



## ALABAMA

### SUMMARY

- Alabama is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 19th highest rate in the country. Alabama is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 19th highest rate in the country.
- Alabama has seen an increase in new cases and a decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Jefferson County, 2. Tuscaloosa County, and 3. Baldwin County. These counties represent 28.3% of new cases in Alabama.
- Cases are rising in Limestone and Morgan counties with continued decline in cases at all major universities.
- 79% of all counties in Alabama have moderate or high levels of community transmission (yellow, orange, or red zones), with 24% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 15% of nursing homes had at least one new resident COVID-19 case, 28% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Alabama had 138 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 38 to support operations activities from FEMA and 1 to support operations activities from USCG.
- The federal government has supported surge testing in Birmingham, AL.
- Between Oct 3 - Oct 9, on average, 113 patients with confirmed COVID-19 and 119 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alabama. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Alabama and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Alabama must continue the strong mitigation efforts statewide. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations. Track test positivity, cases, and new daily hospitalizations in all counties and react to any week over week increases with increased mitigation in those counties and surged community level testing.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus as symptomatic cases and cases identified through surveillance testing decline.
- Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection. Work to accelerate the therapeutic research at UAB.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests.
- Abbott BinaxNOW arrived at Historically Black Colleges and Universities for rapid diagnosis and isolation of both symptomatic and asymptomatic cases. Ensure reporting of all tests conducted and positive tests.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are reporting. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



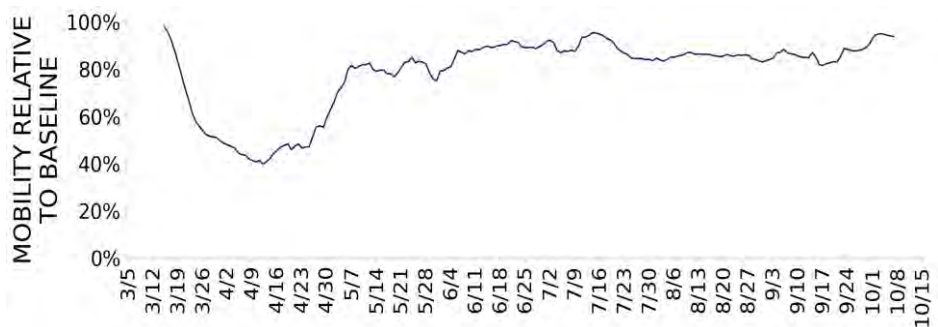


## ALABAMA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	6,767 (138)	+14%	75,980 (114)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.2%	-0.6%*	6.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	67,186** (1,370)	-11%**	1,024,987** (1,532)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	103 (2.1)	+63%	1,603 (2.4)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	15% (28%)	-5%* (-8%*)	14% (27%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	-5%*	5%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# ALABAMA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

**3**  
▼ (-1)

Decatur  
Anniston-Oxford  
Fort Payne

**16**  
▲ (+2)

Calhoun  
Limestone  
Morgan  
DeKalb  
Chilton  
Randolph  
Franklin  
Cleburne  
Chambers  
Bibb  
Fayette  
Washington

#### LOCALITIES IN ORANGE ZONE

**7**  
▼ (-2)

Tuscaloosa  
Auburn-Opelika  
Talladega-Sylacauga  
Enterprise  
LaGrange  
Eufaula  
Alexander City

**17**  
▼ (-1)

Tuscaloosa  
Shelby  
Lee  
St. Clair  
Talladega  
Coffee  
Geneva  
Autauga  
Blount  
Clarke  
Lawrence  
Cherokee

#### LOCALITIES IN YELLOW ZONE

**10**  
▼ (-1)

Birmingham-Hoover  
Huntsville  
Montgomery  
Dothan  
Daphne-Fairhope-Foley  
Florence-Muscle Shoals  
Gadsden  
Albertville  
Jasper  
Scottsboro

**20**  
▲ (+4)

Jefferson  
Baldwin  
Madison  
Houston  
Montgomery  
Etowah  
Elmore  
Marshall  
Walker  
Jackson  
Lauderdale  
Colbert

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Red Counties:** Calhoun, Limestone, Morgan, DeKalb, Chilton, Randolph, Franklin, Cleburne, Chambers, Bibb, Fayette, Washington, Macon, Choctaw, Lowndes, Coosa

**All Orange Counties:** Tuscaloosa, Shelby, Lee, St. Clair, Talladega, Coffee, Geneva, Autauga, Blount, Clarke, Lawrence, Cherokee, Marion, Hale, Lamar, Bullock, Wilcox

**All Yellow Counties:** Jefferson, Baldwin, Madison, Houston, Montgomery, Etowah, Elmore, Marshall, Walker, Jackson, Lauderdale, Colbert, Marengo, Henry, Barbour, Winston, Tallapoosa, Pickens, Butler, Monroe

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

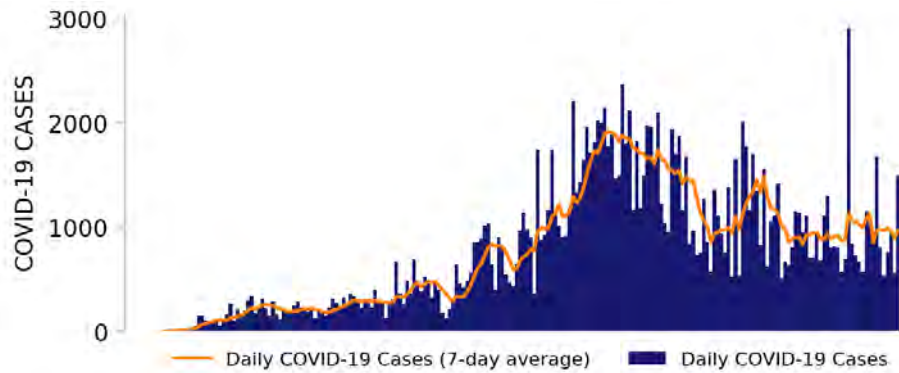
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



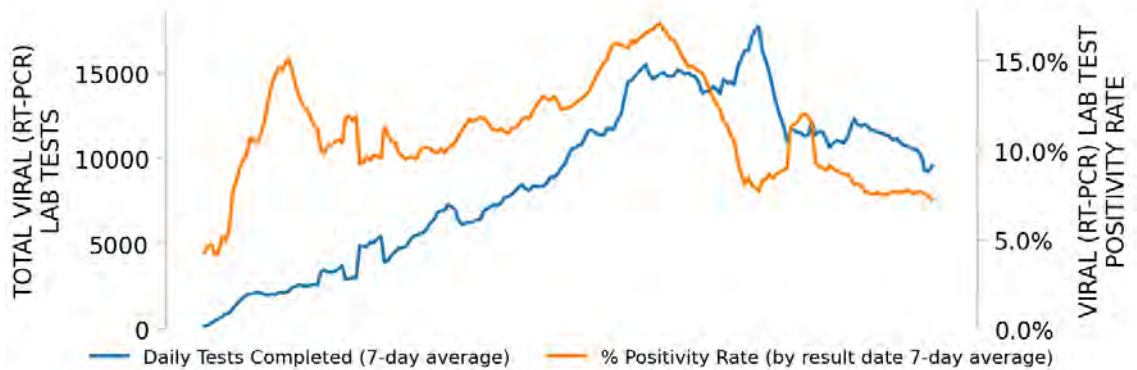
# ALABAMA

STATE REPORT | 10.11.2020

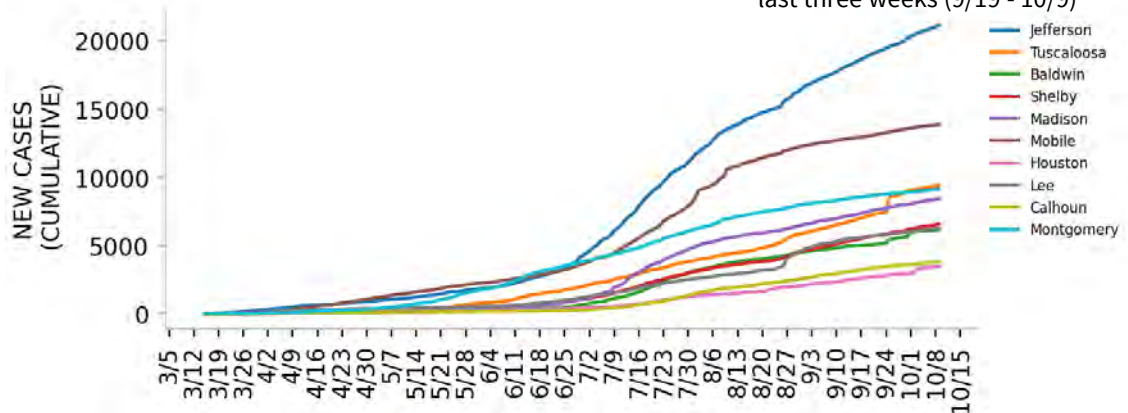
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



### DATA SOURCES – Additional data details available under METHODS

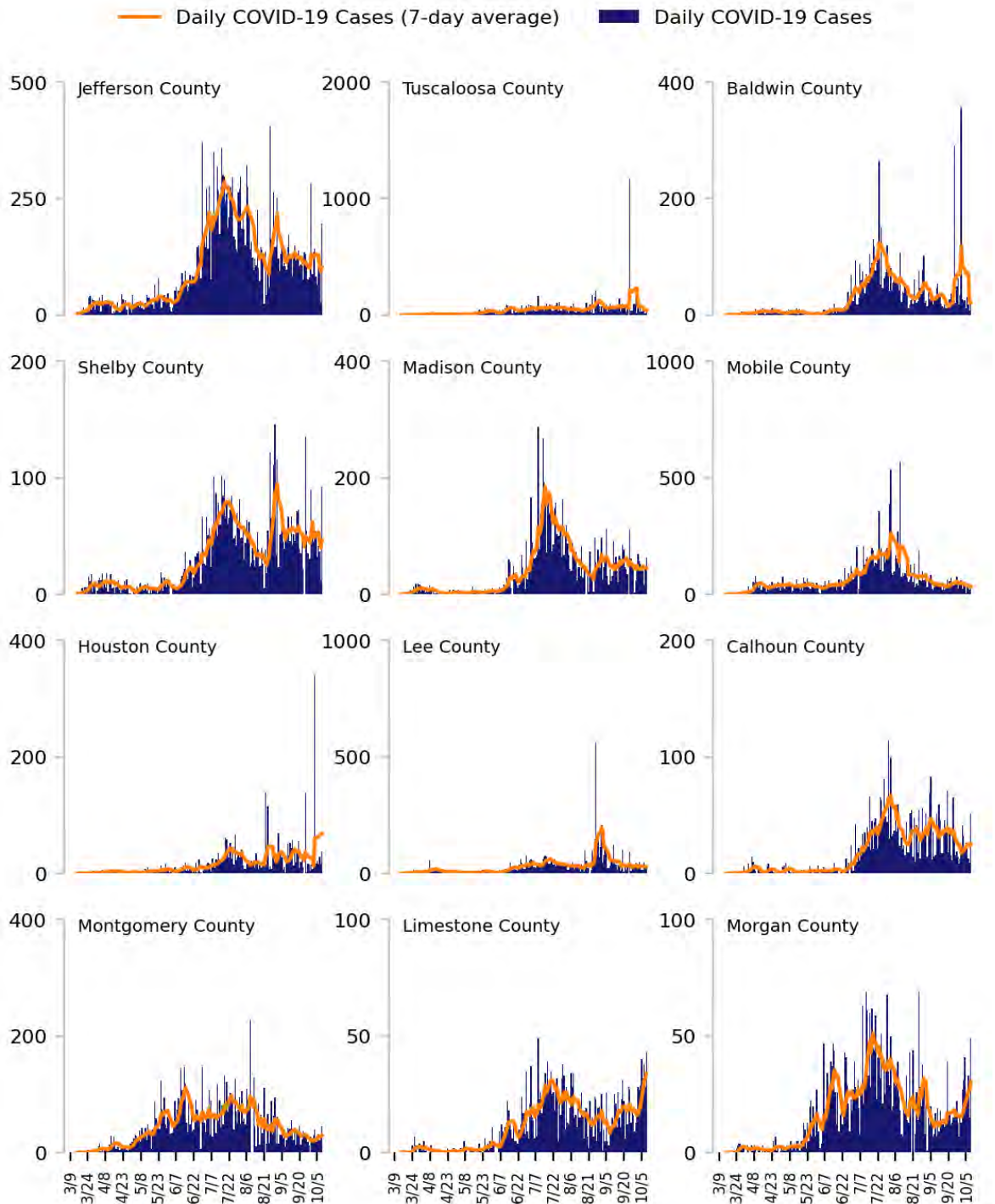
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.  
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

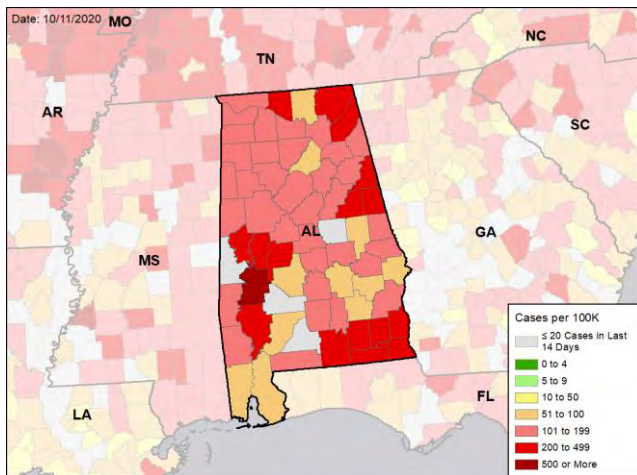


# ALABAMA

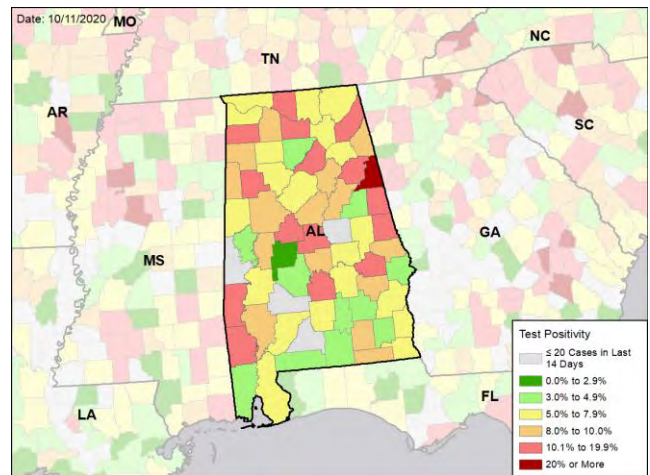
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

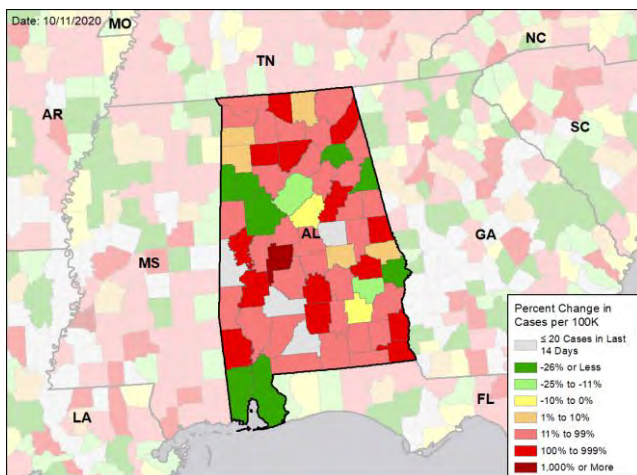
### NEW CASES PER 100,000 DURING THE LAST WEEK



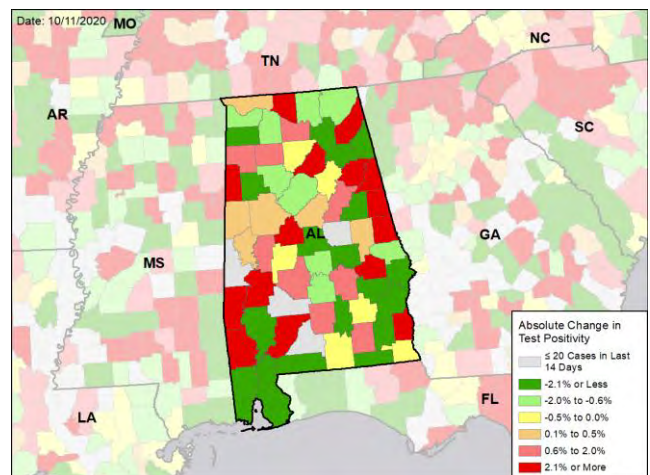
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



#### DATA SOURCES – Additional data details available under METHODS

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

**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## ALASKA

### SUMMARY

- Alaska is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 16th highest rate in the country. Alaska is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 24th highest rate in the country.
- Alaska has seen an increase in new cases and an increase in test positivity over the last week.
- The following three boroughs had the highest number of new cases over the last 3 weeks: 1. Anchorage Municipality, 2. Fairbanks North Star Borough, and 3. Matanuska-Susitna Borough. These boroughs represent 81.0% of new cases in Alaska.
- 14% of all boroughs in Alaska have moderate or high levels of community transmission (yellow, orange, or red zones), with 3% having high levels of community transmission (red zone).
- Inpatient bed utilization appears to be at 85% in Anchorage and 71% in Fairbanks; there has been an increase in the number of hospitals reporting both current and anticipated critical staffing shortages.
- At a stable volume of testing, the increasing incidence and test positivity suggests increasing transmission in almost all large urban centers; current 7-day average incidence is at an all-time high.
- Long-term care facilities in Anchorage and Fairbanks have had cases among staff and residents; the number of facilities with resident deaths and the number of facilities with staff cases have increased.
- During the week of Sep 28 - Oct 4, 6% of nursing homes had at least one new resident COVID-19 case, 19% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Alaska had 152 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 16 to support operations activities from FEMA; 2 to support medical activities from CDC; 1 to support epidemiology activities from CDC; and 23 to support operations activities from USCG.
- Between Oct 3 - Oct 9, on average, 5 patients with confirmed COVID-19 and 6 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alaska. An average of 92% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Alaska and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Many rural states that had a protracted period of low test positivity and low incidence, like Alaska, are now being hit hard; it is exceedingly important to maintain aggressive community mitigation efforts, like social distancing and face coverings, as cold weather sets in.
- Continue to promote diligent application of CDC-recommended school-specific mitigation strategies in areas at moderate to highest risk for transmission in schools.
- Recent data suggests that transmission is being driven by smaller, more intimate gatherings of friends, family, and neighbors; expand public health messaging and education to help establish new norms around social distancing, use of face coverings, and use of larger spaces with indoor-outdoor ventilation if possible.
- Track hospital capacity at the most local level to ensure it is adequate; develop contingency plans for expansion of hospital capacity in Anchorage and where bed utilization exceeds 75%. Clarify and post local face covering ordinances as well as local hospital capacity on the state website; post instructions and recommendations for isolation/quarantine in prominent location on website.
- Ensure all hospital staff, especially in rural areas, have received or are receiving training on the latest COVID-19 treatment protocols, including early use of antiviral and antibody therapy for hospitalized patients who meet criteria for such treatment.
- In addition to expanding culturally competent staff, expand contact tracing capacity as case numbers rise by adjusting interview depth and task-shifting to ensure contact interview is conducted within 48 hours of diagnosis and recommendations for isolation or quarantine are made clear.
- Native and tribal communities remain at risk and should receive culturally relevant education, easy access to testing, and adequate housing/spaces and food for true isolation and quarantine for the 10 to 14-day duration.
- Protect those in long-term care facilities (LTCFs) by conducting rapid facility-wide testing in response to a resident or staff member with COVID-19 and ensure that all positive staff and residents are isolated for 10 days. Ensure social distancing and universal face mask use among staff. Ensure infection control surveys are promptly conducted in all nursing homes with an initial case or 3 or more cases in the last week.
- Regularly test and closely monitor incidence, test positivity, and hospitalizations among critical personnel, such as teachers; staff working at LTCFs and other congregate living settings; prisoners and prison staff; public transportation workers; and first responders as more tests become available.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



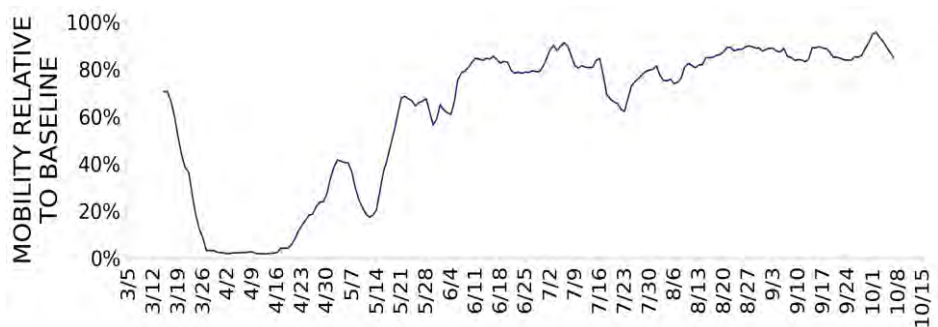


## ALASKA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,112 (152)	+36%	11,184 (78)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.9%	+1.5%*	7.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	35,293** (4,824)	+5%**	250,646** (1,747)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	3 (0.4)	-40%	117 (0.8)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (19%)	+0%* (+8%*)	7% (15%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+6%*	3%	4%

## 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 borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 borough. 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 borough level. Data through 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# ALASKA

STATE REPORT | 10.11.2020

## COVID-19 BOROUGH AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### BOROUGH LAST WEEK

LOCALITIES IN RED ZONE	1 ■ (+0)	Fairbanks	1 ■ (+0)	Fairbanks North Star
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	1 ■ (+0)	North Slope
LOCALITIES IN YELLOW ZONE	1 ▲ (+1)	Anchorage	2 ▲ (+2)	Anchorage Municipality Matanuska-Susitna
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease				

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

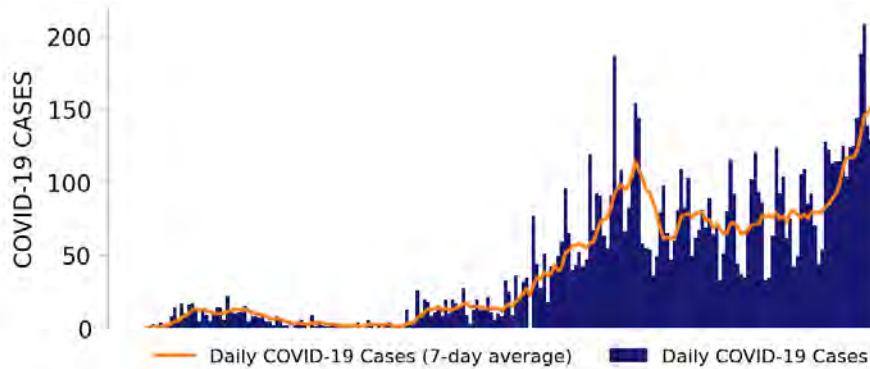
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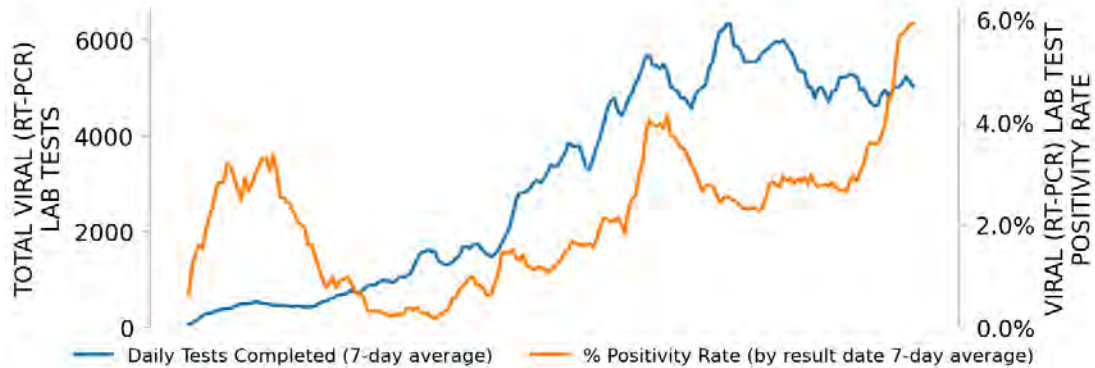
# ALASKA

STATE REPORT | 10.11.2020

## NEW CASES

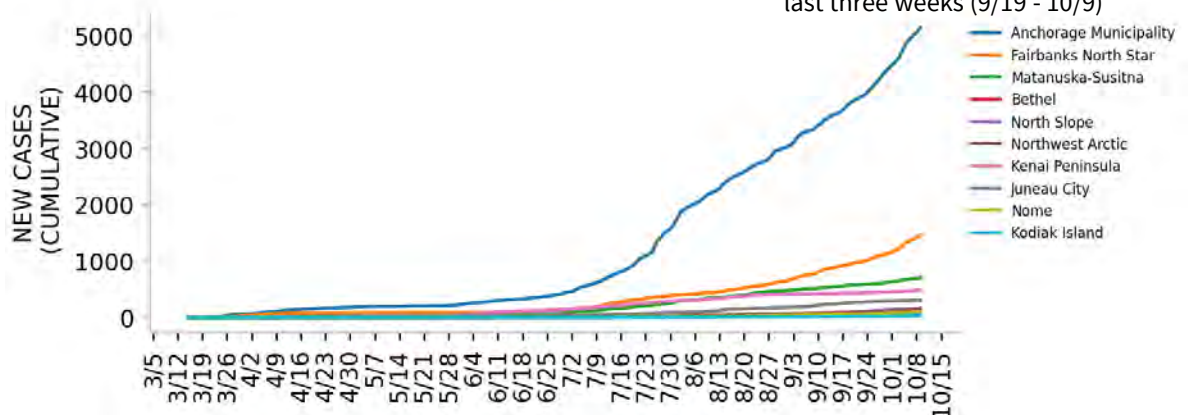


## TESTING



Top boroughs based on greatest number of new cases in last three weeks (9/19 - 10/9)

## TOP BOROUGH



**DATA SOURCES** – Additional data details available under METHODS

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**Cases:** State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

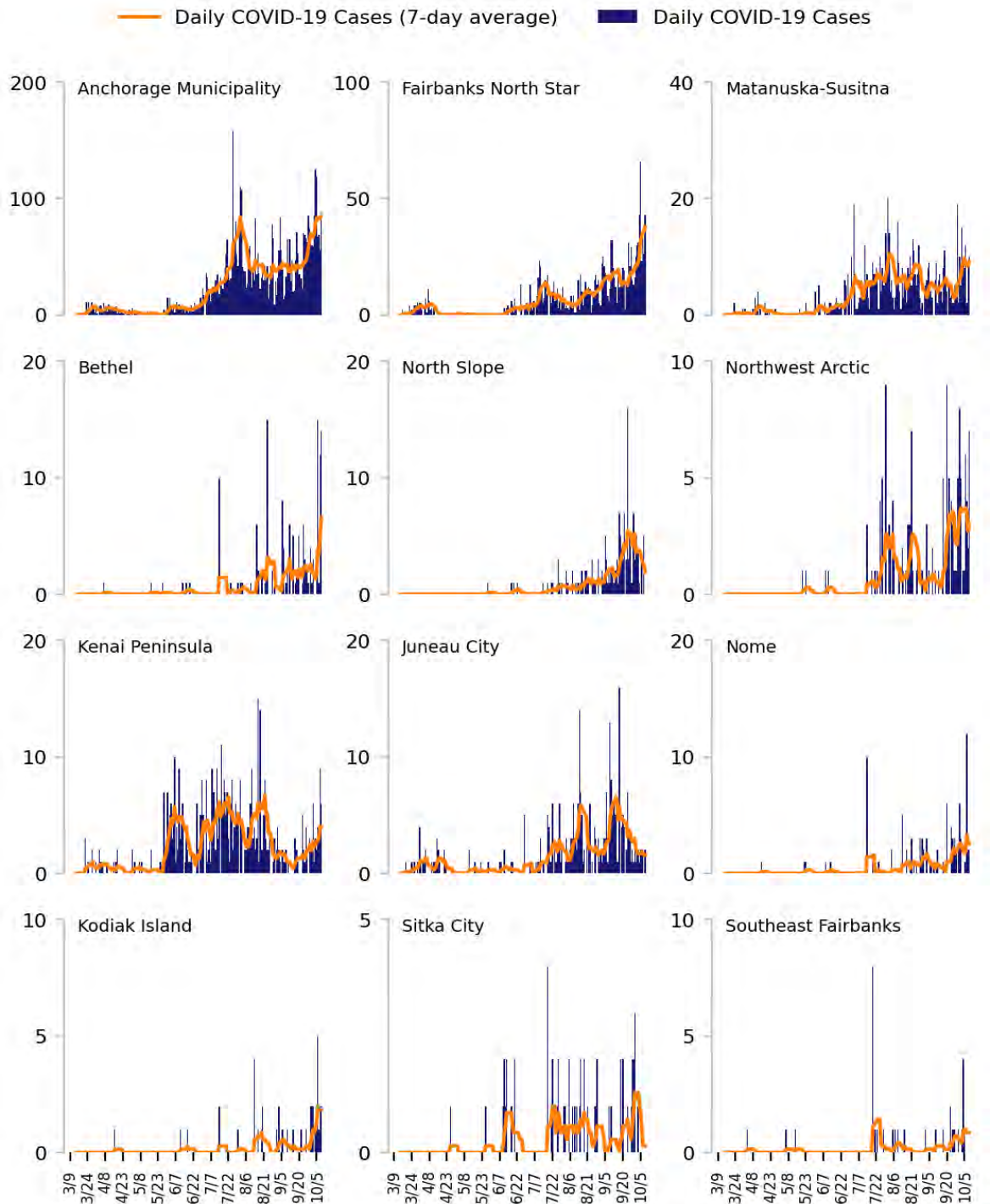
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## Top 12 boroughs 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 borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

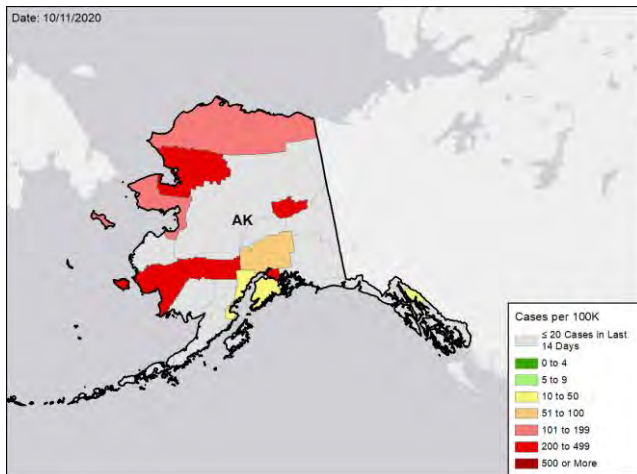


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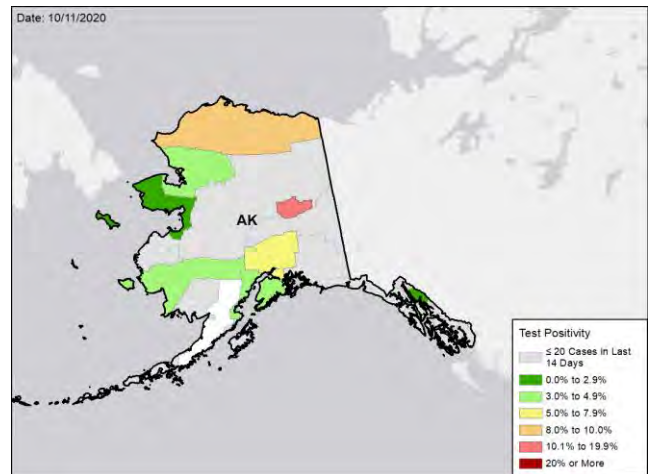
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

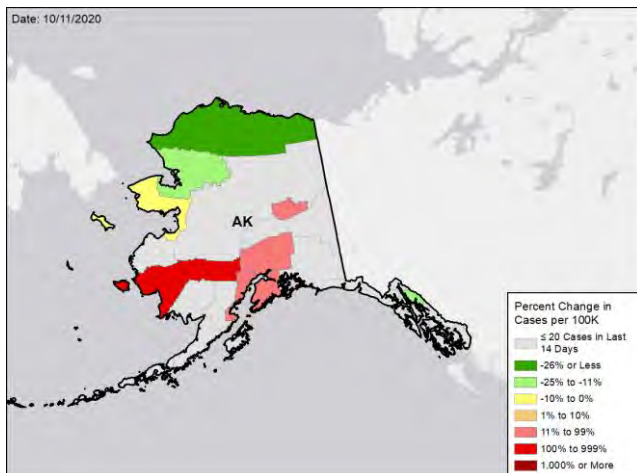
### NEW CASES PER 100,000 DURING THE LAST WEEK



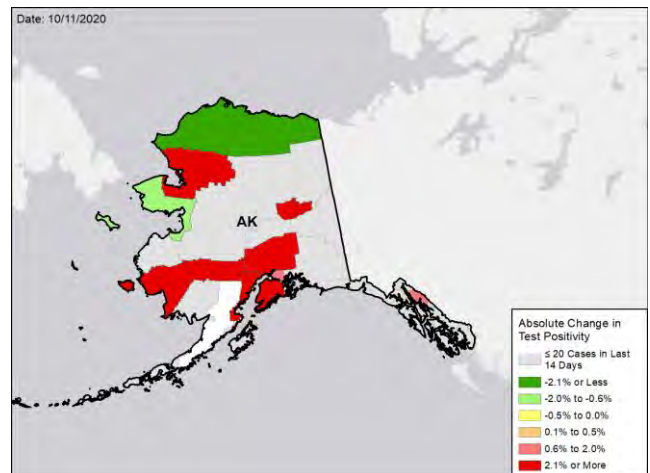
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## ARIZONA

### SUMMARY

- Arizona is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 42nd highest rate in the country. Arizona is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 32nd highest rate in the country.
- Arizona has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Maricopa County, 2. Pima County, and 3. Coconino County. These counties represent 78.0% of new cases in Arizona.
- 27% of all counties in Arizona have moderate or high levels of community transmission (yellow, orange, or red zones), with 7% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 6% of nursing homes had at least one new resident COVID-19 case, 12% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Arizona had 59 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 11 to support operations activities from FEMA and 1 to support epidemiology activities from CDC.
- Between Oct 3 - Oct 9, on average, 63 patients with confirmed COVID-19 and 170 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arizona. An average of 83% 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

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Arizona and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Arizona is sustaining the gains through continued strong mitigation efforts statewide, linked to controlled openings and continuous assessments. However, there are early warning signs that need to be carefully tracked to ensure sustained control.
- Continue the strong mitigation efforts statewide. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations. Track test positivity, cases, and new daily hospitalizations in all counties and react to any week over week increases with increased mitigation in those counties and surged community level testing.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases. Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests.
- Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus as symptomatic cases and cases identified through surveillance testing decline.
- Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- The excellent University of Arizona study correlating nucleic acid testing (NAT), antigen testing, and antibody testing is important to all American universities and early publication is essential. ASU and University of Arizona have excellent plans for symptomatic students and routine surveillance testing of students to find asymptomatic students, with quick turnaround times for results and the rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine. Continue to increase surveillance testing of both on campus and off campus students and consider broad antibody testing (spike protein testing) prior to Thanksgiving.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are reporting. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- Continued comprehensive support to Native Americans is key for both preventing COVID-19 and flu infections.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).



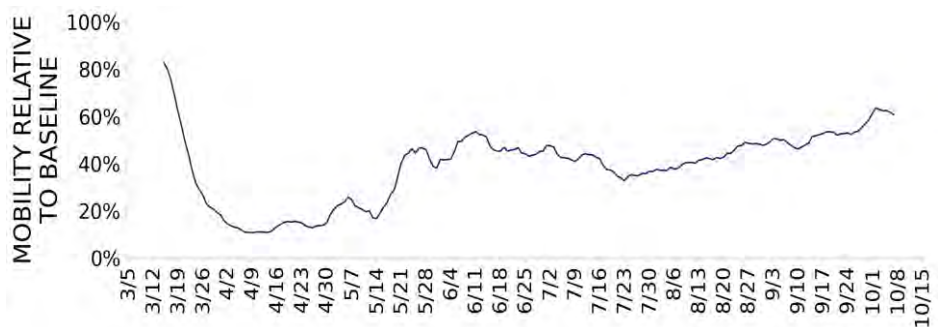


## ARIZONA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,321 (59)	+27%	31,293 (61)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.2%	+0.0%*	10.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	105,042** (1,443)	+20%**	1,161,649** (2,265)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	53 (0.7)	-52%	550 (1.1)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (12%)	+0%* (+0%*)	4% (8%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+0%*	2%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# ARIZONA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

LOCALITIES IN RED ZONE	1 ■ (+0)	Safford	1 ■ (+0)	Graham
LOCALITIES IN ORANGE ZONE	2 ▲ (+2)	Yuma Payson	2 ▲ (+2)	Yuma Gila
LOCALITIES IN YELLOW ZONE	0 ▼ (-3)	N/A	1 ▼ (-3)	Apache
Change from previous week's alerts:      ▲ Increase      ■ Stable      ▼ Decrease				

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.

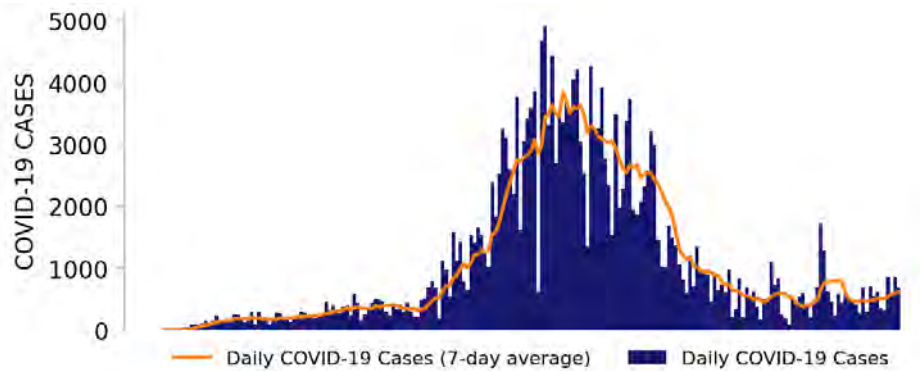




# ARIZONA

STATE REPORT | 10.11.2020

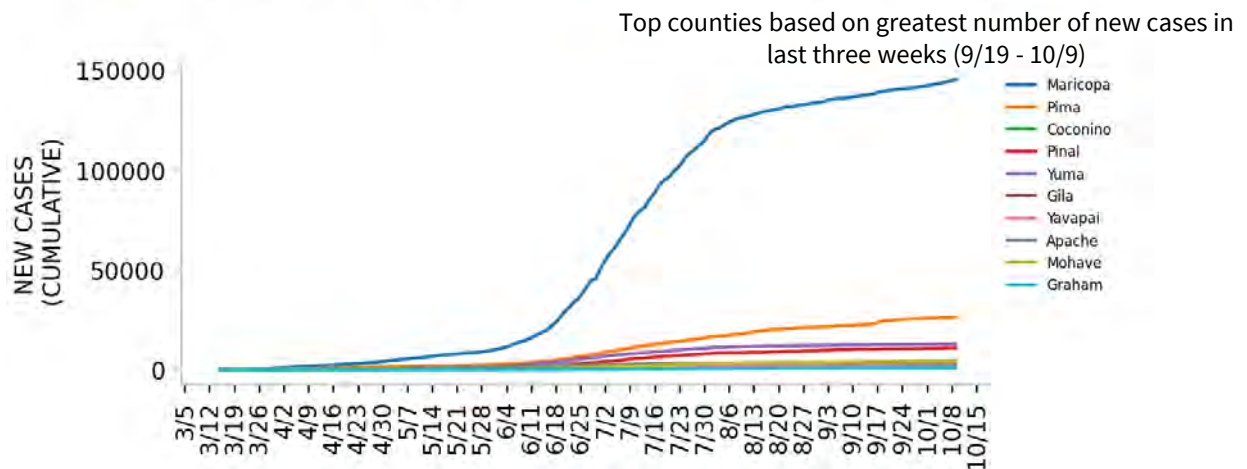
## NEW CASES



## TESTING



## TOP COUNTIES



### DATA SOURCES – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

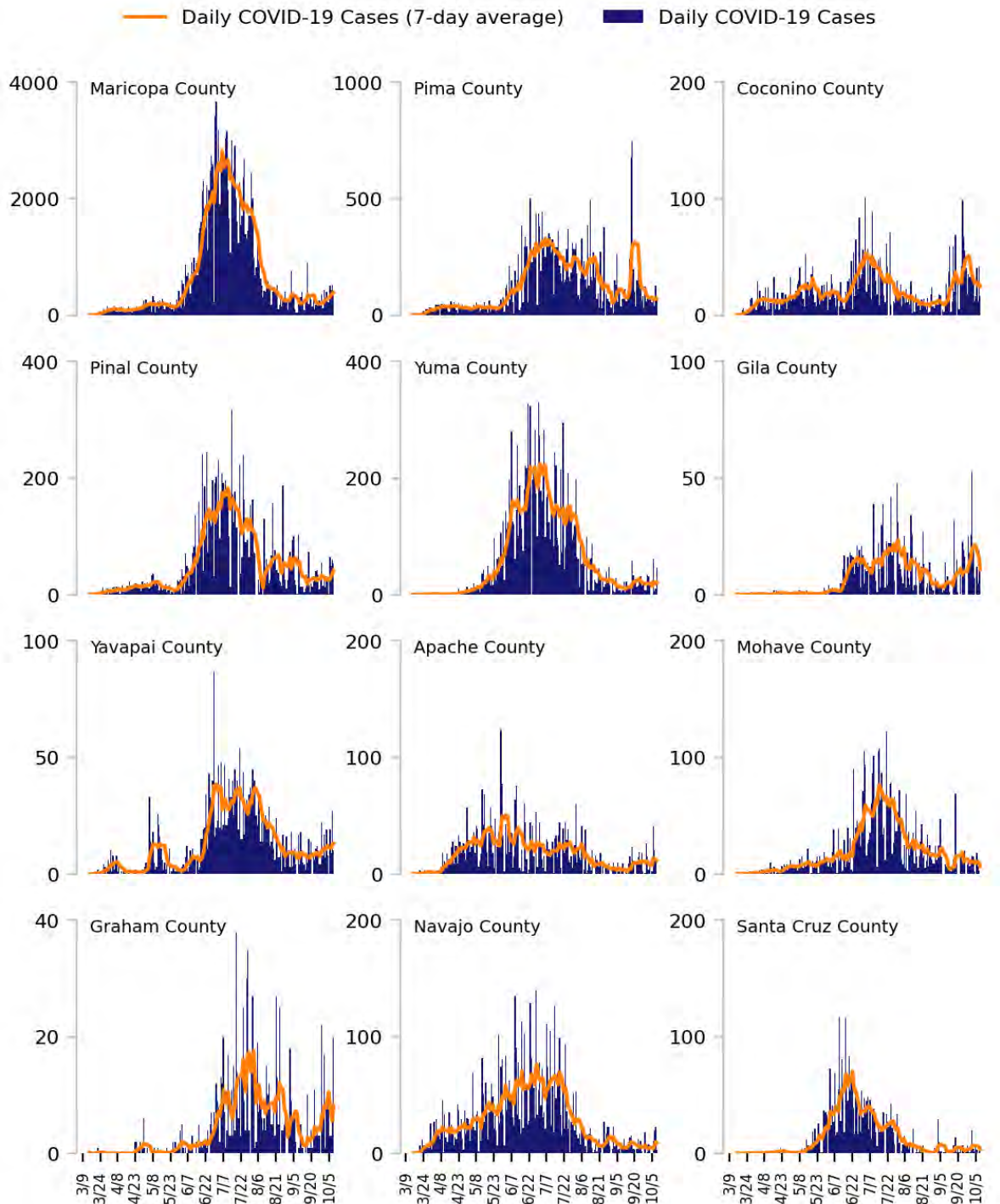
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

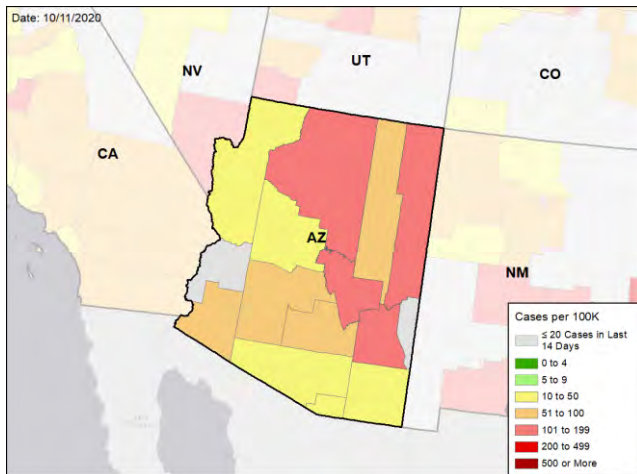


# ARIZONA

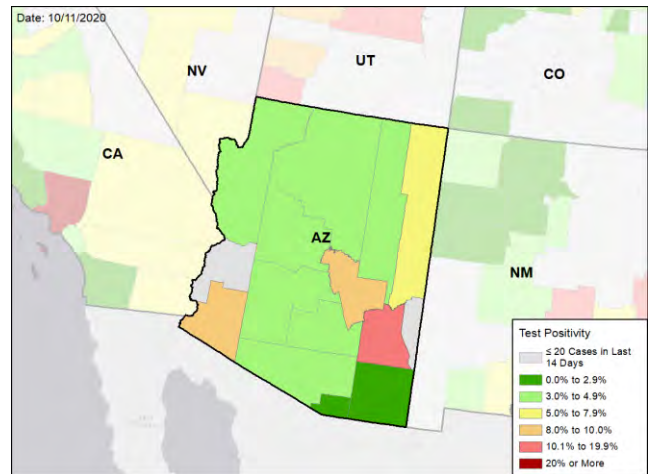
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

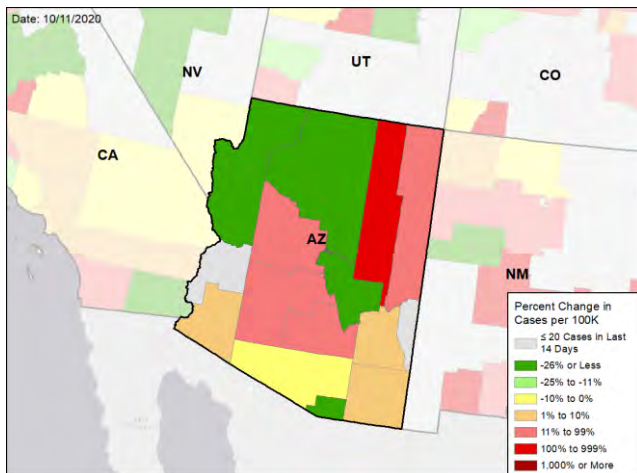
### NEW CASES PER 100,000 DURING THE LAST WEEK



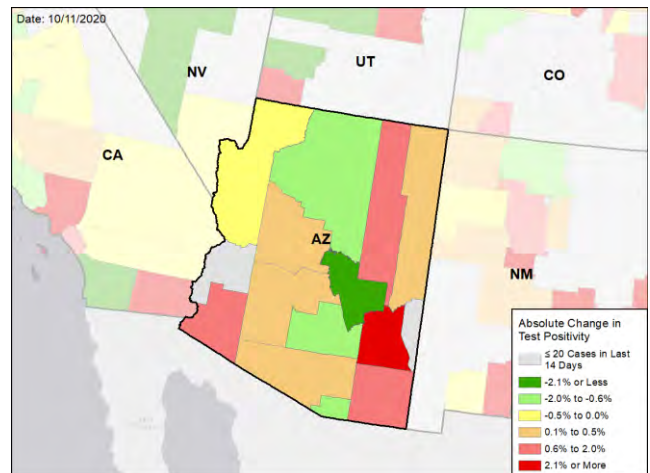
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under **METHODS**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## ARKANSAS

### SUMMARY

- Arkansas is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 11th highest rate in the country. Arkansas is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 20th highest rate in the country.
- Arkansas has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Pulaski County, 2. Washington County, and 3. Benton County. These counties represent 25.4% of new cases in Arkansas.
- 63% of all counties in Arkansas 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 Sep 28 - Oct 4, 25% 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.
- Arkansas had 183 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 5 to support operations activities from FEMA.
- Between Oct 3 - Oct 9, on average, 77 patients with confirmed COVID-19 and 242 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arkansas. An average of 92% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Arkansas and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Retail establishments are enforcing mitigation efforts by adjusting their businesses so very few transmissions occur in those settings; the majority of cases are from interactions at home with friends and family. Arkansans should know that such gatherings must be limited in size and include both masks and social distancing.
- With the rise in cases among individuals 65 years and older, provide information through senior citizen networks to alert them to take precautionary measures.
- Use the Abbott BinaxNOW for surveillance testing in the same populations weekly. This will provide information on local transmission changes. Establish and deploy targeted testing teams (not drive-through testing) who can be rapidly deployed to communities based on signals from surveillance testing. Populations for surveillance can include K-12 teachers, fire and police force, nursing home and correctional facility staff.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Work with university students to keep cases low, with the goal of low transmission in preparation for Thanksgiving. Implement antibody testing to understand fraction of students who have been infected and plan for spring semester accordingly. Test all university students before dismissing them for Thanksgiving.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).





# ARKANSAS

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,535 (183)	-5%	47,737 (112)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.7%	+0.4%*	6.3%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	70,371** (2,332)	-7%**	476,967** (1,117)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	138 (4.6)	+10%	856 (2.0)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	25% (39%)	+0%* (-4%*)	13% (22%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	+2%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# ARKANSAS

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

**4**  
▼ (-1)

Fort Smith  
Texarkana  
Blytheville  
Malvern

**15**  
▲ (+2)

Crawford  
Mississippi  
Miller  
Lincoln  
Carroll  
Lawrence  
Hot Spring  
Arkansas  
Izard  
Franklin  
Clay  
Fulton

#### LOCALITIES IN ORANGE ZONE

**6**  
▲ (+1)

Jonesboro  
Pine Bluff  
Magnolia  
Mountain Home  
Helena-West Helena  
Forrest City

**12**  
▲ (+4)

Craighead  
Jefferson  
Sebastian  
Independence  
Columbia  
Jackson  
Baxter  
Poinsett  
Phillips  
St. Francis  
Little River  
Lafayette

#### LOCALITIES IN YELLOW ZONE

**8**  
▲ (+3)

Fayetteville-Springdale-Rogers  
Russellville  
Batesville  
Harrison  
Paragould  
Memphis  
Hope  
Arkadelphia

**20**  
▼ (-4)

Washington  
Benton  
Faulkner  
Saline  
Pope  
Greene  
Boone  
Randolph  
Clark  
Hempstead  
Clebune  
Yell

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Red Counties:** Crawford, Mississippi, Miller, Lincoln, Carroll, Lawrence, Hot Spring, Arkansas, Izard, Franklin, Clay, Fulton, Logan, Newton, Monroe

**All Yellow Counties:** Washington, Benton, Faulkner, Saline, Pope, Greene, Boone, Randolph, Clark, Hempstead, Cleburne, Yell, Desha, Howard, Grant, Nevada, Ashley, Prairie, Perry, Woodruff

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.

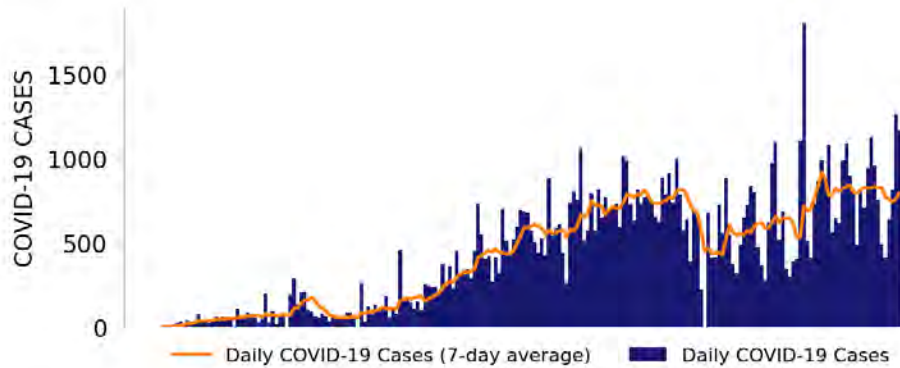




# ARKANSAS

STATE REPORT | 10.11.2020

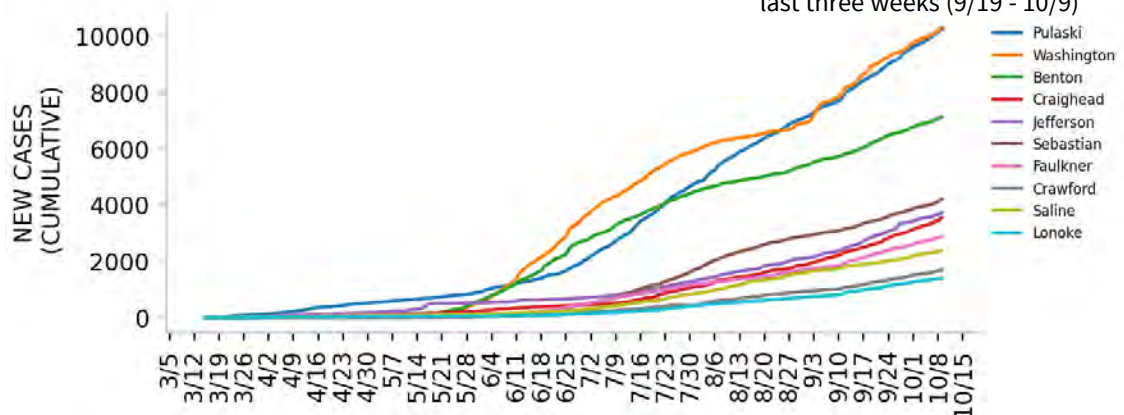
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



### DATA SOURCES – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

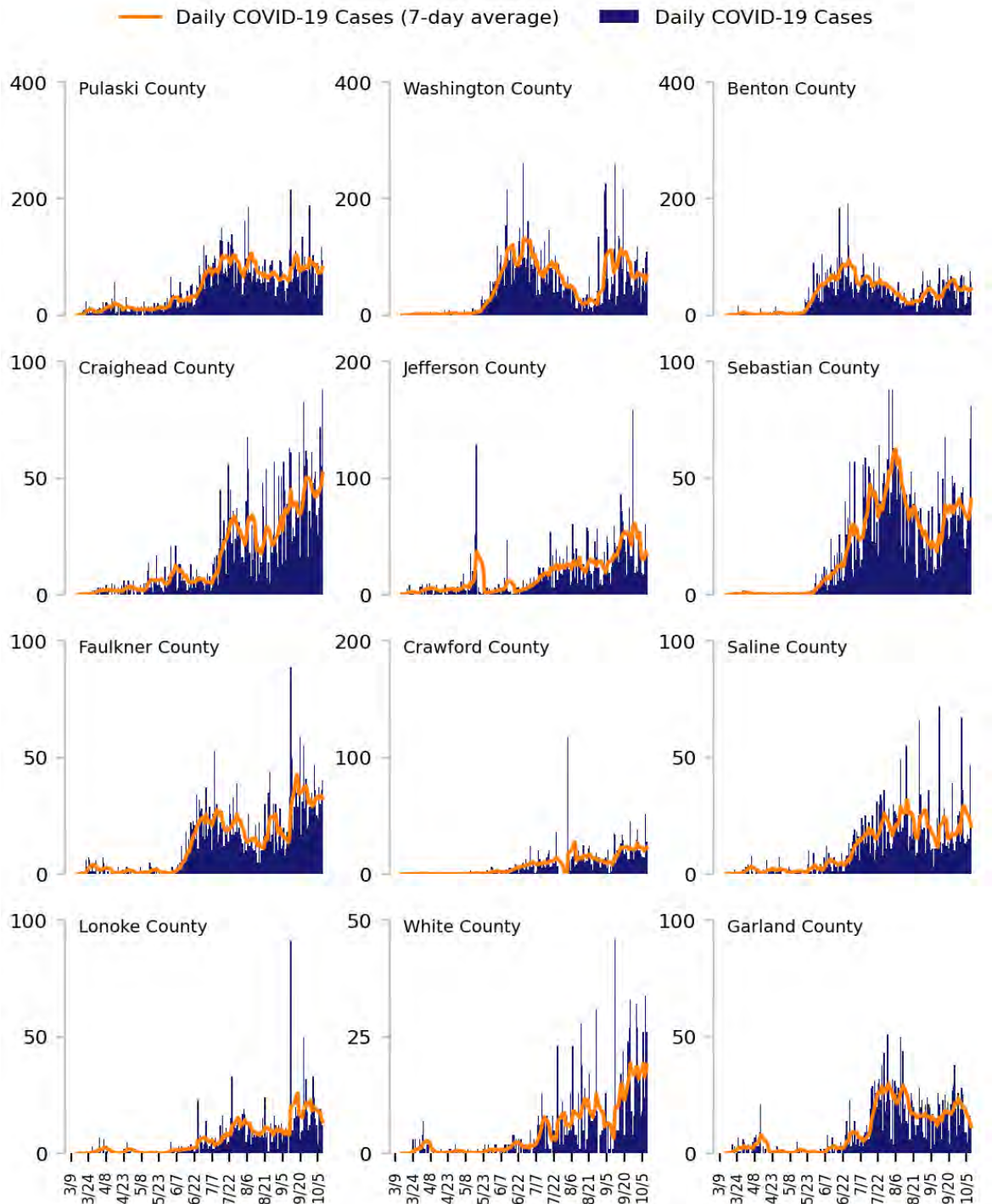
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

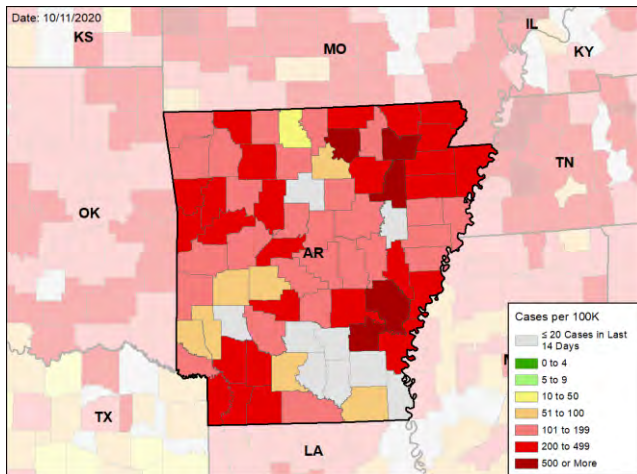


# ARKANSAS

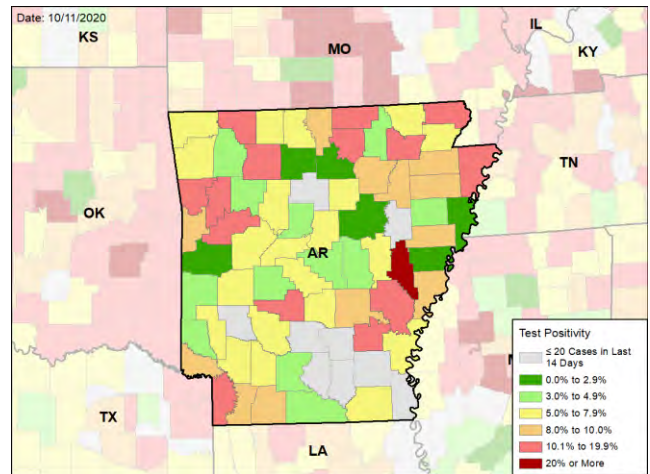
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

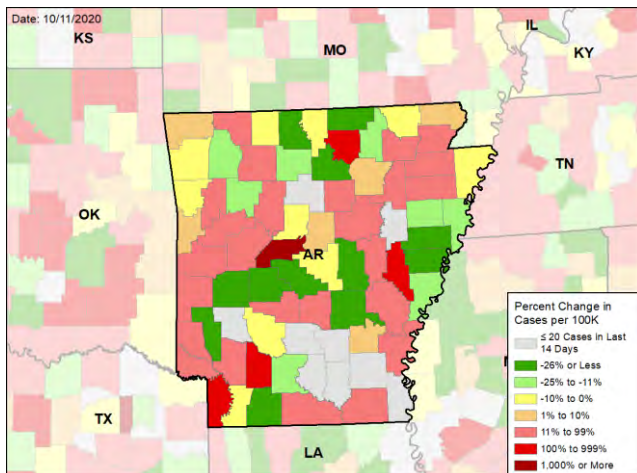
### NEW CASES PER 100,000 DURING THE LAST WEEK



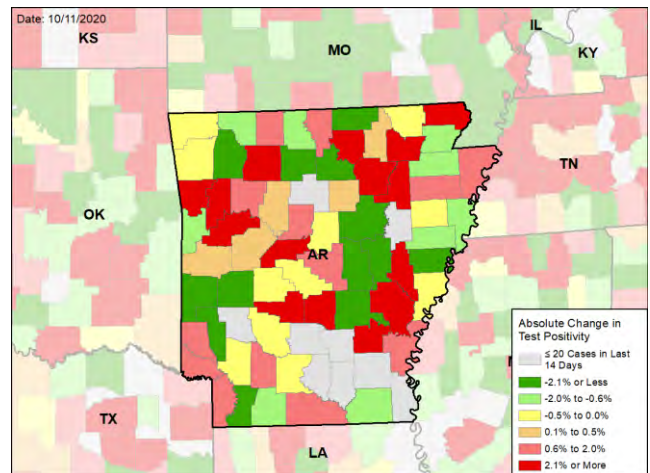
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under **METHODS**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## CALIFORNIA

### SUMMARY

- California continued to be in a several weeks-long plateau for disease activity last week. The state is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 43rd highest rate in the country. California is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 5th highest rate in the country. However, this positivity rate is linked to a delayed reporting of a large number of tests from earlier weeks.
- California has seen stability in new cases and an increase in test positivity over the last week. Hospitalizations remained stable.
- Institutions of higher education (IHE): An evangelical college in Shasta County reported a large outbreak.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Los Angeles County, 2. San Diego County, and 3. San Bernardino County. These counties represent 47.5% of new cases in California. Shasta County saw a large increase in incidence.
- 17% of all counties in California have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 3% of nursing homes had at least one new resident COVID-19 case, 6% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- California had 58 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 136 to support operations activities from FEMA; 6 to support operations activities from ASPR; and 271 to support operations activities from USCG.
- The federal government has supported surge testing in Bakersfield, CA.
- Between Oct 3 - Oct 9, on average, 314 patients with confirmed COVID-19 and 520 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in California. An average of 92% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in California and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- California has had strong success with the graduated series of mitigation measures applied to localities according to local epidemiological trends. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations everywhere, as well as the tailored measures for counties with differing incidence.
- There is concern for continued increases in community transmission given continued spread among younger age groups, much of which is asymptomatic, as has been seen in "hotspot" counties generally ([MMWR Early Release/October 9, 2020](#)). Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. Continue to encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces. Recommend increased messaging regarding the need to take these measures, especially given the element of prevention "fatigue."
- Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Use of rapid tests can be extremely helpful in doing this.
- Continue to implement plans to increase surveillance for community spread using the Abbott BinaxNOW (or other antigen tests), especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Increased rates of infection seen among long-term care facility workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus as symptomatic cases and cases identified through surveillance testing decline.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies, when available, work best when used early in the course of infection.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



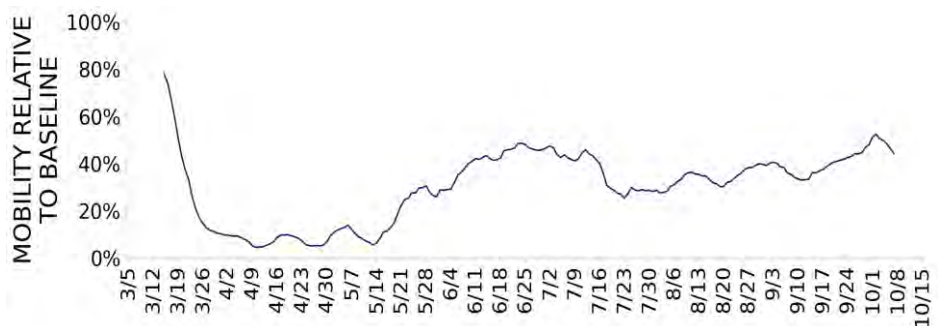


# CALIFORNIA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	22,850 (58)	+1%	31,293 (61)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.8%	+7.6%*	10.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	997,435** (2,524)	+26%**	1,161,649** (2,265)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	425 (1.1)	-22%	550 (1.1)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3% (6%)	-4%* (-10%*)	4% (8%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	-1%*	2%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30. Testing data shown may be incomplete or have inaccuracies due to ongoing technical limitations.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# CALIFORNIA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

LOCALITIES  
IN RED  
ZONE

0

■ (+0)

N/A

0

■ (+0)

N/A

LOCALITIES  
IN ORANGE  
ZONE

1

▲ (+1)

Los Angeles-Long Beach-Anaheim

1

▲ (+1)

Los Angeles

LOCALITIES  
IN YELLOW  
ZONE

8

■ (+0)

Riverside-San Bernardino-Ontario  
Santa Rosa-Petaluma  
Visalia  
Hanford-Corcoran  
Redding  
El Centro  
Madera  
Red Bluff

9

▼ (-1)

San Bernardino  
Riverside  
Sonoma  
Tulare  
Kings  
Shasta  
Imperial  
Madera  
Tehama

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

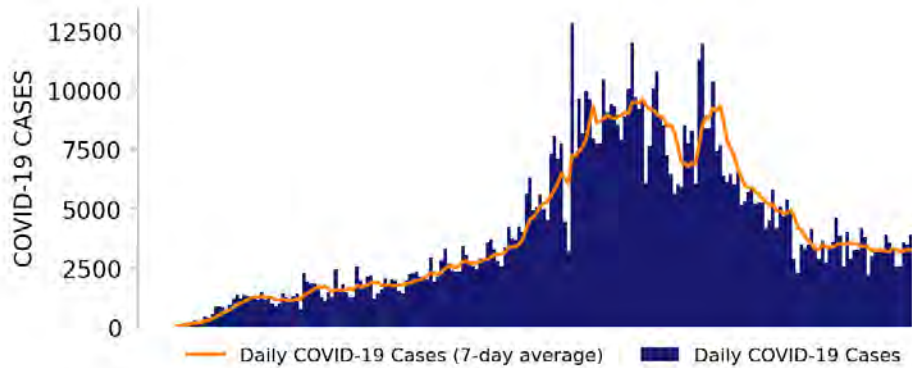
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7. Testing data shown may be incomplete or have inaccuracies due to ongoing technical limitations.



# CALIFORNIA

STATE REPORT | 10.11.2020

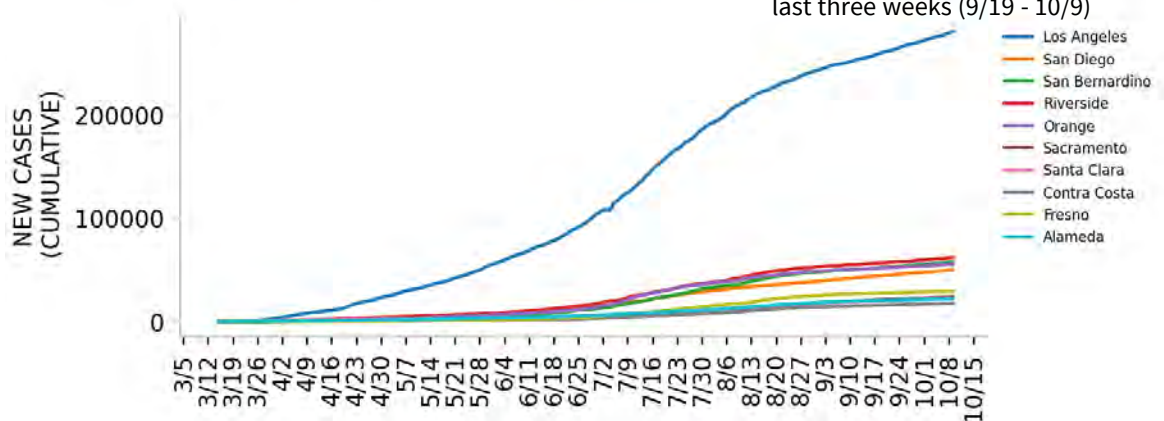
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



### DATA SOURCES – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

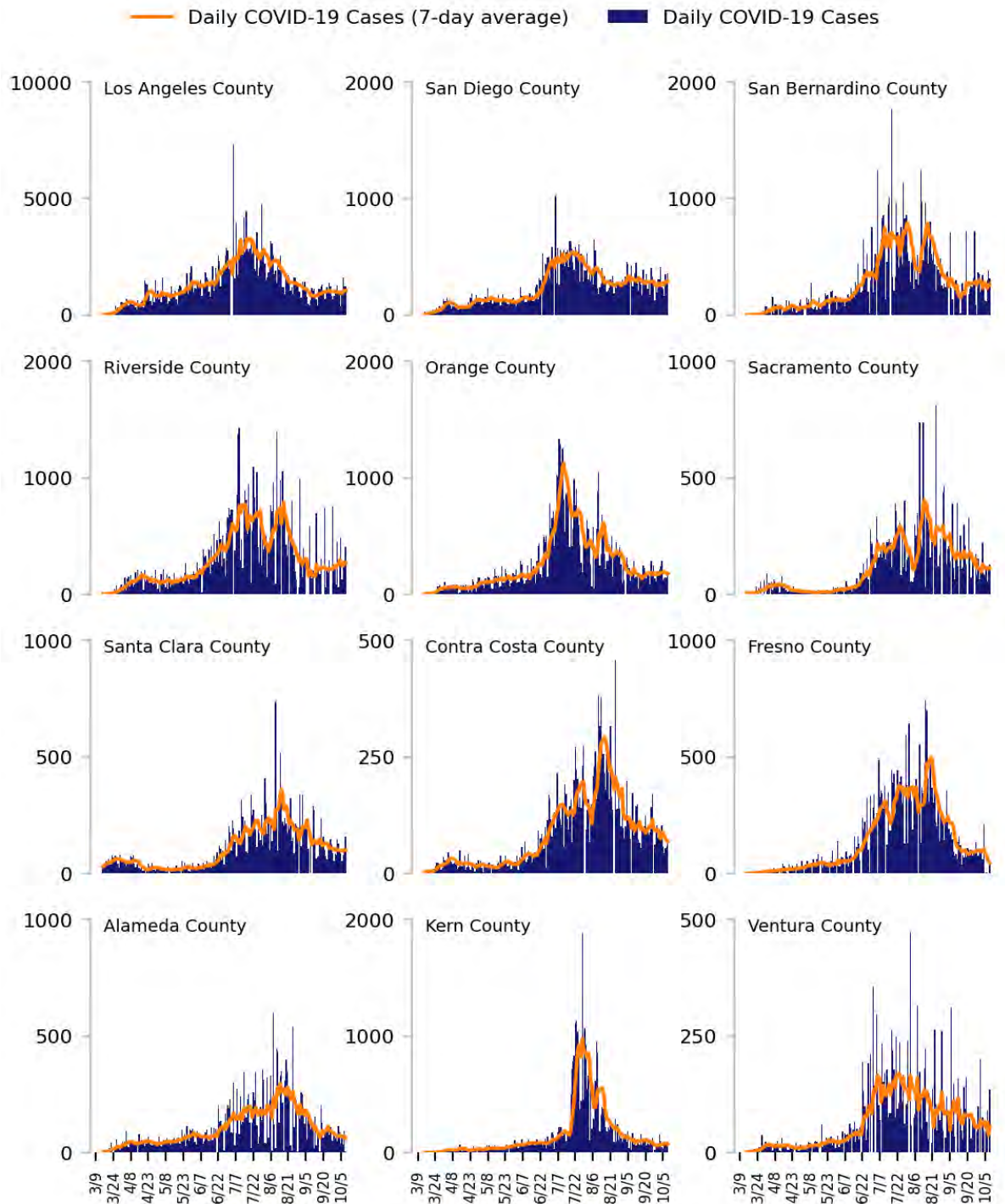
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Testing data shown may be incomplete or have inaccuracies due to ongoing technical limitations.





# 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

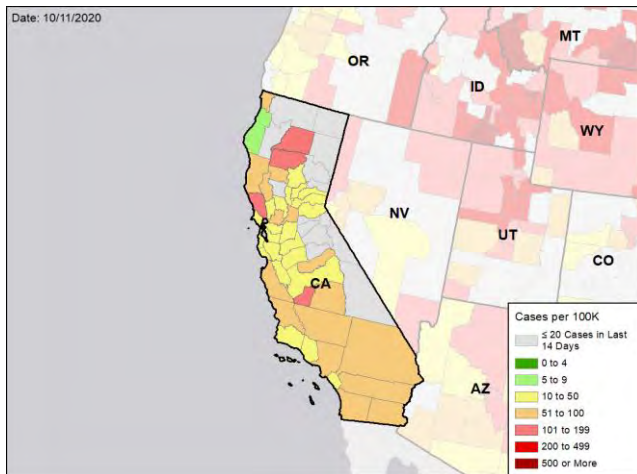


# CALIFORNIA

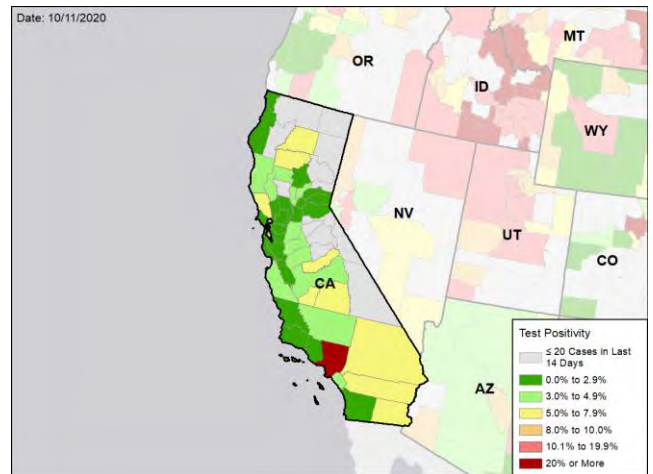
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

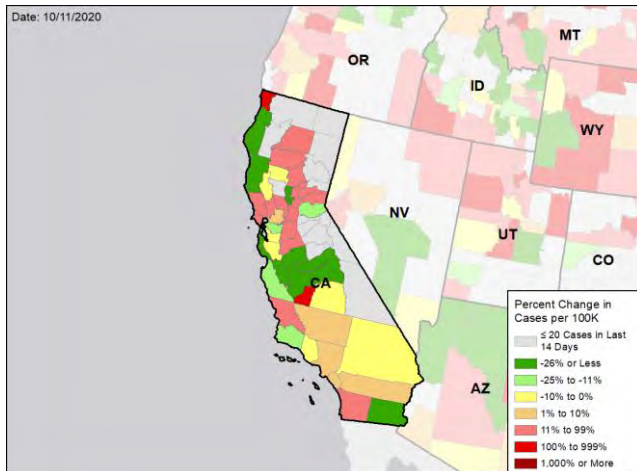
### NEW CASES PER 100,000 DURING THE LAST WEEK



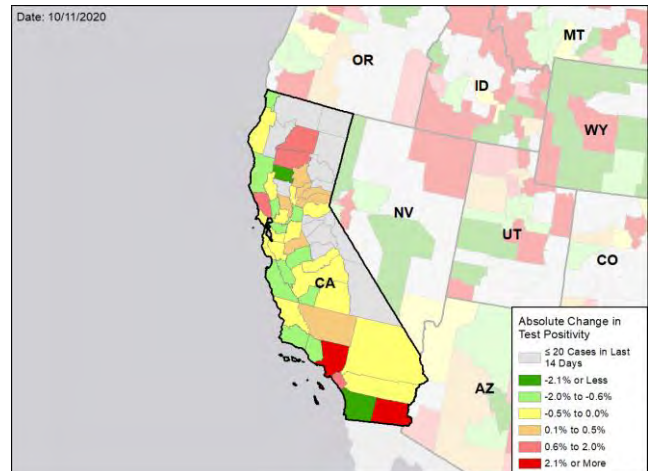
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



#### DATA SOURCES – Additional data details available under METHODS

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

**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30. Testing data shown may be incomplete or have inaccuracies due to ongoing technical limitations.

## COLORADO

## SUMMARY

- Colorado is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 29th highest rate in the country. Colorado is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 37th highest rate in the country. Almost all neighboring states have much higher incidence currently, increasing the likelihood of multiple travel related introductions.
- Colorado has seen an increase in new cases and stability in test positivity over the last week, with a near three-fold increase in incidence over the last month. Case investigations in Jefferson and Mesa counties indicate private gatherings where social distancing is not observed are a major factor in the increase.
- Cases remain concentrated near the Front Range urban centers with several counties in the Denver and Colorado Springs CBSAs showing sharp increases. Logan and Yuma counties in NE Colorado continued to report high incidence while other counties in the San Luis Valley and I-76 corridor reported significant increases. The following three counties had the highest number of new cases over the last 3 weeks: 1. Denver County, 2. Adams County, and 3. Boulder County. These counties represent 45.1% of new cases in Colorado.
- Current hospitalizations continued to gradually increase and are now approximately twice as high as a month ago. Deaths increased from the previously low rate.
- Institutions of higher education (IHE): While IHEs continue to report small to moderate sized outbreaks, mitigation measures appear to have limited broad scale transmission. Cases among UC Boulder students continue to decline sharply with the continued restrictions on activities and gatherings of 18-22 year-olds; new public health orders outline a process for relaxation of limits.
- 12% of all counties in Colorado have moderate or high levels of community transmission (yellow, orange, or red zones), with 3% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 6% of nursing homes had at least one new resident COVID-19 case, 15% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Colorado had 82 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 63 to support operations activities from FEMA; 5 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; and 1 to support operations activities from USCG.
- Between Oct 3 - Oct 9, on average, 39 patients with confirmed COVID-19 and 74 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Colorado. An average of 89% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

## RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Colorado and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With weather conditions increasingly forcing activities indoors, increased messaging regarding the need to take these measures is needed, especially given the element of prevention "fatigue."
- Continue to use testing and case investigations strategically to identify and mitigate transmission venues. Given the risk of travel related outbreaks, increased testing of individuals with increased exposure, possibly in hospitality industries, could be useful.
- Colorado has a well thought out graduated set of social distancing measures for communities based on transmission indicators and continues to carefully adjust these measures based on disease activity. The situational awareness of county situations continues to be critical to effective adjustment. The positive experience controlling the recent surge in Boulder is a good example. The carefully staged planned relaxation of the public health in Boulder as cases and other indicators met benchmarks is commended. Continue to closely monitor for evidence of bridging to the local community.
- Continue to review and modify the state medical surge plan as trends develop, with additional consideration given the epidemiological situation in neighboring states.
- Colorado has greatly expanded testing capacity; however, the concern is that the demand can continue to increase over the fall and winter months. Recommend continuing the progressive increase of testing availability with each laboratory identifying how best to increase surge capacity. Expand university testing utilizing all university, veterinary, and research platforms for surveillance and testing of students. Use expanded capacity to increase testing in the communities surrounding universities.
- Continue to implement plans to increase surveillance for community spread using the Abbott BinaxNOW as supplies arrive or using other antigen tests, especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. The increased rate of infection being seen among long-term care facility workers last week indicates significant transmission in their communities and those transmission settings must be identified and mitigated.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



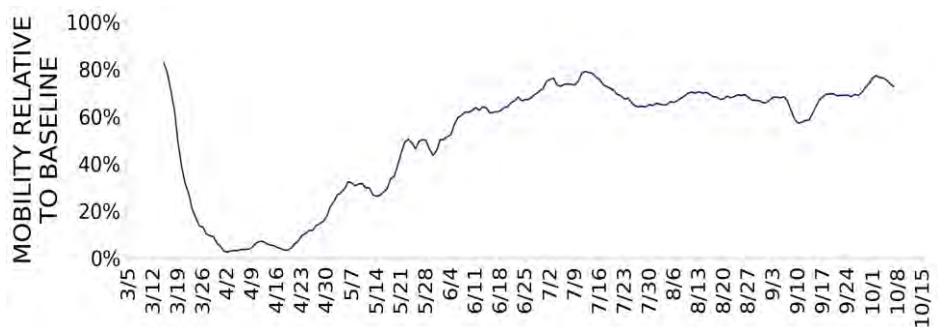


# COLORADO

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,723 (82)	+19%	24,547 (200)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.8%	+0.3%*	8.7%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	111,356** (1,934)	+0%**	309,098** (2,521)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	46 (0.8)	+119%	197 (1.6)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (15%)	+0%* (+4%*)	11% (30%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	-1%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# COLORADO

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	2 ▲ (+2)	Grand Lincoln
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	2 ▲ (+1)	Sterling Breckenridge	6 ▲ (+2)	Adams Logan Summit Yuma Pitkin Clear Creek
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.

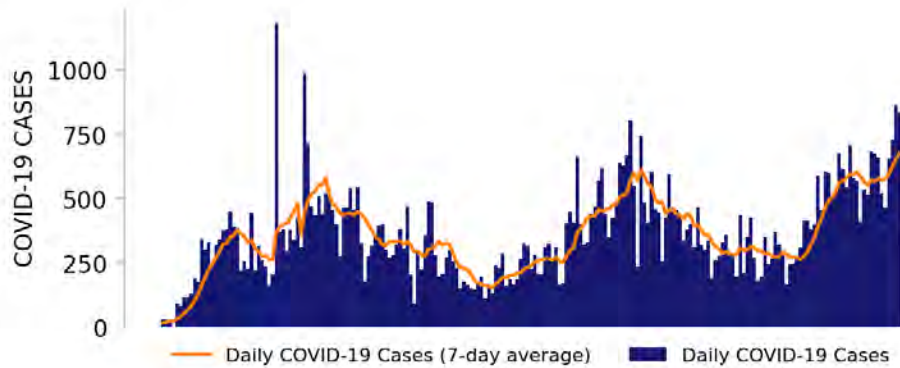




# COLORADO

STATE REPORT | 10.11.2020

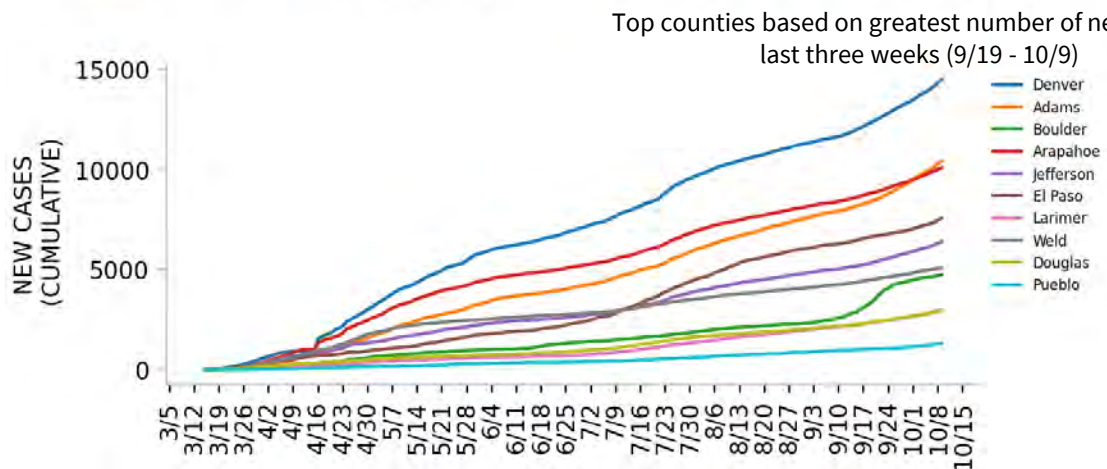
## NEW CASES



## TESTING



## TOP COUNTIES



**DATA SOURCES** – Additional data details available under METHODS

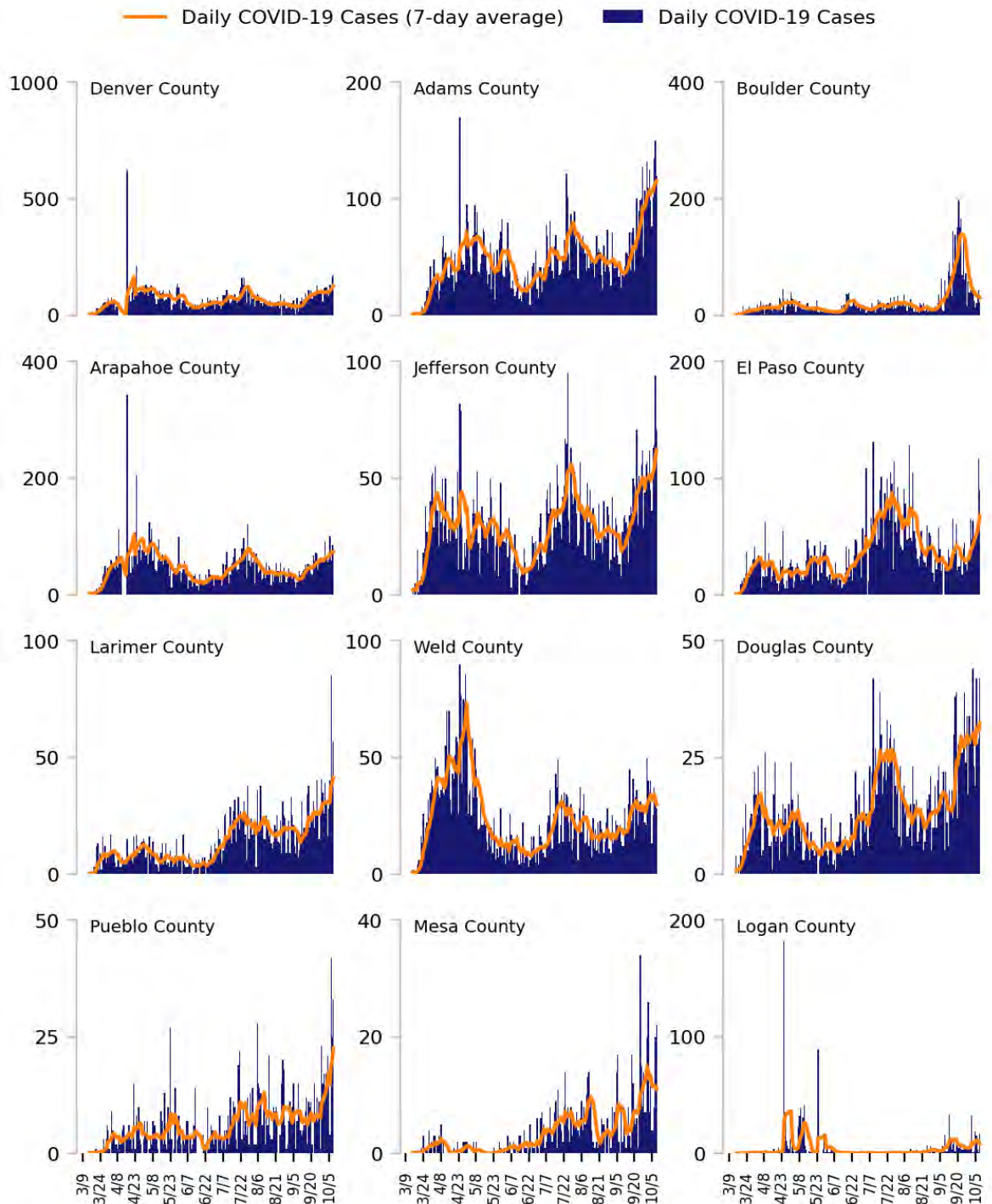
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



# 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

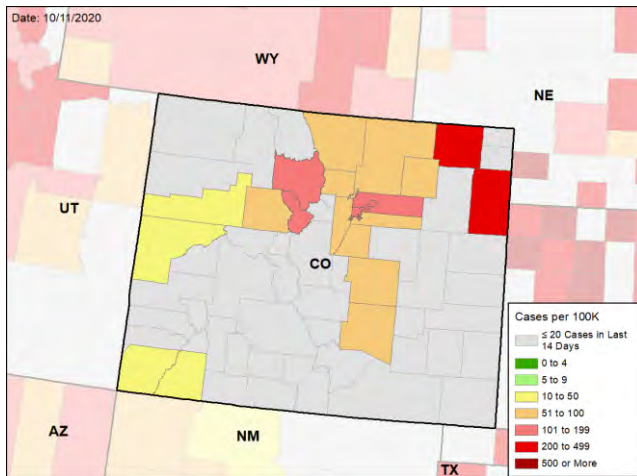


# COLORADO

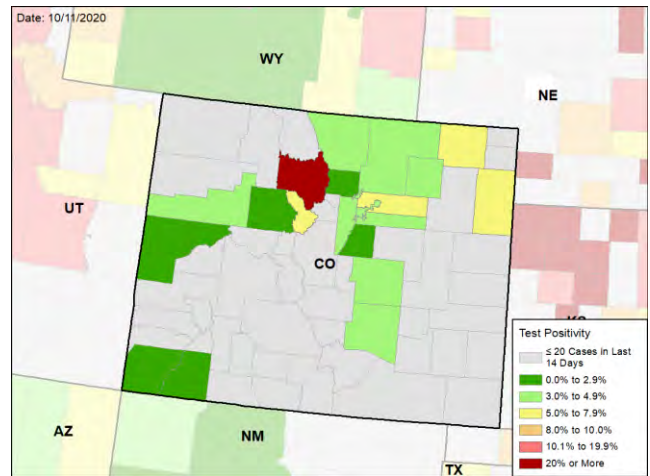
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

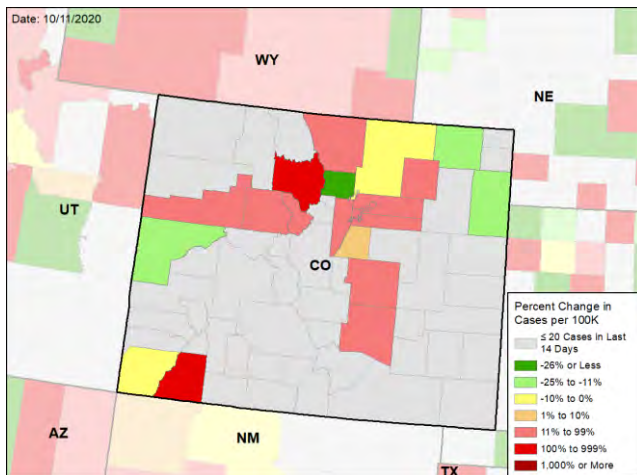
### NEW CASES PER 100,000 DURING THE LAST WEEK



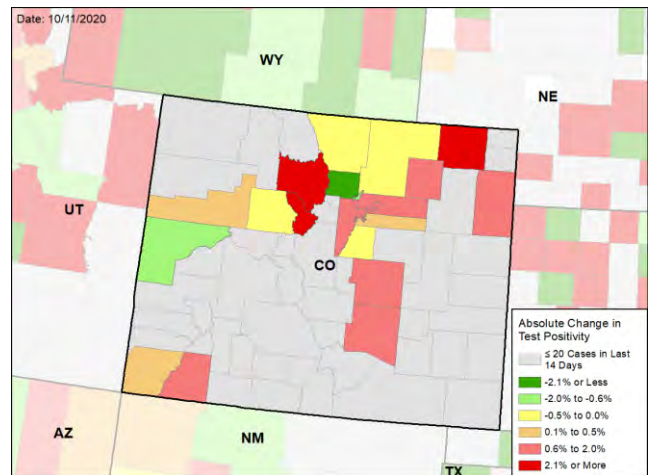
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under **METHODS**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## CONNECTICUT

### SUMMARY

- Connecticut's control of the epidemic remains vulnerable with stability in cases following several weeks of progressive increases. Connecticut is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the 48th highest rate in the country. Connecticut is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 44th highest rate in the country.
- Connecticut has seen stability in new cases and stability in test positivity over the last week. Test positivity has exceeded 2% after an extended period in the summer below 1%.
- Cases continue to disproportionately affect young adults at both IHEs and in the community. Transmission in family and small group settings is a major contributor to community spread. Current hospitalizations continued to gradually increase last week although still modest. Deaths increased from the previously low rate.
- Connecticut moved to level 3 (of 4) of lower social distancing restrictions on Oct 8; bars remain closed.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Hartford County, 2. Fairfield County, and 3. New London County. These counties represent 70.0% of new cases in Connecticut.
- Eastern Connecticut continued to report sharp increases in cases last week, especially in Norwich (New London County).
- Institutions of higher education (IHE): Reported cases decreased substantially last week at UConn with university and public health measures leading to less transmission.
- 12% of all counties in Connecticut 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 Sep 28 - Oct 4, 7% of nursing homes had at least one new resident COVID-19 case, 12% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- Connecticut had 49 new cases per 100,000 population in the last week, compared to a national average of 100 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; 9 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Oct 3 - Oct 9, on average, 18 patients with confirmed COVID-19 and 83 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Connecticut. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Connecticut and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Concern is heightened for further increases in community transmission following the continued spread among younger age groups, much of which is asymptomatic, as has been seen in "hotspot" counties generally ([MMWR Early Release/October 9, 2020](#)).
- Connecticut has done well with controlling spread in large part due to a well thought out graduated set of social distancing measures for communities based on transmission indicators. The careful, gradual relaxation in restrictions conditional on case stability is commended as is the continued restrictions on bars. With the recent relaxation on business occupancy, careful testing and case investigation should be conducted to identify any early signs of transmission at certain types of venues.
- Localized, more intense mitigation measures in high incidence jurisdictions are recommended, including maintaining or increasing restrictions on indoor gathering sizes to help limit the superspreader events that disproportionately contribute to increased or maintained epidemic spread. This is especially important in the next few weeks given the recent increased transmission with larger numbers of infectious individuals.
- Continue to use testing and case investigations strategically to identify and mitigate these high incidence jurisdictions and transmission venues. Use of rapid tests can be extremely helpful in doing this.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With weather conditions increasingly forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of prevention "fatigue."
- The university and local public health responses to the outbreaks at UConn are having a major impact on transmission at the university. Continue to closely monitor for evidence of bridging to the local community.
- Continue testing programs in long-term care facilities, with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Utilize point-of-care testing platforms to facilitate rapid COVID-19 case identification.
- Continue to implement plans to increase surveillance for community spread using the Abbott BinaxNOW now that supplies have begun to arrive (or using other antigen tests), especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. The increased rate of infection being seen among long-term care facility workers last week indicates significant transmission in their communities and those transmission settings must be identified and mitigated.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



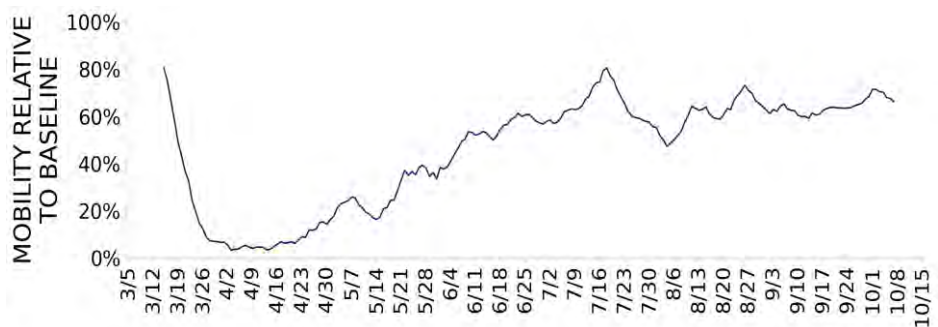


## CONNECTICUT

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,741 (49)	+2%	7,777 (52)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.5%	+0.3%*	1.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	47,693** (1,338)	+3%**	557,107** (3,753)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	17 (0.5)	+42%	126 (0.8)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	7% (12%)	+3%* (+4%*)	5% (11%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	1%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# CONNECTICUT

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	1 ■ (+0)	Norwich-New London	1 ■ (+0)	New London
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease				

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

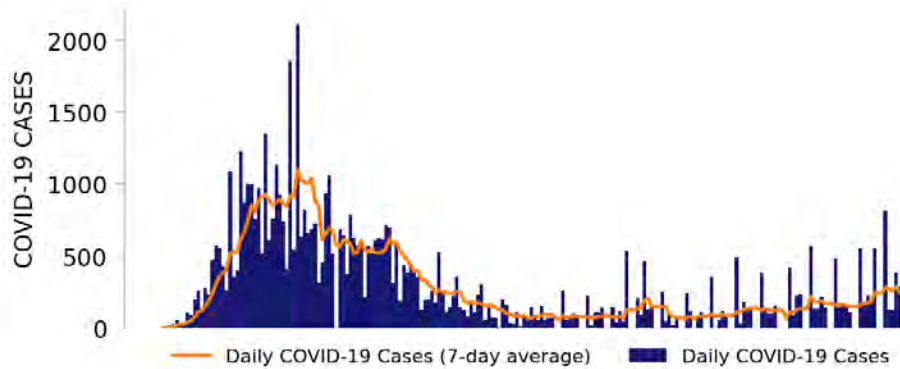
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



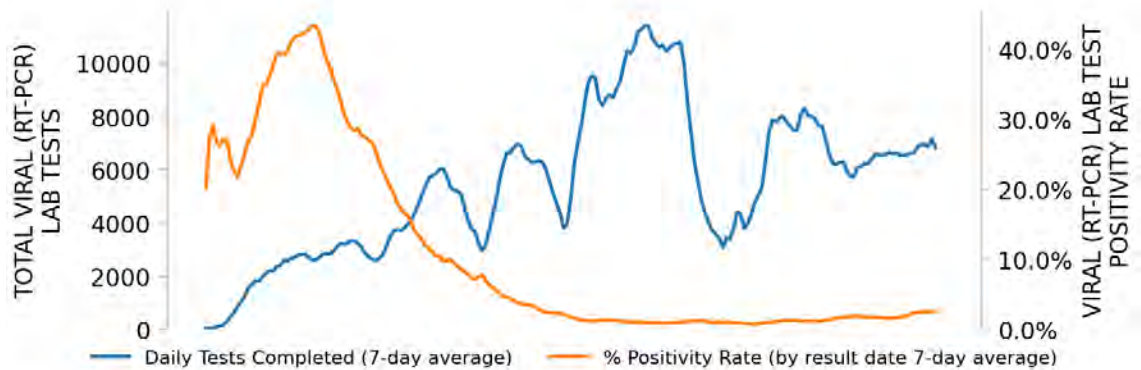
# CONNECTICUT

STATE REPORT | 10.11.2020

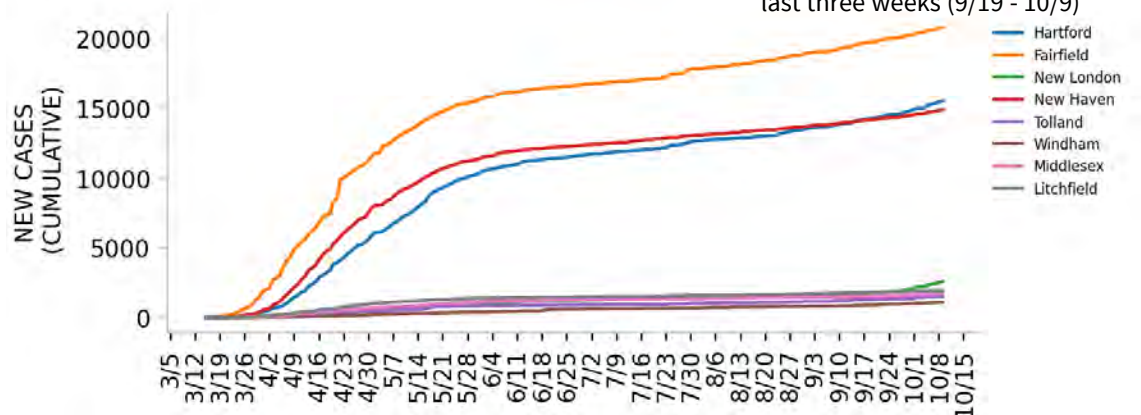
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



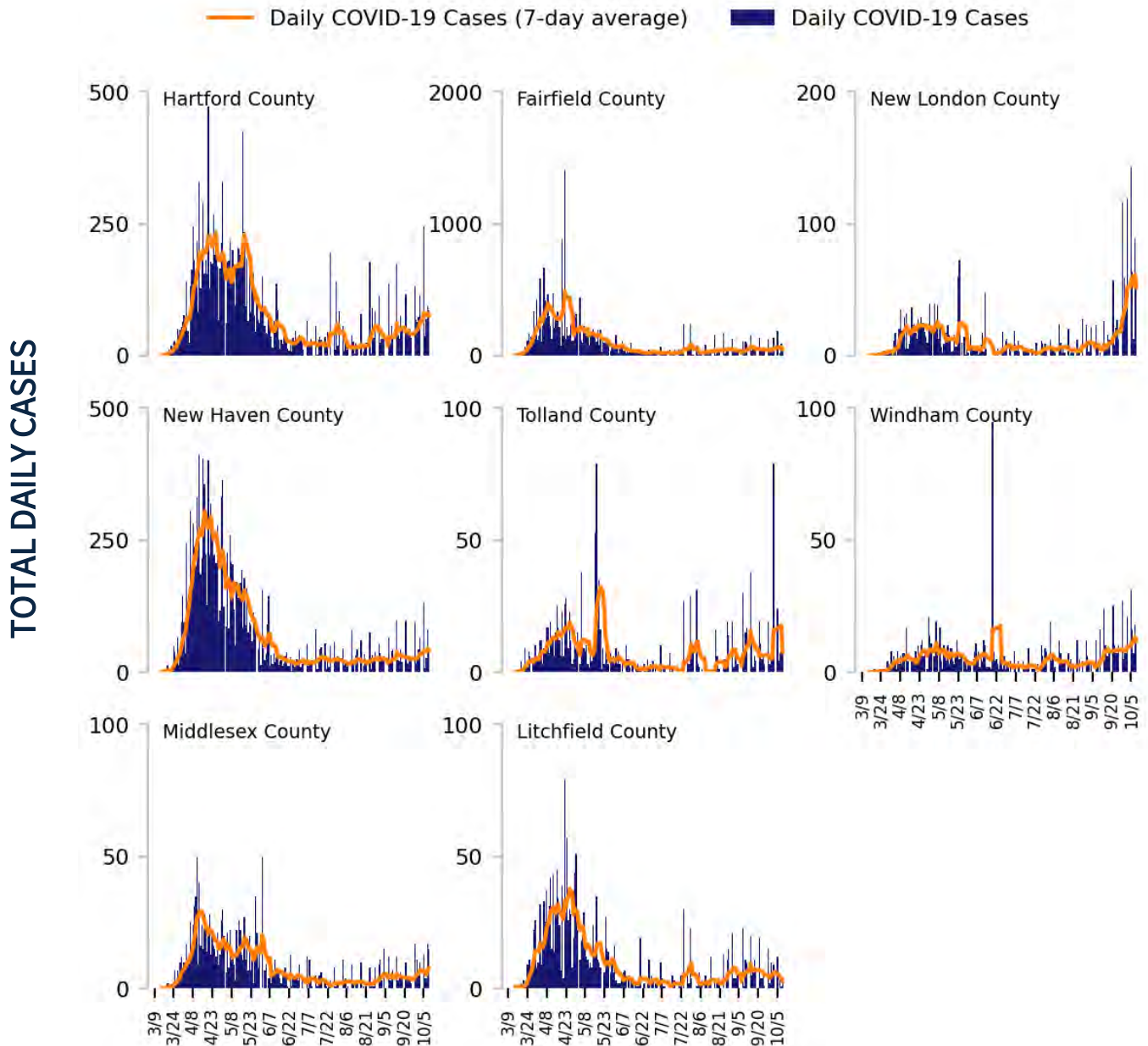
**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



## 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 10/9/2020. Last 3 weeks is 9/19 - 10/9.

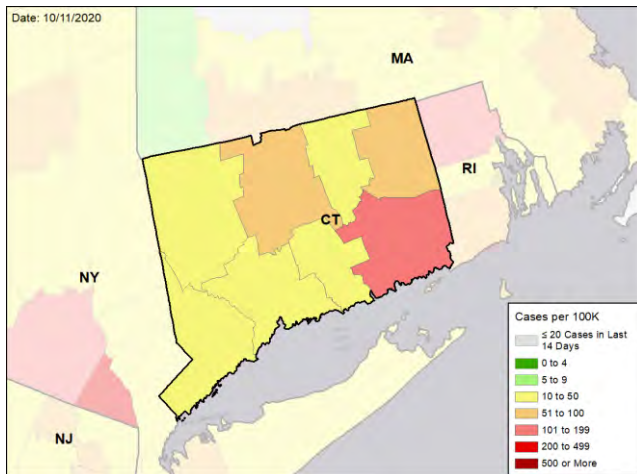


# CONNECTICUT

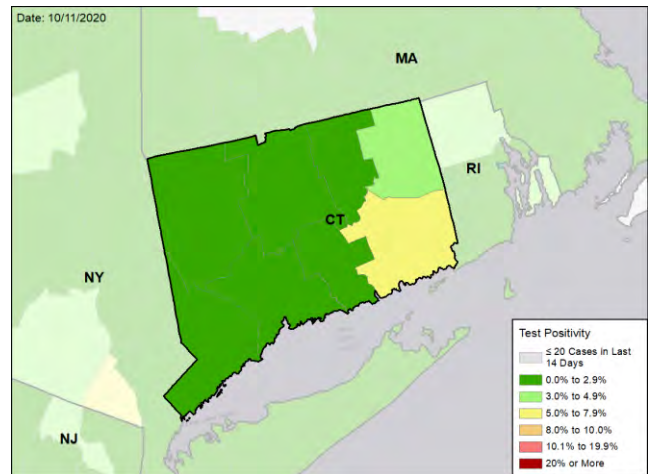
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

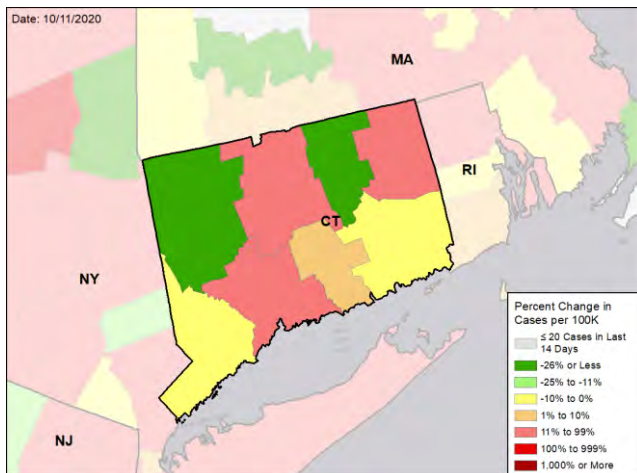
### NEW CASES PER 100,000 DURING THE LAST WEEK



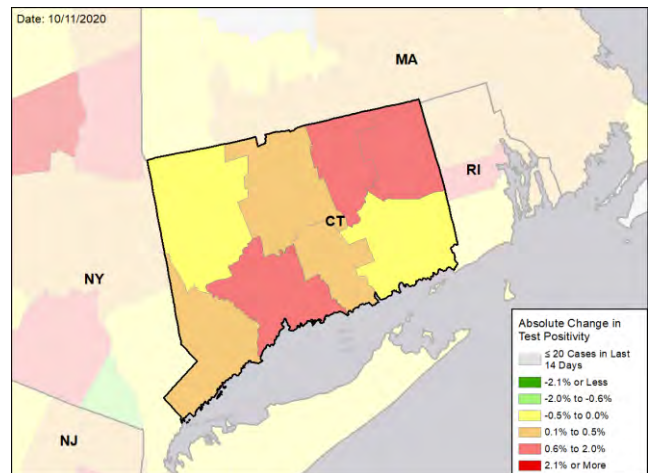
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## DELAWARE

### SUMMARY

- Delaware's control of the epidemic remains vulnerable with stability in cases last week following gradual increases since late August. Delaware is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 28th highest rate in the country. Delaware is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 43rd highest rate in the country.
- Delaware has seen stability in new cases and stability in test positivity over the last week. Kent and New Castle counties reported decreases while Sussex County reported increased cases. Cases continue to disproportionately affect young adults. Transmission in family and small group settings is a major contributor to community spread while contact tracers have found that restaurants are the most commonly visited venue by people who have recently tested positive. Several outbreaks in long-term care facilities (LTCFs) are also reported.
- Hospitalizations continued to increase and exceeded 100 for the first time since June.
- Institutions of higher education (IHE): University of Delaware reported 27 cases in the week to Oct 9, a significant decline from the three preceding weeks. Almost 20 student athletes were suspended for social distancing rules violations.
- No counties in Delaware have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Sep 28 - Oct 4, 20% of nursing homes had at least one new resident COVID-19 case, 27% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Delaware had 91 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 5 to support operations activities from FEMA.
- Between Oct 3 - Oct 9, on average, 13 patients with confirmed COVID-19 and 27 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Delaware. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Delaware and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Concern remains for further increases in community transmission following the continued spread among younger age groups, much of which is asymptomatic, as has been seen in "hotspot" counties generally ([MMWR Early Release/October 9, 2020](#)).
- Delaware has previously done well with controlling spread in large part due to a graduated set of social distancing measures for communities. Localized, more intense mitigation measures in high incidence jurisdictions are recommended, including maintaining or increasing restrictions on indoor gathering sizes to help limit the superspreader events that disproportionately contribute to increased or maintained epidemic spread. This is especially important in the next few weeks given the recent increased transmission with larger numbers of infectious individuals.
- Continue to use testing and case investigations strategically to identify and mitigate these high incidence jurisdictions and transmission venues. Careful testing and case investigations should be conducted to identify any early signs of transmission at business or community venues. Use of rapid tests can be extremely helpful in doing this.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With weather conditions increasingly forcing activities indoors, recommend increased targeted messages and recommendations on safety measures to follow to prevent spread of COVID-19 at home gatherings, especially given the element of prevention "fatigue."
- Ensure that all IHEs have adequate surveillance including representative sampling of asymptomatic students and staff. Commend the efforts at UD to monitor transmission and ensure social distancing measures are followed.
- Continue testing programs in long-term care facilities, with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Utilize point-of-care testing platforms to facilitate rapid COVID-19 case identification. The increased rate of infection among Delaware's LTCF residents following an increase in infection among LTCF workers indicates significant transmission in their communities and those transmission settings must be identified and mitigated.
- Continue to implement plans to increase surveillance for community spread using the Abbott BinaxNOW now that supplies have begun to arrive (or using other antigen tests), especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).





