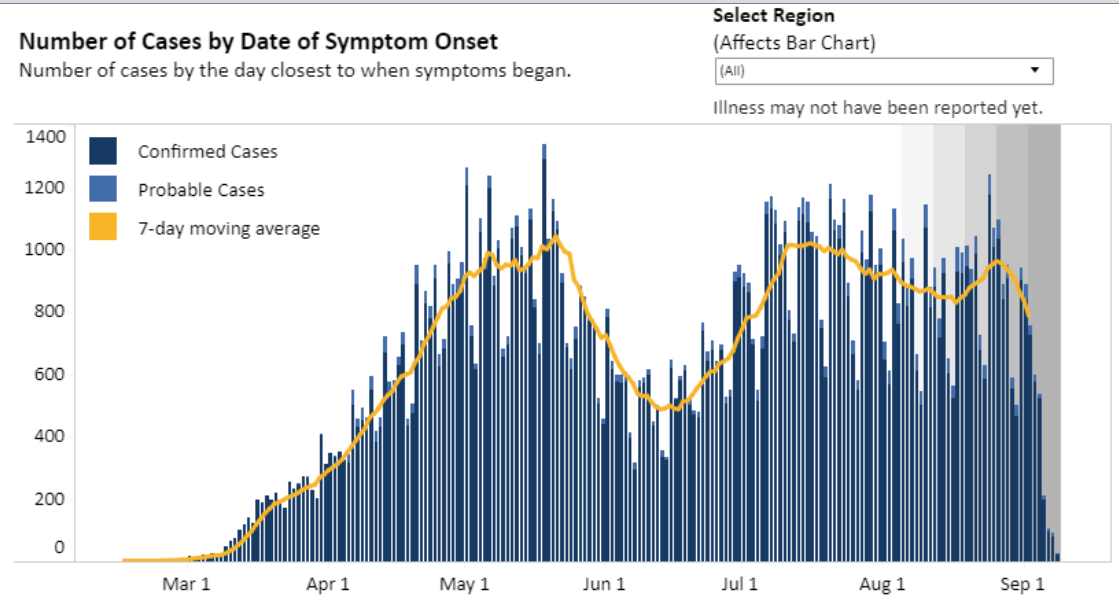
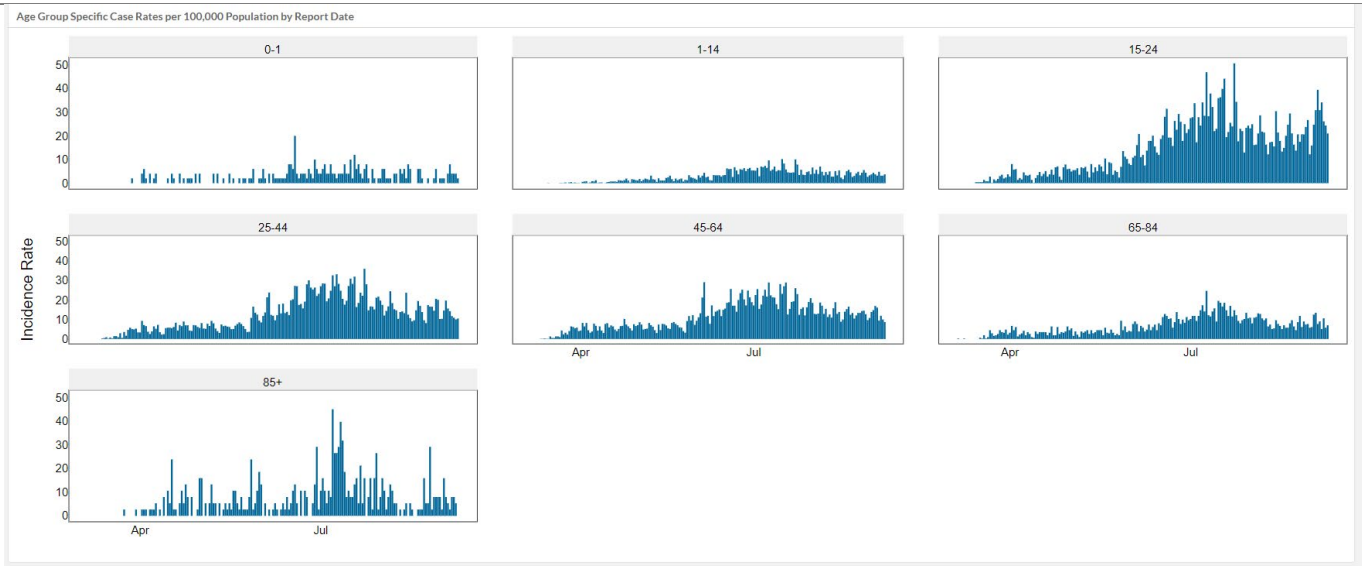
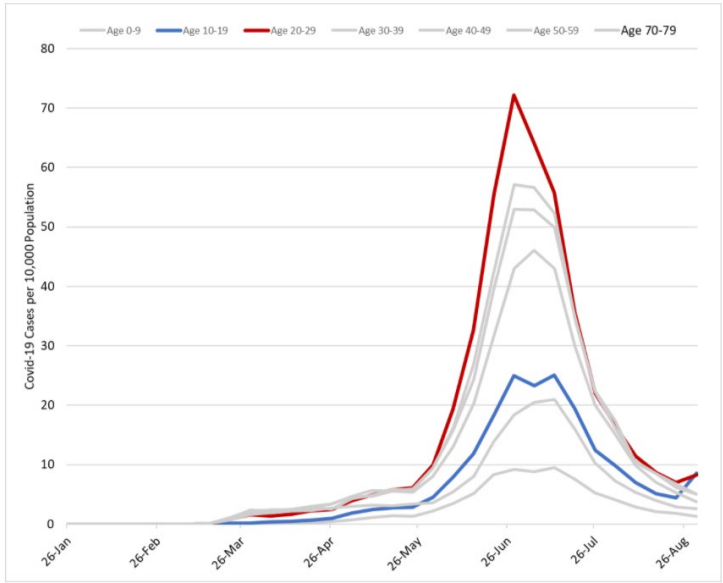
Examples of 15 essential indicators on existing dashboards

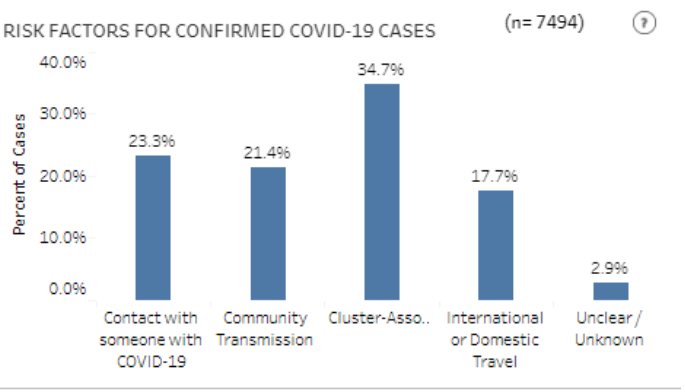
#	Indicator	Definitions / Examples	Suggested data presentation and notes
1	New confirmed and probable cases and per capita rates by date with seven-day moving average.	1a. New confirmed cases: People with a newly confirmed (not already known to be positive by most recent test) COVID-19 diagnosis via screening (antigen)* or diagnostic (PCR) test; probable cases defined as indicated by U.S. CDC. 1b. Date: Jurisdictions should report cases and per capita rates daily and specify whether they are reporting laboratory-confirmed cases by the date of specimen collection, illness onset or report. Date of specimen collection is the preferred option. Probable cases should be reported by date of report from the reporting hospital or physician. To facilitate comparison between states, jurisdictions reporting by date of specimen collection should also provide information on date of report (until all states are reporting by date of specimen collection). 1c. Per capita rate: (Number of cases x 1,000,000)/ (Population of the jurisdiction). 1d. Seven-day moving average: Sum of the number of cases on that day plus the number of cases on the six previous days, divided by seven (Excel has an option to automatically plot this trend line).	Categorical bar graph of cases by date, overall and stratified as specified, with seven-day moving average trend line.
	Virginia	 * Includes both people with a positive test (Confirmed), and symptomatic with a known exposure to COVID-19 (Probable). ** Hospitalization status at time case was investigated by VDH. This underrepresents the total number of hospitalizations in Virginia. † Probable case status was defined starting April 5 by CSTE, for more information click here: https://cdn.ymaws.com/www.cste.org/resource/resmgr/2020ps/interim-20-id-01_covid-19.pdf Source: Cases - Virginia Electronic Disease Surveillance System (VEDSS), data entered by 5:00 PM the prior day.	7 day moving average, confirmed and probable.

#	Indicator	Definitions / Examples	Suggested data presentation and notes
1	Utah		Age stratification over time.
	Arizona (University of Arizona)	 Figure 10. Population-Normed Covid-19 Cases per 10,000 population by Age Group January 19 – August 30 (best viewed in color, those 60 – 69 and 80 – 89 removed for clarity).	Age stratification over time.

1	King County, WA	Summary | Distribution of cases | Rates of cases | Distribution over time | Map | Notes King County **COVID-19 cases among King County, WA residents by race and ethnicity** Updated: 8/31/2020 1:01 AM In this chart, lines represents the percentage of each race/ethnicity of the total cases since the start of the outbreak. This chart can be used to look at how the percent of cases by race/ethnicity has changed over time. Cases missing race/ethnicity or missing lab result dates were excluded from this analysis. Select: (all cases / all cases excluding skilled nursing and assisted living residents) Select: (confirmed cases / deaths / hospitalized cases) **Percent of cases by race/ethnicity over time** White, Hispanic / Latinx, NHPI, Other, Black, Asian, AI/AN 70.0%, 60.0%, 50.0%, 40.0%, 30.0%, 20.0%, 10.0%, 0.0% Percent of cases March 01, April 01, May 01, June 01, July 01, August 01, September 01 Week received test results **Abbreviations:** ***AI/AN*** *= American Indian/Alaska Native* ***NHPI*** *= Native Hawaiian/Pacific Islander* ***Other*** *= Other or multi-racial* *Race groups are mutually exclusive, and Hispanics are counted as a race unless stated.*	Race/ethnicity over time.

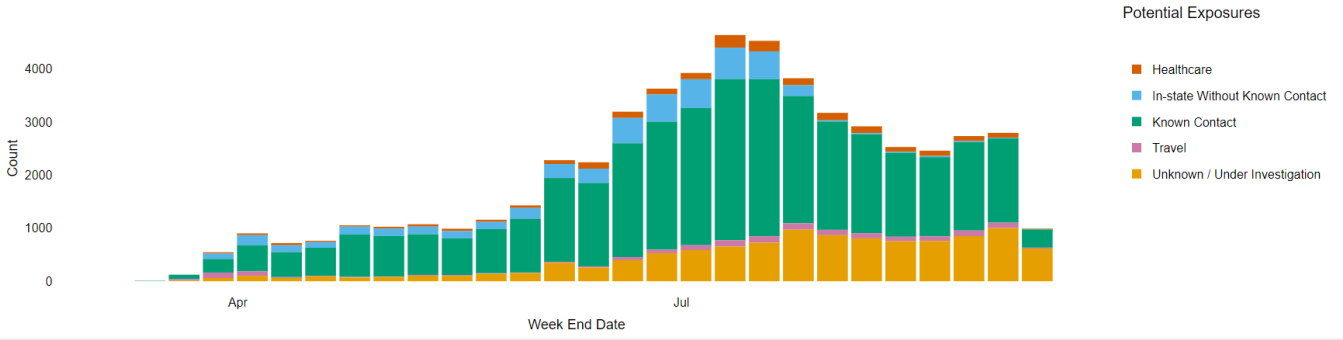
#	Indicator	Definitions / Examples	Suggested data presentation and notes
2	Percentage of new cases epidemiologically linked to at least one other case by date, stratified by whether part of known outbreak or not, with threshold.	2a. New cases: Cases captured by the jurisdiction in a given week, using either the positive screening (for sufficiently validated tests) or diagnostic test result reporting date from the laboratory or the probable symptomatic case report from the physician or hospital. 2b. Case classification: Cases will be classified as linked, unlinked or under investigation. Data may change as case investigations are completed. 2c. Epidemiologic linkage: Cases will be considered linked if any of the following are true: (i) the case fit the eligibility criteria for being part of an identified outbreak with at least one case (ii) a household contact of the case was also an identified COVID-19 case (iii) the case was a named contact of a previously identified case (iv) the case had recently arrived from another jurisdiction experiencing high levels of COVID-19 prevalence. Otherwise, the case will be considered unlinked. If no link is reported and the case investigation is complete, classify the case as unlinked. 2d. Calculating percentage: (Number of cases classified as linked x 100)/ (Total number of cases in the given week). 2e. If linked cases not reported, assume percentage of linked cases is zero.	Categorical bar graph of indicator by week, overall and stratified as specified, with number and percentage of cases linked and unlinked, with target threshold.
	New Hampshire		Risk factors for cases and percentages.

