STATE REPORT
09.06.2020

VIRGINIA

SUMMARY

- Virginia is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 29th highest rate in the country. Virginia is in the red zone for test positivity, indicating a rate above 10%, with the 7th highest rate in the country.
- Virginia has seen stability in new cases and an increase in test positivity over the last week. The increasing test positivity is very concerning.
- 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 20.7% of new cases in Virginia.
- 62% of all counties in Virginia have moderate or high levels of community transmission (yellow or red zone), with 23% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 15% of nursing homes had at least one new resident COVID-19 case, 18% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Virginia had 84 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 33 to support operations activities from FEMA; 5 to support epidemiology activities from CDC; 3 to support operations activities from CDC; and 96 to support operations activities from USCG.
- Between Aug 29 - Sep 04, on average, 62 patients with confirmed COVID-19 and 274 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Virginia. An average of 93% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Virginia has made progress, but cases are increasing in specific counties and more counties have entered the red zone of >10% positive. To sustain the gains and decrease community spread, continue the strong mitigation efforts statewide and strengthen mitigation efforts in university towns to decrease spread from universities to the local community. Consider further a decrease in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather if cases begin to rise.
- Cases are increasing in Northern Virginia, Richmond, Radford City, and Harrisonburg.
- We are seeing gains being reversed in other states due to university spread. Virginia universities need to increase testing and isolation to prevent spread from students to local communities and hometowns. This includes detecting asymptomatic students and preventing silent spread of disease through routine saliva testing on university research platforms. Ensure there are quick turnaround times for results and rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
- Increase testing capacity by increasing the budget and capacity of public health labs through:
    - Ensuring hospitals move elective surgeries and admissions testing to pooling in order to reserve tests for community outreach and to expand outpatient testing, pooling specimens where appropriate.
    - Utilizing all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Recruit college and university students to expand public health messaging and contact tracing capacity. Ensure protection of local communities by strict mask wearing and social distancing when off-campus and around vulnerable individuals on campus.
- Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders.
- Ask citizens and students to limit ALL social gatherings to 10 or fewer people. Recreating spreading events through bar-like gatherings in homes will result in continued high cases and result in those with comorbidities becoming infected.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive 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.

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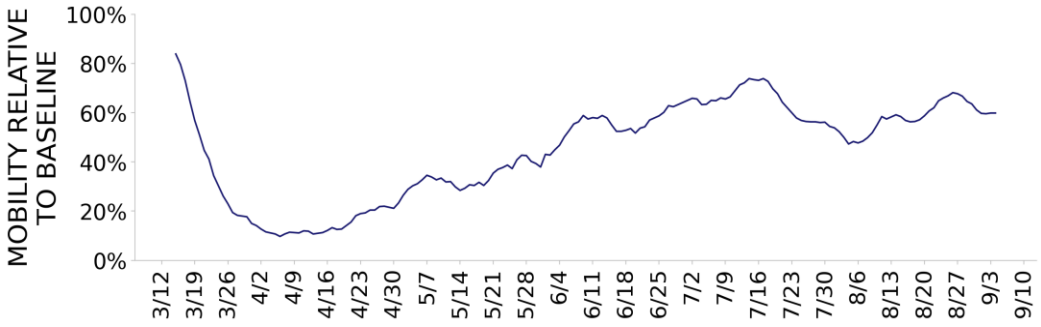
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	7,195 (84)	+6.9%	19,259 (62)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.4%	+0.7%*	5.4%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	94,008** (1,101)	-13.9%**	460,551** (1,493)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	115 (1)	+4.5%	310 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	15% (18%)	+3%* (-2%*)	8% (13%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+0%*	3%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	5	Blacksburg-Christiansburg Harrisonburg Danville Martinsville Kingsport-Bristol	8	Washington-Arlington-Alexandria Virginia Beach-Norfolk-Newport News Richmond Lynchburg Charlottesville Roanoke Big Stone Gap Bluefield
COUNTY LAST WEEK	30	Newport News City Harrisonburg City Radford City Montgomery Suffolk City Pittsylvania Henry Danville City Charlottesville City Isle of Wight Washington Prince George	53	Fairfax Prince William Virginia Beach City Richmond City Chesapeake City Loudoun Henrico Chesterfield Norfolk City Alexandria City Lynchburg City Portsmouth City

