and 1 to support operations activities from VA.
- The federal government has supported surge testing in in New Hanover, Guilford, Mecklenburg, Pitt, and Harnett counties.
- Between Nov 28 - Dec 4, on average, 267 patients with confirmed COVID-19 and 301 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Carolina. This is an increase of 15% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- The increase in test positivity and hospital admissions suggest substantial increase in transmission, which is gravely concerning as we are approaching the holidays where transmission is expected to intensify; significant improvements in adherence to community mitigation efforts is critically important.
- Recent expansion of testing is highly commendable but needs to be expanded with surge testing in counties such as Swain County and in cities like Charlotte and Fayetteville, with sharp increases in test positivity and relatively low levels of testing.
- All molecular platforms in the state should be part of testing efforts with a goal of returning results within 48 hours.
- Ensure a complete public health campaign across all media platforms, including SMS texting, describing the need to avoid social gatherings, maintain social distancing and wear face masks; the promise and timing of the new vaccines; and instructions on how to report non-compliance of local businesses.
- Intensify outreach to local communities wherever test positivity is increasing most; ensure that outreach campaigns are appropriate for local communities, such as the Native American communities in Swain County.
- Surveillance should be greatly expanded through proactive weekly testing of persons at higher risk using point-of-care antigen tests, regardless of symptoms; surveillance should direct focused surge-testing campaigns.
- All congregate facilities and all crowded workplaces should have routine surveillance testing in place, without regard to symptoms.
- Education on isolation and quarantine should be given in verbal and written form at the time of testing; all those who are being tested should be instructed to quarantine until they get their results.
- Ensure all clinical facilities have contingency plans, up-to-date treatment protocols, access to telehealth systems, and remote clinical support. Ensure local healthcare systems have expansion plans for beds and staffing.
- Develop outpatient infusion centers to provide IV therapy to those who don't warrant admission or when hospital systems are over-capacity. When monoclonal antibodies are available, they should be directed proportionately to communities and individuals at highest risk for disease progression.
- Contact tracing remains a critical intervention and should be expanded as previously described to keep up with the number of cases; consider methods to automate counseling, contact elicitation, and instructions for isolation and quarantine by email or text messaging.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students.
- Every effort should be made to prevent outbreaks in LTCFs and nursing homes; ensure all facilities are totally adherent to all CMS guidance. Staff should be testing weekly with rapid tests and should not be allowed to work without a recent negative test.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NORTH CAROLINA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	28,166 (269)	+10%	214,107 (320)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.4%	+2.7%*	11.8%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	229,645** (2,190**)	-31%**	1,192,094** (1,782**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	257 (2.5)	+11%	2,117 (3.2)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	21%	N/A*†	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	39%	N/A*†	41%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	N/A*†	9%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,973 (18)	+15% (+15%)	27,764 (18)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
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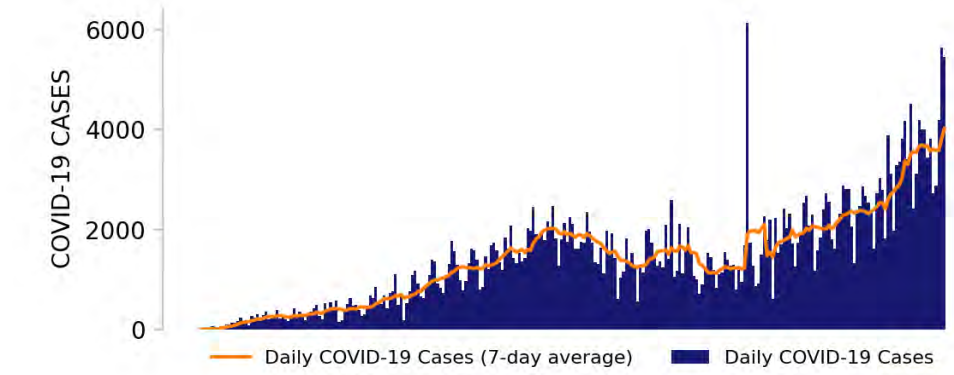
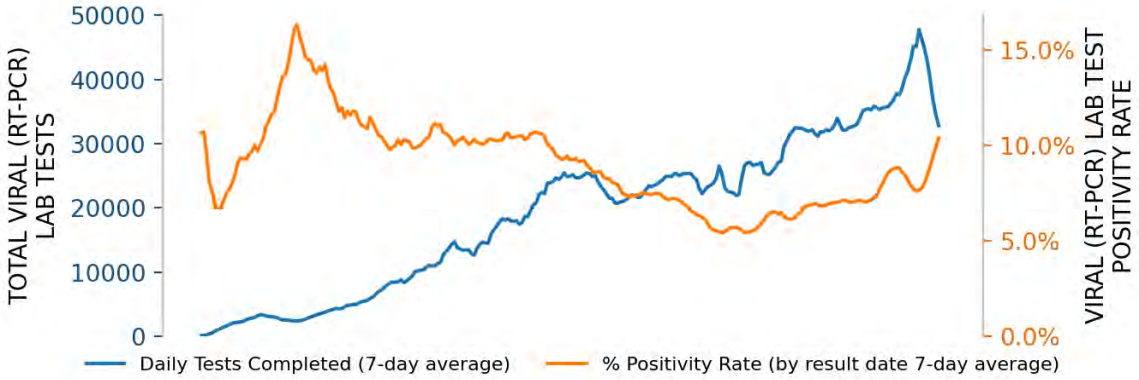
NORTH CAROLINA

STATE REPORT | 12.06.2020

NEW CASES

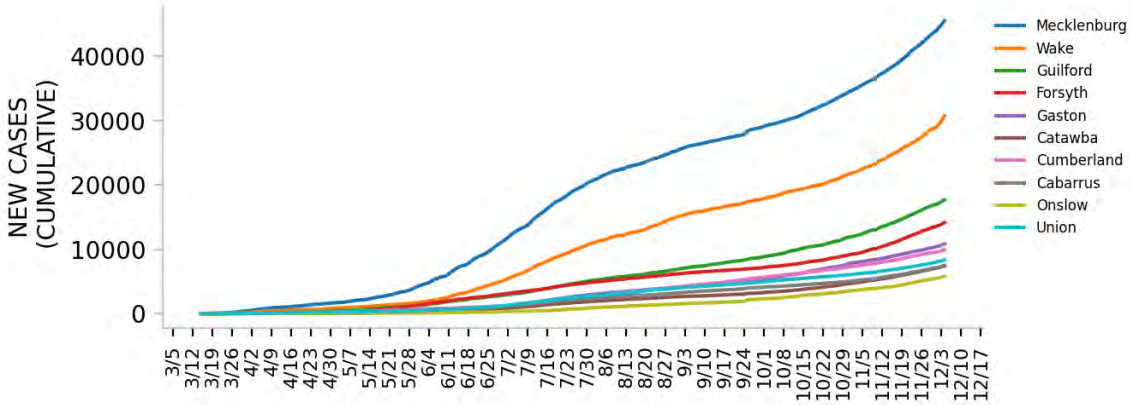


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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 12/4/2020.

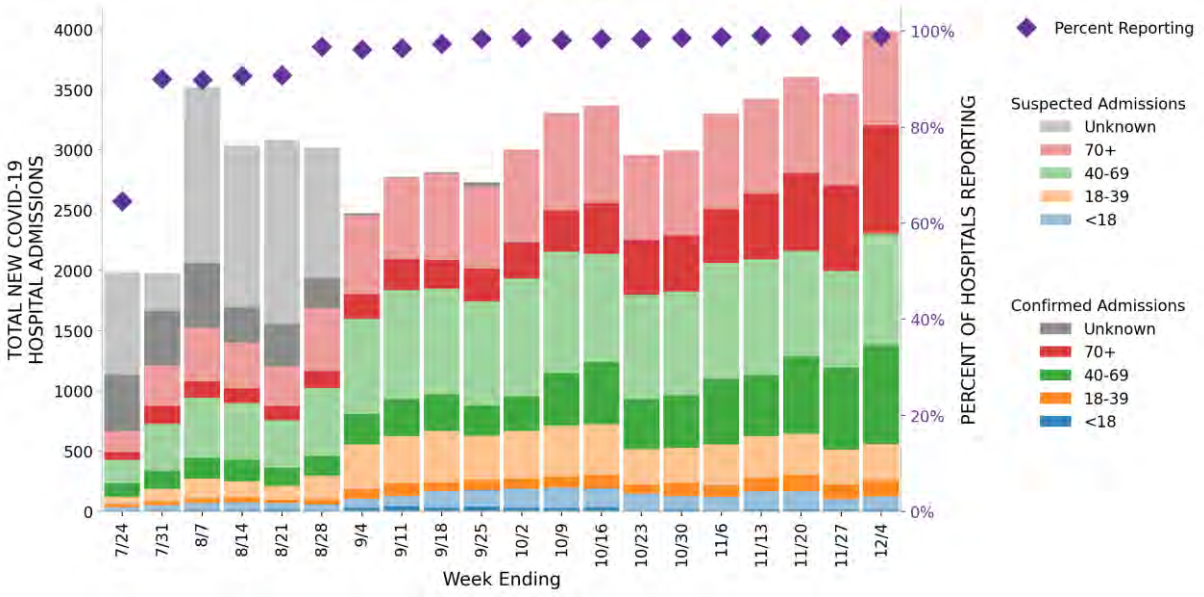
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

NORTH CAROLINA

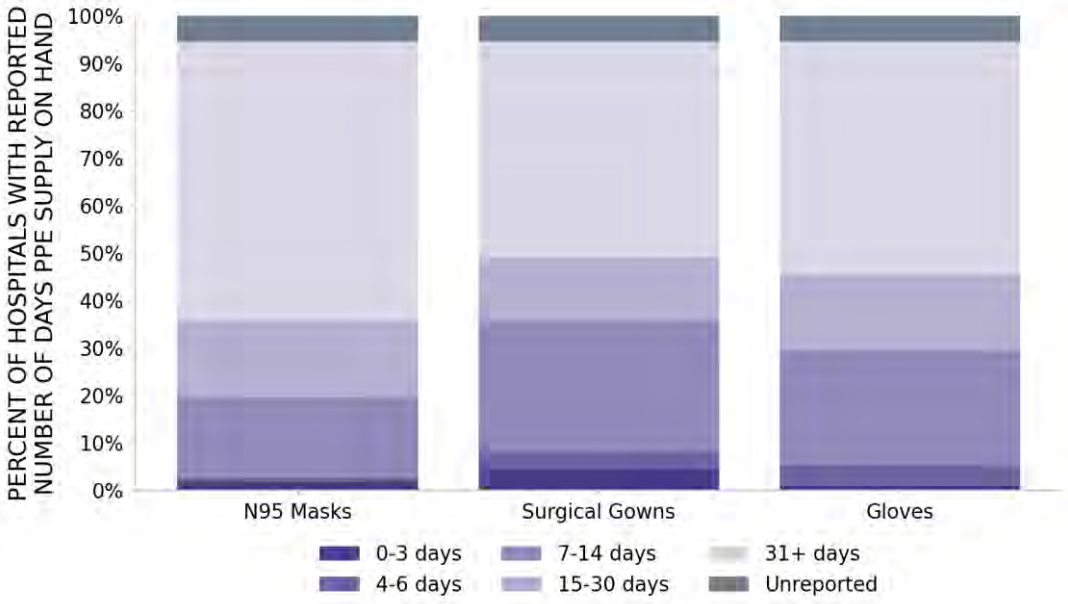
STATE REPORT | 12.06.2020

112 hospitals are expected to report in North Carolina

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

NORTH CAROLINA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	24 ▲ (+15)	Charlotte-Concord-Gastonia Winston-Salem Hickory-Lenoir-Morganton Fayetteville Jacksonville Burlington Greenville Rocky Mount Lumberton Goldsboro Shelby Wilson	60 ▲ (+27)	Mecklenburg Forsyth Gaston Catawba Cumberland Cabarrus Onslow Union Alamance Johnston Iredell Pitt
LOCALITIES IN ORANGE ZONE	9 ▼ (-4)	Raleigh-Cary Greensboro-High Point Wilmington New Bern North Wilkesboro Albemarle Marion Morehead City Washington	21 ▼ (-6)	Wake Guilford New Hanover Burke Wilkes Stanly McDowell Franklin Duplin Carteret Davie Stokes
LOCALITIES IN YELLOW ZONE	5 ▼ (-9)	Durham-Chapel Hill Asheville Kinston Boone Kill Devil Hills	13 ▼ (-13)	Durham Buncombe Henderson Lenoir Watauga Granville Ashe Dare Macon Polk Jones Washington
Change from previous week's alerts:		▲ Increase ■ Stable ▼ Decrease		

All Red CBSAs: Charlotte-Concord-Gastonia, Winston-Salem, Hickory-Lenoir-Morganton, Fayetteville, Jacksonville, Burlington, Greenville, Rocky Mount, Lumberton, Goldsboro, Shelby, Wilson, Myrtle Beach-Conway-North Myrtle Beach, Forest City, Mount Airy, Pinehurst-Southern Pines, Roanoke Rapids, Henderson, Rockingham, Sanford, Laurinburg, Cullowhee, Elizabeth City, Brevard

All Red Counties: Mecklenburg, Forsyth, Gaston, Catawba, Cumberland, Cabarrus, Onslow, Union, Alamance, Johnston, Iredell, Pitt, Davidson, Rowan, Randolph, Robeson, Wayne, Cleveland, Harnett, Lincoln, Caldwell, Rockingham, Wilson, Nash, Columbus, Craven, Brunswick, Rutherford, Surry, Moore, Sampson, Alexander, Vance, Haywood, Halifax, Yadkin, Edgecombe, Pender, Richmond, Hoke, Lee, Scotland, Avery, Bladen, Mitchell, Yancey, Madison, Montgomery, Anson, Pasquotank, Caswell, Bertie, Cherokee, Transylvania, Hertford, Chowan, Swain, Perquimans, Gates, Camden

All Orange Counties: Wake, Guilford, New Hanover, Burke, Wilkes, Stanly, McDowell, Franklin, Duplin, Carteret, Davie, Stokes, Beaufort, Person, Jackson, Northampton, Warren, Greene, Martin, Currituck, Alleghany

All Yellow Counties: Durham, Buncombe, Henderson, Lenoir, Watauga, Granville, Ashe, Dare, Macon, Polk, Jones, Washington, Clay

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

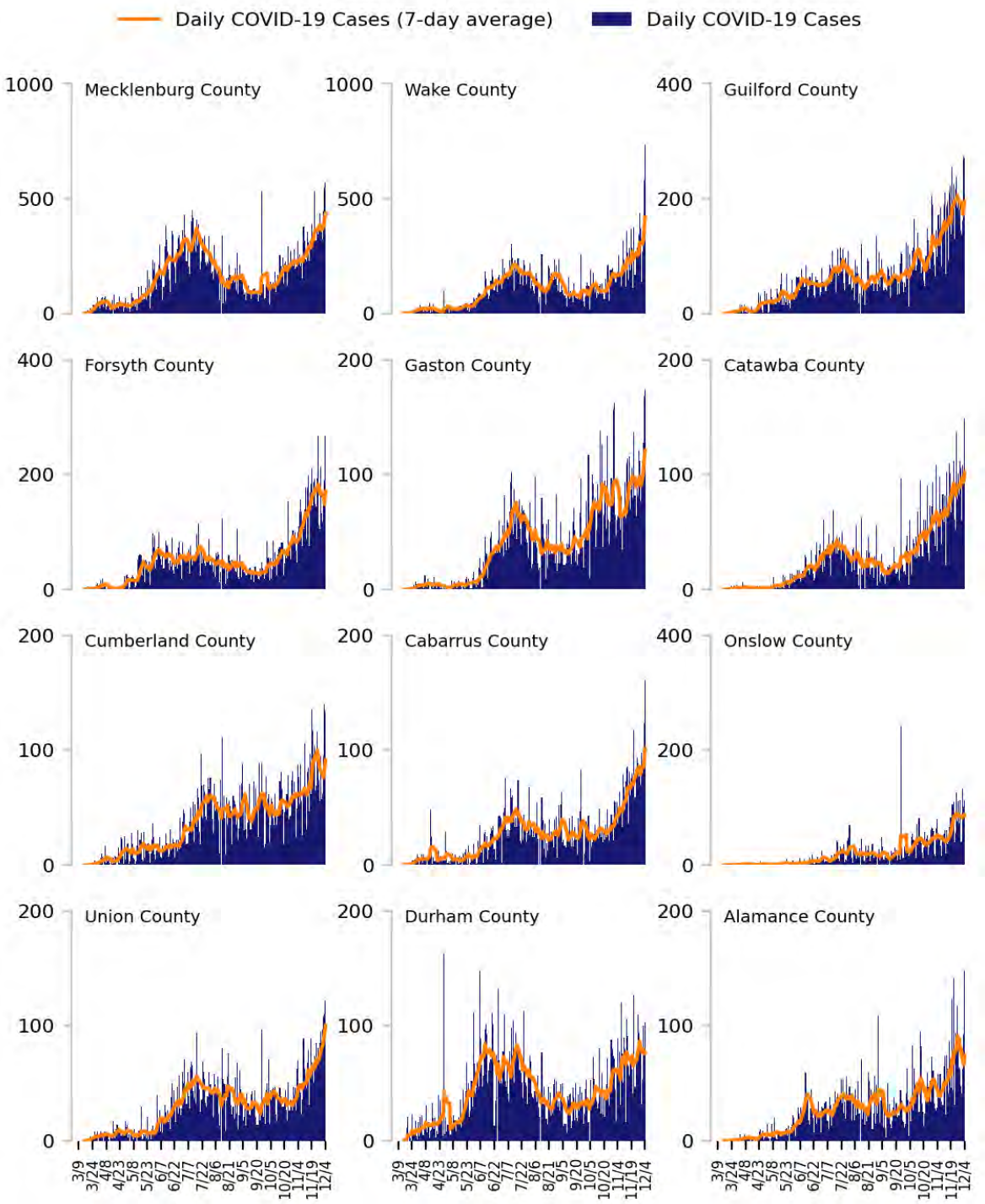
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 12/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



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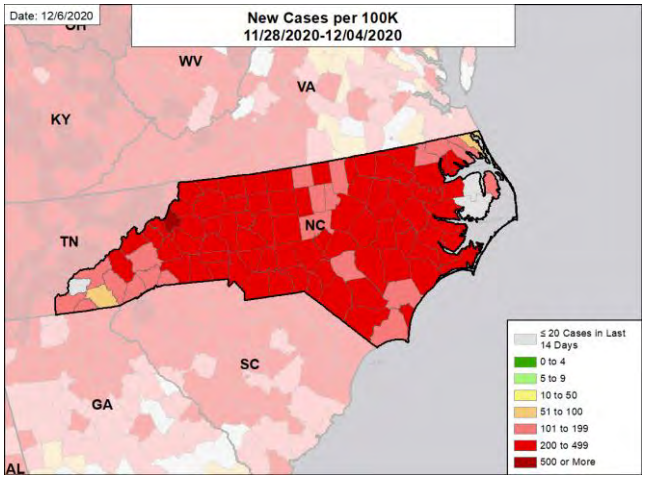
NORTH CAROLINA

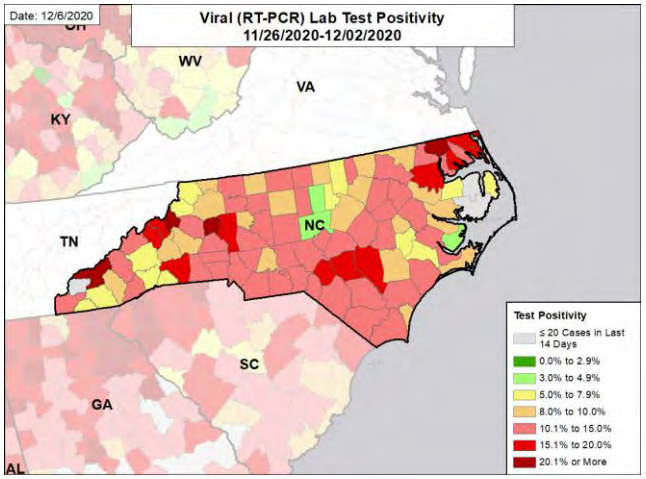
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

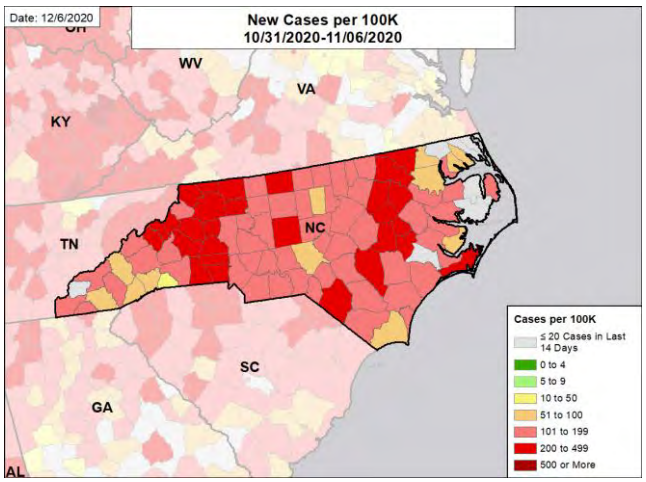
NEW CASES PER 100,000



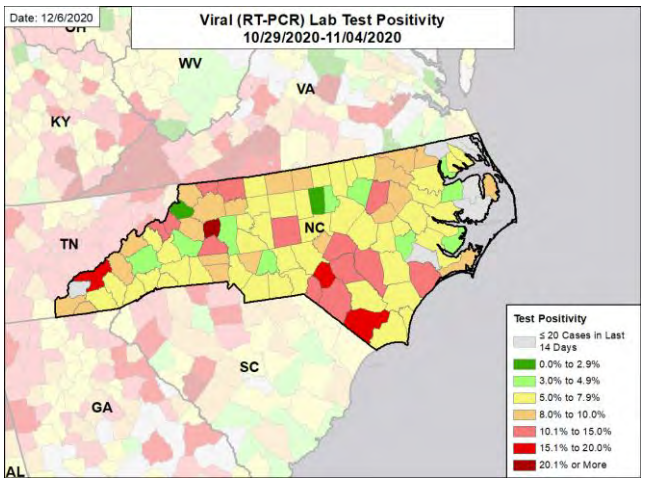
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

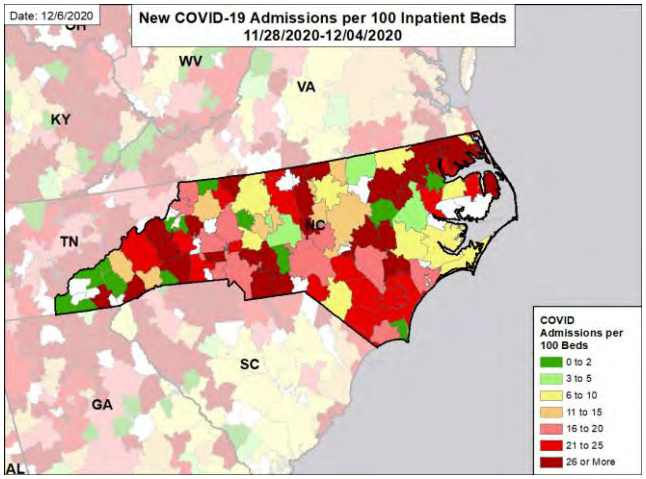
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

NORTH CAROLINA

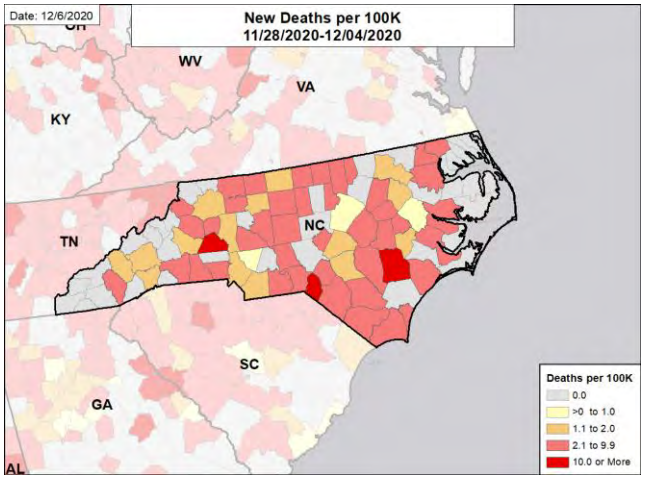
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

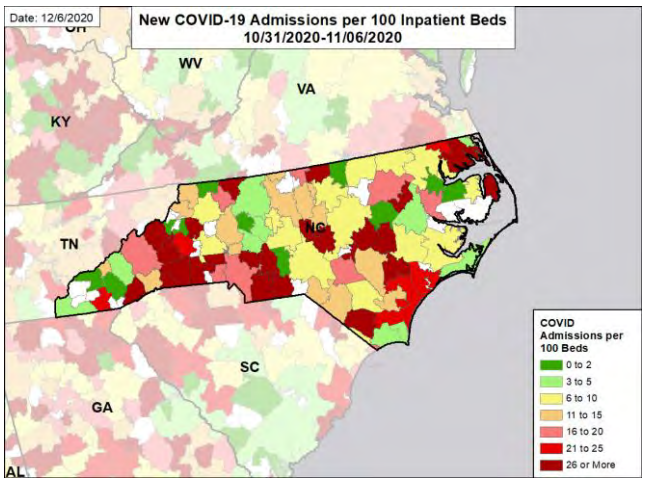
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



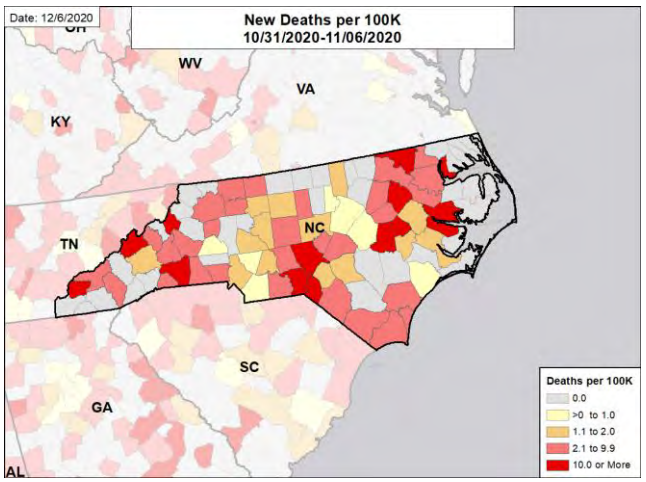
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

NORTH DAKOTA

SUMMARY

- North Dakota is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 9th highest rate in the country. North Dakota is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 38th highest rate in the country.
- North Dakota has seen a decrease in new cases, test positivity, and hospitalizations. This is the moment to accelerate mitigation and testing for asymptomatic spread to prevent a post-Thanksgiving surge.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Cass County, 2. Burleigh County, and 3. Ward County. These counties represent 44.6% of new cases in North Dakota.
- 72% of all counties in North Dakota have moderate or high levels of community transmission (yellow, orange, or red zones), with 43% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 47% of nursing homes had at least one new resident COVID-19 case, 71% had at least one new staff COVID-19 case, and 18% had at least one new resident COVID-19 death.
- North Dakota had 619 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 60 to support medical activities from DoD and 1 to support epidemiology activities from CDC.
- Between Nov 28 - Dec 4, on average, 42 patients with confirmed COVID-19 and 18 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Dakota. This is a decrease of 7% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- All public health officials must make it clear that if you are over 65 or have significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected during the Thanksgiving period if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested immediately. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are at significant risk for serious COVID infection; if you develop any symptoms you must be tested immediately as the majority of therapeutics work best early in infection. **Begin warning about any gathering during December holidays.**
- Aggressive testing must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity or closure of public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- New hospital admissions in North Dakota continue to decline. Ensure aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased hospitalizations and fatalities.
- Contact all hospitals reporting <1 week's supply to confirm data; contact the regional FEMA office for support if supplies are an issue.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate continued and unmitigated community spread in these geographic locations.
- Continued support to Tribal Nations for COVID-19 vaccination, testing, and clinical support is essential as they represent the highest risk group after LTCF residents.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NORTH DAKOTA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	4,718 (619)	-35%	71,931 (587)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.1%	-4.1%*	14.5%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	33,893** (4,448**)	-28%**	470,275** (3,836**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	87 (11.4)	+2%	808 (6.6)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	47%	N/A*†	36%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	71%	N/A*†	61%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	18%	N/A*†	15%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	417 (21)	-7% (-8%)	5,191 (21)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

DATA SOURCES – Additional data details available under METHODS

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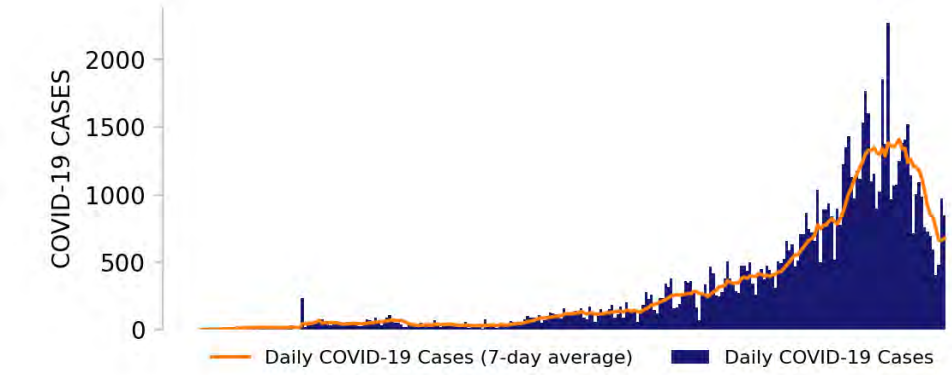
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

NORTH DAKOTA

STATE REPORT | 12.06.2020

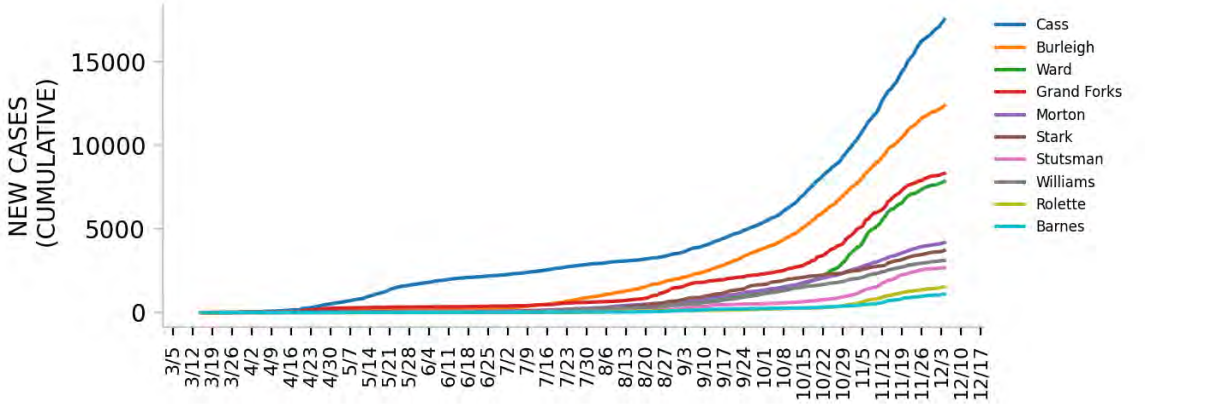
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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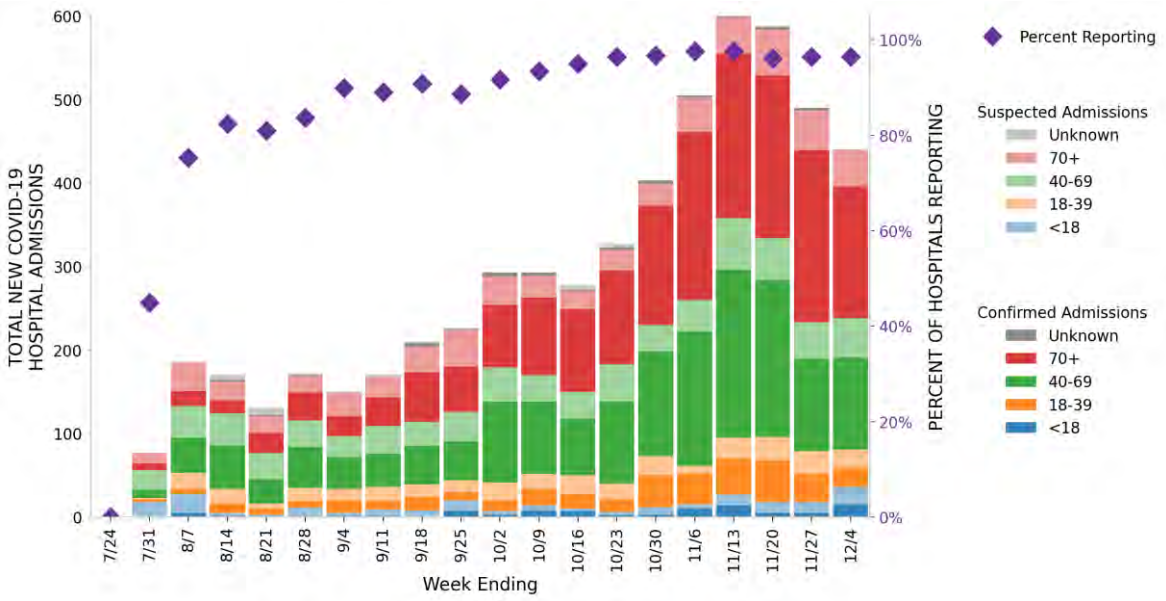
NORTH DAKOTA

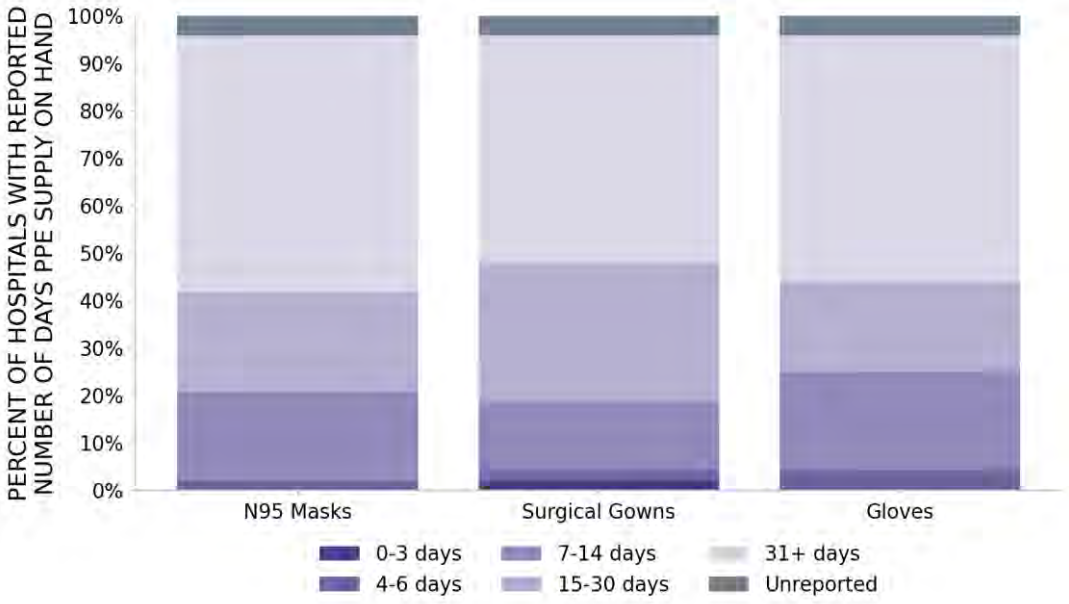
STATE REPORT | 12.06.2020

48 hospitals are expected to report in North Dakota

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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NORTH DAKOTA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**4** ▼ (-2)	Minot Grand Forks Williston Wahpeton	**23** ▼ (-9)	Ward Williams Rolette Richland Walsh Mercer McLean Pembina Foster Benson Sioux Pierce
LOCALITIES IN ORANGE ZONE	**2** ▲ (+1)	Fargo Dickinson	**8** ▲ (+1)	Grand Forks Morton Stark Ramsey Mountrail McKenzie Cavalier LaMoure
LOCALITIES IN YELLOW ZONE	**2** ▲ (+1)	Bismarck Jamestown	**7** ▲ (+5)	Cass Burleigh Stutsman Barnes Hettinger Eddy Golden Valley

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

All Red Counties: Ward, Williams, Rolette, Richland, Walsh, Mercer, McLean, Pembina, Foster, Benson, Sioux, Pierce, Sargent, Bottineau, McHenry, Renville, Griggs, Dunn, Kidder, Adams, Towner, Steele, Logan

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

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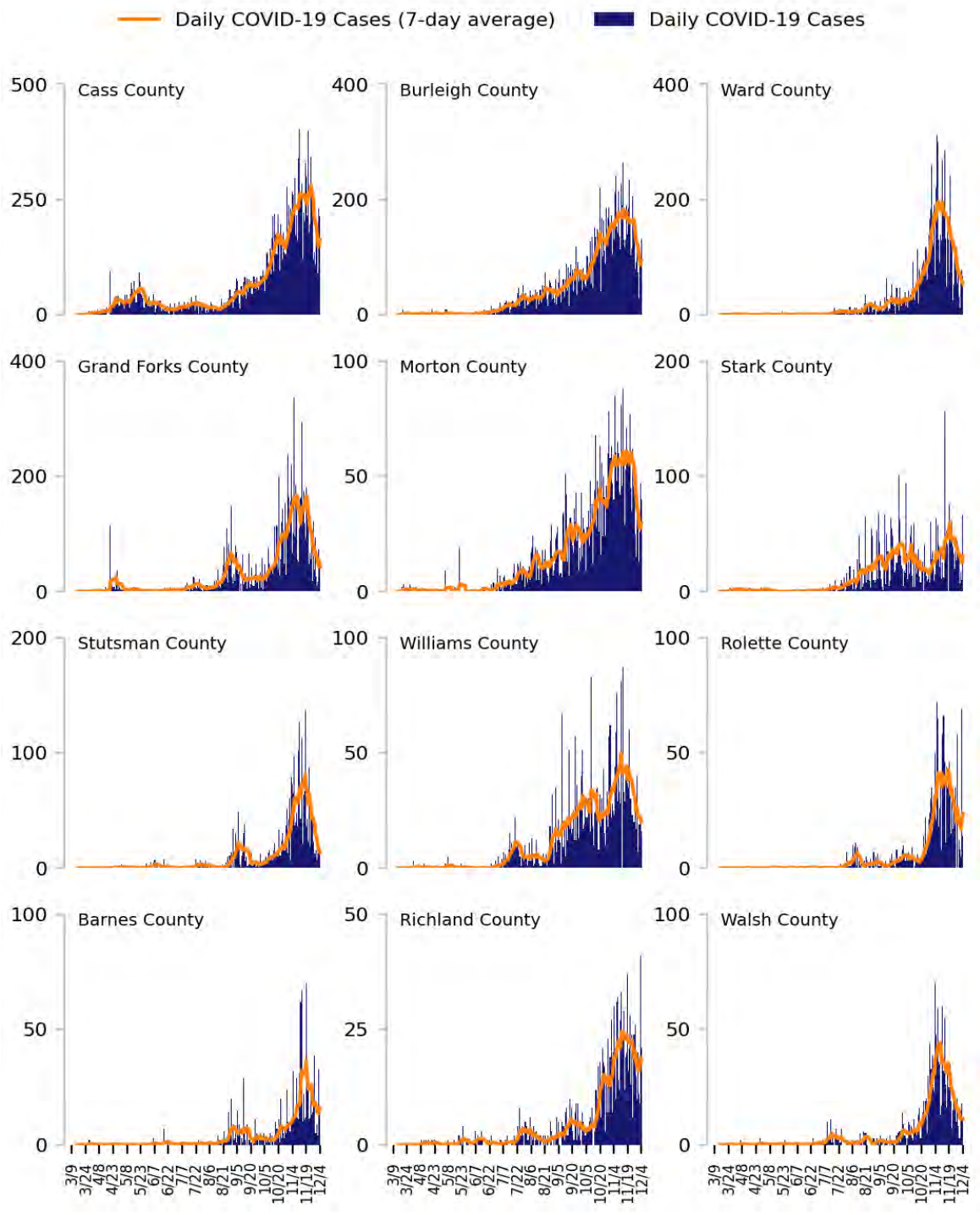
Top 12 counties based on number of new cases in the last 3 weeks



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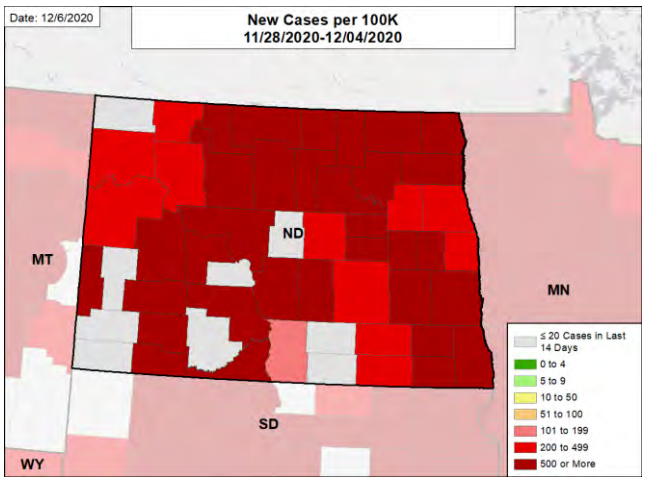
NORTH DAKOTA

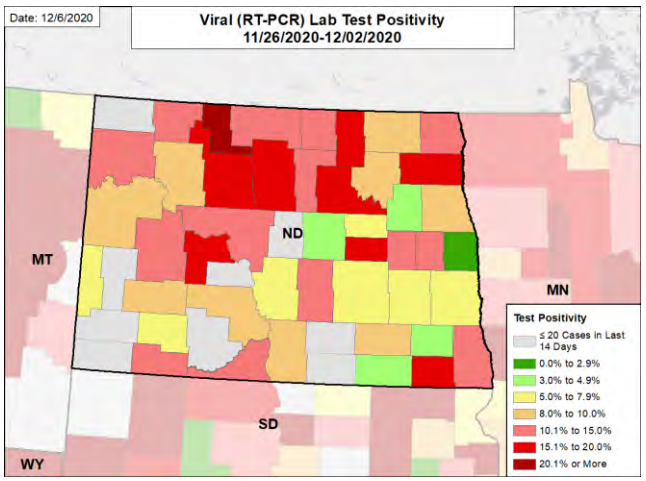
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

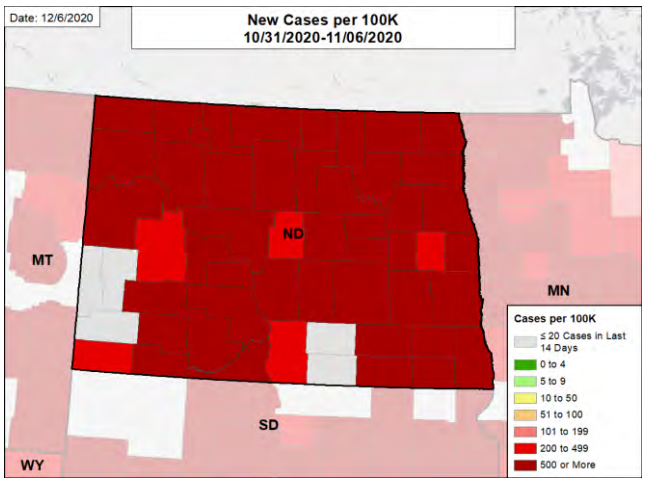
NEW CASES PER 100,000



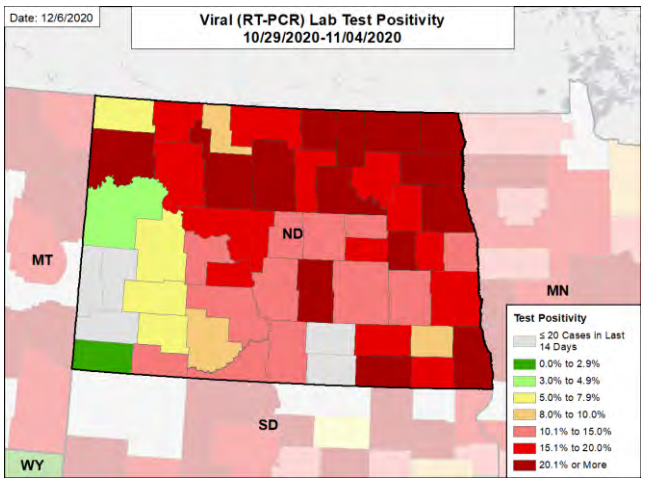
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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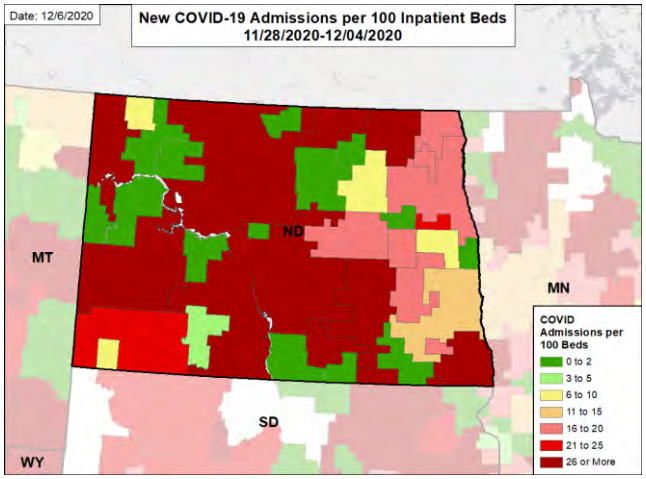
NORTH DAKOTA

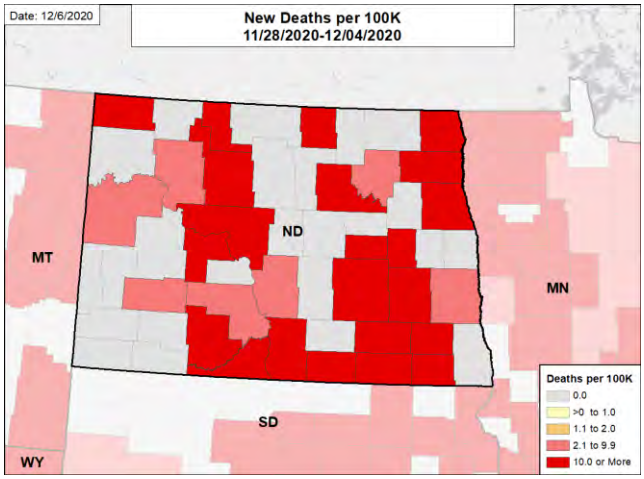
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

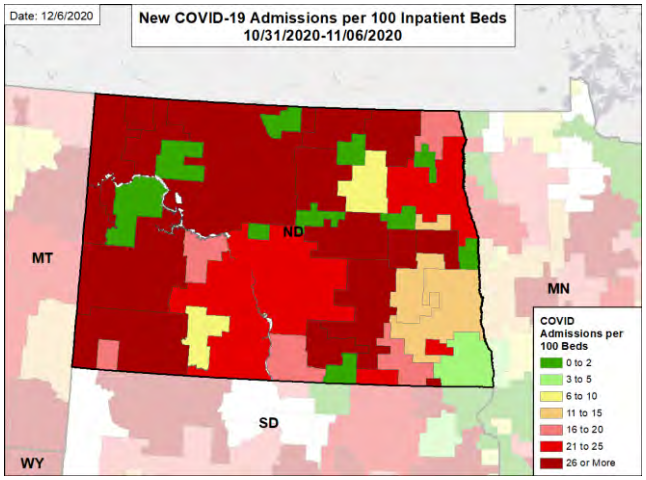
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



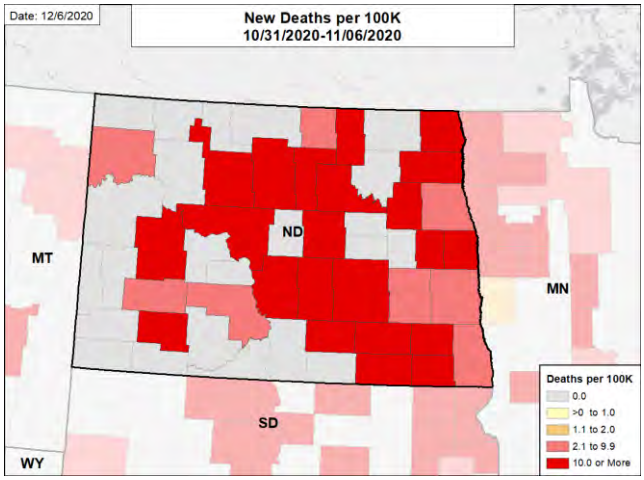
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

OHIO

SUMMARY

- Ohio is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 23rd highest rate in the country. Ohio is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 15th highest rate in the country.
- Ohio has seen a decrease in new cases but an increase in test positivity and increasing hospitalizations. Now is the time to aggressively mitigate across the state to prevent a post-Thanksgiving surge.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Cuyahoga County, 2. Franklin County, and 3. Hamilton County. These counties represent 26.4% of new cases in Ohio.
- 100% of all counties in Ohio have moderate or high levels of community transmission (yellow, orange, or red zones), with 95% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 40% of nursing homes had at least one new resident COVID-19 case, 62% had at least one new staff COVID-19 case, and 15% had at least one new resident COVID-19 death.
- Ohio had 489 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 8 to support operations activities from FEMA; 5 to support epidemiology activities from CDC; and 4 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 708 patients with confirmed COVID-19 and 456 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Ohio. This is an increase of 5% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- All public health officials must make it clear that if you are over 65 or have significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected during the Thanksgiving period if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested immediately. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are at significant risk for serious COVID infection; if you develop any symptoms you must be tested immediately as the majority of therapeutics work best early in infection. **Begin warning about any gathering during December holidays.**
- Aggressive testing must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity or closure of public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- New hospital admissions in Ohio continue to increase. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased hospitalizations and fatalities.
- Contact all hospitals reporting <1 week's supply to confirm data; contact the regional FEMA office for support if supplies are an issue.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate continued and unmitigated community spread in these geographic locations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

OHIO

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	57,155 (489)	-11%	292,123 (556)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	14.8%	+1.4%*	14.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	368,458** (3,152**)	-17%**	1,948,301** (3,708**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	535 (4.6)	+37%	3,507 (6.7)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	40%	N/A*†	33%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	62%	N/A*†	54%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	15%	N/A*†	16%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	8,150 (28)	+5% (+5%)	30,833 (26)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

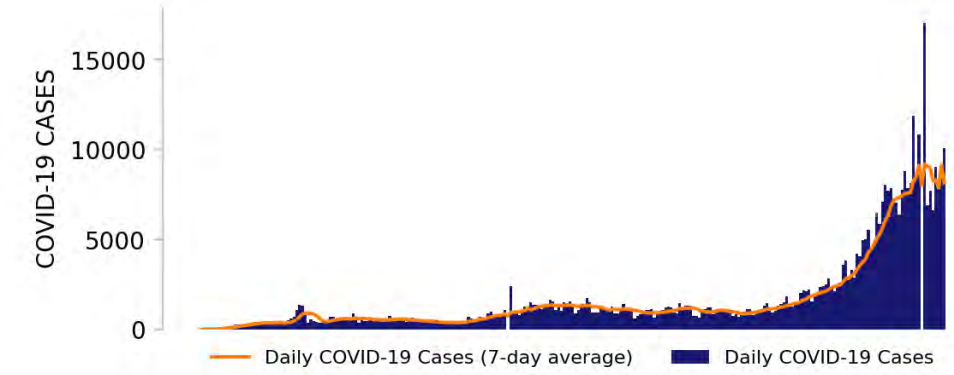
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

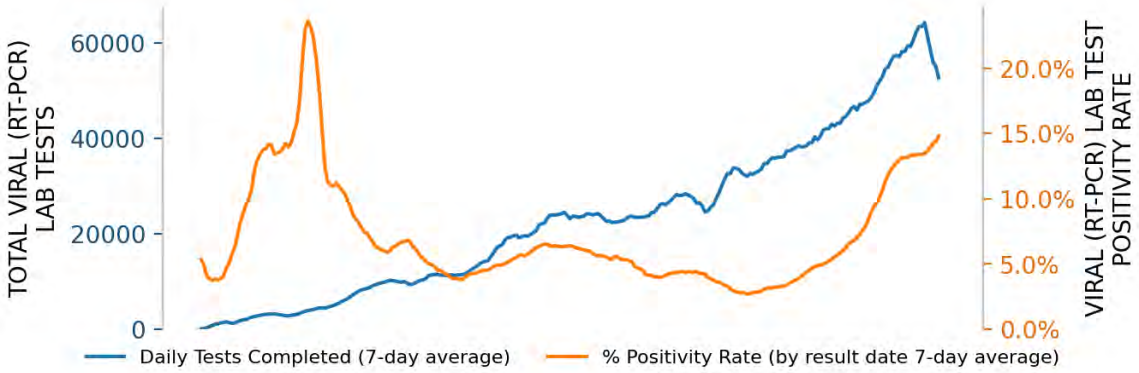
OHIO

STATE REPORT | 12.06.2020

NEW CASES

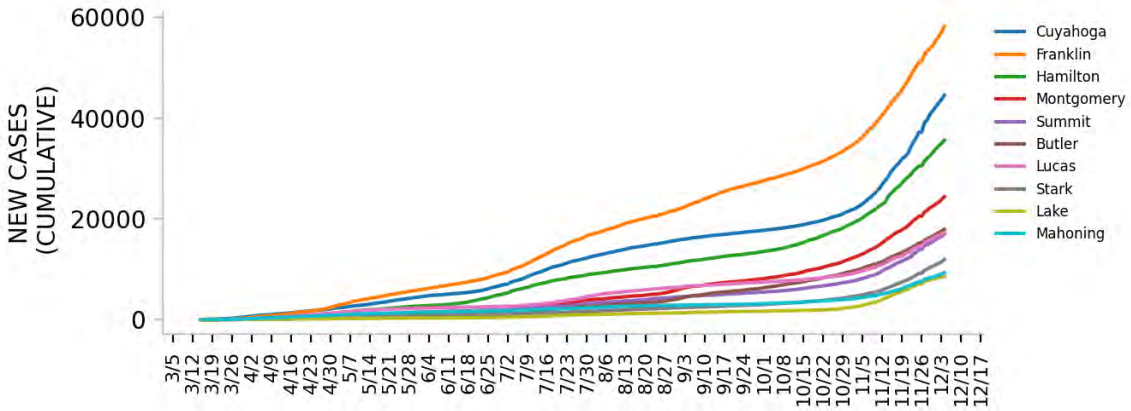


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in 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 12/4/2020.