Risk Factors of Persons with COVID-19	Infections		Hospitalizations		Deaths	
	Persons	% of Total	Persons	% of Total	Persons	% of Total
Contact with someone with COVID-19	1,745	23.3%	107	14.9%	14	3.2%
Community Transmission	1,603	21.4%	220	30.6%	36	8.3%
Cluster-Associated*	2,599	34.7%	255	35.5%	358	82.7%
International or Domestic Travel	1,329	17.7%	105	14.6%	20	4.6%
Unclear / Unknown	218	2.9%	31	4.3%	5	1.2%
Grand Total	7,494		718		433	



2 Utah

Primary Exposures by Week



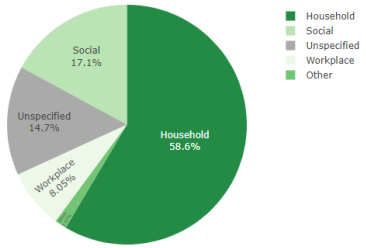
Primary Investigated Exposures

Exposure	Count	Percent
Healthcare	2112	3.8%
In-state Without Known Contact	4957	8.9%
Known Contact	35957	64.6%
Travel	1542	2.8%
Unknown / Under Investigation	11105	19.9%

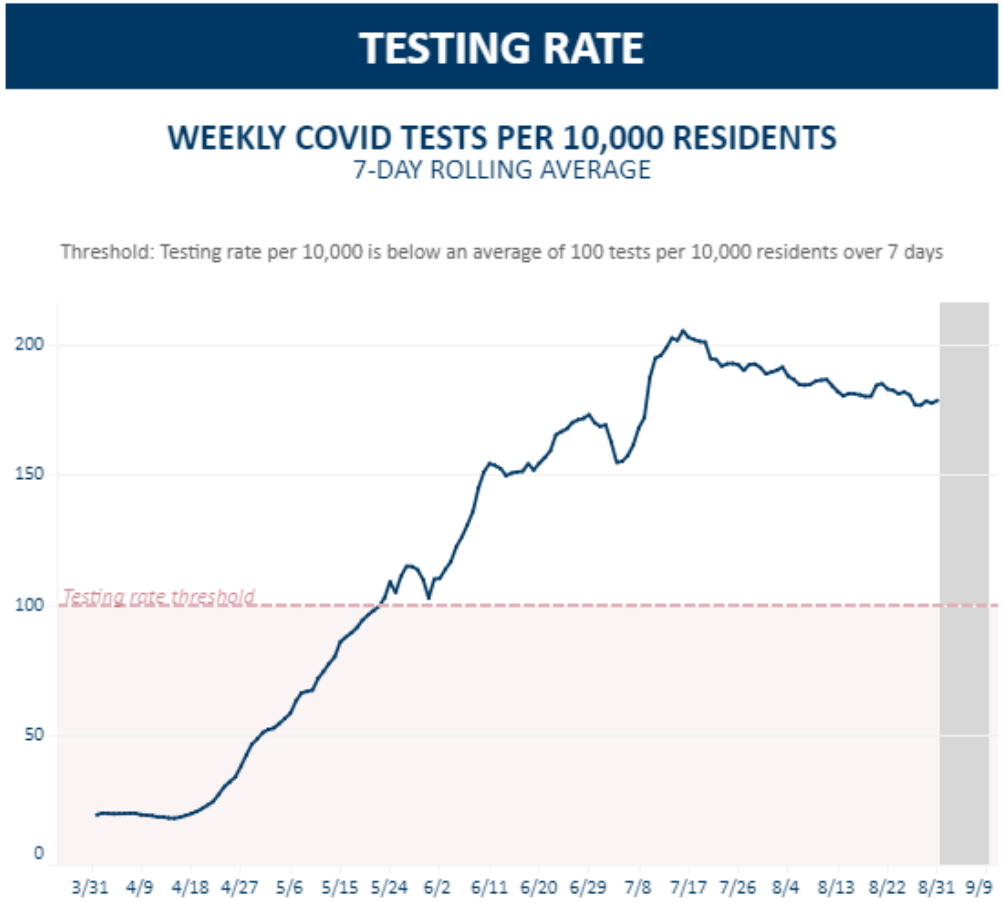
Type of Known Contact

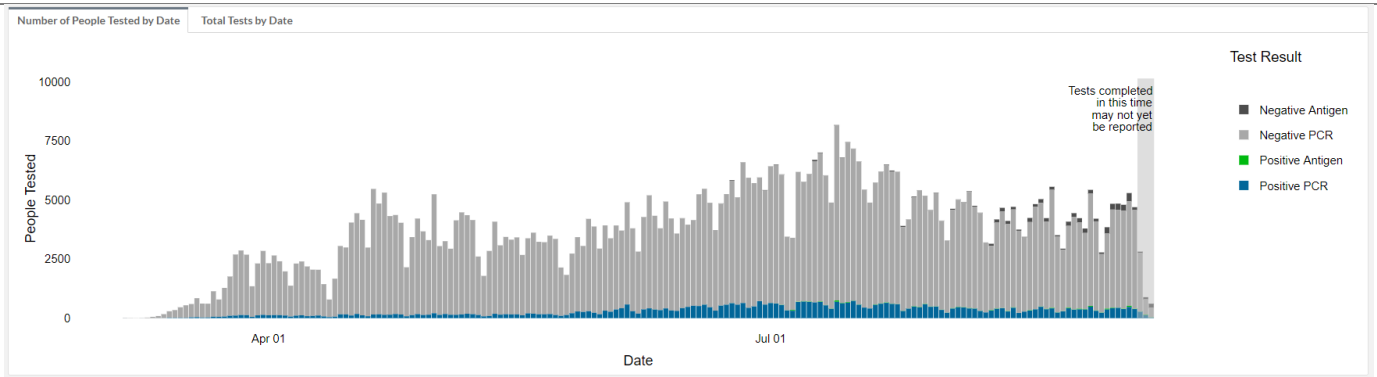
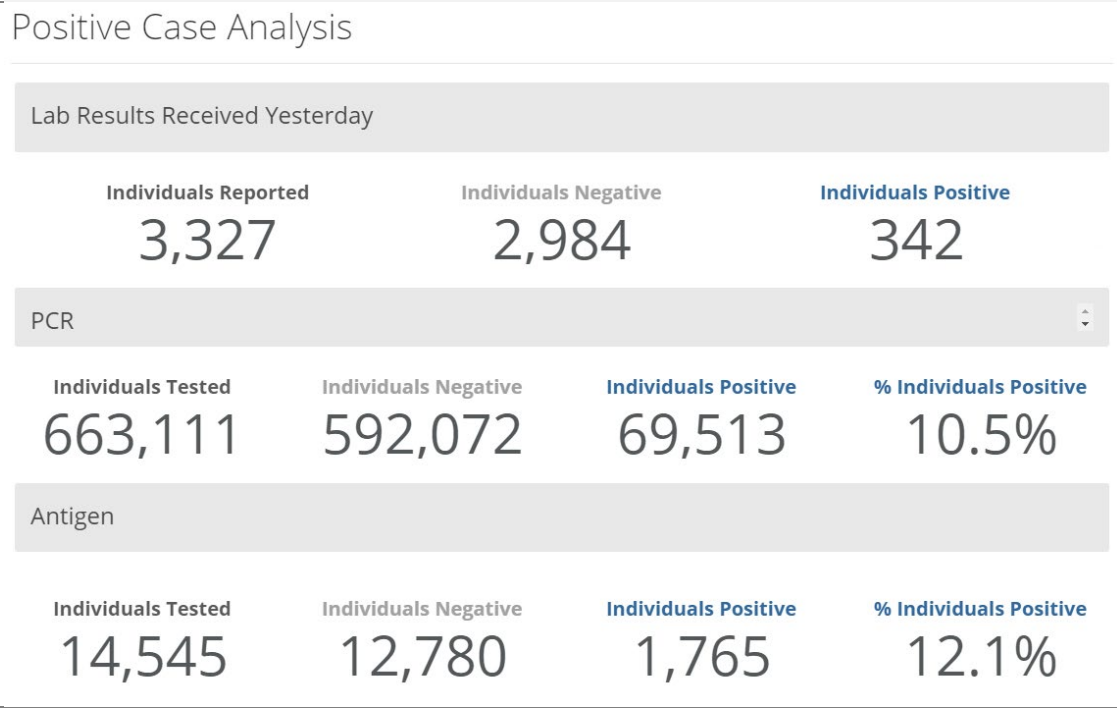
Known Contact Type	Count	Percent
Household	21054	58.6%
Other	564	1.6%
Social	6147	17.1%
Unspecified	5299	14.7%
Workplace	2893	8%

