STATE REPORT
11.29.2020
Issue 24

ILLINOIS

SUMMARY

- Illinois saw a week of slight improvement although remained at extremely high levels of disease transmission, hospitalizations, and deaths. Hospitalizations stabilized but remained at or near the highest level of the pandemic above the spring peak. Illinois is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 16th highest rate in the country. Illinois is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 21st highest rate in the country.
- Illinois has seen a decrease in new cases and a decrease in test positivity while test volumes declined slightly. Hospitalizations continue to at high levels. Hospitals are limiting visitors and elective procedures. Illinois reported an average of more than 100 deaths a day last week.
- Extremely high viral transmission continues to involve 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 49.4% of new cases in Illinois.
- Mitigation: Illinois moved to intensified stage 3 mitigation measures as of Nov 20. Several of the 11 Illinois healthcare regions are beginning to see improvements in key coronavirus metrics.
- 97% of all counties in Illinois have moderate or high levels of community transmission (yellow, orange, or red zones), with 77% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 38% of nursing homes had at least one new resident COVID-19 case, 64% had at least one new staff COVID-19 case, and 16% had at least one new resident COVID-19 death.
- Illinois had 558 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 67 to support operations activities from FEMA; 5 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; and 7 to support operations activities from USCG.
- Between Nov 21 - Nov 27, on average, 589 patients with confirmed COVID-19 and 547 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. This is a decrease of 6% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected during the Thanksgiving period if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of Illinois leaders that the current situation is critical and that despite the slight recent improvements, the population and health care system must do everything possible to prepare for and limit a post-Thanksgiving resurgence. Improved public observance of social distancing measures is urgently needed to limit overrunning hospital capacity and additional preventable deaths. Limiting travel throughout the next several weeks is an additional key mitigation measure this holiday season as the spread across jurisdictions makes control measures much more difficult and leads to additional outbreaks. The Governor's continued personal guidance and forward leaning positions on these measures are critical and are commended.
- Ensure all clinical facilities, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing, and are accurately reporting current status of each resource. Ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Short-term mitigation interventions, including restricting indoor dining and limiting and/or closing areas of congregation without masking, will be needed. Expeditious intensification of mitigation measures called for within the state plan will help to slow disease spread. The adjustments made in mitigation measures in response to trends in county cases and healthcare regions metrics are commended.
- These measures help to control transmission in public settings but have had limited success in preventing spread at private gatherings. Additional measures should be taken, including communications to reinforce messaging around social gatherings throughout the ongoing holiday season. Maximizing control of transmission now will also allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- The silent community spread that precedes and continues throughout these COVID disease surges can only be identified and interrupted through proactive and increased testing and surveillance. This approach can be adapted to communities/counties in the orange or red zone with proactive weekly testing of groups from the community. These cases should be analyzed with data from cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread proactive testing and isolation of positive cases. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Mitigation measures to limit transmission in personal gatherings need continued strengthening. Local influencers are critical; hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of long-term care facility testing and rapid implementation of vaccination into LTCF as vaccine becomes available.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing, and utilize the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure all universities planning to bring students back to campus after winter break move to mandatory weekly testing of all on and off campus students. Planning for that must begin now.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ILLINOIS

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	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	70,667 (558)	-14%	299,152 (569)	1,146,921 (349)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.3%	-1.8%*	13.0%	9.7%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	555,885** (4,387**)	-6%**	2,487,089** (4,734**)	10,846,839** (3,305**)
COVID-19 DEATHS (RATE PER 100,000)	725 (5.7)	-9%	2,726 (5.2)	10,169 (3.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	38%	+4%*	34%	25%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	64%	+0%*	60%	46%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	16%	+5%*	13%	9%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	7,956 (27)	-6% (-4%)	31,001 (26)	135,904 (19)

