



KENTUCKY

SUMMARY

- Kentucky is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 10th highest rate in the country. Kentucky is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 7th highest rate in the country.
- Kentucky has seen a decrease in new cases and a decrease in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Jefferson County, 2. Fayette County, and 3. Kenton County. These counties represent 25.9% of new cases in Kentucky.
- 98% of all counties in Kentucky have moderate or high levels of community transmission (yellow, orange, or red zones), with 89% having high levels of community transmission (red zone).
- During the week of Jan 4 - Jan 10, 27% of nursing homes had at least one new resident COVID-19 case, 50% had at least one new staff COVID-19 case, and 20% had at least one new resident COVID-19 death.
- Kentucky had 562 new cases per 100,000 population, compared to a national average of 478 per 100,000.
- The federal government has supported surge testing in Louisville, KY and in Covington, KY.
- Between Jan 9 - Jan 15, on average, 446 patients with confirmed COVID-19 and 118 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kentucky. This is an increase of 5% in total new COVID-19 hospital admissions.
- As of Jan 15, 337,450 vaccine doses have been distributed to Kentucky. 162,733 individuals have received at least the first dose and 10,672 have received a full course.

RECOMMENDATIONS

- This is the last state report from the team of Birx, Zaidi, Vitek, Cavanaugh, and Crabtree. Each state was assigned to an individual throughout, and they were responsible for reviewing weekly state-level data, local news reports, and news conferences and writing state-specific recommendations. In addition, we had an amazing data team, including Wickwire, Gastfriend, and the DSEW, who worked every weekend to ensure quality data for this report.
- I personally am grateful, along with Zaidi, to the Governors, Mayors, State Legislators, County Commissioners, Tribal Leaders, state and local health leadership, and hospital and community leaders from the 44 states that met with us during our travels. These direct on-the-ground learnings from you changed policy and programs. You showed us the barriers that needed to be addressed, and many of you provided us with solutions that we could feature in the weekly Governor's call from the White House. For example, Chicago has an excellent hospital dashboard where all hospitals transparently share available capacity to better serve residents; the Broad Institute which, even as a research institution, massively scaled testing for the state and for colleges in the Northeast.
- For this week's report, we wanted to summarize what we have learned from you over the past 11 months and the gaps we still see.
- **Overall, this fall and winter surge is more aggressive**, with more rapid community spread that will need to be continuously met with aggressive and escalating mitigation. We should not be reassured that we don't yet have significant spread from imported, more transmissible variants as early evidence may underestimate the current spread; we are likely to have our own, more transmissible variants, and our mitigation actions should reflect this potential reality. We should act as though we have more transmissible strains circulating. This surge has also been significantly longer (currently 3x as long as the spring and summer surge) in the time it's taking to reach a plateau and significantly more deadly. Although case fatality rates have declined for Americans identified with COVID-19 infections in those over 70, nearly 20% are hospitalized and nearly 10% succumb to this virus. We do see evidence of early stabilization of community spread, albeit at very high rates of transmission, and plateauing rates of new COVID-19 admissions in many parts of the United States. However, aggressive mitigation must continue to prevent a resurgence and to accelerate declines.
- This virus can be mitigated and community spread can be curtailed, but action needs to be taken before an increase in hospitalizations is seen; it needs to be more comprehensive and longer than the summer mitigation actions. Due to the significant asymptomatic contribution to community spread, the degree of underlying community infection is extensive by the time hospitalizations occur.
- **Granular data matters.** Use your data (test positivity, cases, hospitalizations, and deaths) in real-time for immediate action. Finding the specific areas of active community spread and intensifying actions (mitigation and testing) in those locations works.
- **Mask mandates work.** Ensuring effective behavioral change of masking requires constant reminders that can be continuously reinforced by working with retailers to require masking.
- During increased community spread, any indoor space where masks cannot be continuously worn must be substantially curtailed or closed; this includes bars, indoor dining, gyms, etc. as any unmasking indoors creates viral spreading events. We witnessed amazing, safe, "winterized" outdoor dining approaches in Philadelphia and other urban settings.
- **Personal gatherings** across families and friends indoors are key viral spreading events; continuous messaging of this risk to change behavior and of the importance of indoor masking is essential. Miami was unable to control the summer surge without changing this behavior. Messaging must constantly be updated and delivered through different platforms to ensure continuous behavior change and vigilance.
- **Proactive testing works** by finding the asymptomatic, silent infections. As learned from many colleges and universities, IHEs that proactively tested individuals independent of symptoms (requiring weekly or greater testing of the entire student body on and off campus) in addition to masking and physical distancing had the lowest rates of infections, often under 1% for the entire fall semester. Universities that tested the way we do in this country, focused on symptomatic testing and contact tracing as well as low-level voluntary surveillance testing, resulted in 8-14% of the student body infected. The difference resulted from finding and isolating asymptomatic individuals. The creation of young adult testing sites (for those under 40) that utilize antigen tests with immediate results will decrease community spread when added to current state and local testing approaches.
- **Proactive treatment works.** Americans with underlying conditions and those over 65 must know to test with any symptoms or known exposure to ensure rapid access to monoclonal antibodies which, when implemented, are associated with a significant decline in the rate of hospitalization and fatalities. Every hospital and physician must directly provide infusion clinics or know where to link patients. Increased PSAs and community awareness of this important therapy must be accelerated.
- **Proactive vaccination of those most vulnerable is critical.** Strict tiering and traditional models of vaccination are hindering access to and the impact of vaccination. Ensuring rapid and equitable immunization of those most vulnerable, creating mass vaccination sites, and ensuring specific access to rural and urban vulnerable populations are critical, as we have seen in West Virginia. Aggressive immunization of Tribal Nations and multigenerational households across the United States is essential.
- Pandemic levels remain high with COVID-related hospitalizations and ICU at peak levels and half of LTCFs having COVID-positive staff. To reduce community spread, focus on finding asymptomatic individuals through testing those under 40.
- At universities, early trends are similar to fall semester; conduct mandatory weekly testing to identify asymptomatic cases and prevent transmission into the community.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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





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	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES		
NEW COVID-19 CASES (RATE PER 100,000)	25,093 (562)	-19%	338,451 (506)	1,568,368 (478)		
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	18.0%	-0.7%*	14.4%	12.2%		
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	124,815** (2,794**)	-1%**	1,937,848** (2,896**)	10,993,342** (3,349**)		
COVID-19 DEATHS (RATE PER 100,000)	204 (4.6)	-13%	4,855 (7.3)	22,402 (6.8)		
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	27%	-4%*†	36%	29%		
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	50%	-1%*†	62%	50%		
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	20%	-4%*†	16%	16%		
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,950 (32)	+5% (+6%)	34,887 (23)	156,174 (22)		
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	2 (2%)	-1% (-33%*)	161 (17%)	1,086 (21%)		
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	3 (3%)	-1% (-25%*)	208 (22%)	1,169 (23%)		
COVID-19 VACCINE SUMMARY	DOSES DISTRIBUTED		1ST DOSE ADMINISTERED	FULL COURSE ADMINISTERED		
	TOTAL	RATE PER 100,000	TOTAL	PERCENT OF ADULTS	TOTAL	PERCENT OF ADULTS
	337,450	7,553	162,733	4.7%	10,672	0.3%

* Indicates absolute change in percentage points.

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

† 93% of facilities reported during the most current week.

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from a CDC-managed dataset compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 1/15/2021; previous week is 1/2 - 1/8.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 1/13/2021. Previous week is 12/31 - 1/6.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data is through 1/10/2020, previous week is 12/28-1/3.

