



MISSOURI

STATE REPORT

12.13.2020

Issue 26

SUMMARY

- Missouri is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 33rd highest rate in the country. Missouri is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 6th highest rate in the country.
- Missouri has seen a decrease in new cases and a decrease in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. St. Louis County, 2. Jackson County, and 3. St. Charles County. These counties represent 38.3% of new cases in Missouri.
- 93% of all counties in Missouri have moderate or high levels of community transmission (yellow, orange, or red zones), with 88% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 33% of nursing homes had at least one new resident COVID-19 case, 52% had at least one new staff COVID-19 case, and 17% had at least one new resident COVID-19 death.
- Missouri had 404 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 86 to support operations activities from FEMA; 5 to support operations activities from ASPR; 1 to support testing activities from CDC; and 6 to support epidemiology activities from CDC.
- The federal government has supported surge testing in Columbia, Cape Girardeau, Branson, Lee's Summit, and St. Louis.
- Between Dec 5 - Dec 11, on average, 296 patients with confirmed COVID-19 and 235 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Missouri. This is a minimal change in total new COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, but the state is managing and is working on a staffing contract.

RECOMMENDATIONS

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

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

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

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

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

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



COVID-19



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

* Indicates absolute change in percentage points.

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

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

DATA SOURCES – Additional data details available under METHODS

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

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

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

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

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

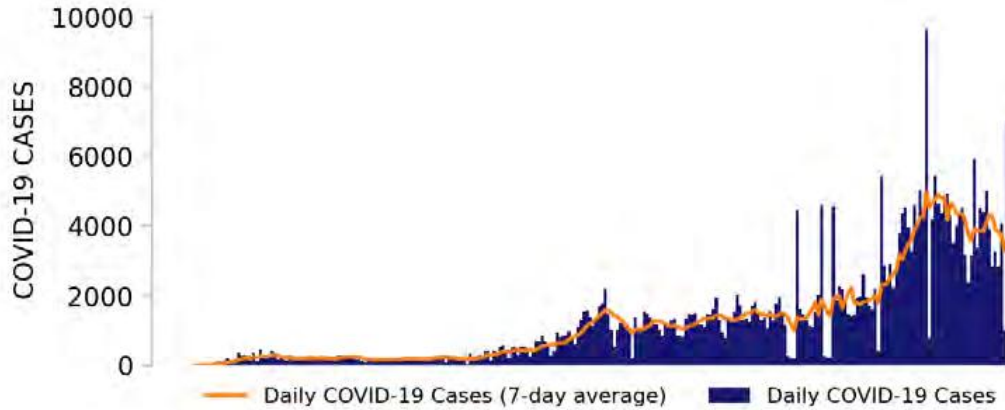
Shortages: Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able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