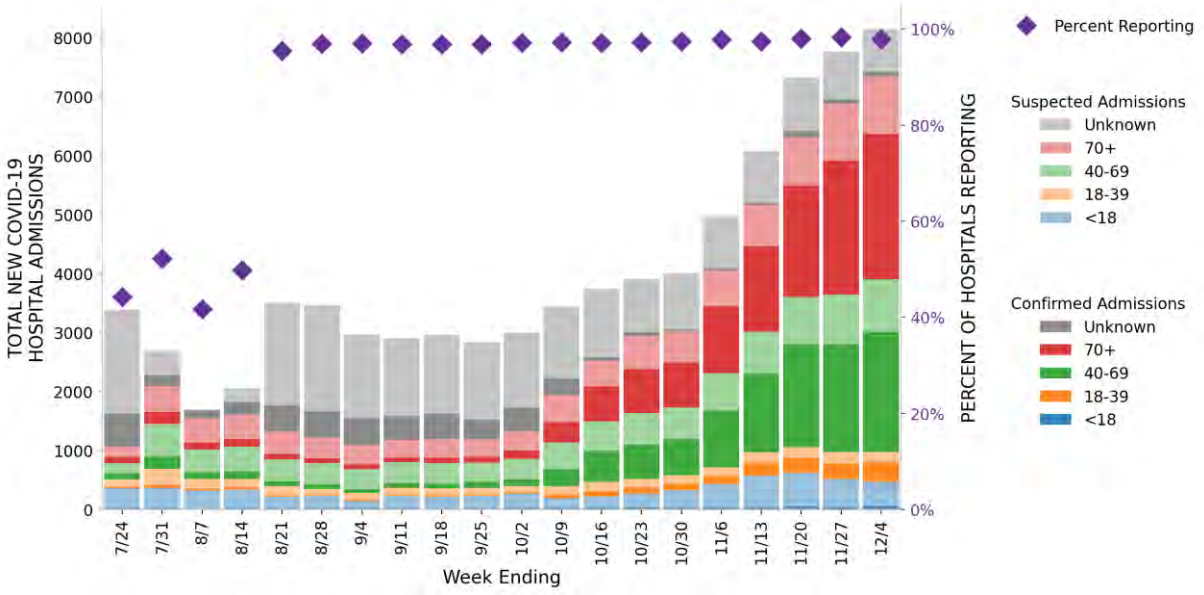
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

OHIO

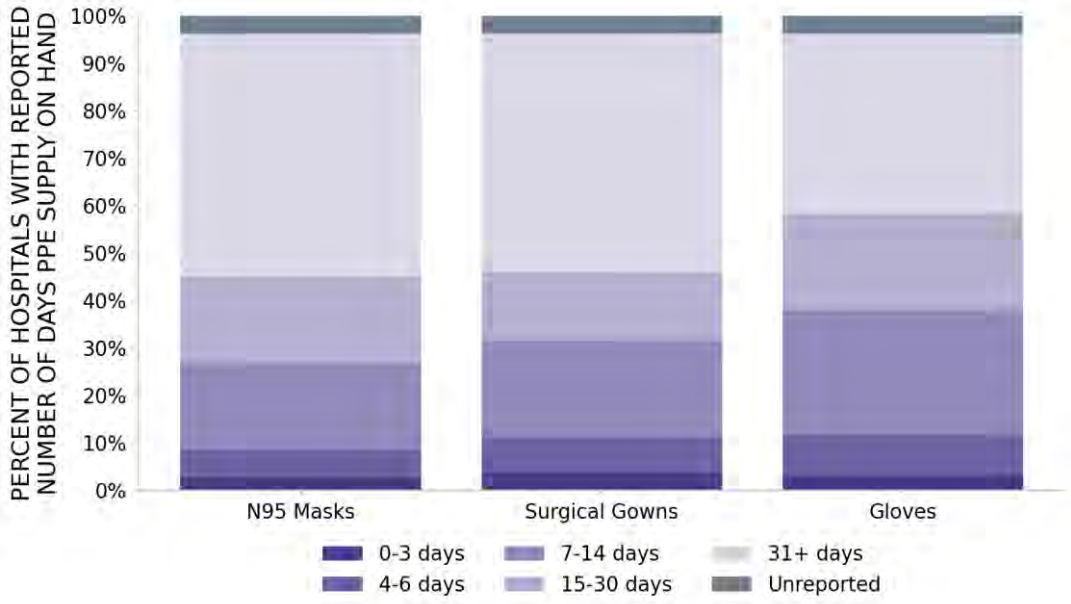
STATE REPORT | 12.06.2020

187 hospitals are expected to report in Ohio

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

OHIO

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**45** ▲ (+1)	Cleveland-Elyria Columbus Cincinnati Dayton-Kettering Toledo Akron Youngstown-Warren-Boardman Canton-Massillon Springfield Lima Mansfield New Philadelphia-Dover	**84** ■ (+0)	Cuyahoga Franklin Hamilton Montgomery Summit Butler Lucas Stark Lake Mahoning Lorain Warren
LOCALITIES IN ORANGE ZONE	**0** ▼ (-2)	N/A	**3** ▲ (+2)	Lawrence Wyandot Meigs
LOCALITIES IN YELLOW ZONE	**1** ▲ (+1)	Ashland	**1** ■ (+0)	Ashland

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

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

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

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

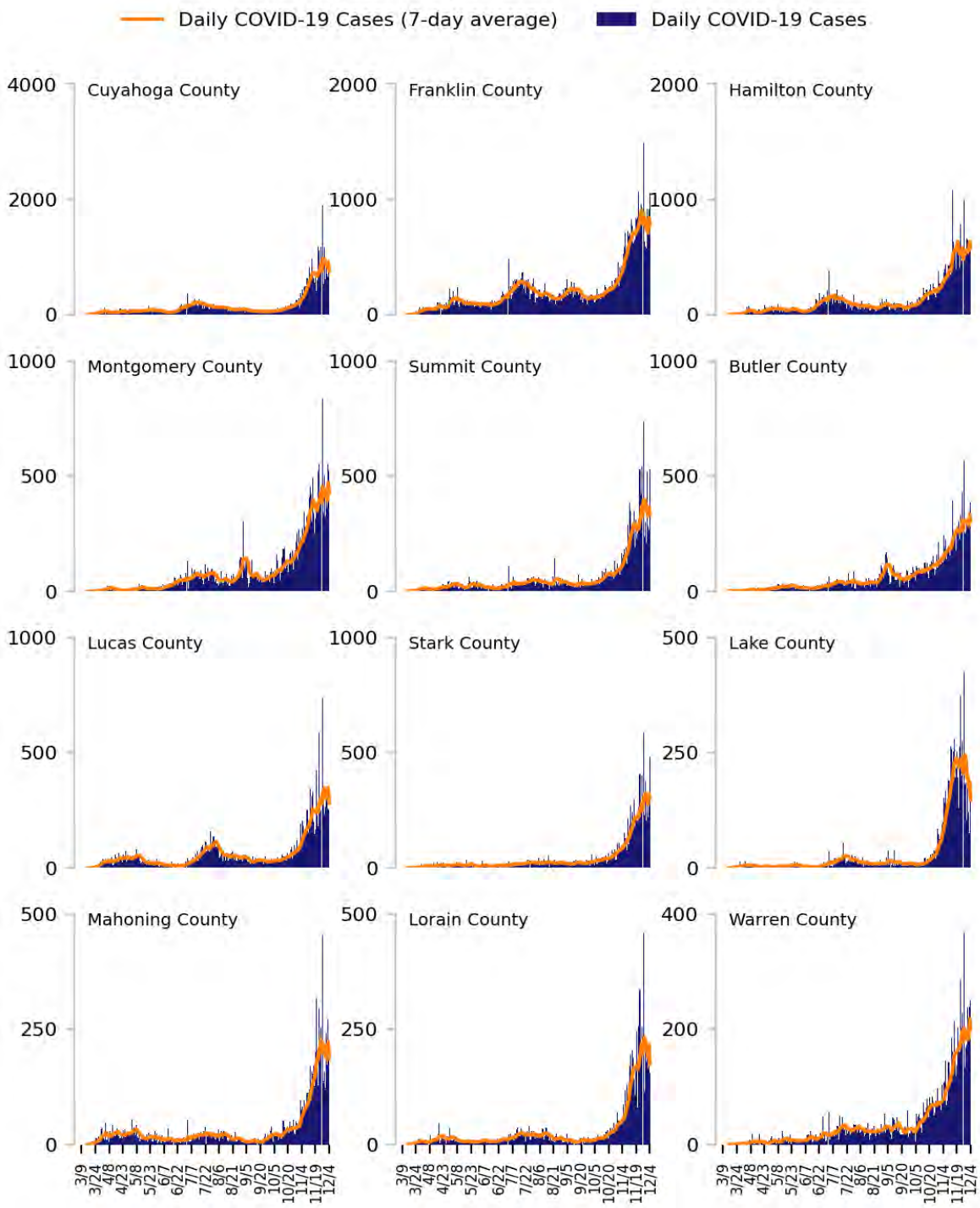
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

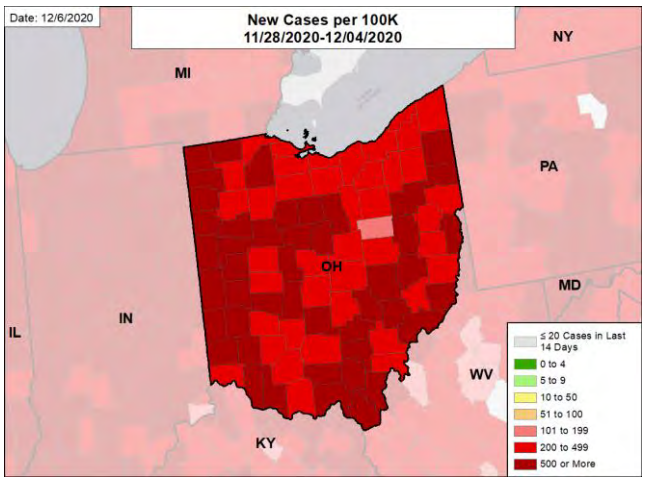
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

OHIO

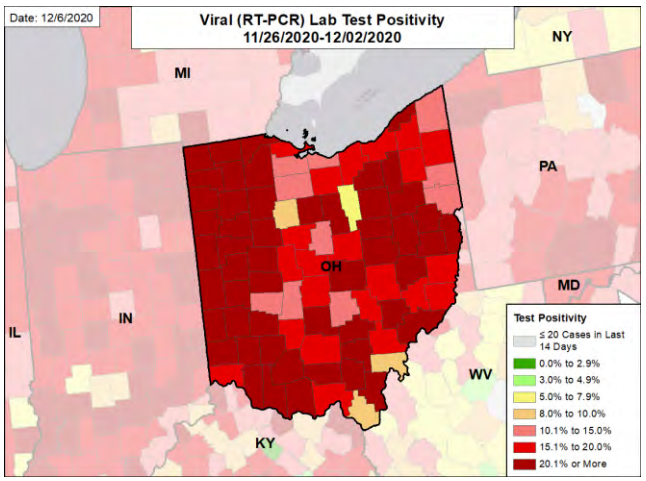
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

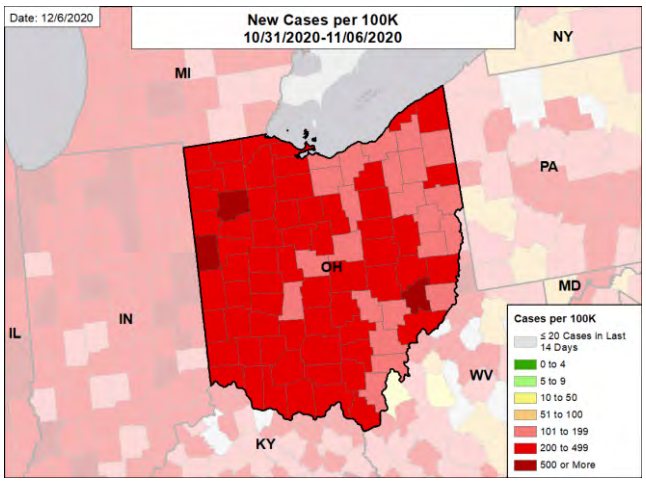
NEW CASES PER 100,000



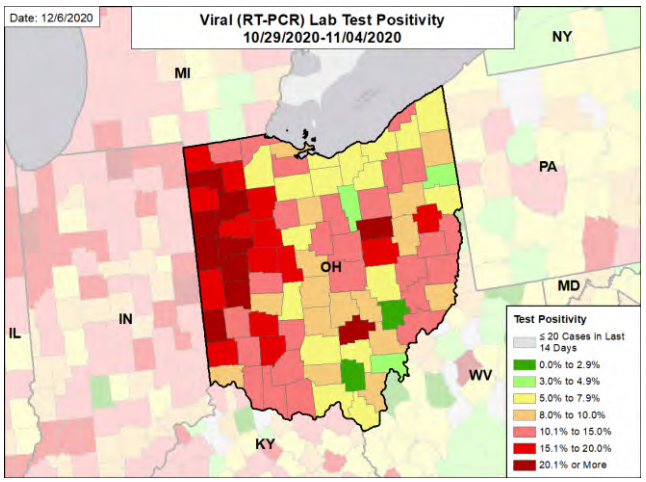
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

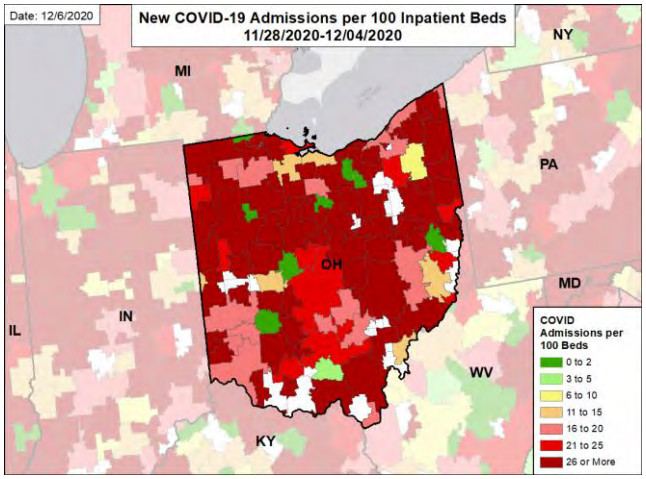
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/2/2020. The week one month before is 10/29 - 11/4.

OHIO

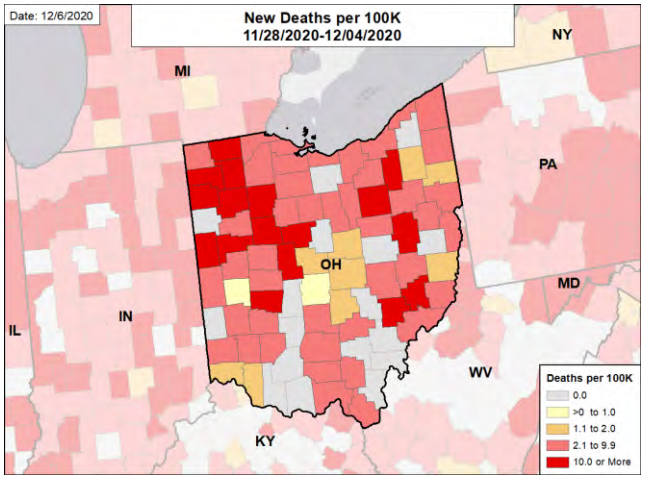
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

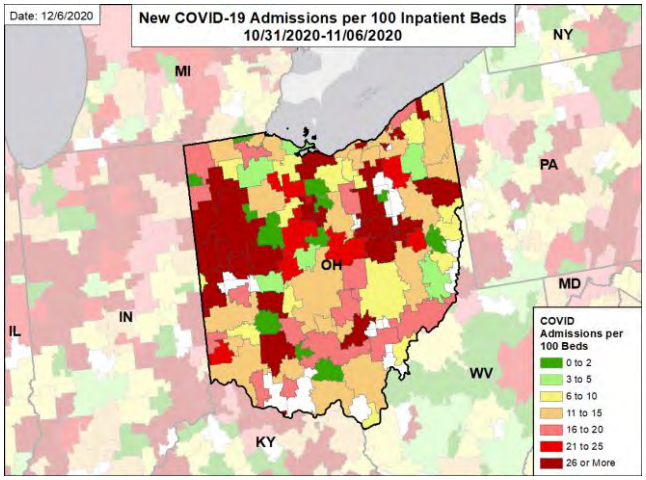
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



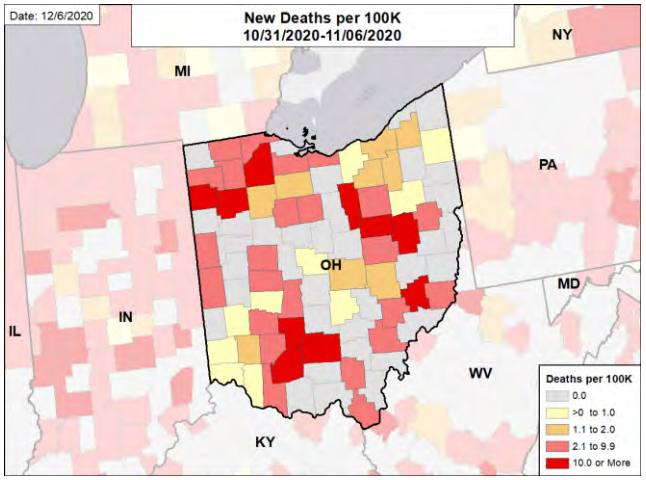
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

OKLAHOMA

SUMMARY

- Oklahoma is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 16th highest rate in the country. Oklahoma is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 3rd highest rate in the country.
- Oklahoma has seen stability in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Oklahoma County, 2. Tulsa County, and 3. Cleveland County. These counties represent 42.3% of new cases in Oklahoma.
- 97% of all counties in Oklahoma have moderate or high levels of community transmission (yellow, orange, or red zones), with 97% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 30% of nursing homes had at least one new resident COVID-19 case, 45% had at least one new staff COVID-19 case, and 14% had at least one new resident COVID-19 death.
- Oklahoma had 539 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA.
- The federal government has supported surge testing in several cities across the state.
- Between Nov 28 - Dec 4, on average, 320 patients with confirmed COVID-19 and 103 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oklahoma. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Unlike other states in the Heartland, cases and new hospital admissions are not plateauing. Virus levels continue to increase and are extremely high; activities that were safe in the summer are not safe now. Reexamine capacity thresholds for all public spaces. Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to <25%, closing bars/limiting bar hours until cases and test positivity decrease to the yellow zone, and requiring masks in all public spaces.
- Must increase testing levels to find asymptomatic individuals to remove source of spread.
- Universities must have weekly testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community. Universities who tested all students weekly starting the first week of fall semester saw between 75% and 90% fewer cases than those who did not. For the remaining time in current semester, students must be tested weekly prior to returning home for winter break.
- Ensure all hospitals and clinical sites have updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Ensure full flu immunizations across the state.
- In Tribal Nations, conduct weekly testing of Tribal communities living on and off the reservation. Test results should be rapid, and isolation and contact tracing conducted immediately. Ensure sufficient facilities for isolation/quarantine with support services.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

OKLAHOMA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	21,310 (539)	+5%	156,138 (366)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	21.7%	+2.8%*	13.5%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	40,743** (1,030**)	-30%**	763,358** (1,787**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	156 (3.9)	+54%	1,819 (4.3)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	30%	N/A*†	22%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	45%	N/A*†	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	14%	N/A*†	10%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,960 (31)	+4% (+4%)	19,037 (21)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

DATA SOURCES – Additional data details available under METHODS

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SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
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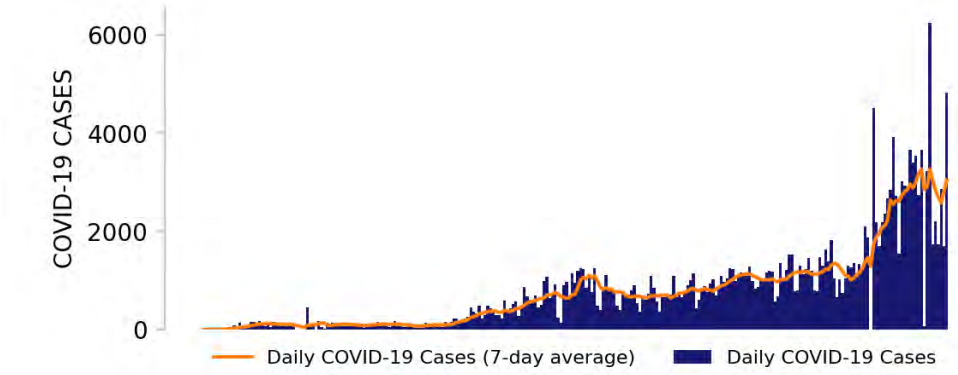
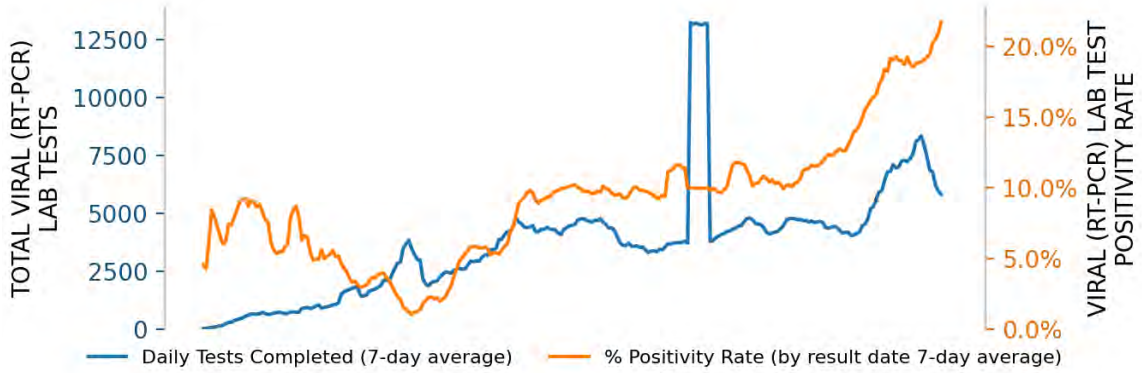
OKLAHOMA

STATE REPORT | 12.06.2020

NEW CASES

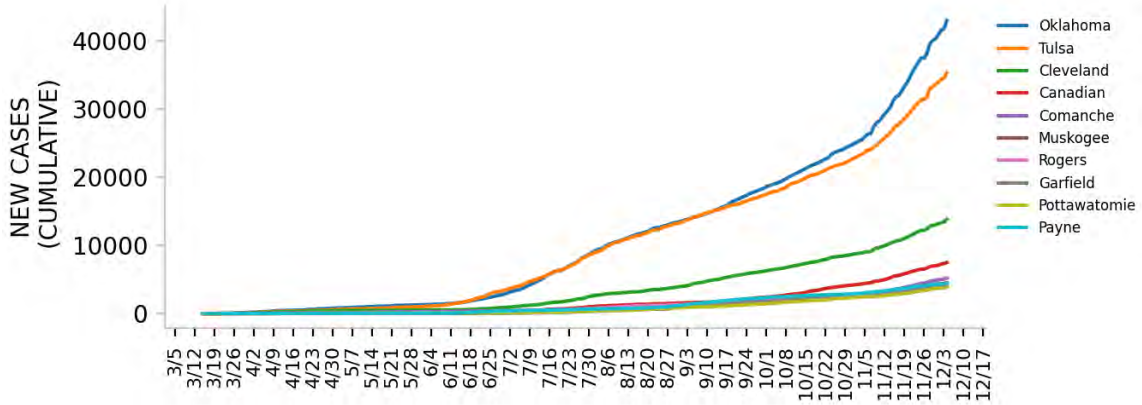


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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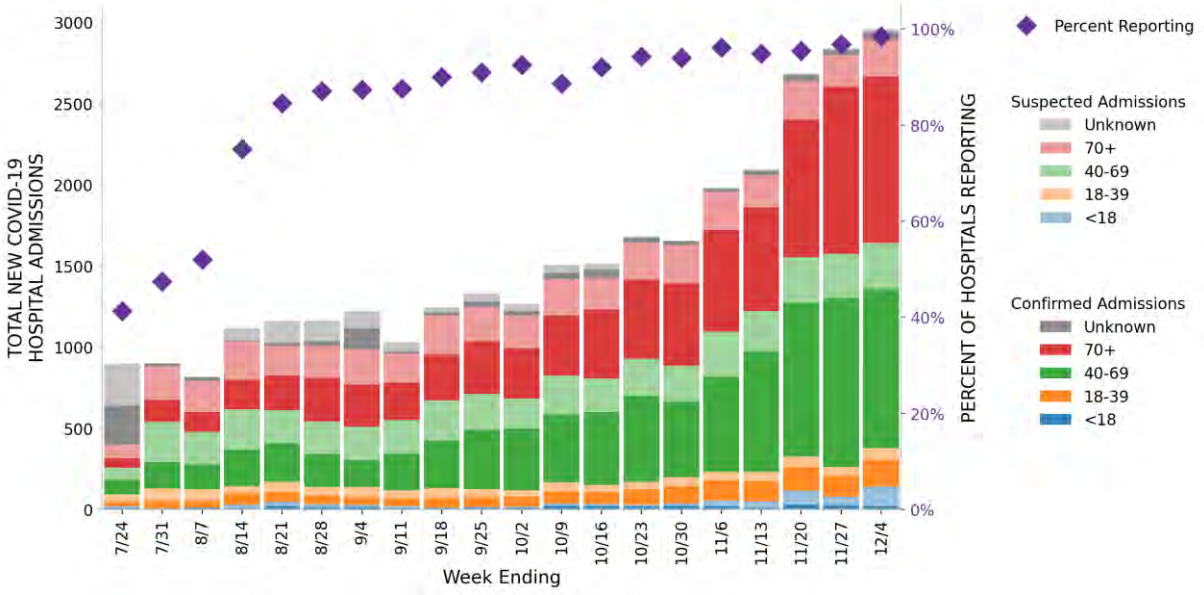
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/2/2020.

OKLAHOMA

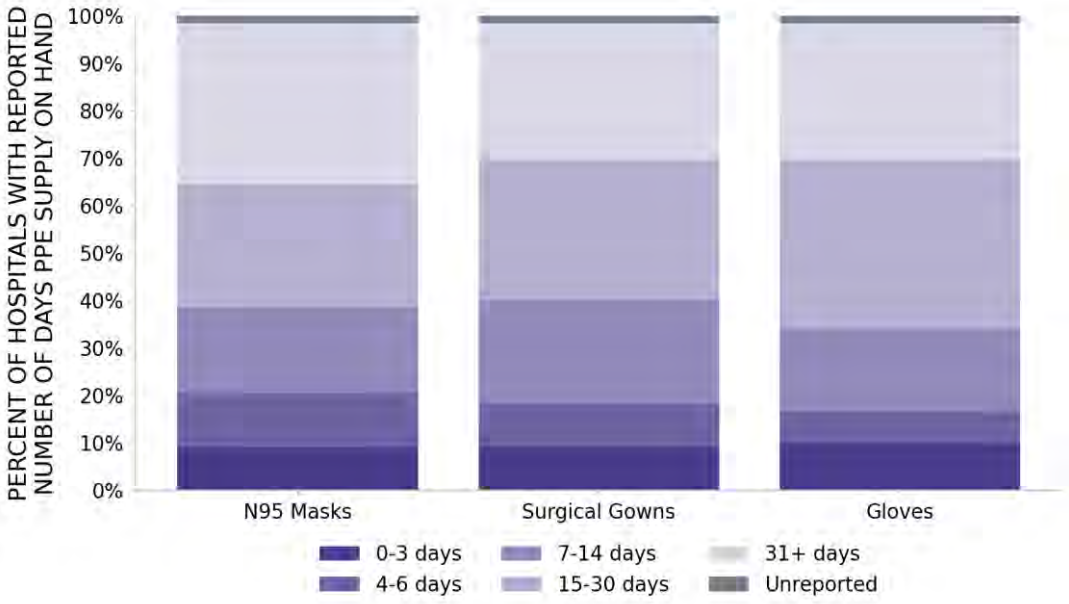
STATE REPORT | 12.06.2020

132 hospitals are expected to report in Oklahoma

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

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OKLAHOMA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**22** ■ (+0)	Oklahoma City Tulsa Lawton Muskogee Enid Shawnee Stillwater Ardmore Ponca City Weatherford Ada Duncan	**75** ▲ (+1)	Oklahoma Tulsa Cleveland Canadian Comanche Muskogee Rogers Garfield Pottawatomie Payne Grady Creek
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**0** ▼ (-2)	N/A
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**0** ■ (+0)	N/A

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

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

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

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

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

DATA SOURCES – Additional data details available under METHODS

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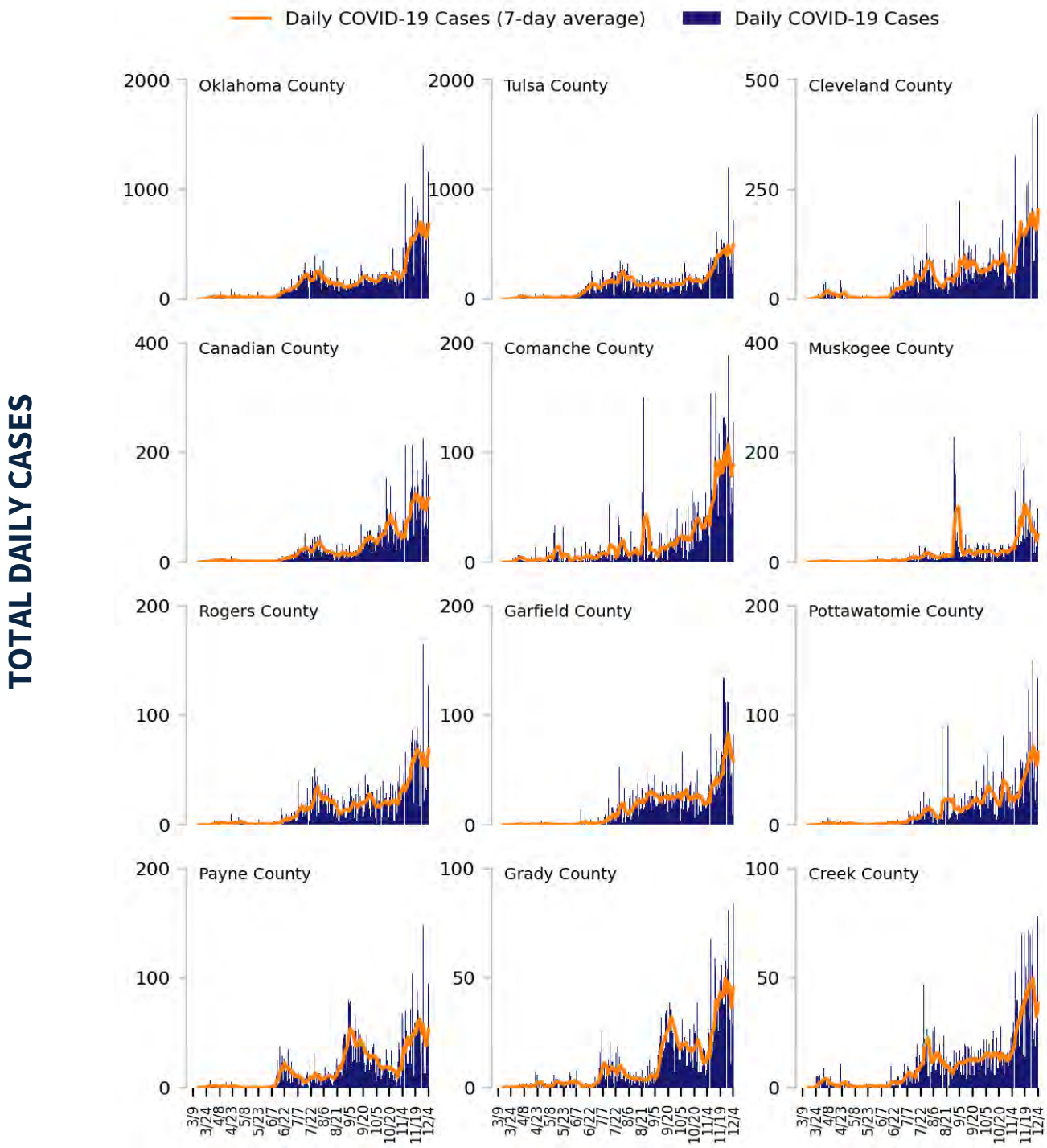
Top 12 counties based on number of new cases in the last 3 weeks



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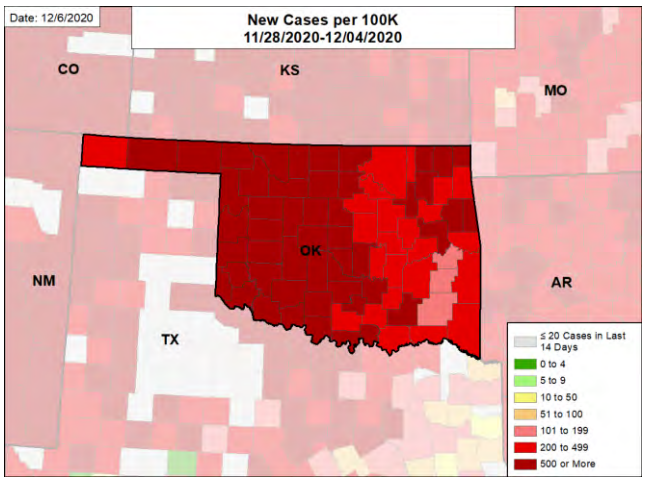
OKLAHOMA

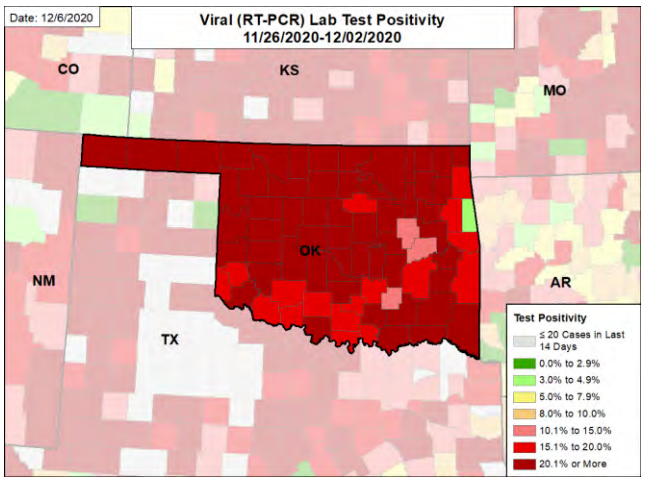
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

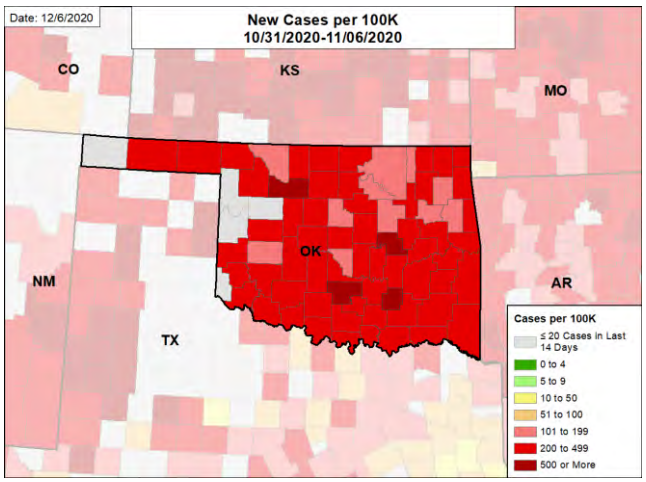
NEW CASES PER 100,000



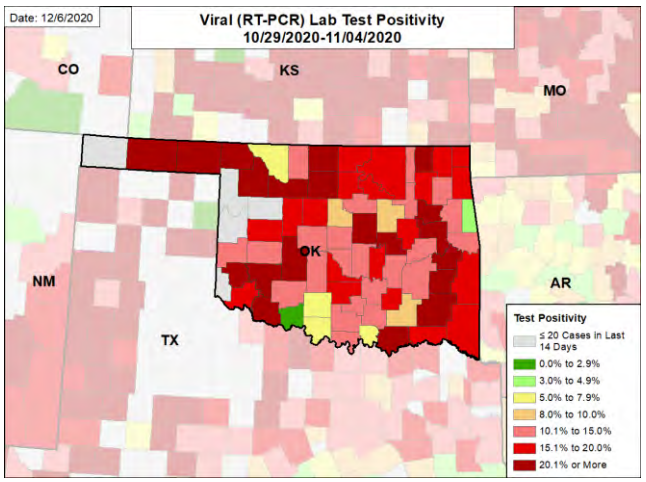
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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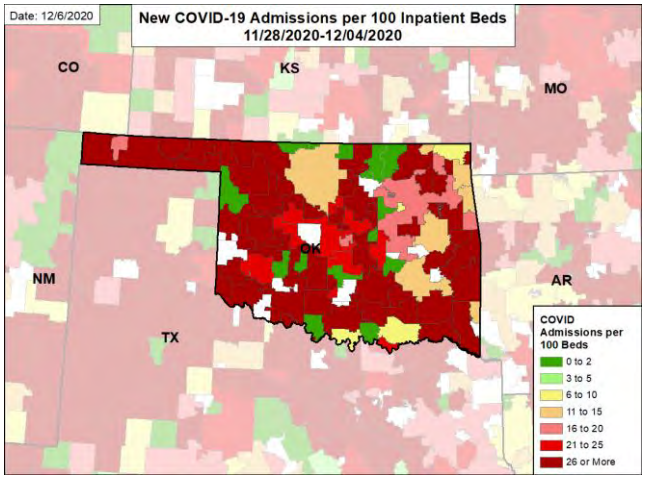
OKLAHOMA

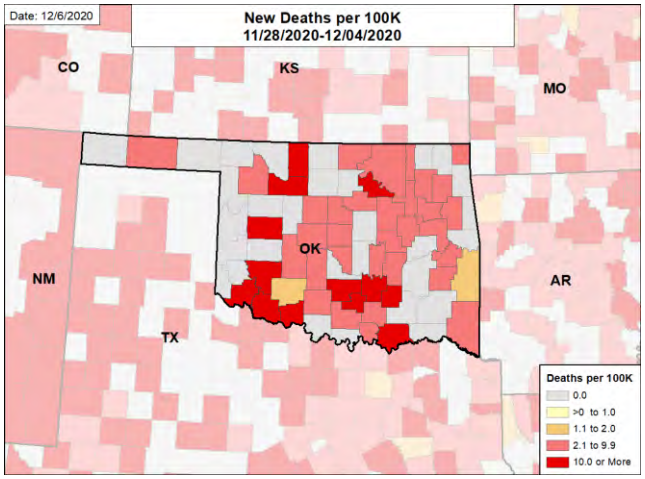
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

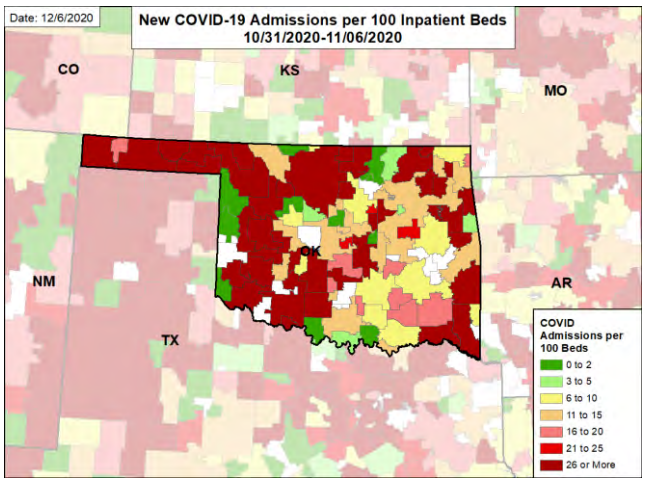
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



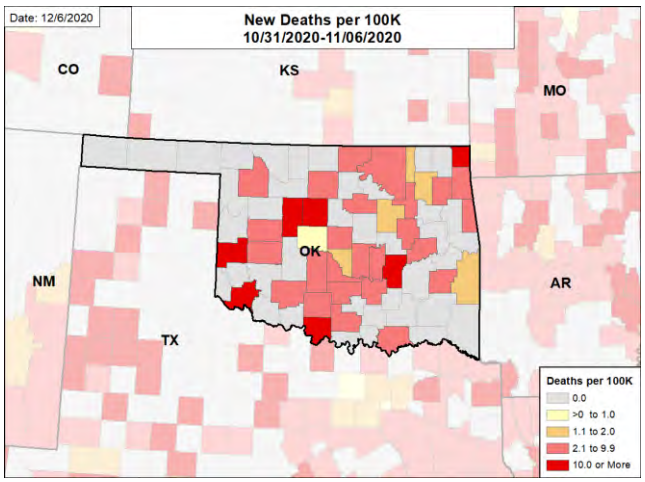
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



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

STATE REPORT
12.06.2020
Issue 25

OREGON

SUMMARY

- Oregon is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 44th highest rate in the country. Oregon is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 35th highest rate in the country.
- Oregon has seen an increase in new cases and stability in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Multnomah County, 2. Washington County, and 3. Marion County. These counties represent 49.3% of new cases in Oregon.
- The largest increases in test positivity were in Hermiston-Pendleton, Brookings, Klamath Falls, Prineville, and Salem as well as Morrow, Wallowa, Wheeler, Tillamook, Sherman, and Umatilla counties.
- 69% of all counties in Oregon have moderate or high levels of community transmission (yellow, orange, or red zones), with 47% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 13% of nursing homes had at least one new resident COVID-19 case, 31% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Oregon had 251 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 18 to support operations activities from FEMA and 8 to support operations activities from USCG.
- The federal government is currently supporting surge testing in several cities across the state.
- Between Nov 28 - Dec 4, on average, 70 patients with confirmed COVID-19 and 106 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oregon. This is an increase of 6% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- The increase in test positivity and hospital admissions suggest substantial increase in transmission, which is gravely concerning as we are approaching the holidays when transmission is expected to intensify; significant improvements in adherence to community mitigation efforts is critically important.
- All molecular platforms in the state should be part of testing efforts with a goal of returning results within 48 hours.
- Expand outreach to local communities wherever test positivity is increasing most; ensure that outreach campaigns are appropriate for local communities, such as the Hispanic community.
- Surveillance should be greatly expanded through proactive weekly testing of persons at higher risk using point-of-care antigen tests, regardless of symptoms; surveillance should direct focused surge-testing campaigns.
- All congregate facilities and all crowded workplaces should have routine surveillance testing in place, without regard to symptoms.
- Education on isolation and quarantine should be given in verbal and written form at the time of testing; all those who are being tested should be instructed to quarantine until they get their results.
- Ensure a complete public health campaign across all media platforms, including SMS texting, throughout the holidays; describe the need to avoid social gatherings, maintain social distancing, and wear face masks. Promote the promise and timing of the new vaccines and provide instructions on how to report non-compliance of local businesses.
- Ensure all clinical facilities have contingency plans, up-to-date treatment protocol, and access to telehealth systems and remote clinical support. Ensure local healthcare systems have expansion plans for beds and staffing.
- Develop outpatient infusion centers to provide IV therapy to those who don't warrant admission or when hospital systems are over-capacity. When monoclonal antibodies are available, they should be directed proportionately to communities and individuals at highest risk for disease progression.
- Contact tracing remains a critical intervention and should be expanded as previously described to keep up with the number of cases; consider methods to automate counseling, contact elicitation, and instructions for isolation and quarantine by email or text messaging.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

OREGON

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	10,605 (251)	+23%	41,172 (287)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.8%	+0.1%*	10.9%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	122,672** (2,908**)	-17%**	306,023** (2,132**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	117 (2.8)	+56%	476 (3.3)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	13%	N/A*†	11%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	31%	N/A*†	27%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	N/A*†	7%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,235 (19)	+6% (+8%)	3,325 (14)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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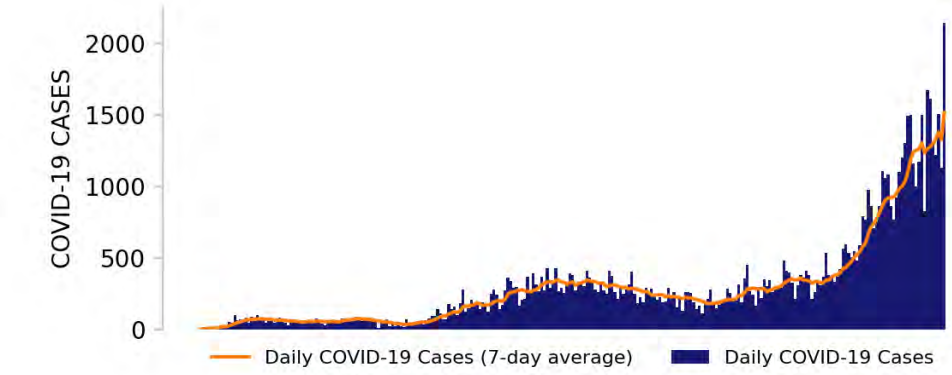
OREGON

STATE REPORT | 12.06.2020

NEW CASES



TESTING

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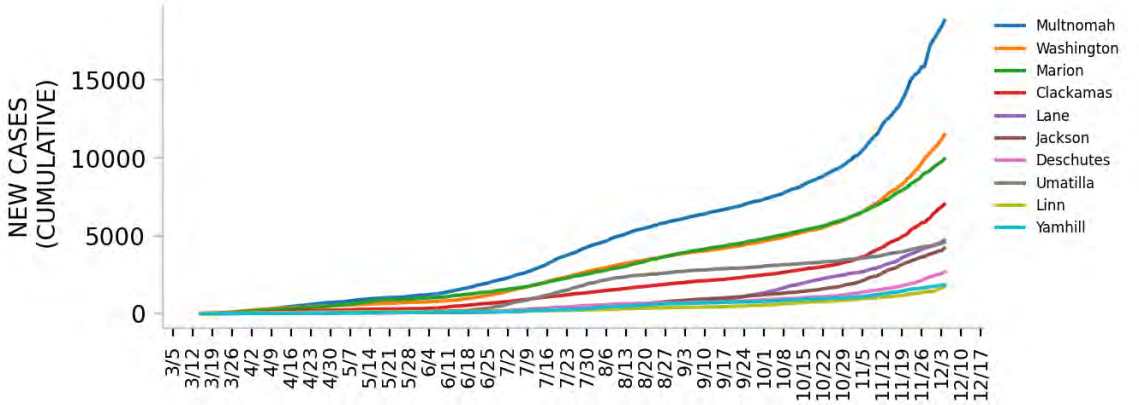

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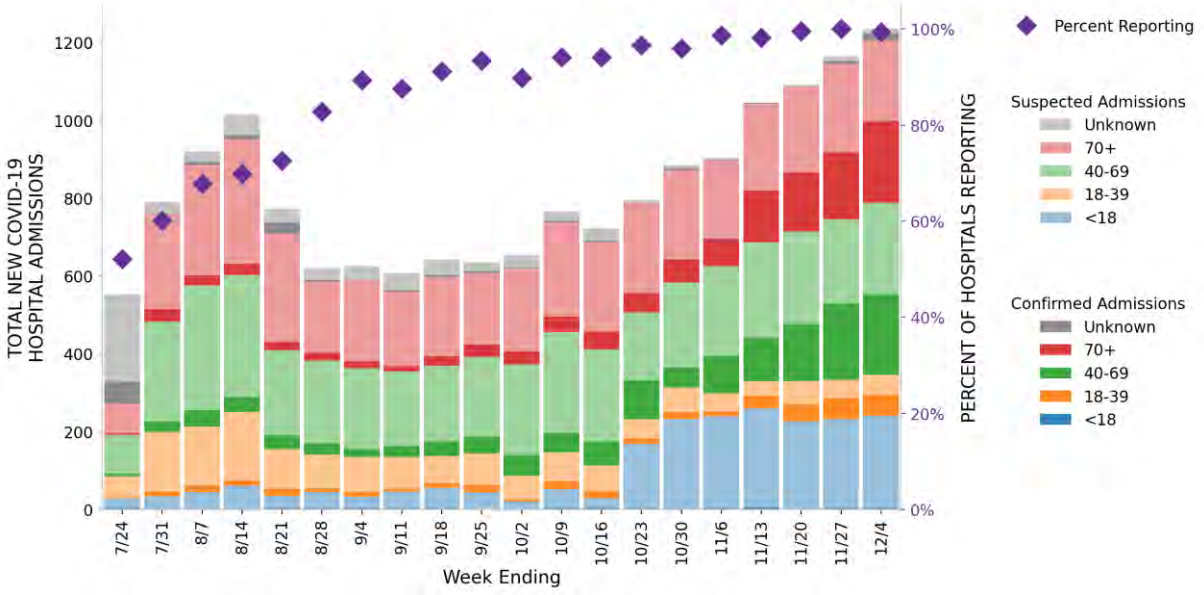
OREGON

STATE REPORT | 12.06.2020

63 hospitals are expected to report in Oregon

HOSPITAL ADMISSIONS



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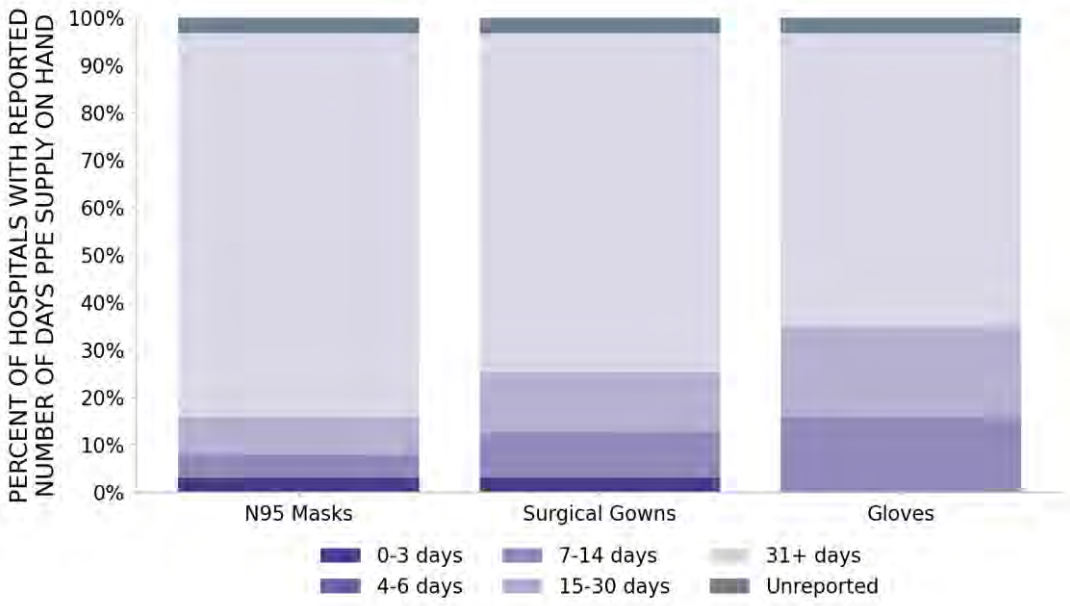

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OREGON

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**11** ▲ (+3)	Portland-Vancouver-Hillsboro Salem Medford Bend Hermiston-Pendleton Klamath Falls Ontario Hood River Prineville Astoria Brookings	**17** ▲ (+1)	Multnomah Washington Marion Jackson Deschutes Umatilla Klamath Polk Malheur Jefferson Columbia Hood River
LOCALITIES IN ORANGE ZONE	**1** ▼ (-4)	La Grande	**4** ▼ (-2)	Clackamas Yamhill Union Tillamook
LOCALITIES IN YELLOW ZONE	**4** ■ (+0)	Albany-Lebanon Roseburg Grants Pass The Dalles	**4** ▼ (-1)	Linn Douglas Josephine Wasco

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

All Red Counties: Multnomah, Washington, Marion, Jackson, Deschutes, Umatilla, Klamath, Polk, Malheur, Jefferson, Columbia, Hood River, Baker, Crook, Morrow, Clatsop, Curry

*** 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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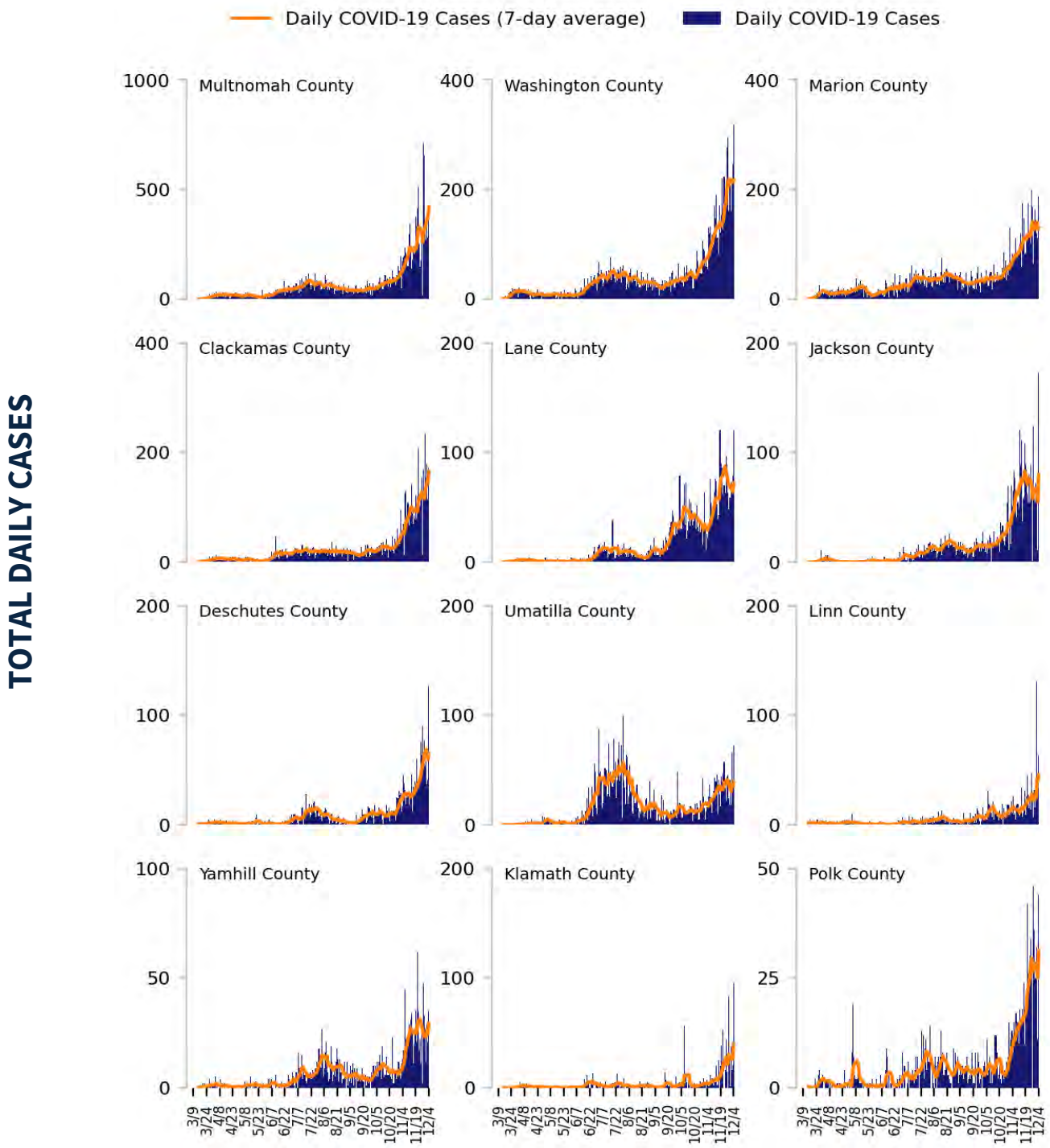

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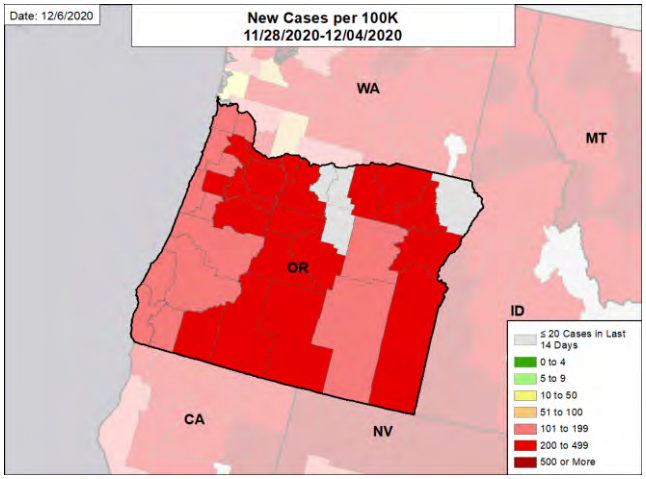
OREGON

STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

NEW CASES PER 100,000



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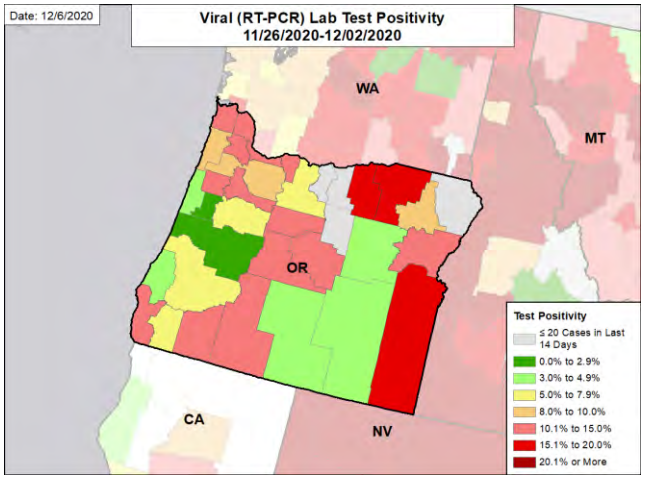
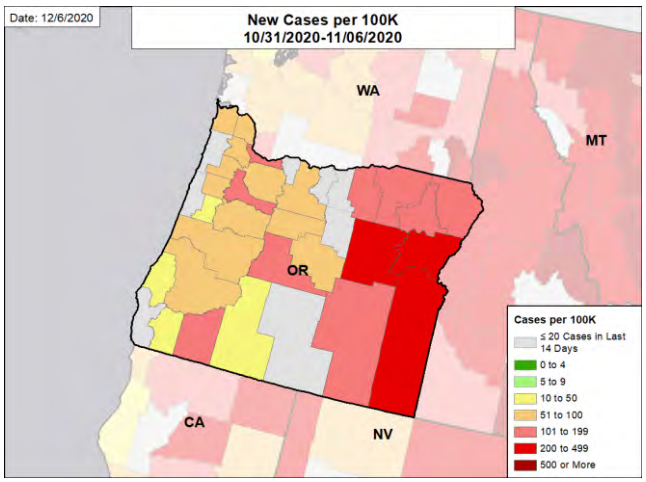
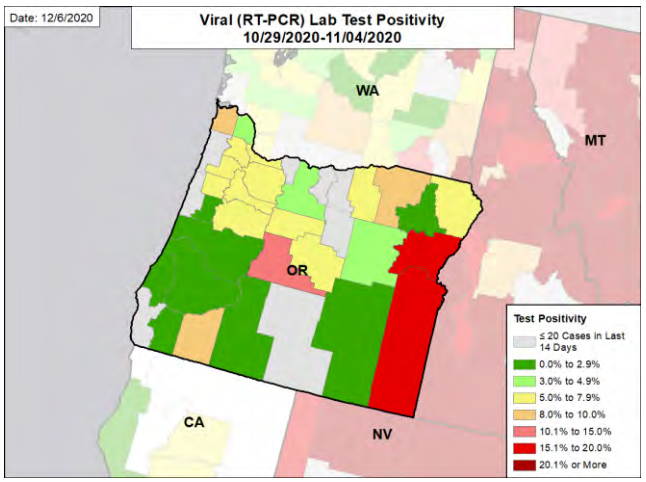


NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

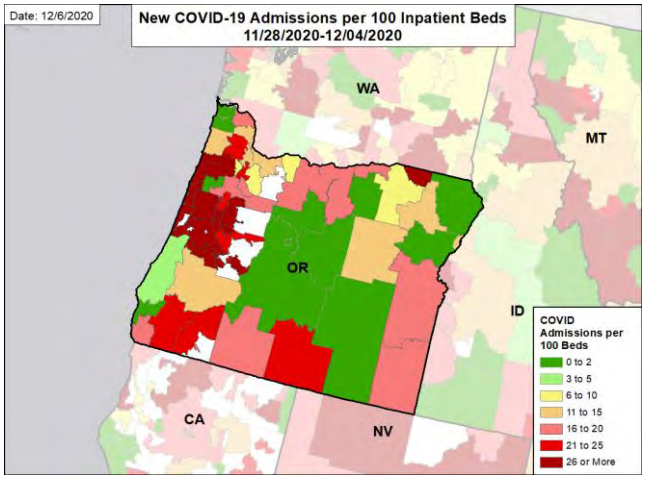
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

OREGON

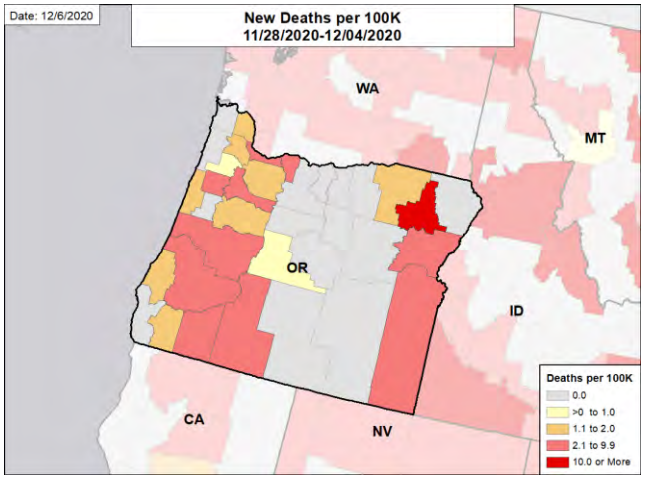
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

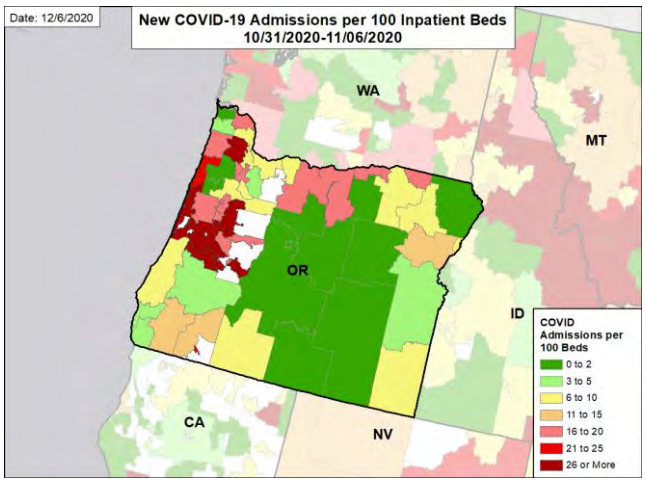
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



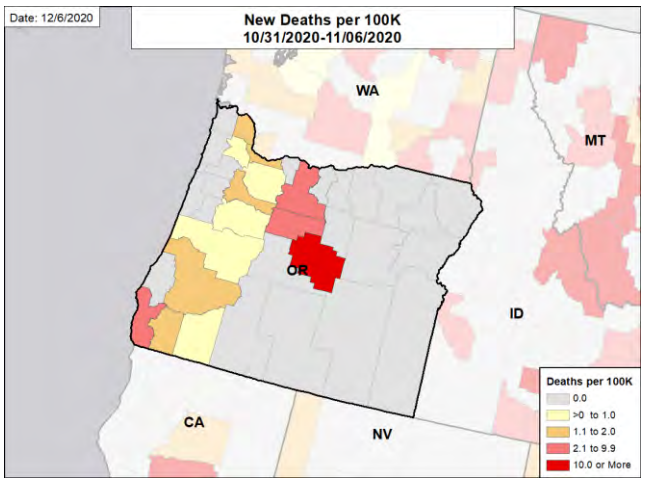
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

PENNSYLVANIA

SUMMARY

- Pennsylvania is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 28th highest rate in the country. Pennsylvania is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 19th highest rate in the country.
- Pennsylvania has seen an increase in new cases and an increase in test positivity. 50 counties had an increase in incidence rates and 54 had an increase in test positivity. Test positivity seems to be increasing the most in adult populations over 25.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Philadelphia County, 2. Allegheny County, and 3. Montgomery County. These counties represent 26.7% of new cases in Pennsylvania.
- 99% of all counties in Pennsylvania have moderate or high levels of community transmission (yellow, orange, or red zones), with 91% having high levels of community transmission (red zone).
- In Philadelphia, occupancy of inpatient beds and ICU beds was almost 82 and 85%, respectively.
- During the week of Nov 23 - Nov 29, 35% of nursing homes had at least one new resident COVID-19 case, 62% had at least one new staff COVID-19 case, and 14% had at least one new resident COVID-19 death.
- Pennsylvania had 430 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 51 to support operations activities from FEMA; 8 to support operations activities from ASPR; 6 to support epidemiology activities from CDC; and 4 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 695 patients with confirmed COVID-19 and 586 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Pennsylvania. This is an increase of 15% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- The testing expansion across November has been a remarkable achievement and will be needed to effectively address this winter surge; continue efforts to expand capacity and make testing easily accessible to all populations, particularly in communities that are under-testing.
- Surveillance should be greatly expanded through proactive weekly testing of persons at higher risk using point-of-care antigen tests, regardless of symptoms; surveillance should direct focused surge-testing campaigns.
- Maintain saturation of all media platforms, including automated SMS texting, with clear messages on necessary mitigation efforts and instructions to report non-compliant businesses,.
- Ensure all clinical facilities have contingency plans, up-to-date treatment protocols, access to telehealth systems, and remote clinical support. Ensure local healthcare systems have expansion plans for beds and staffing.
- Develop outpatient infusion centers to provide IV therapy to those who don't warrant admission or when hospital systems are over-capacity. When monoclonal antibodies are available, ensure they are distributed equitably across communities to those at highest need: proportionately to communities and people with risk factors for progression to severe disease.
- Contact tracing remains a critical intervention and should be expanded as previously described to keep up with the number of cases; consider methods to automate counseling, contact elicitation, and instructions for isolation and quarantine by email or text messaging.
- Ensure all colleges and universities that are planning to have students return after winter break have policies for weekly testing of all students, regardless of symptoms.
- Every effort should be made to prevent outbreaks in LTCFs and nursing homes; ensure all facilities are totally adherent to all CMS guidance. Staff should be testing weekly with rapid tests and should not be allowed to work without a recent negative test.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

PENNSYLVANIA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	54,986 (430)	+15%	101,174 (328)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	14.3%	+2.4%*	11.7%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	402,221** (3,142**)	-11%**	771,718** (2,501**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	879 (6.9)	+62%	1,353 (4.4)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	35%	N/A*†	27%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	62%	N/A*†	50%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	14%	N/A*†	12%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	8,962 (28)	+15% (+16%)	17,950 (26)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

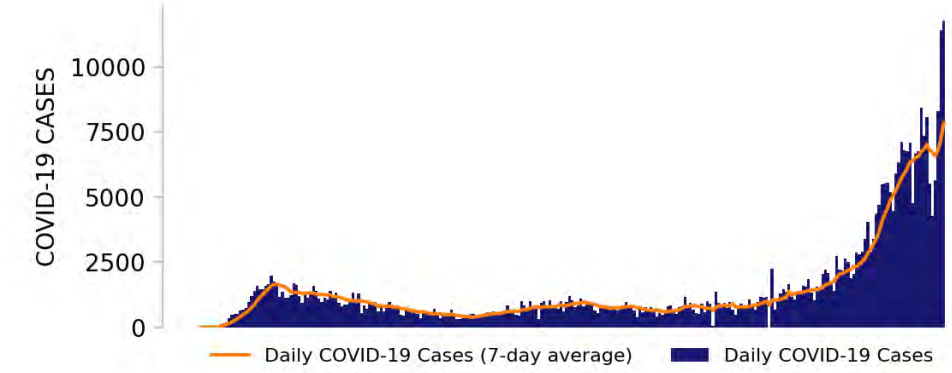
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

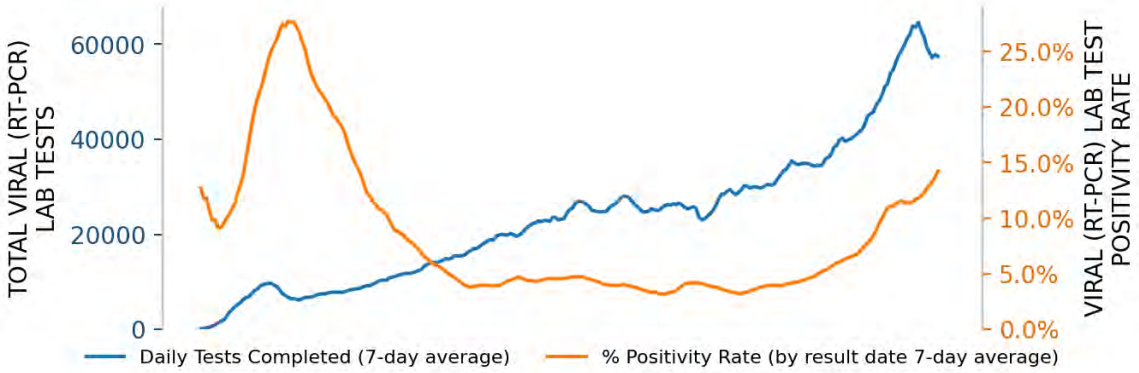
PENNSYLVANIA

STATE REPORT | 12.06.2020

NEW CASES

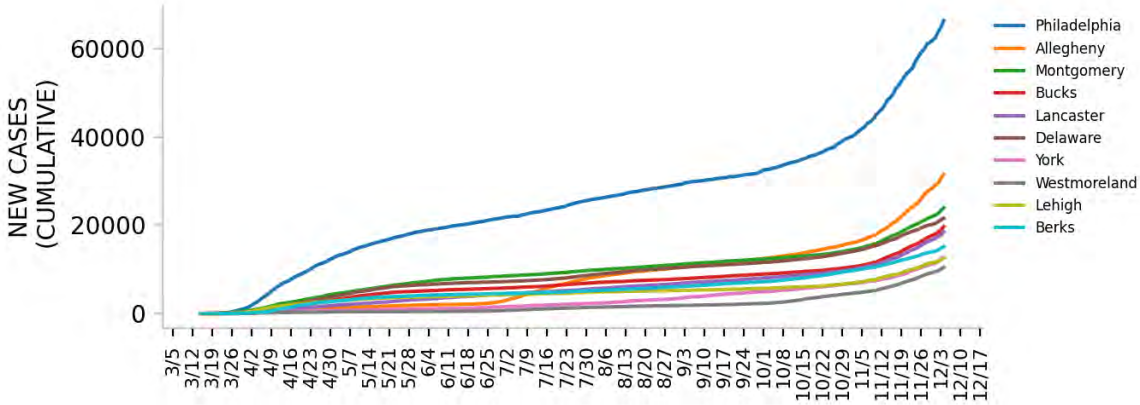


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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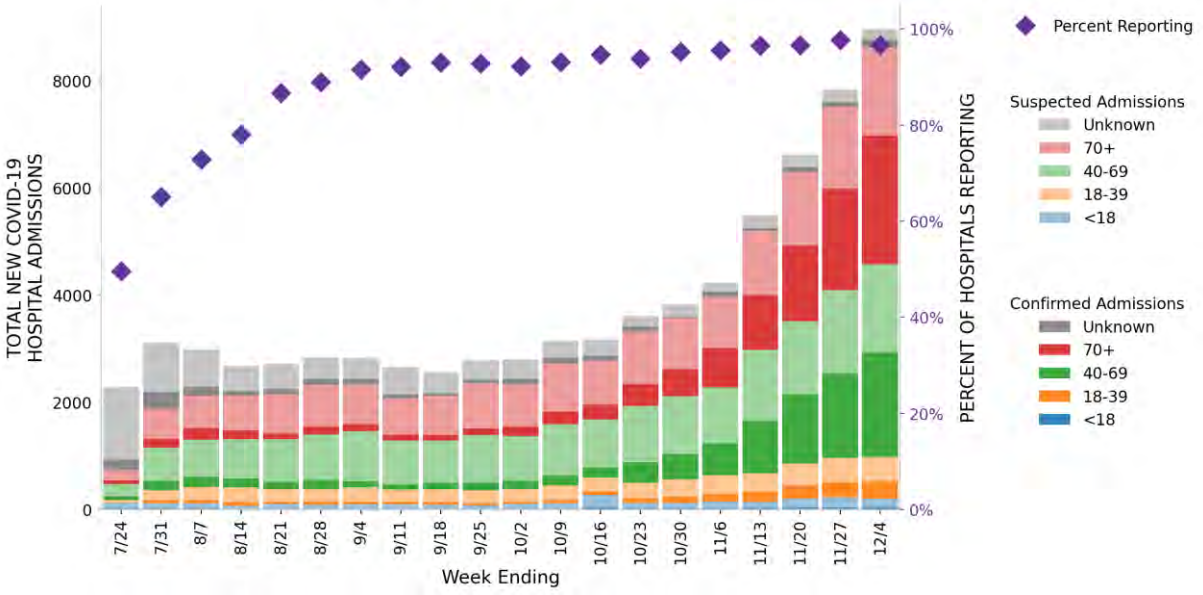
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

PENNSYLVANIA

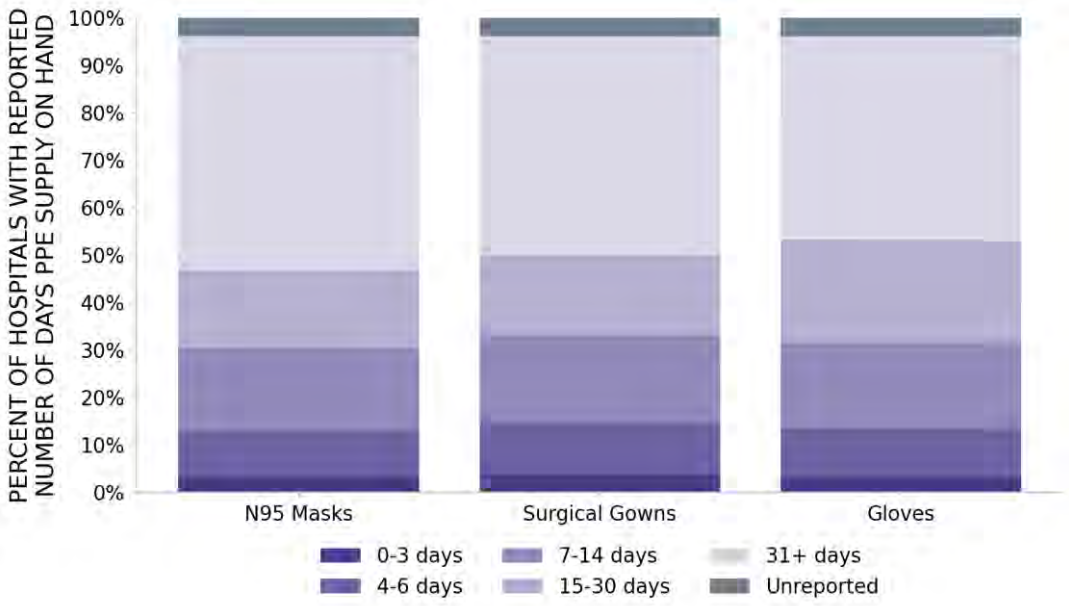
STATE REPORT | 12.06.2020

184 hospitals are expected to report in Pennsylvania

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

PENNSYLVANIA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**34** ▲ (+4)	Philadelphia-Camden-Wilmington Pittsburgh Allentown-Bethlehem-Easton Lancaster Harrisburg-Carlisle Scranton--Wilkes-Barre York-Hanover Reading Johnstown Erie Altoona Chambersburg-Waynesboro	**61** ▲ (+11)	Philadelphia Allegheny Montgomery Bucks Lancaster Delaware York Westmoreland Lehigh Berks Luzerne Chester
LOCALITIES IN ORANGE ZONE	**2** ▼ (-3)	Bradford St. Marys	**3** ▼ (-7)	McKean Elk Pike
LOCALITIES IN YELLOW ZONE	**1** ▼ (-1)	New York-Newark-Jersey City	**2** ▼ (-4)	Susquehanna Sullivan

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

All Red CBSAs: Philadelphia-Camden-Wilmington, Pittsburgh, Allentown-Bethlehem-Easton, Lancaster, Harrisburg-Carlisle, Scranton--Wilkes-Barre, York-Hanover, Reading, Johnstown, Erie, Altoona, Chambersburg-Waynesboro, Lebanon, Pottsville, State College, Youngstown-Warren-Boardman, Somerset, Williamsport, Meadville, East Stroudsburg, DuBois, Lewistown, Indiana, Sunbury, New Castle, Lewisburg, Gettysburg, Bloomsburg-Berwick, Sayre, Oil City, Huntingdon, Selinsgrove, Lock Haven, Warren

All Red Counties: Philadelphia, Allegheny, Montgomery, Bucks, Lancaster, Delaware, York, Westmoreland, Lehigh, Berks, Luzerne, Chester, Northampton, Cambria, Erie, Dauphin, Cumberland, Blair, Butler, Washington, Franklin, Lebanon, Beaver, Schuylkill, Centre, Mercer, Somerset, Lycoming, Crawford, Monroe, Lackawanna, Clearfield, Fayette, Mifflin, Indiana, Northumberland, Lawrence, Bedford, Union, Armstrong, Adams, Bradford, Clarion, Carbon, Tioga, Jefferson, Venango, Huntingdon, Snyder, Clinton, Greene, Montour, Juniata, Columbia, Perry, Wayne, Warren, Potter, Wyoming, Fulton, Forest

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

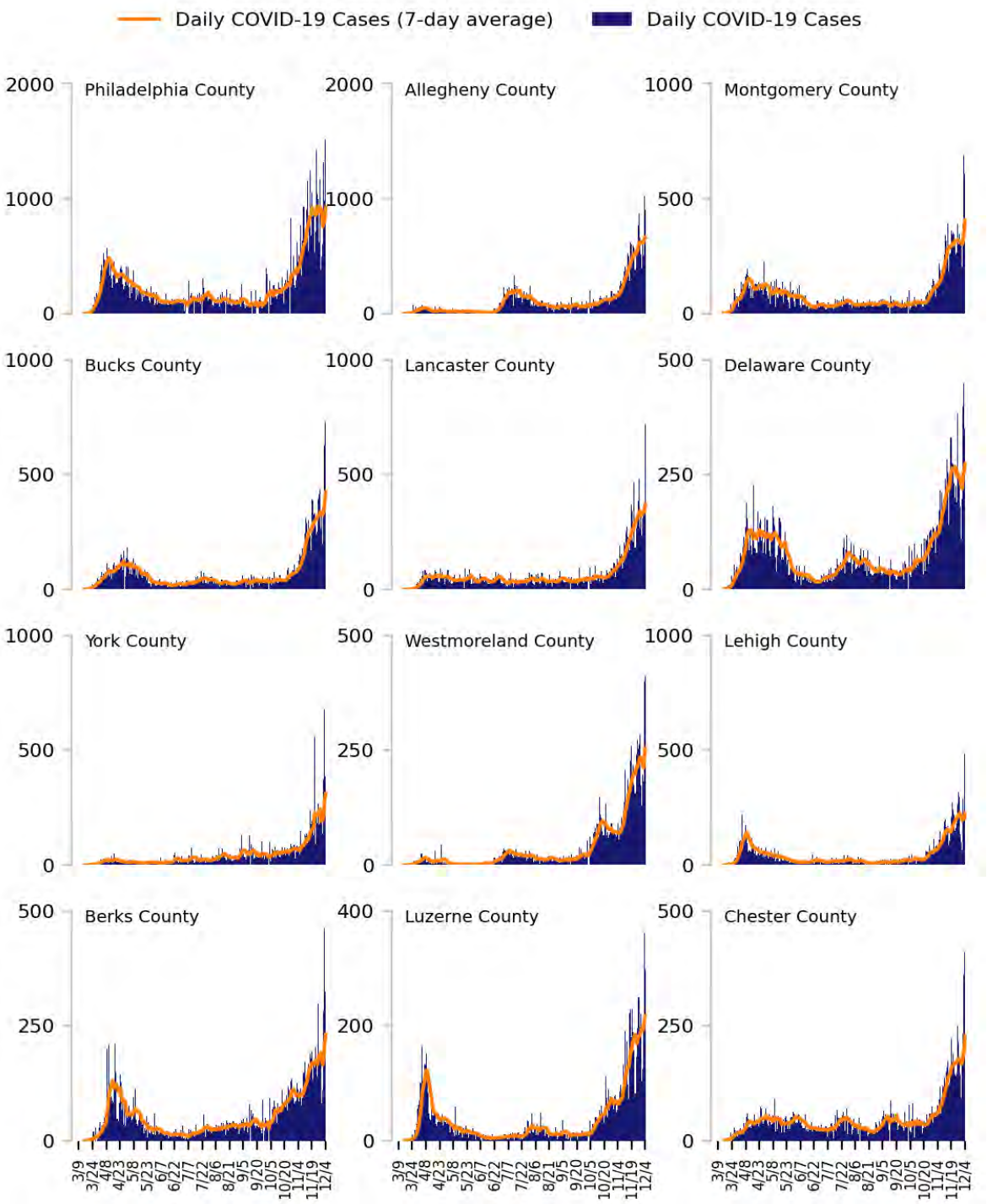
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 12/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



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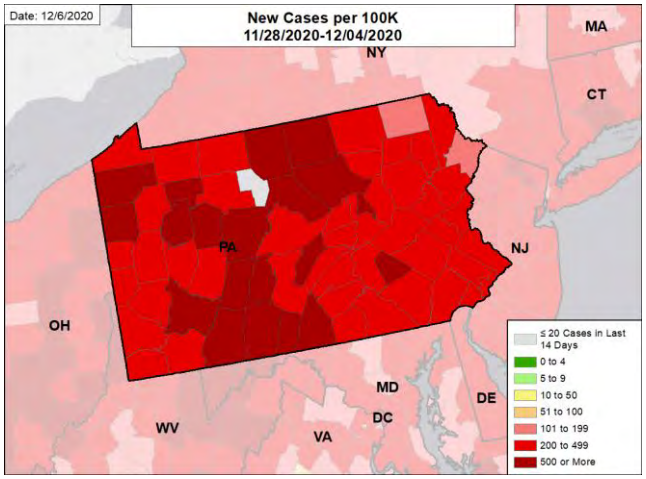
PENNSYLVANIA

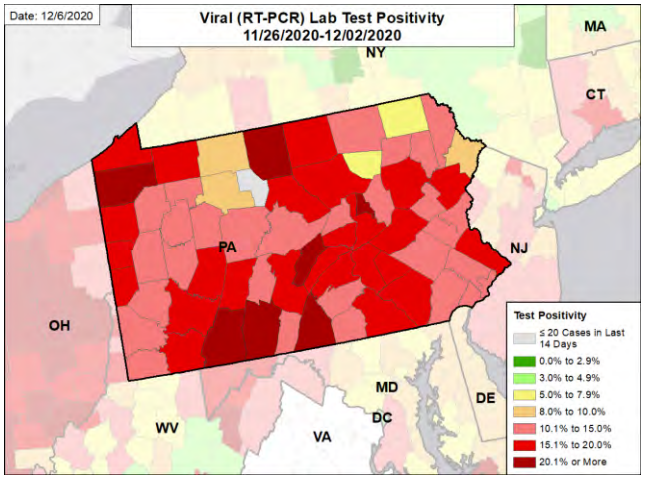
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

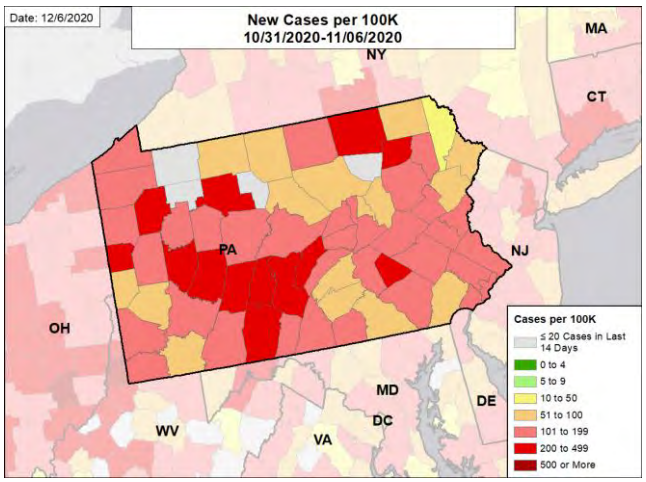
NEW CASES PER 100,000



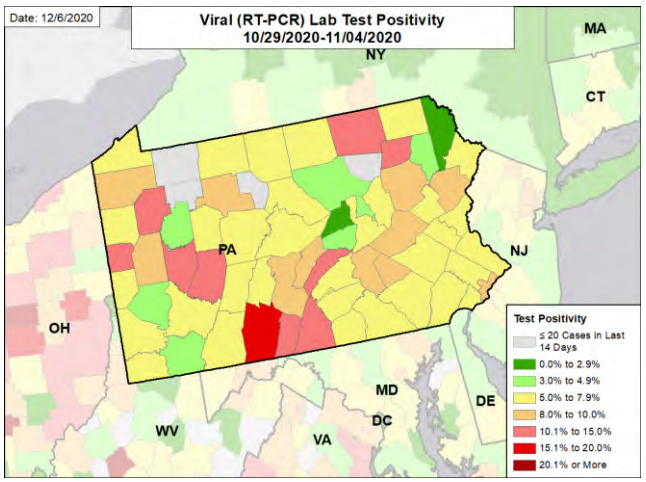
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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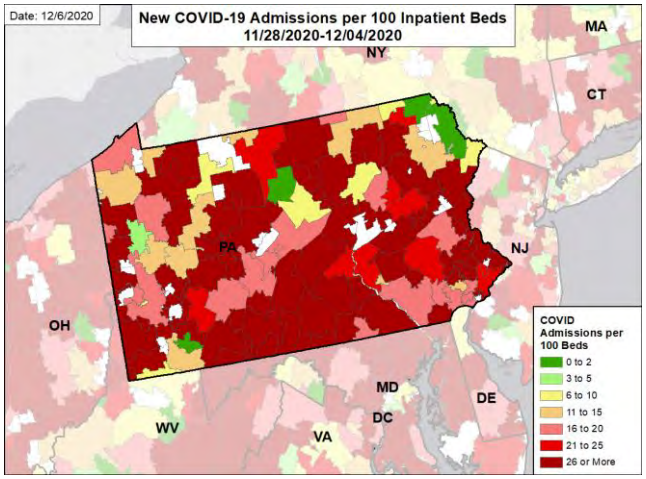
PENNSYLVANIA

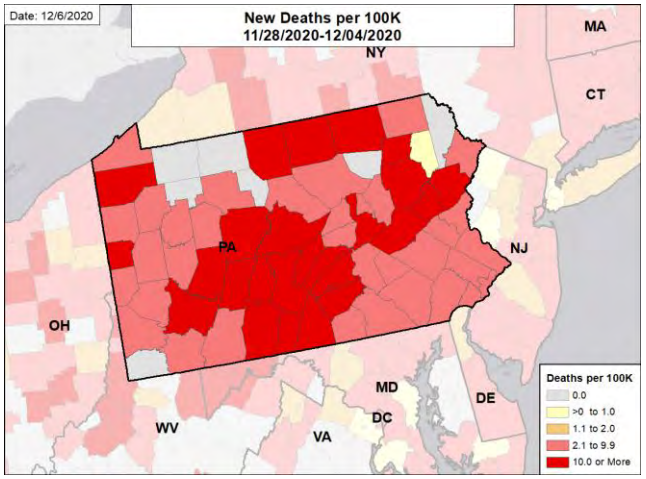
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

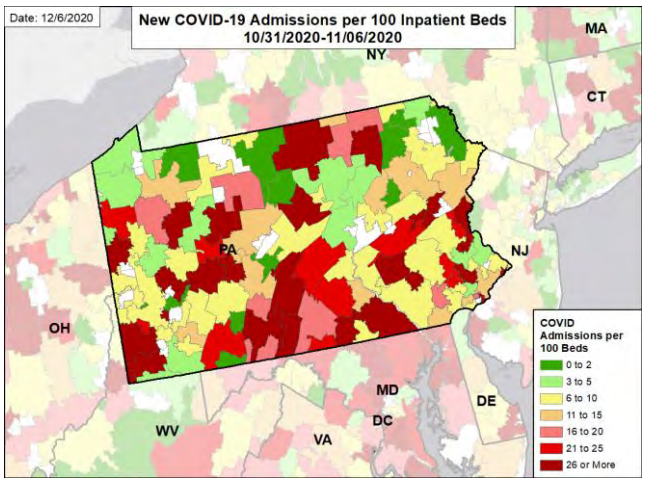
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



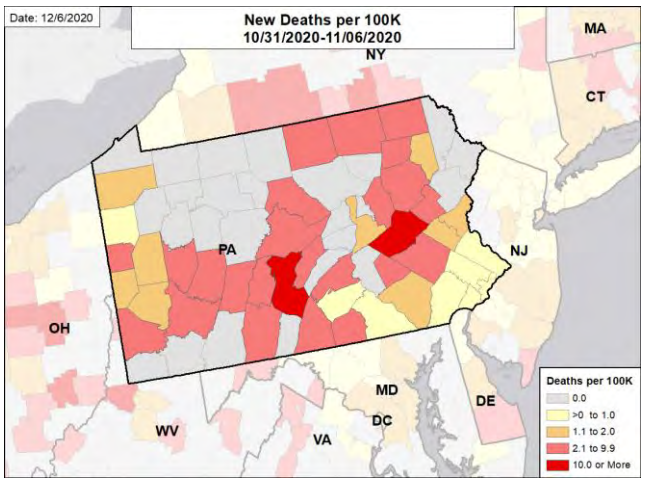
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



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STATE REPORT
12.06.2020
Issue 25

RHODE ISLAND

SUMMARY

- Rhode Island is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 2nd highest rate in the country. Rhode Island is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 40th highest rate in the country.
- Rhode Island has seen an increase in new cases and an increase in test positivity; compared to the previous week, all counties had an increase in test positivity of at least 2%.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Providence County, 2. Kent County, and 3. Washington County. These counties represent 78.5% of new cases in Rhode Island.
- 60% of all counties in Rhode Island have moderate or high levels of community transmission (yellow, orange, or red zones), with 20% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 32% of nursing homes had at least one new resident COVID-19 case, 58% had at least one new staff COVID-19 case, and 15% had at least one new resident COVID-19 death.
- Rhode Island had 772 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA.
- Between Nov 28 - Dec 4, on average, 36 patients with confirmed COVID-19 and 1 patient with suspected COVID-19 were reported as newly admitted each day to hospitals in Rhode Island. This is an increase of 37% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Testing expansion during the fall has been a remarkable achievement and will be needed to effectively address this winter surge; continue efforts to expand capacity and make testing easily accessible to all populations, particularly in communities that are under-testing. Surveillance should be greatly expanded through proactive weekly testing of persons at higher risk using point-of-care antigen tests, regardless of symptoms; surveillance should direct focused surge-testing campaigns.
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- Every effort should be made to prevent outbreaks in LTCFs and nursing homes; ensure all facilities are totally adherent to all CMS guidance. Staff should be testing weekly with rapid tests and should not be allowed to work without a recent negative test.
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COVID-19

RHODE ISLAND

STATE REPORT | 12.06.2020

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VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.0%	+2.9%*	6.3%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	77,515** (7,317**)	-26%**	677,714** (4,565**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	67 (6.3)	+29%	607 (4.1)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	32%	N/A*†	19%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	58%	N/A*†	32%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	15%	N/A*†	7%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	260 (13)	+37% (+30%)	4,876 (14)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
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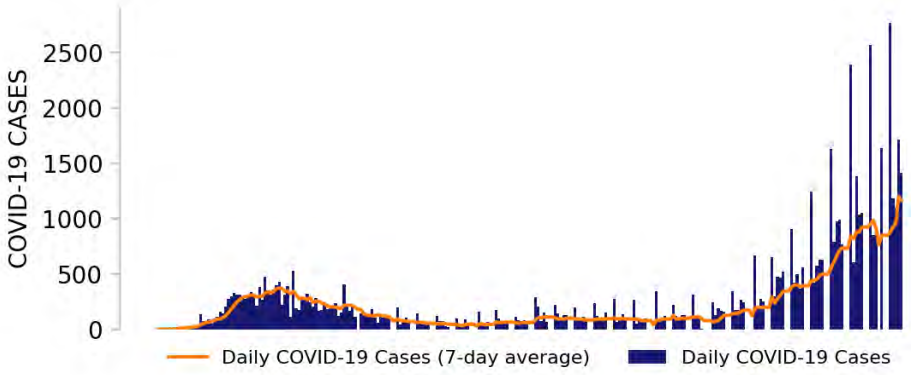
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

RHODE ISLAND

STATE REPORT | 12.06.2020

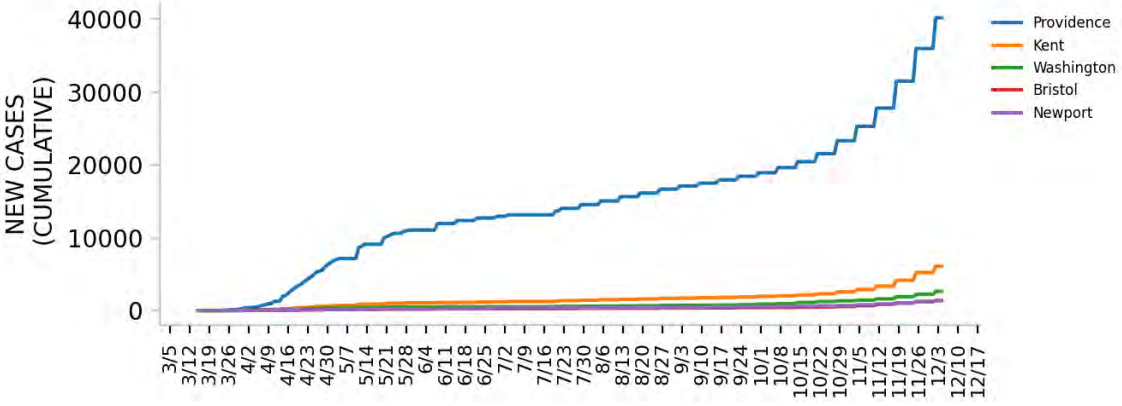
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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 12/4/2020.

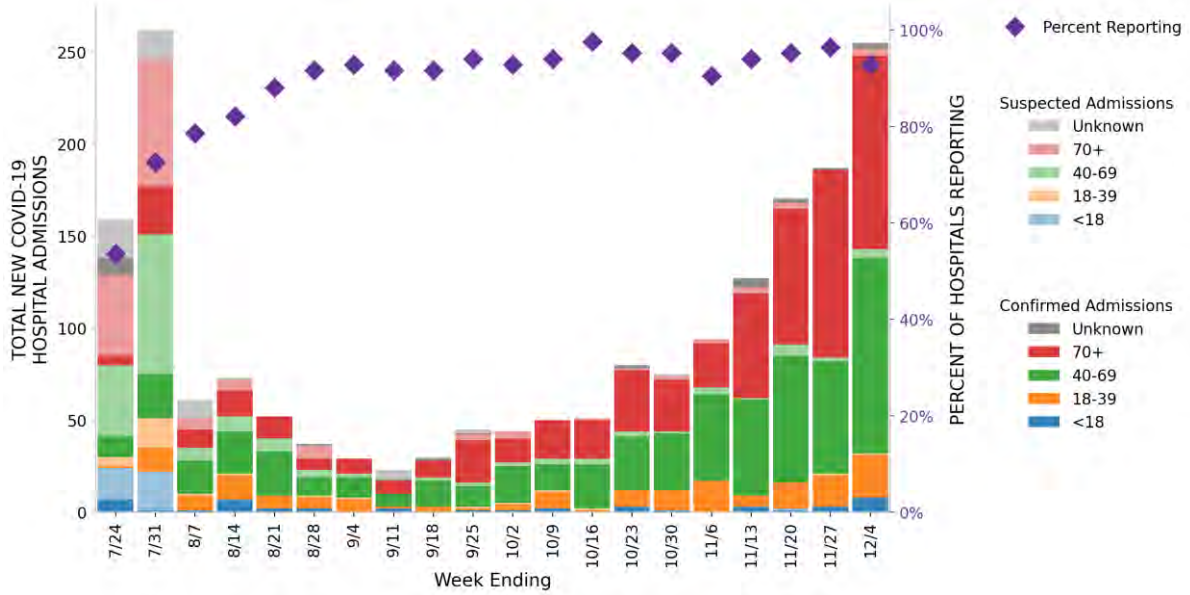
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

RHODE ISLAND

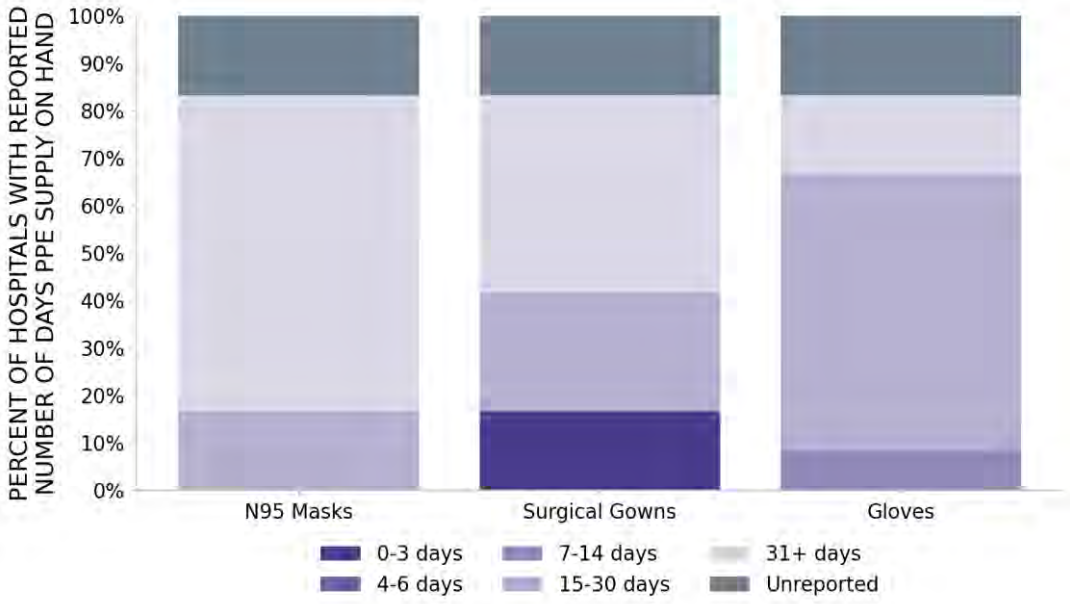
STATE REPORT | 12.06.2020

12 hospitals are expected to report in Rhode Island

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

RHODE ISLAND

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

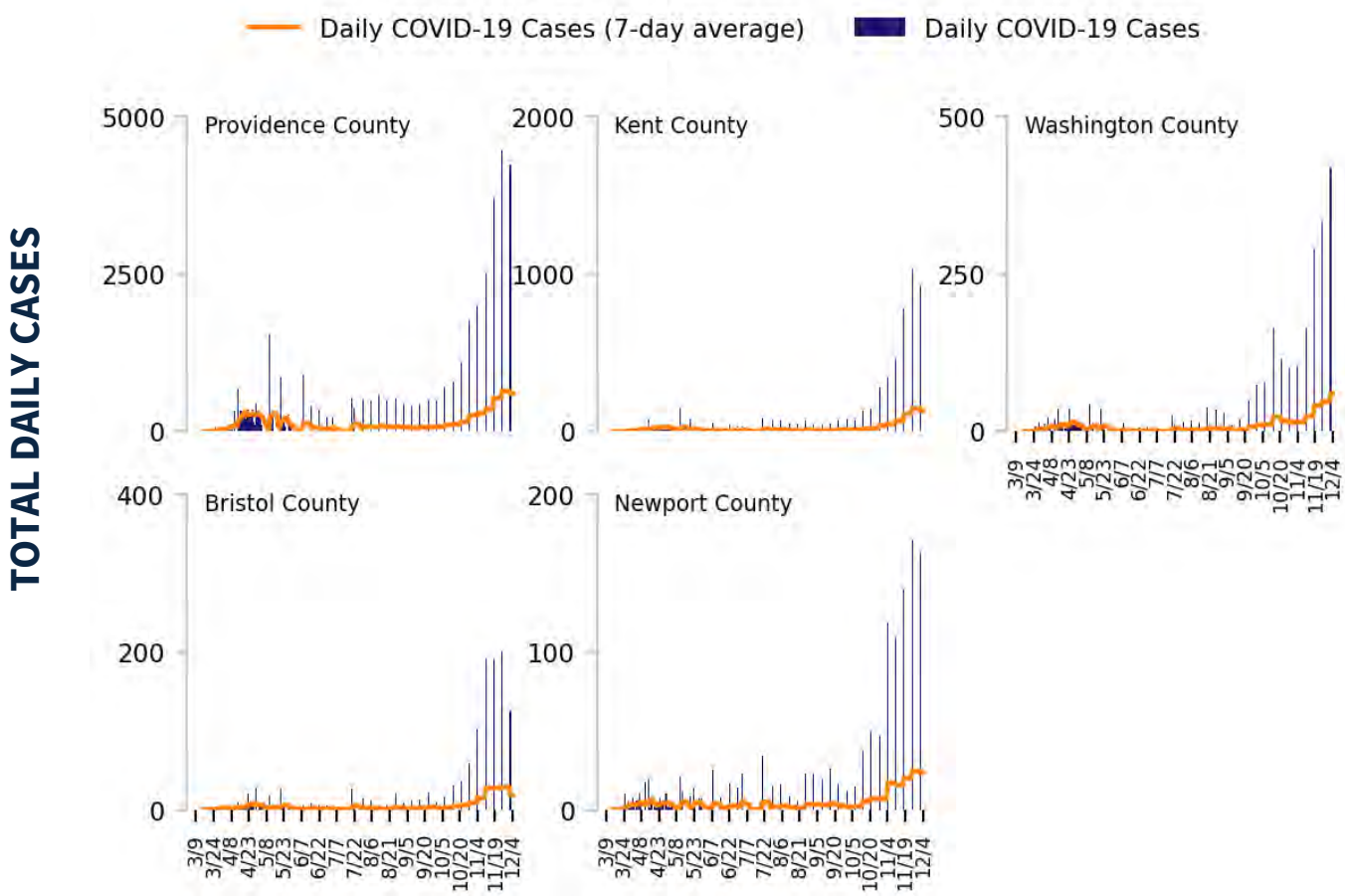
	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**0** ■ (+0)	N/A	**1** ▲ (+1)	Kent
LOCALITIES IN ORANGE ZONE	**1** ▲ (+1)	Providence-Warwick	**1** ▲ (+1)	Providence
LOCALITIES IN YELLOW ZONE	**0** ▼ (-1)	N/A	**1** ▼ (-1)	Washington

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 12/4/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



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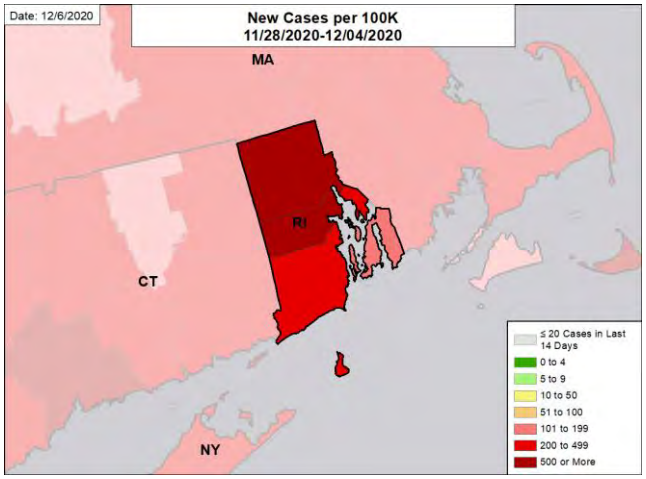
RHODE ISLAND

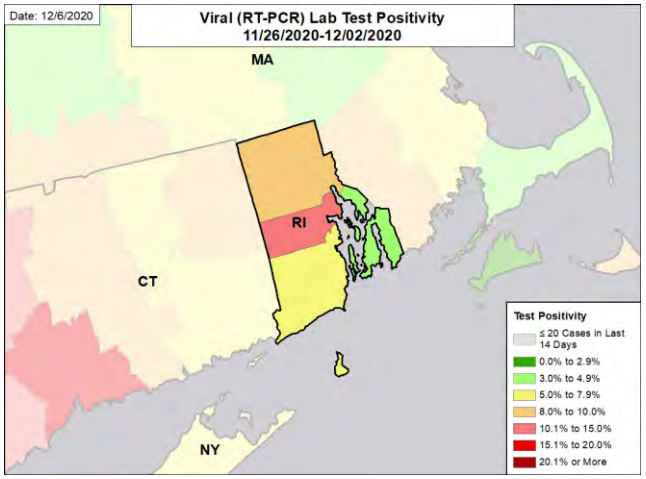
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

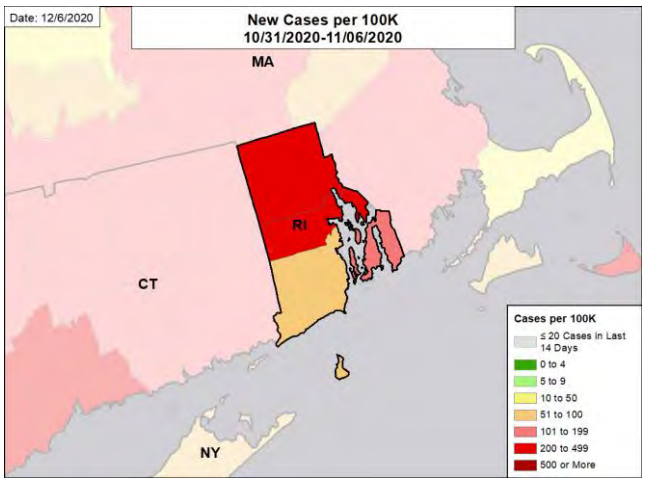
NEW CASES PER 100,000



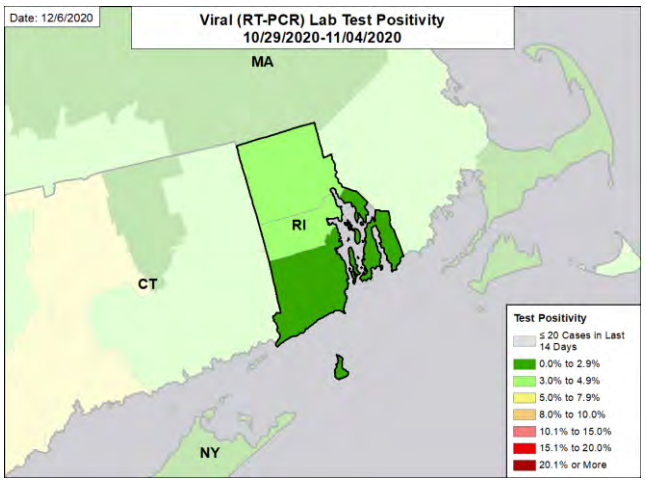
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

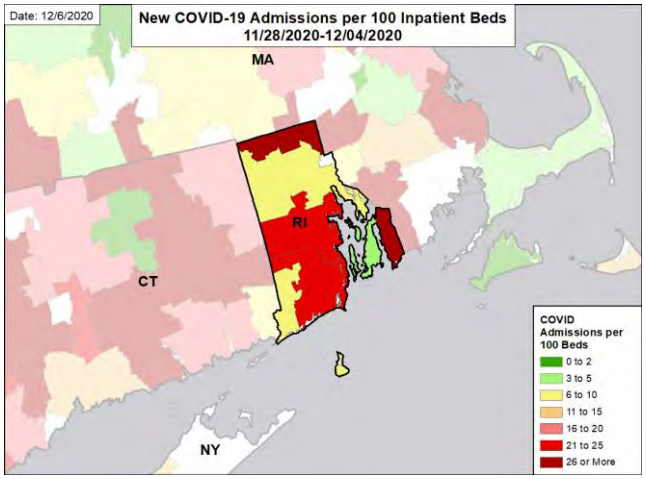
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

RHODE ISLAND

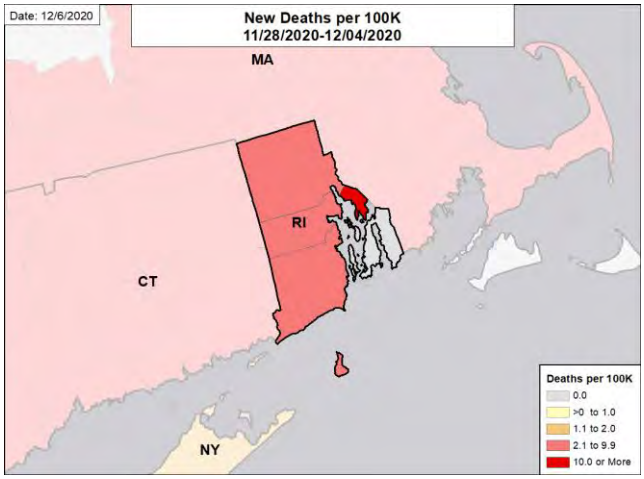
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

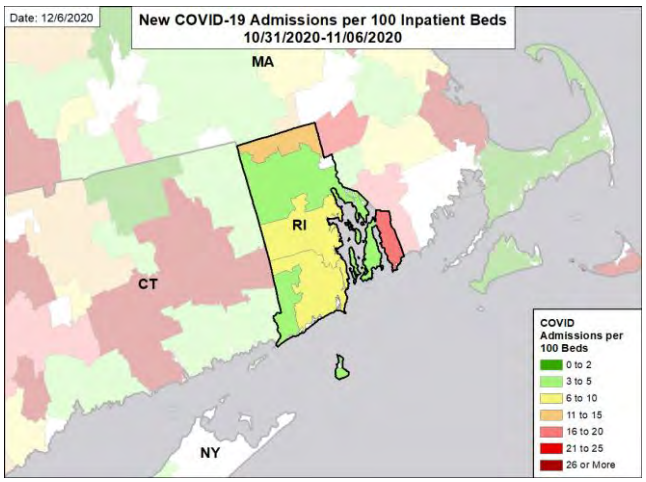
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



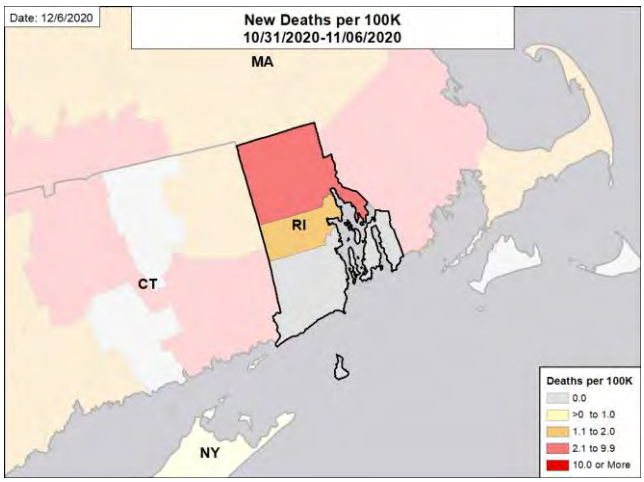
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

SOUTH CAROLINA

SUMMARY

- South Carolina is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 39th highest rate in the country. South Carolina is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 24th highest rate in the country.
- South Carolina has seen an increase in new cases, an increase in test positivity, and a significant increase in hospitalizations.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Greenville County, 2. Spartanburg County, and 3. Richland County. These counties represent 29.8% of new cases in South Carolina.
- 98% of all counties in South Carolina have moderate or high levels of community transmission (yellow, orange, or red zones), with 78% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 19% 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.
- South Carolina had 297 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 11 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 123 patients with confirmed COVID-19 and 99 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Carolina. This is an increase of 27% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- All public health officials must make it clear that if you are over 65 or have significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected during the Thanksgiving period if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested immediately. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are at significant risk for serious COVID infection; if you develop any symptoms you must be tested immediately as the majority of therapeutics work best early in infection. **Begin warning about any gathering during December holidays.**
- Aggressive testing must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity or closure of public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- New hospital admissions in South Carolina continue to increase. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased hospitalizations and fatalities.
- Contact all hospitals reporting <1 week's supply to confirm data; contact the regional FEMA office for support if supplies are an issue.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate continued and unmitigated community spread in these geographic locations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

SOUTH CAROLINA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	15,291 (297)	+42%	214,107 (320)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.1%	+3.8%*	11.8%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	67,810** (1,317**)	-29%**	1,192,094** (1,782**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	127 (2.5)	+12%	2,117 (3.2)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	19%	N/A*†	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	30%	N/A*†	41%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	N/A*†	9%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,554 (16)	+27% (+28%)	27,764 (18)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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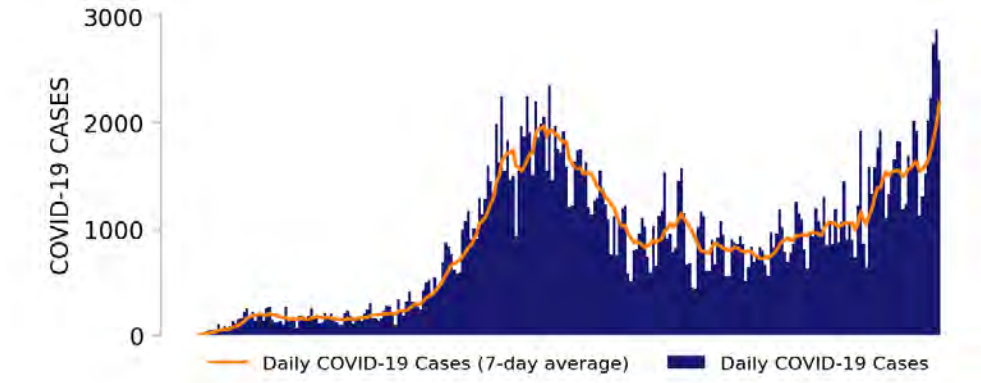
SOUTH CAROLINA