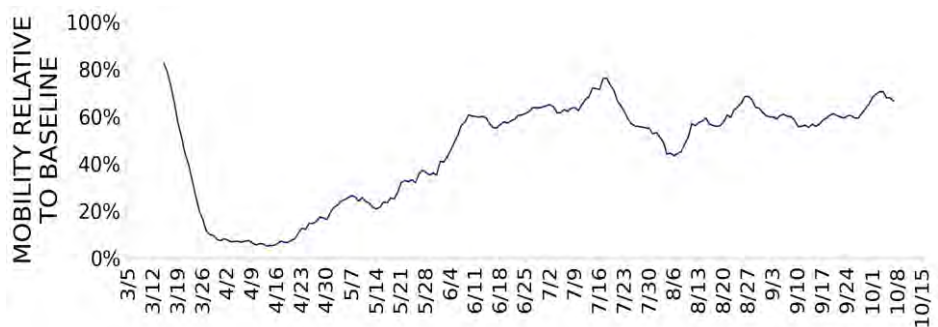


# DELAWARE

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	890 (91)	+4%	21,728 (70)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.6%	-0.4%*	4.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	27,977** (2,873)	+23%**	621,944** (2,016)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	9 (0.9)	-18%	303 (1.0)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	20% (27%)	+15%* (+5%*)	8% (15%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+2%*	3%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# DELAWARE

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease				

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

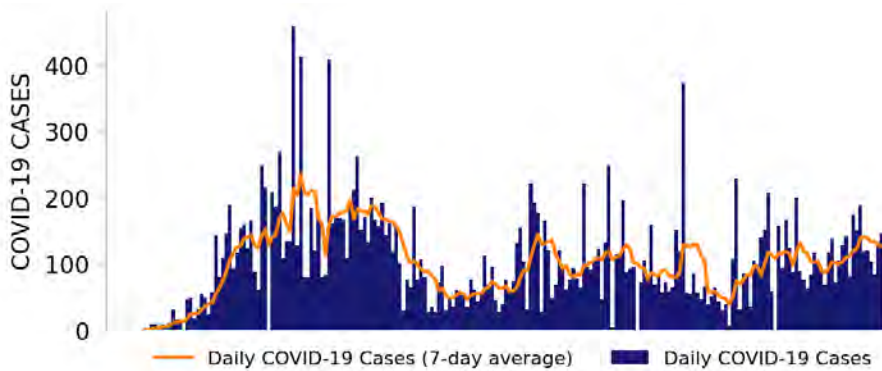
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



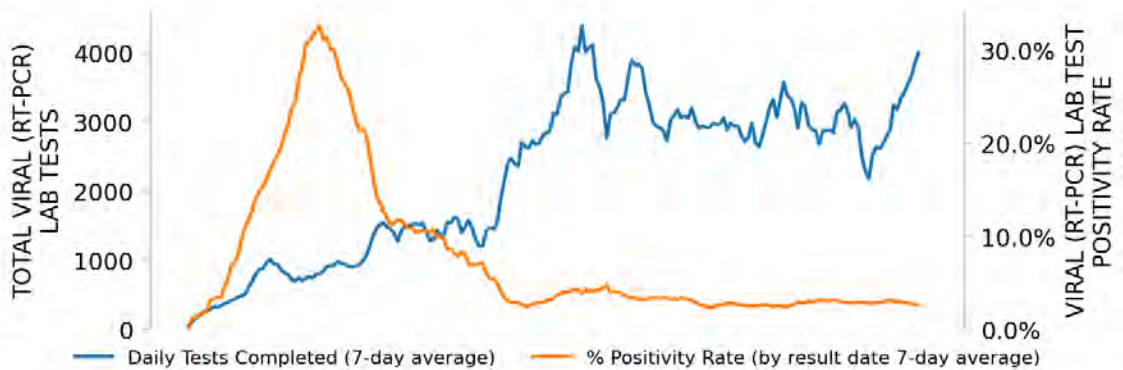
# DELAWARE

STATE REPORT | 10.11.2020

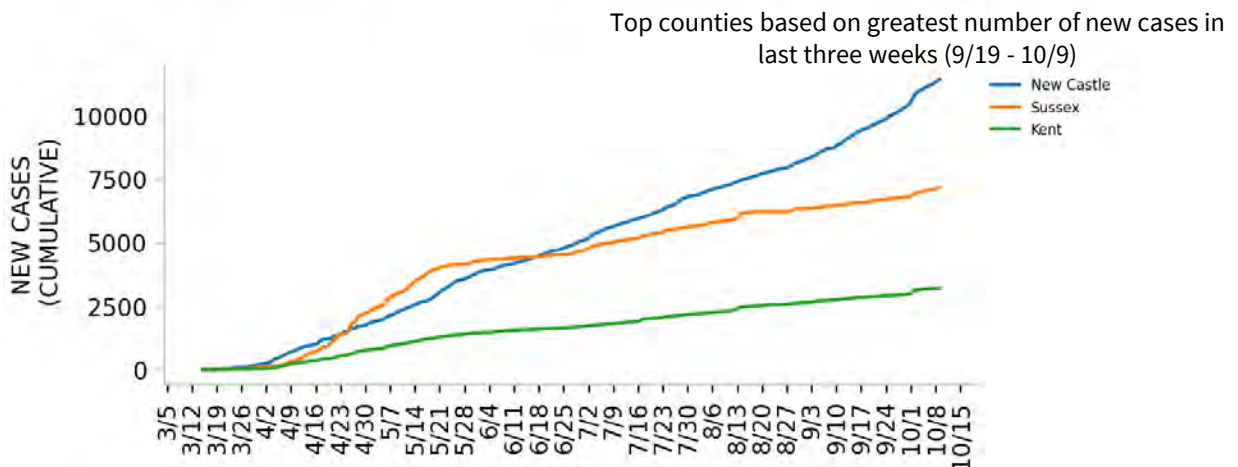
## NEW CASES



## TESTING



## TOP COUNTIES



**DATA SOURCES** – Additional data details available under METHODS

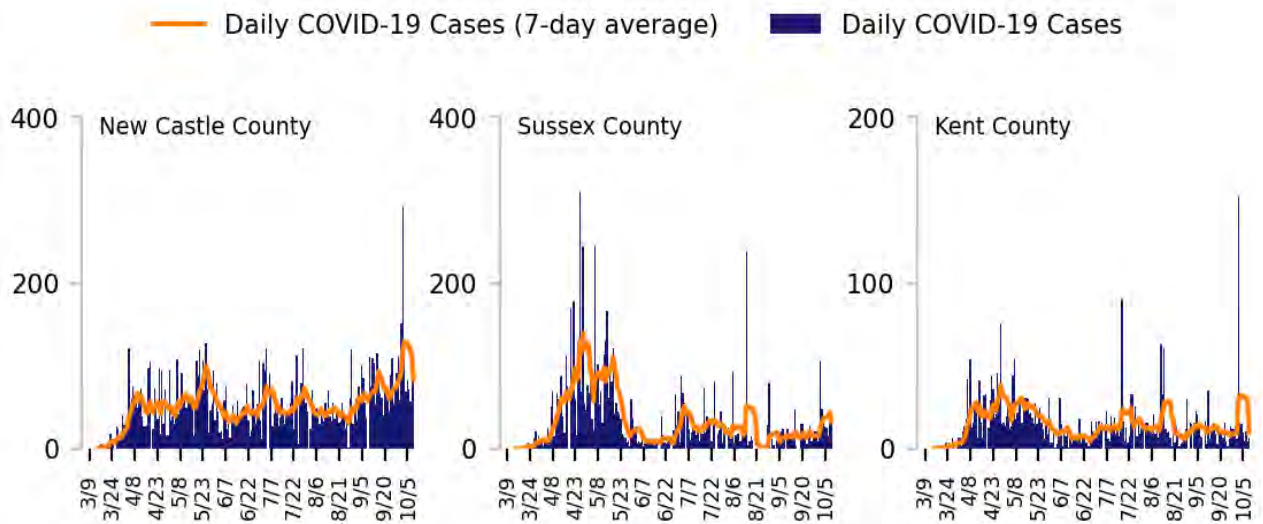
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

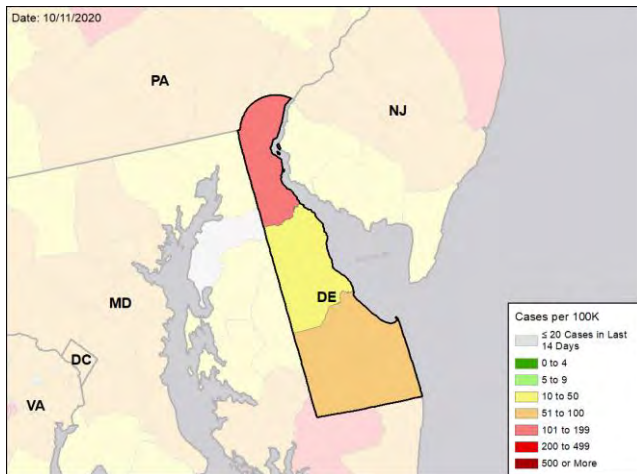


# DELAWARE

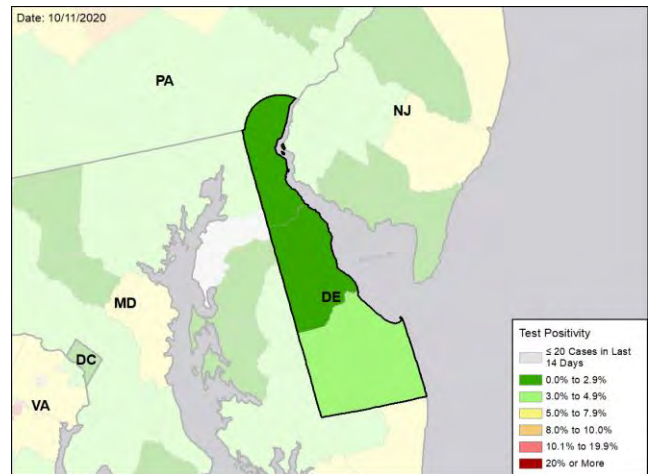
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

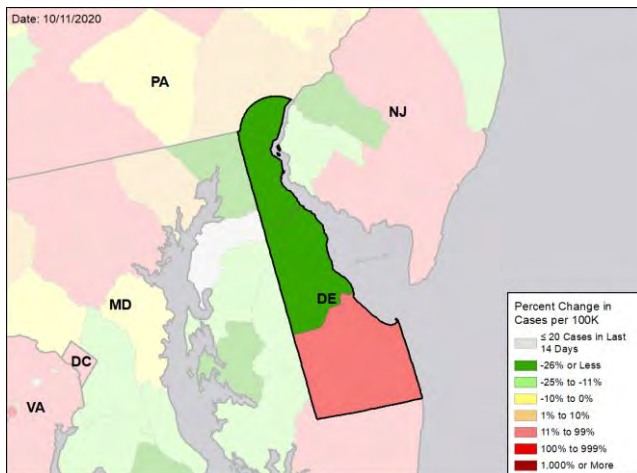
### NEW CASES PER 100,000 DURING THE LAST WEEK



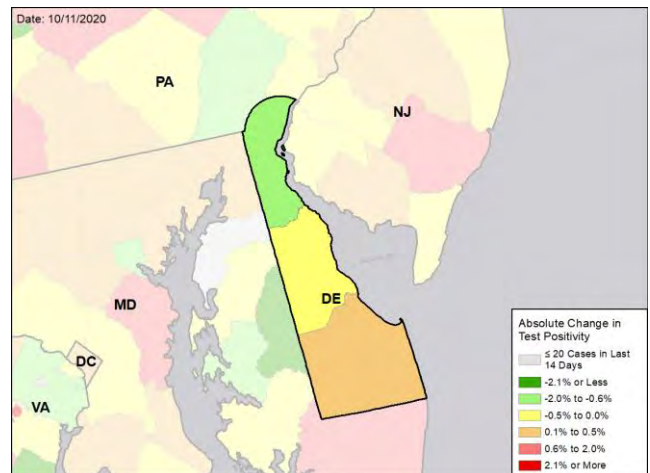
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## THE DISTRICT OF COLUMBIA

### SUMMARY

- The District of Columbia is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 41st highest rate in the country. The District of Columbia is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 48th highest rate in the country.
- The District of Columbia has seen an increase in new cases and stability in test positivity over the last week. The increase in cases followed a large increase in testing with the biggest increase among nonresidents which may reflect increased demand following the cluster of cases associated with the White House event(s).
- Institutions of higher education (IHE): American, Georgetown, George Washington, and Howard Universities are primarily online.
- The District of Columbia does not have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Sep 28 - Oct 4, no nursing homes had at least one new resident COVID-19 case, 6% 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 60 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 4 to support operations activities from FEMA and 1 to support epidemiology activities from CDC.
- Between Oct 3 - Oct 9, on average, 12 patients with confirmed COVID-19 and 75 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in the District of Columbia. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in the District of Columbia and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Concern remains for further increases in community transmission following the continued spread among younger age groups, much of which is asymptomatic, as has been seen in "hotspot" counties generally ([MMWR Early Release/October 9, 2020](#)).
- The District's graduated set of social distancing measures is critical to maintaining control of the epidemic. Focused, more intense mitigation measures in high incidence venues or wards may be needed, including maintaining or increasing restrictions on occupancy or indoor gathering sizes to prevent or limit superspreader events. This is especially important in the next few weeks given the recent increased transmission with larger numbers of infectious individuals.
- Continue to use testing and case investigations strategically to identify and mitigate these high incidence jurisdictions and transmission venues. Careful testing and case investigations should be conducted to identify any early signs of transmission at business or community venues. Use of rapid tests can be extremely helpful in doing this.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With weather conditions increasingly forcing activities indoors, recommend increased targeted messages and recommendations on safety measures to follow to prevent spread of COVID-19 at home gatherings, especially given the element of prevention "fatigue."
- The District of Columbia's recent rate of testing is commended. Given the importance of increasing surveillance as well as diagnostic and contact testing capacity, continue to maintain easily available testing and continue to gradually expand options.
- Given ongoing risk from political events or demonstrations that bring in thousands of visitors from multiple states, continue to work with event organizers to mandate social distancing and personal protective measures and recommend that participants in these activities be tested, especially following events where measures were not consistently followed.
- Given difficulties with public trust in contact tracing, the District's change in the caller ID for contact tracers is commended.
- Continue testing programs in long-term care facilities (LTCFs), with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Utilize point-of-care testing platforms to facilitate rapid COVID-19 case identification.
- Continue to implement plans to increase surveillance for community spread using the Abbott BinaxNOW now that supplies have begun to arrive (or other antigen tests), especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Increased rates of infection among LTCF workers indicate significant transmission in their communities and that transmission must be identified and mitigated.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



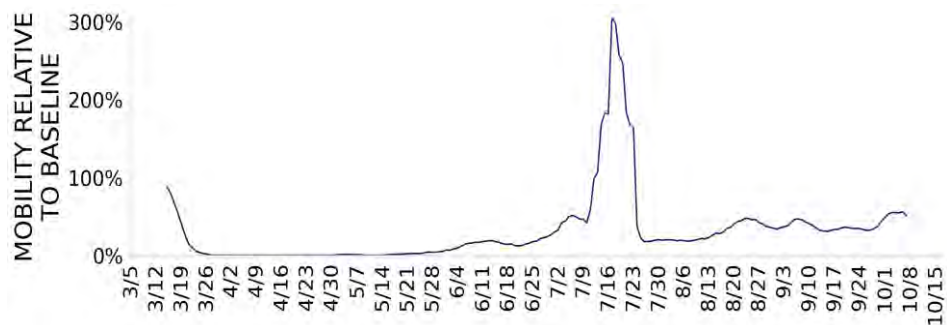


# THE DISTRICT OF COLUMBIA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	420 (60)	+62%	21,728 (70)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.4%	+0.2%*	4.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	35,489** (5,029)	+6%**	621,944** (2,016)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	5 (0.7)	-17%	303 (1.0)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	0% (6%)	-6%* (-18%*)	8% (15%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	3%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# THE DISTRICT OF COLUMBIA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
Change from previous week's alerts:      ▲ Increase      ■ Stable      ▼ Decrease				

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

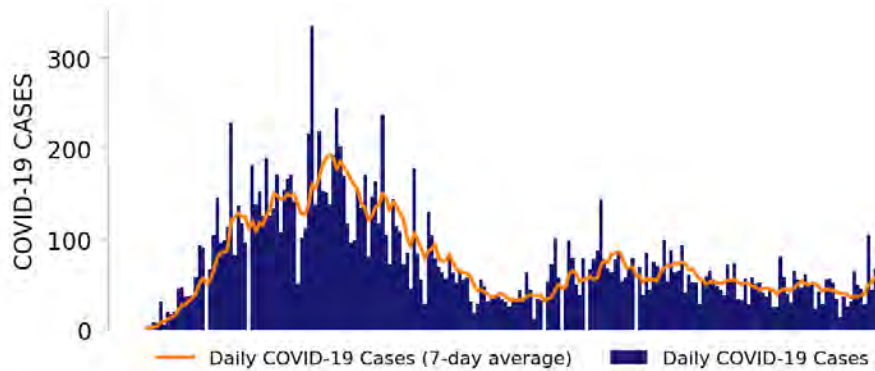
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



# THE DISTRICT OF COLUMBIA

STATE REPORT | 10.11.2020

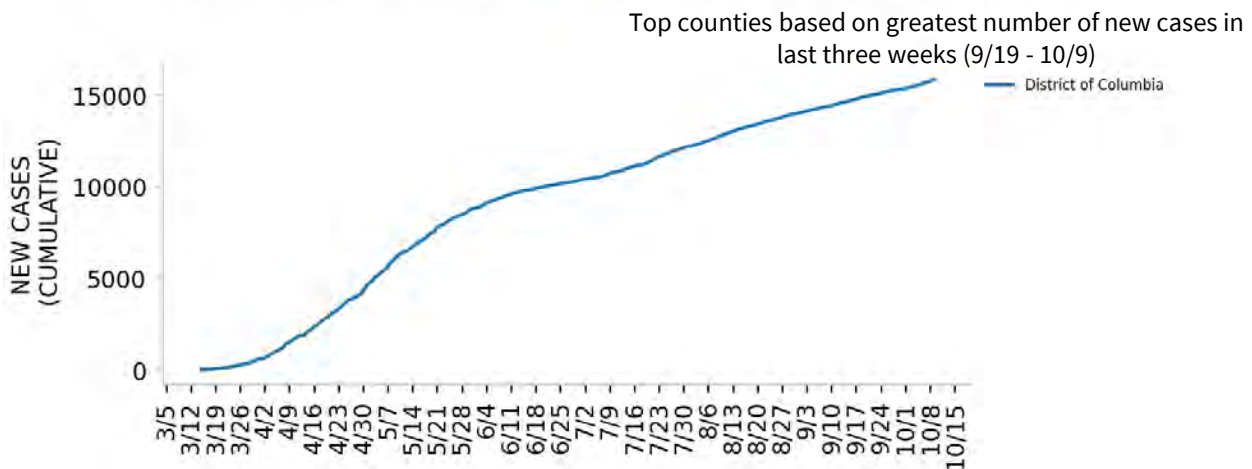
## NEW CASES



## TESTING



## TOP COUNTIES



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

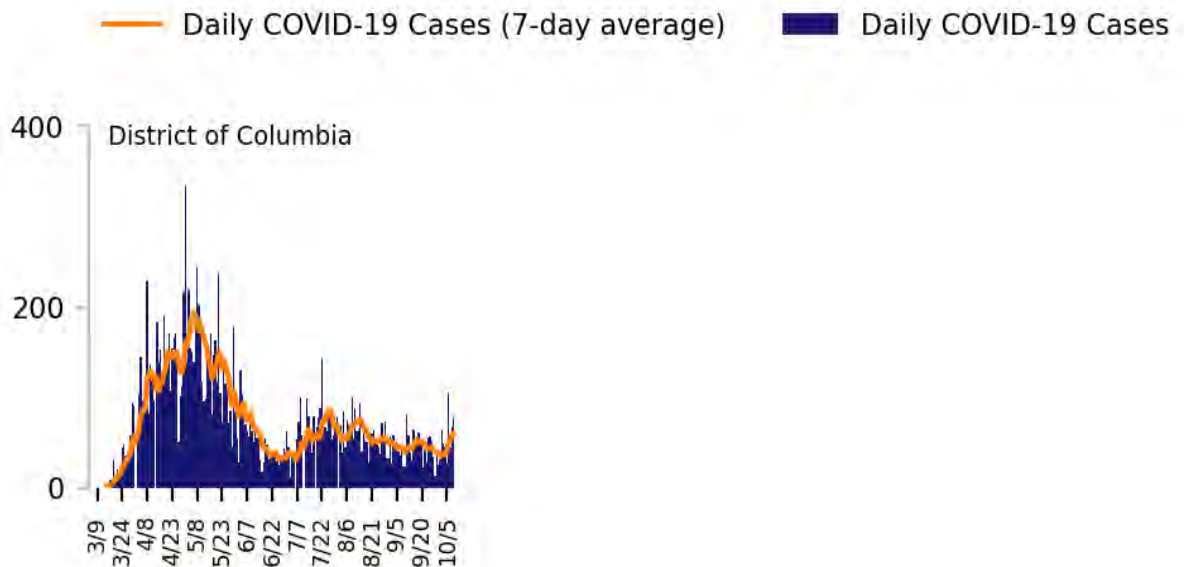
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

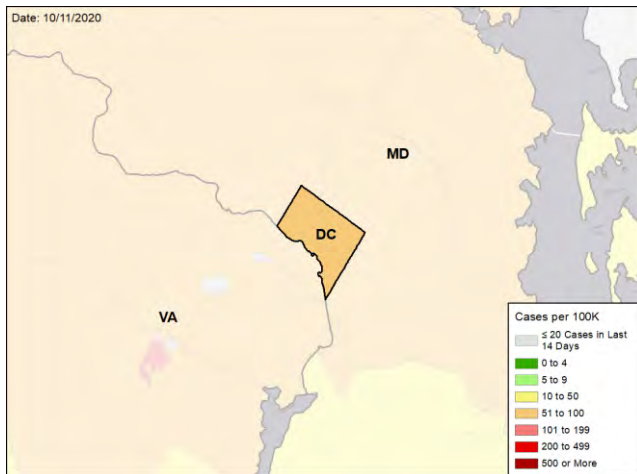


# THE DISTRICT OF COLUMBIA

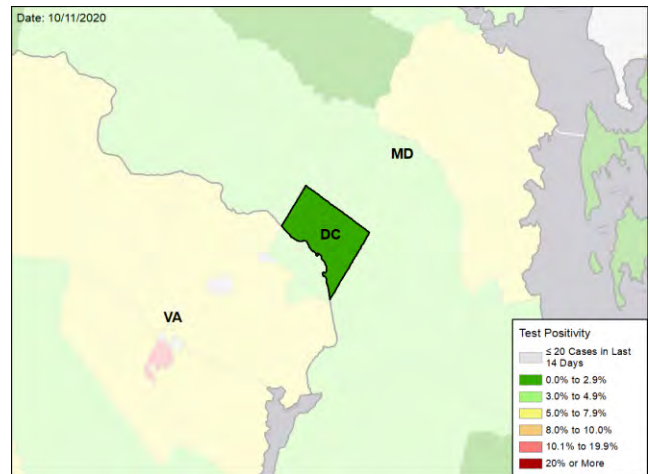
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

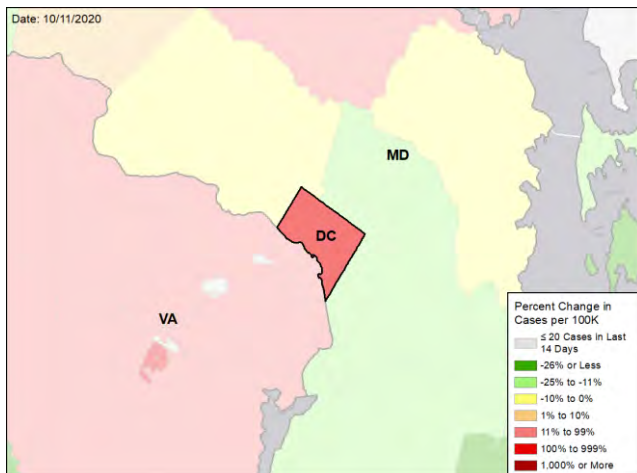
### NEW CASES PER 100,000 DURING THE LAST WEEK



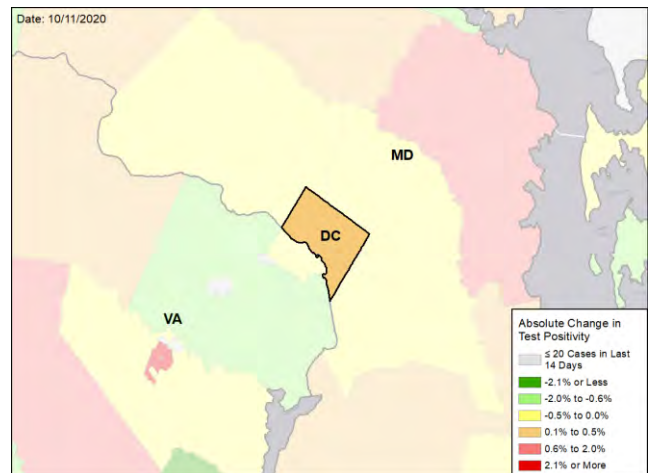
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## FLORIDA

### SUMMARY

- Florida is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 31st highest rate in the country. Florida is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 28th highest rate in the country.
- Florida has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Miami-Dade County, 2. Broward County, and 3. Hillsborough County. These counties represent 29.5% of new cases in Florida.
- 52% of all counties in Florida have moderate or high levels of community transmission (yellow, orange, or red zones), with 9% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 13% of nursing homes had at least one new resident COVID-19 case, 25% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Florida had 80 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 56 to support operations activities from USCG.
- Between Oct 3 - Oct 9, on average, 271 patients with confirmed COVID-19 and 398 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Florida. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Florida and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- There are early warning signs developing in Florida that need to be evaluated carefully. There is a week over week increase in cases and increasing cases in the Villages and several counties, including Brevard. Track test positivity, cases, and new daily hospitalizations in all counties and react to any week over week increases with increased mitigation in those counties and surge community level testing.
- Testing must increase statewide.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen positive results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- 25% of nursing homes are reporting positive staff members, indicating ongoing community spread in those areas. Effective contact tracing of these individuals back to their communities and active community testing needs to occur to prevent more silent community spread. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are reporting.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings. Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces.
- Focusing on universities and decreasing community spread from students to local communities and hometowns is critical. Further strengthen the detection of silent spread on campuses through routine testing of students for surveillance of asymptomatic cases. Increase percent of students screened each week to 20% if test positivity of asymptomatic students is greater than 10%.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus as symptomatic cases and those identified through surveillance testing decline.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).



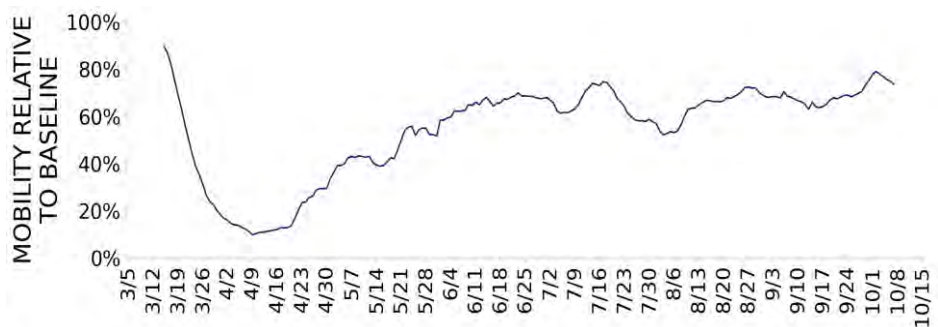


# FLORIDA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	17,117 (80)	+8%	75,980 (114)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.8%	-0.2%*	6.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	385,942** (1,797)	-2%**	1,024,987** (1,532)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	645 (3.0)	+3%	1,603 (2.4)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	13% (25%)	-4%* (-2%*)	14% (27%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	-3%*	5%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# FLORIDA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

1

■ (+0)

Wauchula

6

▲ (+1)

Baker  
Hardee  
Union  
Taylor  
Glades  
Franklin

#### LOCALITIES IN ORANGE ZONE

2

▼ (-1)

Lake City  
Clewiston

3

▼ (-2)

Columbia  
Hendry  
Hamilton

#### LOCALITIES IN YELLOW ZONE

11

▲ (+1)

Lakeland-Winter Haven  
Gainesville  
Cape Coral-Fort Myers  
Crestview-Fort Walton Beach-Destin  
Ocala  
Naples-Marco Island  
Panama City  
The Villages  
Sebastian-Vero Beach  
Sebring-Avon Park  
Okeechobee

26

▲ (+4)

Miami-Dade  
Hillsborough  
Orange  
Polk  
Lee  
Osceola  
Manatee  
Marion  
Collier  
Clay  
Okaloosa  
Bay

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Yellow Counties:** Miami-Dade, Hillsborough, Orange, Polk, Lee, Osceola, Manatee, Marion, Collier, Clay, Okaloosa, Bay, Sumter, Indian River, Hernando, Gadsden, Highlands, Suwannee, Okeechobee, Walton, Bradford, Levy, Jefferson, Dixie, Gulf, Lafayette

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

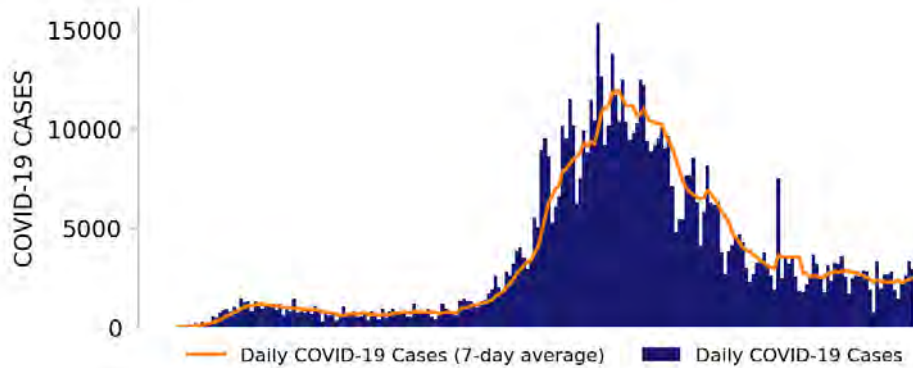
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



# FLORIDA

STATE REPORT | 10.11.2020

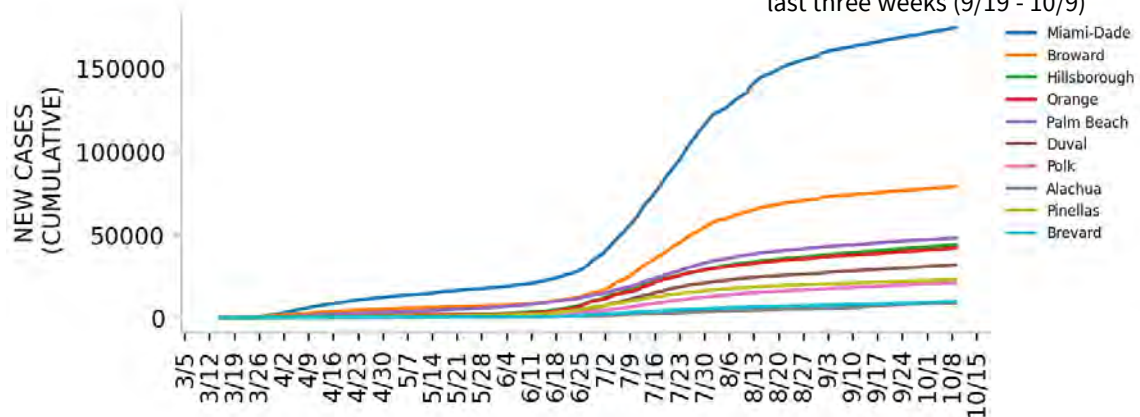
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



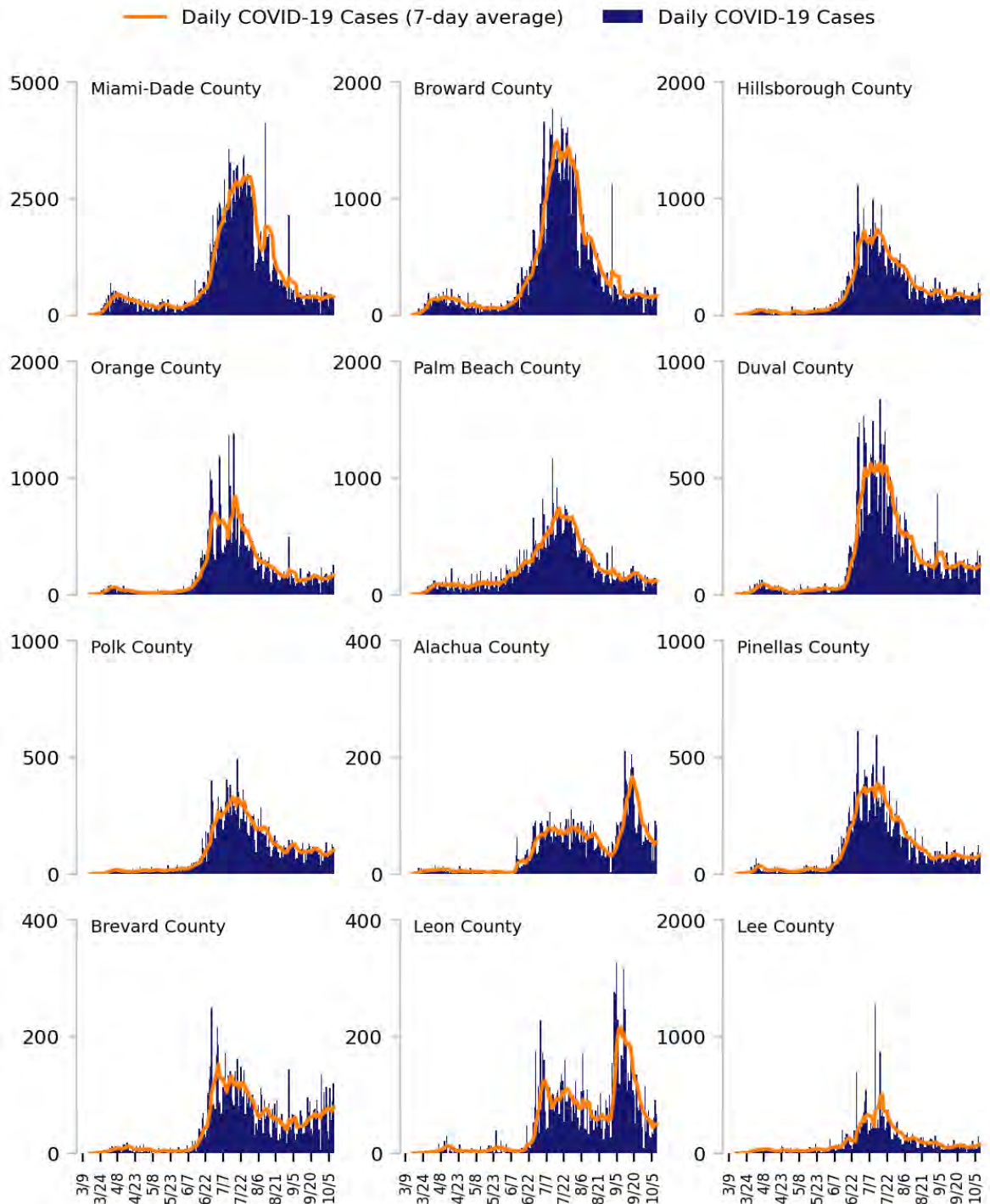
### DATA SOURCES – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.  
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

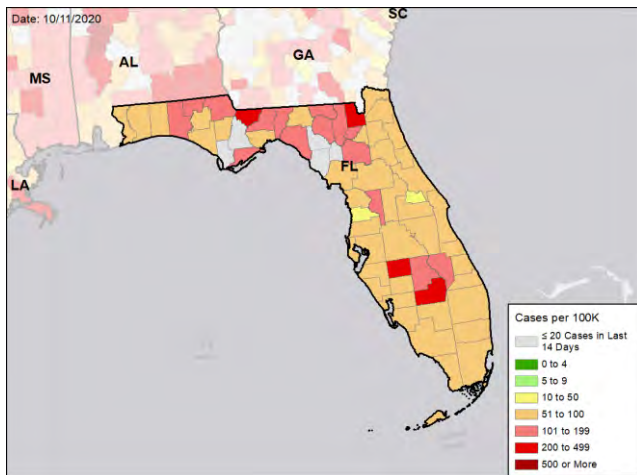


# FLORIDA

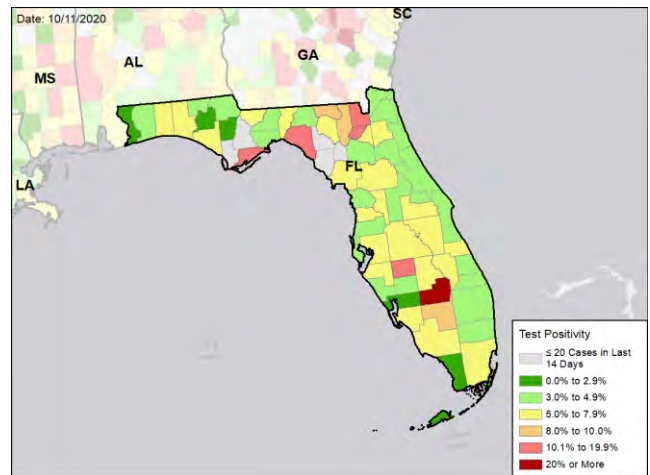
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

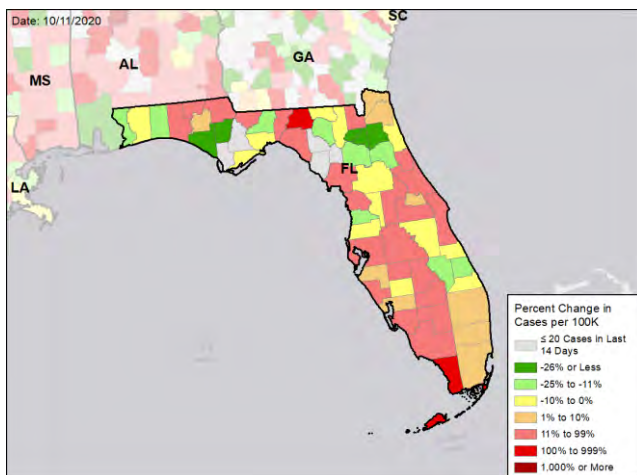
### NEW CASES PER 100,000 DURING THE LAST WEEK



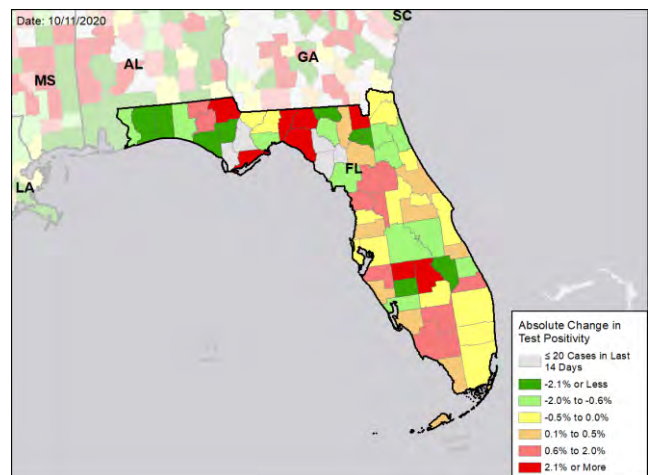
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## GEORGIA

### SUMMARY

- Georgia is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 33rd highest rate in the country. Georgia is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 26th highest rate in the country.
- Georgia has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Gwinnett County, 2. Fulton County, and 3. DeKalb County. These counties represent 22.4% of new cases in Georgia.
- 51% of all counties in Georgia have moderate or high levels of community transmission (yellow, orange, or red zones), with 16% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 11% of nursing homes had at least one new resident COVID-19 case, 20% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Georgia had 79 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 36 to support operations activities from FEMA; 9 to support operations activities from ASPR; 2 to support medical activities from CDC; 3 to support testing activities from CDC; 11 to support epidemiology activities from CDC; 4 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Oct 3 - Oct 9, on average, 389 patients with confirmed COVID-19 and 211 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Georgia. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Georgia and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Georgia has made progress and needs to ensure the gains are sustained. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations. Track test positivity, cases, and new daily hospitalizations in all counties and react to any week over week increases with increased mitigation in those counties and surged community level testing.
- Georgia should continue the strong mitigation efforts statewide and continue mitigation efforts in university towns to decrease spread from universities to the local community. Use focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions to those dorms or student areas.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen positive results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings. Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are reporting. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- Abbott BinaxNOW arrived at Historically Black Colleges and Universities, ensuring rapid diagnosis and isolation of both symptomatic and asymptomatic cases.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).





# GEORGIA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	8,404 (79)	+4%	75,980 (114)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.8%	-0.2%*	6.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	127,034** (1,196)	+7%**	1,024,987** (1,532)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	246 (2.3)	+7%	1,603 (2.4)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	11% (20%)	+3%* (-3%*)	14% (27%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	-3%*	5%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# GEORGIA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

8

■ (+0)

Gainesville  
Cornelia  
Calhoun  
Toccoa  
Vidalia  
Summerville  
Fitzgerald  
Moultrie

25

▼ (-5)

Hall  
Bartow  
Habersham  
Gordon  
Stephens  
Union  
Fannin  
Emanuel  
Toombs  
Chattooga  
Haralson  
Appling

#### LOCALITIES IN ORANGE ZONE

5

▼ (-5)

Augusta-Richmond County  
Macon-Bibb County  
Valdosta  
LaGrange  
Eufaula

20

▼ (-9)

Douglas  
Carroll  
Bibb  
Lowndes  
Walton  
Effingham  
Spalding  
Gilmer  
Franklin  
Tattnell  
Burke  
Grady

#### LOCALITIES IN YELLOW ZONE

17

▲ (+3)

Savannah  
Athens-Clarke County  
Dalton  
Chattanooga  
Rome  
Dublin  
Jefferson  
Statesboro  
Douglas  
Albany  
Tifton  
Hinesville

36

▼ (-5)

Gwinnett  
Chatham  
Henry  
Richmond  
Floyd  
Columbia  
Clayton  
Barrow  
Jackson  
Laurens  
White  
Paulding

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Yellow CBSAs:** Savannah, Athens-Clarke County, Dalton, Chattanooga, Rome, Dublin, Jefferson, Statesboro, Douglas, Albany, Tifton, Hinesville, Bainbridge, St. Marys, Jesup, Thomasville, Cordele

**All Red Counties:** Hall, Bartow, Habersham, Gordon, Stephens, Union, Fannin, Emanuel, Toombs, Chattooga, Haralson, Appling, Colquitt, Ben Hill, Towns, Butts, Candler, McDuffie, Oglethorpe, Irwin, Montgomery, Worth, Jeff Davis, Clinch, Treutlen

**All Orange Counties:** Douglas, Carroll, Bibb, Lowndes, Walton, Effingham, Spalding, Gilmer, Franklin, Tattnell, Burke, Grady, Monroe, Putnam, Jenkins, Banks, Pike, Dade, Morgan, Brantley

**All Yellow Counties:** Gwinnett, Chatham, Henry, Richmond, Floyd, Columbia, Clayton, Barrow, Jackson, Laurens, White, Paulding, Bulloch, Catoosa, Tift, Coffee, Bryan, Troup, Decatur, Camden, Liberty, Murray, Wayne, Oconee, Ware, Dawson, Thomas, Rabun, Crisp, Jones, Hart, Washington, Greene, Peach, Lee, Turner

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

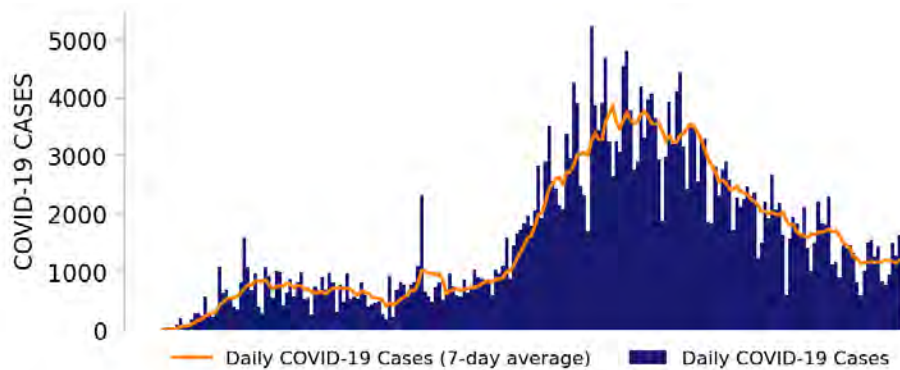
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



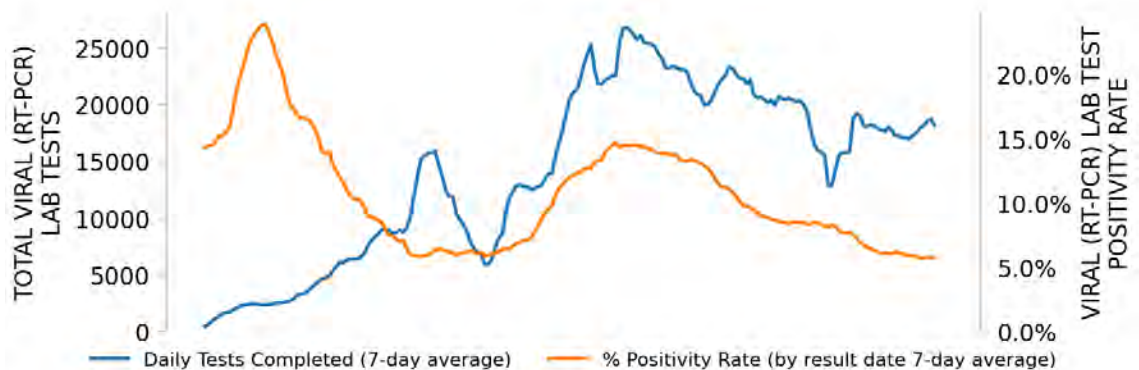
# GEORGIA

STATE REPORT | 10.11.2020

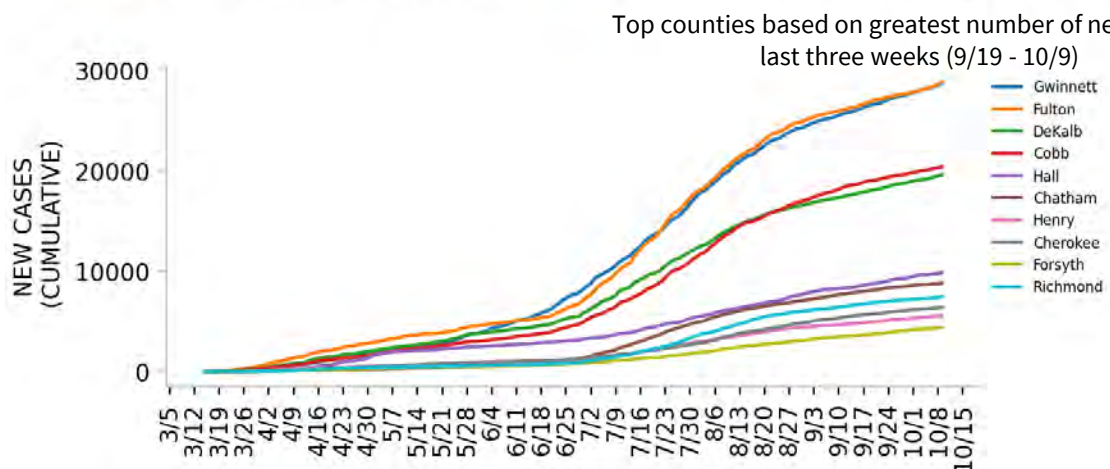
## NEW CASES



## TESTING



## TOP COUNTIES



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

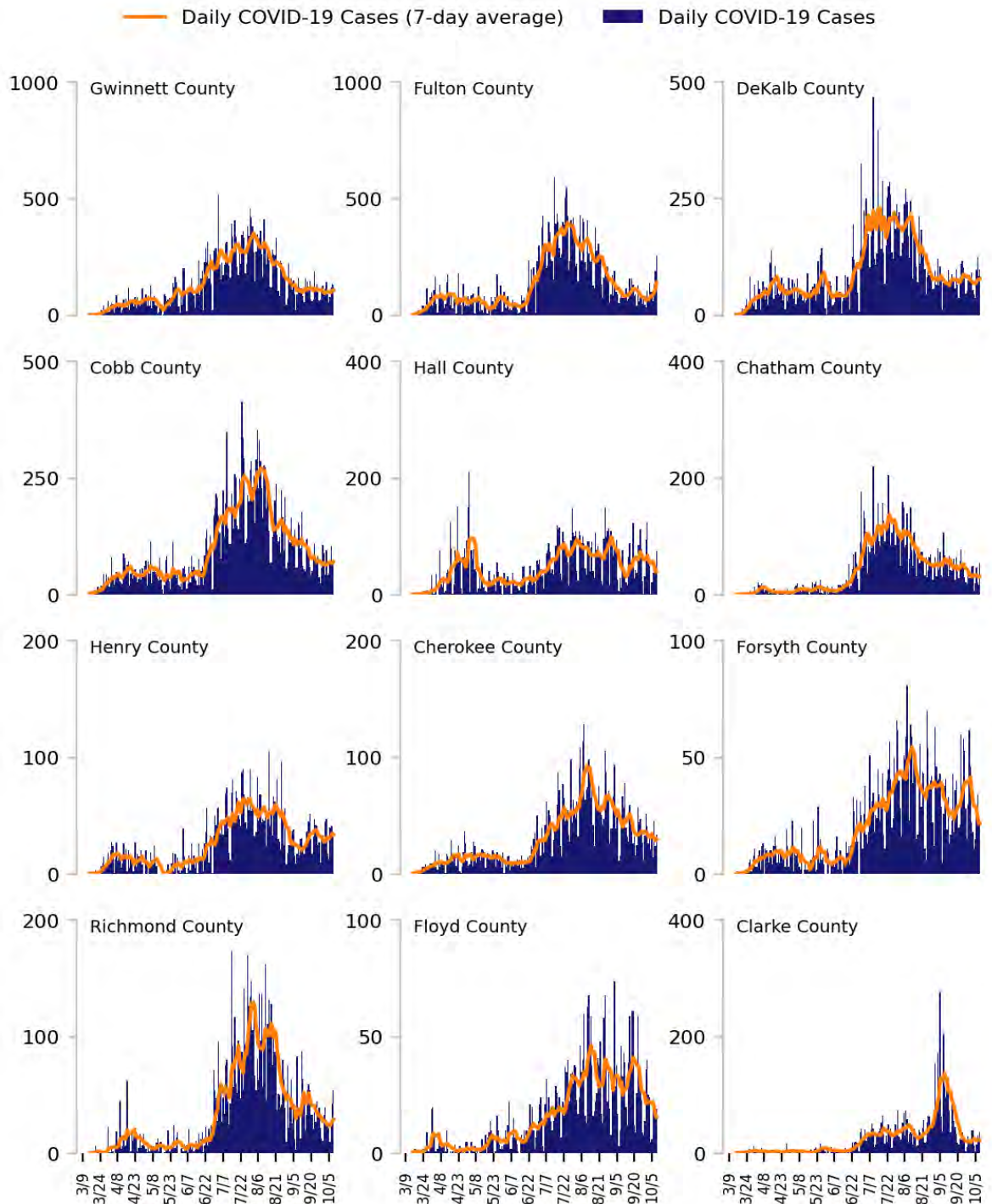
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

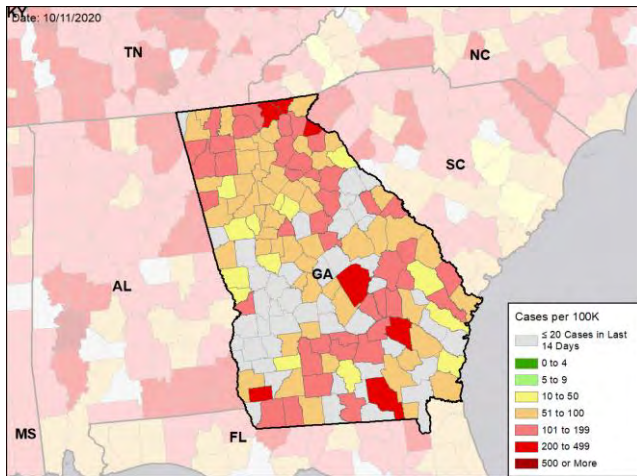


# GEORGIA

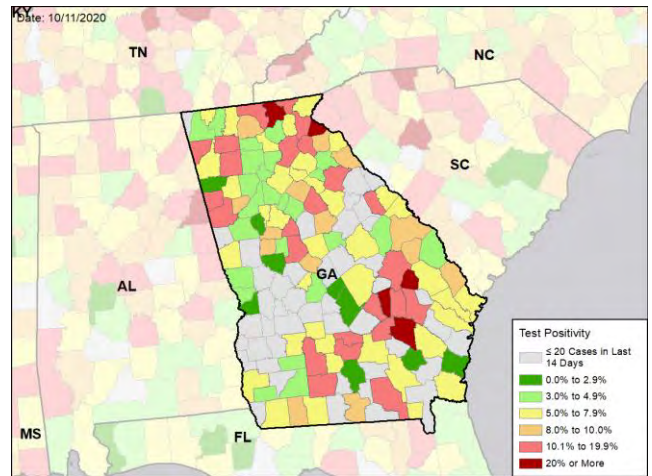
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

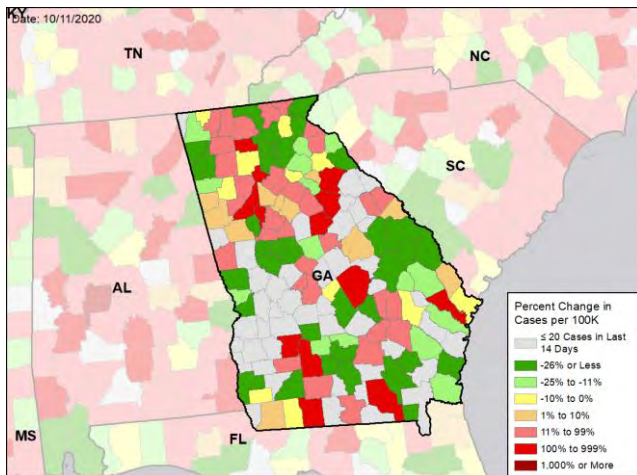
### NEW CASES PER 100,000 DURING THE LAST WEEK



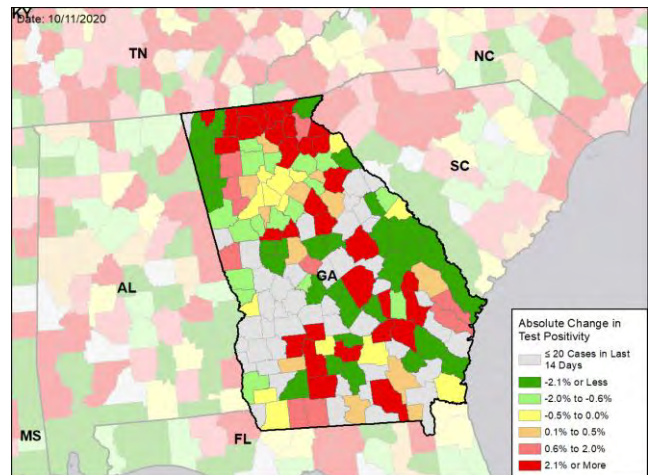
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



#### DATA SOURCES – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## HAWAII

### SUMMARY

- Hawaii is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the 47th highest rate in the country. Hawaii is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 39th highest rate in the country.
- Hawaii has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Honolulu County, 2. Hawaii County, and 3. Maui County. These counties represent 99.5% of new cases in Hawaii.
- No counties in Hawaii have moderate or high levels of community transmission (yellow, orange, or red zones).
- Inpatient bed utilization is 76% in Honolulu County and 72% in Hawaii County; the number of hospitals reporting critical staffing shortages has increased.
- Reported data suggest that testing rate is now below 1,000 per 100,000 population in all counties; volume of testing appears to have decreased over the previous 2-3 weeks in both Honolulu and Hawaii counties.
- Apparent increase in incidence in Hawaii is linked to a long-term care facility in Hilo with recent outbreak among staff and residents, exceeding 20 cases.
- During the week of Sep 28 - Oct 4, 5% of nursing homes had at least one new resident COVID-19 case, 14% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Hawaii had 50 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 19 to support operations activities from FEMA; 1 to support epidemiology activities from CDC; 18 to support operations activities from USCG; 10 to support medical activities from VA; and 1 to support operations activities from VA.
- The federal government has supported surge testing in Honolulu, HI.
- Between Oct 3 - Oct 9, on average, 20 patients with confirmed COVID-19 and 15 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Hawaii. An average of 88% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Hawaii and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Efforts in Honolulu have proven successful, but incidence remains higher than desired; continuation of restrictions to bring down incidence is warranted.
- Increase availability and access to testing, especially in Honolulu and Hawaii counties and particularly in Hilo; review testing policies to ensure all universities, including University of Hawaii at Hilo, are conducting adequate testing of asymptomatic students to interrupt transmission.
- Ensure regular surveillance (testing) to monitor transmission among critical staff, such as teachers, staff working at long-term care facilities and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders as more tests become available.
- Ensure all efforts are undertaken to expand testing capacity by using and staffing all molecular testing platforms in the state to run at full capacity and using antigen tests as appropriate. Report both negative and positive test results. Explore use of wastewater surveillance to expand reach and efficiency of surveillance.
- Increase and intensify public health messaging to all residents and, if restrictions are lifted, tourists. Messages to residents should focus on risks of transmission in smaller, intimate gatherings of family, friends, and neighbors; messaging to tourists should focus on risks in commercial and retail setting and requirements of social distancing and face coverings.
- Expand contact tracing capacity as case numbers rise by adjusting interview depth and task-shifting to ensure contact interview is conducted within 48 hours of diagnosis and recommendations for isolation or quarantine are made clear.
- Continue to monitor hospital capacity and resources closely in all counties, develop hospital expansion plans wherever inpatient bed utilization exceeds 75%, and intensify community mitigation efforts where hospital inpatient bed utilization is above 65% and increasing.
- Any nursing homes with 3 or more cases of COVID per week over any of the past 3 weeks (facility in Hilo) should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).





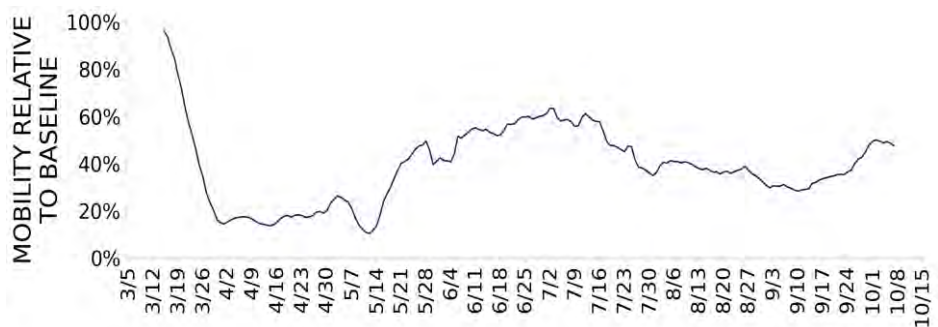


## HAWAII

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	708 (50)	-1%	31,293 (61)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.7%	-0.1%*	10.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	10,870** (768)	-49%**	1,161,649** (2,265)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	24 (1.7)	+60%	550 (1.1)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5% (14%)	+0%* (-1%*)	4% (8%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	-2%*	2%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# HAWAII

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease				

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.

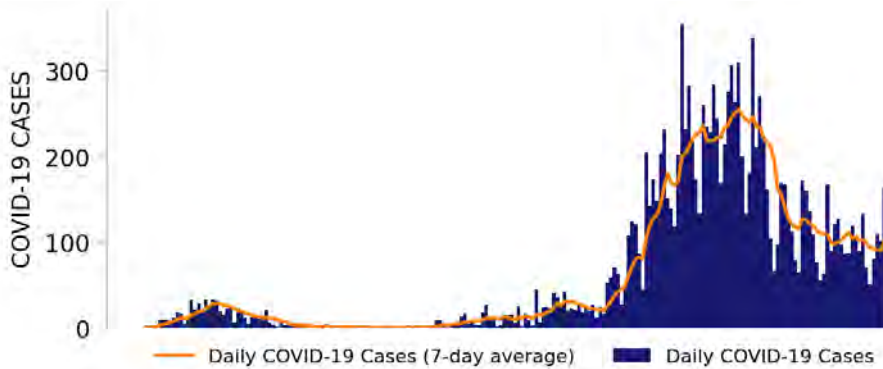




# HAWAII

STATE REPORT | 10.11.2020

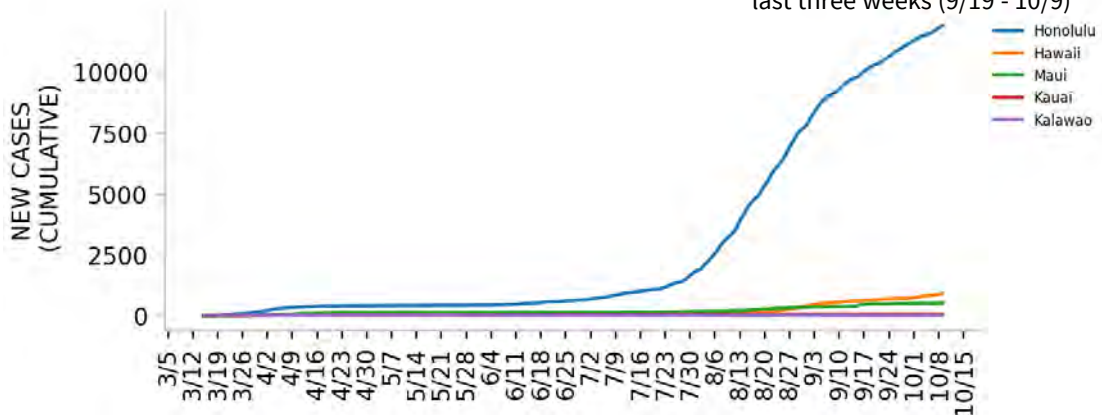
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



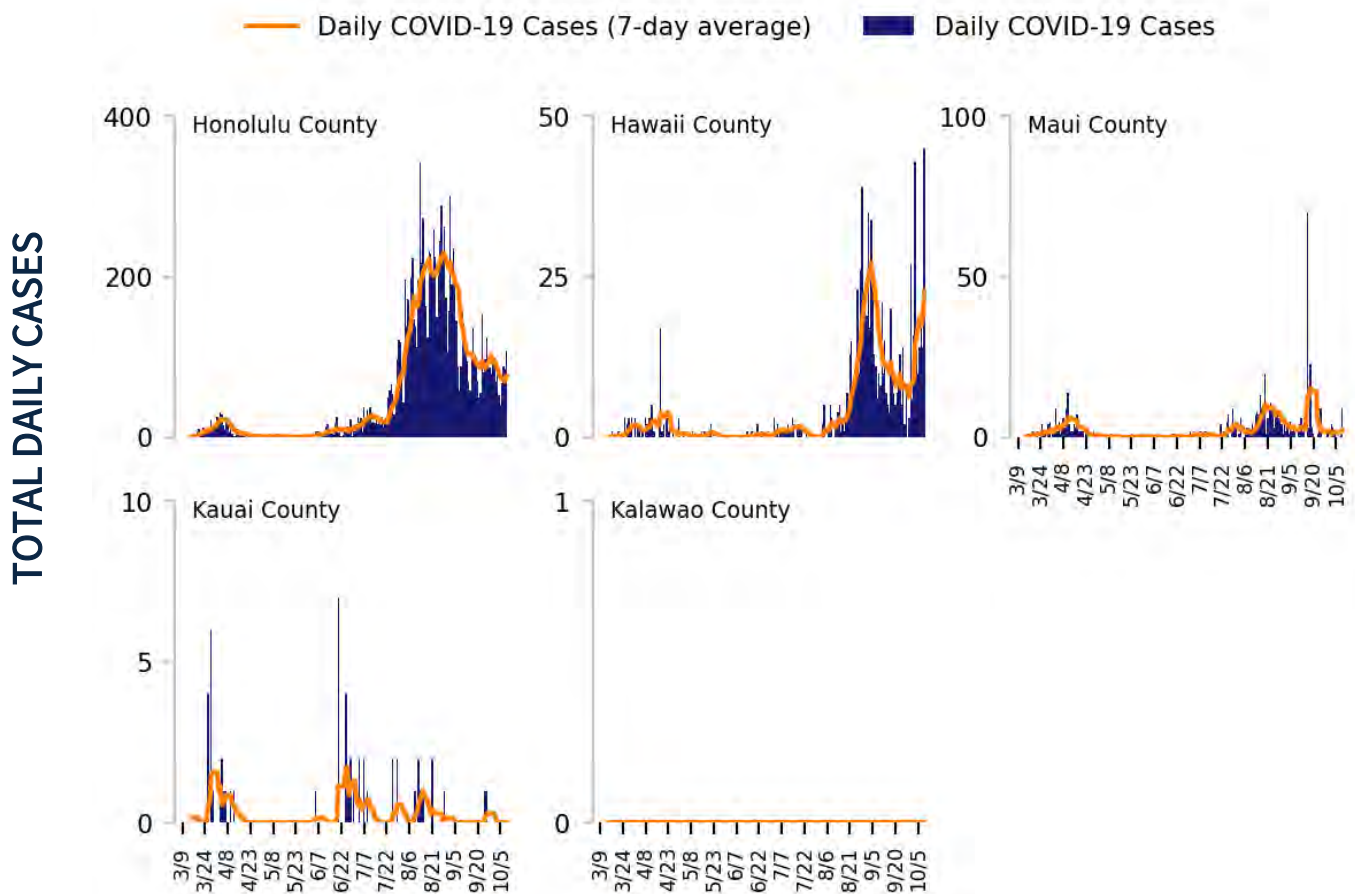
### DATA SOURCES – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



## 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 10/9/2020. Last 3 weeks is 9/19 - 10/9.

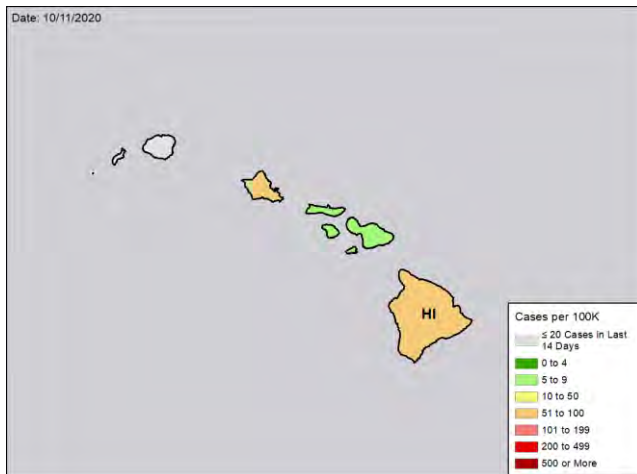


# HAWAII

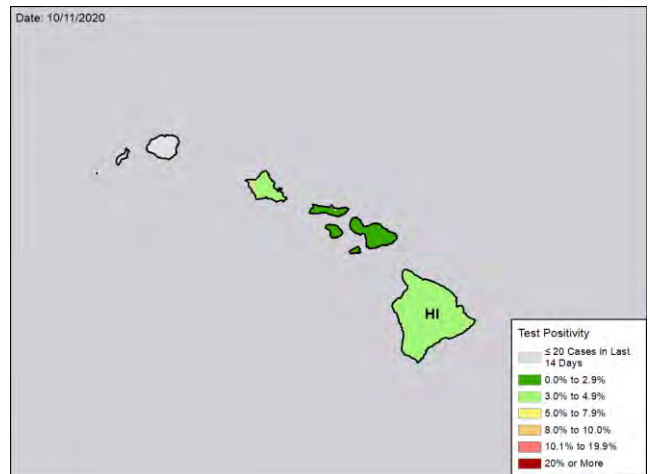
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

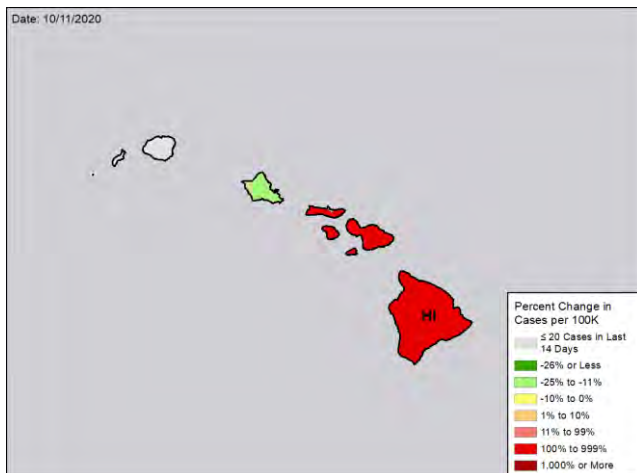
### NEW CASES PER 100,000 DURING THE LAST WEEK



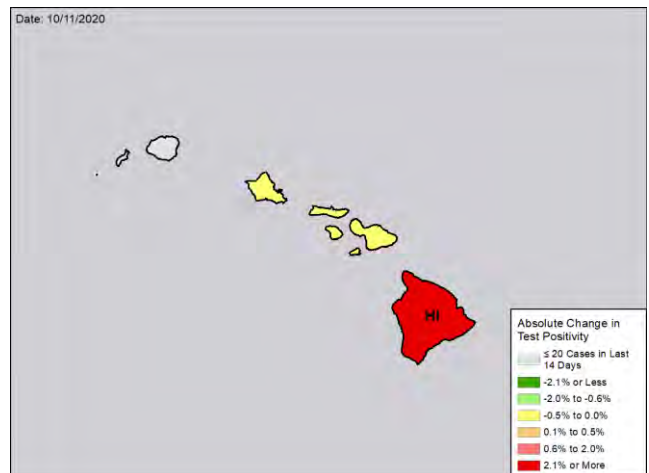
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



#### DATA SOURCES – Additional data details available under METHODS

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

**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## IDAHO

### SUMMARY

- Idaho is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 6th highest rate in the country. Idaho is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 3rd highest rate in the country.
- Idaho has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Ada County, 2. Bonneville County, and 3. Canyon County. These counties represent 35.6% of new cases in Idaho.
- 68% of all counties in Idaho have moderate or high levels of community transmission (yellow, orange, or red zones), with 55% having high levels of community transmission (red zone).
- Test positivity now increasing most rapidly and broadly among 25-64 year-olds and exceeds 15% in 16 counties, suggesting that transmission is expanding to older age groups.
- Test positivity among 18-24 year-olds remains over 80% in Latah County (University of Idaho), almost 29% in Madison County (BYU-Idaho), 14% in Ada County (Boise State University), and 18% in Bannock County (Idaho State University).
- Testing is limited among 65+ year-olds; test positivity in this age group exceeds 10% in 17 counties, including Twin Falls, Bonneville, and Kootenai.
- Kootenai County has 78% inpatient bed utilization and 91% ICU utilization.
- There is evidence of ongoing transmission in nursing homes in Emmet and Burley, and multiple cases among staff and residents in facilities in Boise, Nampa, and Rexburg.
- During the week of Sep 28 - Oct 4, 9% of nursing homes had at least one new resident COVID-19 case, 22% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- Idaho had 215 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 9 to support operations activities from FEMA and 2 to support epidemiology activities from CDC.
- Between Oct 3 - Oct 9, on average, 22 patients with confirmed COVID-19 and 7 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Idaho. 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

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Idaho and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Efforts to expand testing are critically important and recent expansions are laudable; continue to expand wastewater surveillance, increase staffing and utilization of molecular platforms, and increase use of antigen tests. Ensure that all antigen test results are reported, both negatives and positives.
- Investigate whether testing is limited by capacity and availability or demand. Focus particularly on expanding testing in families with older individuals and among older age cohorts to interrupt transmission to those most vulnerable to severe disease.
- Expand surveillance testing on all university campuses that are currently in-person; given the extent of community transmission, colleges and universities should test (or have tested) the majority of students, including those without symptoms, within a short time period (~10 days) and then conduct strategic periodic surveillance.
- Address COVID-19 stigma related to responsibility for school closing by emphasizing consequences of COVID-19 (morbidity and mortality), posting hospitalization and mortality data on local and state websites, posting local trends in incidence and test positivity by age group (to show how transmission starts in the young and expands to older populations), and encouraging community cohesion and civic responsibility in local messaging. Utilize hospital and clinical staff in public fora.
- Recent data suggests that transmission is being driven by smaller, more intimate indoor gatherings of friends, family, and neighbors; expand public health messaging and education to help establish new norms around social distancing, use of face coverings, and use of larger spaces with indoor-outdoor ventilation where possible. Districts should deploy specific messaging on COVID-19 risks and strategies to avoid infection targeted to older individuals and those at risk for more severe disease.
- Consider posting recommendations and rationale for thresholds around school and community mitigation efforts on the state website.
- Ensure hospitals and CBSAs have expansion plans wherever incidence and test positivity are elevated or increasing among older individuals (over 65) and those with other risk factors for severe disease and hospital bed or ICU utilization exceeds 75%. Ensure all clinical staff have received training on current treatment protocols, including early use of antibody and antiviral treatment for hospitalized patients.
- Monitor and report on surveillance testing among critical staff, such as teachers, staff working at long-term care facilities and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders.
- Continue culturally-specific messaging to at-risk groups (Hispanic community and tribal nations).
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).





## IDAHO

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,849 (215)	+11%	11,184 (78)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	14.5%	+1.4%*	7.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	25,527** (1,428)	+4%**	250,646** (1,747)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	32 (1.8)	+100%	117 (0.8)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	9% (22%)	+3%* (-7%*)	7% (15%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	-2%*	3%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





## IDAHO

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

## METRO AREA (CBSA) LAST WEEK

## COUNTY LAST WEEK

LOCALITIES  
IN RED  
ZONE

11

▲ (+1)

Idaho Falls  
Rexburg  
Twin Falls  
Pocatello  
Coeur d'Alene  
Burley  
Blackfoot  
Moscow  
Ontario  
Hailey  
Logan

24

▲ (+1)

Bonneville  
Madison  
Twin Falls  
Bannock  
Kootenai  
Bingham  
Latah  
Cassia  
Minidoka  
Jefferson  
Payette  
JeromeLOCALITIES  
IN ORANGE  
ZONE

2

▼ (-1)

Boise  
Lewiston

3

▼ (-1)

Ada  
Canyon  
Nez PerceLOCALITIES  
IN YELLOW  
ZONE

3

▲ (+1)

Sandpoint  
Mountain Home  
Jackson

3

■ (+0)

Bonner  
Elmore  
Teton

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Red Counties:** Bonneville, Madison, Twin Falls, Bannock, Kootenai, Bingham, Latah, Cassia, Minidoka, Jefferson, Payette, Jerome, Idaho, Fremont, Franklin, Power, Blaine, Gooding, Washington, Clearwater, Caribou, Lemhi, Lewis, Owyhee

**Red CBSAs:** Idaho Falls CSBA is comprised of Bonneville County, ID; Butte County, ID; and Jefferson County, ID. Rexburg CSBA is comprised of Fremont County, ID and Madison County, ID. Twin Falls CSBA is comprised of Jerome County, ID and Twin Falls County, ID. Pocatello CSBA is comprised of Bannock County, ID and Power County, ID. Coeur d'Alene CSBA is comprised of Kootenai County, ID. Burley CSBA is comprised of Cassia County, ID and Minidoka County, ID. Blackfoot CSBA is comprised of Bingham County, ID. Moscow CSBA is comprised of Latah County, ID. Ontario CSBA is comprised of Payette County, ID and Malheur County, OR. Hailey CSBA is comprised of Blaine County, ID and Camas County, ID. Logan CSBA is comprised of Franklin County, ID and Cache County, UT.

**Orange CBSAs:** Boise CSBA is comprised of Ada County, ID; Boise County, ID; Canyon County, ID; Gem County, ID; and Owyhee County, ID. Lewiston CSBA is comprised of Asotin County, WA and Nez Perce County, ID.

**Yellow CBSAs:** Sandpoint CSBA is comprised of Bonner County, ID. Mountain Home CSBA is comprised of Elmore County, ID. Jackson CSBA 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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

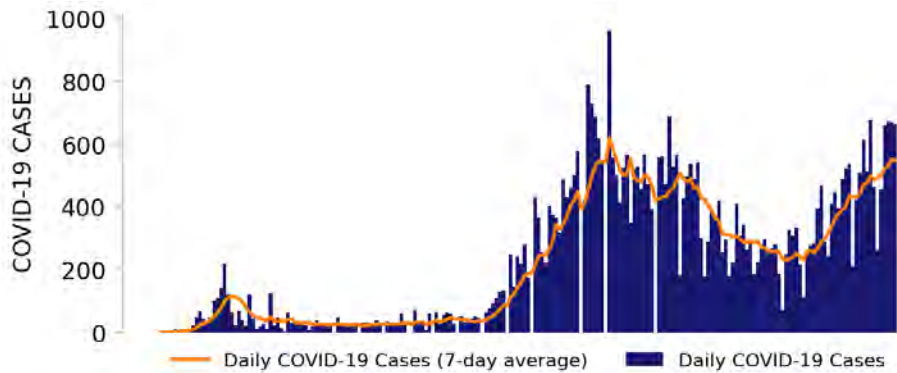
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



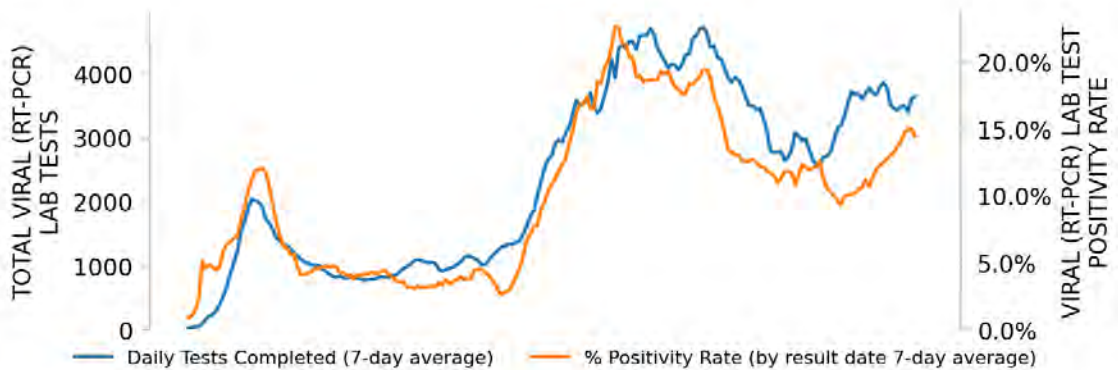
# IDAHO

STATE REPORT | 10.11.2020

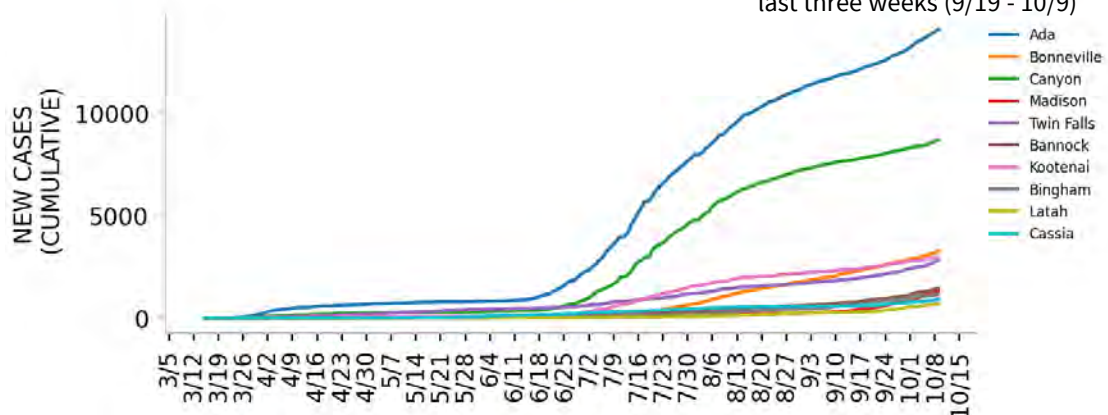
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



**DATA SOURCES** – Additional data details available under METHODS

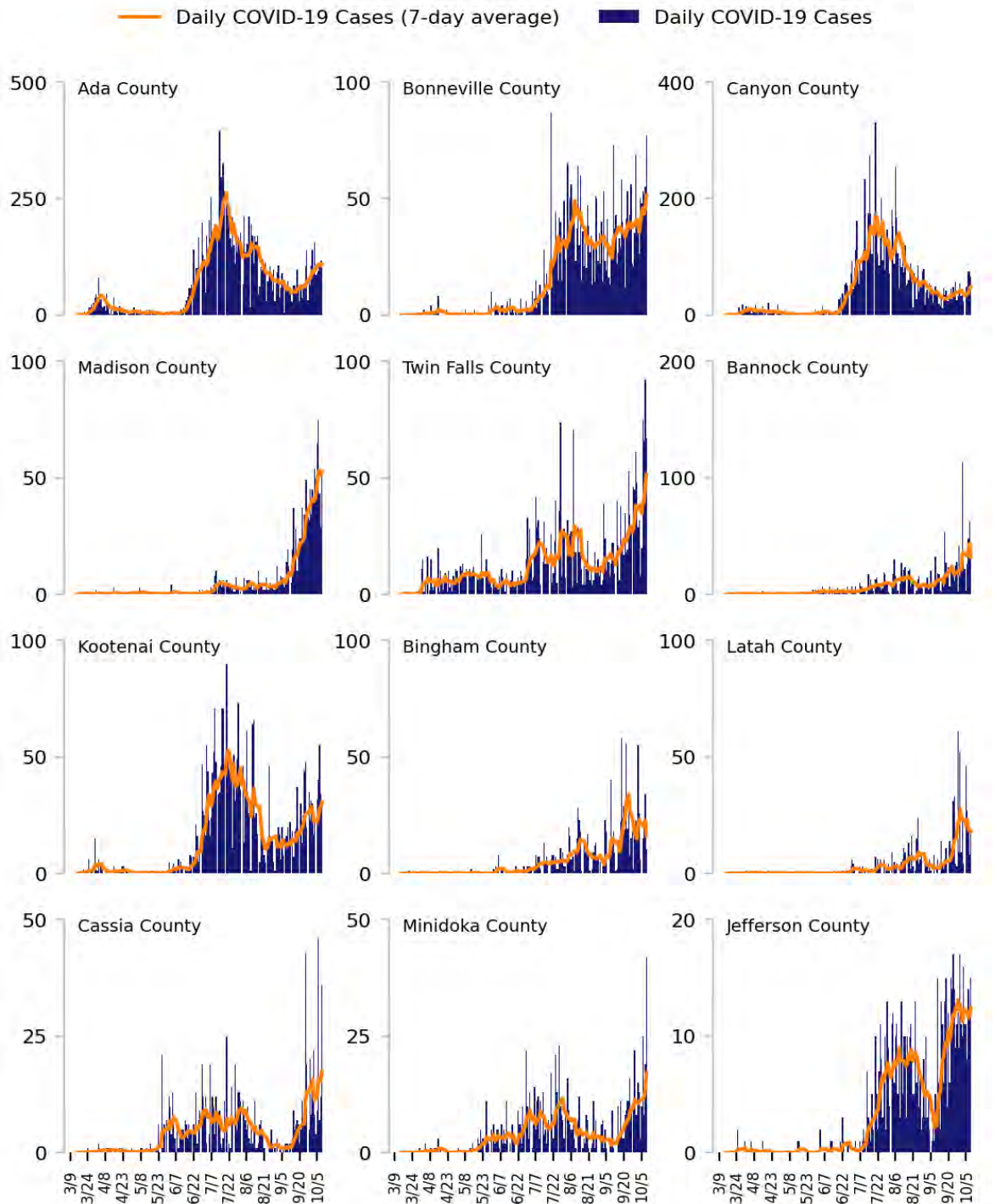
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

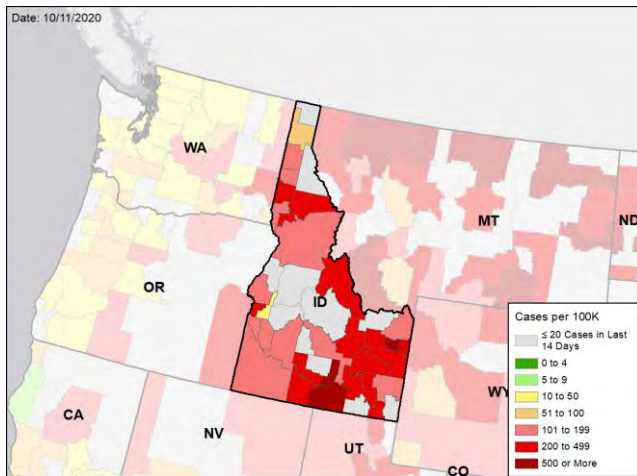


# IDAHO

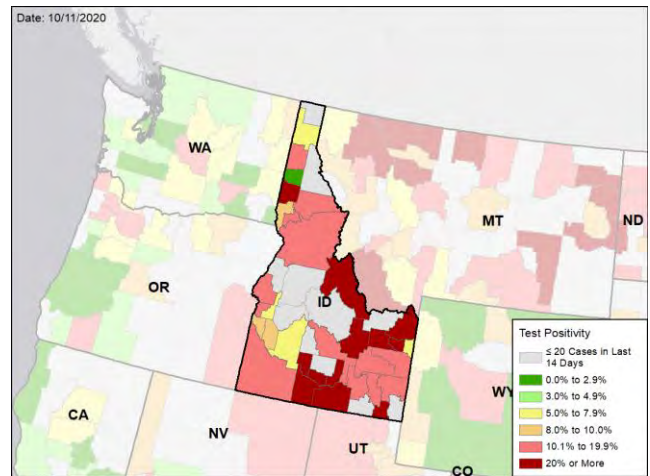
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

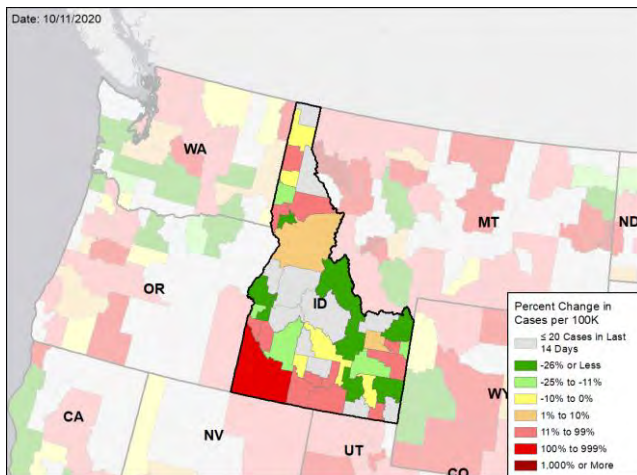
### NEW CASES PER 100,000 DURING THE LAST WEEK



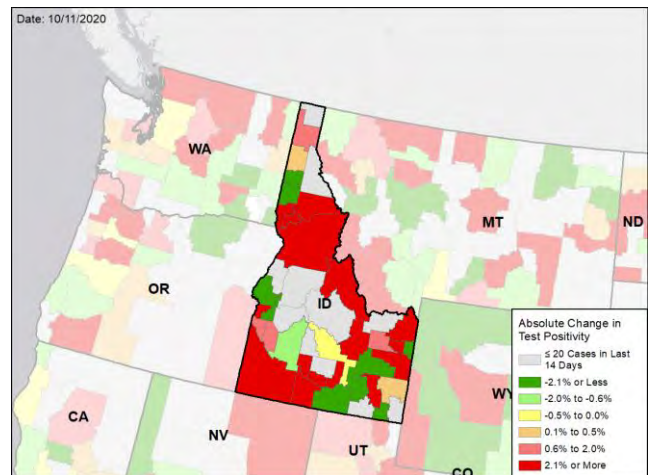
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## ILLINOIS

## SUMMARY

- Illinois continues to have high level transmission throughout the state. Illinois is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 22nd highest rate in the country. Illinois is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 29th highest rate in the country. Illinois has seen an increase in new cases and stability in test positivity over the last week.
- Moderate to high viral transmission is widely distributed in Illinois. The following three counties had the highest number of new cases over the last 3 weeks: 1. Cook County, 2. DuPage County, and 3. Winnebago County. These counties represent 45.6% of new cases in Illinois.
- Although the largest number of cases are reported by counties in the Chicago CBSA, most counties outside this CBSA had more than 100 new cases per 100,000 population last week. Almost all of the counties identified by the state as having elevated risk (orange) are outside of the Chicago CBSA; however, Lake County was of concern as well. 58% of all counties in Illinois have moderate or high levels of community transmission (yellow, orange, or red zones), with 13% having high levels of community transmission (red zone).
- Restrictions for counties in Illinois health Region 4 were relaxed due to improving indicators; counties in Region 1 (north/northeast Illinois) remain under increased restrictions while counties in Region 5 may face increased restrictions due to rapidly increasing test positivity. Outbreaks have been tied to social gatherings (weddings, funerals, college parties) with large numbers of young people and without social distancing; state health officials also noted that some businesses have “blatantly” disregarded mitigation measures.
- Institutions of higher education (IHE): University of Illinois at Urbana-Champaign (Champaign) continues to report decreasing rates among the campus community with only 134 cases (0.23% test positivity) in the week to Oct 9. This decline is in contrast to the increasing state rate and the continued high rates locally (more than 100 cases per 100,000 in Champaign and many surrounding counties). The university and local public health response to the UIUC outbreak has been very successful and commend efforts to extend the model to other venues.
- During the week of Sep 28 - Oct 4, 11% of nursing homes had at least one new resident COVID-19 case, 21% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Illinois had 126 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 63 to support operations activities from FEMA; 5 to support operations activities from ASPR; and 7 to support operations activities from USCG.
- Between Oct 3 - Oct 9, on average, 153 patients with confirmed COVID-19 and 475 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. An average of 92% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

## RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Illinois and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Illinois has a carefully crafted plan for having tiered mitigation for the 11 public health regions in the state with the potential for increasing mitigation measures based on local resurgences. Continue the strong mitigation efforts statewide. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations as well as tailored business and public venue measures.
- Localized, more intense mitigation measures in high incidence jurisdictions are recommended, including maintaining or increasing restrictions on indoor gathering sizes to help limit the superspreader events that disproportionately contribute to increased or maintained epidemic spread. This is especially important in the next few weeks given the recent increased transmission with larger numbers of infectious individuals; public education and enforcement measures to increase compliance with gathering restrictions should be enhanced.
- Continue to use testing and case investigations strategically to identify and mitigate these high incidence jurisdictions and transmission venues. Use of rapid tests can be extremely helpful in doing this.
- Concern remains for further increases in community transmission with increasing hospitalizations and deaths, given the continued spread among younger age groups, much of which is asymptomatic, as has been seen in “hotspot” counties generally ([MMWR Early Release/October 9, 2020](#)).
- Community transmission is frequently occurring in smaller gatherings of family and friends, especially among young adults, where masking and social distancing recommendations are not followed. With weather conditions increasingly forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of prevention “fatigue.”
- Continue testing programs in long-term care facilities, with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Utilize point-of-care testing platforms to facilitate rapid COVID-19 case identification.
- Continue to implement plans to increase surveillance for community spread using the Abbott BinaxNOW now that supplies have begun to arrive (or using other antigen tests), especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. The increased rate of infection seen among long-term care facility workers indicates significant transmission in their communities and those transmission settings must be identified and mitigated.
- Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies, when available, work best when used early in the course of infection.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).