All Red Counties: Newport News City, Harrisonburg City, Radford City, Montgomery, Suffolk City, Pittsylvania, Henry, Danville City, Charlottesville City, Isle of Wight, Washington, Prince George, Greensville, Manassas City, Smyth, Franklin City, Mecklenburg, Martinsville City, Carroll, Appomattox, Southampton, Patrick, Grayson, Wythe, Brunswick, Emporia City, Sussex, Surry, Essex, Giles

All Yellow Counties: Fairfax, Prince William, Virginia Beach City, Richmond City, Chesapeake City, Loudoun, Henrico, Chesterfield, Norfolk City, Alexandria City, Lynchburg City, Portsmouth City, Hampton City, Stafford, Spotsylvania, Bedford, Albemarle, Roanoke City, Fauquier, Hanover, Rockingham, Wise, James City, Roanoke, Amherst, Petersburg City, Campbell, Culpeper, York, Dinwiddie, Lee, Augusta, Hopewell City, Fredericksburg City, Franklin, Pulaski, Halifax, Salem City, Russell, Scott, Caroline, Shenandoah, Floyd, Manassas Park City, Buckingham, Orange, Lancaster, Bland, Colonial Heights City, New Kent, Charlotte, Nottoway, Northumberland

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and lab test positivity result above 10%.

Yellow Zone: Those CBSAs and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a lab test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

Note: Lists of red 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

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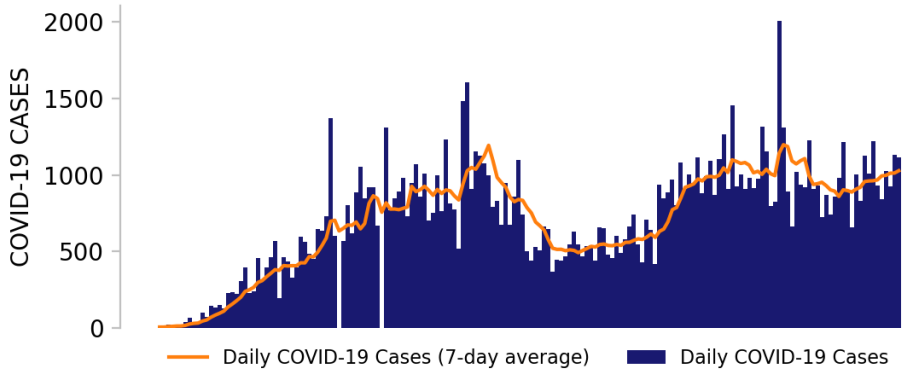
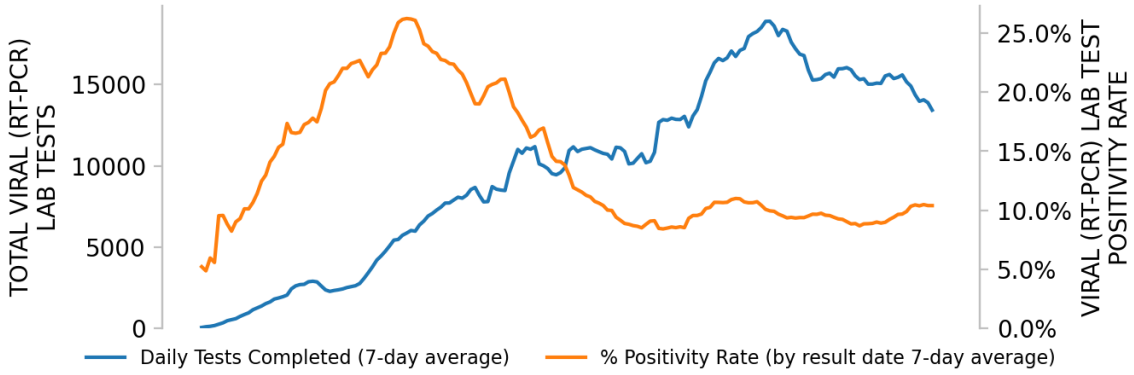
NEW CASES