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

DATA SOURCES – Additional data details available under METHODS

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

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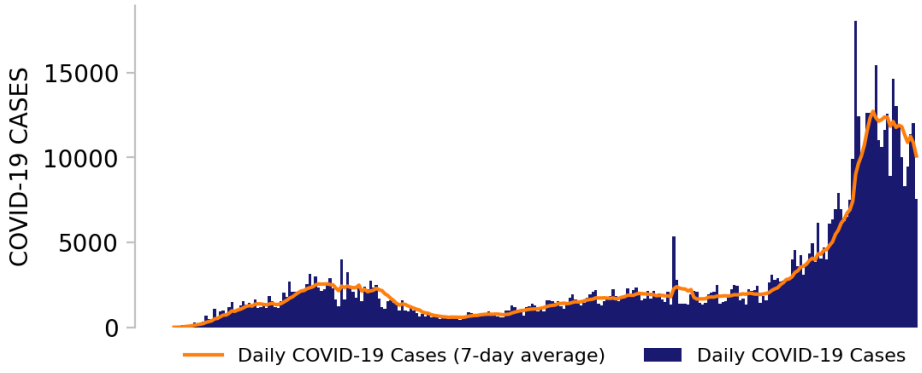
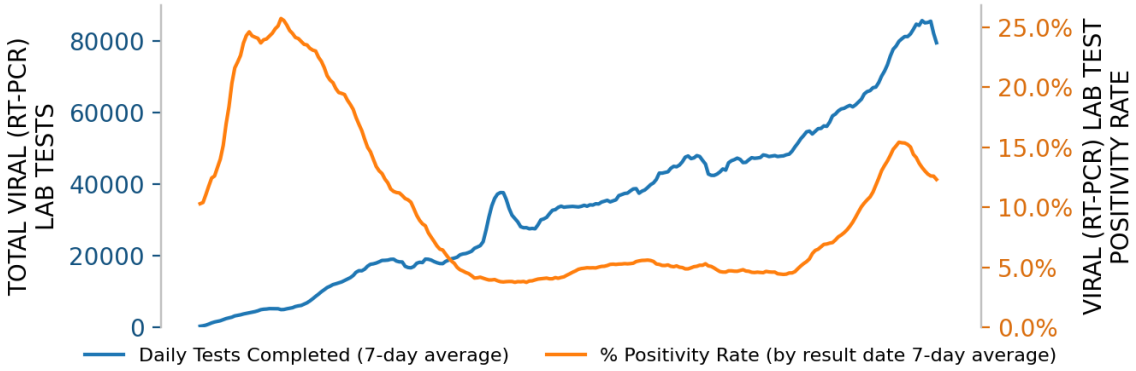
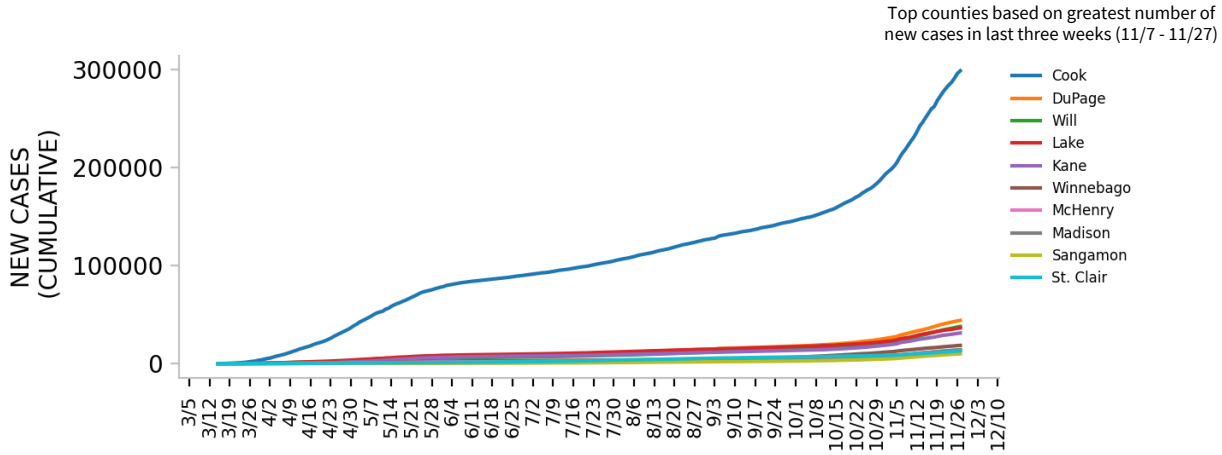
NEW CASES



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 USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

