



MISSOURI

STATE REPORT

01.10.2021

Issue 30

SUMMARY

- Missouri 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. Missouri is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 13th highest rate in the country.
- Missouri 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. St. Louis County, 2. Jackson County, and 3. St. Charles County. These counties represent 38.9% of new cases in Missouri.
- 92% of all counties in Missouri 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 Dec 28 - Jan 3, 27% of nursing homes had at least one new resident COVID-19 case, 44% had at least one new staff COVID-19 case, and 12% had at least one new resident COVID-19 death.
- Missouri had 369 new cases per 100,000 population, compared to a national average of 532 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 96 to support operations activities from FEMA and 5 to support operations activities from ASPR.
- Between Jan 2 - Jan 8, on average, 271 patients with confirmed COVID-19 and 225 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.
- As of Jan 8, 406,150 vaccine doses have been distributed to Missouri. 124,721 individuals have received the first dose.

RECOMMENDATIONS

- Data reporting has stabilized and reveals a clear continuation of the pre-holiday high rate of spread as measured by rising test positivity, increased cases, increased hospitalization rates, and rising fatalities. The slope of the rate of rise across the country remains the same as the Northern Plains slope in the fall and has continued into November, December, and now January with more states entering the rapid acceleration phase of viral spread, increasing hospitalizations and deaths.
- Nearly all metro areas over 500,000 persons are in full resurgence, and aggressive action must meet this increasing community spread in our large metros. Metros that continued to improve post-Thanksgiving are now destabilizing.
- The United States remains at a high plateau of 150-160,000 confirmed and suspected new COVID-19 admissions per week and over 130,000 total COVID-19 inpatients. Significant, continued deterioration from California across the Sunbelt and up into the Southeast, Mid-Atlantic, and Northeast suggests increasing and aggressive community spread, which requires aggressive and increased mitigation, testing, use of monoclonal antibodies, and vaccination.
- This fall/winter surge has been at nearly twice the rate of rise of cases as the spring and summer surges. This acceleration and the epidemiologic data suggest the possibility that some strains of the US COVID-19 virus may have evolved into a more transmissible virus. Given that possibility, and the presence of the UK variant that is already spreading in our communities and may be 50% more transmissible, we must be ready for and mitigate a much more rapid transmission.
- Aggressive mitigation must be used to match a more aggressive virus, moving beyond what worked in the summer to more layered mitigation; without uniform implementation of effective face masking (two or three ply and well-fitting) and strict physical distancing, epidemics could quickly worsen as more transmissible variants spread and become predominant. Enhanced genotypic surveillance will help identify when and where more transmissible viruses emerge, which could help galvanize communities to action.
- Messaging must be focused on proactive testing of those under 40 to prevent asymptomatic silent spread to their household members and on a call to action for immediate testing and rapid infusion of monoclonal antibodies for those at risk for severe disease. Every hospital should have outpatient infusion sites immediately available to save lives.
- Strongly recommend the creation of young adult testing sites with BinaxNOW to encourage rapid testing and, for those testing positive, immediate isolation and aggressive protection of vulnerable household members.
- Do not delay the rapid immunization of those over 65 and vulnerable to severe disease; recommend creation of high throughput vaccination sites with use of EMT personnel and nursing students to monitor for potential anaphylaxis. No vaccines should be in freezers but should instead be put in arms now; active and aggressive immunization in the face of this surge would save lives.
- Careful planning, efficient implementation, and transparent messaging on the state's vaccination campaign are critical to maintaining public confidence and maximizing vaccine acceptance. Multiple states have launched vaccine-specific dashboards with regular updating of the number of individuals vaccinated to date, as well as vaccine-related information and messaging; these are a best practice. Given persistent vaccine hesitancy, continued active encouragement by the Governor, health officials, and community influencers are needed.
- New admissions remain at the highest levels. Establish mask requirements statewide and capacity thresholds for all indoor public spaces, particularly in those areas with the highest increases.
- In K-12 schools, establish public health protocols to conduct active testing for teachers and students in districts with high positivity and cases. In accordance with CDC guidelines, masks should be worn by students and teachers.
- With nearly 50% of LTCF sites having COVID-positive staff, continue weekly testing of all staff until residents and staff are fully vaccinated.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students. Immediately identifying and isolating asymptomatic individuals will prevent community spread.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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