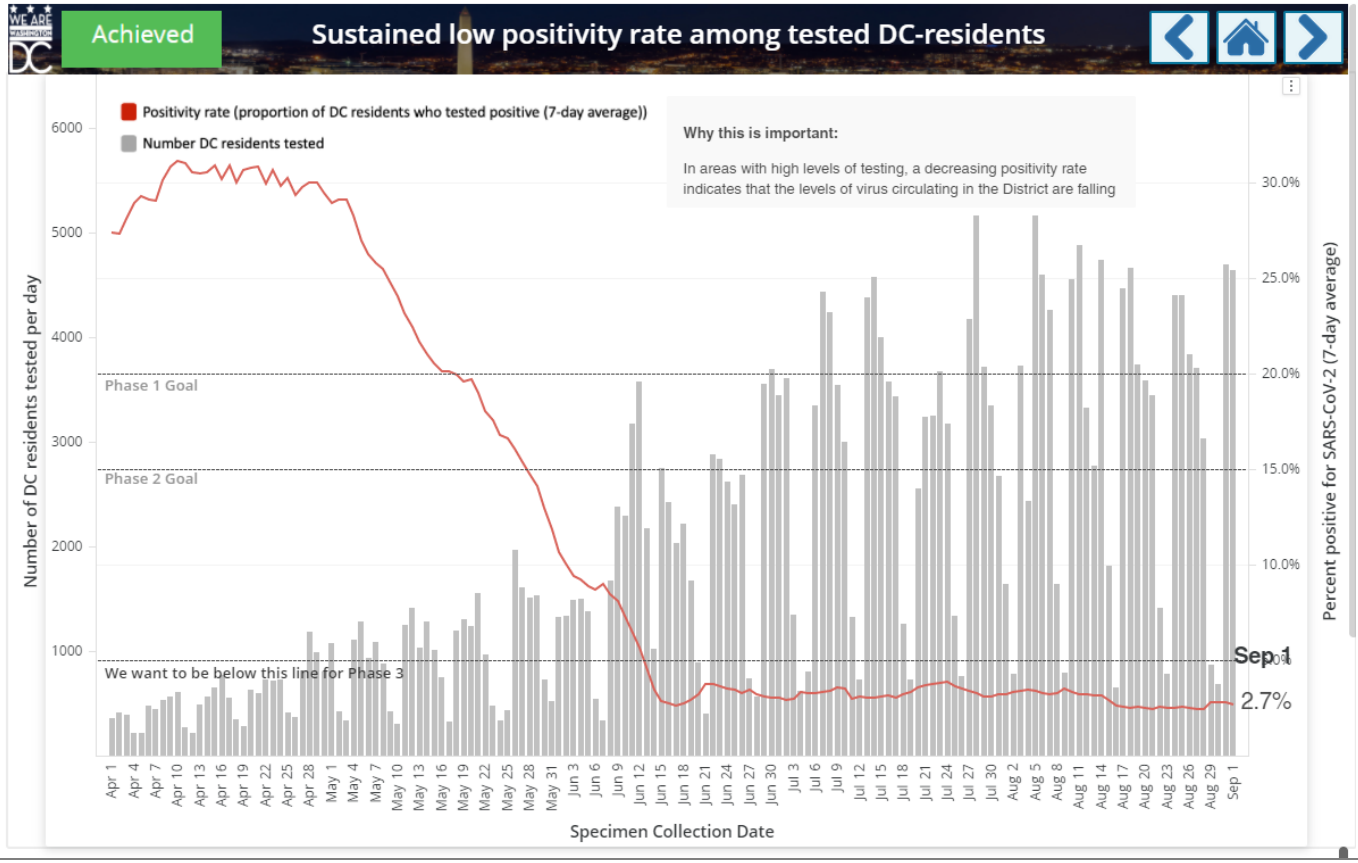
Type of Known Contact

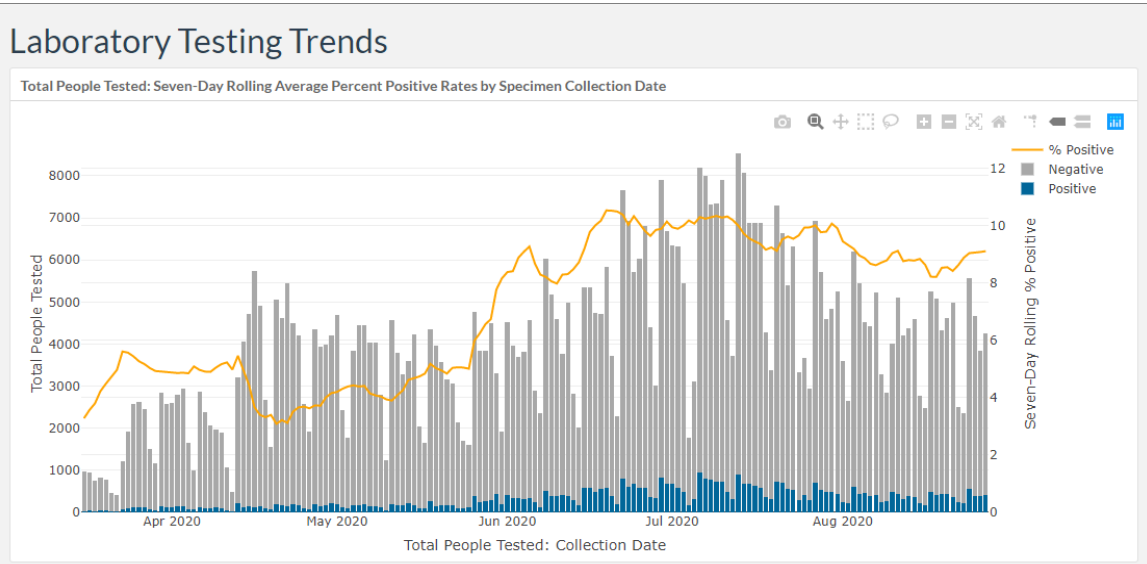
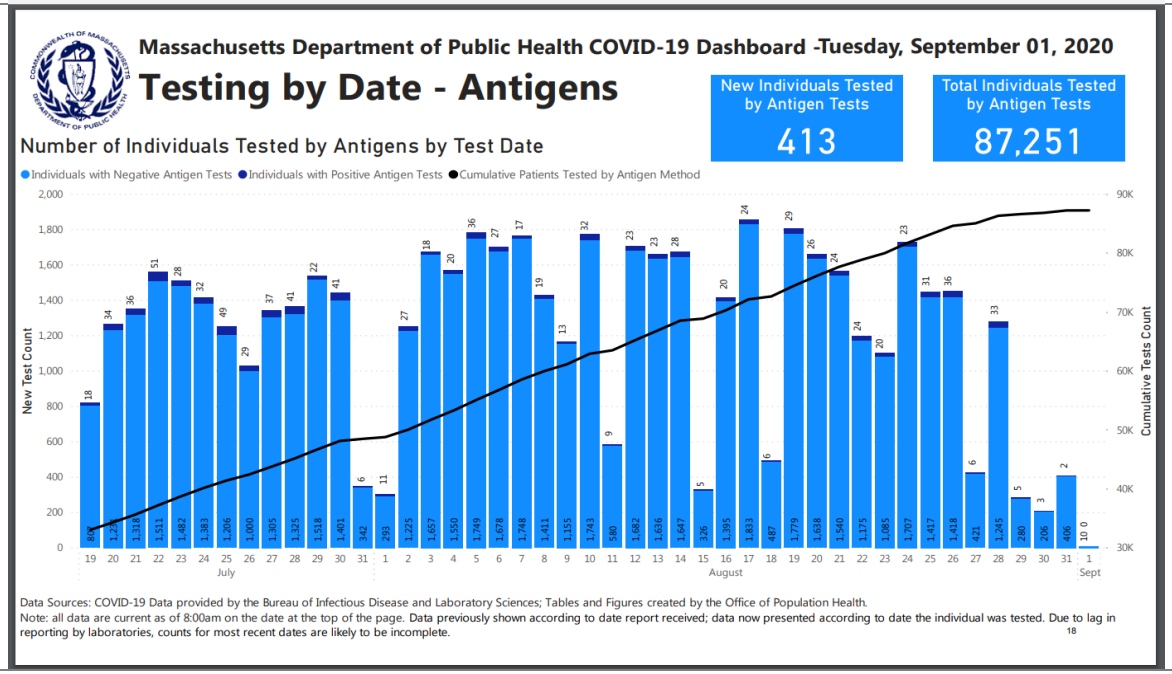


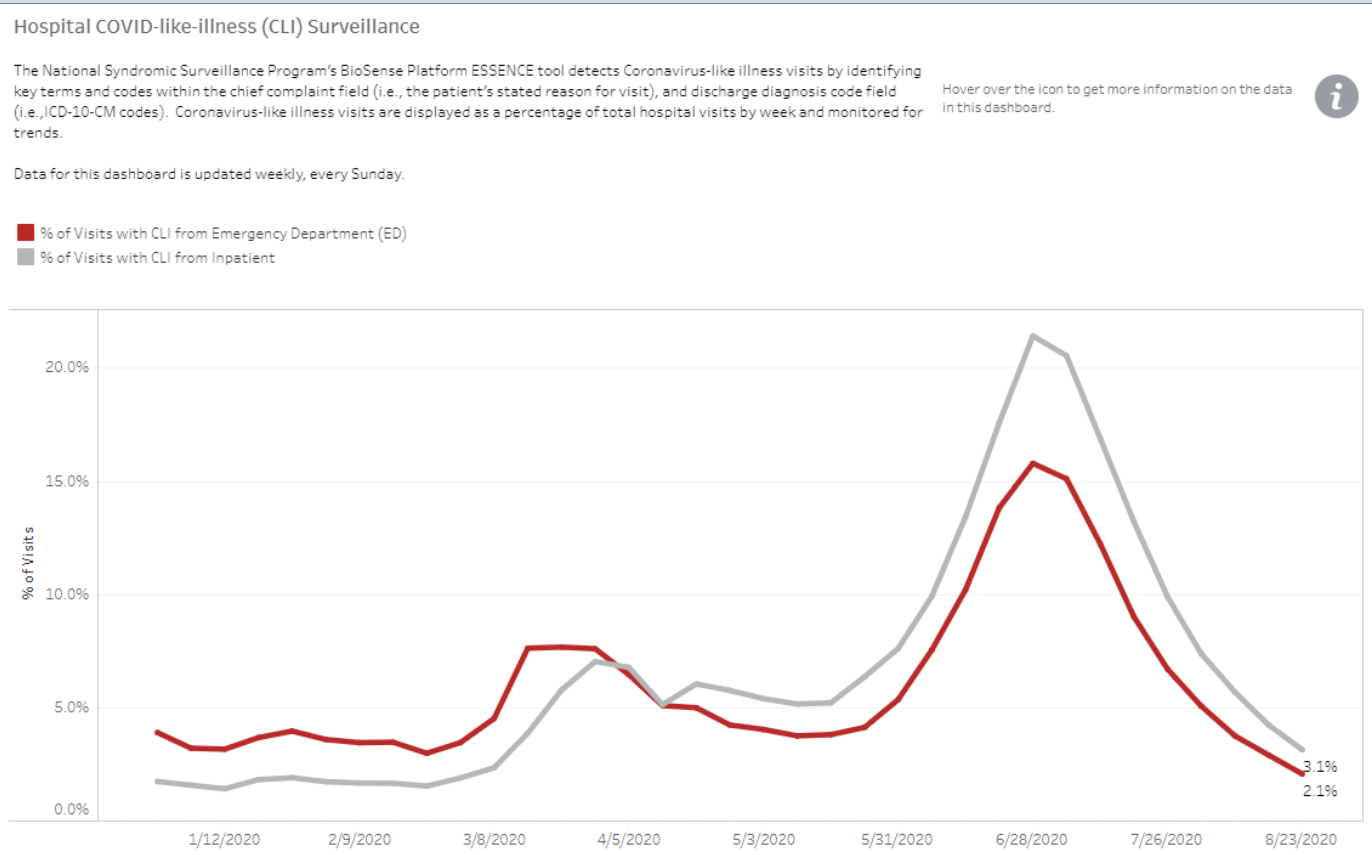
Cases by source of exposure, known / unknown contacts.