Admissions: Unified hospitalization dataset in HHS Protect. Totals include confirmed and suspected COVID-19 admissions.

Shortages: Unified hospital dataset in HHS Protect. Values presented show the latest reports from hospitals in the week ending 1/15/2021.

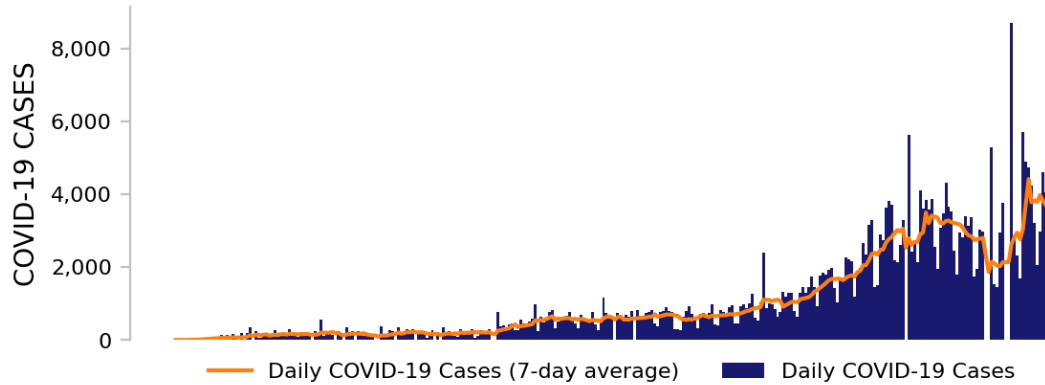
Vaccinations: [CDC COVID Data Tracker](#). Data includes both the Moderna and Pfizer BioNTech COVID-19 vaccines and reflects current data available as of 16:01 EST on 01/17/2021. Data last updated 06:00 EST on 01/15/2021. Adults is defined as the population 18 years old and older.



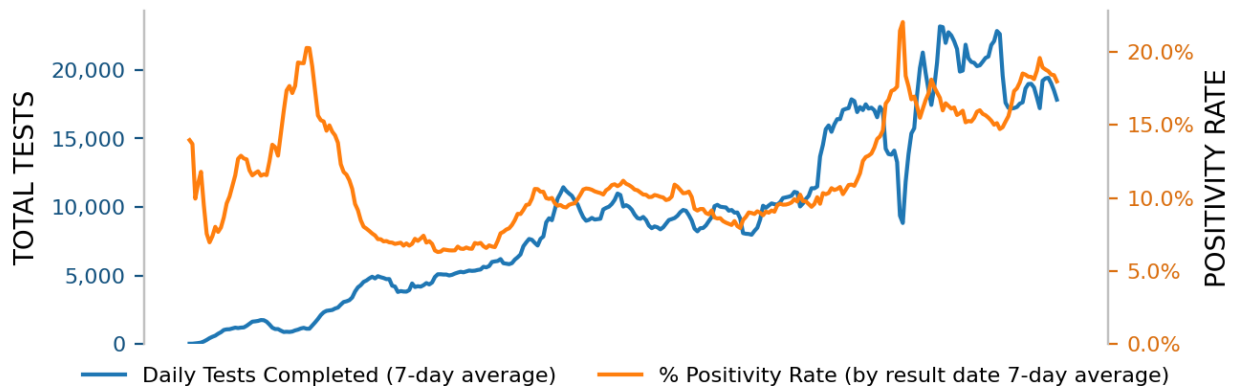
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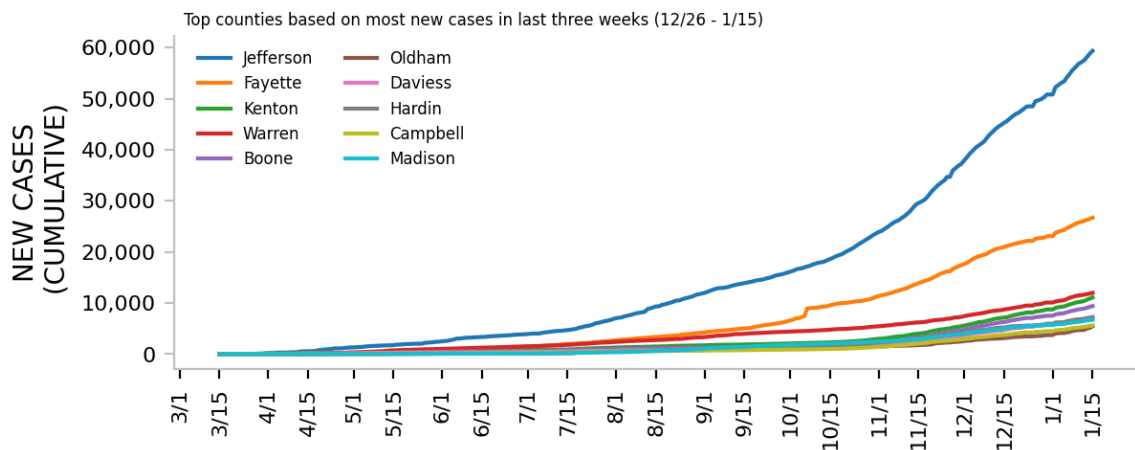
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from a CDC-managed dataset compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 1/15/2021.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 1/13/2021.

