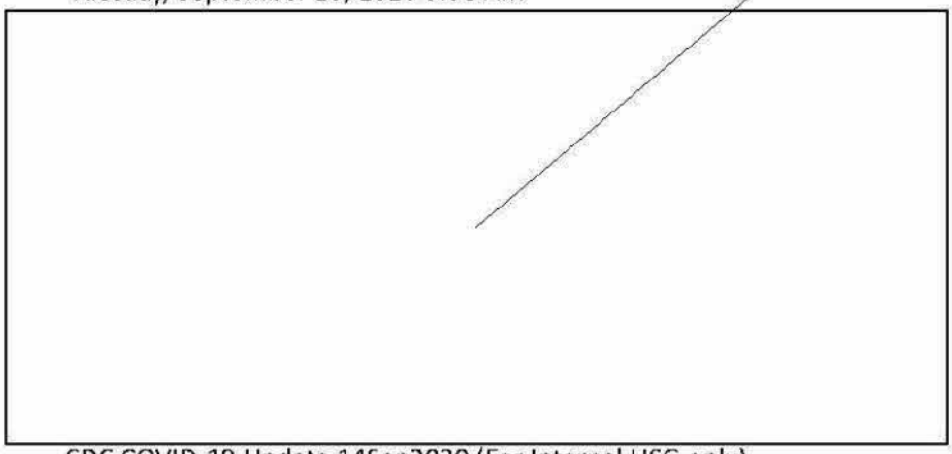
From: (b)(3) 50 USC 3024(i); (b)(6)

Sent: Tuesday, September 15, 2020 5:08 AM

To: (b)(3):10 USC 424; (b)(6)



Subject: CDC COVID-19 Update 14Sep2020 (For Internal USG only)

Attachments: FINAL-CDC COVID-19 SITREP 164 09-14-2020.pdf; (FOUO) CDC COVID-19 RESPONSE UPDATE 20200914.pdf; 2020 09 11 Science Update_FINAL_public.pdf

Good evening,

Please see attached CDC Reports.

Cases/deaths as of 14 Sep 2020:
- 6,503,030 confirmed and probable U.S. cases, +35,549 since yesterday
- 193,705 U.S. deaths reported to CDC, +510 since yesterday
- 28,918,900 confirmed cases worldwide (WHO dashboard data)

Highlights:
- **Case Counts and Deaths:** Nationwide 7-day case average down 18% from the previous 7-days. 7-day death average is down 13% from its average over the previous 7-days. Case trajectories: 7 States/jurisdictions (13%) in an upward/worsening trajectory; 12 (21%) in a plateau; and the remaining 37 (66%) in a downward/improving trajectory.
- **Travel Health Notices (THNs) :** https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html, Cambodia de-escalated from Level 3 High-Risk to Level 1 Low-Risk; no additional changes.

From Science Update:
- **Corticosteroid Randomized Clinical Trials:** Three peer-reviewed RCTs and a meta-analysis contributed to the inclusion of corticosteroids into the standard of care for COVID-19-related ARDS.
- **A SARS-CoV-2 vaccine candidate would likely match all currently circulating variants:** https://www.pnas.org/content/early/2020/08/28/2008281117.short?rss=1, results suggest that, to date, the limited diversity seen in SARS-CoV-2 raises hopes that vaccines under development may provide global protection for current and future strains.

New/Updated Guidance:

- Federal Government Adjusts COVID-19 Entry Strategy for International Air Passengers: https://www.cdc.gov/media/releases/2020/s-0909-covid-19-entry-strategy-air-passengers.html. Beginning today, USG removed requirements directing all incoming international passenger flights to land at one of 15 designated airports (no more funneling), and halted symptom-based enhanced entry health screening for these passengers. CBP officers will continue disseminating pre-departure, in-flight and post-arrival CDC Travel Health Alert Notice (T-HAN) cards, remain alert for travelers who appear sick by following CDC **RING** (**R**ecognize, **I**solate, **N**otify and **G**ive support) card protocols, and notifying the CDC of any sick travelers. Mandatory testing of international travelers is not yet recommended.

Please regularly refer to CDC's COVID-19 webpage; information and guidance is updated daily: https://covid.cdc.gov/covid-data-tracker/

VR/

(b)(6)

Dept of Defense Liaison to the Centers for Disease Control and Prevention, Atlanta, GA

(b)(6)

(b)(3):50 USC 3024(i); (b)(6)

FOR OFFICIAL USE ONLY

Sensitive But Unclassified (SBU) This document may contain sensitive information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552). This information is for internal government use only. Further distribution to authorized personnel with a "need to know" and for situation awareness is authorized by the Centers for Disease Control and Prevention.

Department of Health and Human Services
Centers for Disease Control and Prevention
SAFER·HEALTHIER·PEOPLE™

CDC Coronavirus Disease-2019 (COVID-19) Situation Report #164

Sensitive but Unclassified (SBU). This document may contain sensitive information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552). This information is for internal government use only. Further distribution to authorized personnel with a "need to know" and for awareness is authorized by the Centers for Disease Control and Prevention.

CDC Response Status: Agency Level Activation
Date: 09/14/2020
Report Period: 09/11/2020 – 09/14/2020
IMS Activation: 01/21/2020
Location of Event: Global
Lead Agency: Centers for Disease Control and Prevention (CDC)
Lead CDC CIOs: National Center for Immunization and Respiratory Diseases (NCIRD)
Center for Preparedness and Response (CPR)
Description: CDC Coronavirus Disease-2019 (COVID-19) Response

Significant Activities (SIGACTs)/Information

- CDC COVID-19 website provides the latest resources for community and healthcare professionals on information regarding United States COVID-19 cases: https://www.cdc.gov/coronavirus/2019-ncov/index.html.
- Confirmed and probable U.S. cases of COVID-19: 6,503,030 as of September 14; for complete domestic updates visit the CDC Data tracker - https://www.cdc.gov/covid-data-tracker/#cases.
- U.S. deaths reported to CDC: 193,705 as of September 14.
- Worldwide confirmed cases of COVID-19 can be found at the WHO Coronavirus Disease Dashboard - https://covid19.who.int/.

Current Task Force Updates by Objectives:

Objective 1: Support of USG-wide Response – *Integrate CDC response activities with the USG response to inform and synchronize public health actions among all key stakeholders in support of the Federal Incident Strategic Plan.*

Laboratory and Testing Task Force - Supporting the provision of data on the kits shipped to the Public Health Laboratories (PHLs) from International Reagent Resource (IRR).

Objective 2: Data/Surveillance - *Conduct timely and actionable data analytics, surveillance, lab reporting, and modeling activities to monitor and forecast epidemic progression and inform data-driven decision making.*

Global Migration Task Force (GMTF) - As of September 13, a total of 754,124 passengers screened upon arrival at F15 airports from China, Iran, Schengen Countries, United Kingdom, Ireland, and Brazil.

Epidemiology and Surveillance Task Force - Seroprevalence team anticipates receiving the first "final" adjusted estimates on the data from the MASS-C study this week.

Objective 3: Global – *Assess global data as a guide for domestic response, provide guidance on international travel to reduce travel-associated infections, and provide support to mitigate the pandemic in other countries.*

International Task Force (ITF)

- Led four regional technical calls for CDC country offices: Africa, Latin America/Caribbean, South/East Asia, and Europe/Central Asia/Middle East.
- Held country call with CDC office in China.
- Evaluated how and why country teams valued Country Support Team Technical Advisor calls.

Global Migration Task Force (GMTF) - Traveler's Health Team discussing modifications to risk assessment criteria; considering adjusting Travel Health Notice restrictions to more accurately reflect stage of pandemic globally.

Objective 4: Lab/Epi – *Conduct and provide support for epidemiologic and laboratory studies to examine dynamics of disease spread and control, including expanding testing and analyzing serologic studies to assess spread of infection across America.*

Epidemiology and Surveillance Task Force - Field and Special Studies team finished enrolling cohort at OshKosh; this cohort had 199 students (living in fraternity, sorority, and dorm dwellings).

Laboratory and Testing Task Force

- As of September 11, CDC has tested over 9,760 samples that equate to over 5,807 patients by PCR. CDC has also tested 92,772 samples with the serology assay.
- IRR shipped 147 reagents to four laboratories on September 11.

Objective 5: Community/Health Systems – *Provide community mitigation strategies and tools in support of domestic plans for phased approaches to COVID-19 and provide healthcare systems strengthening and guidance to support patient treatment and infection prevention and control (IPC).*

Health Systems and Worker Safety Task Force (HSWS)

- Documents posted to the web:
  - COVID-19 Employer Information for Paratransit Operators
  - What Paratransit Operators Need to Know about COVID-19
- Clinical Team presented on SARS-CoV-2 reinfections during September 12 CDC/Infectious Diseases Society of America (IDSA) call to an audience of more than 500 physicians and public health practitioners.
- Healthcare Systems Coordination Team and Health Pulse representatives discussed an overview of the Health Pulse system, partnerships, and improvements in data.
- Healthcare Systems Coordination Team participated in a joint meeting with Association of State and Territorial Health Officials (ASTHO) and Harvard University to discuss the Harvard poll telehealth questions.

Objective 6: State, Tribal, Local and Territorial Support (STLT) – *Provide support for outbreak response, needs assessments, contact tracing, and monitoring impact, as well as support the development and implementation of CDC COVID Corps activities.*

State, Tribal, Local and Territorial Support (STLT) Task Force - Deployed 49 field teams to provide multi-disciplinary technical assistance at request of health departments. Teams continue to provide support for outbreak response, epidemiologic, surveillance and data analysis, community mitigation, infection prevention and control (IPC), laboratory support and technical assistance as needed.

Community Interventions & Critical Populations Task Force (CICP) - Supporting STLT and federal partners by providing technical assistance on surveillance for animals with SARS-CoV-2 by piloting One Health investigation form for animal SARS-CoV-2 case investigations.

Objective 7: Communication and Outreach – *Ensure active, timely, effective public health and safety messaging around response priorities with key federal, state/local partners, policymakers, media, and the public.*

Joint Information Center (JIC)

- Updated Web Pages:
  - CDC COVID Data Tracker
  - Interim Operational Considerations for Public Health Management of Healthcare Workers Exposed to or with Suspected or Confirmed COVID-19: non-U.S. Healthcare Settings
  - Additional Tools and Resources - Global
  - CDC's Response
  - Contact Tracing for COVID-19

  - People at Increased Risk
- Hosted an EPIC Partners Meeting on September 11 focused on recovery efforts for Hurricane Laura and challenges identified for hurricane response during the COVID-19 pandemic.
- Posted COVID-19 Content on OADC Social Media Channels:
  - Viral and Antibody testing
  - MMWR on Pediatrics COVID-19 outbreaks
  - COVID-19 forecasting percentage of death
  - FAQ Friday Signs and Symptoms
  - Neonatal Guidance for Mothers
  - COVID View; COVID-19 "How Right Now" Melissa Joan Hart
  - CDC Responder Story (Janet McAllister)
  - How COVID-19 Got Its Name video
- Posted COVID-19 content on Spanish language OADC social media channels
  - COVID-19 and Suicide Prevention Month
  - COVID-19 symptoms vs. Seasonal Allergies
  - What to do When Waiting on COVID-19 Test Results

Community Interventions & Critical Populations Task Force (CICP) - Updates to "Pregnancy, Breastfeeding, and Caring for Your Newborn" posted. Corresponding social media messaging being disseminated.

State, Tribal, Local and Territorial Support (STLT) Task Force – Fielded inquiries from states and territories through providing guidance regarding self-administered COVID-19 testing.

Epidemiology and Surveillance Task Force
- Coordinating messaging of pregnancy studies being released this week by Epi TF and Vaccine Safety TF.
- Communications team is analyzing statistics on the Morbidity and Mortality Weekly Reports (MMWRs) released by Epi TF last week. Both reports, one on community contact and the other on transmission dynamics, received substantial media coverage.

Policy
- Food Systems Workgroup hosted a webinar with the National Association of College and University Food Services (NACUFS) about best practices while operating during COVID-19.
- Vaccine Planning Unit hosted a Senate HELP Committee briefing for congressional staff members on COVID-19 vaccine planning.
- CDC briefed the House Energy and Commerce staff on CDC's COVID-19 wastewater surveillance activities.
- Community Interventions and Critical Populations (CICP) Task Force hosted a listening session with the Association on Higher Education and Disability (AHEAD) about how the CDC can help support college students.

Chief Health Equity Officer Unit
- Through September 12, reviewed 312 documents with a focus on health equity, including scientific manuscripts, guidelines, presentations, question and answer documents, talking points, abstracts, briefing documents.
- Promoting adoption of the health equity style guide to be used at CDC to ensure consistent terminology used around health equity issues.
- Developing a race/ethnicity storymap to summarize scientific findings around COVID-19 as it relates to race/ethnicity.
- Collaborating with CICP's Minority Health Rural Health Team on their race/ethnicity literature review as part of race/ethnicity storymap tiger team to identify factors associated with race and ethnicity disparities in exposure to and severe illness from COVID-19 as well as differences in unintended consequences of COVID-19 mitigation strategies.

Objective 8: Vaccine – *Develop and support access to vaccines to prevent COVID-19, influenza, and childhood vaccine-preventable diseases.*

Nothing significant to report.

General Staff Activities

Operations

- Received/triaged 90 COVID-19 related calls during the reporting period.
- Processed four International Health Regulations (IHR) requests and six Do Not Board (DNB) actions.

Plans - Responder Training Team developed a strategy to design, implement, and assess self-paced trainings for CDC Responders as part of the Responder Education and Leadership Academy (RELAy). This strategy focuses on developing short modules focused on the Emergency Operations Center basics to ensure responders understand the context of emergency response at CDC, the incident management system (IMS) structure, and ways to get involved in CDC responses.

Resource Support

- 167 CDC personnel deployed or pending deployment (117 deployed, 50 pending).
- Approved six Emergency Resource Requests (ERRs) this reporting period.

Situational Awareness (SA)

- Coordinated process and procedures with the Joint Coordination Center (JCC), CDC Senior Liaison, and Data and Products Team Lead for continual data analytics and visualization support.
- Provided *Epi-X* support to state health departments in receiving, accessing, and posting:
  - 3,321 passenger Entry Screening Reports and contact lists for post-arrival monitoring for travelers arriving from a country with widespread transmission of COVID-19.
  - 132 state notification and contact lists for persons who may have been exposed to COVID-19 on a flight.
  - 322 interstate movement notifications to states receiving persons traveling to their jurisdiction who are under self-monitoring with public health supervision for COVID-19; PUI with recent travel reports; lab results sent to health department associated with the jurisdiction where the traveler was tested; or persons with a history of close contact to a confirmed case of COVID-19.

The next CDC SITREP publication will be on Tuesday, September 15, 2020.

The Point of Contact for this report is the IMS Planning Section Chief (**eocplans@cdc.gov**).

CDC COVID-19 Response Update Monday, 14 Sep, 2020
INTERNAL - NOT FOR FURTHER DISTRIBUTION

Table of Contents

Domestic Updates

Case Counts

The CDC numbers have been reviewed and approved by states and are suitable for use in all official communications.

Counts by Jurisdiction (Cumulative, Confirmed and Probable Cases and Deaths)[1]

Data Through 13 Sep 2020 *Last Updated: 14 Sep 2020 11:30*

57 Jurisdictions Reporting Confirmed or Probable COVID-19 Cases

50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands

State / Territory[2]	Cases						Deaths						CFR[4]
	Conf.	Prob.	Total	New[3]	Total Per 100K	New Per 100K	Conf.	Prob.	Total	New[3]	Total Per 100K	New Per 100K	
AK	6,278	-	6,278	62	851.3	8.4	44	-	44	-	6.0	-	0.7%
AL	125,795	12,960	138,755	1,109	2838.8	22.7	2,218	133	2,351	1	48.1	0.0	1.7%
AR	69,050	1,169	70,219	509	2329.9	16.9	976	-	976	12	32.4	0.4	1.4%
AZ	206,611	1,901	208,512	384	2907.4	5.4	5,049	273	5,322	7	74.2	0.1	2.6%
CA	754,923	-	754,923	4,625	1908.4	11.7	14,329	-	14,329	78	36.2	0.2	1.9%
CO	57,099	4,225	61,324	417	1076.7	7.3	1,637	351	1,988	-	34.9	-	3.2%
CT[5]	52,095	2,231	54,326	-	1520.6	-	3,595	885	4,480	-	125.4	-	8.2%
DE	17,945	992	18,937	88	1958.0	9.1	545	72	617	2	63.8	0.2	3.3%
FL	644,180	12,305	656,485	2,395	3082.2	11.2	12,512	96	12,608	8	59.2	0.0	1.9%
GA	294,394	-	294,394	1,489	2798.6	14.2	6,444	-	6,444	157	61.3	1.5	2.2%
HI	9,988	134	10,122	165	712.6	11.6	99	-	99	2	7.0	0.1	1.0%
IA	72,490	2,016	74,506	809	2360.7	25.6	1,218	-	1,218	1	38.6	0.0	1.6%
ID	32,506	2,773	35,279	112	2011.1	6.4	378	37	415	-	23.7	-	1.2%
IL	261,371	2,095	263,466	1,462	2067.8	11.5	8,309	232	8,541	14	67.0	0.1	3.2%
IN	105,804	-	105,804	1,243	1581.1	18.6	3,214	224	3,438	1	51.4	0.0	3.2%
KS[5]	46,626	1,760	48,386	-	1661.9	-	511	-	511	-	17.6	-	1.1%
KY	51,018	5,927	56,945	530	1274.4	11.9	1,051	9	1,060	3	23.7	0.1	1.9%
LA	157,455	935	158,390	1,281	3398.9	27.5	5,065	170	5,235	33	112.3	0.7	3.3%
MA	122,904	9,896	132,800	267	1924.0	3.9	9,001	208	9,209	14	133.4	0.2	6.9%
MD	116,646	-	116,646	536	1930.4	8.9	3,696	143	3,839	1	63.5	0.0	3.3%
ME[5]	4,376	487	4,863	-	363.3	-	135	1	136	-	10.2	-	2.8%
MI[5]	111,524	11,534	123,058	-	1231.1	-	6,591	320	6,911	-	69.1	-	5.6%
MN	84,949	-	84,949	638	1513.9	11.4	1,922	52	1,974	3	35.2	0.1	2.3%
MO	102,747	-	102,747	1,613	1677.1	26.3	1,705	-	1,705	1	27.8	0.0	1.7%
MS	84,557	5,461	90,018	144	3014.1	4.8	2,523	183	2,706	9	90.6	0.3	3.0%
MT	9,021	-	9,021	96	849.2	9.0	135	-	135	2	12.7	0.2	1.5%
NC	184,936	-	184,936	1,196	1781.0	11.5	3,052	-	3,052	5	29.4	0.0	1.7%
ND	15,831	-	15,831	254	2082.8	33.4	170	-	170	2	22.4	0.3	1.1%
NE	38,188	-	38,188	80	1979.4	4.1	434	-	434	-	22.5	-	1.1%
NH	7,696	-	7,696	44	567.4	3.2	436	-	436	1	32.1	0.1	5.7%
NJ	196,634	-	196,634	297	2207.3	3.3	14,242	1,789	16,031	4	180.0	0.0	8.2%
NM	26,761	-	26,761	100	1277.1	4.8	807	16	823	2	39.3	0.1	3.1%
NV	73,537	229	73,766	317	2431.0	10.4	1,452	35	1,487	3	49.0	0.1	2.0%
NY City	233,636	5,309	238,945	423	2845.0	5.0	19,124	4,626	23,750	7	282.8	0.1	9.9%
NY State[6]	206,563	-	206,563	481	1853.7	4.3	8,992	-	8,992	4	80.7	0.0	4.4%
OH	130,196	7,209	137,405	837	1175.5	7.2	4,122	293	4,415	4	37.8	0.0	3.2%
OK	69,354	6,985	76,339	1,612	1936.0	40.9	905	-	905	6	23.0	0.2	1.2%
OR	27,970	1,367	29,337	181	700.0	4.3	496	13	509	4	12.1	0.1	1.7%
PA	140,565	4,209	144,774	969	1130.4	7.6	7,595	274	7,869	7	61.4	0.1	5.4%
RI[5]	22,905	-	22,905	-	2166.3	-	1,071	-	1,071	-	101.3	-	4.7%
SC	129,484	2,380	131,864	1,886	2593.6	37.1	2,915	149	3,064	24	60.3	0.5	2.3%
SD	16,638	-	16,638	201	1885.9	22.8	182	2	184	1	20.9	0.1	1.1%

[1] Data are reported voluntarily by each jurisdiction's health department. Data are reported as provided by the health department and the number of confirmed and probable cases or deaths may sum to the total. Health departments may update case data over time when they receive more complete and accurate information. If the number of cases or deaths reported by CDC is different from the number reported by jurisdiction health departments, data reported by jurisdictions should be considered the most up to date. The differences may be due to the timing of the reporting and website updates. See Technical Information about this data on the CDC Webpage.

[2] AS = American Samoa; DC = District of Columbia; FSM = Federated States of Micronesia; GU = Guam; CNMI = Commonwealth of the Northern Mariana Islands; PW = Palau; PR = Puerto Rico; RMI = Republic of the Marshall Islands; USVI = US Virgin Islands.

[3] These data represent new cases and deaths detected and tested in the US since the last update. Number of new cases and new deaths were included in total case numbers. Counts may have decreased from previous report due to case reclassification of cases to other jurisdictions or categories (e.g., probable to confirmed) by states.

[4] Percent change in cases, deaths and case fatality rates (CFR) are not calculated when the total number (denominator) was less than five.

[5] Jurisdiction did not provide an update.

[6] New York State excludes New York City.

57 Jurisdictions Reporting Confirmed or Probable COVID-19 Cases 50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
	Cases						Deaths						
State / Territory[2]	Conf.	Prob.	Total	New[3]	Total Per 100K	New Per 100K	Conf.	Prob.	Total	New[3]	Total Per 100K	New Per 100K	CFR[4]
TN	166,799	5,025	171,824	933	2538.0	13.8	2,008	70	2,078	14	30.7	0.2	1.2%
TX	659,434	-	659,434	1,845	2297.5	6.4	14,190	-	14,190	47	49.4	0.2	2.2%
UT	58,257	488	58,745	542	1858.4	17.1	433	1	434	2	13.7	0.1	0.7%
VA	128,400	6,171	134,571	757	1579.9	8.9	2,607	136	2,743	19	32.2	0.2	2.0%
VT	1,684	-	1,684	7	268.9	1.1	58	-	58	-	9.3	-	3.4%
WA	79,826	-	79,826	350	1059.3	4.6	1,991	-	1,991	-	26.4	-	2.5%
WI	89,185	5,494	94,679	1,624	1628.6	27.9	1,210	8	1,218	1	21.0	0.0	1.3%
WV	12,403	296	12,699	178	703.2	9.9	264	2	266	1	14.7	0.1	2.1%
WY	3,679	667	4,346	49	752.2	8.5	42	-	42	-	7.3	-	1.0%
AS	-	-	-	-	-	-	-	-	-	-	-	-	-
CNMI	61	-	61	1	107.2	1.8	2	-	2	-	3.5	-	-
DC	14,592	-	14,592	40	2077.3	5.7	616	-	616	-	87.7	-	4.2%
FSM	-	-	-	-	-	-	-	-	-	-	-	-	-
GU[5]	1,863	-	1,863	-	1123.9	-	23	-	23	-	13.9	-	1.2%
PR	17,977	19,773	37,750	370	1181.5	11.6	376	166	542	3	17.0	0.1	1.4%
PW	-	-	-	-	-	-	-	-	-	-	-	-	-
RMI	-	-	-	-	-	-	-	-	-	-	-	-	-
USVI	1,221	-	1,221	1	1166.4	1.0	19	-	19	-	18.2	-	1.6%
Total	**6,358,627**	**144,403**	**6,503,030**	**35,549**	**1965.1**	**10.7**	**182,736**	**10,969**	**193,705**	**510**	**58.5**	**0.2**	**3.0%**
Navajo[7]	9,971	-	9,971	8	2793.9	2.2	530	-	530	-	148.5	-	5.3%

Compilations of US Case Counts

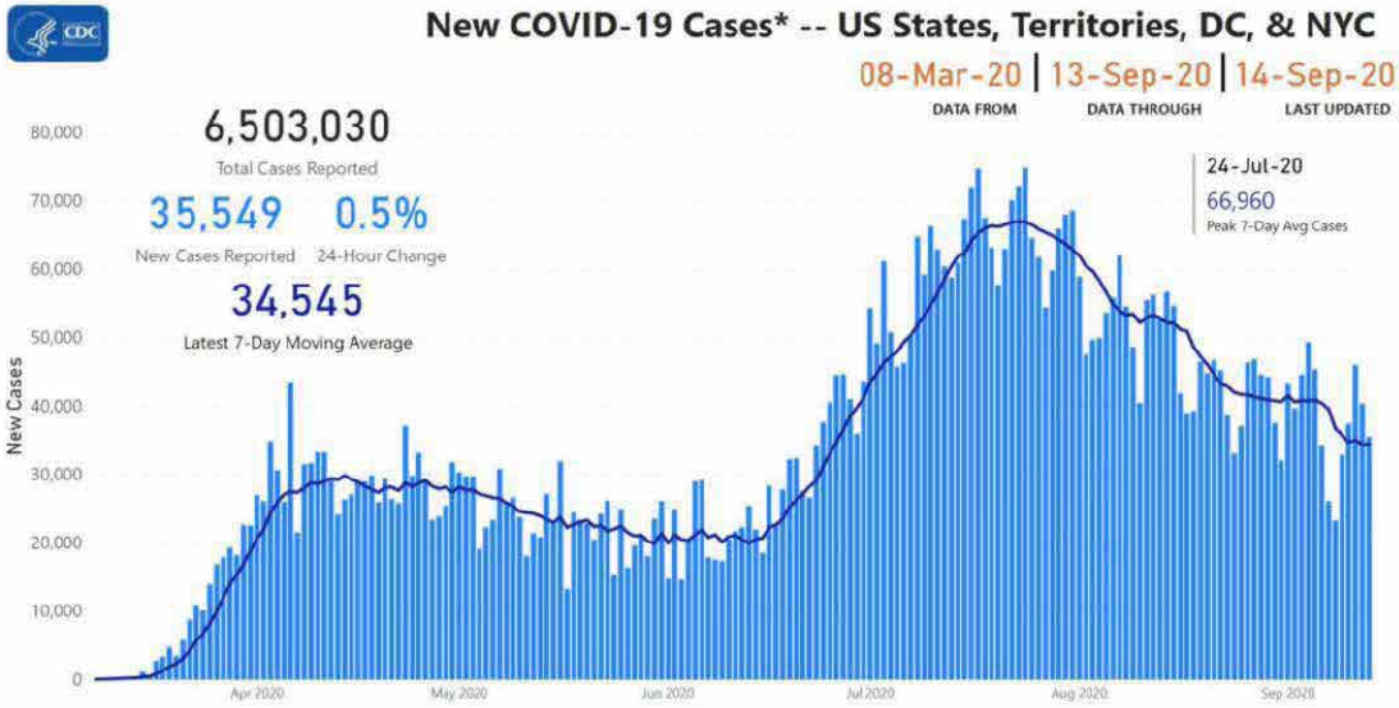
Reporting Source[8]	Data as of (all times are ET)	Cases	New Cases	Deaths	New Deaths
Official Sources (see table above)	14 Sep, 11:30	6,503,030	35,549	193,705	510
1Point3Acres	14 Sep, 11:30	6,660,197	35,485	197,726	409
Johns Hopkins	14 Sep, 10:26	6,521,887	32,544	194,107	384
USAFacts	13 Sep, NA	6,432,042	38,569	192,152	688
New York Times	14 Sep, 07:52	6,538,053	33,377	193,950	399
WorldoMeter	14 Sep, 01:34	6,715,050	31,245	198,605	426
COVID Tracking Project	13 Sep, 16:00	6,487,751	38,543	186,162	532

[7] Cases in the Navajo Nation are likely also reported by AZ, NM, and UT and were therefore already included in the grand total above. Counts reported separately here from Navajo Department of Health COVID-19 and Navajo Epidemiology Center Coronavirus Response Hub

[8] Data from other organizations are not reviewed or validated by CDC and may include data derived from open media sources not represented on official state public health department web pages.

New COVID-19 Cases by Date

Data 08 Mar 2020 through 13 Sep 2020 *Last Update: 14 Sep 2020, 11:30*
Source: CDC DCIPHER

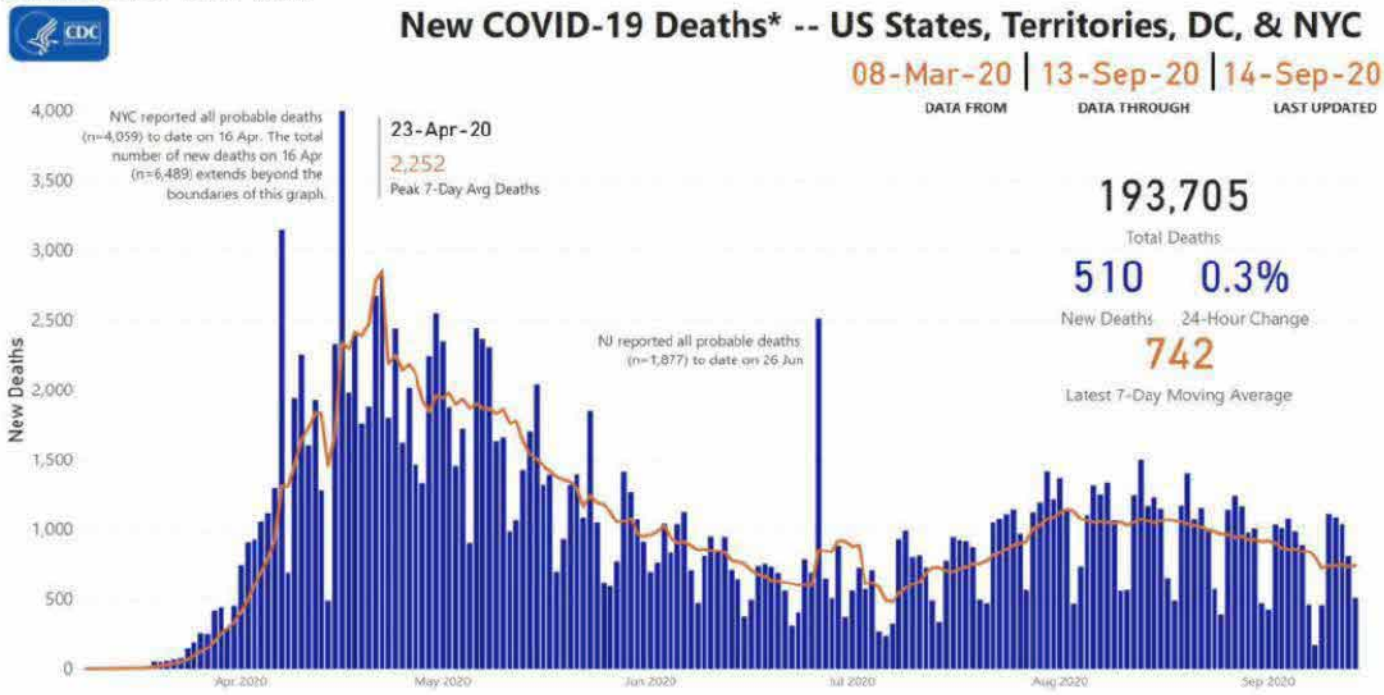


* Includes both confirmed and probable COVID-19 cases. Figure represents official CDC US case counts for COVID-19, reviewed and validated by states and territories, posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). Sources: CDC DCIPHER, US Census Bureau (2018).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

New COVID-19 Deaths by Date

Data 08 Mar 2020 through 13 Sep 2020 *Last Update: 14 Sep 2020, 11:30*
Source: CDC DCIPHER

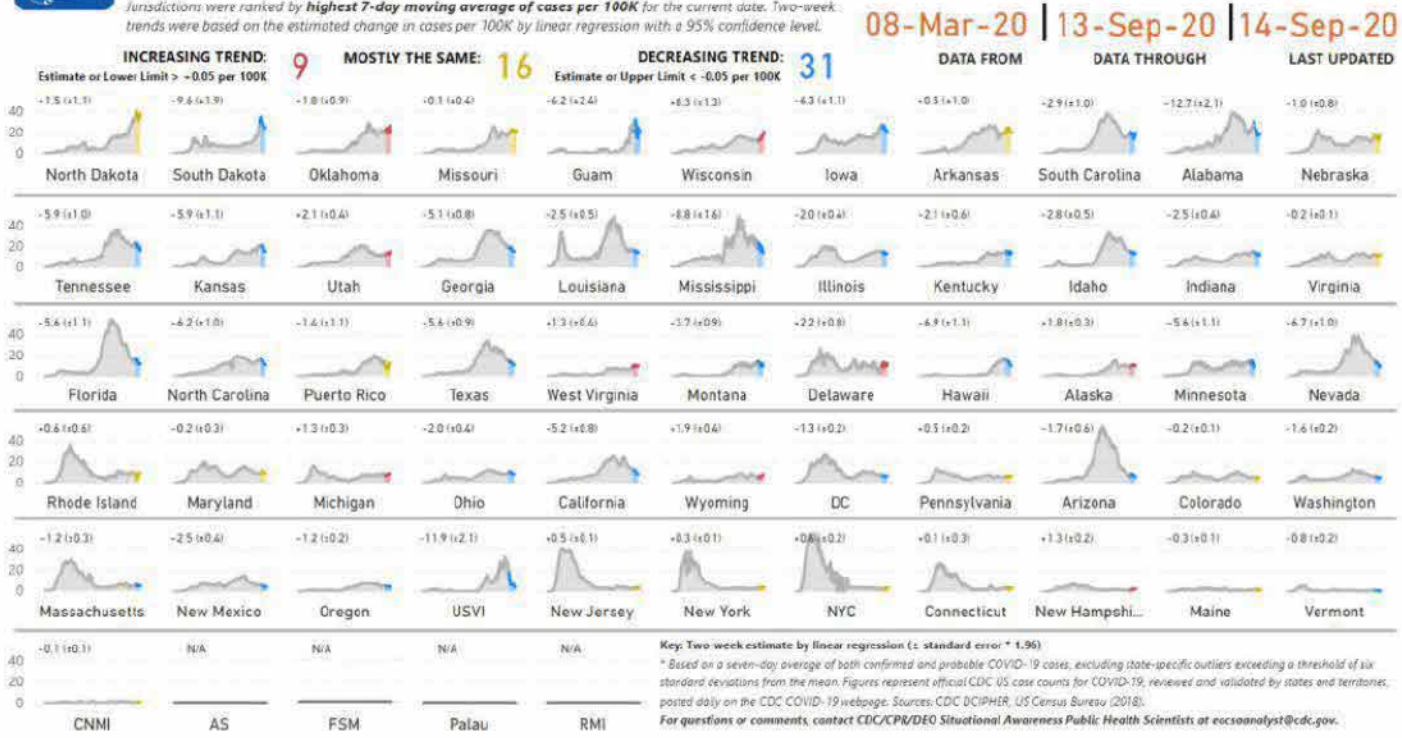


* Includes both confirmed and probable COVID-19 deaths. Figure represents official CDC US case counts for COVID-19, reviewed and validated by states and territories, posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). Sources: CDC DCIPHER, US Census Bureau (2018).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

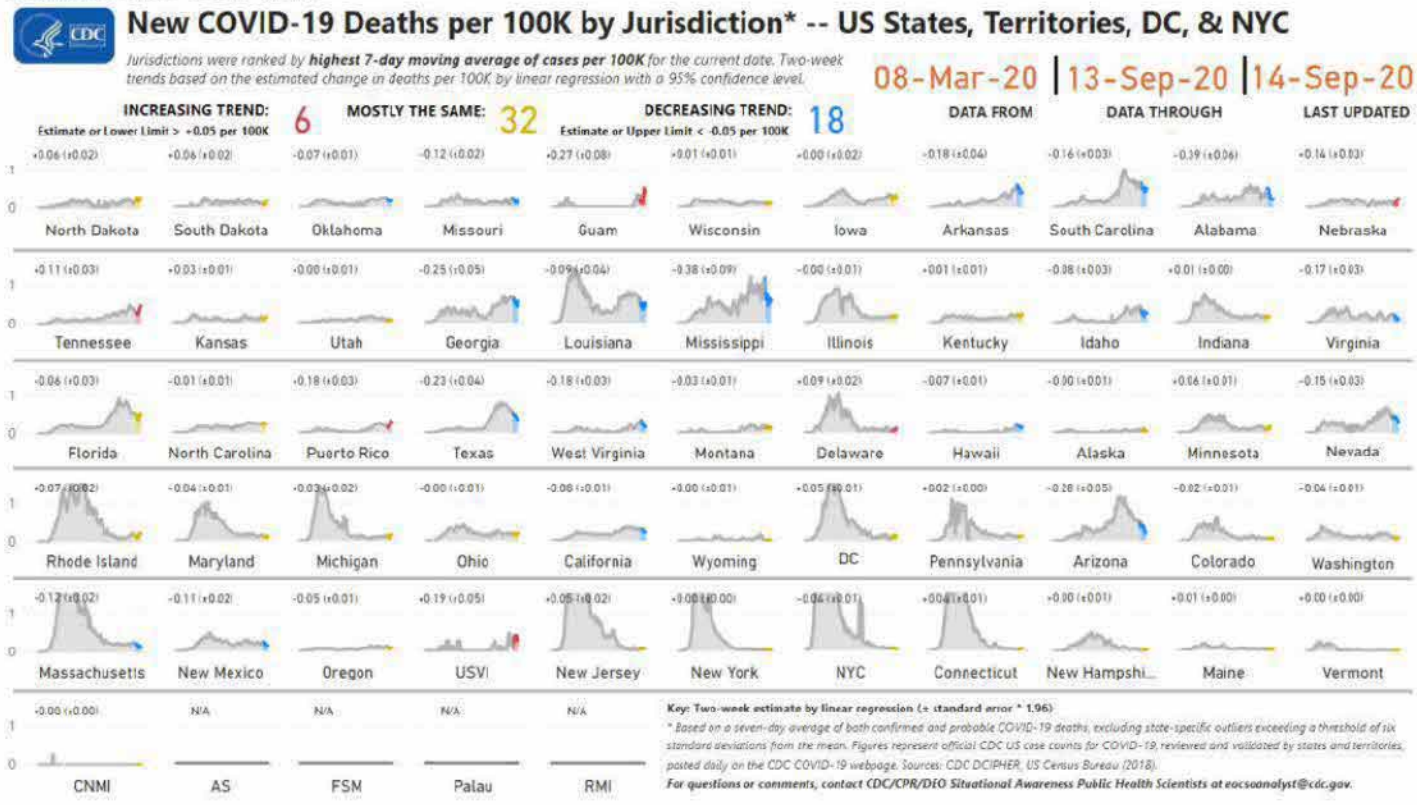
Trend in New COVID-19 Cases per 100,000 Population by Jurisdiction

Data 08 Mar 2020 through 13 Sep 2020 Last Update: 14 Sep 2020, 11:30
Source: CDC DCIPHER

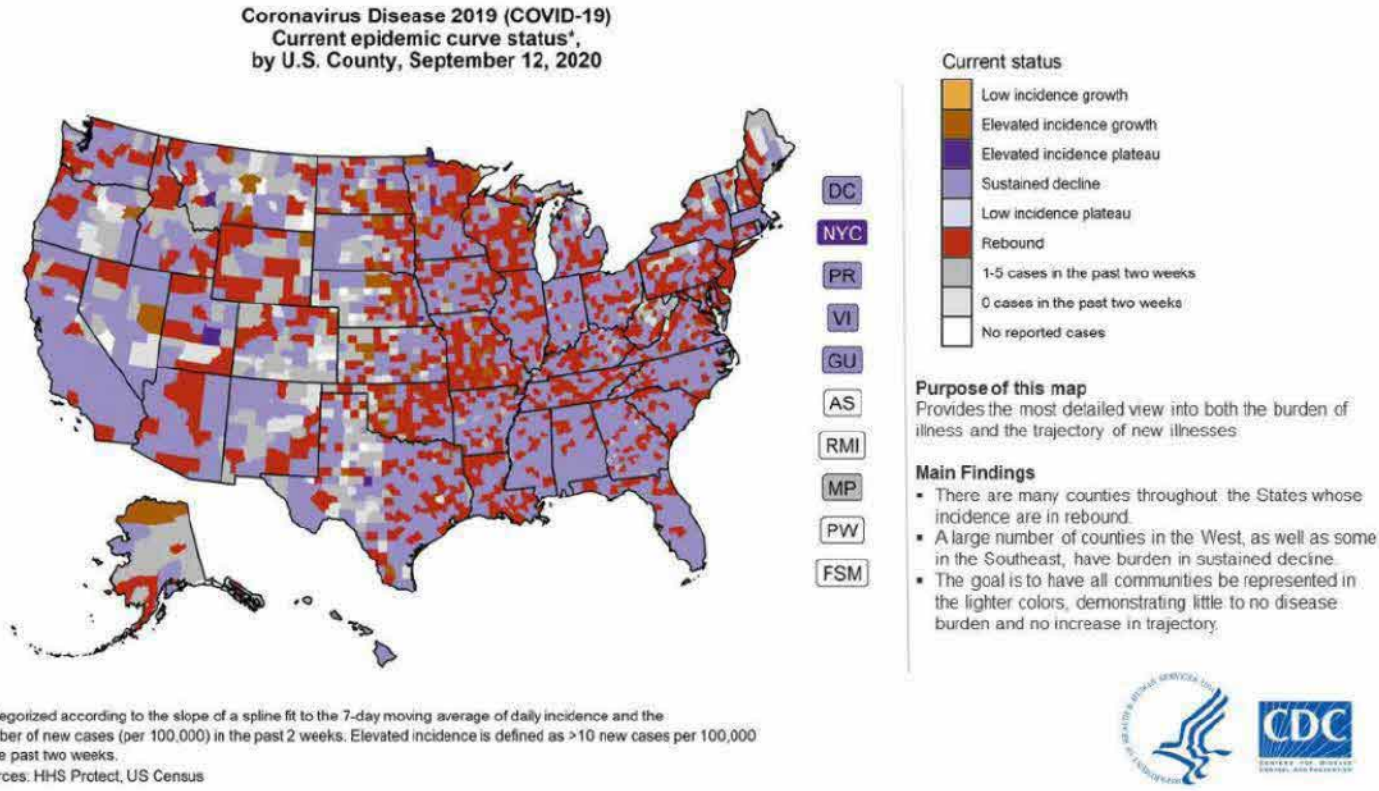


Trend in New COVID-19 Deaths per 100,000 Population by Jurisdiction

Data 08 Mar 2020 through 13 Sep 2020 Last Update: 14 Sep 2020, 11:30
Source: CDC DCIPHER



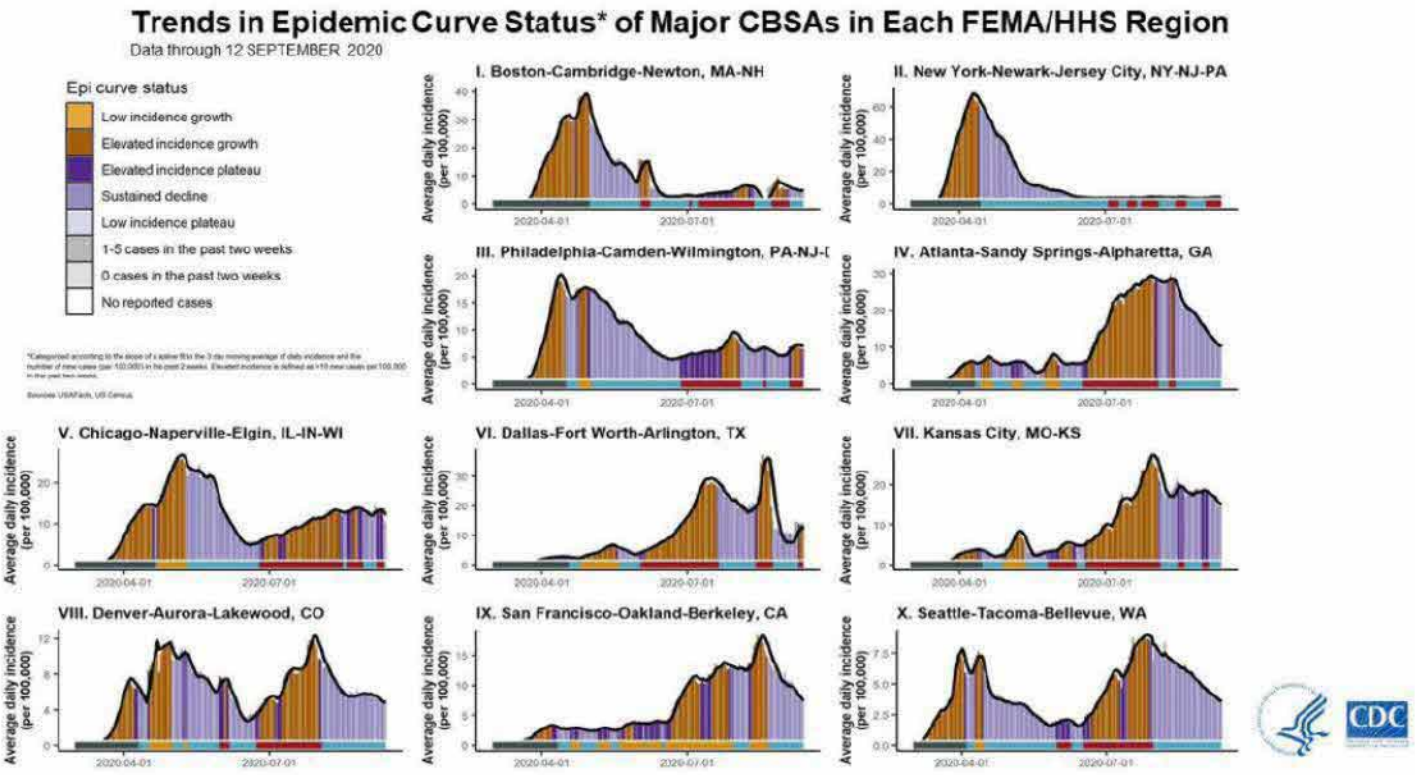
Cases/Deaths by County[9]



Purpose of this map
Provides the most detailed view into both the burden of illness and the trajectory of new illnesses

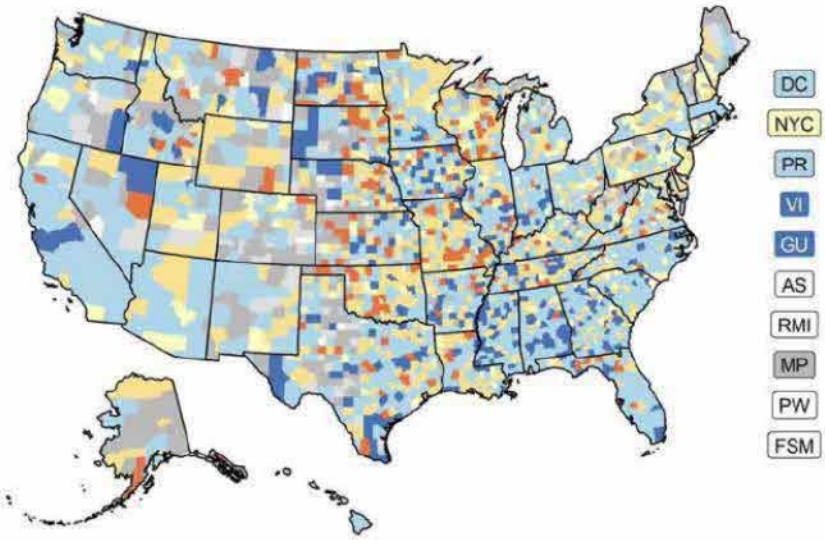
Main Findings
- There are many counties throughout the States whose incidence are in rebound.
- A large number of counties in the West, as well as some in the Southeast, have burden in sustained decline.
- The goal is to have all communities be represented in the lighter colors, demonstrating little to no disease burden and no increase in trajectory.

*Categorized according to the slope of a spline fit to the 7-day moving average of daily incidence and the number of new cases (per 100,000) in the past 2 weeks. Elevated incidence is defined as >10 new cases per 100,000 in the past two weeks.
Sources: HHS Protect, US Census



[9] See CDC COVID-19 Data Tracker for the latest visualizations on cases and deaths trends by state and county.

Coronavirus Disease 2019 (COVID-19) Change in Daily Incidence*, by U.S. County, September 12, 2020



Change in incidence per 100,000 per day
- Greater decline
- Moderate decline
- Plateau
- Moderate increase
- Greater increase
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

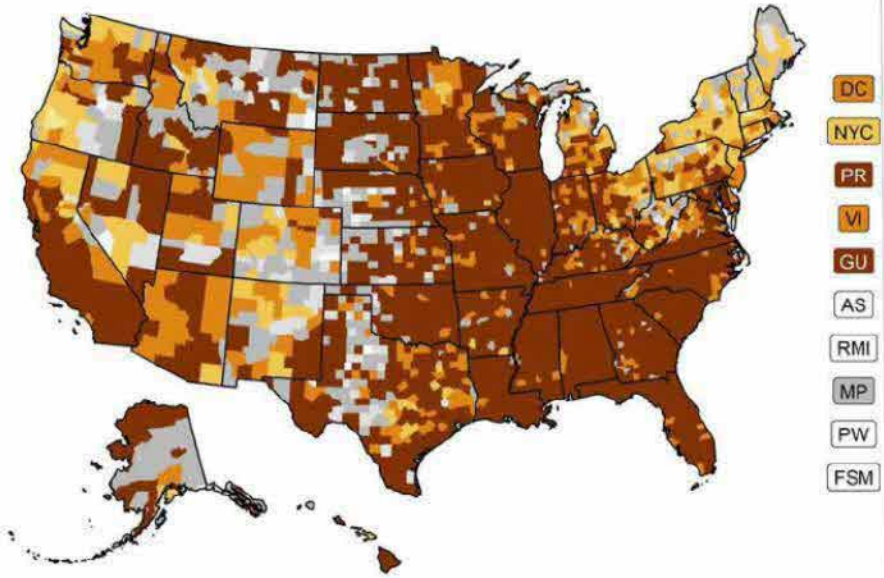
Purpose of this map
Describes the trajectory of new illnesses as recently increasing, being stable, or decreasing in number

Main Findings
- Daily county-level incidence rates continue to decrease in much of the Southeast and the West.
- However, county-level incidence is increasing throughout much of the Midwest and Great Plains, including Missouri, Wisconsin, Oklahoma, Illinois and Wyoming.

*Measured as the change in slope of a spline fit to smoothed daily incidence. Incidence was smoothed using a 7-day moving average. These values therefore represent the change in 7-day average number of new cases per 100,000 per day. Greater declines are ≤-1, moderate declines are >-1 to -0.1, plateaus are >-0.1 to ≤0.1, moderate increases are >0.1 to 1, greater increases are >1. Counties denoted as 0 cases in the past 2 weeks have had at least 1 case previously.

Sources: HHS Protect, US Census

Coronavirus Disease 2019 (COVID-19) Number of New Cases per 100,000 in the past 2 weeks, by U.S. County, 30 August–12 September, 2020



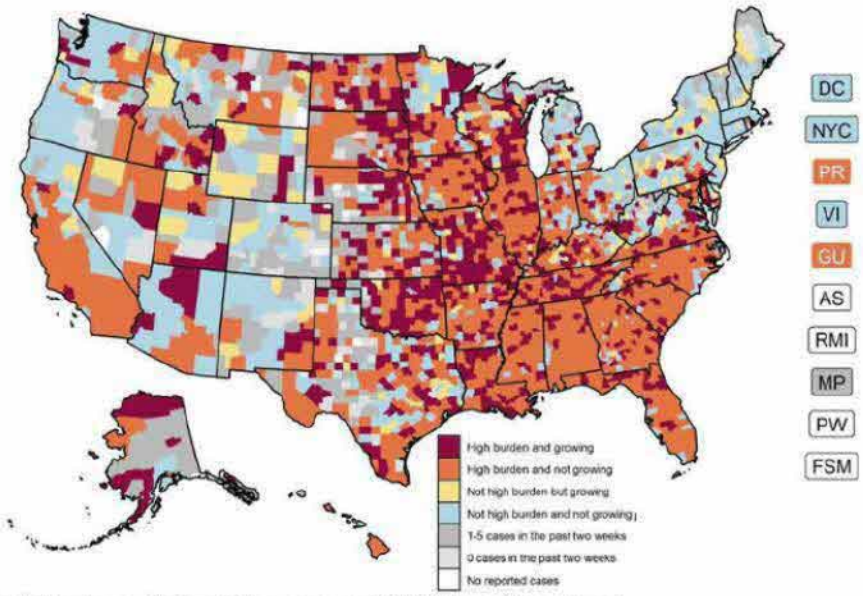
Incidence
- Low
- Moderate
- Moderately high
- High
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map
Describes recent incidence of COVID-19 infection to capture the potential burden of currently ill people who may be infectious and/or accessing healthcare

Main Findings
- COVID-19 infection remains prevalent throughout the country.
- Elevated incidence of disease during the past 2 weeks remains widespread, including in the Southeast, the Midwest, and the West.

Notes: Defined using the number of new cases per 100,000 in the past 2 weeks. Low is >0 to 10, moderate is >10 to 50, moderately high is >50 to 100, and high is >100. Jurisdictions denoted as 0 cases in the past 2 weeks have had at least 1 case previously.
Sources: HHS Protect, US Census

Coronavirus Disease 2019 (COVID-19)
Burden and growing of new cases per 100,000 in the past 2 weeks, by U.S. county, 30 August–12 September, 2020



Notes: High burden counties have >100 new cases per 100,000 in the past two weeks and growing counties have a slope of at least 0.1 per 100,000 per day.

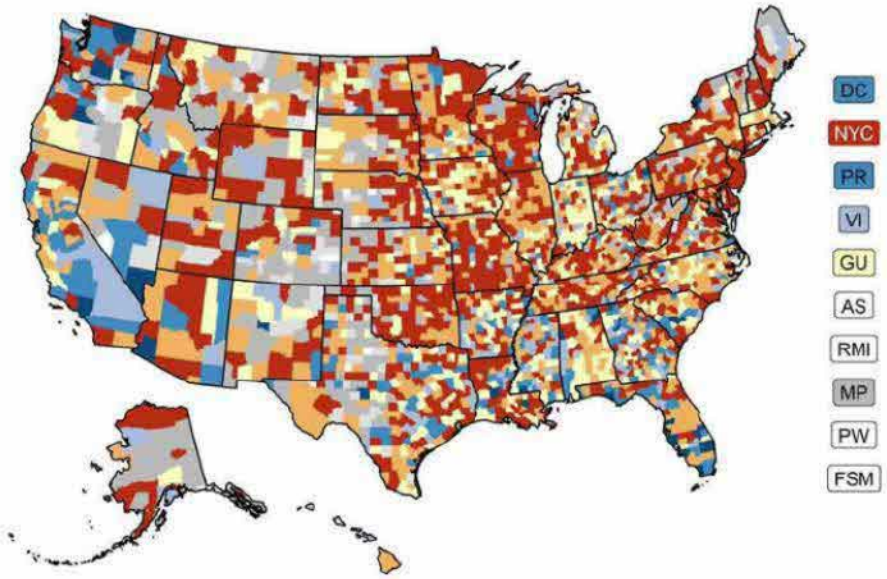
Purpose of this map
Identifies "areas of concern" where a county's disease burden is high and still growing

Main Findings
- Counties with the greatest burden and which are still demonstrating growth are listed in the table below

Counties in the high burden, growing category (Top 10 with the highest number of cases per 100,000 in the past 2 weeks)

County name, State	No. of new cases in past 2 weeks	2-week incidence (per 100,000)	Change in daily incidence (per 100,000 per day)
Wheeler, GA	160	2,030.70	19.3
Rock, NE	26	1,911.80	5.8
Livingston, MO	272	1,795.90	4.1
Harrisonburg City, VA	903	1,671.20	6.4
Union, FL	218	1,459.20	6
Clarke, GA	1,641	1,288.80	3.7
Stutsman, ND	232	1,109.10	3.6
Bollinger, MO	120	986.1	5.5
Codington, SD	270	963.8	1.8
Henry, IA	191	951.8	2.5

Coronavirus Disease 2019 (COVID-19)
Current consecutive days of downward trajectory, by U.S. County, September 12, 2020



Days in downward trajectory*
- 1-6 days
- 7-13 days
- 14-20 days
- 21-41 days
- ≥42 days
- Not in downward trajectory
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map
Identifies progress in counties towards achieving a downward trajectory in case incidence over a 14-day period

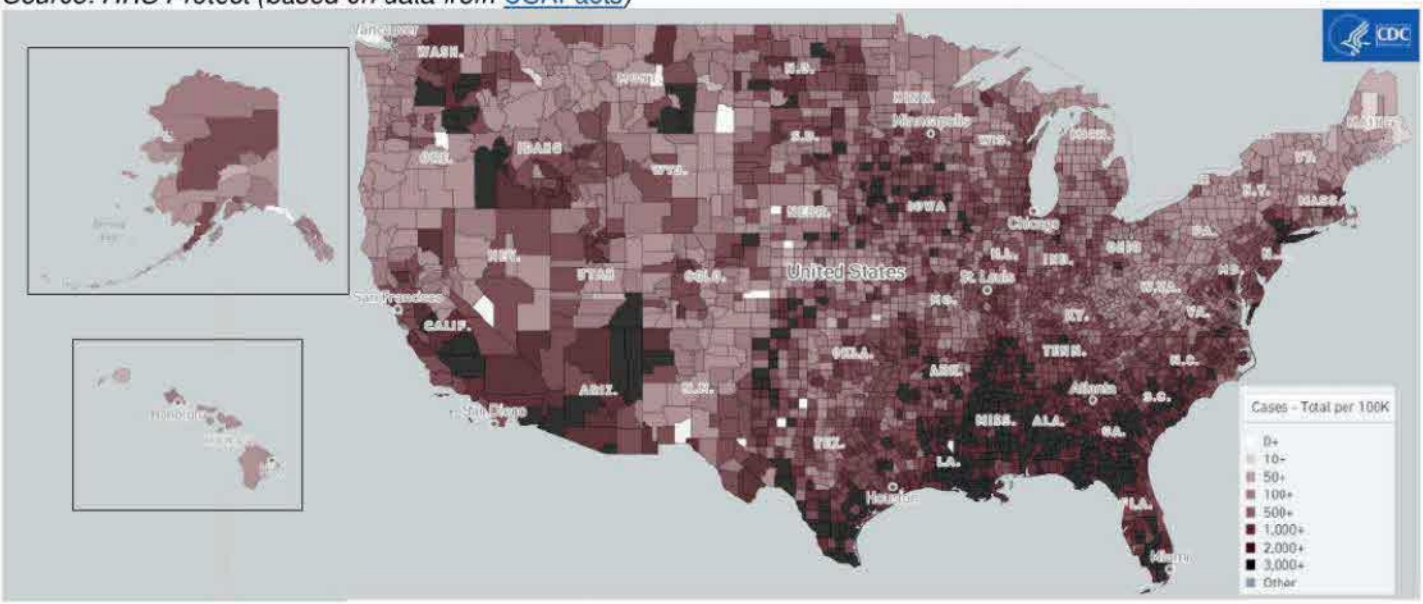
Main Findings
- 476 counties have been identified as having 14 or more consecutive days of improvement and are indicated in the blue colors (excludes counties with 0-5 cases in the past 2 weeks); median population size: 35,564 (range: 1,399 – 10,105,518)
- This method is still being refined to best characterize progress towards achieving a downward trajectory in daily case incidence over a 14-day period, and the results provided should be interpreted with caution when determining mitigation strategies to use.

*The number of days in a downward trajectory represents the number of consecutive days for which the jurisdiction experienced either a negative slope or a low incidence plateau (two-week incidence ≤10 cases per 100,000 and slope >-0.1 and ≤0.1).
Sources: HHS Protect, US Census

Total Cases due to COVID-19 per 100,000 Population by County

Data Through: 12 Sep 2020 *Last Updated: 14 Sep 2020, 10:00*

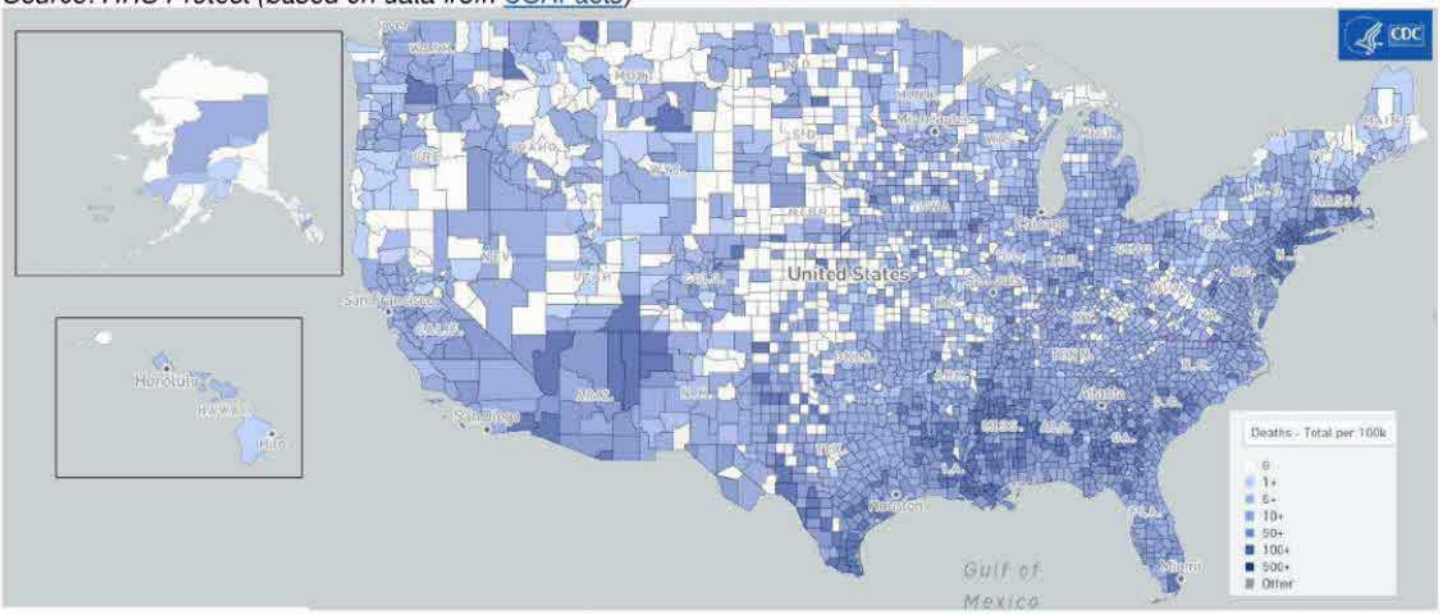
Source: HHS Protect (based on data from USAFacts)



Total Deaths due to COVID-19 per 100,000 Population by County

Data Through: 12 Sep 2020 *Last Updated: 14 Sep 2020, 10:00*

Source: HHS Protect (based on data from USAFacts)



Cases/Deaths by CBSA

Total Cases due to COVID-19 per 100,000 Population by CBSA

Data 08 Mar 2020 through 12 Sep 2020 *Last Update: 14 Sep 2020, 10:00*

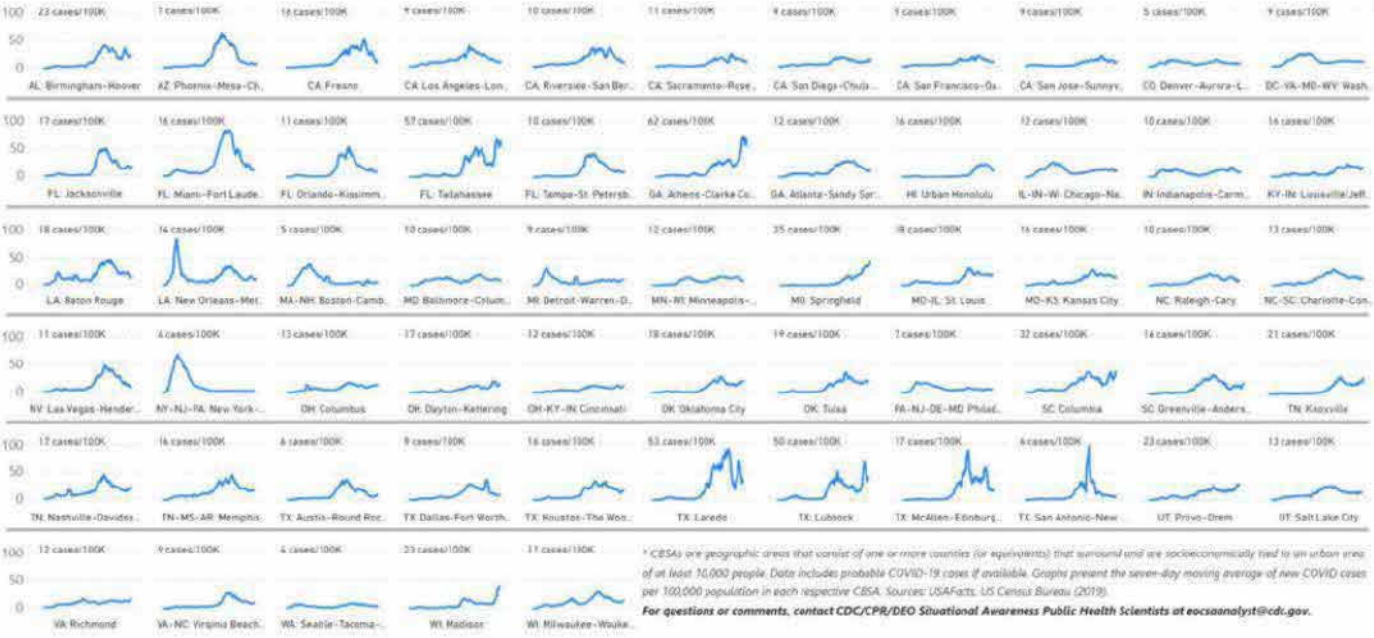
Source: Data from USAFacts

New COVID-19 Cases per 100K -- Top 60 Core-Based Statistical Areas (CBSA)*

*These graphs depict trends in the average number of new cases per 100K population for the top 60 CBSAs. CBSAs were **ranked by the highest number of cases in the past 14 days**, then ordered by alphabetically by state and city/town. The daily average of new cases per 100K over the past 14 days is shown with each CBSA.*

08-Mar-20 | 12-Sep-20 | 14-Sep-20

DATA FROM | DATA THROUGH | LAST UPDATED



* CBSAs are geographic areas that consist of one or more counties (or equivalents) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 cases if available. Graphs present the seven-day moving average of new COVID cases per 100,000 population in each respective CBSA. Sources: USAFacts, US Census Bureau (2019).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Total Deaths due to COVID-19 per 100,000 Population by CBSA

Data 08 Mar 2020 through 12 Sep 2020 *Last Update: 14 Sep 2020, 10:00*

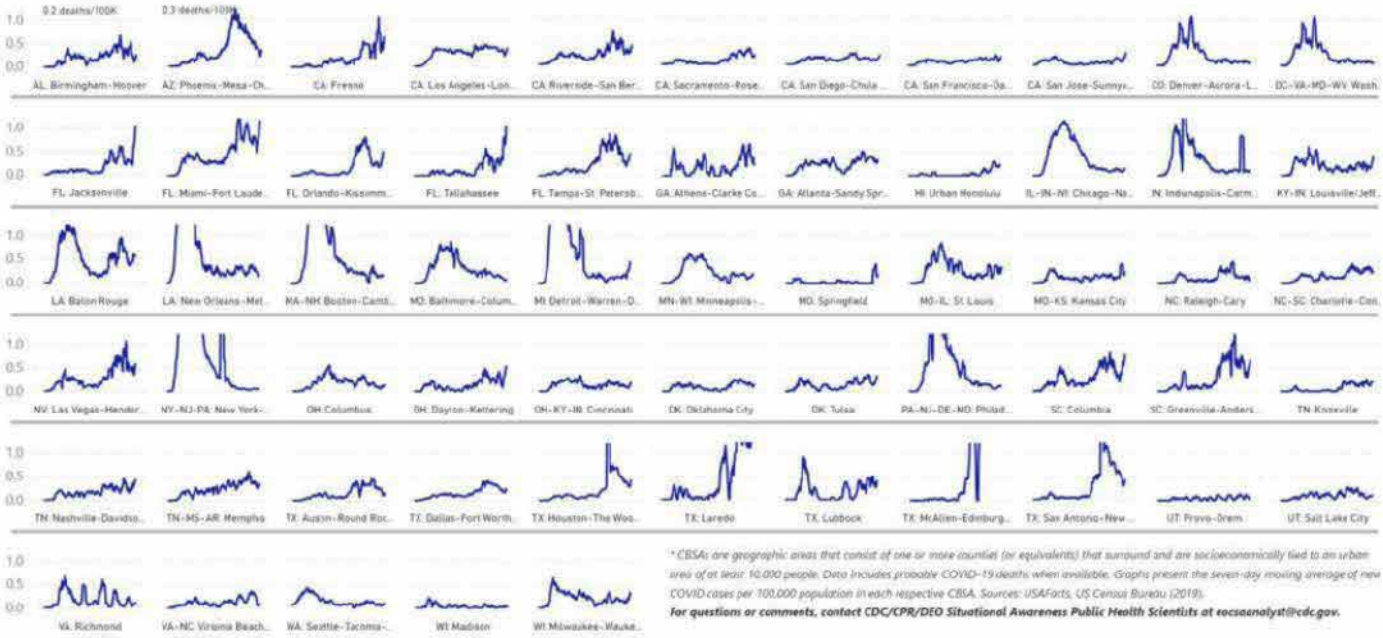
Source: Data from USAFacts

New COVID-19 Deaths per 100K -- Top 60 Core-Based Statistical Areas (CBSA)*

*These graphs depict the average number of new deaths per 100K population for the top 60 CBSAs. CBSAs were **ranked by the highest number of new cases in the past 14 days**, then ordered by alphabetically by state and city/town. The daily average of new deaths per 100K over the past 14 days is shown with each CBSA.*

08-Mar-20 | 12-Sep-20 | 14-Sep-20

DATA FROM | DATA THROUGH | LAST UPDATED



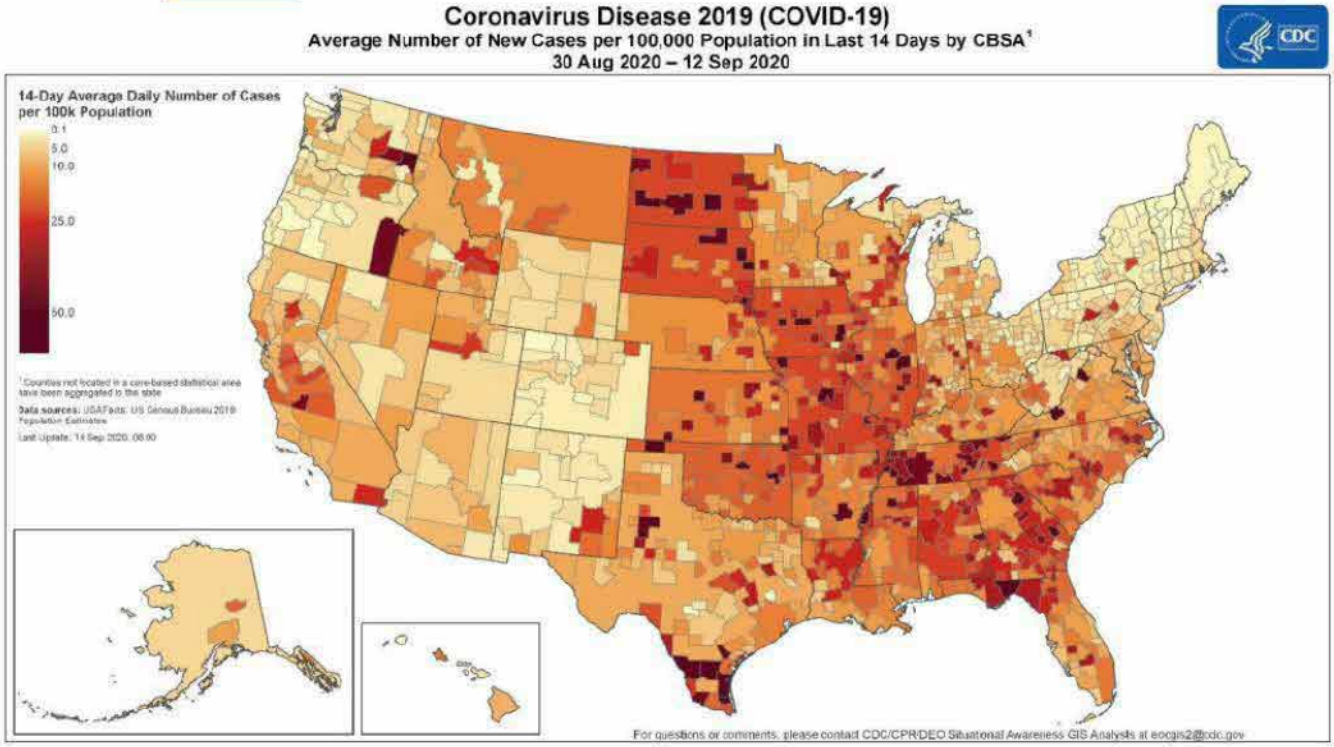
* CBSAs are geographic areas that consist of one or more counties (or equivalents) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 deaths when available. Graphs present the seven-day moving average of new COVID cases per 100,000 population in each respective CBSA. Sources: USAFacts, US Census Bureau (2019).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Cases/ Deaths by CBSA (Maps)

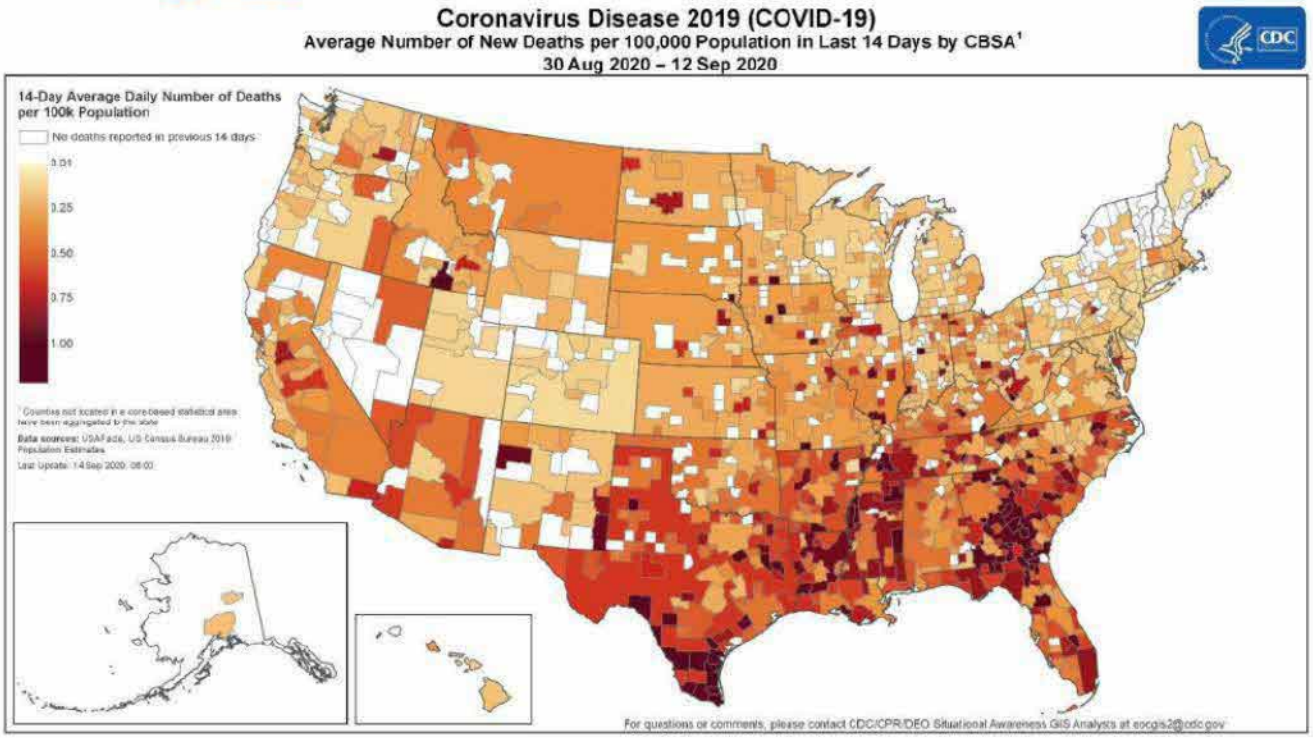
Total Cases due to COVID-19 per 100,000 Population by CBSA

Data: 30 Aug 2020 – 12 Sep 2020 Last Updated: 14 Sep 2020
Source: Data USAFacts via HHS Protect



Total Deaths due to COVID-19 per 100,000 Population by CBSA

Data: 30 Aug 2020 – 12 Sep 2020 Last Updated: 14 Sep 2020
Source: Data USAFacts via HHS Protect



COVID-19 Among Specific Populations

US Healthcare Workers

Data as of 13 Sep 2020

Healthcare Workers in US - Case Count Reported in Case-Based Surveillance

N =160,867 (+507)

- 704 Deaths (+2)
  - 189 in IL
  - 166 in CA
  - 54 in OH
  - 49 in MI
  - 45 in MA
  - 26 in NV
  - 25 in NY
  - 20 in PA
  - 19 in NC
  - 18 in TN
  - 18 in WA
  - 12 in IA
  - 11 in LA
  - 10 in AR
  - 9 in MN
  - 8 in NH
  - 7 in KS
  - 7 in NJ
  - 4 in CO
  - 3 in DC
  - 2 in PR
  - 1 in UT
  - 1 in VI

Laboratory Testing

Status of Laboratory Testing

Data Through: 09 Sep 2020 *Last Updated: 14 Sep 2020, 08:56*

Source: HHS Protect[10,11]

Report	Total New Orders	Cumulative Orders	New With Results	Cumulative Results	New Positives	Cumulative Positives	Percent Positive	% Positive Last 7 Days
Hospital[12]	141,167	16,954,459	141,799	16,999,804	6,065	1,243,847	7.3%	5.1%
Commercial labs[13]	267,975	37,609,980	208,160	36,616,351	10,099	3,245,551	8.9%	5.1%
State/Local PHL[14]	13,528	5,637,287	36,054	5,612,758	1,755	438,306	7.8%	5.1%
Total	422,670	60,201,726	386,013	59,228,913	17,919	4,927,704		

			Cumulative Total With Results		Cumulative Total Positive		Cumulative Total % Positive	% Positive Last 7 Days
Total Incl. State HD's[15]			97,002,308		8,004,819		8.3%	4.9%

[10] Data Source: HHS Protect is the data source for hospital and commercial lab data starting 23 Apr and PHL labs starting 08 May. Beginning 31 Aug, new results are the numbers as reported in HHS Protect at the time the data were exported.

[11] As of 03 Aug, Laboratory Data in HHS Protect uses data through the most recent day for which all jurisdictions have reported in order to report data for all jurisdictions along a consistent time window.

[12] Hospital laboratory data are reported directly to HHS via an online form, beginning 11 Apr. Respondents are asked to report all tests run in the hospital laboratory and not sent out to commercial laboratories.

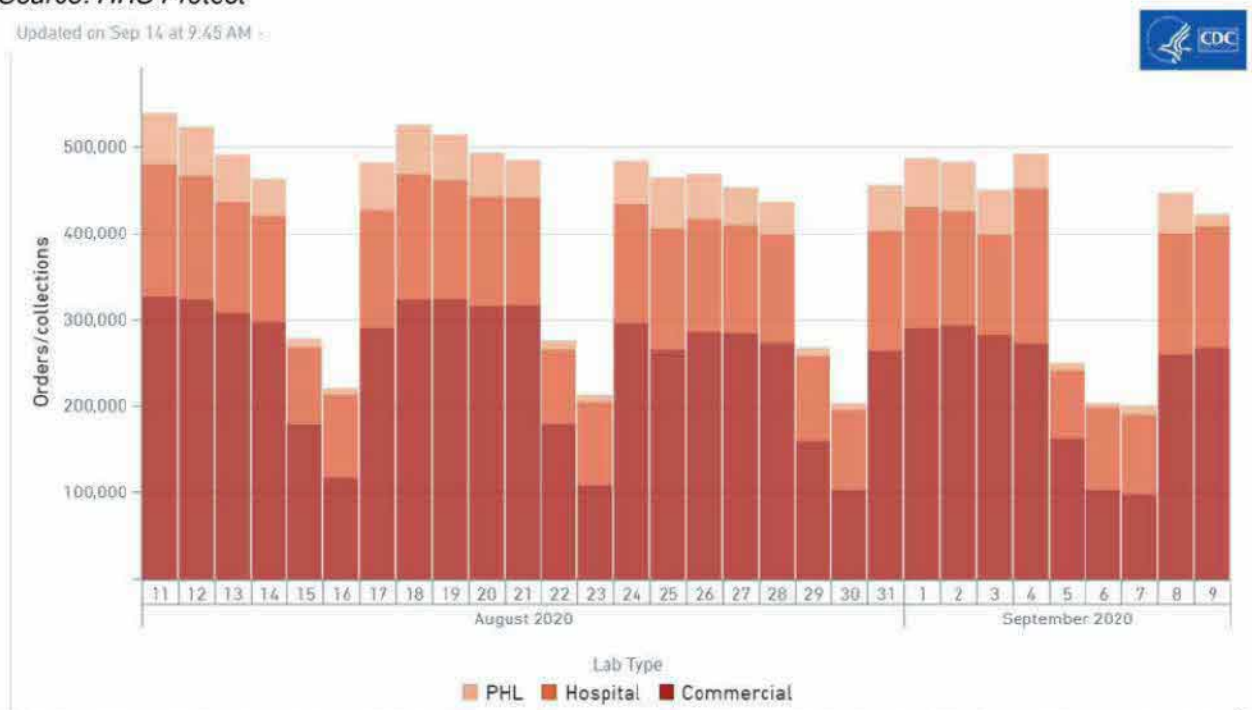
[13] Includes 6 commercial labs: LabCorp, Quest Diagnostics, BioReference, ARUP, Mayo Clinic, and Sonic Healthcare.

[14] Reporting public health labs are all 50 state public health labs, the District of Columbia, New York City, Puerto Rico, USAF, and 17 California counties.

[15] Includes laboratory results reported to CDC from additional state health departments not reported through HHS Protect including additional lab orders received prior to 23 Apr not included in HHS Protect.

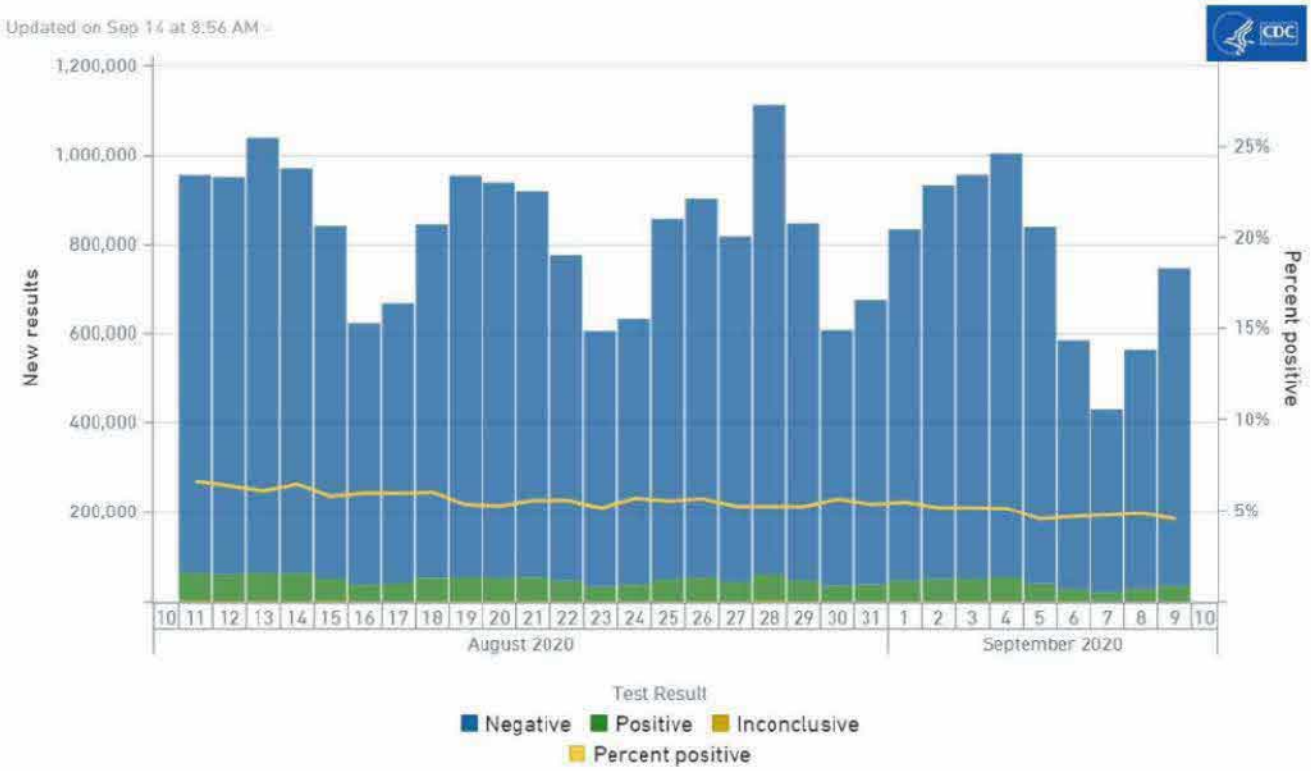
Laboratory Orders/Collections per Day by Facility Type[16]

Data: 11 Aug 2020 - 09 Sep 2020 Last Updated: 14 Sep 2020, 08:56
Source: HHS Protect



Positive/Negative Results and Percent Positive from Public Health, Commercial, and Hospital Lab[17]

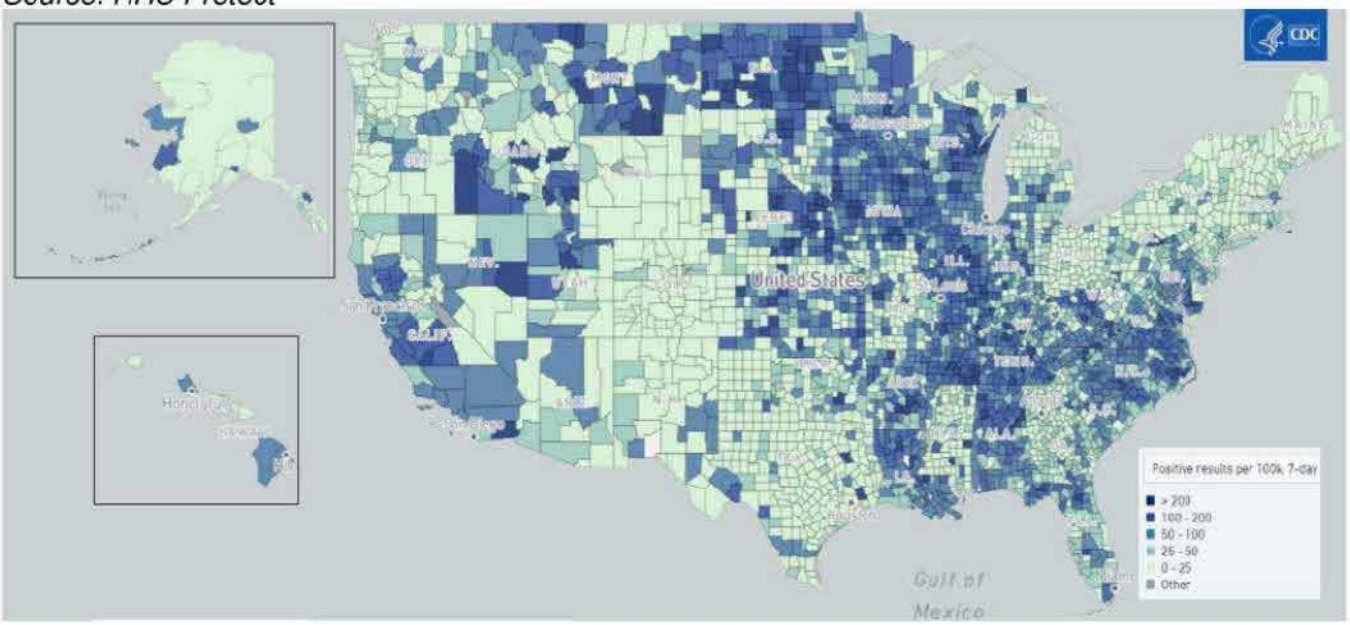
Data: 11 Aug 2020 - 09 Sep 2020 Last Updated: 14 Sep 2020, 08:56
Source: HHS Protect



[16] Reported by test order date if available, otherwise the date the specimen was collected. Due to reporting lags, data for the most recent three days may be underrepresented.
[17] Reported by test result date. Due to reporting lags, data for the most recent three days may be underrepresented.

Positive Results per 100,000 Population Last 7-Days by County [18]

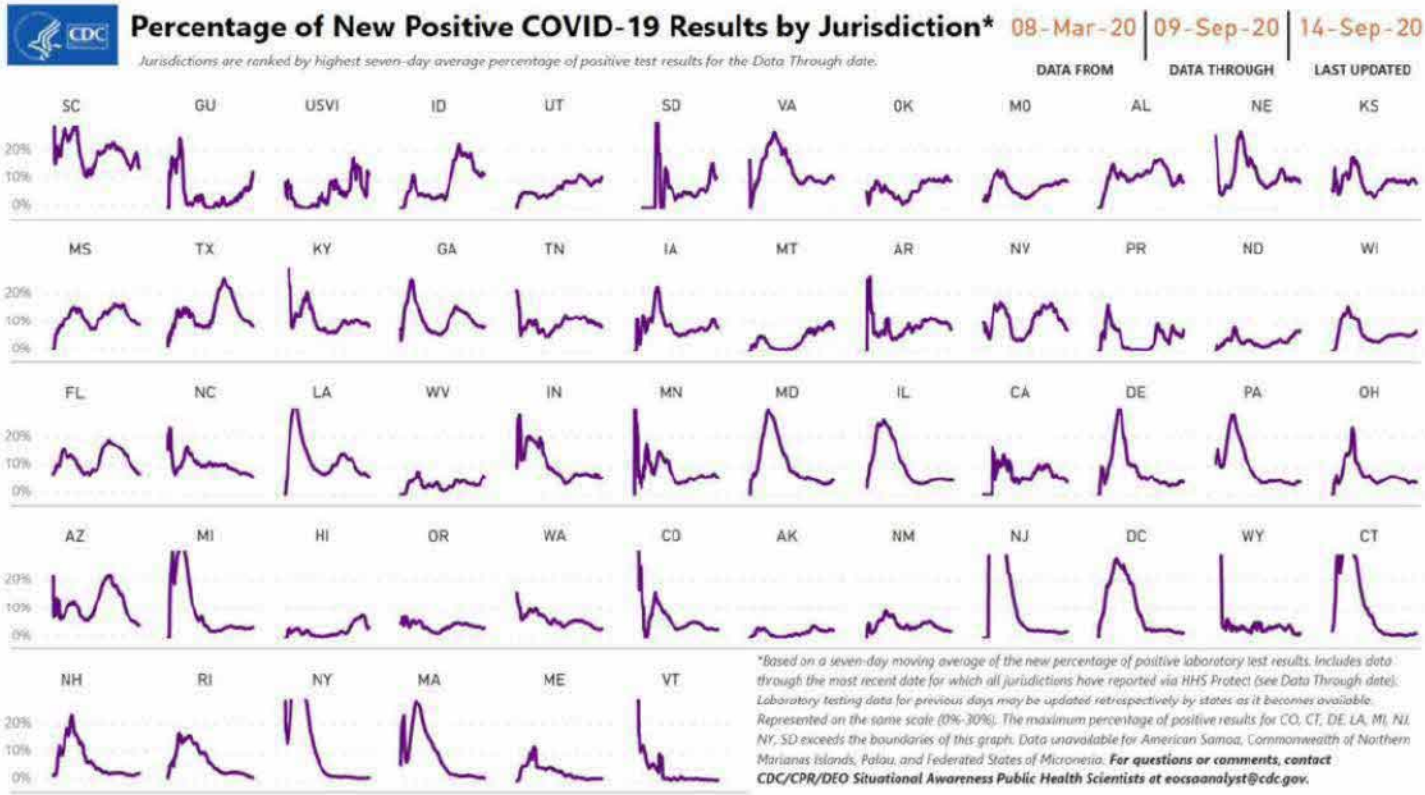
Data: 03 Sep 2020 - 09 Sep 2020 *Last Updated: 10 Sep 2020, 08:56*
Source: HHS Protect



[18] See CDC COVID-19 Data Tracker for the latest visualizations on US laboratory testing by state.

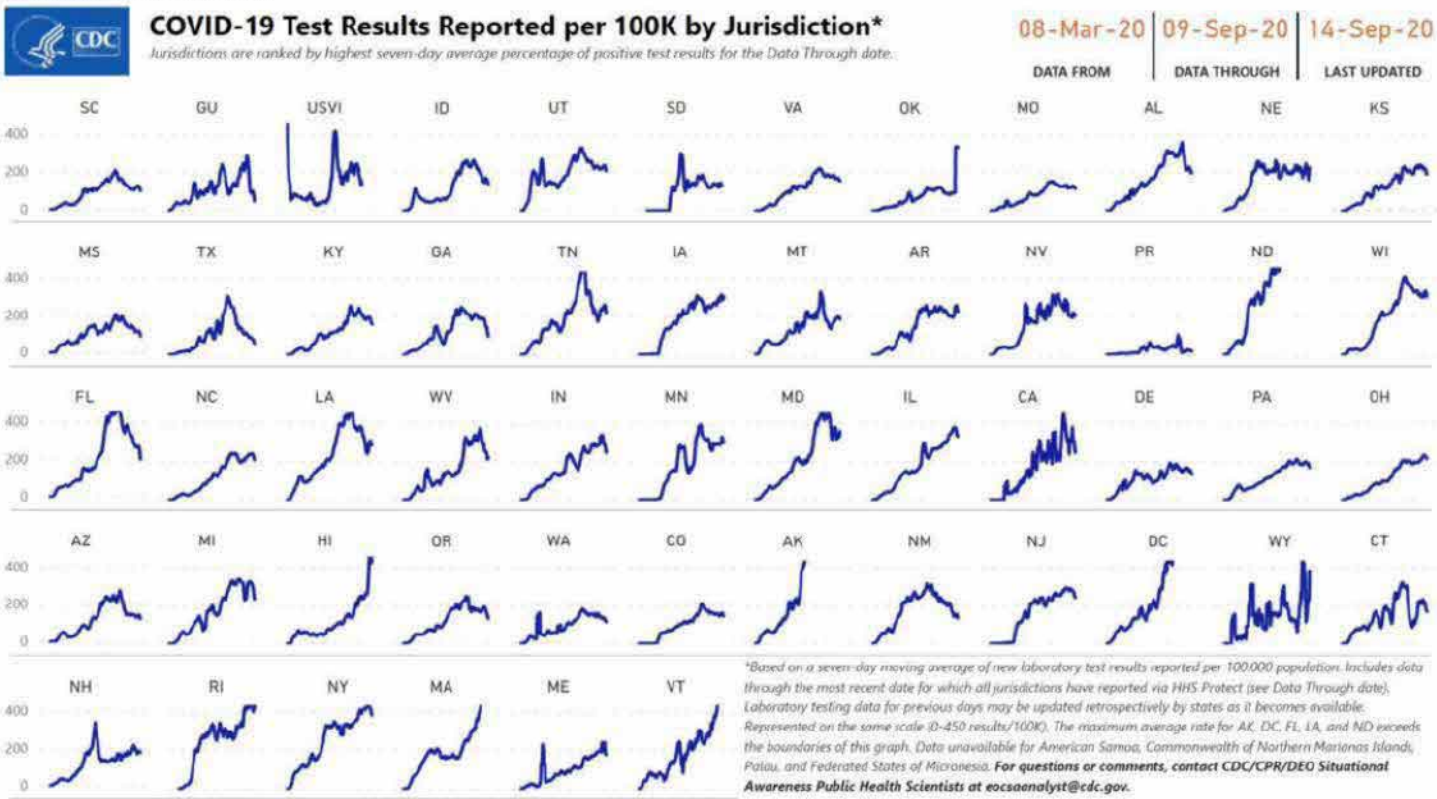
COVID-19 Virologic Testing, Percentage of Positive COVID-19 Test Results by Jurisdiction

Data: 08 Mar 2020 – 09 Sep 2020 Last Update: 14 Sep 2020, 09:00
Source: HHS Protect



New COVID-19 Test Results Reported per 100,000 Population by Jurisdiction

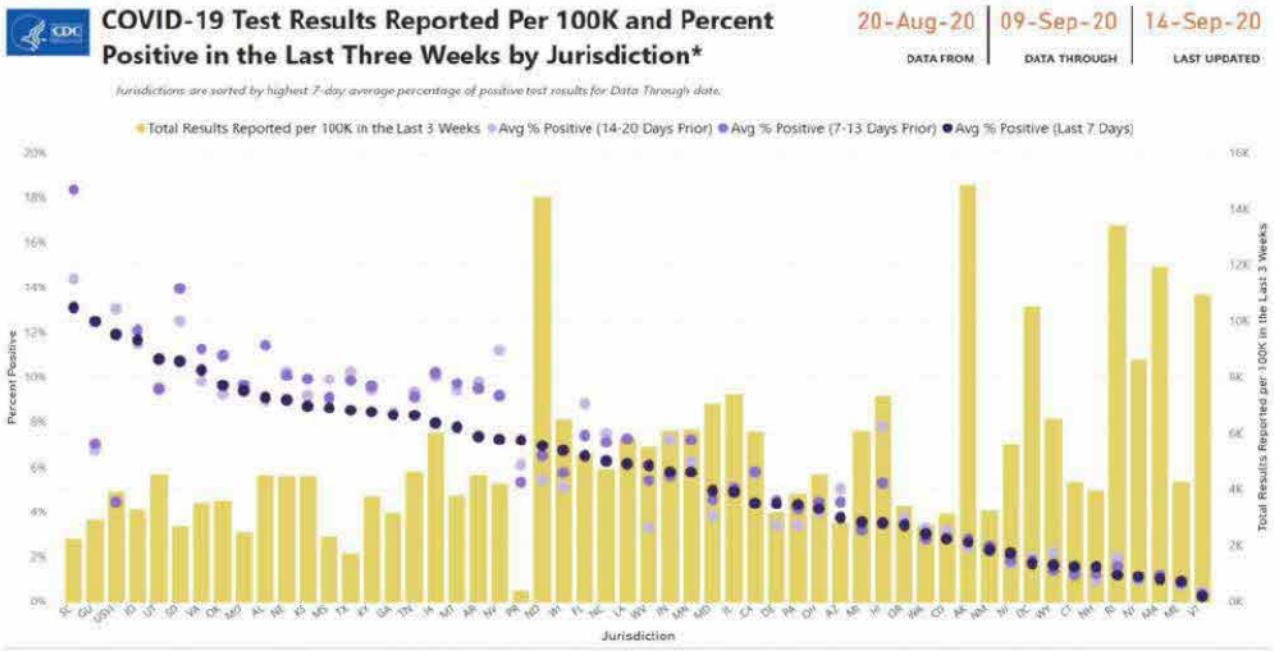
Data: 08 Mar 2020 – 09 Sep 2020 Last Update: 14 Sep 2020, 09:00
Source: HHS Protect



Test Results per 100,000 and Percent Positive in the Last 3 Weeks by Jurisdiction[19,20]

Data 20 Aug 2020 – 09 Sep 2020 *Last Updated: 14 Sep 2020, 09:00*

Source: HHS Protect



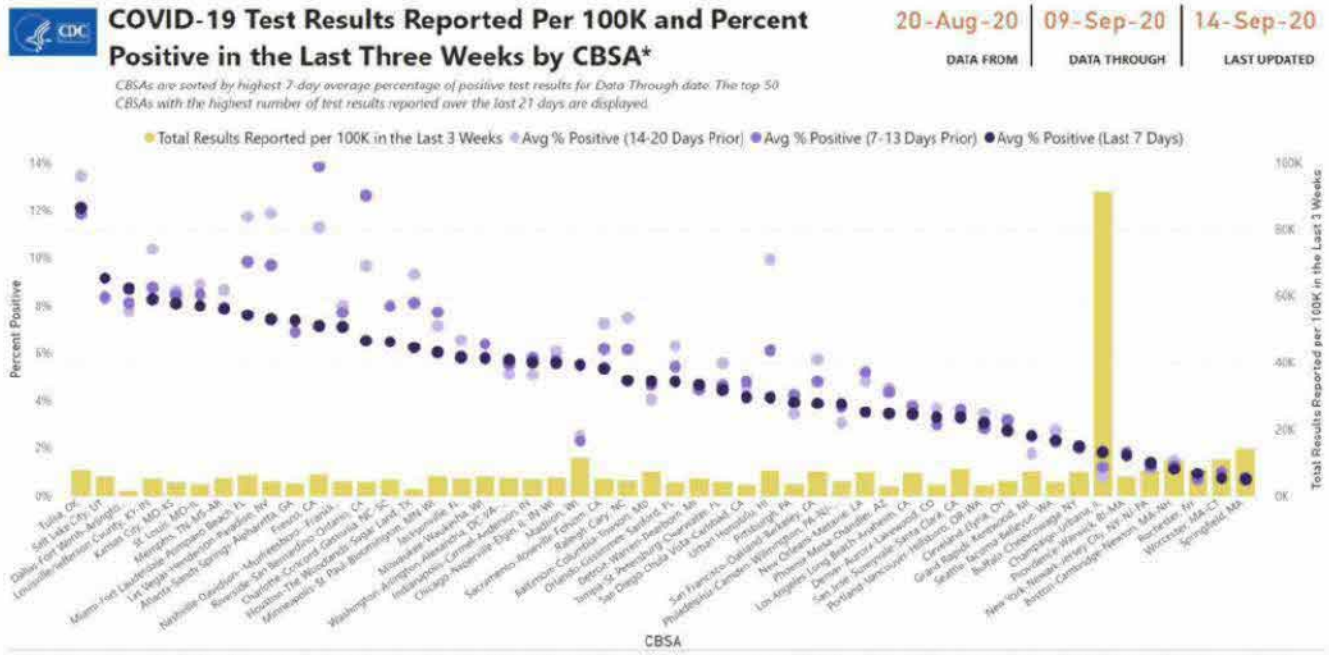
Based on total laboratory test results reported per 100,000 population in the last 21 days. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Data unavailable for American Samoa, Commonwealth of Northern Mariana Islands, Guam, US Virgin Islands, Palau, and Federated States of Micronesia.

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Positive/Negative Results and Percent Positive in the Last 3 Weeks by CBSA[20]

Data 20 Aug 2020 – 09 Sep 2020 *Last Updated: 14 Sep 2020, 09:00*

Source: HHS Protect



Metropolitan and Micropolitan Statistical Areas are collectively referred to as Core-Based Statistical Areas (CBSA); new definitions were announced by OMB on 06 Jun 2003, based on application of the 2000 standards with Census 2000 data.

Figure based on total laboratory test results reported per 100,000 population in the last 21 days. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Guam, US Virgin Islands, Palau, and Federated States of Micronesia.

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

[19] Data from state health departments, state public health labs, commercial labs, and hospitals.

[20] Metropolitan and Micropolitan Statistical Areas are collectively referred to as Core-Based Statistical Areas (CBSA). Due to reporting lags, data for the most recent three days may be underrepresented.

Comparison of U.S. Case Counts with Laboratory Testing Data

COVID-19 Cases, Deaths and Lab Comparison by Jurisdiction

Data Through: 09 Sep 2020 *Updated: 14 Sep 2020, 11:30*
Source: HHS Protect

COVID-19 Epi/Lab Overview -- US States, Territories & DC

Data for case and laboratory data includes data through the most recent date for which most jurisdictions have reported via HHS protect. *Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Lab data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia .*

** Calculation omitted where the number of total new tests was less than five.*

09-Sep-20 | 14-Sep-20
DATA THROUGH | LAST UPDATED

State/ Territory	Cases/ 100K	Deaths/ 100K	Total Tests	New Tests	Tot. Tests/ 100K	New Tests/ 100K	New Pos Tests	Total Pos Tests	% Total Pos Tests	% New Pos Tests*
AK	799.5	5.7	499,229	3,869	68,243.1	528.9	103	11,401	2.3%	2.7%
AL	1758.8	46.7	1,519,571	13,677	30,991.5	278.9	965	183,997	12.1%	7.1%
AR	1251.5	30.8	808,714	7,990	26,798.1	264.8	542	71,331	8.8%	6.8%
AZ	1848.6	73.2	1,630,754	12,914	22,404.4	177.4	466	207,462	12.7%	3.6%
CA	1669.5	35.0	12,449,803	57,511	31,508.7	145.6	2,357	852,665	6.8%	4.1%
CO	1052.0	34.7	989,561	9,263	17,183.6	160.9	269	47,012	4.8%	2.9%
CT	1507.9	125.2	961,196	6,428	26,959.8	180.3	84	64,051	6.7%	1.3%
DE	1892.9	63.0	204,741	1,124	21,025.7	115.4	47	15,978	7.8%	4.2%
FL	1607.7	56.9	8,606,310	28,747	40,070.8	133.8	1,782	1,079,397	12.5%	6.2%
GA	2111.2	58.3	2,430,073	7,859	22,887.6	74.0	616	356,970	10.6%	7.8%
HI	676.1	6.4	319,580	9,802	22,571.2	692.3	202	11,470	3.6%	2.1%
IA	1758.0	37.8	1,006,227	13,134	31,892.4	416.3	1,078	83,488	8.3%	8.2%
ID	1955.9	23.1	403,121	3,036	22,557.7	169.9	308	53,548	13.3%	10.1%
IL	2006.3	66.2	4,227,425	53,204	33,360.8	419.9	2,512	292,158	6.9%	4.7%
IN	1516.5	50.8	2,043,172	13,103	30,349.2	194.6	851	158,137	7.7%	6.5%
KS	1628.4	17.0	695,091	8,442	23,839.1	289.8	613	61,839	8.9%	7.3%
KY	1208.0	22.7	957,277	10,397	21,426.7	232.7	685	87,726	9.2%	6.6%
LA	2847.5	110.3	2,047,766	18,094	44,649.4	394.2	633	226,077	11.0%	4.6%
MA	1902.2	182.5	2,846,040	58,631	41,291.8	850.6	557	161,102	5.7%	1.0%
MD	1687.8	63.3	2,369,230	25,481	39,188.8	421.5	1,084	177,929	7.5%	4.3%
ME	355.7	10.0	253,364	3,027	18,848.5	225.2	27	5,265	2.1%	0.9%
MI	1199.1	88.9	3,233,544	23,952	32,378.0	239.8	668	166,767	5.2%	2.8%
MN	1465.8	34.5	1,805,486	17,775	32,014.3	315.2	921	115,084	6.4%	5.2%
MO	1574.7	27.3	914,090	8,854	14,893.7	144.3	786	67,322	7.4%	8.9%
MS	1911.6	88.9	582,540	2,447	19,573.6	82.2	204	69,252	11.9%	8.3%
MT	815.1	11.2	268,864	1,783	25,156.2	166.8	215	13,039	4.8%	12.1%
NC	1728.0	28.5	2,396,373	29,026	22,848.5	276.8	1,667	217,425	9.1%	5.7%
ND	1968.2	21.1	546,581	6,654	71,724.9	873.5	387	19,401	3.5%	5.8%
NE	1913.5	21.8	595,863	6,758	30,803.4	349.4	519	71,444	12.0%	7.7%
NH	554.2	31.0	324,967	2,484	23,899.7	182.7	42	12,455	3.8%	1.7%
NJ	2188.8	57.6	2,610,332	24,761	29,388.4	278.8	519	97,373	3.7%	2.1%
NM	1253.6	38.8	700,280	2,384	33,397.1	113.7	77	29,999	4.3%	3.2%
NV	2285.4	47.7	918,668	5,567	29,826.3	180.7	406	97,422	10.6%	7.3%
NY	1046.5	45.9	9,259,062	81,854	47,595.7	420.8	963	546,670	5.9%	1.2%
OH	1137.5	37.0	2,464,254	17,962	21,081.6	153.7	593	142,566	5.8%	3.3%
OK	1822.9	21.9	546,354	4,564	13,807.4	115.3	407	43,095	7.9%	8.9%
OR	679.4	11.8	965,294	6,366	22,886.5	150.9	247	37,927	3.9%	3.9%
PA	1103.2	60.9	2,773,383	23,745	21,663.7	185.5	1,048	191,891	6.9%	4.4%
RI	2144.7	100.4	600,551	2,862	56,689.9	270.2	34	32,449	5.4%	1.2%
SC	2482.5	57.9	909,190	4,987	17,658.6	96.9	800	160,475	17.7%	16.0%
SD	1764.9	19.6	164,991	1,194	18,650.2	135.0	108	10,270	6.2%	9.0%
TN	2461.1	28.5	2,427,439	17,992	35,545.1	263.5	1,553	238,900	9.8%	8.6%
TX	2250.6	47.7	5,549,498	9,347	19,138.9	32.2	606	907,344	15.4%	6.5%
UT	1784.2	13.9	1,154,358	6,804	36,006.8	212.2	696	91,203	7.9%	10.2%
VA	1552.4	31.8	1,821,127	15,644	21,335.9	183.3	1,531	222,961	12.2%	9.8%
VT	265.2	9.3	227,047	4,927	36,386.4	789.6	7	2,603	1.1%	0.1%
WA	1035.2	26.2	1,367,693	11,545	17,960.8	151.6	315	74,498	5.4%	2.7%
WI	1525.8	20.5	2,112,408	23,971	36,280.5	411.7	1,978	112,929	5.3%	8.3%
WV	653.9	14.1	521,204	5,351	29,082.7	298.6	278	19,563	3.8%	5.2%
WY	718.5	7.3	147,952	6,183	25,563.7	1,068.3	295	4,428	3.0%	4.8%
CNMI	103.7	3.5								
DC	2048.1	87.6	331,934	3,135	47,082.9	444.2	53	18,441	5.6%	1.7%
GU	1113.8	12.7	34,055	115	20,543.8	69.4	29	1,251	3.7%	25.2%
PR	1135.4	16.0	148,266	62	4,642.5	1.9	11	4,292	2.9%	17.7%
USVI	1145.3	17.2	20,093	170	19,194.7	168.1	6	1,140	5.7%	3.4%

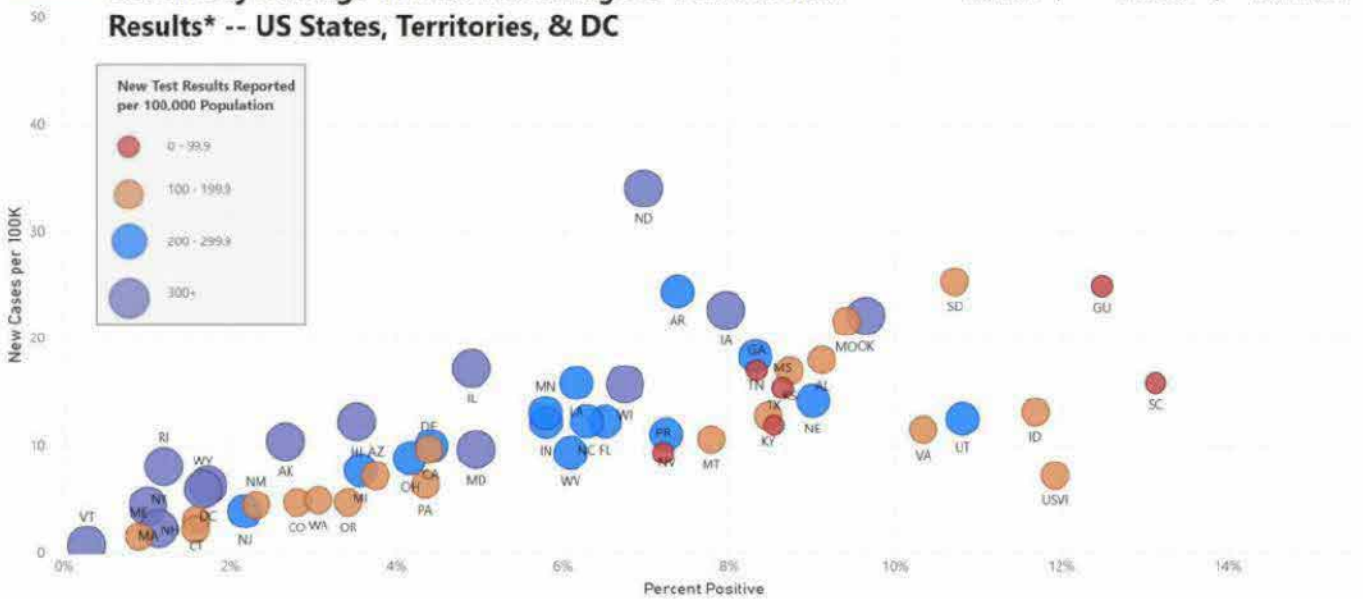
This table also summarizes official CDC US case counts for COVID-19, reviewed and validated by states and territories, posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). Sources: CDC DCIPHER, HHS Protect, US Census Bureau. ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

Comparison New Cases per 100k Population and Percent Positive Test Results, Last 7-Days

Data 03 Sep 2020 – 09 Sep 2020 *Updated: 14 Sep 2020, 11:30*
Source: HHS Protect

Seven-Day Average of New COVID-19 Cases Per 100K by Seven-Day Average of New Percentage of Positive Test Results* -- US States, Territories, & DC

03-Sep-20 | 09-Sep-20 | 14-Sep-20
DATA FROM | DATA AS OF | LAST UPDATED



** Includes data through the most recent date for which all jurisdictions have reported laboratory data via HHS Protect (see Data As Of date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Figure represents official CDC US case counts for COVID-19, including both confirmed and probable cases, reviewed and validated by states and territories and posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). New test results reported per 100,000 population is based on a seven-day moving average. Laboratory Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia.* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

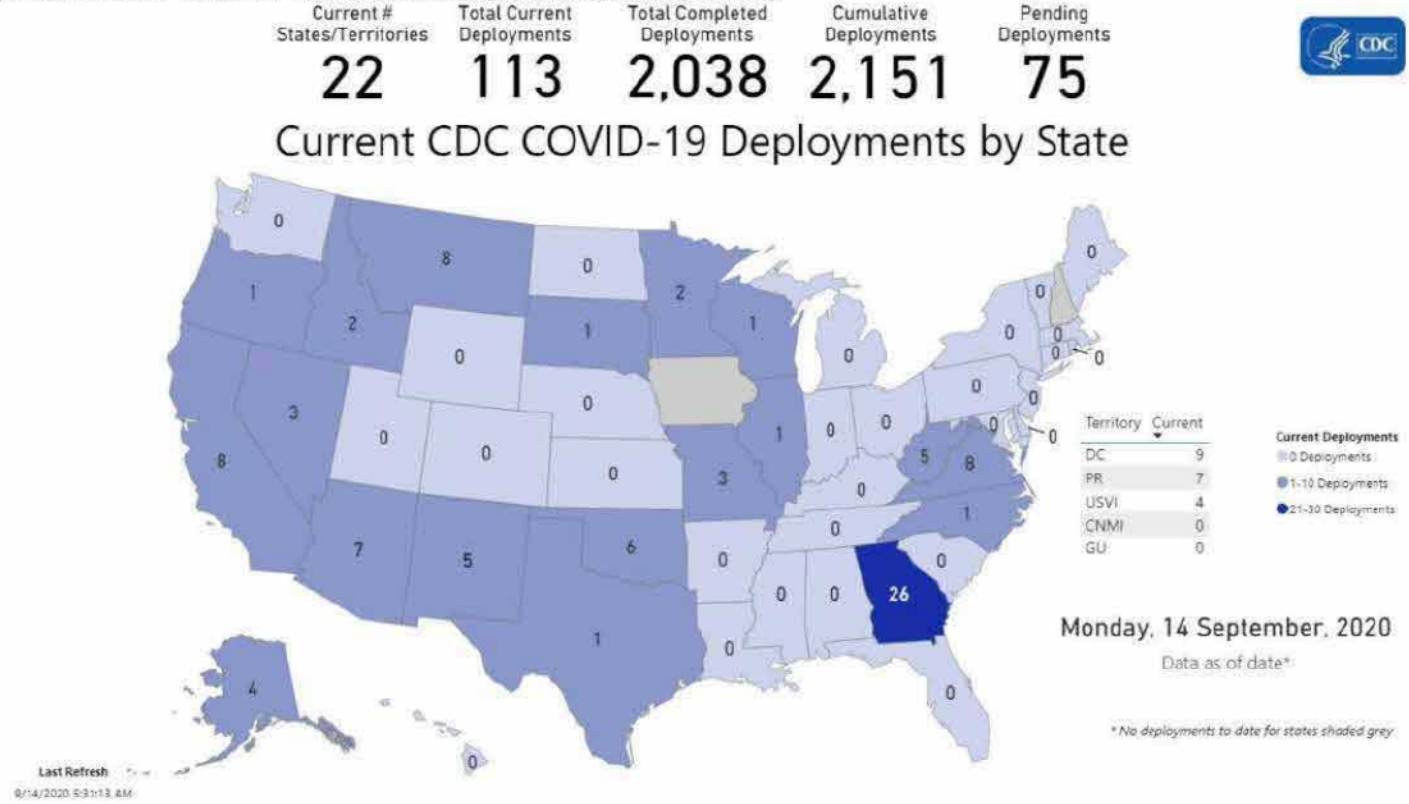
CDC Response Statistics

Deployments

CDC COVID-19 Domestic Deployments[21]

Data as of 14 Sep 2020 Last Updated 14 Sep 2020, 05:31
Source: CDC Personnel Workforce Management System (PWMS)

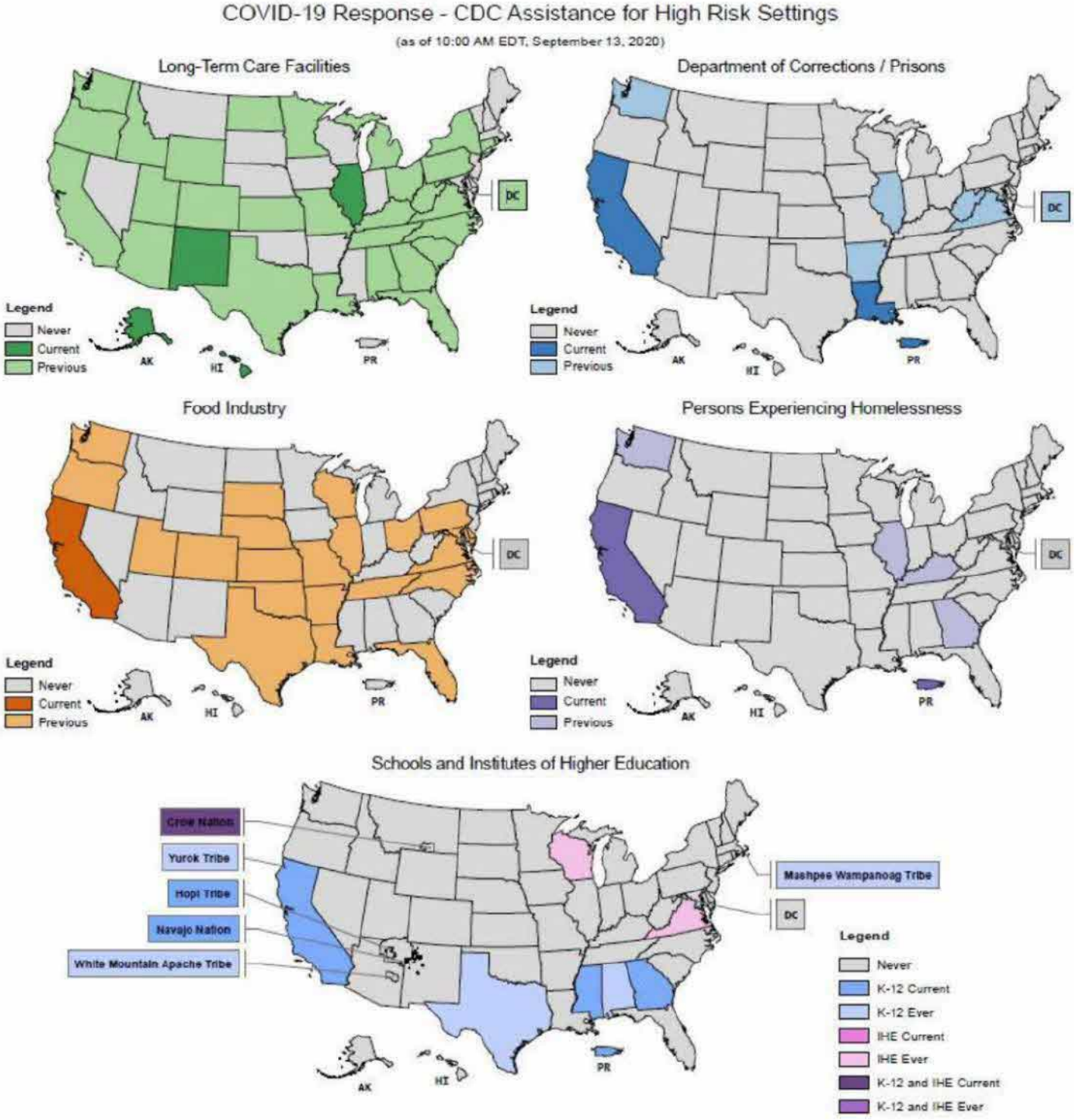
Current # States/Territories	Total Current Deployments	Total Completed Deployments	Cumulative Deployments	Pending Deployments
22	113	2,038	2,151	75



[21] A single person may have multiple deployments over time. Data in PWMS is from the previous day.

Health Department and High-Risk Setting Deployments[22, 23]

As of 14 Sep 2020, 10:00 unless otherwise indicated
Teams: 53 teams Deployers: 150 deployers



[22] Field Staff and Remote Staff counts are current number of deployed staff of each type.
[23] These data represent deployed CDC field teams focusing on supporting health departments in state, tribal, local, and territorial jurisdictions. These health department deployments are a subset of the deployments represented in the graphic above. Each team aligns to a specific mission. The number of deployed staff per team may fluctuate throughout each mission. These data come from CDC Health Department Task Force records of teams deployed since 03 Apr 2020.

Summary of Health Department Support Teams[24]

Team Description	No. Teams	No. Staff
Currently Deployed	**53**	**150**
Field[25]	44	120
Remote	9	30
Returned[26]	**252**	**1,182**
Field	227	1,038
Remote	79	203
Cumulative[27]	**300**	**1,332**
Field	271	1,158
Remote	99	233

Subset of Deployment Teams with Work in High Risk Settings[28]

High Risk Setting	Number of Teams		
	Currently Deployed	Returned	Total
Department of Corrections / Prisons	3	12	15
Early Childhood Education	1	0	1
Food Industry	1	25	26
Homeless Pop	2	9	11
Institutes of Higher Education	2	5	7
K-12 Schools	5	9	14
Long-Term Care Facilities	4	57	61
Total	**11**	**105**	**116**

Team and Staff Counts by Team Category

	No. Teams	No Staff
Currently Deployed	**53**	**150**
Outbreak Response	3	8
State Support	26	70
Study/Trial	8	36
Tribal Support	16	36

[24] Field and remote staff may not sum to total because some teams or individuals could provide both field and remote support.
[25] Includes 3 teams with both field and remote staff.
[26] Includes 54 teams with both field and remote staff.
[27] Includes 65 teams with both field and remote staff.
[28] Total may differ from calculated sum due to some teams working in multiple high-risk settings.

Health Department Support Deployments by Mission

Team ID	County	Start Date	Projected End Date	Current Staff	HHS CRAFT Team	Mission
AK-2	Anchorage	4/2/2020	12/31/2020	3	No	Provide case and contact investigation support to the Alaska state Department of Health for outbreak investigation a long-term care facility.
AK-6	TBD	9/11/2020	9/30/2020	2	No	Provide epidemiological support for Alaska Department of Health and Social Service's response to a large and ongoing COVID-19 outbreak among persons experiencing homelessness (PEH) in Anchorage, AK.
AL-6	TBD	9/14/2020	9/17/2020	1	No	TBD
CA-3	San Diego; Imperial	6/2/2020	9/30/2020	4	No	Develop and implement a border health plan to reduce the transmission of COVID at the U.S. border in partnership with San Diego and Imperial counties. Conduct epidemiological investigation of COVID-19 transmission at a meat processing plant. Provide direct assistance and administrative support to infection prevention nurse at the local hospital.
CA-4	San Francisco	5/27/2020	9/30/2020	1	No	Develop an early warning surveillance system to monitor disease transmission among vulnerable populations, low-income communities, mass transportation users, workforce, and schools.
CA-10	Contra Costa	9/1/2020	9/22/2020	3	No	Conduct specimen accessioning, support California Department of Public Health's (CDPH) Viral Research and Diagnostic Laboratory (VRDL) with pre-analytical processing and at the post-analytical phase. Advise and provide guidance on re-organization of current lab space to make more space for additional COVID testing instruments.
CO-5	TBD	9/11/2020	10/9/2020	1	No	Provide oversite and coordination for planned epidemiologic investigation to evaluate the sensitivity, utility, and acceptability of self-collected nasal and saliva specimens for SARS-CoV-2 testing during community universal testing events, as compared with healthcare professional nasopharyngeal specimens
Crow-1	Yellowstone; Treasure; Big Horn	8/10/2020	10/15/2020	3	No	The Crow Nation Team will provide focused technical assistance and training in the following workstreams:1. ICS Structure 2. Messaging and Health Communications 3. Contact Tracing Support and Guidance4. Epidemiology and Surveillance Support/Data Coordination and Analysis5. Community Mitigation Plan6. IPC for Traditional Practices
DC-5	District of Columbia	8/27/2020	9/26/2020	1	No	DC Health is collecting employee data on COVID-19 cases from all healthcare facility employers including hospitals, nursing homes, outpatient facilities, and group homes, ambulatory surgical centers, dentists, and others. Data is being reported to DC, but the health department does not have the staff to manage and analyze this data. DC Health has asked for a deployment of one officer to deploy for potentially two months to set up this data system, perform data analysis, and set up automated reporting or train someone at DC Health to do future analyses. Remote deployment is not preferred due to
DC-6	TBD	9/3/2020	9/19/2020	1	No	Work with Secretary Operations Center (SOC) to conduct an Epidemiological Investigation.
GA-6	Hall	7/14/2020	9/30/2020	1	No	Conduct epidemiological investigation of summer camp in Georgia's Hall County. Characterize secondary transmission from staff-staff, staff-campers, campers-campers, campers-household, particularly looking for differences by age, underlying conditions, exposure-risks, etc. Describe preventive/protective measures put in place by camp and by individuals. Describe characteristics of population, including demographic, clinical, exposures, and results of SARS-CoV-2 testing. Compare exposures between infected and healthy campers and staff.
GA-8	DeKalb; Fulton	8/4/2020	10/3/2020	11	No	Identify patients with COVID-19 among dialysis facilities in the state of Georgia; enroll consenting patients in the COVID-R dialysis project. Follow up with patients to obtain specimen and complete questionnaires. Follow up will occur over a period of 42 days: every 3 days during the first 21 days after enrollment and weekly after the first 21 days.
GA-10	Fulton	8/19/2020	9/30/2020	12	No	Evaluate the performance of self-collected specimens with nasopharyngeal swabs collected by healthcare personnel in diagnosis of SARS-CoV-2

Team ID	County	Start Date	Projected End Date	Current Staff	HHS CRAFT Team	Mission
GA-12	Fulton	9/10/2020	10/7/2020	5	No	Implement phone-based school surveys to collect aggregated data on school-associated cases and clusters weekly. Analyze surveillance data for school-associated COVID-19 cases and clusters. Plan and conduct investigations in schools with and without COVID-19 cases identified among students, teachers and staff to assess level of adherence to and impact of mitigation measures adopted by the select schools.
HI-1	Hawaii; Kauai; Maui; Honolulu	8/24/2020	10/13/2020	0	No	Provide Infection Prevention and Control support to the Hawaii Department of Health (HDOH).
Hoopa Valley-1	Humboldt	8/23/2020	10/2/2020	5	No	To enhance the Hoopa Valley Tribe's ability to response to COVID-19 by strengthening the EOC and community mitigation and infection control.
IHS ABQ-1	Cibola	8/16/2020	10/14/2020	1	No	Incident Command (ICS): IHS Albuquerque Area Office is requesting a 30-day deployment of a staff member that may serve in the IHS Albuquerque Area's Incident Command System (ICS) Team under the Command Staff position's "Safety/Infection Prevention Officer" CDR Jeff Conner.
IHS PIMC-1	Maricopa	8/24/2020	9/22/2020	1	No	To enhance the IHS PIMC's ability to respond to COVID-19.
IHS SBT-1	Bingham; Bannock	8/13/2020	10/29/2020	2	No	Response Coordination and ICS Structure. CDC will provide onsite technical assistance to stand up an incident command center, identify protocols, procedures, relationship coordination and agreements necessary and appropriate for the COVID-19 response to support the following activities:1. Provide recommendations to the Fort Hall IHS Service Center/Shoshone-Bannock Tribes to coordinate the tribe's response to COVID-19 through fully standing-up an Incident Command office, which would include identifying duties, relationships between entities such as counties, state and health care provider(s)
IL-1	Sangamon	4/5/2020	10/10/2021	0	No	Provide a wide range of epidemiological support to state health department for the COVID-19 response.
IL-3	Sangamon	4/26/2020	12/30/2020	0	No	Epi support for state contact tracing and surveillance
IN-3	Elkhart	9/3/2020	9/24/2020	1	No	Develop outreach materials and infographics in English and Spanish based on the findings of the IN-1 field team for the Amish and Latino communities in Elkhart County.
IN-4	TBD	9/14/2020	9/18/2020	1	No	TBD
LA-9	Jefferson Davis; East Baton Rouge; St. Landry; St. Martin; Livingston	8/9/2020	10/10/2020	0	No	Provide infection prevention and control support at correctional facilities. Develop guidance, protocols, and tools for state epidemiologists and health care workers on contact tracing. Share existing guidance, protocols, and tools from CDC.
Miwok-1	TBD	9/13/2020	10/12/2020	2	No	The primary goal of this project is to enhance the Shingle Springs Band of Miwok Indians Tribe's ability to response to COVID-19.
MN-4	Hennepin	8/10/2020	9/30/2020	1	No	Perform in-depth analysis of Minnesota Department of Health's COVID-19 prevalence survey data. Provide statistical expertise via remote technical assistance for three weeks.
MN-5	TBD	9/13/2020	9/30/2020	11	No	Conduct interviews as part of a state-wide CASPER study with the Minnesota Department of Health.
MO-5	Cass; Platte; Clay; Jackson	8/12/2020	10/25/2020	4	No	Conduct case investigations, perform and systematize surveillance data entry, provide CDC and health department guidance to community via call center. Partner with and provide direct support to the Kansas City Health Department.
Muscogee Creek-1	Okmulgee	8/12/2020	9/30/2020	3	No	Response Coordination and ICS Structure. CDC will provide onsite technical assistance to stand up an incident command center, identify protocols, procedures, relationship coordination and agreements necessary and appropriate for the COVID-19 response to support the following activities:1. Provide recommendations to the Muscogee Creek Nation to coordinate the tribe's response to COVID-19 through fully standing-up an Incident Command office, which would include identifying duties, relationships between entities such as counties, state and health care provider(s) and to support the Tribe to opt
Navajo-2	Apache; McKinley	5/3/2020	10/6/2020	4	No	Provide epidemiological, contact tracing, and community mitigation support to Navajo Nation.
ND-4	Burleigh	8/17/2020	9/23/2020	3	No	Establish case investigation and contact tracing efforts. Streamline/refine training process for case investigations and contact tracing for COVID-19
NM-5	Santa Fe	5/19/2020	10/8/2020	1	No	Support work related to data collection, collation, and management with respect to data from long term care facilities (LTCFs).

Team ID	County	Start Date	Projected End Date	Current Staff	HHS CRAFT Team	Mission
Northern Cheyenne-1	TBD	9/4/2020	10/15/2020	5	No	Provide technical assistance to Northern Cheyenne to support their COVID activities as it relates to Emergency Reponses and preparedness, case investigation and contact tracing, and Epidemiology and surveillance. Technical assistance on communications, community mitigations ad non-healthcare IPC related to worker safety will also be provided.
NY-3	New York	5/11/2020	10/31/2020	1	No	Support the city working with academic institutions, commercial labs, and the two public labs on doing validation of lab-derived tests for massive scale-up of testing
NY-5	New York	5/18/2020	9/29/2020	1	No	Provide infection prevention and control guidance at alternate care sites in New York City.
Oglala Sioux-1	Sheridan; Jackson; Bennett; Oglala Lakota	7/22/2020	10/14/2020	0	No	Conduct outbreak response and contact tracing; provide technical assistance regarding worker safety and infection control and prevention (IPC) measures.
Paiute Shoshone-1	TBD	9/7/2020	10/30/2020	2	No	Assist the Fort McDermitt Paiute and Shoshone Tribe in the response to COVID-19. Objective A. By end of support timeframe, review and provide feedback on emergency response and preparedness planning strategies. • Objective B. By end of support timeframe, assess and provide feedback on environmental, workforce, and transportation safety. • Objective C. By end of the support timeframe, assist with immediate staffing and training needs for COVID-19 contact tracers and community mitigation workers.
PR-4	San Juan	7/15/2020	1/31/2021	5	No	Establish a COVID-19 community cohort study with the CDC Dengue Branch laboratory in Puerto Rico.
PR-5	San Juan	7/27/2020	10/1/2020	3	No	Increase the effectiveness of the Puerto Rico Department of Health's (PRDOH) efforts against the COVID-19 emergency. Serve as expert in clinical epidemiology to direct ongoing surveillance efforts targeting at-high-risk groups including residents of correctional facilities and person experiencing homelessness. Advise on clinical questions from local hospitals and healthcare partners.
San Carlos Apache-1	Gila	9/2/2020	10/16/2020	2	No	The primary goal of this project is to enhance the San Carlos Apache Tribe's ability to respond to COVID-19
Shawnee-1	Ottawa	8/30/2020	10/30/2020	2	No	1. Emergency Response (ICS and Preparedness & Planning):a. Assist in setting up Incident Command System (ICS).b. Review and provide comment on plans and procedures (i.e. isolation and quarantine plan).2. Case Investigation and Contact Tracing a. Provide short term staff to fill immediate workforce gaps in contact tracing staff. b. Request staff from CDCF for long-term contact tracing staff. c. Review contact tracing data management system and provide potential support.
Spirit Lake-1	TBD	9/13/2020	10/12/2020	1	No	Goal 1: Assist the Spirit Lake Tribe in the response to COVID-19 and mitigate the impact of SARS-CoV2.
Tohono-1	Maricopa; Pinal; Pima	8/4/2020	9/22/2020	2	No	Provide technical assistance to Tohono O'odham Nation in the response to COVID-19. Conduct training and support surge staffing needs for COVID-19 response. Conduct a needs assessment to prioritize response and developing a response strategy. Enhance response strategy and advise on implementation.
TX-4	Harris	7/14/2020	12/10/2020	1	No	Support data analytics, forecasting, and surveillance to better characterize recent transmission and inform response decisions.
USVI-3	St. Thomas; Saint Croix	7/31/2020	9/30/2020	4	No	Increase the effectiveness of the USVI Department of Health's efforts against the COVID-19 emergency; support ongoing SARS-CoV-2 epi/surveillance efforts and possibly assist with high risk groups. Provide direct support to the USVI Department of Health Laboratory in SARS-CoV-2 molecular testing, sample receiving, accessioning and data entry. Increase the effectiveness of the USVI Department of Health's efforts against the COVID-19 emergency communications.
USVI-4	St. Croix; St. Johns; St. Croix; St. Thomas	8/31/2020	10/13/2020	4	No	Provide Spanish speaking and one French/creole speaking contact tracers to support the COVID efforts in USVI via a remote location for 30 days.
UT-5	Salt Lake	8/28/2020	11/30/2020	1	No	Identify protective policies/procedures and gaps in policies/procedures that relate to risk of COVID outbreaks.
VA-11	TBD	9/14/2020	9/17/2020	2	No	TBD

Team ID	County	Start Date	Projected End Date	Current Staff	HHS CRAFT Team	Mission
VA-8	Newport News; Virginia Beach	8/3/2020	9/29/2020	9	No	Conduct contact tracing and case investigation in collaboration with local health departments. Conduct field visits to follow up with persons under investigation who cannot be reached by phone. Provide training on contact tracing and case investigation to local health department staff using existing training materials. Provide refresher training for current staff
WA-10	TBD	9/13/2020	10/3/2020	6	No	Characterize the COVID-19 pandemic in the Hispanic population of the counties to inform pandemic control measures for this population. Conduct detailed epidemiologic assessment of Hispanic case-patients, including person, place and time, probable source of infection, pattern of contacts and secondary transmission, risk factors and behaviors. Conduct a population-based survey of the Hispanic community to estimate the prevalence of knowledge, attitudes and practices relevant to infection transmission and control.
WA-11	TBD	9/14/2020	9/18/2020	3	No	To support as IPC SME in Washington State.
WV-2	Monongalia County	7/23/2020	12/9/2020	6	No	Conduct case investigation and contact tracing to R rapidly detect COVID-19 and any evidence of human-to-human transmission among contacts. Identify conditions that would propagate disease transmission in a community leading to cluster or outbreak investigations. Reduce human-to-human transmission, prevent outbreaks, and delay the spread of disease.
Yavapai-1	Maricopa	9/7/2020	10/30/2020	1	No	Assist Fort McDowell Yavapai Nation in the response to COVID-19.

CDC Website Updates – COVID-19 Response

As of 14 Sep 2020, 10:00[29]

New/Updated Guidance, Recommendations, Considerations[30]

- Additional COVID-19 Guidance for Caregivers of People Living with Dementia in Community Settings
- COVID-19 Employer Information for Office Buildings
- COVID-19 in Newly Resettled Refugee Populations
- COVID-19 Travel Recommendations by Country
- Deciding to Go Out
- Doctor Visits and Getting Medicines
- Guidance for General Population Disaster Shelters During a Pandemic
- Help Stop the Spread of COVID-19 in Children
- Households Living in Close Quarters
- How to Protect Yourself & Others
- If You Are Pregnant, Breastfeeding, or Caring for Young Children
- Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19
- Interim Operational Considerations for Public Health Management of Healthcare Workers Exposed to or Infected with COVID-19: non-US Healthcare Settings
- Interim Operational Considerations for Public Health Management of Healthcare Workers Exposed to or with Suspected or Confirmed COVID-19: non-U.S. Healthcare Settings
- Keep Children Healthy during the COVID-19 Outbreak
- Know When to Delay your Travel to Avoid Spreading COVID-19
- Living in Shared Housing
- Operational Considerations for Community Isolation Centers for COVID-19 in Low-Resource Settings
- Other People Who Need Extra Precautions
- People at Increased Risk
- Prevent Getting Sick
- Returning to Work
- Running Essential Errands
- Standard Operating Procedure (SOP) for Triage of Suspected COVID-19 Patients in non-US Healthcare Settings: Early Identification and Prevention of Transmission during Triage
- What To Do if You Are Sick

New/Updated Webpages

- Cases & Deaths by County
- Cases in the U.S.
- COVIDView Weekly Summary
- Crew Disembarkations through Commercial Travel
- HCW Additional Tools and Resources
- Older Adults
- Staffing Resources
- Testing Data in the U.S

New MMWR Publications[31]

- Transmission Dynamics of COVID-19 Outbreaks Associated with Child Care Facilities — Salt Lake City, Utah, April–July 2020

[29] Updates since last report. CDC's COVIDView provides a weekly summary and interpretation of key indicators that have been adapted to track the COVID-19 pandemic in the United States. See Communication Resources for links to all guidance and reports. See also CDC's "What's New" page and "Latest Updates" on the CDC COVID-19 webpage for the latest communication resources, the Health Alert Network (HAN) page for urgent information for state, local, tribal, and territorial partners.

[30] A complete list of Guidance Documents can be found on the CDC COVID-19 Guidance Page.

[31] A comprehensive list of COVID-19 Morbidity and Mortality Weekly Reports (MMWR) COVID-19 publications can be found on the MMWR Publications page.

International Updates

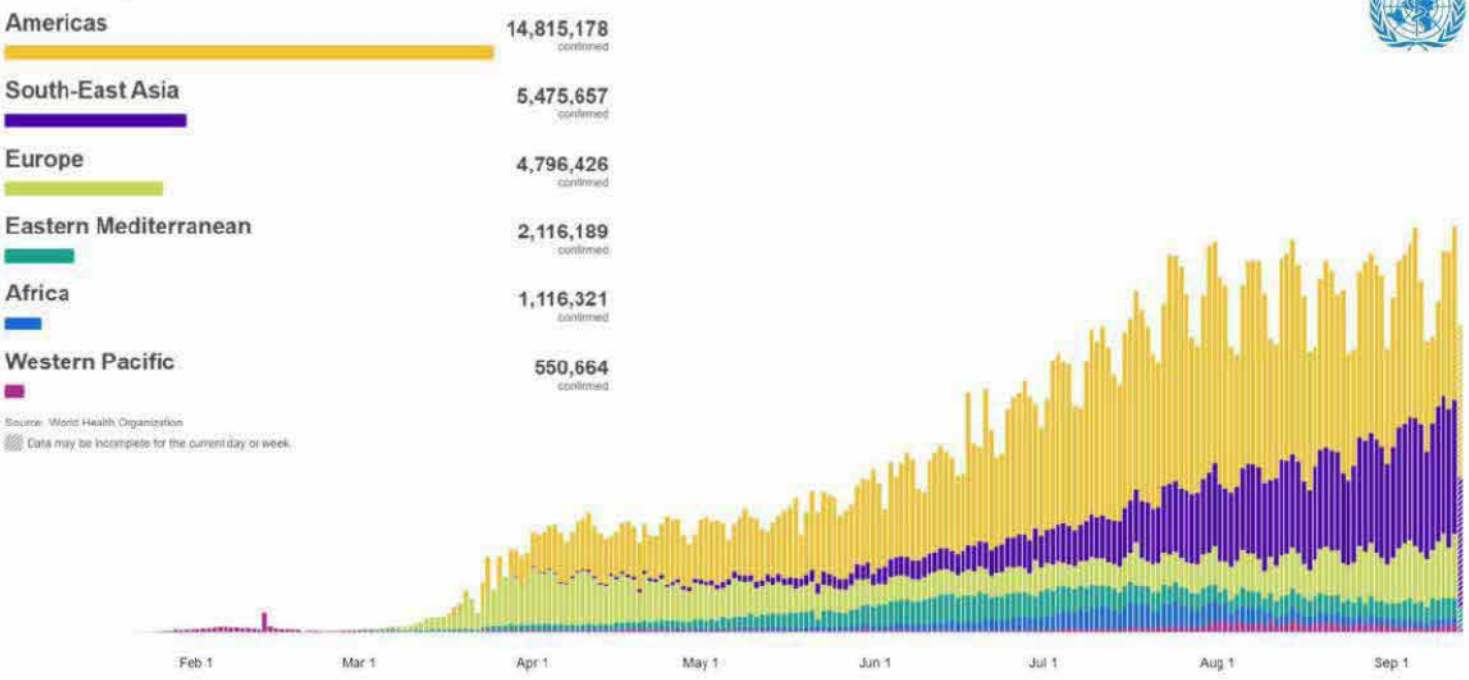
WHO Epidemiological Update

WHO Global Cases and Deaths
Data: 23 Jan 2020 – 14 Sep 2020 Last Updated: 14 Sep 2020 10:21 CEST
Source: WHO Coronavirus Disease (COVID-19) Dashboard

WHO Coronavirus Disease (COVID-19) Dashboard
Global Cases and Deaths
Data Last Updated: 14 Sep 2020, 10:21 CSET

Cases		Deaths	
Cumulative Total	Newly Reported Last 24 Hours	Cumulative Total	Newly Reported Last 24 Hours
28,871,176	286,786	921,801	4,843

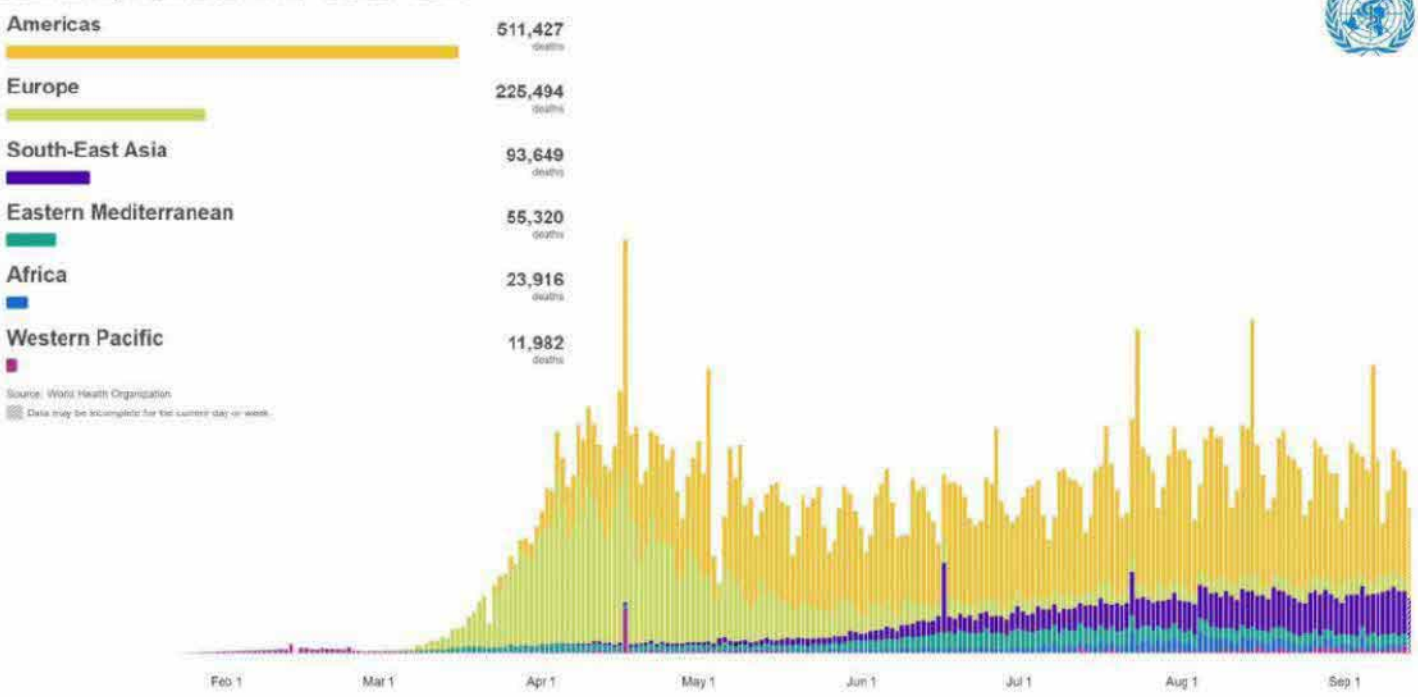
Global Epidemic Curve of Confirmed COVID-19 Cases by Date of Report and WHO Region
Data: 23 Jan 2020 – 14 Sep 2020 Last Updated: 14 Sep 2020 10:21 CEST
Source: WHO Coronavirus Disease (COVID-19) Dashboard
Data last updated: 2020/9/14, 10:21am CEST



Global Epidemic Curve of Confirmed COVID-19 Deaths by Date of Report and WHO Region

Data: 23 Jan 2020 – 14 Sep 2020 Last Updated: 14 Sep 2020 10:21 CEST

Source: WHO Coronavirus Disease (COVID-19) Dashboard



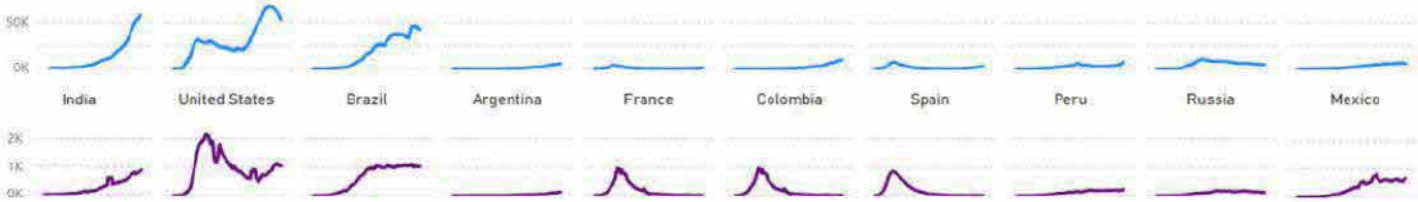
New COVID-19 Cases and Deaths by Country Last 7-Days (Count and Incidence)

New COVID-19 Deaths by 7-Day Average and Incidence*

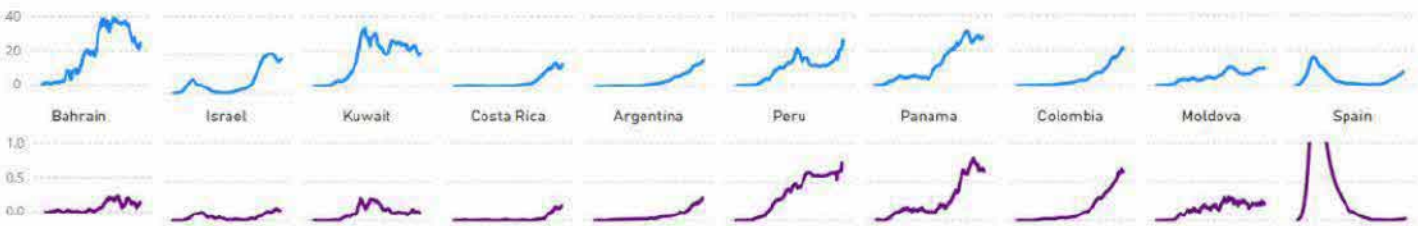
08-Mar-20 | 13-Sep-20 | 14-Sep-20

DATA FROM | DATA THROUGH | LAST UPDATED

New COVID-19 Cases and Deaths - Top 10 Countries and Territories by Highest 7-Day Average



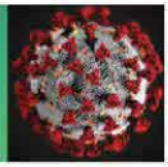
New COVID-19 Cases and Deaths per 100K - Top 10 Countries and Territories by Highest 7-Day Average per 100K Population**



* Based on a seven-day average of cases and deaths respectively. Top 10 countries ranked according to the cumulative number of COVID cases reported to date. Seven-day average excludes country-specific outliers exceeding a threshold of six standard deviations from the mean. Data shown starting 08 Mar 2020 CET - Geneva local time. WHO reports data from territories separately from their related countries. **Excluding countries with fewer than 10,000 total cases. Data source: WHO Coronavirus disease (COVID-2019) dataset (https://covid19.who.int/WHO-COVID-19-global-data.csv).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

COVID-19 Science Update



From the Office of the Chief Medical Officer, CDC COVID-19 Response, and the CDC Library, Atlanta, GA.
Intended for use by public health professionals responding to the COVID-19 pandemic.

***** Available on-line at https://www.cdc.gov/library/covid19 *****

Corticosteroid Randomized Clinical Trials

Below we present three randomized clinical trials (RCTs) and a meta-analysis that contributed to the inclusion of corticosteroids into standard of care for COVID-19-related ARDS.

PEER-REVIEWED

A. Effect of dexamethasone on days alive and ventilator-free in patients with moderate or severe acute respiratory distress syndrome and COVID-19: The CoDEX randomized clinical trial. Tomazini *et al.* JAMA (September 2, 2020).

Key findings:

- Patients in the dexamethasone group plus standard care had significantly more ventilator-free days in the first 28 days, 6.6 days (95% CI 5.0-8.2) than the standard care alone group, 4.0 days (95% CI 2.9-5.4), (p = 0.04).
- Mean Sequential Organ Failure Assessment (SOFA) score was significantly lower in the dexamethasone group at 7 days (6.1; 95% CI 5.5-6.7) vs standard care (7.5; 95% CI 6.9-8.1; p = 0.004), indicating lower organ dysfunction in the dexamethasone group.
- There was no significant difference in all-cause mortality at 28 days for the dexamethasone group (56.3%) vs the standard care group (61.5%), hazard ratio 0.97 (95% CI 0.72-1.31).
- Dexamethasone was not associated with increased risk of adverse events.

Methods: Randomized, open-label, multi-center clinical trial of COVID-19 patients with moderate-to-severe ARDS receiving mechanical ventilation in 41 intensive care units in Brazil between April and July 2020, to evaluate the efficacy of intravenous (IV) dexamethasone plus standard care (n = 151) vs standard care only (n = 148). Primary endpoint was ventilator-free days during the first 28 days; secondary endpoints included all-cause mortality at 28 days and SOFA score. *Limitations*: Small sample size and underpowered for secondary outcomes; study halted early after results of the RECOVERY trial were released.

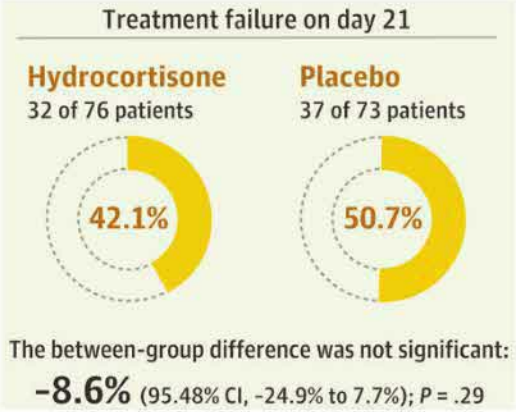
B. Effect of hydrocortisone on 21-day mortality or respiratory support among critically ill patients with COVID-19. A randomized clinical trial. Dequin *et al.* JAMA (September 2, 2020).

Key findings:

- There was no difference in treatment failure at day 21 in patients who received hydrocortisone vs placebo (Figure).
- There were 11 deaths in the hydrocortisone group and 20 deaths in the placebo group (p = 0.057).
- There was no significant difference in the groups for any secondary outcome and no adverse events were reported.

Methods: The Community-Acquired Pneumonia: Evaluation of Corticosteroids in Coronavirus Disease (CAPE COVID) trial was a multicenter randomized, placebo-controlled trial of low-dose hydrocortisone vs placebo of 149 adult patients admitted to the intensive care unit for COVID-19–related acute respiratory failure in France between March and June 2020. Primary endpoint was treatment failure on day 21, defined as death or continued dependence on mechanical ventilation or high-flow oxygen therapy. *Limitations*: Study halted early after results of the RECOVERY trial were released; sample size was small and underpowered for primary outcomes.

Figure:



Note: Adapted from Dequin *et al.* Treatment failure on day 21 for hydrocortisone and placebo groups. Reproduced with permission from JAMA. Effect of hydrocortisone on 21-day mortality or respiratory support among critically ill patients with COVID-19. A randomized clinical trial. Published online September 2, 2020. doi:10.1001/jama.2020.16761 Copyright©2020 American Medical Association. All rights reserved.

C. Effect of hydrocortisone on mortality and organ support in patients with severe COVID-19. The REMAP-CAP COVID-19 corticosteroid domain randomized clinical trial. Writing Committee for REMAP-CAP Investigators. JAMA (September 2, 2020).

Key findings:

- Compared to no hydrocortisone, the fixed-dose regimen, OR = 1.43 (95% CI 0.91-2.27), and the shock-dependent regimen, OR = 1.22 (95% CI 0.76-1.94), resulted in fewer days on organ support.
    - For a fixed-dose steroid regimen, there was a 93% probability of an OR >1 for organ-free support days; for the shock-dependent regimen, the probability of an OR >1 was 80%.
- Serious adverse events were reported in 4 (3%), 5 (3%), and 1 (1%) of the patients in the fixed-dose, shock-dependent, and no hydrocortisone groups, respectively.

Methods: A randomized open label trial of multiple interventions at 21 sites in 8 countries. Patients with severe COVID-19 were randomized to fixed-dose (7-days of IV hydrocortisone 50 mg every 6 hours, n = 143), shock-dependent dose (50 mg hydrocortisone every 6 hours while in shock for up to 28 days, n = 152), or no hydrocortisone (n = 108). The primary end point was organ support–free days (i.e., days alive and free of intensive care unit-based respiratory or cardiovascular support) within 21 days. *Limitations*: Study halted early after results of the RECOVERY trial and another trial were released; 15% of the no-hydrocortisone group received systemic corticosteroids.

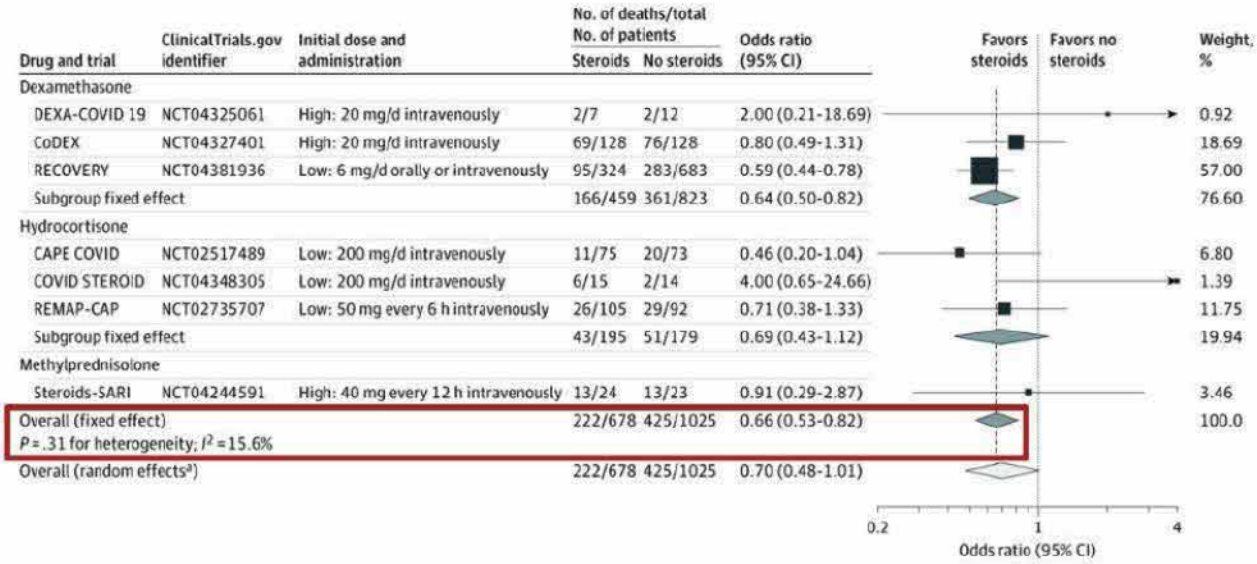
D. Association between administration of systemic corticosteroids and mortality among critically ill patients with COVID-19. A meta-analysis. The WHO Rapid Evidence Appraisal for COVID-19 Therapies (REACT) Working Group. JAMA (September 2, 2020)

Key findings:

- 28-day all-cause mortality was lower among patients who received corticosteroids compared with those who received usual care or placebo (summary odds ratio, 0.66), (Figure).

Methods: Prospective meta-analysis of pooled data from 7 RCTs (including the above trials: CoDEX trial, CAPE COVID trial and REMAP-CAP trial) to estimate the association between administration of corticosteroids vs usual care or placebo among ciritcally ill patients with COVID-19. Main outcome was 28-day all-cause mortality post randomization. *Limitations*: Inconsistent definitions and reporting of adverse events across trials; outcomes censored once patients discharged from the hospital; one trial contributed 57% of weight to outcome of all-cause mortality.

Figure:



Note: Adapted from the REACT Working Group. Association between corticosteroids and 28-day all-cause mortality in each trial, overall, and according to corticosteroid drug. The area of the data marker for each trial is proportional to its weight in the fixed-effects meta-analysis. Reproduced with permission from JAMA. Association between administration of systemic corticosteroids and mortality among critically ill patients with COVID-19. A meta-analysis. Published online September 2, 2020. doi:10.1001/jama.2020.17023

Implications for 4 studies (Tomazini *et al.*, Dequin *et al.*, REACT Working Group & Writing Committee for the REMAP-CAP Investigators): The results of individual studies and the meta-analysis have shifted usual care of persons with COVID-19 to include corticosteroids. An accompanying editorial (Prescott, JAMA, 2020) notes actions and collaborations among researchers undertaken to overcome challenges that have been encountered in the context of the pandemic. It describes the importance of analysis of pooled data, especially when ongoing randomized controlled trials were halted early as in the three studies reported here.

Epidemiology

PEER-REVIEWED

Humoral immune response to SARS-CoV-2 in Iceland. Gudbjartsson *et al.* NEJM (September 1, 2020).

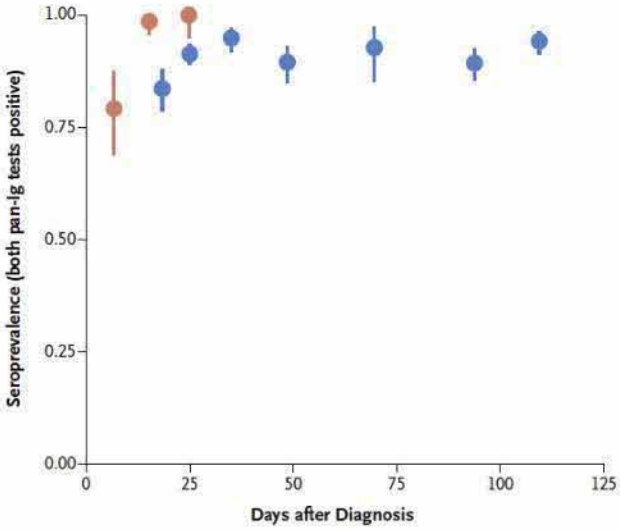
Key findings:

- Estimated seroprevalence in Icelanders was 0.9% (95% CI 0.8-0.9), and the estimated infection fatality risk was 0.3% (95% CI 0.2-0.6).
- 91.1% (95% CI 89.4-92.6) of 1,215 people who had recovered from infection had detectable antibodies to both nucleocapsid (N) and spike (S1) proteins (Figure).
    - 95.1% (95% CI 93.8-96.3) had detectable antibodies to at least one protein.
    - Antibody response was stable up to 4 months after infection (Figure).

Methods: Antibody serum testing in 30,576 people, Iceland, between February 18 and July 8, 2020. Specimens collected in 2017 served as negative controls. Seroprevalence estimates were weighted by region, sex and age. *Limitations*: Numbers of persons tested with SARS-CoV-2 were inconsistent in methods and article Figure 1 and Table 1; findings might not be externally generalizable.

Implications: Seroprevalence surveys may be useful to estimate prevalence of SARS-CoV-2 infection in populations, as discussed in Alter *et al.*, The power of antibody-based surveillance. Future research should examine the duration of detectable antibodies, risk of reinfection, and thereby potential serologic correlates of immunity.

Figure:



Note: From Gudbjartsson *et al*. Dots are seroprevalence estimates post SARS-CoV-2 diagnosis in **hospitalized patients** and **recovered people**. Vertical lines represent 95% CI. From NEJM. Humoral immune response to SARS-CoV-2 in Iceland. Gudbjartsson *et al*. DOI: 10.1056/NEJMoa2026116. Copyright © 2020 Massachusetts Medical Society. Reprinted with permission from Massachusetts Medical Society.

What protective health measures are Americans taking in response to COVID-19? Results from the COVID impact survey. Qeadan et al. International Journal of Environmental Research and Public Health (August 29, 2020).

Key findings:

- The three most common protective behaviors taken were washing hands (94.7%), keeping 6 feet away from persons outside the household (90.1%), and wearing a face mask (86.2%).
- Persons with a close friend or family member who died of COVID-19 were more likely to have taken protective measures than those who did not: adjusted incidence rate ratio (aIRR) in April = 1.04 (95% CI 1.00-1.08); May = 1.02 (95% CI 0.99-1.06); June = 1.16 (95% CI 1.11-1.20).
- Females, persons of non-White race, persons living in larger households, older adults, and persons with comorbidities took more protective measures.

