From:

To:

Subject: RE: ORIGINS: Way Forward
Date: 2020/06/19 08:47:00
Priority: Normal
Type: Note

Classification: ~~TOP SECRET/~~

V/r,

(b)(1); (b)(3):10 USC 424; (b)(3):50 USC 3024(i); Sec. 1.4(c); Sec. 1.4(e); (b)(6)

Sent: Friday, June 19, 2020 8:36 AM

Subject: RE: ORIGINS: Way Forward

Classification: ~~TOP SECRET/~~

Sent: Thursday, June 18, 2020 3:36 PM

Subject: RE: ORIGINS: Way Forward

Classification: ~~TOP SECRET/~~

(b)(3):10 USC 424; (b)(1); (b)(3):50 USC 3024(i); Sec. 1.4(c); Sec. 1.4(e); (b)(6)

Thanks again for the opportunity.

V/r,

Sent: Wednesday, June 10, 2020 12:03 PM

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

Subject: RE: ORIGINS: Way Forward

Classification: ~~SECRET//NOFORN~~

==========

Got it, thank you. That's a high bar but we'll put the best case forward and see where we end up!

V/r,

Sent: Wednesday, June 10, 2020 11:14 AM

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

Subject: RE: ORIGINS: Way Forward

Classification: ~~SECRET//NOFORN~~

==========

(b)(1); (b)(3):10 USC 424; (b)(3):50 USC 3024(i); Sec. 1.4(c); Sec. 1.4(e); (b)(6)

Please let me know if you have any other questions.

VR

Sent: Monday, June 08, 2020 11:09 AM

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

Subject: RE: ORIGINS: Way Forward

The next two pages are withheld citing Exemptions 1, 3 and 6 and are not provided.

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

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Classification: ~~SECRET//NOFORN~~

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Classification: ~~SECRET//NOFORN~~

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Classification: ~~SECRET//NOFORN~~

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Classification: ~~SECRET//NOFORN~~

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Classification: ~~TOP SECRET//~~

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

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Classification: ~~TOP SECRET//~~

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Classification: ~~TOP SECRET//~~

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

Sender:

Recipient:

Sent Date: 2020/06/19 08:47:51

Delivered Date: 2020/06/19 08:47:00

From:

To:

CC:

Subject: RE: ORIGINS: Way Forward
Date: 2020/06/23 09:07:41
Priority: Normal
Type: Note

(b)(3):10 USC 424; (b)(3):50 USC 3024(i); (b)(6)

Classification: ~~TOP SECRET/~~

Sent: Monday, June 22, 2020 8:48 AM

Subject: RE: ORIGINS: Way Forward

Classification: ~~TOP SECRET/~~

Thank you, Monday 29 June at 1100 is good for me. I think is back tomorrow and can let us know then if OK for him too.

V/r,

Sent: Monday, June 22, 2020 7:53 AM

Subject: RE: ORIGINS: Way Forward

Classification: ~~TOP SECRET~~/

(b)(3):10 USC 424; (b)(3):50 USC 3024(i); (b)(6)

Sent: Thursday, June 18, 2020 3:36 PM

Subject: RE: ORIGINS: Way Forward

Classification: ~~TOP SECRET/~~

Thanks again for the opportunity.

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(b)(1); (b)(3):10 USC 424; (b)(3):50 USC 3024(i); Sec. 1.4(c); Sec. 1.4(e); (b)(6)

Sent: Wednesday, June 10, 2020 12:03 PM

Subject: RE: ORIGINS: Way Forward

Classification: ~~SECRET//NOFORN~~

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Sent: Wednesday, June 10, 2020 11:14 AM

Subject: RE: ORIGINS: Way Forward

Classification: ~~SECRET//NOFORN~~

(b)(1); (b)(3):10 USC 424; (b)(3):50 USC 3024(i); Sec. 1.4(c); Sec. 1.4(e); (b)(6)

Please let me know if you have any other questions.

VR

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

Sent: Monday, June 08, 2020 11:09 AM

Subject: RE: ORIGINS: Way Forward

The next two pages are withheld citing Exemptions 1, 3 and 6 and are not provided.

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

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Classification: ~~SECRET//NOFORN~~

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Classification: ~~SECRET//NOFORN~~

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Classification: ~~SECRET//NOFORN~~

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Classification: ~~SECRET//NOFORN~~

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Classification: ~~TOP SECRET/~~

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Classification: ~~TOP SECRET/~~

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Classification: ~~TOP SECRET/~~

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

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Classification: ~~TOP SECRET/~~

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

Recipient:

Sent Date: 2020/06/23 09:07:40

Delivered Date: 2020/06/23 09:07:41

The first 3 pages are withheld citing Exemptions 1, 3 and 6 and are not provided.

Classification: ~~TOP SECRET~~

Thank you, Monday 29 June at 1100 is good for me. I think is back tomorrow and can let us know then if OK for him too.

V/r,

(b)(3):10 USC 424; (b)(3):50 USC 3024(i); (b)(6)

Sent: Monday, June 22, 2020 7:53 AM

Subject: RE: ORIGINS: Way Forward

Classification: ~~TOP SECRET~~

Sent: Thursday, June 18, 2020 3:36 PM

Subject: RE: ORIGINS: Way Forward

Classification: ~~TOP SECRET~~

(b)(1); (b)(3):10 USC 424; (b)(3):50 USC 3024(i); Sec. 1.4(c); Sec. 1.4(e); (b)(6)

Thanks again for the opportunity.

V/r,

Sent: Wednesday, June 10, 2020 12:03 PM

Subject: RE: ORIGINS: Way Forward

Classification: ~~SECRET//NOFORN~~

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V/r,

Sent: Wednesday, June 10, 2020 11:14 AM

Subject: RE: ORIGINS: Way Forward

(b)(1); (b)(3):10 USC 424; (b)(3):50 USC 3024(i); Sec. 1.4(c); Sec. 1.4(e); (b)(6)

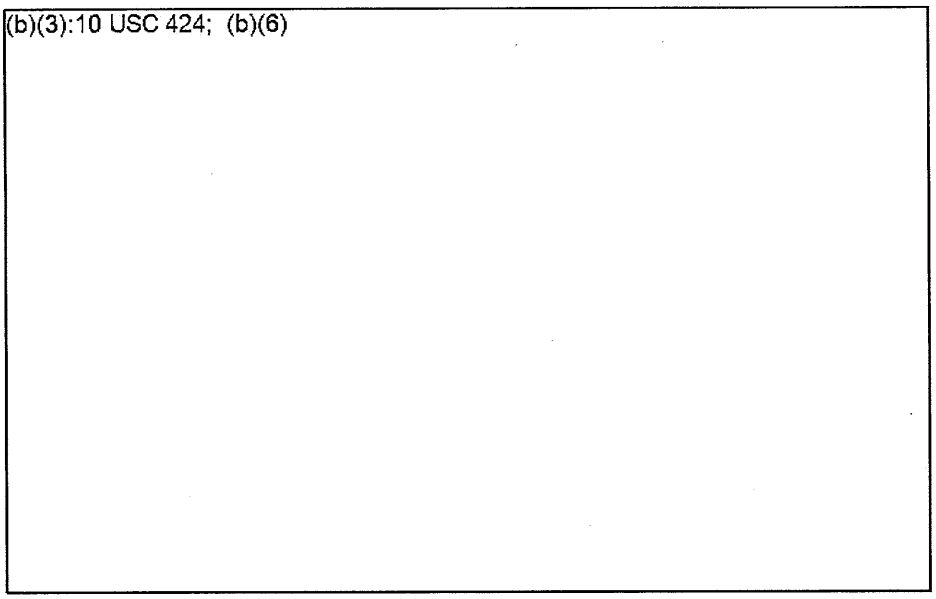
Classification: ~~SECRET//NOFORN~~

Please let me know if you have any other questions.

VR

Sent: Monday, June 08, 2020 11:09 AM

The next two pages are withheld citing Exemptions 1, 3 and 6 and are not provided.



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Classification: ~~SECRET//NOFORN~~

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Classification: ~~SECRET//NOFORN~~

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Classification: ~~SECRET//NOFORN~~

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Classification: ~~SECRET//NOFORN~~

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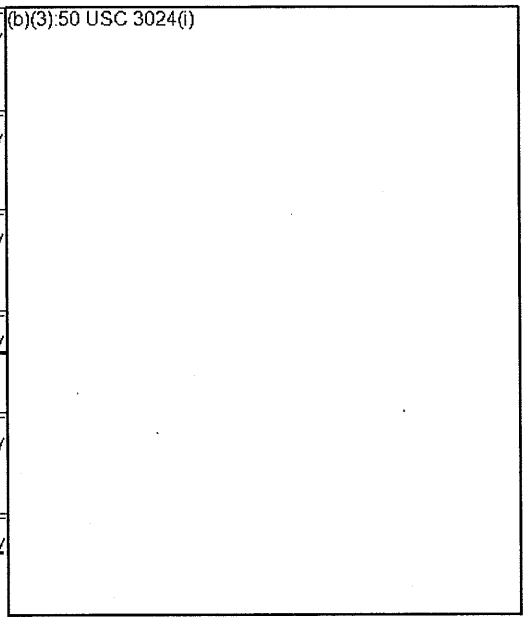
Classification: ~~TOP SECRET//~~



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Classification: ~~TOP SECRET~~

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

Sender:

Recipient:

Sent Date: 2020/07/23 13:38:10

Delivered Date: 2020/07/23 13:37:00

From:

To:

CC:

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

Date:

Priority:

Type:

Classification: ~~SECRET//NOFORN~~

Fascinating, thank you! Great find.

V/r,

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

Classification: ~~SECRET//NOFORN~~

(b)(3):10 USC 424; (b)(1); (b)(3):50 USC 3024(i); Sec. 1.4(c); Sec. 1.4(e); (b)(6)

Sent: Wednesday, June 10, 2020 11:14 AM

Subject: RE: ORIGINS: Way Forward

Classification: ~~SECRET//NOFORN~~

Please let me know if you have any other questions.

VR

The next 2 pages are withheld in full citing Exemptions 1, 3 and 6 and are not provided.

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

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Classification: ~~SECRET//NOFORN~~

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Classification: ~~SECRET//NOFORN~~

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Classification: ~~SECRET//NOFORN~~

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Classification: ~~SECRET//NOFORN~~

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Classification: ~~SECRET//NOFORN~~

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

Recipient:

Sent Date: 2020/06/11 09:03:48

Delivered Date: 2020/06/11 09:03:00

From: (b)(1); (b)(3):10 USC 424; (b)(3):50 USC 3024(i); Sec. 1.4(c); Sec. 1.4(e); (b)(6)

To:

Subject:

Date: 2020/10/20 14:12:57

Priority: Normal

Type: Note

Classification: ~~TOP SECRET~~/

Let me know if there is any day this week or next when we might cross paths at the change-of-shift?

Sent: Tuesday, October 20, 2020 8:21 AM

Classification: ~~TOP SECRET~~/

(b)(1); (b)(3):10 USC 424; (b)(3):50 USC 3024(i); Sec. 1.4(c); Sec. 1.4(e); (b)(6)

most appreciated!

Sent: Monday, October 19, 2020 6:27 PM

Classification: ~~TOP SECRET~~/

ICYMI:

Sent: Monday, October 19, 2020 4:42 PM

Classification: ~~TOP SECRET~~//

(b)(3):10 USC 424; (b)(1); (b)(3):50 USC 3024(i); Sec. 1.4(c); Sec. 1.4(e); (b)(6)

Sent: Monday, October 19, 2020 4:28 PM

Classification: ~~TOP SECRET~~

has shared a document with you.

Pages 3-176 are denied in full citing Exemptions 1 and 3 and are not provided.

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Classification: ~~TOP SECRET~~

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Classification: ~~TOP SECRET~~

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Classification: ~~TOP SECRET~~

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Classification: ~~TOP SECRET~~

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

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

Sender:

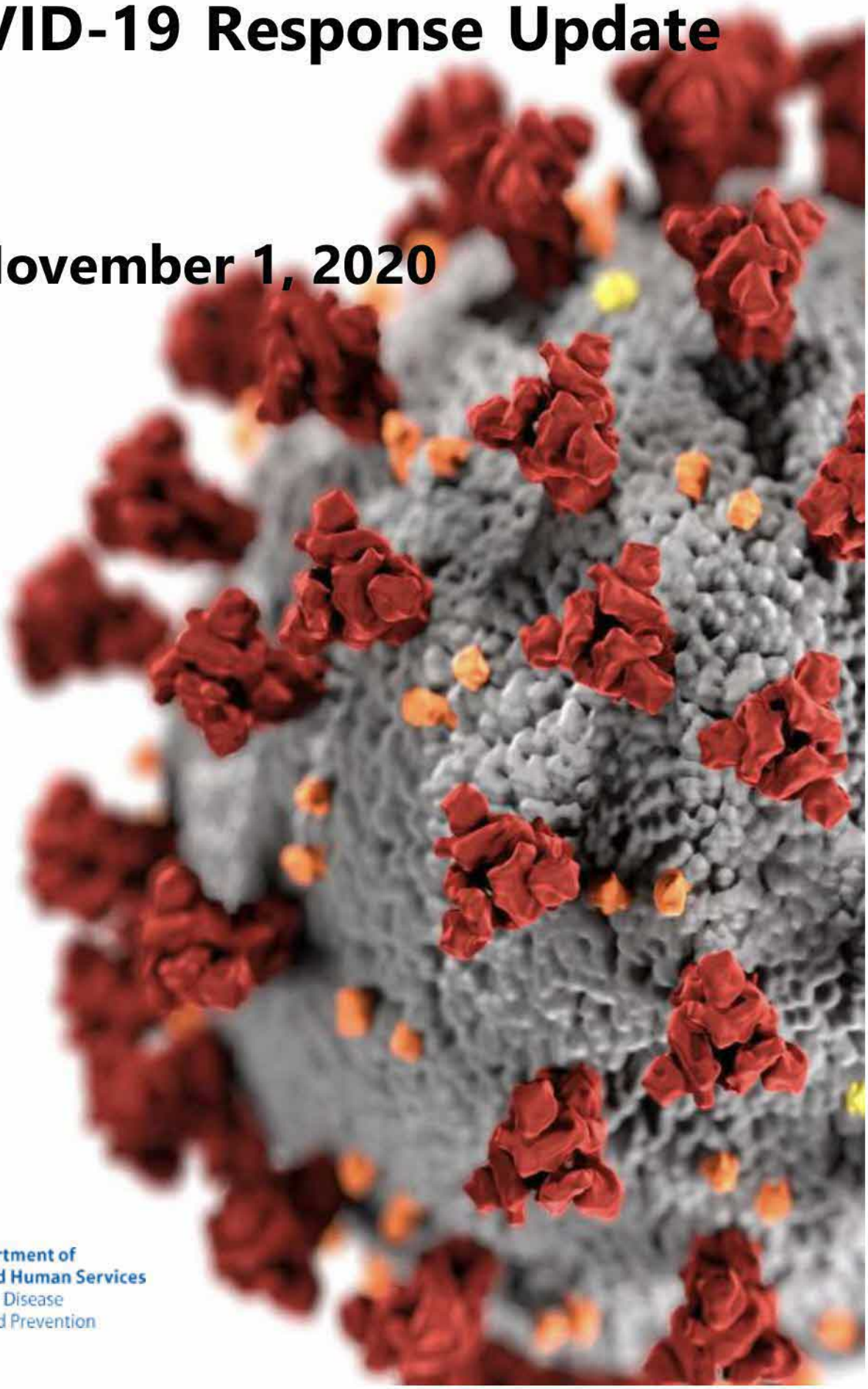
Recipient:

Sent Date: 2020/10/20 14:12:54

Delivered Date: 2020/10/20 14:12:57

CDC COVID-19 Response Update Report

Sunday, November 1, 2020



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

CDC COVID-19 Response Update Sunday, 01 Nov, 2020
INTERNAL - NOT FOR FURTHER DISTRIBUTION

Domestic Updates

Cases and Deaths by Jurisdiction

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 31 Oct 2020 *Last Updated: 01 Nov 2020 11:00*

57 Jurisdictions Reporting COVID-19 Cases[2]

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

Reporting Area[3]	Cases	New Cases[4]		Cases Per 100K			Deaths	New Deaths[4]		Deaths per 100K			CFR[5]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
AK	15,274	437	397.9	2071.2	59.3	54.0	82	1	2.0	11.1	0.1	0.3	0.5%
AL	192,285	1,789	1,287.0	3933.9	36.6	26.3	2,967	35	14.4	60.7	0.7	0.3	1.5%
AR	112,190	1,316	981.7	3722.5	43.7	32.6	1,925	25	18.3	63.9	0.8	0.6	1.7%
AZ	245,946	1,901	1,310.6	3429.4	26.5	18.3	5,979	45	15.7	83.4	0.6	0.2	2.4%
CA	922,005	5,087	4,170.7	2330.8	12.9	10.5	17,626	55	45.0	44.6	0.1	0.1	1.9%
CO	107,350	2,924	1,992.9	1884.8	51.3	35.0	2,285	7	9.6	40.1	0.1	0.2	2.1%
CT[6]	71,207	-	736.4	1993.1	-	20.6	4,616	-	5.6	129.2	-	0.2	6.5%
DE	25,126	175	182.7	2597.9	18.1	18.9	710	2	4.3	73.4	0.2	0.4	2.8%
FL	791,997	2,283	3,670.3	3718.4	10.7	17.2	16,761	41	49.1	78.7	0.2	0.2	2.1%
GA	360,790	2,565	1,597.9	3429.7	24.4	15.2	7,979	24	24.4	75.8	0.2	0.2	2.2%
HI	14,995	62	70.6	1055.6	4.4	5.0	218	3	1.0	15.3	0.2	0.1	1.5%
IA	127,966	2,941	1,905.0	4054.5	93.2	60.4	1,716	10	12.1	54.4	0.3	0.4	1.3%
ID	64,608	798	844.9	3683.0	45.5	48.2	629	3	8.1	35.9	0.2	0.5	1.0%
IL[6]	408,660	-	4,821.9	3207.4	-	37.8	9,994	-	34.7	78.4	-	0.3	2.4%
IN	179,358	3,465	2,700.6	2680.2	51.8	40.4	4,332	46	30.6	64.7	0.7	0.5	2.4%
KS[6]	85,181	-	1,278.7	2925.7	-	43.9	1,029	-	7.7	35.3	-	0.3	1.2%
KY	107,219	1,977	1,677.0	2399.5	44.2	37.5	1,485	9	11.6	33.2	0.2	0.3	1.4%
LA[6]	186,649	-	578.0	4005.4	-	12.4	5,919	-	14.1	127.0	-	0.3	3.2%
MA	164,417	1,292	1,214.0	2382.1	18.7	17.6	9,974	16	21.4	144.5	0.2	0.3	6.1%
MD	146,145	864	838.0	2418.5	14.3	13.9	4,152	5	8.0	68.7	0.1	0.1	2.8%
ME[6]	6,668	-	75.9	498.2	-	5.7	147	-	0.1	11.0	-	0.0	2.2%
MI	197,406	4,018	3,113.4	1974.9	40.2	31.1	7,699	34	25.3	77.0	0.3	0.3	3.9%
MN	148,472	3,007	2,335.7	2646.0	53.6	41.6	2,511	20	18.6	44.7	0.4	0.3	1.7%
MO	185,535	2,349	2,291.4	3028.4	38.3	37.4	3,026	2	31.6	49.4	0.0	0.5	1.6%
MS	120,500	340	740.6	4034.8	11.4	24.8	3,348	14	13.0	112.1	0.5	0.4	2.8%
MT	32,801	885	808.4	3087.7	83.3	76.1	375	11	11.6	35.3	1.0	1.1	1.1%
NC	274,635	2,805	2,334.7	2644.9	27.0	22.5	4,378	46	33.4	42.2	0.4	0.3	1.6%
ND	45,043	1,127	1,046.3	5926.1	148.3	137.7	531	7	10.7	69.9	0.9	1.4	1.2%
NE	70,732	1,087	1,073.9	3666.3	56.3	55.7	652	6	8.1	33.8	0.3	0.4	0.9%
NH	11,084	200	120.9	817.1	14.7	8.9	483	1	1.4	35.6	0.1	0.1	4.4%
NJ	237,886	1,363	1,506.7	2670.3	15.3	16.9	16,350	11	9.9	183.5	0.1	0.1	6.9%
NM	46,490	581	778.6	2218.6	27.7	37.2	1,018	11	7.6	48.6	0.5	0.4	2.2%
NV	100,763	977	850.1	3320.7	32.2	28.0	1,777	-	4.9	58.6	-	0.2	1.8%
NY City	266,628	577	807.9	3174.6	6.9	9.6	24,013	12	6.6	285.9	0.1	0.1	9.0%
NY State[7]	244,271	1,350	1,191.6	2192.1	12.1	10.7	9,263	4	9.4	83.1	0.0	0.1	3.8%
OH	215,697	2,915	2,841.6	1845.2	24.9	24.3	5,301	10	13.6	45.3	0.1	0.1	2.5%
OK	129,191	2,573	1,012.7	3276.4	65.3	25.7	1,344	31	13.1	34.1	0.8	0.3	1.0%
OR	44,921	533	510.4	1071.9	12.7	12.2	689	14	5.7	16.4	0.3	0.1	1.5%

[1] Aggregated cases and deaths are reported voluntarily by each jurisdiction. Jurisdictions may update data reported on web pages which differ from information in the table above. If the number of cases or deaths on a jurisdictional webpage differ from what is reported above, the webpage should be considered the most up to date. See Technical Information about this data on the CDC Webpage.

[2] Darker shading in columns correspond to higher values.

[3] 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.

[4] 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.

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

[6] Jurisdiction did not provide an update.

[7] New York State excludes New York City.

57 Jurisdictions Reporting COVID-19 Cases[2] 50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[3]	Cases	New Cases[4]		Cases Per 100K			Deaths	New Deaths[4]		Deaths per 100K			CFR[5]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
PA	208,027	2,510	2,200.7	1624.3	19.6	17.2	8,812	28	22.6	68.8	0.2	0.2	4.2%
RI[6]	32,874	-	393.7	3109.2	-	37.2	1,201	-	3.4	113.6	-	0.3	3.7%
SC	176,612	1,018	1,038.7	3473.8	20.0	20.4	3,935	39	20.3	77.4	0.8	0.4	2.2%
SD	45,992	1,433	1,121.6	5213.1	162.4	127.1	425	10	8.4	48.2	1.1	1.0	0.9%
TN	260,672	1,184	2,369.3	3850.4	17.5	35.0	3,353	12	36.1	49.5	0.2	0.5	1.3%
TX	900,596	7,145	6,075.0	3137.8	24.9	21.2	18,024	90	81.1	62.8	0.3	0.3	2.0%
UT	114,656	1,724	1,648.4	3627.1	54.5	52.1	604	3	5.1	19.1	0.1	0.2	0.5%
VA	182,393	1,202	1,288.9	2141.3	14.1	15.1	3,655	1	10.9	42.9	0.0	0.1	2.0%
VT	2,157	2	16.3	344.4	0.3	2.6	58	-	-	9.3	-	-	2.7%
WA	107,501	928	748.1	1426.6	12.3	9.9	2,366	-	10.0	31.4	-	0.1	2.2%
WI	237,870	5,808	4,675.9	4091.6	99.9	80.4	2,092	63	41.3	36.0	1.1	0.7	0.9%
WV	24,460	470	392.6	1354.5	26.0	21.7	457	6	5.0	25.3	0.3	0.3	1.9%
WY	13,298	270	356.1	2301.7	46.7	61.6	87	-	2.7	15.1	-	0.5	0.7%
AS	-	-	-	-	-	-	-	-	-	-	-	-	-
CNMI	96	4	-	168.8	7.0	-	2	-	-	3.5	-	-	-
DC	17,266	122	80.0	2458.0	17.4	11.4	646	-	0.6	92.0	-	0.1	3.7%
FSM	-	-	-	-	-	-	-	-	-	-	-	-	-
GU[6]	4,628	-	69.6	2791.9	-	42.0	79	-	1.4	47.7	-	0.9	1.7%
PR	66,661	533	594.0	2086.3	16.7	18.6	832	10	4.4	26.0	0.3	0.1	1.2%
PW	-	-	-	-	-	-	-	-	-	-	-	-	-
RMI[8]	2	0	0.3	3.4	0.0	0.5	0	0	0.0	0.0	0.0	0.0	0.0%
USVI	1,378	16	-	1316.4	15.3	-	21	-	-	20.1	-	-	1.5%
Total	**9,105,230**	**80,932**	**78,771.9**	**2751.4**	**24.5**	**23.8**	**229,932**	**823**	**815.9**	**69.5**	**0.2**	**0.2**	**2.5%**
Navajo[9]	11,753	59	76.6	3293.2	16.5	21.5	581	-	1.0	162.8	-	0.3	4.9%

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)	01 Nov, 11:00	9,105,230	80,932	229,932	823
1Point3Acres	01 Nov, 10:00	9,302,748	74,825	235,113	854
Johns Hopkins	01 Nov, 09:24	9,127,708	77,376	230,566	820
USAFacts	30 Oct, NA	8,864,680	89,159	226,371	987
New York Times	01 Nov, 09:22	9,199,205	76,170	230,495	823
WorldoMeter	01 Nov, 10:26	9,407,653	83,909	236,121	867
COVID Tracking Project	31 Oct, 16:00	9,077,689	90,058	222,316	960

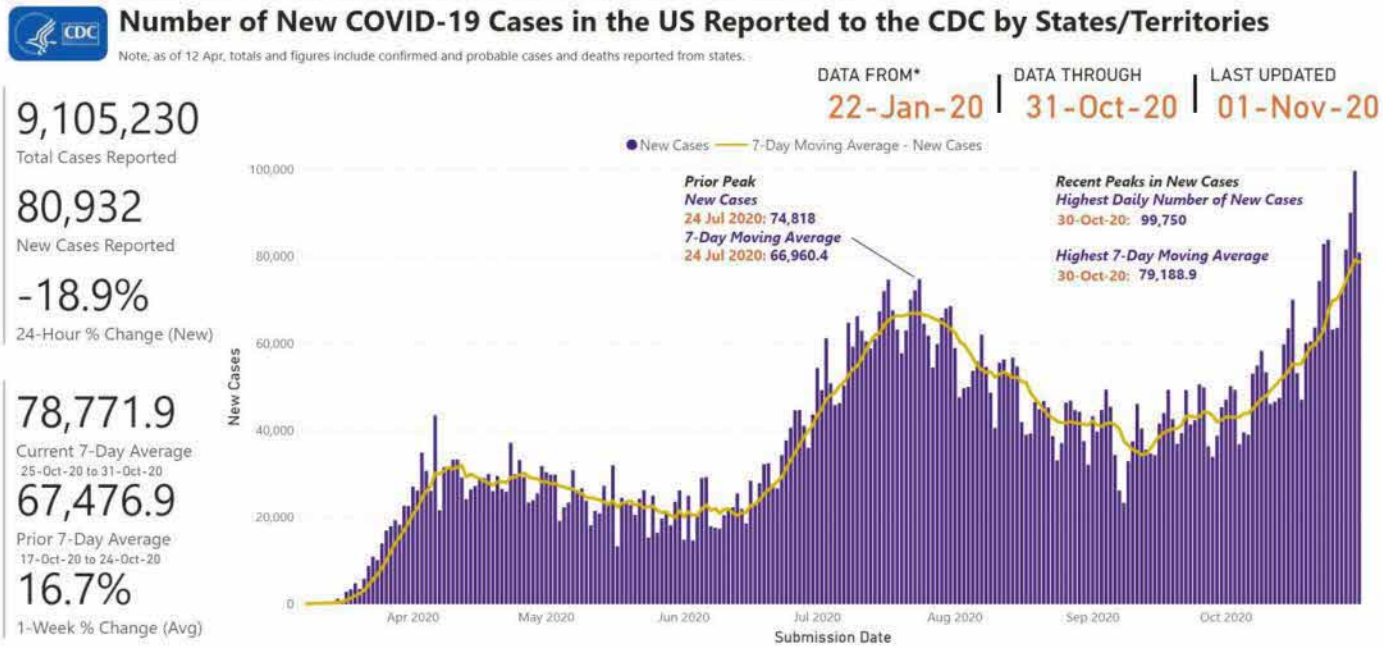
[8] Jurisdiction reported zero new cases and zero new deaths.

[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

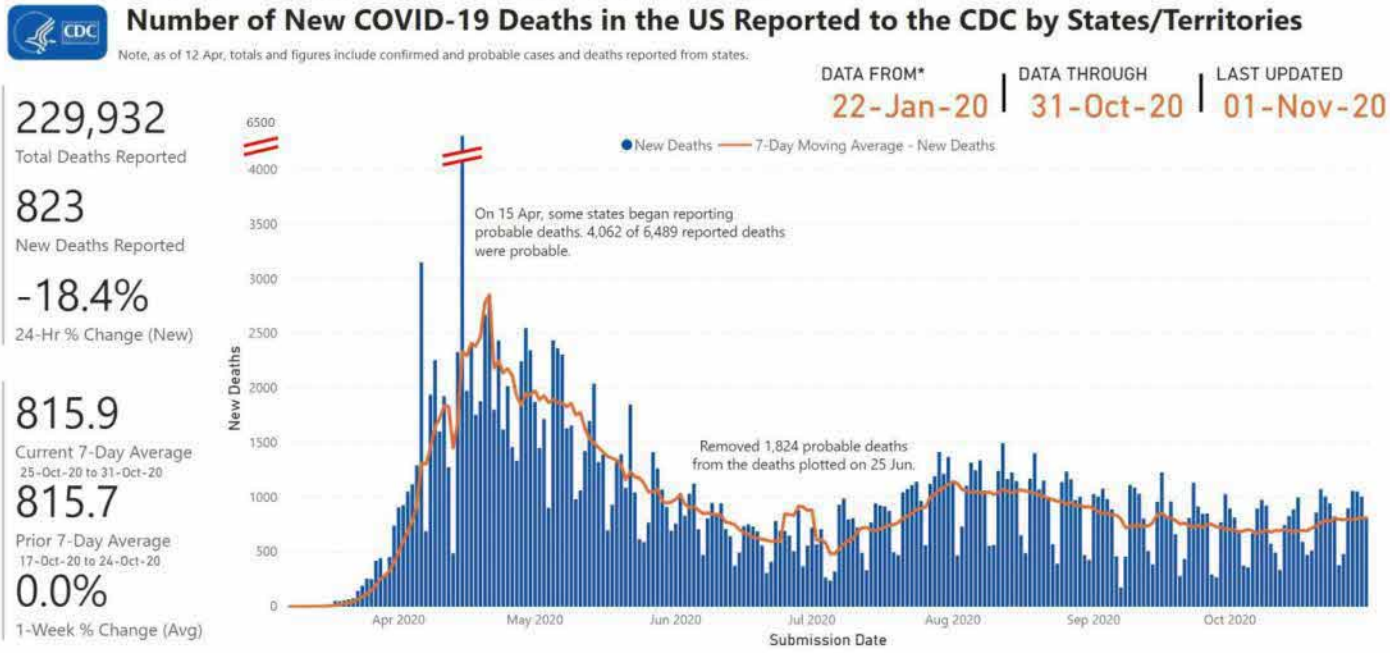
Data Through 31 Oct 2020 *Last Updated: 01 Nov 2020 11:00*
Source: CDC/CPR/DEO Situational Awareness Branch (Data: DCIPHER[11])



Data Sources, References & Notes: Total cases were 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. Number includes 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. The 7-day moving average of new cases (current day + 6 preceding days / 7 days) was calculated to smooth expected variations in daily counts. CDC's overall case numbers were 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 Through 31 Oct 2020 *Last Updated: 01 Nov 2020 11:00*
Source: CDC/CPR/DEO Situational Awareness Branch (Data: DCIPHER)

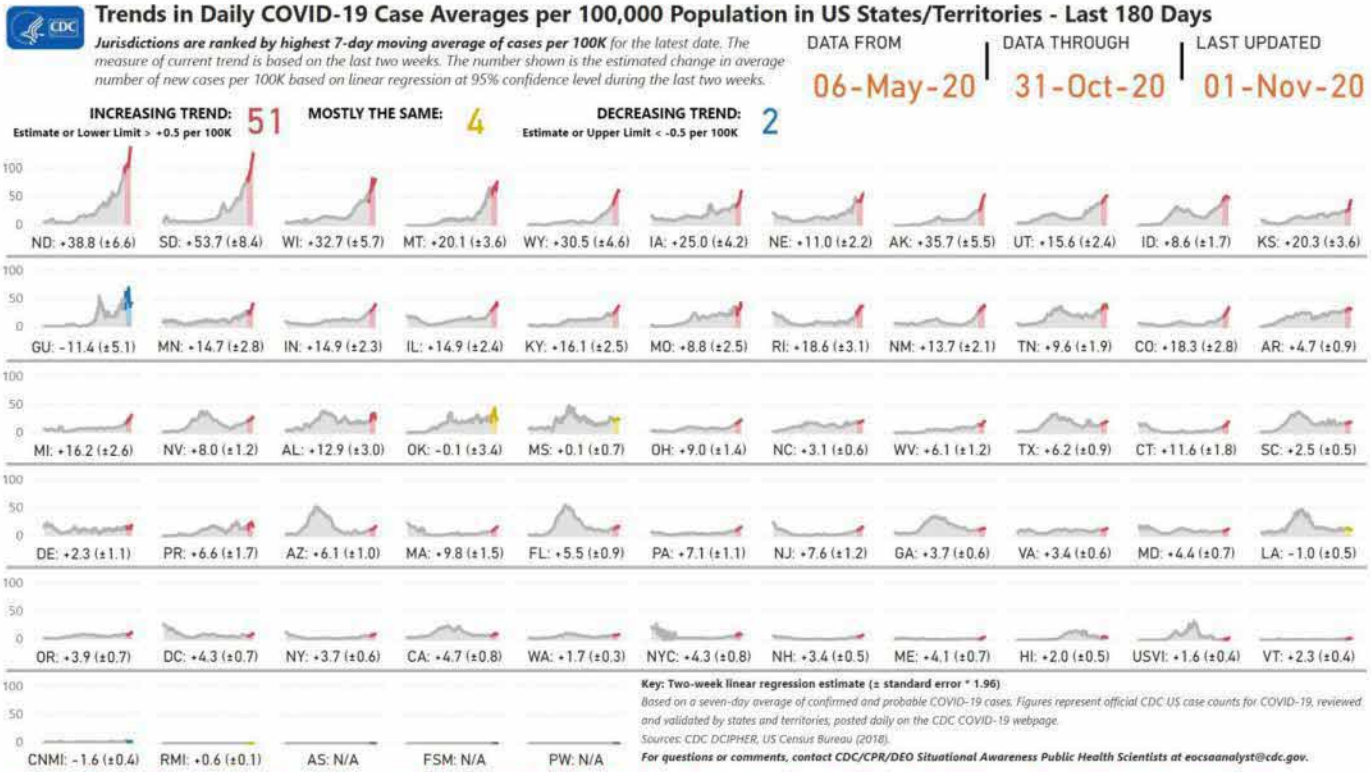


Data Sources, References & Notes: Total deaths were based on aggregate counts of COVID-19 deaths reported by state and territorial jurisdictions to the Centers for Disease Control and Prevention (CDC) since 22 Jan 2020, with the exception of persons repatriated to the United States from Wuhan, China, and Japan. Number includes 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. The 7-day moving average of new deaths (current day + 6 preceding days / 7 days) was calculated to smooth expected variations in daily counts. CDC's overall death numbers were 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.*

[11] Data Collation and Integration for Public Health Event Response.

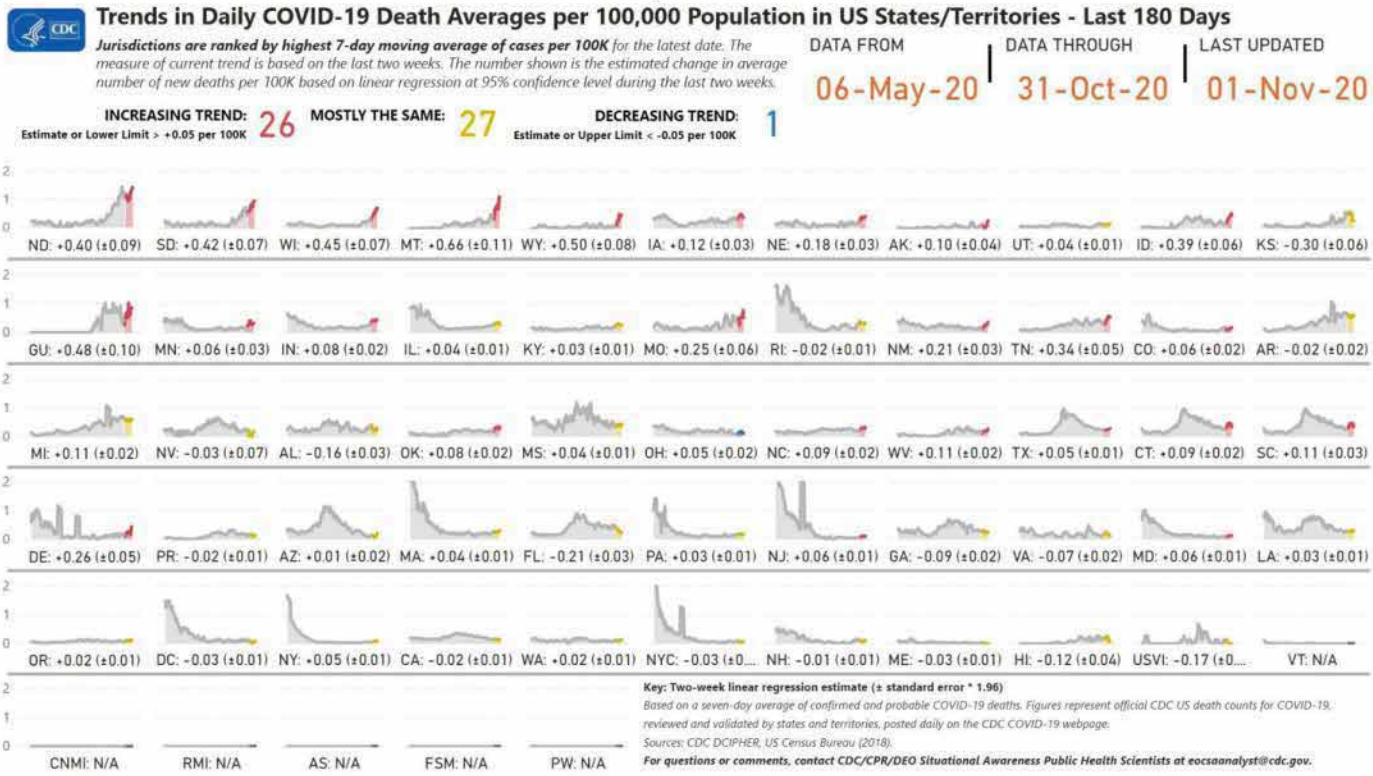
Daily Trends in the Number of New COVID-19 Cases in the United States by State/Jurisdiction per 100,000 Population

Data: 06 May 2020 – 31 Oct 2020 *Last Updated: 01 Nov 2020, 11:00*
Source: CDC/CPR/DEO Situational Awareness Branch (Data: DCIPHER)



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

Data: 06 May 2020 – 31 Oct 2020 *Last Updated: 01 Nov 2020, 11:00*
Source: CDC/CPR/DEO Situational Awareness Branch (Data: DCIPHER)



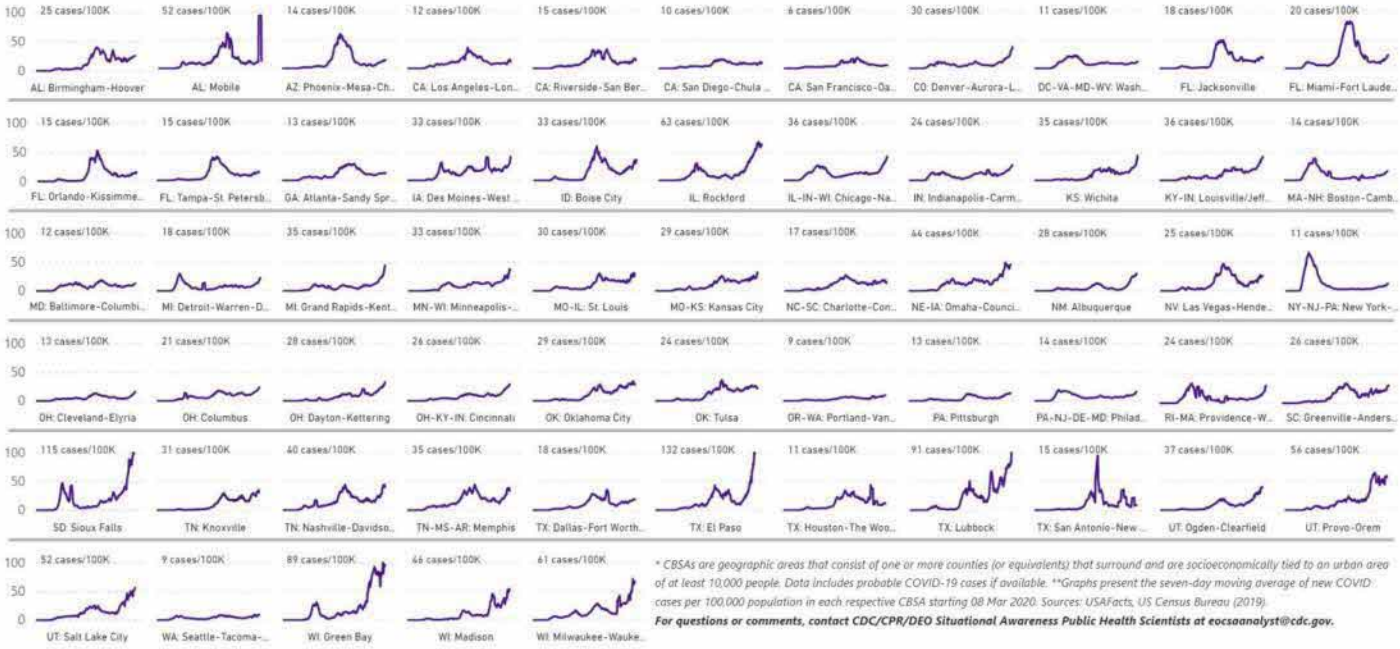
Daily Trends in New COVID-19 Cases in the United States per 100,000 Population by CBSA

Data: 22 Jan 2020 – 30 Oct 2020 *Last Updated: 01 Nov 2020, 9:00*
Source: CDC/CPR/DEO Situational Awareness Branch (Data: 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 (DATA FROM**) | 30-Oct-20 (DATA THROUGH) | 01-Nov-20 (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.
Number shown is the average daily cases per 100K in the last two weeks.



** 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 – 30 Oct 2020 *Last Updated: 01 Nov 2020, 9:00*
Source: CDC/CPR/DEO Situational Awareness Branch (Data: USAFACTS)

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

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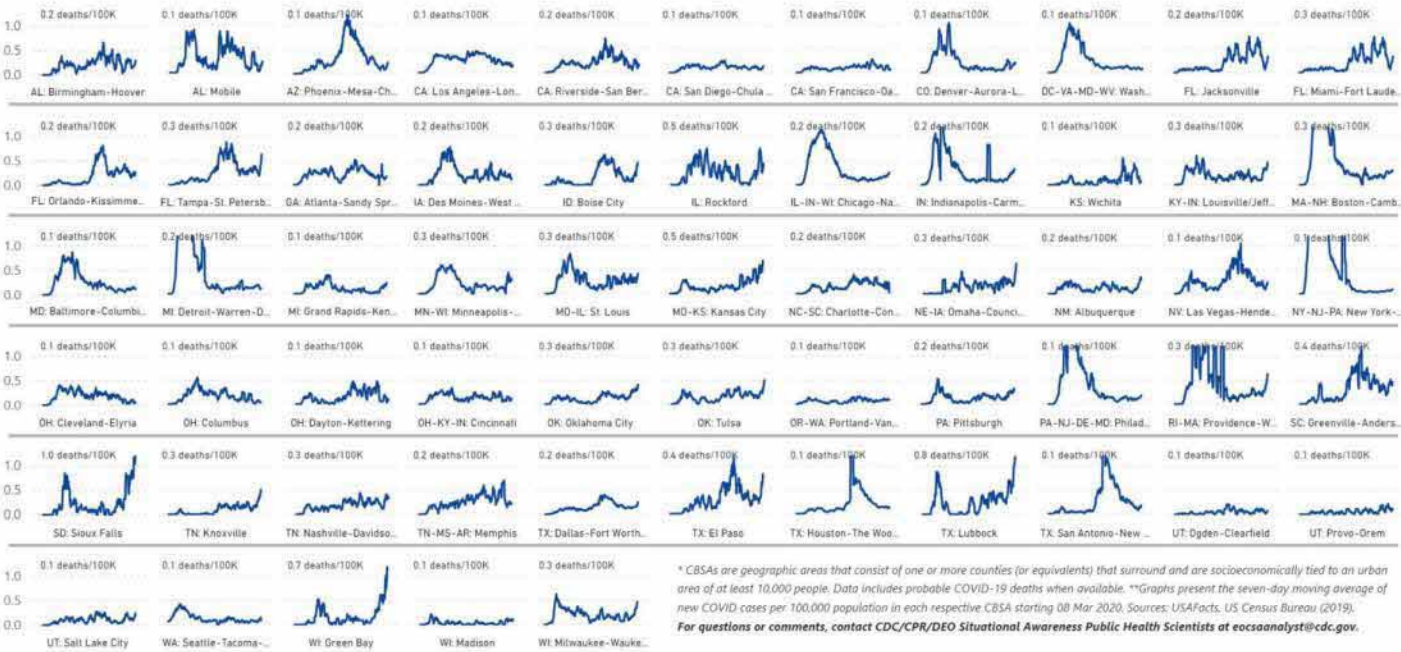
Number shown is the average daily deaths per 100K in the last two weeks.



** 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

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

Data as of 31 Oct 2020

- Cases: 201,037 (+824)
- 785 Deaths (+1)
  - 206 in CA
  - 190 in IL
  - 68 in OH
  - 47 in MA
  - 33 in NV
  - 31 in MI
  - 29 in TN
  - 25 in NC
  - 25 in NY
  - 20 in PA
  - 18 in WA
  - 16 in AR
  - 15 in IA
  - 14 in MN
  - 11 in LA
  - 8 in KS
  - 8 in NH
  - 7 in NJ
  - 4 in CO
  - 4 in UT
  - 3 in DC
  - 2 in PR
  - 1 in VI

From: (b)(3):50 USC 3024(i); (b)(6)
Sent: Sun, 1 Nov 2020 23:19:57 +0000
To: (b)(3):10 USC 424; (b)(6)
Cc:
Subject: CDC COVID-19 Update 01Nov2020 (For Internal USG only)
Attachments: (FOUO) CDC COVID-19 RESPONSE UPDATE 20201101.pdf, 2020_10_30_Science Update_Final Public.pdf

Good Afternoon,

Please see attached CDC Reports:

Cases/deaths as of 01 Nov 2020:
- 9,105,230 confirmed and probable U.S. cases, +80,932 since yesterday
- 229,932 U.S. deaths reported to CDC, +823 since yesterday
- 45,942,902 confirmed cases worldwide (WHO dashboard data)

Highlights:
- Case Counts and Deaths: 7-week trend of increasing daily cases continues; 7-day moving case average is up 16.7% from the previous 7-days; 7-day death average is unchanged from the previous 7-days.

New/Updated Guidance:
- Travel Health Notices (THNs): https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html; No additional updates since 26 Oct. Significant updates are anticipated to CDC's Travel Health Notice determination algorithms the 2nd week in November (maybe as early as next week?!)
- How to Select, Wear, and Clean Your Mask: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html; Choose masks that have two or more layers of washable, breathable fabric that completely cover your nose and mouth and fit snugly against your face without gaps;**Gaiters are okay**if they have two layers or are folded to make two layers; Use of a face shield alone is ineffective and not recommended, i.e. you still need to wear a mask.
- Tips for Voters to Reduce Spread of COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/going-out/voting-tips.html;

Science Update Highlights:

- **Five studies on tocilizumab (Actemra) for COVID-19 treatment**: Despite a strong rational for early off-label use of tocilizumab in COVID-19 treatment, these studies do not support its routine use. This aligns with current NIH guidelines, which also does not recommend its use.

-Herd Immunity and Implications for SARS-CoV-2

Control: https://jamanetwork.com/journals/jama/fullarticle/2772167; We need a widely available and broadly acceptable vaccine in order to achieve herd immunity. Natural herd immunity could cost an unacceptable 1M deaths to achieve.

- **Waning Antibody Responses in Asymptomatic and Symptomatic SARS-CoV-2**

Infection: https://wwwnc.cdc.gov/eid/article/27/1/20-3515_article; Bad news: Naturally acquired humoral immunity against SARS-CoV-2 might not be long-lasting.

MMWR Publications:

-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/

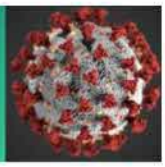
(b)(6)

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

(b)(6)

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

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 *****

IL-6 and Tocilizumab

Cytokine storm syndrome, seen in some COVID-19 patients, results from an excessive inflammatory response that can aggravate respiratory failure and lead to systemic organ failure and death. The cytokine interleukin-6 (IL-6) has appears to be a potentially important mediator of the cytokine storm syndrome. Tocilizumab, a monoclonal antibody that blocks IL-6 and is used to treat rheumatoid arthritis, has been examined as a potential treatment for COVID-19. Below we share summaries of a series of studies evaluating the ability of tocilizumab to prevent clinical worsening and death of COVID-19 patients.

PEER-REVIEWED

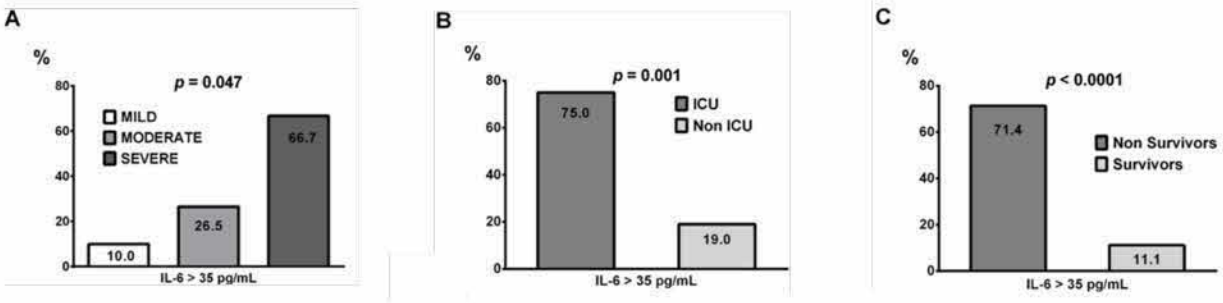
High serum IL-6 values increase the risk of mortality and the severity of pneumonia in patients diagnosed with COVID-19. Guirao *et al.* Molecular Immunology (October 14, 2020).

Key findings:

- IL-6 serum concentrations above 35 pg/mL were associated with a higher risk of (Figure):
  - More severe pneumonia (OR = 4.47, 95% CI 1.15-17.45, p = 0.031).
  - Increased risk of mortality (OR = 20.00, 95% CI 4.21-94.91, p = 0.0001).
  - ICU admission (OR = 12.75, 95% CI 2.16-75.33, p = 0.005).
- Of the 27 patients treated with tocilizumab, 8 (28%) died, while 6 (26%) of the 23 patients who were not treated with tocilizumab died.

Methods: Retrospective cohort study of 50 patients hospitalized with mild (n = 10), moderate (n = 34), or severe (n = 6) SARS-CoV-2 pneumonia in Spain, between April 1 and April 30, 2020. IL-6 serum concentrations were evaluated against clinical parameters to establish a predictive indicator of clinical outcomes. Some patients were given tocilizumab. *Limitations*: Small sample size; tocilizumab treatment not randomized.

Figure:



Note: From Guirao *et al*. Percentage of patients with IL-6 serum concentrations above 35 pg/mL (y-axis and numbers within bars) depending on the pneumonia severity, **(A)**, ICU admission **(B)** and mortality **(C)**. Reprinted from Molecular Immunology. Guirao *et al.*, High serum IL-6 values increase the risk of mortality and the severity of pneumonia in patients diagnosed with COVID-19. DOI: https://doi.org/10.1016/j.molimm.2020.10.006. Copyright (2020), with permission from Elsevier.

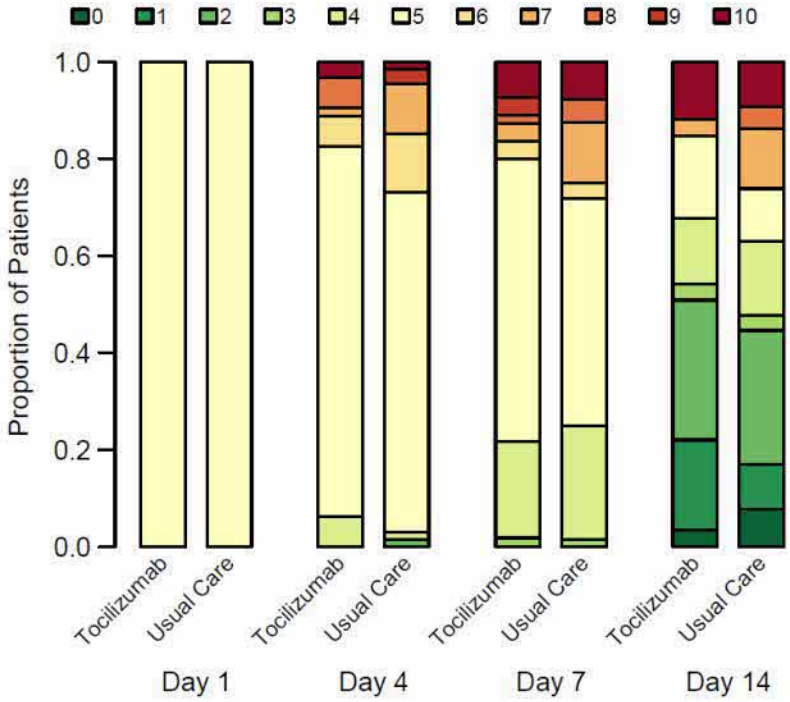
Effect of tocilizumab vs usual care in adults hospitalized with COVID-19 and moderate or severe pneumonia: A randomized clinical trial. Hermine *et al.* JAMA Internal Medicine (October 20, 2020).

Key findings:

- Patients receiving tocilizumab had similar scores to the usual care [UC] group on the World Health Organization 10-point Clinical Progression Scale (WHO-CPS) on day 4 (Figure).
    - 12 of 63 (19%) patients randomized to receive tocilizumab had a WHO-CPS score higher than 5 vs 19 of 667 (28%) in the UC group (absolute difference -9%, 90% credible interval -21.0-3.1).
- On day 14, the proportion of patients with noninvasive ventilation (NIV), high flow oxygen, mechanical ventilation (MV) or death was lower in the tocilizumab group: 24% (95% CI 13%-35%) compared with 36% (95% CI 33%-58%) in the UC group.
- No difference in mortality over 28 days was found between the two groups.

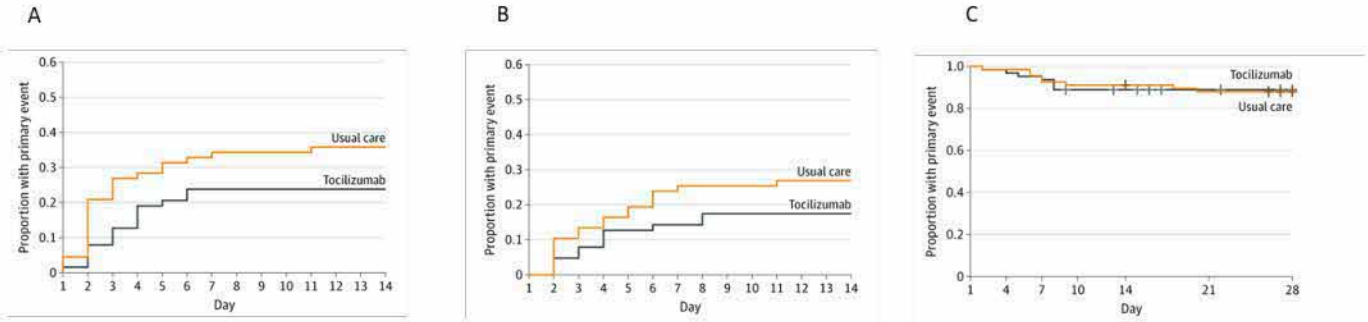
Methods: A randomized clinical trial of UC (n = 67) vs UC plus tocilizumab (n = 64) in patients with COVID-19 and moderate or severe pneumonia conducted from March 31 to April 18, 2020 in 9 hospitals in France. Primary outcomes were scores >5 (death or needing NIV or MV) on the WHO-CPS on day 4, and survival without need of ventilation at day 14, with follow up through 28 days. *Limitations*: Trial was not blinded; UC could have differed among centers over time; may not be generalizable to COVID-19 patients without pneumonia.

Figure 1



Note: Adapted from Hermine *et al*. WHO-CPS scores during 14-day follow up. WHO-CPS scores (0 = uninfected; 1-3 = ambulatory; 4 = hospitalized with mild disease and no oxygen requirement; 5 = hospitalized with mild disease and supplemental oxygen; 6–9 = hospitalized with severe disease requiring ventilation; 10 = death). Reproduced with permission from JAMA Internal Medicine. Hermine *et al.,* Effect of tocilizumab vs usual care in adults hospitalized with COVID-19 and moderate or severe pneumonia: A randomized clinical trial. DOI: 10.1001/jamainternmed.2020.6820. Copyright©2020 American Medical Association. All rights reserved.

Figure 2



Note: Adapted from Hermine *et al*. **A:** Probability of primary outcome death, mechanical ventilation, high-flow oxygen or non-invasive ventilation at day 14. **B:** Probability of death or mechanical ventilation at day 14. **C:** Probability of overall survival at day 28 in **usual care** or **tocilizumab** groups. Reproduced with permission from JAMA Internal Medicine. Hermine *et al.,* Effect of tocilizumab vs usual care in adults hospitalized with COVID-19 and moderate or severe pneumonia: A randomized clinical trial. DOI: 10.1001/jamainternmed.2020.6820. Copyright©2020 American Medical Association. All rights reserved.

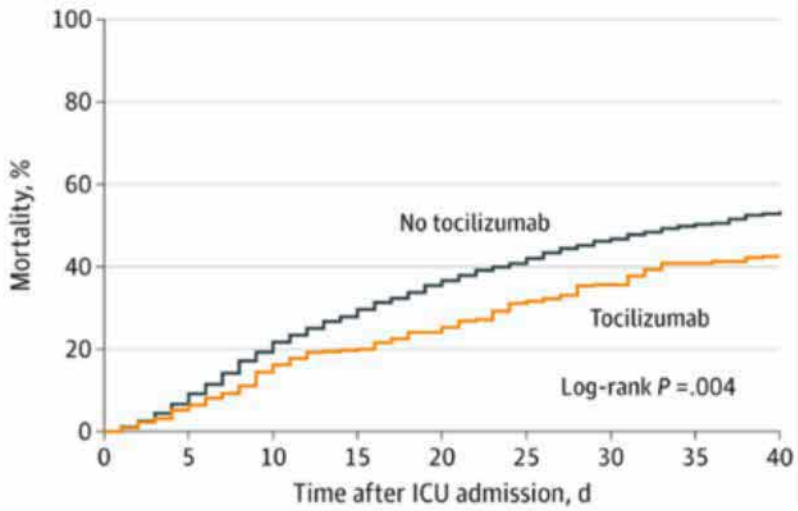
Association between early treatment with tocilizumab and mortality among critically ill patients with COVID-19. Gupta *et al.* JAMA Internal Medicine (October 20, 2020).

Key findings:

- Patients treated within 2 days of ICU admission with tocilizumab (n = 433) had a lower risk of death compared with those not treated with tocilizumab (n = 3,491) (hazard ratio [HR] 0.71, 95% CI 0.56-0.92) (Figure).
    - 125 (28.9%) of patients treated with tocilizumab and 1,419 (40.6%) of patients not treated with tocilizumab died.
    - The estimated 30-day mortality was 27.5% (95% CI 21.2%-33.8%) in the tocilizumab-treated patients and 37.1% (95% CI 35.5%-38.7%) in the non-tocilizumab-treated patients (risk difference, 9.6%, 95% CI 3.1%-16.0%).
- Compared to patients who did not receive tocilizumab, tocilizumab-treated patients:
    - Were younger (median age, 58 vs 63 years).
    - Had fewer comorbidities (hypertension, 54.0% vs 62.6%, coronary artery disease, 9.0% vs 14.4%, or congestive heart failure, 5.3% vs 11.1%).
    - Were more likely to have severe hypoxemia (47.3% vs 37.9%).
    - Were more likely to receive corticosteroids on ICU admission (18.7% vs 12.6%).

Methods: Multicenter cohort study of 3,924 COVID-19 ICU patients at 68 hospitals in the US from March 4 to May 10, 2020. Patients were followed until hospital discharge, death, or June 12, 2020. The primary outcome was in-hospital death. *Limitations*: No details of other medications given; not randomized.

Figure:



Note: From Gupta *et al.* Mortality in tocilizumab-treated vs non-tocilizumab-treated patients. Reproduced with permission from JAMA Internal Medicine. Gupta *et al.,* Association between early treatment with tocilizumab and mortality among critically ill patients with COVID-19. DOI: 10.1001/jamainternmed.2020.6252.

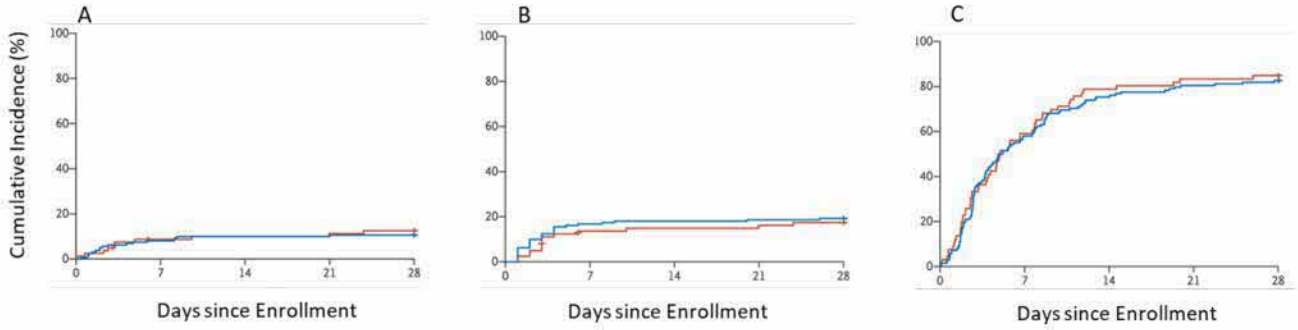
Efficacy of tocilizumab in patients hospitalized with COVID-19. Stone *et al*. NEJM. (October 21, 2020).

Key findings:

- Compared to placebo, early administration of tocilizumab in hospitalized COVID-19 patients did not (Figure):
  - Prevent progression to intubation or death (hazard ratio [HR] 0.83, 95% CI 0.38-1.81, p = 0.64).
  - Prevent clinical worsening (HR 1.11, 95% CI 0.59-2.10, p = 0.73).
  - Reduce duration of supplemental oxygen (HR 0.94, 95% CI 0.67-1.30, p = 0.69).

Methods: Randomized (2:1), double-blind placebo-controlled trial among 243 hospitalized COVID-19 patients at 7 Boston hospitals between April 20 and June 15, 2020. Enrolled patients had pulmonary infiltrates and/or a need for supplemental oxygen and laboratory evidence of a hyperinflammatory response. *Limitations*: Observed primary event rate was lower than anticipated; wide confidence intervals.

Figure:



Note: Adapted from Stone *et al*. Cumulative incidence of mechanical ventilation or death **(A)**, clinical worsening **(B)**, or discontinuation of supplemental oxygen **(C)** in the **tocilizumab group** and **standard care group**. From NEJM. Stone *et al.*, Efficacy of tocilizumab in patients hospitalized with COVID-19. DOI: 10.1056/NEJMoa2028836. Copyright © 2020 Massachusetts Medical Society. Reprinted with permission from Massachusetts Medical Society.

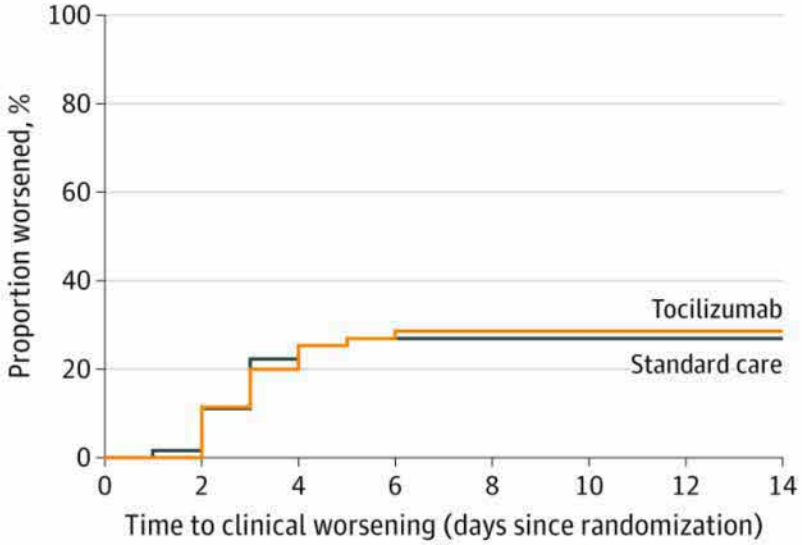
Effect of tocilizumab vs standard care on clinical worsening in patients hospitalized with COVID-19 pneumonia: A randomized clinical trial. Salvarani *et al.* JAMA Internal Medicine (October 20, 2020).

Key findings:

- There was no difference in rates of clinical worsening (admission to ICU with mechanical ventilation, respiratory distress, or death) in patients who received tocilizumab, n = 17, 28.3%, compared with those who received standard care, n = 17; 27.0% (rate ratio = 1.05, 95% CI 0.59-1.86, p = 0.87) (Figure 1).
  - Groups did not differ in time to clinical worsening.
- Patients who received tocilizumab did not differ from control patients in ICU admission rate (10.0% vs 7.9%) or in rate of hospital discharge at 14 (56.7% vs 57.1%) or 30 days (90.0% vs 92.1%).

Methods: 24-center, open-label, randomized clinical trial (RCT) conducted from March 31 to June 11, 2020 in Italy comparing tocilizumab treatment to standard care in hospitalized patients with COVID-19 pneumonia. Patients were randomized to receive either tocilizumab (n = 60) or standard care (n = 63). Primary outcome was clinical worsening. Patients were clinically assessed for 14 days and followed for ≥30 days to determine ICU admission and mortality. *Limitations*: Open-label trial; patients not matched on baseline characteristics; no data for patients with more severe disease.

Figure:



Note: From Salvarini *et al.* Cumulative clinical worsening in **tocilizumab** and **standard care** groups. Reproduced with permission from JAMA Internal Medicine. Salvarini *et al.,* Effect of Tocilizumab vs Standard Care on Clinical Worsening in Patients Hospitalized With COVID-19 Pneumonia: A Randomized Clinical Trial. DOI: 10.1001/jamainternmed.2020.6615. Copyright©2020 American Medical Association. All rights reserved.

Implications from Guirao *et al.*, Hermine *et al.*, Gupta *et al.*, Stone *et al.*, & Salvarini *et al.*: High serum concentrations of IL-6 are strongly associated with severe COVID-19 and serve as the biologic basis for early off-label use of tocilizumab for COVID-19. While the two cohort studies (Gupta & Hermine) did see a benefit of tocilizumab, the RCTs presented did not show that tocilizumab shortened the COVID-19 clinical course or decreased mortality (Stone & Salvarini). A commentary on these studies by Parr elaborates on the confounders associated with observational studies and why high-quality RCTs should guide decisions about tocilizumab use in COVID-19 patients. The studies presented here support current National Institutes of Health and Infectious Disease Society of America guidelines that do not recommend routine tocilizumab use for treatment of COVID-19.

Epidemiology

PEER-REVIEWED

Herd immunity and implications for SARS-CoV-2 control. Omer *et al.* JAMA Insights (October 19, 2020).

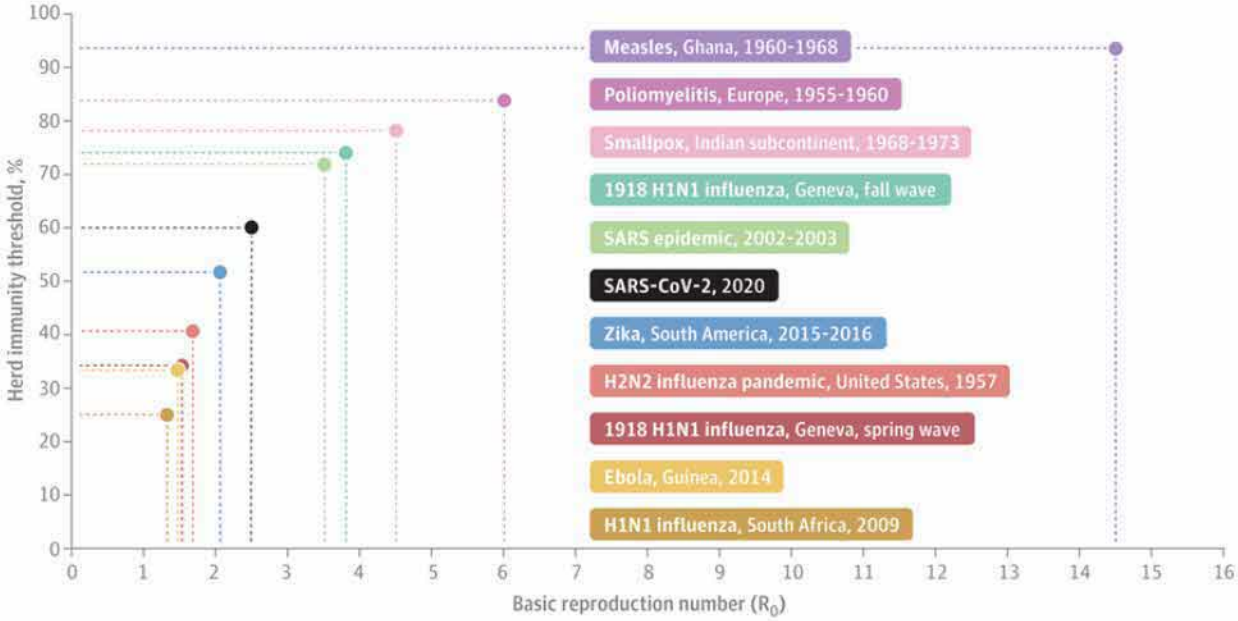
Key findings:

- Highly communicable pathogens have a large reproductive number (R_0); therefore, a greater proportion of the population must be immune to decrease sustained transmission and achieve herd immunity (Figure).
- Herd immunity threshold (~60% for SARS-CoV-2) in the US without vaccination would require 198 million infections (Figure).
    - With a 0.5% fatality rate, up to 1 million deaths could result.
- Currently, it is estimated that <10% of the population has been infected based on antibody testing.
    - There is little precedent for achieving herd immunity without vaccination.
    - While a SARS-CoV-2 vaccine could help achieve herd immunity, effectiveness and potential coverage of a future vaccine are not yet known.

Methods: Discussion contextualizing herd immunity in relation to COVID-19 and other major communicable diseases. *Limitations*: Assumptions for herd immunity threshold for SARS-CoV-2 include no underlying population immunity and equal susceptibility and infectiousness for all individuals.

Implications: Without an effective vaccine that is widely available and broadly adopted, the US will likely not achieve protection against SARS-CoV-2 through herd immunity.

Figure:



Note: Adapted from Omer *et al*. Herd immunity thresholds by disease in locations where the threshold was measured. SARS-CoV-2 threshold is estimated. Reproduced with permission from JAMA Insights. Omer *et al.,* Herd immunity and implications for SARS-CoV-2 control. DOI: 10.1001/jama.2020.20892. Copyright©2020 American Medical Association. All rights reserved.

Transmission of SARS-CoV-2 in children aged 0 to 19 years in childcare facilities and schools after their reopening in May 2020, Baden-Württemberg, Germany. Ehrhardt *et al.* Eurosurveillance (September 10, 2020).

Key findings:

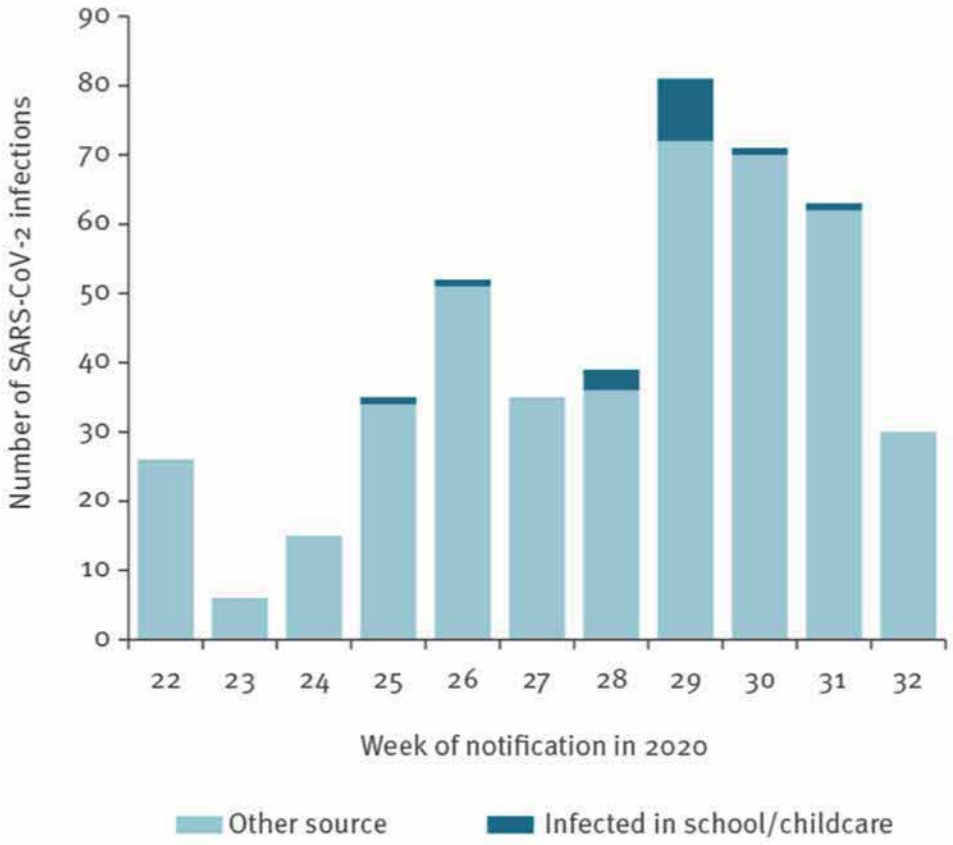
- Child-to-child transmission in schools and childcare facilities was not common and was not the primary cause of SARS-CoV-2 infection in children.
- 137 (30%) of 453 COVID-19 cases among children 0–9 years of age attended school or childcare settings for at least 1 day in their infectious period, 316 (70%) were at home during their entire infectious period.
    - 6/137 (4.4%) infected a total of 11 additional students, no secondary infections were detected for the remaining cases.
    - Four students were infected by two teachers.
    - All remaining cases (n = 437) were infected by sources outside of school and childcare facilities (Figure).
- Infection prevention and control measures were not uniformly implemented in childcare facilities and schools.

Methods: Epidemiological investigation of 453 COVID-19 cases in 0–19-year-olds who attended schools/childcare facilities between May 25 and August 5, 2020, in Baden-Württemberg, Germany, to assess their role in

transmission. *Limitations*: Inconsistent infection control measures across locations; study was conducted in one federal state in Germany and may not be generalizable.

Implications: Child-to-child transmission may not be an important driver of transmission of SARS-CoV-2 in school and childcare settings.

Figure:



Note: Adapted from Ehrhardt *et al*. Weekly number of SARS-CoV-2 infections in 0–19-year-olds by source of infection. Cases infected in school/childcare facility and cases infected by other sources. Licensed under CC 4.0.

Modeling & Transmission

PEER-REVIEWED

Modeling COVID-19 scenarios for the United States. IHME COVID-19 Forecasting Team, Nature Medicine (Oct. 23, 2020).

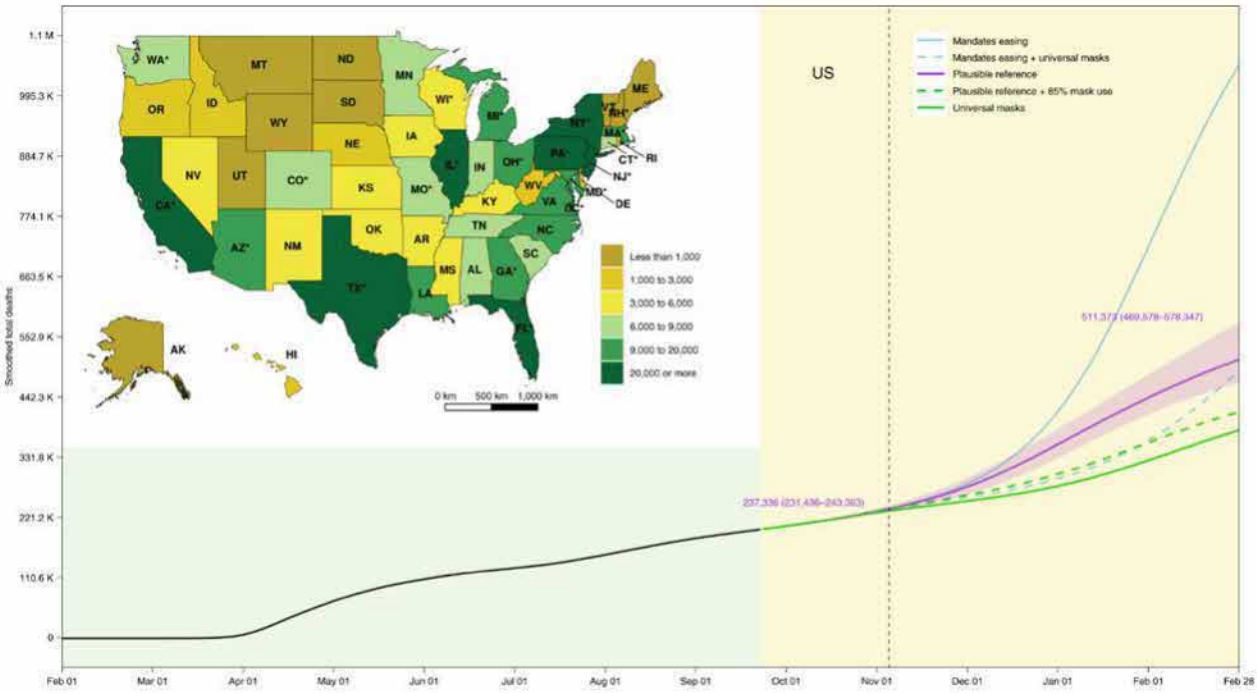
Key findings:

- Projected cumulative lives *lost* to COVID-19 between September 2020 and February 2021:
  - Reference scenario: 511,373 lives lost (uncertainty Interval [UI] 496,578–578,347).
  - Mandate easing scenario: 1,053,206 lives lost (UI 759,693–1,452,397).
- Projected lives *saved* with non-pharmaceutical interventions:
  - Universal, 95%, mask wearing scenario and social distancing: 129,574 lives saved (UI 85,284–170,867).
  - 85% mask wearing and social distancing: 95,814 lives saved (UI 60,731–133,077).

Methods: A hybrid, compartmental model was used to examine potential state-level effects of non-pharmaceutical interventions (NPI) from September 2020 to February 2021. Three boundary scenarios were modeled: "mandate easing", states continue to ease social distancing mandates with no new mandates (worst case scenario), "plausible reference" in which states may re-implement mandates in response to rising infections, and "universal (95%) mask use" (best case scenario) in which mandates may also be reinstated. Two derivative scenarios to add nuance to the boundary scenarios were modeled: plausible reference + 85% mask use" and "mandate easing + universal (95%) mask use" in the absence of NPI. Key model assumption: SARS-CoV-2 seasonality similar to pneumonia. *Limitations:* Large number of simplifying assumptions; uncertainty around transmission parameters; mixing by location not incorporated; limited sensitivity analyses.

Implications: Under all scenarios the COVID-19 pandemic in the US is projected to accelerate through February 2021 resulting in significant loss of life. Universal mask wearing combined with social distancing mandates when daily deaths reach threshold values is projected to save the most lives.

Figure:



Note: From IHME COVID-19 Forecasting Team. Projected cumulative US COVID-19 Deaths, February 2020 to February 2021. Inset map displays the cumulative deaths by state under the plausible reference scenario on 28 February 2021. The observed part of the time series before September 22, 2020, and the predicted part after that date, are shaded. The dashed vertical line is 3 November 2020. Solid lines represent boundary scenarios and dashed lines represent derivative scenarios. Numbers are the means and UIs for the plausible reference scenario on the highlighted dates. An asterisk indicates states with population centers exceeding 2 million persons. Licensed under CC-BY.

Antibody Response

PEER-REVIEWED

Decline of humoral responses against SARS-CoV-2 spike in convalescent individuals. Beaudoin-Bussières *et al.* mBio (October 16, 2020).

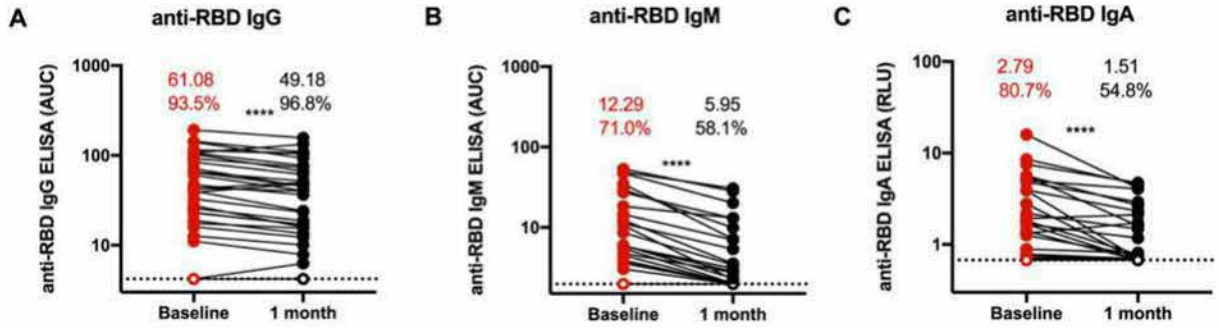
Key findings:

- Levels of spike protein receptor binding domain (RBD)-specific IgG, IgA, and IgM antibodies in convalescent plasma (CP) significantly decreased from baseline (median 6 weeks after onset of symptoms) to 1-month follow-up (p <0.0001) (Figure).
    - The proportion of individuals with detectable anti-RBD IgM and IgA decreased from baseline to 1 month by 13% and 25%, respectively.
- 96.8% of CP had antibody that bound to both SARS-CoV-2 RBD forms at baseline and 1 month.
    - The levels of antibodies binding to both forms decreased from baseline to 1 month.
- Neutralizing activity against both SARS-CoV-2 forms was detected in 71% of CP at baseline; the proportion decreased at 1 month to 41.9% (VSV-G) and 51.6% (D614G).
    - Level of neutralizing activity also decreased from baseline to 1 month (p <0.0001 for both forms).

Methods: Plasma was collected from 31 convalescent COVID-19 donors at a median of 6 weeks after symptom onset and again 1 month later, and tested for RBD-specific antibodies (IgG, IgM, and IgA), binding to full-length SARS-CoV-2 spike protein, and ability to neutralize wildtype (WT) SARS-CoV-2 S and a variant (with the D614G mutation). *Limitations*: Large range in days from symptom onset to collection of first sample; lack of clinical and demographic characteristics on donors.

Implications: These data support previous work indicating a consistent decline in humoral responses following a post-symptom peak in antibody levels. If neutralizing activity is important for the beneficial effects of CP transfusion, then these data highlight the need for rapid collection of plasma following donor recovery.

Figure:



Note: From Beaudoin-Bussières *et al.* Change in antibody levels and percent of samples showing antibody response at **baseline** and **one month later**. White circles indicate undetectable levels. Numbers indicate mean level and percentages indicate proportion showing response (**** p <0.0001). Licensed under CC-BY.

Waning antibody responses in asymptomatic and symptomatic SARS-CoV-2 infection. Choe *et al.* Emerging Infectious Diseases (August 26, 2020).

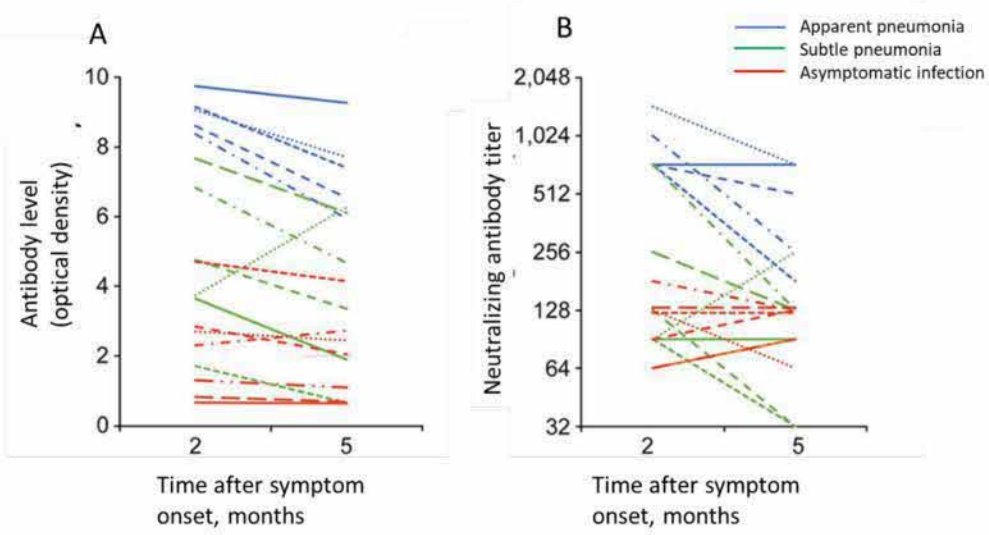
Key findings:

- Antibody titers correlated with disease severity.
  - The geometric mean titer was 105 among asymptomatic persons, 161 among patients with subtle pneumonia, and 891 among patients with apparent pneumonia.
  - The geometric mean titer of neutralizing antibodies declined from 219.4 at 2 months after infection to 143.7 at 5 months after infection.
- 71% of asymptomatic patients had detectable antibodies at 2 months after infection which declined to 57% at 5 months after infection.
- 100% of patients with pneumonia had detectable antibodies at 2 months after infection.
  - At 5 months, 83% of patients with subtle pneumonia and 100% of patients with apparent pneumonia had detectable antibodies.