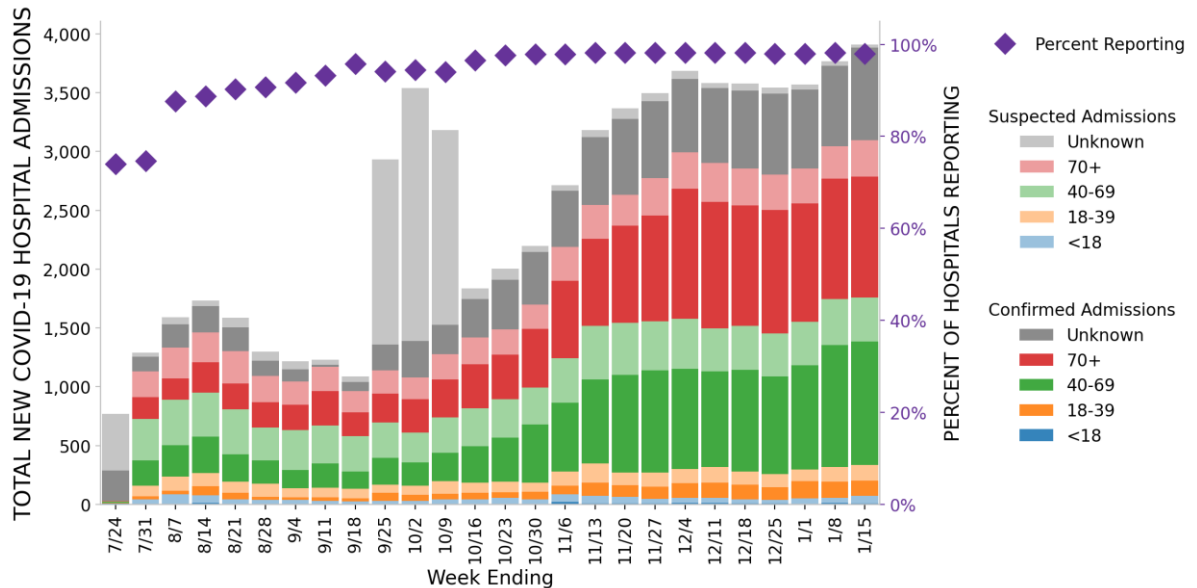


KENTUCKY

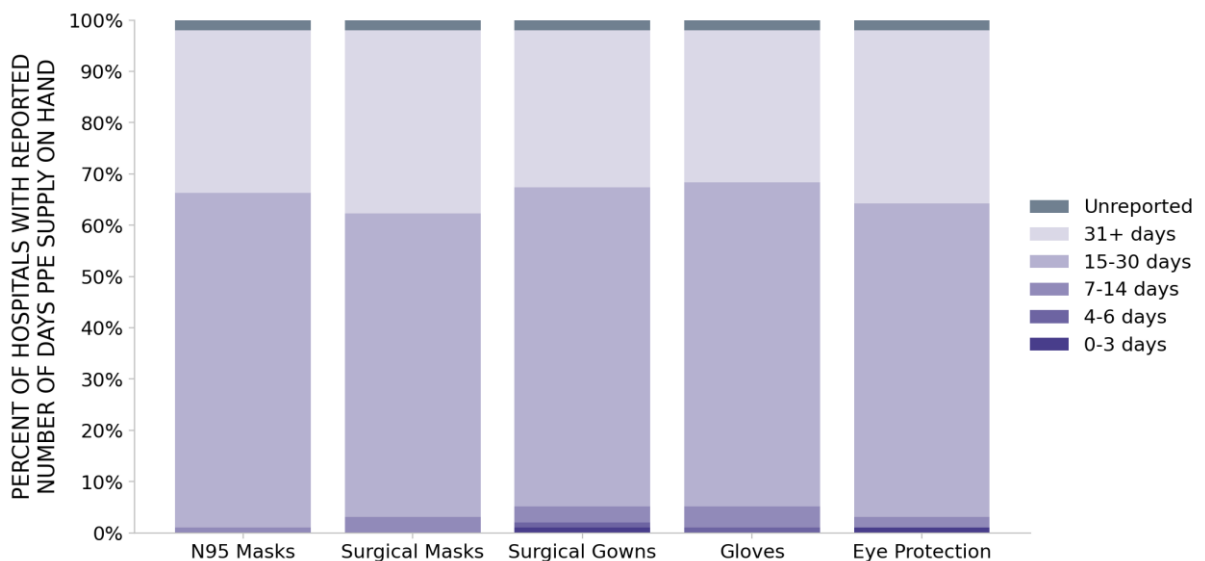
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98 hospitals are expected to report in Kentucky

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES

**DATA SOURCES** – Additional data details available under METHODS**Hospitalizations:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.**PPE:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Values presented show the latest reports from hospitals in the week ending 1/13/2021.



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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA)

COUNTIES

LOCALITIES IN RED ZONE	24 ■ (+0)	Louisville/Jefferson County Cincinnati Lexington-Fayette Bowling Green London Owensboro Huntington-Ashland Elizabethtown-Fort Knox Clarksville Richmond-Berea Danville Paducah	107 ▼ (-1)	Jefferson Fayette Kenton Warren Boone Oldham Daviess Hardin Campbell Madison Christian Laurel
	0 ■ (+0)	N/A	6 ▲ (+1)	Logan Marion Nicholas Lyon Lee Owsley
	1 ■ (+0)	Somerset	5 ■ (+0)	Pulaski Adair Cumberland Crittenden Elliott
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease				

All Red CBSAs: Louisville/Jefferson County, Cincinnati, Lexington-Fayette, Bowling Green, London, Owensboro, Huntington-Ashland, Elizabethtown-Fort Knox, Clarksville, Richmond-Berea, Danville, Paducah, Frankfort, Bardstown, Mayfield, Evansville, Madisonville, Mount Sterling, Glasgow, Murray, Campbellsville, Central City, Middlesborough, Maysville

All Red Counties: Jefferson, Fayette, Kenton, Warren, Boone, Oldham, Daviess, Hardin, Campbell, Madison, Christian, Laurel, Morgan, Pike, Boyd, Bullitt, Boyle, Nelson, Graves, Henderson, McCracken, Hopkins, Whitley, Greenup, Scott, Shelby, Mercer, Knox, Floyd, Jessamine, Calloway, Clay, Franklin, Marshall, Muhlenberg, Barren, Harlan, Clark, Bell, Wayne, Ohio, Montgomery, Harrison, Taylor, Letcher, Rowan, Lincoln, Bourbon, Perry, Anderson, Woodford, Carter, Lawrence, Meade, Allen, Clinton, Johnson, Grayson, Rockcastle, Grant, McCreary, Simpson, Mason, Fleming, Breckinridge, Webster, Butler, Garrard, Jackson, Todd, Carroll, Russell, Hart, Breathitt, Hancock, Lewis, Spencer, Henry, Trigg, Washington, Caldwell, Monroe, Leslie, Union, Larue, Estill, Pendleton, Bath, McLean, Martin, Powell, Casey, Metcalfe, Knott, Green, Edmonson, Bracken, Trimble, Livingston, Gallatin, Carlisle, Owen, Menifee, Magoffin, Wolfe, Ballard, Hickman

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from a CDC-managed dataset compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 1/15/2021.

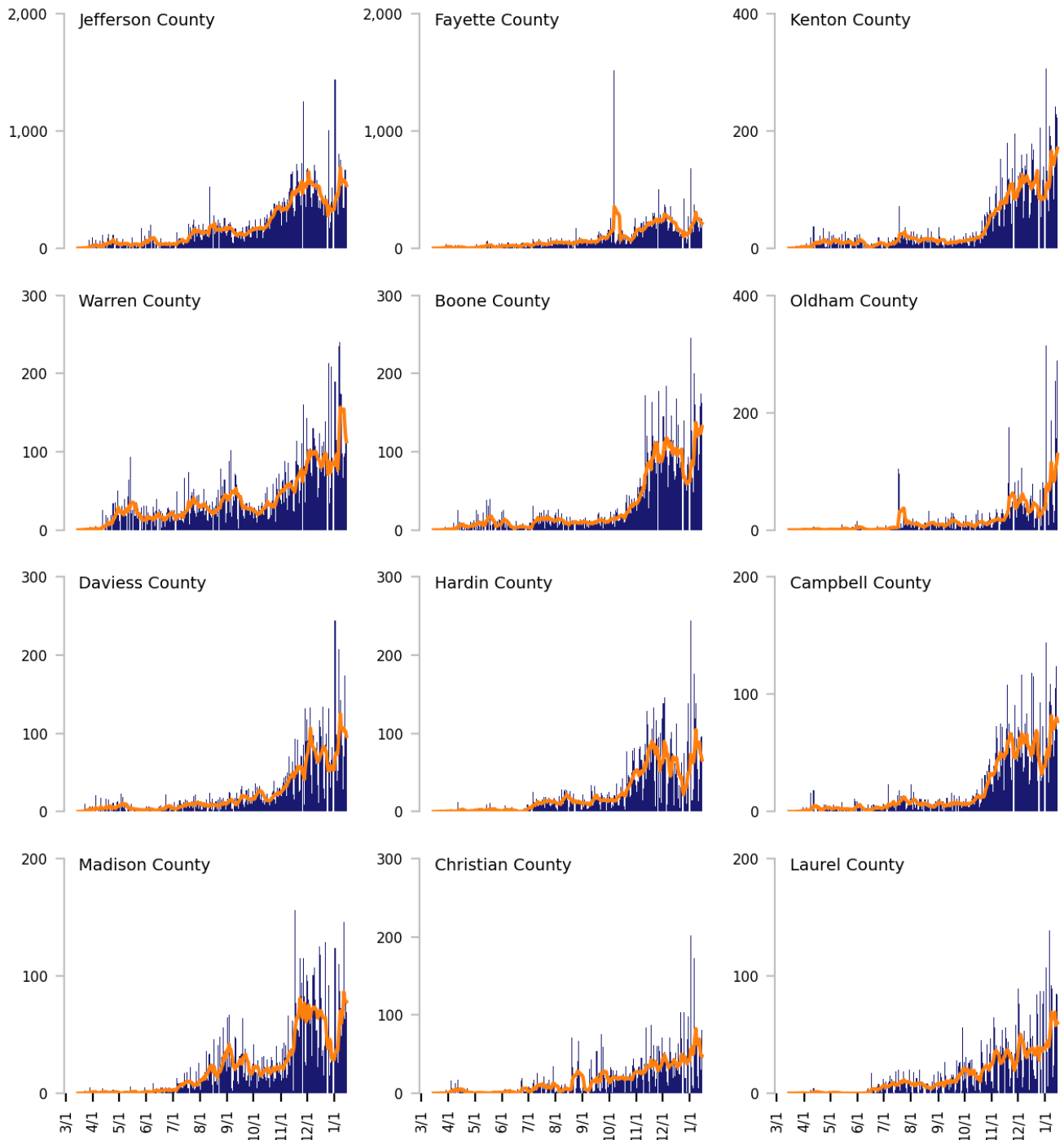
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 1/13/2021.