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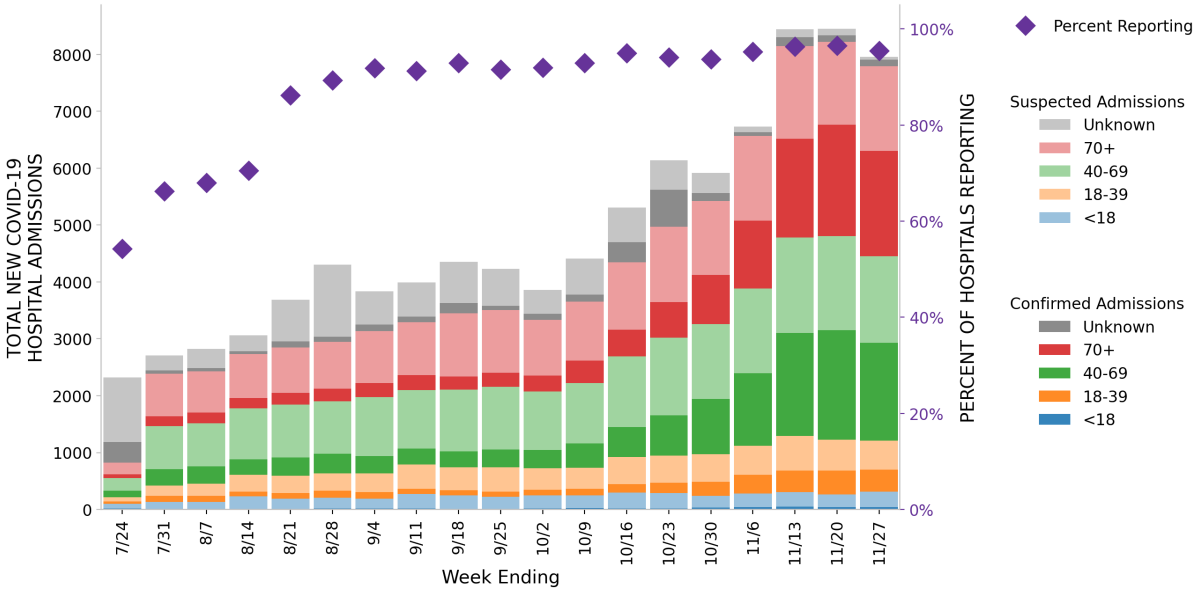
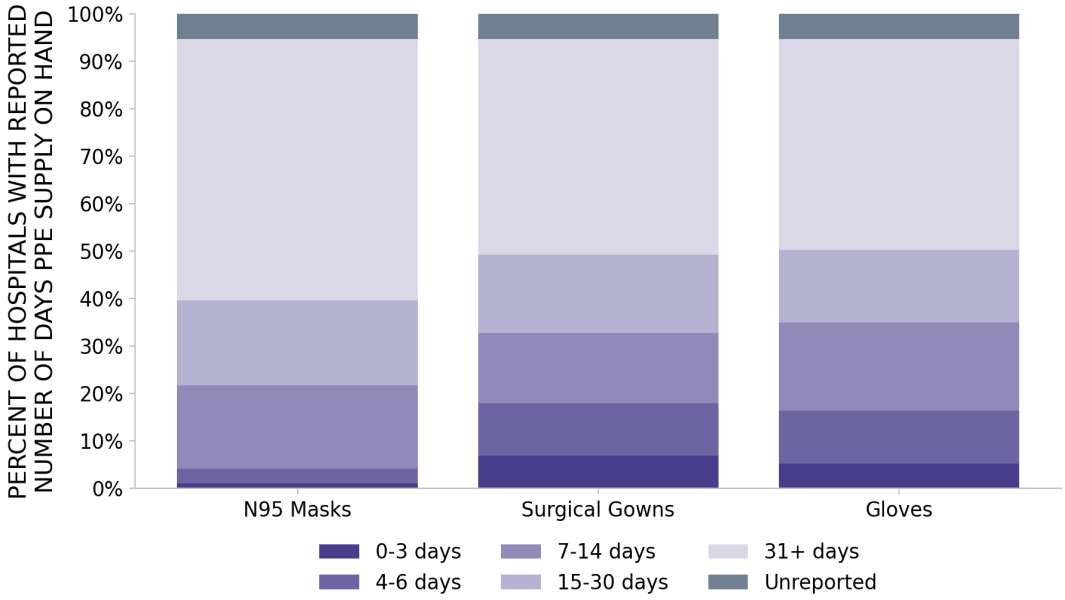
189 hospitals are expected to report in Illinois

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. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

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

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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	28 ▼ (-1)	Chicago-Naperville-Elgin St. Louis Peoria Rockford Davenport-Moline-Rock Island Springfield Kankakee Ottawa Carbondale-Marion Decatur Danville Sterling	79 ▼ (-10)	Cook DuPage Will Lake Kane Winnebago McHenry Madison Sangamon St. Clair Kankakee Peoria
LOCALITIES IN ORANGE ZONE	2 ■ (+0)	Bloomington Charleston-Mattoon	14 ▲ (+8)	McLean Coles Jackson Woodford Fulton Jersey Piatt Crawford Saline Clark Moultrie Union
LOCALITIES IN YELLOW ZONE	1 ▲ (+1)	Quincy	6 ▲ (+2)	Adams Bond Montgomery Edgar Wabash Schuyler

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

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

All Red Counties: Cook, DuPage, Will, Lake, Kane, Winnebago, McHenry, Madison, Sangamon, St. Clair, Kankakee, Peoria, Rock Island, Tazewell, LaSalle, Kendall, Macon, DeKalb, Vermilion, Whiteside, Boone, Henry, Grundy, Livingston, Williamson, Clinton, Effingham, Macoupin, Marion, Ogle, Knox, Morgan, Stephenson, Lee, Bureau, Iroquois, Logan, Monroe, Christian, Franklin, Fayette, Randolph, Jefferson, McDonough, Lawrence, Shelby, Perry, Hancock, Clay, Cass, Jo Daviess, Pike, Warren, Carroll, Douglas, Massac, Ford, Greene, Richland, Mason, Mercer, Washington, Wayne, White, Menard, Johnson, Jasper, Cumberland, Hamilton, De Witt, Marshall, Brown, Pulaski, Stark, Putnam, Henderson, Edwards, Hardin, Pope

All Orange Counties: McLean, Coles, Jackson, Woodford, Fulton, Jersey, Piatt, Crawford, Saline, Clark, Moultrie, Union, Alexander, Gallatin