COVID-19



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	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	22,662 (369)	+20%	55,547 (393)	1,744,828 (532)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	18.6%	+0.8%*	16.9%	14.3%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	54,371** (886**)	+1%**	216,870** (1,534**)	9,104,878** (2,774**)
COVID-19 DEATHS (RATE PER 100,000)	413 (6.7)	+63%	1,013 (7.2)	21,090 (6.4)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	27%	N/A*†	21%	29%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	44%	N/A*†	43%	49%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	12%	N/A*†	12%	16%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,468 (22)	+1% (-1%)	6,085 (17)	165,234 (23)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	27 (23%)	+0% (+0%*)	114 (25%)	1,086 (21%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	31 (27%)	+3% (+11%*)	75 (17%)	1,177 (23%)
COVID-19 VACCINE SUMMARY	DOSES DISTRIBUTED		1ST DOSES ADMINISTERED	
	TOTAL	RATE PER 100,000	TOTAL	PERCENT OF ADULTS
	406,150	6,617	124,721	2.6%

* 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 data submission lag. Therefore, the most current week's data should not be compared to previous data. 87% of facilities reported during the most current week.

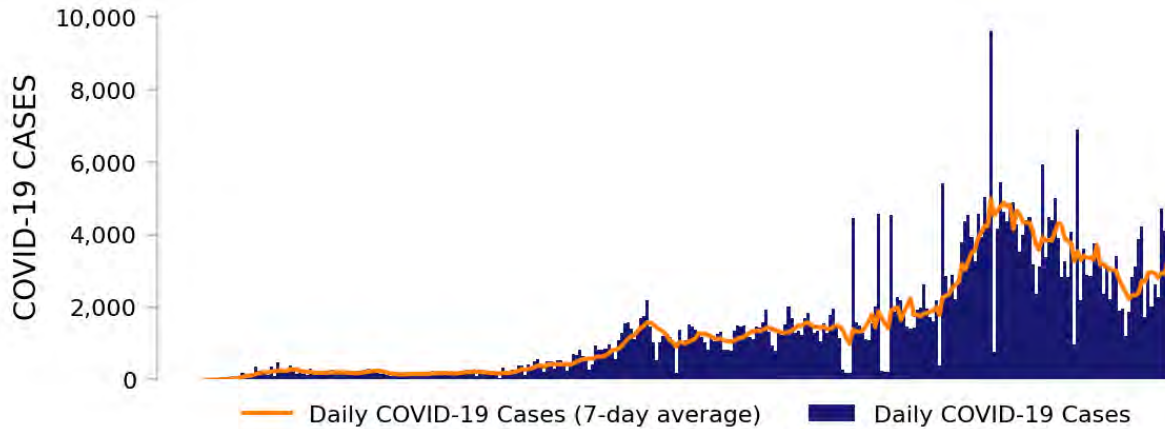
DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC-managed dataset compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 1/8/2021; previous week is 12/26 - 1/1.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 1/6/2021. Previous week is 12/24 - 12/30.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data is through 1/3/2021, previous week is 12/21-12/27.**Admissions:** Unified hospitalization dataset in HHS Protect. Totals include confirmed and suspected COVID-19 admissions.**Shortages:** Unified hospital dataset in HHS Protect. Values presented show the latest reports from hospitals in the week ending 1/8/2021.**Vaccinations:** [CDC COVID Data Tracker](#). Data includes both the Moderna and Pfizer BioNTech COVID-19 vaccines and reflects current data available as of 16:56 EST on 01/10/2021. Data last updated 09:00 EST on 01/08/2021. Adults is defined as the population 18 years old and older.