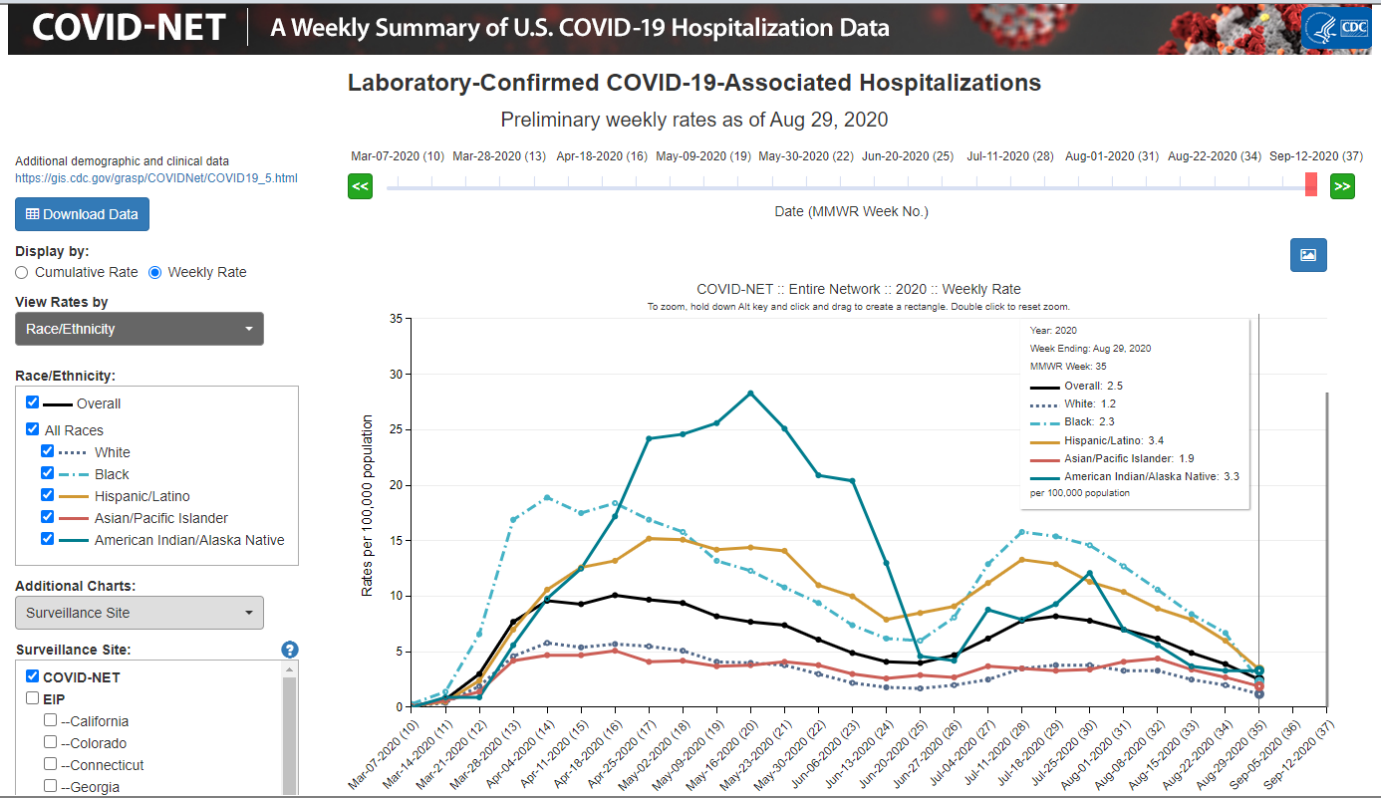
#	Indicator	Definitions / Examples	Suggested data presentation and notes
3	New screening (e.g., antigen) and diagnostic (e.g., PCR) testing per capita rates by date, with threshold, with seven-day moving average.	3a. Screening test: designed to detect the coronavirus antigen. 3b. Diagnostic test: designed to detect a key sequence of the coronavirus RNA using PCR (polymerase chain reaction). 3c. Per capita rates: (Total number of screening and diagnostic tests provided in the jurisdiction on a given day x 1,000)/ (Population of the jurisdiction). 3d. Seven-day moving average: Sum of the per capita testing rate on a given day plus the per capita rates on the six previous days, divided by seven (Excel has an option to automatically plot this trend line).	Categorical bar graph of tests by date, overall and stratified as specified, with seven-day moving average trend line.
	Minnesota		Testing rate trends with 7d average.

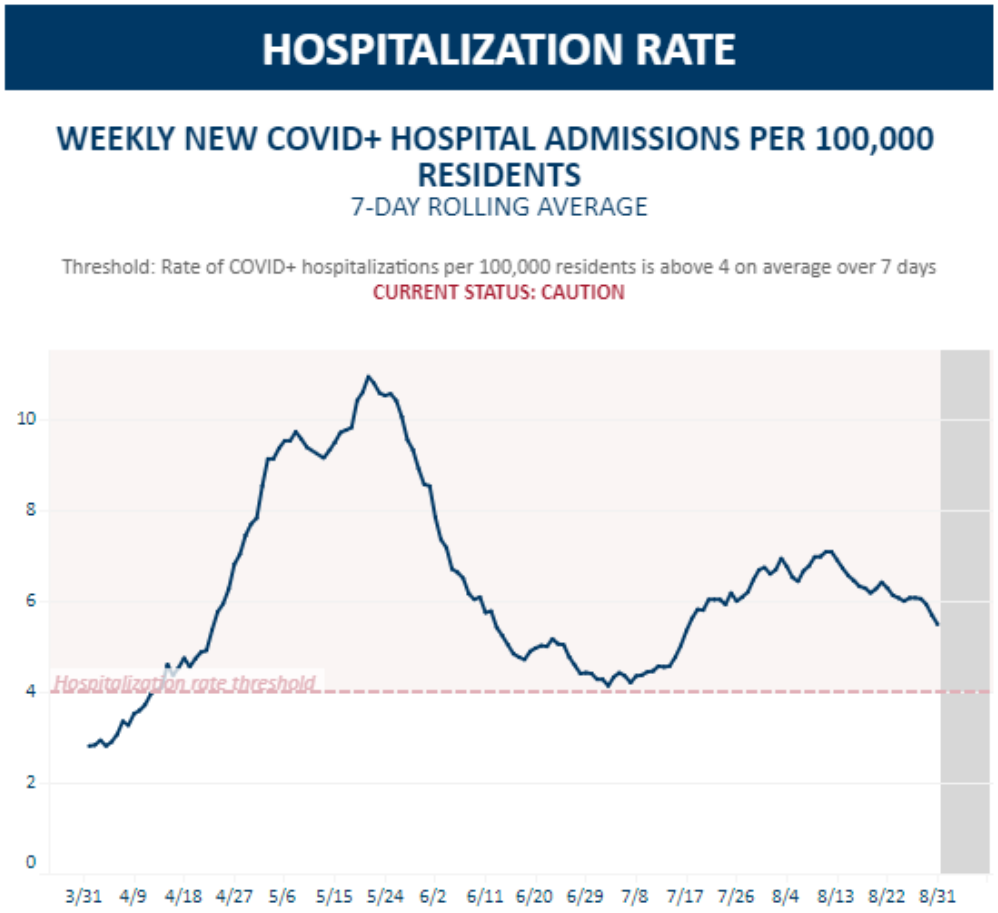
#	Indicator	Definitions / Examples	Suggested data presentation and notes
3	Utah		Antigen test and PCR test trends.
	Iowa		Antigen tests performed and positivity (missing trends).

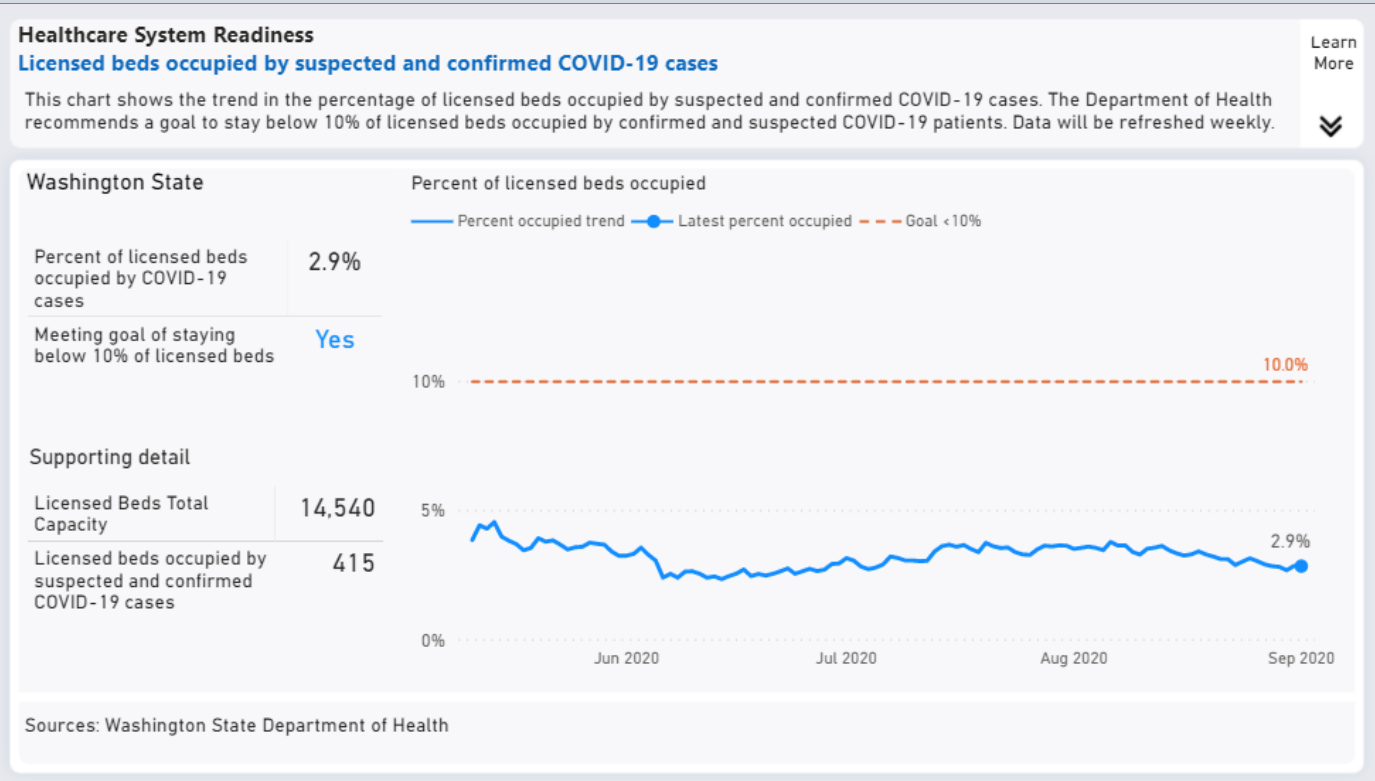
#	Indicator	Definitions / Examples	Suggested data presentation and notes
4	Percentage of screening (e.g., antigen) and diagnostic (e.g., PCR) positive tests by date, with threshold, with seven-day moving average.	4a. Screening test: designed to detect the coronavirus antigen. 4b. Diagnostic test: designed to detect a key sequence of the coronavirus RNA using PCR (polymerase chain reaction). 4c. Positive test: a screening or diagnostic test that indicates the presence of the coronavirus in the specimen. 4d. Percent positive: (Number of positive tests reported on a given day)/ (Total number of tests with results reported that day). If possible to report on unique individuals rather than tests, then this is preferred and should be explicitly stated. 4e. Seven-day moving average: (Sum of the number of positive tests reported on a given day plus the previous six days)/ (Sum of the total number of tests with results reported on a given day plus the previous six days). Excel has an option to automatically plot this trend line.	Categorical bar graph of tests and result by date, overall and stratified as specified, with seven-day moving average trend line of positivity, with target threshold (can be combined chart with #3).
	Washington DC		Positivity with clear thresholds.