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

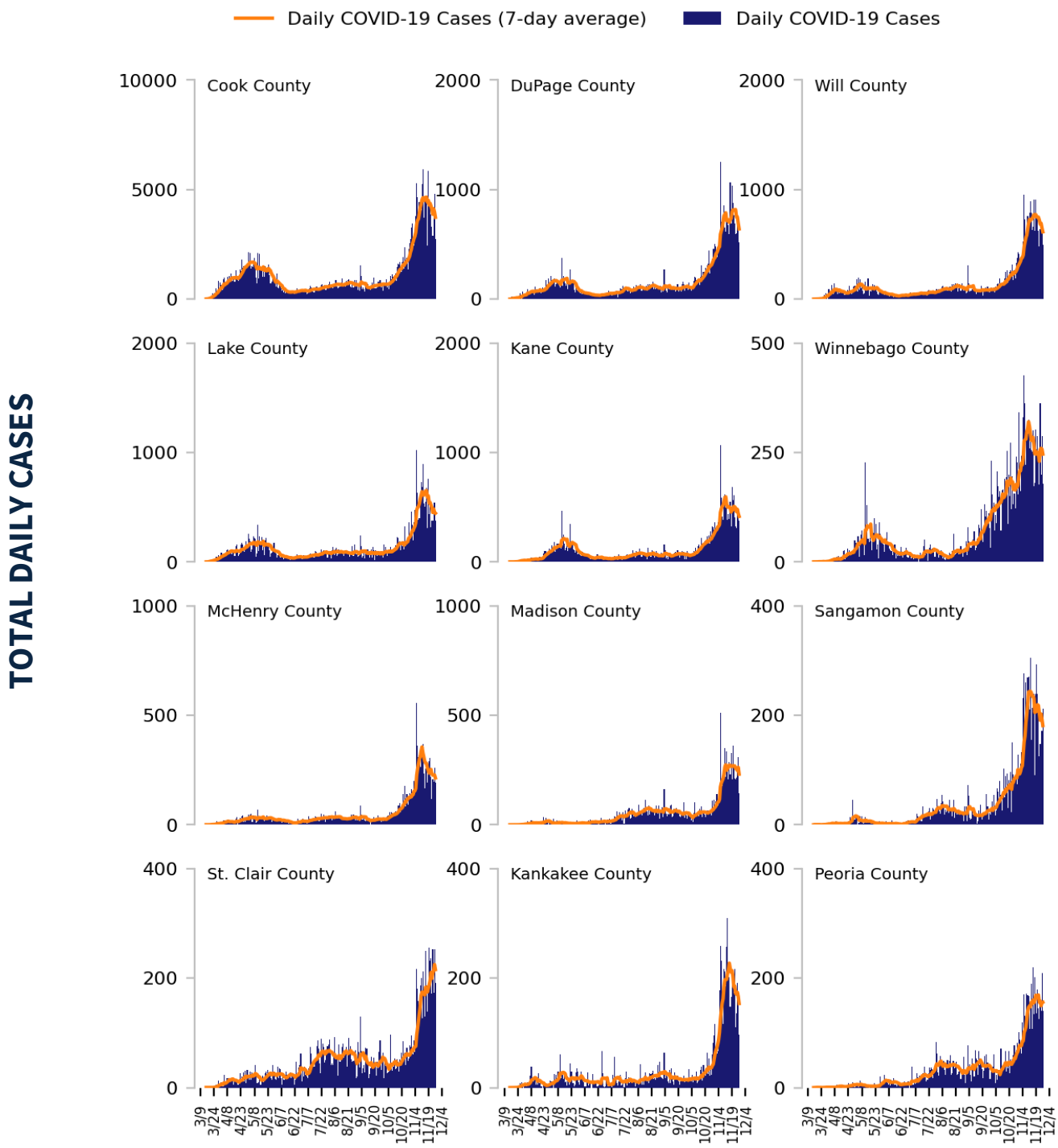
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

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

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

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



DATA SOURCES – Additional data details available under METHODS

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

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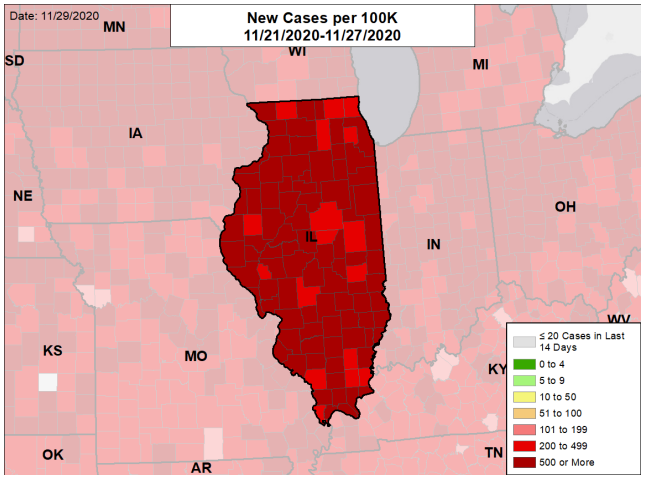
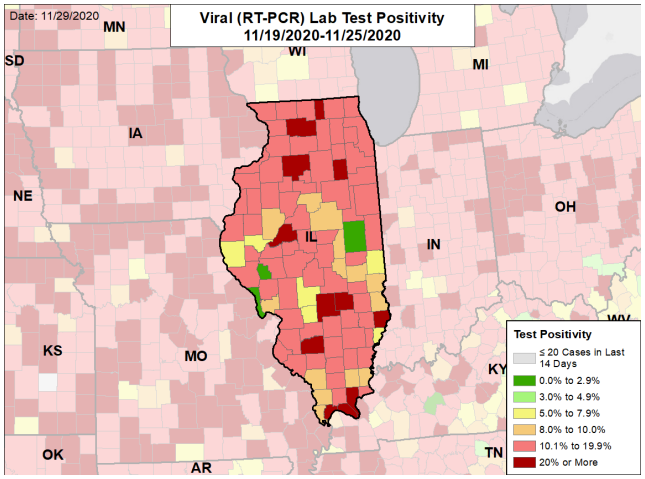
CASE RATES AND VIRAL LAB TEST POSITIVITY