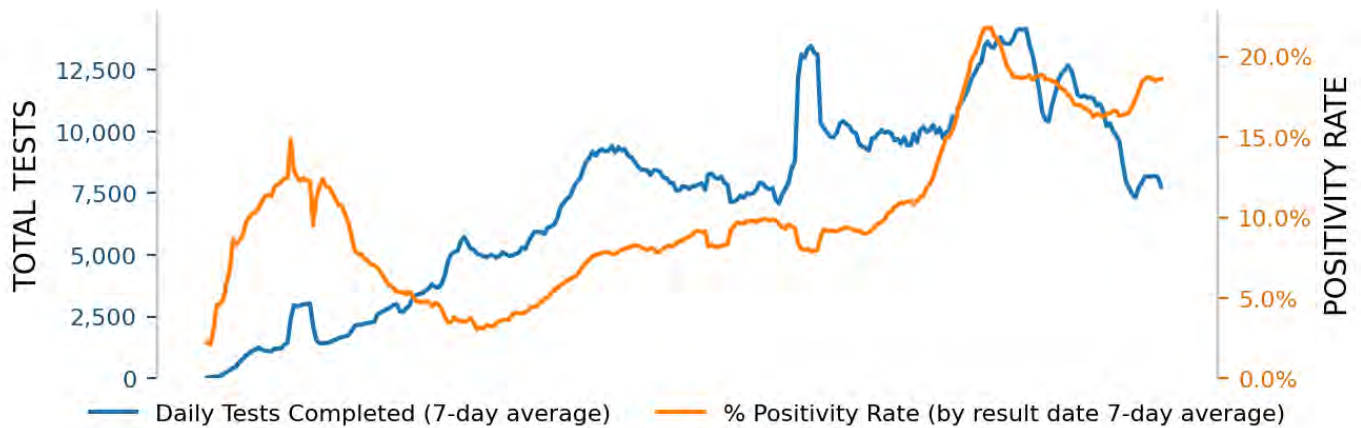
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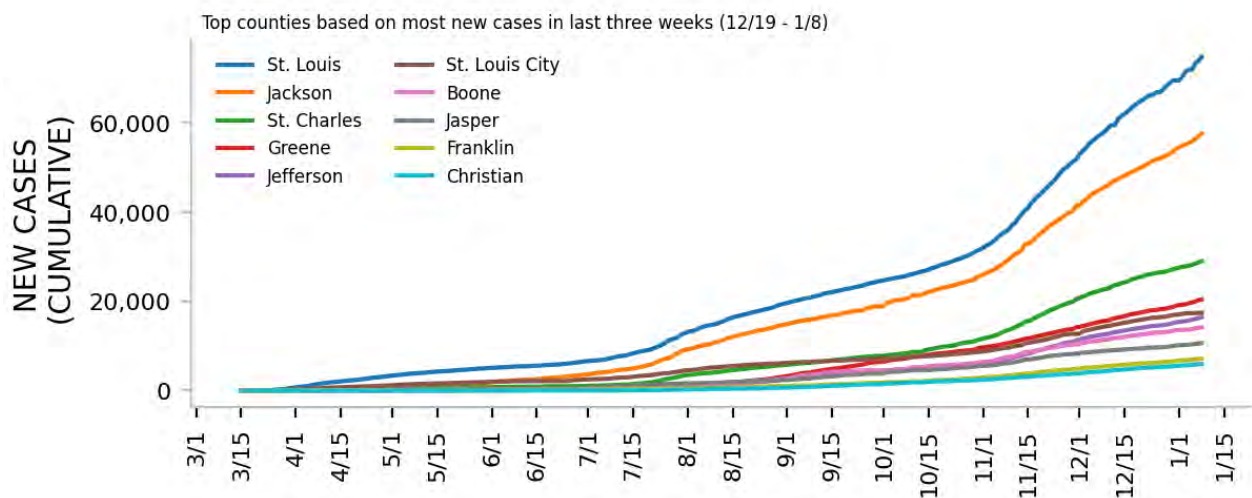
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 1/6/2021.