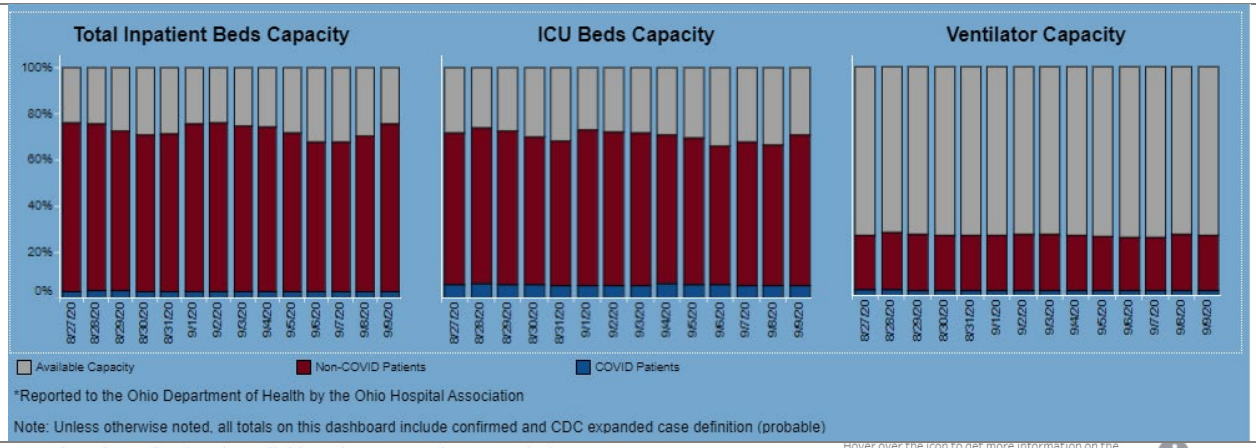
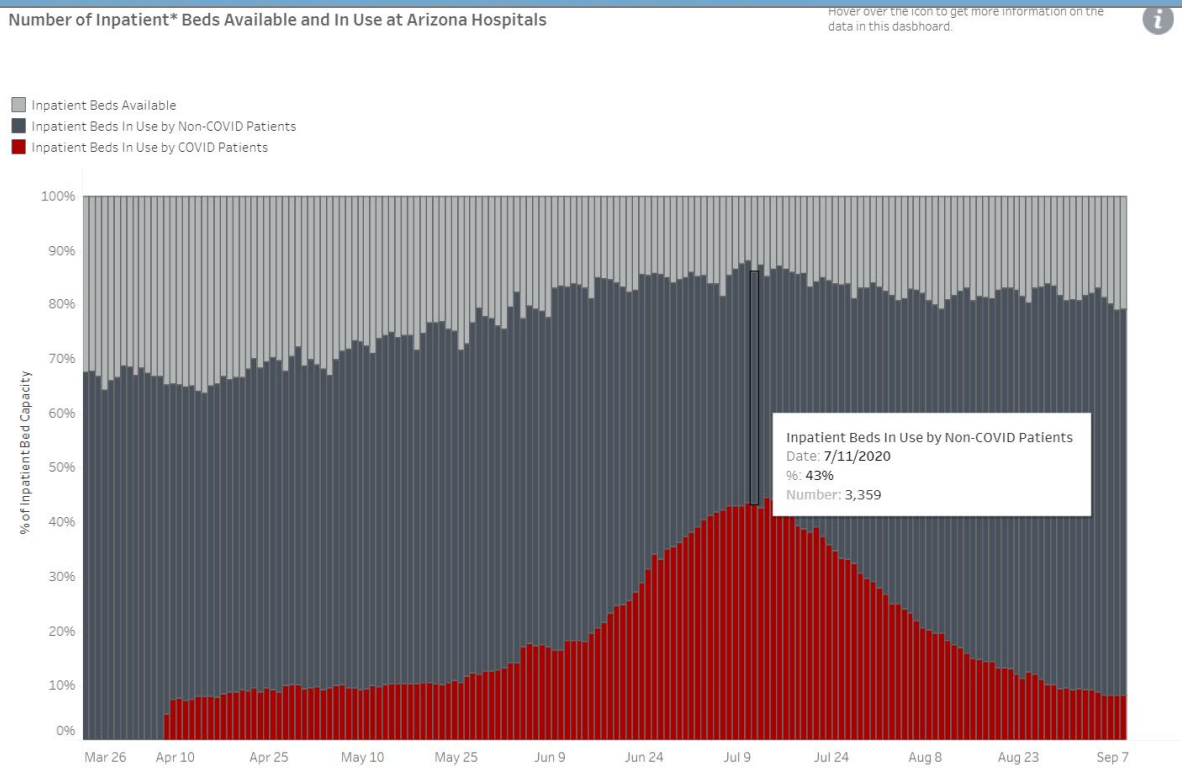
#	Indicator	Definitions / Examples	Suggested data presentation and notes
4	Utah		Positivity trends with 7d moving average.
	Massachusetts		Antigen test trends.

#	Indicator	Definitions / Examples	Suggested data presentation and notes
5	CLI and ILI trends from emergency departments.	5a. CLI: COVID-like illness, defined by i) Fever and any one of the following: cough, shortness of breath or difficulty breathing, or ii) Presence of a coronavirus diagnosis code. 5b. ILI: Influenza-like Illness, defined by fever (temperature of 100°F [37.8°C] or greater) and cough and/or sore throat without a known cause other than influenza. 5c. CLI and ILI trends: A subset of emergency departments in 47 states report the total number of emergency department visits and the percent of those that meet the definitions of CLI and ILI according to the CDC's National Syndromic Surveillance Program. 5d. Seasonal baselines: CDC calculates a seasonal baseline for each region of the country for the current influenza season based on statistics for the three previous years. These are available at https://www.cdc.gov/flu/weekly/overview.htm.	Line graph of CLI and ILI percentage of overall visits by week, stratified by syndrome.
	Arizona		CLI and ILI trends over time.

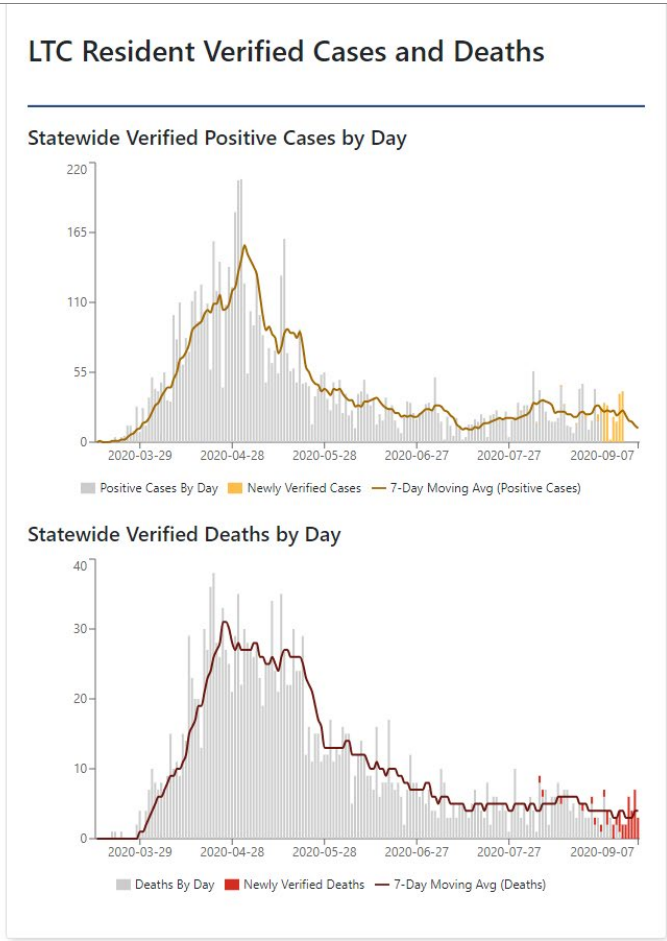
#	Indicator	Definitions / Examples	Suggested data presentation and notes
6	COVID-19 hospitalization per capita rates, by date and seven-day moving average.	6a. Date: Date of hospital admission. Readmissions within 30 days should not be counted as a separate admission. 6b. COVID-19 hospitalization: Stratify by laboratory-confirmed vs. clinically presumed cases of COVID-19 and report the total. 6c. Per capita rates: (Total number of COVID admissions x 100,000)/ (Population of jurisdiction). 6d. Seven-day moving average: Sum of the per capita hospitalization rate on a given day plus the per capita rates on the six previous days, divided by seven (Excel has an option to automatically plot this trend line).	Line graph of hospitalization rates by date, overall and stratified as specified, with seven-day moving average trend line.
	CDC		Stratified hospitalization rates over time.

#	Indicator	Definitions / Examples	Suggested data presentation and notes
6	Minnesota		Hospitalization trends per capita, 7d average.

#	Indicator	Definitions / Examples	Suggested data presentation and notes
7	Percentage of licensed beds occupied by suspected and confirmed COVID-19 patients by date.	7a. Hospital beds: The maximum number of beds potentially available for COVID-19 patients in an emergency situation is calculated using the total number of licensed acute care hospital beds reported each month by acute care hospitals within a jurisdiction. Swing beds that may be used for either acute care or long-term care should be counted within this total. The total should include intensive care and coronary care beds. 7b. Bed occupancy: Count each patient each day that person is in the hospital, from admission until discharge. 7c. Suspected and confirmed COVID-19 patients: Patients who have received a positive PCR or antigen test result for COVID-19, plus those who have a recorded current diagnosis of suspected COVID-19 on their chart (either ICD codes U07.1 COVID-19 virus identified or U07.2 COVID-19 virus not identified). 7d. Percentage: (Number of acute care hospital beds in the jurisdiction occupied by suspected and confirmed COVID-19 patients)/ (Total licensed acute care beds in the jurisdiction).	Categorical bar graph by date, overall and stratified by patient type (suspected and confirmed), with target threshold.
7	Washington		% of beds with suspected and confirmed COVID-19, over time, with threshold.

#	Indicator	Definitions / Examples	Suggested data presentation and notes
7	Ohio		Proportion of beds with COVID-19/non-COVID-19/open beds.
	Arizona		Trends in bed use over time.

#	Indicator	Definitions / Examples	Suggested data presentation and notes
8	List (to extent legally permissible in state) of cases and deaths among residents and staff in outbreaks of COVID-19 in long-term care and other congregate facilities (e.g., homeless shelters, correctional facilities) and essential workplace (e.g., meatpacking); cumulative numbers of cases and deaths, and the numbers in most recent week. Aggregate numbers until legally allowed to report specifics, if there are current restrictions.	8a. Outbreak: Two or more suspected or confirmed cases of COVID-19 that are epidemiologically linked in a common setting. 8b. List: To the extent legally permissible in the state, outbreaks should be listed individually by the name of residential facility, venue or workplace. Outbreaks in homeless shelters, correctional facilities and military bases should be included. The list should include (i) the number of cases stratified by type of individual (resident, staff/employee, customer, visitor) (ii) the number of deaths attributable to COVID-19 (iii) the start date of the outbreak (iv) if the outbreak is resolved or ongoing (v) if resolved, the date the outbreak was resolved, and (vi) any current restrictions applied to the facility or location of the outbreak. 8c. Aggregate statistics. Number of cases and deaths occurring in outbreaks, by week.	Table of facilities with cases and deaths among both residents and staff, cumulative and for the most recent week.

#	Indicator	Definitions / Examples	Suggested data presentation and notes
8	Indiana		Map with hover of facility and number of cases, overall trends in cases and deaths over time.

#	Indicator	Definitions / Examples	Suggested data presentation and notes
8	North Dakota	**Statewide Deaths Within Long Term Care:** 83	List of facilities and active cases, last reported case.

The information below reflects facilities that have had positive COVID-19 residents or staff within the last 60 days. After 60 days without a staff member or resident testing positive for COVID-19, they are removed from the list.