## ILLINOIS

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	15,909 (126)	+16%	67,586 (129)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.6%	+0.0%*	5.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	353,909** (2,793)	+4%**	1,414,080** (2,691)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	201 (1.6)	+12%	638 (1.2)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	11% (21%)	+0%* (+0%*)	10% (23%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+1%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



## ILLINOIS

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

## METRO AREA (CBSA) LAST WEEK

## COUNTY LAST WEEK

LOCALITIES  
IN RED  
ZONE

4

▲ (+1)

Rockford  
Sterling  
Mount Vernon  
Cape Girardeau

13

▼ (-2)

Winnebago  
Boone  
Whiteside  
Crawford  
Jefferson  
Saline  
Union  
Johnson  
Clay  
De Witt  
Pulaski  
AlexanderLOCALITIES  
IN ORANGE  
ZONE

5

▲ (+2)

Danville  
Taylorville  
Freeport  
Dixon  
Burlington

9

▲ (+4)

Vermilion  
Clinton  
Christian  
Bureau  
Stephenson  
Monroe  
Lee  
Washington  
JasperLOCALITIES  
IN YELLOW  
ZONE

15

▼ (-4)

Chicago-Naperville-Elgin  
St. Louis  
Davenport-Moline-Rock Island  
Ottawa  
Decatur  
Carbondale-Marion  
Quincy  
Kankakee  
Rochelle  
Galesburg  
Centralia  
Effingham

37

■ (+0)

Will  
Kane  
Madison  
St. Clair  
McHenry  
Rock Island  
Macon  
Tazewell  
DeKalb  
Adams  
Kendall  
Kankakee

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Yellow CBSAs:** Chicago-Naperville-Elgin, St. Louis, Davenport-Moline-Rock Island, Ottawa, Decatur, Carbondale-Marion, Quincy, Kankakee, Rochelle, Galesburg, Centralia, Effingham, Macomb, Fort Madison-Keokuk, Paducah

**All Red Counties:** Winnebago, Boone, Whiteside, Crawford, Jefferson, Saline, Union, Johnson, Clay, De Witt, Pulaski, Alexander, Henderson

**All Yellow Counties:** Will, Kane, Madison, St. Clair, McHenry, Rock Island, Macon, Tazewell, DeKalb, Adams, Kendall, Kankakee, Coles, Ogle, Knox, Marion, Williamson, Fayette, Effingham, Macoupin, Grundy, Franklin, Shelby, Richland, Randolph, Fulton, Morgan, Jo Daviess, McDonough, Bond, Douglas, Warren, Mason, Cass, Jersey, Mercer, Wabash

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

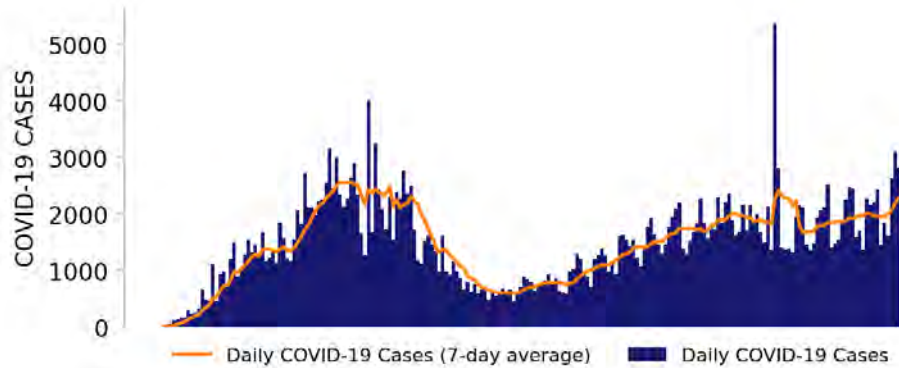
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



# ILLINOIS

STATE REPORT | 10.11.2020

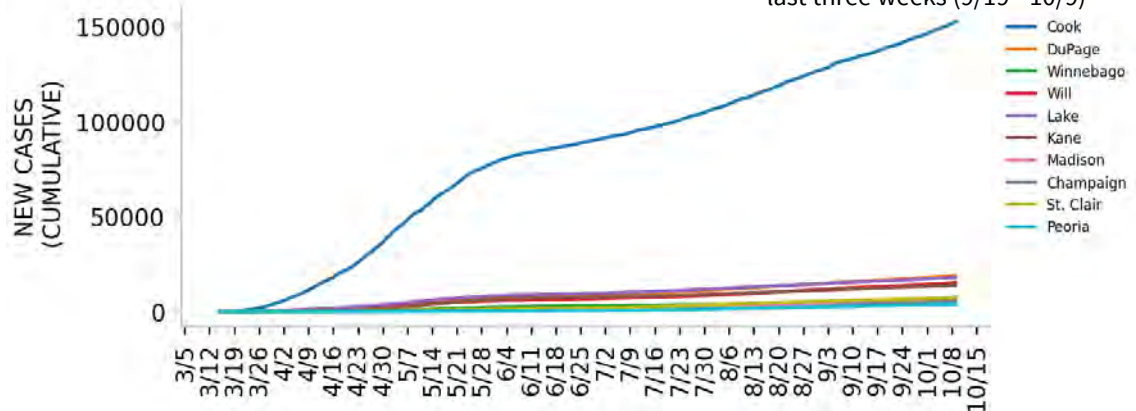
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



### DATA SOURCES – Additional data details available under METHODS

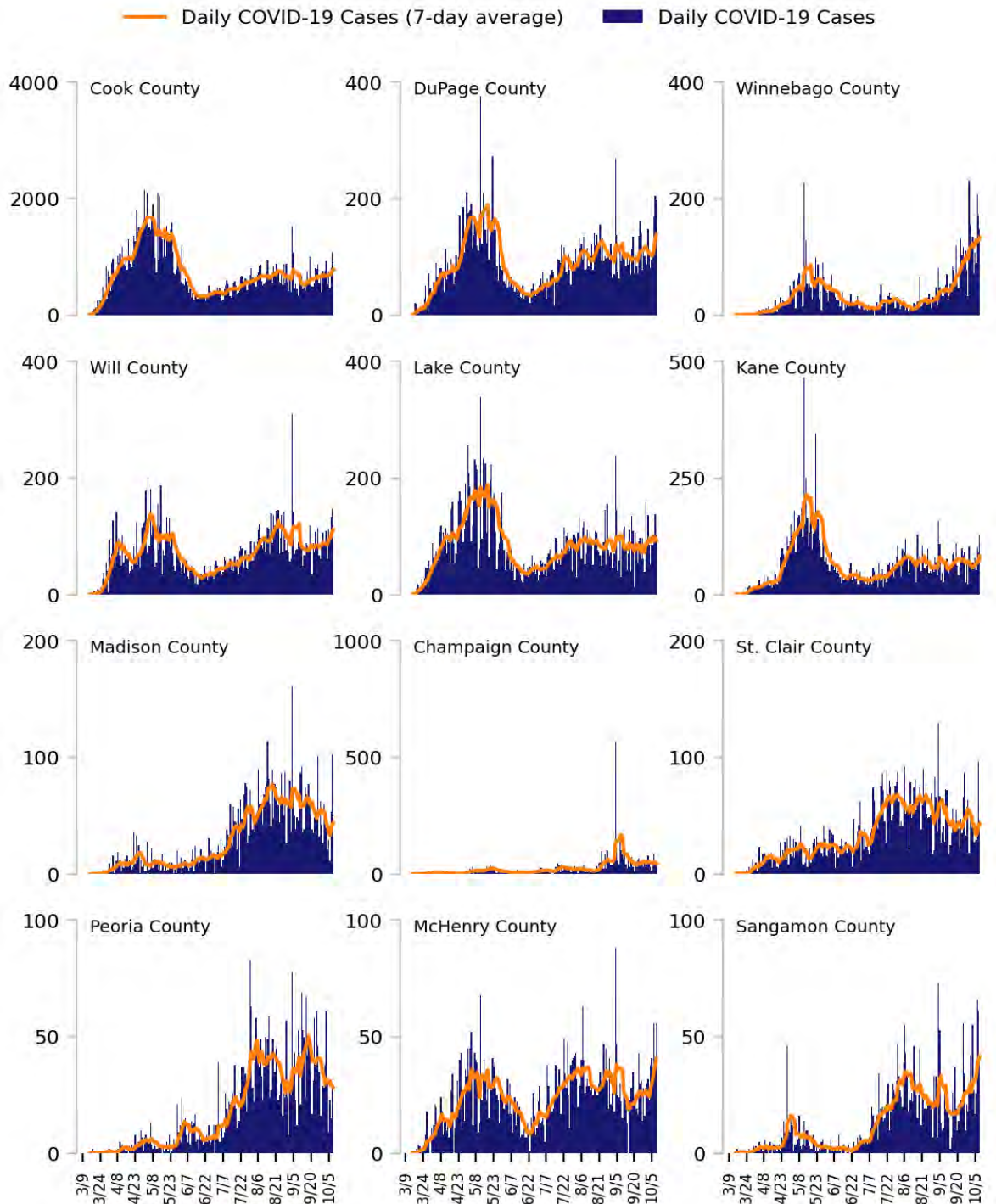
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.



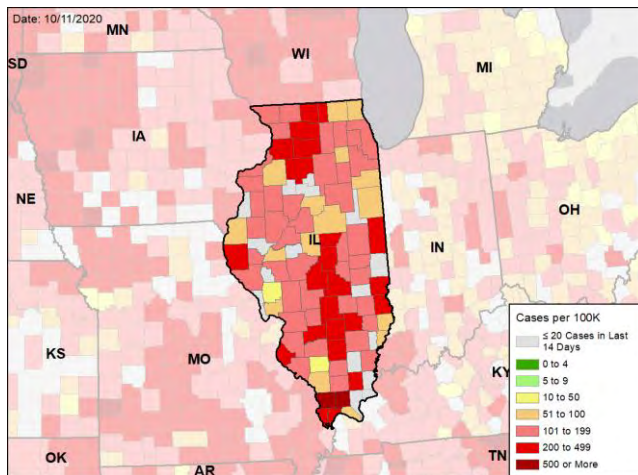


# ILLINOIS

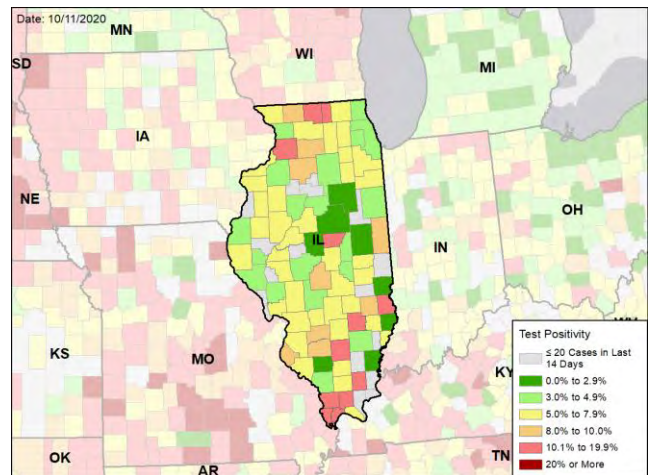
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

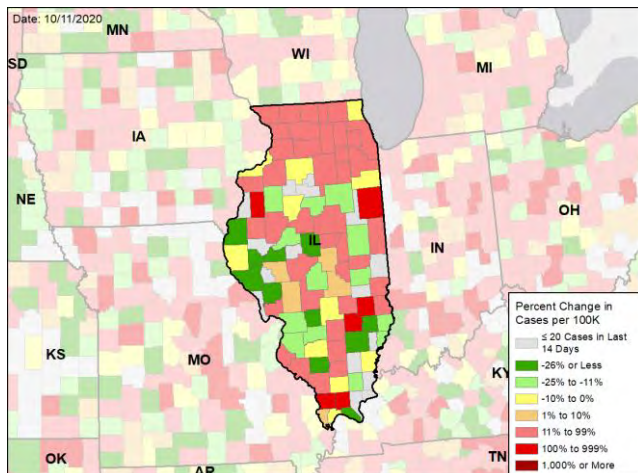
### NEW CASES PER 100,000 DURING THE LAST WEEK



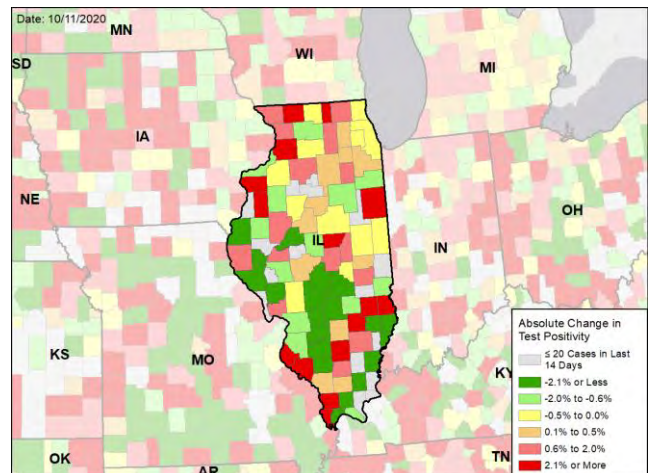
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



#### DATA SOURCES – Additional data details available under METHODS

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

**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## INDIANA

### SUMMARY

- The epidemic control situation in Indiana has worsened. Indiana is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 20th highest rate in the country. Indiana is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 22nd highest rate in the country.
- Indiana has seen an increase in new cases and an increase in test positivity over the last week. Hospitalizations have increased approximately 40% since mid-September and deaths have also increased. Indiana has set daily records for cases twice in the last week.
- On Sept 26, Indiana entered Phase 5 of the state's reopening plan, which has allowed businesses, including restaurants and gyms, to reopen to full capacity. Marion, Monroe, and Tippecanoe counties are maintaining stricter limits. The mask mandate has been extended to Oct 17.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Marion County, 2. St. Joseph County, and 3. Lake County. These counties represent 25.2% of new cases in Indiana. An increased number of counties in northern and southern, especially southwestern Indiana meet state criteria for increased caution. Hospitals in Muncie are seeing high numbers of new admissions due to coronavirus.
- 61% of all counties in Indiana have moderate or high levels of community transmission (yellow, orange, or red zones), with 14% having high levels of community transmission (red zone).
- Institutions of higher education (IHE): Purdue University and Indiana University continue to report declining cases in surveillance testing.
- During the week of Sep 28 - Oct 4, 11% of nursing homes had at least one new resident COVID-19 case, 22% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Indiana had 133 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 6 to support operations activities from FEMA.
- Between Oct 3 - Oct 9, on average, 102 patients with confirmed COVID-19 and 203 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Indiana. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Indiana and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Indiana has previously had success in large part due to a well-developed, graduated set of social distancing measures for communities based on transmission indicators. The extension of the mask mandate is commended. With the lessening of mitigation measures and the increase in cases, including severe cases, the state should ensure that jurisdictions are increasing active testing and case rate monitoring and be prepared to modify practices for increasing disease activity. Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Use of rapid tests can be extremely helpful in doing this.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations everywhere as well as tailored business and public venue measures for counties with increasing incidence.
- Concern remains for further increases in community transmission with increasing hospitalizations and deaths, given the continued spread among younger age groups, much of which is asymptomatic, as has been seen in "hotspot" counties generally ([MMWR Early Release/October 9, 2020](#)).
- Localized, more intense mitigation measures in high incidence jurisdictions are recommended, including maintaining or increasing restrictions on indoor gathering sizes to help limit the superspreader events that disproportionately contribute to increased or maintained epidemic spread. This is especially important in the next few weeks given the recent increased transmission with larger numbers of infectious individuals. Public education and enforcement measures to increase compliance with gathering restrictions should be enhanced.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With weather conditions increasingly forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of prevention "fatigue." Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces.
- The university and local public health response at Purdue University and Indiana University appear to have been very successful due to wide compliance with mitigation measures and active testing programs.
- Continue testing programs in long-term care facilities, with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Utilize point-of-care testing platforms to facilitate rapid COVID-19 case identification.
- Continue to implement plans to increase surveillance for community spread using the Abbott BinaxNOW now that supplies have begun to arrive (or using other antigen tests), especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. The increased rate of infection seen among long-term care facility workers indicates significant transmission in their communities and those transmission settings must be identified and mitigated.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies, when available, work best when used early in the course of infection.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).





## INDIANA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	8,925 (133)	+22%	67,586 (129)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.4%	+0.6%*	5.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	126,829** (1,884)	-9%**	1,414,080** (2,691)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	105 (1.6)	+14%	638 (1.2)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	11% (22%)	+3%* (+2%*)	10% (23%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+2%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# INDIANA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

6

▲ (+4)

Evansville  
Elkhart-Goshen  
New Castle  
Logansport  
Auburn  
Angola

13

▲ (+9)

Vanderburgh  
Elkhart  
Warrick  
Henry  
Posey  
Cass  
DeKalb  
Pike  
Steuben  
Fountain  
Starke  
Jay

#### LOCALITIES IN ORANGE ZONE

6

▲ (+1)

Louisville/Jefferson County  
Muncie  
Jasper  
Seymour  
Frankfort  
Washington

8

▼ (-2)

Delaware  
Madison  
Gibson  
Jackson  
Clinton  
Spencer  
Daviess  
LaGrange

#### LOCALITIES IN YELLOW ZONE

17

▲ (+5)

Indianapolis-Carmel-Anderson  
Chicago-Naperville-Elgin  
South Bend-Mishawaka  
Fort Wayne  
Terre Haute  
Michigan City-La Porte  
Warsaw  
Marion  
Richmond  
Vincennes  
Bedford  
Kendallville

35

▲ (+6)

Marion  
St. Joseph  
Lake  
Allen  
Porter  
Clark  
LaPorte  
Vigo  
Johnson  
Hendricks  
Kosciusko  
Floyd

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Yellow CBSAs:** Indianapolis-Carmel-Anderson, Chicago-Naperville-Elgin, South Bend-Mishawaka, Fort Wayne, Terre Haute, Michigan City-La Porte, Warsaw, Marion, Richmond, Vincennes, Bedford, Kendallville, Decatur, Scottsburg, Connersville, Bluffton, Madison

**All Red Counties:** Vanderburgh, Elkhart, Warrick, Henry, Posey, Cass, DeKalb, Pike, Steuben, Fountain, Starke, Jay, Parke

**All Yellow Counties:** Marion, St. Joseph, Lake, Allen, Porter, Clark, LaPorte, Vigo, Johnson, Hendricks, Kosciusko, Floyd, Grant, Dubois, Wayne, Dearborn, Morgan, Knox, Putnam, Lawrence, Noble, Adams, Scott, Whitley, Harrison, Fayette, Wells, Randolph, Clay, Jasper, Washington, Blackford, Jefferson, Tipton, Orange

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

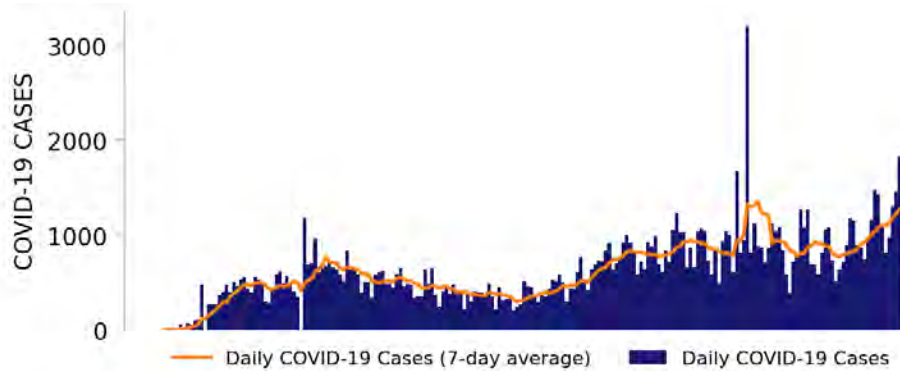
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



# INDIANA

STATE REPORT | 10.11.2020

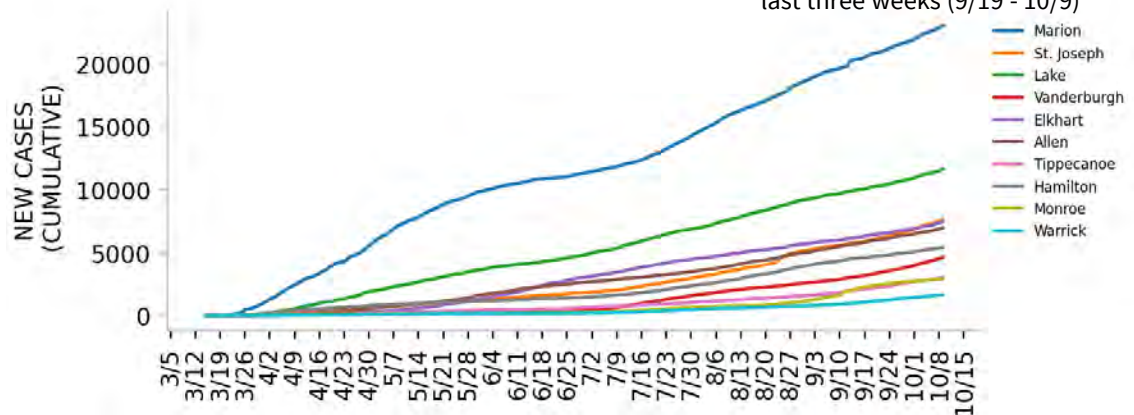
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



**DATA SOURCES** – Additional data details available under METHODS

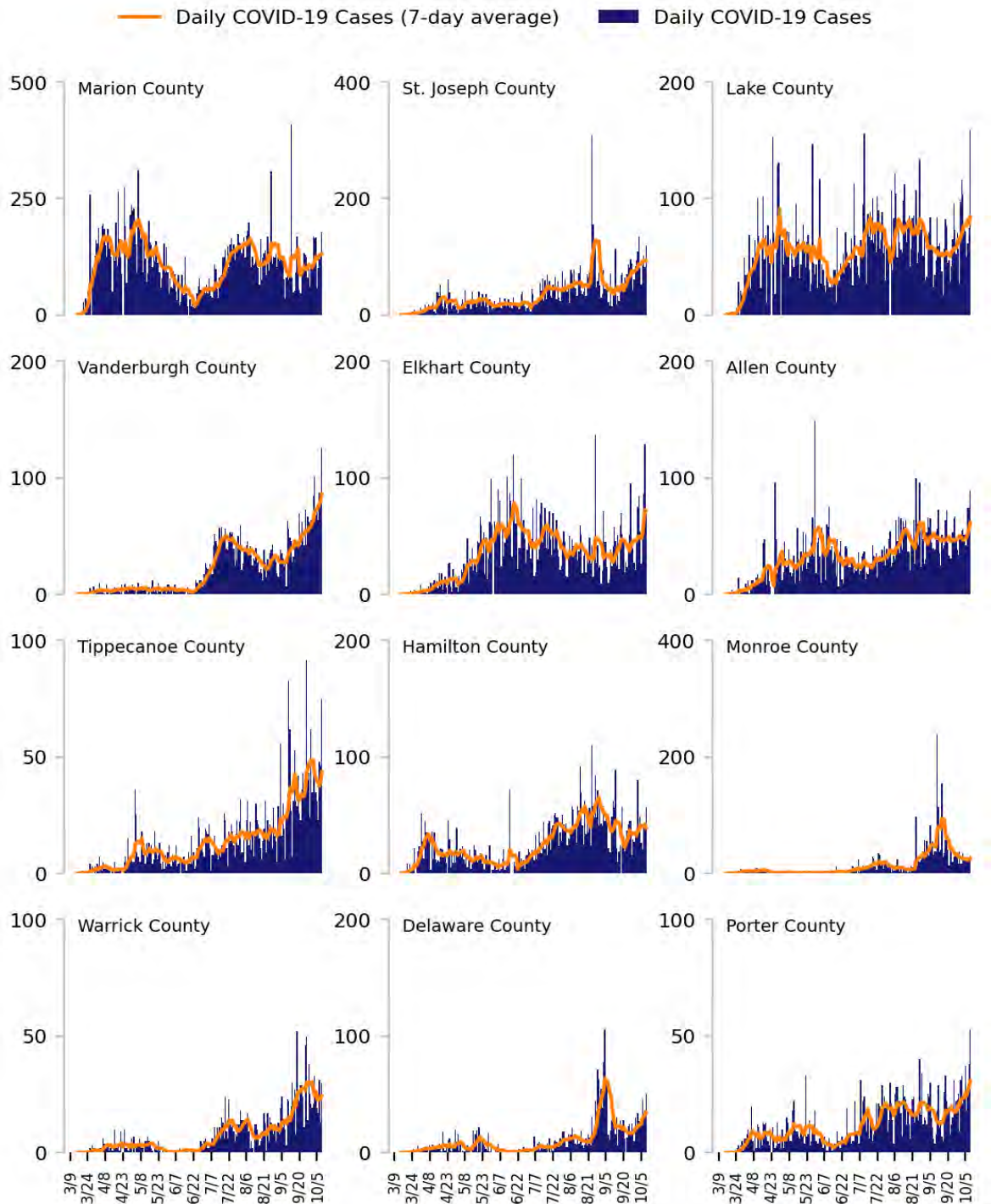
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.



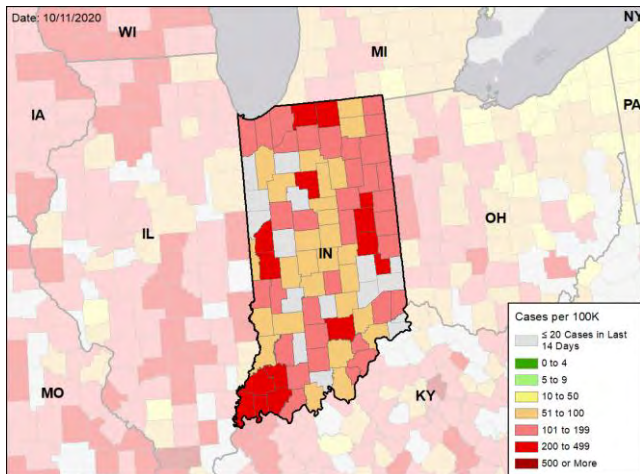


# INDIANA

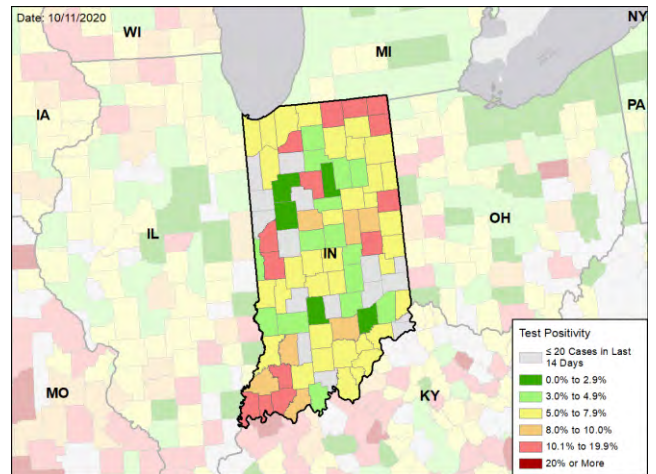
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

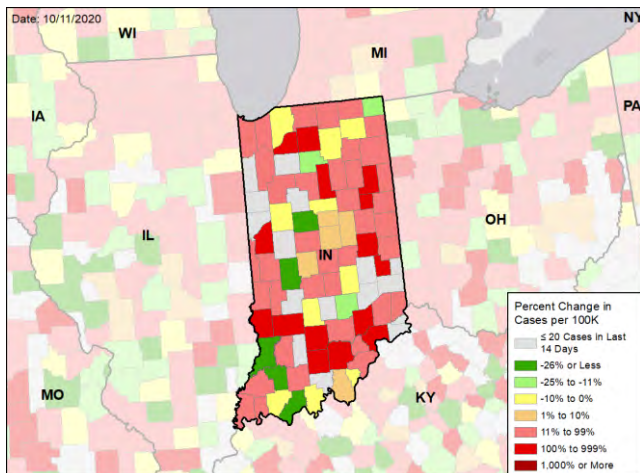
### NEW CASES PER 100,000 DURING THE LAST WEEK



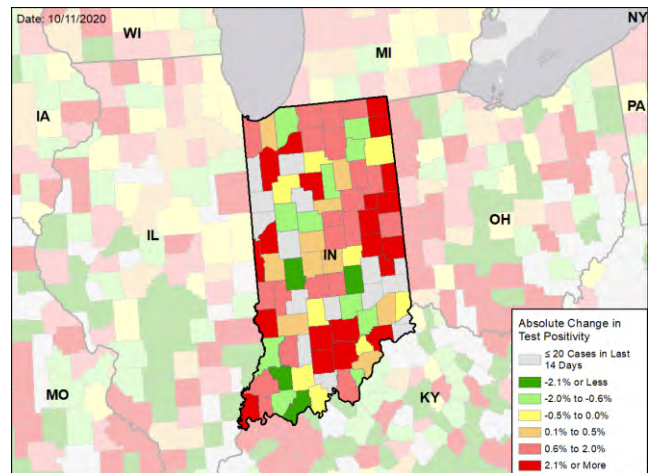
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

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

**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## IOWA

## SUMMARY

- Iowa is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 7th highest rate in the country. Iowa is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 11th highest rate in the country.
- Iowa has seen stability in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Polk County, 2. Woodbury County, and 3. Dubuque County. These counties represent 24.0% of new cases in Iowa.
- 82% of all counties in Iowa 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 Sep 28 - Oct 4, 10% of nursing homes had at least one new resident COVID-19 case, 25% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Iowa had 199 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Between Oct 3 - Oct 9, on average, 70 patients with confirmed COVID-19 and 32 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Iowa. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

## RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Iowa and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Community spread continues in both rural and urban areas of Iowa and it is critical that mitigation efforts increase to include mask wearing, physical distancing, hand hygiene, and avoiding crowds in public and social gatherings in private to stop the increasing spread among residents. Retail establishments can enforce mitigation efforts in all public spaces and set the expectation for all Iowans to do their part to stop the spread, including getting a flu shot.
- There continue to be severe outbreaks among nursing home residents and staff; common sense mitigation efforts can prevent transmission among the vulnerable populations.
- With the rise in cases among individuals 65 years and older, provide information through senior citizen networks to alert them to take precautionary measures.
- Use the Abbott BinaxNOW for surveillance testing in the same populations weekly. This will provide information on local transmission changes. Establish and deploy targeted testing teams (not drive-through testing) who can be rapidly deployed to communities based on signals from surveillance testing. Populations for surveillance can include K-12 teachers, fire and police force, nursing home and correctional facility staff.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Work with university students to keep cases low, with the goal of low transmission in preparation for Thanksgiving. Implement antibody testing to understand fraction of students who have been infected and plan for spring semester accordingly. Test all university students before dismissing them for Thanksgiving.
- Tribal Nations: Increase testing, continue to expand culturally-specific public health education, developed with community leaders, especially as tribal social events pick back up. Conduct prompt contact tracing on all cases and provide housing and supplies to support immediate quarantine of contacts and isolation of cases.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



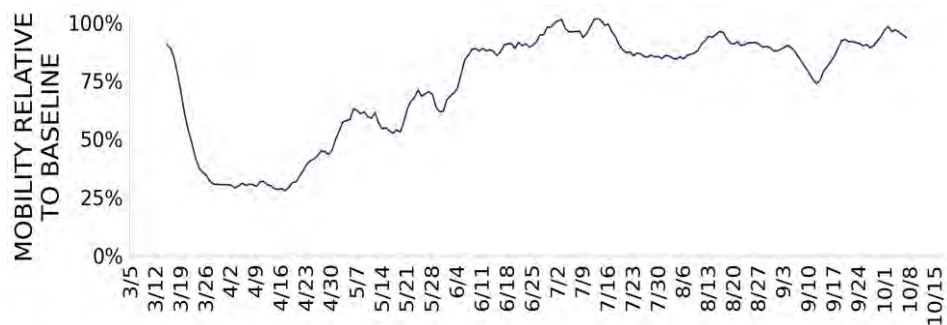


## IOWA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	6,291 (199)	+0%	23,915 (169)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.4%	+0.6%*	9.6%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	76,908** (2,438)	-7%**	235,283** (1,664)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	66 (2.1)	+3%	403 (2.9)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	10% (25%)	-1%* (-3%*)	13% (29%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	-2%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



## IOWA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

## METRO AREA (CBSA) LAST WEEK

## COUNTY LAST WEEK

LOCALITIES  
IN RED  
ZONE

8

▲ (+2)

Sioux City  
Dubuque  
Omaha-Council Bluffs  
Carroll  
Storm Lake  
Pella  
Spirit Lake  
Spencer

38

▲ (+8)

Woodbury  
Dubuque  
Sioux  
Pottawattamie  
Plymouth  
Delaware  
Harrison  
Carroll  
Lyon  
Crawford  
O'Brien  
Buena Vista

LOCALITIES  
IN ORANGE  
ZONE

3

■ (+0)

Burlington  
Oskaloosa  
Fairfield

15

▲ (+2)

Henry  
Des Moines  
Jasper  
Mahaska  
Winnebago  
Jones  
Mills  
Cass  
Hardin  
Union  
Montgomery  
Decatur

LOCALITIES  
IN YELLOW  
ZONE

10

▲ (+1)

Des Moines-West Des Moines  
Cedar Rapids  
Davenport-Moline-Rock Island  
Waterloo-Cedar Falls  
Ames  
Clinton  
Ottumwa  
Fort Madison-Keokuk  
Muscatine  
Marshalltown

28

▲ (+2)

Polk  
Linn  
Scott  
Black Hawk  
Story  
Dallas  
Clinton  
Wapello  
Lee  
Kossuth  
Muscatine  
Washington

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Red Counties:** Woodbury, Dubuque, Sioux, Pottawattamie, Plymouth, Harrison, Delaware, Carroll, Lyon, Crawford, O'Brien, Buena Vista, Tama, Jackson, Marion, Dickinson, Cherokee, Boone, Clay, Sac, Iowa, Guthrie, Chickasaw, Emmet, Wright, Madison, Osceola, Fremont, Taylor, Ida, Calhoun, Monona, Audubon, Grundy, Butler, Appanoose, Monroe, Adams

**All Orange Counties:** Henry, Des Moines, Jasper, Mahaska, Winnebago, Jones, Mills, Cass, Hardin, Union, Montgomery, Decatur, Jefferson, Howard, Clarke

**All Yellow Counties:** Polk, Linn, Scott, Black Hawk, Story, Dallas, Clinton, Wapello, Lee, Kossuth, Muscatine, Washington, Page, Benton, Buchanan, Floyd, Marshall, Palo Alto, Bremer, Clayton, Cedar, Hancock, Greene, Hamilton, Allamakee, Pocahontas, Van Buren, Adair

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.

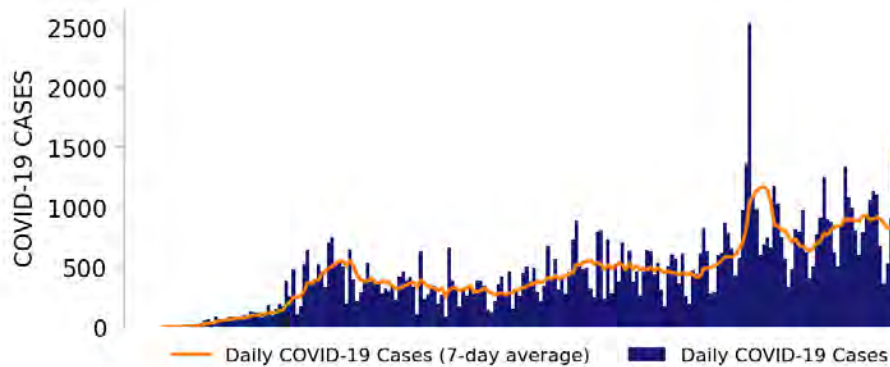




# IOWA

STATE REPORT | 10.11.2020

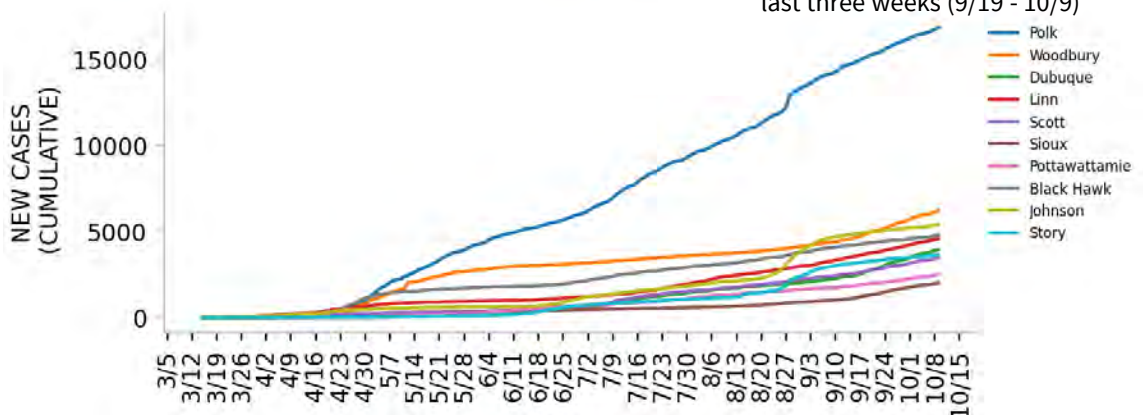
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



### DATA SOURCES – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

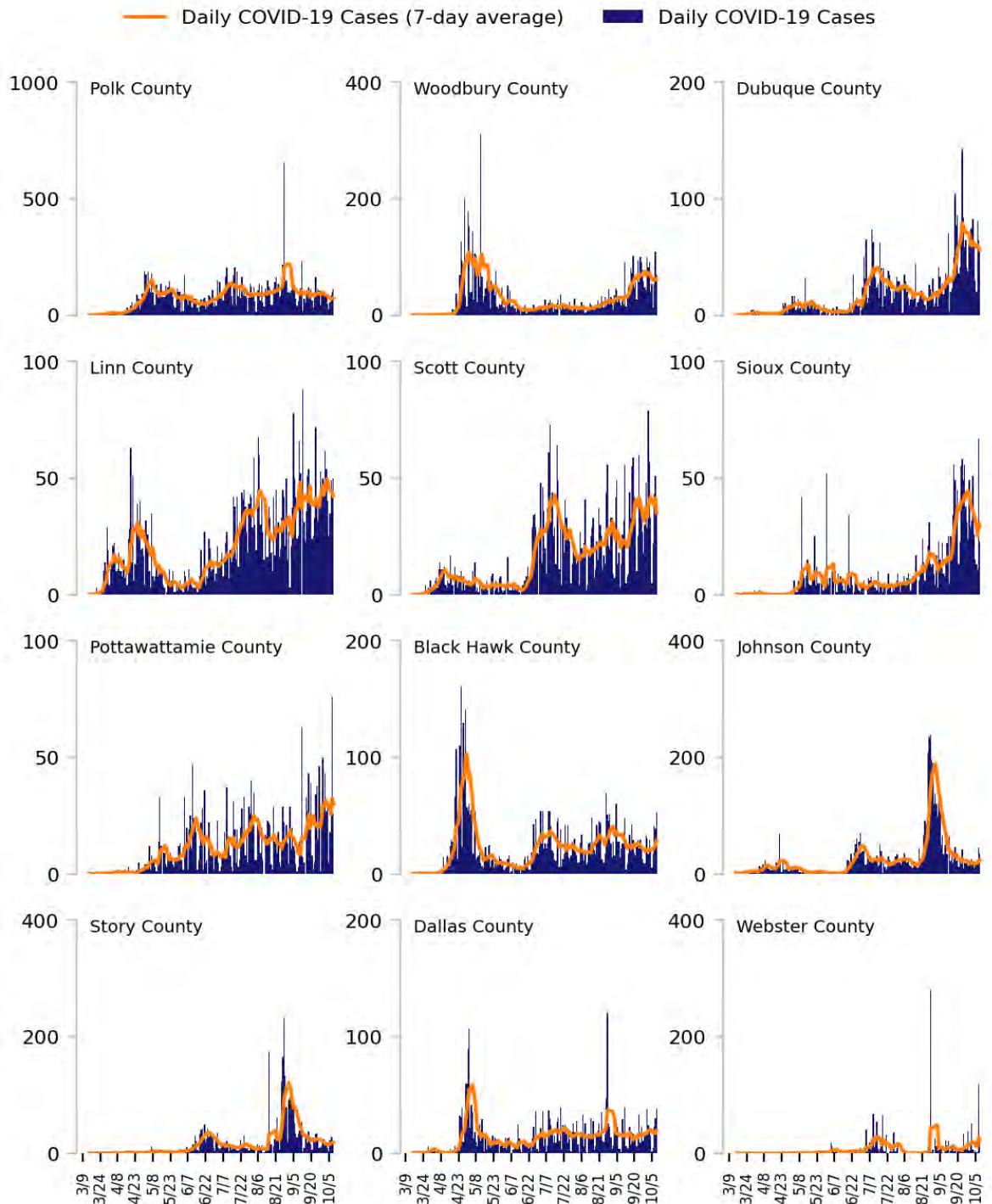
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

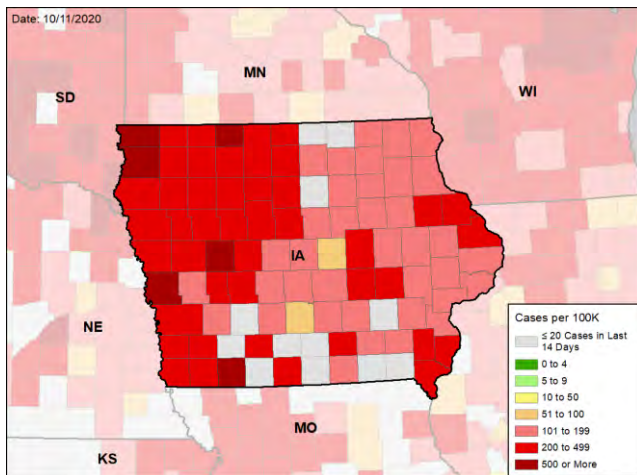


# IOWA

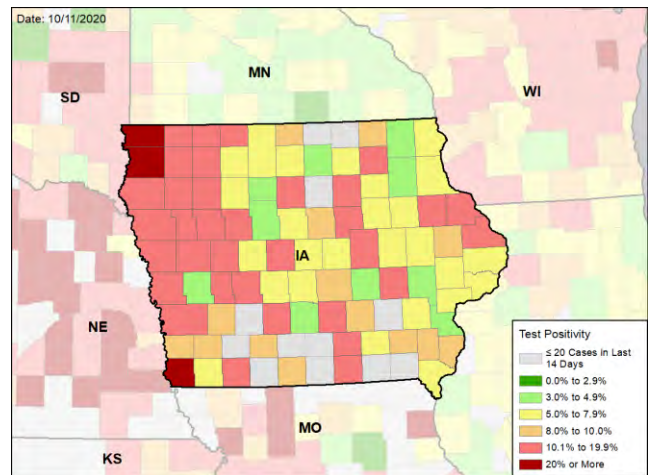
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

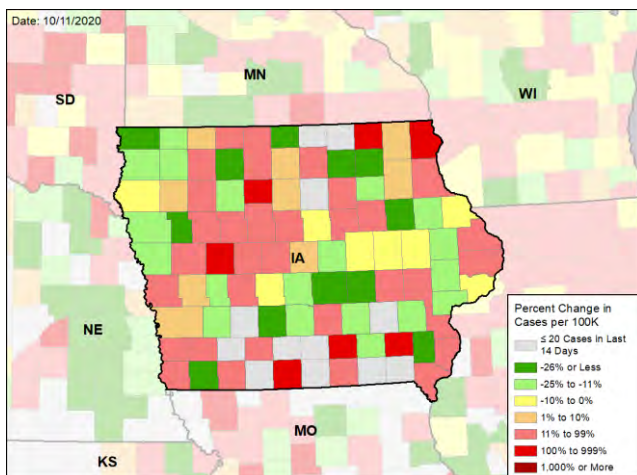
### NEW CASES PER 100,000 DURING THE LAST WEEK



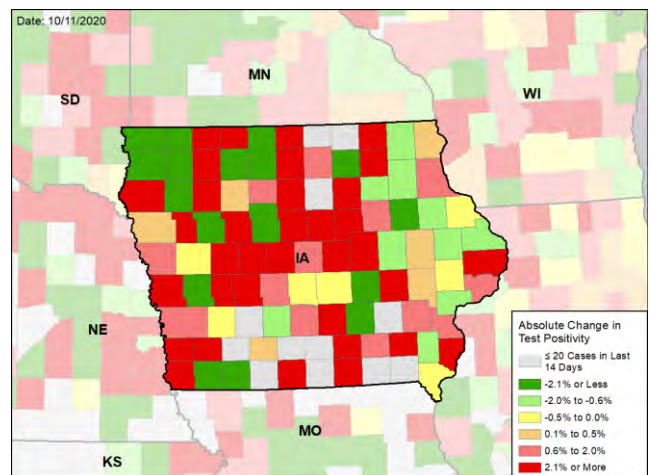
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



#### DATA SOURCES – Additional data details available under METHODS

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

**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## KANSAS

### SUMMARY

- Kansas is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 13th highest rate in the country. Kansas is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 13th highest rate in the country.
- Kansas has seen stability in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Johnson County, 2. Sedgwick County, and 3. Wyandotte County. These counties represent 34.5% of new cases in Kansas.
- 57% of all counties in Kansas have moderate or high levels of community transmission (yellow, orange, or red zones), with 32% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 9% of nursing homes had at least one new resident COVID-19 case, 25% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Kansas had 164 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Between Oct 3 - Oct 9, on average, 62 patients with confirmed COVID-19 and 66 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kansas. An average of 92% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Kansas and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Retail establishments are enforcing mitigation efforts by adjusting their businesses so very few transmissions occur in those settings; the majority of cases are from interactions at home with friends and family. Kansans should know that such gatherings must be limited in size and include both masks and social distancing.
- With the rise in cases among individuals 65 years and older, provide information through senior citizen networks to alert them to take precautionary measures.
- Use the Abbott BinaxNOW for surveillance testing in the same populations weekly. This will provide information on local transmission changes. Establish and deploy targeted testing teams (not drive-through testing) who can be rapidly deployed to communities based on signals from surveillance testing. Populations for surveillance can include K-12 teachers, fire and police force, nursing home and correctional facility staff.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Work with university students to keep cases low, with the goal of low transmission in preparation for Thanksgiving. Implement antibody testing to understand fraction of students who have been infected and plan for spring semester accordingly. Test all university students before dismissing them for Thanksgiving.
- Tribal Nations: Increase testing, continue to expand culturally-specific public health education, developed with community leaders, especially as tribal social events pick back up. Conduct prompt contact tracing on all cases and provide housing and supplies to support immediate quarantine of contacts and isolation of cases.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).





# KANSAS

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,772 (164)	+6%	23,915 (169)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.3%	+0.7%*	9.6%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	56,882** (1,952)	-6%**	235,283** (1,664)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	65 (2.2)	-2%	403 (2.9)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	9% (25%)	-1%* (+0%*)	13% (29%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+0%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# KANSAS

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

**9**  
▲ (+1)

Dodge City  
Garden City  
Hutchinson  
Hays  
Salina  
Liberal  
Pittsburg  
Great Bend  
St. Joseph

**34**  
▲ (+8)

Ford  
Reno  
Ellis  
Finney  
Seward  
Crawford  
Butler  
Saline  
Barton  
Cherokee  
Grant  
Norton

#### LOCALITIES IN ORANGE ZONE

**3**  
▲ (+1)

Wichita  
Coffeyville  
Atchison

**11**  
▲ (+2)

Wyandotte  
Montgomery  
Atchison  
Miami  
Nemaha  
Haskell  
Jefferson  
Ness  
Jackson  
Marion  
Cloud

#### LOCALITIES IN YELLOW ZONE

**8**  
▼ (-1)

Kansas City  
Topeka  
Lawrence  
Ottawa  
Emporia  
Winfield  
Parsons  
McPherson

**15**  
▼ (-2)

Johnson  
Sedgwick  
Douglas  
Leavenworth  
Shawnee  
Franklin  
Dickinson  
Lyon  
Cowley  
Pottawatomie  
Geary  
Russell

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Red Counties:** Ford, Reno, Ellis, Finney, Seward, Crawford, Butler, Saline, Barton, Cherokee, Grant, Norton, Ellsworth, Bourbon, Thomas, Harvey, Sherman, Rooks, Brown, Stevens, Rawlins, Cheyenne, Phillips, Sheridan, Doniphan, Ottawa, Gray, Logan, Scott, Gove, Rice, Marshall, Decatur, Greeley

**All Yellow Counties:** Johnson, Sedgwick, Douglas, Leavenworth, Shawnee, Franklin, Dickinson, Lyon, Cowley, Pottawatomie, Geary, Russell, Labette, McPherson, Meade

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.

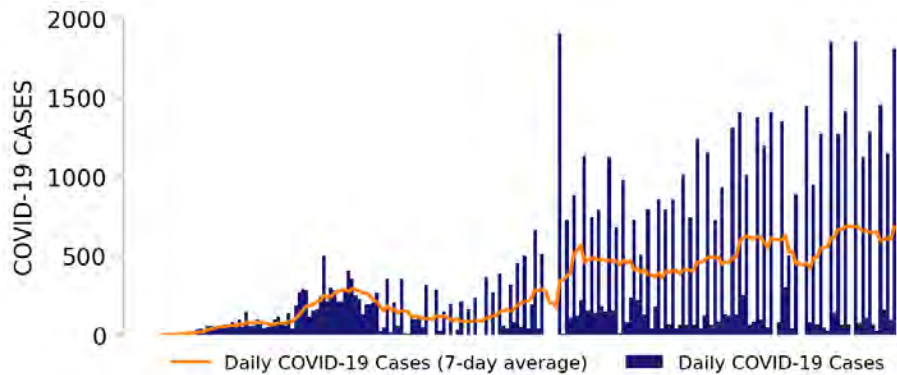




# KANSAS

STATE REPORT | 10.11.2020

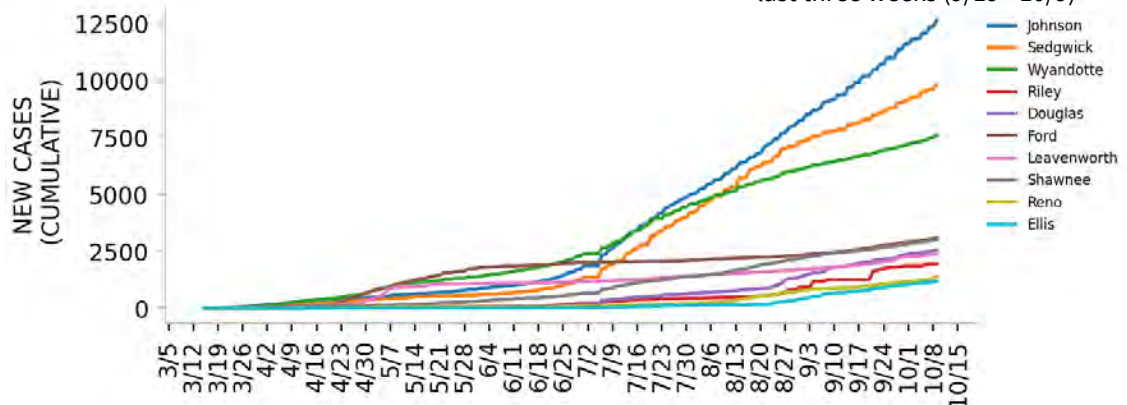
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



### DATA SOURCES – Additional data details available under METHODS

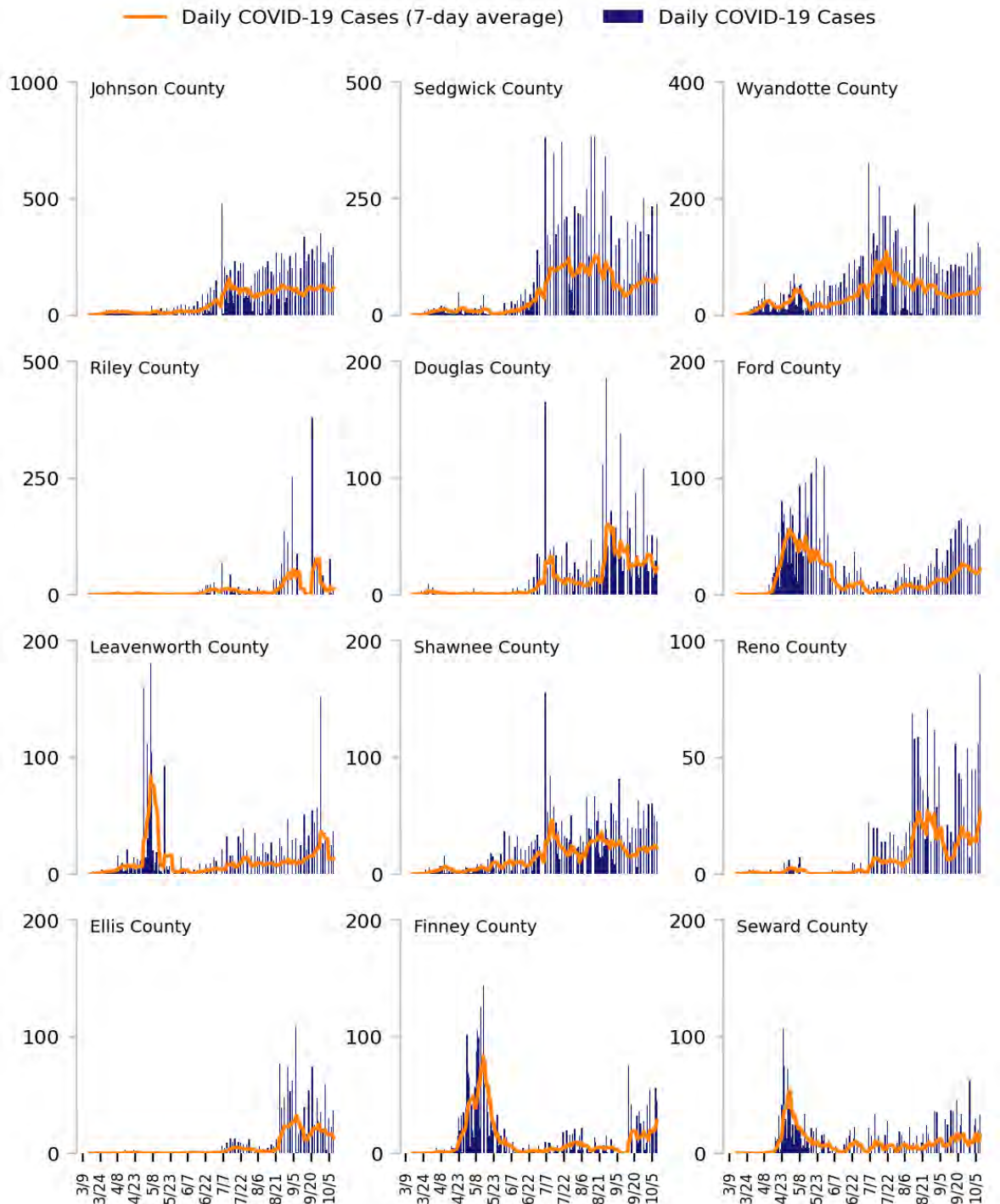
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

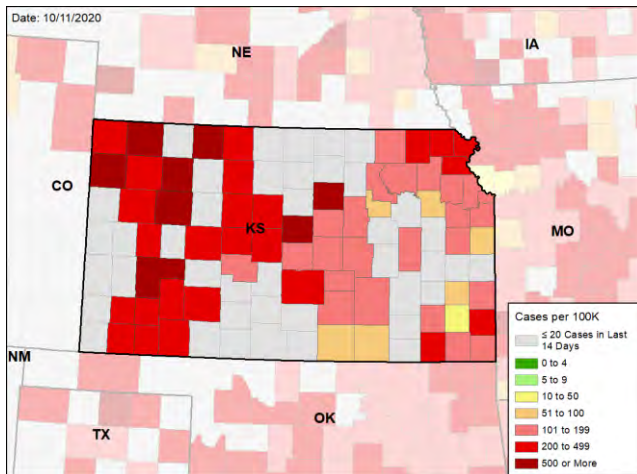


# KANSAS

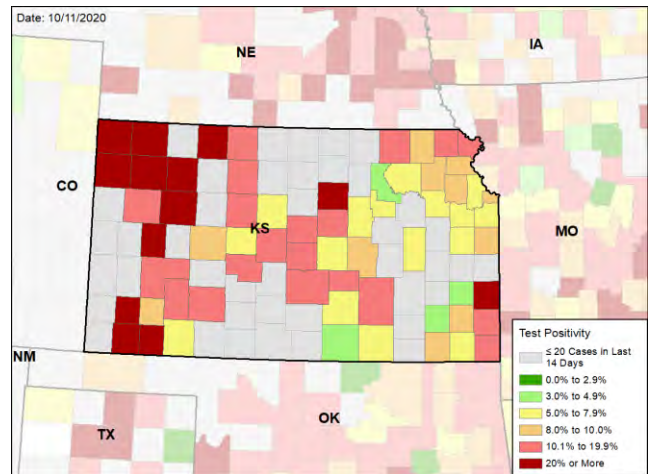
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

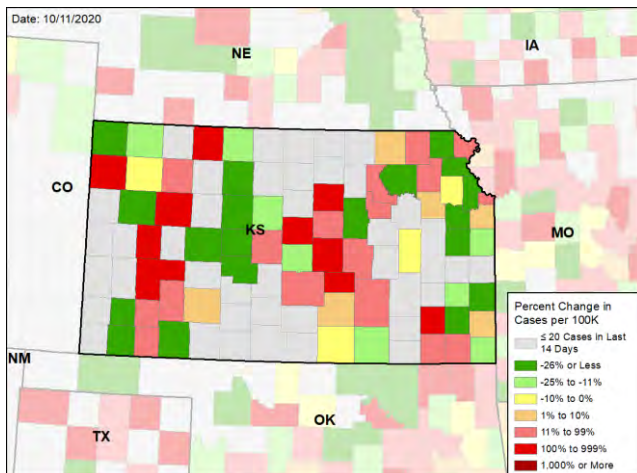
### NEW CASES PER 100,000 DURING THE LAST WEEK



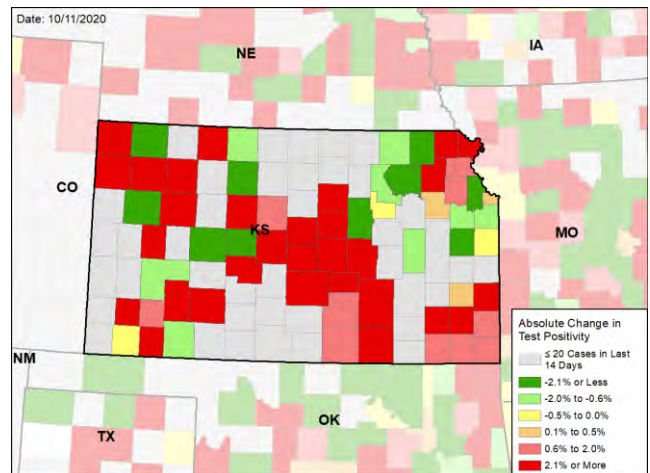
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



#### DATA SOURCES – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## KENTUCKY

### SUMMARY

- Kentucky is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 12th highest rate in the country. Kentucky is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 12th highest rate in the country.
- Kentucky has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Fayette County, 2. Jefferson County, and 3. Warren County. These counties represent 41.5% of new cases in Kentucky.
- 63% of all counties in Kentucky have moderate or high levels of community transmission (yellow, orange, or red zones), with 26% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 14% of nursing homes had at least one new resident COVID-19 case, 31% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Kentucky had 173 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from FEMA.
- Between Oct 3 - Oct 9, on average, 276 patients with confirmed COVID-19 and 453 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kentucky. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Kentucky and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Retail establishments are enforcing mitigation efforts by adjusting their businesses so very few transmissions occur in those settings; the majority of cases are from interactions at home with friends and family. Kentuckians should know that such gatherings must be limited in size and include both masks and social distancing.
- Use the Abbott BinaxNOW for surveillance testing in the same populations weekly. This will provide information on local transmission changes. Establish and deploy targeted testing teams (not drive-through testing) who can be rapidly deployed to communities based on signals from surveillance testing. Populations for surveillance can include K-12 teachers, fire and police force, nursing home, and correctional facility staff.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Work with university students to keep cases low, with the goal of low transmission in preparation for Thanksgiving. Implement antibody testing to understand fraction of students who have been infected and plan for spring semester accordingly. Test all university students before dismissing them for Thanksgiving.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).



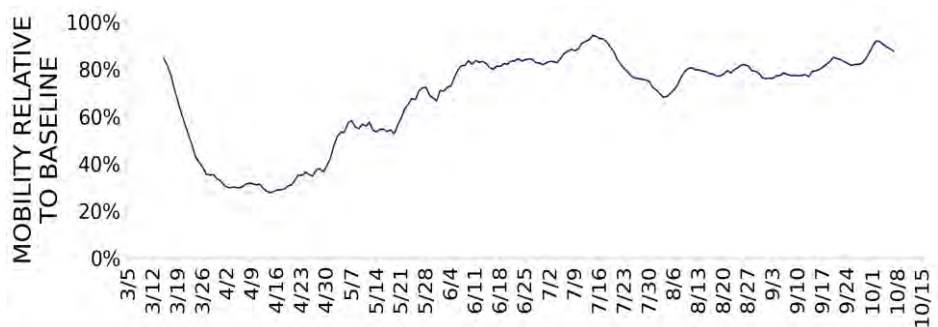


# KENTUCKY

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	7,731 (173)	+37%	75,980 (114)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.3%	-0.3%*	6.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	64,828** (1,451)	+10%**	1,024,987** (1,532)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	46 (1.0)	-6%	1,603 (2.4)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	14% (31%)	+3%* (-1%*)	14% (27%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	-1%*	5%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# KENTUCKY

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

**8**  
▲ (+2)

London  
Bowling Green  
Owensboro  
Evansville  
Murray  
Bardstown  
Mayfield  
Central City

**31**  
▲ (+5)

Warren  
Christian  
Daviess  
Henderson  
Laurel  
Whitley  
Bullitt  
Calloway  
Pike  
Jessamine  
Union  
Shelby

#### LOCALITIES IN ORANGE ZONE

**3**  
▼ (-2)

Louisville/Jefferson County  
Elizabethtown-Fort Knox  
Mount Sterling

**10**  
▼ (-10)

Jefferson  
Hardin  
Knott  
Estill  
Montgomery  
Rowan  
Ohio  
Clinton  
Hancock  
Monroe

#### LOCALITIES IN YELLOW ZONE

**9**  
▲ (+1)

Lexington-Fayette  
Richmond-Berea  
Clarksville  
Huntington-Ashland  
Frankfort  
Madisonville  
Paducah  
Campbellsville  
Middlesborough

**35**  
▲ (+6)

Fayette  
Madison  
Kenton  
Boone  
Hopkins  
Oldham  
Scott  
McCracken  
Boyd  
Franklin  
Knox  
Campbell

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Red Counties:** Warren, Christian, Daviess, Henderson, Laurel, Whitley, Bullitt, Calloway, Pike, Jessamine, Union, Shelby, Allen, Graves, Nelson, Muhlenberg, Webster, Clay, Logan, Meade, McCreary, Wayne, Bourbon, Larue, Fulton, Leslie, Hart, Todd, Nicholas, McLean, Washington

**All Yellow Counties:** Fayette, Madison, Kenton, Boone, Hopkins, Oldham, Scott, McCracken, Boyd, Franklin, Knox, Campbell, Greenup, Letcher, Marshall, Carter, Bell, Adair, Taylor, Rockcastle, Garrard, Jackson, Anderson, Russell, Marion, Grant, Trigg, Spencer, Morgan, Butler, Powell, Lewis, Breckinridge, Wolfe, Martin

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

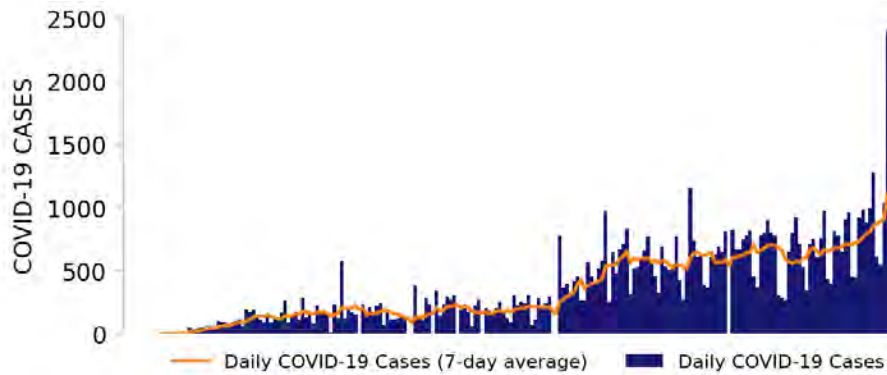
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



# KENTUCKY

STATE REPORT | 10.11.2020

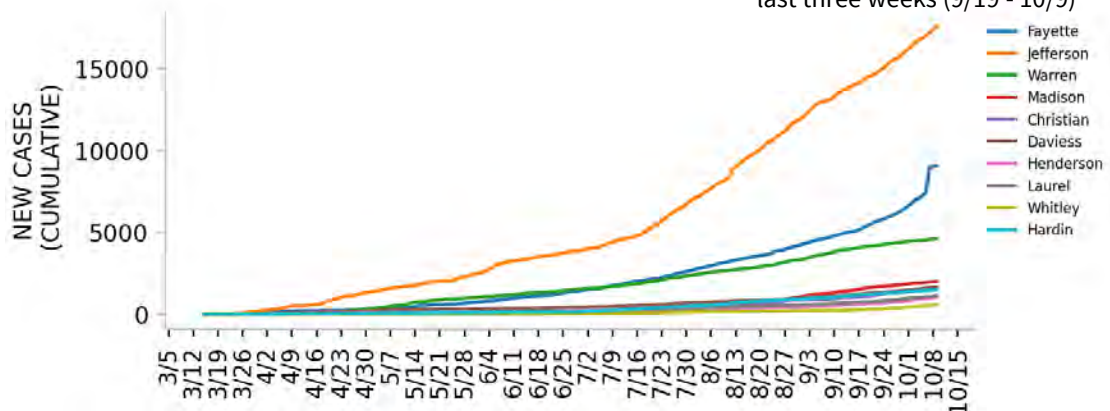
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



**DATA SOURCES** – Additional data details available under METHODS

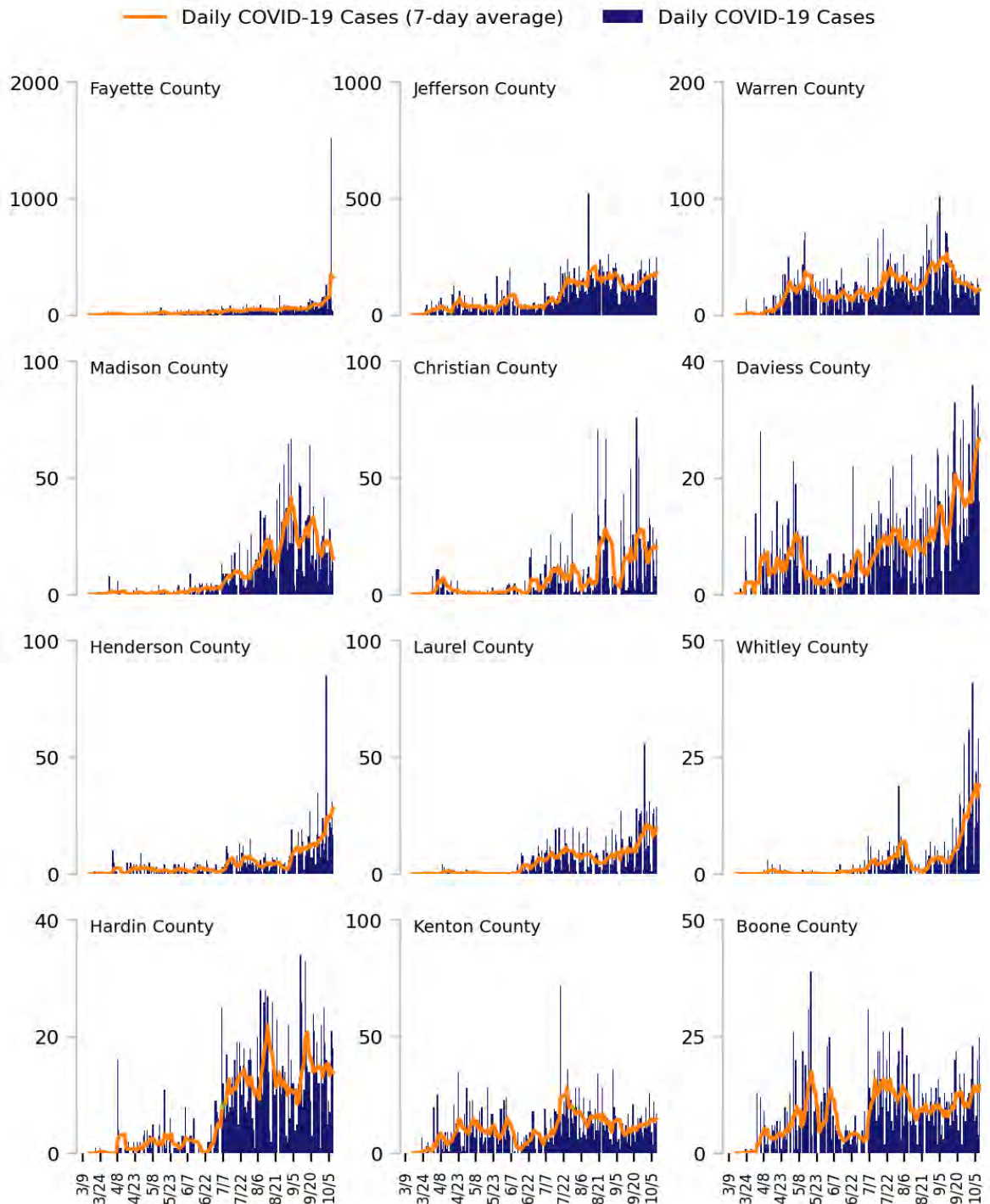
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.



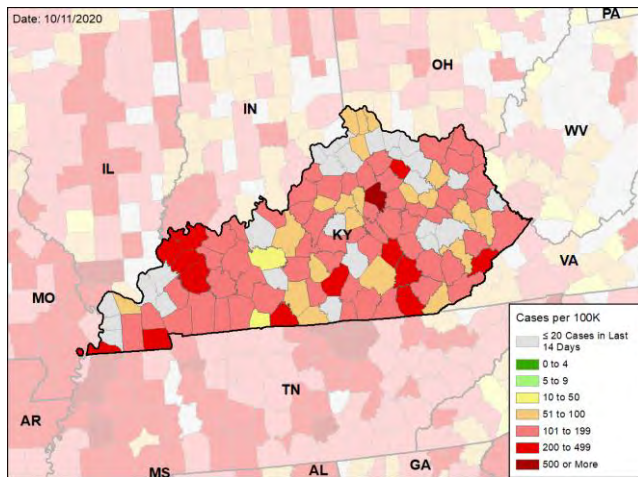


# KENTUCKY

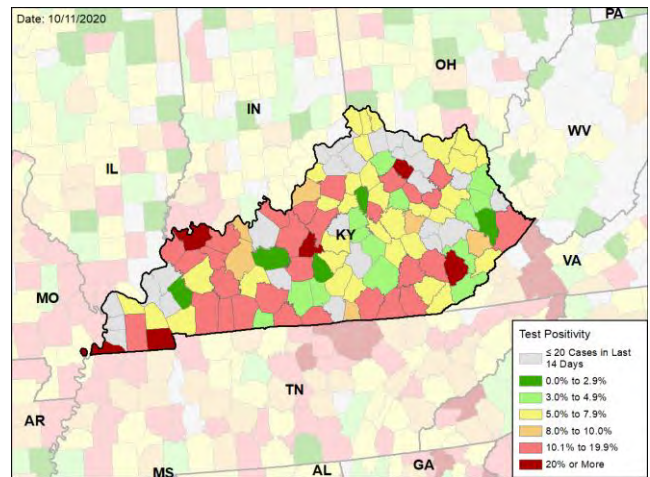
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

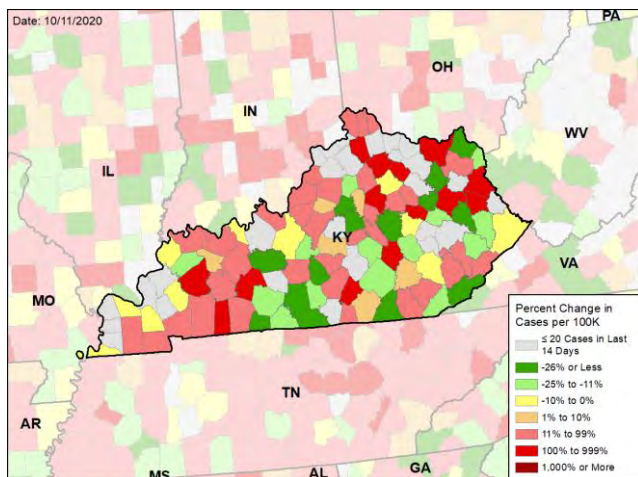
### NEW CASES PER 100,000 DURING THE LAST WEEK



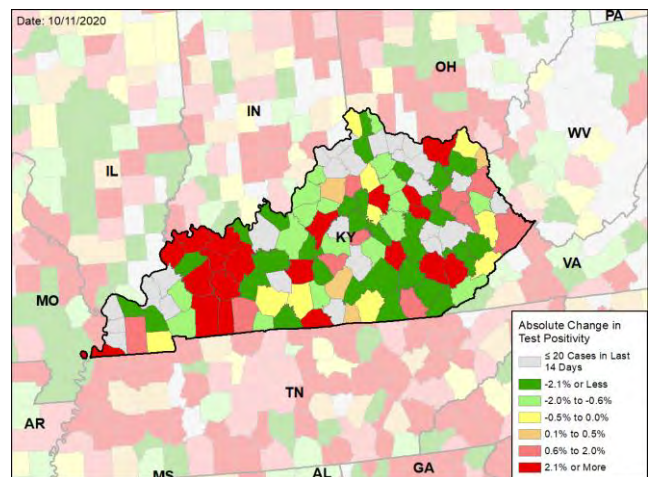
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## LOUISIANA

## SUMMARY

- Louisiana is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 36th highest rate in the country. Louisiana is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 31st highest rate in the country.
- Louisiana has seen stability in new cases and stability in test positivity over the last week.
- The following three parishes had the highest number of new cases over the last 3 weeks: 1. Caddo Parish, 2. Jefferson Parish, and 3. East Baton Rouge Parish. These parishes represent 21.9% of new cases in Louisiana.
- 42% of all parishes in Louisiana have moderate or high levels of community transmission (yellow, orange, or red zones), with 6% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 12% of nursing homes had at least one new resident COVID-19 case, 21% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Louisiana had 75 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 41 to support operations activities from USCG.
- The federal government has supported surge testing in Baton Rouge, LA and New Orleans, LA.
- Between Oct 3 - Oct 9, on average, 85 patients with confirmed COVID-19 and 45 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Louisiana. 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

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Louisiana and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Louisiana has made excellent progress and is sustaining the gains with continued strong mitigation efforts statewide. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations. Track test positivity, cases, and new daily hospitalizations in all parishes and react to any week over week increases with increased mitigation in those parishes and surged community level testing.
- Continue to expand restaurant capacity as parishes achieve green zone status. Reevaluate any bar openings until after restaurants are open and cases remain in the green zones, especially in light of ongoing natural disasters and their impact on communities and community testing.
- Ensure comprehensive mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further decrease in hours and occupancy limits in bars and restaurants in university parishes and anywhere university and college students gather if cases begin to rise, including Caddo Parish.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID-19 cases. Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests.
- Expand surveillance testing, including wastewater testing as used in Baton Rouge, throughout the state for early detection of silent spread with aggressive mitigation in order to prevent a surge similar to that from the summer months.
- Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Abbott BinaxNOW arrived at Historically Black Colleges and Universities for rapid diagnosis and isolation of both symptomatic and asymptomatic cases. Ensure reporting of all tests conducted and positive tests.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are reporting. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



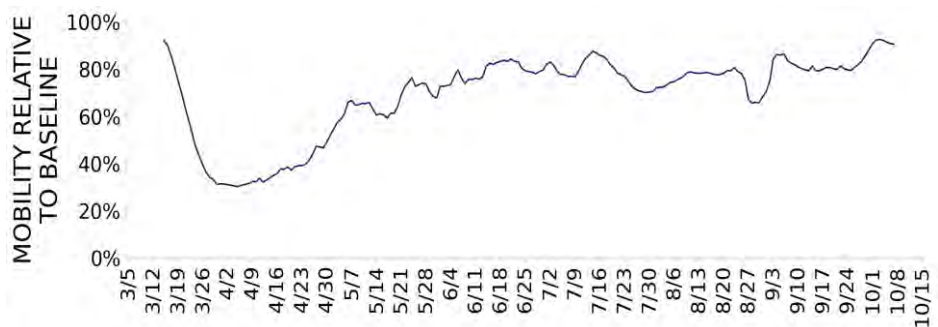


## LOUISIANA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,498 (75)	+0%	47,737 (112)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.4%	-0.1%*	6.3%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	78,058** (1,679)	-21%**	476,967** (1,117)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	87 (1.9)	-7%	856 (2.0)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	12% (21%)	-2%* (+1%*)	13% (22%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+0%*	4%	4%

## 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 parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 parish. 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 parish level. Data through 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# LOUISIANA

STATE REPORT | 10.11.2020

## COVID-19 PARISH AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### PARISH LAST WEEK

LOCALITIES  
IN RED  
ZONE

0  
▼ (-1)

N/A

4  
▲ (+2)

Allen  
Jackson  
Claiborne  
Caldwell

LOCALITIES  
IN ORANGE  
ZONE

3  
▲ (+1)

Lake Charles  
Minden  
Jennings

9  
▲ (+3)

Ouachita  
Calcasieu  
Webster  
Iberia  
Union  
Jefferson Davis  
De Soto  
Richland  
West Baton Rouge

LOCALITIES  
IN YELLOW  
ZONE

9  
■ (+0)

Shreveport-Bossier City  
Monroe  
Hammond  
Ruston  
Opelousas  
Natchitoches  
Bogalusa  
DeRidder  
Natchez

14  
▼ (-5)

Caddo  
Bossier  
Tangipahoa  
Lincoln  
Livingston  
St. Landry  
Natchitoches  
Avoyelles  
Plaquemines  
Washington  
Morehouse  
Bienville

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Yellow Parishes:** Caddo, Bossier, Tangipahoa, Lincoln, Livingston, St. Landry, Natchitoches, Avoyelles, Plaquemines, Washington, Morehouse, Bienville, Beauregard, LaSalle

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

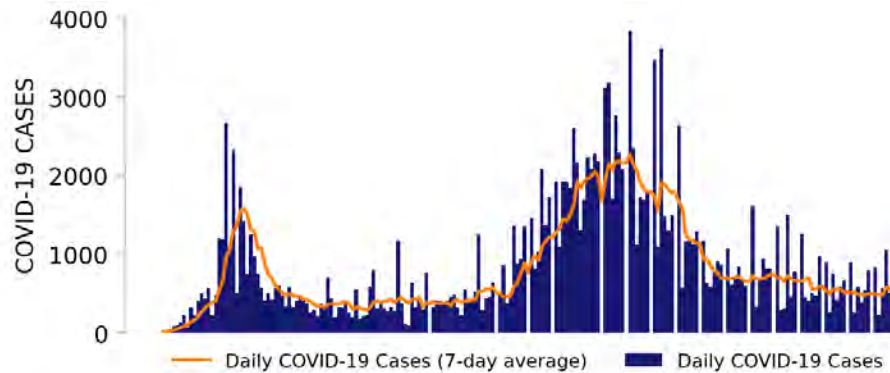
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



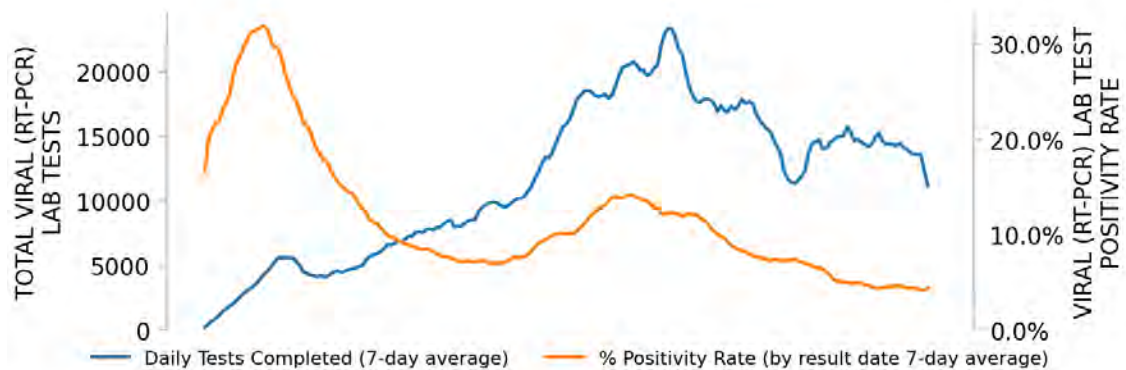
# LOUISIANA

STATE REPORT | 10.11.2020

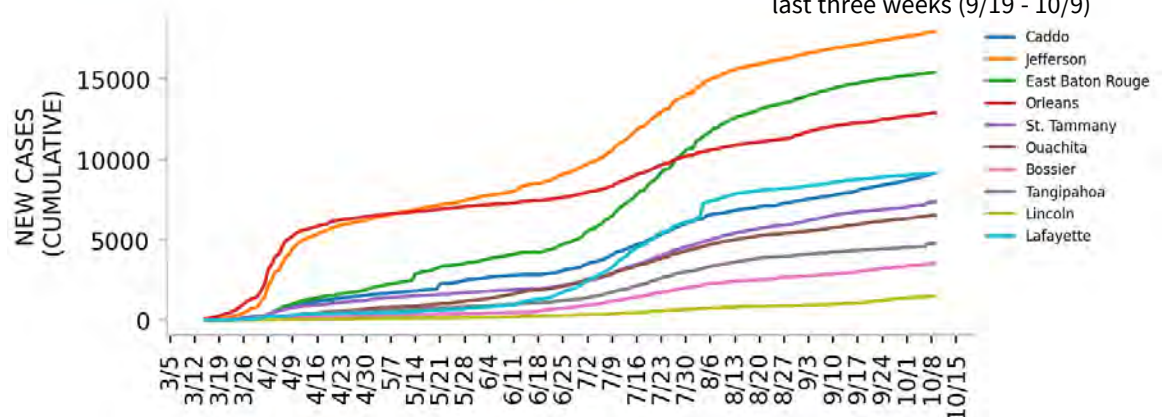
## NEW CASES



## TESTING



Top parishes based on greatest number of new cases in last three weeks (9/19 - 10/9)



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

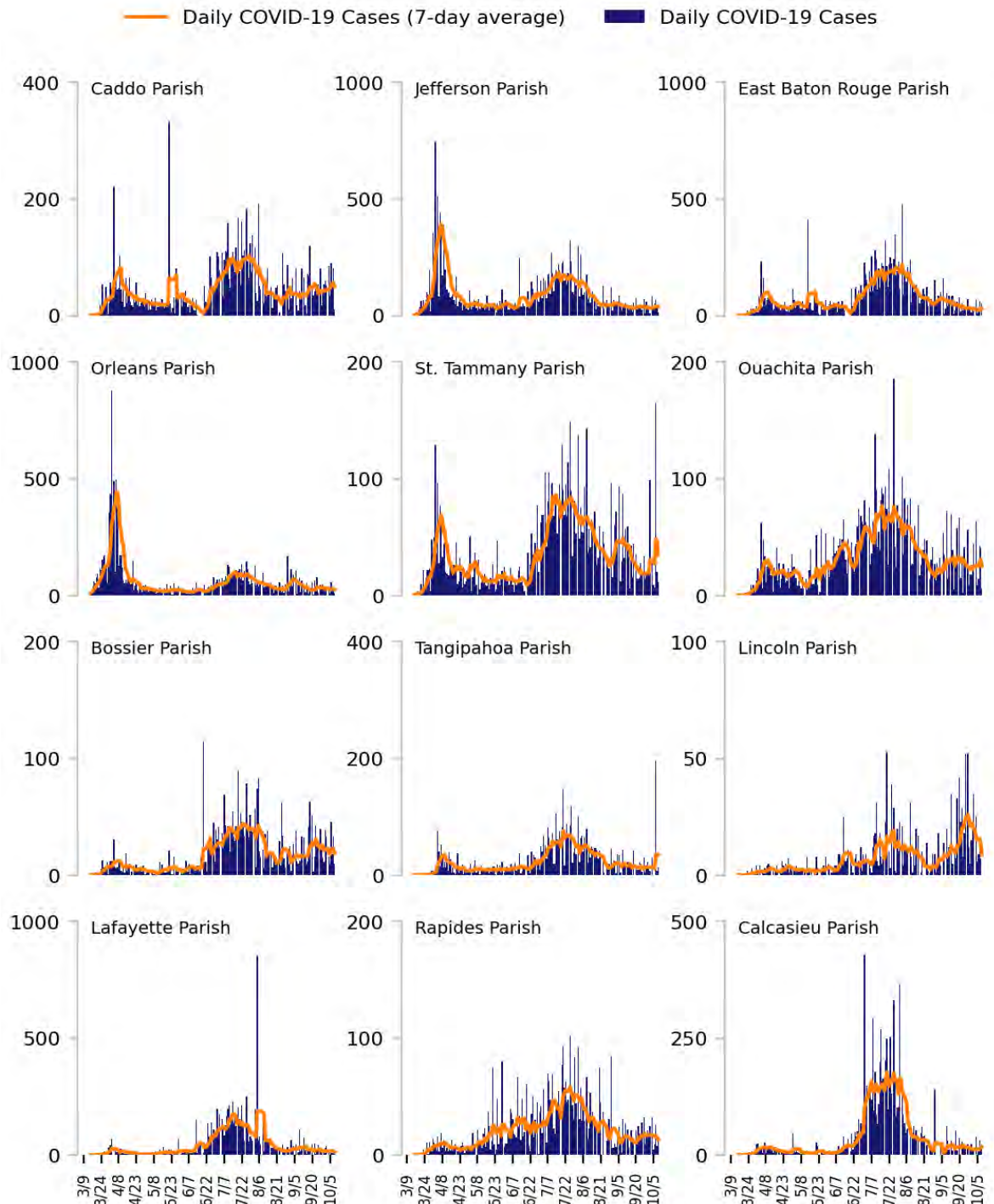
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





# Top 12 parishes 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 parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

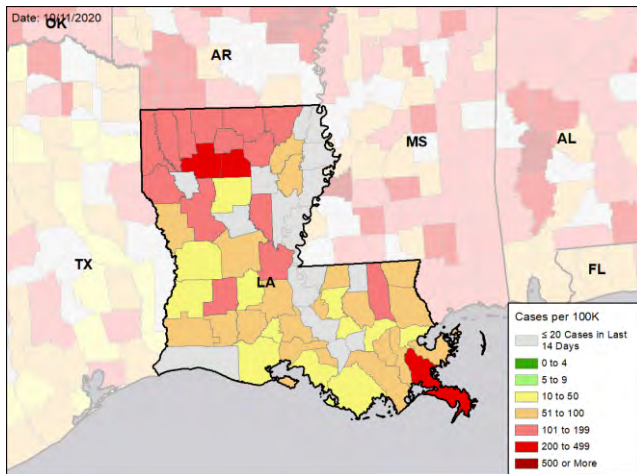


# LOUISIANA

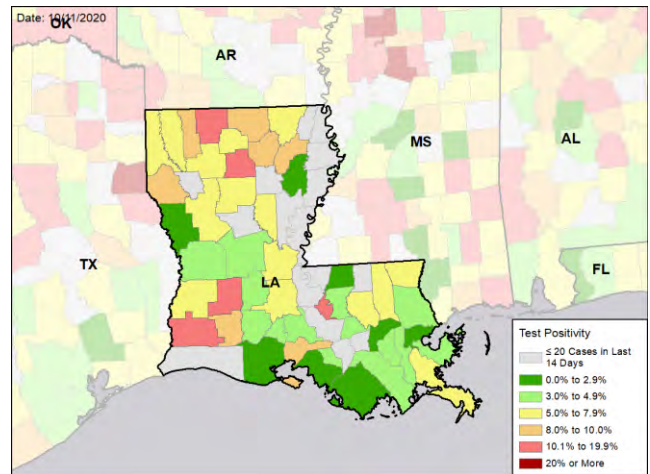
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

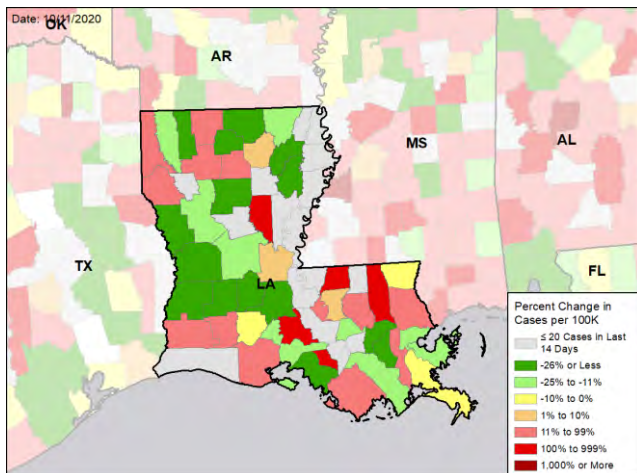
### NEW CASES PER 100,000 DURING THE LAST WEEK



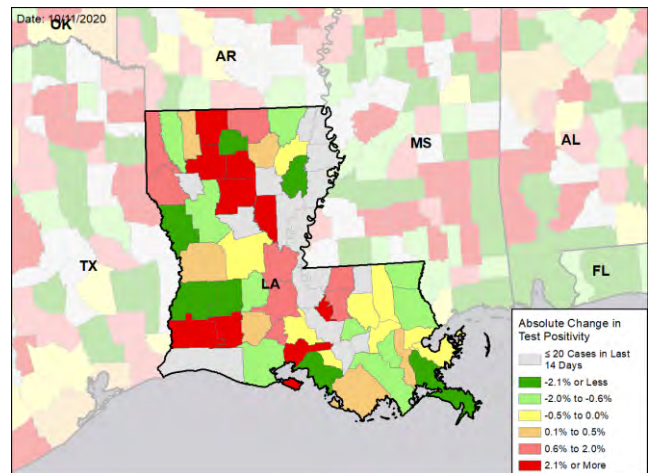
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## MAINE

## SUMMARY

- Maine is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the 50th highest rate in the country. Maine is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 50th highest rate in the country.
- Maine has seen a decrease in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. York County, 2. Androscoggin County, and 3. Cumberland County. These counties represent 69.5% of new cases in Maine.
- Hospital bed and ICU utilization in Bangor (Penobscot County) appears to be above 90%.
- No counties in Maine have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Sep 28 - Oct 4, 1% of nursing homes had at least one new resident COVID-19 case, 1% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death; apparent outbreak in facility in Sanford with at least 9 cases reported.
- Maine had 15 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA.
- Between Oct 3 - Oct 9, on average, 0 patients with confirmed COVID-19 and 31 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maine. An average of 91% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

## RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Maine and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Maine continues to perform exceedingly well; given success, cautious progression to Stage 4 of Restarting Maine's Economy plan is warranted. Follow incidence and test positivity at the local level and consider reverting to tighter restrictions at signs of increasing transmission.
- Many rural states that had a protracted period of low test positivity and low incidence, like Maine, are now being hit hard; it is exceedingly important to maintain aggressive community mitigation efforts, like social distancing and face coverings, as cold weather sets in to preempt any increase in cases.
- Target public health messaging and community testing efforts to those most at risk with highly specific messaging and strategic selection of testing location. Continue to expand testing volume until all counties are testing above 1,000 per 100,000 population. Where antigen tests are used, ensure reporting of all test results (positive and negative).
- Fall and winter tourism can be particularly difficult to manage given propensity toward indoor activities and influx from out-of-state; maintain messaging and testing requirements.
- Adequate surveillance is extremely important. Use antigen tests or other rapid testing. Expand frequency of regular surveillance of critical staff who are at-risk for infection, such as teachers, clinic staff and staff working at long-term care facilities (LTCFs) and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders.
- Ensure all institutions of higher education (IHE) maintain adequate surveillance and testing volumes as well as the capacity to rapidly and comfortably isolate or quarantine students on campus or coordinate release of students to safe family quarantine; request that University of New England posts testing volumes as well as results.
- Continue to follow hospital capacity at the local level and develop expansion plans as needed to ensure adequate capacity. Ensure all clinical staff, especially those in rural areas, are trained on latest treatment protocols, including early use of antiviral and antibody therapy for hospitalized patients.
- Recent data suggest that incidence is increasingly driven by smaller, more intimate gatherings of family, friends, and neighbors; ensure effective educational outreach emphasizes continued need for social distancing, face covering while indoors, effective ventilation (where possible) and use of larger indoor spaces.
- Any nursing homes with 3 or more cases of COVID per week over any of the past 3 weeks (facility in Sanford) should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).



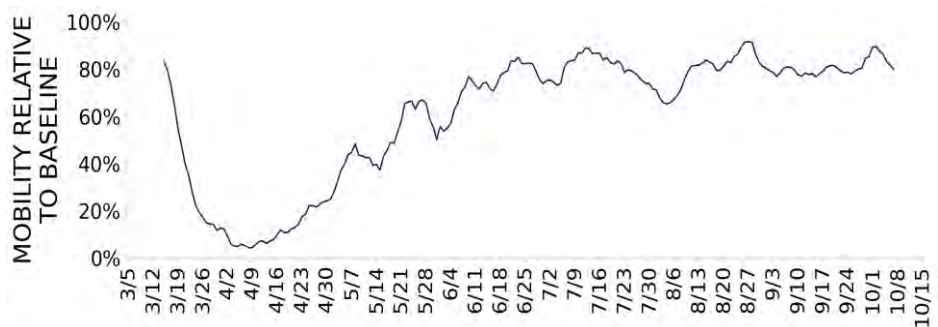


## MAINE

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	199 (15)	-14%	7,777 (52)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	0.6%	-0.1%*	1.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	26,215** (1,950)	-3%**	557,107** (3,753)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	1 (0.1)	-50%	126 (0.8)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	1% (1%)	-2%* (-5%*)	5% (11%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	1%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# MAINE

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

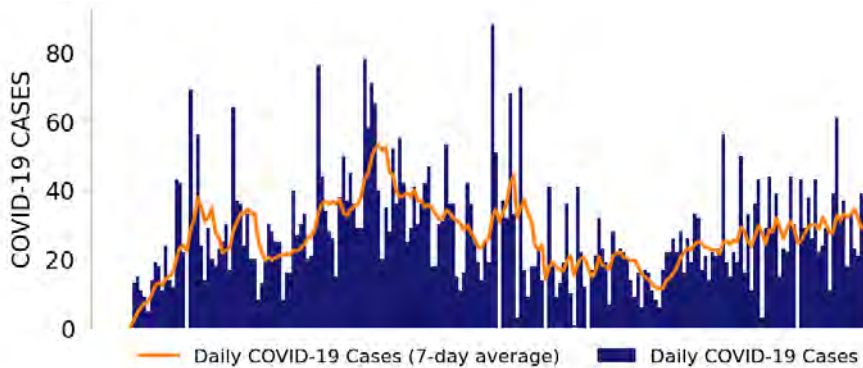
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020. Last week is 10/1 - 10/7.



# MAINE

STATE REPORT | 10.11.2020

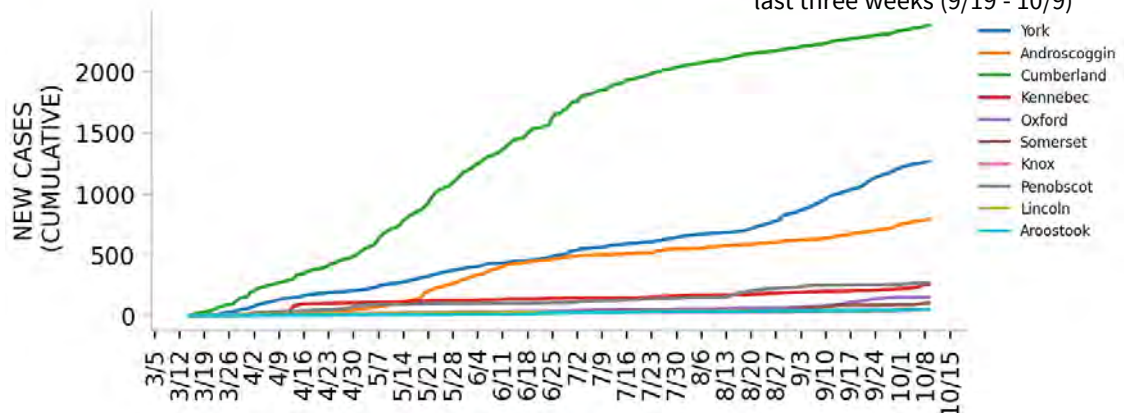
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



### DATA SOURCES – Additional data details available under METHODS

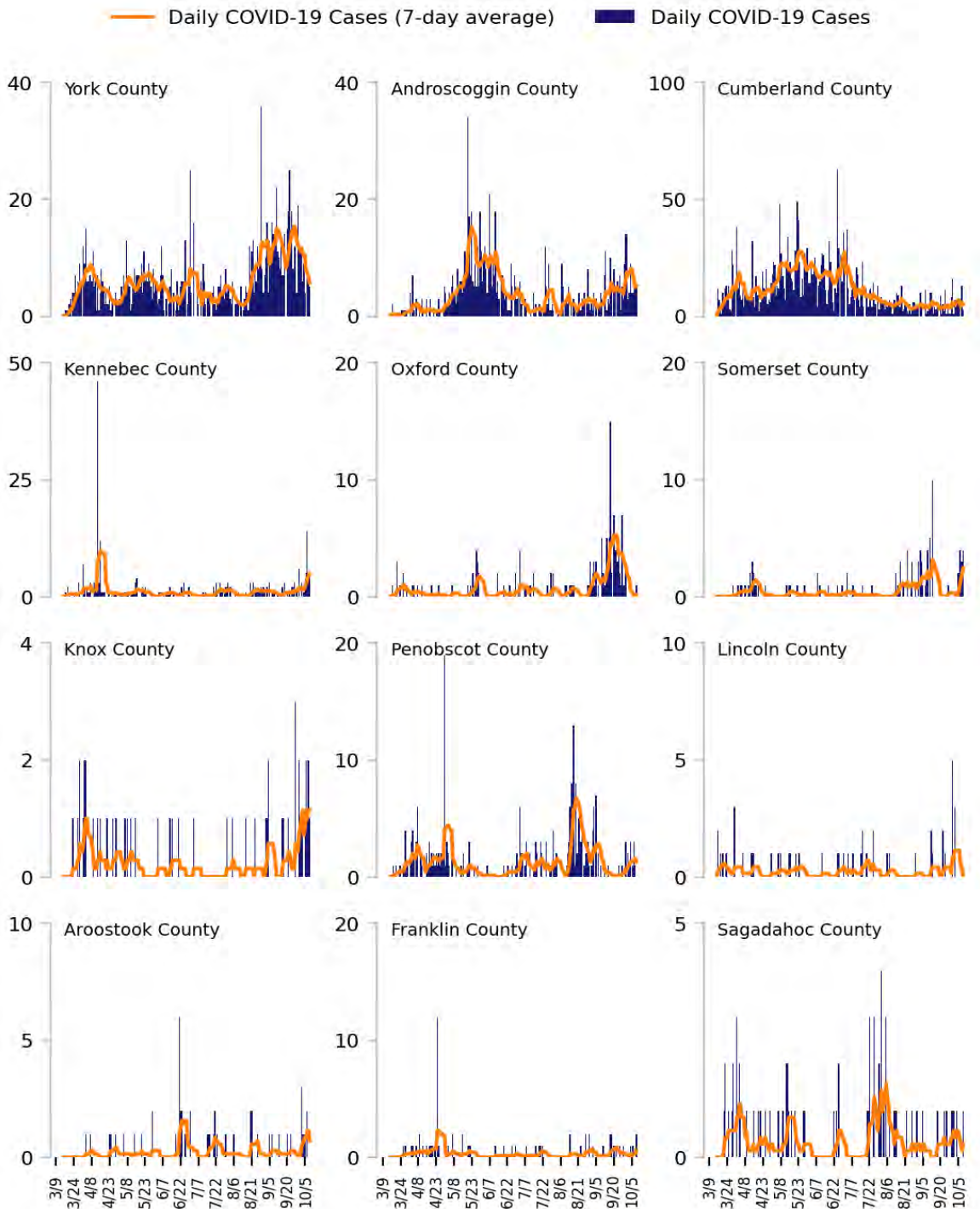
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020.



## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

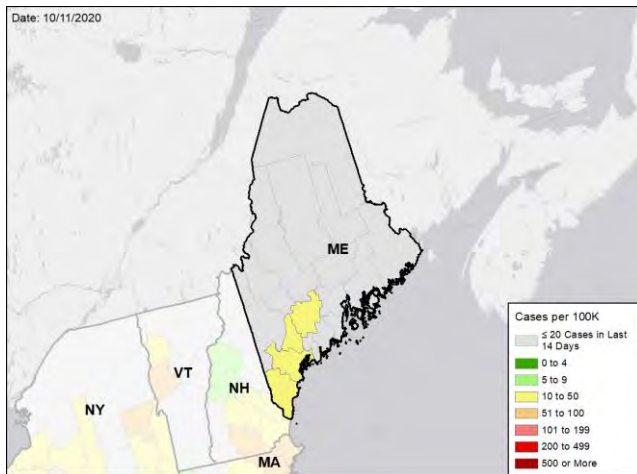


# MAINE

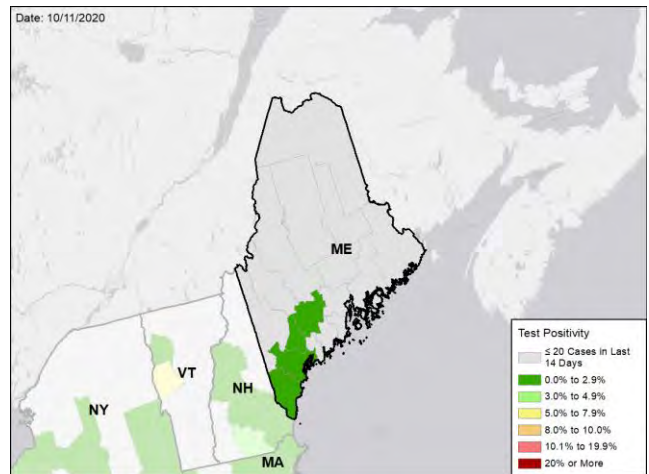
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

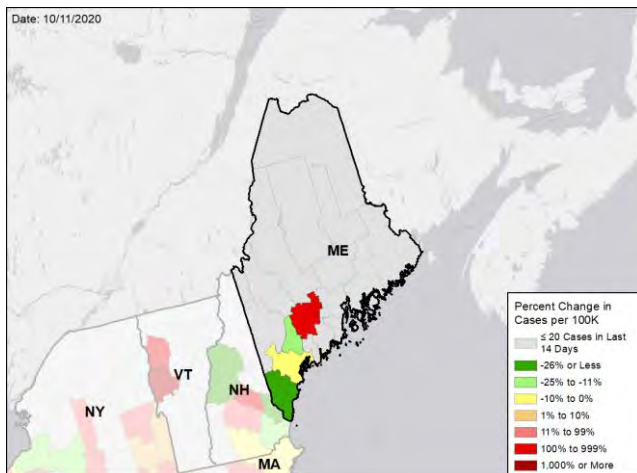
### NEW CASES PER 100,000 DURING THE LAST WEEK



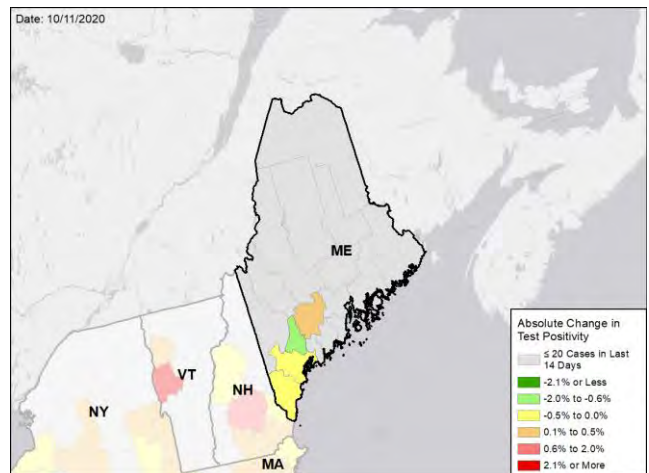
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under **METHODS**

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

**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## MARYLAND

### SUMMARY

- Maryland is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 37th highest rate in the country. Maryland is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 36th highest rate in the country.
- Maryland has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Prince George's County, 2. Montgomery County, and 3. Baltimore County. These counties represent 48.7% of new cases in Maryland.
- Institutions of higher education (IHE): UMD reported 77 new cases among students and staff from testing on and off campus this week, continuing a decline since early September.
- 12% of all counties in Maryland have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 5% of nursing homes had at least one new resident COVID-19 case, 14% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- Maryland had 65 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 16 to support operations activities from FEMA; 12 to support operations activities from ASPR; and 14 to support operations activities from USCG.
- Between Oct 3 - Oct 9, on average, 56 patients with confirmed COVID-19 and 265 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maryland. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Maryland and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Maryland has previously had success in large part due to a well-developed, graduated set of social distancing measures for communities based on transmission indicators. With the recent lessening of mitigation measures, the state should ensure that jurisdictions are increasing active testing and case rate monitoring and be prepared to modify practices for increasing disease activity. Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Use of rapid tests can be extremely helpful in doing this.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations everywhere as well as tailored business and public venue measures for counties with increasing incidence.
- Concern remains for further increases in community transmission with increasing hospitalizations and deaths, given the continued spread among younger age groups, much of which is asymptomatic, as has been seen in "hotspot" counties generally ([MMWR Early Release/October 9, 2020](#)).
- Recommend increasing restrictions on indoor gathering sizes and business occupancy in counties that experience significant increases in cases to help limit large number transmission events that contribute significantly to maintaining epidemic spread. This may be especially important with weather conditions increasingly forcing activities indoors.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. As temperatures cool, recommend increased messaging regarding the need to take these measures, especially given the element of prevention "fatigue." Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces.
- The intense transmission among young adults at IHEs requires intensified local measures to prevent spread of transmission to the broader community. Encourage jurisdictions with IHEs to more strictly limit bar and restaurant alcohol sales and indoor dining, beyond the current state level, especially in localized areas where students gather. The university and local public health response at UMD appear to have been successful due to compliance with mitigation measures and the active testing program.
- Continue testing programs in long-term care facilities, with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Utilize point-of-care testing platforms to facilitate rapid COVID-19 case identification.
- Continue to implement plans to increase surveillance for community spread using the Abbott BinaxNOW now that supplies have begun to arrive (or using other antigen tests), especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. The increased rate of infection seen among long-term care facility workers indicates significant transmission in their communities and those transmission settings must be identified and mitigated.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies, when available, work best when used early in the course of infection.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



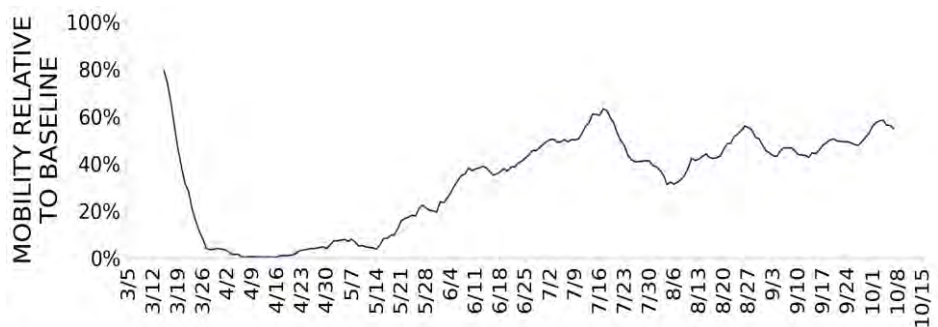


# MARYLAND

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,937 (65)	+2%	21,728 (70)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.8%	+0.0%*	4.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	155,296** (2,569)	-11%**	621,944** (2,016)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	36 (0.6)	-3%	303 (1.0)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5% (14%)	+0%* (+1%*)	8% (15%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	3%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# MARYLAND

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ▼ (-1)	N/A
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	3 ▲ (+3)	Anne Arundel Worcester Somerset
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

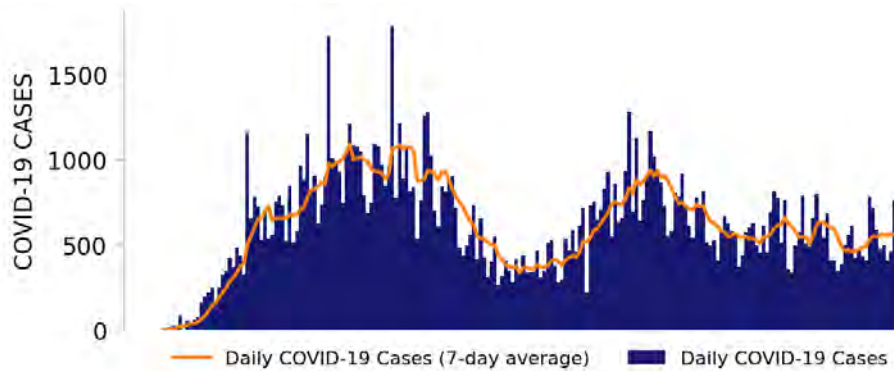
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



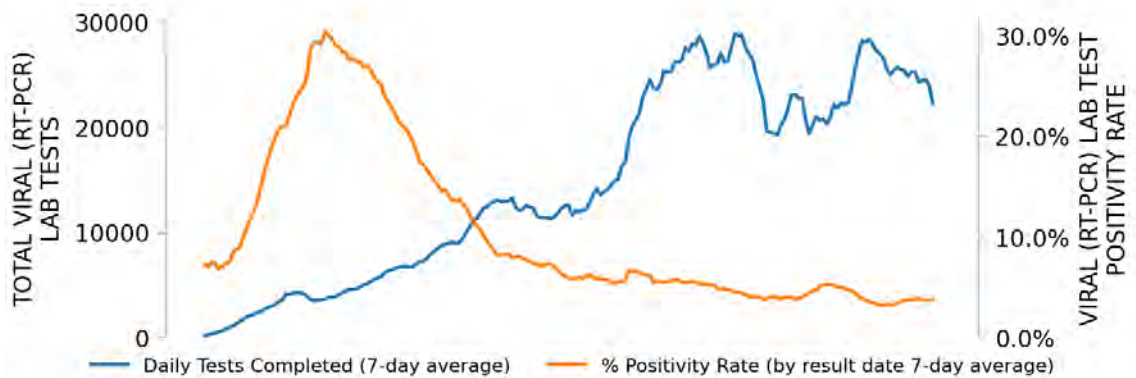
# MARYLAND

STATE REPORT | 10.11.2020

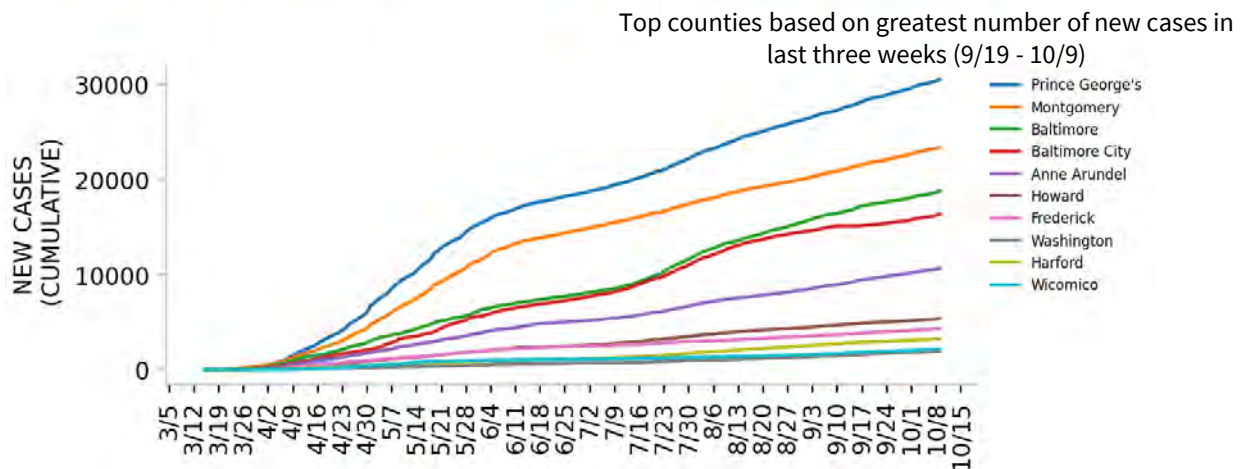
NEW CASES



TESTING



TOP COUNTIES

**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

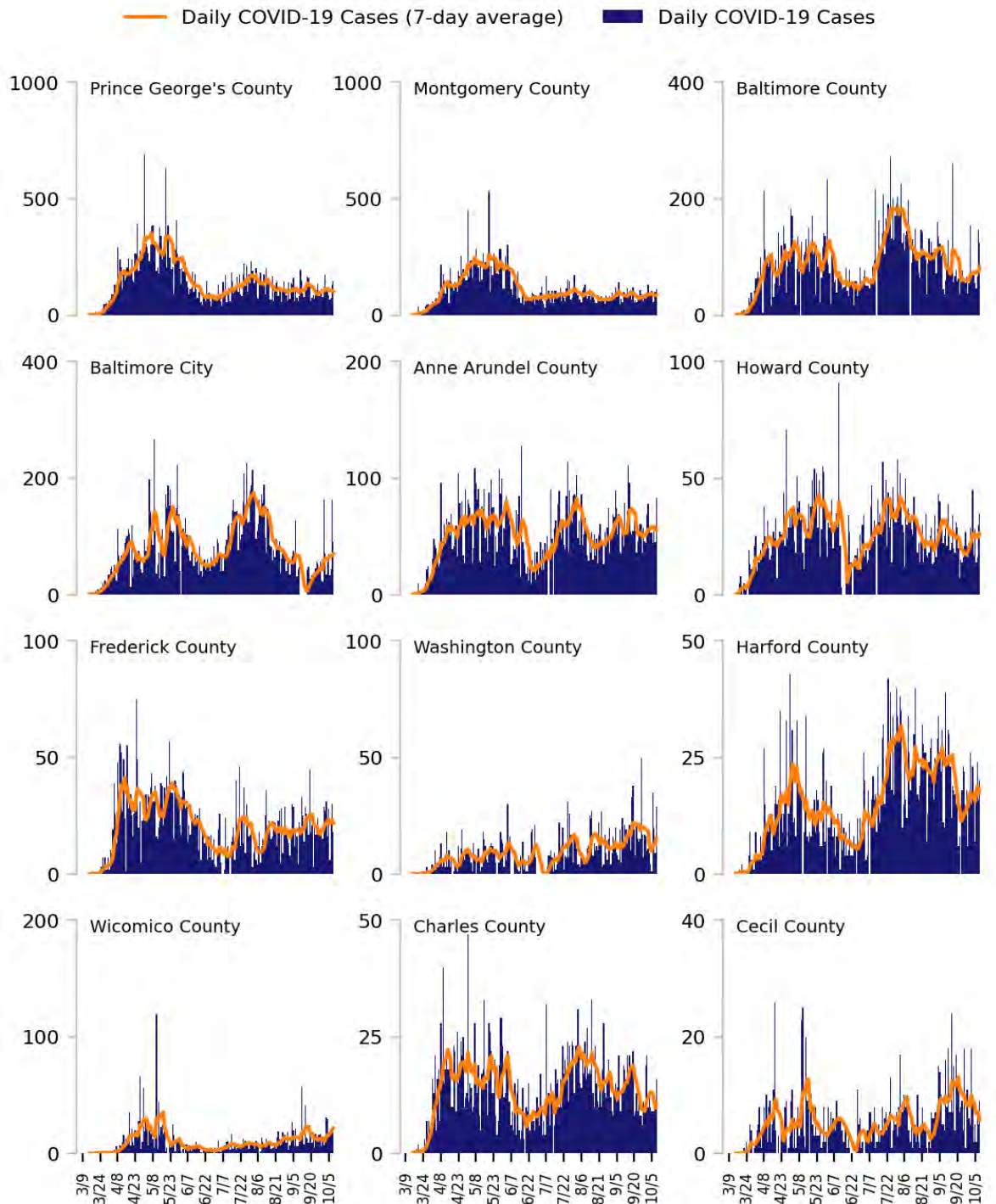
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

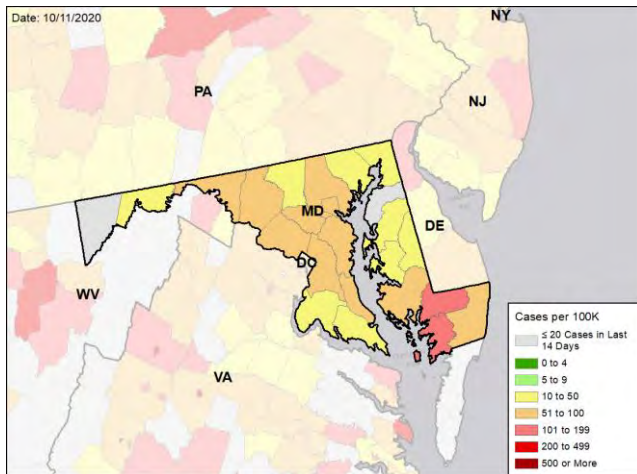


# MARYLAND

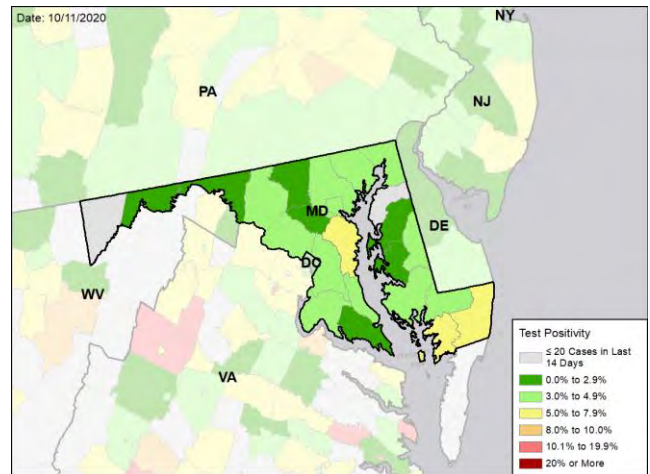
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

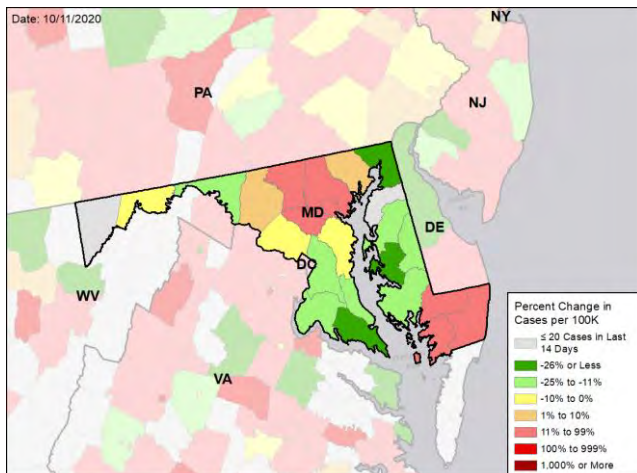
### NEW CASES PER 100,000 DURING THE LAST WEEK



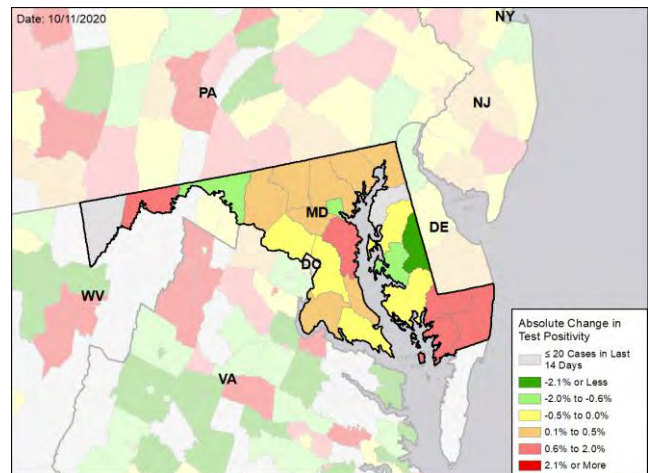
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## MASSACHUSETTS

### SUMMARY

- Massachusetts is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 40th highest rate in the country. Massachusetts is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 49th highest rate in the country.
- Massachusetts has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Middlesex County, 2. Essex County, and 3. Suffolk County. These counties represent 55.0% of new cases in Massachusetts.
- Hampden and Worcester counties had the highest overall increases in test positivity this past week, but increases were very slight (less than 1%).
- Inpatient bed utilization is at 74% for the state and 71% in priority hospitals.
- No counties in Massachusetts have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Sep 28 - Oct 4, 4% of nursing homes had at least one new resident COVID-19 case, 12% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death. Six facilities in Barnstable, Middlesex, and Essex counties had three or more resident cases.
- Massachusetts had 60 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 110 to support operations activities from FEMA; 3 to support operations activities from ASPR; 19 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Oct 3 - Oct 9, on average, 37 patients with confirmed COVID-19 and 144 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Massachusetts. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Massachusetts and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Recent data suggest that incidence is increasingly driven by smaller, more intimate gatherings of family, friends, and neighbors; ensure effective educational outreach emphasizes continued need for social distancing, face covering while indoors, effective ventilation (where possible), and use of larger indoor spaces.
- Many rural states that had a protracted period of low test positivity and low incidence, like certain areas in Massachusetts, are now being hit hard; it is exceedingly important to maintain aggressive community mitigation efforts, like social distancing and face coverings, as cold weather sets in.
- Target public health messaging and community testing efforts to those most at risk with highly specific messaging and strategic selection of testing location; ensure elderly and those vulnerable to severe disease are being tested in sufficient volume.
- Intensify public health messaging to reinvigorate commitment to community mitigation efforts as weather turns colder; continue regular outreach to retail, restaurant, and bar owners in college communities regarding enforcement of mitigation efforts and limitations on occupancy and ensure outreach to marginalized populations, such as immigrant or non-English speaking communities.
- Continue to closely monitor hospital utilization, resources, and capacity at the local level and put data on state the website as part of educational campaigns. Ensure all hospital staff, especially those in rural areas, are trained on latest treatment protocols, including early use of antiviral and antibody therapy for hospitalized patients.
- Ensure all institutions of higher education (IHEs) have sufficient capacity for ongoing surveillance. Use wastewater surveillance where possible to expand reach and efficiency of surveillance and periodic testing of students. Require all IHEs to post testing volume and results online.
- Adequate surveillance is key for detecting transmission early. Use antigen tests or other rapid testing. Expand regular surveillance and increase frequency of testing critical staff who are most at-risk for infection, such as teachers, clinic staff and staff working at long-term care facilities and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders.
- Ensure all antigen test results are reported, both positive and negative.
- Any nursing homes with 3 or more cases of COVID among staff and/or residents per week over any of the past 3 weeks (facilities in Buzzards Bay, Wilmington, Chelmsford, Haverhill, Westford, Holliston, North Andover, and Canton) should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



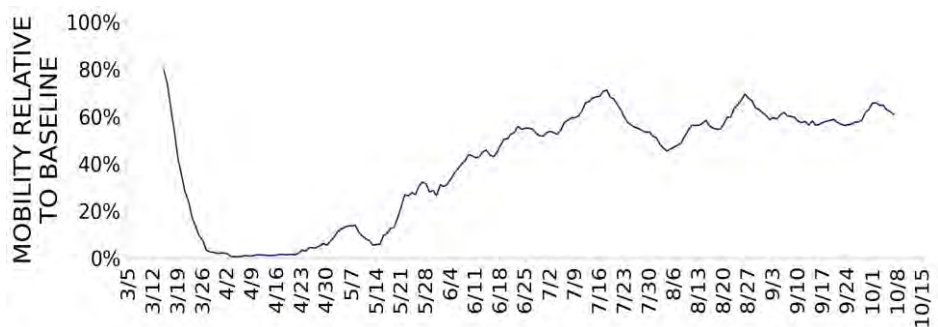


# MASSACHUSETTS

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,104 (60)	-1%	7,777 (52)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.2%	+0.1%*	1.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	368,671** (5,349)	-8%**	557,107** (3,753)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	87 (1.3)	-26%	126 (0.8)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	4% (12%)	+1%* (+5%*)	5% (11%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	1%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# MASSACHUSETTS

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	0 ▼ (-1)	N/A
Change from previous week's alerts:      ▲ Increase      ■ Stable      ▼ Decrease				

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

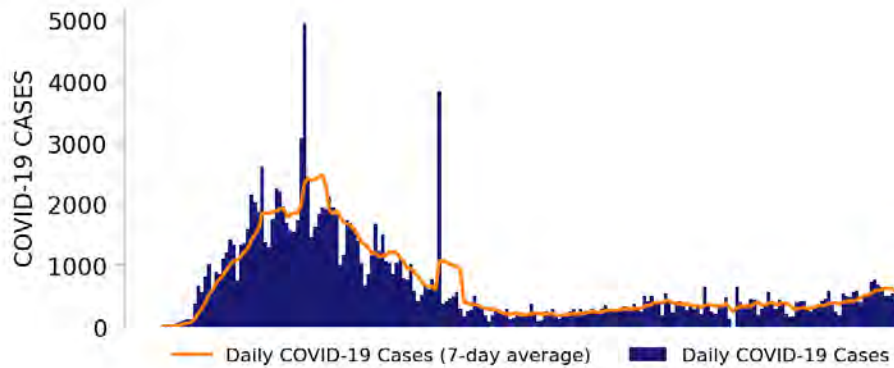
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



# MASSACHUSETTS

STATE REPORT | 10.11.2020

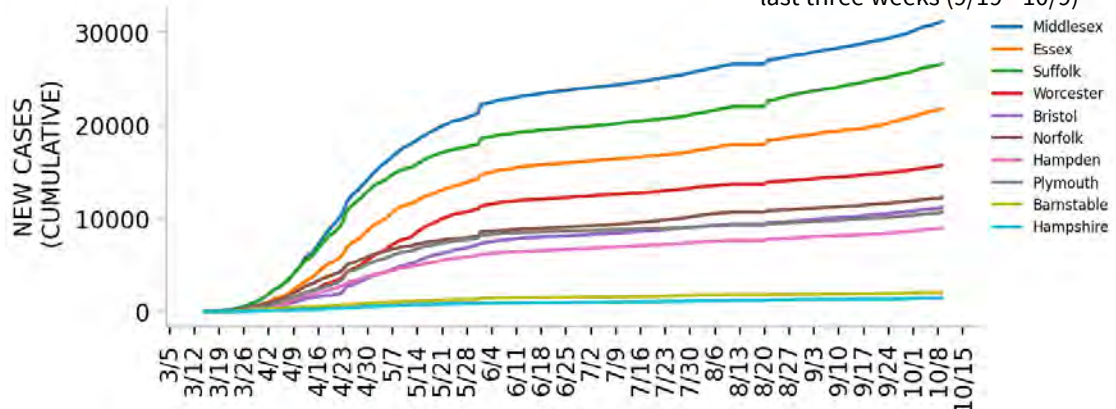
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



### DATA SOURCES – Additional data details available under METHODS

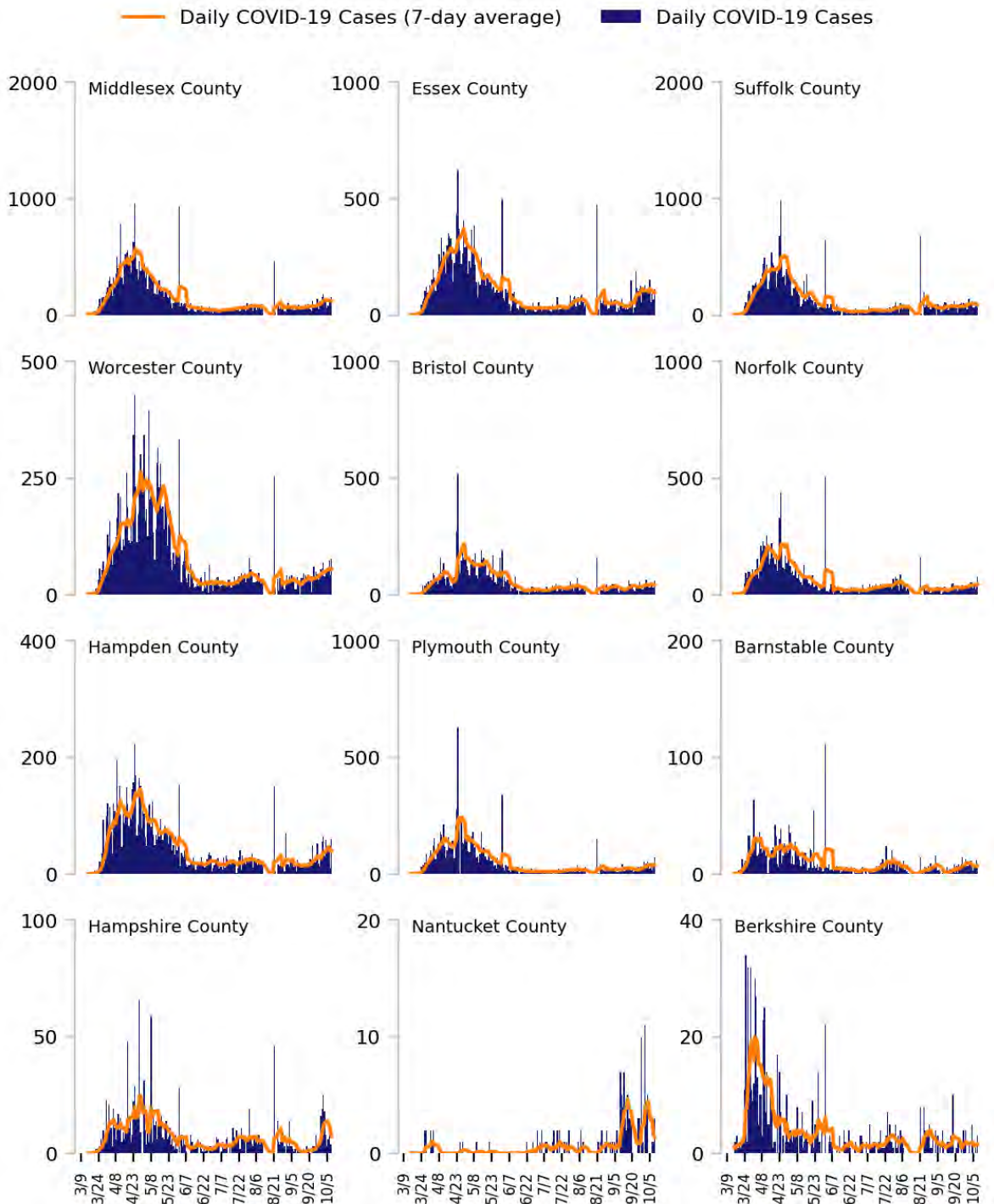
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

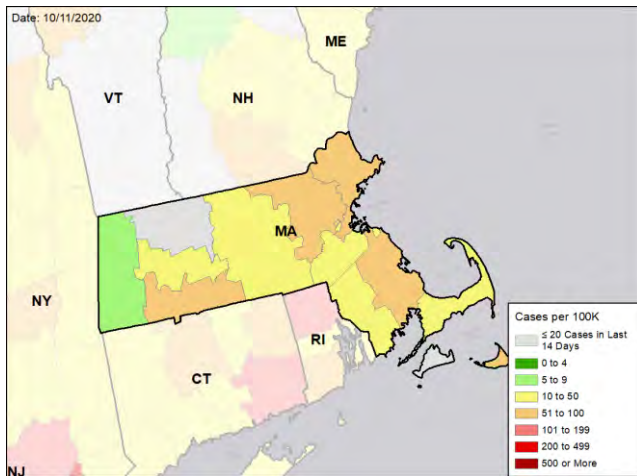


# MASSACHUSETTS

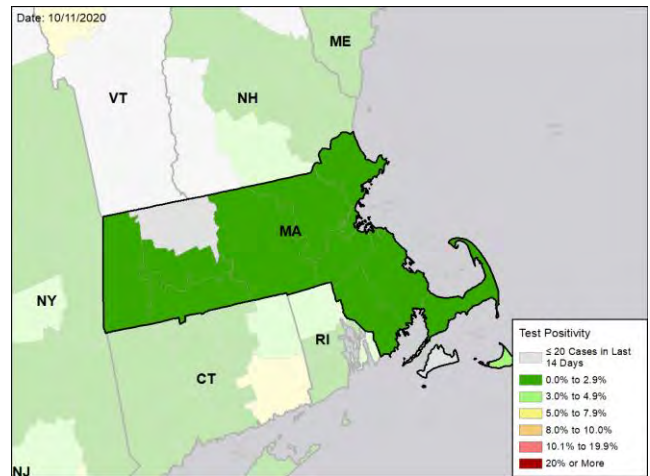
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

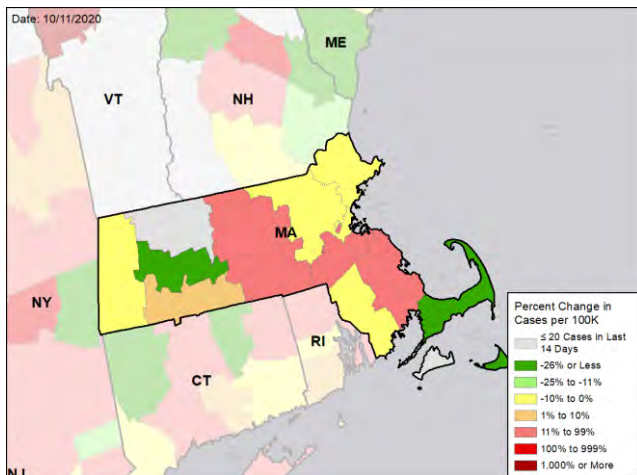
### NEW CASES PER 100,000 DURING THE LAST WEEK



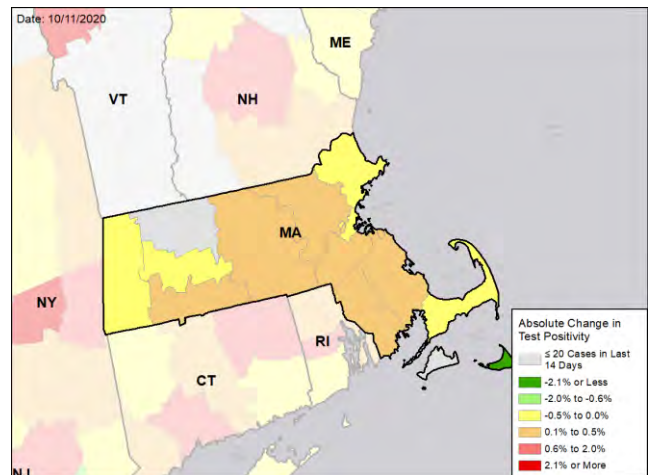
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## MICHIGAN

### SUMMARY

- Michigan's success in controlling COVID-19 is being challenged by increasing cases due to incomplete compliance with mitigation measures and spreading outbreaks especially in the Upper Peninsula. Michigan is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 34th highest rate in the country. Michigan is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 38th highest rate in the country.
- Michigan has seen an increase in new cases and stability in test positivity over the last week. Hospitalizations have increased dramatically in the past three weeks.
- 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 31.3% of new cases in Michigan. However, incidence is higher outside the Detroit CBSA.
- Multiple counties in the western Upper Peninsula report high and increasing cases in outbreaks that followed the upsurge of cases in a neighboring state; deaths are now increasing in these counties. Additional UP counties extending to the Mackinac Bridge (and now Emmet County on the LP side) are reporting increased cases.
- 16% of all counties in Michigan have moderate or high levels of community transmission (yellow, orange, or red zones), with 1% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 8% of nursing homes had at least one new resident COVID-19 case, 20% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Michigan had 78 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 12 to support operations activities from FEMA; 7 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Oct 3 - Oct 9, on average, 84 patients with confirmed COVID-19 and 115 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Michigan. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Michigan and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Michigan has been very successful with limiting transmission and disease thanks to a well-designed set of graduated mitigation measures and enhanced disease control capacity, including expanded testing. The current upsurge can be controlled with increased mitigation and strong community support in implementing these social distancing measures. Public health measures to limit gathering sizes, require face coverings in public spaces, and limit capacity in stores, bars, and other public venues can help address the epidemic challenges.
- Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Use of rapid tests can be extremely helpful in doing this.
- The spread of the Upper Peninsula outbreaks after introduction of disease from Wisconsin is concerning given the limited healthcare resources in the region and evidence for continuing spread into the state. Recommend continuing to surge additional testing capacity and applying localized increased mitigation measures to control transmission as quickly as possible.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations everywhere as well as tailored business and public venue measures for counties with increasing incidence.
- There is extreme concern for further increases in community transmission with increasing hospitalizations and deaths, given the continued spread among younger age groups, much of which is asymptomatic, as has been seen in "hotspot" counties generally ([MMWR Early Release/October 9, 2020](#)). Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces. With weather conditions increasingly forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of prevention "fatigue."
- Localized, more intense mitigation measures in high incidence jurisdictions are recommended, including maintaining or increasing restrictions on indoor gathering sizes to help limit the superspreader events that disproportionately contribute to increased or maintained epidemic spread. This is especially important in the next few weeks given the recent increased transmission with larger numbers of infectious individuals. Public education and enforcement measures to increase compliance with gathering restrictions should be enhanced.
- Continue testing programs in long-term care facilities, with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Utilize point-of-care testing platforms to facilitate rapid COVID-19 case identification.
- Continue to implement plans to increase surveillance for community spread using the Abbott BinaxNOW now that supplies have begun to arrive (or using other antigen tests), especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. The increased rates of infection seen among long-term care facility workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus as symptomatic cases and cases identified through surveillance testing decline.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies, when available, work best when used early in the course of infection.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



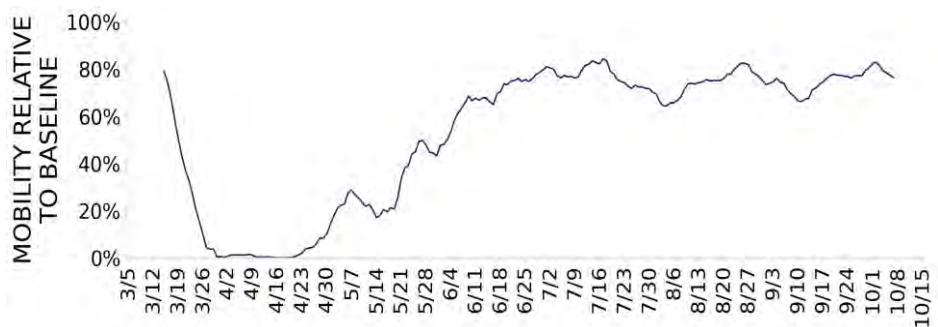


# MICHIGAN

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	7,825 (78)	+18%	67,586 (129)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.8%	+0.1%*	5.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	241,005** (2,413)	+1%**	1,414,080** (2,691)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	95 (1.0)	+17%	638 (1.2)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8% (20%)	+3%* (+1%*)	10% (23%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+0%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# MICHIGAN

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

LOCALITIES  
IN RED  
ZONE

1

▼ (-1)

Marinette

1

■ (+0)

Dickinson

LOCALITIES  
IN ORANGE  
ZONE

2

▲ (+2)

Houghton  
Iron Mountain

2

▲ (+1)

Houghton  
Iron

LOCALITIES  
IN YELLOW  
ZONE

6

▼ (-1)

Kalamazoo-Portage  
Flint  
Battle Creek  
Escanaba  
South Bend-Mishawaka  
Mount Pleasant

10

▼ (-2)

Macomb  
Kalamazoo  
Genesee  
Calhoun  
Delta  
Cass  
Isabella  
Newaygo  
Iosco  
Mackinac

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

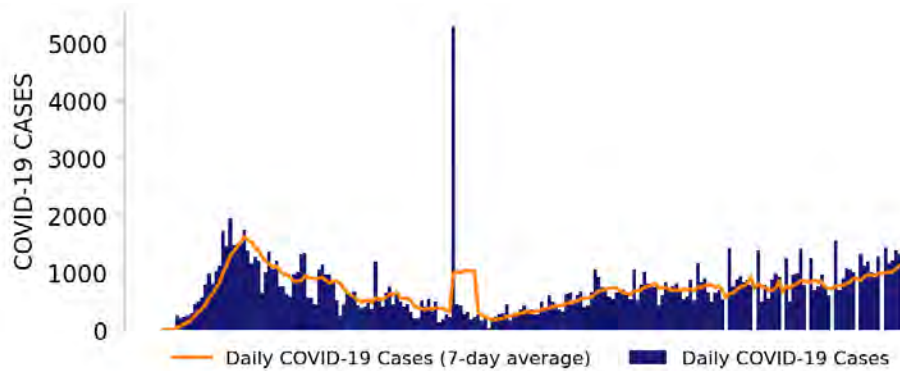
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



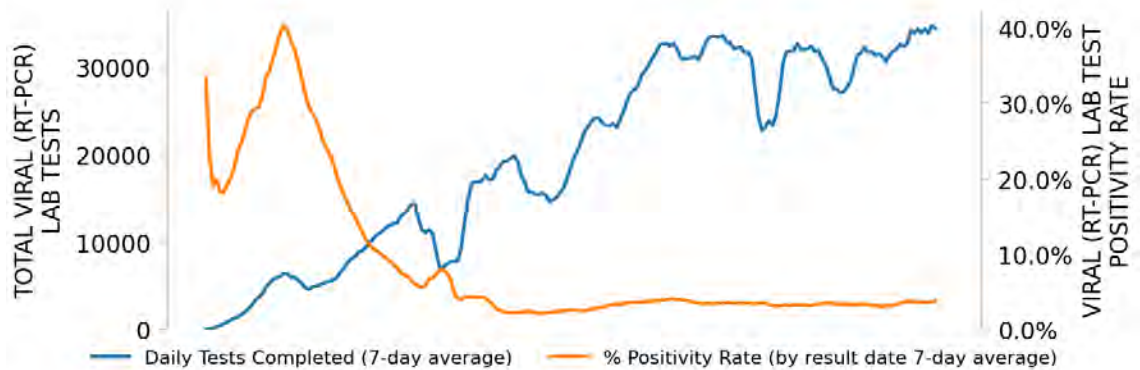
# MICHIGAN

STATE REPORT | 10.11.2020

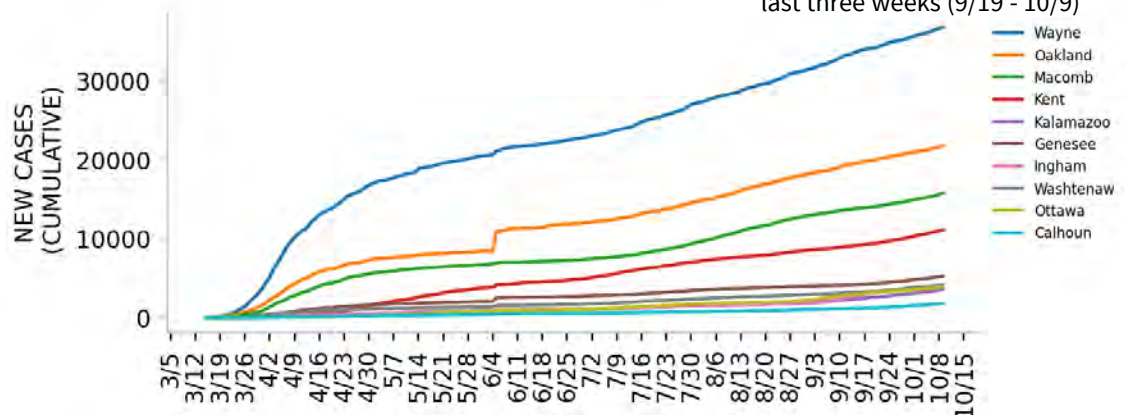
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



### DATA SOURCES – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

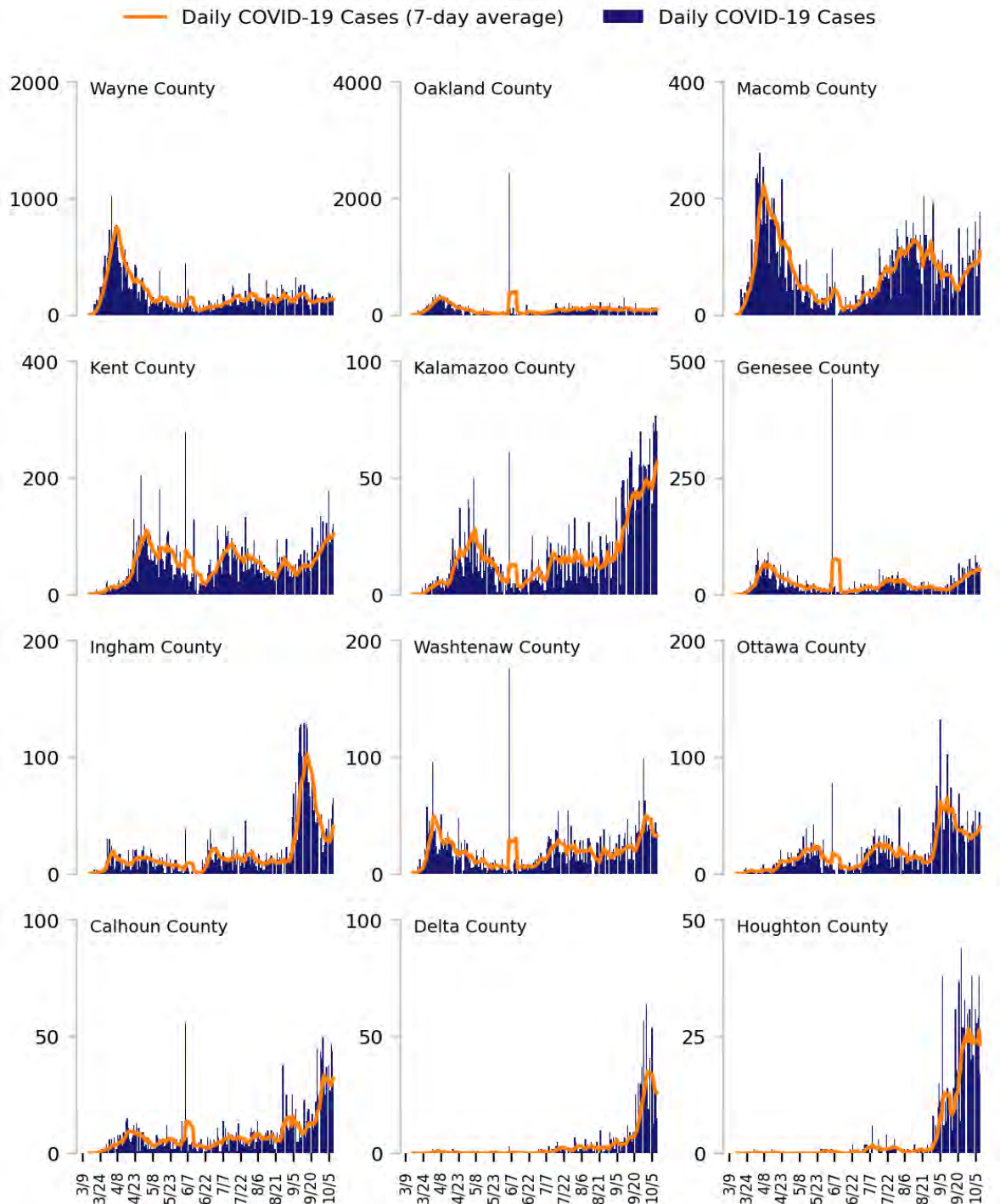
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

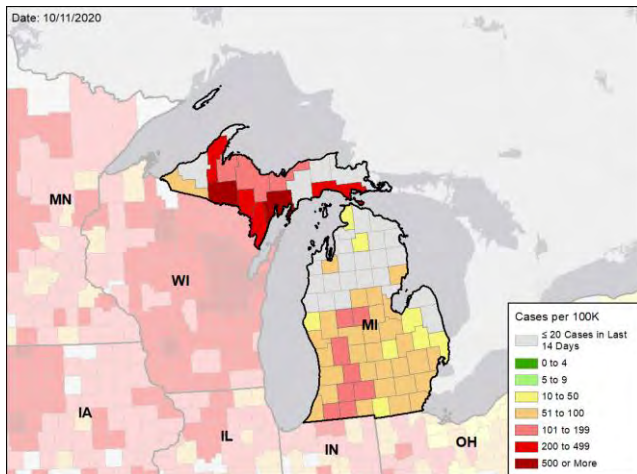


# MICHIGAN

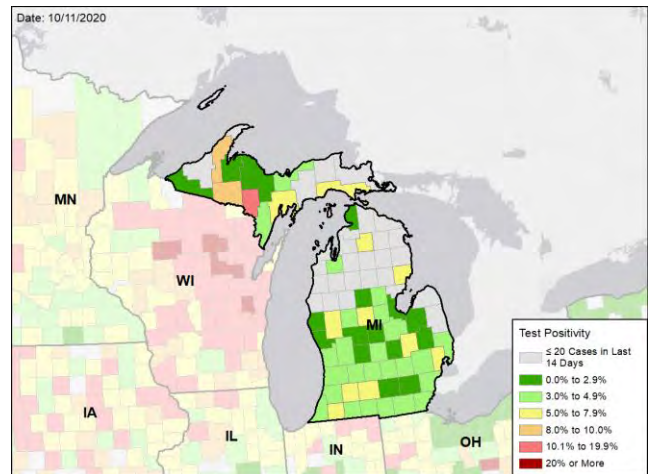
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

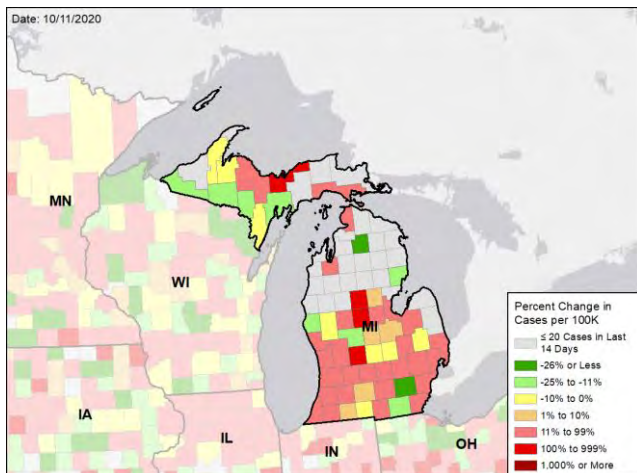
### NEW CASES PER 100,000 DURING THE LAST WEEK



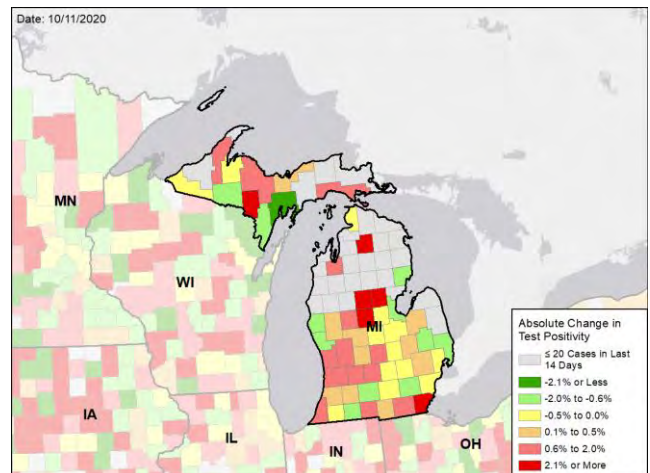
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

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

**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



# MINNESOTA

## SUMMARY

- Minnesota is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 17th highest rate in the country. Minnesota is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 27th highest rate in the country. Minnesota has seen an increase in new cases and stability in test positivity over the last week.
- Viral transmission continues at high levels across 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. Anoka County. These counties represent 34.2% of new cases in Minnesota. The large majority of counties throughout the state have incidence rates more than 100 cases per 100,000 population. Hospitalizations have increased approximately 40% in the past 3 weeks.
- 59% of all counties in Minnesota have moderate or high levels of community transmission (yellow, orange, or red zones), with 6% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 12% of nursing homes had at least one new resident COVID-19 case, 30% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Minnesota had 141 new cases per 100,000 population in the last week, compared to a national average of 100 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 1 to support operations activities from USCG.
- Between Oct 3 - Oct 9, on average, 64 patients with confirmed COVID-19 and 101 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Minnesota. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

## RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Minnesota and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Minnesota has had success previously with limiting transmission and disease with graduated mitigation measures and enhanced disease control capacity including expanded testing and contact tracing. Relaxation of the observance of social distancing mitigation measures and the increased introduction of virus into the state have contributed to the current worsening situation. We share the concern of the state health officials that the situation can worsen further. The current surge will require efforts to enhance observation of mitigation measures among the community as well as targeted, enhanced mitigation.
- Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Use of rapid tests can be extremely helpful in doing this.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations everywhere as well as tailored business and public venue measures especially for counties with increasing incidence.
- There is extreme concern for further increases in community transmission with increasing hospitalizations and deaths, given the continued spread among younger age groups, much of which is asymptomatic, as has been seen in "hotspot" counties generally ([MMWR Early Release/October 9, 2020](#)).
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces. With weather conditions increasingly forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of prevention "fatigue."
- Localized, more intense mitigation measures in high incidence jurisdictions are recommended, including maintaining or increasing restrictions on indoor gathering sizes to help limit the superspreader events that disproportionately contribute to increased or maintained epidemic spread. This is especially important in the next few weeks given the recent increased transmission with larger numbers of infectious individuals. Public education and enforcement measures to increase compliance with gathering restrictions should be enhanced.
- Continue testing programs in long-term care facilities, with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Utilize point-of-care testing platforms to facilitate rapid COVID-19 case identification.
- Continue to implement plans to increase surveillance for community spread using the Abbott BinaxNOW now that supplies have begun to arrive (or using other antigen tests), especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Increased rates of infection seen among long-term care facility workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus as symptomatic cases and cases identified through surveillance testing decline.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies, when available, work best when used early in the course of infection.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



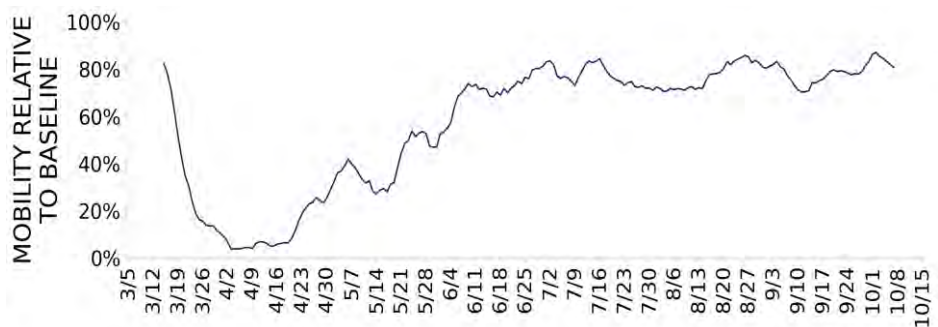


# MINNESOTA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	7,950 (141)	+11%	67,586 (129)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.4%	-0.3%*	5.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	218,529** (3,875)	+9%**	1,414,080** (2,691)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	62 (1.1)	-6%	638 (1.2)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	12% (30%)	+4%* (+3%*)	10% (23%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+0%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# MINNESOTA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

1

■ (+0)

Willmar

5

■ (+0)

Kandiyohi  
Hubbard  
Pipestone  
Wilkin  
Lake of the Woods

#### LOCALITIES IN ORANGE ZONE

1

▼ (-3)

Grand Rapids

11

■ (+0)

Anoka  
Crow Wing  
Itasca  
Pine  
Morrison  
Chippewa  
Todd  
Rock  
Wadena  
Norman  
Mahnomen

#### LOCALITIES IN YELLOW ZONE

14

▲ (+2)

Minneapolis-St. Paul-Bloomington  
St. Cloud  
Fargo  
Brainerd  
Alexandria  
Bemidji  
Fairmont  
Fergus Falls  
Marshall  
Grand Forks  
Worthington  
Owatonna

35

▲ (+4)

Hennepin  
Ramsey  
Dakota  
Stearns  
Washington  
Scott  
Wright  
Clay  
Waseca  
Douglas  
Beltrami  
Martin

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Yellow CBSAs:** Minneapolis-St. Paul-Bloomington, St. Cloud, Fargo, Brainerd, Alexandria, Bemidji, Fairmont, Fergus Falls, Marshall, Grand Forks, Worthington, Owatonna, La Crosse-Onalaska, Wahpeton

**All Yellow Counties:** Hennepin, Ramsey, Dakota, Stearns, Washington, Scott, Wright, Clay, Waseca, Douglas, Beltrami, Martin, Carver, Chisago, Otter Tail, Lyon, Benton, Isanti, Dodge, Cass, Nicollet, Redwood, Nobles, Steele, Meeker, Fillmore, Mille Lacs, Renville, Murray, Kanabec, Stevens, Aitkin, Koochiching, Big Stone, Pope

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

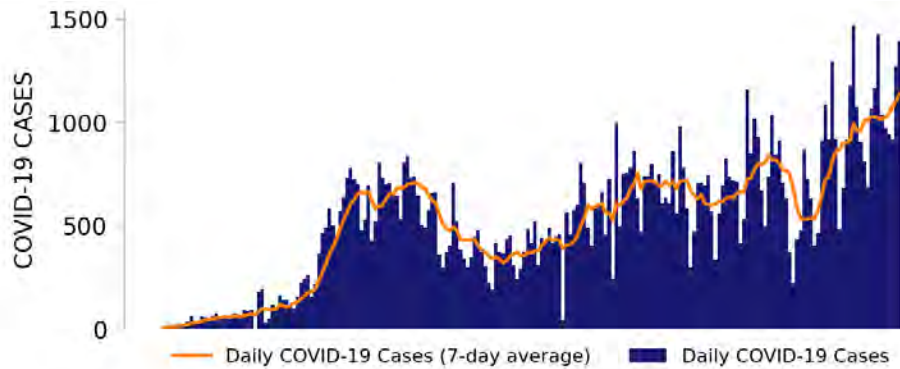
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



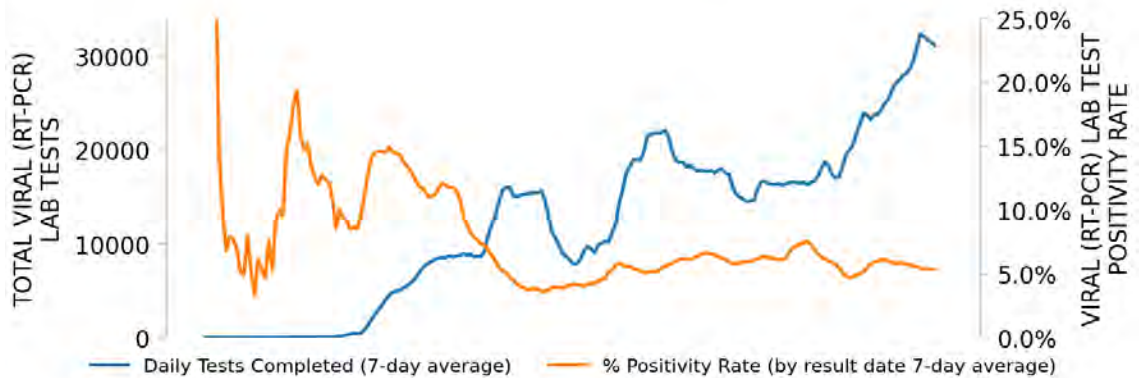
# MINNESOTA

STATE REPORT | 10.11.2020

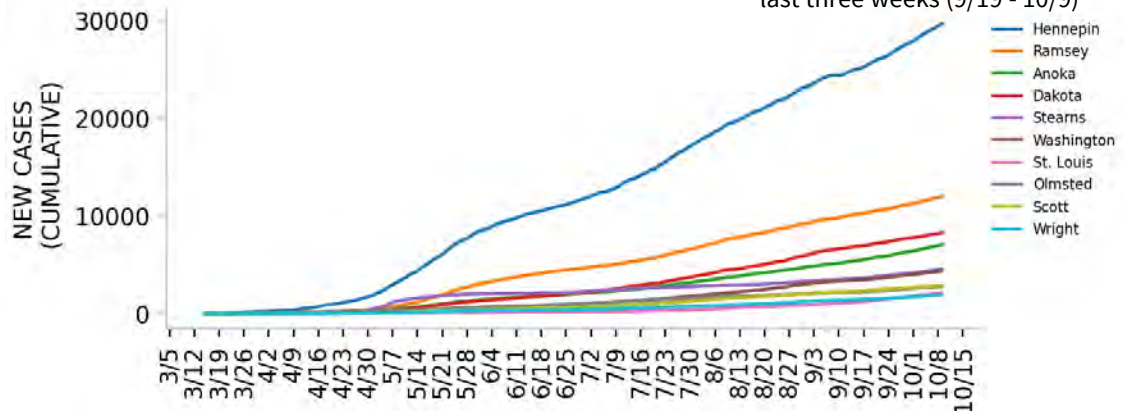
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



**DATA SOURCES** – Additional data details available under METHODS

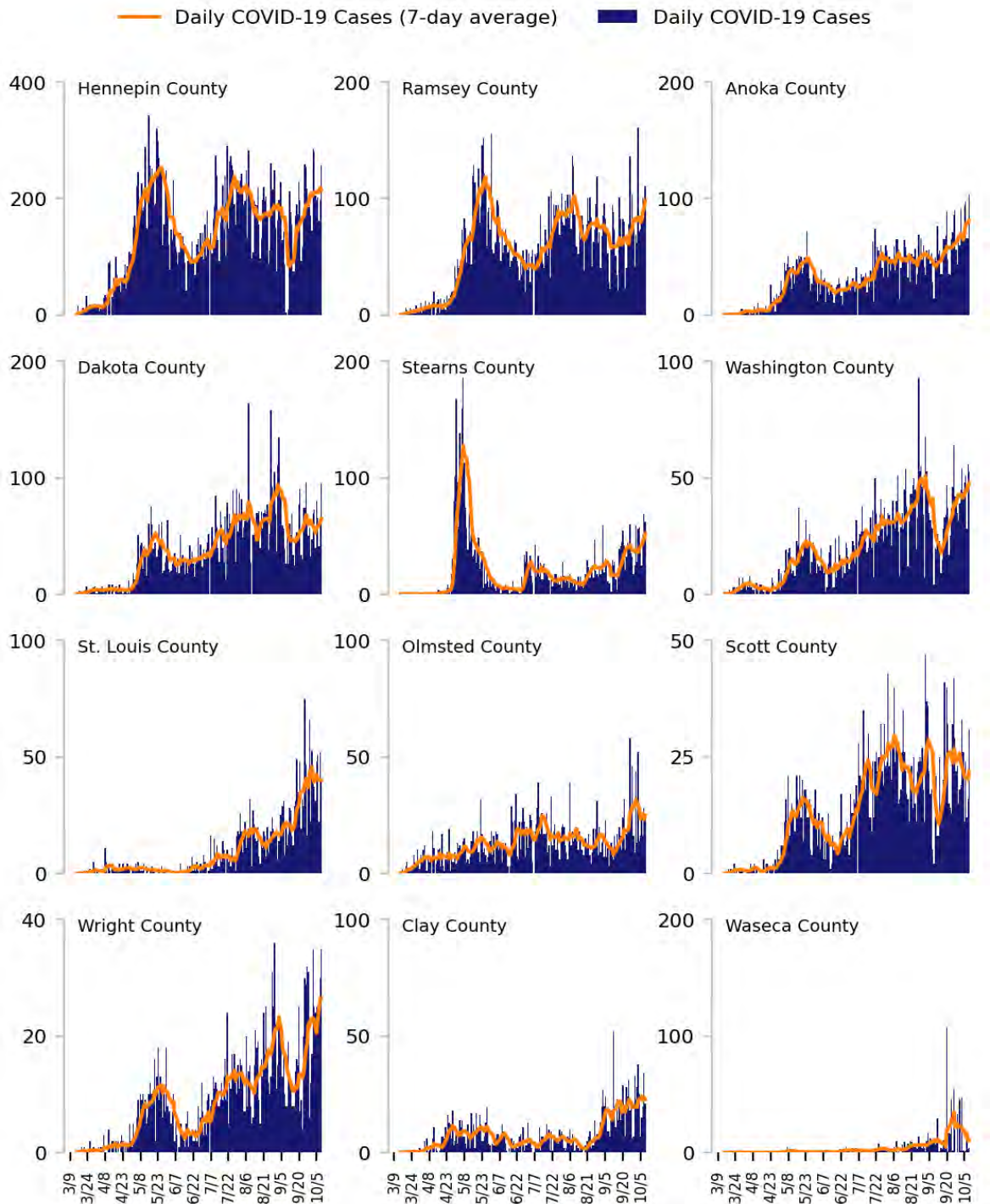
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

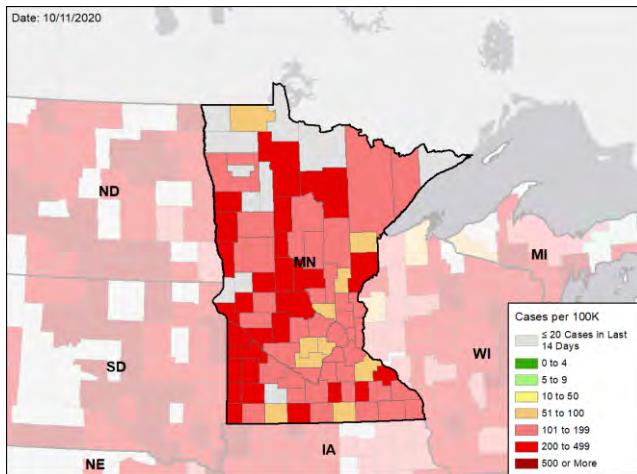


# MINNESOTA

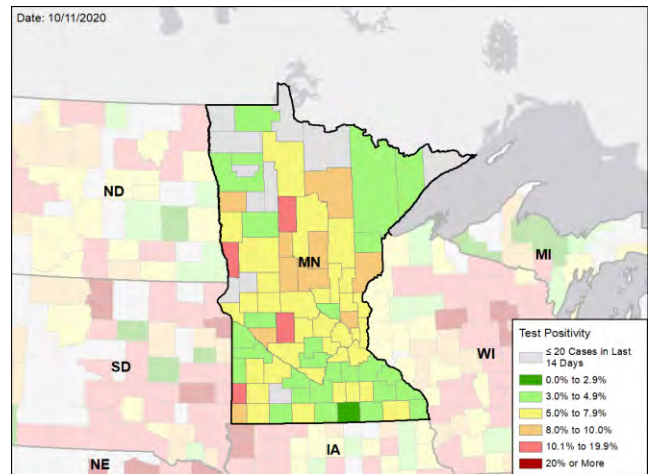
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

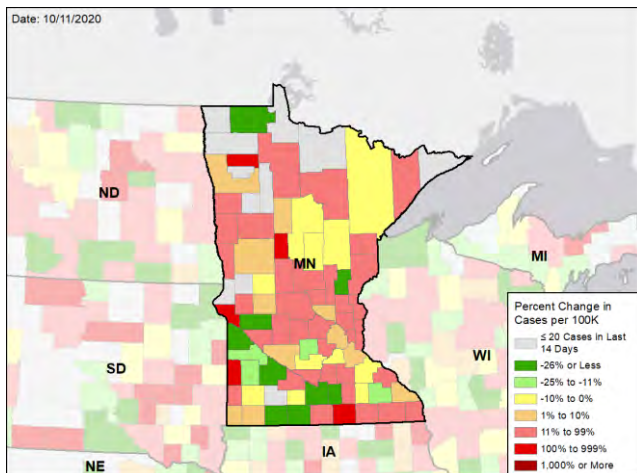
### NEW CASES PER 100,000 DURING THE LAST WEEK



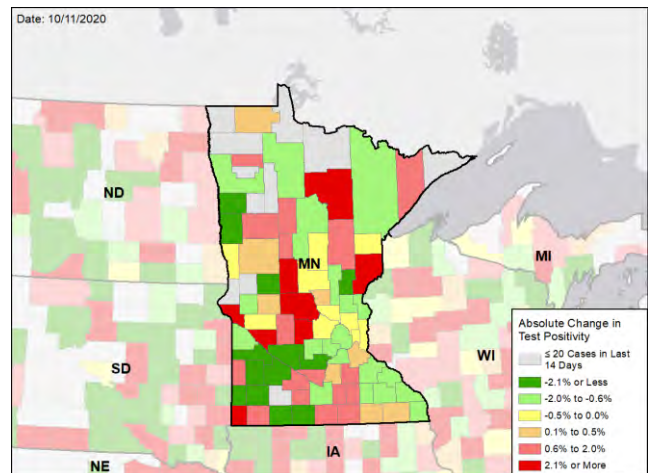
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





# MISSISSIPPI

## SUMMARY

- Mississippi is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 18th highest rate in the country. Mississippi is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 17th highest rate in the country.
- Mississippi has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. DeSoto County, 2. Jackson County, and 3. Harrison County. These counties represent 17.0% of new cases in Mississippi.
- 66% of all counties in Mississippi have moderate or high levels of community transmission (yellow, orange, or red zones), with 23% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 12% of nursing homes had at least one new resident COVID-19 case, 22% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Mississippi had 139 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from FEMA.
- Between Oct 3 - Oct 9, on average, 78 patients with confirmed COVID-19 and 66 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Mississippi. An average of 89% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

## RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Mississippi and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Mississippi has made progress and to ensure the achieved gains, continue ensure strong mitigation efforts statewide. There are concerning early signs related to a decrease in testing, increase in test positivity, increase in cases, and sustained high hospitalizations and fatalities. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations.
- Track test positivity, cases, and new daily hospitalizations in all counties and react to any week over week increases with increased mitigation in those counties and surge community level testing.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings. Ask citizens and students to limit friend and family gatherings to prevent recreating spreading events in homes, resulting in new cases and the infection of those with comorbidities.
- Ensure comprehensive mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further 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.
- University of Mississippi and Mississippi State have developed strong plans for the testing of symptomatic students, staff, and faculty, along with contact tracing and isolation. They need to further strengthen the detection of silent spread on campuses through routine saliva testing of students on university research platforms or through the Jackson Medical Center campus. Screening tests should increase in asymptomatic students to ensure mitigation and containment of asymptomatic spread.
- Expand surveillance testing, including wastewater testing as used in Louisiana and South Carolina, throughout the state for early detection of silent spread with aggressive mitigation in order to prevent a similar surge to that from the summer months.
- Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- Abbott BinaxNOW arrived at Historically Black Colleges and Universities for rapid diagnosis and isolation of both symptomatic and asymptomatic cases. Ensure reporting of all tests conducted and positive tests.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are reporting. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).





# MISSISSIPPI

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,124 (139)	+18%	75,980 (114)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.7%	+0.7%*	6.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	18,445** (620)	-18%**	1,024,987** (1,532)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	85 (2.9)	-16%	1,603 (2.4)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	12% (22%)	-5%* (-1%*)	14% (27%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+2%*	5%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# MISSISSIPPI

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

**3**  
▼ (-1)

Greenwood  
Brookhaven  
McComb

**19**  
▼ (-1)

DeSoto  
Jackson  
Itawamba  
Lincoln  
Leflore  
Tate  
Tippah  
Copiah  
Marshall  
Pike  
Jasper  
Wayne

#### LOCALITIES IN ORANGE ZONE

**7**  
▲ (+5)

Gulfport-Biloxi  
Laurel  
Meridian  
Indianola  
Corinth  
Grenada  
West Point

**10**  
▲ (+1)

Harrison  
Lee  
Lauderdale  
Sunflower  
Alcorn  
Grenada  
Leake  
Clay  
Claiborne  
Jefferson Davis

#### LOCALITIES IN YELLOW ZONE

**8**  
▼ (-3)

Jackson  
Tupelo  
Memphis  
Hattiesburg  
Greenville  
Cleveland  
Clarksdale  
Natchez

**25**  
▲ (+5)

Hinds  
Lamar  
Jones  
Washington  
Pontotoc  
Bolivar  
Neshoba  
Prentiss  
George  
Clarke  
Hancock  
Union

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Red Counties:** DeSoto, Jackson, Itawamba, Lincoln, Leflore, Tippah, Tate, Copiah, Marshall, Pike, Jasper, Wayne, Perry, Calhoun, Montgomery, Lawrence, Tunica, Quitman, Kemper

**All Yellow Counties:** Hinds, Lamar, Jones, Washington, Pontotoc, Bolivar, Neshoba, Prentiss, George, Clarke, Hancock, Union, Coahoma, Tishomingo, Greene, Adams, Stone, Covington, Attala, Winston, Amite, Benton, Smith, Noxubee, Walthall

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

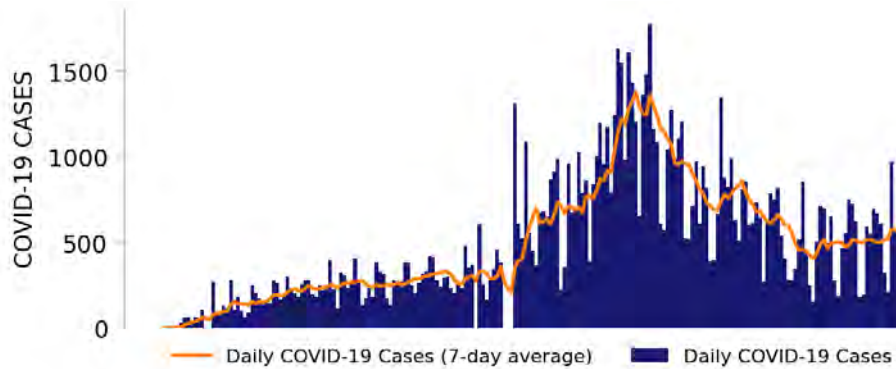
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020. Last week is 10/1 - 10/7.



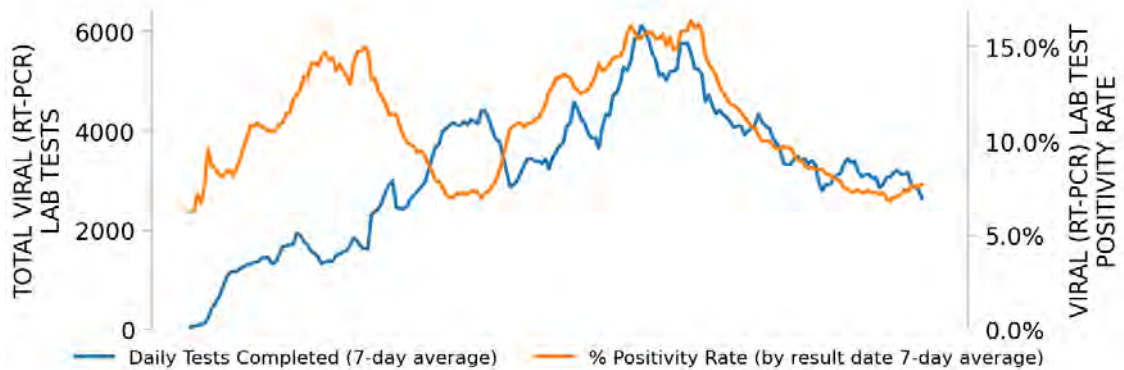
# MISSISSIPPI

STATE REPORT | 10.11.2020

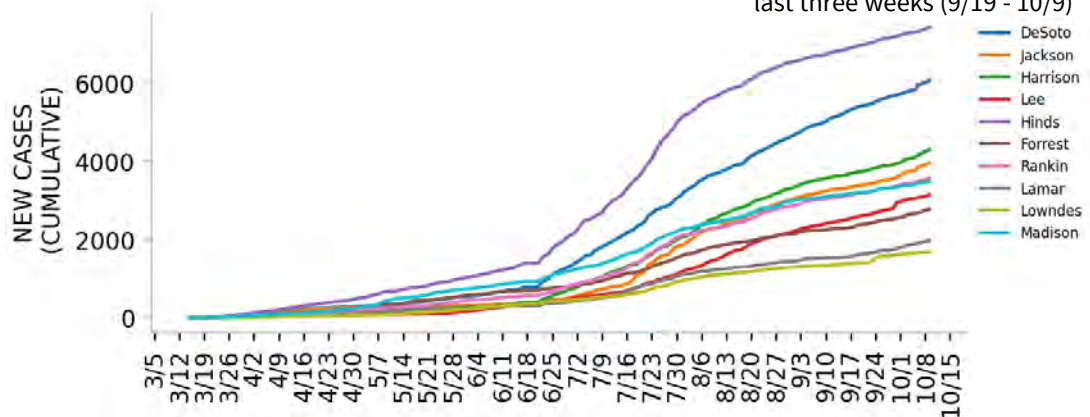
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

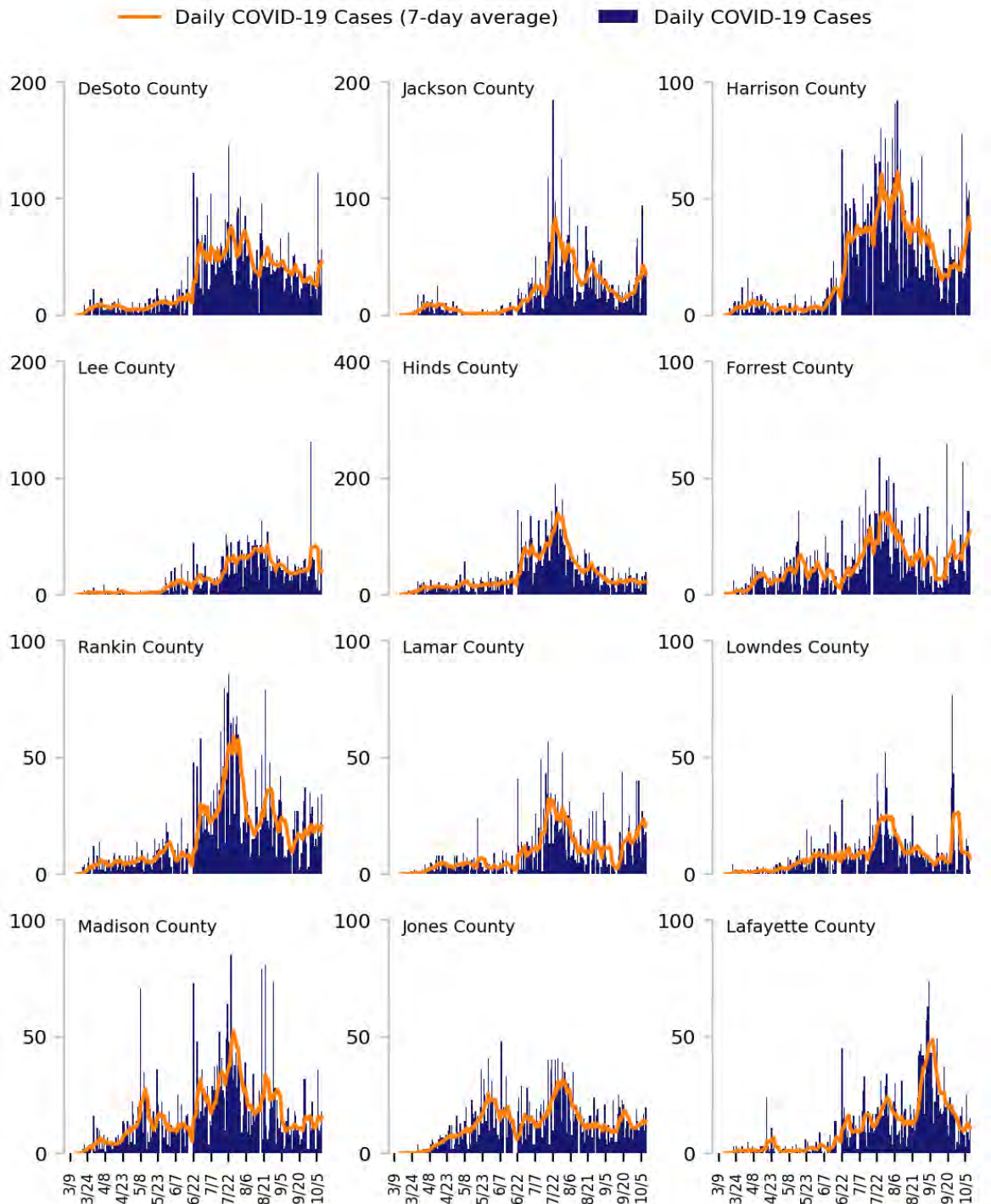
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

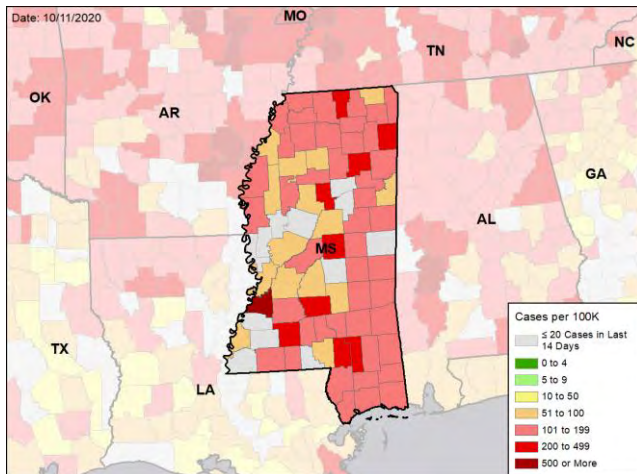


# MISSISSIPPI

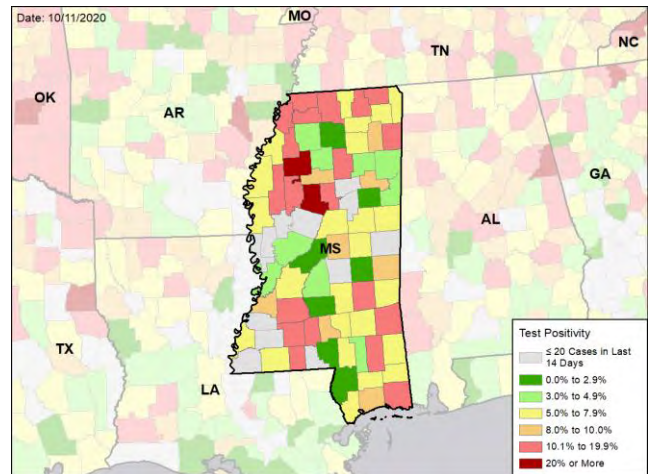
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

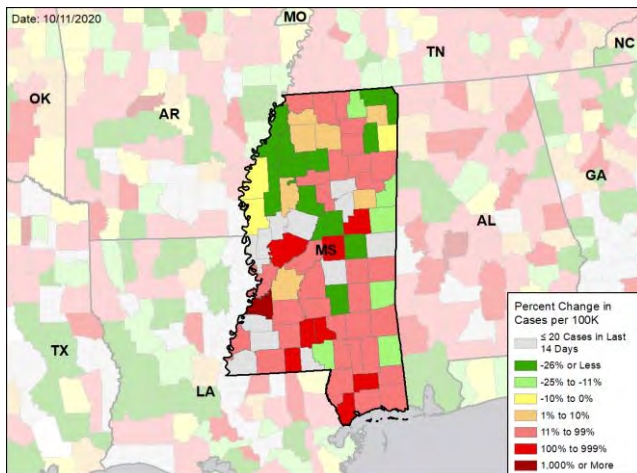
### NEW CASES PER 100,000 DURING THE LAST WEEK



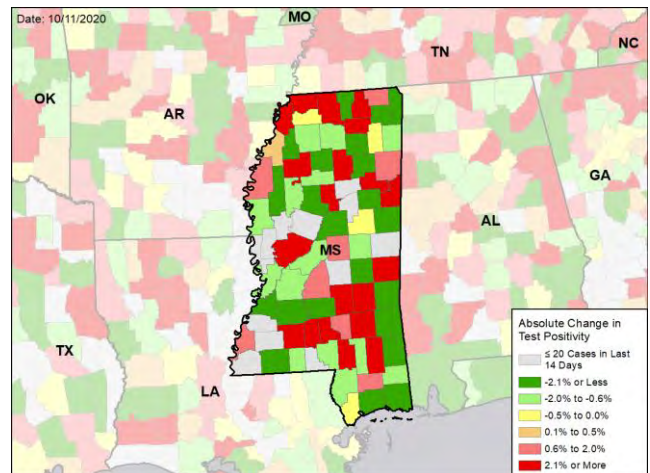
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## MISSOURI

### SUMMARY

- Missouri is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 15th highest rate in the country. Missouri is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 10th highest rate in the country.
- Missouri has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Jackson County, 2. St. Louis County, and 3. Greene County. These counties represent 29.6% of new cases in Missouri.
- 80% of all counties in Missouri 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 Sep 28 - Oct 4, 20% of nursing homes had at least one new resident COVID-19 case, 34% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Missouri had 159 new cases per 100,000 population in the last week, compared to a national average of 100 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; 2 to support operations activities from CDC; 28 to support medical activities from VA; and 1 to support operations activities from VA.
- Between Oct 3 - Oct 9, on average, 150 patients with confirmed COVID-19 and 217 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Missouri. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Missouri and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Community spread continues in Missouri in both rural and urban areas. Mitigation efforts should increase to include mask wearing, physical distancing, hand hygiene, and avoiding crowds in public and social gatherings in private to stop the increasing spread among residents of Missouri.
- There continue to be severe outbreaks among nursing home residents and staff; common sense mitigation efforts can prevent transmission among the vulnerable populations.
- With the rise in cases among individuals 65 years and older, provide information through senior citizen networks to alert them to take precautionary measures.
- Use the Abbott BinaxNOW for surveillance testing in the same populations weekly. This will provide information on local transmission changes. Establish and deploy targeted testing teams (not drive-through testing) who can be rapidly deployed to communities based on signals from surveillance testing. Populations for surveillance can include K-12 teachers, fire and police force, and nursing home and correctional facility staff.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Work with university students to keep cases low, with the goal of low transmission in preparation for Thanksgiving. Implement antibody testing to understand the fraction of students who have been infected and plan for spring semester accordingly. Test all university students before dismissing them for Thanksgiving.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).





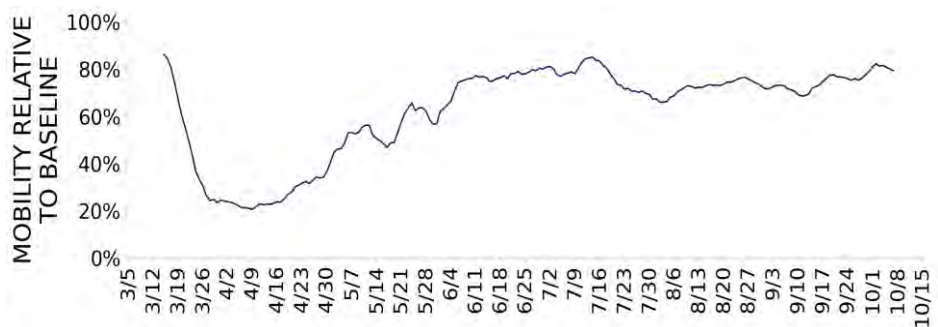


# MISSOURI

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	9,768 (159)	+3%	23,915 (169)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.0%	-0.4%*	9.6%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	62,401** (1,017)	-13%**	235,283** (1,664)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	252 (4.1)	+63%	403 (2.9)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	20% (34%)	+1%* (-4%*)	13% (29%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+1%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# MISSOURI

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

13

■ (+0)

Joplin  
Jefferson City  
St. Joseph  
Cape Girardeau  
Lebanon  
West Plains  
Branson  
Poplar Bluff  
Sikeston  
Moberly  
Marshall  
Warrensburg

54

▲ (+3)

St. Charles  
Jasper  
Buchanan  
Cole  
Cape Girardeau  
Camden  
Webster  
Laclede  
Howell  
Taney  
Lawrence  
Butler

#### LOCALITIES IN ORANGE ZONE

7

■ (+0)

Springfield  
Farmington  
Sedalia  
Fort Leonard Wood  
Rolla  
Maryville  
Kirksville

18

▲ (+1)

Greene  
Jefferson  
Franklin  
St. Francois  
Cass  
Pettis  
Pulaski  
Benton  
Phelps  
Crawford  
Moniteau  
McDonald

#### LOCALITIES IN YELLOW ZONE

6

▼ (-1)

St. Louis  
Kansas City  
Columbia  
Kennett  
Quincy  
Fort Madison-Keokuk

20

▲ (+3)

Jackson  
St. Louis  
Boone  
Christian  
Polk  
Lafayette  
Dunklin  
Clay  
Newton  
Platte  
Cooper  
New Madrid

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Red CBSAs:** Joplin, Jefferson City, St. Joseph, Cape Girardeau, Lebanon, West Plains, Branson, Poplar Bluff, Sikeston, Moberly, Marshall, Warrensburg, Mexico

**All Red Counties:** St. Charles, Jasper, Buchanan, Cole, Cape Girardeau, Camden, Webster, Laclede, Howell, Taney, Lawrence, Butler, Wright, Callaway, Lincoln, Scott, Morgan, Washington, Stoddard, Randolph, Saline, Miller, Stone, Texas, Pemiscot, Barry, Perry, Barton, Henry, Osage, Livingston, Andrew, Clinton, Vernon, Shannon, Daviess, Johnson, Bates, Audrain, Ste. Genevieve, Oregon, Lewis, Madison, Caldwell, Hickory, Mississippi, Pike, Dent, Carter, Ozark, Harrison, Maries, Gentry, Carroll

**All Orange Counties:** Greene, Jefferson, Franklin, St. Francois, Cass, Pettis, Pulaski, Benton, Phelps, Moniteau, Crawford, McDonald, Cedar, Nodaway, DeKalb, Dallas, Sullivan, Gasconade

**All Yellow Counties:** Jackson, St. Louis, Boone, Christian, Polk, Lafayette, Dunklin, Clay, Newton, Platte, Cooper, New Madrid, Marion, Wayne, Warren, Adair, Grundy, Dade, St. Clair, Ripley

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

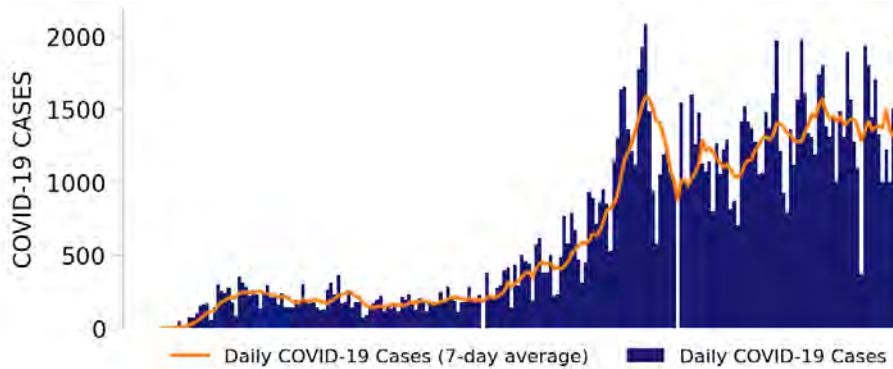
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020. Last week is 10/1 - 10/7.



# MISSOURI

STATE REPORT | 10.11.2020

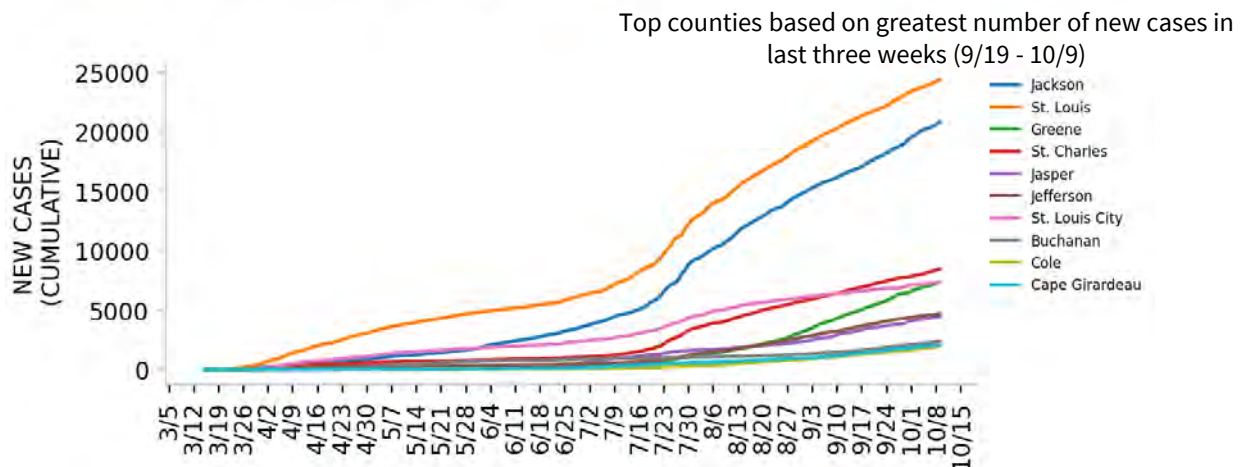
## NEW CASES



## TESTING



## TOP COUNTIES



### DATA SOURCES – Additional data details available under METHODS

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

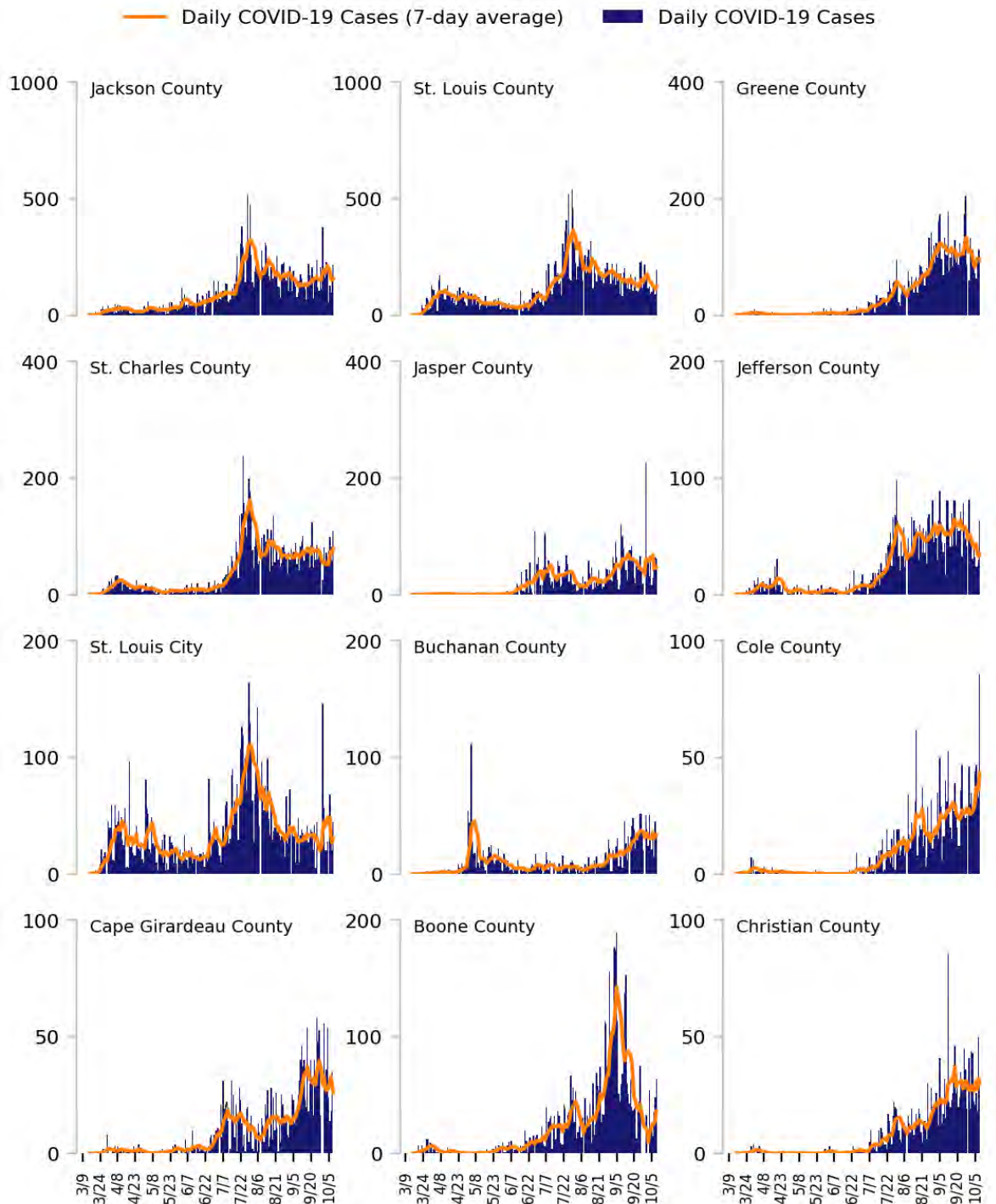
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020.



## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.



