Monday, December 7, 2020
5:30 p.m.
PUBLIC HEARING
Consideration of proposed financing for the
Blue Ridge Community College construction project
Sign-up Sheet

PLEASE PRINT

Name:	Complete Address:
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HENDERSON COUNTY BOARD OF COMMISSIONERS

1 Historic Courthouse Square, Suite 1
Hendersonville, North Carolina 28792
Phone: 828-697-4808 ● Fax: 828-692-9855
www.hendersoncountync.gov

NOTICE

*PUBLIC HEARING

DATE: Monday, December 7, 2020

TIME: 5:30 p.m.

PLACE:
Commissioners' Meeting Room
1 Historic Courthouse Square, Hendersonville

SUBJECTS TO BE CONSIDERED: Public Hearing on the proposed financing for the Blue Ridge Community College construction project

Grady Hawkins

Chairman

• = Action may be taken with respect to any of the items to be discussed at this meeting.

PUBLIC COMMENT SIGNUP SHEET DECEMBER 7, 2020

Pursuant to N.C. Gen. Stat. §153A-52.1, the Henderson County welcomes public comment at its meetings. Please note that each speaker is limited to three (3) minutes, unless a different time limit is announced. Also, the Board may adopt rules limiting the number of persons speaking taking the same position on a given issue, and other rules regarding the maintenance of good order.

Each speaker should be aware and by their signatures hereto they agree that their comments may be recorded (by audio-visual recordings, photography or other means), and may be (but are not required to be) broadcast by the County as a part of the broadcast of this meeting, or as a part of the County's programming on its local video channel(s). By their signature they further agree that Henderson County is and will be the sole owner of all rights in and to such programming. The undersigned hereby indemnifies Henderson County, its employees and agents, against any and all claims, damages, liabilities, costs and expenses arising out of the use of the undersigned's images and words in connection therewith.

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SIGNATURE

Topic

MAILING ADDRESS

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Topic

MAILING ADDRESS

STATE REPORT
11.29.2020
Issue 24

NORTH CAROLINA

SUMMARY

- North Carolina is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 40th highest rate in the country. North Carolina is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 39th highest rate in the country.
- North Carolina has seen stability in new cases and a decrease in test positivity; there was an increase in case rates in 77 counties and an increase in test positivity in 34 counties.
- 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 23.3% of new cases in North Carolina.
- 86% of all counties in North Carolina have moderate or high levels of community transmission (yellow, orange, or red zones), with 33% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 23% of nursing homes had at least one new resident COVID-19 case, 43% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death. Multiple outbreaks in facilities across the state, the largest in facilities in Spruce Pine, Goldsboro, Statesville, Wilkesboro, Asheville, Hendersonville, Waynesville, Mocksville, Conover, Grantsboro, and Rutherfordton.
- North Carolina had 245 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA; 7 to support operations activities from USCG; and 1 to support operations activities from VA.
- The federal government has supported surge testing in in New Hanover, Guilford, Mecklenburg, Pitt, and Harnett counties.
- Between Nov 21 - Nov 27, on average, 218 patients with confirmed COVID-19 and 276 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Carolina. This is a minimal change in total COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, but the state is managing and has a strong system in place to support requests from facilities. State teams are available if support is needed.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected during the Thanksgiving period if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The recent expansion of testing is highly commendable and, along with clear guidance on community mitigation efforts, could be having an impact on transmission. Ensure a complete public health campaign across all media platforms, promoting the impact of recent mitigation efforts, the ongoing need to avoid social gatherings, the hope of the new vaccines, and instructions on how to report non-compliance of local businesses.
- Proactive weekly rapid testing of individuals who have continued interactions with members of the community (such as healthcare workers, those who work in shelters or congregate living facilities, cashiers, transportation drivers, etc.) will help identify the depth and breadth of community infection. Point-of-care antigen tests should be used among representative individuals, independent of symptoms, in all counties with increased case rates.
- The above surveillance should direct focused testing campaigns wherever increased transmission is detected (e.g., in all communities with outbreaks in long-term care facilities).
- At time of testing, all persons should be given written and verbal instructions to quarantine until results are returned, with an additional 8-9 days of isolation if results are positive. Contact tracing should be monitored in all counties to ensure it is being conducted within 72 hours of testing; if necessary, make contact tracing more efficient and expand as previously described. Consider automating emails to instruct and elicit contacts.
- Ensure aggressive flu vaccine campaigns are underway in all counties.
- Ensure all universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning should begin now.
- Continued outbreaks among the most vulnerable remain a persistent, grave concern; ensure all CMS guidance is followed and weekly testing of all staff with rapid tests is being conducted at all long-term and rehab care facilities. Facilities that are not adherent should be fined and/or made public.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NORTH CAROLINA

STATE REPORT | 11.29.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	25,666 (245)	+9%	171,312 (256)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.5%	-1.3%*	9.0%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	330,659** (3,153**)	+26%**	1,527,595** (2,283**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	231 (2.2)	-11%	1,680 (2.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	23%	+5%*	22%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	43%	+5%*	41%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	-1%*	7%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,459 (16)	-4% (-3%)	24,045 (16)	135,904 (19)

* 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.

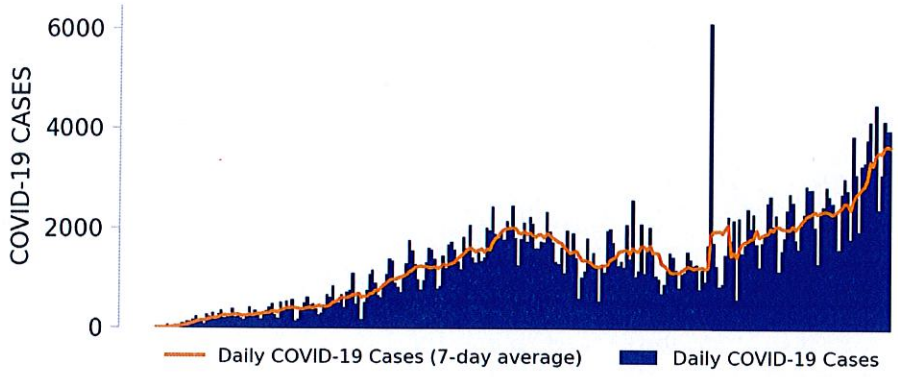
DATA SOURCES – Additional data details available under METHODS

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 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

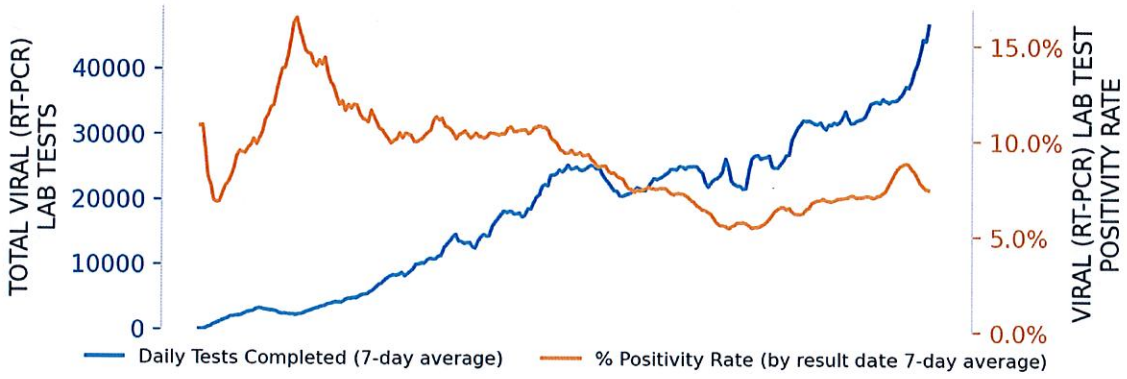
NORTH CAROLINA

STATE REPORT | 11.29.2020

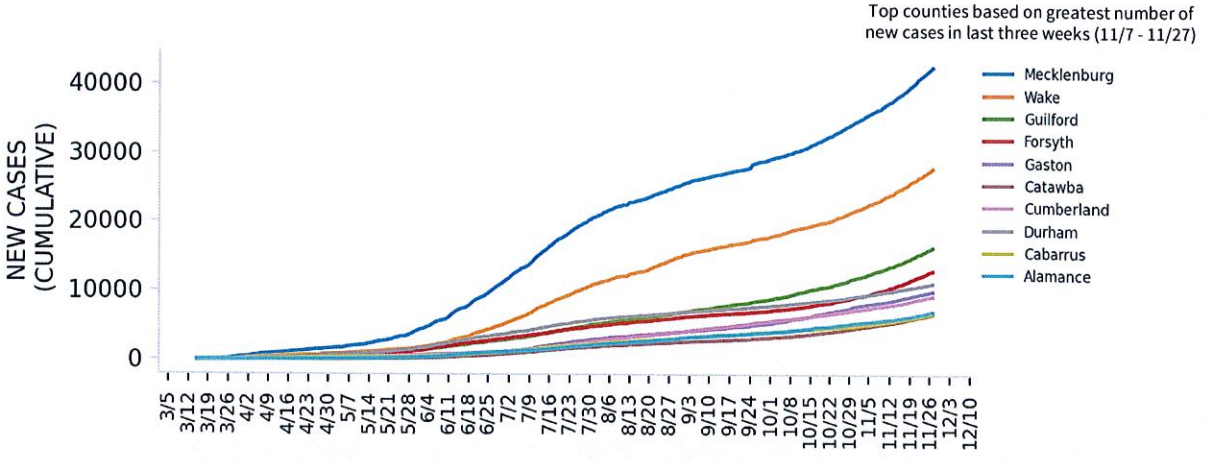
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

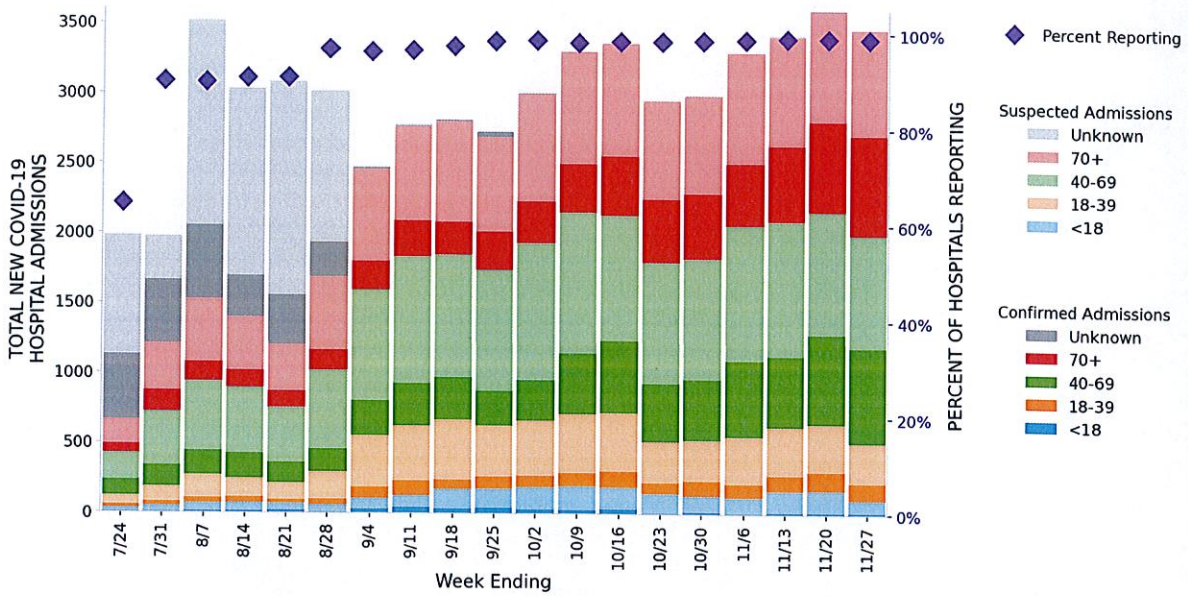
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