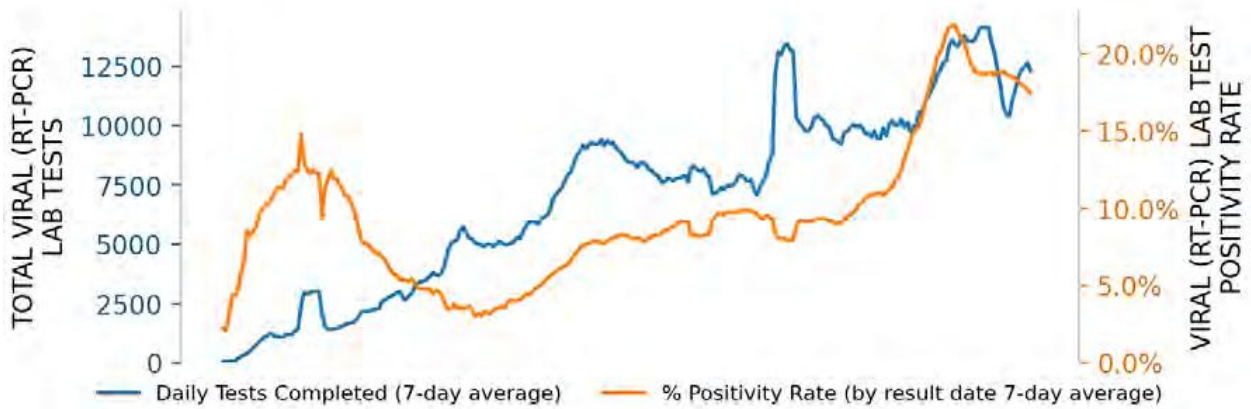
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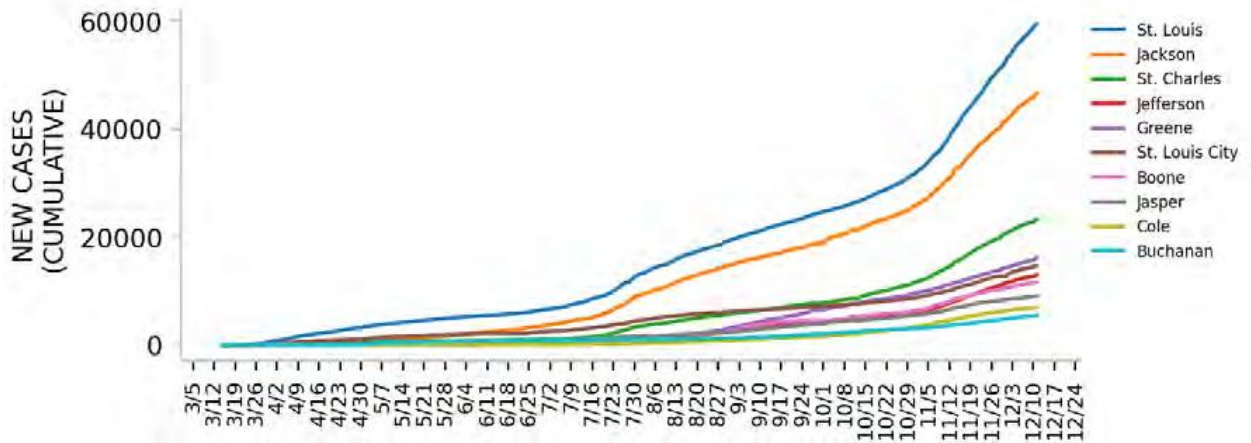
NEW CASES