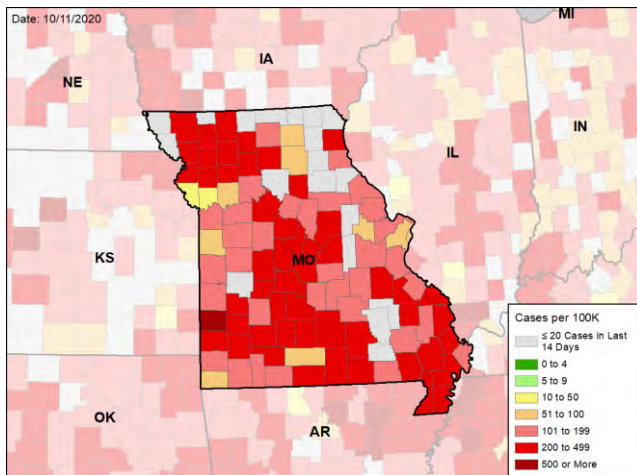


# MISSOURI

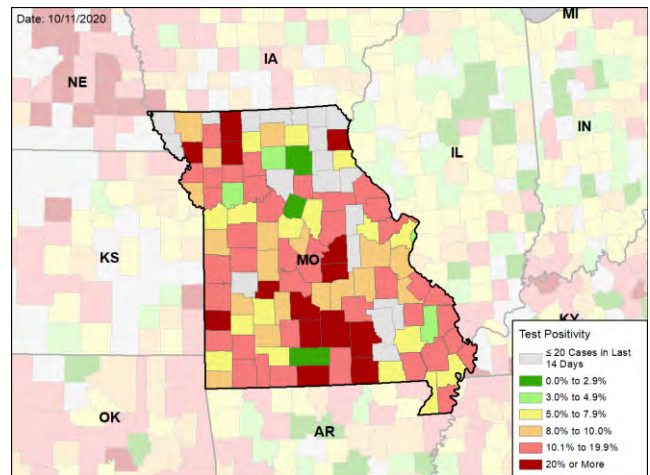
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

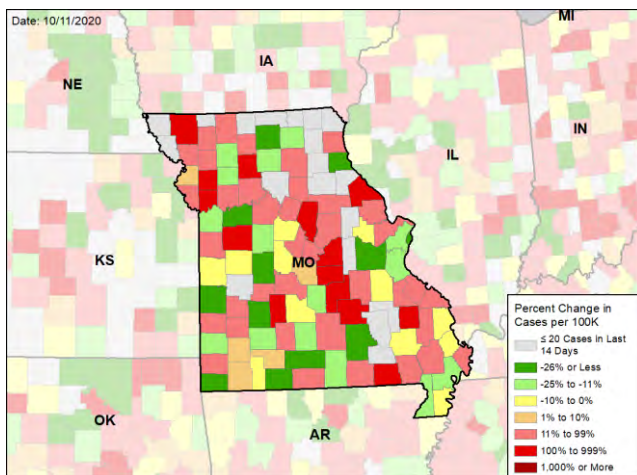
### NEW CASES PER 100,000 DURING THE LAST WEEK



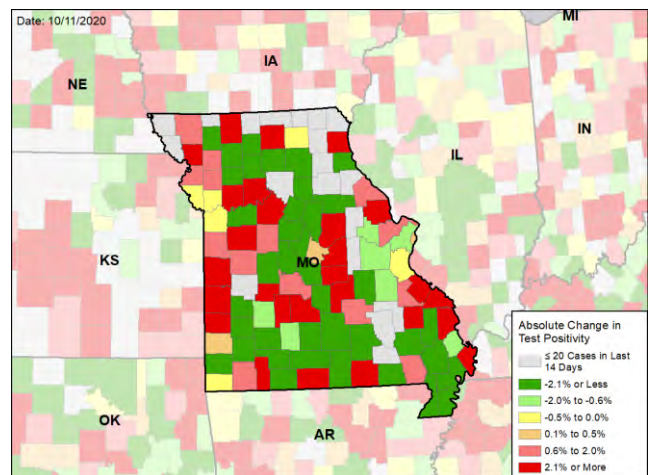
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## MONTANA

### SUMMARY

- Montana is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 3rd highest rate in the country. Montana is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 2nd highest rate in the country.
- Montana has seen an increase in new cases and stability in test positivity over the last week in the context of an overall increase in testing volume. Test positivity in Gallatin (University of Montana) has stabilized at 13% but is now rising among the 25-64 year-olds and among 65+ year-olds; test positivity in Missoula has stabilized at 13%, but is rising among 65+ year-olds.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Yellowstone County, 2. Flathead County, and 3. Missoula County. These counties represent 41.1% of new cases in Montana.
- Increased case rates in big population centers are correlated with increased testing volumes; however, large increases in test positivity are seen in smaller counties, suggesting increasing rural spread.
- Inpatient bed utilization exceeds 90% in Yellowstone and Lewis and Clark counties.
- 64% of all counties in Montana 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 Sep 28 - Oct 4, 14% of nursing homes had at least one new resident COVID-19 case, 34% had at least one new staff COVID-19 case, up substantially from the previous week; 3% had at least one new resident COVID-19 death. There were apparent outbreaks in facilities in Havre, Browning, Great Falls, and Crow Agency.
- Montana had 332 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA; 5 to support epidemiology activities from CDC; and 7 to support operations activities from CDC.
- Between Oct 3 - Oct 9, on average, 46 patients with confirmed COVID-19 and 35 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Montana. An average of 84% 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

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Montana and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Efforts to expand testing are highly commendable and should continue, especially as weather gets colder, activities move indoors, and the potential for increased transmission rises; increase testing and contact tracing in older age groups to interrupt transmission in those most vulnerable to severe disease.
- Recent data suggest that smaller, more intimate gatherings of family, friends, and neighbors are driving transmission; intensify education and messaging on the need to maintain social distancing and face covering during indoor gatherings and recommend use of cross-ventilated larger spaces where possible.
- Continue to closely monitor hospital utilization, resources, and capacity at the local level and implement expansion plans where needed (Yellowstone and Lewis and Clark). As hospital capacity is increasingly limited in some counties, mitigation efforts should increase to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations. Encourage strong recommendations for local councils on state website and urge counties with limited hospital capacity to mandate face coverings and implement stronger restrictions immediately.
- Put county-level incidence, test positivity, and hospital data on state website and include as part of educational campaigns strongly urging social distancing and face coverings.
- Ensure all clinical staff throughout the state are aware of latest treatment protocols, including early use of antiviral and antibody therapy for hospitalized patients.
- Expand contact tracing capacity by focusing the interview and developing scripts and protocols to allow task-shifting; ensure contact interview is conducted within 48 hours of diagnosis and recommendations for isolation and quarantine are made clear.
- Ensure institutions of higher education (IHE), particularly Montana State University and Montana Tech, are conducting adequate surveillance of both symptomatic and asymptomatic students. Establish focused wastewater testing to expand efficiency and reach of surveillance and direct testing efforts. Post total testing volumes and results on the IHE's website.
- Use antigen or other rapid tests and implement regular surveillance by frequently testing select critical staff, such as teachers, clinic staff and staff working at long-term care facilities (LTCFs) and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders. Ensure all results of antigen tests, including negative results, are reported.
- Tribal Nations: Continue to deliver culturally-specific public health education and easily accessible testing. Ensure prompt (within 48 hours of diagnosis) isolation and contact tracing and provide housing, food, and supplies to support immediate quarantine of contacts and isolation of cases.
- Any nursing homes with 3 or more cases of COVID among staff and/or residents per week over any of the past 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect this vulnerable population.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



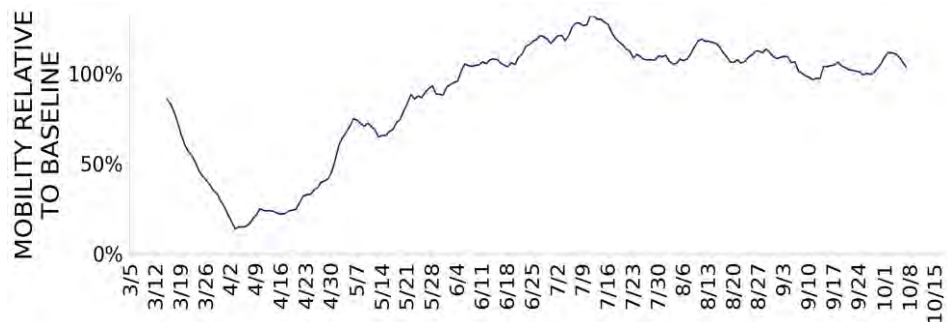


# MONTANA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,545 (332)	+55%	24,547 (200)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	14.8%	+0.1%*	8.7%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	29,870** (2,795)	+18%**	309,098** (2,521)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	20 (1.9)	+25%	197 (1.6)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	14% (34%)	+10%* (+20%*)	11% (30%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+2%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# MONTANA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

4

■ (+0)

Billings  
Kalispell  
Bozeman  
Great Falls

24

▲ (+7)

Yellowstone  
Flathead  
Gallatin  
Cascade  
Glacier  
Roosevelt  
Big Horn  
Hill  
Rosebud  
Deer Lodge  
Beaverhead  
Toole

#### LOCALITIES IN ORANGE ZONE

2

■ (+0)

Missoula  
Butte-Silver Bow

9

▲ (+4)

Missoula  
Silver Bow  
Ravalli  
Pondera  
Jefferson  
Fergus  
Carbon  
Dawson  
Sanders

#### LOCALITIES IN YELLOW ZONE

1

■ (+0)

Helena

3

▼ (-2)

Lewis and Clark  
Lincoln  
Park

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Red Counties:** Yellowstone, Flathead, Gallatin, Cascade, Glacier, Roosevelt, Big Horn, Hill, Rosebud, Deer Lodge, Beaverhead, Toole, Blaine, Valley, Lake, Richland, Stillwater, Chouteau, Teton, Wheatland, Prairie, Wibaux, Fallon, Meagher

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

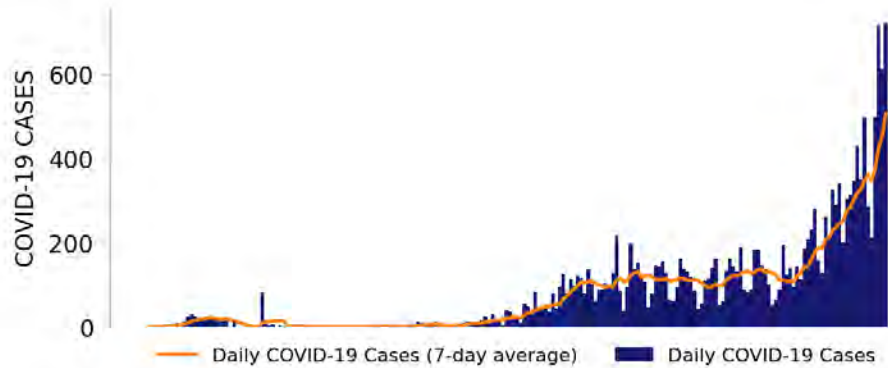
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



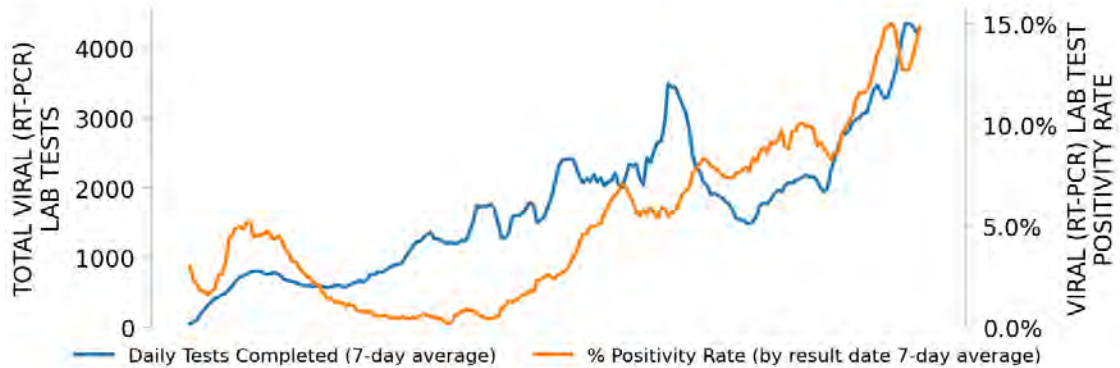
# MONTANA

STATE REPORT | 10.11.2020

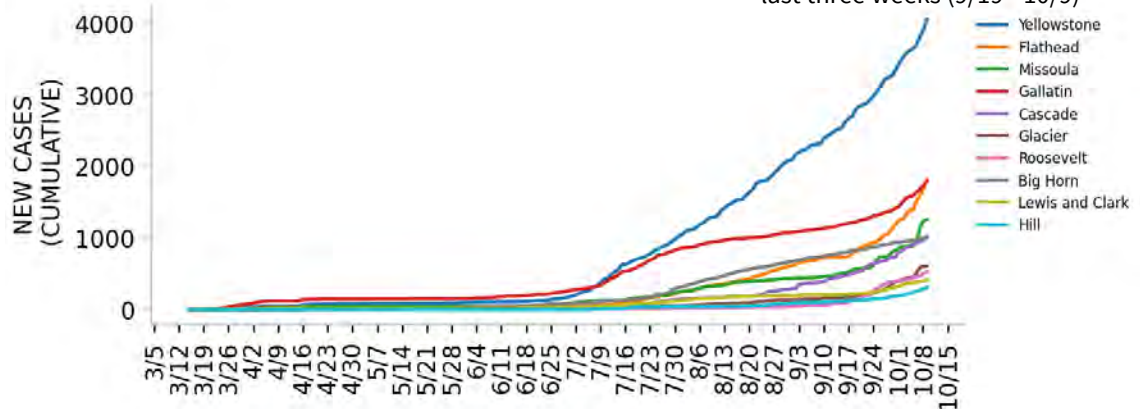
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

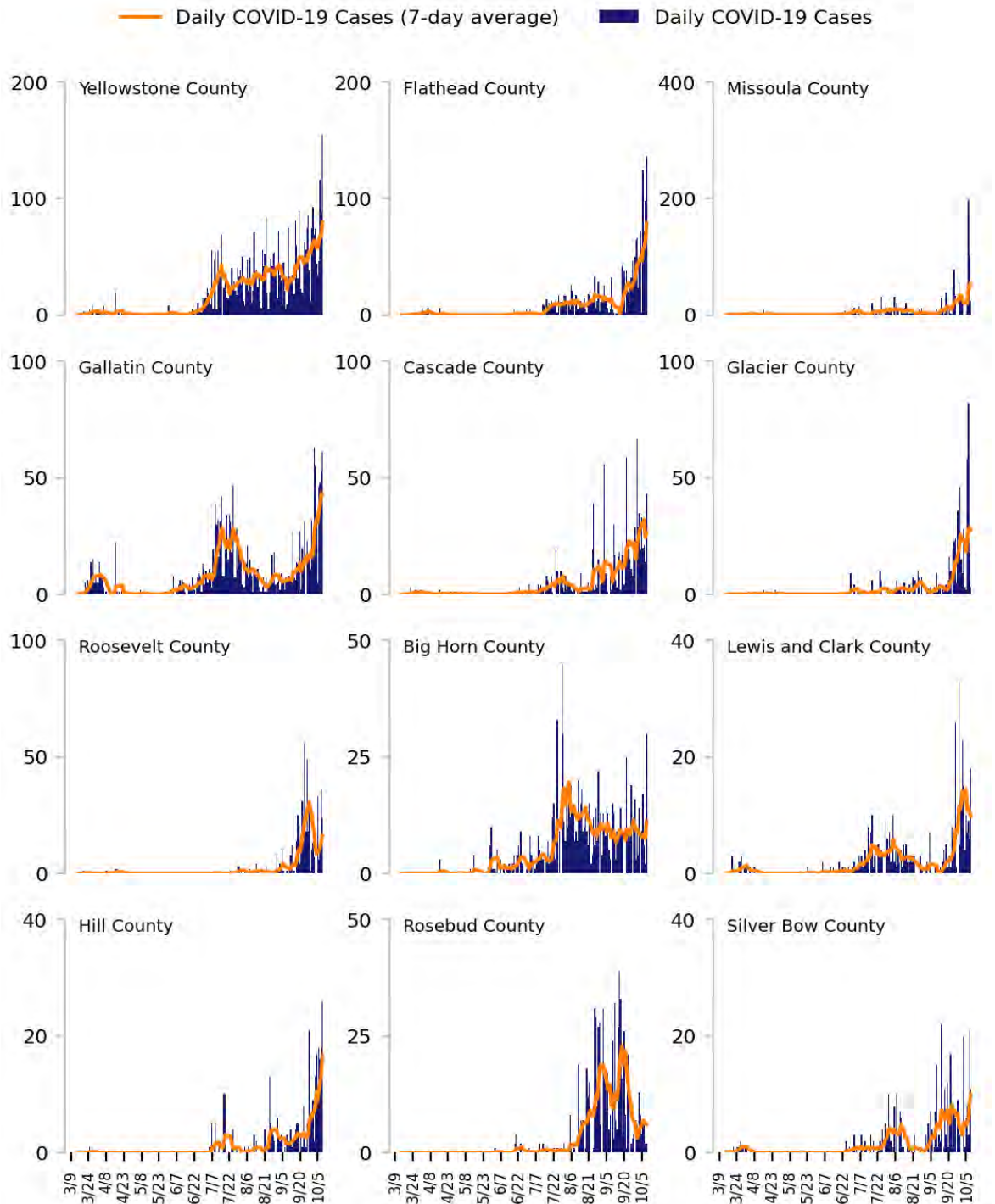
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

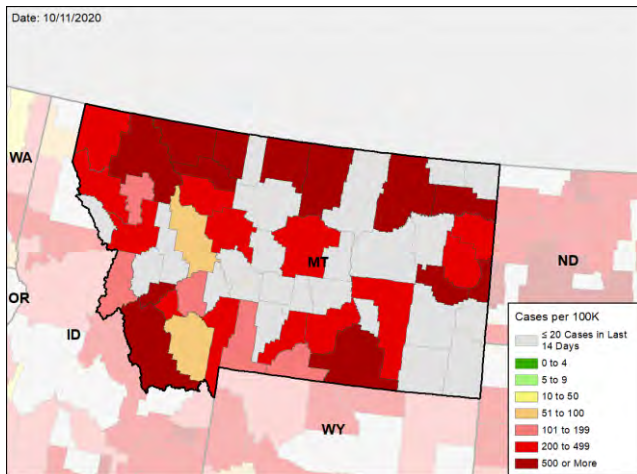


# MONTANA

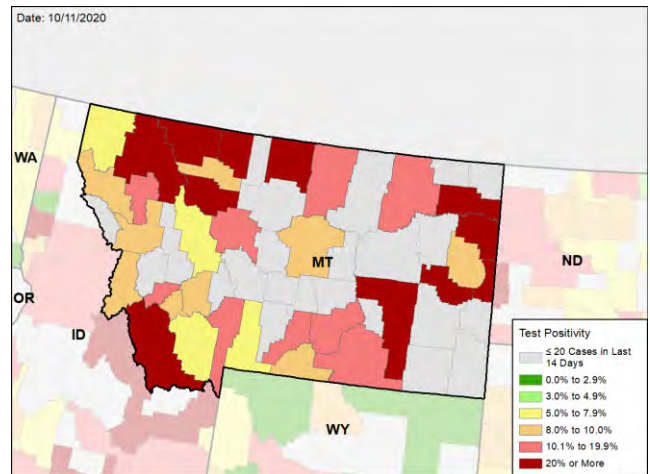
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

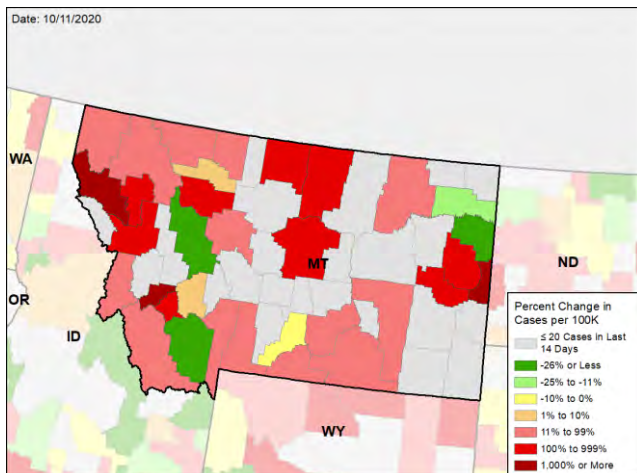
### NEW CASES PER 100,000 DURING THE LAST WEEK



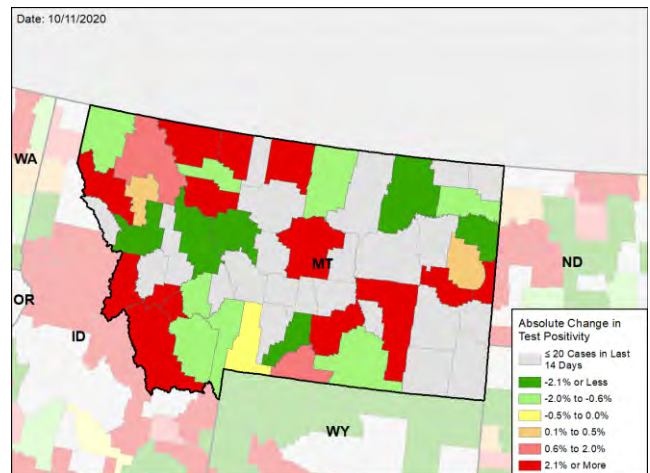
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## NEBRASKA

### SUMMARY

- Nebraska is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 14th highest rate in the country. Nebraska is in the red zone for test positivity, indicating a rate at or above 10.1%, with the highest rate in the country.
- Nebraska has seen a decrease in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Douglas County, 2. Lancaster County, and 3. Sarpy County. These counties represent 53.6% of new cases in Nebraska.
- 49% of all counties in Nebraska 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 Sep 28 - Oct 4, 9% of nursing homes had at least one new resident COVID-19 case, 31% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Nebraska had 159 new cases per 100,000 population in the last week, compared to a national average of 100 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 VA.
- Between Oct 3 - Oct 9, on average, 29 patients with confirmed COVID-19 and 20 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nebraska. An average of 81% 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

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Nebraska and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Community spread continues in Nebraska in both rural and urban areas. Mitigation efforts should increase to include mask wearing, physical distancing, hand hygiene, and avoiding crowds in public and social gatherings in private to stop the increasing spread among residents of Nebraska.
- There continue to be cases among nursing home residents and staff; common sense mitigation efforts can prevent transmission among the vulnerable populations.
- Use the Abbott BinaxNOW for surveillance testing in the same populations weekly. This will provide information on local transmission changes. Establish and deploy targeted testing teams (not drive-through testing) who can be rapidly deployed to communities based on signals from surveillance testing. Populations for surveillance can include K-12 teachers, fire and police force, and nursing home and correctional facility staff.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Work with university students to keep cases low, with the goal of low transmission in preparation for Thanksgiving. Implement antibody testing to understand fraction of students who have been infected and plan for spring semester accordingly. Test all university students before dismissing them for Thanksgiving.
- Tribal Nations: Increase testing, continue to expand culturally-specific public health education, developed with community leaders, especially as tribal social events pick back up. Conduct prompt contact tracing on all cases and provide housing and supplies to support immediate quarantine of contacts and isolation of cases.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).





## NEBRASKA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,084 (159)	-19%	23,915 (169)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	15.2%	+4.3%*	9.6%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	39,092** (2,021)	+2%**	235,283** (1,664)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	20 (1.0)	-20%	403 (2.9)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	9% (31%)	-1%* (+0%*)	13% (29%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	-1%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2. Due to data delays, no cases were reported for 10/9.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30. A large number of positive test results, with no negatives, were submitted on 10/7 from one lab.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





## NEBRASKA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

## METRO AREA (CBSA) LAST WEEK

## COUNTY LAST WEEK

LOCALITIES  
IN RED  
ZONE

9

■ (+0)

Omaha-Council Bluffs  
Lincoln  
Kearney  
Fremont  
Sioux City  
Grand Island  
Columbus  
Norfolk  
Beatrice

37

▲ (+4)

Douglas  
Lancaster  
Buffalo  
Dodge  
Dakota  
Platte  
Hall  
Saunders  
Madison  
Gage  
York  
WayneLOCALITIES  
IN ORANGE  
ZONE

3

▲ (+1)

North Platte  
Hastings  
Lexington

5

▲ (+1)

Sarpy  
Lincoln  
Adams  
Red Willow  
SewardLOCALITIES  
IN YELLOW  
ZONE

1

▼ (-1)

Scottsbluff

4

▼ (-1)

Dawson  
Scotts Bluff  
Thurston  
Dawes

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Red Counties:** Douglas, Lancaster, Buffalo, Dodge, Dakota, Platte, Hall, Saunders, Madison, Gage, York, Wayne, Washington, Saline, Holt, Cuming, Cass, Knox, Box Butte, Otoe, Antelope, Polk, Phelps, Butler, Hamilton, Boone, Custer, Dixon, Chase, Cedar, Kearney, Clay, Franklin, Howard, Furnas, Merrick, Sheridan

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9. Due to data delays, no cases were reported for 10/9.

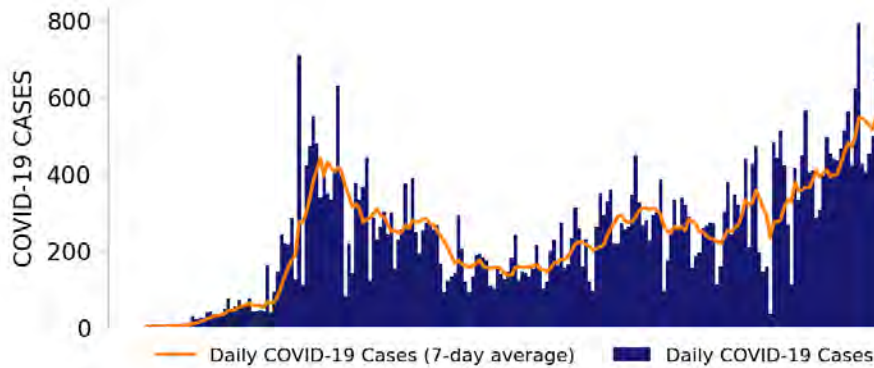
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7. A large number of positive test results, with no negatives, were submitted on 10/7 from one lab.



# NEBRASKA

STATE REPORT | 10.11.2020

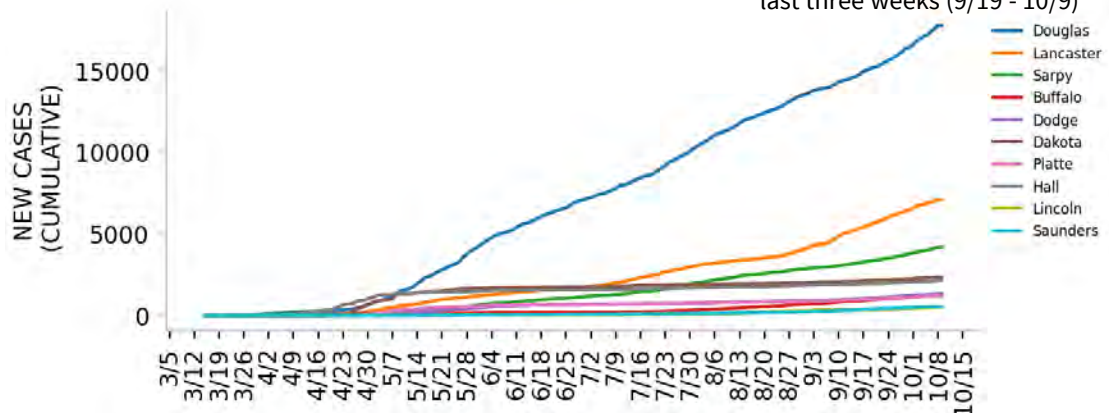
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



**DATA SOURCES** – Additional data details available under METHODS

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

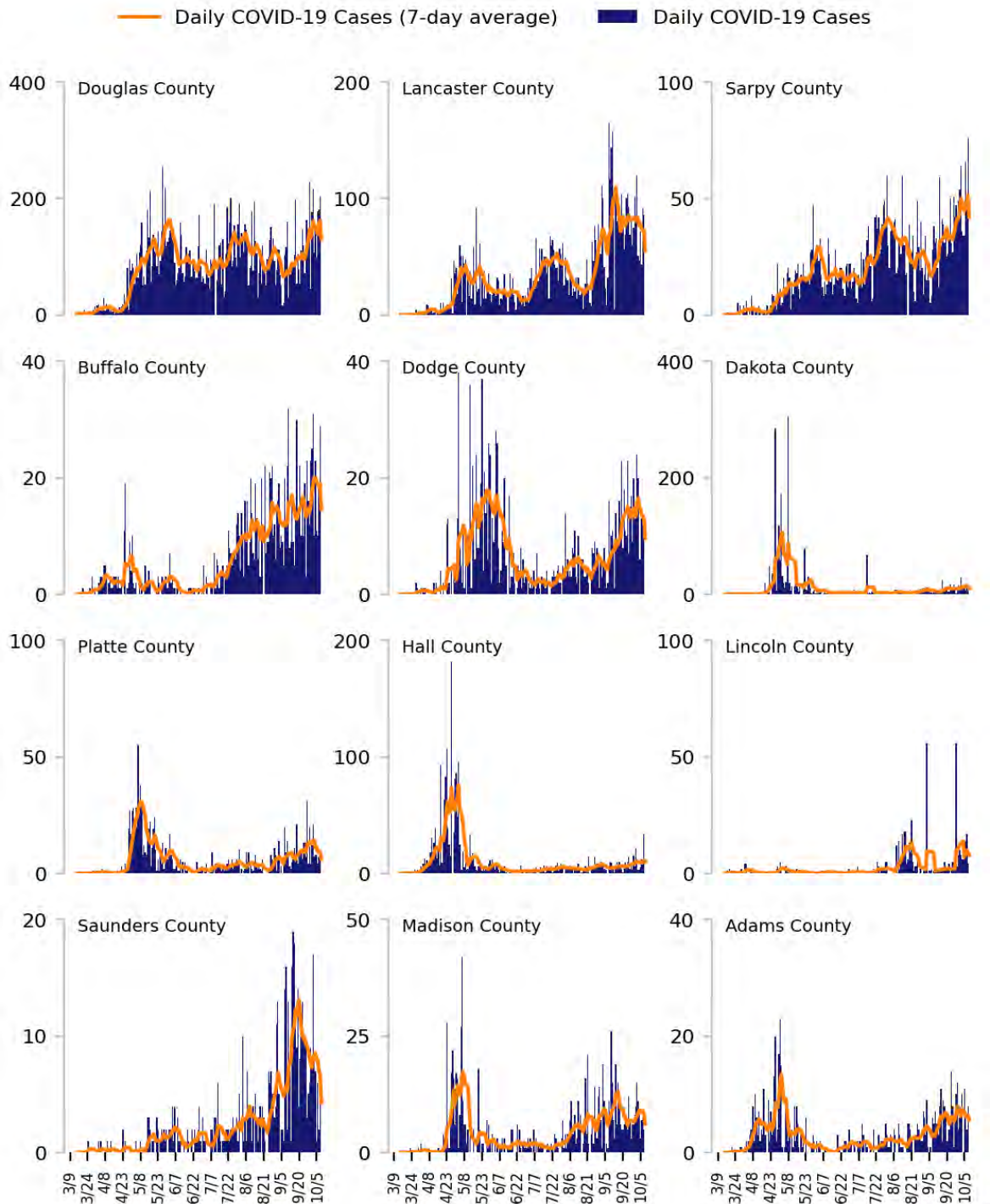
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Due to data delays, no cases were reported for 10/9.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. A large number of positive test results, with no negatives, were submitted on 10/7 from one lab.



## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9. Due to data delays, no cases were reported for 10/9.

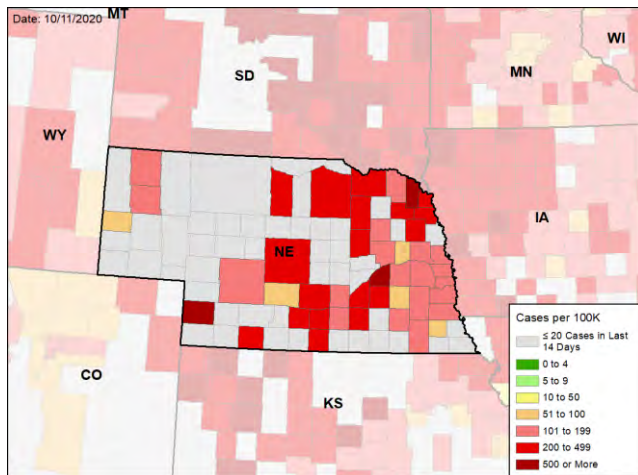


# NEBRASKA

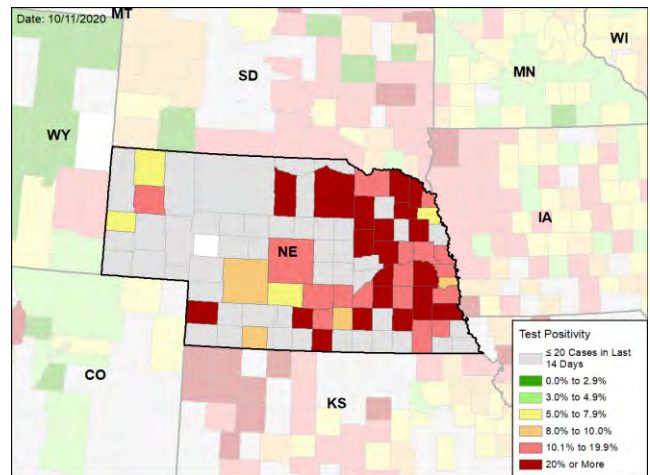
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

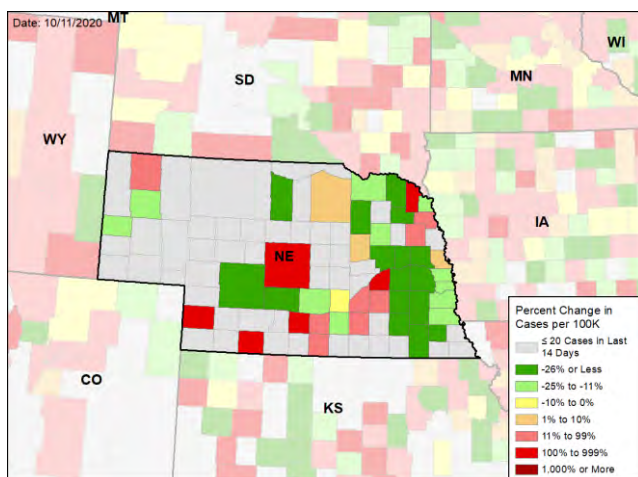
### NEW CASES PER 100,000 DURING THE LAST WEEK



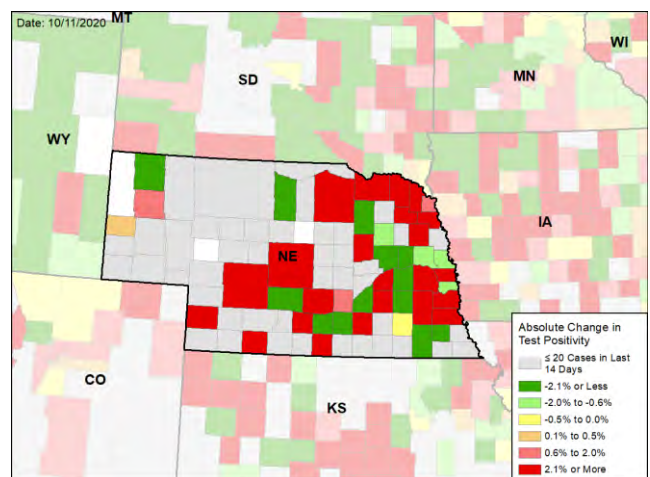
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



#### DATA SOURCES – Additional data details available under METHODS

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

**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2. Due to data delays, no cases were reported for 10/9.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30. A large number of positive test results, with no negatives, were submitted on 10/7 from one lab.





## NEVADA

### SUMMARY

- Nevada is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 25th highest rate in the country. Nevada is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 15th highest rate in the country.
- Nevada has seen stability in new cases and a decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Clark County, 2. Washoe County, and 3. Elko County. These counties represent 96.3% of new cases in Nevada.
- 41% of all counties in Nevada have moderate or high levels of community transmission (yellow, orange, or red zones), with 12% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 6% of nursing homes had at least one new resident COVID-19 case, 20% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Nevada had 111 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 9 to support operations activities from FEMA.
- Between Oct 3 - Oct 9, on average, 51 patients with confirmed COVID-19 and 69 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nevada. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Nevada and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Retail establishments are enforcing mitigation efforts by adjusting their businesses so very few transmissions occur in those settings; the majority of cases are from interactions at home with friends and family. Nevadans should know that such gatherings must be limited in size and include both masks and social distancing.
- Use the Abbott BinaxNOW for surveillance testing in the same populations weekly; this will significantly improve ability to see local transmission changes without relying on the use of PCR tests for surveillance. For those who test positive, confirm with PCR. Establish and deploy targeted testing teams (not drive-through testing) who can be rapidly deployed to communities based on signals from surveillance testing. Populations for surveillance can include K-12 teachers, fire and police force, and nursing home and correctional facility staff.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Work with university students to keep cases low, with the goal of low transmission in preparation for Thanksgiving. Implement antibody testing to understand fraction of students who have been infected and plan for spring semester accordingly. Test all university students before dismissing them for Thanksgiving.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).



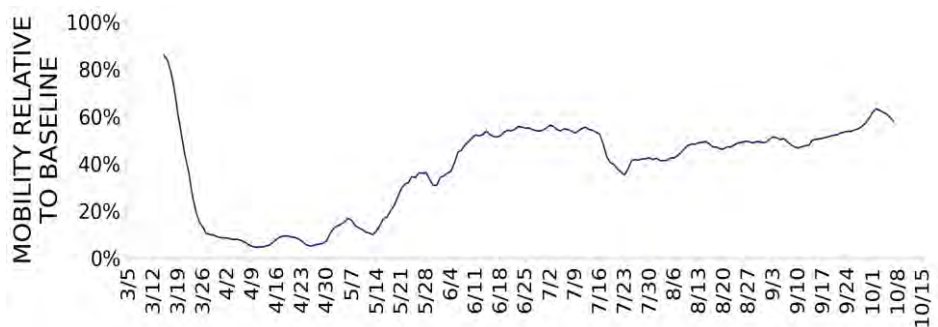


## NEVADA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,414 (111)	+0%	31,293 (61)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.8%	-0.6%*	10.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	48,302** (1,568)	-2%**	1,161,649** (2,265)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	48 (1.6)	+33%	550 (1.1)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (20%)	-6%* (+1%*)	4% (8%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+2%*	2%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# NEVADA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

LOCALITIES IN RED ZONE	1 ▲ (+1)	Elko	2 ▲ (+2)	Elko Lander
	2 ■ (+0)	Reno Fernley	2 ■ (+0)	Washoe Lyon
	3 ▼ (-1)	Las Vegas-Henderson-Paradise Carson City Pahrump	3 ▼ (-1)	Clark Carson City Nye
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

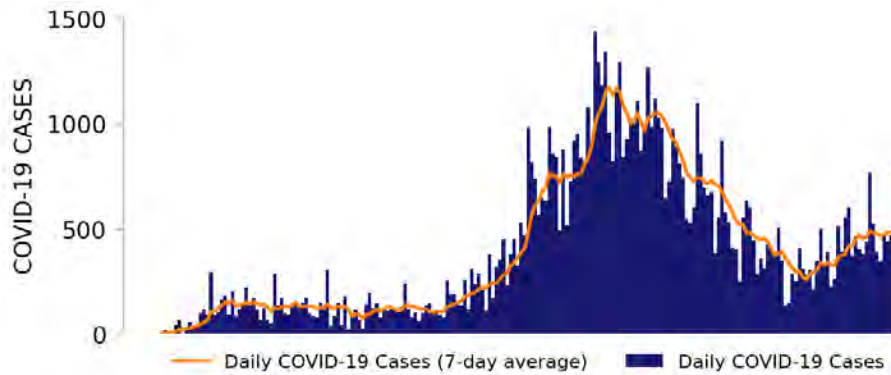
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



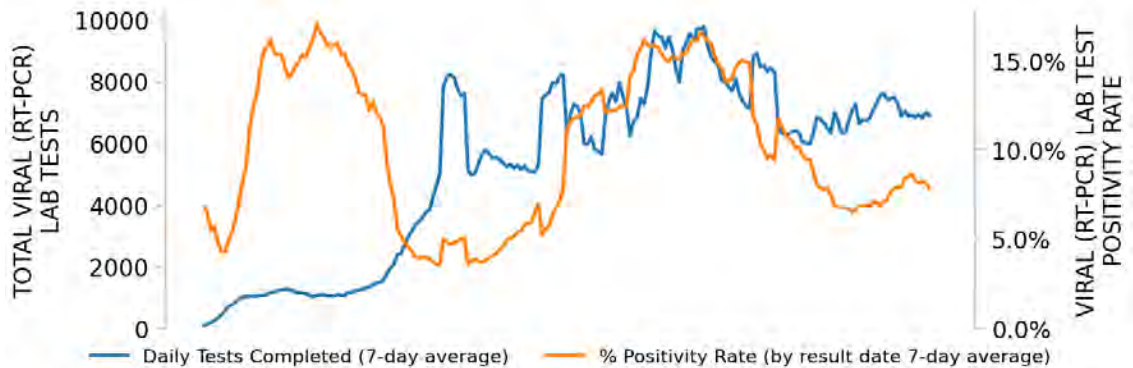
# NEVADA

STATE REPORT | 10.11.2020

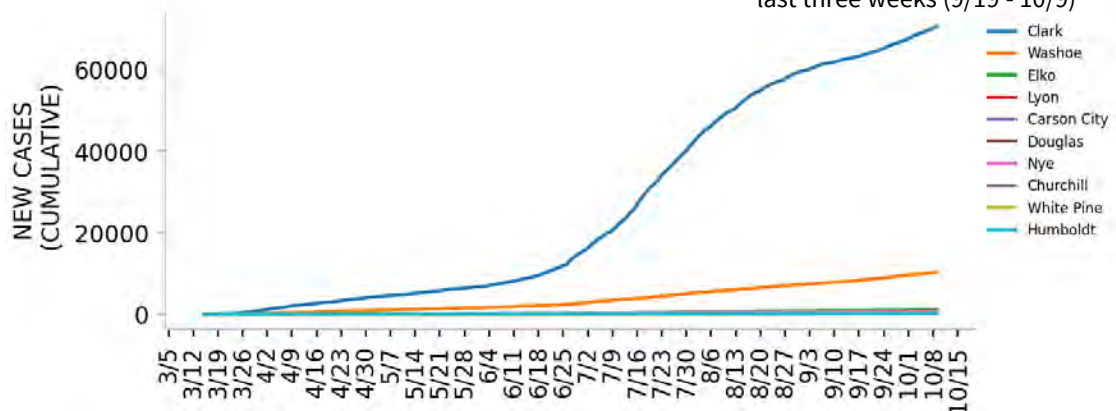
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

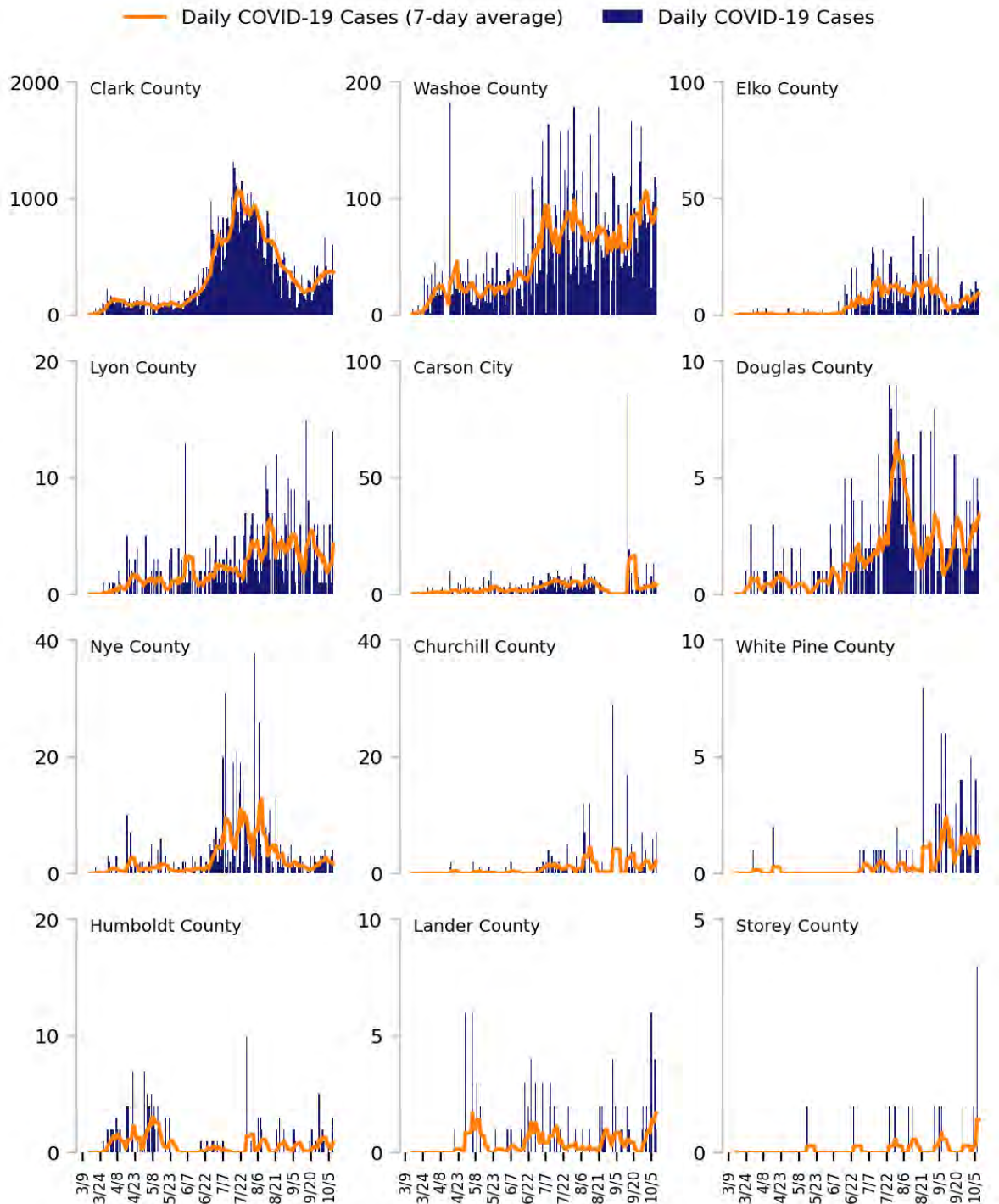
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

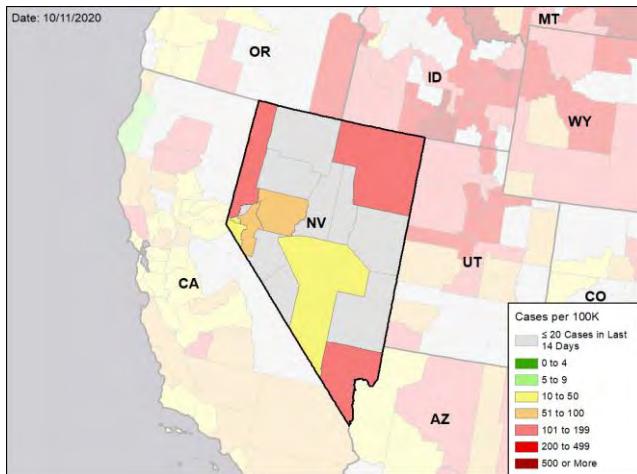


# NEVADA

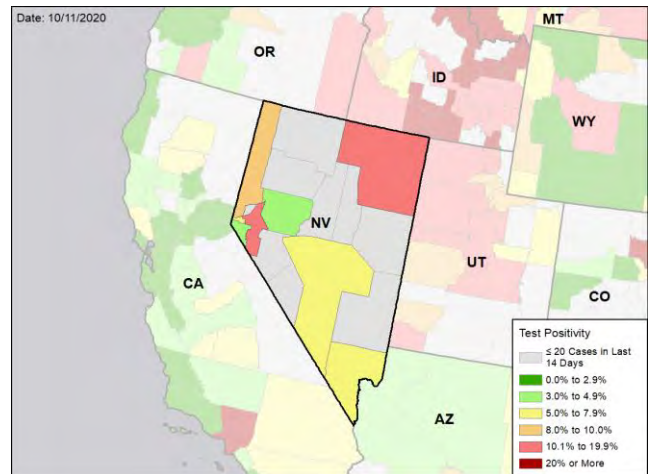
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

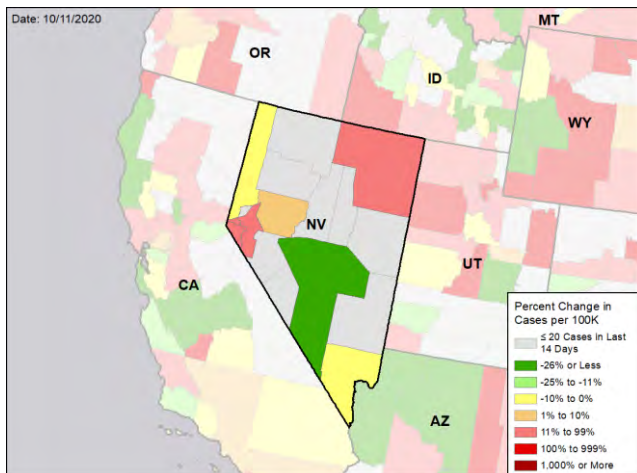
### NEW CASES PER 100,000 DURING THE LAST WEEK



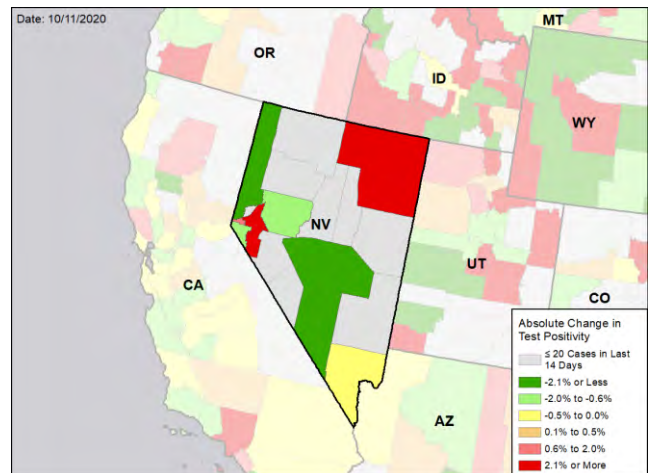
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under **METHODS**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## NEW HAMPSHIRE

### SUMMARY

- New Hampshire is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the 49th highest rate in the country. New Hampshire is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 45th highest rate in the country.
- New Hampshire has seen a decrease in new cases and stability in test positivity over the last week. Note: the decline likely reflects comparison with the week when probably cases began to be reported. Reports indicate increased disease activity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Hillsborough County, 2. Rockingham County, and 3. Strafford County. These counties represent 81.1% of new cases in New Hampshire.
- Institutions of higher education (IHE): a cluster of cases among faculty and staff at UNH was reported.
- No counties in New Hampshire have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Sep 28 - Oct 4, no nursing homes had at least one new resident COVID-19 case, 11% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- New Hampshire had 32 new cases per 100,000 population in the last week, compared to a national average of 100 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 Oct 3 - Oct 9, on average, 3 patients with confirmed COVID-19 and 18 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Hampshire. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in New Hampshire and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- New Hampshire has been very successful with limiting transmission due to a well-designed set of graded mitigation measures and enhanced disease control capacity including expanded testing and contact tracing capacity. The increased disease activity now reflects increased disease activity similar to the situation seen in comparably less populated states such as Montana, Wyoming, and the Dakotas several weeks ago. Enhanced mitigation measures such as a statewide mask mandate and increased public education about social distancing even in family settings could help limit further increases in morbidity and mortality that are otherwise likely.
- Recommend maintaining high vigilance for transmission events after restrictions were recently eased for indoor dining.
- Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Use of rapid tests can be extremely helpful in doing this.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations everywhere as well as tailored business and public venue measures especially for counties with increasing incidence.
- There is extreme concern for further increases in community transmission with increasing hospitalizations and deaths, given the continued spread among younger age groups, much of which is asymptomatic, as has been seen in "hotspot" counties generally ([MMWR Early Release/October 9, 2020](#)).
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces. With weather conditions increasingly forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of prevention "fatigue."
- Localized, more intense mitigation measures in high incidence jurisdictions are recommended, including maintaining or increasing restrictions on indoor gathering sizes to help limit the superspreader events that disproportionately contribute to increased or maintained epidemic spread. This is especially important in the next few weeks given the recent increased transmission with larger numbers of infectious individuals. Public education and enforcement measures to increase compliance with gathering restrictions should be enhanced.
- Continue testing programs in long-term care facilities, with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Utilize point-of-care testing platforms to facilitate rapid COVID-19 case identification.
- Continue to implement plans to increase surveillance for community spread using the Abbott BinaxNOW now that supplies have begun to arrive (or using other antigen tests), especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Increased rates of infection seen among long-term care facility workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- Ensure university faculty, staff, and students continue their mitigation behaviors to ensure no further outbreaks on or off campus as symptomatic cases and cases identified through surveillance testing decline.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies, when available, work best when used early in the course of infection.
- 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.*



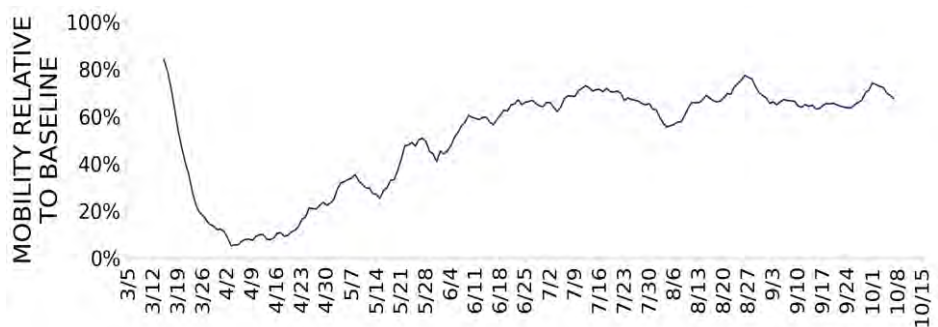


# NEW HAMPSHIRE

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	437 (32)	-11%	7,777 (52)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.3%	+0.5%*	1.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	20,086** (1,477)	-1%**	557,107** (3,753)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	9 (0.7)	+200%	126 (0.8)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	0% (11%)	N/A (+3%*)	5% (11%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	1%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2. New Hampshire began including antigen positive tests as cases on 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27. One facility reported cases among residents last week; because their reporting is undergoing quality review, it is not included in the table.





# NEW HAMPSHIRE

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease				

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9. New Hampshire began including antigen positive tests as cases on 10/2.

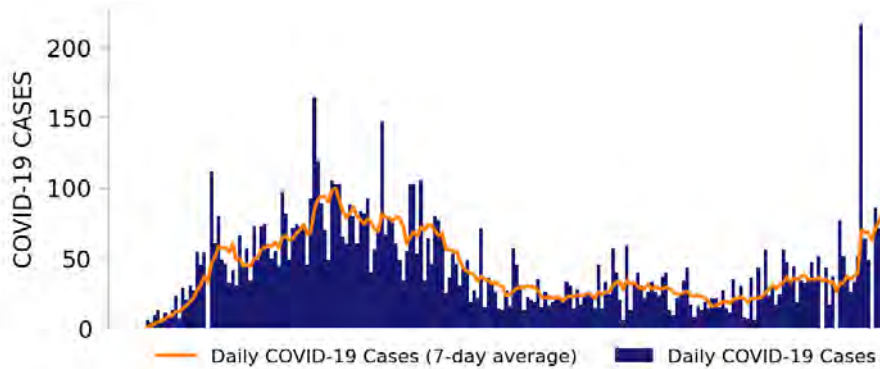
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



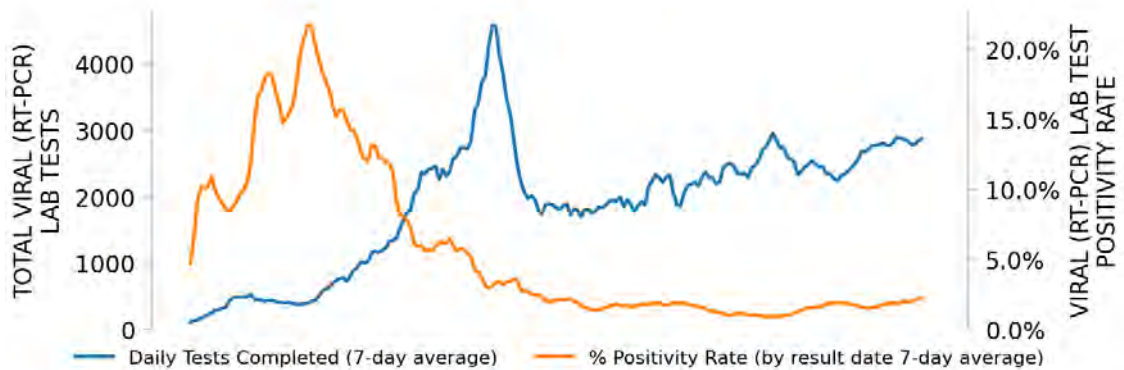
# NEW HAMPSHIRE

STATE REPORT | 10.11.2020

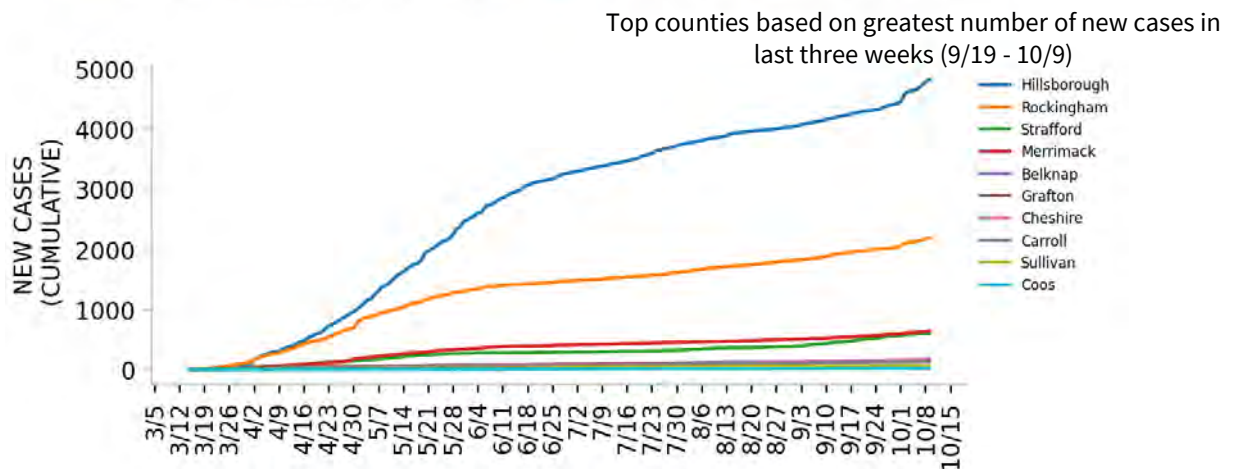
## NEW CASES



## TESTING



## TOP COUNTIES



**DATA SOURCES** – Additional data details available under METHODS

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

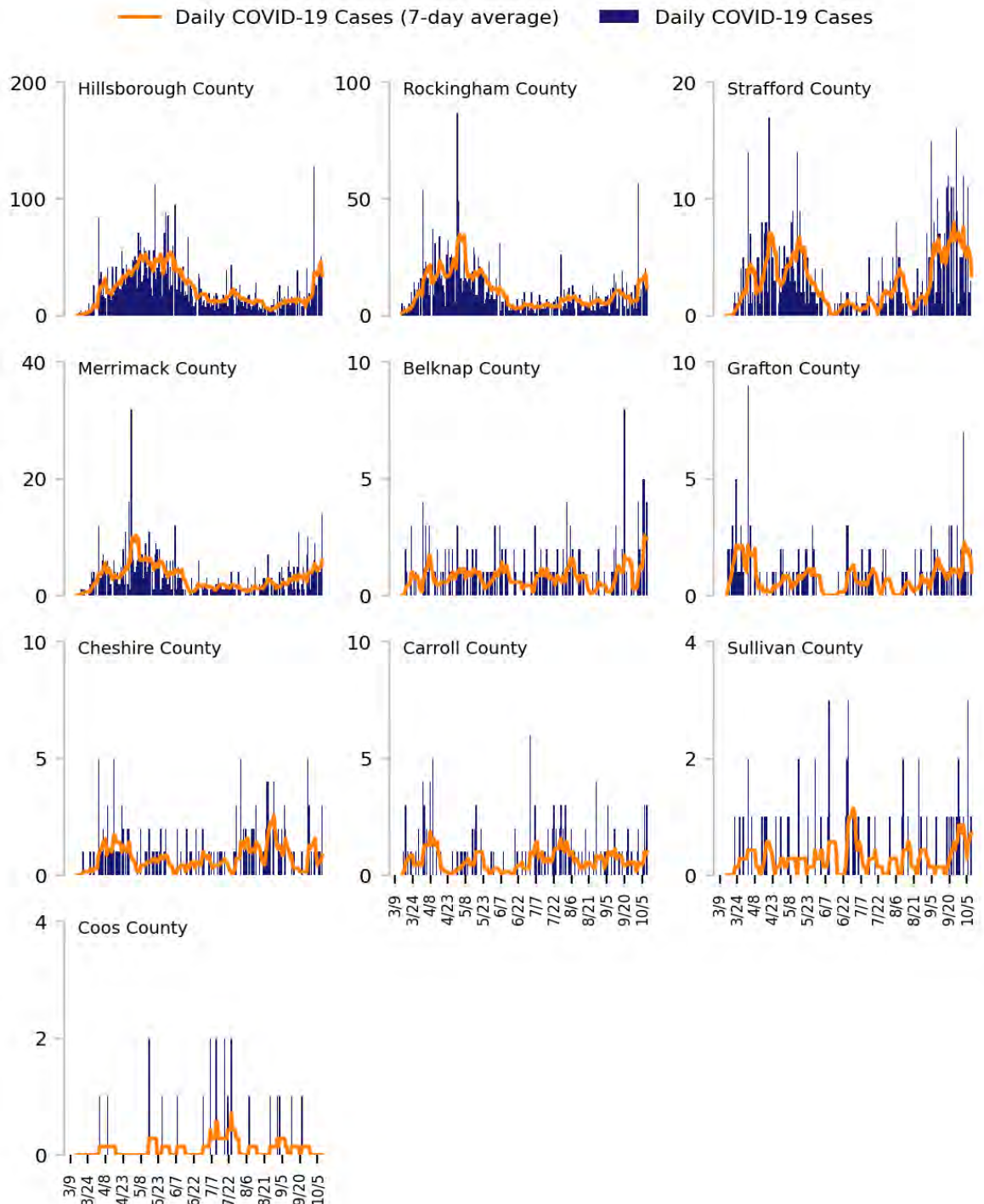
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. New Hampshire began including antigen positive tests as cases on 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



# 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9. New Hampshire began including antigen positive tests as cases on 10/2.

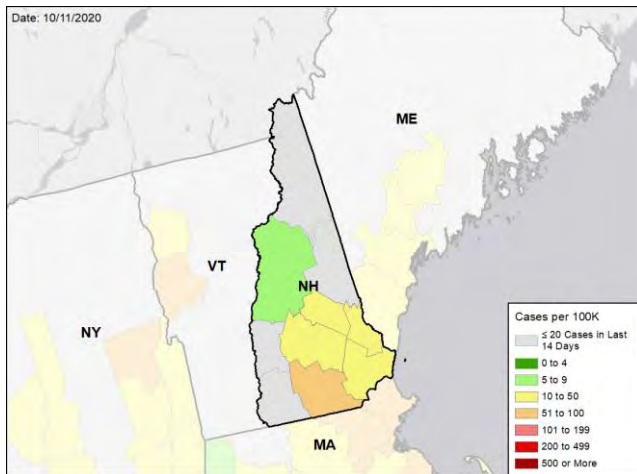


# NEW HAMPSHIRE

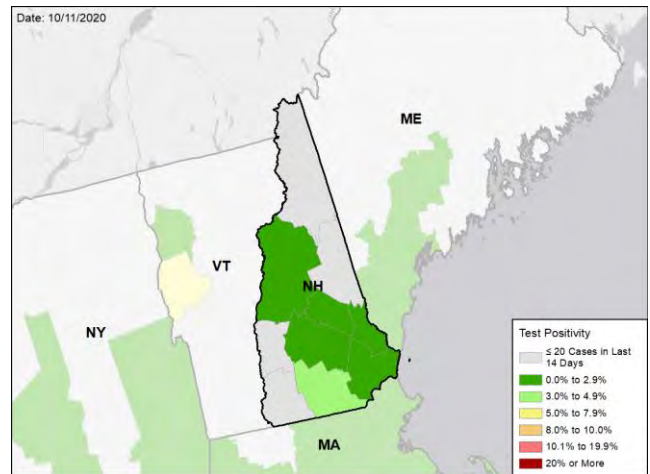
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

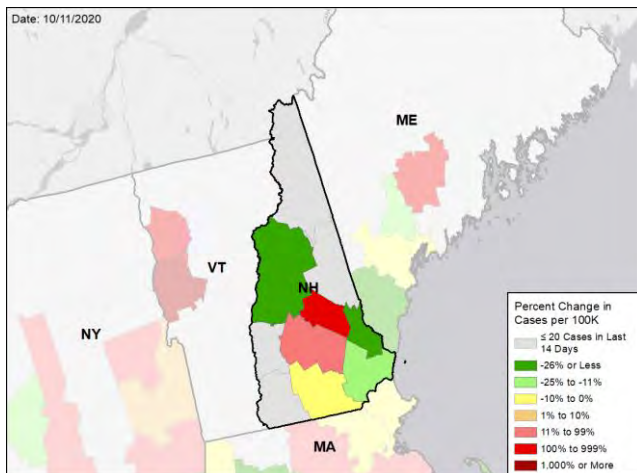
### NEW CASES PER 100,000 DURING THE LAST WEEK



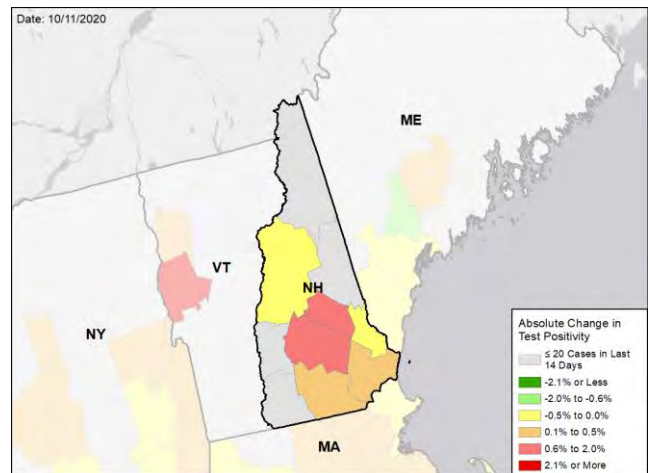
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



#### DATA SOURCES – Additional data details available under METHODS

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

**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2. New Hampshire began including antigen positive tests as cases on 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## NEW JERSEY

### SUMMARY

- New Jersey is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 39th highest rate in the country. New Jersey is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 42nd highest rate in the country.
- New Jersey has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Ocean County, 2. Monmouth County, and 3. Middlesex County. These counties represent 40.2% of new cases in New Jersey.
- 10% of all counties in New Jersey have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 4% of nursing homes had at least one new resident COVID-19 case, 11% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- New Jersey had 61 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 56 to support operations activities from FEMA; 2 to support epidemiology activities from CDC; 19 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Oct 3 - Oct 9, on average, 56 patients with confirmed COVID-19 and 177 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Jersey. 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

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in New Jersey and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Early signs of increasing new hospital admissions require early action to prevent spread. Implement wastewater surveillance and sentinel surveillance testing (with Abbott BinaxNOW) to monitor local trends. Where trends are increasing, intervene EARLY through targeted testing teams to test the community (not drive through sites). Communicate zip-code specific changes to residents so they can adjust their behaviors.
- Retail establishments are enforcing mitigation efforts by adjusting their businesses so very few transmissions occur in those settings; the majority of cases are from interactions at home with friends and family. New Jerseyans should know that such gatherings must be limited in size and include both masks and social distancing.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Work with university students to keep cases low, with the goal of low transmission in preparation for Thanksgiving. Implement antibody testing to understand fraction of students who have been infected and plan for spring semester accordingly. Test all university students before dismissing them for Thanksgiving.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



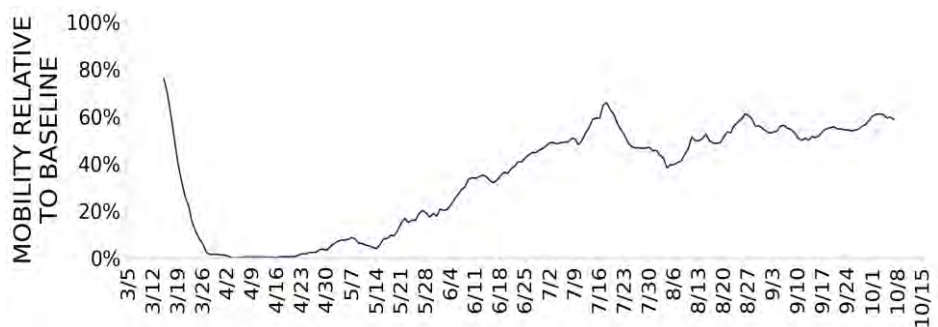


# NEW JERSEY

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,376 (61)	+19%	15,443 (55)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.1%	+0.1%*	1.9%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	188,380** (2,121)	+6%**	884,462** (3,121)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	35 (0.4)	-3%	115 (0.4)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	4% (11%)	-2%* (-3%*)	5% (13%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+0%*	1%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# NEW JERSEY

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	1 ▲ (+1)	Atlantic City-Hammonton	2 ▲ (+1)	Ocean Atlantic
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

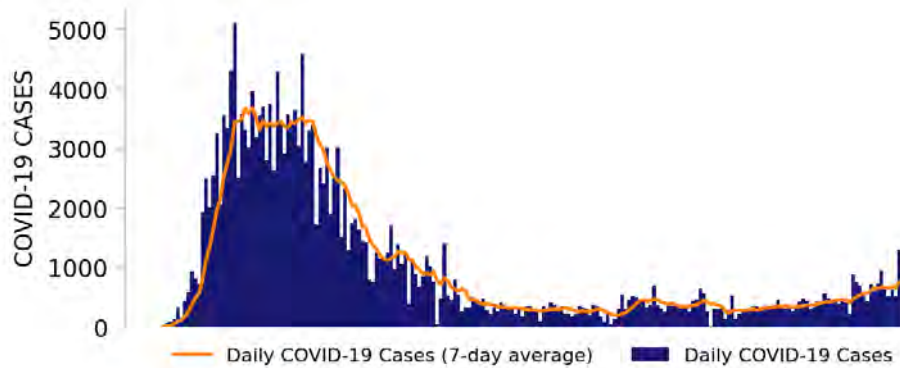
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



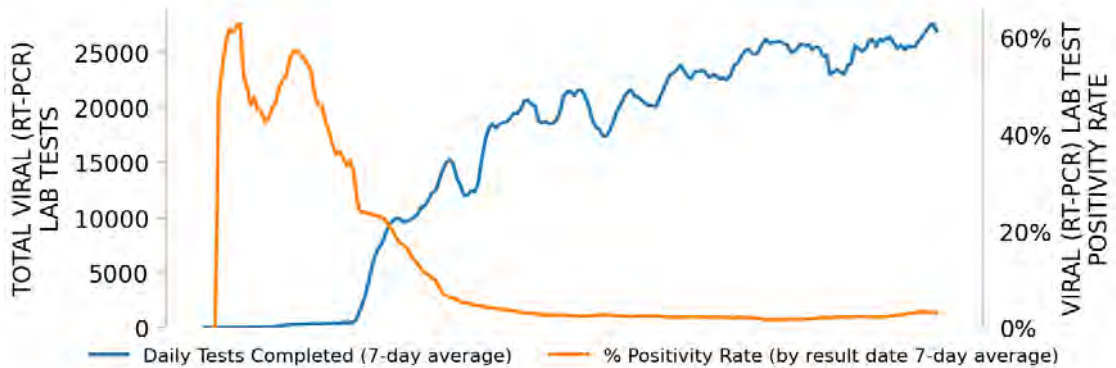
# NEW JERSEY

STATE REPORT | 10.11.2020

## NEW CASES

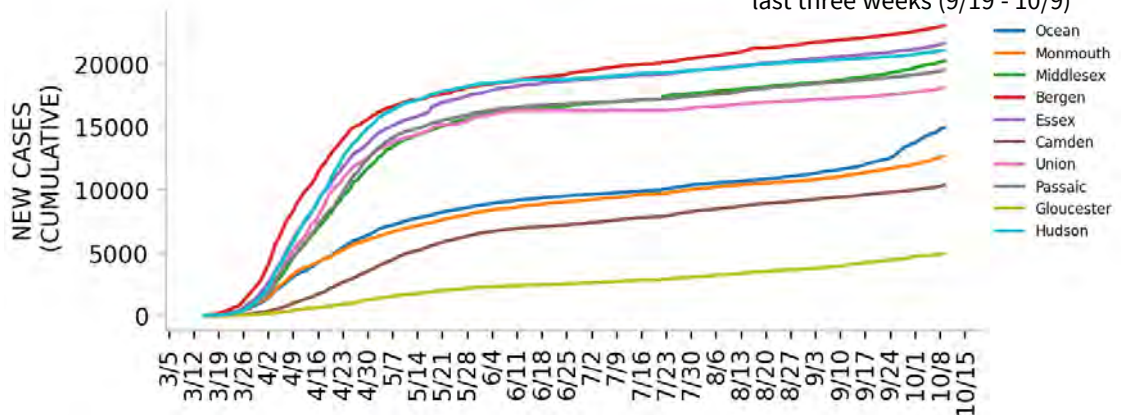


## TESTING



## TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

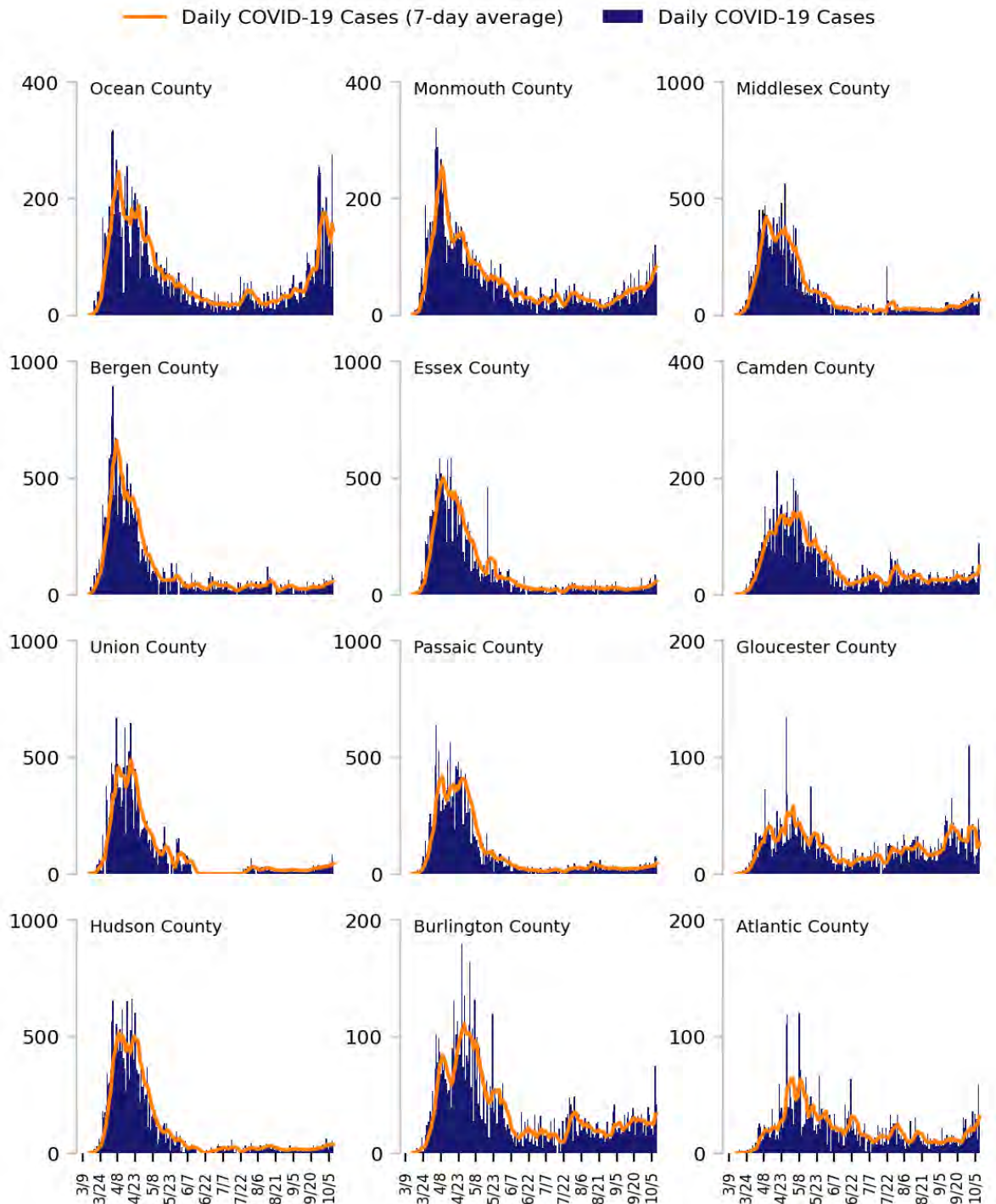
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

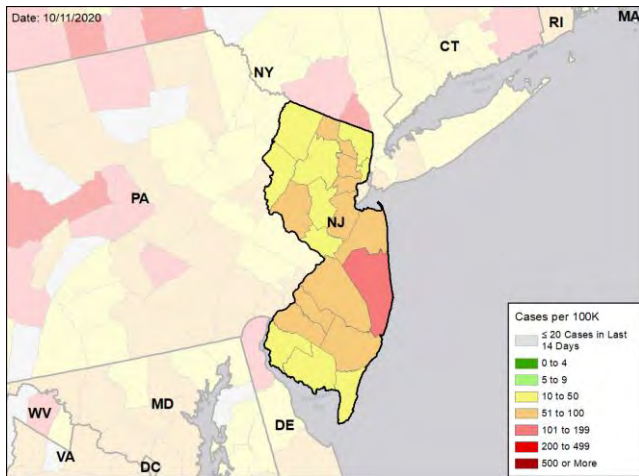


# NEW JERSEY

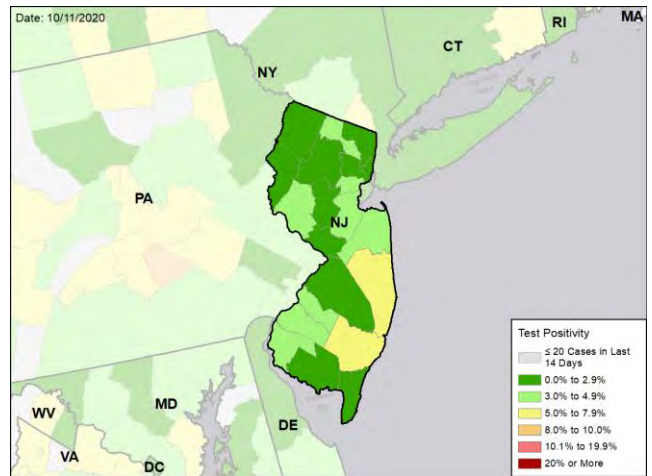
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

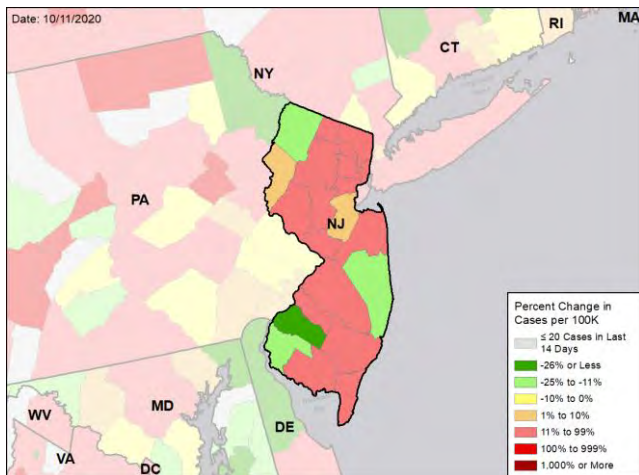
### NEW CASES PER 100,000 DURING THE LAST WEEK



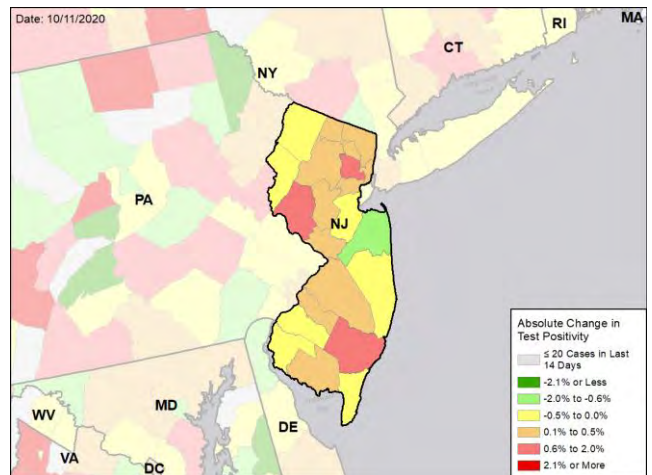
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## NEW MEXICO

### SUMMARY

- New Mexico is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 26th highest rate in the country. New Mexico is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 30th highest rate in the country.
- New Mexico has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Bernalillo County, 2. Doña Ana County, and 3. Chaves County. These counties represent 52.0% of new cases in New Mexico.
- 21% of all counties in New Mexico have moderate or high levels of community transmission (yellow, orange, or red zones), with 12% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 8% of nursing homes had at least one new resident COVID-19 case, 17% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- New Mexico had 107 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 6 to support operations activities from FEMA; 1 to support epidemiology activities from CDC; and 1 to support operations activities from VA.
- Between Oct 3 - Oct 9, on average, 19 patients with confirmed COVID-19 and 29 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Mexico. An average of 92% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in New Mexico and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- New Mexico needs to continue to increase testing and continue the strong mitigation efforts statewide. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations. There needs to be stronger mitigation efforts in Lea, Curry, Roosevelt, and Lincoln counties and among Tribal Nations.
- There are very concerning signs developing that need to be carefully tracked to ensure control of ongoing community spread. Track test positivity, cases, and new daily hospitalizations in all counties and react to any week over week increases with increased mitigation in those counties and surged community level testing.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus as symptomatic cases and cases identified through surveillance testing decline.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are reporting. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- Continued comprehensive support to Native Americans is key for both preventing COVID-19 and flu infections. Abbott BinaxNOW testing supplies are being made available to Tribal Nation colleges.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).



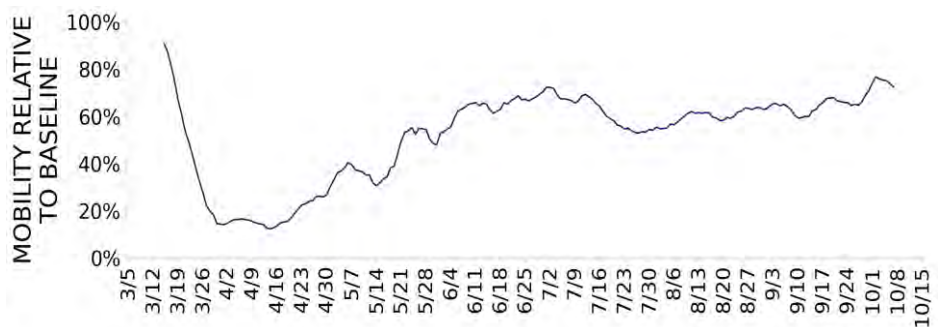


# NEW MEXICO

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,241 (107)	+48%	47,737 (112)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.4%	+1.4%*	6.3%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	37,364** (1,782)	+29%**	476,967** (1,117)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	15 (0.7)	-32%	856 (2.0)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8% (17%)	+2%* (+6%*)	13% (22%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+2%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# NEW MEXICO

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	4 ▲ (+3)	Hobbs Clovis Portales Ruidoso	4 ▲ (+3)	Lea Curry Roosevelt Lincoln
LOCALITIES IN ORANGE ZONE	1 ■ (+0)	Carlsbad-Artesia	1 ■ (+0)	Eddy
LOCALITIES IN YELLOW ZONE	2 ■ (+0)	Las Cruces Roswell	2 ■ (+0)	Doña Ana Chaves
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease				

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

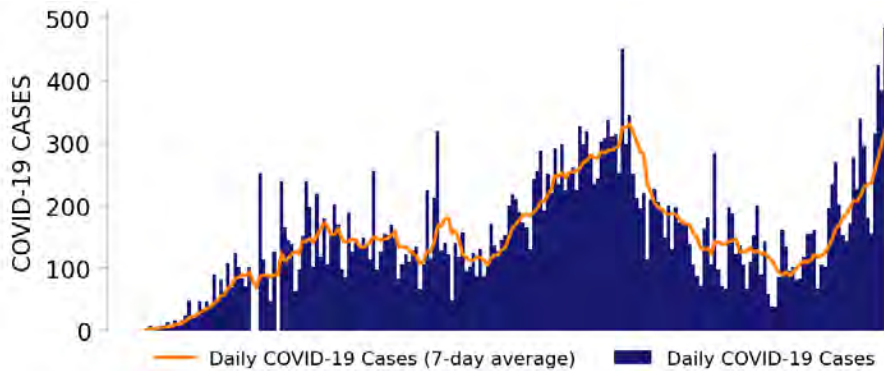
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



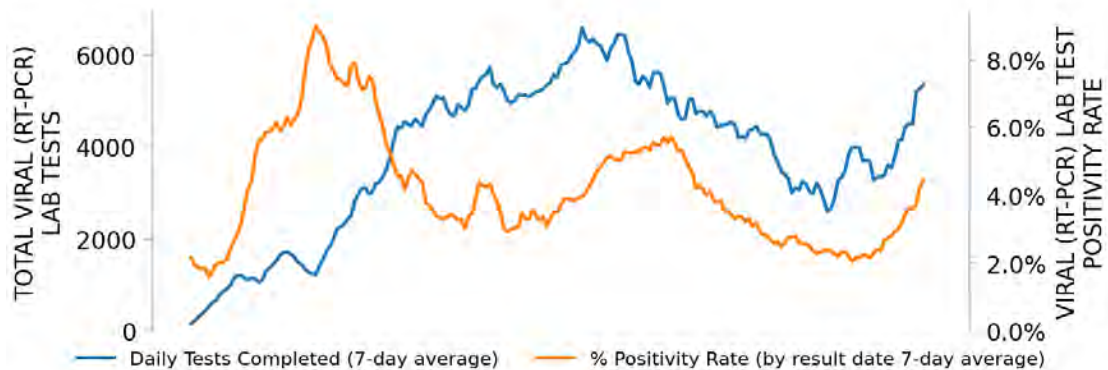
# NEW MEXICO

STATE REPORT | 10.11.2020

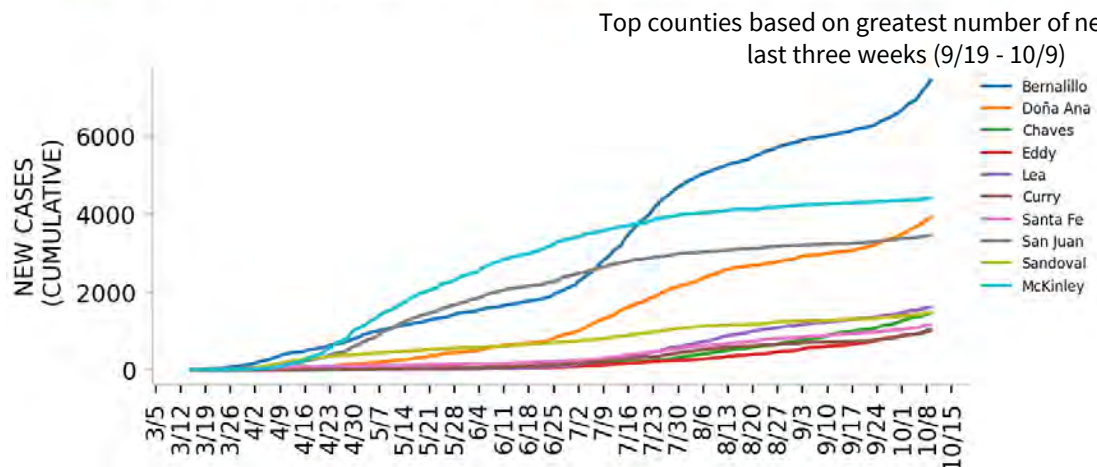
NEW CASES



TESTING



TOP COUNTIES

**DATA SOURCES** – Additional data details available under METHODS

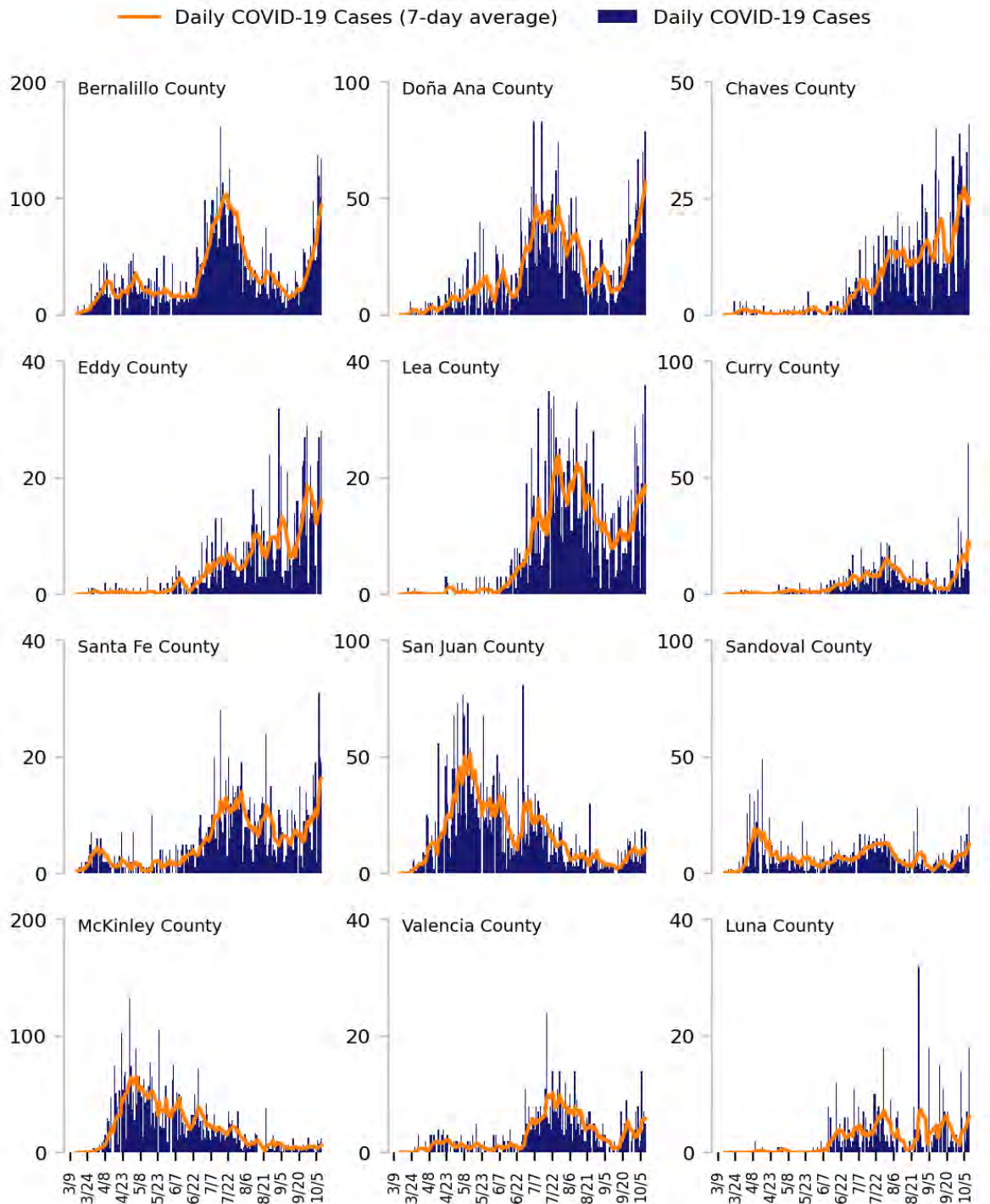
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

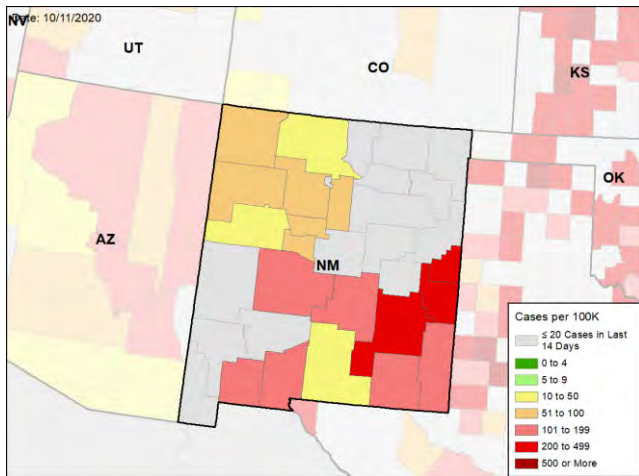


# NEW MEXICO

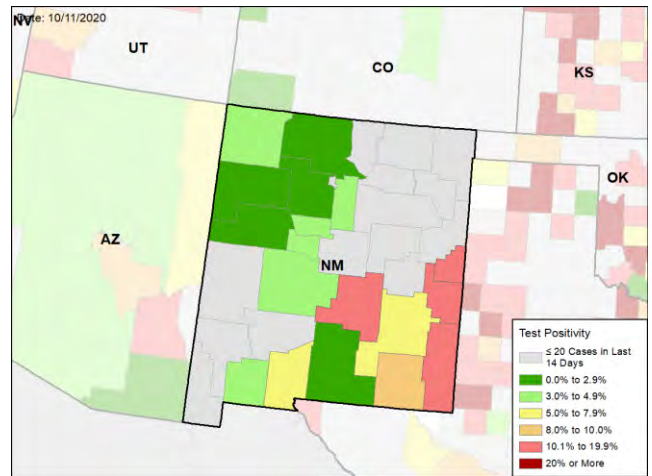
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

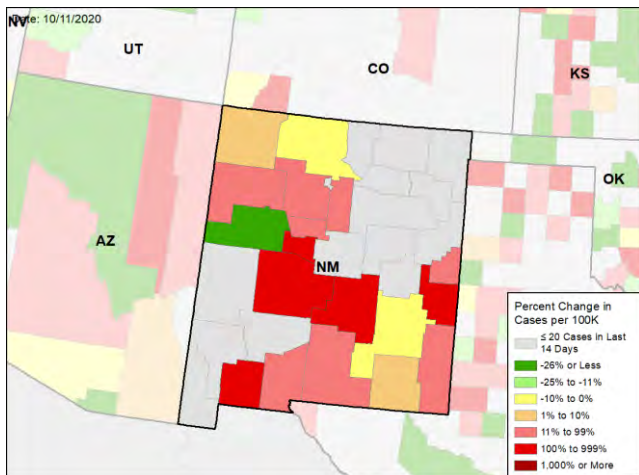
### NEW CASES PER 100,000 DURING THE LAST WEEK



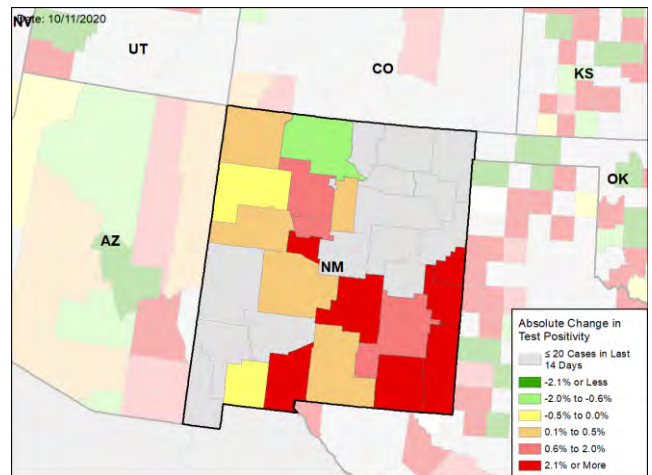
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## NEW YORK

### SUMMARY

- New York is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 45th highest rate in the country. New York is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 47th highest rate in the country.
- New York has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Kings County, 2. Queens County, and 3. Rockland County. These counties represent 36.9% of new cases in New York.
- Persistently elevated incidence and test positivity in Chemung, Rockland, Broome, Orange, and Greene counties.
- 5% of all counties in New York 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 Sep 28 - Oct 4, 6% of nursing homes had at least one new resident COVID-19 case, 14% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death; apparent outbreaks in facilities in Williamsville, Buffalo, and Utica.
- New York had 52 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 66 to support operations activities from FEMA; 4 to support operations activities from ASPR; 2 to support testing activities from CDC; and 20 to support operations activities from USCG.
- Between Oct 3 - Oct 9, on average, 145 patients with confirmed COVID-19 and 324 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New York. An average of 90% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in New York and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Many rural states that had a protracted period of low test positivity and low incidence, like certain counties in New York, are now being hit hard; it is exceedingly important to maintain aggressive community mitigation efforts, like social distancing and face coverings, as cold weather sets in.
- Recent data suggest that smaller, more intimate gatherings of family, friends, and neighbors are driving infection, especially as activities move indoors and adherence to face covering and social distancing wanes; educational efforts should focus on this shift.
- Ensure appropriately targeted public health messaging and focused testing of at-risk groups like the elderly, those who live in crowded or multigenerational settings, and those who are resistant to public health mandates.
- Fall and winter tourism may be difficult to manage; develop specific efforts to stem transmission from incoming tourists.
- Adequate surveillance is of paramount importance given anticipation of increasing cases as colder weather sets in. Use antigen tests or other rapid testing. Expand regular surveillance and testing of critical staff who are at-risk for infection, such as teachers, clinic staff and staff working at long-term care facilities (LTCFs) and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders. Continue to explore use of wastewater surveillance.
- Investigate transmission dynamics in Binghamton, Elmira, Cortland, and Corning. Ensure community mitigation is being practiced.
- Continue to closely monitor hospital and ICU utilization, resources, and capacity at the local level and make data available as part of educational efforts.
- Any nursing homes with 3 or more cases of COVID among staff and/or residents per week over any of the past 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented; this includes facilities in Williamsville, Buffalo, Utica, Waverly, Allegany, Astoria, Stony Brook, Rego Park, Amherst, and Orchard Park.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).