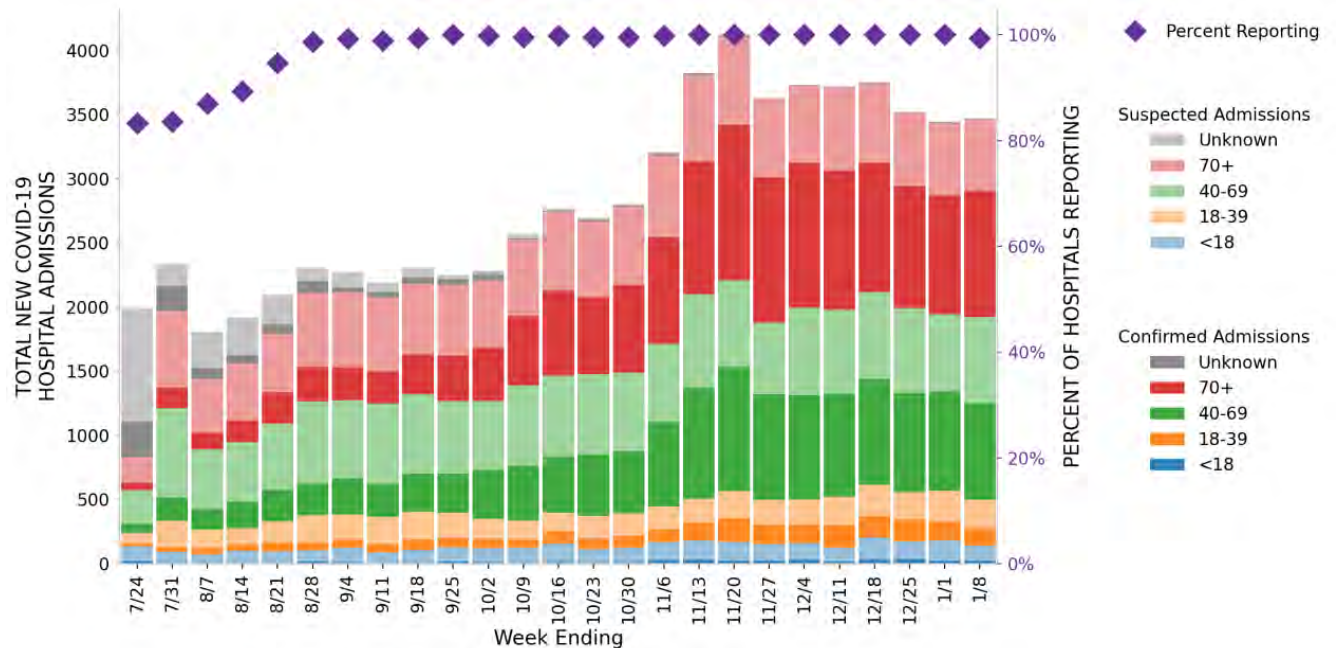


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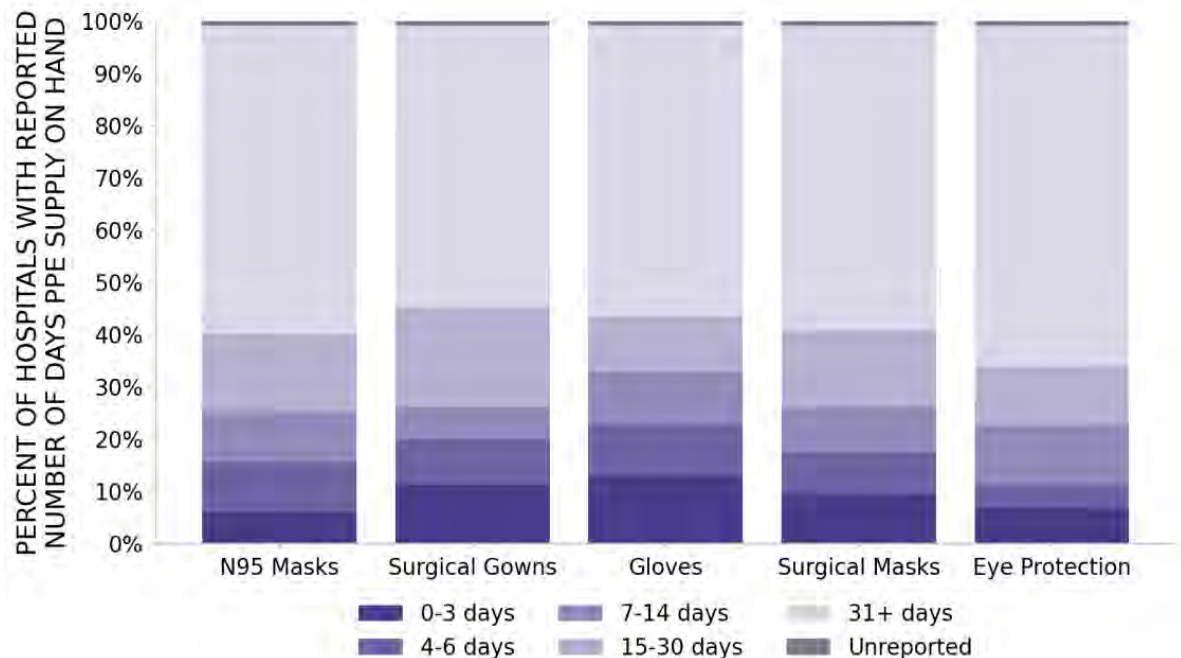
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115 hospitals are expected to report in Missouri