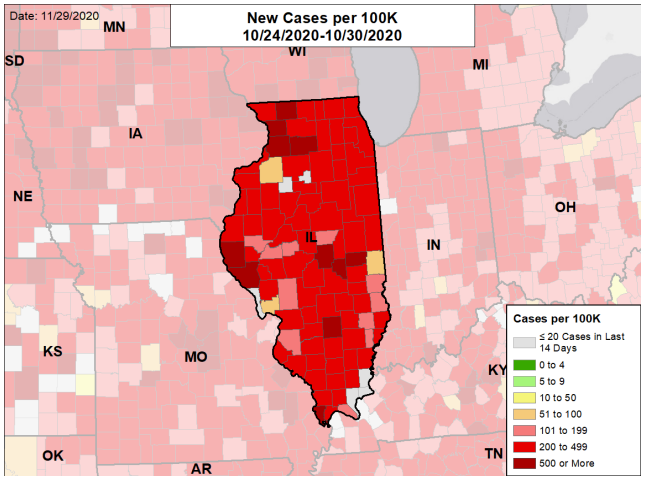
NEW CASES PER 100,000



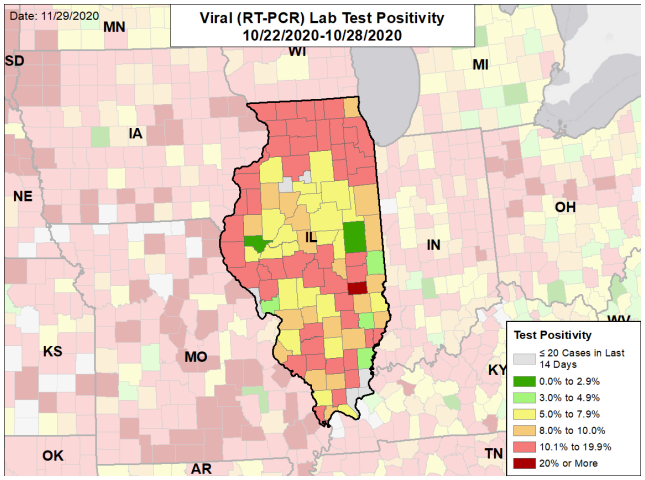
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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

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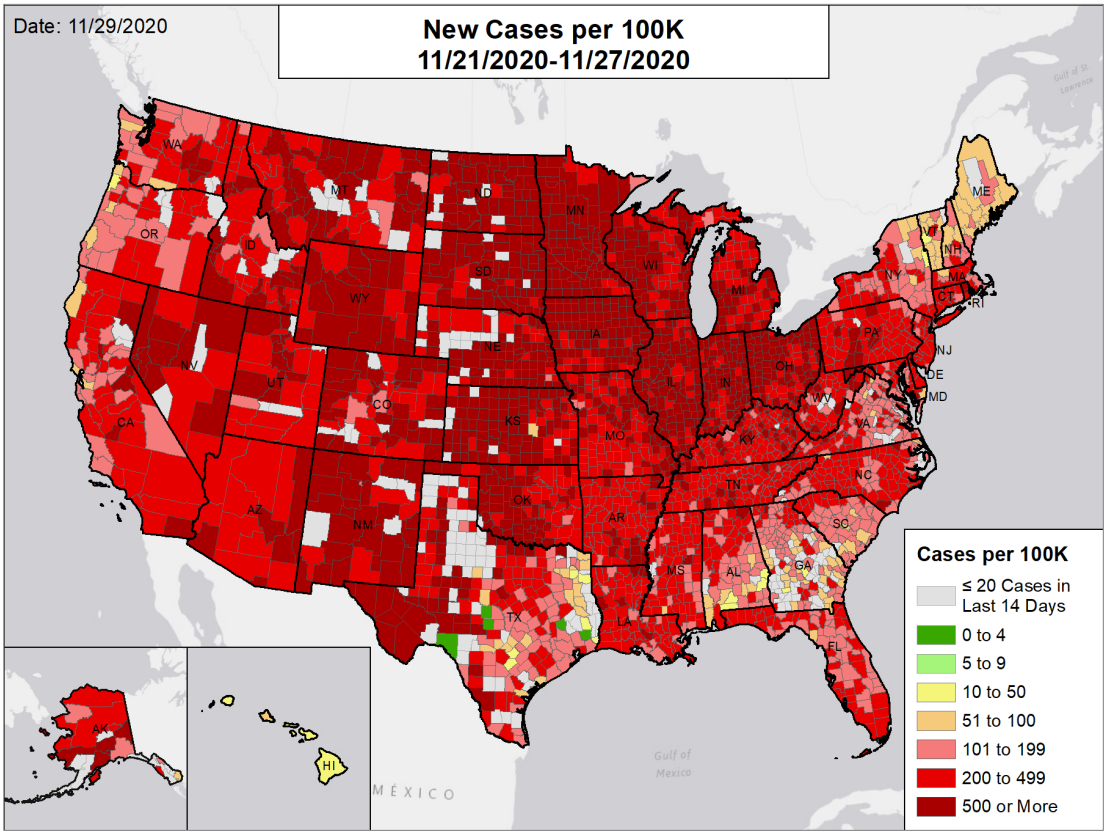
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020. The week one month before is 10/24 - 10/30.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.