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

— Daily COVID-19 Cases (7-day average) ■ Daily COVID-19 Cases

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

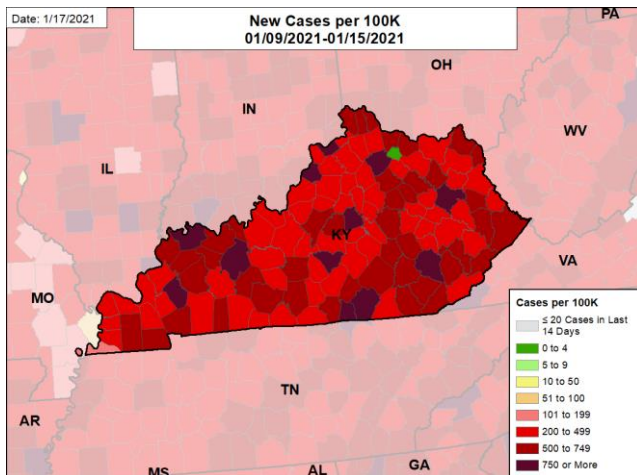
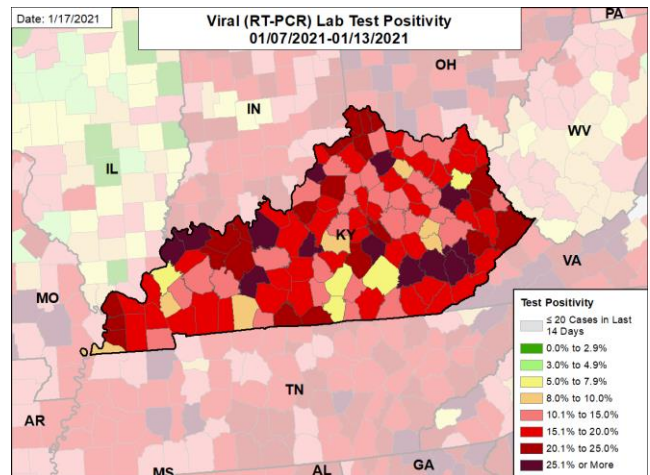
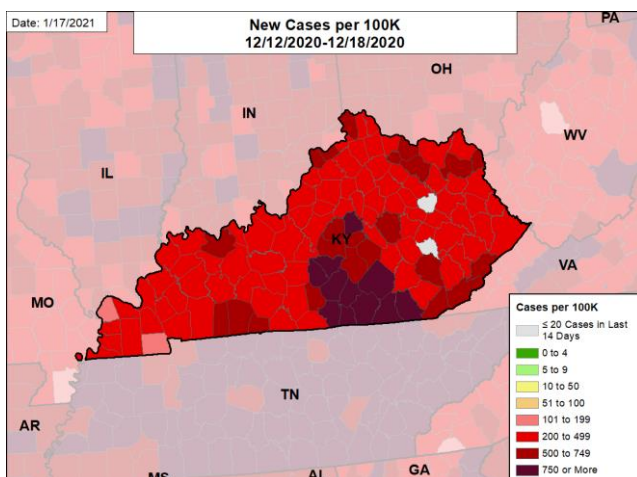
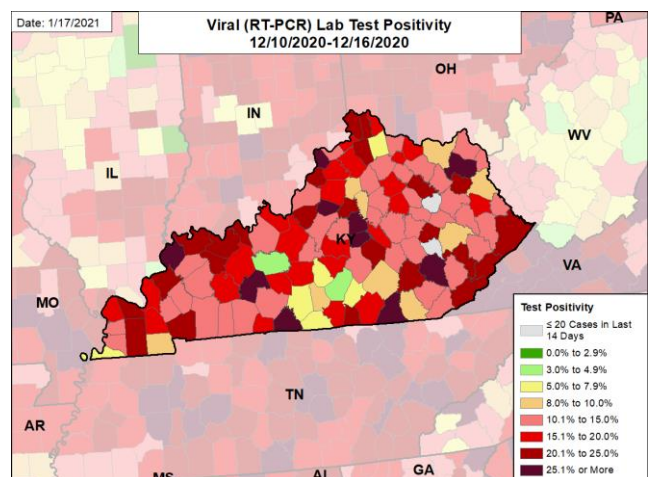
Cases: State values are calculated by aggregating county-level data from a CDC-managed dataset compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 1/15/2021. Last 3 weeks is 12/26 - 1/15.



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CASE RATES AND VIRAL LAB TEST POSITIVITY

NEW CASES PER 100,000**VIRAL (RT-PCR) LABORATORY TEST POSITIVITY****NEW CASES PER 100,000 ONE MONTH BEFORE****VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE****DATA SOURCES** – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from a CDC-managed dataset compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 1/15/2021. The week one month before is 12/12 - 12/18.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 1/13/2021. The week one month before is 12/10 - 12/16.

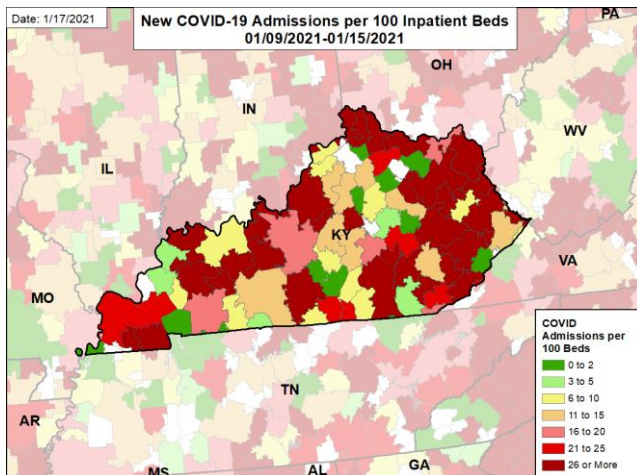


KENTUCKY

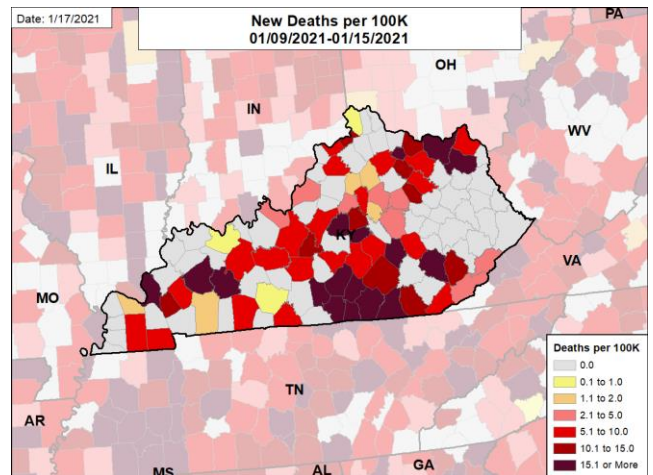
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HOSPITAL ADMISSIONS AND DEATH RATES