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 1/6/2021.



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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)	COUNTIES
LOCALITIES IN RED ZONE	25 ▲ (+1) St. Louis Kansas City Springfield Columbia Joplin Jefferson City St. Joseph Cape Girardeau Fort Leonard Wood Sedalia Branson Poplar Bluff	98 ▲ (+10) St. Louis Jackson St. Charles Greene Jefferson St. Louis City Boone Jasper Franklin Christian Clay Cass
LOCALITIES IN ORANGE ZONE	1 ▼ (-1) Farmington	4 ▼ (-4) St. Francois Camden Gasconade Holt
LOCALITIES IN YELLOW ZONE	1 ■ (+0) Quincy	4 ■ (+0) Polk Cooper Gentry Shannon
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease		

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

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

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

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

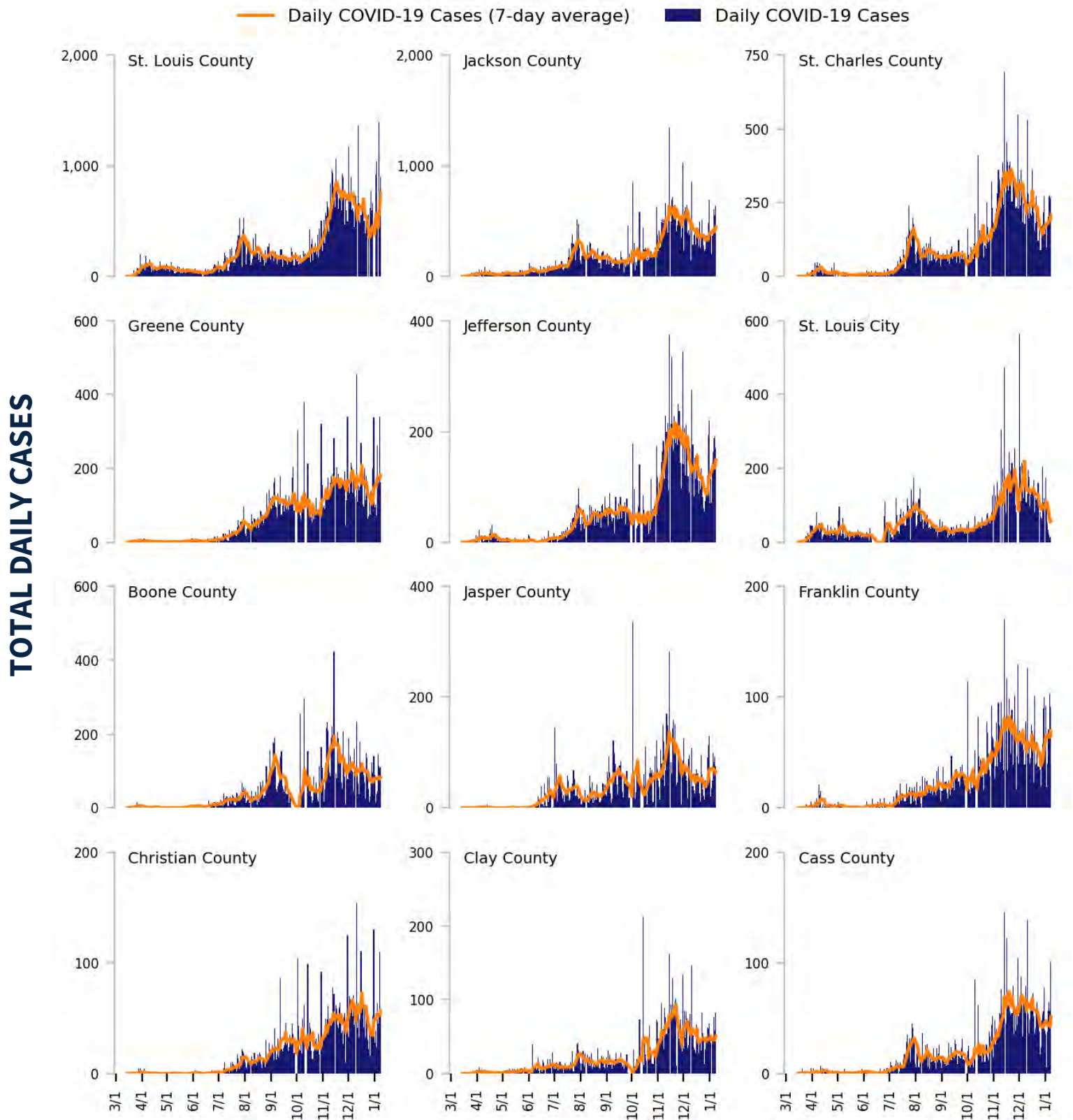
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Cases and Deaths: State values are calculated by aggregating county-level data from a CDC-managed dataset compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 1/8/2021.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 1/6/2021.