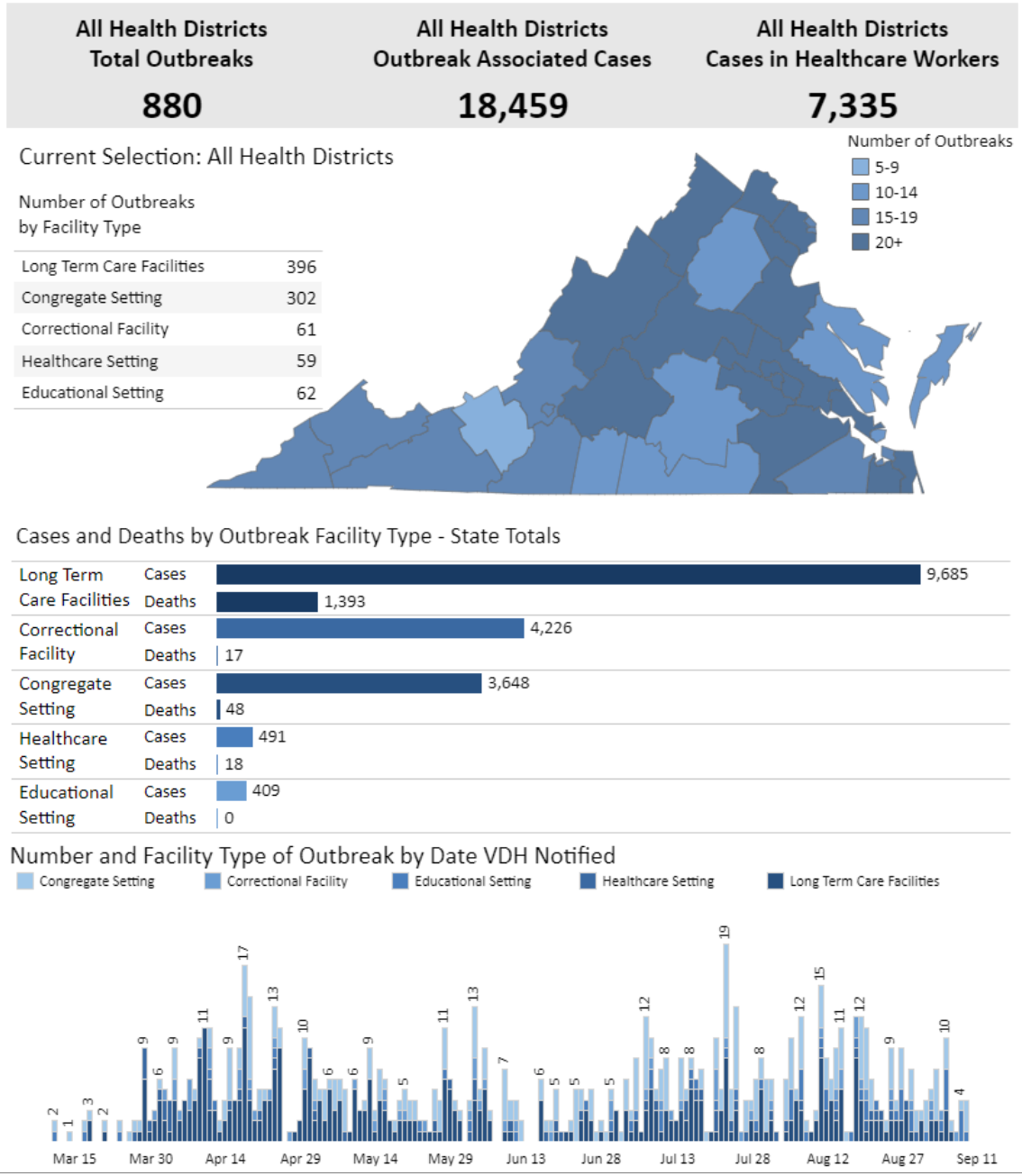
Search in table

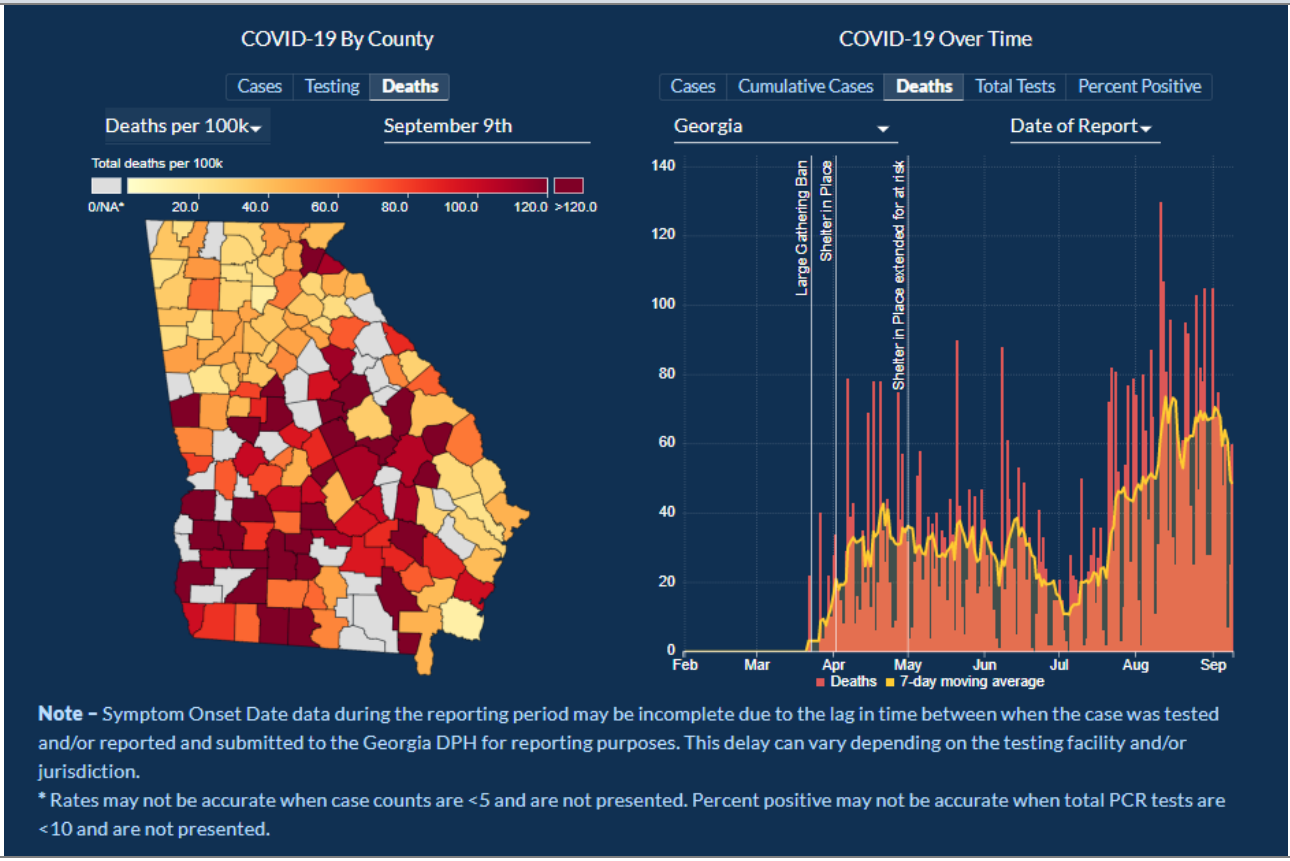
Page 1 of 2

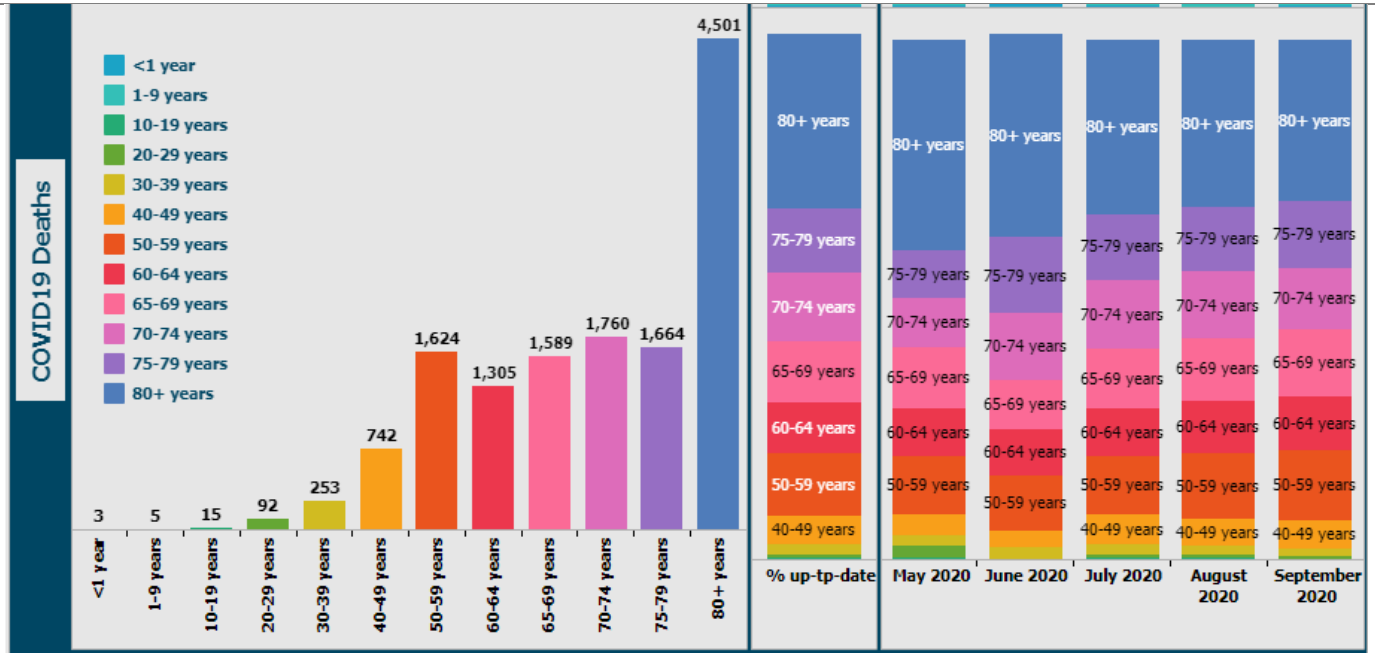
Facility Name	County	City	Facilty Licensed Bed Size	Current Active Positive Residents	Current Active Positive Staff	Last Reported Case	Facilty type of positive Resident
Aneta Parkview Health Center	Nelson	Aneta	35	0	1	3 September 2020	Skilled
Ashley Medical Center	McIntosh	Ashley	40	0	0	10 August 2020	Skilled
Golden Valley Manor	Golden Valley	Beach	40	1	0	5 September 2020	Assisted/ Independent
Knife River Care Center	Mercer	Beulah	86	0	1	3 September 2020	Skilled
Augusta Place	Burleigh	Bismarck	82	8	6	7 September 2020	Skilled/ Basic/ Assisted
Baptist Health Care Center	Burleigh	Bismarck	140	10	3	7 September 2020	Skilled
Edgewood Dominion	Burleigh	Bismarck	67	0	0	25 August 2020	Assisted
Edgewood Vista at Edgewood Village	Burleigh	Bismarck	70	0	2	1 September 2020	Assisted
Maple View Memory Care	Burleigh	Bismarck	67	0	0	26 August 2020	Assisted
Missouri Slope	Burleigh	Bismarck	250	11	11	7 September 2020	Skilled
St Gabriels						6 September	