Methods: Randomly selected households in 10 states participated in three independent cross-sectional surveys to assess use of individual protective measures to safeguard against SARS-CoV-2 infection during April, May, and June 2020. One member per household (totaling 25,269 adults) was asked about protective measures, demographic information, and comorbidities. *Limitations*: Information was self-reported and subject to recall bias; survey didn't have national coverage and thus potentially limited generalizability.

Implications: Most Americans were aware of and reported following recommended personal protective measures, particularly hand washing, physical distancing, and wearing a face mask.

Prevalence of depression symptoms in US adults before and during the COVID-19 pandemic. Ettman *et al.* JAMA (September 2, 2020).

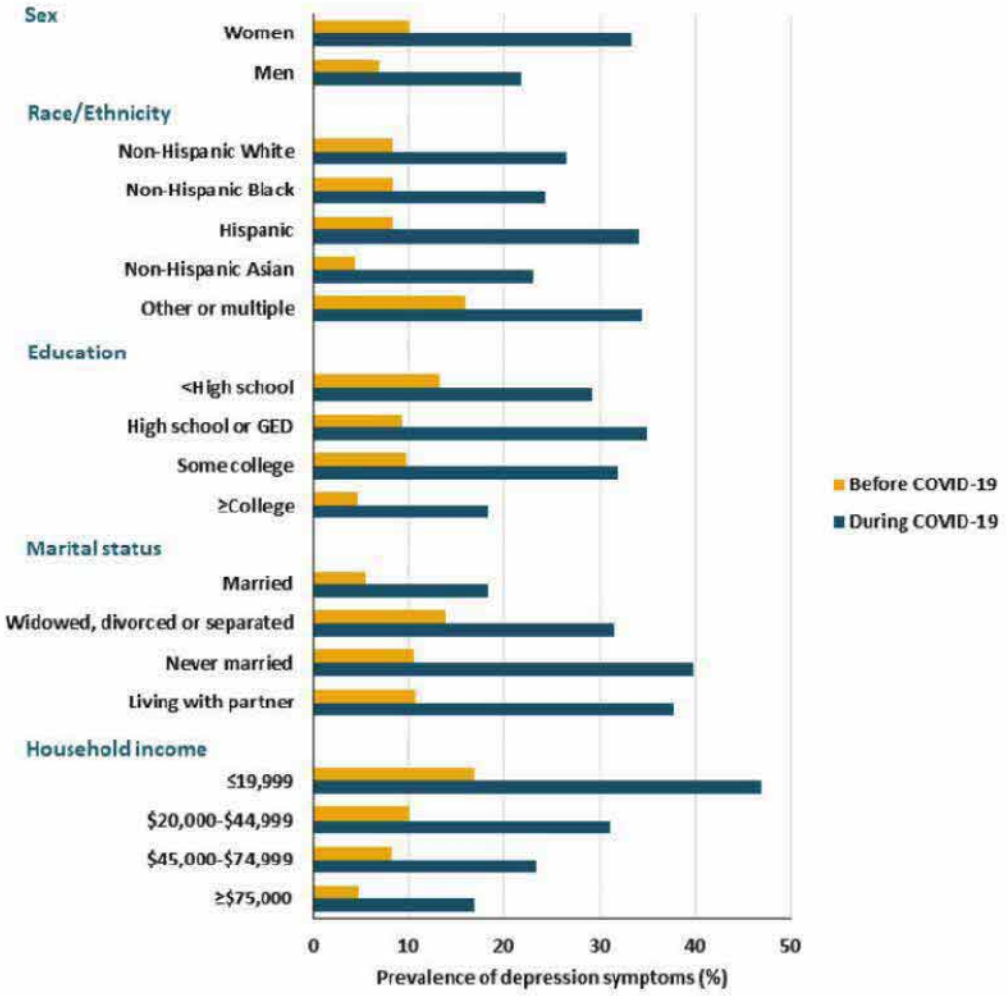
Key findings:

- During the COVID-19 pandemic period (March-April), depression symptoms were reported three times more often across all demographic groups than during a comparison pre-pandemic period (Figure 1).
    - 27.8% of persons had depression symptoms during the pandemic period, compared with 8.5% who had symptoms before the pandemic.
    - Severity of depression symptoms was also greater during the pandemic period compared with before (Figure 2).
- Lower income, <$5,000 in savings, or experiencing COVID-19-related stressors (e.g., losing a job, knowing someone who died of COVID-19, having financial problems) were all associated with increased depression.

Methods: Data were collected about depression symptoms during a nationally representative survey of 1,441 US adults conducted from March 31 to April 13, 2020 and were compared with data collected during the nationally representative 2017-2018 National Health and Nutrition Examination Survey. Both surveys used the Patient Health Questionnaire-9 in to assess for depression symptoms. *Limitations*: Two cross-sectional data sources compared that might lead to between-group differences; small sample size for certain demographic groups.

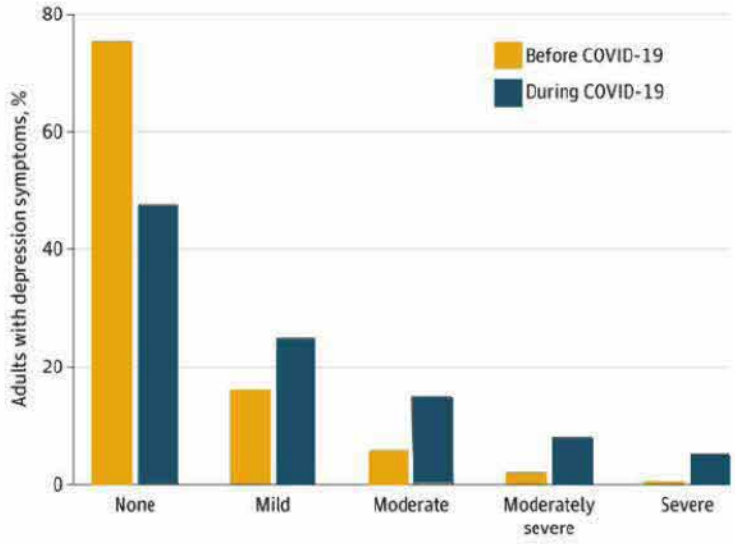
Implications: Prevalence of depression symptoms has increased three-fold since prior to the pandemic. Mental health resources should be allocated for persons at higher risk of depression, particularly those with lower social and economic resources.

Figure 1



Note: Adapted from Ettman *et al.* Prevalence of depression symptoms by demographic characteristic Before and During the COVID-19 pandemic. Licensed under CC-BY.

Figure 2



Note: Adapted from Ettman *et al.* Depression symptoms in US adults Before and During the COVID-19 pandemic. Licensed under CC-BY.

Transmission

PEER-REVIEWED

A serological survey of SARS-CoV-2 in cats in Wuhan. Zhang *et al.* Emerging Microbes & Infections (September 1, 2020).

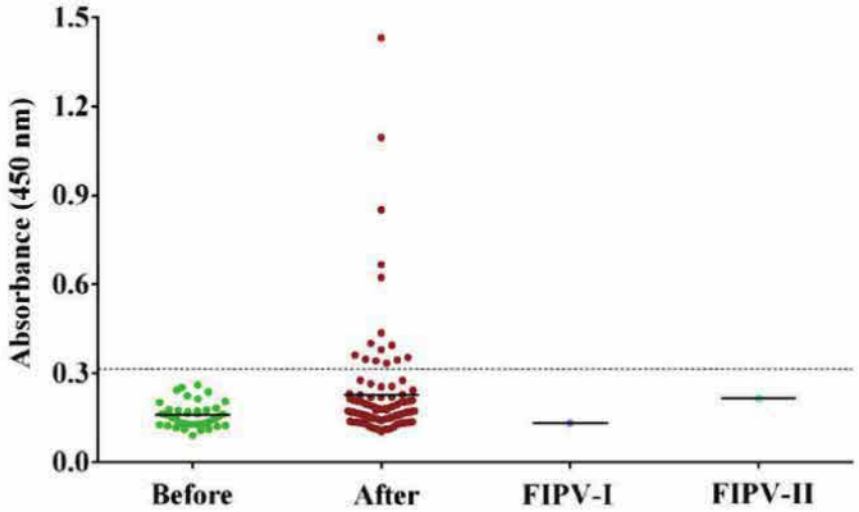
Key findings:

- A serological survey of cats found that 15/102 (14.7%) had antibodies specific to SARS-CoV-2, and 11/102 (10.8%) had neutralizing antibodies (Figure).
    - None of the 15 positive samples cross-reacted with type I or II feline infectious peritonitis virus, a feline coronavirus.
    - Samples from 39 cats collected in 2019 were negative for SARS-CoV-2 antibodies.
- The three cats with the highest antibody levels to the SARS-CoV-2 S protein receptor binding domain (RBD) lived with individuals with COVID-19; neutralizing antibodies were found in 2 of the 3 cats.
- Two cats whose owners were positive for COVID-19 had antibody levels that decreased to undetectable levels by 110 days after sampling began, a similar pattern was seen for neutralizing antibodies.

Methods: Between January and March 2020, 102 cats were sampled from animal shelters (n = 46), pet hospitals (n = 41), and families with COVID-19 (n = 15), Wuhan, China. Each cat had blood, NP swabs, and anal swabs collected. Sera collected from 39 cats from March to May 2019 were used as negative controls. Antibodies against the recombinant receptor binding domain (RBD) of SARS-CoV-2 spike protein were measured with an immunoassay and antibody-positive samples were tested for virus neutralization.

Implications: SARS-CoV-2 infection in some animals such as cats appears to have been introduced by humans in close proximity. Further study of zoonotic transmission is an important area for surveillance to identify potential reservoirs and determine risk factors for people and animals.

Figure:



Note: From Zhang *et al*. Immunoassay of cat serum samples. The x-axis demonstrates **sera from 2019 (Before), sera from January-March 2020 (After),** and activity against Feline Infectious Peritonitis Virus I (**FIPV-1),** and II (**FIPV-2).** Dotted line represents the cutoff for positive samples. The y-axis is the optical density measurement at 450 nm and represents antibody concentration. Licensed under CC-BY.

Clinical Treatment & Management

PEER-REVIEWED

Acute arterial thromboembolism in patients with COVID-19 in the New York City area. Etkin *et al.* Annals of Vascular Surgery (August 27, 2020).

Key findings:

- 49 COVID-19 patients had arterial thromboembolism diagnosed during hospitalization (median age 67 years [IQR 58-75]).
    - 22 (45%) COVID-19 patients had acute arterial ischemia on presentation and were subsequently diagnosed with COVID-19.
    - The most common preexisting conditions were hypertension (53%) and diabetes (35%); 18% were current or former smokers.
- 21 (46%) patients died in the hospital.
    - Mortality in 35 patients with lower limb ischemia was 50% and in 2 patients with mesenteric ischemia was 100%.
- 9 (18%) patients experienced limb loss.

Methods: Retrospective multisite study of 12,630 hospitalized patients with confirmed COVID-19 over 11 weeks (March 1, 2020 to May 15, 2020) in New York State. *Limitations*: Not randomized, (no control group); limited clinical laboratory information; descriptive analyses only; study cohort might have had underlying risks for thromboembolism prior to hospital admission.

Implications: In persons with COVID-19, morbidity and mortality were greater in the presence of arterial thromboembolism, particularly for patients with chronic medical comorbidities. Efforts are warranted to identify the most effective preventive and treatment strategies to reduce thromboembolic risk among persons with COVID-19 and to rapidly detect and address arterial thromboembolism.

Genomics

PEER-REVIEWED

A SARS-CoV-2 vaccine candidate would likely match all currently circulating variants. Dearlove *et al.* Proceeding of National Academy of Sciences (August 31, 2020).

Key findings:

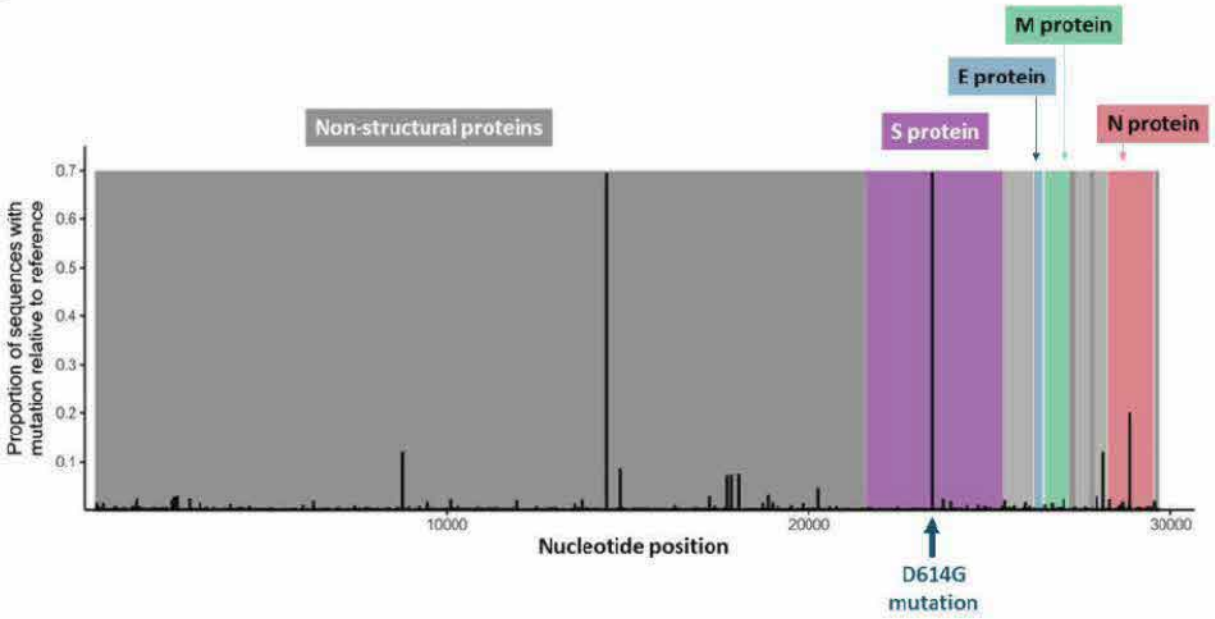
- An analysis of 18,514 SARS-CoV-2 genome sequences observed limited viral diversity.
    - 7,559 polymorphisms were detected (Figure).
    - 95% of sequences had 11 mutations or fewer.
- The D614G mutation (found in 69.4% of sequences) in the spike (S) protein became dominant due to its presence in the early European cases (i.e., a founder effect), rather than adaption to host responses.
    - The D614G mutation was not predicted to interfere with vaccine-induced antibody binding.

Methods: Investigators analyzed SARS-CoV-2 genome sequences from infected persons in 84 countries as part of the Global Initiative on Sharing All Influenza Data to assess naturally occurring viral diversity compared with the sequence on which most vaccine candidates are based (reference sequence).

Implications: Current SARS-CoV-2 vaccine candidates are designed to elicit neutralizing antibodies against the S protein and are based on viral sequences derived early in the pandemic. Emergence of the D614G mutation raised

concerns that SARS-CoV-2 strains may evolve and escape vaccine-induced immunity. The limited evolution of viral diversity observed thus far suggests these vaccines should provide broad coverage for current and future SARS-CoV-2 strains. A news feature from Callaway *et al.* further describes research on viral mutations, particularly D614G, and how the slow mutation rate affects future vaccines.

Figure:



Note: Adapted from Dearlove *et al.* Location and proportion of polymorphisms across the genome. Proportion of sequences that showed polymorphisms compared to the reference sequence. Nonstructural proteins are shown in gray. Structural proteins are shown in color (Spike; Envelope; Membrane; Nucleocapsid). Licensed under CC-BY 4.0.

In Brief

SARS-CoV-2 Detection

- Ganguli *et al.* Rapid isothermal amplification and portable detection system for SARS-CoV-2. Proceedings of the National Academy of Sciences of the United States of America. The authors describe point of care testing for SARS-CoV-2 that has 100% agreement with RT-PCR testing done in a laboratory.
- Regen *et al.* A simple approach to optimum pool size for pooled SARS-CoV-2 testing. International Journal of Infectious Diseases. Pooling samples for RT-PCR analysis is optimized when the number of samples used is based on the prevalence in the community; a formula is provided to calculate optimum sample size.
- Ehre C. SARS-CoV-2 infection of airway cells. NEJM. Electron micrographs show bronchial epithelial cells that have been infected by SARS-CoV-2 in a laboratory setting.

Mental Health

- Shim R. Mental health inequities in the context of COVID-19. JAMA Network Open. To mitigate the effects of depression during the pandemic, policy makers and health care providers should address social determinants of mental and physical health.
- Wu *et al.* Prevalence and risk factors of mental distress in China during the outbreak of COVID-19: A national cross-sectional survey. Brain and Behavior. A survey assessing 24,789 respondents in China found an association between lack of exercise, low income, low education, inadequate supplies, and psychological distress.

Preventing transmission

- Mooney G. "A Menace to the Public Health" — Contact tracing and the limits of persuasion. NEJM. Contact tracers are more likely to be successful if they have the ability to provide quarantined persons with community assets to support them during quarantine.
- Sehra *et al.* Cell phone activity in categories of places and associations with growth in cases of COVID-19 in the US. JAMA Internal Medicine. Counties with reduction in cell phone activity at the workplace, in retail locations, and on public transit and increases in at-home activity had larger reductions in COVID-19 cases 5, 10, and 15 days later.

Vaccine development

- Deming *et al.* Accelerating development of SARS-CoV-2 vaccines — The role for controlled human infection models. NEJM. A SARS-CoV-2 controlled human infection model might accelerate later rounds of vaccine development and elucidate immunopathogenesis, duration of vaccine-induced immunity, and correlates of infection.

Other Topics

- Negrini *et al.* Rehabilitation and COVID-19: the Cochrane Rehabilitation 2020 rapid living systematic review. European Journal of Physical and Rehabilitation Medicine. Update to the first systematic review performed by the authors summarizes 23 papers, noting neurological effects and breathlessness in patients recovering from COVID-19.
- Bicudo *et al.* Co-infection of SARS-CoV-2 and dengue virus: A clinical challenge. Brazilian Journal of Infectious Diseases. Case of laboratory-confirmed SARS-CoV-2 and dengue coinfection, diseases with overlapping clinical presentations, in a 56-year old female in Brazil.

From: (b)(3):50 USC 3024(i); (b)(6)

Sent: Tuesday, September 22, 2020 4:43 AM

To: (b)(3):10 USC 424; (b)(6)

Cc:

Subject: CDC COVID-19 Update 21Sep2020 (For Internal USG only)

Attachments: FINAL-CDC COVID-19 SITREP 169 09-21-2020.pdf; (FOUO) CDC COVID-19 RESPONSE UPDATE 20200921.pdf

Good evening,

Please see attached CDC Reports.

Cases/deaths as of 21 Sep 2020:
- 6,786,352 confirmed and probable U.S. cases, +37,417 since yesterday
- 199,024 U.S. deaths reported to CDC, +270 since yesterday
- 30,949,804 confirmed cases worldwide (WHO dashboard data)

Highlights:
- **Case Counts and Deaths:** Nationwide uptick in the past 10 days. 7-day case average up 17% from the previous 7-days. 7-day death average up 2% from the previous 7-days. Case trajectory data continues to reflect this uptick: 23 (41%) states/jurisdictions in an upward/worsening trajectory; 14 (25%) in a plateau; and only 19 (34%) in a downward/improving trajectory.
- **Travel Health Notices (THNs):** https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html, British Virgin Islands escalated from No THN to Lv 3 High Risk; Fiji de-escalated from Lv 1 Low Risk to No THN; Monserrat de-escalated from Lv 3 High Risk to No THN; No other changes.

New/Updated Guidance:
- **How COVID-19 Spreads:** https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html; A draft version of proposed changes to these recommendations was posted in error to the agency's official website and has been a hot topic for discussion on every news outlet today. CDC is currently updating its recommendations regarding airborne transmission of SARS-CoV-2. Once this process has been completed, the updated language will be posted.

- Considerations for Monitoring and Evaluation of Mitigation Strategies Implemented in Institutes of Higher Education (IHE): https://www.cdc.gov/coronavirus/2019-ncov/php/monitoring-evaluation-ihe.html, it's important to have systems in place for monitoring and evaluation of COVID-19 mitigation strategies within IHEs.

MMWR PUBs:

- Association Between CMS Quality Ratings and COVID-19 Outbreaks in Nursing Homes — West Virginia, March 17–June 11, 2020: https://www.cdc.gov/mmwr/volumes/69/wr/mm6937a5.htm?s_cid=mm6937a5_w, Odds of a COVID-19 outbreak in CMS-certified nursing homes in WV was inversely proportional to their CMS quality star rating, i.e. higher rated facilities were much less likely to experience an outbreak. Implications: CMS star ratings can serve as proxy indicators for COVID-19 outbreak risk.

Please regularly refer to CDC's COVID-19 webpage; information and guidance is updated daily: https://covid.cdc.gov/covid-data-tracker/

VR/

(b)(6)
Dept of Defense Liaison to the Centers for Disease Control and Prevention, Atlanta, GA
(b)(6)

(b)(3):50 USC 3024(i); (b)(6)

Department of Health and Human Services
Centers for Disease Control and Prevention
SAFER·HEALTHIER·PEOPLE™

CDC Coronavirus Disease-2019 (COVID-19) Situation Report #169

Sensitive but Unclassified (SBU). This document may contain sensitive information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552). This information is for internal government use only. Further distribution to authorized personnel with a "need to know" and for awareness is authorized by the Centers for Disease Control and Prevention.

CDC Response Status: Agency Level Activation
Date: 09/21/2020
Report Period: 09/18/2020 – 09/21/2020
IMS Activation: 01/21/2020
Location of Event: Global
Lead Agency: Centers for Disease Control and Prevention (CDC)
Lead CDC CIOs: National Center for Immunization and Respiratory Diseases (NCIRD)
Center for Preparedness and Response (CPR)
Description: CDC Coronavirus Disease-2019 (COVID-19) Response

Significant Activities (SIGACTs)/Information

- CDC COVID-19 website provides the latest resources for community and healthcare professionals on information regarding United States COVID-19 cases: https://www.cdc.gov/coronavirus/2019-ncov/index.html.
- Confirmed and probable U.S. cases of COVID-19: 6,786,352 (as of Sept 20); for complete domestic updates visit the CDC Data tracker - https://www.cdc.gov/covid-data-tracker/#cases.
- U.S. deaths reported to CDC: 199,024 (as of Sept 20).
- Worldwide confirmed cases of COVID-19 can be found at the WHO Coronavirus Disease Dashboard - https://covid19.who.int/.

Current Task Force Updates by Objectives:

Objective 1: Support of USG-wide Response – *Integrate CDC response activities with the USG response to inform and synchronize public health actions among all key stakeholders in support of the Federal Incident Strategic Plan.*

Laboratory and Testing Task Force

- Supporting the provision of data regarding kits shipped to Public Health Laboratories (PHLs) from International Reagent Resource (IRR).

Objective 2: Data/Surveillance - *Conduct timely and actionable data analytics, surveillance, lab reporting, and modeling activities to monitor and forecast epidemic progression and inform data-driven decision making.*

Epidemiology and Surveillance Task Force

- All sites for the New Vaccine Surveillance Network (NVSN) study received IRB approval for their new sera forms.
  - Includes study sites that focus on population-based surveillance and data collection concerning the use and impact of vaccines and vaccine policies.
  - Forms contain additional questions regarding SARS CoV-2 exposure.

Objective 3: Global – *Assess global data as a guide for domestic response, provide guidance on international travel to reduce travel-associated infections, and provide support to mitigate the pandemic in other countries.*

Global Migration Task Force (GMTF)

- Participated in a call with HHS Attaché assigned to Mexico along with GMTF US Mexico Unit and Division of Global Migration and Quarantine (DGMQ) Immigrant, Refugee and Migrant Health Branch.
  - Discussed COVID-19 screening project for H2A Visa applicants.

International Task Force (ITF)

- Regional Advisor support provided to four regions along with China in a separate call:
  - Region included, Sub-Saharan Africa, Latin America & Caribbean, South/South East Asia, Eastern Europe/Central Asia/Eastern Mediterranean.
  - Total of 28 countries represented by 42 CDC staff.
  - Calls provided access to information and SMEs.
- Provided remote technical assistance to Niger and Sierra Leone.
- Country Support Team self-assessed how calls are used and could be improved to serve the response:
  - Analysis of call agenda and participation data.
  - Polls utilized in each regional call.
- One significant result was to identify specific interest of country offices:
  - A special presentation will be done concerning laboratory diagnostics.

Objective 4: Lab/Epi – *Conduct and provide support for epidemiologic and laboratory studies to examine dynamics of disease spread and control, including expanding testing and analyzing serologic studies to assess spread of infection across America.*

Laboratory and Testing Task Force

- As of Sept 18, CDC has tested over 9,938 samples which equate to over 5,826 patients by PCR.
- IRR shipped 16 reagents to two (2) laboratories on September 18.

Epidemiology and Surveillance Task Force

- The Field and Special Studies team has a field team in Wisconsin providing general outbreak support to the university and local health departments.
  - Also trying to imbed an antigen match study there.
- The Seroprevalence team received round 4 results of phase 1 of serology study.
  - Results were posted to the serology data tracker web page Friday.

Objective 5: Community/Health Systems – *Provide community mitigation strategies and tools in support of domestic plans for phased approaches to COVID-19 and provide healthcare systems strengthening and guidance to support patient treatment and infection prevention and control (IPC).*

Health Systems and Worker Safety Task Force (HSWS)

- The Healthcare Systems Coordination Team participated in the CDC Data Catalog project meeting.
  - Meeting's purpose was to review the list of data sources and determine how to increase the usefulness of the COVID Data Catalog for the response and partners.
- The Worker Safety and Health Team participated in a podcast focused on use of cloth masks for the Teamsters Union members.

Community Interventions & Critical Populations Task Force (CICP)

- Posted Considerations for Outdoor Farmers Markets.
- Posted Considerations for Outdoor Learning Gardens and Community Gardens.

Objective 6: State, Tribal, Local and Territorial Support (STLT) – *Provide support for outbreak response, needs assessments, contact tracing, and monitoring impact, as well as support the development and implementation of CDC COVID Corps activities.*

Community Interventions & Critical Populations Task Force (CICP)

- Homelessness Unit presented during a HUD COVID-19 Planning and Response for Homeless Assistance Providers Office Hour Call regarding the new winter shelter FAQ.
  - Over 250 homeless service providers were in attendance.

~~Policy~~

- ~~Conducted outreach to congressional offices regarding response Indicators to Inform Decision making for School Reopening.~~

Objective 7: Communication and Outreach – *Ensure active, timely, effective public health and safety messaging around response priorities with key federal, state/local partners, policymakers, media, and the public.*

Joint Information Center (JIC)

- Posted new web content:
  - Monitoring and Evaluation Checklist for K-12 Schools
  - Considerations for Monitoring and Evaluation of Mitigation Strategies Implemented in Institutes of Higher Education
  - Considerations for Monitoring and Evaluation of Mitigation Strategies Implemented in K-12
  - Considerations for Outdoor Learning Gardens and Community Gardens
- Updated web content:
  - CDC COVID Data Tracker
  - Staffing Resources
  - COVIDView: A Weekly Surveillance Summary of U.S. COVID-19 Activity
  - Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019 (COVID-19)
  - Data on COVID-19 during Pregnancy
  - COVID-19 Employer Information for Office Buildings
  - Children, Teens, and Young Adults
  - Keep Children Healthy during the COVID-19 Pandemic
  - Frequently Asked Questions: Calculating Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) RT-PCR Laboratory Test Percent Positivity
  - Safe and Dignified burials in Non-U.S. Settings
  - U.S. Clinical Laboratories Reporting SARS-CoV-2 Test Results to CDC
  - Commercial Labs
  - Emergency Department Visits Percentage of Visits for COVID-19-Like Illness (CLI) or Influenza-like Illness (ILI)
  - NCHS Mortality Surveillance Data
  - Percentage of Visits for ILI by Age Group Reported by A Subset of ILINet Providers
  - U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet): Overall Percentage of Visits for ILI
  - U.S. State and Local Public Health Laboratories Reporting to CDC Colleges, Universities, and Higher Learning
    - Colleges, Universities and Higher Learning
- Posted on COVID-19 Content on OADC Social Media Channels:
  - Safety during Jewish holiday celebrations
  - COVID-19 Clara Self-Checker Webpage
  - COVID-19 and Myocarditis
  - COVID-19 School Reopening Threshold
  - MMWR - SARS-CoV-2 infection severity in pregnancy – inpatient hospitalizations and birth outcomes – United States
  - COVID-19 and Sepsis Infection
  - FAQ Friday – Should I Wear a Mask?
- Conducted a successful meeting with representatives from the Boys and Girls Clubs of America.
  - Presenting on resources addressing different parts of communication needs for their staff and college students.
  - The following resources were shared:
    - Colleges, Universities, and Higher Learning
    - COVID-19 Video Library
    - Print Resources
      - Back-To-College Tips
      - Slow the Spread
      - Restaurants and Bars
      - Wear A Mask To Protect You and Your Friends

- Provided new CDC web page highlighting indicators for dynamic school decision-making to 21 EPIC partners.
- Provided newly released CDC infographic regarding basic do's and don'ts for employees to prevent workplace violence to eight (8) EPIC partners.
- Provided new CDC web page regarding emergency shelters in disaster response in global, low resource settings to 24 EPIC partners.

Community Interventions & Critical Populations Task Force (CICP)

- Posted three (3) M&E documents
  - Considerations for Monitoring and Evaluation of Mitigation Strategies in K-12 Schools.
  - Checklist of Key Considerations When Planning for Monitoring and Evaluation of School Mitigation Strategies in K-12 Schools.
  - Considerations for Monitoring and Evaluation of Mitigation Strategies Implemented in Institutes of Higher Education.
- The parent pages are now live:
  - COVID-19 in children - https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/symptoms.html
  - Keep children healthy - https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children.html
  - Stop the spread - https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/protect-children.html
- The left navigation bar for clinical care updated: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care.html

Policy

- CDC Director, participated in a briefing with the House Energy and Commerce Committee on testing guidance
- ~~Successfully supported CDC Director's hearing preparation for hearings on September 19, and 23.~~
- ~~Developed proactive outreach strategy for congressional COVID-19 response efforts.~~

Objective 8: Vaccine – *Develop and support access to vaccines to prevent COVID-19, influenza, and childhood vaccine-preventable diseases.*

Vaccine Planning Unit
Nothing significant to report.

General Staff Activities

Operations

- Received/triaged 122 COVID-19 related calls during the reporting period.
- Processed five (5) International Health Regulations (IHR) request and 17 Do Not Board (DNB) actions.

Resource Support

- 181 CDC personnel deployed or pending deployment (146 deployed, 35 pending).
- Approved five Emergency Resource Requests (ERRs) this reporting period.

Situational Awareness (SA)

- Provided *Epi-X* support to state health departments in receiving, accessing, and posting:
  - 743 passenger Entry Screening Reports and contact lists for post-arrival monitoring for travelers arriving from a country with widespread transmission of COVID-19.
  - 1,083 state notification and contact lists for persons who may have been exposed to COVID-19 on a flight.
  - 279 interstate movement notifications to states receiving persons traveling to their jurisdiction who are under self-monitoring with public health supervision for COVID-19; PUI with recent travel reports; lab results sent to health department associated with the jurisdiction where the traveler was tested; or persons with a history of close contact to a confirmed case of COVID-19.

The next CDC SITREP publication will be on Tuesday, September 22, 2020.

The Point of Contact for this report is the IMS Planning Section Chief (**eocplans@cdc.gov**).

CDC COVID-19 Response Update Monday, 21 Sep, 2020
INTERNAL - NOT FOR FURTHER DISTRIBUTION

Table of Contents

Domestic Updates

Case Counts

The CDC numbers have been reviewed and approved by states and are suitable for use in all official communications.

Counts by Jurisdiction (Cumulative, Confirmed and Probable Cases and Deaths)[1]

Data Through 20 Sep 2020 *Last Updated: 21 Sep 2020 11:30*

57 Jurisdictions Reporting Confirmed or Probable COVID-19 Cases 50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[2]	Cases	New Cases[3]		Cases Per 100K			Deaths	New Deaths[3]		Deaths per 100K			CFR[4]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
AK	6,836	93	79.7	927.0	12.6	10.8	45	-	0.1	6.1	-	0.0	0.7%
AL	144,962	798	886.7	2965.7	16.3	18.1	2,437	-	12.3	49.9	-	0.3	1.7%
AR	75,723	563	786.3	2512.5	18.7	26.1	1,181	-	29.3	39.2	-	1.0	1.6%
AZ	214,018	467	786.6	2984.2	6.5	11.0	5,476	9	22.0	76.4	0.1	0.3	2.6%
CA	778,400	4,265	3,353.9	1967.8	10.8	8.5	14,987	75	94.0	37.9	0.2	0.2	1.9%
CO	64,857	501	504.7	1138.7	8.8	8.9	2,014	1	3.7	35.4	0.0	0.1	3.1%
CT[5]	55,527	-	171.6	1554.2	-	4.8	4,492	-	1.7	125.7	-	0.0	8.1%
DE	19,667	218	104.3	2033.5	22.5	10.8	627	6	1.4	64.8	0.6	0.1	3.2%
FL	675,691	2,497	2,743.7	3172.4	11.7	12.9	13,296	9	98.3	62.4	0.0	0.5	2.0%
GA	306,155	1,134	1,680.1	2910.4	10.8	16.0	6,602	3	22.6	62.8	0.0	0.2	2.2%
HI	11,562	77	205.7	813.9	5.4	14.5	120	-	3.0	8.4	-	0.2	1.0%
IA	80,048	664	791.7	2536.3	21.0	25.1	1,265	1	6.7	40.1	0.0	0.2	1.6%
ID	37,491	244	316.0	2137.2	13.9	18.0	443	2	4.0	25.3	0.1	0.2	1.2%
IL	276,456	1,402	1,855.7	2169.8	11.0	14.6	8,686	14	20.7	68.2	0.1	0.2	3.1%
IN	111,505	746	814.4	1666.3	11.1	12.2	3,506	3	9.7	52.4	0.0	0.1	3.1%
KS[5]	52,285	-	557.0	1795.8	-	19.1	596	-	12.1	20.5	-	0.4	1.1%
KY	61,542	436	656.7	1377.3	9.8	14.7	1,111	3	7.3	24.9	0.1	0.2	1.8%
LA	162,258	936	552.6	3481.9	20.1	11.9	5,366	26	18.7	115.2	0.6	0.4	3.3%
MA	135,375	340	367.9	1961.3	4.9	5.3	9,308	15	14.1	134.9	0.2	0.2	6.9%
MD	120,568	412	560.3	1995.3	6.8	9.3	3,883	4	6.3	64.3	0.1	0.1	3.2%
ME	5,106	27	34.7	381.5	2.0	2.6	140	-	0.6	10.5	-	0.0	2.7%
MI[5]	128,087	-	718.4	1281.4	-	7.2	6,969	-	8.3	69.7	-	0.1	5.4%
MN	90,942	2,221	856.1	1620.7	39.6	15.3	2,021	6	6.7	36.0	0.1	0.1	2.2%
MO	112,844	1,328	1,442.4	1841.9	21.7	23.5	1,795	2	12.9	29.3	0.0	0.2	1.6%
MS	93,556	192	505.4	3132.6	6.4	16.9	2,810	-	14.9	94.1	-	0.5	3.0%
MT	10,427	127	200.9	981.5	12.0	18.9	159	2	3.4	15.0	0.2	0.3	1.5%
NC	193,581	1,333	1,235.0	1864.3	12.8	11.9	3,243	8	27.3	31.2	0.1	0.3	1.7%
ND	18,244	286	344.7	2400.3	37.6	45.4	193	1	3.3	25.4	0.1	0.4	1.1%
NE	41,083	286	413.6	2129.5	14.8	21.4	442	-	1.1	22.9	-	0.1	1.1%
NH	7,947	27	35.9	585.9	2.0	2.6	438	-	0.3	32.3	-	0.0	5.5%
NJ	199,762	453	446.9	2242.4	5.1	5.0	16,067	3	5.1	180.4	0.0	0.1	8.0%
NM	27,579	67	116.9	1316.2	3.2	5.6	849	2	3.7	40.5	0.1	0.2	3.1%
NV[6]	75,610	3	263.4	2491.8	0.1	8.7	1,558	(11)	10.1	51.3	NA	0.3	2.1%
NY City	241,337	322	341.7	2873.5	3.8	4.1	23,782	5	4.6	283.2	0.1	0.1	9.9%
NY State[7]	209,704	464	448.7	1881.9	4.2	4.0	9,015	1	3.3	80.9	0.0	0.0	4.3%
OH	144,309	762	986.3	1234.5	6.5	8.4	4,615	3	28.6	39.5	0.0	0.2	3.2%
OK	85,041	3,023	1,243.1	2156.7	76.7	31.5	959	4	7.7	24.3	0.1	0.2	1.1%
OR	30,801	202	209.1	735.0	4.8	5.0	526	1	2.4	12.6	0.0	0.1	1.7%
PA	150,578	733	829.1	1175.7	5.7	6.5	7,956	-	12.4	62.1	-	0.1	5.3%
RI[5]	23,620	-	102.1	2234.0	-	9.7	1,088	-	2.4	102.9	-	0.2	4.6%
SC	137,708	468	834.9	2708.6	9.2	16.4	3,199	11	19.3	62.9	0.2	0.4	2.3%
SD	18,696	252	294.0	2119.2	28.6	33.3	202	2	2.6	22.9	0.2	0.3	1.1%

[1] Data are reported voluntarily by each jurisdiction's health department. Data are reported as provided by the health department and the number of confirmed and probable cases or deaths may sum to the total. Health departments may update case data over time when they receive more complete and accurate information. If the number of cases or deaths reported by CDC is different from the number reported by jurisdiction health departments, data reported by jurisdictions should be considered the most up to date. The differences may be due to the timing of the reporting and website updates. See Technical Information about this data on the CDC Webpage.

[2] AS = American Samoa; DC = District of Columbia; FSM = Federated States of Micronesia; GU = Guam; CNMI = Commonwealth of the Northern Mariana Islands; PW = Palau; PR = Puerto Rico; RMI = Republic of the Marshall Islands; USVI = US Virgin Islands.

[3] These data represent new cases and deaths detected and tested in the US since the last update. Number of new cases and new deaths were included in total case numbers. Counts may have decreased from previous report due to case reclassification of cases to other jurisdictions or categories (e.g., probable to confirmed) by states.

[4] Percent change in cases, deaths and case fatality rates (CFR) are not calculated when the total number (denominator) was less than five.

[5] Jurisdiction did not provide an update.

[6] Nevada reported 11 fewer deaths.

[7] New York State excludes New York City.

57 Jurisdictions Reporting Confirmed or Probable COVID-19 Cases 50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[2]	Cases	New Cases[3]		Cases Per 100K			Deaths	New Deaths[3]		Deaths per 100K			CFR[4]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
TN	183,514	2,075	1,670.0	2710.7	30.6	24.7	2,218	2	20.0	32.8	0.0	0.3	1.2%
TX	688,534	2,466	4,157.1	2398.9	8.6	14.5	14,893	45	100.4	51.9	0.2	0.3	2.2%
UT	64,355	817	801.4	2035.8	25.8	25.4	440	1	0.9	13.9	0.0	0.0	0.7%
VA	141,138	626	938.1	1657.0	7.3	11.0	3,021	6	39.7	35.5	0.1	0.5	2.1%
VT	1,715	5	4.4	273.8	0.8	0.7	58	-	-	9.3	-	-	3.4%
WA	82,548	349	388.9	1095.4	4.6	5.2	2,037	-	6.6	27.0	-	0.1	2.5%
WI	107,292	1,735	1,801.9	1845.5	29.8	31.0	1,250	1	4.6	21.5	0.0	0.1	1.2%
WV	14,054	180	193.6	778.3	10.0	10.7	310	2	6.3	17.2	0.1	0.3	2.2%
WY	4,871	91	75.0	843.1	15.8	13.0	49	-	1.0	8.5	-	0.2	1.0%
AS	-	-	-	-	-	-	-	-	-	-	-	-	-
CNMI	69	1	-	121.3	1.8	-	2	-	-	3.5	-	-	-
DC	14,955	53	51.9	2129.0	7.5	7.4	620	1	0.6	88.3	0.1	0.1	4.1%
FSM	-	-	-	-	-	-	-	-	-	-	-	-	-
GU[5]	2,074	-	30.1	1251.1	-	18.2	31	-	1.1	18.7	-	0.7	1.5%
PR	42,476	638	675.1	1329.4	20.0	21.1	609	1	9.6	19.1	0.0	0.3	1.4%
PW	-	-	-	-	-	-	-	-	-	-	-	-	-
RMI	-	-	-	-	-	-	-	-	-	-	-	-	-
USVI	1,269	12	-	1212.3	11.5	-	19	-	-	18.2	-	-	1.5%
Total	**6,786,352**	**37,417**	**40,474.6**	**2050.7**	**11.3**	**12.2**	**199,024**	**270**	**759.9**	**60.1**	**0.1**	**0.2**	**2.9%**
Navajo[8]	10,113	6	20.3	2833.6	1.7	5.7	548	-	2.6	153.5	-	0.7	5.4%

Compilations of US Case Counts

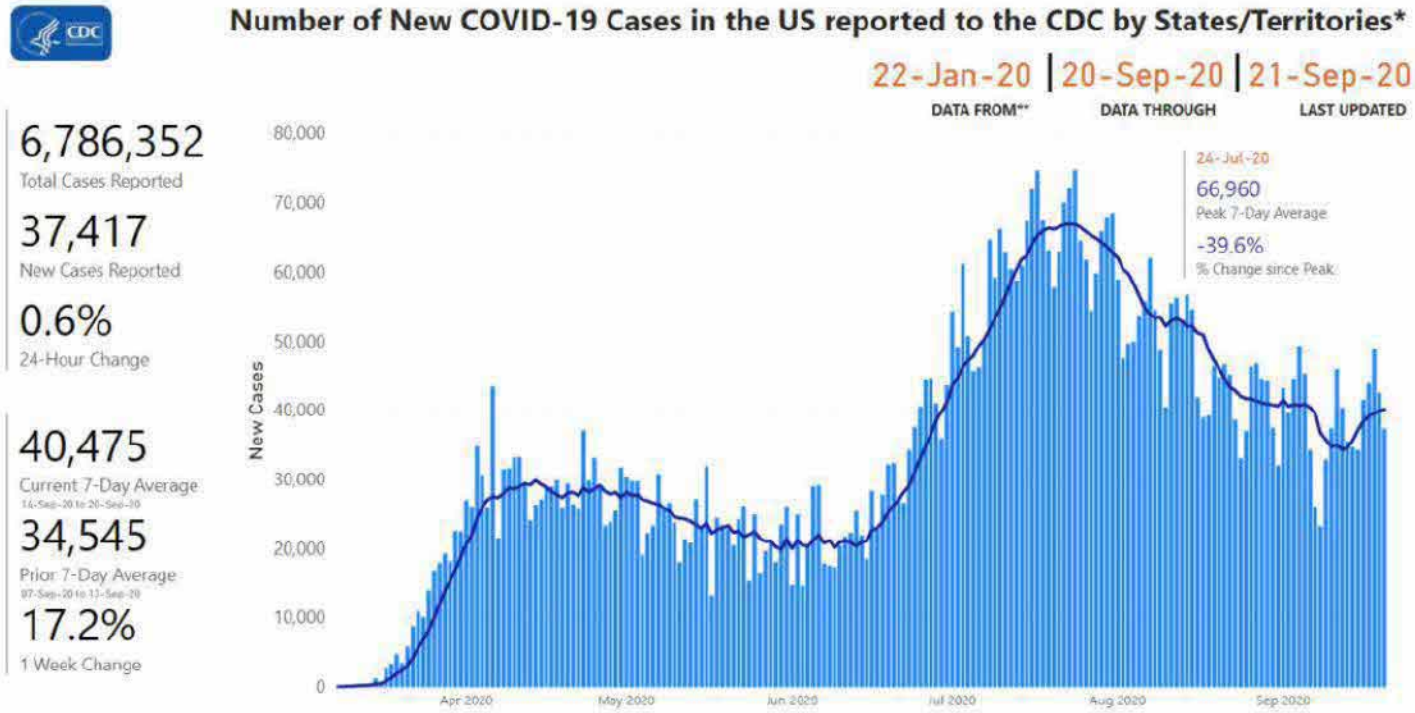
Reporting Source[9]	Data as of (all times are ET)	Cases	New Cases	Deaths	New Deaths
Official Sources (see table above)	21 Sep, 11:30	6,786,352	37,417	199,024	270
1Point3Acres	21 Sep, 11:00	6,952,760	41,170	203,417	301
Johns Hopkins	21 Sep, 11:23	6,816,046	48,412	199,552	284
USAFacts	20 Sep, NA	6,719,512	43,590	197,636	695
New York Times	21 Sep, 07:54	6,825,761	36,462	199,361	213
WorldoMeter	21 Sep, 11:19	7,011,463	41,419	204,167	316
COVID Tracking Project	20 Sep, 16:00	6,770,401	37,291	191,627	324

[8] Cases in the Navajo Nation are likely also reported by AZ, NM, and UT and were therefore already included in the grand total above. Counts reported separately here from Navajo Department of Health COVID-19 and Navajo Epidemiology Center Coronavirus Response Hub

[9] Data from other organizations are not reviewed or validated by CDC and may include data derived from open media sources not represented on official state public health department web pages.

Number of New COVID-19 Cases in the US Reported to the CDC by States/Territories.

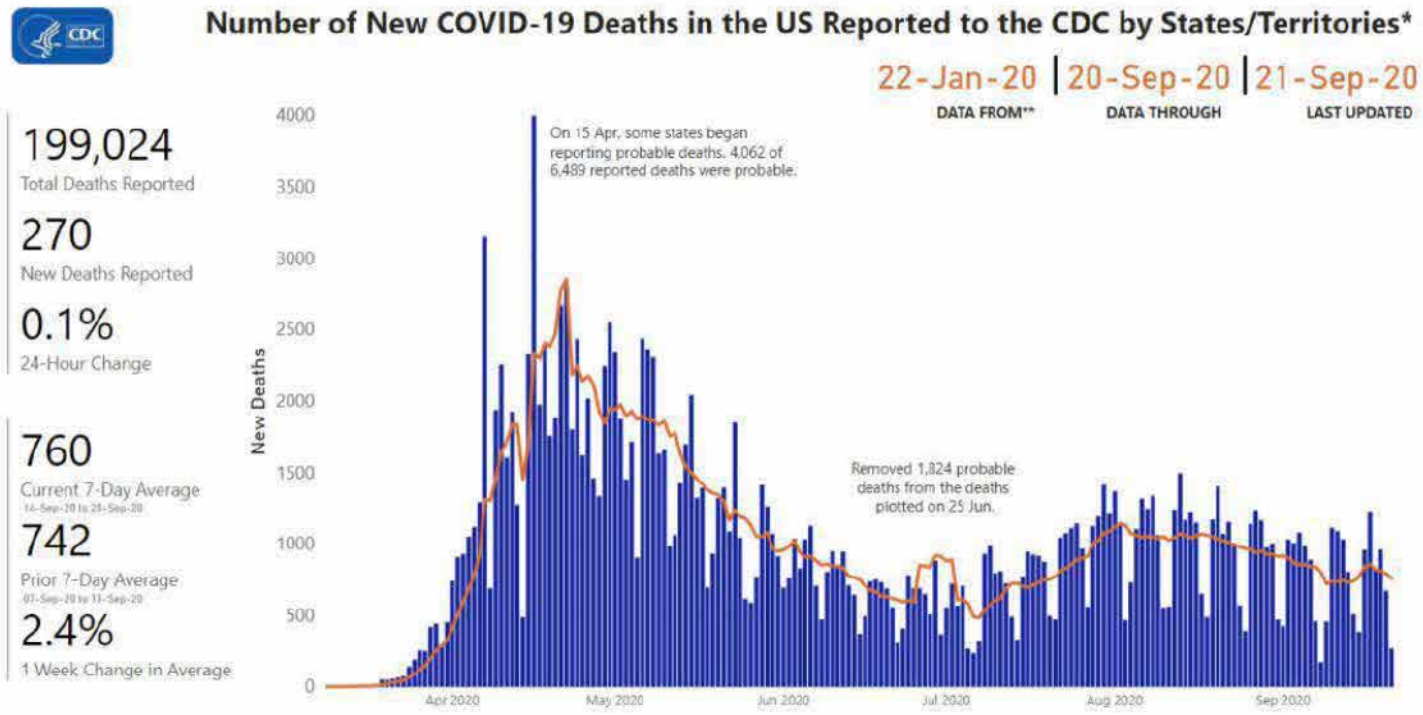
Data: 22 Jan 2020 through 20 Sep 2020 Last Update: 21 Sep 2020, 11:30
Source: CDC DCIPHER



* Includes both confirmed and probable COVID-19 cases. Figure represents official CDC US case counts for COVID-19, reviewed and validated by states and territories, posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). **Graph shows data starting on 08 Mar 2020. Sources: CDC DCIPHER, US Census Bureau (2018).
For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Number of New COVID-19 Deaths in the US Reported to the CDC by States/Territories.

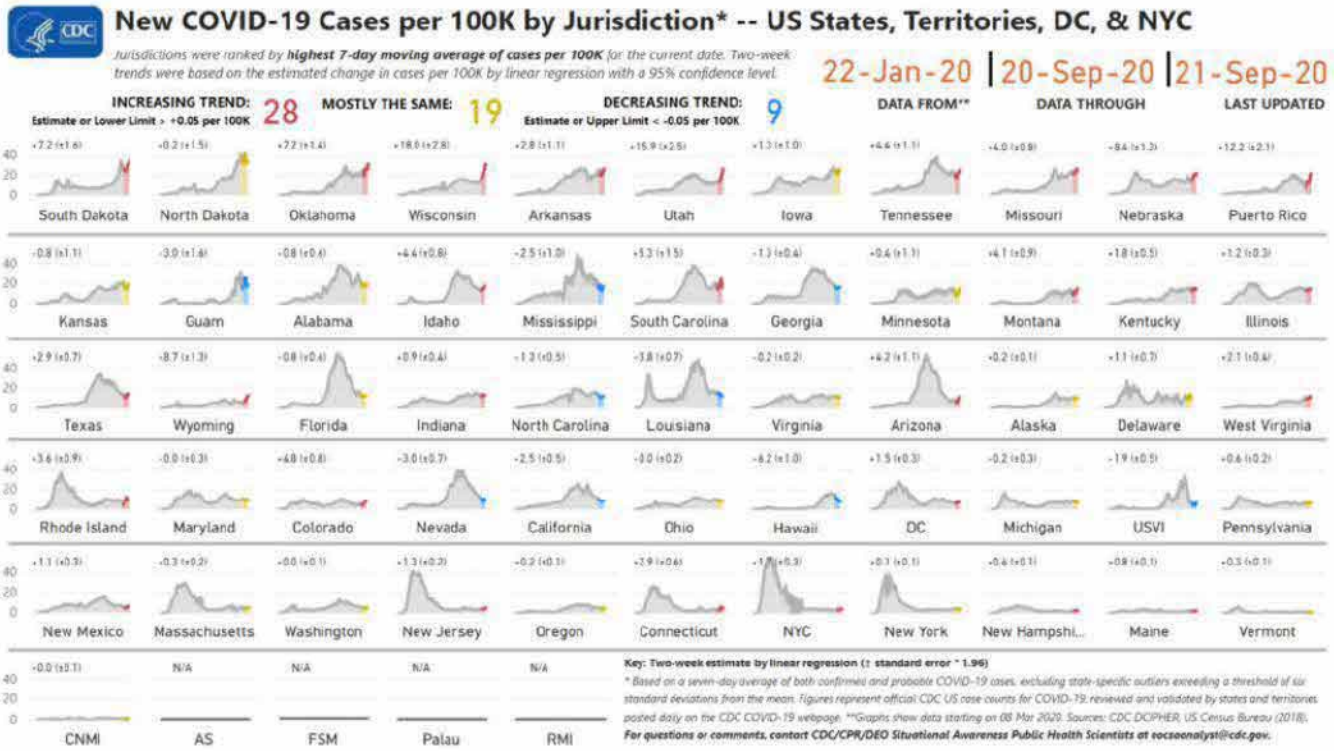
Data: 22 Jan 2020 through 20 Sep 2020 Last Update: 21 Sep 2020, 11:30
Source: CDC DCIPHER



* Includes both confirmed and probable COVID-19 deaths. Figure represents official CDC US case counts for COVID-19, reviewed and validated by states and territories, posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). **Graph shows data starting on 08 Mar 2020. Sources: CDC DCIPHER, US Census Bureau (2018).
For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

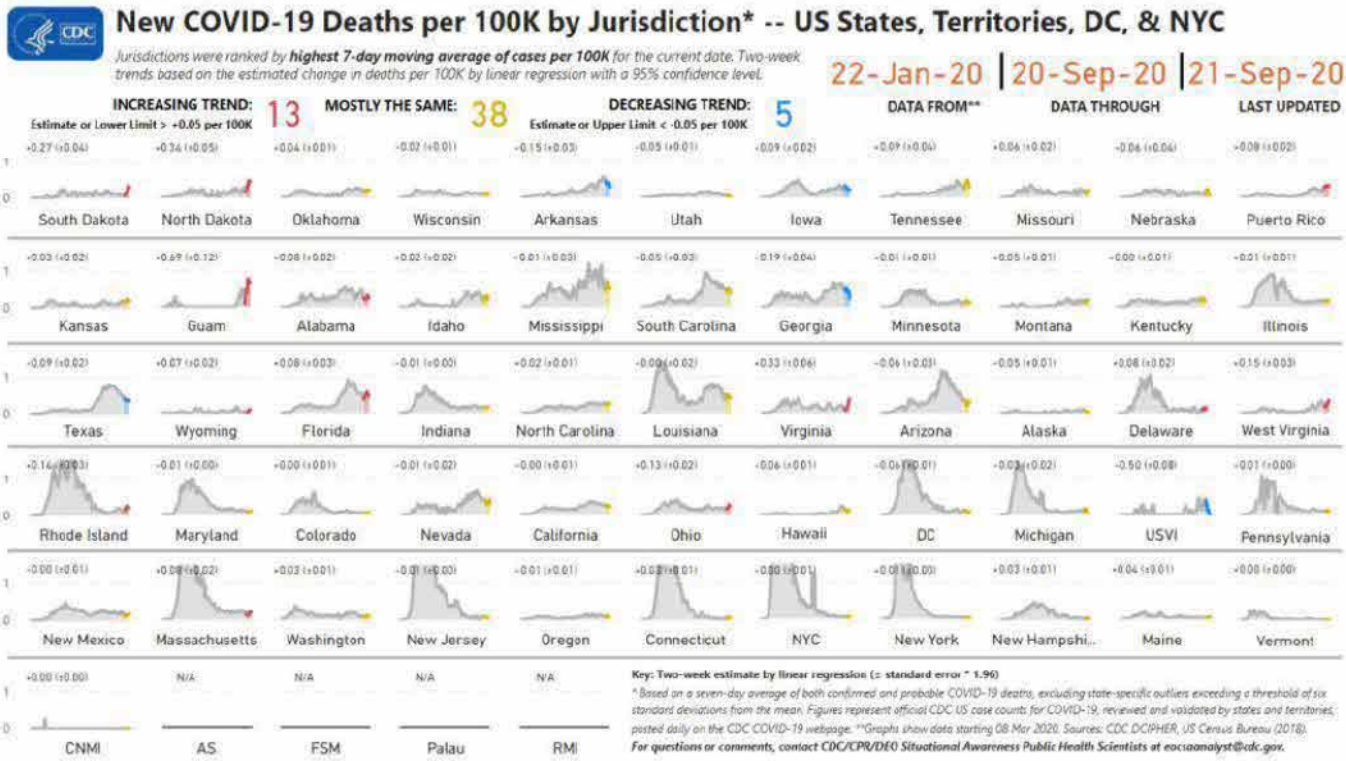
Daily Trends in the Number of New COVID-19 Cases in the United States Reported to CDC by State/Jurisdiction per 100,000 Population

Data 22 Jan 2020 through 20 Sep 2020 *Last Update: 21 Sep 2020, 11:30*
Source: CDC DCIPHER



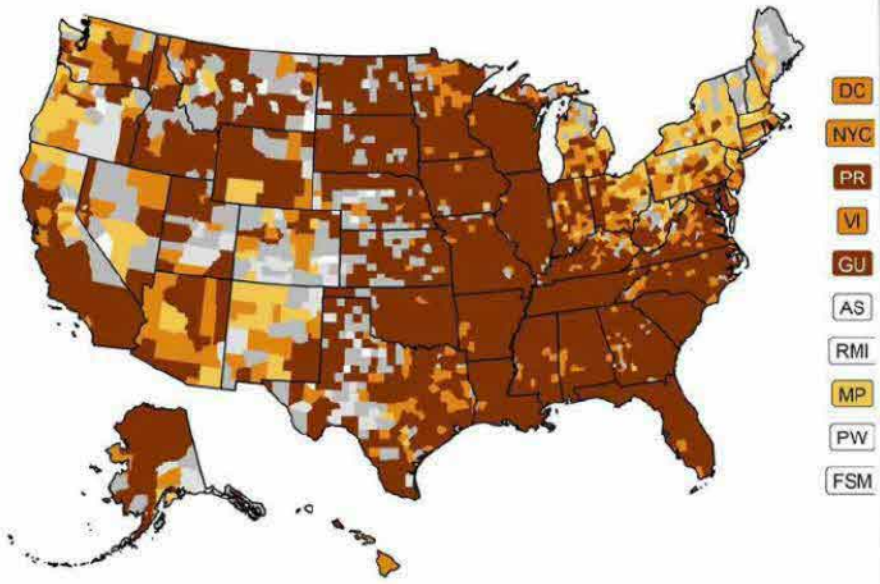
Daily Trends in the Number of New COVID-19 Deaths in the United States Reported to CDC by State/Jurisdiction per 100,000 Population

Data 22 Jan 2020 through 20 Sep 2020 *Last Update: 21 Sep 2020, 11:30*
Source: CDC DCIPHER



Cases/Deaths by County[10]

Coronavirus Disease 2019 (COVID-19)
Number of New Cases per 100,000 in the past 2 weeks, by U.S. County, 06 September–19 September, 2020



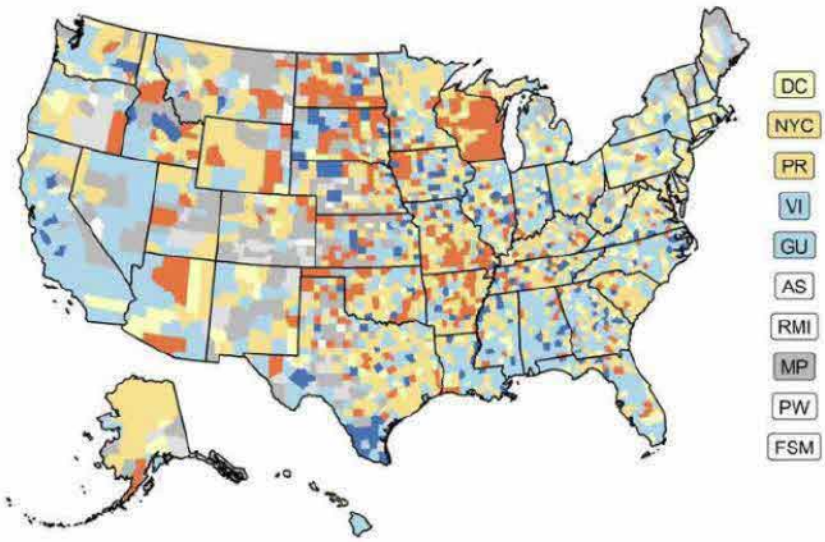
Incidence
- Low
- Moderate
- Moderately high
- High
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map
Describes recent incidence of COVID-19 infection to capture the potential burden of currently ill people who may be infectious and/or accessing healthcare.

Main Findings
- COVID-19 infection remains prevalent throughout the country.
- Elevated incidence of disease during the past 2 weeks remains widespread, including in the Southeast, the Midwest, and the West.

Notes: Defined using the number of new cases per 100,000 in the past 2 weeks. Low is >0 to 10, moderate is >10 to 50, moderately high is >50 to 100, and high is >100. Jurisdictions denoted as 0 cases in the past 2 weeks have had at least 1 case previously.
Sources: HHS Protect, US Census

Coronavirus Disease 2019 (COVID-19)
Change in Daily Incidence*, by U.S. County, September 18, 2020



Change in incidence per 100,000 per day
- Greater decline
- Moderate decline
- Plateau
- Moderate increase
- Greater increase
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map
Describes the trajectory of new illnesses as recently increasing, being stable, or decreasing in number.

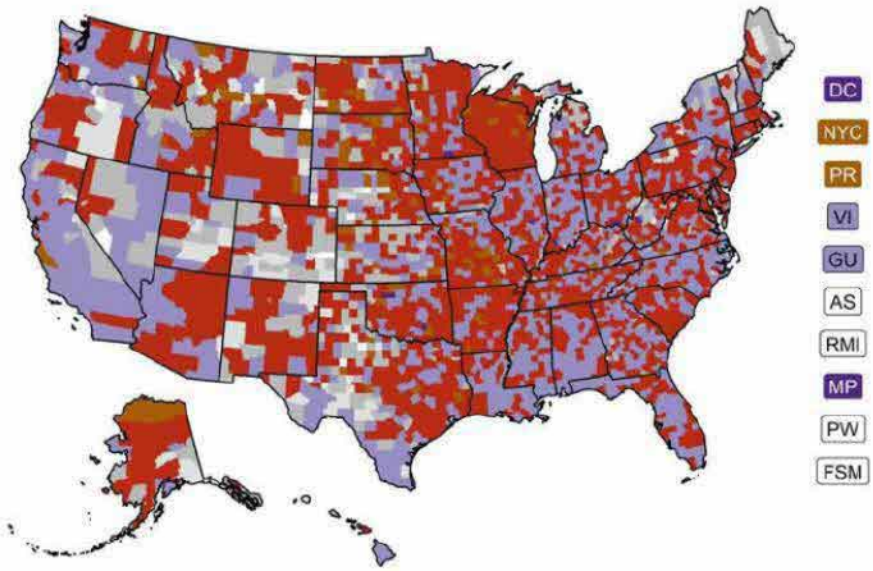
Main Findings
- Daily county-level incidence rates continue to decrease in much of the Southeast and the West Coast.
- However, county-level incidence is increasing throughout much of the Midwest and Great Plains, including Missouri, Wisconsin, North Dakota, South Dakota, Wyoming, Oklahoma, Arizona, and Arkansas.

*Measured as the change in slope of a spline fit to smoothed daily incidence. Incidence was smoothed using a 7-day moving average. These values therefore represent the change in 7-day average number of new cases per 100,000 per day. Greater declines are ≤-1, moderate declines are >-1 to -0.1, plateaus are >-0.1 to ≤0.1, moderate increases are >0.1 to 1, greater increases are >1. Counties denoted as 0 cases in the past 2 weeks have had at least 1 case previously.

Sources: HHS Protect, US Census

[10] See CDC COVID-19 Data Tracker for the latest visualizations on cases and deaths trends by state and county.

Coronavirus Disease 2019 (COVID-19) Current epidemic curve status*, by U.S. County, September 19, 2020



Current status

- Low incidence growth
- Elevated incidence growth
- Elevated incidence plateau
- Sustained decline
- Low incidence plateau
- Rebound
- 1-5 cases in the past two weeks
- 0 cases in the past two weeks
- No reported cases

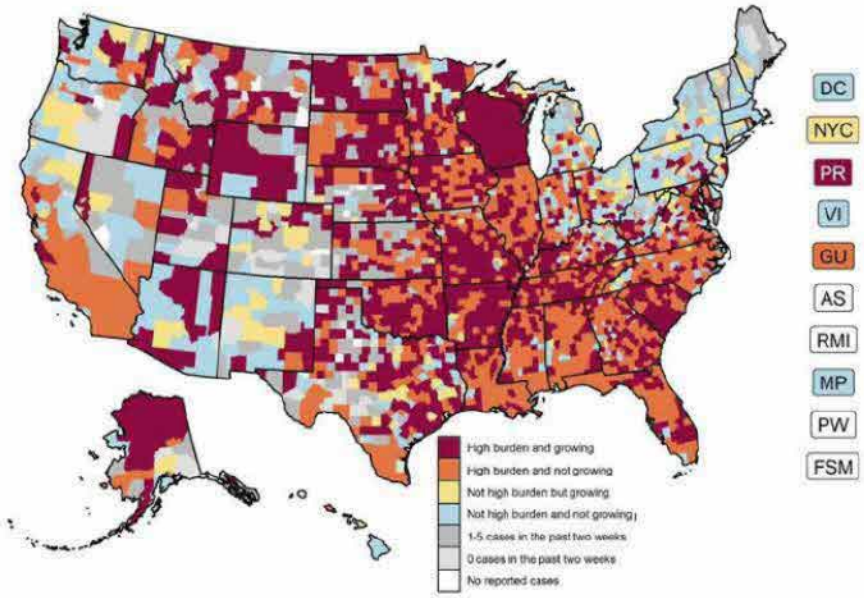
*Categorized according to the slope of a spline fit to the 7-day moving average of daily incidence and the number of new cases (per 100,000) in the past 2 weeks. Elevated incidence is defined as >10 new cases per 100,000 in the past two weeks.
Sources: HHS Protect, US Census

Purpose of this map
Provides the most detailed view into both the burden of illness and the trajectory of new illnesses.

Main Findings

- There are many counties throughout the States whose incidence are in rebound.
- Many counties in California and Nevada, as well as some in the Southeast, have burden in sustained decline.
- The goal is to have all communities be represented in the lighter colors, demonstrating little to no disease burden and no increase in trajectory.

Coronavirus Disease 2019 (COVID-19) Burden and growing of new cases per 100,000 in the past 2 weeks, by U.S. county, 06 September–19 September, 2020



Notes: High burden counties have >100 new cases per 100,000 in the past two weeks and growing counties have a slope of at least 0.1 per 100,000 per day.

Purpose of this map
Identifies "areas of concern" where a county's disease burden is high and still growing.

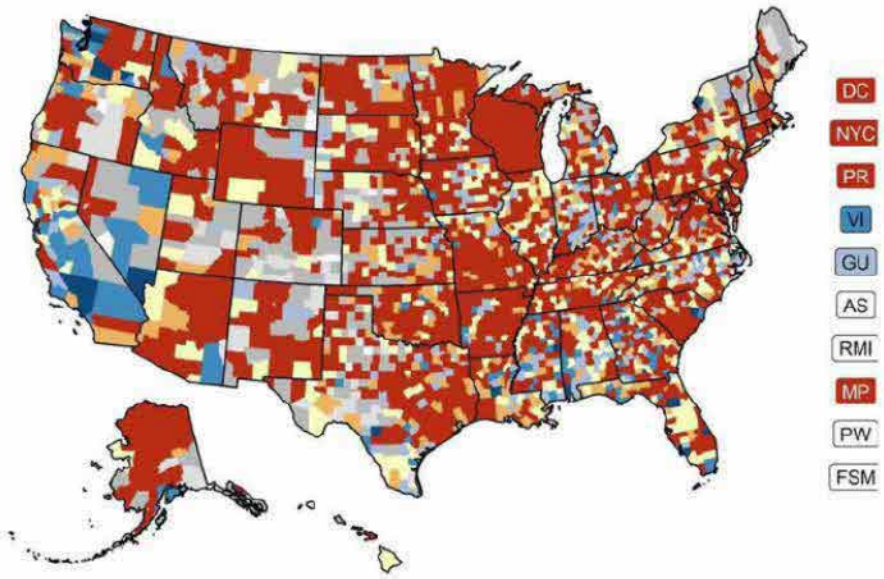
Main Findings

- Counties with the greatest burden and which are still demonstrating growth are listed in the table below.

Counties in the high burden, growing category (Top 10 with the highest number of cases per 100,000 in the past 2 weeks)

County name, State	No. of new cases in past 2 weeks	2-week incidence (per100,000)	Change in daily incidence (per 100,000 per day)
Rosebud, MT	220	2,427.5	6.6
Emmons, ND	76	2,306.5	19.8
Wheeler, GA	168	2,132.3	0.3
Craig, OK	241	1,684.6	16.9
Camas, ID	16	1,419.7	16.7
Gregory, SD	58	1,377.0	6.4
Stewart, GA	85	1,371.2	4.9
Stark, ND	417	1,345.3	2.5
Bollinger, MO	154	1,265.5	3.5
Edmunds, SD	46	1,187.1	4.9

Coronavirus Disease 2019 (COVID-19)
Current consecutive days of downward trajectory, by U.S. County, September 19, 2020



Days in downward trajectory*
- 1-6 days
- 7-13 days
- 14-20 days
- 21-41 days
- ≥42 days
- Not in downward trajectory
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map

Identifies progress in counties towards achieving a downward trajectory in case incidence over a 14-day period.

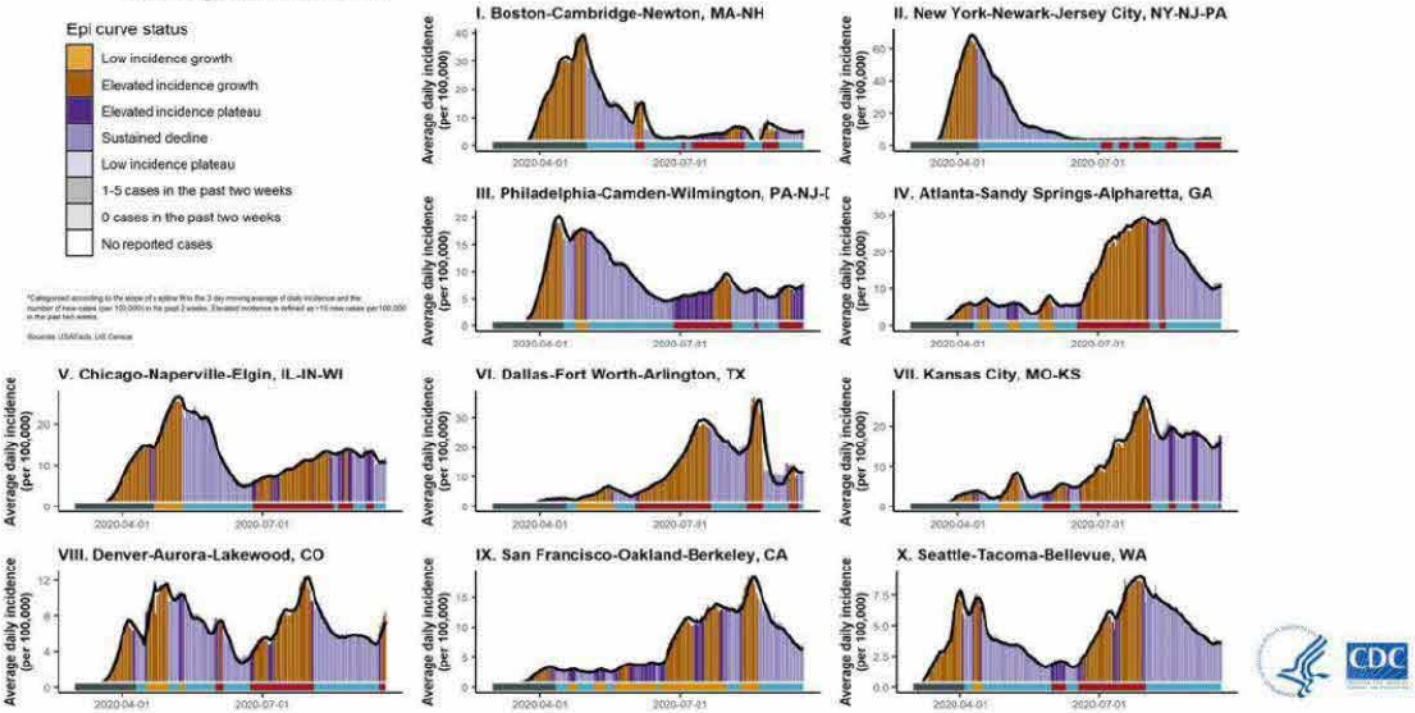
Main Findings

- 425 counties have been identified as having 14 or more consecutive days of improvement and are indicated in the blue colors (excludes counties with 0-5 cases in the past 2 weeks); median population size: 35,451 range: 1,399 – 10,105,518).
- This method is still being refined to best characterize progress towards achieving a downward trajectory in daily case incidence over a 14-day period, and the results provided should be interpreted with caution when determining mitigation strategies to use.

*The number of days in a downward trajectory represents the number of consecutive days for which the jurisdiction experienced either a negative slope or a low incidence plateau (two-week incidence ≤10 cases per 100,000 and slope >-0.1 and ≤0.1).
Sources: HHS Protect, US Census

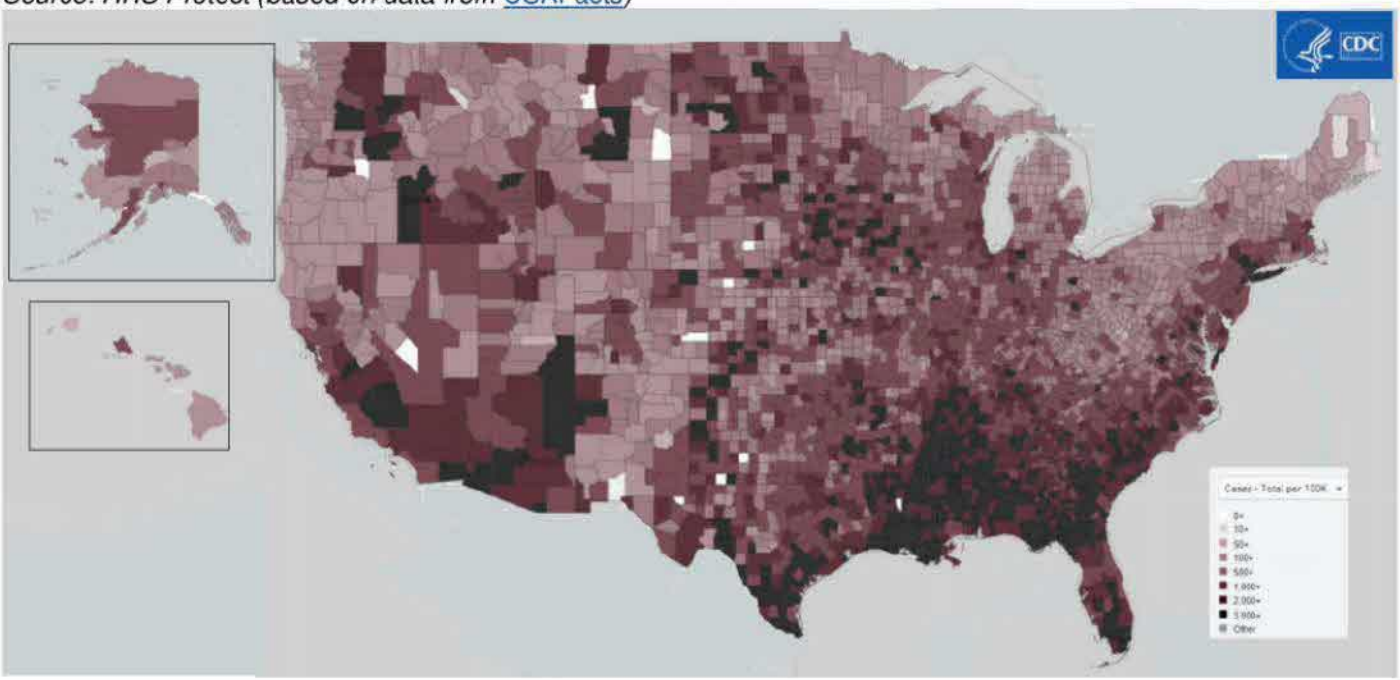
Trends in Epidemic Curve Status* of Major CBSAs in Each FEMA/HHS Region

Data through 12 SEPTEMBER 2020



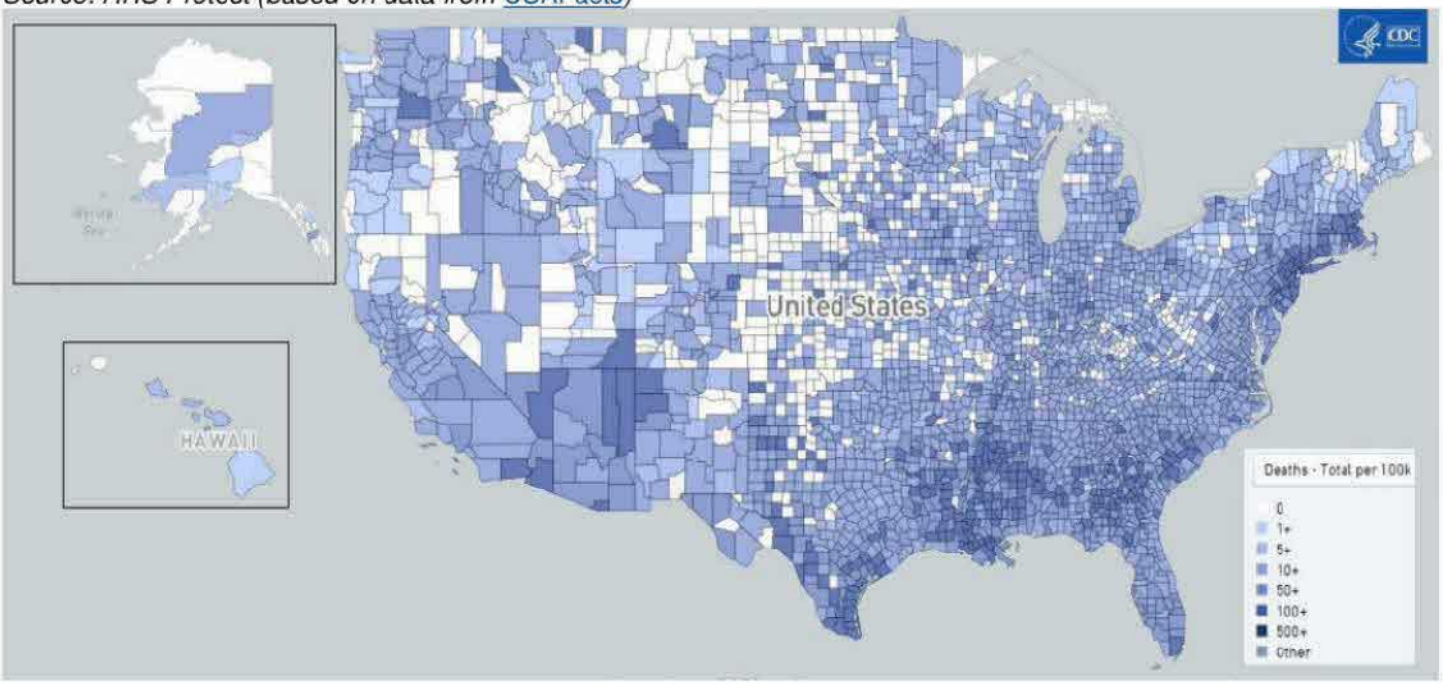
Total Cases due to COVID-19 per 100,000 Population by County

Data Through: 16 Sep 2020 *Last Updated: 21 Sep 2020, 05:00*
Source: HHS Protect (based on data from USAFacts)



Total Deaths due to COVID-19 per 100,000 Population by County

Data Through: 16 Sep 2020 *Last Updated: 21Sep 2020, 05:00*
Source: HHS Protect (based on data from USAFacts)



Cases/Deaths by CBSA

Total Cases due to COVID-19 per 100,000 Population by CBSA

Data 22 Jan 2020 through 19 Sep 2020 *Last Update: 21 Sep 2020, 08:00*

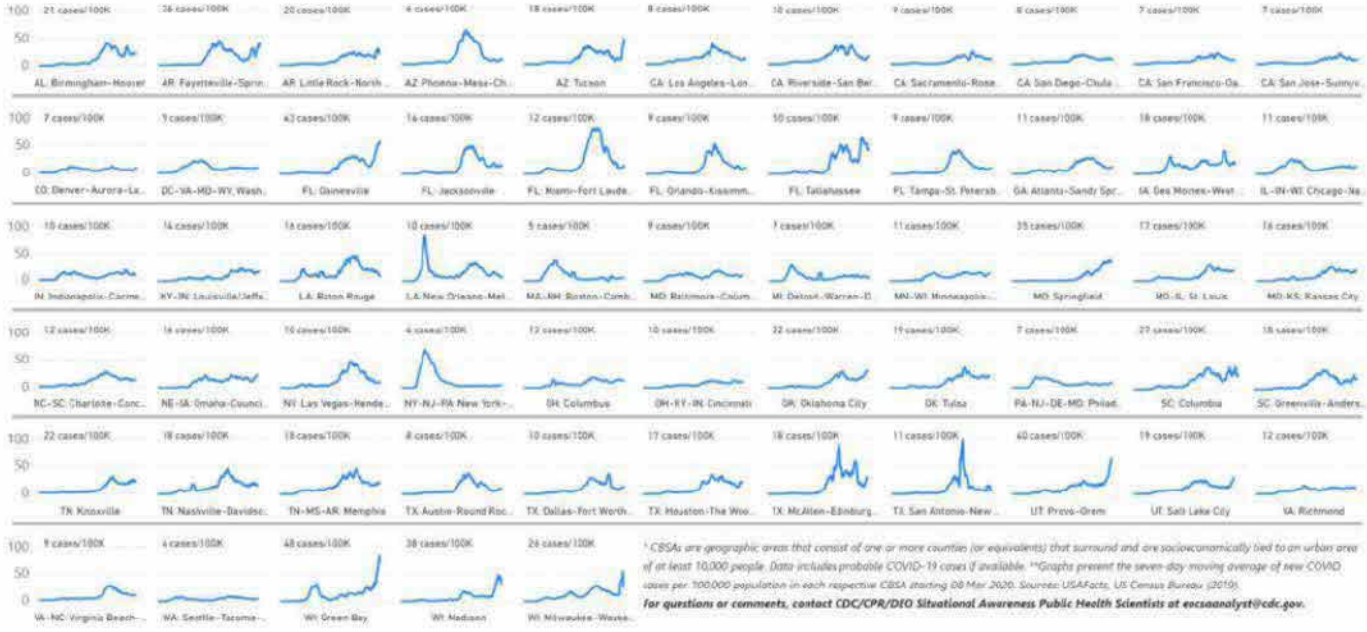
Source: Data from USAFacts

New COVID-19 Cases per 100K -- Top 60 Core-Based Statistical Areas (CBSA)*

The are the top 60 CBSAs based on the number of new cases in the past 14 days, presented in alphabetical order by state and city/town.

22-Jan-20 | 19-Sep-20 | 21-Sep-20

DATA FROM** DATA THROUGH LAST UPDATED



* CBSAs are geographic areas that consist of one or more counties (or equivalents) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 cases if available. **Graphs present the seven-day moving average of new COVID cases per 100,000 population in each respective CBSA starting 08 Mar 2020. Sources: USAFacts, US Census Bureau (2019).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Total Deaths due to COVID-19 per 100,000 Population by CBSA

Data 22 Jan 2020 through 19 Sep 2020 *Last Update: 21 Sep 2020, 08:00*

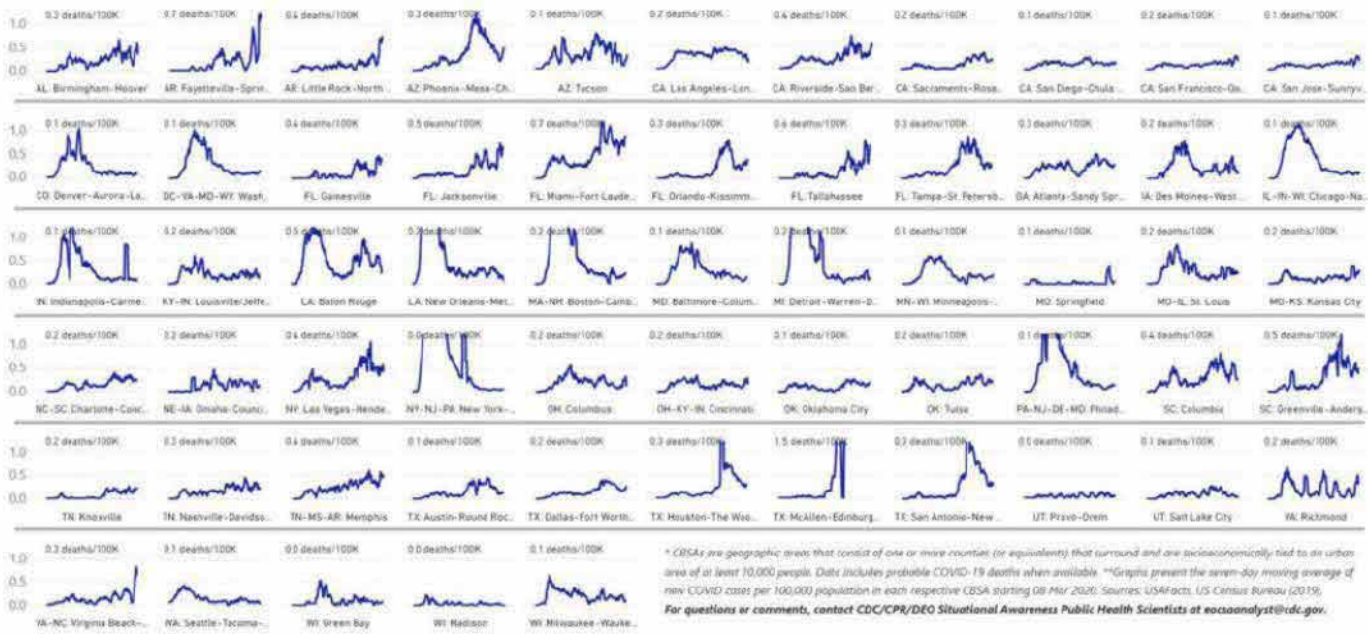
Source: Data from USAFacts

New COVID-19 Deaths per 100K -- Top 60 Core-Based Statistical Areas (CBSA)*

These are the top 60 CBSAs based on the number of new deaths in the past 14 days, presented in alphabetical order by state and city/town.

22-Jan-20 | 19-Sep-20 | 21-Sep-20

DATA FROM** DATA THROUGH LAST UPDATED



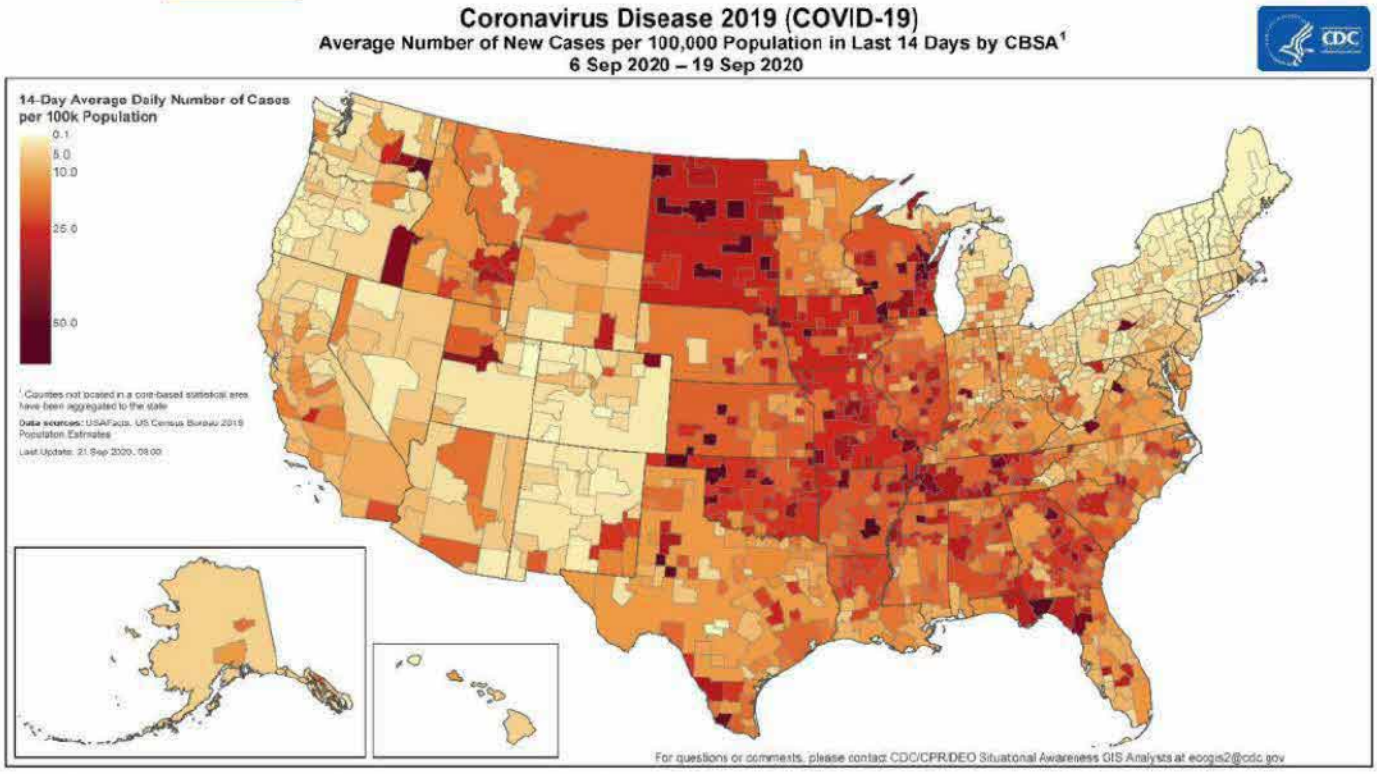
* CBSAs are geographic areas that consist of one or more counties (or equivalents) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 deaths when available. **Graphs present the seven-day moving average of new COVID cases per 100,000 population in each respective CBSA starting 08 Mar 2020. Sources: USAFacts, US Census Bureau (2019).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Cases/ Deaths by CBSA (Maps)

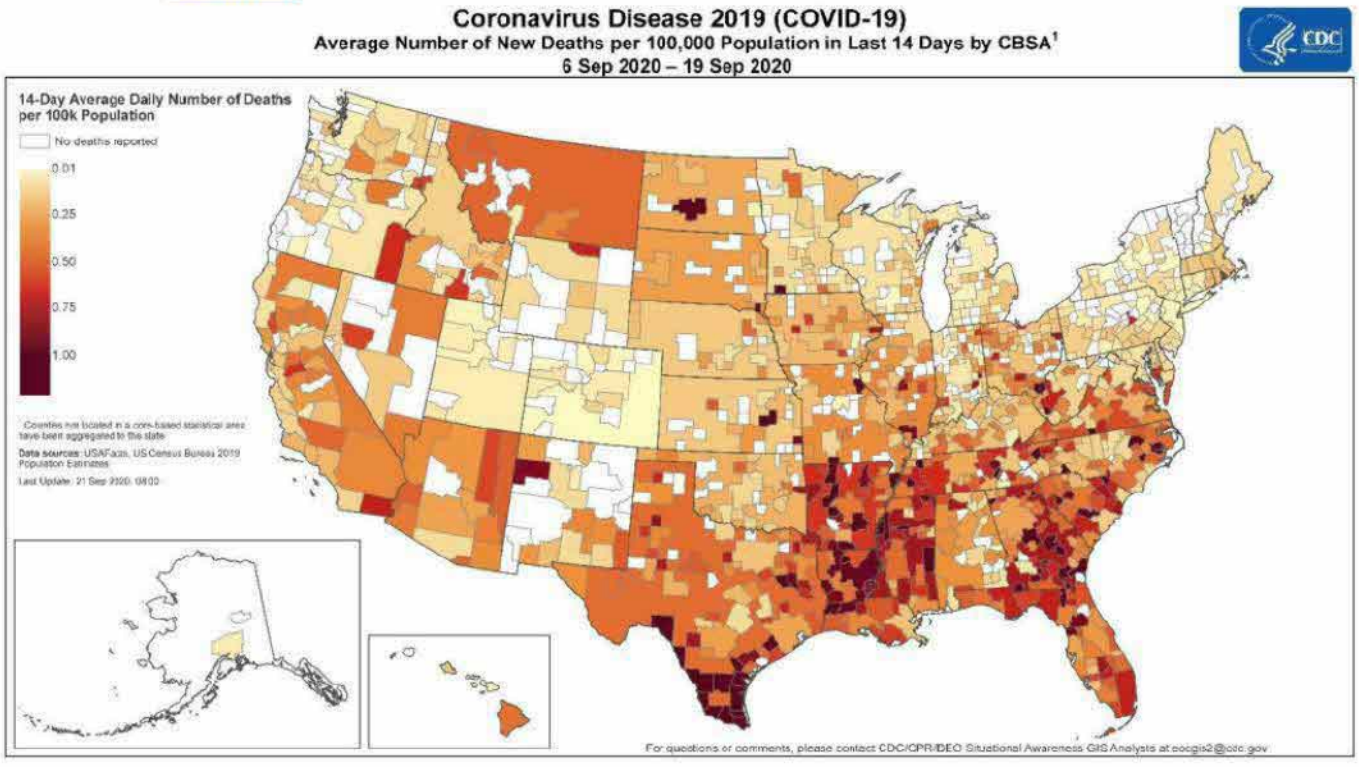
Total Cases due to COVID-19 per 100,000 Population by CBSA

Data: 06 Sep 2020 – 19 Sep 2020 Last Updated: 21 Sep 2020
Source: Data USAFacts via HHS Protect



Total Deaths due to COVID-19 per 100,000 Population by CBSA

Data: 06 Sep 2020 – 19 Sep 2020 Last Updated: 21 Sep 2020
Source: Data USAFacts via HHS Protect



COVID-19 Among Specific Populations

US Healthcare Workers

Data as of 20 Sep 2020

Healthcare Workers in US - Case Count Reported in Case-Based Surveillance

N =160,860 (+480)

- 709 Deaths (+6)
  - 189 in IL
  - 178 in CA
  - 59 in OH
  - 46 in MA
  - 32 in MI
  - 28 in NV
  - 25 in NY
  - 20 in NC
  - 20 in PA
  - 19 in TN
  - 18 in WA
  - 12 in IA
  - 11 in LA
  - 10 in AR
  - 9 in MN
  - 8 in NH
  - 7 in KS
  - 7 in NJ
  - 4 in CO
  - 3 in DC
  - 2 in PR
  - 1 in UT
  - 1 in VI

Laboratory Testing

Status of Laboratory Testing

Data Through: 13 Sep 2020 *Last Updated: 21 Sep 2020, 08:30*

Source: HHS Protect[11,12]

Report	Total New Orders	Cumulative Orders	New With Results	Cumulative Results	New Positives	Cumulative Positives	Percent Positive	% Positive Last 7 Days
Hospital[13]	151,340	17,489,527	146,963	17,549,138	8,529	1,269,512	7.2%	4.7%
Commercial labs[14]	92,085	38,546,949	236,370	37,703,129	10,706	3,297,155	8.7%	4.9%
State/Local PHL[15]	6,673	5,845,640	21,096	5,818,507	912	446,971	7.7%	4.6%
Total	250,098	61,882,116	404,429	61,070,774	20,147	5,013,638		

			Cumulative Total With Results		Cumulative Total Positive		Cumulative Total % Positive	% Positive Last 7 Days
Total Incl. State HD's[16]			104,184,655		8,362,469		8.0%	4.6%

[11] Data Source: HHS Protect is the data source for hospital and commercial lab data starting 23 Apr and PHL labs starting 08 May. Beginning 31 Aug, new results are the numbers as reported in HHS Protect at the time the data were exported.

[12] As of 03 Aug, Laboratory Data in HHS Protect uses data through the most recent day for which all jurisdictions have reported in order to report data for all jurisdictions along a consistent time window.

[13] Hospital laboratory data are reported directly to HHS via an online form, beginning 11 Apr. Respondents are asked to report all tests run in the hospital laboratory and not sent out to commercial laboratories.

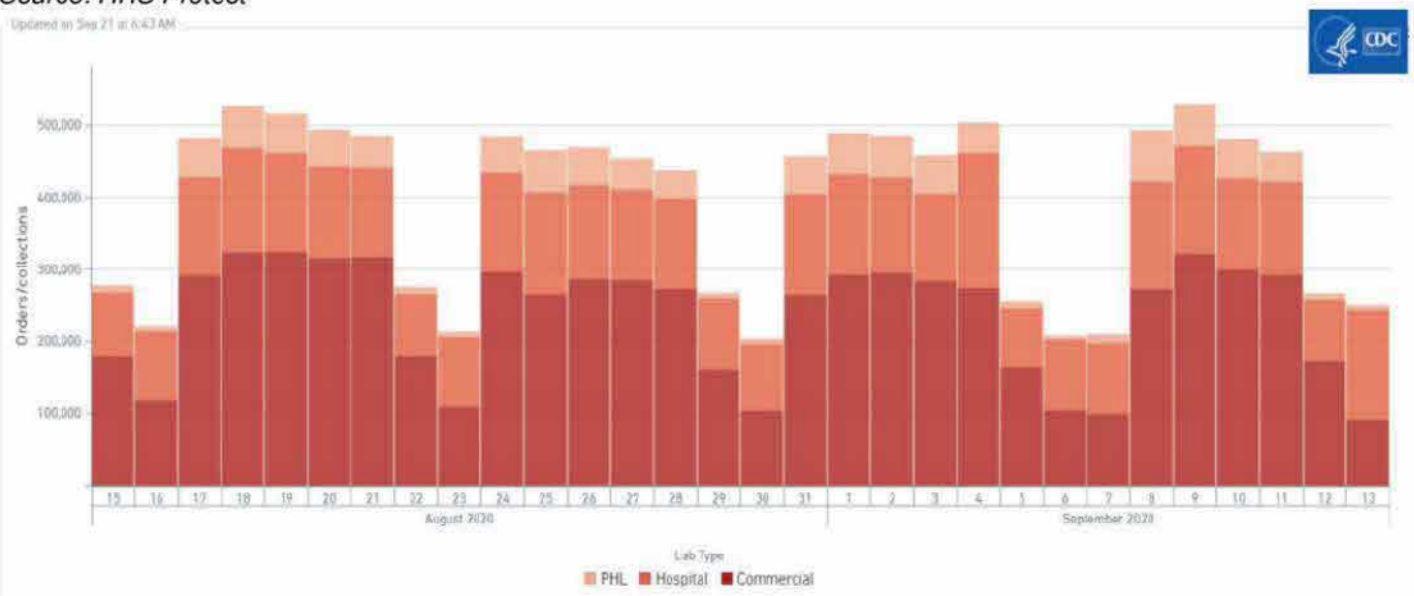
[14] Includes 6 commercial labs: LabCorp, Quest Diagnostics, BioReference, ARUP, Mayo Clinic, and Sonic Healthcare.

[15] Reporting public health labs are all 50 state public health labs, the District of Columbia, New York City, Puerto Rico, USAF, and 17 California counties.

[16] Includes laboratory results reported to CDC from additional state health departments not reported through HHS Protect including additional lab orders received prior to 23 Apr not included in HHS Protect.

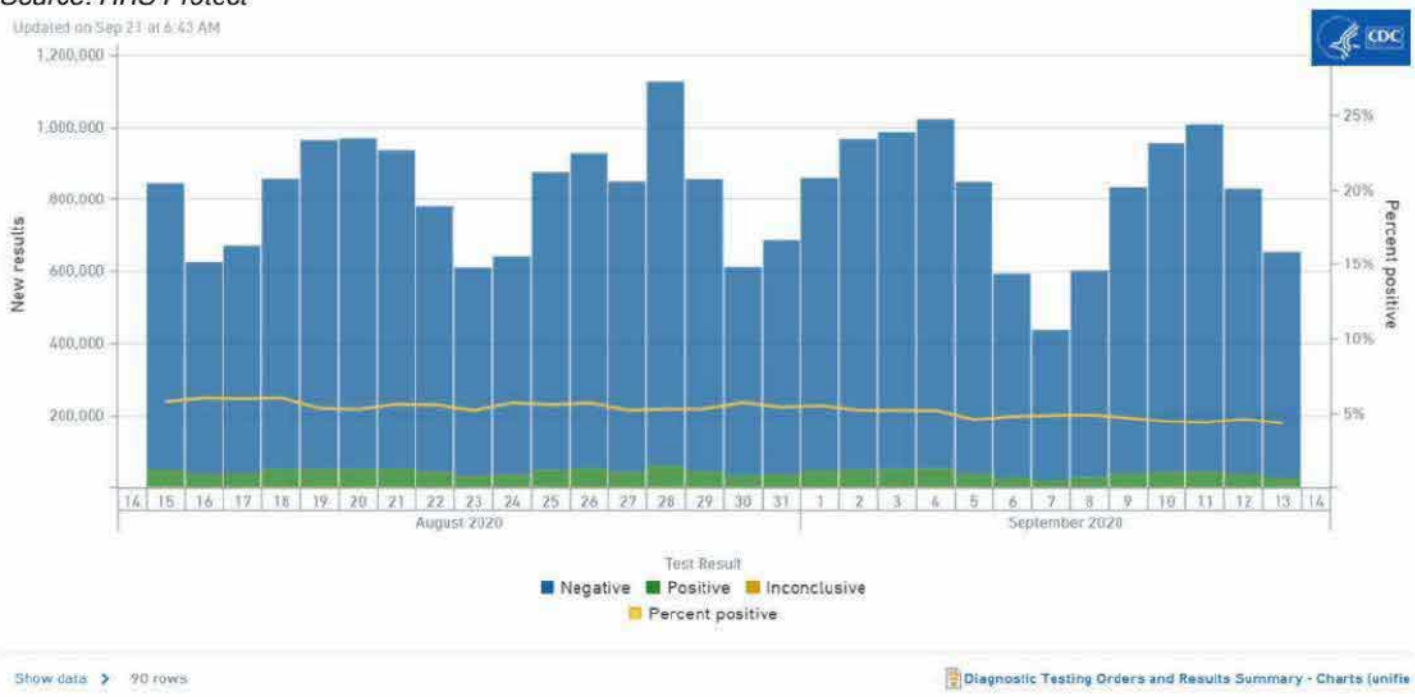
Laboratory Orders/Collections per Day by Facility Type[17]

Data: 15 Aug 2020 - 13 Sep 2020 Last Updated: 21 Sep 2020, 06:43
Source: HHS Protect



Positive/Negative Results and Percent Positive from Public Health, Commercial, and Hospital Lab[18]

Data: 15 Aug 2020 - 13 Sep 2020 Last Updated: 21 Sep 2020, 06:43
Source: HHS Protect



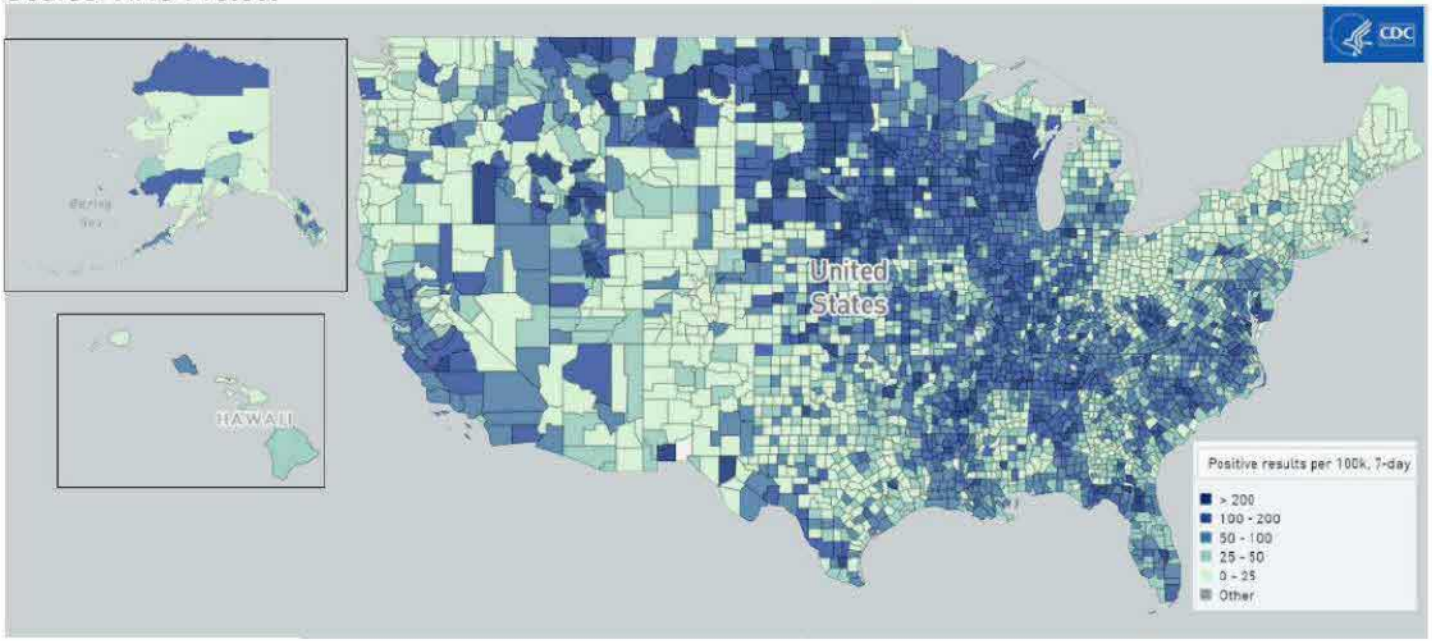
Show data > 90 rows

Diagnostic Testing Orders and Results Summary - Charts (unifie

[17] Reported by test order date if available, otherwise the date the specimen was collected. Due to reporting lags, data for the most recent three days may be underrepresented.
[18] Reported by test result date. Due to reporting lags, data for the most recent three days may be underrepresented.

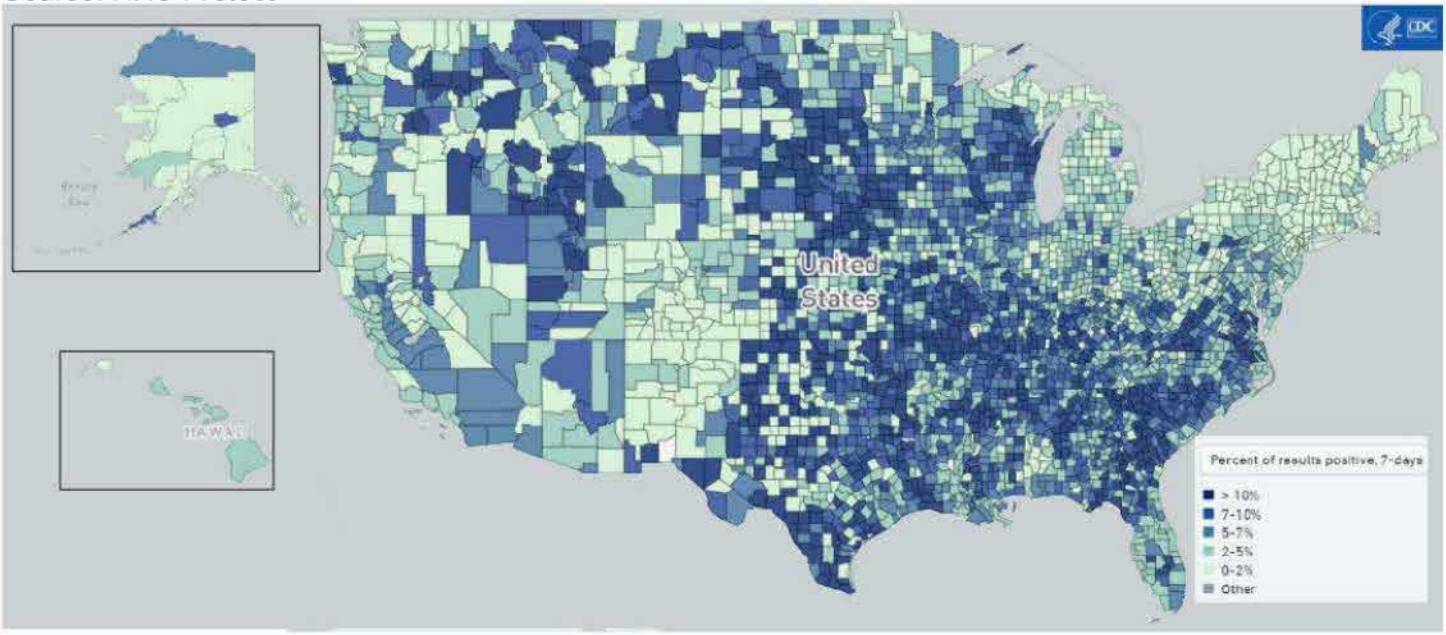
Positive Results per 100,000 Population Last 7-Days by County [19]

Data Through: 13 Sep 2020 *Last Updated: 21 Sep 2020*
Source: HHS Protect



Percent Positive Results Last 7-Days by County [19]

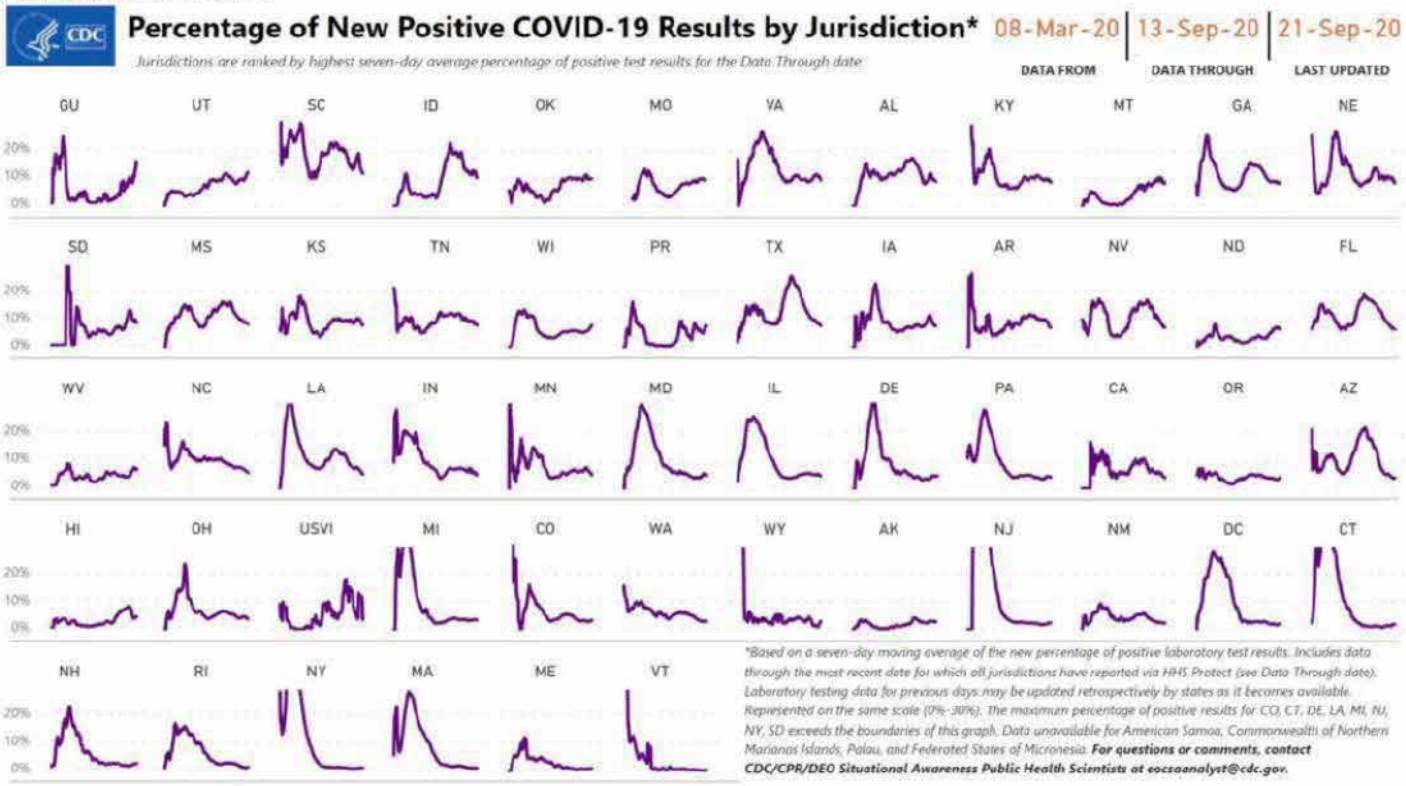
Data Through: 13 Sep 2020 *Last Updated: 18 Sep 2020*
Source: HHS Protect



[19] See CDC COVID-19 Data Tracker for the latest visualizations on US laboratory testing by state.

COVID-19 Virologic Testing, Percentage of Positive COVID-19 Test Results by Jurisdiction

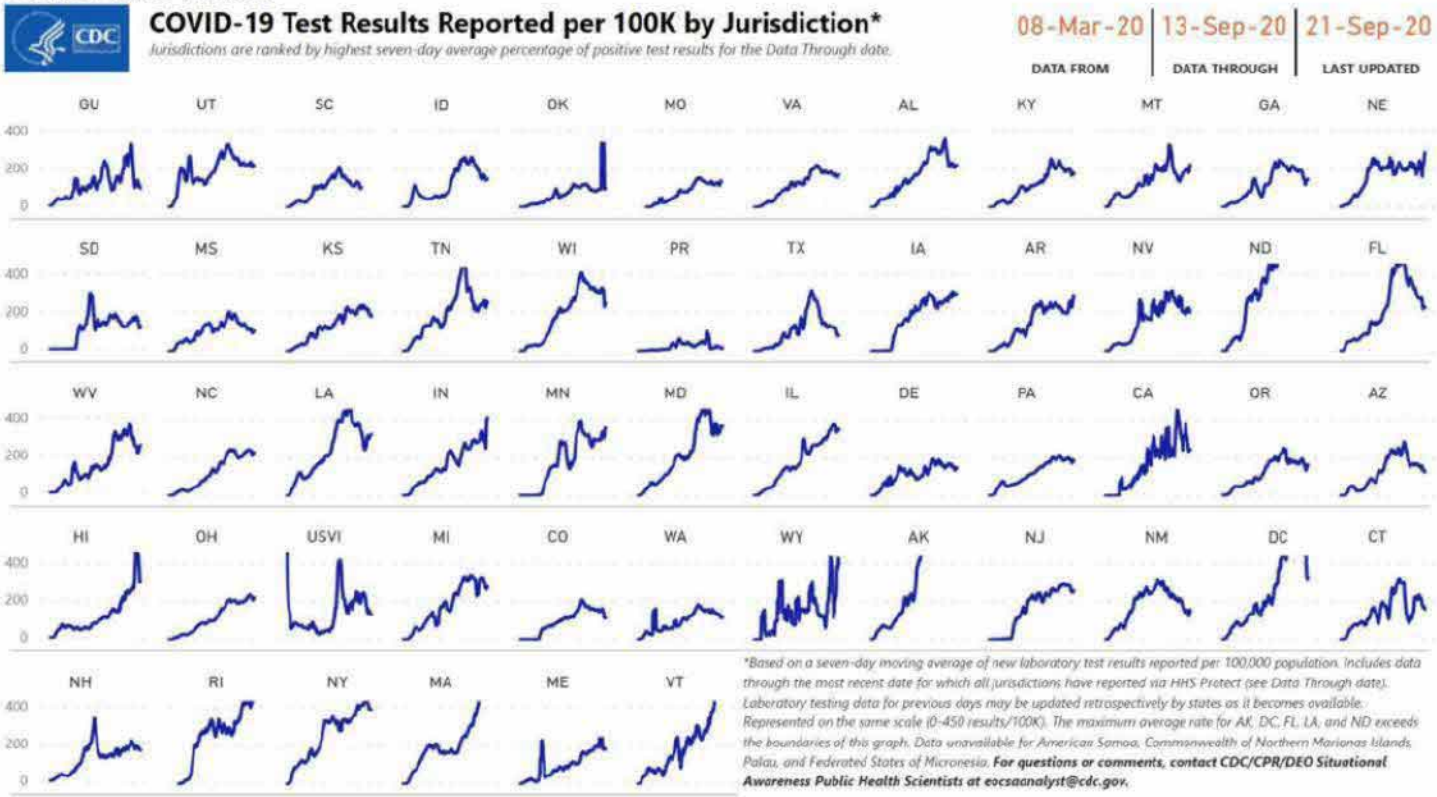
Data: 08 Mar 2020 – 13 Sep 2020 Last Update: 21 Sep 2020, 09:00
Source: HHS Protect



Based on a seven-day moving average of the new percentage of positive laboratory test results. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Represented on the same scale (0%-30%). The maximum percentage of positive results for CO, CT, DE, LA, MI, NJ, NY, SD exceeds the boundaries of this graph. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia. ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

New COVID-19 Test Results Reported per 100,000 Population by Jurisdiction

Data: 08 Mar 2020 – 13 Sep 2020 Last Update: 21 Sep 2020, 09:00
Source: HHS Protect

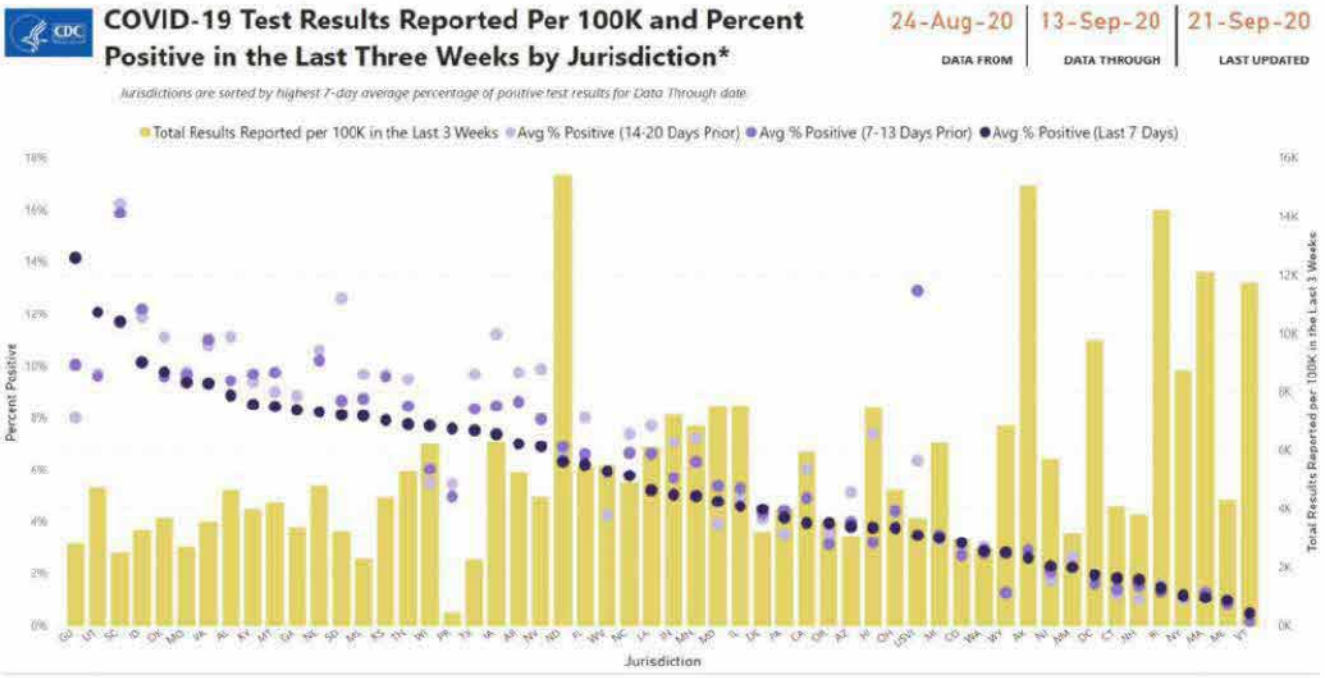


Based on a seven-day moving average of new laboratory test results reported per 100,000 population. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Represented on the same scale (0-450 results/100K). The maximum average rate for AK, DC, FL, LA, and ND exceeds the boundaries of this graph. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia. ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

Test Results per 100,000 and Percent Positive in the Last 3 Weeks by Jurisdiction[20,21]

Data 24 Aug 2020 – 13 Sep 2020 *Last Updated: 21 Sep 2020, 09:00*

Source: HHS Protect



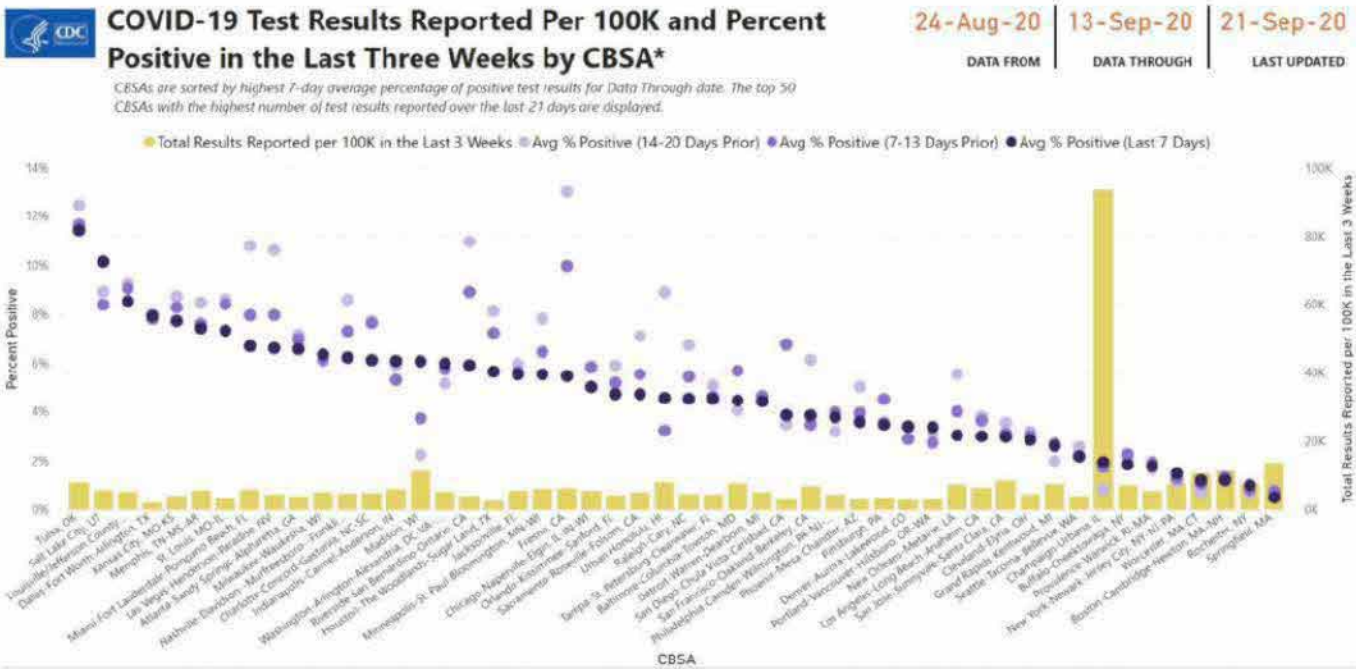
**Based on total laboratory test results reported per 100,000 population in the last 21 days. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Guam, US Virgin Islands, Palau, and Federated States of Micronesia.*

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Positive/Negative Results and Percent Positive in the Last 3 Weeks by CBSA[21]

Data 24 Aug 2020 – 13 Sep 2020 *Last Updated: 21 Sep 2020, 09:00*

Source: HHS Protect



**Metropolitan and Micropolitan Statistical Areas are collectively referred to as Core-Based Statistical Areas (CBSA); new definitions were announced by OMB on 06 Jun 2003, based on application of the 2000 standards with Census 2000 data. Figure based on total laboratory test results reported per 100,000 population in the last 21 days. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Guam, US Virgin Islands, Palau, and Federated States of Micronesia.*

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

[20] Data from state health departments, state public health labs, commercial labs, and hospitals.

[21] Metropolitan and Micropolitan Statistical Areas are collectively referred to as Core-Based Statistical Areas (CBSA). Due to reporting lags, data for the most recent three days may be underrepresented.

Comparison of U.S. Case Counts with Laboratory Testing Data

COVID-19 Cases, Deaths and Lab Comparison by Jurisdiction

Data Through: 13 Sep 2020 *Updated: 21 Sep 2020, 11:30*

Source: HHS Protect

COVID-19 Epi/Lab Overview -- US States, Territories & DC

Data for case and laboratory data includes data through the most recent date for which most jurisdictions have reported via HHS protect. *Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Lab data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia .*

** Calculation omitted where the number of total new tests was less than five.*

13-Sep-20 DATA THROUGH | 21-Sep-20 LAST UPDATED

State/ Territory	Cases/ 100K	Deaths/ 100K	Total Tests	New Tests	Tot. Tests/ 100K	New Tests/ 100K	New Pos Tests	Total Pos Tests	% Total Pos Tests	% New Pos Tests*
AK	851.3	60	521,798	2,452	71,328.2	335.2	24	12,115	2.3%	1.4%
AL	2444.6	48.1	1,572,914	6,009	32,079.4	122.6	504	188,800	12.0%	9.9%
AR	2329.6	32.4	853,840	8,322	28,293.4	275.8	611	74,512	8.7%	7.3%
AZ	2961.4	742	1,727,261	6,361	23,730.3	87.4	250	211,610	12.3%	3.9%
CA	1908.4	362	12919,314	119,449	32,697.0	302.3	3,181	869,565	6.7%	2.7%
CO	1078.7	349	1,017,931	8,304	17,676.3	144.2	230	47,794	4.7%	2.8%
CT	1920.6	1254	985,716	5,157	27,647.6	144.6	82	64,527	6.5%	1.6%
DE	1958.0	638	211,343	1,954	21,703.7	200.7	82	16,254	7.7%	4.2%
FL	2[illegible]	592	8913,048	31,615	41,499.0	147.2	1,882	1097,259	12.3%	6.0%
GA	2[illegible]6	613	2,534,714	5,180	23,873.2	48.8	545	269,104	10.6%	10.5%
HI	712.6	70	335,776	3,439	23,715.1	242.9	92	12,011	3.6%	2.7%
IA	2563.7	386	1,047,912	6,763	33,213.0	214.4	361	86,513	6.3%	5.3%
ID	2011.3	237	415,348	1,820	23,241.9	101.8	183	54,889	13.2%	10.1%
IL	2067.8	670	4409,481	27,886	34,797.5	220.1	1,533	300,510	6.8%	5.5%
IN	1581.1	514	2,198,457	18,307	32,655.8	271.9	846	163,498	7.4%	4.6%
KS	1861.9	176	716,678	1,401	24,600.1	48.1	116	63,605	8.9%	8.3%
KY	1274.4	237	998,653	4,654	22,352.9	104.2	410	91,914	9.2%	8.8%
LA	2[illegible]8	1123	2112,797	6,748	45,446.3	145.2	435	229,254	10.9%	6.4%
MA	1924.0	1334	2976,119	29,500	43,179.1	428.0	307	162,643	5.5%	1.0%
MD	1959.4	635	2482,617	18,671	41,064.3	308.8	871	184,608	7.4%	4.7%
ME	363.3	102	263,406	1,772	19,595.6	131.8	13	5,373	2.0%	0.7%
MI	1231.1	691	3377,152	20,523	33,816.0	205.5	712	171,757	5.1%	3.5%
MN	1513.9	352	1922,589	20,571	34,090.7	364.8	886	120,298	6.3%	4.3%
MO	1671.1	278	956,624	10,325	15,586.7	168.2	868	71,437	7.5%	8.4%
MS	3[illegible]1	908	598,240	2,948	20,101.1	99.1	265	70,456	11.8%	9.0%
MT	849.2	127	281,286	2,607	26,318.5	243.9	233	14,158	5.0%	8.9%
NC	1781.0	294	2511,634	18,196	23,947.5	173.5	1,011	223,556	8.9%	5.6%
ND	2082.8	224	576,130	4,475	75,604.1	587.2	341	21,110	3.7%	7.6%

State/ Territory	Cases/ 100K	Deaths/ 100K	Total Tests	New Tests	Tot. Tests/ 100K	New Tests/ 100K	New Pos Tests	Total Pos Tests	% Total Pos Tests	% New Pos Tests*
NE	1979.4	22.5	616,778	4165	31,884.6	215.3	296	73,509	11.9%	7.1%
NH	567.4	32.1	334,731	1943	24,617.8	142.8	25	12,654	3.8%	1.3%
NJ	2207.1	1[illegible]0	2,714,635	17080	30,562.7	192.3	383	99,817	3.7%	2.2%
NM	1277.1	39.3	716,164	4943	34,154.6	235.7	84	30,337	4.2%	1.7%
NV	2631.0	49.0	951,238	3271	30,832.8	106.1	232	99,578	10.3%	7.1%
NY	1057.0	46.0	9,605,966	64290	49,179.0	330.5	774	550,592	5.7%	1.2%
OH	1175.5	37.8	2,589,326	30411	22,151.6	260.3	1,071	147,959	5.3%	3.5%
OK	1935.0	23.0	563,565	3698	14,242.3	93.5	304	44,866	8.0%	8.2%
OR	700.0	12.1	998,012	4237	23,662.3	100.5	159	39,410	3.9%	3.8%
PA	1132.4	61.4	2,888,387	24801	22,562.0	193.7	934	195,895	6.8%	3.8%
RI	2166.3	101.3	637,199	2646	60,149.4	249.8	58	12,730	5.1%	2.2%
SC	2[illegible]6	60.3	968,223	5798	18,805.1	112.6	499	168,343	17.4%	8.6%
SD	1865.9	20.9	174,853	1629	19,765.0	184.1	88	10,606	6.1%	5.4%
TN	2538.8	30.7	2,541,645	12249	37,217.5	179.4	831	246,951	9.7%	6.8%
TX	2297.5	49.4	6,081,752	24040	20,974.5	82.9	1,912	956,729	15.7%	8.0%
UT	1858.4	13.7	1,187,459	5549	37,039.1	173.1	763	95,069	8.0%	13.8%
VA	1579.9	32.2	1,891,328	12998	22,158.3	152.3	1,082	229,184	12.1%	8.3%
VT	268.9	9.3	242,118	3589	38,801.6	575.2	17	2,674	1.1%	0.5%
WA	1059.3	26.4	1,407,805	7693	18,487.5	101.0	190	75,532	5.4%	2.5%
WI	1628.6	21.0	2,180,857	16022	37,456.1	275.2	1,354	118,058	5.4%	8.5%
WV	703.2	14.7	544,865	4073	30,402.9	227.3	201	20,889	3.8%	4.9%
WY	752.2	7.3	156,268	207	27,000.5	35.8	7	4,652	3.0%	3.4%
CNMI	107.2	3.5								
DC	2[illegible]3	87.7	341,740	3279	48,421.6	464.6	62	18,635	5.5%	1.9%
GU	1123.9	13.9	36,808	51	22,104.5	30.8	5	1,597	4.3%	8.8%
PR	1181.5	17.0	151,592	1356	4,746.6	42.5	87	4,475	3.0%	6.4%
USVI	1166.4	18.2	20,602	14	19,680.9	13.4	1	1,162	5.6%	7.1%

This table also summarizes official CDC US case counts for COVID-19 reviewed and validated by states and territories, posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). Sources: CDC DCIPHER, HHS Protect, US Census Bureau. ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

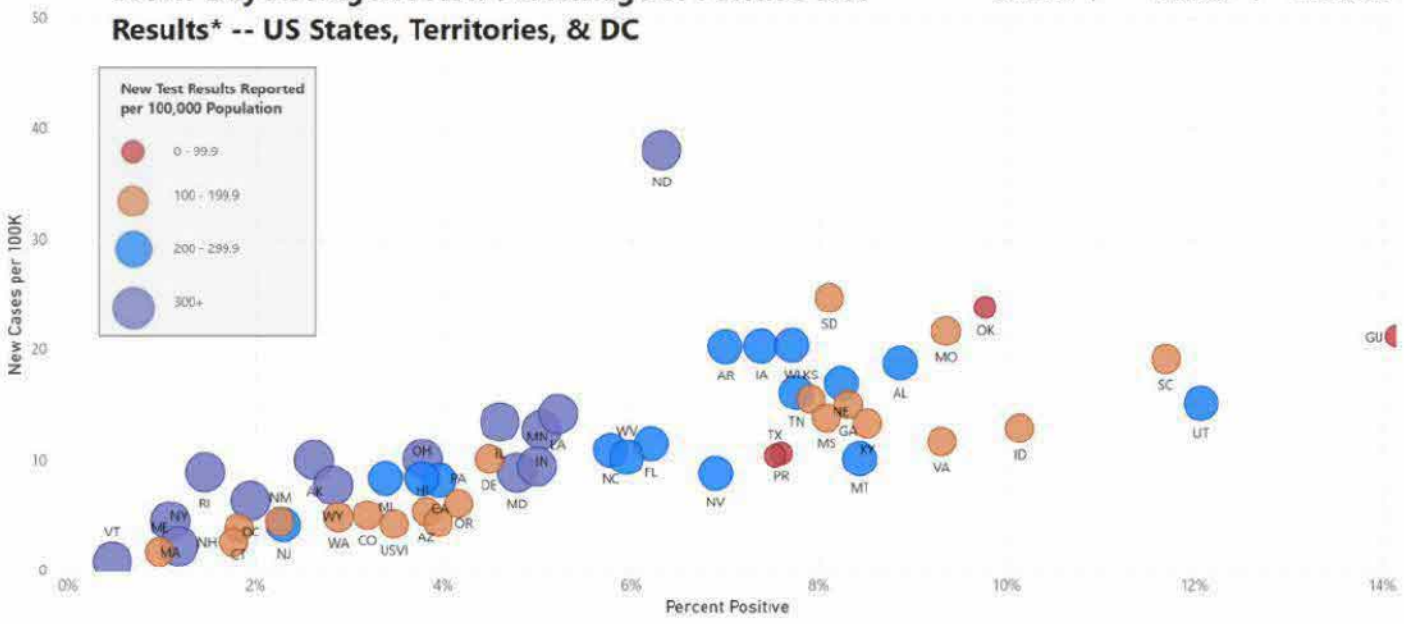
Comparison New Cases per 100k Population and Percent Positive Test Results, Last 7-Days

Data 07 Sep 2020 – 13 Sep 2020 *Updated: 21 Sep 2020, 11:30*

Source: HHS Protect

Seven-Day Average of New COVID-19 Cases Per 100K by Seven-Day Average of New Percentage of Positive Test Results* -- US States, Territories, & DC

07-Sep-20 DATA FROM | 13-Sep-20 DATA AS OF | 21-Sep-20 LAST UPDATED



** Includes data through the most recent date for which all jurisdictions have reported laboratory data via HHS Protect (see Data As Of date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Figure represents official CDC US case counts for COVID-19, including both confirmed and probable cases, reviewed and validated by states and territories and posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). New test results reported per 100,000 population is based on a seven-day moving average. Laboratory Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia.* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

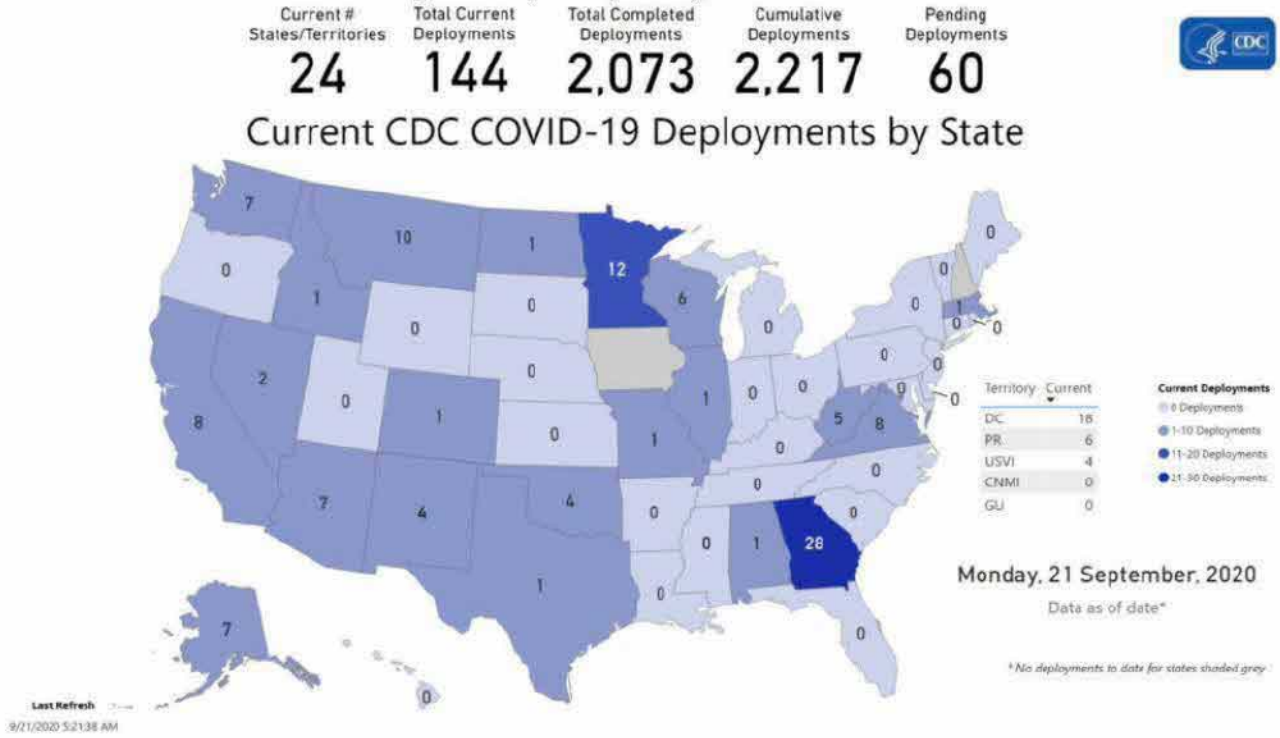
CDC Response Statistics

Deployments

CDC COVID-19 Domestic Deployments[22]

Data as of 21 Sep 2020 *Last Updated 21 Sep 2020, 5:41*

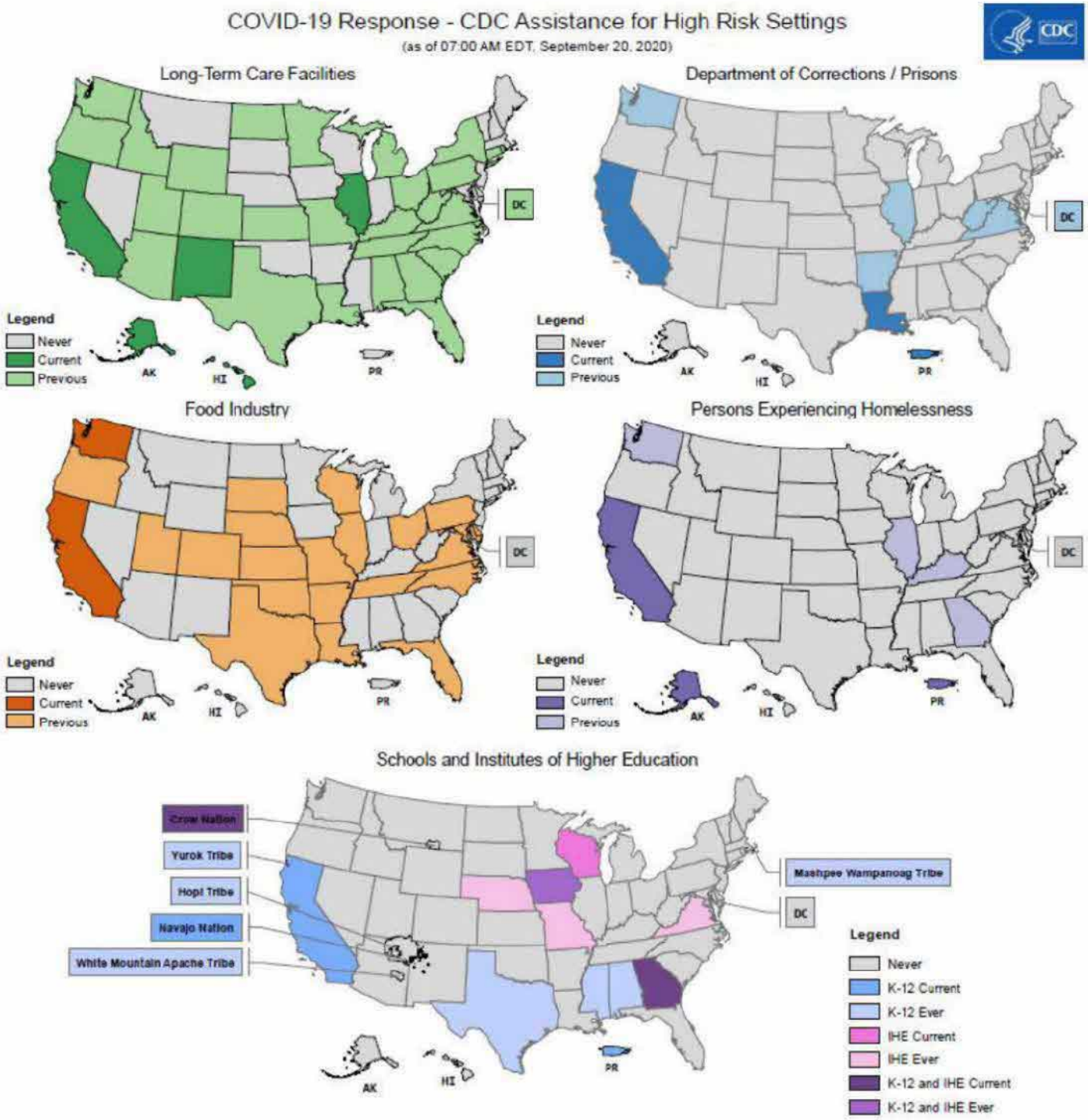
Source: CDC Personnel Workforce Management System (PWMS)



[22] A single person may have multiple deployments over time. Data in PWMS is from the previous day.

Health Department and High-Risk Setting Deployments[23, 24]

As of 20 Sep 2020, 10:00 unless otherwise indicated
Teams: 56 teams Deployers: 150 deployers



[23] Field Staff and Remote Staff counts are current number of deployed staff of each type.
[24] These data represent deployed CDC field teams focusing on supporting health departments in state, tribal, local, and territorial jurisdictions. These health department deployments are a subset of the deployments represented in the graphic above. Each team aligns to a specific mission. The number of deployed staff per team may fluctuate throughout each mission. These data come from CDC Health Department Task Force records of teams deployed since 03 Apr 2020.

Summary of Health Department Support Teams[25]

Team Description	No. Teams	No. Staff
Currently Deployed	**56**	**150**
Field[26]	50	121
Remote	6	29
Returned[27]	**259**	**1,219**
Field	232	1,070
Remote	82	211
Cumulative[28]	**309**	**1,369**
Field	282	1,191
Remote	104	240

Subset of Deployment Teams with Work in High Risk Settings[29]

High Risk Setting	Number of Teams		
	Deployed	Returned	Total
Department of Corrections / Prisons	3	12	15
Early Childhood Education	1	0	1
Food Industry	2	25	27
Homeless Pop	4	9	13
Institutes of Higher Education	3	4	7
K-12 Schools	5	9	14
Long-Term Care Facilities	5	58	63
Total	**15**	**105**	**120**

Team and Staff Counts by Team Category

	No. Teams	No Staff
Currently Deployed	**56**	**150**
Outbreak Response	5	24
State Support	26	61
Study/Trial	8	32
Tribal Support	17	33

Health Department Support Deployments by Mission

Team ID	HHS Region	County	Start Date	End Date[30]	Current Staff	HHS CRAFT Team	Mission
AK-2	10	Anchorage	4/2/20	12/31/20	3	No	Provide case and contact investigation support to the Alaska state Department of Health for outbreak investigation a long-term care facility.
AK-5	10	Anchorage	9/16/20	10/15/20	1	No	-Develop an electronic outbreak inventory tool-Standardized way to summarize and characterize outbreaks-Simplicity: make the tool easy for all to utilize and update regularly-
AK-6	10	Anchorage	9/11/20	9/30/20	3	No	Provide epidemiological support for Alaska Department of Health and Social Service's response to a large and ongoing COVID-19 outbreak among persons experiencing homelessness (PEH) in Anchorage, AK.
CA-3	9	San Diego; Imperial	6/2/20	9/30/20	4	No	Develop and implement a border health plan to reduce the transmission of COVID at the U.S. border in partnership with San Diego and Imperial counties. Conduct epidemiological investigation of COVID-19 transmission at a meat processing plant. Provide direct assistance and administrative support to infection prevention nurse at the local hospital.

[25] Field and remote staff may not sum to total because some teams or individuals could provide both field and remote support.
[26] Includes 5 teams with both field and remote staff.
[27] Includes 55 teams with both field and remote staff.
[28] Includes 71 teams with both field and remote staff.
[29] Total may differ from calculated sum in table due to some teams working in multiple high-risk settings.
[30] Represents projected date the deployment will end.

Team ID	HHS Region	County	Start Date	End Date[30]	Current Staff	HHS CRAFT Team	Mission
CA-4	9	San Francisco	5/27/20	9/30/20	1	No	Develop an early warning surveillance system to monitor disease transmission among vulnerable populations, low-income communities, mass transportation users, workforce, and schools.
CA-12	9	TBD	9/20/20	10/5/20	1	No	TBD
CO-5	8	Adams; Arapahoe; Denver	9/15/20	10/12/20	1	No	Provide oversite and coordination for planned epidemiologic investigation to evaluate the sensitivity, utility, and acceptability of self-collected nasal and saliva specimens for SARS-CoV-2 testing during community universal testing events, as compared with healthcare professional nasopharyngeal specimens
Crow-1	8	Yellowstone; Treasure; Big Horn	8/10/20	10/27/20	4	No	The Crow Nation Team will provide focused technical assistance and training in the following workstreams:1. ICS Structure2. Messaging and Health Communications3. Contact Tracing Support and Guidance4. Epidemiology and Surveillance Support/Data Coordination and Analysis5. Community Mitigation Plan6. IPC for Traditional Practices
DC-5	3	District of Columbia	8/27/20	10/25/20	1	No	DC Health is collecting employee data on COVID-19 cases from all healthcare facility employers including hospitals, nursing homes, outpatient facilities, and group homes, ambulatory surgical centers, dentists, and others. Data is being reported to DC, but the health department does not have the staff to manage and analyze this data. DC Health has asked for a deployment of one officer to deploy for potentially two months to set up this data system, perform data analysis, and set up automated reporting or train someone at DC Health to do future analyses. Remote deployment is not preferred due to
FL-8	4	TBD	9/21/20	9/24/20	2	No	TBD
GA-6	4	Hall	7/14/20	9/30/20	1	No	Conduct epidemiological investigation of summer camp in Georgia's Hall County. Characterize secondary transmission from staff-staff, staff-campers, campers-campers, campers-household, particularly looking for differences by age, underlying conditions, exposure-risks, etc. Describe preventive/protective measures put in place by camp and by individuals. Describe characteristics of population, including demographic, clinical, exposures, and results of SARS-CoV-2 testing. Compare exposures between infected and healthy campers and staff.
GA-8	4	DeKalb; Fulton	8/4/20	10/3/20	8	No	Identify patients with COVID-19 among dialysis facilities in the state of Georgia; enroll consenting patients in the COVID-R dialysis project. Follow up with patients to obtain specimen and complete questionnaires. Follow up will occur over a period of 42 days: every 3 days during the first 21 days after enrollment and weekly after the first 21 days.
GA-10	4	Fulton	8/11/20	10/23/20	12	No	To evaluate the performance of self-collected specimens with nasopharyngeal swabs collected by healthcare personnel in diagnosis of SARS-CoV-2
GA-12	4	Fulton	9/10/20	10/7/20	6	No	Implement phone-based school surveys to collect aggregated data on school-associated cases and clusters weekly. Analyze surveillance data for school-associated COVID-19 cases and clusters. Plan and conduct investigations in schools with and without COVID-19 cases identified among students, teachers and staff to assess level of adherence to and impact of mitigation measures adopted by the select schools.
HI-1	9	Hawaii; Kauai; Maui; Honolulu	8/24/20	10/13/20	0	No	Provide Infection Prevention and Control support to the Hawaii Department of Health (HDOH).
Hoopa Valley-1	9	Humboldt	8/23/20	10/2/20	2	No	The primary goal of this project is to enhance the Hoopa Valley Tribe's ability to response to COVID-19 by strengthening the EOC and community mitigation and infection control.
IHS ABQ-1	TBD	Cibola	8/16/20	10/14/20	1	No	Incident Command (ICS): IHS Albuquerque Area Office is requesting a 30-day deployment of a staff member that may serve in the IHS Albuquerque Area's Incident Command System (ICS) Team under the Command Staff position's "Safety/Infection Prevention Officer" CDR Jeff Conner.
IHS PIMC-1	TBD	Maricopa	8/24/20	9/22/20	1	No	The primary goal of this project is to enhance the IHS PIMC's ability to respond to COVID-19.

Team ID	HHS Region	County	Start Date	End Date[30]	Current Staff	HHS CRAFT Team	Mission
IHS SBT-1	10	Bingham; Bannock	8/13/20	10/29/20	1	No	Response Coordination and ICS Structure. CDC will provide onsite technical assistance to stand up an incident command center, identify protocols, procedures, relationship coordination and agreements necessary and appropriate for the COVID-19 response to support the following activities:1. Provide recommendations to the Fort Hall IHS Service Center/Shoshone-Bannock Tribes to coordinate the tribe's response to COVID-19 through fully standing-up an Incident Command office, which would include identifying duties, relationships between entities such as counties, state and health care provider(s)
IL-1	5	Sangamon	4/5/20	10/10/21	0	No	Provide a wide range of epidemiological support to state health department for the COVID-19 response.
IN-3	5	Elkhart	9/3/20	9/24/20	1	No	Develop outreach materials and infographics in English and Spanish based on the findings of the IN-1 field team for the Amish and Latino communities in Elkhart County.
LA-9	6	Jefferson Davis; East Baton Rouge; St. Landry; St. Martin; Livingston	8/9/20	10/10/20	0	No	Provide infection prevention and control support at correctional facilities. Develop guidance, protocols, and tools for state epidemiologists and health care workers on contact tracing. Share existing guidance, protocols, and tools from CDC.
LAC-3	9	Los Angeles	7/20/20	11/15/20	0	No	Provide guidance and assessment related to infection prevention and control issues to Los Angeles County.
LAC-5	9	TBD	9/20/20	10/2/20	6	No	Investigate outbreak of novel MDROs and intersection with COVID. Possible connection with IPC practices like possible conservation of PPE for fear that there may be a future shortage.
Miwok-1	9	TBD	9/13/20	10/13/20	2	No	The primary goal of this project is to enhance the Shingle Springs Band of Miwok Indians Tribe's ability to response to COVID-19.
MN-4	5	Hennepin	8/10/20	9/30/20	1	No	Perform in-depth analysis of Minnesota Department of Health's COVID-19 prevalence survey data. Provide statistical expertise via remote technical assistance for three weeks.
MN-5	5	TBD	9/13/20	9/30/20	12	No	Conduct interviews as part of a state-wide CASPER study with the Minnesota Department of Health.
MO-5	7	Cass; Platte; Clay; Jackson	8/12/20	10/25/20	3	No	Conduct case investigations, perform and systematize surveillance data entry, provide CDC and health department guidance to community via call center. Partner with and provide direct support to the Kansas City Health Department.
Muscogee Creek-1	6	Okmulgee	8/12/20	9/30/20	2	No	Response Coordination and ICS Structure. CDC will provide onsite technical assistance to stand up an incident command center, identify protocols, procedures, relationship coordination and agreements necessary and appropriate for the COVID-19 response to support the following activities:1. Provide recommendations to the Muscogee Creek Nation to coordinate the tribe's response to COVID-19 through fully standing-up an Incident Command office, which would include identifying duties, relationships between entities such as counties, state and health care provider(s) and to support the Tribe to opt
Navajo-2	9	Apache; McKinley	5/3/20	10/6/20	3	No	Provide epidemiological, contact tracing, and community mitigation support to Navajo Nation, including in schools.
NM-5	6	Santa Fe	5/19/20	10/8/20	1	No	Support work related to data collection, collation, and management with respect to data from long term care facilities (LTCFs).
Noorvik-1	10	TBD	9/20/20	11/16/20	1	No	Assist with the training and startup operations of our planned CI 9 First Responder's Team.
Northern Cheyenne-1	8	TBD	9/4/20	10/23/20	7	No	Provide technical assistance to Northern Cheyenne to support their COVID activities as it relates to Emergency Reponses and preparedness, case investigation and contact tracing, and Epidemiology and surveillance. Technical assistance on communications, community mitigations ad non-healthcare IPC related to worker safety will also be provided.
NY-3	2	New York	5/11/20	10/31/20	1	No	Support the city working with academic institutions, commercial labs, and the two public labs on doing validation of lab-derived tests for massive scale-up of testing

Team ID	HHS Region	County	Start Date	End Date[30]	Current Staff	HHS CRAFT Team	Mission
NY-5	2	New York	5/18/20	9/29/20	1	No	Provide infection prevention and control guidance at alternate care sites in New York City.
Oglala Sioux-1	8	Sheridan; Jackson; Bennett; Oglala Lakota	7/22/20	10/14/20	0	No	Conduct outbreak response and contact tracing; provide technical assistance regarding worker safety and infection control and prevention (IPC) measures.
Paiute Shoshone-1	9	TBD	9/7/20	10/30/20	2	No	Assist the Fort McDermitt Paiute and Shoshone Tribe in the response to COVID-19. • Objective A. By end of support timeframe, review and provide feedback on emergency response and preparedness planning strategies. • Objective B. By end of support timeframe, assess and provide feedback on environmental, workforce, and transportation safety. • Objective C. By end of the support timeframe, assist with immediate staffing and training needs for COVID-19 contact tracers and community mitigation workers.
PR-4	2	San Juan	7/15/20	1/31/21	5	No	Establish a COVID-19 community cohort study with the CDC Dengue Branch laboratory in Puerto Rico.
PR-5	2	San Juan	7/27/20	10/1/20	2	No	Increase the effectiveness of the Puerto Rico Department of Health's (PRDOH) efforts against the COVID-19 emergency. Serve as expert in clinical epidemiology to direct ongoing surveillance efforts targeting at-high-risk groups including residents of correctional facilities, persons experiencing homelessness, and students and employees of K-12 schools. Advise on clinical questions from local hospitals and healthcare partners.
San Carlos Apache-1	9	Gila	9/2/20	10/9/20	2	No	The primary goal of this project is to enhance the San Carlos Apache Tribe's ability to respond to COVID-19
Shawnee-1	6	Ottawa	8/30/20	10/30/20	2	No	1. Emergency Response (ICS and Preparedness & Planning):a. Assist in setting up Incident Command System (ICS).b. Review and provide comment on plans and procedures (i.e. isolation and quarantine plan).2. Case Investigation and Contact Tracing a. Provide short term staff to fill immediate workforce gaps in contact tracing staff. b. Request staff from CDCF for long-term contact tracing staff. c. Review contact tracing data management system and provide potential support.
Spirit Lake-1	8	TBD	9/13/20	10/12/20	1	No	Goal 1: Assist the Spirit Lake Tribe in the response to COVID-19 and mitigate the impact of SARS-CoV2.
TN-5	4	TBD	9/21/20	9/24/20	2	No	TBD
Tohono-1	9	Maricopa; Pinal; Pima	8/4/20	9/22/20	2	No	Provide technical assistance to Tohono O'odham Nation in the response to COVID-19. Conduct training and support surge staffing needs for COVID-19 response. Conduct a needs assessment to prioritize response and developing a response strategy. Enhance response strategy and advise on implementation.
TX-4	6	Harris	7/14/20	12/10/20	1	No	Support data analytics, forecasting, and surveillance to better characterize recent transmission and inform response decisions.
TX-10	6	TBD	9/21/20	9/24/20	1	No	TBD
USVI-3	2	St. Thomas; Saint Croix	7/31/20	9/30/20	4	No	Increase the effectiveness of the USVI Department of Health's efforts against the COVID-19 emergency; support ongoing SARS-CoV-2 epi/surveillance efforts and possibly assist with high risk groups. Provide direct support to the USVI Department of Health Laboratory in SARS-CoV-2 molecular testing, sample receiving, accessioning and data entry. Increase the effectiveness of the USVI Department of Health's efforts against the COVID-19 emergency communications.
USVI-4	2	St. Croix; St. Johns; St. Croix; St. Thomas	8/31/20	10/23/20	1	No	On behalf of VIDOH, please see attached request for six Spanish speaking and one French/creole speaking contact tracers to support the COVID efforts in USVI via a remote location for 30 days.
USVI-5	2	TBD	9/16/20	11/22/20	1	No	Increase the effectiveness of the epi/surveillance mission, enhance the capacity of the laboratory mission, and increase the capacity supporting the emergency management of the COVID-19 response.
UT-5	8	Salt Lake	8/28/20	11/30/20	1	No	Identify protective policies/procedures and gaps in policies/procedures that relate to risk of COVID outbreaks.

Team ID	HHS Region	County	Start Date	End Date[30]	Current Staff	HHS CRAFT Team	Mission
VA-8	3	Newport News; Virginia Beach	8/3/20	9/22/20	9	No	Conduct contact tracing and case investigation in collaboration with local health departments. Conduct field visits to follow up with persons under investigation who cannot be reached by phone. Provide training on contact tracing and case investigation to local health department staff using existing training materials. Provide refresher training for current staff
WA-10	10	Chelan	9/13/20	10/3/20	5	No	Characterize the COVID-19 pandemic in the Hispanic population of the counties to inform pandemic control measures for this population. Conduct detailed epidemiologic assessment of Hispanic case-patients, including person, place and time, probable source of infection, pattern of contacts and secondary transmission, risk factors and behaviors. Conduct a population-based survey of the Hispanic community to estimate the prevalence of knowledge, attitudes and practices relevant to infection transmission and control.
WI-8	5	Dane	8/30/20	10/2/20	1	No	Investigate COVID transmission on college campus setting including prevalence, transmission risk factors, effective mitigation factors and validation of saliva-based antibody testing.
WI-11	5	TBD	9/18/20	9/29/20	8	No	Assist WI DHS and UW-Madison with outbreak response activities on campus, specifically in residents in 2+ dorms with major COVID-19 outbreaks.
WV-2	3	Monongalia County	7/23/20	12/9/20	6	No	Conduct case investigation and contact tracing to R rapidly detect COVID-19 and any evidence of human-to-human transmission among contacts. Identify conditions that would propagate disease transmission in a community leading to cluster or outbreak investigations. Reduce human-to-human transmission, prevent outbreaks, and delay the spread of disease.
Yavapai-1	9	Maricopa	9/7/20	10/30/20	0	No	Assist Fort McDowell Yavapai Nation in the response to COVID-19.

CDC Website Updates – COVID-19 Response

As of 21 Sep 2020, 08:00[31]

New/Updated Guidance, Recommendations, Considerations[32]

- Children, Teens, and Young Adults
- Colleges, Universities, and Higher Learning
- Considerations for Monitoring and Evaluation of Mitigation Strategies Implemented in Institutes of Higher Education - Commercial Laboratory Seroprevalence Survey Data
- Considerations for Monitoring and Evaluation of Mitigation Strategies Implemented in K-12 Schools
- Considerations for Outdoor Learning Gardens and Community Gardens
- Frequently Asked Questions
- Help Stop the Spread of COVID-19 in Children
- How COVID-19 Spreads
- If You Are Sick or Caring for Someone
- Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019 (COVID-19)
- Keep Children Healthy during the COVID-19 Pandemic
- Schools and Child Care Programs
- Toolkit for K-12 Schools

New/Updated Webpages

- Cases & Deaths by County
- Cases in the U.S.
- Commercial Laboratory Seroprevalence Survey Data
- Commercial Labs
- Contact Tracing: Frequently Asked Questions
- COVIDView Summary ending on September 5, 2020
- COVIDView Weekly Summary
- Emergency Department Visits Percentage of Visits for COVID-19-Like Illness (CLI) or Influenza-like Illness (ILI) NCHS Mortality Surveillance Data
- Large-scale Geographic Seroprevalence Surveys
- Monitoring and Evaluation Checklist for K-12 Schools
- Overview of Testing for SARS-CoV-2 (COVID-19)
- Percentage of Visits for ILI by Age Group Reported by A Subset of ILINet Providers
- Social Media Toolkit
- Staffing Resources
- Testing Data in the U.S.
- U.S. Clinical Laboratories Reporting SARS-CoV-2 Test Results to CDC
- U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet): Overall Percentage of Visits for ILI
- U.S. State and Local Public Health Laboratories Reporting to CDC

New MMWR Publications[33]

- Association Between CMS Quality Ratings and COVID-19 Outbreaks in Nursing Homes — West Virginia, March 17–June 11, 2020
- Decreased Influenza Activity During the COVID-19 Pandemic — United States, Australia, Chile, and South Africa, 2020
- Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation
- Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019 (COVID-19)
- Overview of Testing for SARS-CoV-2 (COVID-19)
- Preventing COVID-19 Outbreaks in Long-term Care Facilities Through Preemptive Testing of Residents and Staff Members — Fulton County, Georgia, March–May 2020
- SARS-CoV-2–Associated Deaths Among Persons Aged <21 Years — United States, February 12–July 31, 2020
- Serial Testing for SARS-CoV-2 and Virus Whole Genome Sequencing Inform Infection Risk at Two Skilled Nursing Facilities with COVID-19 Outbreaks — Minnesota, April–June 2020

  Transmission Dynamics of COVID-19 Outbreaks Associated with Child Care Facilities — Salt Lake City, Utah, April–July 2020

[31] Updates since last report. CDC's COVIDView provides a weekly summary and interpretation of key indicators that have been adapted to track the COVID-19 pandemic in the United States. See also CDC's "What's New" page and "Latest Updates" on the CDC COVID-19 webpage for the latest communication resources, Communication Resources for links to all guidance and reports, the COVID-19 Science Update page for summaries of new COVID-19-related studies (released every Tuesday and Friday) and the Health Alert Network (HAN) page for urgent information for state, local, tribal, and territorial partners.

[32] A complete list of Guidance Documents can be found on the CDC COVID-19 Guidance Page.

[33] A comprehensive list of COVID-19 Morbidity and Mortality Weekly Reports (MMWR) COVID-19 publications can be found on the MMWR Publications page.