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



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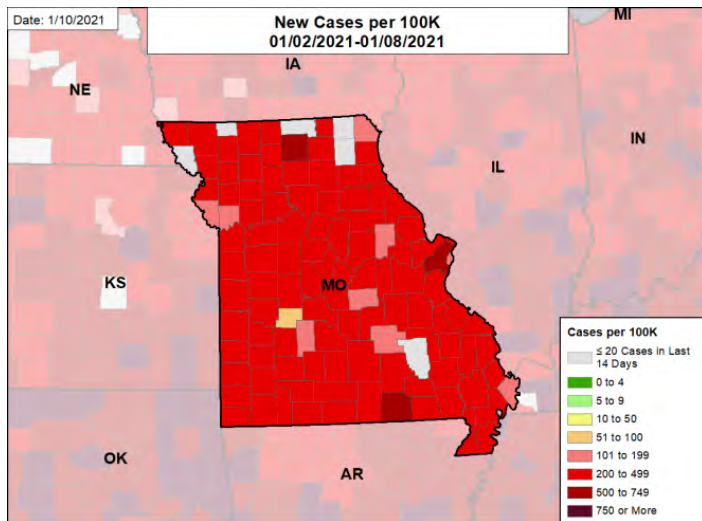


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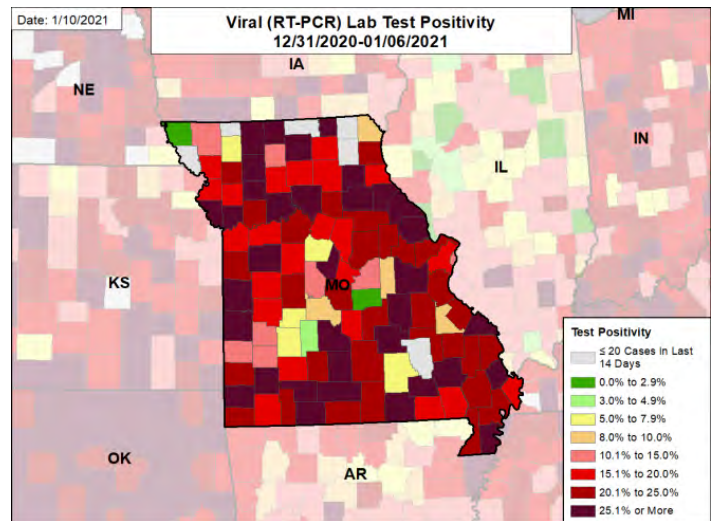
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CASE RATES AND VIRAL LAB TEST POSITIVITY