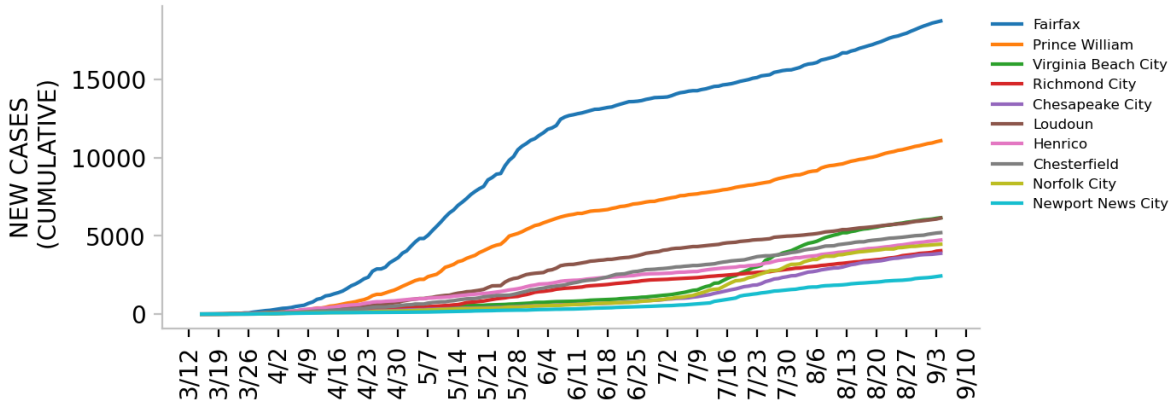


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/15 - 9/4)



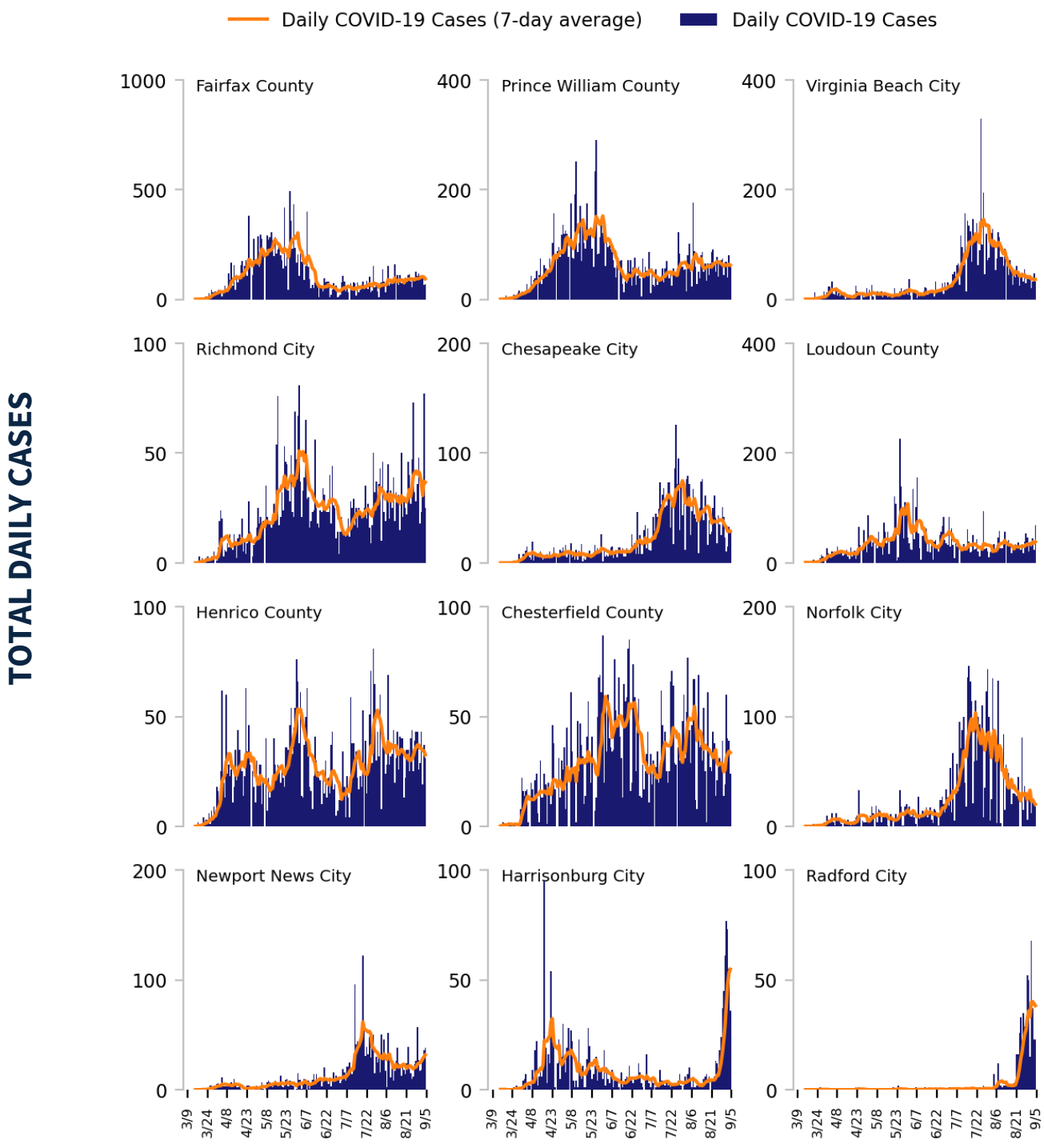
DATA SOURCES – Additional data details available under METHODS