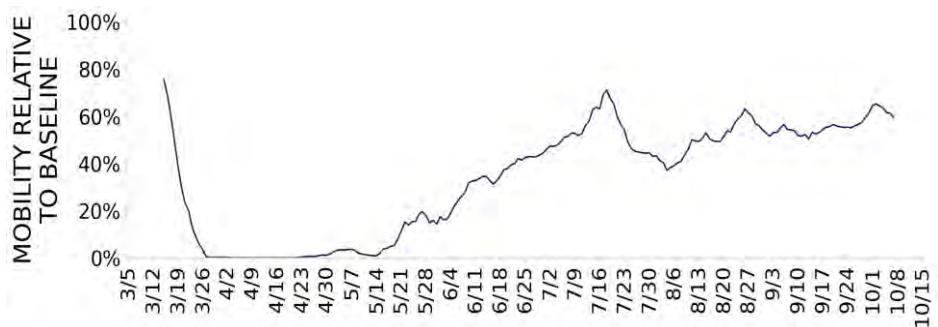


# NEW YORK

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	10,067 (52)	+28%	15,443 (55)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.6%	+0.1%*	1.9%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	696,082** (3,578)	+10%**	884,462** (3,121)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	80 (0.4)	+0%	115 (0.4)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (14%)	+2%* (+0%*)	5% (13%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	-1%*	1%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# NEW YORK

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	2 ▲ (+1)	Binghamton Elmira	3 ▲ (+1)	Rockland Broome Chemung
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease				

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

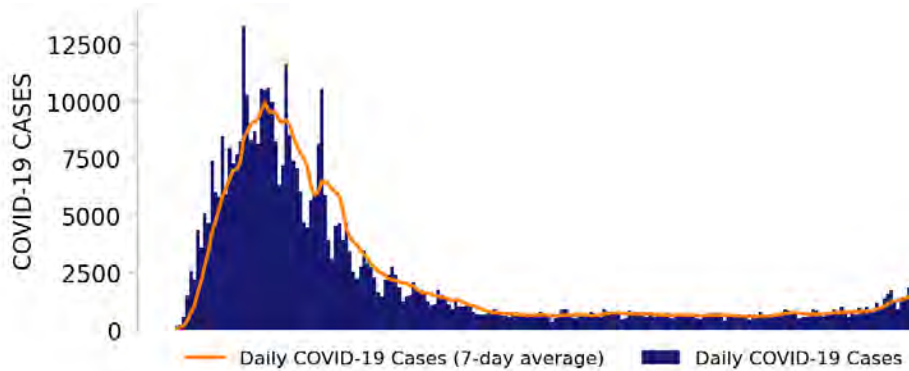
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



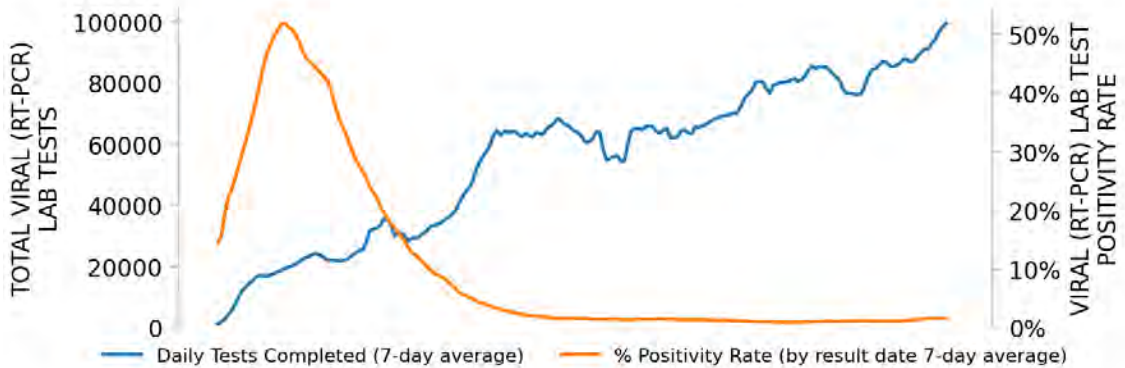
# NEW YORK

STATE REPORT | 10.11.2020

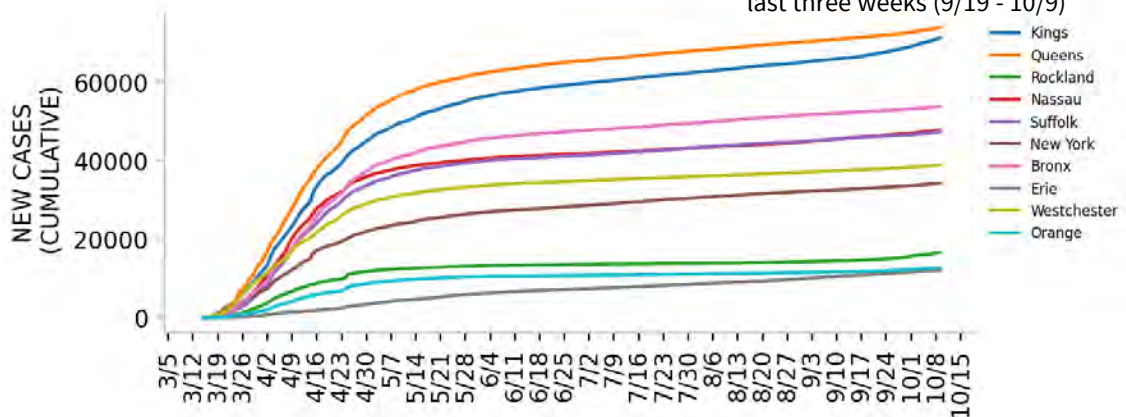
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

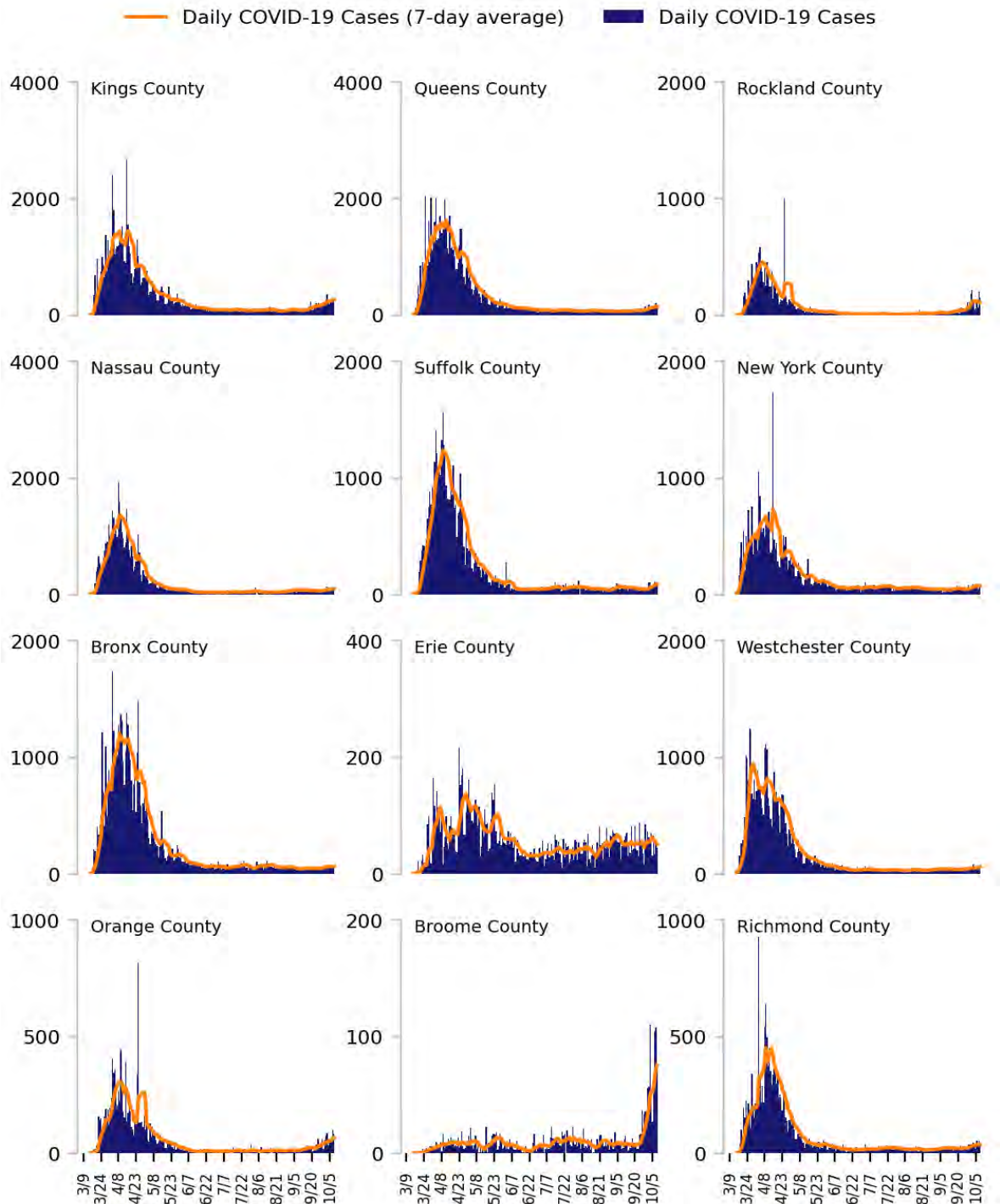
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

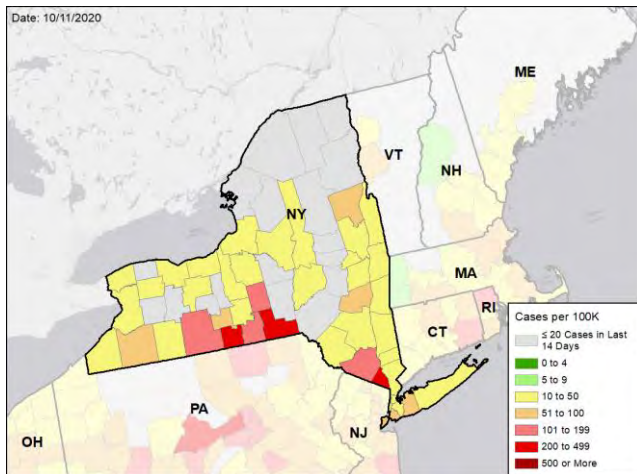


# NEW YORK

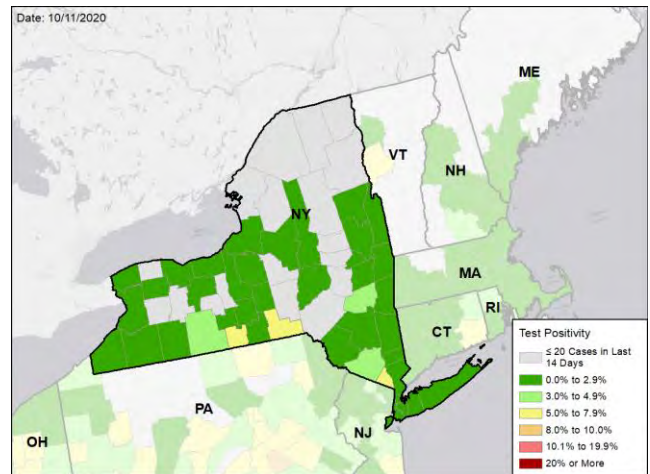
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

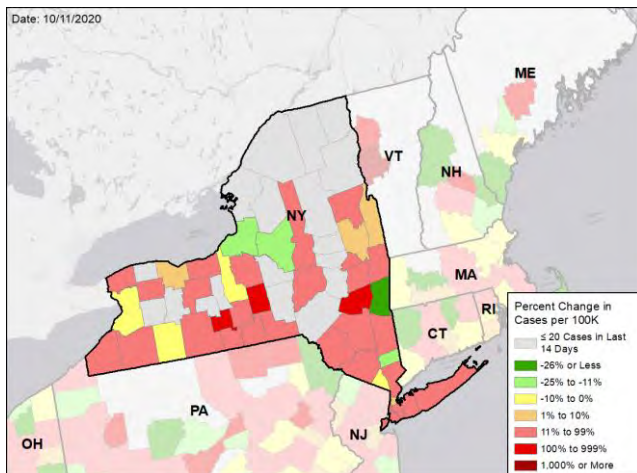
### NEW CASES PER 100,000 DURING THE LAST WEEK



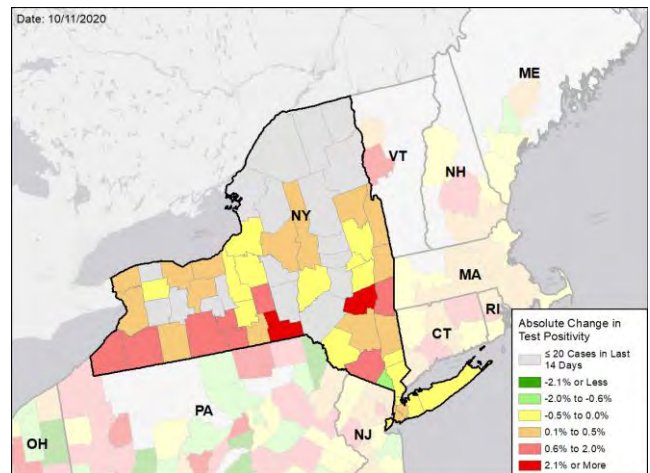
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## NORTH CAROLINA

### SUMMARY

- North Carolina is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 23rd highest rate in the country. North Carolina is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 23rd highest rate in the country.
- North Carolina has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Mecklenburg County, 2. Wake County, and 3. Guilford County. These counties represent 17.6% of new cases in North Carolina.
- Laurinburg, Boone, Lumberton, Rocky Mount, Shelby, and Goldsboro had the highest incidence last week.
- 73% of all counties in North Carolina have moderate or high levels of community transmission (yellow, orange, or red zones), with 13% having high levels of community transmission (red zone). Test positivity seems to be increasing most rapidly in more rural counties.
- During the week of Sep 28 - Oct 4, 15% of nursing homes had at least one new resident COVID-19 case, 26% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death; 10 or more resident cases were diagnosed in facilities in Arden, Rocky Mount, Wadesboro, Salisbury, Rutherfordton, Carthage, and Forest City and 27 facilities reported 3 or more resident cases.
- North Carolina had 122 new cases per 100,000 population in the last week, compared to a national average of 100 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; 7 to support operations activities from USCG; 4 to support medical activities from VA; and 4 to support operations activities from VA.
- Between Oct 3 - Oct 9, on average, 129 patients with confirmed COVID-19 and 342 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Carolina. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in North Carolina and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Rural states and areas, which were spared early in the epidemic, are now seeing the most intense increase in transmission, highlighting the need to intensify community mitigation efforts in these areas.
- Community messaging and policy needs to be consistent and targeted and should be developed by reviewing data and public health rationale with community members and representatives.
- Recent data suggest that smaller, more intimate gatherings of family, friends, and neighbors are driving infection, especially as activities move indoors and adherence to face covering and social distancing wanes; educational efforts should include strategies to address this shift.
- Target public health messaging and community testing efforts to those most at-risk with highly specific messaging and strategic selection of testing location; ensure elderly and those at-risk and vulnerable to severe disease are being tested in sufficient volume.
- Closely monitor hospital and ICU utilization, resources, and capacity at the local level; feature hospital utilization and remaining capacity prominently by region or county on state the website and include as part of educational campaigns.
- Ensure hospital capacity remains sufficient in all counties and all staff, even those in rural counties away from university centers. Ensure staff are trained on current treatment protocols, including early use of antibody and antiviral treatment for hospitalized patients.
- Adequate surveillance is key for detecting transmission early and implementing mitigation policies. Use antigen tests or other rapid testing. Expand regular surveillance and increase frequency of testing critical staff who are most at-risk for infection, such as teachers, clinic staff and staff working at long-term care facilities (LTCFs) and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders. Expand wastewater surveillance.
- Institutions of higher education (IHE) have highly variable testing and surveillance approaches; recommend reviewing all approaches and working with IHE to ensure adequate surveillance, including of asymptomatic persons in high transmission counties.
- Intensify efforts at the dozens of nursing homes with 3 or more cases of COVID among staff and/or residents per week over any of the past 3 weeks; all should have mandatory inspection surveys conducted and immediate support for corrective action.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).



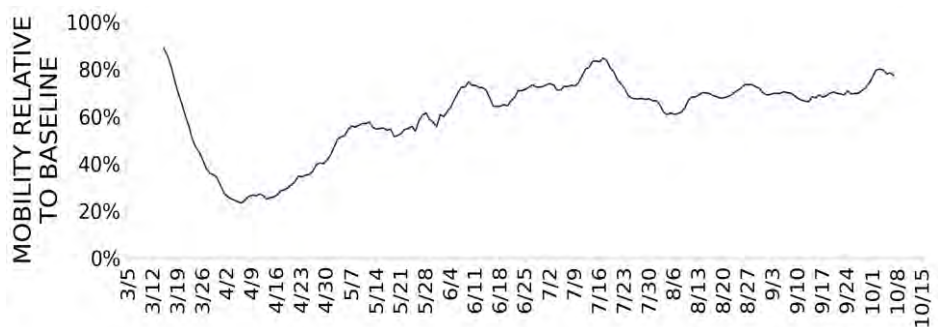


# NORTH CAROLINA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	12,748 (122)	+23%	75,980 (114)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.4%	+0.5%*	6.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	187,824** (1,791)	+0%**	1,024,987** (1,532)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	139 (1.3)	-31%	1,603 (2.4)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	15% (26%)	-2%* (-2%*)	14% (27%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	-1%*	5%	4%

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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# NORTH CAROLINA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

**5**  
▲ (+2)

Lumberton  
Shelby  
Laurinburg  
Myrtle Beach-Conway-North Myrtle Beach  
Cullowhee

**13**  
■ (+0)

Gaston  
Robeson  
Nash  
Cleveland  
Scotland  
Lincoln  
Hoke  
Greene  
Chowan  
Avery  
Graham  
Swain

#### LOCALITIES IN ORANGE ZONE

**11**  
▲ (+3)

Fayetteville  
Rocky Mount  
New Bern  
Jacksonville  
Pinehurst-Southern Pines  
Albemarle  
Forest City  
Rockingham  
Washington  
Morehead City  
North Wilkesboro

**25**  
▲ (+9)

Cumberland  
Onslow  
Craven  
Harnett  
Randolph  
Moore  
Stanly  
Caldwell  
Rutherford  
Edgecombe  
Richmond  
Beaufort

#### LOCALITIES IN YELLOW ZONE

**16**  
▼ (-1)

Charlotte-Concord-Gastonia  
Raleigh-Cary  
Greensboro-High Point  
Winston-Salem  
Hickory-Lenoir-Morganton  
Wilmington  
Greenville  
Burlington  
Goldsboro  
Boone  
Wilson  
Roanoke Rapids

**35**  
▲ (+1)

Wake  
Guilford  
Pitt  
New Hanover  
Union  
Johnston  
Alamance  
Sampson  
Wayne  
Catawba  
Watauga  
Davidson

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Yellow CBSAs:** Charlotte-Concord-Gastonia, Raleigh-Cary, Greensboro-High Point, Winston-Salem, Hickory-Lenoir-Morganton, Wilmington, Greenville, Burlington, Goldsboro, Boone, Wilson, Roanoke Rapids, Sanford, Mount Airy, Elizabeth City, Virginia Beach-Norfolk-Newport News

**All Red Counties:** Gaston, Robeson, Nash, Cleveland, Scotland, Lincoln, Hoke, Greene, Chowan, Avery, Graham, Swain, Hyde

**All Orange Counties:** Cumberland, Onslow, Craven, Harnett, Randolph, Moore, Stanly, Caldwell, Rutherford, Edgecombe, Richmond, Beaufort, Carteret, Wilkes, Pender, Jackson, Columbus, Caswell, Franklin, Hertford, Yadkin, Macon, Currituck, Perquimans, Gates

**All Yellow Counties:** Wake, Guilford, Pitt, New Hanover, Union, Johnston, Alamance, Wayne, Sampson, Catawba, Watauga, Davidson, Rowan, Wilson, Duplin, Rockingham, Burke, Brunswick, Henderson, Lee, Surry, Halifax, Bladen, Granville, Pasquotank, Cherokee, Stokes, Bertie, Anson, Northampton, Alexander, Person, Warren, Pamlico, 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 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

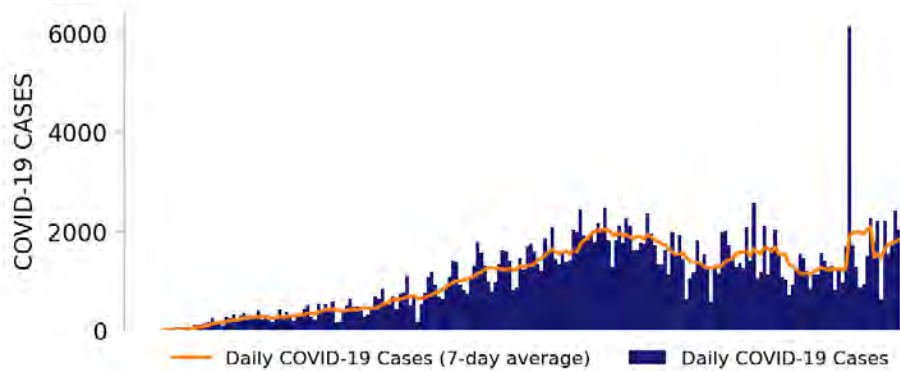
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



# NORTH CAROLINA

STATE REPORT | 10.11.2020

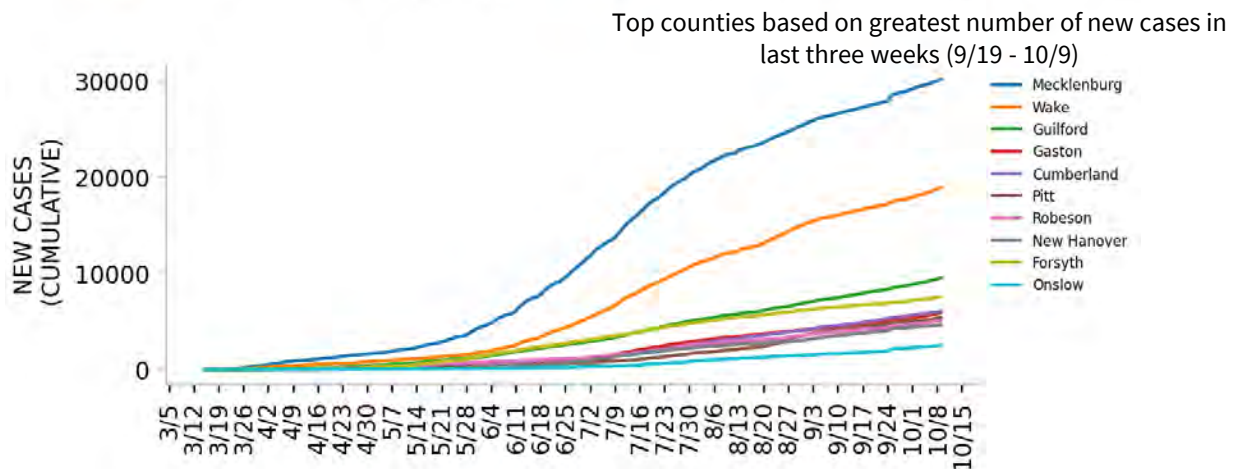
## NEW CASES



## TESTING



## TOP COUNTIES



**DATA SOURCES** – Additional data details available under METHODS

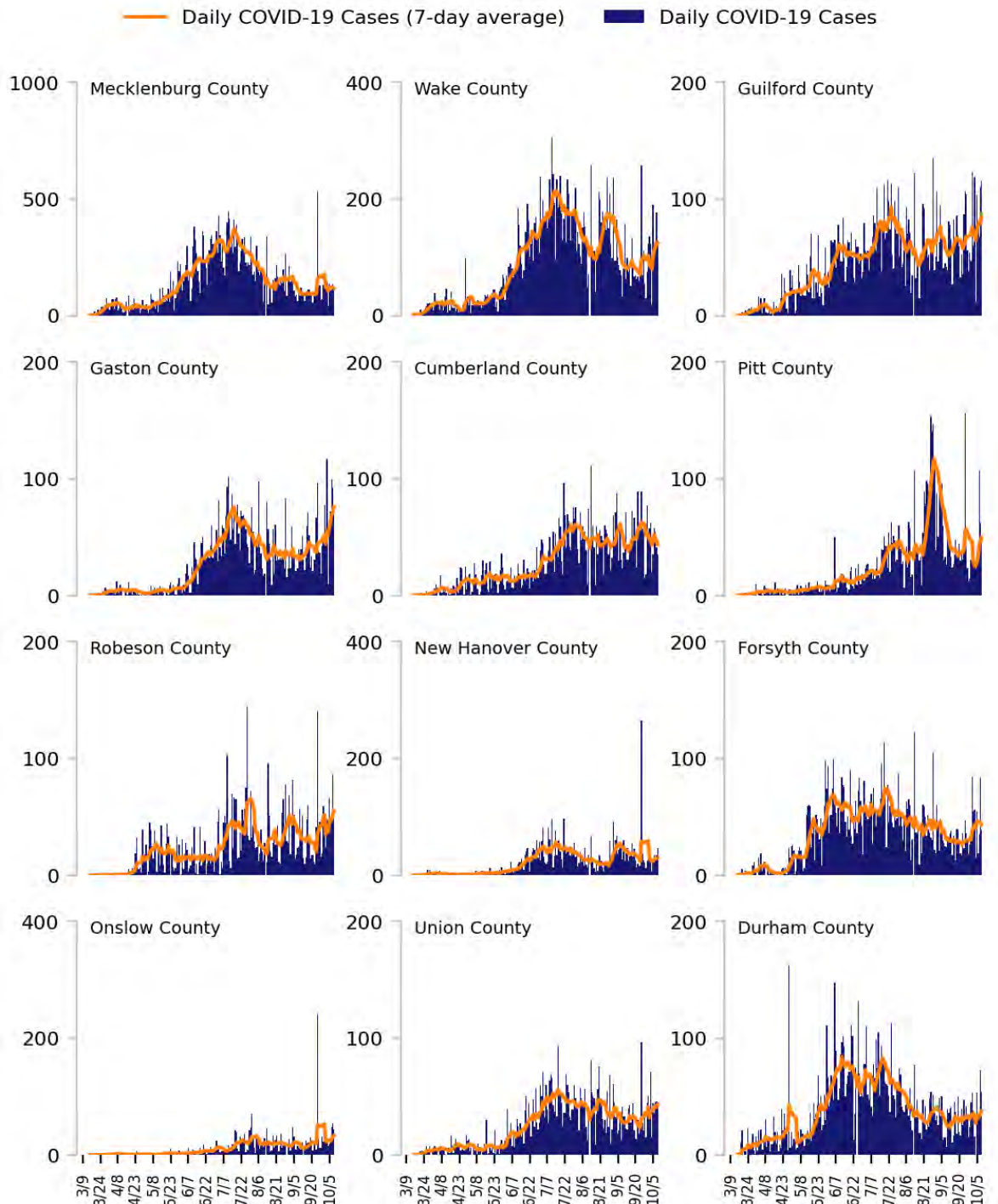
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.



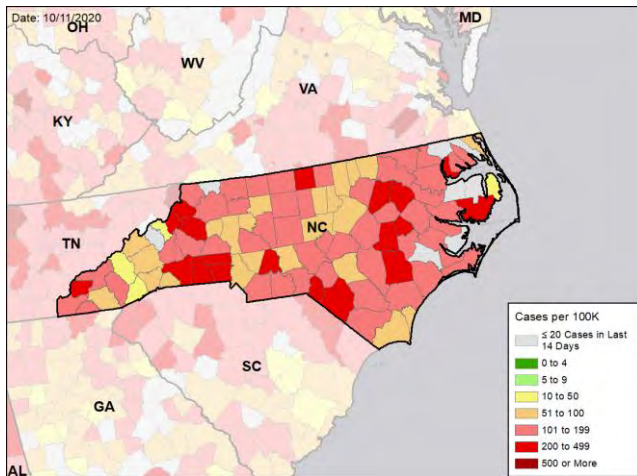


# NORTH CAROLINA

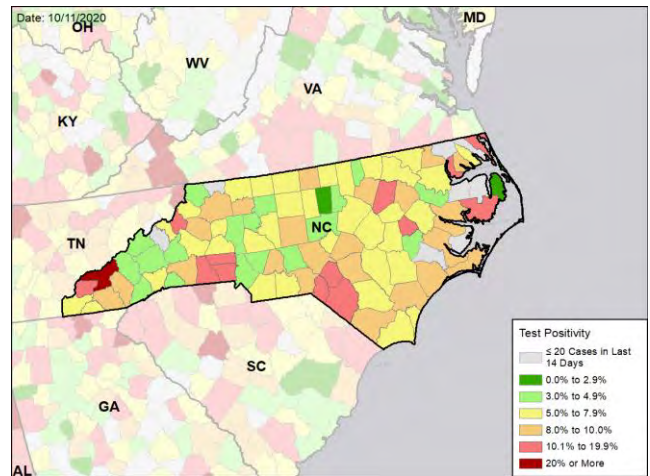
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

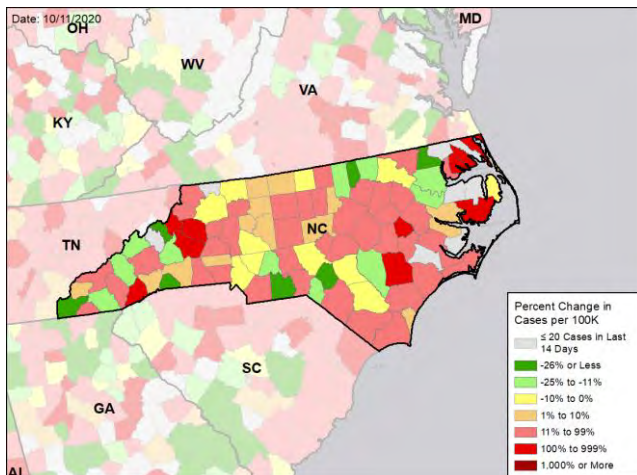
### NEW CASES PER 100,000 DURING THE LAST WEEK



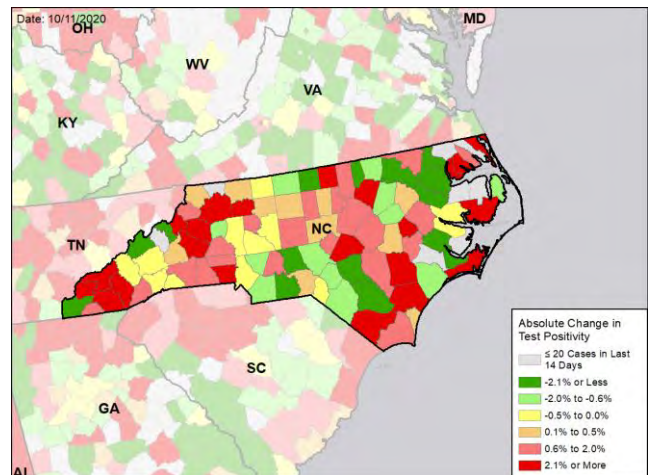
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under **METHODS**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## NORTH DAKOTA

### SUMMARY

- North Dakota is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the highest rate in the country. North Dakota is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 16th highest rate in the country.
- North Dakota has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Cass County, 2. Burleigh County, and 3. Stark County. These counties represent 44.7% of new cases in North Dakota.
- 60% of all counties in North Dakota 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 Sep 28 - Oct 4, 22% of nursing homes had at least one new resident COVID-19 case, 54% had at least one new staff COVID-19 case, and 15% had at least one new resident COVID-19 death.
- North Dakota had 439 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support epidemiology activities from CDC and 1 to support operations activities from CDC.
- Between Oct 3 - Oct 9, on average, 20 patients with confirmed COVID-19 and 5 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Dakota. An average of 89% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in North Dakota and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- North Dakota should expand and ensure compliance with the strong stated mitigation efforts statewide and continue strong testing rates. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations.
- There are continued concerning signs with sustained high test positivity, increasing cases, and new daily hospitalizations. The continued week over week increases must be met with increased mitigation in those counties and surged community level testing.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- Encourage outdoor activities, weather permitting, and ensure mask and physical distancing messages for all residents, both in public and private spaces.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are reporting. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- Continued comprehensive support to Native Americans is key for both preventing COVID-19 and flu infections.
- 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.*



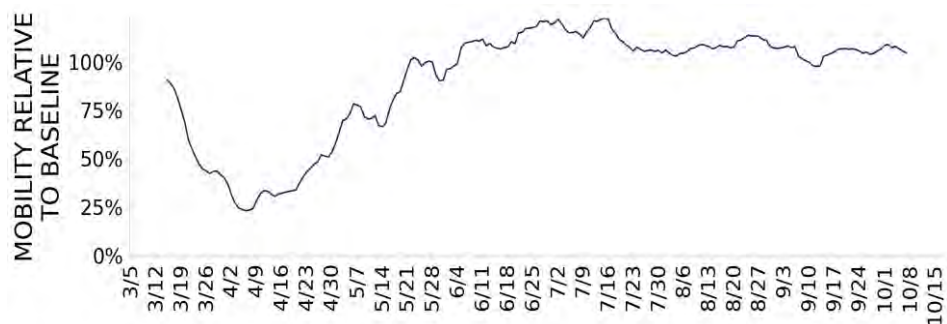


# NORTH DAKOTA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,345 (439)	+19%	24,547 (200)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.7%	+0.4%*	8.7%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	42,617** (5,592)	+3%**	309,098** (2,521)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	57 (7.5)	+8%	197 (1.6)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	22% (54%)	+3%* (+10%*)	11% (30%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	15%	+8%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# NORTH DAKOTA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

1

■ (+0)

Williston

13

▼ (-2)

Williams  
McKenzie  
Emmons  
Mercer  
Walsh  
Benson  
Pembina  
Bottineau  
Nelson  
Dunn  
LaMoure  
Golden Valley

#### LOCALITIES IN ORANGE ZONE

2

▼ (-1)

Dickinson  
Minot

5

▼ (-1)

Stark  
Ward  
Mountrail  
McHenry  
McIntosh

#### LOCALITIES IN YELLOW ZONE

4

▲ (+1)

Bismarck  
Fargo  
Grand Forks  
Wahpeton

14

▲ (+4)

Cass  
Burleigh  
Grand Forks  
Morton  
Ramsey  
McLean  
Dickey  
Logan  
Renville  
Eddy  
Sioux  
Grant

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Red Counties:** Williams, McKenzie, Emmons, Mercer, Walsh, Benson, Pembina, Bottineau, Nelson, Dunn, LaMoure, Golden Valley, Bowman

**All Yellow Counties:** Cass, Burleigh, Grand Forks, Morton, Ramsey, McLean, Dickey, Logan, Renville, Eddy, Sioux, Grant, Foster, Wells

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

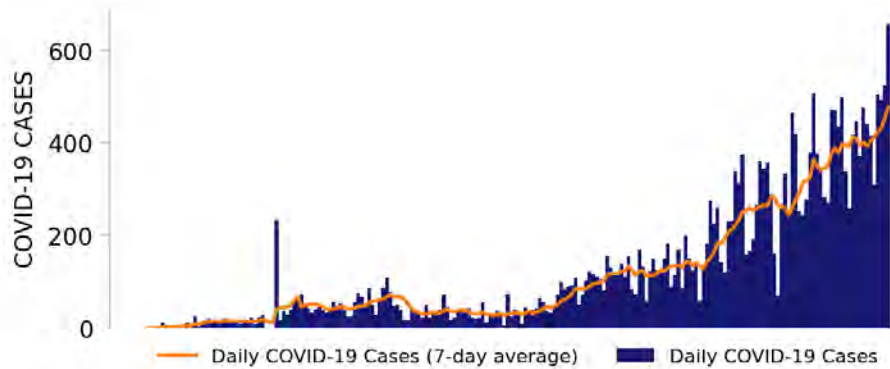
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



# NORTH DAKOTA

STATE REPORT | 10.11.2020

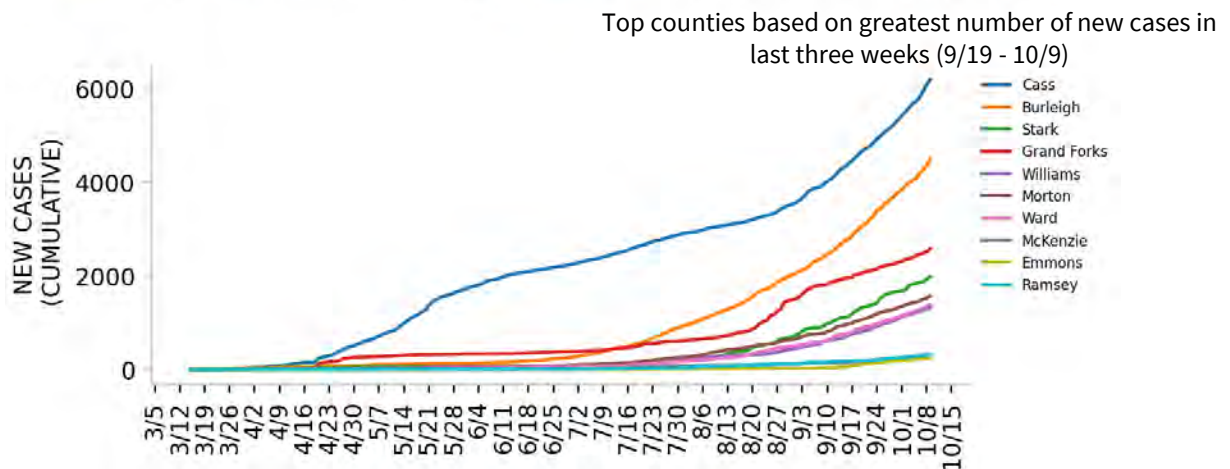
## NEW CASES



## TESTING



## TOP COUNTIES



**DATA SOURCES** – Additional data details available under **METHODS**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

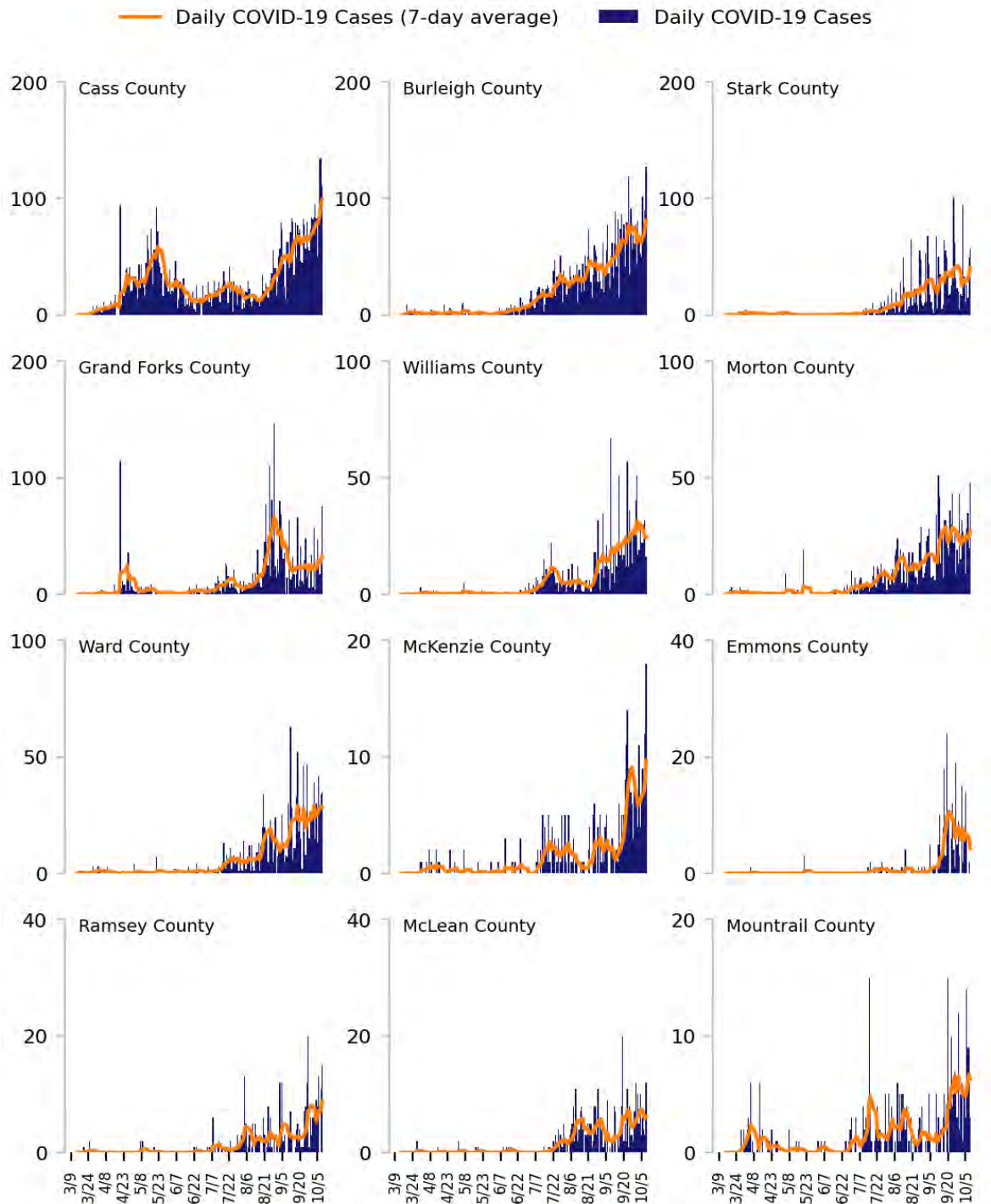
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

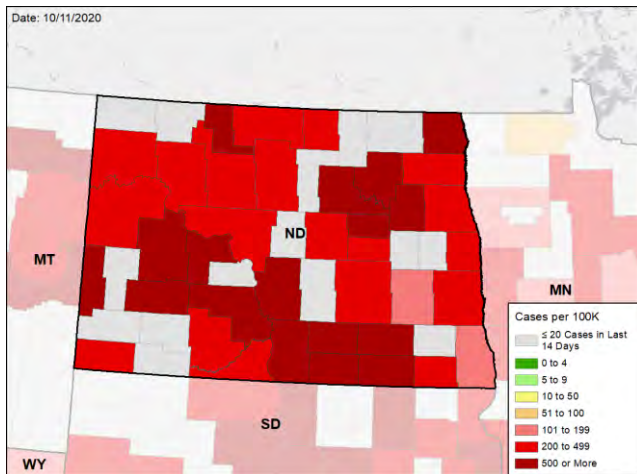


# NORTH DAKOTA

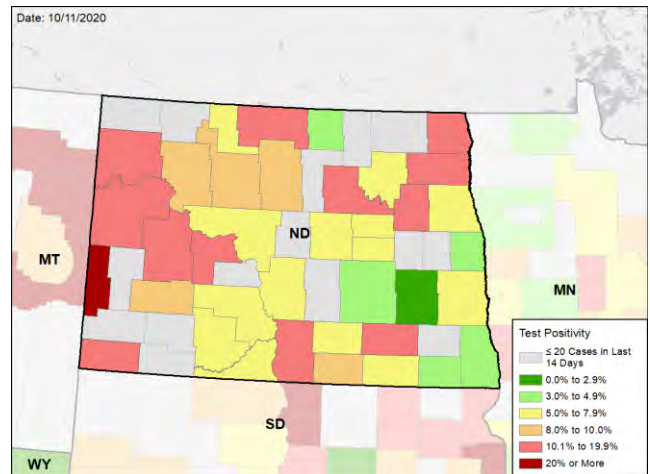
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

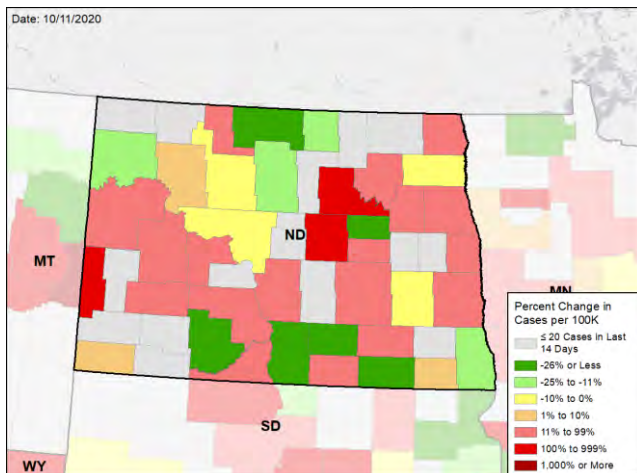
### NEW CASES PER 100,000 DURING THE LAST WEEK



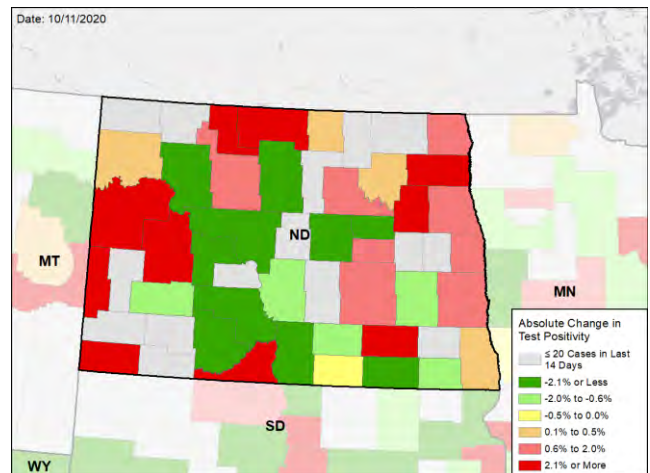
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## OHIO

## SUMMARY

- Ohio is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 32nd highest rate in the country. Ohio is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 40th highest rate in the country.
- Ohio has seen an increase in new cases in many counties and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Franklin County, 2. Hamilton County, and 3. Butler County. These counties represent 27.3% of new cases in Ohio.
- 43% of all counties in Ohio have moderate or high levels of community transmission (yellow, orange, or red zones), with 7% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 8% of nursing homes had at least one new resident COVID-19 case, 17% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Ohio had 80 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 10 to support operations activities from FEMA and 4 to support operations activities from USCG.
- Between Oct 3 - Oct 9, on average, 142 patients with confirmed COVID-19 and 349 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Ohio. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

## RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Ohio and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Ohio is showing early signs of reemergence of significant community spread with many counties showing increases in cases. Ohio needs to ensure progress with further expansion of testing. Continue strong mitigation efforts statewide and mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further 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.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations.
- Track test positivity, cases, and new daily hospitalizations in all counties and react to any week over week increases with increased mitigation in those counties and surged community level testing.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- Ask citizens and students to limit friend and family gatherings to prevent recreating spreading events in homes, resulting in new cases and the infection of those with comorbidities.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Encourage outdoor activities and ensure mask and physical distancing messages for all residents both in public and private spaces.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests.
- Abbott BinaxNOW arrived at Historically Black Colleges and Universities for rapid diagnosis and isolation of both symptomatic and asymptomatic cases. Ensure reporting of all tests conducted and positive tests.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are reporting. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



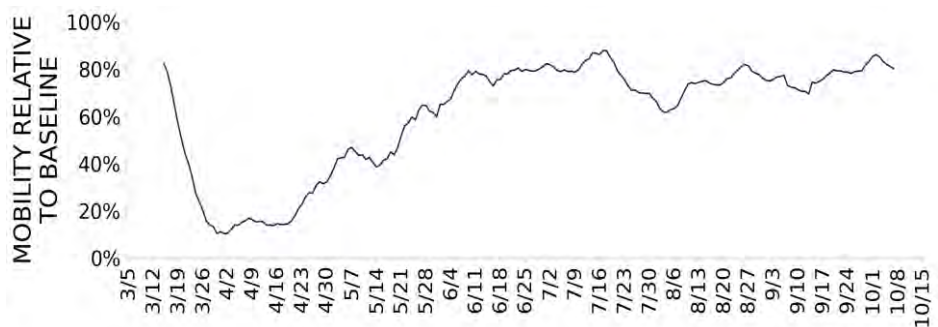


## OHIO

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	9,294 (80)	+17%	67,586 (129)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.3%	+0.4%*	5.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	252,476** (2,160)	+7%**	1,414,080** (2,691)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	88 (0.8)	-49%	638 (1.2)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8% (17%)	+0%* (+4%*)	10% (23%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+0%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





## OHIO

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

## METRO AREA (CBSA) LAST WEEK

## COUNTY LAST WEEK

LOCALITIES  
IN RED  
ZONE

3

▲ (+1)

Athens  
Portsmouth  
Van Wert

6

■ (+0)

Butler  
Miami  
Athens  
Putnam  
Scioto  
Van WertLOCALITIES  
IN ORANGE  
ZONE

5

▲ (+3)

Mansfield  
Zanesville  
Greenville  
Chillicothe  
New Philadelphia-Dover

6

▼ (-2)

Richland  
Muskingum  
Darke  
Ross  
Tuscarawas  
HolmesLOCALITIES  
IN YELLOW  
ZONE

13

▲ (+6)

Dayton-Kettering  
Akron  
Canton-Massillon  
Lima  
Findlay  
Sidney  
Huntington-Ashland  
Marion  
Defiance  
Washington Court House  
Jackson  
Wilmington

26

▲ (+10)

Montgomery  
Summit  
Wood  
Stark  
Greene  
Clermont  
Allen  
Portage  
Hancock  
Shelby  
Madison  
Marion

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Yellow CBSAs:** Dayton-Kettering, Akron, Canton-Massillon, Lima, Findlay, Sidney, Huntington-Ashland, Marion, Defiance, Washington Court House, Jackson, Wilmington, Coshocton

**All Yellow Counties:** Montgomery, Summit, Wood, Stark, Greene, Clermont, Allen, Portage, Hancock, Shelby, Madison, Marion, Fulton, Defiance, Fayette, Jackson, Henry, Preble, Clinton, Jefferson, Gallia, Adams, Perry, Paulding, Hardin, Coshocton

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

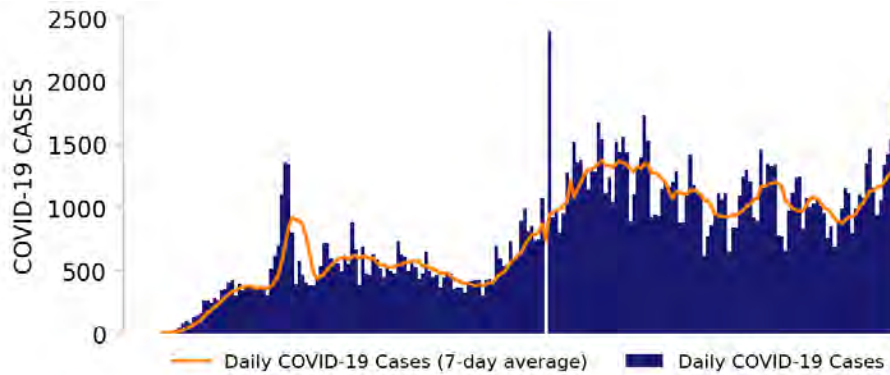
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020. Last week is 10/1 - 10/7.



# OHIO

STATE REPORT | 10.11.2020

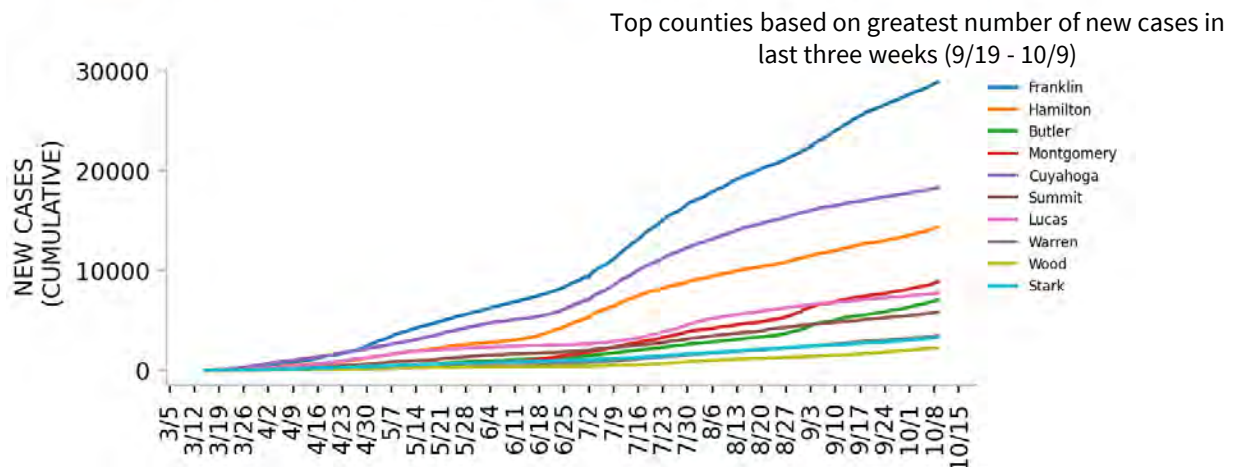
## NEW CASES



## TESTING



## TOP COUNTIES



**DATA SOURCES** – Additional data details available under METHODS

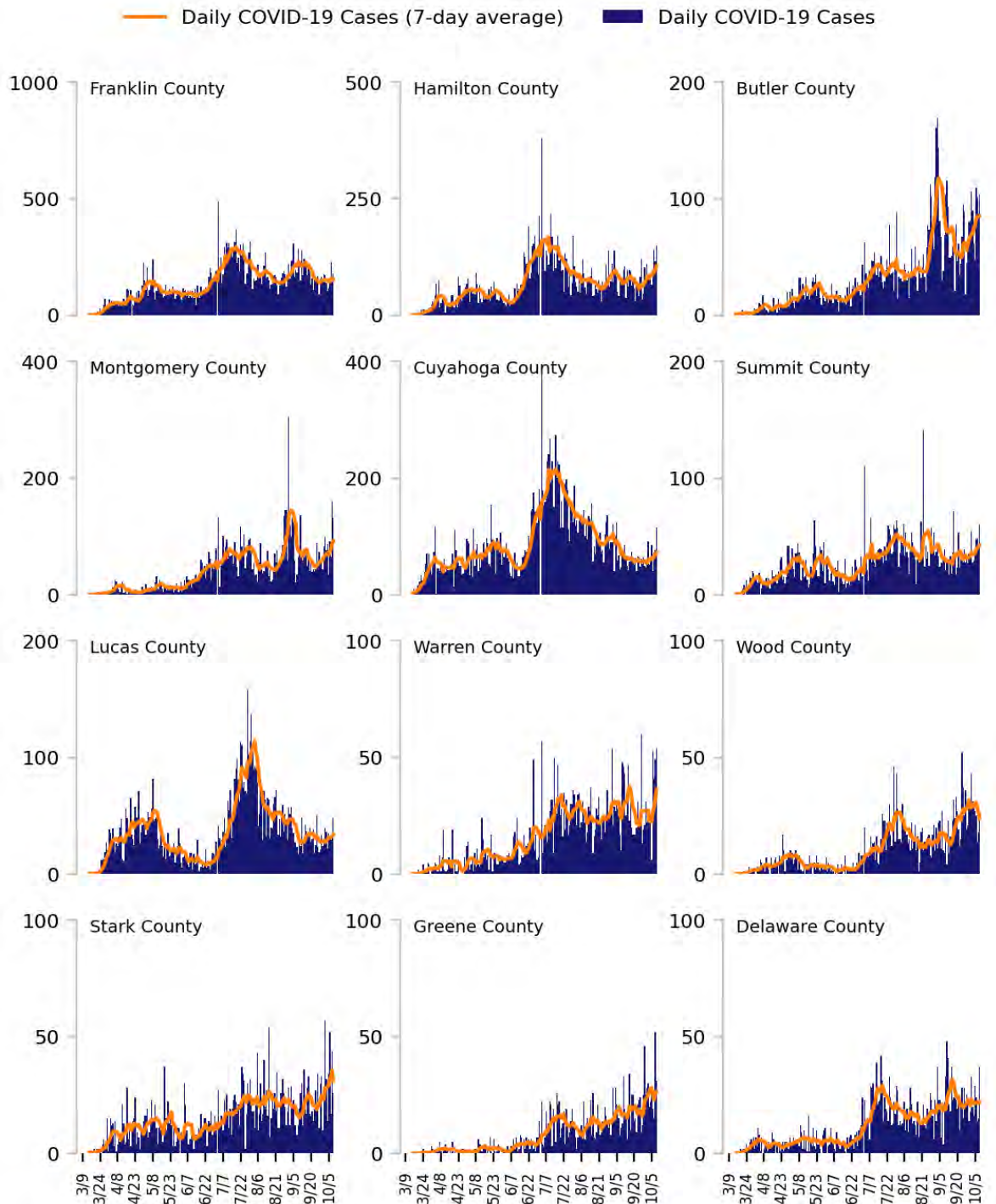
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

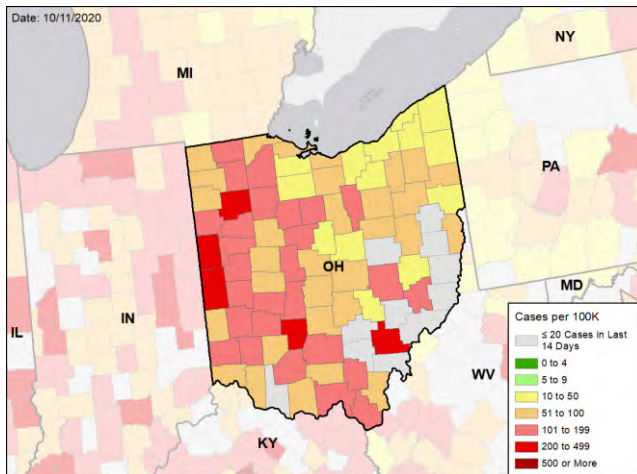


# OHIO

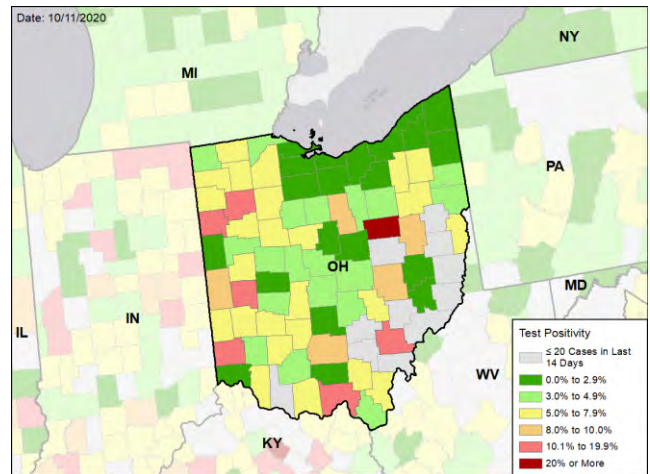
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

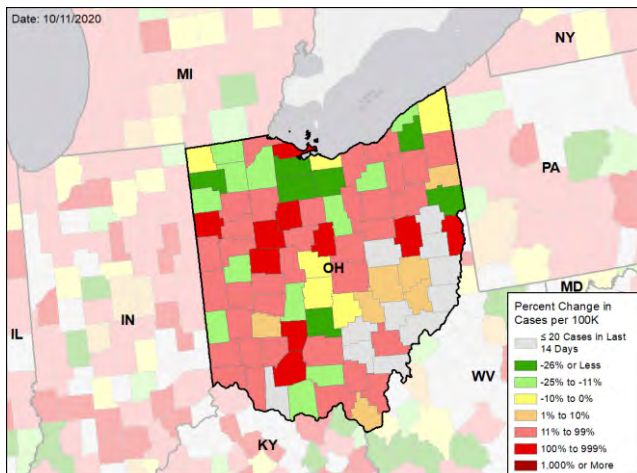
### NEW CASES PER 100,000 DURING THE LAST WEEK



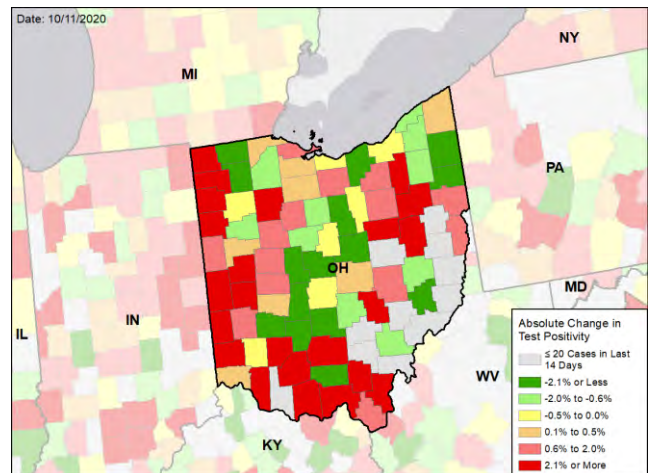
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



#### DATA SOURCES – Additional data details available under METHODS

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

**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## OKLAHOMA

### SUMMARY

- Oklahoma is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 9th highest rate in the country. Oklahoma is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 8th highest rate in the country.
- Oklahoma has seen stability in new cases and a decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Oklahoma County, 2. Tulsa County, and 3. Cleveland County. These counties represent 36.6% of new cases in Oklahoma.
- 79% of all counties in Oklahoma have moderate or high levels of community transmission (yellow, orange, or red zones), with 48% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 12% of nursing homes had at least one new resident COVID-19 case, 23% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Oklahoma had 190 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA.
- Between Oct 3 - Oct 9, on average, 135 patients with confirmed COVID-19 and 83 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oklahoma. An average of 87% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Oklahoma and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Community spread continues in Oklahoma in both rural and urban areas. Mitigation efforts should increase to include mask wearing, physical distancing, hand hygiene, and avoiding crowds in public and social gatherings in private to stop the increasing spread among residents of Oklahoma.
- There continue to be cases among nursing home residents and staff; common sense mitigation efforts can prevent transmission among the vulnerable populations.
- With the rise in cases among individuals 65 years and older, provide information through senior citizen networks to alert them to take precautionary measures.
- Use the Abbott BinaxNOW for surveillance testing in the same populations weekly. This will provide information on local transmission changes. Establish and deploy targeted testing teams (not drive-through testing) who can be rapidly deployed to communities based on signals from surveillance testing. Populations for surveillance can include K-12 teachers, fire and police force, and nursing home and correctional facility staff.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Work with university students to keep cases low, with the goal of low transmission in preparation for Thanksgiving. Implement antibody testing to understand fraction of students who have been infected and plan for spring semester accordingly. Test all university students before dismissing them for Thanksgiving.
- Tribal Nations: Increase testing, continue to expand culturally-specific public health education, developed with community leaders, especially as tribal social events pick back up. Conduct prompt contact tracing on all cases and provide housing and supplies to support immediate quarantine of contacts and isolation of cases.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).



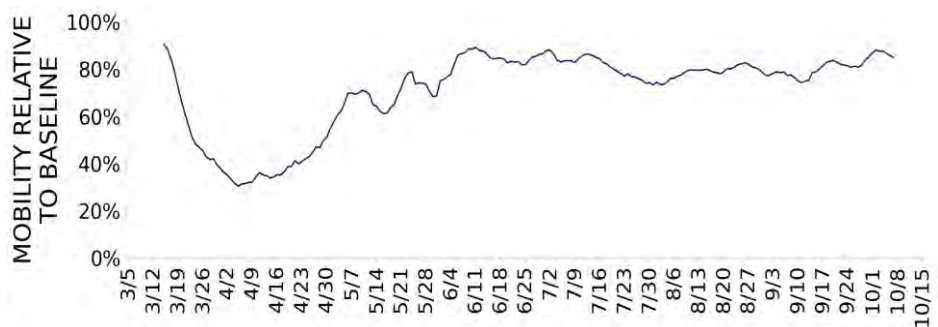


## OKLAHOMA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	7,529 (190)	+7%	47,737 (112)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.0%	-0.9%*	6.3%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	30,279** (765)	-1%**	476,967** (1,117)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	47 (1.2)	-8%	856 (2.0)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	12% (23%)	+2%* (-4%*)	13% (22%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+3%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# OKLAHOMA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

12

▲ (+2)

Tulsa  
Woodward  
Shawnee  
Enid  
Elk City  
Weatherford  
Durant  
Fort Smith  
Miami  
Altus  
McAlester  
Bartlesville

37

▲ (+1)

Tulsa  
Woodward  
Canadian  
Pottawatomie  
Garfield  
Grady  
Beckham  
Custer  
Le Flore  
Bryan  
Delaware  
Creek

#### LOCALITIES IN ORANGE ZONE

5

▼ (-1)

Oklahoma City  
Muskogee  
Tahlequah  
Guymon  
Ada

13

▲ (+1)

Oklahoma  
Osage  
Rogers  
Muskogee  
Cherokee  
Caddo  
Texas  
Pontotoc  
McIntosh  
Murray  
Love  
Hughes

#### LOCALITIES IN YELLOW ZONE

4

▼ (-1)

Stillwater  
Lawton  
Ardmore  
Duncan

11

▲ (+5)

Cleveland  
Payne  
Comanche  
Wagoner  
Seminole  
Stephens  
Carter  
Atoka  
Washita  
Pawnee  
Marshall

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Red Counties:** Tulsa, Woodward, Canadian, Pottawatomie, Garfield, Grady, Beckham, Custer, Le Flore, Bryan, Delaware, Creek, Sequoyah, McClain, Mayes, Ottawa, Logan, Jackson, Lincoln, McCurtain, Pittsburg, Craig, Washington, Garvin, Adair, Kingfisher, Johnston, Haskell, Choctaw, Pushmataha, Okfuskee, Roger Mills, Blaine, Major, Kiowa, Alfalfa, Latimer

**All Orange Counties:** Oklahoma, Osage, Rogers, Muskogee, Cherokee, Caddo, Texas, Pontotoc, McIntosh, Murray, Love, Hughes, Nowata

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

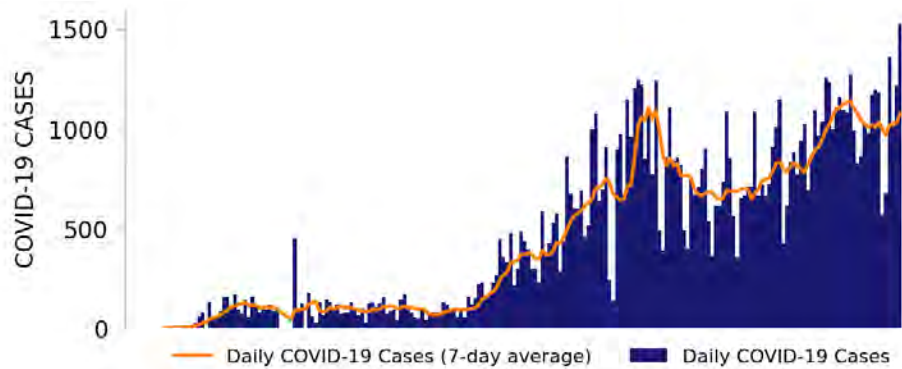
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020. Last week is 10/1 - 10/7.



# OKLAHOMA

STATE REPORT | 10.11.2020

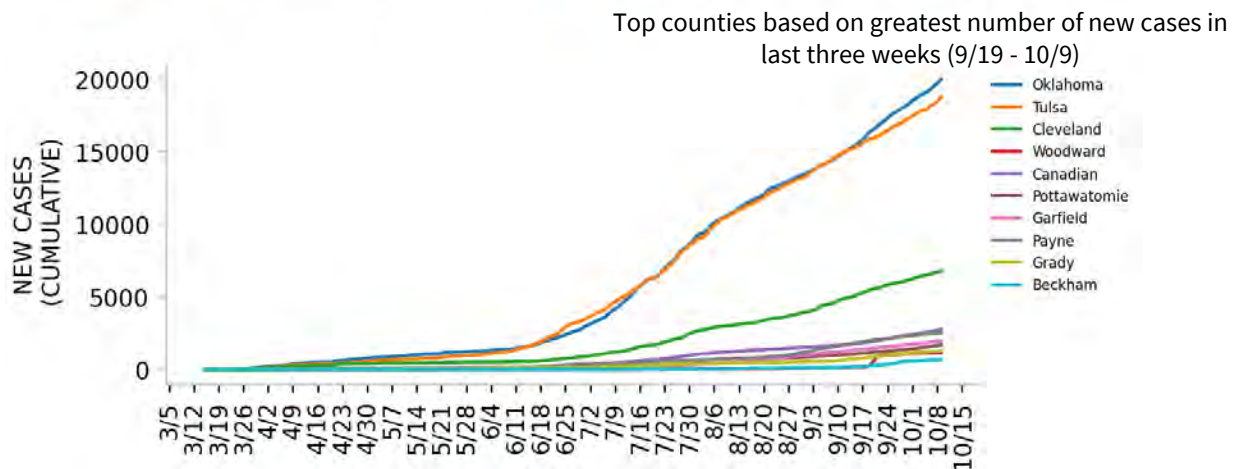
## NEW CASES



## TESTING



## TOP COUNTIES



### DATA SOURCES – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

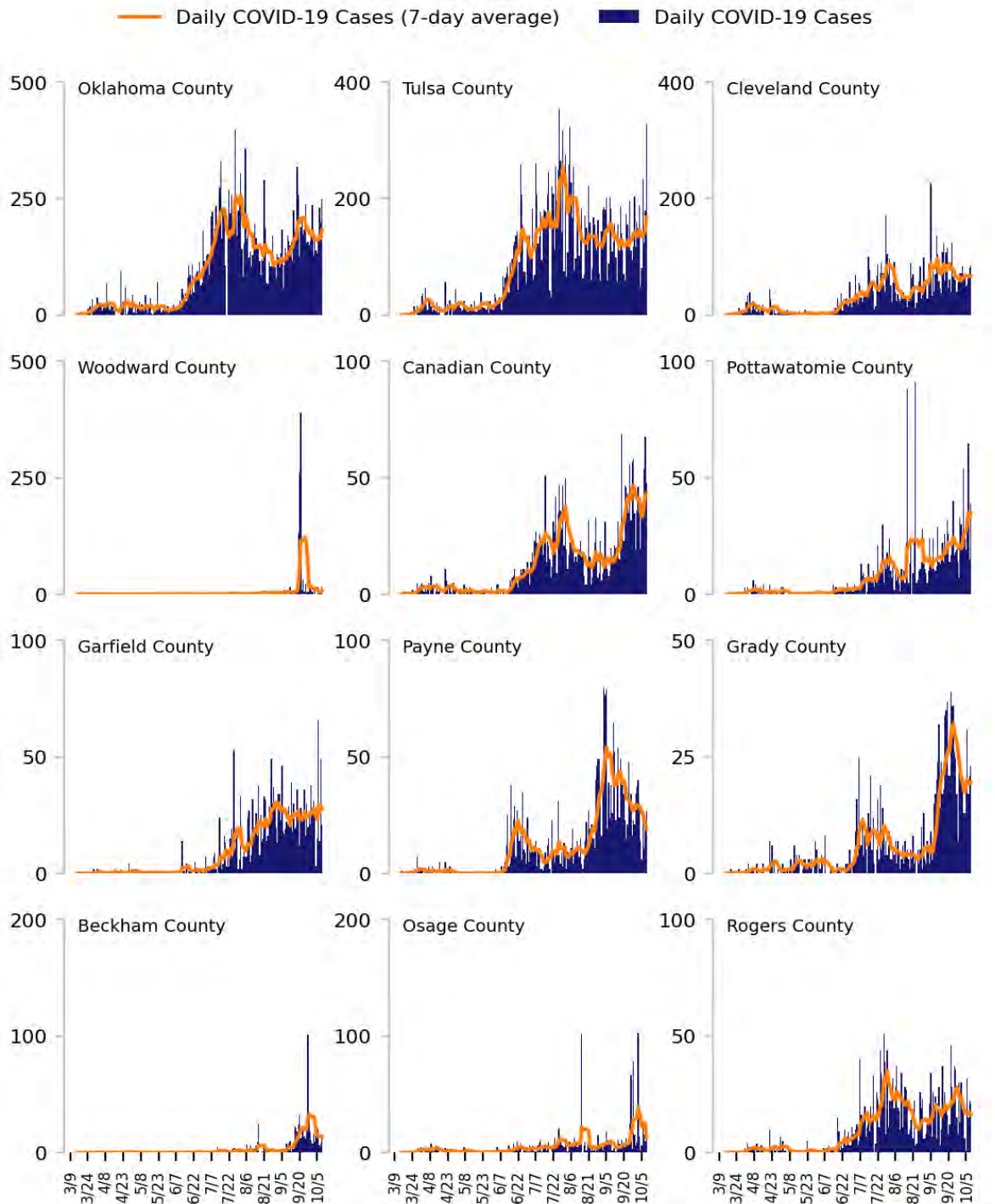
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

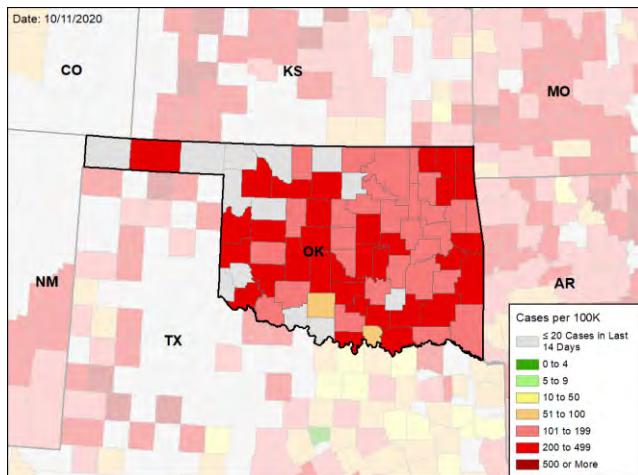


# OKLAHOMA

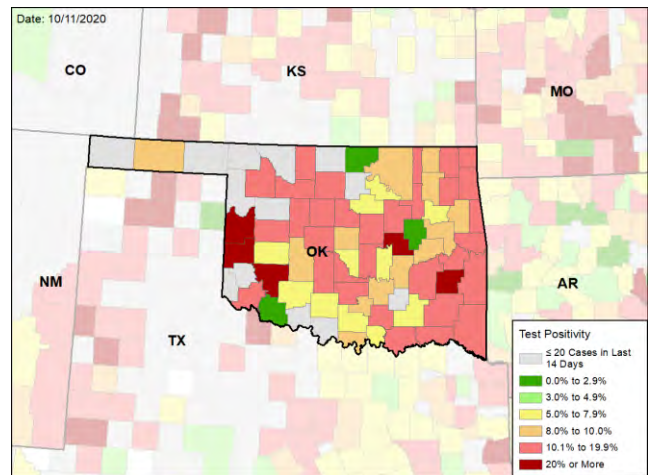
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

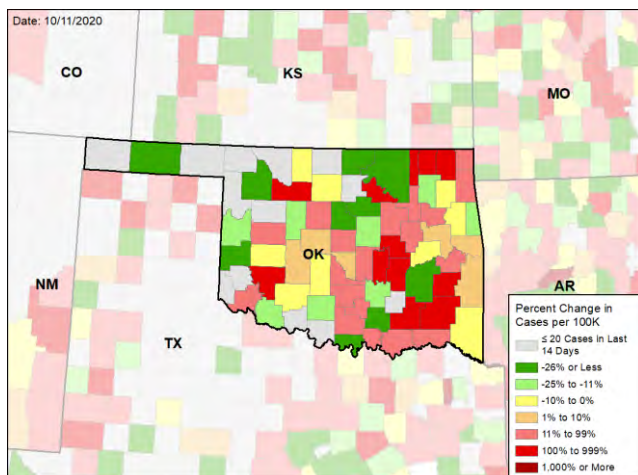
### NEW CASES PER 100,000 DURING THE LAST WEEK



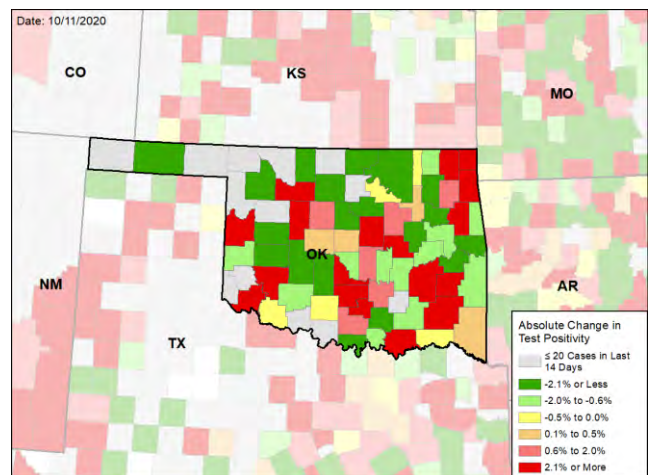
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## OREGON

### SUMMARY

- Oregon is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 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 9th highest rate in the country.
- Oregon has seen an increase in new cases and an increase in test positivity over the last week in the context of increasing testing volume.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Multnomah County, 2. Lane County, and 3. Marion County. These counties represent 42.0% of new cases in Oregon.
- 27 counties had increases in test positivity and test positivity appears to be increasing most rapidly in older age groups (25-64 and 65+).
- 39% of all counties in Oregon have moderate or high levels of community transmission (yellow, orange, or red zones), with 3% having high levels of community transmission (red zone).
- Hospital inpatient bed utilization is at 75% at the state level, with high variability by CBSA and county.
- During the week of Sep 28 - Oct 4, 6% of nursing homes had at least one new resident COVID-19 case, 12% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death; apparent outbreak in two facilities in Portland.
- Oregon had 56 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 22 to support operations activities from FEMA; 6 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Oct 3 - Oct 9, on average, 17 patients with confirmed COVID-19 and 93 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oregon. 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

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Oregon and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Rural states and areas, which were spared early in the epidemic, are now seeing the most intense increase in transmission, highlighting the need to intensify surveillance and community mitigation efforts in these areas.
- The continued increase in testing is a critical success and will help position the state better as colder weather sets in and cases are anticipated to increase.
- Adequate surveillance is key for detecting transmission early and adjusting mitigation policies; use antigen tests or other rapid testing. Expand regular surveillance and increase frequency of testing critical staff who are most at-risk for infection, such as teachers, clinic staff and staff working at long-term care facilities (LTCFs) and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders. Expand wastewater surveillance.
- Continue to closely monitor hospital/ICU utilization, resources, and capacity at the local level and put data on state and local websites as part of educational campaigns. Ensure counties and CBSAs have hospital expansion plans, particularly in areas where utilization is increasing and areas with high and increasing test positivity and incidence among those older than age 65 (Malheur, Jackson, Clatsop, Clackamas, and Yamhill).
- Ensure all hospital staff, especially those in rural areas, are trained on latest treatment protocols, including not delaying use of antiviral and antibody therapy for hospitalized patients.
- Recent data suggest that smaller, more intimate gatherings of family, friends, and neighbors are driving infection, especially as activities move indoors and adherence to face covering and social distancing wanes; educational efforts should focus on this shift.
- Ensure all institutions of higher education (IHEs) have plans and sufficient capacity for ongoing surveillance of students and staff on campus, regardless of symptoms; require all IHEs to post testing and result data online.
- Ensure targeted outreach to minority at-risk populations, such as Hispanic and Native Americans, with tailored messaging, easily accessible testing, comprehensive contact tracing, and available housing for isolation and quarantine.
- Any nursing homes with 3 or more cases of COVID among staff and/or residents per week over any of the past 3 weeks (multiple facilities in Portland and Beaverton) should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



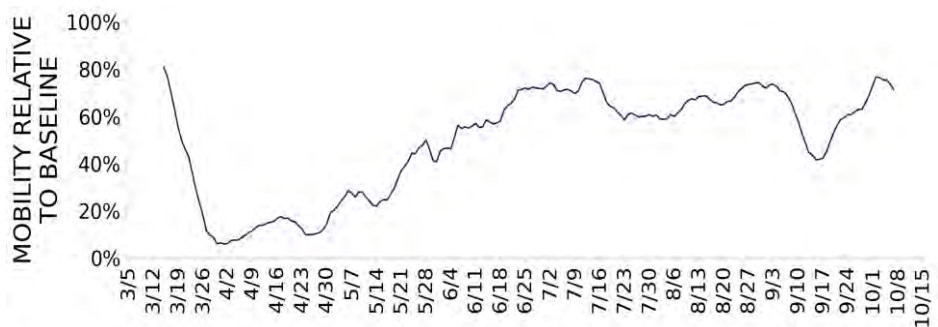


# OREGON

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,364 (56)	+28%	11,184 (78)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.5%	+3.7%*	7.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	107,820** (2,556)	+57%**	250,646** (1,747)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	34 (0.8)	+62%	117 (0.8)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (12%)	+2%* (+1%*)	7% (15%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	3%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# OREGON

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

LOCALITIES  
IN RED  
ZONE

**1**  
▼ (-1)

Ontario

**1**  
▼ (-2)

Malheur

LOCALITIES  
IN ORANGE  
ZONE

**2**  
▲ (+2)

Hermiston-Pendleton  
Hood River

**4**  
▲ (+4)

Multnomah  
Umatilla  
Yamhill  
Hood River

LOCALITIES  
IN YELLOW  
ZONE

**6**  
▲ (+1)

Portland-Vancouver-Hillsboro  
Salem  
Medford  
Bend  
Albany-Lebanon  
The Dalles

**9**  
■ (+0)

Marion  
Washington  
Clackamas  
Jackson  
Deschutes  
Linn  
Wasco  
Columbia  
Morrow

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

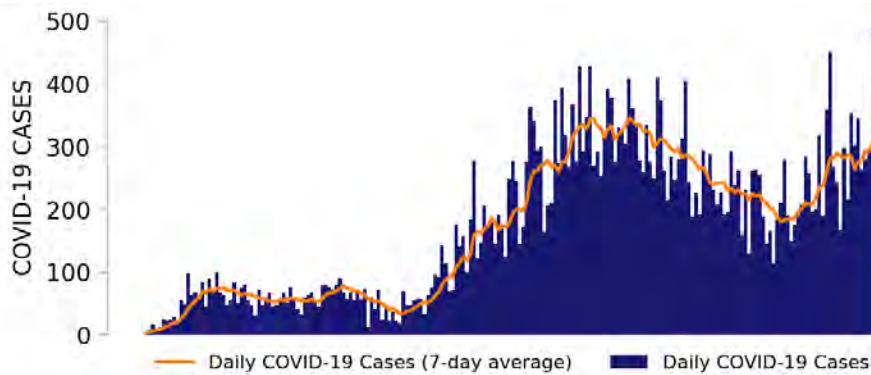
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



# OREGON

STATE REPORT | 10.11.2020

## NEW CASES

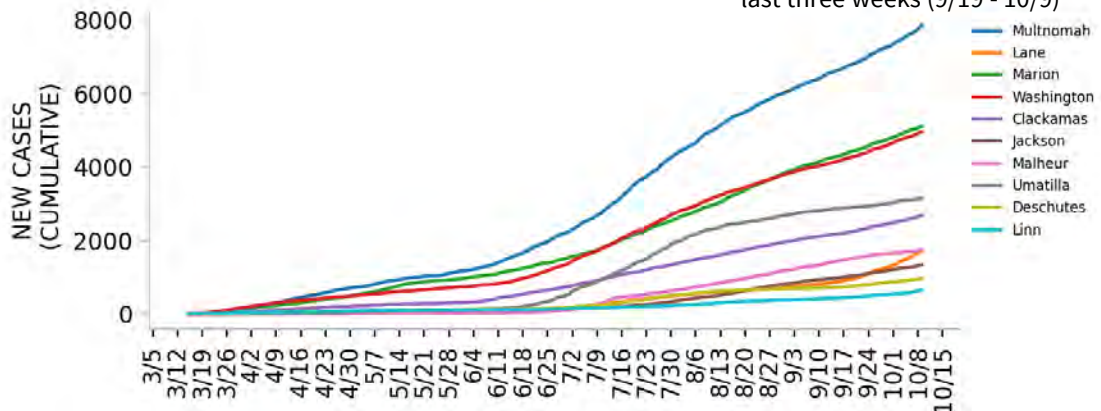


## TESTING



## TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



**DATA SOURCES** – Additional data details available under METHODS

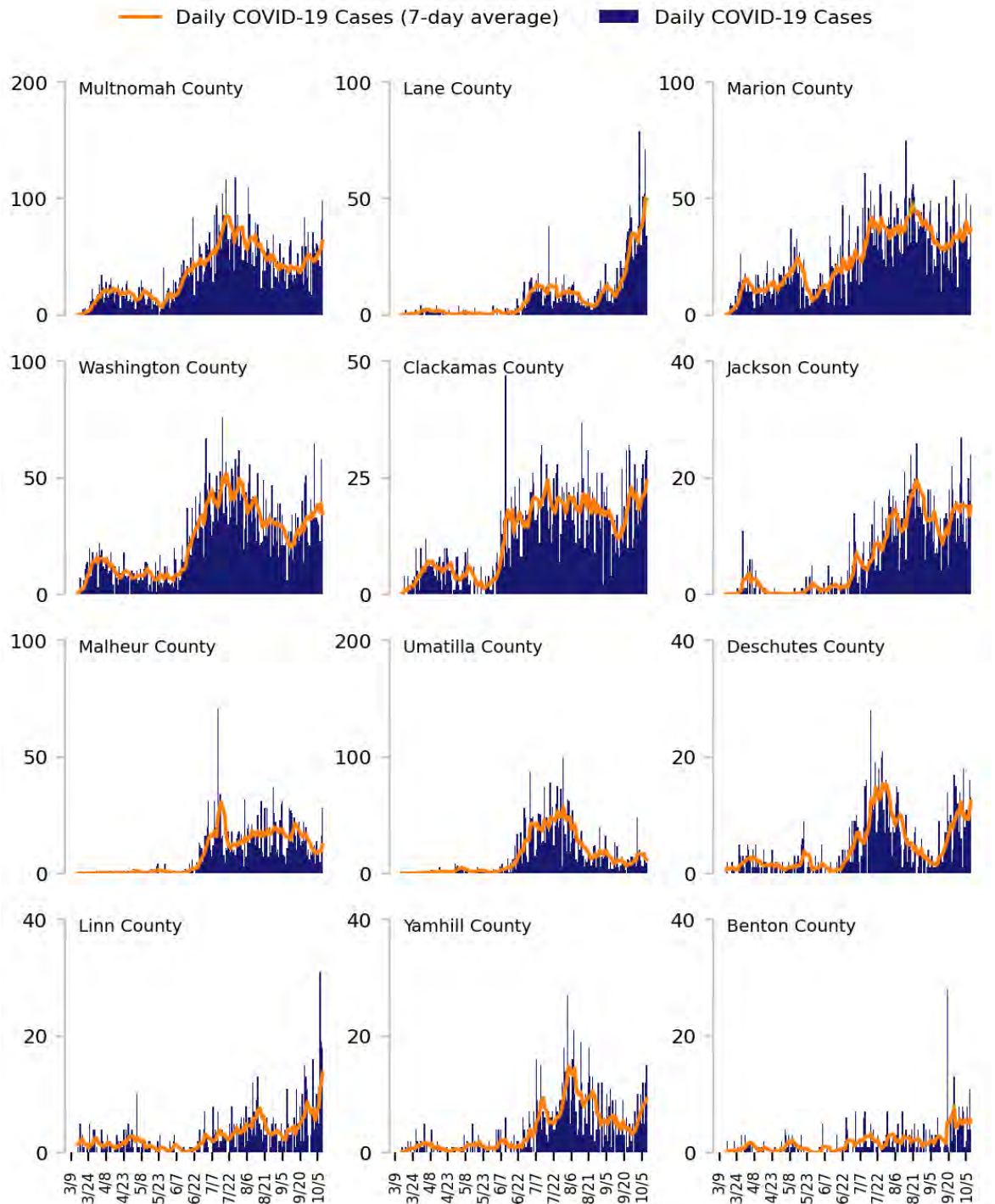
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



# 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

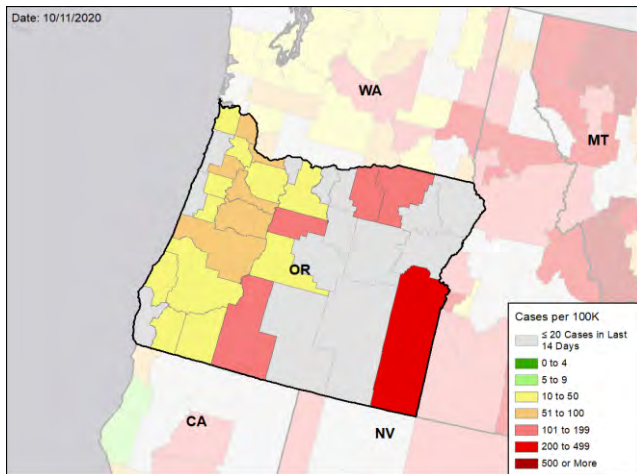


# OREGON

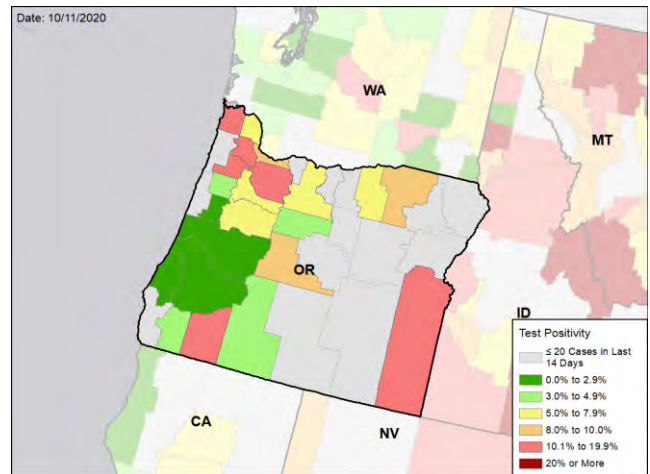
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

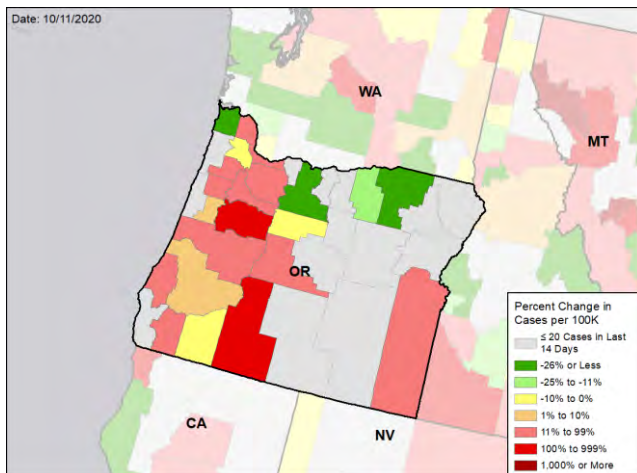
### NEW CASES PER 100,000 DURING THE LAST WEEK



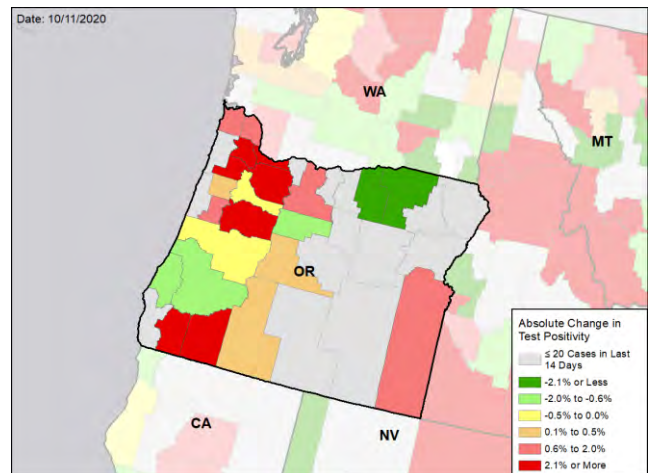
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## PENNSYLVANIA

### SUMMARY

- Pennsylvania is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 38th highest rate in the country. Pennsylvania is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 35th highest rate in the country.
- Pennsylvania has seen an increase in new cases and stability in test positivity over the last week, with large variation by county; the largest increases in test positivity and incidence are seen in smaller, more rural counties.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Philadelphia County, 2. Centre County, and 3. Allegheny County. These counties represent 30.3% of new cases in Pennsylvania.
- The highest rates of test positivity among 65+ year-olds in counties with adequate testing are Northumberland, Montour, Huntingdon, Lebanon, Blair, Westmoreland, Union, and Snyder counties.
- 22% of all counties in Pennsylvania 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 Sep 28 - Oct 4, 7% of nursing homes had at least one new resident COVID-19 case, 13% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death; apparent outbreaks in facilities in Orbisonia, Pittsburgh, Danville, New Castle, Greensburg, Muncy, Selinsgrove, Philadelphia, Troy, and Indiana.
- Pennsylvania had 63 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 59 to support operations activities from FEMA; 8 to support operations activities from ASPR; and 1 to support operations activities from USCG.
- Between Oct 3 - Oct 9, on average, 83 patients with confirmed COVID-19 and 363 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Pennsylvania. An average of 90% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Pennsylvania and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Many rural states that had a protracted period of low test positivity and low incidence, like certain counties in Pennsylvania, were lax with community mitigation and are now being hit hard; it is essential to maintain aggressive community mitigation efforts, like social distancing and face coverings, as cold weather sets in.
- Recent data suggest that smaller, more intimate gatherings of family, friends, and neighbors are driving infection, especially as activities move indoors and adherence to face covering and social distancing wanes; educational efforts should focus on this shift and reinvigorate adherence to mitigation recommendations.
- Intensify appropriately targeted public health messaging and focused testing of at-risk groups like the elderly, those who live in crowded or multigenerational settings, and those who are resistant to public health mandates.
- Adequate surveillance is extremely important as cases rise. Use antigen or other rapid tests. Implement regular surveillance and frequent testing among critical staff, such as teachers, clinic staff and staff working at long-term care facilities (LTCFs) and all other congregate living settings, prisoners and prison staff, public transportation workers, and first responders as more tests become available.
- Maintain pressure on institutions of higher education (IHEs) and ensure all are conducting vigorous testing and have sufficient capacity for ongoing surveillance of students and staff on campus, regardless of symptoms; require all IHEs to post testing and result data online.
- Continue to closely monitor hospital and ICU utilization, resources, and capacity at the local level and put data on local websites; ensure hospital capacity remains sufficient and all staff are trained on current treatment protocols, including early use of antiviral and antibody therapies, especially in rural areas and counties with high test positivity among the elderly.
- Any nursing homes with 3 or more cases of COVID among staff and/or residents per week over any of the past 3 weeks (see list of facility locations above) should have immediate facility-wide testing and inspection surveys with support for corrective action to ensure COVID-19 safety guidance and considerations are being diligently implemented.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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



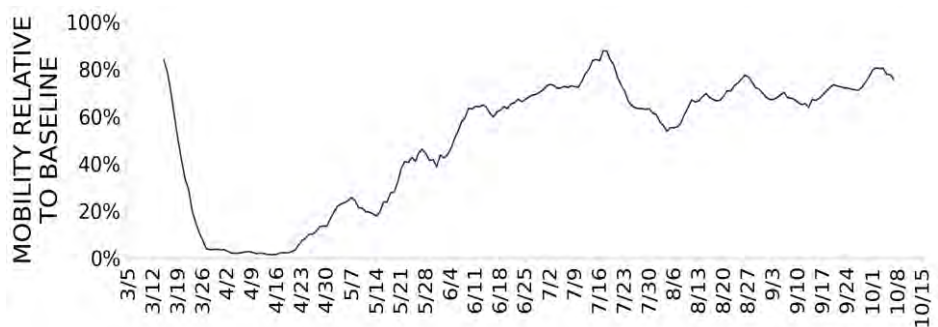


# PENNSYLVANIA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	8,113 (63)	+15%	21,728 (70)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.9%	+0.1%*	4.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	224,773** (1,756)	+9%**	621,944** (2,016)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	134 (1.0)	+35%	303 (1.0)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	7% (13%)	+0%* (+3%*)	8% (15%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+0%*	3%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# PENNSYLVANIA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	1 ▼ (-2)	Lebanon	1 ▼ (-2)	Lebanon
LOCALITIES IN YELLOW ZONE	9 ▲ (+3)	State College Reading Harrisburg-Carlisle Sunbury Pottsville Indiana Sayre Huntingdon New Castle	14 ▲ (+5)	Centre Berks Westmoreland Lackawanna Dauphin Northumberland Schuylkill Indiana Bradford Huntingdon Lawrence Montour
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Yellow Counties:** Centre, Berks, Westmoreland, Lackawanna, Dauphin, Northumberland, Schuylkill, Indiana, Bradford, Huntingdon, Lawrence, Montour, Perry, Clarion

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

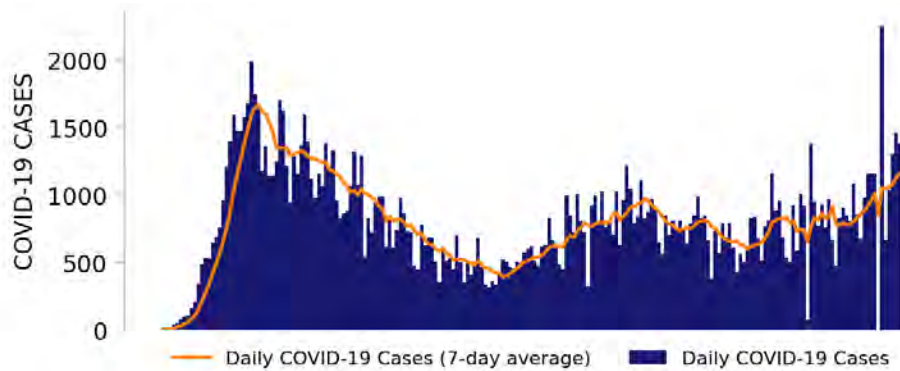
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



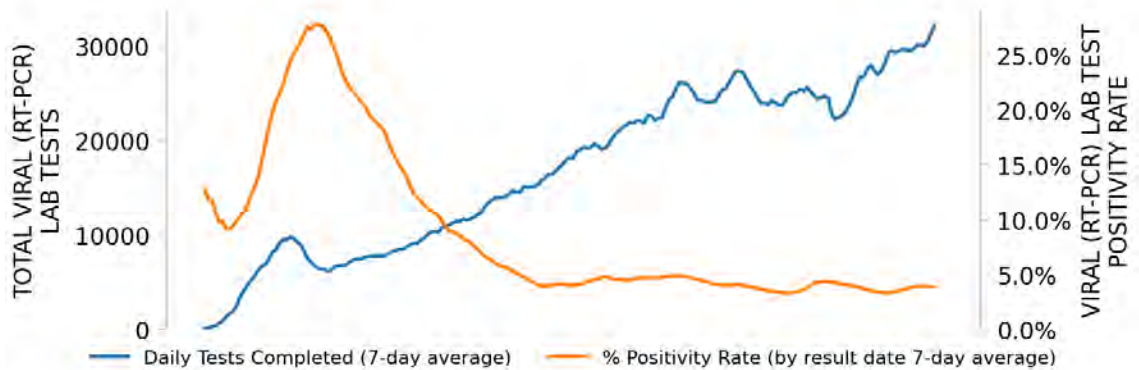
# PENNSYLVANIA

STATE REPORT | 10.11.2020

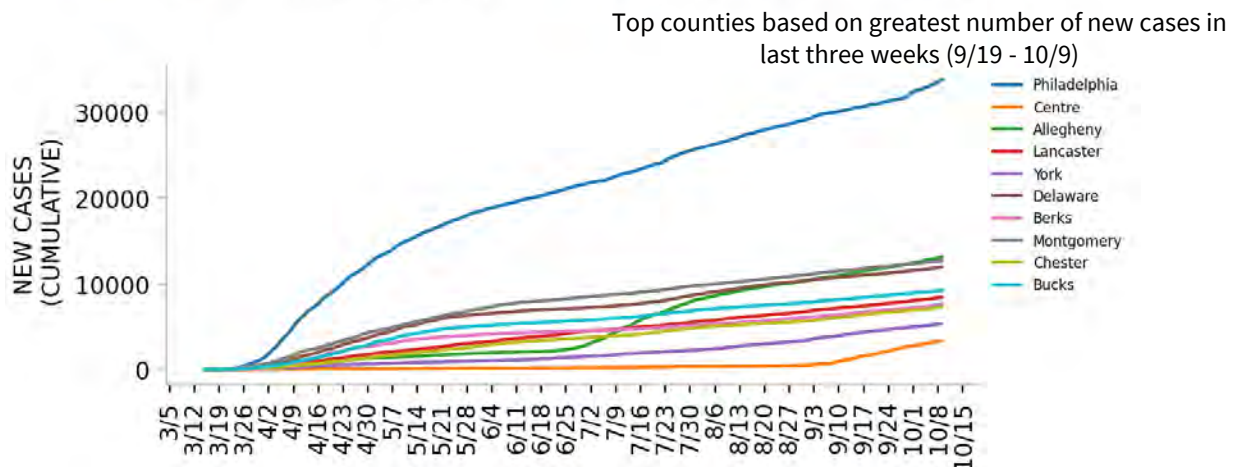
## NEW CASES



## TESTING



## TOP COUNTIES



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

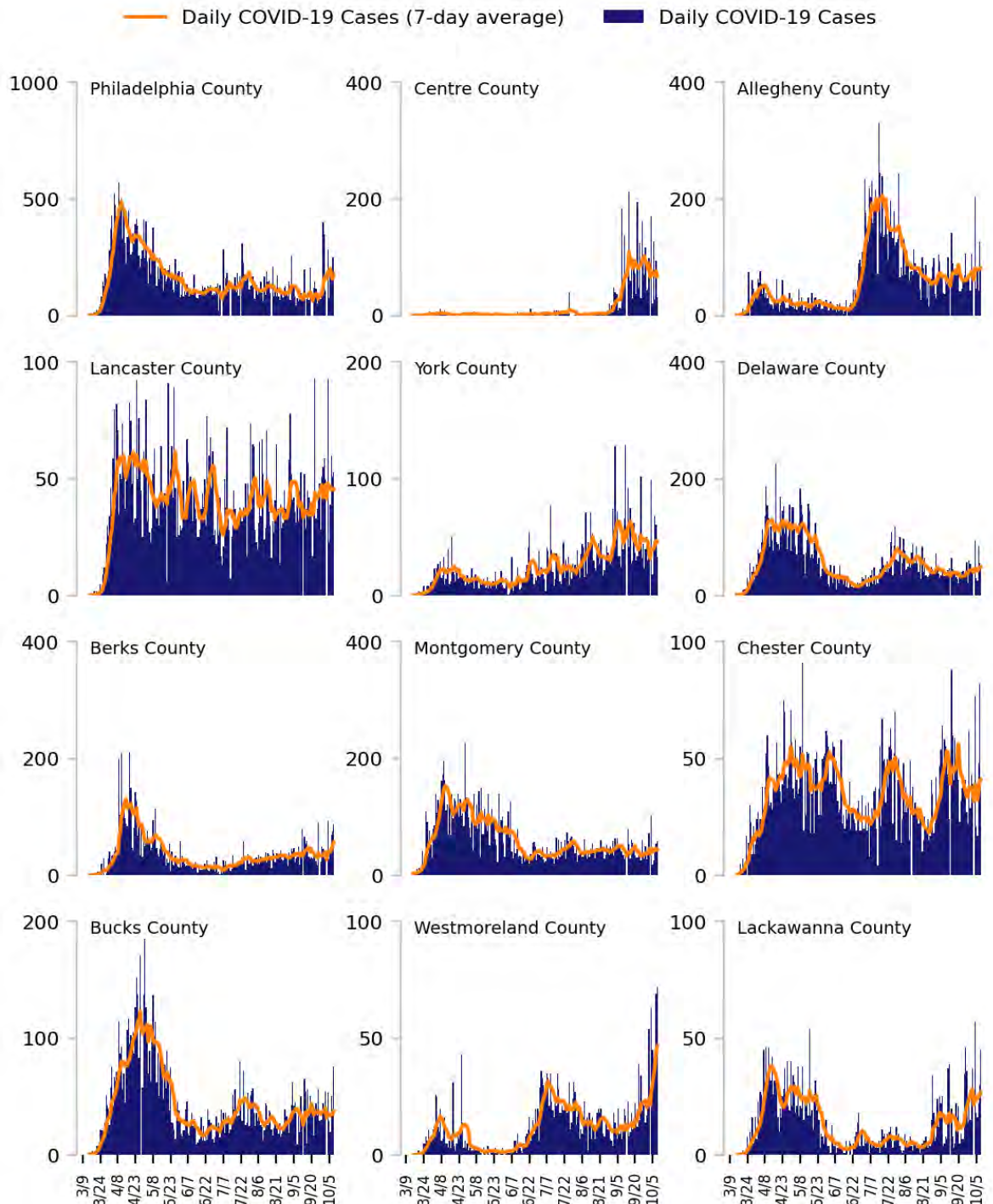
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

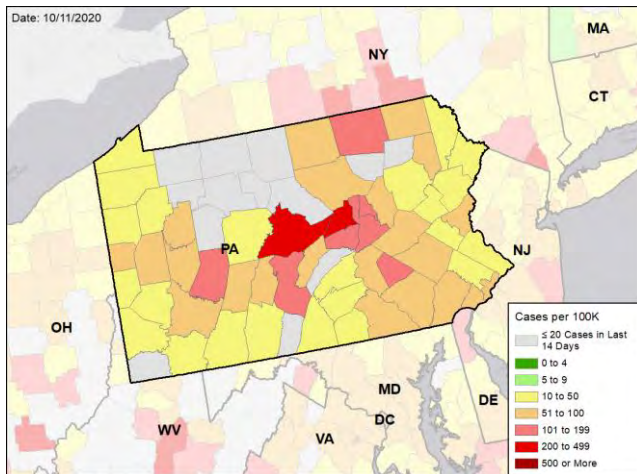


# PENNSYLVANIA

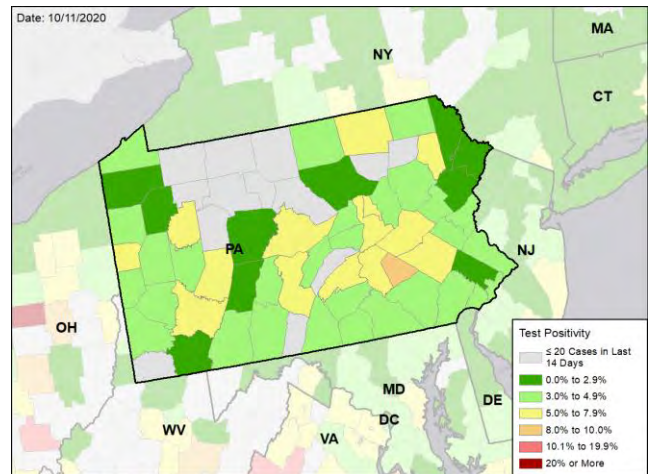
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

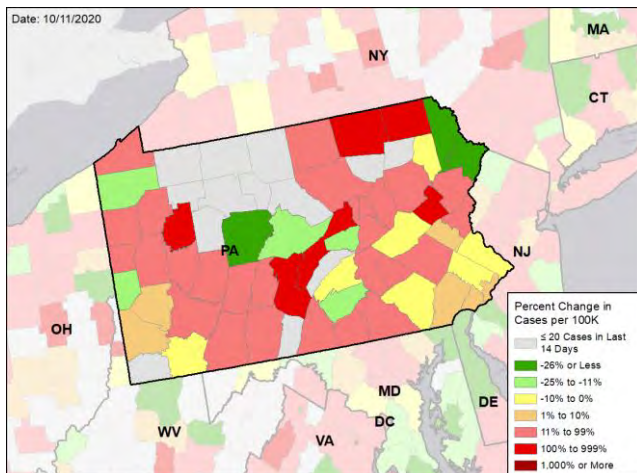
### NEW CASES PER 100,000 DURING THE LAST WEEK



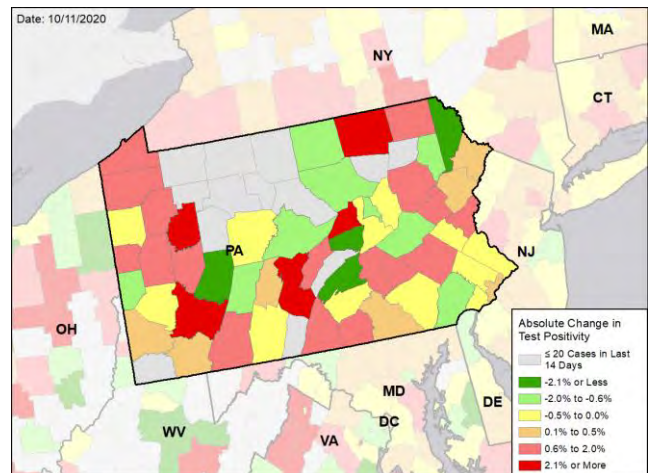
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## RHODE ISLAND

### SUMMARY

- Rhode Island is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 24th highest rate in the country. Rhode Island is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 46th highest rate in the country.
- Rhode Island has seen an increase in new cases and stability in test positivity over the last week in the context of stable volume of testing.
- 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 79.2% of new cases in Rhode Island.
- The biggest increase in cases was seen in Providence and the biggest increase in test positivity was seen in Kent County.
- Test positivity remains highest in 18-24 year-olds, with rates above 8% in Washington County (University of Rhode Island), but the biggest increases were seen among 25-64 year-olds, suggesting migration of epidemic to older age groups.
- No counties in Rhode Island have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Sep 28 - Oct 4, 12% 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, substantial increase from the previous week; apparent outbreaks in facilities in Cumberland, Coventry, Warwick, Cranston, and Providence.
- Rhode Island had 115 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from FEMA.
- Between Oct 3 - Oct 9, on average, 7 patients with confirmed COVID-19 and 1 patient with suspected COVID-19 were reported as newly admitted each day to hospitals in Rhode Island. An average of 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

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Rhode Island and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Rhode Island testing efforts as a whole, and recent expansion of testing at the University of Rhode Island, are highly commendable.
- States and areas around the country with previous low transmission are now seeing rapidly accelerating epidemics associated with waning mitigation efforts and colder weather, highlighting the need for continued diligent adherence to face covering and social distancing, especially as activities move indoors.
- Recent data suggest that smaller, more intimate gatherings of family, friends, and neighbors are driving infection, especially as the weather cools and adherence to mitigation efforts wanes; educational efforts should focus on this shift and reinvestigate adherence to mitigation recommendations.
- Intensify appropriately targeted public health messaging and focused testing of at-risk groups, like the elderly, minority communities (particularly Hispanic), and those who live in crowded or multigenerational settings; this also includes those who are resistant to public health mandates.
- Adequate surveillance is extremely important as cases rise. Use antigen or other rapid tests. Implement regular surveillance and frequent testing among critical staff, such as teachers, clinic staff and staff working at long-term care facilities (LTCFs) and all other congregate living settings, prisoners and prison staff, public transportation workers, and first responders as more tests become available. Explore expansion of wastewater surveillance.
- Ensure reporting of all antigen test results, both positive and negative.
- Ensure all open colleges and universities have adequate surveillance plans which include both symptomatic and strategically selected asymptomatic students.
- Continue to closely monitor hospital and ICU utilization, resources, and capacity at the local level and put data on local websites as part of educational campaigns; use data to influence level of community mitigation.
- Any nursing homes with 3 or more cases of COVID per week over any of the past 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).





