SUMMARY

- Illinois has seen an explosive rise in cases and test positivity over the last six weeks. Hospitalizations are now at the highest level of the pandemic and continue to increase rapidly, as do deaths. Additional mitigation measures are needed. Illinois is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 7th highest rate in the country. Illinois is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 14th highest rate in the country.
- Illinois has seen an increase in new cases; seven-day average daily reported cases are doubling every 15 days. Test positivity also increased despite increasing testing volume.
- Hospitalizations continue to increase rapidly exceeding the spring peak level. Hospitals are limiting visitors and elective procedures.
- High viral transmission involves the entire state. The following three counties had the highest number of new cases over the last 3 weeks: 1. Cook County, 2. DuPage County, and 3. Will County. These counties represent 49.7% of new cases in Illinois.
- 98% of all counties in Illinois have moderate or high levels of community transmission (yellow, orange, or red zones), with 89% having high levels of community transmission (red zone). More than 15 counties reported >1,000 cases per 100,000 population last week.
- Institutions of higher education (IHE): UIUC had reported a sharp increase in cases the previous week due to Halloween and football parties; this rate declined last week, suggesting the comprehensive testing and isolation may be able to control such outbreaks.
- During the week of Nov 2 – Nov 8, 27% of nursing homes had at least one new resident COVID-19 case, 51% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- Illinois had 682 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 68 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; and 7 to support operations activities from USCG.
- Between Nov 7 - Nov 13, on average, 591 patients with confirmed COVID-19 and 617 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of Illinois leaders that the current situation is critical and that additional measures are needed to limit increases in hospitalizations and deaths. The Governor’s continued personal guidance on these measures is critical and is commended.
- The upcoming holidays can amplify transmission considerably. Illinois should continue to expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid them, and reemphasize face coverings and social distancing. Specifically, recommend holding an event only with individuals within one’s household and emphasize the risk of exposing an elderly person or someone with an underlying condition (diabetes, obesity, hypertension, chemotherapy, etc.) if gathering indoors without masks.
- The continued hyper-intensive increase in cases and test positivity throughout the state supports the need for additional mitigation measures to be taken, as other states have found control of spread to be much more difficult if measures are delayed until hospitalizations sharply increase. The currently recommended mitigation measures help to control transmission in public settings but have not kept ahead of increasing viral activity recently and have had limited success in preventing spread at private gatherings. Maximizing control of transmission now will allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congegation settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded strategic use of point-of-care antigen tests with immediate results will be critical to proactive testing in communities; these tests should be used among all individuals independent of symptoms in orange and red counties.
  - Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases.
  - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are >30.
  - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
  - Expand contact tracing as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates. At the time of testing, give detailed instructions and materials describing what to do if the individual tests positive. Contact tracing may need to be prioritized under conditions of rapidly increasing cases.
  - Proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
  - Testing should be at a high baseline level throughout the state (aiming for at least 2,000 tests per 100,000 population per week in all counties) and should be immediately intensified in areas where there are signals of increasing transmission from clinical or wastewater testing. Illinois’s testing level of >4,000 per 100,000 population is commended but needs further expansion during the current viral surge.
  - Ensure all K-12 schools are following CDC guidelines, including mask wearing. Utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus. Encourage IHE to test their student body before they leave campus for Thanksgiving break to mitigate exposure to family and community.
  - Ensure that all hospitals, including rural and mid-level hospitals, have conducted updated clinical training and have access to appropriate medicines and supplies. All service areas and clinical facilities should have expansion and contingency plans.
  - Following local data on test positivity by age will be important to detect early evidence of increasing transmission in more vulnerable populations; expanding local clinical capacity at an earlier stage will avoid compromises in clinical care when hospitalizations increase rapidly.
  - 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.
# Illinois State Report

<table>
<thead>
<tr>
<th>Metric</th>
<th>State</th>
<th>State, % Change from Previous</th>
<th>FEMA/HHS Region</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>New COVID-19 Cases (Rate per 100,000)</td>
<td>86,412 (682)</td>
<td>+37%</td>
<td>295,768 (563)</td>
<td>965,105 (294)</td>
</tr>
<tr>
<td>Viral (RT-PCR) Lab Test Positivity Rate</td>
<td>15.2%</td>
<td>+3.2%*</td>
<td>14.7%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</td>
<td>534,870** (4,221**)</td>
<td>+15%**</td>
<td>2,173,404** (4,137**)</td>
<td>8,782,353** (2,676**)</td>
</tr>
<tr>
<td>COVID-19 Deaths (Rate per 100,000)</td>
<td>426 (3.4)</td>
<td>+15%</td>
<td>1,889 (3.6)</td>
<td>7,608 (2.3)</td>
</tr>
</tbody>
</table>