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 9/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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 9/4/2020. Last 3 weeks is 8/15 - 9/4.

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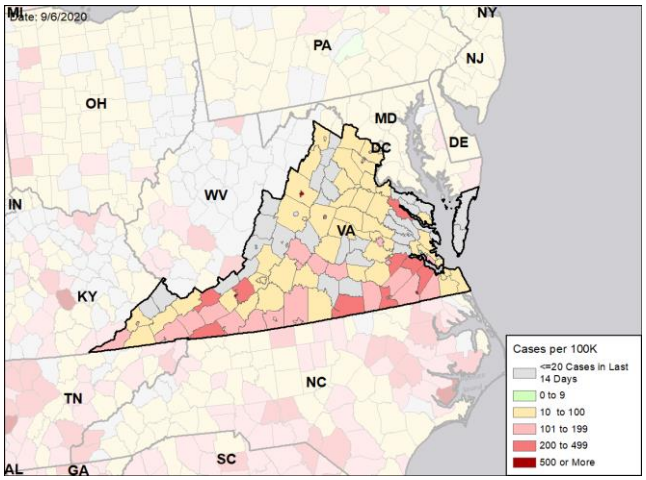
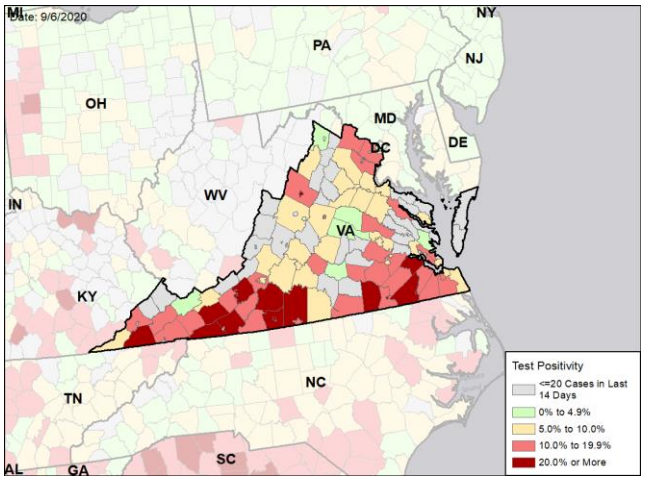
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

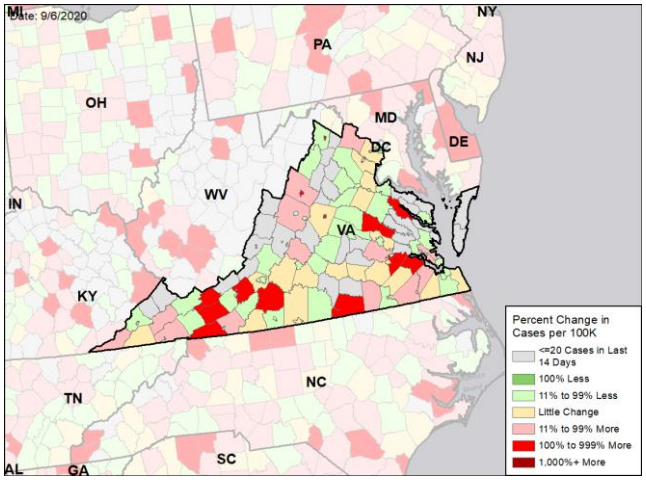
NEW CASES PER 100,000 DURING THE LAST WEEK