NORTH CAROLINA

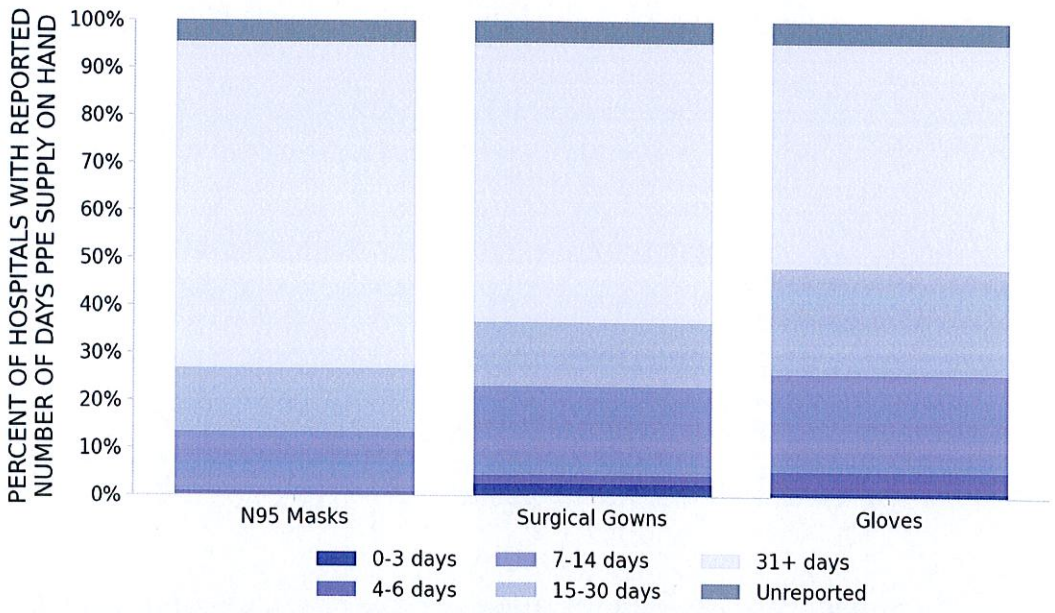
STATE REPORT | 11.29.2020

112 hospitals are expected to report in North Carolina

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

NORTH CAROLINA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	9 ▼ (-3)	Fayetteville Jacksonville Rocky Mount Lumberton Roanoke Rapids Forest City Laurinburg Elizabeth City Brevard	33 ▼ (-2)	Gaston Catawba Cumberland Cabarrus Onslow Davidson Rowan Robeson Columbus Lincoln Nash Rutherford
LOCALITIES IN ORANGE ZONE	13 ▲ (+2)	Charlotte-Concord-Gastonia Winston-Salem Hickory-Lenoir-Morganton Burlington Shelby Wilson Mount Airy Myrtle Beach-Conway-North Myrtle Beach Pinehurst-Southern Pines Henderson Marion Rockingham	27 ▲ (+5)	Forsyth Alamance Johnston Union Iredell Randolph Burke Rockingham Cleveland Wilson Surry Caldwell
LOCALITIES IN YELLOW ZONE	14 ▼ (-1)	Raleigh-Cary Greensboro-High Point Asheville Wilmington Greenville Goldsboro New Bern North Wilkesboro Kinston Morehead City Albemarle Cullowhee	26 ▼ (-7)	Mecklenburg Wake Guilford Pitt Wayne Harnett Brunswick Sampson Wilkes Craven Lenoir Henderson

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

All Orange CBSAs: Charlotte-Concord-Gastonia, Winston-Salem, Hickory-Lenoir-Morganton, Burlington, Shelby, Wilson, Mount Airy, Myrtle Beach-Conway-North Myrtle Beach, Pinehurst-Southern Pines, Henderson, Marion, Rockingham, Sanford

All Yellow CBSAs: Raleigh-Cary, Greensboro-High Point, Asheville, Wilmington, Greenville, Goldsboro, New Bern, North Wilkesboro, Kinston, Morehead City, Albemarle, Cullowhee, Washington, Virginia Beach-Norfolk-Newport News

All Red Counties: Gaston, Catawba, Cumberland, Cabarrus, Onslow, Davidson, Rowan, Robeson, Columbus, Lincoln, Nash, Rutherford, Alexander, Halifax, Yadkin, Edgecombe, Pender, Hoke, Avery, Scotland, Northampton, Mitchell, Madison, Yancey, Caswell, Bertie, Montgomery, Pasquotank, Anson, Transylvania, Swain, Perquimans, Gates

All Orange Counties: Forsyth, Alamance, Johnston, Union, Iredell, Randolph, Burke, Rockingham, Cleveland, Wilson, Surry, Caldwell, Moore, Vance, McDowell, Davie, Stokes, Haywood, Richmond, Lee, Person, Bladen, Warren, Cherokee, Hertford, Jones, Camden

All Yellow Counties: Mecklenburg, Wake, Guilford, Pitt, Wayne, Harnett, Brunswick, Sampson, Wilkes, Craven, Lenoir, Henderson, Carteret, Duplin, Franklin, Stanly, Granville, Ashe, Beaufort, Jackson, Greene, Martin, Macon, Currituck, Chowan, Pamlico

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

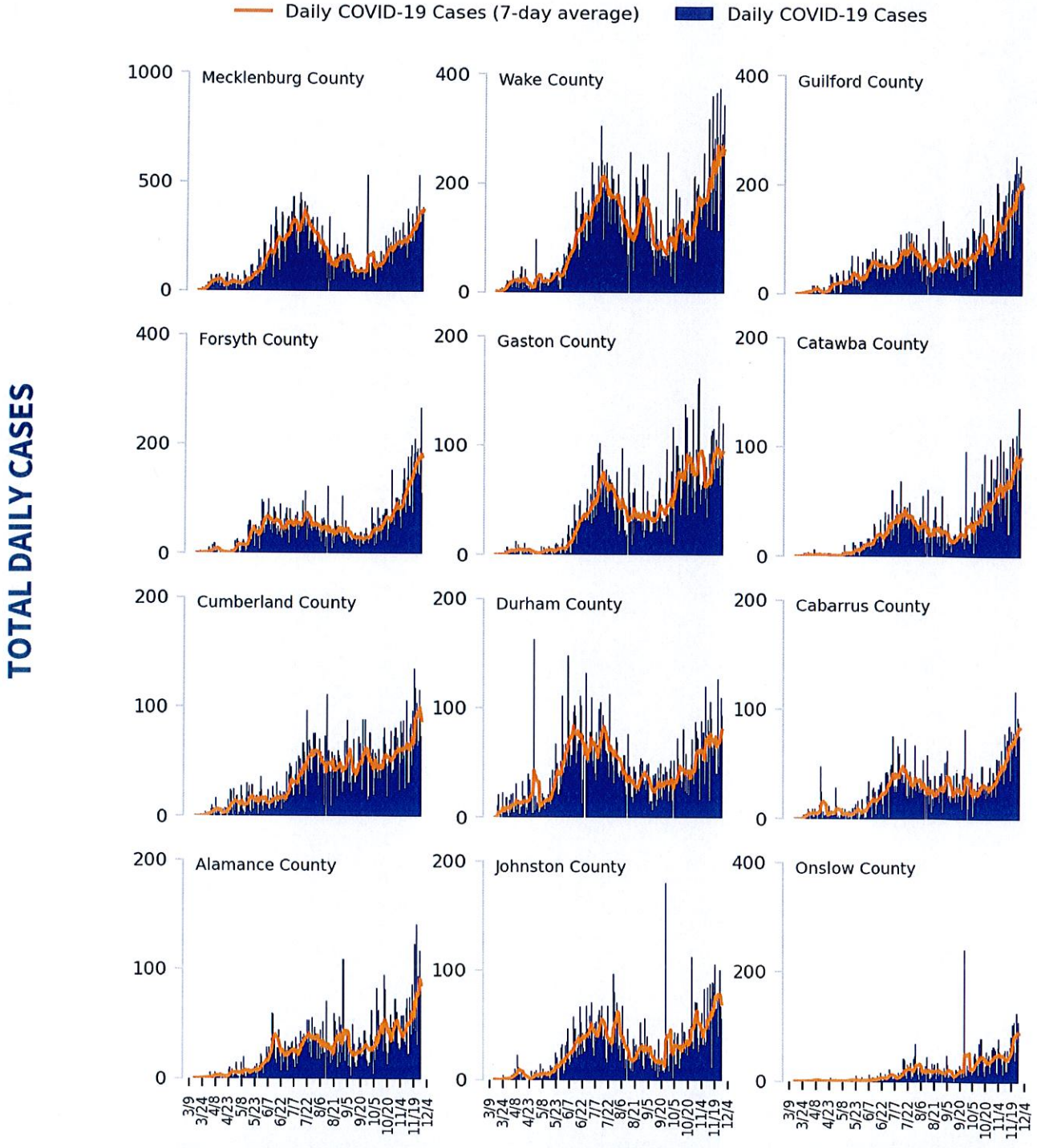
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/27/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

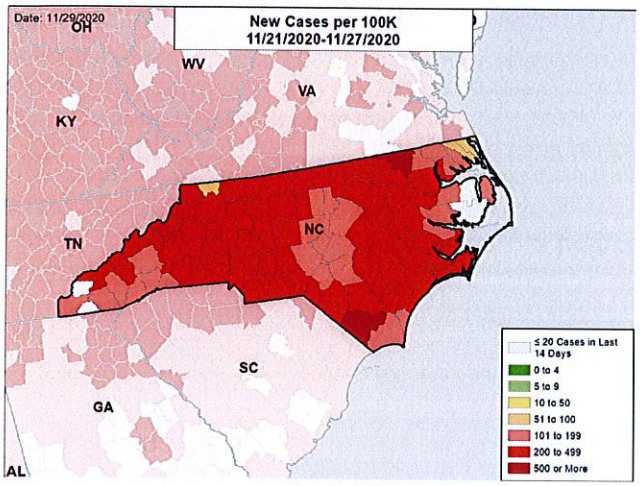
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

NORTH CAROLINA

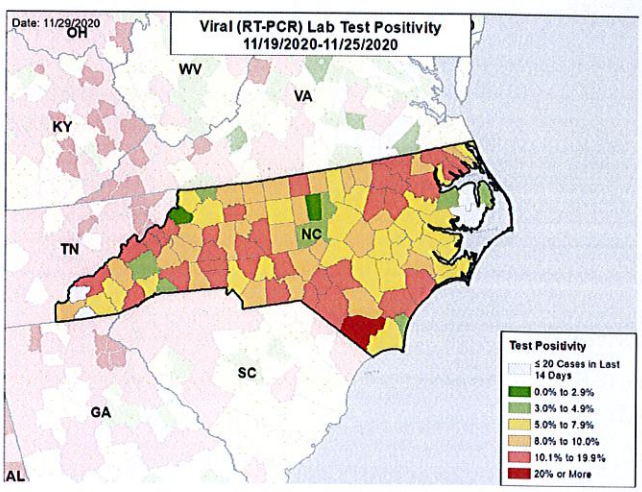
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

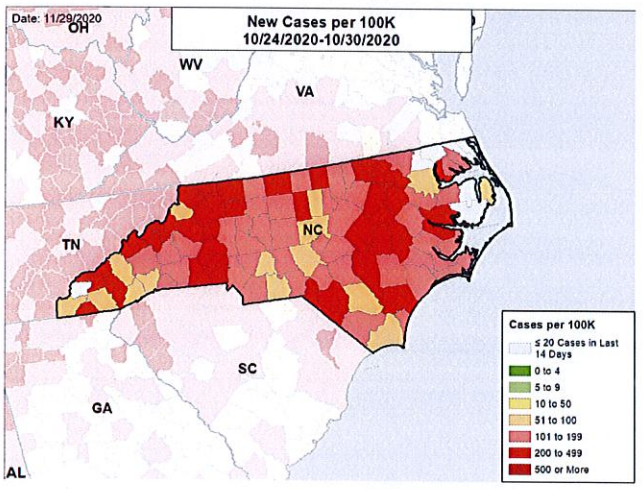
NEW CASES PER 100,000



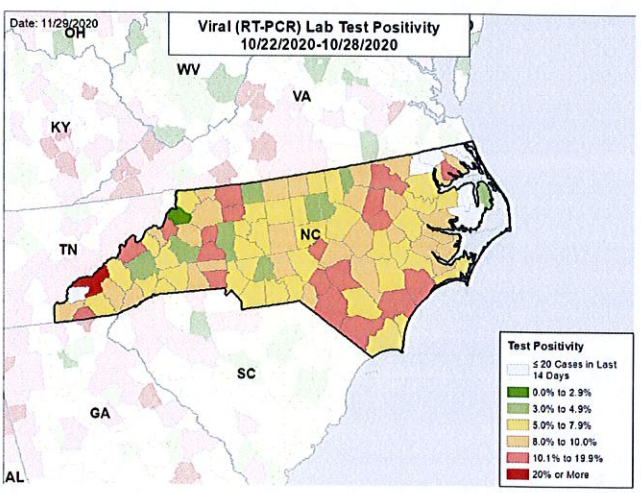
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