STATE REPORT | 12.06.2020

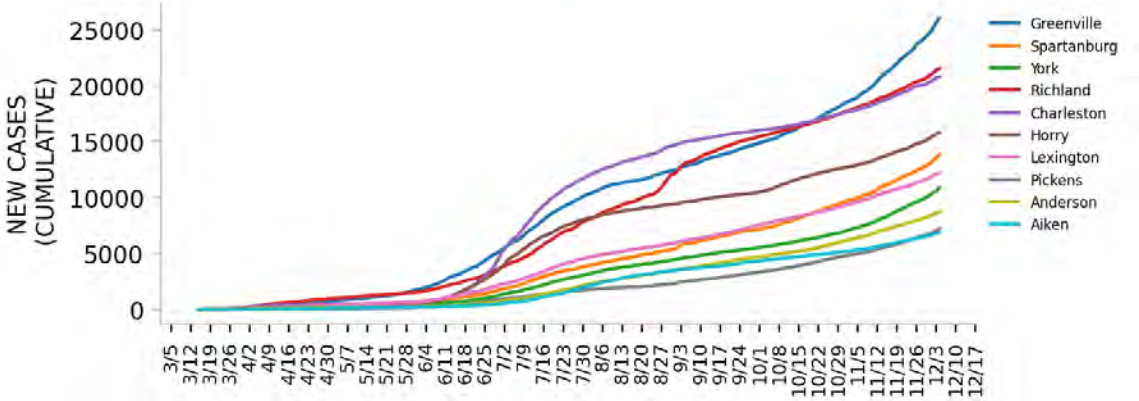
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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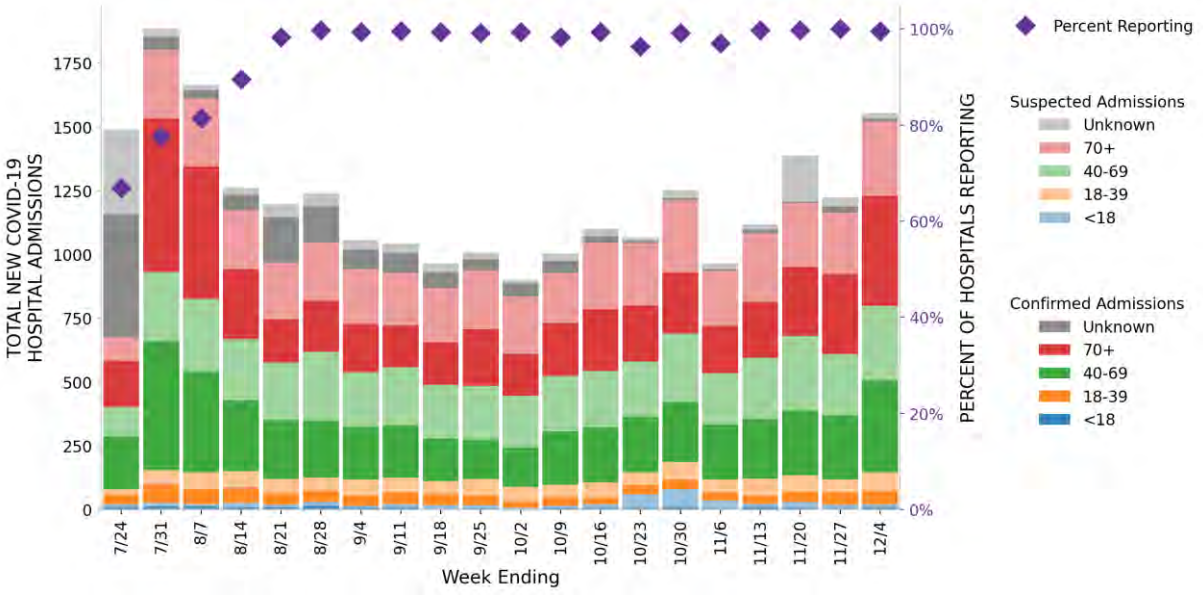
SOUTH CAROLINA

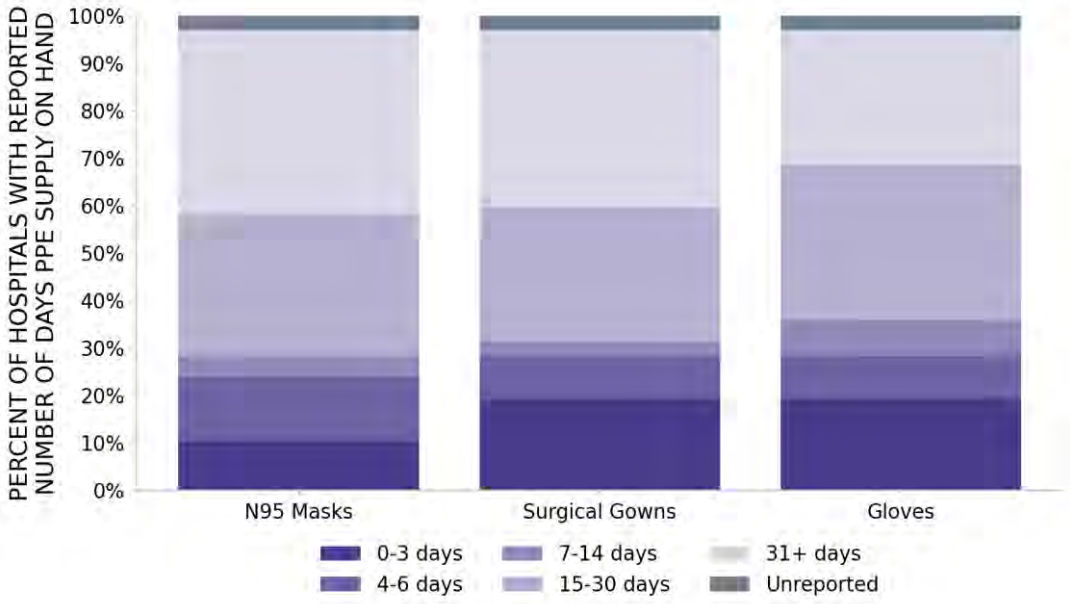
STATE REPORT | 12.06.2020

67 hospitals are expected to report in South Carolina

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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SOUTH CAROLINA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**15** ▲ (+8)	Greenville-Anderson Charleston-North Charleston Charlotte-Concord-Gastonia Spartanburg Myrtle Beach-Conway-North Myrtle Beach Florence Augusta-Richmond County Hilton Head Island-Bluffton Seneca Sumter Greenwood Gaffney	**36** ▲ (+17)	Greenville Spartanburg York Horry Lexington Pickens Anderson Aiken Florence Dorchester Beaufort Oconee
LOCALITIES IN ORANGE ZONE	**1** ▼ (-4)	Georgetown	**6** ▼ (-1)	Charleston Kershaw Georgetown Williamsburg Barnwell Bamberg
LOCALITIES IN YELLOW ZONE	**2** ▼ (-3)	Columbia Newberry	**3** ▼ (-12)	Richland Newberry McCormick

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

All Red CBSAs: Greenville-Anderson, Charleston-North Charleston, Charlotte-Concord-Gastonia, Spartanburg, Myrtle Beach-Conway-North Myrtle Beach, Florence, Augusta-Richmond County, Hilton Head Island-Bluffton, Seneca, Sumter, Greenwood, Gaffney, Orangeburg, Bennettsville, Union

All Red Counties: Greenville, Spartanburg, York, Horry, Lexington, Pickens, Anderson, Aiken, Florence, Dorchester, Beaufort, Oconee, Berkeley, Lancaster, Sumter, Laurens, Greenwood, Cherokee, Darlington, Orangeburg, Chester, Marlboro, Union, Chesterfield, Dillon, Edgefield, Clarendon, Abbeville, Marion, Colleton, Fairfield, Jasper, Lee, Hampton, Saluda, Calhoun

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

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

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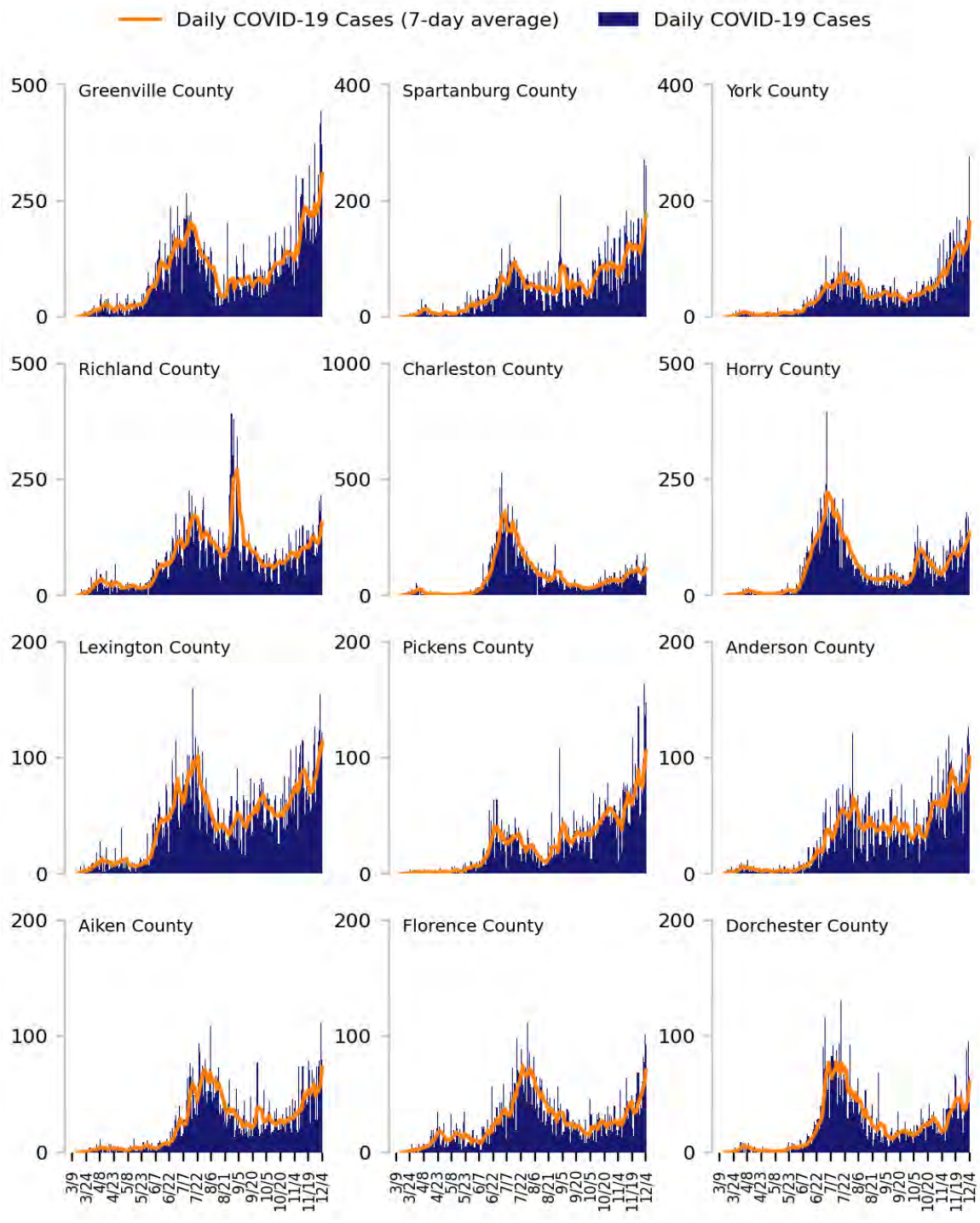
Top 12 counties based on number of new cases in the last 3 weeks



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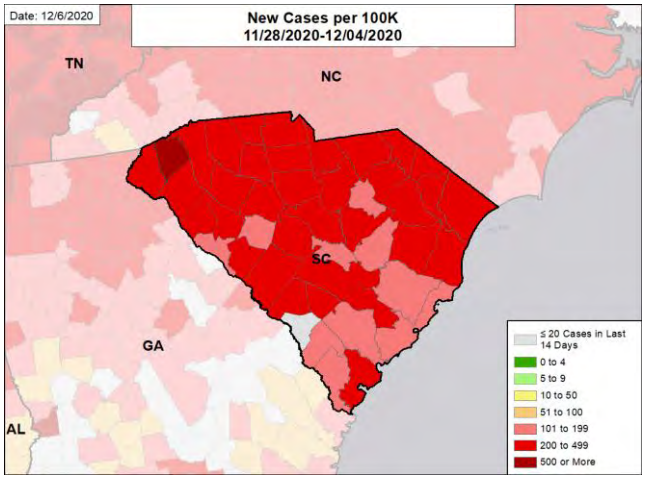
SOUTH CAROLINA

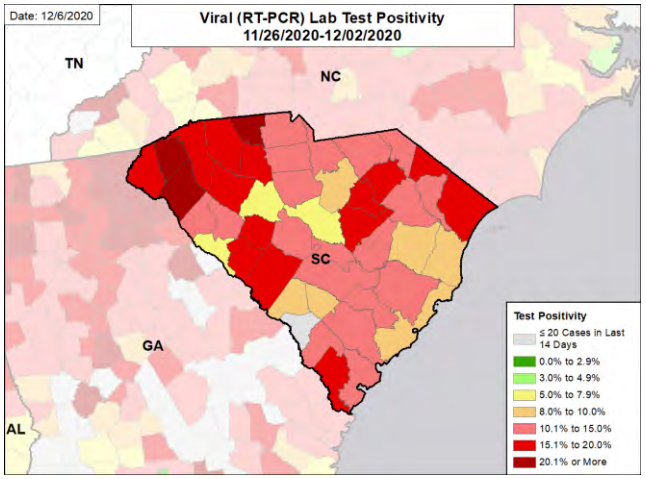
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

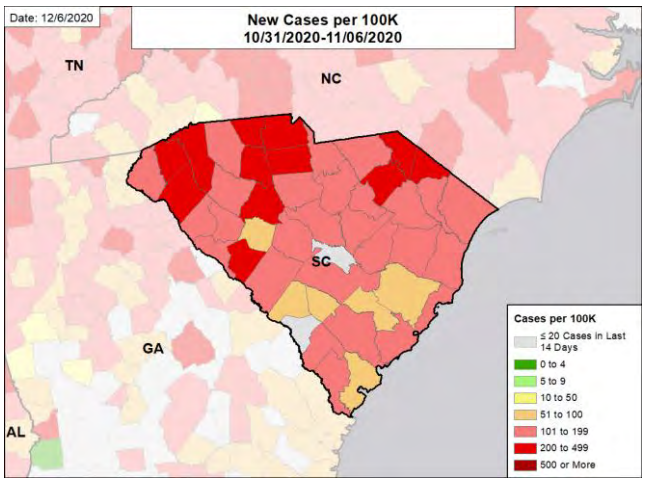
NEW CASES PER 100,000



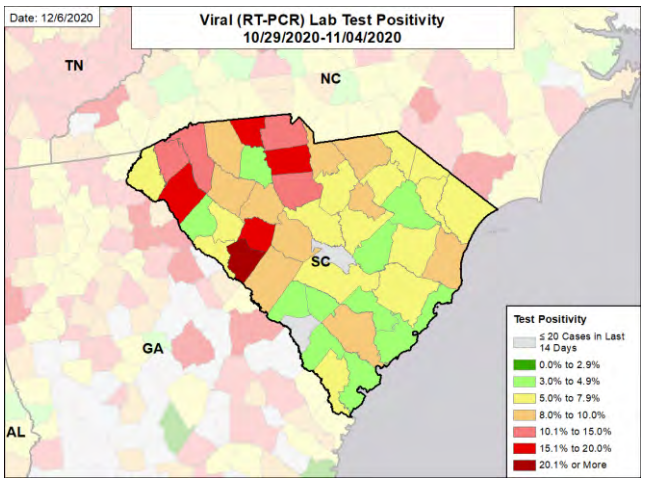
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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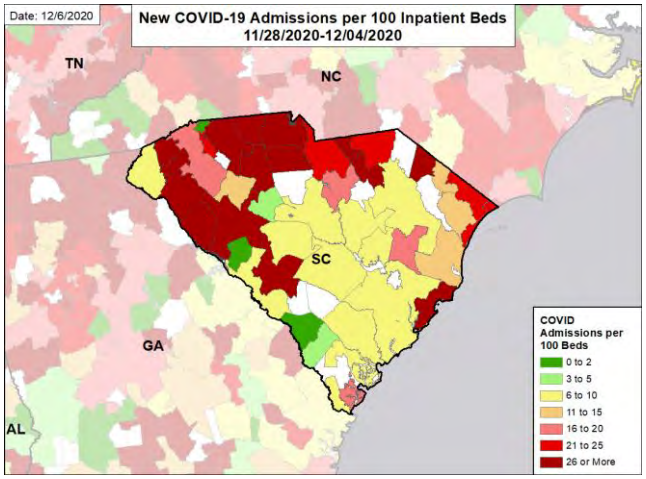
SOUTH CAROLINA

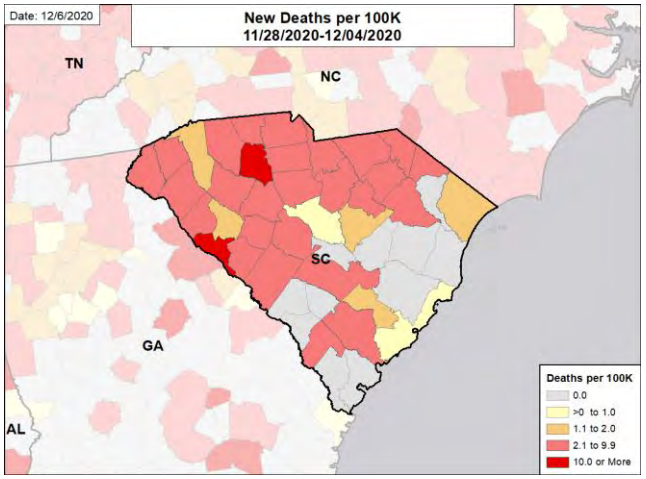
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

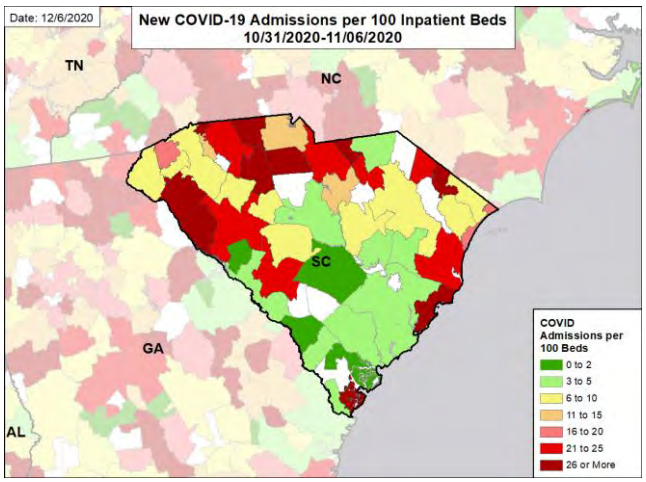
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



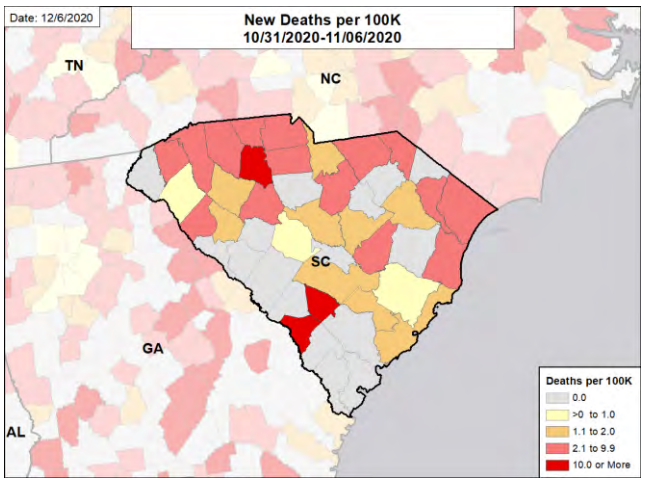
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

SOUTH DAKOTA

SUMMARY

- South Dakota is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 3rd highest rate in the country. South Dakota is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 6th highest rate in the country.
- South Dakota has seen a decrease in new cases and an increase in test positivity; 46 counties reported a decrease in new cases and 35 reported a decrease in test positivity.
- 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 40.6% of new cases in South Dakota.
- 83% of all counties in South Dakota have moderate or high levels of community transmission (yellow, orange, or red zones), with 74% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 38% of nursing homes had at least one new resident COVID-19 case, 59% had at least one new staff COVID-19 case, and 30% had at least one new resident COVID-19 death.
- South Dakota had 691 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA and 2 to support epidemiology activities from CDC.
- Between Nov 28 - Dec 4, on average, 51 patients with confirmed COVID-19 and 21 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Dakota. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- The volume of testing has begun to wane, which is of particular concern as we head deeper into the winter holidays; testing should be continually expanded and with a focus on quick turnaround times. Use of at-home saliva tests should be expanded as much as possible with proper caveats on sensitivity.
- All public health media, including automated SMS, should be saturated with key messages and instructions on how to minimize risk. Localities with ordinances should provide a way to report non-compliant businesses.
- Surveillance should be greatly expanded through proactive weekly testing of persons at higher risk using point-of-care antigen tests, regardless of symptoms; surveillance should direct focused surge-testing campaigns.
- Develop outpatient infusion centers to provide IV therapy to those who don't warrant admission or when hospital systems are over-capacity. When monoclonal antibodies are available, ensure they are distributed equitably across communities to those at highest need: proportionately to communities and people with risk factors for progression to severe disease.
- Contact tracing remains a critical intervention and should be expanded as previously described to keep up with the number of cases; consider methods to automate counseling, contact elicitation, and instructions for isolation and quarantine by email or text messaging.
- Continued and increasing outbreaks among the most vulnerable are a grave concern; ensure all CMS guidance is followed at all LTCFs and congregate settings and staff are not permitted to work without a recent negative rapid test (within one week) or clearance from isolation. Facilities that are not fully adherent should be fined and/or made public.
- Tribal Nations should be fully supported in their efforts to minimize transmission; they should be permitted to install checkpoints, should be adequately supplied to conduct regular testing of all Tribal members, and should be capacitated to provide shelter and supplies for isolation and quarantine.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

SOUTH DAKOTA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	6,116 (691)	-15%	71,931 (587)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	20.3%	+6.1%*	14.5%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	13,930** (1,575**)	-39%**	470,275** (3,836**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	176 (19.9)	+20%	808 (6.6)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	38%	N/A*†	36%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	59%	N/A*†	61%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	30%	N/A*†	15%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	509 (20)	-2% (-2%)	5,191 (21)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

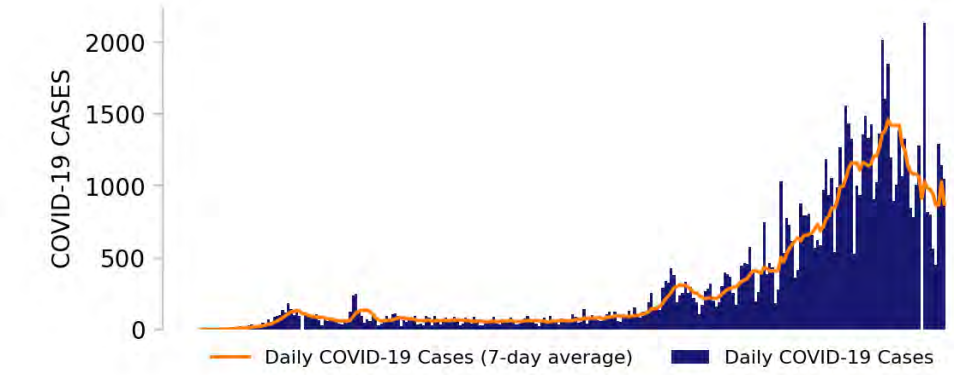
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

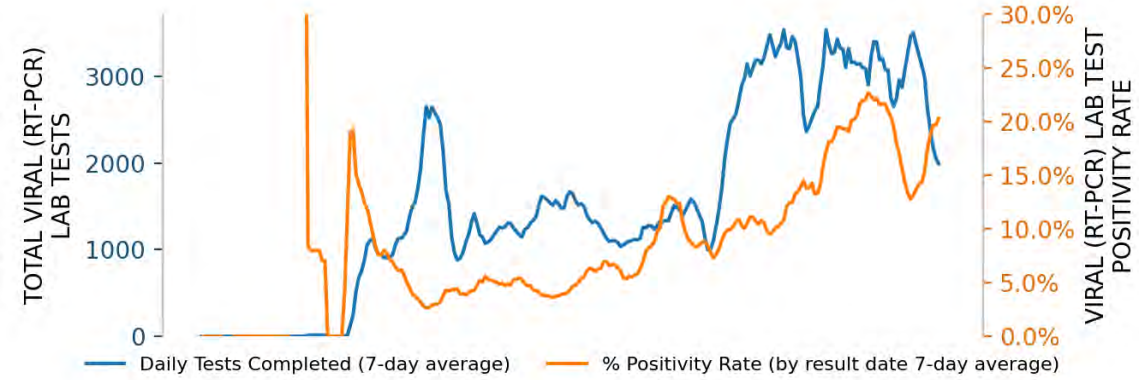
SOUTH DAKOTA

STATE REPORT | 12.06.2020

NEW CASES

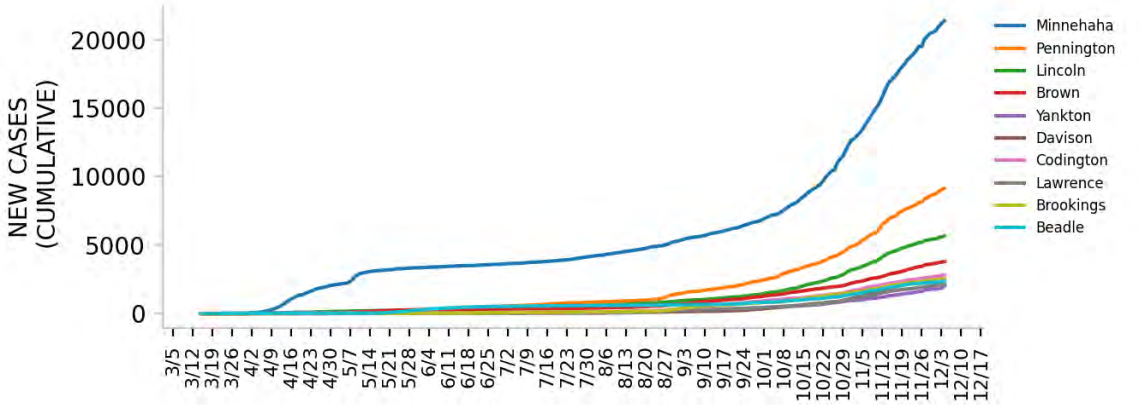


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in 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 12/4/2020.

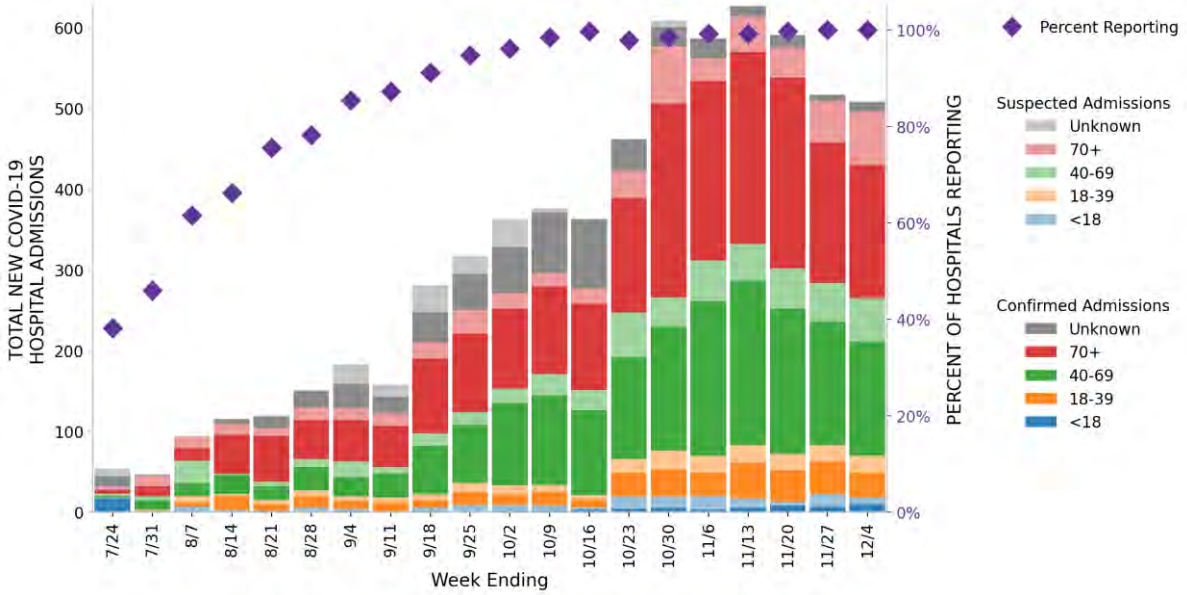
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

SOUTH DAKOTA

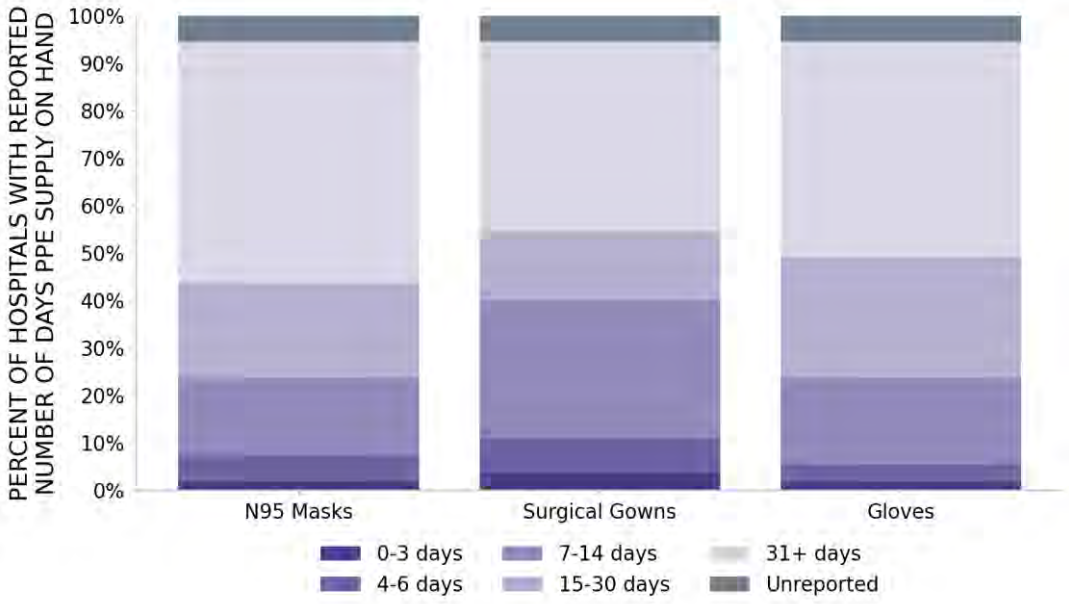
STATE REPORT | 12.06.2020

55 hospitals are expected to report in South Dakota

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

SOUTH DAKOTA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**10** ▲ (+2)	Sioux Falls Rapid City Aberdeen Watertown Mitchell Yankton Spearfish Brookings Pierre Sioux City	**49** ▲ (+5)	Minnehaha Pennington Lincoln Brown Yankton Davison Codington Lawrence Brookings Meade Hughes Dewey
LOCALITIES IN ORANGE ZONE	**0** ▼ (-1)	N/A	**2** ▼ (-3)	Day Potter
LOCALITIES IN YELLOW ZONE	**2** ■ (+0)	Huron Vermillion	**4** ▲ (+1)	Beadle Clay Roberts Bennett

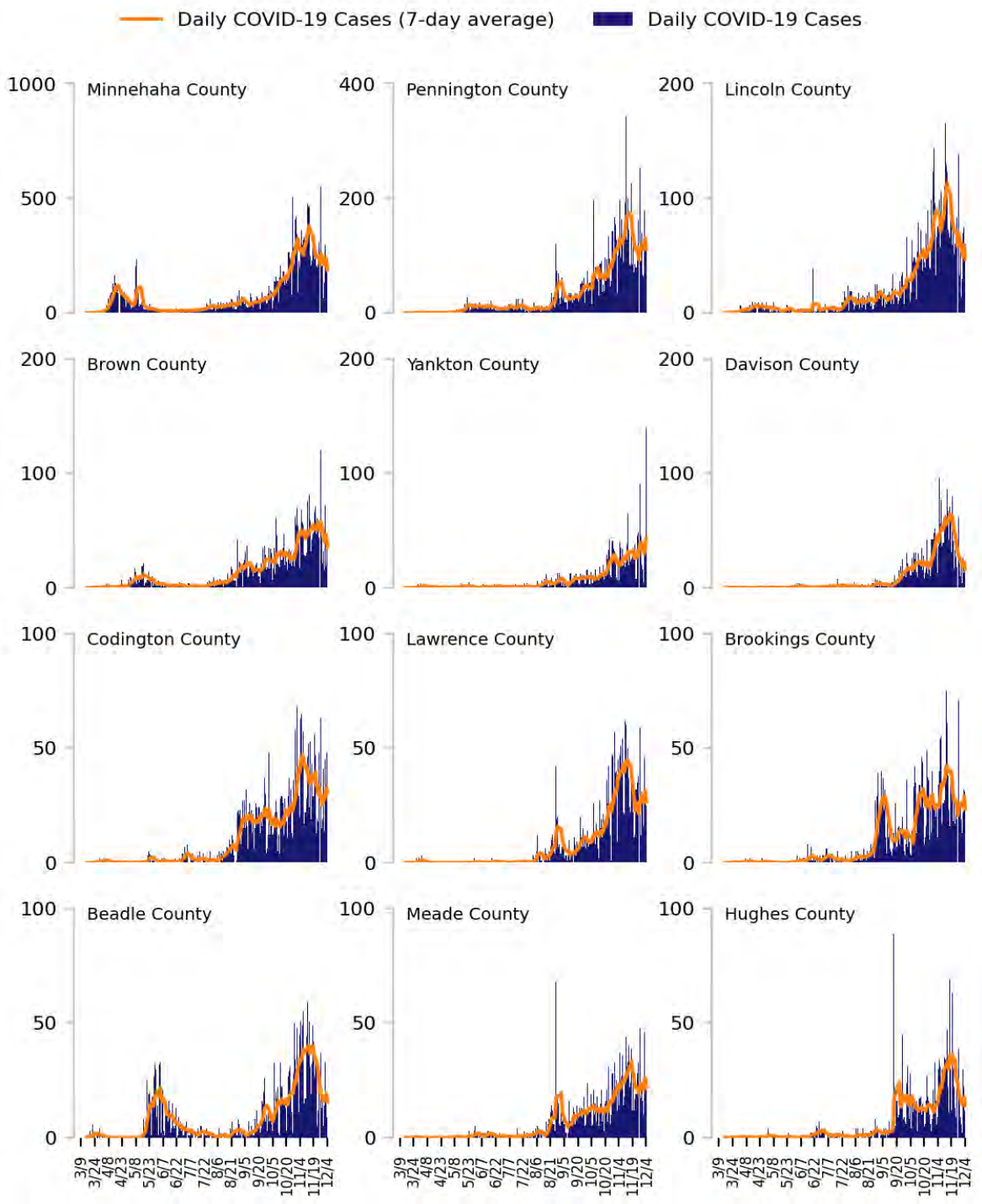
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

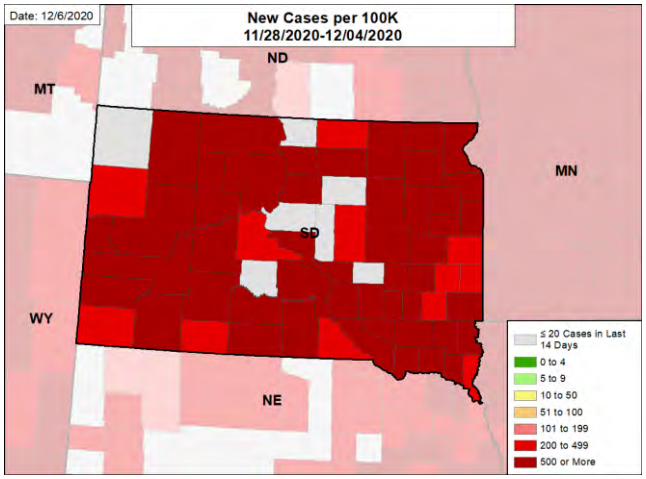
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

SOUTH DAKOTA

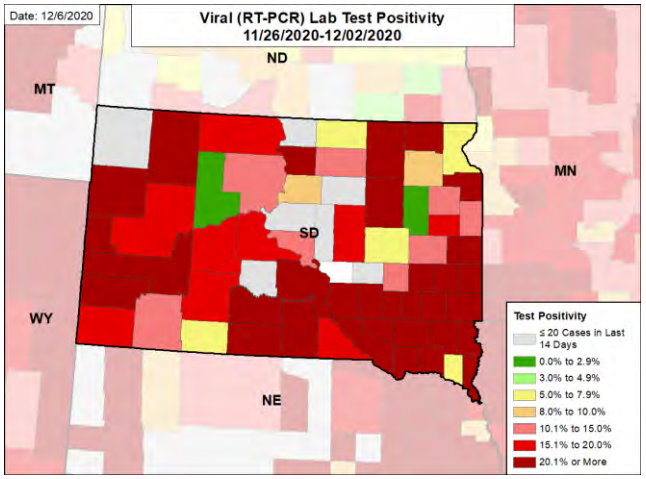
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

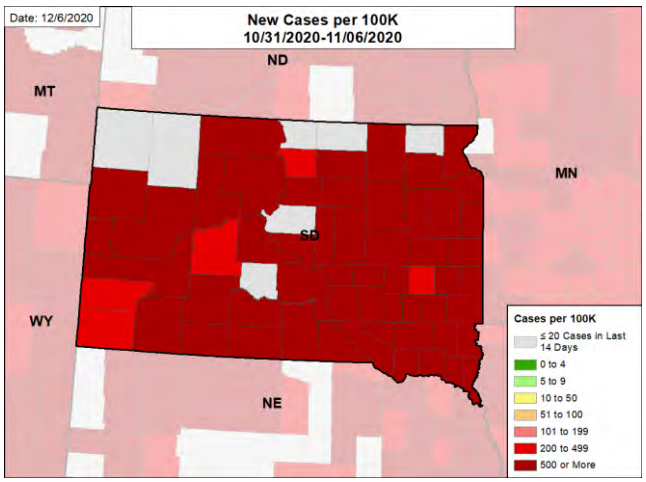
NEW CASES PER 100,000



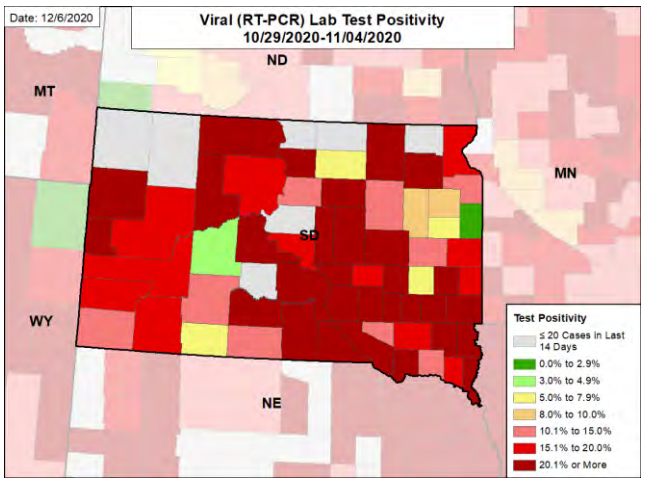
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

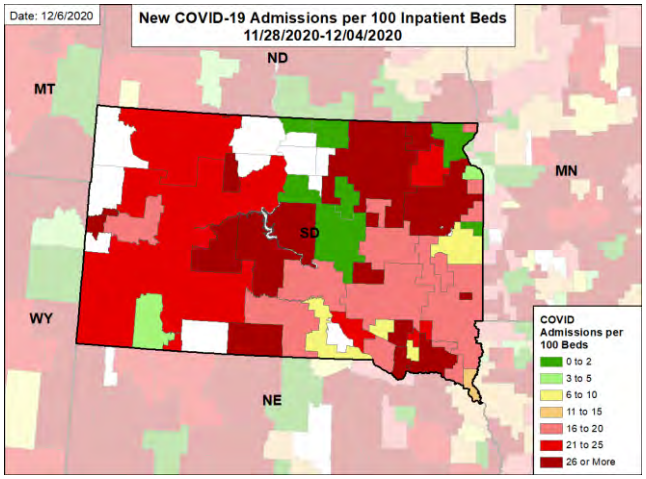
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

SOUTH DAKOTA

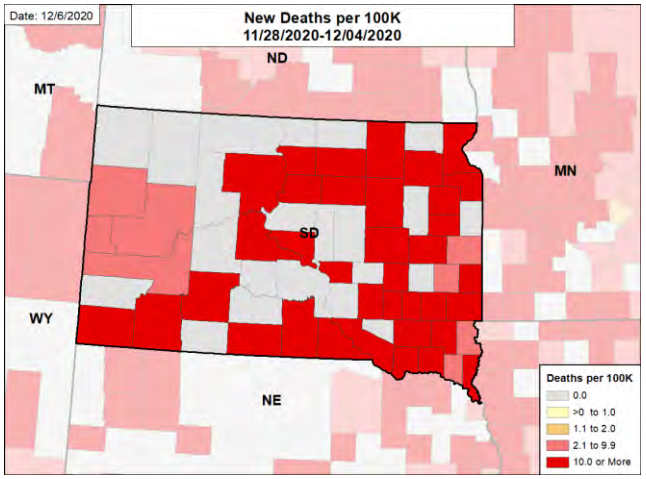
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

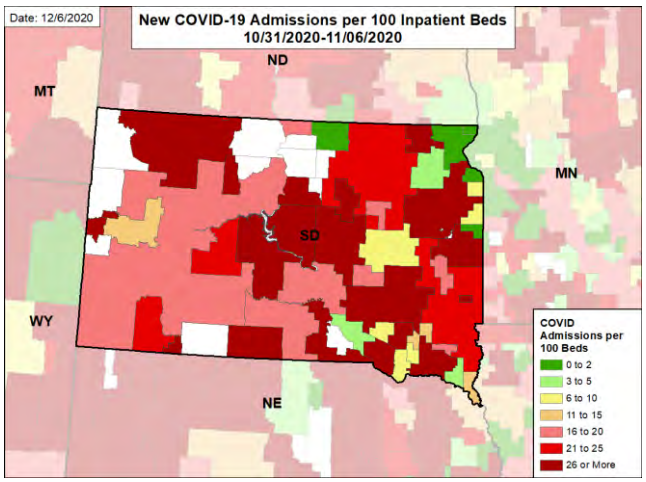
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



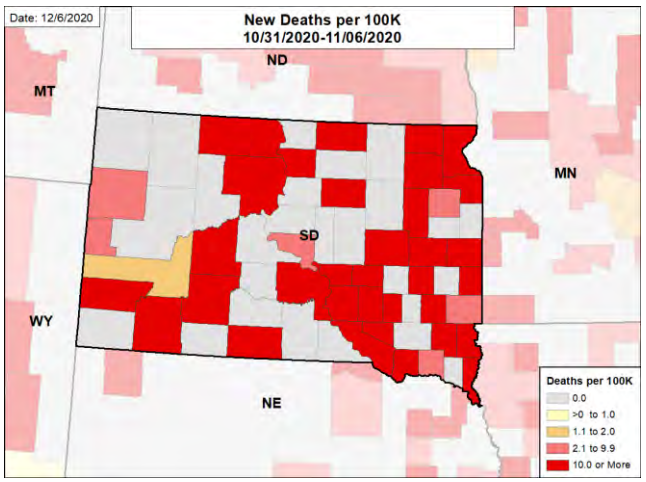
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

TENNESSEE

SUMMARY

- Tennessee is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 18th highest rate in the country. Test positivity is unavailable this week due to incomplete data.
- Tennessee has seen an increase in new cases.
- 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 24.0% of new cases in Tennessee.
- 99% of all counties in Tennessee have moderate or high levels of community transmission (yellow, orange, or red zones), with 95% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 35% of nursing homes had at least one new resident COVID-19 case, 55% had at least one new staff COVID-19 case, and 15% had at least one new resident COVID-19 death.
- Tennessee had 526 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA.
- Between Nov 28 - Dec 4, on average, 292 patients with confirmed COVID-19 and 142 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Tennessee. This is an increase of 12% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Virus levels are unmitigated and unyielding. Activities that were safe in the summer are not safe now. Reexamine capacity thresholds for all public spaces. Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to <25%, closing bars/limiting bar hours until cases and test positivity decrease to the yellow zone, and requiring masks in all public spaces.
- Must increase testing levels to find asymptomatic individuals to remove source of spread.
- Universities must have weekly testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community. Universities who tested all students weekly starting the first week of fall semester saw between 75% and 90% fewer cases than those who did not. For the remaining time in current semester, students must be tested weekly prior to returning home for winter break.
- Ensure all hospitals and clinical sites have updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Ensure full flu immunizations across the state.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

TENNESSEE

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	35,892 (526)	+43%	214,107 (320)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	N/A	N/A*	11.8%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	50,041** (733**)	-77%**	1,192,094** (1,782**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	352 (5.2)	+10%	2,117 (3.2)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	35%	N/A*†	23%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	55%	N/A*†	41%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	15%	N/A*†	9%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,041 (18)	+12% (+12%)	27,764 (18)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25. Testing data were incomplete for this time period and percent positivity cannot be calculated.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
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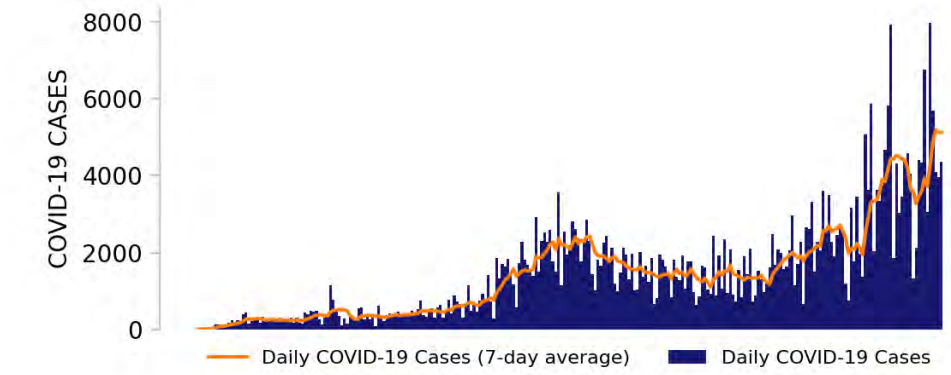
TENNESSEE

STATE REPORT | 12.06.2020

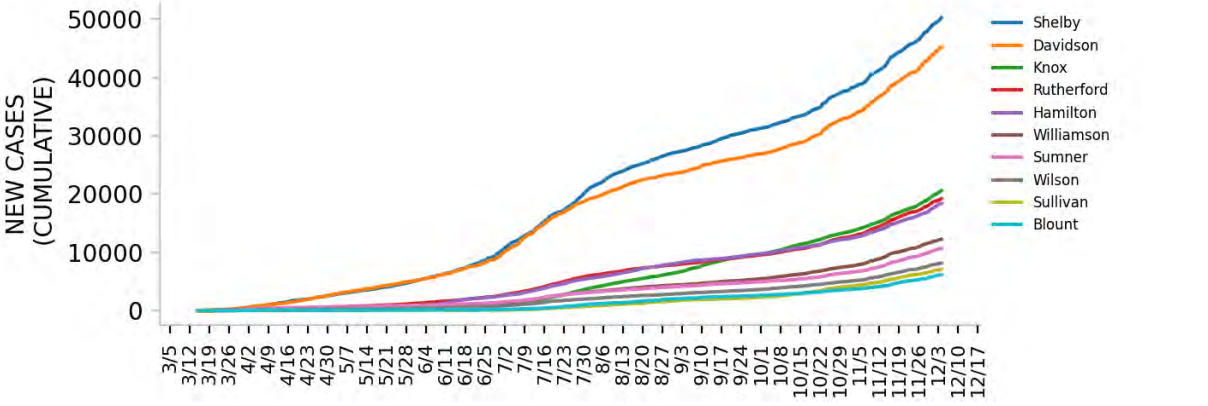
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in 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 12/4/2020.

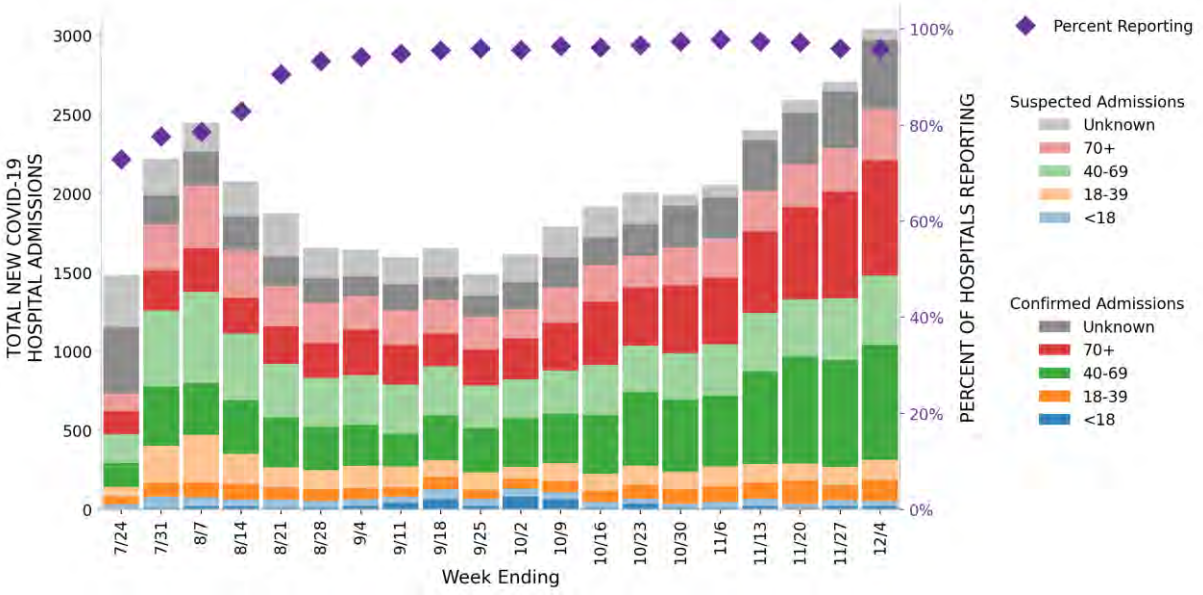
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Testing data were incomplete for this time period and percent positivity cannot be calculated.

TENNESSEE

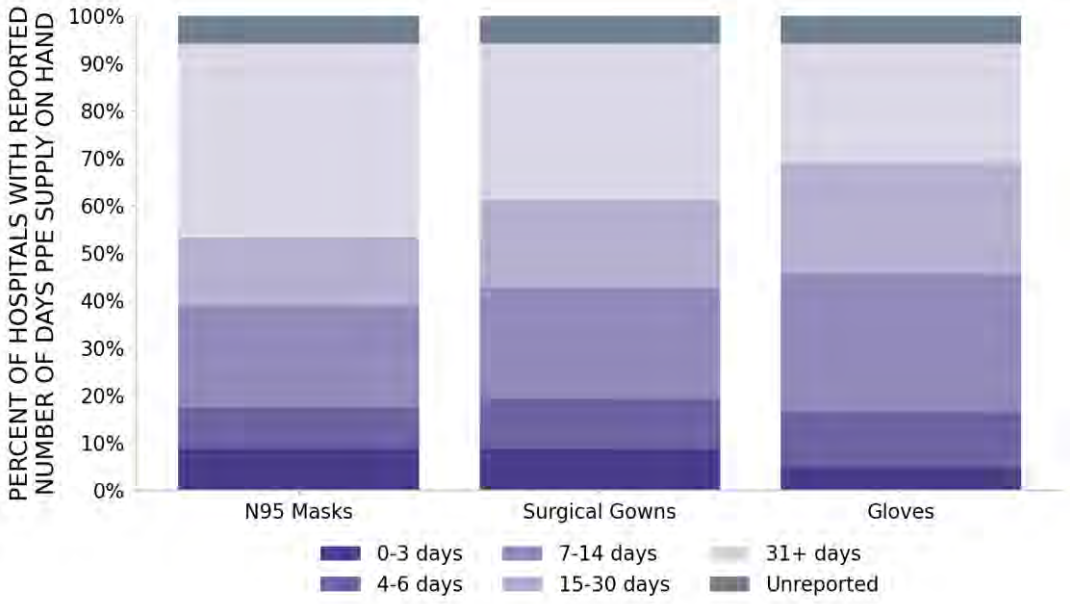
STATE REPORT | 12.06.2020

103 hospitals are expected to report in Tennessee

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

TENNESSEE

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	27 ▲ (+4)	Nashville-Davidson--Murfreesboro--Franklin Knoxville Memphis Chattanooga Johnson City Kingsport-Bristol Jackson Clarksville Morristown Cleveland Tullahoma-Manchester Sevierville	90 ▲ (+9)	Shelby Davidson Knox Rutherford Hamilton Williamson Sumner Wilson Sullivan Blount Montgomery Washington
LOCALITIES IN ORANGE ZONE	0 ▼ (-4)	N/A	3 ▼ (-8)	Decatur Overton Clay
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	1 ▼ (-1)	Houston

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

All Red CBSAs: Nashville-Davidson--Murfreesboro--Franklin, Knoxville, Memphis, Chattanooga, Johnson City, Kingsport-Bristol, Jackson, Clarksville, Morristown, Cleveland, Tullahoma-Manchester, Sevierville, Cookeville, Greeneville, Shelbyville, Athens, Lawrenceburg, Crossville, Union City, McMinnville, Dyersburg, Dayton, Paris, Martin, Lewisburg, Newport, Brownsville

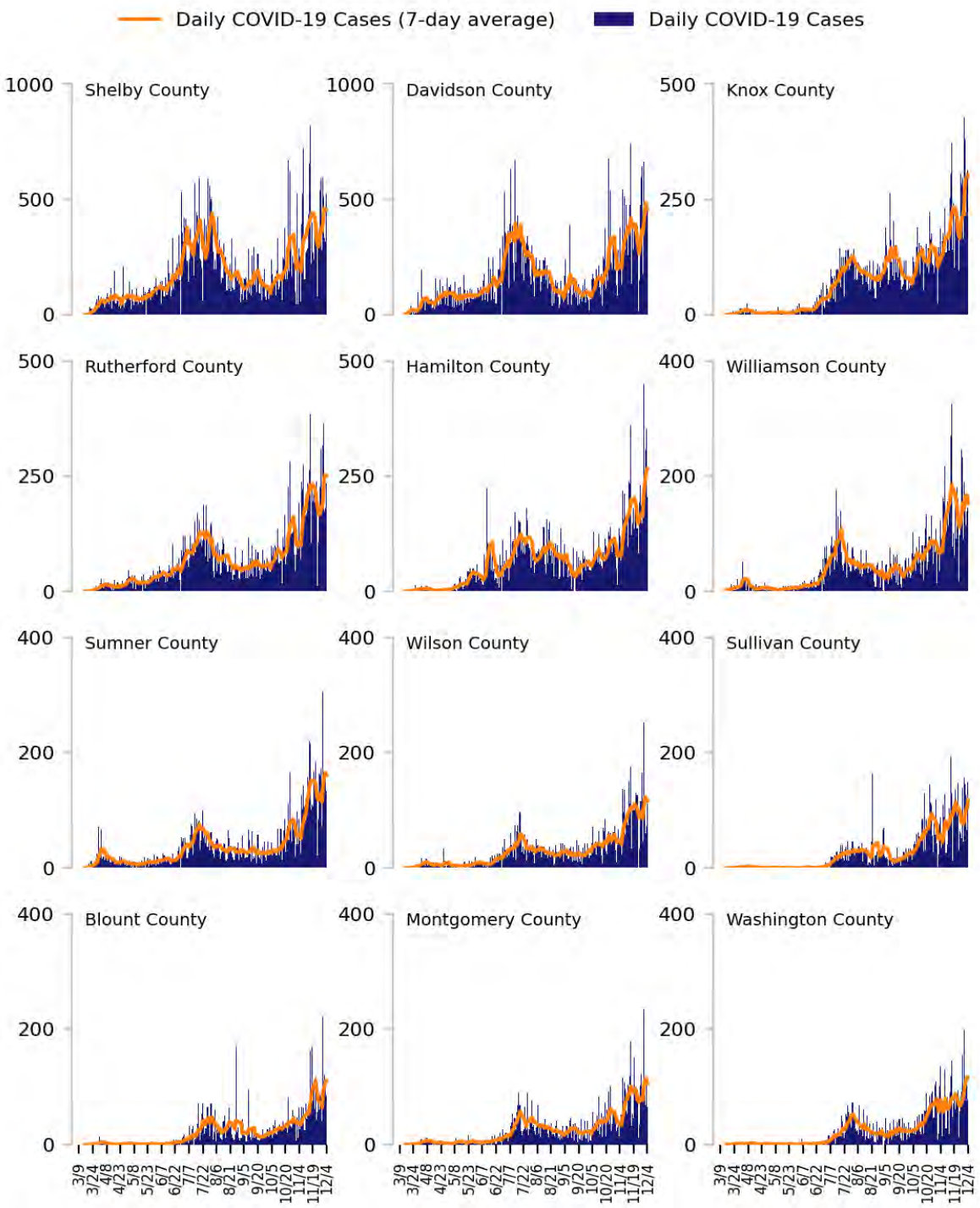
All Red Counties: Shelby, Davidson, Knox, Rutherford, Hamilton, Williamson, Sumner, Wilson, Sullivan, Blount, Montgomery, Washington, Maury, Bradley, Sevier, Madison, Robertson, Anderson, Greene, Tipton, Putnam, Gibson, Carter, Dickson, Hamblen, Bedford, McMinn, Lawrence, Coffee, Roane, Franklin, Cumberland,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

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Testing data were incomplete for this time period and percent positivity cannot be calculated.