International Updates

WHO Epidemiological Update

WHO Global Cases and Deaths

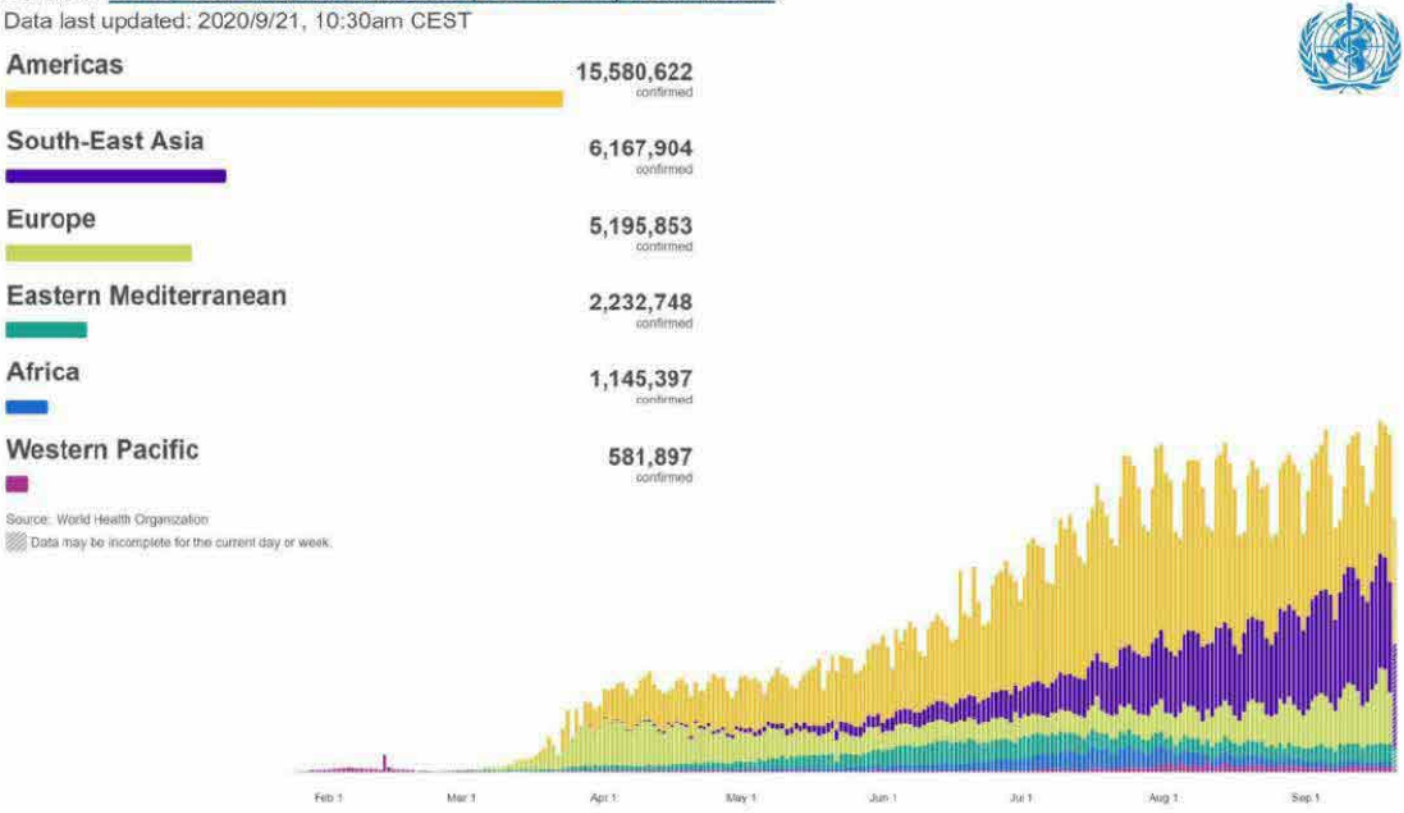
Data: 23 Jan 2020 – 21 Sep 2020 Last Updated: 21 Sep 2020 10:30 CEST
Source: WHO Coronavirus Disease (COVID-19) Dashboard

WHO Coronavirus Disease (COVID-19) Dashboard
Global Cases and Deaths
Data Last Updated: 21 Sep 2020, 110:30 CEST

Cases		Deaths	
Cumulative Total	Newly Reported Last 24 Hours	Cumulative Total	Newly Reported Last 24 Hours
30,905,162	279,475	958,703	4,798

Global Epidemic Curve of Confirmed COVID-19 Cases by Date of Report and WHO Region

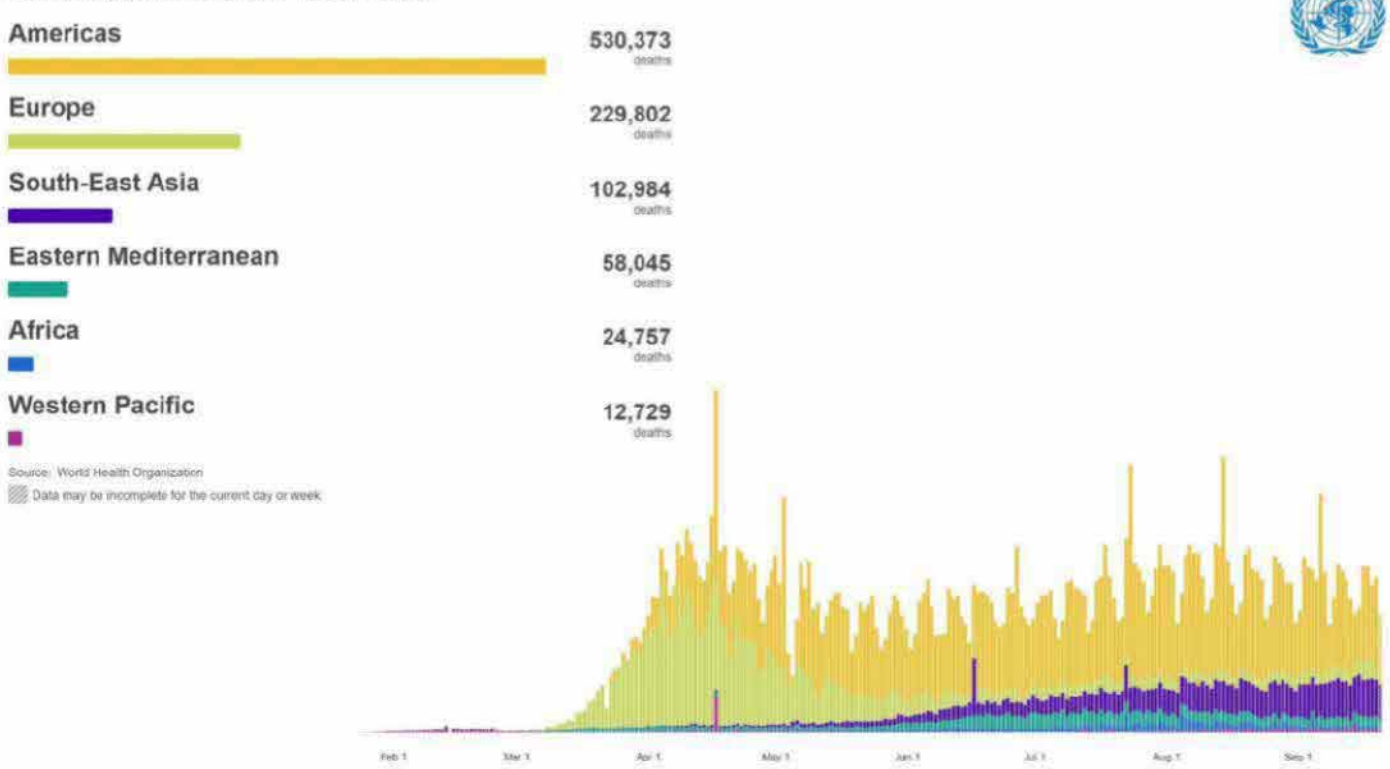
Data: 23 Jan 2020 – 21 Sep 2020 Last Updated: 21 Sep 2020 10:30 CEST
Source: WHO Coronavirus Disease (COVID-19) Dashboard



Global Epidemic Curve of Confirmed COVID-19 Deaths by Date of Report and WHO Region

Data: 23 Jan 2020 – 21 Sep 2020 Last Updated: 21 Sep 2020 10:30 CEST

Source: WHO Coronavirus Disease (COVID-19) Dashboard



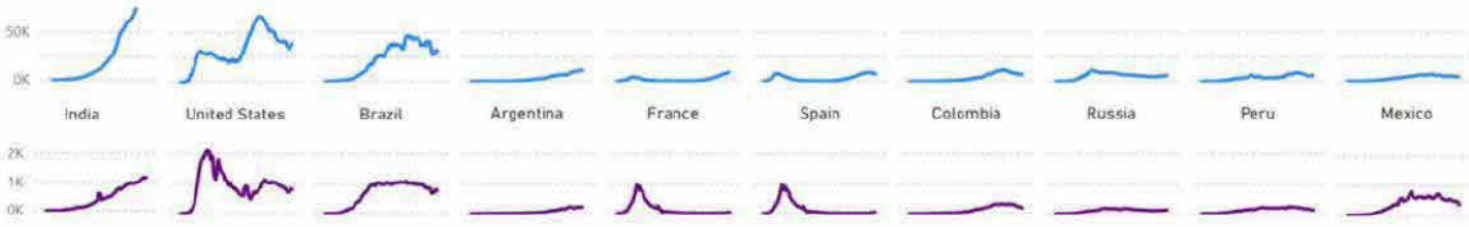
New COVID-19 Cases and Deaths by Country Last 7-Days (Count and Incidence)

New COVID-19 Deaths by 7-Day Average and Incidence*

04-Jan-20 | 20-Sep-20 | 21-Sep-20

DATA FROM** DATA THROUGH LAST UPDATED

New COVID-19 Cases and Deaths - Top 10 Countries and Territories by Highest 7-Day Average



New COVID-19 Cases and Deaths per 100K - Top 10 Countries and Territories by Highest 7-Day Average per 100K Population^

** Based on a seven-day average of cases and deaths respectively. Seven-day average excludes country-specific outliers exceeding a threshold of six standard deviations from the mean. Data shown starting 08 Mar 2020 CET - Geneva local time. WHO reports data from territories separately from their related countries. **Graphs show data starting 08 Mar 2020. ^Excluding countries with fewer than 10,000 total cases. Data source: WHO Coronavirus disease (COVID-2019) dataset (https://covid19.who.int/WHO-COVID-19-global-data.csv)*

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

From: (b)(3):50 USC 3024(i); (b)(6)

Sent: Wednesday, September 23, 2020 5:00 AM

To: (b)(3):10 USC 424; (b)(6)

Cc:

Subject: CDC COVID-19 Update 22Sep2020 (For Internal USG only)

Attachments: FINAL-CDC COVID-19 SITREP 170 09-22-2020.pdf; 2020 09 22 Science Update_Final_public.pdf; (FOUO) CDC COVID-19 RESPONSE UPDATE 20200922.pdf

Good evening,

Please see attached CDC Reports.

Cases/deaths as of 22 Sep 2020:
- 6,825,697 confirmed and probable U.S. cases, +39,345 since yesterday
- 199,462 U.S. deaths reported to CDC, +438 since yesterday
- 31,174,627 confirmed cases worldwide (WHO dashboard data)

Highlights:
- **Case Counts and Deaths:** Nationwide uptick in the past 10 days. 7-day case average up 15% from the previous 7-days. 7-day death average down 1% from the previous 7-days. Case trajectory data continues to reflect this uptick: 22 (39%) states/jurisdictions in an upward/worsening trajectory; 15 (27%) in a plateau; and only 19 (34%) in a downward/improving trajectory.
- **Test Percent Positivity:** National percent positivity is down to 4.4%; Only 2 states with 7-day percent positivity >10%: UT (13% and worsening) and OK (just above 10% but stable); Only 4 worsening states: UT, SD (~10%), MT (~10%) and WI (8%); 17 improving states; 30 unchanged states.
- **Travel Health Notices (THNs):** https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html, no changes since yesterday.

New/Updated Guidance:
- **How COVID-19 Spreads:** https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html; A draft version of proposed changes to CDC messaging on SARS-CoV-2 transmission was posted in error to the agency's official website Friday evening and was a hot topic for discussion on news outlets yesterday. The unsanctioned posting was taken down Sunday once

discovered. Counter to the errant posting, airborne travel of SARS-CoV-2 beyond established 6 feet social distancing guidelines is not believed to be a significant mechanism of transmission of the virus. CDC is currently updating its comments regarding airborne transmission, and the website will be reworded/updated again later this week. Do not expect any dramatic changes from what was previously posted prior to the recent errant posting.
- Holiday Celebrations: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html, discussion and recommendations regarding virus spread risk during holiday celebrations

From Science Update:
- Reduced maximal aerobic capacity after COVID-19 in young adult military recruits, Switzerland, May 2020: https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.36.2001542#html_fulltext, a decrease in pulmonary aerobic capacity was observed among military recruits who recovered from COVID-19. Additional research is needed to understand the incidence of any long-term consequences on lung function.

MMWR Early Release:
- COVID-19 Contact Tracing in Two Counties — North Carolina, June–July 2020: https://www.cdc.gov/mmwr/volumes/69/wr/mm6938e3.htm?s_cid=mm6938e3_e&ACSTrackingID=DM38685&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2069%2C%20September%2022%2C%202020&deliveryName=DM38685, Despite aggressive efforts by health departments, many COVID-19 patients do not report contacts, and many contacts cannot be reached. Improved timeliness of contact tracing, community engagement and community-wide mitigation are needed to reduce SARS-CoV-2 transmission.

Please regularly refer to CDC's COVID-19 webpage; information and guidance is updated daily: https://covid.cdc.gov/covid-data-tracker/

VR/

(b)(6)
Dept of Defense Liaison to the Centers for Disease Control and Prevention, Atlanta, GA
(b)(6)

(b)(3):50 USC 3024(i); (b)(6)

FOR OFFICIAL USE ONLY

Sensitive But Unclassified (SBU) This document may contain sensitive information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552). This information is for internal government use only. Further distribution to authorized personnel with a "need to know" and for situation awareness is authorized by the Centers for Disease Control and Prevention.

Department of Health and Human Services
Centers for Disease Control and Prevention
SAFER·HEALTHIER·PEOPLE™

CDC Coronavirus Disease-2019 (COVID-19) Situation Report #170

Sensitive but Unclassified (SBU). This document may contain sensitive information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552). This information is for internal government use only. Further distribution to authorized personnel with a "need to know" and for awareness is authorized by the Centers for Disease Control and Prevention.

CDC Response Status: Agency Level Activation
Date: 09/22/2020
Report Period: 09/21/2020 – 09/22/2020
IMS Activation: 01/21/2020
Location of Event: Global
Lead Agency: Centers for Disease Control and Prevention (CDC)
Lead CDC CIOs: National Center for Immunization and Respiratory Diseases (NCIRD)
Center for Preparedness and Response (CPR)
Description: CDC Coronavirus Disease-2019 (COVID-19) Response

Significant Activities (SIGACTs)/Information

- CDC COVID-19 website provides the latest resources for community and healthcare professionals on information regarding United States COVID-19 cases: https://www.cdc.gov/coronavirus/2019-ncov/index.html.
- Confirmed and probable U.S. cases of COVID-19: 6,825,697 (as of Sept 21); for complete domestic updates visit the CDC Data tracker - https://www.cdc.gov/covid-data-tracker/#cases.
- U.S. deaths reported to CDC: 199,462 (as of Sept 21).
- Worldwide confirmed cases of COVID-19 can be found at the WHO Coronavirus Disease Dashboard - https://covid19.who.int/.

Current Task Force Updates by Objectives:

Objective 1: Support of USG-wide Response – *Integrate CDC response activities with the USG response to inform and synchronize public health actions among all key stakeholders in support of the Federal Incident Strategic Plan.*

Laboratory and Testing Task Force

- Supporting provisioning of data regarding kits shipped to Public Health Laboratories (PHLs) from International Reagent Resource (IRR).

Objective 2: Data/Surveillance - *Conduct timely and actionable data analytics, surveillance, lab reporting, and modeling activities to monitor and forecast epidemic progression and inform data-driven decision making.*

Objective 3: Global – *Assess global data as a guide for domestic response, provide guidance on international travel to reduce travel-associated infections, and provide support to mitigate the pandemic in other countries.*

Global Migration Task Force (GMTF)

- Global Mobile Populations presented on COVID-19 refugee, immigrant and migrant health activities at the North American Refugee Health Conference.

International Task Force (ITF)

- Provided feedback on new WHO guidance for prevention, identification and management of Healthcare Workers (HCW) in the context of COVID-19.
- Completing revisions of Infection Prevention and Control (IPC) assessment tool for Healthcare Facilities (HCF).
  - Identifying targeted areas for improvements.
- Co-writing revisions of WHO guidance concerning advice of mask use.

- Provided feedback on WHO AMR Surveillance Collaborating Center survey on disruption to AMR surveillance systems due to COVID-19
- Met with WHO and EGPAF to discuss methods to assess IPC-related health service disruptions related in the context of COVID-19 to develop comprehensive protocol to assess these disruptions in Kenya and Cameroon
- Continued planning for International Emerging Infections Program (IEI) projects in Ethiopia, Haiti, Kenya, and Uganda.
  - Provided feedback on concept notes submitted by countries.
- Formally launched planning for Nigeria IEI IPC project with HQ and field Division of Global HIV and TB (DGHT) and Division of Global Health Protection (DGHP) teams.
- Met with Mitigation/ Division of Foodborne, Waterborne, and Environmental Diseases - Global, Water, Sanitation & Hygiene (DFWED WASH)/ Center for Global Health (CGH) and Division of Parasitic Diseases and Malaria (DPDM) colleagues to discuss potential collaborations, in the context of COVID, around IPC and WASH in Healthcare facilities in Uganda and Ethiopia.
- Received signed letters of engagement from nine (9) facilities in Brazil to participate in an IPC community of practice project for COVID.
- Discussed workplans for partner COVID-19 activities in multiple countries to include Nigeria, Thailand, Vietnam, India, Middle East, and Georgia.
- Reviewed progress and next steps for International Task Force (ITF) IPC team's partner-level indicators with International Task Force Monitoring and Evaluation (ITF M&E) team.

Objective 4: Lab/Epi – *Conduct and provide support for epidemiologic and laboratory studies to examine dynamics of disease spread and control, including expanding testing and analyzing serologic studies to assess spread of infection across America.*

Laboratory and Testing Task Force

- As of Sept 18, CDC has tested over 9,946 samples which equate to over 5,830 patients by PCR.
- IRR shipped 267 reagents to 98 laboratories on September 21.

Objective 5: Community/Health Systems – *Provide community mitigation strategies and tools in support of domestic plans for phased approaches to COVID-19 and provide healthcare systems strengthening and guidance to support patient treatment and infection prevention and control (IPC).*

Health Systems and Worker Safety Task Force (HSWS)

- Guidance posted to the website: Optimizing Personal Protective Equipment (PPE) Supplies
- Worker Safety and Health Team participated in a webinar titled Electric Power Research Institute (EPRI) COVID-19 Joint Session: Health and Disinfection.
- The Healthcare Systems Coordination Team's Situation Unit hosted a meeting with representatives from the Implementation Unit, Data Analytics Unit, the Modeling Task Force and Georgia Institute of Technology (GA Tech) to discuss using COVID Research Database for the Change Healthcare collaborative project.
  - Georgia Tech has access to the COVID Research Database, which requires a study proposal to use the data.
- The Healthcare Systems Coordination Team's Implementation Unit is developing partnerships with Kaiser Permanente and OptumCare to collect information on best practices and lessons learned in implementing telehealth utilization in multi-state health care systems during the COVID-19 pandemic.
- The Clinical Team presented on investigative criteria for SARS-CoV-2 reinfections and proposed a common investigation protocol during the CDC COVID-19 All State Update Call.

Community Interventions & Critical Populations Task Force (CICP)

- Participated in a one-hour Spanish-language webinar hosted by Mental Health America (MHA), in partnership with the How Right Now initiative on adaptability and resiliency during the COVID-19 pandemic.
  - Focus on Hispanic and Latinx Community.
  - Over 150 participants.

Objective 6: State, Tribal, Local and Territorial Support (STLT) – *Provide support for outbreak response, needs assessments, contact tracing, and monitoring impact, as well as support the development and implementation of CDC COVID Corps activities.*

Objective 7: Communication and Outreach – *Ensure active, timely, effective public health and safety messaging around response priorities with key federal, state/local partners, policymakers, media, and the public.*

Joint Information Center (JIC)

- Posted new web content:
  - Holiday Celebrations
  - Contact Tracing Workflow in a non-US setting
- Updated web content:
  - CDC COVID Data Tracker
  - Staffing Resources
  - COVID-19 Travel Recommendations by Destination
  - FAQs for Wildland Firefighters
  - How COVID-19 Spreads
- Facilitated CDC's 9/21 COVID-19 Partner Update – CDC COVID-19 Vaccination Planning: What You Should Know.
- Posted COVID-19 content on OADC social media channels:
  - COVID-19 precautions at flu clinics
  - How Right Now with Lance Bass
  - COVID-19 "Science Update"
  - COVIDView report
  - COVID-19 prevention post Hurricane Sally
  - COVID-19
  - When to Delay Travel
- Posted COVID-19 content on Spanish language OADC social media channels:
  - How to Wash Your Mask
  - COVID-19 Prevention after Hurricane Sally

Policy

- Partnerships Team hosted Weekly Partner Update Call on CDC COVID-19 Vaccination Planning.
  - Shared What You Should Know.
  - Over 2600 participants joined the call.

Epidemiology Task Force

- Paper titled "SARS-CoV-2 Seroprevalence among Healthcare, First Response, and Public Safety Personnel, Detroit Metropolitan Area, Michigan, USA, May–June 2020" published in Emerging Infectious Diseases.

Objective 8: Vaccine – *Develop and support access to vaccines to prevent COVID-19, influenza, and childhood vaccine-preventable diseases.*

Vaccine Planning Unit

Nothing significant to report.

General Staff Activities

Operations

- Received/triaged 45 COVID-19 related calls during the reporting period.
- Processed seven (7) International Health Regulations (IHR) request and four (4) Do Not Board (DNB) actions.

Resource Support

- 170 CDC personnel deployed or pending deployment (144 deployed, 26 pending).
- Approved five Emergency Resource Requests (ERRs) this reporting period.

Situational Awareness (SA)

- Provided *Epi-X* support to state health departments in receiving, accessing, and posting:
  - 443 passenger Entry Screening Reports and contact lists for post-arrival monitoring for travelers arriving from a country with widespread transmission of COVID-19.
  - 29 state notification and contact lists for persons who may have been exposed to COVID-19 on a flight.
  - 117 interstate movement notifications to states receiving persons traveling to their jurisdiction who are under self-monitoring with public health supervision for COVID-19; PUI with recent travel reports; lab results sent to health department associated with the jurisdiction where the traveler was tested; or persons with a history of close contact to a confirmed case of COVID-19.

Responder Training Team

- Conducted 30-minute module, CDC Emergency Operation Center (EOC) Day One, with 68 new CDC responders who started response assignments in the last week.
- Next offering of CDC EOC Day One is September 28.

The next CDC SITREP publication will be on Wednesday, September 23, 2020.

The Point of Contact for this report is the IMS Planning Section Chief (**eocplans@cdc.gov**).

CDC COVID-19 Response Update Tuesday, 22 Sep, 2020
INTERNAL - NOT FOR FURTHER DISTRIBUTION

Table of Contents

Domestic Updates

Case Counts

The CDC numbers have been reviewed and approved by states and are suitable for use in all official communications.

Counts by Jurisdiction (Cumulative, Confirmed and Probable Cases and Deaths)[1]

Data Through 21 Sep 2020 *Last Updated: 22 Sep 2020 11:30*

57 Jurisdictions Reporting Confirmed or Probable COVID-19 Cases 50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[2]	Cases	New Cases[3]		Cases Per 100K			Deaths	New Deaths[3]		Deaths per 100K			CFR[4]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
AK	6,906	70	79.0	936.5	9.5	10.7	45	-	0.1	6.1	-	0.0	0.7%
AL	145,780	818	903.0	2982.5	16.7	18.5	2,439	2	12.0	49.9	0.0	0.2	1.7%
AR	76,364	641	819.6	2533.8	21.3	27.2	1,196	15	30.0	39.7	0.5	1.0	1.6%
AZ	214,251	233	789.4	2987.5	3.2	11.0	5,478	2	22.3	76.4	0.0	0.3	2.6%
CA	781,694	3,294	3,416.6	1976.1	8.3	8.6	15,018	31	90.4	38.0	0.1	0.2	1.9%
CO	65,399	542	528.6	1148.2	9.5	9.3	2,018	4	4.0	35.4	0.1	0.1	3.1%
CT	56,024	497	161.3	1568.1	13.9	4.5	4,495	3	1.4	125.8	0.1	0.0	8.0%
DE[5]	19,667	-	78.0	2033.5	-	8.1	627	-	1.3	64.8	-	0.1	3.2%
FL	677,362	1,671	2,737.0	3180.2	7.8	12.9	13,317	21	96.4	62.5	0.1	0.5	2.0%
GA	307,339	1,184	1,714.6	2921.6	11.3	16.3	6,604	2	35.9	62.8	0.0	0.3	2.1%
HI	11,618	56	100.7	817.9	3.9	7.1	120	-	3.0	8.4	-	0.2	1.0%
IA	80,740	692	829.3	2558.2	21.9	26.3	1,274	9	7.1	40.4	0.3	0.2	1.6%
ID	37,901	410	338.4	2160.6	23.4	19.3	447	4	4.0	25.5	0.2	0.2	1.2%
IL	277,933	1,477	1,870.6	2181.4	11.6	14.7	8,693	7	21.0	68.2	0.1	0.2	3.1%
IN	112,027	522	783.9	1674.1	7.8	11.7	3,512	6	10.4	52.5	0.1	0.2	3.1%
KS	53,959	1,674	580.0	1853.3	57.5	19.9	600	4	9.4	20.6	0.1	0.3	1.1%
KY	61,917	375	662.1	1385.7	8.4	14.8	1,112	1	6.7	24.9	0.0	0.2	1.8%
LA	162,501	243	517.0	3487.2	5.2	11.1	5,375	9	17.6	115.3	0.2	0.4	3.3%
MA	135,619	244	369.1	1964.9	3.5	5.3	9,315	7	13.9	135.0	0.1	0.2	6.9%
MD	120,912	344	523.9	2001.0	5.7	8.7	3,895	12	6.6	64.5	0.2	0.1	3.2%
ME	5,146	40	32.6	384.5	3.0	2.4	140	-	0.4	10.5	-	0.0	2.7%
MI	129,662	1,575	767.9	1297.1	15.8	7.7	6,981	12	8.6	69.8	0.1	0.1	5.4%
MN	91,422	480	867.3	1629.3	8.6	15.5	2,031	10	7.4	36.2	0.2	0.1	2.2%
MO	114,307	1,463	1,461.1	1865.8	23.9	23.8	1,807	12	13.3	29.5	0.2	0.2	1.6%
MS	94,021	465	499.7	3148.2	15.6	16.7	2,846	36	16.0	95.3	1.2	0.5	3.0%
MT	10,696	269	227.0	1006.9	25.3	21.4	162	3	3.4	15.2	0.3	0.3	1.5%
NC	194,381	800	1,228.6	1872.0	7.7	11.8	3,247	4	26.7	31.3	0.0	0.3	1.7%
ND	18,508	264	349.1	2435.0	34.7	45.9	196	3	3.4	25.8	0.4	0.5	1.1%
NE	41,388	305	392.3	2145.3	15.8	20.3	452	10	2.4	23.4	0.5	0.1	1.1%
NH	7,952	5	34.0	586.2	0.4	2.5	438	-	0.3	32.3	-	0.0	5.5%
NJ	200,154	392	455.1	2246.8	4.4	5.1	16,069	2	5.0	180.4	0.0	0.1	8.0%
NM	27,683	104	120.1	1321.1	5.0	5.7	851	2	4.0	40.6	0.1	0.2	3.1%
NV	76,239	629	313.7	2512.5	20.7	10.3	1,573	15	11.7	51.8	0.5	0.4	2.1%
NY City[6]	241,631	294	334.6	2877.0	3.5	4.0	23,780	(2)	3.1	283.1	NA	0.0	9.8%
NY State[7]	210,017	313	448.0	1884.7	2.8	4.0	9,015	-	2.9	80.9	-	0.0	4.3%
OH	145,165	856	954.4	1241.8	7.3	8.2	4,623	8	29.1	39.5	0.1	0.2	3.2%
OK	86,142	1,101	1,276.3	2184.6	27.9	32.4	961	2	8.0	24.4	0.1	0.2	1.1%
OR	30,995	194	215.9	739.6	4.6	5.2	529	3	2.6	12.6	0.1	0.1	1.7%
PA	150,812	234	821.3	1177.6	1.8	6.4	8,004	48	19.3	62.5	0.4	0.2	5.3%
RI	23,932	312	114.6	2263.5	29.5	10.8	1,097	9	3.1	103.8	0.9	0.3	4.6%
SC	138,124	416	777.7	2716.8	8.2	15.3	3,212	13	19.3	63.2	0.3	0.4	2.3%
SD	18,869	173	295.4	2138.8	19.6	33.5	202	-	2.6	22.9	-	0.3	1.1%

[1] Data are reported voluntarily by each jurisdiction's health department. Data are reported as provided by the health department and the number of confirmed and probable cases or deaths may sum to the total. Health departments may update case data over time when they receive more complete and accurate information. If the number of cases or deaths reported by CDC is different from the number reported by jurisdiction health departments, data reported by jurisdictions should be considered the most up to date. The differences may be due to the timing of the reporting and website updates. See Technical Information about this data on the CDC Webpage.

[2] AS = American Samoa; DC = District of Columbia; FSM = Federated States of Micronesia; GU = Guam; CNMI = Commonwealth of the Northern Mariana Islands; PW = Palau; PR = Puerto Rico; RMI = Republic of the Marshall Islands; USVI = US Virgin Islands.

[3] These data represent new cases and deaths detected and tested in the US since the last update. Number of new cases and new deaths were included in total case numbers. Counts may have decreased from previous report due to case reclassification of cases to other jurisdictions or categories (e.g., probable to confirmed) by states.

[4] Percent change in cases, deaths and case fatality rates (CFR) are not calculated when the total number (denominator) was less than five.

[5] Jurisdiction did not provide an update.

[6] New York City reported two fewer deaths.

[7] New York State excludes New York City.

57 Jurisdictions Reporting Confirmed or Probable COVID-19 Cases 50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[2]	Cases	New Cases[3]		Cases Per 100K			Deaths	New Deaths[3]		Deaths per 100K			CFR[4]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
TN	184,409	895	1,447.9	2723.9	13.2	21.4	2,233	15	19.4	33.0	0.2	0.3	1.2%
TX	698,387	9,853	4,991.7	2433.2	34.3	17.4	14,917	24	100.9	52.0	0.1	0.4	2.1%
UT	64,394	39	730.1	2037.1	1.2	23.1	440	-	0.6	13.9	-	0.0	0.7%
VA	142,010	872	928.0	1667.2	10.2	10.9	3,060	39	31.6	35.9	0.5	0.4	2.2%
VT	1,721	6	2.7	274.8	1.0	0.4	58	-	-	9.3	-	-	3.4%
WA	82,848	300	387.1	1099.4	4.0	5.1	2,055	18	7.0	27.3	0.2	0.1	2.5%
WI	108,588	1,296	1,870.1	1867.8	22.3	32.2	1,252	2	4.9	21.5	0.0	0.1	1.2%
WV	14,171	117	193.0	784.7	6.5	10.7	312	2	5.3	17.3	0.1	0.3	2.2%
WY	4,944	73	78.9	855.8	12.6	13.6	49	-	0.4	8.5	-	0.1	1.0%
AS	-	-	-	-	-	-	-	-	-	-	-	-	-
CNMI[5]	69	-	-	121.3	-	-	2	-	-	3.5	-	-	-
DC	14,978	23	50.9	2132.2	3.3	7.2	621	1	0.7	88.4	0.1	0.1	4.1%
FSM	-	-	-	-	-	-	-	-	-	-	-	-	-
GU	2,147	73	31.4	1295.2	44.0	19.0	35	4	1.3	21.1	2.4	0.8	1.6%
PR	42,596	120	632.0	1333.1	3.8	19.8	613	4	8.9	19.2	0.1	0.3	1.4%
PW	-	-	-	-	-	-	-	-	-	-	-	-	-
RMI	-	-	-	-	-	-	-	-	-	-	-	-	-
USVI	1,276	7	-	1219.0	6.7	-	19	-	-	18.2	-	-	1.5%
Total	**6,825,697**	**39,345**	**41,141.6**	**2062.6**	**11.9**	**12.4**	**199,462**	**438**	**767.1**	**60.3**	**0.1**	**0.2**	**2.9%**
Navajo[8]	10,131	18	21.3	2838.7	5.0	6.0	548	-	1.7	153.5	-	0.5	5.4%

Compilations of US Case Counts

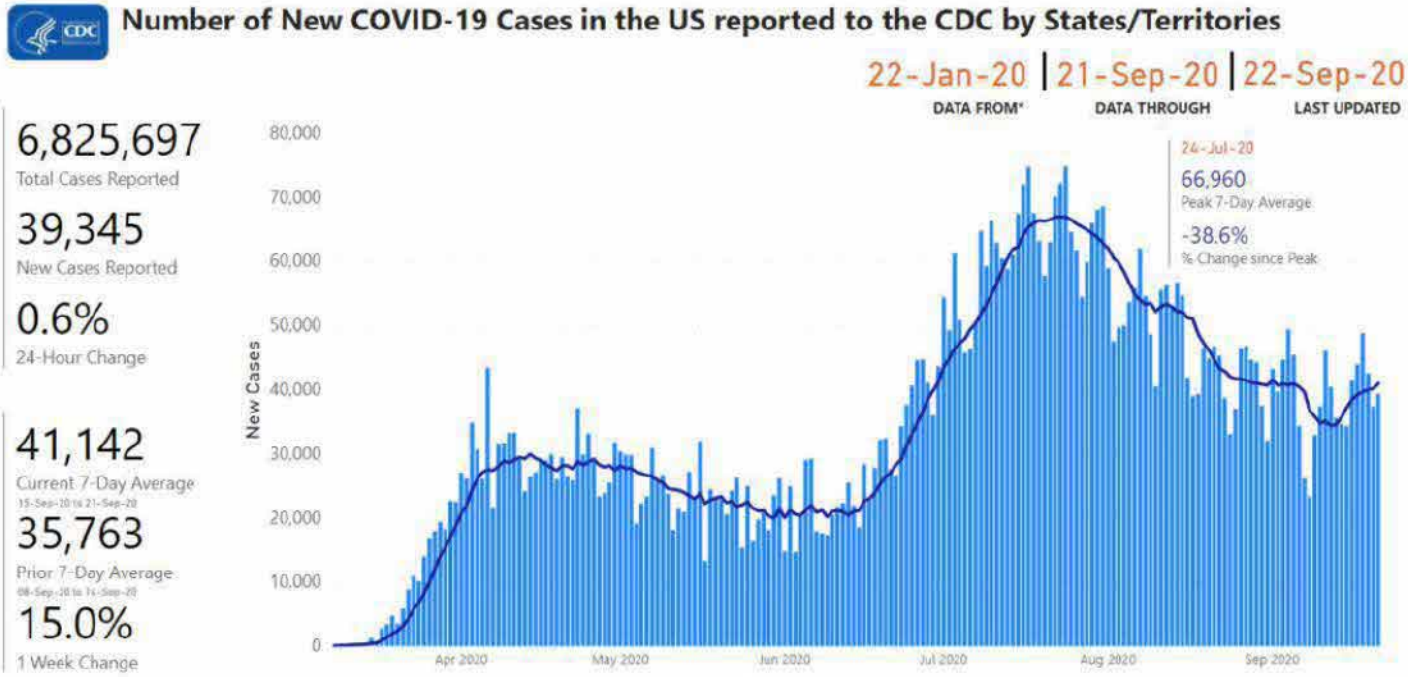
Reporting Source[9]	Data as of (all times are ET)	Cases	New Cases	Deaths	New Deaths
Official Sources (see table above)	22 Sep, 11:30	6,825,697	39,345	199,462	438
1Point3Acres	21 Sep, 20:50	7,002,784	50,024	203,819	402
Johns Hopkins	22 Sep, 10:23	6,860,484	44,438	199,962	410
USAFacts	21 Sep, NA	6,754,321	34,809	197,907	271
New York Times	22 Sep, 08:01	6,880,635	54,874	199,789	428
WorldoMeter	22 Sep, 11:07	7,049,472	38,009	204,637	470
COVID Tracking Project	21 Sep, 16:00	6,810,128	39,727	191,920	293

[8] Cases in the Navajo Nation are likely also reported by AZ, NM, and UT and were therefore already included in the grand total above. Counts reported separately here from Navajo Department of Health COVID-19 and Navajo Epidemiology Center Coronavirus Response Hub

[9] Data from other organizations are not reviewed or validated by CDC and may include data derived from open media sources not represented on official state public health department web pages.

Number of New COVID-19 Cases in the US Reported to the CDC by States/Territories.

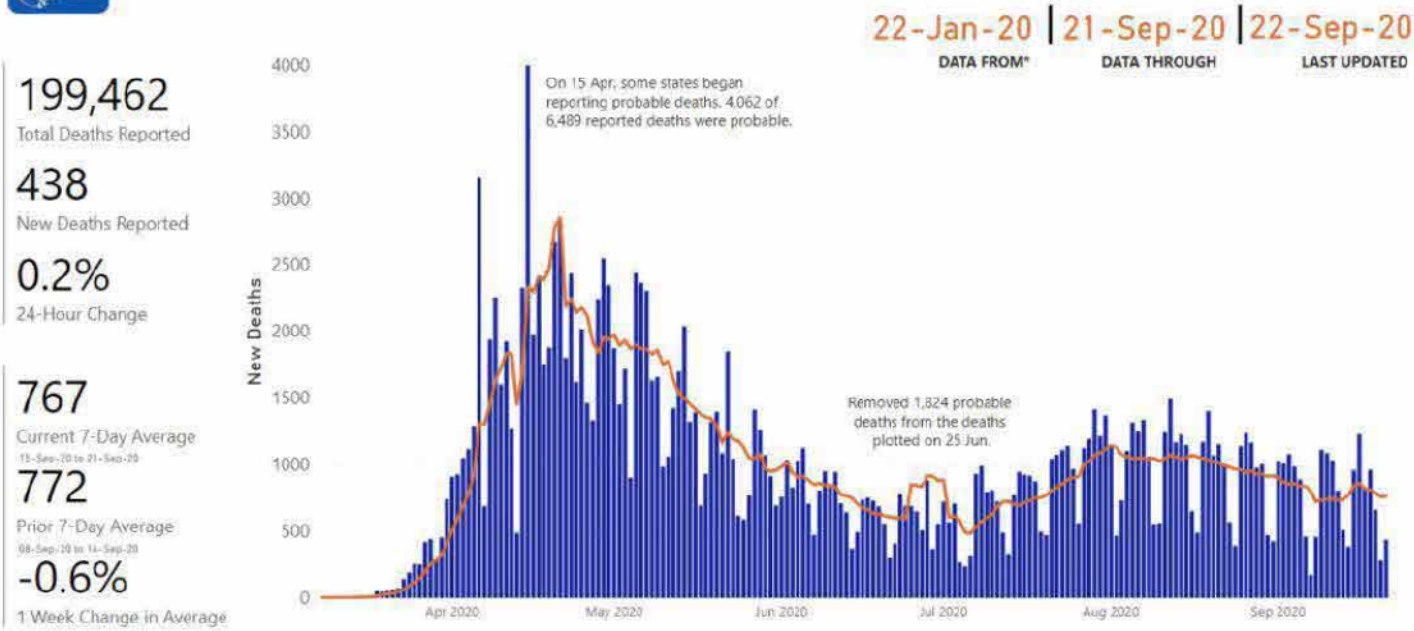
Data: 22 Jan 2020 through 21 Sep 2020 Last Update: 22 Sep 2020, 11:30
Source: CDC DCIPHER



Data Sources, References & Notes: Total cases are based on aggregate counts of COVID-19 cases reported by state and territorial jurisdictions to the Centers for Disease Control and Prevention (CDC) since 22 Jan 2020, with the exception of persons repatriated to the United States from Wuhan, China, and Japan. Numbers include confirmed and probable COVID-19 cases as reported by U.S. states, U.S. territories, New York City, and the District of Columbia from the previous day. Rates are calculated using U.S. Census Bureau, 2018 (Dec 2018) estimates and are shown as cases/100,000 people. The 7-day moving average of new cases (current day + 6 preceding days / 7) was calculated to smooth expected variations in daily counts. CDC's overall case numbers are validated through a confirmation process with each jurisdiction. Differences between reporting jurisdictions and CDC may occur due to the timing of reporting and website updates.
Graph shows data starting on 08 Mar 2020. Sources: CDC DCIPHER, US Census Bureau (2018).* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.*

Number of New COVID-19 Deaths in the US Reported to the CDC by States/Territories.

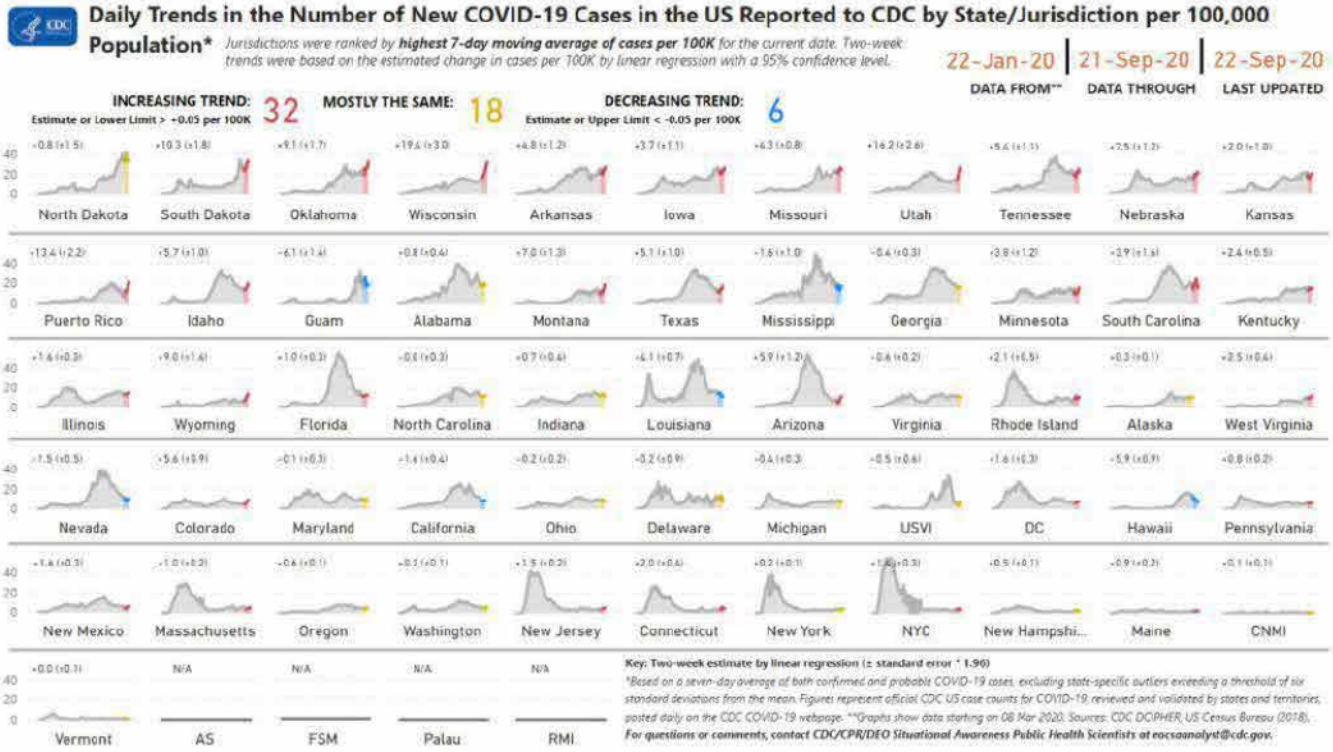
Data: 22 Jan 2020 through 21 Sep 2020 Last Update: 22 Sep 2020, 11:30
Source: CDC DCIPHER



Data Sources, References & Notes: Total deaths are based on aggregate counts of COVID-19 deaths reported by state and territorial jurisdictions to the Centers for Disease Control and Prevention (CDC) since 21 Jan 2020, with the exception of persons repatriated to the United States from Wuhan, China, and Japan. Number include confirmed and probable COVID-19 deaths as reported by U.S. states, U.S. territories, New York City, and the District of Columbia from the previous day. Rates are calculated using U.S. Census Bureau, 2018 (Dec 2018) estimates and are shown as deaths/100,000 people. The 7-day moving average of new deaths (current day + 6 preceding days / 7) was calculated to smooth expected variations in daily counts. CDC's overall death numbers are validated through a confirmation process with each jurisdiction. Differences between reporting jurisdictions and CDC may occur due to the timing of reporting and website updates.
Graph shows data starting on 08 Mar 2020. Sources: CDC DCIPHER, US Census Bureau (2018).* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.*

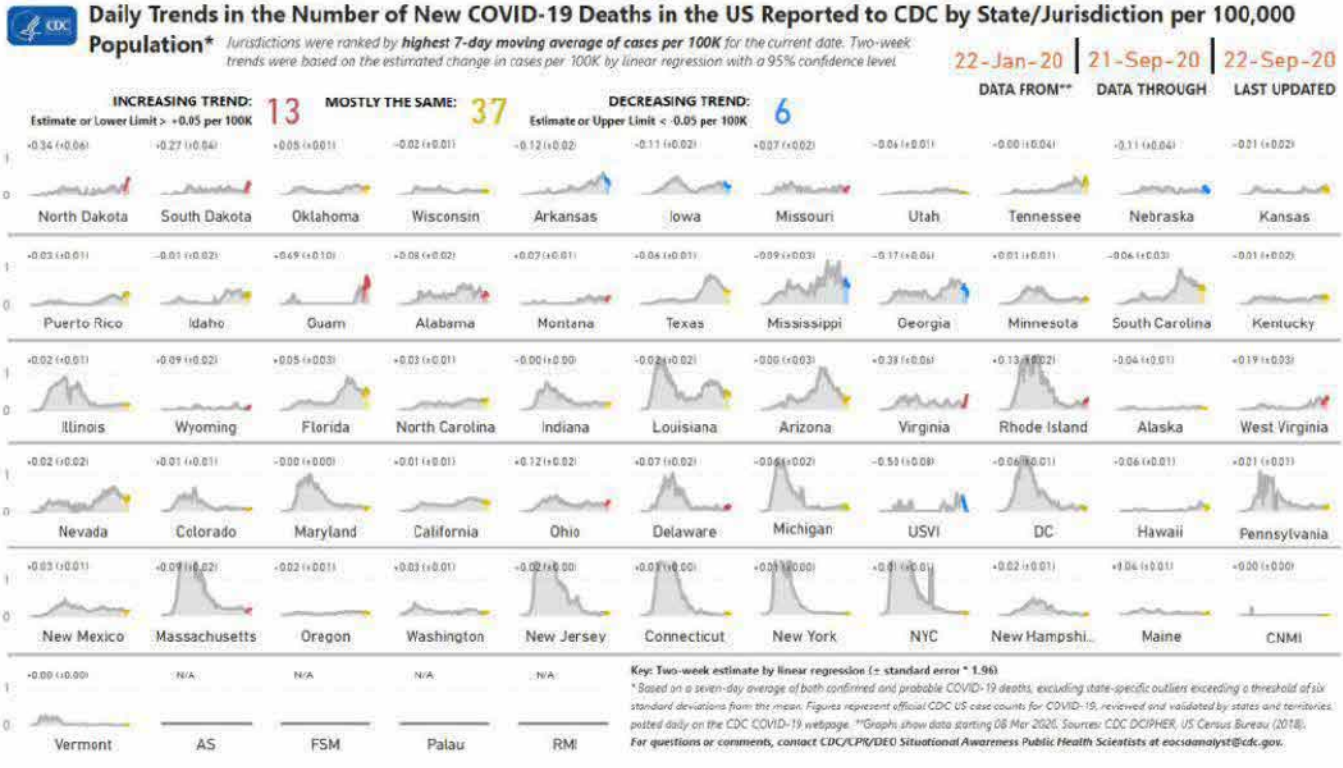
Daily Trends in the Number of New COVID-19 Cases in the United States Reported to CDC by State/Jurisdiction per 100,000 Population

Data: 22 Jan 2020 through 21 Sep 2020 *Last Update: 22 Sep 2020, 11:30*
Source: CDC DCIPHER



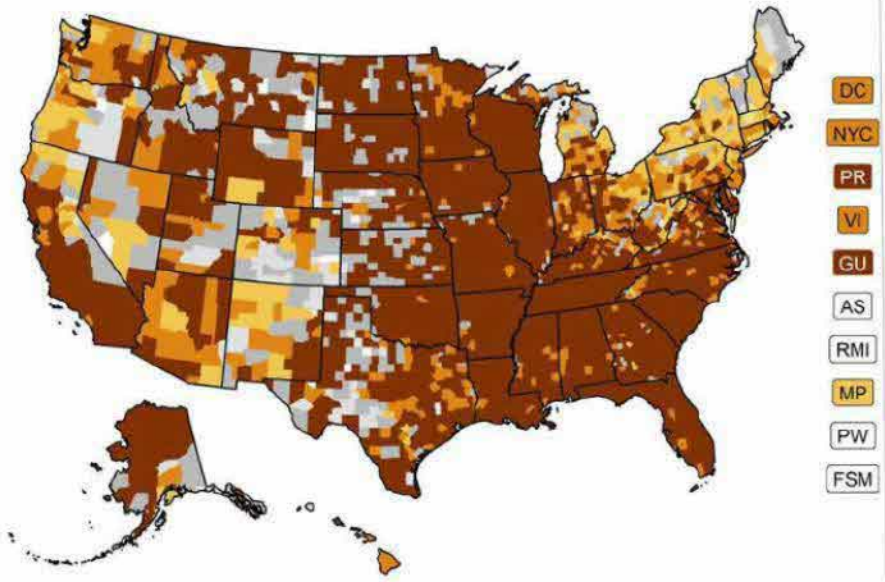
Daily Trends in the Number of New COVID-19 Deaths in the United States Reported to CDC by State/Jurisdiction per 100,000 Population

Data: 22 Jan 2020 through 21 Sep 2020 *Last Update: 22 Sep 2020, 11:30*
Source: CDC DCIPHER



Cases by County[10]

Coronavirus Disease 2019 (COVID-19)
Number of New Cases per 100,000 in the past 2 weeks, by U.S. County, 07 September–20 September, 2020



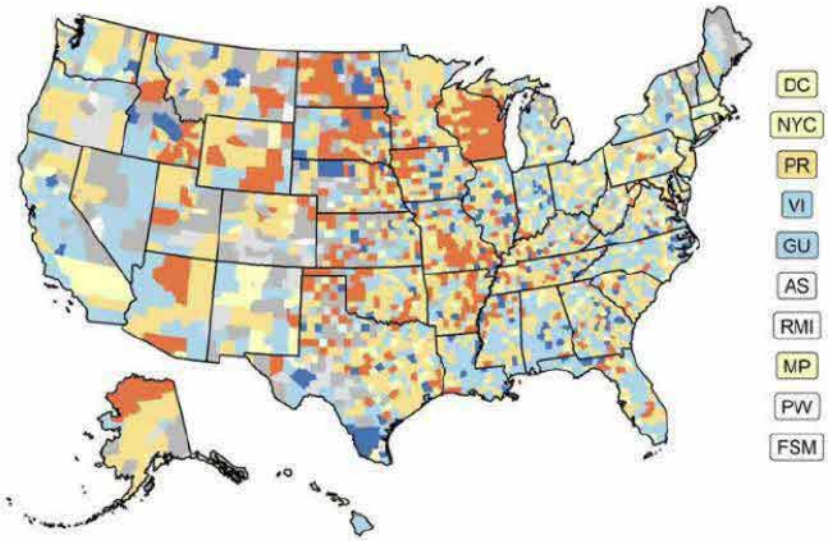
Incidence
- Low
- Moderate
- Moderately high
- High
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map
Describes recent incidence of COVID-19 infection to capture the potential burden of currently ill people who may be infectious and/or accessing healthcare.

Main Findings
- COVID-19 infection remains prevalent throughout the country.
- Elevated incidence of disease during the past 2 weeks remains widespread, including in the Southeast, the Midwest, and the West.

Notes: Defined using the number of new cases per 100,000 in the past 2 weeks. Low is >0 to 10, moderate is >10 to 50, moderately high is >50 to 100, and high is >100. Jurisdictions denoted as 0 cases in the past 2 weeks have had at least 1 case previously.
Sources: HHS Protect, US Census

Coronavirus Disease 2019 (COVID-19)
Change in Daily Incidence*, by U.S. County, September 20, 2020



Change in incidence per 100,000 per day
- Greater decline
- Moderate decline
- Plateau
- Moderate increase
- Greater increase
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map
Describes the trajectory of new illnesses as recently increasing, being stable, or decreasing in number.

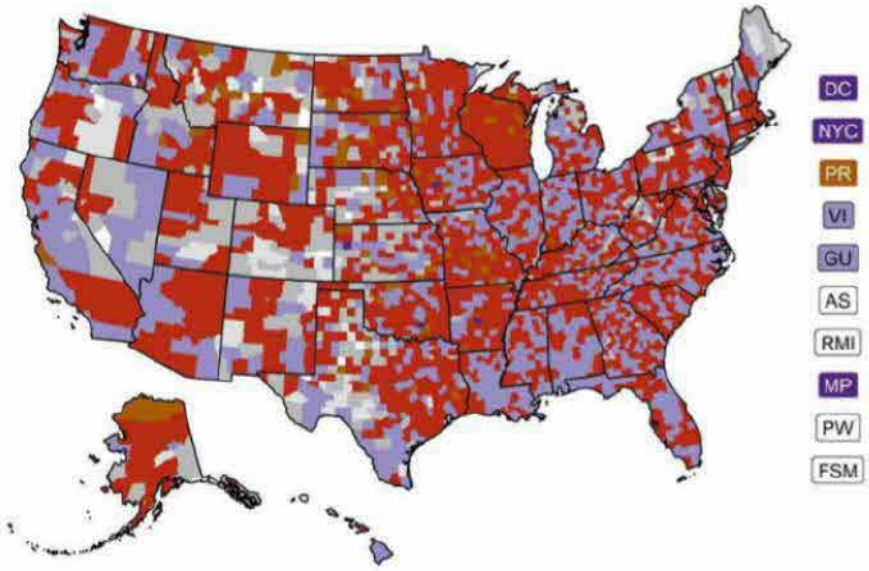
Main Findings
- Daily county-level incidence rates continue to decrease in much of the Southeast and the West Coast.
- However, county-level incidence is increasing throughout much of the Midwest and Great Plains, including Missouri, Wisconsin, North Dakota, South Dakota, Wyoming, Oklahoma, Arizona, and Arkansas.

*Measured as the change in slope of a spline fit to smoothed daily incidence. Incidence was smoothed using a 7-day moving average. These values therefore represent the change in 7-day average number of new cases per 100,000 per day. Greater declines are ≤-1, moderate declines are >-1 to -0.1, plateaus are >-0.1 to ≤0.1, moderate increases are >0.1 to 1, greater increases are >1. Counties denoted as 0 cases in the past 2 weeks have had at least 1 case previously.

Sources: HHS Protect, US Census

[10] See CDC COVID-19 Data Tracker for the latest visualizations on cases and deaths trends by state and county.

Coronavirus Disease 2019 (COVID-19) Current epidemic curve status*, by U.S. County, September 20, 2020



Current status

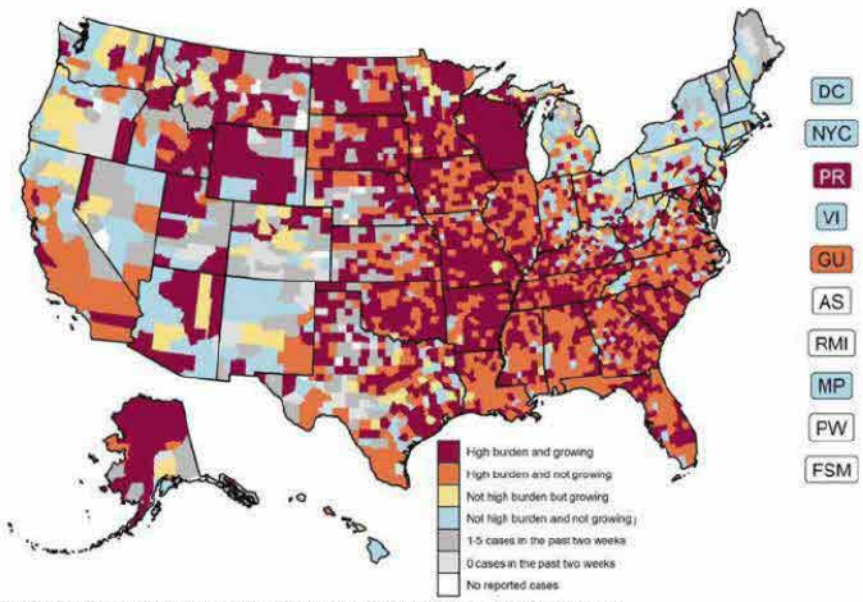
- Low incidence growth
- Elevated incidence growth
- Elevated incidence plateau
- Sustained decline
- Low incidence plateau
- Rebound
- 1-5 cases in the past two weeks
- 0 cases in the past two weeks
- No reported cases

Purpose of this map
Provides the most detailed view into both the burden of illness and the trajectory of new illnesses.

Main Findings
- There are many counties throughout the States whose incidence are in rebound.
- Many counties in California and Nevada, as well as some in the Southeast, have burden in sustained decline.
- The goal is to have all communities be represented in the lighter colors, demonstrating little to no disease burden and no increase in trajectory.

*Categorized according to the slope of a spline fit to the 7-day moving average of daily incidence and the number of new cases (per 100,000) in the past 2 weeks. Elevated incidence is defined as >10 new cases per 100,000 in the past two weeks.
Sources: HHS Protect, US Census

Coronavirus Disease 2019 (COVID-19) Burden and growing of new cases per 100,000 in the past 2 weeks, by U.S. county, 07 September–20 September, 2020



Purpose of this map
Identifies "areas of concern" where a county's disease burden is high and still growing.

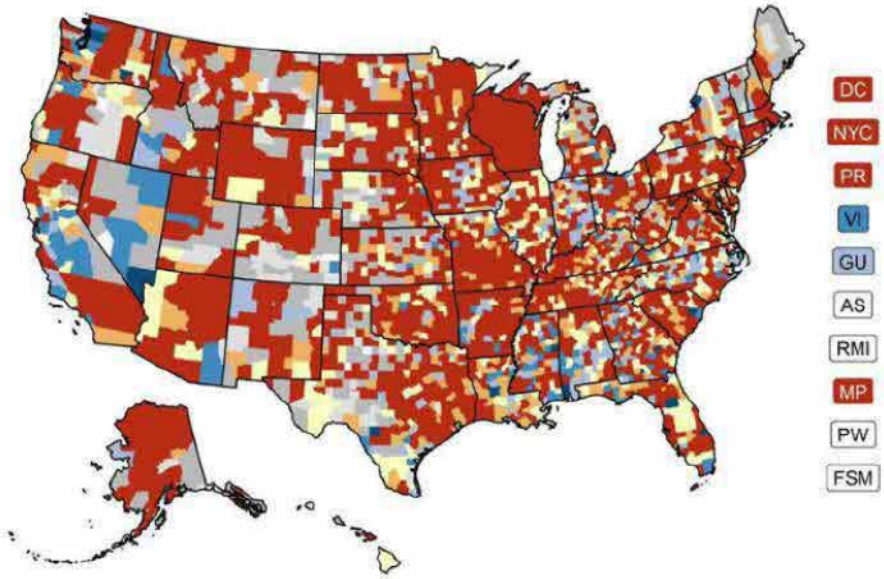
Main Findings
- Counties with the greatest burden and which are still demonstrating growth are listed in the table below.

Counties in the high burden, growing category (Top 10 with the highest number of cases per 100,000 in the past 2 weeks)

County name, State	No. of new cases in past 2 weeks	2-week incidence (per100,000)	Change in daily incidence (per 100,000 per day)
Emmons, ND	84	2,549.3	22.2
Rosebud, MT	229	2,526.8	7.7
Craig, OK	332	2,320.7	19.4
Woodward, OK	458	2,264.9	13.6
Camas, ID	16	1,419.7	17.5
Stark, ND	440	1,419.5	2.8
Gregory, SD	58	1,377.0	6.8
Stewart, GA	85	1,371.2	5.2
Tripp, SD	71	1,296.1	10.7
Bollinger, MO	155	1,273.7	1.8

Notes: High burden counties have >100 new cases per 100,000 in the past two weeks and growing counties have a slope of at least 0.1 per 100,000 per day.

Coronavirus Disease 2019 (COVID-19)
Current consecutive days of downward trajectory, by U.S. County, September 20, 2020



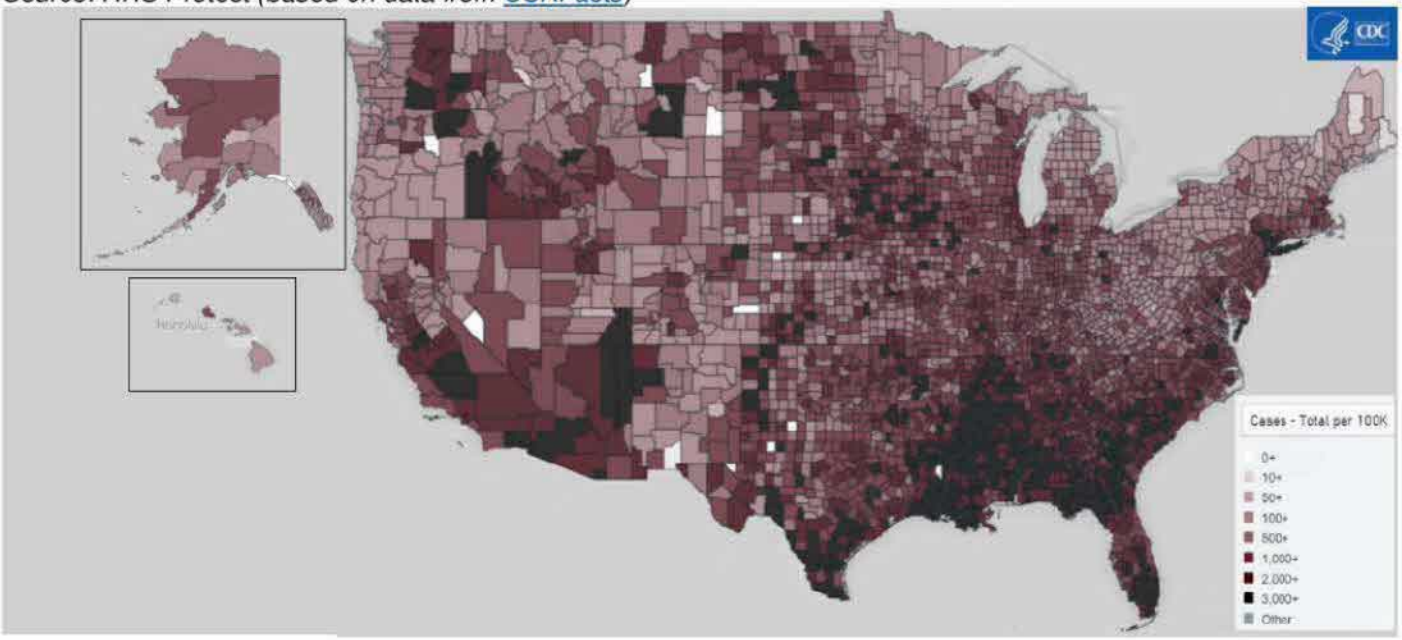
Days in downward trajectory*
- 1-6 days
- 7-13 days
- 14-20 days
- 21-41 days
- ≥42 days
- Not in downward trajectory
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map
Identifies progress in counties towards achieving a downward trajectory in case incidence over a 14-day period.

Main Findings
- 392 counties have been identified as having 14 or more consecutive days of improvement and are indicated in the blue colors (excludes counties with 0-5 cases in the past 2 weeks); median population size: 34,074 range: 1,399 – 3,185,968).
- This method is still being refined to best characterize progress towards achieving a downward trajectory in daily case incidence over a 14-day period, and the results provided should be interpreted with caution when determining mitigation strategies to use.

*The number of days in a downward trajectory represents the number of consecutive days for which the jurisdiction experienced either a negative slope or a low incidence plateau (two-week incidence ≤10 cases per 100,000 and slope >-0.1 and ≤0.1).
Sources: HHS Protect, US Census

Total Number of COVID-19 Cases in the United States by County per 100,000 Population *(USA Facts)*
Data Through: 20 Sep 2020 *Last Updated: 22 Sep 2020, 07:30*
Source: HHS Protect (based on data from USAFacts)

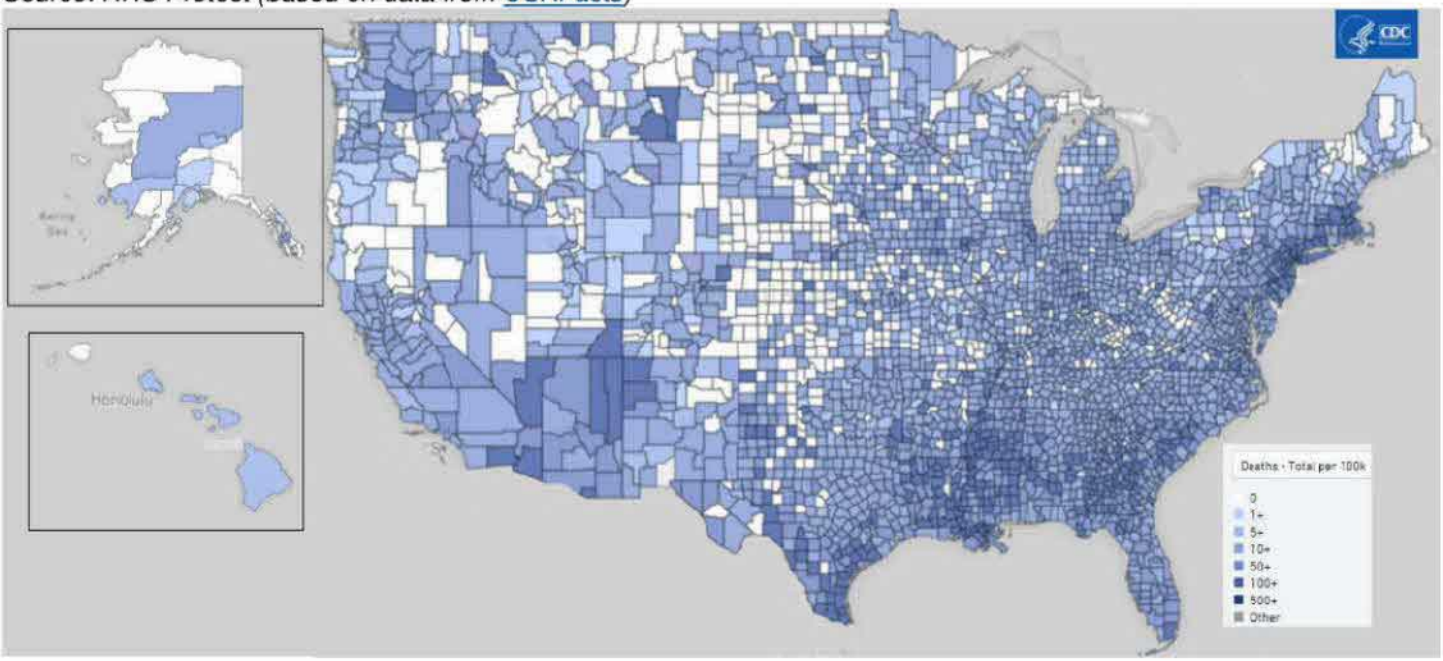


Deaths by County[11]

Total Number of COVID-19 Deaths in the United States by County per 100,000 Population *(USA Facts)*

Data Through: 20 Sep 2020 *Last Updated: 22 Sep 2020, 07:30*

Source: HHS Protect (based on data from USAFacts)



[11] See CDC COVID-19 Data Tracker for the latest visualizations on cases and deaths trends by state and county.

Cases/Deaths by CBSA

Total Cases due to COVID-19 per 100,000 Population by CBSA

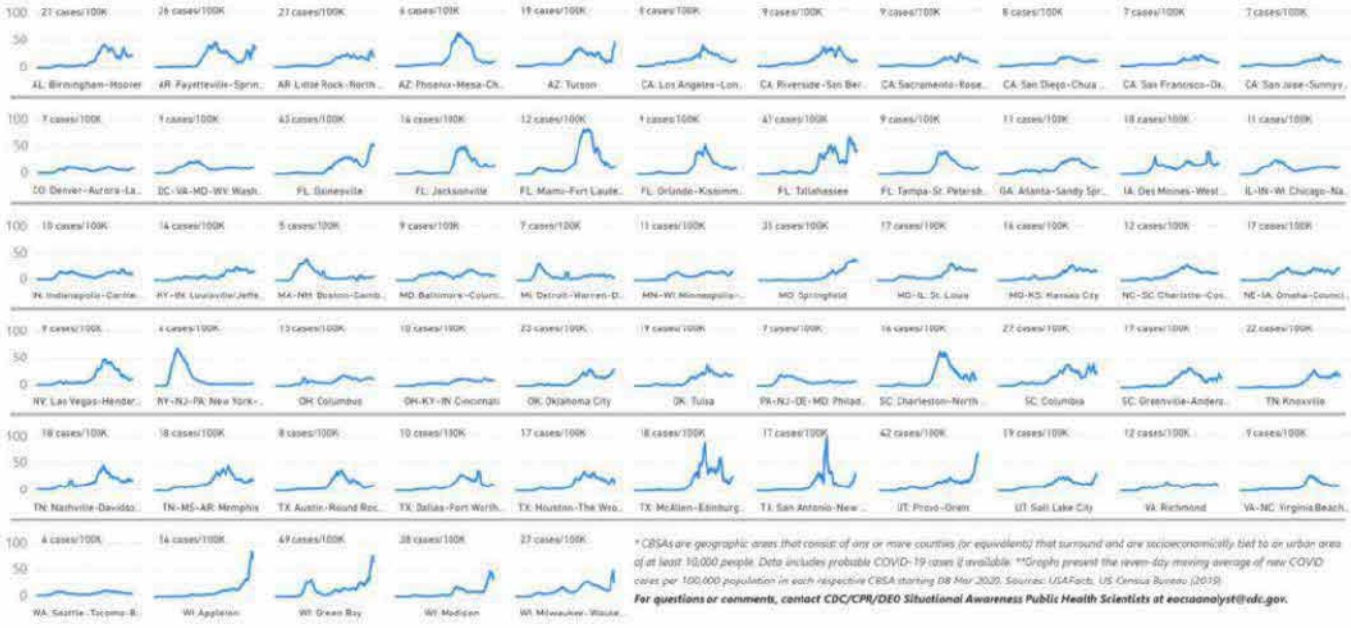
Data 22 Jan 2020 through 20 Sep 2020 *Last Update: 22 Sep 2020, 08:00*

Source: Data from USAFacts

Daily Trends in the Number of New COVID-19 Cases in the US Reported to CDC by Core-based Statistical Area (CBSA) per 100,000 Population

These are the top 60 CBSAs based on the number of new cases in the past 14 days, presented in alphabetical order by state and city/town.

22-Jan-20 (DATA FROM**) | 20-Sep-20 (DATA THROUGH) | 22-Sep-20 (LAST UPDATED)



* CBSAs are geographic areas that consist of one or more counties (or equivalents) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 cases if available. **Graphs present the seven-day moving average of new COVID cases per 100,000 population in each respective CBSA starting 08 Mar 2020. Sources: USAFacts, US Census Bureau (2019).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Total Deaths due to COVID-19 per 100,000 Population by CBSA

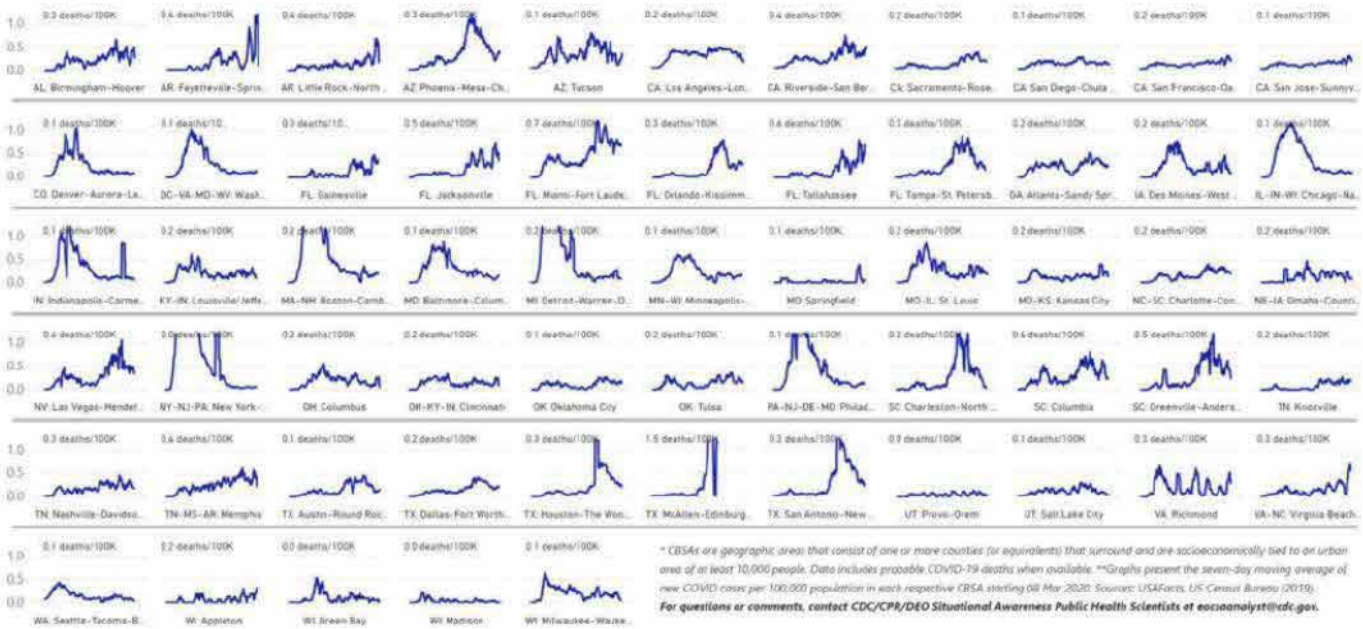
Data 22 Jan 2020 through 20 Sep 2020 *Last Update: 22 Sep 2020, 08:00*

Source: Data from USAFacts

Daily Trends in the Number of New COVID-19 Deaths in the US Reported to CDC by Core-based Statistical Area (CBSA) per 100,000 Population

These are the top 60 CBSAs based on the number of new deaths in the past 14 days, presented in alphabetical order by state and city/town.

22-Jan-20 (DATA FROM**) | 20-Sep-20 (DATA THROUGH) | 22-Sep-20 (LAST UPDATED)



* CBSAs are geographic areas that consist of one or more counties (or equivalents) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 deaths when available. **Graphs present the seven-day moving average of new COVID cases per 100,000 population in each respective CBSA starting 08 Mar 2020. Sources: USAFacts, US Census Bureau (2019).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

COVID-19 Among Specific Populations

US Healthcare Workers

Data as of 21 Sep 2020

Healthcare Workers in US - Case Count Reported in Case-Based Surveillance

N =161,434 (+574)

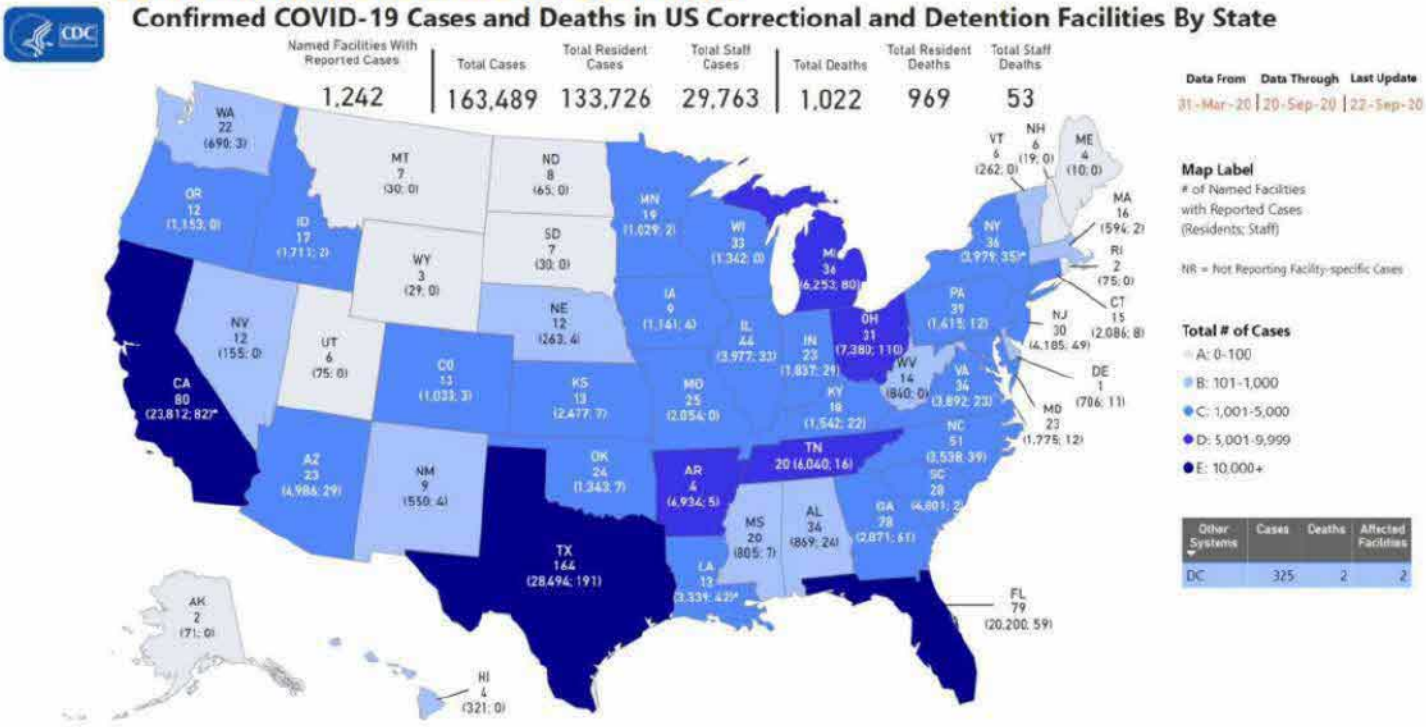
- 710 Deaths (+1)
  - 189 in IL
  - 177 in CA[12]
  - 60 in OH
  - 46 in MA
  - 32 in MI
  - 28 in NV
  - 25 in NY
  - 20 in NC
  - 20 in PA
  - 19 in TN
  - 18 in WA
  - 12 in IA
  - 11 in LA
  - 10 in AR
  - 9 in MN
  - 8 in NH
  - 8 in KS
  - 7 in NJ
  - 4 in CO
  - 3 in DC
  - 2 in PR
  - 1 in UT
  - 1 in VI

Cases and Deaths in US Correctional and Detention Facilities

Cumulative Confirmed COVID-19 US Correctional and Detention Facilities Deaths by State

Data: 31 Mar 2020 – 20 Sep 2020 Last Update: 22 Sep 2020

Source: UCLA Law COVID-19 Behind Bars Data Project



Cases and deaths are reported by state Department of Corrections and the Federal Bureau of Prisons at the facility-level unless indicated by *, which designates cumulative state-wide totals (county-wide for DC) from one or more non-specific facilities in addition to cases and deaths reported from any named facilities. Data contain cumulative confirmed COVID-19 counts in U.S. correctional and detention facilities, separately for staff and residents, starting from March 31, 2020. Data collected from the Department of Corrections websites are principally represented by prisons, with exception of a few states that include jails. Citation: UCLA Law COVID-19 Behind Bars Data Project. ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

[12] The number of HCP deaths reported by CA decreased by one since 20 Sep.

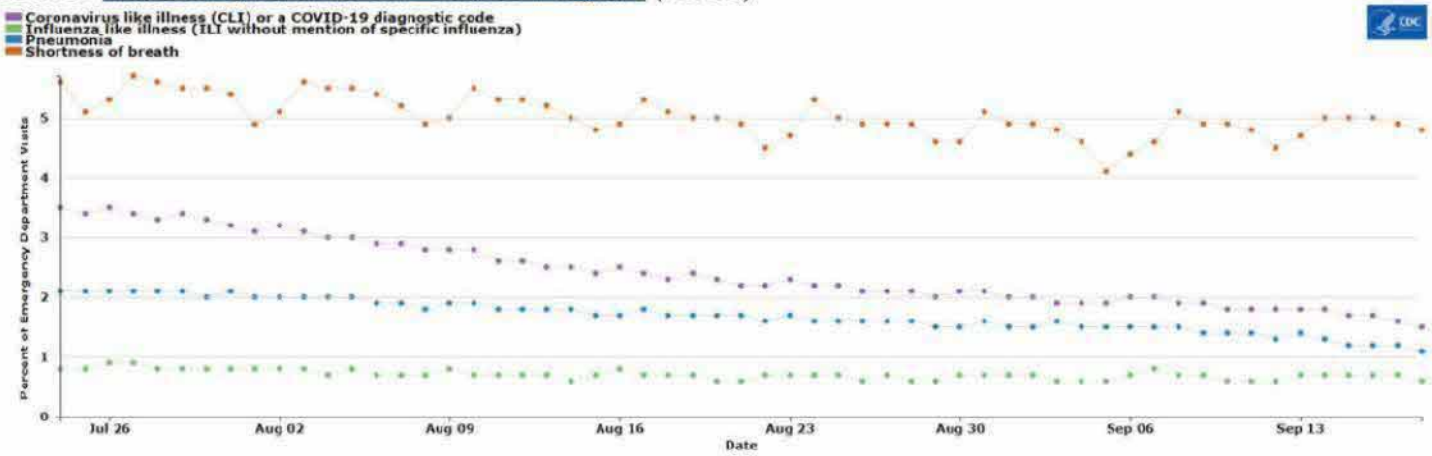
Healthcare Utilization

US Trends in Emergency Department Visits

Percentage of ED Visits by Syndrome in United States: COVID-19-Like Illness, Shortness of Breath, Pneumonia, and Influenza-Like Illness

Data: 24 Jul 2020 – 18 Sep 2020 *Last Updated: 22 Sep 2020*

Source: National Syndromic Surveillance Program (NSSP)



Laboratory Testing

Status of Laboratory Testing

Data Through: 17 Sep 2020 *Last Updated: 21 Sep 2020, 23:54*

Source: HHS Protect[13,14]

Report	Total New Orders	Cumulative Orders	New With Results	Cumulative Results	New Positives	Cumulative Positives	Percent Positive	% Positive Last 7 Days
Hospital[15]	122,352	18,050,336	129,582	18,078,290	5,715	1,291,264	7.14%	4.47%
Commercial labs[16]	196,985	39,522,787	244,024	38,572,321	10,844	3,339,511	8.66%	4.76%
State/Local PHL[17]	36,197	6,068,765	49,949	6,009,115	2,462	456,763	7.60%	4.91%
Total	355,534	63,641,888	423,555	62,659,726	19,021	5,087,538		

			Cumulative Total With Results		Cumulative Total Positive		Cumulative Total % Positive	% Positive Last 7 Days
Total Incl. State HD's[18]			105,140,007		8,410,260		8.0%	4.4%

[13] Data Source: HHS Protect is the data source for hospital and commercial lab data starting 23 Apr and PHL labs starting 08 May. Beginning 31 Aug, new results are the numbers as reported in HHS Protect at the time the data were exported.

[14] As of 03 Aug, Laboratory Data in HHS Protect uses data through the most recent day for which all jurisdictions have reported in order to report data for all jurisdictions along a consistent time window.

[15] Hospital laboratory data are reported directly to HHS via an online form, beginning 11 Apr. Respondents are asked to report all tests run in the hospital laboratory and not sent out to commercial laboratories.

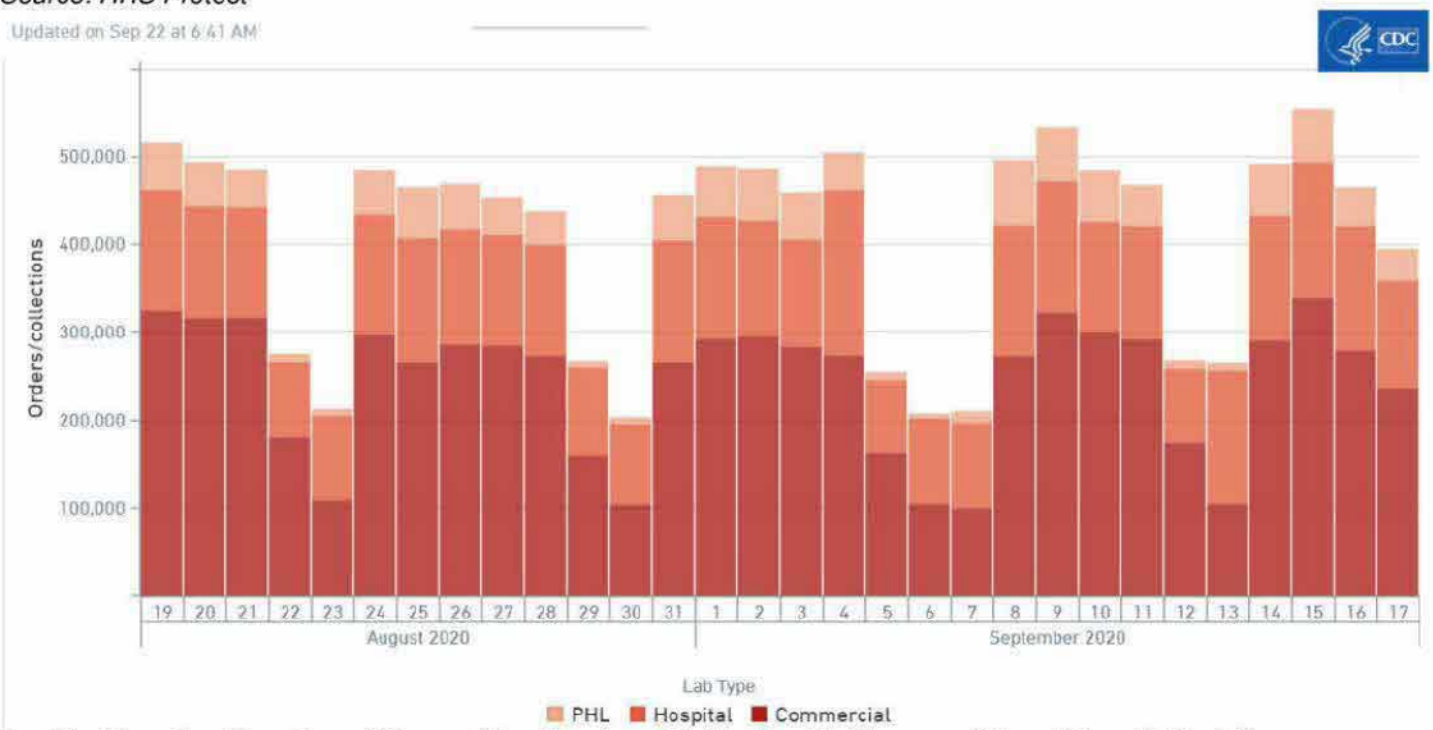
[16] Includes 6 commercial labs: LabCorp, Quest Diagnostics, BioReference, ARUP, Mayo Clinic, and Sonic Healthcare.

[17] Reporting public health labs are all 50 state public health labs, the District of Columbia, New York City, Puerto Rico, USAF, and 17 California counties.

[18] Includes laboratory results reported to CDC from additional state health departments not reported through HHS Protect including additional lab orders received prior to 23 Apr not included in HHS Protect.

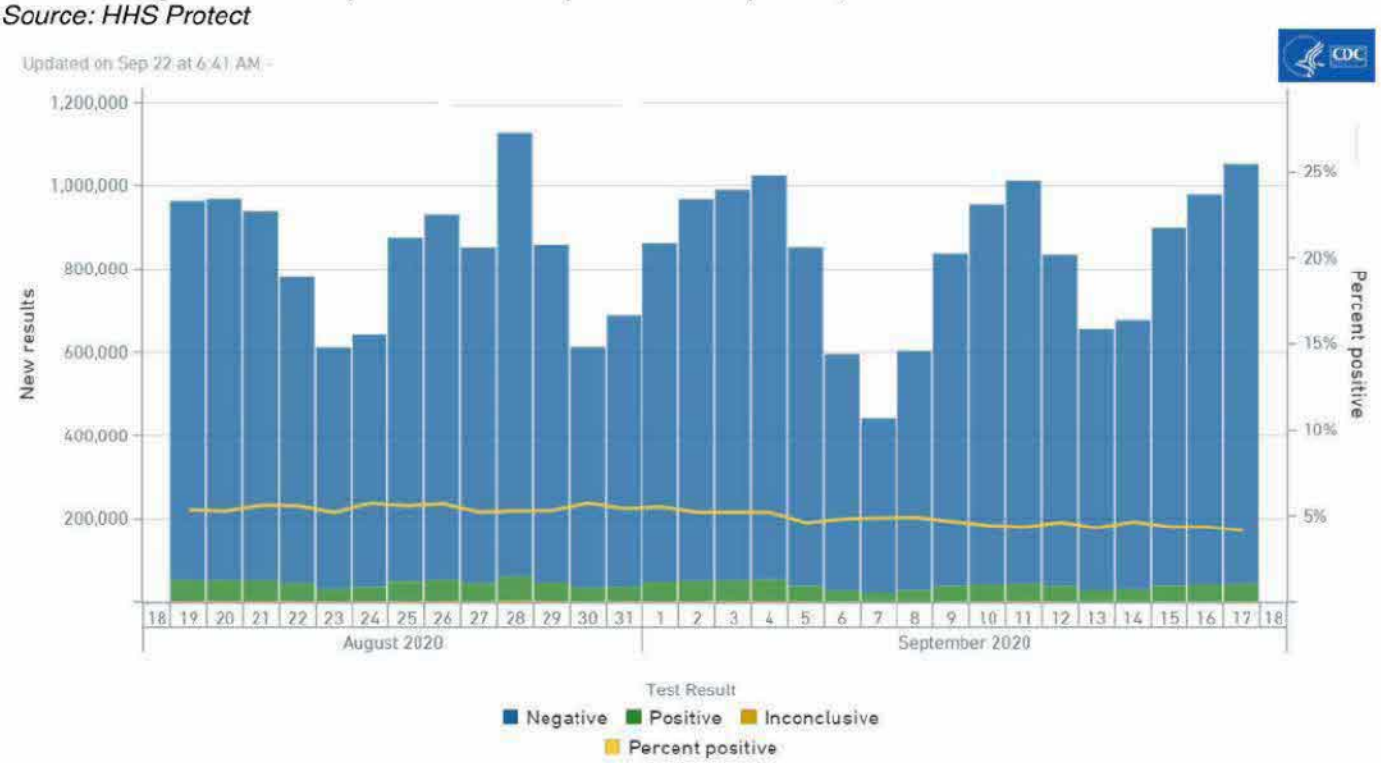
Laboratory Orders/Collections per Day by Facility Type[19]

Data: 19 Aug 2020 - 17 Sep 2020 Last Updated: 22 Sep 2020, 06:41
Source: HHS Protect



Positive/Negative Results and Percent Positive from Public Health, Commercial, and Hospital Lab[20]

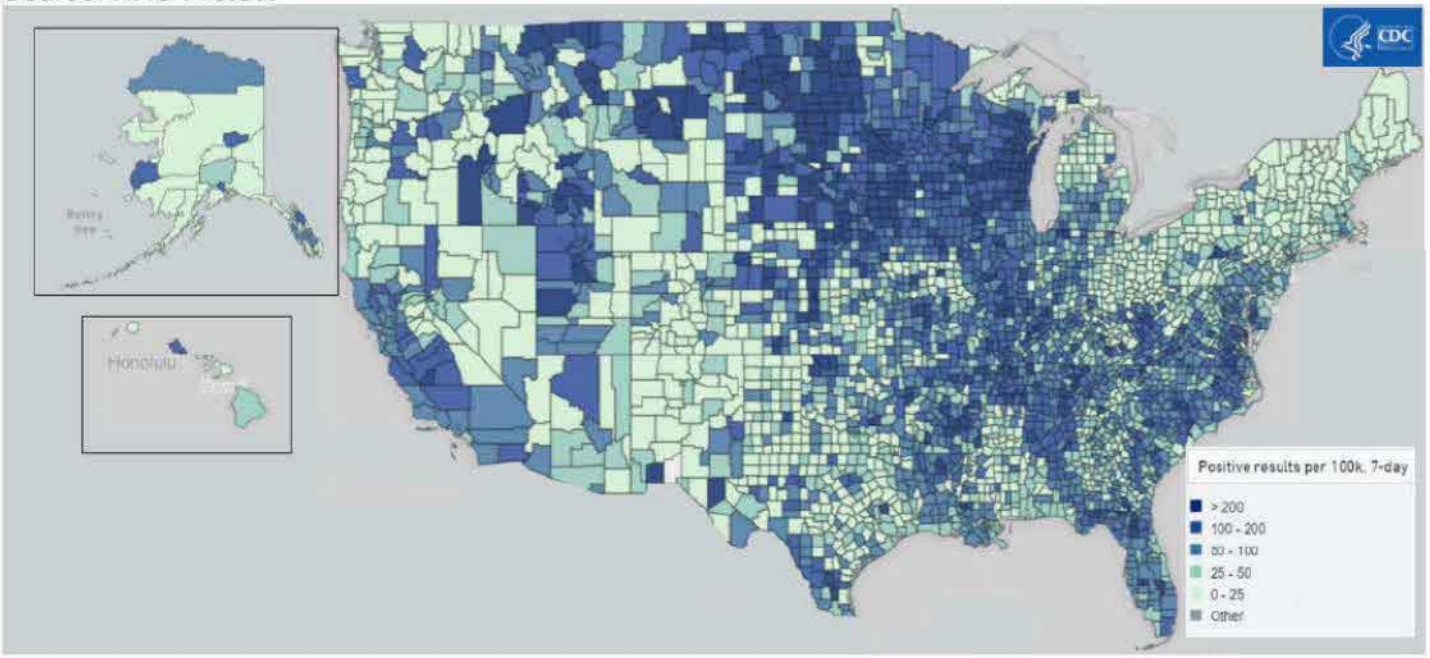
Data: 19 Aug 2020 - 17 Sep 2020 Last Updated: 22 Sep 2020, 06:41
Source: HHS Protect



[19] Reported by test order date if available, otherwise the date the specimen was collected. Due to reporting lags, data for the most recent three days may be underrepresented.
[20] Reported by test result date. Due to reporting lags, data for the most recent three days may be underrepresented.

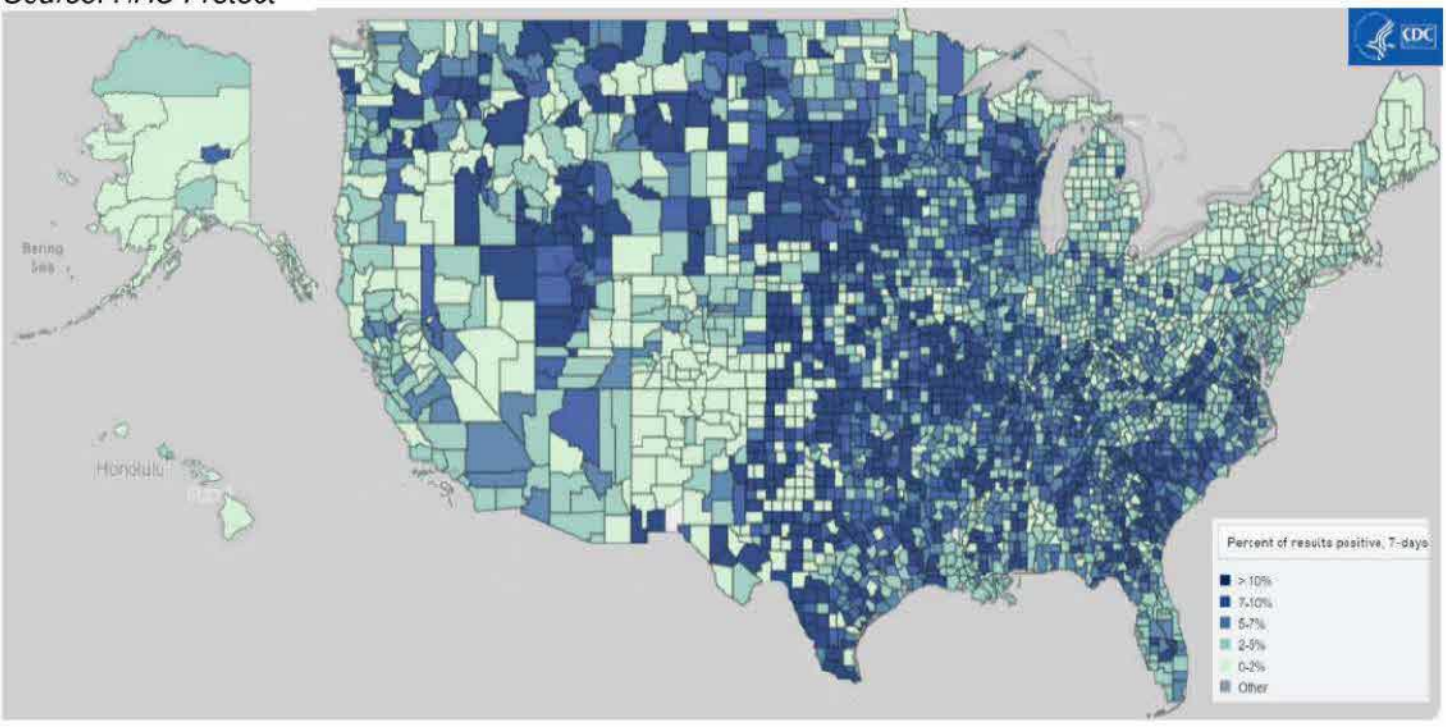
Positive Results per 100,000 Population Last 7-Days by County [21] [22]

Data Through: 11 Sep - 17 Sep 2020 *Last Updated: 22 Sep 2020*
Source: HHS Protect



Percent Positive Results Last 7-Days by County [22]

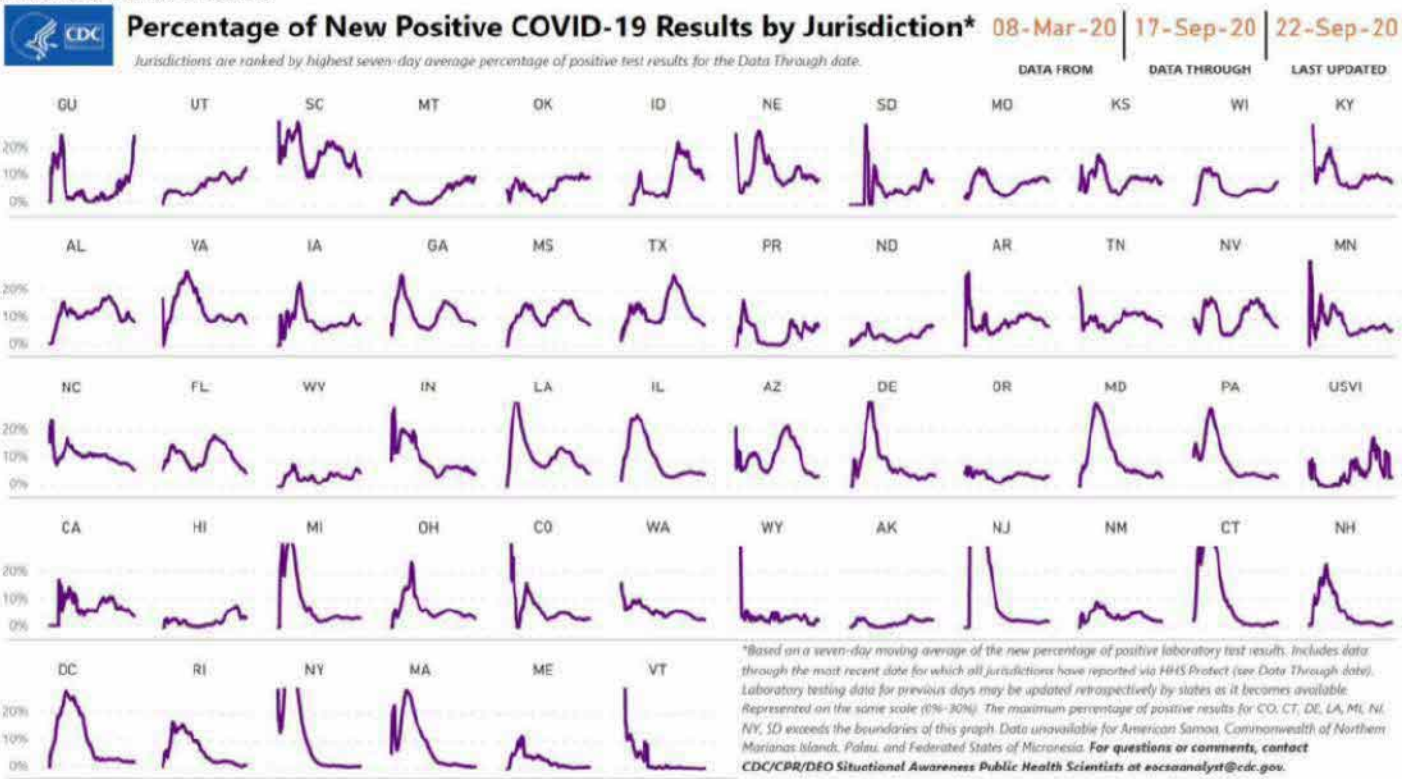
Data Through: 11 Sep - 17 Sep 2020 *Last Updated: 22 Sep 2020*
Source: HHS Protect



[21] Data represent (total number of positive results/total population) * 100. One person may have multiple tests and positive results.
[22] See CDC COVID-19 Data Tracker for the latest visualizations on US laboratory testing by state.

COVID-19 Virologic Testing, Percentage of Positive COVID-19 Test Results by Jurisdiction

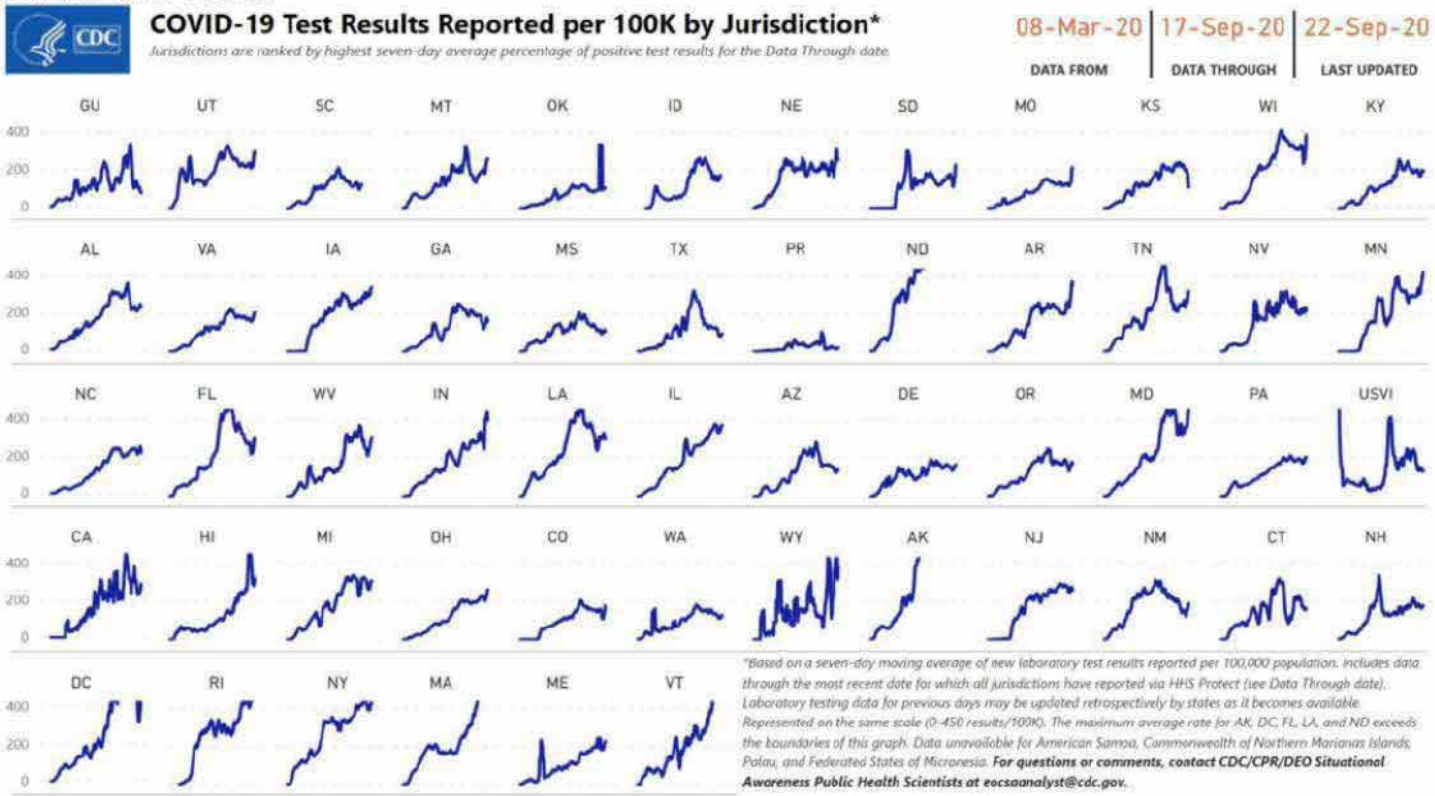
Data: 08 Mar 2020 – 17 Sep 2020 Last Update: 22 Sep 2020, 09:00
Source: HHS Protect



*Based on a seven-day moving average of the new percentage of positive laboratory test results. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Represented on the same scale (0%-30%). The maximum percentage of positive results for CO, CT, DE, LA, MI, NJ, NY, SD exceeds the boundaries of this graph. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia. **For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

New COVID-19 Test Results Reported per 100,000 Population by Jurisdiction

Data: 08 Mar 2020 – 17 Sep 2020 Last Update: 22 Sep 2020, 09:00
Source: HHS Protect

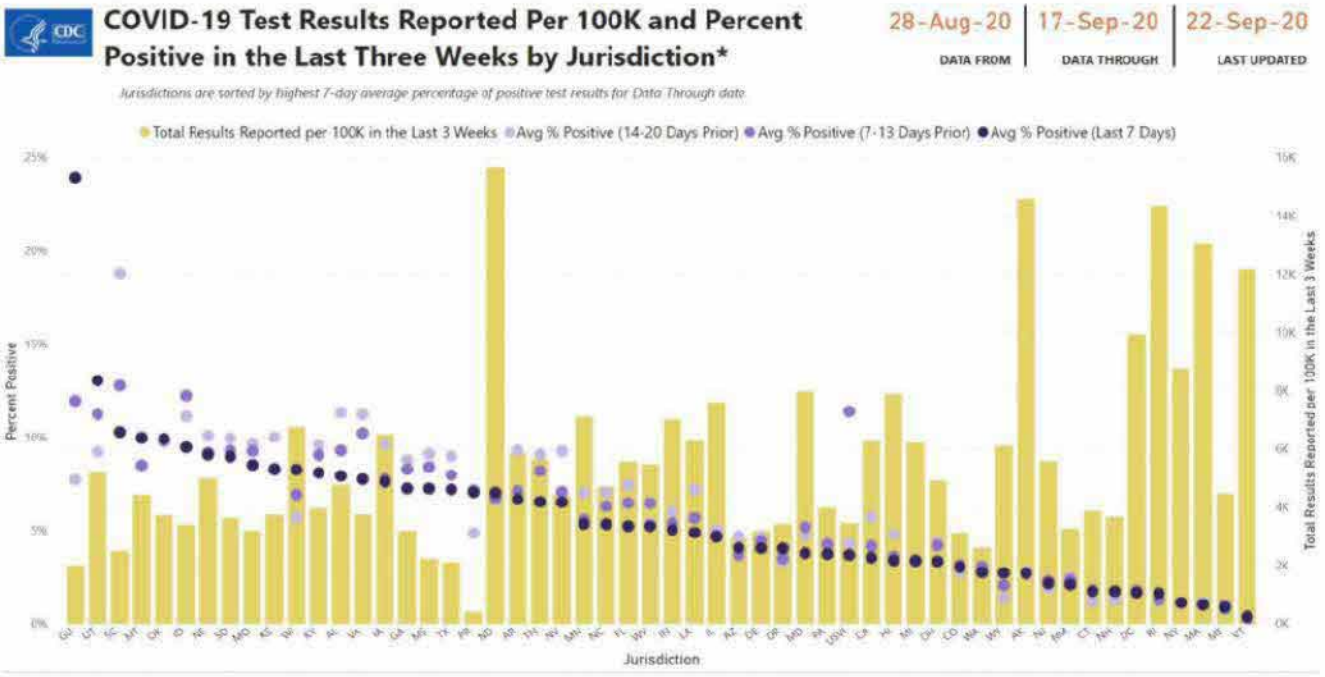


*Based on a seven-day moving average of new laboratory test results reported per 100,000 population. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Represented on the same scale (0-450 results/100K). The maximum average rate for AK, DC, FL, LA, and ND exceeds the boundaries of this graph. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia. **For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

Test Results per 100,000 and Percent Positive in the Last 3 Weeks by Jurisdiction[23,24]

Data 28 Aug 2020 – 17 Sep 2020 *Last Updated: 22 Sep 2020, 09:00*

Source: HHS Protect



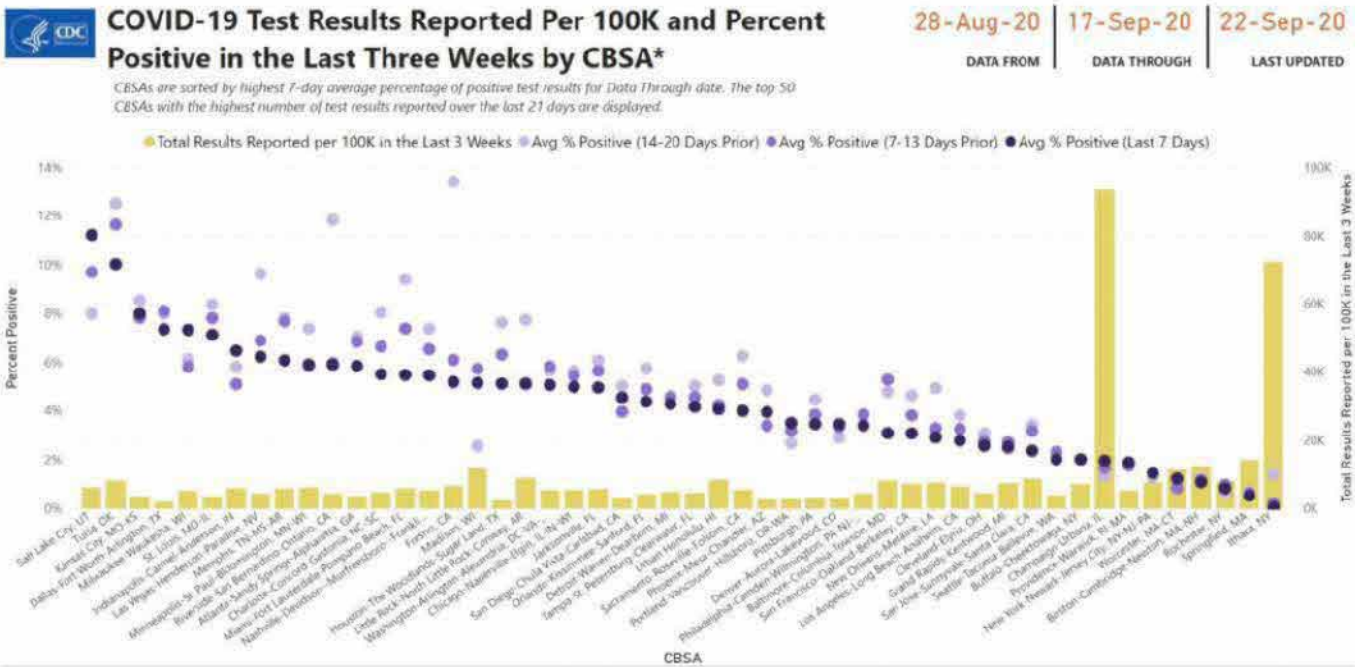
Based on total laboratory test results reported per 100,000 population in the last 21 days. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Guam, US Virgin Islands, Palau, and Federated States of Micronesia.

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Positive/Negative Results and Percent Positive in the Last 3 Weeks by CBSA[24]

Data 28 Aug 2020 – 17 Sep 2020 *Last Updated: 22 Sep 2020, 09:00*

Source: HHS Protect



Metropolitan and Micropolitan Statistical Areas are collectively referred to as Core-Based Statistical Areas (CBSA); new definitions were announced by OMB on 06 Jun 2003, based on application of the 2000 standards with Census 2000 data. Figure based on total laboratory test results reported per 100,000 population in the last 21 days. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Guam, US Virgin Islands, Palau, and Federated States of Micronesia.

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

[23] Data from state health departments, state public health labs, commercial labs, and hospitals.

[24] Metropolitan and Micropolitan Statistical Areas are collectively referred to as Core-Based Statistical Areas (CBSA). Due to reporting lags, data for the most recent three days may be underrepresented.

Comparison of U.S. Case Counts with Laboratory Testing Data

COVID-19 Cases, Deaths and Lab Comparison by Jurisdiction

Data Through: 17 Sep 2020 *Updated: 22 Sep 2020, 11:30*

Source: HHS Protect

COVID-19 Epi/Lab Overview -- US States, Territories & DC

Data for case and laboratory data includes data through the most recent date for which most jurisdictions have reported via HHS protect. *Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Lab data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia.*

** Calculation omitted where the number of total new tests was less than five.*

17-Sep-20 DATA THROUGH | 22-Sep-20 LAST UPDATED

State/ Territory	Cases/ 100K	Deaths/ 100K	Total Tests	New Tests	Tot. Tests/ 100K	New Tests/ 100K	New Pos Tests	Total Pos Tests	% Total Pos Tests	% New Pos Tests*
AK	888.1	6.0	543,476	4,476	74,291.5	611.9	130	12,743	2.3%	3.4%
AL	[illegible]	49.1	1,621,260	14,036	33,065.4	286.3	953	192,348	11.9%	6.8%
AR	2429.2	38.7	898,513	11,098	29,773.7	367.8	737	77,431	8.6%	6.6%
AZ	[illegible]	75.4	1,770,764	13,708	24,328.0	188.3	520	213,479	12.1%	3.8%
CA	1937.0	37.2	13,330,633	153,431	33,738.0	388.3	3,777	883,494	6.6%	2.5%
CO	1106.7	35.2	1,063,069	13,332	18,460.1	231.5	481	49,335	4.6%	3.6%
CT	1556.3	125.6	1,009,612	7,032	28,323.4	197.2	105	64,964	6.4%	1.5%
DE	2003.6	84.0	217,756	1,917	22,362.3	196.9	67	16,521	7.6%	3.5%
FL	[illegible]	61.4	9,204,713	73,337	42,857.0	341.5	3,433	1,111,878	12.1%	4.7%
GA	[illegible]	61.5	2,621,091	15,356	24,686.7	144.6	960	276,611	10.6%	6.3%
HI	791.2	7.5	356,866	6,879	25,204.7	485.8	137	12,750	3.6%	2.0%
IA	2448.7	39.6	1,092,918	13,270	34,646.1	420.6	1,139	90,331	8.3%	8.7%
ID	2086.1	24.7	429,001	4,422	24,005.9	247.4	581	56,207	13.1%	13.1%
IL	2121.5	67.7	4,612,509	55,292	36,399.7	436.3	2,477	309,909	6.7%	4.5%
IN	1623.6	52.0	2,383,837	32,213	35,934.0	478.5	1,933	168,233	7.4%	6.0%
KS	1741.2	20.1	727,459	4,094	24,970.2	140.5	359	64,485	8.9%	8.8%
KY	1328.7	24.5	1,034,906	10,032	23,164.3	224.5	773	94,668	9.1%	7.7%
LA	[illegible]	114.3	2,173,098	16,799	46,745.4	361.4	646	231,896	10.7%	3.8%
MA	1941.9	134.1	3,203,732	64,621	46,481.4	937.6	610	164,581	5.1%	0.9%
MD	1976.2	84.0	2,603,071	38,571	43,056.7	638.0	864	188,255	7.2%	2.2%
ME	374.0	10.3	277,935	3,794	20,676.4	282.2	35	5,484	2.0%	0.9%
MI	1267.7	69.6	3,507,653	32,846	35,122.7	328.9	1,270	176,066	5.0%	3.9%
MN	1545.5	35.5	2,006,461	28,548	35,577.9	506.2	1,611	125,389	6.2%	5.6%
MO	1798.3	28.7	1,016,664	11,172	16,565.0	182.0	1,022	75,731	7.4%	9.1%
MS	[illegible]	93.1	610,408	2,961	20,510.0	99.5	179	71,291	11.7%	6.0%
MT	928.3	13.6	290,782	2,609	27,207.8	244.1	227	15,232	5.2%	8.7%
NC	1825.7	30.6	2,596,455	21,585	24,756.2	205.8	1,171	228,362	8.8%	5.4%
ND	2364.6	24.2	601,502	10,475	78,942.7	1,374.6	614	22,764	3.8%	5.9%
NE	2060.2	22.9	636,467	5,620	32,902.4	290.5	543	75,455	11.9%	9.7%
NH	576.1	32.3	344,802	3,253	25,358.5	239.2	68	12,840	3.7%	2.1%
NJ	2228.5	180.1	2,815,317	23,840	31,696.2	268.4	456	102,023	3.6%	1.9%
NM	1298.0	39.9	731,387	4,358	34,880.6	207.8	80	30,671	4.2%	1.8%
NV	1454.8	50.8	977,361	7,784	31,730.9	252.7	508	101,348	10.4%	6.5%
NY	1065.9	46.1	9,947,535	97,419	51,134.8	500.8	1,109	554,496	5.6%	1.1%
OH	1211.2	39.2	2,709,576	26,232	23,180.4	241.3	839	131,569	5.6%	3.0%
OK	2036.6	23.6	580,466	5,078	14,669.5	128.3	690	46,647	8.0%	13.6%
OR	717.3	12.4	1,026,380	6,897	24,334.9	163.5	307	40,536	3.9%	4.5%
PA	1155.0	61.8	2,990,865	28,408	23,362.5	221.9	913	199,704	6.7%	3.2%
RI	2123.3	102.6	667,862	8,487	63,043.9	801.1	123	33,235	5.0%	1.4%
SC	2064.1	62.1	996,740	7,255	19,359.0	140.9	711	171,305	17.2%	9.8%
SD	2004.7	21.9	164,633	2,539	20,870.5	287.0	330	11,767	6.4%	13.0%
TN	2631.1	32.0	2,642,688	25,598	38,697.0	374.8	1,642	252,520	6.8%	6.4%
TX	2348.1	50.8	6,166,199	31,180	21,369.2	107.5	2,081	965,298	16.8%	6.7%
UT	1849.7	13.8	1,230,935	11,698	38,395.2	364.9	1,788	101,155	8.2%	15.3%
VA	1628.4	34.6	1,966,651	21,661	23,040.8	253.8	1,370	234,643	11.9%	6.3%
VT	272.1	9.3	255,962	4818	41,020.3	772.1	7	2,697	1.1%	0.1%
WA	1077.5	27.0	1,447,423	12,620	19,007.8	165.7	301	76,669	5.3%	2.4%
WI	1730.0	21.3	2,293,426	31,910	39,389.5	548.1	2,602	127,476	5.6%	8.2%
WV	743.7	16.3	565,920	7391	31,577.8	412.4	330	21,989	3.9%	4.5%
WY	805.2	8.5	163,908	3,100	28,320.6	535.6	144	4,863	3.0%	4.6%
CNMI	109.0	3.5								
DC	3101.5	88.1	358,628	4806	50,615.2	681.0	65	18,883	5.3%	1.4%
GU	1251.1	18.7	37,391	90	22,356.2	54.3	26	1,766	4.7%	28.9%
PR	1242.0	18.7	152,626	421	4,779.0	13.2	26	4,546	3.0%	6.2%
USVI	1186.5	18.2	21,242	164	20,292.3	156.7	2	1,174	5.5%	1.2%

This table also summarizes official CDC US case counts for COVID-19 reviewed and validated by states and territories, posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). Sources: CDC DCIPHER, HHS Protect, US Census Bureau. ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

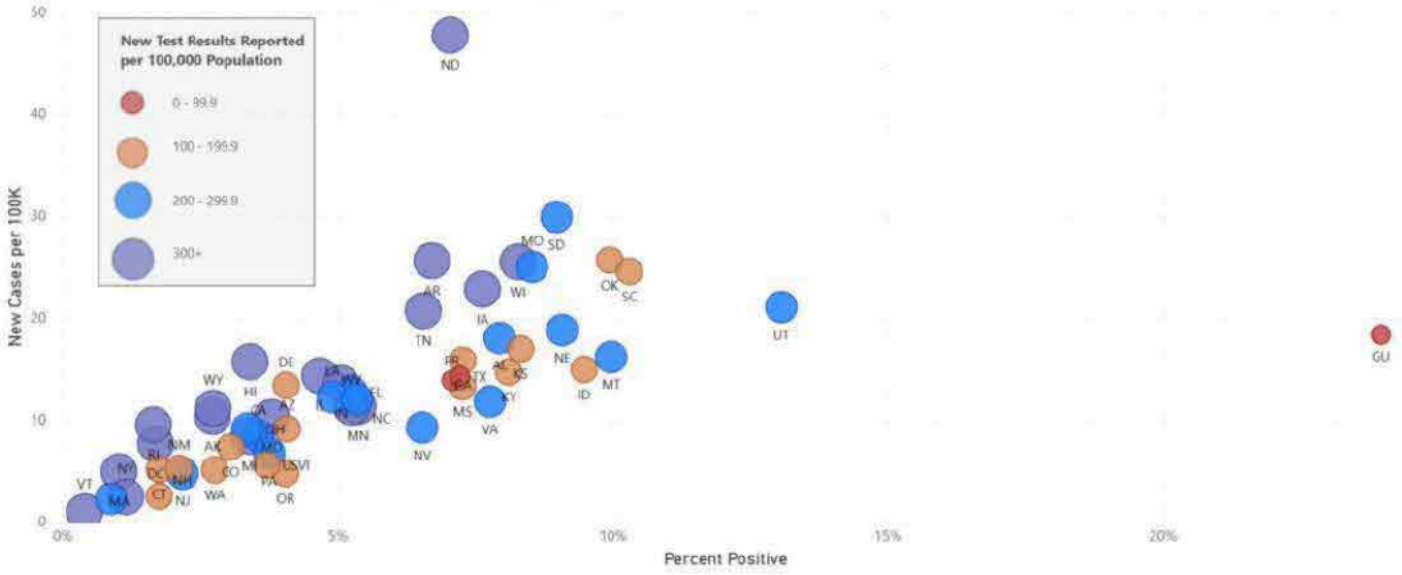
Comparison New Cases per 100k Population and Percent Positive Test Results, Last 7-Days

Data 11 Sep 2020 – 17 Sep 2020 *Updated: 22 Sep 2020, 11:30*

Source: HHS Protect

Seven-Day Average of New COVID-19 Cases Per 100K by Seven-Day Average of New Percentage of Positive Test Results* -- US States, Territories, & DC

11-Sep-20 DATA FROM | 17-Sep-20 DATA AS OF | 22-Sep-20 LAST UPDATED



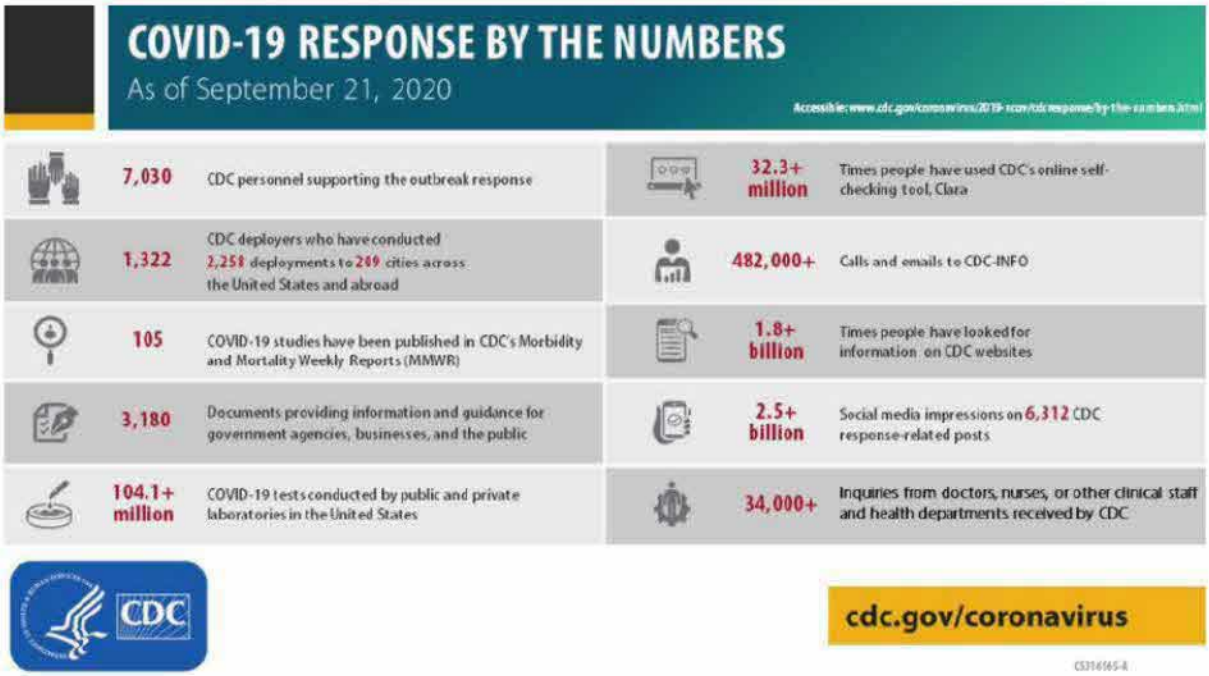
** Includes data through the most recent date for which all jurisdictions have reported laboratory data via HHS Protect (see Data As Of date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Figure represents official CDC US case counts for COVID-19, including both confirmed and probable cases, reviewed and validated by states and territories and posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). New test results reported per 100,000 population is based on a seven-day moving average. Laboratory Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia.* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

CDC Response Statistics

CDC COVID-19 Response Activities

Data as of 21 Sep 2020

Source: COVID-19 By The Numbers



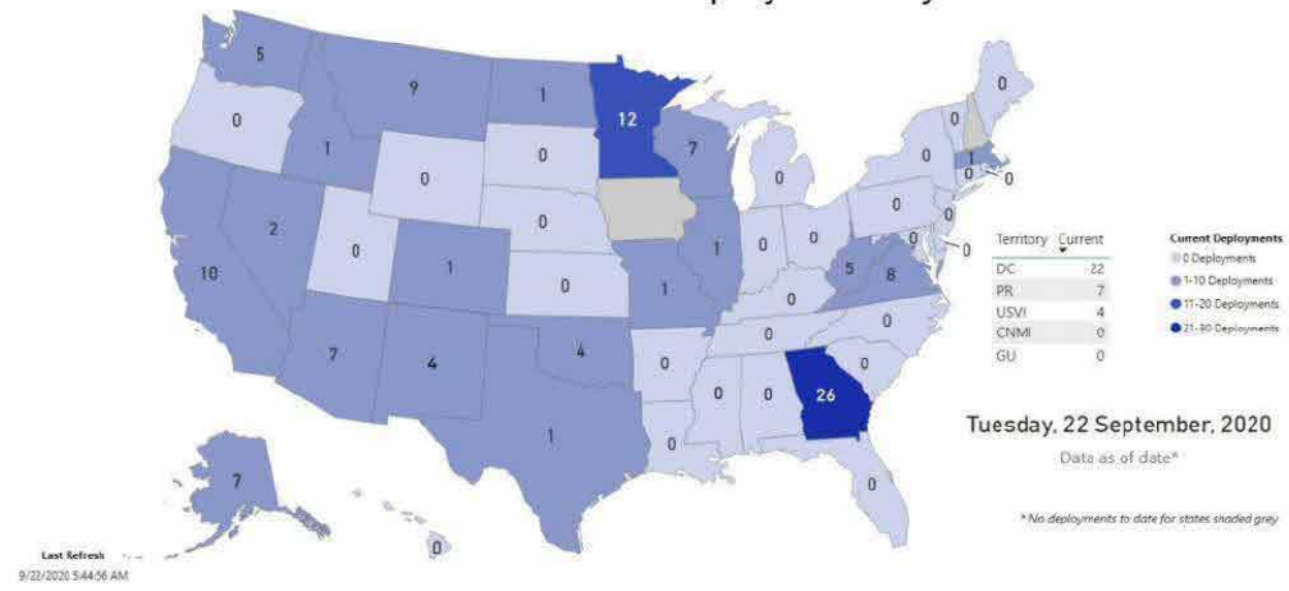
Deployments

CDC COVID-19 Domestic Deployments[25]

Data as of 22 Sep 2020 *Last Updated 22 Sep 2020, 5:44*

Source: CDC Personnel Workforce Management System (PWMS)

Current # States/Territories	Total Current Deployments	Total Completed Deployments	Cumulative Deployments	Pending Deployments
23	146	2,079	2,225	57



[25] A single person may have multiple deployments over time. Data in PWMS is from the previous day.

CDC Website Updates – COVID-19 Response

As of 22 Sep 2020, 06:00[26]

New/Updated Guidance, Recommendations, Considerations[27]

- Contact Tracing Workflow in a non-US Setting
- COVID-19 Travel Recommendations by Country
- FAQs for Wildland Firefighters
- Holiday Celebrations
- Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019 (COVID-19)
- Optimizing Supply of PPE and Other Equipment during Shortages

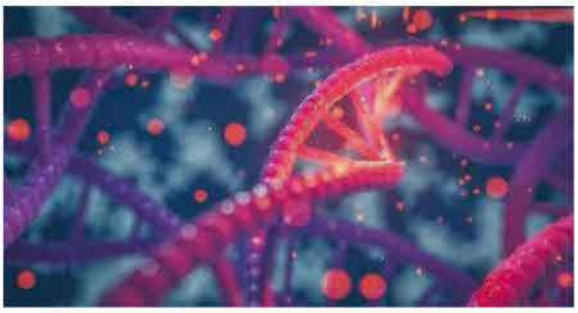
New/Updated Webpages

- At-Home Scavenger Hunt
- Cases & Deaths by County
- Cases in the U.S.
- How COVID-19 Spreads
- Staffing Resources
- Testing Data in the U.S.

New MMWR Publications[28]

None

COVID-19 Science Update



Read the Summaries

COVID-19 Science Update

To help inform the COVID-19 response and help stay up to date on the latest COVID-19 research, CDC has created a series called COVID-19 Science Update. The first of its kind for a CDC emergency response, this series provides brief summaries of new COVID-19-related studies on many topics, including epidemiology, clinical treatment and management, laboratory science, and modeling. These summaries are released Tuesdays and Fridays and include an overview of key findings, methods, and implications.

International Updates

WHO Epidemiological Update

WHO Global Cases and Deaths

Data: 23 Jan 2020 – 22 Sep 2020 Last Updated: 22 Sep 2020 12:10 CEST

Source: WHO Coronavirus Disease (COVID-19) Dashboard

WHO Coronavirus Disease (COVID-19) Dashboard
Global Cases and Deaths
Data Last Updated: 22 Sep 2020, 12:10 CEST

Cases		Deaths	
Cumulative Total	Newly Reported Last 24 Hours	Cumulative Total	Newly Reported Last 24 Hours
31,132,906	226,204	962,008	3,305

[26] Updates since last report. CDC's COVIDView provides a weekly summary and interpretation of key indicators that have been adapted to track the COVID-19 pandemic in the United States. See also CDC's "What's New" page and "Latest Updates" on the CDC COVID-19 webpage for the latest communication resources, Communication Resources for links to all guidance and reports, the COVID-19 Science Update page for summaries of new COVID-19-related studies (released every Tuesday and Friday) and the Health Alert Network (HAN) page for urgent information for state, local, tribal, and territorial partners.

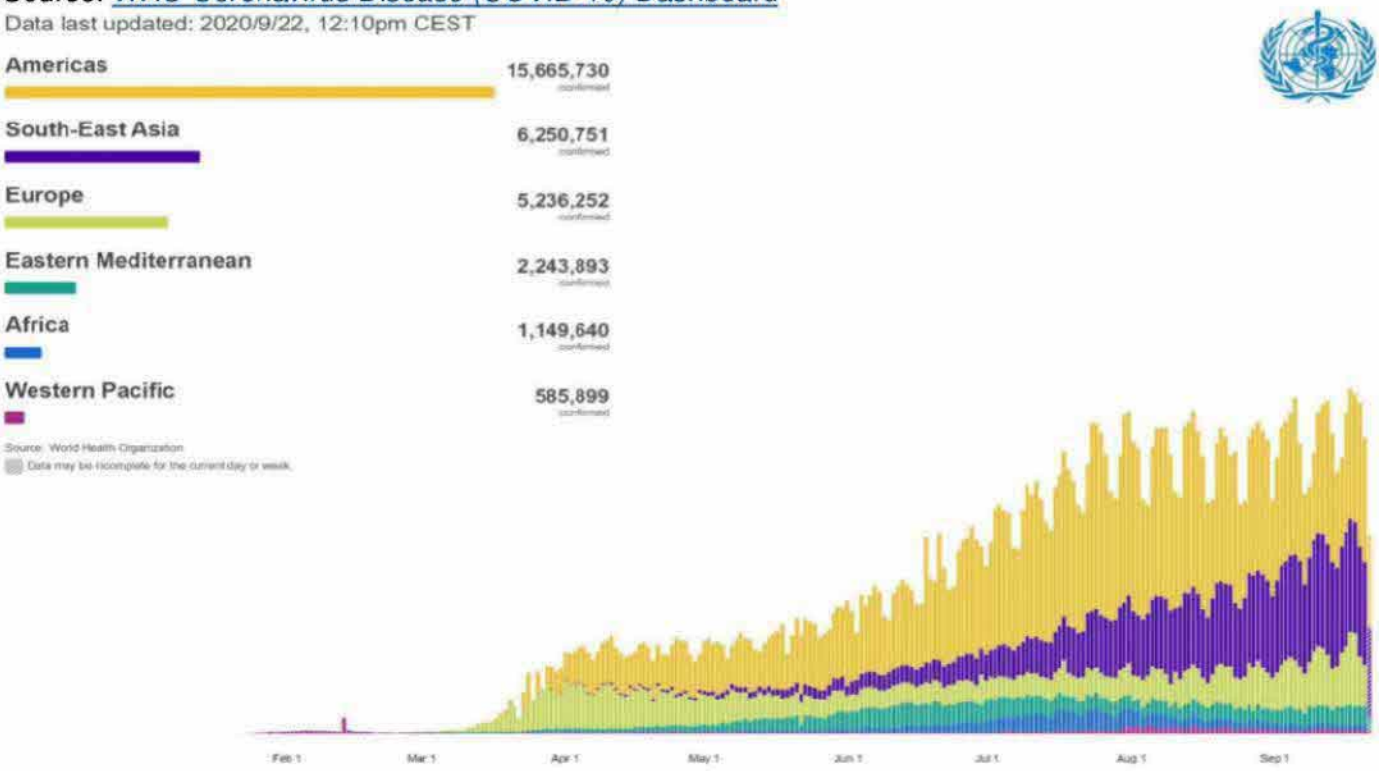
[27] A complete list of Guidance Documents can be found on the CDC COVID-19 Guidance Page.

[28] A comprehensive list of COVID-19 Morbidity and Mortality Weekly Reports (MMWR) COVID-19 publications can be found on the MMWR Publications page.

Global Epidemic Curve of Confirmed COVID-19 Cases by Date of Report and WHO Region

Data: 23 Jan 2020 – 22 Sep 2020 Last Updated: 22 Sep 2020 12:10 CEST

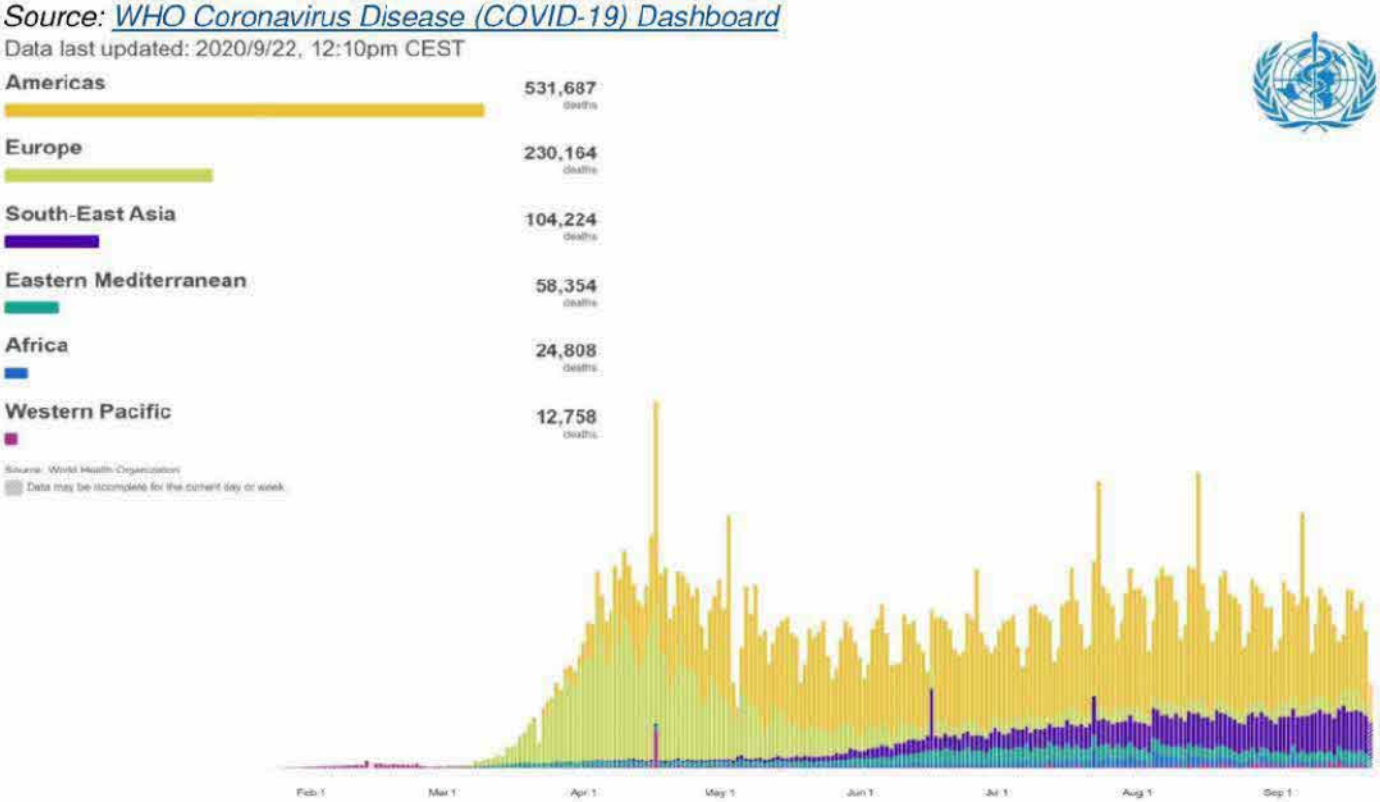
Source: WHO Coronavirus Disease (COVID-19) Dashboard



Global Epidemic Curve of Confirmed COVID-19 Deaths by Date of Report and WHO Region

Data: 23 Jan 2020 – 22 Sep 2020 Last Updated: 22 Sep 2020 12:10 CEST

Source: WHO Coronavirus Disease (COVID-19) Dashboard



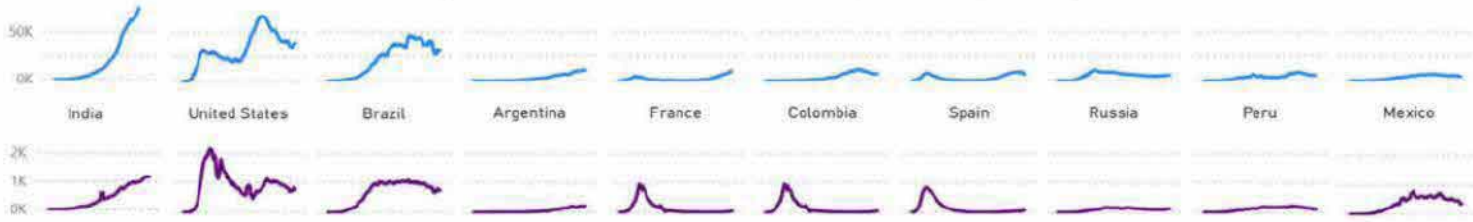
New COVID-19 Cases and Deaths by Country Last 7-Days (Count and Incidence)

New COVID-19 Deaths by 7-Day Average and Incidence*

03-Jan-20 | 21-Sep-20 | 22-Sep-20

DATA FROM** | DATA THROUGH | LAST UPDATED

New COVID-19 Cases and Deaths - Top 10 Countries and Territories by Highest 7-Day Average

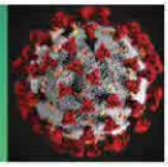


New COVID-19 Cases and Deaths per 100K - Top 10 Countries and Territories by Highest 7-Day Average per 100K Population^

** Based on a seven-day average of cases and deaths respectively. Seven-day average excludes country-specific outliers exceeding a threshold of six standard deviations from the mean. Data shown starting 08 Mar 2020 CET - Geneva local time. WHO reports data from territories separately from their related countries. **Graphs show data starting 08 Mar 2020. ^Excluding countries with fewer than 10,000 total cases. Data source: WHO Coronavirus disease (COVID-2019) dataset (https://covid19.who.int/WHO-COVID-19-global-data.csv).*

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

COVID-19 Science Update



From the Office of the Chief Medical Officer, CDC COVID-19 Response, and the CDC Library, Atlanta, GA.
Intended for use by public health professionals responding to the COVID-19 pandemic.

***** Available on-line at https://www.cdc.gov/library/covid19 *****

Epidemiology

PEER-REVIEWED

Substantial underestimation of SARS-CoV-2 infection in the United States. Wu *et al.* Nature Communications (September 9, 2020).

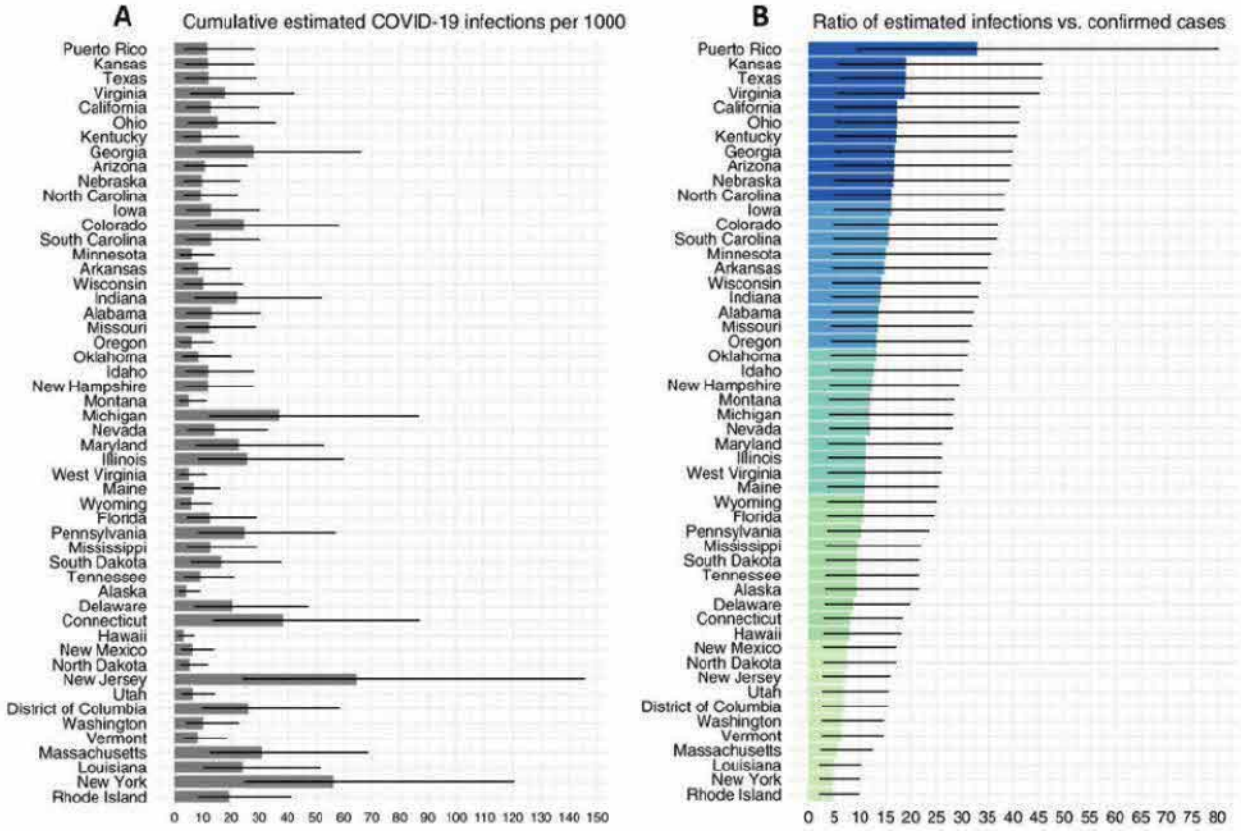
Key findings:

- By April 18, 2020, the *estimated cumulative* SARS-CoV-2 incidence in the US was ~2%.
  - The number of estimated cumulative SARS-CoV-2 infections was 8.6 times the number of *confirmed* infections: 6,454,951 vs 751,245.
  - 84% of the difference between estimated cumulative and reported confirmed cases was due to incomplete testing and 16% was due to test inaccuracy.
- The estimated cumulative infection rate (range: 3.1 to 65.0/1,000) and ratio of estimated cumulative to reported confirmed SARS-CoV-2 infections (range: 5 to 33) varied widely by state (Figure).
  - Differences among states were driven by different transmission rates, testing rates, and test positivity rates in each state rather than modeling assumptions.

Methods: Analysis using data from the COVID Tracking Project to assess estimated cumulative SARS-CoV-2 infections by state and evaluate contributions of incomplete testing and imperfect test performance. Used daily test counts and confirmed SARS-CoV-2 positive tests in each state from February 28 to April 18, 2020. The 2019 projected state populations from the 2010 US Census were used to calculate rates. Simulation intervals (2.5th and 97.5th percentiles) were computed from the distribution of estimated infections. *Limitations:* States with very low testing rates; positive test probabilities might not predict overall population incidence (e.g., if testing was restricted to patients with severe symptoms); county-level data not available.

Implications: Estimated cumulative SARS-CoV-2 infections were greater than confirmed reported infections, due in part possibly to challenges with testing. Monitoring underestimation of reported confirmed cases can provide more accurate estimates of the cumulative burden of SARS-CoV-2 infection.

Figure:



Note: From Wu *et al*. **A**: Gray bars indicate the median rate of estimated infections. **B**: Ratios of estimated infections to confirmed cases in each state by quintile in descending order, with the **darkest shade of blue** indicating the largest quintile, and the **lightest shade of green** indicating the lowest quintile. Horizontal black lines indicate simulation intervals (2.5th and 97.5th percentiles). Licensed under CC-BY 4.0.

Assessment of mental health of Chinese primary school students before and after school closing and opening during the COVID-19 pandemic. Zhang *et al*. JAMA Network (September 11, 2020).

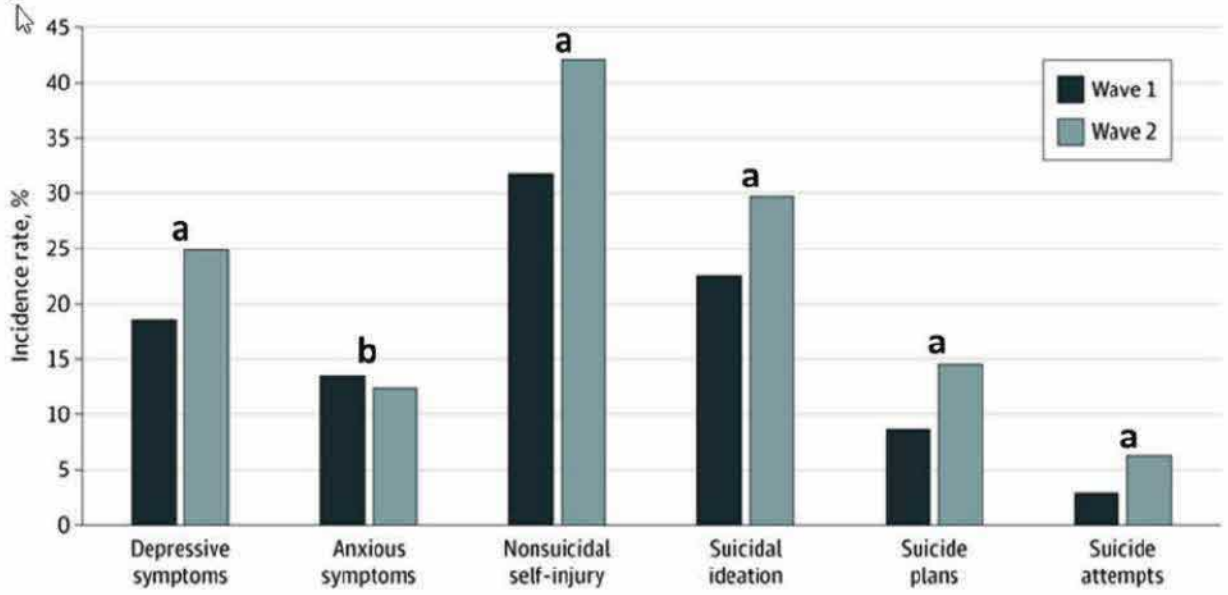
Key findings:

- The prevalence of depression and suicidality increased significantly among students after school closing (Wave 2) from levels before school closing (Wave 1) (Figure).

Methods: Longitudinal cohort study of 1,241 Chinese schoolchildren in grades 4 through 8 comparing physical and mental health factors before the COVID-19 outbreak (Wave 1, early November 2019) with 2 weeks after school reopening (Wave 2, mid-May 2020) in a low risk area of China. *Limitations*: Response and recall bias; unmeasured confounders and measurement errors in mental health outcomes; limited representativeness of the sample.

Implications: School closures adversely affected mental health of students. Healthcare and government agencies need to plan for the impact of prolonged school closures and be prepared to provide increased level of mental health services to the children and their families.

Figure:



Note: Adapted from Zhang *et al*. Incidence of mental health symptoms and suicide behaviors in **Wave 1** before school closures and **Wave 2** after school reopening. **a** p <0.001; **b** p = 0.09. Licensed under CC-BY.

Convalescent Plasma

Convalescent plasma (CP) therapy is under evaluation as treatment of COVID-19 and is obtained from persons who have recovered from prior COVID-19. However, not all persons develop the same antibody profile or adequate neutralizing antibody (NAb) titers after SARS-CoV-2 infection. There is a need to determine levels of NAbs in CP that are optimal for treatment and prevention. As assays to measure neutralization are complex, determining if other antibody titers such as those to the receptor binding domain (RBD) or the spike protein may be used as a marker of high neutralizing activity is important. The following two studies present recent findings on characteristics of CP.

PEER-REVIEWED

A. Convalescent plasma anti-SARS-CoV-2 spike protein ectodomain and receptor binding domain IgG correlate with virus neutralization. Salazar *et al*. Journal of Clinical Investigation (September 10, 2020).

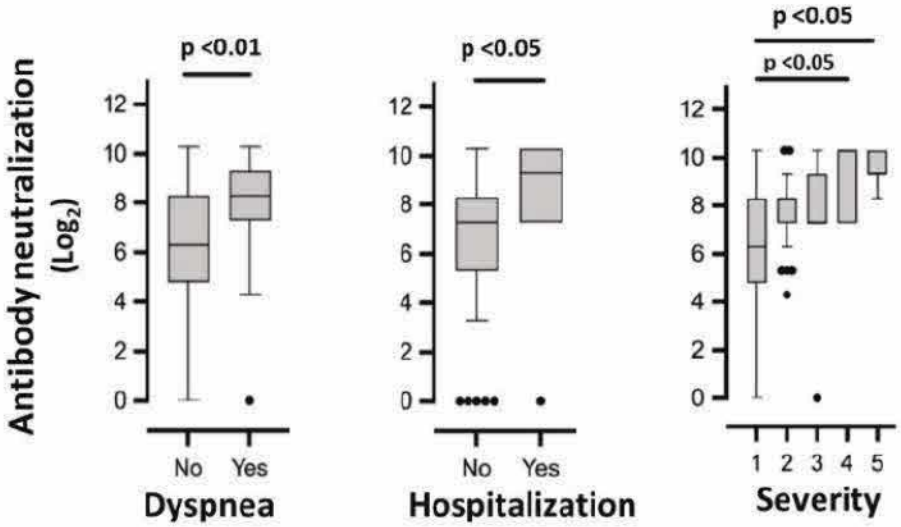
Key findings:

- Most CP donors (43/68; 63%) had high NAb titers (≥1:160).
  - High NAb titers were associated with dyspnea, hospitalization, and severity at the time of illness in the donor (Figure 1).
- Anti-RBD antibodies and anti-spike ectodomain (ECD) antibodies were strongly correlated with NAbs (p <0.001 for each).
- 80% of CP donors had NAb titer ≥1:160 when their anti-RBD or anti-spike ectodomain (ECD) titer (part of the spike protein) was ≥1:1,350 (Figure 2).
  - In a separate survey of antibodies levels in 73 asymptomatically infected persons, 27 had anti-RBD or anti-spike ECD titers of ≥1:1,350.

Methods: Retrospective assessment of anti-ECD IgG, anti-RBD IgG, and SARS-CoV-2 NAb titers from 68 CP donors who had symptomatic SARS-CoV-2 infection. Dyspnea, hospitalization, and a severity score at the time of illness

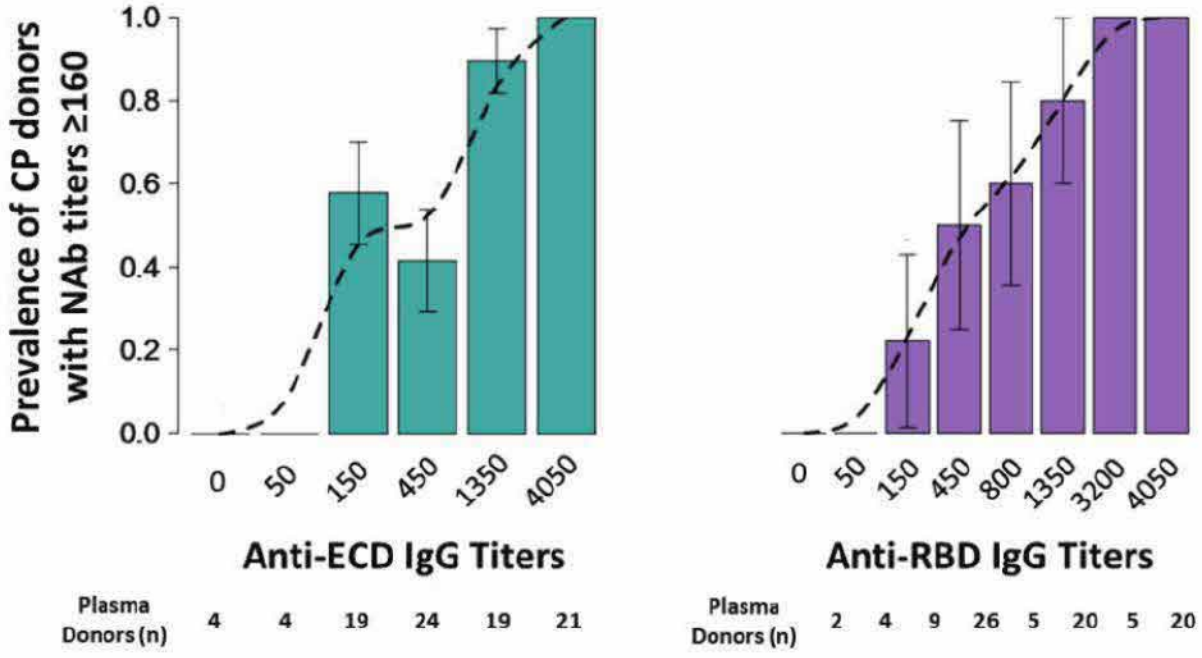
were recorded. IgG titers were also measured in a separate sample of 73 asymptomatic, seropositive individuals. *Limitations*: Assessed IgG only; findings may not be applicable to all antibody testing platforms or other sample types; relatively small sample size.

Figure 1



Note: Adapted from Salazar *et al.* Boxplots of interquartile range, showing the $\log_2$ transformed antibody neutralization titer by category in 68 CP donors. **Black dots** are outliers, whisker bars are upper and lower quartiles. Severity- highest severity score during illness. Open access journal; all content freely available.

Figure 2



Note: Adapted from Salazar *et al.* Prevalence of CP donors with NAb titer ≥1:160 by IgG titers of anti-spike ECD and anti-RBD. Dashed line is a curve fitted to probability values. Standard error bars are shown. Open access journal; all content freely available.

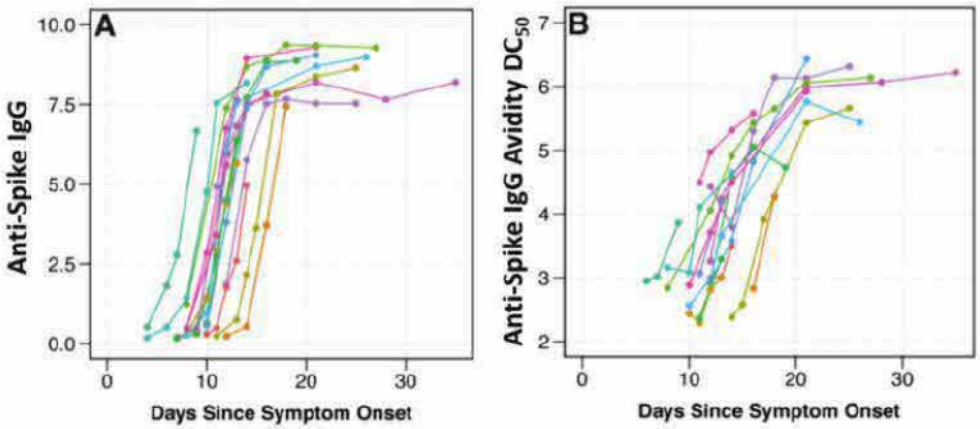
SARS-CoV-2 antibody avidity responses in COVID-19 patients and convalescent plasma donors. Benner *et al.* Journal of Infectious Diseases (September 10, 2020).

Key findings:

- Among hospitalized patients, antibody avidity as well as anti-spike and anti-nucleocapsid IgG titers increased from days 10 to 20 after symptom onset (Figure 1).
- Among CP donors, age correlated with antibody avidity (strength of binding between antibody and antigen) for men (p = 0.008) but not women (p = 0.872) (Figure 2A).
- CP donors who were hospitalized had stronger anti-spike IgG avidity than donors who were not hospitalized (Figure 2B).
- Neutralizing antibody titers had a positive correlation with anti-spike IgG avidity (Spearman's rho = 0.386; p <0.001) and anti-spike IgG binding (Spearman's rho = 0.772, p <0.001).

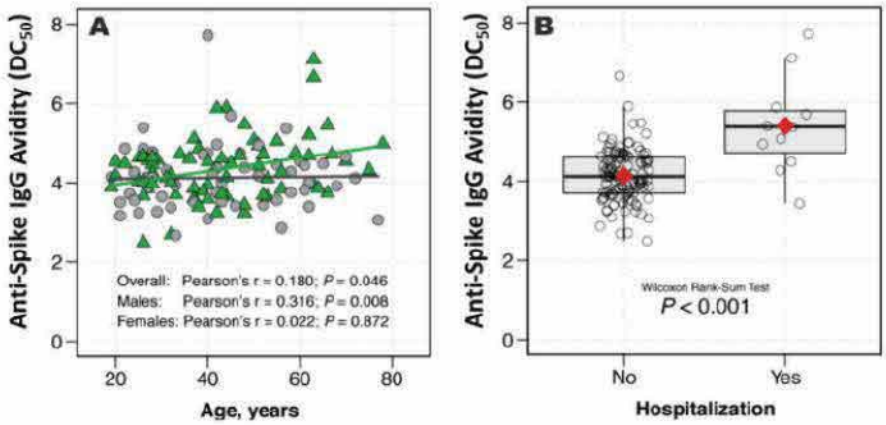
Methods: Samples from hospitalized patients (n = 16) with confirmed SARS-CoV-2 infection and CP donors (n = 130) were assessed for anti-spike IgG, anti-nucleocapsid IgG titers, and antibody avidity. *Limitations*: Different methods used for anti-spike IgG versus anti-nucleocapsid IgG antibody titers; antibody assays were semi-quantitative; may not be applicable to mild or asymptomatic infections; short observation period.

Figure 1



Note: Adapted from Benner *et al.* **A:** IgG antibody levels. **B:** Antibody avidity against the SARS-CoV-2 spike protein in hospitalized patients. DC_{50} - 50% dissociation constant. Colored lines indicate individual patients. Because assays used were semi-quantitative, units used were proxies for quantitative measures. Licensed under CC BY 4.0.

Figure 2



Note: Adapted from Benner *et al.* Cross-sectional sampling of recovered patients by age tested for IgG antibody avidity against the SARS-CoV-2 spike protein by age (**A**) and hospitalization status (**B**). DC_{50} - 50% dissociation constant. Licensed under CC BY 4.0.

Implications for 2 studies (Salazar *et al* & Benner *et al*): Effect of CP in the treatment of COVID-19 likely depends on numerous characteristics including antibody level, avidity, and target as well as neutralization activity. Understanding how to best screen CP donors to identify those with NAb titers and characteristics that may optimize use of CP as treatment may be important.

Clinical Treatment & Management

PEER-REVIEWED

Reduced maximal aerobic capacity after COVID-19 in young adult recruits, Switzerland, May 2020.
Crameri *et al*. Eurosurveillance (September 10, 2020).

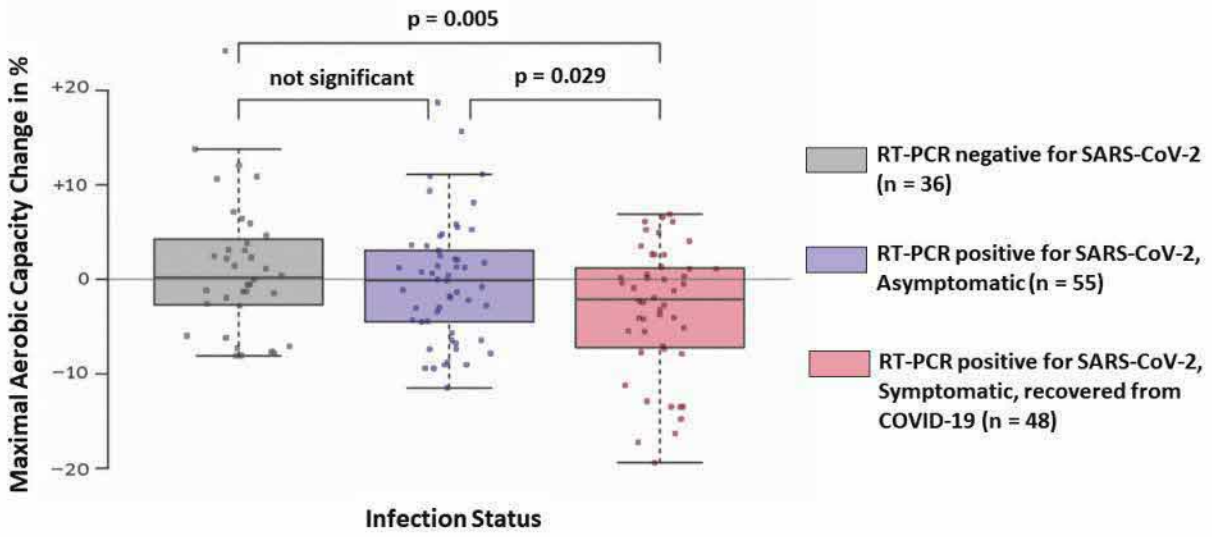
Key findings:

- The VO_2 max (a measure of ability to perform aerobic exercise) was lower in recovered recruits with symptomatic COVID-19 compared with recruits who had not had COVID-19 (p = 0.02).
- In recovered recruits, there was a significant decrease in VO_2 max compared with a baseline measure obtained prior to illness (Figure).
    - 19% of recruits with symptomatic COVID-19 had a loss of >10% VO_2 max.

Methods: Cross-sectional study of 199 Swiss Army recruits tested by RT-PCR in May 2020 during a COVID-19 outbreak and divided into 3 groups: RT-PCR positive, symptomatic, RT-PCR positive, asymptomatic, and RT-PCR negative. Endurance and aerobic capacity, including VO_2 max, were measured in all recruits at baseline (coincidentally 3-months prior to COVID-19 outbreak). Complete data at baseline and after the COVID-19 outbreak were available for 139 (70%) of the recruits and assessed for differences. *Limitations*: Timing of testing after the outbreak was unclear.