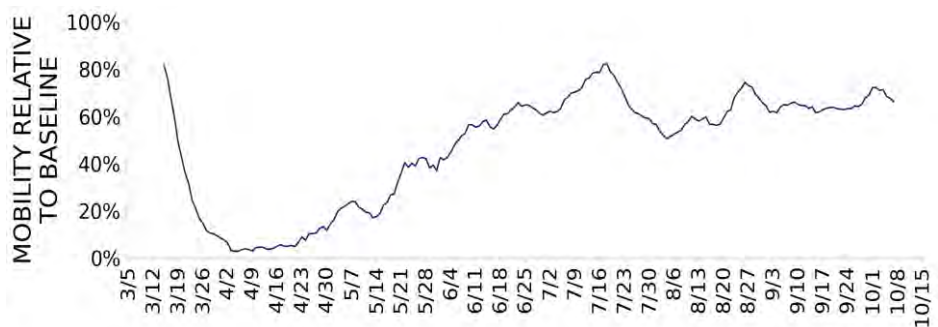


# RHODE ISLAND

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,218 (115)	+36%	7,777 (52)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.8%	+0.2%*	1.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	66,937** (6,319)	-3%**	557,107** (3,753)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	12 (1.1)	+9%	126 (0.8)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	12% (18%)	+3%* (+2%*)	5% (11%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	-1%*	1%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# RHODE ISLAND

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease				

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

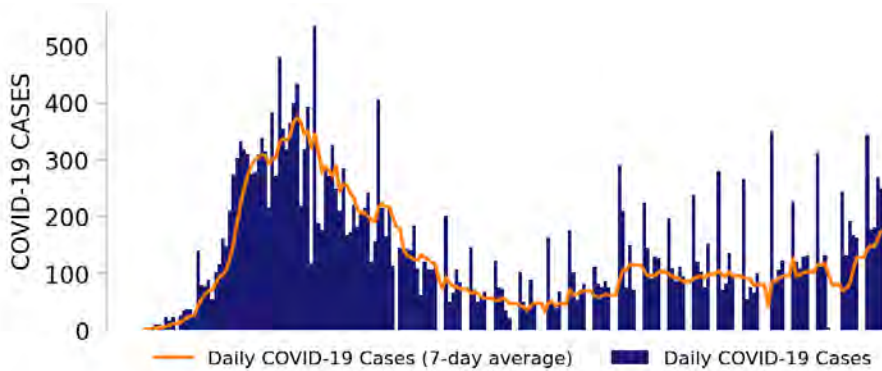
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020. Last week is 10/1 - 10/7.



# RHODE ISLAND

STATE REPORT | 10.11.2020

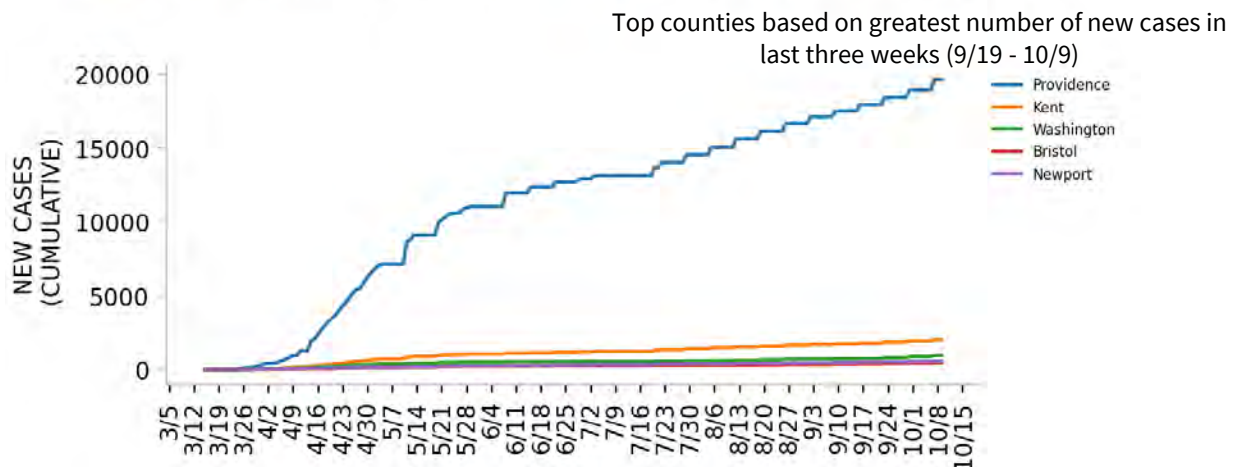
## NEW CASES



## TESTING



## TOP COUNTIES



### DATA SOURCES – Additional data details available under METHODS

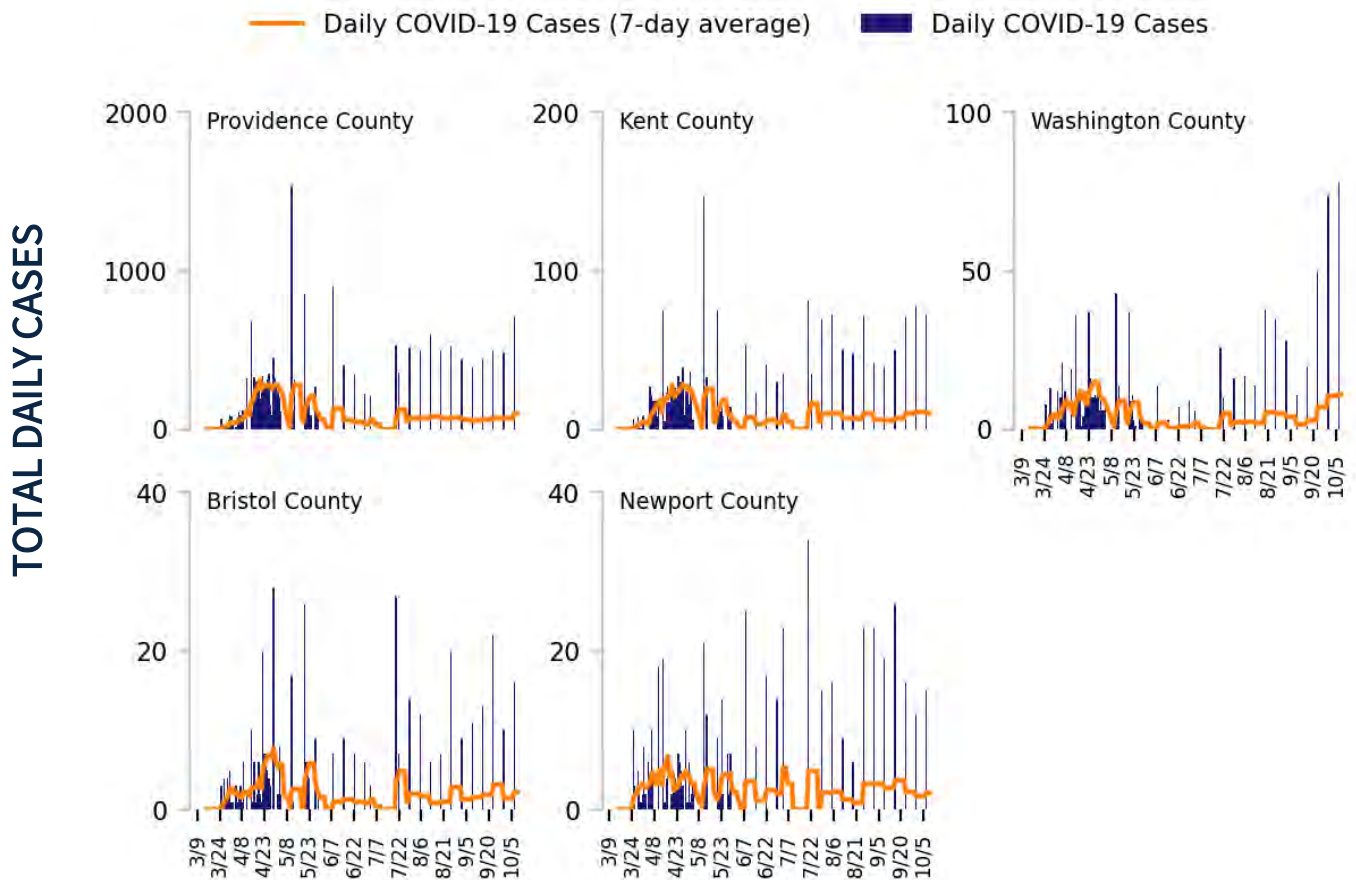
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



## 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 10/9/2020. Last 3 weeks is 9/19 - 10/9.

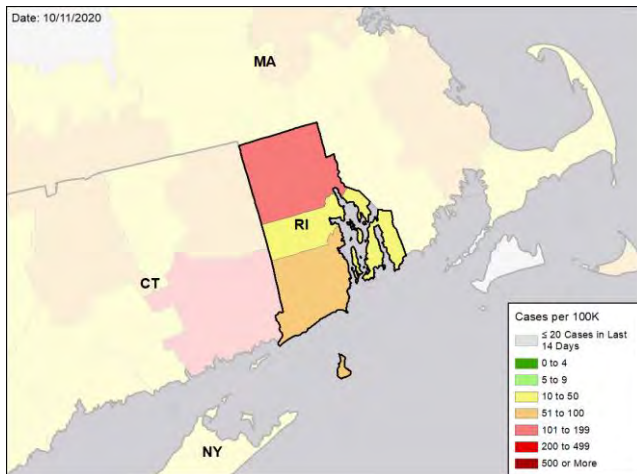


# RHODE ISLAND

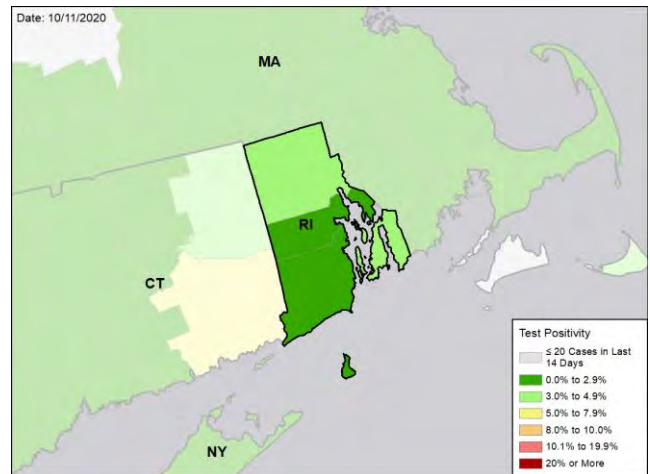
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

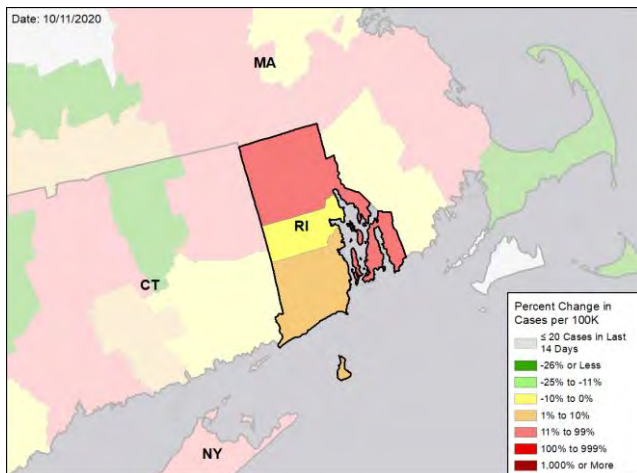
### NEW CASES PER 100,000 DURING THE LAST WEEK



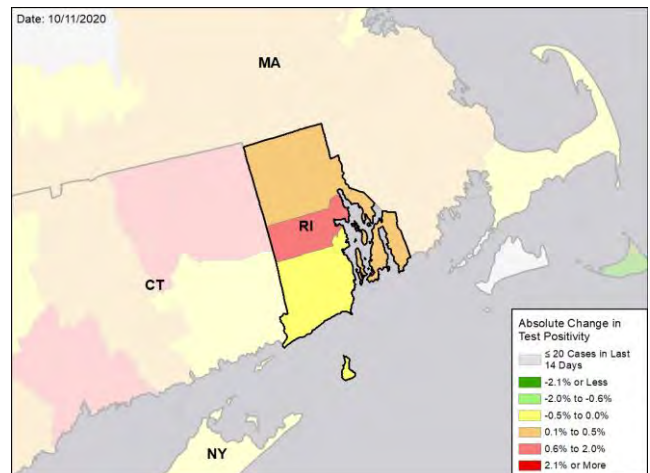
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under **METHODS**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## SOUTH CAROLINA

### SUMMARY

- South Carolina is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 21st highest rate in the country. South Carolina is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 14th highest rate in the country.
- South Carolina has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Aiken County, 2. Richland County, and 3. Greenville County. These counties represent 28.1% of new cases in South Carolina.
- 76% of all counties in South Carolina have moderate or high levels of community transmission (yellow, orange, or red zones), with 26% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 14% of nursing homes had at least one new resident COVID-19 case, 23% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- South Carolina had 126 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 9 to support operations activities from USCG.
- Between Oct 3 - Oct 9, on average, 71 patients with confirmed COVID-19 and 71 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Carolina. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in South Carolina and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- South Carolina is showing signs of significant community spread reemerging with many counties showing increases in cases. South Carolina needs to ensure expansion of testing and continue strong mitigation efforts statewide, as well as mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further 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.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations. Track test positivity, cases, and new daily hospitalizations in all counties and react to any week over week increases with increased mitigation in those counties and surged community level testing.
- Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Ask citizens and students to limit friend and family gatherings to prevent recreating spreading events in homes, resulting in new cases and the infection of those with comorbidities.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests.
- Abbott BinaxNOW arrived at Historically Black Colleges and Universities for rapid diagnosis and isolation of both symptomatic and asymptomatic cases. Ensure reporting of all tests conducted and positive tests.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are reporting. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).





# SOUTH CAROLINA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	6,491 (126)	+23%	75,980 (114)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.0%	+1.0%*	6.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	62,611** (1,216)	-14%**	1,024,987** (1,532)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	123 (2.4)	+10%	1,603 (2.4)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	14% (23%)	+1%* (+0%*)	14% (27%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+1%*	5%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# SOUTH CAROLINA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

**6**  
▲ (+5)

Greenville-Anderson  
Spartanburg  
Myrtle Beach-Conway-North Myrtle Beach  
Seneca  
Newberry  
Gaffney

**12**  
▲ (+3)

Spartanburg  
Anderson  
Horry  
Pickens  
Oconee  
Kershaw  
Newberry  
Lancaster  
Cherokee  
Marion  
Colleton  
Chester

#### LOCALITIES IN ORANGE ZONE

**2**  
▼ (-2)

Augusta-Richmond County  
Georgetown

**12**  
▲ (+2)

Aiken  
Greenville  
Lexington  
York  
Dillon  
Barnwell  
Laurens  
Georgetown  
Hampton  
Fairfield  
Allendale  
Calhoun

#### LOCALITIES IN YELLOW ZONE

**6**  
▼ (-5)

Columbia  
Charlotte-Concord-Gastonia  
Florence  
Hilton Head Island-Bluffton  
Bennettsville  
Union

**11**  
▼ (-8)

Richland  
Beaufort  
Florence  
Dorchester  
Edgefield  
Darlington  
Sumter  
Chesterfield  
Marlboro  
Union  
Jasper

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

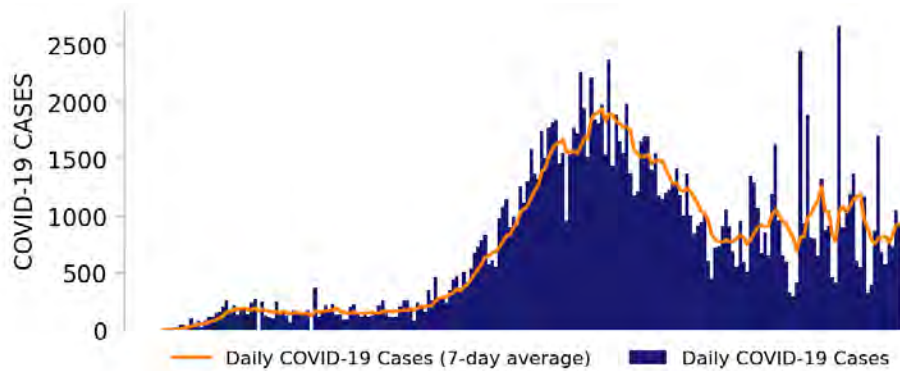
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



# SOUTH CAROLINA

STATE REPORT | 10.11.2020

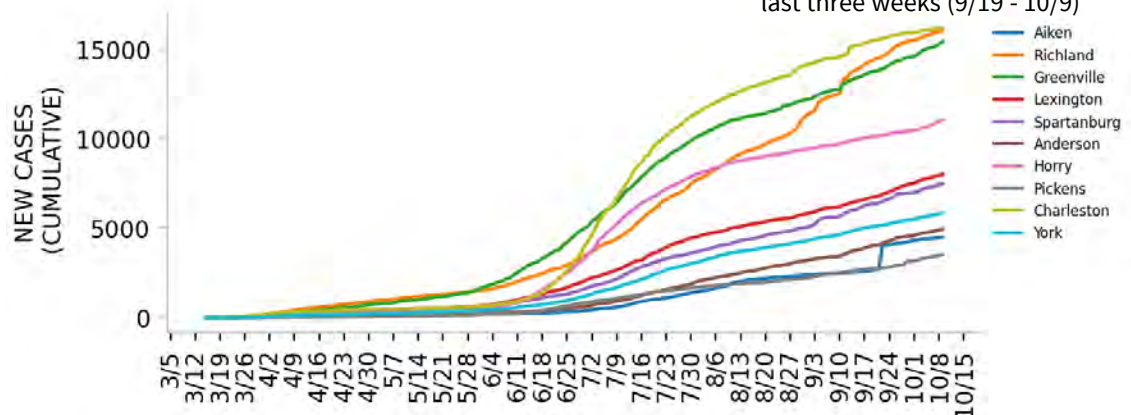
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



### DATA SOURCES – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

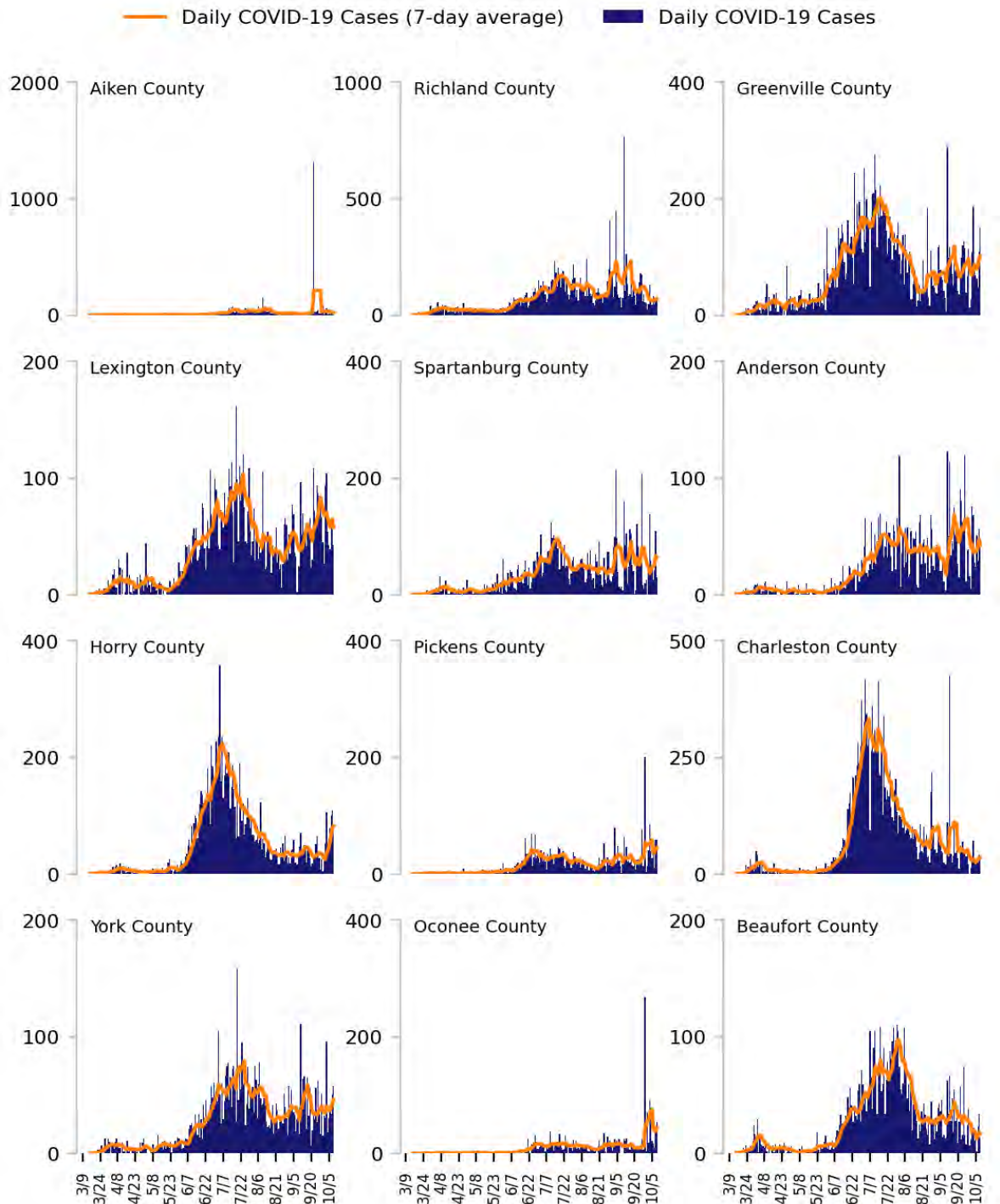
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

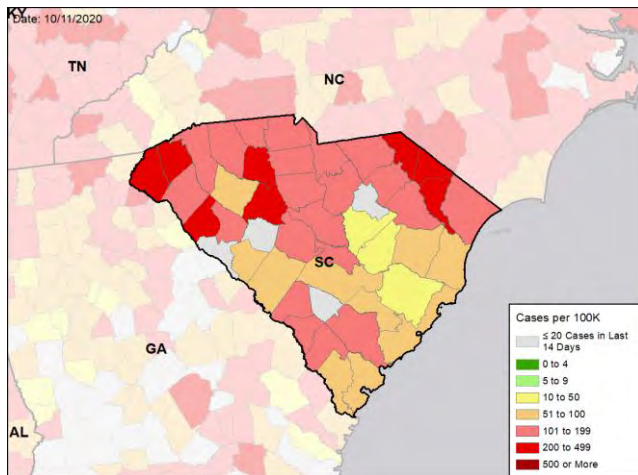


# SOUTH CAROLINA

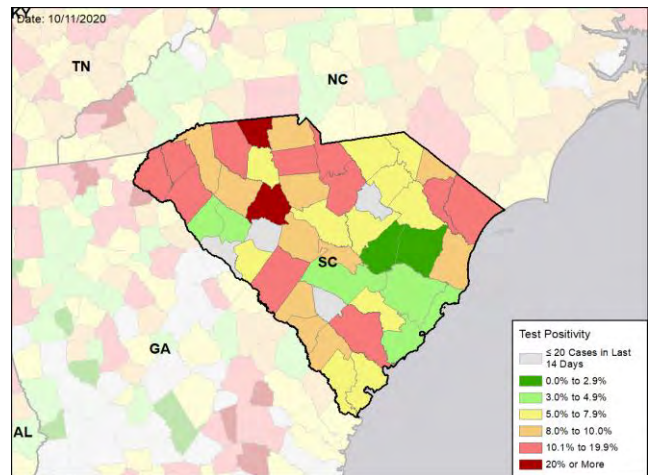
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

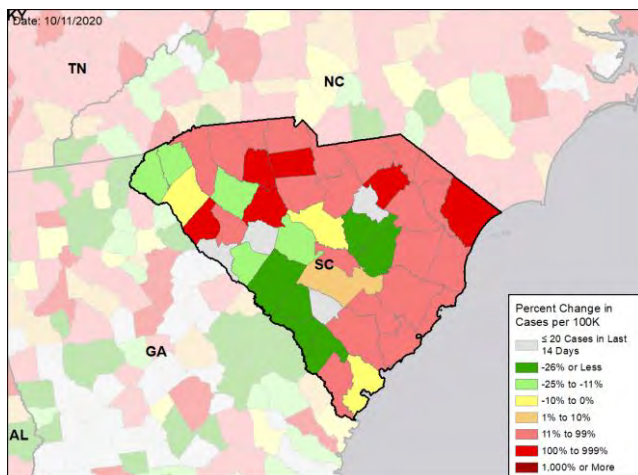
### NEW CASES PER 100,000 DURING THE LAST WEEK



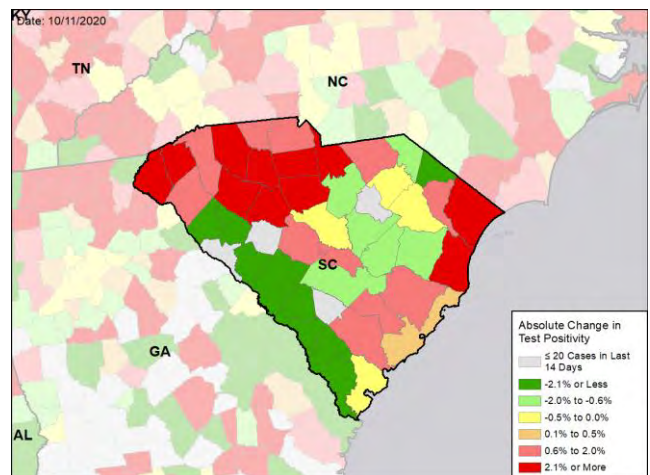
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## SOUTH DAKOTA

### SUMMARY

- South Dakota is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 2nd highest rate in the country. South Dakota is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 6th highest rate in the country.
- South Dakota has seen an increase in new cases and stability in test positivity over the last week, in the context of increasing testing volume.
- 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 35.5% of new cases in South Dakota.
- 70% of all counties in South Dakota have moderate or high levels of community transmission (yellow, orange, or red zones), with 45% having high levels of community transmission (red zone).
- Test positivity is increasing most rapidly in older age groups (25-64 and 65+), particularly in smaller counties.
- During the week of Sep 28 - Oct 4, 16% of nursing homes had at least one new resident COVID-19 case, 41% had at least one new staff COVID-19 case, and 10% had at least one new resident COVID-19 death; Lennox, Wessington Springs, Selby, Mitchell, and Gregory had facilities with 3 or more resident cases.
- South Dakota had 418 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA.
- Between Oct 3 - Oct 9, on average, 44 patients with confirmed COVID-19 and 9 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Dakota. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in South Dakota and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Expansion in testing is a critical achievement and highly commendable, and will be increasingly important as activities move back indoors.
- Recent data suggest that smaller, more intimate gatherings of family, friends, and neighbors are driving infection, especially as activities move indoors and adherence to face covering and social distancing wanes; educational efforts should include strategies to address this shift.
- Target public health messaging and community testing efforts to those most at risk with highly specific messaging and strategic selection of testing location; ensure elderly and those at-risk and/or vulnerable to severe disease are being tested in sufficient volume.
- Adequate surveillance is extremely important as cases rise. Use antigen or other rapid tests. Implement regular surveillance and frequent testing among critical staff, such as teachers, clinic staff and staff working at long-term care facilities (LTCFs) and all other congregate living settings, prisoners and prison staff, public transportation workers, and first responders as more tests become available. Explore expansion of wastewater surveillance. Ensure reporting of all antigen test results, both positive and negative.
- Continue to closely monitor hospital and ICU utilization, resources, and capacity at the local level; feature data on local websites and use data to inform local mitigation policies and efforts. Work with state and federal emergency partners, as needed, to ensure hospital capacity and resources remain sufficient and all staff are trained on current treatment protocols, including early use of antiviral and antibody therapy for hospitalized patients.
- Closely monitor case rates and test positivity, stratified by county and age band; intensify mitigation efforts where case rates are elevated and test positivity is increasing, urging social distancing and using face coverings, especially in areas where hospital capacity is limited or decreasing and case rates are increasing in older age bands.
- Continue culturally-specific outreach to Native American and Hispanic communities and other at-risk populations, educating on risks of household transmission to elderly and those with risk factors and emphasizing critical need for face coverings and social distancing to protect the most vulnerable.
- Any nursing homes with 3 or more cases of COVID per week over any of the past 3 weeks (see above cities) should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).



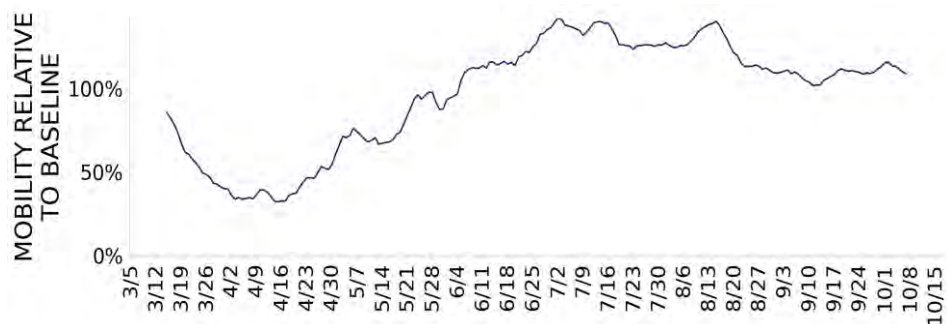


# SOUTH DAKOTA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,695 (418)	+24%	24,547 (200)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.5%	-0.3%*	8.7%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	23,591** (2,667)	+7%**	309,098** (2,521)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	40 (4.5)	+90%	197 (1.6)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	16% (41%)	+3%* (+4%*)	11% (30%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10%	+1%*	4%	4%

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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# SOUTH DAKOTA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

**6**  
▼ (-1)

Sioux Falls  
Aberdeen  
Pierre  
Mitchell  
Brookings  
Sioux City

**30**  
▼ (-2)

Minnehaha  
Lincoln  
Brown  
Hughes  
Davison  
Brookings  
Union  
Tripp  
Turner  
Grant  
Charles Mix  
Roberts

#### LOCALITIES IN ORANGE ZONE

**3**  
▼ (-1)

Rapid City  
Spearfish  
Vermillion

**12**  
▲ (+4)

Pennington  
Codington  
Meade  
Lawrence  
Clay  
Hutchinson  
Butte  
Spink  
Bon Homme  
Deuel  
Fall River  
Corson

#### LOCALITIES IN YELLOW ZONE

**1**  
■ (+0)

Watertown

**4**  
▲ (+3)

Dewey  
Brule  
Douglas  
Custer

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Red Counties:** Minnehaha, Lincoln, Brown, Hughes, Davison, Brookings, Union, Turner, Tripp, Grant, Charles Mix, Roberts, Todd, Lyman, Walworth, Jerauld, Lake, Aurora, Moody, McCook, Buffalo, Day, Kingsbury, Hand, Campbell, Bennett, Potter, Sanborn, Miner, Jackson

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

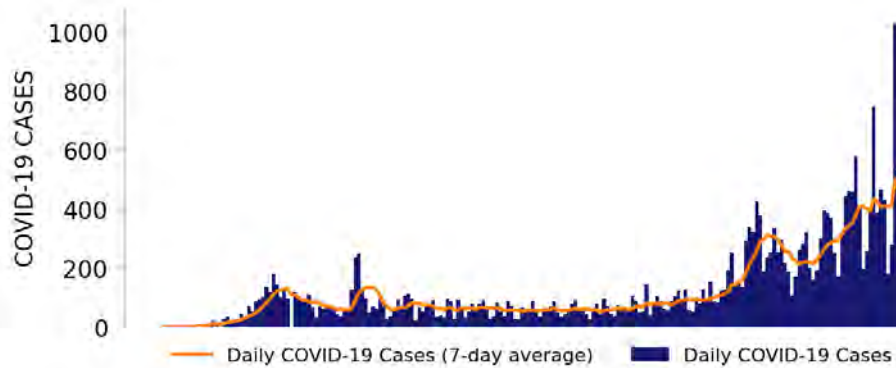
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



# SOUTH DAKOTA

STATE REPORT | 10.11.2020

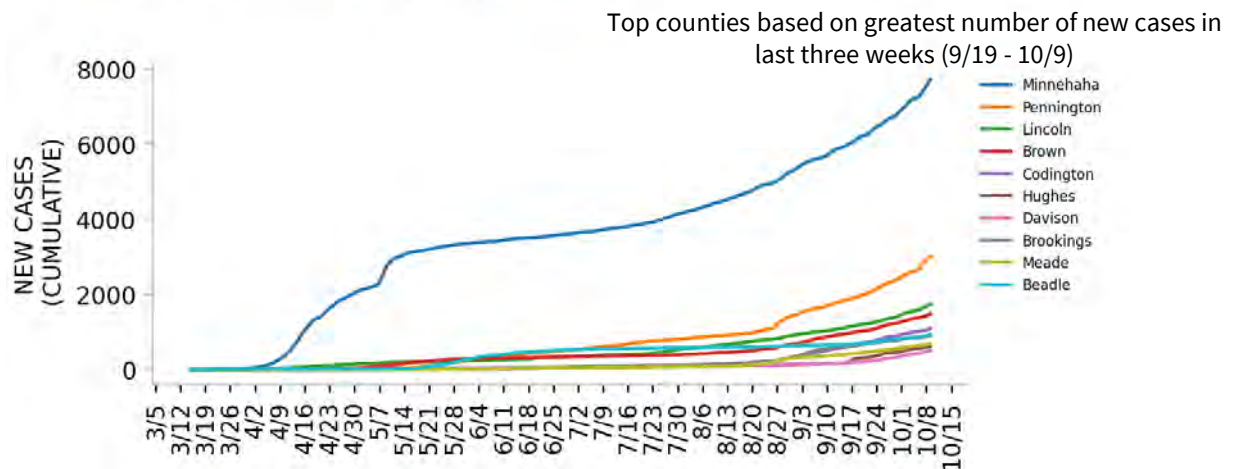
## NEW CASES



## TESTING



## TOP COUNTIES



**DATA SOURCES** – Additional data details available under METHODS

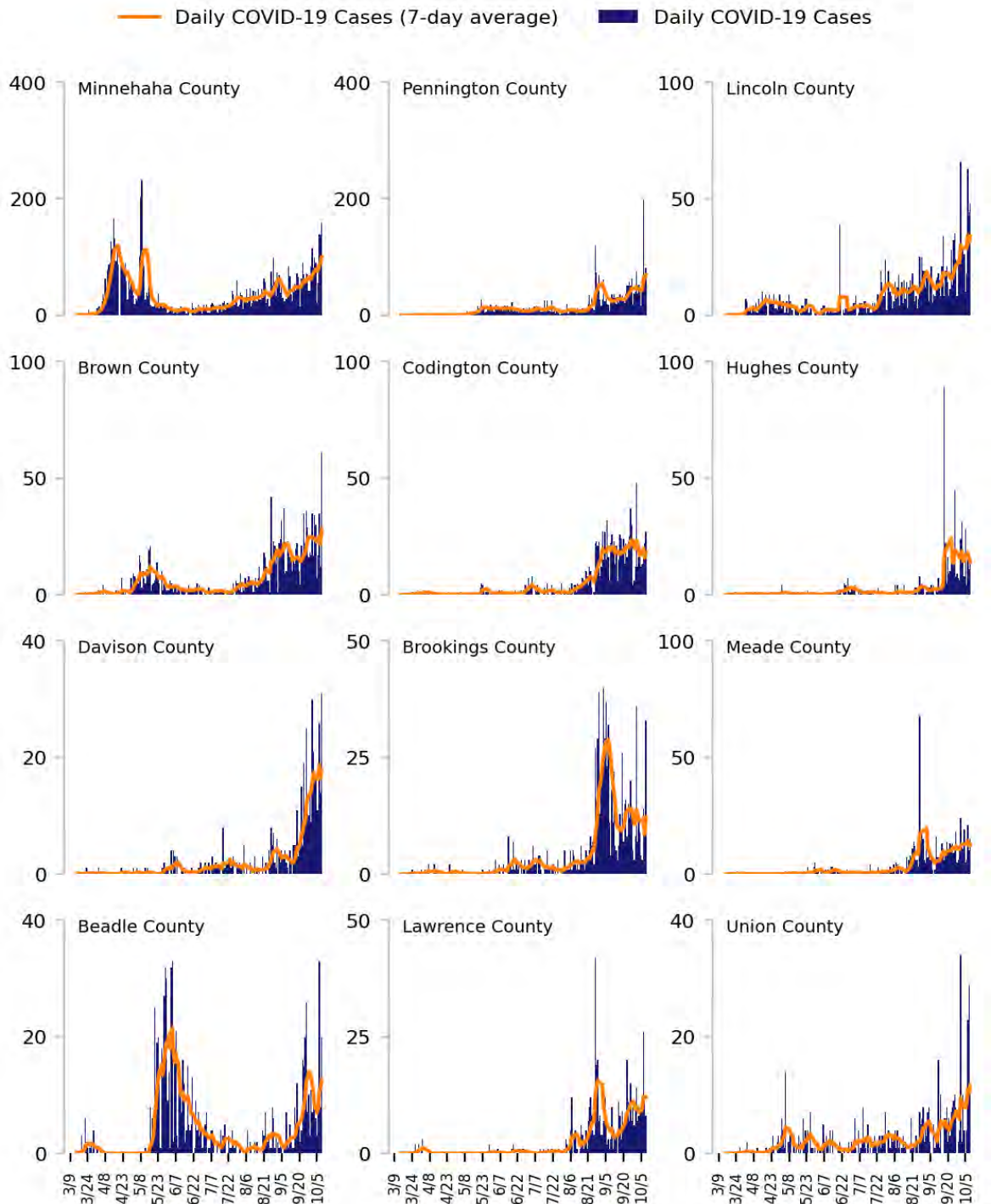
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



# 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

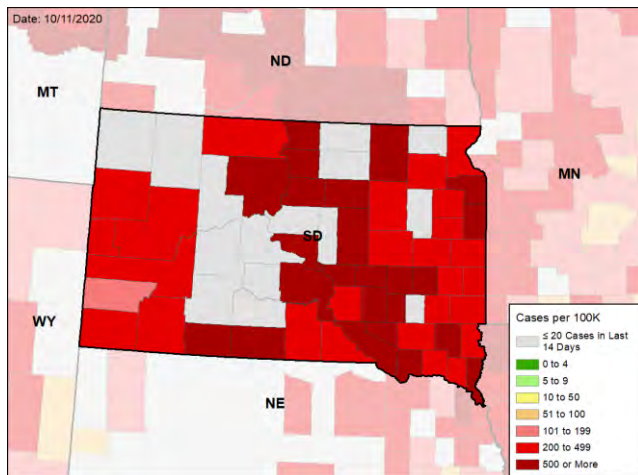


# SOUTH DAKOTA

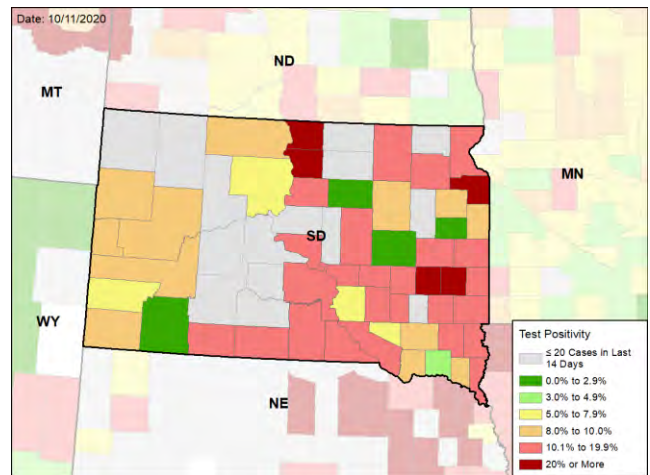
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

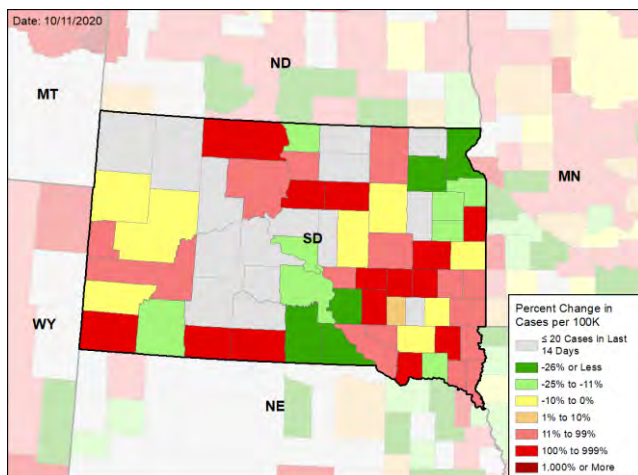
### NEW CASES PER 100,000 DURING THE LAST WEEK



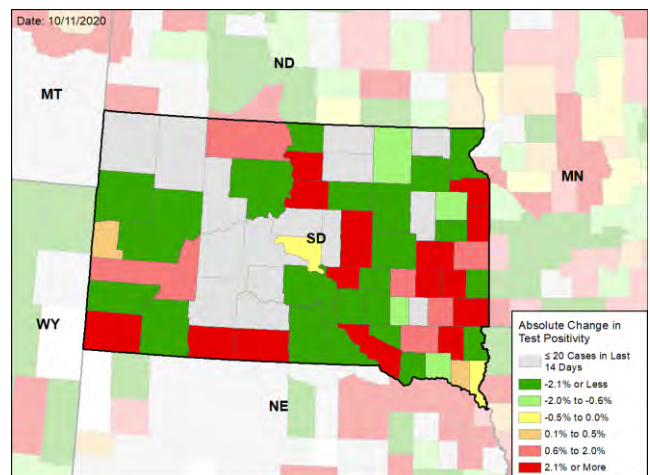
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## TENNESSEE

### SUMMARY

- Tennessee is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 10th highest rate in the country. Tennessee is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 18th highest rate in the country.
- Tennessee has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Shelby County, 2. Davidson County, and 3. Knox County. These counties represent 22.0% of new cases in Tennessee.
- 89% of all counties in Tennessee 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 Sep 28 - Oct 4, 17% of nursing homes had at least one new resident COVID-19 case, 39% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Tennessee had 184 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA.
- Between Oct 3 - Oct 9, on average, 134 patients with confirmed COVID-19 and 122 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Tennessee. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Tennessee and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Community spread continues in Tennessee in both rural and urban areas. Mitigation efforts should increase to include mask wearing, physical distancing, hand hygiene, and avoiding crowds in public and social gatherings in private to stop the increasing spread among residents of Tennessee.
- There continue to be severe outbreaks among nursing home residents and staff; common sense mitigation efforts can prevent transmission among the vulnerable populations.
- With the rise in cases among individuals 65 years and older, provide information through senior citizen networks to alert them to take precautionary measures.
- Use the Abbott BinaxNOW for surveillance testing in the same populations weekly. This will provide information on local transmission changes. Establish and deploy targeted testing teams (not drive-through testing) who can be rapidly deployed to communities based on signals from surveillance testing. Populations for surveillance can include K-12 teachers, fire and police force, and nursing home and correctional facility staff.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Work with university students to keep cases low, with the goal of low transmission in preparation for Thanksgiving. Implement antibody testing to understand fraction of students who have been infected and plan for spring semester accordingly. Test all university students before dismissing them for Thanksgiving.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).





# TENNESSEE

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	12,598 (184)	+41%	75,980 (114)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.5%	+1.3%*	6.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	111,117** (1,627)	-28%**	1,024,987** (1,532)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	216 (3.2)	+32%	1,603 (2.4)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	17% (39%)	-2%* (+0%*)	14% (27%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+0%*	5%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# TENNESSEE

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

9  
▲ (+3)

Cookeville  
Kingsport-Bristol  
Morristown  
Cleveland  
Dyersburg  
Union City  
Martin  
Brownsville  
Lewisburg

36  
▲ (+6)

Putnam  
Wilson  
Sullivan  
Coffee  
Dyer  
Obion  
Bradley  
Johnson  
Fentress  
Loudon  
Overton  
Fayette

#### LOCALITIES IN ORANGE ZONE

7  
▲ (+1)

Knoxville  
Jackson  
Johnson City  
Sevierville  
Lawrenceburg  
McMinnville  
Paris

24  
▲ (+9)

Knox  
Rutherford  
Washington  
Maury  
Gibson  
Sevier  
Hamblen  
Lawrence  
Jefferson  
McNairy  
White  
Campbell

#### LOCALITIES IN YELLOW ZONE

11  
▼ (-4)

Nashville-Davidson--Murfreesboro--Franklin  
Memphis  
Chattanooga  
Tulahoma-Manchester  
Clarksville  
Athens  
Crossville  
Greeneville  
Dayton  
Shelbyville  
Newport

25  
▼ (-8)

Hamilton  
Williamson  
Madison  
Sumner  
Montgomery  
Blount  
Tipton  
Anderson  
McMinn  
Cumberland  
Dickson  
Greene

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Red Counties:** Putnam, Wilson, Sullivan, Coffee, Dyer, Obion, Johnson, Bradley, Fentress, Loudon, Overton, Fayette, Weakley, Giles, Haywood, Grundy, Hawkins, Henderson, Marshall, Smith, Houston, Macon, Decatur, Crockett, Grainger, Marion, Union, Stewart, Clay, Lewis, Pickett, Jackson, Cannon, Moore, Morgan, Perry

**All Orange Counties:** Knox, Rutherford, Washington, Maury, Gibson, Sevier, Hamblen, Lawrence, Jefferson, McNairy, White, Campbell, Carroll, Roane, Robertson, Lauderdale, Monroe, Warren, Hickman, Humphreys, Henry, DeKalb, Scott, Trousdale

**All Yellow Counties:** Hamilton, Williamson, Madison, Sumner, Montgomery, Blount, Tipton, Anderson, McMinn, Cumberland, Dickson, Greene, Rhea, Carter, Bedford, Hardeman, Lincoln, Cocke, Chester, Cheatham, Lake, Polk, Wayne, Claiborne, Meigs

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

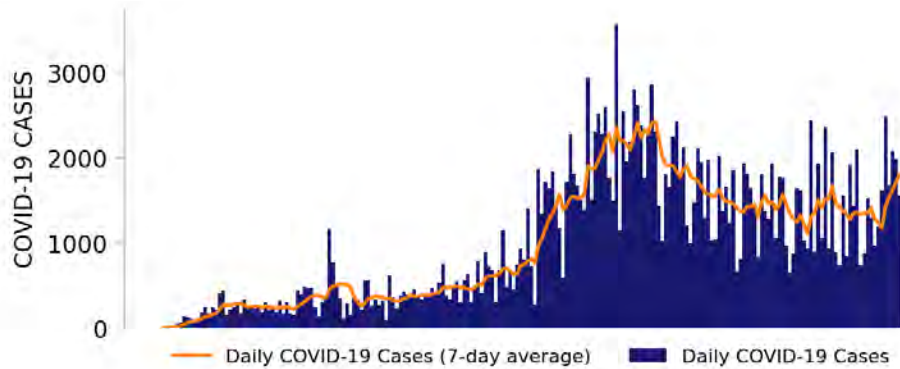
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



# TENNESSEE

STATE REPORT | 10.11.2020

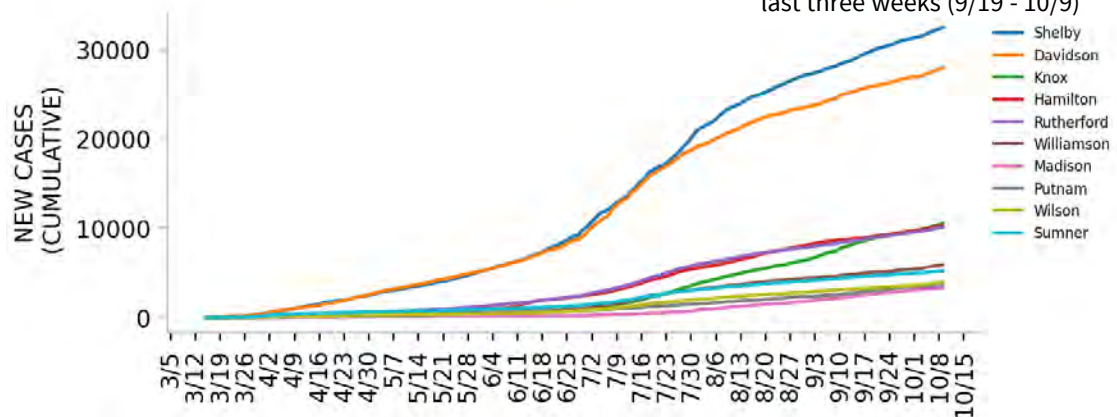
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

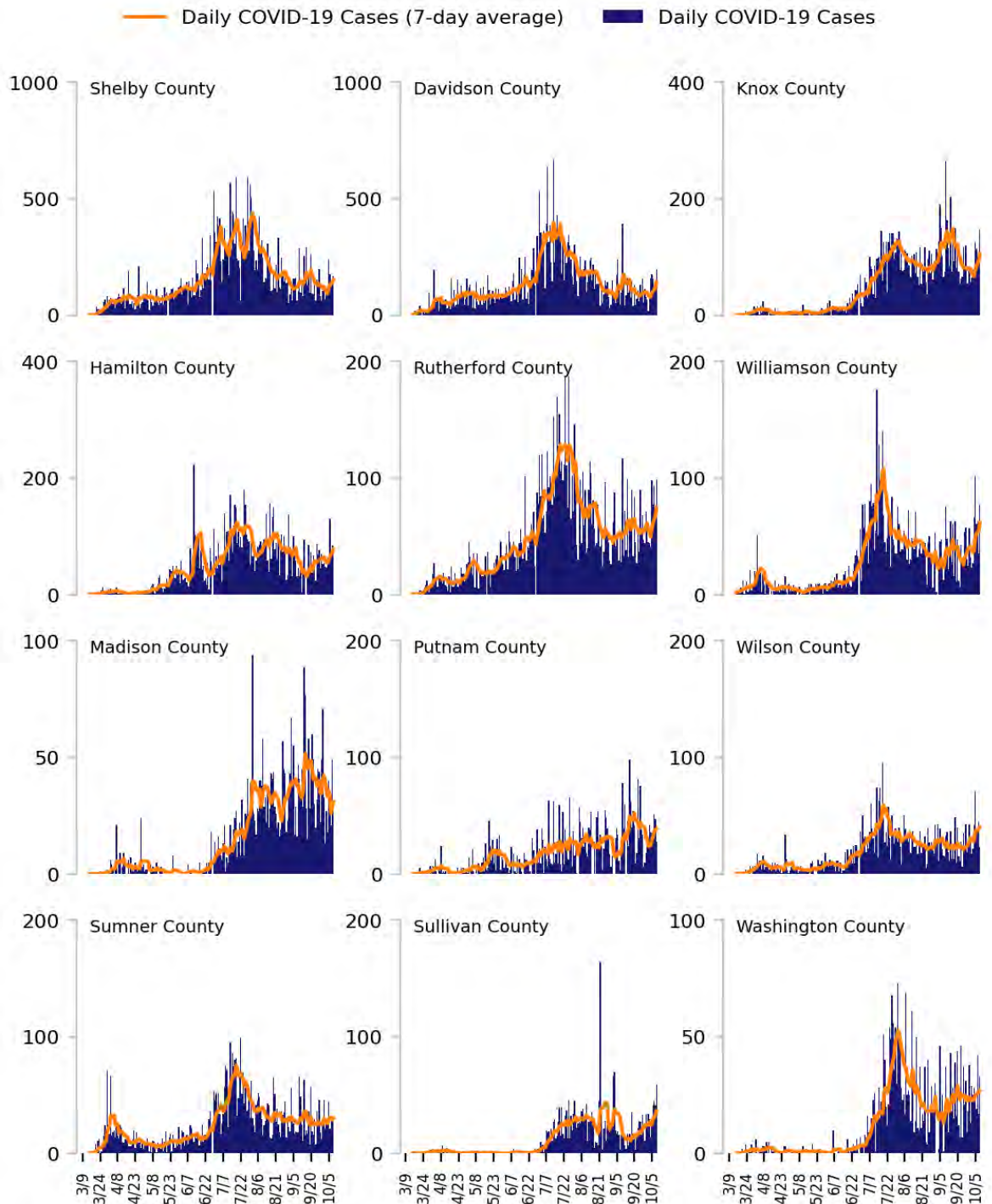
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

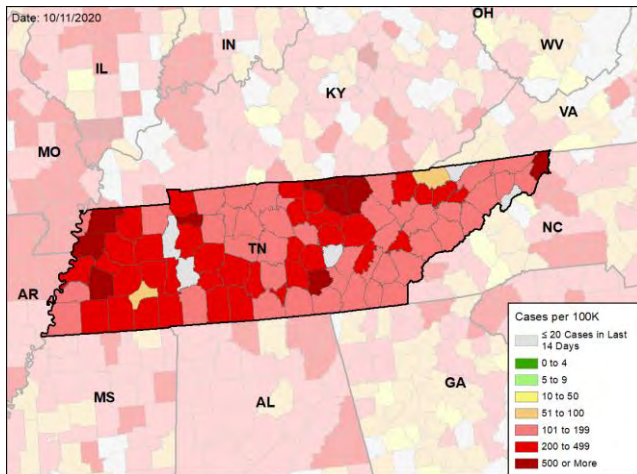


# TENNESSEE

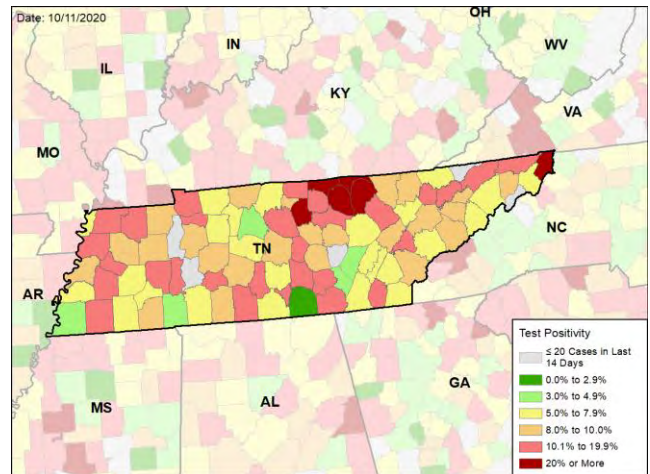
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

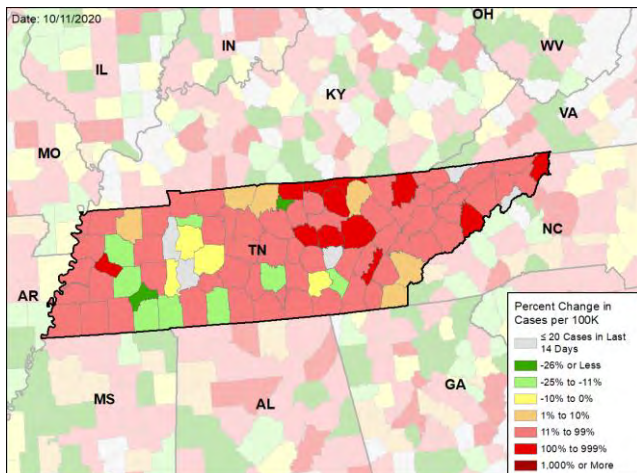
### NEW CASES PER 100,000 DURING THE LAST WEEK



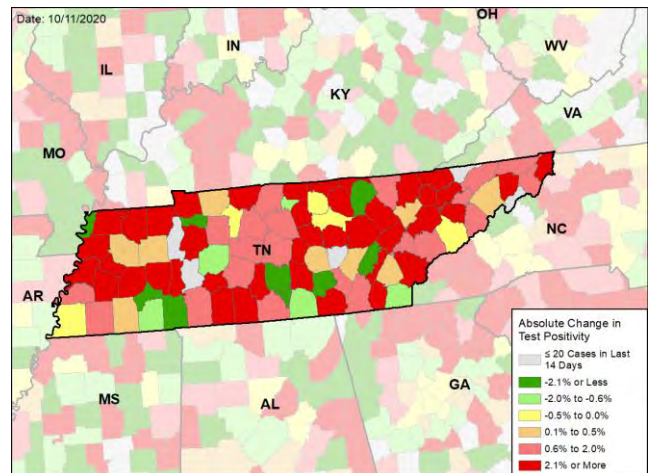
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## TEXAS

## SUMMARY

- Texas is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 27th highest rate in the country. Texas is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 21st highest rate in the country.
- Texas has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Harris County, 2. Bexar County, and 3. Dallas County. These counties represent 42.2% of new cases in Texas.
- 46% of all counties in Texas have moderate or high levels of community transmission (yellow, orange, or red zones), with 18% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 11% of nursing homes had at least one new resident COVID-19 case, 19% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Texas had 100 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 39 to support operations activities from FEMA; 12 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; 15 to support operations activities from USCG; and 1 to support operations activities from VA.
- The federal government has supported surge testing in Houston, TX and Waco, TX.
- Between Oct 3 - Oct 9, on average, 428 patients with confirmed COVID-19 and 528 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Texas. An average of 89% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

## RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Texas and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Texas must sustain the gains made throughout the summer and continue the strong mitigation efforts statewide, as well as strengthen mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further 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.
- Track test positivity, cases, and new daily hospitalizations in all counties and react to any week over week increases with increased mitigation in those counties and surged community level testing. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations.
- Continue to improve quality and timeliness of data reporting.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases. Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests.
- Texas A&M has an excellent plan and the best student compliance with mitigation efforts seen to date. Baylor University has strong buy-in from students, community, staff, and faculty. All the universities are seeing improvements with excellent dashboards; however, Texan universities need a further strengthening of detecting asymptomatic silent spread on campuses through routine surveillance saliva testing of students on university research platforms will be important.
- Deploy and expand focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions targeting dorms and communal areas.
- Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces.
- Ask citizens and students to limit friend and family gatherings to prevent recreating spreading events in homes, resulting in new cases and the infection of those with comorbidities.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are reporting. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).





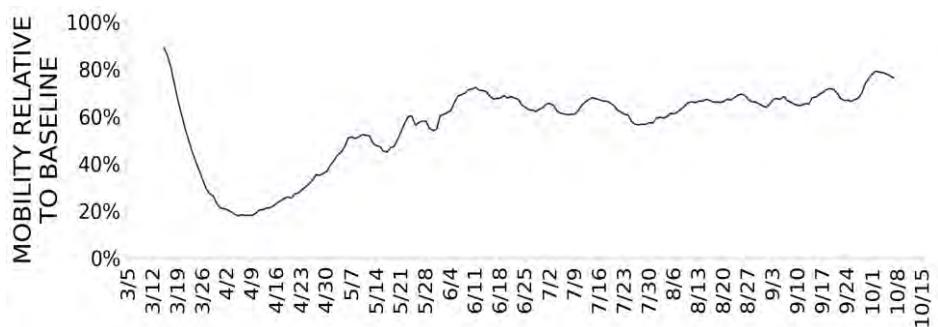


# TEXAS

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	28,934 (100)	-5%	47,737 (112)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.6%	+0.3%*	6.3%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	260,895** (900)	-20%**	476,967** (1,117)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	569 (2.0)	-1%	856 (2.0)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	11% (19%)	-1%* (-3%*)	13% (22%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+0%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# TEXAS

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

20  
▲ (+4)

El Paso  
Lubbock  
Amarillo  
Laredo  
Odessa  
Big Spring  
Eagle Pass  
Texarkana  
Lamesa  
Plainview  
Port Lavaca  
Del Rio

45  
▲ (+15)

El Paso  
Lubbock  
Potter  
Webb  
Randall  
Ector  
Howard  
Falls  
Lavaca  
Maverick  
Dawson  
Hale

#### LOCALITIES IN ORANGE ZONE

11  
▼ (-3)

McAllen-Edinburg-Mission  
Brownsville-Harlingen  
Wichita Falls  
Alice  
Athens  
Rio Grande City-Roma  
Palestine  
Sulphur Springs  
Stephenville  
Uvalde  
Bay City

22  
▼ (-6)

Tarrant  
Hidalgo  
Cameron  
Wichita  
Johnson  
Parker  
Bowie  
Henderson  
Starr  
Jim Wells  
San Patricio  
Anderson

#### LOCALITIES IN YELLOW ZONE

23  
▲ (+3)

Dallas-Fort Worth-Arlington  
San Antonio-New Braunfels  
Waco  
Corpus Christi  
Beaumont-Port Arthur  
Huntsville  
Longview  
Tyler  
Pearsall  
Paris  
Sherman-Denison  
Snyder

49  
▲ (+4)

Bexar  
Dallas  
Guadalupe  
Montgomery  
McLennan  
Denton  
Nueces  
Walker  
Jefferson  
Ellis  
Smith  
Frio

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Red CBSAs:** El Paso, Lubbock, Amarillo, Laredo, Odessa, Big Spring, Eagle Pass, Texarkana, Lamesa, Plainview, Port Lavaca, Del Rio, Mineral Wells, Vernon, Andrews, Hereford, Pampa, Dumas, Levelland, Borger

**All Yellow CBSAs:** Dallas-Fort Worth-Arlington, San Antonio-New Braunfels, Waco, Corpus Christi, Beaumont-Port Arthur, Huntsville, Longview, Tyler, Pearsall, Paris, Sherman-Denison, Snyder, San Angelo, Nacogdoches, Victoria, Corsicana, Lufkin, Gainesville, El Campo, Bonham, Kingsville, Pecos, Raymondville

**All Red Counties:** El Paso, Lubbock, Potter, Webb, Randall, Ector, Howard, Falls, Lavaca, Maverick, Dawson, Hale, Calhoun, Caldwell, Val Verde, Young, Palo Pinto, Zavala, Wilbarger, Gaines, Andrews, DeWitt, Deaf Smith, Moore, Yoakum, Hockley, Gray, Hansford, Hutchinson, Shelby, Panola, Hamilton, Leon, Eastland, Ochiltree, Franklin, Kinney, Bailey, San Saba, Mitchell, Baylor, Swisher, Lipscomb, Hardeman, La Salle

**All Orange Counties:** Tarrant, Hidalgo, Cameron, Wichita, Johnson, Parker, Bowie, Henderson, Starr, Jim Wells, San Patricio, Anderson, Hopkins, Erath, Terry, Cass, Wood, Uvalde, Matagorda, Pecos, Comanche, Lamb

**All Yellow Counties:** Bexar, Dallas, Guadalupe, Montgomery, McLennan, Denton, Nueces, Walker, Jefferson, Ellis, Smith, Frio, Lamar, Grayson, Scurry, Kaufman, Gregg, Hunt, Tom Green, Chambers, Nacogdoches, Hardin, Orange, Victoria, Navarro, Hill, Waller, Angelina, Wise, Jackson, Burnet, Harrison, Cooke, Wharton, Bosque, Dallam, Robertson, Limestone, Polk, Fannin, Van Zandt, Upshur, Kleberg, Duval, Burleson, Montague, Reeves, Freestone, Willacy

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

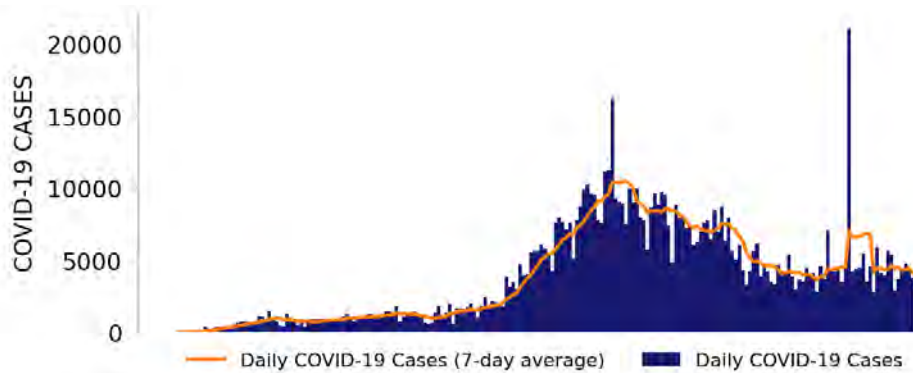
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



# TEXAS

STATE REPORT | 10.11.2020

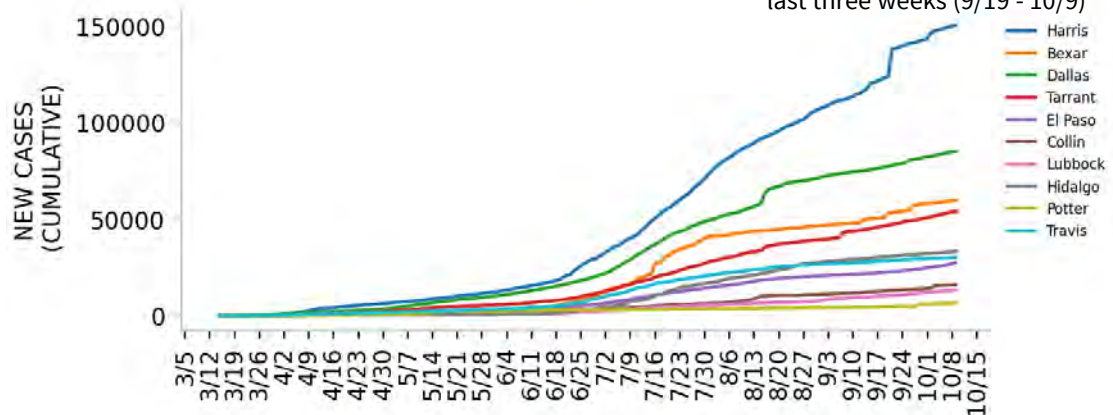
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



### DATA SOURCES – Additional data details available under METHODS

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

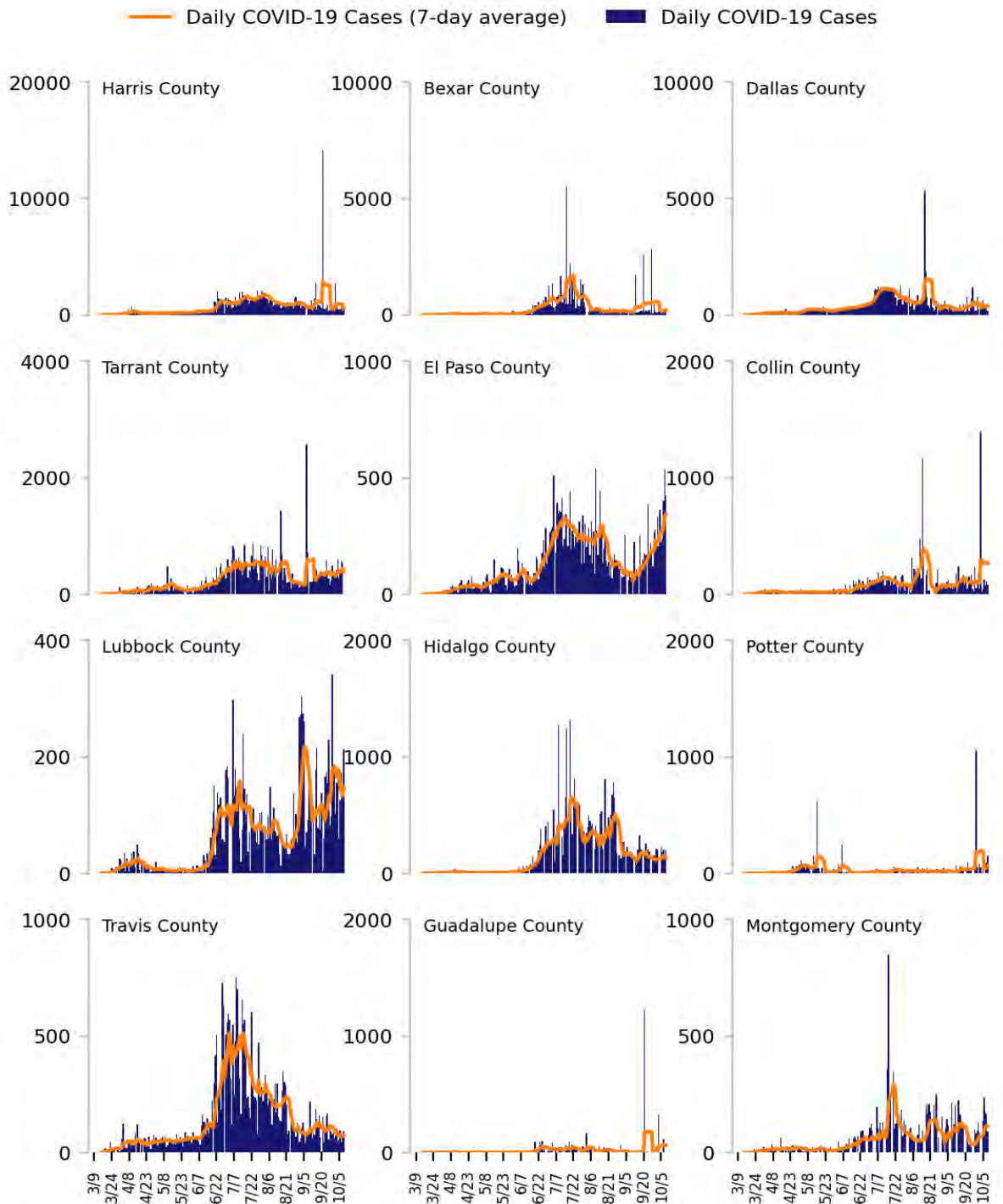
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



# 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

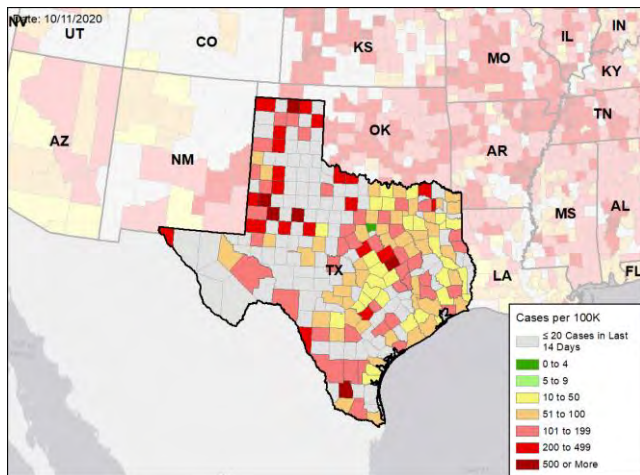


# TEXAS

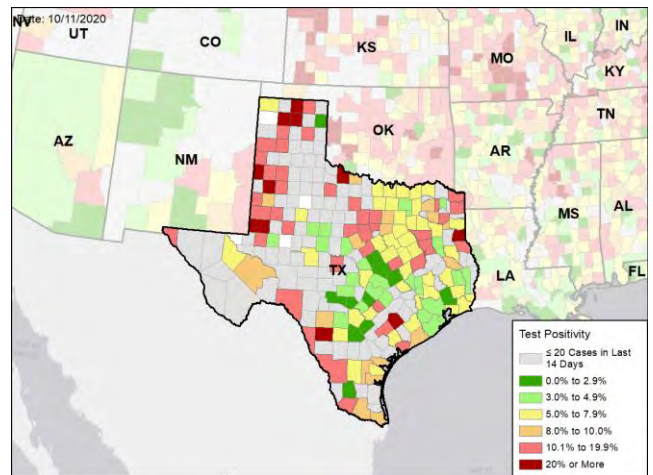
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

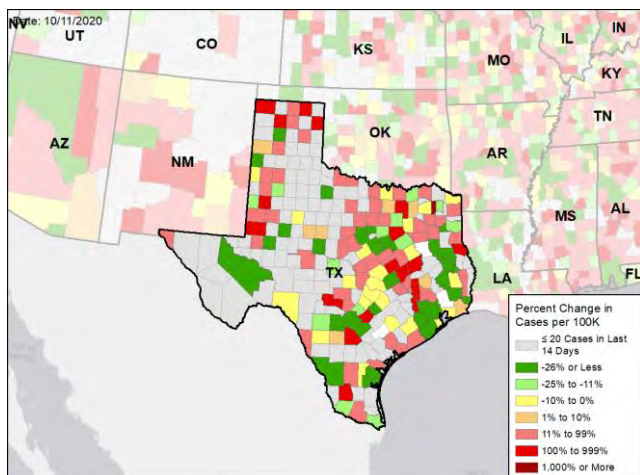
### NEW CASES PER 100,000 DURING THE LAST WEEK



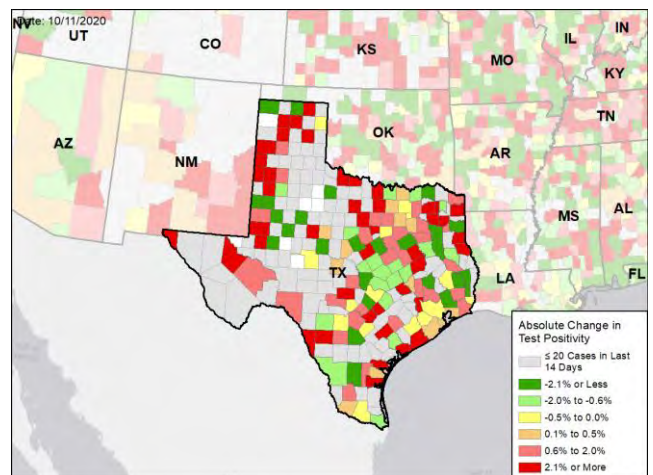
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



#### DATA SOURCES – Additional data details available under METHODS

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

**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## UTAH

### SUMMARY

- Utah is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 5th highest rate in the country. Utah is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 4th highest rate in the country.
- Utah has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Salt Lake County, 2. Utah County, and 3. Davis County. These counties represent 82.6% of new cases in Utah.
- Biggest increases in cases are seen in smaller and more rural counties; among larger population centers, biggest increases are seen in Cache and Washington counties.
- Sewage data from Utah Department of Environmental Quality suggest increasing incidence across the Wasatch Range.
- 69% of all counties in Utah have moderate or high levels of community transmission (yellow, orange, or red zones), with 41% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 8% of nursing homes had at least one new resident COVID-19 case, 37% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death. There is an apparent outbreak at a facility in Hurricane (58 cases) and multiple facilities in Orem, Draper, Saint George, and Provo have more than 3 cases.
- Utah had 254 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from FEMA and 6 to support epidemiology activities from CDC.
- Between Oct 3 - Oct 9, on average, 34 patients with confirmed COVID-19 and 13 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Utah. An average of 90% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Utah and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Adequate surveillance and adequate testing are extremely important as cases rise. Use antigen or other rapid tests. Implement regular surveillance and frequent testing among critical staff, such as teachers, clinic staff and staff working at long-term care facilities (LTCFs) and all other congregate living settings, prisoners and prison staff, public transportation workers, and first responders as more tests become available. Explore expansion of wastewater surveillance to follow trends in communities.
- Report results from all antigen tests, including negative as well as positive results.
- Continue to closely monitor hospital and ICU utilization, resources, and capacity at the local level and put data on all websites (state and local) as part of educational campaigns.
- Work with regional and state emergency agencies, as needed, to ensure hospital capacity remains sufficient and all staff are trained on current treatment protocols, including early use of antiviral and antibody therapies for hospitalized patients.
- Clear mitigation policies with effective implementation are critically important, especially in areas with increasing incidence among those at risk for severe disease and decreasing hospital capacity; Utah's incidence and test positivity are the highest they have ever been, but restrictions are low to minimal across the state. Post clear recommendations along with triggering thresholds for mitigation levels and community mitigation ordinances on the state website for local communities to deliberate and enact.
- Recent data suggest that transmission is now increasingly driven by smaller, more intimate gatherings of family, friends, and neighbors; enhance education on the risks of transmission to vulnerable persons (elderly and those with risk factors) during social and familial gatherings and ensure culturally-specific messages are delivered to Native American and Hispanic communities.
- Maintain focus on institutions of higher education (IHEs) and ensure all are conducting vigorous testing and have sufficient capacity for surveillance of students and staff on campus; require all IHEs to post complete and updated testing and result data online.
- Expand contact tracing capacity as case numbers rise by adjusting interview depth and task-shifting to ensure contact interview is conducted within 48 hours of diagnosis and recommendations for isolation or quarantine are made clear.
- Any nursing homes or LTCF with 3 or more cases of COVID per week over any of the past 3 weeks (see above cities) should have conducted immediate inspection surveys with support for corrective action to ensure COVID-19 safety guidance and considerations are being fully implemented.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



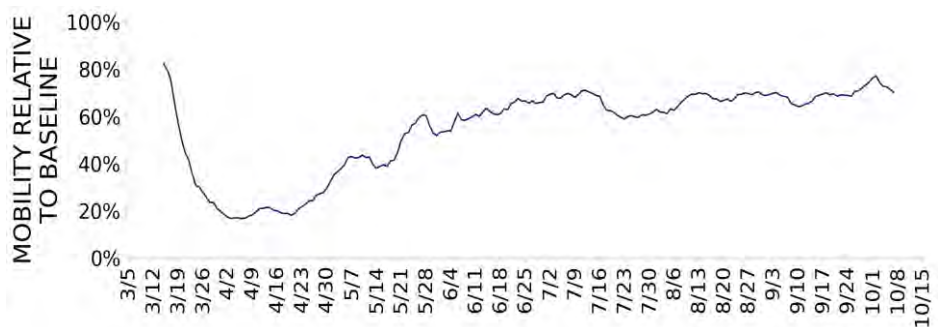


## UTAH

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	8,128 (254)	+22%	24,547 (200)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.8%	+0.3%*	8.7%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	86,103** (2,686)	+3%**	309,098** (2,521)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	34 (1.1)	+31%	197 (1.6)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8% (37%)	+1%* (+6%*)	11% (30%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	-1%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# UTAH

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

**5**  
▲ (+1)

Salt Lake City  
Provo-Orem  
Logan  
St. George  
Heber

**12**  
▲ (+5)

Salt Lake  
Utah  
Davis  
Cache  
Washington  
Tooele  
Wasatch  
Box Elder  
Sanpete  
Juab  
Sevier  
Garfield

#### LOCALITIES IN ORANGE ZONE

**2**  
▼ (-2)

Ogden-Clearfield  
Cedar City

**5**  
▼ (-5)

Weber  
Summit  
Iron  
Millard  
Morgan

#### LOCALITIES IN YELLOW ZONE

**2**  
▲ (+2)

Price  
Vernal

**3**  
▲ (+1)

Carbon  
San Juan  
Uintah

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

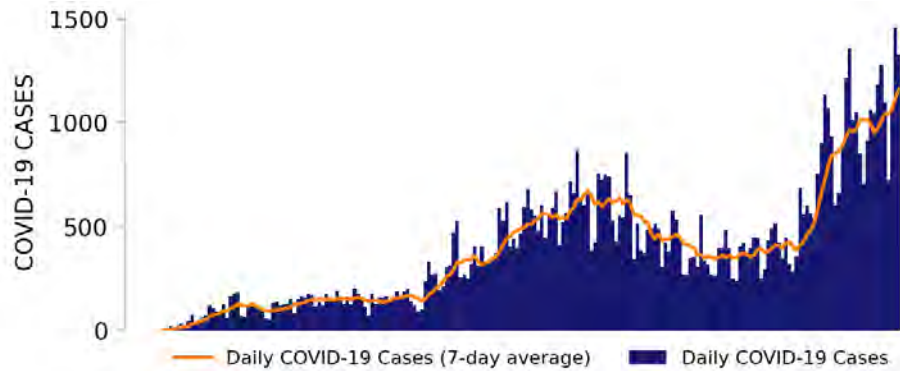
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



# UTAH

STATE REPORT | 10.11.2020

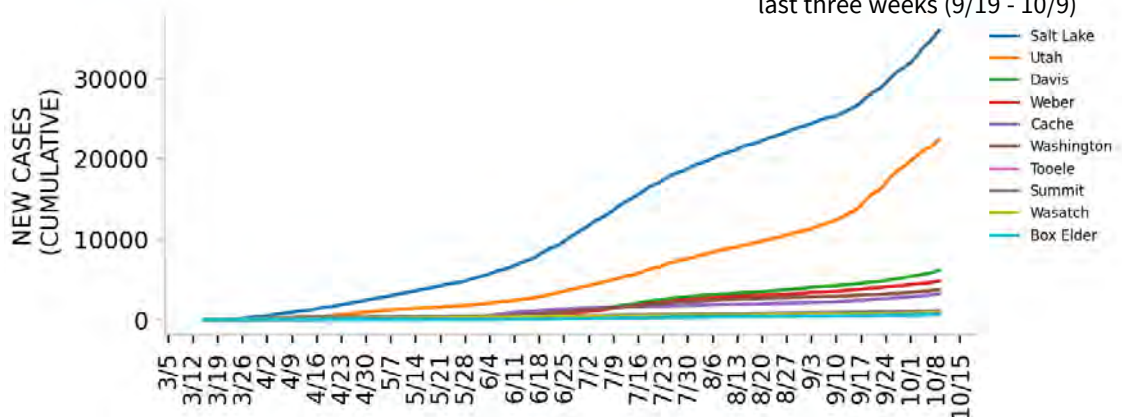
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



### DATA SOURCES – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

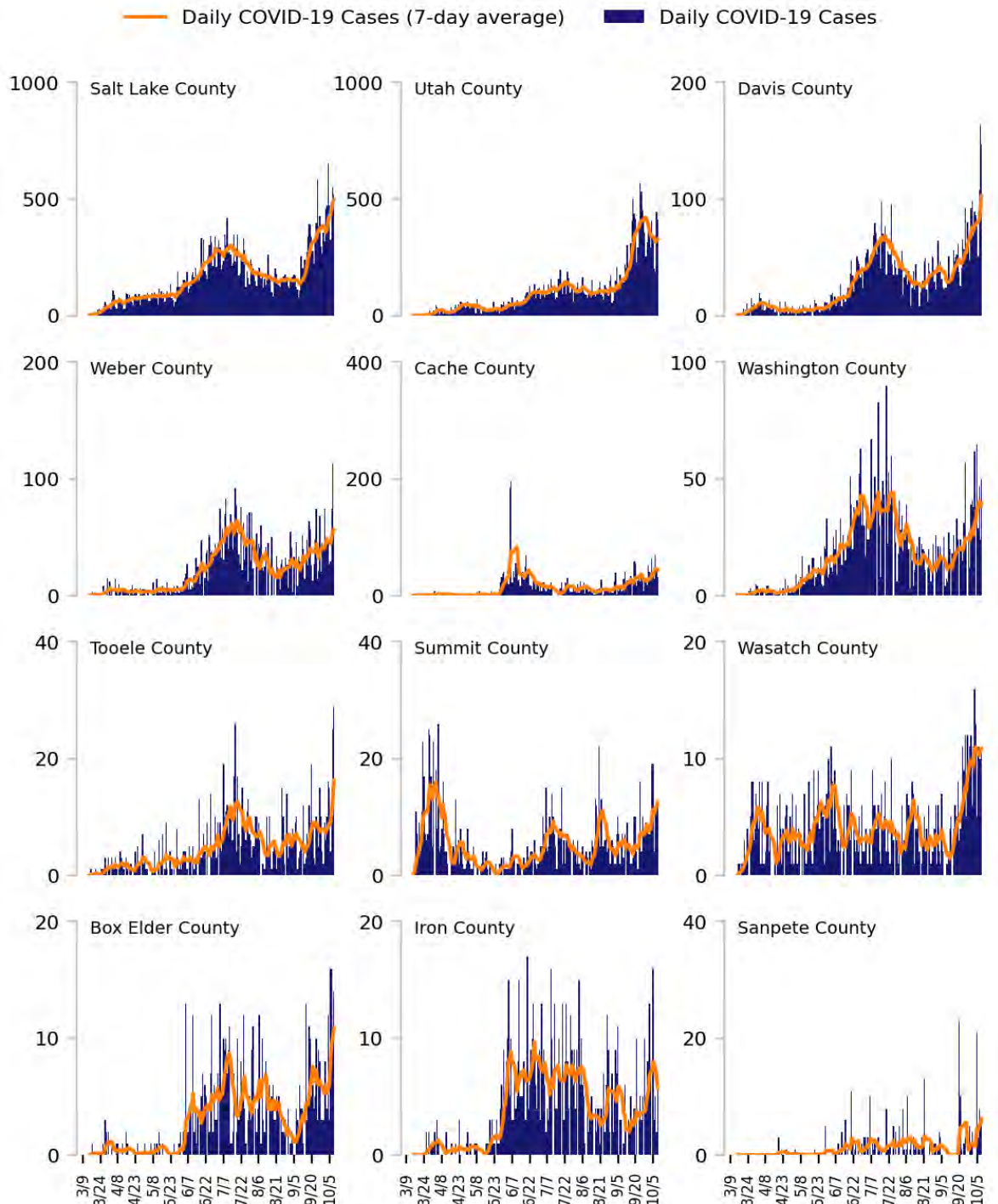
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

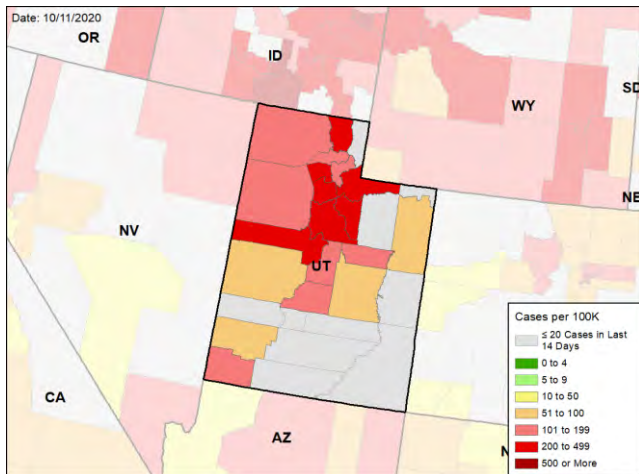


# UTAH

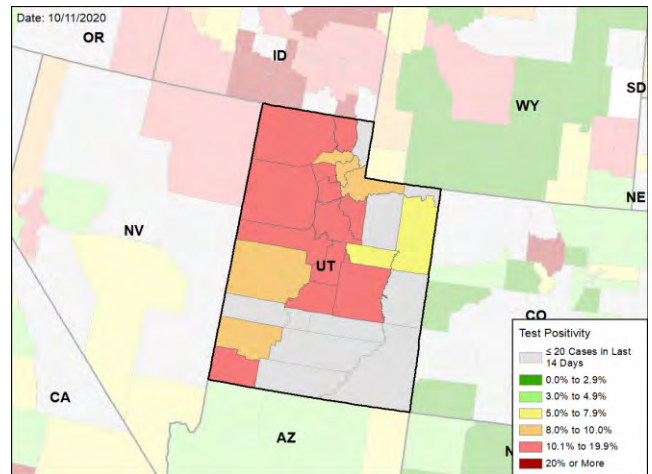
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

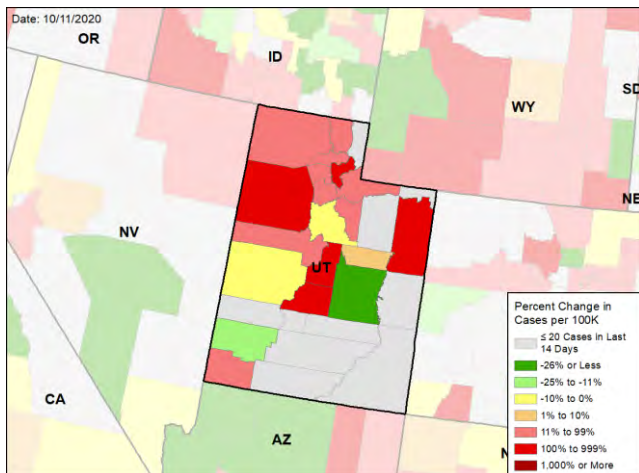
### NEW CASES PER 100,000 DURING THE LAST WEEK



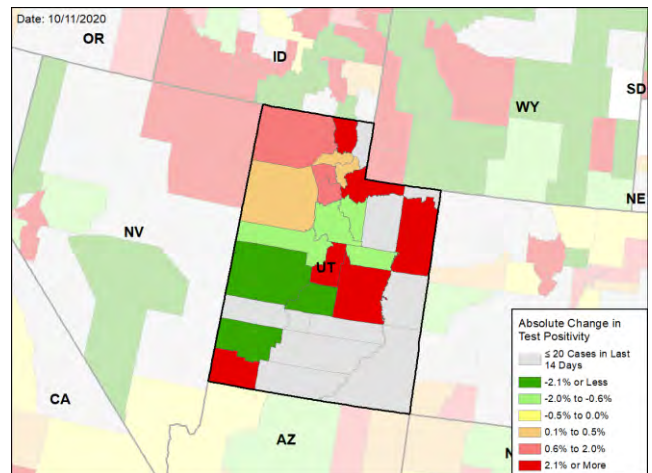
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



#### DATA SOURCES – Additional data details available under METHODS

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

**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## VERMONT

### SUMMARY

- Vermont is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the lowest rate in the country. Vermont is in the green zone for test positivity, indicating a rate at or below 4.9%, with the lowest rate in the country.
- Vermont has seen an increase in new cases and stability in test positivity over the last week. Clusters were detected in the National Guard and among migrant agricultural workers.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Chittenden County, 2. Addison County, and 3. Bennington County. These counties represent 62.1% of new cases in Vermont.
- Institutions of higher education (IHE): No new outbreaks reported.
- 7% 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 Sep 28 - Oct 4, 3% of 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.
- Vermont had 13 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from FEMA and 1 to support operations activities from USCG.
- Between Oct 3 - Oct 9, on average, 0 patients with confirmed COVID-19 and 6 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Vermont. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Vermont and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Vermont has been extraordinarily successful with limiting transmission due to a well-designed set of graduated mitigation measures and enhanced disease control capacity, including greatly expanded testing and contact tracing capacity. However, there is cause for concern given the recent uptick in the state and the more marked increase in the region. The situation may be similar to the situation seen in comparably less populated states in the Upper Plains several weeks ago. Increased education about social distancing, even in family settings, could limit further disease transmission.
- Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Use of rapid tests can be extremely helpful in doing this.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations everywhere as well as tailored business and public venue measures for counties with increasing incidence.
- There is concern for further increases in community transmission with increasing hospitalizations and deaths, given the spread seen among younger age groups regionally, much of which is asymptomatic, as has been seen in "hotspot" counties generally ([MMWR Early Release/October 9, 2020](#)).
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces. With weather conditions increasingly forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of prevention "fatigue."
- Continue to implement plans to increase surveillance for community spread using the Abbott BinaxNOW now that supplies have begun to arrive (or using other antigen tests), especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Increased rates of infection seen among long-term care facility workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- Ensure university faculty, staff, and students continue their mitigation behaviors to ensure no further outbreaks on or off campus.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies, when available, work best when used early in the course of infection.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



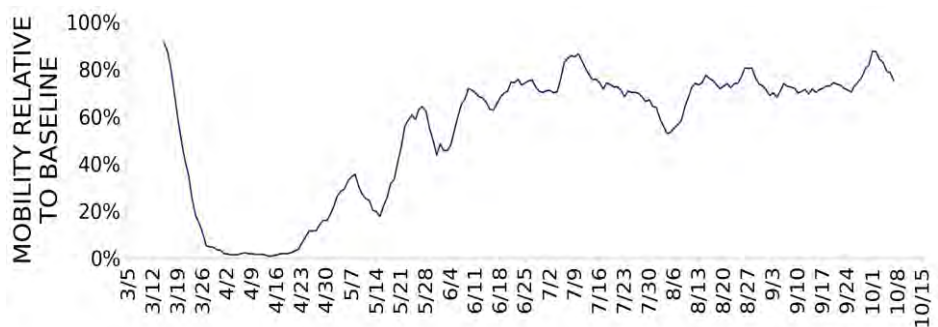


# VERMONT

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	78 (13)	+111%	7,777 (52)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	0.4%	+0.2%*	1.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	27,505** (4,408)	+3%**	557,107** (3,753)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	0 (0.0)	N/A	126 (0.8)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3% (3%)	+3%* (+3%*)	5% (11%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	1%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# VERMONT

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	1 ▲ (+1)	Addison
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease				

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

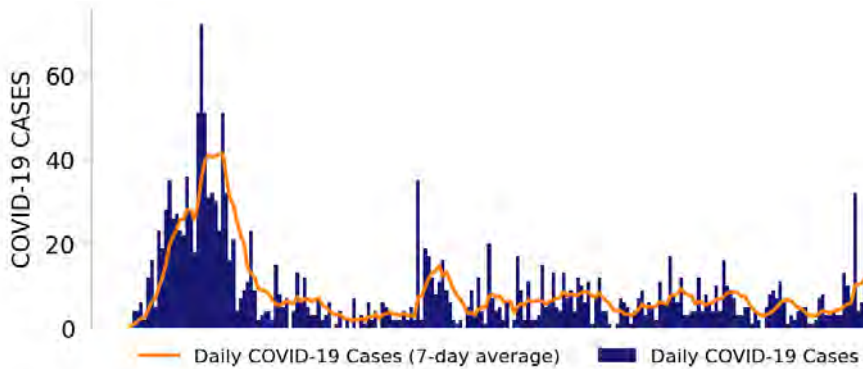
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



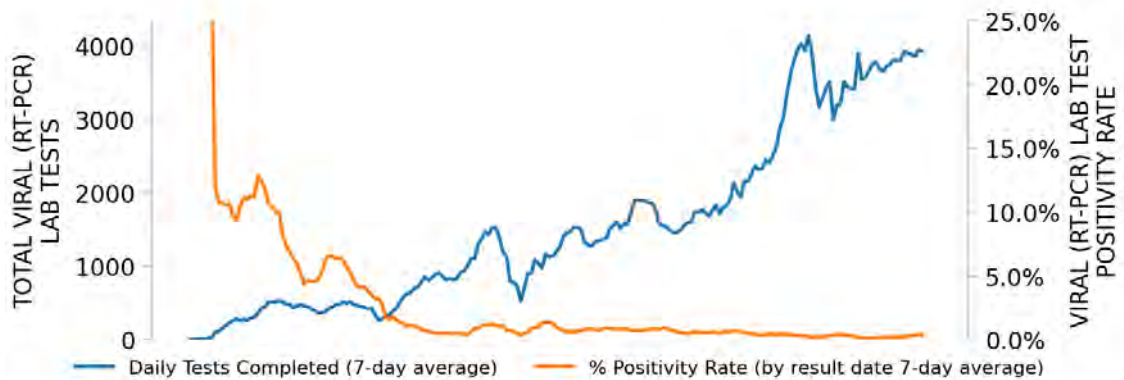
# VERMONT

STATE REPORT | 10.11.2020

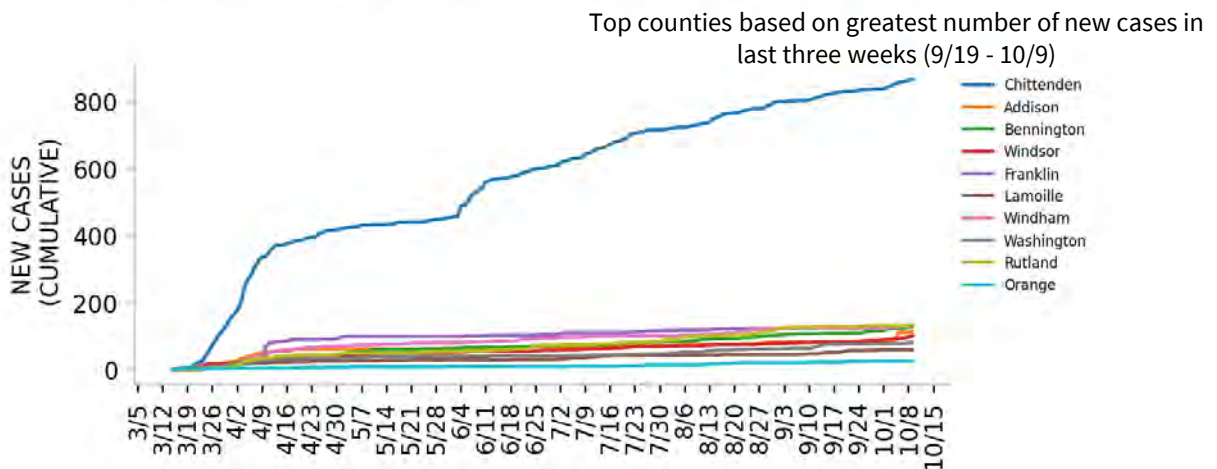
## NEW CASES



## TESTING



## TOP COUNTIES



**DATA SOURCES** – Additional data details available under METHODS

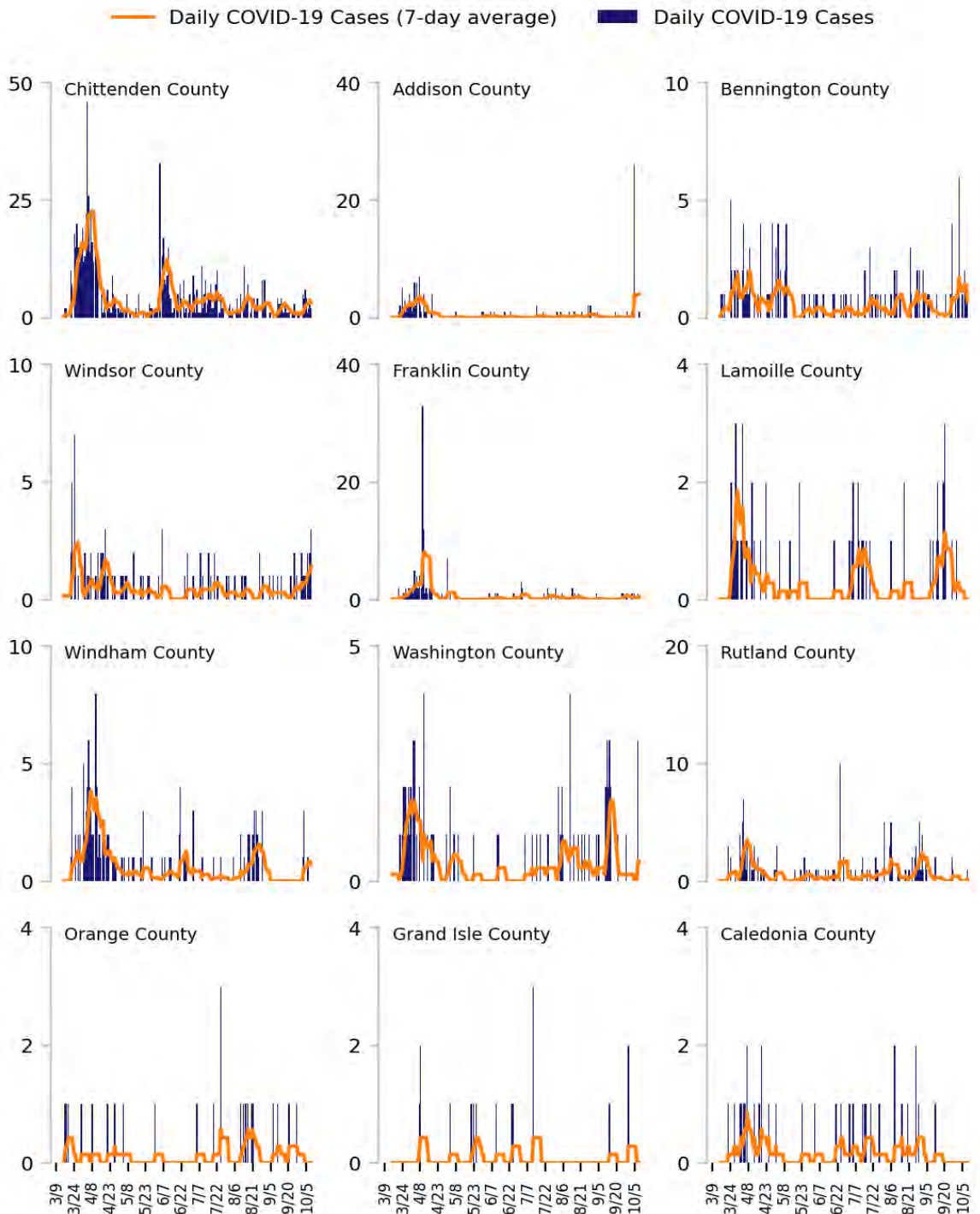
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

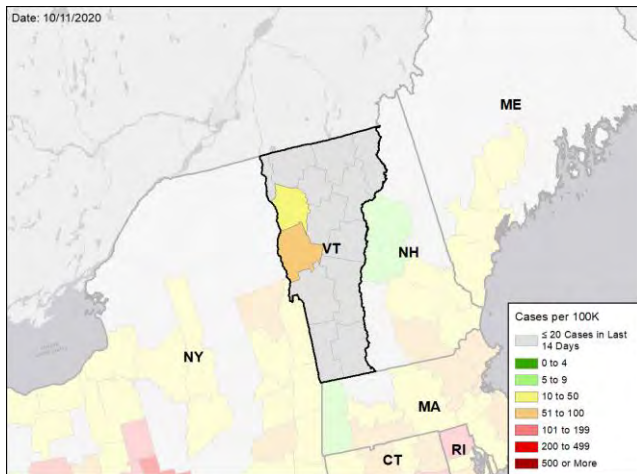


# VERMONT

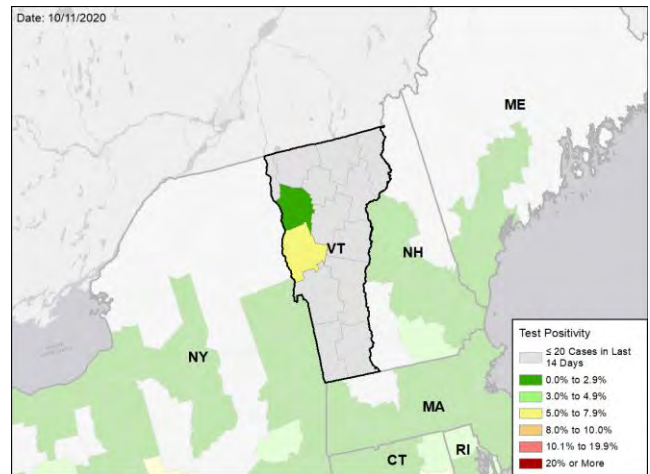
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

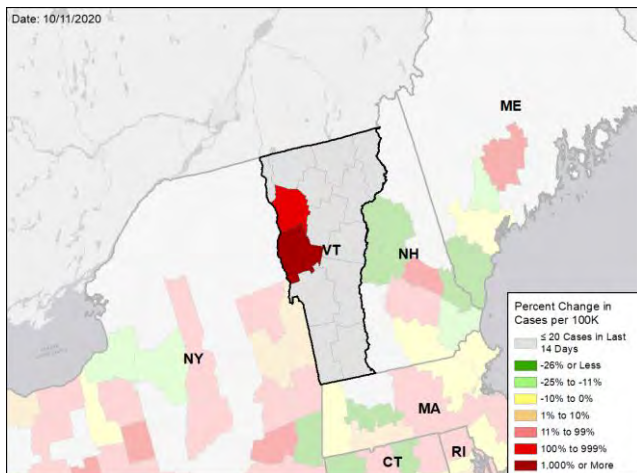
### NEW CASES PER 100,000 DURING THE LAST WEEK



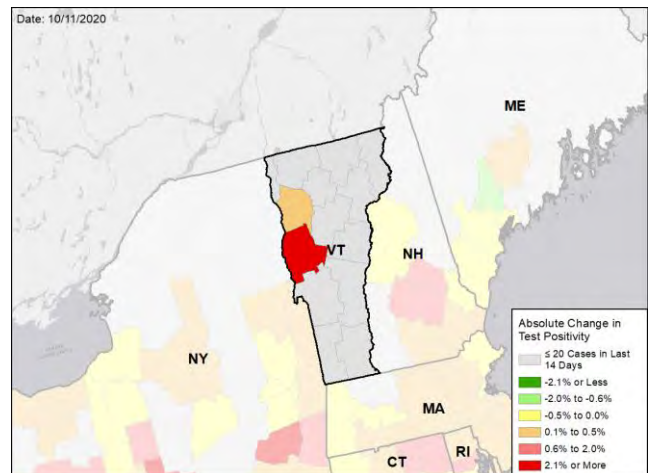
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



#### DATA SOURCES – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## VIRGINIA

### SUMMARY

- Virginia is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 30th highest rate in the country. Virginia is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 25th highest rate in the country.
- Virginia has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Fairfax County, 2. Prince William County, and 3. Montgomery County. These counties represent 18.9% of new cases in Virginia.
- 50% of all counties in Virginia have moderate or high levels of community transmission (yellow, orange, or red zones), with 16% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 12% of nursing homes had at least one new resident COVID-19 case, 19% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Virginia had 82 new cases per 100,000 population in the last week, compared to a national average of 100 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; 4 to support epidemiology activities from CDC; and 100 to support operations activities from USCG.
- Between Oct 3 - Oct 9, on average, 67 patients with confirmed COVID-19 and 317 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Virginia. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Virginia and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Virginia has made steady progress but to sustain the gains and decrease community spread, mitigation efforts must continue statewide, as well as a continued strengthening of mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further decrease in operating hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather if cases rise.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations. Track test positivity, cases, and new daily hospitalizations in all counties and react to any week over week increases with increased mitigation in those counties and surged community level testing.
- Increase surveillance for silent community spread. Use the Abbott BinaxNOW or other antigen tests as weekly repeat surveillance in critical populations to monitor degree of silent (asymptomatic) community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- We continue to see community spread initiated by social friends and family gatherings. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Ask citizens and students to limit friend and family gatherings to prevent recreating spreading events in homes, resulting in new cases and the infection of those with comorbidities. Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Repeat testing of individuals as surveillance with confirmation of all positives with nucleic acid testing is the optimal use of antigen tests.
- Abbott BINAX arrived at Historically Black Colleges and Universities for rapid diagnosis and isolation of both symptomatic and asymptomatic cases. Ensure reporting of all tests conducted and positive tests.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are reporting. Track positive staff members back to communities and surge testing to communities with evidence of asymptomatic spread.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).