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



DATA SOURCES – Additional data details available under METHODS

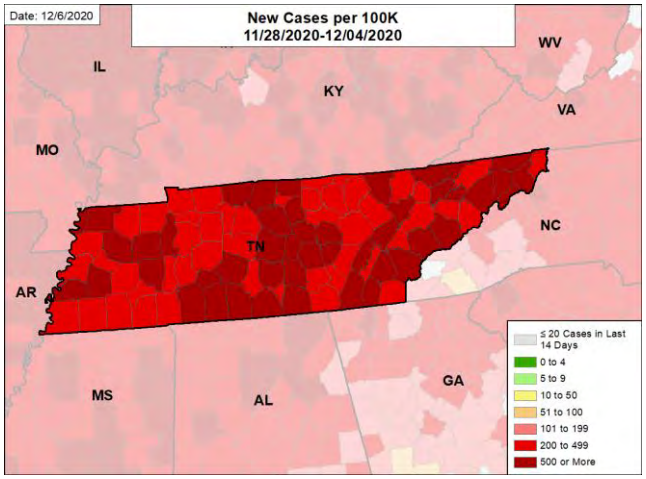
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

TENNESSEE

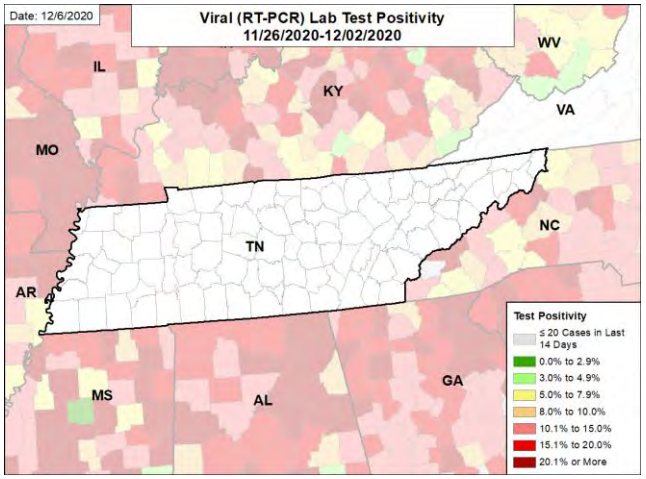
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

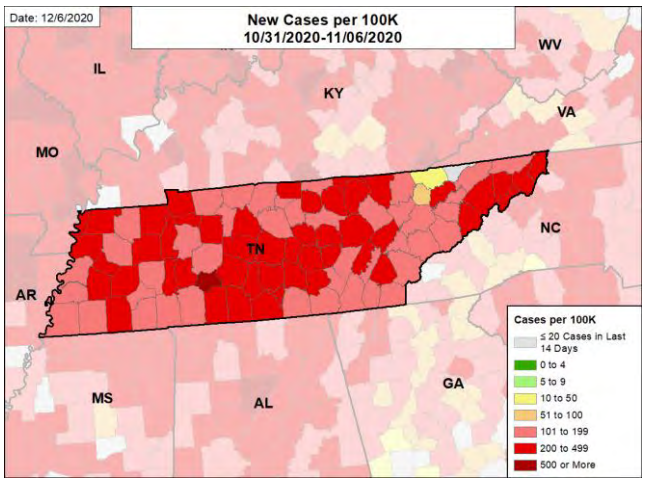
NEW CASES PER 100,000



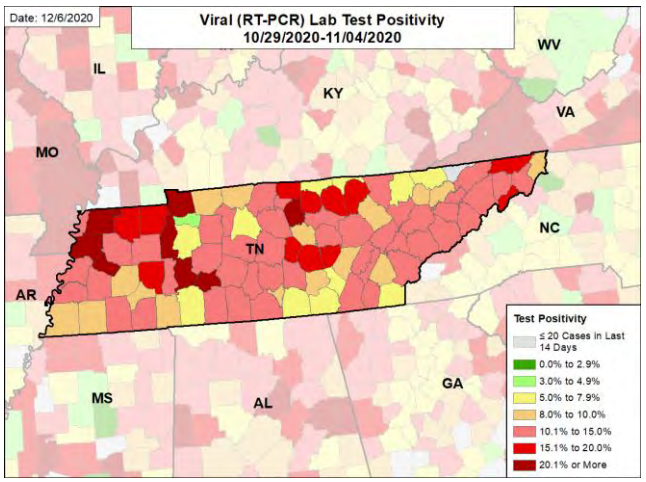
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

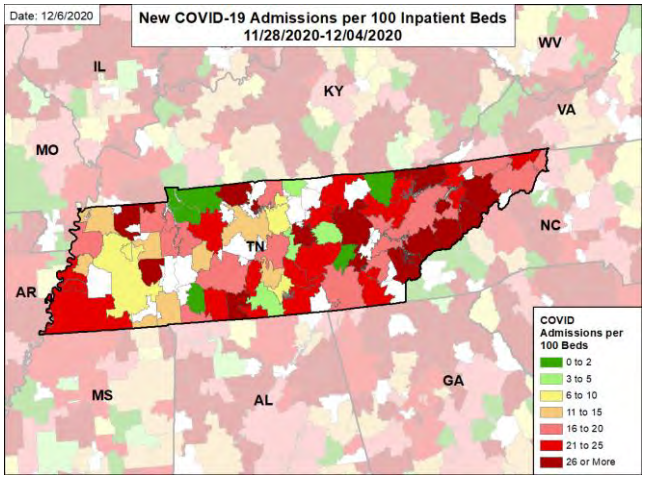
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4. Testing data were incomplete for this time period and percent positivity cannot be calculated.

TENNESSEE

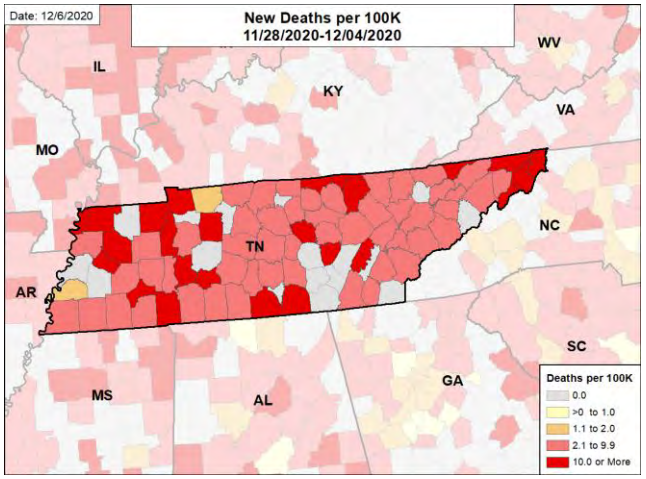
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

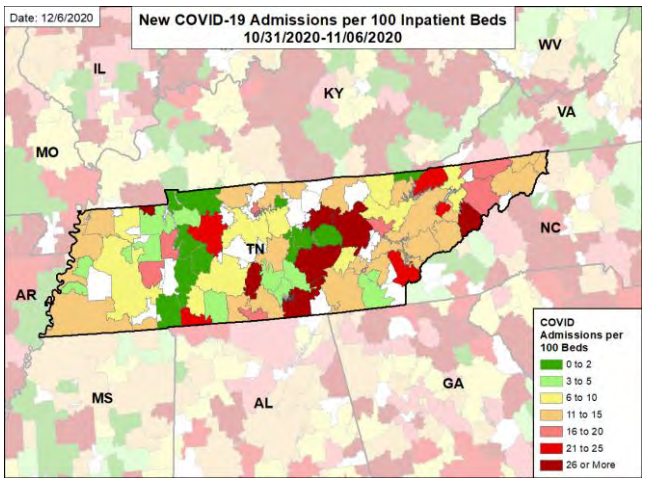
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



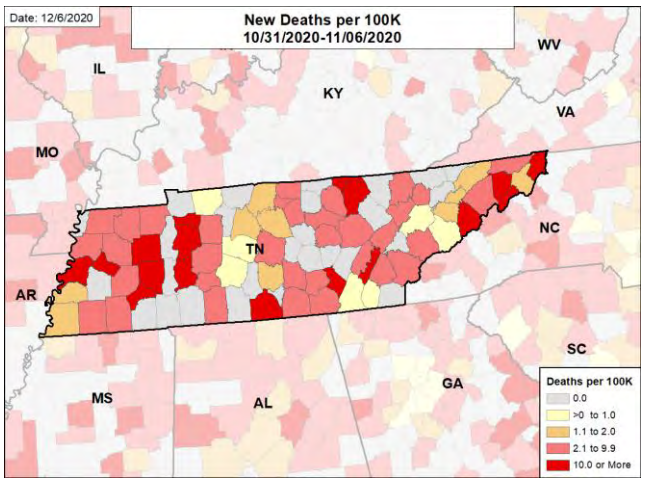
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

TEXAS

SUMMARY

- Texas is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 37th highest rate in the country. Texas is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 22nd highest rate in the country.
- Texas has seen an increase in new cases and an increase in test positivity. Rising hospitalizations in other parts of Texas are being offset by the declines in El Paso; the state must increase mitigation to prevent ongoing community spread.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Tarrant County, 2. Dallas County, and 3. Harris County. These counties represent 31.8% of new cases in Texas.
- 79% of all counties in Texas have moderate or high levels of community transmission (yellow, orange, or red zones), with 62% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 18% of nursing homes had at least one new resident COVID-19 case, 33% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- Texas had 316 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 17 to support medical activities from DoD; 50 to support operations activities from FEMA; 9 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; and 16 to support operations activities from USCG.
- The federal government has supported surge testing in Houston, Waco, and Harris County.
- Between Nov 28 - Dec 4, on average, 968 patients with confirmed COVID-19 and 592 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Texas. This is a decrease of 9% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- All public health officials must make it clear that if you are over 65 or have significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected during the Thanksgiving period if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested immediately. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are at significant risk for serious COVID infection; if you develop any symptoms you must be tested immediately as the majority of therapeutics work best early in infection. **Begin warning about any gathering during December holidays.**
- Aggressive testing must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity or closure of public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- New hospital admissions in Texas remain at a high level. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased hospitalizations and fatalities.
- Contact all hospitals reporting <1 week's supply to confirm data; contact the regional FEMA office for support if supplies are an issue.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate continued and unmitigated community spread in these geographic locations.
- Continue support to Tribal Nations for vaccination, testing, and clinical support as they represent the highest risk group after LTCF residents.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

TEXAS

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	91,689 (316)	+28%	156,138 (366)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.5%	+2.4%*	13.5%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	495,387** (1,708**)	-35%**	763,358** (1,787**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	1,142 (3.9)	+26%	1,819 (4.3)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	18%	N/A*†	22%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	33%	N/A*†	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	N/A*†	10%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	10,922 (20)	-9% (-1%)	19,037 (21)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

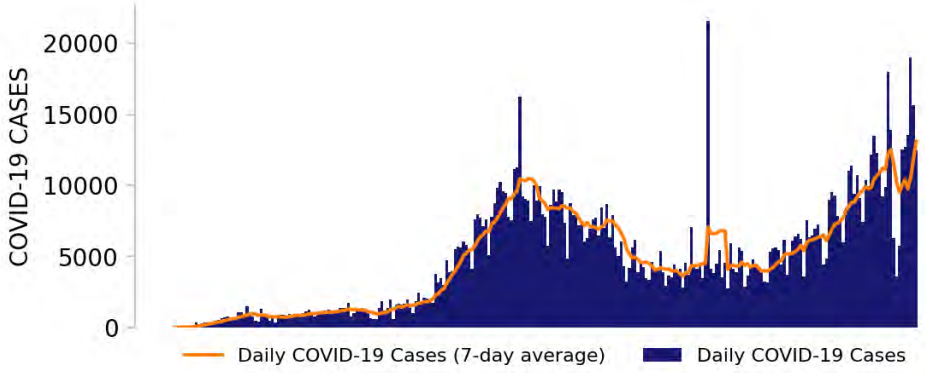
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

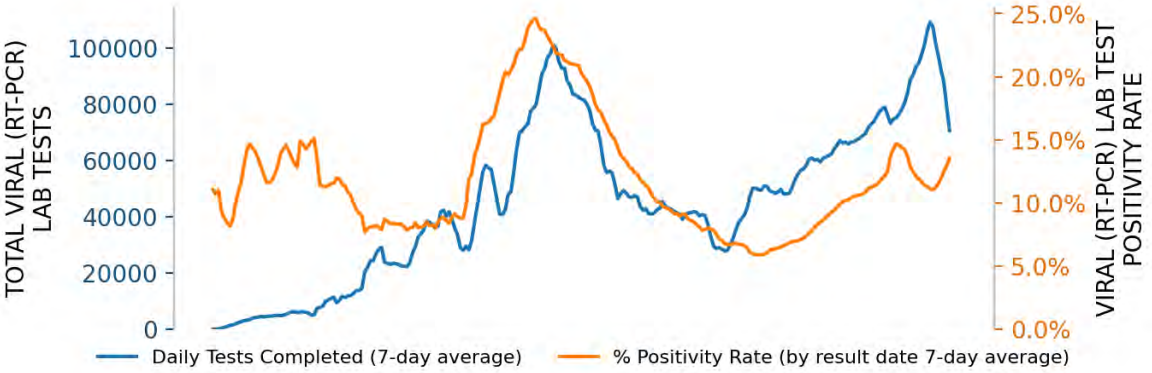
TEXAS

STATE REPORT | 12.06.2020

NEW CASES

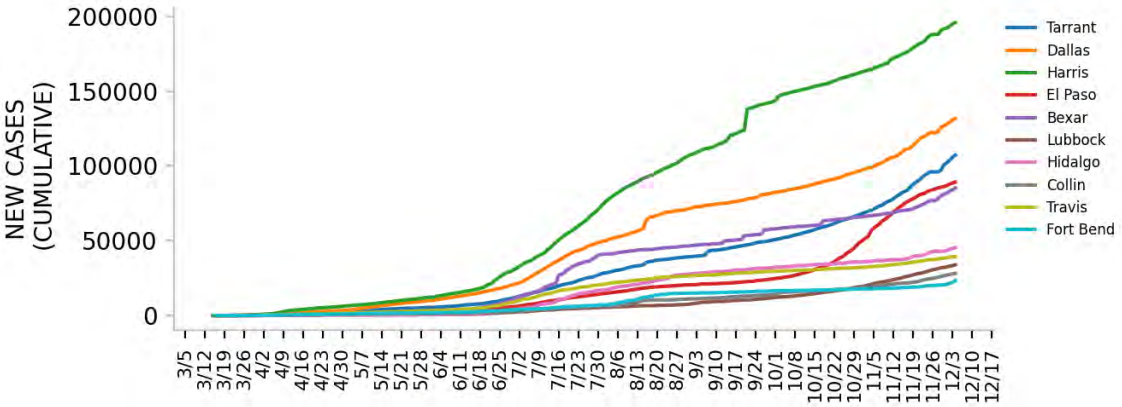


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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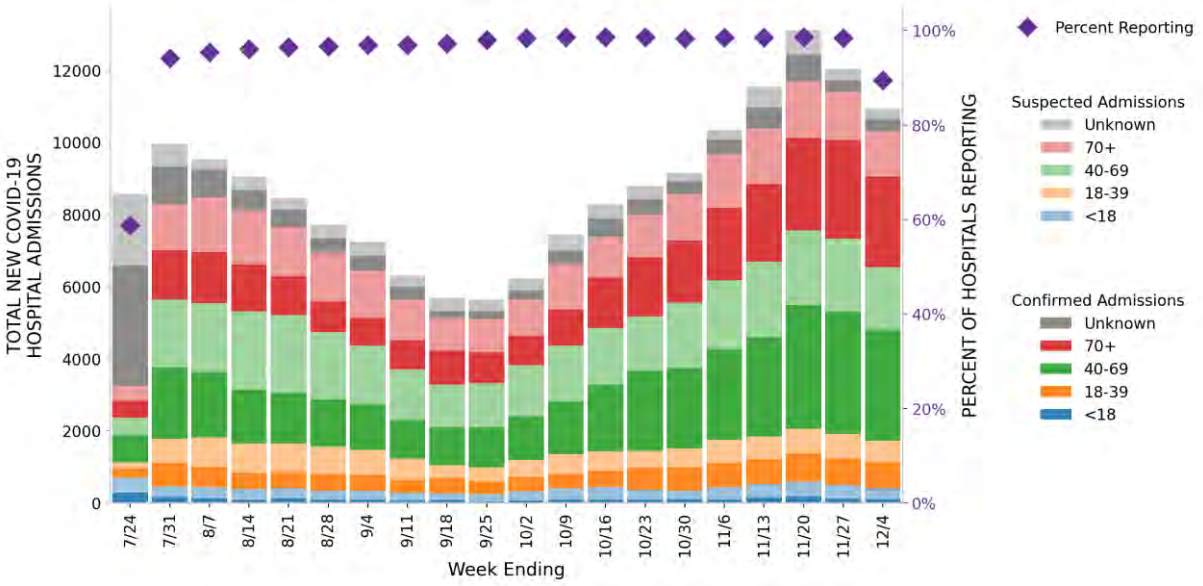
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

TEXAS

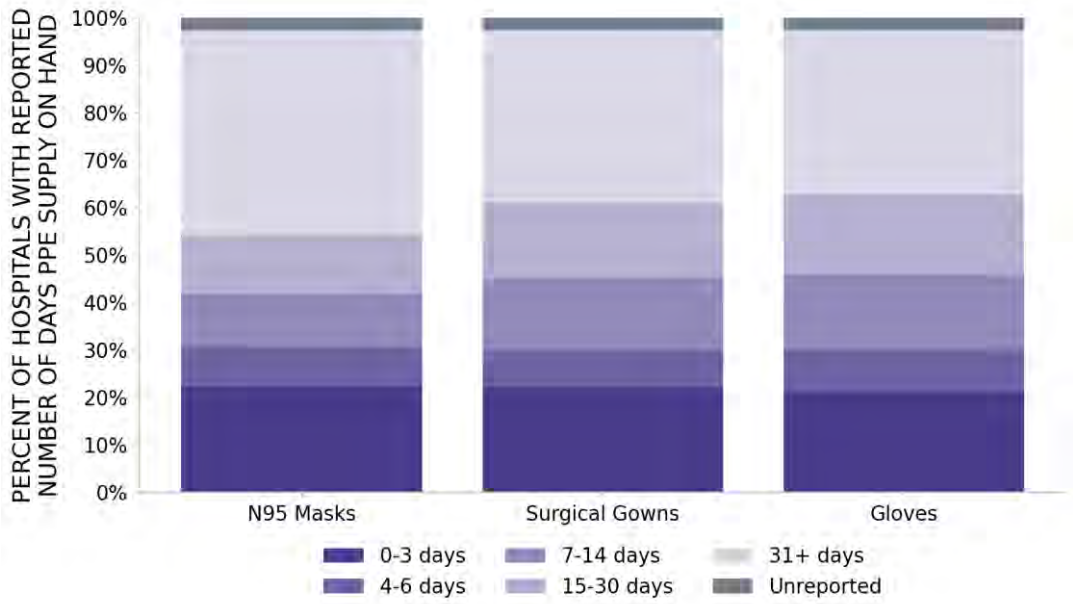
STATE REPORT | 12.06.2020

457 hospitals are expected to report in Texas

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Anomalous confirmed admissions for the 18-19 year-old age group in TX on 8/15 have been corrected. We look forward to working to improve data quality.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

TEXAS

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**62** ▲ (+15)	Dallas-Fort Worth-Arlington Houston-The Woodlands-Sugar Land El Paso San Antonio-New Braunfels Lubbock McAllen-Edinburg-Mission Amarillo Laredo Corpus Christi Waco Wichita Falls Killeen-Temple	**158** ▲ (+36)	Tarrant Dallas Harris El Paso Bexar Lubbock Hidalgo Collin Denton Webb Montgomery Randall
LOCALITIES IN ORANGE ZONE	**6** ▼ (-14)	Austin-Round Rock-Georgetown College Station-Bryan Kerrville Uvalde Palestine Zapata	**29** ▼ (-16)	Fort Bend Nueces Brazos Coryell Kerr Bowie Hill Waller Uvalde Ward Anderson Wood
LOCALITIES IN YELLOW ZONE	**3** ▲ (+1)	Rio Grande City-Roma Brenham Jacksonville	**13** ▼ (-9)	Travis Brewster Bastrop Starr Orange Washington Houston Cherokee Harrison Freestone Karnes Jim Hogg
Change from previous week's alerts:		▲ Increase ■ Stable ▼ Decrease		

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
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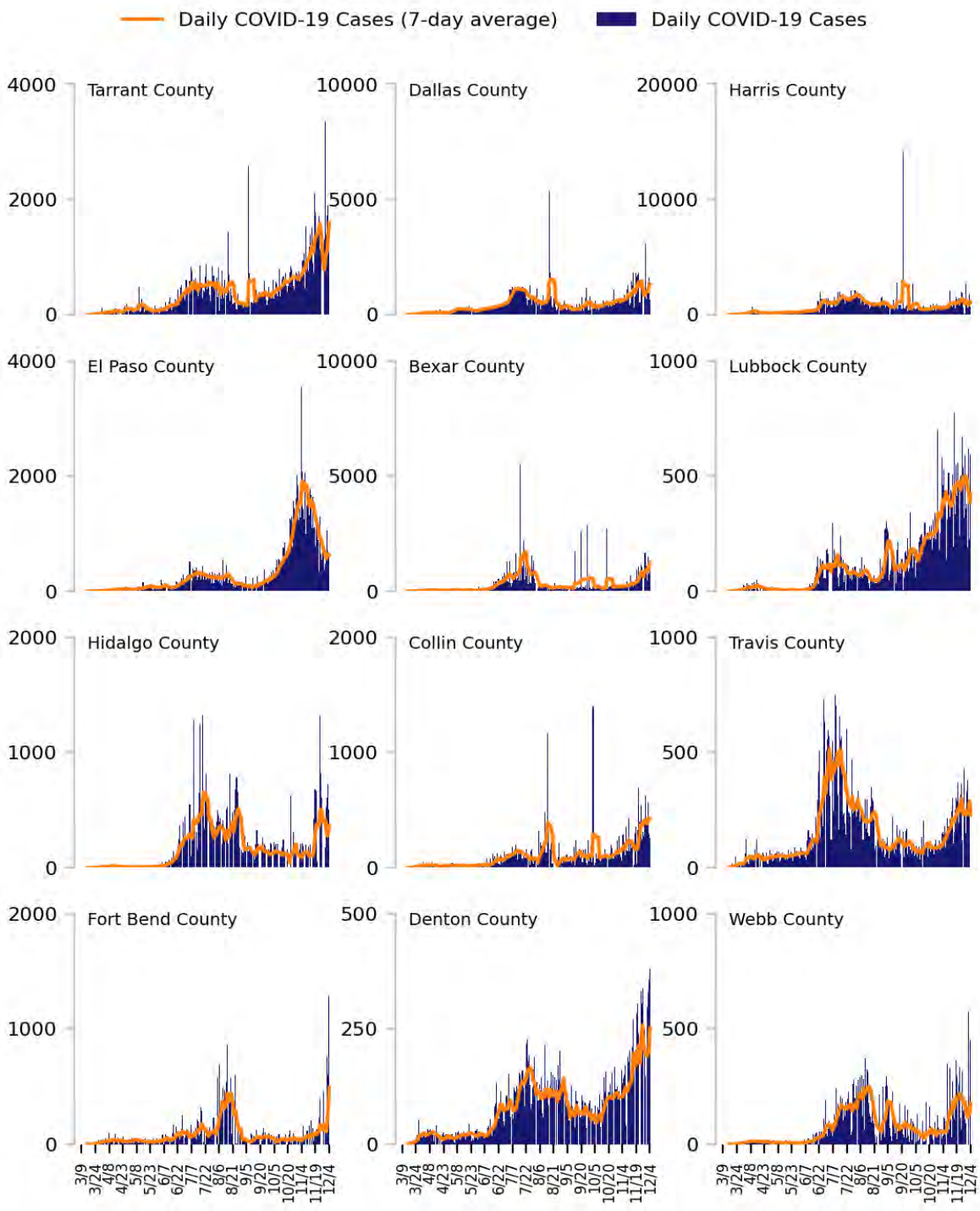
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

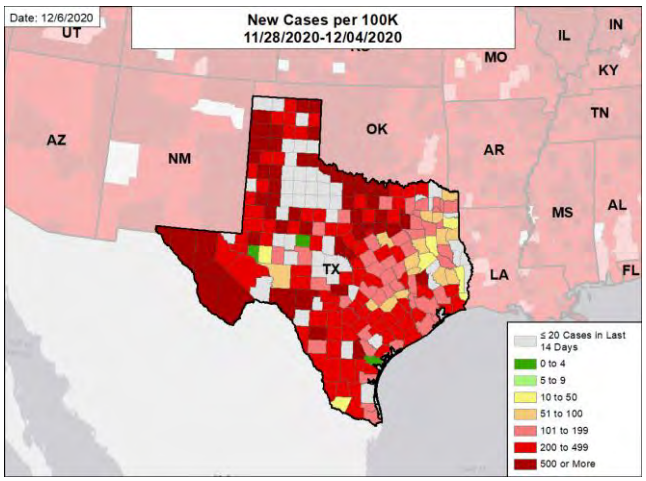
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

TEXAS

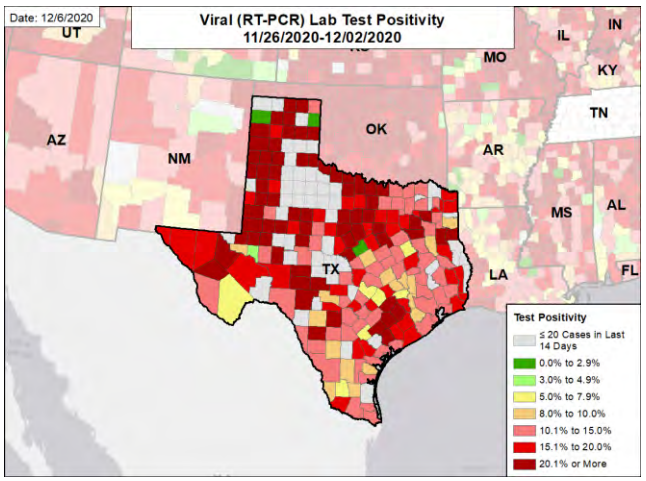
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

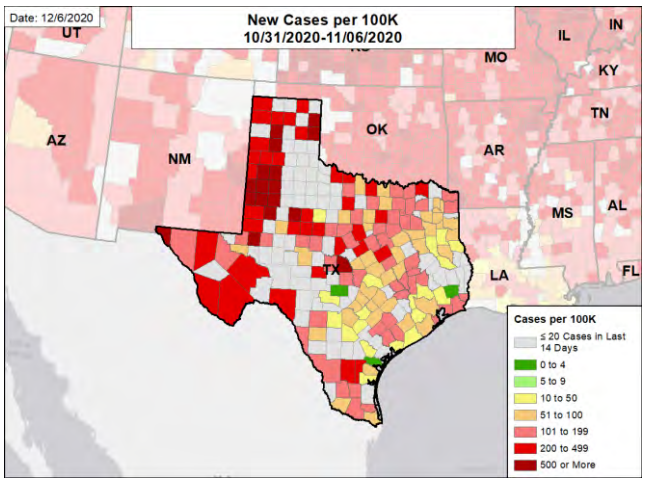
NEW CASES PER 100,000



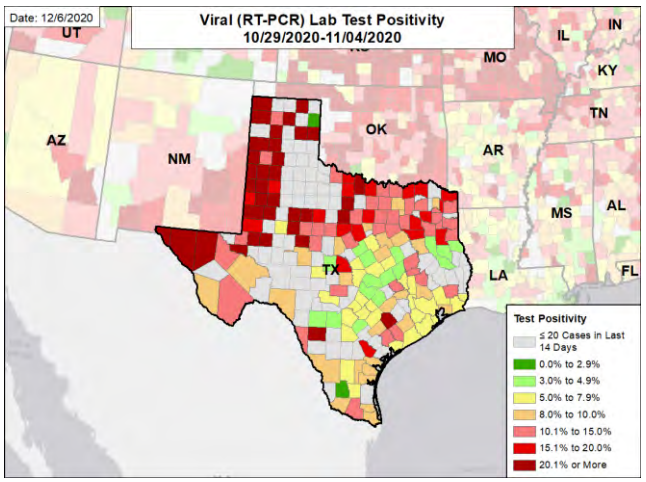
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

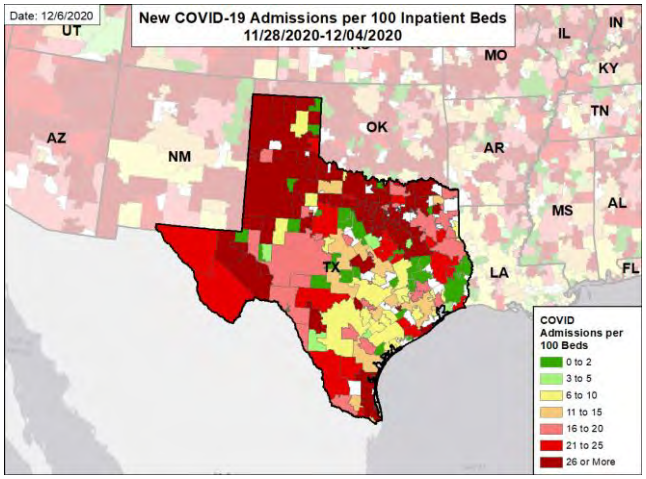
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

TEXAS

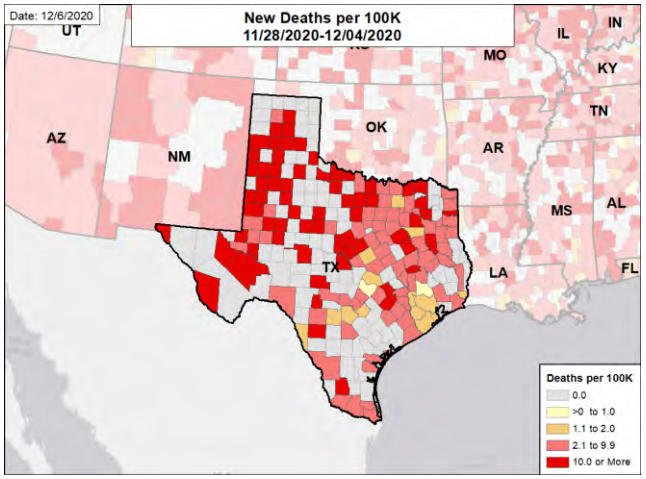
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

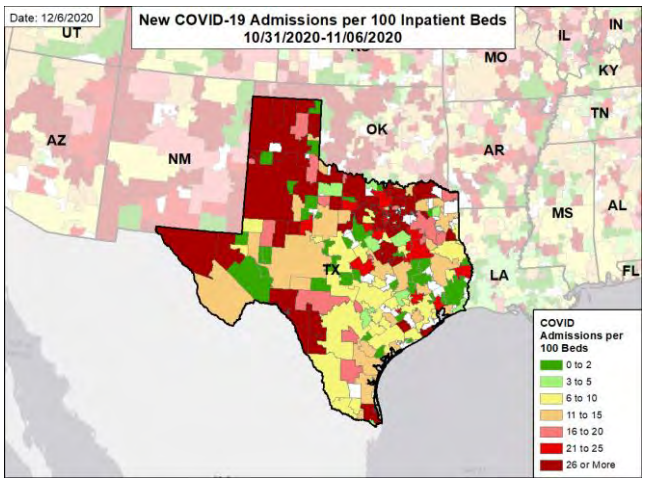
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



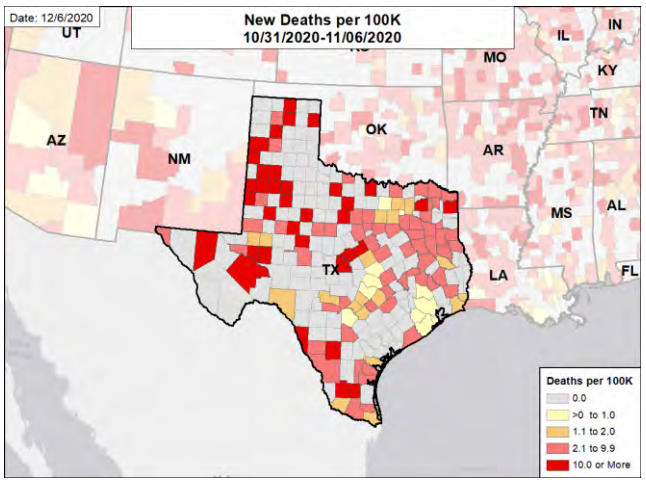
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Totals include confirmed and suspected COVID-19 admissions. Anomalous confirmed admissions for the 18-19 year-old age group in TX on 8/15 have

UTAH

STATE REPORT
12.06.2020
Issue 25

SUMMARY

- Utah is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 11th highest rate in the country. Utah is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 8th highest rate in the country.
- Utah has seen stability in new cases and an increase in test positivity; the rate of new cases increased in 16 counties and test positivity increased in 22 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 69.6% of new cases in Utah. Test positivity was >25% in Sanpete, Wasatch, Washington, Sevier, Box Elder, San Juan, and Rich counties.
- 86% of all counties in Utah have moderate or high levels of community transmission (yellow, orange, or red zones), with 83% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 32% of nursing homes had at least one new resident COVID-19 case, 52% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- Utah had 600 new cases per 100,000 population, compared to a national average of 385 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; 3 to support medical activities from CDC; 1 to support testing activities from CDC; 16 to support epidemiology activities from CDC; and 1 to support operations activities from CDC.
- The federal government has supported surge testing in Grantsville, UT.
- Between Nov 28 - Dec 4, on average, 89 patients with confirmed COVID-19 and 6 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Utah. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Testing expansion during the fall has been a remarkable achievement and will be needed to effectively address this winter surge; continue efforts to expand capacity and make testing easily accessible to all populations, particularly in communities that are under-testing.
- Surveillance should be greatly expanded through proactive weekly testing of persons at higher risk using point-of-care antigen tests, regardless of symptoms; surveillance should direct focused surge-testing campaigns.
- Maintain saturation of all media platforms, including automated SMS texting, with clear messages on necessary mitigation efforts and instructions to report non-compliant businesses.
- Develop outpatient infusion centers to provide IV therapy to those who don't warrant admission or when hospital systems are over-capacity. When monoclonal antibodies are available, ensure they are distributed equitably across communities to those at highest need: proportionately to communities and people with risk factors for progression to severe disease.
- Contact tracing remains a critical intervention and should be expanded as previously described to keep up with the number of cases; consider methods to automate counseling, contact elicitation, and instructions for isolation and quarantine by email or text messaging.
- Ensure all colleges and universities that are planning to have students return after winter break have policies for weekly testing of all students, regardless of symptoms.
- Every effort should be made to prevent outbreaks in LTCFs and nursing homes; ensure all facilities are totally adherent to all CMS guidance. Staff should be tested weekly with rapid tests and should not be allowed to work without a recent negative test.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

UTAH

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	19,222 (600)	-1%	71,931 (587)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	19.9%	+2.2%*	14.5%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	90,755** (2,831**)	-29%**	470,275** (3,836**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	74 (2.3)	-1%	808 (6.6)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	32%	N/A*†	36%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	52%	N/A*†	61%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	N/A*†	15%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	662 (13)	-1% (-1%)	5,191 (21)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

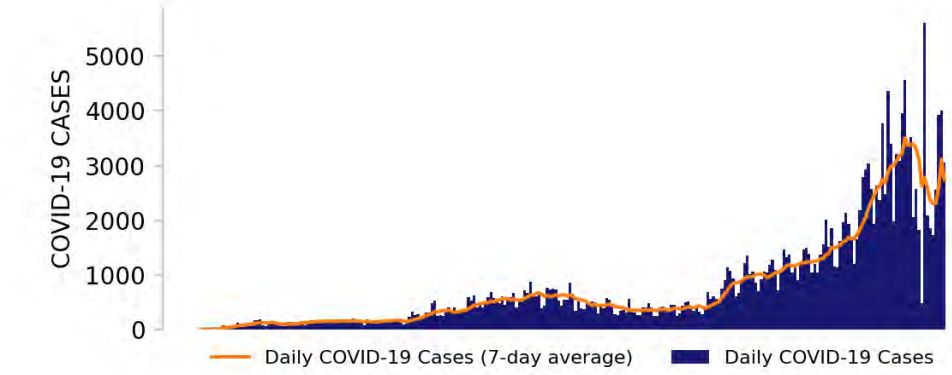
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

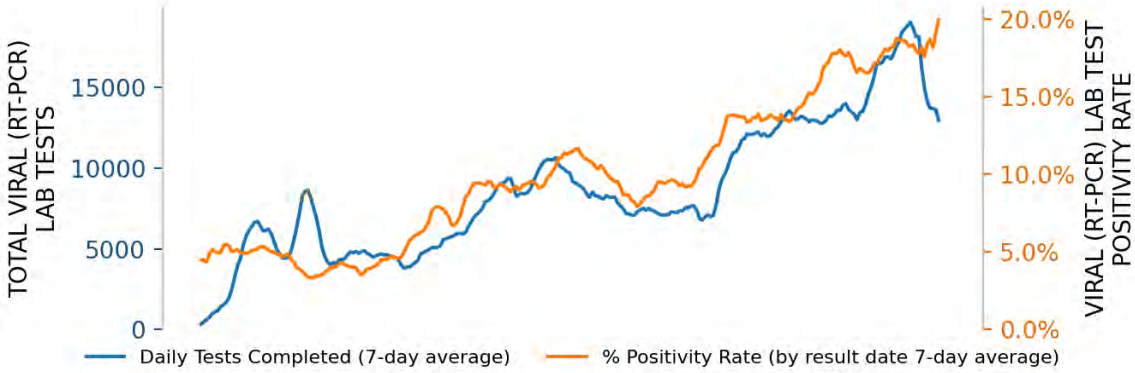
UTAH

STATE REPORT | 12.06.2020

NEW CASES

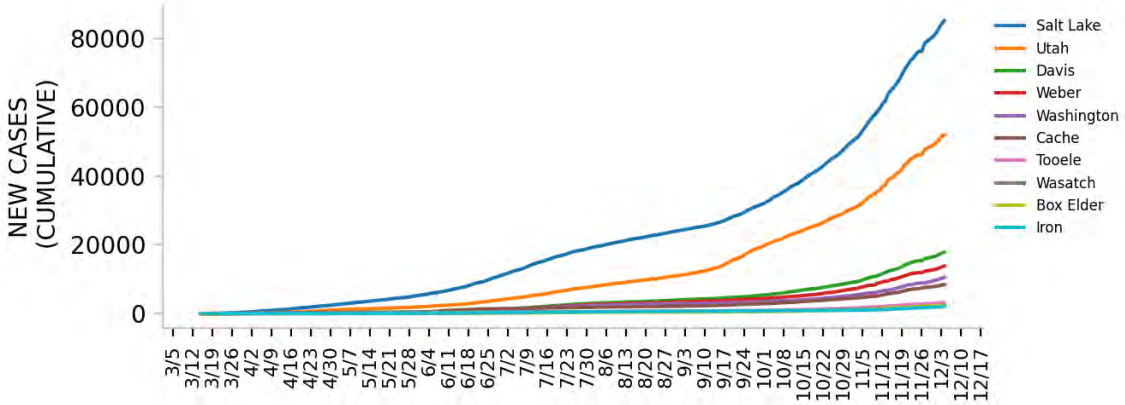


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in 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 12/4/2020.

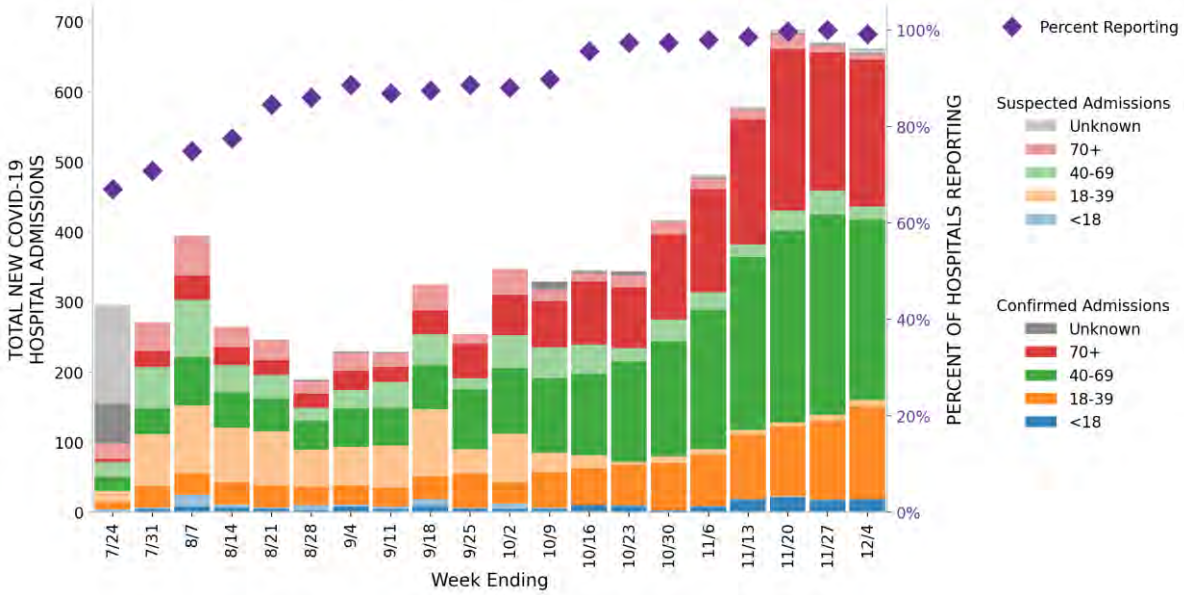
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

UTAH

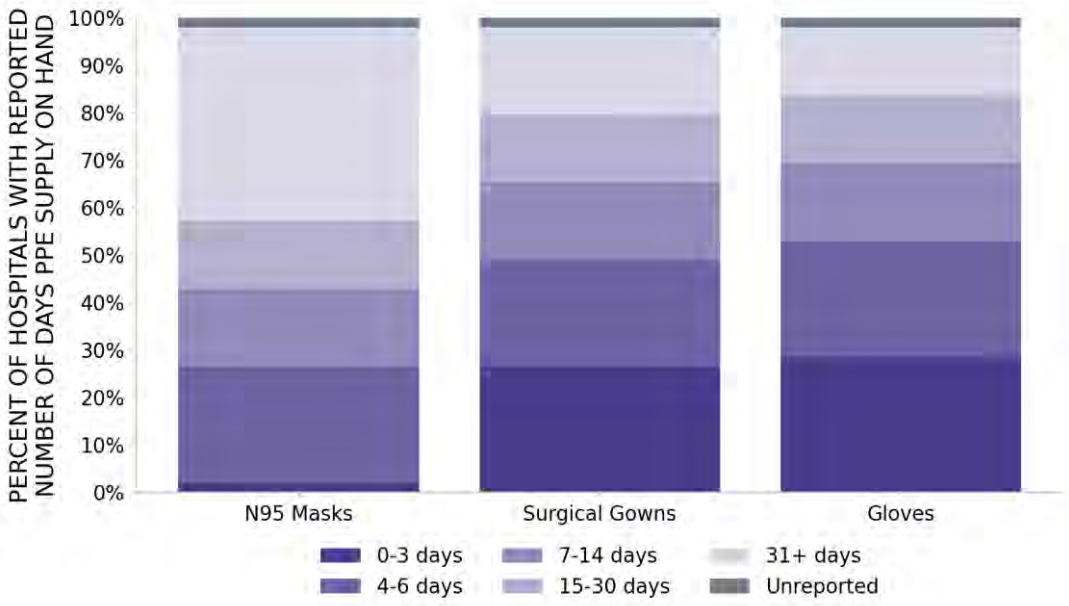
STATE REPORT | 12.06.2020

49 hospitals are expected to report in Utah

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

UTAH

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**9** ■ (+0)	Salt Lake City Provo-Orem Ogden-Clearfield St. George Logan Heber Cedar City Vernal Price	**24** ▲ (+1)	Salt Lake Utah Davis Weber Washington Cache Tooele Wasatch Box Elder Iron Sanpete Summit
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**1** ■ (+0)	Garfield
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**0** ▼ (-1)	N/A

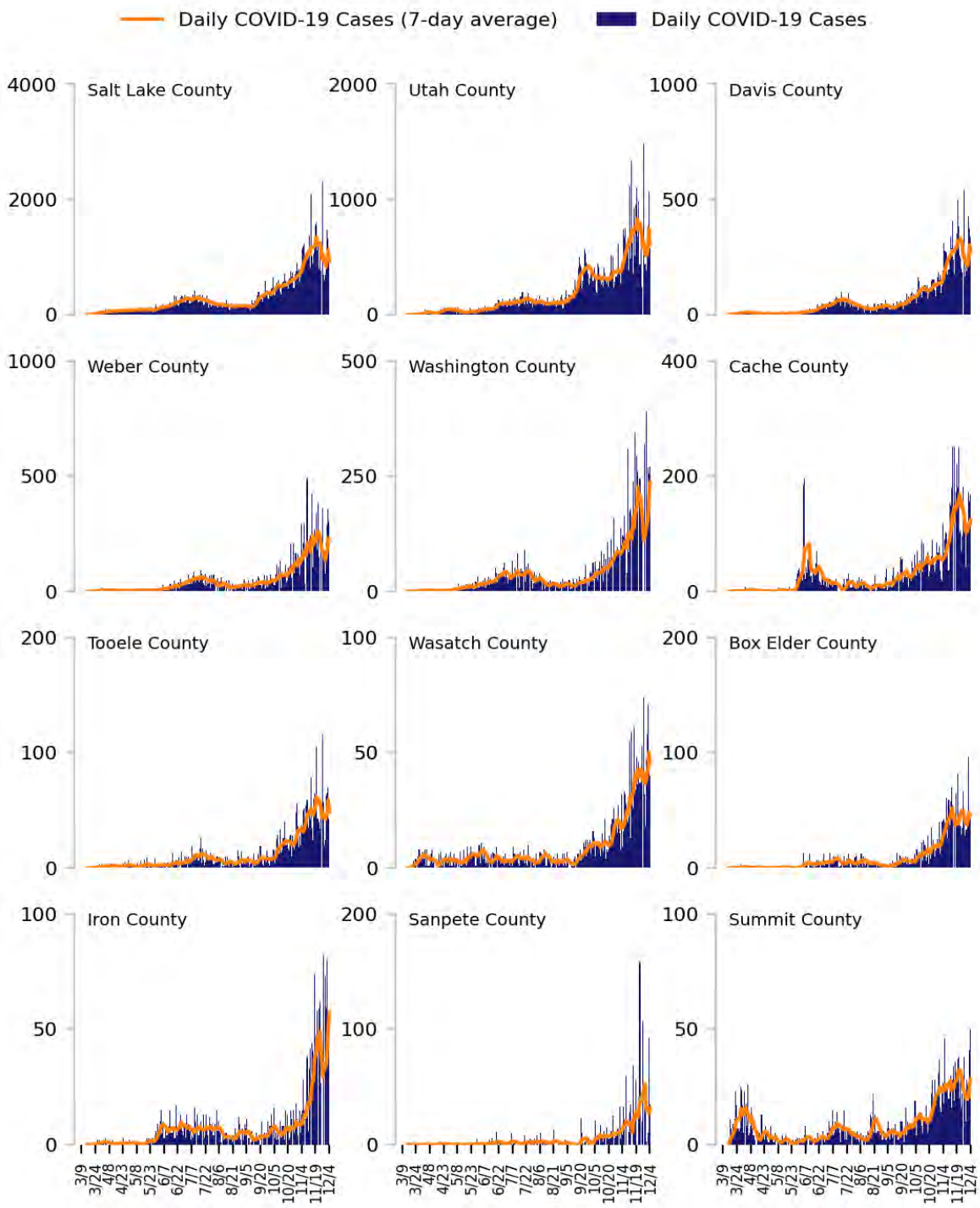
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



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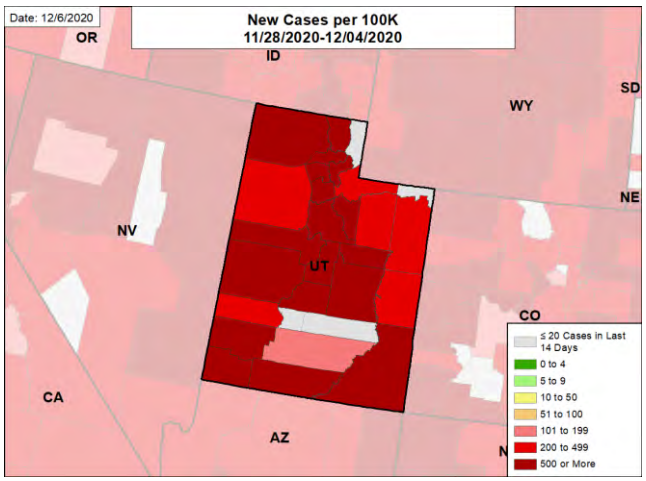
UTAH

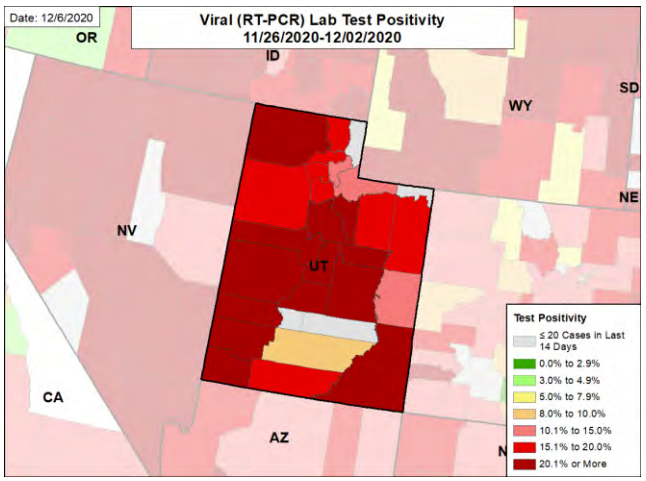
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

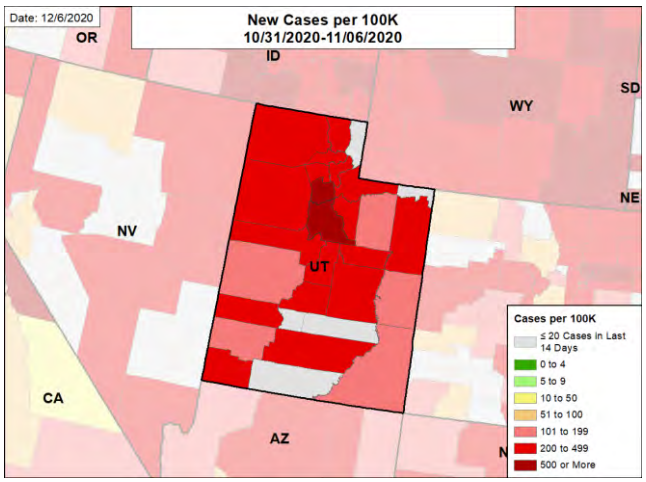
NEW CASES PER 100,000



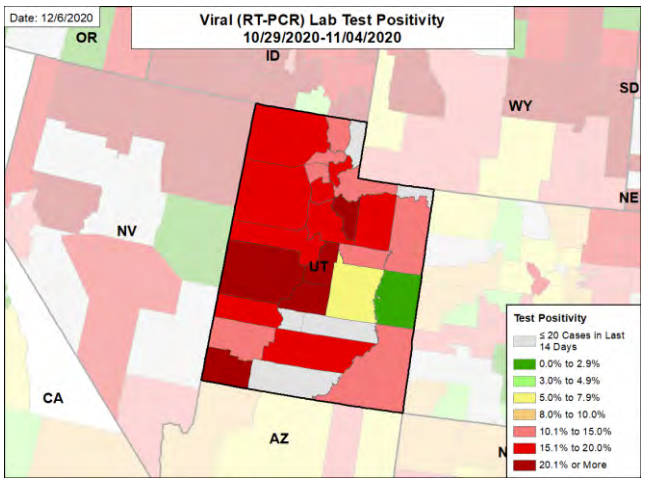
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

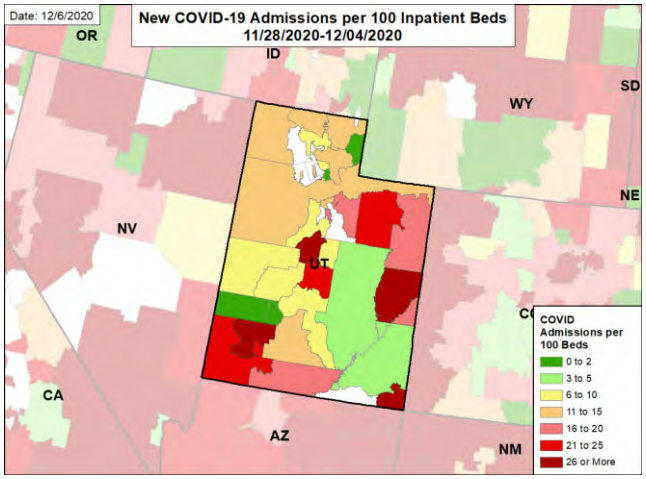
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

UTAH

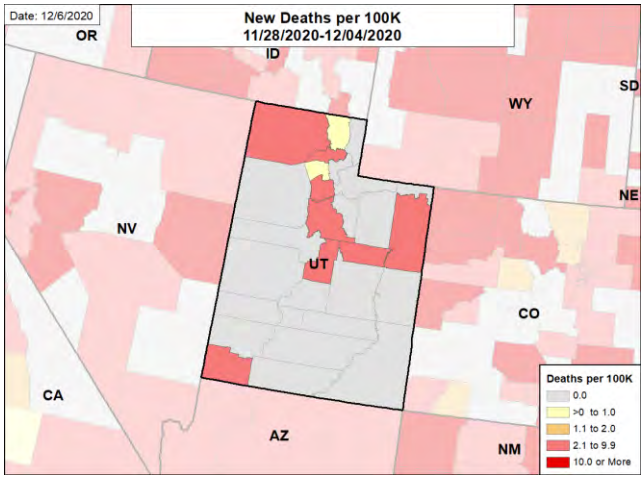
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

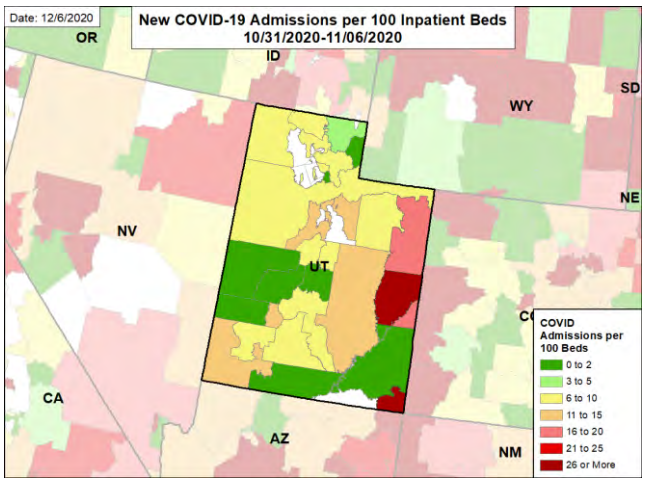
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



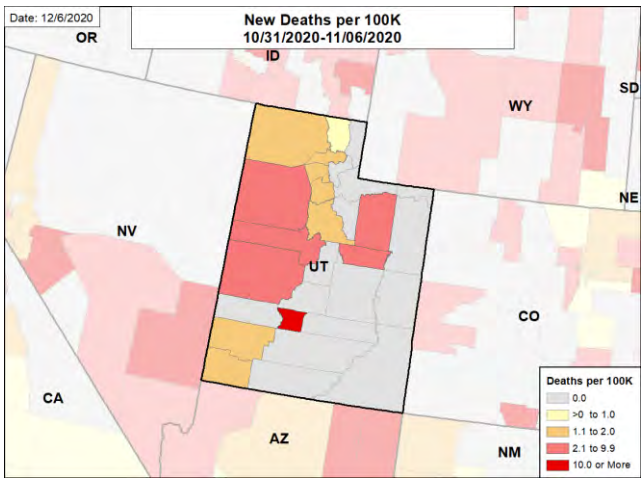
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

VERMONT

STATE REPORT
12.06.2020
Issue 25

SUMMARY

- Vermont's viral surge resumed its increase last week. Vermont is now in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 49th highest rate in the country. Vermont is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 48th highest rate in the country.
- Vermont has seen a further increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Chittenden County, 2. Washington County, and 3. Orange County. These counties represent 56.5% of new cases in Vermont.
- Mitigation: On Nov 14, intensified mitigation measures went into effect. The Governor has asked residents who attended multi-household Thanksgiving celebrations to quarantine and be tested. In response to several outbreaks at long-term care facilities (LTCFs), the state is preparing an intensified testing program with increased weekly and daily testing for using both antigen and PCR testing. Additional contact tracing capacity is being added as well.
- 29% of all counties in Vermont have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 13% of nursing homes had at least one new resident COVID-19 case, 16% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Vermont had 121 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA and 1 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 5 patients with confirmed COVID-19 and 8 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Vermont. This is an increase of 48% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- We share the strong concern of Vermont's leaders that the current situation in the state remains critical with continued control dependent on the collective effort of Vermont's residents. The population and healthcare system must do everything possible to limit further holiday-related disease surges and prevent overrunning hospital capacity and avoidable deaths. Currently, the imminent arrival of vaccines provides hope; however, large-scale benefits of lower deaths and hospitalizations will only come after months of immunization. Difficult but temporary changes in personal behavior are key to limiting disease and death until we bring the pandemic to an end with immunization; this messaging must be delivered frequently and by all effective modalities. The Governor's continued, personal communication on these measures is commended.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. Ensure support for a platform for efficient intra- and inter-state patient transfers as needed.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of COVID-19 risk factors. Work with healthcare institutions to ensure capacity for outpatient infusion is accessible to COVID-19 patients who may benefit from IV therapies that could limit morbidity and hospitalizations.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Given continuing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines including masks and utilize Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities returning to campus after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Continue preparations for the delivery and distribution of vaccines including by identifying the staffing capabilities and needs of local health departments and local jurisdictions and preparing for state-supported augmentation of staff and subject matter expertise to ensure timely and safe operations. Provide clear and concise messaging across the response community on the prioritization of vaccinations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

VERMONT

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	758 (121)	+39%	57,600 (388)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.0%	+1.3%*	6.3%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	28,670** (4,595**)	-37%**	677,714** (4,565**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	10 (1.6)	+100%	607 (4.1)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	13%	N/A*†	19%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	16%	N/A*†	32%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*†	7%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	93 (8)	+48% (+23%)	4,876 (14)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

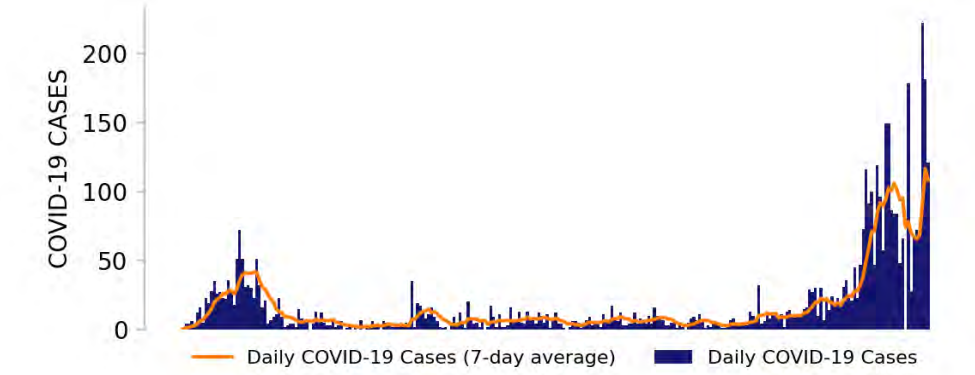
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

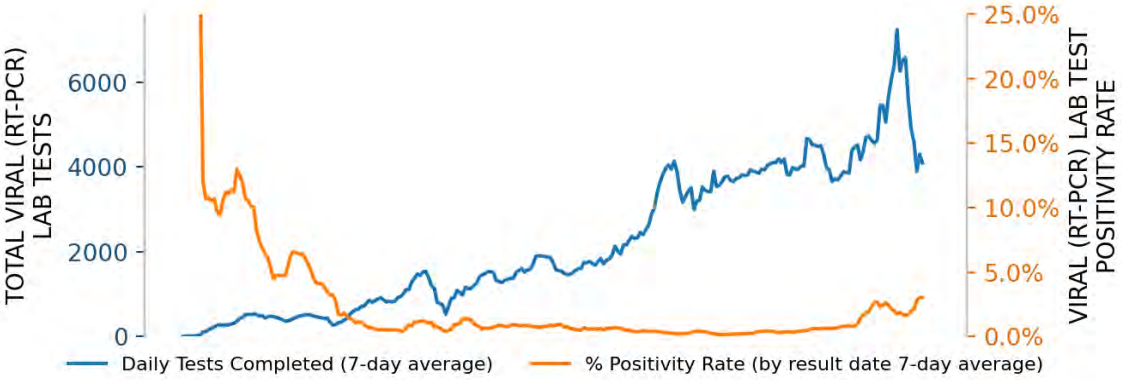
VERMONT

STATE REPORT | 12.06.2020

NEW CASES

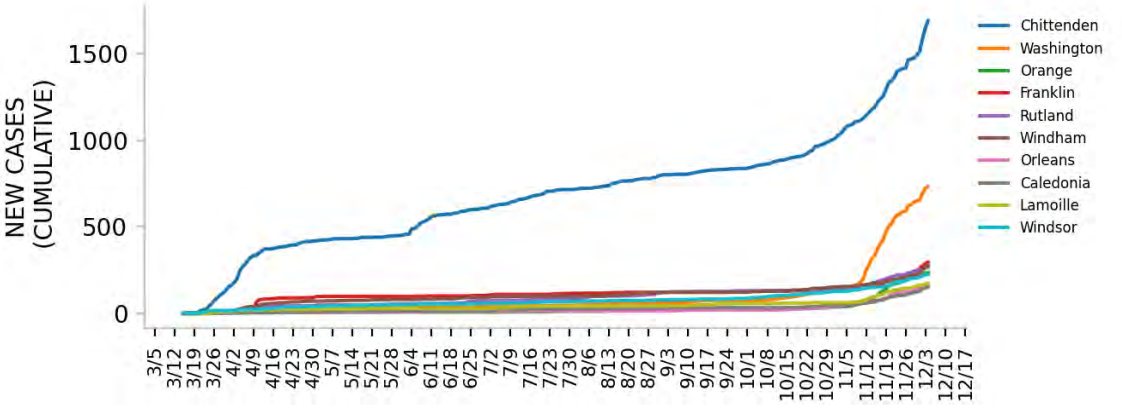


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in 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 12/4/2020.