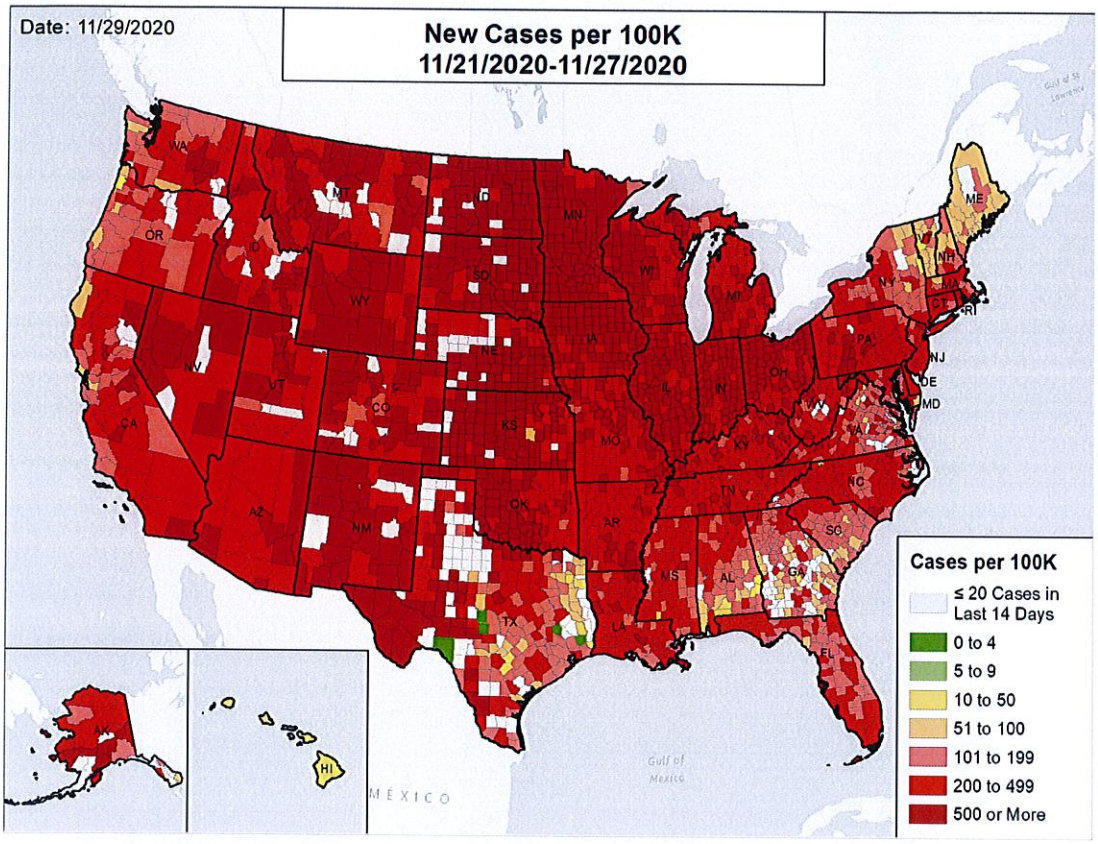
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

National Picture

NEW CASES PER 100,000



NATIONAL RANKING OF NEW CASES PER 100,000

National Rank	State
1	ND
2	SD
3	WY
4	NM
5	MN
6	IA
7	NE
8	IN
9	KS
10	MT
11	UT
12	WI
13	AK
14	CO
15	RI
16	IL
17	OH
18	NV
19	OK
20	MI
21	ID
22	MO
23	KY
24	AR
25	PA
26	AZ
27	TN
28	WV
29	DE
30	NJ
31	CT
32	LA
33	MS
34	MA
35	MD
36	FL
37	WA
38	TX
39	CA
40	NC
41	NY
42	AL
43	OR
44	VA
45	SC
46	NH
47	DC
48	GA
49	ME
50	VT
51	HI

Europe is experiencing a fall surge similar to the USA and is showing early signs of improvement through country-specific mitigation efforts.

- 80% (48/60 countries) require wearing masks in all public settings
  - Most countries have imposed fines for non-compliance
- 93% (56/60) have significant restrictions on gathering size
- 63% (38/60) have some form of nonessential business closures, initially focused on bars and reducing restaurant capacity
- 60% (37/60) have some form of entertainment or public space restriction
- 65% (39/60) have deployed a contact tracing app

DATA SOURCES

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

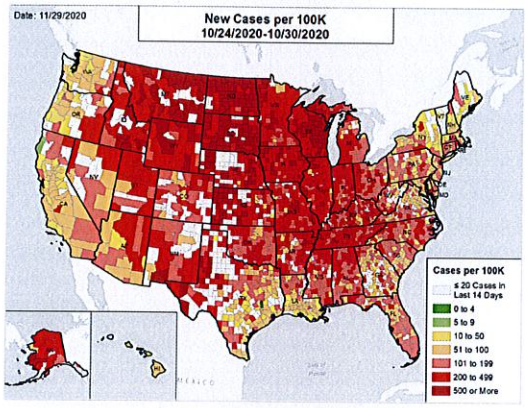
Cases: County-level data from USAFacts through 11/27/2020.

European community mitigation information sourced from European CDC — Situation Update Worldwide.

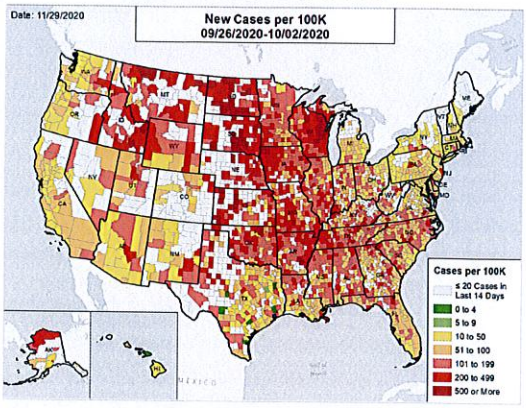
National Picture

NEW CASES PER 100,000 IN THE WEEK:

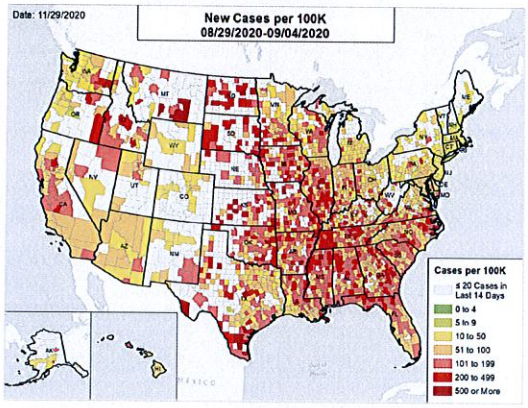
ONE MONTH BEFORE



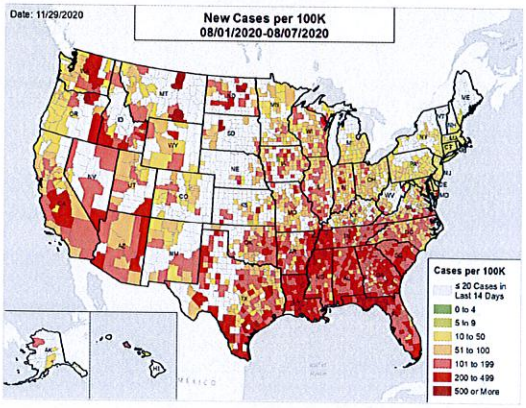
TWO MONTHS BEFORE



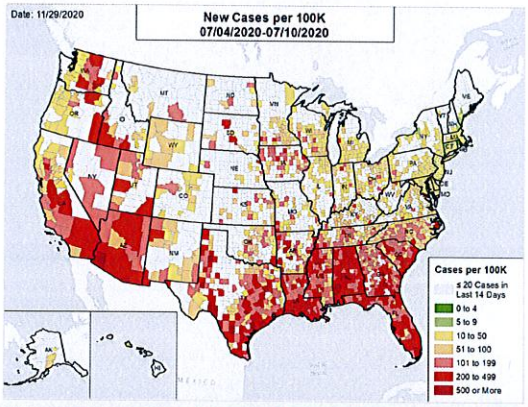
THREE MONTHS BEFORE



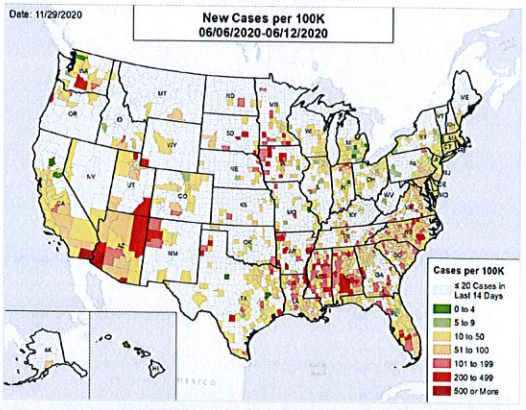
FOUR MONTHS BEFORE



FIVE MONTHS BEFORE



SIX MONTHS BEFORE



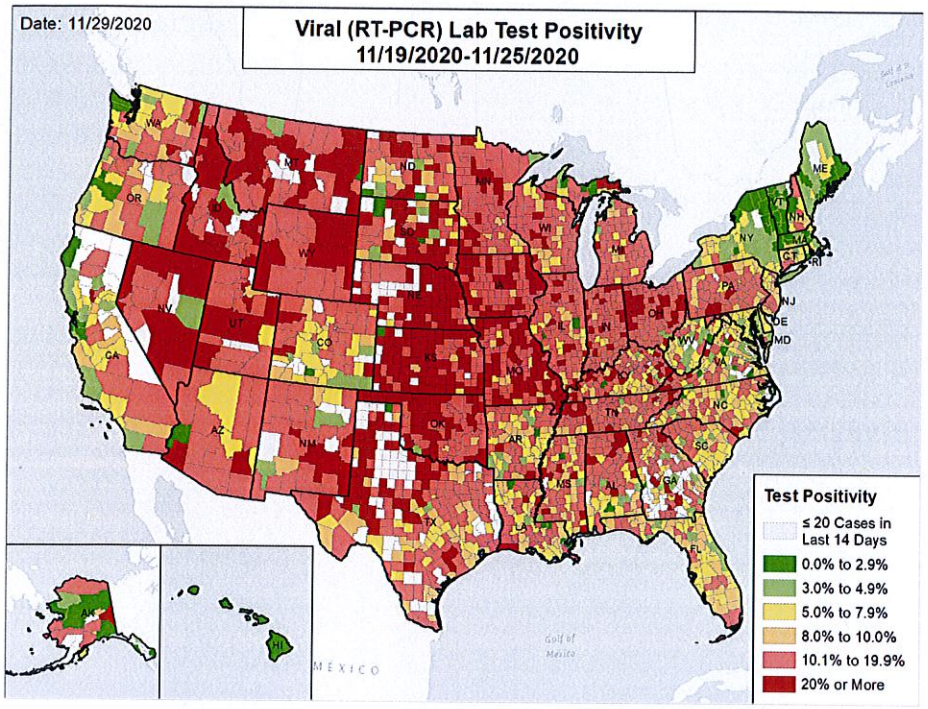
DATA SOURCES

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

Cases: County-level data from USAFacts through 11/27/2020. The week one month before is 10/24 - 10/30; the week two months before is 9/26 - 10/2; the week three months before is 8/29 - 9/4; the week four months before is 8/1 - 8/7; the week five months before is 7/4 - 7/10; the week six months before is 6/6 - 6/12.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY

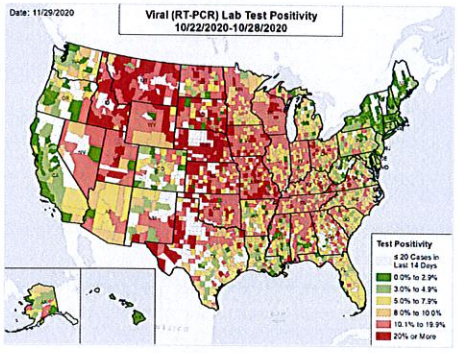


NATIONAL RANKING OF TEST POSITIVITY

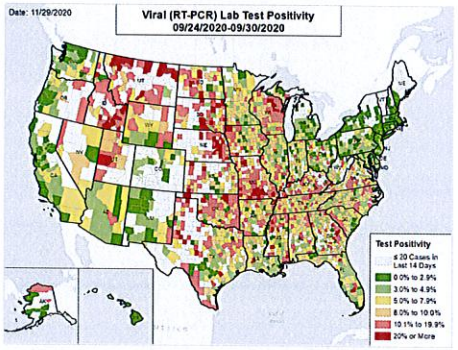
National Rank	State	National Rank	State
1	ID	27	TX
2	MT	28	OR
3	KS	29	NJ
4	OK	30	AR
5	MO	31	SC
6	UT	32	CT
7	IA	33	FL
8	NE	34	AK
9	NV	35	NH
10	IN	36	WA
11	NM	37	GA
12	SD	38	LA
13	OH	39	NC
14	WY	40	WV
15	MI	41	VA
16	KY	42	MD
17	TN	43	CA
18	ND	44	RI
19	AL	45	DE
20	MS	46	NY
21	IL	47	ME
22	MN	48	MA
23	WI	49	DC
24	PA	50	HI
25	AZ	51	VT
26	CO		

VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK:

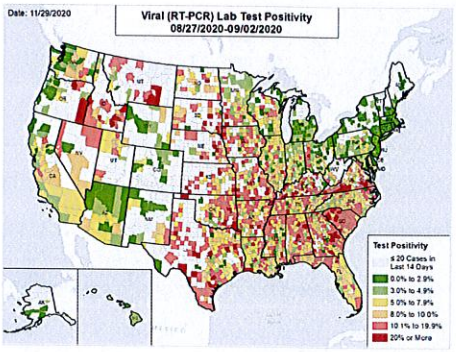
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



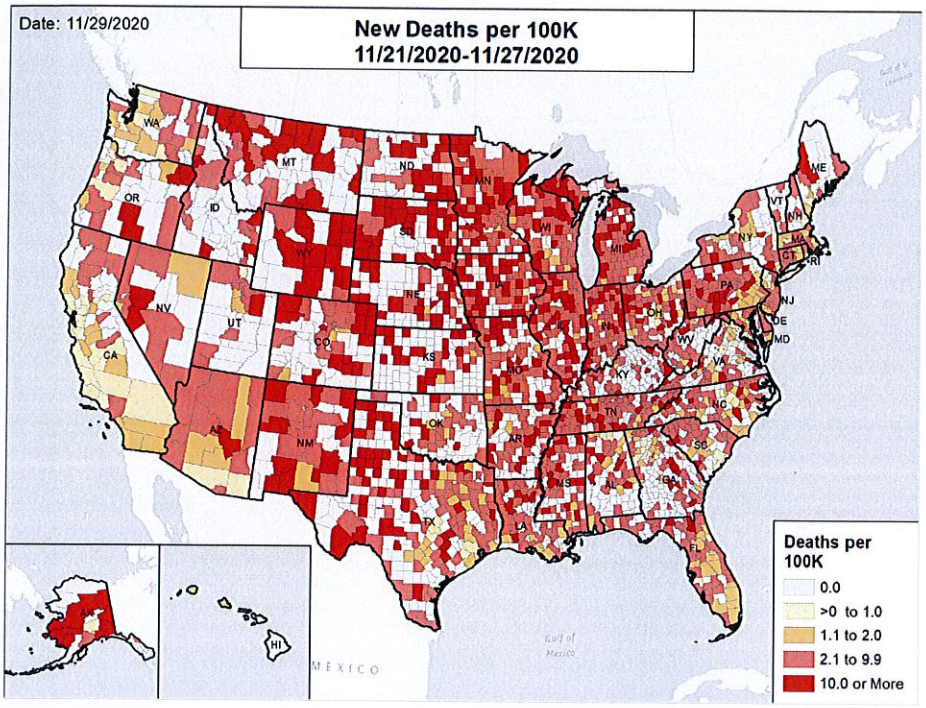
DATA SOURCES

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 11/25/2020. Tthe week one month before is 10/22 - 10/28; the week two months before is 9/24 - 9/30; the week three months before is 8/27 - 9/2.

National Picture

NEW DEATHS PER 100,000

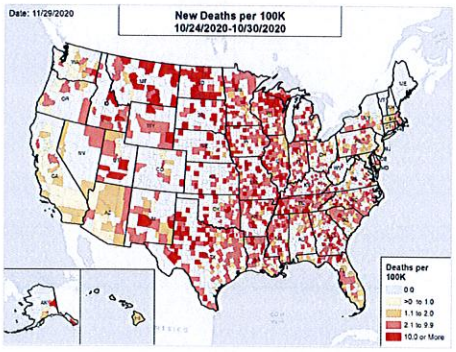


NATIONAL RANKING OF NEW DEATHS PER 100,000

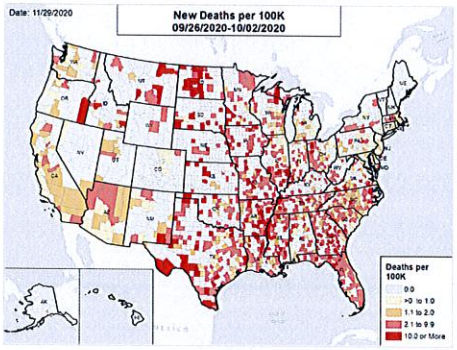
National Rank	State	National Rank	State
1	SD	27	TX
2	ND	28	MD
3	NM	29	NJ
4	MT	30	OK
5	WY	31	AL
6	IA	32	AK
7	MI	33	KY
8	MN	34	MA
9	IN	35	UT
10	IL	36	FL
11	WI	37	SC
12	NE	38	AZ
13	RI	39	NC
14	TN	40	NY
15	MO	41	OR
16	MS	42	DE
17	PA	43	VA
18	KS	44	GA
19	CO	45	ME
20	WV	46	CA
21	AR	47	WA
22	CT	48	DC
23	ID	49	HI
24	NV	50	VT
25	LA	51	NH
26	OH		

NEW DEATHS PER 100,000 IN THE WEEK:

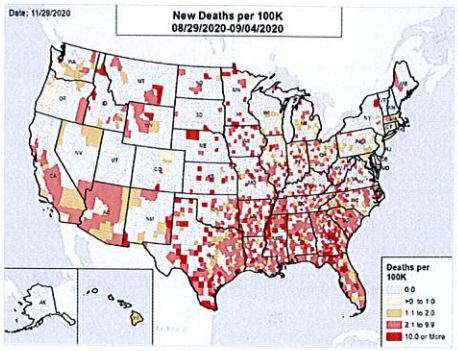
ONE MONTH BEFORE



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 11/27/2020. The week one month before is 10/24 - 10/30; the week two months before is 9/26 - 10/2; the week three months before is 8/29 - 9/4.

METHODS

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Metric	Dark Green	Light Green	Yellow	Orange	Light Red	Red	Dark Red
New cases per 100,000 population per week	≤4	5 – 9	10 – 50	51 – 100	101 – 199	200 – 499	≥500
Percent change in new cases per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 99%	100% – 999%	≥1000%
Diagnostic test result positivity rate	≤2.9%	3.0% – 4.9%	5.0% – 7.9%	8.0% – 10.0%	10.1% – 19.9%		≥20.0%
Change in test positivity	≤-2.1%	-2.0% – -0.6%	-0.5% – 0.0%	0.1% – 0.5%	0.6% – 2.0%		≥2.1%
Total diagnostic tests resulted per 100,000 population per week	≥2001	1001 – 2000	750 – 1000	500 – 749	250 – 499		≤249
Percent change in tests per 100,000 population	≥26%	11% – 25%	1% – 10%	-10% – 0%	-25% – -11%		≤-26%
COVID-19 deaths per 100,000 population per week	0.0		0.1 – 1.0	1.1 – 2.0	2.1 – 3.0		≥3.1
Percent change in deaths per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 25%		≥26%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%		1% – 5%		≥6%		
Change in SNFs with at least one resident COVID-19 case, death	≤-2%		-1% – 1%		≥2%		
Total new COVID-19 hospital admissions per 100 beds	≤2	3 – 5	6 – 10	11 – 20	21 – 30		≥31
Change in total new COVID-19 hospital admissions per 100 beds	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 25%		≥26%

- Some dates may have incomplete data due to delays and/or differences in state reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible. Figures and values may also differ from state reports due to differing methodologies.
- Color threshold values are rounded before color classification.
- **Cases and deaths:** County-level data from USAFacts as of 17:59 EST on 11/29/2020. State values are calculated by aggregating county-level data from USAFacts. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests, unless stated otherwise. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 RT-PCR result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Because the data are deidentified, total RT-PCR tests are the number of tests performed, not the number of individuals tested. RT-PCR test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 11/19 to 11/25; previous week data are from 11/12 to 11/18; the week one month before data are from 10/22 to 10/28. HHS Protect data is recent as of 14:31 EST on 11/29/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EST on 11/28/2020.
- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 18:53 EST on 11/29/2020.
- **Hospital PPE:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Data is recent as of 18:00 EST on 11/28/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 11/16-11/22, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
- **County and Metro Area Color Categorizations**
  - **Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases at or above 101 per 100,000 population, and a lab test positivity result at or above 10.1%.
  - **Orange Zone:** Those CBSAs and counties that during the last week reported both new cases between 51–100 per 100,000 population, and a lab test positivity result between 8.0–10.0%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
  - **Yellow Zone:** Those CBSAs and counties that during the last week reported both new cases between 10–50 per 100,000 population, and a lab test positivity result between 5.0–7.9%, or one of those two conditions and one condition qualifying as being in the "Orange Zone" or "Red Zone."

VACCINE DISTRIBUTION PRIORITIZATION FRAMEWORK

Risk-based prioritization based on National Academy of Medicine Framework for Equitable Allocation of COVID-19 and CDC Advisory Committee Immunization Practice. Refined by input by North Carolina Institute of Medicine Vaccine Advisory Committee. May be revised based on Phase III clinical trial safety and efficacy data and further federal guidance

Phase 1

Phase 1a:

- **Health care workers at high risk** for COVID-19 exposure based on work duties or vital to the initial COVID vaccine response
  - High risk of exposure is defined as those caring for COVID-19 patients, cleaning areas where COVID-19 patients are admitted, performing procedures at high risk of aerosolization (e.g., intubation, bronchoscopy, suctioning, invasive dental procedures, invasive specimen collection, CPR), handling decedents with COVID, administering vaccine in initial closed or targeted vaccination clinics.
  - Population includes: nurses, physicians, respiratory techs, dentists, hygienists, nursing assistants, environmental services staff, EMT/paramedics, home health workers, personal care aides, community health workers, health care trainees(e.g., medical students, pharmacy students, nursing students, etc.), morticians/funeral home staff, pharmacists, public health nurses, public health and emergency preparedness workers who meet the above definition of "high risk of exposure."
- **Long Term Care staff and Residents** (e.g., Skilled Nursing Facilities, adult care homes, family care homes, and group homes; individuals with intellectual and developmental disabilities who receive home and community-based services and the workers directly providing those services)

Phase 1b:

- **Adults with high risk of complications** per CDC and staff of congregate living settings

Operationally prioritize settings based on risk of exposure

- **Migrant farm and fisheries workers** in congregate housing with 2+ Chronic Conditions* or ≥ age 65
- **Incarcerated individuals** with 2+ Chronic Conditions* or ≥ age 65 and jail and prison staff
- **Homeless shelter residents** with 2+ Chronic Conditions* ≥ 65 and homeless shelter staff
- **Health care workers** not included in Phase 1A with 2+ Chronic Conditions
- **Frontline workers** with 2+ Chronic Conditions at high risk of exposure (e.g., firefighters, police, workers in meat packing plants, seafood and poultry not in congregate housing, food processing, preparation workers and servers, manufacturing, construction, funeral attendants and undertakers not included in Phase 1A, transportation workers, retail workers (including grocery store workers), membership associations/org staff (e.g., religious orgs), education staff (e.g., child care, K-12 or IHE) and workers in government, public health, emergency management and public safety whose functioning is imperative to the COVID-19 response)
- **Other Adults** with 2+ Chronic Conditions*:

Phase 2

- Migrant Farm/fishery workers in congregate living without 2+ Chronic Conditions
- Incarcerated individuals without 2+ Chronic Conditions
- Homeless shelter residents without 2+ Chronic Conditions
- Frontline workers at high or moderate risk of exposure without 2+ Chronic Conditions
- All other Health Care Workers not included in Phase 1A or 1B
- Education staff (Child Care, K-12, IHE) without 2+ Chronic Conditions
- Other adults age 18-64 with one chronic condition*
- 65+ year olds with one or no chronic conditions*

Phase 3

- Workers in industries critical to the functioning of society and at increased risk of exposure who are not included in Phase 1 or Phase 2
- K-12 students (if data from clinical trials), college students

Phase 4

- Remaining population

PREPARING FOR THE NEW COVID-19 VACCINE MANAGEMENT SYSTEM (CVMS)

What is CVMS?

CVMS is a secure, cloud-based vaccine management solution for COVID-19 that enables vaccine management and data sharing across providers, hospitals, agencies, and local, state, and federal governments on one common platform.

How will providers use CVMS?