Methods: SARS-CoV-2 antibodies and virus neutralization was evaluated in 7 asymptomatic and 11 symptomatic patients with pneumonia (classified as subtle [n = 6] or apparent [n = 5]) in a hospital setting in South Korea. A ≥4 -fold reduction in antibody titer was considered a decrease. *Limitations:* Symptomatic patients with pneumonia were older and increasing age is associated with a stronger antibody response to SARS-CoV-2; small sample size.

Implications: Naturally acquired humoral immunity against SARS-CoV-2 might not be long-lasting. Disease severity may affect antibody response.

Figure:



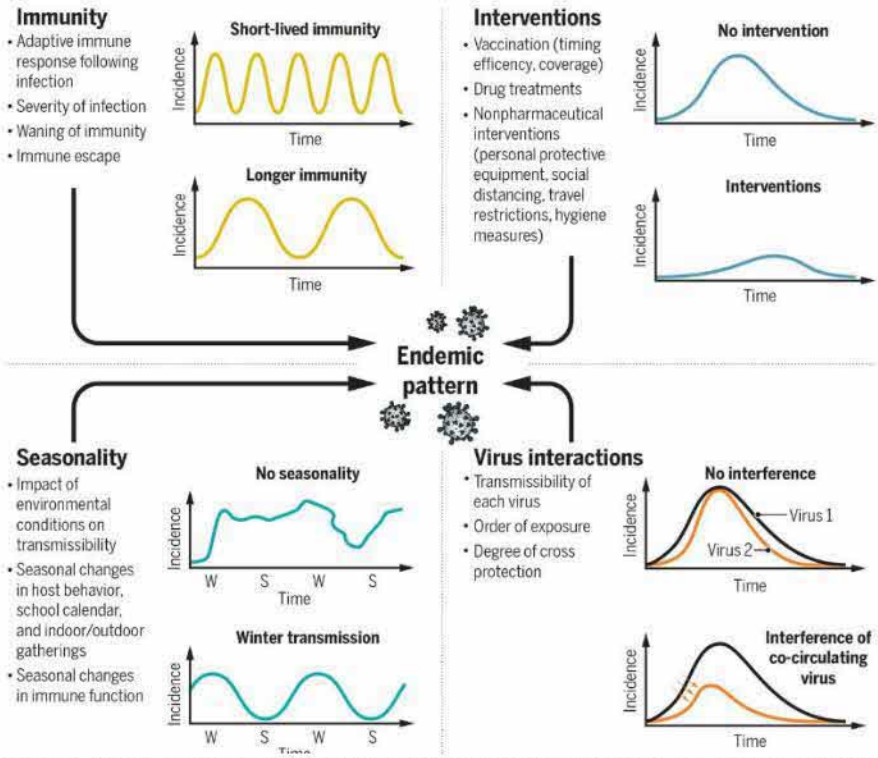
Note: From Choe *et al*. **A:** Optical density measurements (p = 0.01). **B:** Neutralizing antibody titers (p = 0.03). Each line indicates data from a single patient with **apparent pneumonia**, **subtle pneumonia**, or **asymptomatic infection**. Open access journal; all content freely available.

In Brief

- Labgold *et al*. **Measuring the missing: Greater racial and ethnic disparities in COVID-19 burden after accounting for missing race/ethnicity data.** medRxiv Using a combination of race/ethnicity imputation and quantitative bias-adjustment methods for misclassification, the magnitude of disparity in infection rates increased 1.3 and 1.6-fold for Black and Hispanic persons, respectively, compared to classified White persons.

- Shaman & Galanti. **Will SARS-CoV-2 become endemic?** Science. Rates of repeat infection, factors modulating seasonality, competition with other circulating respiratory viruses, and control measures will influence the endemic pattern of SARS-CoV-2 transmission.

  Figure:



Note: From Shaman et al. The combination of immunity, interventions, virus interactions, and virus seasonality come together to establish an endemic pattern for an emerging virus. Permission request in process.

- Villalba *et al.* **Analysis of impact on tissue activity during COVID-19 outbreak: A survey of 8 banks in Spain.** Cell and Tissue Banking. Between March and April of 2020, there was a drop in tissue donor number ranging from 33.3% to 78.8% compared to the prior three years in Spain, attributed to the overall decrease in surgical activity during this period.

- Toro *et al.* **Early impact of COVID-19 outbreak on the availability of cornea donors: Warnings and recommendations.** Clinical Ophthalmology. While harvested corneal grafts are low risk based on current evidence, there is potential for SARS-CoV-2 transmission through corneal stromal tissue. Post-mortem testing of deceased donors is recommended as is the need for harmonized guidelines and approaches among transplant centers.

- Politis *et al.* **Post-donation information and haemovigilance reporting for COVID-19 in Greece: Information supporting the absence of SARS-CoV-2 possible transmission through blood components.** Transfusion Clinique et Biologique. An immunosuppressed patient who was transfused with whole blood-derived platelets from a donor who was later diagnosed with COVID-19 did not develop symptoms of disease and never tested positive for SARS-CoV-2.

- Carbon, C. **Wearing face masks strongly confuses counterparts in reading emotions.** Frontiers in Psychology. Viewing faces with masks resulted in fewer correctly identified facial emotions and lower confidence by participants in their own assessments of the emotions; all emotional states except for fearful were confused with a neutral state.

Figure:

Note: From Carbon *et al.* A person showing six different emotions without a mask **(A)** and wearing a mask **(B)**. Licensed under CC-BY.

- Wolfe *et al.* **Optimizing communication in schools and other settings during COVID-19.** The Hearing Journal. Article details the challenges that face masks pose for individuals with hearing loss and presents a number of potential solutions, including clear face masks or shields and hearing-assisted technologies.

- Dyer, O. **COVID-19: Eli Lilly pauses antibody trial for safety reasons.** BMJ. Report on the Activ-3 trial of Eli Lilly's neutralizing antibody LY-CoV555 (bamlanivimab), which was paused for safety reasons.

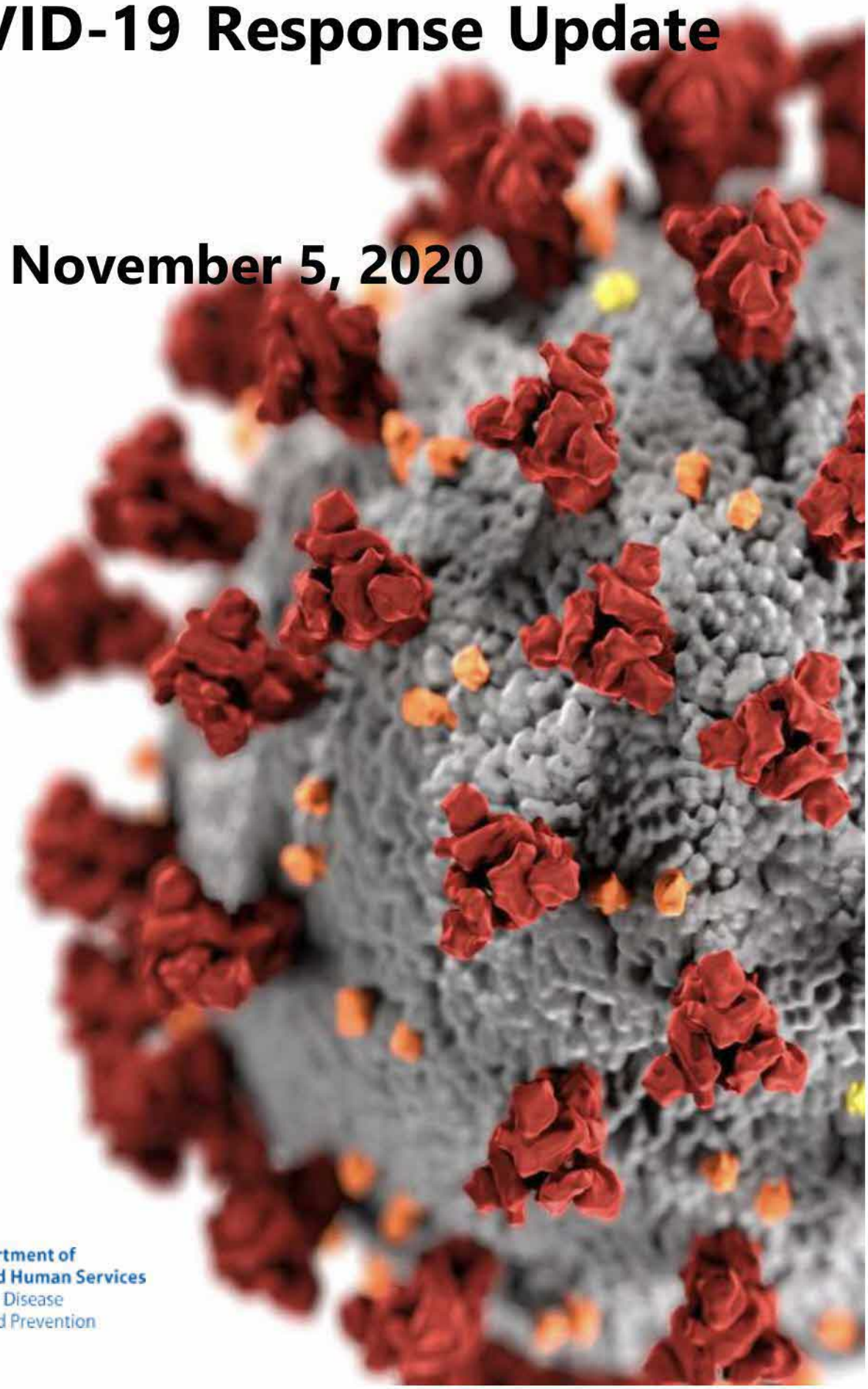
- Weinheimer *et al.* **Reprocessing N95s with hydrogen peroxide vaporization: A robust system from collection to dispensing.** American Journal of Infection Control. Large-scale implementation of a system to reprocess N95 masks at Texas Medical Center is outlined.

- Kuehn, B. **COVID-19 halts reproductive care for millions of women.** JAMA. Doctors Without Borders warns that COVID-19 clinic closures, supply chain delays, or travel restrictions have curtailed women's sexual and reproductive health services in a number of countries.
- Kieran *et al.* **COVID-19 mortality risk in down syndrome: Results from a cohort study of 8 million adults.** Annals of Internal Medicine. A project undertaken by the UK government estimated a 4-fold increased risk for COVID-19–related hospitalization and a 10-fold increased risk for COVID-19–related death in persons with Down syndrome, a group that is currently not strategically protected.

cdc.gov/coronavirus

CDC COVID-19 Response Update Report

Thursday, November 5, 2020



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

CDC COVID-19 Response Update Thursday, 05 Nov, 2020
INTERNAL - NOT FOR FURTHER DISTRIBUTION

Table of Contents

Domestic Updates

Cases and Deaths by Jurisdiction

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 04 Nov 2020 *Last Updated: 05 Nov 2020 11:30*

57 Jurisdictions Reporting COVID-19 Cases[2]

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

Reporting Area[3]	Cases	New Cases[4]		Cases Per 100K			Deaths	New Deaths[4]		Deaths per 100K			CFR[5]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
AK	16,764	404	381.0	2273.3	54.8	51.7	84	-	1.9	11.4	-	0.3	0.5%
AL	197,777	1,848	1,438.7	4046.3	37.8	29.4	3,006	19	13.6	61.5	0.4	0.3	1.5%
AR	115,812	1,651	1,024.6	3842.7	54.8	34.0	2,026	23	21.6	67.2	0.8	0.7	1.7%
AZ	250,633	815	1,352.6	3494.8	11.4	18.9	6,059	39	22.0	84.5	0.5	0.3	2.4%
CA	940,010	5,338	4,471.0	2376.3	13.5	11.3	17,752	66	39.6	44.9	0.2	0.1	1.9%
CO	117,637	2,928	2,489.9	2065.4	51.4	43.7	2,333	22	12.0	41.0	0.4	0.2	2.0%
CT	75,373	530	892.3	2109.7	14.8	25.0	4,645	11	5.9	130.0	0.3	0.2	6.2%
DE	25,753	219	194.4	2662.7	22.6	20.1	716	4	4.0	74.0	0.4	0.4	2.8%
FL	810,256	4,332	4,290.9	3804.1	20.3	20.1	16,922	32	50.1	79.4	0.2	0.2	2.1%
GA	366,452	1,863	1,632.4	3483.6	17.7	15.5	8,072	43	28.0	76.7	0.4	0.3	2.2%
HI	15,379	150	77.9	1082.7	10.6	5.5	218	-	0.7	15.3	-	0.1	1.4%
IA	136,522	2,760	2,370.0	4325.6	87.4	75.1	1,787	22	15.1	56.6	0.7	0.5	1.3%
ID	68,314	1,290	932.7	3894.3	73.5	53.2	664	17	9.3	37.9	1.0	0.5	1.0%
IL	443,815	7,538	7,143.9	3483.3	59.2	56.1	10,216	55	46.7	80.2	0.4	0.4	2.3%
IN	191,764	3,698	3,236.0	2865.6	55.3	48.4	4,464	25	33.9	66.7	0.4	0.5	2.3%
KS	92,215	2,938	1,452.9	3167.3	100.9	49.9	1,087	41	11.4	37.3	1.4	0.4	1.2%
KY	113,009	1,630	1,645.0	2529.1	36.5	36.8	1,514	11	10.3	33.9	0.2	0.2	1.3%
LA	190,164	1,016	620.3	4080.8	21.8	13.3	5,975	24	12.1	128.2	0.5	0.3	3.1%
MA	168,833	1,629	1,205.6	2446.1	23.6	17.5	10,044	27	19.4	145.5	0.4	0.3	5.9%
MD	149,964	1,198	939.6	2481.7	19.8	15.5	4,182	10	7.9	69.2	0.2	0.1	2.8%
ME	7,260	183	113.3	542.4	13.7	8.5	150	-	0.6	11.2	-	0.0	2.1%
MI	212,160	4,397	3,746.6	2122.5	44.0	37.5	7,782	21	25.1	77.9	0.2	0.3	3.7%
MN	160,923	3,827	3,068.4	2867.9	68.2	54.7	2,584	31	20.6	46.1	0.6	0.4	1.6%
MO	193,023	2,599	2,627.3	3150.6	42.4	42.9	3,088	24	31.1	50.4	0.4	0.5	1.6%
MS	123,887	1,612	757.1	4148.2	54.0	25.4	3,405	8	13.6	114.0	0.3	0.5	2.7%
MT	35,955	796	855.6	3384.6	74.9	80.5	404	5	11.3	38.0	0.5	1.1	1.1%
NC	282,802	2,425	2,380.9	2723.5	23.4	22.9	4,507	50	37.4	43.4	0.5	0.4	1.6%
ND	49,837	1,536	1,243.9	6556.8	202.1	163.6	596	28	13.9	78.4	3.7	1.8	1.2%
NE	75,888	1,828	1,334.7	3933.5	94.8	69.2	669	9	5.9	34.7	0.5	0.3	0.9%
NH	11,563	115	131.7	852.4	8.5	9.7	484	1	0.9	35.7	0.1	0.1	4.2%
NJ	245,257	2,432	1,751.4	2753.1	27.3	19.7	16,391	20	9.6	184.0	0.2	0.1	6.7%
NM	50,251	1,011	917.9	2398.1	48.2	43.8	1,059	14	9.7	50.5	0.7	0.5	2.1%
NV	104,093	1,068	944.9	3430.4	35.2	31.1	1,814	7	6.9	59.8	0.2	0.2	1.7%
NY City	269,723	799	847.0	3211.5	9.5	10.1	24,047	13	8.3	286.3	0.2	0.1	8.9%
NY State[6]	249,422	1,331	1,327.4	2238.3	11.9	11.9	9,301	11	8.9	83.5	0.1	0.1	3.7%
OH	230,209	4,071	3,551.7	1969.4	34.8	30.4	5,428	55	24.6	46.4	0.5	0.2	2.4%
OK	134,224	1,258	1,235.0	3404.0	31.9	31.3	1,399	17	14.9	35.5	0.4	0.4	1.0%
OR	47,049	589	545.9	1122.7	14.1	13.0	705	4	4.9	16.8	0.1	0.1	1.5%
PA	217,666	2,795	2,427.4	1699.6	21.8	19.0	8,890	35	24.6	69.4	0.3	0.2	4.1%
RI	35,122	579	454.0	3321.8	54.8	42.9	1,214	2	3.1	114.8	0.2	0.3	3.5%
SC	180,870	918	1,054.1	3557.5	18.1	20.7	3,985	17	15.6	78.4	0.3	0.3	2.2%

[1] Aggregated cases and deaths are reported voluntarily by each jurisdiction and may include probable cases and/or deaths based on reporting practices that differ by jurisdiction. Jurisdictions may update data reported on web pages which differ from information in the table above. If the number of cases or deaths on a jurisdictional webpage differ from what is reported above, the webpage should be considered the most up to date. See Technical Information about this data on the CDC Webpage.

[2] Darker shading in columns correspond to higher values.

[3] 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.

[4] 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.

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

[6] New York State excludes New York City.

57 Jurisdictions Reporting COVID-19 Cases[2] 50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[3]	Cases	New Cases[4]		Cases Per 100K			Deaths	New Deaths[4]		Deaths per 100K			CFR[5]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
SD	49,791	937	1,113.0	5643.7	106.2	126.2	460	14	10.9	52.1	1.6	1.2	0.9%
TN	269,802	3,445	2,226.0	3985.3	50.9	32.9	3,478	24	33.9	51.4	0.4	0.5	1.3%
TX	926,400	9,627	6,629.4	3227.7	33.5	23.1	18,320	126	88.6	63.8	0.4	0.3	2.0%
UT	121,485	2,110	1,811.7	3843.1	66.7	57.3	625	5	5.3	19.8	0.2	0.2	0.5%
VA	187,203	1,366	1,288.6	2197.8	16.0	15.1	3,688	11	7.4	43.3	0.1	0.1	2.0%
VT	2,268	1	21.1	362.1	0.2	3.4	58	-	-	9.3	-	-	2.6%
WA	111,480	1,469	962.4	1479.4	19.5	12.8	2,416	16	9.0	32.1	0.2	0.1	2.2%
WI	257,287	6,255	5,104.0	4425.6	107.6	87.8	2,229	58	40.9	38.3	1.0	0.7	0.9%
WV	25,987	394	417.6	1439.1	21.8	23.1	472	3	5.1	26.1	0.2	0.3	1.8%
WY	15,044	425	414.0	2604.0	73.6	71.7	105	12	4.0	18.2	2.1	0.7	0.7%
AS	-	-	-	-	-	-	-	-	-	-	-	-	-
CNMI[7]	96	0	-	168.8	-	-	2	0	-	3.5	-	-	-
DC	17,601	77	89.7	2505.6	11.0	12.8	647	-	0.4	92.1	-	0.1	3.7%
FSM	-	-	-	-	-	-	-	-	-	-	-	-	-
GU	4,903	91	62.4	2957.7	54.9	37.7	83	3	1.0	50.1	1.8	0.6	1.7%
PR	69,416	396	659.7	2172.5	12.4	20.6	855	5	5.9	26.8	0.2	0.2	1.2%
PW	-	-	-	-	-	-	-	-	-	-	-	-	-
RMI[7]	1	0	-	1.7	-	-	0	0	-	-	-	-	-
USVI	1,388	-	-	1325.9	-	-	23	1	-	22.0	1.0	-	1.7%
Total	**9,463,782**	**106,537**	**89,912.7**	**2859.8**	**32.2**	**27.2**	**233,129**	**1,141**	**869.1**	**70.4**	**0.3**	**0.3**	**2.5%**
Navajo[8]	12,080	133	88.3	3384.8	37.3	24.7	586	4	1.6	164.2	1.1	0.4	4.9%

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)	05 Nov, 11:30	9,463,782	106,537	233,129	1,141
1Point3Acres	05 Nov, 10:00	9,677,253	104,553	238,435	1,092
Johns Hopkins	05 Nov, 10:24	9,494,898	104,172	233,777	1,084
USAFacts	04 Nov, NA	9,297,316	91,801	230,470	1,280
New York Times	05 Nov, 09:00	9,576,594	107,872	234,223	1,616
WorldoMeter	05 Nov, 10:44	9,806,960	105,242	239,894	1,161
COVID Tracking Project	04 Nov, 16:00	9,424,893	103,087	225,831	1,566

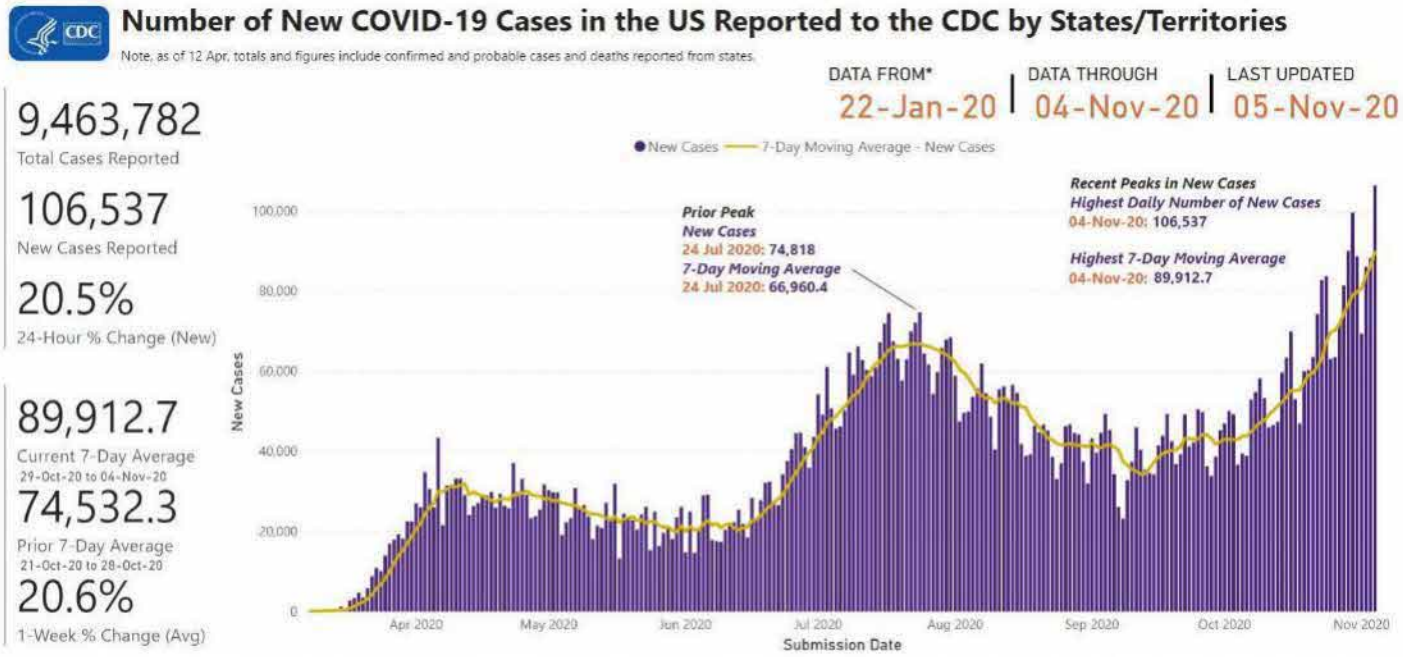
[7] Jurisdiction reported zero new cases and zero new deaths.

[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

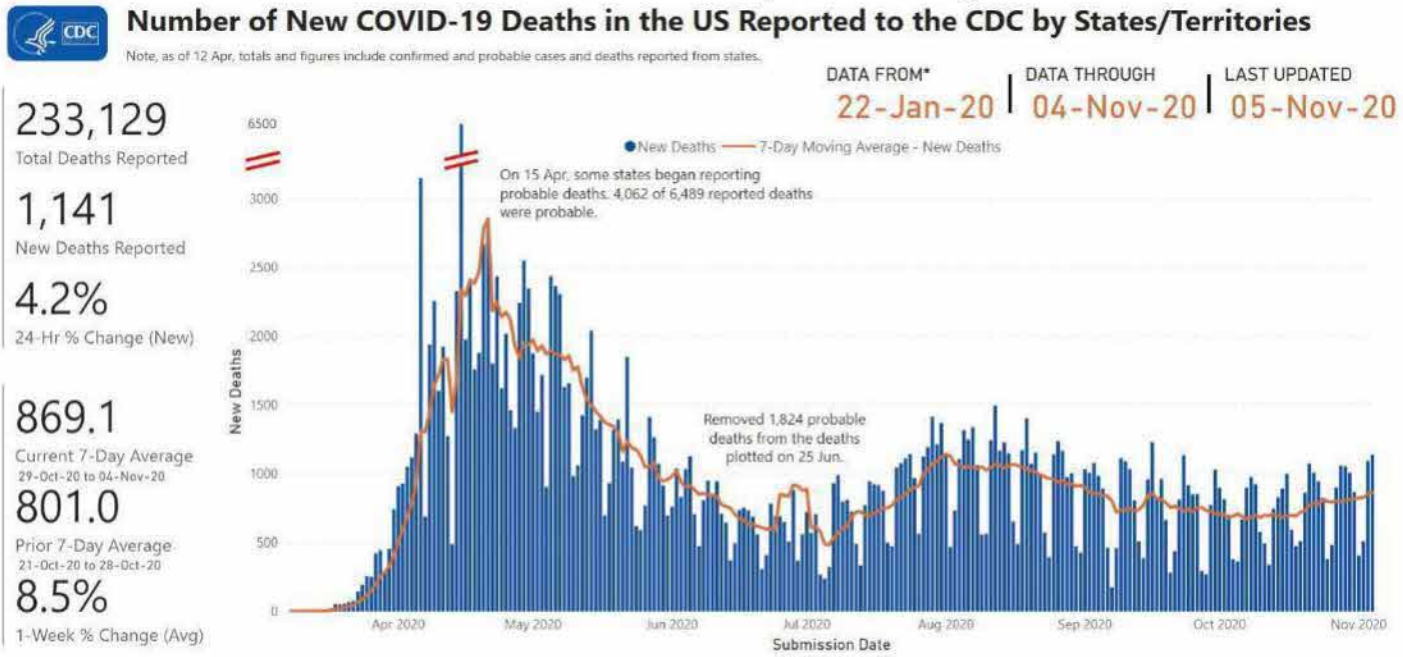
Data Through 04 Nov 2020 *Last Updated: 05 Nov 2020 11:30*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: DCIPHER[10])*



Data Sources, References & Notes: Total cases were 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. Number includes 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. The 7-day moving average of new cases (current day + 6 preceding days / 7 days) was calculated to smooth expected variations in daily counts. CDC's overall case numbers were 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 Through 04 Nov 2020 *Last Updated: 05 Nov 2020 11:30*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: DCIPHER)*

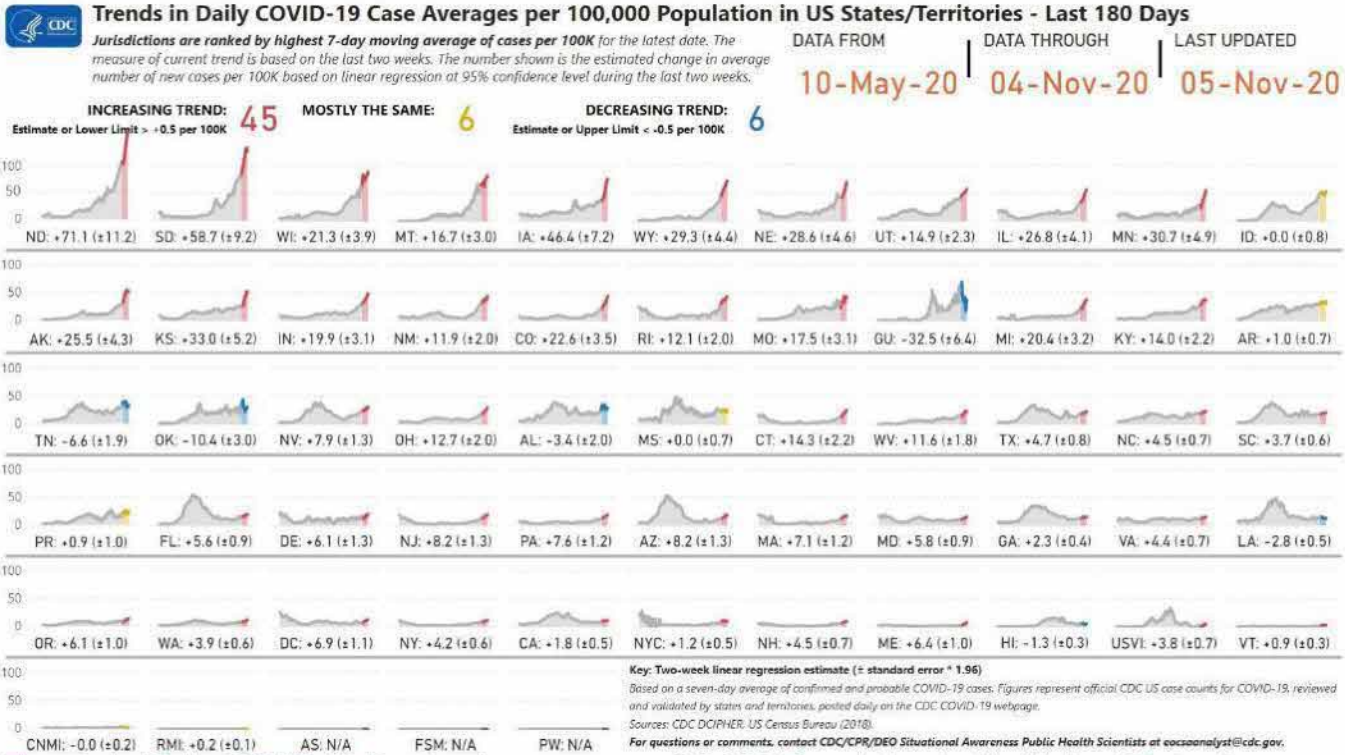


Data Sources, References & Notes: Total deaths were based on aggregate counts of COVID-19 deaths reported by state and territorial jurisdictions to the Centers for Disease Control and Prevention (CDC) since 22 Jan 2020, with the exception of persons repatriated to the United States from Wuhan, China, and Japan. Number includes 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. The 7-day moving average of new deaths (current day + 6 preceding days / 7 days) was calculated to smooth expected variations in daily counts. CDC's overall death numbers were 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.*

[10] Data Collation and Integration for Public Health Event Response.

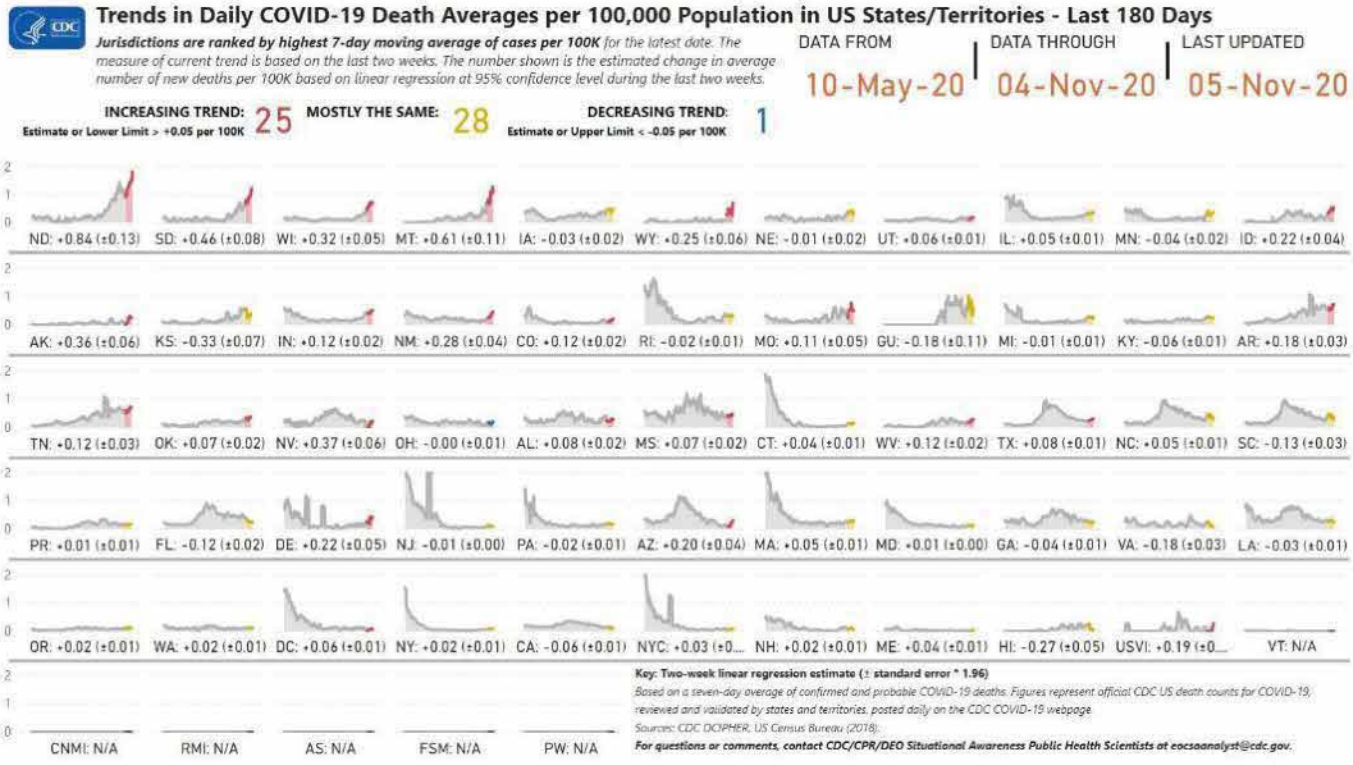
Trends in Daily COVID-19 Case Averages per 100,000 Population in the United States by State/Jurisdiction – Last 180 Days

Data: 10 May 2020 – 04 Nov 2020 *Last Updated: 05 Nov 2020, 11:30*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: DCIPHER)*



Trends in Daily COVID-19 Deaths Averages per 100,000 Population in the United States by State/Jurisdiction – Last 180 Days

Data: 10 May 2020 – 04 Nov 2020 *Last Updated: 05 Nov 2020, 11:30*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: DCIPHER)*



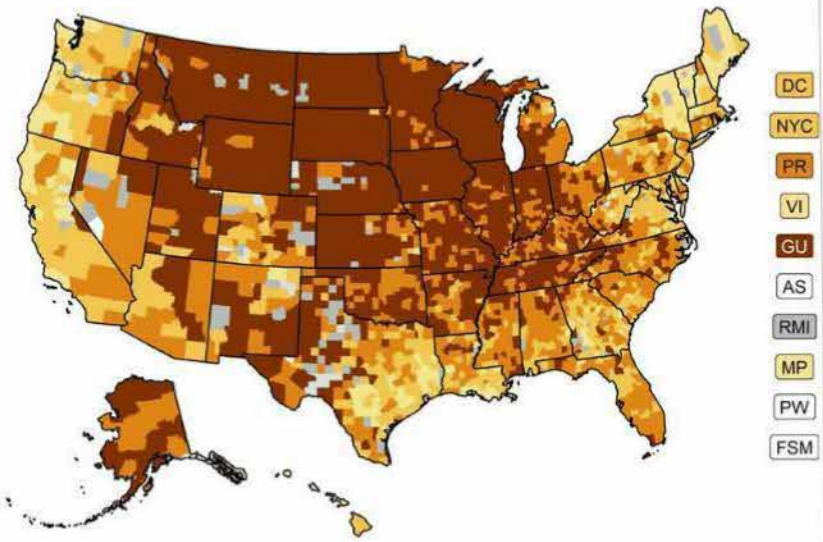
Cases by County[11]

Number of New COVID-19 Cases by County per 100,000 Population, Last 14 Days

Data: 21 Oct 2020 – 03 Nov 2020 *Last Updated: 04 Nov 2020, 20:00*

Source: CDC IMS 2019 COVID-19 Response Case Surveillance Task Force *(Data: USAFACTS)*

Coronavirus Disease 2019 (COVID-19)
Number of New Cases per 100,000 in the past 2 weeks,
by U.S. County, 21 October–03 November, 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 Southwest and the Midwest.

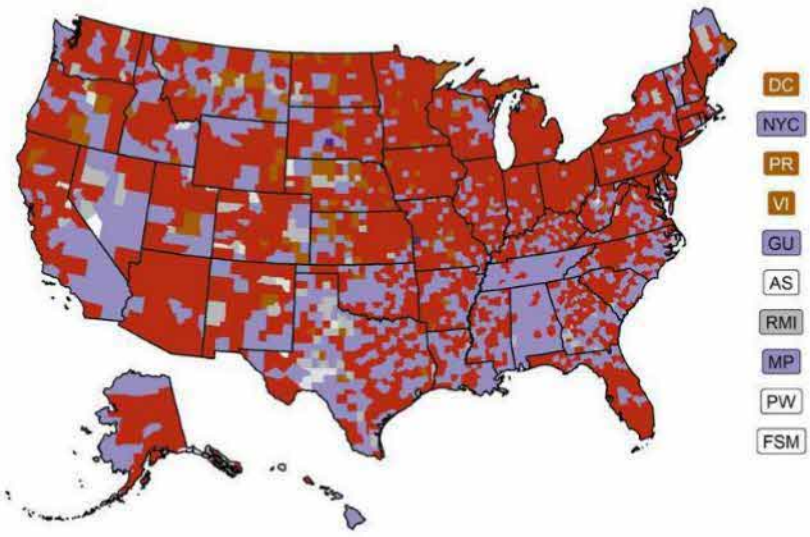
Notes: Defined using the number of new cases per 100,000 in the past 2 weeks. Low is >0 to 100, moderate is >100 to 200, moderately high is >200 to 400, and high is >400. Jurisdictions denoted as 0 cases in the past 2 weeks have had at least 1 case previously.
Sources: HHS Protect, US Census

COVID-19 Current Epidemic Status by County per 100,000 Population, Last 14 Days

Data: 21 Oct 2020 – 03 Nov 2020 *Last Updated: 04 Nov 2020, 20:00*

Source: CDC IMS 2019 COVID-19 Response Case Surveillance Task Force (Data: USAFACTS)

Coronavirus Disease 2019 (COVID-19)
Current epidemic curve status*,
by U.S. County, November 03, 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 Tennessee, Alabama, and Oklahoma, Louisiana and Nevada 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.

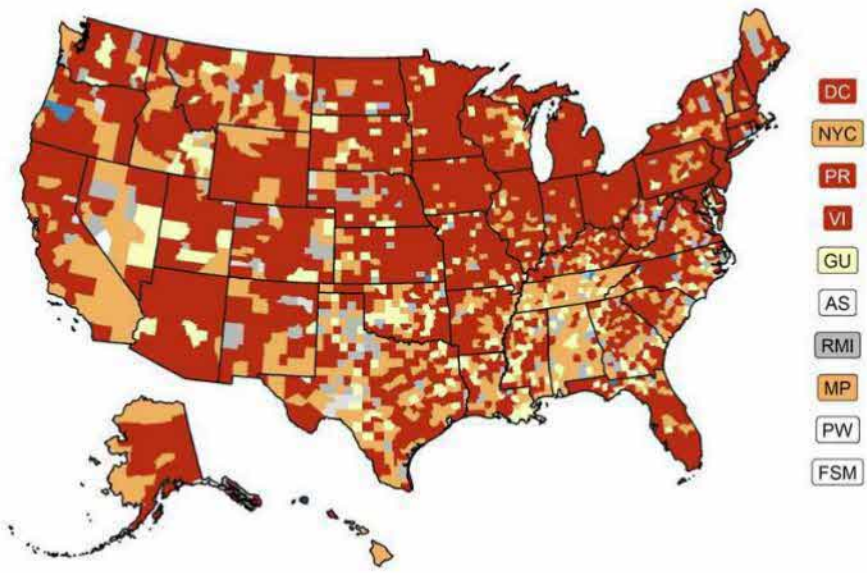
*Categorized according to the slope of a spline fit to the 7-day moving average of daily incidence and the number of new cases (per 100,000) in the past 2 weeks. Elevated incidence is defined as >10 new cases per 100,000 in the past two weeks.
Sources: HHS Protect, US Census

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

COVID-19 Current Consecutive Days of Downward Trajectory by County per 100,000 Population

Data Through: 03 Nov 2020 *Last Updated: 04 Nov 2020, 20:00*
Source: CDC IMS 2019 COVID-19 Response Case Surveillance Task Force *(Data: USAFACTS)*

Coronavirus Disease 2019 (COVID-19)
Current consecutive days of downward trajectory, by U.S. County, November 03, 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.

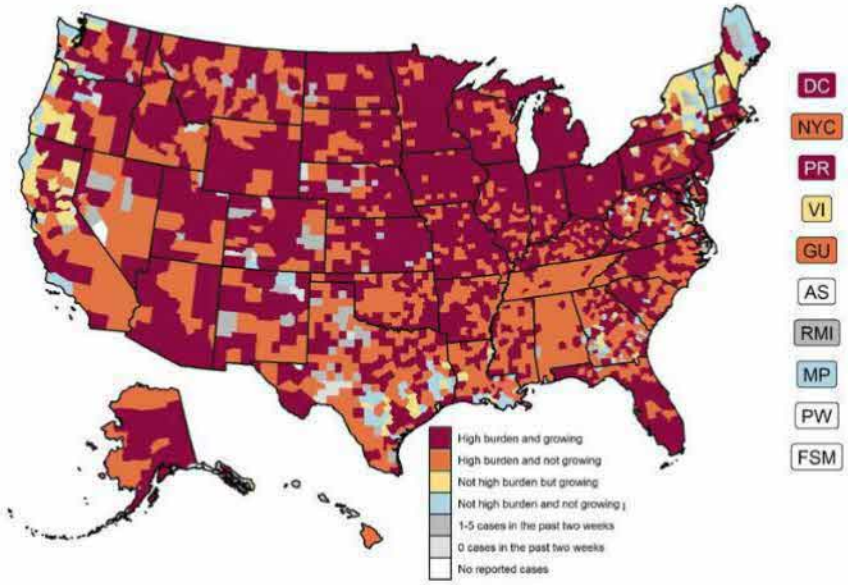
Main Findings
- 62 counties have been identified as having 14 or more consecutive days of improvement and are indicated in the blue colors (excludes counties with 0-5 cases in the past 2 weeks); median population was 18,240 with a range of 852 – 379,611.
- This method is still being refined to best characterize 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

COVID-19 Burden and Growing of New Cases by County per 100,000 Population

Data: 21 Oct 2020 – 03 Nov 2020 *Last Updated: 04 Nov 2020, 20:00*
Source: CDC IMS 2019 COVID-19 Response Case Surveillance Task Force *(Data: USAFACTS)*

Coronavirus Disease 2019 (COVID-19)
Burden and growing of new cases per 100,000 in the past 2 weeks, by U.S. county, 21 October–03 November, 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 (per 100,000)	Change in daily incidence (per 100,000 per day)
Ellsworth, KS	242	3,905.7	32.3
Wallace, KS	53	3,526.3	30.0
Sheridan, KS	89	3,513.6	10.8
Buffalo, SD	69	3,389.0	4.8
Wells, ND	134	3,386.4	22.8
Walsh, ND	335	3,140.5	19.7
Decatur, KS	79	2,751.7	13.5
Ward, ND	1,854	2,736.8	16.1
Bennett, SD	93	2,681.7	11.8
Potter, SD	59	2,673.3	27.1

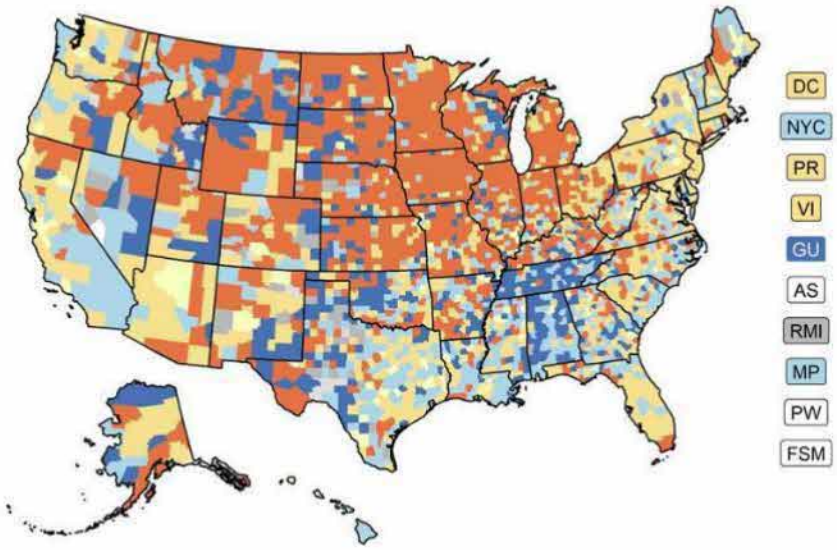
Notes: High burden and growing indicates counties with >100 new cases per 100,000 in the past two weeks and a slope of at least 0.1 per 100,000 per day.
Sources: HHS Protect, US Census

COVID-19 Change in Daily Incidence by County per 100,000 Population

Data: 21 Oct 2020 – 03 Nov 2020 *Last Updated: 04 Nov 2020, 20:00*

Source: CDC IMS 2019 COVID-19 Response Case Surveillance Task Force *(Data: USAFACTS)*

Coronavirus Disease 2019 (COVID-19)
Change in Daily Incidence*,
by U.S. County, November 03, 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

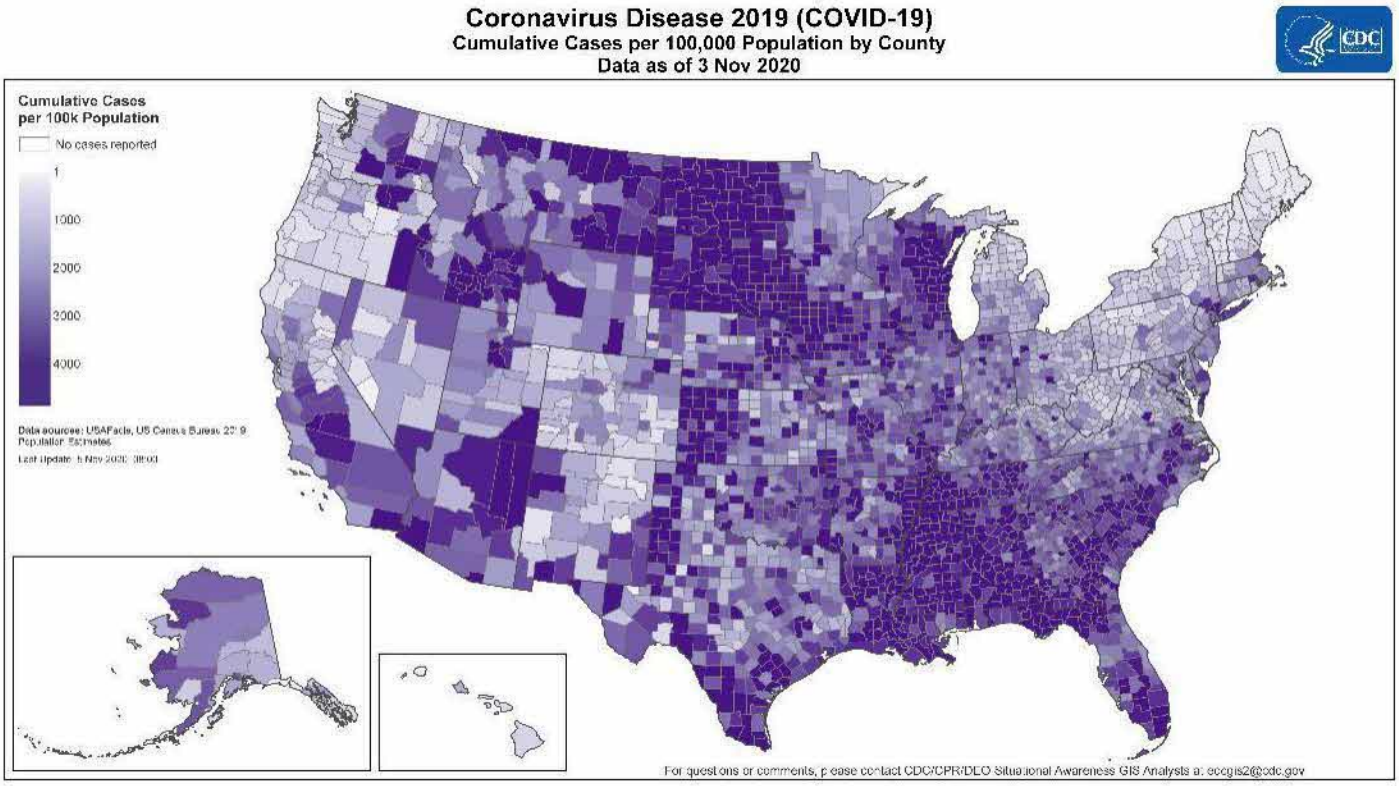
- Daily county-level incidence rates continue to decrease in much of the East Coast and the West Coast.
- However, county-level incidence is increasing throughout much of the nation with the exception of the Northeast, Southeast, and Western regions.

*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

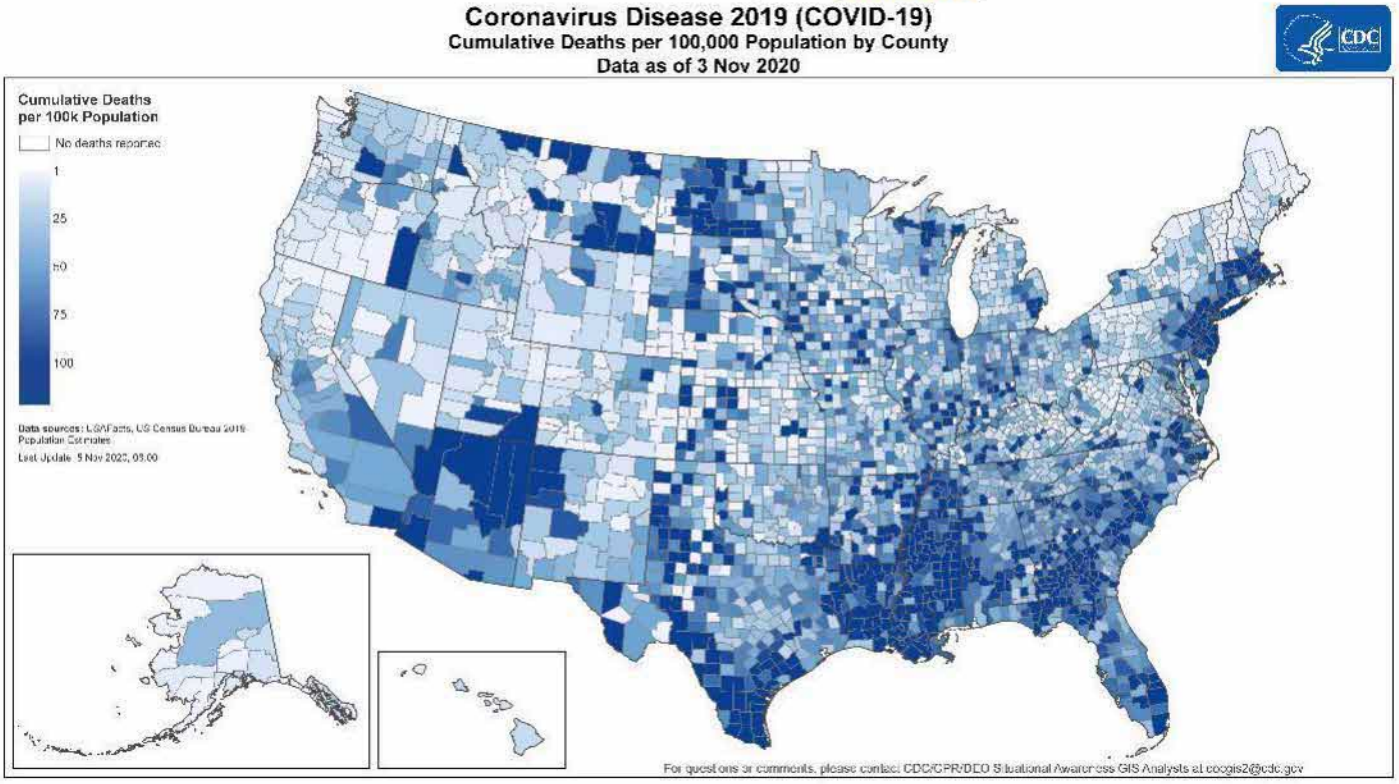
Cumulative Number of COVID-19 Cases per 100,000 Population by County

Data Through: 03 Nov 2020 *Last Updated: 05 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*



Cumulative Number of COVID-19 Deaths per 100,000 Population by County

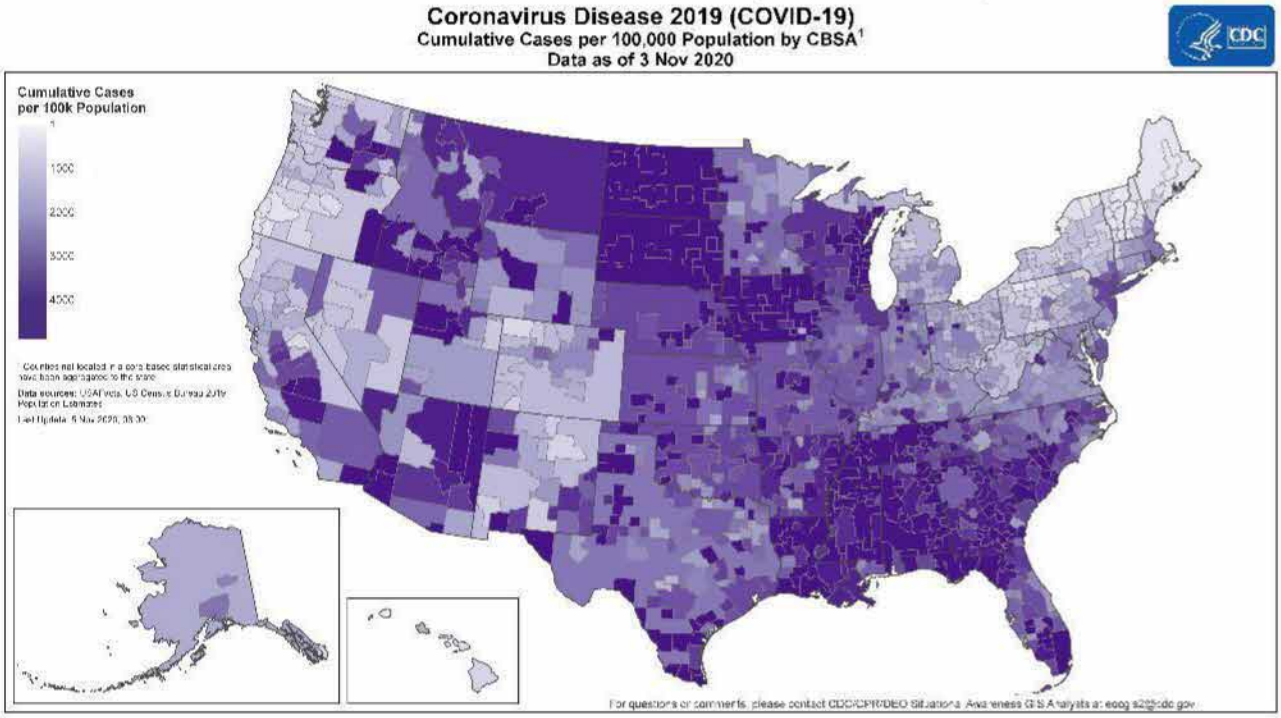
Data Through: 03 Nov 2020 *Last Updated: 05 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*



Cases/Deaths by CBSA [12,13]

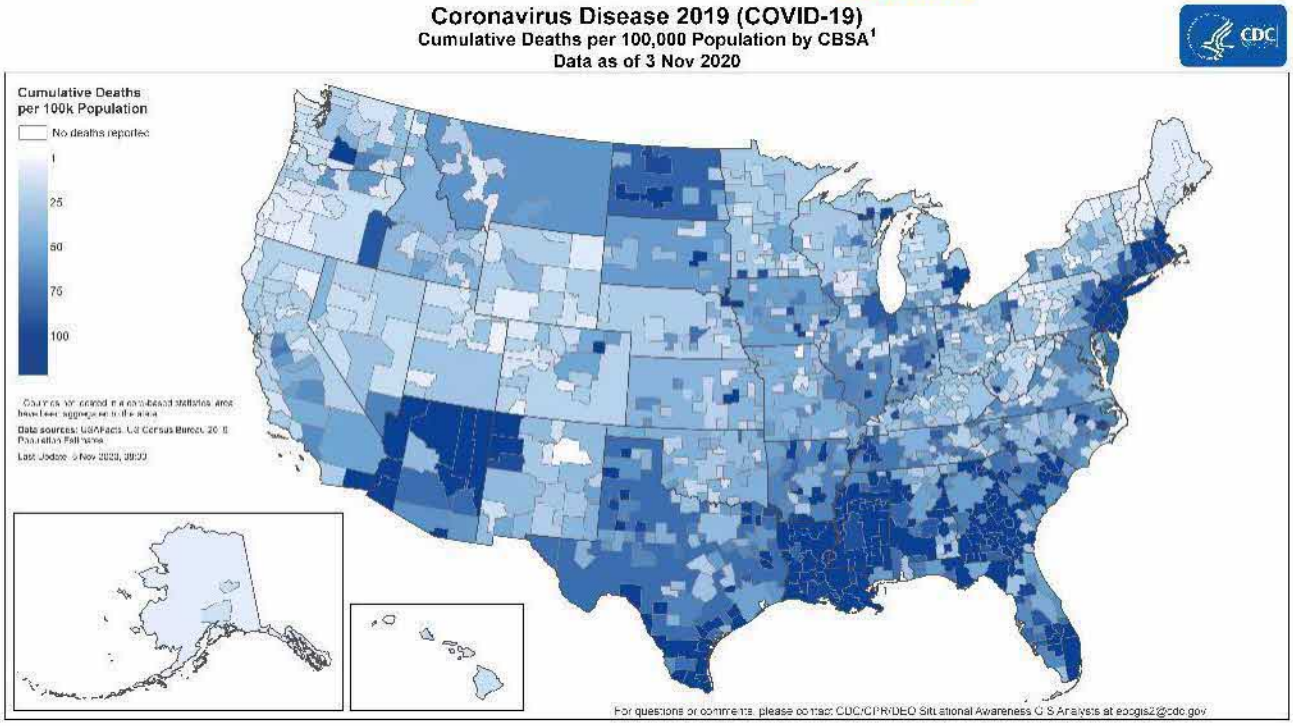
Cumulative Number of COVID-19 Cases per 100,000 Population by CBSA

Data Through: 03 Nov 2020 *Last Updated: 05 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*



Cumulative Number of COVID-19 Deaths per 100,000 Population by CBSA

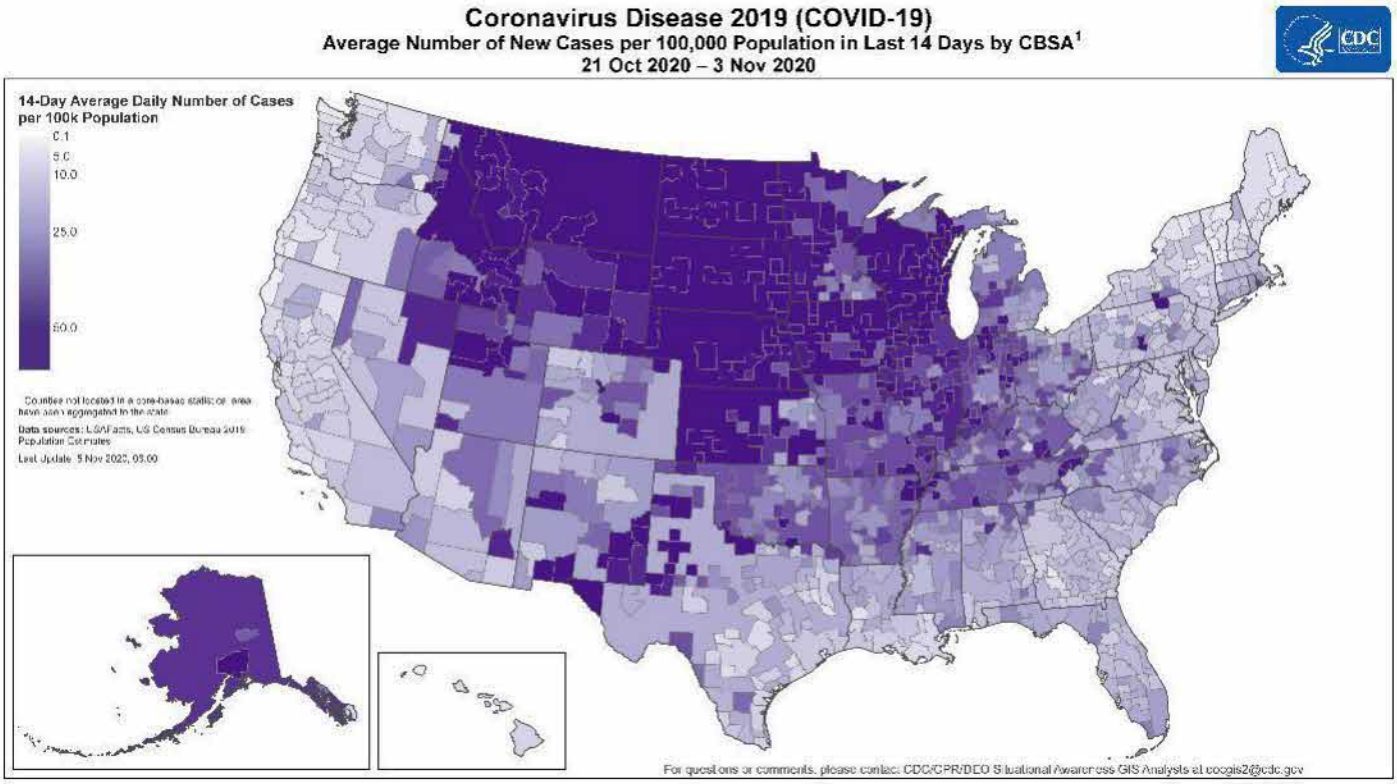
Data Through: 03 Nov 2020 *Last Updated: 05 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*



[12] See methodology and sources for data reported by *USAFACTS*.
[13] See information on Core-Based Statistical Area (CBSA) from the US Census Bureau.

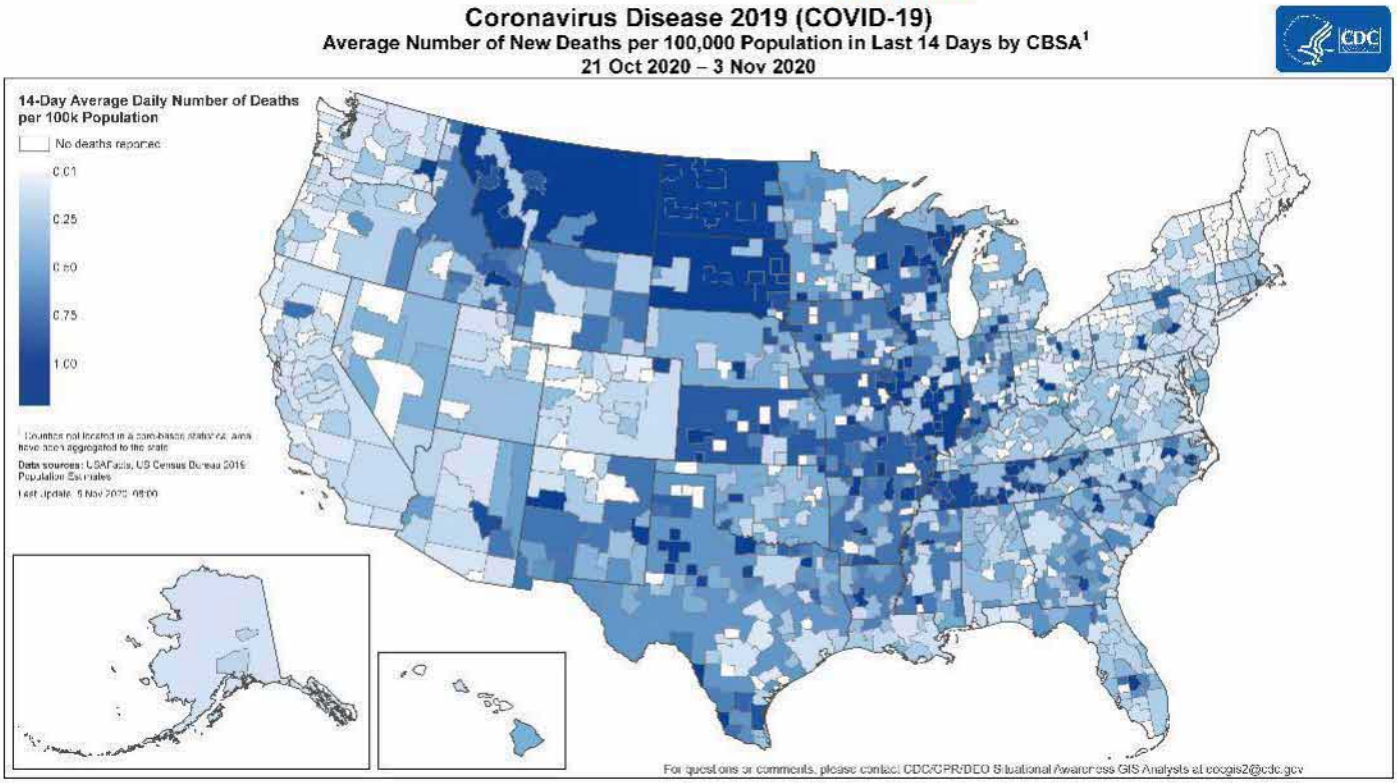
Average Number of COVID-19 Cases per 100,000 Population by CBSA, Last 14 Days

Data: 21 Oct 2020 – 03 Nov 2020 *Last Updated: 05 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*



Average Number of COVID-19 Deaths per 100,000 Population by CBSA, Last 14 Days

Data: 21 Oct 2020 – 03 Nov 2020 *Last Updated: 05 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*



Daily Trends in New COVID-19 Cases in the US per 100,000 Population by CBSA, Last 180 Days

Data: 10 May 2020 – 03 Nov 2020 *Last Updated: 05 Nov 2020, 10:30*

Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*

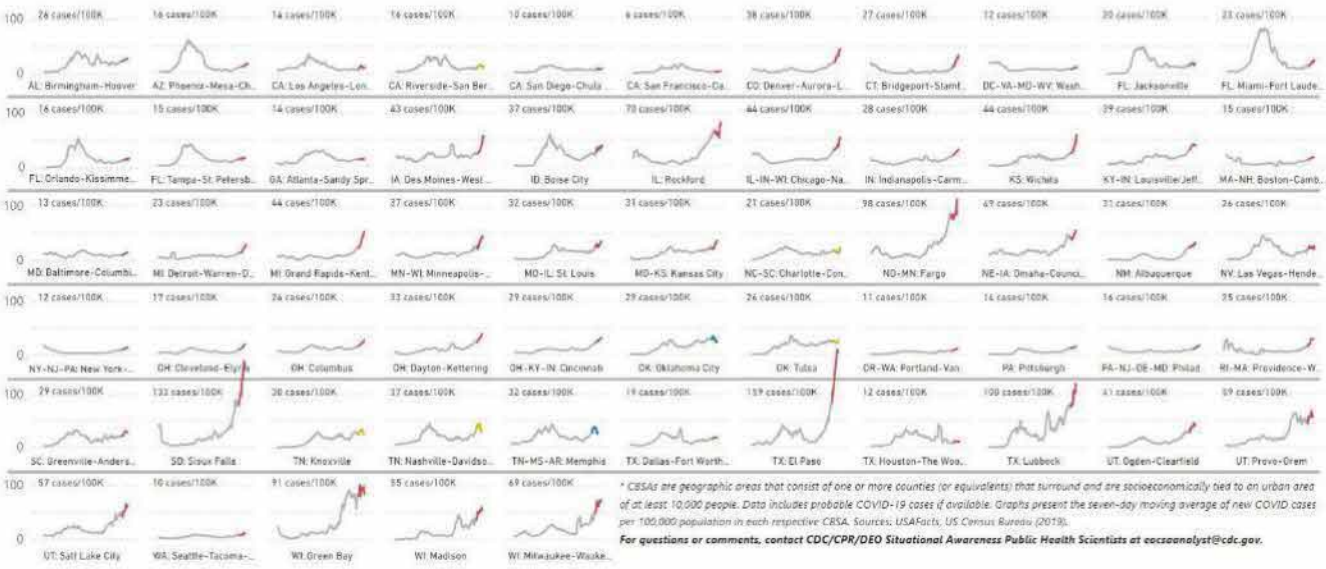
Daily Trends in the Number of New COVID-19 Cases in the US by Core-based Statistical Area (CBSA) per 100,000 Population* - Last 180 Days

10-May-20 | 03-Nov-20 | 05-Nov-20

DATA FROM | DATA THROUGH | LAST UPDATED

These are the top 60 CBSAs based on the overall number of new cases in the past 14 days, presented in alphabetical order by state and city/town. The trend is based on logistic regression of the 7-day moving average of cases, and the number shown is the average daily cases per 100K, both in the past 14 days.

INCREASING TREND: 53 (Estimate or Lower Limit > +0.5 per 100K) **MOSTLY THE SAME:** 5 **DECREASING TREND:** 2 (Estimate or Upper Limit < -0.5 per 100K)



* 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.

Daily Trends in New COVID-19 Deaths in the US per 100,000 Population by CBSA, Last 180 Days

Data: 10 May 2020 – 03 Nov 2020 *Last Updated: 05 Nov 2020, 10:30*

Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*

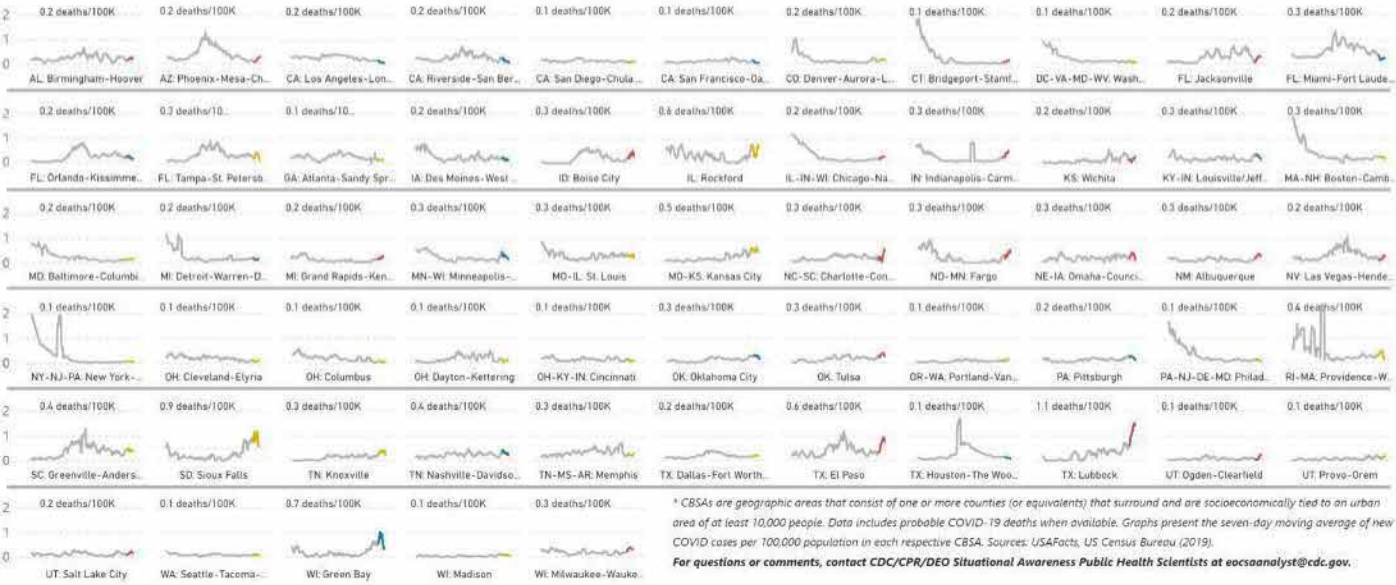
Daily Trends in the Number of New COVID-19 Deaths in the US by Core-based Statistical Area (CBSA) per 100,000 Population* - Last 180 Days

10-May-20 | 03-Nov-20 | 05-Nov-20

DATA FROM | DATA THROUGH | LAST UPDATED

These are the top 60 CBSAs based on the overall number of new cases in the past 14 days, presented in alphabetical order by state and city/town. The trend is based on logistic regression of the 7-day moving average of deaths, and the number shown is the average daily deaths per 100K, both in the past 14 days.

INCREASING TREND: 20 (Estimate or Lower Limit > +0.05 per 100K) **MOSTLY THE SAME:** 26 **DECREASING TREND:** 14 (Estimate or Upper Limit < -0.05 per 100K)



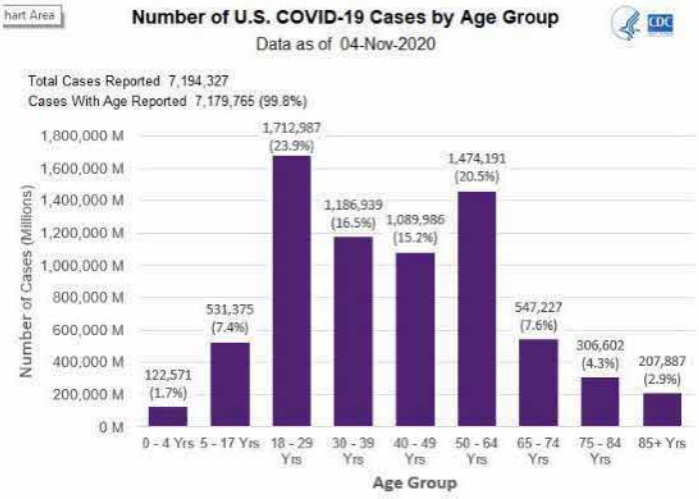
* CBSAs are geographic areas that consist of one or more counties (or equivalents) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 deaths when available. Graphs present the seven-day moving average of new COVID cases per 100,000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

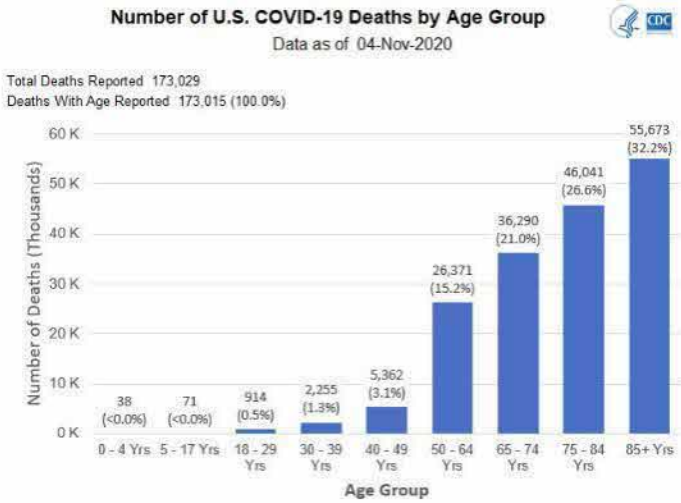
For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

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

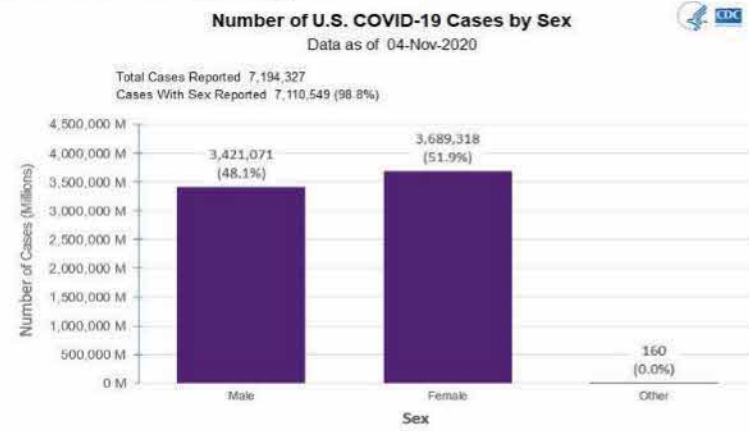
Data through 03 Nov 2020 *Last Updated: 04 Nov 2020*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: CDC COVID Data Tracker)*

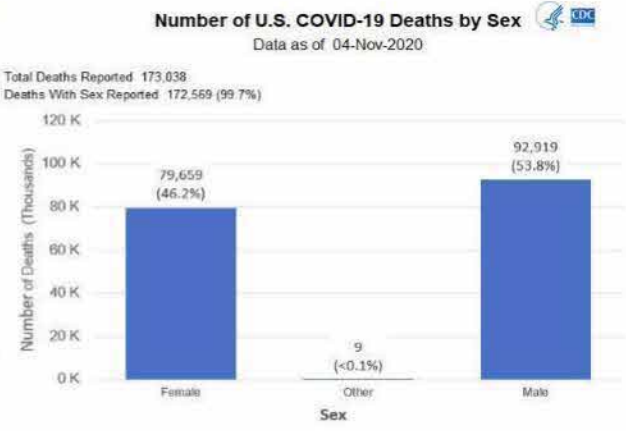
Cases and Deaths by Race/Ethnicity



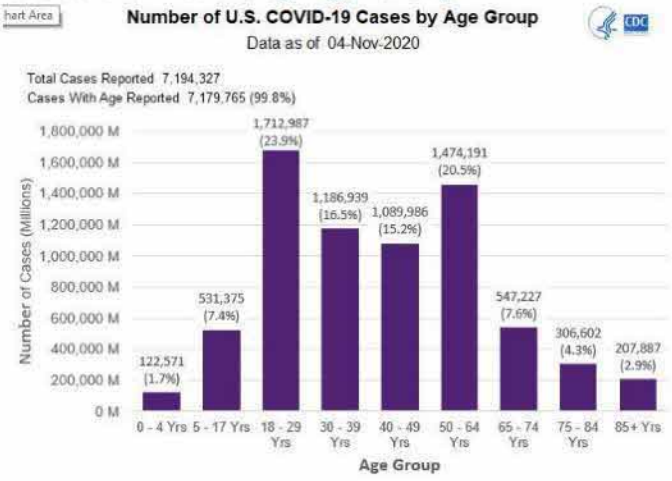


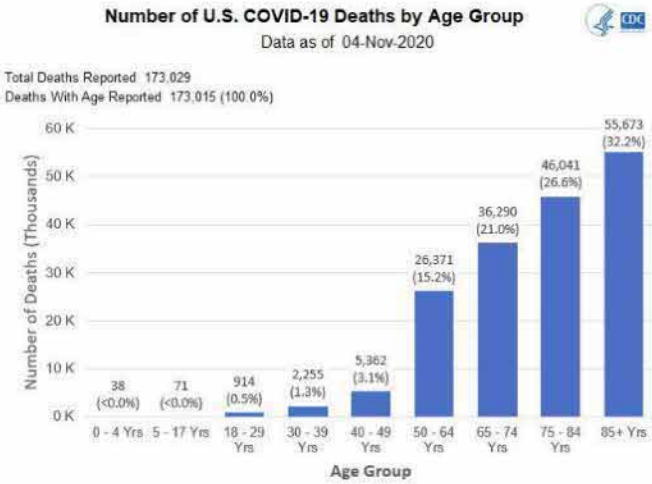
Cases and Deaths by Sex





Cases and Deaths by Age Group



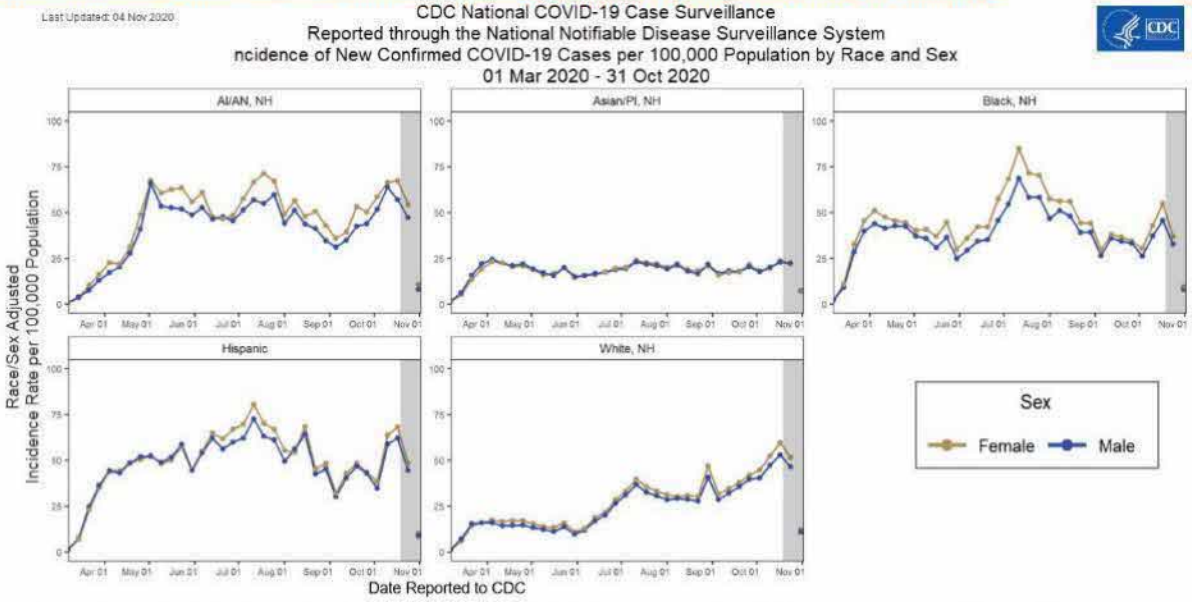


[14] Data presented in this section are derived from information submitted to CDC by jurisdictions through a standardized COVID-19 case reporting form. More information can be found on the FAQ site on Data and Surveillance, under the section "National COVID-19 Case Surveillance: How is COVID-19 case information collected and reported?"

Demographic Trends of COVID-19 Cases and Deaths in the US Reported to CDC[15]

Incidence of New COVID-19 Cases by Race/Ethnicity and Sex

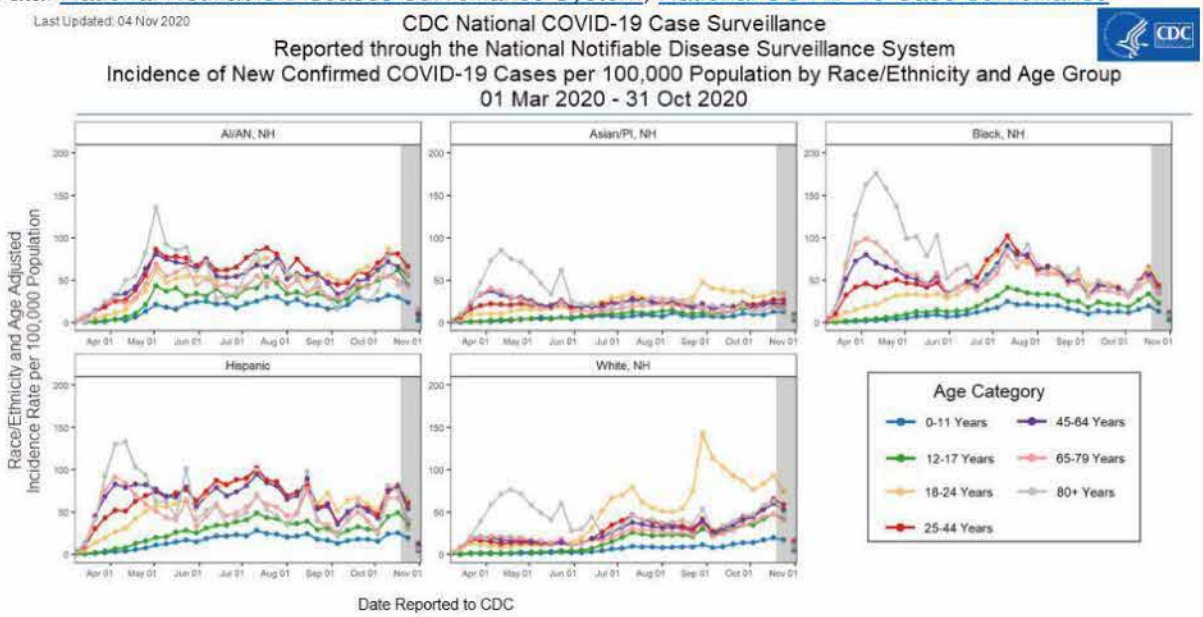
Data 01 Mar 2020 through 31 Oct 2020 *Last Updated: 05 Nov 2020*
Source: Data Analytics and Modeling Task Force, U.S. Case-Based Surveillance Section
Data: National Notifiable Diseases Surveillance System, National COVID-19 Case Surveillance



Reporting for some jurisdictions is incomplete. Race/Ethnicity variable missing for 47% of case reports. Potential delay in case reporting to CDC denoted by two-week gray shadow box. Sources: Case-Level Surveillance Data submitted to CDC by jurisdictions; US Census Population Estimates;

COVID-19 Incidence by Race/Ethnicity Age Group

Data 01 Mar 2020 through 31 Oct 2020 *Last Updated: 04 Nov 2020*
Source: Data Analytics and Modeling Task Force, U.S. Case-Based Surveillance Section
Data: National Notifiable Diseases Surveillance System, National COVID-19 Case Surveillance



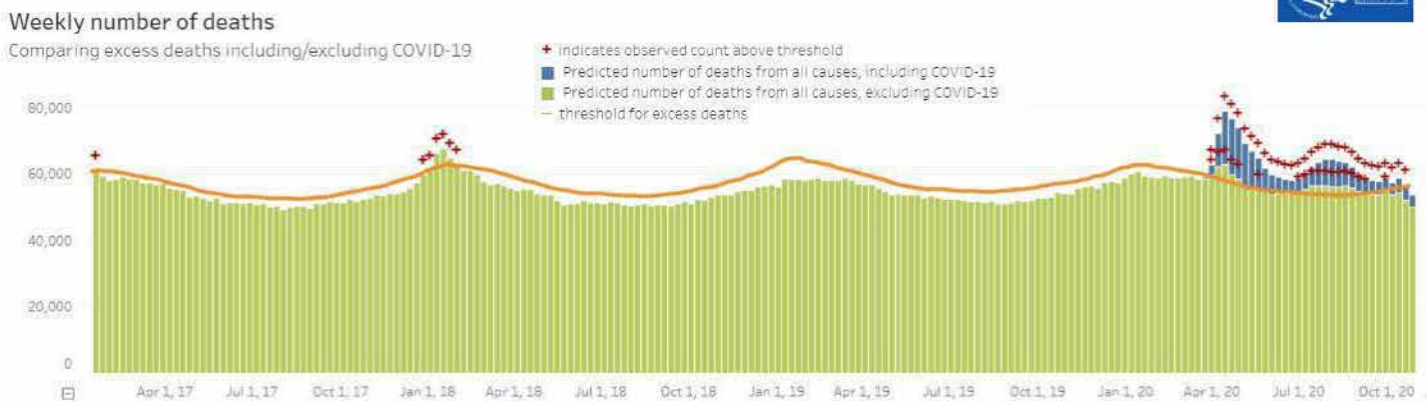
[15] Data presented in this section are derived from information submitted to CDC by jurisdictions through a standardized COVID-19 case reporting form. More information can be found on the FAQ site on Data and Surveillance, under the section "National COVID-19 Case Surveillance: How is COVID-19 case information collected and reported?" Using the National Notifiable Diseases Surveillance System, health departments voluntarily send CDC data that does not include personal, identifiable information about COVID-19 cases and deaths. Because COVID-19 has been designated as a public health emergency of international concern, CDC reports national case surveillance data to the World Health Organization under International Health Regulations (2005). CDC also publishes deidentified COVID-19 national case surveillance data with additional privacy protections for public use at data.cdc.gov.