National Picture

NEW CASES PER 100,000



NATIONAL RANKING OF NEW CASES PER 100,000

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

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

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

DATA SOURCES

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

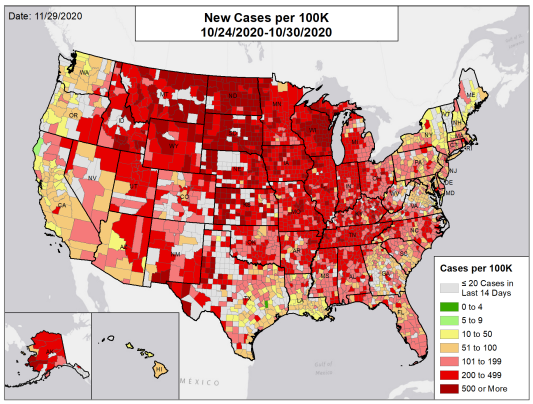
Cases: County-level data from USAFacts through 11/27/2020.

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

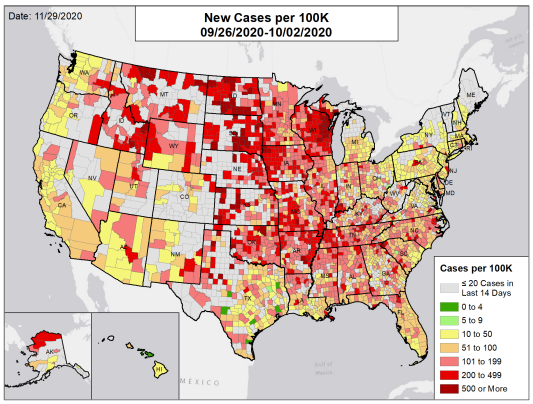
National Picture

NEW CASES PER 100,000 IN THE WEEK:

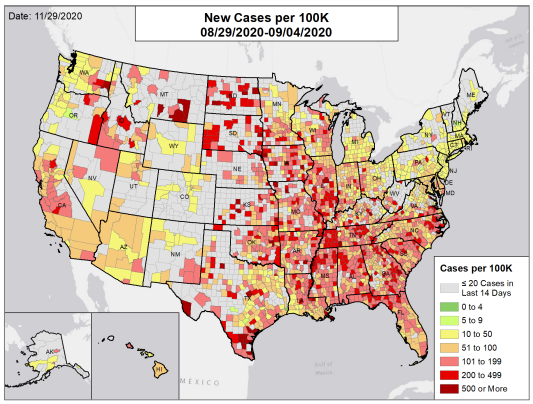
ONE MONTH BEFORE



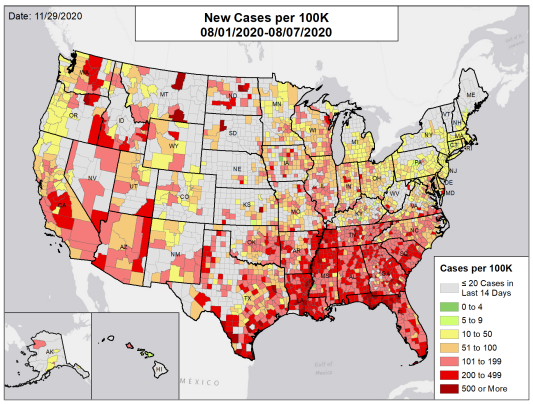
TWO MONTHS BEFORE



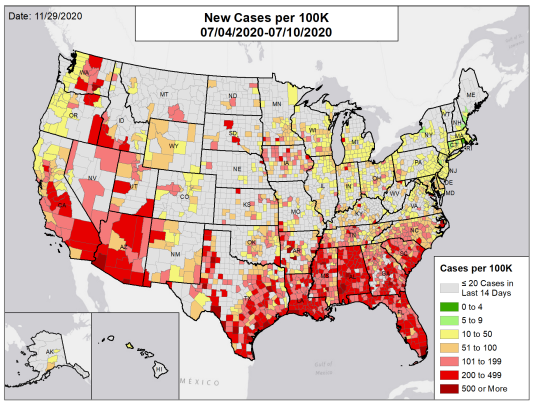
THREE MONTHS BEFORE



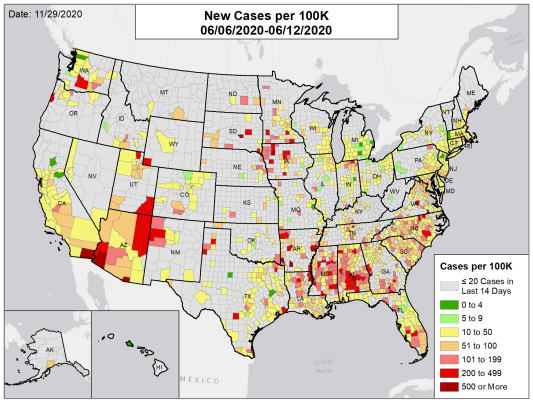
FOUR MONTHS BEFORE



FIVE MONTHS BEFORE



SIX MONTHS BEFORE



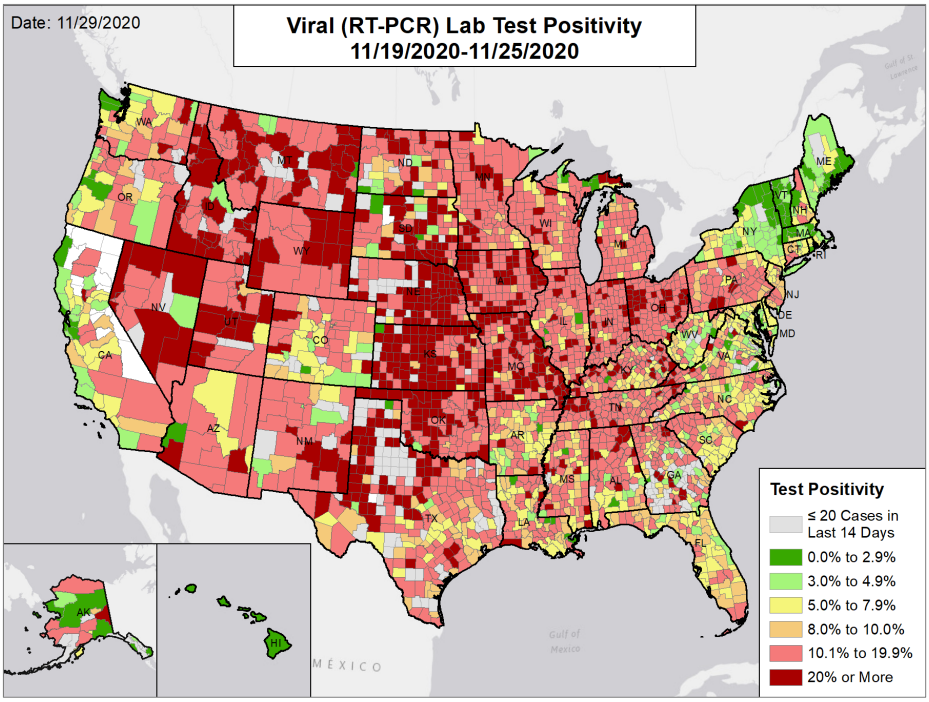
DATA SOURCES

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

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

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY



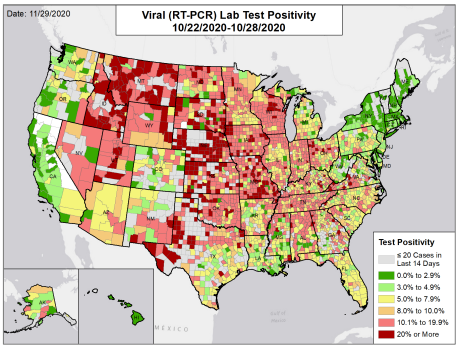
NATIONAL RANKING OF TEST POSITIVITY

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

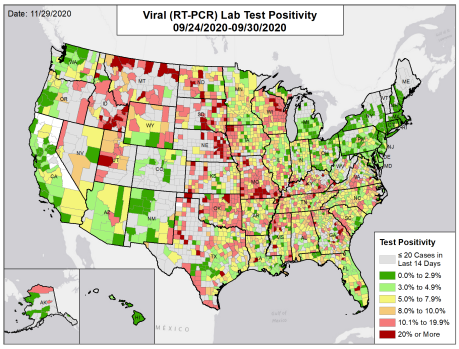
National Rank	State
27	TX
28	OR
29	NJ
30	AR
31	SC
32	CT
33	FL
34	AK
35	NH
36	WA
37	GA
38	LA
39	NC
40	WV
41	VA
42	MD
43	CA
44	RI
45	DE
46	NY
47	ME
48	MA
49	DC
50	HI
51	VT

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

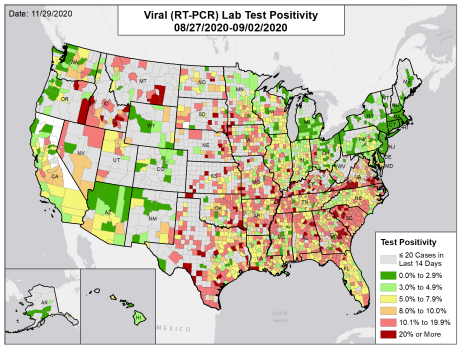
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