- Indicates absolute change in percentage points.
- Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

** Data Sources – Additional data details available under METHODS**

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020; previous week is 10/31 - 11/6.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4. **SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
ILLINOIS
STATE REPORT | 11.15.2020

DATA SOURCES – Additional data details available under METHODS
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020.
ILLOINOIS
STATE REPORT | 11.15.2020

189 hospitals are expected to report in Illinois

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. In addition, 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. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/11/2020.
## ILLINOIS

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA)</th>
<th>COUNTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOCALITIES IN RED ZONE</strong></td>
<td><strong>LOCALITIES IN ORANGE ZONE</strong></td>
</tr>
<tr>
<td>Chicago-Naperville-Elgin&lt;br&gt;St. Louis&lt;br&gt;Rockford&lt;br&gt;Peoria&lt;br&gt;Davenport-Moline-Rock Island&lt;br SPRINGFIELD&lt;br&gt;Ottawa&lt;br&gt;Kankakee&lt;br&gt;Bloomington&lt;br&gt;Decatur&lt;br&gt;Carbondale-Marion&lt;br&gt;Quincy</td>
<td>Cook&lt;br&gt;DuPage&lt;br&gt;Will&lt;br&gt;Lake&lt;br&gt;Kane&lt;br&gt;Winnebago&lt;br&gt;McHenry&lt;br&gt;Madison&lt;br&gt;Sangamon&lt;br&gt;Kankakee&lt;br&gt;Rock Island&lt;br&gt;St. Clair</td>
</tr>
<tr>
<td>▲ (4) 31</td>
<td>▼ (-2) 0</td>
</tr>
<tr>
<td><strong>LOCALITIES IN YELLOW ZONE</strong></td>
<td><strong>LOCALITIES IN ORANGE ZONE</strong></td>
</tr>
<tr>
<td>Bond&lt;br&gt;Moultrie&lt;br&gt;Union&lt;br&gt;White&lt;br&gt;Calhoun</td>
<td>Jersey&lt;br&gt;Ford&lt;br&gt;Crawford&lt;br&gt;Schuyler</td>
</tr>
<tr>
<td>▼ (-9) 5</td>
<td>▼ (-5) 4</td>
</tr>
</tbody>
</table>

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

**All Red CBSAs:** Chicago-Naperville-Elgin, St. Louis, Rockford, Peoria, Davenport-Moline-Rock Island, Springfield, Ottawa, Kankakee, Bloomington, Decatur, Carbondale-Marion, Quincy, Sterling, Danville, Charleston-Mattoon, Freeport, Rochelle, Pontiac, Effingham, Jacksonville, Galesburg, Centralia, Dixon, Taylorville, Lincoln, Macomb, Mount Vernon, Fort Madison-Keokuk, Paducah, Cape Girardeau, Burlington


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

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

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020.

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

DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.
CASE RATES AND VIRAL LAB TEST POSITIVITY

NEW CASES PER 100,000

VIRAL (RT-PCR) LABORATORY TEST POSITIVITY

NEW CASES PER 100,000 ONE MONTH BEFORE

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

DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. The week one month before is 10/10 - 10/16.

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

- 80% (48/60 countries) require wearing masks in all public settings
  - Most countries have imposed fines for non-compliance
- 93% (56/60) have significant restrictions on gathering size
- 63% (38/60) have some form of nonessential business closures, initially focused on bars and reducing restaurant capacity
- 60% (37/60) have some form of entertainment or public space restriction
- 65% (39/60) have deployed a contact tracing app
COVID-19

National Picture

NEW CASES PER 100,000 IN THE WEEK:

ONE MONTH BEFORE

TWO MONTHS BEFORE

THREE MONTHS BEFORE

FOUR MONTHS BEFORE

FIVE MONTHS BEFORE

SIX MONTHS BEFORE

DATA SOURCES

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

Cases: County-level data from USAFacts through 11/13/2020. The week one month before is 10/10 - 10/16; the week two months before is 9/12 - 9/18; the week three months before is 8/15 - 8/21; the week four months before is 7/18 - 7/24; the week five months before is 6/20 - 6/26; the week six months before is 5/23 - 5/29.
National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY

Date: 11/15/2020

Viral (RT-PCR) Lab Test Positivity
11/05/2020-11/11/2020

National Picture

NATIONAL RANKING OF TEST POSITIVITY

<table>
<thead>
<tr>
<th>National Rank</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MT</td>
</tr>
<tr>
<td>2</td>
<td>ID</td>
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<tr>
<td>3</td>
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<tr>
<td>50</td>
<td>HI</td>
</tr>
<tr>
<td>51</td>
<td>VT</td>
</tr>
</tbody>
</table>

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

ONE MONTH BEFORE

Date: 10/15/2020

Viral (RT-PCR) Lab Test Positivity
10/08/2020-10/14/2020

TWO MONTHS BEFORE

Date: 9/15/2020

Viral (RT-PCR) Lab Test Positivity
09/10/2020-09/16/2020

THREE MONTHS BEFORE

Date: 8/15/2020

Viral (RT-PCR) Lab Test Positivity
08/13/2020-08/19/2020

DATA SOURCES

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

Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/11/2020. The week one month before is 10/8 - 10/14; the week two months before is 9/10 - 9/16; the week three months before is 8/13 - 8/19.
**National Picture**

**NEW DEATHS PER 100,000**

**DATA SOURCES**

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

Deaths: County-level data from USAFacts through 11/13/2020. The week one month before is 10/10 - 10/16; the week two months before is 9/12 - 9/18; the week three months before is 8/15 - 8/21.
### METODS

#### STATE REPORT | 11.15.2020

**COLOR THRESHOLDS:** Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume). Values are rounded before color classification.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Dark Green</th>
<th>Light Green</th>
<th>Yellow</th>
<th>Orange</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>( \leq 4 )</td>
<td>5 – 9</td>
<td>10 – 50</td>
<td>51 – 100</td>
<td>( \geq 101 )</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>( \leq -26% )</td>
<td>-25% – -11%</td>
<td>-10% – 0%</td>
<td>1% – 10%</td>
<td>( \geq 11% )</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>( \leq 2.9% )</td>
<td>3.0% – 4.9%</td>
<td>5.0% – 7.9%</td>
<td>8.0% – 10.0%</td>
<td>( \geq 10.1% )</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>( \leq -2.1% )</td>
<td>-2.0% – -0.6%</td>
<td>-0.5% – 0.0%</td>
<td>0.1% – 0.5%</td>
<td>( \geq 0.6% )</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>( \geq 2001 )</td>
<td>1001 – 2000</td>
<td>750 – 1000</td>
<td>500 – 749</td>
<td>( \leq 499 )</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>( \geq 26% )</td>
<td>11% – 25%</td>
<td>1% – 10%</td>
<td>-10% – 0%</td>
<td>( \leq -11% )</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>0.0</td>
<td>0.1 – 1.0</td>
<td>1.1 – 2.0</td>
<td>2.1</td>
<td>( \geq 2.1 )</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>( \leq -26% )</td>
<td>-25% – -11%</td>
<td>-10% – 0%</td>
<td>1% – 10%</td>
<td>( \geq 11% )</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case, death</td>
<td>0%</td>
<td>1% – 5%</td>
<td>( \geq 6% )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case, death</td>
<td>( \leq -2% )</td>
<td>-1% – 1%</td>
<td>( \geq 2% )</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 18:35 EST on 11/15/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests, unless stated otherwise. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 11/5 to 11/11; previous week data are from 10/29 to 11/4; the week one month before data are from 10/8 to 10/14. HHS Protect data is recent as of 17:58 EST on 11/15/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EST on 11/14/2020.
- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 15:14 EST on 11/15/2020.
- **Hospital PPE:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, 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 16:19 EST on 11/14/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 11/2-11/8, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
- **County and Metro Area Color Categorizations**
  - **Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases at or above 101 per 100,000 population, and a lab test positivity result at or above 10.1%.
  - **Orange Zone:** Those CBSAs and counties that during the last week reported both new cases between 51–100 per 100,000 population, and a lab test positivity result between 8.0–10.0%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”
  - **Yellow Zone:** Those CBSAs and counties that during the last week reported both new cases between 10–50 per 100,000 population, and a lab test positivity result between 5.0–7.9%, or one of those two conditions and one condition qualifying as being in the “Orange Zone” or “Red Zone.”