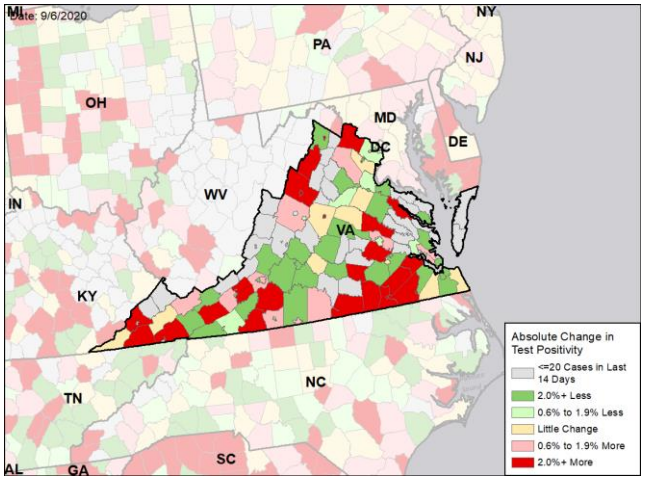
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

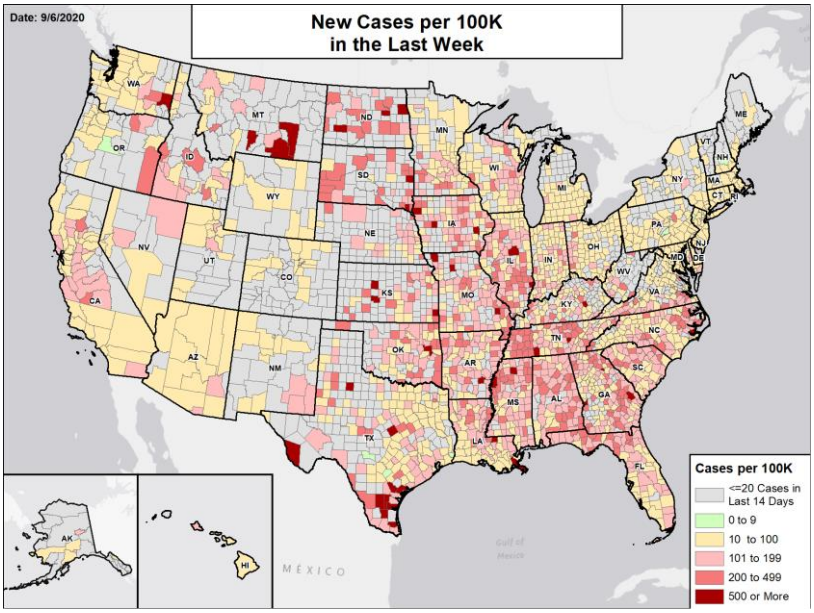
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020. Last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

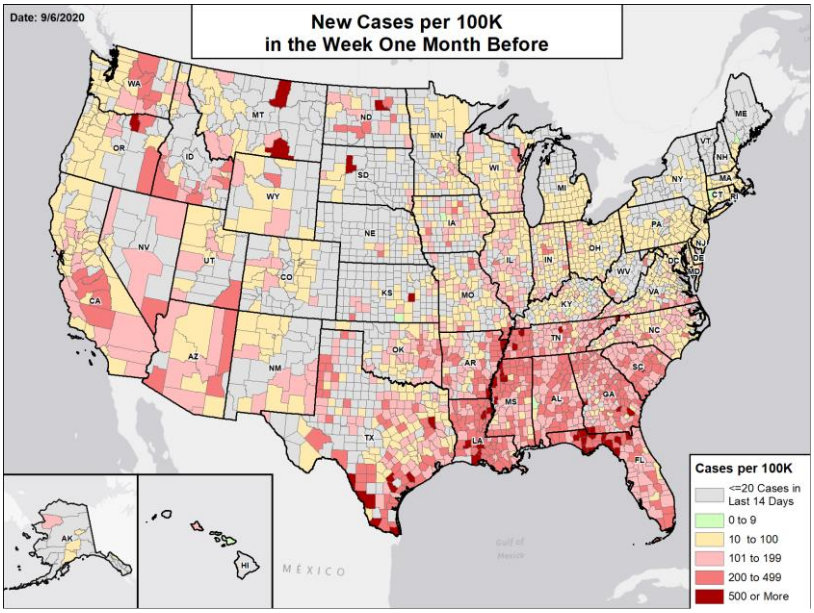
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