DATA SOURCES

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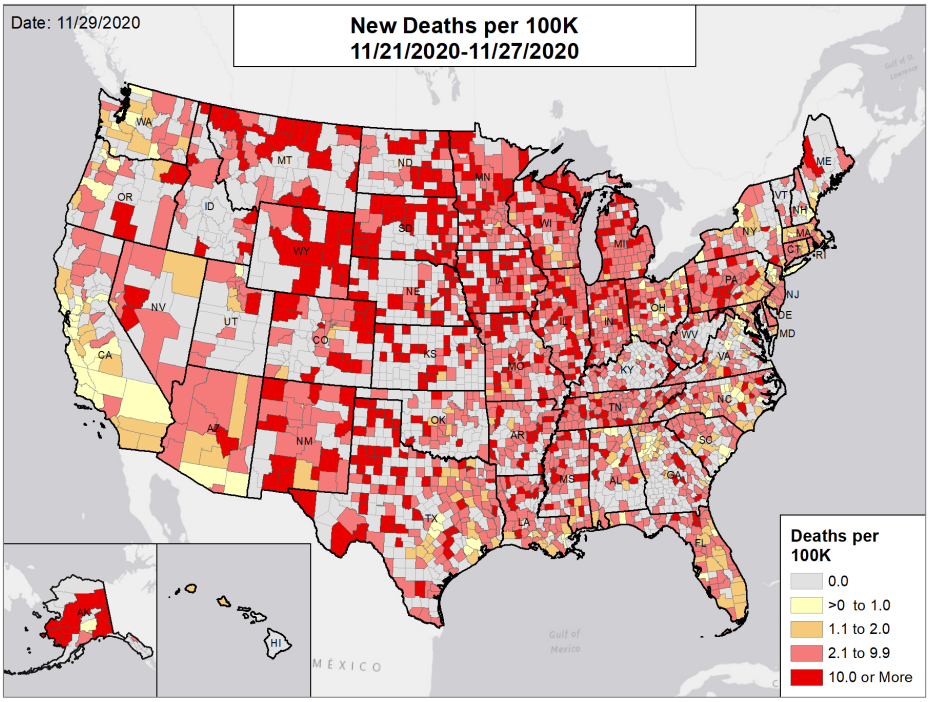
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/25/2020. Tthe week one month before is 10/22 - 10/28; the week two months before is 9/24 - 9/30; the week three months before is 8/27 - 9/2.

National Picture

NEW DEATHS PER 100,000



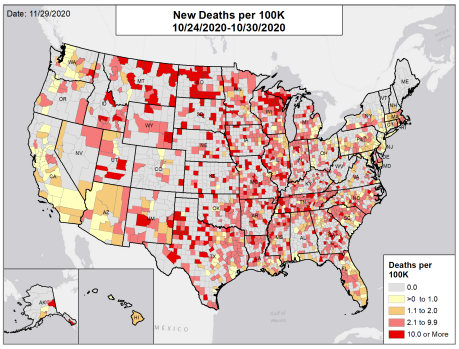
NATIONAL RANKING OF NEW DEATHS PER 100,000

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

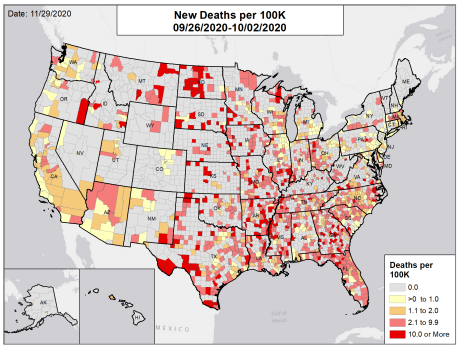
National Rank	State
27	TX
28	MD
29	NJ
30	OK
31	AL
32	AK
33	KY
34	MA
35	UT
36	FL
37	SC
38	AZ
39	NC
40	NY
41	OR
42	DE
43	VA
44	GA
45	ME
46	CA
47	WA
48	DC
49	HI
50	VT
51	NH

NEW DEATHS PER 100,000 IN THE WEEK:

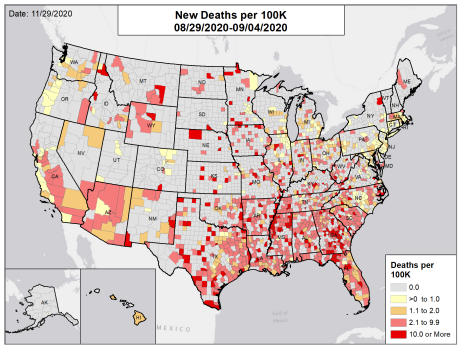
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



DATA SOURCES

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

Deaths: County-level data from USAFacts through 11/27/2020. The week one month before is 10/24 - 10/30; the week two months before is 9/26 - 10/2; the week three months before is 8/29 - 9/4.

METHODS

STATE REPORT | 11.29.2020

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

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