TESTING



TOP COUNTIES



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

DATA SOURCES – Additional data details available under METHODS

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

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

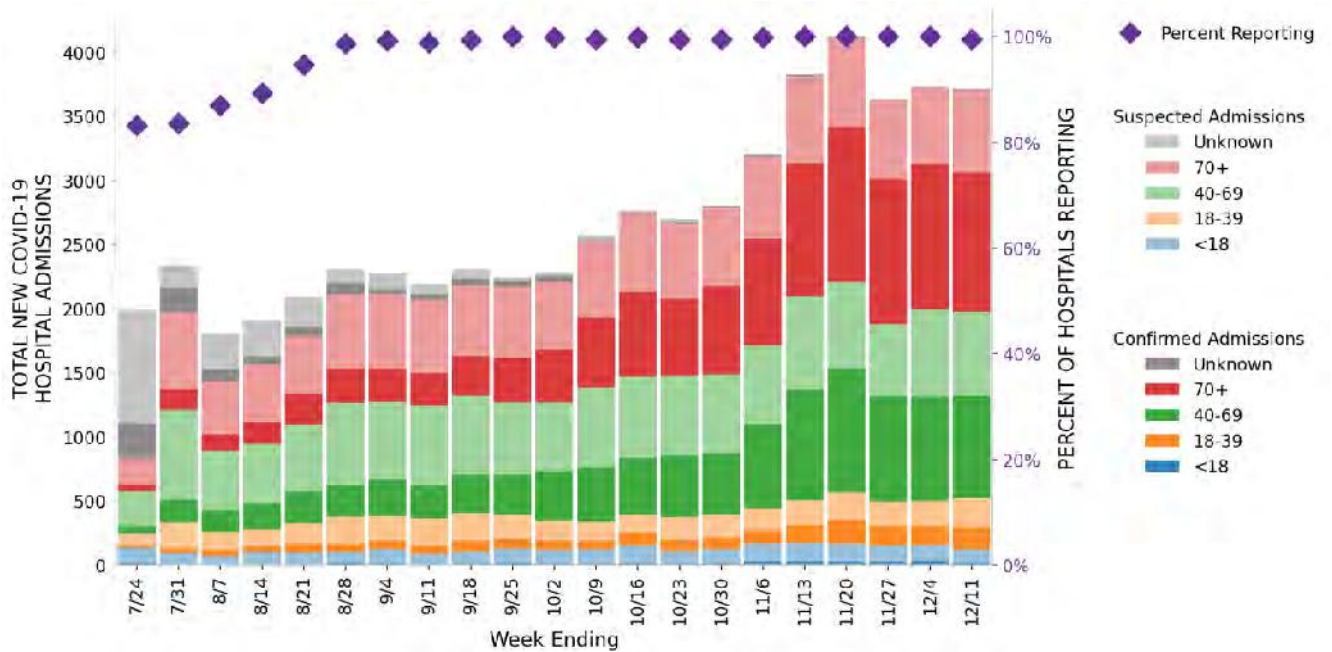


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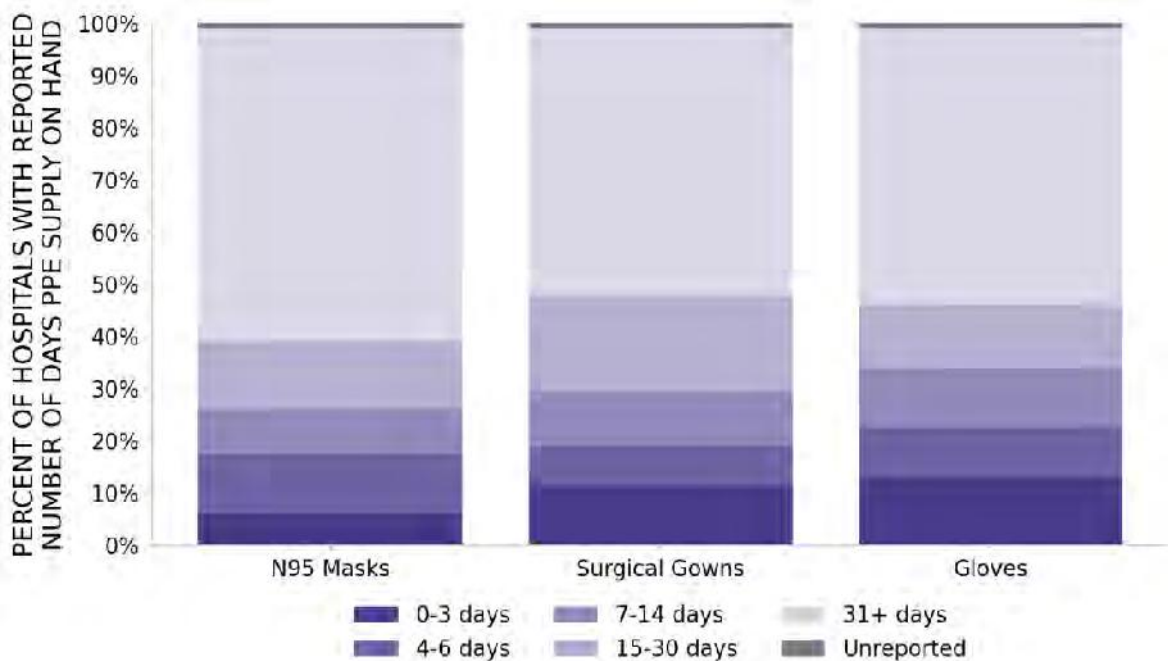
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115 hospitals are expected to report in Missouri

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

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



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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA)

COUNTIES

**LOCALITIES
IN RED
ZONE**

24
■ (+0)

St. Louis
Kansas City
Springfield
Jefferson City
Columbia
Joplin
St. Joseph
Cape Girardeau
Branson
Poplar Bluff
Sikeston
Fort Leonard Wood

101
▲ (+6)

St. Louis
Jackson
St. Charles
Jefferson
Greene
St. Louis City
Boone
Jasper
Cole
Buchanan
Franklin
Cass

**LOCALITIES
IN ORANGE
ZONE**

1
■ (+0)

Sedalia

3
■ (+0)

Pettis
Polk
Osage

**LOCALITIES
IN YELLOW
ZONE**

1
▲ (+1)

Farmington

3
▼ (-4)