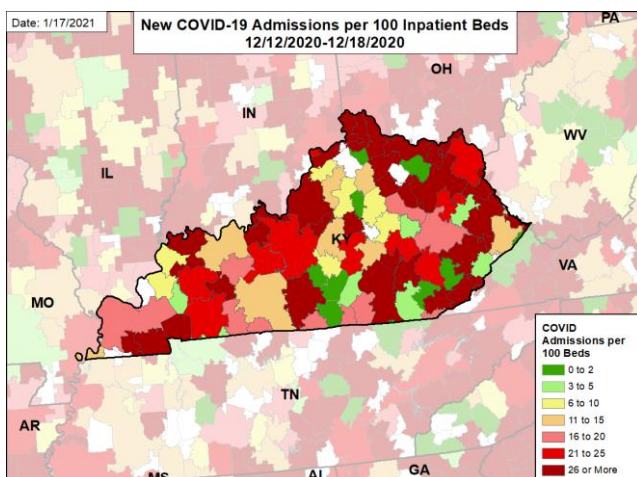
TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



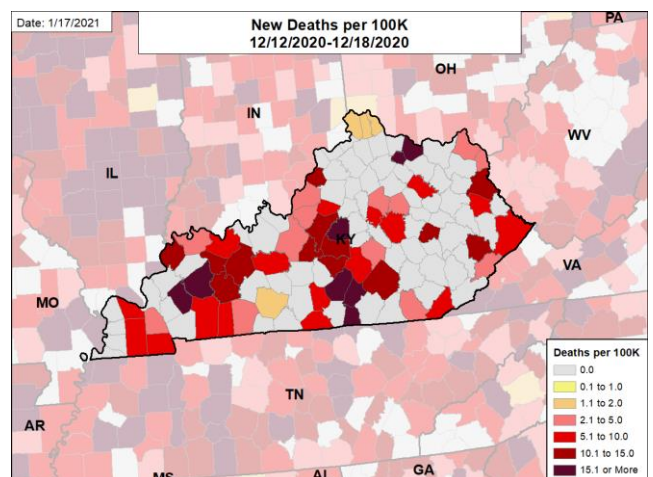
NEW DEATHS PER 100,000



TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



NEW DEATHS PER 100,000 ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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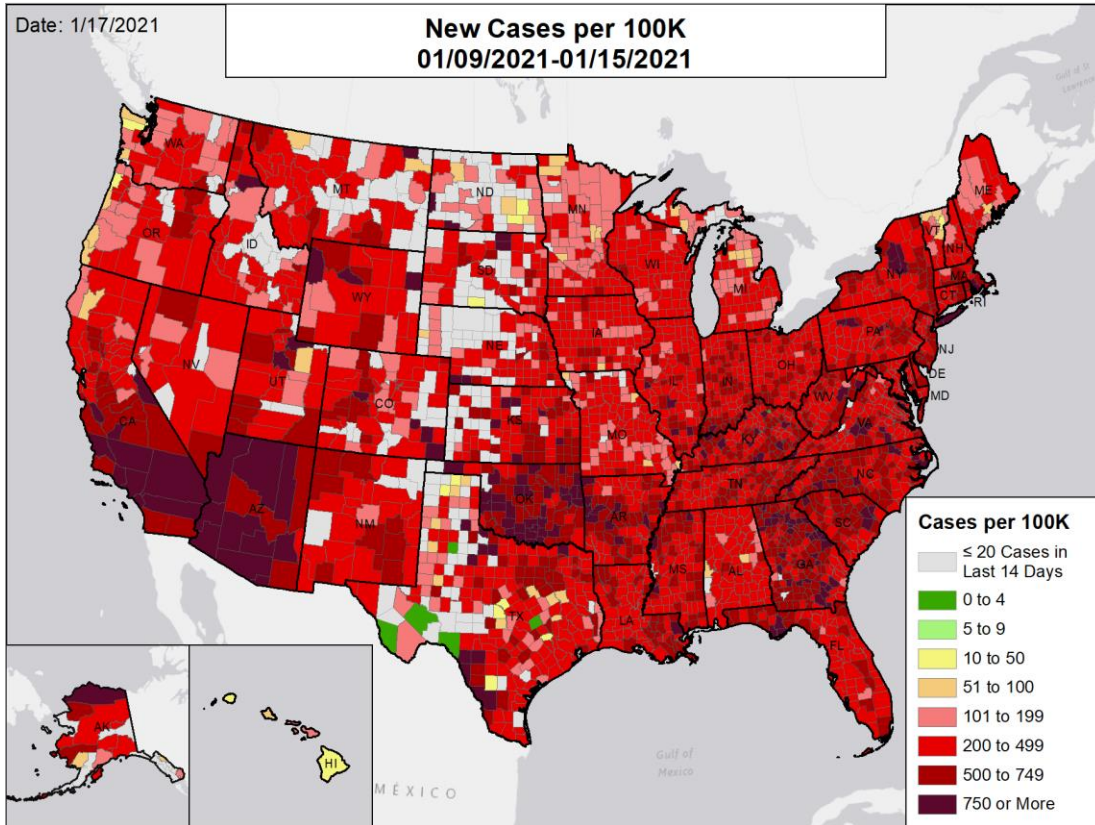
Deaths: State values are calculated by aggregating county-level data from a CDC-managed dataset compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 1/15/2021. The week one month before is 12/12 - 12/18.

Hospitalizations: Unified hospitalization dataset in HHS Protect. Totals include confirmed and suspected COVID-19 admissions.



National Picture

NEW CASES PER 100,000



NATIONAL RANKING OF NEW CASES PER 100,000

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

COVID-19 VACCINE SUMMARY

TOTAL DOSES DISTRIBUTED
(RATE PER 100,000)

31,161,075
(9,385)

TOTAL 1ST DOSE
ADMINISTERED
(PERCENT OF ADULTS)

10,595,866
(4.1%)

TOTAL FULL COURSE
ADMINISTERED
(PERCENT OF ADULTS)

1,610,524
(0.6%)

