

# Essential information for states and counties to publicly report

**Update, 11/2020:** We have made some changes to the original 15 essential indicators. These changes are rooted in our experience working on the pandemic response since the indicators were first created. Substantive changes, which have been highlighted, include adjustments made for 1) practicality (e.g. it is reasonable to stratify by county rather than zip code at the state level), 2) feasibility (e.g. removal of stratification recommendations for some indicators), 3) changes in approaches to diagnosis (e.g. the availability of antigen testing necessitates changes in how testing data are reported), and 4) further specification of stratification categories and targets. Most changes were made to clarify language or concepts and do not involve changes to content. These clarifications include the addition of a number of footnotes and have not been highlighted.

## Essential information To be reported immediately

#	Indicator or information	Stratification <sup>1</sup>	Suggested target <sup>2</sup>
1	New confirmed and new probable COVID-19 cases and per-capita rates by date <sup>3</sup> with the 7-day moving average	Age, sex, race, ethnicity and county <sup>4</sup> Outbreak vs. community	Decreasing over 14 days or at low level <sup>5</sup>
2	Percent of new cases epidemiologically linked <sup>6</sup> to at least one other known case, by date, with thresholds <sup>7</sup>	Age, sex, race & ethnicity Outbreak vs. community	>80%
3	New screening and diagnostic testing (e.g. antigen, PCR) <sup>8</sup> , per-capita rates by date, with thresholds <sup>7</sup> , with the 7-day moving average	Age, sex, race & ethnicity	>1.5 individuals tested /1,000/day, overall
4	Percent of individuals testing positive on PCR, antigen and combined <sup>9</sup> tests by date, with thresholds <sup>7</sup> , with the 7-day moving average		>3% overall positivity
5	COVID-like illness (CLI) and influenza-like illness (ILI) from emergency departments by week		ILI: At or below adjusted ILI baseline; CLI: Decreasing or at low level <sup>10</sup>
6	COVID-19 hospitalization per-capita rates, by date and 7-day moving average	Age, sex, race & ethnicity	Decreasing or at low level
7	Percentage of licensed beds occupied by suspected and confirmed COVID-19 patients, by date		Low proportion (<10%)
8	List <sup>11</sup> of long-term care and other congregate facilities (e.g. homeless shelters, correctional facilities), essential workplace (e.g. meatpacking) outbreaks with COVID-19 cases and deaths in residents and staff	Cumulative and most recent week	Decreasing or near-zero active outbreaks
9	New confirmed and new probable COVID-19 deaths and per-capita rates, by date, with the 7-day moving average	Age, sex, race, ethnicity and county <sup>4</sup> Outbreaks vs. community	Decreasing over 14 days or at low level

### Additional essential information To be reported as soon as possible

<b>10</b>	Diagnostic (e.g. PCR) test turnaround time, from specimen collection to test report to the local health department, by week	Age, sex, race & ethnicity, long-term care facility vs. community	>80% within 2 days
<b>11</b>	Time from specimen collection to isolation of cases, by week. The isolation date is the date of self-reported isolation by the case or issuance of the isolation order, whichever is earlier.	Age, sex, race & ethnicity individual laboratory <sup>10</sup> , long-term care facility vs. community	>80% within 3 days
<b>12</b>	Time from case specimen collection to new case interview for contact elicitation, by week of case specimen collection	Age, sex, race & ethnicity individual laboratory <sup>10</sup> , long-term care facility vs. community	>80% within 3 days
<b>13</b>	Percentage of new cases from among quarantined contacts, by week of case specimen collection	New cases identified within outbreaks vs. within the community	>50%
<b>14</b>	New infections among health care workers <sup>12</sup> , by week	Age, sex, race & ethnicity	0
<b>15</b>	Percentage of people wearing masks correctly in public settings, by week. <sup>13</sup>	Location type	>80%

- Reporting of stratified data over time, on a week-by-week basis, is recommended. This allows detection of changes in subgroup impact of the epidemic.
- Unless otherwise stated, targets should be applied for the overall state population and for each subgroup, as reported separately.
- Cases should be reported by date of specimen collection when possible or, if note possible, by date of report or symptom onset. Jurisdictions reporting by date of specimen collection should also provide information on date of report for inter-state comparability, until all states are reporting by date of specimen collection.
- Some states may be divided into geographic areas other than counties. A link to county (or other geographic area) dashboards is recommended.

- Such as below 10 cases per 100,000 population over 2 weeks (CDC), which is equivalent to approximately 0.7 cases per 100,000 per day.
- This refers to epidemiologic links to potential sources of each case's infection. It does not include individuals potentially infected by the tallied case.
- Thresholds are targets that are used by the state or jurisdiction to denote risk levels or reopening thresholds; there may be multiple thresholds per indicator and they may change over time.
- Both the number of new tests and the number of individuals tested should be reported.
- Some individuals may be tested using more than one test modality on the same day if, for example, two tests make up a single testing algorithm. If this occurs – for example, if a single testing algorithm involves an antigen test and a PCR test – we recommend reporting the test type as “combined.”

- Such as near-zero incidence of CLI (CDC)
- To the extent legally permissible in the state. If there are restrictions on reporting, aggregate numbers should be reported.
- The purpose of this indicator is to track nosocomial infections among health care workers. Therefore, it should exclude infections confirmed to have been contracted outside the health care setting.
- This indicator should be based on direct observation or security camera analysis in settings such as mass transit, shopping malls, etc., by a standard, consistent method. For guidance, refer to the RTSL Mask Guidance Playbook and the accompanying [mask-use adherence technical reference](#).