National Vital Statistics System: Excess Deaths Associated with COVID-19[16]

Provisional Death Counts for Coronavirus Disease (COVID-19)

Data: 14 Jan 2017 –24 Oct 2020 *Last Updated: 04 Nov 2020*

Source: CDC National Center for Health Statistics



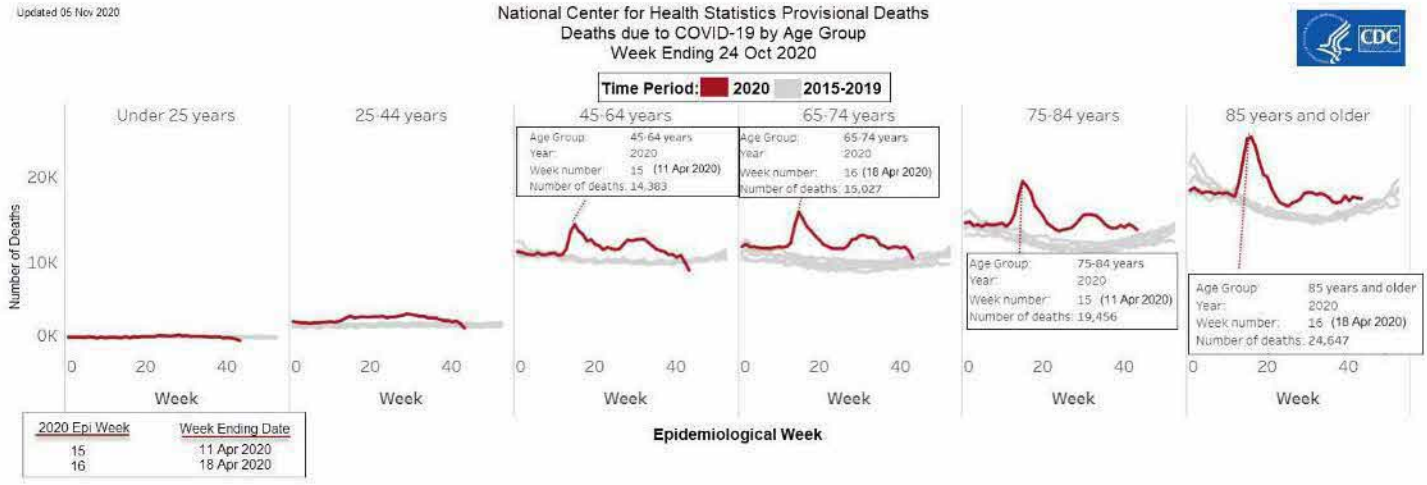
Number of Excess Deaths in 2020

Data 01 Mar 2020 through 24 Oct 2020 *Last Updated: 04 Nov 2020*

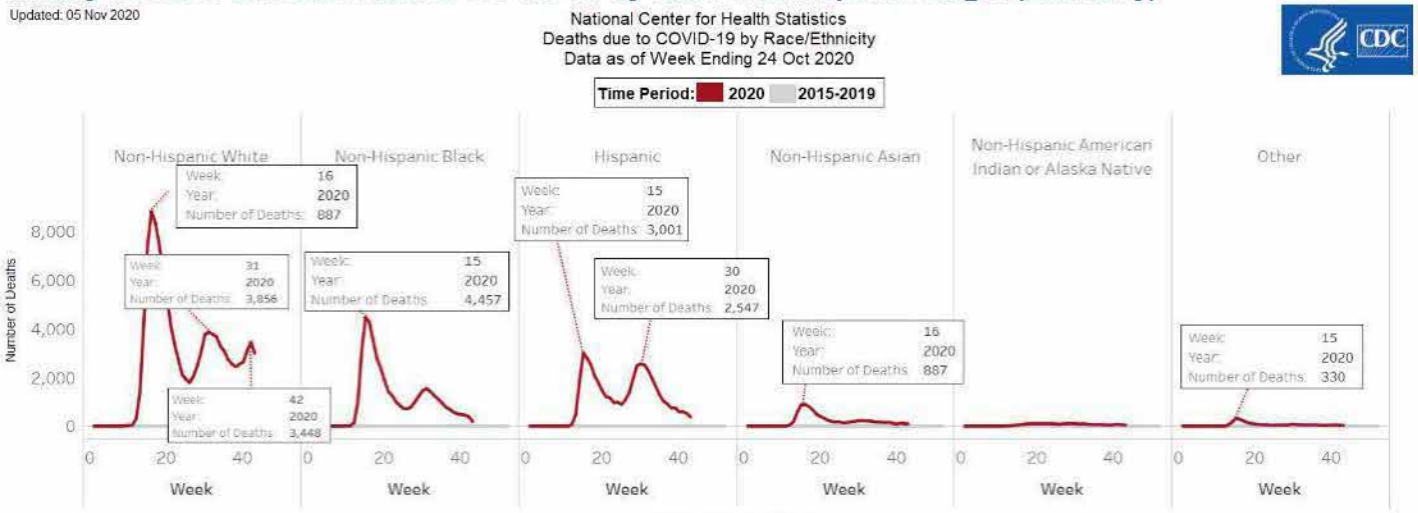
Month Year Week Ending Date	Weighted Estimated	Upper Bound Threshold	Excess	Average Expected Count	Excess
Mar 2020	240,337	240,119	3,562	231,532	8,805
Apr 2020	301,761	231,792	69,969	223,582	78,179
May 2020	322,496	277,638	44,858	267,834	54,662
Jun 2020	234,340	217,858	16,482	210,187	24,153
Jul 2020	250,231	215,384	34,847	207,760	42,471
Aug 2020	314,321	267,877	46,444	258,302	56,019
Sep 2020	233,736	217,300	16,436	209,451	24,285
03 Oct 2020	57,456	55,254	2,202	53,131	4,325
10 Oct 2020	58,703	55,576	3,127	53,450	5,253
17 Oct 2020	56,708	55,857	851	53,840	2,868
24 Oct 2020	53,747	56,325	.	54,258	.
Total	**2,123,836**	**1,890,980**	**238,778**	**1,823,327**	**301,020**

[16] Number of deaths are the total number of deaths received and coded as of the date of analysis and do not represent all deaths that occurred in that period. Data are incomplete because of the lag in time between when the death occurred and when the death certificate is completed and submitted to NCHS and processed for reporting purposes. This delay can range from 1 week to 8 weeks or more, depending on the jurisdiction and cause of death. See technical information. Data for New York excludes New York City. Data on all deaths excluding COVID-19 exclude deaths with U07.1 as an underlying or multiple cause of death. Death counts were derived from the National Vital Statistics System database that provides the timeliest access to the vital statistics mortality data and may differ slightly from other sources due to differences in completeness, COVID-19 definitions used, data processing, and imputation of missing dates. Weighted estimates may be too high or too low in certain jurisdictions where the timeliness of provisional data has changed in recent weeks relative to prior years. Data for jurisdictions where counts are between 1 and 9 are suppressed.

Weekly Number of Total Deaths by Age Group



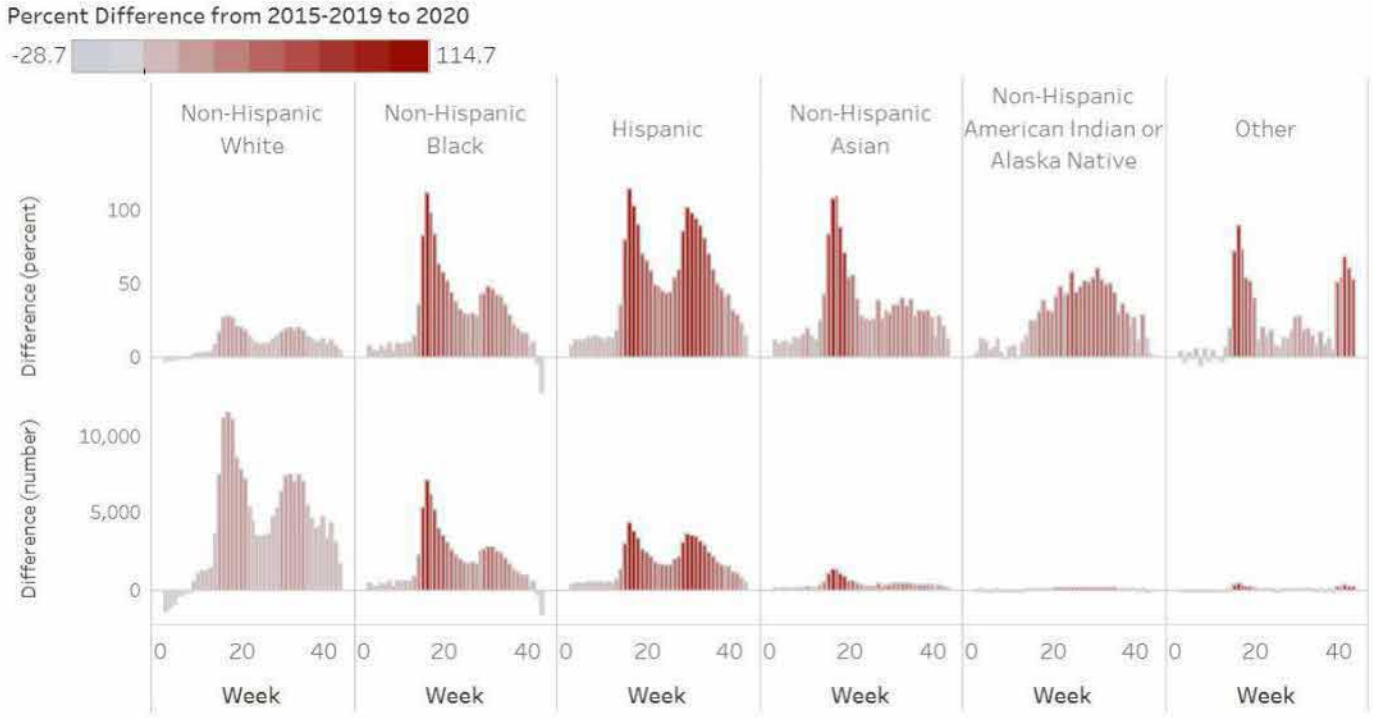
Weekly Number of Deaths due to COVID-19 by Race and Hispanic Origin (Ethnicity)



2020 Epi Week	Week Ending Date
14	04 Apr 2020
15	11 Apr 2020
16	18 Apr 2020
30	25 Jul 2020
31	01 Aug 2020
42	10 Oct 2020

Change and Percent Change in Weekly Numbers of Deaths in 2020 Compared with the Average from 2015-2019 by Race and Hispanic Origin

National Center for Health Statistics
Change and Percent Change in Weekly Number of Deaths by Race and Hispanic Origin
2020 Compared with Average for 2015-2019
Data as of Week Ending 24 Oct 2020

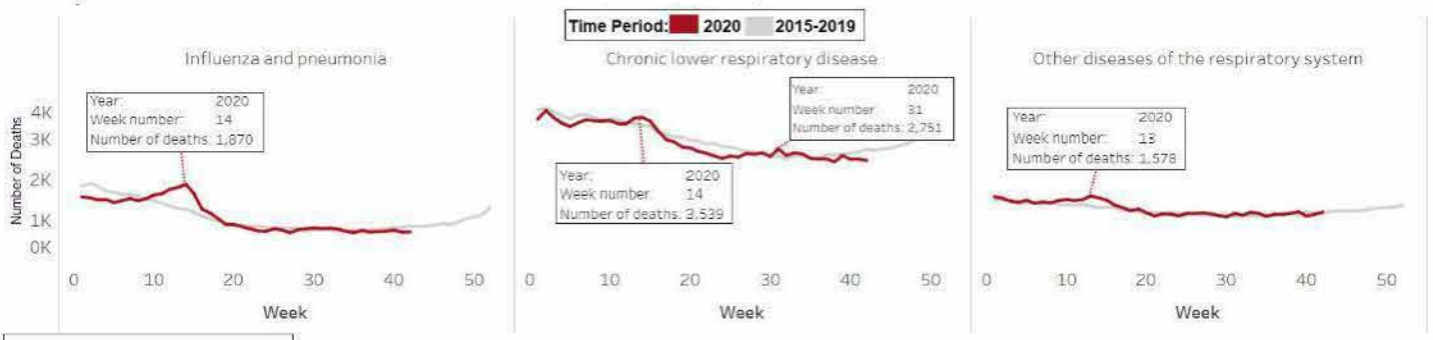


Weekly Number of Deaths due to Select Cause Groups

Deaths due to Respiratory Diseases

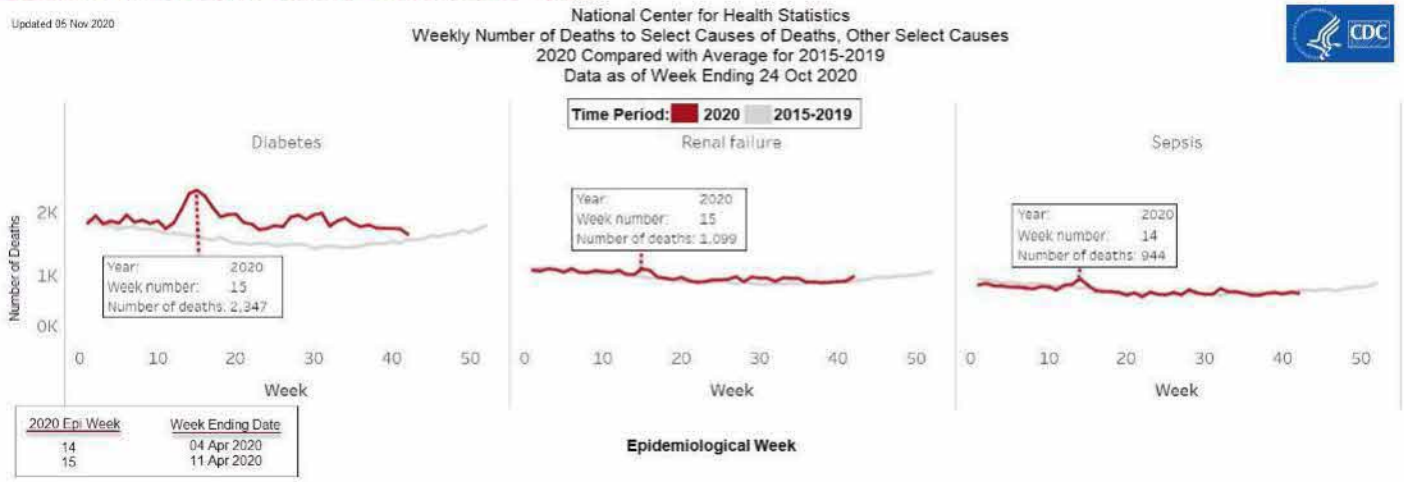
Updated 05 Nov 2020

National Center for Health Statistics
Weekly Number of Deaths to Select Causes of Deaths, Respiratory Diseases
2020 Compared with Average for 2015-2019
Data as of Week Ending 24 Oct 2020



2020 Epi Week	Week Ending Date
13	28 Mar 2020
14	04 Apr 2020
31	01 Aug 2020

Deaths due to Other Select Causes of Deaths



COVID-19 Among Specific Populations

US Healthcare Workers

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

Today's report not available due to technical difficulties.
Data as of 03 Nov 2020

- Cases: 203,867
- 788 Deaths
  - 205 in CA
  - 190 in IL
  - 70 in OH
  - 47 in MA
  - 33 in NV
  - 31 in MI
  - 28 in TN
  - 25 in NC
  - 25 in NY
  - 20 in PA
  - 18 in WA
  - 16 in AR
  - 15 in IA
  - 15 in MN
  - 11 in LA
  - 8 in KS
  - 8 in NH
  - 7 in NJ
  - 4 in CO
  - 4 in UT
  - 3 in DC
  - 3 in PR
  - 1 GU
  - 1 in VI

Pregnant Women with COVID-19 in the US

Data: 22 Jan 2020 – 03 Nov 2020 *Last Updated: 05 Nov 2020*
Source: National Center for Immunization and Respiratory Disease (NCIRD)

Weekly COVID-19 Pregnancy Data Summary[17]

Data Last Updated: 05 Nov 2020

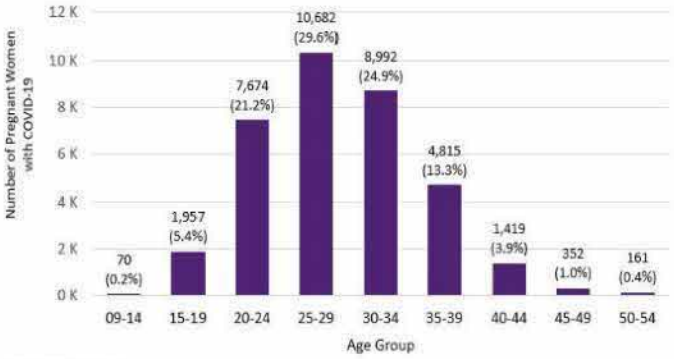
		Hospitalizations[18]		
Cases	**Deaths**	**Hospitalized Cases**	**Admitted to ICU**	**Required Mechanical Ventilation**
36,122	50	7,674	278	84

[17] Cases with age <9 and >54 are excluded. Cases with unknown age are included.
[18] Data were collected from 27,566 women, but hospitalization data were only available for 23,705 (86%). Data were not available to distinguish hospitalization for COVID-19–related indications, such as worsening respiratory status, from hospital admission for pregnancy-related indications, such as delivery.

Pregnant Women with COVID-19 by Age, Race and Ethnicity

CDC Weekly COVID-19 Pregnancy Report
Pregnant Women with Confirmed COVID-19 Report to CDC by Age Group
22 Jan 2020 - 03 Nov 2020

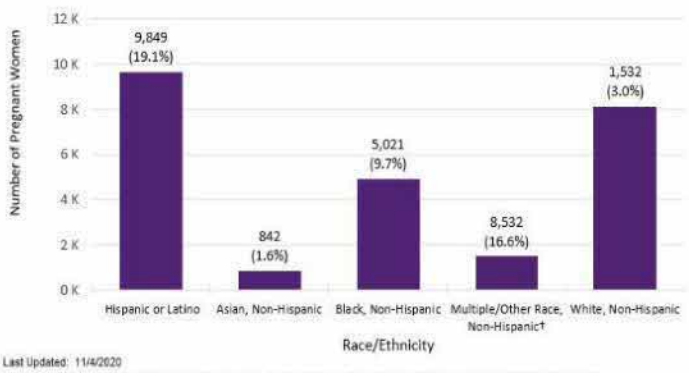
Number of cases reported among pregnant women: 36,122
Number of cases with age available: 25,776 (71.4%)



Last Updated: 11/4/2020
Excludes cases with age <9 and >54. Includes cases with unknown age in analysis

CDC Weekly COVID-19 Pregnancy Report
Pregnant Women with Confirmed COVID-19 Report to CDC by Race/Ethnicity
22 Jan 2020 - 03 Nov 2020

Number of cases reported among pregnant women: 36,122
Number of cases with age available: 25,776 (71.4%)



Last Updated: 11/4/2020
†Other race includes non-Hispanic American Indian or Alaska Native or non-Hispanic Native Hawaiian or Other Pacific Islander.

Cases and Deaths in US Correctional and Detention Facilities

Cumulative Confirmed COVID-19 Cases & Deaths in US Correctional & Detention Facilities by State

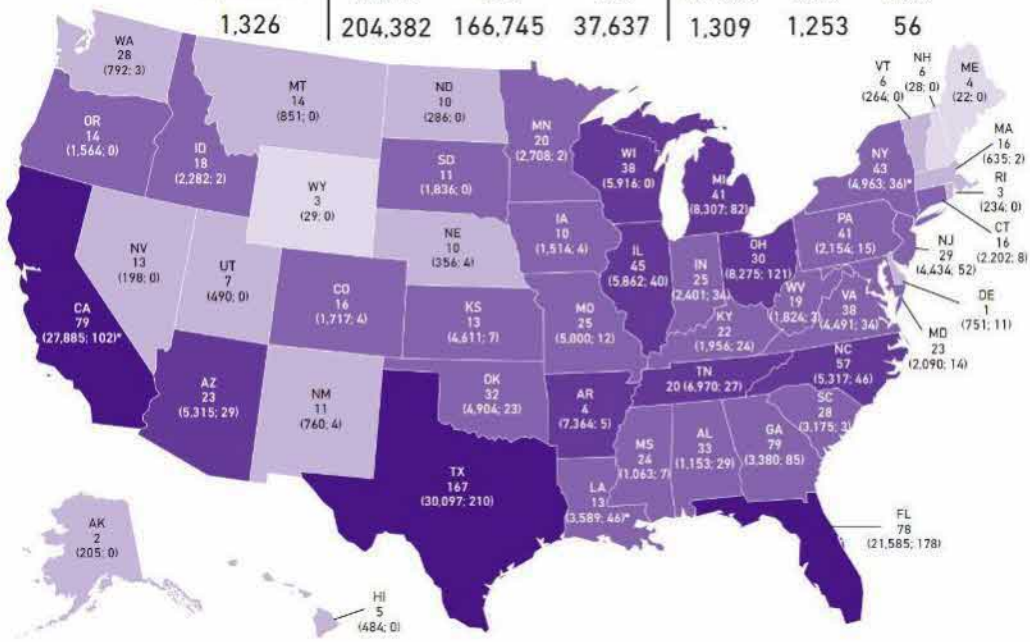
Data: 31 Mar 2020 – 30 Oct 2020 *Last Updated: 05 Nov 2020 10:30*

Source: CDC/CPR/DEO Situational Awareness Branch

Data: *UCLA Law COVID-19 Behind Bars Data Project*

Cumulative Confirmed COVID-19 Cases and Deaths in US Correctional and Detention Facilities By State

Named Facilities With Reported Cases	Total Cases	Total Resident Cases	Total Staff Cases	Total Deaths	Total Resident Deaths	Total Staff Deaths
1,326	204,382	166,745	37,637	1,309	1,253	56



Data From	Data Through	Last Update
31-Mar-20	30-Oct-20	04-Nov-20

Map Label
# of Named Facilities with Reported Cases (Residents; Staff)

NR = Not Reporting Facility-specific Cases

Total # of Cases
- A: 0-100
- B: 101-1,000
- C: 1,001-5,000
- D: 5,001-9,999
- E: 10,000+

Other Systems	Cases	Deaths	Affected Facilities
DC	17	0	1

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.***

Status of Laboratory Testing

Data Through: 01 Nov 2020 Unless Otherwise Specified *Last Updated: 05 Nov 2020, 00:32*
Source: HHS Protect[19,20]

Report	Total New Orders	Cumulative Orders	New With Results	Cumulative Results	New Positives	Cumulative Positives	Total % Positive	% Positive Last 7 Days
Hospital[21]	77,067	24,042,315	86,982	23,921,561	7,516	1,634,789	6.83%	7.81%
Commercial labs[22]	118,297	52,885,372	323,456	51,853,120	25,784	4,110,666	7.93%	7.52%
State/Local PHL[23]	8,229	8,371,700	35,060	8,327,578	3,503	604,543	7.26%	8.89%
Total	203,593	85,299,387	445,498	84,102,259	36,803	6,349,998		

	Cumulative Results		Cumulative Positives	Total % Positive	% Positive Last 7 Days
Total Incl. State HD's *as of 05 Nov 2020, 00:32* [24]	153,782,481		11,320,600	7.36%	7.30%

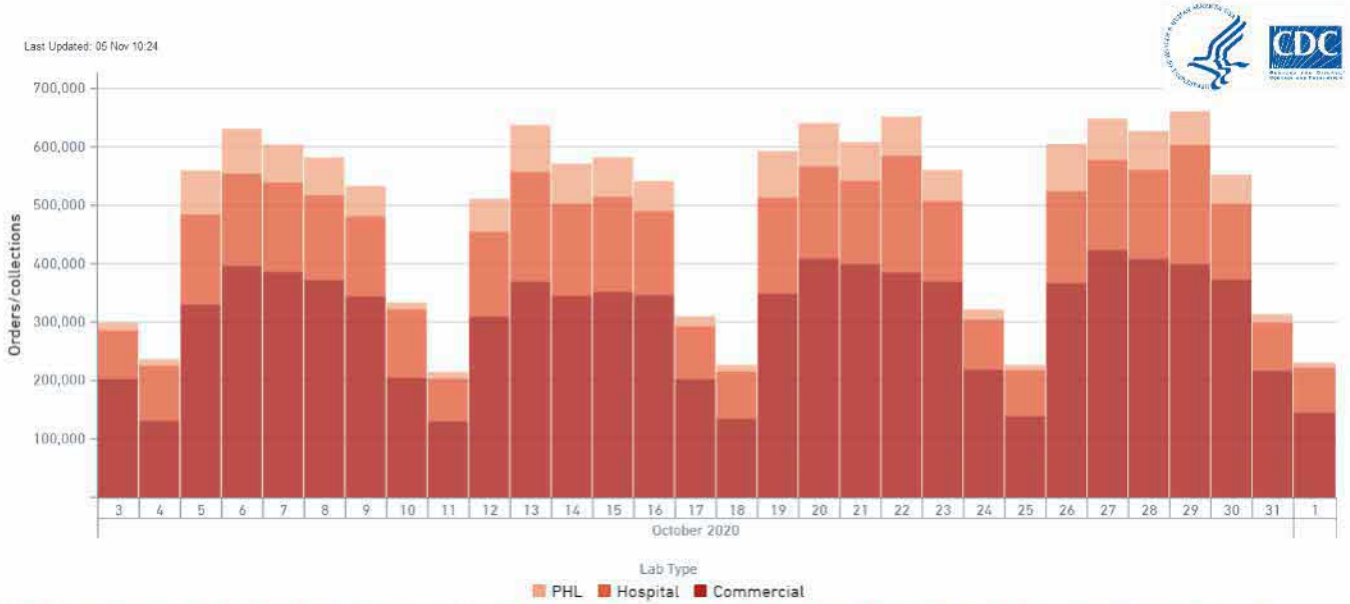
Results by HHS Region *as of 26 Oct 2020*

Region 1	9,896,229		344,566		2.5%
Region 2	19,050,815		796,076		2.9%
Region 3	13,198,286		906,668		5.8%
Region 4	28,947,638		2,918,819		7.6%
Region 5	27,559,205		1,775,631		10.3%
Region 6	15,256,131		1,729,487		9.5%
Region 7	5,124,570		486,119		16.3%
Region 8	5,491,244		424,496		13.7%
Region 9	23,173,164		1,554,666		4.8%
Region 10	5,145,189		301,149		7.7%

[19] Not all jurisdictions report data up through the day of reporting. In order to report data for all jurisdictions along a consistent time window, this report uses data up through the most recent day for which all jurisdictions have reported. There may be data available for more recent days for several jurisdictions that is not included in this report.
[20] Due to CA correcting historical data, there is a significant spike in positive tests on October 5, which affects national and CA state's 7-day % positivity and test volume data.
[21] 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.
[22] Includes 6 commercial labs: LabCorp, Quest Diagnostics, BioReference, ARUP, Mayo Clinic, and Sonic Healthcare.
[23] 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.
[24] Includes laboratory results reported to CDC from state health departments that were not reported through HHS Protect, including additional lab orders received prior to 23 Apr that were not included in HHS Protect data. This data is updated when it becomes available and is not cut off by the date above.

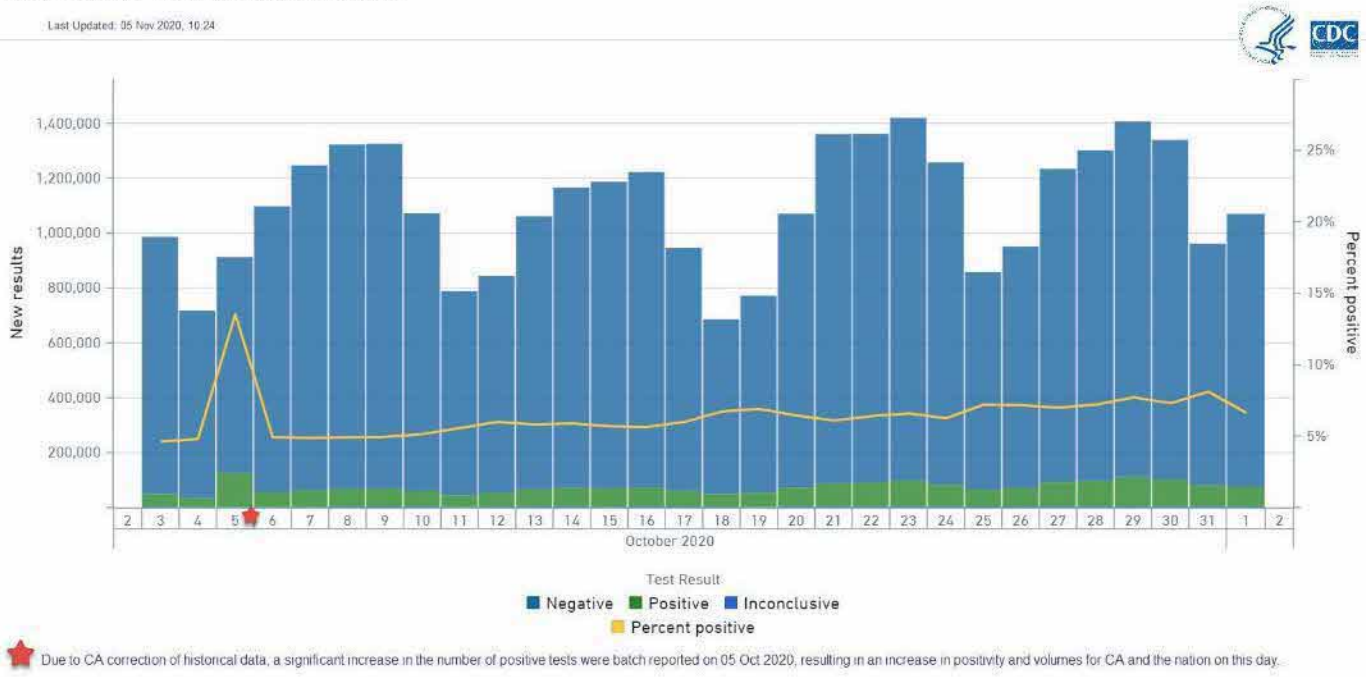
Laboratory Orders/Collections per Day by Lab Type (Commercial, Public Health and Hospital Labs) [25]

Data: 03 Oct 2020 - 01 Nov 2020 *Last Updated: 05 Nov 2020, 10:24*
Source: HHS Protect Federal Dataset (Commercial, Public Health and Hospital Labs)



COVID-19 Positive/Negative Results & Percent Positive (Federal, Public Health, Commercial, & Hospital Labs) [26]

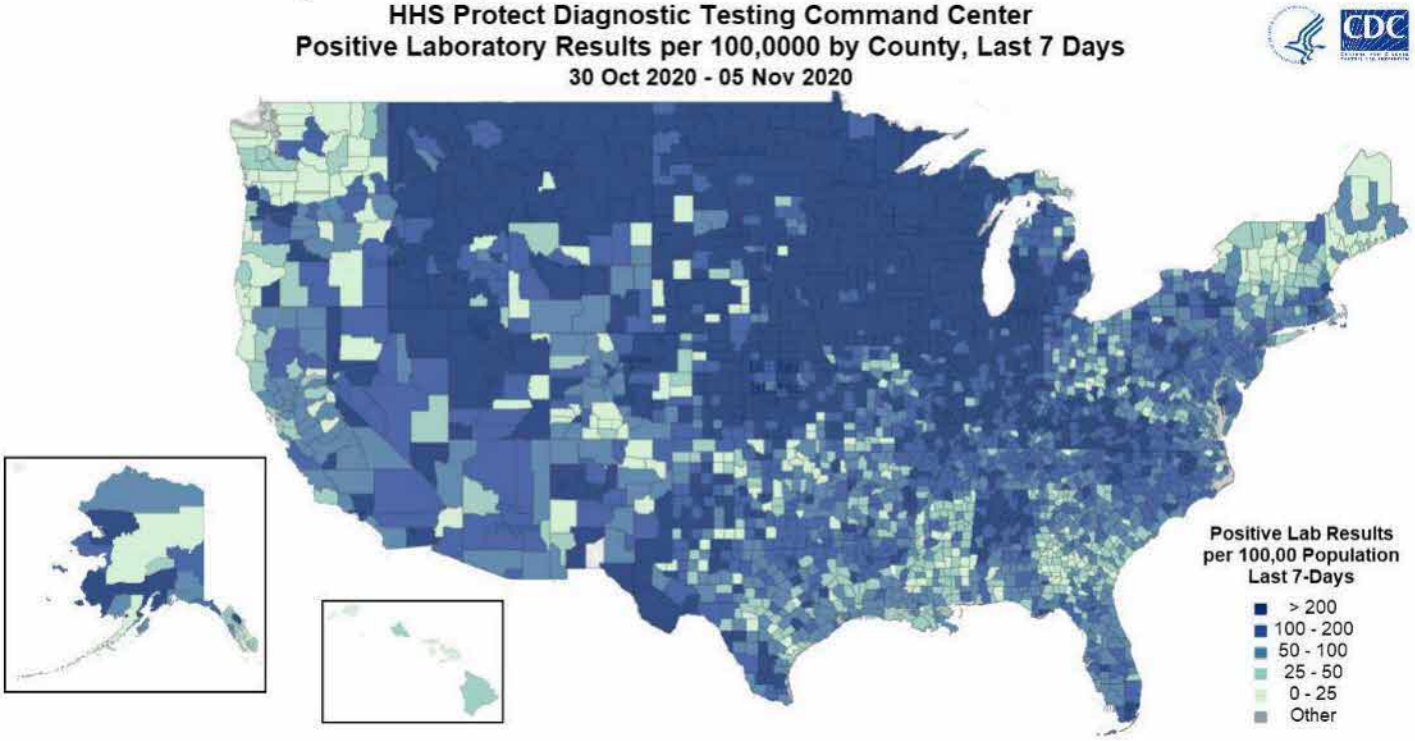
Data: 03 Oct 2020 - 01 Nov 2020 *Last Updated: 05 Nov 2020, 10:24*
Source: HHS Protect Unified Dataset[27]



[25] 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.
[26] Reported by test result date. Due to reporting lags, data for the most recent three days may be underrepresented.
[27] Data from the unified dataset include a combination of CELR line-level, CELR aggregate, commercial/reference, state public health, and hospital laboratories data feeds.

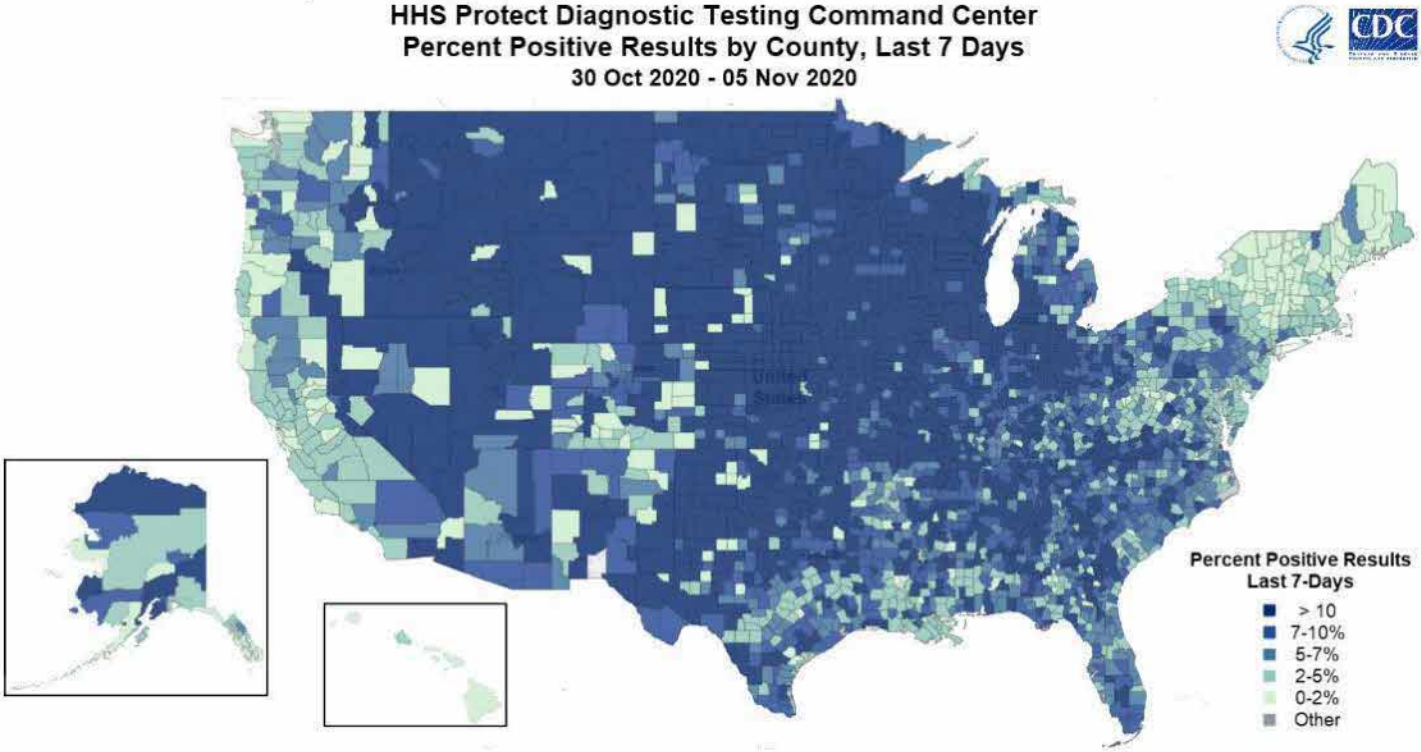
Positive Results per 100,000 Population Last 7-Days by County[28,29]

Data: 30 Oct 2020 - 05 Nov 2020 *Last Updated: 05 Nov 2020, 09:00*
Source: HHS Protect: Diagnostic Testing Command Center



Percent Positive Results Last 7-Days by County

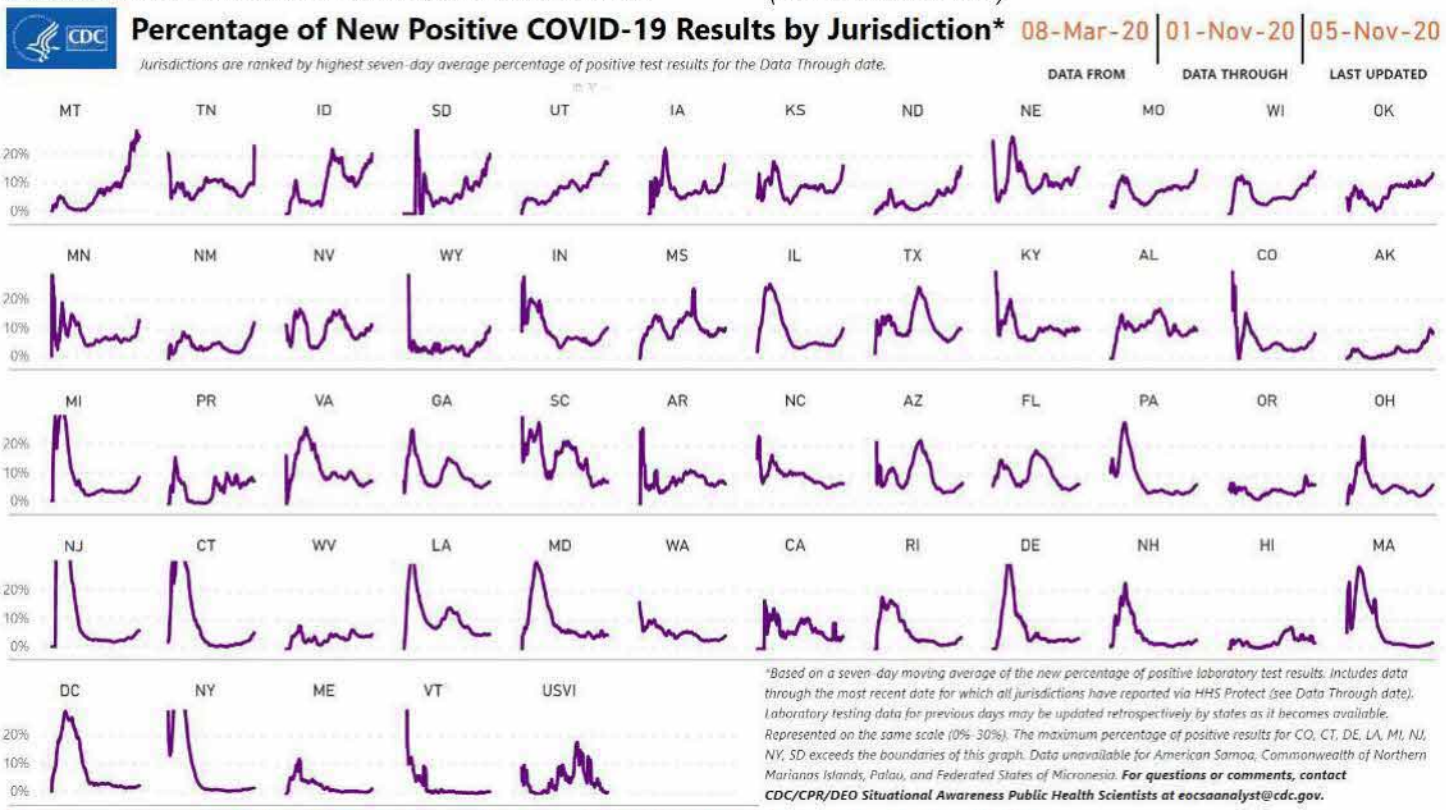
Data: 30 Oct 2020 - 05 Nov 2020 *Last Updated: 05 Nov 2020, 09:00*
Source: HHS Protect: Diagnostic Testing Command Center



[28] 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.

Percentage of New Positive COVID-19 Test Results by Jurisdiction

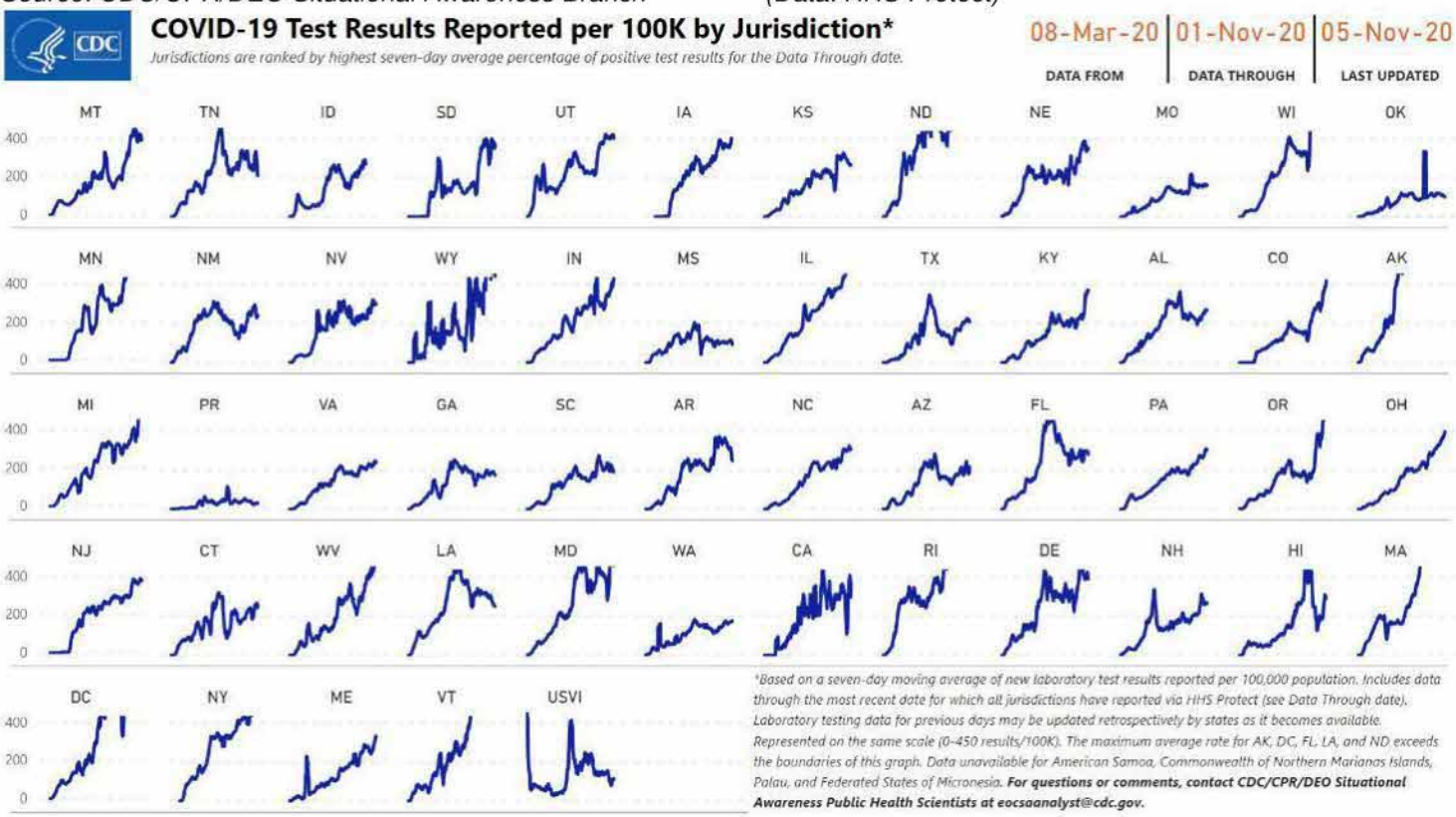
Data: 08 Mar 2020 – 01 Nov 2020 *Last Updated: 05 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: HHS Protect)*



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

Data: 08 Mar 2020 – 01 Nov 2020 *Last Updated: 05 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: HHS Protect)*

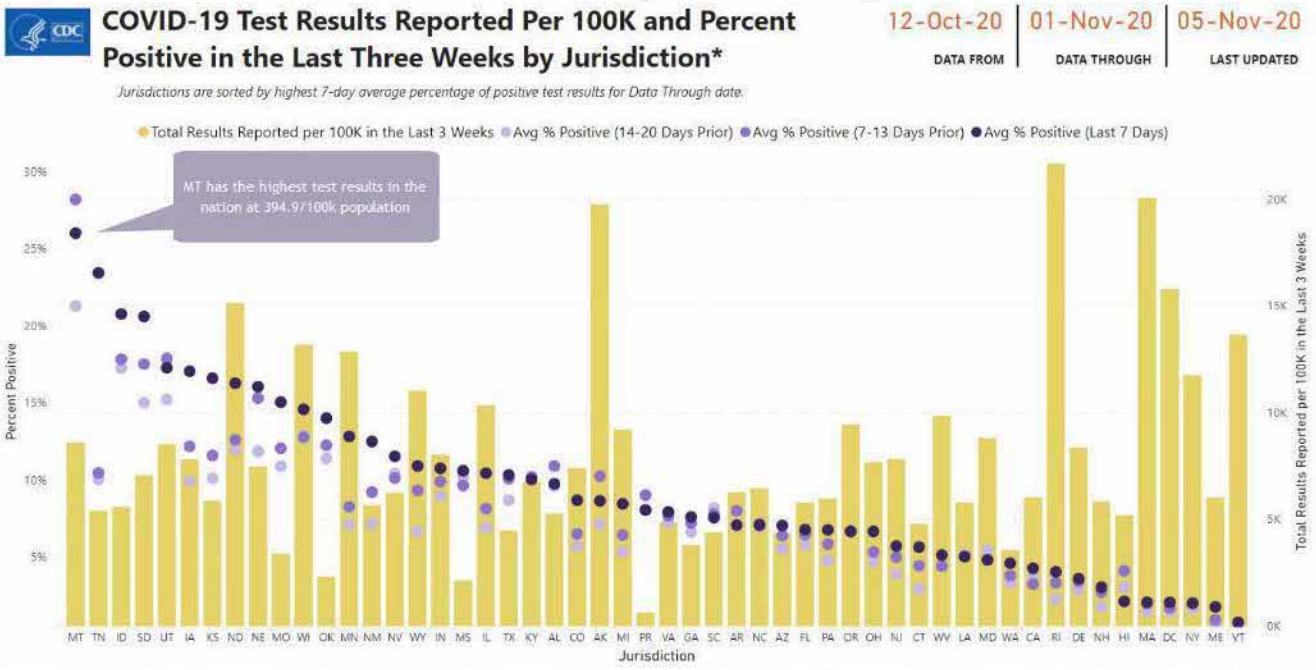


Based on a seven-day moving average of new laboratory test results reported per 100,000 population. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by 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.***

COVID-19 Test Results per 100,000 and Percent Positive in the Last 3 Weeks by Jurisdiction[30] [31] [32]

Data: 12 Oct 2020 – 01 Nov 2020 *Last Updated: 05 Nov 2020, 08:00*

Source: CDC/CPR/DEO Situational Awareness Branch (Data: HHS Protect)



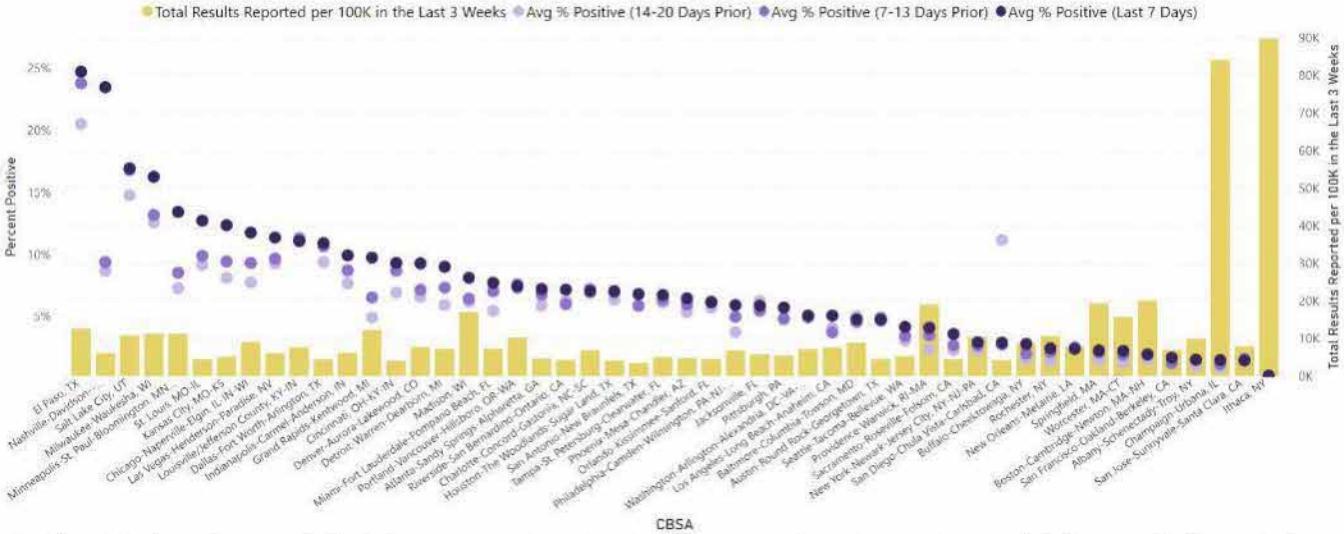
**Based on total laboratory test results reported per 100,000 population in the last 21 days. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states 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.

COVID-19 Test Results per 100,000 and Percent Positive in the Last 3 Weeks by CBSA

Data: 12 Oct 2020 – 01 Nov 2020 *Last Updated: 05 Nov 2020, 08:00*

Source: CDC/CPR/DEO Situational Awareness Branch (Data: 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.

[32] Line level laboratory data for the most recent three days may be 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 for 01 Nov 2020 *Last Updated: 05 Nov 2020, 08:00*

Source: CDC/CPR/DEO Situational Awareness Branch (Data: DCIPHER & HHS Protect)

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

DATA FOR 01-Nov-20 | LAST UPDATED 05-Nov-20

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, Guam, Palau, and Federated States of Micronesia. * Calculation omitted where the number of total new tests was less than five.*

State	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	2,118.4	11.3	822,314	2,514	112,407.8	343.7	161	31,429	3.8%	6.4%
AL	3,588.7	60.8	2,167,774	4,916	44,211.5	100.3	752	241,527	11.1%	15.3%
AR	3,751.3	65.0	1,338,356	5,450	44,348.7	180.6	369	108,749	8.1%	6.8%
AZ	3,450.7	83.4	2,426,334	12,948	33,334.6	177.9	1,147	247,906	10.2%	8.9%
CA	2,342.3	44.7	18,813,961	360,941	47,615.5	913.5	9,305	1,145,515	6.1%	2.6%
CO	1,884.8	40.1	1,866,986	22,916	32,420.1	397.9	2,119	94,839	5.1%	9.2%
CT	1,993.1	129.2	1,368,130	4,362	38,373.6	122.3	354	76,529	5.6%	8.1%
DE	2,617.0	73.4	572,153	2,062	58,756.8	211.8	92	27,455	4.8%	4.5%
FL	3,741.0	78.8	11,865,578	16,999	55,245.9	79.1	1,367	1,260,092	10.6%	8.0%
GA	3,441.1	75.9	3,490,967	3,551	32,879.6	33.4	339	333,365	9.5%	9.5%
HI	1,081.3	15.3	527,160	3,714	37,232.2	262.3	87	18,569	3.5%	2.3%
IA	3,130.4	54.4	1,619,492	8,707	51,329.8	276.0	1,565	146,028	9.0%	18.0%
ID	1,190.4	35.9	624,942	2,655	34,970.3	148.6	647	87,640	14.0%	24.4%
IL	3,124.2	79.1	7,121,524	40,095	56,199.7	322.7	5,027	478,386	6.7%	12.5%
IN	2,721.3	65.2	3,326,921	28,742	49,417.9	426.9	3,568	251,767	7.6%	12.4%
KS	2,025.7	35.3	1,128,056	3,646	38,720.7	125.1	613	103,764	9.2%	16.8%
KY	2,433.3	33.3	1,584,306	7,685	35,461.5	172.0	833	148,165	9.4%	10.8%
LA	4,088.8	127.2	2,801,482	3,877	60,262.6	83.4	234	263,782	9.4%	6.0%
MA	2,398.6	144.8	6,142,879	38,317	89,124.1	555.9	980	199,502	3.2%	2.6%
MD	2,432.6	68.8	3,744,653	17,242	61,939.3	285.2	959	249,201	6.7%	5.6%
ME	508.0	11.1	444,697	2,678	33,082.4	199.2	84	6,977	1.6%	3.1%
MI	1,974.9	77.0	5,286,459	35,338	52,934.2	353.8	3,309	269,841	5.1%	9.4%
MN	2,685.2	45.1	3,470,196	27,683	61,532.3	490.9	4,768	234,899	6.8%	17.2%
MO	3,028.4	49.4	1,463,169	8,239	23,840.1	134.2	1,241	124,345	8.5%	15.1%
MS	3,047.6	112.1	714,272	1,102	23,999.9	37.0	143	80,220	11.2%	13.0%
MT	3,153.0	35.4	482,899	3,901	45,182.3	365.0	925	54,540	11.3%	23.7%
NC	2,664.7	42.2	3,937,822	26,411	37,545.7	251.8	1,958	315,982	8.0%	7.4%
ND	5,094.0	71.0	731,319	4,542	95,965.8	596.0	872	44,250	6.1%	19.2%
NE	3,714.7	33.9	913,853	3,049	47,242.0	157.6	499	111,982	12.3%	16.4%
NH	826.7	35.6	493,821	2,724	36,318.1	200.3	76	16,236	3.3%	2.8%
NJ	2,689.9	185.6	4,253,843	20,494	47,891.8	230.7	1,306	155,899	3.7%	6.4%
NM	2,254.1	49.0	955,789	5,774	45,582.6	275.4	960	46,094	4.8%	16.6%
NV	3,144.1	58.7	1,356,806	8,189	44,049.9	265.9	839	137,678	10.1%	10.2%
NY	2,203.8	83.2	14,562,665	92,392	74,858.6	474.9	1,965	629,033	4.3%	2.1%
OH	1,873.5	45.4	4,515,143	57,191	38,627.0	489.3	3,813	231,188	5.1%	6.7%
OK	3,310.6	34.3	780,361	3,013	19,721.2	76.1	496	69,722	8.9%	16.5%
OR	1,084.0	16.5	1,710,041	15,100	40,544.0	358.0	1,132	86,487	5.1%	7.5%
PA	1,639.2	68.8	4,560,183	30,797	35,620.9	240.6	2,408	272,737	6.0%	7.8%
RI	3,109.7	113.6	1,012,372	4,269	95,564.4	403.0	266	41,922	4.1%	6.2%
SC	3,501.5	77.4	1,672,021	7,516	32,474.5	146.0	564	215,850	12.9%	7.5%
SD	3,198.1	49.5	324,825	1,466	36,717.5	165.7	348	31,230	9.6%	23.7%
TN	3,881.3	49.5	3,514,898	30	51,468.9	0.4	30	323,618	9.2%	100.0%
TX	3,152.6	63.0	9,380,143	35,133	32,349.9	121.2	3,974	1,241,140	13.2%	11.3%
UT	3,685.7	19.4	1,804,391	7,076	56,282.4	220.7	1,276	187,178	10.4%	18.0%
VA	2,153.4	42.9	2,848,741	15,643	33,375.1	183.3	1,292	298,107	10.5%	8.3%
VT	347.9	9.3	434,330	1,524	69,605.4	244.2	28	3,400	0.8%	1.8%
WA	1,437.4	31.4	1,987,892	11,605	26,105.3	152.4	654	95,593	4.8%	5.6%
WI	4,152.8	36.3	3,838,962	28,176	65,934.0	483.9	4,141	309,550	8.1%	14.7%
WV	1,377.9	25.3	874,951	8,155	48,821.4	455.0	489	36,113	4.1%	6.0%
WY	2,375.3	15.1	280,824	1,901	48,521.8	328.5	234	12,459	4.4%	12.3%
DC	2,472.6	92.0	597,605	4,470	84,676.7	633.4	99	23,055	3.9%	2.2%
PR	2,133.6	26.3	234,307	2,038	7,336.6	63.8	150	11,144	4.8%	7.4%

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.***

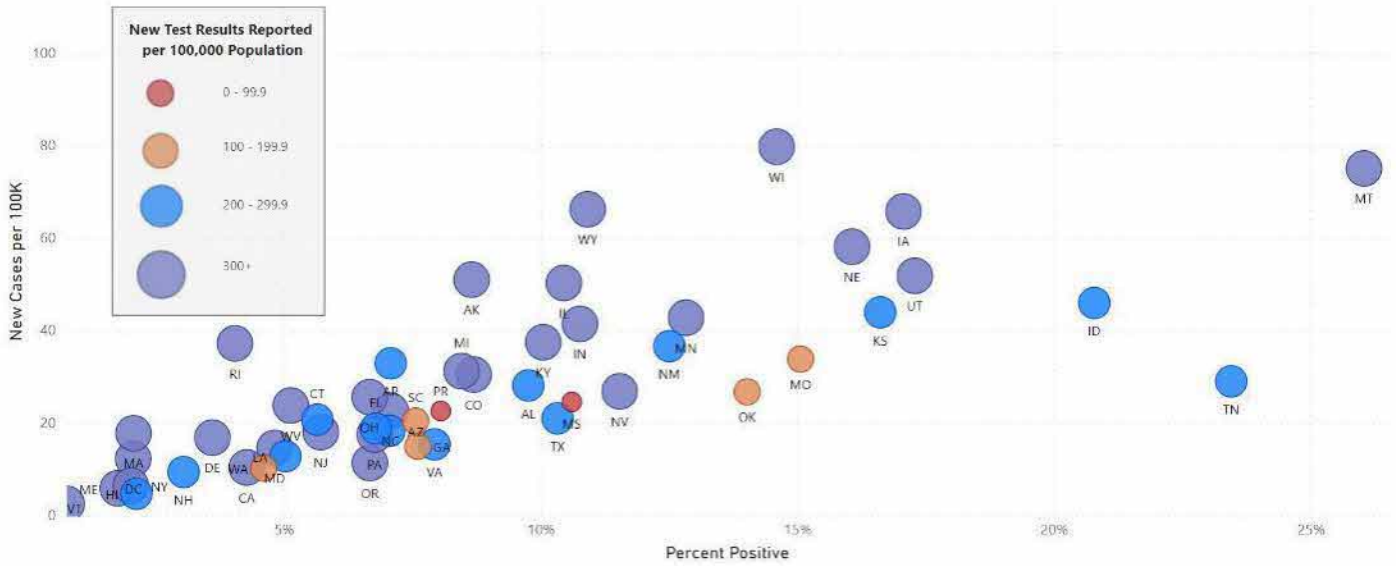
Comparison New Cases per 100,000 Population and Percent Positive Test Results, Last 7-Days

Data: 26 Oct 2020 – 01 Nov 2020 *Last Updated: 05 Nov 2020, 08:00*

Source: CDC/CPR/DEO Situational Awareness Branch (Data: DCIPHER & 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

26-Oct-20 DATA FROM | 01-Nov-20 DATA AS OF | 05-Nov-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.***

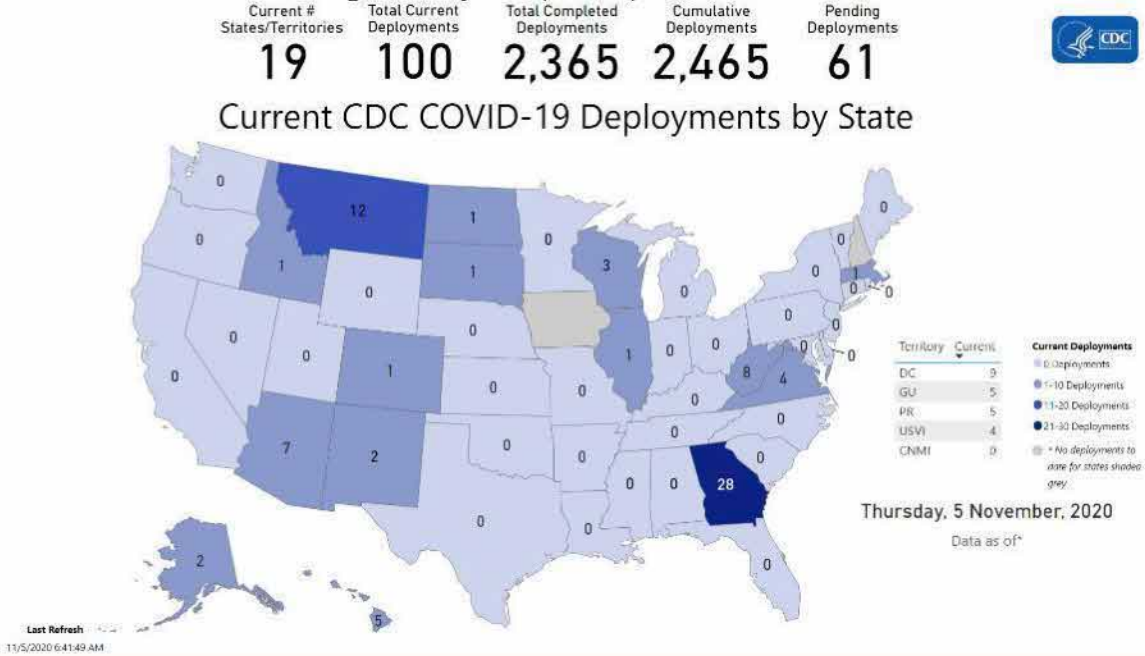
CDC Response Statistics

Deployments CDC COVID-19 Domestic Deployments [33]

Data as of 05 Nov 2020 *Last Updated: 05 Nov 2020, 06:41*

Source: CDC Personnel Workforce Management System (PWMS)

Current # States/Territories	Total Current Deployments	Total Completed Deployments	Cumulative Deployments	Pending Deployments
19	100	2,365	2,465	61



CDC Website Updates – COVID-19 Response

As of 05 Nov 2020, 07:00 [34]

New/Updated Guidance, Recommendations, and Considerations

- Benefits of Getting a COVID-19 Vaccine
- Businesses and Workplaces
- Busting Myths and Misconceptions about COVID-19 Vaccination
- Clinical Mitigation (Non-US Settings)
- Communication Resources
- Considerations for Wearing Masks
- Coronavirus Disease 2019 (COVID-19)
- Data on COVID-19 during Pregnancy: Severity of Maternal Illness
- Frequently Asked Questions about COVID-19 Vaccination
- How to Protect Yourself & Others
- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
- 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
- Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations
- Things to Know about the COVID-19 Pandemic
- Vaccines

New/Updated Webpages

- Cases & Deaths by County
- Cases in the U.S.
- Communication Resources
- Data on COVID-19 during Pregnancy
- Previous COVID-19 Forecasts: Cases
- Staffing Resources
- Text Illness Monitoring (TIM)
- Cases & Deaths by County

MMWR Publications

- None

[33] A single person may have multiple deployments over time.

[34] Updates since last report. See additional resources at CDC COVID-19 What's New, Morbidity and Mortality Weekly Report Publications, Emerging Infectious Disease Publications, Preventing Chronic Disease Publications, CDC COVID-19 Science Updates, Health Alert Network (HAN) and Communication Resources.

International Updates

WHO Epidemiological Update

WHO Global Cases and Deaths

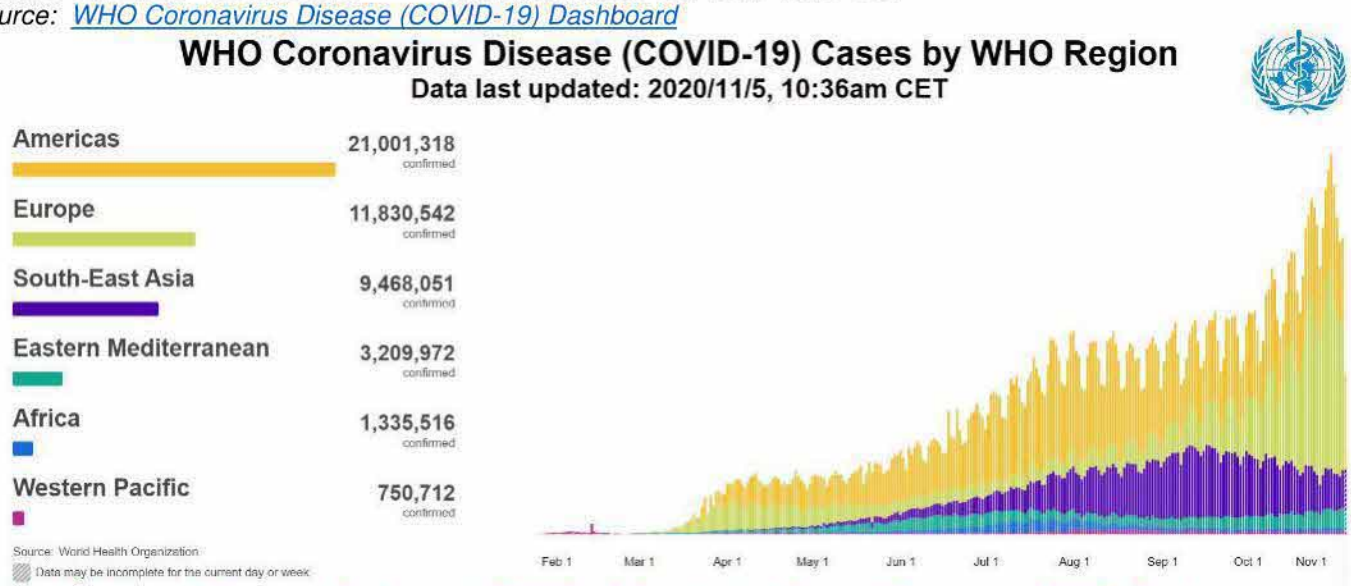
Data: 23 Jan 2020 – 05 Nov 2020 *Last Updated: 05 Nov 2020 10:36 CET*
Source: WHO Coronavirus Disease (COVID-19) Dashboard

WHO Coronavirus Disease (COVID-19) Dashboard
Global Cases and Deaths
Data Last Updated: 05 Nov 2020 10:36 CET

Cases		Deaths	
Cumulative Total	**Newly Reported Last 24 Hours**	**Cumulative Total**	**Newly Reported Last 24 Hours**
47,596,852	452,277	1,216,357	8,167

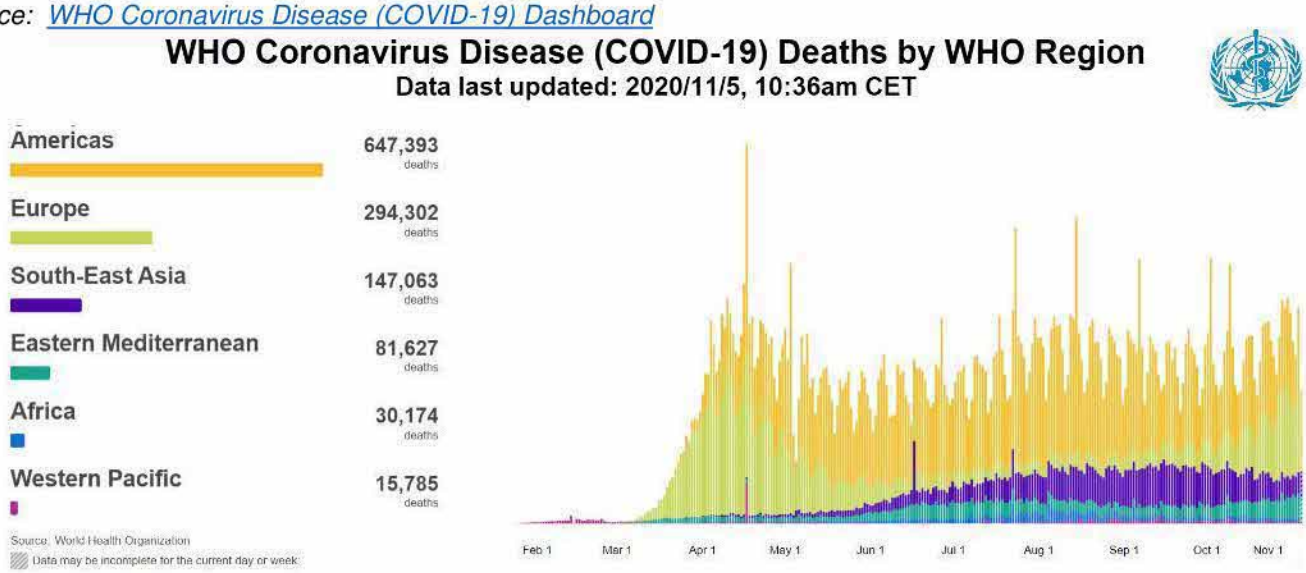
Global Epidemic Curve of Confirmed COVID-19 Cases by Date of Report and WHO Region

Data: 23 Jan 2020 – 05 Nov 2020 *Last Updated: 05 Nov 2020 10:36 CET*
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 – 05 Nov 2020 *Last Updated: 05 Nov 2020 10:36 CET*
Source: WHO Coronavirus Disease (COVID-19) Dashboard



WHO Weekly COVID-19 Situation Update

Data received by WHO as of 03 Nov 2020 *Report Update: 05 Nov 2020*

Source: WHO Coronavirus Disease Weekly Epidemiological Update

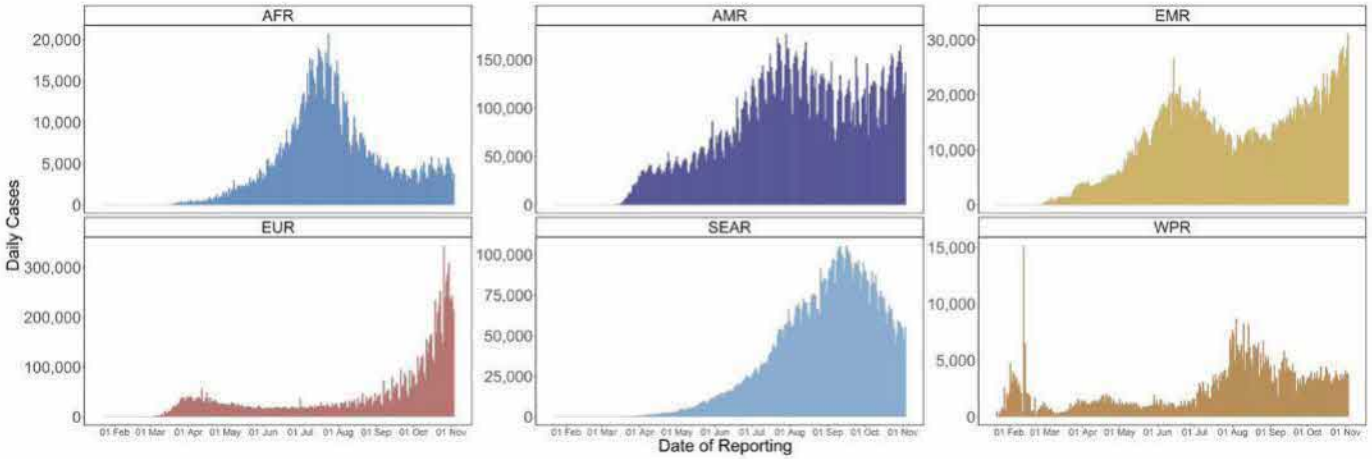
Summary:

- South East Asia was the only region to experience an overall decrease in weekly cases this week. All other regions have a positive percent change in weekly cases. Europe remains as the region with the highest average daily incidence with several countries, including Spain, Italy, and the United Kingdom, experiencing high average daily incidence and increases in weekly cases. Belgium has the highest average daily incidence rate worldwide, followed by Luxembourg and the Czech Republic.

Epidemic Curve of Confirmed COVID-19 Cases, by Date of Report and WHO Region[35]

Data as of 05 Nov 2020

Source[36]*:CDC IMS COVID-19 International Task Force (Data:COVID-19 Data Repository CSSE at (JHU))*

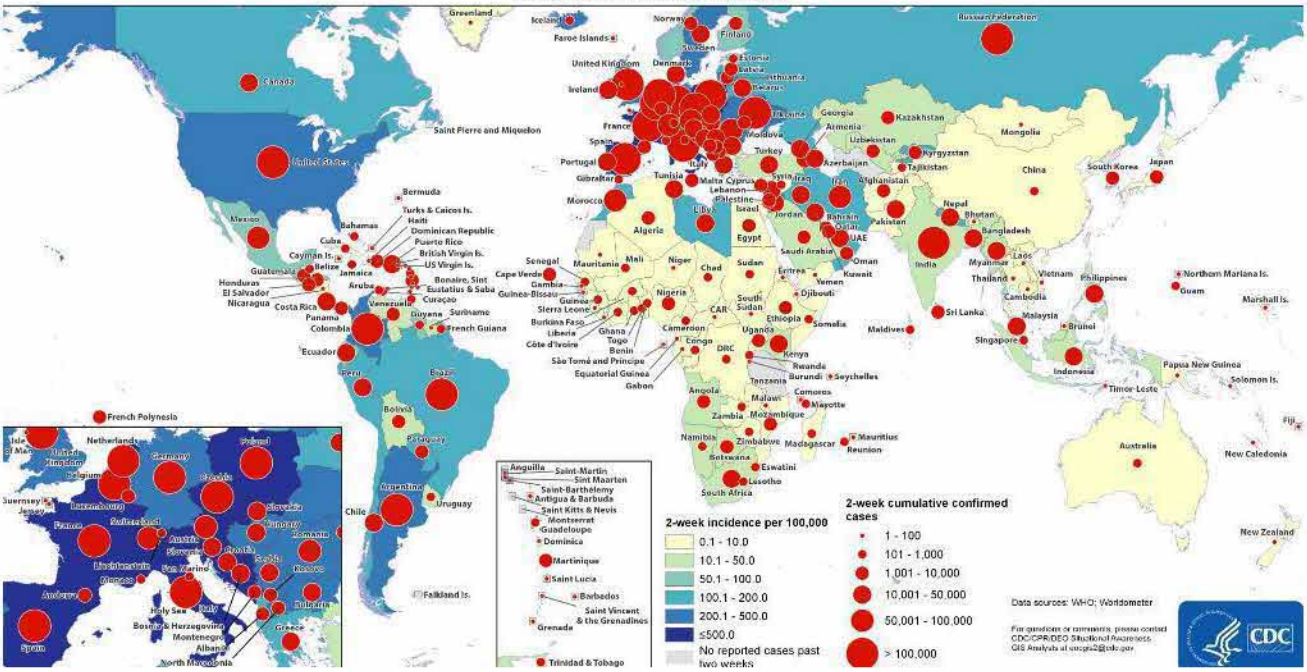


Global Incidence and Cumulative Cases of COVID-19 by Country, Last 14 Days

Data: 22 Oct 2020 – 04 Nov 2020 *Last Updated: 05 Nov 2020*

Coronavirus Disease-2019, Two-Week Incidence and Case Counts by Country

Data as of 4 November 2020

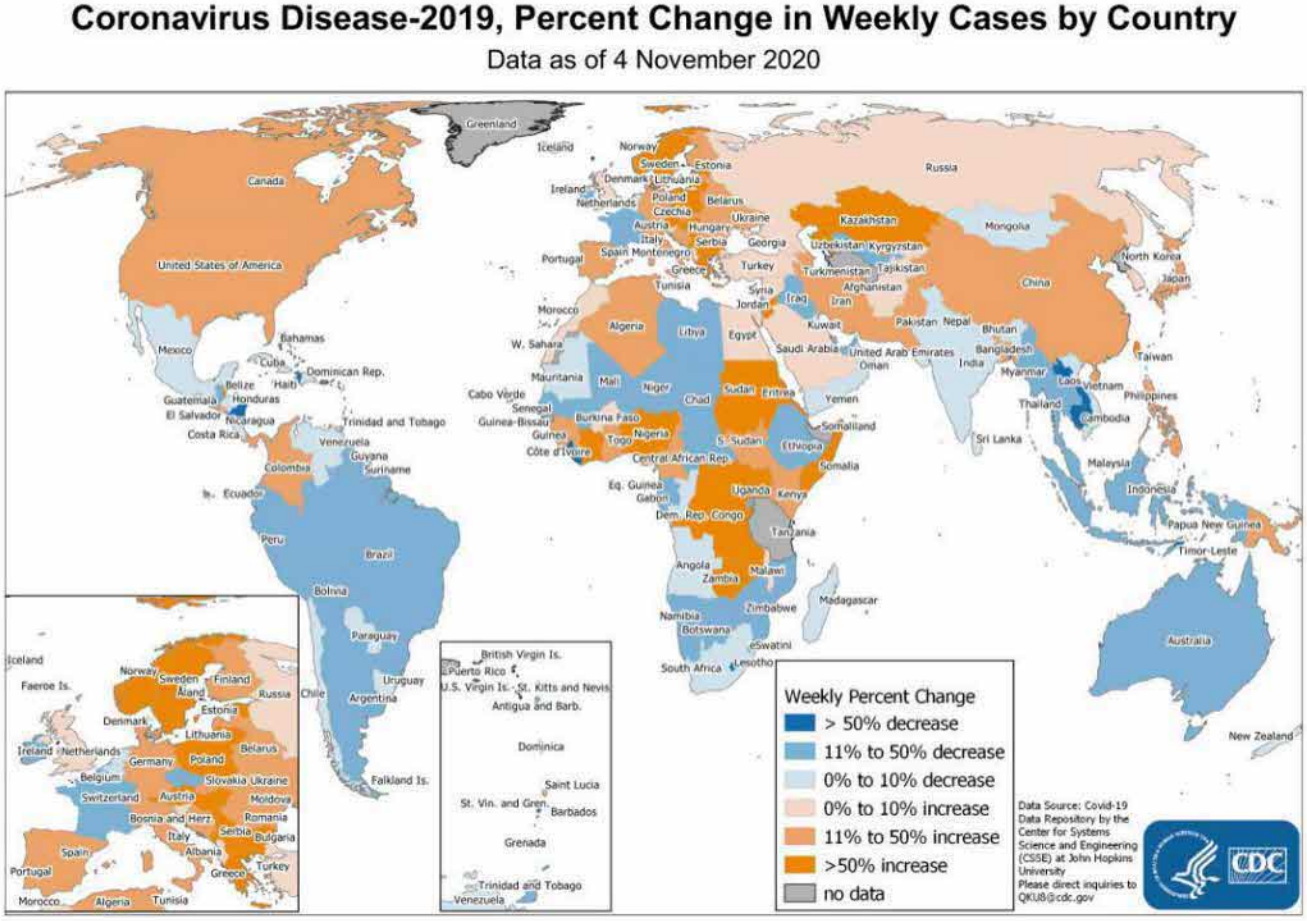


[35] Note: The y-axis differs by region to improve legibility

[36] COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU) via WHO

Percent Change in Weekly Cases by Country

Data as of 03 Nov 2020
Data source: International Task Force (Data: COVID-19 Data Repository by the CSSE at (JHU))



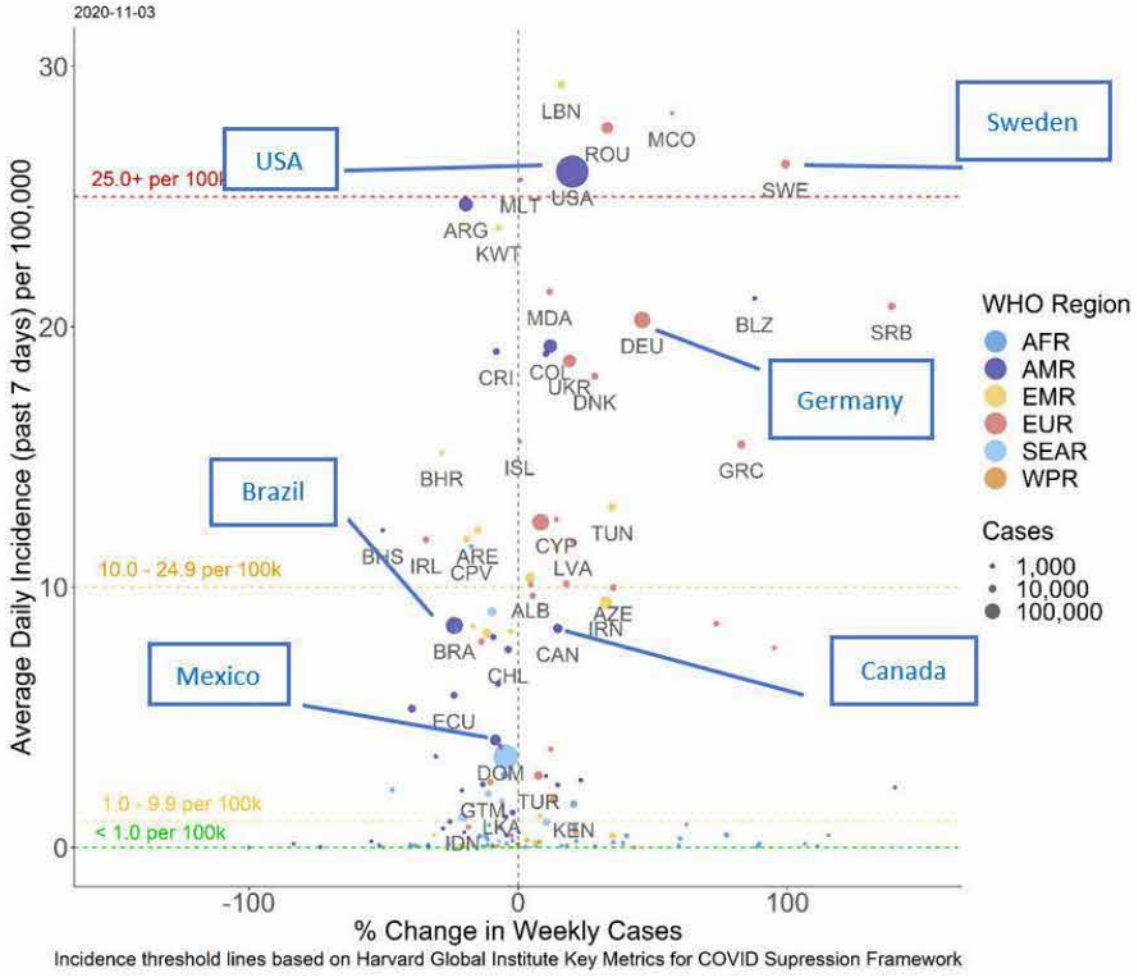
Risk Matrix: Average Daily Incidence Past 7 Days & Percent Change in Weekly Cases

Data as of 03 Nov 2020

Overview

- The **United States** average daily incidence (26 per 100,000) increased compared with last week (22 per 100,000) and continues to have a positive percent change in weekly cases (20%).
- **Canada**'s average weekly incidence has increased slightly from 7 to 8 per 100,000, and percent change in weekly cases is 15%.
- **Mexico**'s average daily incidence has remained at 4 per 100,000 for the third week in a row, and percent change in weekly cases shifted from positive to negative (-8%).
- **Brazil**'s average daily incidence decreased slightly from 11 to 8 per 100,000 since last week, and percent change in weekly cases shifted from positive to negative (-24%).
- **Sweden's** average daily incidence increased from 15 to 26 per 100,000, and percent change in weekly cases increased from 75% to 99%.
- **Germany**'s average daily incidence increased from 16 to 20 per 100,000 and weekly cases increased by 46%.
- Beyond the viewable scale of the risk matrix, the **United Kingdom's** average daily incidence increased slightly (33 to 34 per 100,000), and percent change in weekly cases decreased from last week to this week (14% to 1%). **France**'s weekly cases decreased (-20%) for the first time in over three months, but the country's average daily incidence remains high (46 per 100,000). **Italy**'s average daily incidence increased from 32 to 44 per 100,000, and percent change in weekly cases decreased but remains high

(50%). **Spain**'s average daily incidence increased from 38 to 41 per 100,000, and weekly cases increased by 11%. **Belgium** has the highest average daily incidence, at 128 per 100,000, followed by **Luxembourg** and **Czech Republic** at 108 and 105 per 100,000, respectively.



Average Daily Incidence Past 7-Days, Cases and Percent Change

Data as of 05 Nov 2020
Source: COVID-19 Data Repository by the CSSE at (JHU)

By WHO Region

- Europe maintains the highest average daily incidence, followed by the Americas region.
- The Western Pacific region has the lowest average daily incidence among the 6 world regions.
- Southeast Asia is the only region to have a decrease in weekly cases.