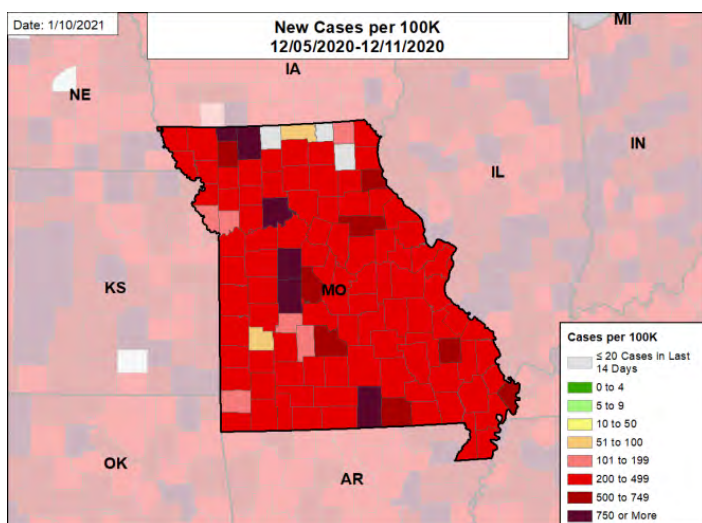
NEW CASES PER 100,000



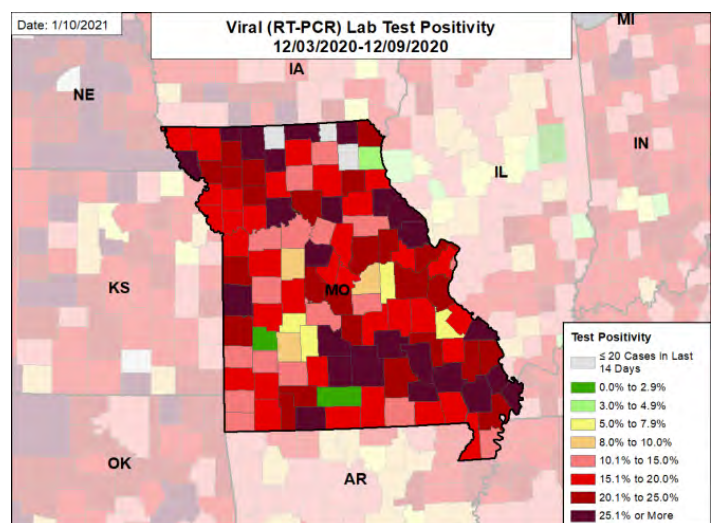
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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Cases: State values are calculated by aggregating county-level data from a CDC-managed dataset compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 1/8/2021. The week one month before is 12/5 - 12/11.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 1/6/2021; week one month before is 12/3 - 12/9.