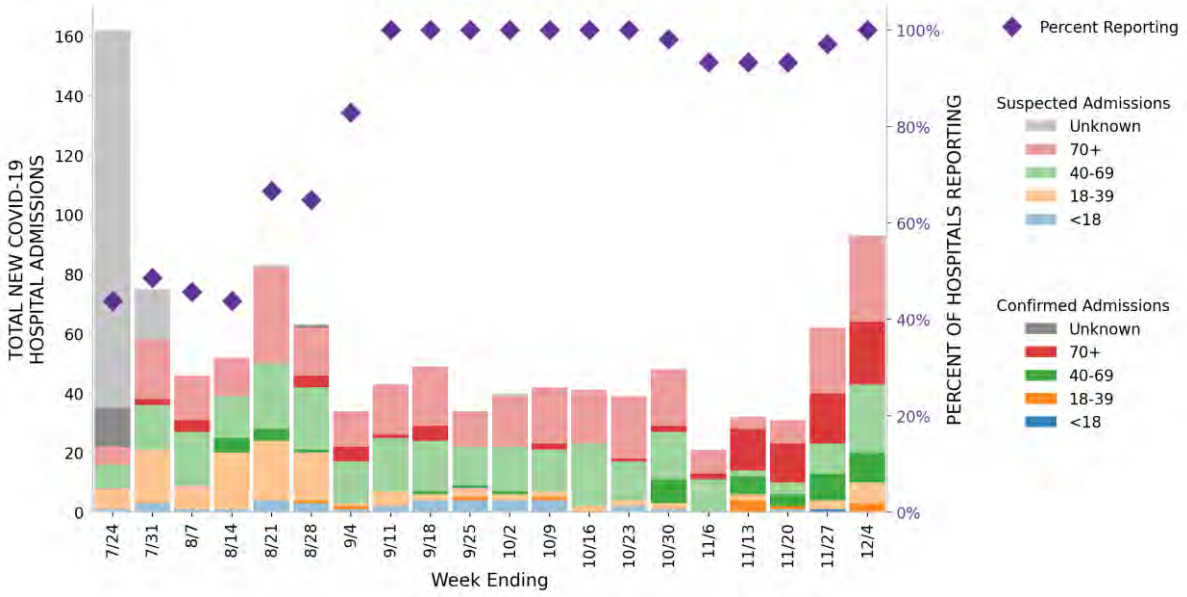
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

VERMONT

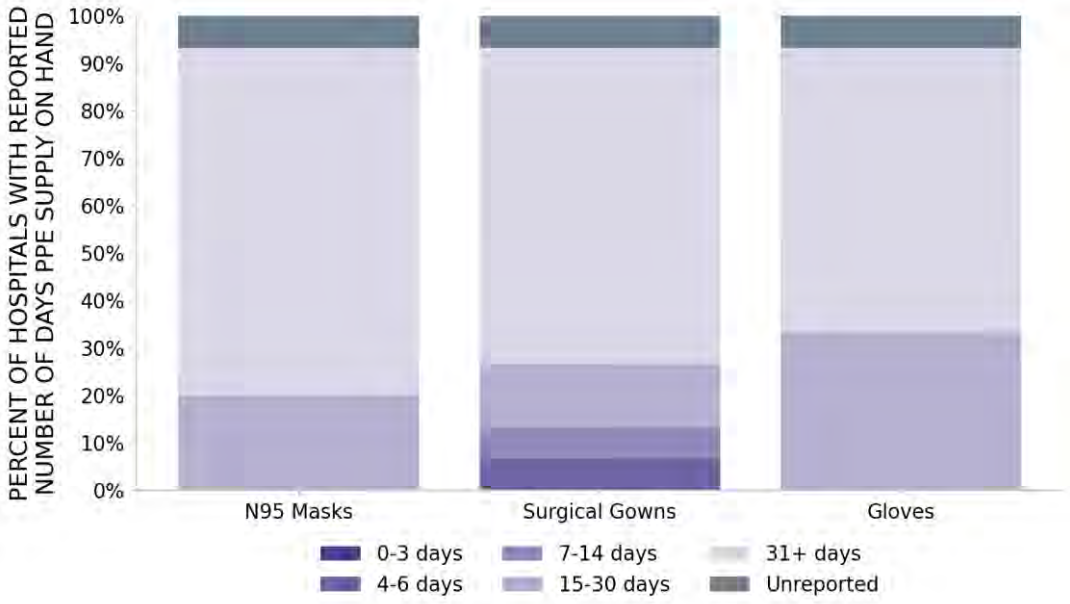
STATE REPORT | 12.06.2020

15 hospitals are expected to report in Vermont

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

VERMONT

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

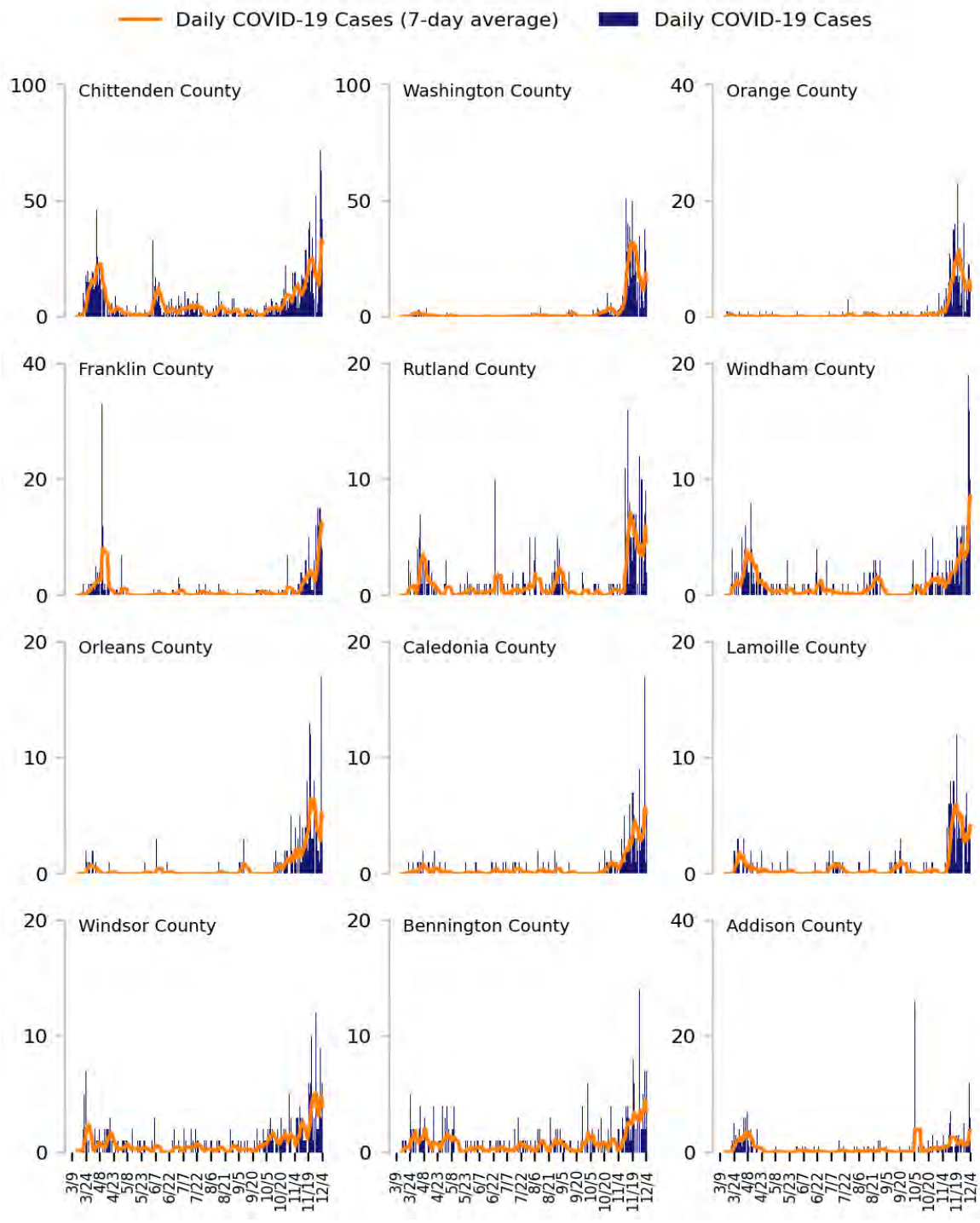
	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**0** ■ (+0)	N/A	**0** ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**0** ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**4** ▲ (+4)	Orange Franklin Addison Essex

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 12/4/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

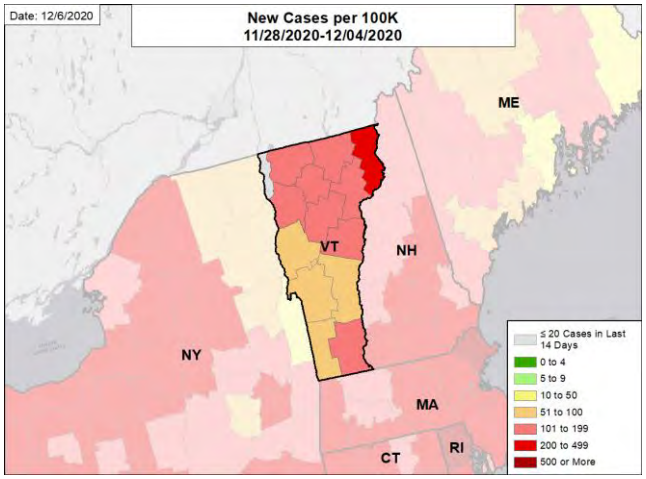
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

VERMONT

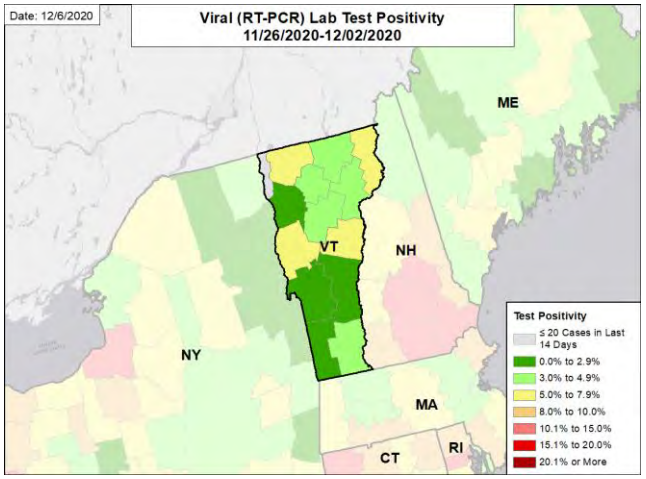
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

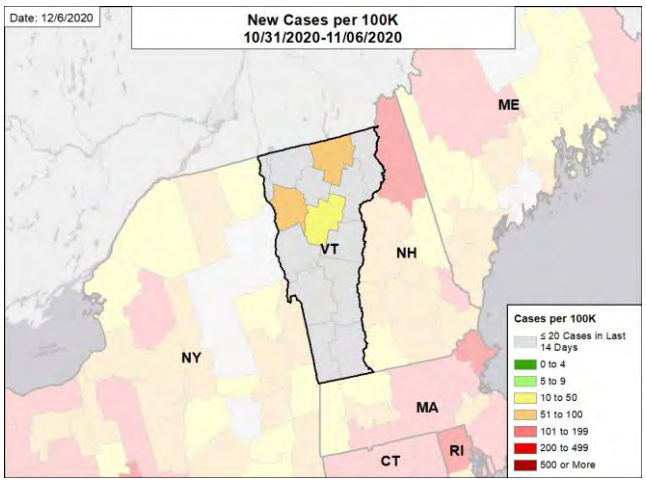
NEW CASES PER 100,000



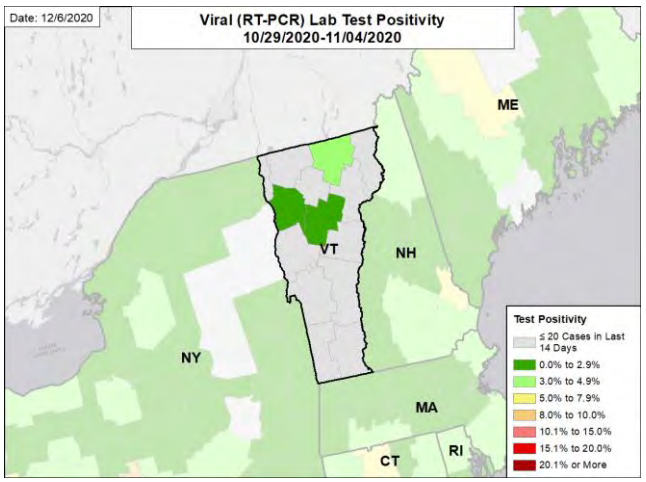
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

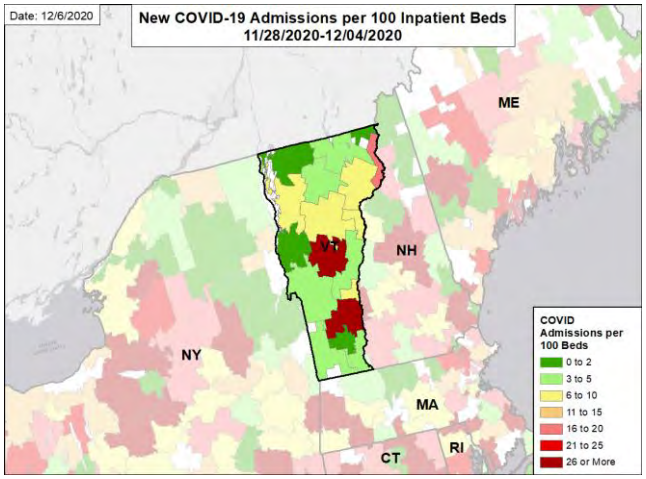
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

VERMONT

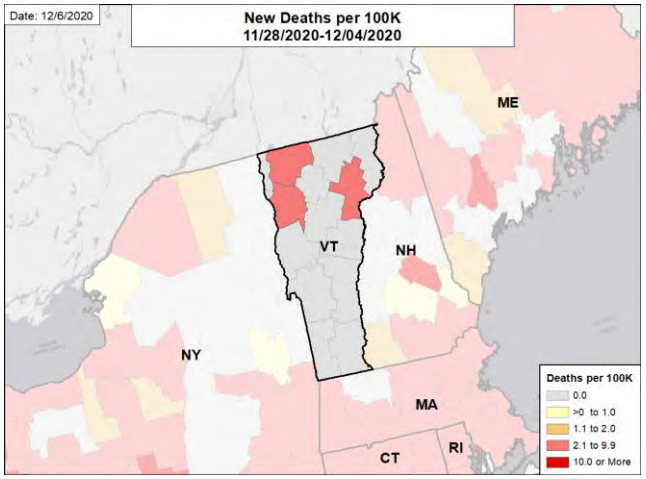
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

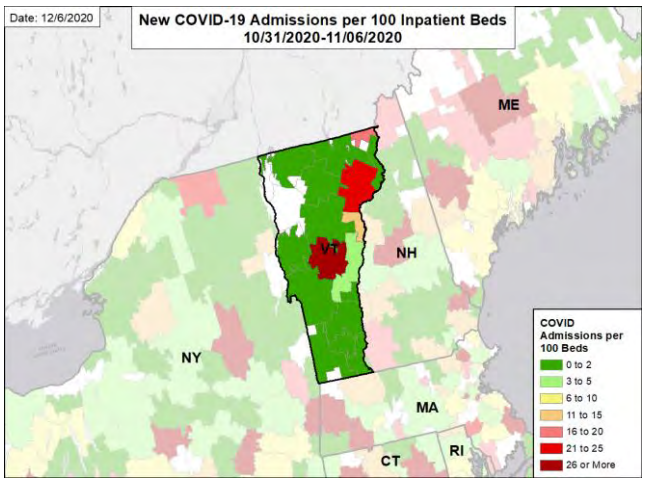
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



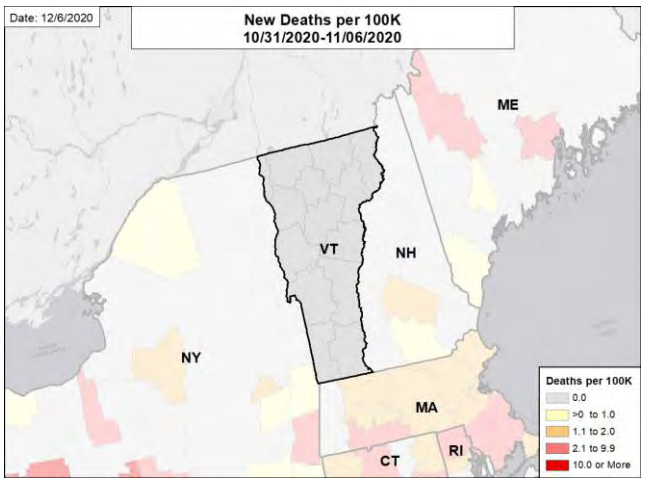
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

VIRGINIA

SUMMARY

- Virginia is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 48th highest rate in the country. Test positivity is unavailable this week due to incomplete data.
- Virginia has seen stability in new cases, but rising hospitalizations suggesting that there is ongoing community spread and inadequate testing.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Fairfax County, 2. Prince William County, and 3. Virginia Beach City. These counties represent 24.4% of new cases in Virginia.
- During the week of Nov 23 - Nov 29, 22% of nursing homes had at least one new resident COVID-19 case, 38% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- Virginia had 198 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 31 to support operations activities from FEMA; 106 to support operations activities from USCG; and 13 to support medical activities from VA.
- The federal government has supported surge testing in Harrisonburg, Lexington, and Saunton.
- Between Nov 28 - Dec 4, on average, 176 patients with confirmed COVID-19 and 263 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Virginia. This is an increase of 11% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- All public health officials must make it clear that if you are over 65 or have significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected during the Thanksgiving period if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested immediately. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are at significant risk for serious COVID infection; if you develop any symptoms you must be tested immediately as the majority of therapeutics work best early in infection. **Begin warning about any gathering during December holidays.**
- Aggressive testing must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity or closure of public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- New hospital admissions in Virginia continue to increase. Conduct aggressive impact testing of adults under 40 to rapidly identify those who became infected over Thanksgiving before they spread the virus to more vulnerable individuals, driving another round of increased hospitalizations and fatalities.
- Contact all hospitals reporting <1 week's supply to confirm data; contact the regional FEMA office for support if supplies are an issue.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate continued and unmitigated community spread in these geographic locations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

VIRGINIA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	16,936 (198)	-1%	101,174 (328)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	N/A	N/A*	11.7%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	34,146** (400**)	-79%**	771,718** (2,501**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	121 (1.4)	-8%	1,353 (4.4)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	22%	N/A*†	27%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	38%	N/A*†	50%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	N/A*†	12%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,076 (18)	+11% (+13%)	17,950 (26)	148,450 (20)

* 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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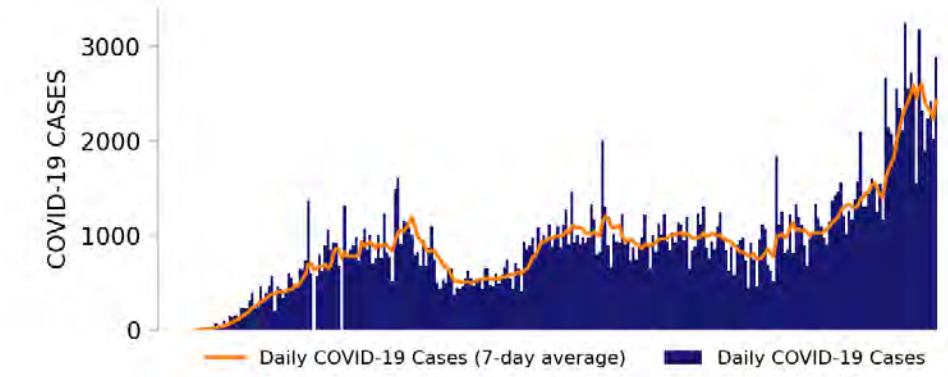
VIRGINIA

STATE REPORT | 12.06.2020

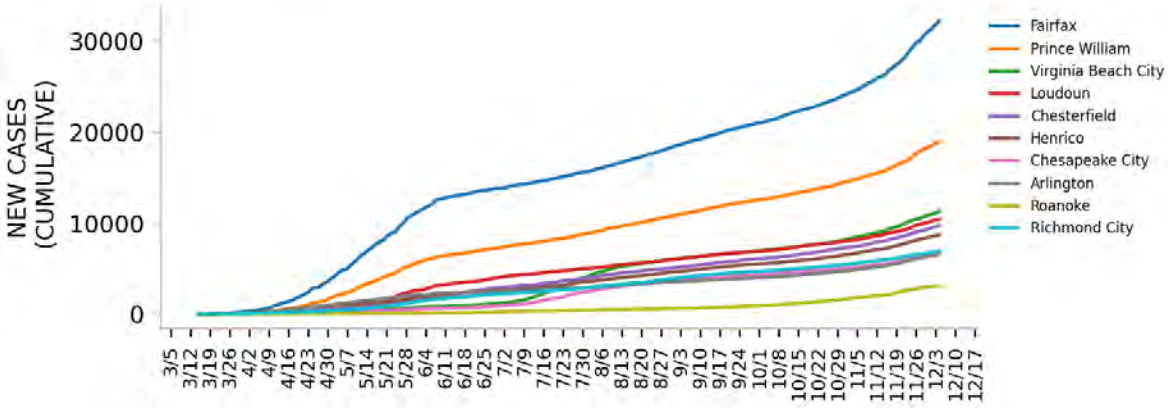
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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 12/4/2020.

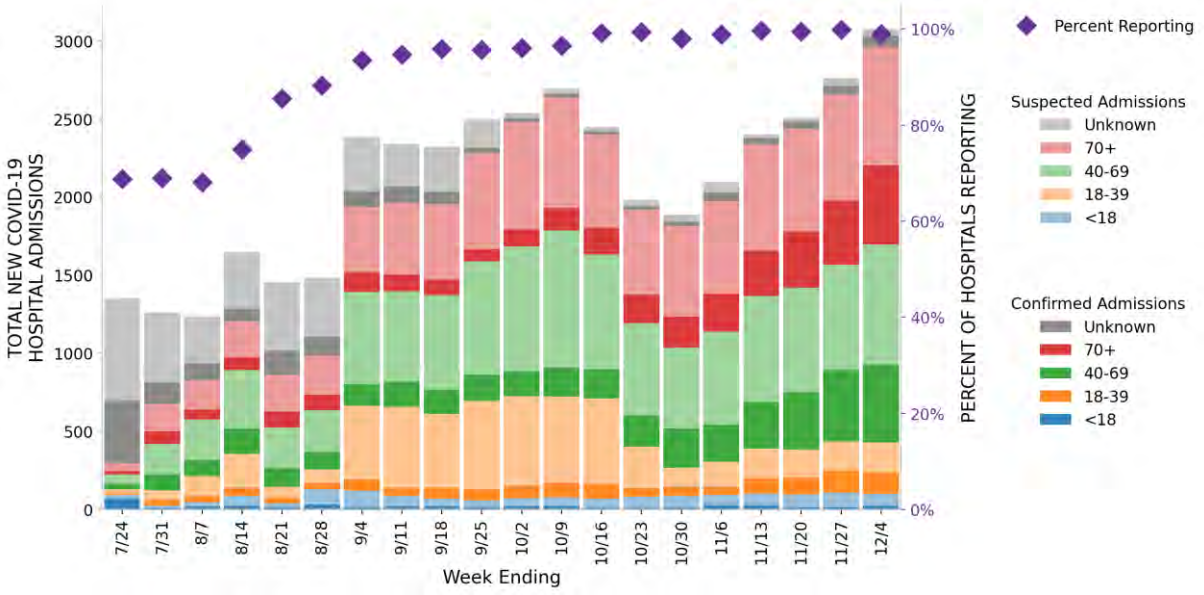
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Testing data were incomplete for this time period and percent positivity cannot be calculated.

VIRGINIA

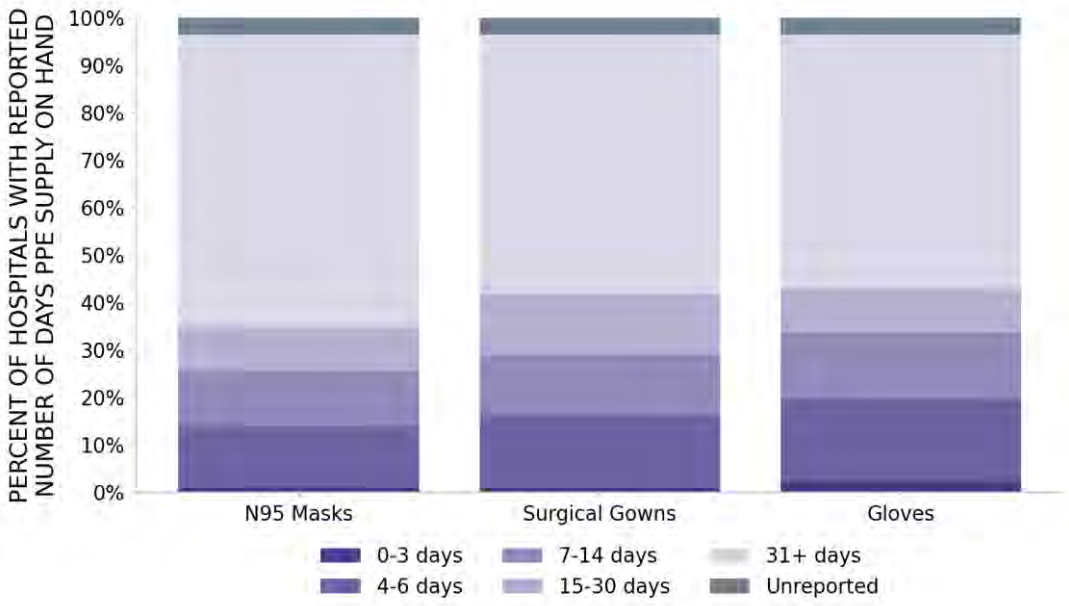
STATE REPORT | 12.06.2020

86 hospitals are expected to report in Virginia

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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VIRGINIA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**1** ▼ (-2)	Kingsport-Bristol	**0** ▼ (-31)	N/A
LOCALITIES IN ORANGE ZONE	**0** ▼ (-3)	N/A	**0** ▼ (-15)	N/A
LOCALITIES IN YELLOW ZONE	**2** ▼ (-4)	Washington-Arlington-Alexandria Winchester	**0** ▼ (-47)	N/A

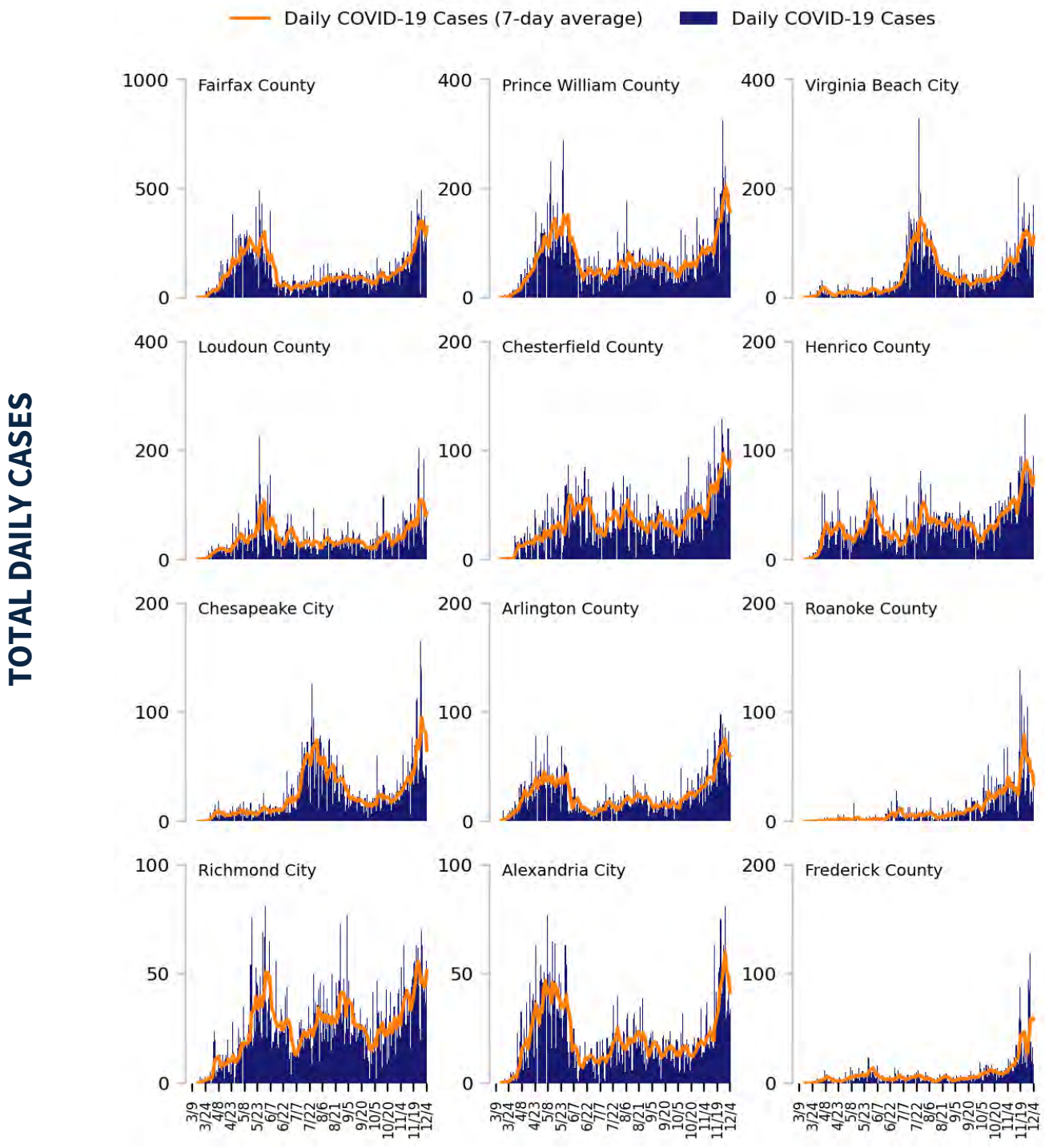
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Testing data were incomplete for this time period and percent positivity cannot be calculated.

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



DATA SOURCES – Additional data details available under METHODS

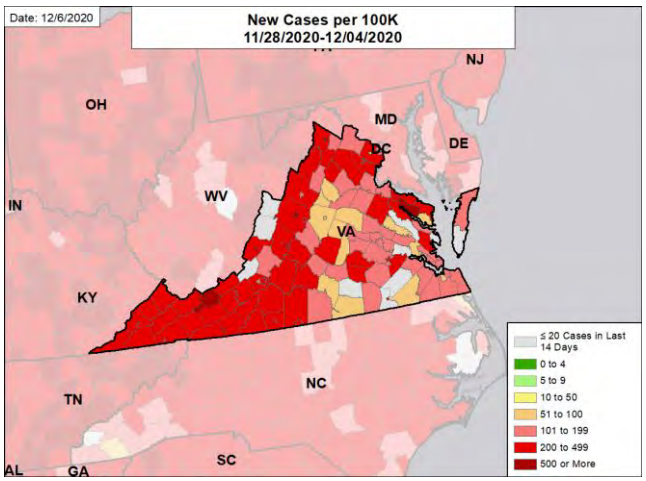
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. Last 3 weeks is 11/14 - 12/4.

VIRGINIA

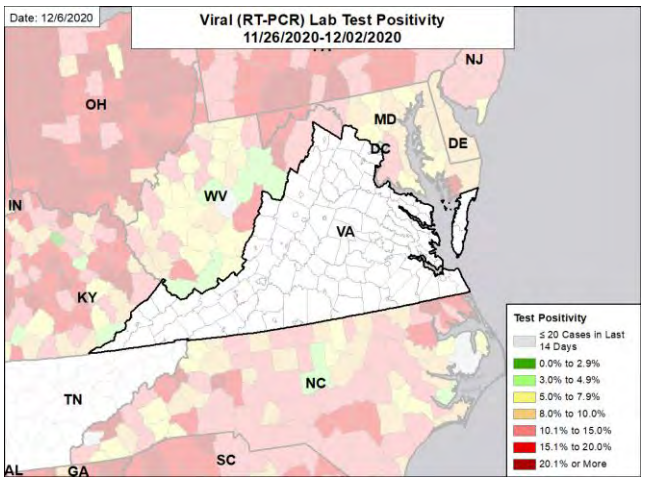
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

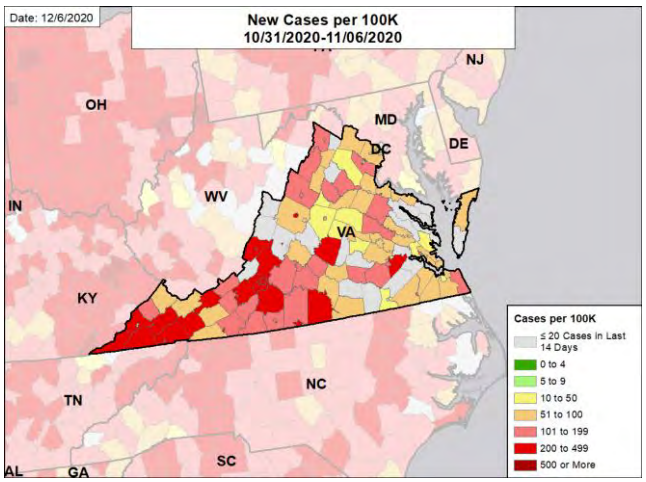
NEW CASES PER 100,000



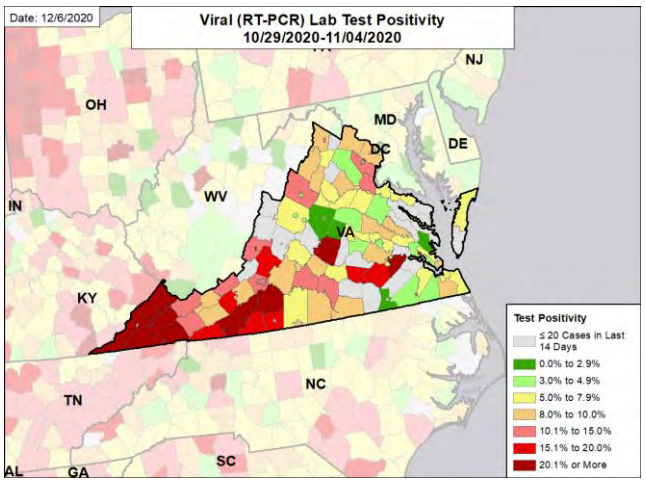
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

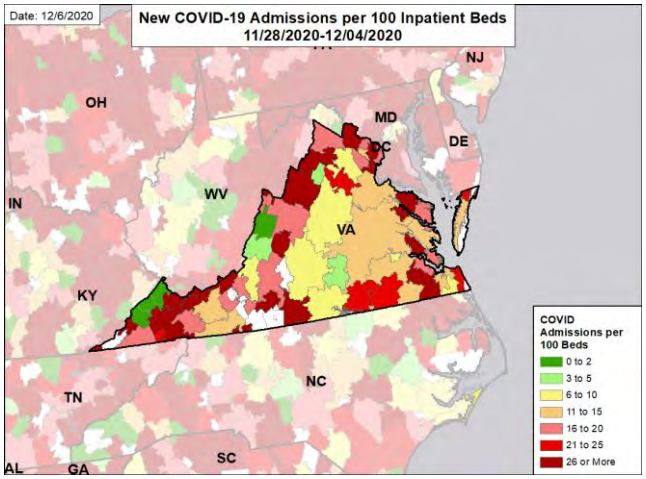
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4. Testing data were incomplete for this time period and percent positivity cannot be calculated.

VIRGINIA

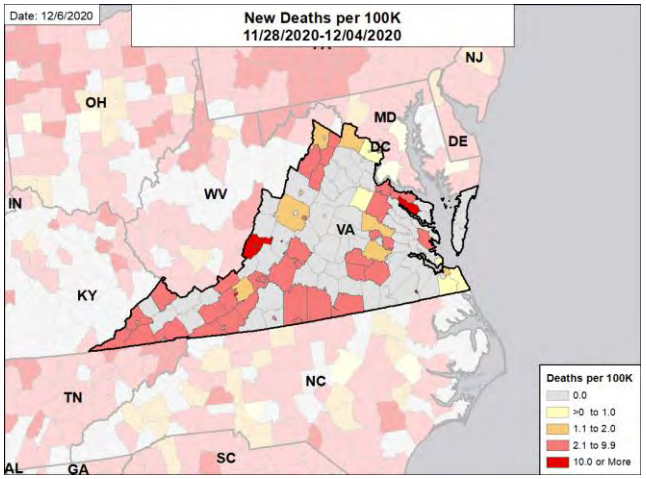
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

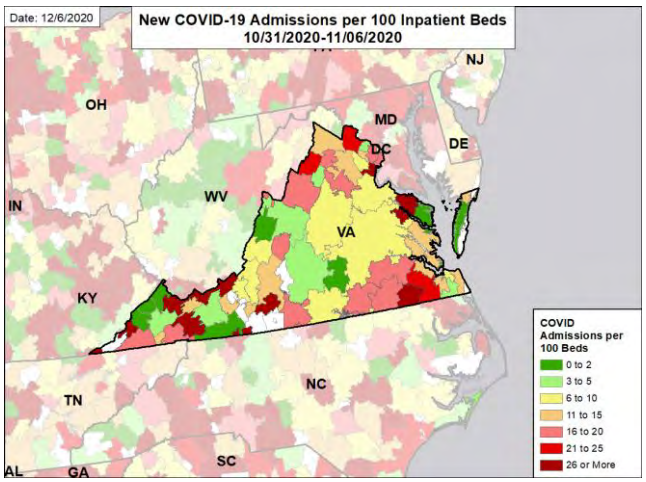
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



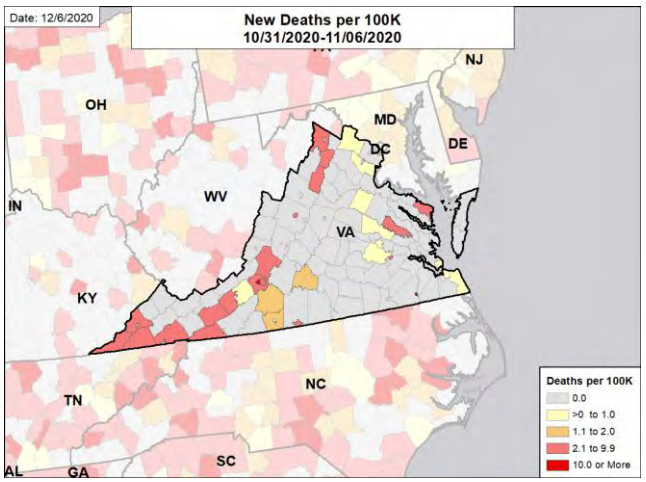
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

WASHINGTON

SUMMARY

- Washington is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 46th highest rate in the country. Washington is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 36th highest rate in the country.
- Washington has seen a decrease in new cases and an increase in test positivity associated with a decline in reported PCR testing volume. Seattle will open its first 2 self-administered oral testing sites this week.
- Viral transmission is at high levels in a majority of counties throughout the state. The highest incidences continued to be in a large number of counties in eastern Washington. Cases linked to a wedding with an unauthorized number of attendees in Adams County in eastern Washington were later linked to fatal outbreaks at 2 long-term care facilities (LTCFs). Current hospitalizations continued to increase.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. King County, 2. Spokane County, and 3. Pierce County. These counties represent 51.1% of new cases in Washington.
- 69% of all counties in Washington have moderate or high levels of community transmission (yellow, orange, or red zones), with 44% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 9% of nursing homes had at least one new resident COVID-19 case, 25% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- Washington had 214 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 50 to support operations activities from FEMA; 3 to support operations activities from ASPR; and 21 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 99 patients with confirmed COVID-19 and 103 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Washington. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- We share the strong concern of Washington's leaders that the current situation in the state remains critical with continued control dependent on the collective effort of Washington's residents. The population and healthcare system must do everything possible to limit further holiday-related disease surges and prevent overrunning hospital capacity and avoidable deaths. Currently, the imminent arrival of vaccines provides hope; however, large-scale benefits of lower deaths and hospitalizations will only come after months of immunization. Difficult but temporary changes in personal behavior are key to limiting disease and death until we bring the pandemic to an end with immunization; this messaging must be delivered frequently and by all effective modalities. The Governor's continued, personal communication on these measures is commended.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. Ensure support for a platform for efficient intra- and inter-state patient transfers as needed.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of COVID-19 risk factors. Work with healthcare institutions to ensure capacity for outpatient infusion is accessible to COVID-19 patients who may benefit from IV therapies that could limit morbidity and hospitalizations.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Given continuing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines including masks and utilize Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities returning to campus after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Continue preparations for the delivery and distribution of vaccines including by identifying the staffing capabilities and needs of local health departments and local jurisdictions and preparing for state-supported augmentation of staff and subject matter expertise to ensure timely and safe operations. Provide clear and concise messaging across the response community on the prioritization of vaccinations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

WASHINGTON

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	16,306 (214)	-14%	41,172 (287)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.6%	+1.6%*	10.9%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	108,269** (1,422**)	-26%**	306,023** (2,132**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	217 (2.8)	+147%	476 (3.3)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	9%	N/A*†	11%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	25%	N/A*†	27%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	N/A*†	7%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,416 (11)	+4% (+3%)	3,325 (14)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

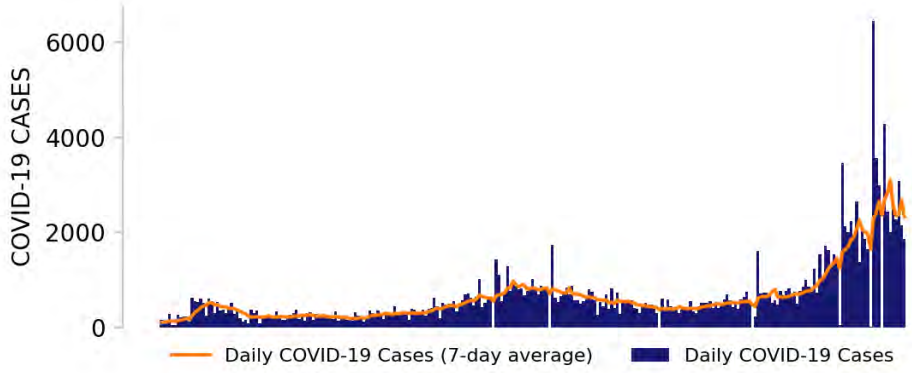
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

WASHINGTON

STATE REPORT | 12.06.2020

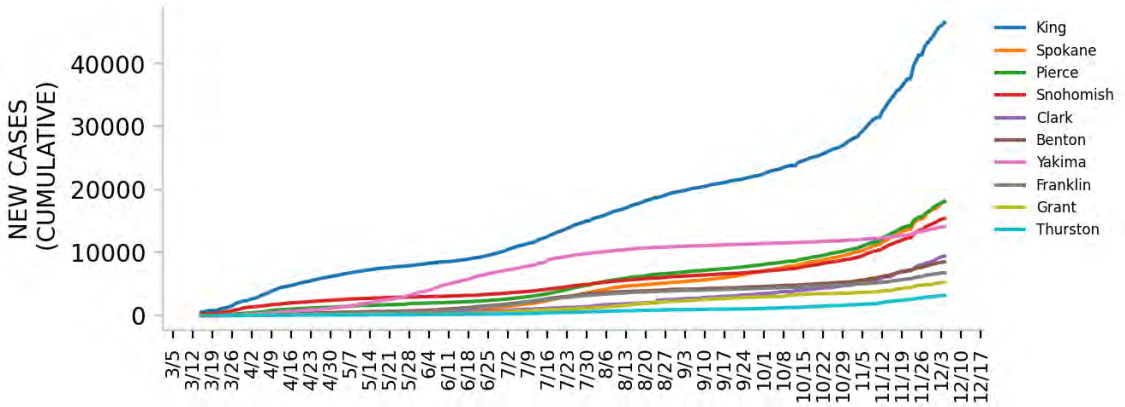
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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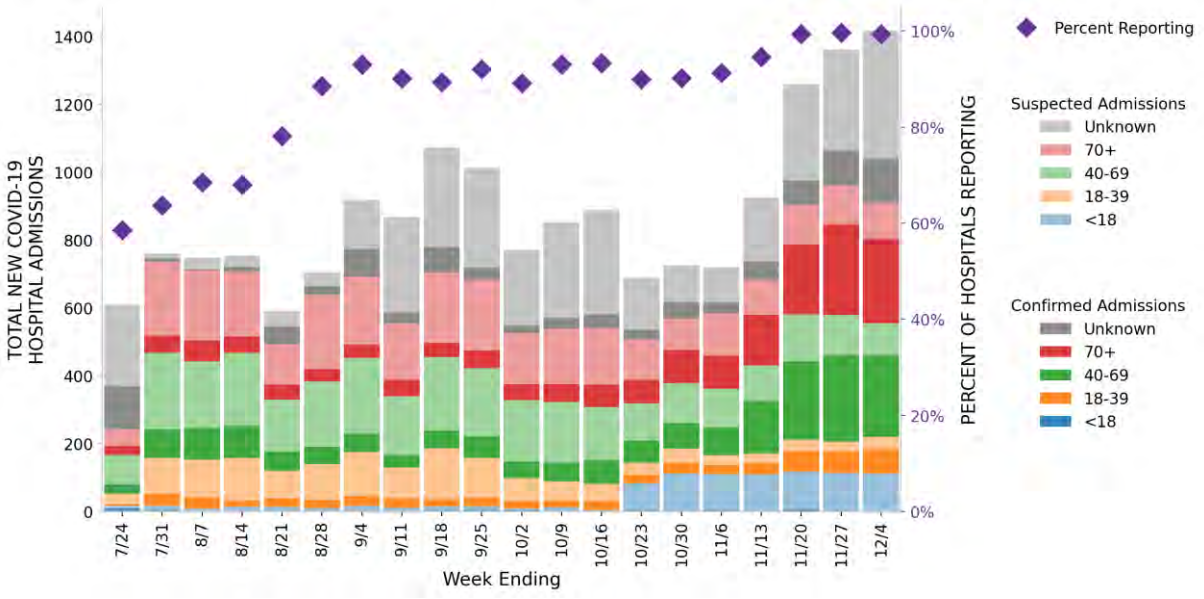
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/2/2020.

WASHINGTON

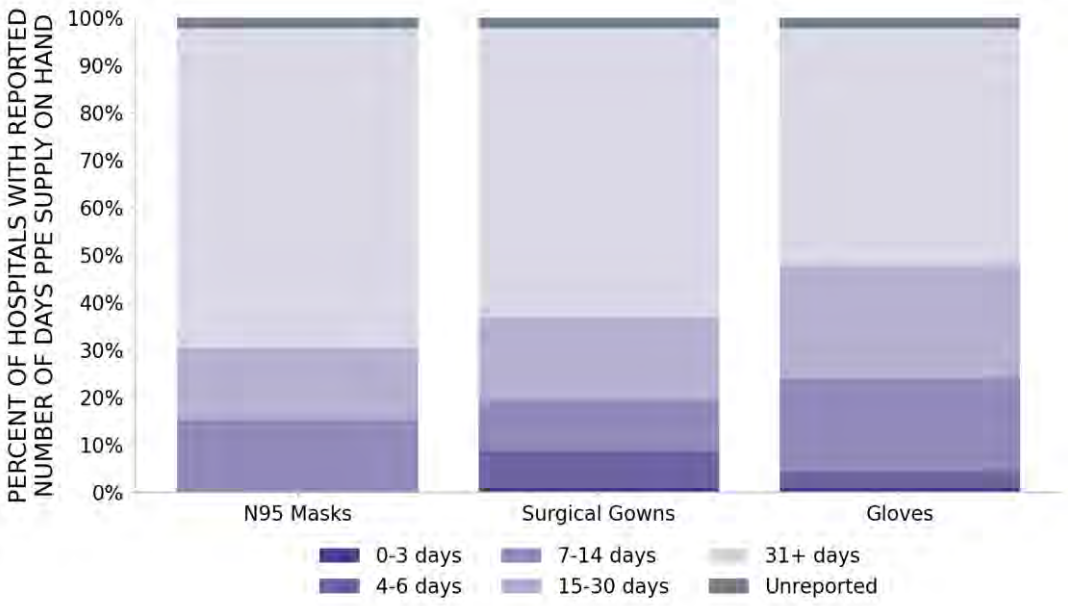
STATE REPORT | 12.06.2020

92 hospitals are expected to report in Washington

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

WASHINGTON

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**11** ▼ (-1)	Spokane-Spokane Valley Kennewick-Richland Portland-Vancouver-Hillsboro Yakima Moses Lake Wenatchee Walla Walla Pullman Ellensburg Othello Lewiston	**17** ▲ (+2)	Spokane Clark Benton Yakima Franklin Grant Walla Walla Whitman Kittitas Chelan Stevens Adams
LOCALITIES IN ORANGE ZONE	**5** ▲ (+3)	Seattle-Tacoma-Bellevue Longview Centralia Shelton Aberdeen	**7** ▲ (+1)	King Pierce Cowlitz Lewis Mason Grays Harbor Okanogan
LOCALITIES IN YELLOW ZONE	**1** ▼ (-4)	Olympia-Lacey-Tumwater	**3** ▼ (-5)	Snohomish Thurston Skamania

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

All Red Counties: Spokane, Clark, Benton, Yakima, Franklin, Grant, Walla Walla, Whitman, Kittitas, Chelan, Stevens, Adams, Asotin, Pend Oreille, Ferry, Klickitat, Columbia

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

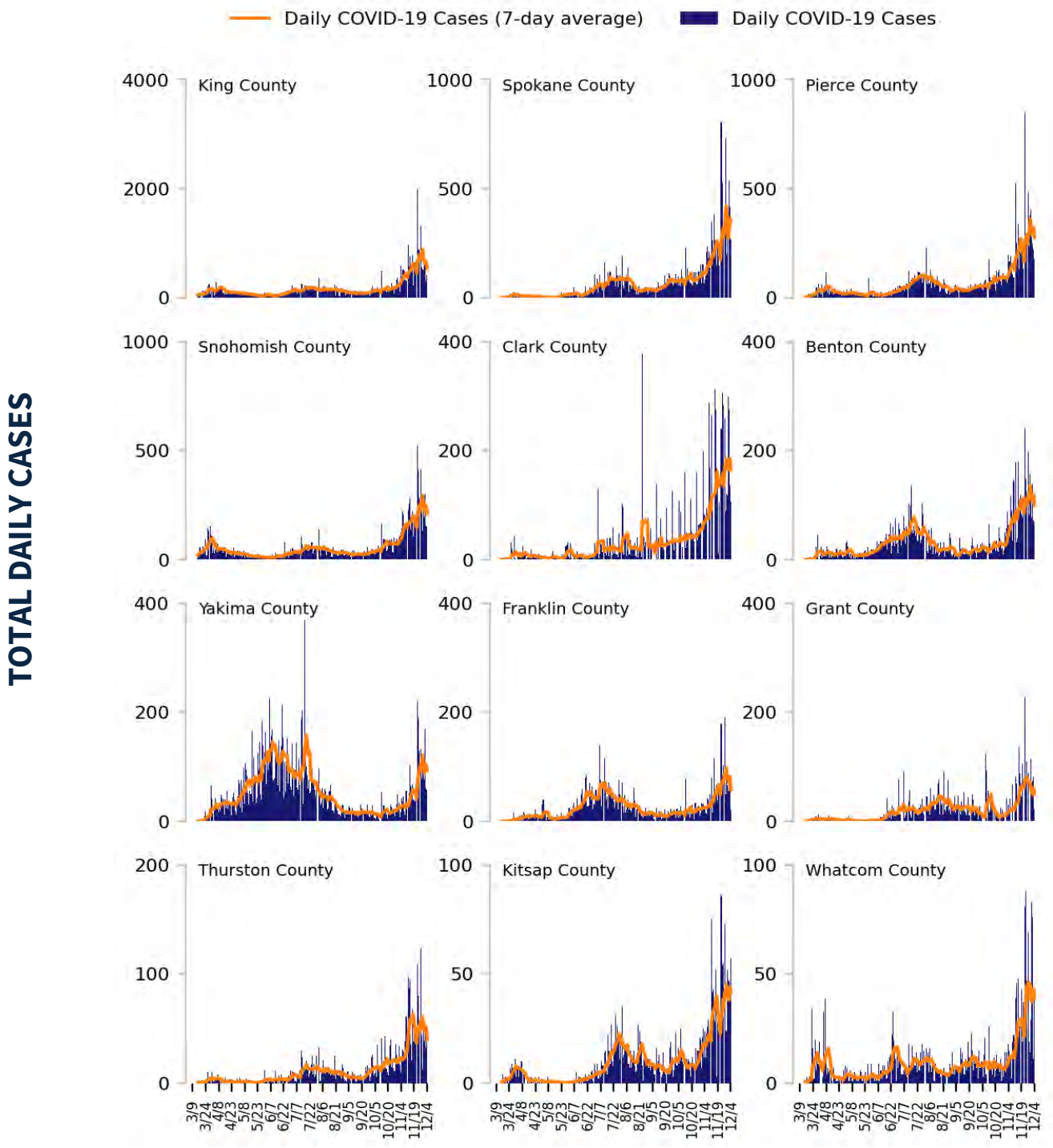
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 12/4/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/2/2020.