WHO Region	Average Daily Incidence (past 7 days) per 100,000	Cases Last Week	Cases This Week	% Change In Weekly Cases	Cumulative Cases
AFR	0.41	31,045	32,445	4.51	1,326,492
AMR	14.03	959,151	996,617	3.91	21,004,553
EMR	3.79	170,757	195,669	14.59	3,167,547
EUR	27.72	1,584,425	1,802,120	13.74	11,798,146
SEAR	2.82	410,682	387,049	-5.75	9,408,049
WPR	0.20	24,220	26,175	8.07	733,661

By Top 10 Countries Based on Number of New Cases Reported in Past 7 Days

- Of the top ten countries with the highest number of new cases in the past seven days, India, France, and Brazil were the only countries to see a decrease in weekly cases.
- Italy and Poland had the highest percent increases in weekly cases.
- Poland had the highest average daily incidence rate, followed by France and Italy.

Country	Average Daily Incidence (past 7 days) per 100,000	Cases Last Week	Cases This Week	% Change in Weekly Cases	Cumulative Cases
United States of America	25.96	604,539	503,191	20%	9,382,617
India	3.49	323,554	339,215	-5%	8,313,876
France	45.72	217,149	270,967	-20%	1,461,391
Italy	44.65	195,051	130,329	50%	759,829
The United Kingdom	33.98	156,435	155,177	1%	1,077,099
Spain	40.74	142,628	128,416	11%	1,259,366
Poland	50.23	134,615	87,690	54%	414,844
Brazil	8.53	126,408	165,687	-24%	5,566,049
Russian Federation	12.49	123,954	114,367	8%	1,661,096
Germany	20.27	113,712	77,828	46%	577,131

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

International Media Reports

- Coronavirus cases hit new daily highs this week in **Russia** and **Germany,** and the **U.K**. announced plans Tuesday to expand virus testing. New measures took effect Tuesday in **Austria**, **Greece** and **Sweden**, following a partial shutdown imposed in Germany Monday and tighter rules in **Italy**, **France**, **Kosovo** and **Croatia**. **England** faces a near-total lockdown from Thursday, although schools and universities will stay open. Infections spiked in **Russia**, with the fifth straight day of more confirmed cases than the daily record in the spring. In **Britain**, the government plans to offer regular COVID-19 testing to anyone living or working in Liverpool, a city of 500,000. AP
- October was the second worst month for coronavirus cases in **Mexico** since the start of the pandemic, official data shows. The federal Health Ministry reported a total of 181,746 new cases last month, an average of 5,863 per day. July, during which 198,548 new infections were reported, is the only month that exceeded October for new case numbers. Mexico News Daily
- **Belgium** has announced a return to a national lockdown as the latest coronavirus figures show it has the highest infection rate in Europe. Non-essential shops and businesses offering personal services like hair salons have been ordered to close from Monday until the middle of December. Any gatherings in public spaces must be limited to a maximum of four people. Supermarkets can only sell essential goods and households are allowed just one visitor. Autumn school holidays have also been extended until 15 November. The existing night-time curfew measures and closures of bars and restaurants will remain in place. BBC
- **Japan's** largest airport opened a coronavirus testing facility on Monday as it takes steps to reopen international travel that has been largely grounded for months by the pandemic. The Narita International Airport PCR Center is aimed at outbound travelers who need proof that they are virus-free when they

arrive at their destinations. Japan on Friday eased travel curbs for nine Asian countries and regions. Japan Today

- The chair of **Britain's** coronavirus **vaccine** task force says data evaluating the efficacy and safety of its two most advanced candidates should be available in early December. Kate Bingham told a parliamentary committee on Wednesday that data on the two vaccine candidates — developed by Oxford University and AstraZeneca, and Pfizer and BioNTech — should be available by then. After that, the vaccine candidates will need regulatory approval, Bingham said. "If we get that, we have the possibility of deploying by year end," she said. CBC
- Rich countries have already snapped up billions of doses of potential coronavirus **vaccines**, potentially leaving poor countries without enough supply for years to come, a new study shows. An analysis from researchers at Duke University's Global Health Innovation Center, found that high- and middle-income countries have already purchased 3.8 million doses, with options for 5 billion more. As a result, relatively wealthy nations will likely be able to vaccinate their entire populations, with billions of others relegated to the back of the line. People in low-income countries could be waiting until 2024. WaPo

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

Sent: Fri, 6 Nov 2020 11:53:42 +0000

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

Cc:

Subject: CDC COVID-19 Update 05Nov2020 (For Internal USG only)

Attachments: (FOUO) CDC COVID-19 RESPONSE UPDATE 20201105.pdf

Good Evening,

Please see attached CDC Report:

Cases/deaths as of 05 Nov 2020:
- 9,463,782 confirmed and probable U.S. cases, +106,537 since yesterday (Yikes!)
- 233,129 U.S. deaths reported to CDC, +1,141 since yesterday
- 47,930,397 confirmed cases worldwide (WHO dashboard data)

Highlights:
- **Case Counts and Deaths:** 8-week trend continues. Yesterday's 7-day moving average reached another new high at 89,912, up 20.6% from the previous 7-days; 7-day death average is up 8.5% from the previous 7-days and seems to show a slightly increasing trend. Case trajectory data: 43 (77%) states/jurisdictions in an upward/worsening trajectory; 1 (2%) in a plateau; and 12 (21%) in a downward/improving trajectory.
- **SARS-CoV-2 Antigen Testing:** Use of antigen testing has increased since Aug; currently ~3% of diagnostic COVID tests performed are antigen tests, although it is believed there is extensive underreporting of POC antigen results. CDC is working with HHS on initiatives to improve reporting of POC antigen results
- **CDC Forecasting:** CDC ensemble forecasts for COVID-19 deaths, cases and hospitalizations each synthesize input from CDC internal models as well as from dozens of additional forecast models submitted from across the nation. 250,000 to 266,000 total US COVID deaths are predicted by 28 November.

New/Updated Guidance:
- **Travel Health Notices (THNs):** https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html;No updates today, but the new 4-tier THN system is predicted to "go live" next Thursday, 12 Nov, following the Veteran's Day holiday. New THN algorithms will de-escalate many countries below the new highest level (4), while many will remain at the highest level due to the recent resurgence of cases.

- **Text Illness Monitoring (TIM):** https://www.cdc.gov/coronavirus/2019-ncov/hcp/TIM.html; What it is, and how public health organizations can use it to monitor symptoms of enrolled participants.
- **Contact Tracing Resources for Health Departments:** https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact-tracing-resources.html; New interim guidance for case investigation and contact tracing in K-12 schools and in Institutions of Higher Education (IHEs)
- **Toolkit for addressing Companion Animals with SARS-CoV-2:** https://www.cdc.gov/coronavirus/2019-ncov/animals/toolkit.html; Info for public health and animal health officials involved in managing companion animals diagnosed with SARS-CoV-2.

MMWR Publications Today:
- **Network Characteristics and Visualization of COVID-19 Outbreak in a Large Detention Facility in the United States — Cook County, Illinois,**
2020: https://www.cdc.gov/mmwr/volumes/69/wr/mm6944a3.htm?s_cid=mm6944a3_w;Analysis of outbreak transmission dynamics found that staff interactions were more at fault than inmate interactions.
- **Telework Before Illness Onset Among Symptomatic Adults Aged ≥18 Years With and Without COVID-19 in 11 Outpatient Health Care Facilities — United States, July**
2020: https://www.cdc.gov/mmwr/volumes/69/wr/mm6944a4.htm?s_cid=mm6944a4_w;Investigation report confirms what we already know, that teleworking is effective at decreasing transmission of SARS-CoV-2 in the workplace.
- **A SARS-CoV-2 Outbreak Illustrating the Challenges in Limiting the Spread of the Virus — Hopi Tribe, May–June**
2020: https://www.cdc.gov/mmwr/volumes/69/wr/mm6944a5.htm?s_cid=mm6944a5_w;Large gatherings and frequent or recurring social interactions among extended family members pose a significant risk for SARS-CoV-2 transmission, especially among children and young adults.
- **Notes from the Field: Development of an Enhanced Community-Focused COVID-19 Surveillance Program — Hopi Tribe, June–July**
2020: https://www.cdc.gov/mmwr/volumes/69/wr/mm6944a6.htm?s_cid=mm6944a6_w

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)

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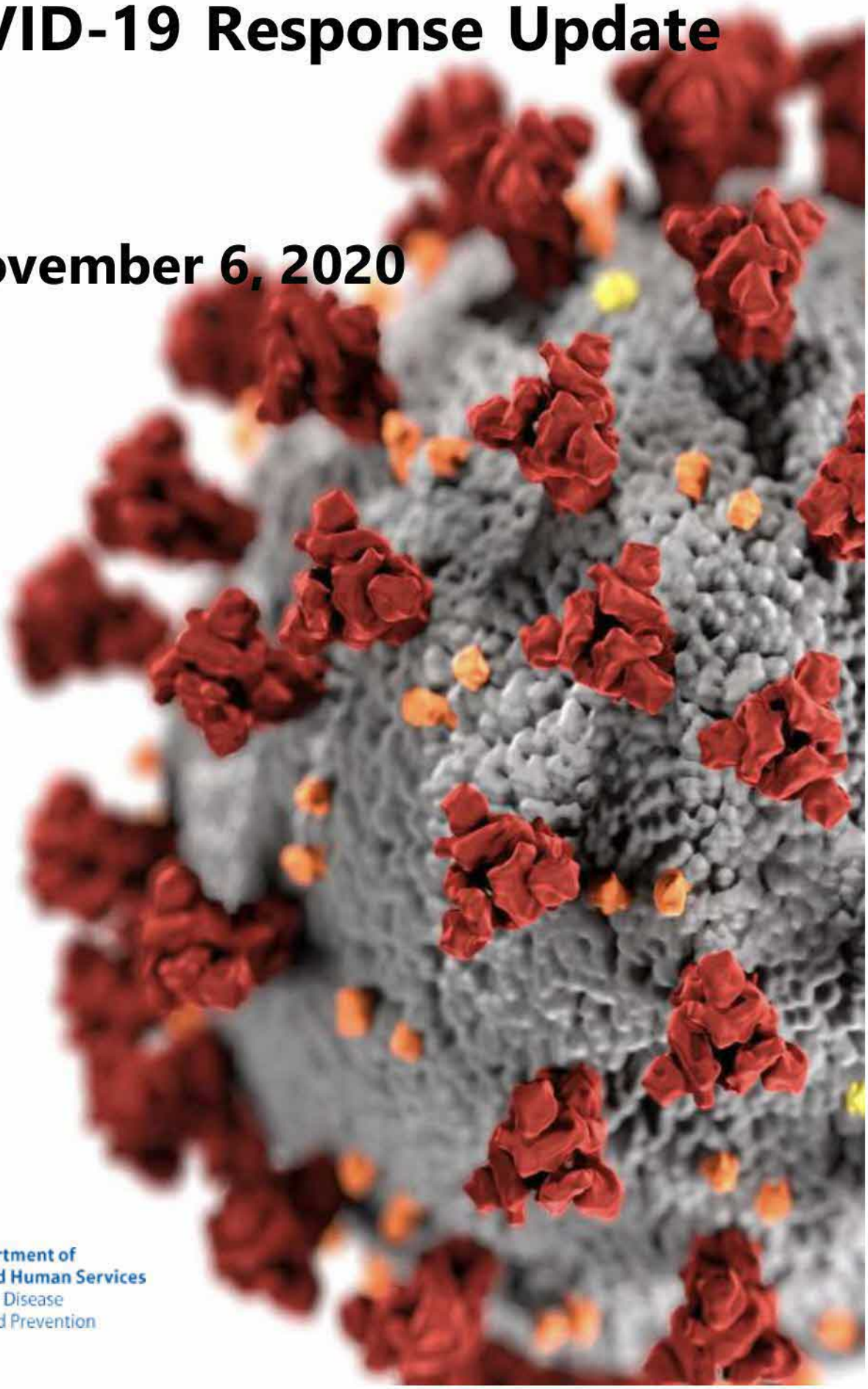
CDC COVID-19 Response Update Report

Friday, November 6, 2020



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

CDC COVID-19 Response Update Friday, 06 Nov, 2020
INTERNAL - NOT FOR FURTHER DISTRIBUTION

Table of Contents

Domestic Updates

Cases and Deaths by Jurisdiction

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 05 Nov 2020 *Last Updated: 06 Nov 2020 11:30*

57 Jurisdictions Reporting COVID-19 Cases[2]

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

Reporting Area[3]	Cases	New Cases[4]		Cases Per 100K			Deaths	New Deaths[4]		Deaths per 100K			CFR[5]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
AK	17,072	308	373.7	2315.0	41.8	50.7	84	-	1.0	11.4	-	0.1	0.5%
AL	199,158	1,381	1,429.9	4074.5	28.3	29.3	3,026	20	16.0	61.9	0.4	0.3	1.5%
AR	117,360	1,548	1,092.6	3894.1	51.4	36.3	2,037	11	20.4	67.6	0.4	0.7	1.7%
AZ	252,768	2,135	1,469.7	3524.5	29.8	20.5	6,087	28	24.1	84.9	0.4	0.3	2.4%
CA	944,576	4,566	4,524.6	2387.9	11.5	11.4	17,815	63	39.1	45.0	0.2	0.1	1.9%
CO	121,006	3,369	2,713.1	2124.6	59.2	47.6	2,353	20	12.1	41.3	0.4	0.2	1.9%
CT	77,060	1,687	944.9	2156.9	47.2	26.4	4,656	11	6.7	130.3	0.3	0.2	6.0%
DE[6]	25,753	-	171.4	2662.7	-	17.7	716	-	3.9	74.0	-	0.4	2.8%
FL	816,376	6,120	4,577.9	3832.9	28.7	21.5	16,961	39	44.7	79.6	0.2	0.2	2.1%
GA	368,368	1,916	1,645.7	3501.8	18.2	15.6	8,126	54	29.0	77.2	0.5	0.3	2.2%
HI	15,471	92	90.0	1089.1	6.5	6.3	218	-	0.6	15.3	-	0.0	1.4%
IA	141,373	4,851	2,716.9	4479.3	153.7	86.1	1,802	15	15.1	57.1	0.5	0.5	1.3%
ID	69,579	1,265	976.1	3966.4	72.1	55.6	671	7	8.0	38.3	0.4	0.5	1.0%
IL	453,750	9,935	7,654.1	3561.3	78.0	60.1	10,313	97	52.6	80.9	0.8	0.4	2.3%
IN	196,176	4,412	3,349.4	2931.6	65.9	50.1	4,511	47	35.9	67.4	0.7	0.5	2.3%
KS[6]	92,215	-	1,452.9	3167.3	-	49.9	1,087	-	11.4	37.3	-	0.4	1.2%
KY	115,277	2,268	1,710.3	2579.8	50.8	38.3	1,534	20	10.4	34.3	0.4	0.2	1.3%
LA	190,845	681	661.3	4095.4	14.6	14.2	5,995	20	12.4	128.6	0.4	0.3	3.1%
MA	170,594	1,761	1,279.6	2471.6	25.5	18.5	10,067	23	18.9	145.9	0.3	0.3	5.9%
MD	151,505	1,541	1,027.3	2507.2	25.5	17.0	4,194	12	8.1	69.4	0.2	0.1	2.8%
ME	7,444	184	124.9	556.2	13.7	9.3	150	-	0.6	11.2	-	0.0	2.0%
MI	218,263	6,103	4,031.4	2183.5	61.1	40.3	7,833	51	25.7	78.4	0.5	0.3	3.6%
MN	164,865	3,942	3,222.0	2938.2	70.3	57.4	2,634	50	23.1	46.9	0.9	0.4	1.6%
MO	196,576	3,553	2,697.6	3208.6	58.0	44.0	3,106	18	29.6	50.7	0.3	0.5	1.6%
MS	124,854	967	788.3	4180.6	32.4	26.4	3,419	14	13.0	114.5	0.5	0.4	2.7%
MT	36,968	1,013	873.6	3480.0	95.4	82.2	407	3	10.0	38.3	0.3	0.9	1.1%
NC	285,661	2,859	2,377.1	2751.1	27.5	22.9	4,548	41	37.9	43.8	0.4	0.4	1.6%
ND	51,602	1,765	1,302.7	6789.0	232.2	171.4	613	17	14.4	80.6	2.2	1.9	1.2%
NE	78,012	2,124	1,408.9	4043.6	110.1	73.0	674	5	5.3	34.9	0.3	0.3	0.9%
NH	11,808	245	148.6	870.5	18.1	11.0	486	2	0.6	35.8	0.1	0.0	4.1%
NJ	247,219	1,962	1,810.3	2775.1	22.0	20.3	16,403	12	10.1	184.1	0.1	0.1	6.6%
NM	51,110	859	886.6	2439.1	41.0	42.3	1,082	23	12.6	51.6	1.1	0.6	2.1%
NV	105,360	1,267	972.3	3472.2	41.8	32.0	1,824	10	7.9	60.1	0.3	0.3	1.7%
NY City	271,053	1,330	849.7	3227.3	15.8	10.1	24,054	7	8.3	286.4	0.1	0.1	8.9%
NY State[7]	251,352	1,930	1,397.6	2255.6	17.3	12.5	9,313	12	8.9	83.6	0.1	0.1	3.7%
OH	235,170	4,961	3,747.6	2011.8	42.4	32.1	5,461	33	26.6	46.7	0.3	0.2	2.3%
OK	136,324	2,100	1,386.6	3457.3	53.3	35.2	1,420	21	15.3	36.0	0.5	0.4	1.0%
OR	47,839	790	578.0	1141.5	18.9	13.8	710	5	5.3	16.9	0.1	0.1	1.5%
PA	220,566	2,900	2,527.1	1722.2	22.6	19.7	8,937	47	25.0	69.8	0.4	0.2	4.1%
RI	35,750	628	491.1	3381.2	59.4	46.5	1,222	8	3.9	115.6	0.8	0.4	3.4%

[1] Aggregated cases and deaths are reported voluntarily by each jurisdiction and may include probable cases and/or deaths based on reporting practices that differ by jurisdiction. Jurisdictions may update data reported on web pages which differ from information in the table above. If the number of cases or deaths on a jurisdictional webpage differ from what is reported above, the webpage should be considered the most up to date. See Technical Information about this data on the CDC Webpage.

[2] Darker shading in columns correspond to higher values.

[3] 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.

[4] 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.

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

[6] Jurisdiction did not provide an update.

[7] New York State excludes New York City.

57 Jurisdictions Reporting COVID-19 Cases[2] 50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[3]	Cases	New Cases[4]		Cases Per 100K			Deaths	New Deaths[4]		Deaths per 100K			CFR[5]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
SC	181,639	769	1,006.9	3572.7	15.1	19.8	3,992	7	14.7	78.5	0.1	0.3	2.2%
SD	51,151	1,360	1,164.4	5797.9	154.2	132.0	482	22	11.3	54.6	2.5	1.3	0.9%
TN	271,771	1,969	2,127.3	4014.3	29.1	31.4	3,509	31	35.1	51.8	0.5	0.5	1.3%
TX	934,994	8,594	6,882.0	3257.6	29.9	24.0	18,453	133	90.6	64.3	0.5	0.3	2.0%
UT	124,292	2,807	1,950.3	3931.9	88.8	61.7	632	7	4.9	20.0	0.2	0.2	0.5%
VA[8]	188,771	1,568	1,304.6	2216.2	18.4	15.3	3,682	(6)	5.6	43.2	NA	0.1	2.0%
VT	2,303	35	21.1	367.7	5.6	3.4	58	-	-	9.3	-	-	2.5%
WA	112,550	1,070	999.0	1493.6	14.2	13.3	2,431	15	10.3	32.3	0.2	0.1	2.2%
WI	263,571	6,284	5,266.6	4533.7	108.1	90.6	2,269	40	38.0	39.0	0.7	0.7	0.9%
WV	26,547	560	440.1	1470.1	31.0	24.4	480	8	5.3	26.6	0.4	0.3	1.8%
WY	15,409	365	414.6	2667.1	63.2	71.8	105	-	2.6	18.2	-	0.4	0.7%
AS	-	-	-	-	-	-	-	-	-	-	-	-	-
CNMI	98	2	-	172.3	3.5	-	2	-	-	3.5	-	-	-
DC	17,682	81	86.9	2517.2	11.5	12.4	650	3	0.7	92.5	0.4	0.1	3.7%
FSM	-	-	-	-	-	-	-	-	-	-	-	-	-
GU	5,004	101	53.7	3018.7	60.9	32.4	85	2	0.9	51.3	1.2	0.5	1.7%
PR	70,519	1,103	682.3	2207.1	34.5	21.4	862	7	6.0	27.0	0.2	0.2	1.2%
PW	-	-	-	-	-	-	-	-	-	-	-	-	-
RMI[9]	1	0	-	-	-	-	0	-	-	-	-	-	-
USVI	1,390	2	-	1327.9	1.9	-	23	-	-	22.0	-	-	1.7%
Total	**9,581,770**	**117,988**	**93,888.9**	**2895.4**	**35.7**	**28.4**	**234,264**	**1,135**	**880.6**	**70.8**	**0.3**	**0.3**	**2.4%**
Navajo[10]	12,195	115	84.7	3417.0	32.2	23.7	588	2	1.9	164.8	0.6	0.5	4.8%

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)	06 Nov, 11:30	9,581,770	117,988	234,264	1,135
1Point3Acres	05 Nov, 11:00	9,803,307	126,054	239,706	1,271
Johns Hopkins	06 Nov, 10:24	9,623,471	128,573	235,056	1,279
USAFacts	05 Nov, NA	9,404,924	107,608	231,597	1,127
New York Times	06 Nov, 08:22	9,698,100	121,506	235,331	1,108
WorldoMeter	06 Nov, 11:09	9,937,271	130,311	241,126	1,232
COVID Tracking Project	05 Nov, 16:00	9,541,148	116,255	226,955	1,124

[8] Virginia reported six fewer deaths than yesterday.
[9] RMI reported zero new cases and zero new deaths.
[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.

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

Data Through 05 Nov 2020 *Last Updated: 06 Nov 2020 11:30*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: DCIPHER[12])*

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

Note, as of 12 Apr, totals and figures include confirmed and probable cases and deaths reported from states.

DATA FROM* 22-Jan-20 | DATA THROUGH 05-Nov-20 | LAST UPDATED 06-Nov-20

9,581,770
Total Cases Reported

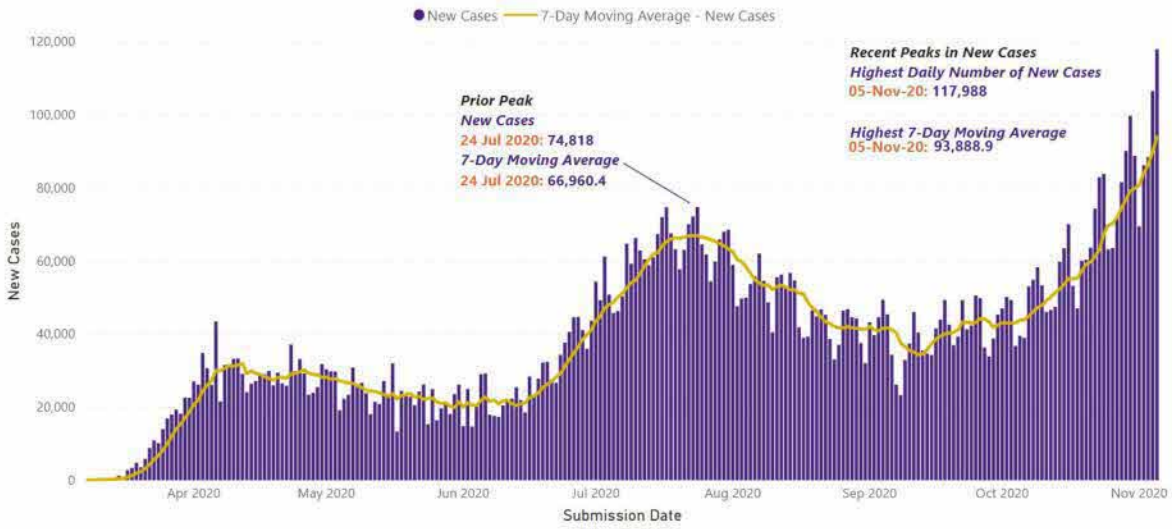
117,988
New Cases Reported

10.7%
24-Hour % Change (New)

93,888.9
Current 7-Day Average
30-Oct-20 to 05-Nov-20

76,785.9
Prior 7-Day Average
22-Oct-20 to 29-Oct-20

22.3%
1-Week % Change (Avg)



Data Sources, References & Notes: Total cases were 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. Number includes 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. The 7-day moving average of new cases (current day + 6 preceding days / 7 days) was calculated to smooth expected variations in daily counts. CDC's overall case numbers were 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 Through 05 Nov 2020 *Last Updated: 06 Nov 2020 11:30*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: DCIPHER)*

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

Note, as of 12 Apr, totals and figures include confirmed and probable cases and deaths reported from states.

DATA FROM* 22-Jan-20 | DATA THROUGH 05-Nov-20 | LAST UPDATED 06-Nov-20

234,264
Total Deaths Reported

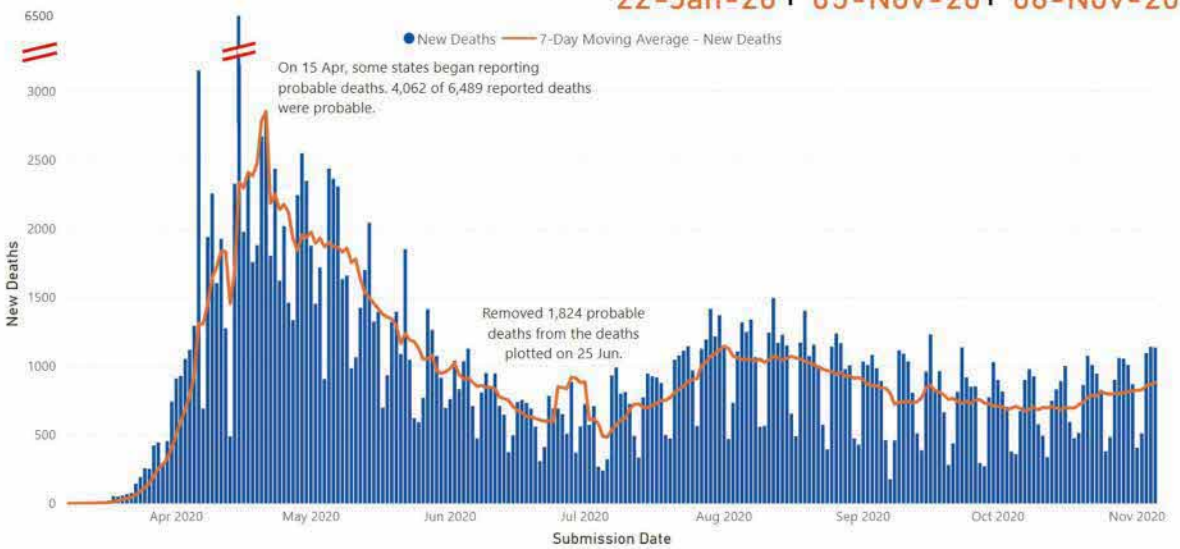
1,135
New Deaths Reported

-0.5%
24-Hr % Change (New)

880.6
Current 7-Day Average
30-Oct-20 to 05-Nov-20

807.6
Prior 7-Day Average
22-Oct-20 to 29-Oct-20

9.0%
1-Week % Change (Avg)



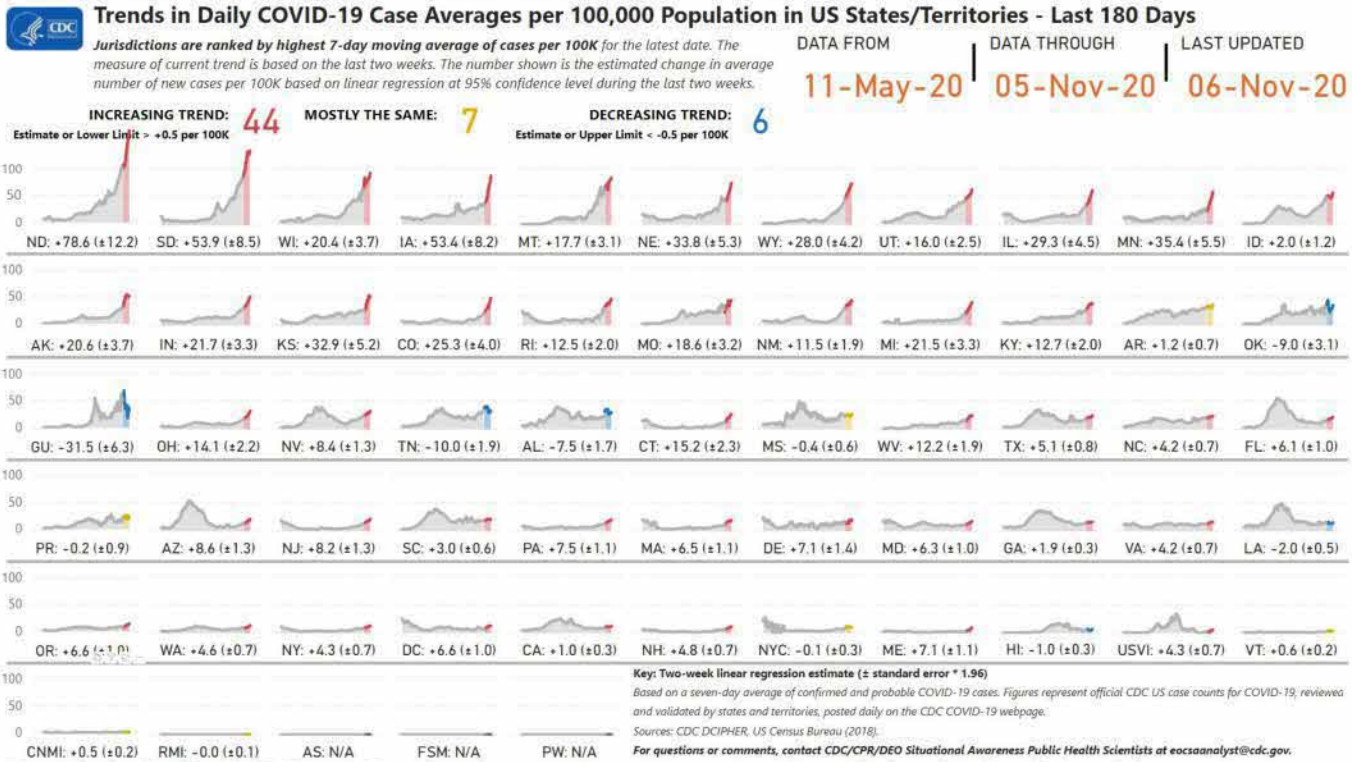
Data Sources, References & Notes: Total deaths were based on aggregate counts of COVID-19 deaths reported by state and territorial jurisdictions to the Centers for Disease Control and Prevention (CDC) since 22 Jan 2020, with the exception of persons repatriated to the United States from Wuhan, China, and Japan. Number includes 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. The 7-day moving average of new deaths (current day + 6 preceding days / 7 days) was calculated to smooth expected variations in daily counts. CDC's overall death numbers were 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.*

[12] Data Collation and Integration for Public Health Event Response.

Trends in Daily COVID-19 Case Averages per 100,000 Population in the United States by State/Jurisdiction – Last 180 Days

Data: 11 May 2020 – 05 Nov 2020 *Last Updated: 06 Nov 2020, 11:30*

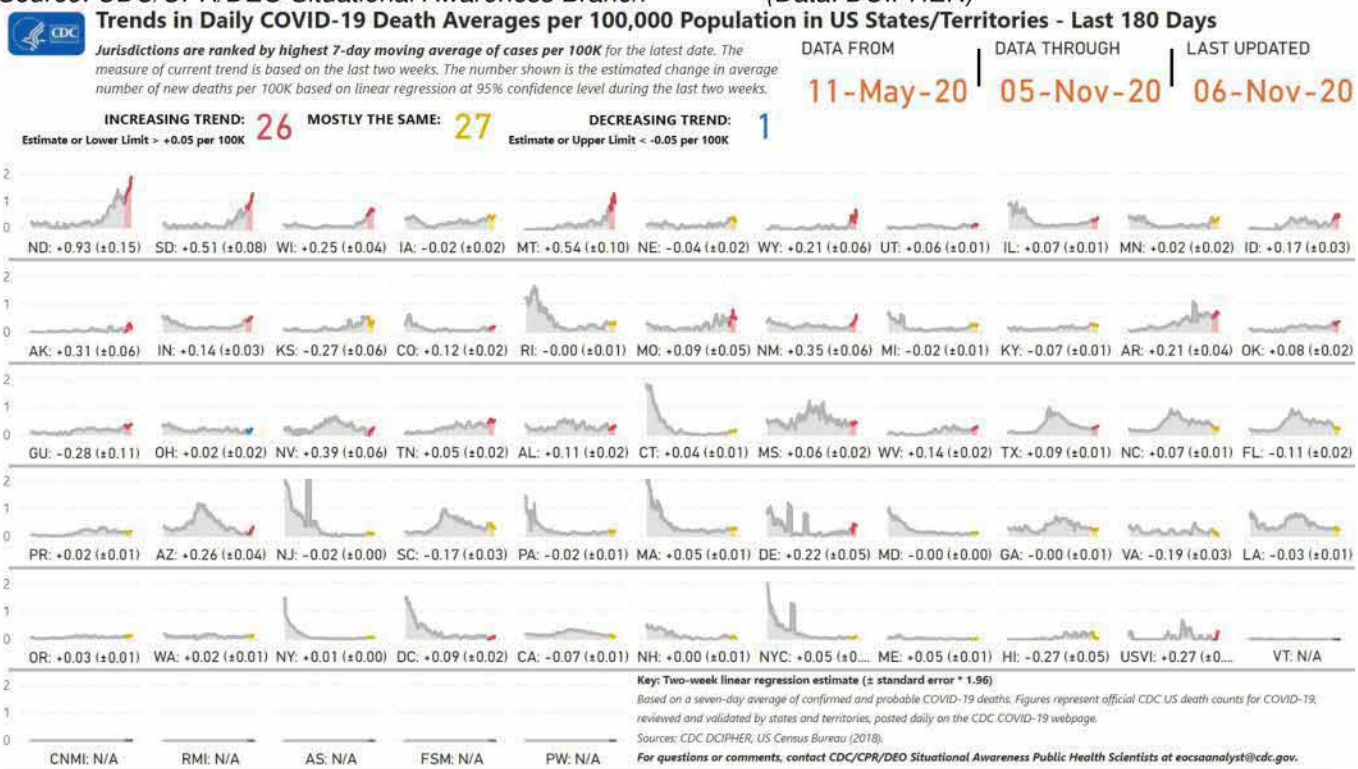
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: DCIPHER)*



Trends in Daily COVID-19 Deaths Averages per 100,000 Population in the United States by State/Jurisdiction – Last 180 Days

Data: 11 May 2020 – 05 Nov 2020 *Last Updated: 06 Nov 2020, 11:30*

Source: CDC/CPR/DEO Situational Awareness Branch *(Data: DCIPHER)*



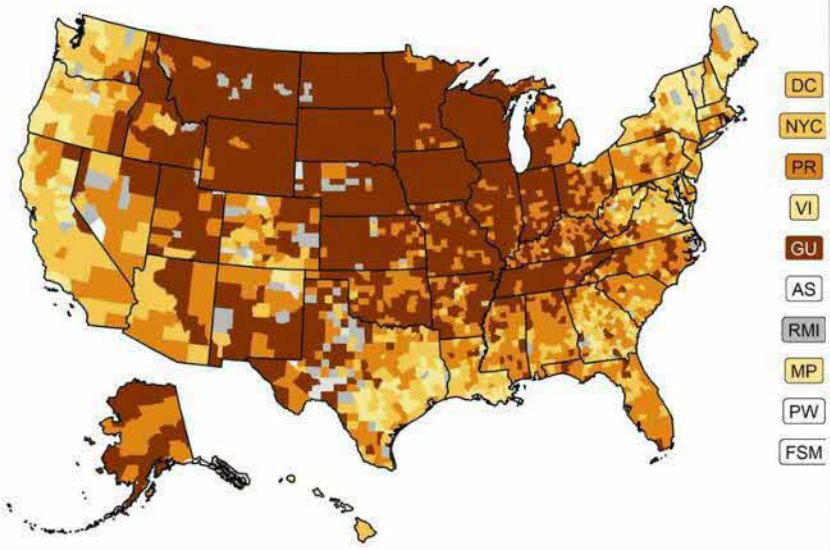
Cases by County[13]

Number of New COVID-19 Cases by County per 100,000 Population, Last 14 Days

Data: 22 Oct 2020 – 04 Nov 2020 *Last Updated: 05 Nov 2020, 20:00*

Source: CDC IMS 2019 COVID-19 Response Case Surveillance Task Force *(Data: USAFACTS)*

Coronavirus Disease 2019 (COVID-19)
Number of New Cases per 100,000 in the past 2 weeks,
by U.S. County, 22 October–04 November, 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 Southwest and the Midwest.

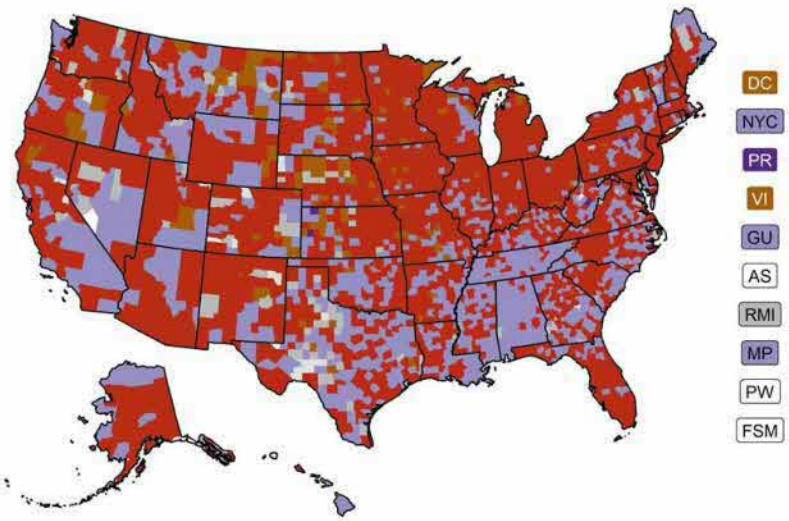
Notes: Defined using the number of new cases per 100,000 in the past 2 weeks. Low is >0 to 100, moderate is >100 to 200, moderately high is >200 to 400, and high is >400. Jurisdictions denoted as 0 cases in the past 2 weeks have had at least 1 case previously.
Sources: HHS Protect, US Census

COVID-19 Current Epidemic Status by County per 100,000 Population, Last 14 Days

Data: 22 Oct 2020 – 04 Nov 2020 *Last Updated: 05 Nov 2020, 20:00*

Source: CDC IMS 2019 COVID-19 Response Case Surveillance Task Force (Data: USAFACTS)

Coronavirus Disease 2019 (COVID-19)
Current epidemic curve status*,
by U.S. County, November 04, 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 Tennessee, Alabama, and Mississippi, Louisiana, Nevada and Texas 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.

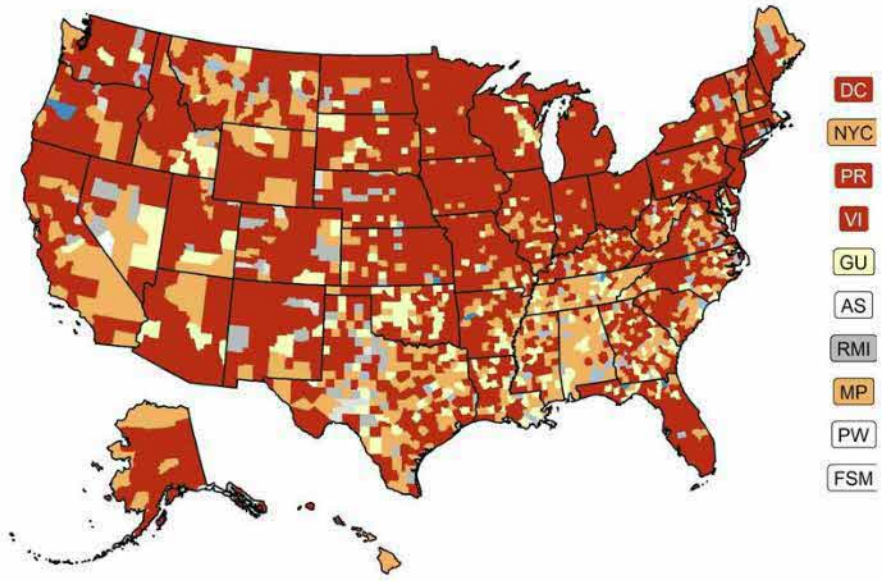
*Categorized according to the slope of a spline fit to the 7-day moving average of daily incidence and the number of new cases (per 100,000) in the past 2 weeks. Elevated incidence is defined as >10 new cases per 100,000 in the past two weeks.
Sources: HHS Protect, US Census

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

COVID-19 Current Consecutive Days of Downward Trajectory by County per 100,000 Population

Data: 22 Oct 2020 – 04 Nov 2020 *Last Updated: 05 Nov 2020, 20:00*
Source: CDC IMS 2019 COVID-19 Response Case Surveillance Task Force *(Data: USAFACTS)*

Coronavirus Disease 2019 (COVID-19)
Current consecutive days of downward trajectory, by U.S. County, November 04, 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.

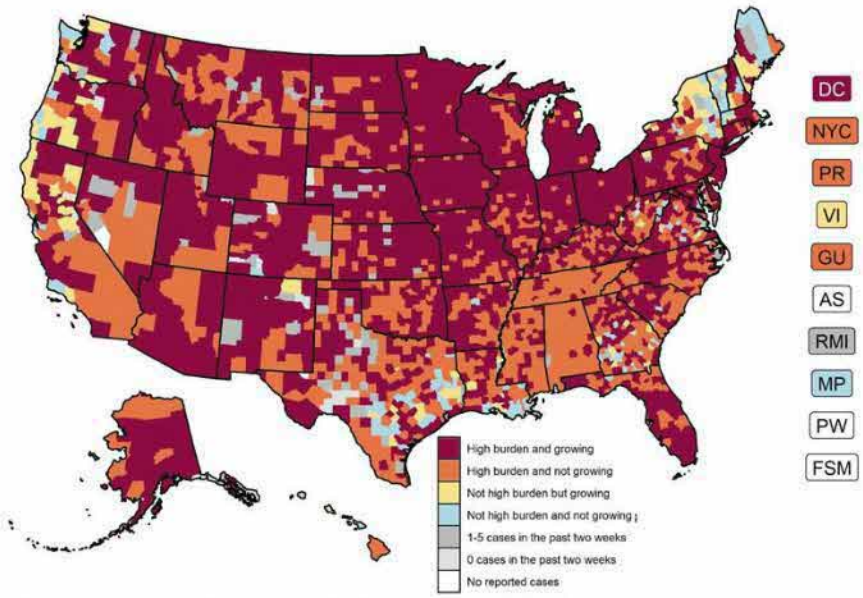
Main Findings
- 57 counties have been identified as having 14 or more consecutive days of improvement and are indicated in the blue colors (excludes counties with 0-5 cases in the past 2 weeks); median population was 18,486 with a range of 1,952 – 379,611.
- This method is still being refined to best 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

COVID-19 Burden and Growing of New Cases by County per 100,000 Population

Data: 22 Oct 2020 – 04 Nov 2020 *Last Updated: 05 Nov 2020, 20:00*
Source: CDC IMS 2019 COVID-19 Response Case Surveillance Task Force *(Data: USAFACTS)*

Coronavirus Disease 2019 (COVID-19)
Burden and growing of new cases per 100,000 in the past 2 weeks, by U.S. county, 22 October–04 November, 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 (per 100,000)	Change in daily incidence (per 100,000 per day)
Wallace, KS	57	3,792.4	15.6
Ellsworth, KS	233	3,760.5	22.0
Walsh, ND	391	3,665.5	23.2
Buffalo, SD	74	3,634.6	2.8
Wells, ND	143	3,613.8	18.8
Sheridan, KS	79	3,118.8	5.1
Toole, MT	144	2,967.2	51.0
Potter, SD	64	2,899.9	28.1
Dickey, ND	138	2,814.6	4.6
Dewey, SD	163	2,760.8	21.5

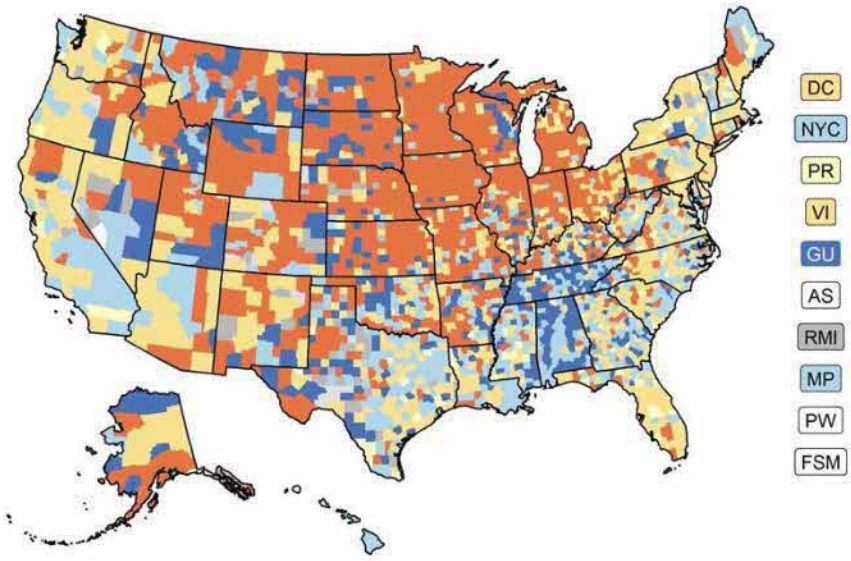
Notes: High burden and growing indicates counties with >100 new cases per 100,000 in the past two weeks and a slope of at least 0.1 per 100,000 per day.
Sources: HHS Protect, US Census

COVID-19 Change in Daily Incidence by County per 100,000 Population

Data: 22 Oct 2020 – 04 Nov 2020 *Last Updated: 05 Nov 2020, 20:00*

Source: CDC IMS 2019 COVID-19 Response Case Surveillance Task Force *(Data: USAFACTS)*

Coronavirus Disease 2019 (COVID-19)
Change in Daily Incidence*,
by U.S. County, November 04, 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

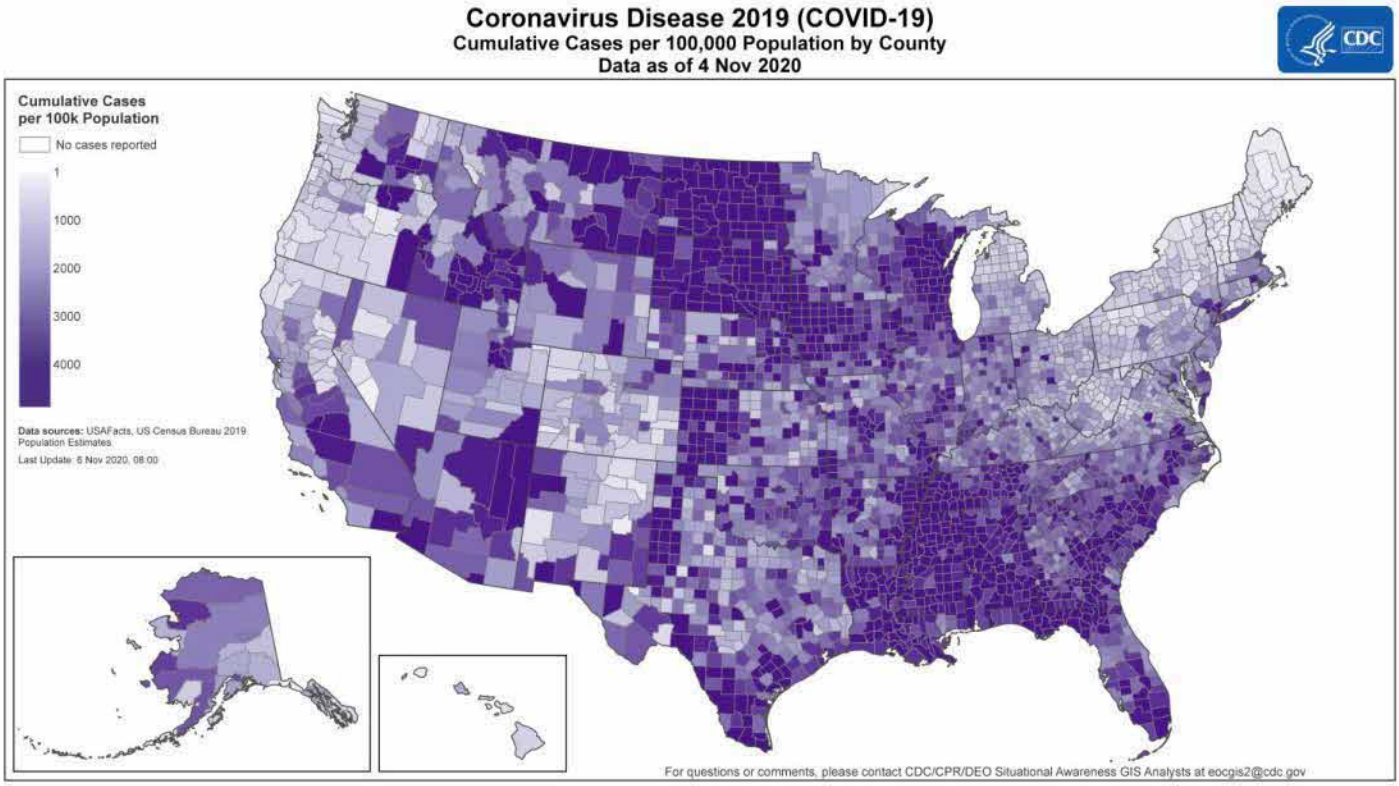
- Daily county-level incidence rates continue to decrease in much of the East Coast and the West Coast.
- However, county-level incidence is increasing throughout much of the nation with the exception of the Northeast, Southeast, and Western regions.

*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

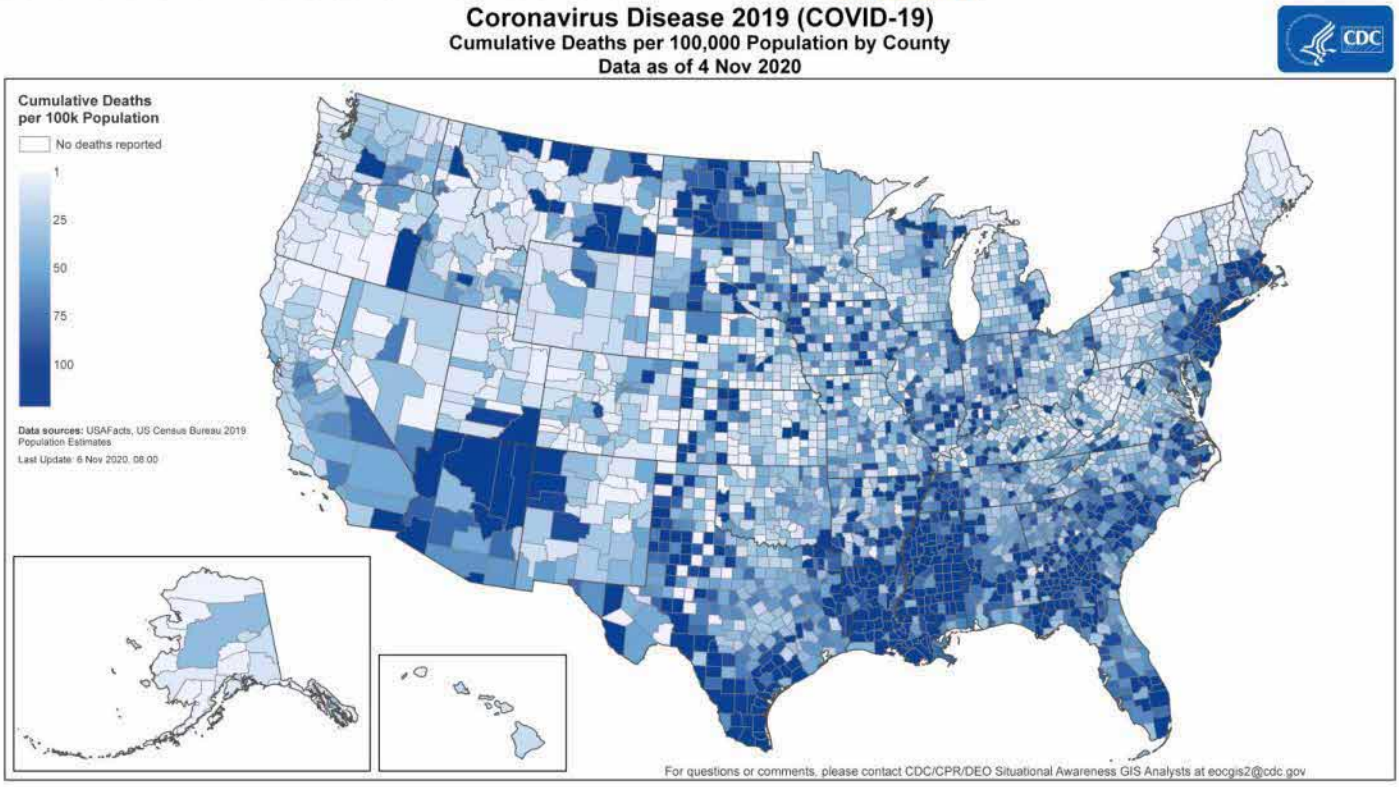
Cumulative Number of COVID-19 Cases per 100,000 Population by County

Data Through: 04 Nov 2020 *Last Updated: 06 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*



Cumulative Number of COVID-19 Deaths per 100,000 Population by County

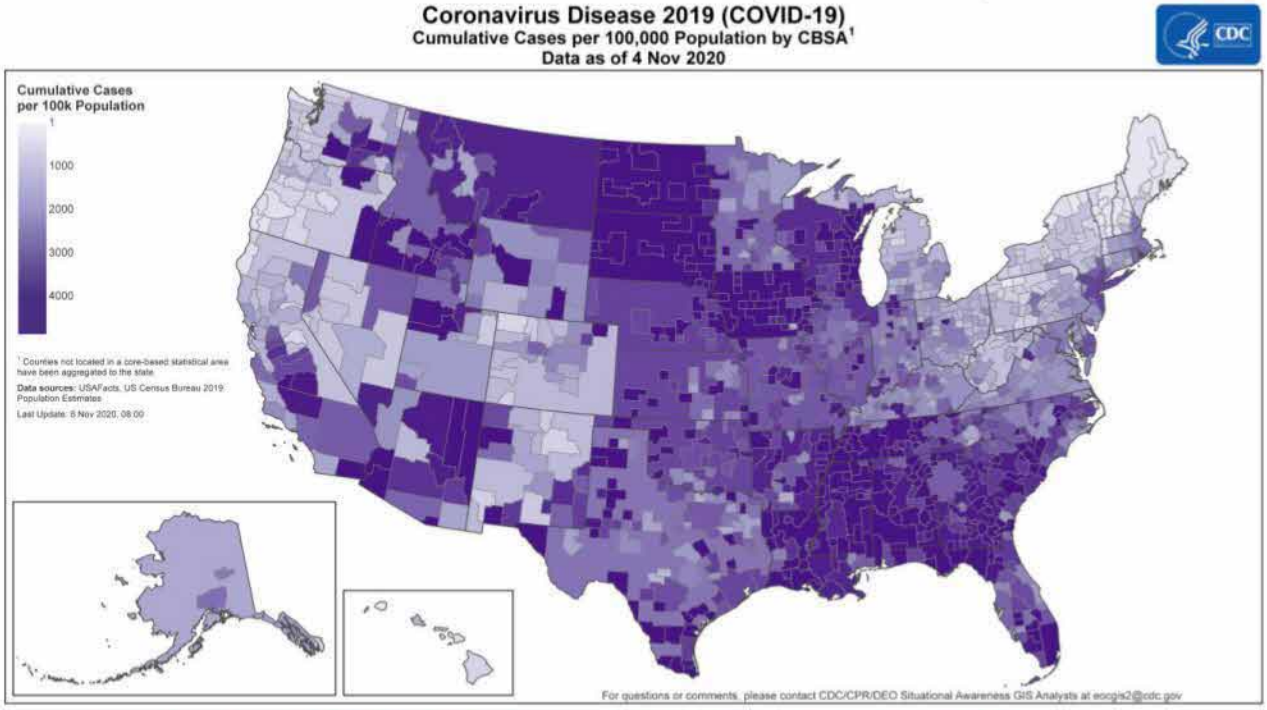
Data Through: 04 Nov 2020 *Last Updated: 06 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*



Cases/Deaths by CBSA [14,15]

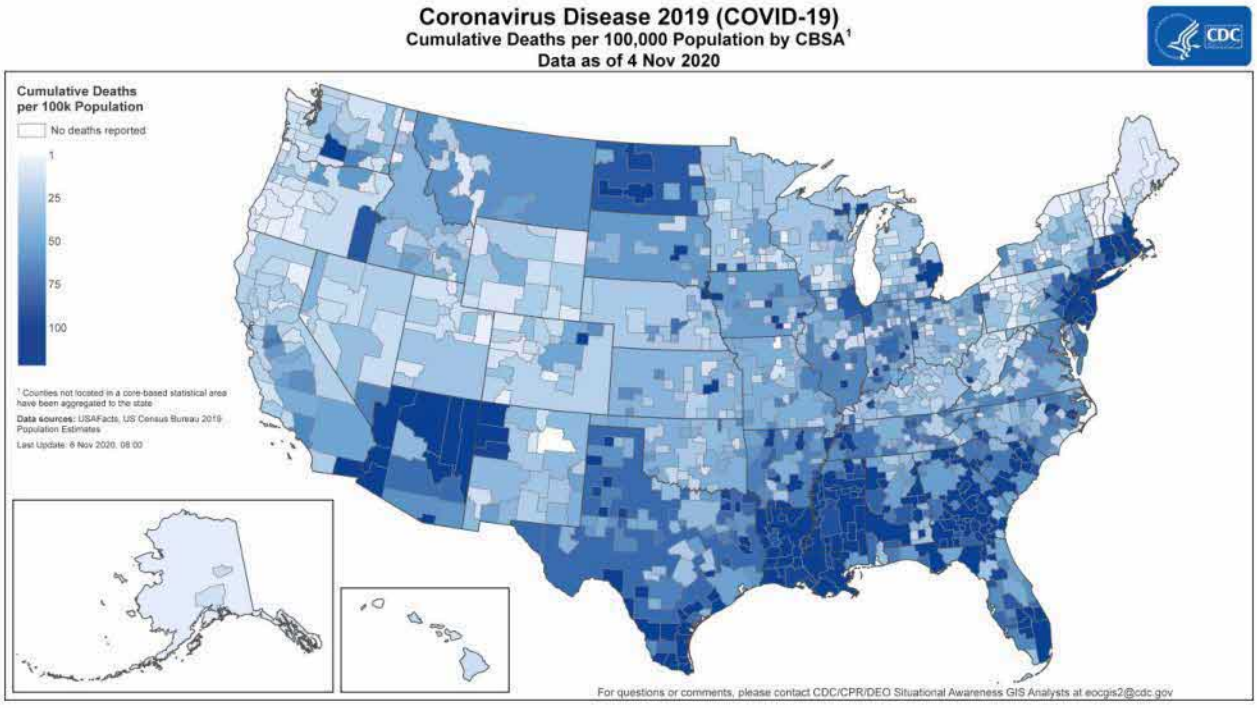
Cumulative Number of COVID-19 Cases per 100,000 Population by CBSA

Data Through: 04 Nov 2020 *Last Updated: 06 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*



Cumulative Number of COVID-19 Deaths per 100,000 Population by CBSA

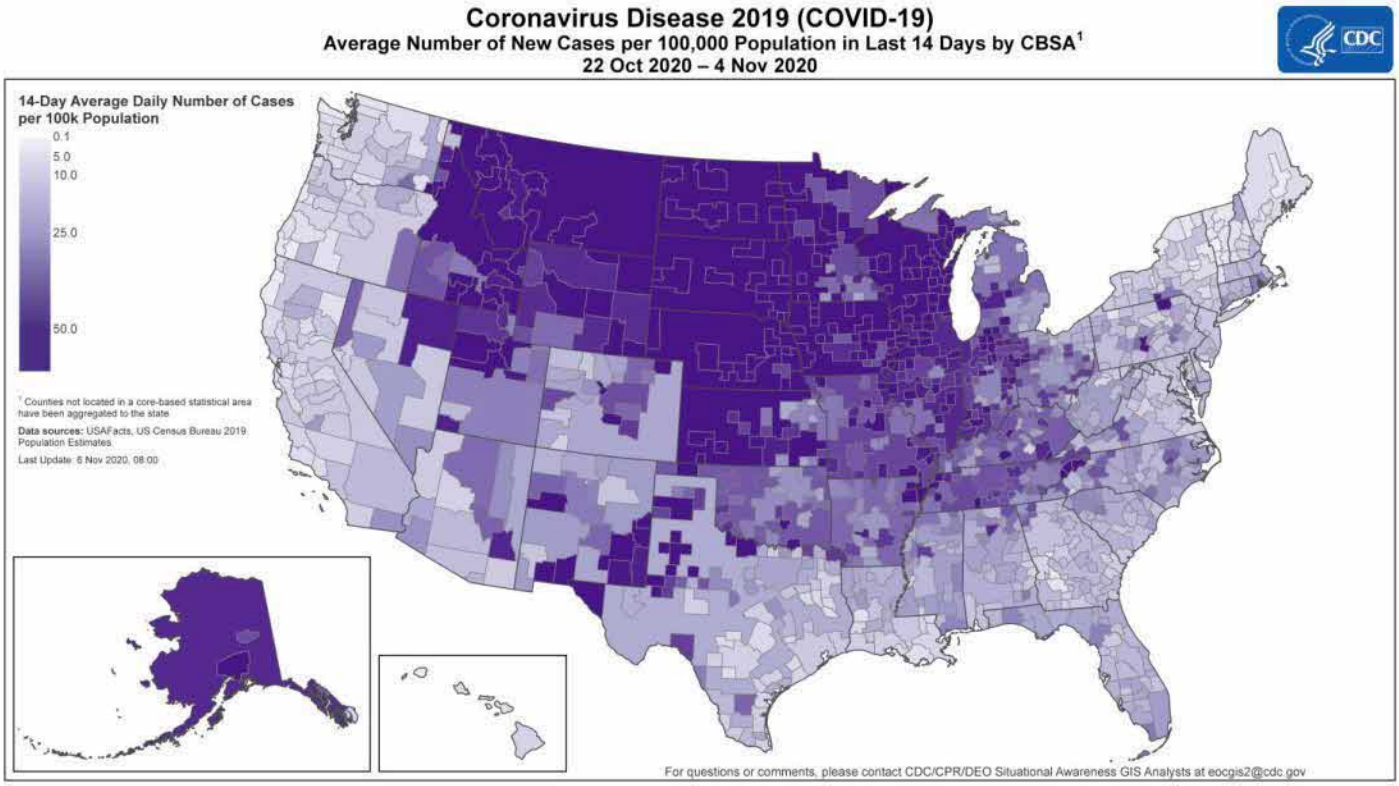
Data Through: 04 Nov 2020 *Last Updated: 06 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*



[14] See methodology and sources for data reported by *USAFACTS*.
[15] See information on Core-Based Statistical Area (CBSA) from the US Census Bureau.

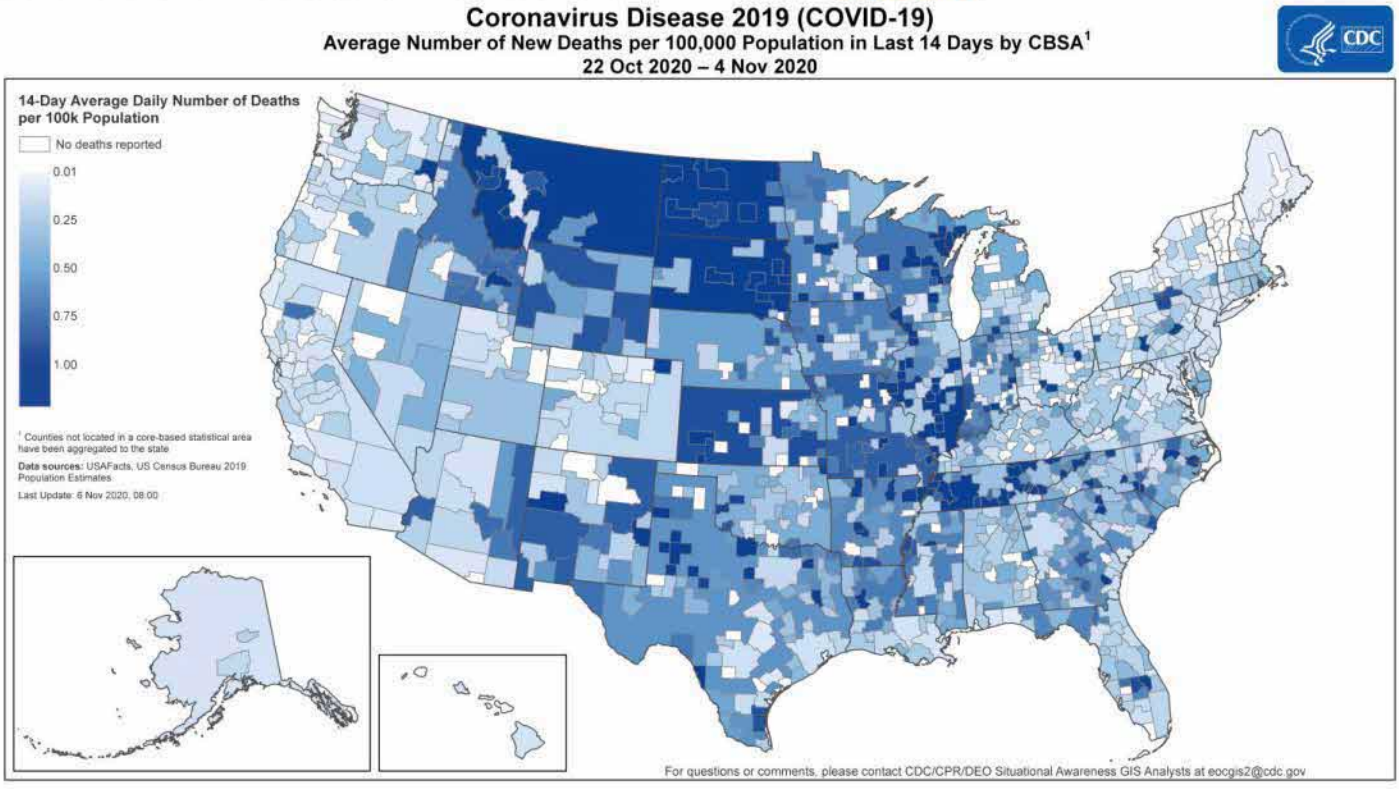
Average Number of COVID-19 Cases per 100,000 Population by CBSA, Last 14 Days

Data Through: 04 Nov 2020 *Last Updated: 06 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*



Average Number of COVID-19 Deaths per 100,000 Population by CBSA, Last 14 Days

Data Through: 04 Nov 2020 *Last Updated: 06 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*



Daily Trends in New COVID-19 Cases in the US per 100,000 Population by CBSA, Last 180 Days

Data: 11 May 2020 – 04 Nov 2020 *Last Updated: 06 Nov 2020, 10:30*

Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*

Daily Trends in the Number of New COVID-19 Cases in the US by Core-based Statistical Area (CBSA) per 100,000 Population* - Last 180 Days

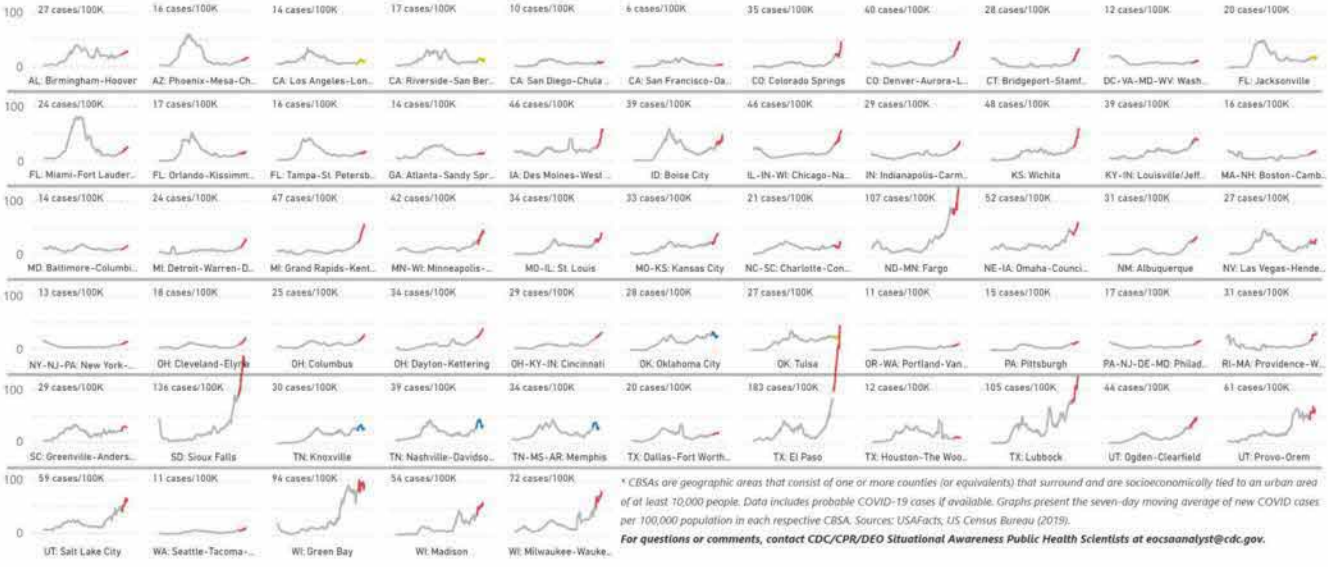
11-May-20 | 04-Nov-20 | 06-Nov-20

DATA FROM | DATA THROUGH | LAST UPDATED

These are the top 60 CBSAs based on the overall number of new cases in the past 14 days, presented in alphabetical order by state and city/town. The trend is based on logistic regression of the 7-day moving average of cases, and the number shown is the average daily cases per 100K, both in the past 14 days.

INCREASING TREND: 52 **MOSTLY THE SAME:** 4 **DECREASING TREND:** 4

Estimate or Lower Limit > +0.5 per 100K | Estimate or Upper Limit < -0.5 per 100K



* 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.

Daily Trends in New COVID-19 Deaths in the US per 100,000 Population by CBSA, Last 180 Days

Data: 11 May 2020 – 04 Nov 2020 *Last Updated: 06 Nov 2020, 10:30*

Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*

Daily Trends in the Number of New COVID-19 Deaths in the US by Core-based Statistical Area (CBSA) per 100,000 Population* - Last 180 Days

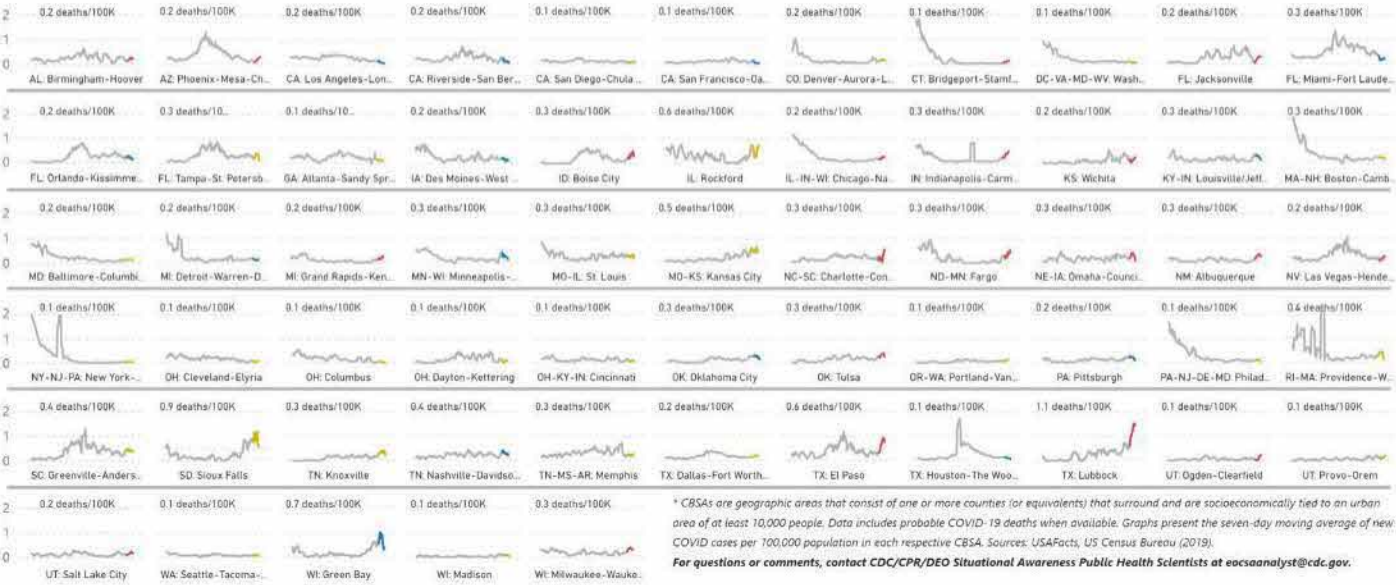
10-May-20 | 03-Nov-20 | 05-Nov-20

DATA FROM | DATA THROUGH | LAST UPDATED

These are the top 60 CBSAs based on the overall number of new cases in the past 14 days, presented in alphabetical order by state and city/town. The trend is based on logistic regression of the 7-day moving average of deaths, and the number shown is the average daily deaths per 100K, both in the past 14 days.

INCREASING TREND: 20 **MOSTLY THE SAME:** 26 **DECREASING TREND:** 14

Estimate or Lower Limit > +0.05 per 100K | Estimate or Upper Limit < -0.05 per 100K



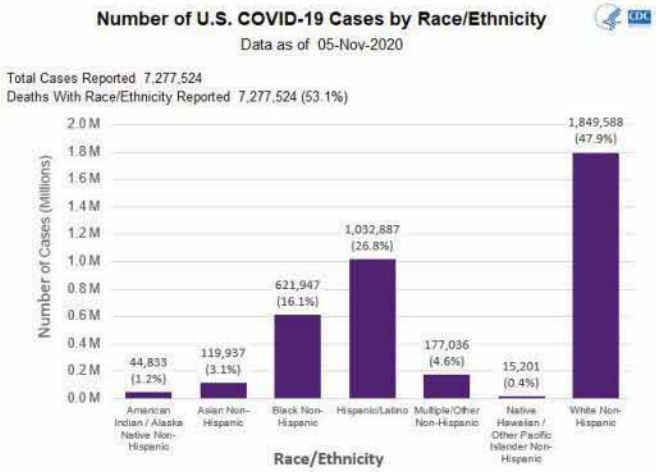
* CBSAs are geographic areas that consist of one or more counties (or equivalents) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 deaths when available. Graphs present the seven-day moving average of new COVID cases per 100,000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

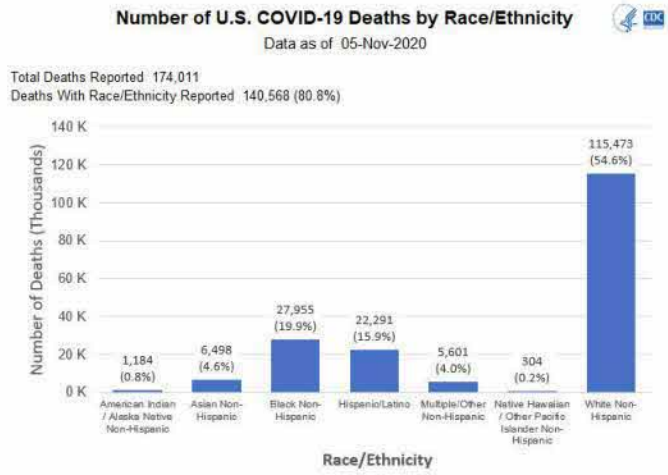
For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Demographic Trends of COVID-19 Cases and Deaths in the US Reported to CDC[16]

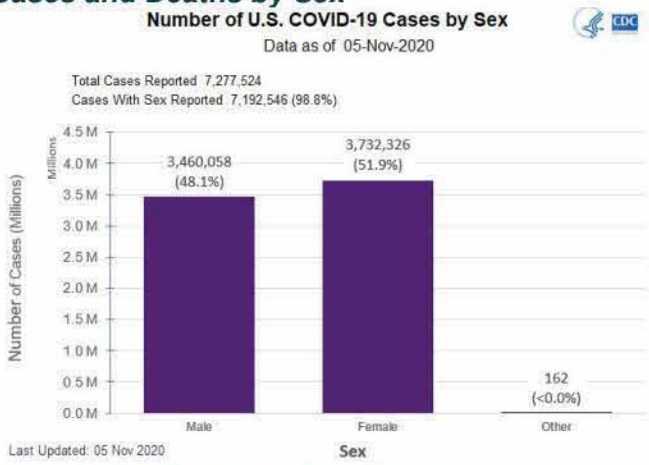
Data through 04 Nov 2020 *Last Updated: 05 Nov 2020*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: CDC COVID Data Tracker)*

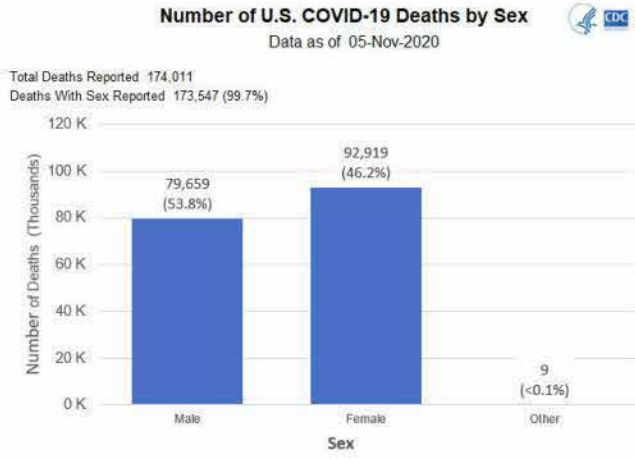
Cases and Deaths by Race/Ethnicity



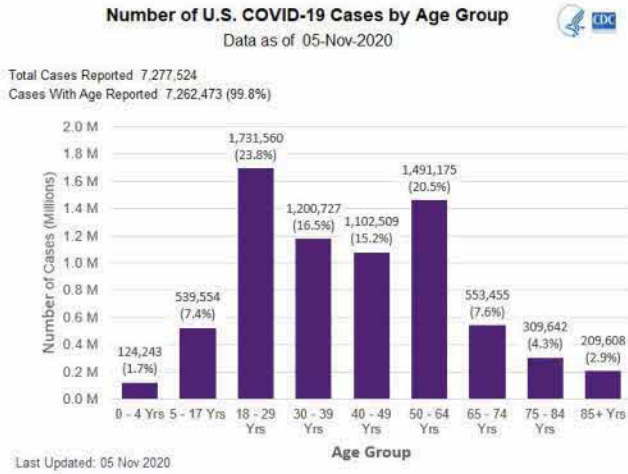


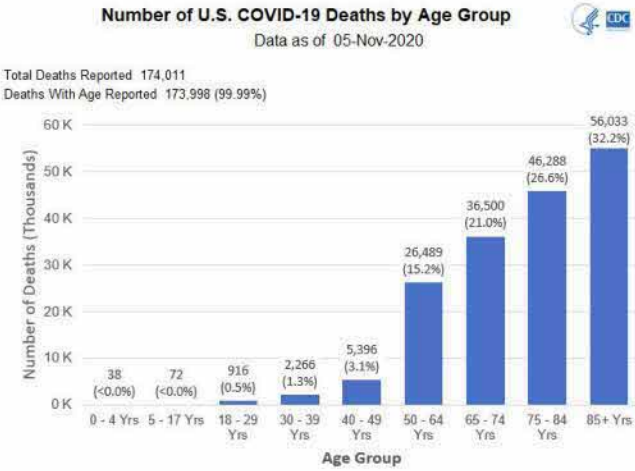
Cases and Deaths by Sex





Cases and Deaths by Age Group





[16] Data presented in this section are derived from information submitted to CDC by jurisdictions through a standardized COVID-19 case reporting form. More information can be found on the FAQ site on Data and Surveillance, under the section "National COVID-19 Case Surveillance: How is COVID-19 case information collected and reported?"

US Trends in COVID-19 Hospitalizations[17,18]

Estimated National Hospital Utilization

Data as of 06 Nov 2020 *Last Updated: 06 Oct 2020*

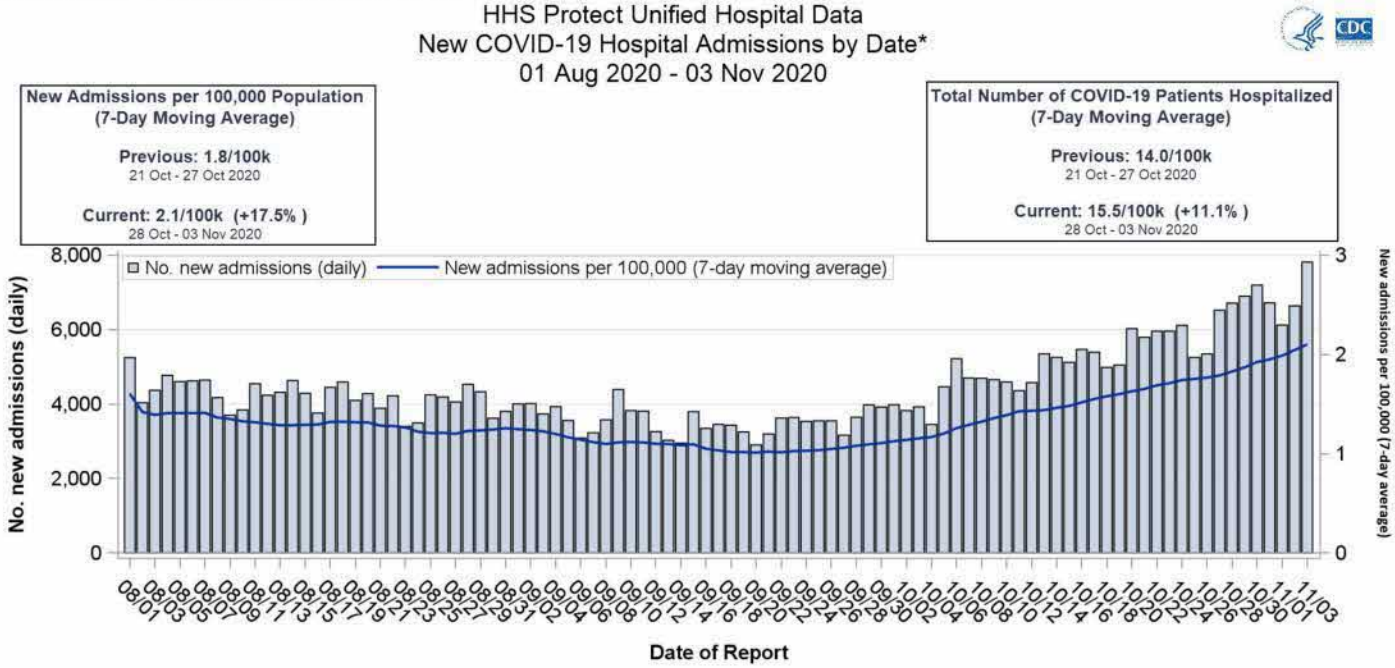
Source: HHS Protect Public Data Hub[19]

National Estimates	Number	Percentage
Inpatient Beds Occupied (All Patients)	516,397	72.48%
Inpatient Beds Occupied by COVID-19 Patients	59,213	8.31%
ICU Beds Occupied (All Patients)	62,425	58.65%

Daily New Hospital Admissions of Patients with Confirmed COVID-19 by Date

Data: 01 Aug 2020 – 03 Nov 2020 *Last Updated: 05 Nov 2020*

Source: HHS Protect: Unified Hospital Timeseries Dataset



[17] For more information see Technical Information. See also Interactive map.

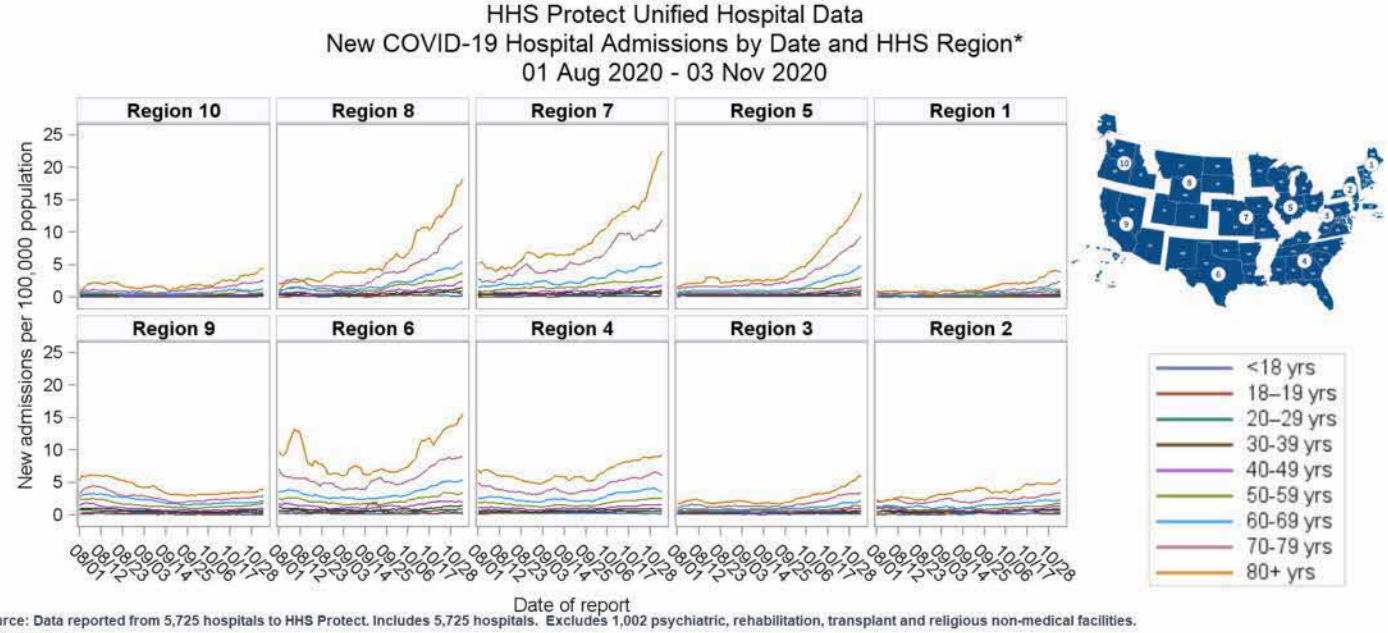
[18] Coronavirus Disease 2019 (COVID-19)-Associated Hospitalization Surveillance Network (COVID-NET) *are not representative of all COVID-19 hospitalizations in the US*. COVID-NET covers nearly 100 counties in the 10 Emerging Infections Program (EIP) states (CA, CO, CT, GA, MD, MN, NM, NY, OR, TN) and four Influenza Hospitalization Surveillance Project (IHSP) states (IA, MI, OH, and UT). Data are preliminary and subject to change as more data become available. Case counts and rates for recent hospital admissions are subject to lag. As data are received each week, prior cases and rates are updated accordingly. COVID-NET conducts population-based surveillance for laboratory-confirmed COVID-19-associated hospitalizations in children (less than 18 years of age) and adults. Incidence rates (per 100,000 population) are calculated using the National Center for Health Statistics' (NCHS) vintage 2018 bridged race postcensal population estimates for the counties included in the surveillance catchment area. The rates provided are likely to be underestimated as COVID-19 hospitalizations might be missed due to test availability and provider or facility testing practices.