Implications: A decrease in pulmonary aerobic capacity was observed among military recruits who recovered from COVID-19. Long-term effects on lung function have been noted after mild to moderate influenza infection and may also be present after COVID-19. Additional research to understand the incidence of any long-term consequences is needed.

Figure:



Note: Adapted from Crameri *et al*. Difference in predicted maximal aerobic capacity before and after COVID-19 outbreak (n = 139). Licensed under CC BY 4.0

Effect of recombinant human granulocyte colony–stimulating factor for patients with coronavirus disease 2019 (COVID-19) and lymphopenia: A randomized clinical trial. Cheng *et al.* JAMA Internal Medicine (September 10, 2020).

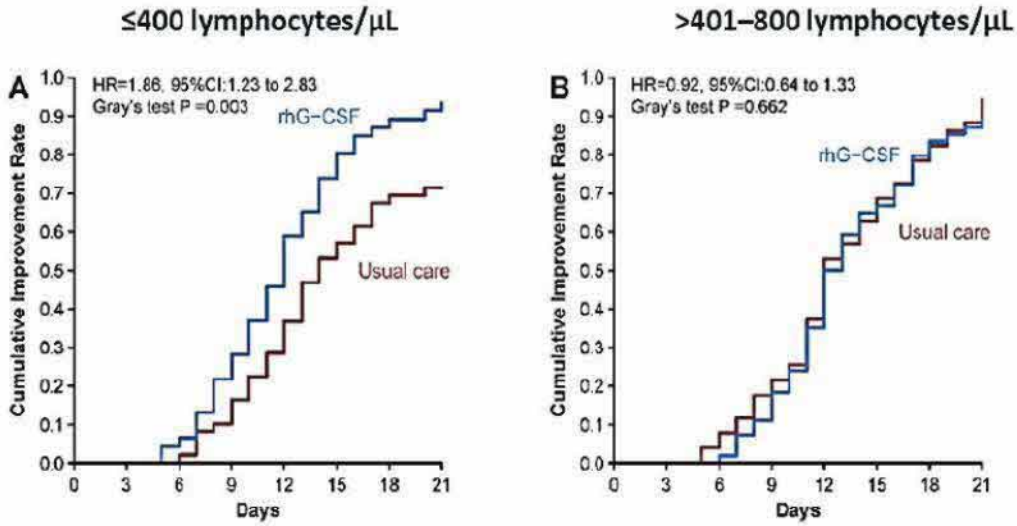
Key findings:

- Treatment of COVID-19 patients experiencing lymphopenia (lower than normal white blood cell levels) with recombinant human granulocyte colony-stimulating factor (rhG-CSF) to promote production of lymphocytes did not affect time to clinical improvement (12 with lymphopenia vs 13 days without, p = 0.06).
    - Among patients with peripheral blood lymphocytes ≤400 per μL, rhG-CSF treatment reduced time to clinical improvement) compared with the usual care group (12 vs 14 days respectively, p = 0.003) (Figure).
- The rhG-CSF treatment group were less likely to progress to critical illness (2% vs 15%, difference -13%) and had lower mortality rates (2% vs 10%, hazard ratio 0.19) at Day 21.

Methods: An open-label, randomized clinical trial at three sites in China between February 18 and April 10, 2020 testing the effects of treatment of PCR-confirmed COVID-19 patients with rhG-CSF (N = 100) on days 0, 1, and 2 vs usual care (N = 100). Eligibility requirements were pneumonia, a blood lymphocyte cell count of 800 per μL or lower, and no comorbidities. Time to clinical improvement, progression to critical conditions and mortality was measured. *Limitations*: Small size and short observational time frame; exclusion of patients with co-morbidities.

Implications: rhG-CSF appears to prevent progression to severe disease and death in COVID-19 patients with lymphocytopenia ≤400 lymphocytes/μL; larger studies with broader patient inclusion are needed.

Figure:



Note: Adapted from Cheng *et al.* Improvement in patients with peripheral blood lymphocyte counts of ≤400/μL (**A**) or >401-800/μL (**B**). Reproduced with permission from JAMA Intern Med. doi: 10.1001/jamainternmed.2020.5503.

Phylogenetic Analysis

PEER-REVIEWED

The emergence of SARS-CoV-2 in Europe and North America. Worobey *et al.* Science (September 10, 2020).

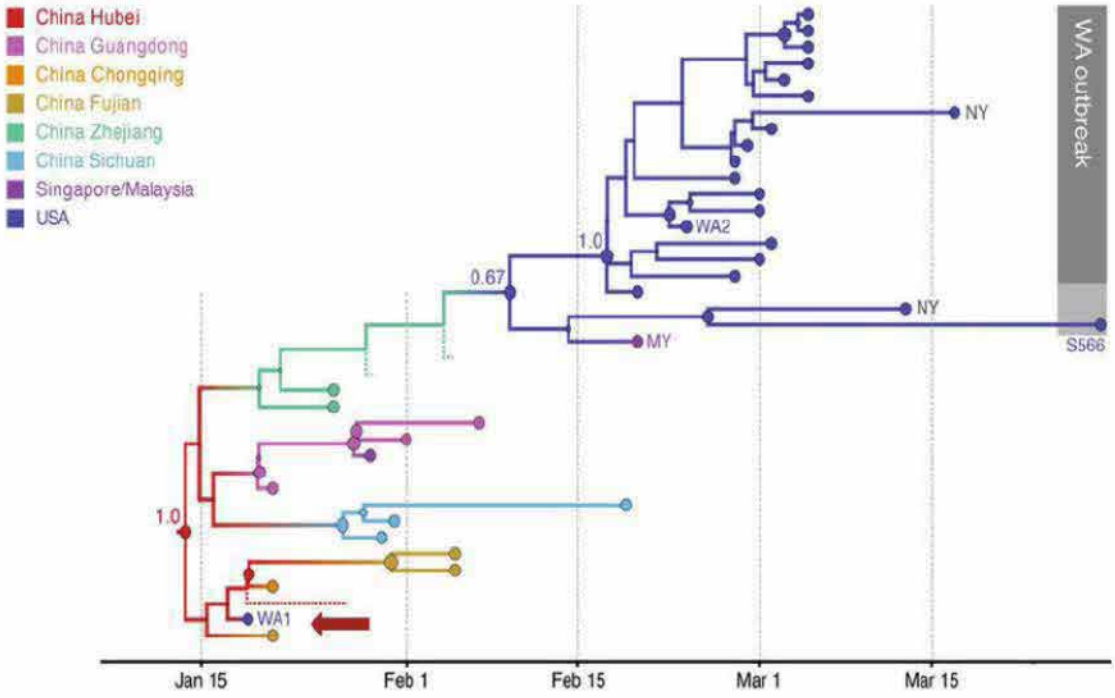
Key findings:

- Epidemic simulations suggest multiple independent entries of SARS-CoV-2 into the US occurred (Figure 1).
  - Models could not identify a scenario in which the viral sequence of the Washington State outbreak beginning February 15, 2020 could have derived from the first known US SARS-CoV-2 case (January 15, 2020).
- Phylogenetic reconstruction also suggests independent viral introduction from China to both Germany and Italy (Figure 2).

Methods: Using 294 SARS-CoV-2 viral genomes from Washington State collected from January 15 to March 15, 2020 through community surveillance for influenza, epidemic simulations were performed to model emergence of mutations of SARS-CoV-2 genome in the US. To determine if Italy's outbreak was initiated by a virus imported from the German outbreak, additional phylogeographic analyses were conducted. *Limitations*: Constraints placed on doubling time; genetic sequence data not available from all countries.

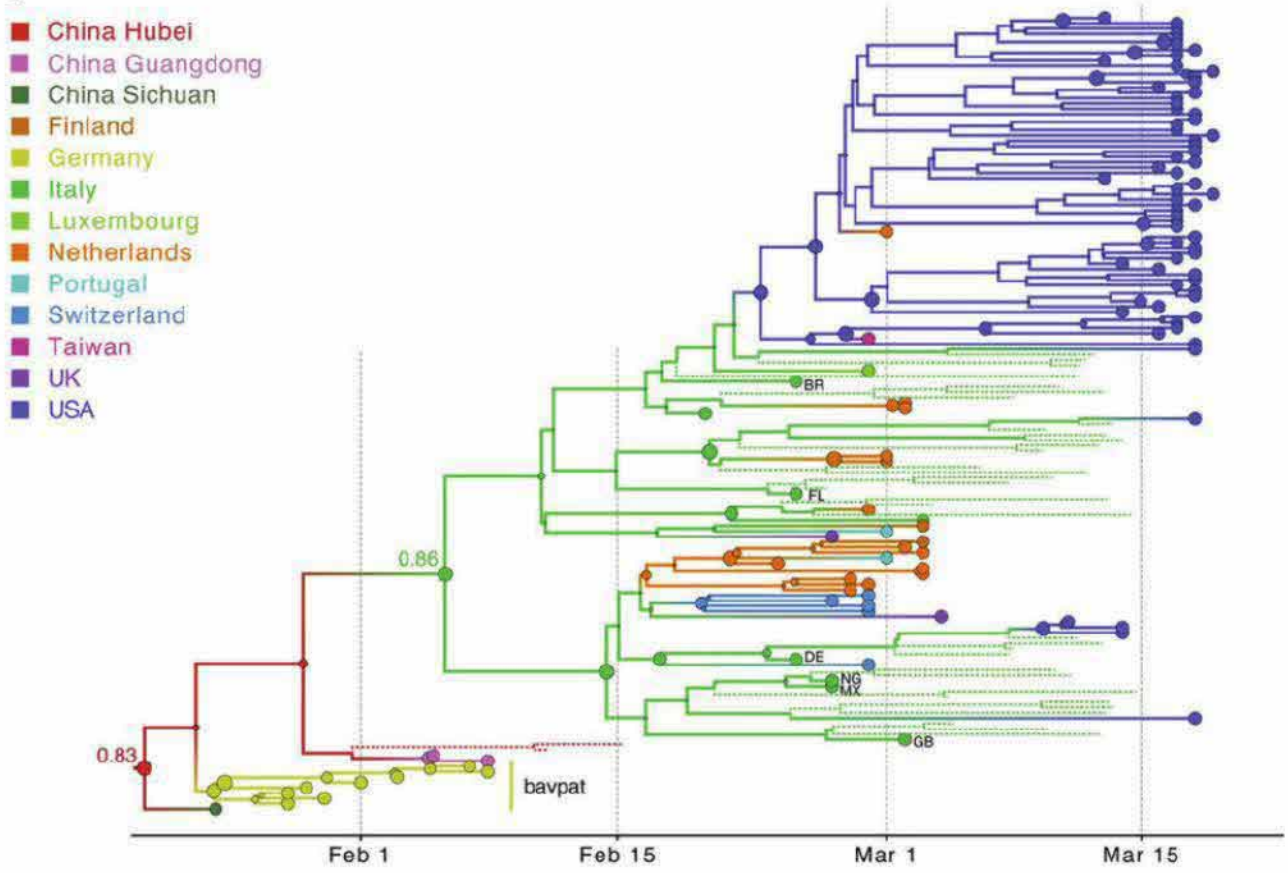
Implications: This study highlights that community-level respiratory virus surveillance combined with genomic analyses can be a useful tool to help distinguish sustained community transmission vs importation of new strains, which helps identify origin of clusters, delineate time and place of outbreak origins and define optimal mitigation measures for potential future outbreaks.

Figure 1



Note: Adapted from Worobey *et. al.* Phylogenetic tree depicting the evolutionary relationships inferred between WA1 (the first identified US COVID-19 case, red arrow), the clade associated with the Washington State outbreak and related viruses (gray box) and closely related viruses identified in Asia. Dotted lines represent branches with unsampled taxa. Numbers next to each node represent the level of support for that node using posterior probabilities, with 1 being the maximum. Licensed under CC BY 4.0.

Figure 2



Note: Adapted from Worobey *et. al.* SARS-CoV-2 entry into Europe. A subtree for viruses from the first outbreak in Europe (Germany, bavpat), identical viruses from China, outbreaks in Italy and New York, and other locations in Europe. Dotted lines represent branches with unsampled taxa. Numbers next to each node represent the level of support for that node using posterior probabilities, with 1 being the maximum. Licensed under CC BY 4.0.

In Brief

Vaccines

- Persad *et al*. Fairly prioritizing groups for access to COVID-19 vaccines. JAMA. Discusses how ethical values should guide allocation and prioritization of a COVID-19 vaccine to prevent harm, prioritize people who are disadvantaged, and achieve equal treatment. This approach would support prioritizing health care workers, people in high-risk occupations and housing, and people with high-risk conditions. Since these priority populations are likely to exceed initial vaccine quantities, prioritizing within these groups will be necessary.
- Callaway E. The underdog coronavirus vaccines that the world will need if front runners stumble. Nature News. Highlights how the potential of "underdog" vaccines advancing in a slower, more conventional path could be critical. Early vaccines could fail, confer only partial protection, or work poorly in certain age groups; high costs and other barriers might make some of the front runners unsuitable for wide-scale deployment in lower-income countries.

COVID-19 and Influenza

- Miatech *et al.* A case series of coinfection with SARS-CoV-2 and influenza virus in Louisiana. Respiratory Medicine Case Reports. A case series of four SARS-CoV-2 and influenza coinfected cases in Louisiana. More severe disease in these four coinfected patients was not shown despite multiple co-morbidities.
- Balakrishnan V. In preparation for a COVID-19-influenza double epidemic. Lancet. Microbe. Strategies for dealing with COVID-19 and influenza as the Northern Hemisphere enters flu season by increasing testing for seasonal respiratory infections and strengthening influenza vaccination programs.

Immunity

- Mantovani *et al*. Trained innate immunity, epigenetics, and COVID-19. NEJM. Describes how exposure to selected vaccines can increase innate immunity and trigger pathogen-agnostic antimicrobial resistance (known as trained innate immunity).
- Edridge *et al*. Seasonal coronavirus protective immunity is short-lasting. Nature Medicine. Provides insights from infections from the four seasonal human coronaviruses that might reveal common characteristics applicable to all human coronaviruses. Describes monitoring of healthy individuals for more than 35 years showing that reinfection with the same seasonal coronavirus occurred frequently at 12 months after infection.
- Stephens *et al*. COVID-19 and the path to immunity. JAMA. Describes immunity to COVID-19 and the key features and evolution of B-cell– and T-cell–mediated adaptive immunity to SARS-CoV-2. These features are important in forecasting COVID-19 outcomes and for developing effective strategies to control the pandemic.

Other Topics

- Viglione G. How many people has the coronavirus killed? Nature. Describes the impact of the pandemic on deaths in multiple countries and how it has overwhelmed death-registration systems. It highlights, with interesting graphics, how the true cost of the pandemic extends beyond deaths directly due to COVID-19.
- Pitstick *et al*. A curious case of croup: Laryngotracheitis caused by COVID-19. Pediatrics. First documented case of COVID-19-associated croup in a 14-month-old male. Recommends that infants and children presenting with symptoms for croup should be tested for SARS-CoV-2 and appropriate isolation precautions should be taken to limit disease transmission.
- Adyel T. Accumulation of plastic waste during COVID-19. Science. Describes the significant increase in plastic waste during pandemic due to PPE (billions of gloves used) and lifestyle changes. The writer warns the United Nations sustainable development goals may not be met.

From: (b)(3):50 USC 3024(i); (b)(6)

Sent: Friday, September 25, 2020 6:27 PM

To: (b)(3):10 USC 424; (b)(6)

Cc:

Subject: CDC COVID-19 Update 25Sep2020 (For Internal USG only)

Attachments: 2020 09 25 Science Update_Final Public v2.pdf; CDC COVID-19 SITREP 173 09-25-2020.pdf; (FOUO) CDC COVID-19 RESPONSE UPDATE 20200925.pdf

Good evening,

Please see attached CDC Reports.

Cases/deaths as of 25 Sep 2020:

- 6,958,632 confirmed and probable U.S. cases, +42,340 since yesterday
- 202,329 U.S. deaths reported to CDC, +918 since yesterday
- 32,110,656 confirmed cases worldwide (WHO dashboard data)

Highlights:

- **Case Counts and Deaths:** Nationwide uptick in the past 2 weeks. 7-day case average up 9% from the previous 7-days. 7-day death average down 10% from the previous 7-days. Case trajectory data continues to reflect this uptick: 24 (42%) states/jurisdictions in an upward/worsening trajectory; 15 (27%) in a plateau; and only 17 (30%) in a downward/improving trajectory.
- **Testing Percent Positivity:** 4.3% Nat'l average7-day percent positivity. 4 states with >10% positivity: UT (14%), OK (12%), SD (11%) & MT (10%), all worsening compared with the previous 7 days; 6 additional worsening states: NE, WI, ND, MN, IN and CO; 12 improving states: SC, MO, KY, AL, VA, GA, TN, FL, WV, MD, OH & CA; Remaining 29 states essentially unchanged in % positivity.
- **Travel Health Notices (THNs):** https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html, no changes since 21 Sep. Next week, the CDC's Global Migration Task Force intends to finalize their review of secondary criteria for countries eligible for de-escalation.
- **COVID -19 SITREP:** Beginning Sept 28th, the CDC COVID -19 SITREP will be published only three times a week – Monday, Wednesday, and Fridays.

New/Updated Guidance:

- **How COVID-19 Spreads:** https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html; Anticipate updated wording next week regarding the minimal risk for airborne SARS-CoV-2 transmission. 6 ft social distancing will likely remain the recommendation for limiting aerosolized transmission.

From Science Update: ***As of September 1, 2020 the COVID-19 Science Update series is publicly available*** NEW LINK: https://www.cdc.gov/library/covid19
- **Association of Daily Wear of Eyeglasses With Susceptibility to Coronavirus Disease 2019 Infection:** https://jamanetwork.com/journals/jamaophthalmology/fullarticle/2770872, study suggests eyeglasses may provide some protection, however, association may not imply causation.
- **Case-Control Study of Use of Personal Protective Measures and Risk for SARS-CoV-2 Infection, Thailand:** https://wwwnc.cdc.gov/eid/article/26/11/20-3003_article, an analysis that supports recommendations for consistent and correct mask-wearing, proper social distancing and hand washing
- **Detection and infectivity potential of SARS-CoV-2 environmental contamination in isolation units and quarantine facilities:** https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X(20)30532-2/fulltext, the lack of infectious SARS-CoV-2 detected from environmental samples in healthcare facilities suggests environmental contamination plays a minor role in the spread of infection in this setting

MMWR Pubs:
- **None today.**

Please regularly refer to CDC's COVID-19 webpage; information and guidance is updated daily: https://covid.cdc.gov/covid-data-tracker/

VR/

(b)(6)
Dept of Defense Liaison to the Centers for Disease Control and Prevention, Atlanta, GA
(b)(6)

(b)(3):50 USC 3024(i); (b)(6)

FOR OFFICIAL USE ONLY

Sensitive But Unclassified (SBU) This document may contain sensitive information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552). This information is for internal government use only. Further distribution to authorized personnel with a "need to know" and for situation awareness is authorized by the Centers for Disease Control and Prevention.

Department of Health and Human Services
Centers for Disease Control and Prevention
SAFER·HEALTHIER·PEOPLE™

CDC Coronavirus Disease-2019 (COVID-19) Situation Report #173

Sensitive but Unclassified (SBU). This document may contain sensitive information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552). This information is for internal government use only. Further distribution to authorized personnel with a "need to know" and for awareness is authorized by the Centers for Disease Control and Prevention.

CDC Response Status: Agency Level Activation
Date: 09/25/2020
Report Period: 09/24/2020 – 09/25/2020
IMS Activation: 01/21/2020
Location of Event: Global
Lead Agency: Centers for Disease Control and Prevention (CDC)
Lead CDC CIOs: National Center for Immunization and Respiratory Diseases (NCIRD)
Center for Preparedness and Response (CPR)
Description: CDC Coronavirus Disease-2019 (COVID-19) Response

Significant Activities (SIGACTs)/Information

- CDC COVID-19 website provides the latest resources for community and healthcare professionals on information regarding United States COVID-19 cases: https://www.cdc.gov/coronavirus/2019-ncov/index.html.
- Confirmed and probable U.S. cases of COVID-19: 6,958,632 (as of Sept 24th); for complete domestic updates visit the CDC Data tracker - https://www.cdc.gov/covid-data-tracker/#cases.
- U.S. deaths reported to CDC: 202,329 (as of Sept 24th).
- Worldwide confirmed cases of COVID-19 can be found at the WHO Coronavirus Disease Dashboard - https://covid19.who.int/.
- Beginning Sep 28th, the CDC COVID -19 SITREP will be published three times a week – Monday, Wednesday, and Fridays.

Current Task Force Updates by Objectives:

Objective 1: Support of USG-wide Response – *Integrate CDC response activities with the USG response to inform and synchronize public health actions among all key stakeholders in support of the Federal Incident Strategic Plan.*

Laboratory and Testing Task Force

- Continue to support provisioning of data regarding kits shipped to Public Health Laboratories (PHLs) from International Reagent Resource (IRR).

Objective 2: Data/Surveillance - *Conduct timely and actionable data analytics, surveillance, lab reporting, and modeling activities to monitor and forecast epidemic progression and inform data-driven decision making.*

Epidemiology Task Force (Epi TF)

- Continuing to conduct meetings with community cohorts to develop studies to asses future COVID -19 vaccine effectiveness.

Data, Analytics, and Modeling Task Force

- Modeling Section produced national and state-level ensemble forecasts of cumulative COVID-19 associated deaths.
  - Publicly disseminated forecasts on CDC website update.
- Case Surveillance monitoring continuing rising trend of daily nationally reported cases of COVID 19.

Innovation, Technology and Analytics Section

- Developed an Influenza Surveillance Report describing opportunities for dual COVID-19 and influenza surveillance using National Syndromic Surveillance Program (NSSP).
  - Utilizing emergency department data, NSSP commercial laboratory data, and electronic healthcare data.
- MMWR published describing the changing age distribution of COVID-19 pandemic in the United States.
- Initiated a new project with the Public Health Informatics Institute under the Center for State, Tribal, Local, and Territorial Support Cooperative Agreement (OT18-1802)
  - Expands access to electronic healthcare data to inform the COVID-19 response.

Objective 3: Global – *Assess global data as a guide for domestic response, provide guidance on international travel to reduce travel-associated infections, and provide support to mitigate the pandemic in other countries.*

Objective 4: Lab/Epi – *Conduct and provide support for epidemiologic and laboratory studies to examine dynamics of disease spread and control, including expanding testing and analyzing serologic studies to assess spread of infection across America.*

Laboratory and Testing Task Force

- As of Sept 23, CDC has tested over 10,180 samples which equate to over 5,843 patients by PCR.
- IRR shipped 114 reagents to eight laboratories on Sep 24th.

Objective 5: Community/Health Systems – *Provide community mitigation strategies and tools in support of domestic plans for phased approaches to COVID-19 and provide healthcare systems strengthening and guidance to support patient treatment and infection prevention and control (IPC).*

Data, Analytics, and Modeling Task Force

- Produced and publicly disseminated COVID-19 Forecast of New Hospitalizations.

Objective 6: State, Tribal, Local and Territorial Support (STLT) – Provide support for outbreak response, needs assessments, contact tracing, and monitoring impact, as well as support the development and implementation of CDC COVID Corps activities.

Community Interventions & Critical Populations Task Force (CICP)

- Conducted Sewage Surveillance Call with National Science Foundation (NSF) to discuss coordination of wastewater research efforts and NSF participation in the National Sewage Surveillance Interagency Leadership Committee.

Health Systems and Worker Safety Task Force (HSWS)

- Exchanged information and collaborated regarding technical aspects of One Health relevant to COVID-19 to address human health, animal health, and the environment.

Objective 7: Communication and Outreach – *Ensure active, timely, effective public health and safety messaging around response priorities with key federal, state/local partners, policymakers, media, and the public.*

Joint Information Center (JIC)

- New web content: Nothing significant to report.
- Updated web content:
  - CDC COVID Data Tracker
- Posted COVID-19 content on OADC social media channels:
  - Flu vs COVID-19 symptoms
  - MMWR on Area-level deprivation and epidemiology of COVID-19 – Utah
  - MMWR – Update: Characteristics of Healthcare personnel with COVID-10 – United State
- Posted COVID-19 content on Spanish language OADC social media channels:
  - COVID-19 safety when ordering takeout food
  - Coronavirus self-checker
  - Parental guidance – safety during well-child visits
  - Seasonal allergies vs. COVID-19

Chief Health Equity Officer (CHEO)

- Presented at the Baptist General Convention of Texas, National Hispanic Heritage Month Webinar/Healthy Families on Sep 24th.
  - Discussed COVID-19 and Flu Prevention
- Presented and conducted a live Question and Answer session at the National Emergency Management Association (NEMA) Virtual Session "How Do We Ensure Positive Outcomes for Underserved Populations following Disasters and Emergencies?" on Sep 25th.
- Provided an update and discussed potential for collaboration regarding development of the Federal Plan for Long Term Recovery & Resilience of Social, Behavioral, and Community Health at the Mitigation Framework Leadership Group (MitFLG) meeting on Sep 25th.

Epidemiology Task Force (Epi TF)

- Completing communication package and talking points for rollout of the Multistate Assessment of SARS-CoV-2 Seroprevalence-Commercial (MASS-C) study.

Objective 8: Vaccine – *Develop and support access to vaccines to prevent COVID-19, influenza, and childhood vaccine-preventable diseases.*

Vaccine Task Force

- States/jurisdictions are currently working on their COVID-19 vaccine distribution plans in accordance with the recent release CDC's interim operations guide, referred to as our playbook.
- Engaged with Tribal Nations as they plan for COVID-19 distribution.
  - Tribal Nations will have the option of receiving vaccine either through their state or the Indian Health Service.
- Participated in a meeting of the Advisory Committee on Immunization Practices (ACIP) on Se 22nd.

General Staff Activities

Operations

- Received/triaged 52 COVID-19 related calls during the reporting period.
- Processed six International Health Regulations (IHR) request and five Do Not Board (DNB) actions.

Resource Support

- 159 CDC personnel deployed or pending deployment (150 deployed, nine pending).
- Approved eight Emergency Resource Requests (ERRs) this reporting period.
- Assisted in onboarding ten Department of Defense and one Centers for Medicare and Medicaid Services personnel supporting Operation Warp Speed
  - Personnel developing the distribution plan for the COVID 19 vaccine once approved.

Situational Awareness (SA)

- Provided *Epi-X* support to state health departments in receiving, accessing, and posting:
  - 1,221 passenger Entry Screening Reports and contact lists for post-arrival monitoring for travelers arriving from a country with widespread transmission of COVID-19.
  - 119 state notification and contact lists for persons who may have been exposed to COVID-19 on a flight.
  - 143 interstate movement notifications to states receiving persons traveling to their jurisdiction who are under self-monitoring with public health supervision for COVID-19; PUI with recent travel reports; lab results sent to health department associated with the jurisdiction where the traveler was tested; or persons with a history of close contact to a confirmed case of COVID-19.

The next CDC SITREP publication will be on Monday, Sep 28, 2020.

Beginning Sept 28th, the CDC COVID -19 SITREP will be published three times a week – Monday, Wednesday, and Fridays.

The Point of Contact for this report is the IMS Planning Section Chief (**eocplans@cdc.gov**).

CDC COVID-19 Response Update Friday, 25 Sep, 2020
INTERNAL - NOT FOR FURTHER DISTRIBUTION

Table of Contents

Domestic Updates

Case Counts

The CDC numbers have been reviewed and approved by states and are suitable for use in all official communications.

Counts by Jurisdiction (Cumulative, Confirmed and Probable Cases and Deaths)[1]

Data Through 24 Sep 2020 *Last Updated: 25 Sep 2020 11:30*

57 Jurisdictions Reporting Confirmed or Probable COVID-19 Cases 50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[2]	Cases	New Cases[3]		Cases Per 100K			Deaths	New Deaths[3]		Deaths per 100K			CFR[4]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
AK	7,132	128	83.3	967.1	17.4	11.3	46	1	0.3	6.2	0.1	0.0	0.6%
AL[5]	148,206	1,053	921.3	3032.1	21.5	18.8	2,480	(8)	11.3	50.7	NA	0.2	1.7%
AR	79,049	1,086	834.0	2622.9	36.0	27.7	1,246	17	11.4	41.3	0.6	0.4	1.6%
AZ	215,852	568	598.9	3009.8	7.9	8.4	5,559	34	21.4	77.5	0.5	0.3	2.6%
CA	790,640	3,170	3,491.3	1998.7	8.0	8.8	15,314	110	84.7	38.7	0.3	0.2	1.9%
CO	67,217	548	581.7	1180.2	9.6	10.2	2,033	3	3.9	35.7	0.1	0.1	3.0%
CT	56,472	157	155.1	1580.7	4.4	4.3	4,499	2	1.6	125.9	0.1	0.0	8.0%
DE[6]	19,947	-	81.3	2062.4	-	8.4	630	-	1.6	65.1	-	0.2	3.2%
FL	684,847	2,477	2,620.0	3215.3	11.6	12.3	13,795	177	101.3	64.8	0.8	0.5	2.0%
GA	311,046	1,368	1,449.0	2956.9	13.0	13.8	6,822	49	49.7	64.9	0.5	0.5	2.2%
HI	11,938	90	99.9	840.4	6.3	7.0	124	2	2.4	8.7	0.1	0.2	1.0%
IA	83,582	1,225	895.3	2648.2	38.8	28.4	1,302	8	7.3	41.3	0.3	0.2	1.6%
ID	39,234	491	392.1	2236.6	28.0	22.4	457	3	3.3	26.1	0.2	0.2	1.2%
IL	283,569	2,257	1,895.3	2225.6	17.7	14.9	8,774	30	21.4	68.9	0.2	0.2	3.1%
IN	114,236	899	798.6	1707.1	13.4	11.9	3,548	18	10.0	53.0	0.3	0.1	3.1%
KS[6]	55,226	-	622.3	1896.8	-	21.4	621	-	5.0	21.3	-	0.2	1.1%
KY	64,158	641	684.0	1435.8	14.3	15.3	1,137	13	6.3	25.4	0.3	0.1	1.8%
LA	164,446	577	586.1	3528.9	12.4	12.6	5,423	16	16.0	116.4	0.3	0.3	3.3%
MA	136,759	455	389.1	1981.4	6.6	5.6	9,358	15	14.1	135.6	0.2	0.2	6.8%
MD	122,359	559	471.0	2024.9	9.3	7.8	3,917	8	6.9	64.8	0.1	0.1	3.2%
ME	5,235	20	32.9	391.1	1.5	2.5	140	-	0.3	10.5	-	0.0	2.7%
MI	132,337	1,078	802.1	1323.9	10.8	8.0	7,019	6	9.1	70.2	0.1	0.1	5.3%
MN	94,189	2,089	1,066.7	1678.6	37.2	19.0	2,046	9	7.4	36.5	0.2	0.1	2.2%
MO	118,311	1,365	1,425.3	1931.2	22.3	23.3	1,952	5	27.9	31.9	0.1	0.5	1.6%
MS	96,032	722	585.3	3215.5	24.2	19.6	2,894	20	16.3	96.9	0.7	0.5	3.0%
MT	11,548	328	239.4	1087.1	30.9	22.5	167	2	3.3	15.7	0.2	0.3	1.4%
NC	198,189	1,688	1,230.4	1908.7	16.3	11.8	3,356	40	25.1	32.3	0.4	0.2	1.7%
ND	19,885	434	379.3	2616.2	57.1	49.9	219	8	5.0	28.8	1.1	0.7	1.1%
NE	42,731	453	401.4	2214.9	23.5	20.8	462	-	2.9	23.9	-	0.1	1.1%
NH	8,044	37	32.9	593.0	2.7	2.4	438	-	-	32.3	-	-	5.4%
NJ	201,552	564	455.9	2262.5	6.3	5.1	16,091	9	4.9	180.6	0.1	0.1	8.0%
NM	28,224	237	146.4	1346.9	11.3	7.0	859	2	3.3	41.0	0.1	0.2	3.0%
NV	77,372	390	369.4	2549.8	12.9	12.2	1,611	9	10.0	53.1	0.3	0.3	2.1%
NY City	242,685	430	356.9	2889.5	5.1	4.2	23,792	7	2.4	283.3	0.1	0.0	9.8%
NY State[7]	211,336	531	433.1	1896.5	4.8	3.9	9,017	-	1.3	80.9	-	0.0	4.3%
OH	147,744	991	879.9	1263.9	8.5	7.5	4,715	28	19.3	40.3	0.2	0.2	3.2%
OK[8]	87,575	(820)	1,038.9	2221.0	NA	26.3	992	9	8.9	25.2	0.2	0.2	1.1%
OR	31,865	362	257.9	760.4	8.6	6.2	539	1	2.6	12.9	0.0	0.1	1.7%
PA	153,397	853	782.0	1197.8	6.7	6.1	8,079	17	23.7	63.1	0.1	0.2	5.3%
RI	24,311	134	117.6	2299.3	12.7	11.1	1,106	4	3.0	104.6	0.4	0.3	4.5%
SC	142,707	1,021	1,037.3	2806.9	20.1	20.4	3,279	17	17.3	64.5	0.3	0.3	2.3%

[1] Data are reported voluntarily by each jurisdiction's health department. Data are reported as provided by the health department and the number of confirmed and probable cases or deaths may sum to the total. Health departments may update case data over time when they receive more complete and accurate information. If the number of cases or deaths reported by CDC is different from the number reported by jurisdiction health departments, data reported by jurisdictions should be considered the most up to date. The differences may be due to the timing of the reporting and website updates. See Technical Information about this data on the CDC Webpage.

[2] AS = American Samoa; DC = District of Columbia; FSM = Federated States of Micronesia; GU = Guam; CNMI = Commonwealth of the Northern Mariana Islands; PW = Palau; PR = Puerto Rico; RMI = Republic of the Marshall Islands; USVI = US Virgin Islands.

[3] These data represent new cases and deaths detected and tested in the US since the last update. Number of new cases and new deaths were included in total case numbers. Counts may have decreased from previous report due to case reclassification of cases to other jurisdictions or categories (e.g., probable to confirmed) by states.

[4] Percent change in cases, deaths and case fatality rates (CFR) are not calculated when the total number (denominator) was less than five.

[5] Alabama reported eight fewer deaths.

[6] Jurisdiction did not provide an update.

[7] New York State excludes New York City.

[8] Oklahoma reported 820 fewer cases. CDC is working with the OK DOH to reconcile.

57 Jurisdictions Reporting Confirmed or Probable COVID-19 Cases 50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[2]	Cases	New Cases[3]		Cases Per 100K			Deaths	New Deaths[3]		Deaths per 100K			CFR[4]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
SD	20,097	463	344.4	2278.0	52.5	39.0	210	8	2.4	23.8	0.9	0.3	1.0%
TN	187,544	835	1,343.4	2770.2	12.3	19.8	2,310	35	20.9	34.1	0.5	0.3	1.2%
TX	723,919	4,320	6,442.9	2522.2	15.1	22.4	15,267	138	96.7	53.2	0.5	0.3	2.1%
UT	67,119	622	784.0	2123.3	19.7	24.8	444	2	1.0	14.0	0.1	0.0	0.7%
VA	144,433	941	818.7	1695.7	11.0	9.6	3,136	23	26.7	36.8	0.3	0.3	2.2%
VT	1,731	9	3.9	276.4	1.4	0.6	58	-	-	9.3	-	-	3.4%
WA[9]	84,238	536	434.3	1117.9	7.1	5.8	2,080	(1)	7.0	27.6	NA	0.1	2.5%
WI	114,700	2,478	2,018.0	1973.0	42.6	34.7	1,275	7	5.1	21.9	0.1	0.1	1.1%
WV	14,706	202	182.3	814.4	11.2	10.1	325	6	4.4	18.0	0.3	0.2	2.2%
WY	5,305	136	93.3	918.2	23.5	16.1	50	-	0.1	8.7	-	0.0	0.9%
AS	-	-	-	-	-	-	-	-	-	-	-	-	-
CNMI[10]	69	-	-	121.3	-	-	2	-	-	3.5	-	-	-
DC	15,106	56	45.1	2150.5	8.0	6.4	621	-	0.3	88.4	-	0.0	4.1%
FSM	-	-	-	-	-	-	-	-	-	-	-	-	-
GU	2,286	23	30.3	1379.0	13.9	18.3	39	1	1.1	23.5	0.6	0.7	1.7%
PR	44,905	1,063	745.9	1405.4	33.3	23.3	635	8	5.1	19.9	0.3	0.2	1.4%
PW	-	-	-	-	-	-	-	-	-	-	-	-	-
RMI	-	-	-	-	-	-	-	-	-	-	-	-	-
USVI[6]	1,290	-	-	1232.3	-	-	19	-	-	18.2	-	-	1.5%
Total	**6,958,632**	**42,340**	**43,014.7**	**2102.8**	**12.8**	**13.0**	**202,329**	**918**	**744.7**	**61.1**	**0.3**	**0.2**	**2.9%**
Navajo[11]	10,212	45	18.4	2861.4	12.6	5.2	551	-	1.6	154.4	-	0.4	5.4%

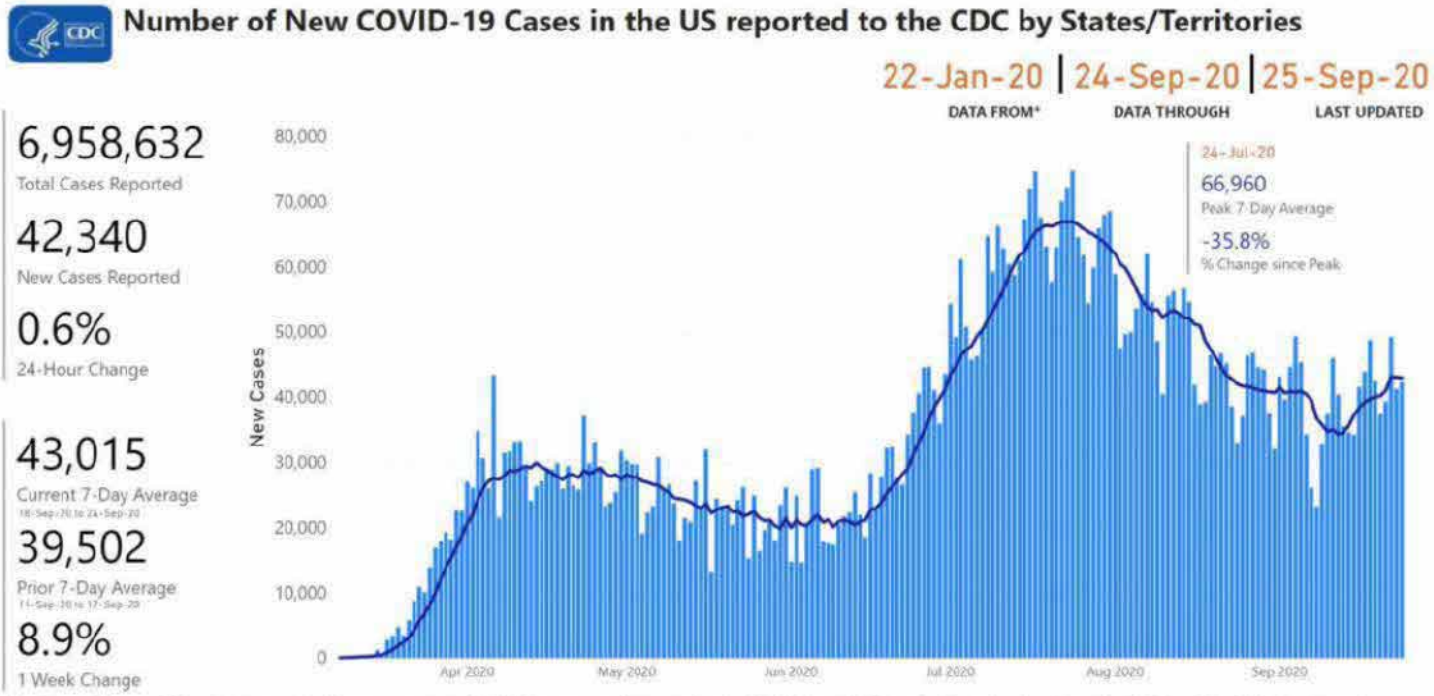
Compilations of US Case Counts

Reporting Source[12]	Data as of (all times are ET)	Cases	New Cases	Deaths	New Deaths
Official Sources (see table above)	25 Sep, 11:30	6,958,632	42,340	202,329	918
1Point3Acres	25 Sep, 10:00	7,122,791	42,237	206,859	935
Johns Hopkins	25 Sep, 10:23	6,982,405	45,260	202,886	927
USAFACTS	24 Sep, NA	6,879,960	38,594	200,249	1,113
New York Times	25 Sep, 12:02	7,004,670	45,261	202,707	885
WorldoMeter	25 Sep, 10:43	7,191,643	46,374	207,621	820
COVID Tracking Project	24 Sep, 16:00	6,941,911	44,315	194,852	940

[9] Washington reported one fewer death.
[10] Jurisdiction reported zero new cases and zero new deaths.
[11] Cases in the Navajo Nation are likely also reported by AZ, NM, and UT and were therefore already included in the grand total above. Counts reported separately here from Navajo Department of Health COVID-19 and Navajo Epidemiology Center Coronavirus Response Hub
[12] Data from other organizations are not reviewed or validated by CDC and may include data derived from open media sources not represented on official state public health department web pages.

Number of New COVID-19 Cases in the US Reported to the CDC by States/Territories.

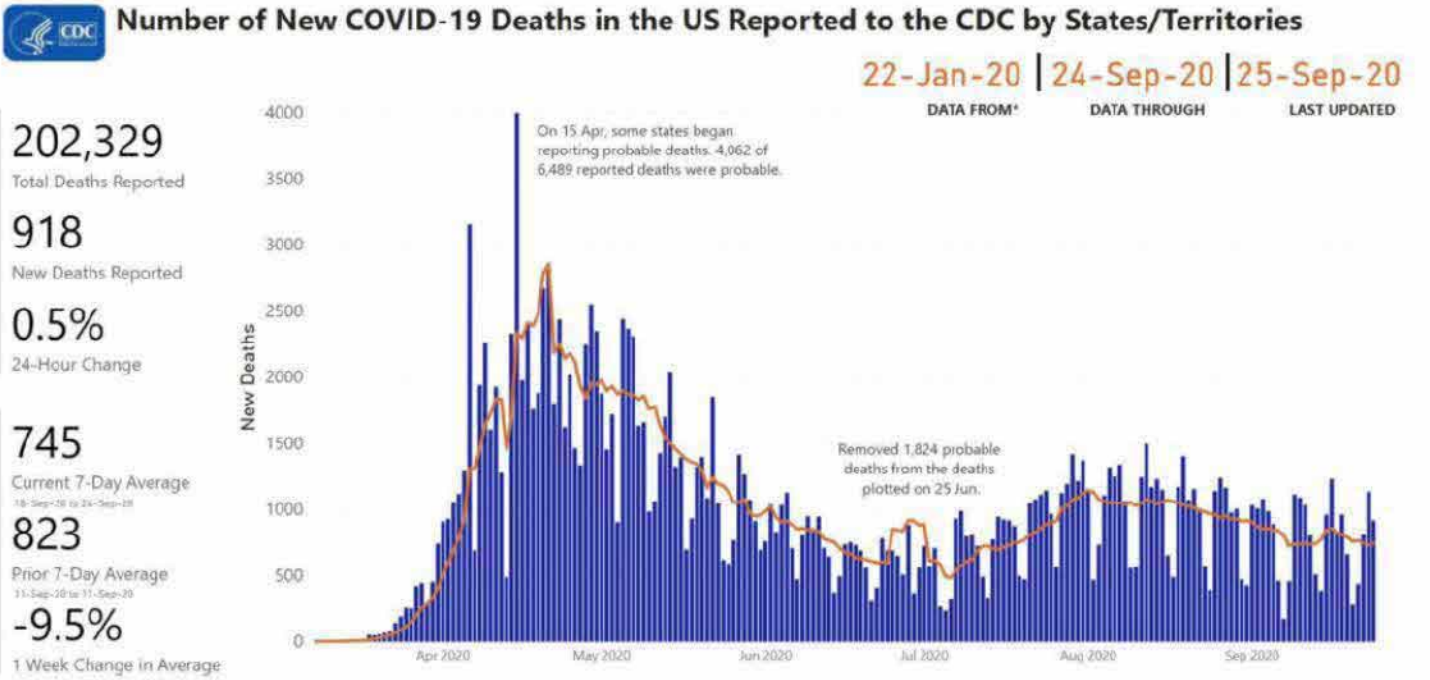
Data: 22 Jan 2020 - 24 Sep 2020 Last Update: 25 Sep 2020, 11:30
Source: CDC DCIPHER



Data Sources, References & Notes: Total cases are based on aggregate counts of COVID-19 cases reported by state and territorial jurisdictions to the Centers for Disease Control and Prevention (CDC) since 22 Jan 2020, with the exception of persons repatriated to the United States from Wuhan, China, and Japan. Numbers include confirmed and probable COVID-19 cases as reported by U.S. states, U.S. territories, New York City, and the District of Columbia from the previous day. Rates are calculated using U.S. Census Bureau, 2018 (Dec 2018) estimates and are shown as cases/100,000 people. The 7-day moving average of new cases (current day + 6 preceding days / 7) was calculated to smooth expected variations in daily counts. CDC's overall case numbers are validated through a confirmation process with each jurisdiction. Differences between reporting jurisdictions and CDC may occur due to the timing of reporting and website updates.
Graph shows data starting on 08 Mar 2020. Sources: CDC DCIPHER, US Census Bureau (2018).* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.*

Number of New COVID-19 Deaths in the US Reported to the CDC by States/Territories.

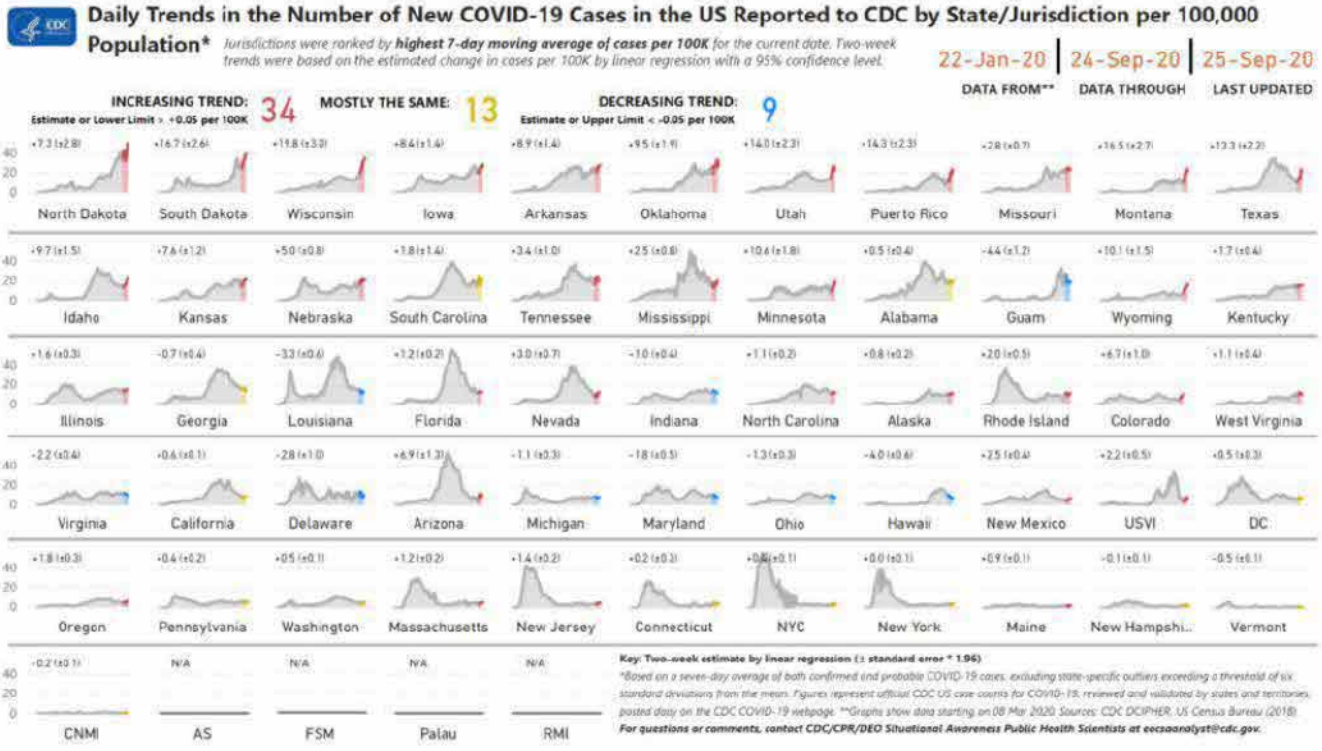
Data: 22 Jan 2020 - 24 Sep 2020 Last Update: 25 Sep 2020, 11:30
Source: CDC DCIPHER



Data Sources, References & Notes: Total deaths are based on aggregate counts of COVID-19 deaths reported by state and territorial jurisdictions to the Centers for Disease Control and Prevention (CDC) since 21 Jan 2020, with the exception of persons repatriated to the United States from Wuhan, China, and Japan. Number include confirmed and probable COVID-19 deaths as reported by U.S. states, U.S. territories, New York City, and the District of Columbia from the previous day. Rates are calculated using U.S. Census Bureau, 2018 (Dec 2018) estimates and are shown as deaths/100,000 people. The 7-day moving average of new deaths (current day + 6 preceding days / 7) was calculated to smooth expected variations in daily counts. CDC's overall death numbers are validated through a confirmation process with each jurisdiction. Differences between reporting jurisdictions and CDC may occur due to the timing of reporting and website updates.
Graph shows data starting on 08 Mar 2020. Sources: CDC DCIPHER, US Census Bureau (2018).* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.*

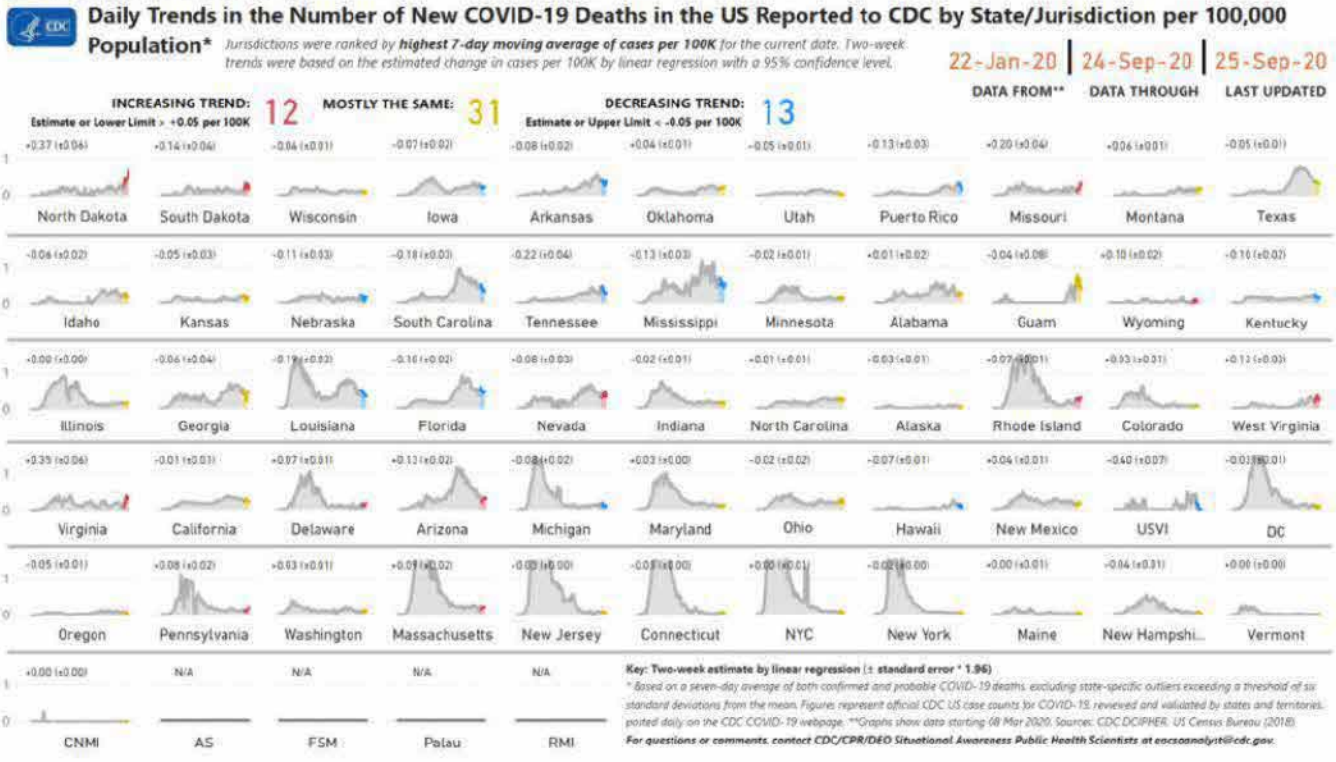
Daily Trends in the Number of New COVID-19 Cases in the United States Reported to CDC by State/Jurisdiction per 100,000 Population

Data: 22 Jan 2020 - 24 Sep 2020 Last Update: 25 Sep 2020, 11:30
Source: CDC DCIPHER



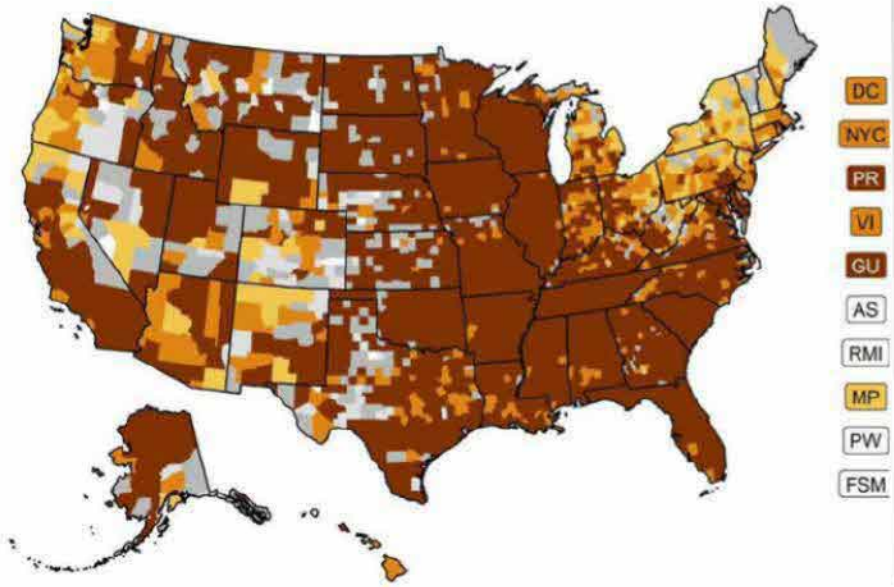
Daily Trends in the Number of New COVID-19 Deaths in the United States Reported to CDC by State/Jurisdiction per 100,000 Population

Data: 22 Jan 2020 - 24 Sep 2020 Last Update: 25 Sep 2020, 11:30
Source: CDC DCIPHER



Cases by County[13]

Coronavirus Disease 2019 (COVID-19)
Number of New Cases per 100,000 in the past 2 weeks, by U.S. County, 10 September–23 September, 2020



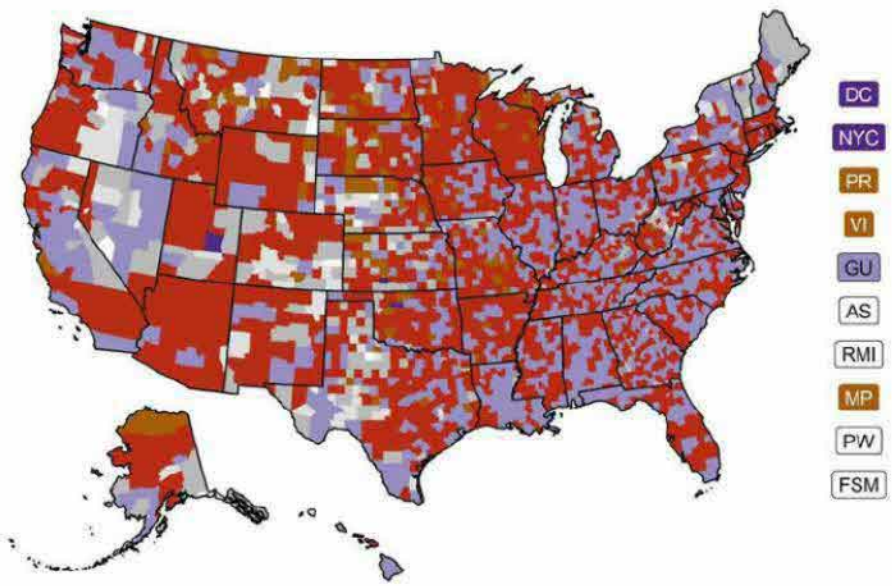
Incidence
- Low
- Moderate
- Moderately high
- High
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map
Describes recent incidence of COVID-19 infection to capture the potential burden of currently ill people who may be infectious and/or accessing healthcare.

Main Findings
- COVID-19 infection remains prevalent throughout the country.
- Elevated incidence of disease during the past 2 weeks remains widespread, including in the Southeast, the Midwest, and the West.

Notes: Defined using the number of new cases per 100,000 in the past 2 weeks. Low is >0 to 10, moderate is >10 to 50, moderately high is >50 to 100, and high is >100. Jurisdictions denoted as 0 cases in the past 2 weeks have had at least 1 case previously.
Sources: HHS Protect, US Census

Coronavirus Disease 2019 (COVID-19)
Current epidemic curve status*, by U.S. County, September 23, 2020



Current status
- Low incidence growth
- Elevated incidence growth
- Elevated incidence plateau
- Sustained decline
- Low incidence plateau
- Rebound
- 1-5 cases in the past two weeks
- 0 cases in the past two weeks
- No reported cases

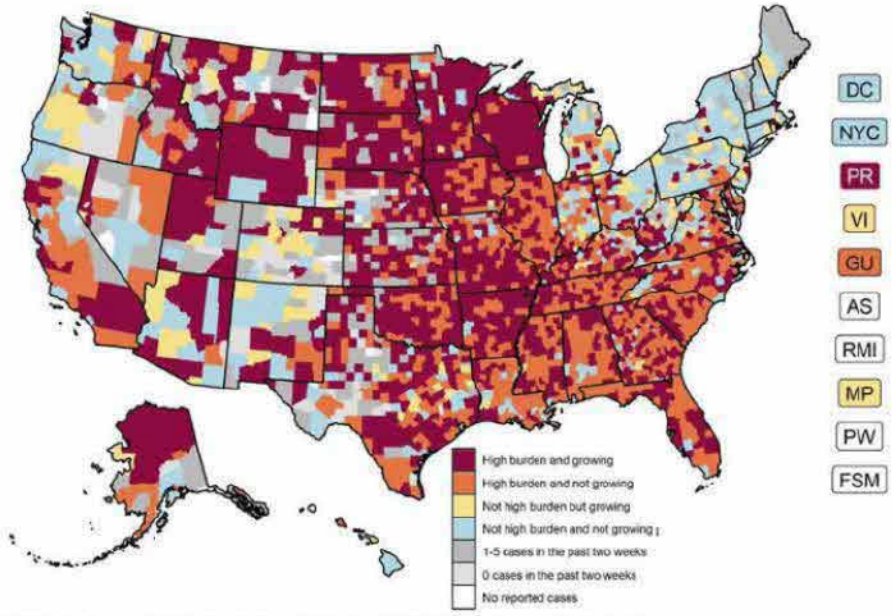
Purpose of this map
Provides the most detailed view into both the burden of illness and the trajectory of new illnesses.

Main Findings
- There are many counties throughout the States whose incidence are in rebound.
- Many counties in California, Nevada, Louisiana, Alabama, and Indiana have burden in sustained decline.
- The goal is to have all communities be represented in the lighter colors, demonstrating little to no disease burden and no increase in trajectory.

*Categorized according to the slope of a spline fit to the 7-day moving average of daily incidence and the number of new cases (per 100,000) in the past 2 weeks. Elevated incidence is defined as >10 new cases per 100,000 in the past two weeks.
Sources: HHS Protect, US Census

[13] See CDC COVID-19 Data Tracker for the latest visualizations on cases and deaths trends by state and county.

Coronavirus Disease 2019 (COVID-19)
Burden and growing of new cases per 100,000 in the past 2 weeks, by U.S. county, 10 September–23 September, 2020



Notes: High burden counties have >100 new cases per 100,000 in the past two weeks and growing counties have a slope of at least 0.1 per 100,000 per day.

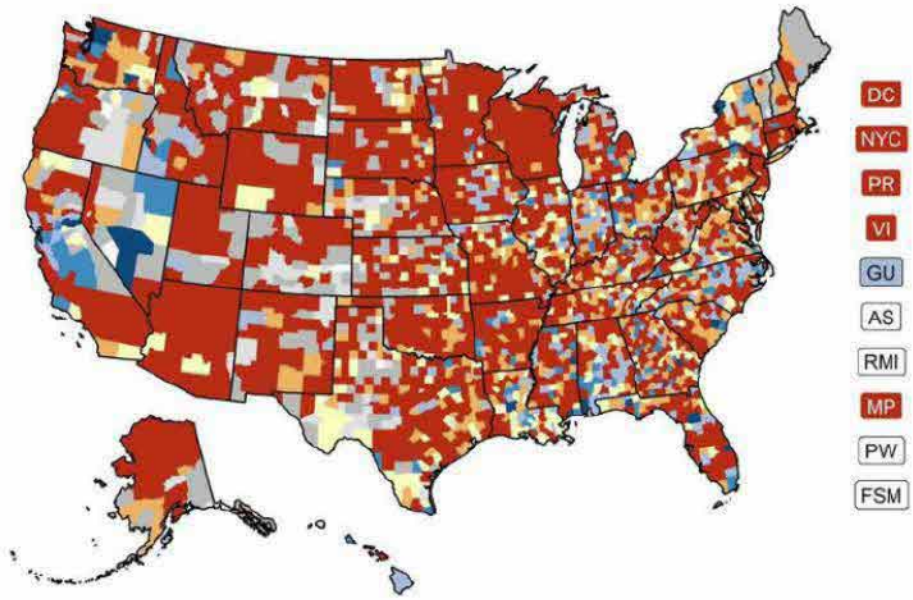
Purpose of this map
Identifies "areas of concern" where a county's disease burden is high and still growing.

Main Findings
- Counties with the greatest burden and which are still demonstrating growth are listed in the table below.

Counties in the high burden, growing category (Top 10 with the highest number of cases per 100,000 in the past 2 weeks)

County name, State	No. of new cases in past 2 weeks	2-week incidence (per 100,000)	Change in daily incidence (per 100,000 per day)
Woodward, OK	866	4,282.5	48.9
Emmons, ND	98	2,974.2	23.8
Rosebud, MT	246	2,714.3	4.5
Craig, OK	312	2,180.9	2.8
Southampton, VA	359	2,041.4	11.9
Camas, ID	20	1,774.6	12.1
Edwards, TX	33	1,711.6	20.3
Cheyenne, KS	45	1,691.7	18.4
Frio, TX	329	1,660.3	17.3
Pawnee, KS	106	1,615.4	9.7

Coronavirus Disease 2019 (COVID-19)
Current consecutive days of downward trajectory, by U.S. County, September 23, 2020



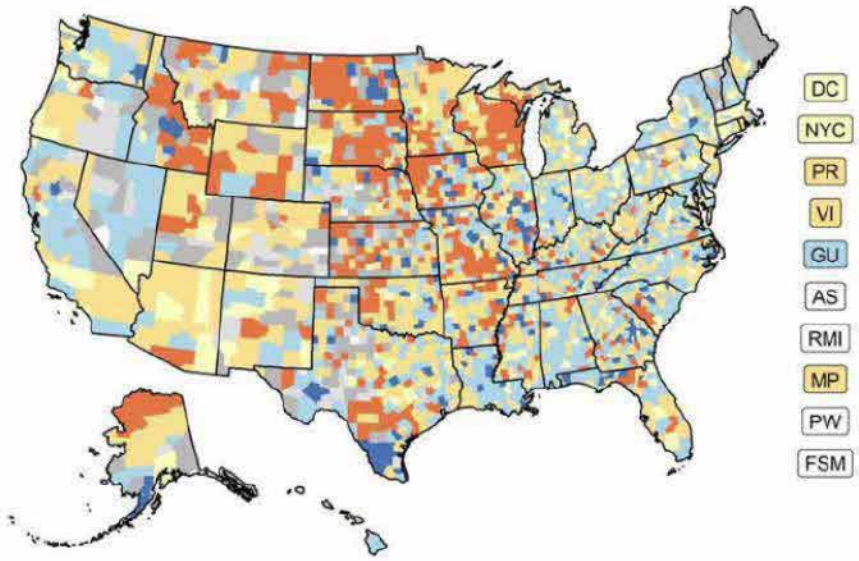
Days in downward trajectory*
- 1-6 days
- 7-13 days
- 14-20 days
- 21-41 days
- >42 days
- Not in downward trajectory
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map
Identifies progress in counties towards achieving a downward trajectory in case incidence over a 14-day period.

Main Findings
- 409 counties have been identified as having 14 or more consecutive days of improvement and are indicated in the blue colors (excludes counties with 0-5 cases in the past 2 weeks); median population size: 37,489 with a range of 1,399 – 2,761,581.
- This method is still being refined to best characterize progress towards achieving a downward trajectory in daily case incidence over a 14-day period, and the results provided should be interpreted with caution when determining mitigation strategies to use.

*The number of days in a downward trajectory represents the number of consecutive days for which the jurisdiction experienced either a negative slope or a low incidence plateau (two-week incidence ≤10 cases per 100,000 and slope >-0.1 and ≤0.1).
Sources: HHS Protect, US Census

Coronavirus Disease 2019 (COVID-19)
Change in Daily Incidence*,
by U.S. County, September 23, 2020



Change in incidence per 100,000 per day

- Greater decline
- Moderate decline
- Plateau
- Moderate increase
- Greater increase
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

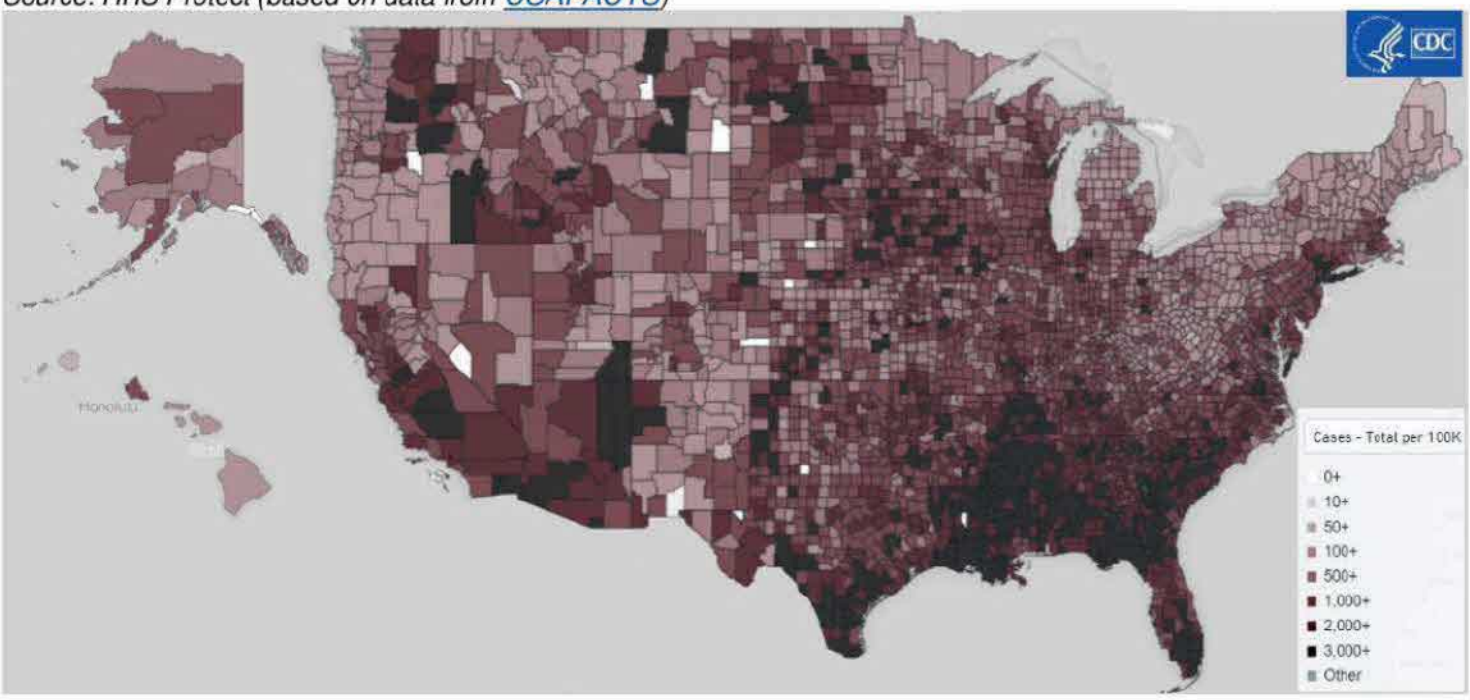
Purpose of this map
Describes the trajectory of new illnesses as recently increasing, being stable, or decreasing in number.

Main Findings
- Daily county-level incidence rates continue to decrease in much of the Southeast and the West Coast.
- However, county-level incidence is increasing throughout much of the Midwest and Great Plains, including Missouri, Iowa, Minnesota, Wisconsin, North Dakota, South Dakota, Kansas, Wyoming, and Idaho.

*Measured as the change in slope of a spline fit to smoothed daily incidence. Incidence was smoothed using a 7-day moving average. These values therefore represent the change in 7-day average number of new cases per 100,000 per day. Greater declines are ≤-1, moderate declines are >-1 to -0.1, plateaus are >-0.1 to ≤0.1, moderate increases are >0.1 to 1, greater increases are >1. Counties denoted as 0 cases in the past 2 weeks have had at least 1 case previously.

Sources: HHS Protect, US Census

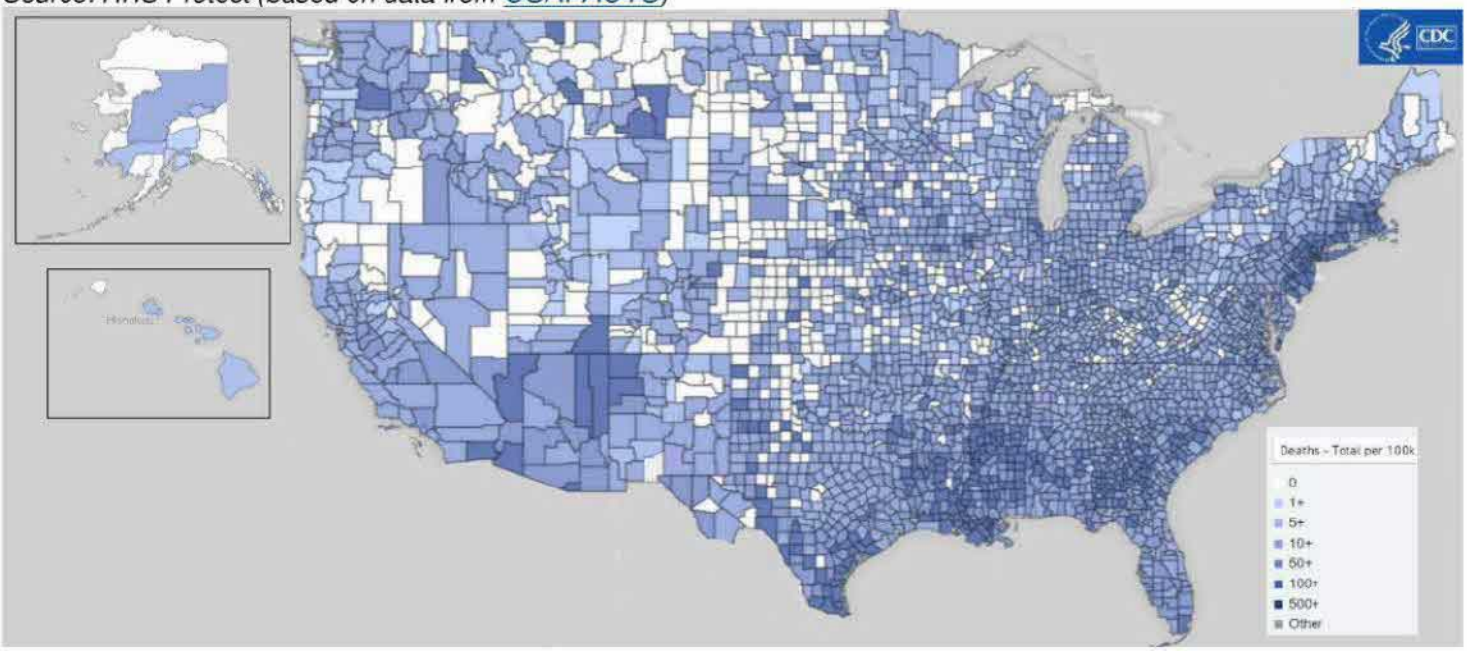
Total Number of COVID-19 Cases in the United States by County per 100,000 Population *(USA Facts)*
Data Through: 23 Sep 2020 *Last Updated: 25 Sep 2020, 07:00*
Source: HHS Protect (based on data from USAFACTS)



Total Number of COVID-19 Deaths in the United States by County per 100,000 Population *(USA Facts)*

Data Through: 23 Sep 2020 *Last Updated: 25 Sep 2020, 07:00*

Source: HHS Protect (based on data from USAFACTS)



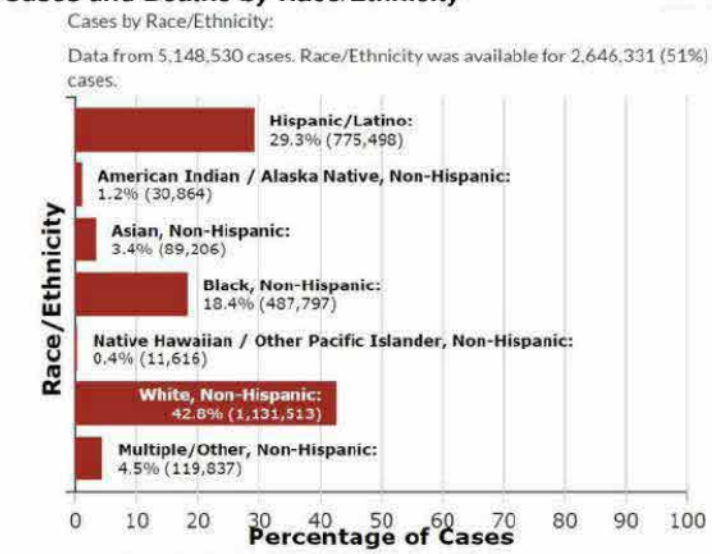
Demographic Trends of COVID-19 Cases and Deaths in the US Reported to CDC[14]

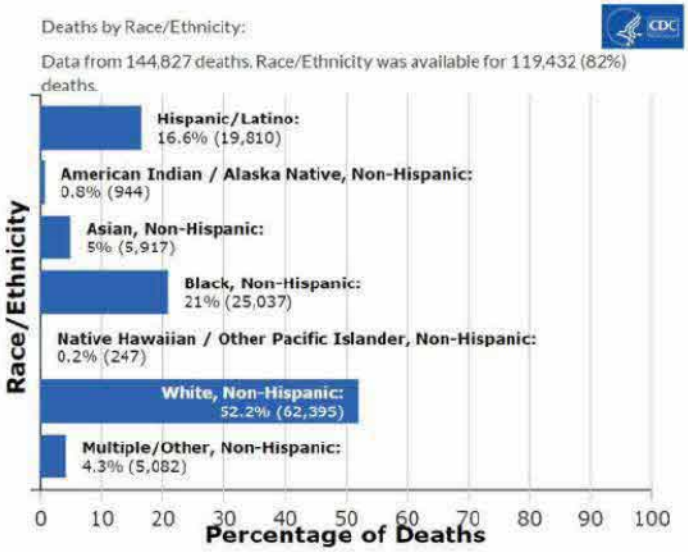
Demographic Trends of COVID-19 Cases and Deaths in the US Reported to the CDC

Data through 23 Sep 2020 *Last Update: 24 Sep 2020 12:18*

Source: Data Reported to CDC from States/Jurisdictions on CDC COVID Data Tracker

Cases and Deaths by Race/Ethnicity





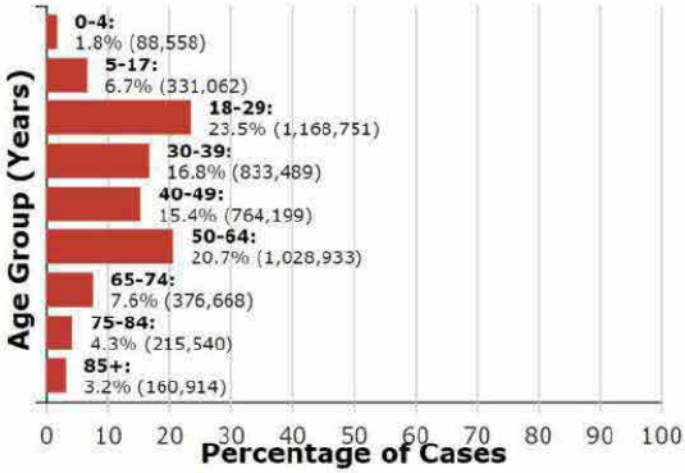
Updated: Sep 24 2020 12:18PM

[14] CDC is working with states to provide more information on race/ethnicity for reported cases. The percent of reported cases that include race/ethnicity data is increasing. These data only represent the geographic areas that contributed data on race/ethnicity. Every geographic area has a different racial and ethnic composition. These data are not generalizable to the entire U.S. population. If cases were distributed equally across racial and ethnic populations, one would expect to see more cases in those populations that are more highly represented in geographic areas that contributed data. Percentages displayed in the charts below represent the percent of cases or deaths for which the demographic variable of interest is known.

Cases and Deaths by Age Group

Cases by Age Group:

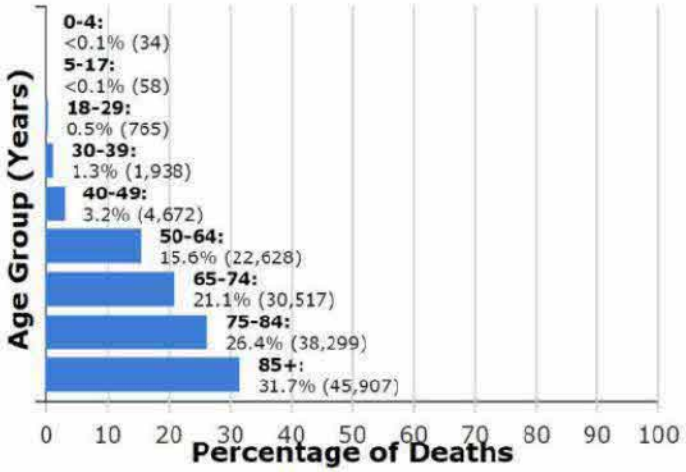
Data from 5,148,530 cases. Age group was available for 4,968,114 (96%) cases.



Updated: Sep 24 2020 12:18PM

Deaths by Age Group:

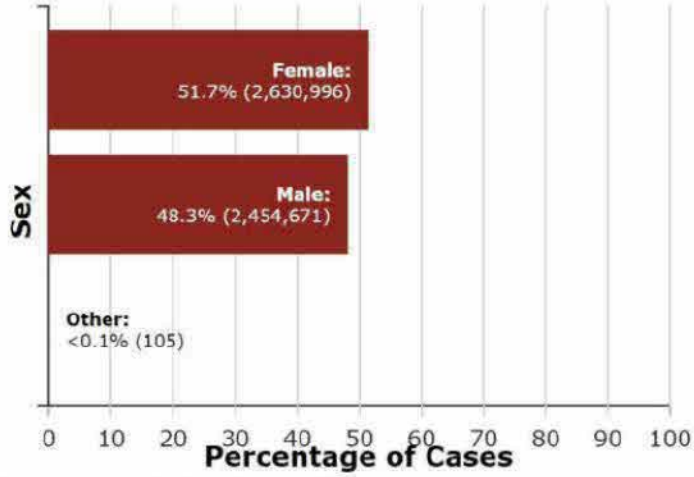
Data from 144,827 deaths. Age group was available for 144,818 (99%) deaths.



Cases and Deaths by Sex

Cases by Sex:

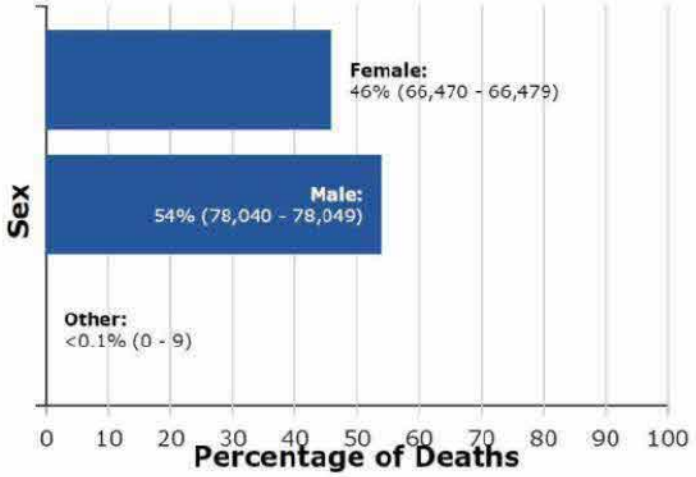
Data from 5,148,530 cases. Sex was available for 5,085,772 (98%) cases.



Updated: Sep 24 2020 12:18PM

Deaths by Sex:

Data from 144,827 deaths. Sex was available for 144,527 (99%) deaths.



Cases/Deaths by CBSA [15,16]

Total Cases due to COVID-19 per 100,000 Population by CBSA

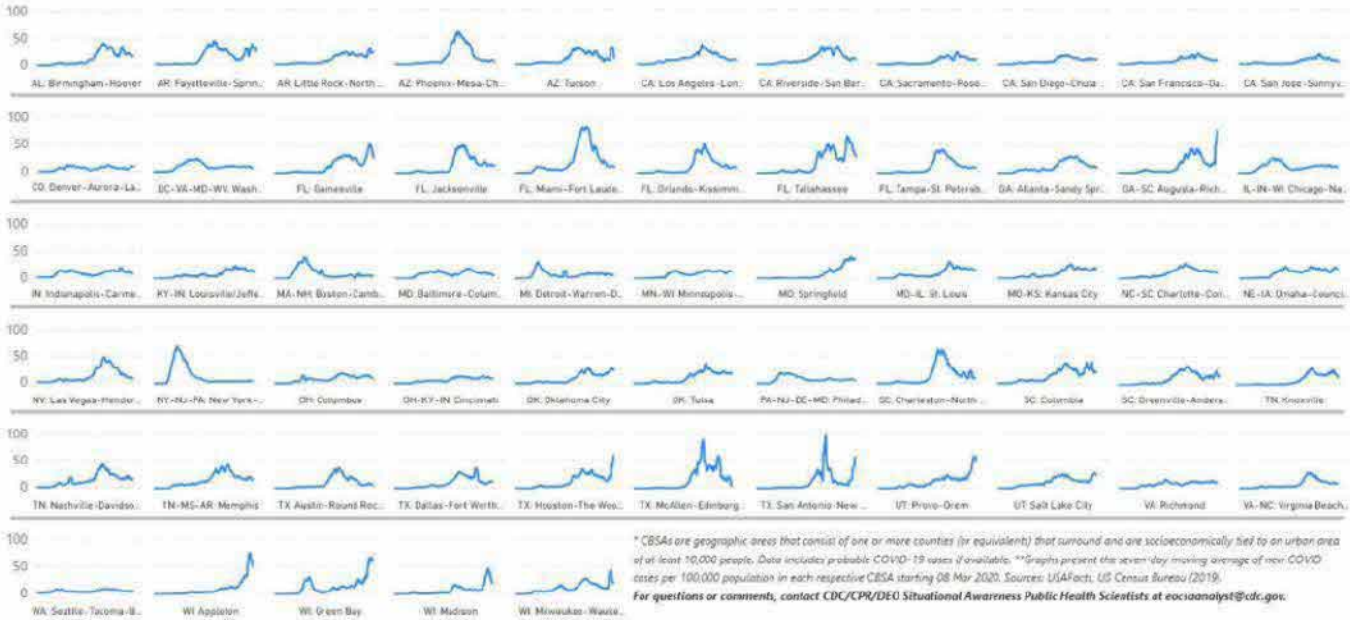
Data 22 Jan 2020 through 23 Sep 2020 *Last Update: 25 Sep 2020, 08:00*

Source: Data from USAFACTS

Daily Trends in the Number of New COVID-19 Cases in the US Reported to CDC by Core-based Statistical Area (CBSA) per 100,000 Population

These are the top 60 CBSAs based on the number of new cases in the past 14 days, presented in alphabetical order by state and city/town.

22-Jan-20 (DATA FROM**) | 23-Sep-20 (DATA THROUGH) | 25-Sep-20 (LAST UPDATED)



** CBSAs are geographic areas that consist of one or more counties (or equivalent) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 cases if available. **Graphs present the seven-day moving average of new COVID cases per 100,000 population in each respective CBSA starting 08 Mar 2020. Sources: USAFacts, US Census Bureau (2019).*

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Total Deaths due to COVID-19 per 100,000 Population by CBSA

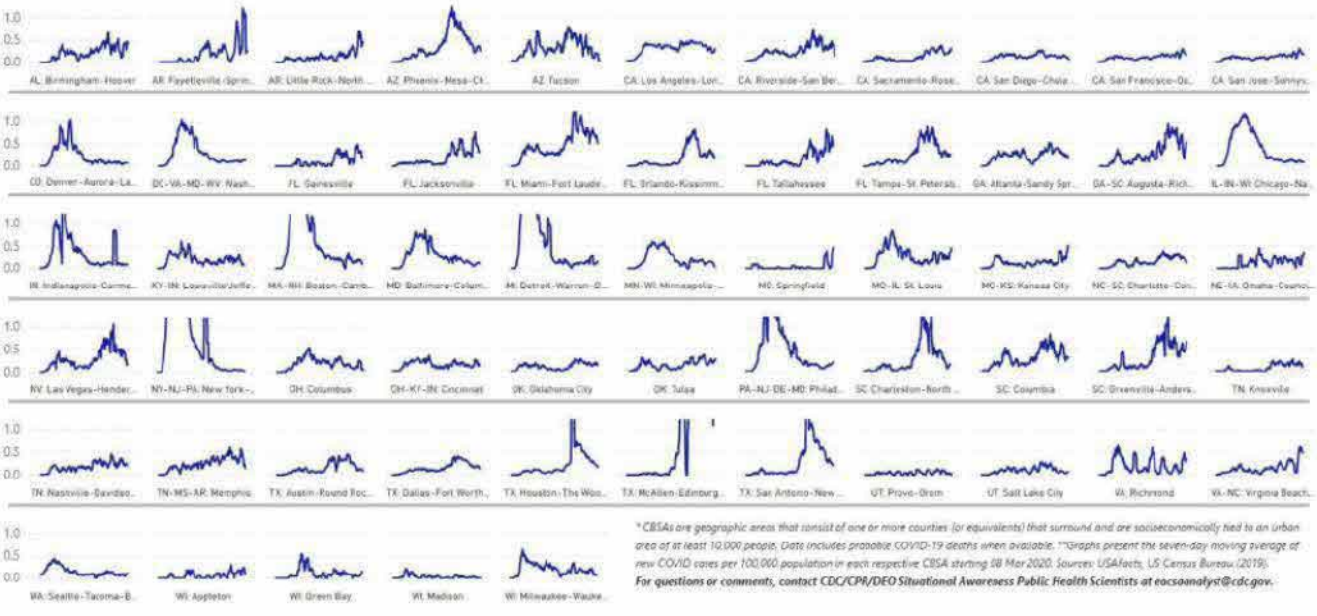
Data 22 Jan 2020 through 23 Sep 2020 *Last Update: 25 Sep 2020, 08:00*

Source: Data from USAFACTS

Daily Trends in the Number of New COVID-19 Deaths in the US Reported to CDC by Core-based Statistical Area (CBSA) per 100,000 Population

These are the top 60 CBSAs based on the number of new deaths in the past 14 days, presented in alphabetical order by state and city/town.

22-Jan-20 (DATA FROM**) | 23-Sep-20 (DATA THROUGH) | 25-Sep-20 (LAST UPDATED)



** CBSAs are geographic areas that consist of one or more counties (or equivalents) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 deaths when available. **Graphs present the seven-day moving average of new COVID cases per 100,000 population in each respective CBSA starting 08 Mar 2020. Sources: USAFacts, US Census Bureau (2019).*

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

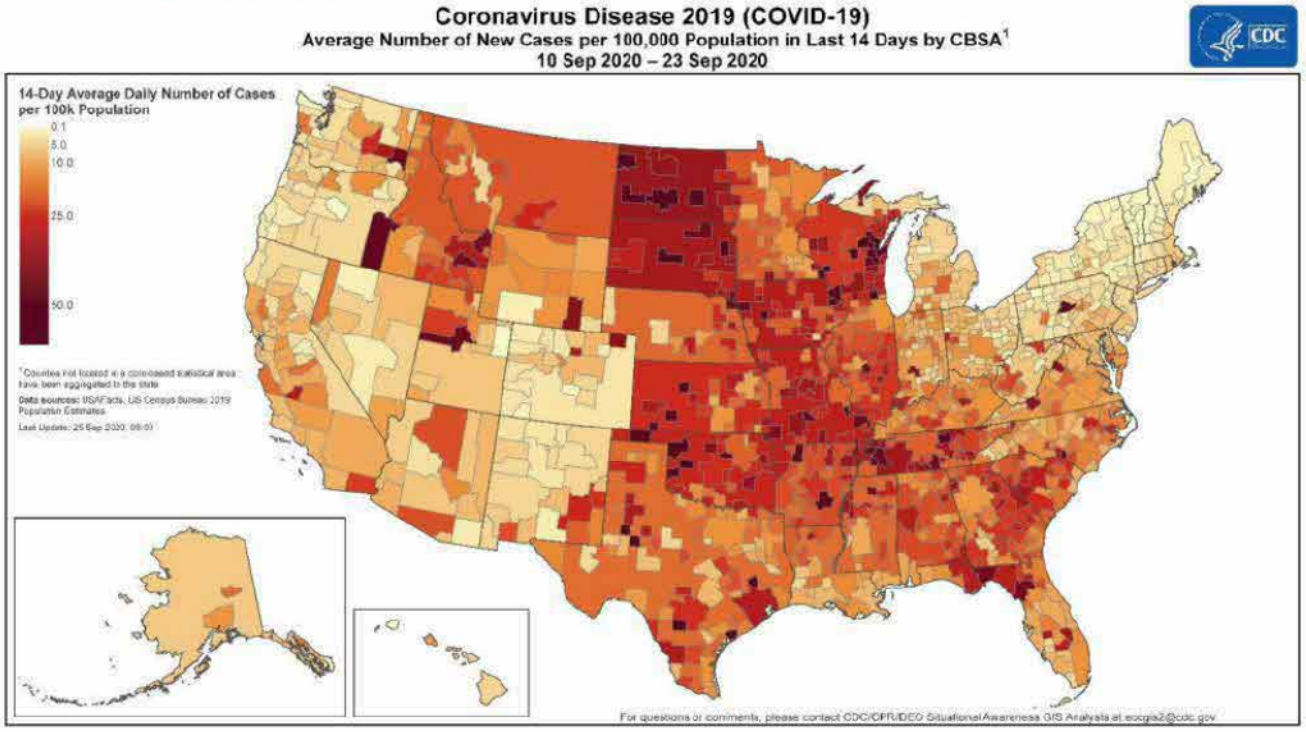
[15] See methodology and sources for data reported by *USAFACTS*.

[16] See information on Core-Based Statistical Area (CBSA) from the US Census Bureau.

Cases/Deaths by CBSA (Maps) [17,18]

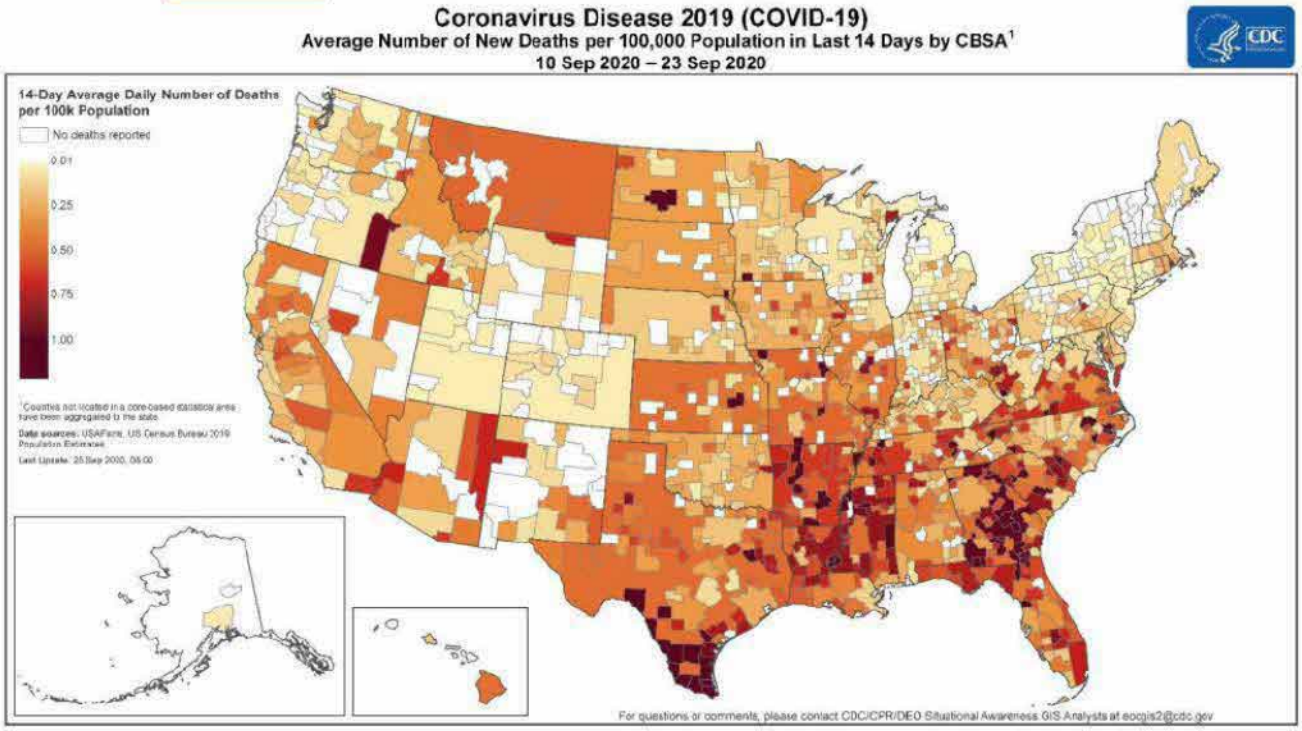
Total Cases due to COVID-19 per 100,000 Population by CBSA

Data:10 Sep 2020 – 23 Sep 2020 *Last Updated: 25 Sep 2020*
Source: Data USAFACTS



Total Deaths due to COVID-19 per 100,000 Population by CBSA

Data:10 Sep 2020 – 23 Sep 2020 *Last Updated: 25 Sep 2020*
Source: Data USAFACTS

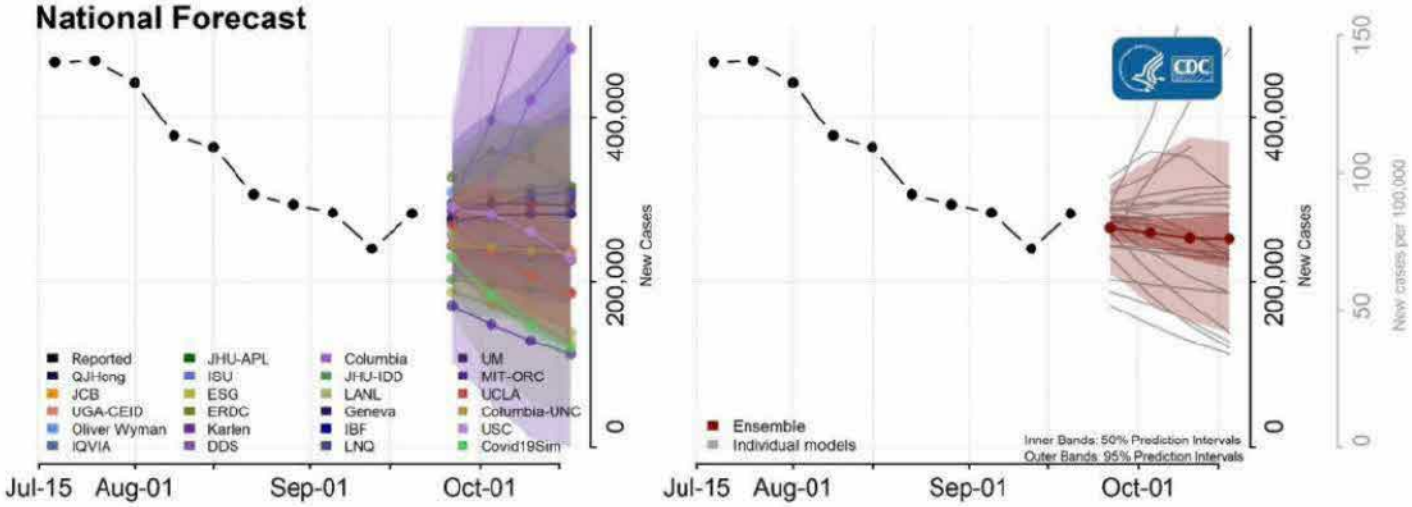


[17] See methodology and sources for data reported by *USAFACTS*.
[18] See information on Core-Based Statistical Area (CBSA) from the US Census Bureau.

COVID-19 Forecasts

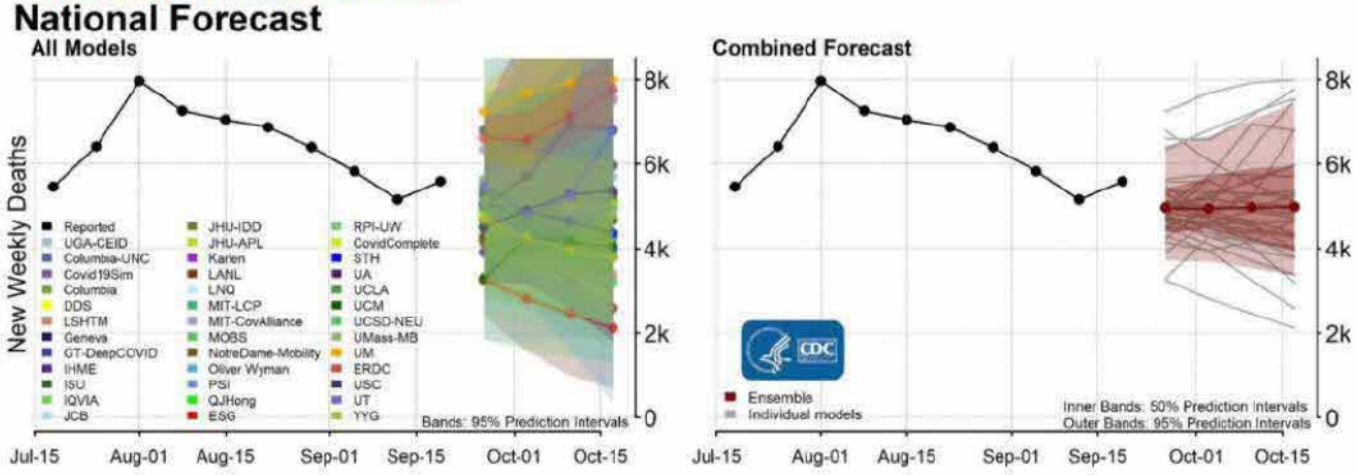
COVID-19 National Forecasts: New Weekly Cases

Data: 18 Jul 2020 – 19 Sep 2020 *Last Updated: 24 Sep 2020*
Forecasts Through: 17 Oct 2020
Source: CDC COVID-19 Forecasts: Cases



COVID-19 National Forecasts: New Weekly Deaths

Data: 18 Jul 2020 – 19 Sep 2020 *Last Updated: 24 Sep 2020*
Forecasts Through: 17 Oct 2020
Source: CDC COVID-19 Forecasts: Deaths



COVID-19 National Forecasts: Deaths (Forecast Hub)

Data: 27 Jan 2020 – 19 Aug 2020 Last Updated: 22 Sep 2020, 15:54 GMT
Source: COVID-19 Forecast Hub

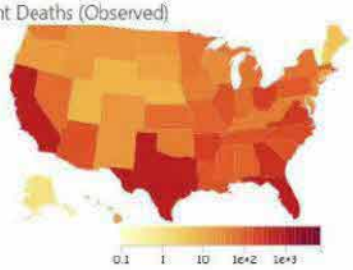
Tue, 22 Sep 2020 15:54:50 GMT.

COVID-19 ForecastHub

COVID-19 Forecasts
Week Ahead

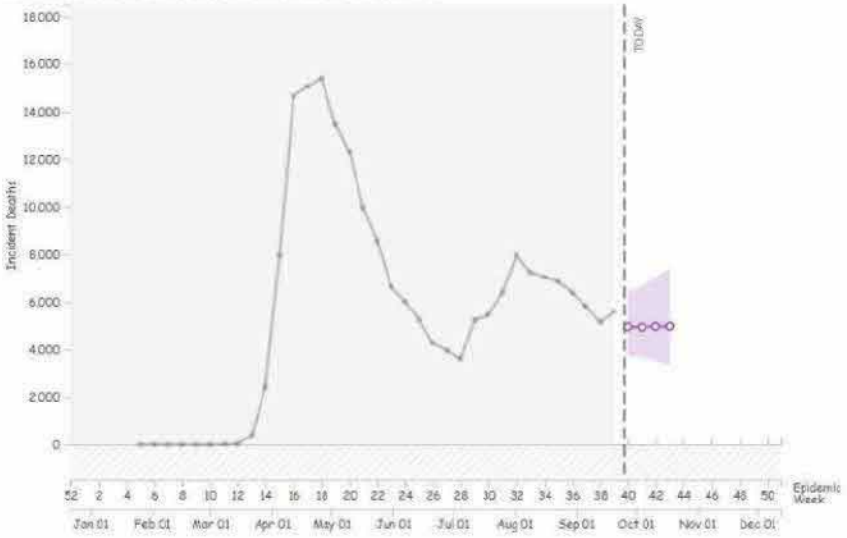
WEEK **39** (2020) | TARGET
US National | Incident Deaths

Incident Deaths (Observed)



Time Chart

The ensemble forecast combines models unconditional on particular interventions being in place with those conditional on certain social distancing measures continuing. To ensure consistency, only models with 4 week-ahead forecasts ahead are included in the ensemble.



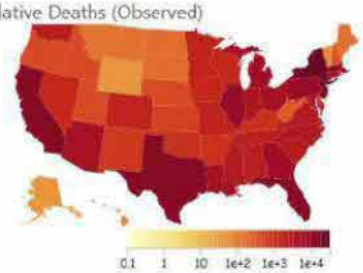
Tue, 22 Sep 2020 15:54:50 GMT.

COVID-19 ForecastHub

COVID-19 Forecasts
Week Ahead

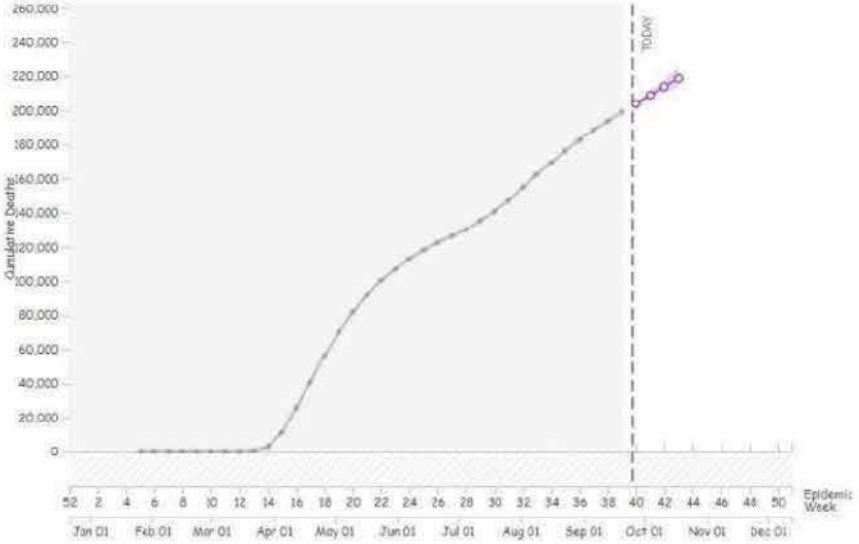
WEEK **39** (2020) | TARGET
US National | Cumulative Deaths

Cumulative Deaths (Observed)



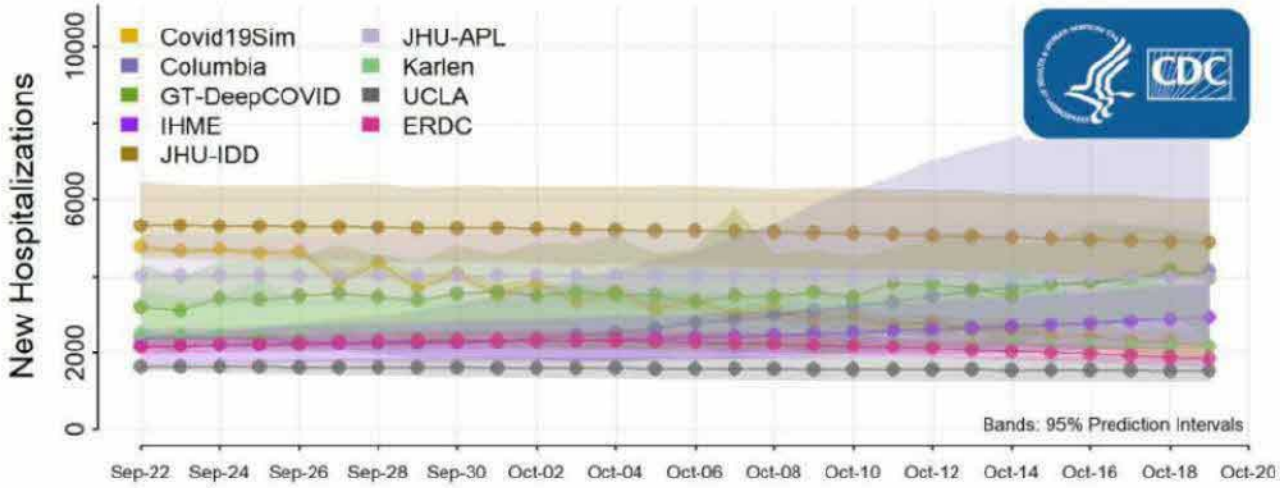
Time Chart

The ensemble forecast combines models unconditional on particular interventions being in place with those conditional on certain social distancing measures continuing. To ensure consistency, only models with 4 week-ahead forecasts ahead are included in the ensemble.



COVID-19 National Forecasts: Hospitalizations[19]
Data: 18 Jul 2020 – 19 Sep 2020 Last Updated: 23 Sep 2020
Forecasts Through: 19 Oct 2020
Source CDC COVID-19 Forecasts: Hospitalizations

National Forecast



COVID-19 Among Specific Populations

US Healthcare Workers

Data as of 24 Sep 2020

Healthcare Workers in US - Case Count Reported in Case-Based Surveillance

N = 164,362 (+1,169)

- 717 Deaths (+4)
  - 189 in IL
  - 182 in CA
  - 60 in OH
  - 46 in MA
  - 32 in MI
  - 28 in NV
  - 25 in NY
  - 20 in NC
  - 20 in PA
  - 20 in TN
  - 18 in WA
  - 12 in IA
  - 11 in LA
  - 11 in AR
  - 9 in MN
  - 8 in NH
  - 8 in KS
  - 7 in NJ
  - 4 in CO
  - 3 in DC
  - 2 in PR
  - 1 in UT
  - 1 in VI

[19] See Technical Information

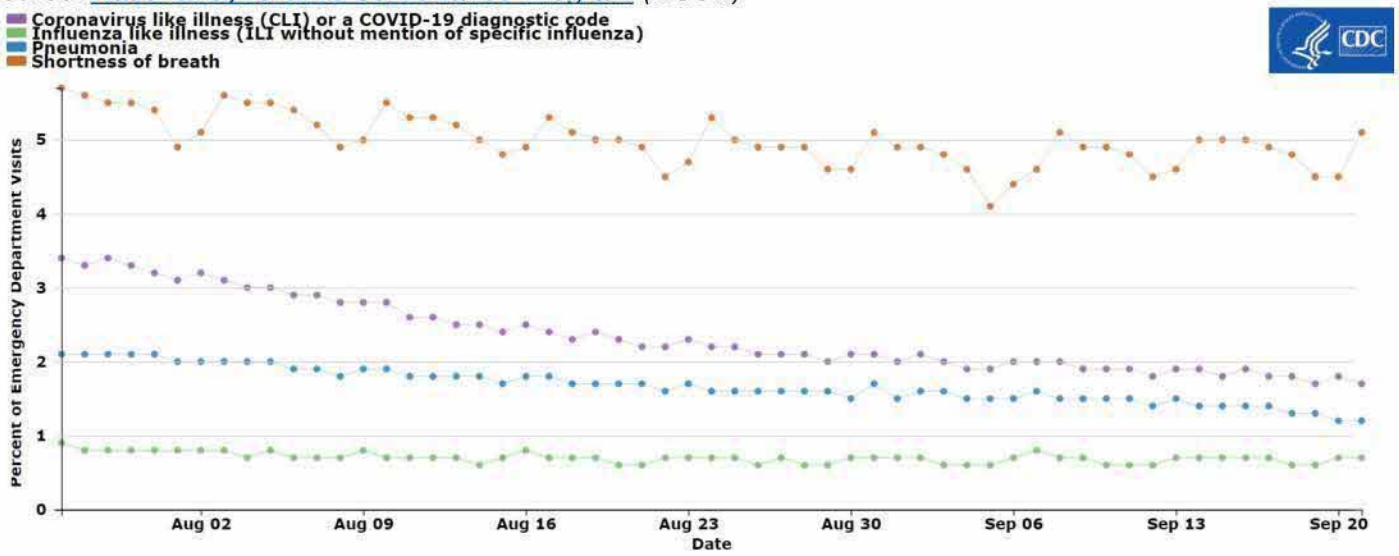
Healthcare Utilization

US Trends in Emergency Department Visits

Percentage of ED Visits by Syndrome in United States: COVID-19-Like Illness, Shortness of Breath, Pneumonia, and Influenza-Like Illness

Data: 27 Jul 2020 – 21 Sep 2020 *Last Updated: 25 Sep 2020*

Source: National Syndromic Surveillance Program (NSSP)



Laboratory Testing

Status of Laboratory Testing

Data Through: 22 Sep 2020 *Last Updated: 25 Sep 2020, 07:39*

Source: HHS Protect[20,21]

Report	Total New Orders	Cumulative Orders	New With Results	Cumulative Results	New Positives	Cumulative Positives	Percent Positive	% Positive Last 7 Days
Hospital[22]	139,212	18,688,345	132,110	18,697,787	4,884	1,314,292	7.03%	4.00%
Commercial labs[23]	191,471	40,730,609	232,120	39,830,426	10,309	3,400,065	8.54%	4.70%
State/Local PHL[24]	12,957	6,236,082	38,315	6,218,626	2,088	467,388	7.52%	5.12%
Total	**343,640**	**65,655,036**	**402,545**	**64,746,839**	**17,281**	**5,181,745**		

			Cumulative Total With Results		Cumulative Total Positive		Cumulative Total % Positive	% Positive Last 7 Days
Total Incl. State HD's[25]			107,300,299		8,509,043		7.93%	4.34%

[20] Data Source: HHS Protect is the data source for hospital and commercial lab data starting 23 Apr and PHL labs starting 08 May. Beginning 31 Aug, new results are the numbers as reported in HHS Protect at the time the data were exported.

[21] As of 03 Aug, Laboratory Data in HHS Protect uses data through the most recent day for which all jurisdictions have reported in order to report data for all jurisdictions along a consistent time window.

[22] Hospital laboratory data are reported directly to HHS via an online form, beginning 11 Apr. Respondents are asked to report all tests run in the hospital laboratory and not sent out to commercial laboratories.

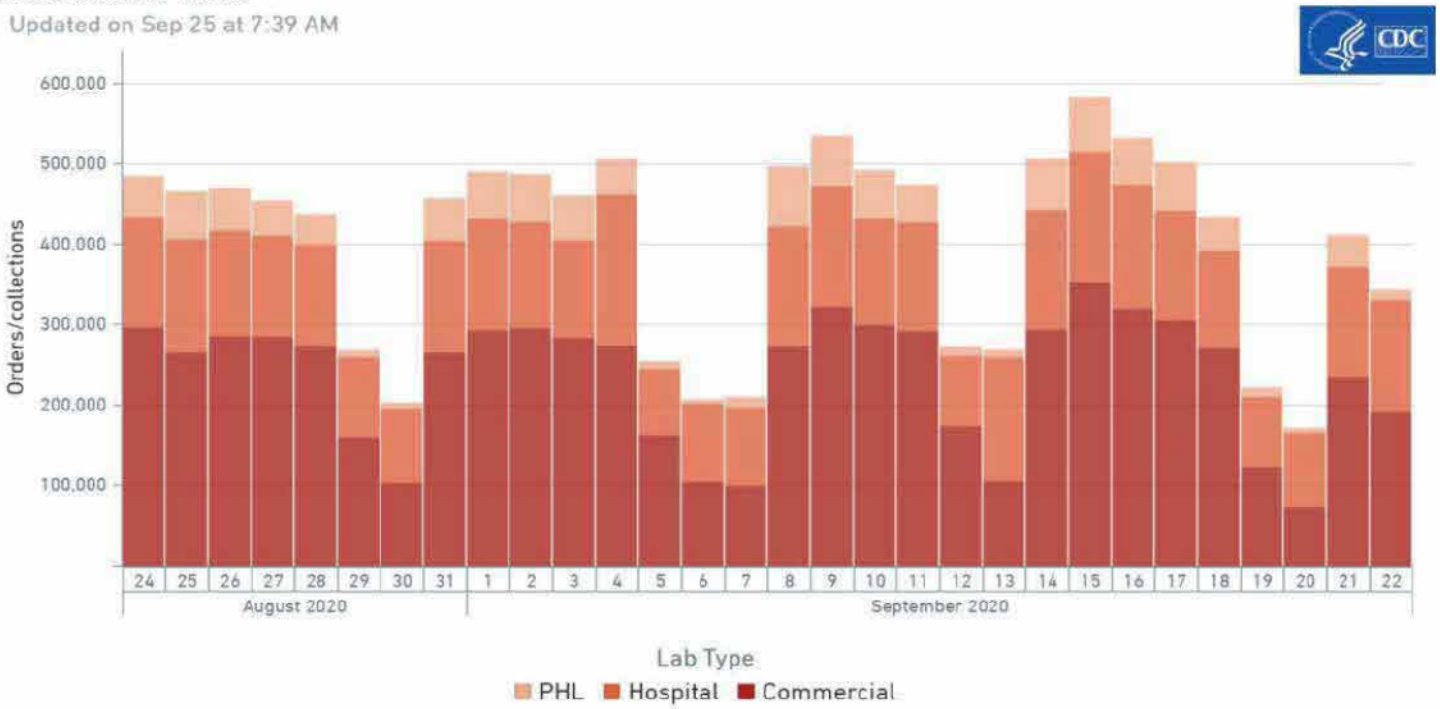
[23] Includes 6 commercial labs: LabCorp, Quest Diagnostics, BioReference, ARUP, Mayo Clinic, and Sonic Healthcare.

[24] Reporting public health labs are all 50 state public health labs, the District of Columbia, New York City, Puerto Rico, USAF, and 17 California counties.

[25] Includes laboratory results reported to CDC from additional state health departments not reported through HHS Protect including additional lab orders received prior to 23 Apr not included in HHS Protect.

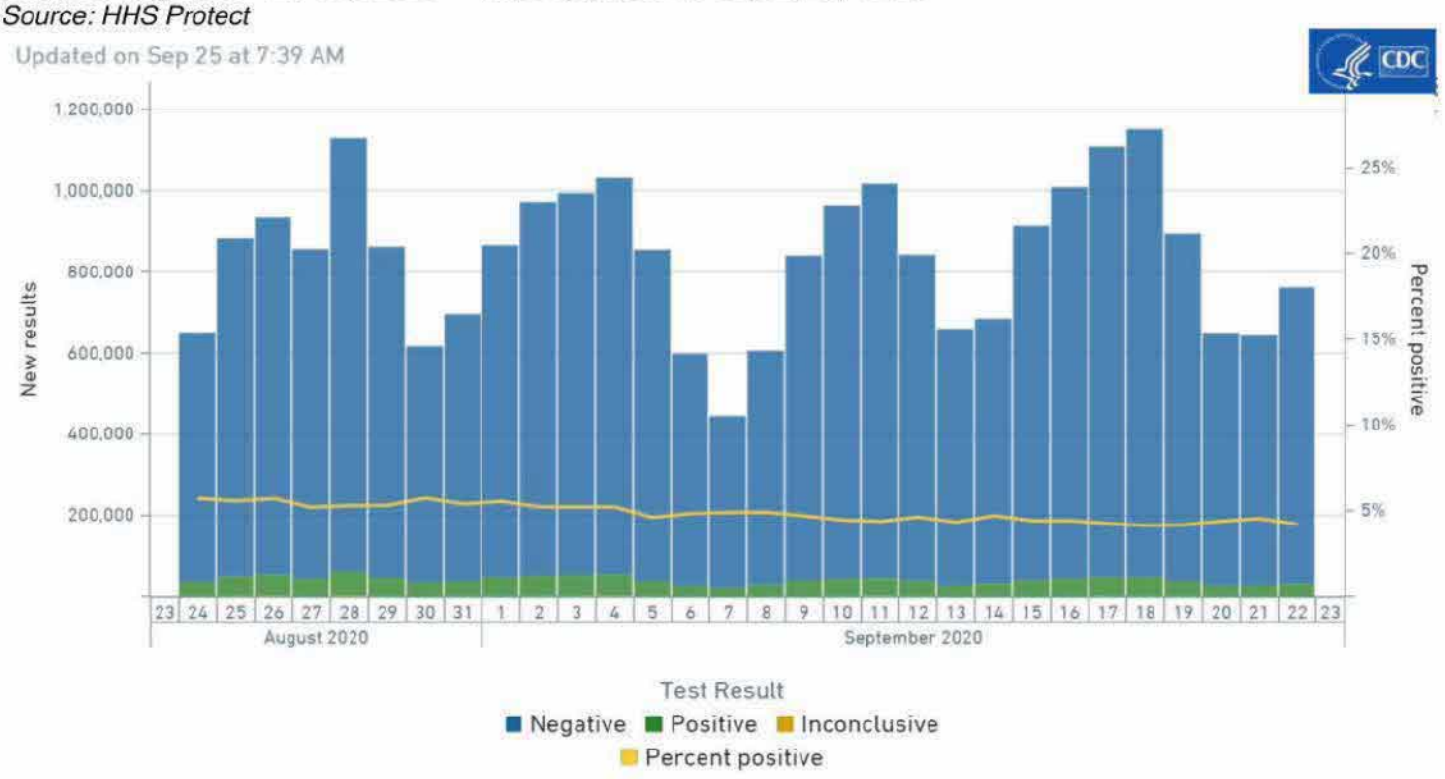
Laboratory Orders/Collections per Day by Facility Type[26]

Data: 24 Aug 2020 - 22 Sep 2020 Last Updated: 25 Sep 2020, 07:39
Source: HHS Protect



Positive/Negative Results and Percent Positive from Public Health, Commercial, and Hospital Lab[27]

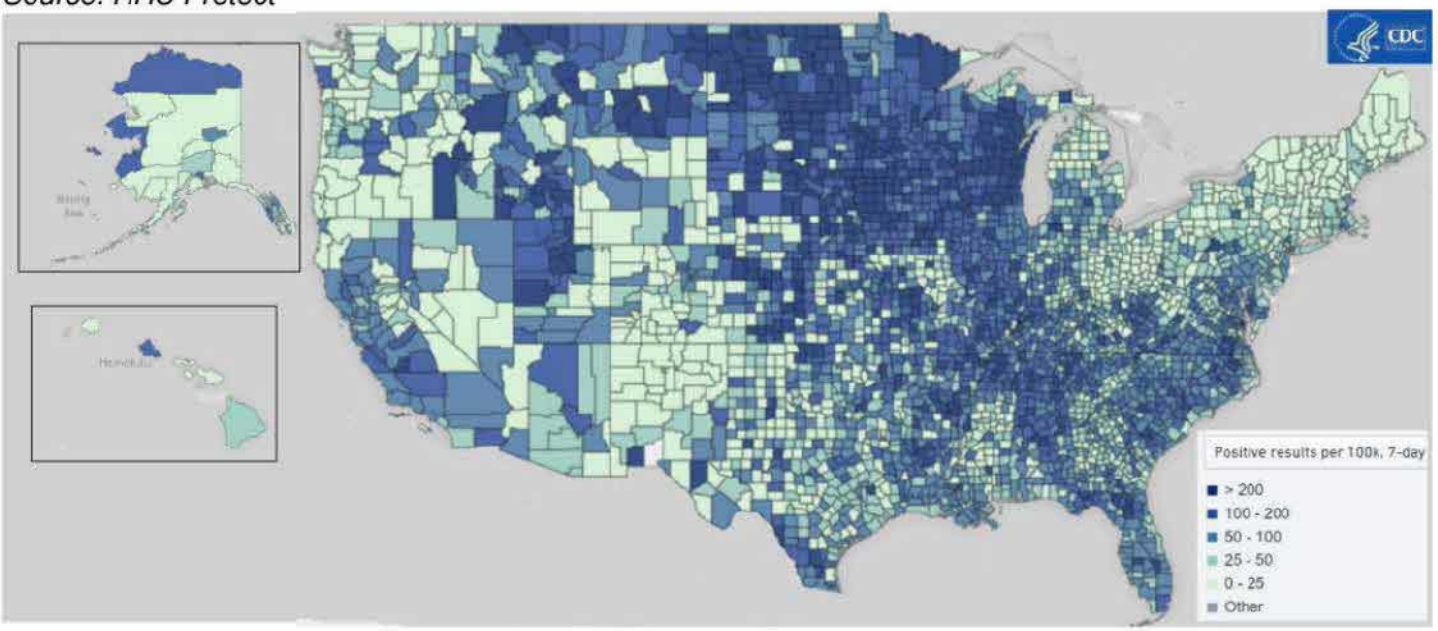
Data: 24 Aug 2020 - 22 Sep 2020 Last Updated: 25 Sep 2020, 07:39
Source: HHS Protect



[26] Reported by test order date if available, otherwise the date the specimen was collected. Due to reporting lags, data for the most recent three days may be underrepresented.
[27] Reported by test result date. Due to reporting lags, data for the most recent three days may be underrepresented.

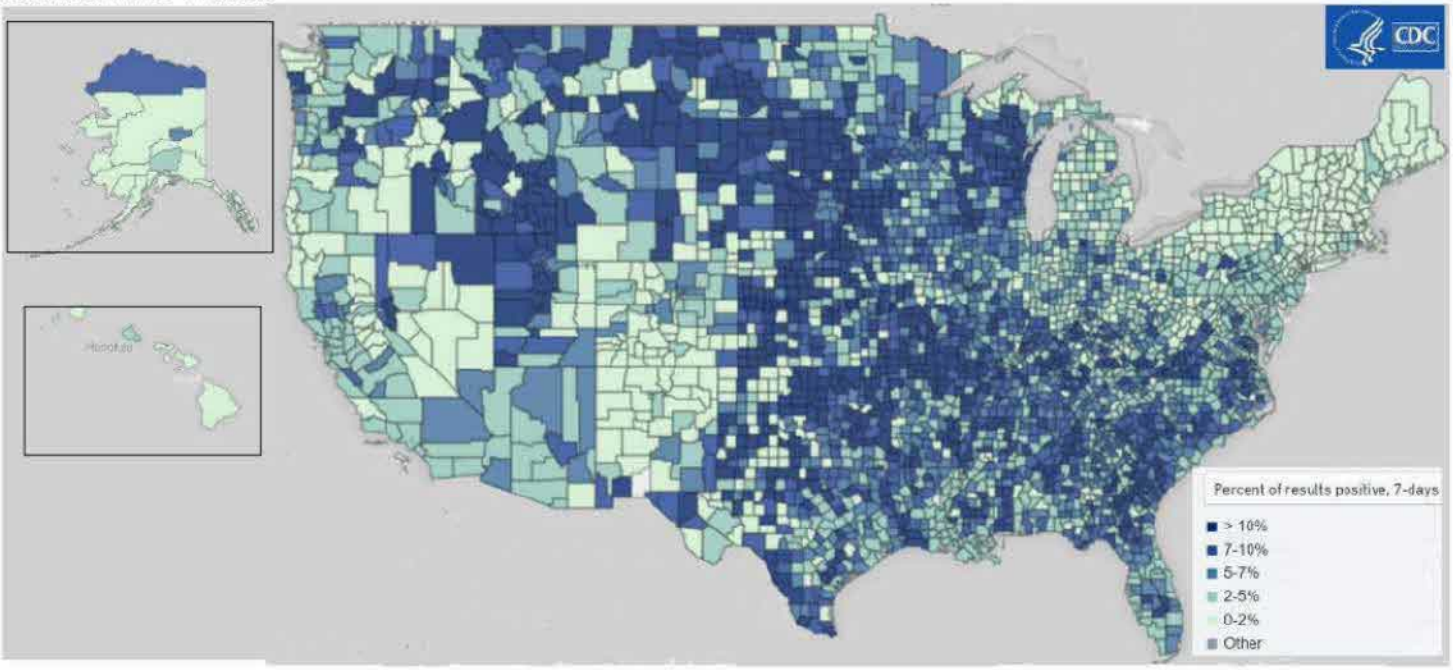
Positive Results per 100,000 Population Last 7-Days by County [28, 29]

Data: 16 Aug 2020 - 22 Sep 2020 Last Updated: 25 Sep 2020, 07:39
Source: HHS Protect



Percent Positive Results Last 7-Days by County [29]

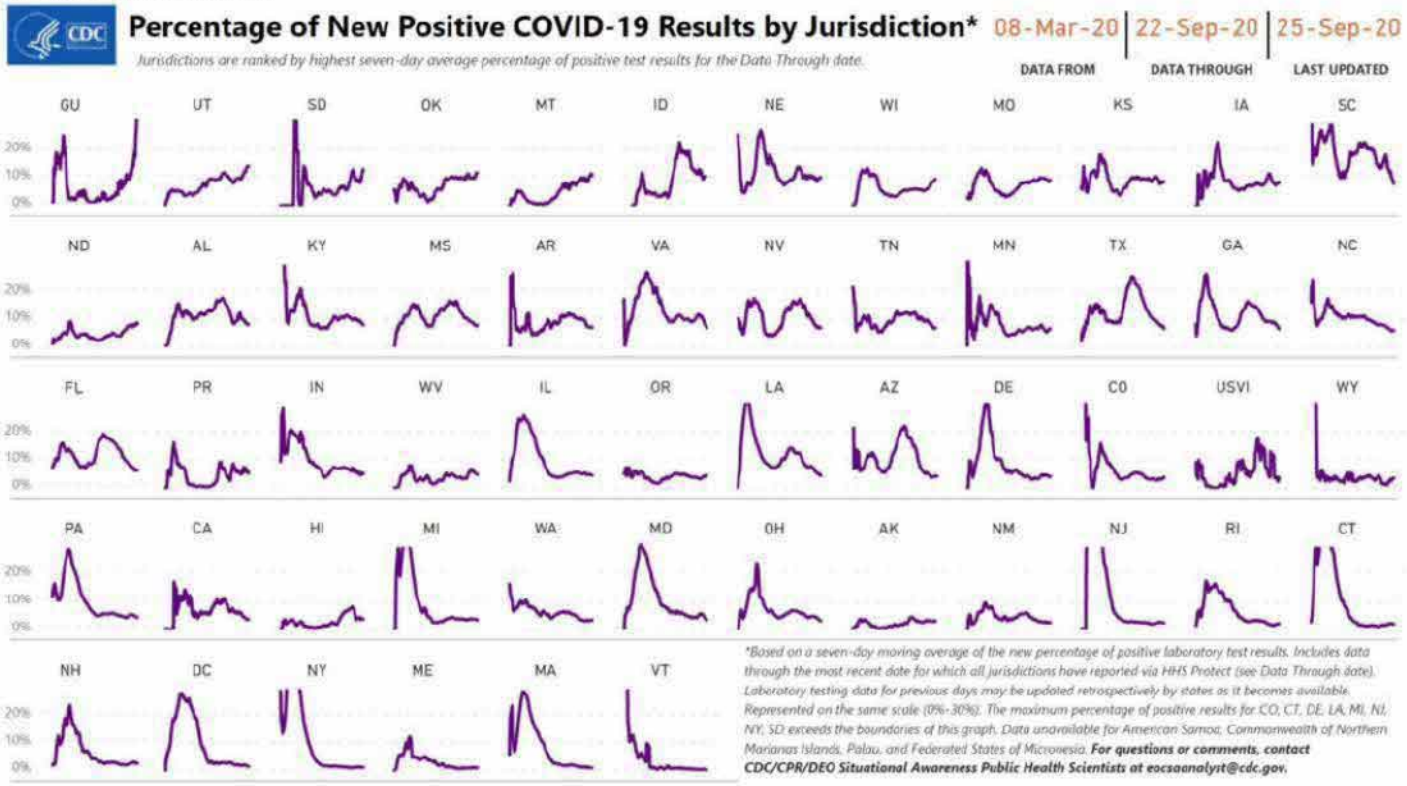
Data: 16 Aug 2020 - 22 Sep 2020 Last Updated: 25 Sep 2020, 07:39
Source: HHS Protect



[28] Data represent (total number of positive results/total population) * 100. One person may have multiple tests and positive results.
[29] See CDC COVID-19 Data Tracker for the latest visualizations on US laboratory testing by state.

COVID-19 Virologic Testing, Percentage of Positive COVID-19 Test Results by Jurisdiction

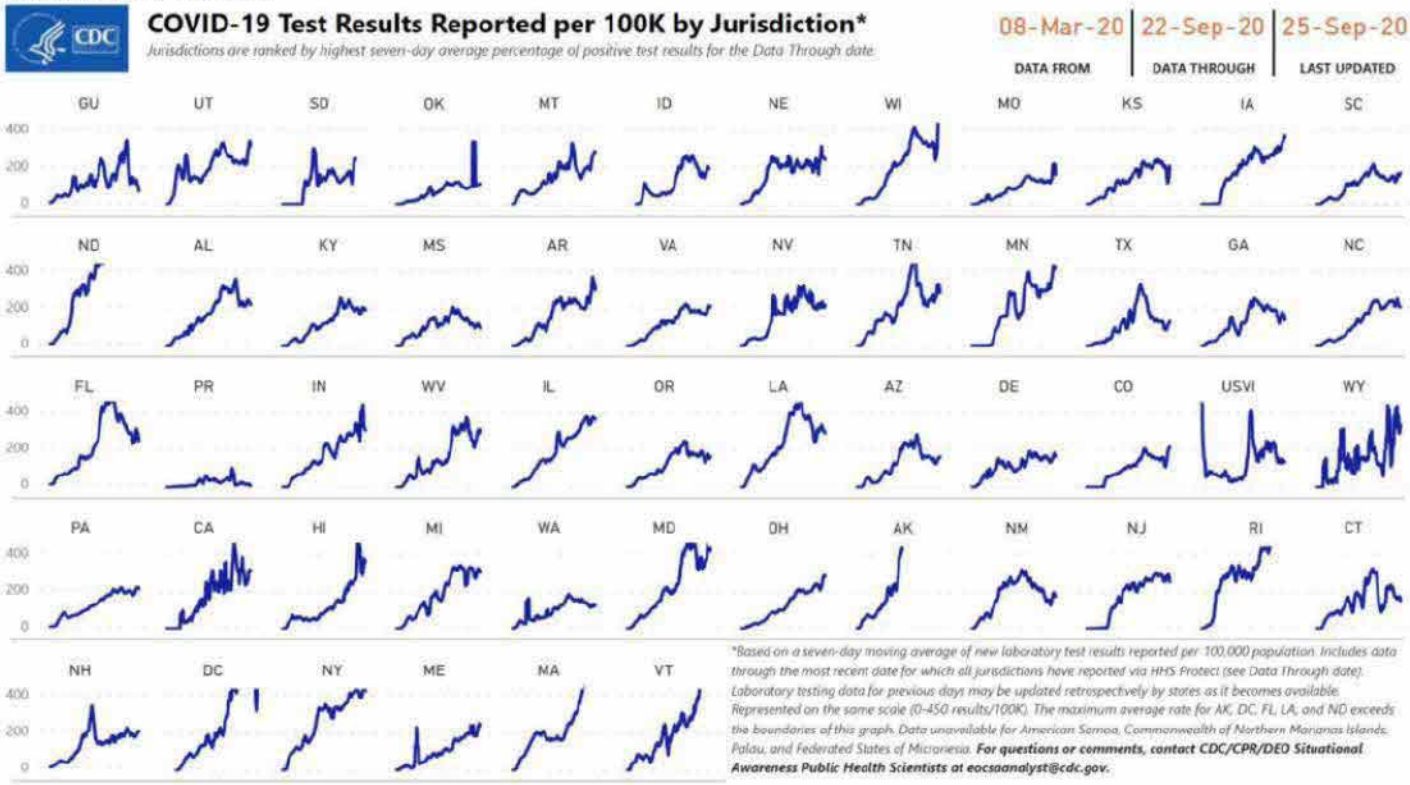
Data: 08 Mar 2020 – 22 Sep 2020 Last Update: 25 Sep 2020, 09:00
Source: HHS Protect



Based on a seven-day moving average of the new percentage of positive laboratory test results. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Represented on the same scale (0%-30%). The maximum percentage of positive results for CO, CT, DE, LA, MI, NJ, NY, SD exceeds the boundaries of this graph. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia. ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

New COVID-19 Test Results Reported per 100,000 Population by Jurisdiction

Data: 08 Mar 2020 – 22 Sep 2020 Last Update: 25 Sep 2020, 09:00
Source: HHS Protect

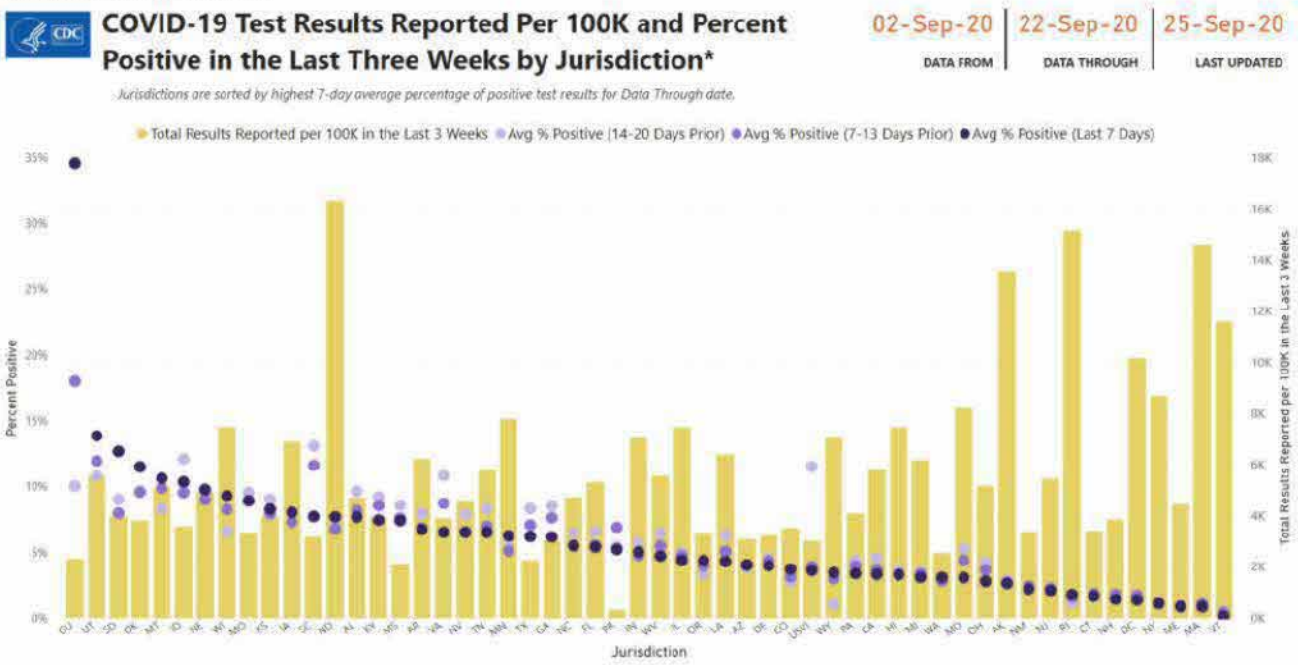


Based on a seven-day moving average of new laboratory test results reported per 100,000 population. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Represented on the same scale (0-450 results/100K). The maximum average rate for AK, DC, FL, LA, and ND exceeds the boundaries of this graph. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia. ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

Test Results per 100,000 and Percent Positive in the Last 3 Weeks by Jurisdiction[30,31]

Data 02 Sep 2020 – 22 Sep 2020 *Last Updated: 25 Sep 2020, 09:00*

Source: HHS Protect



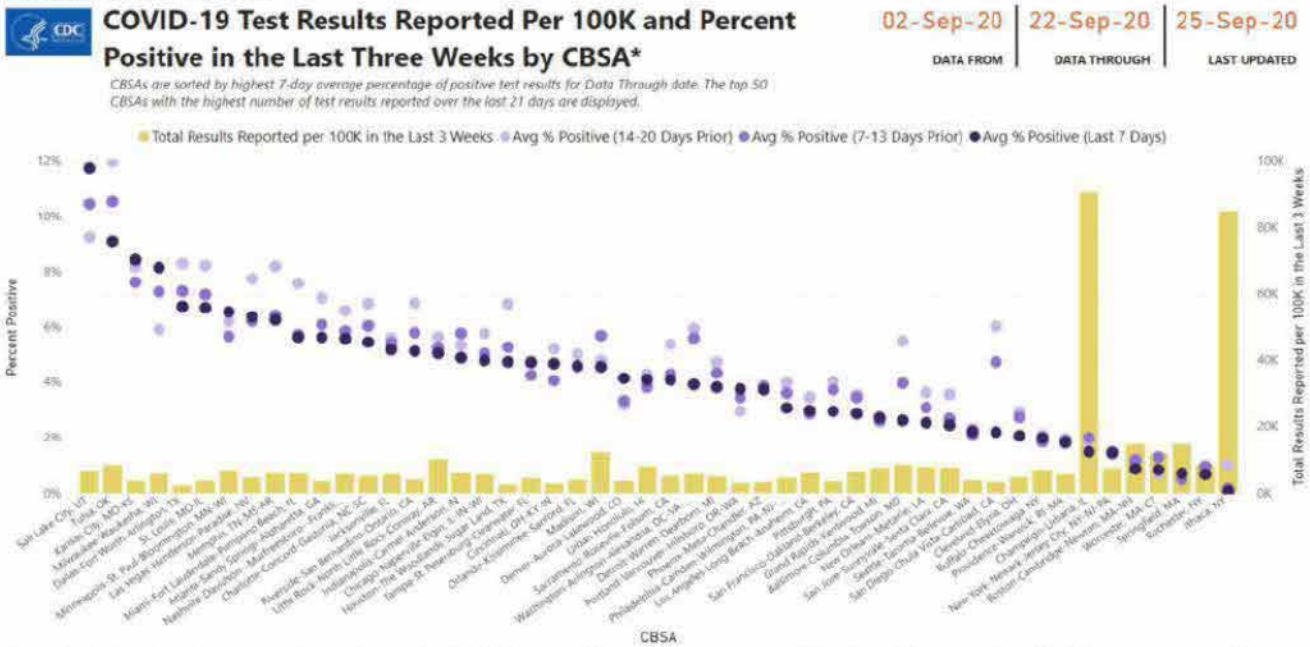
*Based on total laboratory test results reported per 100,000 population in the last 21 days. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Guam, US Virgin Islands, Palau, and Federated States of Micronesia.

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Positive/Negative Results and Percent Positive in the Last 3 Weeks by CBSA[31]

Data 02 Sep 2020 – 22 Sep 2020 *Last Updated: 25 Sep 2020, 09:00*

Source: HHS Protect



Metropolitan and Micropolitan Statistical Areas are collectively referred to as Core-Based Statistical Areas (CBSA); new definitions were announced by OMB on 06 Jun 2003, based on application of the 2000 standards with Census 2000 data. Figure based on total laboratory test results reported per 100,000 population in the last 21 days. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Guam, US Virgin Islands, Palau, and Federated States of Micronesia.

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

[30] Data from state health departments, state public health labs, commercial labs, and hospitals.

[31] Metropolitan and Micropolitan Statistical Areas are collectively referred to as Core-Based Statistical Areas (CBSA). Due to reporting lags, data for the most recent three days may be underrepresented.

Comparison of U.S. Case Counts with Laboratory Testing Data

COVID-19 Cases, Deaths and Lab Comparison by Jurisdiction

Data Through: 22 Sep 2020 *Updated: 25 Sep 2020, 11:30*

Source: HHS Protect

COVID-19 Epi/Lab Overview -- US States, Territories & DC

Data for case and laboratory data includes data through the most recent date for which most jurisdictions have reported via HHS protect. *Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Lab data unavailable for American Samoa, Commonwealth of Northern Mariana Islands, Palau, and Federated States of Micronesia*

† Calculation omitted where the number of total new tests was less than five.

22-Sep-20 DATA THROUGH | 25-Sep-20 LAST UPDATED

State/ Territory	Cases/ 100K	Deaths/ 100K	Total Tests	New Tests	Tot. Tests/ 100K	New Tests/ 100K	New Pos Tests	Total Pos Tests	% Total Pos Tests	% New Pos Tests*
AK	942.5	6.1	563,268	2,705	76,997.0	369.8	83	13,274	2.4%	3.1%
AL	[illegible]	50.3	1,673,489	9,264	34,130.7	188.9	626	196,582	11.7%	6.8%
AR	2054.9	40.1	939,337	6,836	31,126.5	226.5	399	80,198	8.5%	5.8%
AZ	[illegible]	76.7	1,833,491	13,095	25,189.8	179.9	516	216,104	11.8%	3.9%
CA	1562.8	38.1	13,953,125	83,315	35,313.4	210.9	3,483	903,394	6.5%	4.2%
CO	1159.7	33.8	1,124,039	13,357	19,518.8	231.9	653	51,645	4.6%	4.7%
CT	1571.9	128.8	1,034,457	1,000	29,014.7	28.0	16	65,383	6.3%	1.6%
DE	2043.2	64.9	225,433	1,268	23,150.7	130.2	53	16,827	7.5%	4.2%
FL	[illegible]	63.0	9,422,977	36,629	43,873.2	170.5	1,544	1,124,352	11.9%	4.2%
GA	[illegible]	63.5	2,691,269	6,930	25,347.7	65.3	343	281,206	10.4%	4.9%
HI	822.3	8.4	373,545	0	26,382.7	0.0	0	13,345	3.6%	
IA	2276.6	46.7	1,147,116	13,793	36,357.9	437.2	1,111	94,561	8.2%	8.1%
ID	3186.2	25.7	446,458	2,140	24,962.8	119.7	172	58,155	13.0%	8.0%
IL	2193.4	68.5	4,824,102	47,332	38,069.5	373.5	1,770	319,267	6.6%	3.7%
IN	1663.2	52.6	2,383,304	13,761	35,401.5	204.4	832	172,739	7.2%	6.0%
KS	1853.2	20.6	764,498	8,731	26,241.5	299.7	775	67,517	8.8%	8.9%
KY	1403.9	25.0	1,075,447	9,401	24,071.7	210.4	556	88,095	9.1%	5.9%
LA	[illegible]	113.6	2,235,768	12,913	48,093.5	277.8	464	234,797	10.5%	3.6%
MA	1967.0	131.1	3,475,204	50,163	50,409.1	727.8	343	166,880	4.8%	0.7%
MD	2007.3	64.6	2,707,223	18,141	44,779.5	300.1	583	192,791	7.1%	3.2%
ME	386.4	10.5	293,069	4,311	21,802.3	320.7	22	5,610	1.9%	0.5%
MI	1304.1	70.0	3,657,935	29,038	36,627.5	290.8	857	180,466	4.9%	3.0%
MN	1641.8	36.3	2,119,055	17,847	37,514.3	316.5	1,282	132,471	6.3%	7.2%
MO	1883.1	30.4	1,060,258	7,669	17,275.3	125.0	690	79,795	7.5%	9.0%
MS	[illegible]	96.1	623,021	2,012	20,933.8	67.6	147	72,254	11.6%	7.3%
MT	1026.1	15.3	308,307	2,154	28,846.7	201.5	243	16,941	5.5%	11.3%
NC	1883.2	31.6	2,707,533	27,477	25,818.2	262.0	1,569	234,829	8.7%	5.7%
ND	[illegible]	26.7	629,381	7,998	82,589.2	1,044.3	729	24,987	4.0%	9.2%

State/ Territory	Cases/ 100K	Deaths /100K	Total Tests	New Tests	Tot. Tests/ 100K	New Tests/ 100K	New Pos Tests	Total Pos Tests	% Total Pos Tests	% New Pos Tests*
NE	3165.8	23.9	657,298	2,687	33,979.3	154.4	314	77,706	11.8%	10.6%
NH	589.0	32.3	357,886	2,716	26,320.7	199.7	39	13,007	3.6%	1.4%
NJ	2251.4	169.4	2,925,932	13,014	32,941.6	146.5	271	104,324	3.6%	2.1%
NM	1326.2	40.8	747,586	2,637	35,653.2	125.8	63	31,046	4.2%	2.4%
NV	1531.1	52.4	1,009,446	7,937	32,772.6	257.7	533	103,513	16.3%	6.7%
NY	1076.7	46.1	10,339,119	80,852	53,147.7	415.8	825	558,690	5.4%	1.0%
OH	1247.7	39.7	2,898,316	29,566	24,795.0	252.9	725	157,191	5.4%	2.5%
OK	2214.3	24.7	601,258	3,670	15,194.9	92.7	292	49,081	8.2%	8.0%
OR	747.2	12.7	1,059,850	7,873	25,128.4	186.7	376	41,995	4.0%	4.8%
PA	1184.1	62.6	3,123,279	25,616	24,396.8	200.1	947	204,149	6.5%	3.7%
RI	3274.1	103.9	706,579	8,234	66,698.6	777.3	138	33,952	4.8%	1.7%
SC	1799.2	63.8	1,097,315	9,152	21,312.4	177.8	707	180,648	16.5%	7.7%
SD	3175.0	22.9	194,395	2,333	21,974.0	263.7	362	13,028	6.7%	15.5%
TN	2794.8	33.4	2,723,774	8,157	39,884.4	119.4	585	258,042	9.5%	7.2%
TX	2495.3	52.2	6,563,614	38,648	22,636.4	133.3	1,619	999,964	15.2%	4.2%
UT	2057.6	14.0	1,278,825	8,467	39,809.0	264.1	1,059	107,576	8.4%	12.5%
VA	1674.0	36.3	2,052,206	12,676	24,043.1	148.5	662	240,326	11.7%	5.2%
VT	274.8	9.3	272,357	4,585	43,647.7	734.8	3	2,717	1.0%	0.1%
WA	1104.0	27.5	1,488,744	10,375	19,550.4	136.2	325	77,986	5.2%	3.1%
WI	1897.8	21.7	2,424,544	23,690	41,641.4	406.9	2,511	140,938	5.8%	10.6%
WV	796.5	17.6	589,771	2,815	32,908.6	157.1	133	23,091	3.9%	4.7%
WY	868.2	8.5	172,942	3,830	29,881.5	661.8	65	5,152	3.0%	1.7%
CNMI	121.3	3.5								
DC	4134.4	86.4	377,002	3,267	53,416.7	462.9	38	19,129	5.1%	1.2%
GU	1321.1	22.3	38,762	94	23,383.3	56.7	41	2,027	5.2%	43.6%
PR	1335.1	19.3	154,196	36	4,828.1	1.1	1	4,619	3.0%	2.8%
USVI	1220.9	18.2	21,933	163	20,952.4	155.7	14	1,292	5.3%	8.6%

This table also summarizes official CDC US case counts for COVID-19, reviewed and validated by states and territories, posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). Sources: CDC DCIPHER, HHS Protect, US Census Bureau. ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

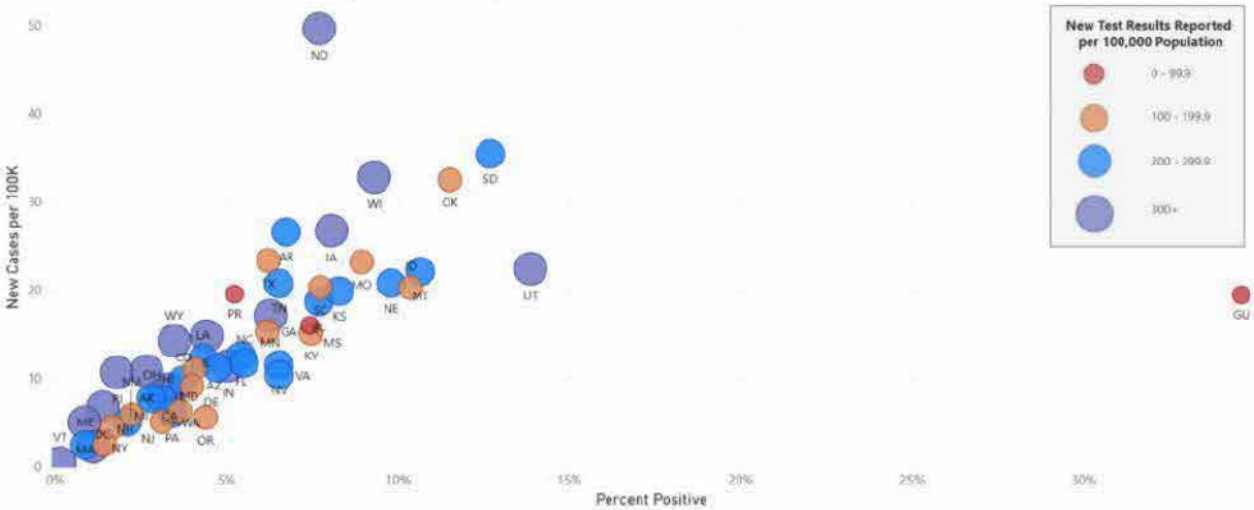
Comparison New Cases per 100k Population and Percent Positive Test Results, Last 7-Days

Data 16 Sep 2020 – 22 Sep 2020 *Updated: 25 Sep 2020, 11:30*

Source: HHS Protect

Seven-Day Average of New COVID-19 Cases Per 100K by Seven-Day Average of New Percentage of Positive Test Results* -- US States, Territories, & DC

16-Sep-20 DATA FROM | 22-Sep-20 DATA AS OF | 25-Sep-20 LAST UPDATED



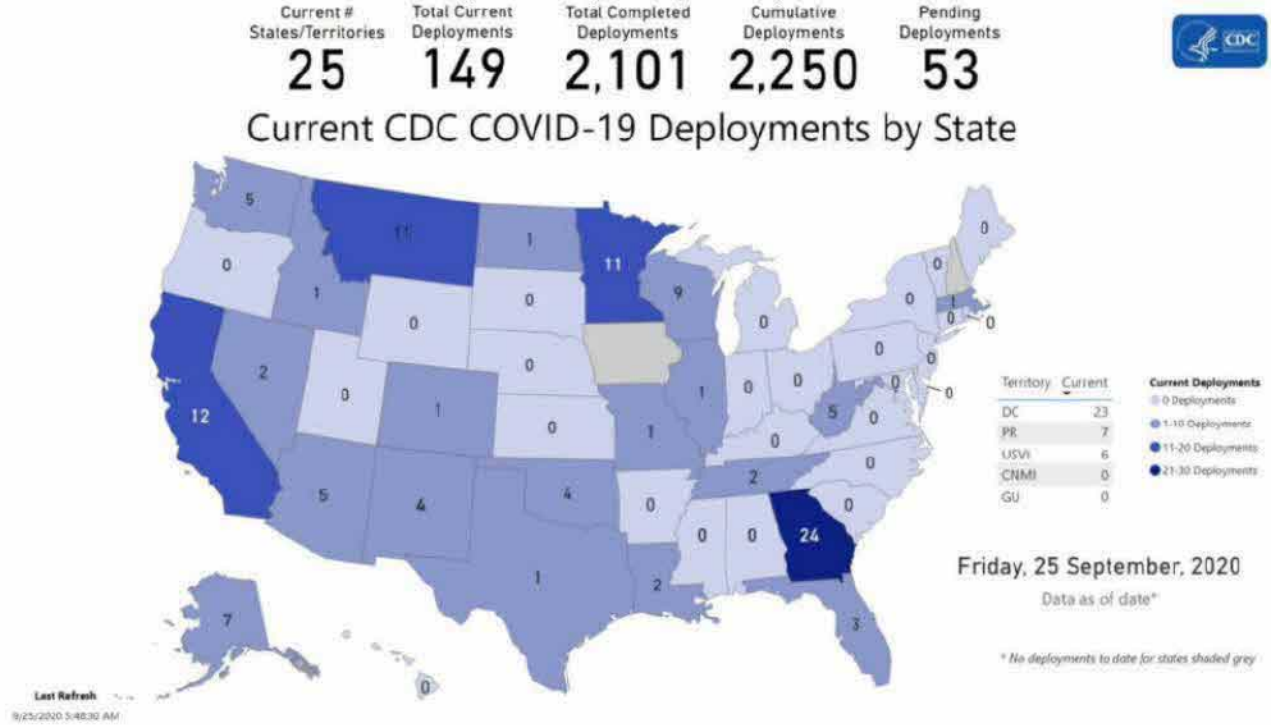
** Includes data through the most recent date for which all jurisdictions have reported laboratory data via HHS Protect (see Data As Of date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Figure represents official CDC US case counts for COVID-19, including both confirmed and probable cases, reviewed and validated by states and territories and posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). New test results reported per 100,000 population is based on a seven-day moving average. Laboratory Data unavailable for American Samoa, Commonwealth of Northern Mariana Islands, Palau, and Federated States of Micronesia.* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

Deployments

CDC COVID-19 Domestic Deployments[32]

Data as of 25 Sep 2020 *Last Updated 25 Sep 2020, 5:48*

Source: CDC Personnel Workforce Management System (PWMS)



Health Department and High-Risk Setting Deployments[33, 34]

As of 25 Sep 2020, 09:00 unless otherwise indicated

Teams: 47 teams *Deployers: 119 deployers*

Summary of Health Department Support Teams[35]

Team Description	No. Teams	No. Staff
Currently Deployed	**47**	**119**
Field[36]	42	94
Remote	5	25
Returned[37]	**273**	**1,269**
Field	243	1,114
Remote	85	217
Cumulative[38]	**315**	**1,388**
Field	285	1,208
Remote	105	242

[32] A single person may have multiple deployments over time. Data in PWMS is from the previous day.
[33] Field Staff and Remote Staff counts are current number of deployed staff of each type.
[34] These data represent deployed CDC field teams focusing on supporting health departments in state, tribal, local, and territorial jurisdictions. These health department deployments are a subset of the deployments represented in the graphic above. Each team aligns to a specific mission. The number of deployed staff per team may fluctuate throughout each mission. These data come from CDC Health Department Task Force records of teams deployed since 03 Apr 2020.
[35] Field and remote staff may not sum to total because some teams or individuals could provide both field and remote support.
[36] Includes 4 teams with both field and remote staff.
[37] Includes 55 teams with both field and remote staff.
[38] Includes 70 teams with both field and remote staff.

Subset of Deployment Teams with Work in High Risk Settings[39]

High Risk Setting	Number of Teams		
	Currently Deployed	Returned	Total
Department of Corrections / Prisons	3	12	15
Early Childhood Education	1	0	1
Food Industry	2	25	27
Homeless Pop	4	9	13
Institutes of Higher Education	3	6	9
K-12 Schools	5	11	16
Long-Term Care Facilities	5	58	63
Total	**15**	**107**	**122**

Team and Staff Counts by Team Category

	No. Teams	No Staff
Currently Deployed	**47**	**119**
Outbreak Response	6	24
State Support	23	40
Study/Trial	5	27
Tribal Support	13	28

Health Department Support Deployments by Mission

Team ID	HHS Region	County	Start Date	End Date[40]	Current Staff	HHS CRAFT Team	Mission
AK-2	10	Anchorage	2-Apr-20	31-Dec-20	3	No	Provide case and contact investigation support to the Alaska state Department of Health for outbreak investigation a long-term care facility.
AK-5	10	Anchorage	16-Sep-20	15-Oct-20	1	No	Develop an electronic outbreak inventory tool-Standardized way to summarize and characterize outbreaks
AK-6	10	Anchorage	11-Sep-20	30-Sep-20	3	No	Provide epidemiological support for Alaska Department of Health and Social Services' response to a large and ongoing COVID-19 outbreak among persons experiencing homelessness (PEH) in Anchorage, AK.
CA-3	9	San Diego; Imperial	2-Jun-20	30-Sep-20	2	No	Develop and implement a border health plan to reduce the transmission of COVID at the U.S. border in partnership with San Diego and Imperial counties. Conduct epidemiological investigation of COVID-19 transmission at a meat processing plant. Provide direct assistance and administrative support to infection prevention nurse at the local hospital.
CA-4	9	San Francisco	27-May-20	30-Sep-20	1	No	Develop an early warning surveillance system to monitor disease transmission among vulnerable populations, low-income communities, mass transportation users, workforce, and schools.
CA-12	9	TBD	20-Sep-20	5-Oct-20	1	No	TBD
CO-5	8	Adams; Arapahoe; Denver	15-Sep-20	12-Oct-20	1	No	Provide oversite and coordination for planned epidemiologic investigation to evaluate the sensitivity, utility, and acceptability of self-collected nasal and saliva specimens for SARS-CoV-2 testing during community universal testing events, as compared with healthcare professional nasopharyngeal specimens
Crow-1	8	Yellowstone ; Treasure; Big Horn	10-Aug-20	27-Oct-20	5	No	The Crow Nation Team will provide focused technical assistance and training in the following workstreams: 1. ICS Structure 2. Messaging and Health Communications 3. Contact Tracing Support and Guidance4. Epidemiology and Surveillance Support/Data Coordination and Analysis5. Community Mitigation Plan6. IPC for Traditional Practices

[39] Total may differ from calculated sum in table due to some teams working in multiple high-risk settings.
[40] Represents projected date the deployment will end.

Team ID	HHS Region	County	Start Date	End Date[40]	Current Staff	HHS CRAFT Team	Mission
DC-5	3	District of Columbia	27-Aug-20	25-Oct-20	1	No	DC Health is collecting employee data on COVID-19 cases from all healthcare facility employers including hospitals, nursing homes, outpatient facilities, and group homes, ambulatory surgical centers, dentists, and others. Data is being reported to DC, but the health department does not have the staff to manage and analyze this data. DC Health has asked for a deployment of one officer to deploy for potentially two months to set up this data system, perform data analysis, and set up automated reporting or train someone at DC Health to do future analyses. Remote deployment is not preferred due to
GA-6	4	Hall	14-Jul-20	30-Sep-20	1	No	Conduct epidemiological investigation of summer camp in Georgia's Hall County. Characterize secondary transmission from staff-staff, staff-campers, campers-campers, campers-household, particularly looking for differences by age, underlying conditions, exposure-risks, etc. Describe preventive/protective measures put in place by camp and by individuals. Describe characteristics of population, including demographic, clinical, exposures, and results of SARS-CoV-2 testing. Compare exposures between infected and healthy campers and staff.
GA-8	4	DeKalb; Fulton	4-Aug-20	3-Oct-20	8	No	Identify patients with COVID-19 among dialysis facilities in the state of Georgia; enroll consenting patients in the COVID-R dialysis project. Follow up with patients to obtain specimen and complete questionnaires. Follow up will occur over a period of 42 days: every 3 days during the first 21 days after enrollment and weekly after the first 21 days.
GA-10	4	Fulton	11-Aug-20	31-Oct-20	11	No	To evaluate the performance of self-collected specimens with nasopharyngeal swabs collected by healthcare personnel in diagnosis of SARS-CoV-2
GA-12	4	Fulton	10-Sep-20	7-Oct-20	6	No	Implement phone-based school surveys to collect aggregated data on school-associated cases and clusters weekly. Analyze surveillance data for school-associated COVID-19 cases and clusters. Plan and conduct investigations in schools with and without COVID-19 cases identified among students, teachers and staff to assess level of adherence to and impact of mitigation measures adopted by the select schools.
HI-1	9	Hawaii; Kauai; Maui; Honolulu	24-Aug-20	13-Oct-20	0	No	Provide Infection Prevention and Control support to the Hawaii Department of Health (HDOH).
Hoopa Valley-1	9	Humboldt	23-Aug-20	2-Oct-20	2	No	Enhance the Hoopa Valley Tribe's ability to response to COVID-19 by strengthening the EOC and community mitigation and infection control.
IHS ABQ-1		Cibola	16-Aug-20	14-Oct-20	1	No	Incident Command (ICS): IHS Albuquerque Area Office is requesting a 30-day deployment of a staff member that may serve in the IHS Albuquerque Area's Incident Command System (ICS) Team under the Command Staff position's "Safety/Infection Prevention Officer" CDR Jeff Conner.
IHS SBT-1	10	Bingham; Bannock	13-Aug-20	29-Oct-20	1	No	Provide onsite technical assistance to stand up an incident command center, identify protocols, procedures, relationship coordination and agreements necessary and appropriate for the COVID-19 response to support the following activities:1. Provide recommendations to the Fort Hall IHS Service Center/Shoshone-Bannock Tribes to coordinate the tribe's response to COVID-19 through fully standing-up an Incident Command office, which would include identifying duties, relationships between entities such as counties, state and health care provider(s)
IL-1	5	Sangamon	5-Apr-20	10-Oct-21	0	No	Provide epidemiological support to state health department for the COVID-19 response.
LA-9	6	Jefferson Davis; East Baton Rouge; St. Landry; St. Martin; Livingston	9-Aug-20	10-Oct-20	2	No	Provide infection prevention and control support at correctional facilities. Develop guidance, protocols, and tools for state epidemiologists and health care workers on contact tracing. Share existing guidance, protocols, and tools from CDC.