St. Francois
Gasconade
Hickory

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

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

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

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

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

DATA SOURCES – Additional data details available under METHODS

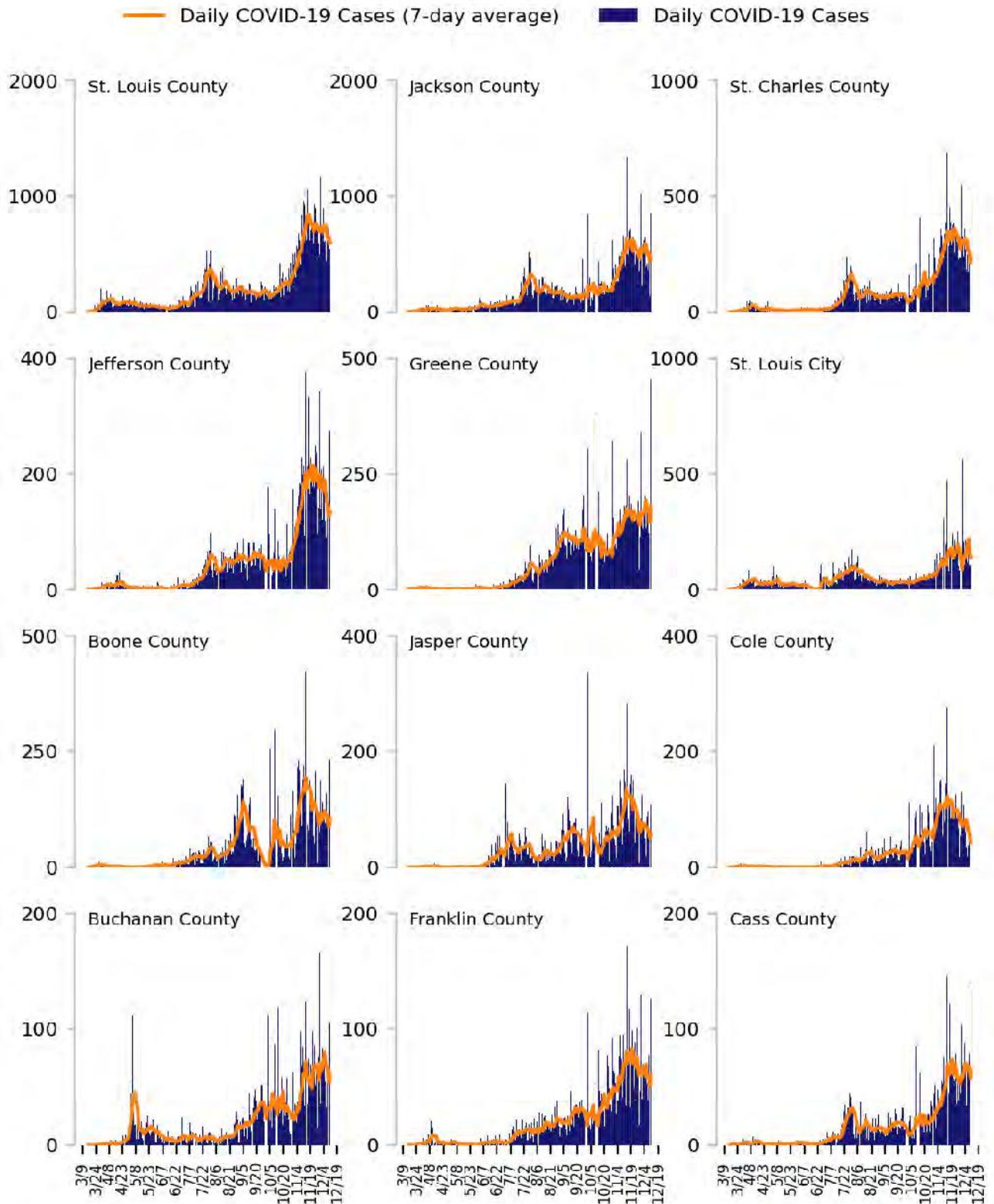
Cases and Deaths: State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