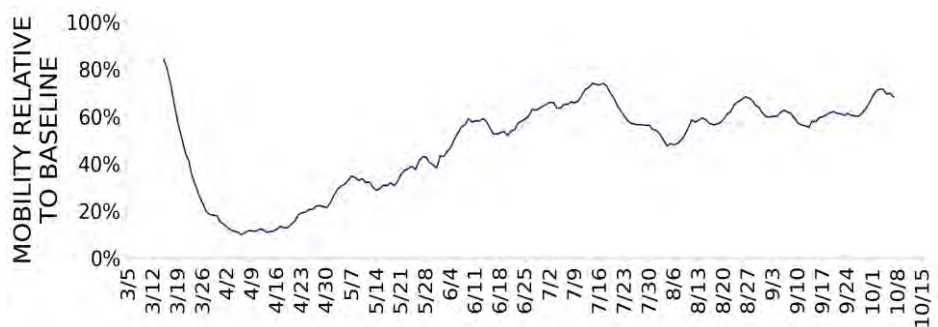


# VIRGINIA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	6,970 (82)	+33%	21,728 (70)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.8%	-0.5%*	4.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	126,757** (1,485)	+1%**	621,944** (2,016)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	98 (1.1)	-12%	303 (1.0)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	12% (19%)	+0%* (-6%*)	8% (15%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	-1%*	3%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# VIRGINIA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

**3**  
▲ (+2)

Danville  
Kingsport-Bristol  
Martinsville

**21**  
▲ (+11)

Roanoke  
Suffolk City  
Southampton  
Rockingham  
Bedford  
Pittsylvania  
Franklin  
Washington  
Henry  
Mecklenburg  
Campbell  
Russell

#### LOCALITIES IN ORANGE ZONE

**2**  
▼ (-3)

Lynchburg  
Harrisonburg

**15**  
▼ (-7)

Danville City  
Prince Edward  
Amherst  
Wise  
Carroll  
Nottoway  
Middlesex  
Brunswick  
Page  
Scott  
Floyd  
Bristol City

#### LOCALITIES IN YELLOW ZONE

**4**  
▼ (-2)

Virginia Beach-Norfolk-Newport News  
Roanoke  
Blacksburg-Christiansburg  
Big Stone Gap

**31**  
▼ (-3)

Fairfax  
Prince William  
Montgomery  
Chesterfield  
Roanoke City  
Loudoun  
Harrisonburg City  
Lynchburg City  
Chesapeake City  
Hanover  
Hampton City  
Prince George

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Red Counties:** Roanoke, Suffolk City, Southampton, Rockingham, Bedford, Pittsylvania, Franklin, Washington, Henry, Mecklenburg, Campbell, Russell, Manassas City, Buchanan, Mathews, Charlotte, New Kent, Franklin City, Martinsville City, Greenville, Williamsburg City

**All Orange Counties:** Danville City, Prince Edward, Amherst, Wise, Carroll, Nottoway, Middlesex, Brunswick, Page, Scott, Floyd, Bristol City, King George, King William, Manassas Park City

**All Yellow Counties:** Fairfax, Prince William, Montgomery, Chesterfield, Roanoke City, Loudoun, Harrisonburg City, Lynchburg City, Chesapeake City, Hanover, Hampton City, Prince George, Portsmouth City, Frederick, Tazewell, Dinwiddie, Salem City, Warren, Hopewell City, Culpeper, Lee, Wythe, Shenandoah, Northumberland, Louisa, Botetourt, Greene, Appomattox, Buckingham, Buena Vista City, Patrick

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

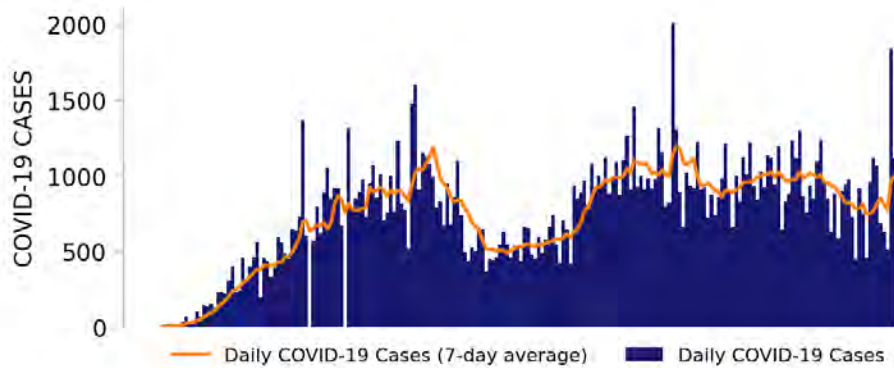
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



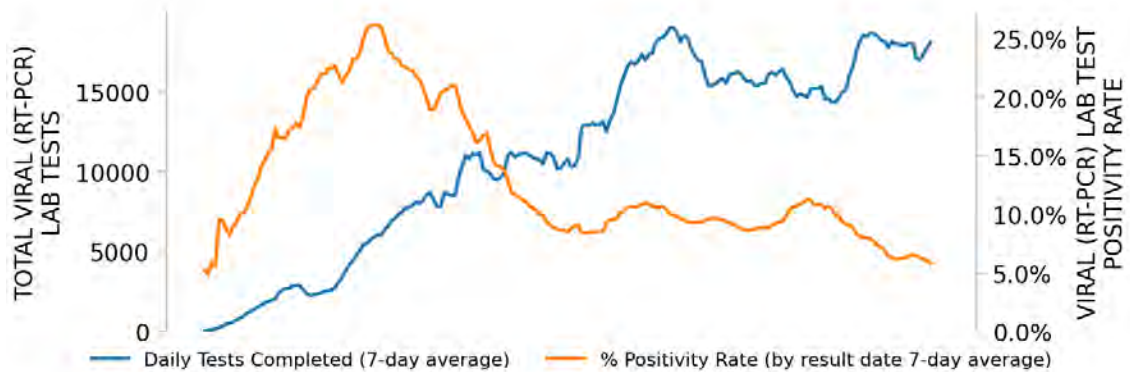
# VIRGINIA

STATE REPORT | 10.11.2020

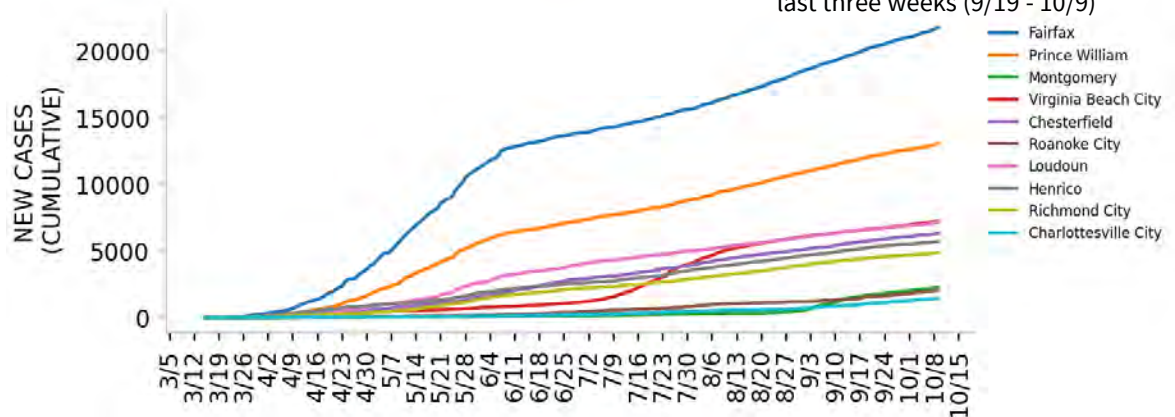
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



### DATA SOURCES – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

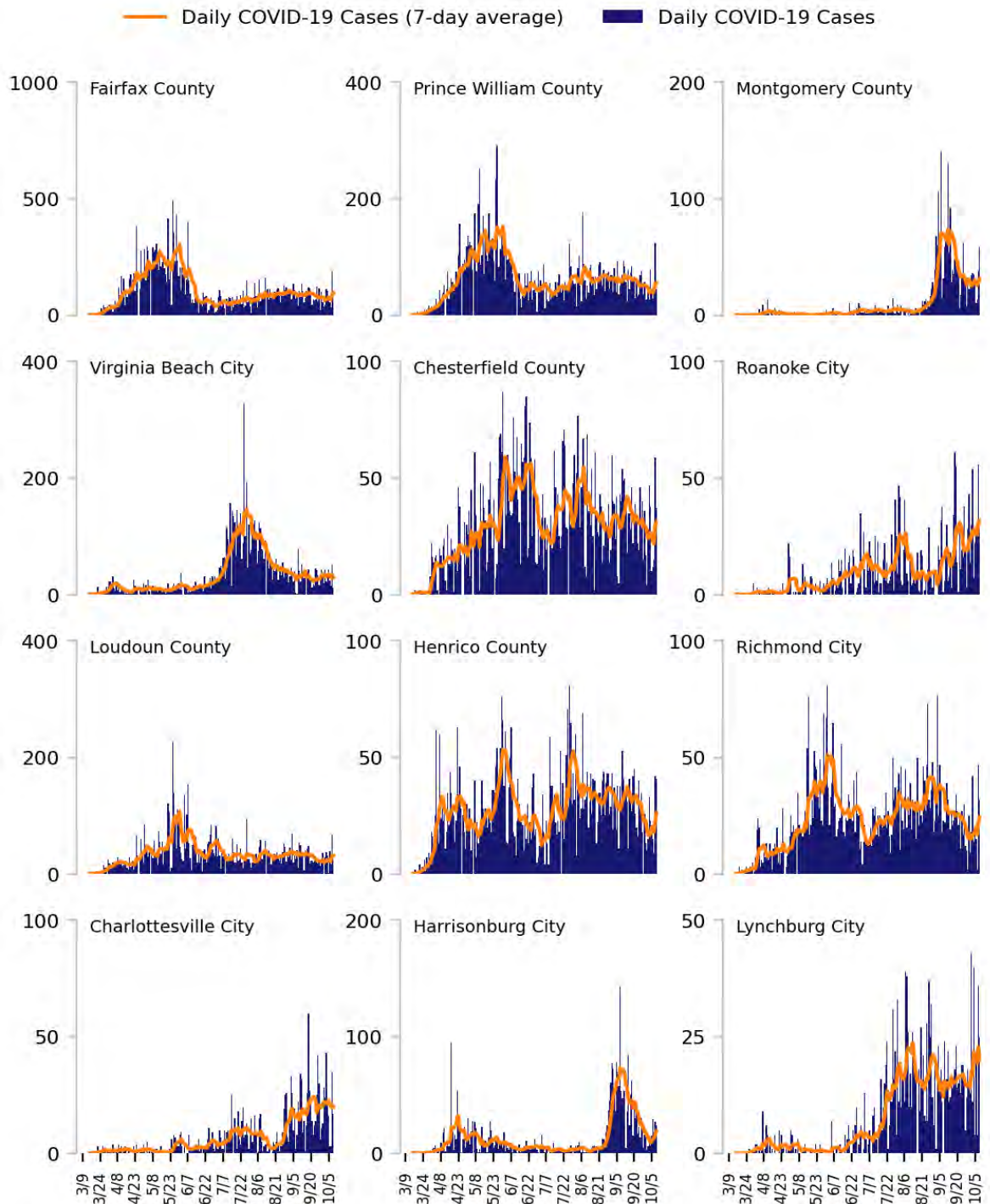
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

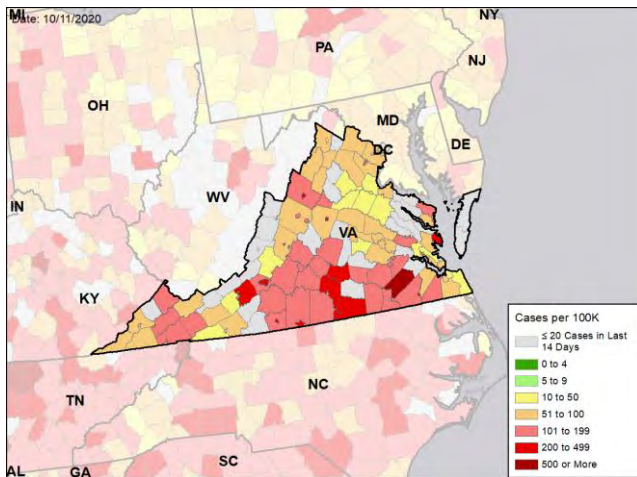


# VIRGINIA

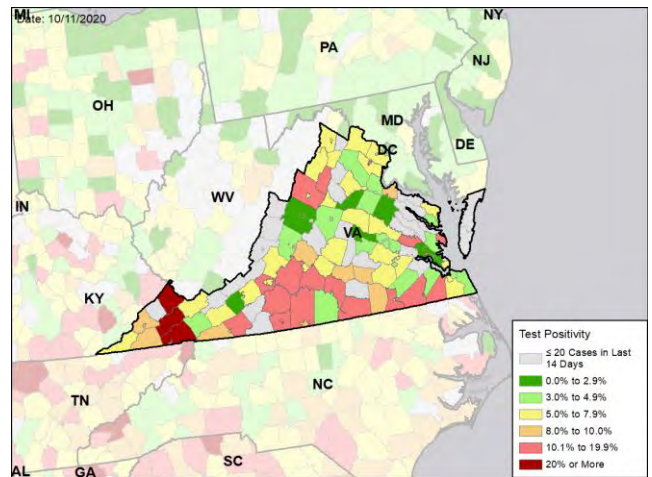
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

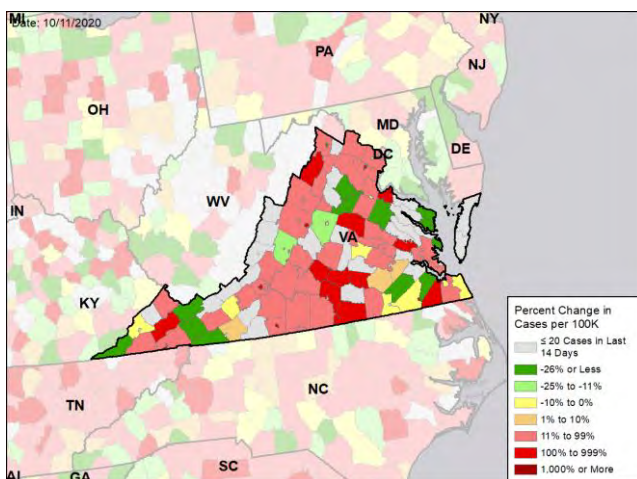
### NEW CASES PER 100,000 DURING THE LAST WEEK



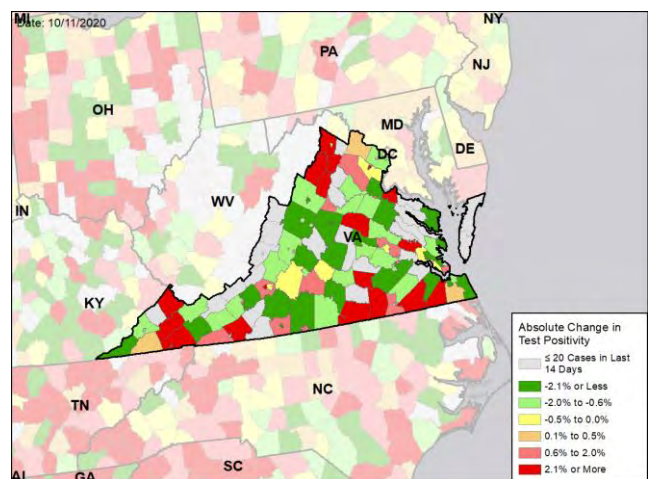
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under **METHODS**

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

**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## WASHINGTON

### SUMMARY

- Washington is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 46th highest rate in the country. Washington is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 41st highest rate in the country.
- Washington has seen stability in new cases and stability in test positivity over the last week.
- Cases increased in counties in central Washington and the northern Puget Sound area, although the highest incidences continued to be in counties in eastern Washington. Whitman County, the home of Washington State University, continued to report stable case counts last week with an incidence continuing to exceed 200 cases per 100,000 population; the county reported its first death. The following three counties had the highest number of new cases over the last 3 weeks: 1. King County, 2. Spokane County, and 3. Pierce County. These counties represent 49.2% of new cases in Washington.
- Institutions of higher education (IHE): The outbreak involving fraternities at UW in Seattle (King County) increased in size to a cumulative 227 cases.
- 31% of all counties in Washington 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 Sep 28 - Oct 4, 6% of nursing homes had at least one new resident COVID-19 case, 14% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Washington had 51 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 62 to support operations activities from FEMA; 3 to support operations activities from ASPR; and 21 to support operations activities from USCG.
- Between Oct 3 - Oct 9, on average, 24 patients with confirmed COVID-19 and 101 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Washington. 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

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Washington and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Washington has been successful with limiting transmission through graduated mitigation measures and enhanced disease control capacity, including expanded testing. The relative stability in total cases, with shifting patterns of transmission by county, indicates mitigation measures need to continue. Jurisdictions choosing to suspend or relax mitigation measures should demonstrate increased active testing and case rate monitoring.
- Recommend maintaining restrictions on indoor gathering sizes to help limit transmission events that disproportionately contribute to maintaining epidemic spread. This may be especially important with weather conditions increasingly forcing activities indoors.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations everywhere as well as tailored measures for counties with increasing incidence.
- There is concern for further increases in community transmission with increasing hospitalizations and deaths, given the spread seen among younger age groups regionally, much of which is asymptomatic, as has been seen in "hotspot" counties generally ([MMWR Early Release/October 9, 2020](#)).
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces. As temperatures cool, recommend increased messaging regarding the need to take these measures, especially given the element of prevention "fatigue."
- Continue to implement plans to increase surveillance for community spread using the Abbott BinaxNOW now that supplies have begun to arrive (or using other antigen tests), especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Increased rates of infection seen among long-term care facility workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- Ensure university faculty, staff, and students continue their mitigation behaviors to ensure no further outbreaks on or off campus.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies, when available, work best when used early in the course of infection.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).







## WASHINGTON

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,859 (51)	+6%	11,184 (78)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.1%	-0.1%*	7.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	82,006** (1,077)	+7%**	250,646** (1,747)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	48 (0.6)	-4%	117 (0.8)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (14%)	+0%* (-2%*)	7% (15%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+0%*	3%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# WASHINGTON

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

1

■ (+0)

Ellensburg

2

■ (+0)

Franklin  
Kittitas

#### LOCALITIES IN ORANGE ZONE

1

▲ (+1)

Lewiston

1

■ (+0)

Pend Oreille

#### LOCALITIES IN YELLOW ZONE

7

■ (+0)

Spokane-Spokane Valley  
Portland-Vancouver-Hillsboro  
Moses Lake  
Pullman  
Yakima  
Wenatchee  
Shelton

9

▲ (+2)

Spokane  
Clark  
Grant  
Whitman  
Yakima  
Mason  
Chelan  
Douglas  
Stevens

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

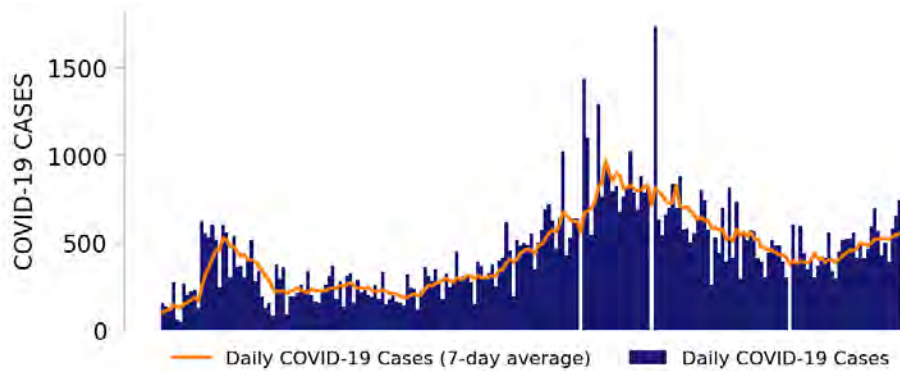
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020. Last week is 10/1 - 10/7.



# WASHINGTON

STATE REPORT | 10.11.2020

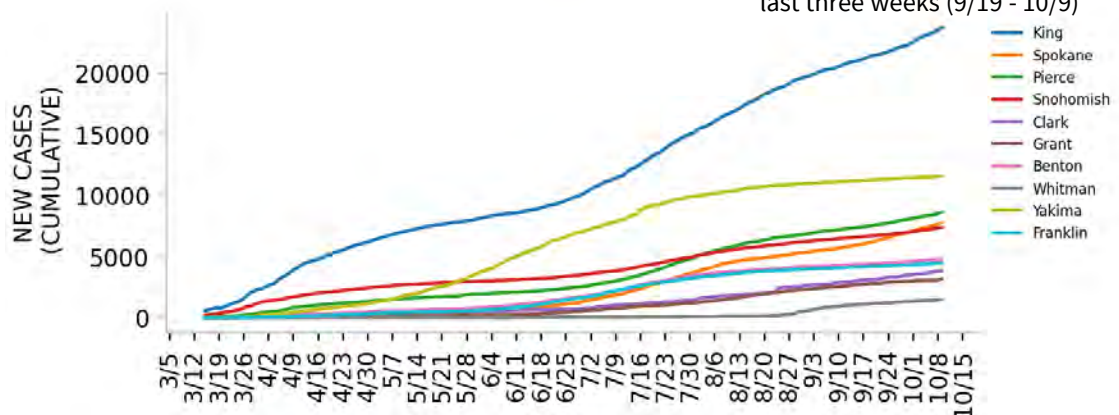
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



### DATA SOURCES – Additional data details available under METHODS

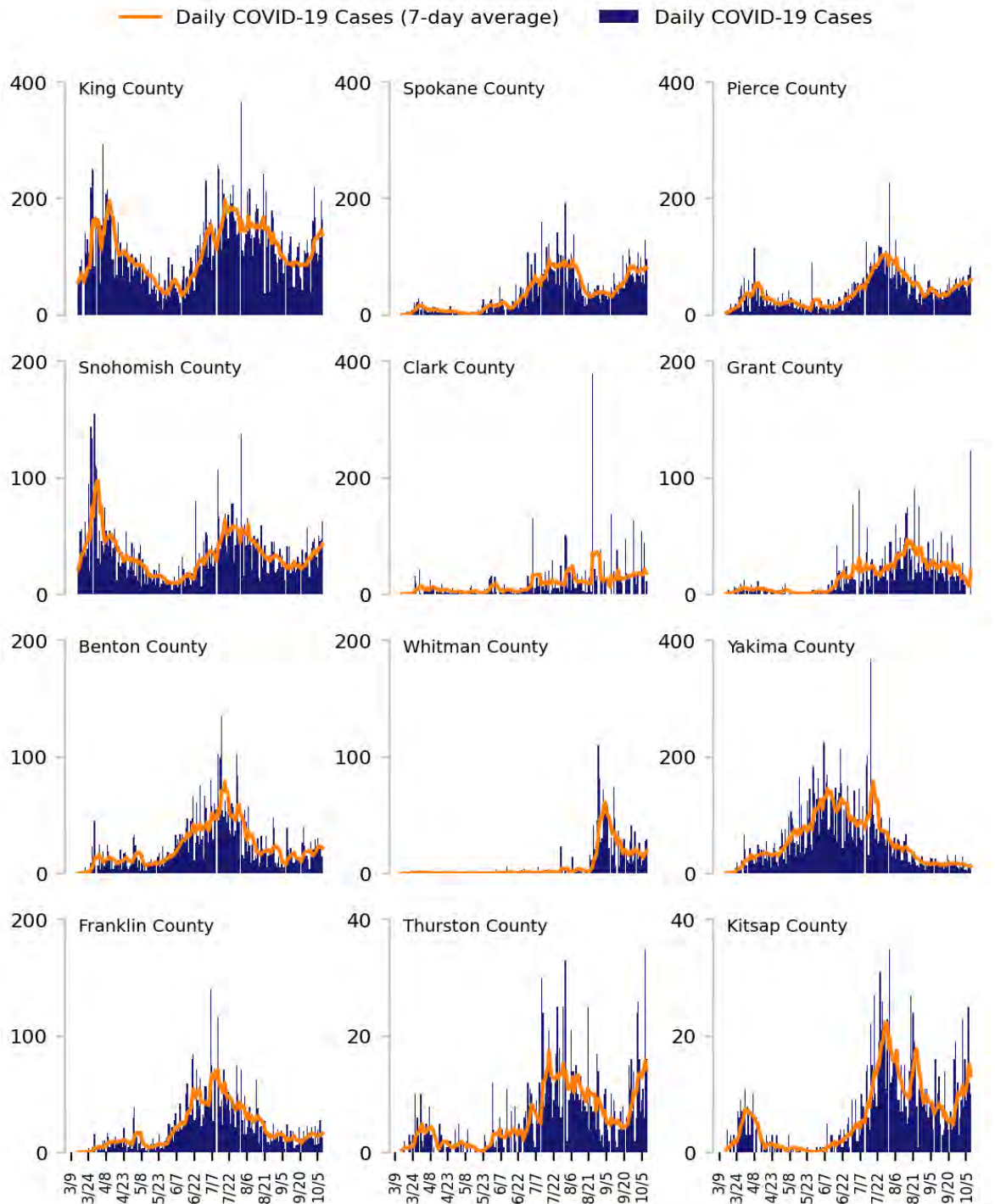
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020.



## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

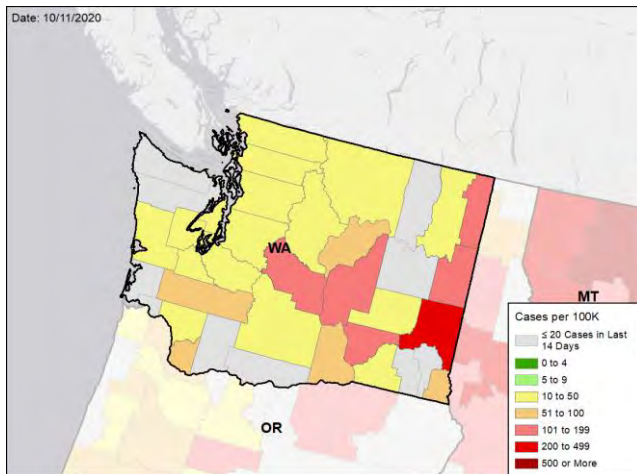


# WASHINGTON

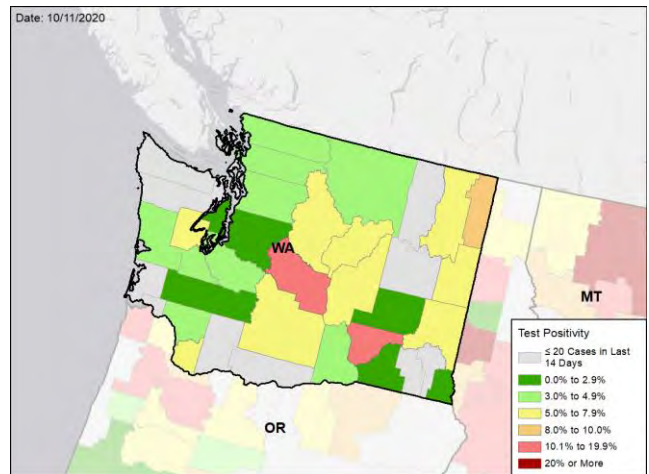
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

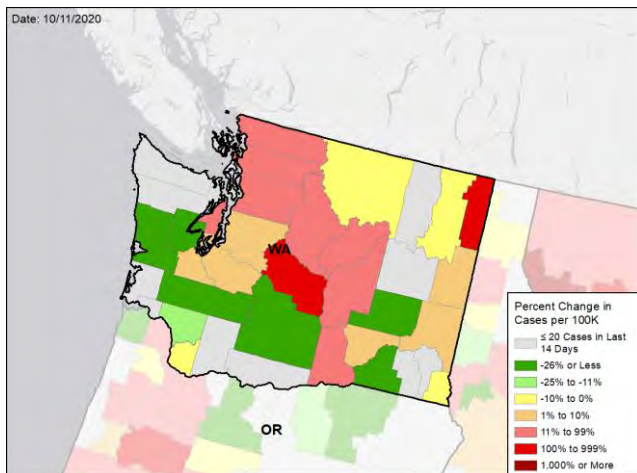
### NEW CASES PER 100,000 DURING THE LAST WEEK



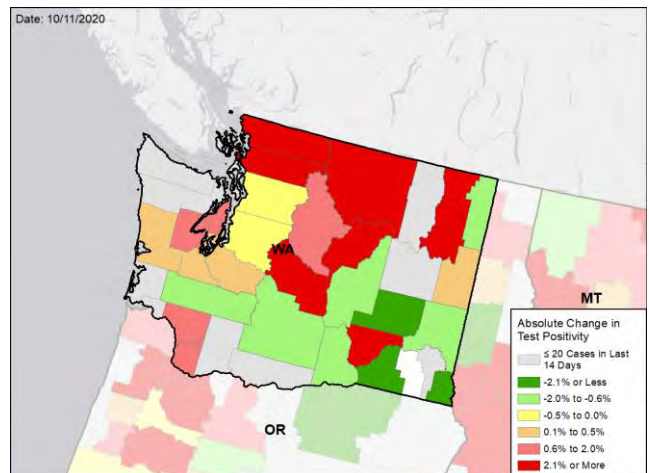
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. **Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## WEST VIRGINIA

### SUMMARY

- West Virginia is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 35th highest rate in the country. West Virginia is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 34th highest rate in the country.
- West Virginia has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Kanawha County, 2. Monongalia County, and 3. Cabell County. These counties represent 35.5% of new cases in West Virginia.
- 25% of all counties in West Virginia 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 Sep 28 - Oct 4, 9% of nursing homes had at least one new resident COVID-19 case, 19% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- West Virginia had 78 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 7 to support operations activities from FEMA; 6 to support epidemiology activities from CDC; and 29 to support operations activities from USCG.
- Between Oct 3 - Oct 9, on average, 16 patients with confirmed COVID-19 and 38 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in West Virginia. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in West Virginia and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Retail establishments are enforcing mitigation efforts by adjusting their businesses so very few transmissions occur in those settings; the majority of cases are from interactions at home with friends and family. West Virginians should know that such gatherings must be limited in size and include both masks and social distancing.
- Use the Abbott BinaxNOW for surveillance testing in the same populations weekly. This will provide information on local transmission changes. Establish and deploy targeted testing teams (not drive-through testing) who can be rapidly deployed to communities based on signals from surveillance testing. Populations for surveillance can include K-12 teachers, fire and police force, nursing home and correctional facility staff.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Work with university students to keep cases low, with the goal of low transmission in preparation for Thanksgiving. Implement antibody testing to understand fraction of students who have been infected and plan for spring semester accordingly. Test all university students before dismissing them for Thanksgiving.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



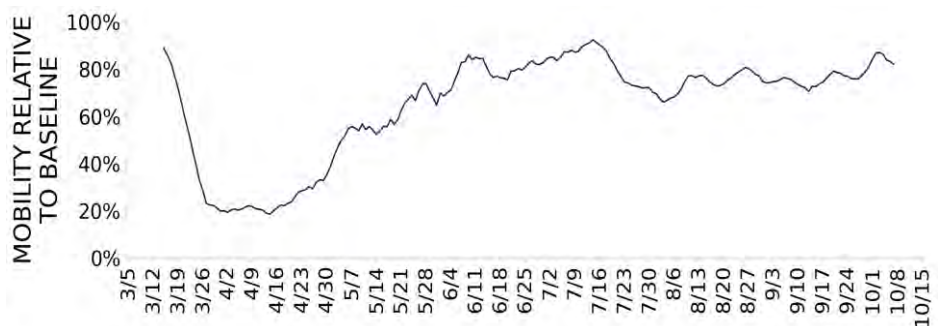


# WEST VIRGINIA

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,398 (78)	+4%	21,728 (70)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.0%	-0.2%*	4.1%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	51,652** (2,882)	+18%**	621,944** (2,016)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	21 (1.2)	-16%	303 (1.0)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	9% (19%)	+3%* (+9%*)	8% (15%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	-2%*	3%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# WEST VIRGINIA

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

LOCALITIES IN RED ZONE	0 ▼ (-1)	N/A	0 ▼ (-4)	N/A
LOCALITIES IN ORANGE ZONE	1 ▲ (+1)	Elkins	1 ▼ (-2)	Randolph
LOCALITIES IN YELLOW ZONE	4 ▲ (+1)	Charleston Huntington-Ashland Clarksburg Mount Gay-Shamrock	13 ▲ (+6)	Kanawha Cabell Berkeley Putnam Harrison Logan Upshur Barbour Mingo Boone Jackson Nicholas
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Yellow Counties:** Kanawha, Cabell, Berkeley, Putnam, Harrison, Logan, Upshur, Barbour, Mingo, Boone, Jackson, Nicholas, Morgan

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

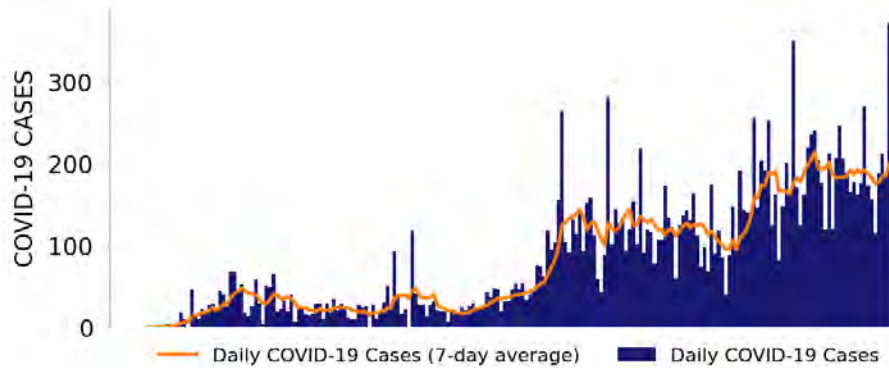
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



# WEST VIRGINIA

STATE REPORT | 10.11.2020

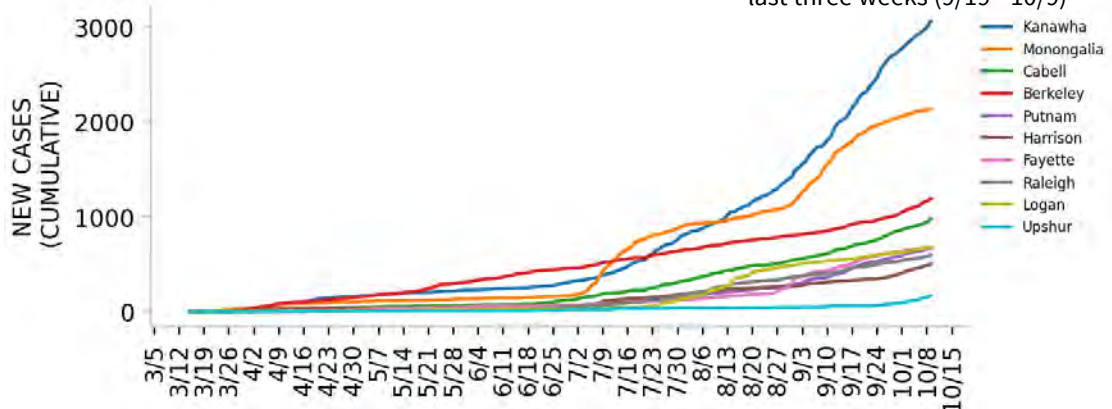
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

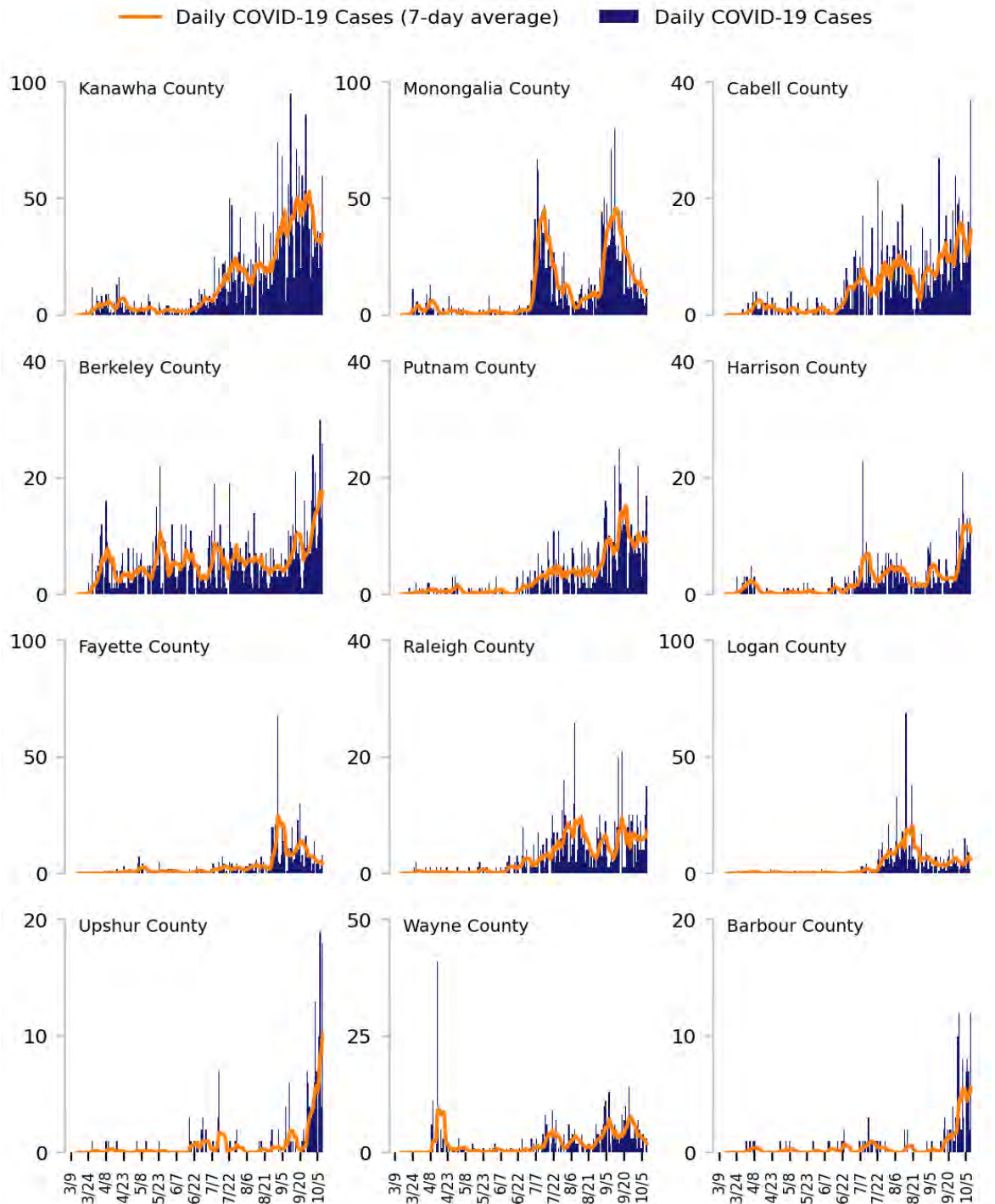
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

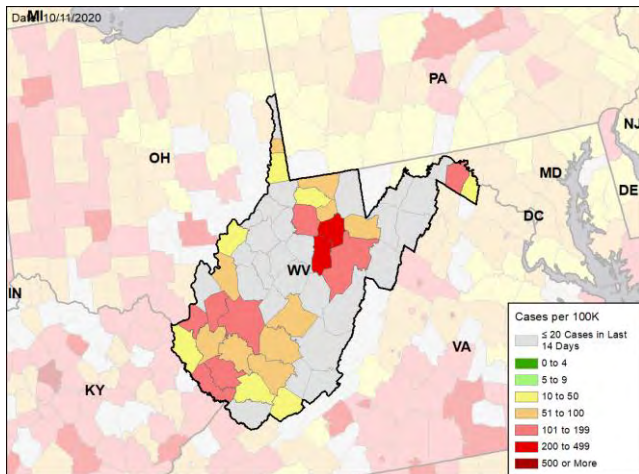


# WEST VIRGINIA

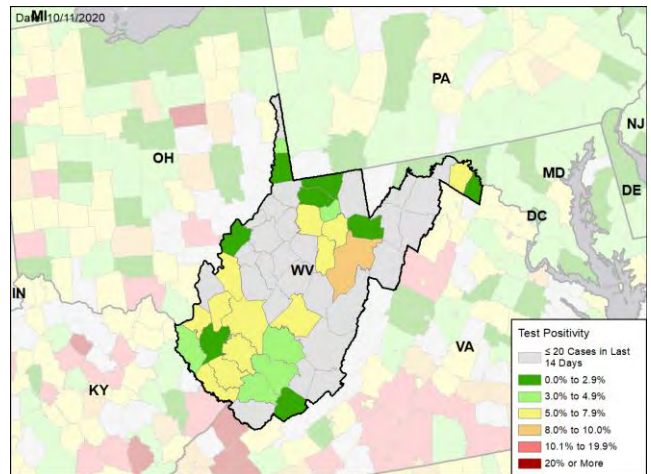
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

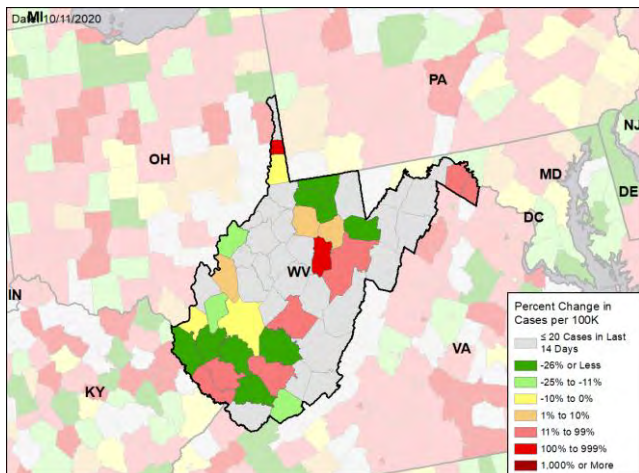
### NEW CASES PER 100,000 DURING THE LAST WEEK



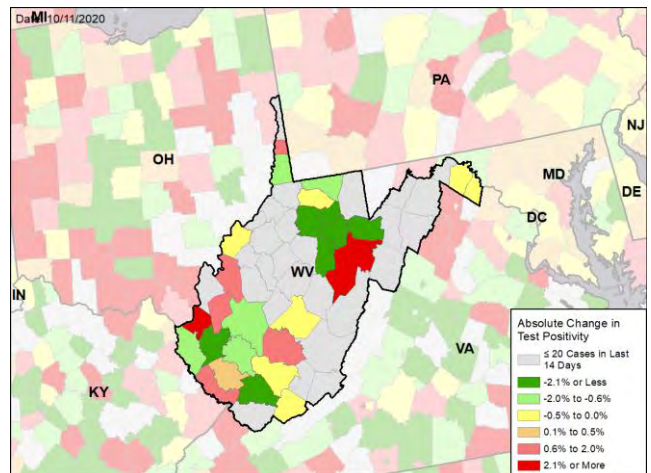
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.



## WISCONSIN

### SUMMARY

- Wisconsin has seen a sustained peak of epidemic activity in the last week with an ongoing health emergency. Wisconsin is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 4th highest rate in the country. Wisconsin is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 7th highest rate in the country.
- Wisconsin has seen stability in new cases and stability in test positivity over the last week. The state averaged 2,500 cases a day; hospitalizations have tripled over the past three weeks and deaths continued to increase last week. Low adherence to mitigation measures has been reported with wide variation between localities.
- Intense community virus transmission is seen throughout the state with only two of 72 counties reporting less than 100 cases per 100,000 population (and those two exceeded 90 per 100,000); six counties exceeded incidence rates of 700 per 100,000. The following three counties had the highest number of new cases over the last 3 weeks: 1. Milwaukee County, 2. Brown County, and 3. Winnebago County. These counties represent 27.1% of new cases in Wisconsin.
- 92% of all counties in Wisconsin have moderate or high levels of community transmission (yellow, orange, or red zones), with 50% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 10% of nursing homes had at least one new resident COVID-19 case, 36% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Wisconsin had 304 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 6 to support operations activities from FEMA; 1 to support testing activities from CDC; 8 to support epidemiology activities from CDC; 2 to support operations activities from CDC; 1 to support operations activities from USCG; and 8 to support medical activities from VA.
- Between Oct 3 - Oct 9, on average, 180 patients with confirmed COVID-19 and 106 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wisconsin. An average of 94% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

### RECOMMENDATIONS

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Wisconsin and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- We share the concern of the state health officials that the current situation can continue to worsen. Wisconsin's ability to limit further and avoid increases in hospitalizations and deaths will depend on increased observation of social distancing mitigation measures by the community until cases decline. Lack of compliance with these measures will lead to preventable deaths. State leaders should work intensely with communities to ensure a clear and shared message.
- Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds in public and social gatherings in private, and ensuring flu immunizations everywhere, as well as tailored business and public venue measures especially for counties with increasing incidence.
- There is extreme concern for continued increases in community transmission with increasing hospitalizations and deaths, given the continued spread among younger age groups, much of which is asymptomatic, as has been seen in "hotspot" counties generally ([MMWR Early Release/October 9, 2020](#)).
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. Encourage outdoor activities and ensure mask and physical distancing messages for all residents, both in public and private spaces. With weather conditions increasingly forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of prevention "fatigue."
- Localized, more intense mitigation measures in high incidence jurisdictions are recommended, including limiting indoor gathering sizes, both in public and especially private spaces (gatherings of friends and families), to help limit the super-spreader events that disproportionately contribute to increased or maintained epidemic spread. This is especially important in the next few weeks given the recent increased transmission with larger numbers of infectious individuals. Public education and enforcement measures to increase compliance with gathering restrictions should be enhanced.
- Continue to use testing and case investigations strategically to identify and mitigate these areas of increasing disease activity and the transmission venues. Use of rapid tests can be extremely helpful in doing this.
- Continue testing programs in long-term care facilities, with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Utilize point-of-care testing platforms to facilitate rapid COVID-19 case identification.
- Continue to implement plans to increase surveillance for community spread using the Abbott BinaxNOW or other antigen tests, especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Increased rates of infection seen among long-term care facility workers indicates significant transmission in their communities and those transmission settings must be identified and mitigated.
- Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus as symptomatic cases and cases identified through surveillance testing decline.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies, when available, work best when used early in the course of infection.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



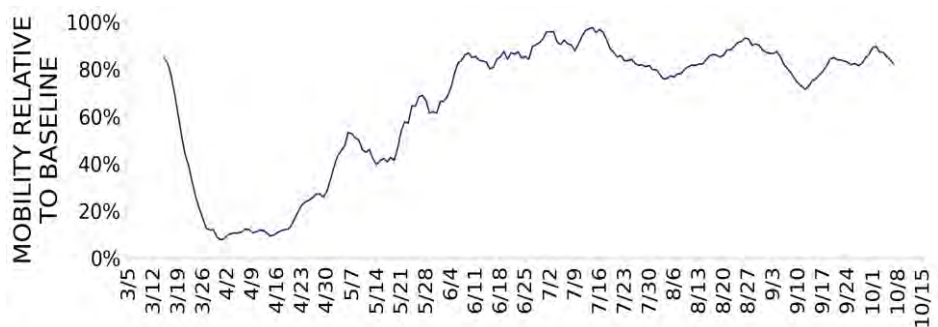


# WISCONSIN

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	17,683 (304)	+0%	67,586 (129)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.1%	-0.1%*	5.4%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	221,332** (3,801)	-3%**	1,414,080** (2,691)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	87 (1.5)	+10%	638 (1.2)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	10% (36%)	+5%* (+6%*)	10% (23%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+1%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.

**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 10/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.





# WISCONSIN

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

13  
▼ (-1)

Green Bay  
Appleton  
Oshkosh-Neenah  
Wausau-Weston  
Fond du Lac  
Shawano  
Sheboygan  
Manitowoc  
Beaver Dam  
Stevens Point  
Watertown-Fort Atkinson  
Platteville

36  
▼ (-1)

Brown  
Winnebago  
Outagamie  
Marathon  
Fond du Lac  
Sheboygan  
Washington  
Shawano  
Calumet  
Manitowoc  
Dodge  
Oconto

#### LOCALITIES IN ORANGE ZONE

6  
▲ (+3)

Milwaukee-Waukesha  
Racine  
Eau Claire  
Janesville-Beloit  
Wisconsin Rapids-Marshfield  
Iron Mountain

10  
▼ (-2)

Milwaukee  
Waukesha  
Racine  
Rock  
Eau Claire  
Wood  
Trempealeau  
Clark  
Richland  
Crawford

#### LOCALITIES IN YELLOW ZONE

6  
▼ (-2)

La Crosse-Onalaska  
Chicago-Naperville-Elgin  
Minneapolis-St. Paul-Bloomington  
Whitewater  
Menomonie  
Baraboo

20  
▲ (+6)

La Crosse  
Kenosha  
Walworth  
Dunn  
Ozaukee  
St. Croix  
Sauk  
Chippewa  
Door  
Green  
Pierce  
Douglas

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

**All Red CBSAs:** Green Bay, Appleton, Oshkosh-Neenah, Wausau-Weston, Fond du Lac, Shawano, Sheboygan, Manitowoc, Beaver Dam, Stevens Point, Watertown-Fort Atkinson, Platteville, Marinette

**All Red Counties:** Brown, Winnebago, Outagamie, Marathon, Fond du Lac, Sheboygan, Washington, Shawano, Calumet, Manitowoc, Dodge, Oconto, Portage, Waupaca, Jefferson, Grant, Columbia, Marinette, Kewaunee, Oneida, Monroe, Waushara, Langlade, Green Lake, Lincoln, Marquette, Juneau, Lafayette, Vilas, Price, Vernon, Forest, Taylor, Menominee, Sawyer, Washburn

**All Yellow Counties:** La Crosse, Kenosha, Walworth, Dunn, Ozaukee, St. Croix, Sauk, Chippewa, Door, Green, Pierce, Douglas, Burnett, Ashland, Iowa, Adams, Jackson, Polk, Florence, Buffalo

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

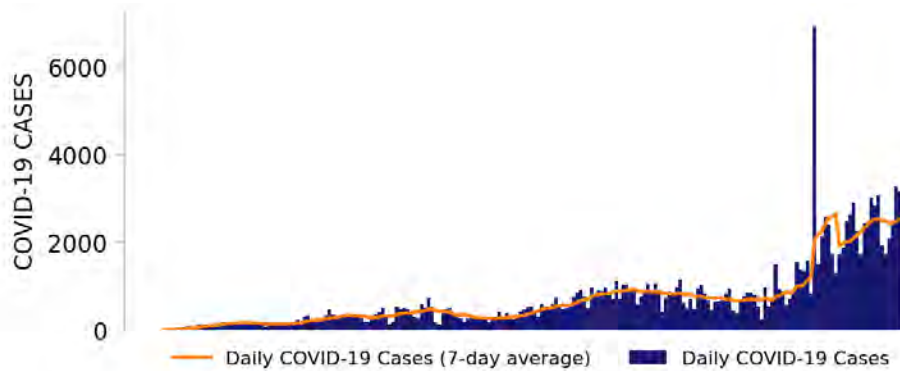
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7.



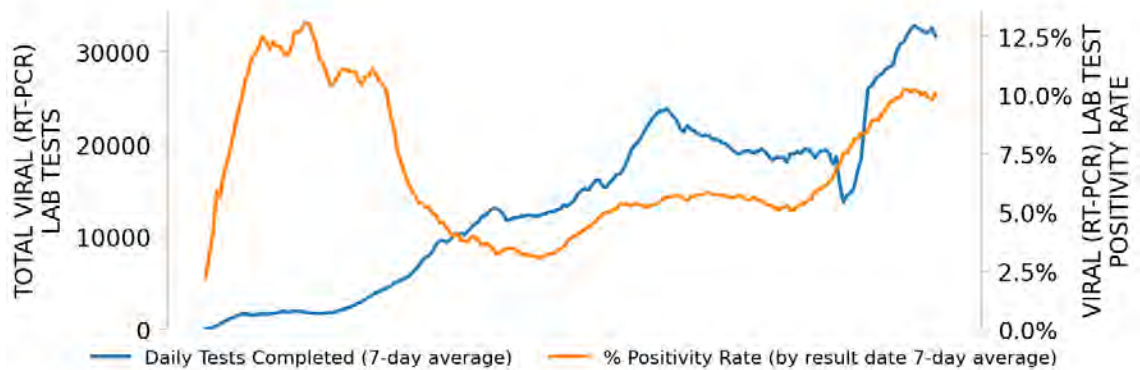
# WISCONSIN

STATE REPORT | 10.11.2020

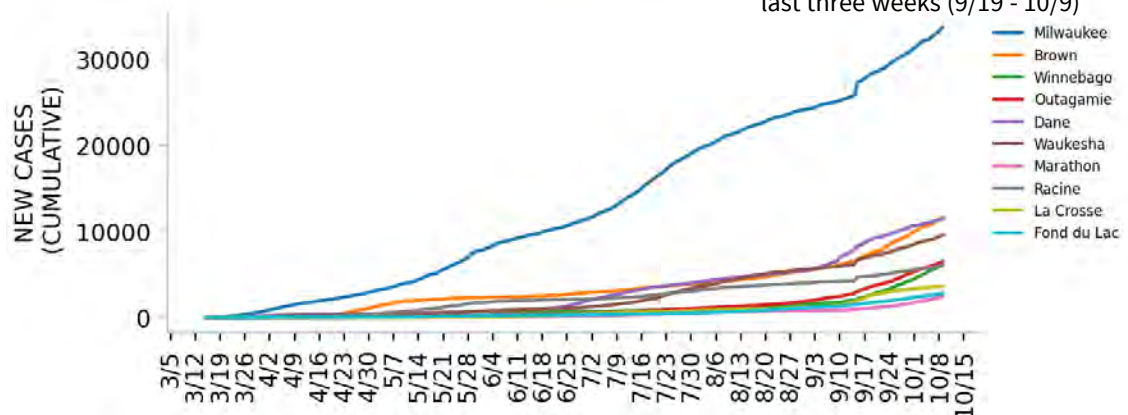
## NEW CASES



## TESTING



Top counties based on greatest number of new cases in last three weeks (9/19 - 10/9)



### DATA SOURCES – Additional data details available under METHODS

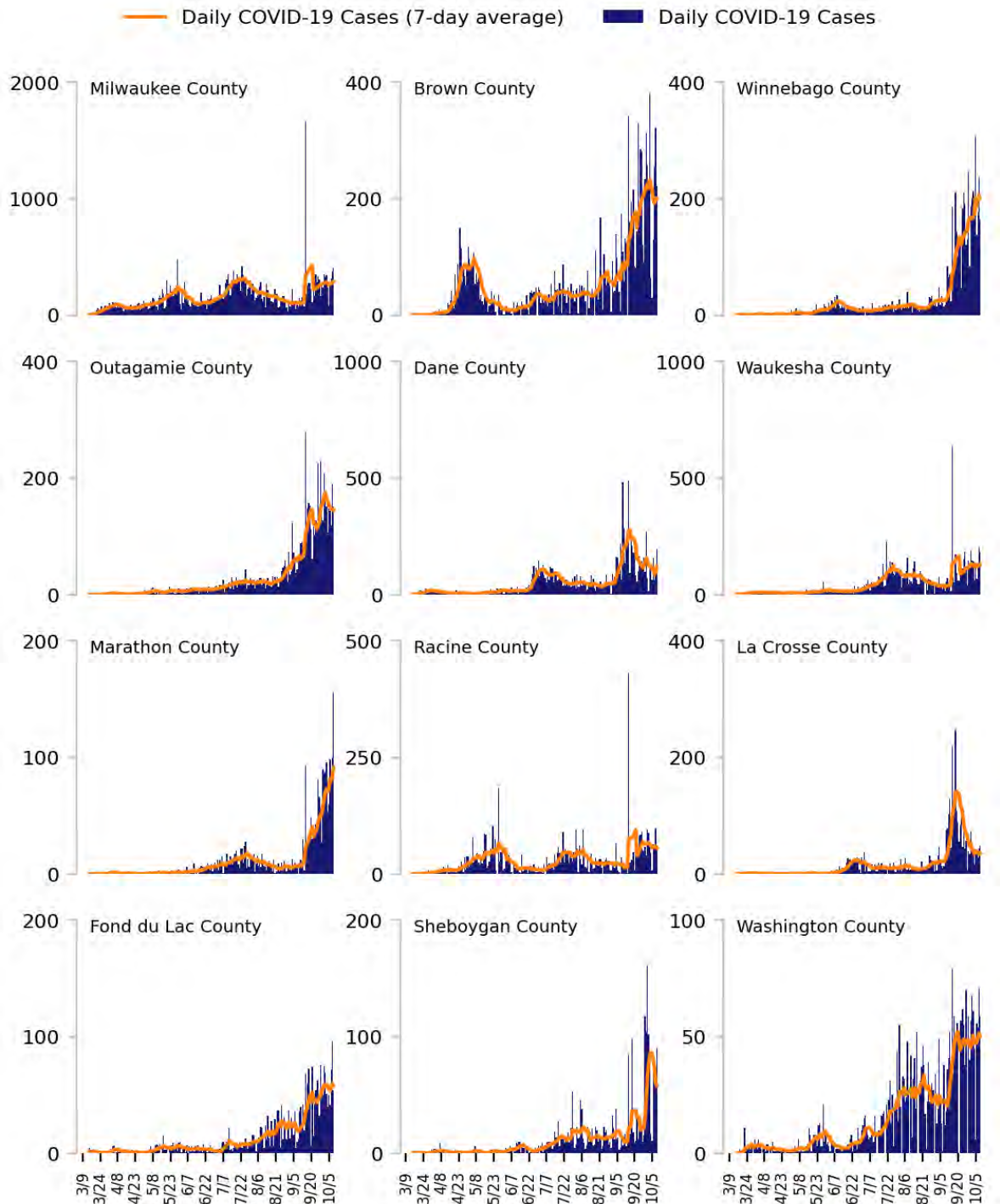
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.



## 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

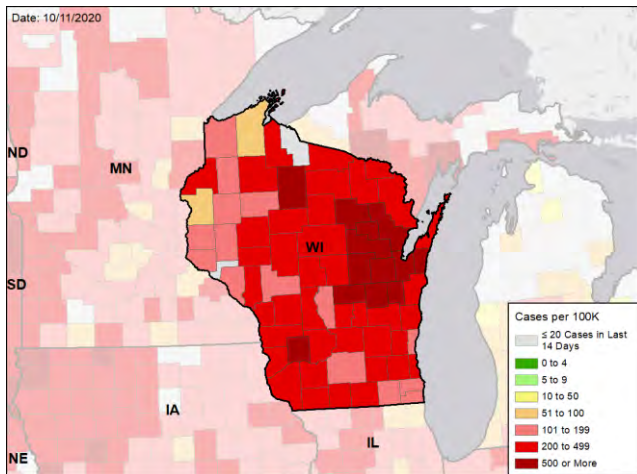


# WISCONSIN

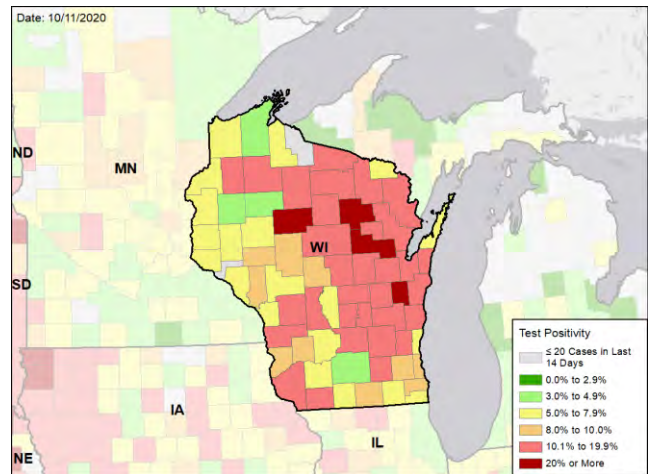
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

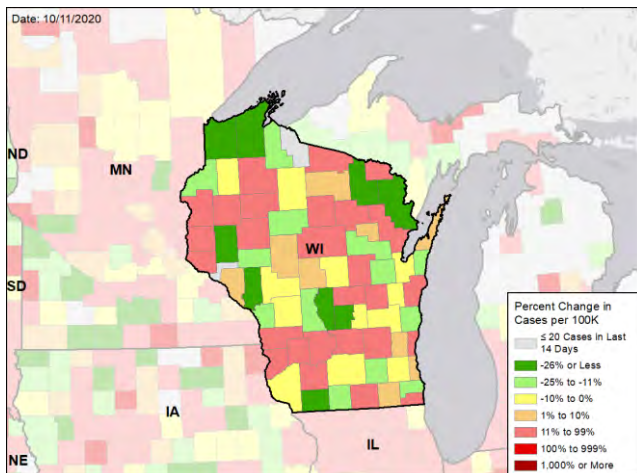
### NEW CASES PER 100,000 DURING THE LAST WEEK



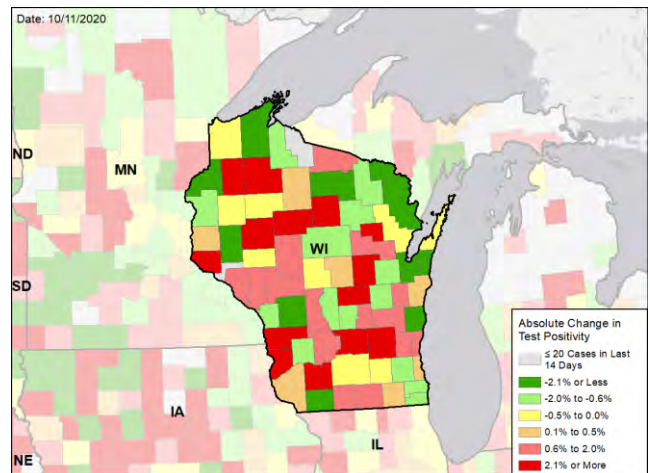
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under **METHODS**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





## WYOMING

### SUMMARY

- Wyoming is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 8th highest rate in the country. Wyoming is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 33rd highest rate in the country.
- Wyoming has seen an increase in new cases and a decrease in test positivity over the last week in the context of increasing test volume at the state level.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Albany County, 2. Natrona County, and 3. Laramie County. These counties represent 40.5% of new cases in Wyoming.
- Test positivity increased in Platte, Fremont, Washakie, Uinta, and Lincoln counties; all others had decreases in test positivity.
- 35% of all counties in Wyoming have moderate or high levels of community transmission (yellow, orange, or red zones), with 9% having high levels of community transmission (red zone).
- During the week of Sep 28 - Oct 4, 6% of nursing homes had at least one new resident COVID-19 case, 23% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death; apparent outbreaks in facilities in Jackson and Torrington.
- Wyoming had 192 new cases per 100,000 population in the last week, compared to a national average of 100 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA.
- Between Oct 3 - Oct 9, on average, 12 patients with confirmed COVID-19 and 20 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wyoming. An average of 75% 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

- We have included cases, test positivity, and deaths by month in the back of your packet to show the time sequence in Wyoming and the country as a whole. These demonstrate the impact of comprehensive mitigation efforts when implemented effectively and that partial or incomplete mitigation leads to prolonged community spread and increased fatalities.
- Expansion of testing is a critical achievement and will greatly improve ability of Wyoming to follow epidemic dynamics if the epidemic worsens when activities move back indoors.
- Adequate surveillance is extremely important as cases rise. Use antigen or other rapid tests. Implement regular surveillance and frequent testing among critical staff, such as teachers, clinic staff, and staff working at long-term care facilities (LTCFs) and all other congregate living settings, prisoners and prison staff, public transportation workers, and first responders as more tests become available. Explore expansion of wastewater surveillance.
- Report results of all antigen tests, negative as well as positive.
- Continue to closely monitor hospital utilization, resources, and capacity at the local level and put data on all websites as part of educational campaigns; use data to drive mitigation efforts.
- Implementation of effective mitigation strategies are extremely important, especially in communities with increasing test positivity among those at-risk for severe disease and decreasing hospital capacity; implement more aggressive community mitigation in all such areas.
- Recent data suggest that smaller, more intimate gatherings of family, friends, and neighbors are driving transmission, especially as activities move indoors and adherence to face covering and social distancing wanes; educational efforts and public health messaging should include strategies to address this shift.
- Target public health messaging and community testing efforts to those most at-risk with highly specific messaging and strategic selection of testing locations; ensure elderly and those at-risk and/or vulnerable to severe disease are being tested in sufficient volume.
- University of Wyoming should accelerate efforts to utilize state veterinary lab and should post testing volume and results on its website; consider use of wastewater surveillance to monitor residence halls and dormitories and continue adapting classroom policies according to data.
- Ensure effective communication, testing, contact tracing, and isolation/quarantine are provided to Hispanic and Native American communities; address accelerating epidemic in Fremont County.
- Any nursing homes with 3 or more cases of COVID per week over any of the past 3 weeks (facilities in Jackson and Torrington) should conduct immediate inspection surveys with support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).

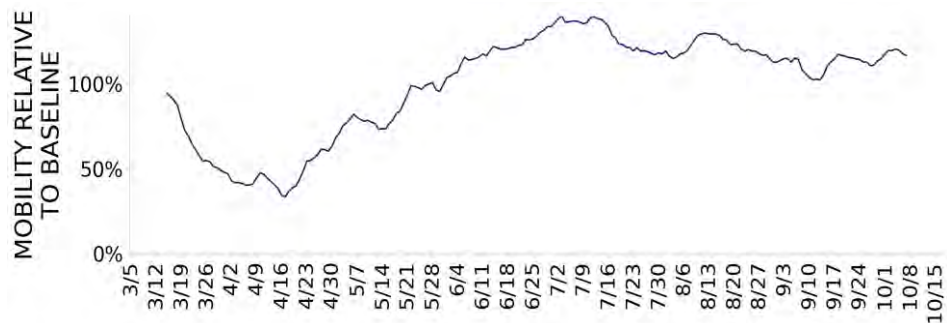


# WYOMING

STATE REPORT | 10.11.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,111 (192)	+40%	24,547 (200)	327,190 (100)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.2%	-1.5%*	8.7%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	15,561** (2,689)	+32%**	309,098** (2,521)	6,936,223** (2,113)
COVID-19 DEATHS (RATE PER 100,000)	0 (0.0)	-100%	197 (1.6)	4,908 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (23%)	+3%* (-5%*)	11% (30%)	10% (21%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+3%*	4%	4%

## 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 10/9/2020; last week is 10/3 - 10/9, previous week is 9/26 - 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.**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 10/7/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/28-10/4, previous week is 9/21-9/27.



# WYOMING

STATE REPORT | 10.11.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA) LAST WEEK

### COUNTY LAST WEEK

#### LOCALITIES IN RED ZONE

1

■ (+0)

Riverton

2

▼ (-5)

Fremont  
Platte

#### LOCALITIES IN ORANGE ZONE

0

▼ (-3)

N/A

3

▲ (+1)

Lincoln  
Goshen  
Big Horn

#### LOCALITIES IN YELLOW ZONE

3

▲ (+2)

Laramie  
Jackson  
Evanston

3

■ (+0)

Albany  
Teton  
Uinta

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

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

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

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020; last week is 10/3 - 10/9, three weeks is 9/19 - 10/9.

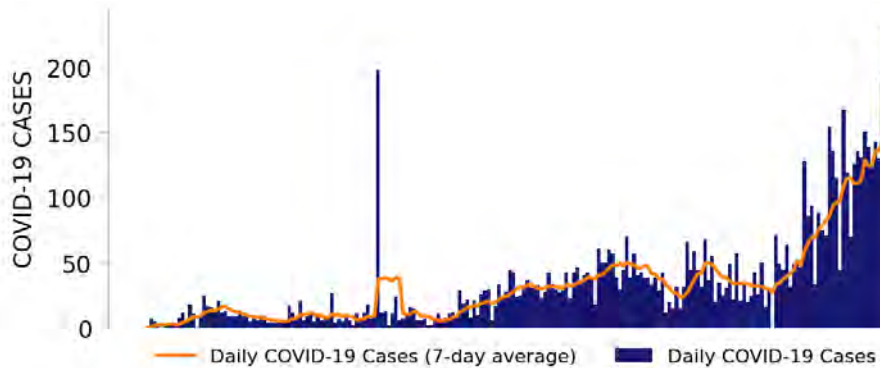
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020. Last week is 10/1 - 10/7.



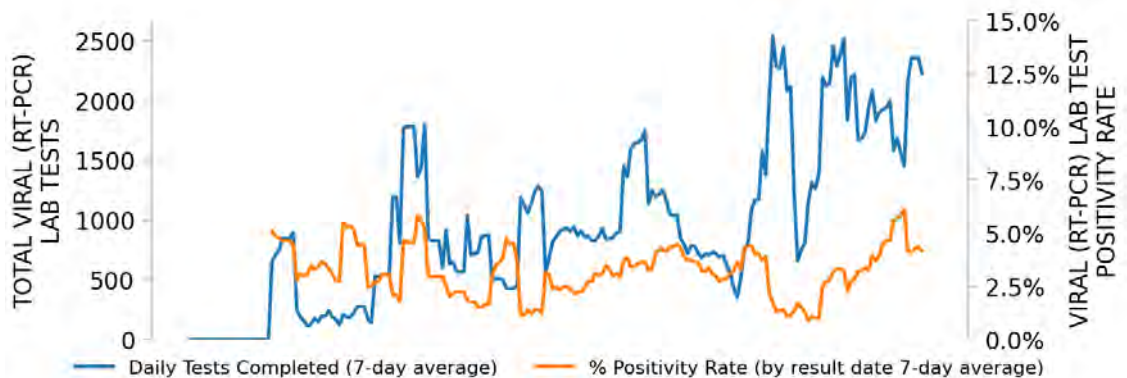
# WYOMING

STATE REPORT | 10.11.2020

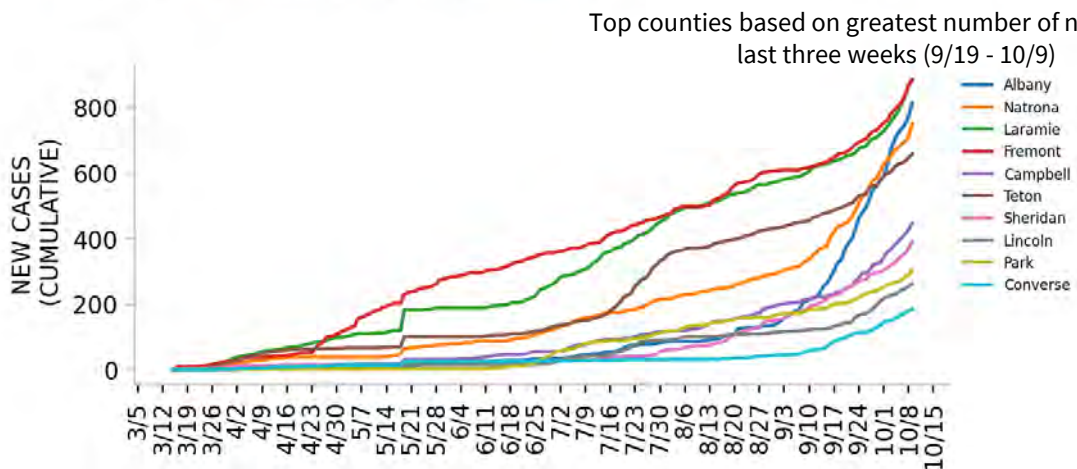
## NEW CASES



## TESTING



## TOP COUNTIES



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020.

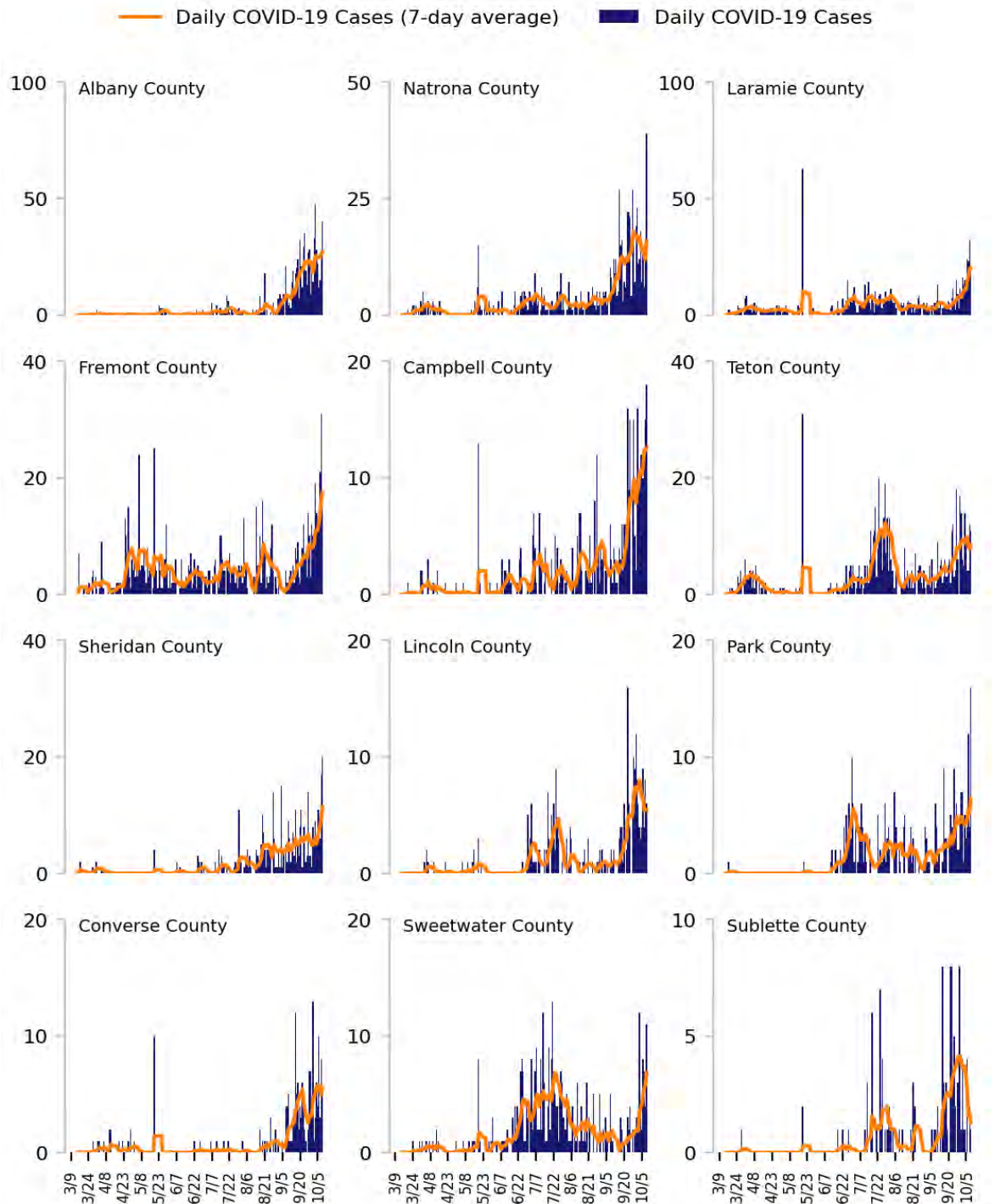
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/7/2020.





# 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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last 3 weeks is 9/19 - 10/9.

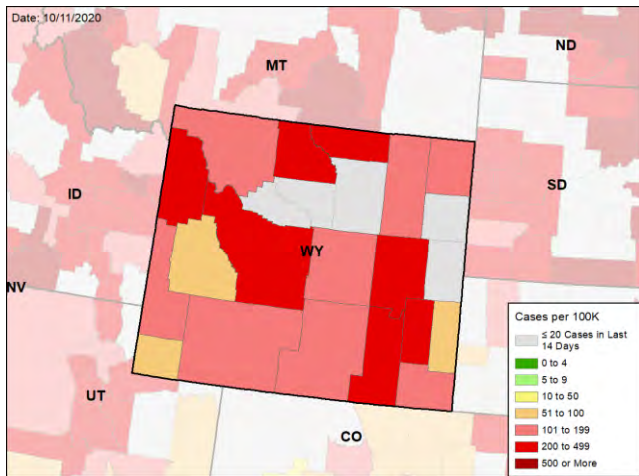


# WYOMING

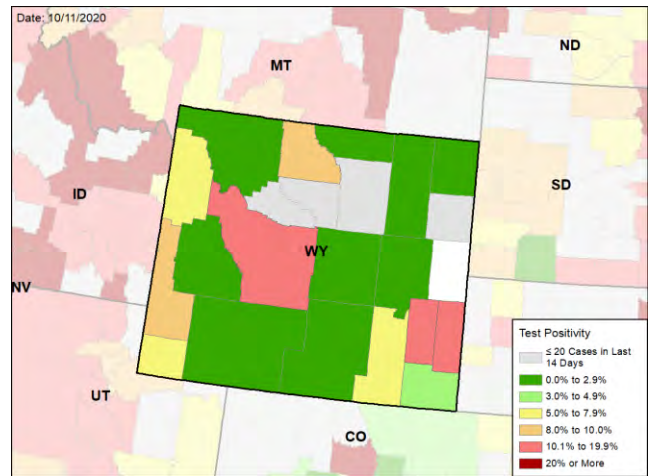
STATE REPORT | 10.11.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

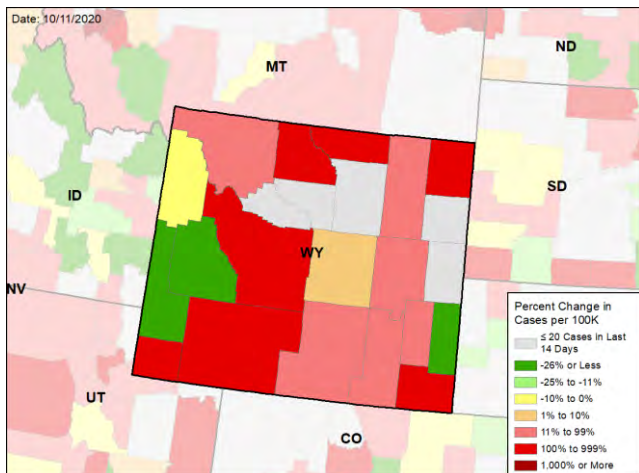
### NEW CASES PER 100,000 DURING THE LAST WEEK



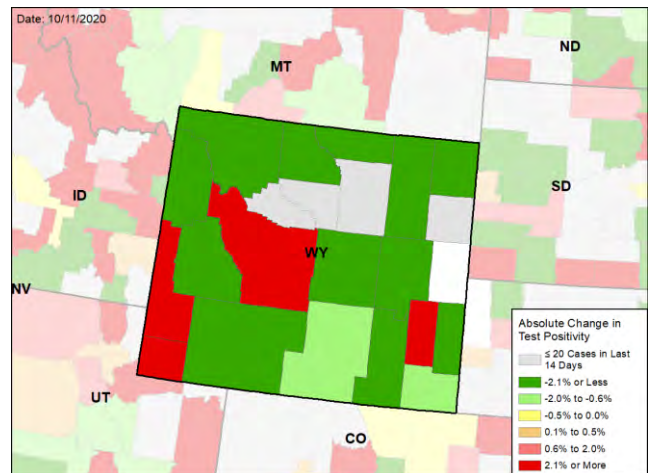
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY CHANGE IN NEW CASES PER 100,000



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



**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.  
**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/9/2020. Last week is 10/3 - 10/9, previous week is 9/26 - 10/2.

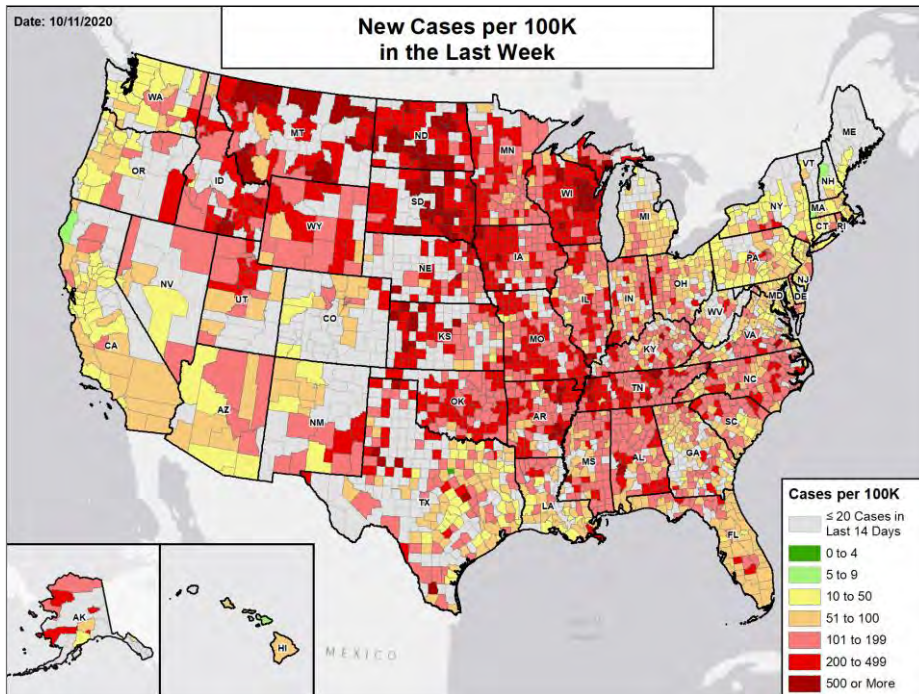
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020. Last week is 10/1 - 10/7, previous week is 9/24 - 9/30.





# National Picture

## NEW CASES PER 100,000 LAST WEEK

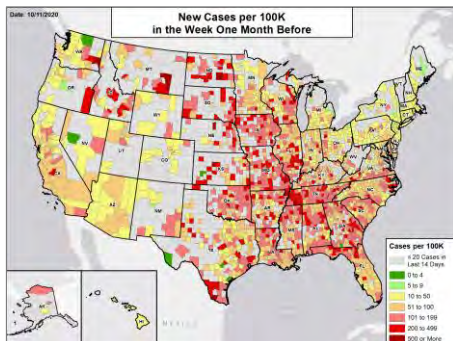


## NATIONAL RANKING OF NEW CASES PER 100,000 LAST WEEK

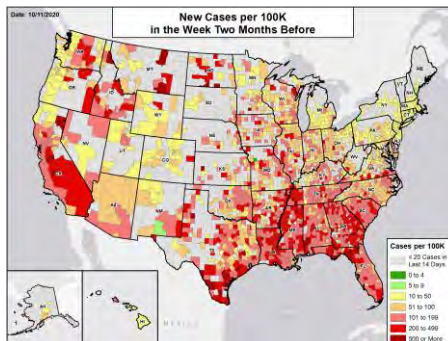
National Rank	State	National Rank	State
1	ND	27	TX
2	SD	28	DE
3	MT	29	CO
4	WI	30	VA
5	UT	31	FL
6	ID	32	OH
7	IA	33	GA
8	WY	34	MI
9	OK	35	WV
10	TN	36	LA
11	AR	37	MD
12	KY	38	PA
13	KS	39	NJ
14	NE	40	MA
15	MO	41	DC
16	AK	42	AZ
17	MN	43	CA
18	MS	44	OR
19	AL	45	NY
20	IN	46	WA
21	SC	47	HI
22	IL	48	CT
23	NC	49	NH
24	RI	50	ME
25	NV	51	VT
26	NM		

## NEW CASES PER 100,000 IN THE WEEK:

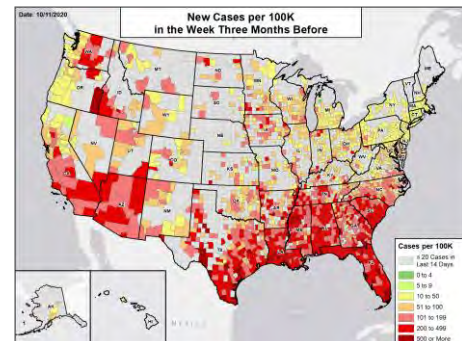
### ONE MONTH BEFORE



### TWO MONTHS BEFORE



### THREE MONTHS BEFORE



## DATA SOURCES

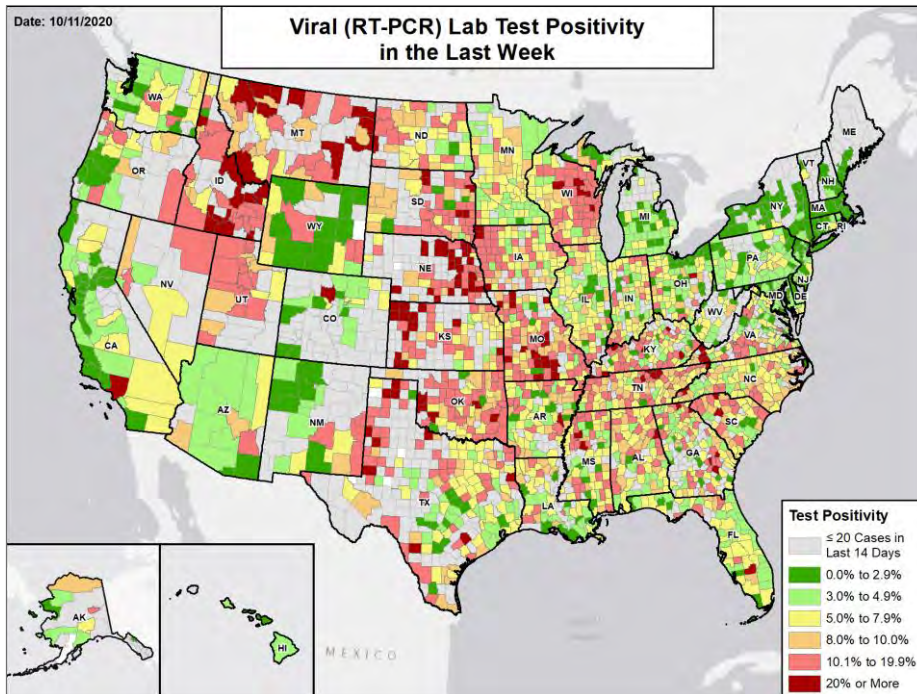
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

**Cases:** County-level data from USAFacts through 10/9/2020. Last week is 10/3 - 10/9; the week one month before is 9/5 - 9/11; the week two months before is 8/8 - 8/14; the week three months before is 7/11 - 7/17.



# National Picture

## VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

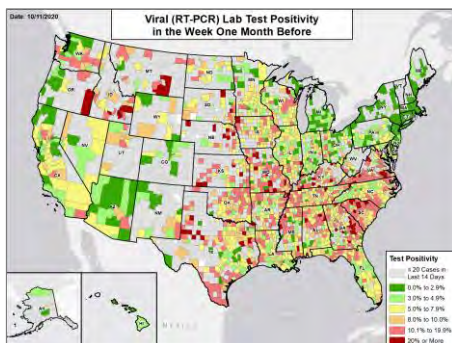


## NATIONAL RANKING OF TEST POSITIVITY LAST WEEK

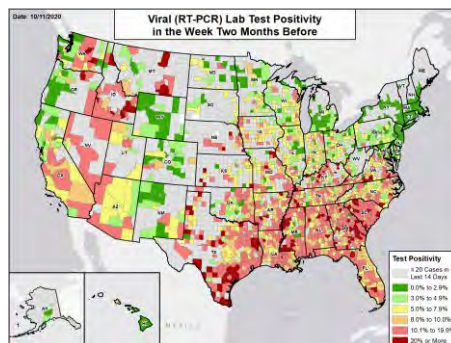
National Rank	State	National Rank	State
1	NE	27	MN
2	MT	28	FL
3	ID	29	IL
4	UT	30	NM
5	CA	31	LA
6	SD	32	AZ
7	WI	33	WY
8	OK	34	WV
9	OR	35	PA
10	MO	36	MD
11	IA	37	CO
12	KY	38	MI
13	KS	39	HI
14	SC	40	OH
15	NV	41	WA
16	ND	42	NJ
17	MS	43	DE
18	TN	44	CT
19	AL	45	NH
20	AR	46	RI
21	TX	47	NY
22	IN	48	DC
23	NC	49	MA
24	AK	50	ME
25	VA	51	VT
26	GA		

## VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK:

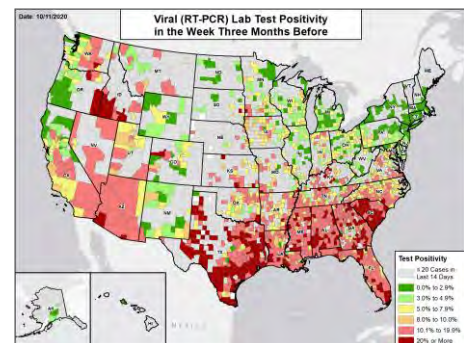
### ONE MONTH BEFORE



### TWO MONTHS BEFORE



### THREE MONTHS BEFORE



## DATA SOURCES

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

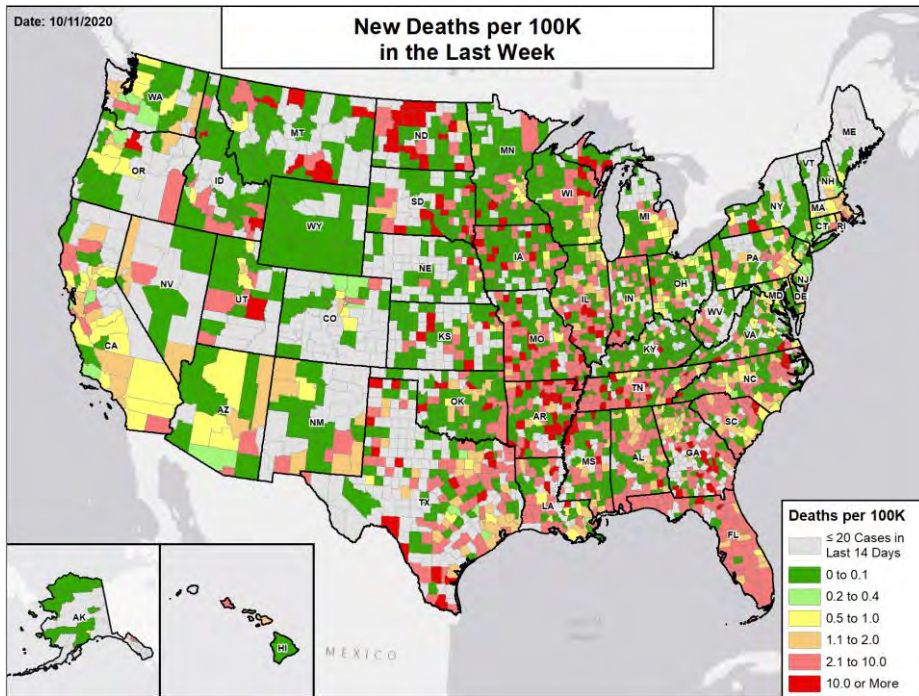
**Testing:** Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/7/2020. Last week is 10/1 - 10/7; the week one month before is 9/3 - 9/9; the week two months before is 8/6 - 8/12; the week three months before is 7/9 - 7/15.





# National Picture

## NEW DEATHS PER 100,000 LAST WEEK

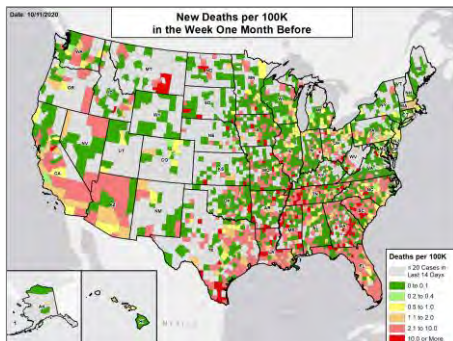


## NATIONAL RANKING OF NEW DEATHS PER 100,000 LAST WEEK

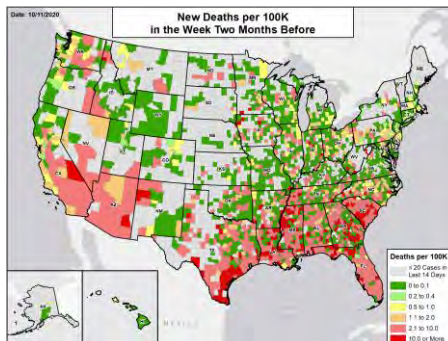
National Rank	State	National Rank	State
1	ND	27	RI
2	AR	28	MN
3	SD	29	CA
4	MO	30	UT
5	TN	31	PA
6	FL	32	NE
7	MS	33	KY
8	SC	34	MI
9	GA	35	DE
10	KS	36	OR
11	AL	37	CO
12	IA	38	OH
13	TX	39	AZ
14	LA	40	NM
15	MT	41	DC
16	ID	42	NH
17	HI	43	WA
18	IL	44	MD
19	IN	45	CT
20	NV	46	NY
21	WI	47	AK
22	NC	48	NJ
23	MA	49	ME
24	OK	50	VT
25	WV	51	WY
26	VA		

## NEW DEATHS PER 100,000 IN THE WEEK:

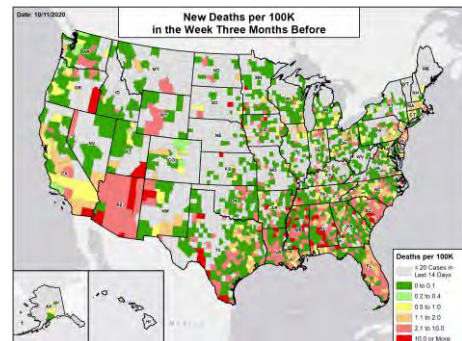
### ONE MONTH BEFORE



### TWO MONTHS BEFORE



### THREE MONTHS BEFORE



## DATA SOURCES

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

**Deaths:** County-level data from USAFacts through 10/9/2020. Last week is 10/3 - 10/9; the week one month before is 9/5 - 9/11; the week two months before is 8/8 - 8/14; the week three months before is 7/11 - 7/17.



# METHODS

## STATE REPORT | 10.11.2020

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

Metric	Dark Green	Light Green	Yellow	Orange	Red
New cases per 100,000 population per week	≤4	5 – 9	10 – 50	51 – 100	≥101
Percent change in new cases per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	≥11%
Diagnostic test result positivity rate	≤2.9%	3.0% – 4.9%	5.0% – 7.9%	8.0% – 10.0%	≥10.1%
Change in test positivity	≤-2.1%	-2.0% – -0.6%	-0.5% – 0.0%	0.1% – 0.5%	≥0.6%
Total diagnostic tests resulted per 100,000 population per week	≥2001	1001 – 2000	750 – 1000	500 – 749	≤499
Percent change in tests per 100,000 population	≥26%	11% – 25%	1% – 10%	-10% – 0%	≤-11%
COVID-19 deaths per 100,000 population per week	≤0.1	0.2 – 0.4	0.5 – 1.0	1.1 – 2.0	≥2.1
Percent change in deaths per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	≥11%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%		1% – 5%		≥6%
Change in SNFs with at least one resident COVID-19 case, death	≤-2%		-1% – 1%		≥2%

### DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 17:35 EDT on 10/11/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 10/3 to 10/9; previous week data are from 9/26 to 10/2; the week one month before data are from 9/5 to 9/11.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests, unless stated otherwise. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 10/1 to 10/7; previous week data are from 9/24 to 9/30; the week one month before data are from 9/3 to 9/9. HHS Protect data is recent as of 13:41 EDT on 10/11/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 10/10/2020.
- 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 17:33 EDT on 10/11/2020 and is through 10/7/2020.
- 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 18:19 EDT on 10/11/2020.
- 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 9/28-10/4, previous week is 9/21-9/27.
- 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.”