Team ID	HHS Region	County	Start Date	End Date[40]	Current Staff	HHS CRAFT Team	Mission
LAC-3	9	Los Angeles	20-Jul-20	15-Nov-20	0	No	Provide guidance and assessment related to infection prevention and control issues to Los Angeles County.
LAC-5	9	Los Angeles	20-Sep-20	2-Oct-20	4	No	Investigate outbreak of novel MDROs and intersection with COVID. Possible connection with IPC practices like possible conservation of PPE for fear that there may be a future shortage.
Miwok-1	9	TBD	13-Sep-20	28-Sep-20	2	No	The primary goal of this project is to enhance the Shingle Springs Band of Miwok Indians Tribe's ability to response to COVID-19.
MN-4	5	Hennepin	10-Aug-20	30-Sep-20	1	No	Perform in-depth analysis of Minnesota Department of Health's COVID-19 prevalence survey data. Provide statistical expertise via remote technical assistance for three weeks.
MO-5	7	Cass; Platte; Clay; Jackson	12-Aug-20	25-Oct-20	3	No	Conduct case investigations, perform and systematize surveillance data entry, provide CDC and health department guidance to community via call center. Partner with and provide direct support to the Kansas City Health Department.
Muscogee Creek-1	6	Okmulgee	12-Aug-20	30-Sep-20	2	No	Response Coordination and ICS Structure. CDC will provide onsite technical assistance to stand up an incident command center, identify protocols, procedures, relationship coordination and agreements necessary and appropriate for the COVID-19 response to support the following activities:1. Provide recommendations to the Muscogee Creek Nation to coordinate the tribe's response to COVID-19 through fully standing-up an Incident Command office, which would include identifying duties, relationships between entities such as counties, state and health care provider(s) and to support the Tribe to opt
Navajo-2	9	Apache; McKinley	3-May-20	6-Oct-20	2	No	Provide epidemiological, contact tracing, and community mitigation support to Navajo Nation, including in schools.
NM-5	6	Santa Fe	19-May-20	8-Oct-20	1	No	Support work related to data collection, collation, and management with respect to data from long term care facilities (LTCFs).
Noorvik-1	10	TBD	21-Sep-20	16-Nov-20	0	No	Assist with the training and startup operations of our planned CI 9 First Responder's Team.
Northern Cheyenne-1	8	TBD	4-Sep-20	5-Nov-20	8	No	Provide technical assistance to Northern Cheyenne to support their COVID activities as it relates to Emergency Reponses and preparedness, case investigation and contact tracing, and Epidemiology and surveillance. Technical assistance on communications, community mitigations ad non-healthcare IPC related to worker safety will also be provided.
NY-3	2	New York	11-May-20	31-Oct-20	1	No	Support the city working with academic institutions, commercial labs, and the two public labs on doing validation of lab-derived tests for massive scale-up of testing
NY-5	2	New York	18-May-20	29-Sep-20	1	No	Provide infection prevention and control guidance at alternate care sites in New York City.
Oglala Sioux-1	8	Sheridan; Jackson; Bennett; Oglala Lakota	22-Jul-20	14-Oct-20	0	No	Conduct outbreak response and contact tracing; provide technical assistance regarding worker safety and infection control and prevention (IPC) measures.
PR-4	2	San Juan	15-Jul-20	31-Jan-21	6	No	Establish a COVID-19 community cohort study with the CDC Dengue Branch laboratory in Puerto Rico.
PR-5	2	San Juan	27-Jul-20	26-Sep-20	1	No	Increase the effectiveness of the Puerto Rico Department of Health's (PRDOH) efforts against the COVID-19 emergency. Serve as expert in clinical epidemiology to direct ongoing surveillance efforts targeting at-high-risk groups including residents of correctional facilities, persons experiencing homelessness, and students and employees of K-12 schools. Advise on clinical questions from local hospitals and healthcare partners.
San Carlos Apache-1	9	Gila	2-Sep-20	9-Oct-20	2	No	To enhance the San Carlos Apache Tribe's ability to respond to COVID-19

Team ID	HHS Region	County	Start Date	End Date[40]	Current Staff	HHS CRAFT Team	Mission
Shawnee-1	6	Ottawa	30-Aug-20	26-Sep-20	2	No	1. Emergency Response (ICS and Preparedness & Planning): a. Assist in setting up Incident Command System (ICS). b. Review and provide comment on plans and procedures (i.e. isolation and quarantine plan).2. Case Investigation and Contact Tracing a. Provide short term staff to fill immediate workforce gaps in contact tracing staff. b. Request staff from CDCF for long-term contact tracing staff. c. Review contact tracing data management system and provide potential support.
Spirit Lake-1	8	TBD	13-Sep-20	30-Oct-20	1	No	Goal 1: Assist the Spirit Lake Tribe in the response to COVID-19 and mitigate the impact of SARS-CoV2.
TX-4	6	Harris	14-Jul-20	10-Dec-20	1	No	Support data analytics, forecasting, and surveillance to better characterize recent transmission and inform response decisions.
TX-12	6	TBD	24-Sep-20	27-Sep-20	1	No	Provide worker safety and health support including inspection of construction sites to vaccine production facilities that are part of Operation Warp Speed. This will include review of workplace illness tracking protocols.
USVI-3	2	St. Thomas; Saint Croix	31-Jul-20	29-Oct-20	4	No	Increase the effectiveness of the USVI Department of Health's efforts against the COVID-19 emergency; support ongoing SARS-CoV-2 epi/surveillance efforts and possibly assist with high risk groups. Provide direct support to the USVI Department of Health Laboratory in SARS-CoV-2 molecular testing, sample receiving, accessioning and data entry. Increase the effectiveness of the USVI Department of Health's efforts against the COVID-19 emergency communications.
USVI-4	2	St. Croix; St. Johns; St. Croix; St. Thomas	31-Aug-20	23-Oct-20	1	No	Provide Spanish and French/creole speaking contact tracers to support the COVID efforts in USVI
USVI-5	2	TBD	23-Sep-20	22-Nov-20	3	No	Increase the effectiveness of the epi/surveillance mission, enhance the capacity of the laboratory mission, and increase the capacity supporting the emergency management of the COVID-19 response.
UT-5	8	Salt Lake	28-Aug-20	30-Nov-20	1	No	Identify protective policies/procedures and gaps in policies/procedures that relate to risk of COVID outbreaks.
WA-10	10	Chelan	13-Sep-20	3-Oct-20	5	No	Characterize the COVID-19 pandemic in the Hispanic population of the counties to inform pandemic control measures for this population. Conduct detailed epidemiologic assessment of Hispanic case-patients, including person, place and time, probable source of infection, pattern of contacts and secondary transmission, risk factors and behaviors. Conduct a population-based survey of the Hispanic community to estimate the prevalence of knowledge, attitudes and practices relevant to infection transmission and control.
WI-8	5	Dane	30-Aug-20	2-Oct-20	1	No	Investigate COVID transmission on college campus setting including prevalence, transmission risk factors, effective mitigation factors and validation of saliva-based antibody testing.
WI-11	5	TBD	18-Sep-20	26-Oct-20	9	No	Assist WI DHS and UW-Madison with outbreak response activities on campus, specifically in residents in 2+ dorms with major COVID-19 outbreaks.
WV-2	3	Monongalia County	23-Jul-20	9-Dec-20	6	No	Conduct case investigation and contact tracing to rapidly detect COVID-19 and any evidence of human-to-human transmission among contacts. Identify conditions that would propagate disease transmission in a community leading to cluster or outbreak investigations. Reduce human-to-human transmission, prevent outbreaks, and delay the spread of disease.

International Updates

WHO Epidemiological Update

WHO Global Cases and Deaths

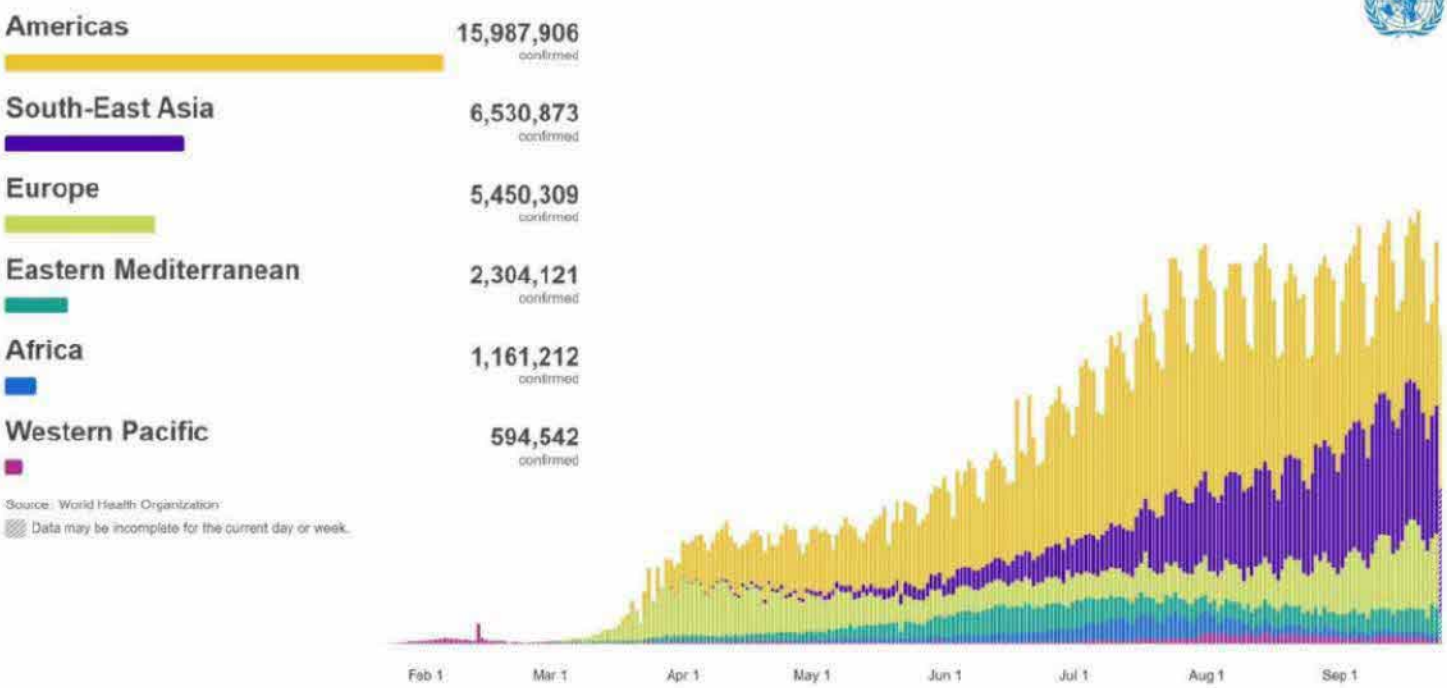
Data: 23 Jan 2020 – 25 Sep 2020 Last Updated: 25 Sep 2020 10:34 CEST
Source: WHO Coronavirus Disease (COVID-19) Dashboard

WHO Coronavirus Disease (COVID-19) Dashboard
Global Cases and Deaths
Data Last Updated: 25 Sep 2020, 10:34 CEST

Cases		Deaths	
Cumulative Total	**Newly Reported Last 24 Hours**	**Cumulative Total**	**Newly Reported Last 24 Hours**
32,029,704	291,625	979,212	6,430

Global Epidemic Curve of Confirmed COVID-19 Cases by Date of Report and WHO Region

Data: 23 Jan 2020 – 25 Sep 2020 Last Updated: 25 Sep 2020 10:34 CEST
Source: WHO Coronavirus Disease (COVID-19) Dashboard

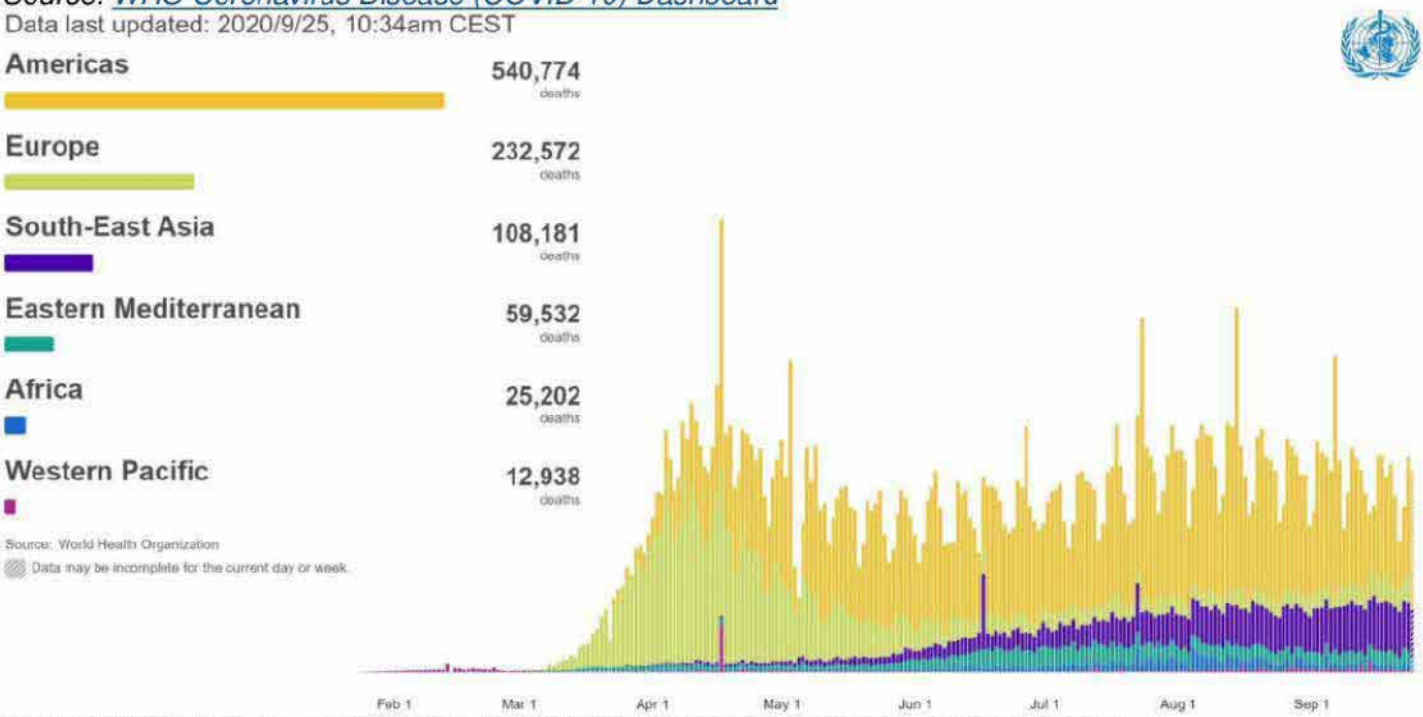


Global Epidemic Curve of Confirmed COVID-19 Deaths by Date of Report and WHO Region

Data: 23 Jan 2020 – 25 Sep 2020 Last Updated: 25 Sep 2020 10:34 CEST

Source: WHO Coronavirus Disease (COVID-19) Dashboard

Data last updated: 2020/9/25, 10:34am CEST



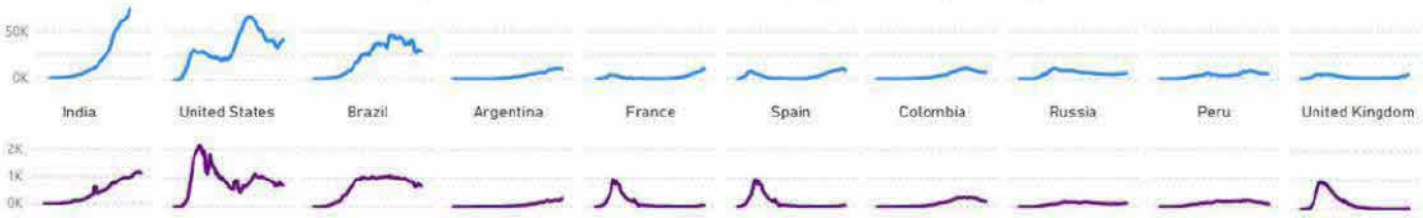
New COVID-19 Cases and Deaths by Country Last 7-Days (Count and Incidence)

New COVID-19 Deaths by 7-Day Average and Incidence*

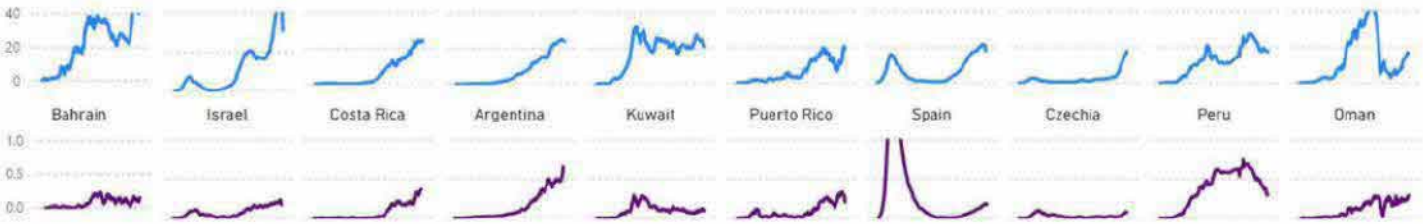
03-Jan-20 | 24-Sep-20 | 25-Sep-20

DATA FROM** DATA THROUGH LAST UPDATED

New COVID-19 Cases and Deaths - Top 10 Countries and Territories by Highest 7-Day Average



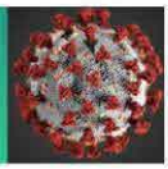
New COVID-19 Cases and Deaths per 100K - Top 10 Countries and Territories by Highest 7-Day Average per 100K Population^



* Based on a seven-day average of cases and deaths respectively. Seven-day average excludes country-specific outliers exceeding a threshold of six standard deviations from the mean. Data shown starting 08 Mar 2020 CET - Geneva local time. WHO reports data from territories separately from their related countries. **Graphs show data starting 08 Mar 2020. ^Excluding countries with fewer than 10,000 total cases. Data source: WHO Coronavirus disease (COVID-2019) dataset (https://covid19.who.int/WHO-COVID-19-global-data.csv).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

COVID-19 Science Update



From the Office of the Chief Medical Officer, CDC COVID-19 Response, and the CDC Library, Atlanta, GA.
Intended for use by public health professionals responding to the COVID-19 pandemic.

***** Available on-line at https://www.cdc.gov/library/covid19 *****

Epidemiology

PEER-REVIEWED

Association of daily wear of eyeglasses with susceptibility to coronavirus disease 2019 infection. Zeng *et al.* JAMA Ophthalmology (September 16, 2020).

Key findings:

- A review of 276 COVID-19 patients found 16 (5.8%; 95% CI, 3.04% – 8.55%) wore glasses.
- The prevalence of SARS-CoV-2 infection for people who wear glasses (5.8%) was lower than the population prevalence described in a previous study (31.5%).
- Underlying diseases as well as COVID-19 symptoms and severity were not significantly different between patients who did and did not wear eyeglasses.

Methods: Cross-sectional evaluation of 276 hospitalized patients with SARS-CoV-2 infection in Suizhou, China between January 27 and March 13, 2020. The proportion of hospitalized persons who wore eyeglasses for more than 8 hours a day (wearing glasses for an extended period) were compared with the regional proportion of people with myopia from a 1985 study of 7 to 22-year-old students who by 2020 comprised an age-matched comparison cohort. *Limitations*: Single center study with small sample size; comparison to previous study of youth rather than a contemporary age-matched comparison group.

Implications: Whether SARS-CoV-2 is transmitted through the ocular route and what protective measures are needed remain a source of debate. This study suggests eyeglasses may provide some protection, however, as noted in an accompanying editorial, caution is needed as association may not imply causation, and additional data are needed to confirm this finding.

Case-control study of use of personal protective measures and risk for severe acute respiratory syndrome coronavirus 2 infection, Thailand. Doung-ngern *et al.* Emerging Infectious Diseases (September 14, 2020).

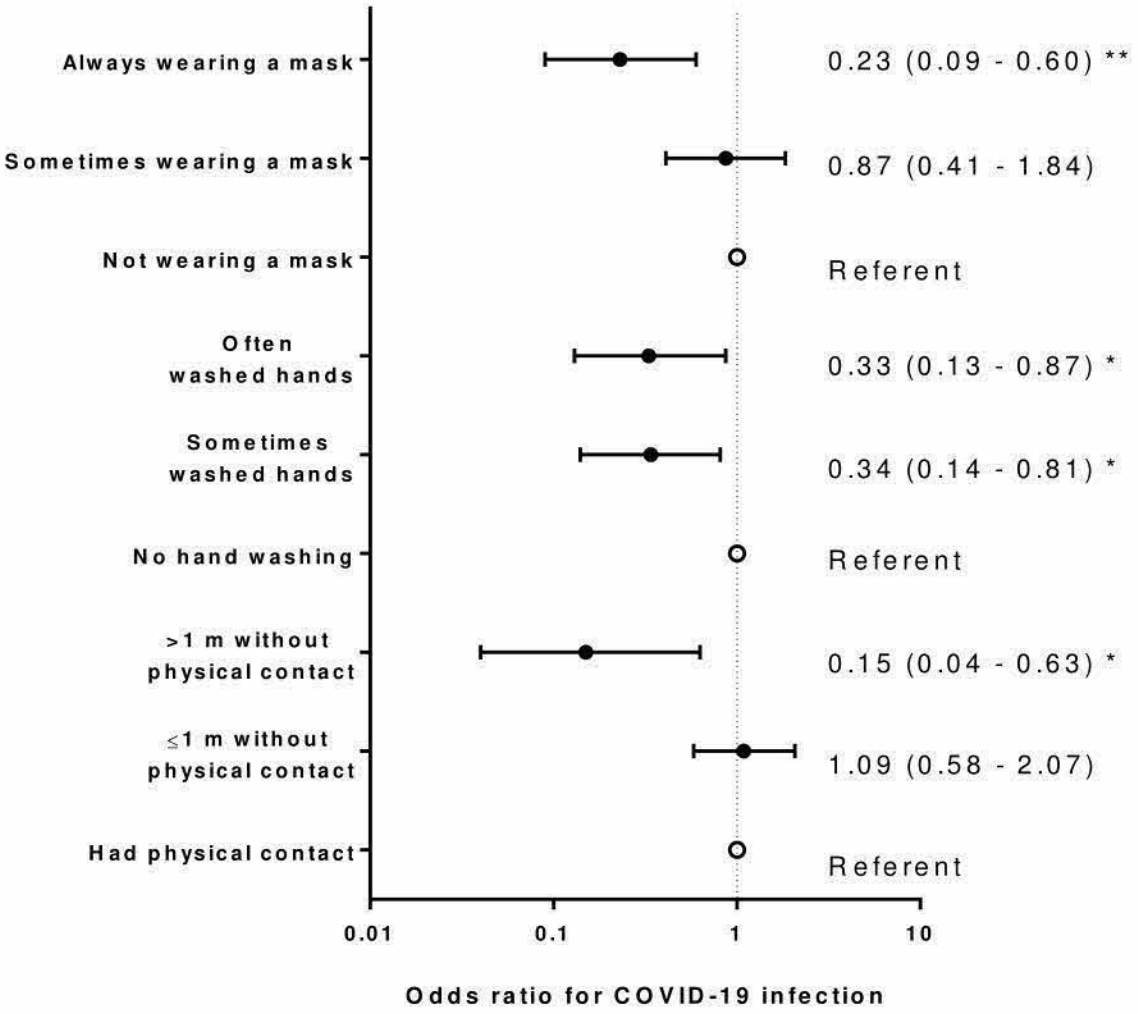
Key findings:

- Among 1,050 persons in three clusters, 211 (20.1%) tested positive for SARS-CoV-2 and were classified as cases, while 839 (79.9%) never tested positive and were classified as controls (Figure).
- Multivariate analysis showed low odds ratios for developing COVID-19 among those who maintained ≥1m distance from a contact (adjusted OR 0.15, 95% CI 0.04 – 0.63) and who frequently washed their hands (aOR 0.33, 95% CI 0.13 – 0.87) (Figure).
    - Always wearing a mask was more protective than sometimes wearing a mask (aOR 0.23, 95% CI 0.09 – 0.60 vs aOR 0.78, 95% CI 0.41 – 1.84, respectively).

Methods: A retrospective case-control study of 1,050 asymptomatic people in 3 large COVID-19 clusters in Thailand between March and April 2020. People who had contact with COVID-19 index patients were questioned on mask wearing, social distancing, and hand hygiene. *Limitations*: Analysis from three settings might not be generalizable; estimated odds ratios were based on reported contact with the primary index case and did not evaluate the probability of having contact with other infected individuals; only 89% of defined controls were tested and the remainder could have been positive and confounded results.

Implications: This analysis supports recommendations for consistent and correct mask-wearing, proper social distancing and hand washing to lower risk of SARS-CoV-2 infection.

Figure:



Note: Adapted from Doung-ngern *et al*. Adjusted odds ratios for factors associated with SARS-CoV-2 infection among persons identified through contact tracing in Thailand, March – April 2020. ** p-value <0.01, * p-value<0.05. Open access journal; all content freely available.

Epidemiological and clinical findings of short-term recurrence of SARS-CoV-2 RNA PCR positivity in 1282 discharged COVID-19 cases: A multi-center, retrospective, observational study. Chen *et al.* Open Forum Infectious Diseases (September 13, 2020).

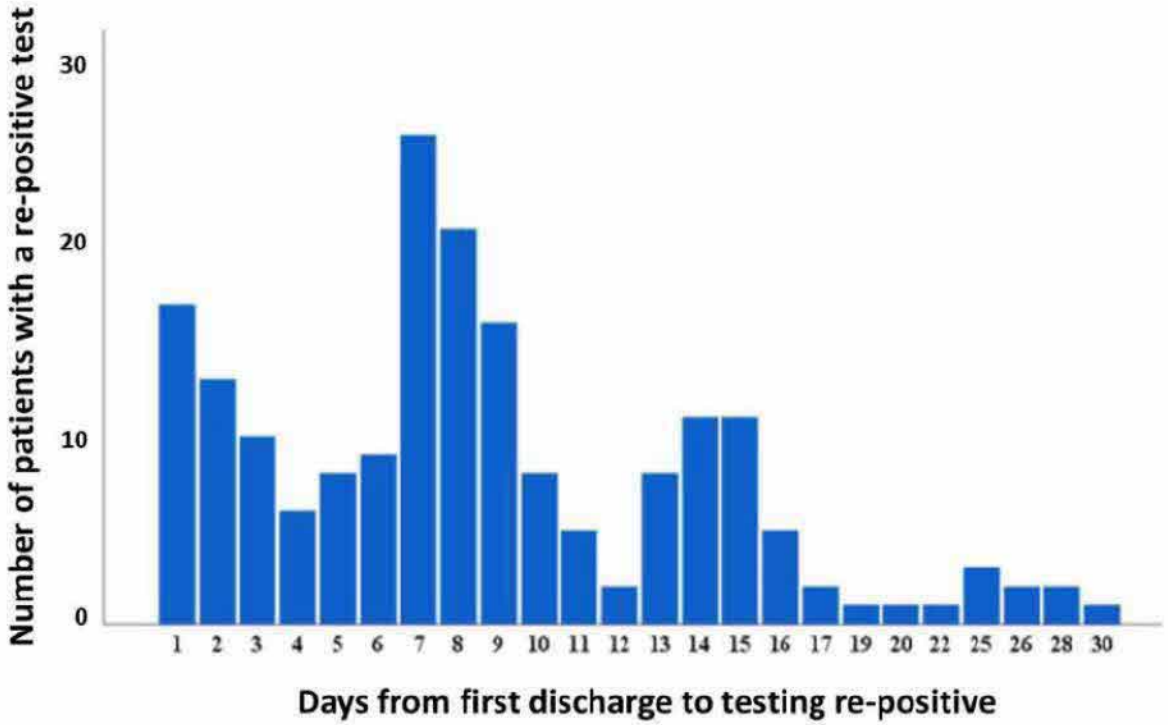
Key findings:

- 189 (14.7%) discharged patients re-tested positive for SARS-CoV-2 RNA.
  - 90.5% tested re-positive within 15 days of discharge (Figure 1).
  - Compared with patients who did not test re-positive, re-positive patients were more likely to be <40 years (63.5% vs 40.4%), had more moderate symptoms initially (95.8% vs 84.4%, p <0.001), were less likely to report comorbidities (11.1% vs 22.7%, p <0.001), and had shorter median length of primary hospitalization (17 days vs 19 days, p = 0.013).
- Most patients (80.4%) were readmitted only because of a positive test and had no symptoms.
  - 87.8% of re-positive patients had a negative test following the re-positive test within 20 days of hospital readmission (median 8 days) (Figure 2).
- No close contacts of re-positive patients developed symptoms and all tested negative for SARS-CoV-2.

Methods: Retrospective observational study of 1,282 COVID-19 patients discharged from 32 hospitals in China between January 14 and March 10, 2020 and followed for 28 days. All COVID-19 patients were discharged after 2 consecutive negative RT-PCR tests and thereafter tested at least weekly and reported symptoms daily, per provincial policy. *Limitations*: Viral genotyping was not conducted; the small number of close contacts may not be enough to look at risk of transmission from re-positive patients.

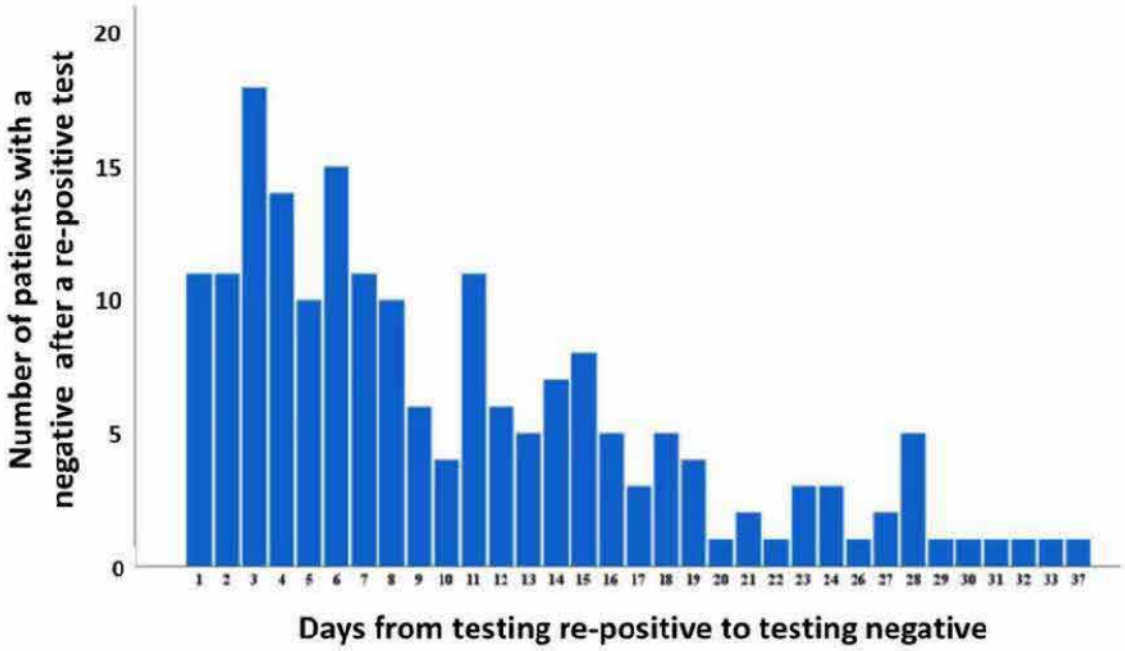
Implications: This study suggests that short-term recurrence of detectable SARS-CoV-2 RNA in discharged patients is not a relapse of COVID-19 and risk of ongoing transmission was not demonstrated.

Figure 1



Note: Adapted from Chen *et al.* Number of patients with a re-positive test for SARS-CoV-2 by the number of days after hospital discharge (n = 189). Licensed under CC BY-NC-ND.

Figure 2



Note: Adapted from Chen *et al*. Number of patients who had a negative test after a re-positive test in days (n = 188). Licensed under CC BY-NC-ND.

Modeling & Transmission

PEER-REVIEWED

Projected health-care resource needs for an effective response to COVID-19 in 73 low-income and middle-income countries: A modelling study. Tan-Torres Edejer *et al*. Lancet Global Health (September 9, 2020).

Key findings:

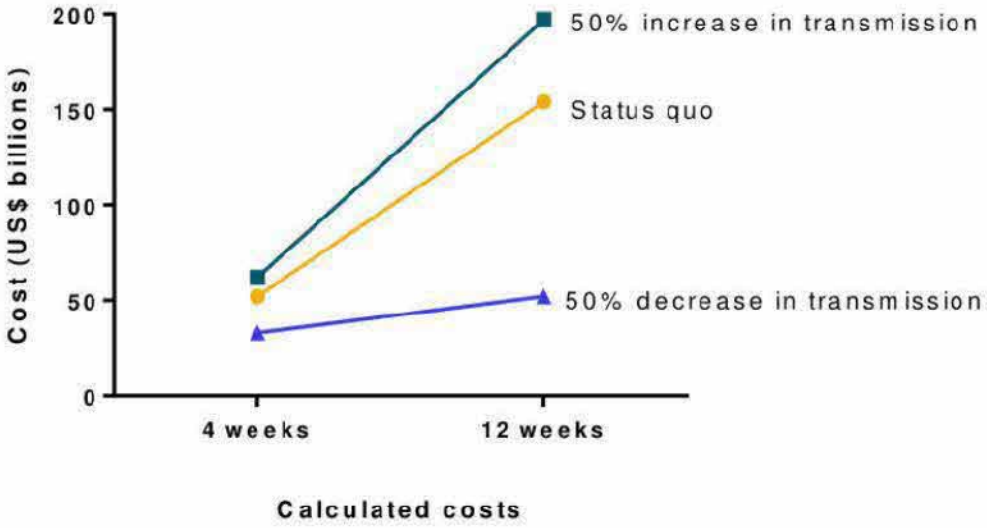
- In a model exercise, investigators found the main cost drivers for an effective COVID-19 response were case management (52%), maintaining essential services (21%), rapid response and case investigation (14%), and infection prevention and control (9%).
- Total healthcare cost estimates at baseline for 4 weeks was $52 billion (US$) for the status quo scenario, $33 billion for 50% decrease in transmission scenario, and $62 billion for the 50% increase in transmission scenario (Figure).
- At 12 weeks, under the 50% reduction in transmission scenario, costs were projected to be equivalent to the 4-week status quo scenario costs.
    - Under the status quo or increasing transmission scenarios, costs were projected to triple the 4-week costs (Figure).

Methods: Cost analysis model of COVID-19 strategic preparedness and response costs in 73 low and middle-income countries at two time periods: baseline for 4 weeks (June, 2020 to July, 2020) and 12 weeks (July, 2020 to September, 2020) under 3 scenarios regarding transmission (status quo, 50% increase, 50% decrease). Costs included costs for laboratories and health facilities, personal protective equipment, diagnostic supplies, pharmaceuticals, and labor costs. *Limitations:* Only costs borne by healthcare sector were included; costs for

quarantine and isolation for mild to moderate COVID-19 cases not included; sensitivity analyses were limited to 50% changes in transmission.

Implications: COVID-19 response costs quickly escalate if public health measures are relaxed and transmission increases. Public health measures to reduce transmission can reduce these future costs to sustain the response. Costs for case management services were the biggest drivers of COVID-19 response costs in low- and middle-income countries.

Figure:



Note: Adapted from Tan-Torres Edejer *et al.* Calculated cost estimates for a COVID-19 response in billions of US dollars for low- and middle-income countries. Costs were estimated for three scenarios: **status quo**, **+50% transmission**, and **-50% transmission** at 4 and 12 weeks. Licensed under CC-BY-NC-ND.

Diabetes-related COVID-19 Mortality

Early in the pandemic diabetes was recognized as a risk for poor COVID-19 outcomes. Below we present two studies that describe COVID-19-related mortality rates stratified by type of diabetes in England.

PEER-REVIEWED

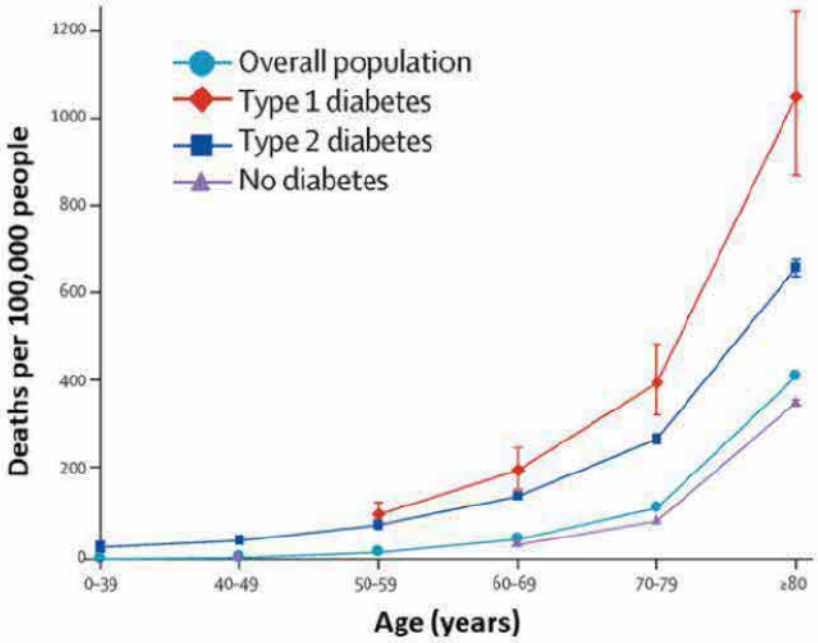
A. **Associations of type 1 and type 2 diabetes with COVID-19 related mortality in England: A whole-population study.** Barron *et al.* Lancet Diabetes & Endocrinology (August 13, 2020).

Key findings:

- Persons with diabetes comprise 5.2% of the population in England but comprised 33.6% (7,867/23,698) of all COVID-19 deaths.
- Both type 1 and type 2 diabetes were independently associated with increased odds of COVID-19 death after adjusting for age, sex, ethnicity, socioeconomic status, and region: type 1 diabetes adjusted OR 3.51 (95% CI 3.16 – 3.90), type 2 diabetes aOR 2.03 (95% CI 1.97 – 2.09).
- There was a strong association between death and age; this effect was more pronounced among those with type 1 diabetes compared with type 2 diabetes (Figure).

Methods: Whole-population study looking at risk of COVID-19-related in-hospital death associated with diabetes status in the England from March 1 to May 11, 2020 in all individuals registered with a general practice. *Limitations*: Because the outcome was in-hospital death, the association of diabetes with COVID-19 mortality was likely underestimated.

Figure:



Note: Adapted from Barron *et al.* Unadjusted in-hospital COVID-19 mortality rates, March 1 to May 11, 2020, for the **Overall population**, **Type 1 diabetes**, **Type 2 diabetes**, and **No diabetes**. Whisker bars show 95% CIs. Data for age groups 0 – 39 years and 40 – 49 years for type 1 diabetes and 0 – 39 years and 50 – 59 years for no diabetes were excluded because of small numbers of events (one to four), to comply with data protection regulations. Permission request in process.

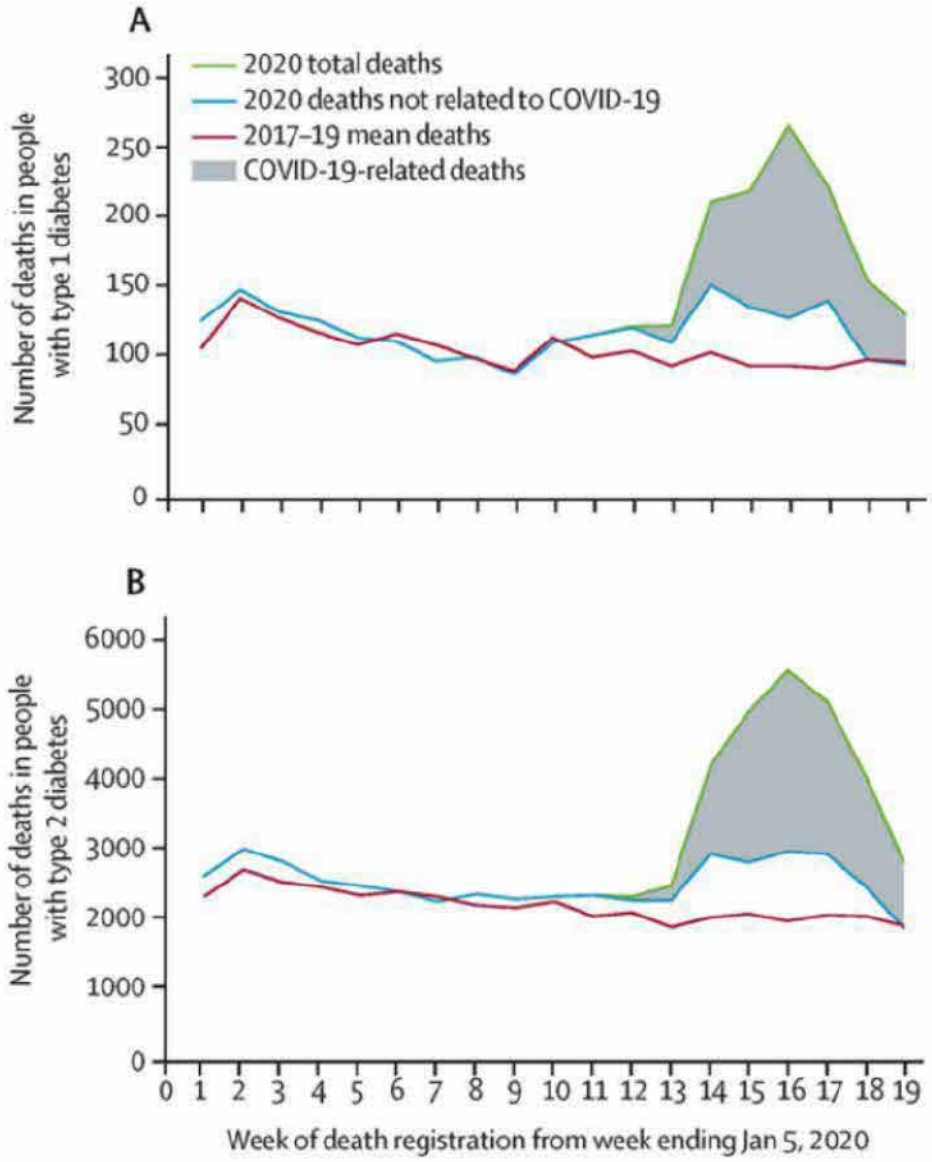
B. Risk factors for COVID-19-related mortality in people with type 1 and type 2 diabetes in England: A population-based cohort study. Holman *et al.* Lancet Diabetes & Endocrinology (August 13, 2020).

Key findings:

- During early 2020, the number of deaths among persons with type 1 and type 2 diabetes increased by 50.9% and 64.3% respectively, compared with the mean number of deaths during the previous three years for that period (Figure 1).
    - There were 464 (69%) additional deaths in persons with type 1 diabetes and 10,525 (65.5%) additional deaths in persons with type 2 diabetes listed as COVID-19-related.
- Factors identified that increased risk for mortality included BMI, renal function, and blood sugar control.

Methods: Population-based cohort study and survival analysis among people with diabetes registered in 6,774 general practices, from January 2, 2017, to May 11, 2020. The weekly number of deaths among persons with diabetes was calculated for the first 19 weeks of 2020 and compared to the same time period in 2017, 2018, and 2019. During the 2020 study period, potential risk factors for COVID-19-related deaths were examined. *Limitations*: Possible under-recognition of COVID-19-related mortality; cohort in this study may be part of Barron *et al.* study, summarized above.

Figure 1



Note: From Holman *et al.* Weekly numbers of deaths registered from week 1 to week 19 in people with type 1 (**A**) and type 2 (**B**) diabetes in England, **mean deaths from 2017–19** and 2020. Deaths in 2020 are stratified into **deaths not related to COVID-19** and **total deaths**. Note different scale on y axes for the 2 graphs. Permission request in process.

Implications for 2 studies (Barron *et al.* & Holman *et al.*): During the COVID-19 pandemic, diabetes has been associated with increased risk for death with mortality largely attributable to COVID-19. However, rates of non-COVID-19 mortality for diabetics have also increased, possibly due to avoidance of care, other demographic and social factors in diabetic patients or under-recognition of contribution of COVID-19 as a cause of death. As discussed in COVID-19 and diabetes: a co-conspiracy, poor blood sugar control impairs host immunity and has been associated with infections in general and worse outcomes with COVID-19. Supporting people with diabetes in effective self-management during the pandemic is an important measure to aid in mitigating the effects of SARS-CoV-2 infection.

Clinical Treatment & Management

PEER-REVIEWED

Pediatric lung imaging features of COVID-19: A systematic review and meta-analysis. Nino *et al*. Pediatric Pulmonology (September 14, 2020).

Key findings:

- 35.7% of pediatric COVID-19 patients had normal chest CT scans.
- Most common chest CT findings in pediatric COVID-19 patients were ground-glass opacities 37.2%, (95% CI 29.3% – 45%), pneumonic infiltrates or consolidations 22.3%, (95% CI 17.8% – 26.9%), and bilateral involvement 27.7% (95% CI 19.9% – 35.6%) (Table).
- Typical lung imaging features of viral infections in the pediatric population, such as perihilar markings and hyperinflation, were not present in pediatric COVID-19 patients.

Methods: A meta-analysis of 29 studies including 1,026 children 0-18 years with RT-PCR-confirmed SARS-CoV-2 to obtain the pooled chest CT scan features. *Limitations*: Variation in CT reporting practices could have influenced results; only one database was included in the systematic search limiting the inclusion of international studies; a risk-of-bias assessment was not done; authors did not describe methods for data transformation or synthesis.

Implications: CT scan abnormalities in the pediatric COVID-19 population are distinct from typical lung images of viral respiratory infections. When compared with adults, children with COVID-19 had greater variability in CT findings and more commonly had normal chest CT scans.

Table:

	Children with COVID-19 (n = 1,026)	Adults with COVID-19 (n = 4,121)	Adults with COVID-19 (n = 2,738)
Normal lung imaging (%)	35.7	8.4	10.24
Bilateral compromise (%)	27.7	73.8	78.2
Ground-glass opacities (%)	37.2	68.1	83.3
Consolidation, infiltrates (%)	22.3	32	44

Note: Adapted from Nino *et al*. Comparison between most common pediatric and adult CT findings. Permission request in process.

Convalescent plasma treatment of severe COVID-19: A propensity score–matched control study. Liu *et al.* Nature Medicine (September 15, 2020).

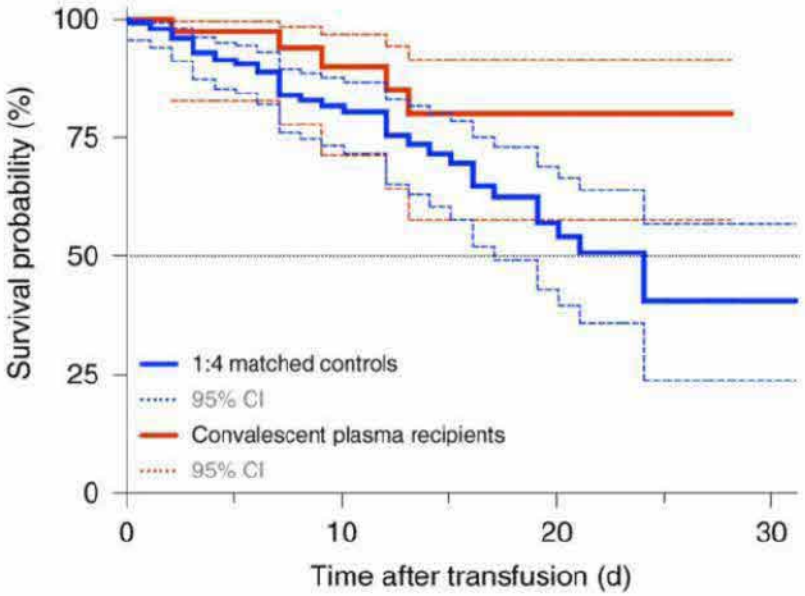
Key findings:

- Fewer patients who received convalescent plasma (CP) died (5/39, 12.8%) than matched controls (38/156, 24.4%).
- CP was associated with improved survival in patients who were not intubated (HR 0.23; 95% CI 0.05 – 0.98, p = 0.046), had symptoms for less than 1 week (HR 0.33; 95% CI 0.11 – 0.93, p = 0.035), or received anticoagulation (HR 0.28; 95% CI 0.10 – 0.80, p = 0.018).
    - Patients who were intubated showed no improved survival (HR 0.79; 95% CI 0.22 – 2.79, p = 0.716).
- Survival rates improved in CP recipients compared with the control patients (HR 0.34; 95% CI 0.13 – 0.89, p = 0.027).

Methods: Retrospective case-control study analyzing the effectiveness of CP treatment in patients hospitalized at Mount Sinai Hospital with severe COVID-19 between March 24 and April 8, 2020. Propensity-score matched analysis was performed on data from baseline, up to the day of CP transfusion and from the day of CP transfusion forward while in care. *Limitations*: Cannot exclude the possibility that CP recipients benefitted from more assertive clinical management.

Implications: Results from nonrandomized case series such as this one suggests a benefit of CP in selected patients; high quality data from randomized controlled trials are needed to confirm these findings.

Figure:



Note: Modified from Liu *et al.* Survival probability of patients **receiving CP transfusion** vs **control arm**. Solid lines represent the survival curve, dashed lines represent 95% CI. Reprinted by permission from Springer Nature Customer Service Centre GmbH: Springer Nature, Nature Medicine. Liu *et al.* Convalescent plasma treatment of severe COVID-19: a propensity score–matched control study. https://doi.org/10.1038/s41591-020-1088-9, COPYRIGHT 2020.

Laboratory Science

PEER-REVIEWED

Detection and infectivity potential of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) environmental contamination in isolation units and quarantine facilities. Ben-Shmuel *et al.* Clinical Microbiology and Infection (September 9, 2020).

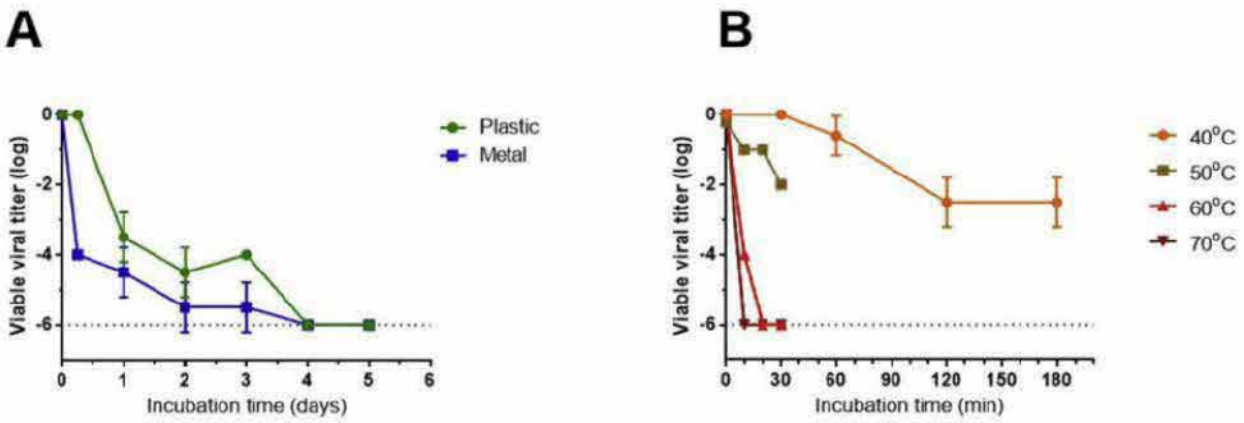
Key findings:

- At room temperature, SARS-CoV-2 lost infectivity on inoculated non-porous surfaces by day 4, and the rate of viral decay increased at higher temperatures (Figure).
- Viral RNA was detected in 46% (45/97) of environmental surface and air samples from three facilities housing COVID-19 patients; none of the samples contained infectious SARS-CoV-2.

Methods: Plastic and metal surfaces were inoculated with virus and infectivity was assessed at varying times and temperatures. Air and surface samples were collected from two hospital COVID-19 isolation wards and one hotel quarantine facility in Israel. RT-PCR identified viral RNA, and Vero E6 cytopathic assay assessed infectivity. *Limitations*: When rooms were being sampled, some patients may not have been shedding viable virus; very low levels of viable virus may not have been detected; remnants of surface cleaning materials and disinfectants may have inactivated virus; small sample size.

Implications: The lack of infectious SARS-CoV-2 detected from environmental samples in healthcare facilities suggests environmental contamination plays a minor role in the spread of infection in this setting. Staff should prioritize strengthening prevention measures interrupting direct person-to-person and droplet transmission.

Figure:



Note: From Ben-Shmuel et al. **A:** Reduction in SARS-CoV-2 titers over time (days) at 22°C (room temperature) following inoculation on **plastic** and **metal**. **B:** Reduction in SARS-CoV-2 titers over time (minutes) at (**40°C**, **50°C**, **60°C**, **70°C**) following inoculation on plastic. Licensed under CC-BY-NC-ND.

In Brief

- Marshall M. The lasting misery of coronavirus long-haulers. Nature. Describes the long-term effects of COVID-19 and the researchers trying to identify symptoms and prevalence.
- Chang *et al*. Host tolerance contributes to persistent viral shedding in COVID-19. EClinicalMedicine. Brief report describing characteristics of three patients with persistent viral shedding for at least 50 days.
- Guglielmi G. 'We didn't model that people would go to a party if they tested positive'. Nature. The University of Illinois spent months preparing for students to return. Their ability to test up to 10,000 students per day drew praise in national press. There was still a spike as students with positive tests failed to isolate.
- Cahan E. Ethical or exploitative — Should prisoners participate in COVID-19 vaccine trials? Science News. Incarcerated populations are typically excluded from clinical trials over ethical concerns. A bioethicist and sociologist/epidemiologist discuss the benefits and risks of enrolling incarcerated persons in COVID-19 vaccine trials.
- Callaway E. The coronavirus is mutating — Does it matter? Nature. News feature that discusses the rate and role of mutations in SARS-CoV-2 and how mutations could impact future vaccines.
- Raahman *et al*. Neurological manifestations in COVID-19: A narrative review. Sage Open Medicine. A review of reported neurological manifestations of COVID-19, possible mechanisms and treatment strategies.

cdc.gov/coronavirus

From: (b)(3):50 USC 3024(i); (b)(6)

Sent: Thursday, September 17, 2020 4:47 AM

To: (b)(3):10 USC 424; (b)(6)

Cc:

Subject: CDC COVID-19 Update 16Sep2020 (For Internal USG only)

Attachments: (FOUO) CDC COVID-19 RESPONSE UPDATE 20200916.pdf; FINAL-CDC COVID-19 SITREP 166 09-16-2020.pdf

Good evening,

Please see attached CDC Reports.

Cases/deaths as of 16 Sep 2020:
- 6,571,867 confirmed and probable U.S. cases, +34,240 since yesterday
- 195,053 U.S. deaths reported to CDC, +961 since yesterday
- 29,444,198 confirmed cases worldwide (WHO dashboard data)

Highlights:
- **Case Counts and Deaths:** Nationwide 7-day case average down 1% from the previous 7-days. 7-day death average is up 17% from its average over the previous 7-days. Case trajectories: 8 (14%) states/jurisdictions in an upward/worsening trajectory; 12 (21%) in a plateau; and the remaining 36 (65%) in a downward/improving trajectory.
- **Travel Health Notices (THNs):** https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html, no changes since 14 Aug.

New/Updated Guidance:
- **Indicators for Dynamic School Decision-Making:** https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html, proposes core and secondary indicators that state and local authorities can use to aid in decision-making regarding school reopening for in-person learning. **Media Statement:** https://www.cdc.gov/media/releases/2020/s0915-dynamic-school-decision-making.html

MMWR Early Release:
- **Characteristics and Maternal and Birth Outcomes of Hospitalized Pregnant Women with Laboratory-Confirmed COVID-19 — COVID-NET, 13 States, March 1–August 22,**

2020: https://www.cdc.gov/mmwr/volumes/69/wr/mm6938e1.htm?s_cid=mm6938e1_e&ACSTrackingID=DM38216&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2069%2C%20September%2016%2C%202020&deliveryName=DM38216

- SARS-CoV-2 Infection Among Hospitalized Pregnant Women: Reasons for Admission and Pregnancy Characteristics — Eight U.S. Health Care Centers, March 1–May 30, 2020: https://www.cdc.gov/mmwr/volumes/69/wr/mm6938e2.htm?s_cid=mm6938e2_e&ACSTrackingID=DM38216&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2069%2C%20September%2016%2C%202020&deliveryName=DM38216

Please regularly refer to CDC's COVID-19 webpage; information and guidance is updated daily: https://covid.cdc.gov/covid-data-tracker/

VR/

(b)(6)

Dept of Defense Liaison to the Centers for Disease Control and Prevention, Atlanta, GA

(b)(6)

(b)(3):50 USC 3024(i); (b)(6)

CDC COVID-19 Response Update Wednesday, 16 Sep, 2020
INTERNAL - NOT FOR FURTHER DISTRIBUTION

Table of Contents

Domestic Updates

Case Counts

The CDC numbers have been reviewed and approved by states and are suitable for use in all official communications.

Counts by Jurisdiction (Cumulative, Confirmed and Probable Cases and Deaths)[1]

Data Through 15 Sep 2020 *Last Updated: 16 Sep 2020 11:30*

57 Jurisdictions Reporting Confirmed or Probable COVID-19 Cases													
50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[2]	Cases	New Cases[3]		Cases Per 100K			Deaths	New Deaths[3]		Deaths per 100K			CFR[4]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
AK	6,395	42	80.3	867.2	5.7	10.9	44	-	0.3	6.0	-	0.0	0.7%
AL	140,160	701	936.3	2867.5	14.3	19.2	2,387	32	15.7	48.8	0.7	0.3	1.7%
AR	71,357	730	657.1	2367.7	24.2	21.8	1,003	17	12.3	33.3	0.6	0.4	1.4%
AZ	209,209	484	452.0	2917.2	6.7	6.3	5,344	22	17.6	74.5	0.3	0.2	2.6%
CA	760,013	2,235	3,157.4	1921.3	5.7	8.0	14,451	66	99.0	36.5	0.2	0.3	1.9%
CO	62,099	400	346.4	1090.3	7.0	6.1	1,996	6	3.3	35.0	0.1	0.1	3.2%
CT	55,031	136	178.4	1540.3	3.8	5.0	4,485	-	1.6	125.5	-	0.0	8.1%
DE	19,137	16	118.4	1978.7	1.7	12.2	618	-	1.3	63.9	-	0.1	3.2%
FL	660,946	2,743	2,595.9	3103.1	12.9	12.2	12,787	145	124.6	60.0	0.7	0.6	1.9%
GA	296,833	1,496	1,640.4	2821.7	14.2	15.6	6,398	45	46.9	60.8	0.4	0.4	2.2%
HI[5]	10,834	-	201.7	762.7	-	14.2	99	-	1.6	7.0	-	0.1	0.9%
IA	75,389	454	646.3	2388.6	14.4	20.5	1,234	10	7.9	39.1	0.3	0.2	1.6%
ID	35,810	278	261.3	2041.4	15.8	14.9	423	4	4.9	24.1	0.2	0.3	1.2%
IL	266,305	1,466	1,717.7	2090.1	11.5	13.5	8,564	18	22.7	67.2	0.1	0.2	3.2%
IN	107,229	689	921.3	1602.4	10.3	13.8	3,460	21	11.4	51.7	0.3	0.2	3.2%
KS[6]	49,899	-	426.4	1713.9	-	14.6	534	-	7.0	18.3	-	0.2	1.1%
KY	58,000	718	668.7	1298.0	16.1	15.0	1,074	9	11.0	24.0	0.2	0.2	1.9%
LA	159,253	371	703.4	3417.5	8.0	15.1	5,278	26	22.9	113.3	0.6	0.5	3.3%
MA	133,321	286	315.9	1931.6	4.1	4.6	9,224	6	11.9	133.6	0.1	0.2	6.9%
MD	117,888	643	616.1	1950.9	10.6	10.2	3,855	6	5.6	63.8	0.1	0.1	3.3%
ME	4,941	23	29.6	369.2	1.7	2.2	138	1	0.6	10.3	0.1	0.0	2.8%
MI	124,969	682	866.7	1250.2	6.8	8.7	6,932	11	17.3	69.3	0.1	0.2	5.5%
MN[6]	85,351	-	497.6	1521.1	-	8.9	1,979	-	8.3	35.3	-	0.1	2.3%
MO	105,396	1,317	1,469.0	1720.3	21.5	24.0	1,732	18	10.1	28.3	0.3	0.2	1.6%
MS	91,234	711	489.9	3054.8	23.8	16.4	2,756	22	19.0	92.3	0.7	0.6	3.0%
MT	9,244	137	123.3	870.2	12.9	11.6	140	2	3.0	13.2	0.2	0.3	1.5%
NC	186,887	1,106	1,178.9	1799.8	10.7	11.4	3,111	51	28.9	30.0	0.5	0.3	1.7%
ND	16,333	269	317.6	2148.9	35.4	41.8	177	5	2.9	23.3	0.7	0.4	1.1%
NE	38,970	328	356.1	2019.9	17.0	18.5	436	1	4.3	22.6	0.1	0.2	1.1%
NH	7,748	34	36.3	571.2	2.5	2.7	438	2	0.7	32.3	0.1	0.1	5.7%
NJ	197,404	436	391.0	2215.9	4.9	4.4	16,043	9	6.7	180.1	0.1	0.1	8.1%
NM	26,923	81	106.0	1284.8	3.9	5.1	830	7	3.3	39.6	0.3	0.2	3.1%
NV[7]	74,008	(35)	237.1	2439.0	NA	7.8	1,491	-	9.3	49.1	-	0.3	2.0%
NY City	239,547	258	353.9	2852.2	3.1	4.2	23,762	4	3.0	282.9	0.0	0.0	9.9%
NY State[8]	207,341	460	456.7	1860.7	4.1	4.1	9,003	8	4.1	80.8	0.1	0.0	4.3%
OH	139,485	1,001	1,070.4	1193.3	8.6	9.2	4,506	87	29.7	38.5	0.7	0.3	3.2%
OK	78,299	1,091	1,016.4	1985.7	27.7	25.8	912	7	8.3	23.1	0.2	0.2	1.2%
OR	29,662	178	186.7	707.8	4.2	4.5	519	8	4.7	12.4	0.2	0.1	1.7%
PA	146,214	1,151	836.4	1141.7	9.0	6.5	7,875	6	12.0	61.5	0.0	0.1	5.4%
RI	23,250	120	94.0	2199.0	11.3	8.9	1,078	3	2.7	102.0	0.3	0.3	4.6%
SC	133,470	790	1,080.3	2625.2	15.5	21.2	3,098	21	26.6	60.9	0.4	0.5	2.3%

[1] Data are reported voluntarily by each jurisdiction's health department. Data are reported as provided by the health department and the number of confirmed and probable cases or deaths may sum to the total. Health departments may update case data over time when they receive more complete and accurate information. If the number of cases or deaths reported by CDC is different from the number reported by jurisdiction health departments, data reported by jurisdictions should be considered the most up to date. The differences may be due to the timing of the reporting and website updates. See Technical Information about this data on the CDC Webpage.

[2] AS = American Samoa; DC = District of Columbia; FSM = Federated States of Micronesia; GU = Guam; CNMI = Commonwealth of the Northern Mariana Islands; PW = Palau; PR = Puerto Rico; RMI = Republic of the Marshall Islands; USVI = US Virgin Islands.

[3] These data represent new cases and deaths detected and tested in the US since the last update. Number of new cases and new deaths were included in total case numbers. Counts may have decreased from previous report due to case reclassification of cases to other jurisdictions or categories (e.g., probable to confirmed) by states.

[4] Percent change in cases, deaths and case fatality rates (CFR) are not calculated when the total number (denominator) was less than five.

[5] No change while CDC is working with Hawaii to validate their reported number of cases.

[6] Jurisdiction did not provide an update.

[7] Nevada reported 35 fewer probable cases than yesterday.

[8] New York State excludes New York City.

57 Jurisdictions Reporting Confirmed or Probable COVID-19 Cases 50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[2]	Cases	New Cases[3]		Cases Per 100K			Deaths	New Deaths[3]		Deaths per 100K			CFR[4]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
SD	16,994	193	227.3	1926.2	21.9	25.8	184	-	1.6	20.9	-	0.2	1.1%
TN	175,231	957	1,353.9	2588.3	14.1	20.0	2,127	30	33.0	31.4	0.4	0.5	1.2%
TX	668,746	5,301	3,850.7	2330.0	18.5	13.4	14,343	132	112.9	50.0	0.5	0.4	2.1%
UT	60,005	722	569.6	1898.2	22.8	18.0	438	2	1.6	13.9	0.1	0.0	0.7%
VA	136,359	845	1,010.0	1600.9	9.9	11.9	2,884	45	26.7	33.9	0.5	0.3	2.1%
VT[9]	1,701	(1)	6.7	271.6	NA	1.1	58	-	-	9.3	-	-	3.4%
WA	80,465	327	417.1	1067.8	4.3	5.5	2,015	9	8.9	26.7	0.1	0.1	2.5%
WI	96,938	1,441	1,323.0	1667.4	24.8	22.8	1,229	11	7.6	21.1	0.2	0.1	1.3%
WV	12,976	156	187.9	718.6	8.6	10.4	280	5	4.3	15.5	0.3	0.2	2.2%
WY	4,438	46	47.9	768.2	8.0	8.3	46	-	0.6	8.0	-	0.1	1.0%
AS	-	-	-	-	-	-	-	-	-	-	-	-	-
CNMI[6]	61	-	-	107.2	-	-	2	-	-	3.5	-	-	-
DC	14,687	65	46.4	2090.8	9.3	6.6	616	-	0.7	87.7	-	0.1	4.2%
FSM	-	-	-	-	-	-	-	-	-	-	-	-	-
GU	1,966	39	36.1	1186.0	23.5	21.8	28	2	1.3	16.9	1.2	0.8	1.4%
PR	38,284	112	396.7	1198.2	3.5	12.4	570	19	10.0	17.8	0.6	0.3	1.5%
PW	-	-	-	-	-	-	-	-	-	-	-	-	-
RMI	-	-	-	-	-	-	-	-	-	-	-	-	-
USVI	1,232	11	-	1176.9	10.5	-	19	-	-	18.2	-	-	1.5%
Total	**6,571,867**	**34,240**	**37,314.9**	**1985.9**	**10.3**	**11.3**	**195,053**	**961**	**843.7**	**58.9**	**0.3**	**0.3**	**3.0%**
Navajo[10]	9,992	10	12.7	2799.7	2.8	3.6	537	1	1.4	150.5	0.3	0.4	5.4%

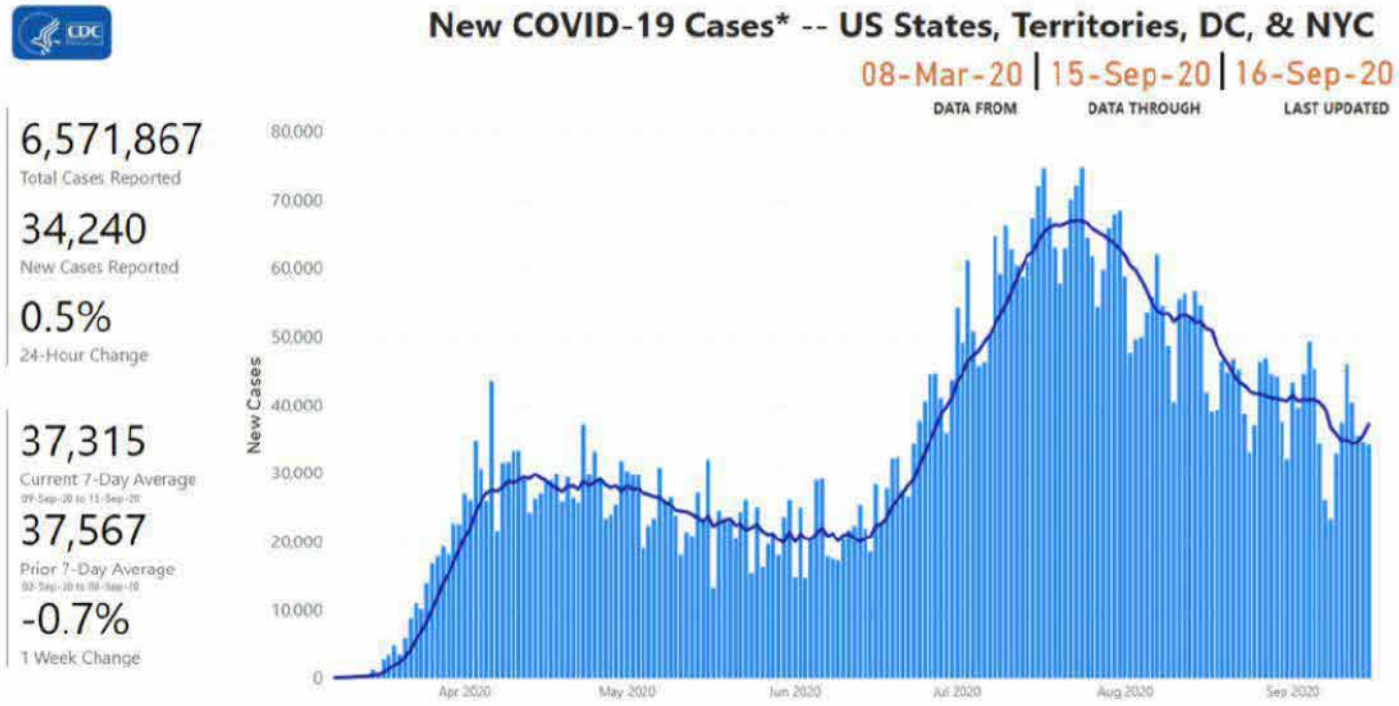
Compilations of US Case Counts

Reporting Source[11]	Data as of (all times are ET)	Cases	New Cases	Deaths	New Deaths
Official Sources (see table above)	16 Sep, 11:30	6,571,867	34,240	195,053	961
1Point3Acres	16 Sep, 10:30	6,733,731	39,837	199,567	1,271
Johns Hopkins	16 Sep, 10:23	6,609,770	51,968	196,023	1,349
USAFacts	15 Sep, NA	6,501,352	34,880	192,954	430
New York Times	16 Sep, 08:08	6,614,112	39,223	195,683	1,286
WorldoMeter	16 Sep, 10:54	6,791,779	39,657	200,455	1,289
COVID Tracking Project	15 Sep, 16:00	6,557,762	39,456	187,600	1,052

[9] Vermont reported one fewer case than yesterday.
[10] Cases in the Navajo Nation are likely also reported by AZ, NM, and UT and were therefore already included in the grand total above. Counts reported separately here from Navajo Department of Health COVID-19 and Navajo Epidemiology Center Coronavirus Response Hub
[11] Data from other organizations are not reviewed or validated by CDC and may include data derived from open media sources not represented on official state public health department web pages.

New COVID-19 Cases by Date

Data 08 Mar 2020 through 15 Sep 2020 *Last Update: 16 Sep 2020, 11:30*
Source: CDC DCIPHER

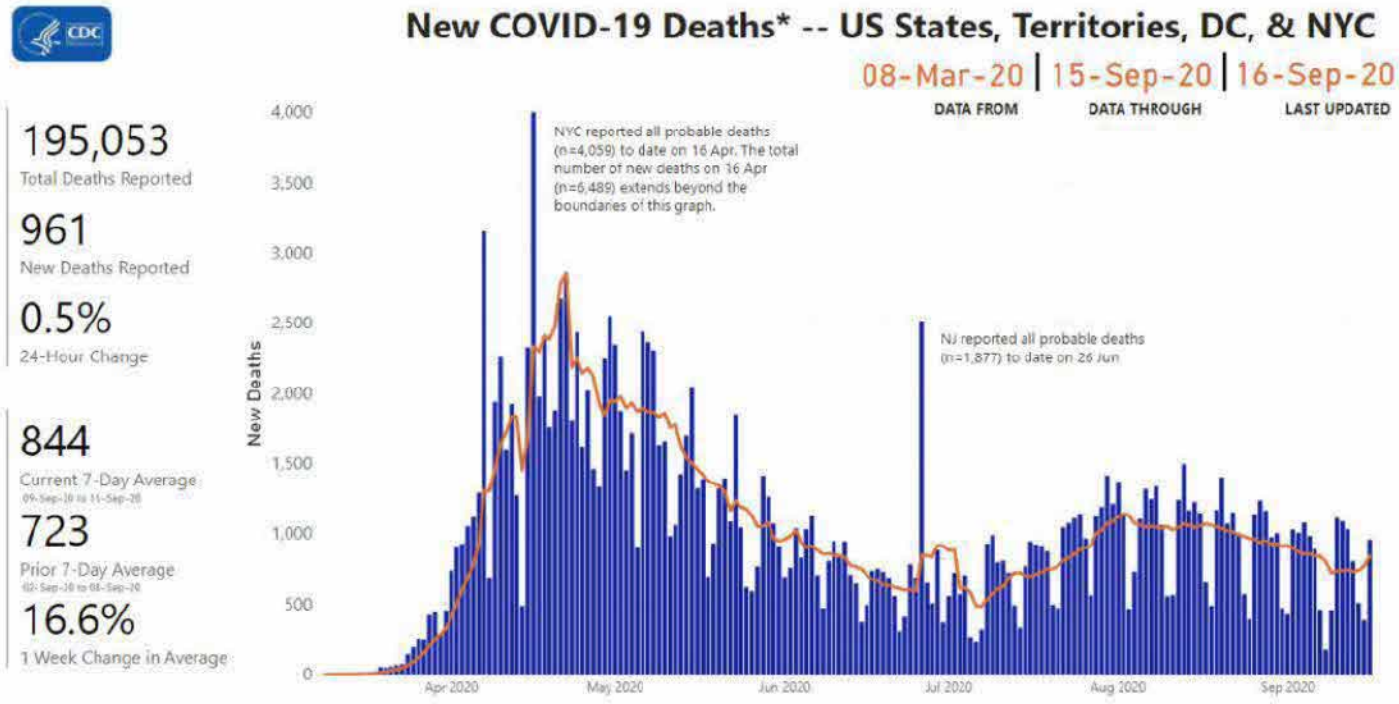


* Includes both confirmed and probable COVID-19 cases. Figure represents official CDC US case counts for COVID-19, reviewed and validated by states and territories, posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). Sources: CDC DCIPHER, US Census Bureau (2018).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

New COVID-19 Deaths by Date

Data 08 Mar 2020 through 15 Sep 2020 *Last Update: 16 Sep 2020, 11:30*
Source: CDC DCIPHER

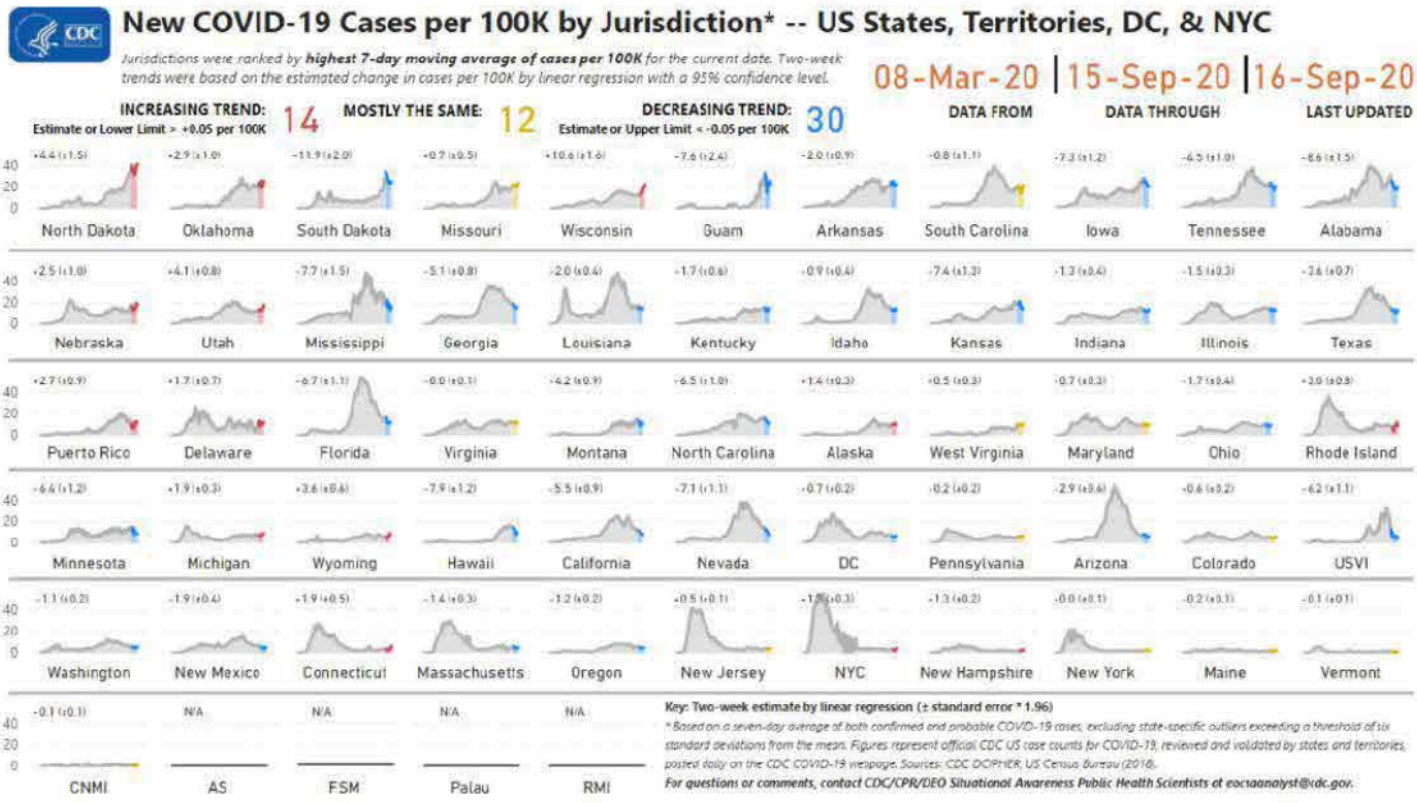


* Includes both confirmed and probable COVID-19 deaths. Figure represents official CDC US case counts for COVID-19, reviewed and validated by states and territories, posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). Sources: CDC DCIPHER, US Census Bureau (2018).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

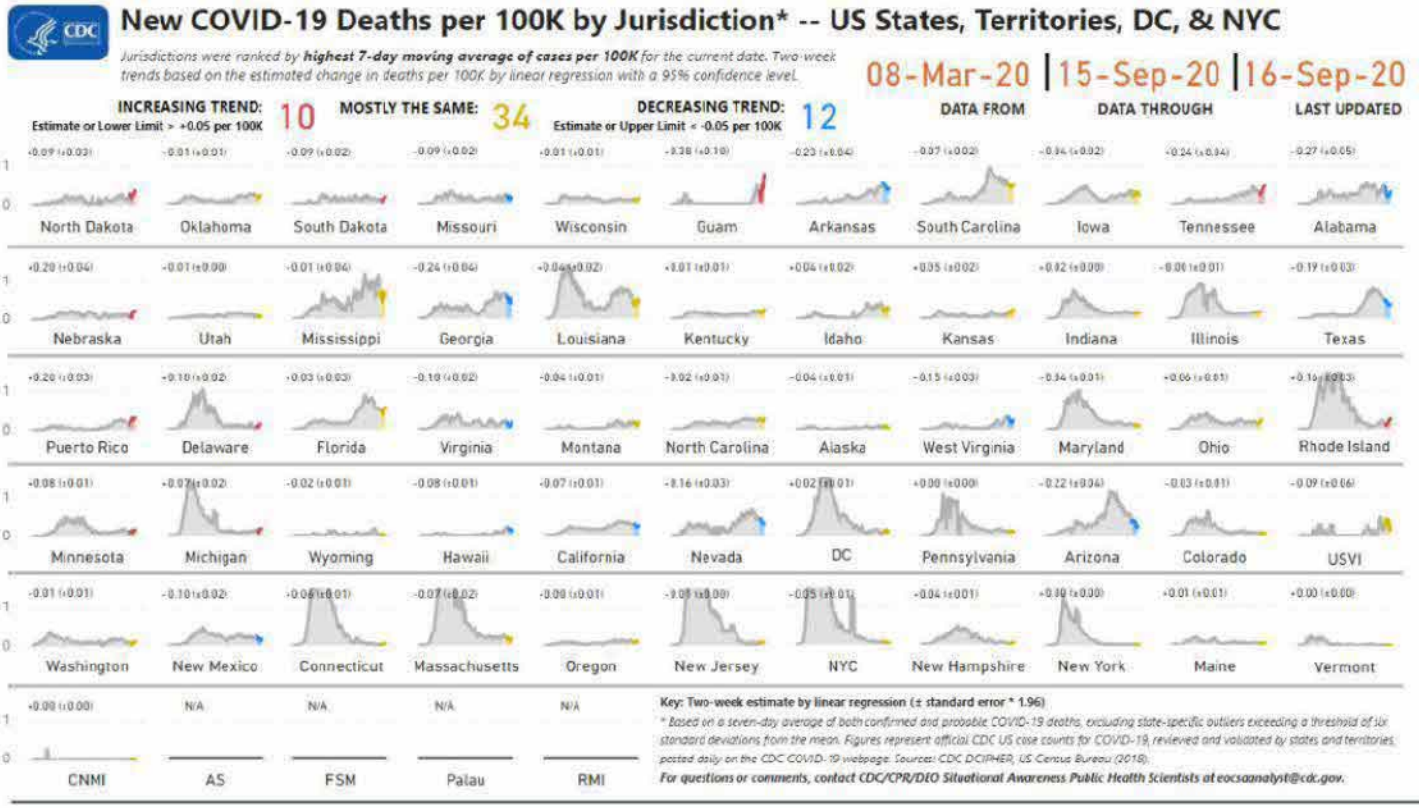
Trend in New COVID-19 Cases per 100,000 Population by Jurisdiction

Data 08 Mar 2020 through 15 Sep 2020 Last Update: 16 Sep 2020, 11:30
Source: CDC DCIPHER



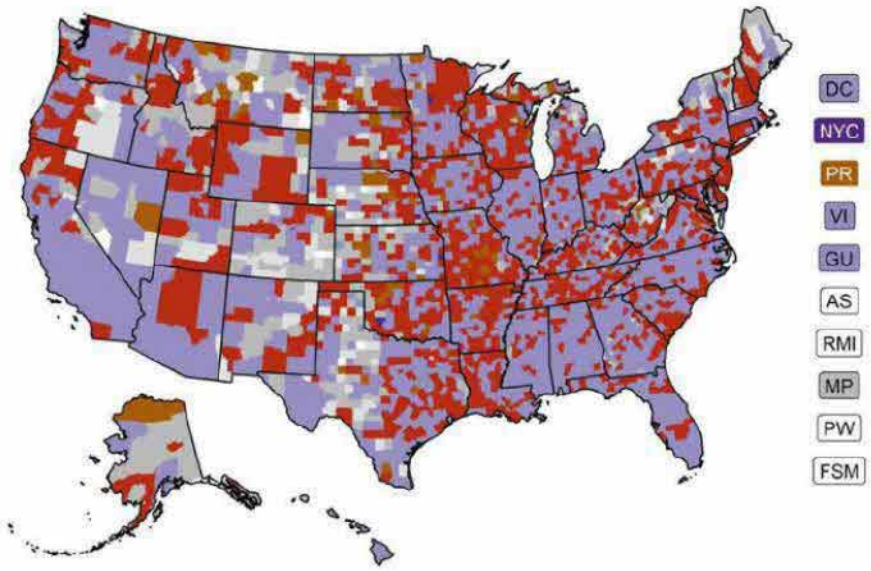
Trend in New COVID-19 Deaths per 100,000 Population by Jurisdiction

Data 08 Mar 2020 through 15 Sep 2020 Last Update: 16 Sep 2020, 11:30
Source: CDC DCIPHER



Cases/Deaths by County[12]

Coronavirus Disease 2019 (COVID-19)
Current epidemic curve status*,
by U.S. County, September 14, 2020



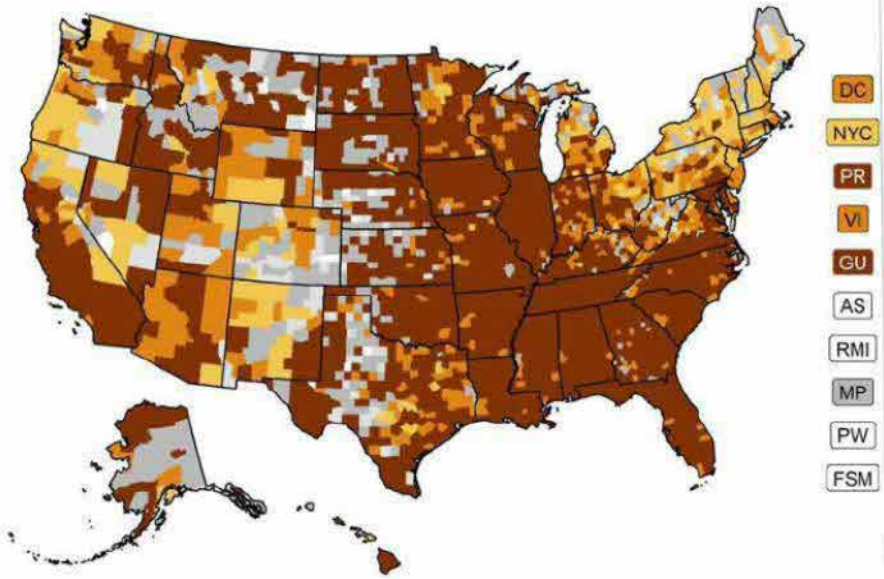
Current status
- Low incidence growth
- Elevated incidence growth
- Elevated incidence plateau
- Sustained decline
- Low incidence plateau
- Rebound
- 1-5 cases in the past two weeks
- 0 cases in the past two weeks
- No reported cases

Purpose of this map
Provides the most detailed view into both the burden of illness and the trajectory of new illnesses.

Main Findings
- There are many counties throughout the States whose incidence are in rebound.
- A large number of counties in the West, as well as some in the Southeast, have burden in sustained decline.
- The goal is to have all communities be represented in the lighter colors, demonstrating little to no disease burden and no increase in trajectory.

*Categorized according to the slope of a spline fit to the 7-day moving average of daily incidence and the number of new cases (per 100,000) in the past 2 weeks. Elevated incidence is defined as >10 new cases per 100,000 in the past two weeks.
Sources: HHS Protect, US Census

Coronavirus Disease 2019 (COVID-19)
Number of New Cases per 100,000 in the past 2 weeks,
by U.S. County, 01 September–14 September, 2020



Incidence
- Low
- Moderate
- Moderately high
- High
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

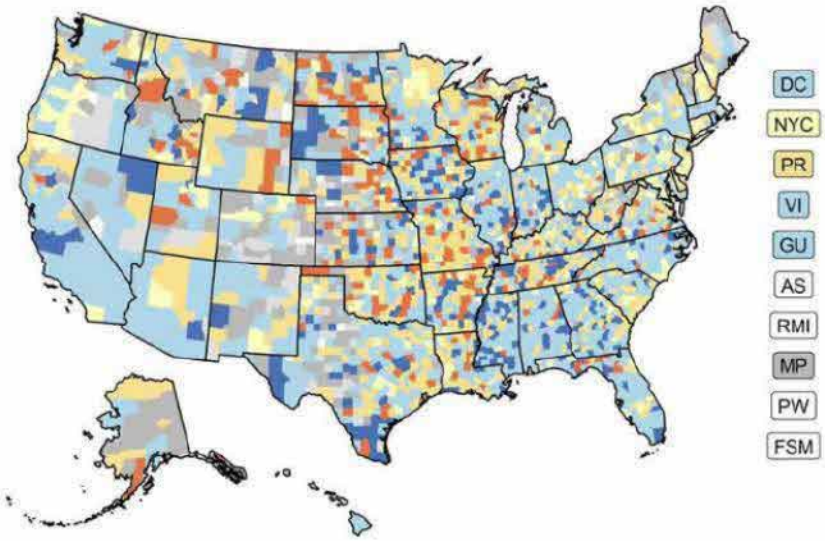
Purpose of this map
Describes recent incidence of COVID-19 infection to capture the potential burden of currently ill people who may be infectious and/or accessing healthcare.

Main Findings
- COVID-19 infection remains prevalent throughout the country.
- Elevated incidence of disease during the past 2 weeks remains widespread, including in the Southeast, the Midwest, and the West.

Notes: Defined using the number of new cases per 100,000 in the past 2 weeks. Low is >0 to 10, moderate is >10 to 50, moderately high is >50 to 100, and high is >100. Jurisdictions denoted as 0 cases in the past 2 weeks have had at least 1 case previously.
Sources: HHS Protect, US Census

[12] See CDC COVID-19 Data Tracker for the latest visualizations on cases and deaths trends by state and county.

Coronavirus Disease 2019 (COVID-19) Change in Daily Incidence*, by U.S. County, September 14, 2020



Change in incidence per 100,000 per day

- Greater decline
- Moderate decline
- Plateau
- Moderate increase
- Greater increase
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

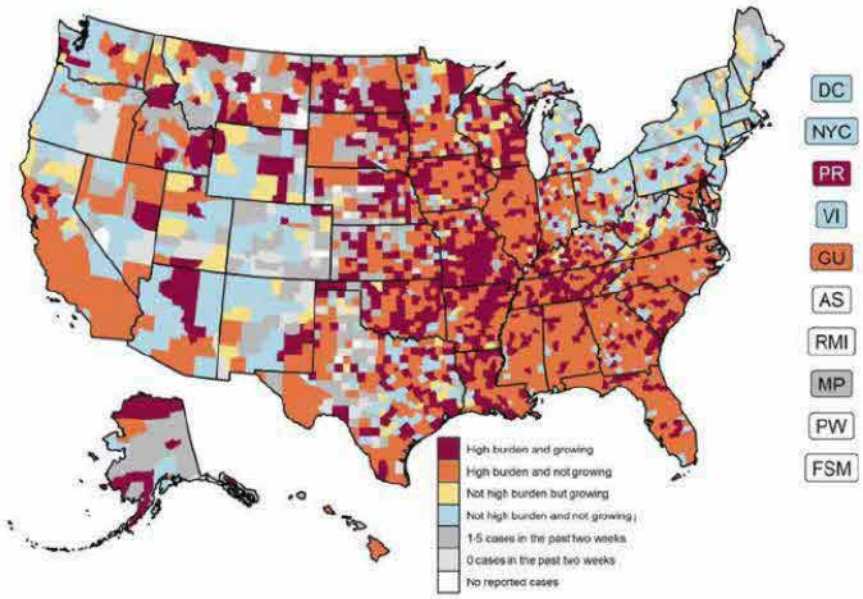
*Measured as the change in slope of a spline fit to smoothed daily incidence. Incidence was smoothed using a 7-day moving average. These values therefore represent the change in 7-day average number of new cases per 100,000 per day. Greater declines are ≤-1, moderate declines are >-1 to -0.1, plateaus are >-0.1 to ≤0.1, moderate increases are >0.1 to 1, greater increases are >1. Counties denoted as 0 cases in the past 2 weeks have had at least 1 case previously.

Sources: HHS Protect, US Census

Purpose of this map
Describes the trajectory of new illnesses as recently increasing, being stable, or decreasing in number.

Main Findings
- Daily county-level incidence rates continue to decrease in much of the Southeast and the West.
- However, county-level incidence is increasing throughout much of the Midwest and Great Plains, including Missouri, Wisconsin, North Dakota, Wyoming, Oklahoma, and Arkansas.

Coronavirus Disease 2019 (COVID-19) Burden and growing of new cases per 100,000 in the past 2 weeks, by U.S. county, 01 September–14 September, 2020



Notes: High burden counties have >100 new cases per 100,000 in the past two weeks and growing counties have a slope of at least 0.1 per 100,000 per day.

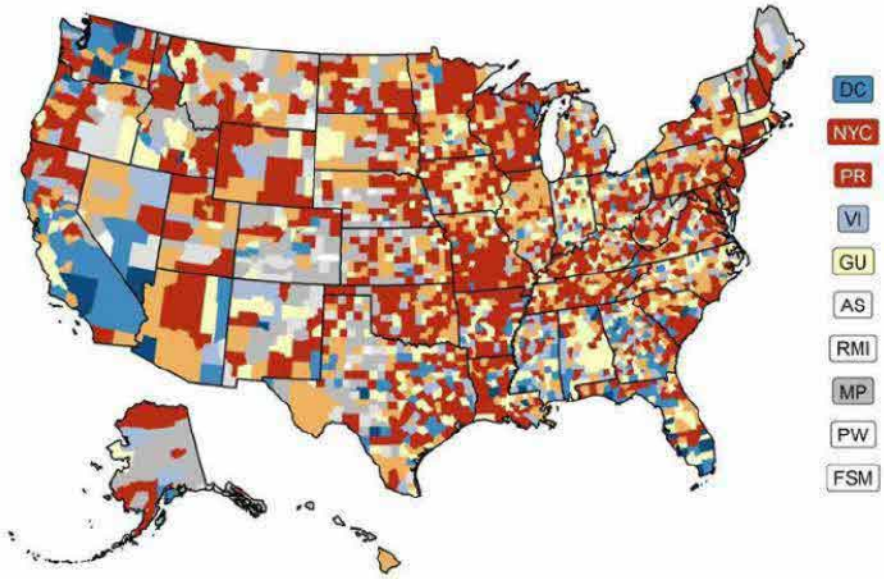
Purpose of this map
Identifies "areas of concern" where a county's disease burden is high and still growing.

Main Findings
- Counties with the greatest burden and which are still demonstrating growth are listed in the table below

Counties in the high burden, growing category (Top 10 with the highest number of cases per 100,000 in the past 2 weeks)

County name, State	No. of new cases in past 2 weeks	2-week incidence (per100,000)	Change in daily incidence (per 100,000 per day)
Wheeler, GA	160	2030.7	25.5
Rock, NE	25	1838.2	6.8
Craig, OK	260	1817.4	7.4
Harrisonburg City, VA	838	1550.9	2.9
Stark, ND	428	1380.8	0.2
Union, FL	201	1345.4	5
Clarke, GA	1624	1275.4	1.7
Stutsman, ND	242	1157	1.5
Bollinger, MO	134	1101.2	7.6
Montgomery, VA	994	1004.2	3

Coronavirus Disease 2019 (COVID-19)
Current consecutive days of downward trajectory, by U.S. County, September 14, 2020



Days in downward trajectory*
- 1-6 days
- 7-13 days
- 14-20 days
- 21-41 days
- ≥42 days
- Not in downward trajectory
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map
Identifies progress in counties towards achieving a downward trajectory in case incidence over a 14-day period.

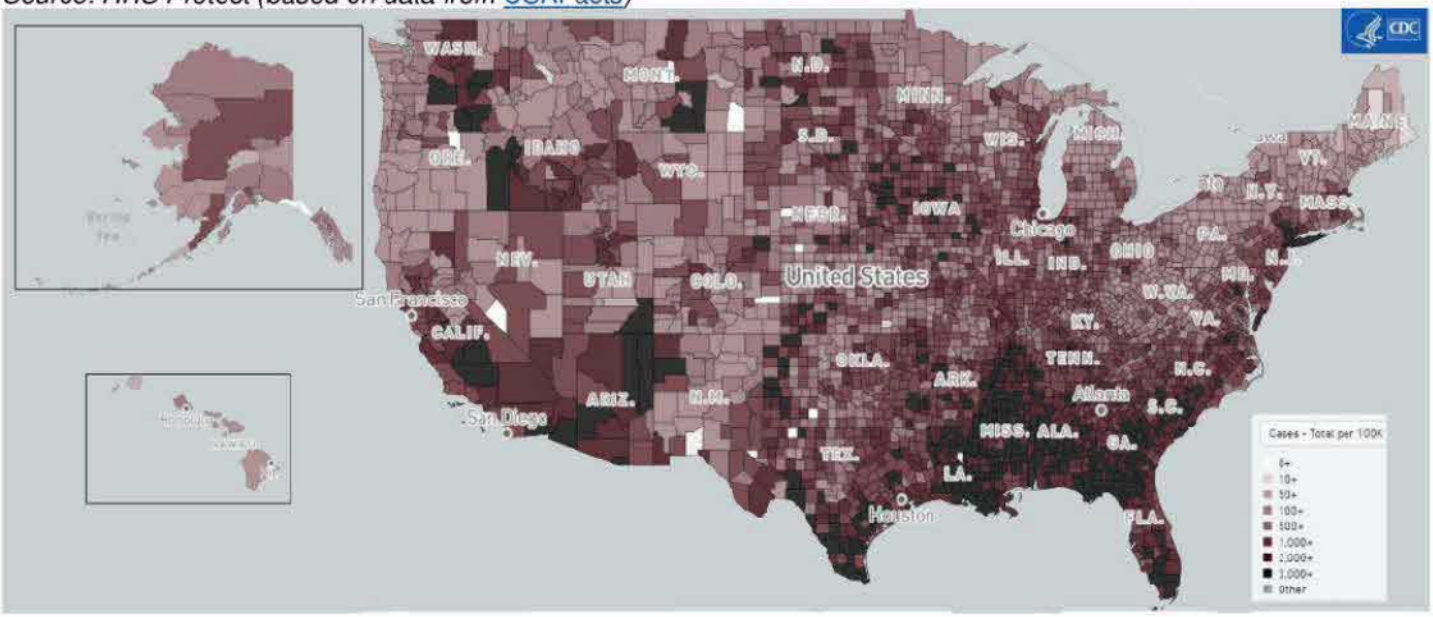
Main Findings
- 470 counties have been identified as having 14 or more consecutive days of improvement and are indicated in the blue colors (excludes counties with 0-5 cases in the past 2 weeks); median population size: 35,873 (range: 1,399 – 10,105,518).
- This method is still being refined to best characterize progress towards achieving a downward trajectory in daily case incidence over a 14-day period, and the results provided should be interpreted with caution when determining mitigation strategies to use.

*The number of days in a downward trajectory represents the number of consecutive days for which the jurisdiction experienced either a negative slope or a low incidence plateau (two-week incidence ≤10 cases per 100,000 and slope >-0.1 and ≤0.1).
Sources: HHS Protect, US Census

Total Cases due to COVID-19 per 100,000 Population by County

Data Through: 14 Sep 2020 *Last Updated: 16 Sep 2020, 10:00*

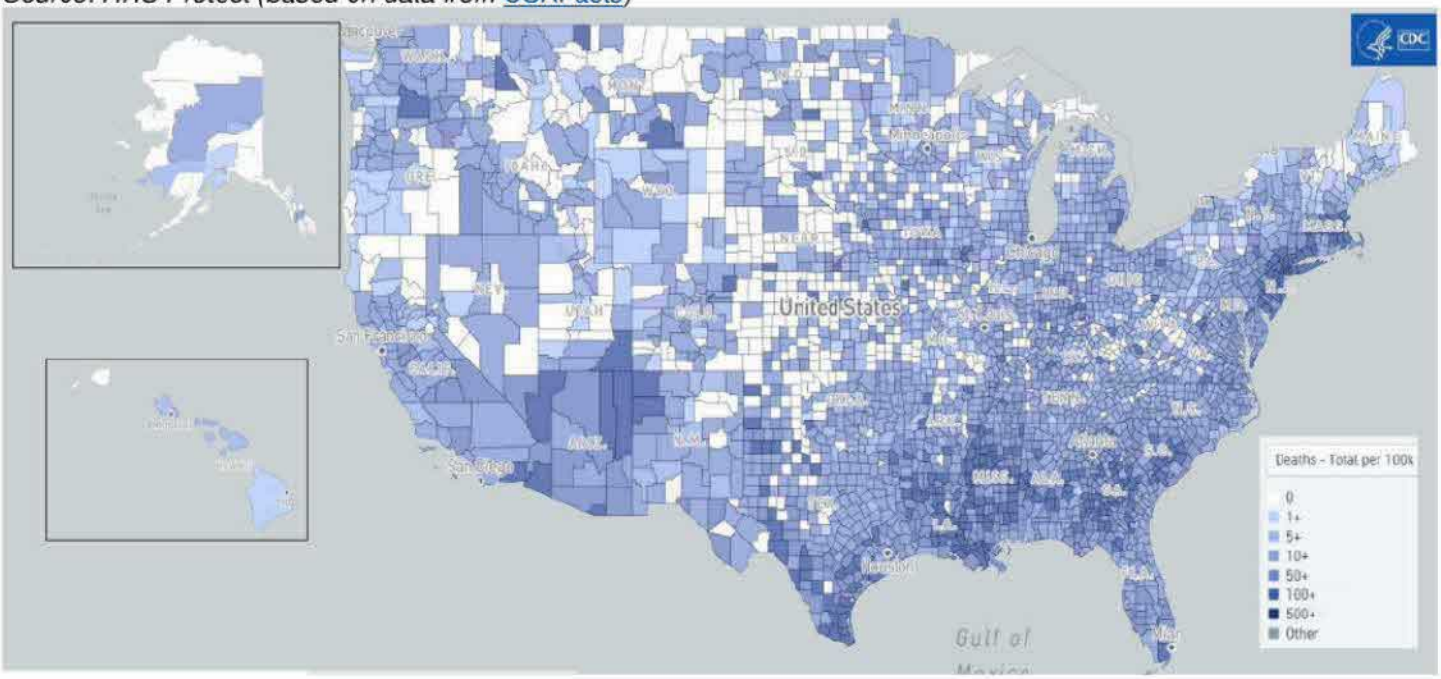
Source: HHS Protect (based on data from USAFacts)



Total Deaths due to COVID-19 per 100,000 Population by County

Data Through: 14 Sep 2020 *Last Updated: 16 Sep 2020, 10:00*

Source: HHS Protect (based on data from USAFacts)



Cases/Deaths by CBSA

Total Cases due to COVID-19 per 100,000 Population by CBSA

Data 08 Mar 2020 through 14 Sep 2020 *Last Update: 16 Sep 2020, 10:00*

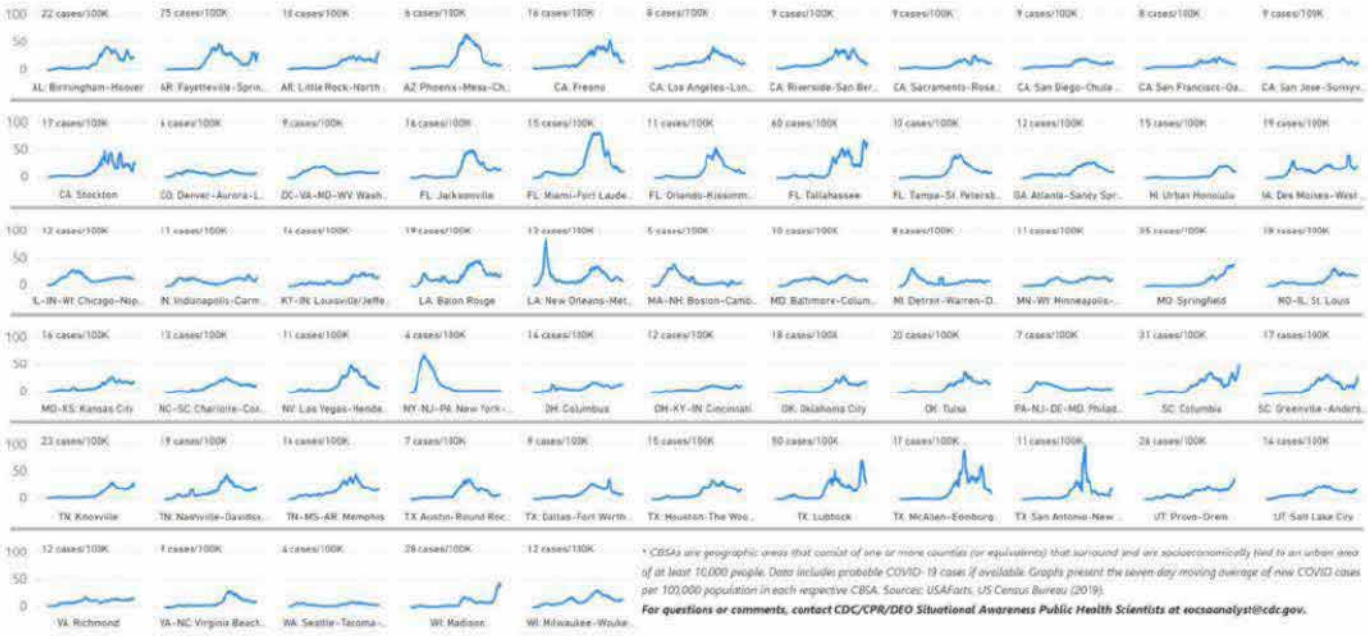
Source: Data from USAFacts

New COVID-19 Cases per 100K -- Top 60 Core-Based Statistical Areas (CBSA)*

The are the top 60 CBSAs based on the number of new cases in the past 14 days, presented in alphabetical order by state and city/town.

08-Mar-20 | 14-Sep-20 | 16-Sep-20

DATA FROM | DATA THROUGH | LAST UPDATED



* CBSAs are geographic areas that consist of one or more counties (or equivalents) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 cases if available. Graphs present the seven-day moving average of new COVID cases per 100,000 population in each respective CBSA. Sources: USAFacts; US Census Bureau (2019).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Total Deaths due to COVID-19 per 100,000 Population by CBSA

Data 08 Mar 2020 through 14 Sep 2020 *Last Update: 16 Sep 2020, 10:00*

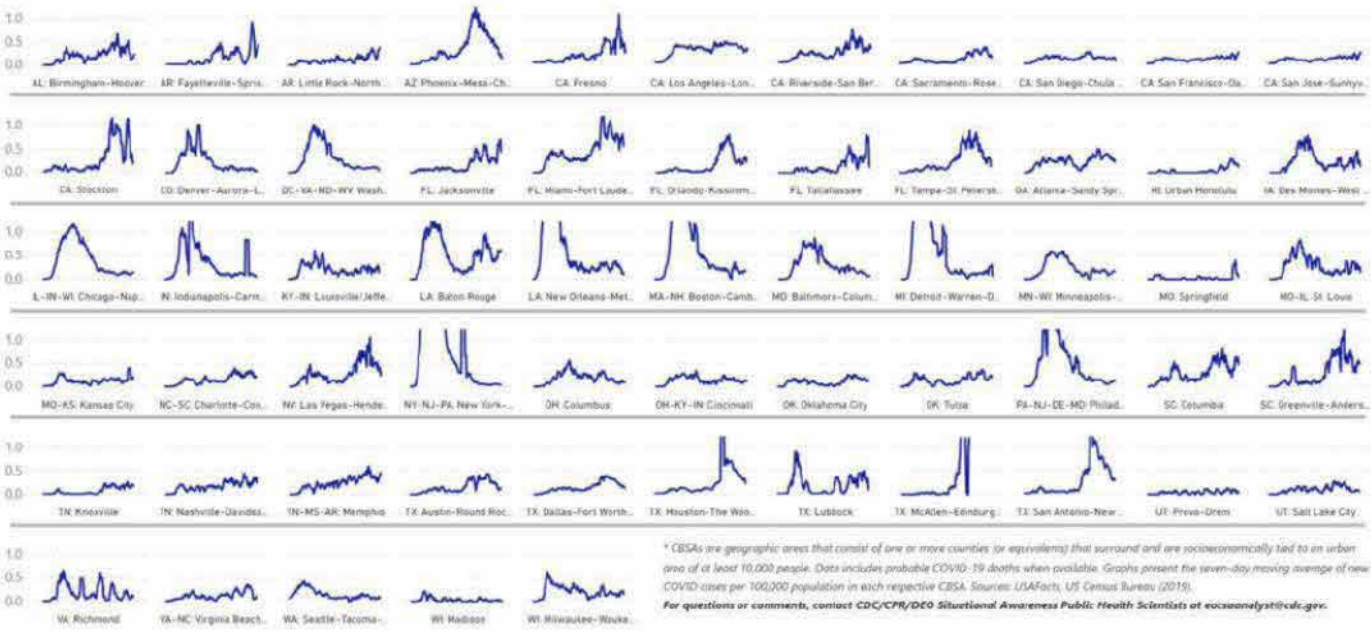
Source: Data from USAFacts

New COVID-19 Deaths per 100K -- Top 60 Core-Based Statistical Areas (CBSA)*

These are the top 60 CBSAs based on the number of new deaths in the past 14 days, presented in alphabetical order by state and city/town.

08-Mar-20 | 14-Sep-20 | 16-Sep-20

DATA FROM | DATA THROUGH | LAST UPDATED



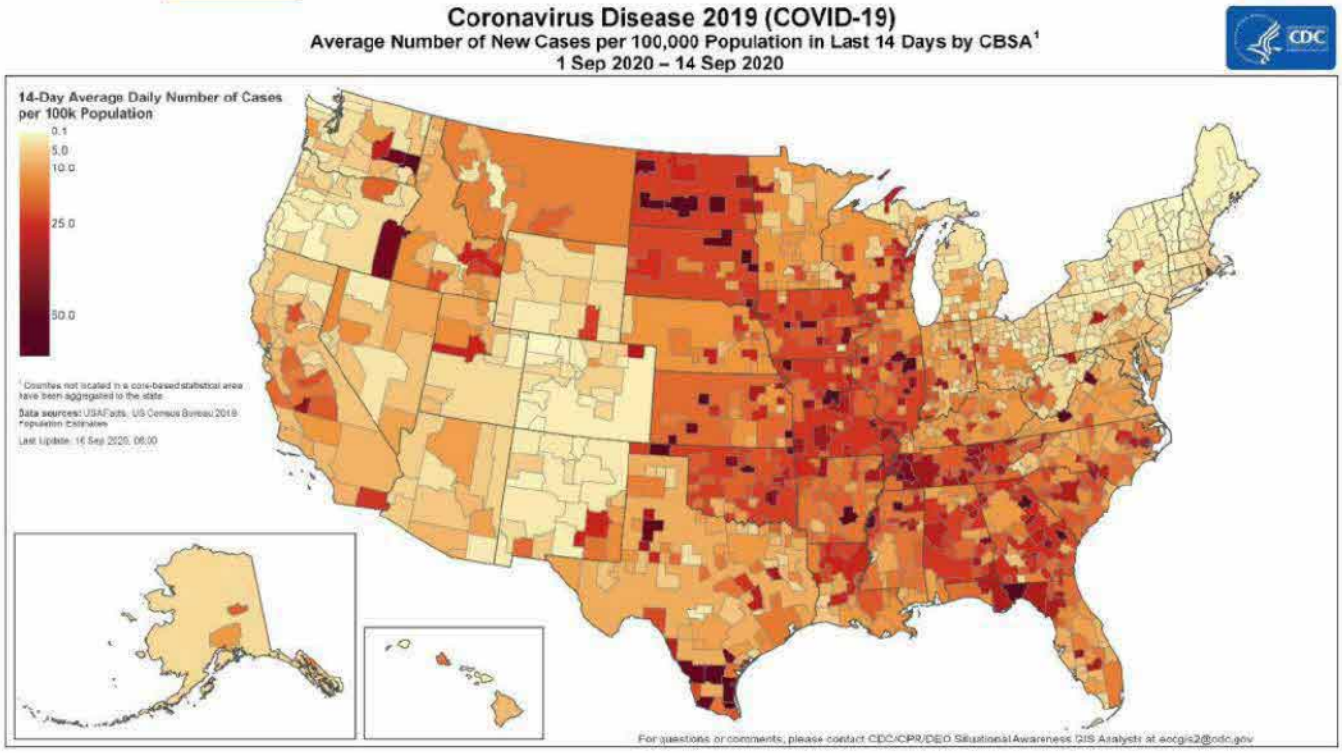
* CBSAs are geographic areas that consist of one or more counties (or equivalents) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 deaths when available. Graphs present the seven-day moving average of new COVID cases per 100,000 population in each respective CBSA. Sources: USAFacts; US Census Bureau (2019).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Cases/ Deaths by CBSA (Maps)

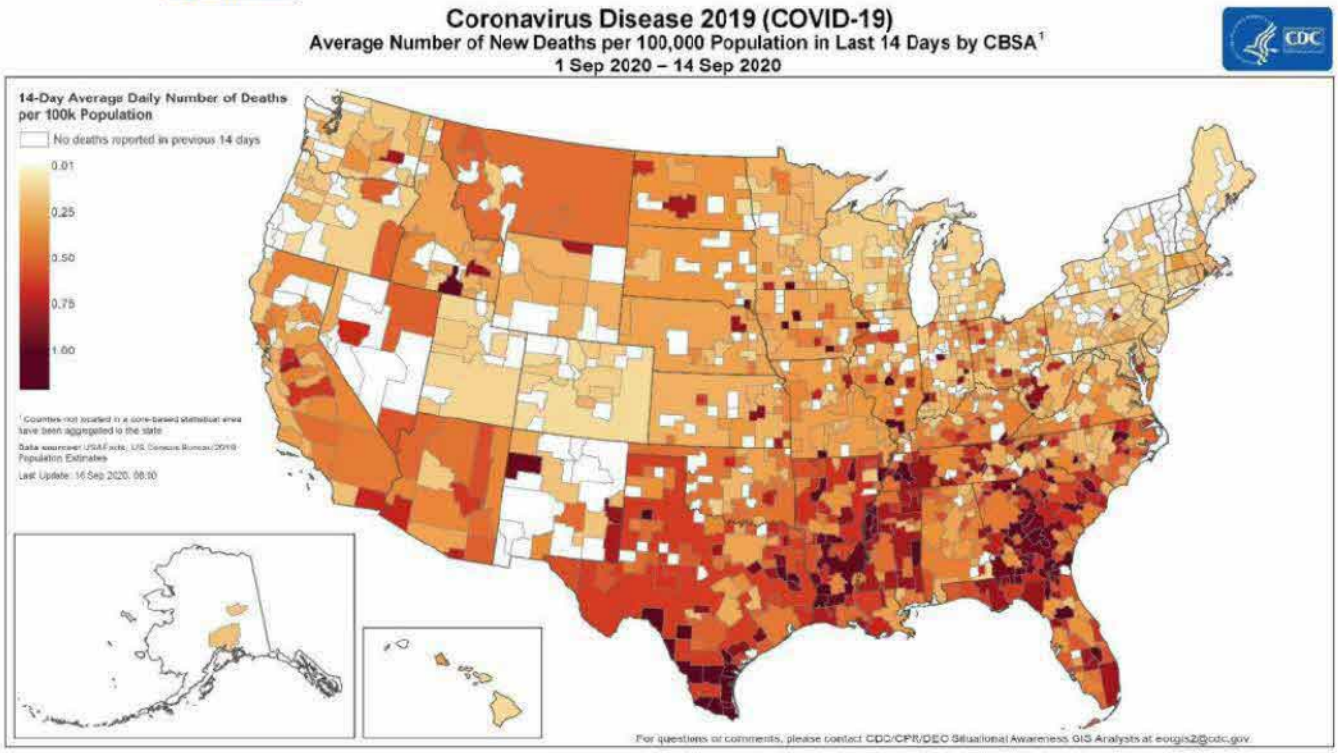
Total Cases due to COVID-19 per 100,000 Population by CBSA

Data: 01 Sep 2020 – 14 Sep 2020 Last Updated: 16 Sep 2020
Source: Data USAFacts via HHS Protect



Total Deaths due to COVID-19 per 100,000 Population by CBSA

Data: 01 Sep 2020 – 14 Sep 2020 Last Updated: 16 Sep 2020
Source: Data USAFacts via HHS Protect



COVID-19 Among Specific Populations

US Healthcare Workers

Data as of 15 Sep 2020

Healthcare Workers in US - Case Count Reported in Case-Based Surveillance

N =156,306 (-4,878)[13]

- 690 Deaths (-15)
  - 189 in IL
  - 167 in CA
  - 55 in OH
  - 45 in MA
  - 31 in MI
  - 27 in NV
  - 25 in NY
  - 20 in NC
  - 20 in PA
  - 18 in TN
  - 18 in WA
  - 12 in IA
  - 11 in LA
  - 10 in AR
  - 9 in MN
  - 8 in NH
  - 7 in KS
  - 7 in NJ
  - 4 in CO
  - 3 in DC
  - 2 in PR
  - 1 in UT
  - 1 in VI

Laboratory Testing

Status of Laboratory Testing

Data Through: 13 Sep 2020 *Last Updated: 15 Sep 2020, 22:23*

Source: HHS Protect[14,15]

Report	Total New Orders	Cumulative Orders	New With Results	Cumulative Results	New Positives	Cumulative Positives	Percent Positive	% Positive Last 7 Days
Hospital[16]	149,233	17,473,210	144,054	17,534,483	8,344	1,268,411	7.23%	4.71%
Commercial labs[17]	44,063	38,412,321	228,634	37,689,627	10,246	3,296,545	8.75%	4.91%
State/Local PHL[18]	2,327	5,810,747	17,625	5,802,568	812	446,205	7.69%	4.58%
Total	195,623	61,696,278	390,313	61,026,678	19,402	5,011,161		

			Cumulative Total With Results		Cumulative Total Positive		Cumulative Total % Positive	% Positive Last 7 Days
Total Incl. State HD's[19]			99,358,130		8,120,154		8.2%	4.4%

[13] MI reported 5,545 less cases and 18 less deaths due to a change in reporting criteria. Previously MI included cases under investigation. As of 15 Sep, MI reports only cases/deaths with completed investigations.

[14] Data Source: HHS Protect is the data source for hospital and commercial lab data starting 23 Apr and PHL labs starting 08 May. Beginning 31 Aug, new results are the numbers as reported in HHS Protect at the time the data were exported.

[15] As of 03 Aug, Laboratory Data in HHS Protect uses data through the most recent day for which all jurisdictions have reported in order to report data for all jurisdictions along a consistent time window.

[16] Hospital laboratory data are reported directly to HHS via an online form, beginning 11 Apr. Respondents are asked to report all tests run in the hospital laboratory and not sent out to commercial laboratories.

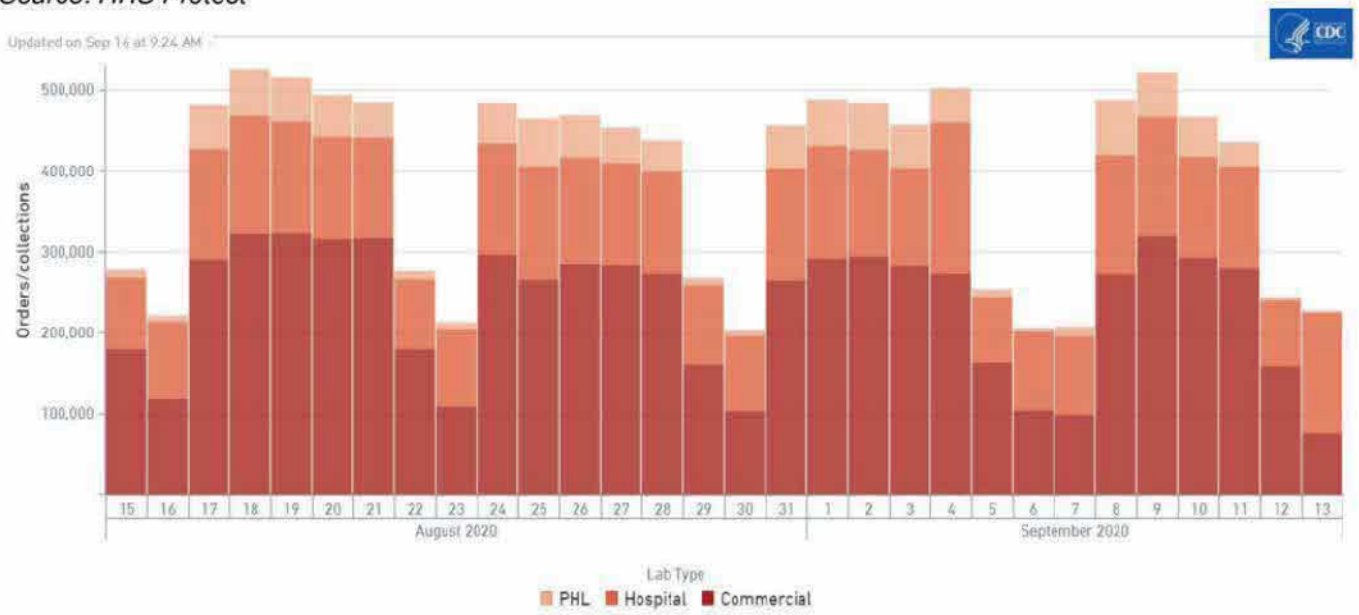
[17] Includes 6 commercial labs: LabCorp, Quest Diagnostics, BioReference, ARUP, Mayo Clinic, and Sonic Healthcare.

[18] Reporting public health labs are all 50 state public health labs, the District of Columbia, New York City, Puerto Rico, USAF, and 17 California counties.

[19] Includes laboratory results reported to CDC from additional state health departments not reported through HHS Protect including additional lab orders received prior to 23 Apr not included in HHS Protect.

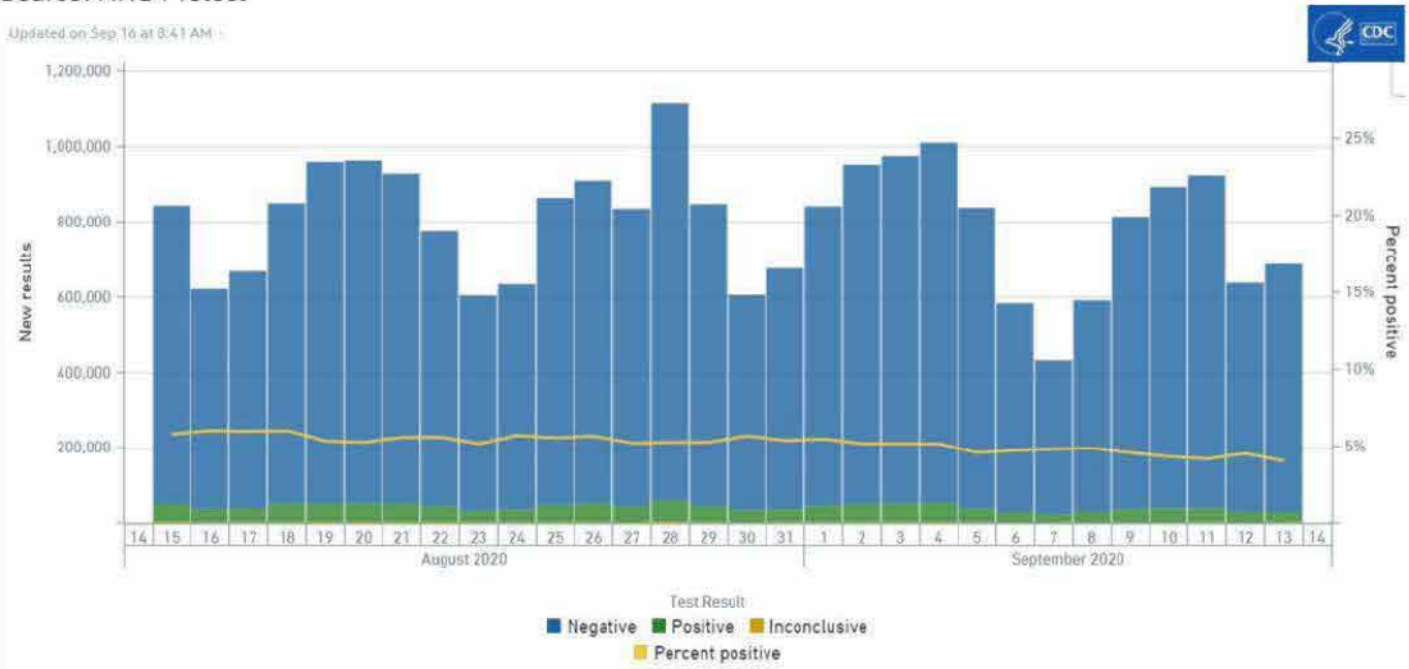
Laboratory Orders/Collections per Day by Facility Type[20]

Data: 15 Aug 2020 - 13 Sep 2020 Last Updated: 16 Sep 2020, 09:24
Source: HHS Protect



Positive/Negative Results and Percent Positive from Public Health, Commercial, and Hospital Lab[21]

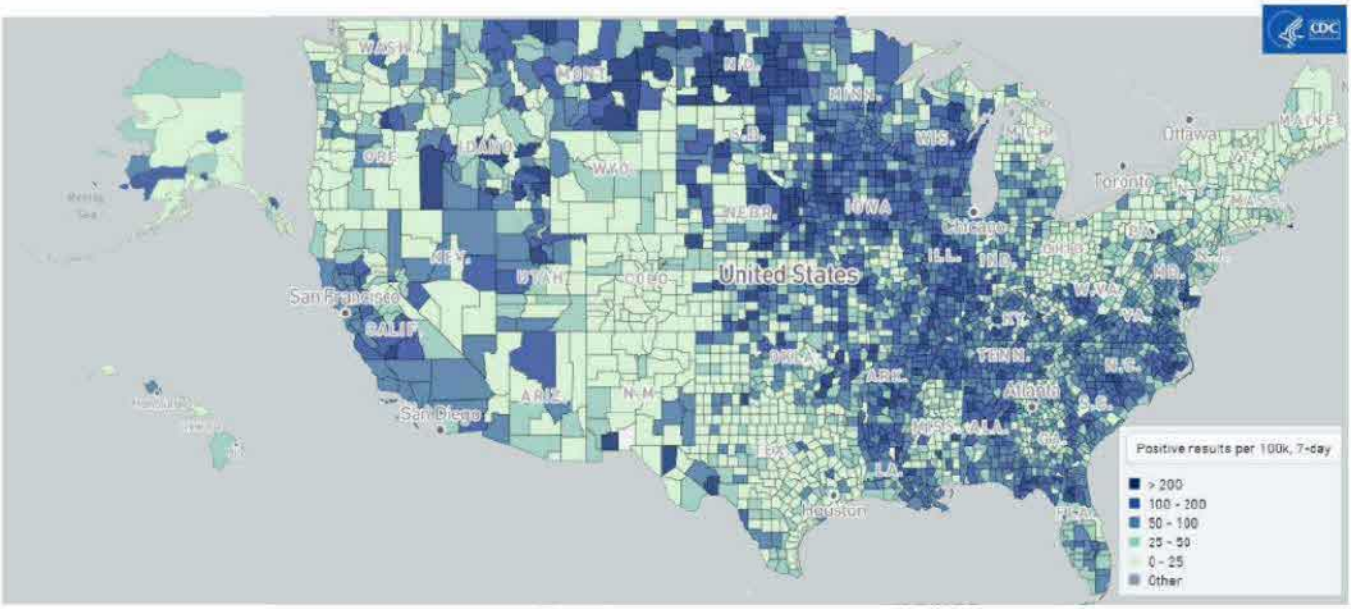
Data: 15 Aug 2020 - 13 Sep 2020 Last Updated: 16 Sep 2020, 08:41
Source: HHS Protect



[20] Reported by test order date if available, otherwise the date the specimen was collected. Due to reporting lags, data for the most recent three days may be underrepresented.
[21] Reported by test result date. Due to reporting lags, data for the most recent three days may be underrepresented.

Positive Results per 100,000 Population Last 7-Days by County [22]

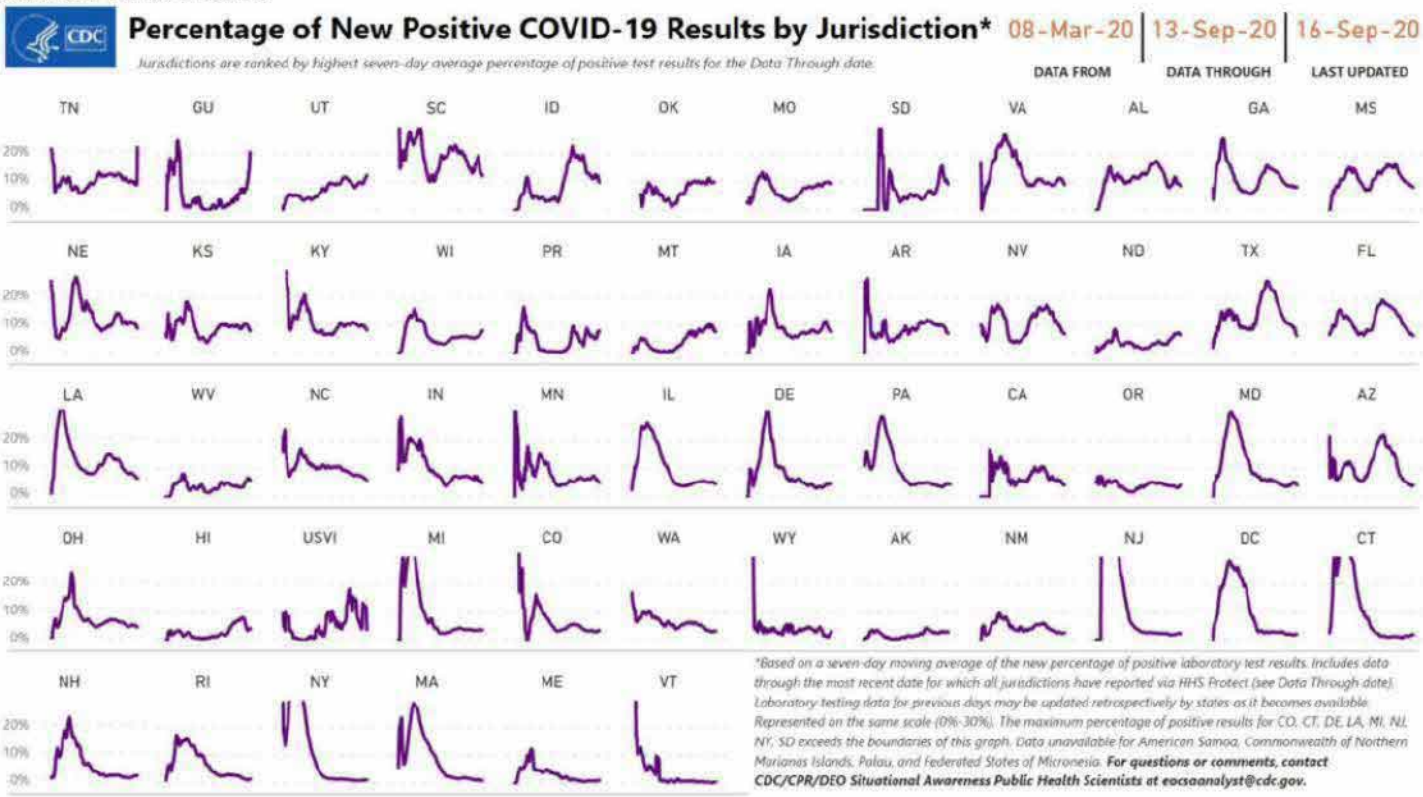
Data Through: 13 Sep 2020 *Last Updated: 16 Sep 2020*
Source: HHS Protect



[22] See CDC COVID-19 Data Tracker for the latest visualizations on US laboratory testing by state.

COVID-19 Virologic Testing, Percentage of Positive COVID-19 Test Results by Jurisdiction

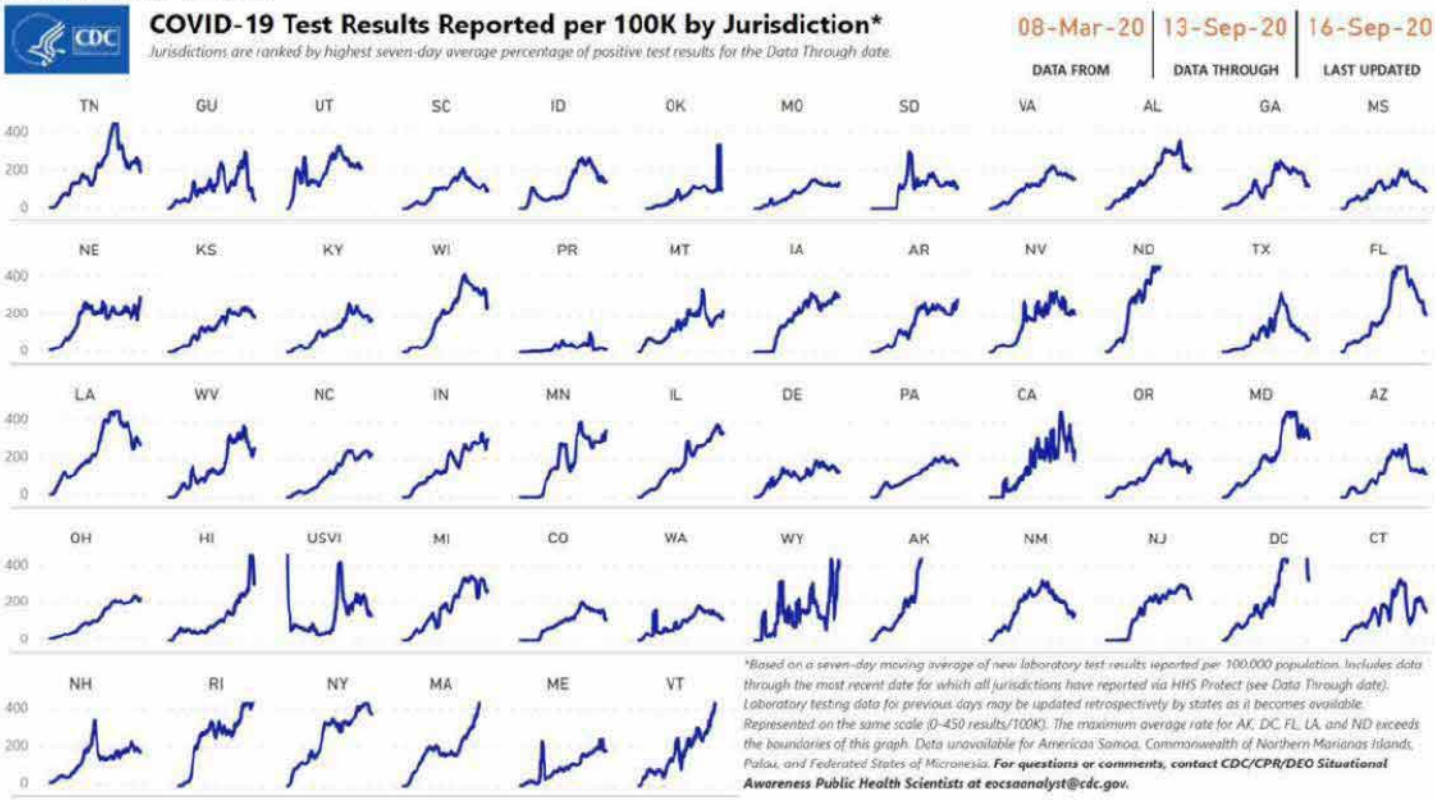
Data: 08 Mar 2020 – 13 Sep 2020 Last Update: 16 Sep 2020, 09:00
Source: HHS Protect



Based on a seven-day moving average of the new percentage of positive laboratory test results. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Represented on the same scale (0%-30%). The maximum percentage of positive results for CO, CT, DE, LA, MI, NJ, NY, SD exceeds the boundaries of this graph. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia. ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

New COVID-19 Test Results Reported per 100,000 Population by Jurisdiction

Data: 08 Mar 2020 – 13 Sep 2020 Last Update: 16 Sep 2020, 09:00
Source: HHS Protect

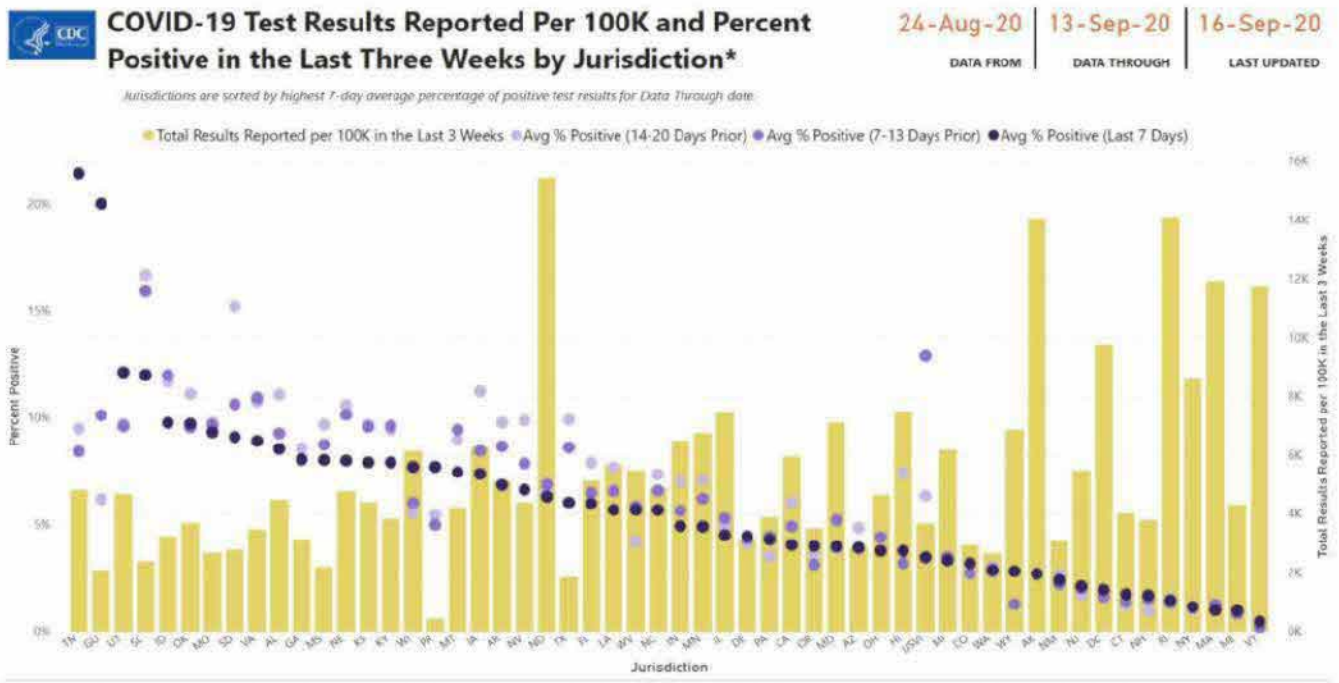


Based on a seven-day moving average of new laboratory test results reported per 100,000 population. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Represented on the same scale (0-450 results/100K). The maximum average rate for AK, DC, FL, LA, and ND exceeds the boundaries of this graph. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia. ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

Test Results per 100,000 and Percent Positive in the Last 3 Weeks by Jurisdiction[23,24]

Data 24 Aug 2020 – 13 Sep 2020 *Last Updated: 16 Sep 2020, 09:00*

Source: HHS Protect



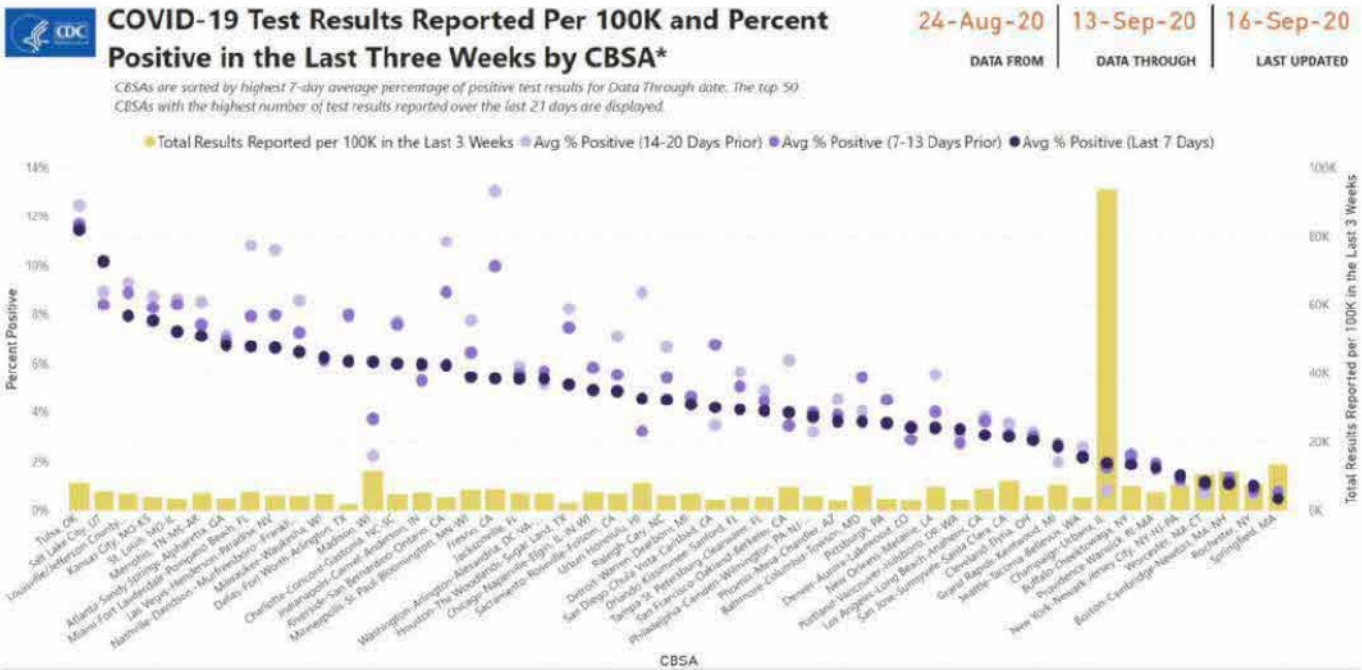
Based on total laboratory test results reported per 100,000 population in the last 21 days. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Guam, US Virgin Islands, Palau, and Federated States of Micronesia.

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Positive/Negative Results and Percent Positive in the Last 3 Weeks by CBSA[24]

Data 24 Aug 2020 – 13 Sep 2020 *Last Updated: 16 Sep 2020, 09:00*

Source: HHS Protect



**Metropolitan and Micropolitan Statistical Areas are collectively referred to as Core-Based Statistical Areas (CBSA); new definitions were announced by OMB on 06 Jun 2003, based on application of the 2000 standards with Census 2000 data. Figure based on total laboratory test results reported per 100,000 population in the last 21 days. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Guam, US Virgin Islands, Palau, and Federated States of Micronesia.*

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

[23] Data from state health departments, state public health labs, commercial labs, and hospitals.

[24] Metropolitan and Micropolitan Statistical Areas are collectively referred to as Core-Based Statistical Areas (CBSA). Due to reporting lags, data for the most recent three days may be underrepresented.

Comparison of U.S. Case Counts with Laboratory Testing Data

COVID-19 Cases, Deaths and Lab Comparison by Jurisdiction

Data Through: 13 Sep 2020 *Updated: 16 Sep 2020, 11:30*
Source: HHS Protect

COVID-19 Epi/Lab Overview -- US States, Territories & DC

Data for case and laboratory data includes data through the most recent date for which most jurisdictions have reported via HHS protect. *Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Lab data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia.*

** Calculation omitted where the number of total new tests was less than five.*

13-Sep-20 DATA THROUGH | 16-Sep-20 LAST UPDATED

State/ Territory	Cases/ 100K	Deaths/ 100K	Total Tests	New Tests	Tot. Tests/ 100K	New Tests/ 100K	New Pos Tests	Total Pos Tests	% Total Pos Tests	% New Pos Tests*
AK	851.3	6.0	514,374	2,178	70,313.4	297.7	24	11,842	2.3%	1.1%
AL	[illegible]	48.1	1,564,115	5,548	31,900.0	113.2	535	167,518	10.7%	9.6%
AR	2219.6	32.4	849,293	7,301	28,142.7	241.9	488	74,157	8.7%	6.7%
AZ	[illegible]	74.2	1,675,350	5,880	23,017.1	80.8	243	209,350	12.5%	4.1%
CA	1908.4	36.2	12,919,314	241,980	32,697.0	612.4	8,306	869,565	6.7%	3.4%
CO	1076.7	34.9	1,017,318	7,979	17,665.6	138.6	225	47,784	4.7%	2.8%
CT	1123.6	125.4	985,658	4,191	27,589.3	117.6	60	64,467	6.5%	1.4%
DE	1958.0	63.8	210,567	1,284	21,624.0	131.9	50	16,219	7.7%	3.9%
FL	[illegible]	59.2	8,821,274	16,677	41,071.7	77.6	936	1,090,521	12.4%	5.6%
GA	[illegible]	61.3	2,496,308	1,536	23,511.4	14.5	140	261,894	10.5%	9.1%
HI	712.6	7.0	335,776	3,439	23,715.1	242.9	92	12,011	3.6%	2.7%
IA	[illegible]	38.6	1,046,608	6,160	33,172.3	195.2	317	86,432	8.3%	5.1%
ID	2011.3	23.7	414,358	1,600	23,186.5	89.5	161	54,634	13.2%	10.1%
IL	2067.5	67.0	4,399,754	23,431	34,720.8	184.9	1,199	298,647	6.8%	5.1%
IN	1561.1	51.4	2,149,130	17,962	31,923.1	266.9	813	161,920	7.5%	4.5%
KS	1661.9	17.6	716,678	1,401	24,600.1	48.1	116	63,605	8.9%	8.3%
KY	1274.4	23.7	992,024	4,081	22,204.5	91.3	315	90,706	9.1%	7.7%
LA	[illegible]	112.3	2,092,027	3,457	45,031.5	74.4	297	228,249	10.9%	8.6%
MA	1824.0	133.4	2,961,620	25,429	42,968.7	368.9	240	162,222	5.5%	0.9%
MD	1932.4	63.5	2,450,188	11,939	40,527.9	197.5	332	180,666	7.4%	2.8%
ME	363.3	10.2	263,382	1,749	19,593.8	130.1	13	5,373	2.0%	0.7%
MI	1231.1	69.1	3,368,891	18,953	33,733.2	189.8	640	171,386	5.1%	3.4%
MN	1513.9	35.2	1,907,098	19,559	33,816.0	346.8	780	119,341	6.3%	4.0%
MO	1677.1	27.8	955,855	9,684	15,574.2	157.8	797	71,350	7.5%	8.2%
MS	[illegible]	90.6	595,005	2,199	19,992.4	73.9	191	70,205	11.8%	8.7%
MT	649.2	12.7	280,991	2,551	26,290.9	238.7	183	13,681	4.9%	7.2%
NC	1781.0	29.4	2,506,981	18,034	23,922.2	171.9	974	223,002	8.9%	5.4%
ND	2002.6	22.4	376,242	4,473	49,616.2	589.8	341	21,102	5.7%	7.6%
NE	979.4	22.5	616,182	4,027	31,853.6	208.2	268	73,166	11.9%	6.7%
NH	567.4	32.1	334,700	1,936	24,615.5	142.4	24	12,640	3.8%	1.2%
NJ	2207.3	140.0	2,692,253	12,314	30,310.7	138.6	210	99,047	3.7%	1.7%
NM	1277.1	39.3	714,074	3,696	34,054.9	176.3	84	30,316	4.2%	2.3%
NV	1431.0	49.0	950,528	3,018	30,859.1	98.0	198	99,351	10.5%	6.6%
NY	739.3	32.2	9,581,063	60,336	49,250.9	310.2	723	550,228	5.7%	1.2%
OH	1175.5	37.8	2,588,021	29,317	22,140.5	250.8	1,044	147,929	5.7%	3.6%
OK	1938.0	23.0	563,581	3,784	14,242.7	95.6	300	44,849	8.0%	7.9%
OR	700.0	12.1	995,532	3,080	23,603.5	73.0	126	39,191	3.8%	4.1%
PA	1130.4	61.4	2,874,214	18,954	22,451.3	148.1	808	195,907	6.8%	4.3%
RI	2166.3	101.3	635,719	2,208	60,009.7	208.4	46	32,706	5.1%	2.1%
SC	1893.6	60.3	951,350	5,600	18,477.4	108.8	455	166,199	17.5%	8.1%
SD	1883.9	20.9	169,901	1,625	19,205.3	183.7	87	10,552	6.2%	5.4%
TN	2246.2	30.7	2,501,940	21	36,636.1	0.3	21	244,235	9.8%	100.0%
TX	2251.5	49.4	5,703,965	16,890	19,947.5	59.2	1,346	925,284	16.0%	8.0%
UT	1858.4	13.7	1,185,785	4,542	36,986.9	141.7	646	94,880	8.0%	14.2%
VA	1579.9	32.2	1,882,558	11,598	22,055.6	135.9	877	227,875	13.7%	7.6%
VT	268.9	9.3	242,115	3,588	38,801.2	575.0	16	2,673	1.1%	0.4%
WA	1059.3	26.4	1,407,555	7,583	18,484.2	99.6	186	75,530	5.4%	2.5%
WI	1628.6	21.0	2,162,892	15,028	37,147.6	258.1	1,257	116,892	5.4%	8.4%
WV	703.2	14.7	344,310	3,960	30,372.0	221.0	175	20,751	3.8%	4.4%
WY	752.2	7.3	156,268	207	27,000.5	35.8	7	4,652	3.0%	3.4%
CNMI	107.2	3.5								
DC	2007.2	87.7	341,259	3,264	48,394.2	462.5	62	18,616	5.5%	1.9%
GU	1134.4	14.0	34,801	27	21,190.3	16.4	4	1,374	3.9%	14.8%
PR	1181.5	17.0	151,552	1,344	4,745.4	42.1	87	4,472	3.0%	6.5%
USVI	1166.4	19.2	20,602	14	19,660.9	13.4	1	1,152	5.6%	7.1%

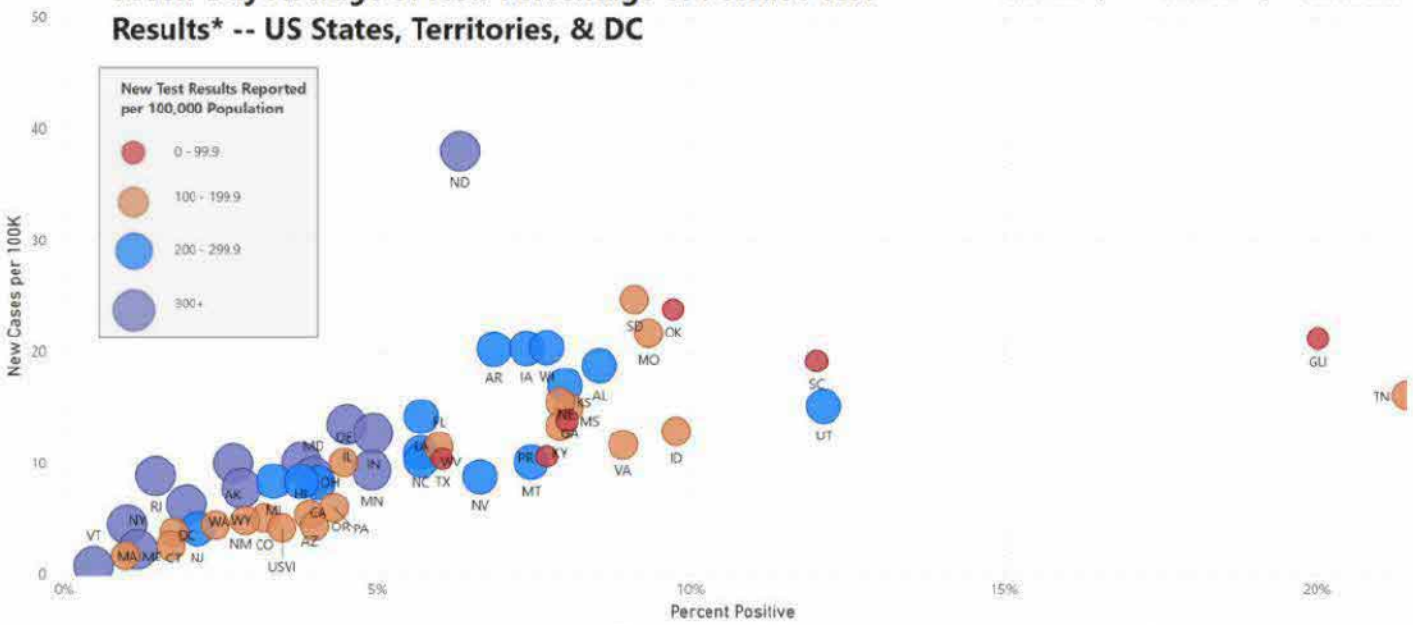
This table also summarizes official CDC US case counts for COVID-19, reviewed and validated by states and territories, posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). Sources: CDC DCIPHER, HHS Protect, US Census Bureau. ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

Comparison New Cases per 100k Population and Percent Positive Test Results, Last 7-Days

Data 07 Sep 2020 – 13 Sep 2020 *Updated: 16 Sep 2020, 11:30*
Source: HHS Protect

Seven-Day Average of New COVID-19 Cases Per 100K by Seven-Day Average of New Percentage of Positive Test Results* -- US States, Territories, & DC

07-Sep-20 DATA FROM | 13-Sep-20 DATA AS OF | 16-Sep-20 LAST UPDATED



** Includes data through the most recent date for which all jurisdictions have reported laboratory data via HHS Protect (see Data As Of date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Figure represents official CDC US case counts for COVID-19, including both confirmed and probable cases, reviewed and validated by states and territories and posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). New test results reported per 100,000 population is based on a seven-day moving average. Laboratory Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia.* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

CDC Response Statistics

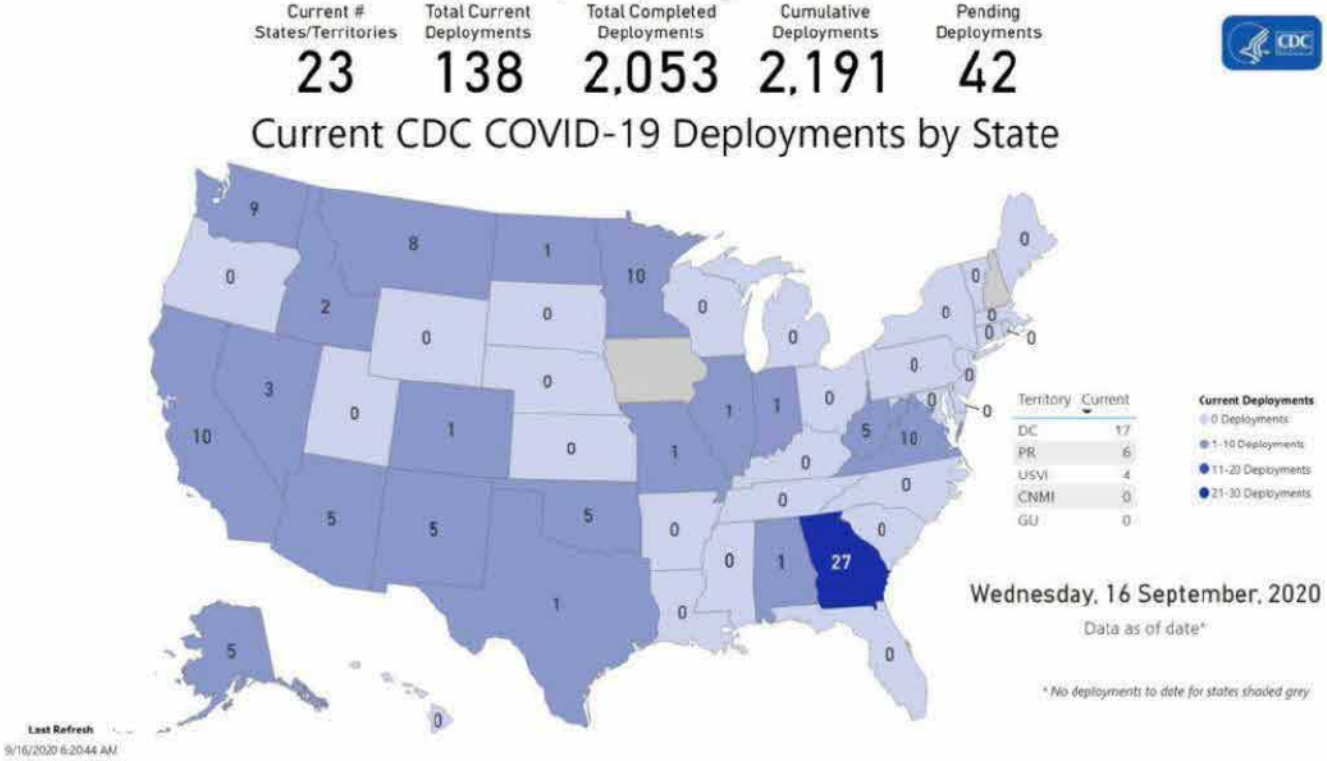
Deployments

CDC COVID-19 Domestic Deployments[25]

Data as of 16 Sep 2020 *Last Updated 16 Sep 2020, 06:20*

Source: CDC Personnel Workforce Management System (PWMS)

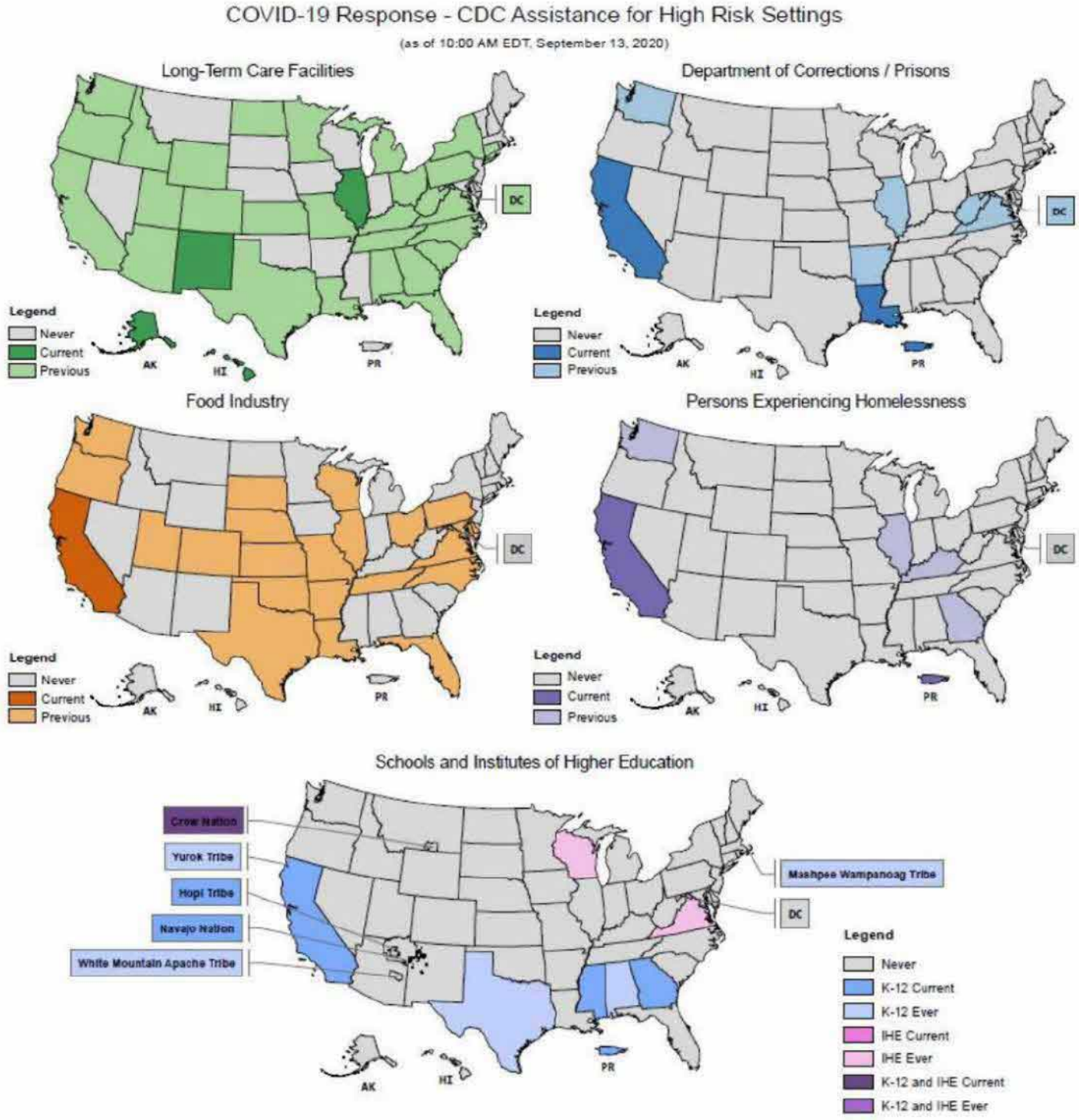
Current # States/Territories	Total Current Deployments	Total Completed Deployments	Cumulative Deployments	Pending Deployments
23	138	2,053	2,191	42



[25] A single person may have multiple deployments over time. Data in PWMS is from the previous day.

Health Department and High-Risk Setting Deployments[26, 27]

As of 16 Sep 2020, 09:00 unless otherwise indicated
Teams: 57 teams Deployers: 155 deployers



[26] Field Staff and Remote Staff counts are current number of deployed staff of each type.
[27] These data represent deployed CDC field teams focusing on supporting health departments in state, tribal, local, and territorial jurisdictions. These health department deployments are a subset of the deployments represented in the graphic above. Each team aligns to a specific mission. The number of deployed staff per team may fluctuate throughout each mission. These data come from CDC Health Department Task Force records of teams deployed since 03 Apr 2020.

Summary of Health Department Support Teams[28]

Team Description	No. Teams	No. Staff
Currently Deployed	**57**	**155**
Field[29]	49	124
Remote	8	31
Returned[30]	**251**	**1,188**
Field	226	1,042
Remote	79	206
Cumulative[31]	**303**	**1,343**
Field	275	1,166
Remote	101	237

Subset of Deployment Teams with Work in High Risk Settings[32]

High Risk Setting	Number of Teams		
	Currently Deployed	Returned	Total
Department of Corrections / Prisons	3	12	15
Early Childhood Education	1	0	1
Food Industry	1	25	26
Homeless Pop	4	9	13
Institutes of Higher Education	3	4	7
K-12 Schools	5	9	14
Long-Term Care Facilities	5	57	62
Total	**14**	**104**	**118**

Team and Staff Counts by Team Category

	No. Teams	No Staff
Currently Deployed	**57**	**155**
Outbreak Response	4	11
State Support	28	68
Study/Trial	9	38
Tribal Support	16	38

Health Department Support Deployments by Mission

Team ID	County	Start Date	Projected End Date	Current Staff	HHS CRAFT Team	Mission
AK-2	Anchorage	4/2/2020	12/31/2020	3	No	Provide case and contact investigation support to the Alaska state Department of Health for outbreak investigation a long-term care facility.
AK-5	TBD	9/16/2020	10/15/2020	1	No	TBD
AK-6	Anchorage	9/11/2020	9/30/2020	3	No	Provide epidemiological support for Alaska Department of Health and Social Service's response to a large and ongoing COVID-19 outbreak among persons experiencing homelessness (PEH) in Anchorage, AK.
AL-6	TBD	9/14/2020	9/17/2020	1	No	TBD
CA-3	San Diego; Imperial	6/2/2020	9/30/2020	4	No	Develop and implement a border health plan to reduce the transmission of COVID at the U.S. border in partnership with San Diego and Imperial counties. Conduct epidemiological investigation of COVID-19 transmission at a meat processing plant. Provide direct assistance and administrative support to infection prevention nurse at the local hospital.
CA-4	San Francisco	5/27/2020	9/30/2020	1	No	Develop an early warning surveillance system to monitor disease transmission among vulnerable populations, low-income communities, mass transportation users, workforce, and schools.

[28] Field and remote staff may not sum to total because some teams or individuals could provide both field and remote support.
[29] Includes 4 teams with both field and remote staff.
[30] Includes 54 teams with both field and remote staff.
[31] Includes 68 teams with both field and remote staff.
[32] Total may differ from calculated sum in table due to some teams working in multiple high-risk settings.