[19] For more information about hospital COVID-19 reporting, please see July 29, 2020 HHS Guidance for Hospital Reporting and FAQ. This dataset includes data submitted directly to HHS TeleTracking and HHS Protect. The reported hospital list is derived by starting with a baseline of all hospitals registered with Centers for Medicare & Medicaid Services (CMS) as of June 1, 2020. The data includes non-CMS hospitals that have reported since July 15, 2020, but does not include psychiatric, rehabilitation, Indian Health Service (IHS) facilities, U.S. Department of Veterans Affairs (VA) facilities, and religious non-medical facilities.

New Hospital Admissions of Confirmed COVID-19 Patients by Age Group and HHS Region

Data: 01 Aug 2020 – 27 Oct 2020 *Last Updated: 29 Oct 2020*

Source: HHS Protect: Unified Hospital Timeseries Dataset



*Source: Data reported from 5,725 hospitals to HHS Protect. Includes 5,725 hospitals. Excludes 1,002 psychiatric, rehabilitation, transplant and religious non-medical facilities.

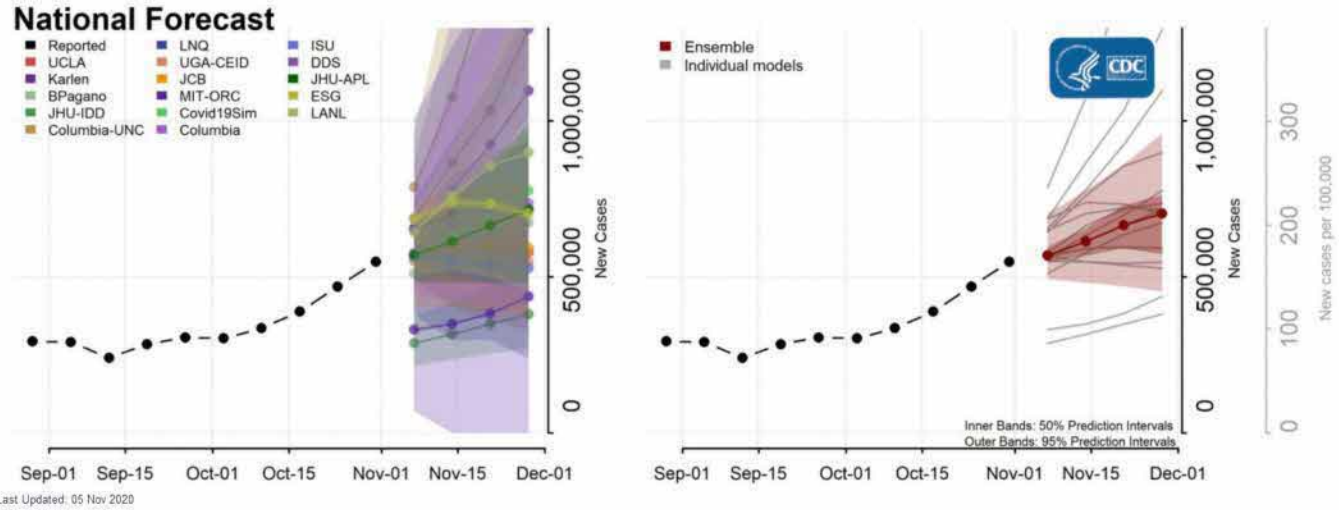
Updated: 05 Nov 2020

COVID-19 Forecasts

COVID-19 National Forecasts: New Cases per 100,000 Population (CDC) [20]

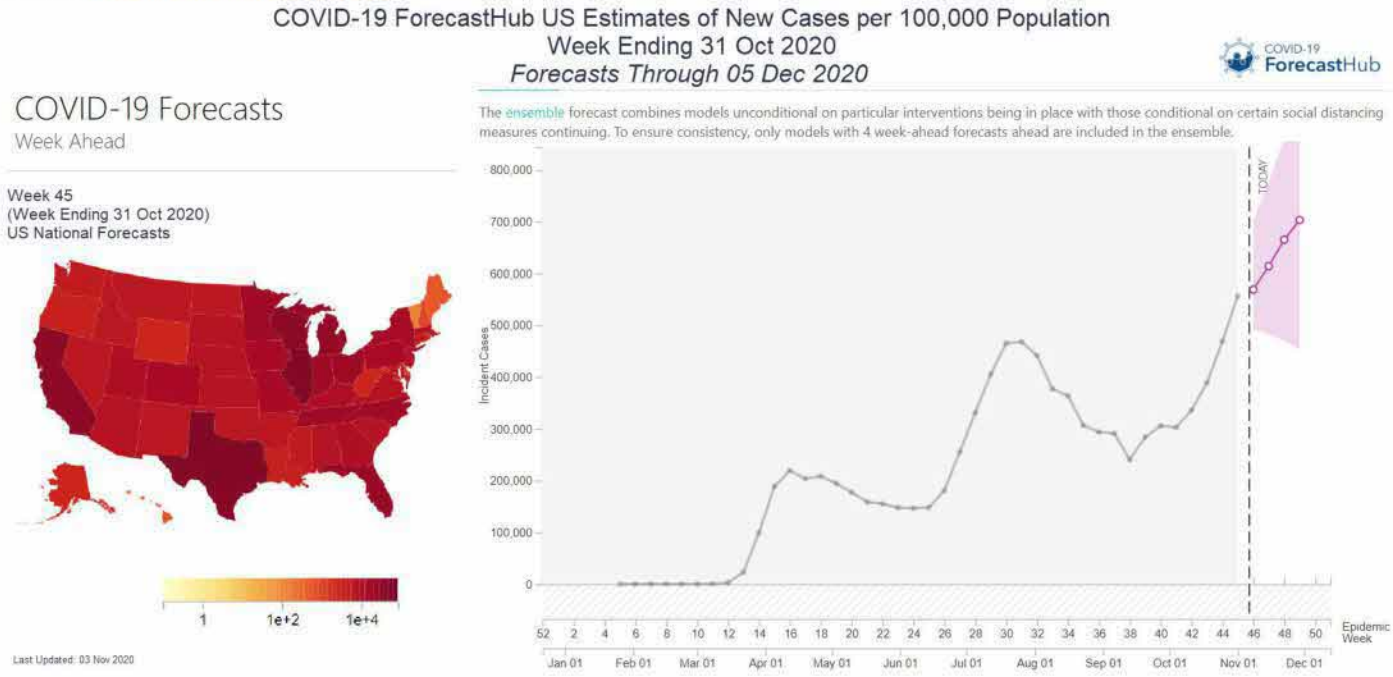
Data: 29 Aug 2020 – 31 Oct 2020 *Last Updated: 05 Nov 2020* *Forecasts Through: 28 Nov 2020*
Source: CDC Data Analytics and Modeling Task Force *CDC COVID-19 Forecasts: Cases*

- This week's national ensemble forecast indicates an uncertain trend in new COVID-19 cases reported over the next four weeks and predicts that ***450,000 to 960,000 new cases will likely be reported during the week ending 28 Nov 2020.*** Over the last several weeks, more reported cases than expected have fallen outside of the forecasted prediction intervals. This suggests that current forecast prediction intervals may not reflect the full range of future reported case numbers. Forecasts for new cases should be interpreted accordingly.



COVID-19 National Forecasts: New Cases per 100,000 Population

Last Updated: 03 Nov Sep 2020
Source: COVID-19 Forecast Hub [21]



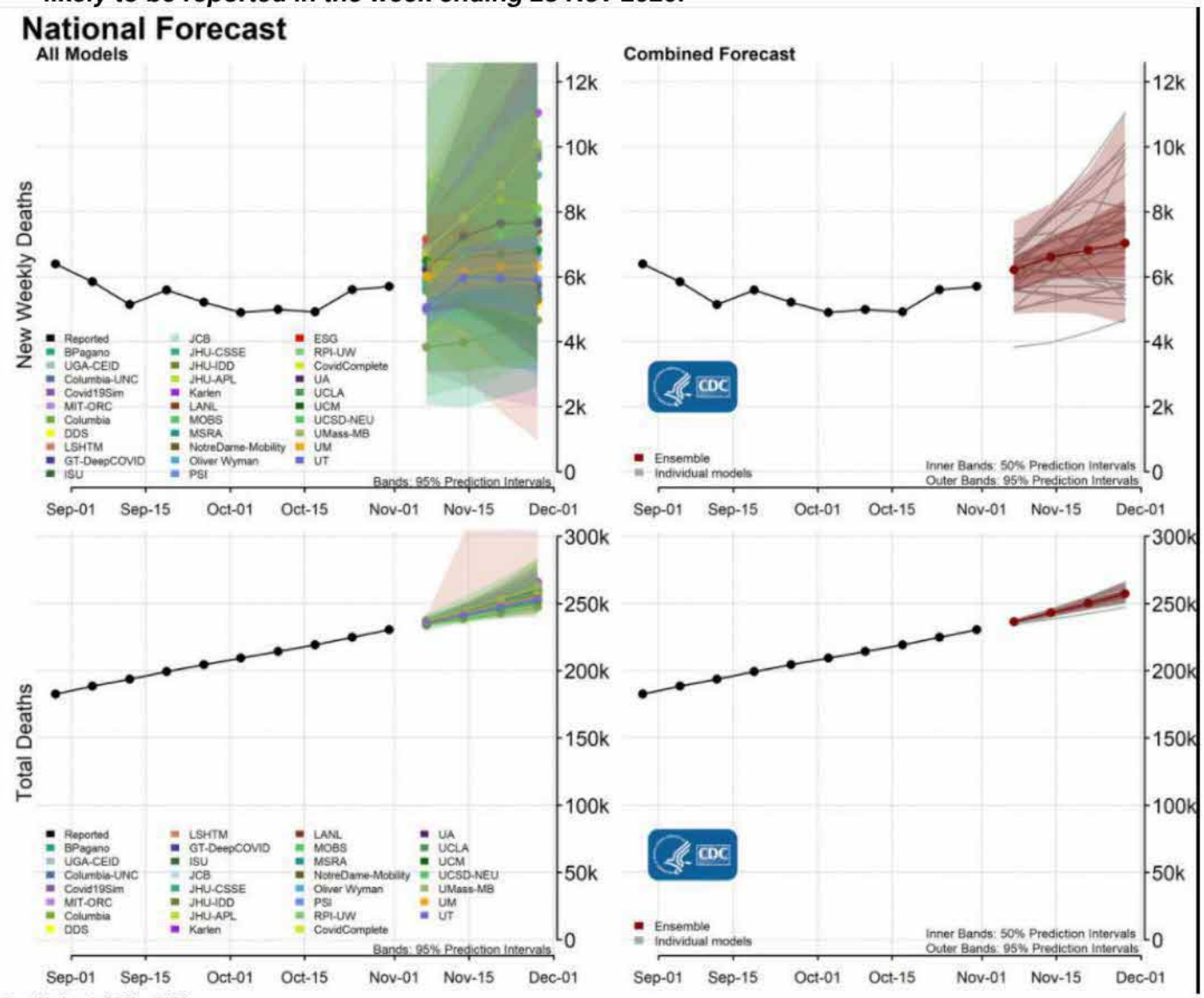
[20] See technical information and assumptions for COVID-19 cases forecasts. Download forecasts states, territories and counties.

[21] For more information, see About the Hub, Ensemble Model methodology, and Weekly Reports. See repository for details. The COVID-19 Forecast Hub has been supported by the US Centers for Disease Control and Prevention (U01IP001122-01-05) and the US National Institutes of Health (R35GM119582). Contributing teams may have received additional funding to support their contributions. The content of the COVID-19 Forecast Hub is solely the responsibility of the participating teams and the Hub maintainers and does not necessarily represent the official views of NIH, CDC, or other funders.

COVID-19 National Forecasts: New and Cumulative Deaths [22]

Data: 29 Aug 2020 – 31 Oct 2020 *Last Updated: 05 Nov 2020* *Forecasts 07 Nov 2020- 28 Nov 2020*
Source: CDC Data Analytics and Modeling Task Force *CDC COVID-19 Forecasts: Deaths*

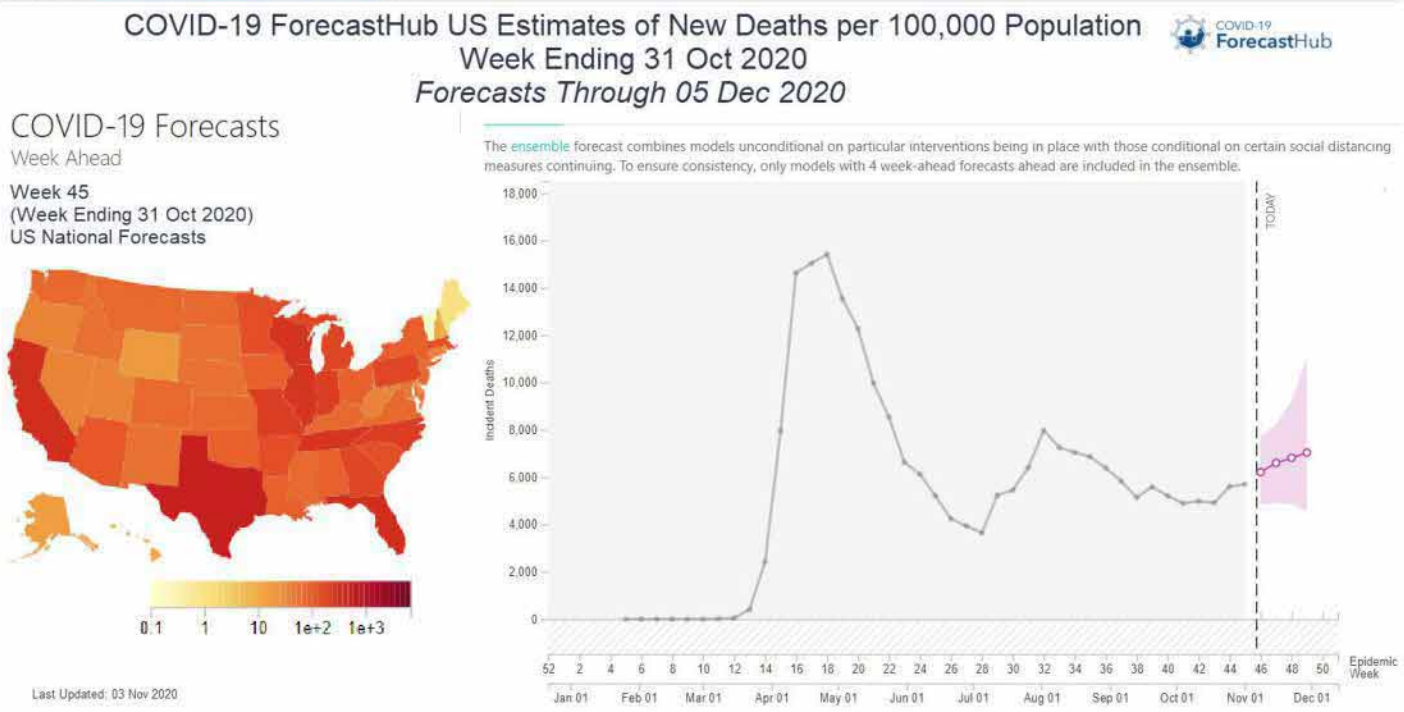
- This week's national ensemble forecast predicts that the number of newly reported COVID-19 deaths will likely increase over the next four weeks. The national ensemble predicts that ***a total of 250,000 to 266,000 COVID-19 deaths will be reported in the next four weeks with 4,600 to 11,000 new deaths likely to be reported in the week ending 28 Nov 2020.***



[22] See technical information for COVID-19 deaths forecasts. Download forecasts for states.

COVID-19 National Forecasts: Incident Deaths per 100,000 Population (Forecast Hub)

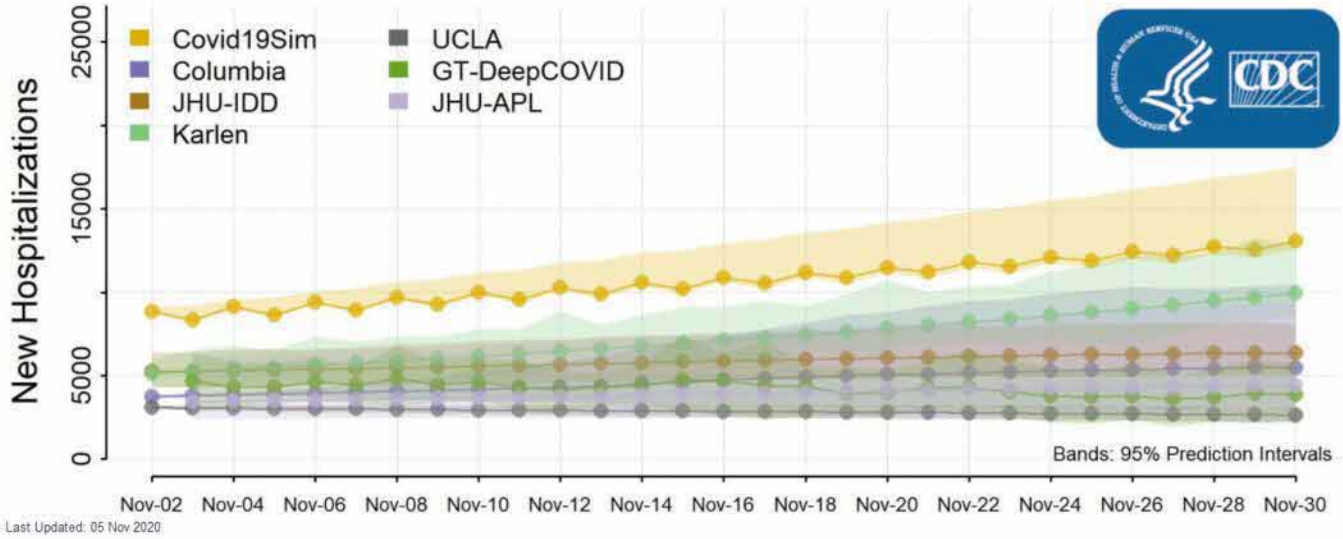
Last Updated: 03 Nov Sep 2020
Source: COVID-19 Forecast Hub 20



COVID-19 National Forecasts: Hospitalizations [23]

Data through 01 Nov 2020 *Last Updated: 05 Nov 2020* *Forecasts Through: 30 Nov 2020*
Source: CDC Data Analytics and Modeling Task Force *CDC COVID-19 Forecasts: Hospitalizations*

- This week CDC received forecasts of daily, new reported COVID-19 hospitalizations over the next 4 weeks from 10 modeling groups. Four national forecasts predict a likely increase in the number of new hospitalizations per day over the next four weeks, two forecasts predict a likely decrease, and two forecasts are uncertain about the trend or predict stable numbers. ***For 30 Nov 2020, the forecasts estimate 2,600 to 13,000 new COVID-19 hospitalizations per day.***



[23] See technical information and assumptions for COVID-19 hospitalizations forecasts. Download forecasts for states.

COVID-19 Among Specific Populations

US Healthcare Workers

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

Today's report not available due to technical difficulties.
Data as of 05 Nov 2020

- Cases: 205,218 (+1,351)
- Deaths: 789 (+1)
  - 206 in CA
  - 190 in IL
  - 70 in OH
  - 47 in MA
  - 33 in NV
  - 31 in MI
  - 28 in TN
  - 25 in NC
  - 25 in NY
  - 20 in PA
  - 18 in WA
  - 16 in AR
  - 15 in IA
  - 15 in MN
  - 11 in LA
  - 8 in KS
  - 8 in NH
  - 7 in NJ
  - 4 in CO
  - 4 in UT
  - 3 in DC
  - 3 in PR
  - 1 in GU
  - 1 in VI

Status of Laboratory Testing

Data Through: 01 Nov 2020 Unless Otherwise Specified *Last Updated: 05 Nov 2020, 23:21*
Source: HHS Protect[24,25]

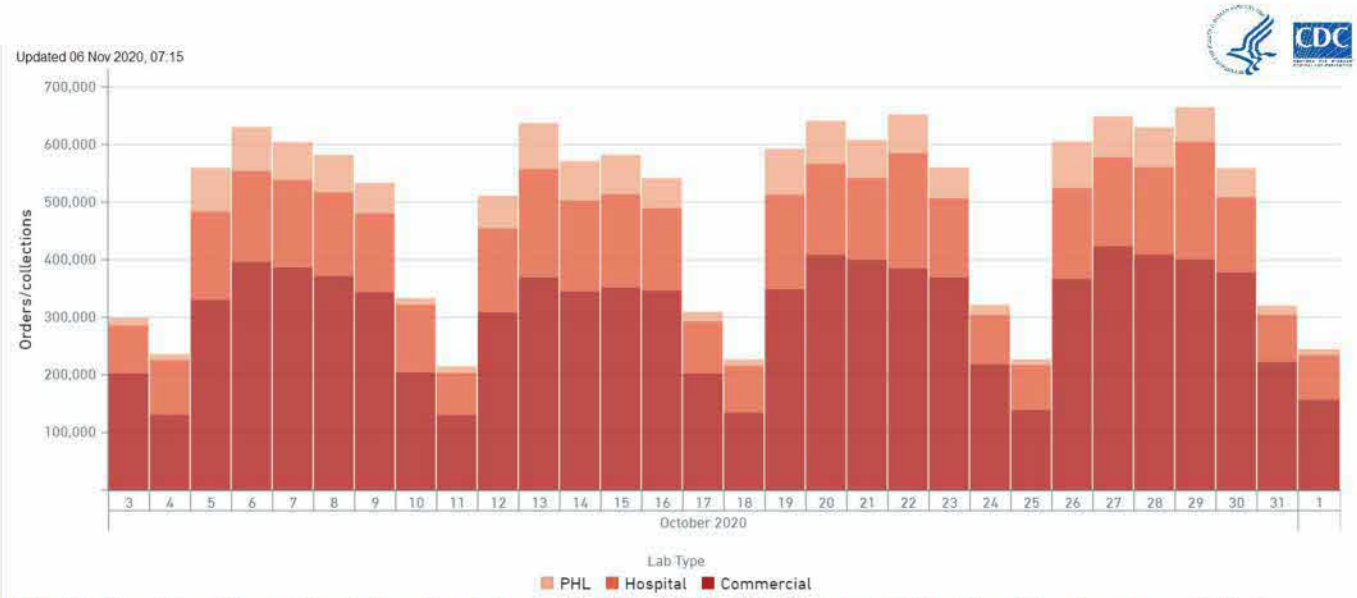
Report	Total New Orders	Cumulative Orders	New With Results	Cumulative Results	New Positives	Cumulative Positives	Total % Positive	% Positive Last 7 Days
Hospital[26]	77,393	24,043,555	87,310	23,922,791	7,543	1,634,877	6.83%	7.81%
Commercial labs[27]	153,169	52,960,302	330,052	51,860,081	26,510	4,111,651	7.93%	7.53%
State/Local PHL[28]	10,465	8,381,096	36,126	8,329,527	3,553	604,632	7.26%	8.88%
Total	241,027	85,384,953	453,488	84,112,399	37,606	6,351,160		

	Cumulative Results		Cumulative Positives	Total % Positive	% Positive Last 7 Days
Total Incl. State HD's *as of 05 Nov 2020, 23:21* [29]	154,744,193		11,401,450	7.37%	7.35%
Results by HHS Region *as of 01 Nov 2020* 					
Region 1	9,915,545		345,156		2.5%
Region 2	19,070,429		796,549		2.9%
Region 3	13,221,595		907,448		5.8%
Region 4	28,968,421		2,921,323		7.6%
Region 5	27,565,225		1,776,606		10.3%
Region 6	15,300,965		1,734,964		9.7%
Region 7	5,132,351		487,304		16.3%
Region 8	5,492,327		424,872		13.8%
Region 9	23,173,916		1,554,996		4.8%
Region 10	5,150,499		301,842		7.8%

[24] Not all jurisdictions report data up through the day of reporting. In order to report data for all jurisdictions along a consistent time window, this report uses data up through the most recent day for which all jurisdictions have reported. There may be data available for more recent days for several jurisdictions that is not included in this report.
[25] Due to CA correcting historical data, there is a significant spike in positive tests on October 5, which affects national and CA state's 7-day % positivity and test volume data.
[26] 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.
[27] Includes 6 commercial labs: LabCorp, Quest Diagnostics, BioReference, ARUP, Mayo Clinic, and Sonic Healthcare.
[28] 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.
[29] Includes laboratory results reported to CDC from state health departments that were not reported through HHS Protect, including additional lab orders received prior to 23 Apr that were not included in HHS Protect data. This data is updated when it becomes available and is not cut off by the date above.

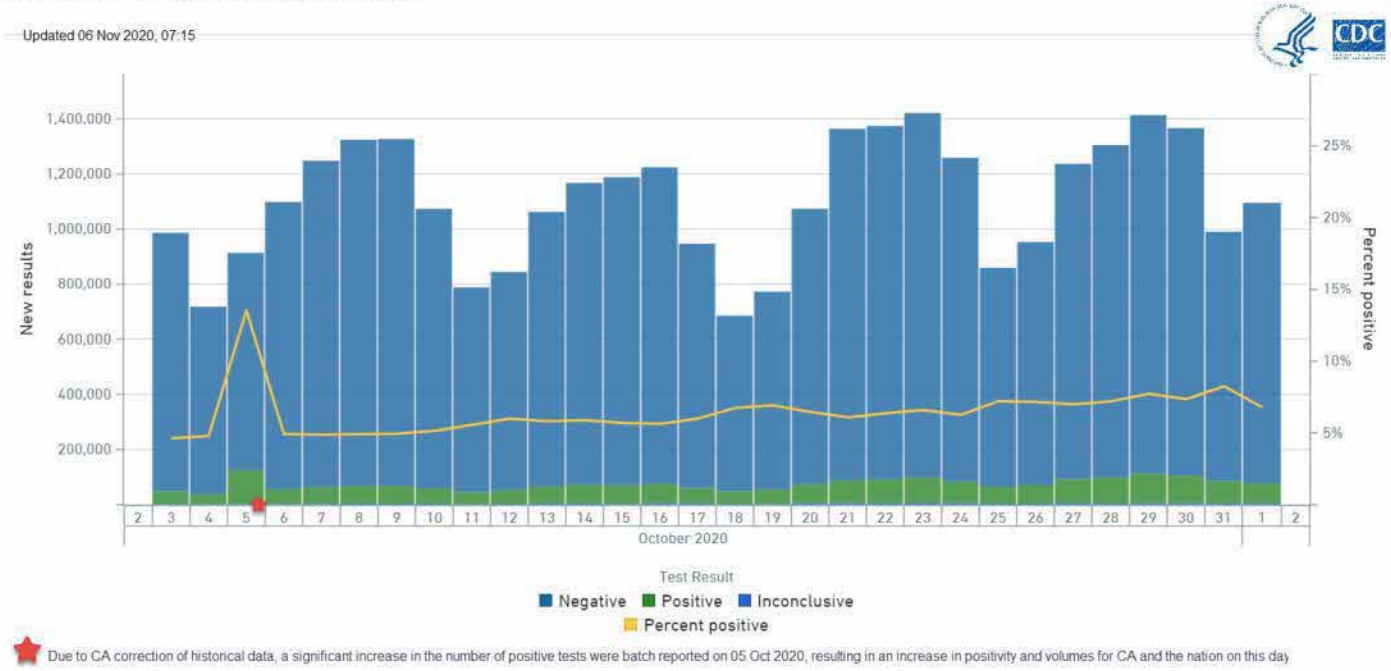
Laboratory Orders/Collections per Day by Lab Type (Commercial, Public Health and Hospital Labs) [30]

Data: 03 Oct 2020 - 01 Nov 2020 *Last Updated: 06 Nov 2020, 07:15*
Source: HHS Protect Federal Dataset (Commercial, Public Health and Hospital Labs)



COVID-19 Positive/Negative Results & Percent Positive (Federal, Public Health, Commercial, & Hospital Labs)[31]

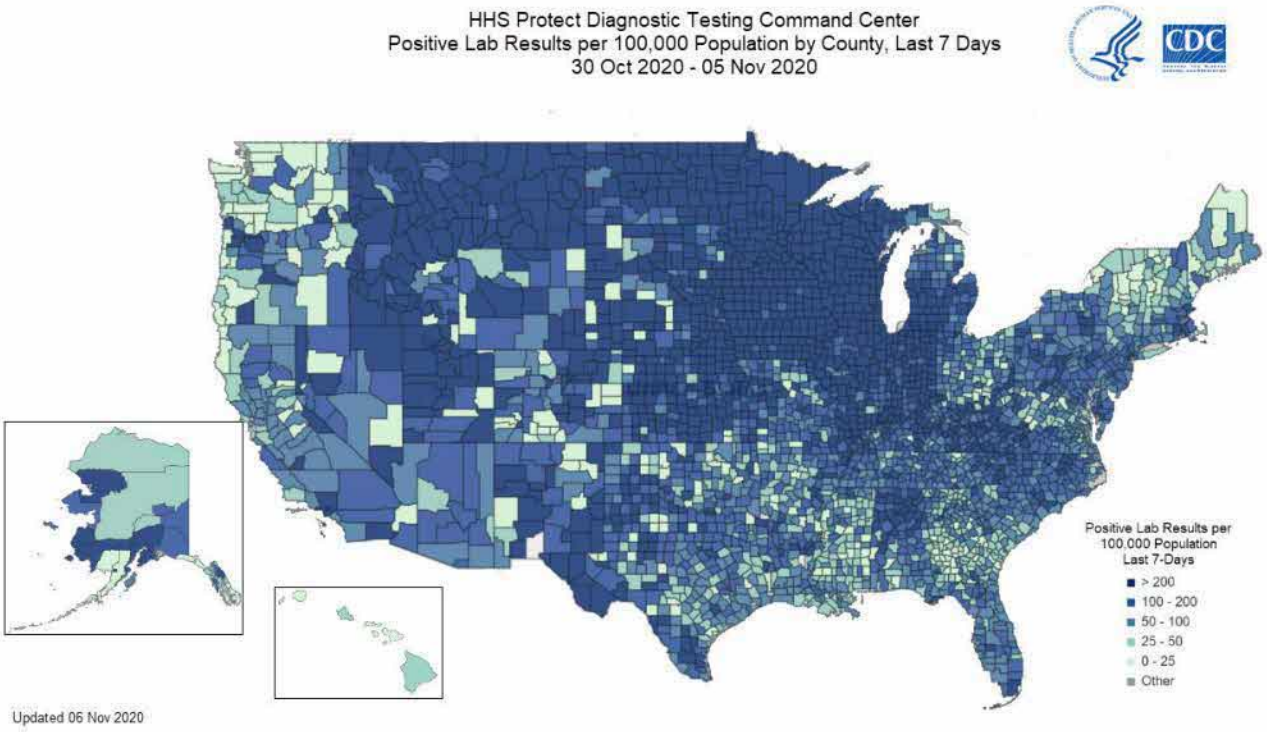
Data: 03 Oct 2020 - 01 Nov 2020 *Last Updated: 06 Nov 2020, 07:15*
Source: HHS Protect Unified Dataset[32]



[30] 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.
[31] Reported by test result date. Due to reporting lags, data for the most recent three days may be underrepresented.
[32] Data from the unified dataset include a combination of CELR line-level, CELR aggregate, commercial/reference, state public health, and hospital laboratories data feeds.

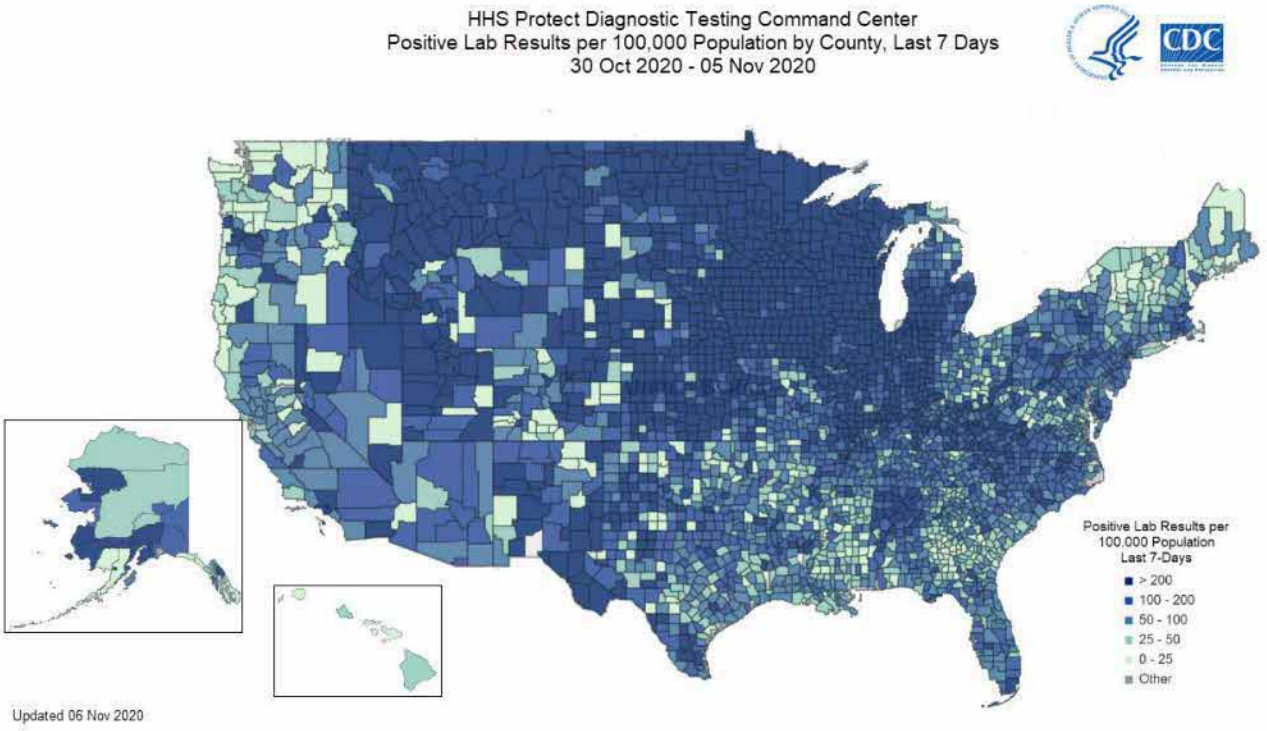
Positive Results per 100,000 Population Last 7-Days by County[33,34]

Data: 30 Oct 2020 - 05 Nov 2020 *Last Updated: 06 Nov 2020, 09:00*
Source: HHS Protect: Diagnostic Testing Command Center



Percent Positive Results Last 7-Days by County

Data: 30 Oct 2020 - 05 Nov 2020 *Last Updated: 06 Nov 2020, 09:00*
Source: HHS Protect: Diagnostic Testing Command Center

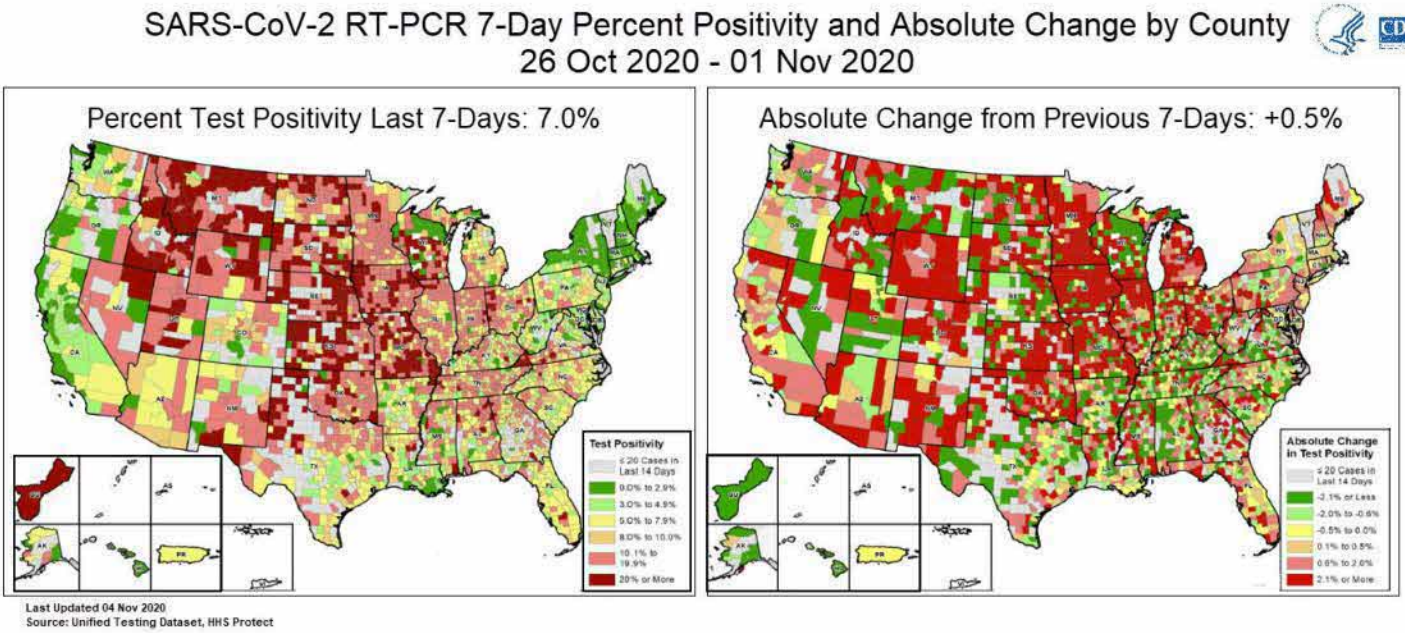


[33] One person may have multiple tests and positive results.
[34] See CDC COVID-19 Data Tracker for the latest visualizations on US laboratory testing by state.

SARS-CoV-2 RT-CPR 7-Day Percent Positivity and Absolute Change by County

Data: 26 O Oct 2020 - 01 Nov 2020 *Last Updated: 04 Nov 2020*

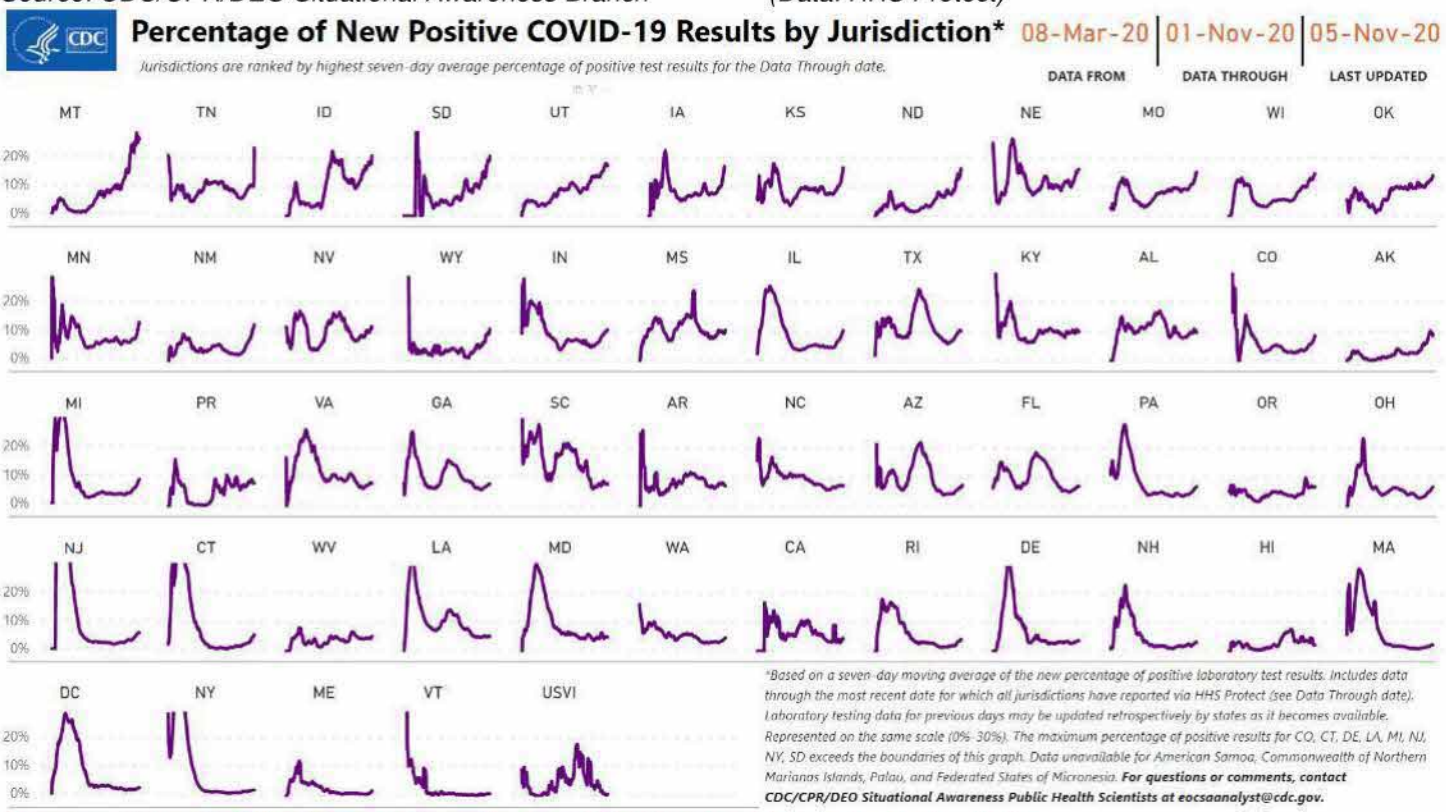
Source: CDC IMS COVID-19 Response Analytics Team *Data: HHS Protect: Unified Testing Dataset*[35]



[35] Figures from the 04 Nov 2020 Community Profile.

Percentage of New Positive COVID-19 Test Results by Jurisdiction

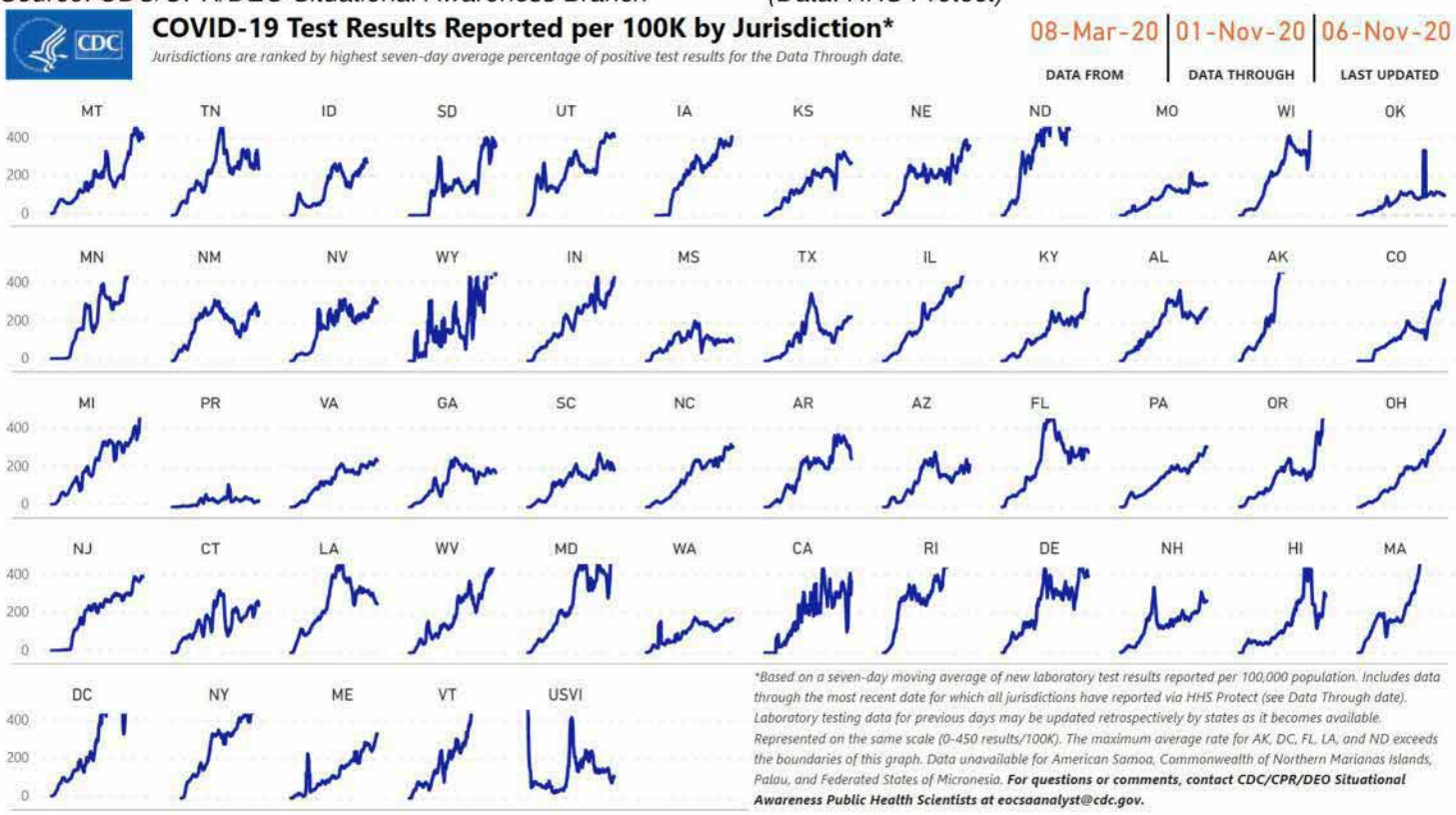
Data: 08 Mar 2020 – 01 Nov 2020 *Last Updated: 06 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: HHS Protect)*



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

Data: 08 Mar 2020 – 01 Nov 2020 *Last Updated: 06 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: HHS Protect)*

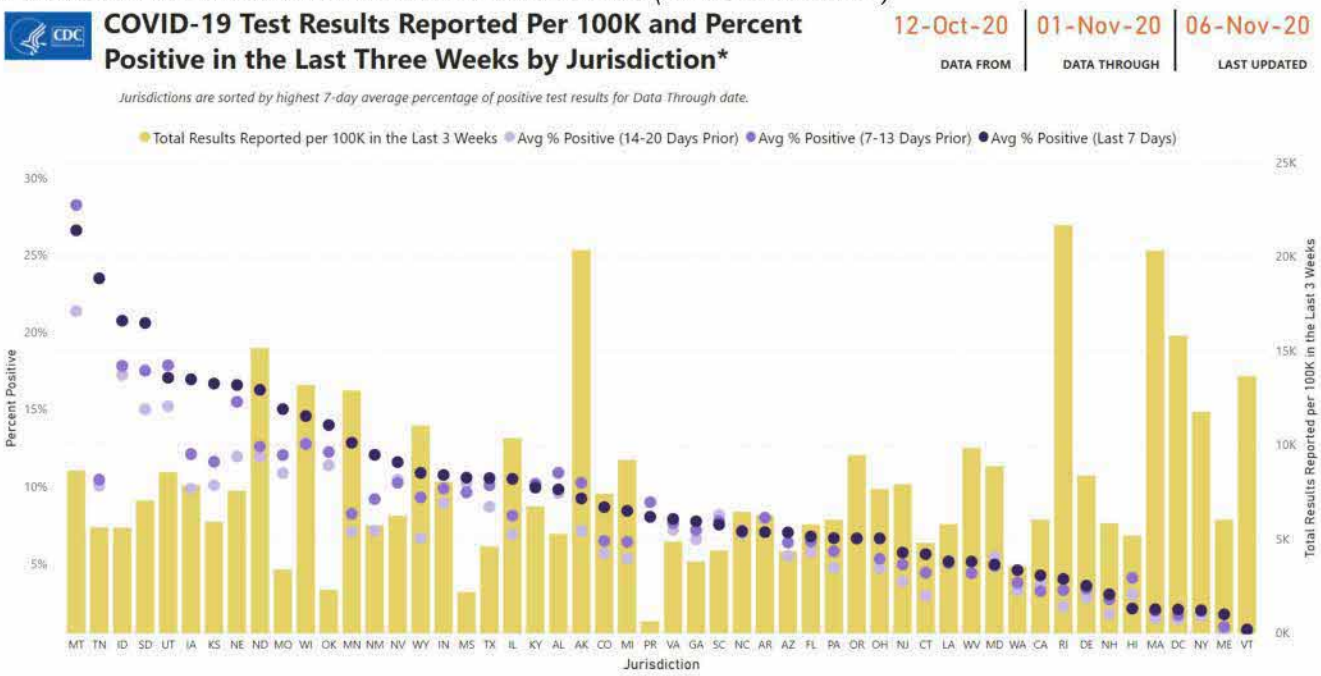


Based on a seven-day moving average of new laboratory test results reported per 100,000 population. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by 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.***

COVID-19 Test Results per 100,000 and Percent Positive in the Last 3 Weeks by Jurisdiction[36] [37] [38]

Data: 12 Oct 2020 – 01 Nov 2020 *Last Updated: 06 Nov 2020, 08:00*

Source: CDC/CPR/DEO Situational Awareness Branch (Data: HHS Protect)



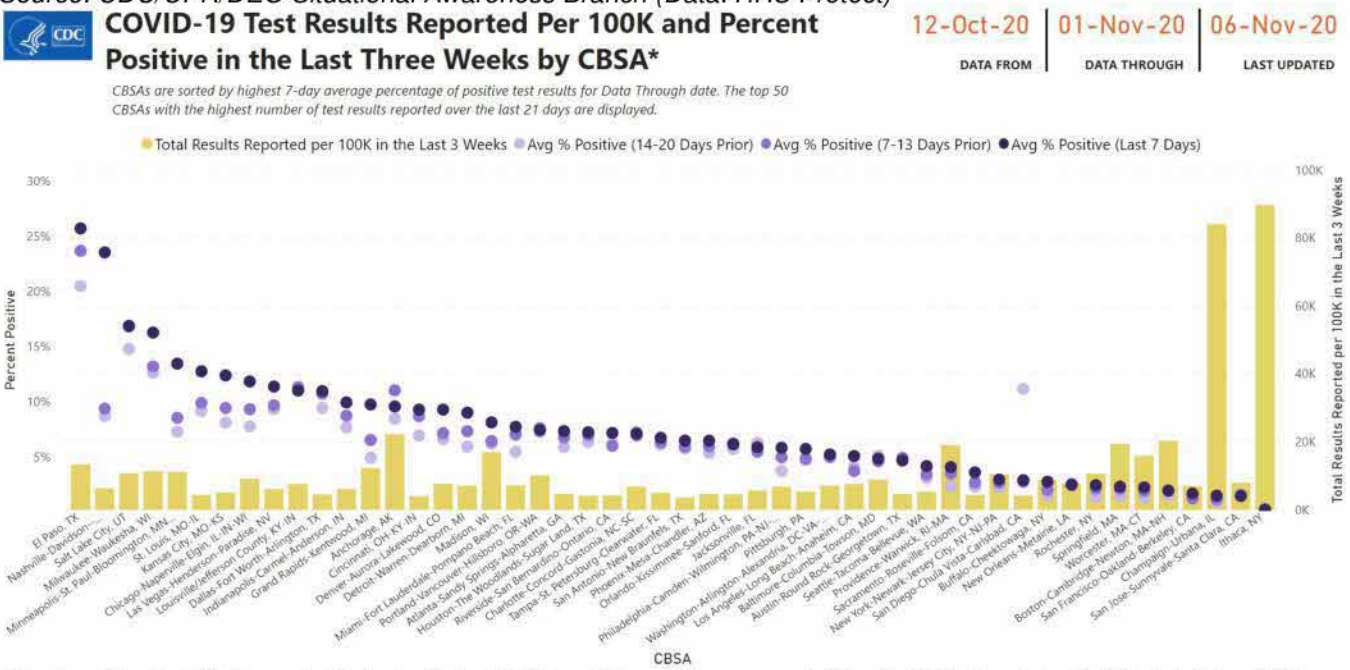
*Based on total laboratory test results reported per 100,000 population in the last 21 days. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states 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.

COVID-19 Test Results per 100,000 and Percent Positive in the Last 3 Weeks by CBSA

Data: 12 Oct 2020 – 01 Nov 2020 *Last Updated: 06 Nov 2020, 08:00*

Source: CDC/CPR/DEO Situational Awareness Branch (Data: 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.

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

[37] 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.

[38] Line level laboratory data for the most recent three days may be 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 for 01 Nov 2020 *Last Updated: 06 Nov 2020, 08:00*

Source: CDC/CPR/DEO Situational Awareness Branch (Data: DCIPHER & HHS Protect)

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

DATA FOR 01-Nov-20 | LAST UPDATED 06-Nov-20

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, Guam, Palau, and Federated States of Micronesia. * Calculation omitted where the number of total new tests was less than five.*

State	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	2,118.4	11.3	827,088	4,318	113,060.4	590.3	281	32,013	3.9%	6.5%
AL	3,065.7	60.8	2,168,469	4,938	44,225.7	100.7	759	241,670	11.1%	15.4%
AR	3,751.8	65.0	1,338,356	5,450	44,348.7	180.6	369	108,749	8.1%	6.8%
AZ	3,450.7	83.4	2,426,482	12,966	33,336.7	178.1	1,149	247,937	10.2%	8.9%
CA	2,342.3	44.7	18,813,961	360,941	47,615.5	913.5	9,305	1,145,515	6.1%	2.6%
CO	1,884.8	40.1	1,866,986	22,916	32,420.1	397.9	2,119	94,839	5.1%	9.2%
CT	1,993.1	129.2	1,368,130	4,362	38,373.6	122.3	354	76,529	5.6%	8.1%
DE	2,617.0	73.4	572,160	2,066	58,757.6	212.2	92	27,455	4.8%	4.5%
FL	3,741.0	78.8	11,865,578	16,999	55,245.9	79.1	1,367	1,260,092	10.6%	8.0%
GA	3,441.1	75.9	3,493,776	4,477	32,906.1	42.2	470	333,646	9.5%	10.5%
HI	1,061.3	15.3	527,160	3,714	37,232.2	262.3	87	18,569	3.5%	2.3%
IA	4,170.8	54.4	1,623,169	8,803	51,446.4	279.0	1,584	146,131	9.0%	18.0%
ID	3,710.4	35.9	625,362	2,790	34,993.8	156.1	667	87,738	14.0%	23.9%
IL	3,324.2	79.1	7,124,491	42,773	56,223.1	337.5	5,468	478,971	6.7%	12.8%
IN	2,721.3	65.2	3,327,128	28,751	49,421.0	427.1	3,575	251,829	7.6%	12.4%
KS	2,925.7	35.3	1,129,639	3,756	38,775.1	128.9	666	103,984	9.2%	17.7%
KY	2,431.3	33.3	1,584,091	7,685	35,456.7	172.0	833	148,025	9.3%	10.8%
LA	4,018.8	127.2	2,802,568	3,977	60,285.9	85.5	253	263,953	9.4%	6.4%
MA	2,398.6	144.8	6,161,970	40,006	89,401.0	580.4	1,027	199,888	3.2%	2.6%
MD	2,432.6	68.8	3,750,051	18,004	62,028.6	297.8	1,096	249,851	6.7%	6.1%
ME	508.0	11.1	444,687	2,673	33,081.6	198.9	82	6,974	1.6%	3.1%
MI	1,974.9	77.0	5,286,459	35,338	52,934.2	353.8	3,309	269,841	5.1%	9.4%
MN	2,685.2	45.1	3,472,967	28,239	61,581.4	500.7	4,886	235,210	6.8%	17.3%
MO	3,028.4	49.4	1,463,680	8,253	23,848.4	134.5	1,248	124,412	8.5%	15.1%
MS	4,547.0	112.1	715,511	1,103	24,041.5	37.1	144	80,386	11.2%	13.1%
MT	3,153.0	35.4	483,276	3,930	45,217.6	367.7	954	54,905	11.4%	24.3%
NC	2,664.7	42.2	3,939,591	26,814	37,562.5	255.7	1,990	316,187	8.0%	7.4%
ND	6,014.0	71.0	731,319	4,542	95,965.8	596.0	872	44,250	6.1%	19.2%
NE	3,714.7	33.9	915,867	4,344	47,346.1	224.6	748	112,777	12.3%	17.2%
NH	826.7	35.6	493,840	2,730	36,319.5	200.8	76	16,237	3.3%	2.8%
NJ	2,689.9	183.6	4,269,987	22,878	48,073.6	257.6	1,472	156,358	3.7%	6.4%
NM	2,254.1	49.0	957,309	6,831	45,655.1	325.8	971	46,124	4.8%	14.2%
NV	3,344.3	58.7	1,357,231	8,282	44,063.7	268.9	854	137,965	10.2%	10.3%
NY	2,203.8	83.2	14,566,131	92,805	74,876.4	477.1	1,970	629,046	4.3%	2.1%
OH	1,873.5	45.4	4,515,218	57,197	38,627.6	489.3	3,815	231,205	5.1%	6.7%
OK	3,310.6	34.3	780,406	3,020	19,722.3	76.3	496	69,726	8.9%	16.4%
OR	1,084.0	16.5	1,710,041	15,100	40,544.0	358.0	1,132	86,487	5.1%	7.5%
PA	1,639.2	68.8	4,577,495	31,957	35,756.1	249.6	2,446	272,820	6.0%	7.7%
RI	3,109.2	113.6	1,012,578	4,269	95,583.8	403.0	266	42,127	4.2%	6.2%
SC	3,561.5	77.4	1,672,021	7,516	32,474.5	146.0	564	215,850	12.9%	7.5%
SD	4,368.1	49.5	324,825	1,466	36,717.5	165.7	348	31,230	9.6%	23.7%
TN	3,883.5	49.5	3,529,384	72	51,681.0	1.1	72	325,467	9.2%	100.0%
TX	3,152.6	63.0	9,422,328	44,190	32,495.4	152.4	5,417	1,246,412	13.2%	12.3%
UT	3,665.7	19.4	1,805,097	7,736	56,304.4	241.3	1,283	187,189	10.4%	16.6%
VA	2,153.4	42.9	2,848,741	15,643	33,375.1	183.3	1,292	298,107	10.5%	8.3%
VT	347.9	9.3	434,340	1,527	69,607.0	244.7	28	3,401	0.8%	1.8%
WA	1,437.4	31.4	1,988,008	11,692	26,106.8	153.5	663	95,604	4.8%	5.7%
WI	3,132.2	36.3	3,838,962	28,176	65,934.0	483.9	4,141	309,550	8.1%	14.7%
WV	1,377.9	25.3	875,543	8,353	48,854.4	466.1	517	36,160	4.1%	6.2%
WY	2,375.3	15.1	280,824	1,901	48,521.8	328.5	234	12,459	4.4%	12.3%
DC	2,472.6	92.0	597,605	4,470	84,676.7	633.4	99	23,055	3.9%	2.2%
PR	2,133.6	26.3	234,310	2,042	7,336.6	63.9	150	11,144	4.8%	7.3%

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.***

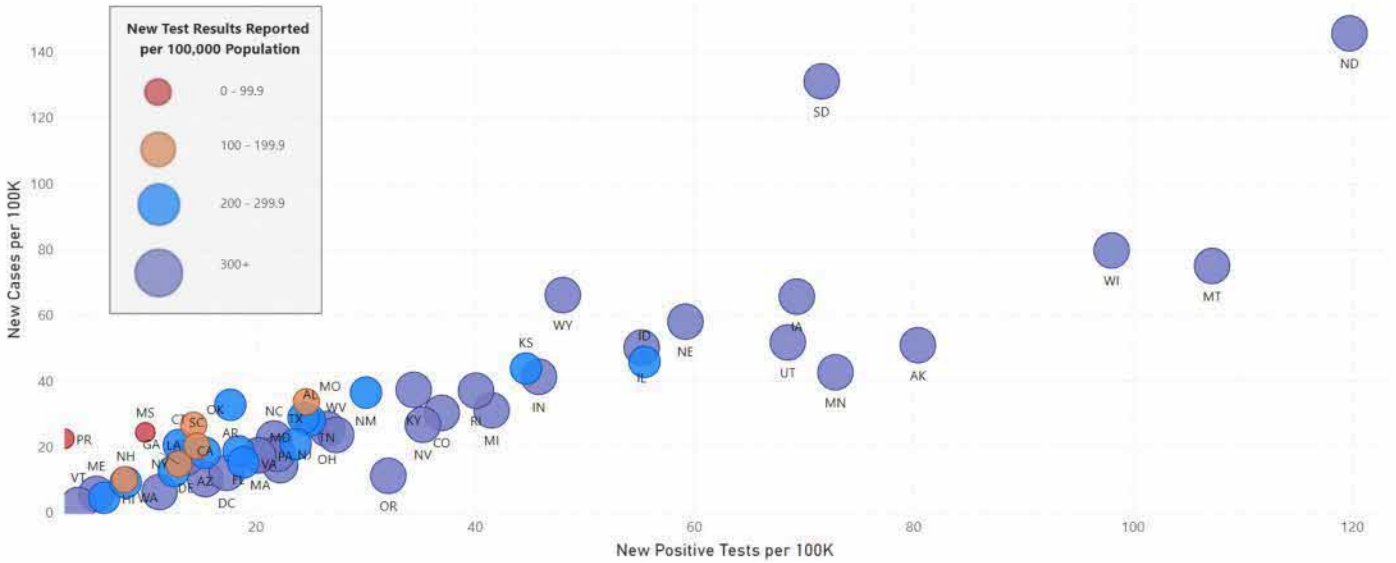
Comparison New Cases per 100,000 Population and Percent Positive Test Results, Last 7-Days

Data: 26 Oct 2020 – 01 Nov 2020 *Last Updated: 06 Nov 2020, 08:00*

Source: CDC/CPR/DEO Situational Awareness Branch (Data: DCIPHER & HHS Protect)

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

26-Oct-20 DATA FROM | 01-Nov-20 DATA AS OF | 06-Nov-20 LAST UPDATED



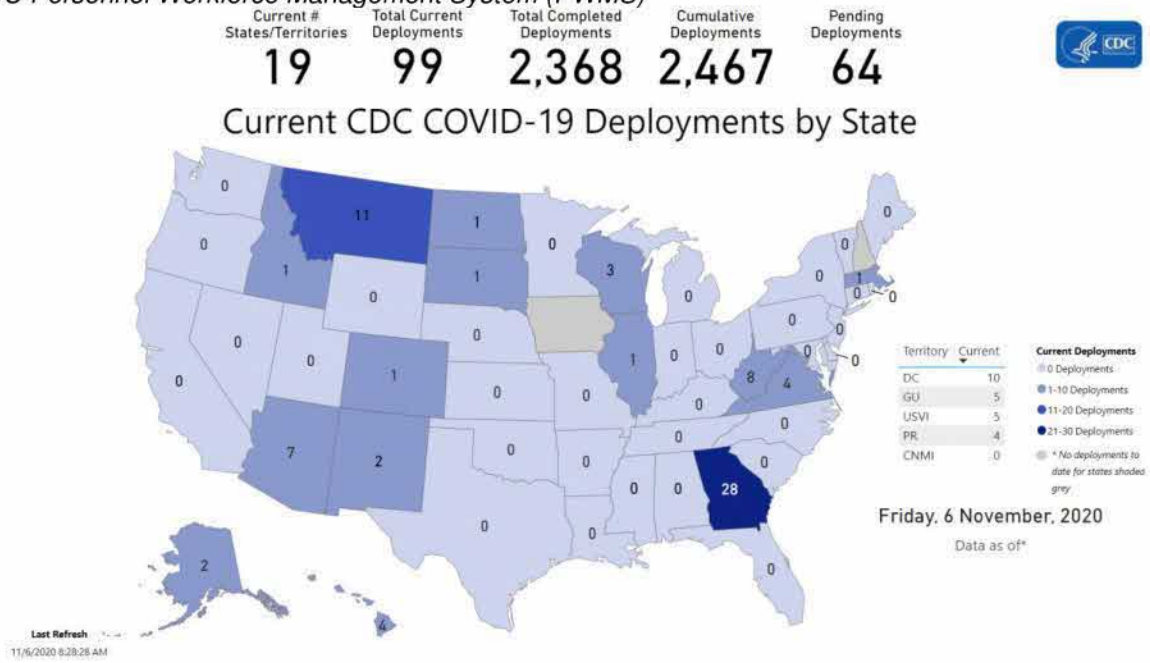
** Includes data through the most recent date for which all jurisdictions have reported laboratory data via HHS Protect (see Data As Of date). Laboratory testing data for previous days may be updated retrospectively by states as it becomes available. Figure represents official CDC US case counts for 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 [39]

Data as of 06 Nov 2020 *Last Updated: 06 Nov 2020, 08:28*

Source: CDC Personnel Workforce Management System (PWMS)



Health Department and High-Risk Setting Deployments [40, 41]

As of 06 Nov 2020

Teams: 33 teams *Deployers: 118 deployers (96 field, 22 remote)*

Summary of Health Department Support Teams [42]

Team Description	No. Teams	No. Staff
Currently Deployed	**33**	**118**
Field[43]	29	96
Remote	4	22
Returned[44]	**329**	**1,484**
Field	292	1,303
Remote	102	254
Cumulative[45]	**359**	**1,602**
Field	321	1,399
Remote	117	276

[39] A single person may have multiple deployments over time.

[40] Field Staff and Remote Staff counts are current number of deployed staff of each type.

[41] 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.

[42] Field and remote staff may not sum to total because some teams or individuals could provide both field and remote support.

[43] Includes 3 teams with both field and remote staff.

[44] Includes 65 teams with both field and remote staff.

[45] Includes 79 teams with both field and remote staff.

Subset of Deployment Teams with Work in High Risk Settings[46]

	Number of Teams		
	Currently Deployed	Returned	Total
Department of Corrections / Prisons	0	16	16
Early Childhood Education	0	1	1
Food Industry	0	27	27
Homeless Pop	4	12	16
Institutes of Higher Education	1	19	20
K-12 Schools	4	70	74
Long-Term Care Facilities	1	12	13
Total	8	133	141

Team and Staff Counts by Team Category

	No. Teams	No Staff
Currently Deployed	33	118
Outbreak Response	5	19
State Support	18	51
Study/Trial	5	36
Tribal Support	5	12

Health Department Support Deployments by Mission

Team ID	HHS Region	County	Start Date	End Date[47]	Current Staff	HHS CRAFT Team	Mission
AK-2	10	Anchorage	04/02/20	12/31/20	2	No	Provide case and contact investigation support to the Alaska state Department of Health for outbreak investigation in a long-term care facility.
AZ-3	9	TBD	10/25/20	11/21/20	13	No	Examine the length of quarantine and comparison of antigen/PCR testing in asymptomatic cases and data available to review information; Review data on the correlation between mask wearing and case incidence within Vail Unified School District.
Blackfeet-2	8	TBD	10/28/20	12/01/20	6	No	Tribal Support Section (TSS) Tribal Rapid Assessment Team (TRAT):Identify tribal points of contact, assess requirements and prioritize activities for CDC support; provide virtual telehealth ICAR assessment and support in building internal capacity for outbreak response.
CO-5	8	Adams; Arapahoe; Denver	09/15/20	11/27/20	2	No	Provide oversight and coordination to evaluate the sensitivity, utility, and acceptability of self-collected vs healthcare-professional-collected nasopharyngeal and saliva specimens for SARS-CoV-2 testing during community universal testing events.
DC-9	3	TBD	10/26/20	12/31/20	1	No	Provide technical assistance to federal partners in the DC area.
Fort Peck-1	8		10/28/20	11/07/20	2	No	Conduct needs assessment, identify and prioritize CDC support requirements.
GA-8	4	DeKalb; Fulton	08/04/20	12/15/20	4	No	Conduct surveillance and follow-up study among COVID-19 dialysis patients in Georgia.
GA-10	4	Fulton	08/11/20	12/24/20	9	No	Examine outcomes of self-collected SARS-CoV-2 specimens with specimens collected through nasopharyngeal swabs collected by healthcare personnel.
GA-14	4	TBD	09/21/20	12/04/20	18	No	CADENCE: COVID-19 Antigen Detection Efficacy in Nursing Homes and Caretakers. Conduct evaluation to assess performance of Point-of-Care antigen testing via repeat point prevalence surveys during ongoing outbreaks in nursing homes in GA.
GA-15	4	TBD	09/29/20	11/20/20	0	No	Compare point of care antigen testing to PCR testing • Conducting viral culture • Evaluate quarantine procedure • Identify optimal testing strategies • Assess the relative intensity of close contact for exposed students using testing • Develop a targeted approach to quarantine

[46] Total may differ from calculated sum in table due to some teams working in multiple high-risk settings.
[47] Represents projected date the deployment will end.

Team ID	HHS Region	County	Start Date	End Date[47]	Current Staff	HHS CRAFT Team	Mission
GU-1	9	TBD	10/07/20	11/20/20	5	No	Provide case investigation, contact tracing and support to Guam's lab and epidemiology unit.
HI-1	9	Hawaii; Kauai; Maui; Honolulu	08/24/20	11/13/20	1	No	Provide infection prevention and control support to the Hawaii Department of Health (HDOH).
HI-3	9	Honolulu	10/15/20	12/13/20	2	No	Investigate and respond to outbreaks in correctional settings, schools, and workplaces, or among other vulnerable populations. Develop process for DOH to receive antigen testing results from clinical providers and congregate settings using point of care tests for COVID-19 surveillance. Provide technical assistance to facilities, including LTCFs, to enable transmission of data files that can be ingested in ELR format.
IHS ABQ-1	TBD	Cibola	08/16/20	11/11/20	2	No	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	08/13/20	11/07/20	1	No	Response Coordination and ICS Structure. CDC will provide onsite technical assistance and recommendations to stand up an incident command center for the Fort Hall IHS Service Center/Shoshone-Bannock Tribe's response to COVID-19.This assistance will help identify necessary agreements, duties, protocols, procedures, and coordinate relationships with county, state, and health care providers.
IL-1	5	Sangamon	04/05/20	12/18/20	0	No	Provide a wide range of epidemiological support to state health department for the COVID-19 response.
IL-4	5	Cook	05/18/20	01/17/21	1	No	Support development of a serologic surveillance testing plan, epidemiology, data management, and data analysis of COVID-19 data, including LTCFs and homeless shelters.
MT-2	8	TBD	11/05/20	12/03/20	11	No	Support Montana DPHHS in epidemiological investigation of increased cases of Colorado tick fever cases and examine associations between increased cases and COVID-19 mitigation processes implemented by the state.
MT-3	8	Cascade; Yellowstone	11/02/20	11/14/20	4	No	Support cases investigations and provided technical assistance to identify high-risk areas for potential COVID-19 outbreaks
NY-3	2	New York	05/11/20	12/31/20	1	No	Support the city by working with academic institutions, commercial labs, and the two public labs by doing validation of lab-derived tests for massive scale-up of testing.
PR-4	2	San Juan	07/15/20	02/06/21	5	No	Establish a COVID-19 community cohort study with the CDC Dengue Branch laboratory in Puerto Rico.
SD-6	8	TBD	11/02/20	11/21/20	2	No	Support case investigation and contact tracing efforts to identify opportunities to streamline processes and provide technical assistance in vaccine distribution plan development.
Spirit Lake-1	8	TBD	09/13/20	11/13/20	1	No	Assist the Spirit Lake Tribe COVID-19 response and mitigate the impact of SARS-CoV2.
TX-4	6	Harris	07/14/20	12/10/20	1	No	Support data analytics, forecasting, and surveillance to better characterize recent transmission and inform response decisions.
USVI-5	2	TBD	09/24/20	11/22/20	3	No	Support the epi/surveillance mission, enhance the capacity of the laboratory mission, and increase capacity to support the emergency management of the COVID-19 response.
UT-5	8	Salt Lake	08/28/20	12/24/20	2	No	Identify gaps in protective policies/procedures that relate to risk of COVID outbreaks.
VA-12	3	TBD	10/05/20	11/16/20	4	No	Support state in conducting contact tracing.
WI-8	5	Dane	08/30/20	11/22/20	0	No	Investigate COVID transmission on college campus setting including prevalence, transmission risk factors, effective mitigation factors and validation of saliva-based antibody testing.
WI-10	5	TBD	10/24/20	11/23/20	2	No	Conduct a study on the effectiveness of the city's mask mandate to determine the mandate's contribution to the decline in positivity rate, which declined from ~10% when the mandate was implemented to ~5% currently.
WI-15	5	TBD	10/29/20	11/13/20	3	No	Support implementation of Mask Testing within the U of WI system to include 27 campuses Using approximately 50,000 Binex testing kits.

Team ID	HHS Region	County	Start Date	End Date[47]	Current Staff	HHS CRAFT Team	Mission
WV-2	3	Monongalia County	07/23/20	12/30/20	6	No	Identify conditions that propagate disease transmission leading to cluster or outbreak in the community and conduct case investigation and contact tracing to detect evidence of human-to-human COVID-19 transmission. Reduce human-to-human transmission, prevent outbreaks, and delay the spread of disease.
WV-5	3	TBD	10/28/20	11/18/20	3	No	Support activities and conduct case investigations/contact tracing.

CDC Website Updates – COVID-19 Response

As of 06 Nov 2020, 04:00 [48]

New/Updated Guidance, Recommendations, and Considerations

- Developing a Framework for Assessing and Managing Individual-Level Risk of Coronavirus Disease 2019 (COVID-19) Exposure in Mobile Populations
- Children, Teens, and Young Adults
- Clinical Questions about COVID-19: Questions and Answers
- Community Mitigation (Non-US Settings)
- Contact Tracing Resources for Health Departments
- COVID-19 Contact Tracing Communications Toolkit for Health Departments
- Daily Activities and Going Out
- How to Protect Yourself & Others
- Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19
- Maternal, Neonatal, and Child Health Services during COVID-19
- Providing Spiritual and Psychosocial Support to People with COVID-19 at Home (Non-US Settings)
- Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations
- Social Media Toolkit
- Staffing Resources
- Toolkit for People 15 to 21
- Toolkit for People with Disabilities
- Toolkit: One Health Approach to Address Companion Animals with SARS-CoV-2
- What's New

New/Updated Webpages

- Cases & Deaths by County
- Cases in the U.S.
- CDC COVID-19 Global Response
- COVID-19 Forecasts: Cases
- COVID-19 Forecasts: Deaths
- COVID-19 Forecasts: Hospitalizations
- Data on COVID-19 during Pregnancy: Birth and Infant Outcomes
- Data on COVID-19 during Pregnancy

MMWR Publications

- A SARS-CoV-2 Outbreak Illustrating the Challenges in Limiting the Spread of the Virus — Hopi Tribe, May–June 2020
- Birth and Infant Outcomes Following Laboratory-Confirmed SARS-CoV-2 Infection in Pregnancy — SET-NET, 16 Jurisdictions, March 29–October 14, 2020
- Network Characteristics and Visualization of COVID-19 Outbreak in a Large Detention Facility in the United States — Cook County, Illinois, 2020
- *Notes from the Field*: Development of an Enhanced Community-Focused COVID-19 Surveillance Program — Hopi Tribe, June–July 2020
- Telework Before Illness Onset Among Symptomatic Adults Aged ≥18 Years With and Without COVID-19 in 11 Outpatient Health Care Facilities - United States, July 2020
- Transmission of SARS-COV-2 Infections in Households - Tennessee and Wisconsin, April-September 2020
- Update: Characteristics of Symptomatic Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status — United States, January 22–October 3, 2020

[48] Updates since last report. See additional resources at CDC COVID-19 What's New, Morbidity and Mortality Weekly Report Publications, Emerging Infectious Disease Publications, Preventing Chronic Disease Publications, CDC COVID-19 Science Updates, Health Alert Network (HAN) and Communication Resources.

International Updates

WHO Epidemiological Update

WHO Global Cases and Deaths

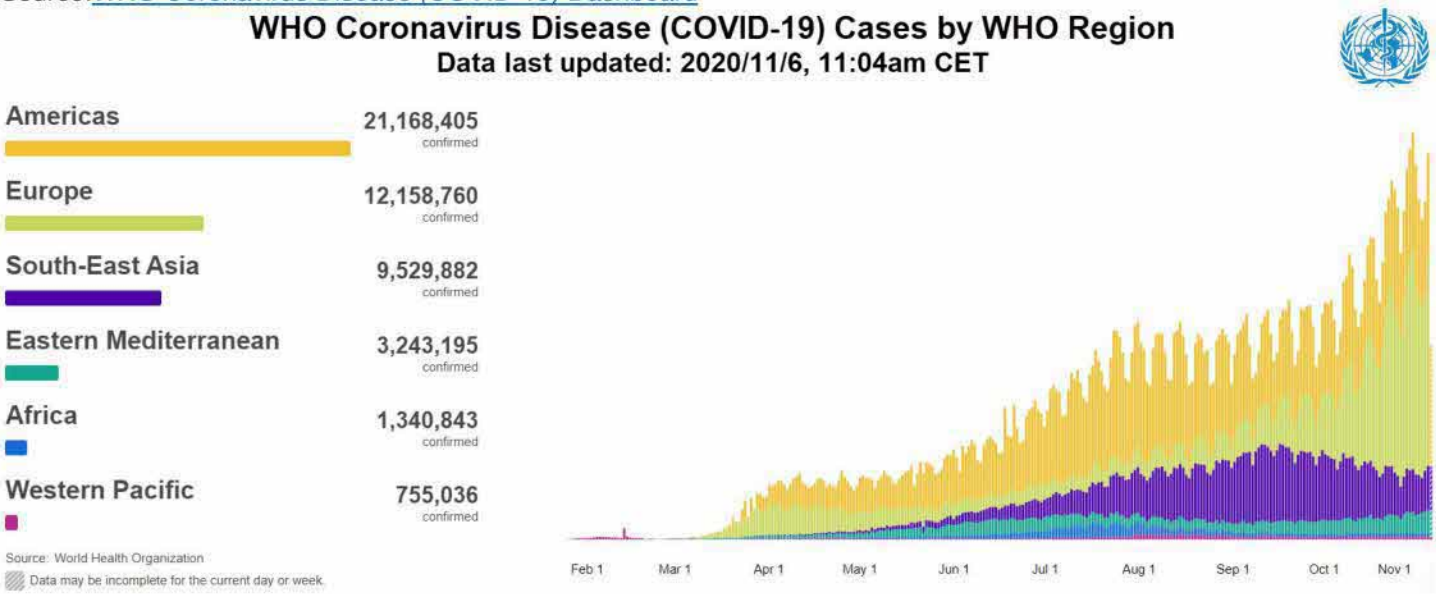
Data: 23 Jan 2020 – 06 Nov 2020 *Last Updated: 06 Nov 2020 11:04 CET*
Source: WHO Coronavirus Disease (COVID-19) Dashboard

WHO Coronavirus Disease (COVID-19) Dashboard
Global Cases and Deaths
Data Last Updated: 06 Nov 2020 11:04 CET

Cases		Deaths	
Cumulative Total	**Newly Reported Last 24 Hours**	**Cumulative Total**	**Newly Reported Last 24 Hours**
48,196,862	561,117	1,226,813	10,090

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

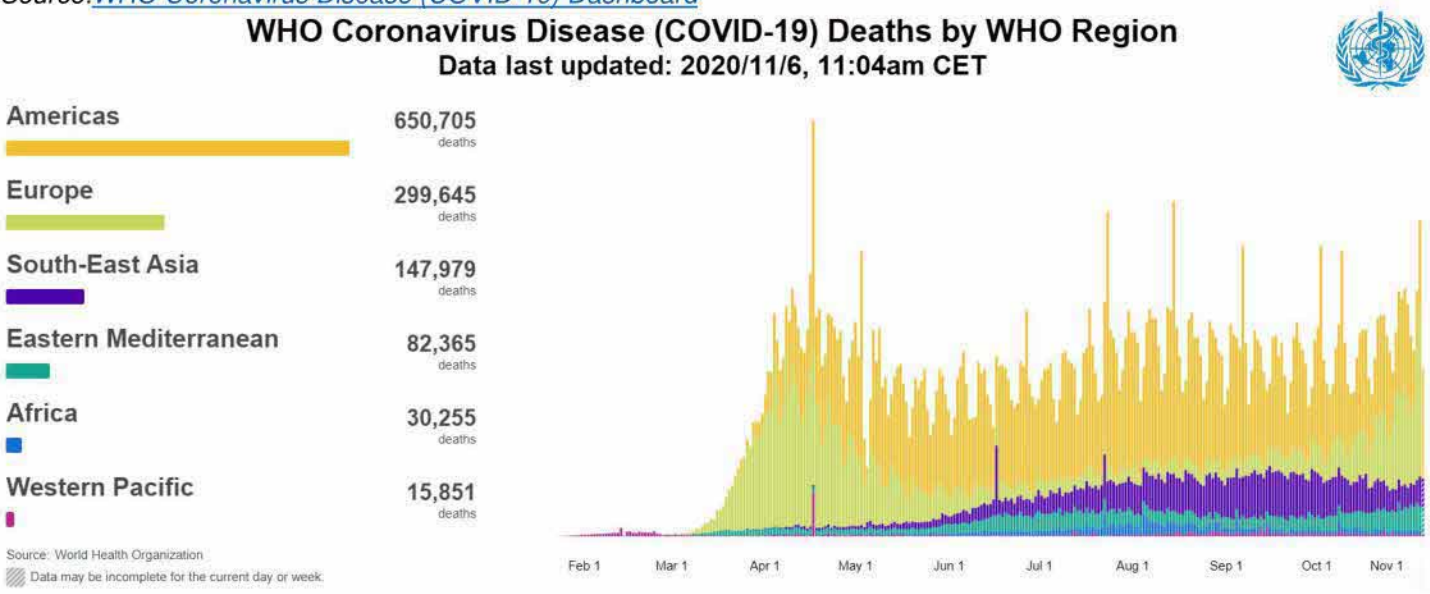
Data: 23 Jan 2020 – 06 Nov 2020 *Last Updated: 06 Nov 2020 11:04 CET*
Source:WHO Coronavirus Disease (COVID-19) Dashboard



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

Data: 23 Jan 2020 – 06 Nov 2020 *Last Updated: 06 Nov 2020 11:04 CET*

Source:WHO Coronavirus Disease (COVID-19) Dashboard

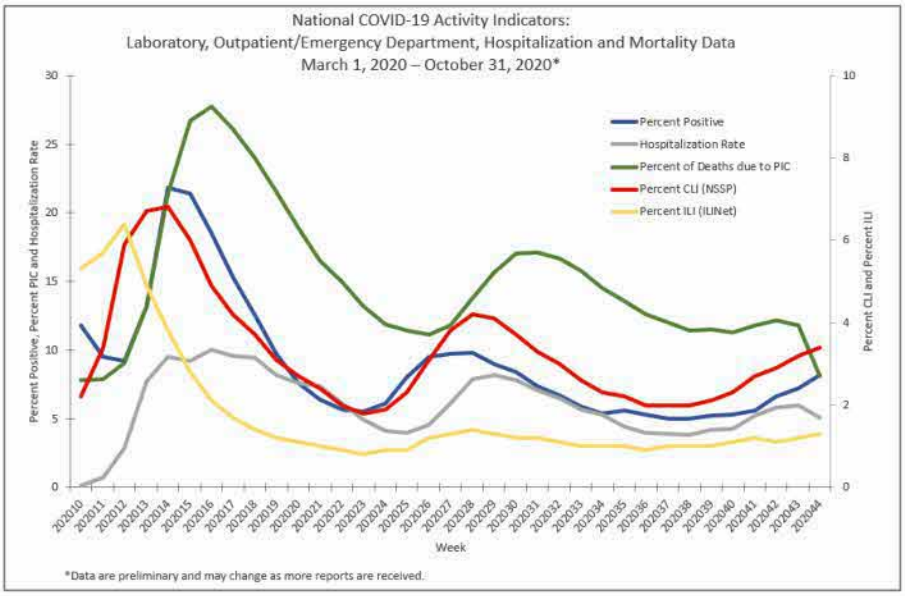


COVIDView

A Weekly Surveillance Summary of U.S. COVID-19 Activity

Key Updates for Week 44, ending October 31, 2020

Nationally, surveillance indicators tracking levels of SARS-CoV-2 virus circulation and associated illnesses have been increasing since September. The percentage of deaths due to pneumonia, influenza and COVID-19 (PIC) increased during the first two weeks of October. Both COVID-19 related hospitalizations and PIC mortality for the most recent weeks may increase as more data are received.



Virus: Public Health, Commercial and Clinical Laboratories

Nationally, the overall percentage of respiratory specimens testing positive for SARS-CoV-2, the virus causing COVID-19, increased from 7.2% during week 43 to 8.2% during week 44. Percent positivity increased among all age groups. Regionally, the percentages of respiratory specimens testing positive for SARS-CoV-2 increased in all ten HHS regions.

Mild/Moderate Illness: Outpatient and Emergency Department Visits

Nationally, the overall percentage of visits to outpatient providers or emergency departments (EDs) for influenza-like illness (ILI) or COVID-like illness (CLI) has been increasing since mid-September; CLI increased and ILI remained stable (change of ≤0.1%) in week 44 compared with week 43. Five regions reported an increase in at least one indicator of mild/moderate illness.

Severe Disease: Hospitalizations and Deaths

Since the week ending September 26 (MMWR week 39), overall weekly hospitalization rates have increased. Overall increases have been driven primarily by an increase in rates among adults aged 18 years and older. Based on death certificate data, the percentage of deaths attributed to PIC for week 44 was 8.1% and, while declining compared to week 43 (11.8%), remains above the epidemic threshold. The weekly percentages of deaths due to PIC increased during the first two weeks of October. Hospitalization rates and PIC mortality for the most recent weeks may increase as additional data are reported.

All data are preliminary and may change as more reports are received. A description of the surveillance systems summarized in COVIDView, including methodology and detailed descriptions of each data component, is available on the surveillance methods page.