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



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

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

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

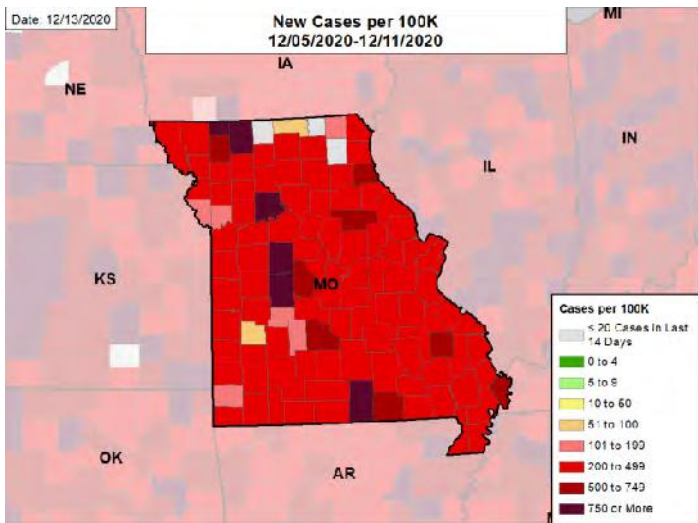


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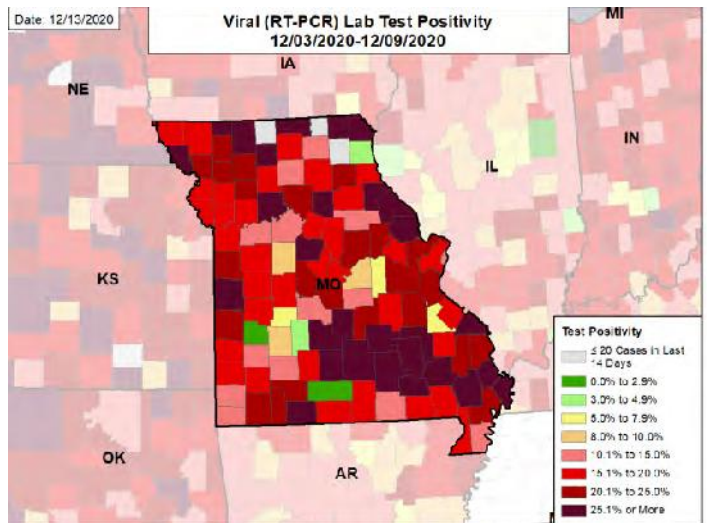
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CASE RATES AND VIRAL LAB TEST POSITIVITY

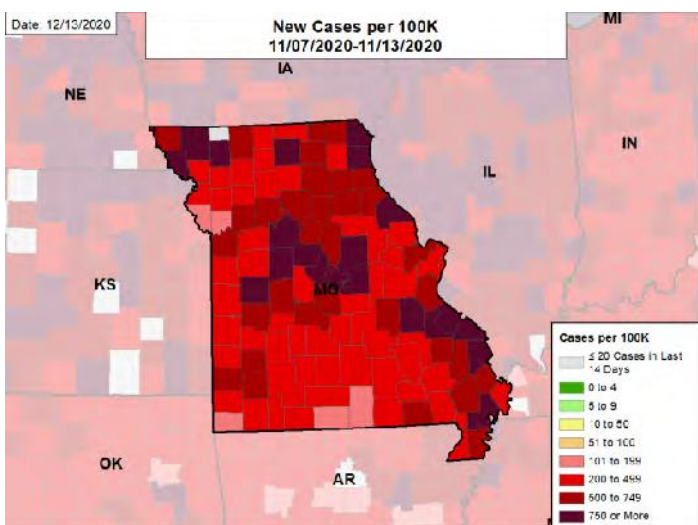
NEW CASES PER 100,000



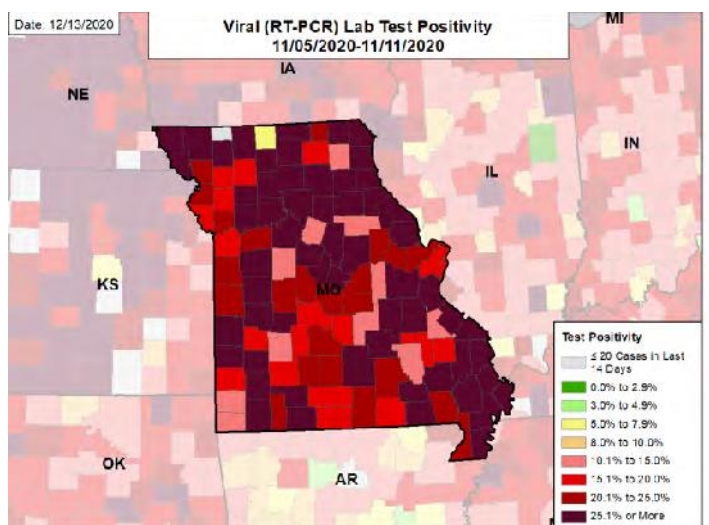
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