Team ID	County	Start Date	Projected End Date	Current Staff	HHS CRAFT Team	Mission
CA-10	Contra Costa	9/1/2020	9/22/2020	3	No	Conduct specimen accessioning, support California Department of Public Health's (CDPH) Viral Research and Diagnostic Laboratory (VRDL) with pre-analytical processing and at the post-analytical phase. Advise and provide guidance on re-organization of current lab space to make more space for additional COVID testing instruments.
CO-5	TBD	9/15/2020	10/12/2020	1	No	Provide oversite and coordination for planned epidemiologic investigation to evaluate the sensitivity, utility, and acceptability of self-collected nasal and saliva specimens for SARS-CoV-2 testing during community universal testing events, as compared with healthcare professional nasopharyngeal specimens
Crow-1	Yellowstone; Treasure; Big Horn	8/10/2020	10/15/2020	5	No	The Crow Nation Team will provide focused technical assistance and training in the following workstreams: 1. ICS Structure 2 . Messaging and Health Communications 3. Contact Tracing Support and Guidance 4. Epidemiology and Surveillance Support/Data Coordination and Analysis 5. Community Mitigation Plan 6. IPC for Traditional Practices
DC-5	District of Columbia	8/27/2020	10/25/2020	1	No	DC Health is collecting employee data on COVID-19 cases from all healthcare facility employers including hospitals, nursing homes, outpatient facilities, and group homes, ambulatory surgical centers, dentists, and others. Data is being reported to DC, but the health department does not have the staff to manage and analyze this data. DC Health has asked for a deployment of one officer to deploy for potentially two months to set up this data system, perform data analysis, and set up automated reporting or train someone at DC Health to do future analyses. Remote deployment is not preferred due to
DC-6	TBD	9/3/2020	9/19/2020	1	No	Work with Secretary Operations Center (SOC) to conduct an Epidemiological Investigation.
GA-6	Hall	7/14/2020	9/30/2020	1	No	Conduct epidemiological investigation of summer camp in Georgia's Hall County. Characterize secondary transmission from staff-staff, staff-campers, campers-campers, campers-household, particularly looking for differences by age, underlying conditions, exposure-risks, etc. Describe preventive/protective measures put in place by camp and by individuals. Describe characteristics of population, including demographic, clinical, exposures, and results of SARS-CoV-2 testing. Compare exposures between infected and healthy campers and staff.
GA-8	DeKalb; Fulton	8/4/2020	10/3/2020	11	No	Identify patients with COVID-19 among dialysis facilities in the state of Georgia; enroll consenting patients in the COVID-R dialysis project. Follow up with patients to obtain specimen and complete questionnaires. Follow up will occur over a period of 42 days: every 3 days during the first 21 days after enrollment and weekly after the first 21 days.
GA-10	Fulton	8/11/2020	10/9/2020	13	No	To evaluate the performance of self-collected specimens with nasopharyngeal swabs collected by healthcare personnel in diagnosis of SARS-CoV-2
GA-12	Fulton	9/10/2020	10/7/2020	6	No	Implement phone-based school surveys to collect aggregated data on school-associated cases and clusters weekly. Analyze surveillance data for school-associated COVID-19 cases and clusters. Plan and conduct investigations in schools with and without COVID-19 cases identified among students, teachers and staff to assess level of adherence to and impact of mitigation measures adopted by the select schools.
HI-1	Hawaii; Kauai; Maui; Honolulu	8/24/2020	10/13/2020	1	No	Provide Infection Prevention and Control support to the Hawaii Department of Health (HDOH).
Hoopa Valley-1	Humboldt	8/23/2020	10/2/2020	5	No	The primary goal of this project is to enhance the Hoopa Valley Tribe's ability to response to COVID-19 by strengthening the EOC and community mitigation and infection control.
IHS ABQ-1	Cibola	8/16/2020	10/14/2020	1	No	Incident Command (ICS): IHS Albuquerque Area Office is requesting a 30-day deployment of a staff member that may serve in the IHS Albuquerque Area's Incident Command System (ICS) Team under the Command Staff position's "Safety/Infection Prevention Officer" CDR Jeff Conner.
IHS PIMC-1	Maricopa	8/24/2020	9/22/2020	1	No	To enhance the IHS PIMC's ability to respond to COVID-19.

Team ID	County	Start Date	Projected End Date	Current Staff	HHS CRAFT Team	Mission
IHS SBT-1	Bingham; Bannock	8/13/2020	10/29/2020	2	No	Response Coordination and ICS Structure. CDC will provide onsite technical assistance to stand up an incident command center, identify protocols, procedures, relationship coordination and agreements necessary and appropriate for the COVID-19 response to support the following activities:1. Provide recommendations to the Fort Hall IHS Service Center/Shoshone-Bannock Tribes to coordinate the tribe's response to COVID-19 through fully standing-up an Incident Command office, which would include identifying duties, relationships between entities such as counties, state and health care provider(s)
IL-1	Sangamon	4/5/2020	10/10/2021	0	No	Provide a wide range of epidemiological support to state health department for the COVID-19 response.
IL-3	Sangamon	4/26/2020	12/30/2020	0	No	Epi support for state contact tracing and surveillance
IN-3	Elkhart	9/3/2020	9/24/2020	1	No	Develop outreach materials and infographics in English and Spanish based on the findings of the IN-1 field team for the Amish and Latino communities in Elkhart County.
IN-4	TBD	9/14/2020	9/18/2020	1	No	TBD
LA-9	Jefferson Davis; East Baton Rouge; St. Landry; St. Martin; Livingston	8/9/2020	10/10/2020	0	No	Provide infection prevention and control support at correctional facilities. Develop guidance, protocols, and tools for state epidemiologists and health care workers on contact tracing. Share existing guidance, protocols, and tools from CDC.
LAC-3	Los Angeles	7/20/2020	11/15/2020	0	No	Provide guidance and assessment related to infection prevention and control issues to Los Angeles County.
Miwok-1	TBD	9/13/2020	10/13/2020	2	No	The primary goal of this project is to enhance the Shingle Springs Band of Miwok Indians Tribe's ability to response to COVID-19.
MN-4	Hennepin	8/10/2020	9/30/2020	1	No	Perform in-depth analysis of Minnesota Department of Health's COVID-19 prevalence survey data. Provide statistical expertise via remote technical assistance for three weeks.
MN-5	TBD	9/13/2020	9/30/2020	12	No	Conduct interviews as part of a state-wide CASPER study with the Minnesota Department of Health.
MO-5	Cass; Platte; Clay; Jackson	8/12/2020	10/25/2020	3	No	Conduct case investigations, perform and systematize surveillance data entry, provide CDC and health department guidance to community via call center. Partner with and provide direct support to the Kansas City Health Department.
Muscogee Creek-1	Okmulgee	8/12/2020	9/30/2020	3	No	Response Coordination and ICS Structure. CDC will provide onsite technical assistance to stand up an incident command center, identify protocols, procedures, relationship coordination and agreements necessary and appropriate for the COVID-19 response to support the following activities:1. Provide recommendations to the Muscogee Creek Nation to coordinate the tribe's response to COVID-19 through fully standing-up an Incident Command office, which would include identifying duties, relationships between entities such as counties, state and health care provider(s) and to support the Tribe to opt
Navajo-2	Apache; McKinley	5/3/2020	10/6/2020	4	No	Provide epidemiological, contact tracing, and community mitigation support to Navajo Nation.
ND-4	Burleigh	8/17/2020	9/21/2020	1	No	Establish case investigation and contact tracing efforts. Streamline/refine training process for case investigations and contact tracing for COVID-19
NM-5	Santa Fe	5/19/2020	10/8/2020	1	No	Support work related to data collection, collation, and management with respect to data from long term care facilities (LTCFs).
Northern Cheyenne-1	TBD	9/4/2020	10/16/2020	5	No	Provide technical assistance to Northern Cheyenne to support their COVID activities as it relates to Emergency Reponses and preparedness, case investigation and contact tracing, and Epidemiology and surveillance. Technical assistance on communications, community mitigations ad non-healthcare IPC related to worker safety will also be provided.
NY-3	New York	5/11/2020	10/31/2020	1	No	Support the city working with academic institutions, commercial labs, and the two public labs on doing validation of lab-derived tests for massive scale-up of testing
NY-5	New York	5/18/2020	9/29/2020	1	No	Provide infection prevention and control guidance at alternate care sites in New York City.
Oglala Sioux-1	Sheridan; Jackson; Bennett; Oglala Lakota	7/22/2020	10/14/2020	0	No	Conduct outbreak response and contact tracing; provide technical assistance regarding worker safety and infection control and prevention (IPC) measures.

Team ID	County	Start Date	Projected End Date	Current Staff	HHS CRAFT Team	Mission
Paiute Shoshone-1	TBD	9/7/2020	10/30/2020	2	No	Assist the Fort McDermitt Paiute and Shoshone Tribe in the response to COVID-19. • Objective A. By end of support timeframe, review and provide feedback on emergency response and preparedness planning strategies. • Objective B. By end of support timeframe, assess and provide feedback on environmental, workforce, and transportation safety. • Objective C. By end of the support timeframe, assist with immediate staffing and training needs for COVID-19 contact tracers and community mitigation workers.
PR-4	San Juan	7/15/2020	1/31/2021	5	No	Establish a COVID-19 community cohort study with the CDC Dengue Branch laboratory in Puerto Rico.
PR-5	San Juan	7/27/2020	10/1/2020	3	No	Increase the effectiveness of the Puerto Rico Department of Health's (PRDOH) efforts against the COVID-19 emergency. Serve as expert in clinical epidemiology to direct ongoing surveillance efforts targeting at-high-risk groups including residents of correctional facilities and person experiencing homelessness. Advise on clinical questions from local hospitals and healthcare partners.
San Carlos Apache-1	Gila	9/2/2020	10/13/2020	2	No	The primary goal of this project is to enhance the San Carlos Apache Tribe's ability to respond to COVID-19
Shawnee-1	Ottawa	8/30/2020	10/30/2020	2	No	1. Emergency Response (ICS and Preparedness & Planning): a. Assist in setting up Incident Command System (ICS). b. Review and provide comment on plans and procedures (i.e. isolation and quarantine plan). 2. Case Investigation and Contact Tracing a. Provide short term staff to fill immediate workforce gaps in contact tracing staff. b. Request staff from CDCF for long-term contact tracing staff. c. Review contact tracing data management system and provide potential support.
Spirit Lake-1	TBD	9/13/2020	10/12/2020	1	No	Goal 1: Assist the Spirit Lake Tribe in the response to COVID-19 and mitigate the impact of SARS-CoV2.
Tohono-1	Maricopa; Pinal; Pima	8/4/2020	9/22/2020	2	No	Provide technical assistance to Tohono O'odham Nation in the response to COVID-19. Conduct training and support surge staffing needs for COVID-19 response. Conduct a needs assessment to prioritize response and developing a response strategy. Enhance response strategy and advise on implementation.
TX-4	Harris	7/14/2020	12/10/2020	1	No	Support data analytics, forecasting, and surveillance to better characterize recent transmission and inform response decisions.
USVI-3	St. Thomas; Saint Croix	7/31/2020	9/30/2020	4	No	Increase the effectiveness of the USVI Department of Health's efforts against the COVID-19 emergency; support ongoing SARS-CoV-2 epi/surveillance efforts and possibly assist with high risk groups. Provide direct support to the USVI Department of Health Laboratory in SARS-CoV-2 molecular testing, sample receiving, accessioning and data entry. Increase the effectiveness of the USVI Department of Health's efforts against the COVID-19 emergency communications.
USVI-4	St. Croix; St. Johns; St. Croix; St. Thomas	8/31/2020	9/23/2020	3	No	On behalf of VIDOH, please see attached request for six Spanish speaking and one French/creole speaking contact tracers to support the COVID efforts in USVI via a remote location for 30 days.
VA-11	TBD	9/14/2020	9/17/2020	2	No	TBD
WA-10	TBD	9/13/2020	10/3/2020	5	No	Characterize the COVID-19 pandemic in the Hispanic population of the counties to inform pandemic control measures for this population. Conduct detailed epidemiologic assessment of Hispanic case-patients, including person, place and time, probable source of infection, pattern of contacts and secondary transmission, risk factors and behaviors. Conduct a population-based survey of the Hispanic community to estimate the prevalence of knowledge, attitudes and practices relevant to infection transmission and control.
WA-11	TBD	9/14/2020	9/18/2020	3	No	To support as IPC SME in Washington State.
WI-8	Dane	8/30/2020	10/2/2020	1	No	Investigate COVID transmission on college campus setting including prevalence, transmission risk factors, effective mitigation factors and validation of saliva-based antibody testing.
WV-2	Monongalia County	7/23/2020	12/9/2020	6	No	Conduct case investigation and contact tracing to R rapidly detect COVID-19 and any evidence of human-to-human transmission among contacts. Identify conditions that would propagate disease transmission in a community leading to cluster or outbreak investigations. Reduce human-to-human transmission, prevent outbreaks, and delay the spread of disease.

Team ID	County	Start Date	Projected End Date	Current Staff	HHS CRAFT Team	Mission
Yavapai-1	Maricopa	9/7/2020	10/30/2020	1	No	Assist Fort McDowell Yavapai Nation in the response to COVID-19.
VA-11	TBD	9/14/2020	9/17/2020	2	No	TBD
WA-10	TBD	9/13/2020	10/3/2020	5	No	Characterize the COVID-19 pandemic in the Hispanic population of the counties to inform pandemic control measures for this population. Conduct detailed epidemiologic assessment of Hispanic case-patients, including person, place and time, probable source of infection, pattern of contacts and secondary transmission, risk factors and behaviors. Conduct a population-based survey of the Hispanic community to estimate the prevalence of knowledge, attitudes and practices relevant to infection transmission and control.
WA-11	TBD	9/14/2020	9/18/2020	3	No	To support as IPC SME in Washington State.

CDC Website Updates – COVID-19 Response

As of 16 Sep 2020, 08:00[33]

New/Updated Guidance, Recommendations, Considerations[34]

- Considerations for Food Pantries and Food Distribution Sites
- Crew Disembarkations through Commercial Travel
- Indicators for Dynamic School Decision-Making
- Indicators for Dynamic School Decision-Making: Media Statement
- Operational Considerations for Personal Protective Equipment in the Context of Global Supply Shortages for Coronavirus Disease 2019 (COVID-19) Pandemic: non-US Healthcare Settings
- SARS-CoV-2–Associated Deaths Among Persons Aged <21 Years — United States, February 12–July 31, 2020
- Schools and Childcare Programs

New/Updated Webpages

- Cases & Deaths by County
- Cases in the U.S.
- COVID-19 Science Update for 15 Sep 2020
- Testing Data in the U.S.
- What is Telemedicine in a non-US Setting

New MMWR Publications[35]

- None.

International Updates

WHO Epidemiological Update

WHO Global Cases and Deaths

Data: 23 Jan 2020 – 16 Sep 2020 Last Updated: 16 Sep 2020 11:44 CEST

Source: WHO Coronavirus Disease (COVID-19) Dashboard

WHO Coronavirus Disease (COVID-19) Dashboard
Global Cases and Deaths
Data Last Updated: 16 Sep 2020, 11:44 CEST

Cases		Deaths	
Cumulative Total	Newly Reported Last 24 Hours	Cumulative Total	Newly Reported Last 24 Hours
29,356,292	236,365	930,260	4,272

[33] Updates since last report. CDC's COVIDView provides a weekly summary and interpretation of key indicators that have been adapted to track the COVID-19 pandemic in the United States. See also CDC's "What's New" page and "Latest Updates" on the CDC COVID-19 webpage for the latest communication resources, Communication Resources for links to all guidance and reports, the COVID-19 Science Update page for summaries of new COVID-19-related studies (released every Tuesday and Friday) and the Health Alert Network (HAN) page for urgent information for state, local, tribal, and territorial partners.

[34] A complete list of Guidance Documents can be found on the CDC COVID-19 Guidance Page.

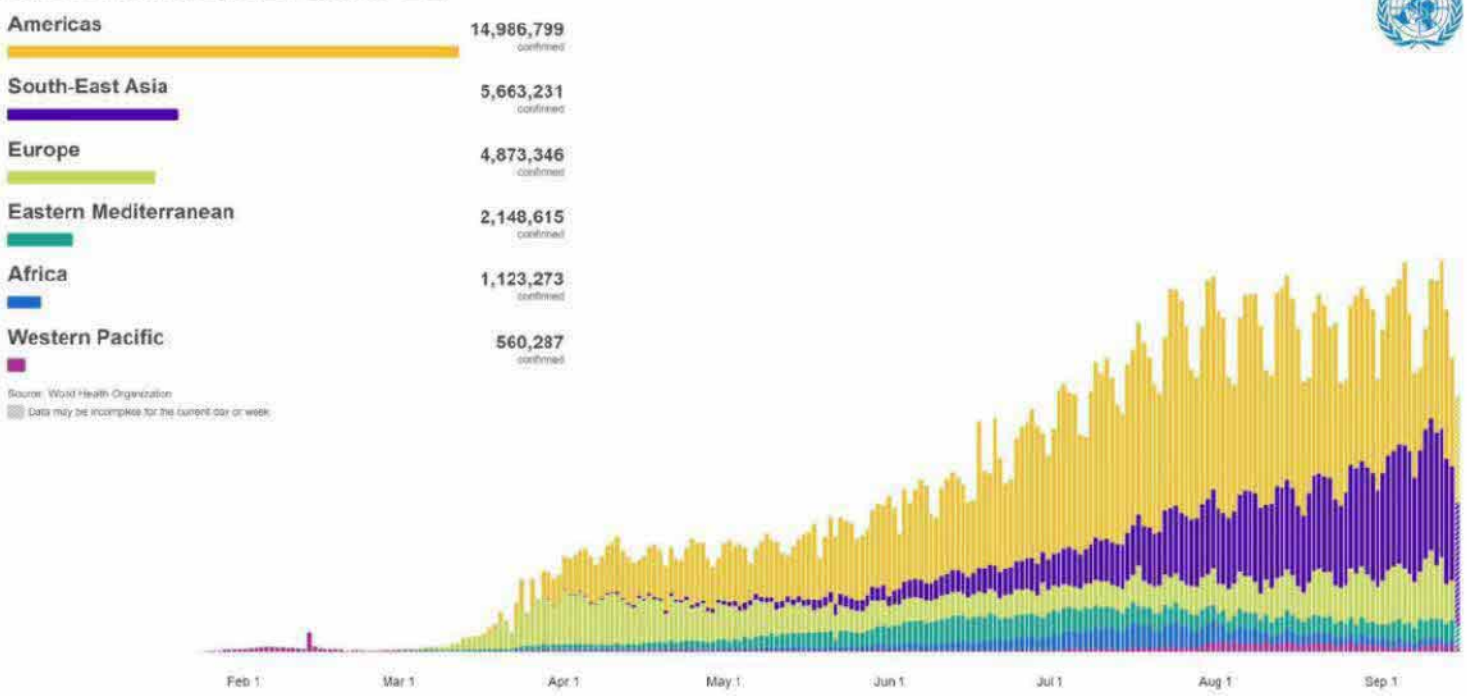
[35] A comprehensive list of COVID-19 Morbidity and Mortality Weekly Reports (MMWR) COVID-19 publications can be found on the MMWR Publications page.

Global Epidemic Curve of Confirmed COVID-19 Cases by Date of Report and WHO Region

Data: 23 Jan 2020 – 16 Sep 2020 Last Updated: 16 Sep 2020 11:44 CEST

Source: WHO Coronavirus Disease (COVID-19) Dashboard

Data last updated: 2020/9/16, 11:44am CEST

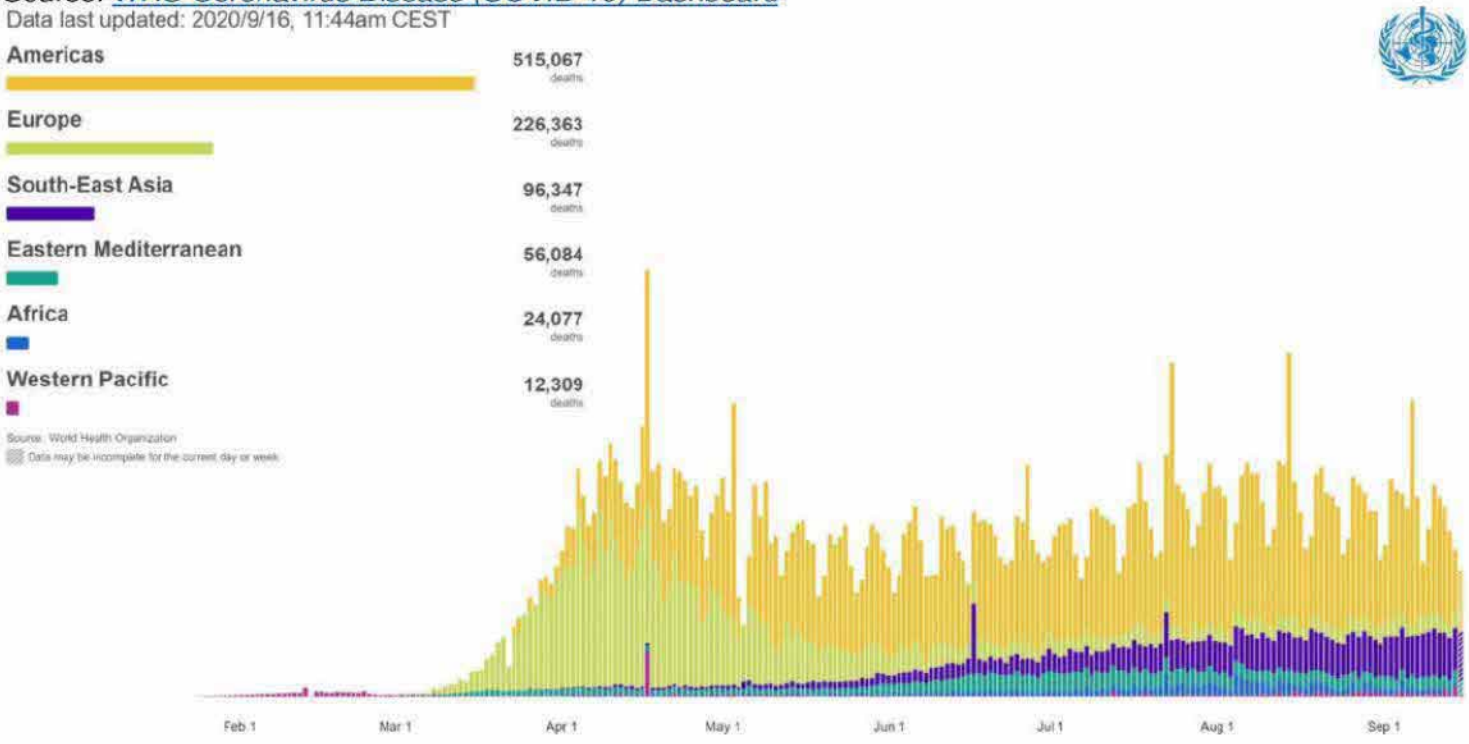


Global Epidemic Curve of Confirmed COVID-19 Deaths by Date of Report and WHO Region

Data: 23 Jan 2020 – 16 Sep 2020 Last Updated: 16 Sep 2020 11:44 CEST

Source: WHO Coronavirus Disease (COVID-19) Dashboard

Data last updated: 2020/9/16, 11:44am CEST



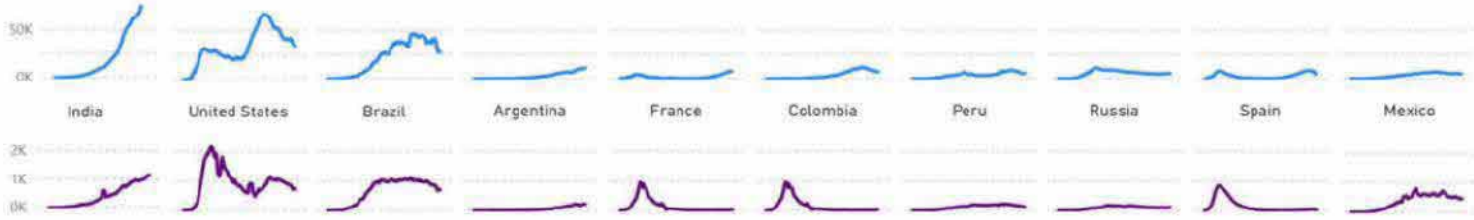
New COVID-19 Cases and Deaths by Country Last 7-Days (Count and Incidence)

New COVID-19 Deaths by 7-Day Average and Incidence*

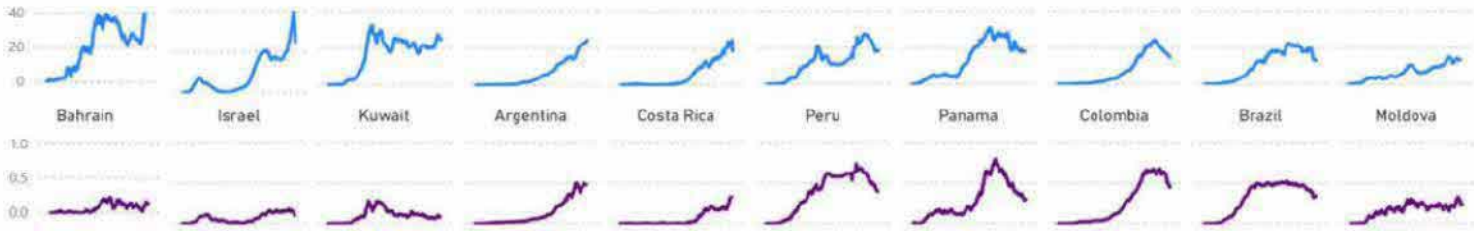
08-Mar-20 | 15-Sep-20 | 16-Sep-20

DATA FROM | DATA THROUGH | LAST UPDATED

New COVID-19 Cases and Deaths - Top 10 Countries and Territories by Highest 7-Day Average



New COVID-19 Cases and Deaths per 100K - Top 10 Countries and Territories by Highest 7-Day Average per 100K Population**



** Based on a seven-day average of cases and deaths respectively. Seven-day average excludes country-specific outliers exceeding a threshold of six standard deviations from the mean. Data shown starting 08 Mar 2020 CET – Geneva local time. WHO reports data from territories separately from their related countries. **Excluding countries with fewer than 10,000 total cases. Data source: WHO Coronavirus disease (COVID-2019) dataset (https://covid19.who.int/WHO-COVID-19-global-data.csv).*

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Department of Health and Human Services
Centers for Disease Control and Prevention
SAFER·HEALTHIER·PEOPLE™

CDC Coronavirus Disease-2019 (COVID-19) Situation Report #166

Sensitive but Unclassified (SBU). This document may contain sensitive information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552). This information is for internal government use only. Further distribution to authorized personnel with a "need to know" and for awareness is authorized by the Centers for Disease Control and Prevention.

CDC Response Status: Agency Level Activation
Date: 09/16/2020
Report Period: 09/15/2020 – 09/16/2020
IMS Activation: 01/21/2020
Location of Event: Global
Lead Agency: Centers for Disease Control and Prevention (CDC)
Lead CDC CIOs: National Center for Immunization and Respiratory Diseases (NCIRD)
Center for Preparedness and Response (CPR)
Description: CDC Coronavirus Disease-2019 (COVID-19) Response

Significant Activities (SIGACTs)/Information

- CDC COVID-19 website provides the latest resources for community and healthcare professionals on information regarding United States COVID-19 cases: https://www.cdc.gov/coronavirus/2019-ncov/index.html.
- Confirmed and probable U.S. cases of COVID-19: 6,571,867 (updated September 16); for complete domestic updates visit the CDC Data tracker - https://www.cdc.gov/covid-data-tracker/#cases.
- U.S. deaths reported to CDC: 195,053 (updated September 16).
- Worldwide confirmed cases of COVID-19 can be found at the WHO Coronavirus Disease Dashboard - https://covid19.who.int/.

Current Task Force Updates by Objectives:

Objective 1: Support of USG-wide Response – *Integrate CDC response activities with the USG response to inform and synchronize public health actions among all key stakeholders in support of the Federal Incident Strategic Plan.*

Laboratory and Testing Task Force - Supporting the provision of data on the kits shipped to the Public Health Laboratories (PHLs) from International Reagent Resource (IRR).

Community Interventions & Critical Populations Task Force (CICP) – One Health Working Group collaborated with multiple agencies and departments as part of the One Health Federal Interagency COVID-19 Coordination (OH-FICC) subgroup to address animal testing and diagnostics including monitoring for any positive animal samples identified by private, academic, state, or federal laboratories.

Objective 2: Data/Surveillance - *Conduct timely and actionable data analytics, surveillance, lab reporting, and modeling activities to monitor and forecast epidemic progression and inform data-driven decision making.*

Data, Analytics, & Modeling Task Force

- Modeling Unit engaged 79 internal and external CDC partners in one webinar presenting models forecasting COVID-19 spread in the US, predicting the impact of pharmaceutical and non-pharmaceutical healthcare interventions.
- Responded to one new request for technical assistance received from state and local partners in the last week.

Objective 3: Global – *Assess global data as a guide for domestic response, provide guidance on international travel to reduce travel-associated infections, and provide support to mitigate the pandemic in other countries.*

Nothing significant to report.

Objective 4: Lab/Epi – *Conduct and provide support for epidemiologic and laboratory studies to examine dynamics of disease spread and control, including expanding testing and analyzing serologic studies to assess spread of infection across America.*

Epidemiology and Surveillance Task Force

- First Responders Seroprevalence Survey Team continues to analyze data for NYC and Detroit studies; have begun looking at data for the Rhode Island study.
- Seroprevalence team received final adjusted numbers on the commercial labs study; expect to have the final numbers posted online by next week.

Laboratory and Testing Task Force

- As of September 14, CDC has tested over 9,788 samples that equate to over 5,812 patients by PCR. CDC has also tested 95,138 samples with the serology assay.
- IRR shipped 146 reagents to 17 laboratories on September 15.

Objective 5: Community/Health Systems – *Provide community mitigation strategies and tools in support of domestic plans for phased approaches to COVID-19 and provide healthcare systems strengthening and guidance to support patient treatment and infection prevention and control (IPC).*

Health Systems and Worker Safety Task Force (HSWS)

- Worker Safety and Health Team updated the cleaning and disinfection section of the General Business FAQs to include information on germicidal ultraviolet (GUV) disinfection.
- Worker Safety and Health Team presented "COVID-19 and the New Normal" to the Business Council for International Understanding and participated in a webinar "COVID-19 in the Oil/Gas Industry" for the Petroleum Equipment and Services Association.
- Members of the Clinical Team co-authored a manuscript entitled "SARS-CoV-2–Associated Deaths Among Persons Aged <21 Years — United States, February 12–July 31, 2020" that was published in the latest *MMWR*.
- Healthcare Systems Coordination Team's Federally Qualified Health Centers Unit drafted a telehealth strategic plan.
- Healthcare Systems Coordination Team's Tools and Analytics Unit continues work on the next version of Clara (v64), which will include expanded capabilities in a newly developed Power BI Dashboard.

Community Interventions & Critical Populations Task Force (CICP) - Policy and Partner Outreach Team hosted a listening session with the National Panhellenic Conference and the North American Interfraternity Conference, two of the largest umbrella organizations representing sororities and fraternities across the United States to discuss COVID-19.

Global Migration Task Force (GMTF) - United States-Mexico Unit participated in a meeting with the NIOSH-funded Centers of Excellence in Agriculture and Safety to share information about the NCEZID-funded project to strengthen farmworker-serving organizations capacity for emergency response.

Objective 6: State, Tribal, Local and Territorial Support (STLT) – *Provide support for outbreak response, needs assessments, contact tracing, and monitoring impact, as well as support the development and implementation of CDC COVID Corps activities.*

Community Interventions & Critical Populations Task Force (CICP) – One Health Working Group is collaborating with partners in two states to investigate severe outcomes in pets with confirmed SARS-CoV-2 infections after exposure to a person with COVID-19.

Global Migration Task Force (GMTF) – Innovation, Development, Evaluation, and Analytics (IDEA) Team continues to rollout Travel Planner implementation efforts; and has engaged the NCEZID Informatics Lead, CIO, and Senior Advisor for help with the remaining hurdles. This collaboration has aided significantly, and now expecting an authority to operate this week. IDEA also met with CSTE to discuss feedback and plan rollout with their partnership.

Objective 7: Communication and Outreach – *Ensure active, timely, effective public health and safety messaging around response priorities with key federal, state/local partners, policymakers, media, and the public.*

Joint Information Center (JIC)
- Hosted the "Telehealth & Health Equity: Considerations for Addressing Health Disparities during the COVID-19 Pandemic" COCA Call; a total of 2,096 Zoom webinar links and phone lines were used to access the COCA Call.
- New Webpages: Indicators for Dynamic School Decision-Making
- Updated Web Pages:
  - CDC COVID Data Tracker
  - Staffing Resources
  - COVID-19 Travel Recommendations by Destination
  - General Business Frequently Asked Questions
- Posted on COVID-19 Content on OADC Social Media Channels:
  - COVID-19 COCA Call promotion
  - *MMWR* on pediatric COVID-19 deaths
  - Hurricane Sally – Safe Evacuations
  - Contact Tracing Toolkit Promotion
  - COVID-19 School Reopening Threshold
- Posted COVID-19 content on Spanish language OADC social media channels
  - Hurricane Sally – Safe Evacuations
  - How to NOT Wear a Mask graphic

Community Interventions & Critical Populations Task Force (CICP) – Posted Indicators for Dynamic School Decision-Making.

Epidemiology and Surveillance Task Force – Published Morbidity and Mortality Weekly Report focused on outcomes of pregnant women hospitalized with lab confirmed COVID-19.

Objective 8: Vaccine – *Develop and support access to vaccines to prevent COVID-19, influenza, and childhood vaccine-preventable diseases.*

Nothing significant to report.

General Staff Activities

Operations
- Received/triaged 46 COVID-19 related calls during the reporting period.
- Processed five International Health Regulations (IHR) requests and four Do Not Board (DNB) actions.

Resource Support
- 150 CDC personnel deployed or pending deployment (142 deployed, 8 pending).
- Approved five Emergency Resource Requests (ERRs) this reporting period.

Situational Awareness (SA)
- Provided *Epi-X* support to state health departments in receiving, accessing, and posting:
  - 375 passenger Entry Screening Reports and contact lists for post-arrival monitoring for travelers arriving from a country with widespread transmission of COVID-19.
  - 512 state notification and contact lists for persons who may have been exposed to COVID-19 on a flight.
  - 190 interstate movement notifications to states receiving persons traveling to their jurisdiction who are under self-monitoring with public health supervision for COVID-19; PUI with recent travel reports; lab results sent to health department associated with the jurisdiction where the traveler was tested; or persons with a history of close contact to a confirmed case of COVID-19.

The next CDC SITREP publication will be on Thursday, September 17, 2020.
The Point of Contact for this report is the IMS Planning Section Chief (**eocplans@cdc.gov**).

From: (b)(3) 50 USC 3024(i); (b)(6)

Sent: Friday, September 25, 2020 4:37 AM

To: (b)(3):10 USC 424; (b)(6)

Cc:

Subject: CDC COVID-19 Update 24Sep2020 (For Internal USG only)

Attachments: CDC COVID-19 SITREP 172 09-24-2020.pdf; (FOUO) CDC COVID-19 RESPONSE UPDATE 20200924.pdf

Good evening,

Please see attached CDC Reports.

Cases/deaths as of 24 Sep 2020:
- 6,916,292 confirmed and probable U.S. cases, +41,310 since yesterday
- 201,411 U.S. deaths reported to CDC, +1136 since yesterday
- 31,798,308 confirmed cases worldwide (WHO dashboard data)

Highlights:
- **Case Counts and Deaths:** Nationwide uptick in the past 13 days. 7-day case average up 12% from the previous 7-days. 7-day death average down 15% from the previous 7-days. Case trajectory data continues to reflect this uptick: 22 (39%) states/jurisdictions in an upward/worsening trajectory; 15 (27%) in a plateau; and only 19 (34%) in a downward/improving trajectory.
- **Travel Health Notices (THNs):** https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html, no changes since 21 Sep. Next week, the CDC's Global Migration Task Force intends to finalize their review of secondary criteria for countries eligible for de-escalation.

COVID-19 Travel Recommendations b

www.cdc.gov

Search COVID-19 risk assessment by country larger m

New/Updated Guidance:
- How COVID-19 Spreads: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html; Anticipate updated wording tomorrow regarding the minimal risk for airborne SARS-CoV-2 transmission. 6 ft social distancing will likely remain the recommendation for limiting aerosolized transmission.

How Coronavirus Spreads | CDC

www.cdc.gov

Coronavirus Disease 2019 (COVID-19) is most often s

MMWR Pubs:
- None today.

Please regularly refer to CDC's COVID-19 webpage; information and guidance is updated daily: https://covid.cdc.gov/covid-data-tracker/

CDC COVID Data Tracker

covid.cdc.gov

View the number of confirmed cases COVID-19 in the United States

VR/

(b)(6)

Dept of Defense Liaison to the Centers for Disease Control and Prevention, Atlanta, GA

(b)(6)

(b)(3):50 USC 3024(i); (b)(6)

CDC COVID-19 Response Update Thursday, 24 Sep, 2020
INTERNAL - NOT FOR FURTHER DISTRIBUTION

Table of Contents

Domestic Updates

Case Counts

The CDC numbers have been reviewed and approved by states and are suitable for use in all official communications.

Counts by Jurisdiction (Cumulative, Confirmed and Probable Cases and Deaths)[1]

Data Through 23 Sep 2020 *Last Updated: 24 Sep 2020 11:30*

57 Jurisdictions Reporting Confirmed or Probable COVID-19 Cases 50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[2]	Cases	New Cases[3]		Cases Per 100K			Deaths	New Deaths[3]		Deaths per 100K			CFR[4]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
AK	7,004	54	80.0	949.8	7.3	10.8	45	-	0.1	6.1	-	0.0	0.6%
AL	147,153	569	866.6	3010.6	11.6	17.7	2,488	31	13.7	50.9	0.6	0.3	1.7%
AR	77,963	982	820.6	2586.8	32.6	27.2	1,229	20	10.3	40.8	0.7	0.3	1.6%
AZ	215,284	438	768.1	3001.9	6.1	10.7	5,525	27	22.0	77.0	0.4	0.3	2.6%
CA	787,470	3,146	3,501.0	1990.7	8.0	8.9	15,204	133	84.1	38.4	0.3	0.2	1.9%
CO	66,669	616	569.0	1170.5	10.8	10.0	2,030	5	4.0	35.6	0.1	0.1	3.0%
CT	56,315	155	164.1	1576.3	4.3	4.6	4,497	1	1.4	125.9	0.0	0.0	8.0%
DE	19,947	186	101.9	2062.4	19.2	10.5	630	2	1.6	65.1	0.2	0.2	3.2%
FL	682,370	2,594	2,733.7	3203.7	12.2	12.8	13,618	202	97.0	63.9	0.9	0.5	2.0%
GA	309,678	1,457	1,517.4	2943.9	13.9	14.4	6,773	96	50.6	64.4	0.9	0.5	2.2%
HI	11,848	167	109.7	834.1	11.8	7.7	122	2	3.3	8.6	0.1	0.2	1.0%
IA	82,357	1,056	811.1	2609.4	33.5	25.7	1,294	8	6.6	41.0	0.3	0.2	1.6%
ID	38,743	396	378.6	2208.6	22.6	21.6	454	3	3.6	25.9	0.2	0.2	1.2%
IL	281,312	1,848	1,866.6	2207.9	14.5	14.7	8,744	22	20.7	68.6	0.2	0.2	3.1%
IN	113,337	711	789.7	1693.7	10.6	11.8	3,530	10	8.3	52.8	0.1	0.1	3.1%
KS	55,226	1,267	622.3	1896.8	43.5	21.4	621	21	5.0	21.3	0.7	0.2	1.1%
KY	63,517	786	679.0	1421.5	17.6	15.2	1,124	5	6.0	25.2	0.1	0.1	1.8%
LA	163,869	616	572.0	3516.5	13.2	12.3	5,407	21	16.1	116.0	0.5	0.3	3.3%
MA	136,304	542	384.0	1974.8	7.9	5.6	9,343	17	14.1	135.4	0.2	0.2	6.9%
MD	121,800	503	468.7	2015.6	8.3	7.8	3,909	7	6.9	64.7	0.1	0.1	3.2%
ME	5,215	44	36.1	389.6	3.3	2.7	140	-	0.3	10.5	-	0.0	2.7%
MI	131,259	902	788.1	1313.1	9.0	7.9	7,013	16	10.0	70.2	0.2	0.1	5.3%
MN[5]	92,100	-	898.1	1641.4	-	16.0	2,037	-	7.4	36.3	-	0.1	2.2%
MO	116,946	1,580	1,479.9	1908.9	25.8	24.2	1,947	83	29.7	31.8	1.4	0.5	1.7%
MS	95,310	737	482.1	3191.3	24.7	16.1	2,874	4	13.4	96.2	0.1	0.4	3.0%
MT	11,220	320	255.6	1056.2	30.1	24.1	165	2	3.4	15.5	0.2	0.3	1.5%
NC	196,501	952	1,211.0	1892.4	9.2	11.7	3,316	30	23.9	31.9	0.3	0.2	1.7%
ND	19,451	470	445.4	2559.1	61.8	58.6	211	8	3.9	27.8	1.1	0.5	1.1%
NE	42,278	493	408.4	2191.4	25.6	21.2	462	1	3.3	23.9	0.1	0.2	1.1%
NH	8,007	17	32.4	590.3	1.3	2.4	438	-	-	32.3	-	-	5.5%
NJ	200,988	408	456.6	2256.1	4.6	5.1	16,082	6	4.0	180.5	0.1	0.0	8.0%
NM	27,987	197	135.1	1335.6	9.4	6.4	857	3	3.6	40.9	0.1	0.2	3.1%
NV	76,982	482	362.9	2537.0	15.9	12.0	1,602	11	10.4	52.8	0.4	0.3	2.1%
NY City	242,255	397	344.9	2884.4	4.7	4.1	23,785	5	2.6	283.2	0.1	0.0	9.8%
NY State[6]	210,805	385	437.7	1891.7	3.5	3.9	9,017	1	1.6	80.9	0.0	0.0	4.3%
OH	146,753	903	890.7	1255.4	7.7	7.6	4,687	52	18.9	40.1	0.4	0.2	3.2%
OK	88,395	1,089	1,303.7	2241.8	27.6	33.1	983	8	8.4	24.9	0.2	0.2	1.1%
OR	31,503	190	236.1	751.7	4.5	5.6	538	6	2.4	12.8	0.1	0.1	1.7%
PA	152,544	898	793.4	1191.1	7.0	6.2	8,062	39	22.7	62.9	0.3	0.2	5.3%
RI	24,177	133	117.0	2286.6	12.6	11.1	1,102	3	3.0	104.2	0.3	0.3	4.6%
SC	141,686	897	1,080.6	2786.8	17.6	21.3	3,262	19	18.6	64.2	0.4	0.4	2.3%
SD	19,634	445	334.7	2225.5	50.4	37.9	202	-	1.4	22.9	-	0.2	1.0%
TN	186,709	1,561	1,374.6	2757.9	23.1	20.3	2,275	14	17.7	33.6	0.2	0.3	1.2%

[1] Data are reported voluntarily by each jurisdiction's health department. Data are reported as provided by the health department and the number of confirmed and probable cases or deaths may sum to the total. Health departments may update case data over time when they receive more complete and accurate information. If the number of cases or deaths reported by CDC is different from the number reported by jurisdiction health departments, data reported by jurisdictions should be considered the most up to date. The differences may be due to the timing of the reporting and website updates. See Technical Information about this data on the CDC Webpage.

[2] AS = American Samoa; DC = District of Columbia; FSM = Federated States of Micronesia; GU = Guam; CNMI = Commonwealth of the Northern Mariana Islands; PW = Palau; PR = Puerto Rico; RMI = Republic of the Marshall Islands; USVI = US Virgin Islands.

[3] These data represent new cases and deaths detected and tested in the US since the last update. Number of new cases and new deaths were included in total case numbers. Counts may have decreased from previous report due to case reclassification of cases to other jurisdictions or categories (e.g., probable to confirmed) by states.

[4] Percent change in cases, deaths and case fatality rates (CFR) are not calculated when the total number (denominator) was less than five.

[5] Jurisdiction did not provide an update.

[6] New York State excludes New York City.

57 Jurisdictions Reporting Confirmed or Probable COVID-19 Cases 50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[2]	Cases	New Cases[3]		Cases Per 100K			Deaths	New Deaths[3]		Deaths per 100K			CFR[4]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
TX	719,599	3,392	6,403.9	2507.2	11.8	22.3	15,129	135	93.0	52.7	0.5	0.3	2.1%
UT[7]	66,497	1,453	818.3	2103.6	46.0	25.9	442	(1)	0.7	14.0	NA	0.0	0.7%
VA	143,492	902	861.7	1684.6	10.6	10.1	3,113	24	27.6	36.5	0.3	0.3	2.2%
VT	1,722	1	2.9	274.9	0.2	0.5	58	-	-	9.3	-	-	3.4%
WA	83,702	509	412.9	1110.8	6.8	5.5	2,081	11	8.7	27.6	0.1	0.1	2.5%
WI	112,222	1,895	1,968.9	1930.3	32.6	33.9	1,268	9	4.4	21.8	0.2	0.1	1.1%
WV	14,504	120	186.9	803.2	6.6	10.3	319	2	4.1	17.7	0.1	0.2	2.2%
WY	5,169	153	86.1	894.7	26.5	14.9	50	1	0.6	8.7	0.2	0.1	1.0%
AS	-	-	-	-	-	-	-	-	-	-	-	-	-
CNMI[8]	69	-	-	121.3	-	-	2	-	-	3.5	-	-	-
DC	15,050	29	43.9	2142.5	4.1	6.2	621	-	0.6	88.4	-	0.1	4.1%
FSM	-	-	-	-	-	-	-	-	-	-	-	-	-
GU	2,263	73	31.1	1365.2	44.0	18.8	38	1	1.1	22.9	0.6	0.7	1.7%
PR	43,842	1,182	710.7	1372.1	37.0	22.2	627	10	5.6	19.6	0.3	0.2	1.4%
PW	-	-	-	-	-	-	-	-	-	-	-	-	-
RMI	-	-	-	-	-	-	-	-	-	-	-	-	-
USVI	1,290	12	-	1232.3	11.5	-	19	-	-	18.2	-	-	1.5%
Total	**6,916,292**	**41,310**	**43,245.0**	**2090.0**	**12.5**	**13.1**	**201,411**	**1,136**	**732.4**	**60.9**	**0.3**	**0.2**	**2.9%**
Navajo[9]	10,167	26	15.4	2848.8	7.3	4.3	551	3	1.7	154.4	0.8	0.5	5.4%

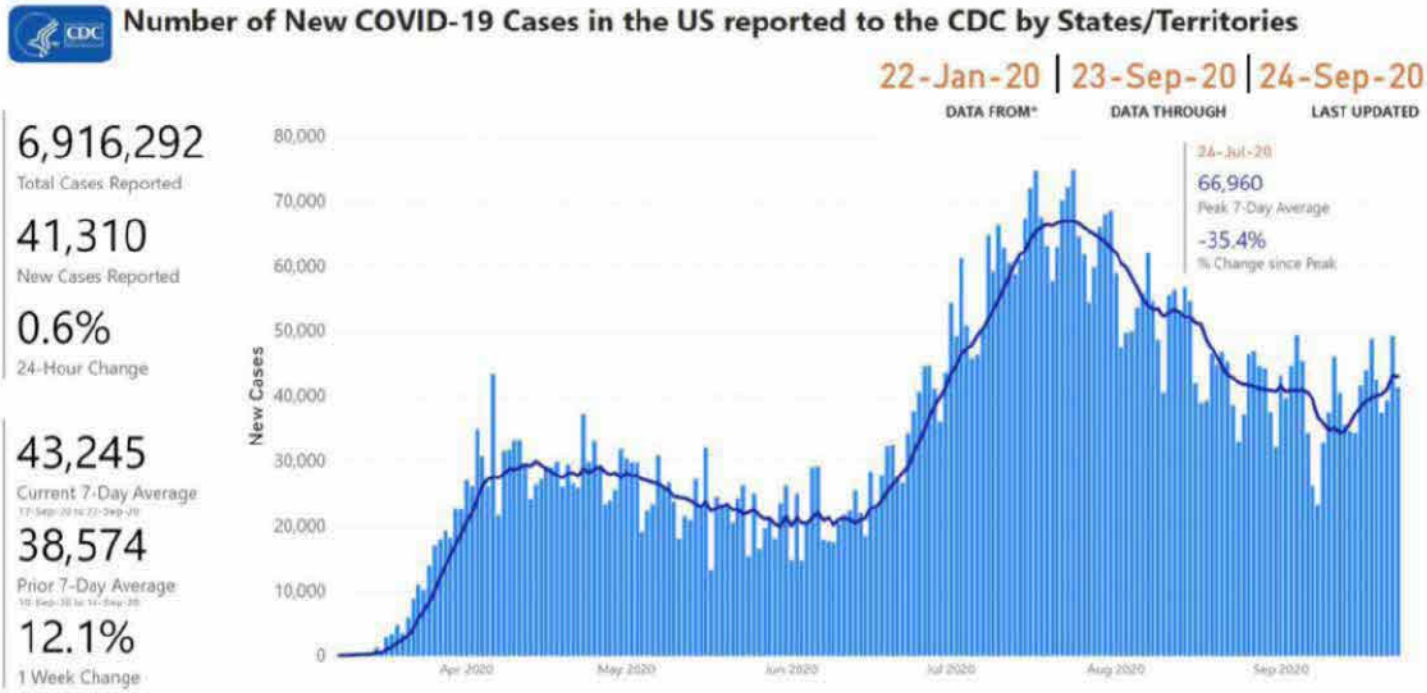
Compilations of US Case Counts

Reporting Source[10]	Data as of (all times are ET)	Cases	New Cases	Deaths	New Deaths
Official Sources (see table above)	24 Sep, 11:30	6,916,292	41,310	201,411	1,136
1Point3Acres	24 Sep, 10:01	7,080,554	42,332	205,924	1,158
Johns Hopkins	24 Sep, 10:23	6,937,145	37,873	201,959	1,066
USAFACTS	23 Sep, NA	6,841,366	48,580	199,136	926
New York Times	24 Sep, 12:03	6,959,409	41,481	201,822	1,091
WorldoMeter	24 Sep, 10:51	7,145,269	44,218	206,801	1,230
COVID Tracking Project	23 Sep, 16:00	6,897,596	38,669	193,912	1,171

[7] Utah reported one fewer death.
[8] Jurisdiction reported zero new cases and zero new deaths.
[9] Cases in the Navajo Nation are likely also reported by AZ, NM, and UT and were therefore already included in the grand total above. Counts reported separately here from Navajo Department of Health COVID-19 and Navajo Epidemiology Center Coronavirus Response Hub
[10] Data from other organizations are not reviewed or validated by CDC and may include data derived from open media sources not represented on official state public health department web pages.

Number of New COVID-19 Cases in the US Reported to the CDC by States/Territories.

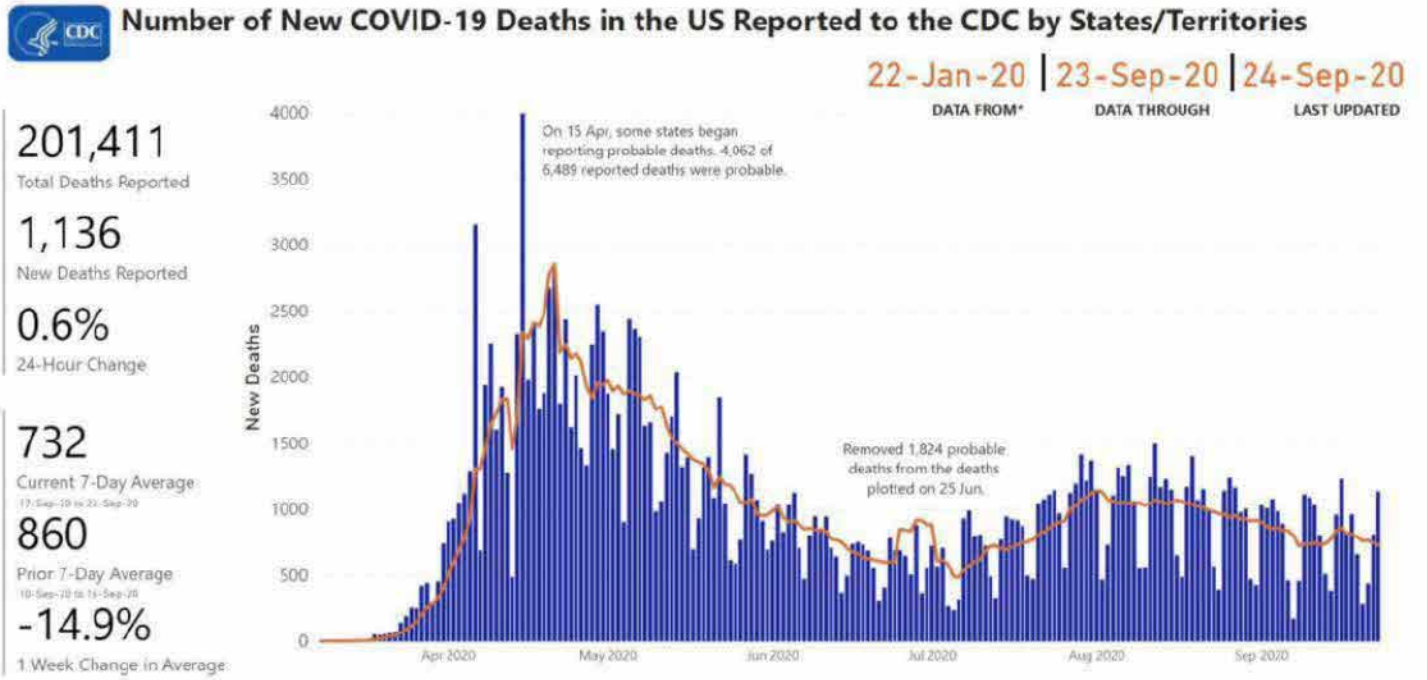
Data: 22 Jan 2020 through 23 Sep 2020 Last Update: 24 Sep 2020, 11:30
Source: CDC DCIPHER



Data Sources, References & Notes: Total cases are based on aggregate counts of COVID-19 cases reported by state and territorial jurisdictions to the Centers for Disease Control and Prevention (CDC) since 22 Jan 2020, with the exception of persons repatriated to the United States from Wuhan, China, and Japan. Numbers include confirmed and probable COVID-19 cases as reported by U.S. states, U.S. territories, New York City, and the District of Columbia from the previous day. Rates are calculated using U.S. Census Bureau, 2018 (Dec 2018) estimates and are shown as cases/100,000 people. The 7-day moving average of new cases (current day + 6 preceding days / 7) was calculated to smooth expected variations in daily counts. CDC's overall case numbers are validated through a confirmation process with each jurisdiction. Differences between reporting jurisdictions and CDC may occur due to the timing of reporting and website updates.
Graph shows data starting on 08 Mar 2020. Sources: CDC DCIPHER, US Census Bureau (2018).* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.*

Number of New COVID-19 Deaths in the US Reported to the CDC by States/Territories.

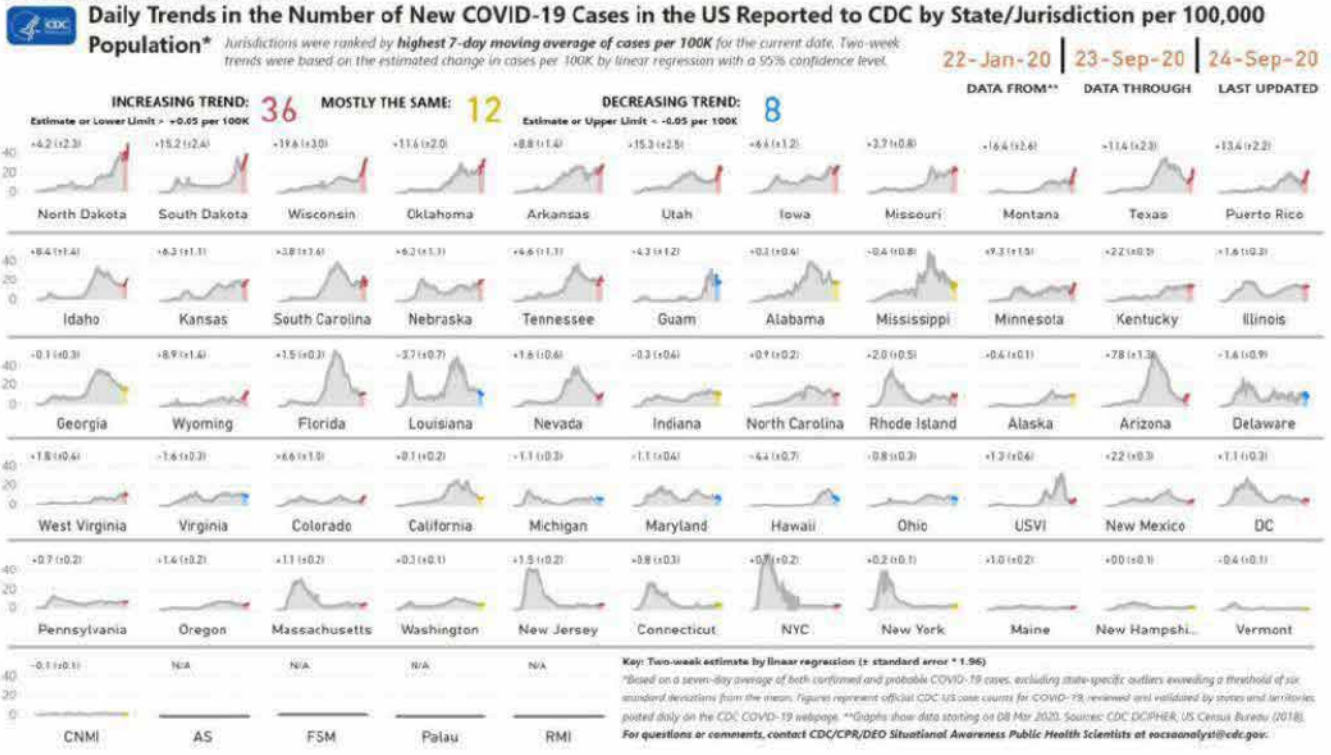
Data: 22 Jan 2020 through 23 Sep 2020 Last Update: 24 Sep 2020, 11:30
Source: CDC DCIPHER



Data Sources, References & Notes: Total deaths are based on aggregate counts of COVID-19 deaths reported by state and territorial jurisdictions to the Centers for Disease Control and Prevention (CDC) since 21 Jan 2020, with the exception of persons repatriated to the United States from Wuhan, China, and Japan. Number include confirmed and probable COVID-19 deaths as reported by U.S. states, U.S. territories, New York City, and the District of Columbia from the previous day. Rates are calculated using U.S. Census Bureau, 2018 (Dec 2018) estimates and are shown as deaths/100,000 people. The 7-day moving average of new deaths (current day + 6 preceding days / 7) was calculated to smooth expected variations in daily counts. CDC's overall death numbers are validated through a confirmation process with each jurisdiction. Differences between reporting jurisdictions and CDC may occur due to the timing of reporting and website updates.
Graph shows data starting on 08 Mar 2020. Sources: CDC DCIPHER, US Census Bureau (2018).* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.*

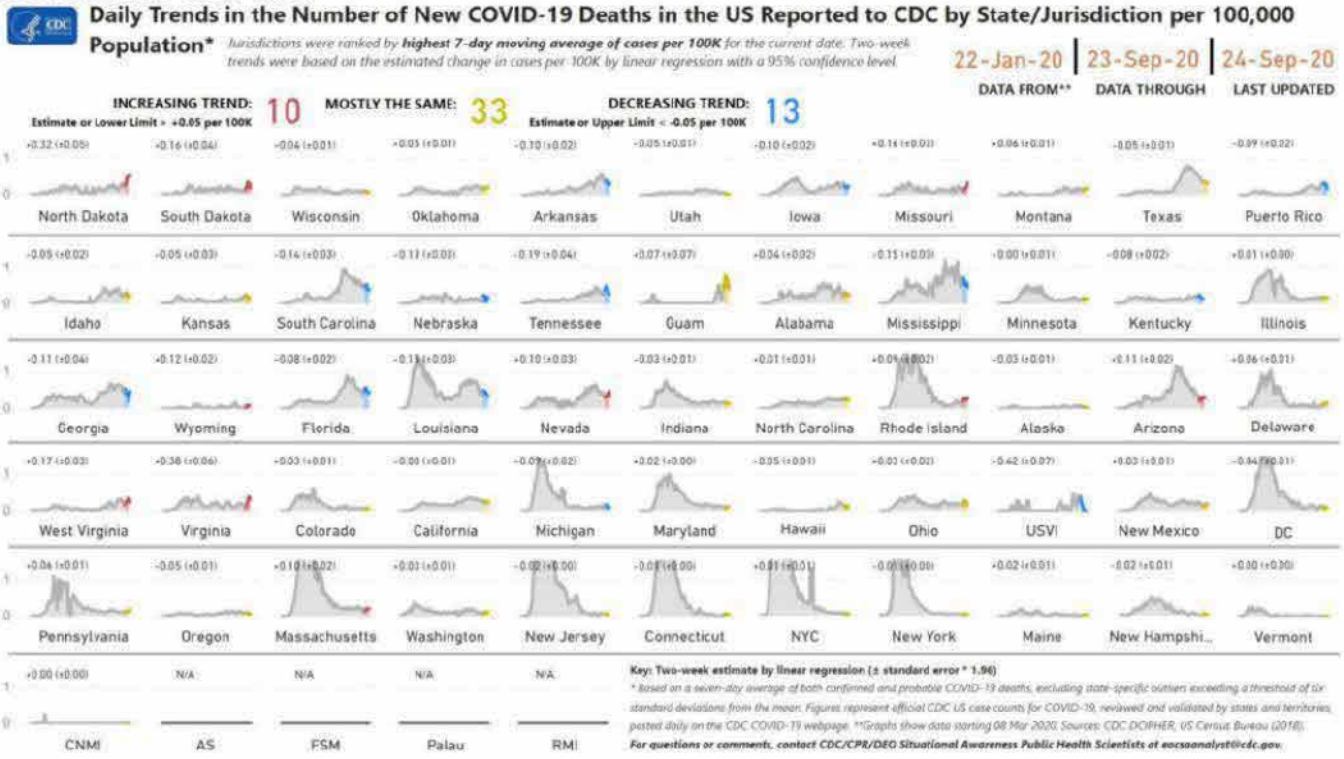
Daily Trends in the Number of New COVID-19 Cases in the United States Reported to CDC by State/Jurisdiction per 100,000 Population

Data: 22 Jan 2020 through 23 Sep 2020 *Last Update: 24 Sep 2020, 11:30*
Source: CDC DCIPHER



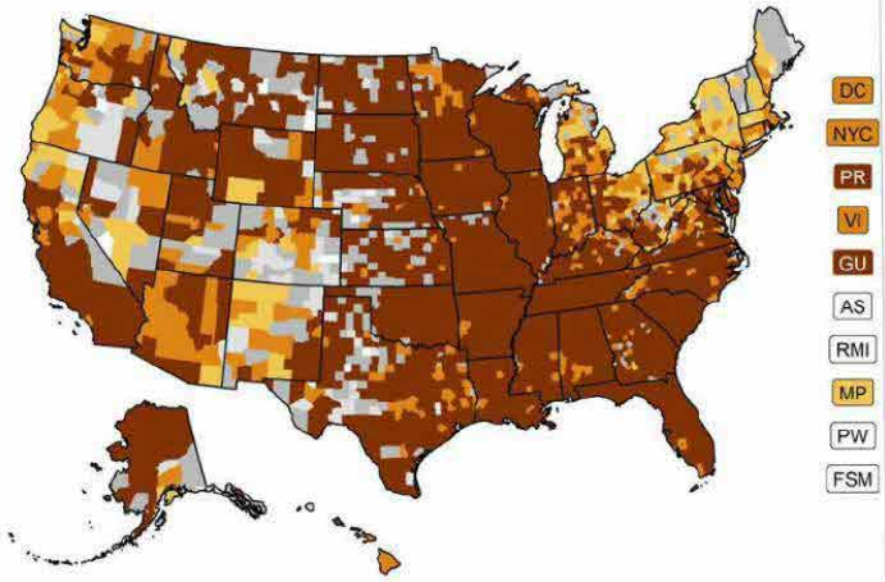
Daily Trends in the Number of New COVID-19 Deaths in the United States Reported to CDC by State/Jurisdiction per 100,000 Population

Data: 22 Jan 2020 through 23 Sep 2020 *Last Update: 24 Sep 2020, 11:30*
Source: CDC DCIPHER



Cases by County[11]

Coronavirus Disease 2019 (COVID-19)
Number of New Cases per 100,000 in the past 2 weeks, by U.S. County, 09 September–22 September, 2020



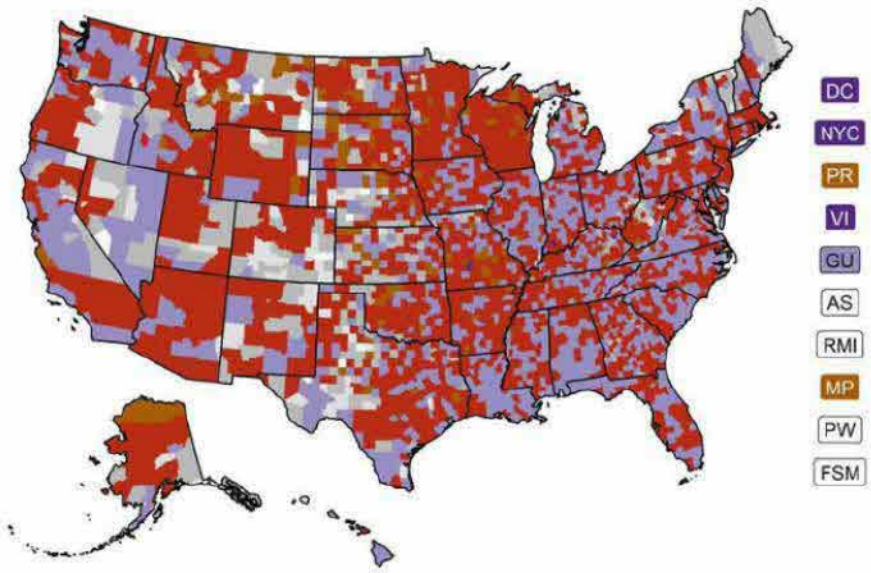
Incidence
- Low
- Moderate
- Moderately high
- High
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map
Describes recent incidence of COVID-19 infection to capture the potential burden of currently ill people who may be infectious and/or accessing healthcare.

Main Findings
- COVID-19 infection remains prevalent throughout the country.
- Elevated incidence of disease during the past 2 weeks remains widespread, including in the Southeast, the Midwest, and the West.

Notes: Defined using the number of new cases per 100,000 in the past 2 weeks. Low is >0 to 10, moderate is >10 to 50, moderately high is >50 to 100, and high is >100. Jurisdictions denoted as 0 cases in the past 2 weeks have had at least 1 case previously.
Sources: HHS Protect, US Census

Coronavirus Disease 2019 (COVID-19)
Current epidemic curve status*, by U.S. County, September 22, 2020



Current status
- Low incidence growth
- Elevated incidence growth
- Elevated incidence plateau
- Sustained decline
- Low incidence plateau
- Rebound
- 1-5 cases in the past two weeks
- 0 cases in the past two weeks
- No reported cases

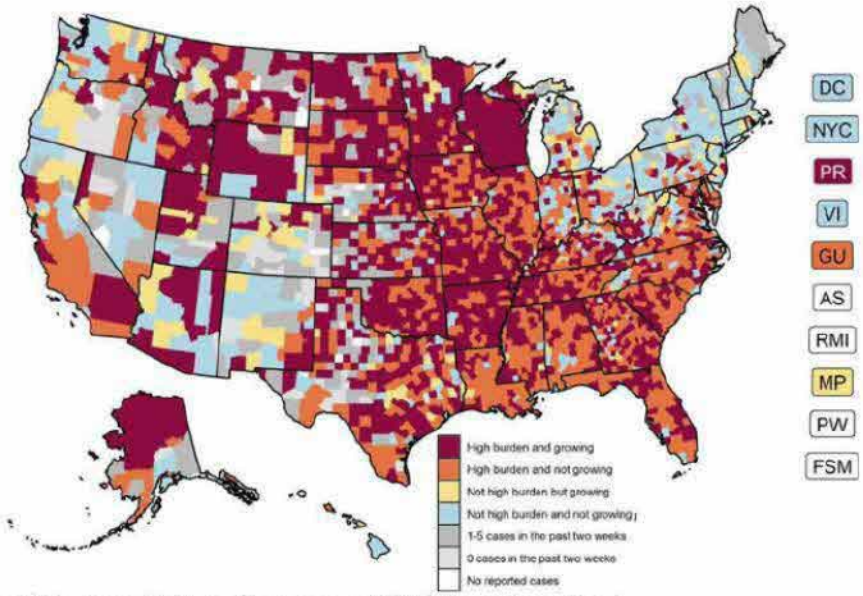
Purpose of this map
Provides the most detailed view into both the burden of illness and the trajectory of new illnesses.

Main Findings
- There are many counties throughout the States whose incidence are in rebound.
- Many counties in California, Nevada, Louisiana, Alabama, and Indiana have burden in sustained decline.
- The goal is to have all communities be represented in the lighter colors, demonstrating little to no disease burden and no increase in trajectory.

*Categorized according to the slope of a spline fit to the 7-day moving average of daily incidence and the number of new cases (per 100,000) in the past 2 weeks. Elevated incidence is defined as >10 new cases per 100,000 in the past two weeks.
Sources: HHS Protect, US Census

[11] See CDC COVID-19 Data Tracker for the latest visualizations on cases and deaths trends by state and county.

Coronavirus Disease 2019 (COVID-19)
Burden and growing of new cases per 100,000 in the past 2 weeks, by U.S. county, 09 September–22 September, 2020



Notes: High burden counties have >100 new cases per 100,000 in the past two weeks and growing counties have a slope of at least 0.1 per 100,000 per day.

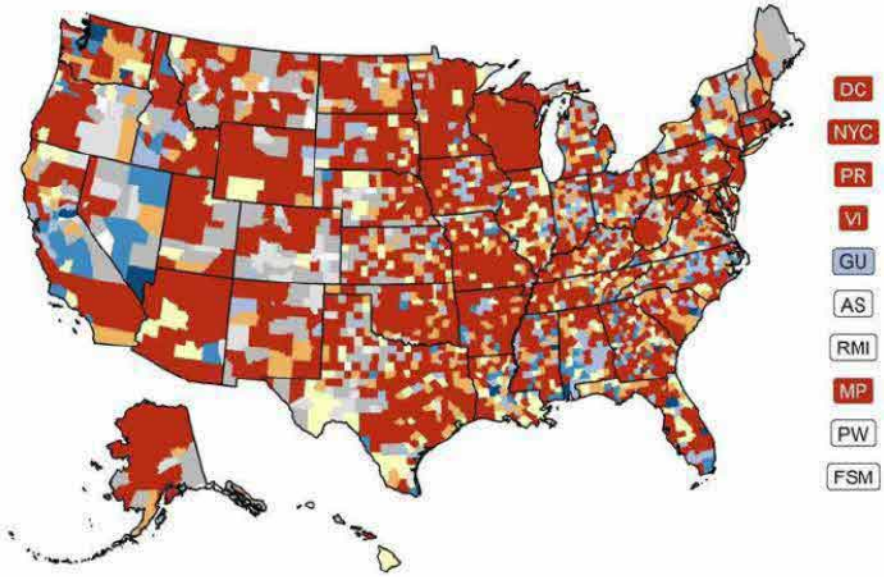
Purpose of this map
Identifies "areas of concern" where a county's disease burden is high and still growing.

Main Findings
- Counties with the greatest burden and which are still demonstrating growth are listed in the table below.

Counties in the high burden, growing category (Top 10 with the highest number of cases per 100,000 in the past 2 weeks)

County name, State	No. of new cases in past 2 weeks	2-week incidence (per100,000)	Change in daily incidence (per 100,000 per day)
Woodward, OK	838	4,144.00	41.7
Emmons, ND	93	2,822.50	24.9
Rosebud, MT	225	2,482.60	6.9
Craig, OK	317	2,215.90	7.3
Southampton, VA	337	1,916.30	10.2
Edwards, TX	33	1,711.60	16.2
Frio, TX	329	1,660.30	13.9
Cheyenne, KS	44	1,654.10	16.5
Concho, TX	70	1,637.00	11.2
Gregory, SD	67	1,590.70	7.5

Coronavirus Disease 2019 (COVID-19)
Current consecutive days of downward trajectory, by U.S. County, September 22, 2020



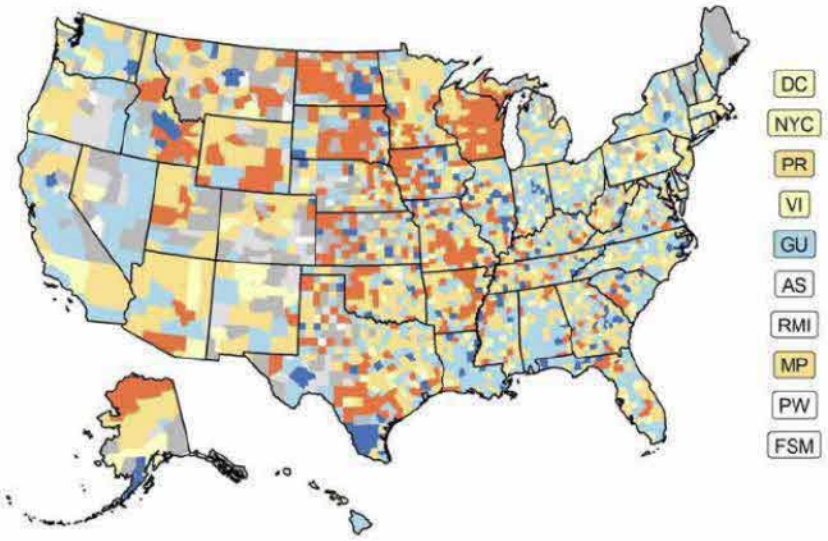
Days in downward trajectory*
- 1-6 days
- 7-13 days
- 14-20 days
- 21-41 days
- ≥42 days
- Not in downward trajectory
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map
Identifies progress in counties towards achieving a downward trajectory in case incidence over a 14-day period.

Main Findings
- 399 counties have been identified as having 14 or more consecutive days of improvement and are indicated in the blue colors (excludes counties with 0-5 cases in the past 2 weeks); median population size: 36,953 range: 1,399 – 3,185,968).
- This method is still being refined to best characterize progress towards achieving a downward trajectory in daily case incidence over a 14-day period, and the results provided should be interpreted with caution when determining mitigation strategies to use.

*The number of days in a downward trajectory represents the number of consecutive days for which the jurisdiction experienced either a negative slope or a low incidence plateau (two-week incidence ≤10 cases per 100,000 and slope >-0.1 and ≤0.1).
Sources: HHS Protect, US Census

Coronavirus Disease 2019 (COVID-19)
Change in Daily Incidence*,
by U.S. County, September 22, 2020



Change in incidence per 100,000 per day

- Greater decline
- Moderate decline
- Plateau
- Moderate increase
- Greater increase
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map

Describes the trajectory of new illnesses as recently increasing, being stable, or decreasing in number.

Main Findings

- Daily county-level incidence rates continue to decrease in much of the Southeast and the West Coast.
- However, county-level incidence is increasing throughout much of the Midwest and Great Plains, including Missouri, Arkansas, Wisconsin, North Dakota, South Dakota, Minnesota, Wyoming, Oklahoma and Arizona.

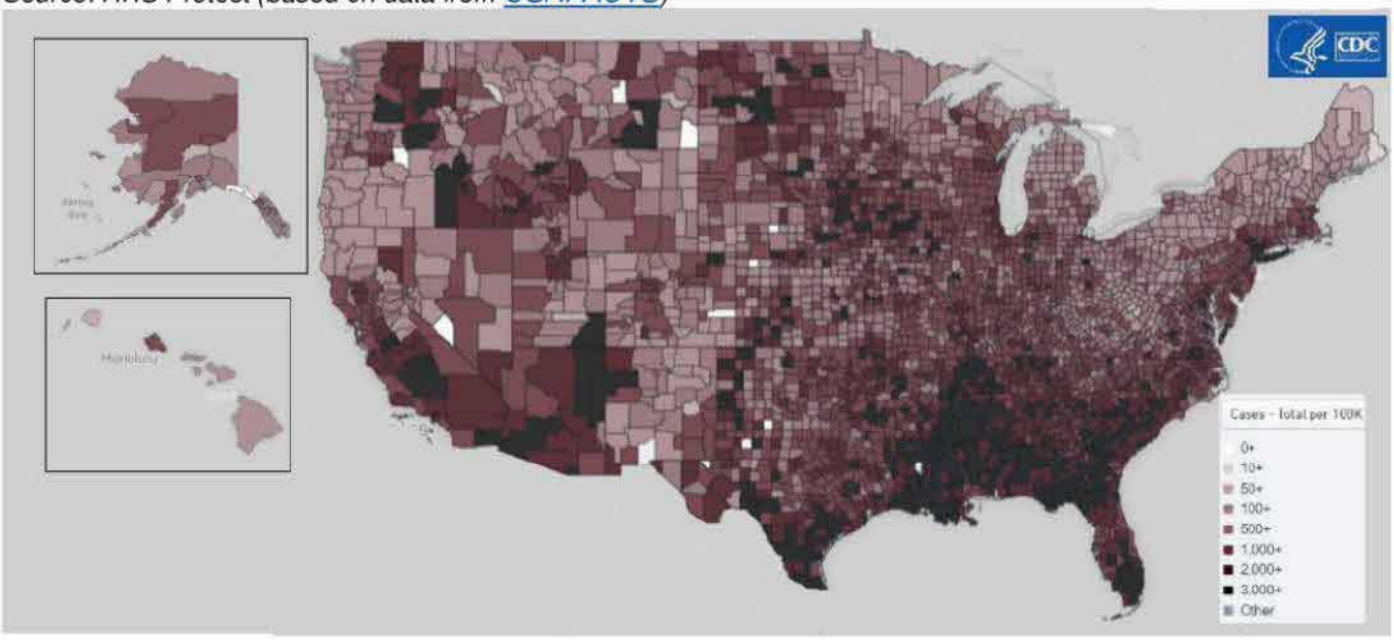
*Measured as the change in slope of a spline fit to smoothed daily incidence. Incidence was smoothed using a 7-day moving average. These values therefore represent the change in 7-day average number of new cases per 100,000 per day. Greater declines are ≤-1, moderate declines are >-1 to -0.1, plateaus are >-0.1 to ≤0.1, moderate increases are >0.1 to 1, greater increases are >1. Counties denoted as 0 cases in the past 2 weeks have had at least 1 case previously.

Sources: HHS Protect, US Census

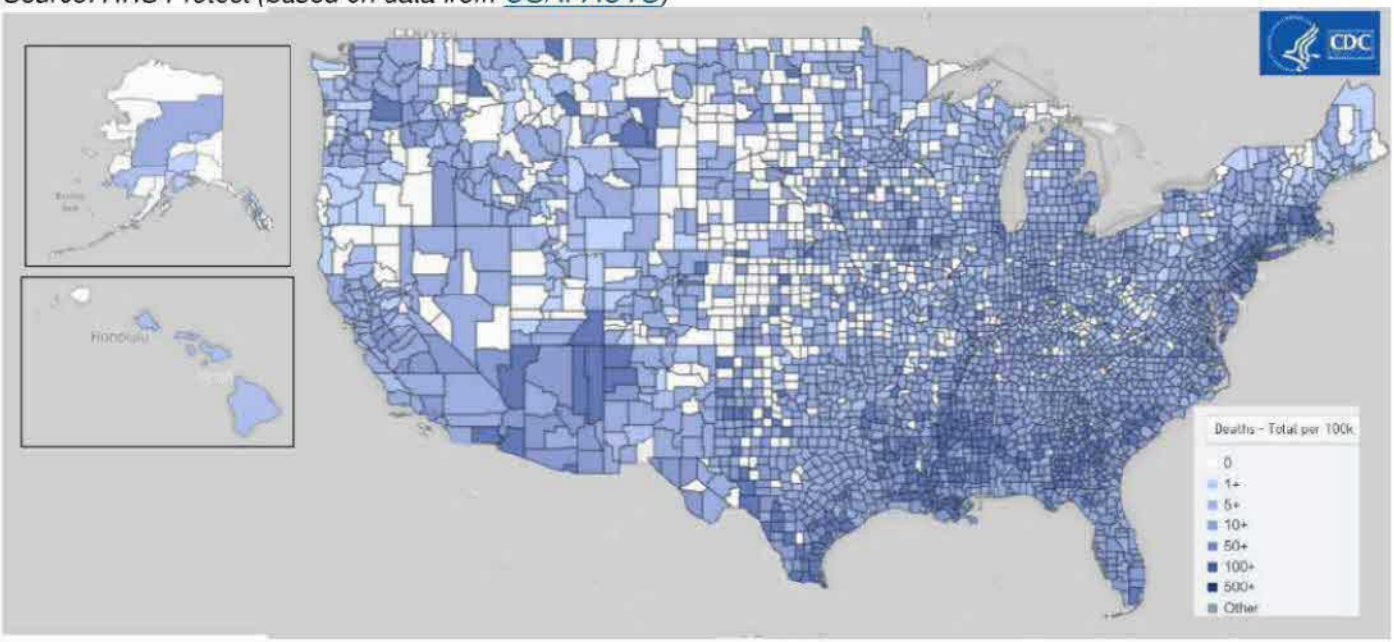
Total Number of COVID-19 Cases in the United States by County per 100,000 Population *(USA Facts)*

Data Through: 22 Sep 2020 *Last Updated: 24 Sep 2020, 07:00*

Source: HHS Protect (based on data from USAFACTS)



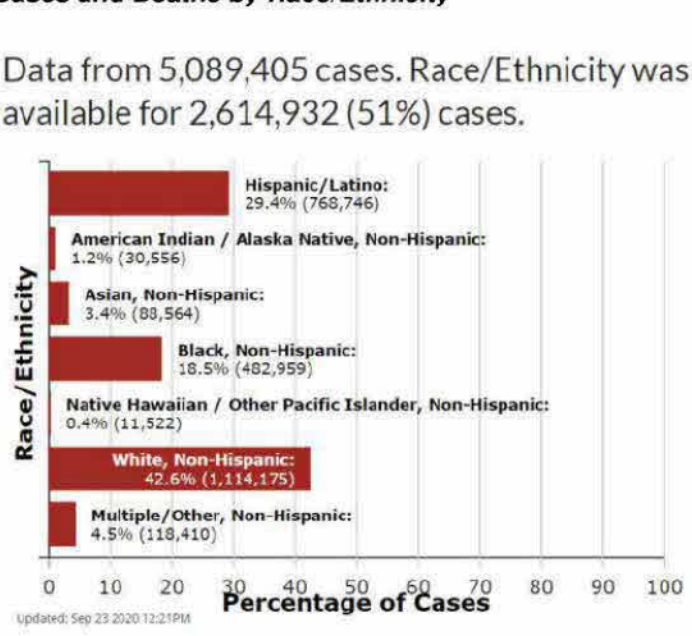
Total Number of COVID-19 Deaths in the United States by County per 100,000 Population *(USA Facts)*
Data Through: 22 Sep 2020 *Last Updated: 24 Sep 2020, 07:00*
Source: HHS Protect (based on data from USAFACTS)

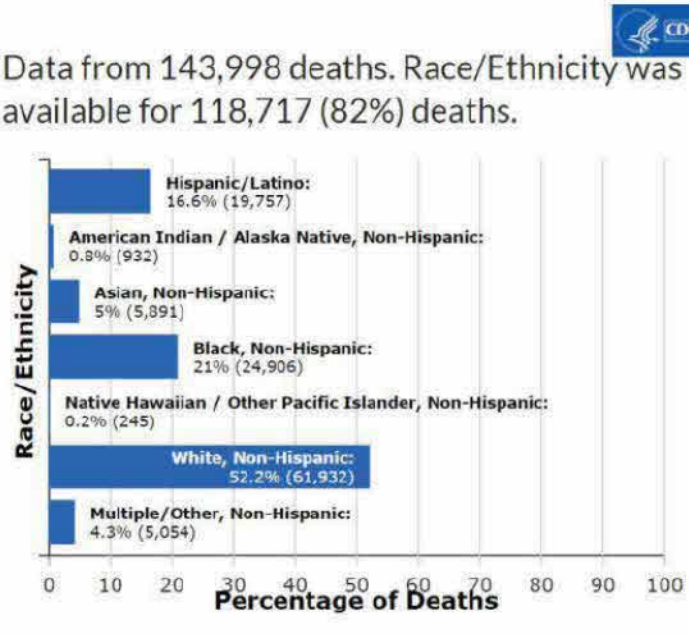


Demographic Trends of COVID-19 Cases and Deaths in the US Reported to CDC[12]

Demographic Trends of COVID-19 Cases and Deaths in the US Reported to the CDC
Data 22 Jan 2020 through 23 Sep 2020 *Last Update: 23 Sep 2020 12:21*
Source: Data Reported to CDC from States/Jurisdictions on CDC COVID Data Tracker

Cases and Deaths by Race/Ethnicity

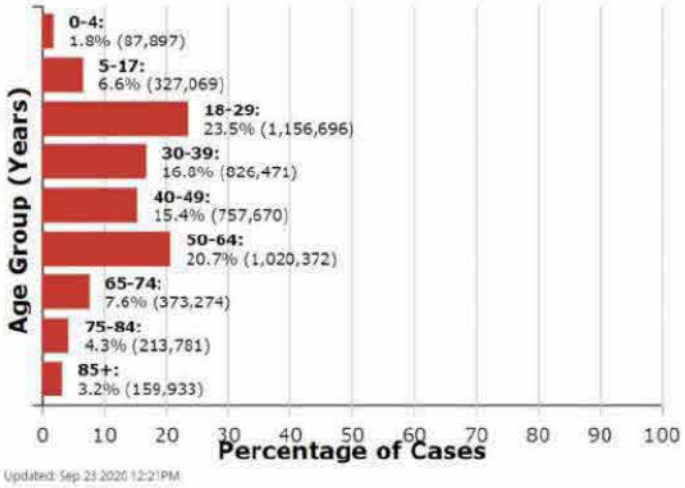




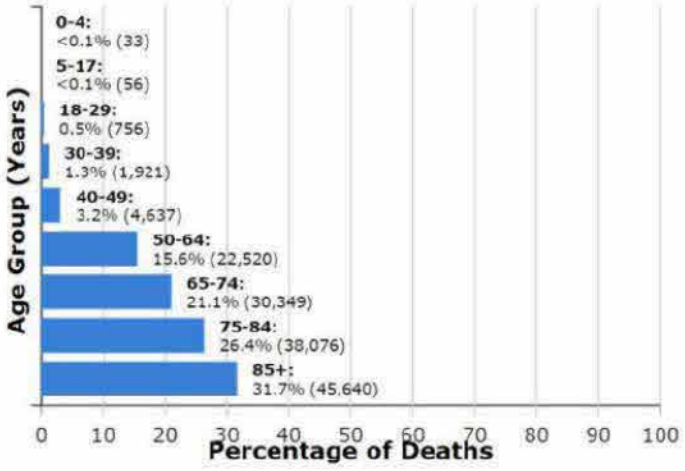
[12] CDC is working with states to provide more information on race/ethnicity for reported cases. The percent of reported cases that include race/ethnicity data is increasing. These data only represent the geographic areas that contributed data on race/ethnicity. Every geographic area has a different racial and ethnic composition. These data are not generalizable to the entire U.S. population. If cases were distributed equally across racial and ethnic populations, one would expect to see more cases in those populations that are more highly represented in geographic areas that contributed data. Percentages displayed in the charts below represent the percent of cases or deaths for which the demographic variable of interest is known.

Cases and Deaths by Age Group

Data from 5,103,788 cases. Age group was available for 4,923,163 (96%) cases.

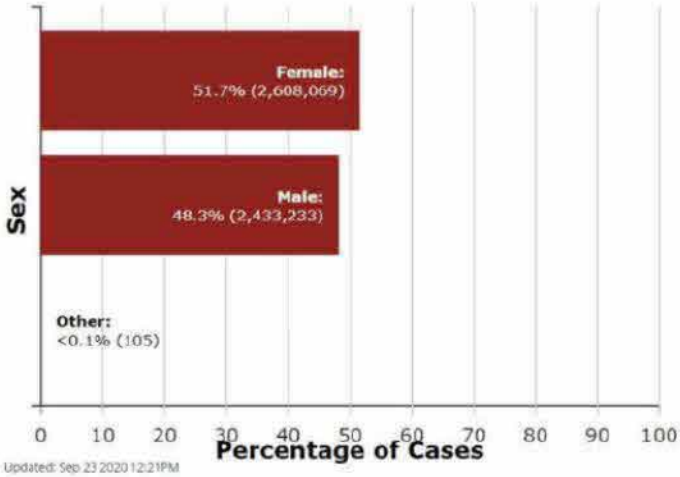


Data from 143,998 deaths. Age group was available for 143,988 (99%) deaths.

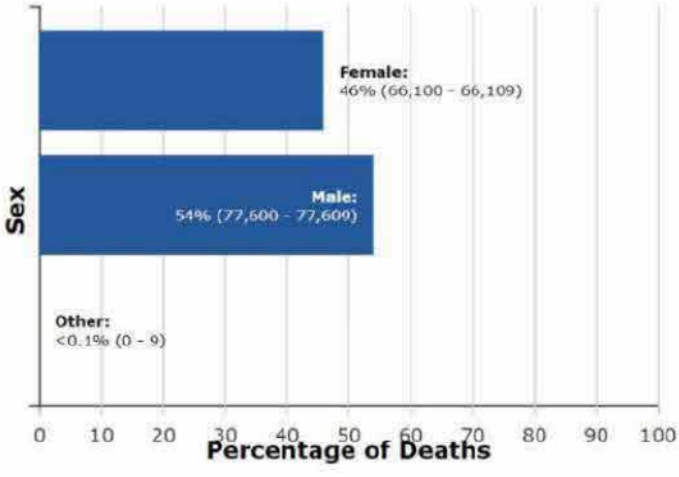


Cases and Deaths by Sex

Data from 5,103,788 cases. Sex was available for 5,041,407 (98%) cases.



Data from 143,998 deaths. Sex was available for 143,708 (99%) deaths.



Cases/Deaths by CBSA [13,14]

Total Cases due to COVID-19 per 100,000 Population by CBSA

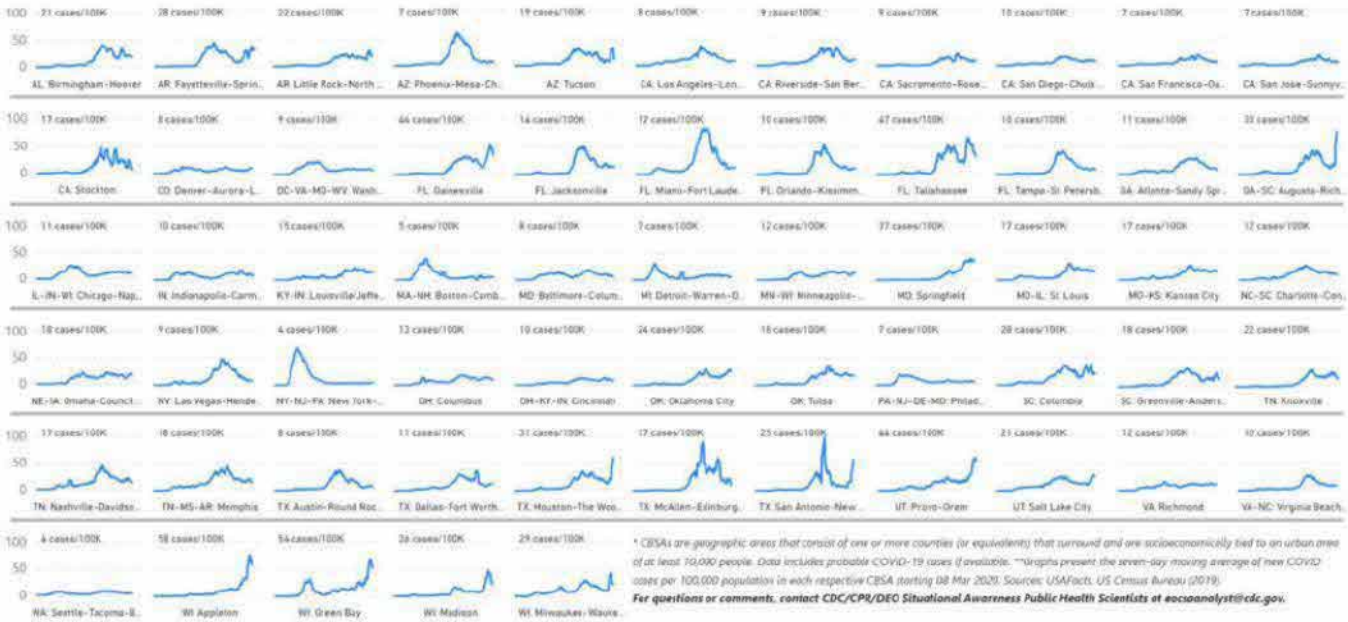
Data 22 Jan 2020 through 22 Sep 2020 Last Update: 24 Sep 2020, 08:00

Source: Data from USAFACTS

Daily Trends in the Number of New COVID-19 Cases in the US Reported to CDC by Core-based Statistical Area (CBSA) per 100,000 Population

These are the top 60 CBSAs based on the number of new cases in the past 14 days, presented in alphabetical order by state and city/town.

22-Jan-20 DATA FROM** | 22-Sep-20 DATA THROUGH | 24-Sep-20 LAST UPDATED



* CBSAs are geographic areas that consist of one or more counties (or equivalents) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 cases if available. **Graphs present the seven-day moving average of new COVID cases per 100,000 population in each respective CBSA starting 08 Mar 2020. Sources: USAFacts, US Census Bureau (2019).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Total Deaths due to COVID-19 per 100,000 Population by CBSA

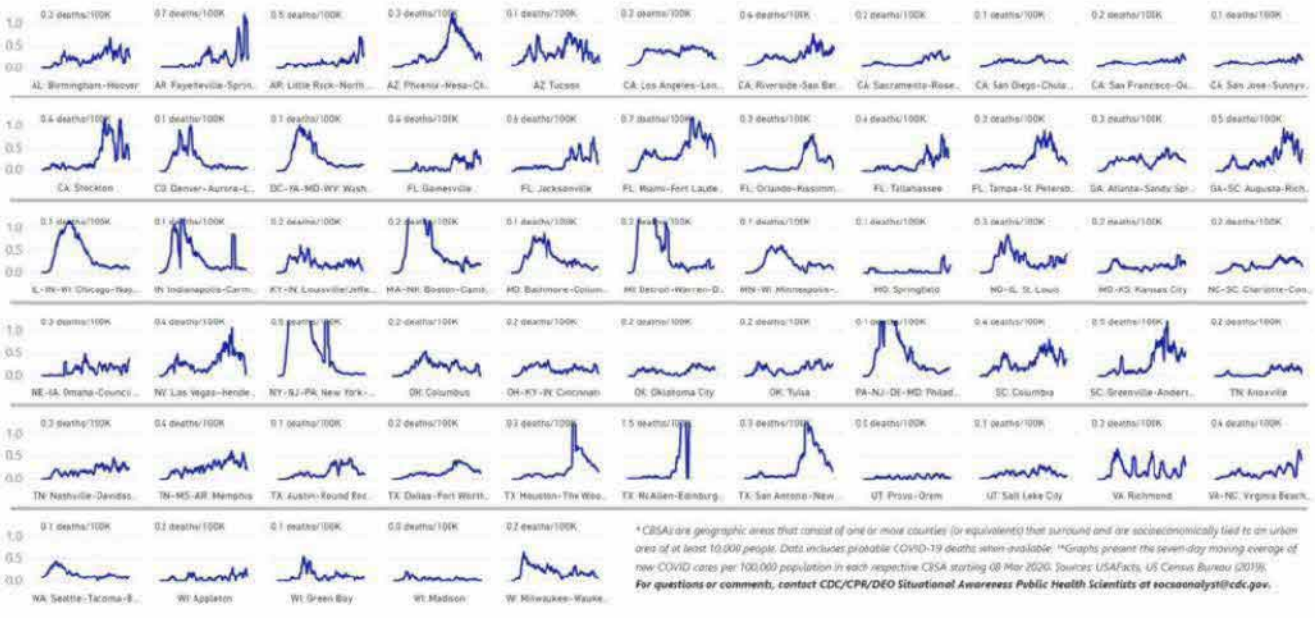
Data 22 Jan 2020 through 22 Sep 2020 Last Update: 24 Sep 2020, 08:00

Source: Data from USAFACTS

Daily Trends in the Number of New COVID-19 Deaths in the US Reported to CDC by Core-based Statistical Area (CBSA) per 100,000 Population

These are the top 60 CBSAs based on the number of new deaths in the past 14 days, presented in alphabetical order by state and city/town.

22-Jan-20 DATA FROM** | 22-Sep-20 DATA THROUGH | 24-Sep-20 LAST UPDATED



* CBSAs are geographic areas that consist of one or more counties (or equivalents) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 deaths when available. **Graphs present the seven-day moving average of new COVID cases per 100,000 population in each respective CBSA starting 08 Mar 2020. Sources: USAFacts, US Census Bureau (2019).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

[13] See methodology and sources for data reported by *USAFACTS*.

[14] See information on Core-Based Statistical Area (CBSA) from the US Census Bureau.

COVID-19 Among Specific Populations

US Healthcare Workers

Data as of 23 Sep 2020

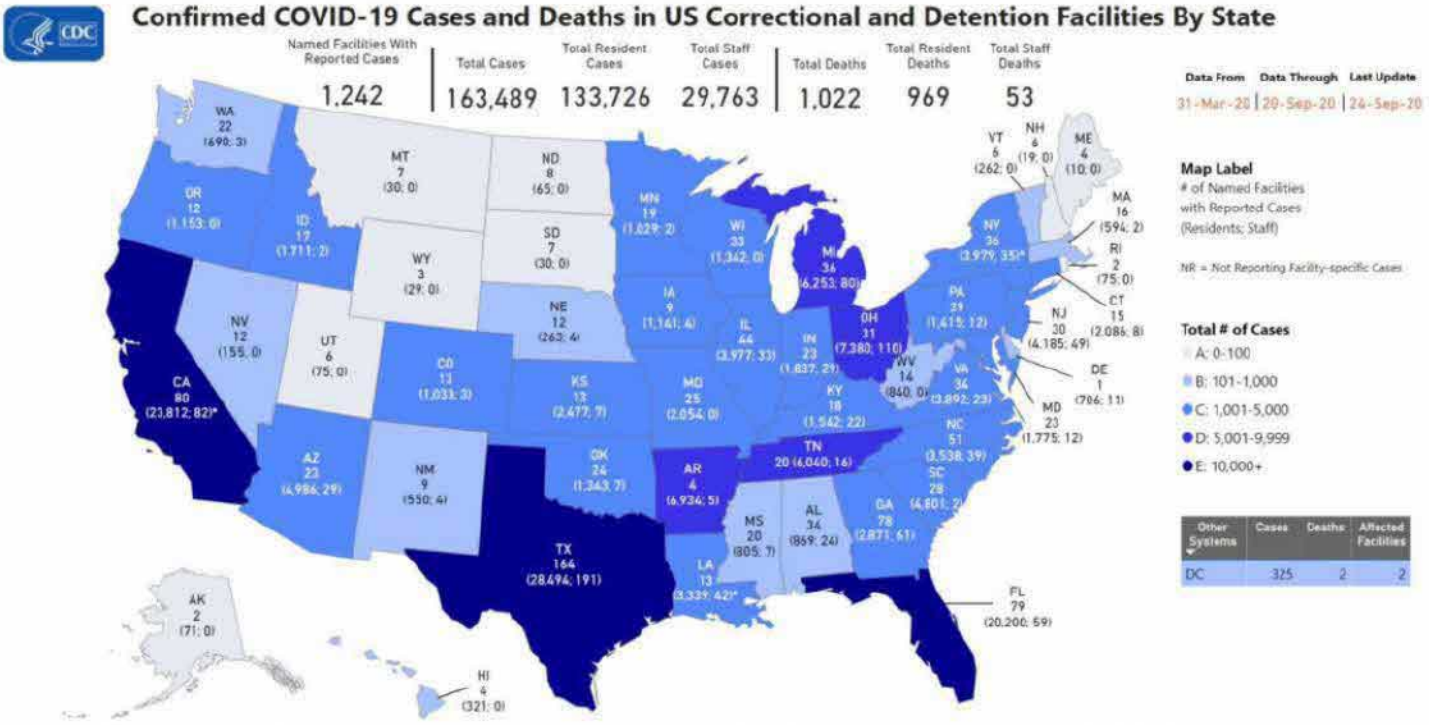
Healthcare Workers in US - Case Count Reported in Case-Based Surveillance

N = 163,193 (+865)

- 713 Deaths (+3)
  - 189 in IL
  - 180 in CA
  - 60 in OH
  - 46 in MA
  - 32 in MI
  - 28 in NV
  - 25 in NY
  - 20 in NC
  - 20 in PA
  - 19 in TN
  - 18 in WA
  - 12 in IA
  - 11 in LA
  - 10 in AR
  - 9 in MN
  - 8 in NH
  - 8 in KS
  - 7 in NJ
  - 4 in CO
  - 3 in DC
  - 2 in PR
  - 1 in UT
  - 1 in VI

Cases and Deaths in US Correctional and Detention Facilities

Cumulative Confirmed COVID-19 US Correctional and Detention Facilities Deaths by State



Cases and deaths are reported by state Department of Corrections and the Federal Bureau of Prisons at the facility-level unless indicated by *, which designates cumulative state-wide totals (county-wide for DC) from one or more non-specific facilities in addition to cases and deaths reported from any named facilities. Data contain cumulative confirmed COVID-19 counts in U.S. correctional and detention facilities, separately for staff and residents, starting from March 31, 2020. Data collected from the Department of Corrections websites are principally represented by prisons, with exception of a few states that include jails. Citation: UCLA Law COVID-19 Behind Bars Data Project. ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov***

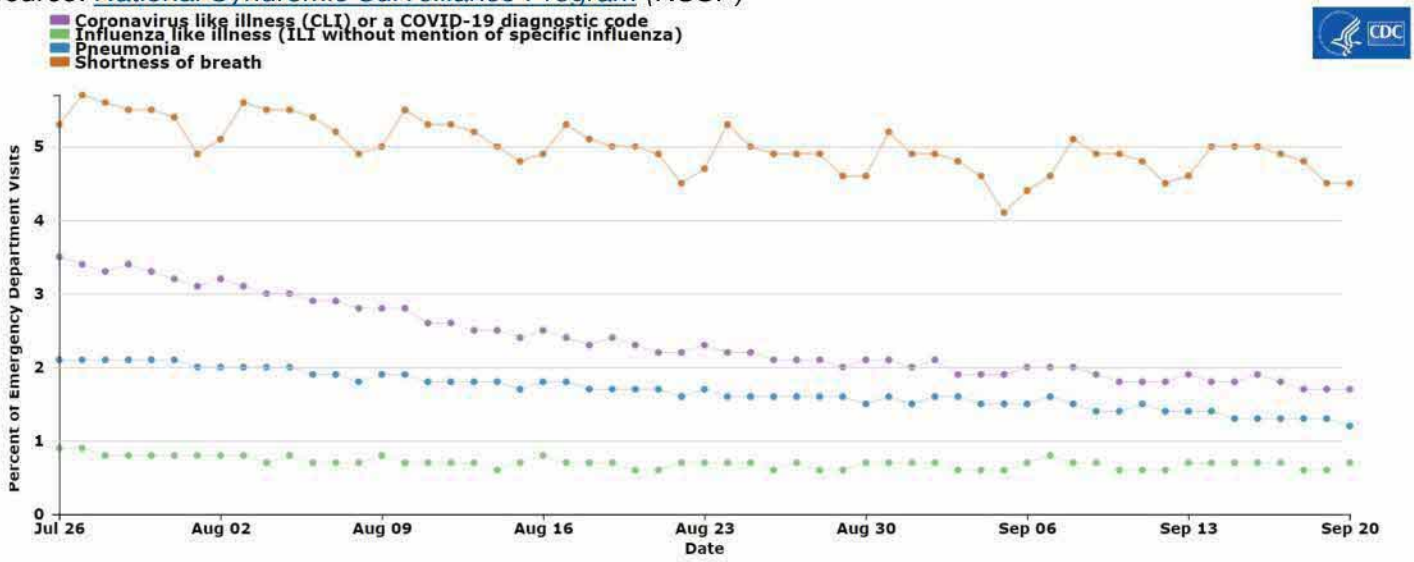
Healthcare Utilization

US Trends in Emergency Department Visits

Percentage of ED Visits by Syndrome in United States: COVID-19-Like Illness, Shortness of Breath, Pneumonia, and Influenza-Like Illness

Data: 26 Jul 2020 – 20 Sep 2020 *Last Updated: 24 Sep 2020*

Source: National Syndromic Surveillance Program (NSSP)



Laboratory Testing

Status of Laboratory Testing

Data Through: 19 Sep 2020 *Last Updated: 23 Sep 2020, 23:29*

Source: HHS Protect[15,16]

Report	Total New Orders	Cumulative Orders	New With Results	Cumulative Results	New Positives	Cumulative Positives	Percent Positive	% Positive Last 7 Days
Hospital[17]	86,655	18,318,967	100,276	18,361,677	3,897	1,300,712	7.08%	4.21%
Commercial labs[18]	96,692	40,111,852	287,521	39,236,504	12,125	3,371,815	8.59%	4.78%
State/Local PHL[19]	7,866	6,160,201	40,932	6,124,039	2,426	462,737	7.56%	5.08%
Total	191,213	64,591,020	428,729	63,722,220	18,448	5,135,264		

			Cumulative Total With Results		Cumulative Total Positive		Cumulative Total % Positive	% Positive Last 7 Days
Total Incl. State HD's[20]			107,300,299		8,509,043		7.93%	4.34%

[15] Data Source: HHS Protect is the data source for hospital and commercial lab data starting 23 Apr and PHL labs starting 08 May. Beginning 31 Aug, new results are the numbers as reported in HHS Protect at the time the data were exported.

[16] As of 03 Aug, Laboratory Data in HHS Protect uses data through the most recent day for which all jurisdictions have reported in order to report data for all jurisdictions along a consistent time window.

[17] Hospital laboratory data are reported directly to HHS via an online form, beginning 11 Apr. Respondents are asked to report all tests run in the hospital laboratory and not sent out to commercial laboratories.

[18] Includes 6 commercial labs: LabCorp, Quest Diagnostics, BioReference, ARUP, Mayo Clinic, and Sonic Healthcare.

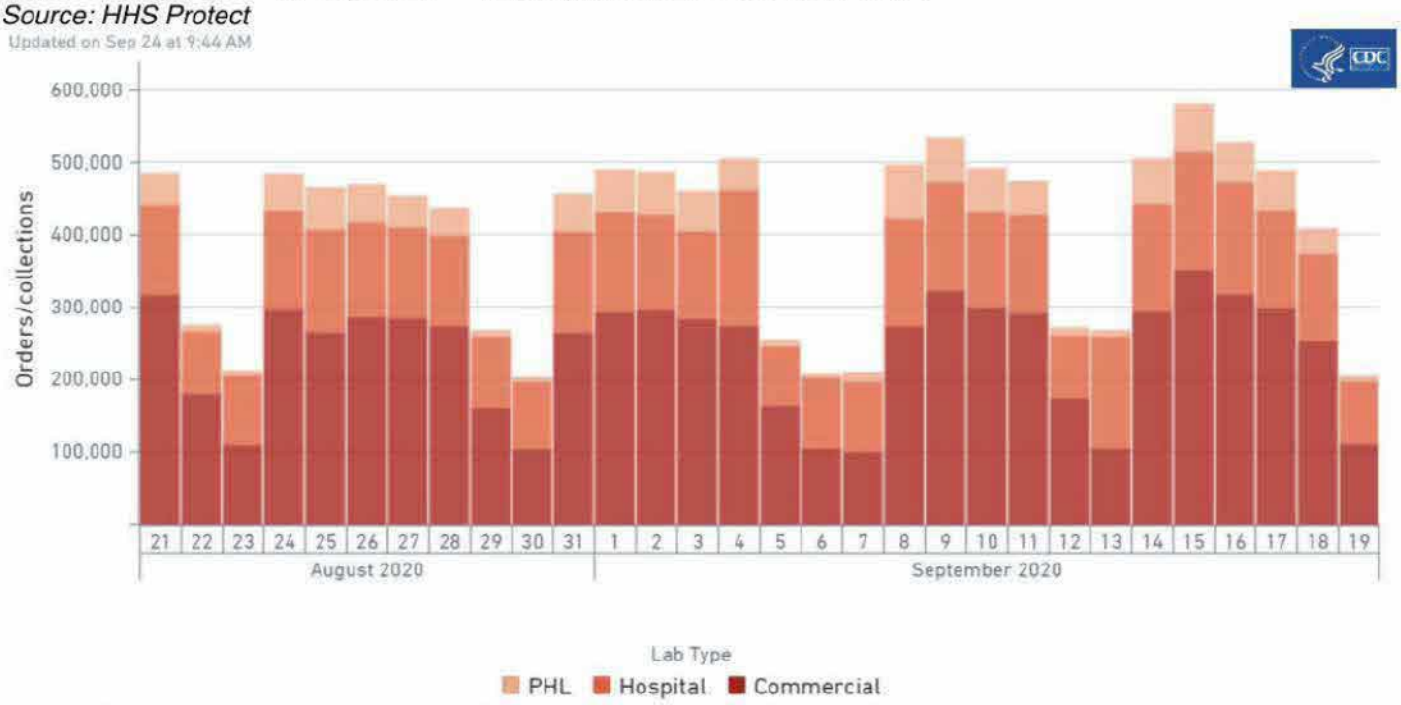
[19] Reporting public health labs are all 50 state public health labs, the District of Columbia, New York City, Puerto Rico, USAF, and 17 California counties.

[20] Includes laboratory results reported to CDC from additional state health departments not reported through HHS Protect including additional lab orders received prior to 23 Apr not included in HHS Protect.

Laboratory Orders/Collections per Day by Facility Type[21]

Data: 21 Aug 2020 - 19 Sep 2020 Last Updated: 24 Sep 2020, 09:44

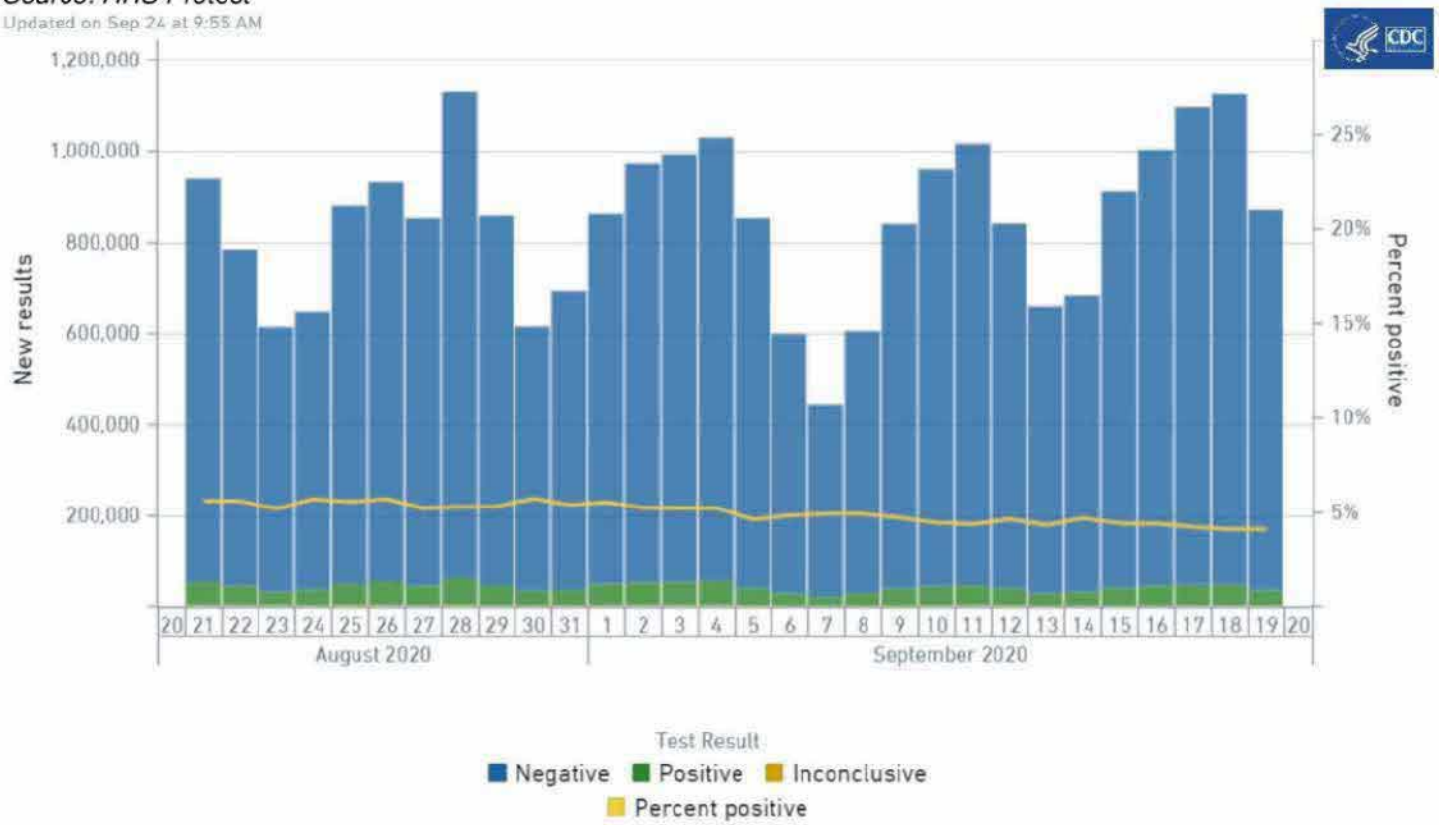
Source: HHS Protect



Positive/Negative Results and Percent Positive from Public Health, Commercial, and Hospital Lab[22]

Data: 21 Aug 2020 - 19 Sep 2020 Last Updated: 24 Sep 2020, 09:55

Source: HHS Protect

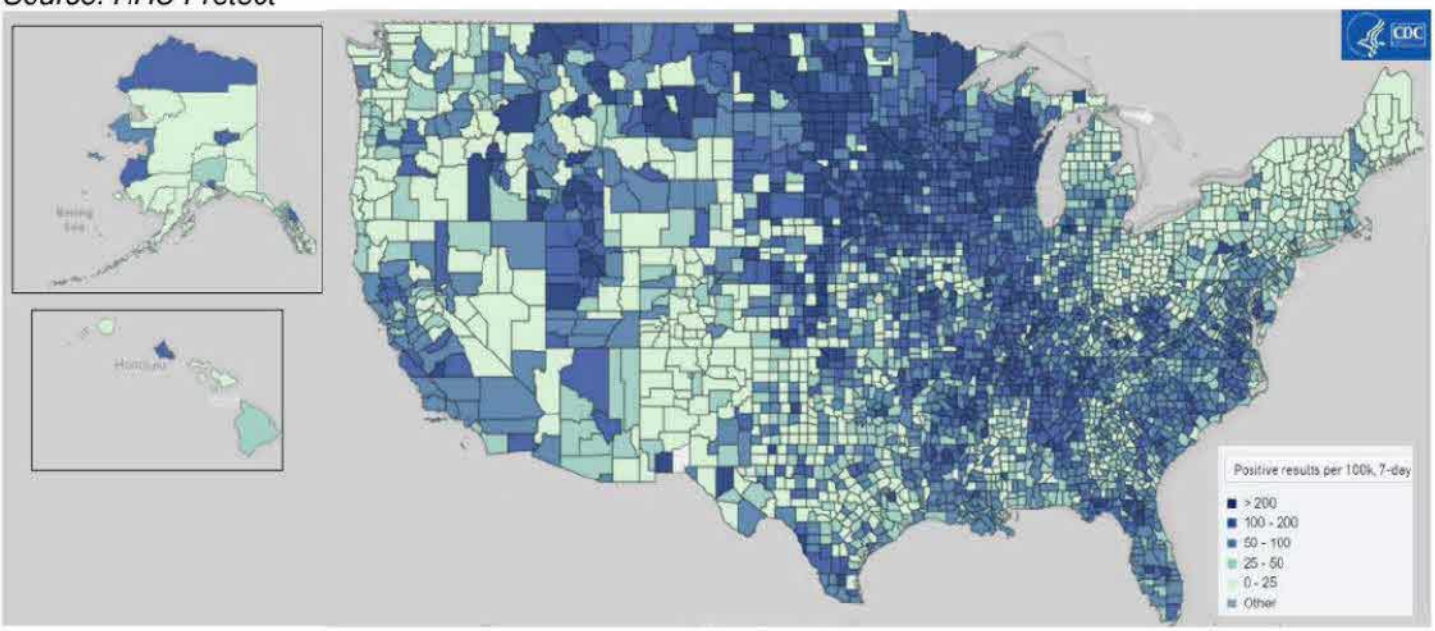


[21] Reported by test order date if available, otherwise the date the specimen was collected. Due to reporting lags, data for the most recent three days may be underrepresented.

[22] Reported by test result date. Due to reporting lags, data for the most recent three days may be underrepresented.

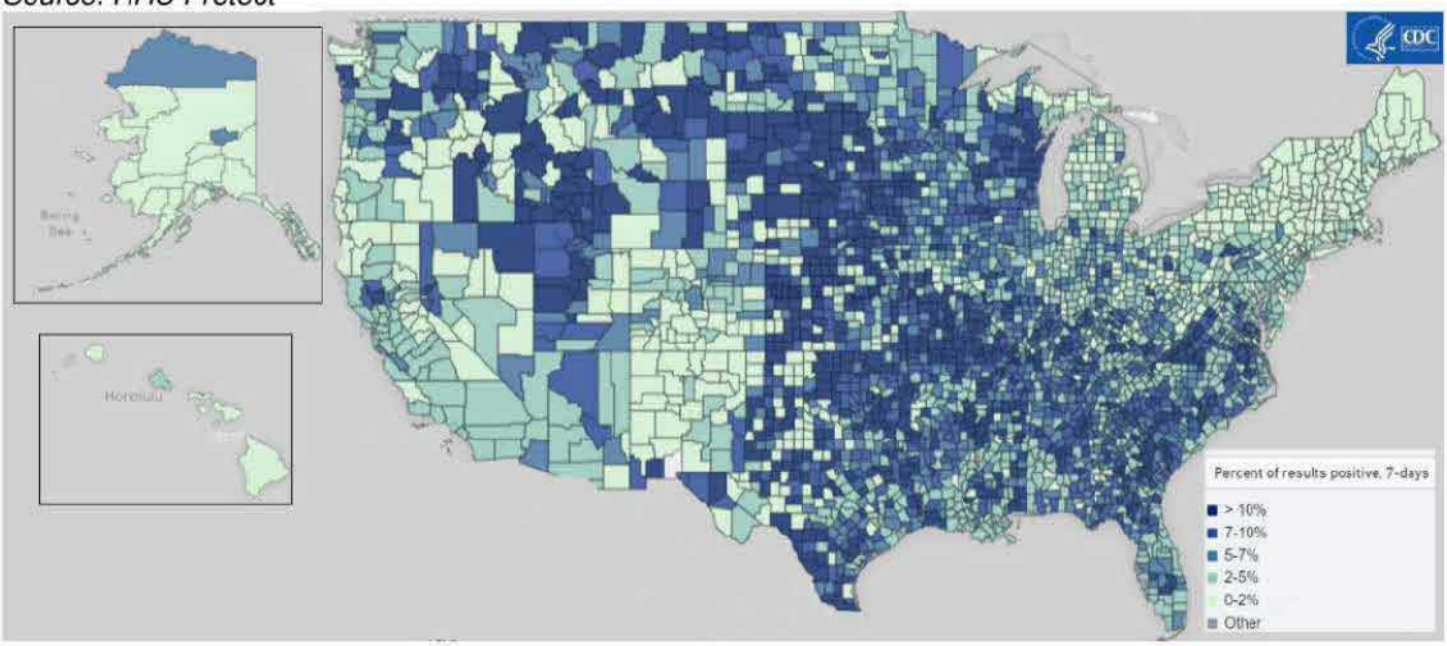
Positive Results per 100,000 Population Last 7-Days by County [23, 24]

Data Through: 13 Sep - 19 Sep 2020 *Last Updated: 24 Sep 2020*
Source: HHS Protect



Percent Positive Results Last 7-Days by County [24]

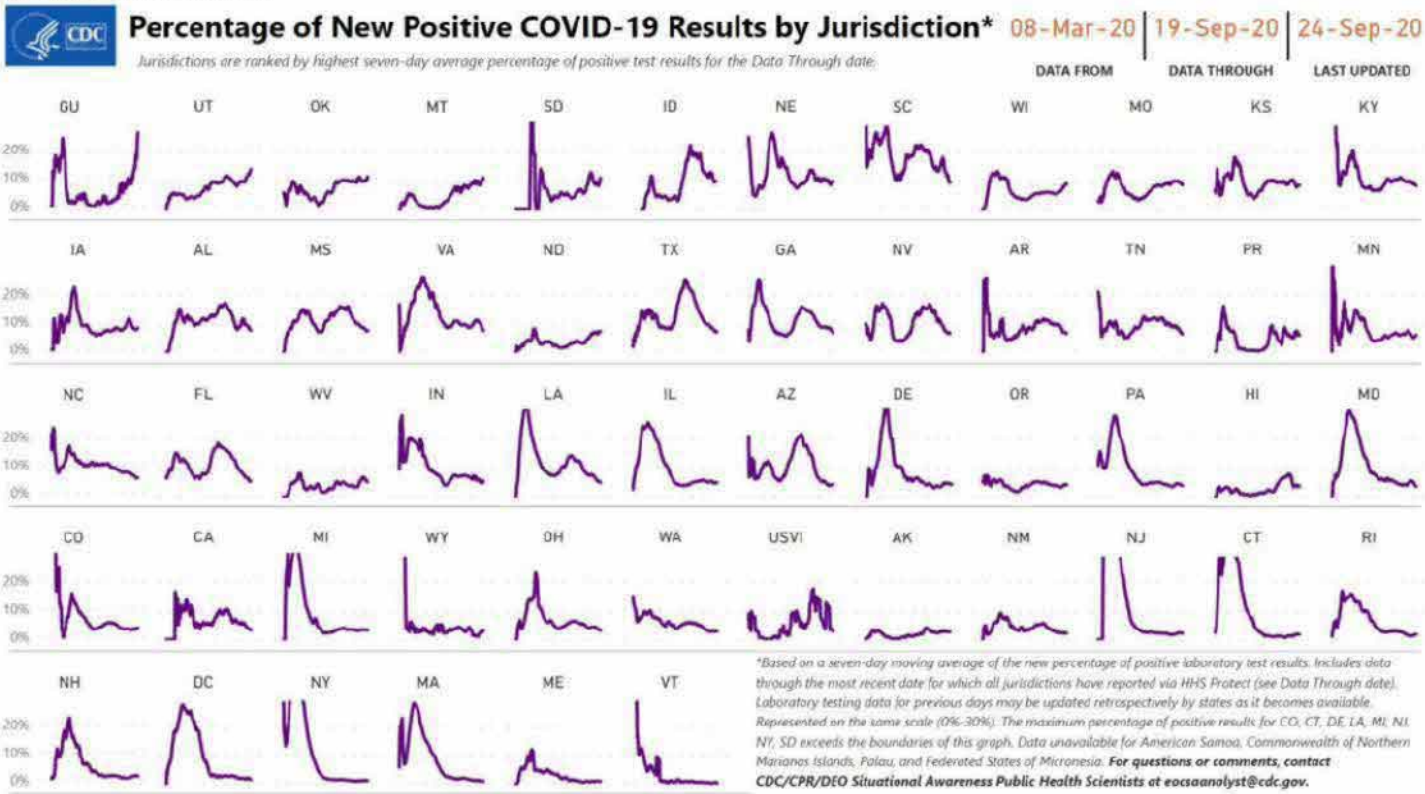
Data Through: 13 Sep - 19 Sep 2020 *Last Updated: 24 Sep 2020*
Source: HHS Protect



[23] Data represent (total number of positive results/total population) * 100. One person may have multiple tests and positive results.
[24] See CDC COVID-19 Data Tracker for the latest visualizations on US laboratory testing by state.

COVID-19 Virologic Testing, Percentage of Positive COVID-19 Test Results by Jurisdiction

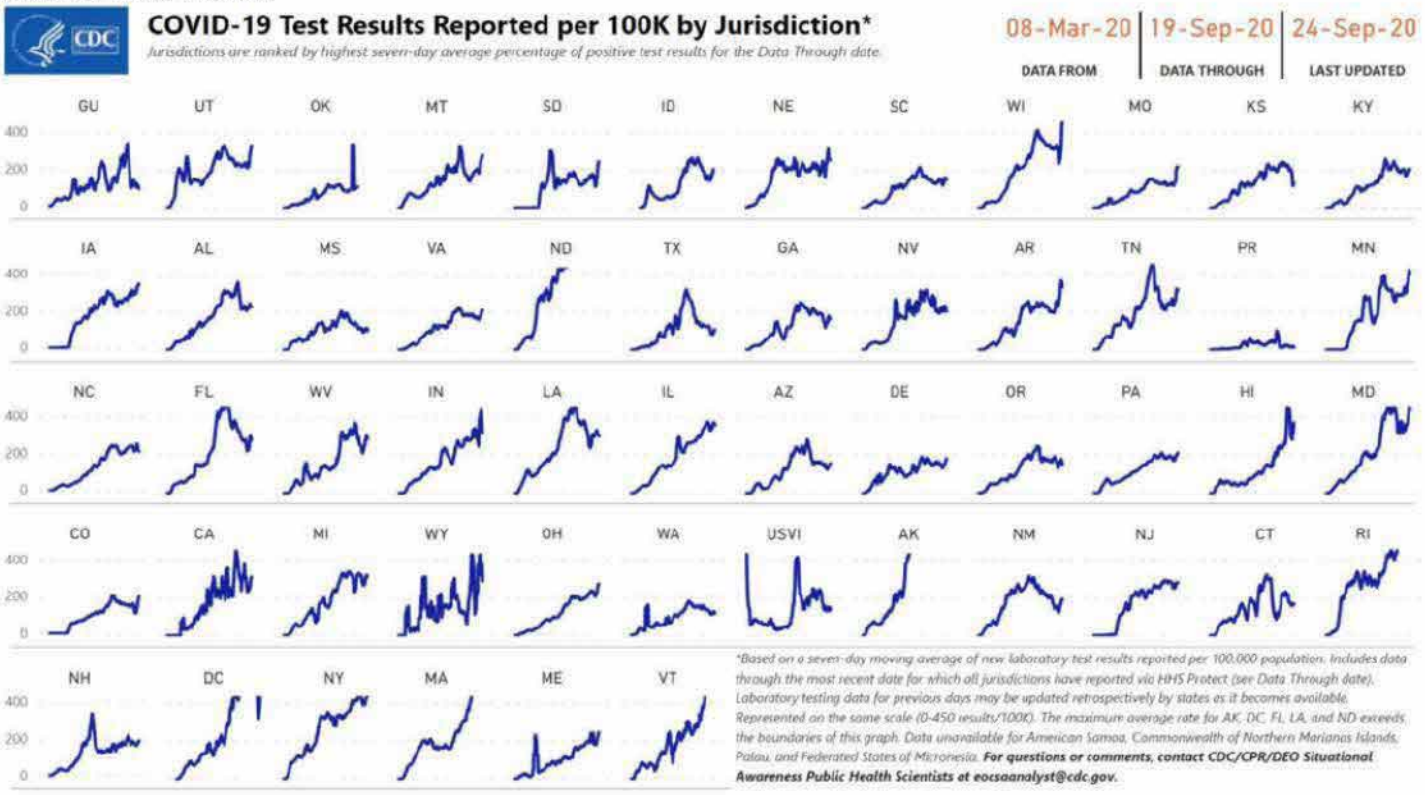
Data: 08 Mar 2020 – 19 Sep 2020 Last Update: 24 Sep 2020, 09:00
Source: HHS Protect



*Based on a seven-day moving average of the new percentage of positive laboratory test results. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Represented on the same scale (0%-30%). The maximum percentage of positive results for CO, CT, DE, LA, MI, NJ, NY, SD exceeds the boundaries of this graph. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia. **For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.**

New COVID-19 Test Results Reported per 100,000 Population by Jurisdiction

Data: 08 Mar 2020 – 19 Sep 2020 Last Update: 24 Sep 2020, 09:00
Source: HHS Protect

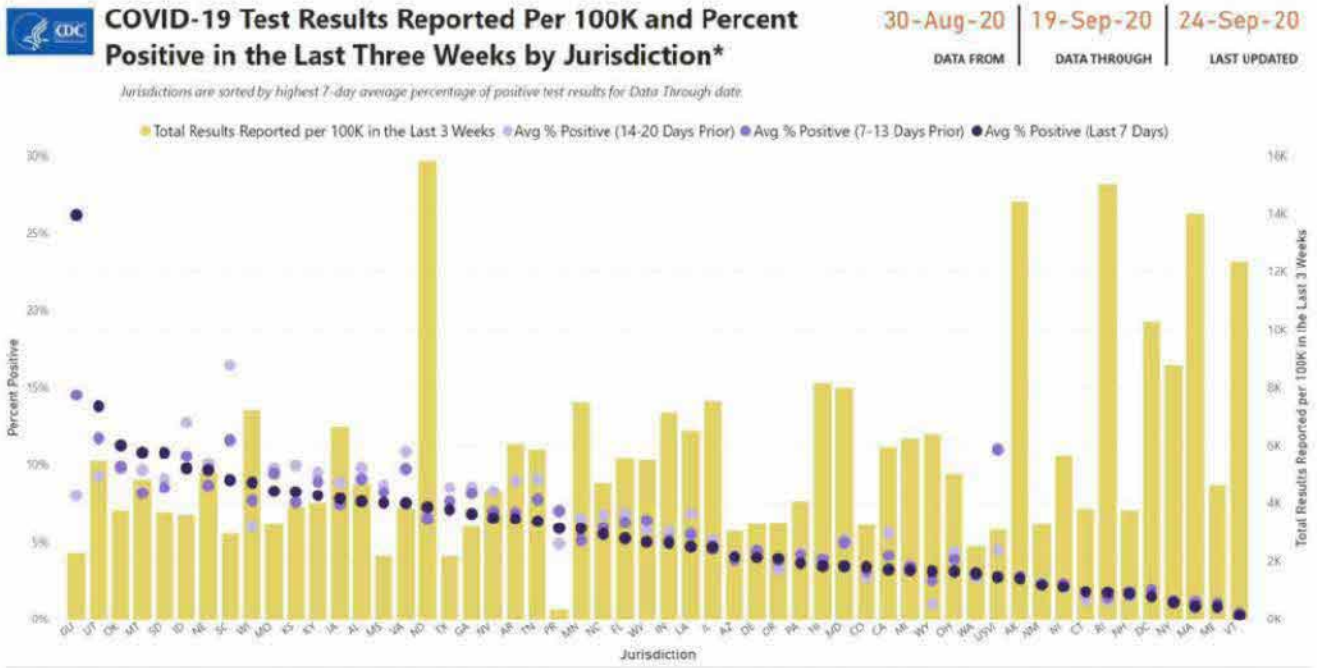


*Based on a seven-day moving average of new laboratory test results reported per 100,000 population. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Represented on the same scale (0-450 results/100K). The maximum average rate for AK, DC, FL, LA, and ND exceeds the boundaries of this graph. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia. **For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.**

Test Results per 100,000 and Percent Positive in the Last 3 Weeks by Jurisdiction[25,26]

Data 30 Aug 2020 – 19 Sep 2020 *Last Updated: 24 Sep 2020, 09:00*

Source: HHS Protect



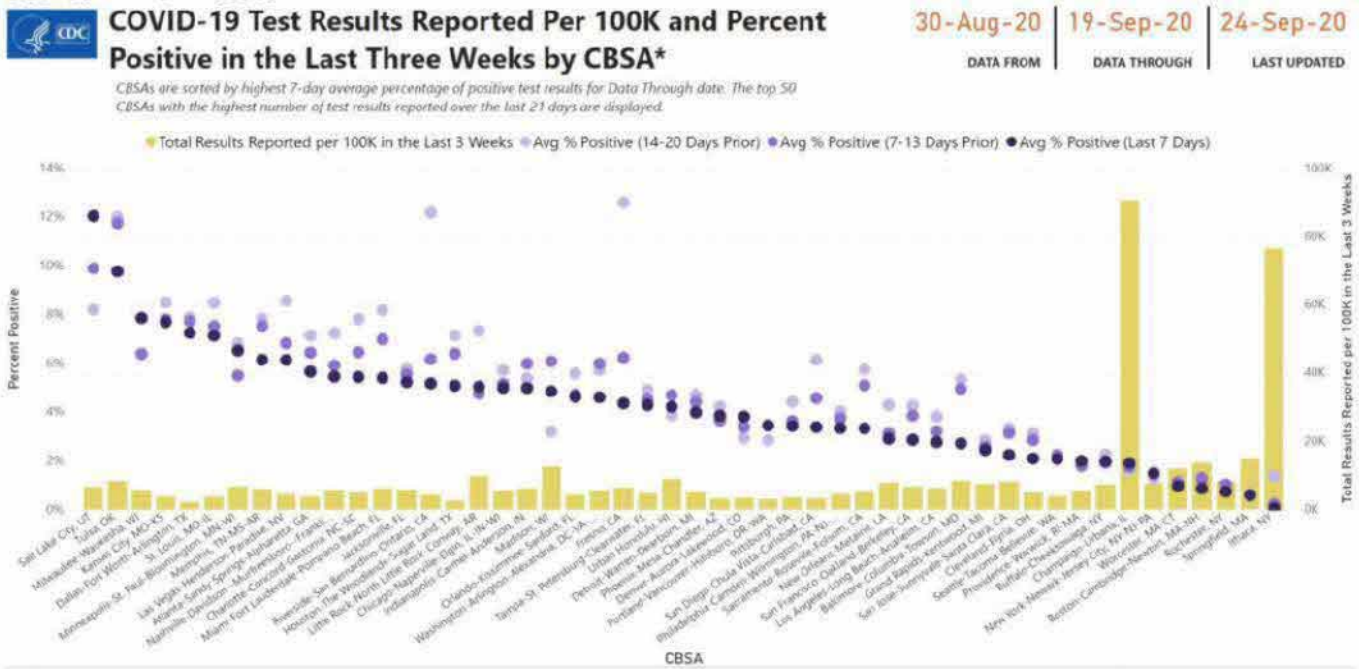
*Based on total laboratory test results reported per 100,000 population in the last 21 days. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Guam, US Virgin Islands, Palau, and Federated States of Micronesia.

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Positive/Negative Results and Percent Positive in the Last 3 Weeks by CBSA[26]

Data 30 Aug 2020 – 19 Sep 2020 *Last Updated: 24 Sep 2020, 09:00*

Source: HHS Protect



*Metropolitan and Micropolitan Statistical Areas are collectively referred to as Core-Based Statistical Areas (CBSA); new definitions were announced by OMB on 06 Jun 2003, based on application of the 2000 standards with Census 2000 data. Figure based on total laboratory test results reported per 100,000 population in the last 21 days. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Guam, US Virgin Islands, Palau, and Federated States of Micronesia.

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

[25] Data from state health departments, state public health labs, commercial labs, and hospitals.

[26] Metropolitan and Micropolitan Statistical Areas are collectively referred to as Core-Based Statistical Areas (CBSA). Due to reporting lags, data for the most recent three days may be underrepresented.

Comparison of U.S. Case Counts with Laboratory Testing Data

COVID-19 Cases, Deaths and Lab Comparison by Jurisdiction

Data Through: 19 Sep 2020 *Updated: 24 Sep 2020, 11:30*

Source: HHS Protect

COVID-19 Epi/Lab Overview -- US States, Territories & DC

Data for case and laboratory data includes data through the most recent date for which most jurisdictions have reported via HHS protect. *Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Lab data unavailable for American Samoa, Commonwealth of Northern Mariana Islands, Palau, and Federated States of Micronesia.*

** Calculation omitted where the number of total new tests was less than five.*

19-Sep-20 | 24-Sep-20

DATA THROUGH | LAST UPDATED

State/ Territory	Cases/ 100K	Deaths/ 100K	Total Tests	New Tests	Tot. Tests/ 100K	New Tests/ 100K	New Pos Tests	Total Pos Tests	% Total Pos Tests	% New Pos Tests*
AK	914.4	6.1	554,854	3,745	75,846.9	511.9	104	13,061	2.4%	2.8%
AL	[illegible]	46.9	1,647,534	10,118	33,601.9	206.4	696	194,218	11.8%	6.9%
AR	3,491.3	39.2	915,939	4,195	30,351.2	139.0	266	78,500	8.6%	6.3%
AZ	[illegible]	75.2	1,803,893	11,149	24,703.1	153.2	462	214,851	11.9%	4.1%
CA	1,957.0	37.7	13,615,446	144,306	34,560.1	366.2	4,531	892,641	6.3%	3.1%
CO	1,129.9	35.3	1,090,002	13,753	18,927.8	238.8	481	50,336	4.6%	3.5%
CT	1,554.3	125.2	1,623,279	6,093	28,701.2	170.9	84	65,197	6.4%	1.4%
DE	2,010.3	64.2	221,879	2,159	22,785.7	221.7	69	16,661	7.5%	3.2%
FL	3,146.4	62.4	9,316,485	39,503	43,396.7	183.9	2,378	1,118,191	12.0%	6.0%
GA	[illegible]	62.7	2,659,082	10,334	25,044.5	97.3	652	278,711	10.5%	6.3%
HI	808.5	8.4	369,286	3,531	26,091.9	249.4	106	13,208	3.6%	3.0%
IA	2,913.2	40.0	1,117,528	11,794	35,480.1	374.5	945	92,362	8.3%	8.0%
ID	2,122.3	25.1	429,323	3,704	24,583.5	207.3	367	57,376	13.1%	9.9%
IL	2,158.8	68.1	4,791,992	35,571	37,105.9	380.7	1,521	313,938	6.7%	4.3%
IN	1,555.1	52.3	2,316,525	20,148	34,706.6	299.3	821	170,336	7.3%	4.1%
KS	1,795.8	20.5	745,405	7,493	25,586.2	257.2	598	65,946	8.8%	8.0%
KY	1,367.1	24.8	1,098,001	9,797	23,681.3	219.3	541	96,626	9.1%	5.5%
LA	3,467.3	114.6	2,204,610	9,646	47,403.3	207.5	357	233,448	10.6%	3.7%
MA	1,954.8	134.8	3,348,377	54,976	48,590.0	798.6	424	165,650	4.9%	0.8%
MD	1,998.4	64.2	2,652,620	19,579	43,876.3	323.9	653	190,277	7.2%	3.3%
ME	379.5	10.5	284,711	2,580	21,160.5	191.9	31	5,547	1.9%	1.2%
MI	1,281.4	69.7	3,580,969	28,374	35,856.8	284.1	738	178,059	5.0%	2.6%
MN	1,581.1	35.9	2,061,811	26,761	36,559.1	474.5	1,576	128,757	6.2%	5.9%
MO	1,900.7	29.3	1,039,174	9,198	16,981.8	149.9	809	77,856	7.5%	8.8%
MS	2,175.5	94.1	616,469	827	20,713.6	27.8	64	71,767	11.6%	7.7%
MT	969.0	14.0	300,295	4,334	28,106.2	405.5	445	16,131	5.4%	10.3%
NC	1,921.3	31.2	2,610,061	24,912	25,267.4	237.5	1,307	231,324	8.1%	5.2%
ND	2,342.7	25.3	614,900	6,294	80,685.0	825.9	429	23,624	3.8%	6.8%

State/ Territory	Cases/ 100K	Deaths/ 100K	Total Tests	New Tests	Tot. Tests/ 100K	New Tests/ 100K	New Pos Tests	Total Pos Tests	% Total Pos Tests	% New Pos Tests*
NE	2,114.1	22.9	646,987	4,798	33,446.3	248.0	479	76,687	11.9%	10.0%
NH	683.9	32.3	350,755	2,852	25,796.3	209.8	44	12,928	3.7%	1.5%
NJ	2,237.1	160.5	2,878,356	20,755	32,405.9	234.1	390	103,190	3.6%	1.9%
NM	1,313.0	40.4	739,161	4,070	35,251.4	194.1	76	30,854	4.2%	1.9%
NV	2,191.1	51.3	992,179	5,633	32,212.0	182.9	310	102,304	10.3%	5.5%
NY	1070.7	46.1	10,139,60 8	84,092	52,122.1	432.3	833	556,373	5.5%	1.0%
OH	1228.0	39.5	2,797,304	35,528	23,930.9	303.9	997	154,515	5.5%	2.8%
OK	2,090.6	24.2	590,066	4,318	14,912.1	109.1	681	48,074	8.1%	15.8%
OR	730.2	12.5	1,039,768	5,946	24,652.3	141.0	229	41,045	3.9%	3.9%
PA	1170.0	62.1	3,055,525	30,367	23,867.6	236.7	910	201,829	6.6%	3.0%
RI	2,154.8	103.9	688,534	8,592	64,999.2	811.1	160	33,610	4.9%	1.9%
SC	2,181.4	62.7	1,067,172	7,633	20,727.0	148.3	354	177,966	14.3%	4.6%
SD	2,090.8	22.7	188,505	1,803	21,308.2	203.8	197	12,206	6.5%	10.9%
TN	2,086.2	32.7	2,694,054	21,104	39,449.2	309.0	1,495	255,936	9.5%	7.1%
TX	2,089.1	51.7	6,300,197	30,959	21,727.9	106.9	1,978	972,964	15.4%	6.4%
UT	2,530.6	13.9	1,255,604	11,826	39,164.7	368.9	1,397	104,475	8.3%	11.8%
VA	1649.7	35.4	2,008,435	15,271	23,536.3	178.9	1,046	237,482	11.8%	6.8%
VT	273.0	9.3	265,832	4,845	42,602.9	776.5	8	2,711	1.0%	0.2%
WA	1090.8	27.0	1,463,344	10,486	19,216.9	137.7	252	77,145	5.3%	2.5%
WI	1815.7	21.5	2,257,237	24,114	38,485.4	414.2	2,391	134,623	5.7%	9.9%
WV	768.3	17.1	577,606	5,177	32,229.8	288.9	221	22,508	3.9%	4.3%
WY	827.4	8.5	167,762	2,089	28,986.5	360.9	93	5,022	3.0%	4.5%
CNMI	119.5	3.5								
DC	3,121.4	88.1	368,870	5,210	52,266.5	738.2	70	19,015	5.2%	1.3%
GU	1251.1	16.7	36,314	67	23,113.0	42.5	32	1,915	5.0%	47.8%
PR	1,309.4	19.0	153,372	305	4,802.3	9.6	5	4,570	3.0%	1.6%
USVI	1,200.8	18.2	21,603	66	20,637.2	63.0	2	1,181	5.5%	3.0%

This table also summarizes official CDC US case counts for COVID-19, reviewed and validated by states and territories, posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). Sources: CDC DOPHER, HHS Protect, US Census Bureau. ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

Comparison New Cases per 100k Population and Percent Positive Test Results, Last 7-Days

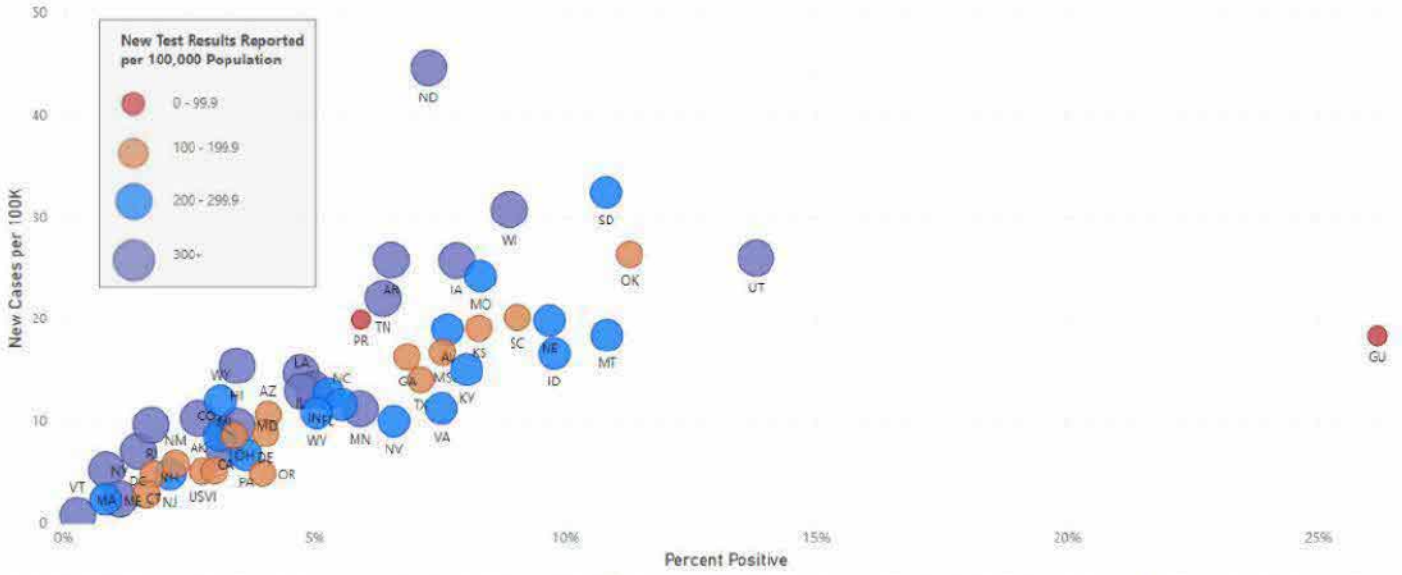
Data 13 Sep 2020 – 19 Sep 2020 *Updated: 24 Sep 2020, 11:30*

Source: HHS Protect

Seven-Day Average of New COVID-19 Cases Per 100K by Seven-Day Average of New Percentage of Positive Test Results* -- US States, Territories, & DC

13-Sep-20 | 19-Sep-20 | 24-Sep-20

DATA FROM | DATA AS OF | LAST UPDATED



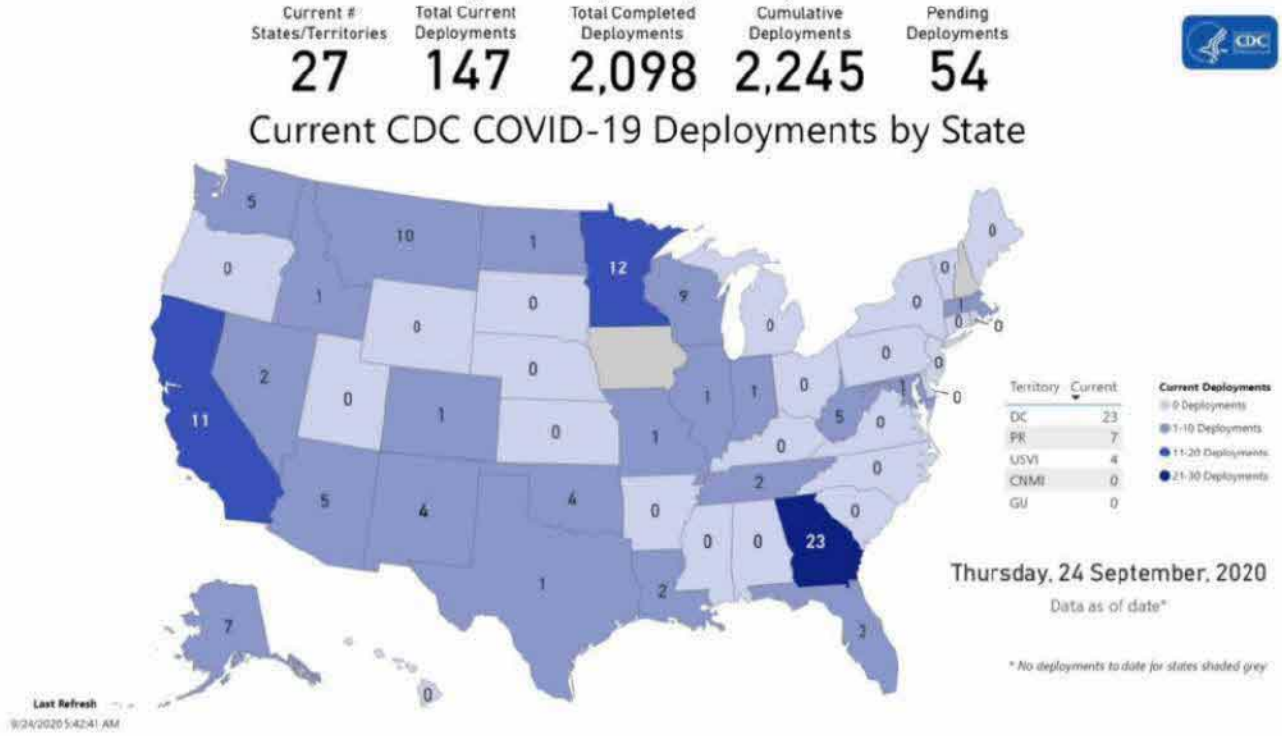
** Includes data through the most recent date for which all jurisdictions have reported laboratory data via HHS Protect (see Data As Of date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Figure represents official CDC US case counts for COVID-19, including both confirmed and probable cases, reviewed and validated by states and territories and posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). New test results reported per 100,000 population is based on a seven-day moving average. Laboratory Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia.* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

Deployments

CDC COVID-19 Domestic Deployments[27]

Data as of 24 Sep 2020 *Last Updated 24 Sep 2020, 5:42*

Source: CDC Personnel Workforce Management System (PWMS)



CDC Website Updates – COVID-19 Response

As of 24 Sep 2020, 07:00[28]

New/Updated Guidance, Recommendations, Considerations [29]

- None

New/Updated Webpages

- COVID-19 Science Update released: September 22, 2020

New MMWR Publications [30]

- Changing Age Distribution of the COVID-19 Pandemic — United States, May–August 2020

[27] A single person may have multiple deployments over time. Data in PWMS is from the previous day.

[28] Updates since last report. CDC's COVIDView provides a weekly summary and interpretation of key indicators that have been adapted to track the COVID-19 pandemic in the United States. See also CDC's "What's New" page and "Latest Updates" on the CDC COVID-19 webpage for the latest communication resources, Communication Resources for links to all guidance and reports, the COVID-19 Science Update page for summaries of new COVID-19-related studies (released every Tuesday and Friday) and the Health Alert Network (HAN) page for urgent information for state, local, tribal, and territorial partners.

[29] A complete list of Guidance Documents can be found on the CDC COVID-19 Guidance Page.

[30] A comprehensive list of COVID-19 Morbidity and Mortality Weekly Reports (MMWR) COVID-19 publications can be found on the MMWR Publications page.

International Updates

WHO Epidemiological Update

WHO Global Cases and Deaths

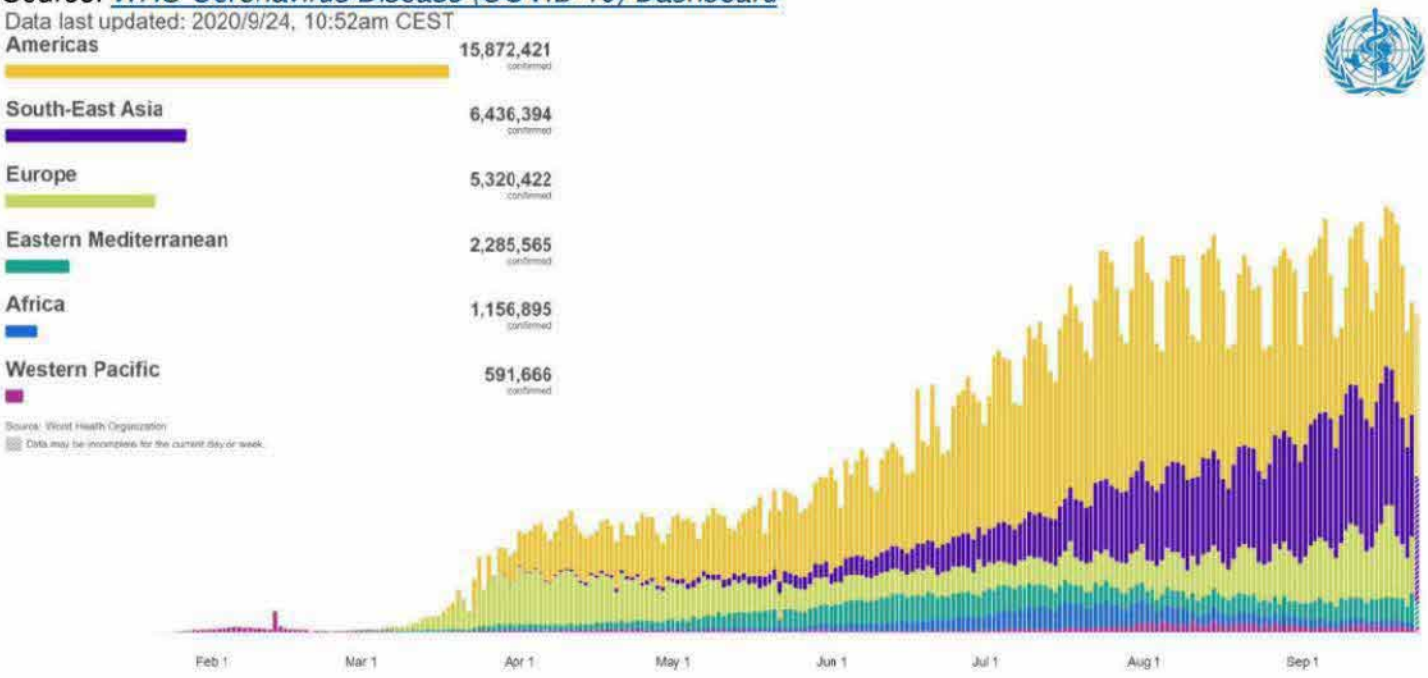
Data: 23 Jan 2020 – 24 Sep 2020 Last Updated: 24 Sep 2020 10:52 CEST
Source: WHO Coronavirus Disease (COVID-19) Dashboard

WHO Coronavirus Disease (COVID-19) Dashboard
Global Cases and Deaths
Data Last Updated: 24 Sep 2020, 10:52 CEST

Cases		Deaths	
Cumulative Total	**Newly Reported Last 24 Hours**	**Cumulative Total**	**Newly Reported Last 24 Hours**
31,664,104	284,531	972,221	5,802

Global Epidemic Curve of Confirmed COVID-19 Cases by Date of Report and WHO Region

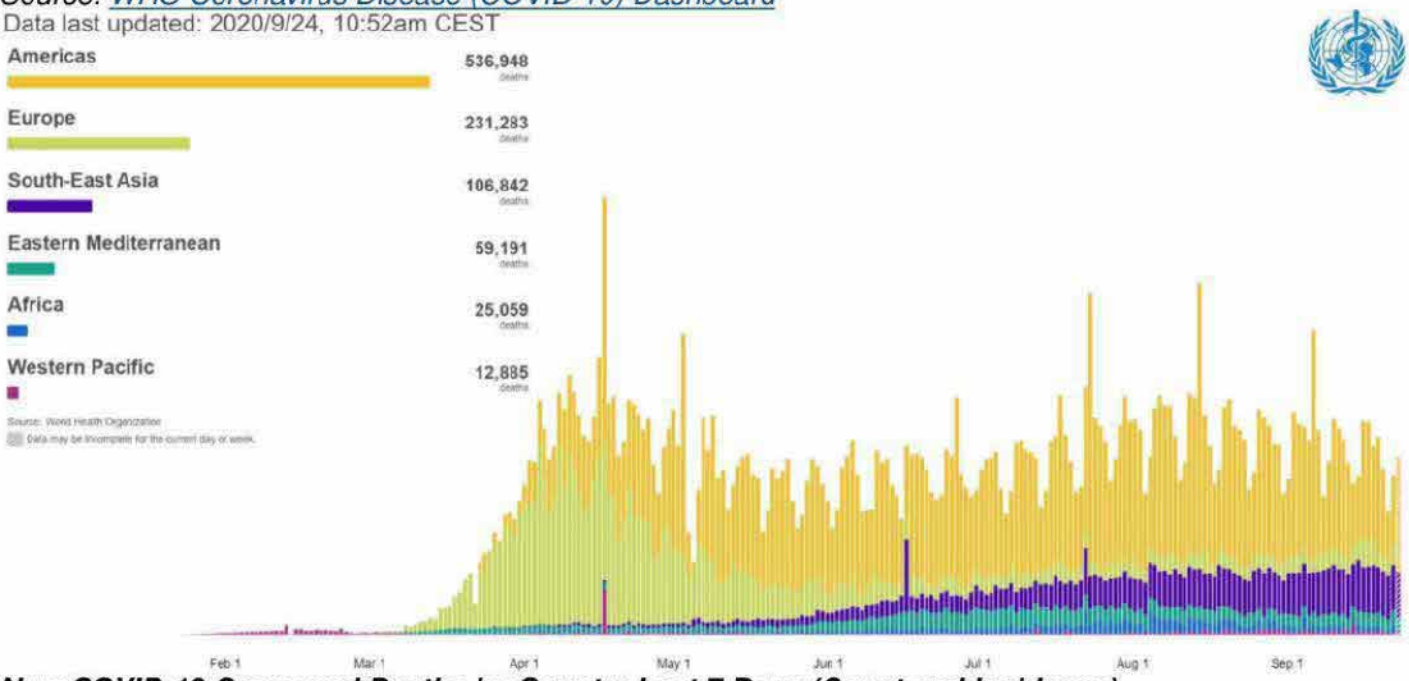
Data: 23 Jan 2020 – 24 Sep 2020 Last Updated: 24 Sep 2020 10:52 CEST
Source: WHO Coronavirus Disease (COVID-19) Dashboard



Global Epidemic Curve of Confirmed COVID-19 Deaths by Date of Report and WHO Region

Data: 23 Jan 2020 – 24 Sep 2020 Last Updated: 24 Sep 2020 10:52 CEST

Source: WHO Coronavirus Disease (COVID-19) Dashboard



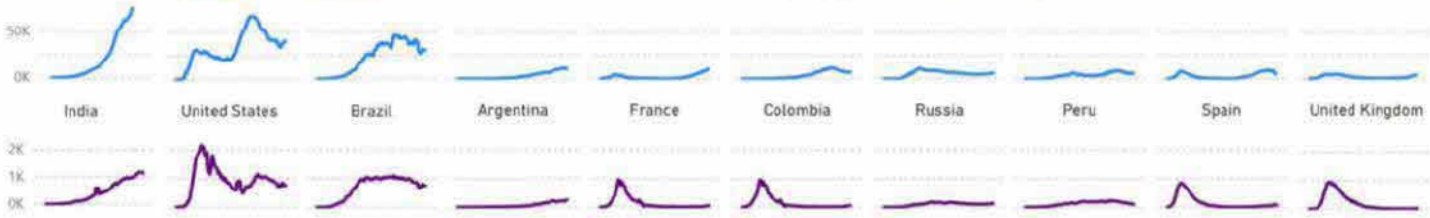
New COVID-19 Cases and Deaths by Country Last 7-Days (Count and Incidence)

New COVID-19 Deaths by 7-Day Average and Incidence*

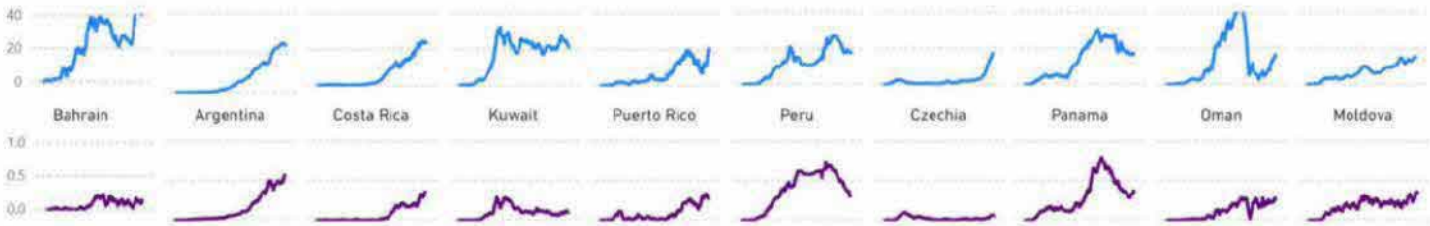
03-Jan-20 | 23-Sep-20 | 24-Sep-20

DATA FROM** | DATA THROUGH | LAST UPDATED

New COVID-19 Cases and Deaths - Top 10 Countries and Territories by Highest 7-Day Average



New COVID-19 Cases and Deaths per 100K - Top 10 Countries and Territories by Highest 7-Day Average per 100K Population^



** Based on a seven-day average of cases and deaths respectively. Seven-day average excludes country-specific outliers exceeding a threshold of six standard deviations from the mean. Data shown starting 08 Mar 2020 CET - Geneva local time. WHO reports data from territories separately from their related countries. **Graphs show data starting 08 Mar 2020. ^Excluding countries with fewer than 10,000 total cases. Data source: WHO Coronavirus disease (COVID-2019) dataset (https://covid19.who.int/WHO-COVID-19-global-data.csv).*

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

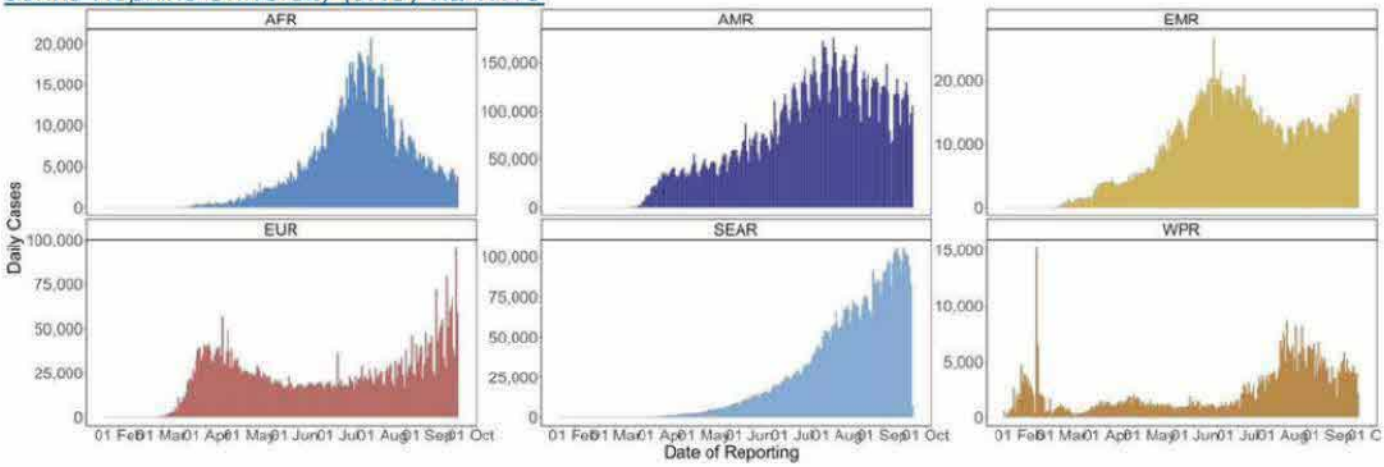
WHO Weekly COVID-19 Situation Update

Data received by WHO as of 22 Sep 2020, 08:00 EDT
Source: WHO Coronavirus Disease Weekly Epidemiological Update

Summary:

- The African, South East Asia, and the Western Pacific Regions have an overall decrease in weekly cases this week. The Region of the Americas, Eastern Mediterranean Region, and European Region have an increased percent change in weekly cases. The Region of the Americas maintains the highest average daily incidence rate of the regions. The United Kingdom and France had the highest increases in percent change in weekly cases while Peru and India had the greatest decreases in percent change in weekly cases. Argentina, Spain, Peru, and France had the highest average daily incidence rates.