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



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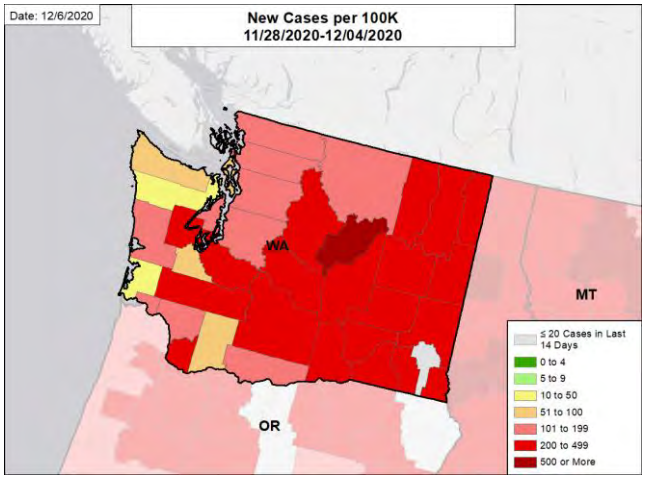
WASHINGTON

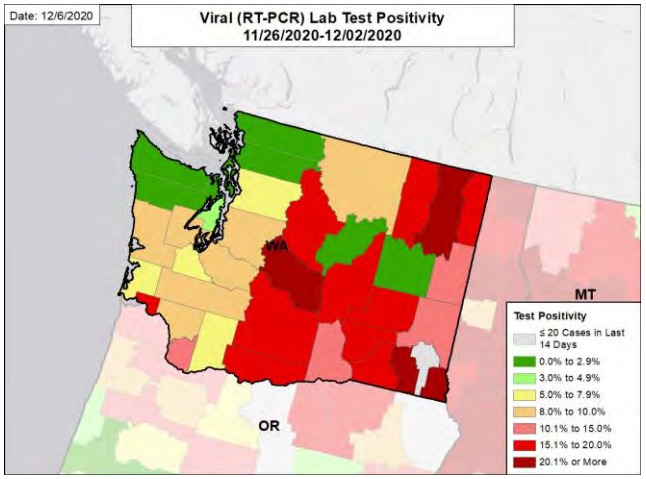
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

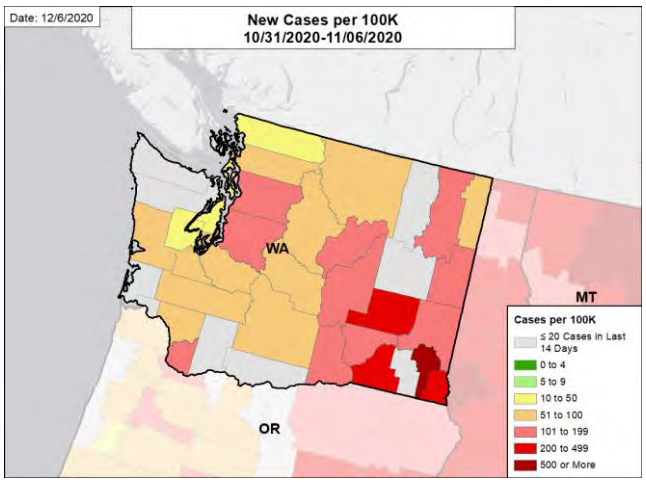
NEW CASES PER 100,000



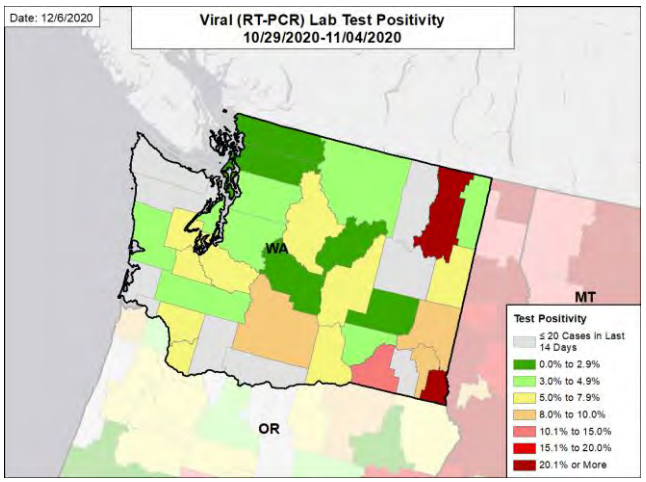
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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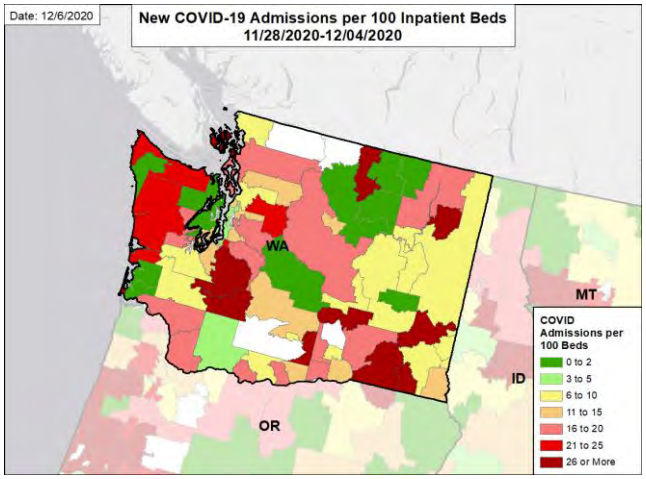
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/2/2020. The week one month before is 10/29 - 11/4.

WASHINGTON

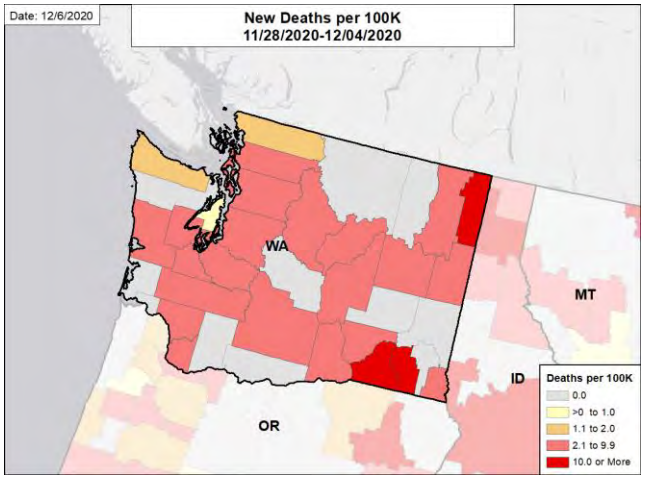
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

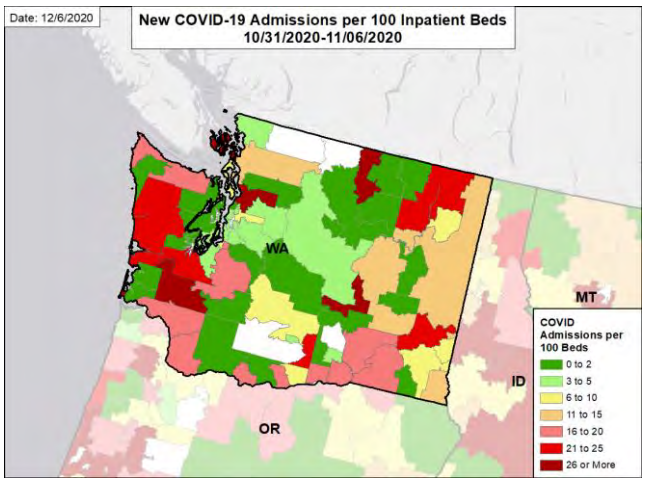
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



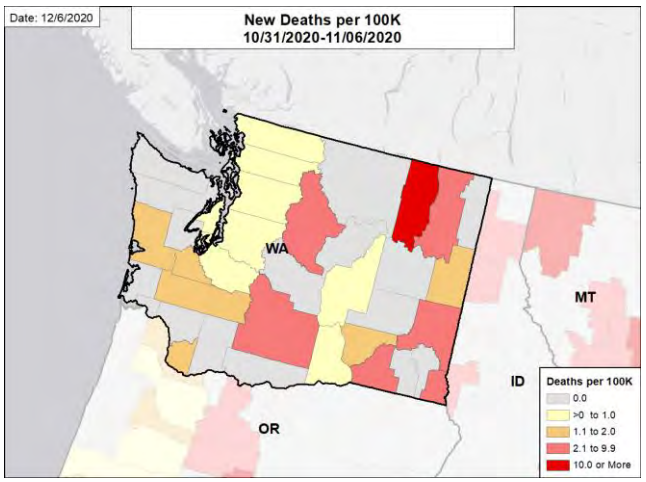
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

WEST VIRGINIA

SUMMARY

- West Virginia is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 31st highest rate in the country. West Virginia is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 39th highest rate in the country.
- West Virginia has seen stability in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Kanawha County, 2. Wood County, and 3. Berkeley County. These counties represent 22.5% of new cases in West Virginia.
- 85% of all counties in West Virginia have moderate or high levels of community transmission (yellow, orange, or red zones), with 44% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 19% of nursing homes had at least one new resident COVID-19 case, 40% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- West Virginia had 398 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 9 to support operations activities from FEMA; 6 to support epidemiology activities from CDC; and 29 to support operations activities from USCG.
- Between Nov 28 - Dec 4, on average, 71 patients with confirmed COVID-19 and 54 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in West Virginia. This is an increase of 8% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Calling on all West Virginians to take personal responsibility to combat the pandemic. The spread is unyielding and impacting all ages across the state. Follow the time-limited public health protocols to save lives and support the economy.
- Must maintain high testing levels in targeted geographies and among <40 age groups to find and isolate asymptomatic spread. Use rapid antigen tests or pooled PCR for rapid test result turnaround times so isolation of positives can be an effective prevention method.
- Universities must have weekly testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community. Universities who tested all students weekly starting the first week of fall semester saw between 75% and 90% fewer cases than those who did not. For the remaining time in current semester, students must be tested weekly prior to returning home for winter break.
- Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to <25% and closing bars/limiting bar hours until cases and test positivity decrease to the yellow zone.
- Ensure compliance with public health orders, including wearing masks.
- Ensure all hospitals and clinical sites have updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

WEST VIRGINIA

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	7,126 (398)	+9%	101,174 (328)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.1%	+1.7%*	11.7%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	78,434** (4,377**)	-24%**	771,718** (2,501**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	87 (4.9)	+21%	1,353 (4.4)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	19%	N/A*†	27%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	40%	N/A*†	50%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	N/A*†	12%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	875 (17)	+8% (+8%)	17,950 (26)	148,450 (20)

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

DATA SOURCES – Additional data details available under METHODS

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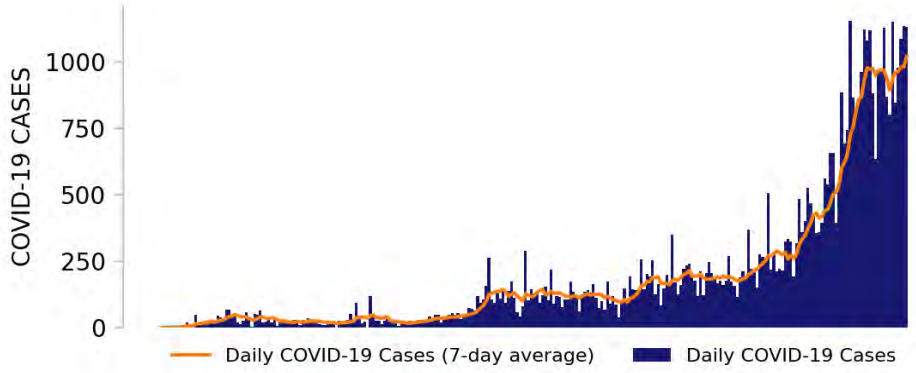
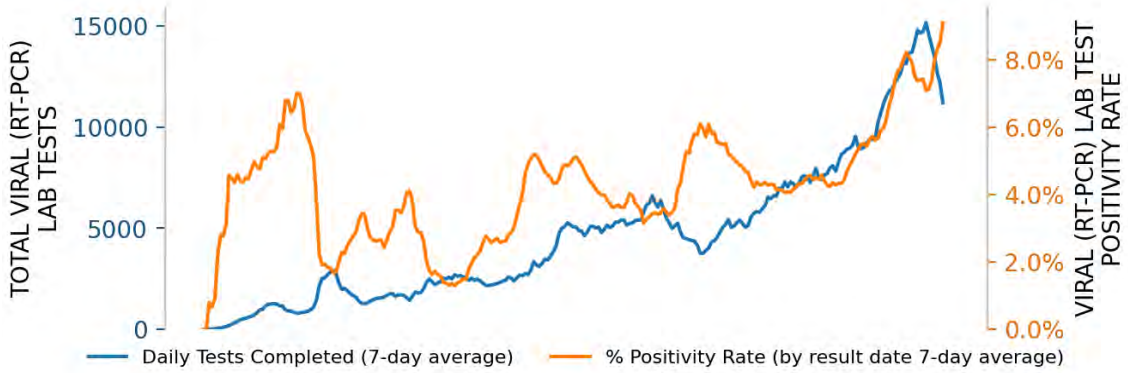
WEST VIRGINIA

STATE REPORT | 12.06.2020

NEW CASES

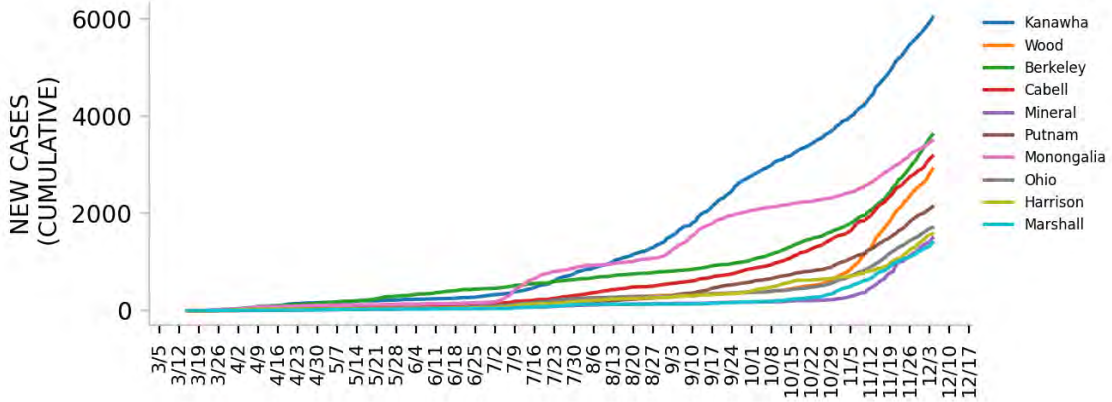


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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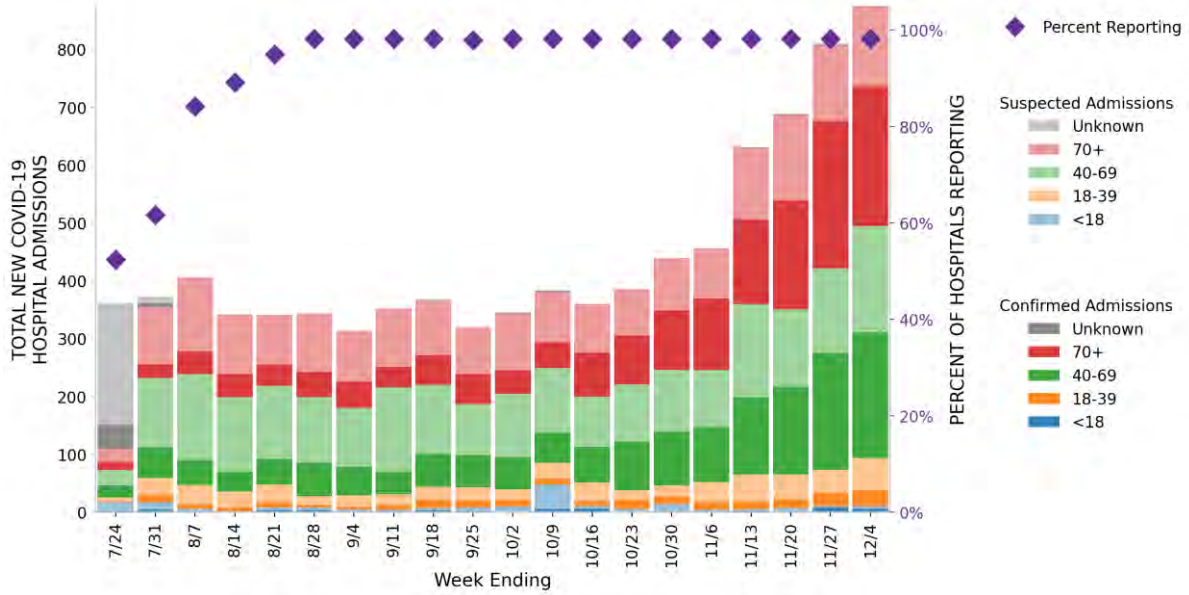
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

WEST VIRGINIA

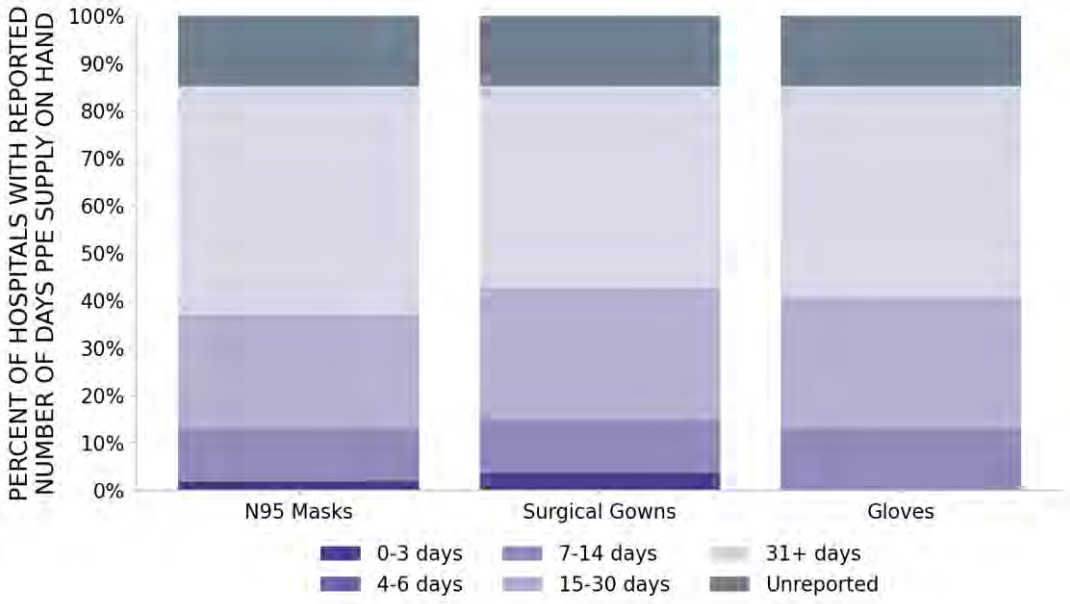
STATE REPORT | 12.06.2020

54 hospitals are expected to report in West Virginia

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

WEST VIRGINIA

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	7 ▲ (+2)	Huntington-Ashland Hagerstown-Martinsburg Parkersburg-Vienna Wheeling Cumberland Weirton-Steubenville Point Pleasant	24 ▲ (+11)	Wood Berkeley Mineral Putnam Ohio Marshall Jefferson Hancock Preston Brooke Wayne Mason
LOCALITIES IN ORANGE ZONE	1 ▼ (-3)	Mount Gay-Shamrock	6 ▼ (-4)	Logan Mingo Upshur Nicholas Wetzel Lincoln
LOCALITIES IN YELLOW ZONE	7 ▲ (+2)	Charleston Morgantown Clarksburg Beckley Washington-Arlington-Alexandria Fairmont Winchester	17 ▼ (-1)	Kanawha Cabell Monongalia Harrison Raleigh Marion Greenbrier Fayette Jackson Barbour Taylor Monroe

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

All Red Counties: Wood, Berkeley, Mineral, Putnam, Ohio, Marshall, Jefferson, Hancock, Preston, Brooke, Wayne, Mason, Wyoming, Grant, Boone, Hardy, Hampshire, Pocahontas, Morgan, Tyler, Wirt, Pleasants, Gilmer, Doddridge

All Yellow Counties: Kanawha, Cabell, Monongalia, Harrison, Raleigh, Marion, Greenbrier, Fayette, Jackson, Barbour, Taylor, Monroe, Ritchie, Roane, Lewis, Clay, Calhoun

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

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

DATA SOURCES – Additional data details available under METHODS

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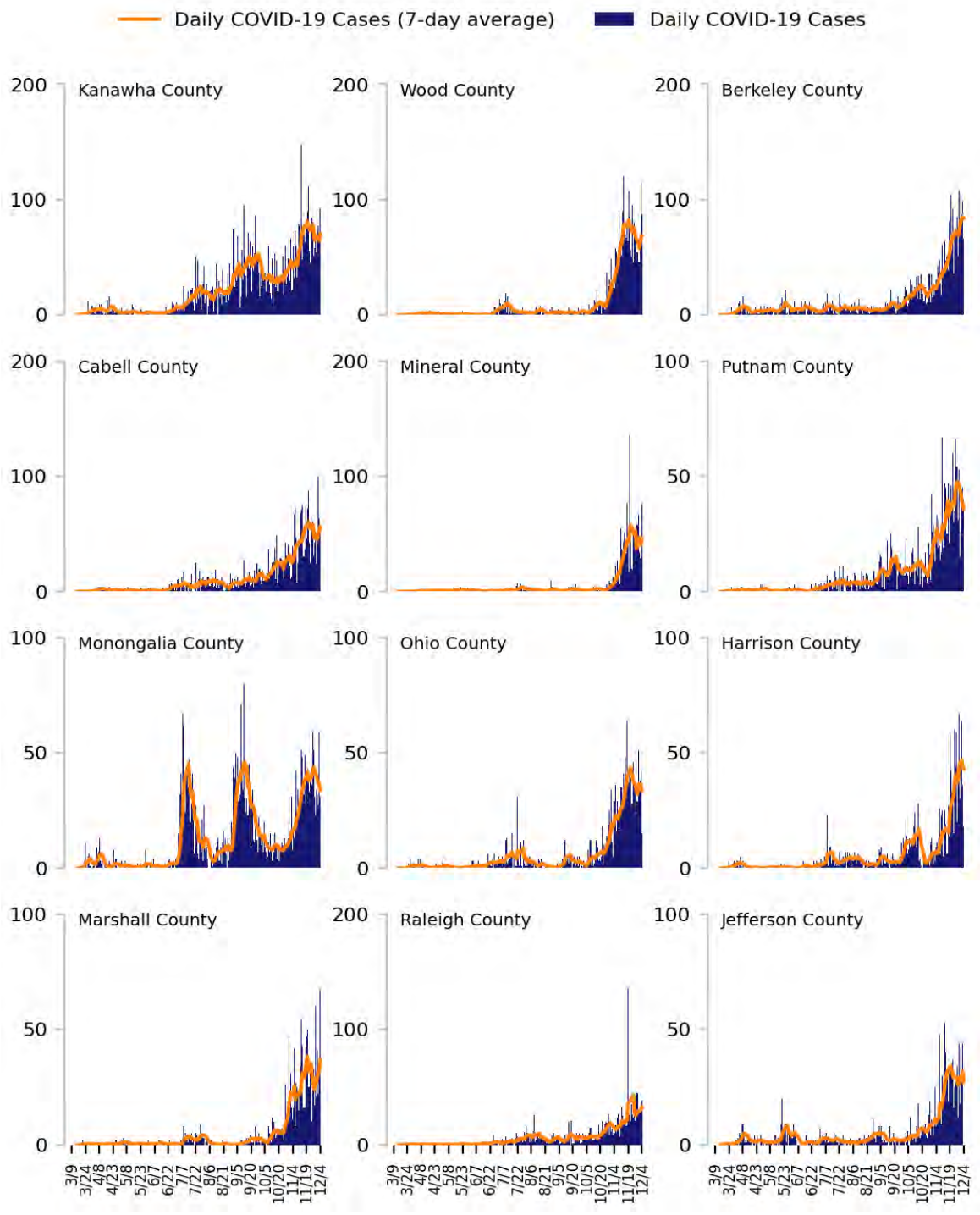
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



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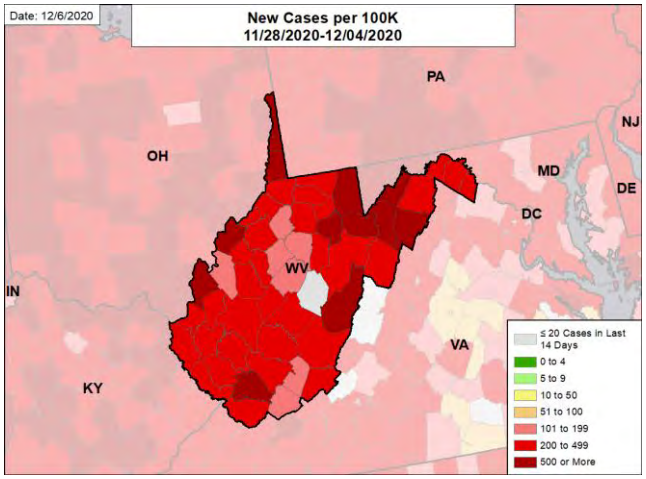
WEST VIRGINIA

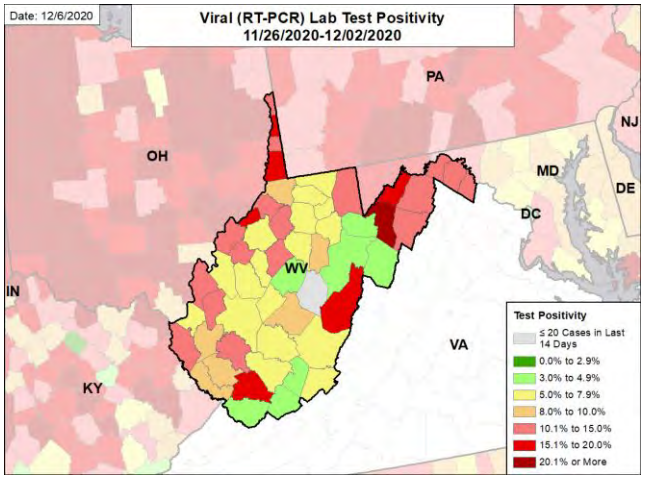
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

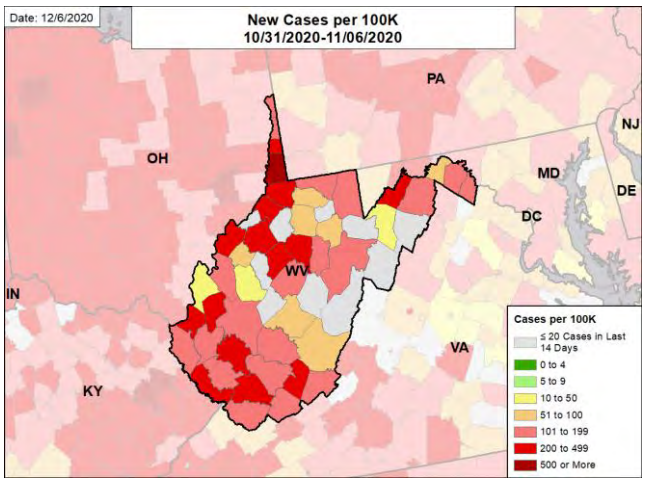
NEW CASES PER 100,000



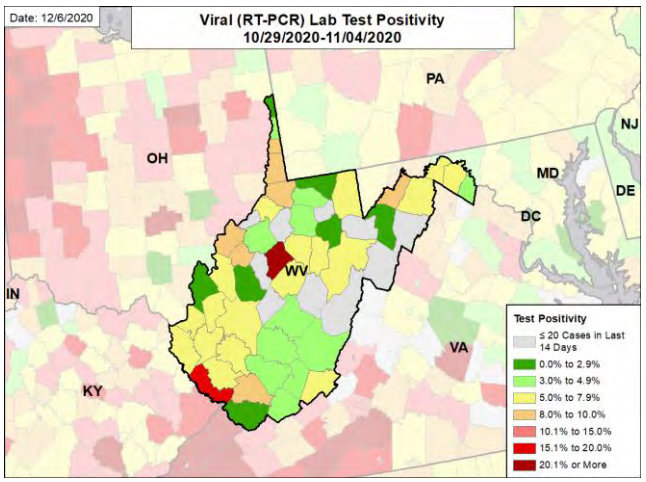
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

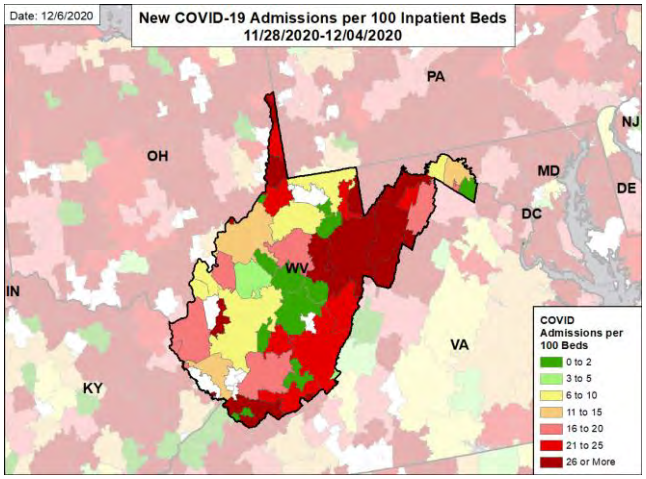
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

WEST VIRGINIA

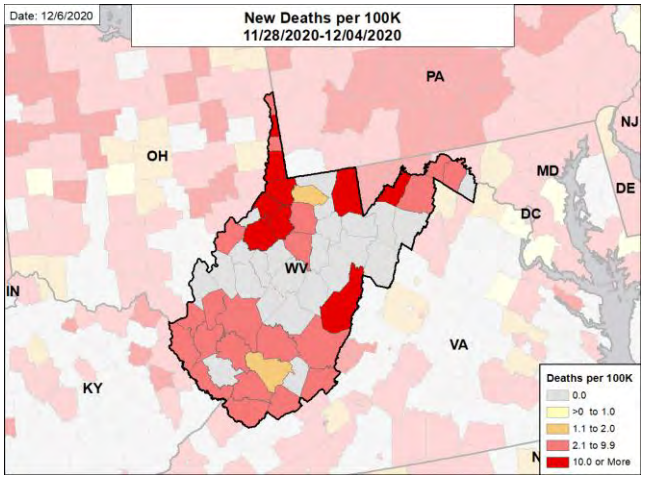
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

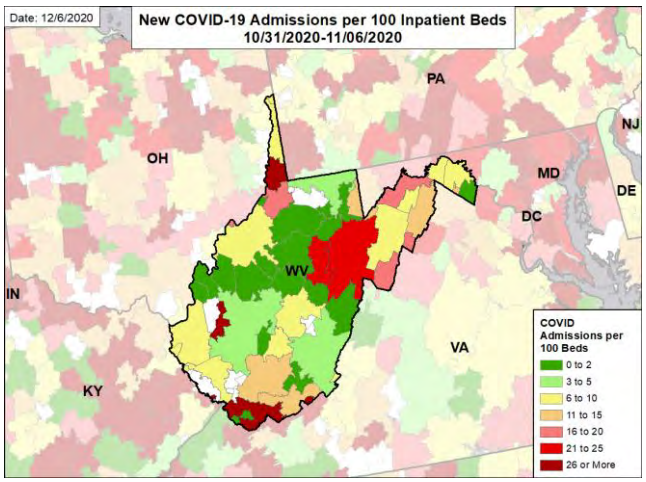
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



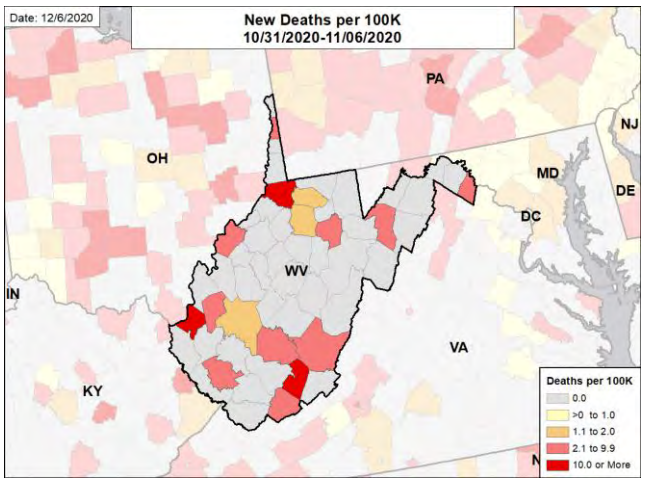
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



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Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

WISCONSIN

SUMMARY

- Wisconsin continues to see extraordinarily high case rates and test positivity in an ongoing health emergency despite another slight drop in cases last week. Hospitalizations and deaths remain several-fold greater than previous peaks. Wisconsin is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 13th highest rate in the country. Wisconsin is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 26th highest rate in the country.
- Wisconsin has seen stability in new cases (-5%) and an increase in test positivity; both cases and test positivity remain at high levels. New hospitalizations declined slightly but remained at extremely high levels and deaths continued to increase.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Milwaukee County, 2. Waukesha County, and 3. Dane County. These counties represent 32.3% of new cases in Wisconsin.
- Intense community virus transmission continues throughout the state with none of 72 counties reporting <100 cases per 100,000 population. One county continued to report >1,000 cases per 100,000 population last week, down from 17 two weeks ago.
- 99% of all counties in Wisconsin have moderate or high levels of community transmission (yellow, orange, or red zones), with 79% having high levels of community transmission (red zone).
- During the week of Nov 23 - Nov 29, 33% of nursing homes had at least one new resident COVID-19 case, 58% had at least one new staff COVID-19 case, and 18% had at least one new resident COVID-19 death.
- Wisconsin had 561 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 7 to support operations activities from FEMA; 39 to support medical activities from ASPR; 15 to support operations activities from ASPR; 2 to support medical activities from CDC; 12 to support epidemiology activities from CDC; 1 to support operations activities from USCG; and 2 to support operations activities from VA.
- The federal government has supported surge testing at the University of Wisconsin System, in Neenah, and in surrounding towns.
- Between Nov 28 - Dec 4, on average, 389 patients with confirmed COVID-19 and 122 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wisconsin. This is a decrease of 6% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- We share the strong concern of Wisconsin's leaders that the current situation in the state remains critical with continued control dependent on the collective effort of Wisconsin's residents. The population and healthcare system must do everything possible to limit further holiday-related disease surges and prevent overrunning hospital capacity and avoidable deaths. Currently, the imminent arrival of vaccines provides hope; however, large-scale benefits of lower deaths and hospitalizations will only come after months of immunization. Difficult but temporary changes in personal behavior are key to limiting disease and death until we bring the pandemic to an end with immunization; this messaging must be delivered frequently and by all effective modalities. The Governor's continued, personal communication on these measures is commended.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. Ensure support for a platform for efficient intra- and inter-state patient transfers as needed.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of COVID-19 risk factors. Work with healthcare institutions to ensure capacity for outpatient infusion is accessible to COVID-19 patients who may benefit from IV therapies that could limit morbidity and hospitalizations.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Given continuing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- Continue preparations for the delivery and distribution of vaccines including by identifying the staffing capabilities and needs of local health departments and local jurisdictions and preparing for state-supported augmentation of staff and subject matter expertise to ensure timely and safe operations. Provide clear and concise messaging across the response community on the prioritization of vaccinations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

WISCONSIN

STATE REPORT | 12.06.2020

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COVID-19 DEATHS (RATE PER 100,000)	364 (6.3)	+19%	3,507 (6.7)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	33%	N/A*†	33%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	58%	N/A*†	54%	43%
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TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,577 (29)	-6% (-7%)	30,833 (26)	148,450 (20)

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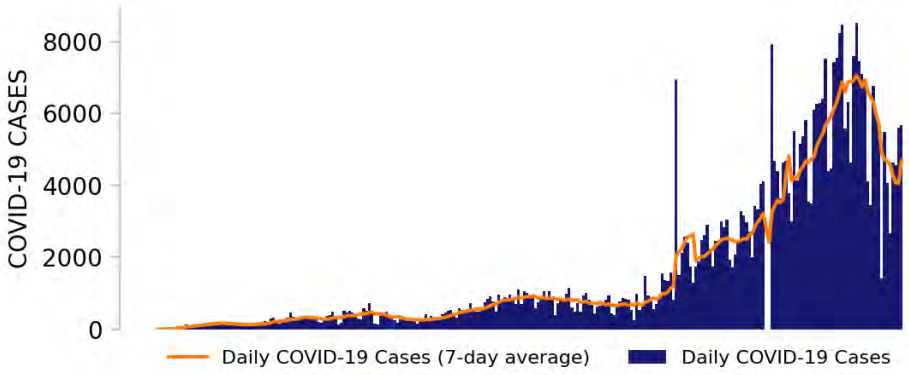
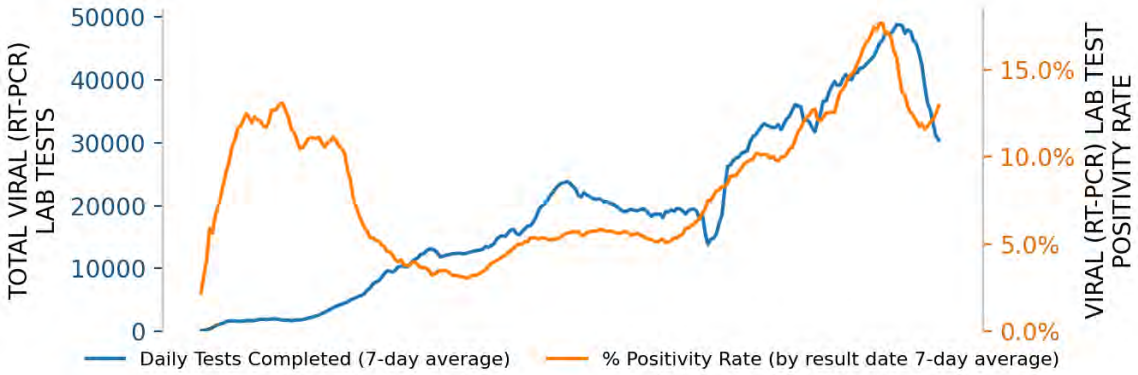
WISCONSIN

STATE REPORT | 12.06.2020

NEW CASES



TESTING



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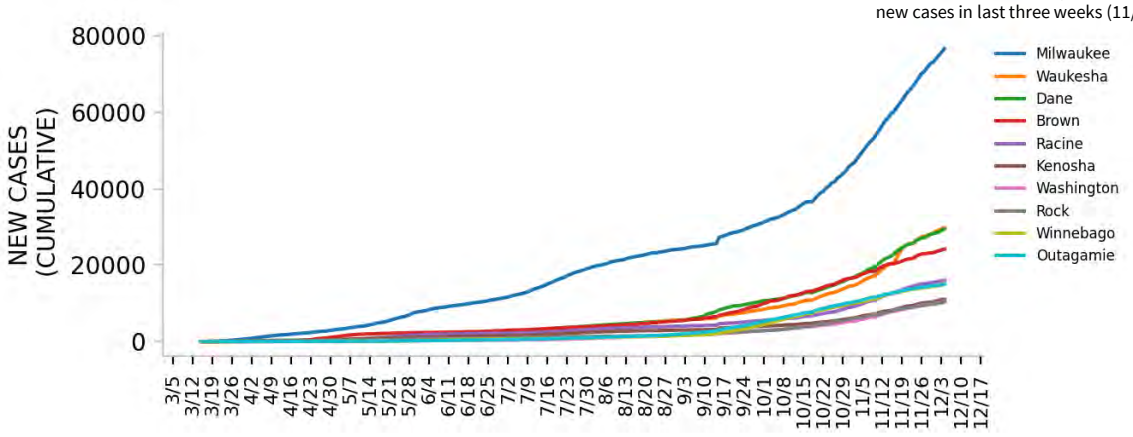

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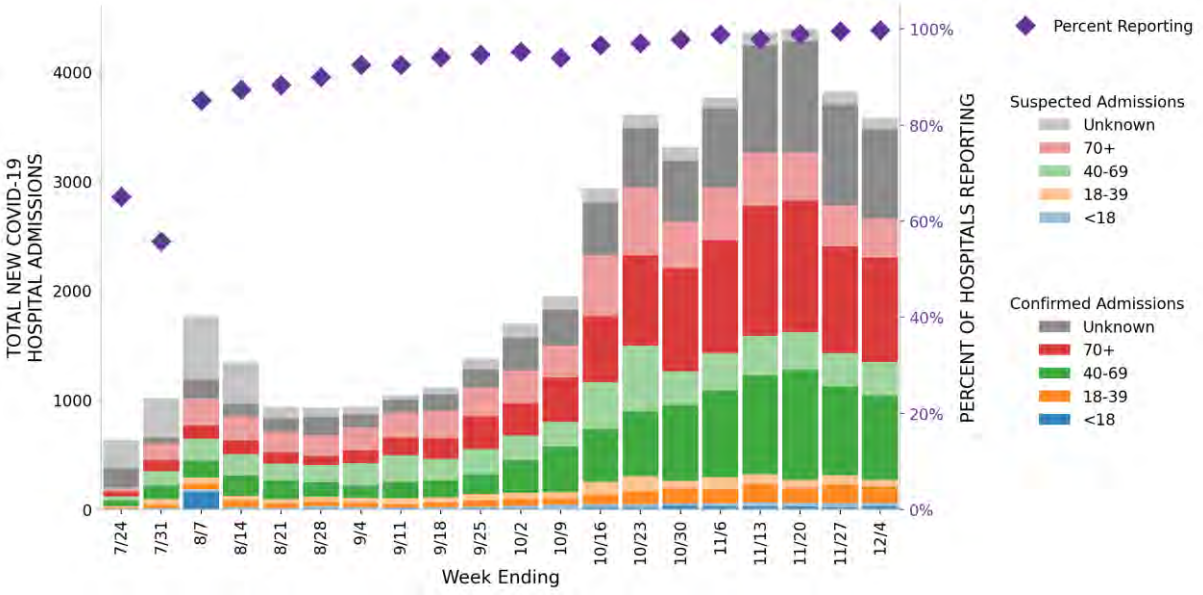
WISCONSIN

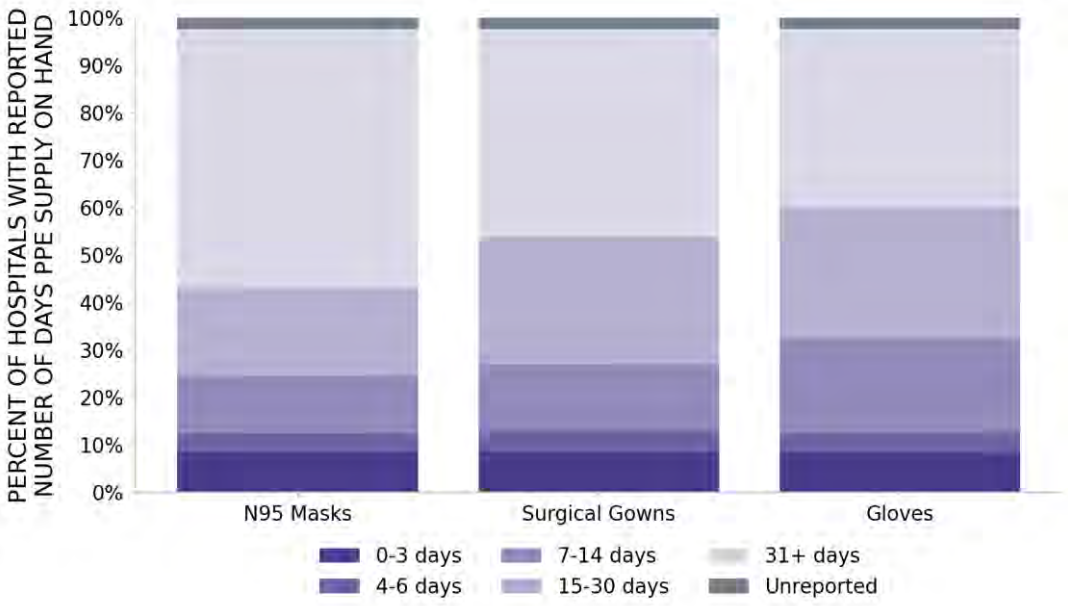
STATE REPORT | 12.06.2020

130 hospitals are expected to report in Wisconsin

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

WISCONSIN

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	25 ■ (+0)	Milwaukee-Waukesha Green Bay Eau Claire Racine Appleton Wausau-Weston Chicago-Naperville-Elgin Janesville-Beloit Oshkosh-Neenah Minneapolis-St. Paul-Bloomington Beaver Dam La Crosse-Onalaska	57 ■ (+0)	Milwaukee Waukesha Brown Racine Kenosha Washington Rock Winnebago Outagamie Marathon Eau Claire Dodge
LOCALITIES IN ORANGE ZONE	2 ▲ (+1)	Madison Baraboo	10 ▲ (+1)	Dane Columbia Sauk Waupaca Vernon Iowa Sawyer Bayfield Menominee Iron
LOCALITIES IN YELLOW ZONE	0 ▼ (-1)	N/A	4 ▼ (-2)	Door Green Lake Waushara Marquette

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

All Red CBSAs: Milwaukee-Waukesha, Green Bay, Eau Claire, Racine, Appleton, Wausau-Weston, Chicago-Naperville-Elgin, Janesville-Beloit, Oshkosh-Neenah, Minneapolis-St. Paul-Bloomington, Beaver Dam, La Crosse-Onalaska, Sheboygan, Whitewater, Fond du Lac, Watertown-Fort Atkinson, Wisconsin Rapids-Marshfield, Manitowoc, Menomonie, Duluth, Stevens Point, Platteville, Shawano, Marinette, Iron Mountain

All Red Counties: Milwaukee, Waukesha, Brown, Racine, Kenosha, Washington, Rock, Winnebago, Outagamie, Marathon, Eau Claire, Dodge, La Crosse, Sheboygan, Walworth, Fond du Lac, Jefferson, Chippewa, Wood, Barron, Ozaukee, St. Croix, Manitowoc, Dunn, Douglas, Pierce, Portage, Grant, Monroe, Polk, Trempealeau, Calumet, Clark, Crawford, Marinette, Shawano, Oneida, Jackson, Lincoln, Oconto, Taylor, Juneau, Green, Vilas, Rusk, Kewaunee, Washburn, Burnett, Lafayette, Buffalo, Adams, Ashland, Langlade, Price, Pepin, Forest, Florence

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

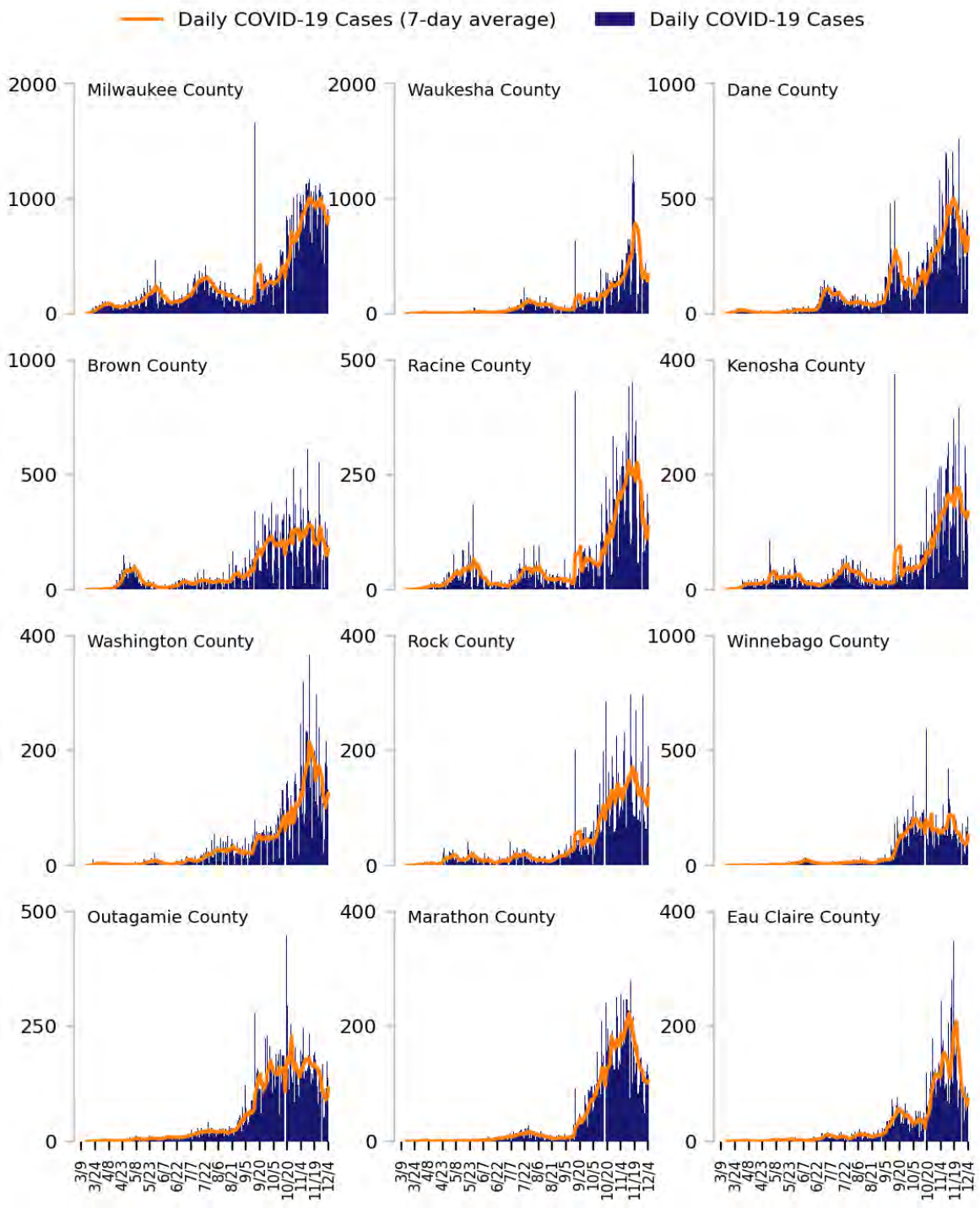
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

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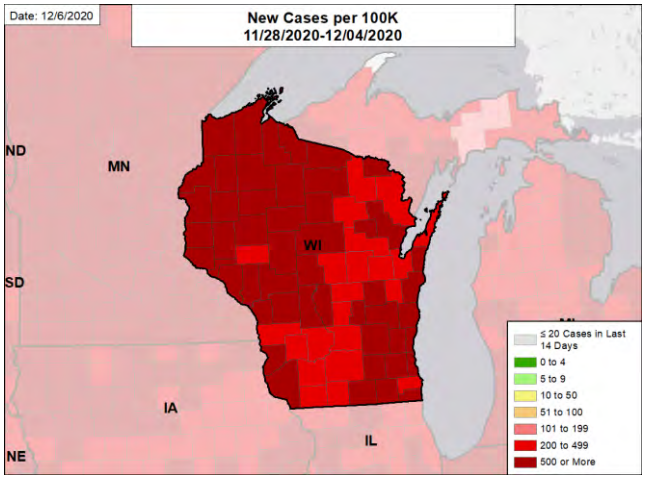
WISCONSIN

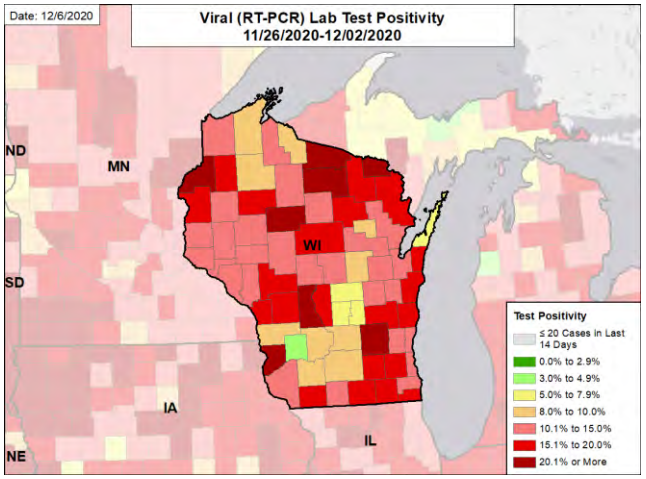
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

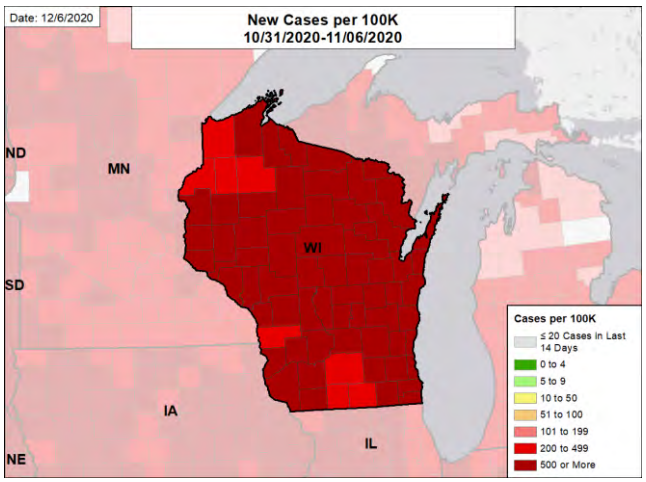
NEW CASES PER 100,000



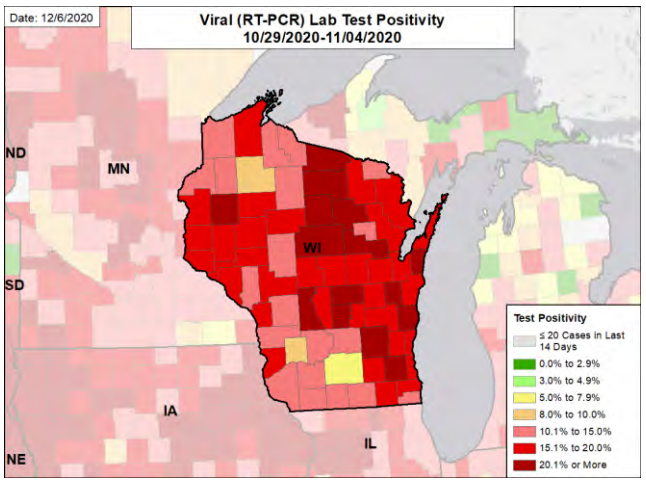
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

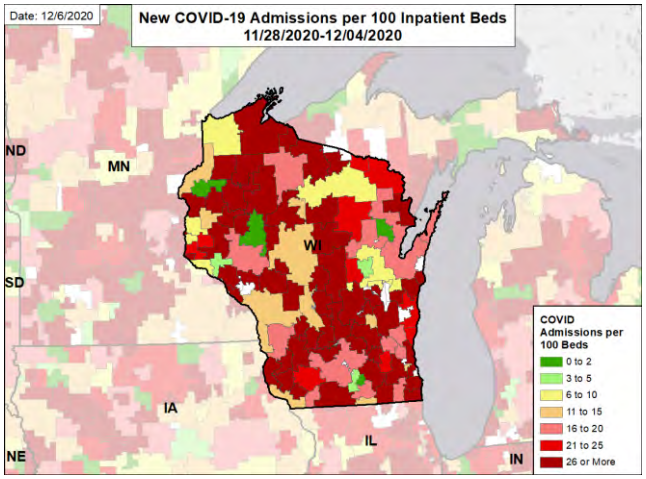
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. The week one month before is 10/29 - 11/4.