Providers will be able to use CVMS to do the following:

- Enroll in the COVID-19 Vaccine Program
- Manage COVID-19 vaccine inventory
- Manage scheduling clinics
- Track COVID-19 vaccine administration
- Produce and analyze reports on COVID-19 vaccinations

Information will flow from CVMS to the North Carolina Immunization Registry (NCIR) to create complete immunization records, while maintaining HIPAA compliance. At this time, CVMS will not integrate with electronic health records (EHRs). However, the state is exploring options for EHR integration in the future.

Will there be CVMS training?

Yes, customized training and additional content on the system will be made available by the North Carolina Department of Health and Human Services (NCDHHS) at no cost to COVID-19 enrolled providers.

What's next?

NCDHHS will continue enrolling providers through REDCap to administer COVID-19 vaccines until 11/20/20, then NCDHHS will begin provider enrollment through CVMS. Providers who did not enroll via REDCap before 11/20/2020 can enroll to administer COVID-19 vaccines via the Provider Enrollment portal in CVMS. Prior to the launch of CVMS, all data from providers enrolled to administer COVID-19 vaccines via REDCap will be migrated to CVMS.

In mid-December, provider enrollment, appointment scheduling, inventory management, and administration portal sections of CVMS will become available. All enrolled COVID-19 providers will receive instructions on how to access the system to modify enrollment records, schedule clinics (if needed), and record COVID-19 vaccine administration.

Contact NCDHHS at CVMS-Help@dhhs.nc.gov for questions regarding CVMS.

For more information visit https://covid19.ncdhhs.gov

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

VACCINE DISTRIBUTION PRIORITIZATION FRAMEWORK

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Phase 2

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATE REPORT
11.29.2020
Issue 24

NORTH CAROLINA

SUMMARY

- North Carolina is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 40th highest rate in the country. North Carolina is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 39th highest rate in the country.
- North Carolina has seen stability in new cases and a decrease in test positivity; there was an increase in case rates in 77 counties and an increase in test positivity in 34 counties.
- 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 23.3% of new cases in North Carolina.
- 86% of all counties in North Carolina have moderate or high levels of community transmission (yellow, orange, or red zones), with 33% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 23% of nursing homes had at least one new resident COVID-19 case, 43% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death. Multiple outbreaks in facilities across the state, the largest in facilities in Spruce Pine, Goldsboro, Statesville, Wilkesboro, Asheville, Hendersonville, Waynesville, Mocksville, Conover, Grantsboro, and Rutherfordton.
- North Carolina had 245 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA; 7 to support operations activities from USCG; and 1 to support operations activities from VA.
- The federal government has supported surge testing in in New Hanover, Guilford, Mecklenburg, Pitt, and Harnett counties.
- Between Nov 21 - Nov 27, on average, 218 patients with confirmed COVID-19 and 276 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Carolina. This is a minimal change in total COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, but the state is managing and has a strong system in place to support requests from facilities. State teams are available if support is needed.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected during the Thanksgiving period if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The recent expansion of testing is highly commendable and, along with clear guidance on community mitigation efforts, could be having an impact on transmission. Ensure a complete public health campaign across all media platforms, promoting the impact of recent mitigation efforts, the ongoing need to avoid social gatherings, the hope of the new vaccines, and instructions on how to report non-compliance of local businesses.
- Proactive weekly rapid testing of individuals who have continued interactions with members of the community (such as healthcare workers, those who work in shelters or congregate living facilities, cashiers, transportation drivers, etc.) will help identify the depth and breadth of community infection. Point-of-care antigen tests should be used among representative individuals, independent of symptoms, in all counties with increased case rates.
- The above surveillance should direct focused testing campaigns wherever increased transmission is detected (e.g., in all communities with outbreaks in long-term care facilities).
- At time of testing, all persons should be given written and verbal instructions to quarantine until results are returned, with an additional 8-9 days of isolation if results are positive. Contact tracing should be monitored in all counties to ensure it is being conducted within 72 hours of testing; if necessary, make contact tracing more efficient and expand as previously described. Consider automating emails to instruct and elicit contacts.
- Ensure aggressive flu vaccine campaigns are underway in all counties.
- Ensure all universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning should begin now.
- Continued outbreaks among the most vulnerable remain a persistent, grave concern; ensure all CMS guidance is followed and weekly testing of all staff with rapid tests is being conducted at all long-term and rehab care facilities. Facilities that are not adherent should be fined and/or made public.
- 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 CAROLINA

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	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	25,666 (245)	+9%	171,312 (256)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.5%	-1.3%*	9.0%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	330,659** (3,153**)	+26%**	1,527,595** (2,283**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	231 (2.2)	-11%	1,680 (2.5)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	23%	+5%*	22%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	43%	+5%*	41%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	-1%*	7%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,459 (16)	-4% (-3%)	24,045 (16)	135,904 (19)

* 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 11/27/2020; previous week is 11/14 - 11/20.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

NORTH CAROLINA

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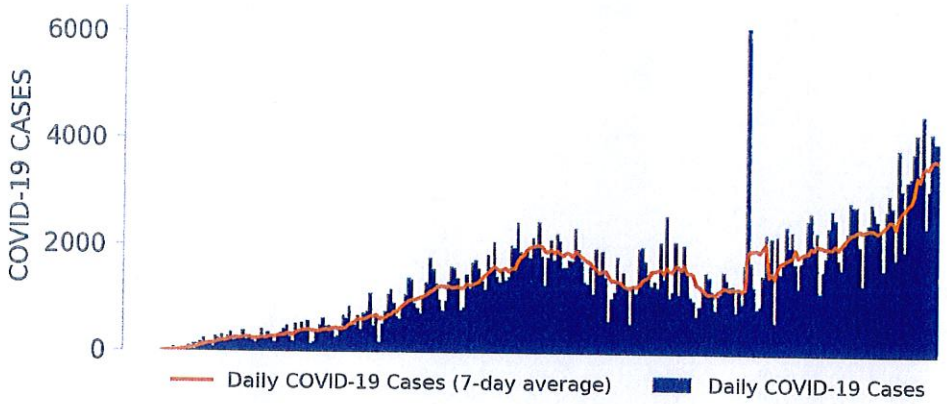
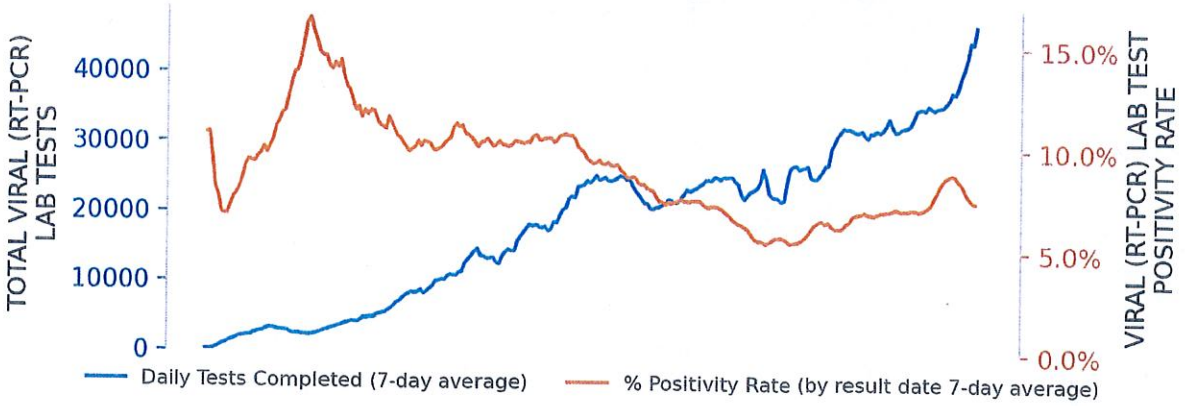
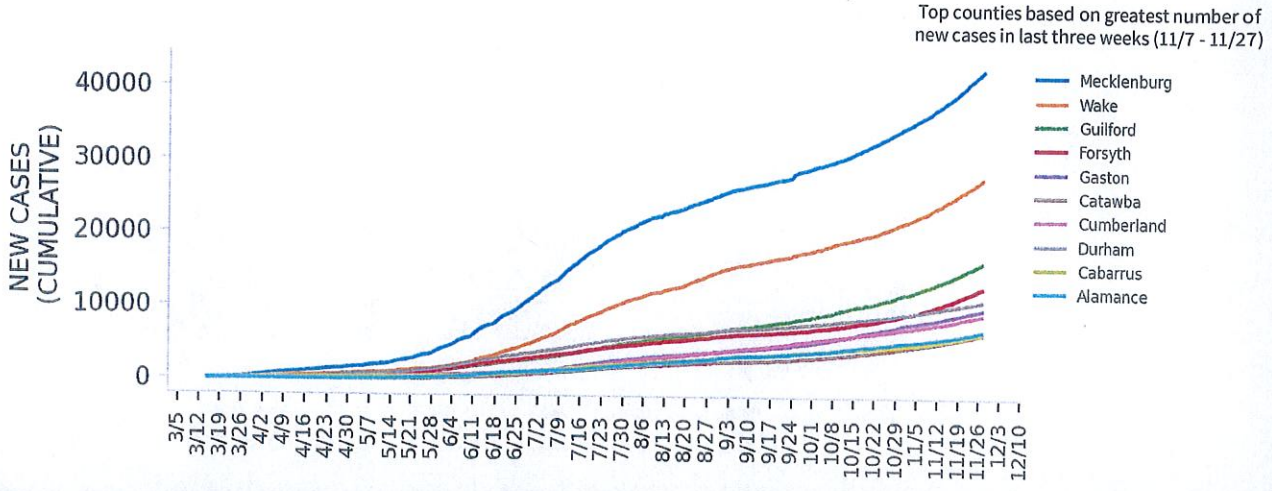
NEW CASES



TESTING



TOP COUNTIES



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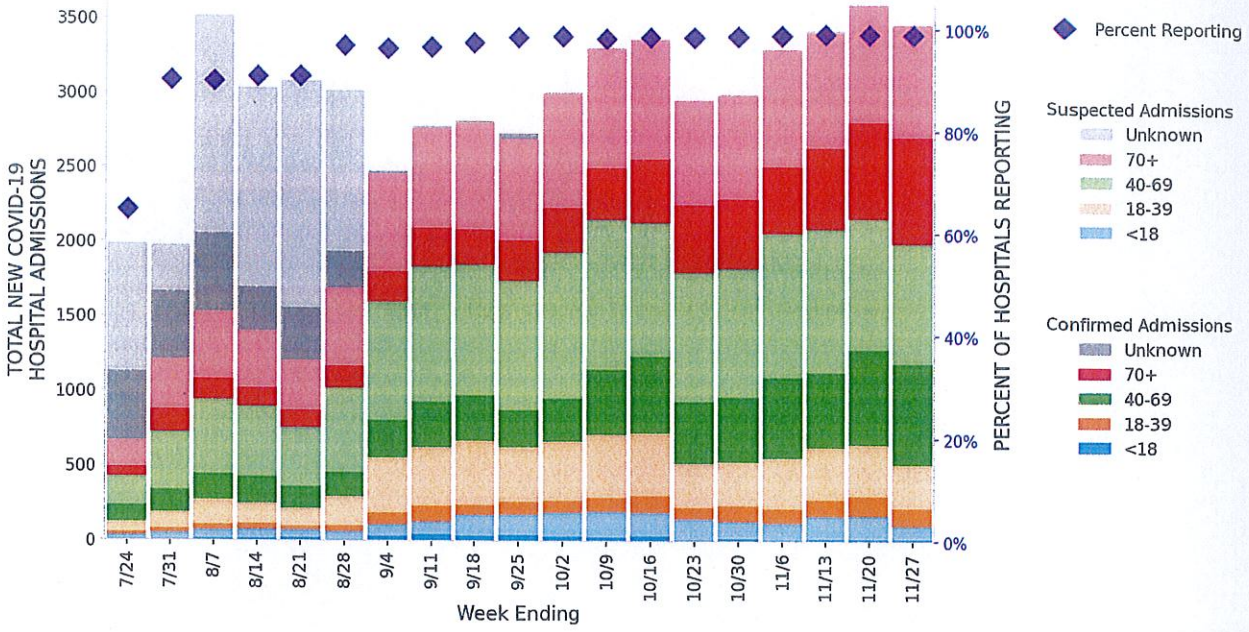
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

NORTH CAROLINA

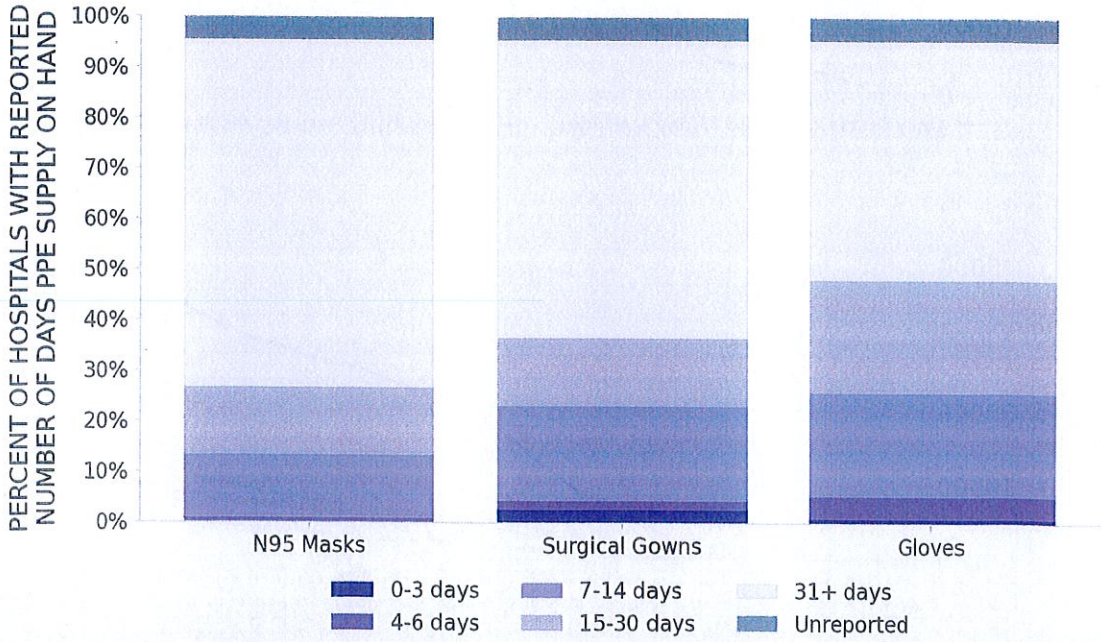
STATE REPORT | 11.29.2020

112 hospitals are expected to report in North Carolina

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

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

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/25/2020.