Epidemic Curve of Confirmed COVID-19 Cases, by Date of Report and WHO Region[31]
Data as of 22 Sep 2020
Data source: COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU) via WHO



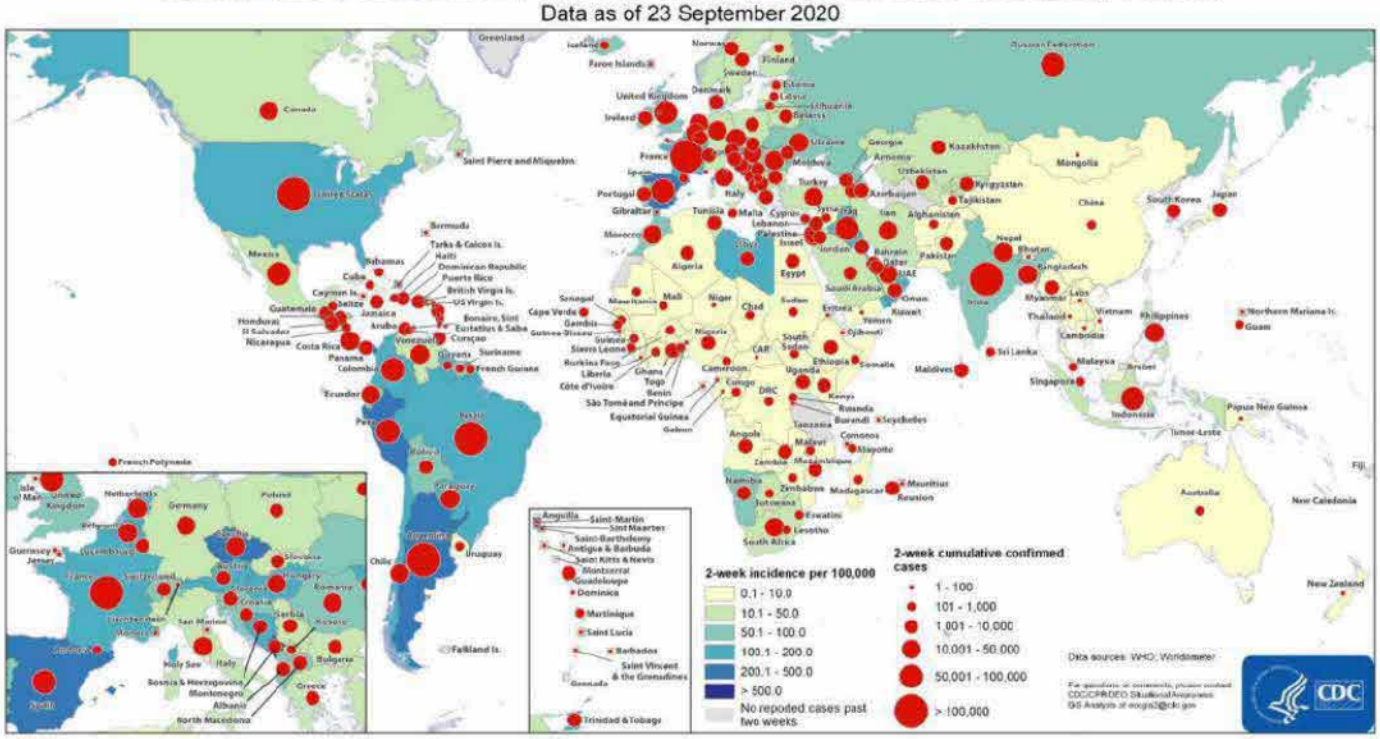
[31] Note: The y-axis differs by region to improve legibility

Global Incidence and Cumulative Cases by Country, Last 14 Days

Data as of 23 Sep 2020 *Last Updated: 24 Sep 2020*

Coronavirus Disease-2019, Two-Week Incidence and Case Counts by Country

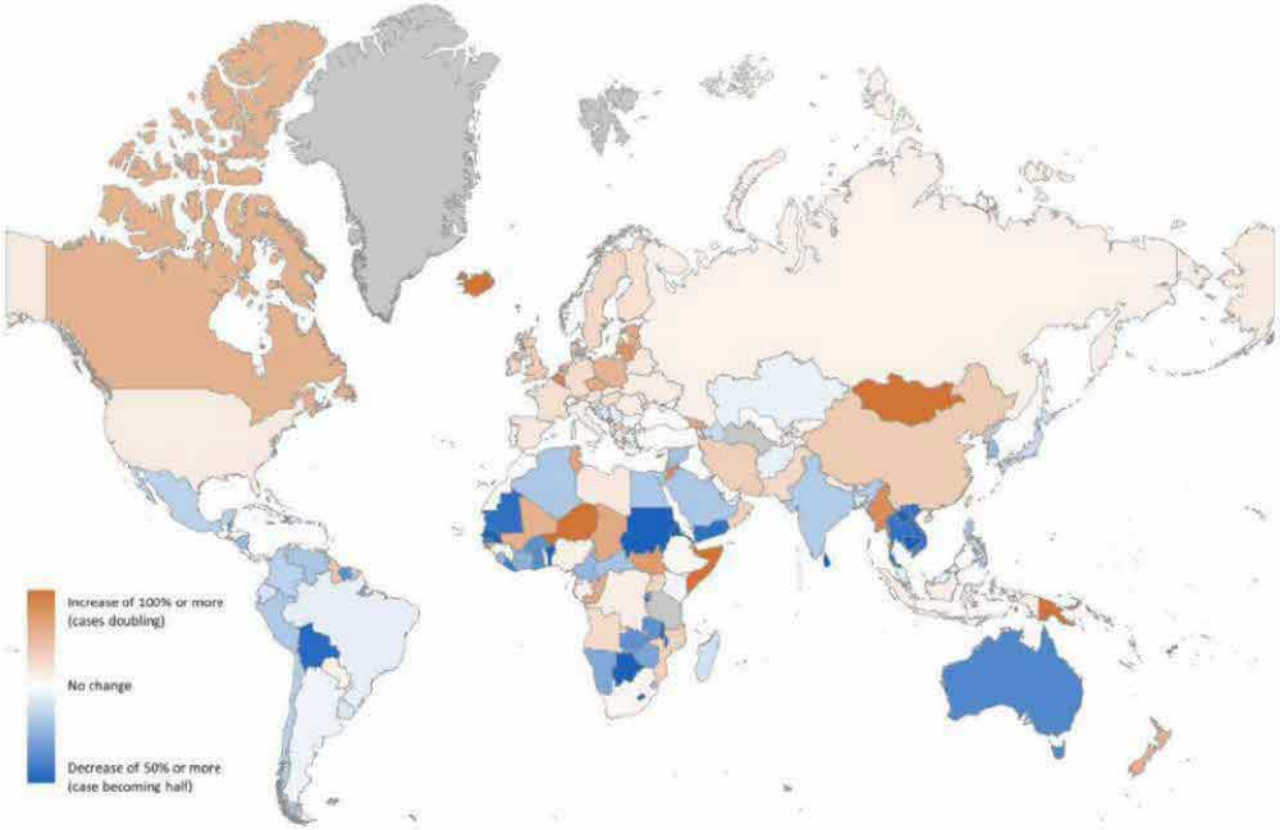
Data as of 23 September 2020



Percent Change in Weekly Cases per 100,000 Population

Data as of 22 Sep 2020

Data source: COVID-19 Data Repository by the CSSE at (JHU)



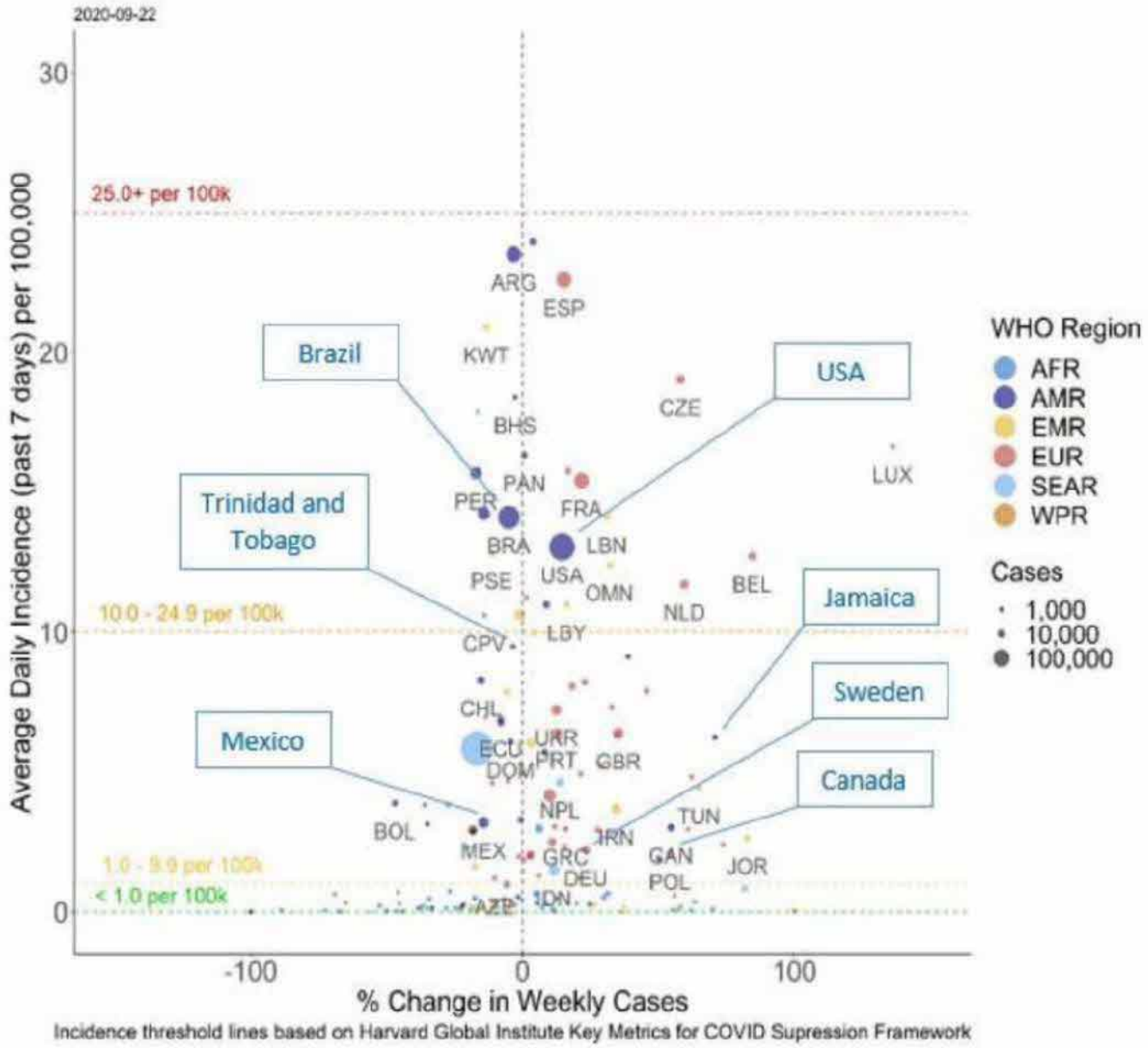
Risk Matrix: Average Daily Incidence Past 7 Days & Percent Change in Weekly Cases
Data as of 22 Sep 2020

Overview

- The United States has maintained the same average daily incidence compared with last week, and percent change in weekly cases has increased from 6% last week to 15% this week. While the number of weekly cases in Canada remains below 1,000, its percent change in weekly cases continues to increase. Mexico's average daily incidence has stayed the same as last week while the percent change in weekly cases has decreased for the second week in a row. Brazil's average daily incidence has also stayed the same, and the percent change in weekly cases has shifted to decreasing. Sweden's average daily incidence and percent change in weekly cases remain the same last week, maintaining their positive trajectory. Jamaica's average daily incidence has slightly increased, and percent change in weekly cases has undergone a substantial shift – from negative last week to 71% this week. Trinidad and Tobago continue to have a positive average daily incidence, and percent change in weekly cases has shifted into the negative since last week. Past the snapshot's view, the average daily incidence of Israel is holding steady at around 48 per 100,000. Bahrain, Montenegro, and Andorra also all have average daily incidences around 48 per 100,000. Several countries have percent changes in weekly cases at or above 150% - notably Somalia, Georgia, Niger, and Sri Lanka. Data source: COVID-19 Data Repository by the CSSE at (JHU)

Risk Matrix: Average Daily Incidence Past 7 Days vs. Percent Change in Weekly Cases[32]

Data as of 22 Sep 2020



Incidence threshold lines based on Harvard Global Institute Key Metrics for COVID Supression Framework

[32] This chart displays four metrics that CDC uses to track the COVID-19 pandemic domestically and globally. The x-axis represents the percent change in weekly new cases since the previous week. The y-axis represents the average daily number of new cases per 100,000 population over the past 7 days. The size of circles is proportional to the number of new cases reported in the past week. The color of the bubbles represents the WHO Region of the country. The y-axis threshold lines are based on the Harvard Global Health Institute Key Metrics for COVID Suppression Framework.

Average Daily Incidence Past 7-Days, Cases and Percent Change

Data as of 22 Sep 2020
Source: COVID-19 Data Repository by the CSSE at (JHU)

By WHO Region

- This week: The African, South East Asia, and the Western Pacific Regions have an overall decrease in weekly cases this week. This is particularly notable for the Western Pacific Region, which had a 40% increase in weekly cases last week. The Region of the Americas, Eastern Mediterranean Region, and European Region have an increased percent change in weekly cases. The Region of the Americas maintains the highest average daily incidence rate of the regions.

WHO Region	Average Daily Incidence (past 7 days) per 100,000	Cases Last Week	Cases This Week	% Change In Weekly Cases	Cumulative Cases
AFR	0.37	29,670	29,205	-1.57	1,150,331
AMR	10.86	769,173	771,547	0.31	15,875,685
EMR	2.26	107,314	116,612	8.66	2,256,128
EUR	6.45	349,395	419,362	20.03	5,425,593
SEAR	4.33	698,283	595,057	-14.78	6,258,289
WPR	0.21	33,361	27,352	-18.01	584,444

By Top 10 Countries Based on Number of New Cases Reported in Past 7 Days

- This week: Of the top ten countries with the highest number of cases in the past seven days, five had an increase in weekly cases compared to nine last week. The United Kingdom and France had the highest increases in percent change in weekly cases while Peru and India had the greatest decreases. Argentina, Spain, Peru, and France had the highest average daily incidence rates.

Country	Average Daily Incidence (past 7 days) per 100,000	Cases Last Week	Cases This Week	% Change in Weekly Cases	Cumulative Cases
India	5.84	650,231	542,304	-16.60%	5,562,663
United States of America	13.05	265,333	303,876	14.53%	6,896,218
Brazil	14.11	220,190	209,101	-5.04%	4,591,364
Spain	22.59	68,654	79,100	15.22%	682,267
Argentina	23.51	77,304	74,836	-3.19%	652,174
France	15.42	60,187	73,245	21.70%	507,150
Colombia	14.25	57,057	48,947	-14.21%	777,537
Russian Federation	4.16	37,519	41,284	10.03%	1,111,157
Peru	15.68	42,285	35,035	-17.15%	768,895
The United Kingdom	6.38	21,738	29,388	35.19%	406,058

Key:

Average Daily Incidence
- 25.0+ per 100k
- 10.0 – 24.9 per 100k
- 1.0 – 9.9 per 100k
- < 1.0 per 100k

Note: Incidence threshold categories are based on Harvard Global Health Institute Key Metrics for COVID Suppression Framework.

% Change
- increase
- decrease

Media Reports

- **Canada** is experiencing a surge in COVID-19 with 972,221 total deaths reported. On 22 May, Ontario reported its highest daily number of COVID-19 cases since early May. The average number of new deaths in the past 7-days is two times higher than the number reported for the prior 7-day period. Ontario government officials report that COVID-19 testing locations will be expanded to include pharmacies beginning 25 Sep. The Hamilton Wentworth-District School Board reported approximately 10% of students participating in in-person learning are exempt from wearing masks or face coverings. More regions in Quebec will be facing stricter restrictions as new cases and hospitalizations rise in the province. CBC
- On Tuesday, 22 Sep, the **Jamaican** government announced an extension of the existing curfew as it seeks to curb the spread of the coronavirus that has so far infected more than 5,000 people. Prime Minister Andrew Holness said that the nightly curfew will remain in place until 07 Oct. In addition to the curfew, other measures remain in place including quarantining people entering Jamaica, stay-at-home orders for persons 70 years and older when possible, limiting gatherings to 15 people, and encouraging employees to work from home where possible. The Health Minister stated that several field hospitals will be erected across the country to provide additional beds. The Ministry of Education has no plans to reopen schools with face-to-face classes in the immediate future. Caribbean National Weekly
- The new Health Minister of the **Czech Republic,** Roman Prymula, announced that tighter restrictions on bars and public events were imminent. His predecessor recently resigned following a doubling of COVID-19 infections in the country over the past three weeks. Prymula announced that closing hours for bars will be changed from midnight to 10:00 PM, and stricter limits will be enforced on the number of participants at sporting events (2,000 seated spectators, down from 10,000). The new restrictions will be in place for a trial period of 14 days. Reuters
- **Spain's** Prime Minister, Pedro Sánchez, pledged not to declare another national state of alarm like the one that kept residents confined between mid-March and mid-June. On Monday, selective confinements went into effect in 37 health areas near the capital and several other towns in the Madrid region with very high rates of infection. Residents staged street protests against what they see as "unfair targeting of low-income neighborhoods." El País
- **Argentina** reported a daily high of 470 new deaths from COVID-19 on Tuesday, the second straight day that a record number of fatalities has been recorded. President Alberto Fernández imposed lockdown restrictions on nearly all activities on 20 Mar, which have been on a province-by-province basis since then. Schools and universities remain closed, and large social gatherings, concerts and performances are still prohibited. Buenos Aires Province remains the most affected region. The Health Ministry said that "bed occupancy in intensive care units nationwide is at 60.4%, rising to 65.9% in the Buenos Aires metropolitan region". Officials are currently discussing whether to relax lockdown measures further after 11 Oct, when the current quarantine period ends. Buenos Aires Times

Department of Health and Human Services
Centers for Disease Control and Prevention
SAFER·HEALTHIER·PEOPLE™

CDC Coronavirus Disease-2019 (COVID-19) Situation Report #172

Sensitive but Unclassified (SBU). This document may contain sensitive information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552). This information is for internal government use only. Further distribution to authorized personnel with a "need to know" and for awareness is authorized by the Centers for Disease Control and Prevention.

CDC Response Status: Agency Level Activation
Date: 09/24/2020
Report Period: 09/23/2020 – 09/24/2020
IMS Activation: 01/21/2020
Location of Event: Global
Lead Agency: Centers for Disease Control and Prevention (CDC)
Lead CDC CIOs: National Center for Immunization and Respiratory Diseases (NCIRD)
Center for Preparedness and Response (CPR)
Description: CDC Coronavirus Disease-2019 (COVID-19) Response

Significant Activities (SIGACTs)/Information

- CDC COVID-19 website provides the latest resources for community and healthcare professionals on information regarding United States COVID-19 cases: https://www.cdc.gov/coronavirus/2019-ncov/index.html.
- Confirmed and probable U.S. cases of COVID-19: 6,916,292 (as of Sept 23); for complete domestic updates visit the CDC Data tracker - https://www.cdc.gov/covid-data-tracker/#cases.
- U.S. deaths reported to CDC: 201,411 (as of Sept 23).
- Worldwide confirmed cases of COVID-19 can be found at the WHO Coronavirus Disease Dashboard - https://covid19.who.int/.

Current Task Force Updates by Objectives:

Objective 1: Support of USG-wide Response – *Integrate CDC response activities with the USG response to inform and synchronize public health actions among all key stakeholders in support of the Federal Incident Strategic Plan.*

Laboratory and Testing Task Force

- Continue to Support provisioning of data regarding kits shipped to Public Health Laboratories (PHLs) from International Reagent Resource (IRR).

Community Interventions & Critical Populations Task Force (CICP)

- One Health Working Group collaborating regarding technical aspects of COVID-19 at the connection between human, animal, and environmental health through leading the One Health Federal Interagency COVID-19 Coordination Group.
  - Over 60 representatives from 18 key federal agencies representing multiple departments (HHS, USDA, DOI, DOD, DHS, and others).

Objective 2: Data/Surveillance - *Conduct timely and actionable data analytics, surveillance, lab reporting, and modeling activities to monitor and forecast epidemic progression and inform data-driven decision making.*

Epidemiology Task Force (Epi TF)

- Working on the FluTES-C case-ascertained household study met with the Modeling Task Force to discuss possible uses of the data to inform modeling of infection dynamics.

Data, Analytics, and Modeling Task Force

- Case Surveillance Section has noted and is monitoring a recent rising trend of daily nationally reported cases of COVID 19.

Objective 3: Global – *Assess global data as a guide for domestic response, provide guidance on international travel to reduce travel-associated infections, and provide support to mitigate the pandemic in other countries.*

Global Migration Task Force (GMTF)

- Traveler Health finalizing review of secondary criteria for countries eligible for de-escalation week of Sept 28.
- United States Mexico Unit participated on a call with Here Right Now (HRN).
  - HRN is an organization providing COVID-19 resources to Latinos and Hispanics
  - Objective to determine best means to disseminate a HRN tool both on CDC websites and through partner sites.

International Task Force (ITF)

- Developed presentation regarding global school activities for the Unified Coordination Group (UCG).
- Conducted a webinar titled Collaboration with *Global Faith and Community Leaders on COVID-19 and Vulnerabilities for Families and Children: Data, Action, and Compassion.*
  - Over 350 global faith leaders in attendance.
- Held Interactive Mitigation Session for CDC staff concerning community-based first line care.
- Several products focused on global COVID-19 response posted on CDC website.
  - Telemedicine - What Does It Mean and Why Should You Care?
  - Community Health Workers Support of Home-based Care.
  - Sharing and Shifting Tasks to Maintain Essential Healthcare
- Scheduled schools' presentation for USAID Education Directors.

Objective 4: Lab/Epi – *Conduct and provide support for epidemiologic and laboratory studies to examine dynamics of disease spread and control, including expanding testing and analyzing serologic studies to assess spread of infection across America.*

Laboratory and Testing Task Force

- As of Sept 22, CDC has tested over 10,069 samples which equate to over 5,838 patients by PCR.
- IRR shipped 631 reagents to 16 laboratories on Sep 23.

Epidemiology Task Force (Epi TF)

- Task Force field team in Wisconsin building partnerships, offering technical assistance and support to outbreaks in the state. Team will
  - Start embedding paired antigen and PCR testing into study;
  - Particularly look at groups of students at two university campuses in Wisconsin who have higher probability of testing positive.
- One of the Epi Task Force studies, COCOVID, a household cohort based in Puerto Rico, is currently in the enrollment phase.
  - Has reached close to 50% of its goal sample size of 1000 (i.e., 442).

Objective 5: Community/Health Systems – *Provide community mitigation strategies and tools in support of domestic plans for phased approaches to COVID-19 and provide healthcare systems strengthening and guidance to support patient treatment and infection prevention and control (IPC).*

Health Systems and Worker Safety Task Force (HSWS)

- The Worker Safety and Health Team provided a close out memo from Tribal Nation deployment:
  - Recommendations to reduce transmission of SARS-CoV-2, at Prairie Wind Casino and Hotel, Oglala, SD
- A presentation from the Chief Wellness Officer at UC Davis Health titled, "*The expansion of telemental health in the time of COVID-19*" referenced the Implementation Unit/ Healthcare System Coordination team guidance during the Dialogue4Health webinar.

  - Dialogue4Health is a project of the Public Health Institute, in which they partner with local, national and global organizations to host web forums and share critical resources.
- The Healthcare Systems Coordination Team's Implementation Unit, along with representatives from Emory's Acute Care Design and Innovation Center and from the COVID-19 Health Equity Response conducted a meeting to discuss possible collaboration focused on health equity and telemedicine pertaining to acute and emergent care.

Data, Analytics, and Modeling Task Force

- Produced COVID-19 Forecast of New Hospitalizations and publicly disseminated them as a CDC website update on Sept 23, 2020.

Objective 6: State, Tribal, Local and Territorial Support (STLT) – Provide support for outbreak response, needs assessments, contact tracing, and monitoring impact, as well as support the development and implementation of CDC COVID Corps activities.

Community Interventions & Critical Populations Task Force (CICP)

- Mitigation Implementation and Technical Assistance (MITA) responded to four requests for technical assistance from health departments in TX, SD, MD, and VA.
  - Topics included outreach to Hispanic/Latino communities, K-12 school assessment checklists, guidance support to an ASPR deployment, and outbreaks at Institutes of Higher Education (IHE).
- One Health Working Group collaborating with Utah public health and animal health officials, USDA-Veterinary Services and Wildlife Services, and the National Wildlife Health Center/USGS/DOI.
  - Investigating people and multiple animal species with SARS-CoV-2 on multiple mink farms.

Objective 7: Communication and Outreach – *Ensure active, timely, effective public health and safety messaging around response priorities with key federal, state/local partners, policymakers, media, and the public.*

Joint Information Center (JIC)

- New web content: Nothing significant to report.
- Updated web content:
  - CDC COVID Data Tracker
- Posted COVID-19 content on OADC social media channels:
  - Clara Self-Checker Webpage
  - COVID-19 Guidance for Parents
  - MMWR on Shifting Age Distribution During COVID-19
  - Handwashing
- Posted COVID-19 content on Spanish language OADC social media channels:
  - 3 W's Campaign
  - MMWR on transmission of COVID-19 in childcare centers

Policy

- CDC Director testified before the Senate Health, Education, Labors, and Pensions (HELP) Committee.
  - Hearing was focused on the COVID-19 federal response.

Objective 8: Vaccine – *Develop and support access to vaccines to prevent COVID-19, influenza, and childhood vaccine-preventable diseases.*

Vaccine Planning Unit

Nothing significant to report.

General Staff Activities

Operations

- Received/triaged 45 COVID-19 related calls during the reporting period.
- Processed two International Health Regulations (IHR) request and four Do Not Board (DNB) actions.

Resource Support

- 162 CDC personnel deployed or pending deployment (145 deployed, 17 pending).
- Approved two Emergency Resource Requests (ERRs) this reporting period.

Situational Awareness (SA)

- Provided *Epi-X* support to state health departments in receiving, accessing, and posting:
  - 1,117 passenger Entry Screening Reports and contact lists for post-arrival monitoring for travelers arriving from a country with widespread transmission of COVID-19.
  - 73 state notification and contact lists for persons who may have been exposed to COVID-19 on a flight.
  - 161 interstate movement notifications to states receiving persons traveling to their jurisdiction who are under self-monitoring with public health supervision for COVID-19; PUI with recent travel reports; lab results sent to health department associated with the jurisdiction where the traveler was tested; or persons with a history of close contact to a confirmed case of COVID-19.

Deployer Support Unit

- New and Updated DeployCDC Content:
  - New: Wildfire Safety
  - Updated: Guidance for PHS Officers (under Basic Readiness Requirements and Media Requirements)
  - Updated: During Deployment (under Media Requests)
  - Updated: Preparing for Deployment (Under Attend the Pre-Deployment Brief and Know How You're Going to Pay for Expenses)
  - Updated: Working in the EOC: COVID-19 Response (revamped the page)
- DeployCDC Metrics: Unique visitors (1/21/2020 – now): 30,500
  - Most Frequently visited pages (1/21/2020 – now):
    - Home – DeployCDC Global homepage
    - COVID-19 Homepage
    - Response Position Openings - 2019 Novel Coronavirus Outbreak – DeployCDC
    - COVID-19 Preparing for Deployment
    - COVID-19 Returning from Deployment

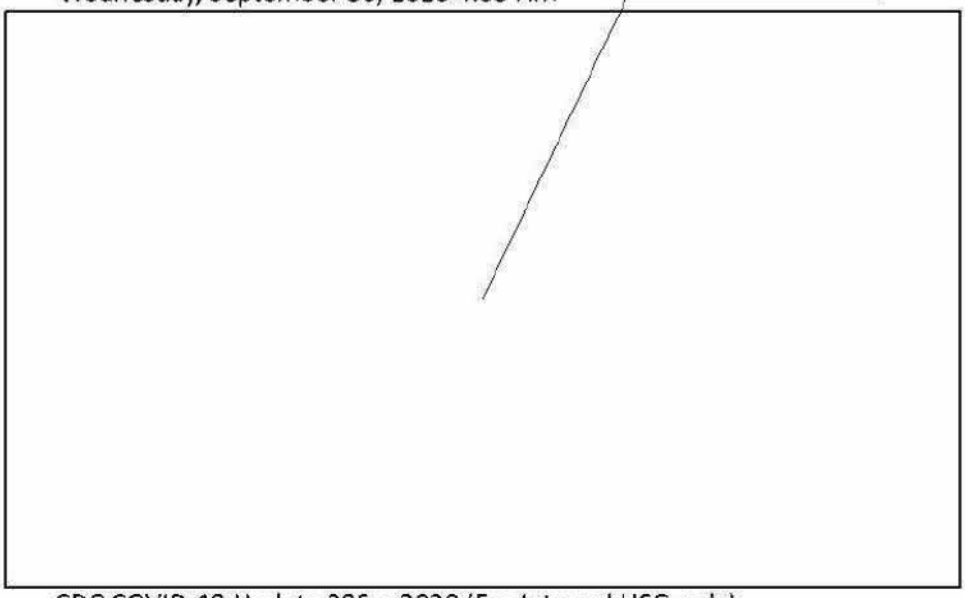
The next CDC SITREP publication will be on Friday, September 25, 2020.

The Point of Contact for this report is the IMS Planning Section Chief (**eocplans@cdc.gov**).

From: (b)(3):50 USC 3024(i); (b)(6)

Sent: Wednesday, September 30, 2020 4:33 AM

To: (b)(3):10 USC 424; (b)(6)



Cc:

Subject: CDC COVID-19 Update 29Sep2020 (For Internal USG only)

Attachments: 2020 09 29 Science Update_Final Public.pdf; (FOUO) CDC COVID-19 RESPONSE UPDATE 20200929.pdf

Good evening,

Please see attached CDC Reports.

Cases/deaths as of 29 Sep 2020:

- 7,129,313 confirmed and probable U.S. cases, +33,891 since yesterday
- 204,598 U.S. deaths reported to CDC, +270 since yesterday
- 33,249,563 confirmed cases worldwide (WHO dashboard data); Worldwide death toll now exceeds 1M

Highlights:

- **Case Counts and Deaths:** Nationwide case uptick continues; death average resumes decline. 7-day case average up 5% from the previous 7-days. 7-day death average down 4% from the previous 7-days. Case trajectory data continues to reflect the recent upward trend: 26 (46%) states/jurisdictions in an upward/worsening trajectory; 11 (20%) in a plateau; and 19 (33%) in a downward/improving trajectory.
- **RT-PCR Test Positivity:** National RT-PCR positivity = 4.3%. 7 states/territories with positivity >10%: GU, UT, SD, MT, OK, ID, NE, all worsening except UT, which remains stable; a total of 13 states are worsening, 9 improving, and the rest stable. Guam is suddenly reporting 33% positivity, which CDC believes is likely artifactual.
- **Travel Health Notices (THNs):** https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html, no changes since yesterday.
- **CDC COVID -19 SITREP:** henceforth published only three times a week – Monday/Wednesday/Friday.

Highlights from Science Update::

- Horror fans and morbidly curious individuals are more psychologically resilient during the COVID-19 pandemic: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7492010/, Coincidentally, horror fans and morbidly curious individuals were also more psychologically resilient to tonight's presidential debate.

- No SARS-CoV-2 neutralization by intravenous immunoglobulins produced from plasma collected before the 2020 pandemic: https://academic.oup.com/jid/advance-article/doi/10.1093/infdis/jiaa593/5907985; researchers found pre-pandemic plasma lacks cross-reactive antibodies against SARS-CoV-2, and concluded COVID-19 convalescent neutralizing antibodies are necessary in plasma-derived immune products to be a useful treatment option for others with COVID-19.

- Herd immunity: history, theory, practice: https://pubmed.ncbi.nlm.nih.gov/8174658/, interesting review with references for those who wish to read more.

MMWR Early release:

- Recent Increase in COVID-19 Cases Reported Among Adults Aged 18–22 Years — United States, May 31–September 5, 2020: https://www.cdc.gov/mmwr/volumes/69/wr/mm6939e4.htm?s_cid=mm6939e4_e&ACSTrackingID=USCDC_921-DM39291&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2069%2C%20September%2029%2C%202020&deliveryName=USCDC_921-DM39291, Young adults in colleges and universities should take precautions (mask wearing, social distancing, and hand hygiene) for minimizing spread of COVID-19.

- Multiple COVID-19 Clusters on a University Campus — North Carolina, August 2020: https://www.cdc.gov/mmwr/volumes/69/wr/mm6939e3.htm?s_cid=mm6939e3_e&ACSTrackingID=USCDC_921-DM39291&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2069%2C%20September%2029%2C%202020&deliveryName=USCDC_921-DM39291, Enhanced measures are needed to reduce transmission at institutes of higher education and could include reducing on-campus housing density, ensuring adherence to masking and other mitigation strategies, increasing testing for SARS-CoV-2, and discouraging student gatherings.

Please regularly refer to CDC's COVID-19 webpage; information and guidance is updated daily: https://covid.cdc.gov/covid-data-tracker/

VR/

(b)(6)

Dept of Defense Liaison to the Centers for Disease Control and Prevention, Atlanta, GA

(b)(6)

(b)(3):50 USC 3024(i); (b)(6)

(b)(3):50 USC 3024(i); (b)(6)

FOR OFFICIAL USE ONLY

Sensitive But Unclassified (SBU) This document may contain sensitive information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552). This information is for internal government use only. Further distribution to authorized personnel with a "need to know" and for situation awareness is authorized by the Centers for Disease Control and Prevention.

CDC COVID-19 Response Update Tuesday, 29 Sep, 2020
INTERNAL - NOT FOR FURTHER DISTRIBUTION

Table of Contents

Domestic Updates

Case Counts

The CDC numbers have been reviewed and approved by states and are suitable for use in all official communications.

Counts by Jurisdiction (Cumulative and New Cases and Deaths)[1]

Data Through 28 Sep 2020 *Last Updated: 29 Sep 2020 11:30*

57 Jurisdictions Reporting COVID-19 Cases													
50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[2]	Cases	New Cases[3]		Cases Per 100K			Deaths	New Deaths[3]		Deaths per 100K			CFR[4]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
AK	7,597	116	98.7	1030.2	15.7	13.4	56	-	1.6	7.6	-	0.2	0.7%
AL	152,983	662	1,029.0	3129.8	13.5	21.1	2,501	-	8.9	51.2	-	0.2	1.6%
AR	82,049	807	812.1	2722.4	26.8	26.9	1,331	23	19.3	44.2	0.8	0.6	1.6%
AZ	217,510	273	465.6	3032.9	3.8	6.5	5,624	1	20.9	78.4	0.0	0.3	2.6%
CA	805,263	2,955	3,367.0	2035.7	7.5	8.5	15,608	21	84.3	39.5	0.1	0.2	1.9%
CO	69,490	411	584.4	1220.1	7.2	10.3	2,044	3	3.7	35.9	0.1	0.1	2.9%
CT	57,147	560	160.4	1599.6	15.7	4.5	4,503	2	1.1	126.0	0.1	0.0	7.9%
DE	20,531	142	123.4	2122.8	14.7	12.8	635	1	1.1	65.7	0.1	0.1	3.1%
FL	692,962	728	2,228.6	3253.4	3.4	10.5	14,037	5	102.9	65.9	0.0	0.5	2.0%
GA	315,281	596	1,134.6	2997.1	5.7	10.8	6,961	15	51.0	66.2	0.1	0.5	2.2%
HI	12,382	185	109.1	871.7	13.0	7.7	132	1	1.7	9.3	0.1	0.1	1.1%
IA	86,999	642	894.1	2756.5	20.3	28.3	1,321	6	6.7	41.9	0.2	0.2	1.5%
ID	40,923	422	431.7	2332.8	24.1	24.6	460	-	1.9	26.2	-	0.1	1.1%
IL	292,128	1,709	2,027.9	2292.8	13.4	15.9	8,858	13	23.6	69.5	0.1	0.2	3.0%
IN	118,322	872	899.3	1768.1	13.0	13.4	3,591	11	11.3	53.7	0.2	0.2	3.0%
KS	58,629	2,037	667.1	2013.7	70.0	22.9	637	5	5.3	21.9	0.2	0.2	1.1%
KY	66,939	448	717.4	1498.1	10.0	16.1	1,162	5	7.1	26.0	0.1	0.2	1.7%
LA	166,315	240	544.9	3569.0	5.2	11.7	5,480	15	15.0	117.6	0.3	0.3	3.3%
MA	138,689	367	438.6	2009.4	5.3	6.4	9,410	11	13.6	136.3	0.2	0.2	6.8%
MD	124,311	431	485.6	2057.2	7.1	8.0	3,946	8	7.3	65.3	0.1	0.1	3.2%
ME	5,337	37	27.3	398.8	2.8	2.0	140	-	-	10.5	-	-	2.6%
MI	135,702	1,329	862.9	1357.6	13.3	8.6	7,051	7	10.0	70.5	0.1	0.1	5.2%
MN[5]	97,638	-	888.0	1740.1	-	15.8	2,067	-	5.1	36.8	-	0.1	2.1%
MO[6]	123,276	(130)	1,281.3	2012.2	NA	20.9	2,074	11	38.1	33.9	0.2	0.6	1.7%
MS[5]	97,049	-	432.6	3249.6	-	14.5	2,921	-	10.7	97.8	-	0.4	3.0%
MT	12,413	306	245.3	1168.5	28.8	23.1	174	1	1.7	16.4	0.1	0.2	1.4%
NC	208,248	868	1,981.0	2005.5	8.4	19.1	3,445	4	28.3	33.2	0.0	0.3	1.7%
ND	21,402	419	413.4	2815.8	55.1	54.4	239	5	6.1	31.4	0.7	0.8	1.1%
NE	44,578	515	455.7	2310.6	26.7	23.6	472	2	2.9	24.5	0.1	0.1	1.1%
NH	8,208	36	36.6	605.1	2.7	2.7	439	-	0.1	32.4	-	0.0	5.3%
NJ	204,107	559	564.7	2291.1	6.3	6.3	16,107	1	5.4	180.8	0.0	0.1	7.9%
NM	28,985	141	186.0	1383.2	6.7	8.9	873	3	3.1	41.7	0.1	0.1	3.0%
NV	79,297	462	436.9	2613.3	15.2	14.4	1,627	-	7.7	53.6	-	0.3	2.1%
NY City	244,228	388	371.0	2907.9	4.6	4.4	23,814	4	4.9	283.5	0.0	0.1	9.8%
NY State[7]	213,388	455	481.6	1914.9	4.1	4.3	9,034	7	2.7	81.1	0.1	0.0	4.2%
OH	151,802	993	948.1	1298.6	8.5	8.1	4,746	5	17.6	40.6	0.0	0.2	3.1%
OK	91,428	862	755.1	2318.7	21.9	19.2	1,012	1	7.3	25.7	0.0	0.2	1.1%
OR	32,994	174	285.6	787.3	4.2	6.8	547	-	2.6	13.1	-	0.1	1.7%
PA	156,826	676	859.1	1224.5	5.3	6.7	8,107	1	14.7	63.3	0.0	0.1	5.2%
RI	24,424	243	70.3	2310.0	23.0	6.6	1,110	3	1.9	105.0	0.3	0.2	4.5%
SC	146,455	568	1,190.1	2880.6	11.2	23.4	3,337	11	17.9	65.6	0.2	0.4	2.3%
SD	21,738	197	409.9	2464.0	22.3	46.5	218	-	2.3	24.7	-	0.3	1.0%

[1] Data are reported voluntarily by each jurisdiction's health department. Data are reported as provided by the health department and the number of confirmed and probable cases or deaths may sum to the total. Health departments may update case data over time when they receive more complete and accurate information. If the number of cases or deaths reported by CDC is different from the number reported by jurisdiction health departments, data reported by jurisdictions should be considered the most up to date. The differences may be due to the timing of the reporting and website updates. See Technical Information about this data on the CDC Webpage. Darker shading corresponds to higher values.

[2] AS = American Samoa; DC = District of Columbia; FSM = Federated States of Micronesia; GU = Guam; CNMI = Commonwealth of the Northern Mariana Islands; PW = Palau; PR = Puerto Rico; RMI = Republic of the Marshall Islands; USVI = US Virgin Islands.

[3] These data represent new cases and deaths detected and tested in the US since the last update. Number of new cases and new deaths were included in total case numbers. Counts may have decreased from previous report due to case reclassification of cases to other jurisdictions or categories (e.g., probable to confirmed) by states.

[4] Percent change in cases, deaths and case fatality rates (CFR) are not calculated when the total number (denominator) was less than five.

[5] Jurisdiction did not provide an update.

[6] Missouri reported 130 fewer cases due to data cleaning and deduplication.

[7] New York State excludes New York City.

57 Jurisdictions Reporting COVID-19 Cases 50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[2]	Cases	New Cases[3]		Cases Per 100K			Deaths	New Deaths[3]		Deaths per 100K			CFR[4]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
TN	193,732	737	1,331.9	2861.6	10.9	19.7	2,389	12	22.3	35.3	0.2	0.3	1.2%
TX	739,222	4,090	5,833.6	2575.5	14.2	20.3	15,533	11	88.0	54.1	0.0	0.3	2.1%
UT	71,442	827	1,006.9	2260.0	26.2	31.9	453	-	1.9	14.3	-	0.1	0.6%
VA	147,516	923	786.6	1731.9	10.8	9.2	3,187	15	18.1	37.4	0.2	0.2	2.2%
VT	1,745	3	3.4	278.6	0.5	0.5	58	-	-	9.3	-	-	3.3%
WA	86,638	369	541.4	1149.7	4.9	7.2	2,100	-	6.4	27.9	-	0.1	2.4%
WI	124,217	1,739	2,232.7	2136.7	29.9	38.4	1,293	2	5.9	22.2	0.0	0.1	1.0%
WV	15,512	164	191.6	859.0	9.1	10.6	337	3	3.6	18.7	0.2	0.2	2.2%
WY	5,754	121	115.7	996.0	20.9	20.0	50	-	0.1	8.7	-	0.0	0.9%
AS	-	-	-	-	-	-	-	-	-	-	-	-	-
CNMI[5]	70	-	-	123.1	-	-	2	-	-	3.5	-	-	-
DC	15,264	14	40.9	2173.0	2.0	5.8	624	-	0.4	88.8	-	0.1	4.1%
FSM	-	-	-	-	-	-	-	-	-	-	-	-	-
GU	2,443	157	42.3	1473.7	94.7	25.5	47	8	1.7	28.4	4.8	1.0	1.9%
PR	48,467	1,045	838.7	1516.9	32.7	26.2	654	6	5.9	20.5	0.2	0.2	1.3%
PW	-	-	-	-	-	-	-	-	-	-	-	-	-
RMI	-	-	-	-	-	-	-	-	-	-	-	-	-
USVI	1,318	1	-	1259.1	1.0	-	20	1	-	19.1	1.0	-	1.5%
Total	**7,129,313**	**33,891**	**43,373.7**	**2154.4**	**10.2**	**13.1**	**204,598**	**270**	**733.7**	**61.8**	**0.1**	**0.2**	**2.9%**
Navajo[8]	10,312	28	25.9	2889.4	7.8	7.2	555	3	1.0	155.5	0.8	0.3	5.4%

Compilations of US Case Counts

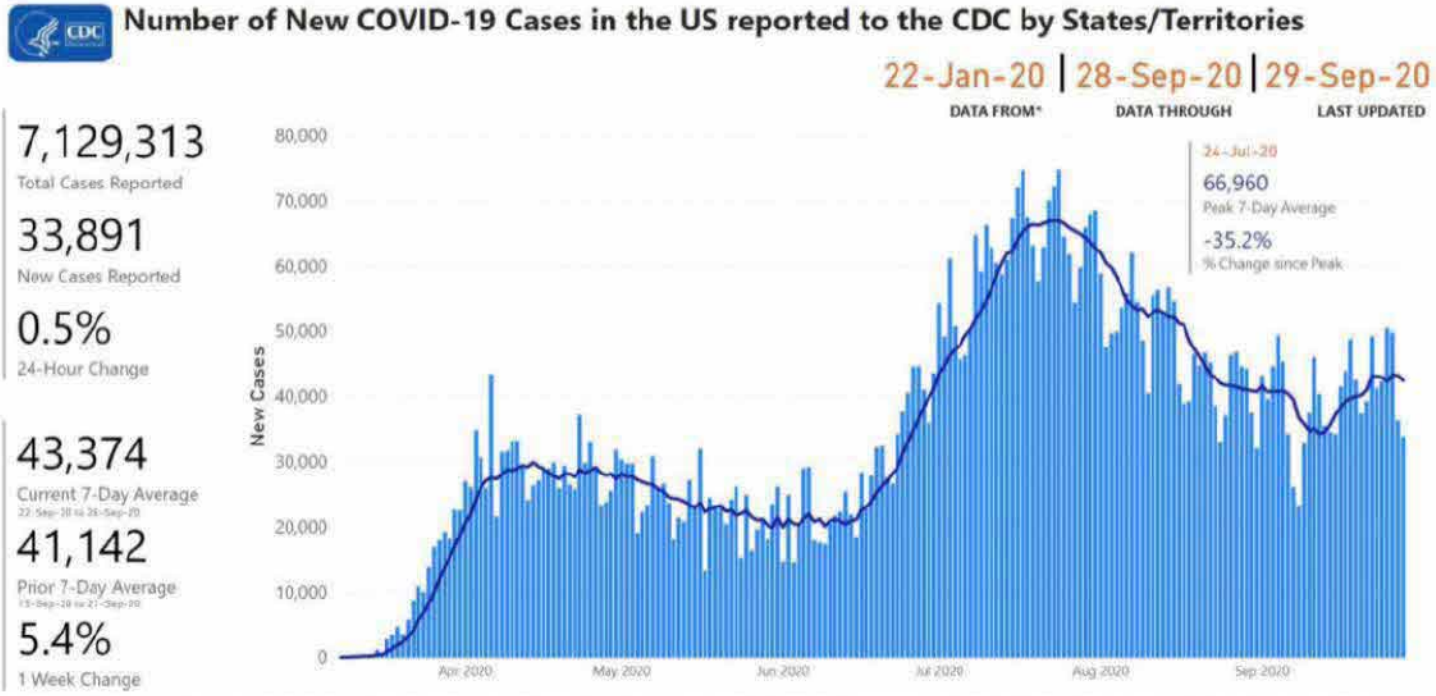
Reporting Source[9]	Data as of (all times are ET)	Cases	New Cases	Deaths	New Deaths
Official Sources (see table above)	29 Sep, 11:30	7,129,313	33,891	204,598	270
1Point3Acres	29 Sep, 11:00	7,301,358	40,709	209,184	315
Johns Hopkins	29 Sep, 10:23	7,152,221	34,391	205,161	383
USAFACTS	28 Sep, NA	7,060,496	38,120	203,047	292
New York Times	29 Sep, 08:40	7,176,563	37,262	204,941	344
WorldoMeter	29 Sep, 11:04	7,365,431	41,038	209,922	424
COVID Tracking Project	28 Sep, 16:00	7,117,251	36,792	197,129	260

[8] Cases in the Navajo Nation are likely also reported by AZ, NM, and UT and were therefore already included in the grand total above. Counts reported separately here from Navajo Department of Health COVID-19 and Navajo Epidemiology Center Coronavirus Response Hub

[9] Data from other organizations are not reviewed or validated by CDC and may include data derived from open media sources not represented on official state public health department web pages.

Number of New COVID-19 Cases in the US Reported to the CDC by States/Territories.

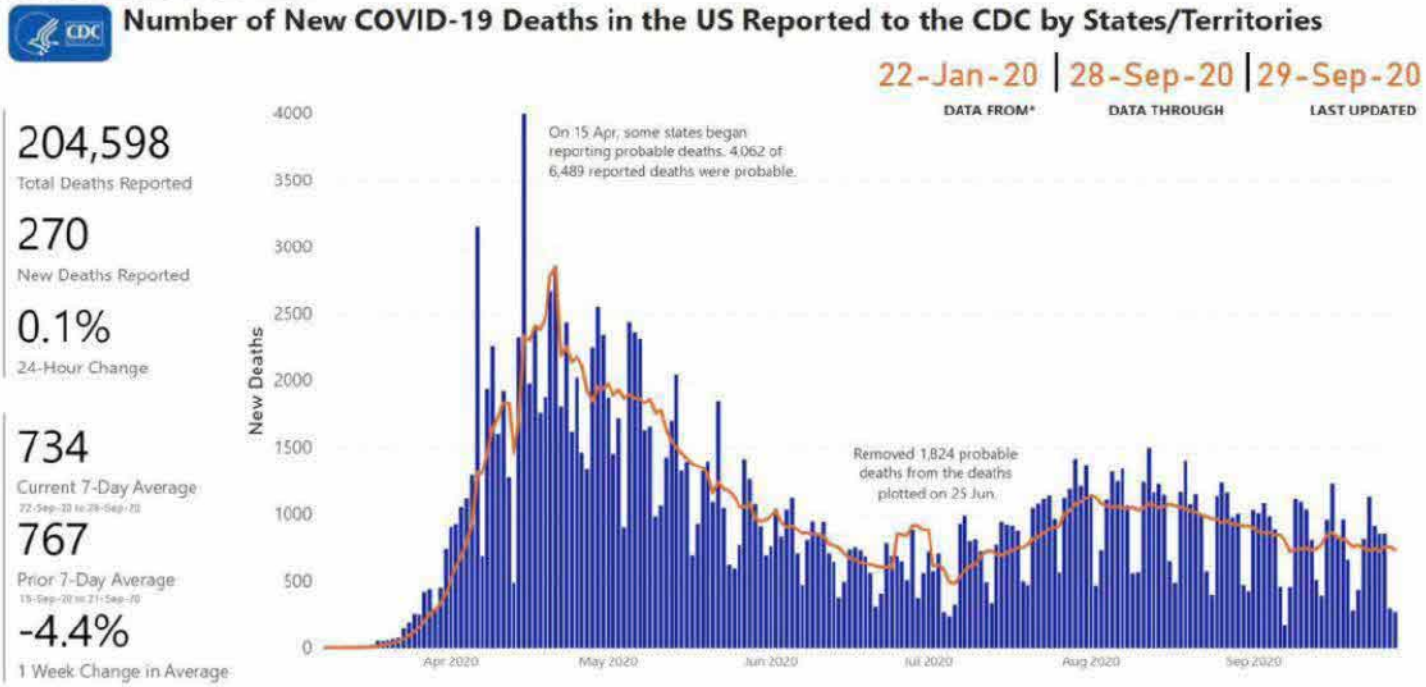
Data: 22 Jan 2020 - 28 Sep 2020 Last Updated: 29 Sep 2020, 11:30
Source: CDC DCIPHER



Data Sources, References & Notes: Total cases are based on aggregate counts of COVID-19 cases reported by state and territorial jurisdictions to the Centers for Disease Control and Prevention (CDC) since 22 Jan 2020, with the exception of persons repatriated to the United States from Wuhan, China, and Japan. Numbers include confirmed and probable COVID-19 cases as reported by U.S. states, U.S. territories, New York City, and the District of Columbia from the previous day. Rates are calculated using U.S. Census Bureau, 2018 (Dec 2018) estimates and are shown as cases/100,000 people. The 7-day moving average of new cases (current day + 6 preceding days / 7) was calculated to smooth expected variations in daily counts. CDC's overall case numbers are validated through a confirmation process with each jurisdiction. Differences between reporting jurisdictions and CDC may occur due to the timing of reporting and website updates.
Graph shows data starting on 08 Mar 2020. Sources: CDC DCIPHER, US Census Bureau (2018).* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.*

Number of New COVID-19 Deaths in the US Reported to the CDC by States/Territories.

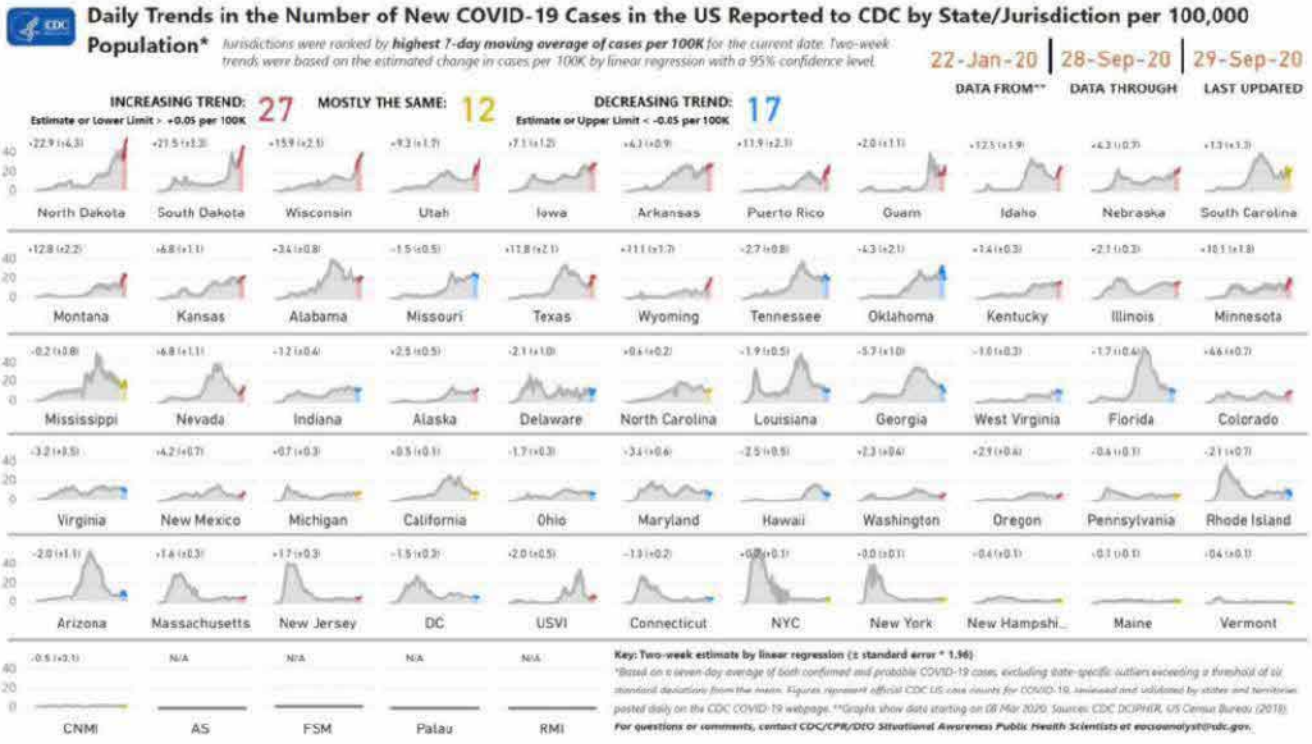
Data: 22 Jan 2020 - 28 Sep 2020 Last Updated: 29 Sep 2020, 11:30
Source: CDC DCIPHER



Data Sources, References & Notes: Total deaths are based on aggregate counts of COVID-19 deaths reported by state and territorial jurisdictions to the Centers for Disease Control and Prevention (CDC) since 21 Jan 2020, with the exception of persons repatriated to the United States from Wuhan, China, and Japan. Number include confirmed and probable COVID-19 deaths as reported by U.S. states, U.S. territories, New York City, and the District of Columbia from the previous day. Rates are calculated using U.S. Census Bureau, 2018 (Dec 2018) estimates and are shown as deaths/100,000 people. The 7-day moving average of new deaths (current day + 6 preceding days / 7) was calculated to smooth expected variations in daily counts. CDC's overall death numbers are validated through a confirmation process with each jurisdiction. Differences between reporting jurisdictions and CDC may occur due to the timing of reporting and website updates.
Graph shows data starting on 08 Mar 2020. Sources: CDC DCIPHER, US Census Bureau (2018).* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.*

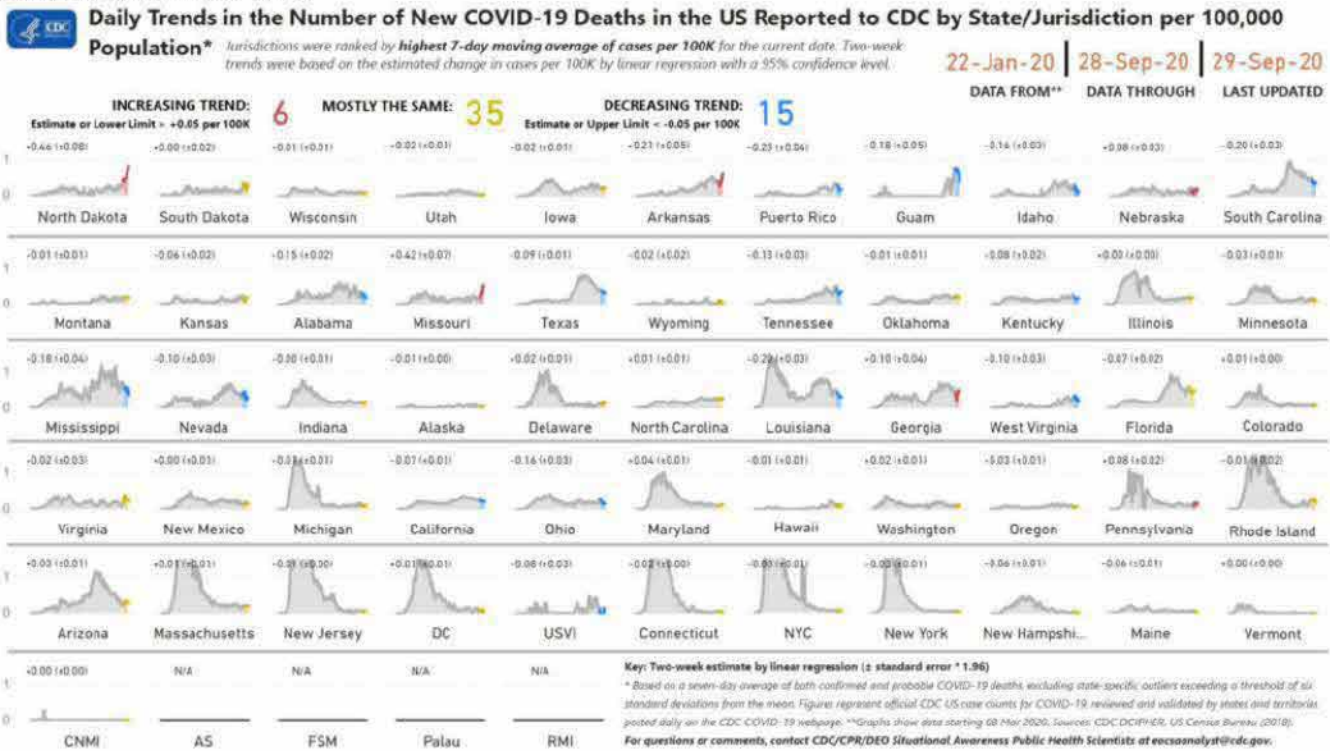
Daily Trends in the Number of New COVID-19 Cases in the United States Reported to CDC by State/Jurisdiction per 100,000 Population

Data: 22 Jan 2020 - 28 Sep 2020 *Last Updated: 29 Sep 2020, 11:30*
Source: CDC DCIPHER



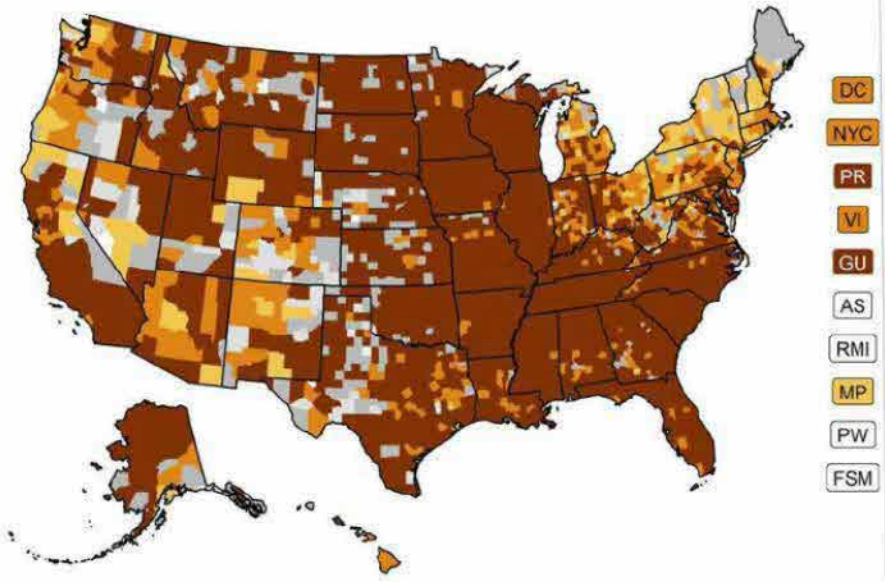
Daily Trends in the Number of New COVID-19 Deaths in the United States Reported to CDC by State/Jurisdiction per 100,000 Population

Data: 22 Jan 2020 - 28 Sep 2020 *Last Updated: 29 Sep 2020, 11:30*
Source: CDC DCIPHER



Cases by County[10]

Coronavirus Disease 2019 (COVID-19)
Number of New Cases per 100,000 in the past 2 weeks, by U.S. County, 14 September–27 September, 2020



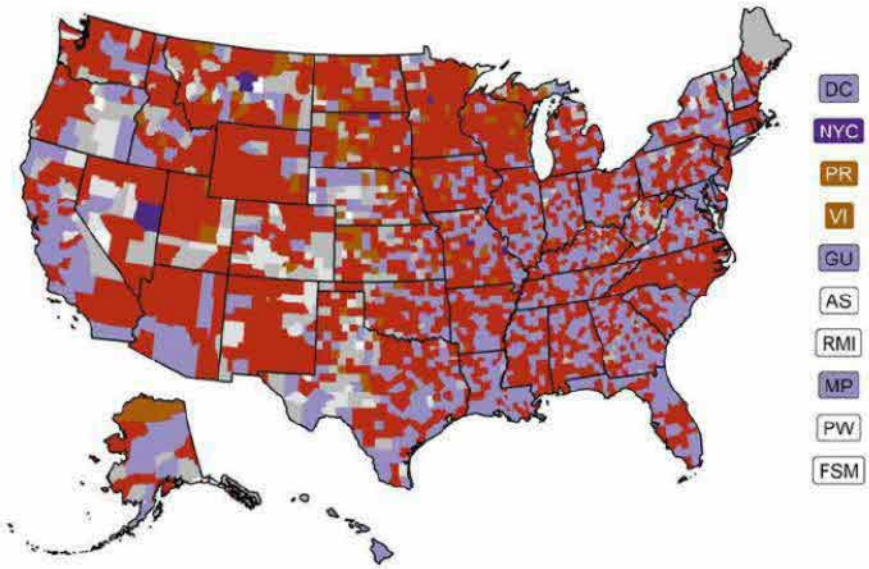
Incidence
- Low
- Moderate
- Moderately high
- High
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map
Describes recent incidence of COVID-19 infection to capture the potential burden of currently ill people who may be infectious and/or accessing healthcare.

Main Findings
- COVID-19 infection remains prevalent throughout the country.
- Elevated incidence of disease during the past 2 weeks remains widespread, including in the Southeast, the Midwest, and the West.

Notes: Defined using the number of new cases per 100,000 in the past 2 weeks. Low is >0 to 10, moderate is >10 to 50, moderately high is >50 to 100, and high is >100. Jurisdictions denoted as 0 cases in the past 2 weeks have had at least 1 case previously.
Sources: HHS Protect, US Census

Coronavirus Disease 2019 (COVID-19)
Current epidemic curve status*, by U.S. County, September 27, 2020



Current status
- Low incidence growth
- Elevated incidence growth
- Elevated incidence plateau
- Sustained decline
- Low incidence plateau
- Rebound
- 1-5 cases in the past two weeks
- 0 cases in the past two weeks
- No reported cases

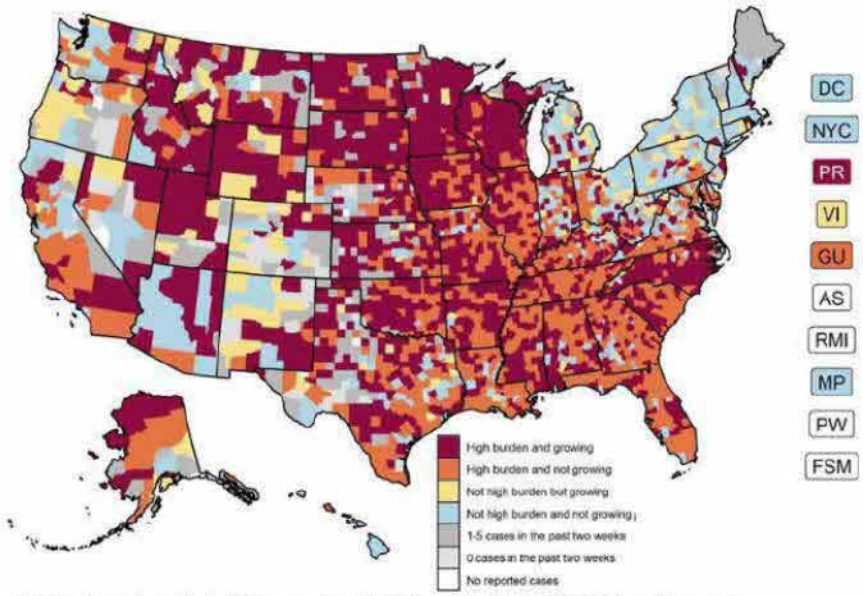
Purpose of this map
Provides the most detailed view into both the burden of illness and the trajectory of new illnesses.

Main Findings
- There are many counties throughout the States whose incidence are in rebound.
- Many counties in California, Oregon, Louisiana, Georgia, South Carolina, Florida, and Indiana have burden in sustained decline.
- The goal is to have all communities be represented in the lighter colors, demonstrating little to no disease burden and no increase in trajectory.

*Categorized according to the slope of a spline fit to the 7-day moving average of daily incidence and the number of new cases (per 100,000) in the past 2 weeks. Elevated incidence is defined as >10 new cases per 100,000 in the past two weeks.
Sources: HHS Protect, US Census

[10] See CDC COVID-19 Data Tracker for the latest visualizations on cases and deaths trends by state and county.

Coronavirus Disease 2019 (COVID-19)
Burden and growing of new cases per 100,000 in the past 2 weeks, by U.S. county, 14 September–27 September, 2020



Notes: High burden and growing indicates counties with >100 new cases per 100,000 in the past two weeks and a slope of at least 0.1 per 100,000 per day.
Sources: HHS Protect, US Census

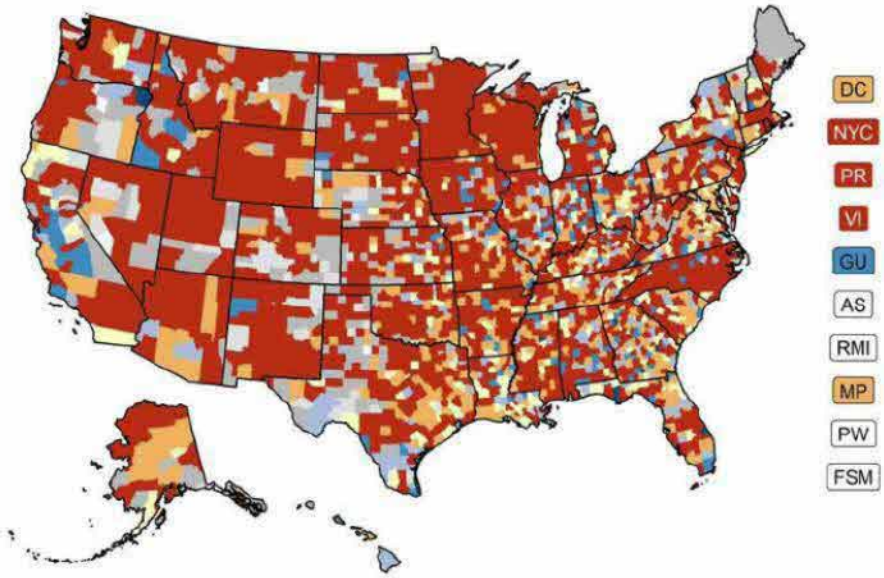
Purpose of this map
Identifies "areas of concern" where a county's disease burden is high and still growing.

Main Findings
- Counties with the greatest burden and which are still demonstrating growth are listed in the table below

Counties in the high burden, growing category (Top 10 with the highest number of cases per 100,000 in the past 2 weeks)

County name, State	No. of new cases in past 2 weeks	2-week incidence (per100,000)	Change in daily incidence (per 100,000 per day)
Woodward, OK	886	4,381.4	37.0
Emmons, ND	119	3,611.5	9.1
Roosevelt, MT	268	2,423.4	18.0
Logan, ND	44	2,312.1	15.3
Camas, ID	26	2,307.0	3.5
Tripp, SD	116	2,117.6	8.8
Southampton, VA	350	1,990.2	10.6
Renville, ND	47	1,979.8	9.1
Stewart, GA	111	1,790.6	4.3
Campbell, SD	24	1,742.9	13.2

Coronavirus Disease 2019 (COVID-19)
Current consecutive days of downward trajectory, by U.S. County, September 27, 2020



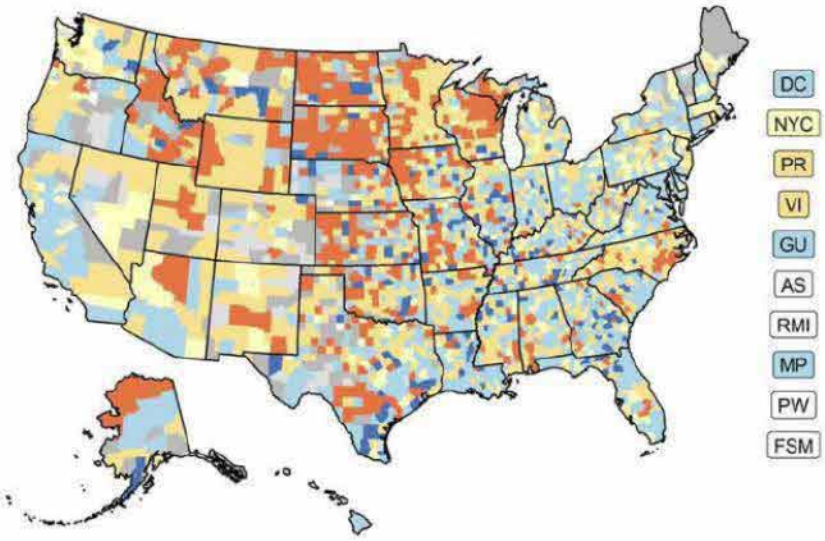
Days in downward trajectory*
- 1-6 days
- 7-13 days
- 14-20 days
- 21-41 days
- ≥42 days
- Not in downward trajectory
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map
Identifies progress in counties towards achieving a downward trajectory in case incidence over a 14-day period.

Main Findings
- 371 counties have been identified as having 14 or more consecutive days of improvement and are indicated in the blue colors (excludes counties with 0-5 cases in the past 2 weeks); median population size: 34,208 with a range of 776 – 2,761,581.
- This method is still being refined to best characterize progress towards achieving a downward trajectory in daily case incidence over a 14-day period, and the results provided should be interpreted with caution when determining mitigation strategies to use.

*The number of days in a downward trajectory represents the number of consecutive days for which the jurisdiction experienced either a negative slope or a low incidence plateau (two-week incidence ≤10 cases per 100,000 and slope >-0.1 and ≤0.1).
Sources: HHS Protect, US Census

Coronavirus Disease 2019 (COVID-19)
Change in Daily Incidence*,
by U.S. County, September 27, 2020



Change in incidence per 100,000 per day

- Greater decline
- Moderate decline
- Plateau
- Moderate increase
- Greater increase
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map

Describes the trajectory of new illnesses as recently increasing, being stable, or decreasing in number.

Main Findings

- Daily county-level incidence rates continue to decrease in much of the East Coast and the West Coast.
- However, county-level incidence is increasing throughout much of the Midwest and Great Plains, including Missouri, Iowa, Minnesota, Wisconsin, North Dakota, South Dakota, Kansas, Wyoming, Montana, Idaho, Oklahoma and Alaska.

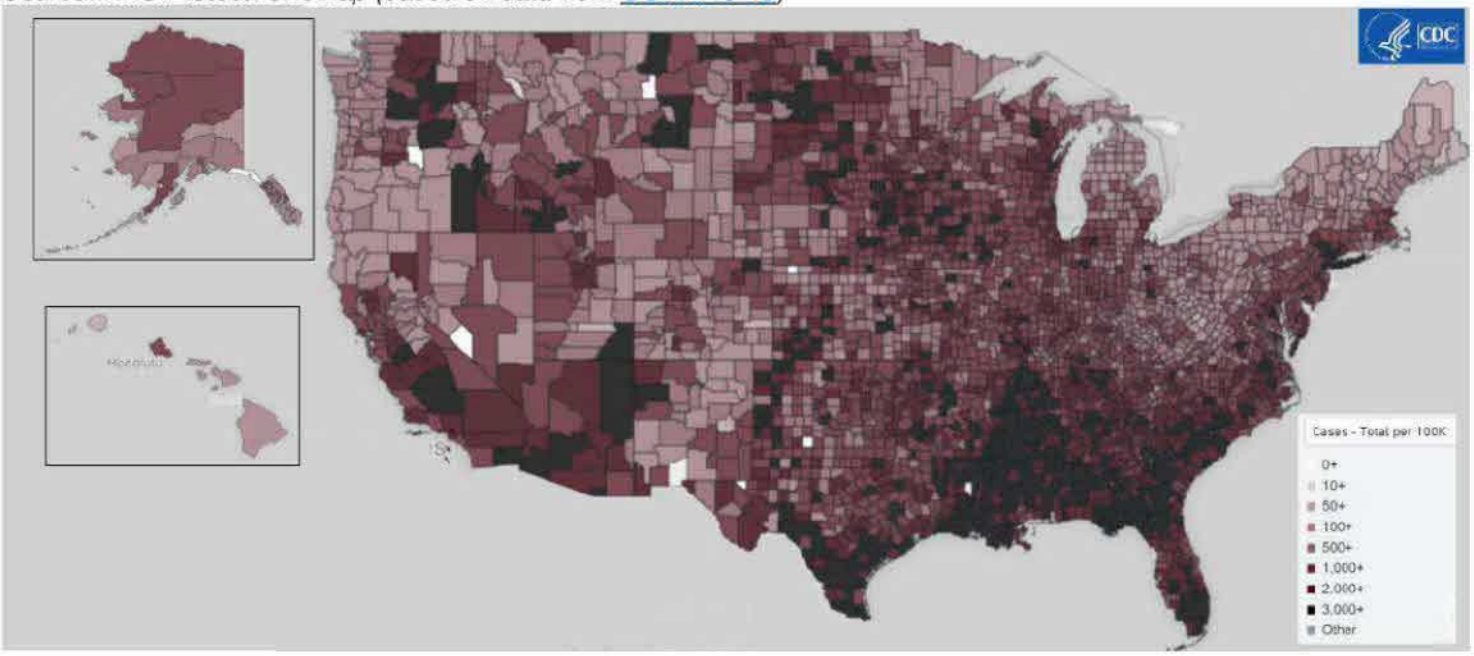
*Measured as the change in slope of a spline fit to smoothed daily incidence. Incidence was smoothed using a 7-day moving average. These values therefore represent the change in 7-day average number of new cases per 100,000 per day. Greater declines are ≤-1, moderate declines are >-1 to -0.1, plateaus are >-0.1 to ≤0.1, moderate increases are >0.1 to 1, greater increases are >1. Counties denoted as 0 cases in the past 2 weeks have had at least 1 case previously.

Sources: HHS Protect, US Census

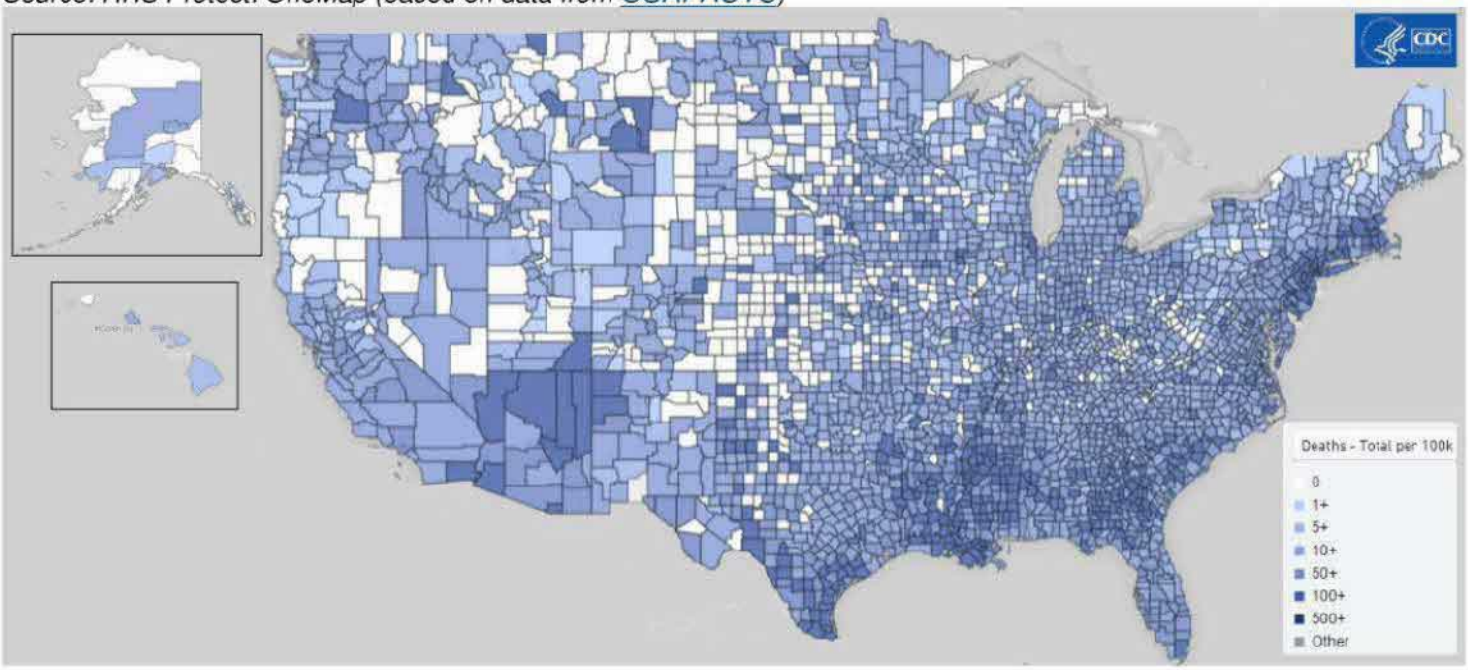
Total Number of COVID-19 Cases in the United States by County per 100,000 Population (USA Facts)

Data Through: 27 Sep 2020 *Last Updated: 29 Sep 2020, 10:00*

Source: HHS Protect: OneMap (based on data from USAFACTS)



Total Number of COVID-19 Deaths in the United States by County per 100,000 Population (USA Facts)
Data Through: 27 Sep 2020 *Last Updated: 29 Sep 2020, 10:00*
Source: HHS Protect: OneMap (based on data from USAFACTS)



Demographic Trends of COVID-19 Cases and Deaths in the US Reported to CDC[11]

Demographic Trends of COVID-19 Cases and Deaths in the US Reported to the CDC

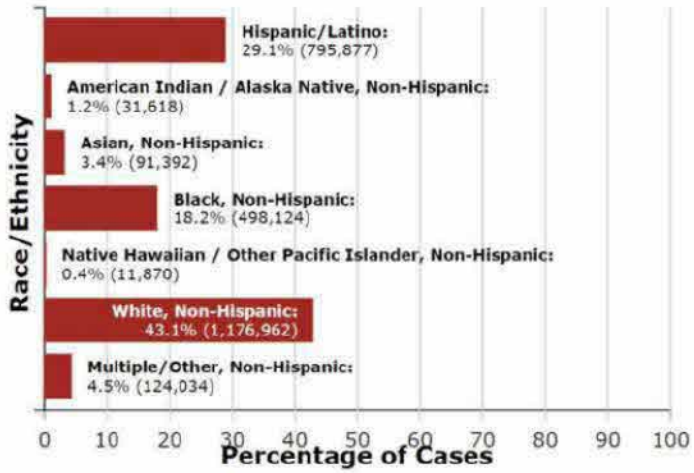
Data through 27 Sep 2020 Last Updated: 28 Sep 2020 12:16

Source: Data Reported to CDC from States/Jurisdictions on CDC COVID Data Tracker

Cases and Deaths by Race/Ethnicity

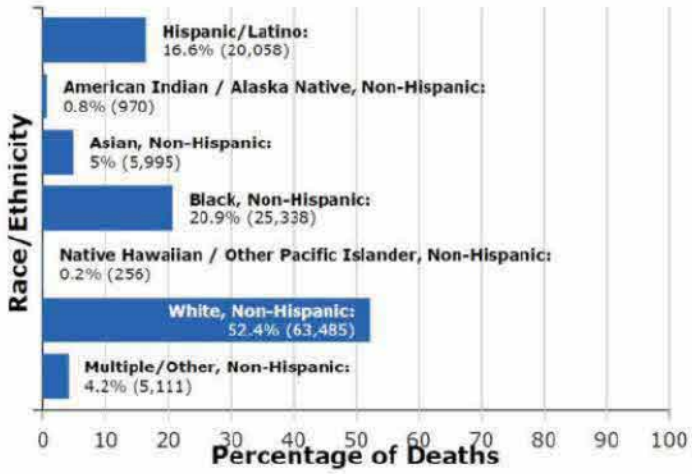
Cases by Race/Ethnicity:

Data from 5,287,712 cases. Race/Ethnicity was available for 2,729,877 (51%) cases.



Deaths by Race/Ethnicity:

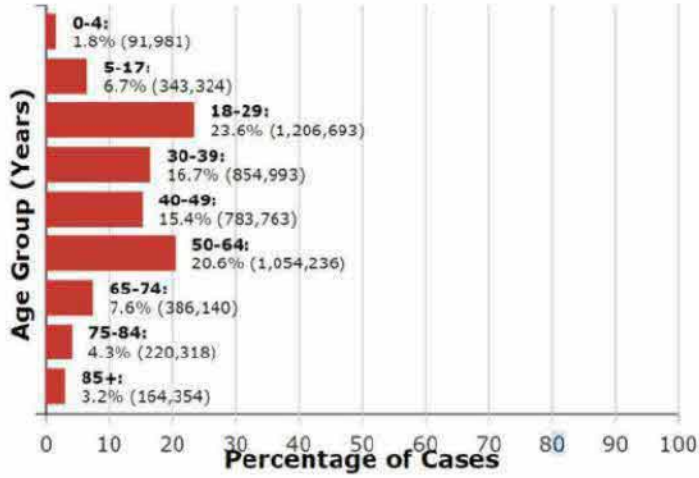
Data from 147,007 deaths. Race/Ethnicity was available for 121,213 (82%) deaths.



Cases and Deaths by Age Group

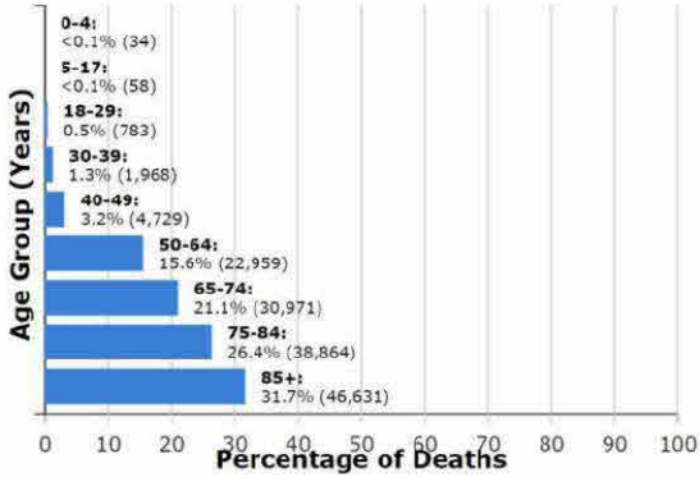
Cases by Age Group:

Data from 5,287,712 cases. Age group was available for 5,105,802 (96%) cases.



Deaths by Age Group:

Data from 147,007 deaths. Age group was available for 146,997 (99%) deaths.

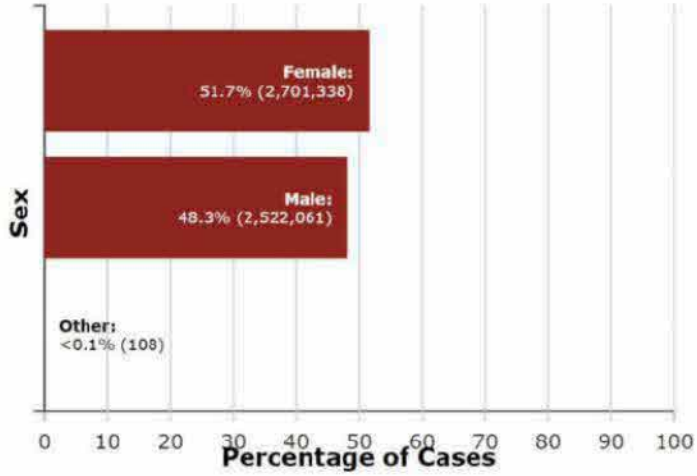


[11] CDC is working with states to provide more information on race/ethnicity for reported cases. The percent of reported cases that include race/ethnicity data is increasing. These data only represent the geographic areas that contributed data on race/ethnicity. Every geographic area has a different racial and ethnic composition. These data are not generalizable to the entire U.S. population. If cases were distributed equally across racial and ethnic populations, one would expect to see more cases in those populations that are more highly represented in geographic areas that contributed data. Percentages displayed in the charts below represent the percent of cases or deaths for which the demographic variable of interest is known.

Cases and Deaths by Sex

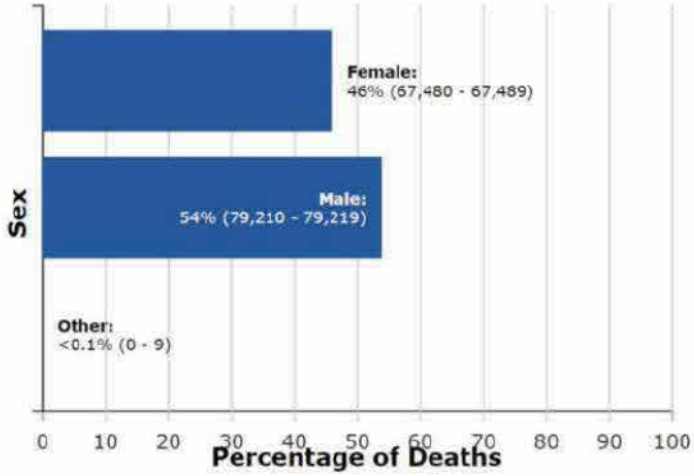
Cases by Sex:

Data from 5,287,712 cases. Sex was available for 5,223,507 (98%) cases.



Deaths by Sex:

Data from 147,007 deaths. Sex was available for 146,698 (99%) deaths.



Cases/Deaths by CBSA 12,13

Total Cases due to COVID-19 per 100,000 Population by CBSA

Data 22 Jan 2020 through 27 Sep 2020 *Last Updated: 29 Sep 2020, 08:00*

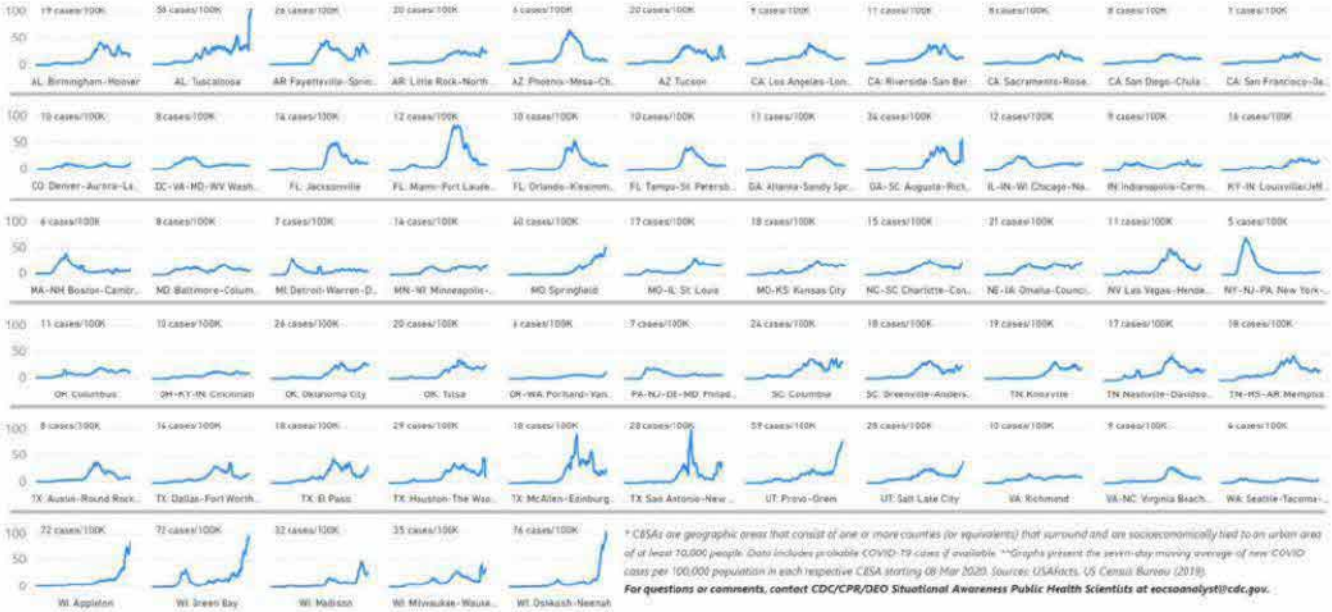
Source: Data from USAFACTS

Daily Trends in the Number of New COVID-19 Cases in the US Reported to CDC by Core-based Statistical Area (CBSA) per 100,000 Population*

These are the top 60 CBSAs based on the number of new cases in the past 14 days, presented in alphabetical order by state and city/town.

22-Jan-20 | 27-Sep-20 | 29-Sep-20

DATA FROM** | DATA THROUGH | LAST UPDATED



* CBSAs are geographic areas that consist of one or more counties (or equivalents) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 cases if available. **Graphs present the seven-day moving average of new COVID cases per 100,000 population in each respective CBSA starting 08 Mar 2020. Sources: USAFacts, US Census Bureau (2019).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Total Deaths due to COVID-19 per 100,000 Population by CBSA

Data 22 Jan 2020 through 27 Sep 2020 *Last Updated: 29 Sep 2020, 08:00*

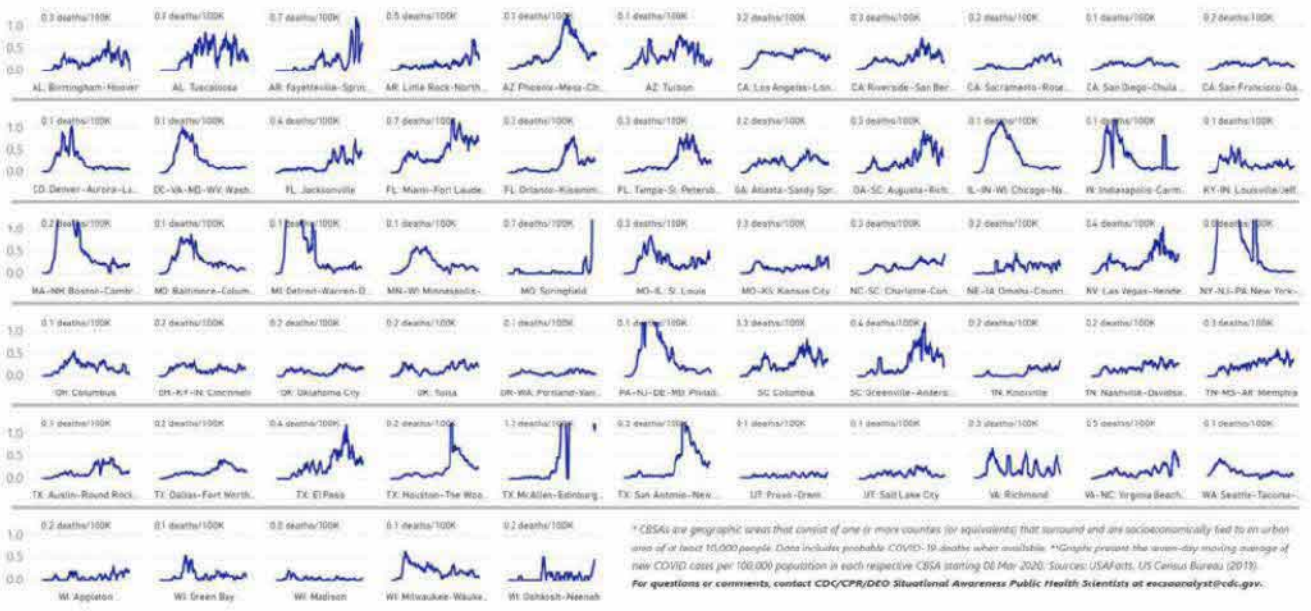
Source: Data from USAFACTS

Daily Trends in the Number of New COVID-19 Deaths in the US Reported to CDC by Core-based Statistical Area (CBSA) per 100,000 Population*

These are the top 60 CBSAs based on the number of new deaths in the past 14 days, presented in alphabetical order by state and city/town.

22-Jan-20 | 27-Sep-20 | 29-Sep-20

DATA FROM** | DATA THROUGH | LAST UPDATED



* CBSAs are geographic areas that consist of one or more counties (or equivalents) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 deaths when available. **Graphs present the seven-day moving average of new COVID cases per 100,000 population in each respective CBSA starting 08 Mar 2020. Sources: USAFacts, US Census Bureau (2019).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

[12] See methodology and sources for data reported by *USAFACTS*.

[13] See information on Core-Based Statistical Area (CBSA) from the US Census Bureau.

COVID-19 Among Specific Populations

US Healthcare Workers

Data as of 28 Sep 2020

Healthcare Workers in US - Case Count Reported in Case-Based Surveillance

N = 167,086 (+281)

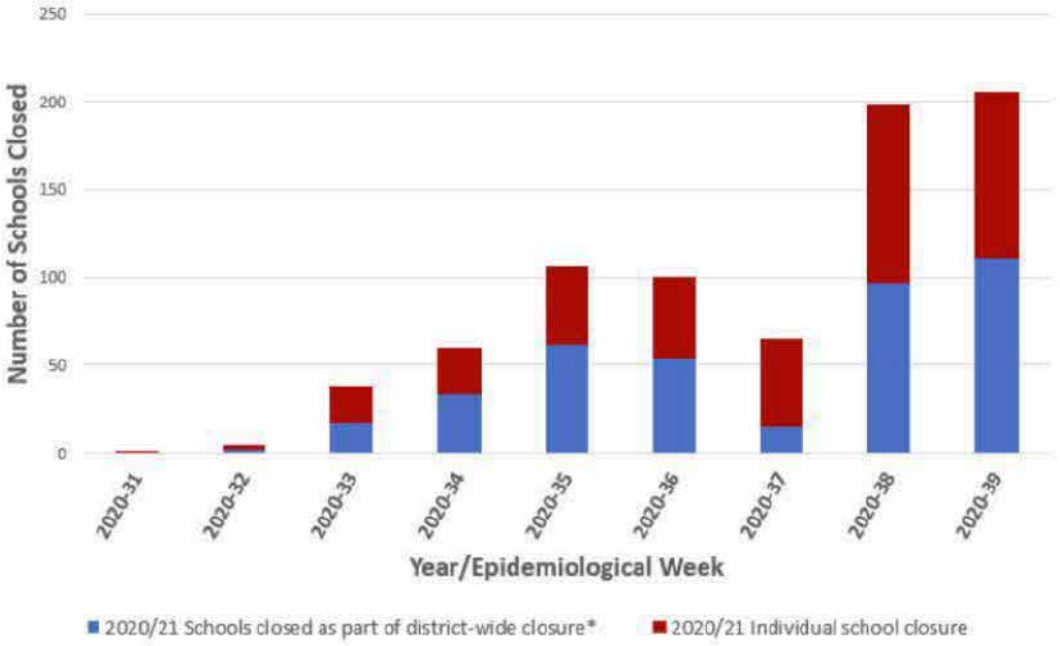
- 725 Deaths (+0)
  - 189 in IL
  - 185 in CA
  - 63 in OH
  - 46 in MA
  - 33 in MI
  - 28 in NV
  - 25 in NY
  - 21 in NC
  - 21 in TN
  - 20 in PA
  - 18 in WA
  - 12 in IA
  - 11 in AR
  - 11 in LA
  - 9 in MN
  - 8 in NH
  - 7 in KS
  - 7 in NJ
  - 4 in CO
  - 3 in DC
  - 2 in PR
  - 1 in UT
  - 1 in VI

COVID-19 Related Closures of K-12 Schools[14]

Data 29 Jul 2020 through 25 Sep 2020 *Last Updated: 29 Sep 2020*

Source: Data collected by CDC through systematic review of publicly available online sources

	Cumulative 29 Jul – 25 Sep		*Previous Week 25 Sep*
Schools that closed		779	206
Students affected		>415,000	>115,000
States with closures		43	32
Average duration of closure (Cumulative)	*Average Days*	*Duration Range*	
District Wide	5.1	1-18	
Individual Schools	4.6	1-17	



[14] Number of schools closed in district-wide closures and total number of students were estimated with data from the National Center for Education Statistics.

Laboratory Testing

Status of Laboratory Testing

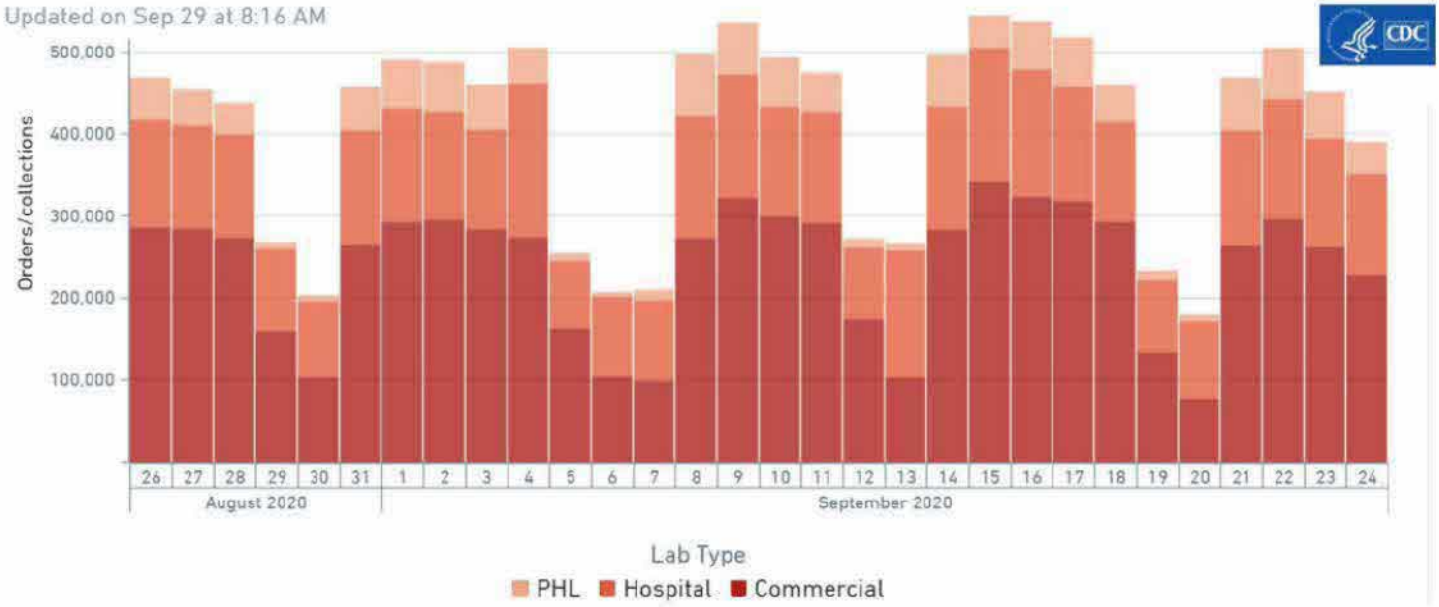
Data Through: 24 Sep 2020 *Last Updated: 29 Sep 2020, 00:18*
Source: HHS Protect[15,16]

Report	Total New Orders	Cumulative Orders	New With Results	Cumulative Results	New Positives	Cumulative Positives	Percent Positive	% Positive Last 7 Days
Hospital[17]	123,060	18,965,865	130,966	18,985,400	5,205	1,325,480	6.98%	4.00%
Commercial labs[18]	167,943	41,318,602	262,123	40,413,468	12,176	3,427,529	8.48%	4.67%
State/Local PHL[19]	39,223	6,416,205	52,502	6,338,265	2,563	473,356	7.47%	5.10%
Total	330,226	66,700,672	445,591	65,737,133	19,944	5,226,365		

			Cumulative Total With Results		Cumulative Total Positive		Cumulative Total % Positive	% Positive Last 7 Days
Total Incl. State HD's[20]			112,156,433		8,750,533		7.80%	4.34%

Laboratory Orders/Collections per Day by Facility Type[21]

Data: 26 Aug 2020 - 24 Sep 2020 *Last Updated: 29 Sep 2020, 08:16*
Source: HHS Protect

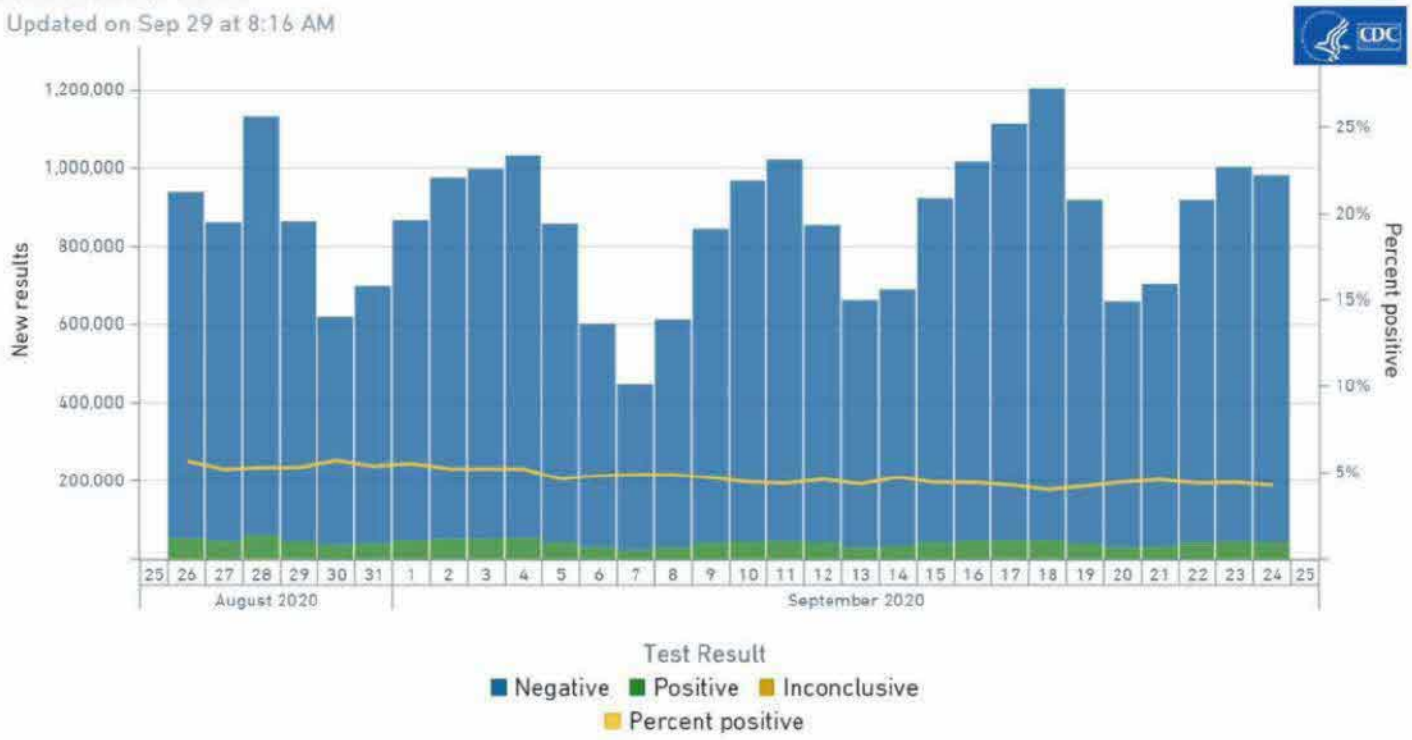


[15] Data Source: HHS Protect is the data source for hospital and commercial lab data starting 23 Apr and PHL labs starting 08 May. Beginning 31 Aug, new results are the numbers as reported in HHS Protect at the time the data were exported.
[16] As of 03 Aug, Laboratory Data in HHS Protect uses data through the most recent day for which all jurisdictions have reported in order to report data for all jurisdictions along a consistent time window.
[17] Hospital laboratory data are reported directly to HHS via an online form, beginning 11 Apr. Respondents are asked to report all tests run in the hospital laboratory and not sent out to commercial laboratories.
[18] Includes 6 commercial labs: LabCorp, Quest Diagnostics, BioReference, ARUP, Mayo Clinic, and Sonic Healthcare.
[19] Reporting public health labs are all 50 state public health labs, the District of Columbia, New York City, Puerto Rico, USAF, and 17 California counties.
[20] Includes laboratory results reported to CDC from additional state health departments not reported through HHS Protect including additional lab orders received prior to 23 Apr not included in HHS Protect.
[21] Reported by test order date if available, otherwise the date the specimen was collected. Due to reporting lags, data for the most recent three days may be underrepresented.

Positive/Negative Results and Percent Positive from Public Health, Commercial, and Hospital Lab[22]

Data: 26 Aug 2020 - 24 Sep 2020 *Last Updated: 29 Sep 2020, 08:16*

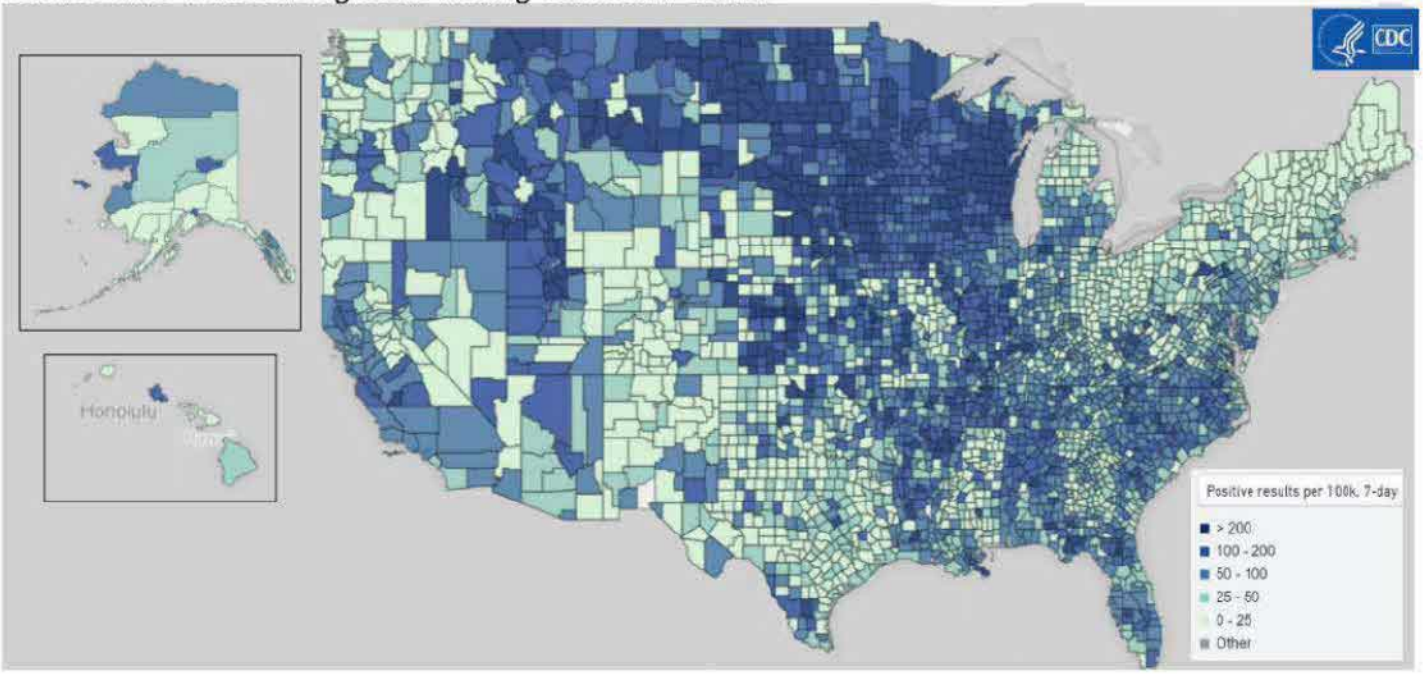
Source: HHS Protect



Positive Results per 100,000 Population Last 7-Days by County [23, 24]

Data: 18 Sep 2020 - 24 Sep 2020 *Last Updated: 29 Sep 2020, 08:40*

Source: HHS Protect: Diagnostic Testing Command Center



[22] Reported by test result date. Due to reporting lags, data for the most recent three days may be underrepresented.

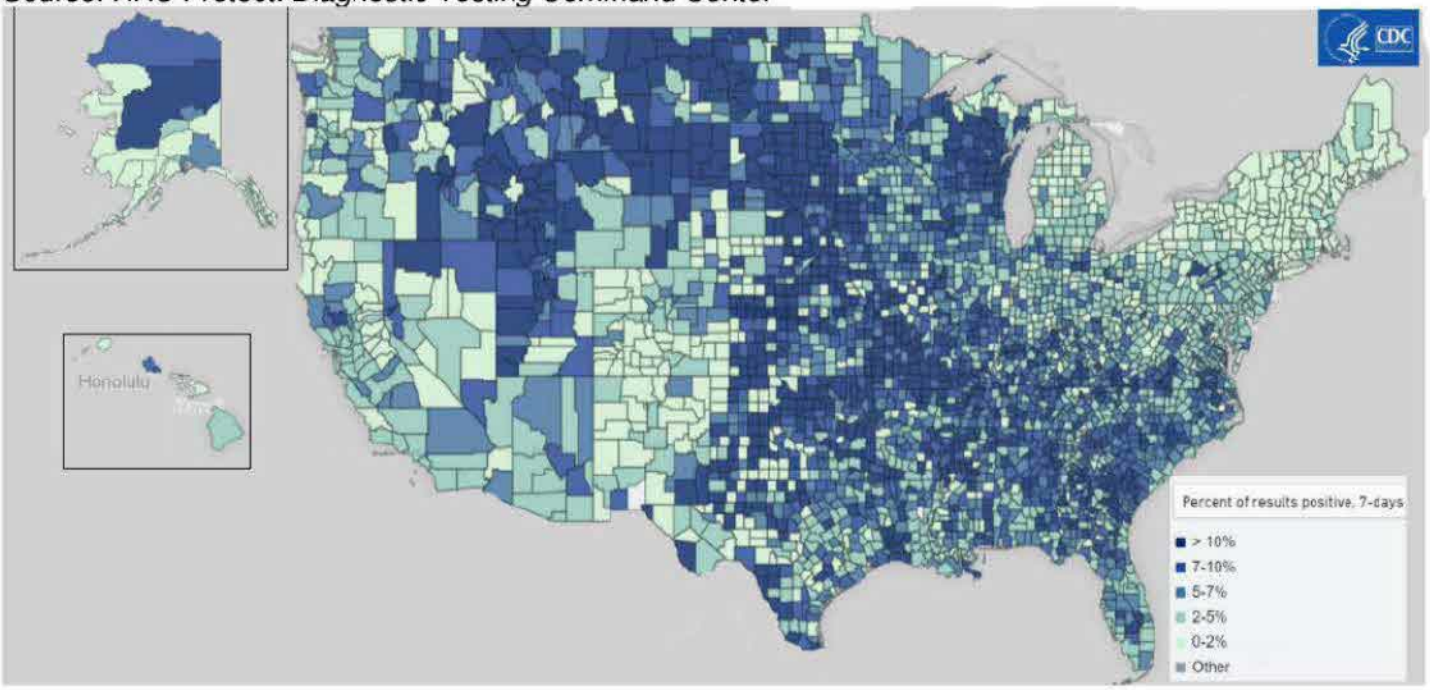
[23] Data represent (total number of positive results/total population) * 100. One person may have multiple tests and positive results.

[24] See CDC COVID-19 Data Tracker for the latest visualizations on US laboratory testing by state.

Percent Positive Results Last 7-Days by County [24]

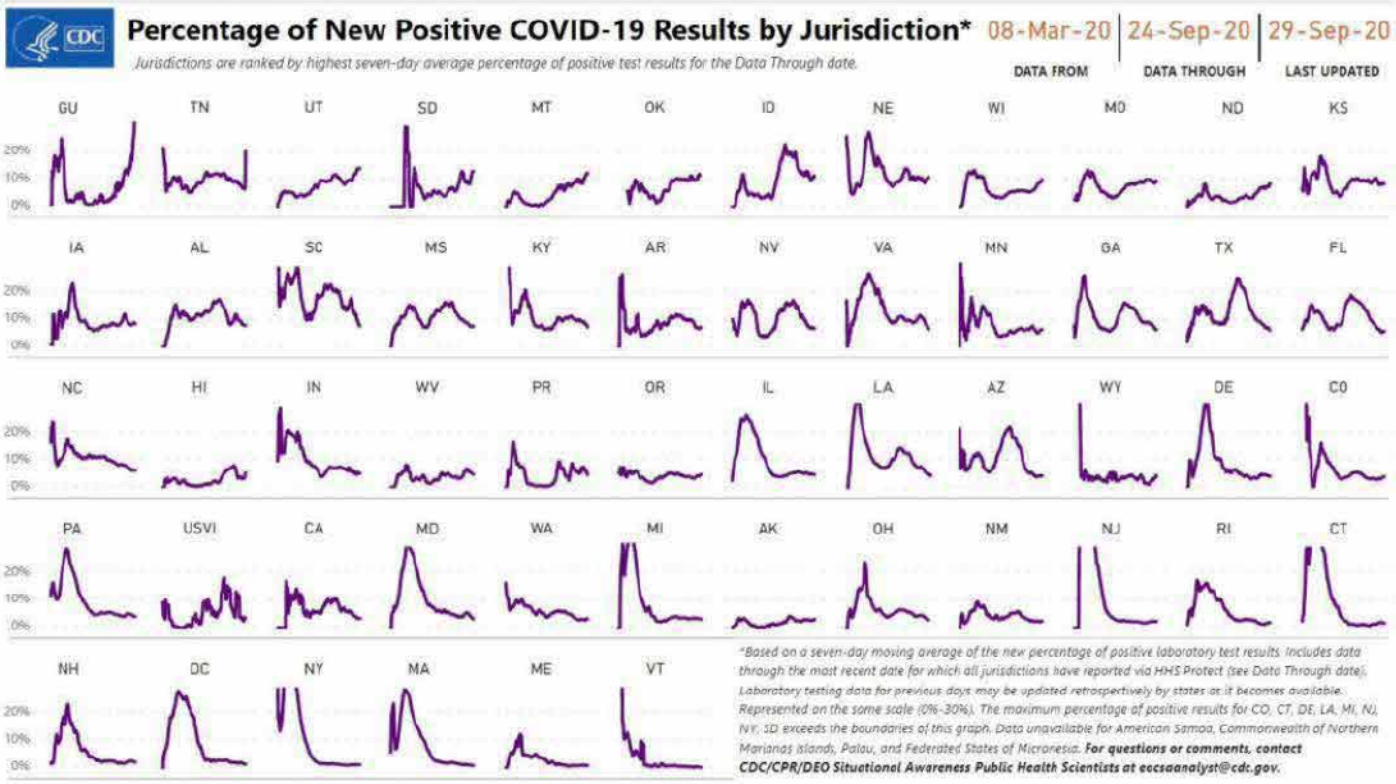
Data: 18 Sep 2020 - 24 Sep 2020 Last Updated: 29 Sep 2020, 08:40

Source: HHS Protect: Diagnostic Testing Command Center



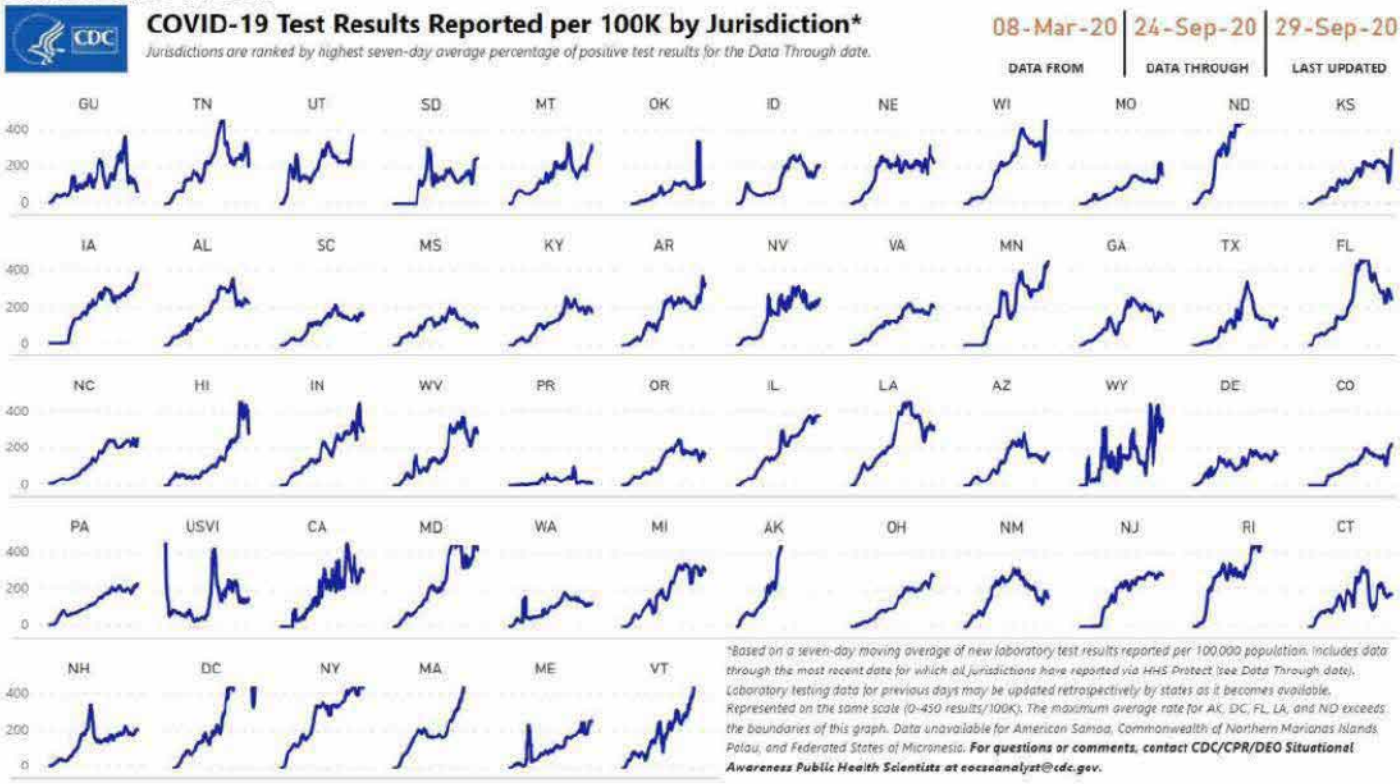
COVID-19 Virologic Testing, Percentage of Positive COVID-19 Test Results by Jurisdiction

Data: 08 Mar 2020 – 24 Sep 2020 Last Updated: 29 Sep 2020, 09:00
Source: HHS Protect



New COVID-19 Test Results Reported per 100,000 Population by Jurisdiction

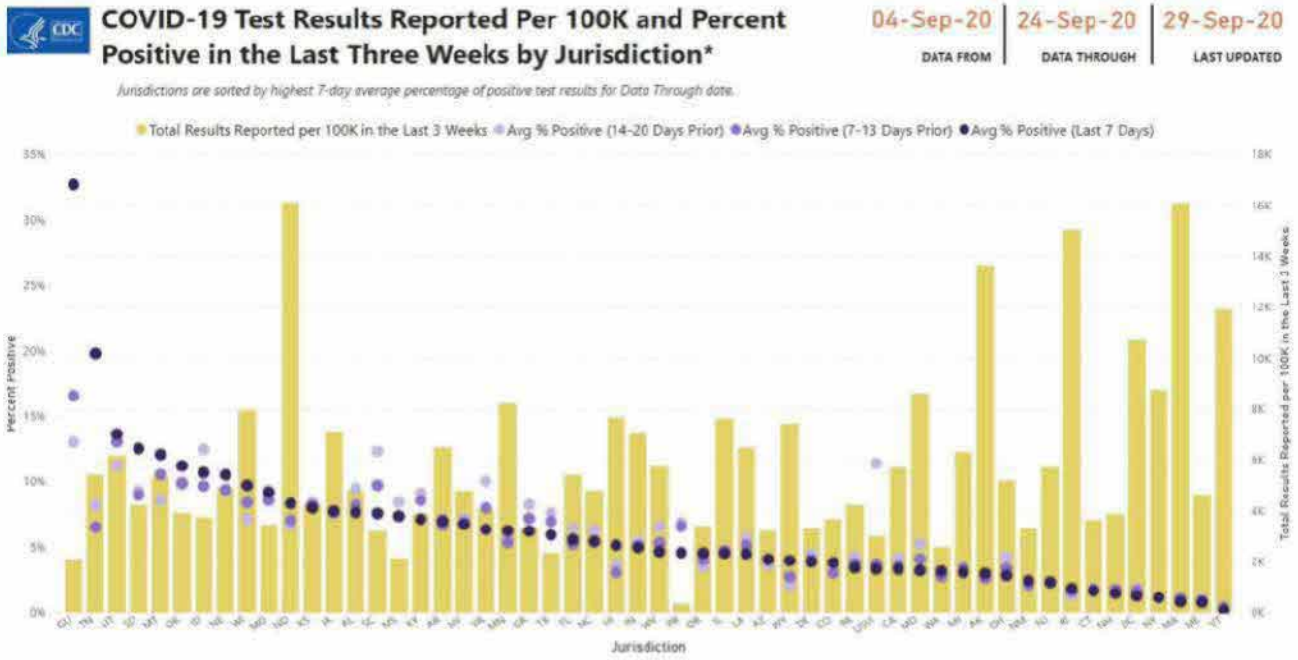
Data: 08 Mar 2020 – 24 Sep 2020 Last Update: 29 Sep 2020, 09:00
Source: HHS Protect



Test Results per 100,000 and Percent Positive in the Last 3 Weeks by Jurisdiction[25,26]

Data 04 Sep 2020 – 24 Sep 2020 *Last Updated: 29 Sep 2020, 09:00*

Source: HHS Protect



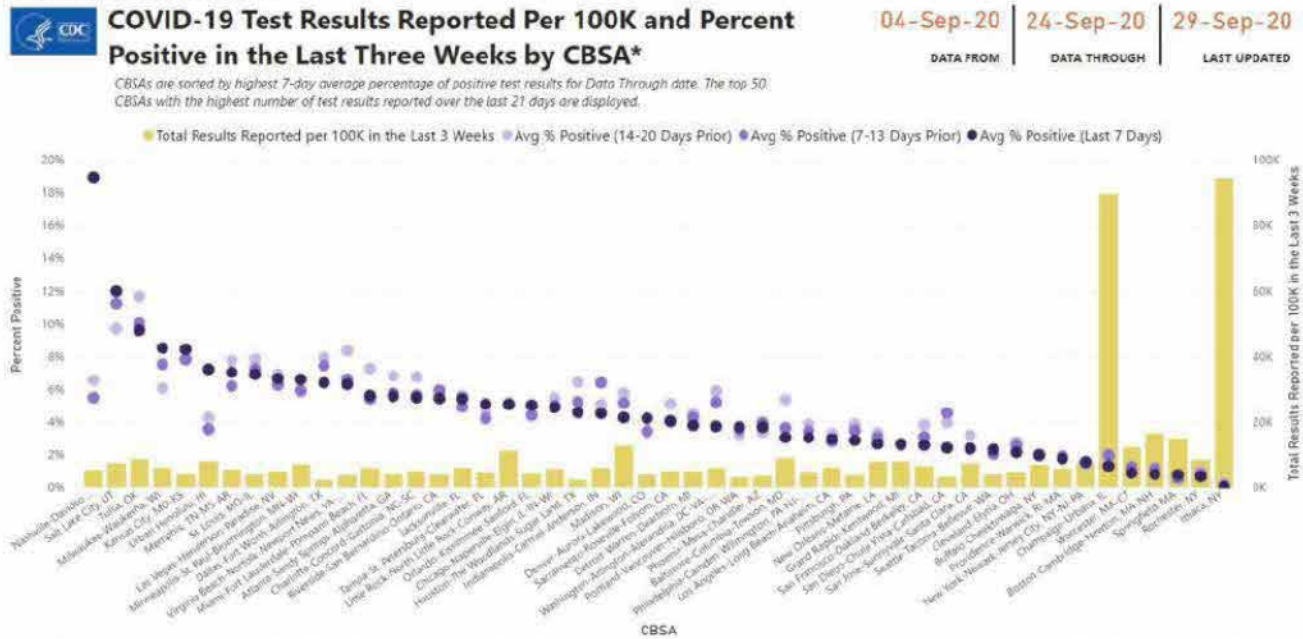
Based on total laboratory test results reported per 100,000 population in the last 21 days. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Guam, US Virgin Islands, Palau, and Federated States of Micronesia.

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Positive/Negative Results and Percent Positive in the Last 3 Weeks by CBSA[26]

Data 04 Sep 2020 – 24 Sep 2020 *Last Updated: 29 Sep 2020, 09:00*

Source: HHS Protect



**Metropolitan and Micropolitan Statistical Areas are collectively referred to as Core-Based Statistical Areas (CBSA); new definitions were announced by OMB on 06 Jun 2003, based on application of the 2000 standards with Census 2000 data. Figure based on total laboratory test results reported per 100,000 population in the last 21 days, includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Guam, US Virgin Islands, Palau, and Federated States of Micronesia.*

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

[25] Data from state health departments, state public health labs, commercial labs, and hospitals.

[26] Metropolitan and Micropolitan Statistical Areas are collectively referred to as Core-Based Statistical Areas (CBSA). Due to reporting lags, data for the most recent three days may be underrepresented.

Comparison of U.S. Case Counts with Laboratory Testing Data

COVID-19 Cases, Deaths and Lab Comparison by Jurisdiction

Data Through: 24 Sep 2020 *Last Updated: 29 Sep 2020, 11:30*

Source: HHS Protect

COVID-19 Epi/Lab Overview -- US States, Territories & DC

Data for case and laboratory data includes data through the most recent date for which most jurisdictions have reported via HHS protect. *Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Lab data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia.*

** Calculation omitted where the number of total new tests was less than five.*

24-Sep-20 DATA THROUGH | 29-Sep-20 LAST UPDATED

State/ Territory	Cases/ 100K	Deaths/ 100K	Total Tests	New Tests	Tot. Tests/ 100K	New Tests/ 100K	New Pos Tests	Total Pos Tests	% Total Pos Tests	% New Pos Tests*
AK	967.1	6.2	575,624	3,680	78,713.4	530.4	193	13,679	2.4%	5.0%
AL	[illegible]	50.7	1,705,948	14,573	34,792.7	297.2	959	199,072	11.7%	6.6%
AR	[illegible]	41.3	969,677	13,033	32,131.9	431.9	632	82,406	8.5%	6.4%
AZ	[illegible]	77.5	1,868,011	15,526	25,664.0	213.3	632	217,442	11.6%	4.1%
CA	1998.7	38.7	14,150,374	115,485	35,812.6	292.3	1,501	909,753	6.4%	3.0%
CO	1180.3	35.7	1,154,607	16,065	20,049.7	279.0	603	52,826	4.6%	3.8%
CT	1560.7	125.9	1,056,434	7,869	29,631.1	220.7	109	65,721	6.2%	1.4%
DE	2062.4	65.1	229,118	1,701	23,529.1	174.7	54	16,947	7.4%	3.2%
FL	[illegible]	64.8	9,594,033	59,999	44,669.7	279.4	2,956	1,133,069	11.8%	4.9%
GA	[illegible]	64.9	2,750,706	15,609	25,907.5	148.9	1,001	284,621	10.3%	6.3%
HI	840.4	8.7	394,333	2,816	27,853.9	196.9	130	14,373	3.6%	4.6%
IA	[illegible]	41.3	1,177,738	14,721	37,328.4	466.6	1,133	97,013	8.2%	7.7%
ID	[illegible]	26.1	456,624	5,316	25,551.6	297.5	591	59,404	13.0%	11.1%
IL	[illegible]	68.9	4,948,326	55,495	39,049.1	437.9	2,608	325,236	6.6%	4.7%
IN	[illegible]	53.0	2,427,653	24,649	36,080.2	366.1	1,262	175,213	7.2%	5.1%
KS	[illegible]	21.3	789,584	10,448	27,102.6	358.7	797	69,523	8.8%	7.6%
KY	[illegible]	25.4	1,094,527	7,014	24,498.8	157.0	425	99,555	9.1%	6.1%
LA	[illegible]	116.4	2,276,317	13,772	48,965.8	296.2	639	236,809	10.4%	4.6%
MA	[illegible]	135.6	3,666,506	66,107	53,214.0	866.1	734	168,406	4.6%	1.1%
MD	[illegible]	64.8	2,785,926	30,722	46,081.3	508.2	889	196,125	7.0%	2.9%
ME	391.1	10.5	301,361	4,024	22,434.0	299.4	19	5,656	1.9%	0.5%
MI	[illegible]	78.2	3,740,965	39,348	37,458.9	394.0	1,318	182,943	4.9%	3.3%
MN	[illegible]	36.5	2,185,486	31,431	38,752.3	557.3	1,752	136,260	6.2%	5.6%
MO	[illegible]	31.9	1,086,412	10,267	17,701.4	167.6	942	82,161	7.6%	9.2%
MS	[illegible]	96.9	630,903	3,075	21,198.6	103.3	209	72,810	11.5%	6.8%
MT	1067.1	15.7	313,654	3,834	29,334.1	358.7	330	18,215	5.8%	13.8%
NC	[illegible]	32.3	2,762,367	34,934	26,529.0	335.1	1,697	238,542	8.6%	4.9%
ND	[illegible]	26.8	642,768	6,042	84,345.9	792.8	552	26,096	4.1%	9.1%
NE	[illegible]	23.9	666,545	4,491	34,457.3	232.2	497	78,949	11.8%	11.1%
NH	993.0	32.3	363,916	3,147	26,764.2	231.4	51	13,127	3.6%	1.6%
NJ	[illegible]	[illegible]	3,007,272	24,837	33,857.0	279.6	547	106,581	3.5%	2.2%
NM	1346.9	41.0	754,977	4,656	36,005.7	231.7	115	31,231	4.1%	2.4%
NV	[illegible]	53.1	1,030,643	8,140	33,460.7	264.3	623	105,202	10.2%	7.7%
NY	1081.4	44.1	13,540,346	97,843	64,182.1	463.8	1,124	561,198	4.1%	1.1%
OH	1263.9	40.3	2,952,607	24,291	25,259.5	207.8	722	159,054	5.4%	3.0%
OK	[illegible]	25.2	613,704	6,101	15,509.4	154.2	664	50,402	8.2%	10.9%
OR	760.4	12.9	1,078,294	7,728	25,565.7	183.2	362	42,857	4.0%	4.7%
PA	1197.8	63.1	3,195,677	35,141	24,962.3	274.5	1,237	206,633	6.5%	3.5%
RI	2299.3	104.6	727,470	7,696	68,670.6	726.5	134	34,299	4.7%	1.7%
SC	[illegible]	64.5	1,130,491	7,960	21,956.8	154.6	575	182,979	16.2%	7.2%
SD	2278.0	23.8	200,155	2,827	22,625.1	319.6	330	13,715	6.9%	11.7%
TN	[illegible]	34.1	2,744,950	83	40,194.5	1.2	82	256,320	9.4%	98.8%
TX	[illegible]	31.2	6,858,831	15,450	23,654.5	53.3	805	1,020,822	14.9%	5.2%
UT	[illegible]	14.0	1,315,923	12,443	41,016.1	388.1	1,813	112,528	8.6%	14.6%
VA	[illegible]	34.8	2,103,487	21,202	24,643.9	248.4	1,153	243,369	11.6%	5.4%
VT	276.4	9.3	282,410	4,925	45,258.8	789.3	15	2,739	1.0%	0.3%
WA	1117.9	27.6	1,502,965	12,604	19,737.2	178.6	363	77,931	5.2%	2.7%
WI	1973.0	21.9	2,497,782	33,570	42,899.3	576.6	3,346	148,084	5.9%	10.0%
WV	814.4	18.0	602,419	7,980	33,614.4	445.3	349	23,700	3.9%	4.4%
WY	918.2	8.7	176,730	1,340	30,536.0	231.5	39	5,936	3.0%	2.9%
CNMI	121.3	3.5								
DC	2150.5	88.4	391,104	6,209	55,418.9	879.6	68	19,280	4.9%	1.1%
GU	1379.0	23.5	39,424	64	23,782.6	38.6	15	2,165	5.5%	23.4%
PR	1403.4	19.9	156,117	800	4,888.3	25.0	46	4,698	3.0%	5.8%
USVI	1232.3	18.2	22,360	193	21,360.3	184.4	0	1,206	5.4%	0.0%

This table also summarizes official CDC US case counts for COVID-19 reviewed and validated by states and territories, posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). Sources: CDC DCIPHER, HHS Protect, US Census Bureau. ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

Comparison New Cases per 100k Population and Percent Positive Test Results, Last 7-Days

Data: 18 Sep 2020 – 24 Sep 2020 *Last Updated: 29 Sep 2020, 11:30*

Source: HHS Protect

Seven-Day Average of New COVID-19 Cases Per 100K by Seven-Day Average of New Percentage of Positive Test Results* -- US States, Territories, & DC

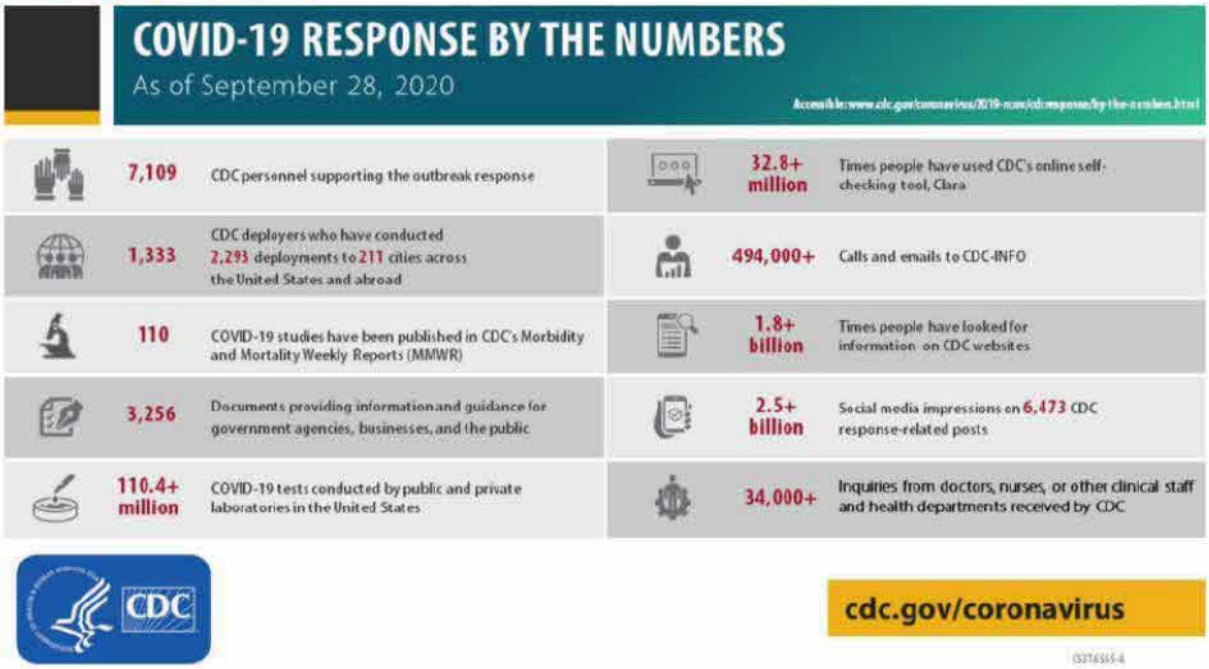
18-Sep-20 DATA FROM | 24-Sep-20 DATA AS OF | 29-Sep-20 LAST UPDATED

** Includes data through the most recent date for which all jurisdictions have reported laboratory data via HHS Protect (see Data As Of date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Figure represents official CDC US case counts for COVID-19, including both confirmed and probable cases, reviewed and validated by states and territories and posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). New test results reported per 100,000 population is based on a seven-day moving average. Laboratory Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia.* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

CDC Response Statistics

CDC COVID-19 Response Activities

Data as of 28 Sep 2020
Source: COVID-19 By The Numbers

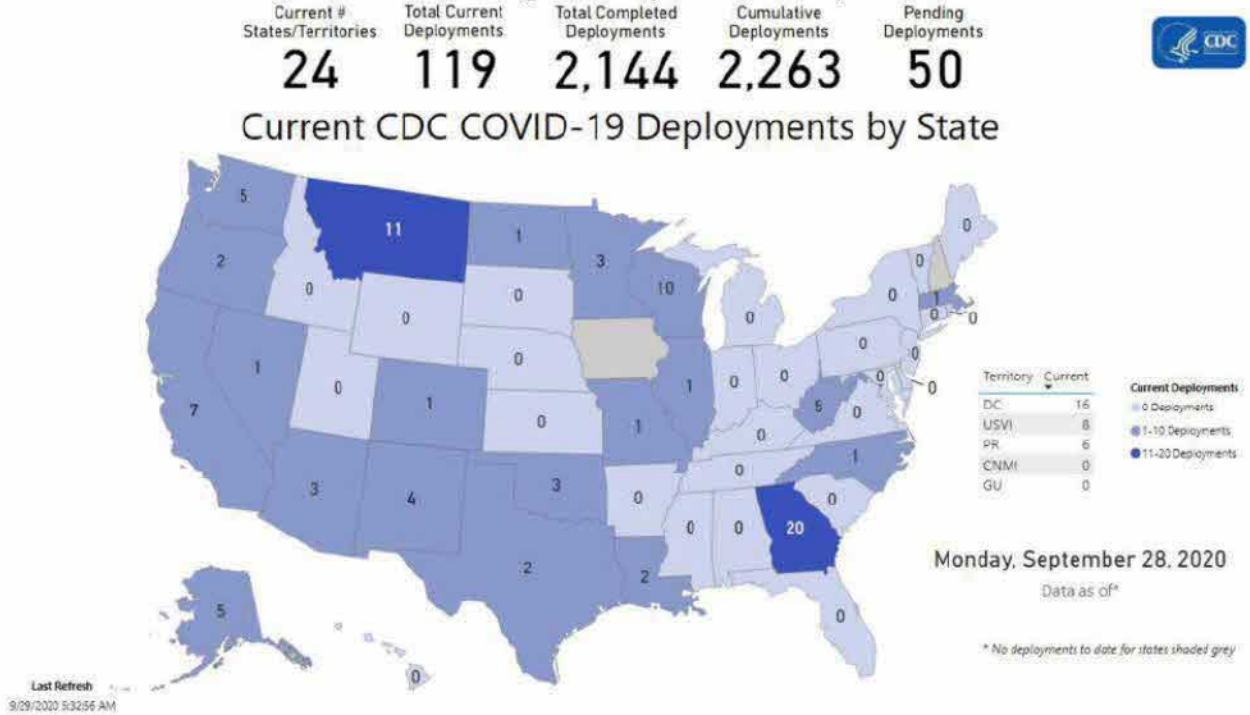


Deployments

CDC COVID-19 Domestic Deployments[27]

Data as of 29 Sep 2020 *Last Updated: 29 Sep 2020, 5:32*
Source: CDC Personnel Workforce Management System (PWMS)

Current # States/Territories	Total Current Deployments	Total Completed Deployments	Cumulative Deployments	Pending Deployments
24	119	2,144	2,263	50



[27] A single person may have multiple deployments over time. Data in PWMS is from the previous day.

CDC Website Updates – COVID-19 Response

As of 29 Sep 2020, 06:00[28]

New/Updated Guidance, Recommendations, Considerations[29]

- None

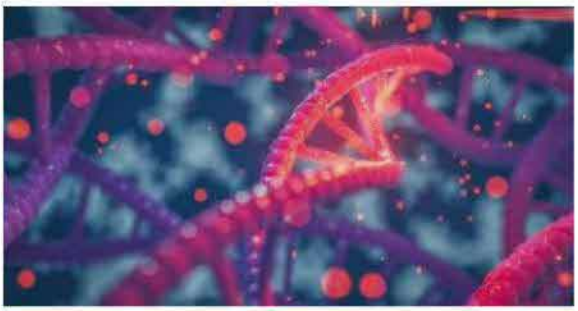
New/Updated Webpages

- Administration Announces $200 million from CDC to Jurisdictions for COVID-19 Vaccine Preparedness
- Cases & Deaths by County
- Cases in the U.S.
- CDC COVID Data Tracker Update
- COVID-19 Forecasts: Cases
- COVID-19 Forecasts: Deaths
- COVID-19 Forecasts: Hospitalizations
- COVIDView Weekly Summary
- Crew Disembarkations through Commercial Travel
- Staffing Resources

New MMWR Publications[30]

- Characteristics and Maternal and Birth Outcomes of Hospitalized Pregnant Women with Laboratory-Confirmed COVID-19 — COVID-NET, 13 States, March 1–August 22, 2020
- COVID-19 Contact Tracing in Two Counties — North Carolina, June–July 2020
- COVID-19 Trends Among School-Aged Children — United States, March 1–September 19, 2020
- Disparities in COVID-19 Incidence, Hospitalizations, and Testing, by Area-Level Deprivation — Utah, March 3–July 9, 2020
- SARS-CoV-2 Infection Among Hospitalized Pregnant Women: Reasons for Admission and Pregnancy Characteristics — Eight U.S. Health Care Centers, March 1–May 30, 2020
- Update: Characteristics of Health Care Personnel with COVID-19 — United States, February 12–July 16, 2020

COVID-19 Science Update



Read the Summaries

COVID-19 Science Update for 29 Sep 2020

To help inform the COVID-19 response and help stay up to date on the latest COVID-19 research, CDC has created a series called COVID-19 Science Update. The first of its kind for a CDC emergency response, this series provides brief summaries of new COVID-19-related studies on many topics, including epidemiology, clinical treatment and management, laboratory science, and modeling. These summaries are released Tuesdays and Fridays and include an overview of key findings, methods, and implications.

[28] Updates since last report. CDC's COVIDView provides a weekly summary and interpretation of key indicators that have been adapted to track the COVID-19 pandemic in the United States. See also CDC's "What's New" page and "Latest Updates" on the CDC COVID-19 webpage for the latest communication resources, Communication Resources for links to all guidance and reports, the COVID-19 Science Update page for summaries of new COVID-19-related studies (released every Tuesday and Friday) and the Health Alert Network (HAN) page for urgent information for state, local, tribal, and territorial partners.

[29] A complete list of Guidance Documents can be found on the CDC COVID-19 Guidance Page.

[30] A comprehensive list of COVID-19 Morbidity and Mortality Weekly Reports (MMWR) COVID-19 publications can be found on the MMWR Publications page.

International Updates

WHO Epidemiological Update

WHO Global Cases and Deaths

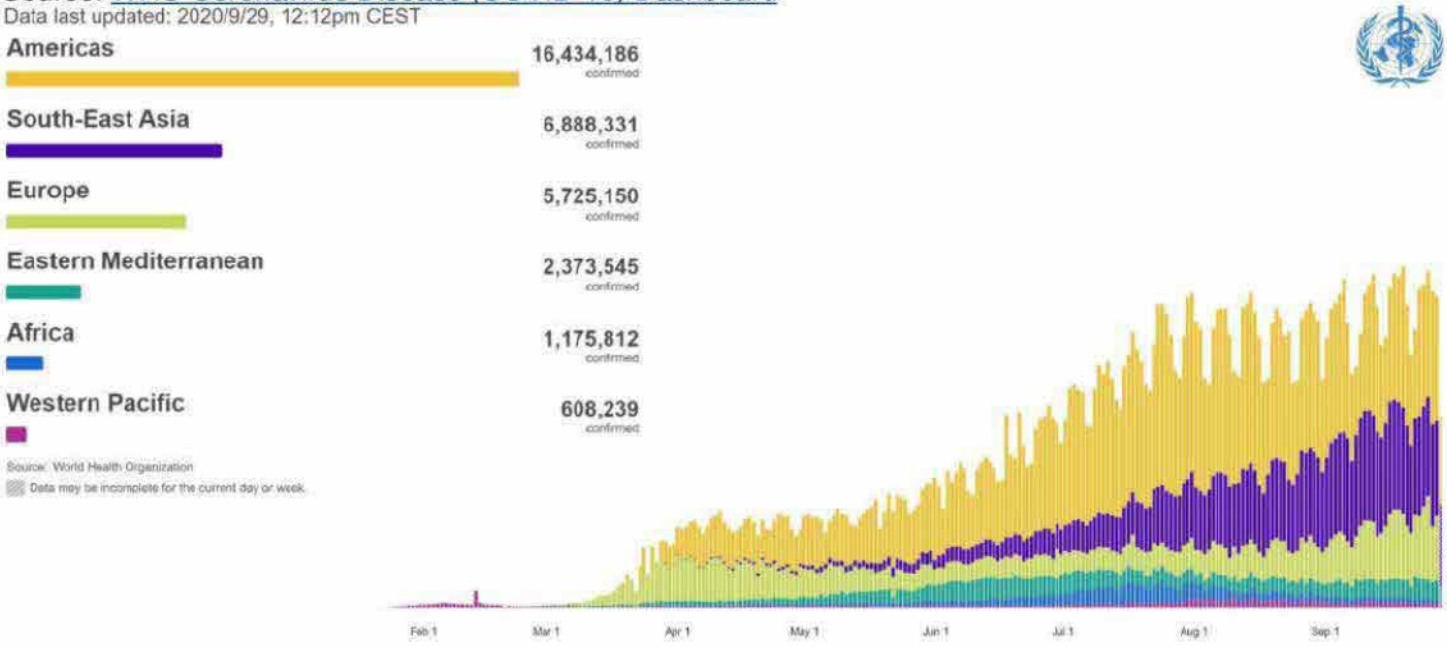
Data: 23 Jan 2020 – 29 Sep 2020 Last Updated: 29 Sep 2020 12:12 CEST
Source: WHO Coronavirus Disease (COVID-19) Dashboard

WHO Coronavirus Disease (COVID-19) Dashboard
Global Cases and Deaths
Data Last Updated: 29 Sep 2020, 12:12 CEST

Cases		Deaths	
Cumulative Total	**Newly Reported Last 24 Hours**	**Cumulative Total**	**Newly Reported Last 24 Hours**
33,206,004	244,731	999,239	3,399

Global Epidemic Curve of Confirmed COVID-19 Cases by Date of Report and WHO Region

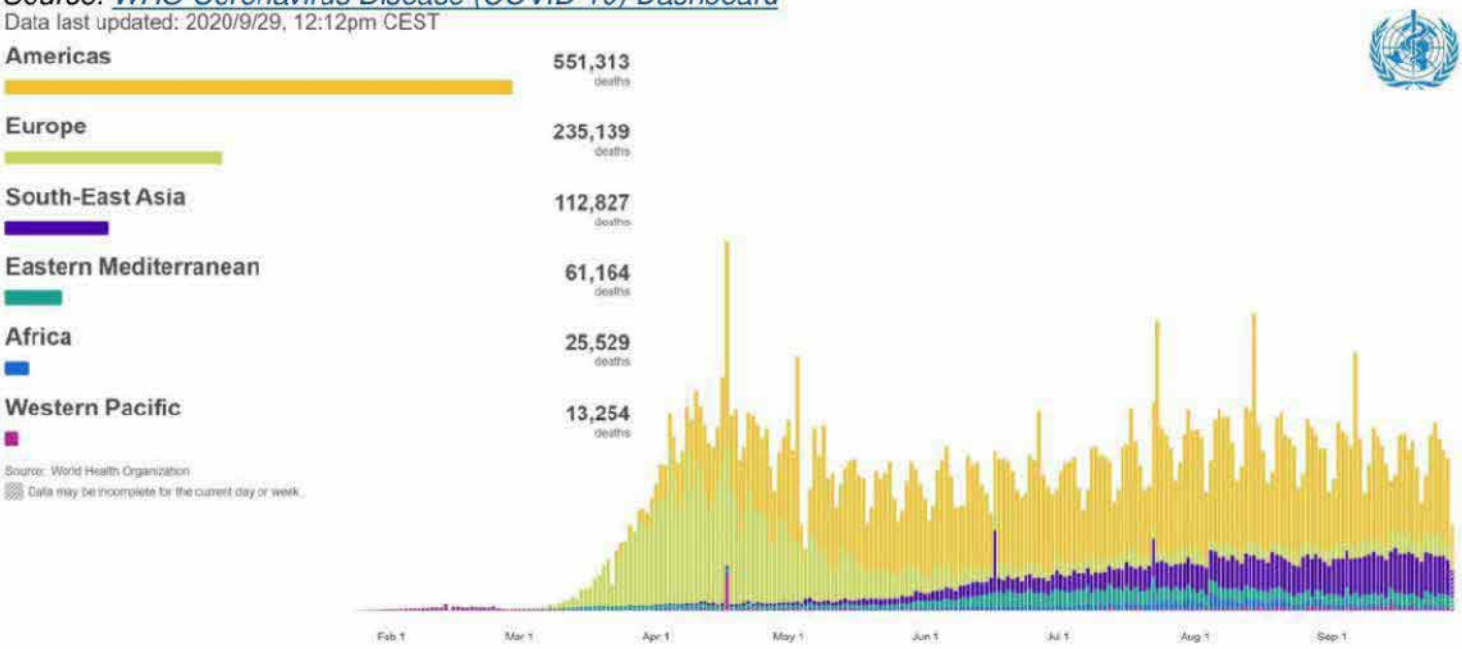
Data: 23 Jan 2020 – 29 Sep 2020 Last Updated: 29 Sep 2020 12:12 CEST
Source: WHO Coronavirus Disease (COVID-19) Dashboard



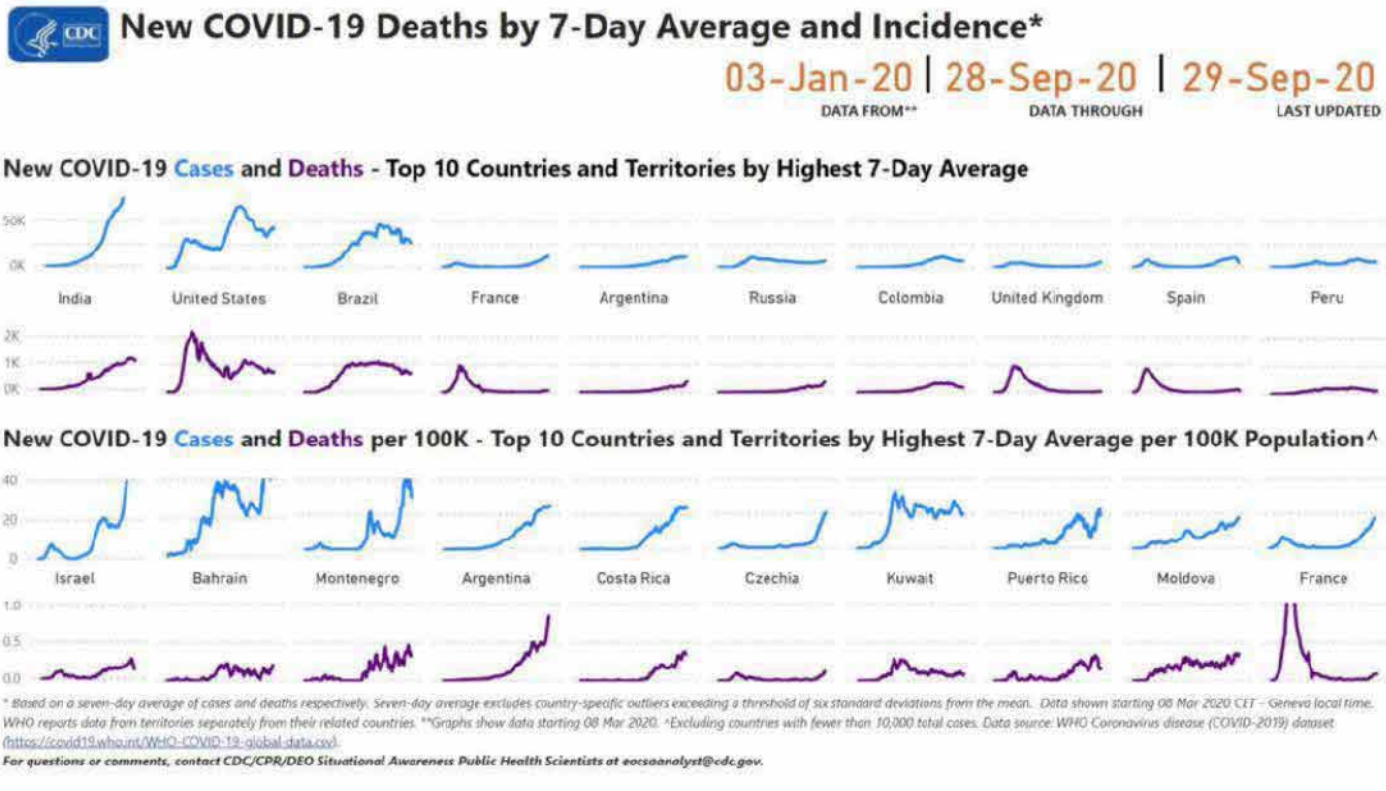
Global Epidemic Curve of Confirmed COVID-19 Deaths by Date of Report and WHO Region

Data: 23 Jan 2020 – 29 Sep 2020 Last Updated: 29 Sep 2020 12:12 CEST

Source: WHO Coronavirus Disease (COVID-19) Dashboard



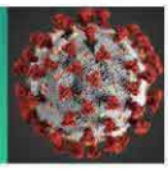
New COVID-19 Cases and Deaths by Country Last 7-Days (Count and Incidence)



* Based on a seven-day average of cases and deaths respectively. Seven-day average excludes country-specific outliers exceeding a threshold of six standard deviations from the mean. Data shown starting 08 Mar 2020 CET - Geneva local time. WHO reports data from territories separately from their related countries. **Graphs show data starting 08 Mar 2020. ^Excluding countries with fewer than 10,000 total cases. Data source: WHO Coronavirus disease (COVID-2019) dataset (https://covid19.who.int/WHO-COVID-19-global-data.csv).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

COVID-19 Science Update



From the Office of the Chief Medical Officer, CDC COVID-19 Response, and the CDC Library, Atlanta, GA.
Intended for use by public health professionals responding to the COVID-19 pandemic.

***** Available on-line at https://www.cdc.gov/library/covid19 *****

Epidemiology

PEER-REVIEWED

Infant outcomes following maternal infection with SARS-CoV-2: First report from the PRIORITY study. Flaherman *et al.* Clinical Infectious Diseases (September 18, 2020).

Key findings:

- In this US study, preterm birth, ICU admission, and respiratory disease did not differ between infants born to mothers testing positive for SARS-CoV-2 and those born to mothers testing negative.
  - No pneumonia or lower respiratory tract infection was reported through 6 – 8 weeks of age.
- Infants born to mothers who first tested positive for SARS-CoV-2 ≤14 days prior to delivery were more likely admitted to the ICU (26% vs 12%; p = 0.04) and born earlier (mean 37.5 vs 39 weeks gestation, p = 0.0009) compared with infants born to mothers who tested positive >14 days prior to delivery.
- 6 – 8 weeks postpartum, the estimated incidence of a positive infant SARS-CoV-2 test was 1.1% (95% CI: 0.1 – 4.0).

Methods: Early findings from the PRIORITY prospective study among 179 mothers who had a positive test for SARS-CoV-2 and 84 mothers who had a negative test. Data were collected at enrollment, after birth, and at 6 – 8 weeks after delivery. *Limitations*: May not be representative of all US pregnancies; some associations may reflect hospital practices rather than clinical status; infant testing for SARS-CoV-2 was incomplete.

Implications: Infants born to mothers infected with SARS-CoV-2 generally do well in the first 6 – 8 weeks after birth. Further large-scale studies like PRIORITY need to assess long-term infant and maternal outcomes.

Pandemic practice: Horror fans and morbidly curious individuals are more psychologically resilient during the COVID-19 pandemic. Scrivner *et al.* Personality and Individual Differences (September 15, 2020).

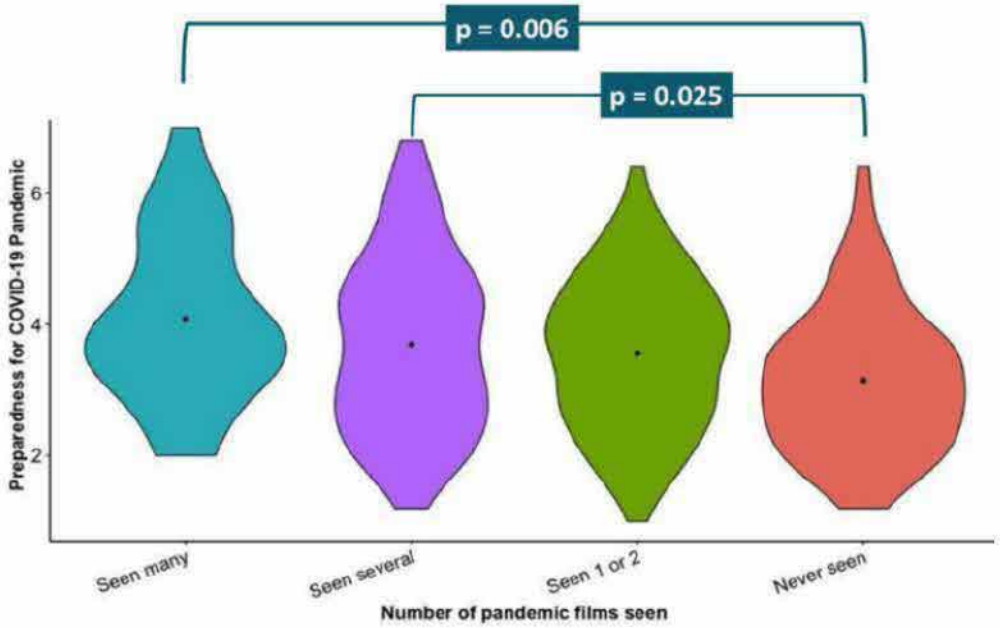
Key findings:

- Horror fandom was significantly associated with lower psychological distress during the current COVID-19 pandemic (p = 0.006) but not with positive resilience or pandemic preparedness.
- Fandom of prepper genres (zombie, apocalyptic, alien-invasion) was associated with lower psychological distress (p = 0.030) and greater COVID-19 pandemic preparedness (p = 0.014).
- Morbid curiosity (a trait that motivates a person to learn about dangerous or threatening phenomena) was significantly associated with positive resilience during the pandemic (p <0.001).
- Watching pandemic films in the past was significantly related to pandemic preparedness (p = 0.003) (Figure).

Methods: 322 US adults recruited and surveyed online in April 2020 with questions on movie genre fandom, COVID-19 pandemic preparedness, pandemic psychological resilience and personality traits. *Limitations*: Not representative or generalizable; no causality can be inferred; limited confounding covariates.

Implications: Fans of horror or prepper fiction and films and those with morbid curiosity may be more psychologically resilient and prepared during the COVID-19 pandemic. More research would need to be done before recommending engagement with horror or prepper media to increase resilience.

Figure:



Note: Adapted from Scrivner *et al.* Previous viewing of pandemic films and preparedness scale for the COVID-19 pandemic. Available via Elsevier COVID-19 Resource Centre through PubMed central.

The risk of severe COVID-19 within households of school employees and school-age children. Selden *et al.* Health Affairs (September 17, 2020).

Key findings:

- Between 42.0% and 51.4% of all school employees had increased or potentially increased risk of severe COVID-19.
    - 58.2% of low-skill support staff were at increased risk, compared with 37.8% of teachers and assistants, and 39.1% of administrators and high-skill support staff.
    - Obesity (33.8%) was the primary COVID-19 risk factor.
- 63.2% of school employees and 58.7% of school-aged children lived with ≥1 increased-risk adult.
    - 62.1% of high school students vs 55.7% of children 5 – 9 years old lived with increased-risk adults.
    - Black (67.3%) and Hispanic (64.6%) children were more likely than White (55.8%) and Asian (35.2%) children to live with increased-risk adults.
- Between 33.9 and 44.2 million adults with direct or within-household connections to schools are potentially at increased risk for severe COVID-19.

Methods: Nationally representative analysis of 95,830 adults from the Medical Expenditure Panel Survey (MEPS), 2014 – 2017. Participants were classified as having increased risk of severe COVID-19 according to CDC guidance.

Limitations: Certain medical conditions not included, and results may underestimate risk; self-reported data may undercount obesity; data is from civilian noninstitutionalized population and did not include those in nursing, long-term care, and correctional facilities.

Implications: Plans to reduce COVID-19 risk in schools need to consider actions that minimize risk for large groups of at-risk adults working in school settings and within students' households.

Modeling & Transmission

PEER-REVIEWED

Clustering and superspreading potential of SARS-CoV-2 infections in Hong Kong. Adam *et al.* Nature Medicine (September 17, 2020).

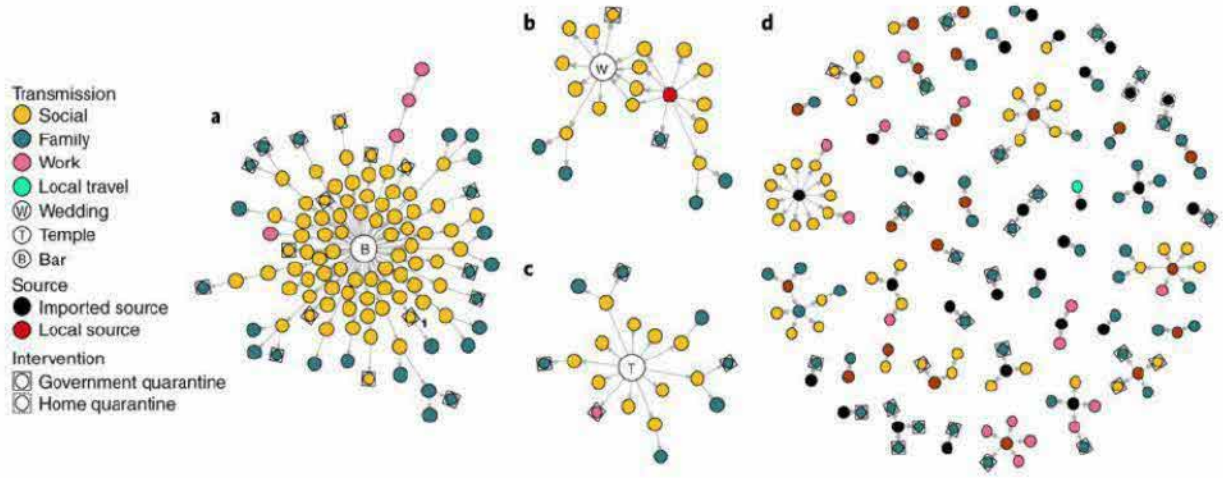
Key findings:

- An investigation of 137 different recognized clusters (median cluster size = 2) found that 7 probable super spreader events (SSEs) accounted for 58% of all clustered cases (Figure).
  - The largest cluster of 106 cases was associated with four bars in Hong Kong.
- An estimated 19% (95% CI: 15% – 24%) of cases caused 80% of all local transmission.
  - Transmission in social settings was associated with more secondary cases than transmission in households (p = 0.002).

Methods: Contact tracing data from 1,038 confirmed SARS-CoV-2 infections in Hong Kong between January 23 and April 28, 2020 was used to characterize clusters (≥2 cases) of SARS-CoV-2 infections, chains of transmission and description of SSE. *Limitations:* Potential incomplete identification of cases and contacts; some cases may have been incorrectly attributed to clusters.

Implications: There is substantial potential for SARS-CoV-2 superspreading in settings where large numbers of people gather such as bars, weddings, and religious events. Interventions targeting social settings may be key in reducing the risk of SSEs and SARS-CoV-2 transmission.

Figure:



Note: Adapted from Adam *et al.* **a**: Transmission network of the largest SSE (*n* = 106). **b and c:** Transmission networks associated with smaller SSEs ([b] n = 22 and [c] n = 19). **d:** All other clusters of SARS-CoV-2 infections where the source and transmission chain could be determined. Permission request in process.

Measurement of SARS-CoV-2 RNA in wastewater tracks community infection dynamics. Peccia *et al.* Nature Biotechnology (September 18, 2020).