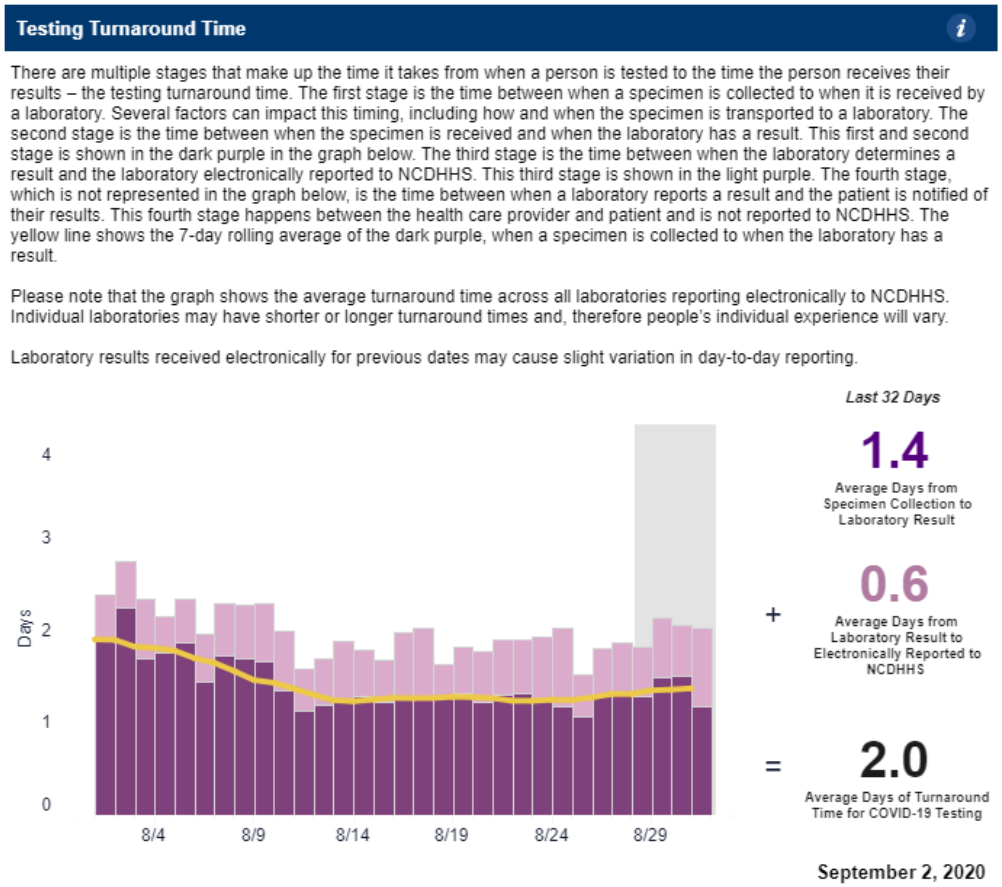
8 Virginia

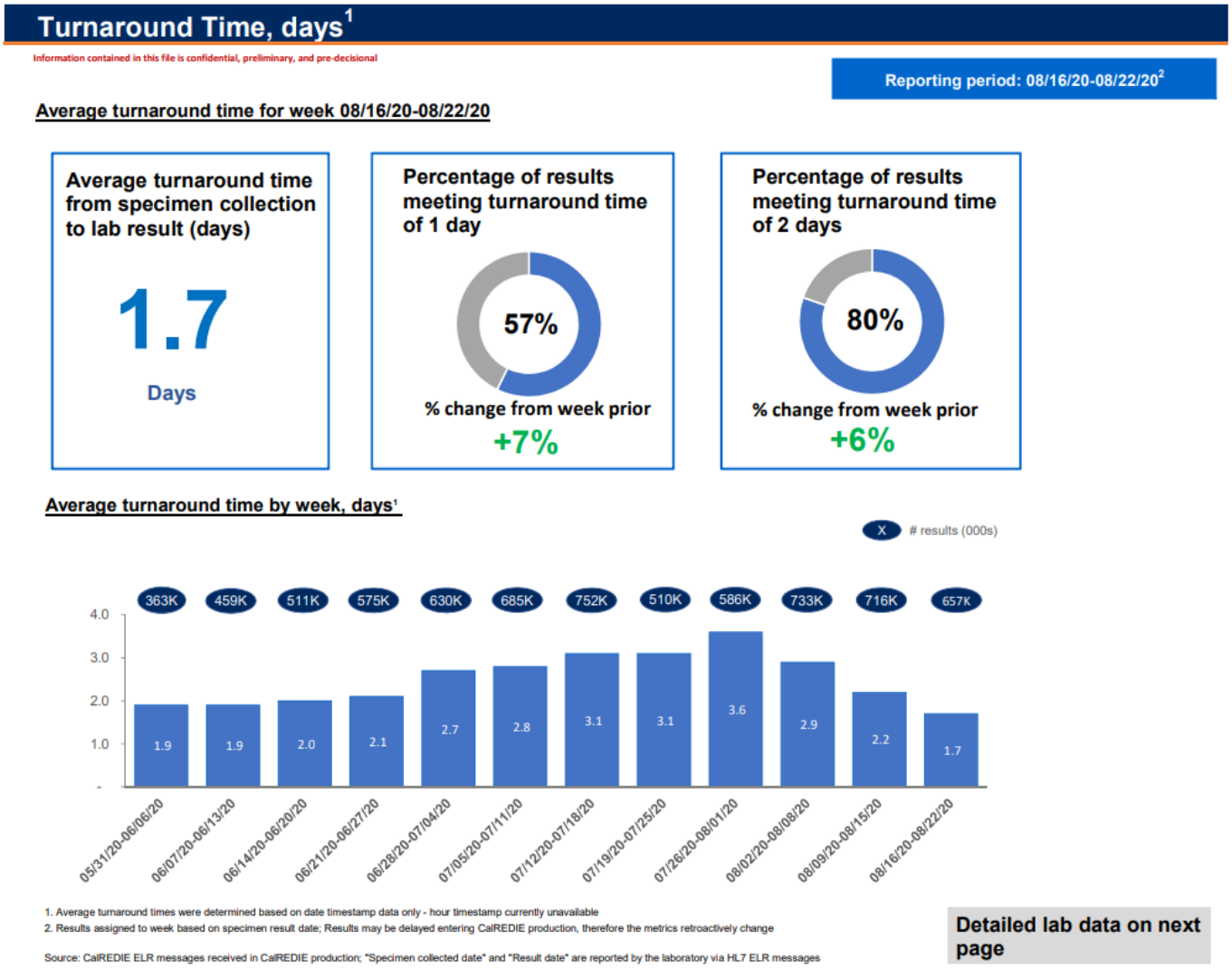
List of outbreak cases by facility type, also over time.

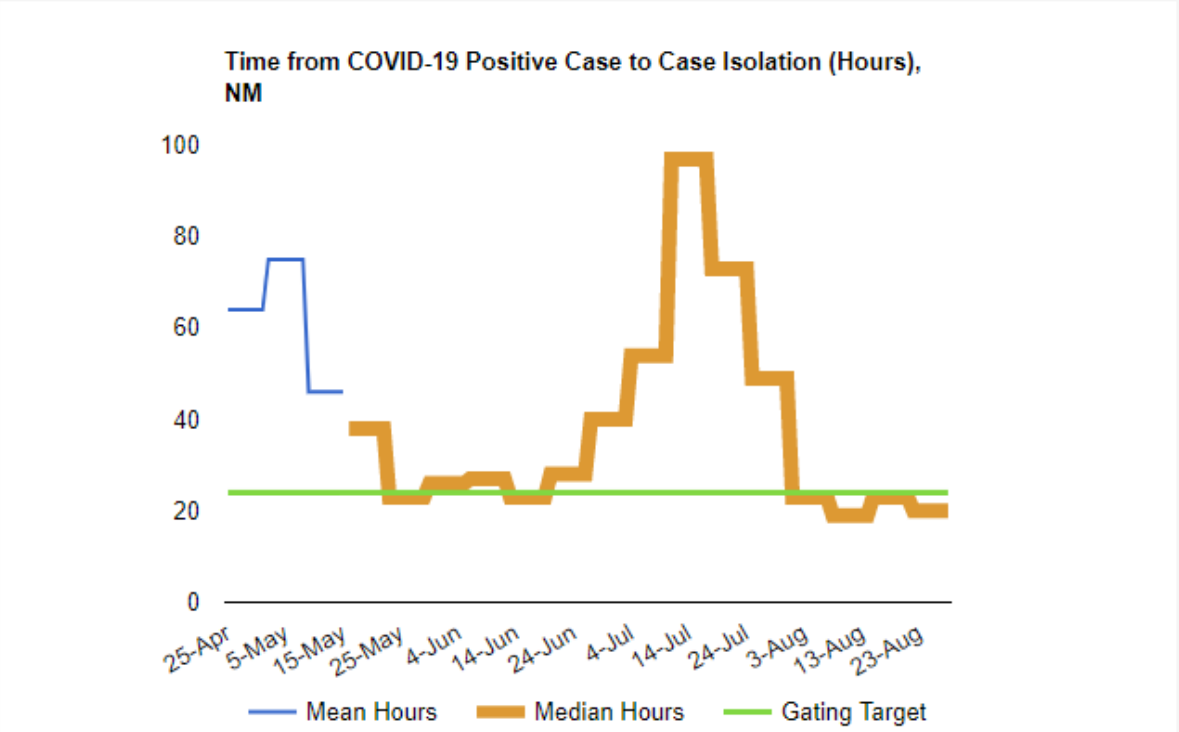


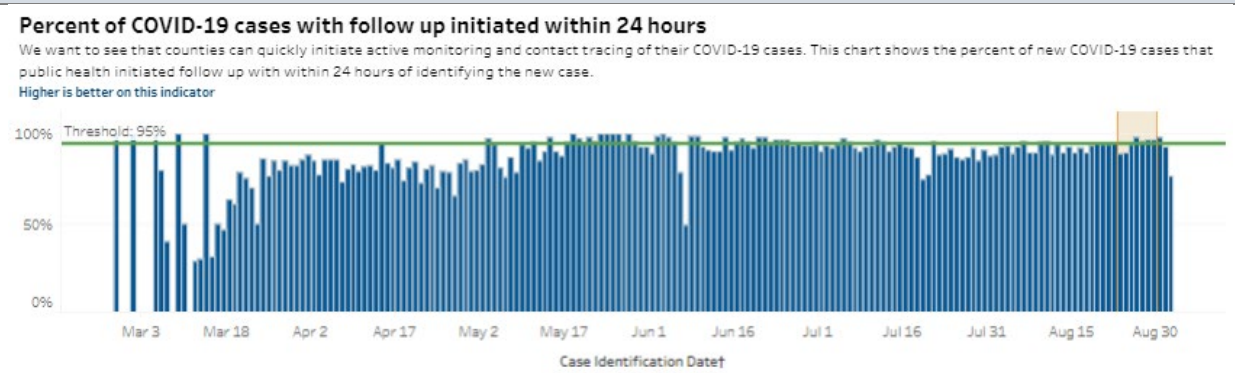
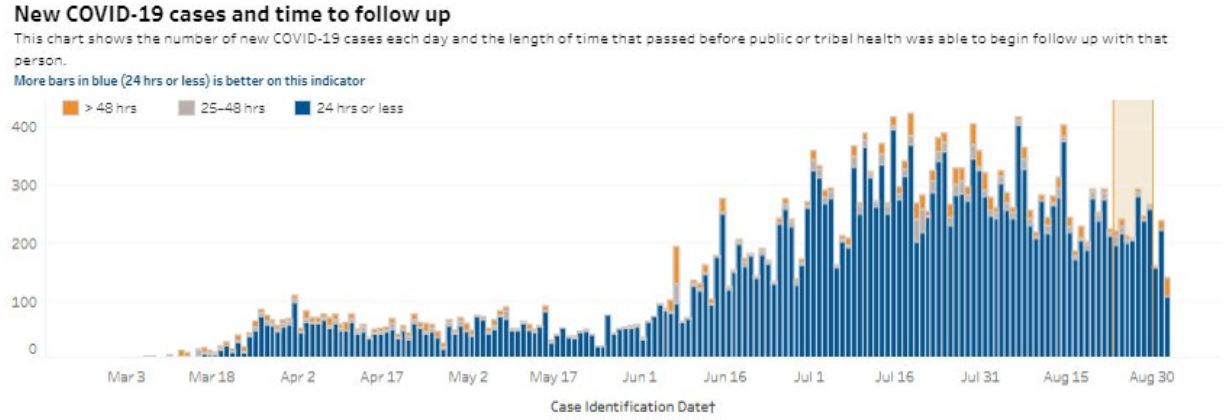
#	Indicator	Definitions / Examples	Suggested data presentation and notes
9	New COVID-19 confirmed and probable deaths by date and per capita mortality rates with seven-day moving average.	9a. Date: Date of death. Cause of death usually takes at least seven days to report. Data will change as delayed deaths are reported. 9b. Deaths due to COVID-19: Deaths for which COVID-19 is listed as the direct, probable or presumed cause of death on the death certificate. 9c. Seven-day moving average of number of deaths: Sum of the number of deaths on that day plus the number of deaths on the six previous days, divided by seven (Excel has an option to automatically plot this trend line). 9d. Per capita mortality rate: (Cumulative deaths due to COVID-19 x 100,000)/ (Population of the jurisdiction).	Categorical bar graph of deaths by date, overall and stratified as specified, with seven-day moving average trend line.
9	Georgia		Deaths with 7d trend, needs probable.