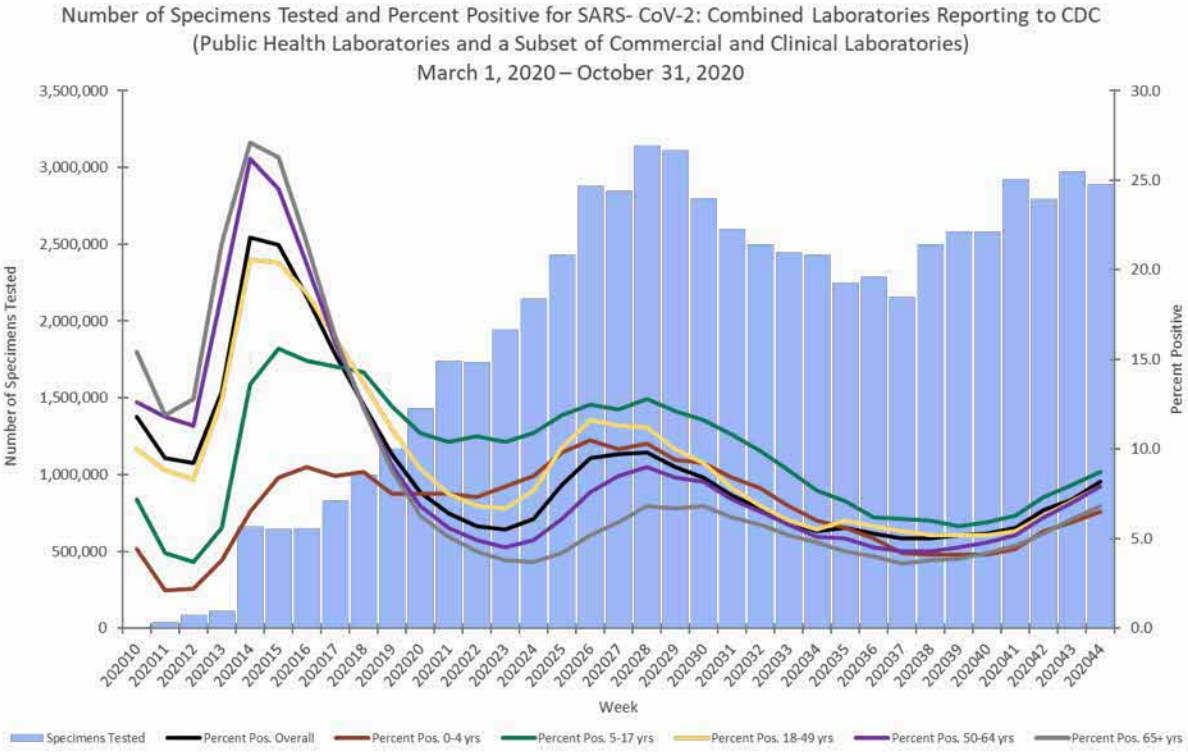
Key Points

- Nationally, several surveillance indicators of COVID-19 related activity are showing increases in SARS-CoV-2 virus circulation and associated illnesses.
  - The percentage of specimens testing positive for SARS-CoV-2, the percentages of visits to EDs or outpatient providers for ILI and CLI, and COVID-19-associated hospitalization rates have increased since September. Hospitalization data for the most recent weeks may change as additional data are reported.
  - After declining for several weeks during the late summer, the percentage of deaths due to PIC remained approximately level from the week ending September 19 through the week ending October 3 and increased for the first two weeks of October. Data for the most recent two weeks currently show a decline, but that is likely to change as additional death certificates are processed.
- At least one indicator used to monitor COVID-19 activity is increasing in each of the ten HHS regions, and many regions are reporting increases in multiple indicators.
  - The percentages of specimens testing positive for SARS-CoV-2 increased in all ten regions.
  - The percentages of visits for ILI, CLI or both increased in five of ten regions.
  - For some indicators and regions, the increases have been small but consistent from week to week over the last several weeks; other indicators have increased more rapidly in some regions.
- The overall cumulative COVID-19-associated hospitalization rate through the week ending October 31, 2020 was 207.1 hospitalizations per 100,000 population.
  - Since the week ending September 26 (MMWR week 39), weekly hospitalization rates have increased. Overall increases have been driven primarily by an increase in rates among adults aged 18 years and older. Data for the most recent weeks may change as additional admissions occurring during those weeks are reported.
  - The age-adjusted hospitalization rate for Hispanic or Latino persons was approximately 4.3 times that of non-Hispanic White persons. Age-adjusted hospitalization rates for non-Hispanic American Indian or Alaska Native persons and non-Hispanic Black persons were approximately 4.2 and 4.1 times those of non-Hispanic White persons, respectively.
- These surveillance systems aim to provide the most complete data available. Estimates from previous weeks are subject to change as data are updated with the most complete data available.

U.S. Virologic Surveillance

Based on data reported to CDC by public health laboratories and a subset of clinical and commercial laboratories in the United States, 68,363,929 specimens were tested for SARS-CoV-2 using a molecular assay since March 1, 2020. The percentages of specimens testing positive for SARS-CoV-2 each week, based on week of specimen collection, are summarized below.

Nationally, during week 44, 2,890,895 specimens were tested for SARS-CoV-2 for diagnostic purposes and 238,214 (8.2%) were positive. This is an increase compared with week 43, during which 7.2% of specimens tested were positive. The percentages of specimens testing positive increased among all age groups.



*Note: Different laboratory types came on board with testing during different weeks. This graph includes public health laboratory data beginning in week 10, clinical laboratory data beginning in week 11 and commercial laboratory data beginning in week 14.

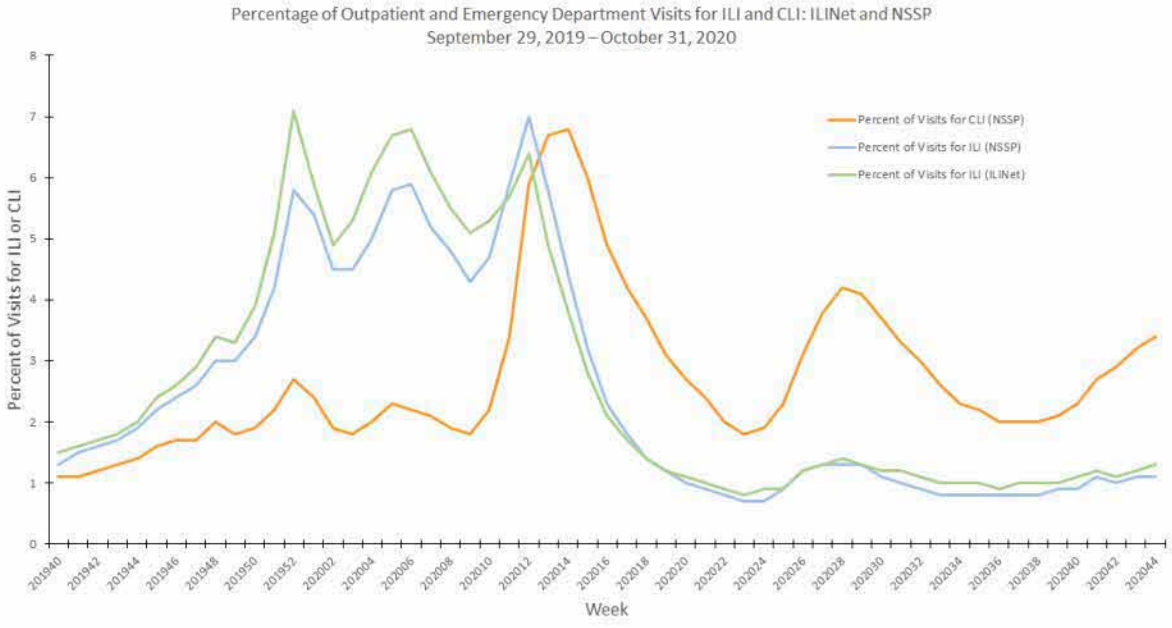
The percentages of specimens testing positive for SARS-CoV-2 increased in all ten HHS regions. The regions with the highest percent positivity during week 44 were in the central part of the country, Regions 5 (Midwest, 12.3%), 6 (South Central, 11.7%), 7 (Central, 17.6%) and 8 (Mountain, 12.0%). Three of these regions (Regions 5, 7, and 8) also reported the largest increases in percent positivity during week 44 compared with week 43.

Additional virologic surveillance information: Surveillance Methods

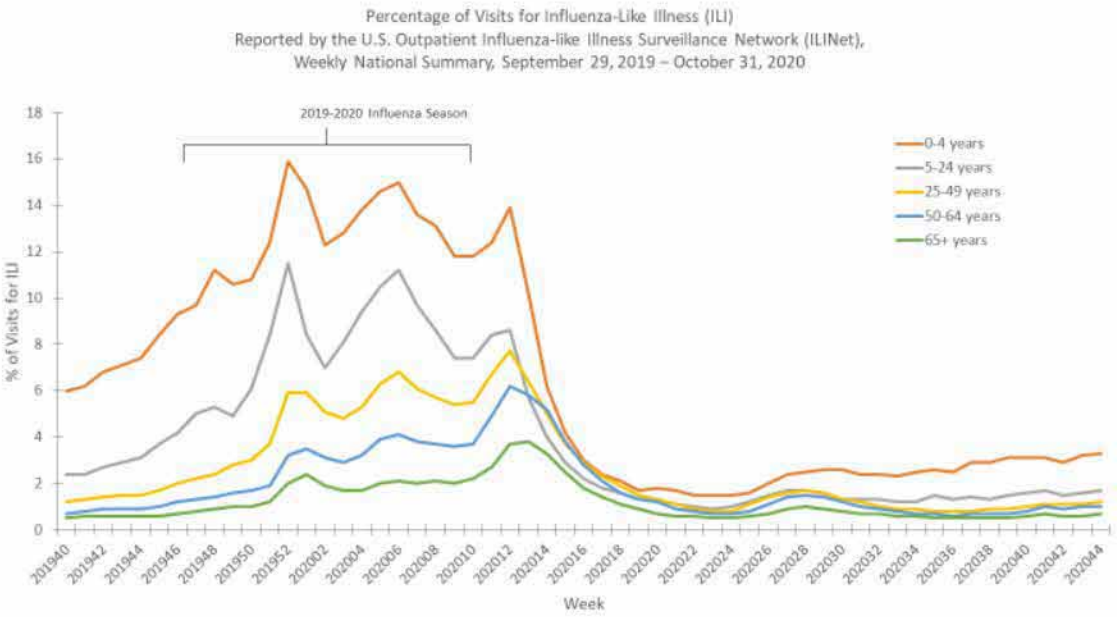
Outpatient/Emergency Department Illness

Two syndromic surveillance systems, the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) and the National Syndromic Surveillance Project (NSSP), are being used to monitor trends in outpatient and emergency department (ED) visits that may be associated with COVID-19 illness. Each system monitors activity in a slightly different set of providers/facilities. ILINet provides information about visits to outpatient providers or emergency departments for influenza-like illness (ILI; fever plus cough and/or sore throat) and NSSP provides information about visits to EDs for ILI and COVID-like illness (CLI; fever plus cough and/or shortness of breath or difficulty breathing). Some EDs contribute ILI data to both ILINet and NSSP. Both systems are currently being affected by changes in health care seeking behavior, including increased use of telemedicine and increased social distancing. These changes affect the numbers of people seeking care in the outpatient and ED settings and their reasons for doing so.

Nationally, the overall percentage of visits to outpatient providers or EDs for ILI or CLI has been increasing since mid-September and increased (CLI) or remained stable (change of ≤0.1%; ILI) during week 44 compared with week 43. During week 44, the percentages of ED visits captured in NSSP for CLI and ILI were 3.4% and 1.1%, respectively; 1.3% of visits reported through ILINet were for ILI. The percentage of ILI visits to ILINet providers remains below the national baseline (2.4% for October 2019 through September 2020; 2.6% since October 2020) for the 28th consecutive week and is slightly lower than typical for this time of year compared with prior influenza seasons.



For all age groups, (0–4 years, 5–24 years, 25–49 years, 50–64 years, 65 years and older) the percentage of visits for ILI remained stable (change of ≤0.1%) in week 44 compared to week 43 but has been slowly increasing since mid-August for those 0–4 years and since September for the other age groups.



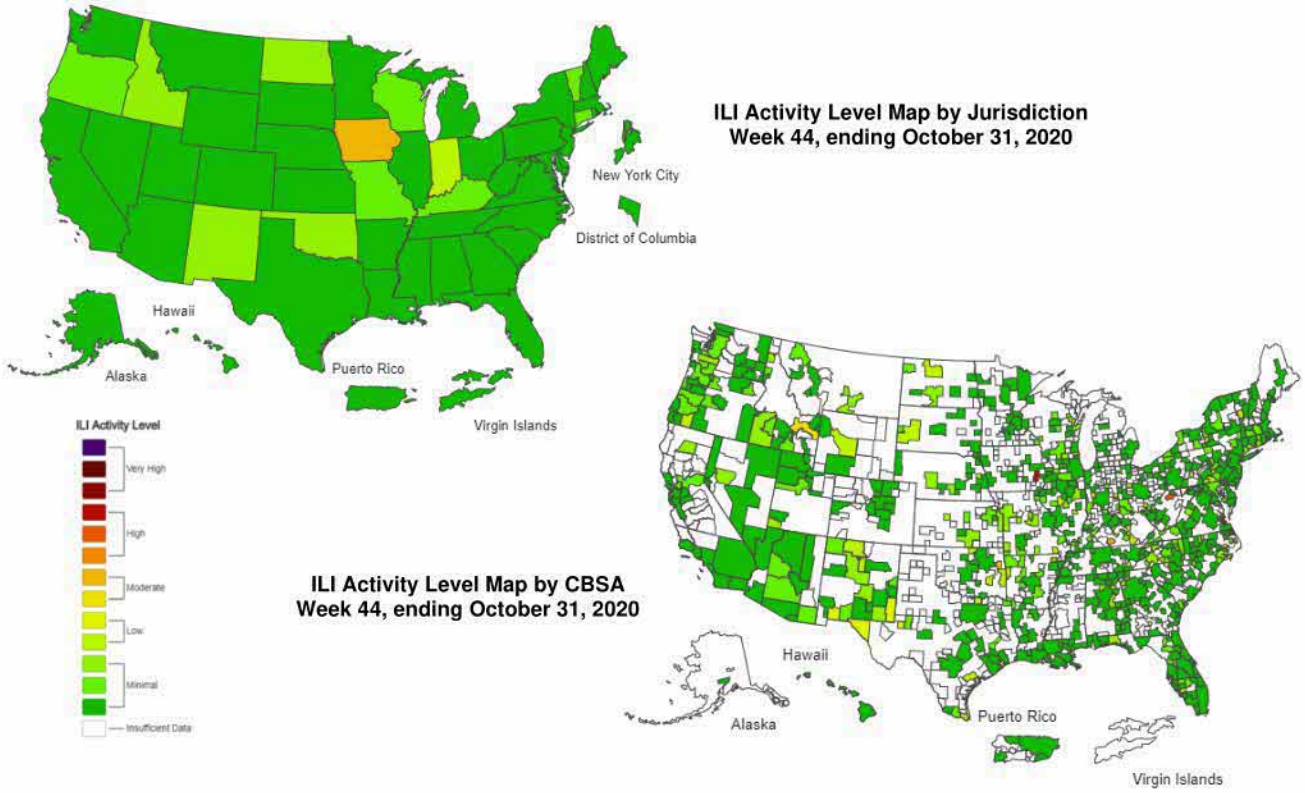
On a regional level, five regions (Regions 1 [New England], 3 [Mid-Atlantic], 5 [Midwest], 7 [Central] and 8 [Mountain]) reported an increase in at least one indicator of mild/moderate CLI or ILI in week 44 compared with week 43. In addition, one region (Region 4 [Southeast]) experienced a decrease in CLI, one region (Region 2 [New Jersey/New York/Puerto Rico]) experienced a decrease in ILI, and the remaining three regions (Regions 6 [South Central], 9 [South West/Coast] and 10 [Pacific Northwest] reported a stable (change of ≤0.1%) percentage of visits to EDs and outpatient providers for ILI and CLI. The percentage of visits for ILI to ILINet providers remained below the region-specific baseline in all 10 regions.

ILI Activity Levels

Data collected in ILINet are used to produce a measure of ILI activity for all 50 states, Puerto Rico, the U.S. Virgin Islands, the District of Columbia, and New York City and for each core-based statistical area (CBSA) where at least one provider is located. The mean reported percentage of visits due to ILI for the current week is compared with the mean reported during non-influenza weeks, and the activity levels correspond to the number of standard deviations below, at, or above the mean.

The number of jurisdictions at each activity level during week 44 and the previous week are summarized in the table below.

Activity Level	Number of Jurisdictions		Number of CBSAs	
	Week 44 (Week ending Oct. 31, 2020)	Week 43 (Week ending Oct. 24, 2020)	Week 44 (Week ending Oct. 31, 2020)	Week 43 (Week ending Oct. 24, 2020)
Very High	0	0	0	0
High	0	0	2	1
Moderate	1	0	4	1
Low	1	1	38	27
Minimal	52	53	544	567
Insufficient Data	0	0	341	333



*Note: Data collected in ILINet may disproportionally represent certain populations within a state and may not accurately depict the full picture of influenza activity for the whole state. Differences in the data presented here by CDC and independently by some state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete.

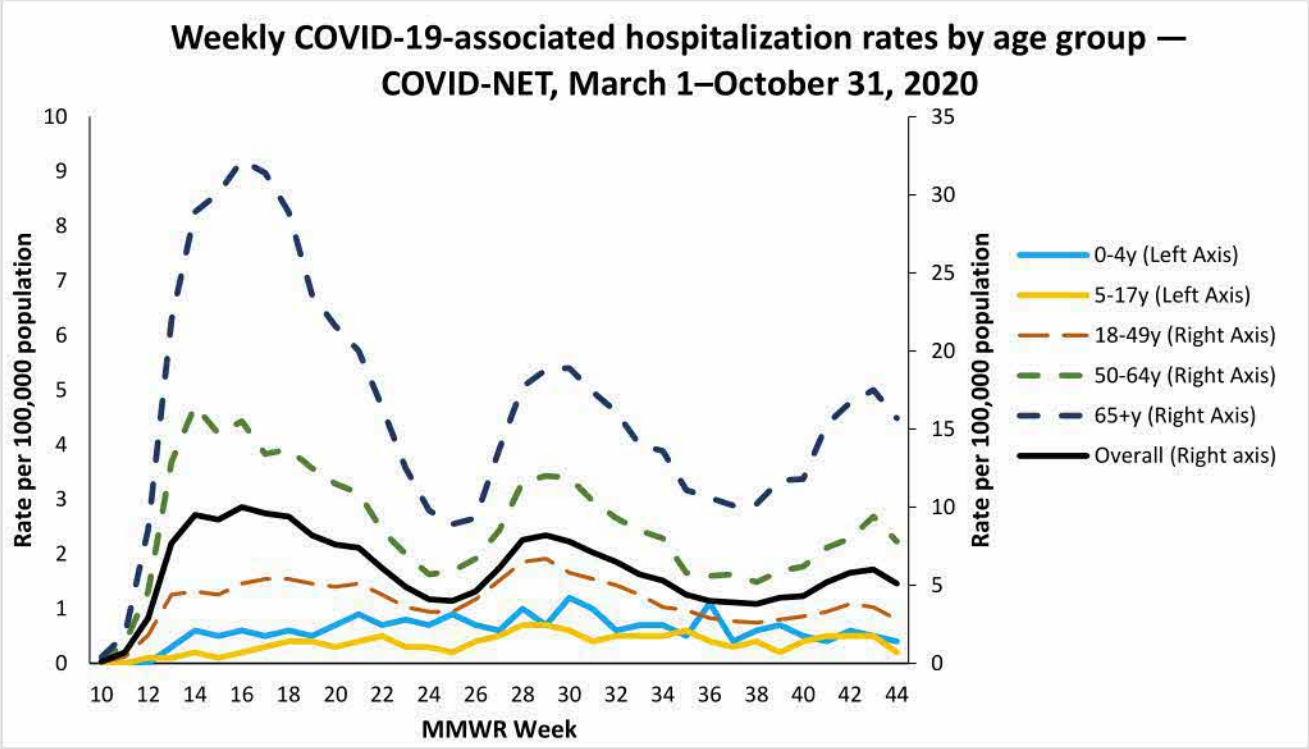
Additional information about medically attended outpatient and emergency department visits for ILI and CLI: Surveillance Methods

Hospitalizations

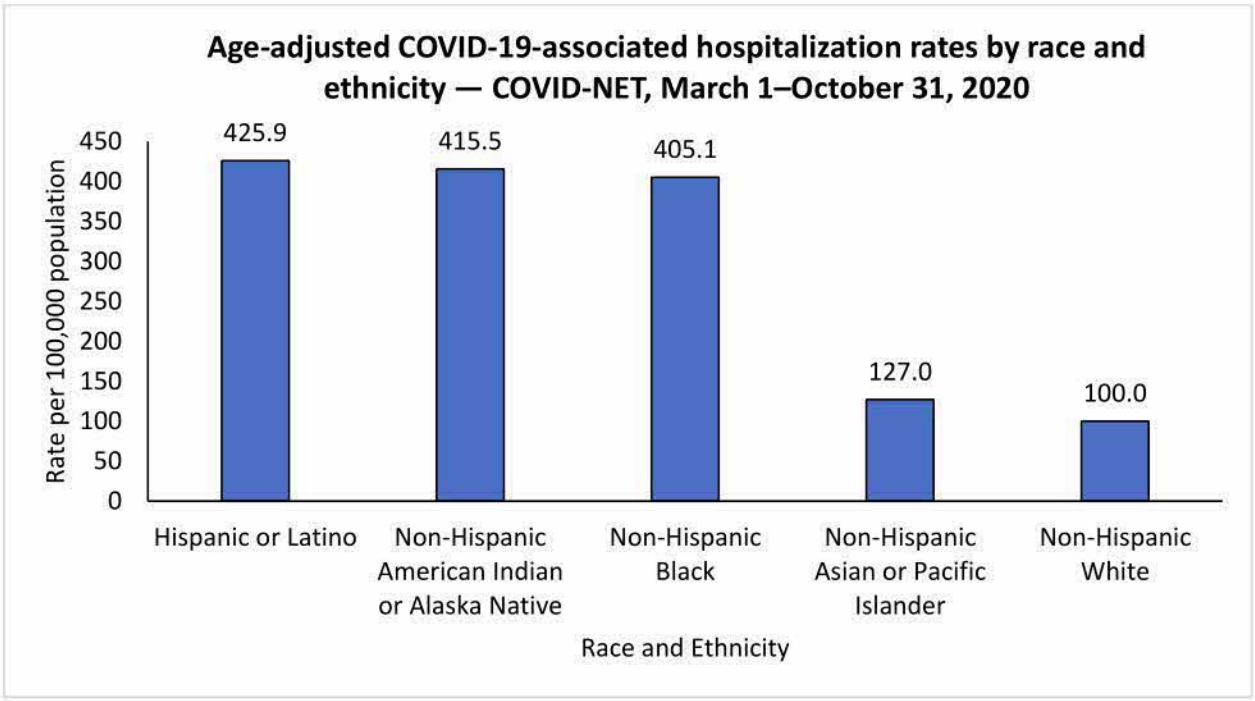
The COVID-19-Associated Hospitalization Surveillance Network (COVID-NET) conducts population-based surveillance for laboratory-confirmed COVID-19-associated hospitalizations in select counties participating in the Emerging Infections Program (EIP) and the Influenza Hospitalization Surveillance Project (IHSP).

A total of 67,508 laboratory-confirmed COVID-19-associated hospitalizations were reported by sites between March 1, 2020, and October 31, 2020. The overall cumulative hospitalization rate was 207.1 per 100,000 population.

Overall weekly hospitalization rates among all ages combined first peaked during the week ending April 18 (MMWR week 16), followed by a second peak during the week ending July 18 (MMWR week 29). Since the week ending September 26 (MMWR week 39), overall weekly hospitalization rates have increased, driven primarily by an increase in rates among adults aged 18 and older. Data for the most recent weeks may change as additional admissions occurring during those weeks are reported.



Among the 67,508 laboratory-confirmed COVID-19-associated hospitalizations, 64,670 (95.8%) had information on race and ethnicity, while collection of race and ethnicity was still pending for 2,838 (4.2%) cases. When examining overall age-adjusted rates by race and ethnicity, the rate for Hispanic or Latino persons was approximately 4.3 times the rate among non-Hispanic White persons. Rates for non-Hispanic American Indian or Alaska Native persons and non-Hispanic Black persons were approximately 4.2 and 4.1 times the rate among non-Hispanic White persons, respectively.



When examining age-stratified crude hospitalization rates by race and ethnicity, compared with non-Hispanic White persons in the same age group, crude hospitalization rates were 6.6 times higher among Hispanic or Latino persons aged 0–17 years; 7.4 times higher among Hispanic or Latino persons and non-Hispanic American Indian or Alaska Native persons aged 18–49 years; 5.4 times higher among non-Hispanic American Indian or Alaska Native persons aged 50–64 years; and 3.3 times higher among non-Hispanic Black persons aged ≥ 65 years.

Hospitalization rates per 100,000 population by age and race and ethnicity - COVID-NET, March 1, 2020–October 31, 2020

	Non-Hispanic American Indian or Alaska Native		Non-Hispanic Black		Hispanic or Latino		Non-Hispanic Asian or Pacific Islander		Non-Hispanic White	
Age Category	**Rate[1]**	**Rate Ratio[2, 3]**	**Rate[1]**	**Rate Ratio[2, 3]**	**Rate[1]**	**Rate Ratio[2, 3]**	**Rate[1]**	**Rate Ratio[2, 3]**	**Rate[1]**	**Rate Ratio[2, 3]**
0–17 years	13.6	3.0	22.0	4.9	29.9	**6.6**	8.8	2.0	4.5	1
18–49 years	320.0	**7.4**	223.2	5.1	323.3	**7.4**	69.0	1.6	43.4	1
50–64 years	725.8	**5.4**	616.2	4.6	708.7	5.2	199.5	1.5	135.2	1
65+ years	874.8	2.4	1214.9	**3.3**	954.3	2.6	384.1	1.0	371.0	1
Overall rate[4] (age-adjusted)	415.5	4.2	405.1	4.1	425.9	**4.3**	127.0	1.3	100.0	1

[1] COVID-19-associated hospitalization rates by race and ethnicity are calculated using COVID-NET hospitalizations with known race and ethnicity for the numerator and NCHS bridged-race population estimates for the denominator.
[2] For each age category, rate ratios are the ratios between crude hospitalization rates within each racial and ethnic group and the crude hospitalization rate among non-Hispanic White persons in the same age category.
[3] The highest rate ratio in each age category is presented in **bold**.
[4] Overall rates are adjusted to account for differences in age distributions within race and ethnicity strata in the COVID-NET catchment area; the age strata used for the adjustment include 0–17, 18–49, 50–64, and 65+ years.

Non-Hispanic White persons and non-Hispanic Black persons represented the highest proportions of hospitalizations reported to COVID-NET, followed by Hispanic or Latino, non-Hispanic Asian or Pacific Islander, and non-Hispanic American Indian or Alaska Native persons. However, some racial and ethnic groups are disproportionately represented among hospitalizations compared with the overall population of the catchment area. Prevalence ratios were highest among non-Hispanic American Indian or Alaska Native persons, followed by non-Hispanic Black persons and Hispanic or Latino persons.

Comparison of proportions of COVID-19-associated hospitalizations, by race and ethnicity, COVID–NET, March 1–October 31, 2020

	Non-Hispanic American Indian or Alaska Native	Non-Hispanic Black	Hispanic or Latino	Non-Hispanic Asian or Pacific Islander	Non-Hispanic White
Proportion of COVID-NET hospitalizations[1]	1.3%	31.4%	22.7%	5.2%	34.2%
Proportion of population in COVID-NET catchment area	0.7%	17.9%	14.1%	8.9%	58.5%
Prevalence ratios[2]	1.9	1.8	1.6	0.6	0.6

[1] Persons of multiple races (0.3%) or unknown race and ethnicity (4.9%) are not represented in the table but are included as part of the denominator.
[2] Prevalence ratio is calculated as the ratio of the proportion of COVID-NET hospitalizations over the proportion of population in COVID-NET catchment area.

For underlying medical conditions, data were restricted to cases reported during March 1–May 31, 2020, due to delays in reporting. During this time frame, sampling was conducted among hospitalized adults; therefore, weighted percentages are reported. No sampling was conducted among hospitalized children. Among 8,375 sampled adults hospitalized during March 1–May 31 with information on underlying medical conditions, 90.6% had at least one reported underlying medical condition. The most reported underlying medical conditions were hypertension, obesity, metabolic disease, and cardiovascular disease. Among 264 children hospitalized during March 1–May 31 with information on underlying conditions, 50.8% had at least one reported underlying medical condition. The most reported underlying medical conditions were obesity, asthma, and neurologic disease.

Additional data on demographics, signs and symptoms at admission, underlying conditions, interventions, outcomes, and discharge diagnoses, stratified by age, sex, and race and ethnicity, are available.

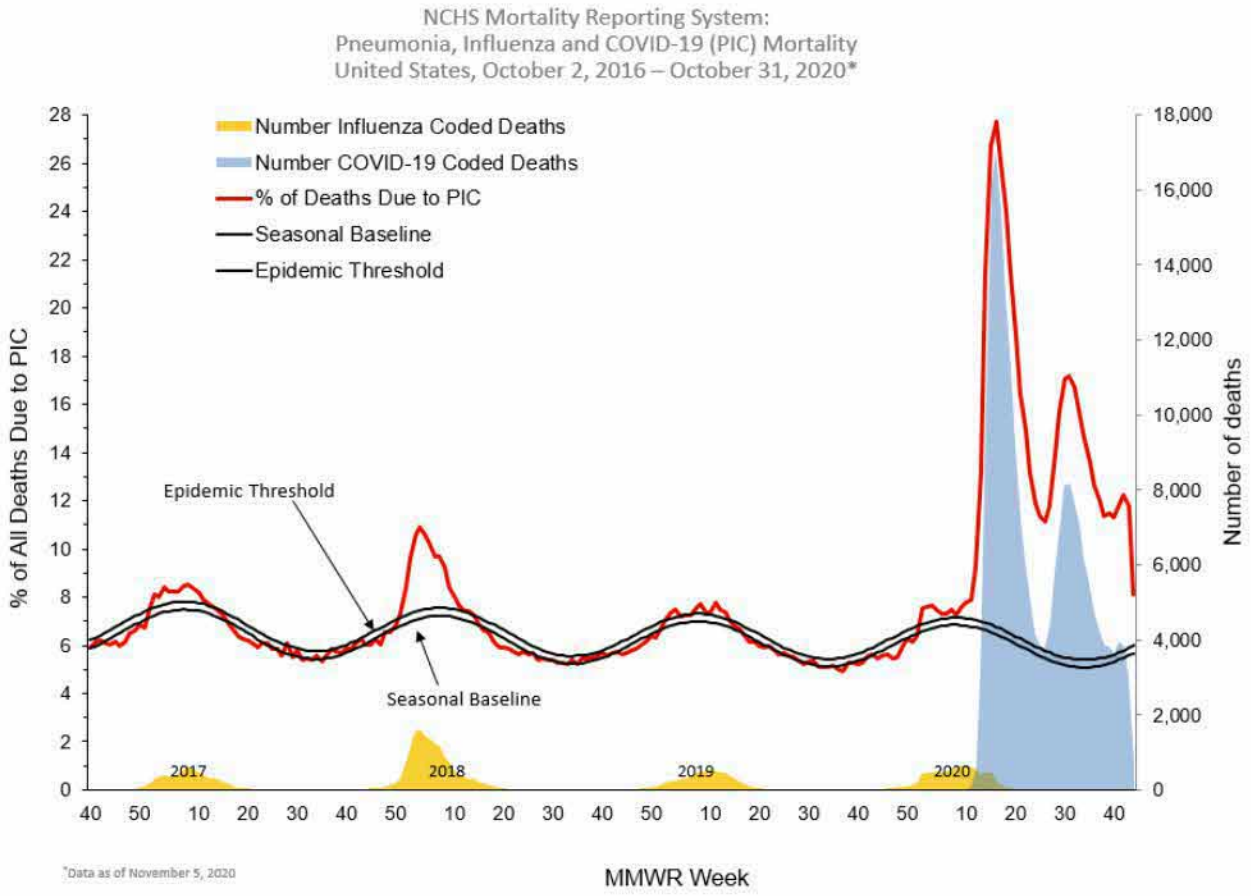
Additional hospitalization surveillance information:

Surveillance Methods | Additional rate data | Additional demographic and clinical data

Mortality Surveillance

The National Center for Health Statistics (NCHS) collects death certificate data from vital statistics offices for all deaths occurring in the United States. Based on death certificate data available on November 5, 2020, the percentage of deaths attributed to pneumonia, influenza, or COVID-19 (PIC) for week 44 was 8.1% and, while it is declining compared with the percentage during week 43, it remains above the epidemic threshold. The weekly percentage of deaths due to PIC declined from a second peak at the end of July through mid-September, remained approximately stable from the week ending September 19 through the week ending October 3, and increased during the first two weeks of October. Data for the most recent two weeks currently show a decline, but percentages for recent weeks will likely increase as more death certificates are processed.

Weekly mortality surveillance data include a combination of machine coded and manually coded causes of death collected from death certificates. The percentage of deaths due to PIC is higher among manually coded records than more rapidly available machine coded records. Due to the additional time needed for manual coding, the initially reported PIC percentages may be lower than percentages calculated from final data.



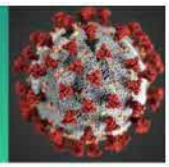
*Data during recent weeks are incomplete because of the lag in time between when the death occurred and when the death certificate is completed, submitted to NCHS and processed for reporting purposes. It is possible that a death certificate includes both influenza and COVID as a cause of death therefore, the number of influenza and COVID coded deaths may not be mutually exclusive.

Additional NCHS mortality surveillance information: Surveillance Methods | Provisional Death Counts for COVID-19

Report prepared: November 5, 2020

Detailed data tables are available on the COVIDView page

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 *****

****** Next week the CDC COVID-19 Science Update will only be produced on Tuesday, 11/10. ******

Epidemiology

PEER-REVIEWED

COVID-19 testing and cases in immigration detention centers, April–August 2020. Erfani *et al.* JAMA (October 29, 2020).

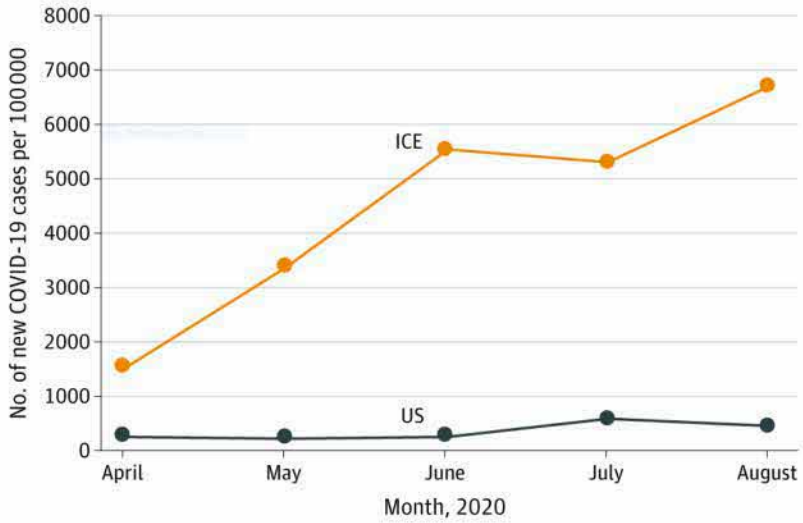
Key findings:

- The monthly case rate per 100,000 detainees increased from 1,527 to 6,683 from April 2020 to August 2020 (Figure).
    - Cases increased despite mitigation measures put in place in April 2020, including social distancing and disinfection protocols, testing guidelines, and expedited detainee release (45% decrease in the detained population).
- US Immigration and Customs Enforcement (ICE) reported 5,379 cumulative COVID-19 cases and 6 deaths among detainees by August.
    - Cases were reported in 92 of 135 facilities; 20 facilities accounted for 71% of cases.

Methods: Review of COVID-19 testing and deaths among ICE detainees from April 1 to August 31, 2020.
Limitations: Relied on ICE publicly available data, which may be subject to reporting delays and missing data; asymptomatic detainees not routinely tested, which may underestimate case counts.

Implications: Detainees living in congregate settings are at increased risk for COVID-19 despite implementation of mitigation measures.

Figure:



Note: Adapted from Erfani *et al*. Monthly COVID-19 case rate per 100,000 persons for **ICE detainee** and **US populations** from April 2020 to August 2020. Reproduced with permission from JAMA. Erfani et al., COVID-19 testing and cases in immigration detention centers, April–August 2020. DOI: 10.1001/jama.2020.21473.

Association of state stay-at-home orders and state-level African American population with COVID-19 case rates. Padalabalanarayanan *et al*. JAMA (October 23, 2020).

Key findings:

- Implementation of state stay-at-home orders (SAHOs) was associated with reductions in case rates (β = -1.17, 95% CI -1.48 to -0.85, p <0.001) and fatality rates (β = -0.20, 95% CI -0.29 to -0.11, p <0.001) when compared to periods of no state-imposed SAHOs.
- Expected cumulative case rates would have been 219% higher (95% CI 134%-339%) and fatality rates 22.1% higher (95% CI 12.1%-34.3%) if there were no SAHOs when compared to rates during state-imposed SAHOs.
- States where the proportion of African American population was larger had higher case rates (β = 0.045, 95% CI 0.014-0.077, p = 0.001) and fatality rates (β = 0.068, 95% CI 0.044-0.091, p <0.001).

Methods: A cross-sectional study of daily, state-level data on COVID-19 cases, tests, and fatalities from March 1 to May 4, 2020, for all states (except Washington) and the District of Columbia. State-level SAHOs and the proportion of African American population in the state were evaluated. The primary and secondary outcomes were daily cumulative COVID-19 case rates and fatality rates, respectively. *Limitations:* Enforcement of and adherence to SAHOs not known; did not control for city or county level SAHOs.

Implications: State-imposed SAHOs appear to reduce COVID-19 case and fatality rates and should be considered as a control strategy as we see a resurgence of cases across the country. An understanding of drivers of racial disparities in COVID-19 outcomes is needed to mitigate the disproportionate risk faced by certain populations.

Coronavirus disease among workers in food processing, food manufacturing, and agriculture workplaces. Waltenburg e*t al*. Emerging Infectious Diseases (October 19, 2020).

Key findings:

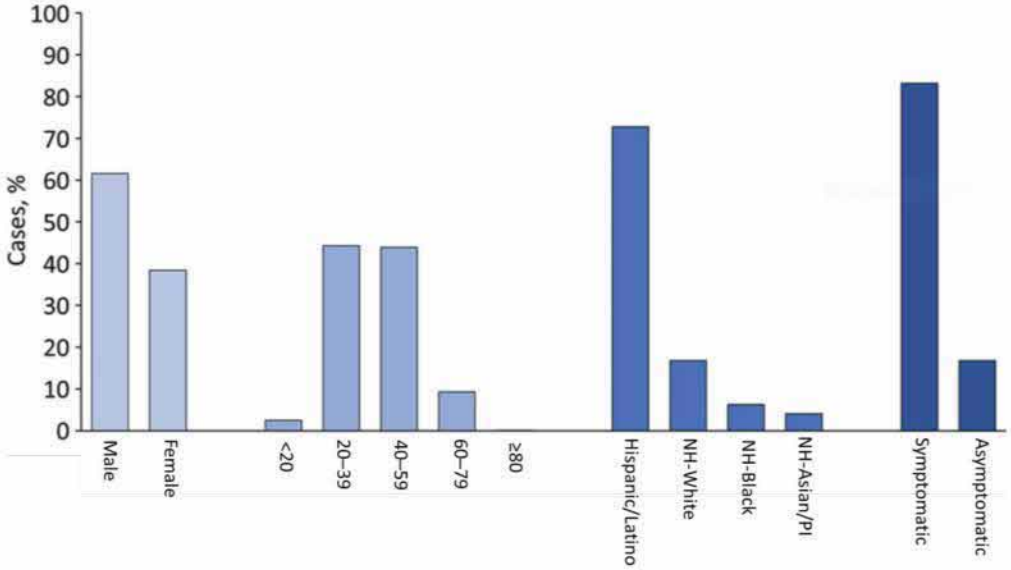
- 8,978 cases and 55 (0.6%) deaths were reported among workers in 742 food manufacturing and agriculture workplaces in 30 states.

  - Median number of affected facilities per state was 12 (interquartile range 4–30).
- While only 36.5% of food manufacturing and agriculture workers are Hispanic or Latino, 72.8% of cases were found in this group (Figure).
- Of the 5,957 workers with symptom status reported, 4,957 (83.2%) were symptomatic and 1,000 (16.8%) were asymptomatic or presymptomatic.

Methods: Data from 36 state health departments on workers in US food processing, food manufacturing, and agriculture workplaces who had laboratory-confirmed COVID-19 from March 1 to May 31, 2020 were collected, including number and type of workplaces that reported ≥1 COVID-19 case among workers; the number of workers in affected workplaces; the number, demographics, and symptom status of workers with COVID-19; and the number of COVID-19 related deaths among workers. *Limitations*: Only 36 states reported data; varied testing strategies by workplace influenced number of cases detected and reported.

Implications: Given the disproportionate burden of COVID-19 among some racial and ethnic minority groups in the food manufacturing and agriculture workplaces, culturally and linguistically appropriate COVID-19 mitigation policies are needed to ensure equitable protection for these groups. Comprehensive testing strategies are needed in these high-density workplaces to rapidly detect cases, regardless of symptoms, and reduce transmission.

Figure:



Note: Adapted from Waltenburg *et al*. Characteristics of COVID-19 cases among workers in food manufacturing and agriculture workplaces in 28 US states, March 1 to May 31, 2020. NH- non-Hispanic; PI-Pacific Islander. Open access journal; all content freely available.

Incubation period of severe acute respiratory syndrome novel coronavirus 2 that causes coronavirus disease 2019: A systematic review and meta-analysis. Wassie *et al*. Current Therapeutic Research (September 21, 2020).

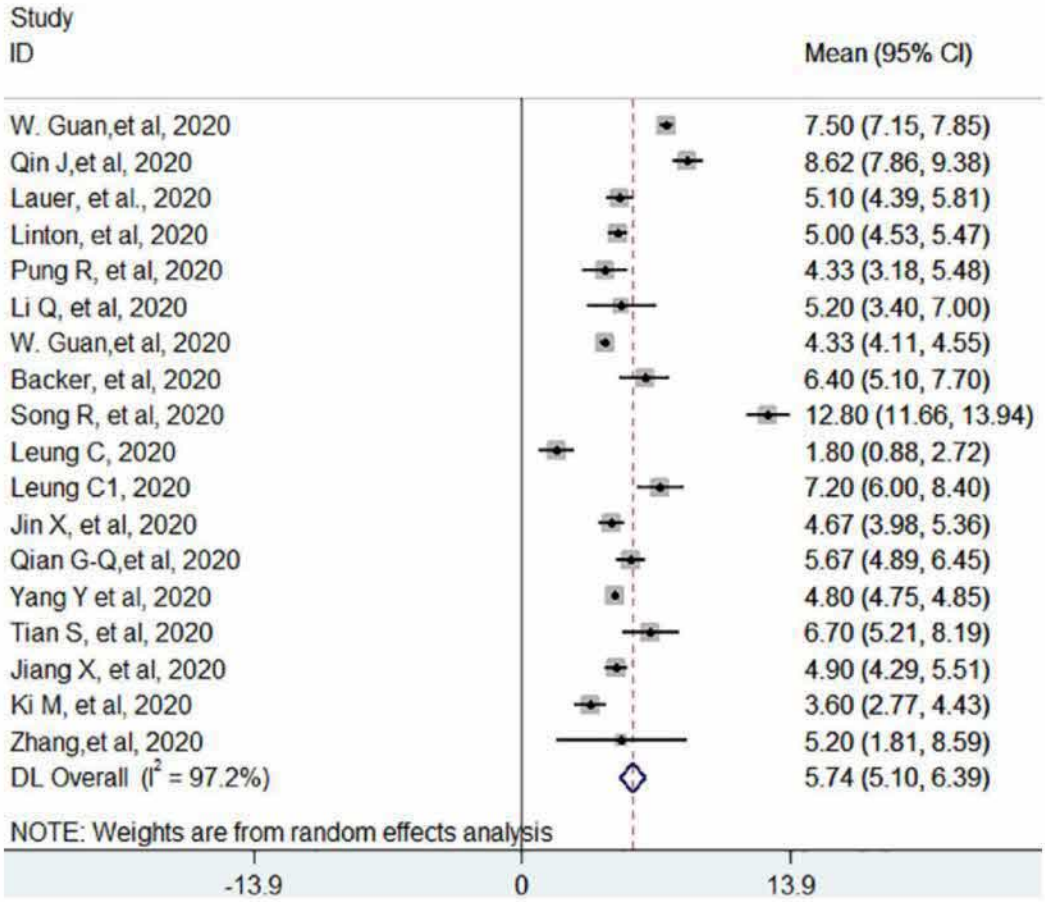
Key findings:

- The pooled estimate of the mean incubation period of SARS-CoV-2 was 5.7 days (95% CI 5.1-6.4) with significant heterogeneity (I^2, p <0.05) (Figure).
  - Mean study-level incubation period ranged from 1.8 to 12.8 days (Figure).
- The pooled mean incubation period of SARS-CoV-2 stratified by geographic location was:
  - China (14 studies): 6.1 days (95% CI 5.3-6.9)
  - Other countries (4 studies): 4.5 days (95% CI 3.9-5.2)

Methods: A systematic review and meta-analysis of 18 studies published through May 2020 with 22,595 participants looked at incubation period for SARS-CoV-2. The majority of studies (72%) were rated as having a low risk of bias. *Limitations:* Short time period of study publication with 14 studies from China.

Implications: Public health policy makers should consider the incubation period when designing optimal prevention and control strategies such as quarantine periods for SARS-CoV-2.

Figure:



Note: from Wassie *et al*. Forest plot displaying the weighted DerSimonian-Laird random-effect, pooled average incubation period of SARS-CoV-2 denoted by the **red vertical line.** The area of each square is proportional to the weight that each individual study contributed to the analysis. I^2 statistic indicates significant heterogeneity in the reported effect sizes. Licensed under CC-BY.

Modeling & Transmission

PEER-REVIEWED

Frequency of routine testing for coronavirus disease 2019 (COVID-19) in high-risk healthcare environments to reduce outbreaks. Chin *et al*. Clinical Infectious Diseases (October 26, 2020).

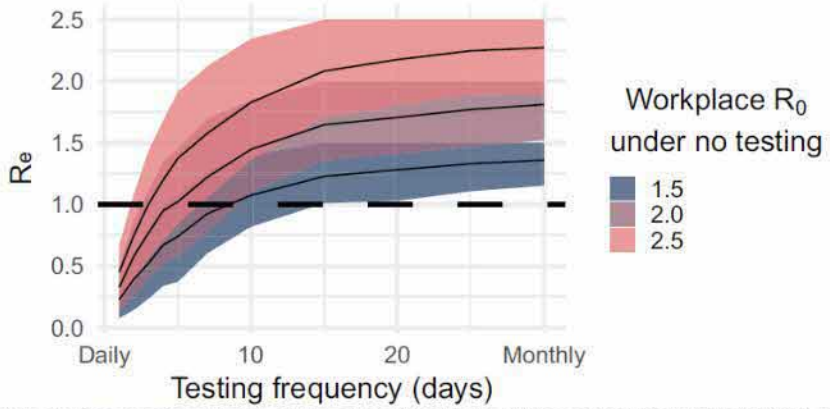
Key findings:

- Simulations of routine PCR testing showed reduction in the mean effective reproductive number (R_e the number of infections transmitted from an infected person) to <1 in high-risk settings assuming the initial reproductive number (R_0) = 2.5 (Figure).
    - Daily testing resulted in R_e = 0.44 (82.2% reduction, 95% CI 82.0-82.5).
    - Testing every 3 days resulted in R_e = 0.97 (64.4% reduction, 95% CI 61.2-61.7).
    - Testing weekly or monthly did not result in R_e <1 unless other interventions were in place.
- Optimal routine testing frequency to reduce transmission and bring R_e to <1 depended on baseline R_0 (Figure):
    - Settings with an R_0 of 2.5, optimal testing frequency was every other day.
    - Settings with an R_0 of 2.0, optimal testing frequency was twice weekly.
    - Settings with an R_0 of 1.5, optimal testing frequency was weekly.

Methods: Simulation model of SARS-CoV-2 transmission assessed the optimal frequency of routine PCR testing of persons in high-risk healthcare environments to reduce COVID-19 cases. *Limitations*: Assumptions included homogeneity in SARS-CoV-2 transmission, 24-hour test turnaround time, and rapid isolation of cases.

Implications: Implementation of frequent scheduled PCR testing can reduce R_e among persons in high risk environments. The use of other prevention interventions (masks, distancing, improved ventilation, etc.) reduces R_o and can extend the time period between tests.

Figure:



Note: Adapted from Chin *et al*. Lower baseline R_0 values permitted longer time periods between tests (x-axis) compared to higher R_0 values to achieve R_e<1 (y-axis). Permission request in process.

The temporal association of introducing and lifting non-pharmaceutical interventions with the time-varying reproduction number (R) of SARS-CoV-2: A modelling study across 131 countries. Li *et al.* Lancet Infectious Diseases (October 22, 2020).

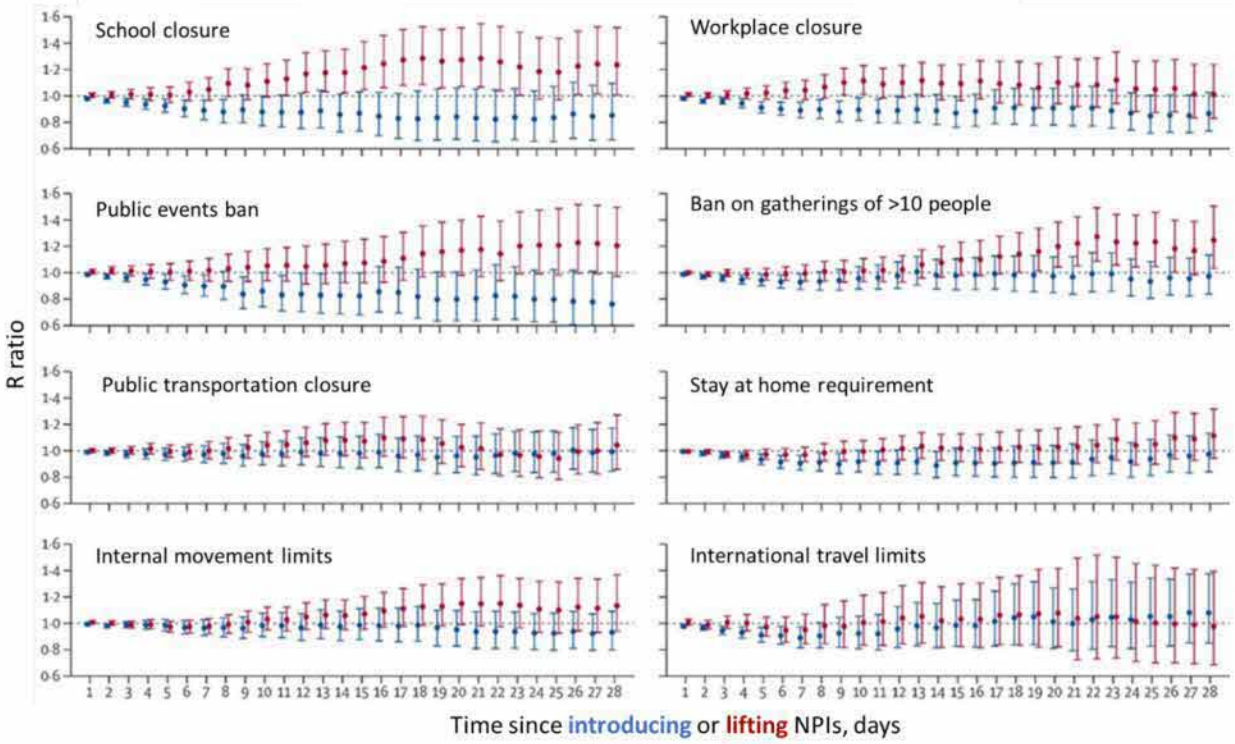
Key findings:

- There was a 3%–24% reduction in the time-varying reproductive number (R) at day 28 following introduction of non-pharmaceutical interventions (NPIs).
  - Public events ban was most effective at reducing R (R ratio 0.76, 95% CI 0.58-1.00) (Figure).
  - R reached 60% of maximum reduction in a median of 8 days (interquartile range [IQR] 6–9 days).
- There was an 11%–25% increase in R at day 28 following relaxation of NPIs.
  - School re-openings (R ratio 1.24, 95% CI 1.00-1.52) and lifting ban on public gatherings (R ratio 1.25, 95% CI 1.03-1.51) were most likely to increase R (Figure).
  - R reached 60% of maximum increase in a median of 17 days (IQR 14–20 days).

Methods: Country-level estimates of R and data on NPIs (January to July 2020) were used to model the change in R values expressed as a R ratio between day 1 and day 28 after introducing or relaxing NPIs in 131 countries. The R ratio is the degree of association of introducing or relaxing NPIs with transmission of SARS-CoV-2. *Limitations:* Study does not account for within-country differences in R values or implementation of NPIs; R estimated through day 28.

Implications: The effect of introducing and relaxing NPIs on SARS-CoV-2 transmission is delayed by 1–3 weeks. These findings can inform decisions on the timing of introducing and lifting NPIs.

Figure:



Note: From Li *et al.* Change over time in the *R* ratio following the **introduction** and **lifting** of individual NPIs. For each NPI, the reference period is the day before introduction or relaxation of that NPI. An *R* ratio >1 indicates increased transmission, an *R* ratio <1 indicates decreased transmission. Error bars represent the 95% CIs of the *R* ratios. Reprinted from The Lancet Infectious Diseases, Li et al., The temporal association of introducing and lifting non-pharmaceutical interventions with the time-varying reproduction number (R) of SARS-CoV-2: a modelling study across 131 countries. DOI: https://doi.org/10.1016/S1473-3099(20)30785-4, Copyright 2020, with permission from Elsevier.

Clinical Treatment & Management

PEER-REVIEWED

SARS-CoV-2 surveillance and exposure in the perioperative setting with universal testing and personal protective equipment (PPE) policies. Aslam *et al.* Clinical Infectious Diseases (October 22, 2020).

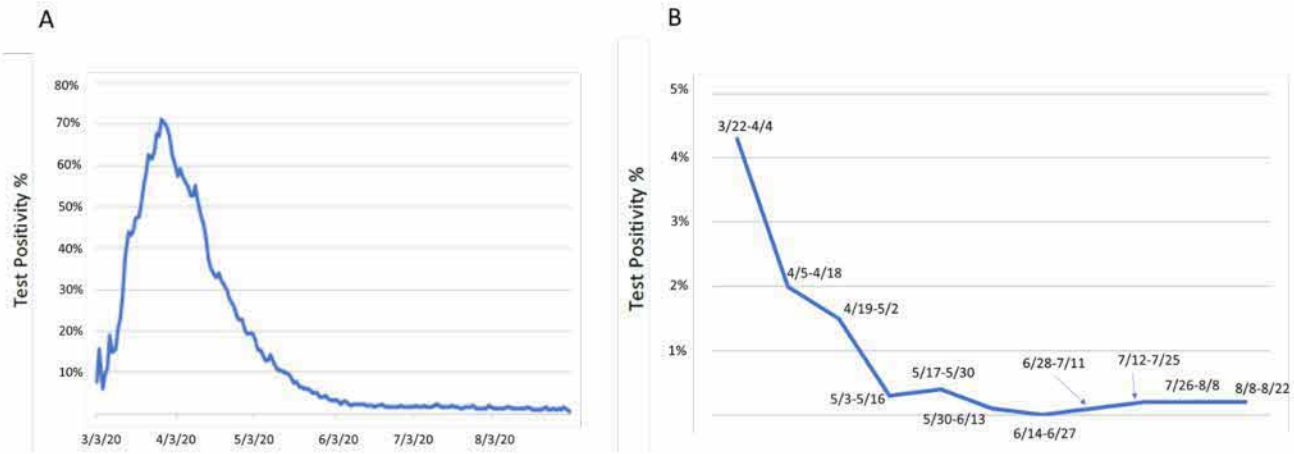
Key findings:

- Rate of positive tests in patients mirrored the rate of positive tests for the New York City area but at a much lower rate (Figure).
- 65 of 11,540 (0.6%) patients tested prior to procedures had positive SARS-CoV-2 RT-PCR tests.
  - Three (4.6%) patients were pre-symptomatic, 38 were asymptomatic; and 24 were symptomatic.
- Five (0.04%) patients with a negative SARS-CoV-2 test pre-procedure tested positive within two days following the procedure; all were pre-symptomatic (n = 1) or symptomatic (n = 4) prior to procedure.
  - 84 health care workers (HCWs) were in close contact with these five patients; 48 were tested and four (8.3%) were RT-PCR-positive for SARS-CoV-2.
  - Follow-up with these positive HCWs suggested only one likely nosocomial transmission, in a situation where the patient was not masked.

Methods: Surveillance for SARS-CoV-2 infection in patients tested within 72 hours of a procedure at Memorial Sloan Kettering Cancer Center from March 22 to August 22, 2020. Patients with infection were characterized as pre-symptomatic, asymptomatic or symptomatic. *Limitations*: Data from one setting; transmission may have been missed in 84 exposed HCWs as only 48 (59%) were tested.

Implications: With standard universal personal protective equipment precautions, risk to HCWs from surgical patients was low, even at height of the pandemic in March and April 2020 in New York City. In areas of low community spread of SARS-CoV-2, universal pre-surgical testing may divert resources needed elsewhere.

Figure:

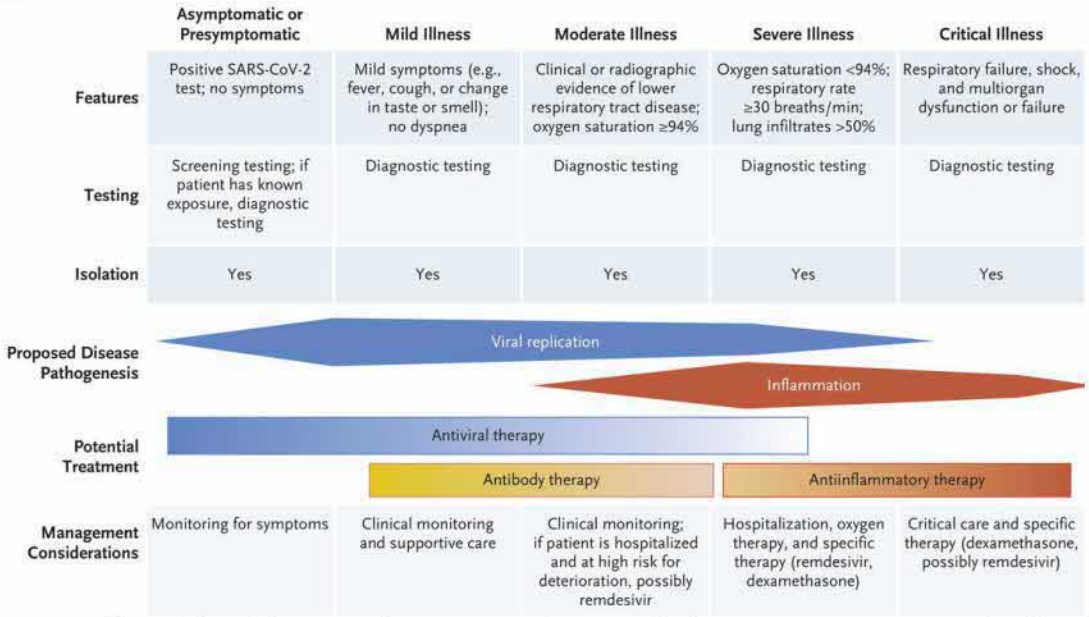


Note: Adapted from Aslam *et al.* **A:** New York City regional test positivity rate during study time frame. **B**: Memorial Sloan Kettering pre-procedural test positivity rate. Dates represent 2-week time frames represented by data points. Permission request in process.

In Brief

- Gandhi *et al.* **Mild or moderate COVID-19.** NEJM. Summary of clinical features, testing, and management of COVID-19 symptoms based on symptoms and illness severity.

Figure:



Note: From Gandhi *et al.* Clinical features and management of COVID-19 by disease severity. From NEJM. Ghandi *et al.*, Mild or Moderate COVID-19. DOI: 10.1056/NEJMcp2009249. Copyright © 2020 Massachusetts Medical Society. Reprinted with permission from Massachusetts Medical Society.

- Rasmussen *et al.* & Brosseau *et al.* **Facial masking for COVID-19**. NEJM. Two letters caution against suggesting that masks provide benefits beyond reducing transmission; concern relates to an opinion piece by Gandhi & Rutherford suggesting that face masks can reduce viral load and therefore disease severity, as current evidence does not suggest a clear relationship between infectious dose of SARS-CoV-2 and disease severity.

- Liu *et al.* **Seropositive prevalence of antibodies against SARS-CoV-2 in Wuhan, China.** JAMA. A serosurvey conducted between March 27 and May 26, 2020 of over 35,000 >18-year-olds with no history of COVID-19 showed 3.9% seropositivity to SARS-CoV-2-specific IgG.

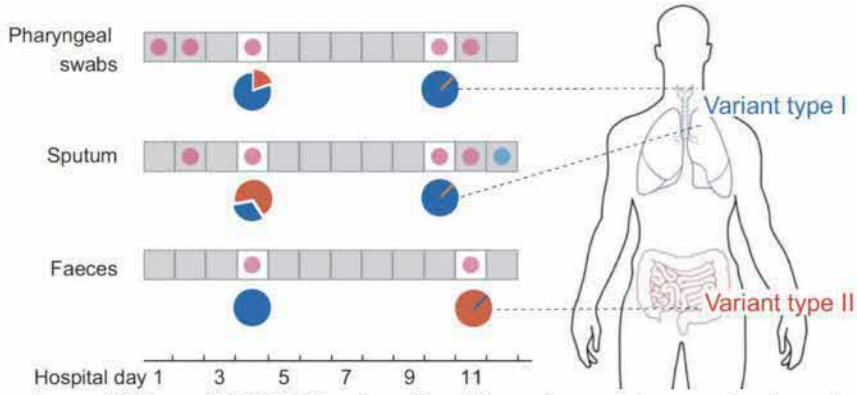
- Strassle *et al.* **COVID-19 vaccine trials and incarcerated people – the ethics of inclusion.** NEJM. Perspective discussing if including incarcerated populations in COVID-19 vaccine trials with early access to efficacious vaccines would outweigh concerns about consent regarding inclusion of incarcerated people in studies.

- Xu *et al.* **The effect of prior ACEI/ARB treatment on COVID-19 susceptibility and outcome: A systematic review and meta-analysis.** Clinical Infectious Diseases. A review of 49 published studies showed no effect of prior use of angiotensin converting enzyme inhibitors or angiotensin receptor blocker on the risk of SARS-CoV-2 infection.

- Lazarus *et al.* **A global survey of potential acceptance of a COVID-19 vaccine.** Nature Medicine. A 2020 survey of >13,000 individuals in 19 countries showed that 71.5% of participants reported they would be very or somewhat likely to take a COVID-19 vaccine.

- Du *et al.* **Specific re-distribution of SARS-CoV-2 variants in the respiratory system and intestinal tract.** Clinical Infectious Diseases. Case study of a patient with different SARS-CoV-2 variants in pharyngeal swab and sputum vs feces samples.

Figure:



Note: Adapted from Du *et al.* Different SARS-CoV-2 variants found in respiratory (pharyngeal swabs and sputum) and fecal specimens of the same individual. Permission request in process.

- Marquez *et al.* **Response to the COVID-19 pandemic among people experiencing homelessness in congregant living settings in San Diego, CA.** Clinical Infectious Diseases. From April to August 2020, a testing strategy combined with accessible isolation and symptom screening among people experiencing homelessness in congregant living settings in San Diego contributed to a 0.9% incidence of SARS-CoV-2 infection.

- Kobayashi *et al.* **COVID-19 serial testing among hospitalized patients in a Midwest tertiary medical center, July–September 2020.** Clinical Infectious Diseases. All patients with a negative SARS-CoV-2 test upon hospital admission were serially tested, and rapidly isolated upon becoming positive; 1% became positive.

- Overbaugh, J. **Understanding protection from SARS-CoV-2 by studying reinfection.** Nature Medicine. Lessons from HIV are used to illustrate how understanding why some people can get re-infected can lead to better vaccines.

- Fang *et al.* **COVID-19 – lessons learned and questions remaining.** Clinical Infectious Diseases. Review detailing what we know about the epidemiology, clinical features, diagnosis, treatment and prevention of SARS-CoV-2 infection, as well as unanswered questions about COVID-19.

Department of Health and Human Services
Centers for Disease Control and Prevention
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CDC Coronavirus Disease-2019 (COVID-19) Situation Report #190

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CDC Response Status:	Agency Level Activation
Date:	11/06/2020
Report Period:	11/03/2020 – 11/06/2020
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: 9,581,770 (as of Nov 5); for complete domestic updates visit the CDC Data tracker - https://www.cdc.gov/covid-data-tracker/#cases.
- U.S. deaths reported to CDC: 234,264 (as of Nov 5) - https://www.cdc.gov/covid-data-tracker/#cases.
- 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 provisioning of data for kits shipped to Public Health Laboratories (PHLs) from International Reagent Resource (IRR).

Community Interventions and Critical Populations Task Force (CICP)

- Distributed broad dissemination publication tracker to One Health partners, including state and local governance and private, university and non-governmental sectors (contains 450+ published and pre-print COVID-19 articles).
- One Health Working Group is supporting STLT and federal partners on 10 active or ongoing One Health investigations in nine (9) states (Alabama, Maryland, Michigan, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Wisconsin). Investigations involve companion animals (dogs and cats), zoo animals (tigers), or mink farms affected by SARS-CoV-2.

International Task Force (ITF) – Mitigation team member presented to Unified Coordination Group (UCG) on mitigation in schools and global school outbreaks.

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 Section produced COVID-19 Forecast of New Hospitalizations, publicly disseminated on CDC website.
- Produced national and state-level ensemble forecasts of cumulative COVID-19 associated deaths, publicly disseminated on CDC website.
- Case-based Surveillance Section continued collaboration to transition data from DCIPHER to HHS Protect (cloud-based), performing parallel builds for both platforms during the transition period to ensure availability of data.
- Continued to automate data management and analysis processes, reducing staff required for some processes and improving overall efficiency and accuracy
- Providing case surveillance data and reports for leadership and partners
- Developed new COVID-19 Stats figure
  - To be released via CDC's Morbidity and Mortality Weekly Report (MMWR) Nov 19.
  - New to MMWR, COVID-19 Stats (modeled on QuickStats) is a stand-alone figure presenting a snapshot of COVID-19 surveillance data.
  - First instance will be a national figure of COVID-19 incidence stratified by urbanicity to illustrate the shift in COVID-10 incidence from primarily urban areas to smaller cities and rural areas.
- MMWR proposal describing recent trends in emergency department (ED) visit volume by HHS region and patient characteristics (approved by the CDC Response).
- Innovation, Technology and Analytics Section presented preliminary analysis of SARS-CoV-2 antigen test metrics at Nov 4 IM update (in collaboration with Lab Reporting Working Group).

Epidemiology & Surveillance Task Force

- Two MMWRs published Nov 5:
  - *Telework Before Illness Onset Among Symptomatic Adults Aged ≥18 Years With and Without COVID-19 in 11 Outpatient Health Care Facilities — United States, July 2020*
  - *Network Characteristics and Visualization of COVID-19 Outbreak in a Large Detention Facility in the United States — Cook County, Illinois, 2020.*

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)

- Epi Team/Data Viz Team continues to make revisions to the ITF Epi Data Tracker slated for the CDC public-facing website, analyzing trends in policy stringency, economic growth, and COVID mortality in Europe.
- Emergency Response Capacity Team started a three-day virtual rapid response team management workshop for the Democratic Republic of Congo in collaboration with International Medical Corps.
- Country Budget and Extramural team submitted the FY21 spend plan for remaining funds for $300M supplement, finalized CoAg (and contract trackers for those contracts) and CoAgs that will continue into FY21.

Global Migration Task Force

- Traveler's Health is finalizing content for new 4-tier Travel Health Notices, to be posted to CDC website next week.
- Maritime Unit received and responded to letters from Cruise Lines International Association (CLIA) and Carnival Corporation indicating that all cruise lines are extending their suspension of US passenger operations through at least the end of 2020, and requesting discussions about the Framework for the Conditional Sale Order (CSO).
- Globally Mobile Populations and Global Border Health teams
  - Developed a framework of considerations for ministries of health and their partners to use while designing and implementing travel-related intervention strategies.
  - Considerations entitled, "*Developing a framework for assessing and managing individual-level risk of coronavirus disease 2019 (COVID-19) exposure in mobile populations*" have been posted to CDC Global COVID-19 webpage.

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 Nov 5, CDC has tested over 12,745 samples that equate to over 7,489 patients by PCR. Additionally, CDC has tested 114,869 samples with the serology assay.
- IRR shipped 71 reagents to one laboratory on Nov 5.

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 web:
  - Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
  - Text Illness Monitoring
- Worker Safety and Health Team presented during two separate engagements (Nov 5).
  - The first discussed Processes and Procedures for Employees on Returning to Physical Work Areas/Offices to the Northern Kentucky Chamber Safety Committee.
  - The second presented about COVID-19 Outbreaks in Meat and Poultry Processing Facilities to the American College of Veterinary and Preventative Medicine.
- Worker Safety and Health Team completed a virtual deployment assisting the Democratic National Committee. Provided verbal recommendations about social distancing, ventilation, and screening in office settings.
- Healthcare Systems Coordination Team's Tools and Analytics Unit hosted an informational pre-onboarding call regarding Text Illness Monitoring (TIM) with the Choctaw Tribe.
- Healthcare Systems Coordination Team's Implementation and Telehealth Unit finalized and received clearance approval for the Clinician Outreach and Communication Activity call agenda on "Impact of Telehealth on Health Equity from the Perspective of Large Healthcare Systems" scheduled for Dec 8.

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.*

STLT Support Task Force

- Deployed 33 teams including five (5) teams supporting outbreak response, 18 teams providing state support, five (5) teams providing tribal support, and five (5) teams providing support to a study/trial. Of these currently deployed teams, eight (8) teams are supporting response in high-risk or other congregate settings such as correctional facilities, food industry settings, settings providing services to people experiencing homelessness, early childhood education, K-12 schools, institutes of higher education, and long-term care facilities.
- Deployed to date a total of 397 teams, current have 33 teams deployed, comprised of 122 staff, deployed to assist 17 states and D.C., three (3) territories, and five (5) Tribal areas.
  - Collecting data from university athletic programs to determine optimal quarantine period for exposed students and to prevent additional SARS-CoV-2 transmission on institutions of higher education campuses.
- Established parameters for a data call to K-12 schools to examine the relationship between cases in school settings and mitigation strategies and community transmission.

Community Interventions and Critical Populations Task Force (CICP)

- One Health Working Group hosted State-Federal One Health Partner Updates Call (Nov 5) for 200+ representatives from local and state public health veterinarians, state animal health officials, state wildlife officials, other STLT partners, and federal partners.
  - Exchanged information and collaborated on technical aspects of One Health relevant to COVID-19 to address human health, animal health, and the environment.

- Hosted a national webinar for 61 mink farmers and STLT partners across the country to share information on, COVID-19 in humans, SARS-CoV-2 infections in animals, worker safety, and strategies to prevent introduction of SARS-CoV-2 on 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, policy-makers, media, and the public.*

Joint Information Center (JIC)

- Posted new Web Pages
  - Benefits of Getting a COVID-19 Vaccine
  - Busting Myths and Misconceptions about COVID-19 Vaccination
  - Data on COVID-19 during Pregnancy: Birth and Infant Outcomes
  - Text Illness Monitoring (TIM)
  - Understanding How COVID-19 Vaccines Work
  - About COVID-19 vaccines
  - Maternal, Neonatal, and Child Health Surveillance During COVID-19
  - Developing a Framework for Assessing and Managing Individual-Level Risk of Coronavirus Disease 2019 (COVID-19) Exposure in Mobile Populations
  - Providing Spiritual and Psychosocial Support to People with COVID-19 at Home (Non-US Settings)
- Updated Web Pages
  - CDC COVID Data Tracker
  - Staffing Resources
  - Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
  - Data on COVID-19 during Pregnancy: Severity of Maternal Illness
  - Communication Resources
  - Clinical Questions about COVID-19: Questions and Answers
  - Coronavirus (COVID-19)
  - Frequently Asked Questions about COVID-19 Vaccination
  - Frequently Asked Questions
  - COVID-19 Videos
  - Crew Disembarkations through Commercial Travel
  - Guidance for Pharmacies
  - Pregnancy, Breastfeeding, and Caring for Newborns
  - Data on COVID-19 during Pregnancy: Severity of Maternal Illness
  - Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)
  - Using Antibody Tests for COVID-19
  - How to Protect Yourself & Others
  - Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)
  - Operational Considerations for Adapting a Contact Tracing Program to Respond to the COVID-19 Pandemic
  - Toolkit for People 15 to 21
  - Social Media Toolkit
  - Toolkit for People with Disabilities
  - Frequently Asked Questions: Hand Sanitizer on Pets
  - COVID-19 Webinar and Partner Calls Videos
  - Community Organizations and Gatherings
  - Daily Activities and Going Out
  - CDC COVID-19 Global Response
  - What Do You Do if You Are Sick
  - Data on COVID-19 during Pregnancy: Severity of Maternal Illness
- Posted COVID-19 content on OADC social media channels
  - COVID-19 – Election Day
  - Contact Tracing

  - COVID-19 – Point of Care Testing
  - Weekly 7 Day Case Counts Map
  - 'I Wear a Mask Because…' PSA
  - MMWR – *Development of a community-based enhanced surveillance program for COVID-19 in the Hopi Nation: Processes and lessons learned*
  - MMWR – *Visualization of Outbreak of COVID-19 in a Large Detention Facility in the United States — Cook County, IL*
  - MMWR – *Telework Work from Home Experience Prior to Illness Onset among Symptomatic Adults ≥18 Years With and Without COVID-19 in 11 Outpatient Health Care Facilities*
- Posted COVID-19 content on Spanish language OADC social media channels
  - COVID-19 – Election Day
  - Mask Checklist
  - COVID-19 – Underlying Conditions, Smoking
  - Guidance for Public Transit

STLT Support Task Force
- Addressed 40+ requests from Nov 2-5 from health departments, CDC field teams, other federal agencies, and non-governmental agencies.
  - Provided Utah Department of Health with guidance for international travelers about wearing face masks on public transportation conveyances and at transportation hubs.
  - Provided New Jersey Department of Health with guidance about antigen-based testing and interpreting results.

Community Interventions and Critical Populations Task Force (CICP) – Posted the updated Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations.

Policy Unit – Participated in Operation Warp Speed briefing (Nov 5).

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

Vaccine Task Force
- Participated in Key Leader Vaccine Distribution Table Top Exercise with Operation Warp Speed (Nov 6).
- Collaborated with CDC Health Department and Deployment Sections in STLT to deploy an SME to assist South Dakota with refining the state plan for distribution of the COVID vaccine.
- Presented on White House Indian Country Call (Nov 5).
- Jurisdictional executive summaries for COVID vaccine distribution are expected to be available to the public Nov 6.

General Staff Activities

Operations
- CDC EOC Watch Team received and triaged a total of 185 COVID 19-related calls (past 72 hours).
- Processed 13 IHR Requests and 10 Do Not Board (DNB/LO) actions.

Resource Support
- 125 CDC personnel are deployed or pending deployment (103 deployed, 22 pending), including 13 dispatched this reporting period.
- Eight (8) Emergency Resource Requests (ERRs) were approved this reporting period.
  - A total of 2,582 ERRs have been approved.

Situational Awareness (SA)
- Coordinated and provided input on the status of the International Standardization Organization (ISO) COVID-19 information management efforts to the ISO Secretary General (Mr. Sergio Mujica) to support the 2020 G20 Standardization Summit in Riyadh (Saudi Arabia).
- Collaborated and provided technical assistance to CSELS and LOINC in developing a new LOINC standard for reporting COVID-19 population-level healthcare personnel status and hospital/facility beds utilization vocabulary.

- Provided scientific support to the ONC Interoperability Standard Advisory (ISA) for adopting the Public Health Emergency Operation Center Minimum Data Set as a new national resource for electronic data exchange.
- Supported the Joint Coordination Cell Hospital Data Analytics Team to provide data analytics and develop visualizations on COVID-19 inpatient admissions, intensive care bed utilization and availability; presented report at the IM update brief.
- Created and maintained 64 COVID-19 response reporting products including:
  - Providing 24/7 *Epi-X* support
    - 1,524 international arrivals for COVID-19 monitoring reports that contain contact information intended for discretionary COVID-19 post-arrival public health follow-up of travelers arriving from international destinations.
    - 639 state notification and contact lists for persons who may have been exposed to COVID-19 on a flight.
    - 457 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 reports 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.
    - Call for Cases: 37 COVID-19 Cases Among Attendees of a National Gathering -- Mena, Arkansas 2020
  - Disseminated the following response-related reports via *Epi-X*:
    - Daily COVID-19 Media Tracking Report
    - Completed 28 COVID-19 Response CDC Red Sky actions including updates to 28 ongoing team deployments in all four views (Leadership, Epi-X, CDC All, and National).
    - Completed updates to four CDC Red Sky COVID-19 response alert points. This includes 184 attachments supporting reports, maps, links, and resources.

The next CDC SITREP publication will be on Tuesday, November 10, 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: Sun, 8 Nov 2020 22:35:02 +0000

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

Cc:

Subject: CDC COVID-19 Update 08Nov2020 (For Internal USG only)

Attachments: (FOUO) CDC COVID-19 RESPONSE UPDATE 20201108.pdf

Good Afternoon,

Please see attached CDC Report:

Cases/deaths as of 08 Nov 2020:
- 9,808,411 confirmed and probable U.S. cases, +93,811 since yesterday
- 236,547 U.S. deaths reported to CDC, +1,072 since yesterday
- 49,578,590 confirmed cases worldwide (WHO dashboard data)
- 1,245,717 worldwide COVID-19 deaths, which is on track to exceed the 1,400,000 annual worldwide death toll for TB infection. Until then, SARS-CoV-2 remains the second largest worldwide pandemic of 2020.

Highlights:
- Case Counts and Deaths: 8-week upward trend continues. Yesterday's 7-day moving average reached another new high of 99,326, up 24.3% from the previous 7-days; 7-day death average is up 14% from the previous 7-days and also shows an increasing trend.

New/Updated Guidance:
- Travel Health Notices (THNs): https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html;The new 4-tier THN system is predicted to "go live" on Thursday, 12 Nov, following the Veteran's Day holiday. New THN algorithms will de-escalate many countries below the new highest level (4), while many will remain at the highest level due to the recent resurgence of cases. We are also hopeful for new CDC guidance on travel-related testing and travel-related self-quarantine timelines.
- Considerations for Wearing Masks: Anticipate update this week on mask guidance that wearing a cloth mask provides*some*protection to the wearer as well a source control for the protection of others. This will coincide with a supporting MMWR publication.

New MMWR Pubs:
- None

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)

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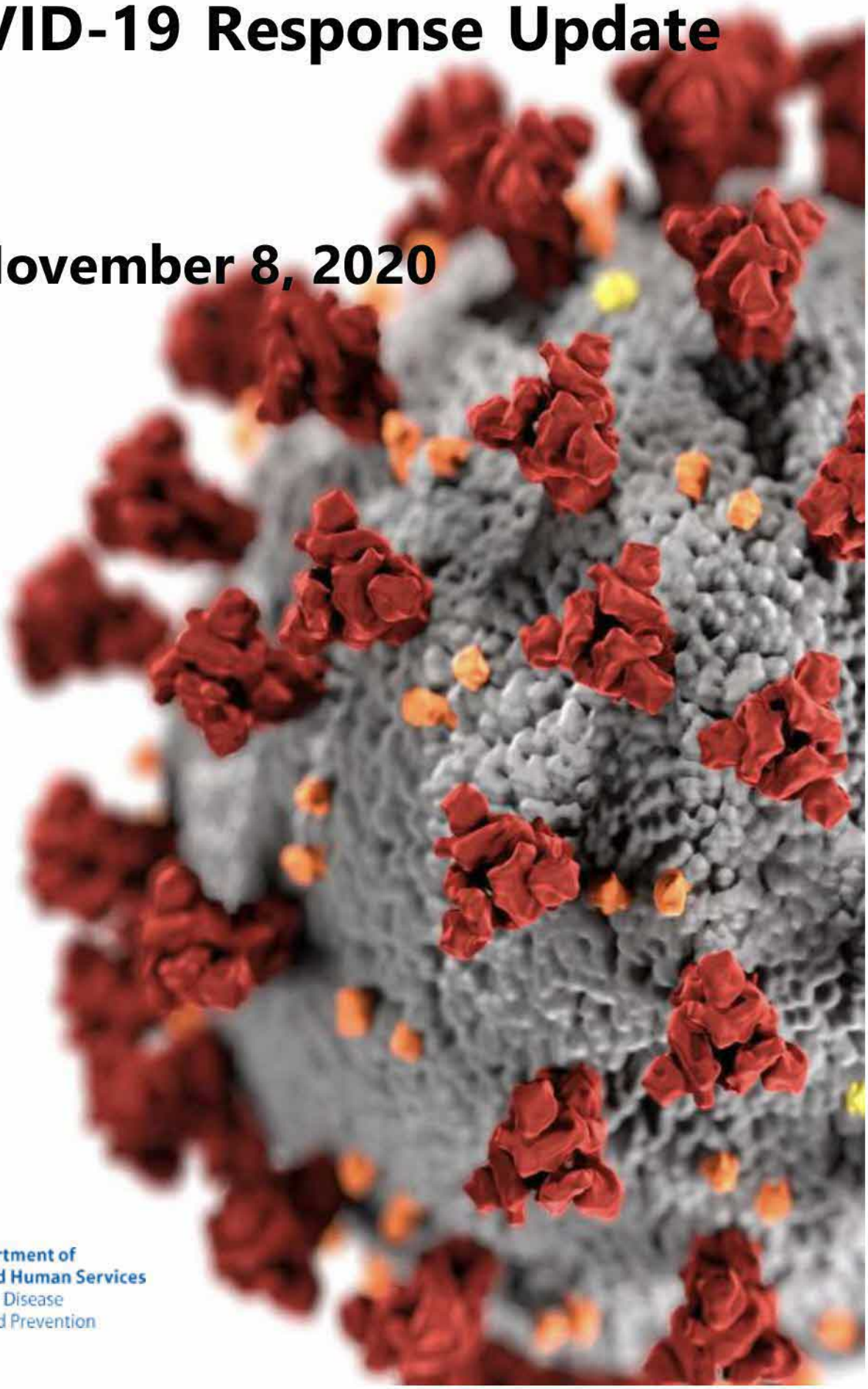
CDC COVID-19 Response Update Report

Sunday, November 8, 2020



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Centers for Disease
Control and Prevention

CDC COVID-19 Response Update Sunday, 08 Nov, 2020
INTERNAL - NOT FOR FURTHER DISTRIBUTION

Domestic Updates

Cases and Deaths by Jurisdiction

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 07 Nov 2020 *Last Updated: 08 Nov 2020 11:30*

57 Jurisdictions Reporting COVID-19 Cases[2]

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

Reporting Area[3]	Cases	New Cases[4]		Cases Per 100K			Deaths	New Deaths[4]		Deaths per 100K			CFR[5]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
AK	18,198	601	417.7	2467.7	81.5	56.6	84	-	0.3	11.4	-	0.0	0.5%
AL	202,482	1,768	1,456.7	4142.5	36.2	29.8	3,082	33	16.4	63.1	0.7	0.3	1.5%
AR	120,828	1,598	1,234.0	4009.1	53.0	40.9	2,068	12	20.4	68.6	0.4	0.7	1.7%
AZ	257,339	2,575	1,627.6	3588.3	35.9	22.7	6,147	38	24.0	85.7	0.5	0.3	2.4%
CA	956,957	5,863	4,993.1	2419.2	14.8	12.6	17,939	73	44.7	45.3	0.2	0.1	1.9%
CO	127,967	3,498	2,945.3	2246.8	61.4	51.7	2,389	13	14.9	41.9	0.2	0.3	1.9%
CT[6]	78,125	-	988.3	2186.7	-	27.7	4,671	-	7.9	130.7	-	0.2	6.0%
DE[6]	26,258	-	161.7	2714.9	-	16.7	716	-	0.9	74.0	-	0.1	2.7%
FL	825,906	4,380	4,844.1	3877.6	20.6	22.7	17,100	86	48.4	80.3	0.4	0.2	2.1%
GA	371,825	1,719	1,576.4	3534.6	16.3	15.0	8,193	37	30.6	77.9	0.4	0.3	2.2%
HI	15,707	123	101.7	1105.7	8.7	7.2	219	1	0.1	15.4	0.1	0.0	1.4%
IA	149,273	4,559	3,043.9	4729.6	144.4	96.4	1,829	11	16.1	58.0	0.3	0.5	1.2%
ID	72,312	1,403	1,100.6	4122.2	80.0	62.7	683	4	7.7	38.9	0.2	0.4	0.9%
IL	477,978	12,438	8,768.4	3751.5	97.6	68.8	10,488	91	64.0	82.3	0.7	0.5	2.2%
IN	205,722	4,899	3,766.3	3074.2	73.2	56.3	4,592	45	37.1	68.6	0.7	0.6	2.2%
KS[6]	97,633	-	1,778.9	3353.4	-	61.1	1,166	-	19.6	40.0	-	0.7	1.2%
KY	119,661	2,156	1,777.4	2677.9	48.2	39.8	1,561	17	10.9	34.9	0.4	0.2	1.3%
LA[6]	191,715	-	723.7	4114.1	-	15.5	6,016	-	13.9	129.1	-	0.3	3.1%
MA	174,832	2,200	1,487.9	2533.0	31.9	21.6	10,111	23	19.6	146.5	0.3	0.3	5.8%
MD	153,996	1,081	1,121.6	2548.5	17.9	18.6	4,212	11	8.6	69.7	0.2	0.1	2.7%
ME	7,692	90	146.3	574.7	6.7	10.9	152	1	0.7	11.4	0.1	0.1	2.0%
MI	229,003	6,494	4,513.9	2291.0	65.0	45.2	7,945	65	35.1	79.5	0.7	0.4	3.5%
MN	174,954	4,647	3,783.1	3118.0	82.8	67.4	2,679	34	24.0	47.7	0.6	0.4	1.5%
MO[6]	205,066	-	2,790.1	3347.2	-	45.5	3,150	-	17.7	51.4	-	0.3	1.5%
MS	126,689	804	884.1	4242.0	26.9	29.6	3,443	10	13.6	115.3	0.3	0.5	2.7%
MT	38,948	1,001	878.1	3666.4	94.2	82.7	445	26	10.0	41.9	2.4	0.9	1.1%
NC	291,245	2,676	2,372.9	2804.9	25.8	22.9	4,605	23	32.4	44.3	0.2	0.3	1.6%
ND	54,305	1,101	1,323.1	7144.7	144.9	174.1	639	11	15.4	84.1	1.4	2.0	1.2%
NE	82,395	1,702	1,666.1	4270.8	88.2	86.4	703	2	7.3	36.4	0.1	0.4	0.9%
NH	12,241	229	165.3	902.4	16.9	12.2	489	1	0.9	36.0	0.1	0.1	4.0%
NJ	252,582	3,202	2,099.4	2835.3	35.9	23.6	16,425	9	10.7	184.4	0.1	0.1	6.5%
NM	53,671	1,277	1,025.9	2561.3	60.9	49.0	1,104	16	12.3	52.7	0.8	0.6	2.1%
NV	108,746	1,824	1,140.4	3583.8	60.1	37.6	1,850	5	10.4	61.0	0.2	0.3	1.7%
NY City	273,464	1,084	976.6	3256.0	12.9	11.6	24,074	14	8.7	286.6	0.2	0.1	8.8%
NY State[7]	255,780	2,422	1,644.1	2295.3	21.7	14.8	9,340	14	11.0	83.8	0.1	0.1	3.7%
OH	245,727	5,549	4,290.0	2102.1	47.5	36.7	5,506	12	29.3	47.1	0.1	0.3	2.2%

[1] Aggregated cases and deaths are reported voluntarily by each jurisdiction and may include probable cases and/or deaths based on reporting practices that differ by jurisdiction. Jurisdictions may update data reported on web pages which differ from information in the table above. If the number of cases or deaths on a jurisdictional webpage differ from what is reported above, the webpage should be considered the most up to date. See Technical Information about this data on the CDC Webpage.