NORTH CAROLINA

STATE REPORT | 11.29.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	9 ▼ (-3)	Fayetteville Jacksonville Rocky Mount Lumberton Roanoke Rapids Forest City Laurinburg Elizabeth City Brevard	33 ▼ (-2)	Gaston Catawba Cumberland Cabarrus Onslow Davidson Rowan Robeson Columbus Lincoln Nash Rutherford
LOCALITIES IN ORANGE ZONE	13 ▲ (+2)	Charlotte-Concord-Gastonia Winston-Salem Hickory-Lenoir-Morganton Burlington Shelby Wilson Mount Airy Myrtle Beach-Conway-North Myrtle Beach Pinehurst-Southern Pines Henderson Marion Rockingham	27 ▲ (+5)	Forsyth Alamance Johnston Union Iredell Randolph Burke Rockingham Cleveland Wilson Surry Caldwell
LOCALITIES IN YELLOW ZONE	14 ▼ (-1)	Raleigh-Cary Greensboro-High Point Asheville Wilmington Greenville Goldsboro New Bern North Wilkesboro Kinston Morehead City Albemarle Cullowhee	26 ▼ (-7)	Mecklenburg Wake Guilford Pitt Wayne Harnett Brunswick Sampson Wilkes Craven Lenoir Henderson

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

All Orange CBSAs: Charlotte-Concord-Gastonia, Winston-Salem, Hickory-Lenoir-Morganton, Burlington, Shelby, Wilson, Mount Airy, Myrtle Beach-Conway-North Myrtle Beach, Pinehurst-Southern Pines, Henderson, Marion, Rockingham, Sanford

All Yellow CBSAs: Raleigh-Cary, Greensboro-High Point, Asheville, Wilmington, Greenville, Goldsboro, New Bern, North Wilkesboro, Kinston, Morehead City, Albemarle, Cullowhee, Washington, Virginia Beach-Norfolk-Newport News

All Red Counties: Gaston, Catawba, Cumberland, Cabarrus, Onslow, Davidson, Rowan, Robeson, Columbus, Lincoln, Nash, Rutherford, Alexander, Halifax, Yadkin, Edgecombe, Pender, Hoke, Avery, Scotland, Northampton, Mitchell, Madison, Yancey, Caswell, Bertie, Montgomery, Pasquotank, Anson, Transylvania, Swain, Perquimans, Gates

All Orange Counties: Forsyth, Alamance, Johnston, Union, Iredell, Randolph, Burke, Rockingham, Cleveland, Wilson, Surry, Caldwell, Moore, Vance, McDowell, Davie, Stokes, Haywood, Richmond, Lee, Person, Bladen, Warren, Cherokee, Hertford, Jones, Camden

All Yellow Counties: Mecklenburg, Wake, Guilford, Pitt, Wayne, Harnett, Brunswick, Sampson, Wilkes, Craven, Lenoir, Henderson, Carteret, Duplin, Franklin, Stanly, Granville, Ashe, Beaufort, Jackson, Greene, Martin, Macon, Currituck, Chowan, Pamlico

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

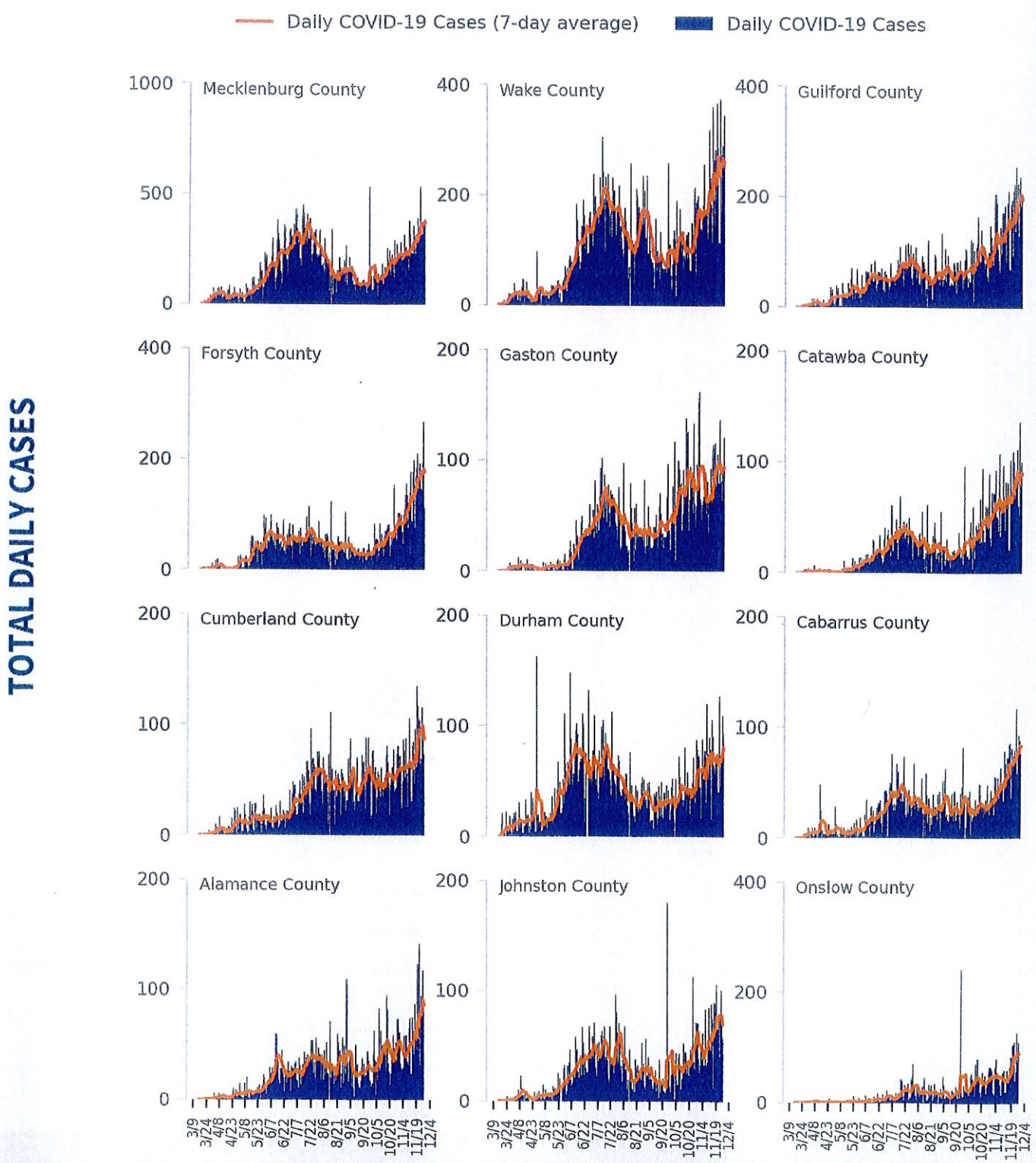
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/27/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

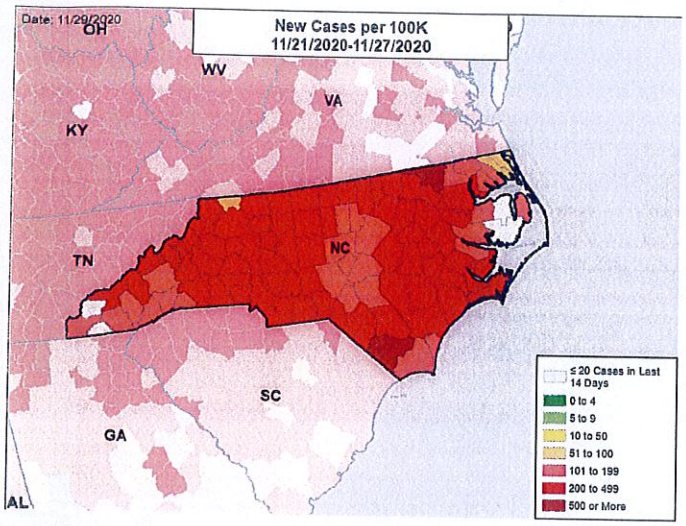
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. Last 3 weeks is 11/7 - 11/27.

NORTH CAROLINA

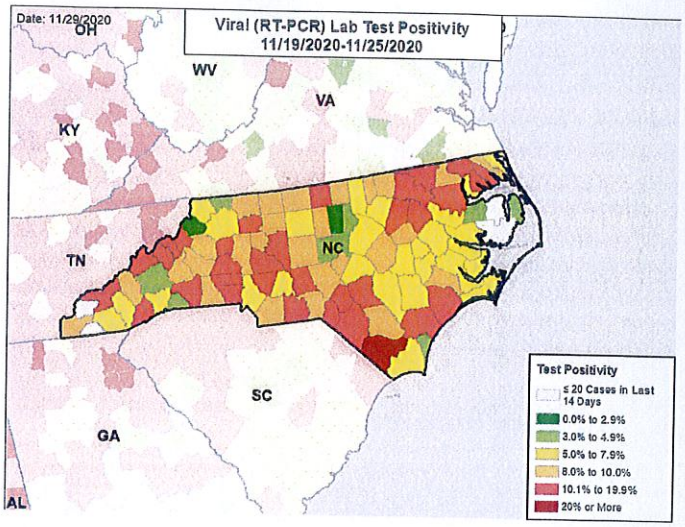
STATE REPORT | 11.29.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

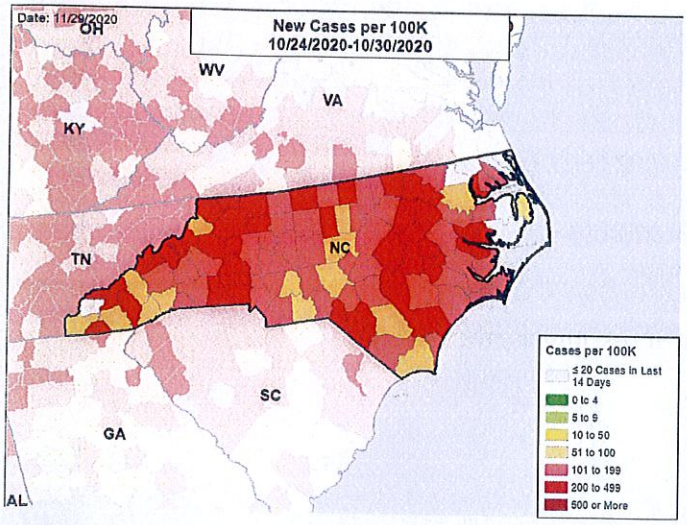
NEW CASES PER 100,000



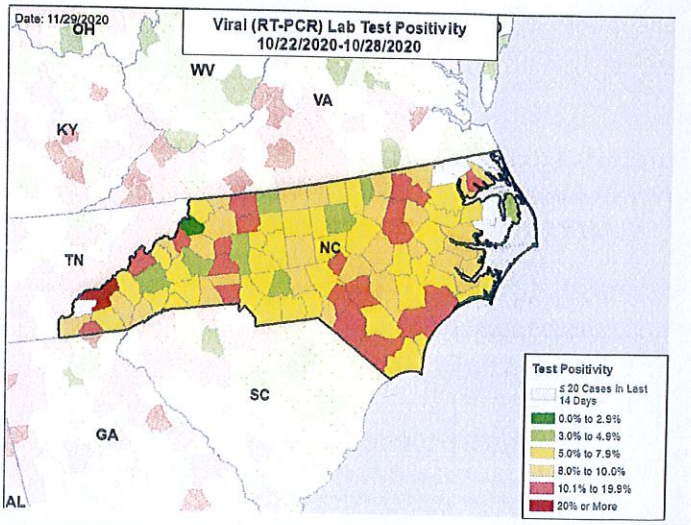
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