Key findings:

- In New Haven, CT, SARS-CoV-2 RNA in wastewater sludge was identified:
  - 0 – 2 days ahead of SARS-CoV-2-positive specimen collection date.
  - 1 – 4 days ahead of COVID-19 hospital admissions.
  - 6 – 8 days ahead of reporting date of SARS-CoV-2 positive specimens.

Methods: From March 19 through June 1, 2020 in New Haven, Connecticut, SARS-CoV-2 RNA from wastewater sludge was quantitatively measured and 4 COVID-19 epidemiological parameters (SARS-CoV-2 positive test results by date of specimen collection percentage of positive SARS-CoV-2 test results by date of specimen collection number of local hospital admissions of patients with COVID-19 and SARS-CoV-2 positive test results by reporting date) were assessed using Poisson regression models. *Limitations*: Primary sludge handling approaches vary by treatment plants and could affect levels of detectable virus; epi parameters not fully defined.

Implications: Detecting SARS-CoV-2 in wastewater sludge can provide advance notice and could possibly act as an early warning system of infections in the community served by the sewage system.

Clinical Treatment & Management

PEER-REVIEWED

No SARS-CoV-2 neutralization by intravenous immunoglobulins produced from plasma collected before the 2020 pandemic. Schwaiger *et al.* Journal of Infectious Diseases (September 17, 2020).

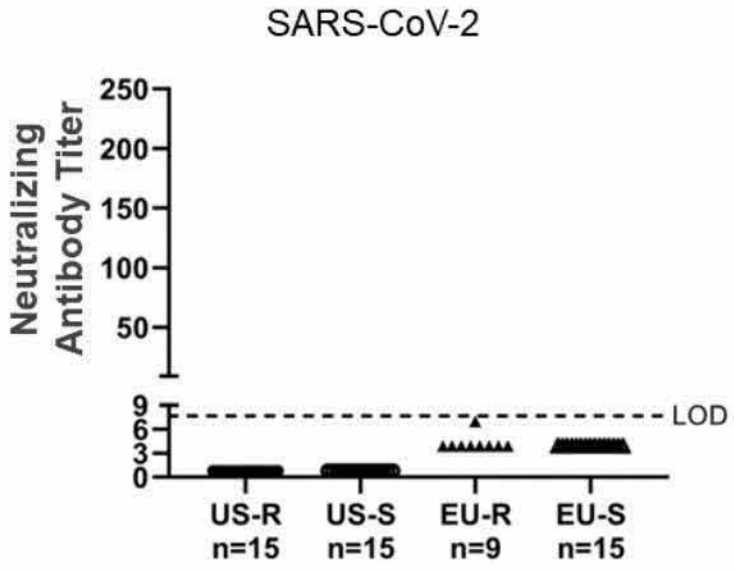
Key findings:

- Among 54 pre-pandemic intravenous immunoglobulin (IVIG) products tested, all neutralized a seasonal human coronavirus (HCoV-229E), while SARS-CoV-2 neutralizing antibodies (NAbs) were not detected in any product (Figure).
- Testing of post-pandemic plasma samples indicated that up to 1.17% of plasma donors were positive for SARS-CoV-2 NAbs.

Methods: 54 IVIG pools of plasma donations from plasmapheresis (source, S) or recovered from whole blood donations (recovered, R) prior to the circulation of SARS-CoV-2 in the US (n = 30) and central Europe (n = 24) were tested for NAbs to HcoV-229E and SARS-CoV-2. In addition, 560 plasma pools of six donations each from March to July 2020 in Austria were tested for NAbs. *Limitations*: No testing for binding antibodies which may have other functional properties.

Implications: The absence of cross-reactive antibodies against SARS-CoV-2 from pre-pandemic plasma shows that currently available IVIGs cannot afford protection from SARS-CoV-2 infection. Presence of convalescent NABs is necessary in plasma-derived immune products to be used as a potential treatment option for COVID-19.

Figure:



US or European (EU) IVIG lots from plasmapheresis (S) or whole blood (R)

Note: Adapted from Schwaiger *et al*. Pre-pandemic IVIG lots from recovered [R] or source [S] blood in US and Europe tested for NAbs to SARS-CoV-2. Licensed under CC-BY-NC-ND.

In vitro efficacy of a povidone-iodine nasal antiseptic for rapid inactivation of SARS-CoV-2. Frank *et al.* JAMA Otolaryngology - Head & Neck Surgery (September 17, 2020).

Key findings:

- Povidone-iodine nasal antiseptic (PVP-I) inactivated SARS-CoV-2 within 15 seconds *in vitro* (Table).

Methods: Controlled *in vitro* study of SARS-CoV-2 virus tested against 3 concentrations of PVP-I (0.5%, 1.25%, and 2.5%) for 15 seconds and 30 seconds. *Limitations:* *in vitro* study; safety and efficacy of intranasal PVP-I not known.

Implications: Nasal decontaminants have been advocated as a way to sterilize the nasal cavity in persons with SARS-CoV-2 infection, as well as for prophylaxis in exposed persons to reduce transmission and to diminish the severity of disease. These early results demonstrate effectiveness of PVP-I against SARS-CoV-2 *in vitro*. More comprehensive studies should be undertaken to examine the safety and potential *in vivo* effectiveness of PVP-I as a possible measure to mitigate viral transmission.

Table:

Test product	PVP-I concentration after 1:1 dilution, %	Virus titer[a]	LRV[b]
PVP-I nasal antiseptic			
5.0%	2.5	<0.67	3.0
2.5%	1.25	<0.67	3.0
1.0%	0.50	<0.67	3.0
Ethanol 70%	NA	1.5	2.17
Virus control	NA	3.67	NA

Abbreviations: $CCID_{50}$, 50% cell culture infectious dose; NA, not applicable; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2.

[a] Log_{10} $CCID_{50}$ of virus per 0.1 mL. The assay lower limit of detection is 0.67 log_{10} $CCID_{50}$/0.1 mL.

[b] Log reduction value is the reduction of virus compared with the virus control.

Note: Adapted from Frank *et. al.* SARS-CoV-2 tested against 3 concentration of PVP-I (0.5%, 1.25%, and 2.5%) for 15 seconds. Ethanol 70% was used as a positive control and did not completely inactivate SARS-CoV-2 after 15 seconds of contact. Virus control contained no antiseptic. Reproduced with permission from JAMA Otolaryngology: doi:10.1001/jamaoto.2020.3053.

Laboratory Science

PEER-REVIEWED

Change in antibodies to SARS-CoV-2 over 60 days among health care personnel in Nashville, Tennessee. Patel *et al.* JAMA (September 17, 2020).

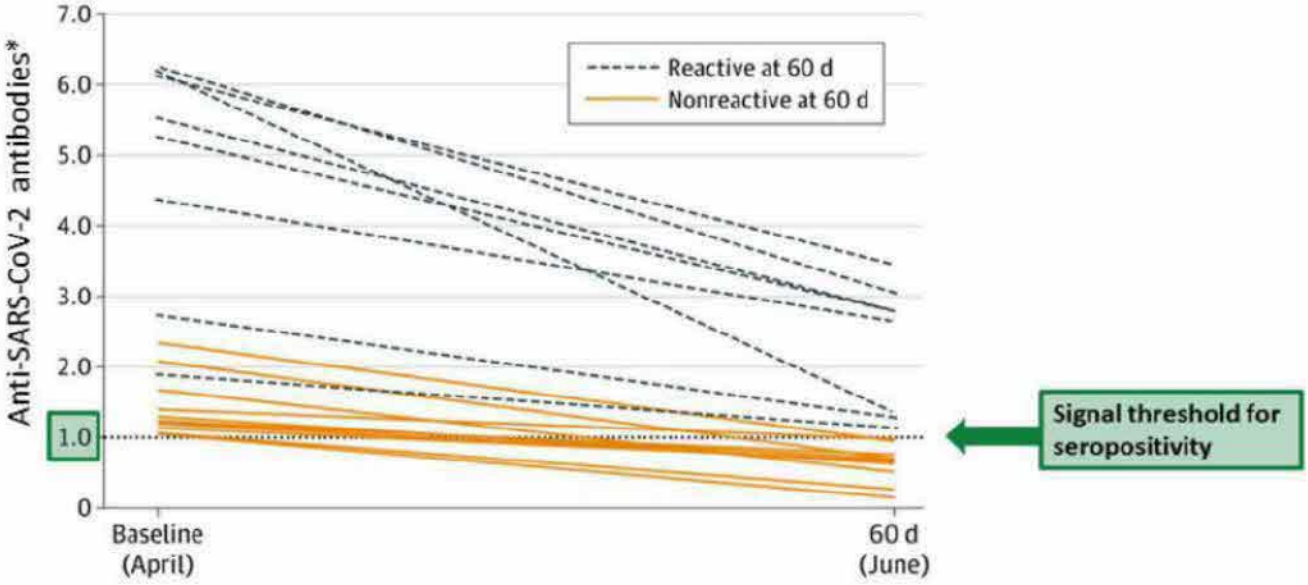
Key findings:

- Overall seropositivity of anti-SARS-CoV-2 antibodies among healthcare personnel (HCP) decreased from 7.6% at baseline (April 2020) to roughly 3.2% approximately 60 days later.
  - 58% of 19 seropositive individuals became seronegative (Figure).
  - 6 of 8 participants who remained seropositive reported symptoms prior to the baseline visit, and 2 of 8 were asymptomatic.
- All baseline seropositive HCP had declines in antibody titers (Figure).
  - Participants who remained seropositive at 60 days had higher antibody levels at baseline (mean 4.8 signal-to-threshold ratio) compared with participants who became seronegative (mean 1.4).

Methods: Antibody levels were assessed in a convenience sample of 249 HCP at baseline (April 3 to April 13, 2020) and approximately 60 days later (June 2 to June 27, 2020) in Nashville, Tennessee. Specimen were considered reactive at a signal-to-threshold ratio indicating ratios >1, with higher ratios having higher antibody titers. *Limitations*: Small sample size and not generalizable; timing of infection uncertain.

Implications: HCP with previous infection showed declines in antibody levels, could be at risk of reinfection, and should adhere to proper infection control guidelines.

Figure:

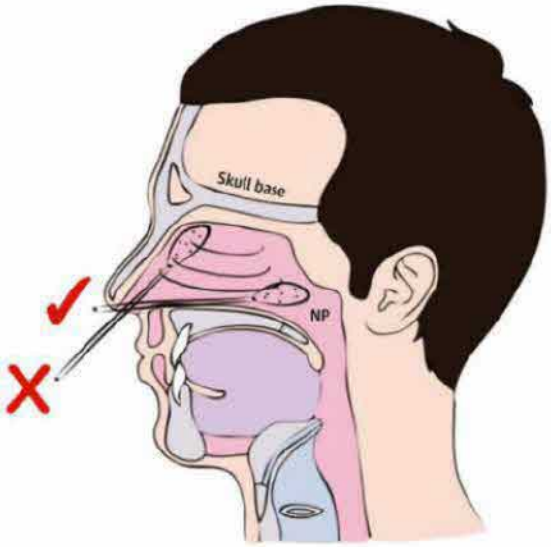


Note: Adapted from Patel *et al.* Anti-SARS-CoV-2 spike antibody levels in 19 seropositive HCP at baseline, (April) and 60 days (June). Dotted line at 1.0 and **green arrow** indicates the threshold for seropositivity. *Using signal-to-threshold ratio.

In Brief

SARS-CoV-2 Testing

- Guglielmi G. Fast coronavirus tests: What they can and can't do. Nature News Feature. Describes different types of tests available for SARS-CoV-2 detection: RT-PCR tests, rapid antigen tests and antibody tests.
- Gibani *et al.* Assessing a novel, lab-free, point-of-care test for SARS-CoV-2 (CovidNudge): A diagnostic accuracy study. Lancet Microbe. A rapid point of care PCR test (COVIDNudge) reports high sensitivity (94%) and specificity (100%) compared with an RT-PCR standard.
- Higgins *et al.* SARS-CoV-2 nasopharyngeal swab testing — False-negative results from a pervasive anatomical misconception. JAMA Otolaryngology-Head & Neck Surgery. Improper technique resulting in swabs not reaching the nasopharynx might be a source of false-negative results.



Note: From Higgins *et al.* Diagram of nasal anatomy showing the correct (✓) and incorrect (X) trajectory for a swab directed into the nasopharynx (NP). Permission request in process. Reproduced with permission from JAMA Otolaryngology: doi:10.1001/jamaoto.2020.2946.

Transmission

- Meyerowitz *et al.* Transmission of SARS-CoV-2: A review of viral, host, and environmental factors. Annals of Internal Medicine. Reviews the evidence on modes of transmission of SARS-CoV-2.

Immunity

- Huang *et al.* A systematic review of antibody mediated immunity to coronaviruses: Kinetics, correlates of protection, and association with severity. Nature Communications. Reviews the scientific literature on antibody measures of immunity to SARS-CoV-2, SARS-CoV, MERS-CoV and endemic human coronaviruses.
- Jones *et al.* A history of herd immunity. Lancet. Provides a detailed look into how the term was coined and the history of the concept in public health.

Case Reports

- Larson *et al.* A case of early re-infection with SARS-CoV-2. Clinical Infectious Diseases. An immunocompetent healthcare provider with mild symptoms tested positive for SARS-CoV-2 and tested positive again 51 days after resolution of initial infection.
- Cohen. A case of probable Parkinson's disease after SARS-CoV-2 infection. Lancet Neurology. Report of probable Parkinson's disease in a patient after SARS-CoV-2 infection.

Social Aspects

- Tan *et al.* Location Matters: Geographic disparities and impact of coronavirus disease 2019 (COVID-19). Journal of Infectious Disease. Highlights racial, ethnic, locale, and socioeconomic disparities of the COVID-19 outbreak in the US and presents recommendations on how to ameliorate the current situation.

- Cahan *et al.* **The human touch — Addressing health care's workforce problem amid the pandemic**. NEJM. Several strategies to improve and enhance the healthcare response including coordinating and deploying a volunteer workforce, and loosening state-level licensing restrictions for physicians and nonphysician providers.

From: (b)(3):50 USC 3024(i); (b)(6)
Sent: Thursday, October 1, 2020 5:22 AM
To: (b)(3):10 USC 424; (b)(6)
Cc:
Subject: CDC COVID-19 Update 30Sep2020 (For Internal USG only)
Attachments: (FOUO) CDC COVID-19 RESPONSE UPDATE 20200930.pdf; CDC COVID-19 SITREP 175 09-30-2020.pdf

Good evening,

Please see attached CDC Reports.

Cases/deaths as of 30 Sep 2020:
- 7,168,077 confirmed and probable U.S. cases, +38,764 since yesterday
- 205,372 U.S. deaths reported to CDC, +774 since yesterday
- 33,502,430 confirmed cases worldwide (WHO dashboard data)

Highlights:
- **Case Counts and Deaths:** Nationwide case and death averages both declining. 7-day case average down 3% from the previous 7-days. 7-day death average down 2% from the previous 7-days. Case trajectory data: 26 (46%) states/jurisdictions in an upward/worsening trajectory; 8 (14%) in a plateau; and 22 (39%) in a downward/improving trajectory. Cases among young adults (18-25 years) remains elevated compared with other age groups.
- **RT-PCR Test Positivity:** Nationally and in all regions, RT-PCR percent positivity remains highest among persons aged 12-17 years.
- **Travel Health Notices (THNs):** https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html, no changes since 28 Aug.
- **CDC COVID -19 SITREP:** now published three times a week – Monday/Wednesday/Friday.

New/Updated Guidance:
- **Long-Term Effects of COVID-19:** https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html, CDC guidance on long-term consequences or sequelae from SARS-CoV-2 infection is very limited. Despite much ongoing research, case study reports, advocacy group interest and media

reporting, there is still not much definitively known about long-term effects: lung issues, cardiac issues, Long-haul Syndrome, CNS injury, Multisystem Inflammatory Syndromes, and more. The incidence, duration and severity of these various possible sequelae is not yet known. There are no significant or imminent CDC updates pending on this topic at this time. NIH/NIAID is rumored to be working on guidelines for long-term sequelae. The American College of Cardiology website has guidelines on cardiology consultation following severe COVID-19 infection with recommendations for return to physical activity post-infection for asymptomatic, non-hospitalized and hospitalized patients.

MMWR Pubs:
- None today

Please regularly refer to CDC's COVID-19 webpage; information and guidance is updated daily: https://covid.cdc.gov/covid-data-tracker/

VR/

(b)(6)
Dept of Defense Liaison to the Centers for Disease Control and Prevention, Atlanta, GA
(b)(6)
(b)(3):50 USC 3024(i); (b)(6)

CDC COVID-19 Response Update Wednesday, 30 Sep, 2020
INTERNAL - NOT FOR FURTHER DISTRIBUTION

Table of Contents

Domestic Updates

Case Counts

The CDC numbers have been reviewed and approved by states and are suitable for use in all official communications.

Counts by Jurisdiction (Cumulative and New Cases and Deaths)[1]

Data Through 29 Sep 2020 *Last Updated: 30 Sep 2020 11:30*

57 Jurisdictions Reporting COVID-19 Cases													
50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[2]	Cases	New Cases[3]		Cases Per 100K			Deaths	New Deaths[3]		Deaths per 100K			CFR[4]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
AK	7,721	124	110.1	1047.0	16.8	14.9	56	-	1.6	7.6	-	0.2	0.7%
AL	153,554	571	995.7	3141.5	11.7	20.4	2,517	16	8.6	51.5	0.3	0.2	1.6%
AR	82,755	706	824.9	2745.8	23.4	27.4	1,350	19	20.1	44.8	0.6	0.7	1.6%
AZ	218,184	674	476.9	3042.3	9.4	6.6	5,632	8	19.1	78.5	0.1	0.3	2.6%
CA	807,425	2,162	3,300.1	2041.2	5.5	8.3	15,640	32	81.3	39.5	0.1	0.2	1.9%
CO	70,025	535	567.4	1229.5	9.4	10.0	2,046	2	3.0	35.9	0.0	0.1	2.9%
CT	57,329	182	167.0	1604.7	5.1	4.7	4,505	2	1.3	126.1	0.1	0.0	7.9%
DE[5]	20,531	-	110.0	2122.8	-	11.4	635	-	1.0	65.7	-	0.1	3.1%
FL	696,171	3,209	2,342.1	3268.5	15.1	11.0	14,143	106	103.9	66.4	0.5	0.5	2.0%
GA	316,306	1,025	1,155.0	3006.9	9.7	11.0	6,994	33	45.3	66.5	0.3	0.4	2.2%
HI	12,469	87	112.6	877.8	6.1	7.9	134	2	2.0	9.4	0.1	0.1	1.1%
IA	87,631	632	904.3	2776.5	20.0	28.7	1,326	5	5.7	42.0	0.2	0.2	1.5%
ID	41,434	511	441.0	2362.0	29.1	25.1	464	4	1.9	26.5	0.2	0.1	1.1%
IL	293,490	1,362	2,003.7	2303.5	10.7	15.7	8,881	23	22.7	69.7	0.2	0.2	3.0%
IN	119,066	744	920.0	1779.3	11.1	13.7	3,612	21	13.1	54.0	0.3	0.2	3.0%
KS[5]	58,629	-	667.1	2013.7	-	22.9	637	-	5.3	21.9	-	0.2	1.1%
KY	67,856	917	732.1	1518.6	20.5	16.4	1,170	8	7.3	26.2	0.2	0.2	1.7%
LA	166,848	533	513.6	3580.4	11.4	11.0	5,490	10	14.9	117.8	0.2	0.3	3.3%
MA	139,139	450	482.4	2015.9	6.5	7.0	9,418	8	13.1	136.5	0.1	0.2	6.8%
MD	124,725	414	489.7	2064.1	6.9	8.1	3,949	3	6.7	65.4	0.0	0.1	3.2%
ME	5,391	54	31.4	402.8	4.0	2.3	141	1	0.1	10.5	0.1	0.0	2.6%
MI	136,820	1,118	923.3	1368.8	11.2	9.2	7,072	21	10.7	70.7	0.2	0.1	5.2%
MN	98,447	809	906.7	1754.5	14.4	16.2	2,072	5	5.0	36.9	0.1	0.1	2.1%
MO	124,762	1,486	1,342.3	2036.4	24.3	21.9	2,086	12	31.7	34.0	0.2	0.5	1.7%
MS	98,190	1,141	516.7	3287.8	38.2	17.3	2,969	48	14.1	99.4	1.6	0.5	3.0%
MT	12,876	463	282.3	1212.1	43.6	26.6	179	5	2.3	16.9	0.5	0.2	1.4%
NC	209,137	889	1,941.1	2014.1	8.6	18.7	3,494	49	29.7	33.6	0.5	0.3	1.7%
ND	21,846	444	409.3	2874.2	58.4	53.8	246	7	6.1	32.4	0.9	0.8	1.1%
NE	45,044	466	465.6	2334.8	24.2	24.1	478	6	2.4	24.8	0.3	0.1	1.1%
NH	8,233	25	34.7	606.9	1.8	2.6	439	-	0.1	32.4	-	0.0	5.3%
NJ	204,563	456	569.0	2296.3	5.1	6.4	16,117	10	5.9	180.9	0.1	0.1	7.9%
NM	29,157	172	195.3	1391.5	8.2	9.3	875	2	3.0	41.8	0.1	0.1	3.0%
NV	79,699	402	457.0	2626.5	13.2	15.1	1,635	8	6.3	53.9	0.3	0.2	2.1%
NY City	244,757	529	414.1	2914.2	6.3	4.9	23,823	9	6.1	283.6	0.1	0.1	9.7%
NY State[6]	214,054	666	519.1	1920.9	6.0	4.7	9,036	2	2.9	81.1	0.0	0.0	4.2%
OH	152,907	1,105	1,008.1	1308.1	9.5	8.6	4,783	37	21.1	40.9	0.3	0.2	3.1%
OK	92,457	1,029	735.9	2344.8	26.1	18.7	1,023	11	6.9	25.9	0.3	0.2	1.1%
OR	33,291	297	282.6	794.4	7.1	6.7	555	8	3.3	13.2	0.2	0.1	1.7%
PA	157,814	988	881.1	1232.2	7.7	6.9	8,123	16	14.3	63.4	0.1	0.1	5.1%
RI	24,556	132	73.1	2322.5	12.5	6.9	1,113	3	2.0	105.3	0.3	0.2	4.5%
SC	147,634	1,179	977.9	2903.8	23.2	19.2	3,359	22	16.6	66.1	0.4	0.3	2.3%
SD	21,997	259	401.1	2493.3	29.4	45.5	223	5	3.0	25.3	0.6	0.3	1.0%
TN	194,611	879	1,351.9	2874.6	13.0	20.0	2,420	31	22.7	35.7	0.5	0.3	1.2%

[1] Data are reported voluntarily by each jurisdiction's health department. Data are reported as provided by the health department and the number of confirmed and probable cases or deaths may sum to the total. Health departments may update case data over time when they receive more complete and accurate information. If the number of cases or deaths reported by CDC is different from the number reported by jurisdiction health departments, data reported by jurisdictions should be considered the most up to date. The differences may be due to the timing of the reporting and website updates. See Technical Information about this data on the CDC Webpage. Darker shading corresponds to higher values.

[2] AS = American Samoa; DC = District of Columbia; FSM = Federated States of Micronesia; GU = Guam; CNMI = Commonwealth of the Northern Mariana Islands; PW = Palau; PR = Puerto Rico; RMI = Republic of the Marshall Islands; USVI = US Virgin Islands.

[3] These data represent new cases and deaths detected and tested in the US since the last update. Number of new cases and new deaths were included in total case numbers. Counts may have decreased from previous report due to case reclassification of cases to other jurisdictions or categories (e.g., probable to confirmed) by states.

[4] Percent change in cases, deaths and case fatality rates (CFR) are not calculated when the total number (denominator) was less than five.

[5] Jurisdiction did not provide an update.

[6] New York State excludes New York City.

57 Jurisdictions Reporting COVID-19 Cases 50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[2]	Cases	New Cases[3]		Cases Per 100K			Deaths	New Deaths[3]		Deaths per 100K			CFR[4]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
TX	743,284	4,062	3,868.1	2589.7	14.2	13.5	15,604	71	87.1	54.4	0.2	0.3	2.1%
UT	72,136	694	1,013.1	2282.0	22.0	32.1	457	4	2.0	14.5	0.1	0.1	0.6%
VA	148,272	756	811.7	1740.8	8.9	9.5	3,208	21	17.0	37.7	0.2	0.2	2.2%
VT	1,749	4	4.0	279.3	0.6	0.6	58	-	-	9.3	-	-	3.3%
WA	87,042	404	549.9	1155.1	5.4	7.3	2,124	24	7.7	28.2	0.3	0.1	2.4%
WI	126,664	2,447	2,333.9	2178.8	42.1	40.1	1,310	17	7.3	22.5	0.3	0.1	1.0%
WV	15,692	180	186.9	869.0	10.0	10.3	345	8	4.0	19.1	0.4	0.2	2.2%
WY	5,821	67	115.0	1007.6	11.6	19.9	50	-	0.1	8.7	-	0.0	0.9%
AS	-	-	-	-	-	-	-	-	-	-	-	-	-
CNMI[5]	70	-	-	123.1	-	-	2	-	-	3.5	-	-	-
DC	15,300	36	39.9	2178.1	5.1	5.7	626	2	0.7	89.1	0.3	0.1	4.1%
FSM	-	-	-	-	-	-	-	-	-	-	-	-	-
GU[5]	2,443	-	36.1	1473.7	-	21.8	47	-	1.4	28.4	-	0.9	1.9%
PR	48,755	288	870.7	1525.9	9.0	27.3	661	7	6.3	20.7	0.2	0.2	1.4%
PW	-	-	-	-	-	-	-	-	-	-	-	-	-
RMI	-	-	-	-	-	-	-	-	-	-	-	-	-
USVI[5]	1,318	-	-	1259.1	-	-	20	-	-	19.1	-	-	1.5%
Total	**7,168,077**	**38,764**	**41,870.7**	**2166.1**	**11.7**	**12.7**	**205,372**	**774**	**728.1**	**62.1**	**0.2**	**0.2**	**2.9%**
Navajo[7]	10,312	-	24.4	2889.4	-	6.8	555	-	1.0	155.5	-	0.3	5.4%

Compilations of US Case Counts

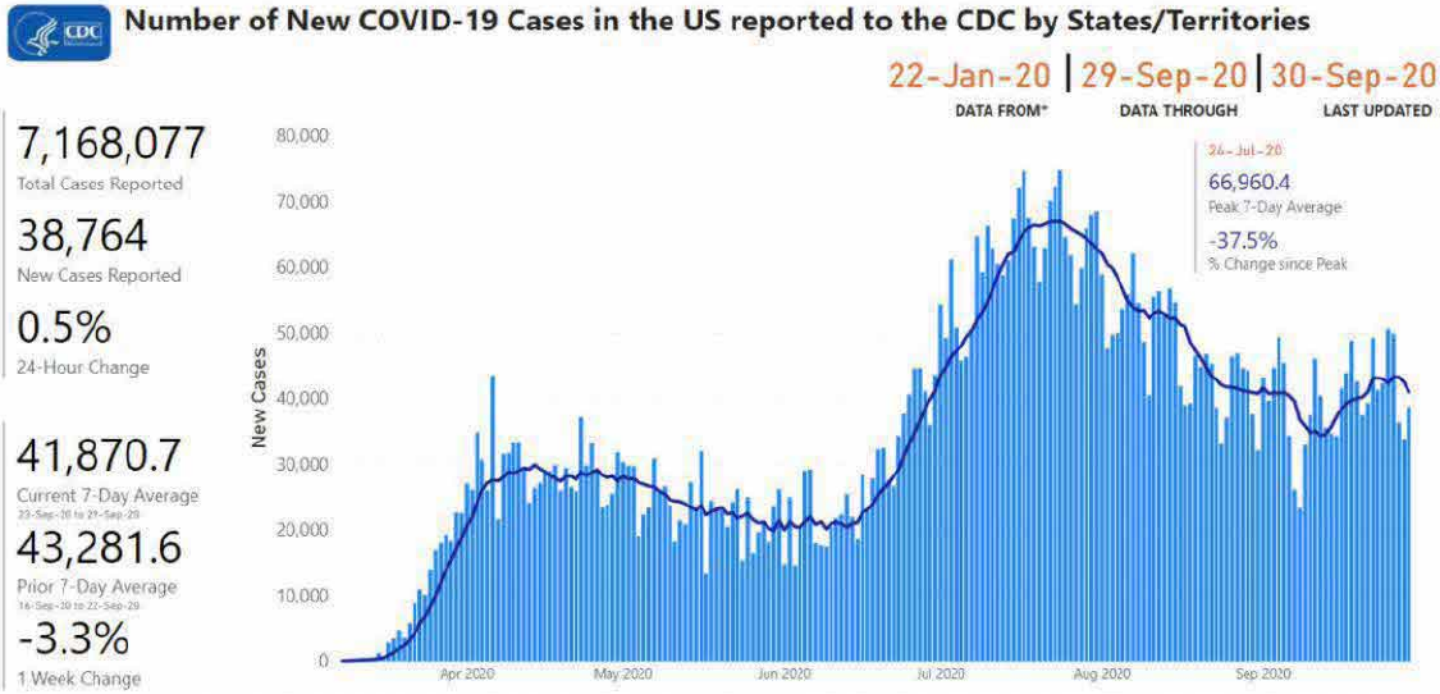
Reporting Source[8]	Data as of (all times are ET)	Cases	New Cases	Deaths	New Deaths
Official Sources (see table above)	30 Sep, 11:30	7,168,077	38,764	205,372	774
1Point3Acres	30 Sep, 11:00	7,344,735	43,377	210,319	1,135
Johns Hopkins	30 Sep, 10:23	7,192,969	40,748	206,036	875
USAFACTS	29 Sep, NA	7,092,989	32,493	203,369	322
New York Times	30 Sep, 08:20	7,219,937	43,374	205,859	918
WorldoMeter	30 Sep, 11:19	7,411,801	46,370	211,060	1,138
COVID Tracking Project	29 Sep, 16:00	7,154,198	36,947	197,868	739

[7] Cases in the Navajo Nation are likely also reported by AZ, NM, and UT and were therefore already included in the grand total above. Counts reported separately here from Navajo Department of Health COVID-19 and Navajo Epidemiology Center Coronavirus Response Hub

[8] Data from other organizations are not reviewed or validated by CDC and may include data derived from open media sources not represented on official state public health department web pages.

Number of New COVID-19 Cases in the US Reported to the CDC by States/Territories

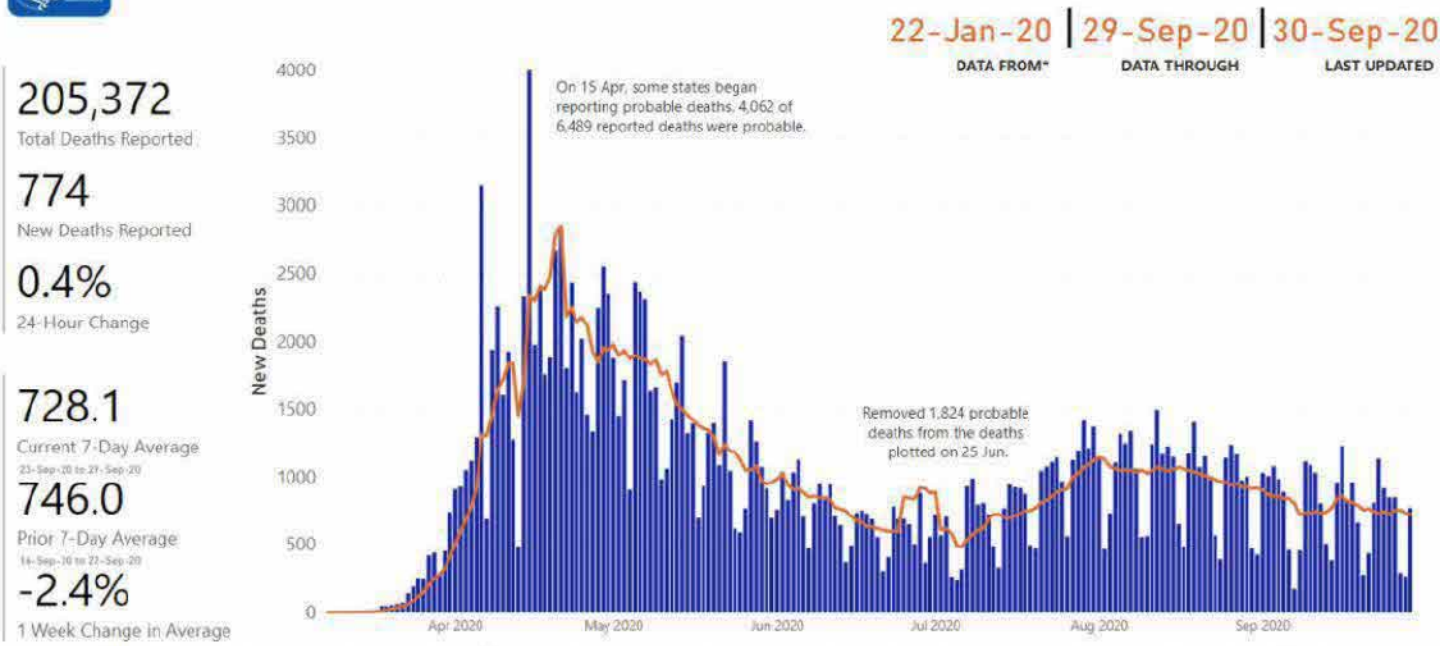
Data: 22 Jan 2020 - 29 Sep 2020 Last Updated: 30 Sep 2020, 11:30
Source: CDC DCIPHER



Data Sources, References & Notes: Total cases are based on aggregate counts of COVID-19 cases reported by state and territorial jurisdictions to the Centers for Disease Control and Prevention (CDC) since 22 Jan 2020, with the exception of persons repatriated to the United States from Wuhan, China, and Japan. Numbers include confirmed and probable COVID-19 cases as reported by U.S. states, U.S. territories, New York City, and the District of Columbia from the previous day. Rates are calculated using U.S. Census Bureau, 2018 (Dec 2018) estimates and are shown as cases/100,000 people. The 7-day moving average of new cases (current day + 6 preceding days / 7) was calculated to smooth expected variations in daily counts. CDC's overall case numbers are validated through a confirmation process with each jurisdiction. Differences between reporting jurisdictions and CDC may occur due to the timing of reporting and website updates.
Graph shows data starting on 08 Mar 2020. Sources: CDC DCIPHER, US Census Bureau (2018).* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.*

Number of New COVID-19 Deaths in the US Reported to the CDC by States/Territories

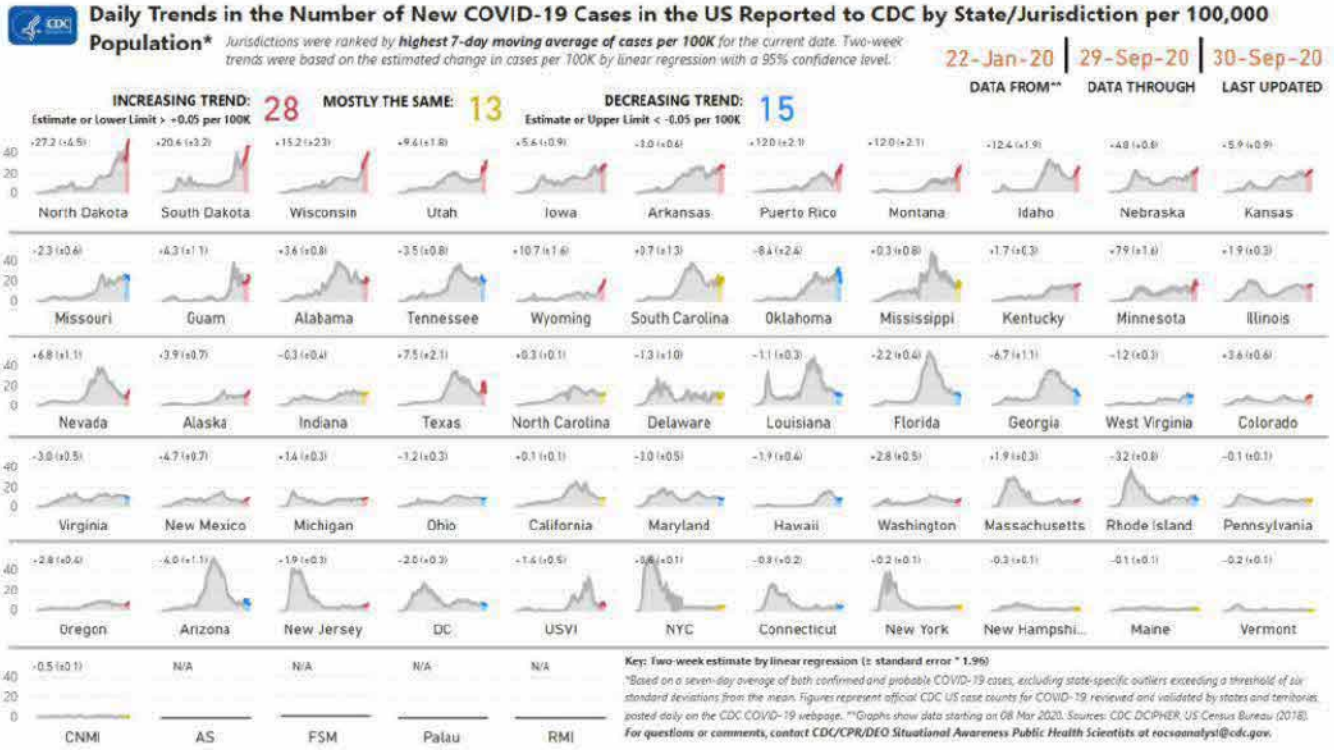
Data: 22 Jan 2020 - 29 Sep 2020 Last Updated: 30 Sep 2020, 11:30
Source: CDC DCIPHER



Data Sources, References & Notes: Total deaths are based on aggregate counts of COVID-19 deaths reported by state and territorial jurisdictions to the Centers for Disease Control and Prevention (CDC) since 21 Jan 2020, with the exception of persons repatriated to the United States from Wuhan, China, and Japan. Number include confirmed and probable COVID-19 deaths as reported by U.S. states, U.S. territories, New York City, and the District of Columbia from the previous day. Rates are calculated using U.S. Census Bureau, 2018 (Dec 2018) estimates and are shown as deaths/100,000 people. The 7-day moving average of new deaths (current day + 6 preceding days / 7) was calculated to smooth expected variations in daily counts. CDC's overall death numbers are validated through a confirmation process with each jurisdiction. Differences between reporting jurisdictions and CDC may occur due to the timing of reporting and website updates.
Graph shows data starting on 08 Mar 2020. Sources: CDC DCIPHER, US Census Bureau (2018).* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.*

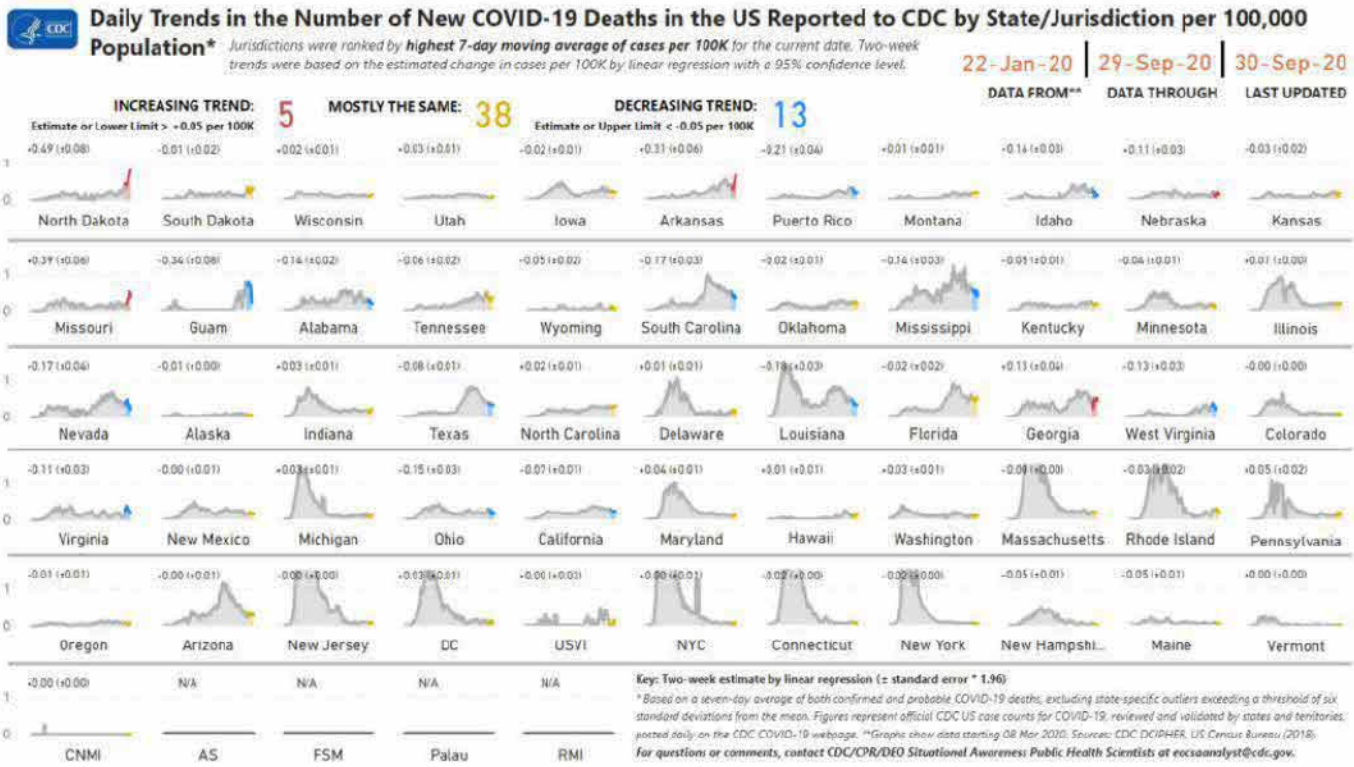
Daily Trends in the Number of New COVID-19 Cases in the United States Reported to CDC by State/Jurisdiction per 100,000 Population

Data: 22 Jan 2020 - 29 Sep 2020 *Last Updated: 30 Sep 2020, 11:30*
Source: CDC DCIPHER



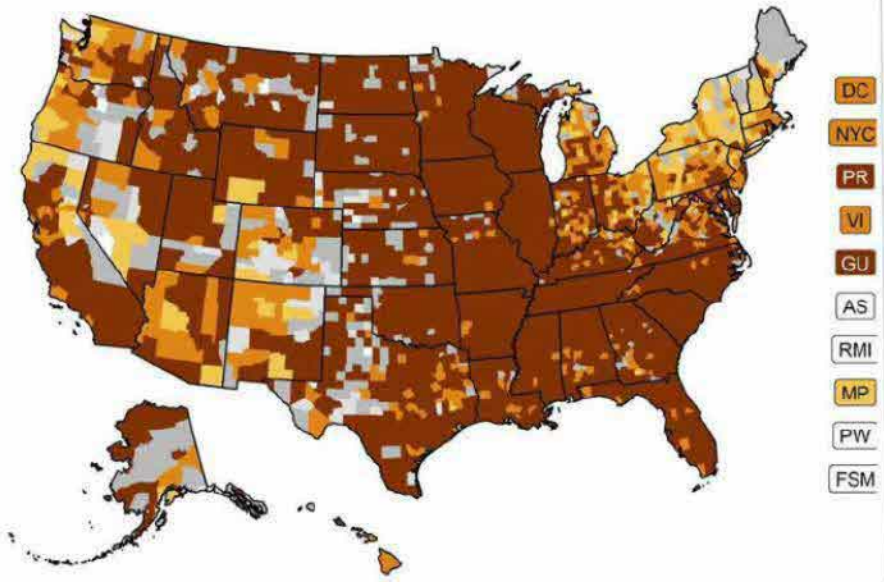
Daily Trends in the Number of New COVID-19 Deaths in the United States Reported to CDC by State/Jurisdiction per 100,000 Population

Data: 22 Jan 2020 - 29 Sep 2020 *Last Updated: 30 Sep 2020, 11:30*
Source: CDC DCIPHER



Cases by County[9]

Coronavirus Disease 2019 (COVID-19)
Number of New Cases per 100,000 in the past 2 weeks, by U.S. County, 15 September–28 September, 2020



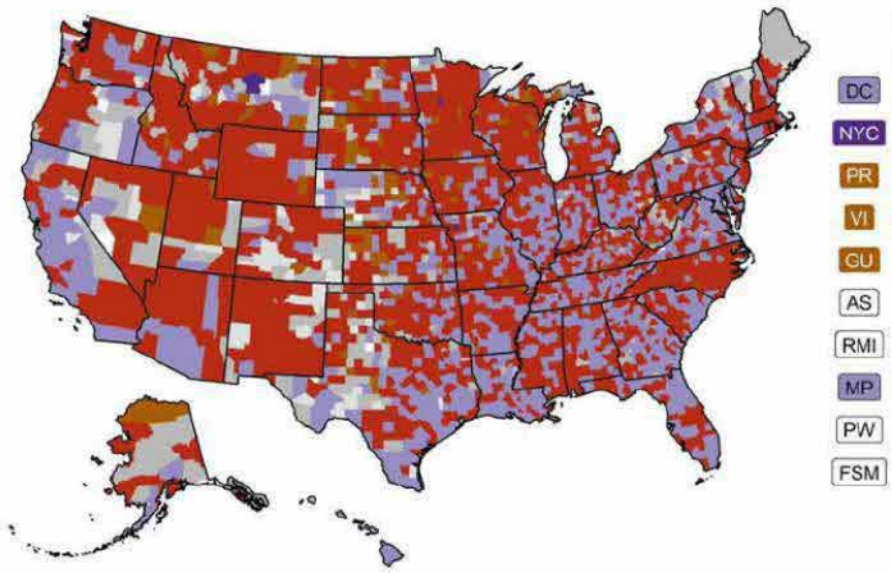
Incidence
- Low
- Moderate
- Moderately high
- High
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map
Describes recent incidence of COVID-19 infection to capture the potential burden of currently ill people who may be infectious and/or accessing healthcare.

Main Findings
- COVID-19 infection remains prevalent throughout the country
- Elevated incidence of disease during the past 2 weeks remains widespread, including in the Southeast, the Midwest, and the West

Notes: Defined using the number of new cases per 100,000 in the past 2 weeks. Low is >0 to 10, moderate is >10 to 50, moderately high is >50 to 100, and high is >100. Jurisdictions denoted as 0 cases in the past 2 weeks have had at least 1 case previously.
Sources: HHS Protect, US Census

Coronavirus Disease 2019 (COVID-19)
Current epidemic curve status*, by U.S. County, September 28, 2020



Current status
- Low incidence growth
- Elevated incidence growth
- Elevated incidence plateau
- Sustained decline
- Low incidence plateau
- Rebound
- 1-5 cases in the past two weeks
- 0 cases in the past two weeks
- No reported cases

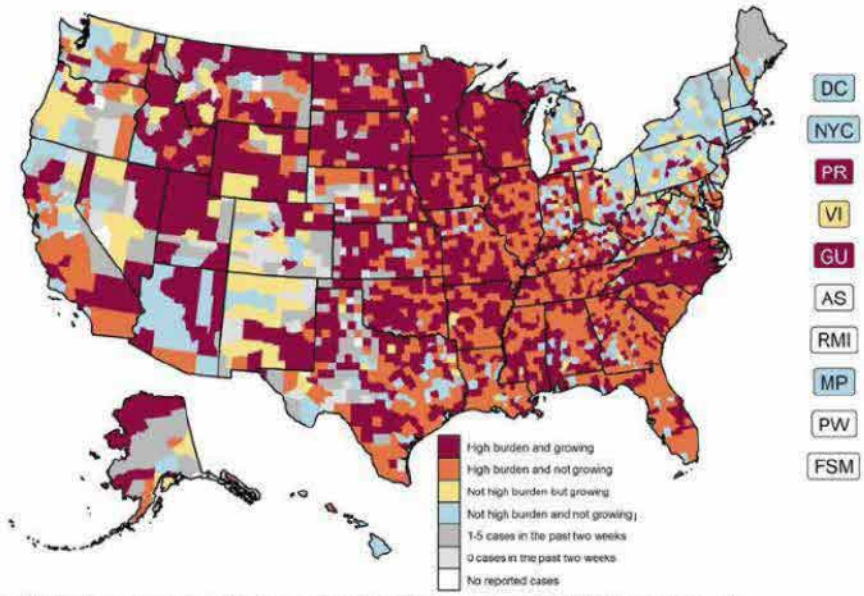
Purpose of this map
Provides the most detailed view into both the burden of illness and the trajectory of new illnesses.

Main Findings
- There are many counties throughout the States whose incidence are in rebound
- Many counties in California, Oregon, Texas, Louisiana, Georgia, South Carolina, Florida, and Indiana have burden in sustained decline
- The goal is to have all communities be represented in the lighter colors, demonstrating little to no disease burden and no increase in trajectory

*Categorized according to the slope of a spline fit to the 7-day moving average of daily incidence and the number of new cases (per 100,000) in the past 2 weeks. Elevated incidence is defined as >10 new cases per 100,000 in the past two weeks.
Sources: HHS Protect, US Census

[9] See CDC COVID-19 Data Tracker for the latest visualizations on cases and deaths trends by state and county.

Coronavirus Disease 2019 (COVID-19)
Burden and growing of new cases per 100,000 in the past 2 weeks, by U.S. county, 15 September–28 September, 2020



Notes: High burden and growing indicates counties with >100 new cases per 100,000 in the past two weeks and a slope of at least 0.1 per 100,000 per day.
Sources: HHS Protect, US Census

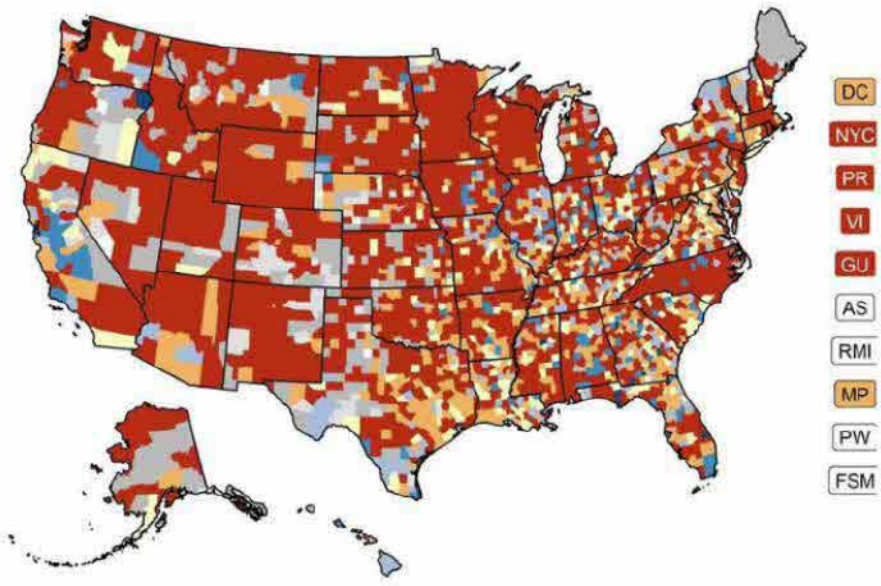
Purpose of this map
Identifies "areas of concern" where a county's disease burden is high and still growing.

Main Findings
- Counties with the greatest burden and which are still demonstrating growth are listed in the table below.

Counties in the high burden, growing category (Top 10 with the highest number of cases per 100,000 in the past 2 weeks)

County name, State	No. of new cases in past 2 weeks	2-week incidence (per 100,000)	Change in daily incidence (per 100,000 per day)
Woodward, OK	900	4,450.6	17.4
Emmons, ND	122	3,702.6	5.4
Roosevelt, MT	297	2,685.6	18.9
Camas, ID	28	2,484.5	3.2
Logan, ND	44	2,312.1	14.3
Tripp, SD	118	2,154.1	7.7
Renville, ND	48	2,021.9	9.1
Cheyenne, KS	52	1,954.9	6.8
Campbell, SD	25	1,815.5	13.7
Stewart, GA	111	1,790.6	4.0

Coronavirus Disease 2019 (COVID-19)
Current consecutive days of downward trajectory, by U.S. County, September 28, 2020



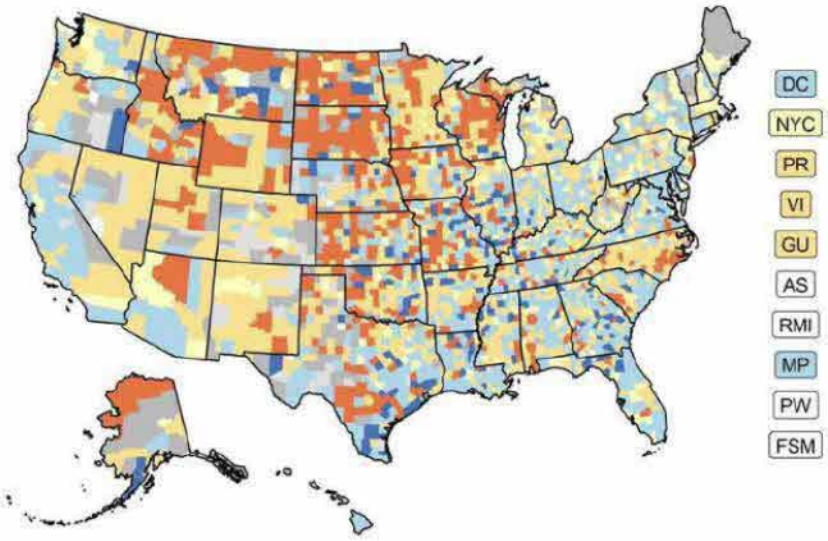
Days in downward trajectory*
- 1-6 days
- 7-13 days
- 14-20 days
- 21-41 days
- ≥42 days
- Not in downward trajectory
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

Purpose of this map
Identifies progress in counties towards achieving a downward trajectory in case incidence over a 14-day period.

Main Findings
- 349 counties have been identified as having 14 or more consecutive days of improvement and are indicated in the blue colors (excludes counties with 0-5 cases in the past 2 weeks); median population size: 35,451 with a range of 776 – 2,761,581.
- This method is still being refined to best characterize progress towards achieving a downward trajectory in daily case incidence over a 14-day period, and the results provided should be interpreted with caution when determining mitigation strategies to use.

*The number of days in a downward trajectory represents the number of consecutive days for which the jurisdiction experienced either a negative slope or a low incidence plateau (two-week incidence ≤10 cases per 100,000 and slope >-0.1 and ≤0.1).
Sources: HHS Protect, US Census

Coronavirus Disease 2019 (COVID-19) Change in Daily Incidence*, by U.S. County, September 28, 2020



Change in incidence per 100,000 per day

- Greater decline
- Moderate decline
- Plateau
- Moderate increase
- Greater increase
- 1-5 cases in the past 2 weeks
- 0 cases in the past 2 weeks
- No reported cases

*Measured as the change in slope of a spline fit to smoothed daily incidence. Incidence was smoothed using a 7-day moving average. These values therefore represent the change in 7-day average number of new cases per 100,000 per day. Greater declines are ≤-1, moderate declines are >-1 to -0.1, plateaus are >-0.1 to ≤0.1, moderate increases are >0.1 to 1, greater increases are >1. Counties denoted as 0 cases in the past 2 weeks have had at least 1 case previously.

Sources: HHS Protect, US Census

Purpose of this map

Describes the trajectory of new illnesses as recently increasing, being stable, or decreasing in number.

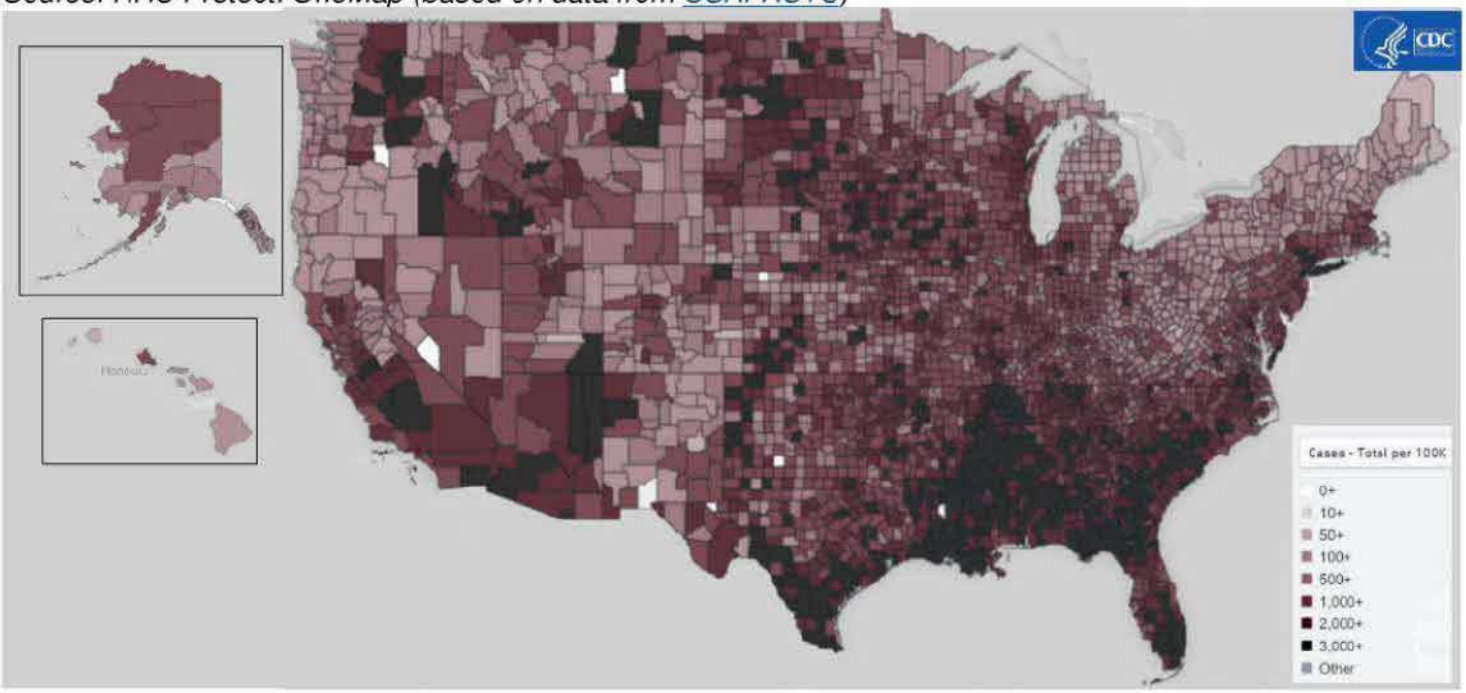
Main Findings

- Daily county-level incidence rates continue to decrease in much of the East Coast and the West Coast.
- However, county-level incidence is increasing throughout much of the Midwest and Great Plains, including Missouri, Iowa, Minnesota, Wisconsin, North Dakota, South Dakota, Kansas, Wyoming, Montana, Idaho, Oklahoma and Alaska.

Total Number of COVID-19 Cases in the United States by County per 100,000 Population

Data Through: 28 Sep 2020 *Last Updated: 30 Sep 2020, 08:00*

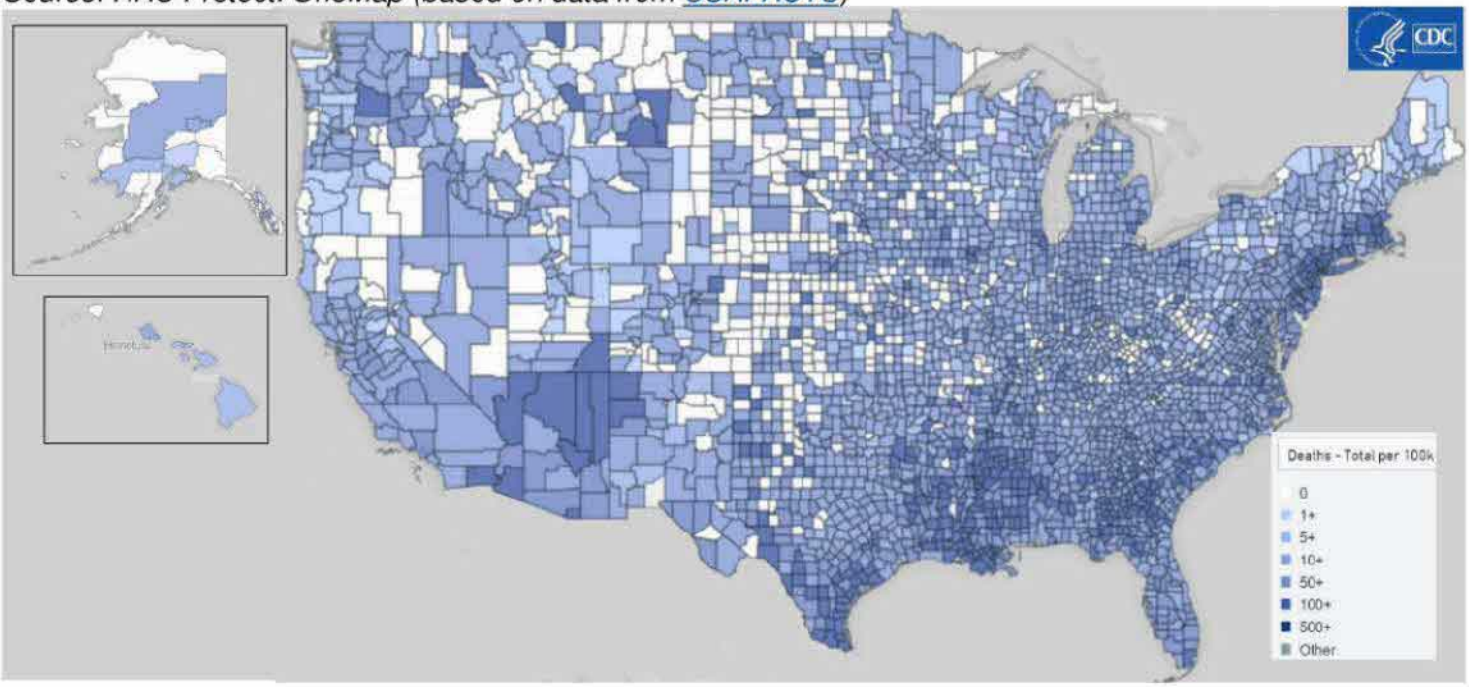
Source: HHS Protect: OneMap (based on data from USAFACTS)



Total Number of COVID-19 Deaths in the United States by County per 100,000 Population

Data Through: 28 Sep 2020 *Last Updated: 30 Sep 2020, 08:00*

Source: HHS Protect: OneMap (based on data from USAFACTS)



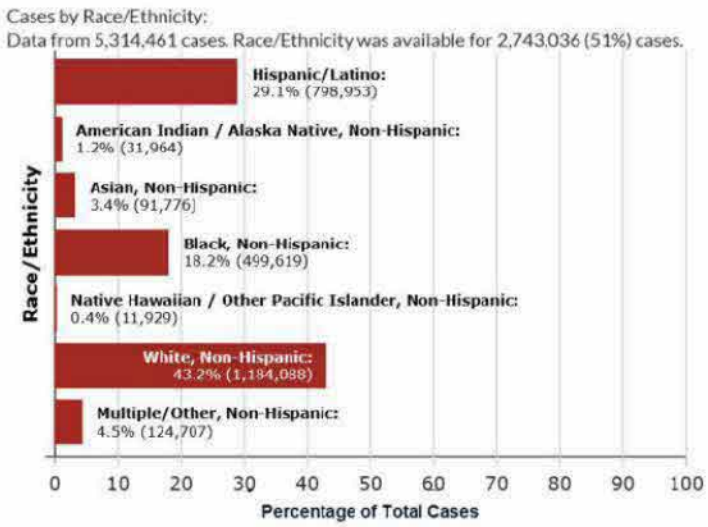
Demographic Trends of COVID-19 Cases and Deaths in the US Reported to CDC[10]

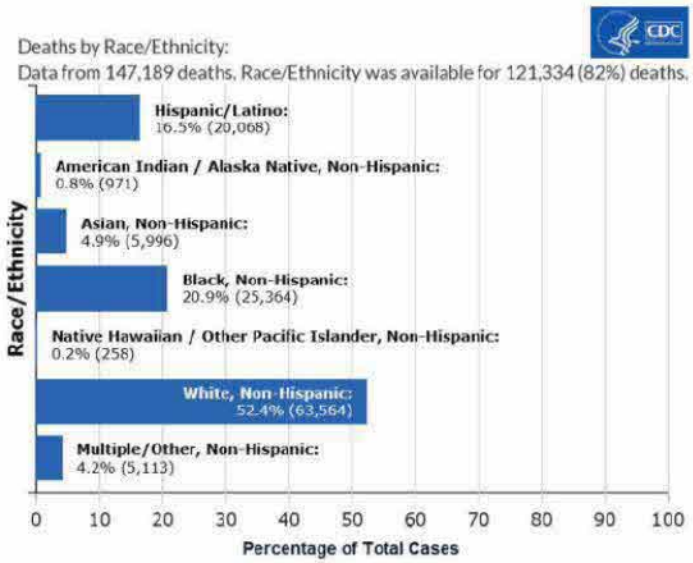
Demographic Trends of COVID-19 Cases and Deaths in the US Reported to the CDC

Data through 28 Sep 2020 Last Updated: 29 Sep 2020 12:16

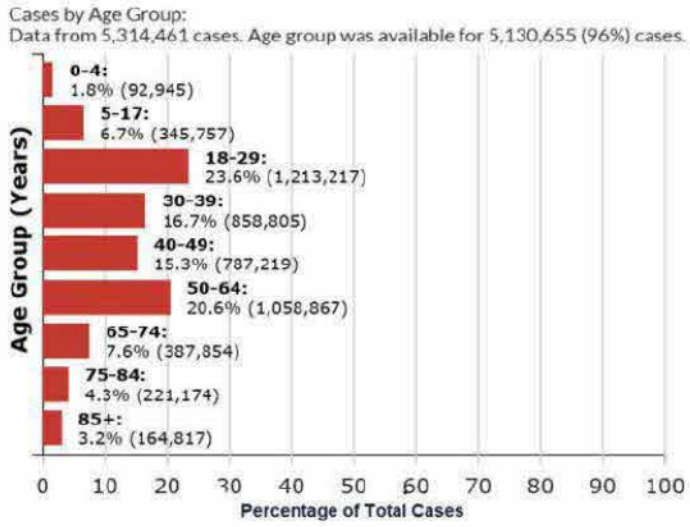
Source: Data Reported to CDC from States/Jurisdictions on CDC COVID Data Tracker

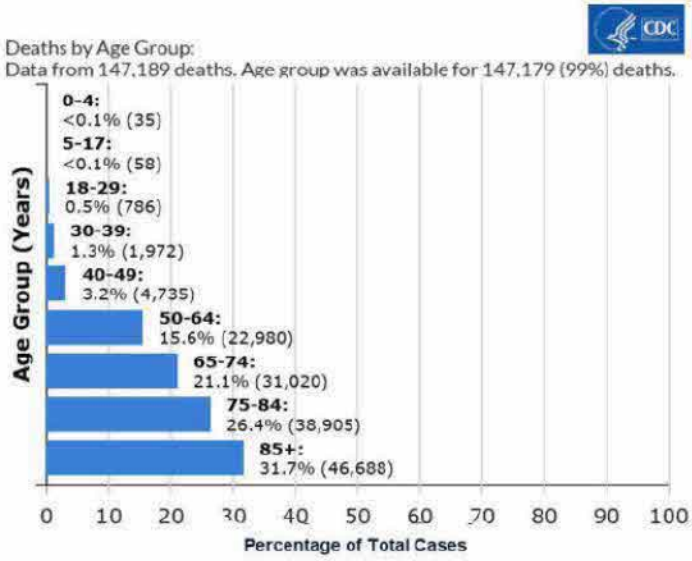
Cases and Deaths by Race/Ethnicity





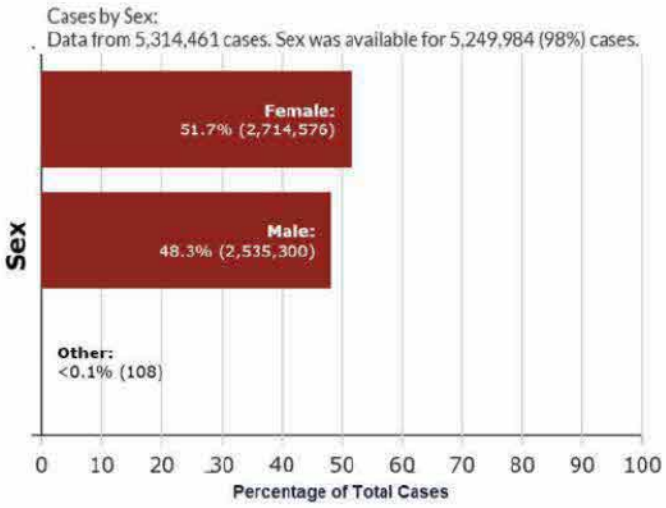
Cases and Deaths by Age Group

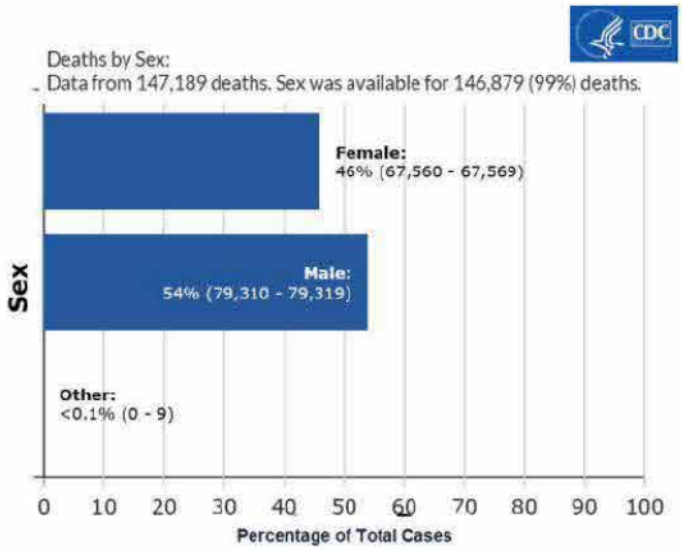




[10] CDC is working with states to provide more information on race/ethnicity for reported cases. The percent of reported cases that include race/ethnicity data is increasing. These data only represent the geographic areas that contributed data on race/ethnicity. Every geographic area has a different racial and ethnic composition. These data are not generalizable to the entire U.S. population. If cases were distributed equally across racial and ethnic populations, one would expect to see more cases in those populations that are more highly represented in geographic areas that contributed data. Percentages displayed in the charts below represent the percent of cases or deaths for which the demographic variable of interest is known.

Cases and Deaths by Sex





Cases/Deaths by CBSA [11,12]

Daily Trends in New COVID-19 Cases in the United States per 100,000 Population by CBSA

Data 22 Jan 2020 through 28 Sep 2020 Last Updated: 30 Sep 2020, 08:00

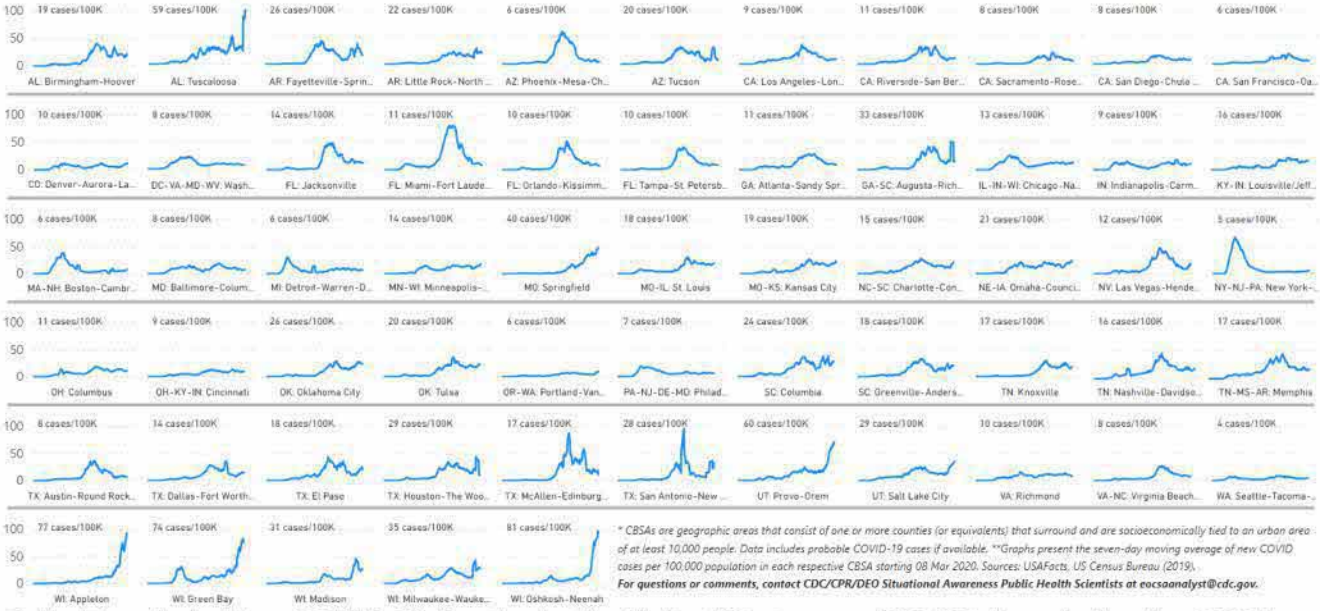
Source: Data from USAFACTS

Daily Trends in the Number of New COVID-19 Cases in the US by Core-based Statistical Area (CBSA) per 100,000 Population*

22-Jan-20 | 28-Sep-20 | 30-Sep-20

DATA FROM** | DATA THROUGH | LAST UPDATED

These are the top 60 CBSAs based on the number of new cases in the past 14 days, presented in alphabetical order by state and city/town.



* CBSAs are geographic areas that consist of one or more counties (or equivalents) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 cases if available. **Graphs present the seven-day moving average of new COVID cases per 100,000 population in each respective CBSA starting 08 Mar 2020. Sources: USAFacts, US Census Bureau (2019).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Daily Trends in New COVID-19 Deaths in the United States per 100,000 Population by CBSA

Data 22 Jan 2020 through 28 Sep 2020 Last Updated: 30 Sep 2020, 08:00

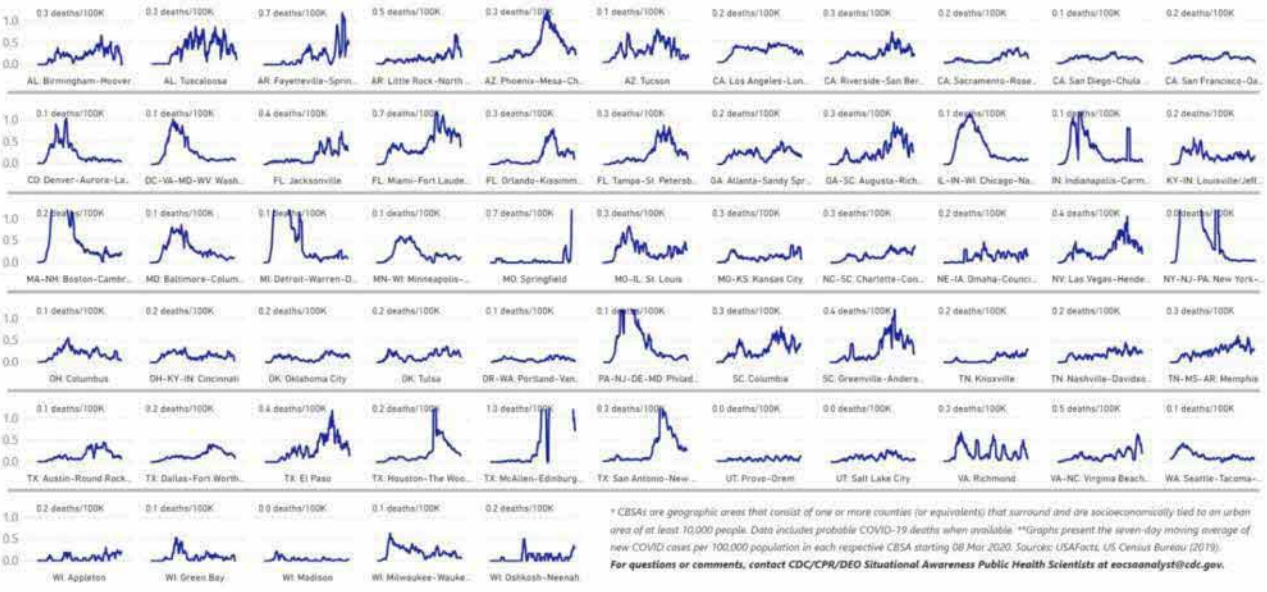
Source: Data from USAFACTS

Daily Trends in the Number of New COVID-19 Deaths in the US by Core-based Statistical Area (CBSA) per 100,000 Population*

22-Jan-20 | 28-Sep-20 | 30-Sep-20

DATA FROM** | DATA THROUGH | LAST UPDATED

These are the top 60 CBSAs based on the number of new deaths in the past 14 days, presented in alphabetical order by state and city/town.



* CBSAs are geographic areas that consist of one or more counties (or equivalents) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 deaths when available. **Graphs present the seven-day moving average of new COVID cases per 100,000 population in each respective CBSA starting 08 Mar 2020. Sources: USAFacts, US Census Bureau (2019).

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

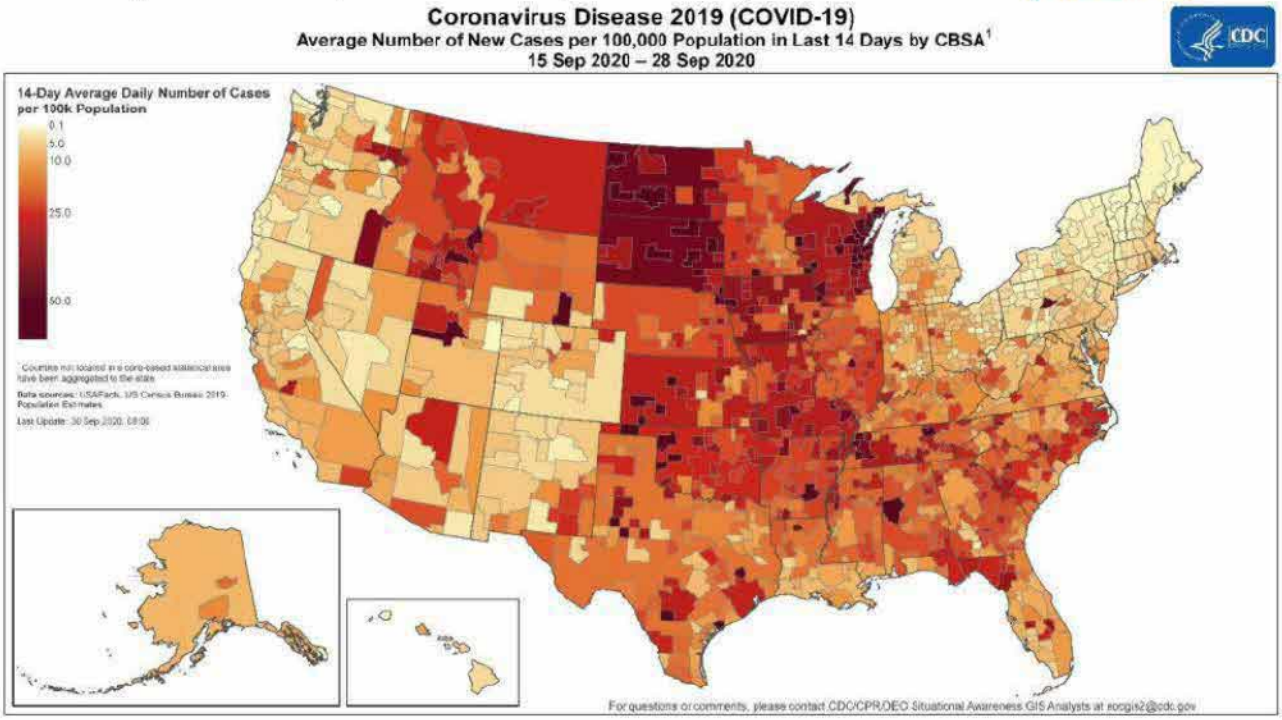
[11] See methodology and sources for data reported by *USAFACTS*.

[12] See information on Core-Based Statistical Area (CBSA) from the US Census Bureau.

Cases/Deaths by CBSA (Maps) [13,14]

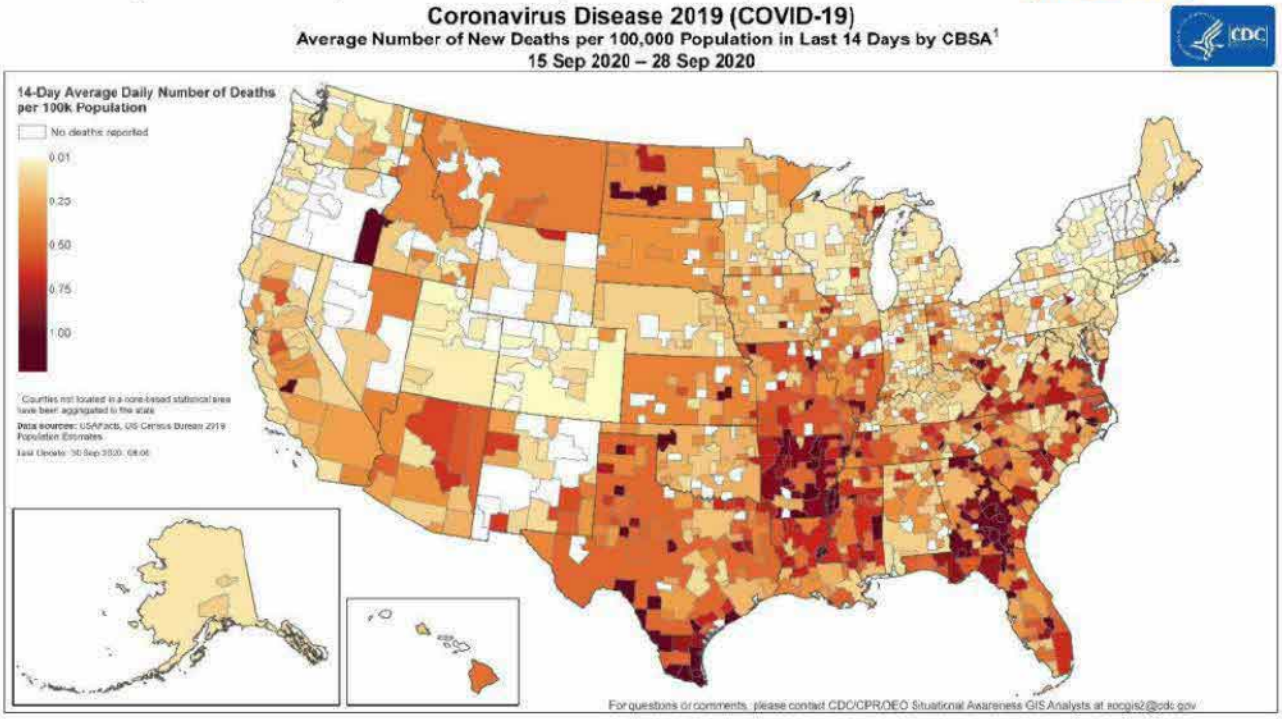
Average Number of New COVID-19 Cases in the United States per 100,000 Population in the Last 14 Days by CBSA

Data:15 Sep 2020 – 28 Sep 2020 Last Updated: 30 Sep 2020 Source: Data USAFACTS



Average Number of New COVID-19 Deaths in the United States per 100,000 Population in the Last 14 Days by CBSA

Data:15 Sep 2020 – 28 Sep 2020 Last Updated: 30 Sep 2020 Source: Data USAFACTS



[13] See methodology and sources for data reported by *USAFACTS*.
[14] See information on Core-Based Statistical Area (CBSA) from the US Census Bureau.

COVID-19 Among Specific Populations

US Healthcare Workers

Data as of 29 Sep 2020

Healthcare Workers in US - Case Count Reported in Case-Based Surveillance

N = 167,888 (+521)

- 726 Deaths (+1)
  - 189 in IL
  - 185 in CA
  - 63 in OH
  - 46 in MA
  - 33 in MI
  - 29 in NV
  - 25 in NY
  - 21 in NC
  - 21 in TN
  - 20 in PA
  - 18 in WA
  - 12 in IA
  - 11 in AR
  - 11 in LA
  - 9 in MN
  - 8 in NH
  - 7 in KS
  - 7 in NJ
  - 4 in CO
  - 3 in DC
  - 2 in PR
  - 1 in UT
  - 1 in VI

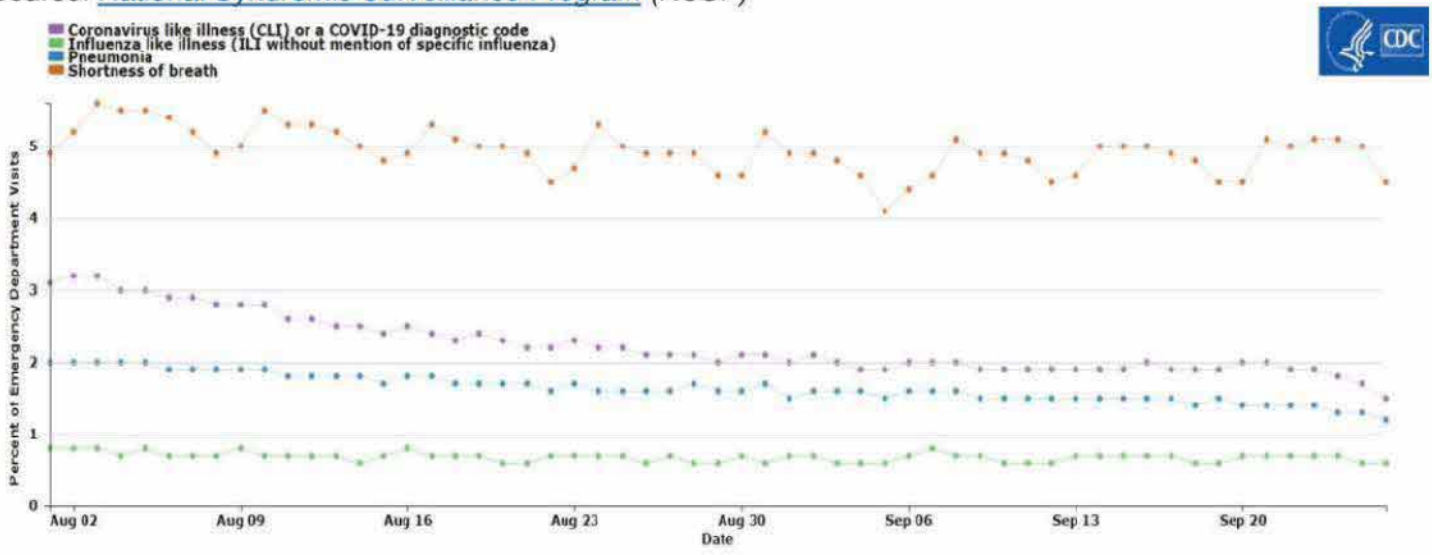
Healthcare Utilization

US Trends in Emergency Department Visits

Percentage of ED Visits by Syndrome in United States: COVID-19-Like Illness, Shortness of Breath, Pneumonia, and Influenza-Like Illness

Data: 01 Aug 2020 – 26 Sep 2020 *Last Updated: 30 Sep 2020*

Source: National Syndromic Surveillance Program (NSSP)



Laboratory Testing

Status of Laboratory Testing

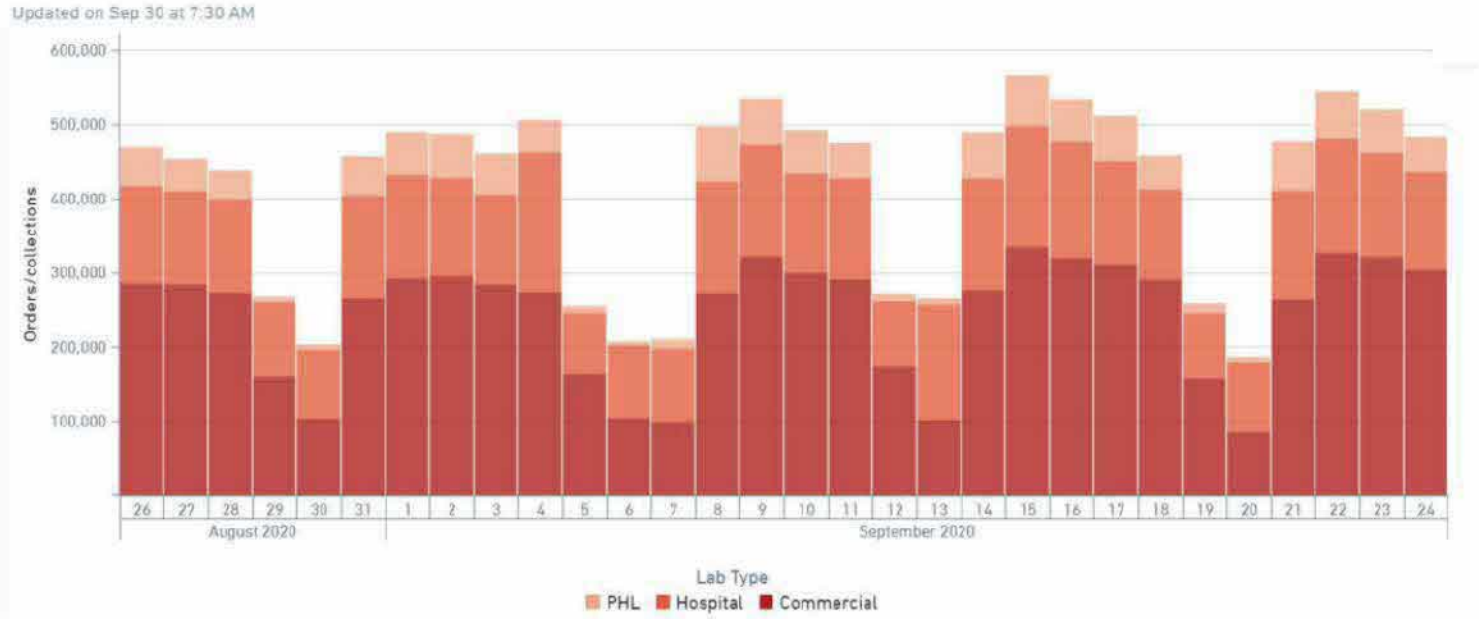
Data Through: 24 Sep 2020 *Last Updated: 30 Sep 2020, 00:41*
Source: HHS Protect[15,16]

Report	Total New Orders	Cumulative Orders	New With Results	Cumulative Results	New Positives	Cumulative Positives	Percent Positive	% Positive Last 7 Days
Hospital[17]	131,696	18,997,492	141,607	19,015,780	5,517	1,325,854	6.97%	3.90%
Commercial labs[18]	304,249	41,568,993	312,859	40,481,376	14,687	3,430,940	8.48%	4.68%
State/Local PHL[19]	48,551	6,429,651	54,001	6,341,888	2,612	473,489	7.47%	5.08%
Total	484,496	66,996,136	508,467	65,839,044	22,816	5,230,283		

			Cumulative Total With Results		Cumulative Total Positive		Cumulative Total % Positive	% Positive Last 7 Days
Total Incl. State HD's[20]			113,447,795		8,805,177		7.76%	4.35%

Laboratory Orders/Collections per Day by Facility Type[21]

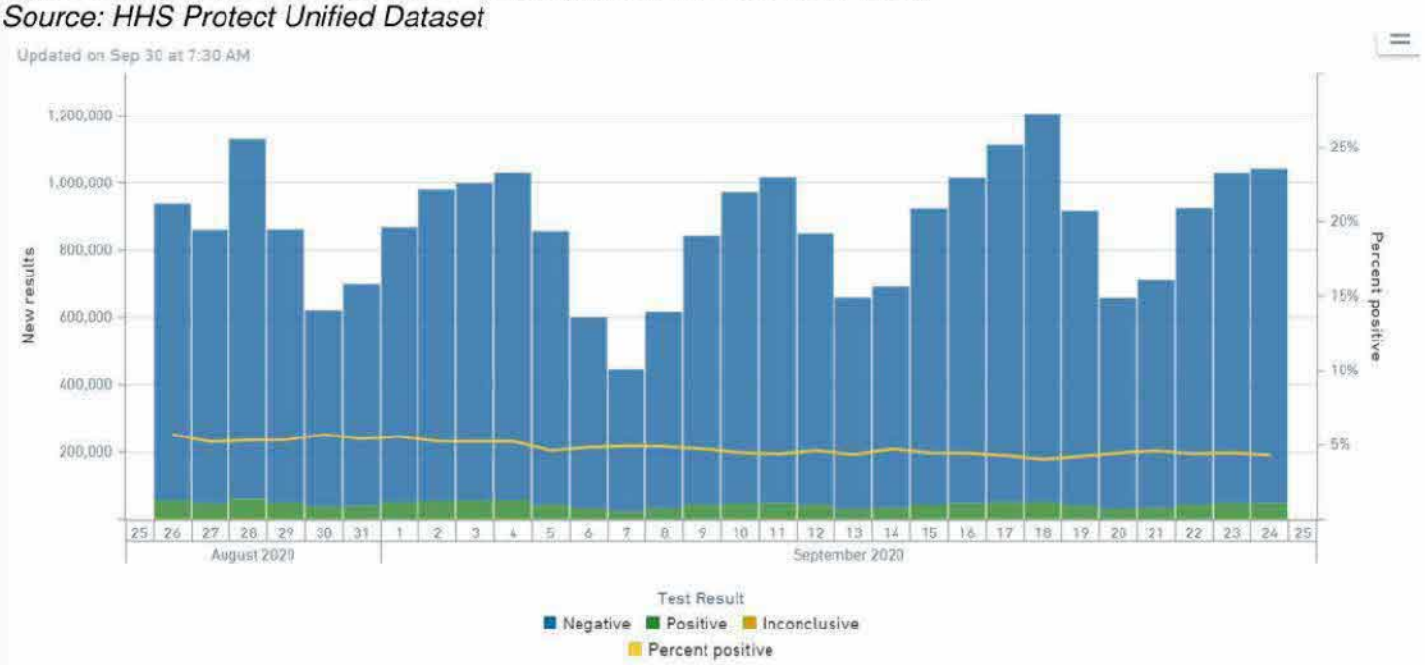
Data: 26 Aug 2020 - 24 Sep 2020 *Last Updated: 30 Sep 2020, 07:30*
Source: HHS Protect Unified Dataset



[15] Data Source: HHS Protect is the data source for hospital and commercial lab data starting 23 Apr and PHL labs starting 08 May. Beginning 31 Aug, new results are the numbers as reported in HHS Protect at the time the data were exported.
[16] As of 03 Aug, Laboratory Data in HHS Protect uses data through the most recent day for which all jurisdictions have reported in order to report data for all jurisdictions along a consistent time window.
[17] Hospital laboratory data are reported directly to HHS via an online form, beginning 11 Apr. Respondents are asked to report all tests run in the hospital laboratory and not sent out to commercial laboratories.
[18] Includes 6 commercial labs: LabCorp, Quest Diagnostics, BioReference, ARUP, Mayo Clinic, and Sonic Healthcare.
[19] Reporting public health labs are all 50 state public health labs, the District of Columbia, New York City, Puerto Rico, USAF, and 17 California counties.
[20] Includes laboratory results reported to CDC from additional state health departments not reported through HHS Protect including additional lab orders received prior to 23 Apr not included in HHS Protect.
[21] Reported by test order date if available, otherwise the date the specimen was collected. Due to reporting lags, data for the most recent three days may be underrepresented.

Positive/Negative Results and Percent Positive from Public Health, Commercial, and Hospital Lab[22]

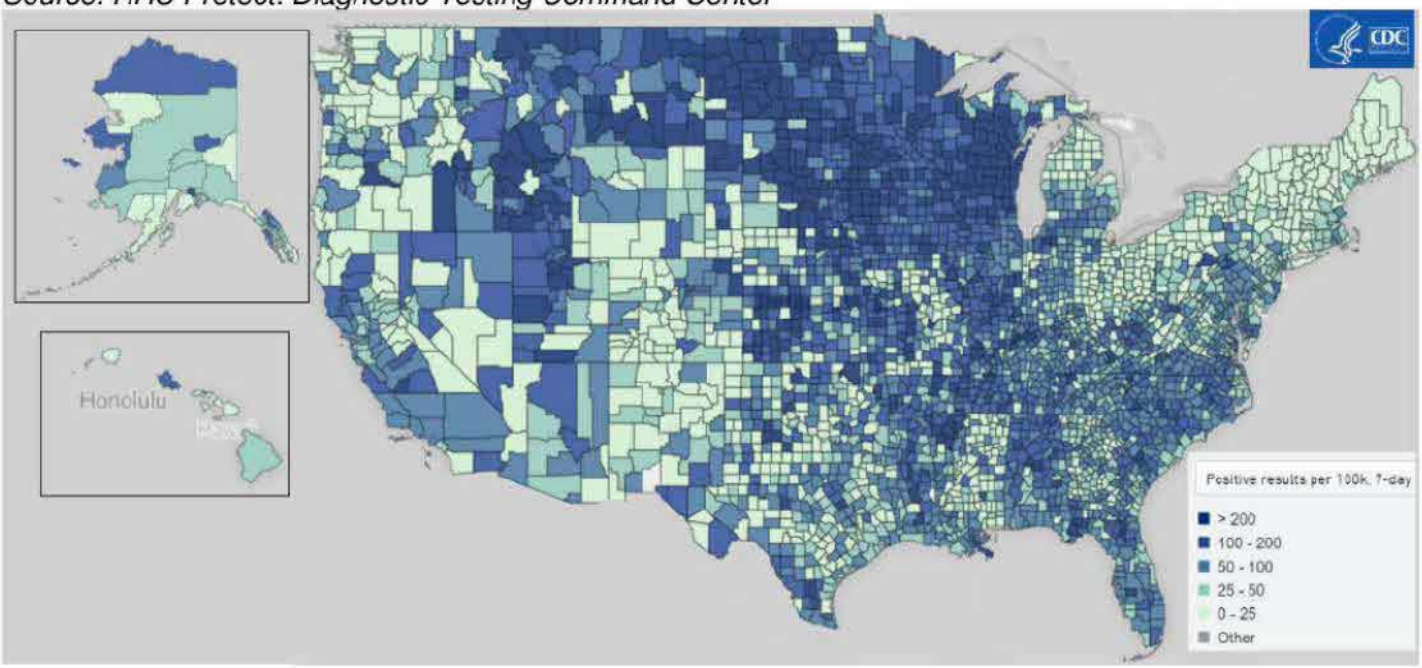
Data: 26 Aug 2020 - 24 Sep 2020 Last Updated: 30 Sep 2020, 07:30
Source: HHS Protect Unified Dataset



[22] Reported by test result date. Due to reporting lags, data for the most recent three days may be underrepresented.

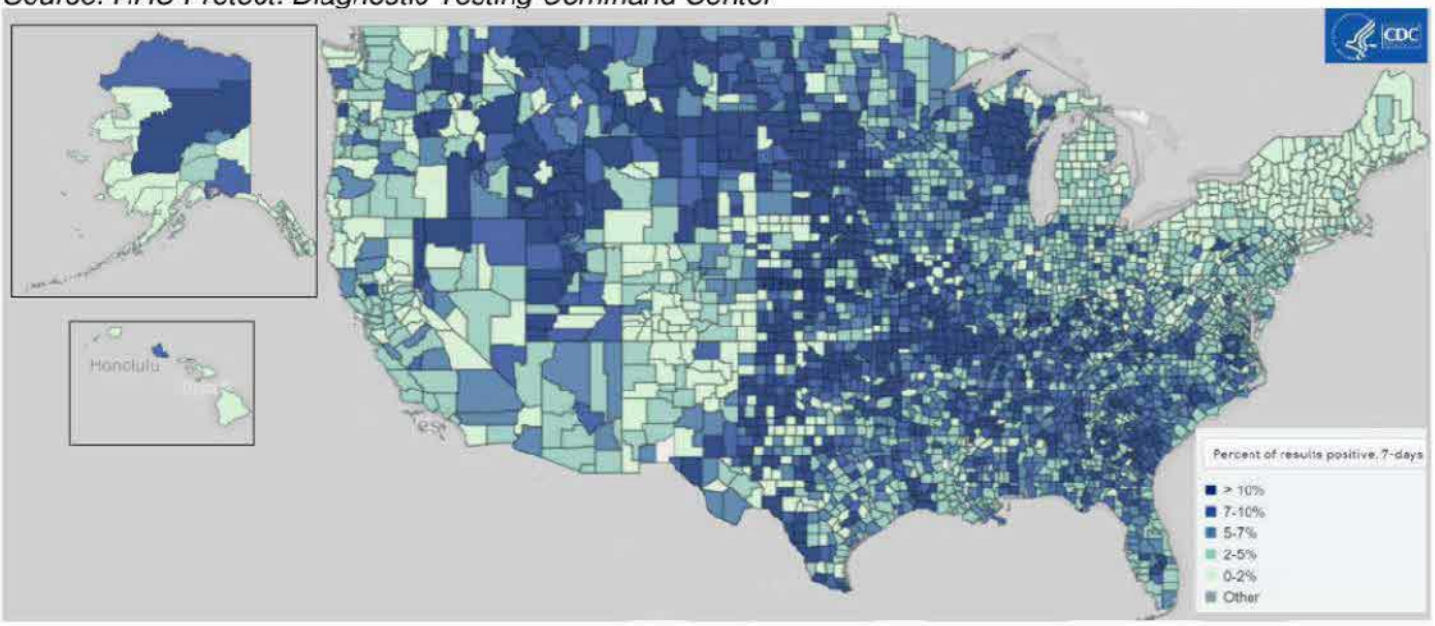
Positive Results per 100,000 Population Last 7-Days by County [23, 24]

Data: 18 Sep 2020 - 24 Sep 2020 Last Updated: 30 Sep 2020, 07:30
Source: HHS Protect: Diagnostic Testing Command Center



Percent Positive Results Last 7-Days by County [24]

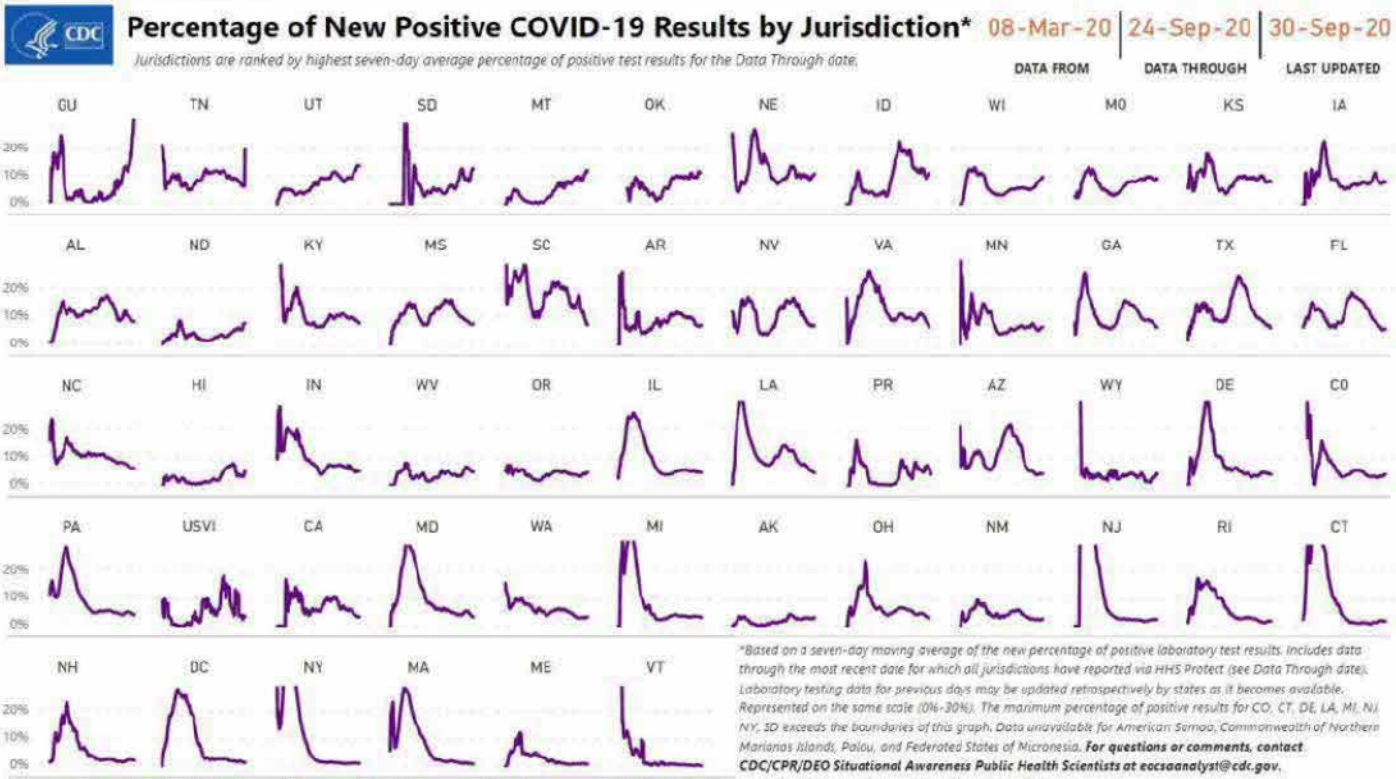
Data: 18 Sep 2020 - 24 Sep 2020 Last Updated: 30 Sep 2020, 07:30
Source: HHS Protect: Diagnostic Testing Command Center



[23] Data represent (total number of positive results/total population) * 100.One person may have multiple tests and positive results.
[24] See CDC COVID-19 Data Tracker for the latest visualizations on US laboratory testing by state.

COVID-19 Virologic Testing, Percentage of Positive COVID-19 Test Results by Jurisdiction

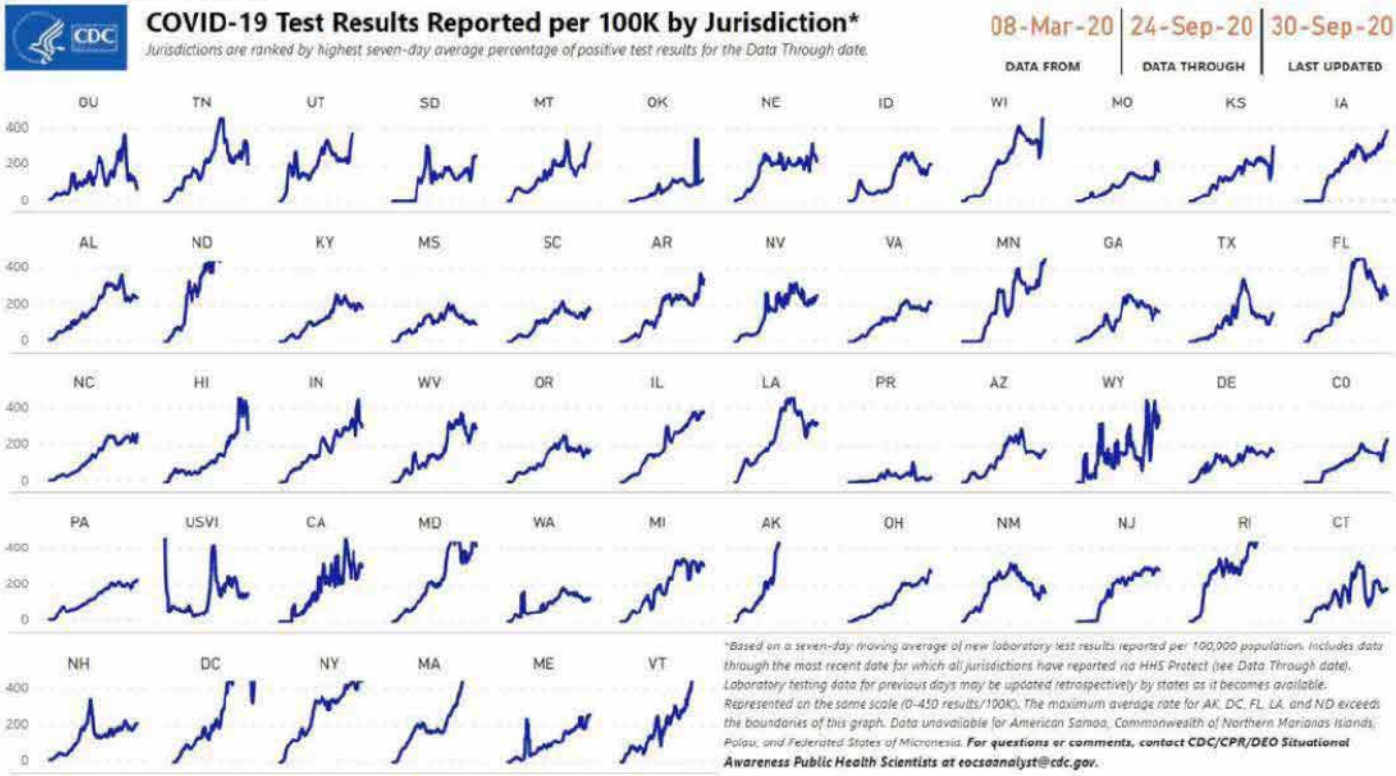
Data: 08 Mar 2020 – 24 Sep 2020 Last Updated: 30 Sep 2020, 09:00
Source: HHS Protect



Based on a seven-day moving average of the new percentage of positive laboratory test results. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Represented on the same scale (0%-30%). The maximum percentage of positive results for CO, CT, DE, LA, MI, NJ, NY, SD exceeds the boundaries of this graph. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia.* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.*

New COVID-19 Test Results Reported per 100,000 Population by Jurisdiction

Data: 08 Mar 2020 – 24 Sep 2020 Last Update: 30 Sep 2020, 09:00
Source: HHS Protect

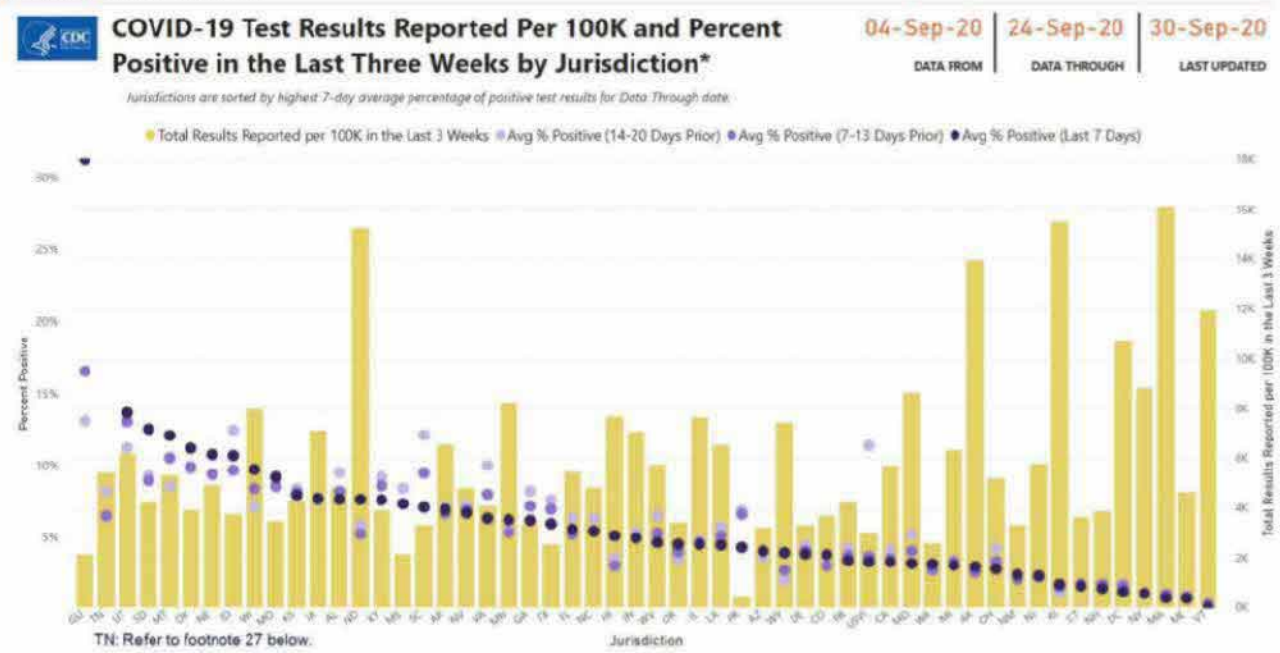


Based on a seven-day moving average of new laboratory test results reported per 100,000 population. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Represented on the same scale (0-450 results/100K). The maximum average rate for AK, DC, FL, LA, and ND exceeds the boundaries of this graph. Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia.* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.*

Test Results per 100,000 and Percent Positive in the Last 3 Weeks by Jurisdiction[25,26,27]

Data 04 Sep 2020 – 24 Sep 2020 *Last Updated: 30 Sep 2020, 09:00*

Source: HHS Protect



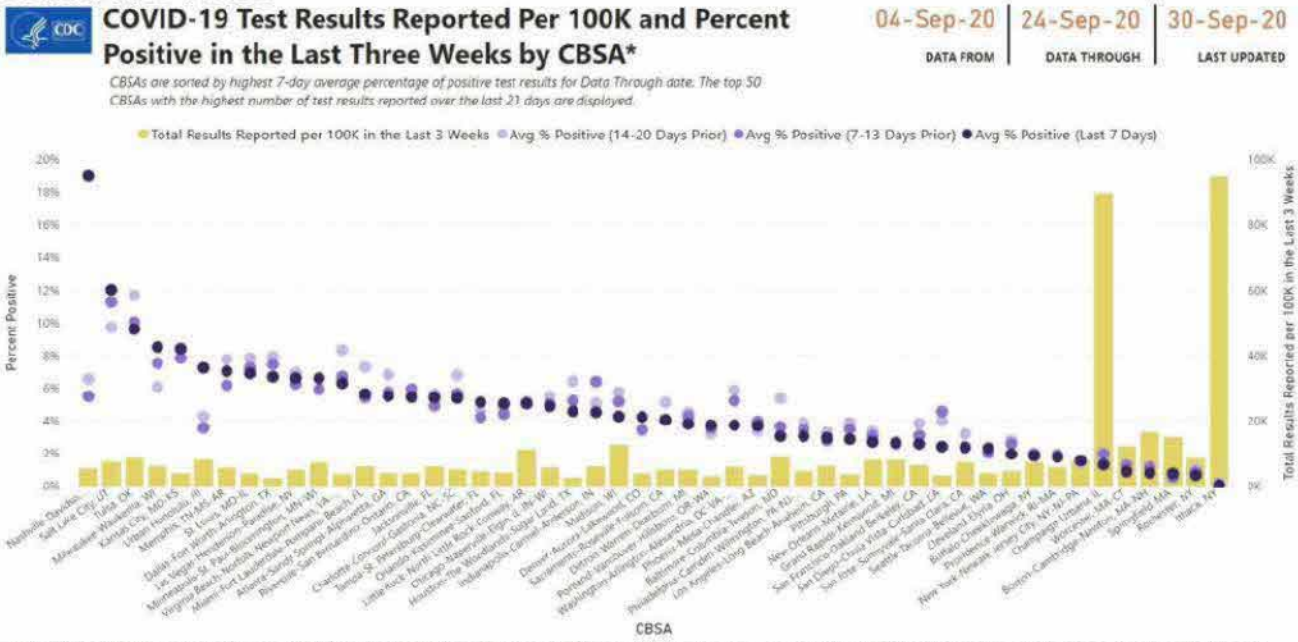
Based on total laboratory test results reported per 100,000 population in the last 21 days. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Data unavailable for American Samoa, Commonwealth of Northern Mariana Islands, Guam, US Virgin Islands, Palau, and Federated States of Micronesia.

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Positive/Negative Results and Percent Positive in the Last 3 Weeks by CBSA[26]

Data 04 Sep 2020 – 24 Sep 2020 *Last Updated: 30 Sep 2020, 09:00*

Source: HHS Protect



Metropolitan and Micropolitan Statistical Areas are collectively referred to as Core-Based Statistical Areas (CBSA); new definitions were announced by OMB on 06 Jun 2003, based on application of the 2000 standards with Census 2000 data. Figure based on total laboratory test results reported per 100,000 population in the last 21 days. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Data unavailable for American Samoa, Commonwealth of Northern Mariana Islands, Guam, US Virgin Islands, Palau, and Federated States of Micronesia.

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

[25] Data from state health departments, state public health labs, commercial labs, and hospitals.

[26] Metropolitan and Micropolitan Statistical Areas are collectively referred to as Core-Based Statistical Areas (CBSA). Due to reporting lags, data for the most recent three days may be underrepresented.

[27] Line level laboratory data for **TN** on 24 Sep is incomplete and the latest 7-day average should be interpreted with caution.

Comparison of U.S. Case Counts with Laboratory Testing Data

COVID-19 Cases, Deaths and Lab Comparison by Jurisdiction

Data Through: 24 Sep 2020 *Last Updated: 30 Sep 2020, 11:30*

Source: HHS Protect

COVID-19 Epi/Lab Overview -- US States, Territories & DC

Data for case and laboratory data includes data through the most recent date for which most jurisdictions have reported via HHS protect. *Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Lab data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia.*

** Calculation omitted where the number of total new tests was less than five.*

24-Sep-20 DATA THROUGH | 30-Sep-20 LAST UPDATED

State/ Territory	Cases/ 100K	Deaths/ 100K	Total Tests	New Tests	Tot. Tests/ 100K	New Tests/ 100K	New Pos Tests	Total Pos Tests	% Total Pos Tests	% New Pos Tests*
AK	967.1	6.2	578,241	5,091	79,041.8	695.9	234	13759	2.4%	4.6%
AL	[illegible]	50.7	1,706,917	14,808	34,812.4	302.0	985	199282	11.7%	6.7%
AR	[illegible]	41.3	970,675	14,054	32,171.6	465.7	862	82442	8.5%	6.1%
AZ	[illegible]	77.5	1,868,130	15,533	25,661.6	213.4	633	217450	11.6%	4.1%
CA	1956.7	38.7	14,150,374	115,485	35,812.6	292.3	3,501	909753	6.4%	3.0%
CO	1180.2	35.7	1,155,331	16,275	20,082.2	282.6	612	52866	4.6%	3.8%
CT	1580.7	125.9	1,056,434	7,869	29,631.1	220.7	109	65721	5.2%	1.4%
DE	2082.4	65.1	229,136	1,717	23,531.0	176.3	55	16948	7.4%	3.2%
FL	[illegible]	64.8	9,602,905	66,212	44,711.0	308.3	3,306	1,133,554	11.8%	5.0%
GA	[illegible]	64.9	2,753,394	18,254	25,931.8	171.9	1,124	284765	10.3%	6.2%
HI	840.4	8.7	394,333	2,810	27,850.9	198.5	130	14373	3.6%	4.6%
IA	[illegible]	41.3	1,177,856	14,811	37,332.2	469.4	1,135	97015	8.2%	7.7%
ID	2238.6	26.1	456,738	5,341	25,553.0	298.9	592	59435	13.0%	11.1%
IL	[illegible]	68.9	4,950,139	56,524	39,064.1	446.1	2,687	325324	6.6%	4.8%
IN	1707.1	53.0	2,428,016	24,838	36,065.6	368.9	1,267	175230	7.2%	5.1%
KS	1896.8	21.3	790,751	10,673	27,142.7	366.4	807	69585	8.8%	7.6%
KY	1435.8	25.4	1,095,826	7,432	24,527.9	166.4	572	100141	9.1%	7.7%
LA	[illegible]	116.4	2,278,431	15,150	49,011.2	325.9	685	236968	10.4%	4.5%
MA	1961.4	135.6	3,688,506	68,107	53,514.8	988.1	734	168408	4.6%	1.1%
MD	2024.9	64.8	2,786,665	31,194	46,093.5	516.0	900	196299	7.0%	2.9%
ME	391.1	10.5	301,680	4,180	22,442.9	311.0	22	5659	1.9%	0.5%
MI	1322.9	70.2	3,742,160	40,117	37,470.8	401.7	1369	183014	4.9%	3.4%
MN	1678.6	36.5	2,186,538	32,085	38,770.9	568.9	1,780	136307	5.2%	5.5%
MO	1931.2	31.9	1,087,556	11,025	17,720.1	179.7	1016	82270	7.6%	9.2%
MS	[illegible]	96.9	631,126	3,198	21,206.1	107.5	219	72822	11.5%	6.8%
MT	1087.1	15.7	315,660	3,838	29,534.7	359.1	534	18219	5.8%	13.9%
NC	1908.7	32.3	2,783,357	35,384	26,546.2	337.4	1723	236677	8.6%	4.9%
ND	[illegible]	28.8	598,070	6,911	78,486.5	906.9	382	22260	3.7%	5.5%
NE	2214.9	23.9	666,644	4,501	34,462.4	232.7	507	79,046	11.9%	11.3%
NH	593.0	32.3	363,939	3,167	26,765.9	232.9	54	13,133	3.6%	1.7%
NJ	[illegible]	[illegible]	3,013,372	26,714	33,926.0	300.8	604	106,776	3.5%	2.3%
NM	1346.9	41.0	754,988	4,862	36,006.2	231.9	115	31,231	4.1%	2.4%
NV	[illegible]	53.1	1,031,070	8,461	33,474.6	274.7	632	105,293	10.2%	7.5%
NY	1081.4	46.1	10,557,163	100,556	54,268.5	516.9	1,155	561,341	5.3%	1.1%
OH	1263.9	40.3	2,952,531	24,292	25,256.8	207.8	722	156,974	5.4%	3.0%
OK	[illegible]	25.2	613,773	6,165	15,511.2	155.8	672	50,411	8.2%	10.9%
OR	760.4	12.9	1,079,196	8,608	25,587.1	204.1	402	42,896	4.0%	4.7%
PA	1197.8	63.1	3,197,147	35,353	24,973.8	276.2	1,246	206,703	6.5%	3.5%
RI	2295.3	104.6	732,203	11,787	[illegible]	1,112.7	149	34,317	4.7%	1.3%
SC	[illegible]	64.5	1,137,481	8,340	22,092.5	162.0	576	183,017	16.1%	6.9%
SD	2278.2	23.8	200,158	2,828	22,625.4	319.7	330	13,716	6.9%	11.7%
TN	[illegible]	34.1	2,744,950	83	40,194.5	1.2	82	259,320	9.4%	98.8%
TX	2132.1	33.2	6,920,507	44,827	23,867.2	154.6	2,638	1,024,655	14.8%	5.9%
UT	2133.3	14.0	1,315,164	12,579	41,022.5	392.1	1,858	112,584	8.6%	14.3%
VA	1695.7	36.8	2,105,819	21,723	24,671.2	254.5	1,186	243,534	11.6%	5.5%
VT	276.4	9.3	282,410	4,925	45,258.8	789.3	15	2,739	1.0%	0.3%
WA	1117.9	27.6	1,503,213	13,833	19,740.4	181.7	383	77,951	5.2%	2.8%
WI	1973.0	21.9	2,498,476	33,668	42,911.2	578.2	3,354	146,150	5.9%	10.0%
WV	814.4	18.0	602,488	7,982	33,618.2	445.4	351	23,714	3.9%	4.4%
WY	916.2	8.7	176,730	1,340	30,536.0	231.5	39	5,336	3.0%	2.9%
CNMI	121.3	3.5								
DC	2150.3	88.4	391,114	6,210	55,418.3	879.9	68	19,280	4.9%	1.1%
GU	1379.0	23.5	39,505	64	23,831.5	38.6	15	2,177	5.5%	23.4%
PR	1405.4	19.9	159,013	1,445	4,979.0	45.2	90	4,818	3.0%	6.2%
USVI	1232.3	18.2	22,360	193	21,360.3	184.4	0	1,206	5.4%	0.0%

This table also summarizes official CDC US case counts for COVID-19, reviewed and validated by states and territories, posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). Sources: CDC DCIPHER, HHS Protect, US Census Bureau. ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

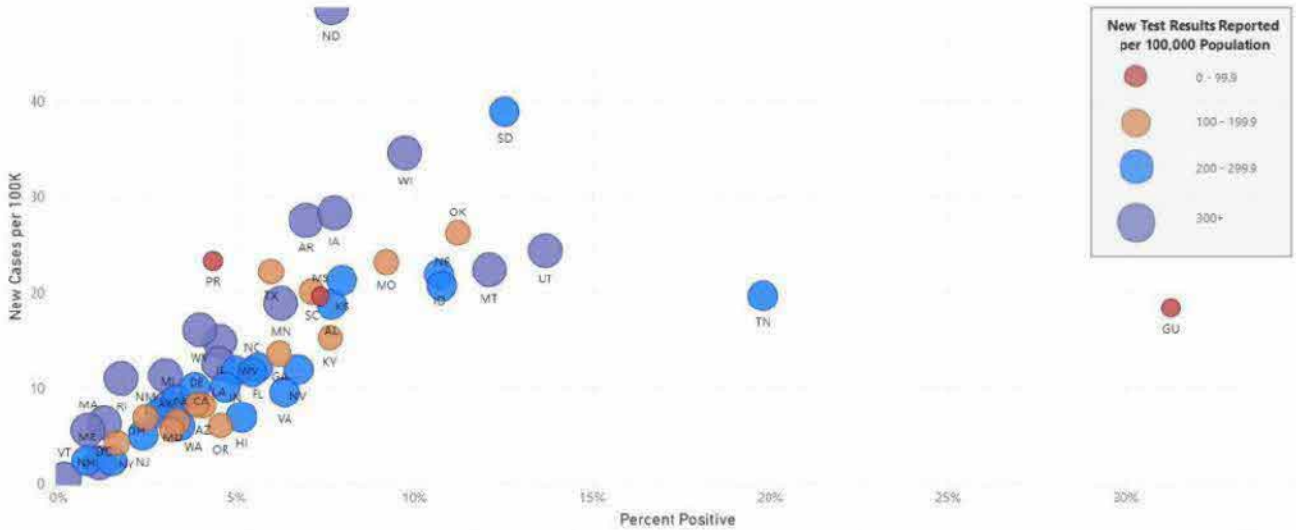
Comparison New Cases per 100,000 Population and Percent Positive Test Results, Last 7-Days

Data: 18 Sep 2020 – 24 Sep 2020 *Last Updated: 30 Sep 2020, 11:30*

Source: HHS Protect

Seven-Day Average of New COVID-19 Cases Per 100K by Seven-Day Average of New Percentage of Positive Test Results* -- US States, Territories, & DC

18-Sep-20 DATA FROM | 24-Sep-20 DATA AS OF | 30-Sep-20 LAST UPDATED

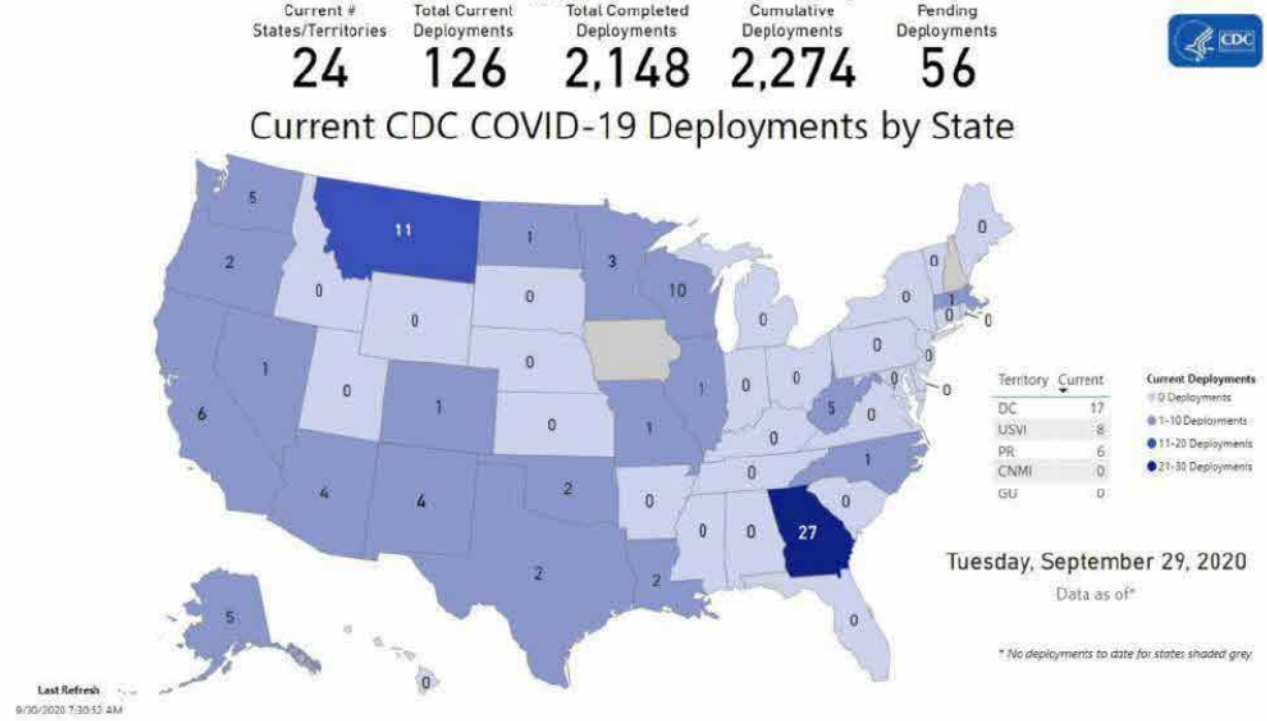


** Includes data through the most recent date for which all jurisdictions have reported laboratory data via HHS Protect (see Data As Of date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Figure represents official CDC US case counts for COVID-19, including both confirmed and probable cases, reviewed and validated by states and territories and posted daily on the CDC COVID-19 webpage (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html). New test results reported per 100,000 population is based on a seven-day moving average. Laboratory Data unavailable for American Samoa, Commonwealth of Northern Marianas Islands, Palau, and Federated States of Micronesia.* ***For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.***

Deployments

CDC COVID-19 Domestic Deployments[28]

Data as of 29 Sep 2020 *Last Updated: 30 Sep 2020, 7:30*
Source: CDC Personnel Workforce Management System (PWMS)



Health Department and High-Risk Setting Deployments[29, 30]

As of 30 Sep 2020, 09:00 unless otherwise indicated
Teams: 44 teams *Deployers: 119 deployers*

Summary of Health Department Support Teams[31]

Team Description	No. Teams	No. Staff
Currently Deployed	44	119
Field[32]	39	98
Remote	5	21
Returned[33]	286	1,306
Field	253	1,144
Remote	90	226
Cumulative[34]	326	1,425
Field	292	1,242
Remote	110	247

[28] A single person may have multiple deployments over time. Data in PWMS is from the previous day.
[29] Field Staff and Remote Staff counts are current number of deployed staff of each type.
[30] These data represent deployed CDC field teams focusing on supporting health departments in state, tribal, local, and territorial jurisdictions. These health department deployments are a subset of the deployments represented in the graphic above. Each team aligns to a specific mission. The number of deployed staff per team may fluctuate throughout each mission. These data come from CDC Health Department Task Force records of teams deployed since 03 Apr 2020.
[31] Field and remote staff may not sum to total because some teams or individuals could provide both field and remote support.
[32] Includes 4 teams with both field and remote staff.
[33] Includes 57 teams with both field and remote staff.
[34] Includes 72 teams with both field and remote staff.

Subset of Deployment Teams with Work in High Risk Settings[35]

	Number of Teams		
	Currently Deployed	Returned	Total
Department of Corrections / Prisons	0	12	12
Early Childhood Education	1	0	1
Food Industry	0	25	25
Homeless Pop	2	0	2
Institutes of Higher Education	2	4	6
K-12 Schools	3	47	50
Long-Term Care Facilities	1	9	10
Total	**6**	**85**	**91**

Team and Staff Counts by Team Category

	No. Teams	No Staff
Currently Deployed	**44**	**119**
Outbreak Response	7	29
State Support	23	40
Study/Trial	5	29
Tribal Support	9	21

Health Department Support Deployments by Mission

Team ID	HHS Region	County	Start Date	End Date[36]	Current Staff	HHS CRAFT Team	Mission
AK-2	10	Anchorage	02-Apr-20	31-Dec-20	2	No	Provide case and contact investigation support to the Alaska state Department of Health for outbreak investigation a long-term care facility.
AK-5	10	Anchorage	16-Sep-20	15-Oct-20	1	No	Characterize various COVID-19 outbreaks occurring in the state of Alaska.
AZ-2	9	TBD	29-Sep-20	03-Oct-20	2	No	Deploy as a CDC SME for STLT site visits with the U.S. Digital Service (USDS), which is an element of the Office of Management and Budget (OMB). CDC's engagement with the USDS project is being managed by the CDC OD. The purpose of the site visits is to work with STLT partner to implement pilot programs for data modernization, which will bolster STLT capacity to receive/transmit health-related data within a jurisdiction and between the jurisdiction and the federal government. Site visit meetings with state health officials, IT administrators, healthcare system administration, and state govt
CA-12	9	TBD	20-Sep-20	05-Oct-20	1	No	Assisting US Fire Services (USFS) on efforts to develop frequently asked questions (FAQs) for understanding the risks of exposure to wildfire smoke and COVID-19 for our Applied Research Associates (ARAs) and public health practitioners.
CO-5	8	Adams; Arapahoe; Denver	15-Sep-20	27-Nov-20	2	No	Provide oversite and coordination for planned epidemiologic investigation to evaluate the sensitivity, utility, and acceptability of self-collected nasal and saliva specimens for SARS-CoV-2 testing during community universal testing events, as compared with healthcare professional nasopharyngeal specimens
Crow-1	8	Yellowstone ; Treasure; Big Horn	10-Aug-20	03-Nov-20	4	No	The Crow Nation Team will provide focused technical assistance and training in the following workstreams: 1. ICS Structure 2. Messaging and Health Communications 3. Contact Tracing Support and Guidance4. Epidemiology and Surveillance Support/Data Coordination and Analysis 5. Community Mitigation Plan 6. IPC for Traditional Practices

[35] Total may differ from calculated sum in table due to some teams working in multiple high-risk settings.
[36] Represents projected date the deployment will end.

Team ID	HHS Region	County	Start Date	End Date[36]	Current Staff	HHS CRAFT Team	Mission
DC-5	3	District of Columbia	27-Aug-20	25-Oct-20	1	No	DC Health is collecting employee data on COVID-19 cases from all healthcare facility employers including hospitals, nursing homes, outpatient facilities, and group homes, ambulatory surgical centers, dentists, and others. Data is being reported to DC, but the health department does not have the staff to manage and analyze this data. DC Health has asked for a deployment of one officer to deploy for potentially two months to set up this data system, perform data analysis, and set up automated reporting or train someone at DC Health to do future analyses. Remote deployment is not preferred due to
GA-8	4	DeKalb; Fulton	04-Aug-20	03-Nov-20	5	No	Identify patients with COVID-19 among dialysis facilities in the state of Georgia; enroll consenting patients in the COVID-R dialysis project. Follow up with patients to obtain specimen and complete questionnaires. Follow up will occur over a period of 42 days: every 3 days during the first 21 days after enrollment and weekly after the first 21 days.
GA-10	4	Fulton	11-Aug-20	31-Oct-20	11	No	Evaluate the performance of self-collected specimens with nasopharyngeal swabs collected by healthcare personnel in diagnosis of SARS-CoV-2
GA-12	4	Fulton	10-Sep-20	07-Oct-20	4	No	Implement phone-based school surveys to collect aggregated data on school-associated cases and clusters weekly. Analyze surveillance data for school-associated COVID-19 cases and clusters. Plan and conduct investigations in schools with and without COVID-19 cases identified among students, teachers and staff to assess level of adherence to and impact of mitigation measures adopted by the select schools.
GA-14	4	TBD	28-Sep-20	12-Nov-20	7	No	CADENCE: COVID-19 Antigen Detection Efficacy in Nursing Homes and Caretakers: an Evaluation. To assess performance of Point of Care Antigen Testing via repeat point prevalence surveys during ongoing outbreaks in nursing homes in GA. PPSs will confirm identification of patients and healthcare personnel with COVID-19 and identify any new cases among patients and HCP. PPSs will be conducted in nursing homes that have identified >3 positive cases in HCP or >1 nursing home onset resident case in the past 7-10 days. PPSs will be conducted every 3-7 days for a maximum of 3 times.
GA-15	4	TBD	29-Sep-20	06-Oct-20	7	No	Compare point of care antigen testing to PCR testing, Conducting viral culture, Quarantine procedure evaluation, Identify optimal testing strategies, Assessing the relative intensity of close contact for exposed students using testing to develop a targeted approach to quarantine
HI-1	9	Hawaii; Kauai; Maui; Honolulu	24-Aug-20	12-Nov-20	0	No	Provide Infection Prevention and Control support to the Hawaii Department of Health (HDOH).
Hoopa Valley-1	9	Humboldt	23-Aug-20	02-Oct-20	2	No	The primary goal of this project is to enhance the Hoopa Valley Tribe's ability to response to COVID-19 by strengthening the EOC and community mitigation and infection control.
IHS ABQ-1	TBD	Cibola	16-Aug-20	14-Oct-20	1	No	Incident Command (ICS): IHS Albuquerque Area Office is requesting a 30-day deployment of a staff member that may serve in the IHS Albuquerque Area's Incident Command System (ICS) Team under the Command Staff position's Safety/Infection Prevention Officer
IHS SBT-1	10	Bingham; Bannock	13-Aug-20	30-Dec-20	1	No	Response Coordination and ICS Structure. CDC will provide onsite technical assistance to stand up an incident command center, identify protocols, procedures, relationship coordination and agreements necessary and appropriate for the COVID-19 response to support the following activities:1. Provide recommendations to the Fort Hall IHS Service Center/Shoshone-Bannock Tribes to coordinate the tribe's response to COVID-19 through fully standing-up an Incident Command office, which would include identifying duties, relationships between entities such as counties, state and health care provider(s)
IL-1	5	Sangamon	05-Apr-20	10-Oct-21	0	No	Provide a wide range of epidemiological support to state health department for the COVID-19 response.

Team ID	HHS Region	County	Start Date	End Date[36]	Current Staff	HHS CRAFT Team	Mission
IL-4	5	Cook	18-May-20	25-Oct-20	0	No	Support development of a serologic surveillance testing plan, epidemiology, and data management and data analysis of COVID-19 data, including LTCFs and homeless shelters.
LA-9	6	Jefferson Davis; East Baton Rouge; St. Landry; St. Martin; Livingston	09-Aug-20	10-Oct-20	2	No	Provide infection prevention and control support at correctional facilities. Develop guidance, protocols, and tools for state epidemiologists and health care workers on contact tracing. Share existing guidance, protocols, and tools from CDC.
LAC-3	9	Los Angeles	20-Jul-20	15-Dec-20	0	No	Provide guidance and assessment related to infection prevention and control issues to Los Angeles County.
LAC-5	9	Los Angeles	20-Sep-20	02-Oct-20	4	No	Investigate outbreak of novel MDROs and intersection with COVID. Possible connection with IPC practices like possible conservation of PPE for fear that there may be a future shortage.
MO-5	7	Cass; Platte; Clay; Jackson	12-Aug-20	16-Oct-20	3	No	Conduct case investigations, perform and systematize surveillance data entry, provide CDC and health department guidance to community via call center. Partner with and provide direct support to the Kansas City Health Department.
Navajo-2	9	Apache; McKinley	03-May-20	06-Oct-20	2	No	Provide epidemiological, contact tracing, and community mitigation support to Navajo Nation, including in schools.
NM-5	6	Santa Fe	19-May-20	31-Oct-20	1	No	Support work related to data collection, collation, and management with respect to data from long term care facilities (LTCFs).
Noorvik-1	10	TBD	21-Sep-20	09-Oct-20	1	No	Assist with the training and startup operations of our planned CI 9 First Responder's Team.
Northern Cheyenne-1	8	TBD	04-Sep-20	05-Nov-20	8	No	Provide technical assistance to Northern Cheyenne to support their COVID activities as it relates to Emergency Reponses and preparedness, case investigation and contact tracing, and Epidemiology and surveillance. Technical assistance on communications, community mitigations ad non-healthcare IPC related to worker safety will also be provided.
NY-3	2	New York	11-May-20	31-Oct-20	1	No	Support the city working with academic institutions, commercial labs, and the two public labs on doing validation of lab-derived tests for massive scale-up of testing
OR-4	10	TBD	28-Sep-20	01-Oct-20	2	No	Support jurisdictional developmental planning of the COVID vaccine(s).
PR-4	2	San Juan	15-Jul-20	31-Jan-21	5	No	Establish a COVID-19 community cohort study with the CDC Dengue Branch laboratory in Puerto Rico.
PR-5	2	San Juan	27-Jul-20	01-Oct-20	1	No	Increase the effectiveness of the Puerto Rico Department of Health's (PRDOH) efforts against the COVID-19 emergency. Serve as expert in clinical epidemiology to direct ongoing surveillance efforts targeting at-high-risk groups including residents of correctional facilities, persons experiencing homelessness, and students and employees of K-12 schools. Advise on clinical questions from local hospitals and healthcare partners.
San Carlos Apache-1	9	Gila	02-Sep-20	09-Oct-20	1	No	Enhance the San Carlos Apache Tribe's ability to respond to COVID-19
Spirit Lake-1	8	TBD	13-Sep-20	30-Oct-20	1	No	Goal 1: Assist the Spirit Lake Tribe in the response to COVID-19 and mitigate the impact of SARS-CoV2.
TX-4	6	Harris	14-Jul-20	10-Dec-20	1	No	Support data analytics, forecasting, and surveillance to better characterize recent transmission and inform response decisions.
TX-13	6	TBD	29-Sep-20	01-Oct-20	1	Yes	Serve as CDC point of contact (POC) as part of the HHS CRAFT Teams (COVID-19 Response Assistance Field Team). The intent to the team is to reinforce and emphasize importance of community mitigation in order to influence local populations to prevent a further outbreak spike through focused national, state and local media broadcasts.

Team ID	HHS Region	County	Start Date	End Date[36]	Current Staff	HHS CRAFT Team	Mission
USVI-3	2	St. Thomas; Saint Croix	31-Jul-20	29-Oct-20	2	No	Increase the effectiveness of the USVI Department of Health's efforts against the COVID-19 emergency; support ongoing SARS-CoV-2 epi/surveillance efforts and possibly assist with high risk groups. Provide direct support to the USVI Department of Health Laboratory in SARS-CoV-2 molecular testing, sample receiving, accessioning and data entry. Increase the effectiveness of the USVI Department of Health's efforts against the COVID-19 emergency communications.
USVI-4	2	St. Croix; St. Johns; St. Croix; St. Thomas	31-Aug-20	23-Oct-20	1	No	Provide Spanish and French/creole speaking contact tracers to support the COVID efforts in USVI via a remote location for 30 days.
USVI-5	2	TBD	24-Sep-20	22-Nov-20	5	No	Increase the effectiveness of the epi/surveillance mission, enhance the capacity of the laboratory mission, and increase the capacity supporting the emergency management of the COVID-19 response.
UT-7	8	TBD	30-Sep-20	16-Oct-20	3	No	Support ongoing public health investigation for the One Health aspects of COVID-19 on multiple farm premises with multiple animal species.
UT-8	8	TBD	29-Sep-20	01-Oct-20	1	Yes	Serve as CDC point of contact (POC) as part of the HHS CRAFT Teams (COVID-19 Response Assistance Field Team). The intent to the team is to reinforce and emphasize importance of community mitigation in order to influence local populations to prevent a further outbreak spike through focused national, state and local media broadcasts.
WA-10	10	Chelan	13-Sep-20	03-Oct-20	4	No	Characterize the COVID-19 pandemic in the Hispanic population of the counties to inform pandemic control measures for this population. Conduct detailed epidemiologic assessment of Hispanic case-patients, including person, place and time, probable source of infection, pattern of contacts and secondary transmission, risk factors and behaviors. Conduct a population-based survey of the Hispanic community to estimate the prevalence of knowledge, attitudes and practices relevant to infection transmission and control.
WI-8	5	Dane	30-Aug-20	02-Oct-20	1	No	Investigate COVID transmission on college campus setting including prevalence, transmission risk factors, effective mitigation factors and validation of saliva-based antibody testing.
WI-11	5	TBD	18-Sep-20	13-Oct-20	10	No	Assist WI DHS and UW-Madison with outbreak response activities on campus, specifically in residents in 2+ dorms with major COVID-19 outbreaks.
WV-2	3	Monongalia County	23-Jul-20	09-Dec-20	6	No	Conduct case investigation and contact tracing to rapidly detect COVID-19 and any evidence of human-to-human transmission among contacts. Identify conditions that would propagate disease transmission in a community leading to cluster or outbreak investigations. Reduce human-to-human transmission, prevent outbreaks, and delay the spread of disease.
WV-4	3	TBD	29-Sep-20	01-Oct-20	1	Yes	Serve as CDC point of contact (POC) as part of the HHS CRAFT Teams (COVID-19 Response Assistance Field Team). The intent to the team is to reinforce and emphasize importance of community mitigation in order to influence local populations to prevent a further outbreak spike through focused national, state and local media broadcasts.

CDC Website Updates – COVID-19 Response

As of 30 Sep 2020, 07:00[37]

New/Updated Guidance, Recommendations, Considerations[38]

- COVID-19 Travel Recommendations by Destination
- Information for Laboratories about Coronavirus (COVID-19)
- Maintaining Essential Health Services During COVID-19 in Low Resource, Non-U.S. Settings

New/Updated Webpages

- Cases & Deaths by County
- Cases in the U.S.
- Crew Disembarkations through Commercial Travel
- Dispatches from the Data Jungle of COVID-19
- State, Territorial, Local and Tribal Health Department Search

New MMWR Publications[39]

- Changing Age Distribution of the COVID-19 Pandemic — United States, May–August 2020
- EARLY RELEASE: COVID-19 Trends Among School-Aged Children - United States, March 1-September 19, 2020
- EARLY RELEASE: Multiple COVID-19 Clusters on a University Campus - North Carolina, August 2020
- EARLY RELEASE: Recent Increase in COVID-19 Cases Reported Among Adults Aged 18-22 Years - United States, May 31-September 5, 2020
- Multiple COVID-19 Clusters on a University Campus — North Carolina, August 2020
- Recent Increase in COVID-19 Cases Reported Among Adults Aged 18–22 Years — United States, May 31–September 5, 2020

International Updates

WHO Epidemiological Update

WHO Global Cases and Deaths

Data: 23 Jan 2020 – 30 Sep 2020 Last Updated: 30 Sep 2020 11:44 CEST
Source: WHO Coronavirus Disease (COVID-19) Dashboard

WHO Coronavirus Disease (COVID-19) Dashboard
Global Cases and Deaths
Data Last Updated: 30 Sep 2020, 11:44 CEST

Cases		Deaths	
Cumulative Total	Newly Reported Last 24 Hours	Cumulative Total	Newly Reported Last 24 Hours
33,441,919	232,482	1,003,497	4,203

[37] Updates since last report. CDC's COVIDView provides a weekly summary and interpretation of key indicators that have been adapted to track the COVID-19 pandemic in the United States. See also CDC's "What's New" page and "Latest Updates" on the CDC COVID-19 webpage for the latest communication resources, Communication Resources for links to all guidance and reports, the COVID-19 Science Update page for summaries of new COVID-19-related studies (released every Tuesday and Friday) and the Health Alert Network (HAN) page for urgent information for state, local, tribal, and territorial partners.

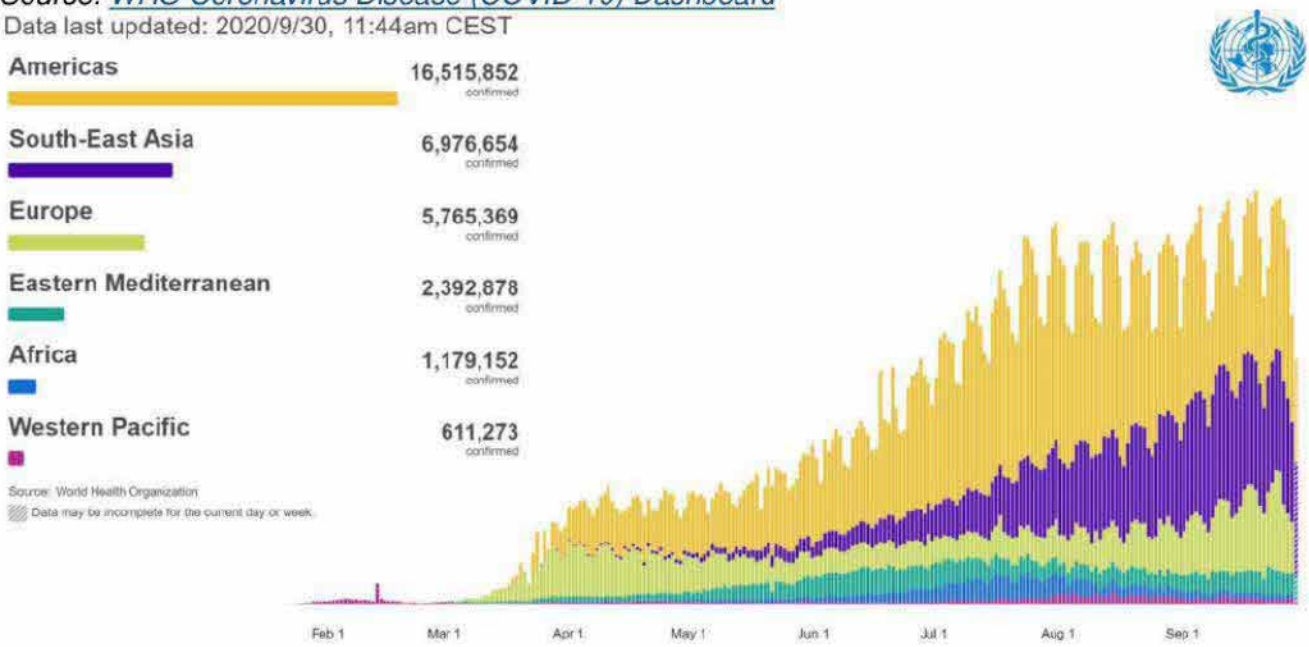
[38] A complete list of Guidance Documents can be found on the CDC COVID-19 Guidance Page.

[39] A comprehensive list of COVID-19 Morbidity and Mortality Weekly Reports (MMWR) COVID-19 publications can be found on the MMWR Publications page.

Global Epidemic Curve of Confirmed COVID-19 Cases by Date of Report and WHO Region

Data: 23 Jan 2020 – 30 Sep 2020 Last Updated: 30 Sep 2020 11:44 CEST

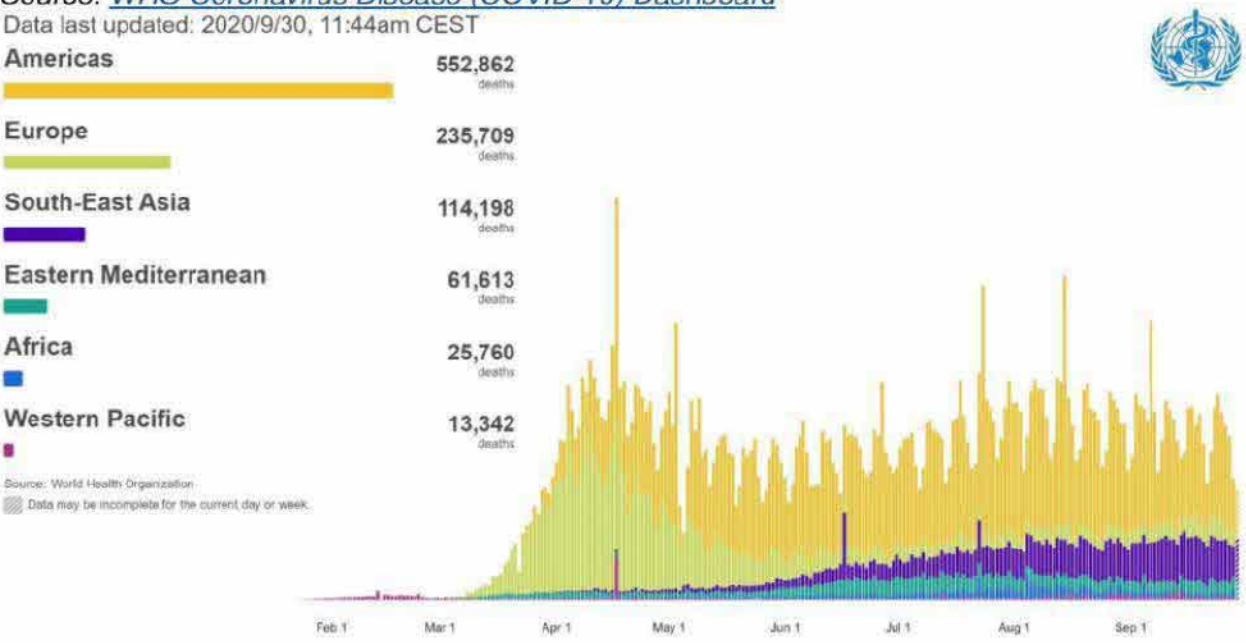
Source: WHO Coronavirus Disease (COVID-19) Dashboard



Global Epidemic Curve of Confirmed COVID-19 Deaths by Date of Report and WHO Region

Data: 23 Jan 2020 – 30 Sep 2020 Last Updated: 30 Sep 2020 11:44 CEST

Source: WHO Coronavirus Disease (COVID-19) Dashboard

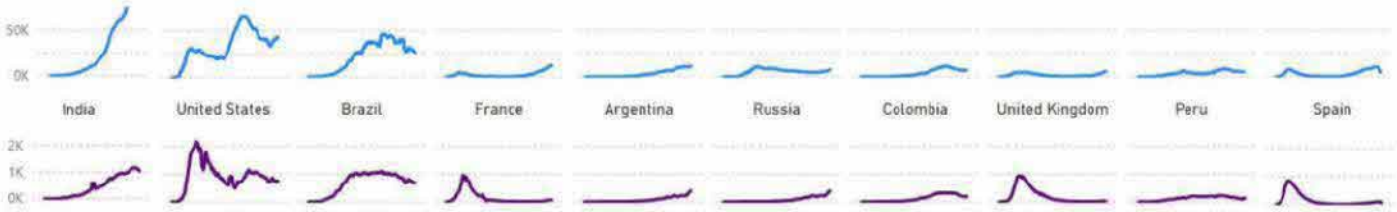


New COVID-19 Cases and Deaths by Country Last 7-Days (Count and Incidence)

New COVID-19 Deaths by 7-Day Average and Incidence*

03-Jan-20 | 29-Sep-20 | 30-Sep-20
DATA FROM** DATA THROUGH LAST UPDATED

New COVID-19 Cases and Deaths - Top 10 Countries and Territories by Highest 7-Day Average



New COVID-19 Cases and Deaths per 100K - Top 10 Countries and Territories by Highest 7-Day Average per 100K Population^

** Based on a seven-day average of cases and deaths respectively. Seven-day average excludes country-specific outliers exceeding a threshold of six standard deviations from the mean. Data shown starting 08 Mar 2020 CET - Geneva local time. WHO reports data from territories separately from their related countries. **Graphs show data starting 08 Mar 2020. ^Excluding countries with fewer than 10,000 total cases. Data source: WHO Coronavirus disease (COVID-2019) dataset (https://covid19.who.int/WHO-COVID-19-global-data.csv).*

For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Department of Health and Human Services
Centers for Disease Control and Prevention
SAFER·HEALTHIER·PEOPLE™

CDC Coronavirus Disease-2019 (COVID-19) Situation Report #175

Sensitive but Unclassified (SBU). This document may contain sensitive information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552). This information is for internal government use only. Further distribution to authorized personnel with a "need to know" and for awareness is authorized by the Centers for Disease Control and Prevention.

CDC Response Status: Agency Level Activation
Date: 09/30/2020
Report Period: 09/29/2020 – 09/30/2020
IMS Activation: 01/21/2020
Location of Event: Global
Lead Agency: Centers for Disease Control and Prevention (CDC)
Lead CDC CIOs: National Center for Immunization and Respiratory Diseases (NCIRD)
Center for Preparedness and Response (CPR)
Description: CDC Coronavirus Disease-2019 (COVID-19) Response

Significant Activities (SIGACTs)/Information

- CDC COVID-19 website provides the latest resources for community and healthcare professionals on information regarding United States COVID-19 cases: https://www.cdc.gov/coronavirus/2019-ncov/index.html.
- Confirmed and probable U.S. cases of COVID-19: 7,168,077 (as of Sep 29); for complete domestic updates visit the CDC Data tracker - https://www.cdc.gov/covid-data-tracker/#cases.
- U.S. deaths reported to CDC: 205,372 (as of Sep 29).
- Worldwide confirmed cases of COVID-19 can be found at the WHO Coronavirus Disease Dashboard - https://covid19.who.int/.
- Beginning Sep 28, the CDC COVID -19 SITREP will be published three times a week – Monday, Wednesday, and Fridays.

Current Task Force Updates by Objectives:

Objective 1: Support of USG-wide Response – *Integrate CDC response activities with the USG response to inform and synchronize public health actions among all key stakeholders in support of the Federal Incident Strategic Plan.*

Laboratory and Testing Task Force

- Continue to support provisioning of data regarding kits shipped to Public Health Laboratories (PHLs) from International Reagent Resource (IRR).

Community Interventions & Critical Populations Task Force (CICP)

- One Health Working Group collaborated and coordinated with multiple agencies and departments as part of One Health Federal Interagency COVID-19 Coordination (OH-FICC) subgroup.
  - Group addresses animal testing and diagnostics for animals with SARS-CoV-2identified by private, academic, state, or federal laboratories.

Objective 2: Data/Surveillance - *Conduct timely and actionable data analytics, surveillance, lab reporting, and modeling activities to monitor and forecast epidemic progression and inform data-driven decision making.*

Data, Analytics, and Modeling Task Force

- Modeling Section engaged 68 internal and external CDC partners via webinar, presenting models forecasting COVID-19 spread in the US.

Community Interventions & Critical Populations Task Force (CICP)

- Election Study: Delaware pilot study closed Sep 26.
  - Received over 500 surveys with 480 responses passing screening requirements.
- Election Study: Information concerning November study was presented during the all-state call Sep 28.
  - Several states have shown interest in participating in study.
- CDC is working closely with USDA and other federal partners to align and coordinate federal reporting on animals with suspected and confirmed SARS-CoV-2 infection.

Situational Awareness

- Conducted technical meetings with Johns Hopkins (JH) Applied Physics Lab (APL), CDC Senior Liaison and Data and Products Liaison to Joint Coordination Center, Data, Analytics & Modeling, and Epidemiology Surveillance Task Forces to coordinate analytical processes and reporting schedules for moving from USAFacts to JH APL to collect COVID-19 cases/deaths by state/counties.

Objective 3: Global – *Assess global data as a guide for domestic response, provide guidance on international travel to reduce travel-associated infections, and provide support to mitigate the pandemic in other countries.*

Global Migration Task Force (GMTF)

- U.S. Mexico Unit lead a working group session, in collaboration with CDC Farmworker Interest Group (FIG), for the development of a draft document summarizing key data sources concerning numbers, demographics, and health issues of farmworkers in the United States.

Objective 4: Lab/Epi – *Conduct and provide support for epidemiologic and laboratory studies to examine dynamics of disease spread and control, including expanding testing and analyzing serologic studies to assess spread of infection across America.*

Laboratory and Testing Task Force

- IRR shipped 355 reagents to 17 laboratories on Sep 29.

Epidemiology Task Force (Epi TF)

- CDC's IRB approved the protocol for prospective surveillance examining ongoing PCR and other testing in the Rhode Island study.
  - Protocol still requires to be reviewed by Rhode Island's IRB.
- Working with jurisdictions to determine a sampling scheme for medical record abstraction for follow-up on the pregnancy and infant studies.
  - Twelve jurisdictions have agreed to conduct infant follow up.

Objective 5: Community/Health Systems – *Provide community mitigation strategies and tools in support of domestic plans for phased approaches to COVID-19 and provide healthcare systems strengthening and guidance to support patient treatment and infection prevention and control (IPC).*

Health Systems and Worker Safety Task Force (HSWS)

- Worker Safety and Health Team submitted two Operation Warp Speed manufacturing site assessment memos to the Assistant Secretary for Preparedness and Response (ASPR)
  - Also completed two additional Operation Warp Speed manufacturing site assessments.
- The Healthcare Systems Coordination Team's Tools and Analytics Unit currently updating Coronavirus self-checker v63.
  - Planning to include a revised decision tree for the Telephone Advice Line script.

Global Migration Task Force (GMTF)

- Maritime Unit developed a document with preliminary review comments for the Healthy Sail Panel recommendations.

Objective 6: State, Tribal, Local and Territorial Support (STLT) – Provide support for outbreak response, needs assessments, contact tracing, and monitoring impact, as well as support the development and implementation of CDC COVID Corps activities.

Community Interventions & Critical Populations Task Force (CICP)

- Institutes of Higher Education (IHE) Considerations with approved talking points completed OMB clearance.
- Supporting STLT and federal partners by providing technical assistance regarding surveillance for animals with SARS-CoV-2
  - Also developing additional resources for active or ongoing animal case investigations, including a companion animal case investigation form and an outbreak investigation package.

Objective 7: Communication and Outreach – *Ensure active, timely, effective public health and safety messaging around response priorities with key federal, state/local partners, policymakers, media, and the public.*

Joint Information Center (JIC)

- New web content:
  - Dispatches from the Data Jungle of COVID-19
- Updated web content:
  - CDC COVID Data Tracker
  - Staffing Resources
  - Considerations for Outdoor Learning Gardens and Community Gardens
  - COVID-19 Electronic Laboratory Reporting Implementation by State
  - Data on COVID During Pregnancy
  - Responder stories
- Posted COVID-19 content on OADC social media channels:
  - COVIDView Updates
  - MMWR on COVID-19 Trends Among School Aged Children
  - Flu Vaccinations
  - Social Distancing While Traveling
  - MMWR on COVID-19 Spread at Universities
- Posted COVID-19 content on Spanish language OADC social media channels:
  - Health Equity
  - What to Do If You Test Positive
  - COVID-19 and Mental Health
  - COVID-19 in children under 1 year
- Provided 10,000 COVID-19 print resources to the Haitian American Chamber of Commerce of Florida.
  - Received photographs for CDC's COVID-19 photo library.
- At request of deployed CDC field staff, shared various low literacy resources to support COVID-19 education for farmworkers, including print resources and low literacy videos and videos in indigenous language.

Objective 8: Vaccine – *Develop and support access to vaccines to prevent COVID-19, influenza, and childhood vaccine-preventable diseases.*

Vaccine Task Force - Nothing significant to report

General Staff Activities

Operations

- Received/triaged 108 COVID-19 related calls during the reporting period.
- Processed three International Health Regulations (IHR) request and five Do Not Board (DNB) actions.

Resource Support

- 152 CDC personnel deployed or pending deployment (126 deployed, 26 pending).

Situational Awareness (SA)

- Provided *Epi-X* support to state health departments in receiving, accessing, and posting:
  - 2,608 passenger Entry Screening Reports and contact lists for post-arrival monitoring for travelers arriving from a country with widespread transmission of COVID-19.
  - 162 state notification and contact lists for persons who may have been exposed to COVID-19 on a flight.
  - 273 interstate movement notifications to states receiving persons traveling to their jurisdiction who are under self-monitoring with public health supervision for COVID-19; PUI with recent travel reports; lab results sent to health department associated with the jurisdiction where the traveler was tested; or persons with a history of close contact to a confirmed case of COVID-19.

Responder Training Team

- Conducted CDC Emergency Operation Center (EOC) Day One training, with 45 new CDC responders who started response assignments in the last week.
  - Next offering of CDC EOC Day One is Oct 5, 2020.

The next CDC SITREP publication will be on Friday, Oct 2, 2020.

- Beginning Sept 28, the CDC COVID -19 SITREP will be published three times a week – Monday, Wednesday, and Fridays.

The Point of Contact for this report is the IMS Planning Section Chief (**eocplans@cdc.gov**).