[2] Darker shading in columns correspond to higher values.

[3] 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.

[4] 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.

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

[6] Jurisdiction did not provide an update.

[7] New York State excludes New York City.

57 Jurisdictions Reporting COVID-19 Cases[2] 50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[3]	Cases	New Cases[4]		Cases Per 100K			Deaths	New Deaths[4]		Deaths per 100K			CFR[5]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
OK	144,736	6,534	2,220.7	3670.6	165.7	56.3	1,446	10	14.6	36.7	0.3	0.4	1.0%
OR	49,587	979	666.6	1183.3	23.4	15.9	729	13	5.7	17.4	0.3	0.1	1.5%
PA	227,985	4,035	2,851.1	1780.2	31.5	22.3	9,015	40	29.0	70.4	0.3	0.2	4.0%
RI[6]	36,380	-	500.9	3440.8	-	47.4	1,224	-	3.3	115.8	-	0.3	3.4%
SC	184,742	1,870	1,161.4	3633.7	36.8	22.8	4,015	10	11.4	79.0	0.2	0.2	2.2%
SD	53,976	1,337	1,140.6	6118.1	151.5	129.3	523	13	14.0	59.3	1.5	1.6	1.0%
TN	278,215	5,071	2,506.1	4109.5	74.9	37.0	3,590	49	33.9	53.0	0.7	0.5	1.3%
TX	950,549	8,010	7,136.1	3311.8	27.9	24.9	18,700	111	96.6	65.2	0.4	0.3	2.0%
UT	130,235	2,956	2,225.6	4119.9	93.5	70.4	658	9	7.7	20.8	0.3	0.2	0.5%
VA	192,176	1,302	1,397.6	2256.2	15.3	16.4	3,707	3	7.4	43.5	0.0	0.1	1.9%
VT	2,347	21	27.1	374.7	3.4	4.3	59	1	0.1	9.4	0.2	0.0	2.5%
WA	116,011	1,770	1,215.7	1539.5	23.5	16.1	2,439	-	10.4	32.4	-	0.1	2.1%
WI	277,503	7,521	5,661.9	4773.4	129.4	97.4	2,381	48	41.3	41.0	0.8	0.7	0.9%
WV	27,578	491	445.4	1527.2	27.2	24.7	502	15	6.4	27.8	0.8	0.4	1.8%
WY	16,597	192	471.3	2872.8	33.2	81.6	105	-	2.6	18.2	-	0.4	0.6%
AS	-	-	-	-	-	-	-	-	-	-	-	-	-
CNMI[8]	98	0	0.0	172.3	0.0	0.0	2	0	0.0	3.5	0.0	0.0	-
DC	17,891	99	89.3	2546.9	14.1	12.7	654	2	1.1	93.1	0.3	0.2	3.7%
FSM	-	-	-	-	-	-	-	-	-	-	-	-	-
GU[6]	5,077	-	64.1	3062.7	-	38.7	88	-	1.3	53.1	-	0.8	1.7%
PR[9]	38,100	(33,355)	(4,080.1)	1192.4	NA	NA	872	10	5.7	27.3	0.3	0.2	2.3%
PW	-	-	-	-	-	-	-	-	-	-	-	-	-
RMI[8]	1	0	0.0	1.7	0.0	NA	0	0	0.0	0.0	0.0	0.0	-
USVI	1,405	15	-	1342.2	14.3	-	23	-	-	22.0	-	-	1.6%
Total[10]	**9,808,411**	**93,811**	**99,320.3**	**2963.9**	**28.3**	**30.0**	**236,547**	**1,072**	**938.4**	**71.5**	**0.3**	**0.3**	**2.4%**
Navajo[11]	12,447	159	99.1	3487.6	44.6	27.8	591	-	1.4	165.6	-	0.4	4.7%

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)	08 Nov, 11:30	9,808,411	93,811	236,547	1,072
1Point3Acres	08 Nov, 10:00	10,046,344	113,006	241,672	882
Johns Hopkins	08 Nov, 9:24	9,863,891	116,616	237,126	948
USAFacts	07 Nov, NA	9,654,423	131,699	233,855	1,136
New York Times	08 Nov, 01:15	9,957,051	126,156	237,567	1,013
WorldoMeter	08 Nov, 10:11	10,189,482	114,483	243,305	927
COVID Tracking Project	07 Nov, 16:00	9,761,481	94,781	229,238	1,097

[8] Jurisdiction reported zero new cases and zero new deaths.

[9] Puerto Rico has started using the new CSTE guidelines on what is considered a case, the probable cases reported today (n=101) compared to yesterday (n=33,965) reflects this change, a difference of 33,864. All cases with positive serological tests are now considered suspected cases (n=34,066). PR also reported 509 new confirmed cases.

[10] Excluding Puerto Rico's drop in probable cases, the number of **total new cases reported today across all jurisdictions was 127,675.**

[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 Through 07 Nov 2020 *Last Updated: 08 Nov 2020 11:30*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: DCIPHER[13])*

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

Note, as of 12 Apr, totals and figures include confirmed and probable cases and deaths reported from states.

DATA FROM* 22-Jan-20 | DATA THROUGH 07-Nov-20 | LAST UPDATED 08-Nov-20

9,808,411
Total Cases Reported

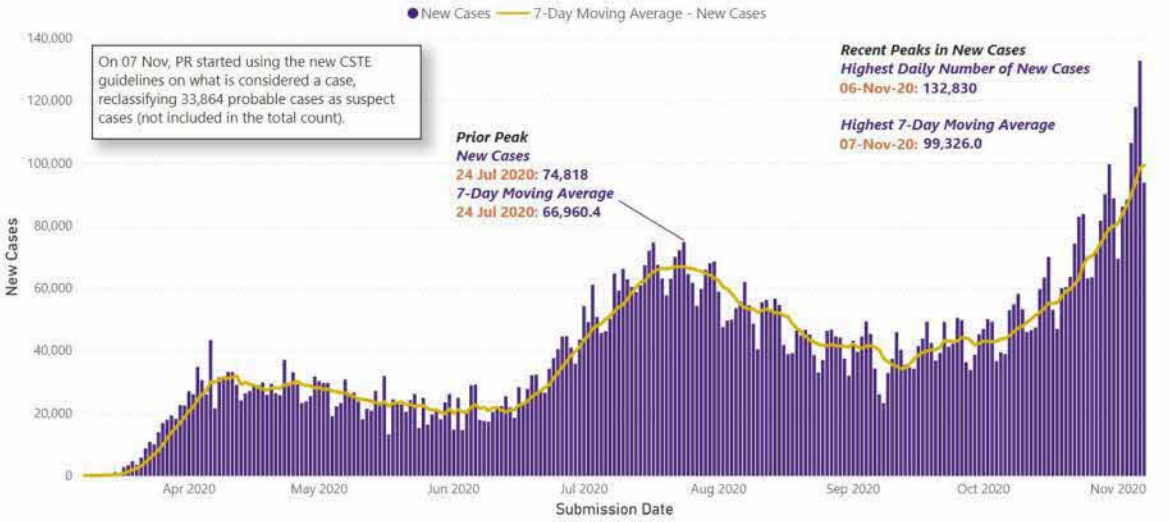
93,811
New Cases Reported

-29.4%
24-Hour % Change (New)

99,326.0
Current 7-Day Average
01-Nov-20 to 07-Nov-20

79,900.3
Prior 7-Day Average
24-Oct-20 to 31-Oct-20

24.3%
1-Week % Change (Avg)



Data Sources, References & Notes: Total cases were 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. Number includes 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. The 7-day moving average of new cases (current day + 6 preceding days / 7 days) was calculated to smooth expected variations in daily counts. CDC's overall case numbers were 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 Through 07 Nov 2020 *Last Updated: 08 Nov 2020 11:30*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: DCIPHER)*

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

Note, as of 12 Apr, totals and figures include confirmed and probable cases and deaths reported from states.

DATA FROM* 22-Jan-20 | DATA THROUGH 07-Nov-20 | LAST UPDATED 08-Nov-20

236,547
Total Deaths Reported

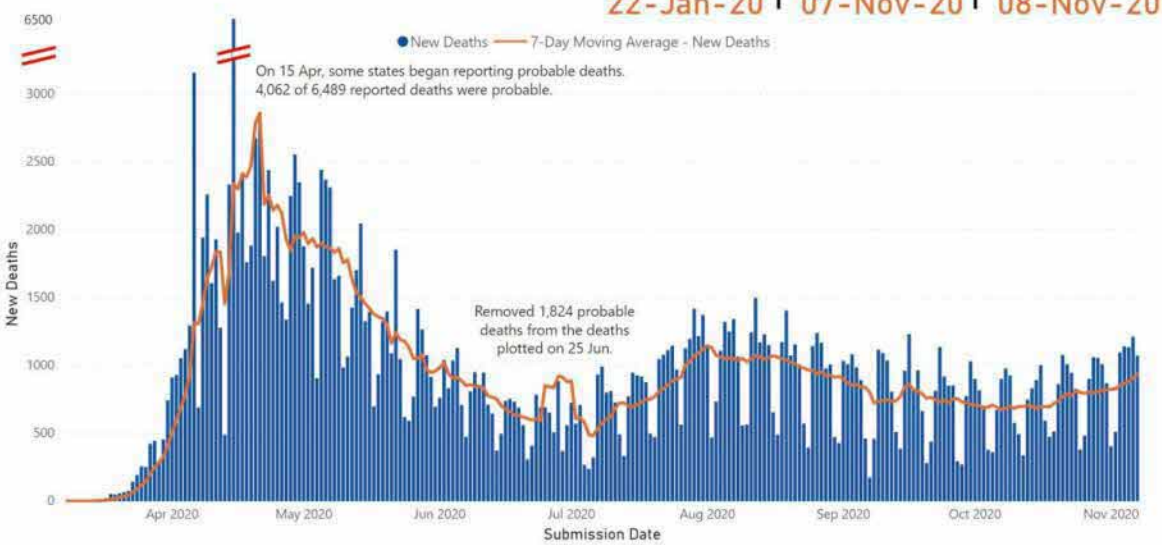
1,072
New Deaths Reported

-11.5%
24-Hr % Change (New)

938.4
Current 7-Day Average
01-Nov-20 to 07-Nov-20

822.4
Prior 7-Day Average
24-Oct-20 to 31-Oct-20

14.1%
1-Week % Change (Avg)



Data Sources, References & Notes: Total deaths were based on aggregate counts of COVID-19 deaths 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. Number includes 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. The 7-day moving average of new deaths (current day + 6 preceding days / 7 days) was calculated to smooth expected variations in daily counts. CDC's overall death numbers were 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.
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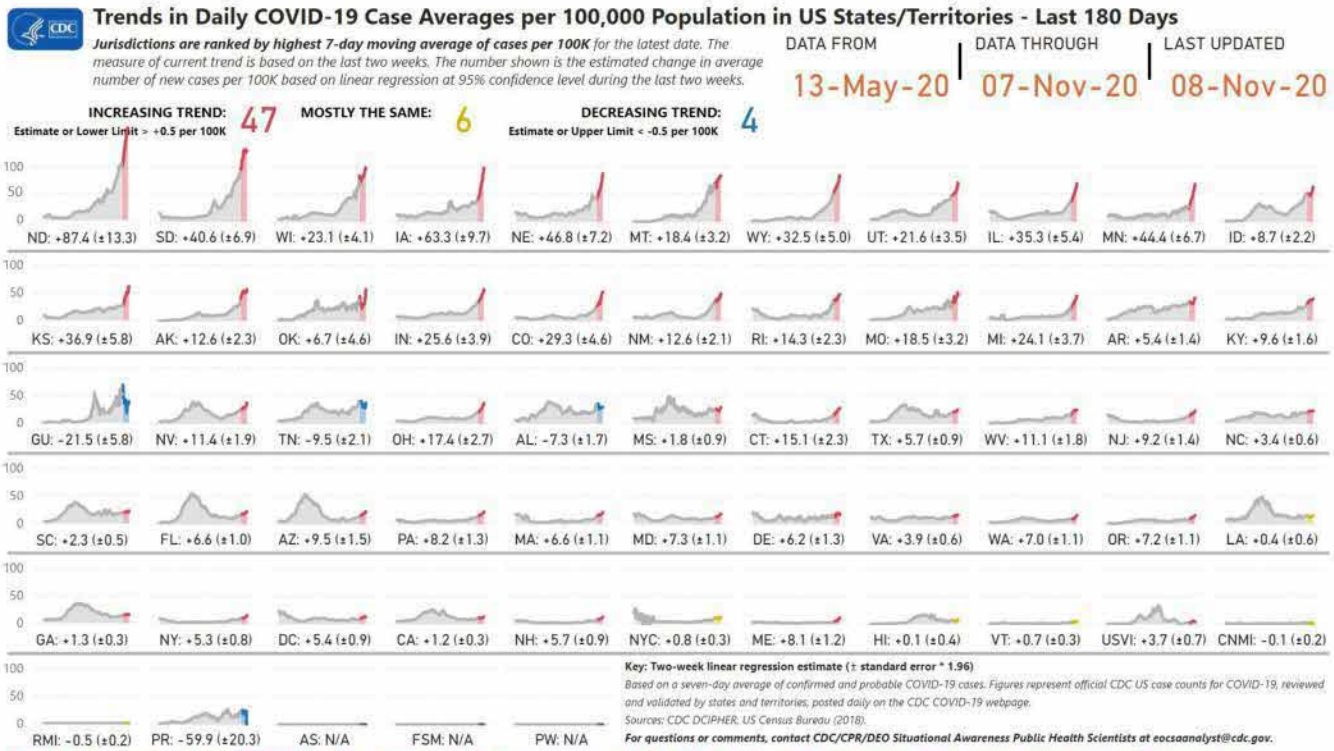
[13] Data Collation and Integration for Public Health Event Response.

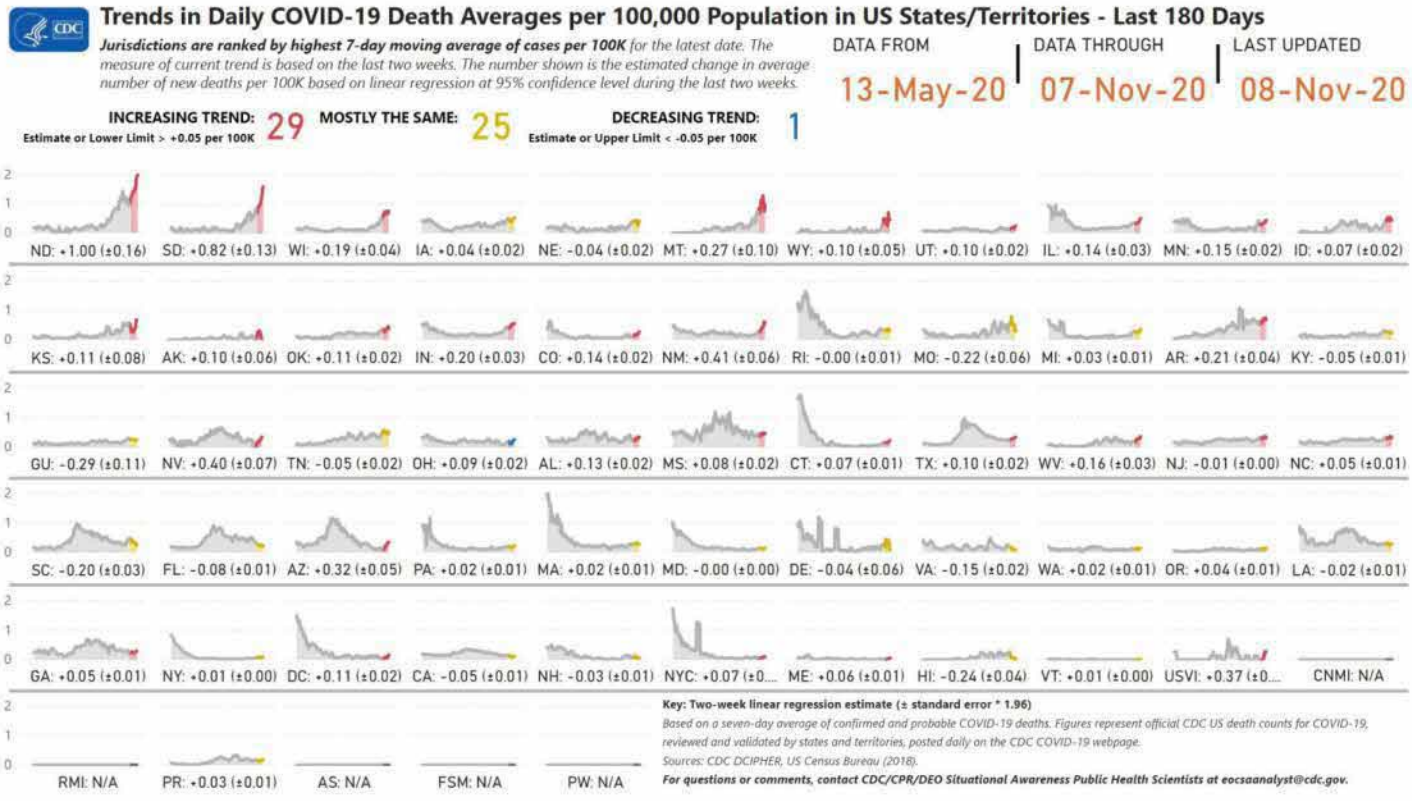
Trends in Daily COVID-19 Case Averages per 100,000 Population in the United States by State/Jurisdiction – Last 180 Days[9]

Data: 13 May 2020 – 07 Nov 2020 *Last Updated: 08 Nov 2020, 11:30*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: DCIPHER)*



Trends in Daily COVID-19 Deaths Averages per 100,000 Population in the United States by State/Jurisdiction – Last 180 Days

Data: 13 May 2020 – 07 Nov 2020 *Last Updated: 08 Nov 2020, 11:30*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: DCIPHER)*



Daily Trends in New COVID-19 Cases in the US per 100,000 Population by CBSA, Last 180 Days

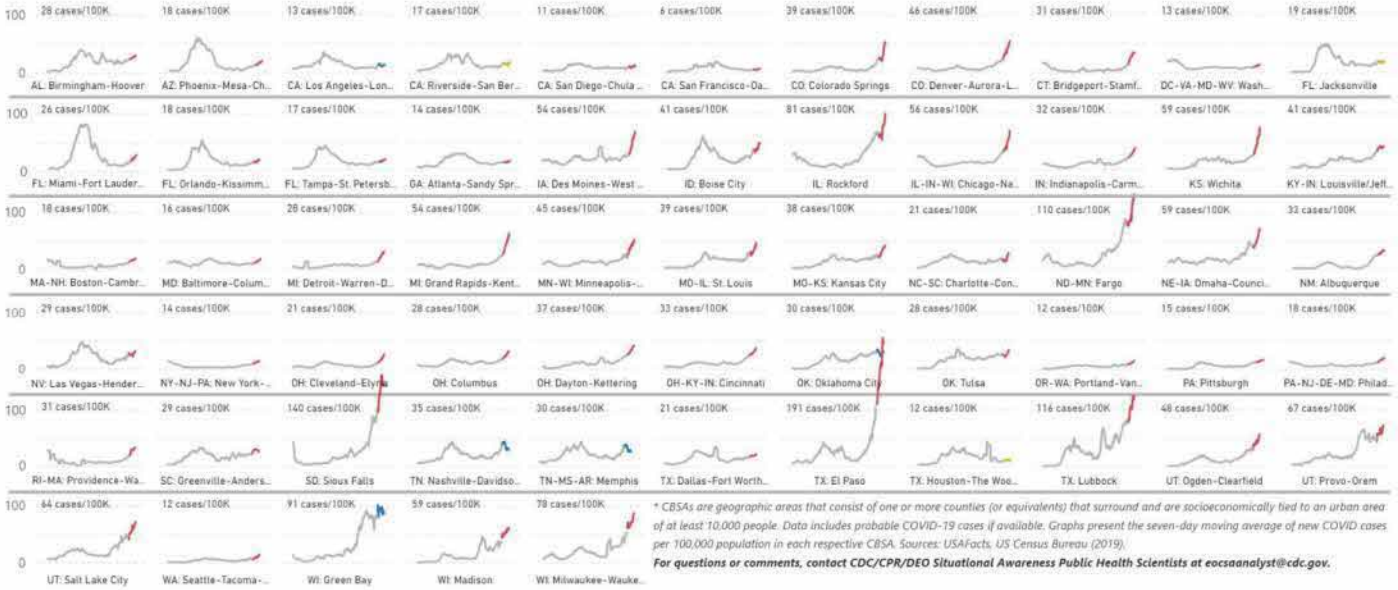
Data: 13 May 2020 – 06 Nov 2020 *Last Updated: 08 Nov 2020, 11:30*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*

Daily Trends in the Number of New COVID-19 Cases in the US by Core-based Statistical Area (CBSA) per 100,000 Population* - Last 180 Days

13-May-20 | 06-Nov-20 | 08-Nov-20
DATA FROM | DATA THROUGH | LAST UPDATED

These are the top 60 CBSAs based on the overall number of new cases in the past 14 days, presented in alphabetical order by state and city/town. The trend is based on logistic regression of the 7-day moving average of cases, and the number shown is the average daily cases per 100K, both in the past 14 days.

INCREASING TREND: 52 **MOSTLY THE SAME:** 3 **DECREASING TREND:** 5
Estimate or Lower Limit > +0.5 per 100K | Estimate or Upper Limit < -0.5 per 100K



* 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.

Daily Trends in New COVID-19 Deaths in the US per 100,000 Population by CBSA, Last 180 Days

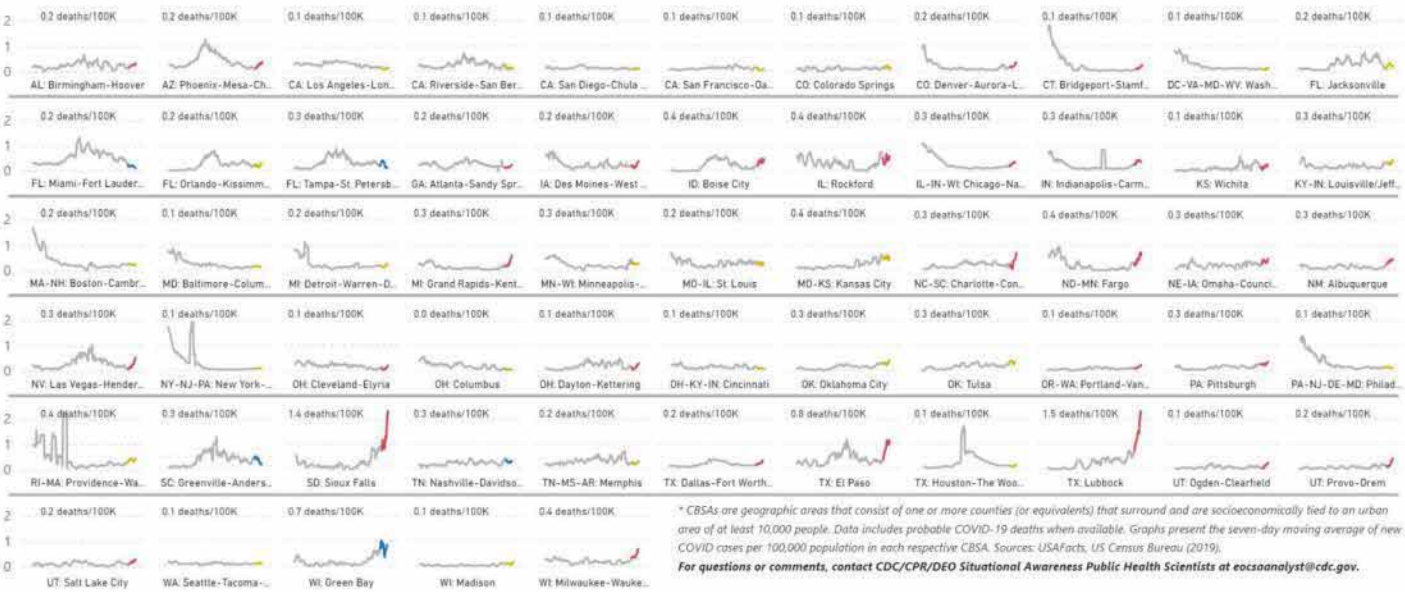
Data: 13 May 2020 – 06 Nov 2020 *Last Updated: 08 Nov 2020, 11:30*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*

Daily Trends in the Number of New COVID-19 Deaths in the US by Core-based Statistical Area (CBSA) per 100,000 Population* - Last 180 Days

13-May-20 | 06-Nov-20 | 08-Nov-20
DATA FROM | DATA THROUGH | LAST UPDATED

These are the top 60 CBSAs based on the overall number of new cases in the past 14 days, presented in alphabetical order by state and city/town. The trend is based on logistic regression of the 7-day moving average of deaths, and the number shown is the average daily deaths per 100K, both in the past 14 days.

INCREASING TREND: 29 **MOSTLY THE SAME:** 26 **DECREASING TREND:** 5
Estimate or Lower Limit > +0.05 per 100K | Estimate or Upper Limit < -0.05 per 100K



* 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).

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COVID-19 Among Specific Populations

US Healthcare Workers

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

Data as of 06 Nov 2020; data for 07 Nov not available due to technical difficulties.

- Cases: 207,557 (+2,339)
- Deaths: 792 (+3)
  - 207 in CA
  - 190 in IL
  - 70 in OH
  - 47 in MA
  - 33 in NV
  - 31 in MI
  - 28 in TN
  - 26 in NY
  - 25 in NC
  - 20 in PA
  - 19 in WA
  - 16 in AR
  - 15 in IA
  - 15 in MN
  - 11 in LA
  - 8 in KS
  - 8 in NH
  - 7 in NJ
  - 4 in CO
  - 4 in UT
  - 3 in DC
  - 3 in PR
  - 1 in GU
  - 1 in VI

From: (b)(3):50 USC 3024(i); (b)(6)
Sent: Sat, 7 Nov 2020 00:32:52 +0000
To:
Cc: (b)(3):10 USC 424; (b)(6)
Subject: CDC COVID-19 Update 06Nov2020 (For Internal USG only)
Attachments: (FOUO) CDC COVID-19 RESPONSE UPDATE 20201106.pdf, covidview-11-06-2020.pdf, 2020_11_06 Science Update_Final Public.pdf, CDC COVID-19 SITREP 190 11-06-2020.pdf

Good Evening,

Please see attached CDC Reports:

Cases/deaths as of 06 Nov 2020:
- 9,581,770 confirmed and probable U.S. cases, +117,988 since yesterday
- 234,264 U.S. deaths reported to CDC, +1,135 since yesterday
- 48,534,508 confirmed cases worldwide (WHO dashboard data)

Highlights:
- Case Counts and Deaths: 8-week upward trend continues. Yesterday's 7-day moving average reached another new high of 93,889, up 22.3% from the previous 7-days; 7-day death average is up 9% from the previous 7-days and also shows an increasing trend. Case trajectory data: 42 (75%) states/jurisdictions in an upward/worsening trajectory; 3 (5%) in a plateau; and 11 (20%) in a downward/improving trajectory.
- RT-PCR Test Positivity: National percent positivity: 7.0%. Worst throughout the upper Midwest – OK, KS, MO, IA, MN, IL, OH, MI, and throw in WY further west. NE, ND and SD may be showing signs of turning the corner towards improvement.

New/Updated Guidance:
- Travel Health Notices (THNs): https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html;The new 4-tier THN system is predicted to "go live" next Thursday, 12 Nov, following the Veteran's Day holiday. New THN algorithms will de-escalate many countries below the new highest level (4), while many will remain at the highest level due to the recent resurgence of cases. We are also hopeful for new CDC guidance on travel-related testing and travel-related self-quarantine timelines.
- COVIDView (attached): Weekly Surveillance Summary of US COVID-19 Activity.

- Science Update Highlights:

- **Frequency of Routine Testing for COVID-19 in High-risk Environments to Reduce Outbreaks:** https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1383/5939986; Modeling simulation shows how implementation of frequent, scheduled PCR testing can reduce transmission among persons in high risk environments. The recommended frequency of testing is dependent upon the initial reproductive number (R_0).

- **Clinical Practice – Mild or Moderate Covid-19:** https://www.nejm.org/doi/full/10.1056/NEJMcp2009249?query=featured_coronavirus; Summary of clinical features, testing, and management of COVID-19 based on symptom severity.

- **A Global Survey of Potential Acceptance of a COVID-19 Vaccine:** https://www.nature.com/articles/s41591-020-1124-9?utm_source= 71.5% of 13,000 individuals in 19 countries reported they would be very or somewhat likely to take a COVID-19 vaccine. The Chinese were the most trusting and the Russians the least.

-**COVID-19—Lessons Learned and Questions Remaining:** https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1654/5940148; review of important lessons learned about the epidemiology, clinical features, diagnosis, treatment and prevention of SARS-CoV-2 infection

MMWR Early Release:

- **Declines in SARS-CoV-2 Transmission, Hospitalizations, and Mortality After Implementation of Mitigation Measures— Delaware, March–June 2020:** https://www.cdc.gov/mmwr/volumes/69/wr/mm6945e1.htm?s_cid=mm6945e1_e&ACSTrackingID=USCDC_921-DM42102&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2069%2C%20November%206%2C%202020&deliveryName=USCDC_921-DM42102; Despite the self-reporting, observational design of this study, it is reasonable to assume that state-mandated community mitigation efforts and public health interventions instituted by Delaware in April were contributory to the rapid reduction in COVID incidence, hospitalizations and mortality in May and June. The relative contributions of each individual mitigation measure remain unknown.

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)

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From: (b)(3):50 USC 3024(i); (b)(6)
Sent: Tue, 10 Nov 2020 09:15:01 +0000
To: (b)(3):10 USC 424; (b)(6)
Cc:
Subject: CDC COVID-19 Update 09Nov2020 (For Internal USG only)
Attachments: (FOUO) CDC COVID-19 RESPONSE UPDATE 20201109.pdf

Good Evening,

Please see attached CDC Report:

Cases/deaths as of 09 Nov 2020:
- 9,913,553 confirmed and probable U.S. cases, +105,142 since yesterday
- 237,037 U.S. deaths reported to CDC, +490 since yesterday
- 50,266,033 confirmed cases worldwide (WHO dashboard data)

Highlights:
- **Case Counts and Deaths:** 8-week upward trend continues. Yesterday's 7-day moving average reached a new high of 104,418, up 29% from the previous 7-days; 7-day death average is up 15% from the previous 7-days. Case trajectory data: 48 (86%) states/jurisdictions in an upward/worsening trajectory; 5 (9%) in a plateau; and 3 (5%) in a downward/improving trajectory. 6 worsening states/territories: CA, HI, LA, MS, NYC & PR. No states improving…

New/Updated Guidance:
- **Travel Health Notices (THNs):** https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html; This is the final update to the 3-tier THN system. Saint Lucia escalated form L1 to L2; Benin and British Virgin Islands both de-escalated from L3 to L2. Thenew 4-tier THN system is predicted to "go live" this week, Thursday, 12 Nov, following the Veteran's Day holiday. New THN algorithms will de-escalate many countries below the new highest level (4), while many will remain at the highest level due to the recent resurgence of cases. We are also hopeful for new CDC guidance on travel-related testing recommendations.
- **Considerations for Wearing Masks:** Anticipate update this week on mask guidance that wearing a cloth mask provides*some*protection to the wearer as well a source control for the protection of others. This will coincide with a supporting MMWR publication.
- **Healthcare Facilities That Have Implemented COVID-19 Electronic Case Reporting:** https://www.cdc.gov/coronavirus/2019-ncov/hcp/electronic-case-reporting/hcfacilities-map.html; Electronic case reporting (eCR) is the automated, real-time exchange of case report

information between electronic health records and public health agencies. More than 6,000 facilities have initiated eCR to date. The distribution map is interesting.
- Guidance for SARS-CoV-2 Point-of-Care Testing: https://www.cdc.gov/coronavirus/2019-ncov/lab/point-of-care-testing.html

MMWR Early Release:
- Characteristics of Hospitalized COVID-19 Patients Discharged and Experiencing Same-Hospital Readmission — United States, March–August 2020:https://www.cdc.gov/mmwr/volumes/69/wr/mm6945e2.htm?s_cid=mm6945e2_e&ACSTrackingID=USCDC_921-DM42206&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2069%2C%20November%209%2C%202020&deliveryName=USCDC_921-DM42206; In a large cohort study, 9% of COVID inpatients were readmitted within 2 months of discharge. Risk factors: Age >65, chronic comorbidities, discharge to a skilled nursing facility, and prior (non-COVID) hospitalization within 3-months of the initial COVID hospitalization.

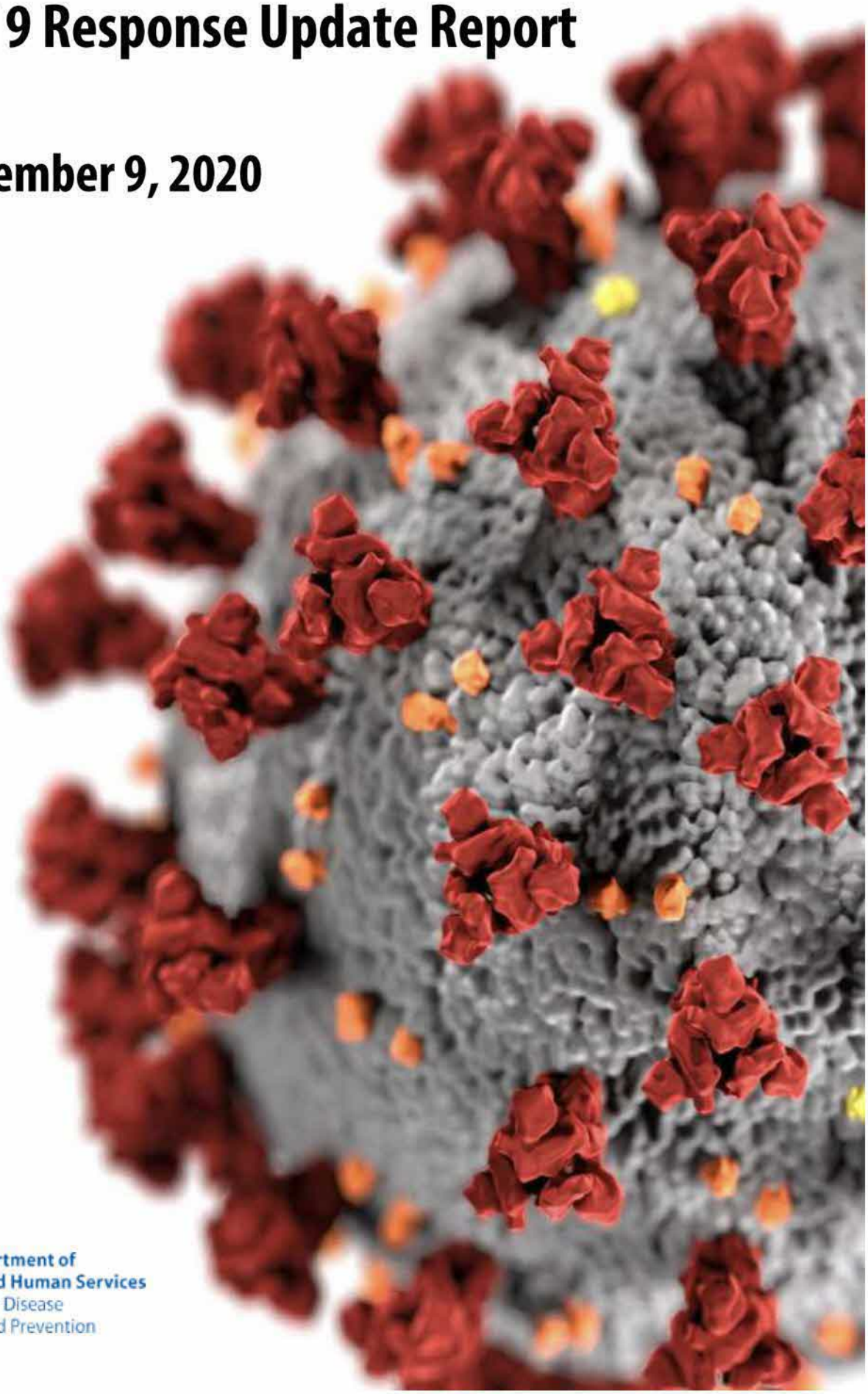
Please regularly refer to CDC's COVID-19 webpage; information and guidance is updated daily: https://covid.cdc.gov/covid-data-tracker/

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 Report

Monday, November 9, 2020



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

CDC COVID-19 Response Update Monday, 09 Nov, 2020
INTERNAL - NOT FOR FURTHER DISTRIBUTION

Table of Contents

Domestic Updates

Cases and Deaths by Jurisdiction

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 08 Nov 2020 *Last Updated: 09 Nov 2020 11:30*

57 Jurisdictions Reporting COVID-19 Cases[2]

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

Reporting Area[3]	Cases	New Cases[4]		Cases Per 100K			Deaths	New Deaths[4]		Deaths per 100K			Overall CFR[5]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
AK	18,716	518	442.0	2538.0	70.2	59.9	84	-	0.1	11.4	-	0.0	0.4%
AL	203,687	1,205	1,386.0	4167.2	24.7	28.4	3,084	2	15.9	63.1	0.0	0.3	1.5%
AR	121,866	1,038	1,258.4	4043.6	34.4	41.8	2,085	17	18.1	69.2	0.6	0.6	1.7%
AZ	259,264	1,925	1,684.4	3615.1	26.8	23.5	6,164	17	26.1	85.9	0.2	0.4	2.4%
CA	964,639	7,682	5,443.6	2438.6	19.4	13.8	17,963	24	42.3	45.4	0.1	0.1	1.9%
CO	130,984	3,017	3,376.3	2299.8	53.0	59.3	2,394	5	15.6	42.0	0.1	0.3	1.8%
CT	78,125	-	988.3	2186.7	-	27.7	4,674	3	8.3	130.8	0.1	0.2	6.0%
DE	26,603	345	184.6	2750.6	35.7	19.1	718	2	1.1	74.2	0.2	0.1	2.7%
FL	832,525	6,619	5,103.3	3908.7	31.1	24.0	17,121	21	47.4	80.4	0.1	0.2	2.1%
GA	373,078	1,253	1,585.1	3546.5	11.9	15.1	8,194	1	30.4	77.9	0.0	0.3	2.2%
HI	15,834	127	108.4	1114.7	8.9	7.6	220	1	0.3	15.5	0.1	0.0	1.4%
IA	152,802	3,529	3,205.9	4841.4	111.8	101.6	1,842	13	17.9	58.4	0.4	0.6	1.2%
ID	72,961	649	1,124.7	4159.2	37.0	64.1	686	3	8.0	39.1	0.2	0.5	0.9%
IL	487,987	10,009	9,206.9	3830.0	78.6	72.3	10,538	50	66.1	82.7	0.4	0.5	2.2%
IN	210,374	4,652	4,038.0	3143.7	69.5	60.3	4,629	37	37.9	69.2	0.6	0.6	2.2%
KS[6]	97,633	-	1,778.9	3353.4	-	61.1	1,166	-	19.6	40.0	-	0.7	1.2%
KY	120,838	1,177	1,742.3	2704.3	26.3	39.0	1,565	4	10.9	35.0	0.1	0.2	1.3%
LA	192,981	1,266	751.6	4141.2	27.2	16.1	6,036	20	15.7	129.5	0.4	0.3	3.1%
MA	176,641	1,809	1,583.6	2559.2	26.2	22.9	10,131	20	19.3	146.8	0.3	0.3	5.7%
MD	155,371	1,375	1,196.6	2571.2	22.8	19.8	4,221	9	9.4	69.9	0.1	0.2	2.7%
ME	7,897	205	156.9	590.0	15.3	11.7	152	-	0.6	11.4	-	0.0	1.9%
MI[6]	229,003	-	4,513.9	2291.0	-	45.2	7,945	-	35.1	79.5	-	0.4	3.5%
MN	180,862	5,908	4,312.9	3223.2	105.3	76.9	2,710	31	25.9	48.3	0.6	0.5	1.5%
MO	209,197	4,131	3,380.3	3414.7	67.4	55.2	3,153	3	18.1	51.5	0.0	0.3	1.5%
MS	127,205	516	905.7	4259.3	17.3	30.3	3,443	-	13.6	115.3	-	0.5	2.7%
MT	39,679	731	883.4	3735.2	68.8	83.2	456	11	11.4	42.9	1.0	1.1	1.1%
NC	293,339	2,094	2,378.1	2825.0	20.2	22.9	4,607	2	32.0	44.4	0.0	0.3	1.6%
ND[6]	54,305	-	1,184.3	7144.7	-	155.8	639	-	14.1	84.1	-	1.9	1.2%
NE	83,969	1,574	1,757.6	4352.4	81.6	91.1	703	-	7.0	36.4	-	0.4	0.8%
NH	12,488	247	182.0	920.6	18.2	13.4	489	-	0.9	36.0	-	0.1	3.9%
NJ	254,595	2,013	2,138.0	2857.9	22.6	24.0	16,429	4	10.7	184.4	0.0	0.1	6.5%
NM	54,881	1,210	1,092.7	2619.1	57.7	52.1	1,118	14	13.1	53.4	0.7	0.6	2.0%
NV	110,022	1,276	1,220.4	3625.8	42.1	40.2	1,851	1	10.0	61.0	0.0	0.3	1.7%
NY City	274,915	1,451	1,094.0	3273.3	17.3	13.0	24,086	12	9.9	286.8	0.1	0.1	8.8%
NY State[7]	257,817	2,037	1,748.1	2313.6	18.3	15.7	9,353	13	11.4	83.9	0.1	0.1	3.6%
OH	250,268	4,541	4,466.9	2141.0	38.8	38.2	5,517	11	30.6	47.2	0.1	0.3	2.2%
OK	146,692	1,956	2,307.3	3720.2	49.6	58.5	1,450	4	14.0	36.8	0.1	0.4	1.0%
OR	50,448	861	717.0	1203.8	20.5	17.1	730	1	5.6	17.4	0.0	0.1	1.4%
PA	230,894	2,909	2,994.0	1802.9	22.7	23.4	9,020	5	29.0	70.4	0.0	0.2	3.9%
RI[6]	36,380	-	500.9	3440.8	-	47.4	1,224	-	3.3	115.8	-	0.3	3.4%

[1] Aggregated cases and deaths are reported voluntarily by each jurisdiction and may include probable cases and/or deaths based on reporting practices that differ by jurisdiction. Jurisdictions may update data reported on web pages which differ from information in the table above. If the number of cases or deaths on a jurisdictional webpage differ from what is reported above, the webpage should be considered the most up to date. See Technical Information about this data on the CDC Webpage.

[2] Darker shading in columns correspond to higher values.

[3] 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.

[4] 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.

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

[6] Jurisdiction did not provide an update.

[7] New York State excludes New York City.

57 Jurisdictions Reporting COVID-19 Cases[2] 50 states + DC, NYC, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, and US Virgin Islands													
Reporting Area[3]	Cases	New Cases[4]		Cases Per 100K			Deaths	New Deaths[4]		Deaths per 100K			Overall CFR[5]
	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	Total	Today	7-Day Avg.	Overall	Today	7-Day Avg.	
SC	185,688	946	1,095.0	3652.3	18.6	21.5	4,036	21	14.3	79.4	0.4	0.3	2.2%
SD	55,404	1,428	1,154.3	6280.0	161.9	130.8	536	13	14.1	60.8	1.5	1.6	1.0%
TN	281,851	3,636	2,917.9	4163.2	53.7	43.1	3,595	5	34.6	53.1	0.1	0.5	1.3%
TX	956,234	5,685	7,339.9	3331.6	19.8	25.6	18,743	43	95.1	65.3	0.1	0.3	2.0%
UT	132,621	2,386	2,301.6	4195.4	75.5	72.8	669	11	7.9	21.2	0.3	0.2	0.5%
VA	193,478	1,302	1,437.0	2271.5	15.3	16.9	3,713	6	7.9	43.6	0.1	0.1	1.9%
VT	2,392	45	30.4	381.9	7.2	4.9	59	-	0.1	9.4	-	0.0	2.5%
WA	117,331	1,320	1,288.0	1557.0	17.5	17.1	2,439	-	10.4	32.4	-	0.1	2.1%
WI	281,910	4,407	5,783.9	4849.2	75.8	99.5	2,392	11	40.3	41.1	0.2	0.7	0.8%
WV	28,404	826	503.0	1572.9	45.7	27.9	502	-	6.4	27.8	-	0.4	1.8%
WY	17,310	713	512.4	2996.2	123.4	88.7	114	9	3.9	19.7	1.6	0.7	0.7%
AS	-	-	-	-	-	-	-	-	-	-	-	-	-
CNMI	100	2	-	175.8	3.5	-	2	-	-	3.5	-	-	-
DC	18,001	110	90.3	2562.6	15.7	12.9	654	-	1.1	93.1	-	0.2	3.6%
FSM	-	-	-	-	-	-	-	-	-	-	-	-	-
GU[6]	5,077	-	64.1	3062.7	-	38.7	88	-	1.3	53.1	-	0.8	1.7%
PR[8]	38,581	481	(4,227.3)	1207.5	15.1	NA	882	10	6.1	27.6	0.3	0.2	2.3%
PW	-	-	-	-	-	-	-	-	-	-	-	-	-
RMI[9]	1	0	0.0	1.7	0.0	0.0	0	0	0.0	0.0	0.0	0.0	-
USVI[6]	1,405	-	-	1342.2	-	-	23	-	-	22.0	-	-	1.6%
Total	**9,913,553**	**105,142**	**104,417.9**	**2995.7**	**31.8**	**31.6**	**237,037**	**490**	**950.6**	**71.6**	**0.1**	**0.3**	**2.4%**
Navajo[10]	12,571	124	106.1	3522.4	34.7	29.7	593	2	1.7	166.2	0.6	0.5	4.7%

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)	09 Nov, 11:30	9,913,553	105,142	237,037	490
1Point3Acres	09 Nov, 10:00	10,179,015	132,671	242,304	632
Johns Hopkins	09 Nov, 11:25	9,985,509	121,618	237,619	493
USAFacts[12]	08 Nov, NA	9,769,946	115,523	233,726	(129)
New York Times	09 Nov, 08:13	10,060,710	103,659	238,031	464
WorldoMeter	09 Nov, 11:32	10,302,180	112,698	243,819	514
COVID Tracking Project	08 Nov, 16:00	9,871,751	110,270	229,724	486

[8] On 07 Nov, Puerto Rico reclassified 33,864 probable cases as suspect cases. Suspect cases are not reported to CDC and are not included in the total count.

[9] The Republic of Marshall Islands reported zero new cases and zero new deaths.

[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.

[12] USAFacts reported 129 less deaths than yesterday.

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

Data Through 08 Nov 2020 *Last Updated: 09 Nov 2020 11:30*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: DCIPHER[13])*

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

Note, as of 12 Apr, totals and figures include confirmed and probable cases and deaths reported from states.

DATA FROM* 22-Jan-20 | DATA THROUGH 08-Nov-20 | LAST UPDATED 09-Nov-20

9,913,553
Total Cases Reported

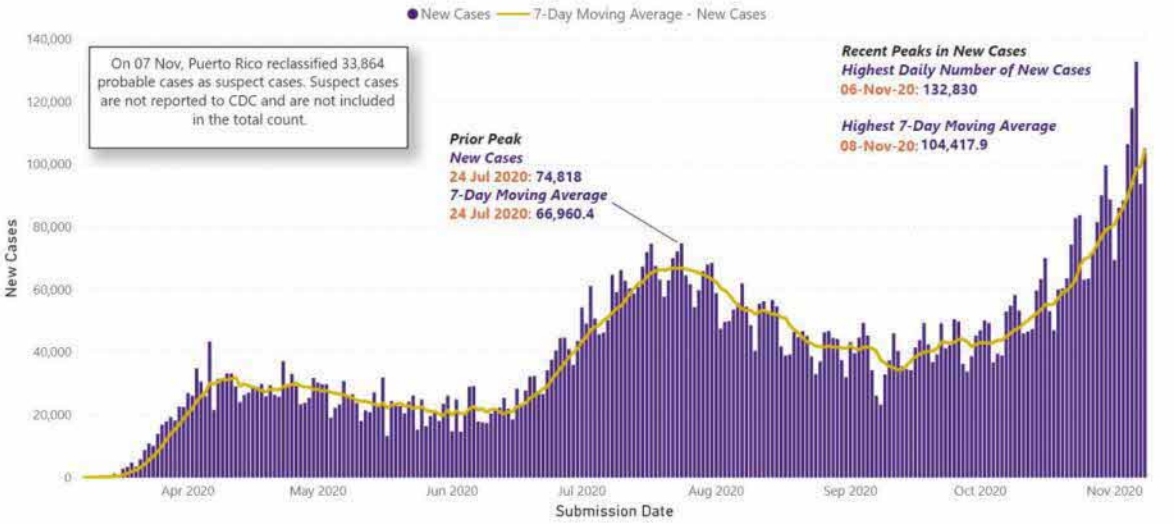
105,142
New Cases Reported

12.1%
24-Hour % Change (New)

104,417.9
Current 7-Day Average
02-Nov-20 to 08-Nov-20

80,800.9
Prior 7-Day Average
25-Oct-20 to 01-Nov-20

29.2%
1-Week % Change (Avg)



Data Sources, References & Notes: Total cases were 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. Number includes 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. The 7-day moving average of new cases (current day + 6 preceding days / 7 days) was calculated to smooth expected variations in daily counts. CDC's overall case numbers were 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 Through 08 Nov 2020 *Last Updated: 09 Nov 2020 11:30*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: DCIPHER)*

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

Note, as of 12 Apr, totals and figures include confirmed and probable cases and deaths reported from states.

DATA FROM* 22-Jan-20 | DATA THROUGH 08-Nov-20 | LAST UPDATED 09-Nov-20

237,037
Total Deaths Reported

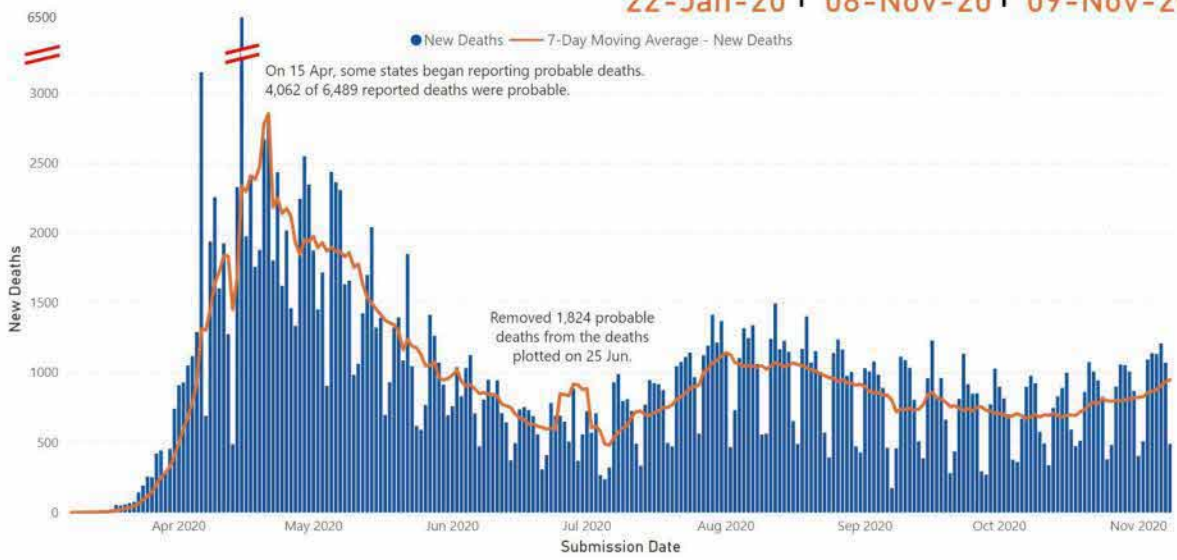
490
New Deaths Reported

-54.3%
24-Hr % Change (New)

950.6
Current 7-Day Average
02-Nov-20 to 08-Nov-20

826.0
Prior 7-Day Average
25-Oct-20 to 01-Nov-20

15.1%
1-Week % Change (Avg)

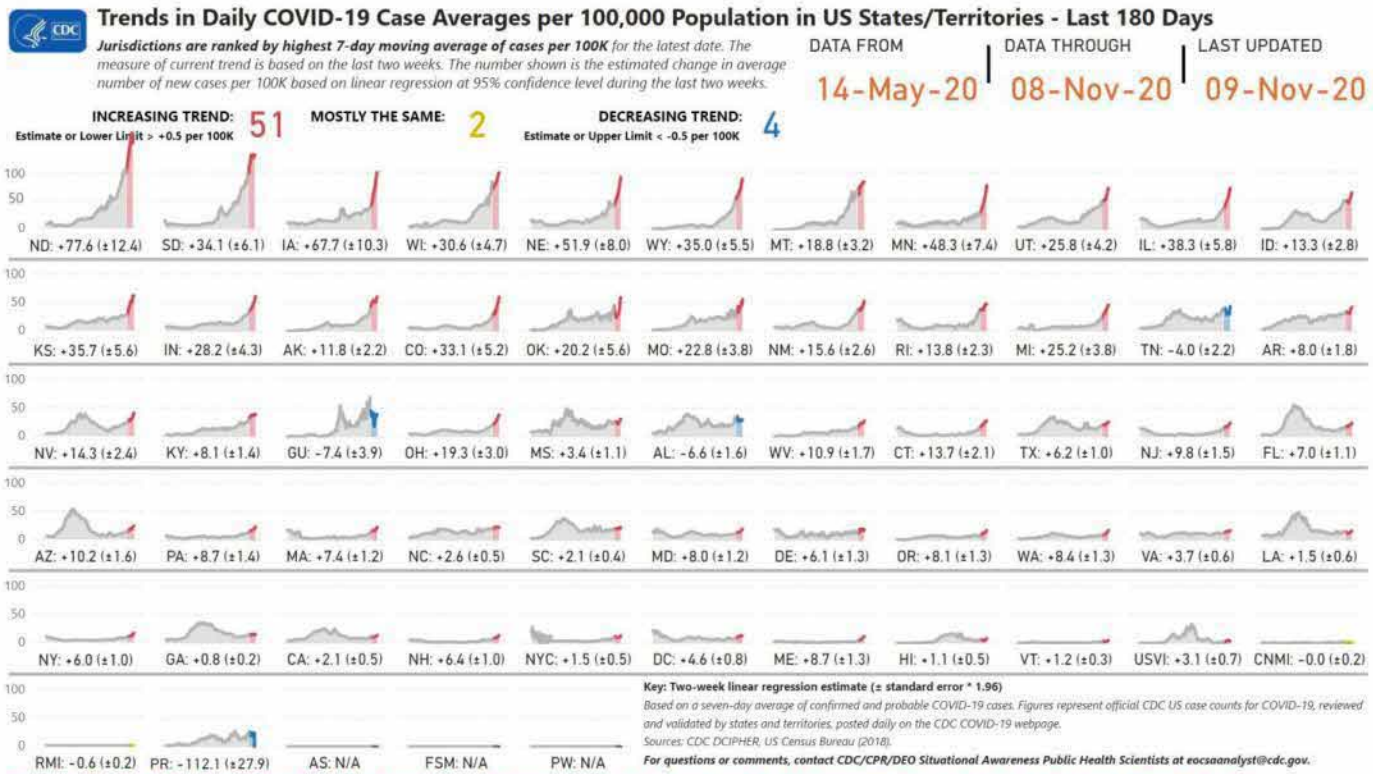


Data Sources, References & Notes: Total deaths were based on aggregate counts of COVID-19 deaths reported by state and territorial jurisdictions to the Centers for Disease Control and Prevention (CDC) since 22 Jan 2020, with the exception of persons repatriated to the United States from Wuhan, China, and Japan. Number includes 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. The 7-day moving average of new deaths (current day + 6 preceding days / 7 days) was calculated to smooth expected variations in daily counts. CDC's overall death numbers were 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.*

[13] Data Collation and Integration for Public Health Event Response.

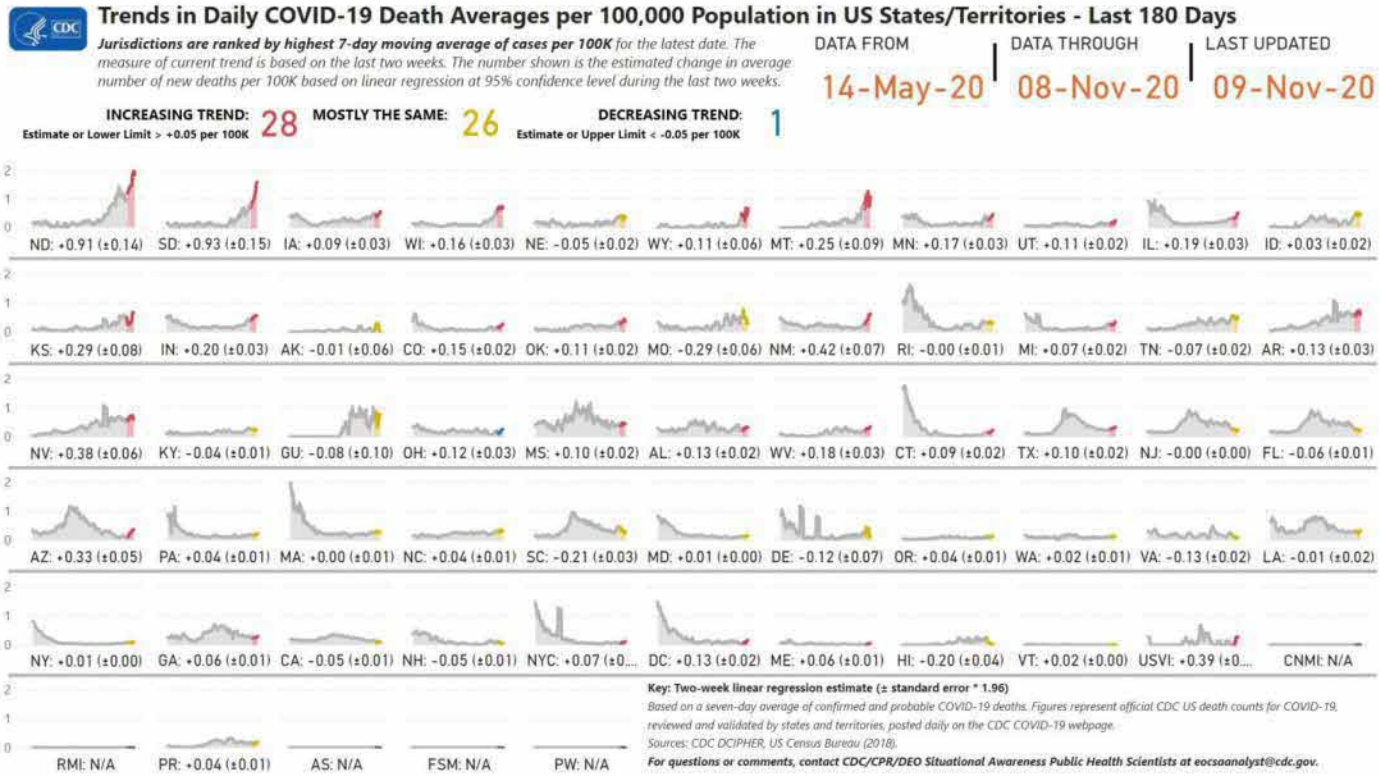
Trends in Daily COVID-19 Case Averages per 100,000 Population in the United States by State/Jurisdiction – Last 180 Days[8]

Data: 14 May 2020 – 08 Nov 2020 *Last Updated: 09 Nov 2020, 11:30*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: DCIPHER)*



Trends in Daily COVID-19 Deaths Averages per 100,000 Population in the United States by State/Jurisdiction – Last 180 Days

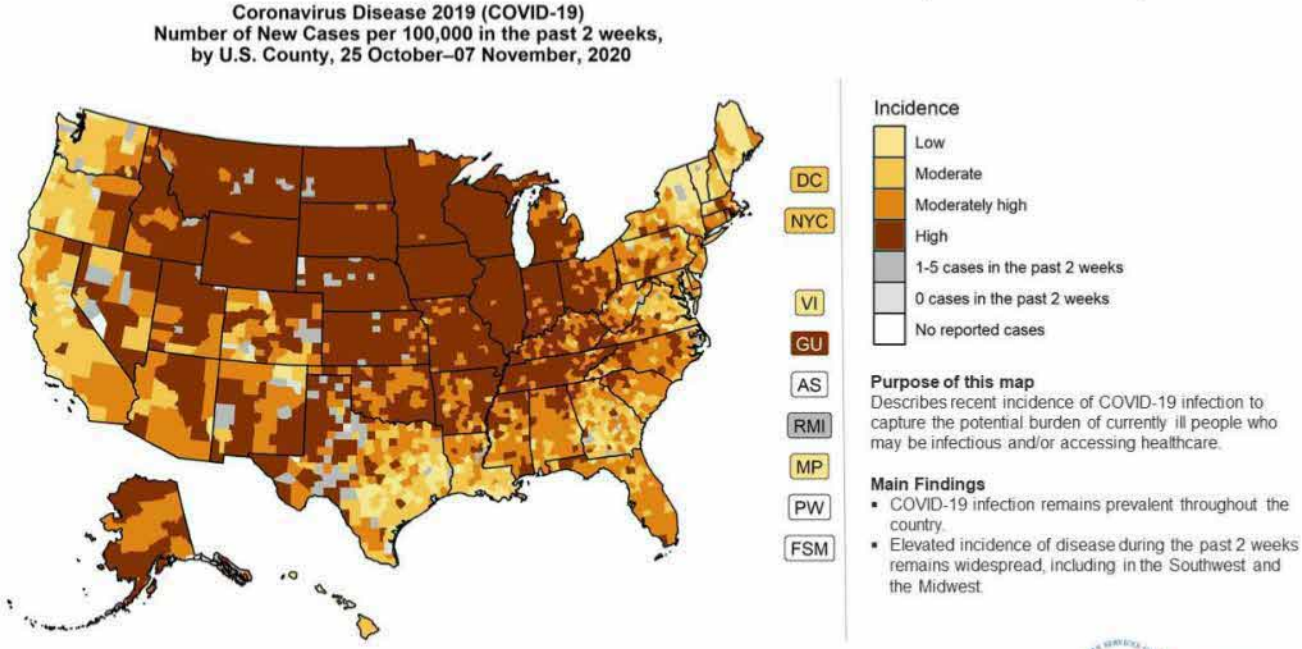
Data: 14 May 2020 – 08 Nov 2020 *Last Updated: 09 Nov 2020, 11:30*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: DCIPHER)*



Cases by County[14]

Number of New COVID-19 Cases by County per 100,000 Population, Last 14 Days

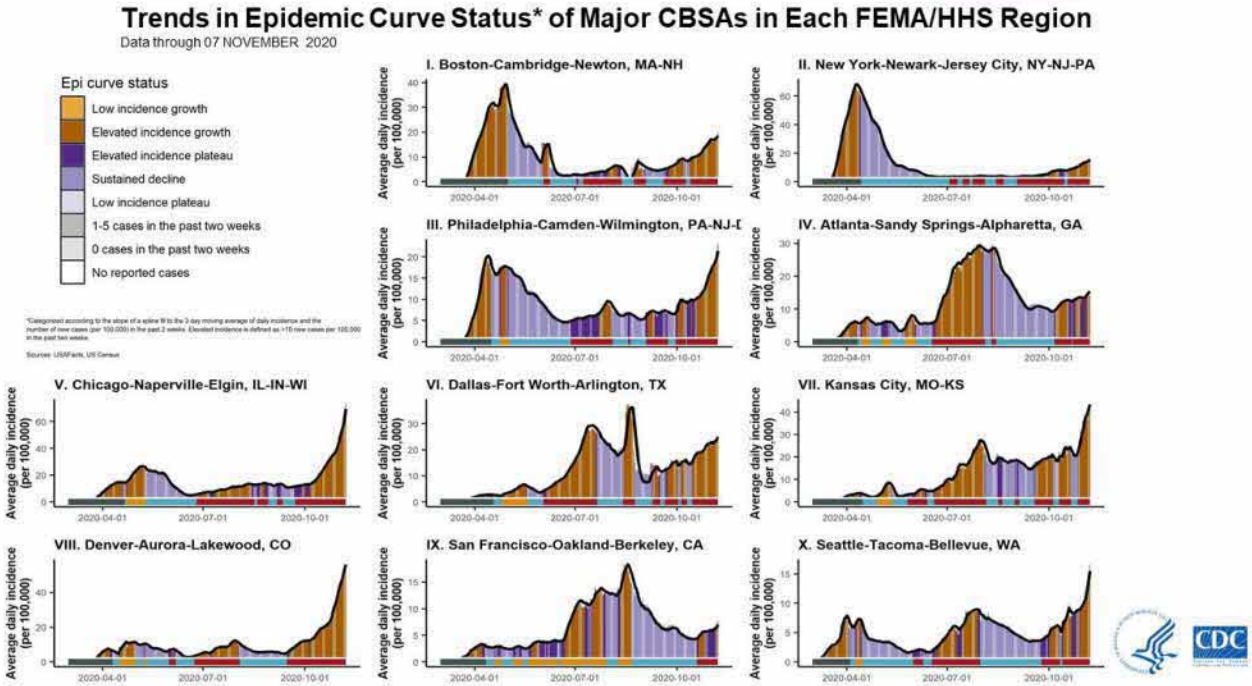
Data: 25 Oct 2020 – 07 Nov 2020 *Last Updated: 08 Nov 2020, 20:00*
Source: CDC IMS 2019 COVID-19 Response Case Surveillance Task Force *(Data: USAFACTS)*



Notes: Defined using the number of new cases per 100,000 in the past 2 weeks. Low is >0 to 100, moderate is >100 to 200, moderately high is >200 to 400, and high is >400. Jurisdictions denoted as 0 cases in the past 2 weeks have had at least 1 case previously.
Sources: HHS Protect, US Census

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

Data Through: 07 Nov 2020 *Last Updated: 08 Nov 2020, 20:00*
Source: CDC IMS 2019 NCOV Response Case Surveillance Task Force (Data: USAFACTS)



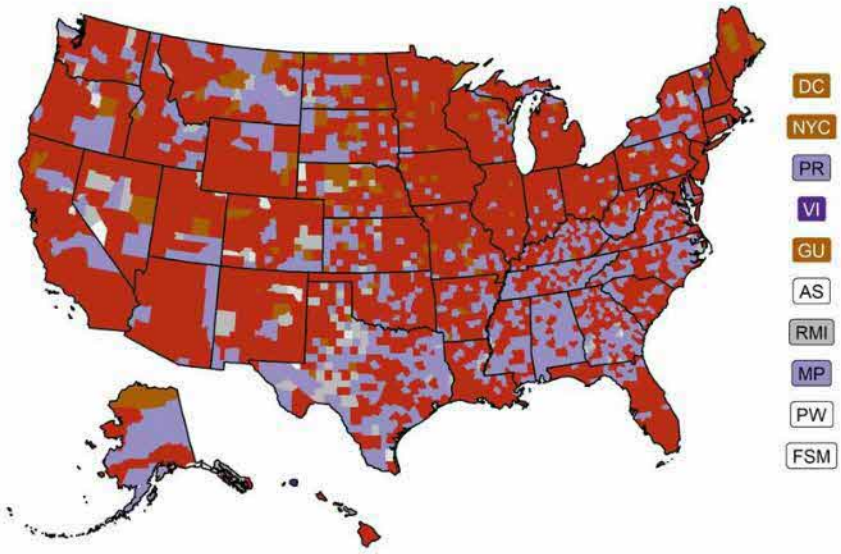
[14] See CDC COVID-19 Data Tracker for the latest visualizations on cases and deaths trends by state and county.

COVID-19 Current Epidemic Status by County per 100,000 Population, Last 14 Days

Data: 25 Oct 2020 – 07 Nov 2020 *Last Updated: 08 Nov 2020, 20:00*

Source: CDC IMS 2019 COVID-19 Response Case Surveillance Task Force (Data: *USAFACTS*)

Coronavirus Disease 2019 (COVID-19)
Current epidemic curve status*,
by U.S. County, November 07, 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 Tennessee, Alabama, and Mississippi and Texas 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.

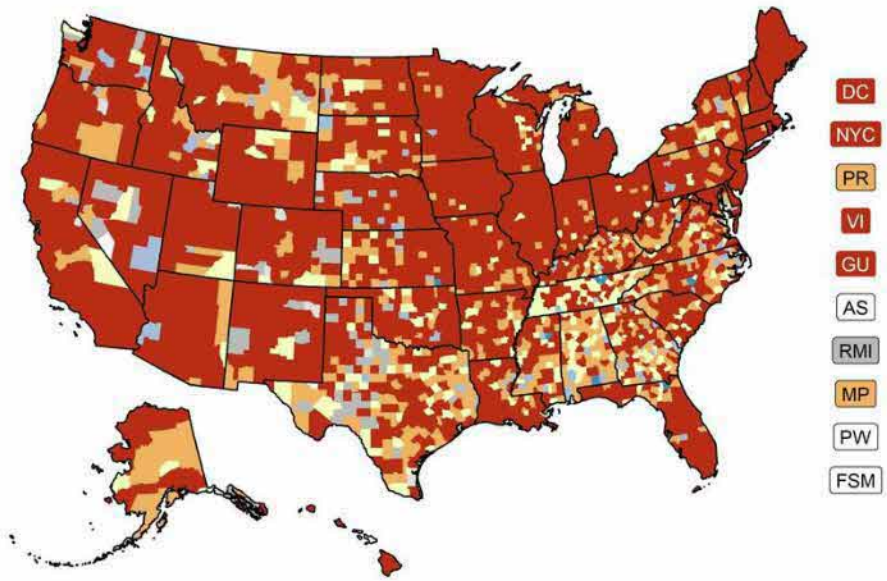
Sources: HHS Protect, US Census

COVID-19 Current Consecutive Days of Downward Trajectory by County per 100,000 Population

Data: 25 Oct 2020 – 07 Nov 2020 *Last Updated: 08 Nov 2020, 20:00*

Source: CDC IMS 2019 COVID-19 Response Case Surveillance Task Force (Data: USAFACTS)

Coronavirus Disease 2019 (COVID-19)
Current consecutive days of downward trajectory, by U.S. County, November 07, 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

- 63 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 was 21,098 with a range of 916 – 413,757.
- 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.

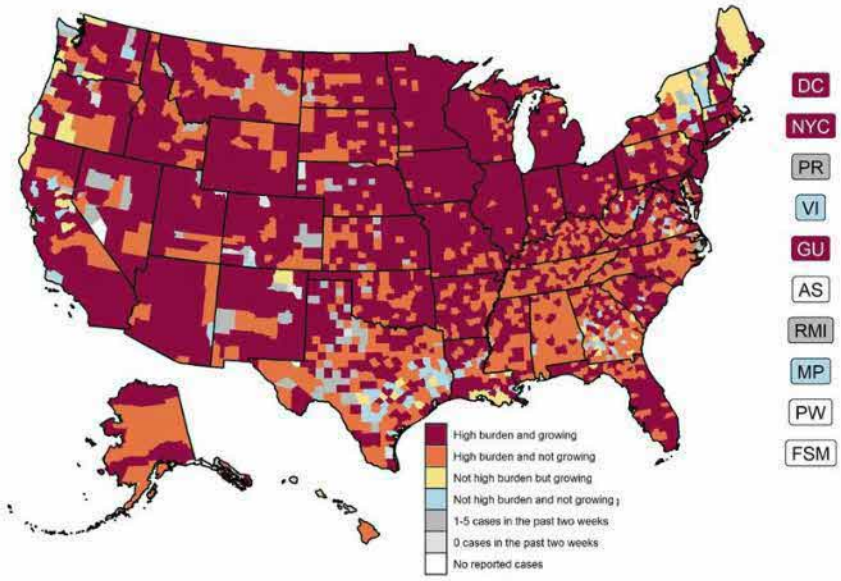
*The number of days in a downward trajectory represents the number of consecutive days for which the jurisdiction experienced either a negative slope or a low incidence plateau (two-week incidence ≤10 cases per 100,000 and slope >-0.1 and ≤0.1).

Sources: HHS Protect, US Census

COVID-19 Burden and Growing of New Cases by County per 100,000 Population

Data: 25 Oct 2020 – 07 Nov 2020 *Last Updated: 08 Nov 2020, 20:00*
Source: CDC IMS 2019 COVID-19 Response Case Surveillance Task Force *(Data: USAFACTS)*

Coronavirus Disease 2019 (COVID-19)
Burden and growing of new cases per 100,000
in the past 2 weeks, by U.S. county, 25 October–07 November, 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.

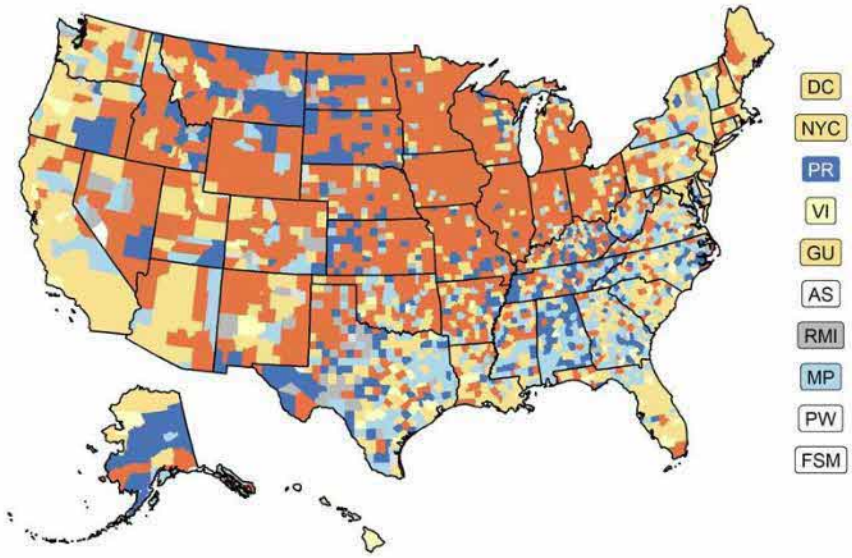
Counties in the high burden, growing category (Top 10 with the highest number of cases per 100,000 in the past 2 weeks)

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)
Childress, TX	614	8,421.3	105.4
Walsh, ND	487	4,565.5	23.4
Eddy, ND	101	4,366.6	27.8
Jones, IA	880	4,242.2	61.4
Dewey, SD	229	3,878.7	9.9
Cavalier, ND	138	3,604.1	39.8
Ward, ND	2,386	3,522.1	13.0
Calhoun, IA	332	3,423.0	35.8
Potter, SD	75	3,398.3	17.8
Toole, MT	161	3,317.5	50.0

COVID-19 Change in Daily Incidence by County per 100,000 Population

Data: 25 Oct 2020 – 07 Nov 2020 *Last Updated: 08 Nov 2020, 20:00*
Source: CDC IMS 2019 COVID-19 Response Case Surveillance Task Force *(Data: USAFACTS)*

Coronavirus Disease 2019 (COVID-19)
Change in Daily Incidence*,
by U.S. County, November 07, 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

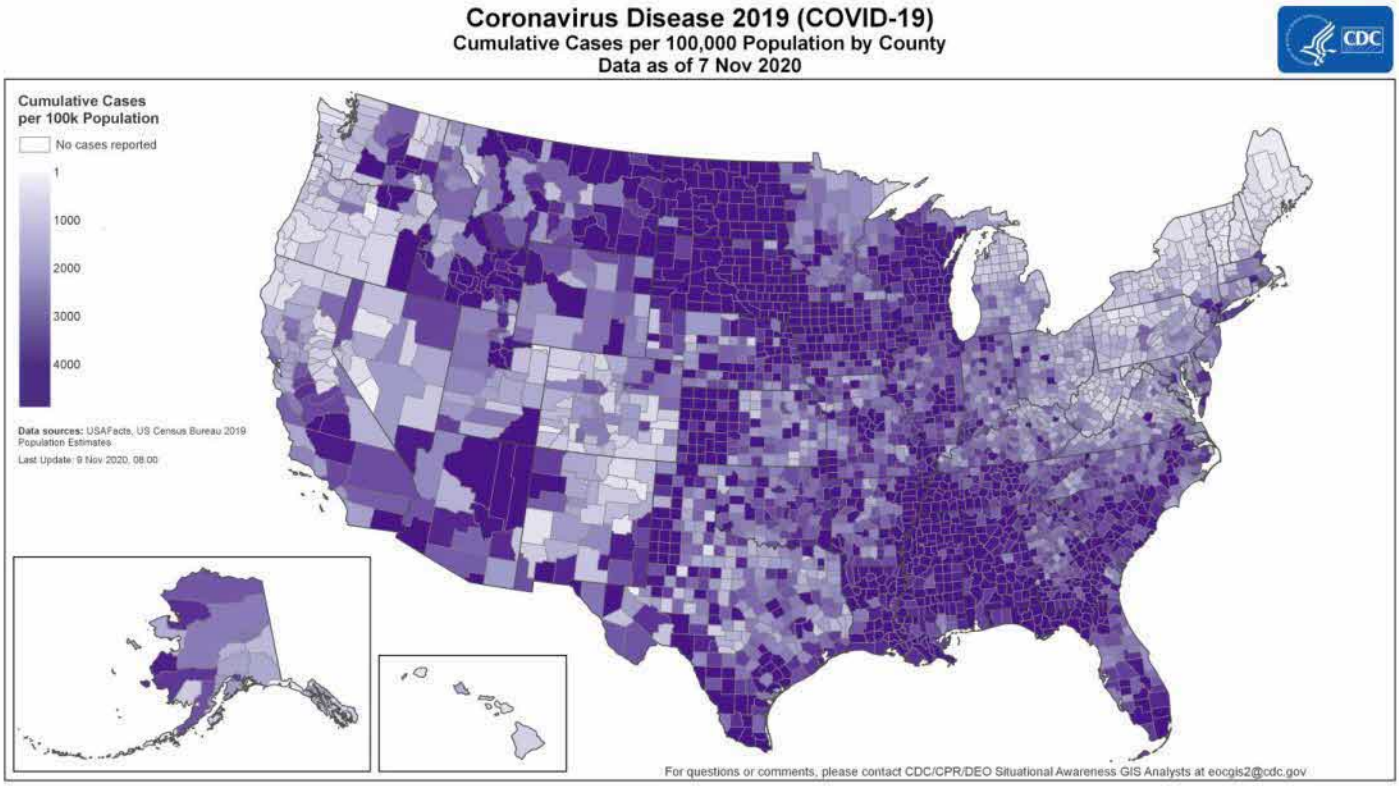
Purpose of this map
Describes the trajectory of new illnesses as recently increasing, being stable, or decreasing in number.

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 nation with the exception of the Northeast, Southeast, and Western regions.