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

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

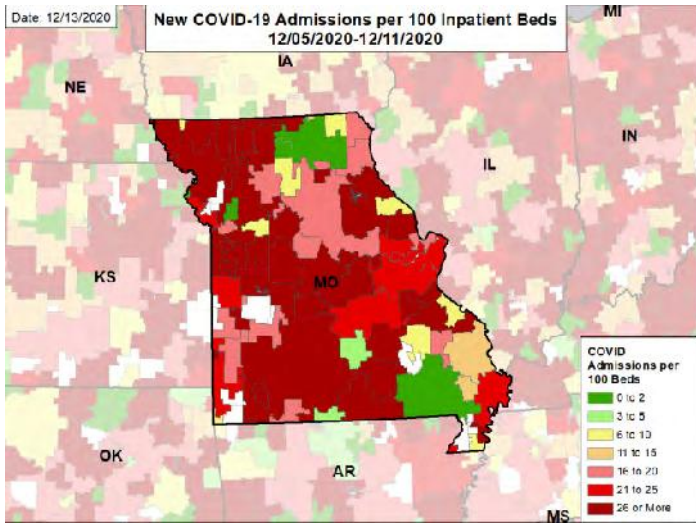


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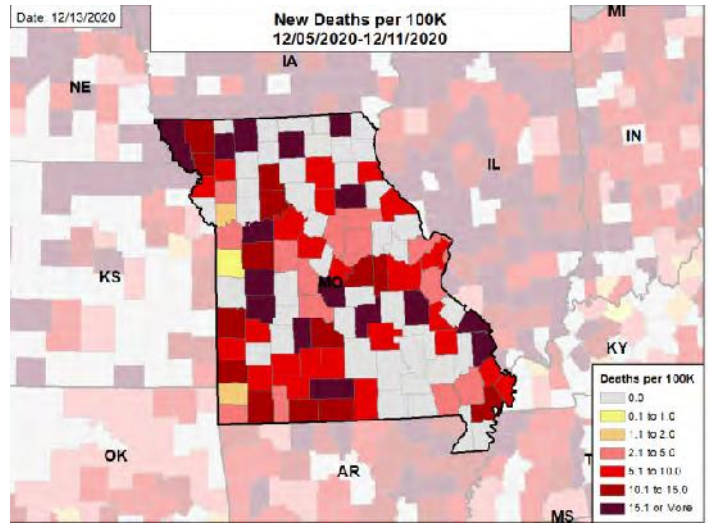
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HOSPITAL ADMISSIONS AND DEATH RATES

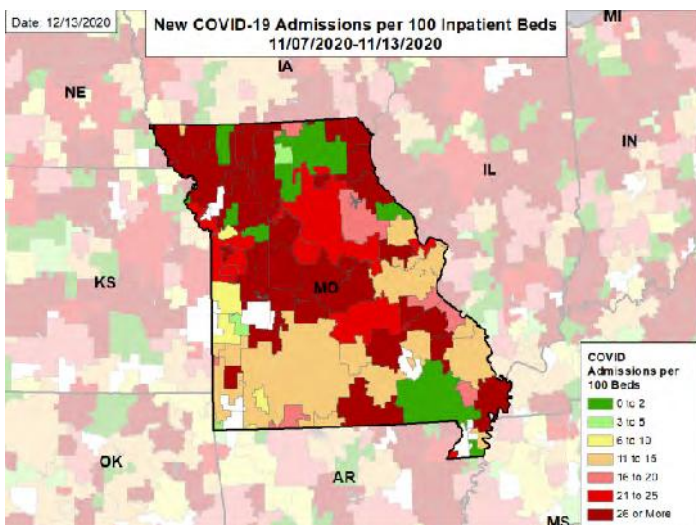
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



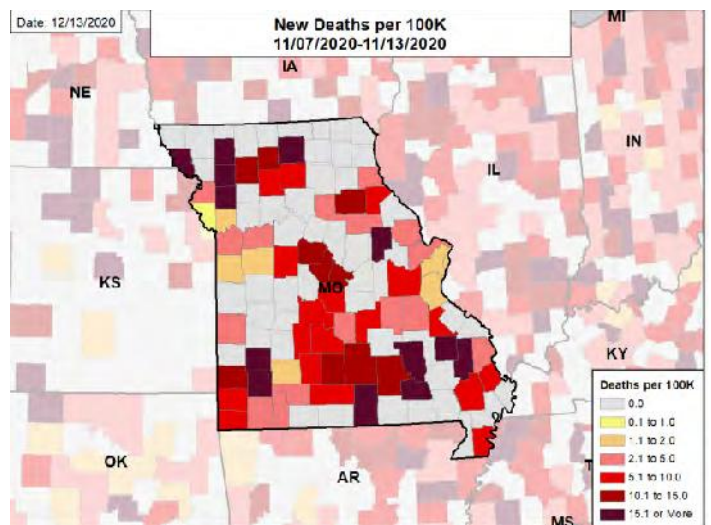
NEW DEATHS PER 100,000



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



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

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

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