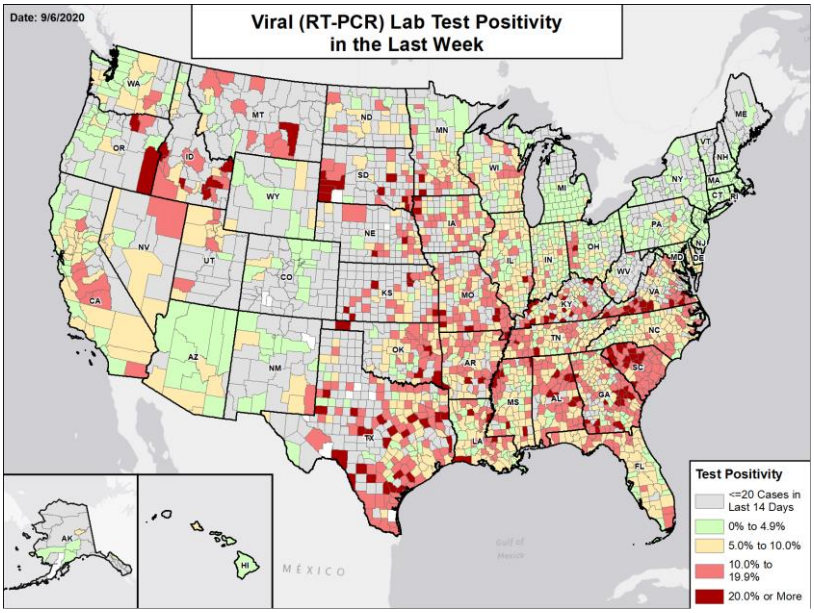
DATA SOURCES

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

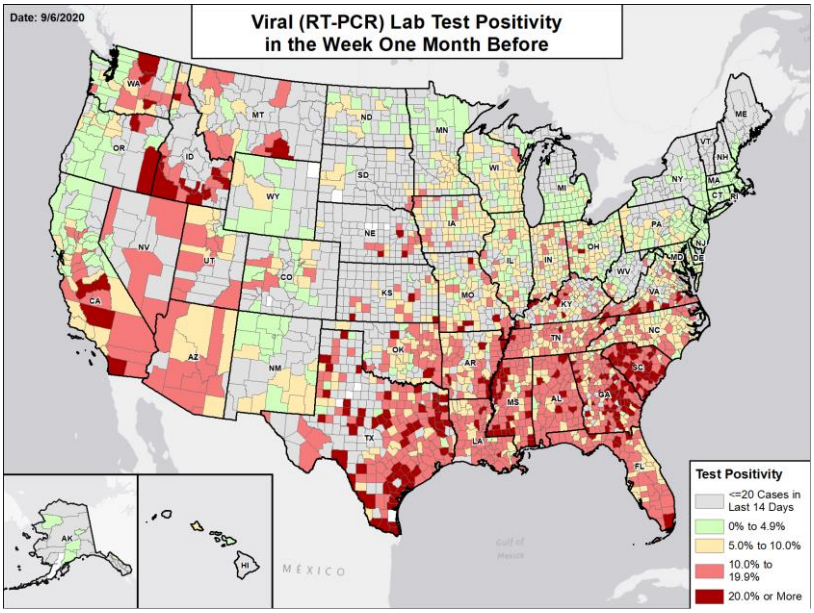
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH 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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	<1%	1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-1%	-1%-1%	>1%

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 22:00 EDT on 09/06/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **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. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 09/06/2020 and is through 9/4/2020.
- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 15:00 EDT on 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.