DATA SOURCES – Additional data details available under METHODS

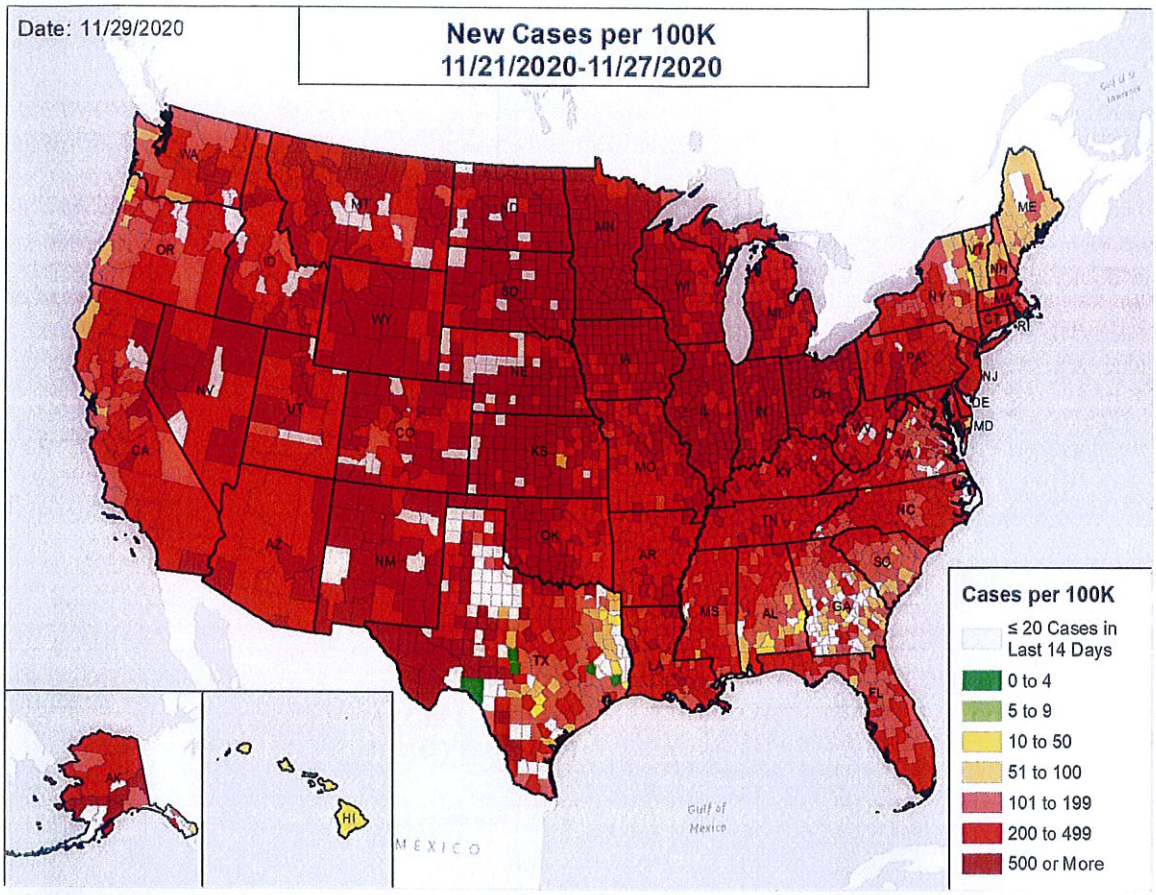
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

National Picture

NEW CASES PER 100,000



NATIONAL RANKING OF NEW CASES PER 100,000

National Rank	State
1	ND
2	SD
3	WY
4	NM
5	MN
6	IA
7	NE
8	IN
9	KS
10	MT
11	UT
12	WI
13	AK
14	CO
15	RI
16	IL
17	OH
18	NV
19	OK
20	MI
21	ID
22	MO
23	KY
24	AR
25	PA
26	AZ
27	TN
28	WV
29	DE
30	NJ
31	CT
32	LA
33	MS
34	MA
35	MD
36	FL
37	WA
38	TX
39	CA
40	NC
41	NY
42	AL
43	OR
44	VA
45	SC
46	NH
47	DC
48	GA
49	ME
50	VT
51	HI

Europe is experiencing a fall surge similar to the USA and is showing early signs of improvement through country-specific mitigation efforts.

- 80% (48/60 countries) require wearing masks in all public settings
  - Most countries have imposed fines for non-compliance
- 93% (56/60) have significant restrictions on gathering size
- 63% (38/60) have some form of nonessential business closures, initially focused on bars and reducing restaurant capacity
- 60% (37/60) have some form of entertainment or public space restriction
- 65% (39/60) have deployed a contact tracing app

DATA SOURCES

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

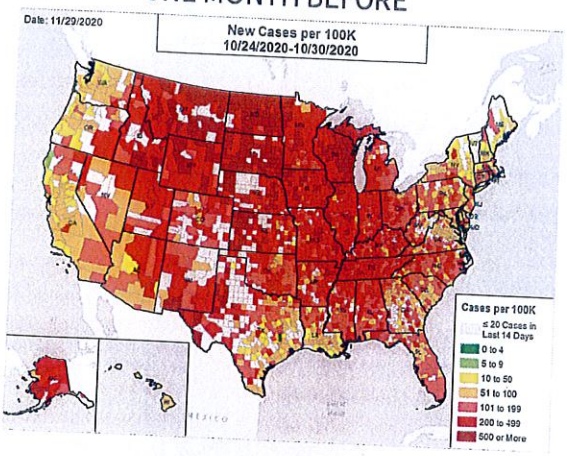
Cases: County-level data from USAFacts through 11/27/2020.

European community mitigation information sourced from European CDC — Situation Update Worldwide.

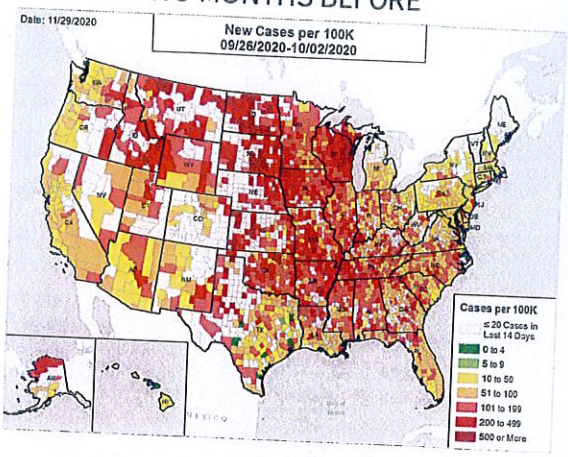
National Picture

NEW CASES PER 100,000 IN THE WEEK:

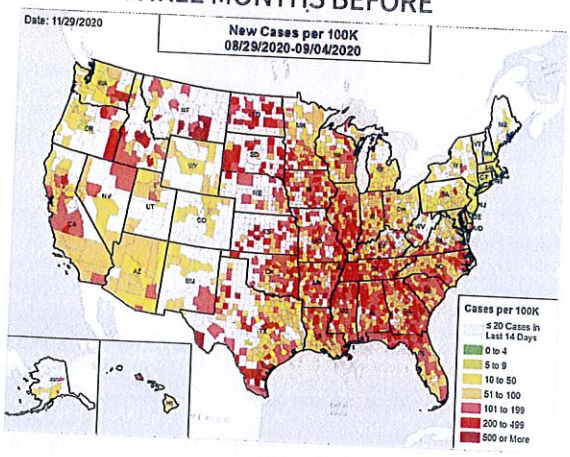
ONE MONTH BEFORE



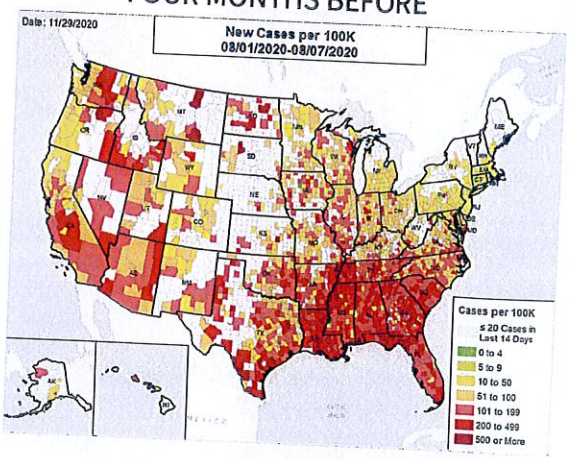
TWO MONTHS BEFORE



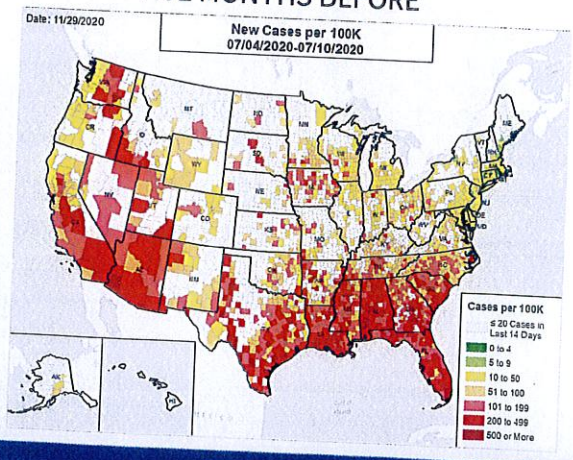
THREE MONTHS BEFORE



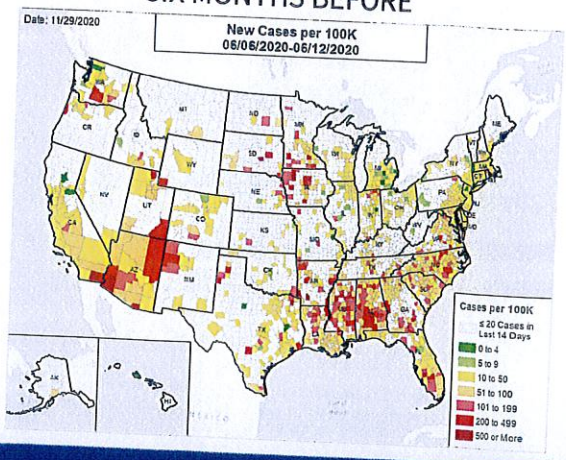
FOUR MONTHS BEFORE



FIVE MONTHS BEFORE



SIX MONTHS BEFORE



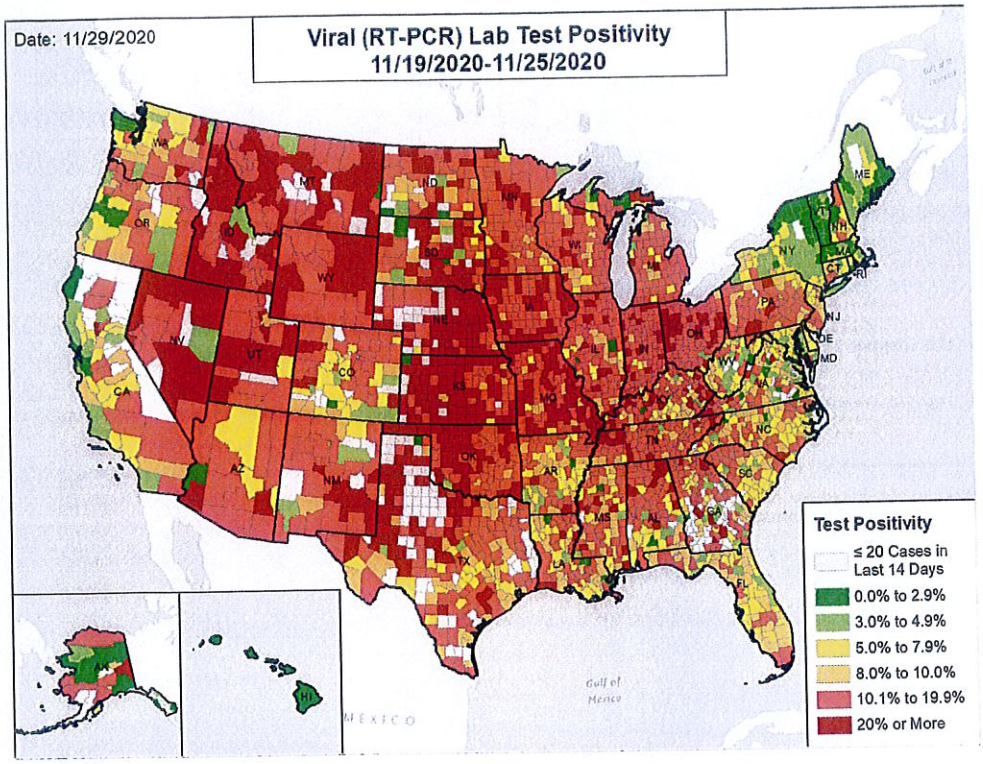
DATA SOURCES

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

Cases: County-level data from USAFacts through 11/27/2020. The week one month before is 10/24 - 10/30; the week two months before is 9/26 - 10/2; the week three months before is 8/29 - 9/4; the week four months before is 8/1 - 8/7; the week five months before is 7/4 - 7/10; the week six months before is 6/6 - 6/12.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY

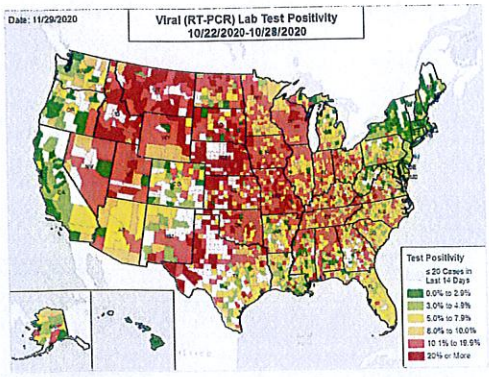


NATIONAL RANKING OF TEST POSITIVITY

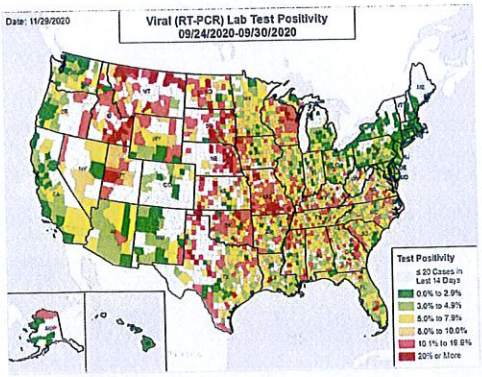
National Rank	State	National Rank	State
1	ID	27	TX
2	MT	28	OR
3	KS	29	NJ
4	OK	30	AR
5	MO	31	SC
6	UT	32	CT
7	IA	33	FL
8	NE	34	AK
9	NV	35	NH
10	IN	36	WA
11	NM	37	GA
12	SD	38	LA
13	OH	39	NC
14	WY	40	WV
15	MI	41	VA
16	KY	42	MD
17	TN	43	CA
18	ND	44	RI
19	AL	45	DE
20	MS	46	NY
21	IL	47	ME
22	MN	48	MA
23	WI	49	DC
24	PA	50	HI
25	AZ	51	VT
26	CO		

VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK:

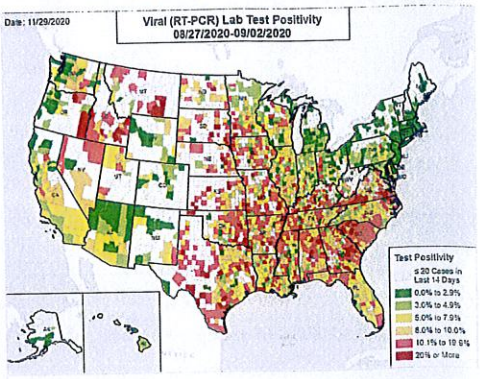
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



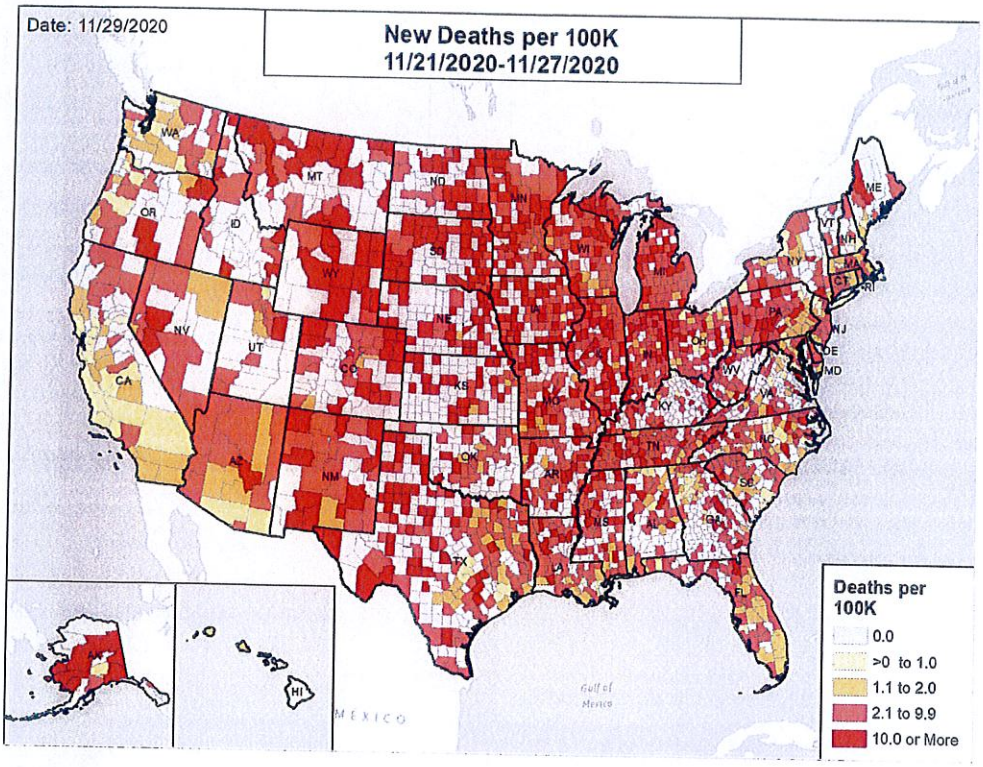
DATA SOURCES

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 11/25/2020. Tthe week one month before is 10/22 - 10/28; the week two months before is 9/24 - 9/30; the week three months before is 8/27 - 9/2.

National Picture

NEW DEATHS PER 100,000



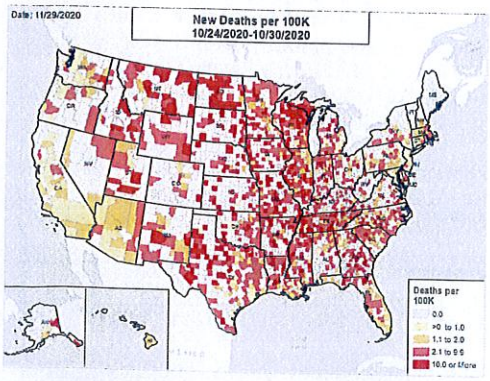
NATIONAL RANKING OF NEW DEATHS PER 100,000

National Rank	State
1	SD
2	ND
3	NM
4	MT
5	WY
6	IA
7	MI
8	MN
9	IN
10	IL
11	WI
12	NE
13	RI
14	TN
15	MO
16	MS
17	PA
18	KS
19	CO
20	WV
21	AR
22	CT
23	ID
24	NV
25	LA
26	OH

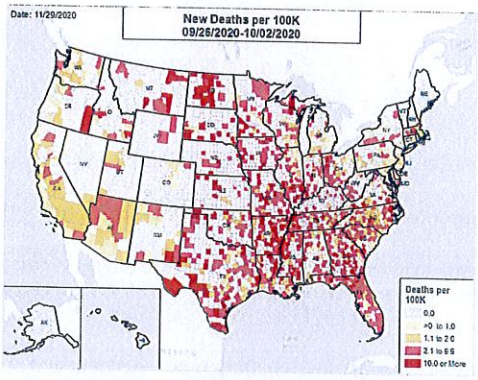
National Rank	State
27	TX
28	MD
29	NJ
30	OK
31	AL
32	AK
33	KY
34	MA
35	UT
36	FL
37	SC
38	AZ
39	NC
40	NY
41	OR
42	DE
43	VA
44	GA
45	ME
46	CA
47	WA
48	DC
49	HI
50	VT
51	NH

NEW DEATHS PER 100,000 IN THE WEEK:

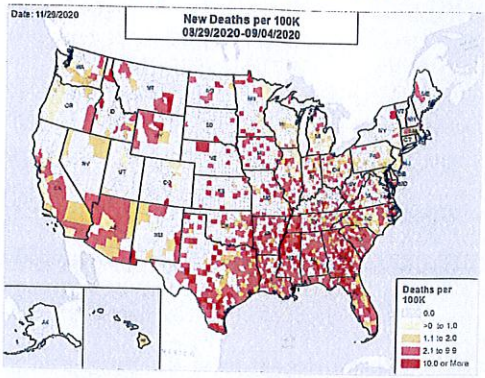
ONE MONTH BEFORE



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 11/27/2020. The week one month before is 10/24 - 10/30; the week two months before is 9/26 - 10/2; the week three months before is 8/29 - 9/4.

METHODS

STATE REPORT | 11.29.2020

Metric	Dark Green	Light Green	Yellow	Orange	Light Red	Red	Dark Red
New cases per 100,000 population per week	≤4	5 - 9	10 - 50	51 - 100	101 - 199	200 - 499	≥500
Percent change in new cases per 100,000 population	≤-26%	-25% - -11%	-10% - 0%	1% - 10%	11% - 99%	100% - 999%	≥1000%
Diagnostic test result positivity rate	≤2.9%	3.0% - 4.9%	5.0% - 7.9%	8.0% - 10.0%	10.1% - 19.9%		≥20.0%
Change in test positivity	≤-2.1%	-2.0% - -0.6%	-0.5% - 0.0%	0.1% - 0.5%	0.6% - 2.0%		≥2.1%
Total diagnostic tests resulted per 100,000 population per week	≥2001	1001 - 2000	750 - 1000	500 - 749	250 - 499		≤249
Percent change in tests per 100,000 population	≥26%	11% - 25%	1% - 10%	-10% - 0%	-25% - -11%		≤-26%
COVID-19 deaths per 100,000 population per week	0.0		0.1 - 1.0	1.1 - 2.0	2.1 - 3.0		≥3.1
Percent change in deaths per 100,000 population	≤-26%	-25% - -11%	-10% - 0%	1% - 10%	11% - 25%		≥26%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%		1% - 5%		≥6%		
Change in SNFs with at least one resident COVID-19 case, death	≤-2%		-1% - 1%		≥2%		
Total new COVID-19 hospital admissions per 100 beds	≤2	3 - 5	6 - 10	11 - 20	21 - 30		≥31
Change in total new COVID-19 hospital admissions per 100 beds	≤-26%	-25% - -11%	-10% - 0%	1% - 10%	11% - 25%		≥26%

- Some dates may have incomplete data due to delays and/or differences in state reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible. Figures and values may also differ from state reports due to differing methodologies.
- Color threshold values are rounded before color classification.
- **Cases and deaths:** County-level data from USAFacts as of 17:59 EST on 11/29/2020. State values are calculated by aggregating county-level data from USAFacts. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests, unless stated otherwise. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 RT-PCR result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Because the data are deidentified, total RT-PCR tests are the number of tests performed, not the number of individuals tested. RT-PCR test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 11/19 to 11/25; previous week data are from 11/12 to 11/18; the week one month before data are from 10/22 to 10/28. HHS Protect data is recent as of 14:31 EST on 11/29/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EST on 11/28/2020.
- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 18:53 EST on 11/29/2020.
- **Hospital PPE:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Data is recent as of 18:00 EST on 11/28/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 11/16-11/22, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
- **County and Metro Area Color Categorizations**
  - **Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases at or above 101 per 100,000 population, and a lab test positivity result at or above 10.1%.
  - **Orange Zone:** Those CBSAs and counties that during the last week reported both new cases between 51–100 per 100,000 population, and a lab test positivity result between 8.0–10.0%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
  - **Yellow Zone:** Those CBSAs and counties that during the last week reported both new cases between 10–50 per 100,000 population, and a lab test positivity result between 5.0–7.9%, or one of those two conditions and one condition qualifying as being in the "Orange Zone" or "Red Zone."