*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

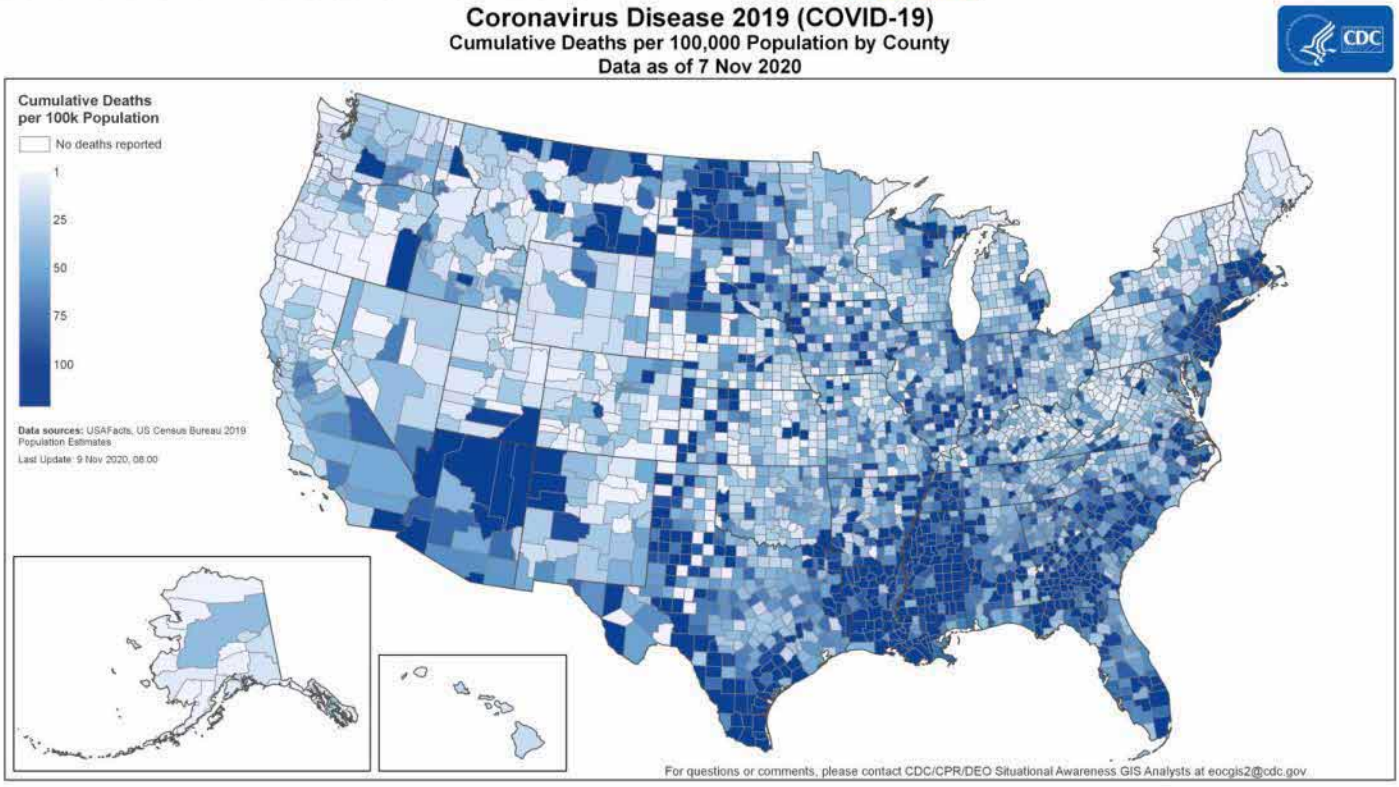
Cumulative Number of COVID-19 Cases per 100,000 Population by County

Data Through: 07 Nov 2020 *Last Updated: 09 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*



Cumulative Number of COVID-19 Deaths per 100,000 Population by County

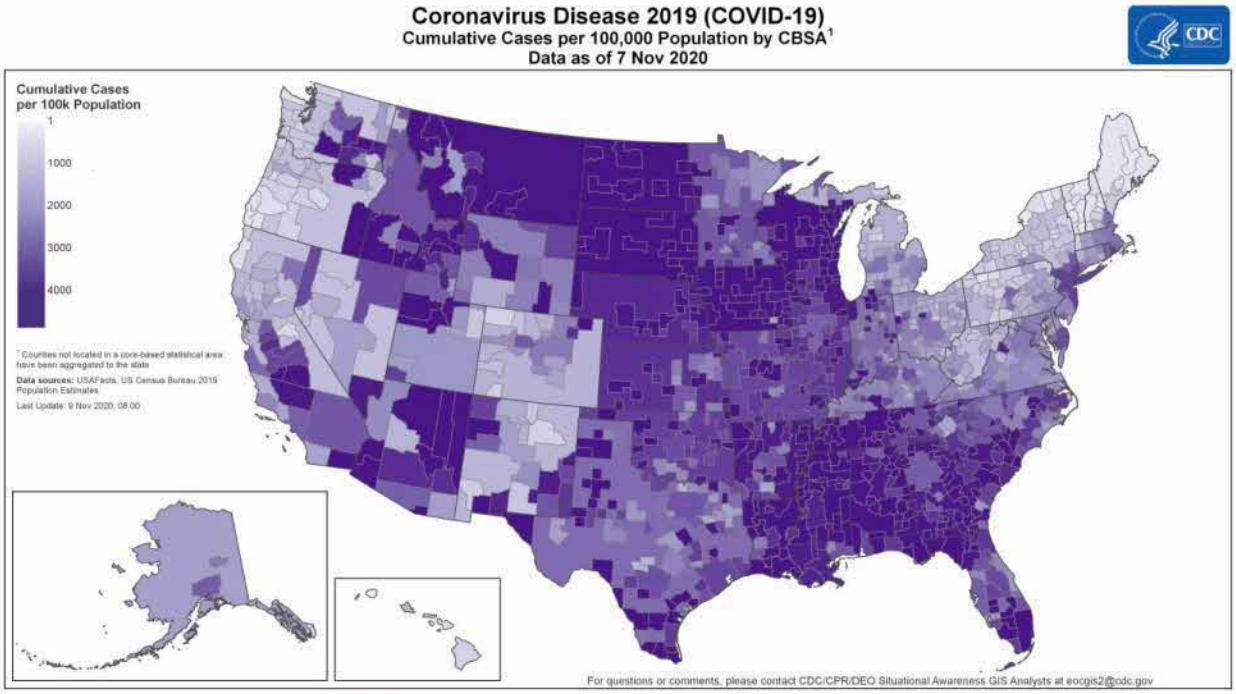
Data Through: 07 Nov 2020 *Last Updated: 09 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*



Cases/Deaths by CBSA [15,16]

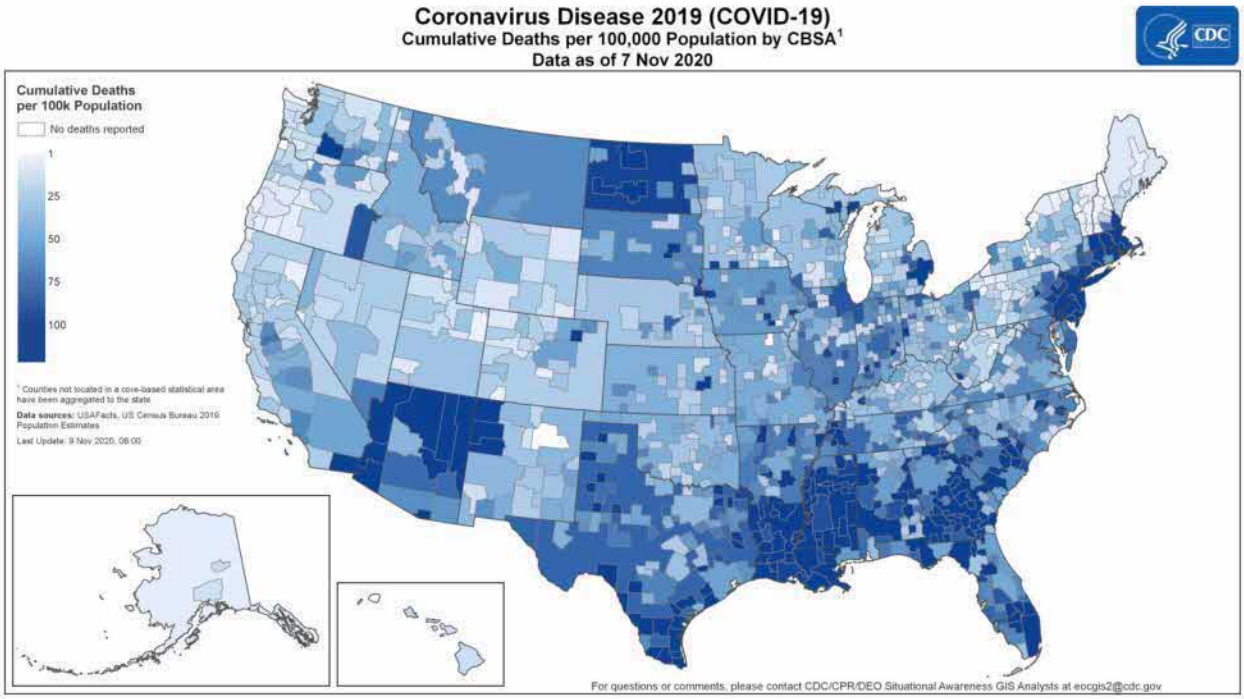
Cumulative Number of COVID-19 Cases per 100,000 Population by CBSA

Data Through: 07 Nov 2020 *Last Updated: 09 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*



Cumulative Number of COVID-19 Deaths per 100,000 Population by CBSA

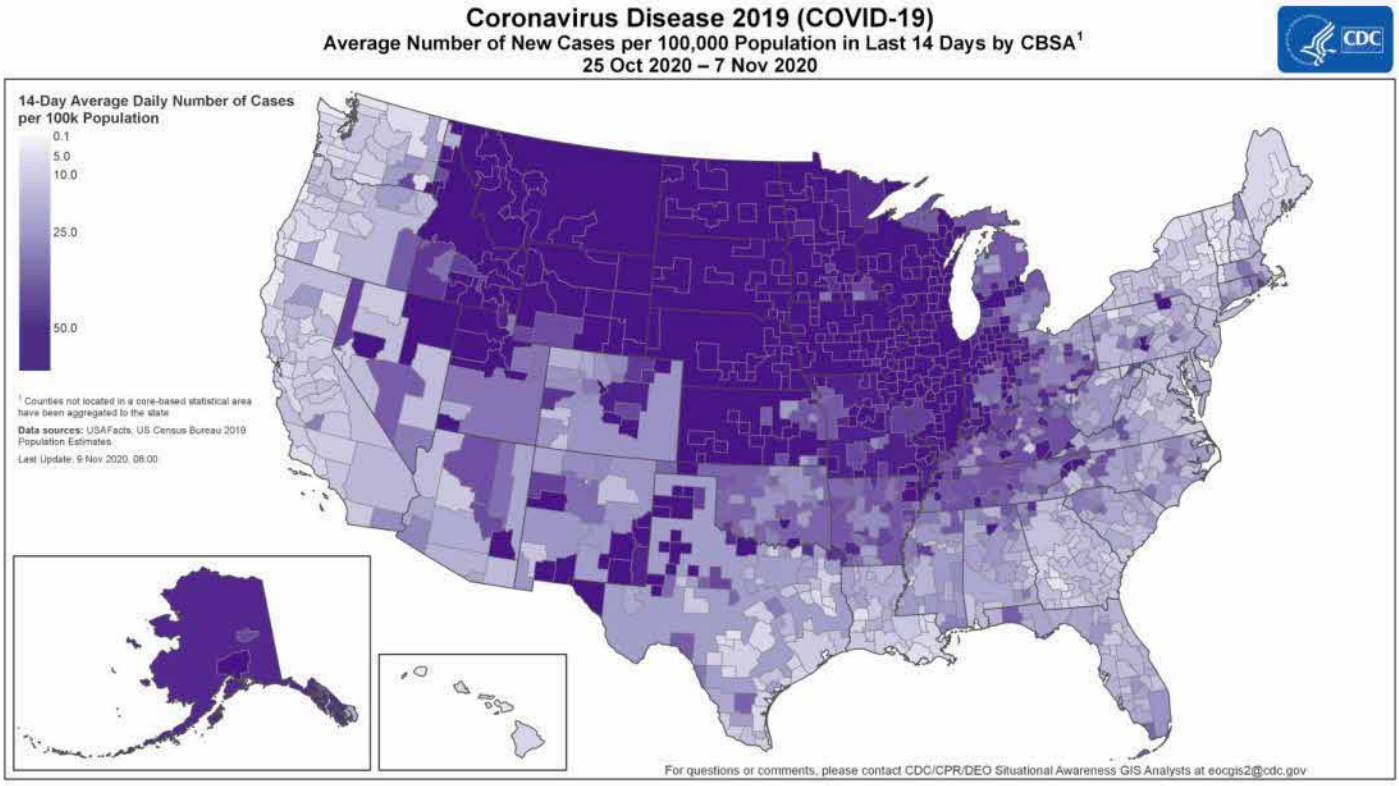
Data Through: 07 Nov 2020 *Last Updated: 09 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*



[15] See methodology and sources for data reported by *USAFACTS*.
[16] See information on Core-Based Statistical Area (CBSA) from the US Census Bureau.

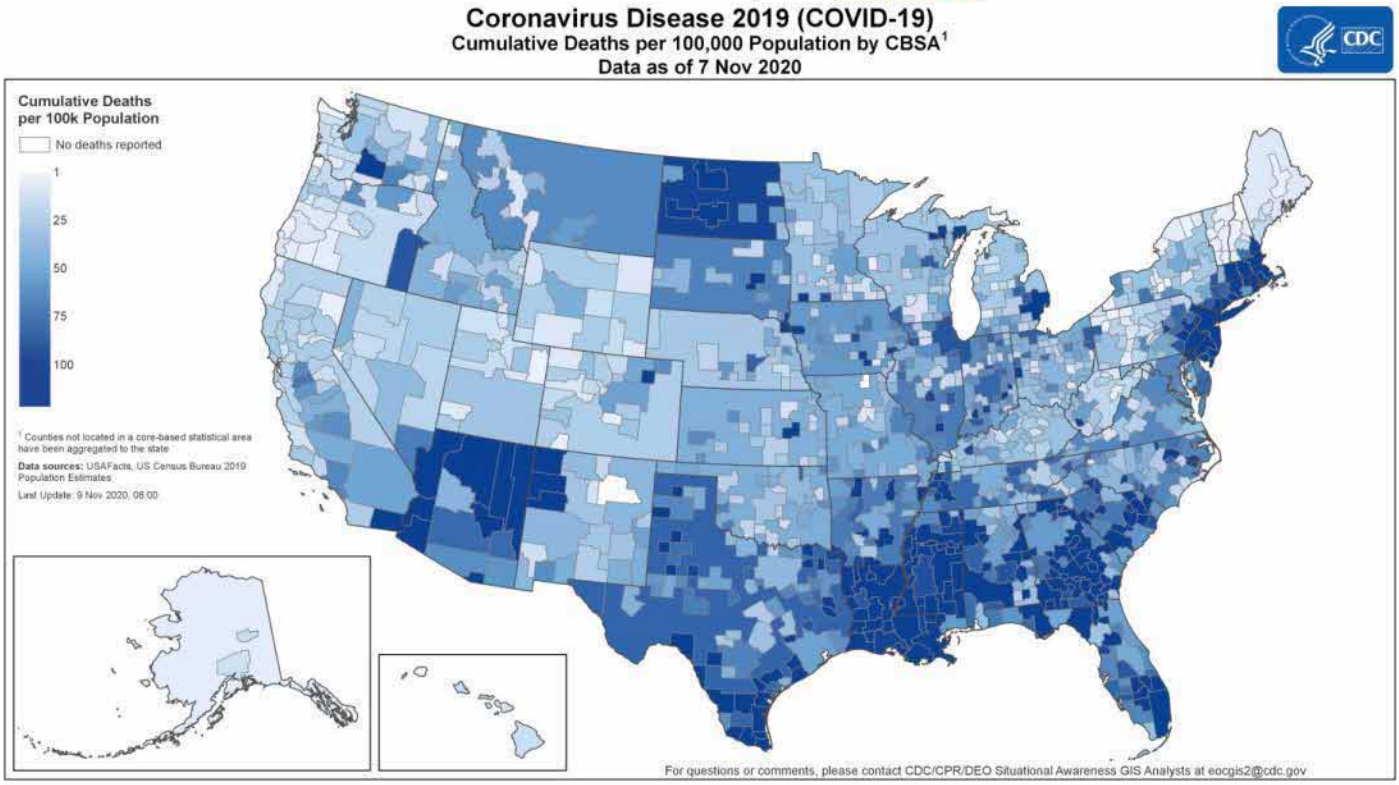
Average Number of COVID-19 Cases per 100,000 Population by CBSA, Last 14 Days

Data 25 Oct 2020 - 07 Nov 2020 *Last Updated: 09 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*



Average Number of COVID-19 Deaths per 100,000 Population by CBSA, Last 14 Days

Data 25 Oct 2020 - 07 Nov 2020 *Last Updated: 09 Nov 2020, 08:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*



Daily Trends in New COVID-19 Cases in the US per 100,000 Population by CBSA, Last 180 Days

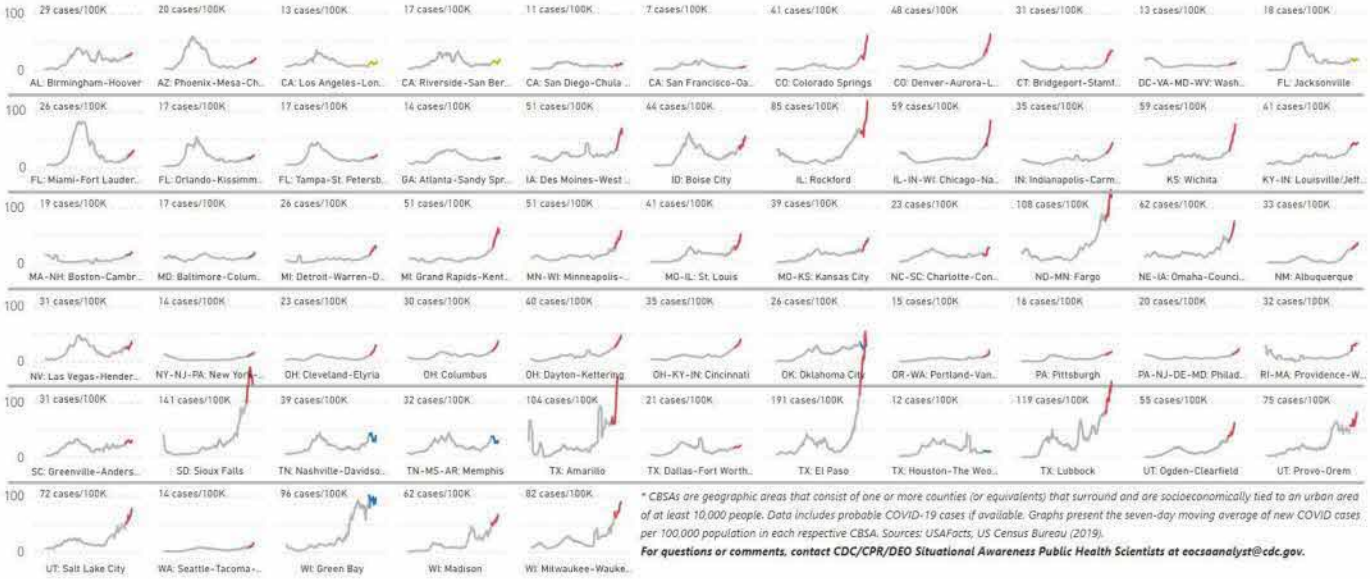
Data: 14 May 2020 – 07 Nov 2020 *Last Updated: 09 Nov 2020, 10:30*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*

Daily Trends in the Number of New COVID-19 Cases in the US by Core-based Statistical Area (CBSA) per 100,000 Population* - Last 180 Days

14-May-20 | 07-Nov-20 | 09-Nov-20
DATA FROM | DATA THROUGH | LAST UPDATED

These are the top 60 CBSAs based on the overall number of new cases in the past 14 days, presented in alphabetical order by state and city/town. The trend is based on logistic regression of the 7-day moving average of cases, and the number shown is the average daily cases per 100K, both in the past 14 days.

INCREASING TREND: Estimate or Lower Limit > +0.5 per 100K **52** | **MOSTLY THE SAME:** **3** | **DECREASING TREND:** Estimate or Upper Limit < -0.5 per 100K **5**



** 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.

Daily Trends in New COVID-19 Deaths in the US per 100,000 Population by CBSA, Last 180 Days

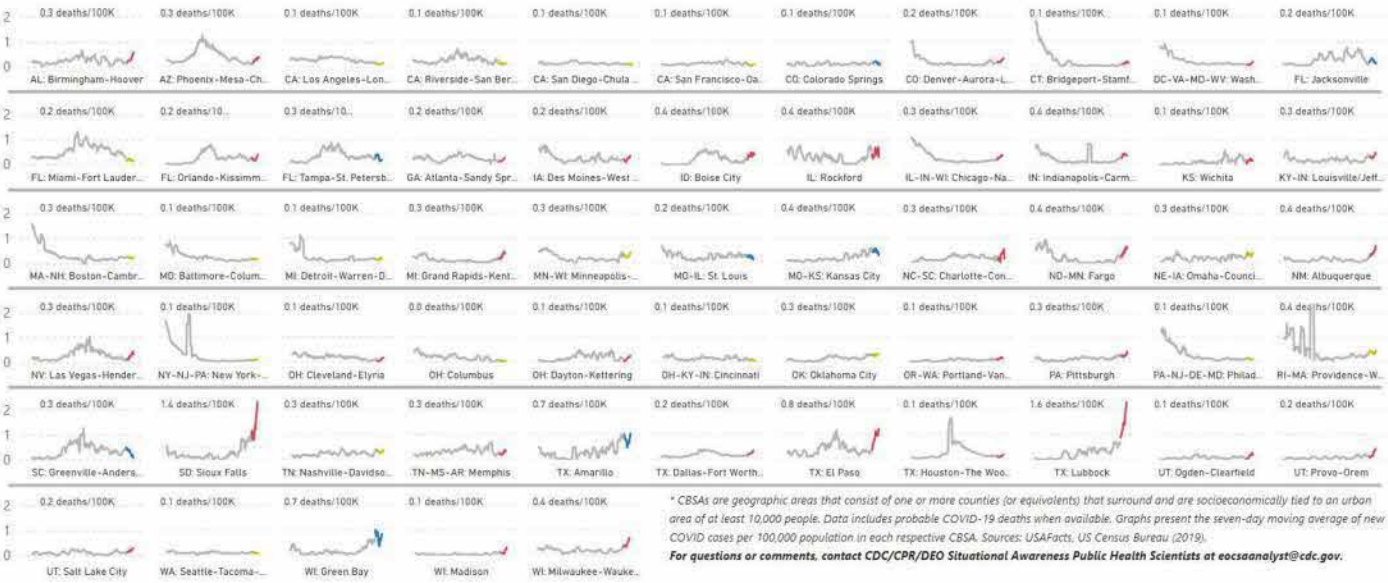
Data: 14 May 2020 – 07 Nov 2020 *Last Updated: 09 Nov 2020, 10:30*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: USAFACTS)*

Daily Trends in the Number of New COVID-19 Deaths in the US by Core-based Statistical Area (CBSA) per 100,000 Population* - Last 180 Days

14-May-20 | 07-Nov-20 | 09-Nov-20
DATA FROM | DATA THROUGH | LAST UPDATED

These are the top 60 CBSAs based on the overall number of new cases in the past 14 days, presented in alphabetical order by state and city/town. The trend is based on logistic regression of the 7-day moving average of deaths, and the number shown is the average daily deaths per 100K, both in the past 14 days.

INCREASING TREND: Estimate or Lower Limit > +0.05 per 100K **34** | **MOSTLY THE SAME:** **18** | **DECREASING TREND:** Estimate or Upper Limit < -0.05 per 100K **8**



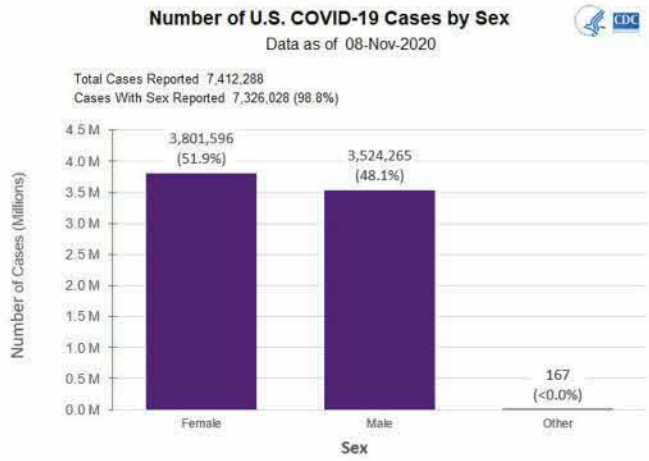
** CBSAs are geographic areas that consist of one or more counties (or equivalents) that surround and are socioeconomically tied to an urban area of at least 10,000 people. Data includes probable COVID-19 deaths when available. Graphs present the seven-day moving average of new COVID cases per 100,000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

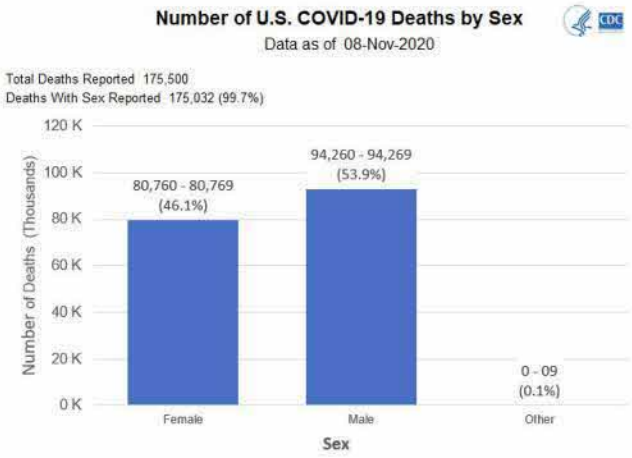
For questions or comments, contact CDC/CPR/DEO Situational Awareness Public Health Scientists at eocsaanalyst@cdc.gov.

Demographic Trends of COVID-19 Cases and Deaths in the US Reported to CDC[17]

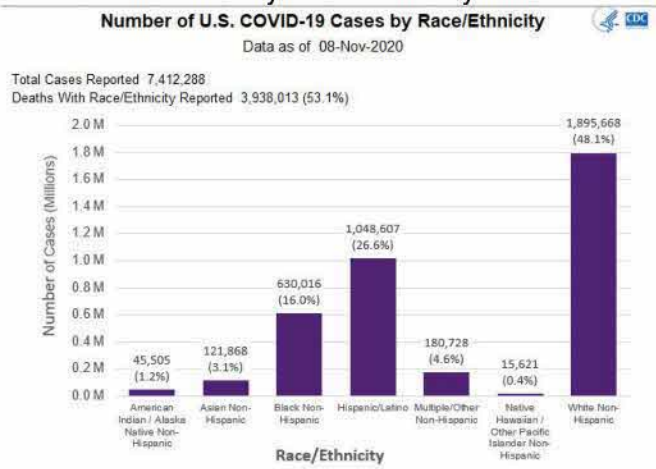
Data through 07 Nov 2020 *Last Updated: 08 Nov 2020*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: CDC COVID Data Tracker)*

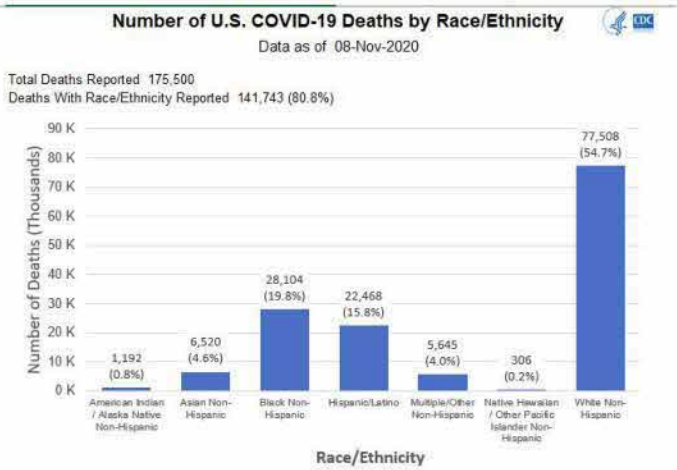
Cases and Deaths by Sex



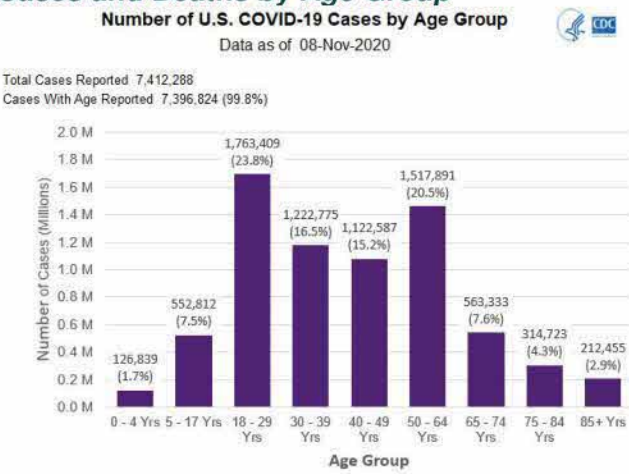


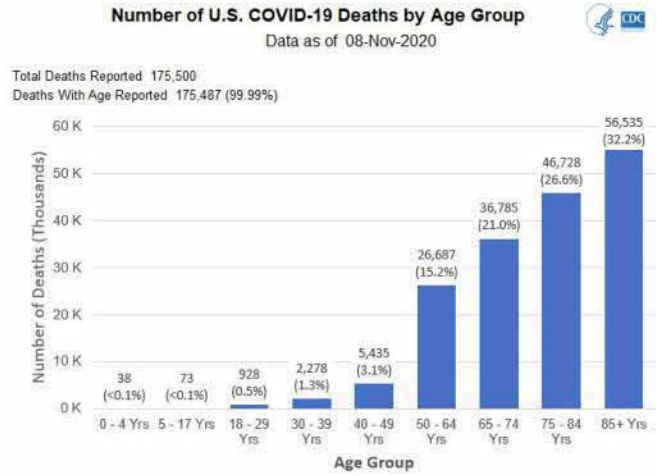
Cases and Deaths by Race/Ethnicity





Cases and Deaths by Age Group





[17] Data presented in this section are derived from information submitted to CDC by jurisdictions through a standardized COVID-19 case reporting form. More information can be found on the FAQ site on Data and Surveillance, under the section "National COVID-19 Case Surveillance: How is COVID-19 case information collected and reported?"

COVID-19 Among Specific Populations

US Healthcare Workers

Healthcare Workers in US - Case Count Reported in Case-Based Surveillance[18]

Data as of 08 Nov 2020

- Cases: 208,468 (+911)
- Deaths: 795 (+3)
  - 209 in CA
  - 190 in IL
  - 70 in OH
  - 47 in MA
  - 33 in NV
  - 31 in MI
  - 28 in TN
  - 26 in NC
  - 26 in NY
  - 20 in PA
  - 19 in WA
  - 16 in AR
  - 15 in IA
  - 15 in MN
  - 11 in LA
  - 8 in KS
  - 8 in NH
  - 7 in NJ
  - 4 in CO
  - 4 in UT
  - 3 in DC
  - 3 in PR
  - 1 in GU
  - 1 in VI

COVID-19 Cases and Deaths in Skilled Nursing Facilities

COVID-19 Cases and Deaths Skilled Nursing Facilities (SNF) by CNN, Inferred Data[19, 20]

Data 31 May 2020 through 01 Nov 2020 *Last Updated: 08 Nov 2020*

Source: Health Systems Worker Safety Infection Prevention & Control

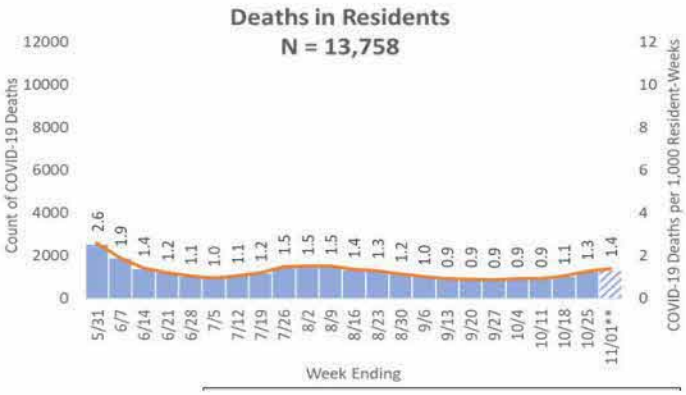
COVID-19 Cases and Deaths Among SNF Staff

[18] Changes reported since previous update on 06 Nov.

[19] For the purpose of best epidemiological understanding, data that fail quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns of data-entry or excluded from analysis Number of facilities reporting vary from week-to-week; Pattern fill represents potential incomplete data due to reporting lag from facilities.

[20] ***4-Week Change Definition*** (apply to last 4 weeks). ***Increase***: meet both: (1) rate for week 4 was greater than week 1; (2) at least two out of three paired consecutive rate comparisons showed a significant increase. ***Decrease***: meet both: (1) rate for week 4 was lower than week 1; (2) at least two out of three paired consecutive rates comparisons showed a significant decrease. Note: Mid-p (1-tailed) method was used to test a statistical significance.

COVID-19 Cases and Deaths Among SNF Residents



Status of Laboratory Testing

Data Through: 01 Nov 2020 Unless Otherwise Specified *Last Updated: 09 Nov 2020, 07:00*
Source: HHS Protect[21,22]

Report	Total New Orders	Cumulative Orders	New With Results	Cumulative Results	New Positives	Cumulative Positives	Total % Positive	% Positive Last 7 Days
Hospital[23]	81,462	24,061,638	91,189	23,946,044	7,603	1,635,329	6.83%	7.66%
Commercial labs[24]	163,306	52,983,709	332,184	51,859,354	26,723	4,111,775	7.93%	7.54%
State/Local PHL[25]	12,184	8,397,641	36,408	8,336,490	3,566	604,849	7.26%	8.88%
Total	256,952	85,442,988	459,781	84,141,888	37,892	6,351,953		

	Cumulative Results		Cumulative Positives	Total % Positive	% Positive Last 7 Days
Total Incl. State HD's *as of 09 Nov 2020, 07:00* [26]	158,741,159		117,66,897	7.41%	7.42%

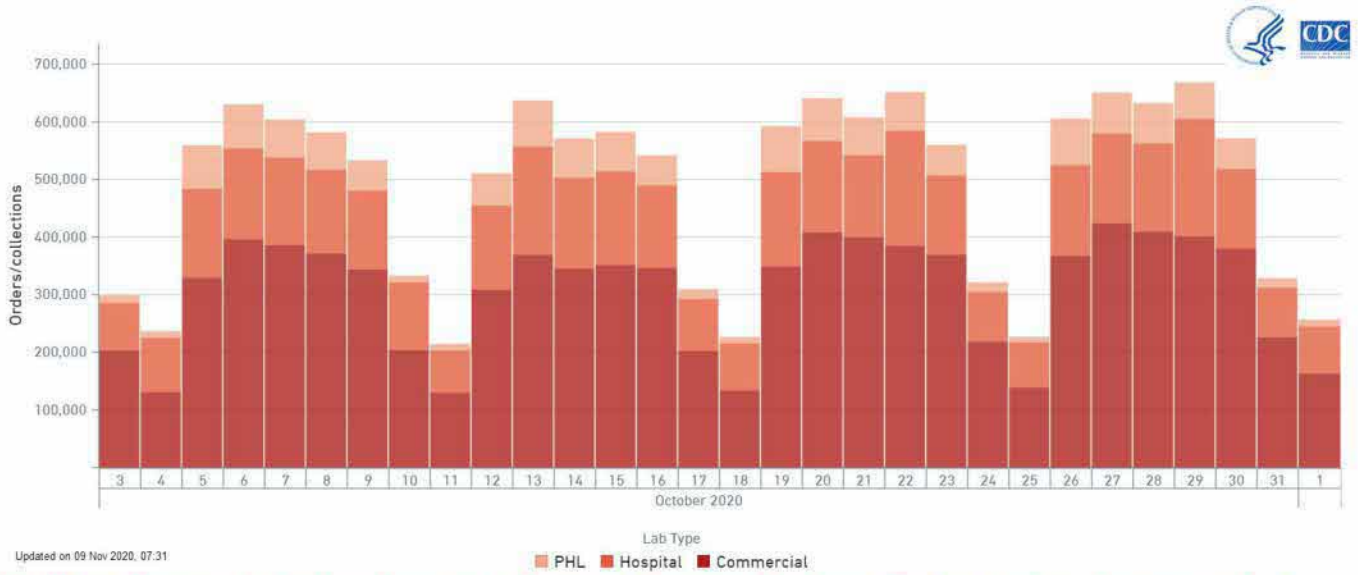
Results by HHS Region *as of 01 Nov 2020*

Region 1	9,924,948		346,144		2.5%
Region 2	19,090,457		797,255		2.9%
Region 3	13,326,610		913,632		6.0%
Region 4	29,067,182		2,930,401		7.8%
Region 5	27,601,486		1,779,319		10.3%
Region 6	15,324,527		1,738,179		9.8%
Region 7	5,135,999		488,288		16.5%
Region 8	5,493,763		425,435		13.8%
Region 9	23,177,245		1,555,526		4.8%
Region 10	5,167,047		303,198		8.0%

[21] Not all jurisdictions report data up through the day of reporting. In order to report data for all jurisdictions along a consistent time window, this report uses data up through the most recent day for which all jurisdictions have reported. There may be data available for more recent days for several jurisdictions that is not included in this report.
[22] Due to CA correcting historical data, there is a significant spike in positive tests on October 5, which affects national and CA state's 7-day % positivity and test volume data.
[23] 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.
[24] Includes 6 commercial labs: LabCorp, Quest Diagnostics, BioReference, ARUP, Mayo Clinic, and Sonic Healthcare.
[25] 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.
[26] Includes laboratory results reported to CDC from state health departments that were not reported through HHS Protect, including additional lab orders received prior to 23 Apr that were not included in HHS Protect data. This data is updated when it becomes available and is not cut off by the date above.

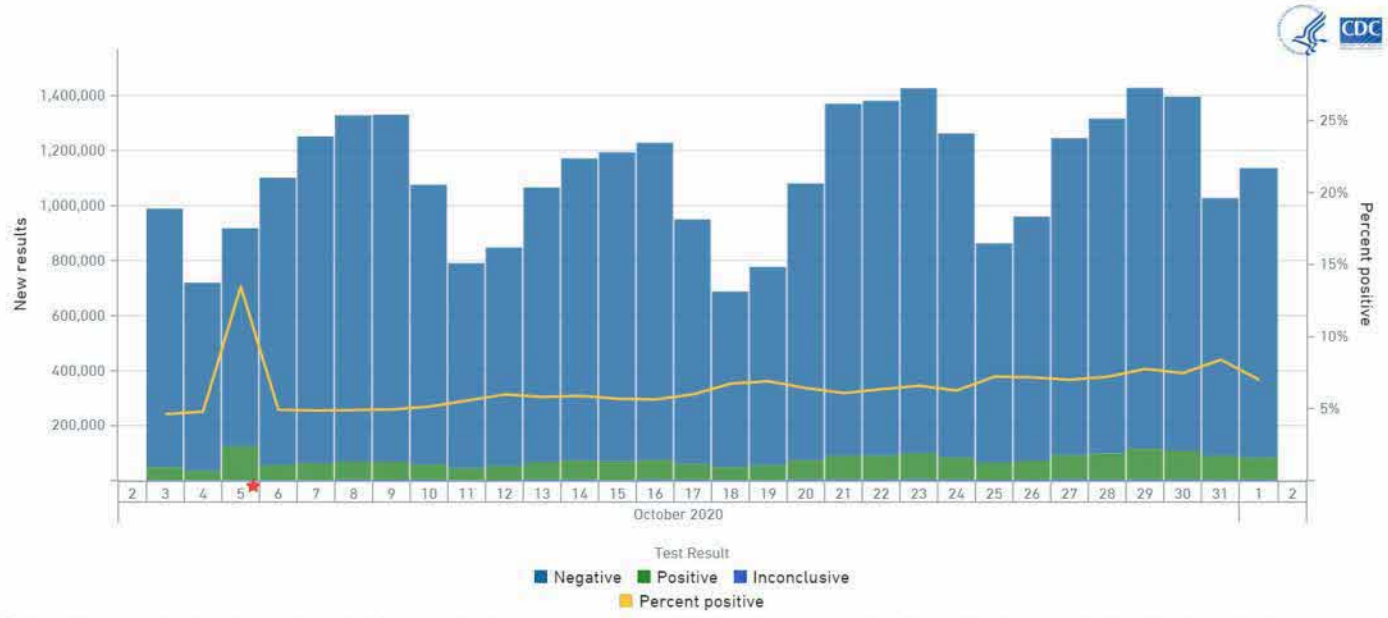
Laboratory Orders/Collections per Day by Lab Type (Commercial, Public Health and Hospital Labs) [27]

Data: 03 Oct 2020 - 01 Nov 2020 *Last Updated: 09 Nov 2020, 07:31*
Source: HHS Protect Federal Dataset (Commercial, Public Health and Hospital Labs)



COVID-19 Positive/Negative Results & Percent Positive (Federal, Public Health, Commercial, & Hospital Labs)[28]

Data: 03 Oct 2020 - 01 Nov 2020 *Last Updated: 09 Nov 2020, 07:31*
Source: HHS Protect Unified Dataset[29]

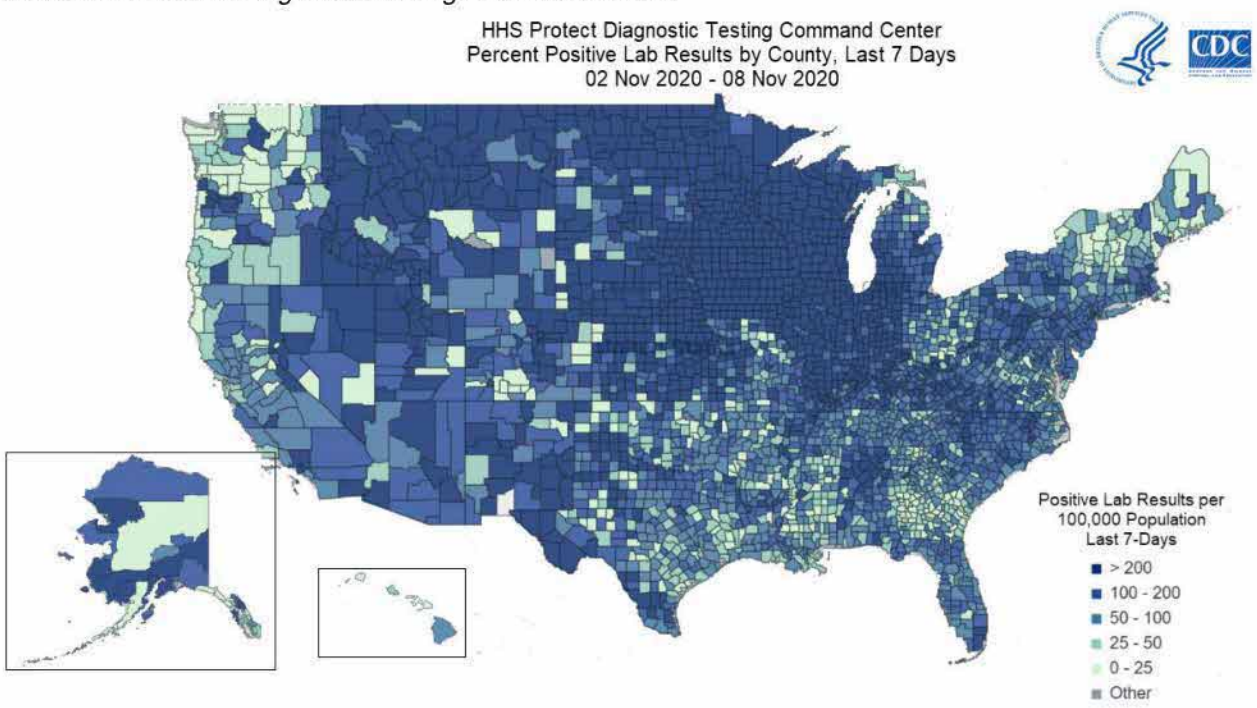


★ Due to CA correction of historical data; a significant spike in the number of positive tests were reported on 05 Oct 2020 resulting in an increase in the 7% positivity and test volumes for CA and the nation on this date
Updated on 09 Nov 2020, 07:31

[27] 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.
[28] Reported by test result date. Due to reporting lags, data for the most recent three days may be underrepresented.
[29] Data from the unified dataset include a combination of CELR line-level, CELR aggregate, commercial/reference, state public health, and hospital laboratories data feeds.

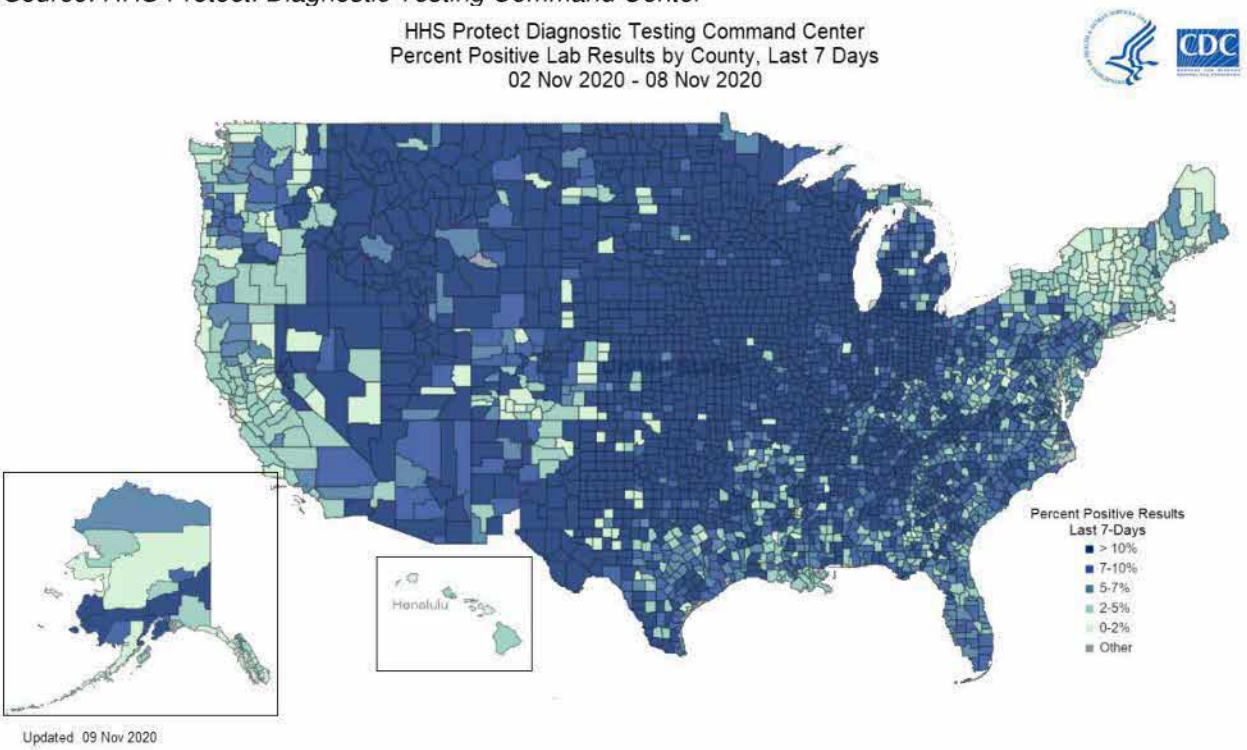
Positive Results per 100,000 Population Last 7-Days by County[30,31]

Data: 02 Nov 2020 - 08 Nov 2020 *Last Updated: 09 Nov 2020, 09:00*
Source: HHS Protect: Diagnostic Testing Command Center



Percent Positive Results Last 7-Days by County

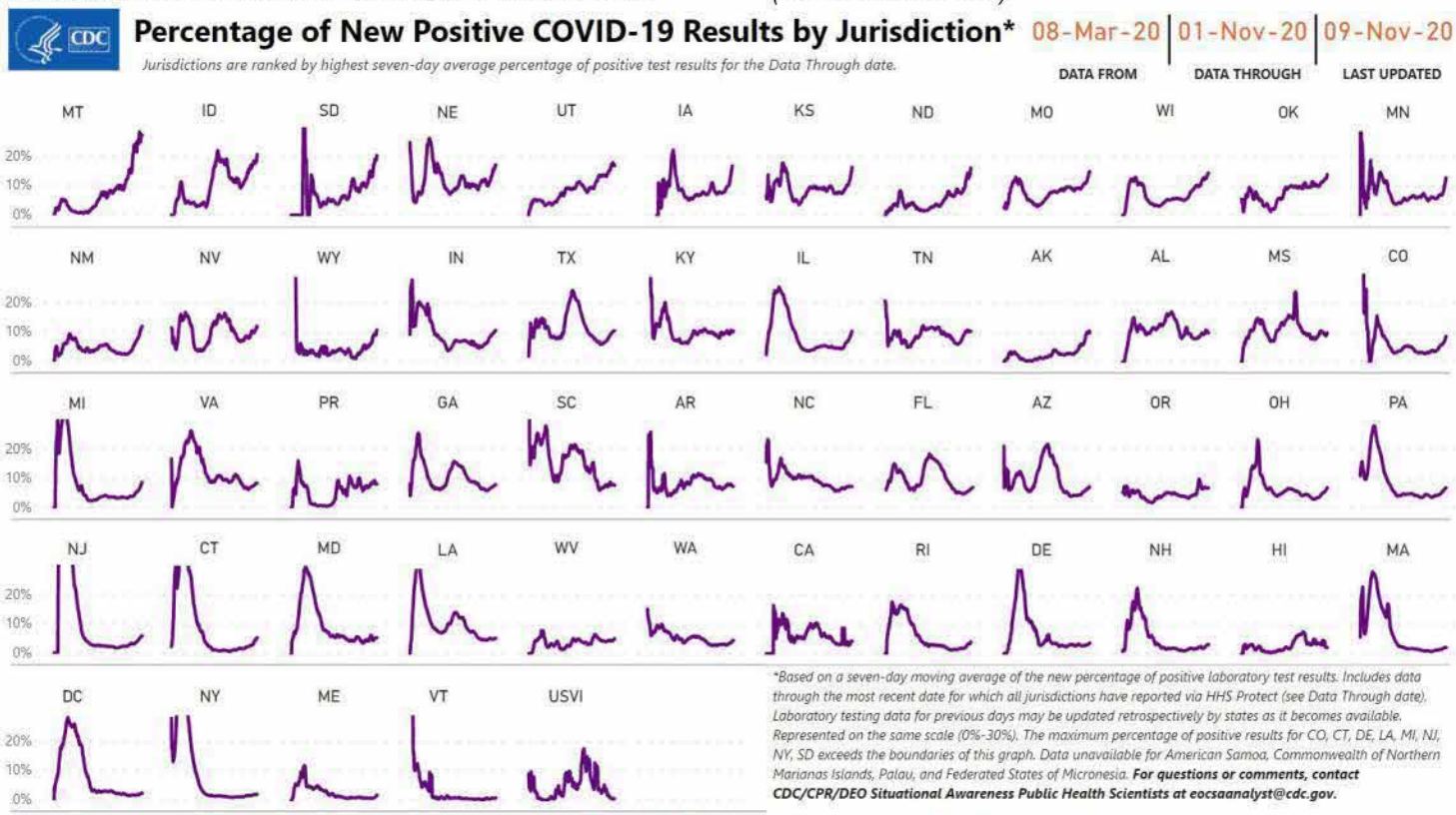
Data: 02 Nov 2020 - 08 Nov 2020 *Last Updated: 09 Nov 2020, 09:00*
Source: HHS Protect: Diagnostic Testing Command Center



[30] One person may have multiple tests and positive results.
[31] See CDC COVID-19 Data Tracker for the latest visualizations on US laboratory testing by state.

Percentage of New Positive COVID-19 Test Results by Jurisdiction

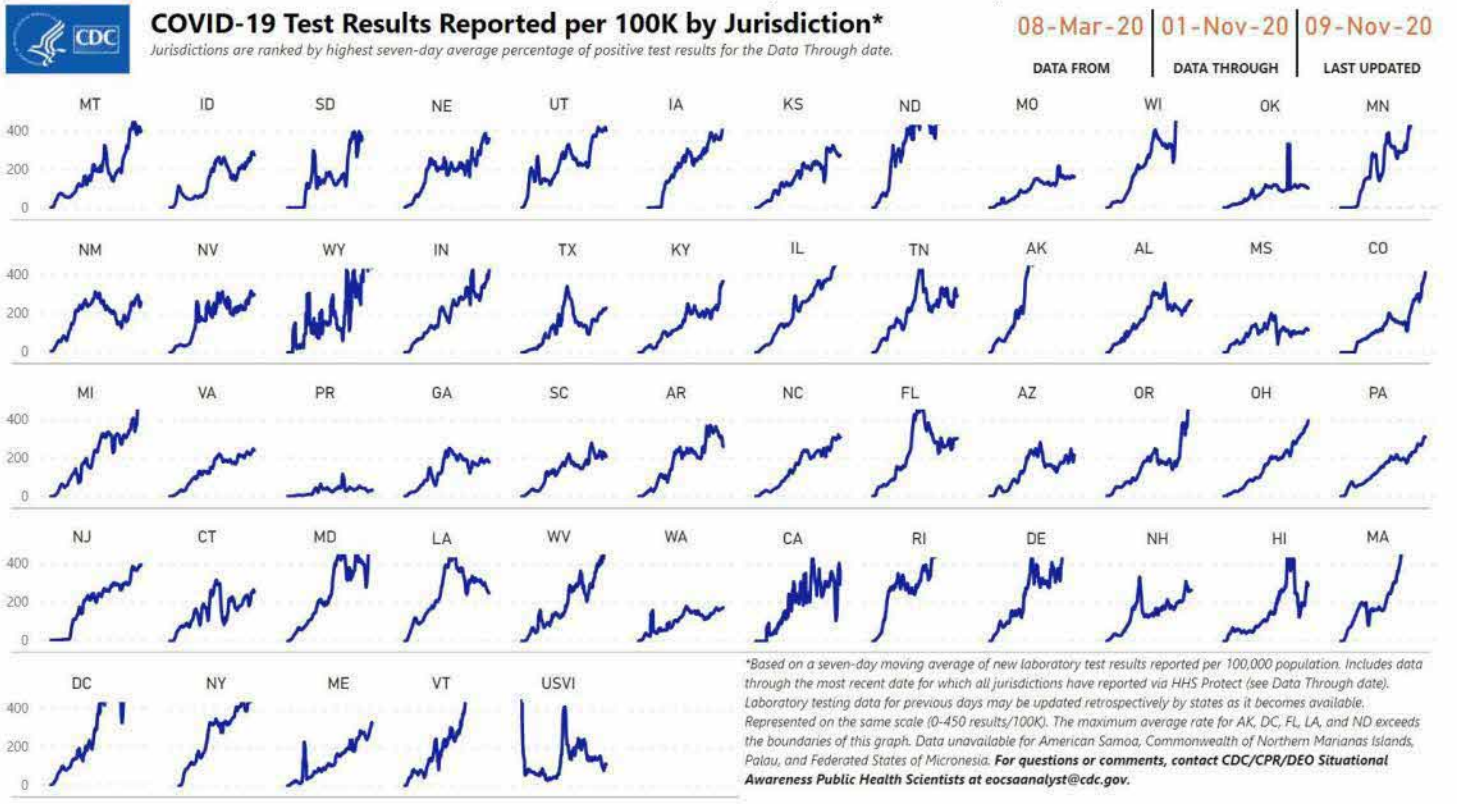
Data: 08 Mar 2020 – 01 Nov 2020 *Last Updated: 09 Nov 2020, 11:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: HHS Protect)*



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

Data: 08 Mar 2020 – 01 Nov 2020 *Last Updated: 09 Nov 2020, 11:00*
Source: CDC/CPR/DEO Situational Awareness Branch *(Data: HHS Protect)*

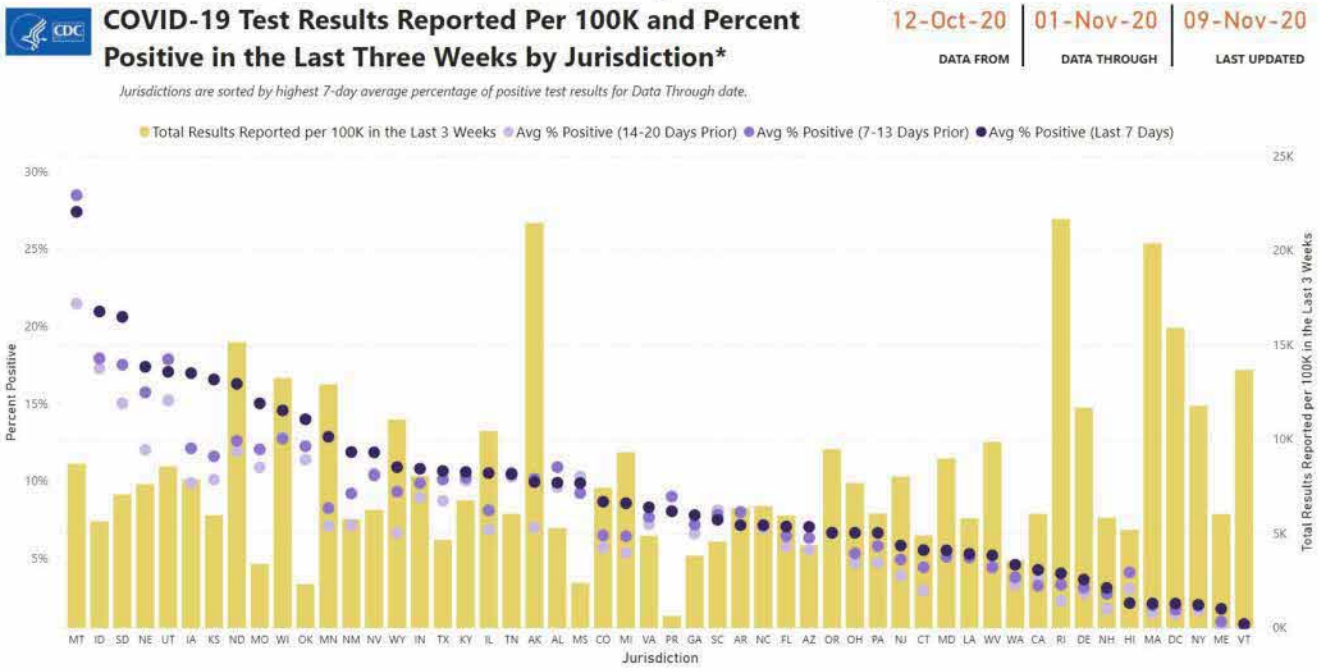


Based on a seven-day moving average of new laboratory test results reported per 100,000 population. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by 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.*

COVID-19 Test Results per 100,000 and Percent Positive in the Last 3 Weeks by Jurisdiction[32 33 34]

Data: 12 Oct 2020 – 01 Nov 2020 *Last Updated: 09 Nov 2020, 08:00*

Source: CDC/CPR/DEO Situational Awareness Branch (Data: HHS Protect)



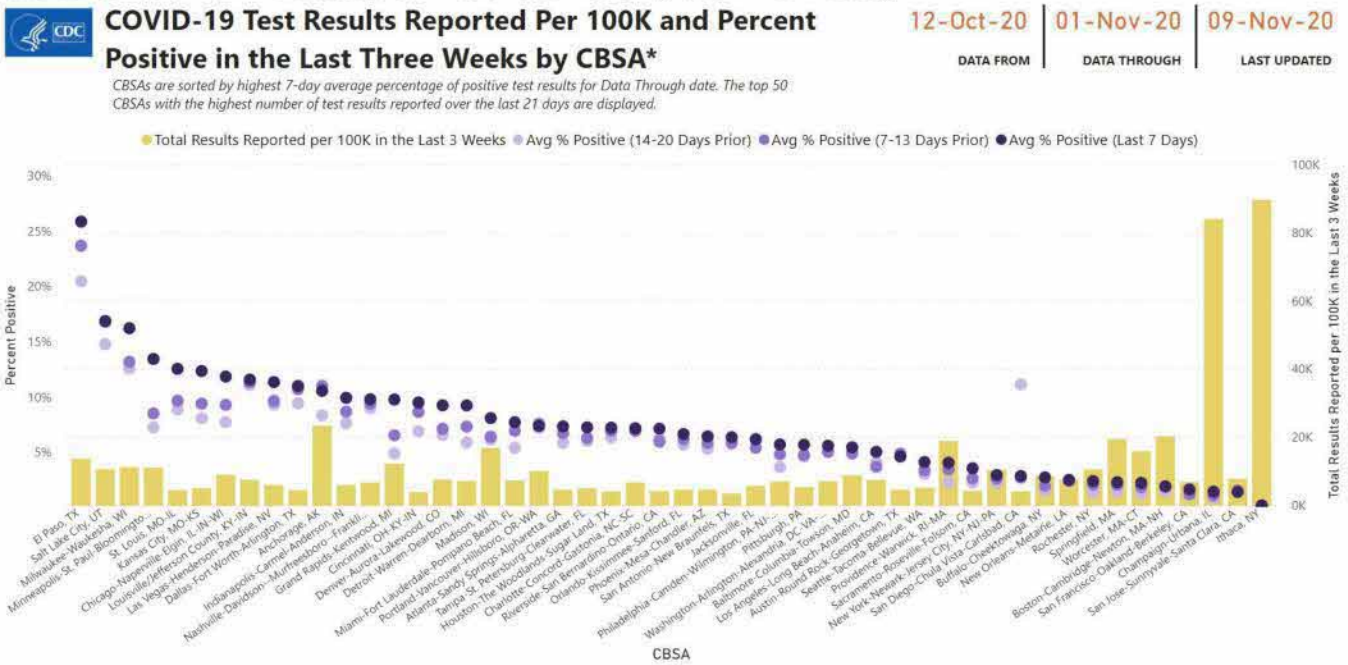
**Based on total laboratory test results reported per 100,000 population in the last 21 days. Includes data through the most recent date for which all jurisdictions have reported via HHS Protect (see Data Through date). Laboratory testing data for previous days may be updated retrospectively by states 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.

COVID-19 Test Results per 100,000 and Percent Positive in the Last 3 Weeks by CBSA

Data: 12 Oct 2020 – 01 Nov 2020 *Last Updated: 09 Nov 2020, 11:00*

Source: CDC/CPR/DEO Situational Awareness Branch (Data: 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.

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

[33] 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.

[34] Line level laboratory data for the most recent three days may be 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 for 01 Nov 2020 *Last Updated: 09 Nov 2020, 08:00*

Source: CDC/CPR/DEO Situational Awareness Branch (Data: DCIPHER & HHS Protect)

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

DATA FOR 01-Nov-20 | LAST UPDATED 09-Nov-20

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, Guam, Palau, and Federated States of Micronesia. * Calculation omitted where the number of total new tests was less than five.*

State	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	2,118.4	11.3	841,448	5,182	115,023.4	708.4	420	33,017	3.9%	8.1%
AL	3,992.1	60.8	2,170,322	4,965	44,263.5	101.3	766	241,987	11.1%	15.4%
AR	3,751.3	65.0	1,342,086	5,653	44,472.3	187.3	400	108,983	8.1%	7.1%
AZ	3,450.7	83.4	2,428,488	13,014	33,364.2	178.8	1,152	247,986	10.2%	8.9%
CA	2,342.3	44.7	18,813,961	360,941	47,615.5	913.5	9,305	1,145,515	6.1%	2.6%
CO	1,884.8	40.1	1,867,583	22,980	32,430.4	399.0	2,120	94,858	5.1%	9.2%
CT	1,993.1	129.2	1,371,756	6,210	38,475.3	174.2	476	76,744	5.6%	7.7%
DE	2,617.0	73.4	651,527	2,389	66,908.1	245.3	122	30,161	4.6%	5.1%
FL	3,741.9	78.8	11,904,878	28,787	55,428.9	134.0	2,678	1,263,463	10.6%	9.3%
GA	3,441.1	75.9	3,494,817	4,794	32,915.9	45.2	514	333,729	9.5%	10.7%
HI	1,061.3	15.3	527,160	3,714	37,232.2	262.3	87	18,569	3.5%	2.3%
IA	4,[illegible]	54.4	1,623,637	8,918	51,461.2	282.7	1,610	146,207	9.0%	18.1%
ID	3,710.4	35.9	626,075	2,808	35,033.7	157.1	677	88,008	14.1%	24.1%
IL	3,324.2	79.1	7,136,783	44,268	56,320.1	349.3	5,744	479,551	6.7%	13.0%
IN	2,721.3	65.2	3,327,943	28,778	49,433.1	427.5	3,595	251,931	7.6%	12.5%
KS	2,925.7	35.3	1,131,666	3,831	38,844.6	131.5	679	104,149	9.2%	17.7%
KY	2,431.3	33.3	1,585,039	7,885	35,478.0	176.5	1,022	148,836	9.4%	13.0%
LA	4,[illegible]	127.2	2,803,638	4,048	60,308.9	87.1	274	264,066	9.4%	6.8%
MA	2,398.6	144.8	6,167,140	40,184	89,476.1	583.0	1,055	200,065	3.2%	2.6%
MD	2,432.6	68.8	3,756,940	18,613	62,142.6	307.9	1,225	252,311	6.7%	6.6%
ME	508.0	11.1	444,687	2,673	33,081.6	198.9	82	6,974	1.6%	3.1%
MI	1,974.9	77.0	5,299,476	37,571	53,064.5	376.2	3,656	271,362	5.1%	9.7%
MN	2,685.3	45.1	3,477,522	28,345	61,662.2	502.6	4,924	235,394	6.8%	17.4%
MO	3,028.4	49.4	1,463,848	8,406	23,851.2	137.0	1,263	124,430	8.5%	15.0%
MS	4,047.9	112.1	721,072	1,548	24,228.4	52.0	201	80,705	11.2%	13.0%
MT	3,153.0	35.4	483,935	4,115	45,279.3	385.0	1,121	55,423	11.5%	27.2%
NC	2,664.7	42.2	3,940,604	26,863	37,572.2	256.1	2,005	316,334	8.0%	7.5%
ND	4,054.0	71.0	731,330	4,546	95,967.3	596.5	872	44,254	6.1%	19.2%
NE	1,714.7	33.9	916,848	4,620	47,396.8	238.8	883	113,502	12.4%	19.1%
NH	826.7	35.6	493,860	2,732	36,321.0	200.9	78	16,255	3.3%	2.9%
NJ	2,689.9	183.6	4,287,231	24,148	48,267.7	271.9	1,645	157,007	3.7%	6.8%
NM	2,254.1	49.0	958,101	7,360	45,692.9	351.0	971	46,126	4.8%	13.2%
NV	3,344.3	58.7	1,357,750	8,305	44,080.6	269.6	867	138,360	10.2%	10.4%
NY	2,203.8	83.2	14,568,914	93,359	74,890.7	479.9	1,988	629,104	4.3%	2.1%
OH	1,873.5	45.4	4,517,227	57,286	38,644.8	490.1	3,819	231,300	5.1%	6.7%
OK	3,310.6	34.3	780,391	3,034	19,721.9	76.7	497	69,724	8.9%	16.4%
OR	1,084.0	16.5	1,711,515	16,062	40,579.0	380.8	1,206	86,571	5.1%	7.5%
PA	1,639.2	68.8	4,592,780	32,266	35,875.5	252.0	2,452	272,899	5.9%	7.6%
RI	3,109.2	113.6	1,013,161	4,269	95,638.9	403.0	266	42,704	4.2%	6.2%
SC	3,601.5	77.4	1,692,030	7,844	32,863.2	152.3	654	216,553	12.8%	8.3%
SD	4,[illegible]	49.5	324,849	1,469	36,720.3	166.1	349	31,236	9.6%	23.8%
TN	3,861.5	49.5	3,558,420	11,890	52,106.2	174.1	1,406	328,794	9.2%	11.8%
TX	3,152.6	63.0	9,440,311	46,310	32,557.4	159.7	5,700	1,249,280	13.2%	12.3%
UT	3,685.7	19.4	1,805,242	7,768	56,309.0	242.3	1,288	187,205	10.4%	16.6%
VA	2,153.4	42.9	2,851,175	16,389	33,403.7	192.0	1,468	298,957	10.5%	9.0%
VT	347.9	9.3	434,344	1,527	69,607.6	244.7	28	3,402	0.8%	1.8%
WA	1,437.4	31.4	1,988,009	11,689	26,106.9	153.5	661	95,602	4.8%	5.7%
WI	4,152.8	36.3	3,842,535	28,730	65,995.3	493.4	4,181	309,781	8.1%	14.6%
WV	1,377.9	25.3	875,797	8,363	48,868.6	466.6	520	36,218	4.1%	6.2%
WY	2,375.3	15.1	280,824	1,901	48,521.8	328.5	234	12,459	4.4%	12.3%
DC	2,472.6	92.0	598,391	4,589	84,788.1	650.2	105	23,086	3.9%	2.3%
PR	2,133.6	26.3	234,312	2,044	7,336.7	64.0	150	11,144	4.8%	7.3%

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.***

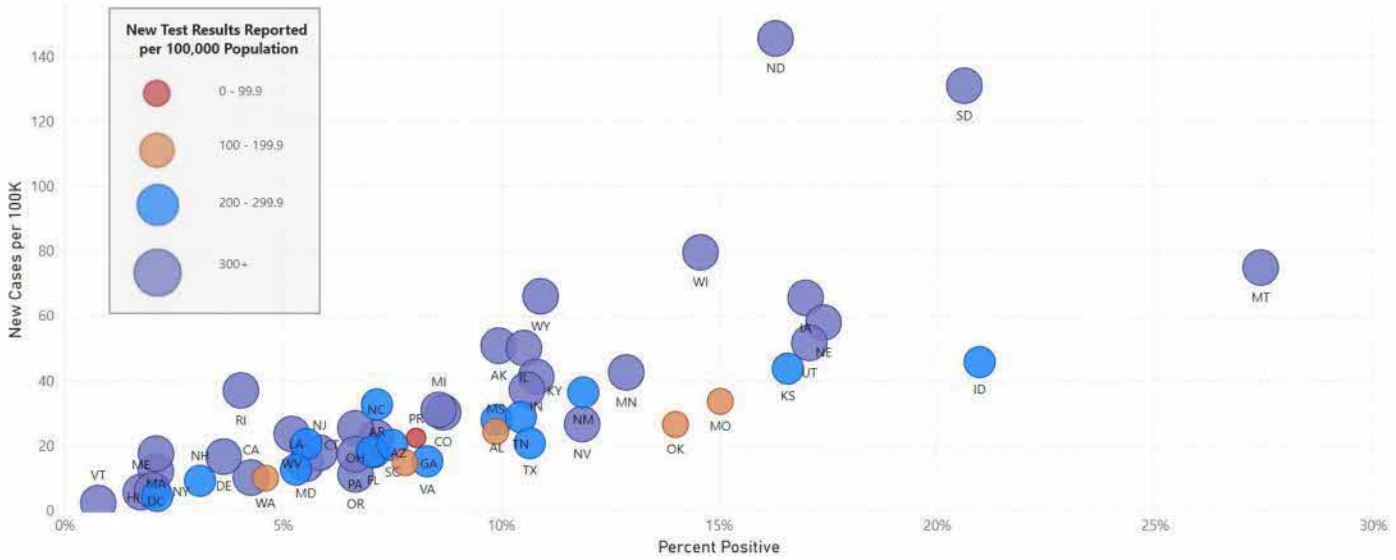
Comparison New Cases per 100,000 Population and Percent Positive Test Results, Last 7-Days

Data: 26 Oct 2020 – 01 Nov 2020 *Last Updated: 09 Nov 2020, 11:00*

Source: CDC/CPR/DEO Situational Awareness Branch (Data: DCIPHER & 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

26-Oct-20 DATA FROM | 01-Nov-20 DATA AS OF | 09-Nov-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.***

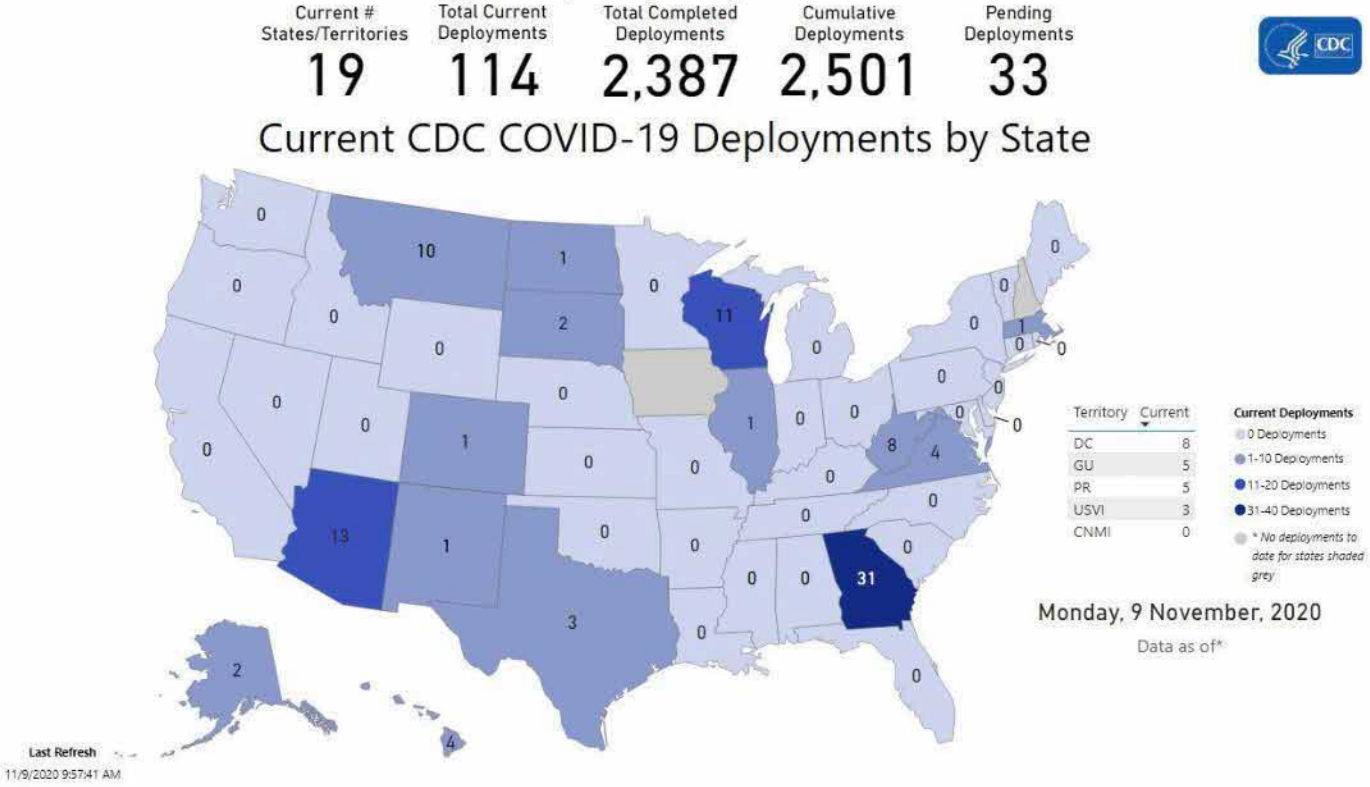
CDC Response Statistics

Deployments CDC COVID-19 Domestic Deployments [35]

Data as of 09 Nov 2020 *Last Updated: 09 Nov 2020, 09:57*

Source: CDC Personnel Workforce Management System (PWMS)

Current # States/Territories	Total Current Deployments	Total Completed Deployments	Cumulative Deployments	Pending Deployments
19	114	2,387	2,501	33



Health Department and High-Risk Setting Deployments [36, 37]

As of 09 Nov 2020

Teams: 34 teams *Deployers: 137 deployers (108 field, 29 remote)*

Summary of Health Department Support Teams [38]

Team Description	No. Teams	No. Staff
Currently Deployed	**34**	**137**
Field[39]	29	108
Remote	5	29
Returned[40]	**330**	**1,491**
Field	293	1,310
Remote	102	254
Cumulative[41]	**362**	**1,628**
Field	322	1.418
Remote	118	283

[35] A single person may have multiple deployments over time.

[36] Field Staff and Remote Staff counts are current number of deployed staff of each type.

[37] 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.

[38] Field and remote staff may not sum to total because some teams or individuals could provide both field and remote support.

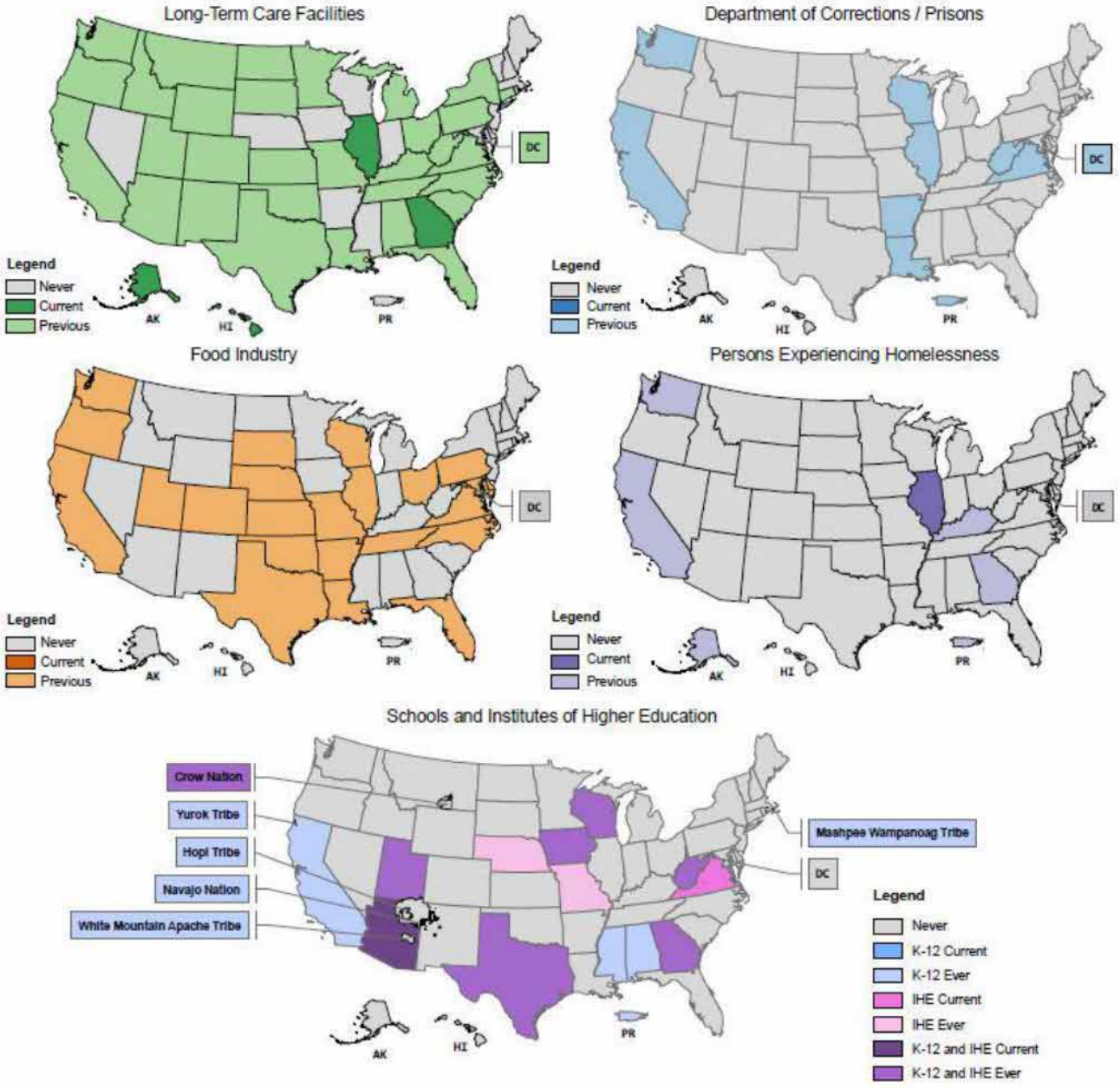
[39] Includes 3 teams with both field and remote staff.

[40] Includes 65 teams with both field and remote staff.

[41] Includes 78 teams with both field and remote staff.

COVID-19 Response - CDC Assistance for High Risk Settings

(as of 8 AM EDT, November 8, 2020)



Subset of Deployment Teams with Work in High Risk Settings[42]

	Number of Teams		
	Currently Deployed	**Returned**	**Total**
Department of Corrections / Prisons	0	16	16
Early Childhood Education	0	1	1
Food Industry	0	27	27
Homeless Pop	4	12	16
Institutes of Higher Education	1	19	20
K-12 Schools	4	70	74
Long-Term Care Facilities	1	12	13
Total	**8**	**133**	**141**

[42] Total may differ from calculated sum in table due to some teams working in multiple high-risk settings.

Team and Staff Counts by Team Category

	No. Teams	No Staff
Currently Deployed	34	137
Outbreak Response	5	19
State Support	21	63
Study/Trial	5	48
Tribal Support	3	7

Health Department Support Deployments by Mission

Team ID	HHS Region	County	Start Date	End Date[43]	Current Staff	HHS CRAFT Team	Mission
AK-2	10	Anchorage	04/02/20	12/31/20	2	No	Provide case and contact investigation support to the Alaska state Department of Health for outbreak investigation in a long-term care facility.
AZ-3	9	TBD	10/25/20	11/21/20	13	No	Examine the length of quarantine and comparison of antigen/PCR testing in asymptomatic cases and data available to review information; Review data on the correlation between mask wearing and case incidence within Vail Unified School District.
Blackfeet-2	8	TBD	10/28/20	12/01/20	5	No	Tribal Support Section (TSS) Tribal Rapid Assessment Team (TRAT): Identify tribal points of contact, assess requirements and prioritize activities for CDC support; provide virtual telehealth ICAR assessment and support in building internal capacity for outbreak response.
CO-5	8	Adams; Arapahoe; Denver	09/15/20	11/27/20	2	No	Provide oversight and coordination to evaluate the sensitivity, utility, and acceptability of self-collected vs healthcare-professional-collected nasopharyngeal and saliva specimens for SARS-CoV-2 testing during community universal testing events.
DC-8	3	TBD	10/18/20	11/24/20	0	No	Vaccine Task Force Leadership travel to Washington D.C. to support Operation Warp Speed Planning and Coordination.
DC-9	3	TBD	10/26/20	12/31/20	1	No	Provide technical assistance to federal partners in the DC area.
GA-8	4	DeKalb; Fulton	08/04/20	12/15/20	6	No	Conduct surveillance and follow-up study among COVID-19 dialysis patients in Georgia.
GA-10	4	Fulton	08/11/20	12/24/20	9	No	Examine outcomes of self-collected SARS-CoV-2 specimens with specimens collected through nasopharyngeal swabs collected by healthcare personnel.
GA-14	4	TBD	09/21/20	12/04/20	18	No	CADENCE: COVID-19 Antigen Detection Efficacy in Nursing Homes and Caretakers. Conduct evaluation to assess performance of Point-of-Care antigen testing via repeat point prevalence surveys during ongoing outbreaks in nursing homes in GA.
GA-15	4	TBD	09/29/20	11/20/20	0	No	Compare point of care antigen testing to PCR testing • Conducting viral culture • Evaluate quarantine procedure • Identify optimal testing strategies • Assess the relative intensity of close contact for exposed students using testing • Develop a targeted approach to quarantine
GU-1	9	TBD	10/07/20	11/20/20	4	No	Provide case investigation, contact tracing and support to Guam's lab and epidemiology unit.
HI-1	9	Hawaii; Kauai; Maui; Honolulu	08/24/20	11/13/20	1	No	Provide infection prevention and control support to the Hawaii Department of Health (HDOH).
HI-3	9	Honolulu	10/15/20	12/13/20	2	No	Investigate and respond to outbreaks in correctional settings, schools, and workplaces, or among other vulnerable populations. Develop process for DOH to receive antigen testing results from clinical providers and congregate settings using point of care tests for COVID-19 surveillance. Provide technical assistance to facilities, including LTCFs, to enable transmission of data files that can be ingested in ELR format.
IHS ABQ-1	TBD	Cibola	08/16/20	11/11/20	1	No	Serve in the IHS Albuquerque Area's Incident Command System (ICS) Team under the Command Staff position's "Safety/Infection Prevention Officer"

[43] Represents projected date the deployment will end.

Team ID	HHS Region	County	Start Date	End Date[43]	Current Staff	HHS CRAFT Team	Mission
IL-1	5	Sangamon	04/05/20	12/18/20	1	No	Provide a wide range of epidemiological support to state health department for the COVID-19 response.
IL-4	5	Cook	05/18/20	01/17/21	1	No	Support development of a serologic surveillance testing plan, epidemiology, data management, and data analysis of COVID-19 data, including LTCFs and homeless shelters.
MT-2	8	TBD	11/05/20	12/03/20	12	No	Support Montana DPHHS in epidemiological investigation of increased cases of Colorado tick fever cases and examine associations between increased cases and COVID-19 mitigation processes implemented by the state.
MT-3	8	Cascade; Yellowstone	11/02/20	11/13/20	4	No	Support cases investigations and provided technical assistance to identify high-risk areas for potential COVID-19 outbreaks
NM-3	6	Santa Fe	05/04/20	11/30/20	1	No	Support data collections and data analysis activities for tribal COVID cases.
NY-3	2	New York	05/11/20	12/31/20	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
PA-9	3	TBD	11/09/20	12/12/20	6	No	Support PA DoH case investigations activities.
PR-4	2	San Juan	07/15/20	02/06/21	4	No	Establish a COVID-19 community cohort study with the CDC Dengue Branch laboratory in Puerto Rico.
SD-6	8	TBD	11/02/20	11/21/20	2	No	Support case investigation and contact tracing efforts to identify opportunities to streamline processes and provide technical assistance in vaccine distribution plan development.
Spirit Lake-1	8	TBD	09/13/20	11/13/20	1	No	Assist the Spirit Lake Tribe COVID-19 response and mitigate the impact of SARS-CoV2.
TX-14	6	TBD	11/08/20	11/11/20	5	No	The purpose of the visit is to conduct an assessment of infection prevention and control measures related to COVID-19 that are currently in place at the facilities, as well as gauge potential public health impact related to the cessation or modification of current COVID-19 measures or an influx of arriving persons that would require holding in CBP's congregate settings.
TX-4	6	Harris	07/14/20	12/10/20	1	No	Support data analytics, forecasting, and surveillance to better characterize recent transmission and inform response decisions.
USVI-5	2	TBD	09/24/20	11/22/20	3	No	Support the epi/surveillance mission, enhance the capacity of the laboratory mission, and increase capacity to support the emergency management of the COVID-19 response.
UT-5	8	Salt Lake	08/28/20	12/24/20	2	No	Identify gaps in protective policies/procedures that relate to risk of COVID outbreaks.
VA-12	3	TBD	10/05/20	11/16/20	4	No	Support state in conducting contact tracing.
WI-8	5	Dane	08/30/20	11/22/20	11	No	Investigate COVID transmission on college campus setting including prevalence, transmission risk factors, effective mitigation factors and validation of saliva-based antibody testing.
WI-10	5	TBD	10/24/20	11/23/20	2	No	Conduct a study on the effectiveness of the city's mask mandate to determine the mandate's contribution to the decline in positivity rate, which declined from ~10% when the mandate was implemented to ~5% currently.
WI-15	5	TBD	10/29/20	11/13/20	3	No	Support implementation of Mask Testing within the U of WI system to include 27 campuses Using approximately 50,000 Binex testing kits.

CDC Website Updates – COVID-19 Response

As of 09 Nov 2020, 04:00 [44]

Spotlight

- COVID-19 Science Update released: November 6, 2020

New/Updated Guidance, Recommendations, and Considerations

- Agriculture Workers and Employers
- Clinical Questions about COVID-19: Questions and Answers
- Contact Tracing Resources for Health Departments
- Frequently Asked Questions about Coronavirus (COVID-19) for Laboratories
- Interim Additional Guidance for Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities
- Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19
- Operational Considerations for Immunization Services during COVID-19 in Non-US Settings Focusing on Low-Middle Income Countries
- Protecting Seafood Processing Workers from COVID-19
- Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations
- What Firefighters and EMS Providers Need to Know about COVID-19
- What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019 (COVID-19)

New/Updated Webpages

- Cases & Deaths by County
- Cases in the U.S.
- Communication Resources
- COVIDView Weekly Summary
- Crew Disembarkations through Commercial Travel
- Public Service Announcements (PSAs)
- Social Media Toolkit
- Staffing Resources
- Toolkit for Worker Safety & Support

MMWR Publications

- EARLY RELEASE: Declines in SARS-CoV-2 Transmission, Hospitalizations, and Mortality After Implementation of Mitigation Measures— Delaware, March–June 2020

International Updates

WHO Epidemiological Update

WHO Global Cases and Deaths

Data: 23 Jan 2020 – 09 Nov 2020 *Last Updated: 09 Nov 2020 10:45 CET*
Source: WHO Coronavirus Disease (COVID-19) Dashboard

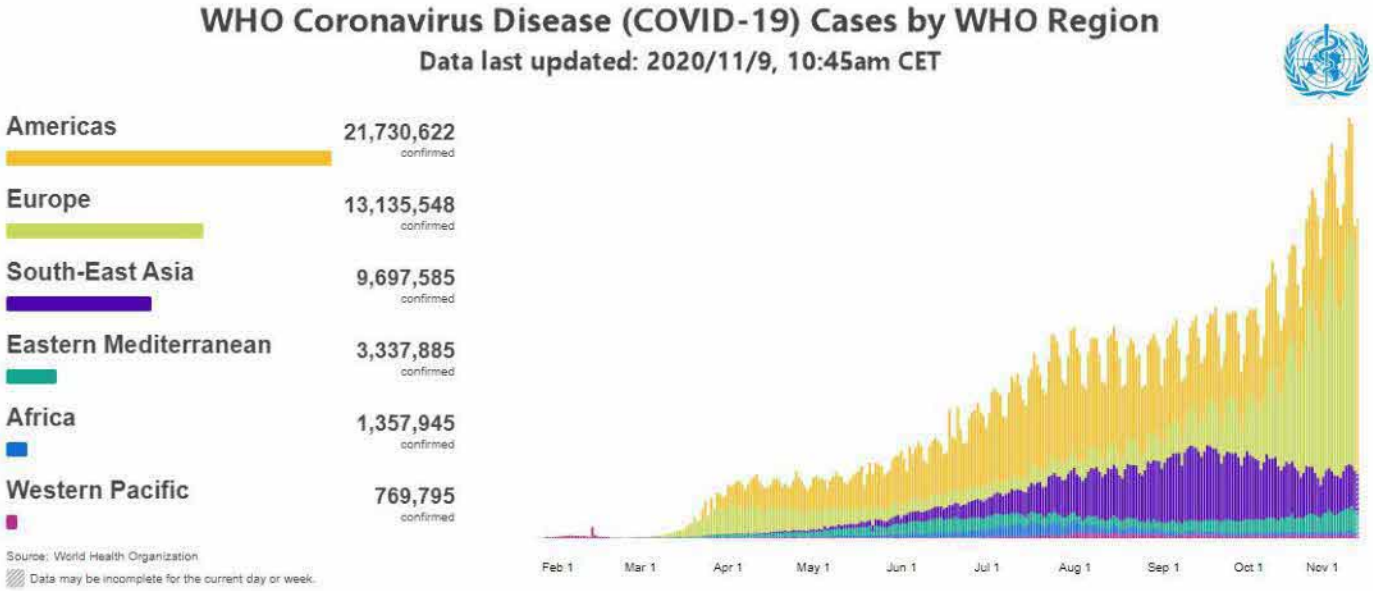
WHO Coronavirus Disease (COVID-19) Dashboard
Global Cases and Deaths
Data Last Updated: 09 Nov 2020 10:45 CET

Cases		Deaths	
Cumulative Total	**Newly Reported Last 24 Hours**	**Cumulative Total**	**Newly Reported Last 24 Hours**
50,030,121	757,109	1,252,072	9,029

[44] Updates since last report. See additional resources at CDC COVID-19 What's New, Morbidity and Mortality Weekly Report Publications, Emerging Infectious Disease Publications, Preventing Chronic Disease Publications, CDC COVID-19 Science Updates, Health Alert Network (HAN) and Communication Resources.

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

Data: 23 Jan 2020 – 09 Nov 2020 Last Updated: 09 Nov 2020 10:45 CET
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 – 09 Nov 2020 Last Updated: 09 Nov 2020 10:45 CET
Source: WHO Coronavirus Disease (COVID-19) Dashboard