WISCONSIN

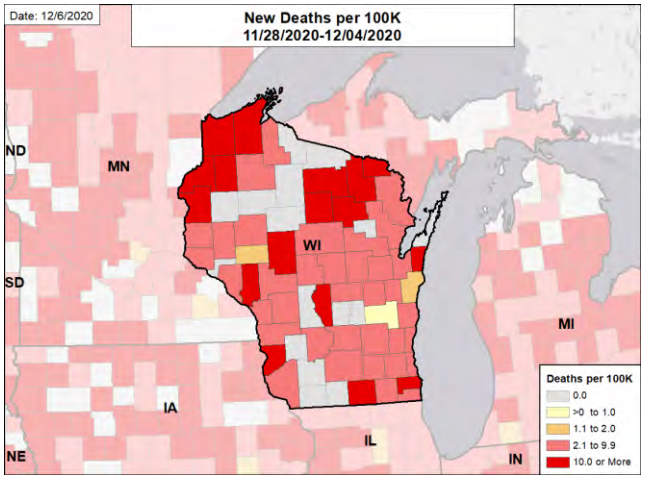
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

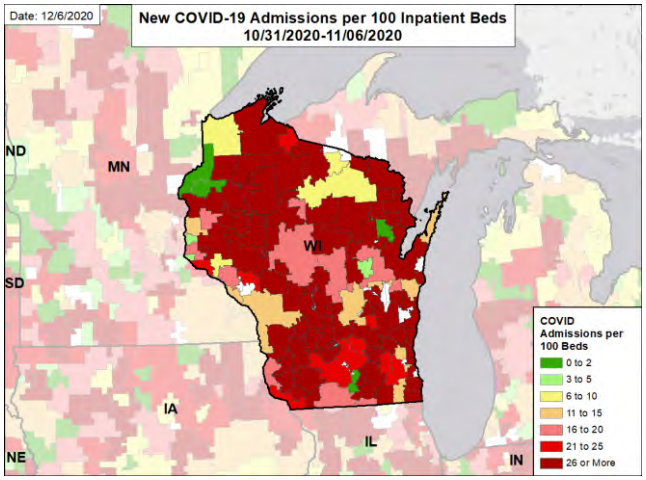
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



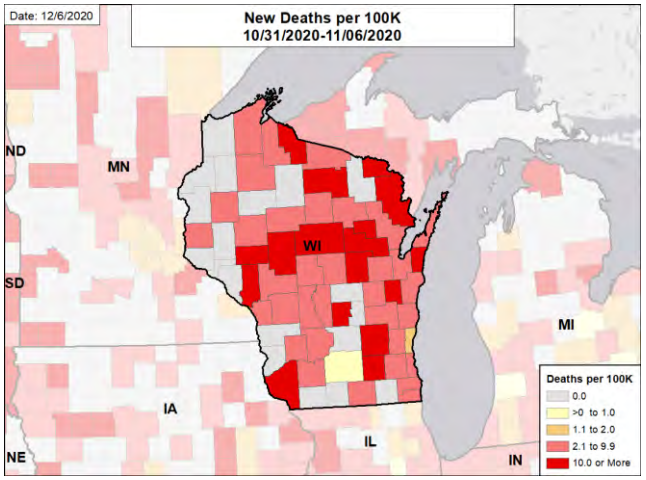
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

STATE REPORT
12.06.2020
Issue 25

WYOMING

SUMMARY

- Wyoming is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 4th highest rate in the country. Wyoming is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 20th highest rate in the country.
- Wyoming has seen a decrease in new cases and stability in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Laramie County, 2. Natrona County, and 3. Campbell County. These counties represent 43.0% of new cases in Wyoming.
- 96% of all counties in Wyoming have moderate or high levels of community transmission (yellow, orange, or red zones), with 74% having high levels of community transmission (red zone).
- Inpatient bed and ICU bed utilization is almost 77% and 90%, respectively.
- During the week of Nov 23 - Nov 29, 33% of nursing homes had at least one new resident COVID-19 case, 63% had at least one new staff COVID-19 case, and 17% had at least one new resident COVID-19 death.
- Wyoming had 685 new cases per 100,000 population, compared to a national average of 385 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA; 26 to support medical activities from ASPR; and 8 to support operations activities from ASPR.
- Between Nov 28 - Dec 4, on average, 30 patients with confirmed COVID-19 and 16 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wyoming. This is a decrease of 21% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- We have added a visual of your new hospital admissions for your state over the last 4 months so every state can see in pictures the significant increase in new hospitalizations for COVID-19.
- Also, please review the national maps at the back of your profile, which include pictorial timelines of the United States pandemic.
- This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities, from farms to beach communities. This surge is the most rapid increase in cases; the widest spread of intense transmission, with more than 2,000 counties in COVID red zones; and the longest duration of rapid increase, now entering its 8th week, that we have experienced.
- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge; that must happen now.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling; the majority of the United States is not mitigating similarly.
- Mitigation efforts must increase, including the implementation of key state and local policies with an additional focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of immediate households, and aggressive testing to find the asymptomatic individuals responsible for the majority of infectious spread.
- In the past week, significant reductions in testing and increases in percent positivity were observed. Primarily those with symptoms are being diagnosed; aggressive testing to find asymptomatic individuals responsible for the majority of infectious spread must be scaled. Testing data on age and ethnicity should be tracked to allow for more precise planning. The current vaccine implementation will not substantially reduce viral spread, hospitalizations, or fatalities until the 100 million Americans with comorbidities can be fully immunized, which will take until the late spring. Behavioral change and aggressive mitigation policies are the only widespread prevention tools that we have to address this winter surge.
- Testing expansion during the fall has been a remarkable achievement and will be needed to effectively address this winter surge; continue efforts to expand capacity and make testing easily accessible to all populations, particularly in communities that are under-testing.
- Surveillance should be greatly expanded through proactive weekly testing of persons at higher risk using point-of-care antigen tests, regardless of symptoms; surveillance should direct focused surge-testing campaigns.
- Maintain saturation of all media platforms, including automated SMS texting, with clear messages on necessary mitigation efforts and instructions to report non-compliant businesses.
- Develop outpatient infusion centers to provide IV therapy to those who don't warrant admission or when hospital systems are over-capacity. When monoclonal antibodies are available, ensure they are distributed equitably across communities to those at highest need: proportionately to communities and people with risk factors for progression to severe disease.
- Ensure all clinical sites are fully capacitated and have access to telehealth and remote clinical consultation.
- Contact tracing remains a critical intervention and should be expanded as previously described to keep up with the number of cases; consider methods to automate counseling, contact elicitation, and instructions for isolation and quarantine by email or text messaging.
- Ensure all colleges and universities that are planning to have students return after winter break have policies for weekly testing of all students, regardless of symptoms.
- Every effort should be made to prevent outbreaks in LTCFs and nursing homes; ensure all facilities are totally adherent to all CMS guidance. Staff should be testing weekly with rapid tests and should not be allowed to work without a recent negative test.
- Tribal Nations should be fully supported in their efforts to minimize transmission; they should be permitted to install checkpoints, should be adequately supplied to conduct regular testing of all Tribal members, and should be capacitated to provide shelter and supplies for isolation and quarantine.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

WYOMING

STATE REPORT | 12.06.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	3,963 (685)	-15%	71,931 (587)	1,264,488 (385)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.9%	+0.3%*	14.5%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	23,303** (4,026**)	-35%**	470,275** (3,836**)	8,704,925** (2,652**)
COVID-19 DEATHS (RATE PER 100,000)	42 (7.3)	-5%	808 (6.6)	13,769 (4.2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	33%	N/A*†	36%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	63%	N/A*†	61%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	17%	N/A*†	15%	11%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	323 (24)	-21% (-27%)	5,191 (21)	148,450 (20)

* Indicates absolute change in percentage points.

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

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020; previous week is 11/21 - 11/27.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/2/2020. Previous week is 11/19 - 11/25.

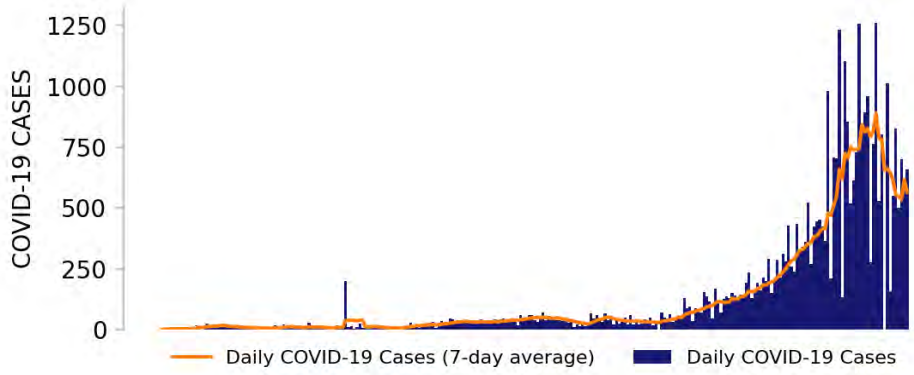
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/29/2020, previous week is 11/16-11/22. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

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

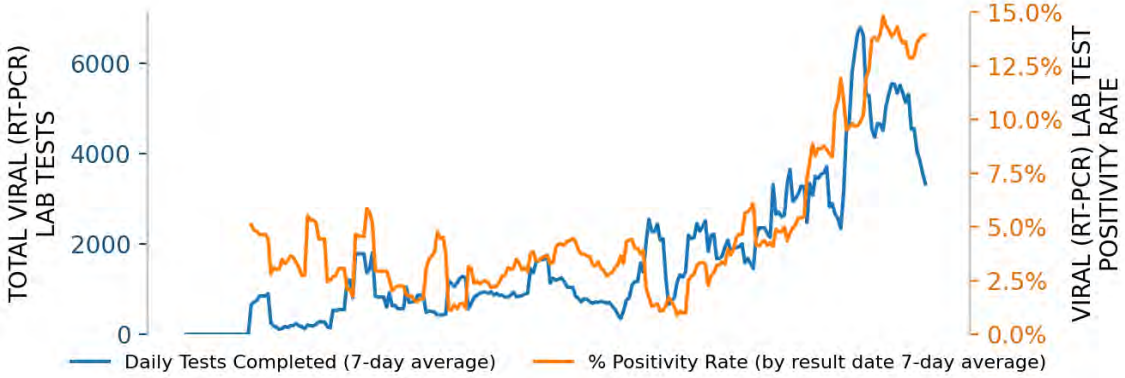
WYOMING

STATE REPORT | 12.06.2020

NEW CASES

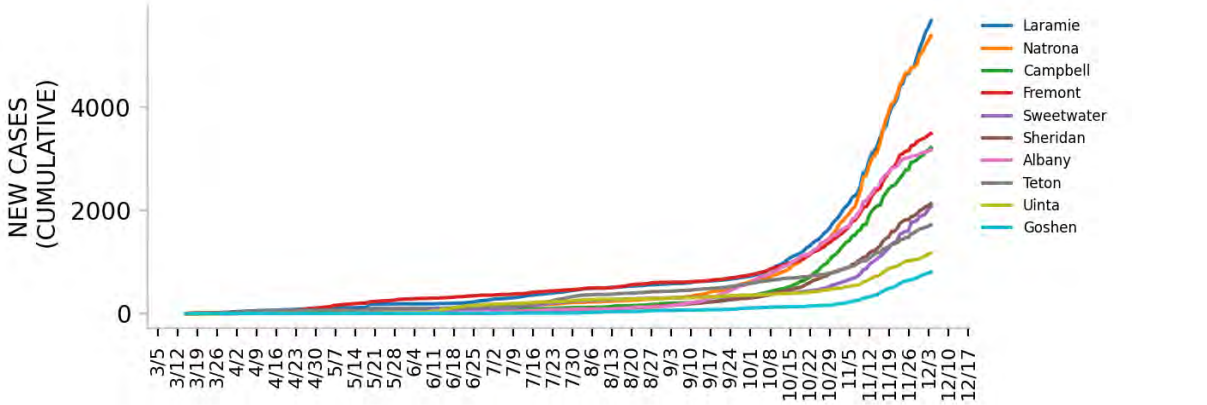


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (11/14 - 12/4)



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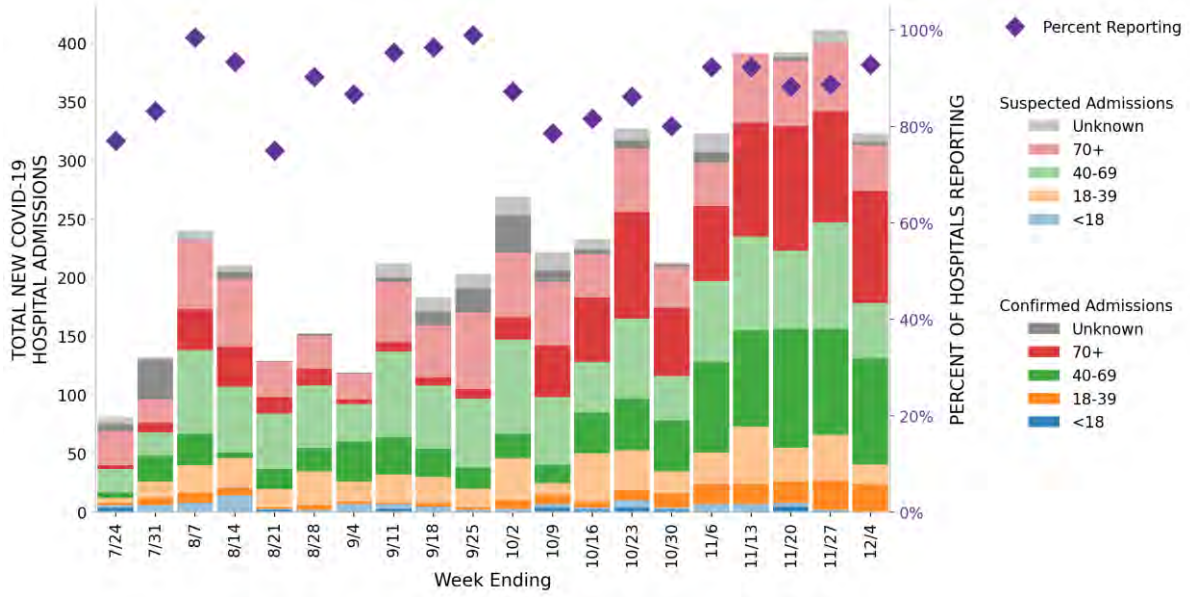
WYOMING

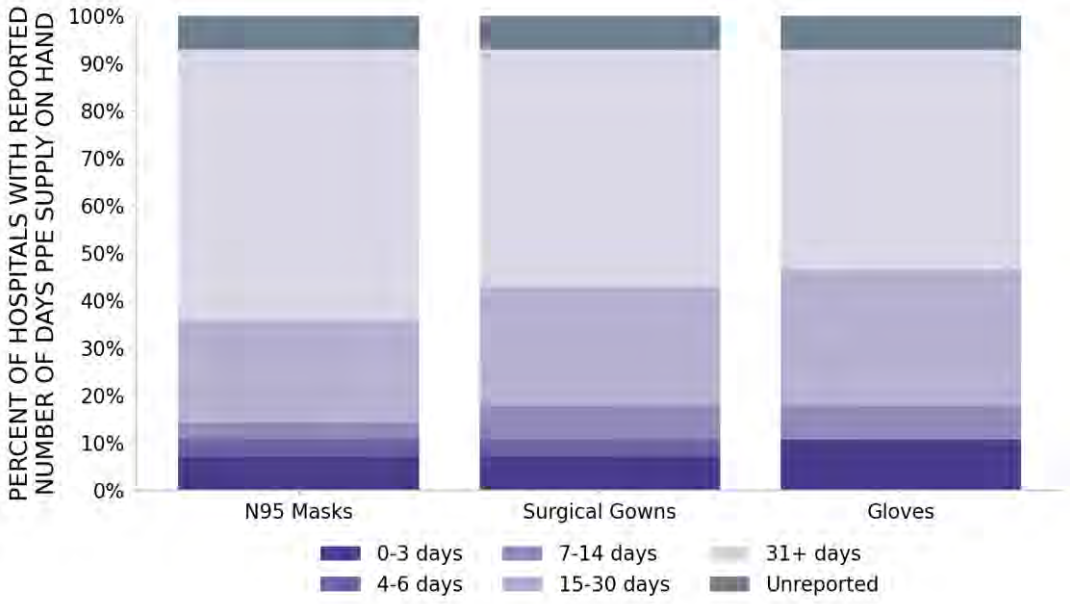
STATE REPORT | 12.06.2020

28 hospitals are expected to report in Wyoming

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 12/2/2020.

WYOMING

STATE REPORT | 12.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**7** ▼ (-2)	Cheyenne Casper Gillette Rock Springs Sheridan Jackson Evanston	**17** ▼ (-6)	Laramie Natrona Campbell Sweetwater Sheridan Teton Uinta Goshen Carbon Sublette Converse Big Horn
LOCALITIES IN ORANGE ZONE	**1** ▲ (+1)	Riverton	**1** ▲ (+1)	Fremont
LOCALITIES IN YELLOW ZONE	**1** ▲ (+1)	Laramie	**4** ▲ (+4)	Albany Park Washakie Lincoln

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

All Red Counties: Laramie, Natrona, Campbell, Sweetwater, Sheridan, Teton, Uinta, Goshen, Carbon, Sublette, Converse, Big Horn, Johnson, Platte, Crook, Hot Springs, Weston

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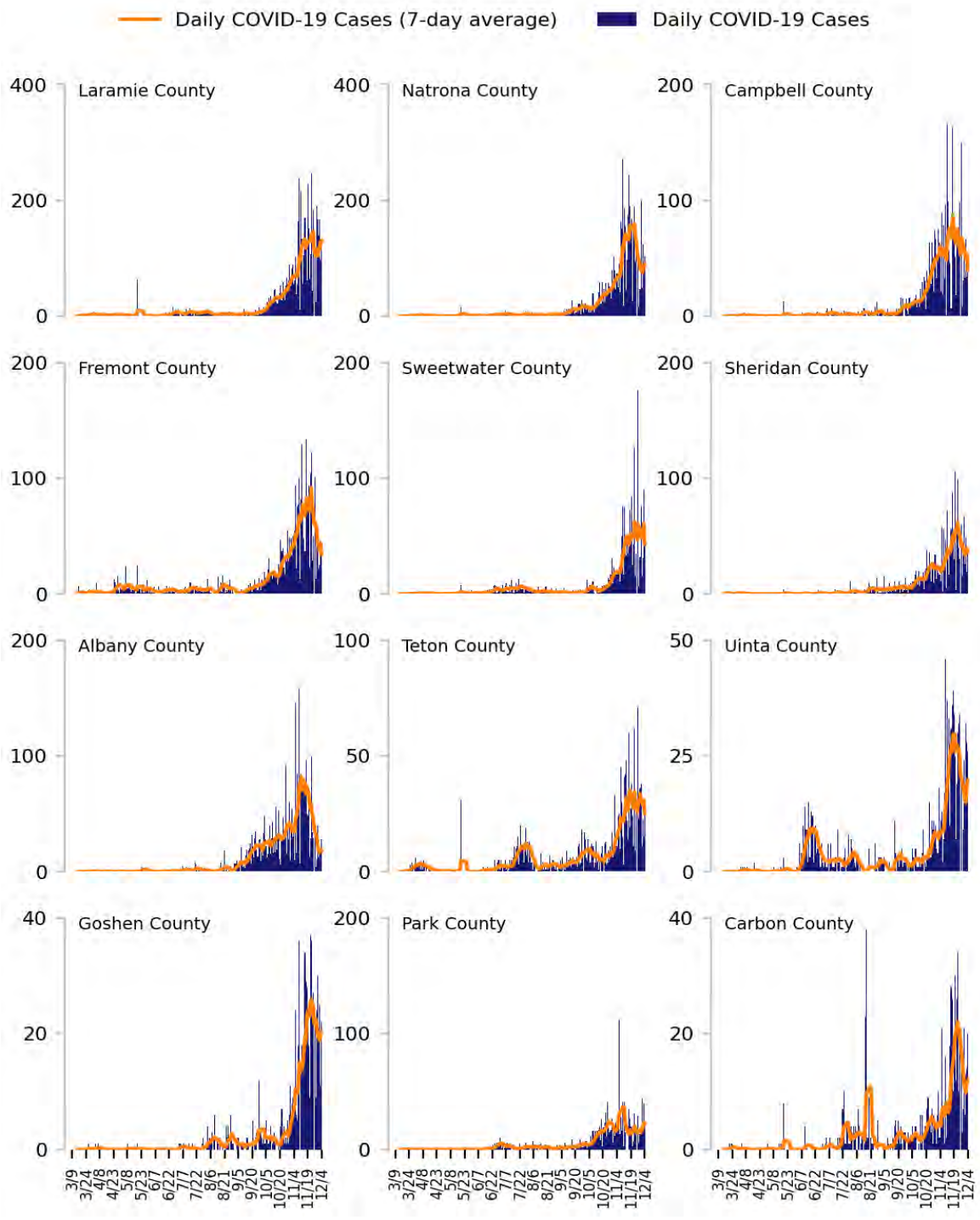
Top 12 counties based on number of new cases in the last 3 weeks



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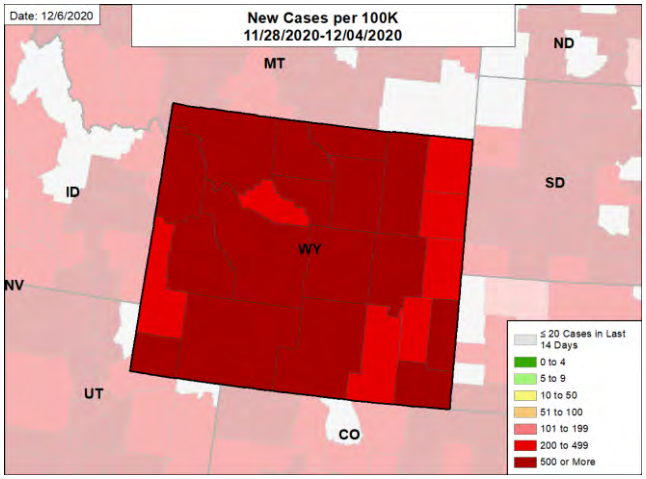
WYOMING

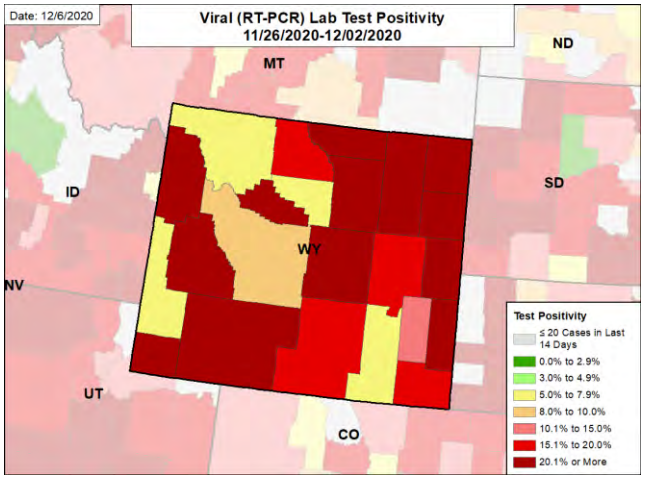
STATE REPORT | 12.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

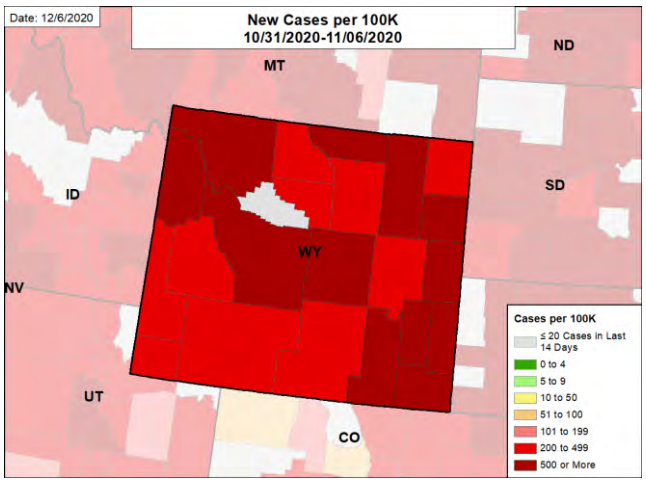
NEW CASES PER 100,000



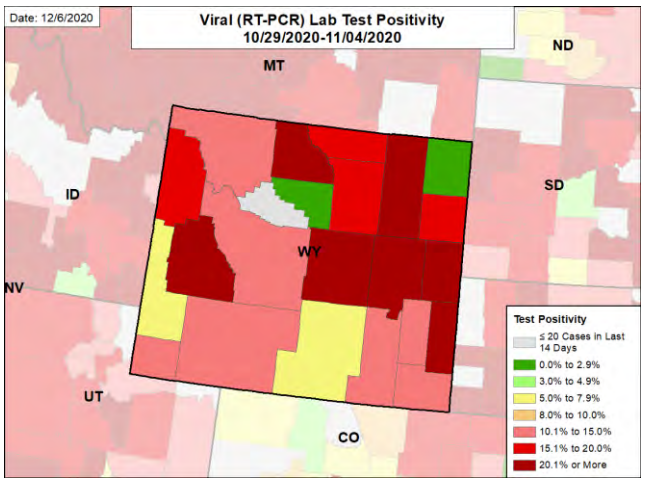
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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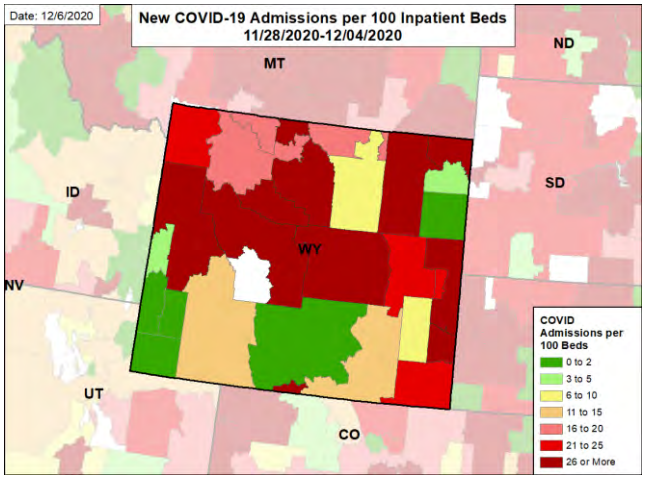
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/2/2020. The week one month before is 10/29 - 11/4.

WYOMING

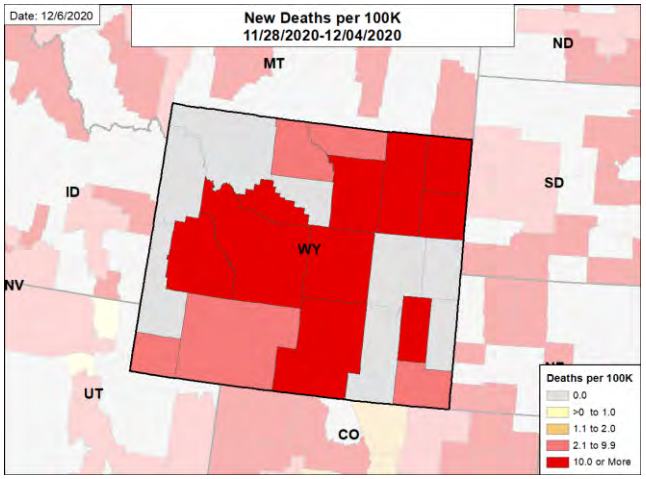
STATE REPORT | 12.06.2020

HOSPITAL ADMISSIONS AND DEATH RATES

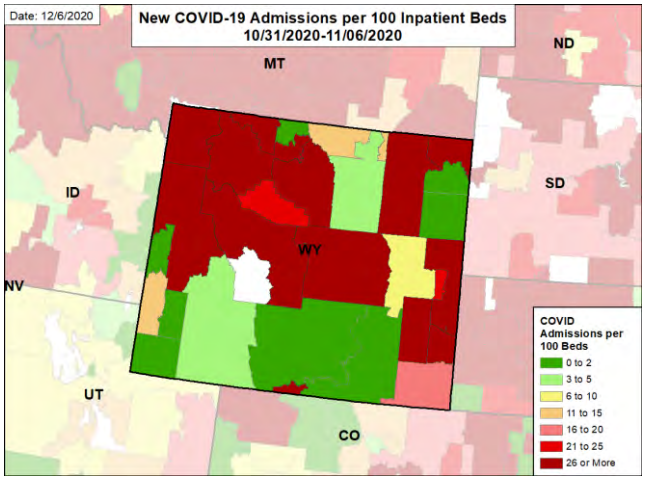
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



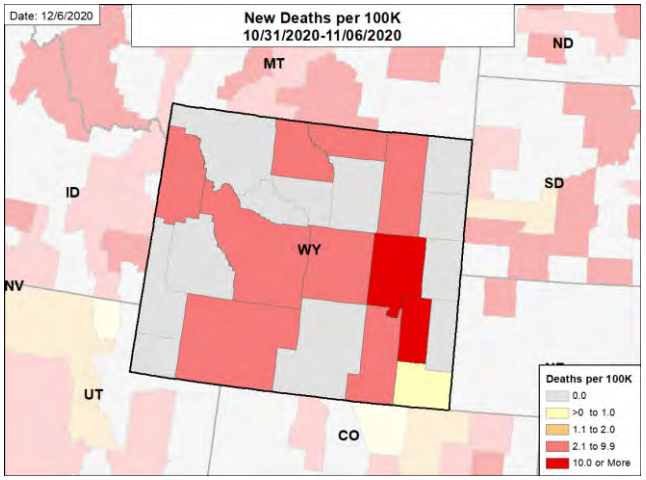
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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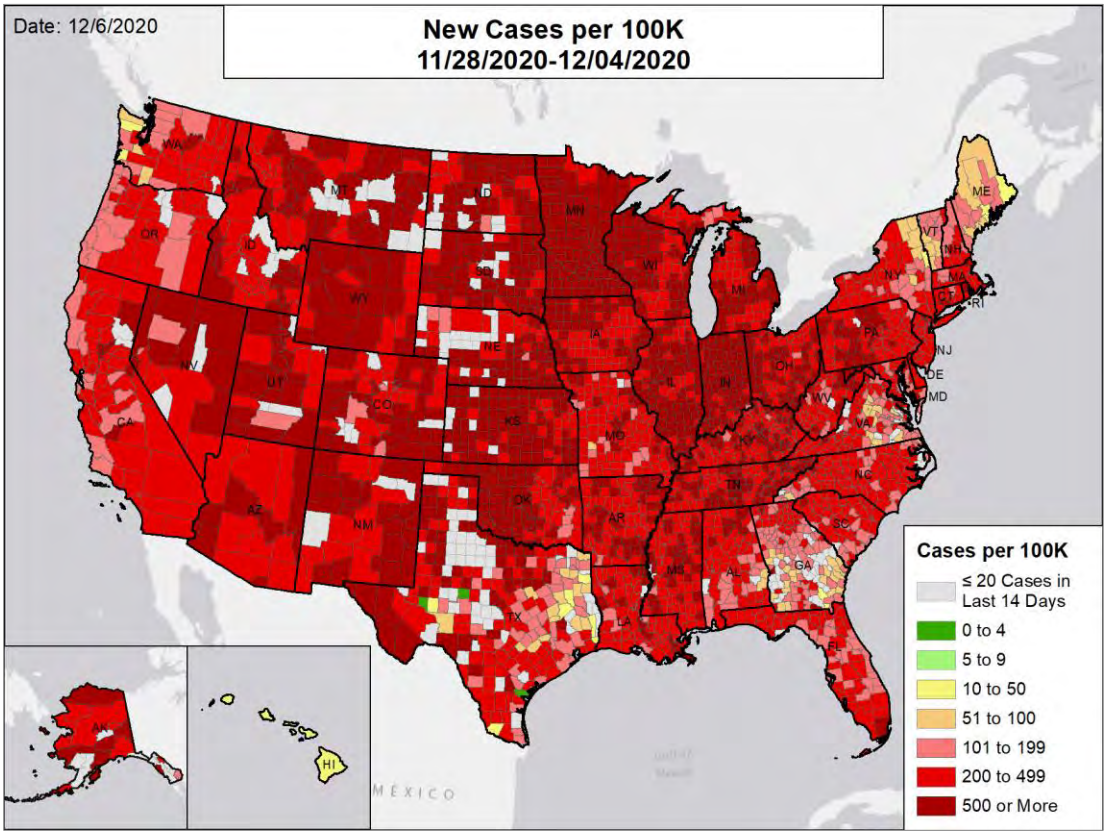
Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 12/4/2020. The week one month before is 10/31 - 11/6.

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

National Picture

NEW CASES PER 100,000



NATIONAL RANKING OF NEW CASES PER 100,000

National Rank	State
1	MN
2	RI
3	SD
4	WY
5	IN
6	NE
7	NM
8	MT
9	ND
10	AK
11	UT
12	KS
13	WI
14	ID
15	CO
16	OK
17	NV
18	TN
19	IL
20	IA
21	MI
22	KY
23	OH
24	AZ
25	AR
26	MS
27	DE
28	PA
29	CT
30	MA
31	WV
32	MO
33	LA
34	AL
35	NJ
36	NH
37	TX
38	CA
39	SC
40	NY
41	FL
42	MD
43	NC
44	OR
45	DC
46	WA
47	GA
48	VA
49	VT
50	ME
51	HI

Europe is experiencing a fall surge similar to the USA and is showing early signs of improvement through country-specific mitigation efforts.

- 80% (48/60 countries) require wearing masks in all public settings
  - Most countries have imposed fines for non-compliance
- 93% (56/60) have significant restrictions on gathering size
- 63% (38/60) have some form of nonessential business closures, initially focused on bars and reducing restaurant capacity
- 60% (37/60) have some form of entertainment or public space restriction
- 65% (39/60) have deployed a contact tracing app

DATA SOURCES

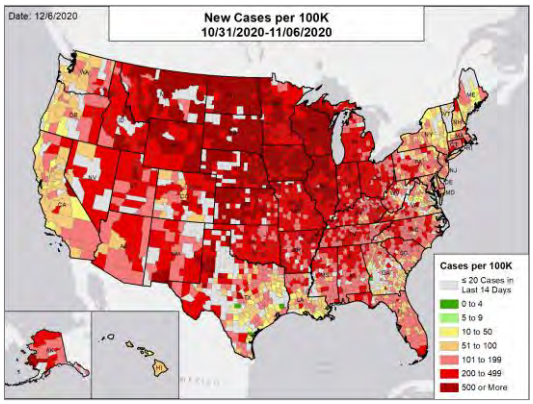
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: County-level data from USAFacts through 12/4/2020.
European community mitigation information sourced from European CDC — Situation Update Worldwide.

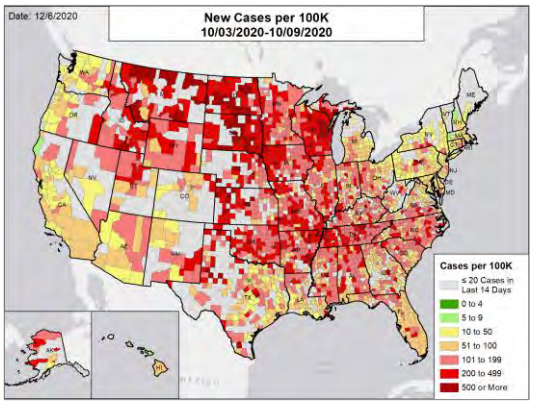
National Picture

NEW CASES PER 100,000 IN THE WEEK:

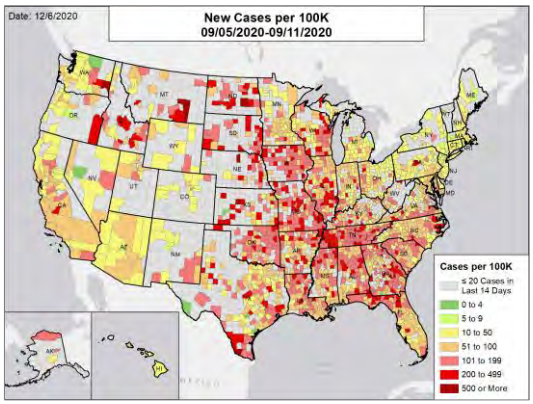
ONE MONTH BEFORE



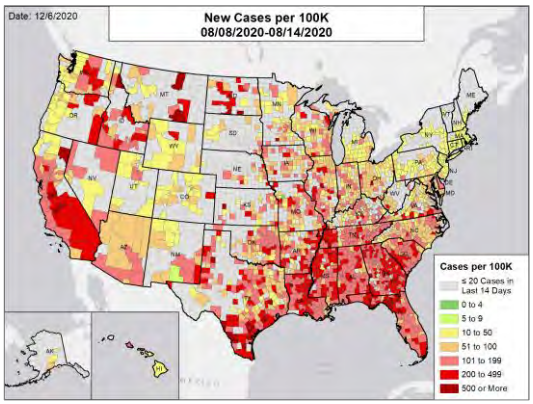
TWO MONTHS BEFORE



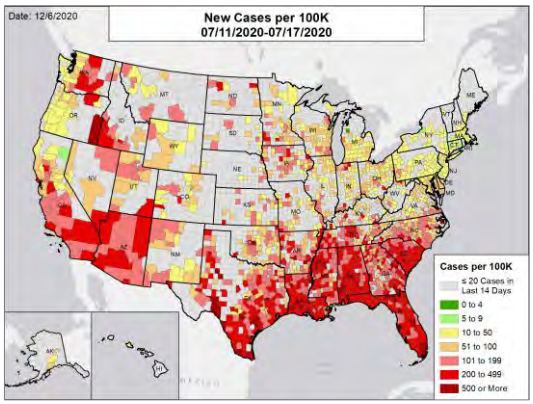
THREE MONTHS BEFORE



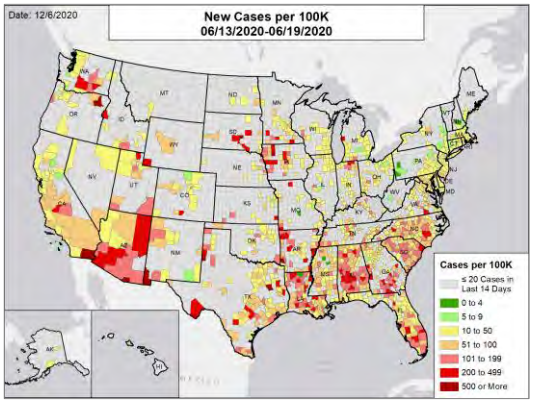
FOUR MONTHS BEFORE



FIVE MONTHS BEFORE



SIX MONTHS BEFORE



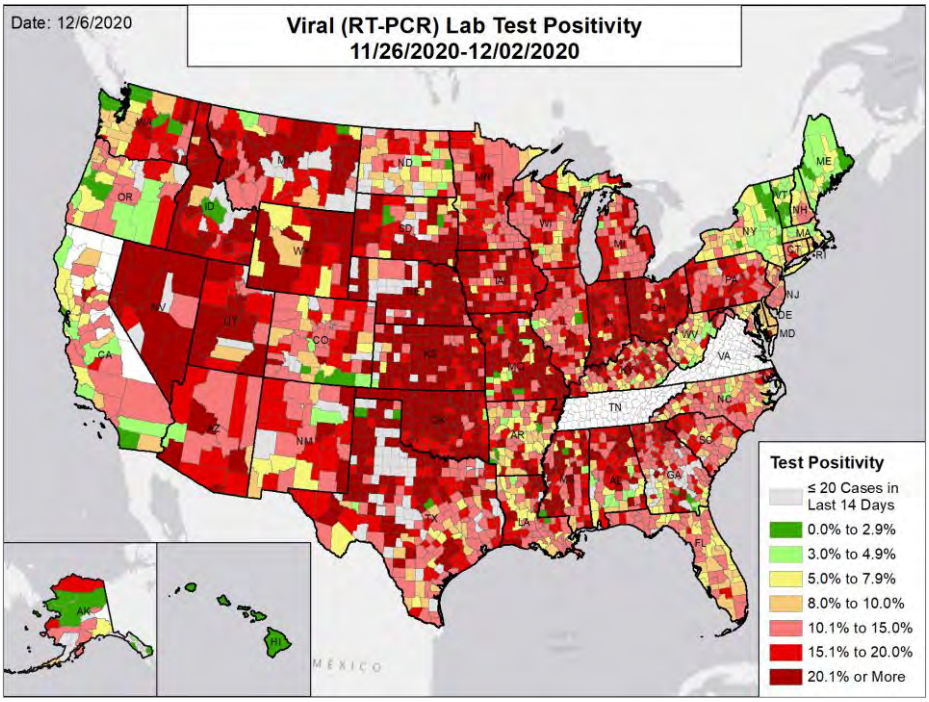
DATA SOURCES

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

Cases: County-level data from USAFacts through 12/4/2020. The week one month before is 10/31 - 11/6; the week two months before is 10/3 - 10/9; the week three months before is 9/5 - 9/11; the week four months before is 8/8 - 8/14; the week five months before is 7/11 - 7/17; the week six months before is 6/13 - 6/19.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY



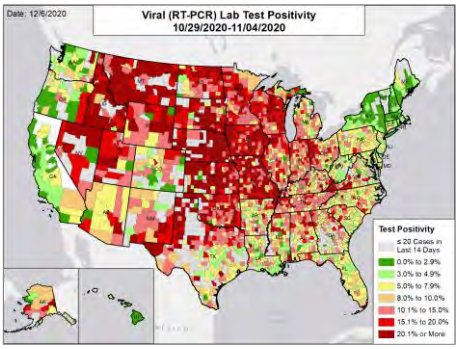
NATIONAL RANKING OF TEST POSITIVITY

National Rank	State
1	ID
2	NV
3	OK
4	NE
5	KS
6	SD
7	MT
8	UT
9	MO
10	IN
11	IA
12	AL
13	MS
14	AZ
15	OH
16	NM
17	KY
18	MI
19	PA
20	WY
21	IL
22	TX
23	MN
24	SC
25	GA
26	WI

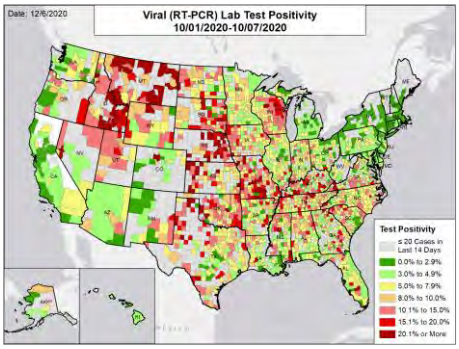
National Rank	State
27	CO
28	NH
29	CT
30	NJ
31	LA
32	AR
33	FL
34	NC
35	OR
36	WA
37	MD
38	ND
39	WV
40	RI
41	AK
42	DE
43	CA
44	NY
45	MA
46	ME
47	DC
48	VT
49	HI
--	TN
--	VA

VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK:

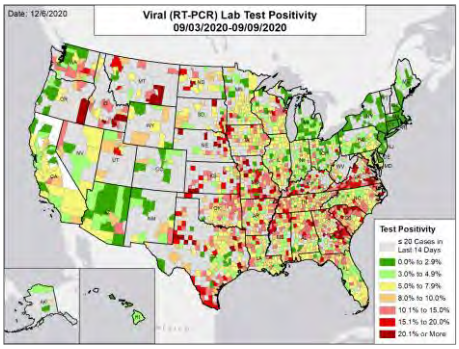
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



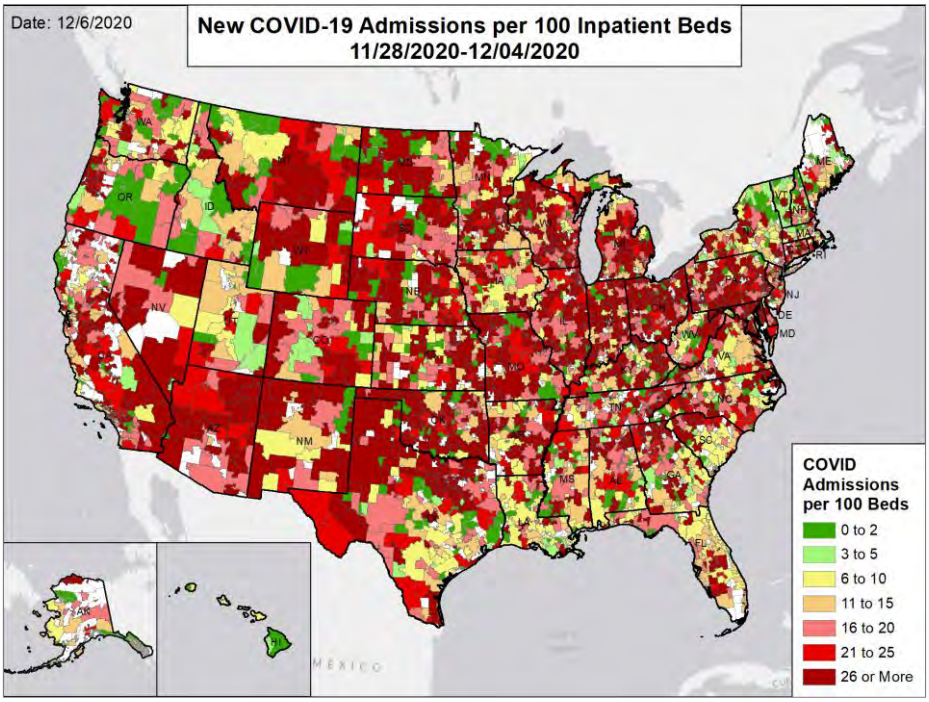
DATA SOURCES

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

Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/2/2020. Tthe week one month before is 10/29 - 11/4; the week two months before is 10/1 - 10/7; the week three months before is 9/3 - 9/9.

National Picture

TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS

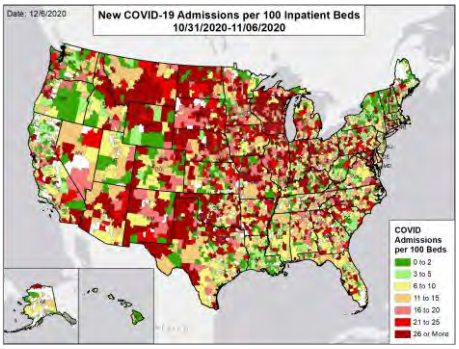


NATIONAL RANKING OF ADMISSIONS PER 100 BEDS

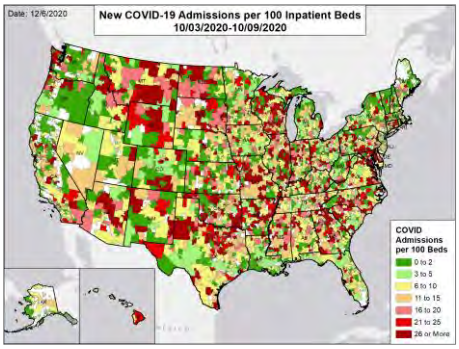
National Rank	State	National Rank	State
1	MD	27	CA
2	AR	28	CT
3	OK	29	TX
4	KY	30	AL
5	WI	31	OR
6	PA	32	TN
7	OH	33	NC
8	NV	34	VA
9	DC	35	WV
10	NM	36	ID
11	IL	37	SC
12	CO	38	MS
13	IN	39	IA
14	MO	40	FL
15	AZ	41	NY
16	WY	42	NH
17	MI	43	RI
18	GA	44	MA
19	KS	45	UT
20	NJ	46	ME
21	DE	47	AK
22	MN	48	WA
23	MT	49	LA
24	ND	50	VT
25	NE	51	HI
26	SD		

TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS IN THE WEEK:

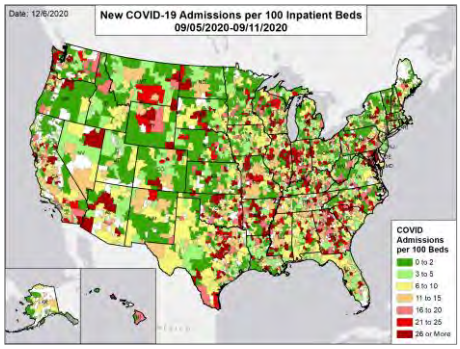
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



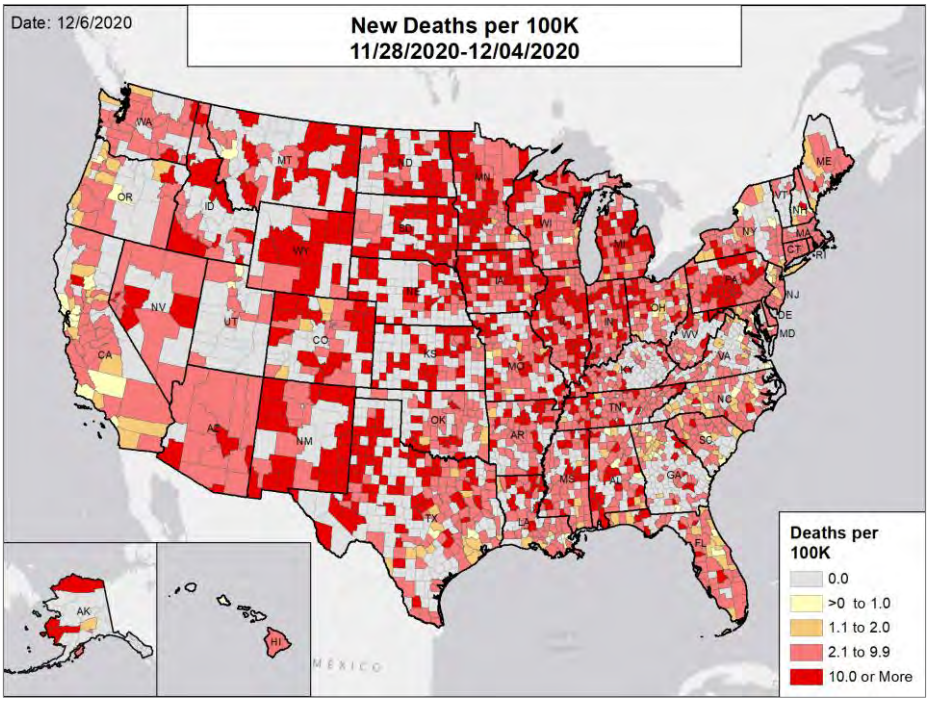
DATA SOURCES

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

Admissions: Unified hospitalization dataset in HHS Protect through 12/4/2020. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions. The week one month before is 10/31 - 11/6; the week two months before is 10/3 - 10/9; the week three months before is 9/5 - 9/11.

National Picture

NEW DEATHS PER 100,000



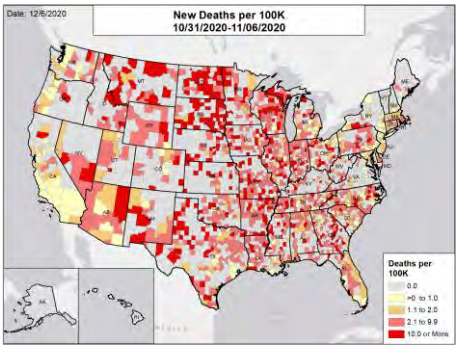
NATIONAL RANKING OF NEW DEATHS PER 100,000

National Rank	State
1	SD
2	ND
3	NE
4	NM
5	KS
6	IA
7	IN
8	MI
9	IL
10	WY
11	PA
12	ID
13	MT
14	MO
15	MN
16	RI
17	WI
18	CO
19	NV
20	AR
21	AL
22	CT
23	TN
24	MS
25	WV
26	OH

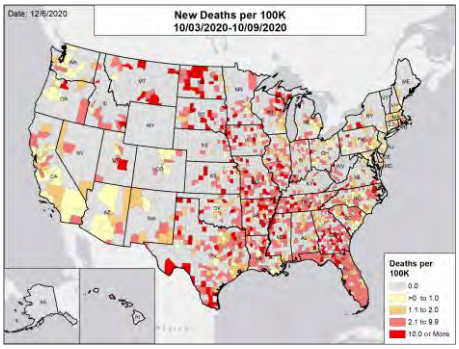
National Rank	State
27	AZ
28	MA
29	OK
30	TX
31	MD
32	KY
33	NJ
34	LA
35	FL
36	WA
37	OR
38	AK
39	NH
40	ME
41	SC
42	NC
43	NY
44	UT
45	DC
46	DE
47	CA
48	GA
49	VT
50	VA
51	HI

NEW DEATHS PER 100,000 IN THE WEEK:

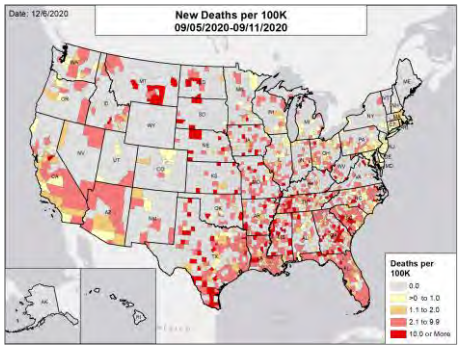
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



DATA SOURCES

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

Deaths: County-level data from USAFacts through 12/4/2020. The week one month before is 10/31 - 11/6; the week two months before is 10/3 - 10/9; the week three months before is 9/5 - 9/11.

METHODS

STATE REPORT | 12.06.2020

Metric	Dark Green	Light Green	Yellow	Orange	Light Red	Red	Dark Red
New cases per 100,000 population per week	≤4	5 – 9	10 – 50	51 – 100	101 – 199	200 – 499	≥500
Percent change in new cases per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 99%	100% – 999%	≥1000%
Diagnostic test result positivity rate	≤2.9%	3.0% – 4.9%	5.0% – 7.9%	8.0% – 10.0%	10.1% – 15.0%	15.1% – 20.0%	≥20.1%
Change in test positivity	≤-2.1%	-2.0% – -0.6%	-0.5% – 0.0%	0.1% – 0.5%	0.6% – 2.0%		≥2.1%
Total diagnostic tests resulted per 100,000 population per week	≥2001	1001 – 2000	750 – 1000	500 – 749	250 – 499		≤249
Percent change in tests per 100,000 population	≥26%	11% – 25%	1% – 10%	-10% – 0%	-25% – -11%		≤-26%
COVID-19 deaths per 100,000 population per week	0.0		0.1 – 1.0	1.1 – 2.0	2.1 – 3.0		≥3.1
Percent change in deaths per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 25%		≥26%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%		1% – 5%		≥6%		
Change in SNFs with at least one resident COVID-19 case, death	≤-2%		-1% – 1%		≥2%		
Total new COVID-19 hospital admissions per 100 beds	≤2	3 – 5	6 – 10	11 – 15	16 – 20	21 – 25	≥26
Change in total new COVID-19 hospital admissions per 100 beds	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 25%		≥26%

- Some dates may have incomplete data due to delays and/or differences in state reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible. Figures and values may also differ from state reports due to differing methodologies.
- Color threshold values are rounded before color classification.
- **Cases and deaths:** County-level data from USAFacts as of 20:30 EST on 12/06/2020. State values are calculated by aggregating county-level data from USAFacts. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests, unless stated otherwise. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 RT-PCR result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Because the data are deidentified, total RT-PCR tests are the number of tests performed, not the number of individuals tested. RT-PCR test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 11/26 to 12/2; previous week data are from 11/19 to 11/25; the week one month before data are from 10/29 to 11/4. HHS Protect data is recent as of 12:29 EST on 12/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EST on 12/05/2020.
- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:19 EST on 12/06/2020.
- **Hospital PPE:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Data is recent as of 16:52 EST on 12/5/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 11/23-11/29, previous week is 11/16-11/22. 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."