DATA SOURCES

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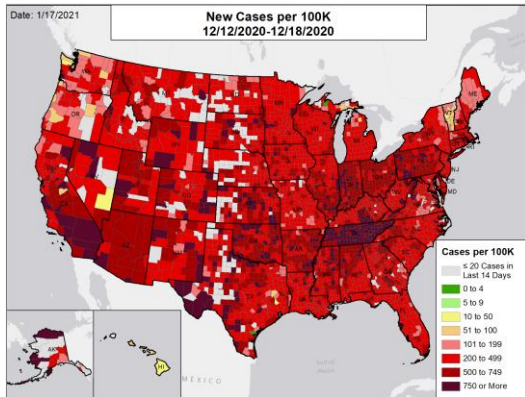
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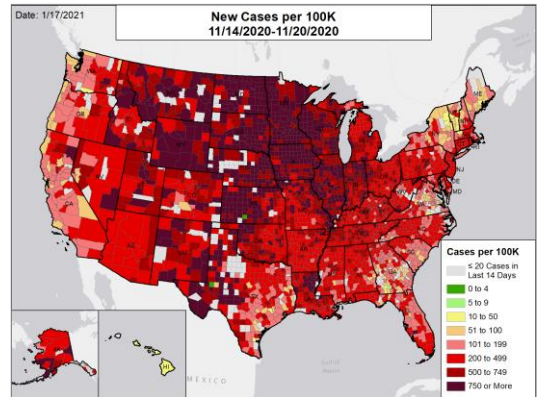
National Picture

NEW CASES PER 100,000 IN THE WEEK:

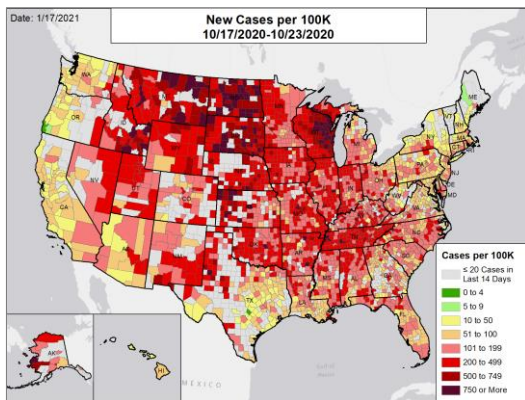
ONE MONTH BEFORE



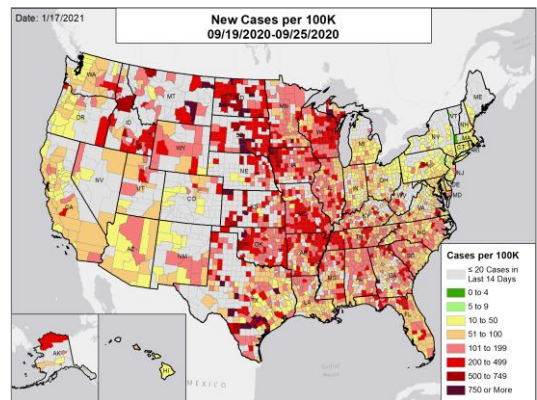
TWO MONTHS BEFORE



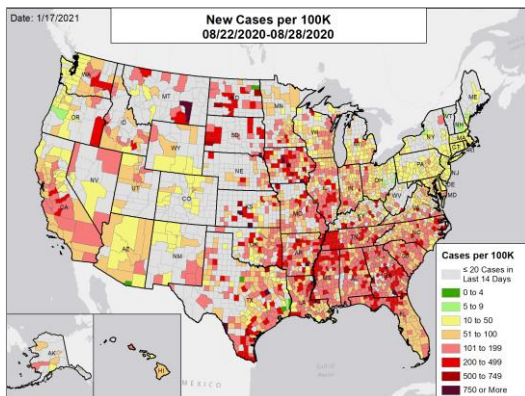
THREE MONTHS BEFORE



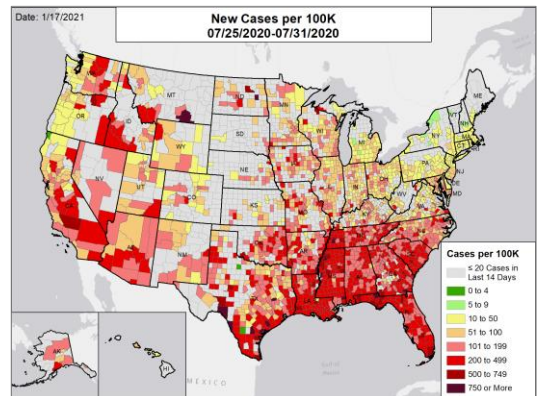
FOUR MONTHS BEFORE



FIVE MONTHS BEFORE



SIX MONTHS BEFORE



DATA SOURCES

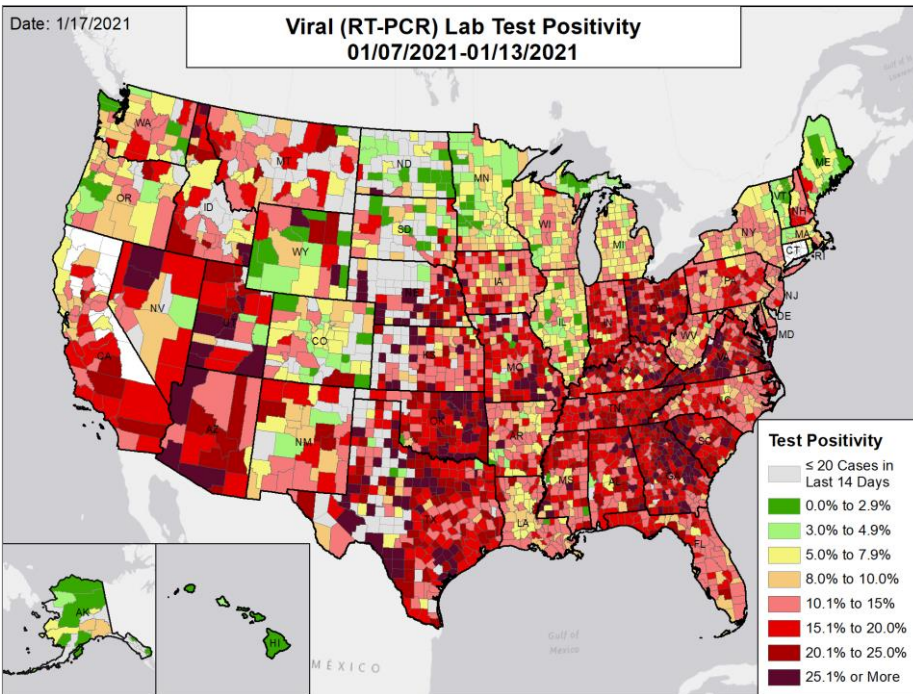
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: State values are calculated by aggregating county-level data from a CDC-managed dataset compiled from state and local health departments; therefore, the values may not match those reported directly by the state. The week one month before is 12/12 - 12/18; the week two months before is 11/14 - 11/20; the week three months before is 10/17 - 10/23; the week four months before is 9/19 - 9/25; the week five months before is 8/22 - 8/28; the week six months before is 7/25 - 7/31.