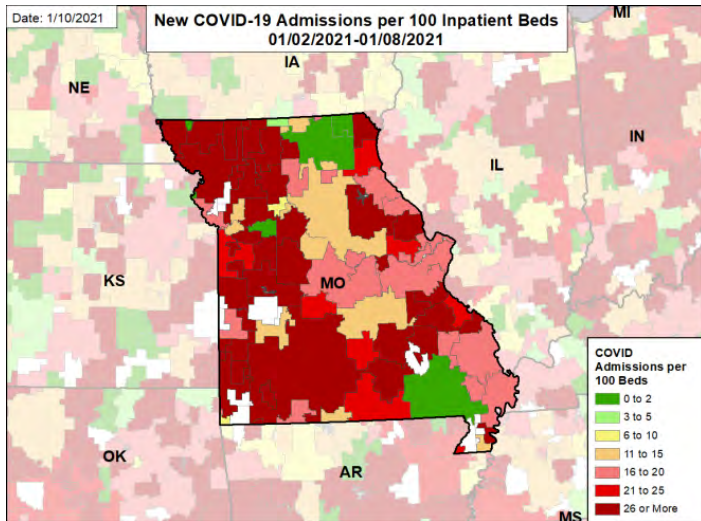


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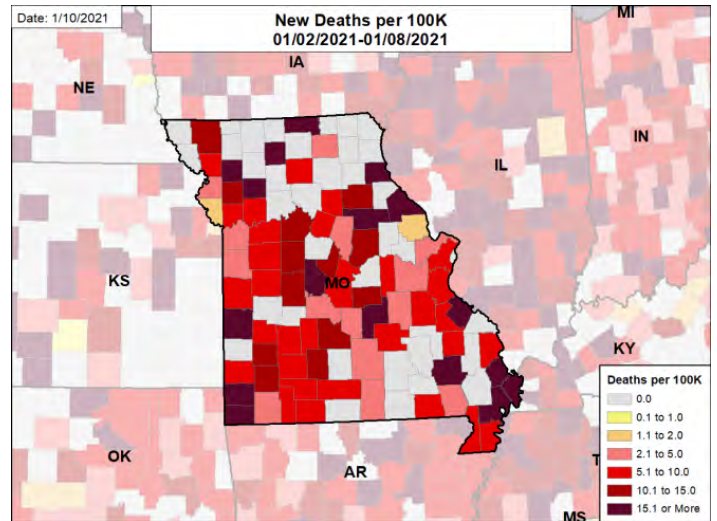
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HOSPITAL ADMISSIONS AND DEATH RATES

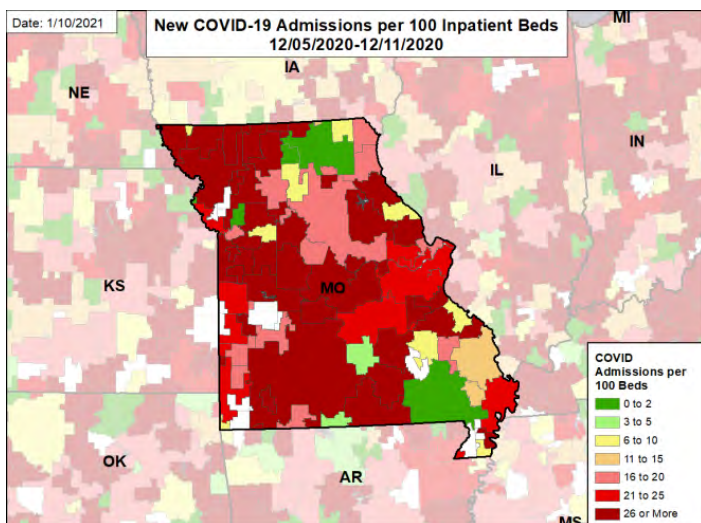
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



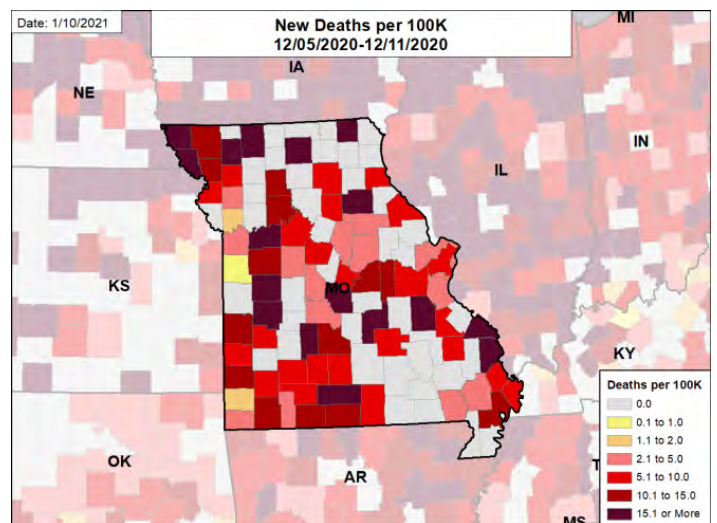
NEW DEATHS PER 100,000



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

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Deaths: State values are calculated by aggregating county-level data from a CDC-managed dataset compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 1/8/2021. The week one month before is 12/5 - 12/11.

Hospitalizations: Unified hospitalization dataset in HHS Protect. Totals include confirmed and suspected COVID-19 admissions.