National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY

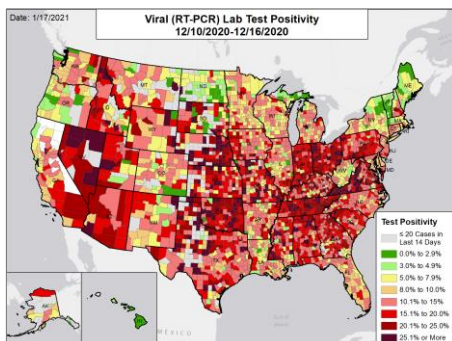


NATIONAL RANKING OF TEST POSITIVITY

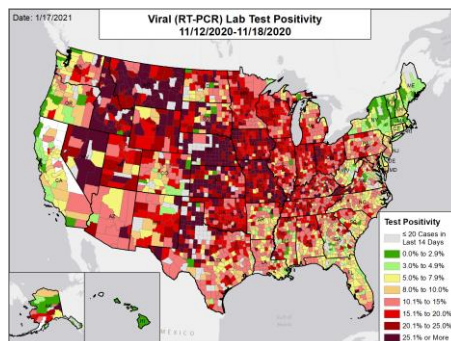
National Rank	State	National Rank	State
1	OK	27	WV
2	AZ	28	LA
3	UT	29	NM
4	VA	30	MT
5	GA	31	MD
6	TX	32	NY
7	KY	33	WI
8	NV	34	WA
9	SC	35	DE
10	AL	36	SD
11	TN	37	IL
12	ID	38	MI
13	NE	39	OR
14	MS	40	MA
15	CA	41	CO
16	MO	42	RI
17	IN	43	WY
18	NH	44	MN
19	NC	45	ME
20	KS	46	DC
21	FL	47	AK
22	OH	48	VT
23	AR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

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

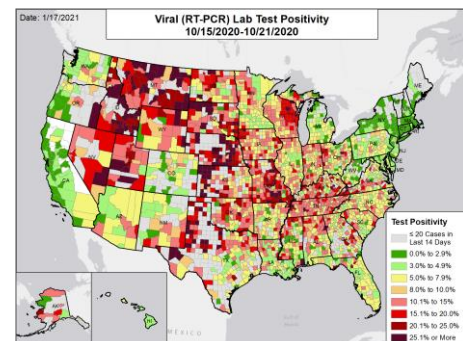
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



DATA SOURCES

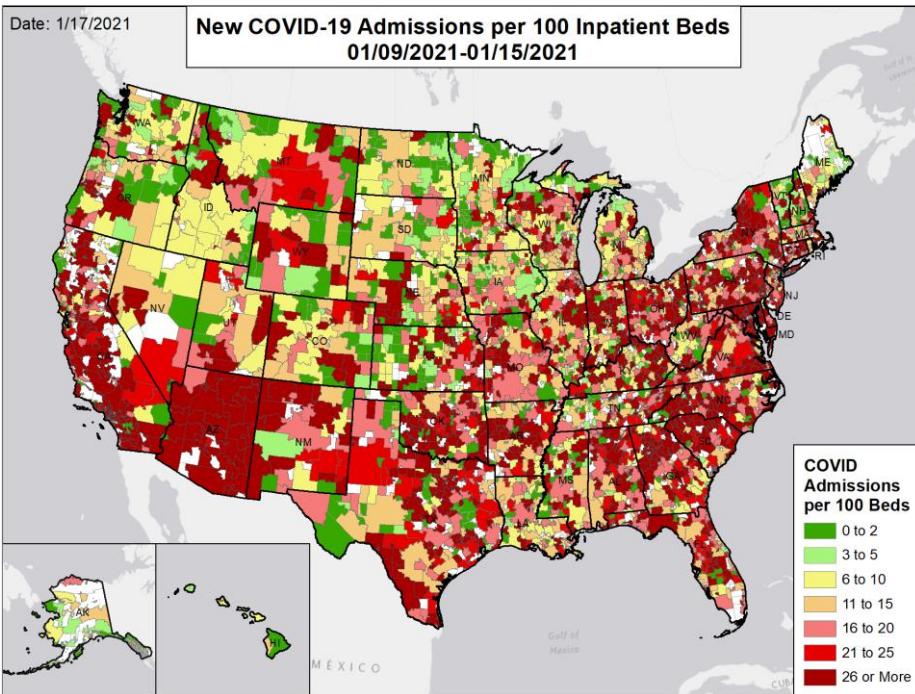
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 1/13/2021. The week one month before is 12/10 - 12/16; the week two months before is 11/12 - 11/18; the week three months before is 10/15 - 10/21.



National Picture

TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS

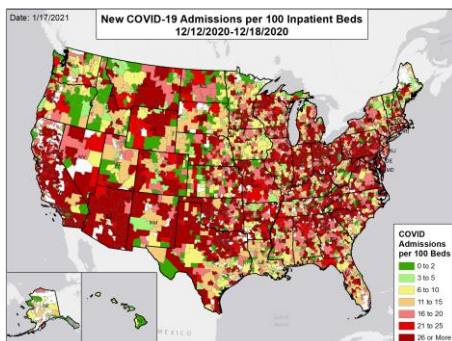


NATIONAL RANKING OF ADMISSIONS PER 100 BEDS

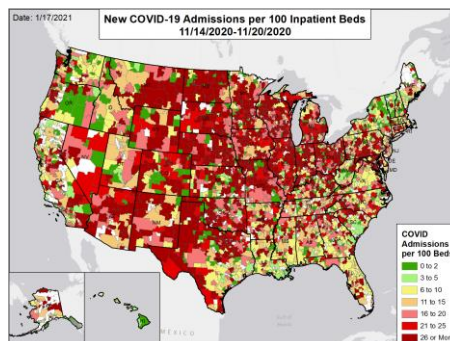
National Rank	State	National Rank	State
1	AZ	27	MA
2	AR	28	KS
3	MD	29	WI
4	KY	30	MT
5	OK	31	TN
6	SC	32	MS
7	CA	33	NE
8	DC	34	OR
9	GA	35	UT
10	AL	36	CO
11	NM	37	NH
12	VA	38	LA
13	PA	39	WY
14	TX	40	MI
15	NC	41	WA
16	NV	42	ME
17	OH	43	IA
18	DE	44	MN
19	NJ	45	VT
20	MO	46	RI
21	CT	47	SD
22	IN	48	ID
23	FL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

TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS IN THE WEEK:

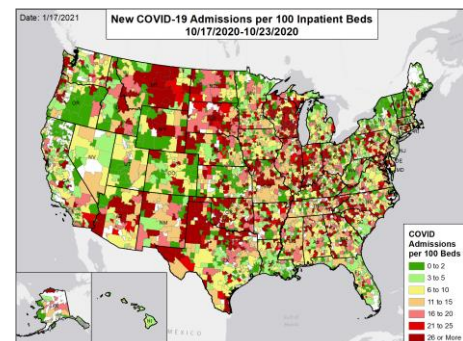
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



DATA SOURCES

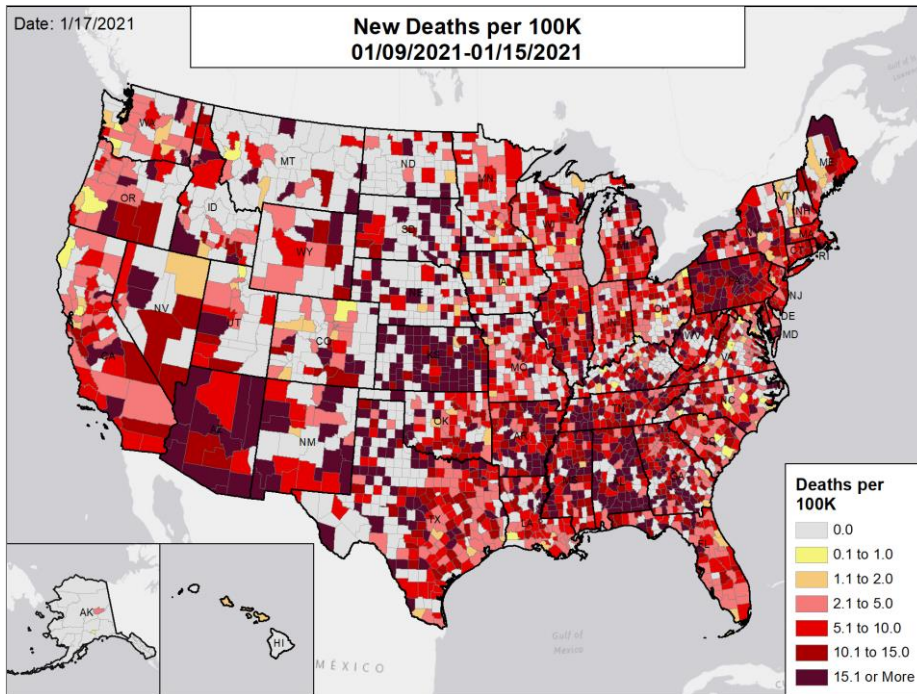
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Admissions: Unified hospitalization dataset in HHS Protect through 1/15/2021. Totals include confirmed and suspected COVID-19 admissions. The week one month before is 12/12 - 12/18; the week two months before is 11/14 - 11/20; the week three months before is 10/17 - 10/23.



National Picture

NEW DEATHS PER 100,000

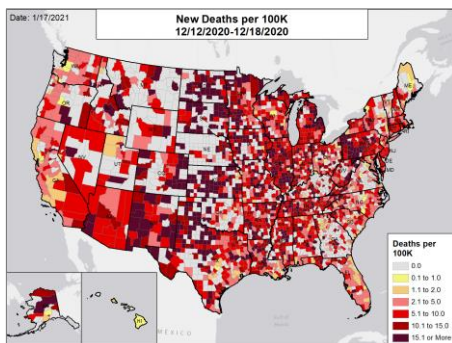


NATIONAL RANKING OF NEW DEATHS PER 100,000

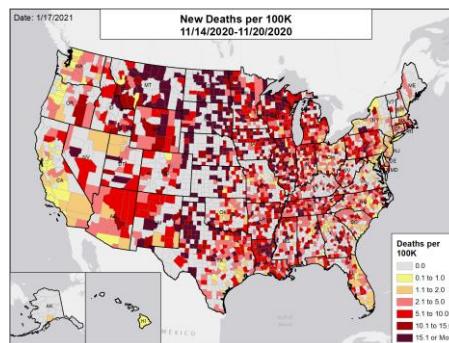
National Rank	State	National Rank	State
1	AL	27	LA
2	AZ	28	FL
3	KS	29	IN
4	PA	30	NE
5	MS	31	TX
6	TN	32	SC
7	WV	33	DC
8	AR	34	DE
9	NV	35	MD
10	CA	36	KY
11	RI	37	NH
12	SD	38	ID
13	NM	39	OH
14	GA	40	OR
15	MA	41	IA
16	CT	42	WI
17	NY	43	MN
18	MI	44	VA
19	NJ	45	MT
20	IL	46	CO
21	NC	47	UT
22	WY	48	WA
23	ND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

NEW DEATHS PER 100,000 IN THE WEEK:

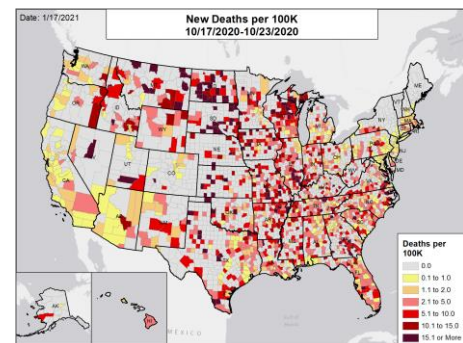
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



DATA SOURCES

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

Deaths: State values are calculated by aggregating county-level data from a CDC-managed dataset compiled from state and local health departments; therefore, the values may not match those reported directly by the state. The week one month before is 12/12 - 12/18; the week two months before is 11/14 - 11/20; the week three months before is 10/17 - 10/23.



METHODS

STATE REPORT | 01.17.2021

Metric	Dark Green	Light Green	Yellow	Orange	Light Red	Red	Dark Red	Darkest Red
New cases per 100,000 population per week	≤4	5 – 9	10 – 50	51 – 100	101 – 199	200 – 499	500 – 749	≥750
Percent change in new cases per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 99%	100% – 999%	≥1000%	
Diagnostic test result positivity rate	≤2.9%	3.0% – 4.9%	5.0% – 7.9%	8.0% – 10.0%	10.1% – 15.0%	15.1% – 20.0%	20.1% – 25.0%	≥25.1%
Change in test positivity	≤-2.1%	-2.0% – -0.6%	-0.5% – 0.0%	0.1% – 0.5%	0.6% – 2.0%		≥2.1%	
Total diagnostic tests resulted per 100,000 population per week	≥5000	3001 – 4999	2000 – 2999	1000 – 1999	500 – 999		≤499	
Percent change in tests per 100,000 population	≥26%	11% – 25%	1% – 10%	-10% – 0%	-25% – -11%		≤-26%	
COVID-19 deaths per 100,000 population per week	0.0		0.1 – 1.0	1.1 – 2.0	2.1 – 5.0	5.1 – 10.0	10.1 – 15.0	≥15.1
Percent change in deaths per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 25%		≥26%	
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%		1% – 5%		≥6%			
Change in SNFs with at least one resident COVID-19 case, death	≤-2%		-1% – 1%		≥2%			
Total new COVID-19 hospital admissions per 100 beds	≤2	3 – 5	6 – 10	11 – 15	16 – 20	21 – 25	≥26	
Change in total new COVID-19 hospital admissions per 100 beds	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 25%		≥26%	
Percent of hospitals with supply/staff shortages	≤0%		1% – 9%	10% – 19%	20% – 24%	25% – 29%	≥30%	
Change in percent of hospitals with supply/staff shortages	≤-10%	-9% – -5%	-4% – 0%	1% – 4%	5% – 9%		≥10%	

- Some dates may have incomplete data due to delays and/or differences in state reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible. Figures and values may also differ from state reports due to differing methodologies.
- Color threshold values are rounded before color classification.
- Cases and Deaths:** County-level data from CDC managed aggregate county dataset as of 16:01 EST on 01/17/2021. State values are calculated by aggregating county-level data. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests, unless stated otherwise. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 RT-PCR result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Because the data are deidentified, total RT-PCR tests are the number of tests performed, not the number of individuals tested. RT-PCR test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 1/7 to 1/13; previous week data are from 12/31 to 1/6; the week one month before data are from 12/10 to 12/16. HHS Protect data is recent as of 16:02 EST on 01/17/2021. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EST on 01/16/2021.
- Hospitalizations:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 16:09 EST on 01/17/2021.
- Hospital PPE:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Data is recent as of 12:36 EST on 01/17/2021.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 1/4-1/10, previous week is 12/28-1/3.
- County and Metro Area Color Categorizations**
 - Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases at or above 101 per 100,000 population, and a lab test positivity result at or above 10.1%.
 - Orange Zone:** Those CBSAs and counties that during the last week reported both new cases between 51–100 per 100,000 population, and a lab test positivity result between 8.0–10.0%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”
 - Yellow Zone:** Those CBSAs and counties that during the last week reported both new cases between 10–50 per 100,000 population, and a lab test positivity result between 5.0–7.9%, or one of those two conditions and one condition qualifying as being in the “Orange Zone” or “Red Zone.”
- Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Data is recent as of 12:36 EST on 01/17/2021.
- Vaccinations:** [CDC COVID Data Tracker](#). Data includes both the Moderna and Pfizer BioNTech COVID-19 vaccines and reflects current data available as of 16:01 EST on 01/17/2021. Data last updated 06:00 EST on 01/15/2021. Adults is defined as the population 18 years old and older.