#	Indicator	Definitions / Examples	Suggested data presentation and notes
9	Texas (UT)		Stratified deaths by month.

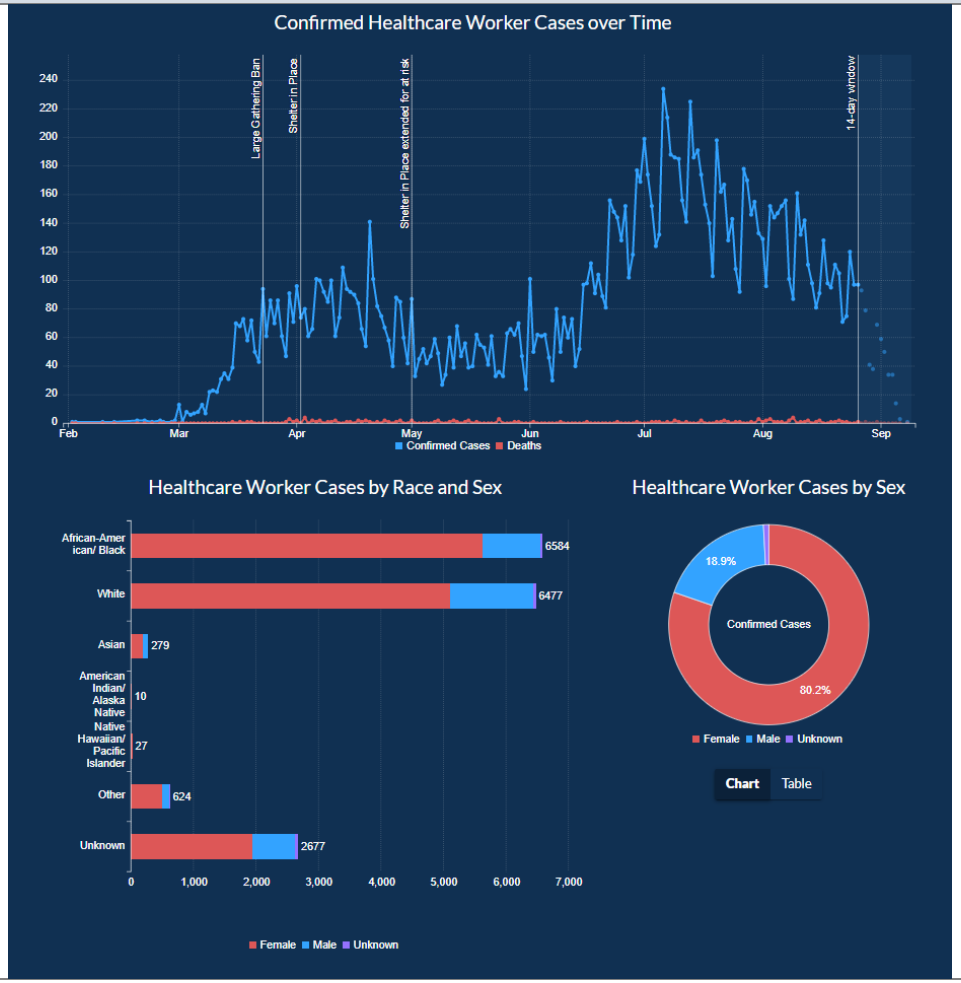
#	Indicator	Definitions / Examples	Suggested data presentation and notes
10	Diagnostic (PCR) test turnaround time (specimen collection to test report), by week.	10a. Diagnostic test: A PCR test carried out to diagnose COVID-19. Specimens may be sent to laboratories for analysis or may be analyzed at the point of service. 10b. Turnaround time: The interval between the time of specimen collection and the time that results are reported to the public health department, either through electronic laboratory reporting, fax or other means. Specimen collection and reporting times should be recorded with date, hour and minute to allow average turnaround time to be reported in days, hours and minutes. 10c. For the purpose of calculating the median turnaround time, the times for results not yet reported should be included and ranked at the high end of all times. 10d. Proportion reported within 24 hours: (Number of tests with turnaround times <=24 hours)/ (Total number of specimens collected in the same 24-hour period). 10e. Proportion reported within 48 hours: (Number of tests with turnaround times <=48 hours)/(Total number of specimens collected in the same 48-hour period).	Combination bar graph of median test turnaround time and line graph of proportion ≤24 hours by week, overall and stratified as specified.
	North Carolina		TAT by week, broken down into time to result and time to reporting.

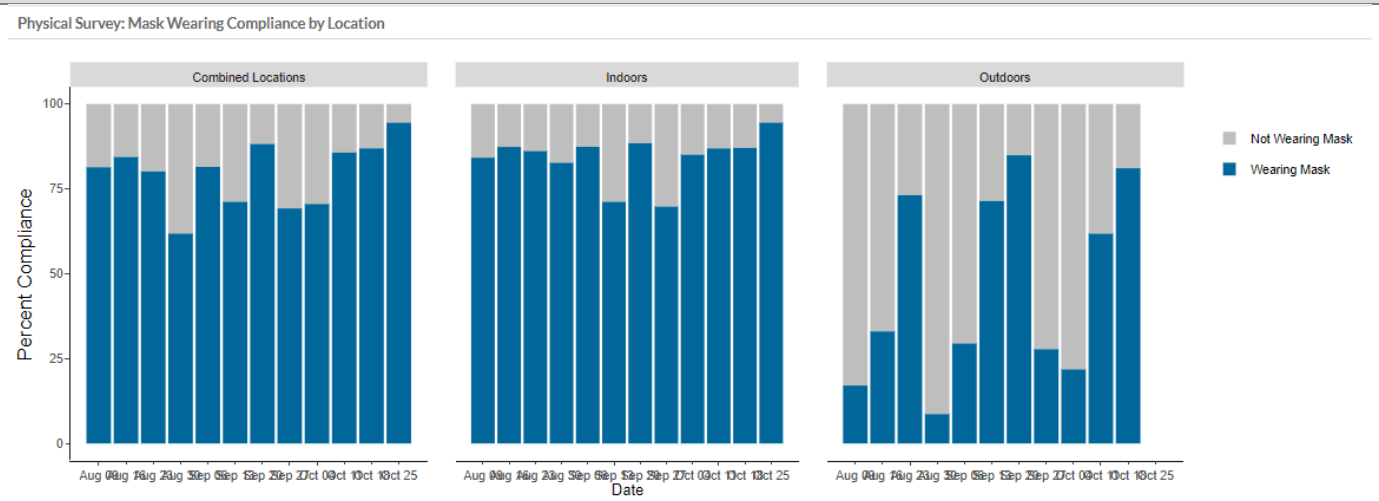
#	Indicator	Definitions / Examples	Suggested data presentation and notes
10	California		TAT by week, percentage meeting thresholds. Also available by county.

#	Indicator	Definitions / Examples	Suggested data presentation and notes
11	Time from specimen collection to isolation of cases, by week.	11a. Time from specimen collected to isolation: The interval between when a positive specimen was collected to when the case has been notified and instructed to isolate. 11b. Isolation: For this indicator, isolation refers to the exact time a case was notified they should immediately isolate. If subsequent contact is made with cases and isolation time is discovered to be different than initially captured, it should be corrected.	Combination bar graph of median time from specimen collection to isolation of cases, and line graph of proportion of cases isolated within 48 hours by week (Y axis 1: Time in hours, Y axis 2: percentage, X axis: week of year (e.g., MMWR week).
	New Mexico		Time to isolation (interview), with threshold.

#	Indicator	Definitions / Examples	Suggested data presentation and notes
12	Percentage of cases interviewed for contact elicitation within 48 hours of case specimen collection, including all people with positive tests who reside in the jurisdiction, by week.	12a. Cases interviewed: This refers to the date/time when cases were interviewed for contact elicitation, not the time the first contact was made. 12b. Cases: This refers to all people with positive tests in a given jurisdiction.	Weekly percentage of new cases from among quarantined contacts presented in a bar graph with a trend line.
	Oregon	 	Follow-up time. Need to better understand follow-up to interview interval, and interview to isolation.

#	Indicator	Definitions / Examples	Suggested data presentation and notes
13	Percentage of new cases from among quarantined contacts, by week.	13a. Source: This data is defined as coming from a contact tracing case management system, in which contacts previously elicited from identified cases can be matched to cases newly identified through laboratory and clinical case reporting. 13b. Date: The week that the case is reported. 13c. Percentage: (Number of quarantined contacts matched to new cases x 100)/ (Total number of new cases).	Weekly percentage of new cases from among quarantined contacts presented in a bar graph with a trend line.
	Washington DC		Cases from quarantined contacts, with threshold.

#	Indicator	Definitions / Examples	Suggested data presentation and notes
14	New infections among health care personnel not confirmed to have been contracted outside of the workplace, by week .	14a. This data is defined as coming from a case investigation case management system that collects information about employment. 14b. Health care workers include all people providing direct patient care in a hospital, long-term care facility or home care setting. 14c. Epidemiologically linked to cases outside of the workplace means that the case investigation found that the case was in personal contact with a household member or social contact with previous symptoms or a positive test for COVID-19, or had been linked to a COVID-19 outbreak in an entertainment venue, restaurant, or other similar setting.	Weekly number of infections among health care personnel represented in a bar graph with a trend line.
	Georgia		HCW infections over time, with stratification.

#	Indicator	Definitions / Examples	Suggested data presentation and notes
15	Percentage of people wearing masks or face coverings correctly in public indoor settings (e.g., mass transit, shopping), based on direct observation or security camera analysis, by a standard, consistent method, by week.	15a. Wearing masks or face coverings correctly means the use of a medical/surgical mask, N95 respirator, or cloth face covering that fully covers the nose and mouth. 15b. Percentage: (Number of people observed wearing a mask or face covering/ Total people observed x 100). 15c. Public indoor setting includes any enclosed indoor setting readily accessible by the general public: retail, public office or government building, general merchandise/grocery, public transportation, recreation space such as museum or library. 15c. Consistent method means that the same method (direct observation vs. security camera) should be used in the same location (e.g., entry point) for serial observations. Any changes to practices should be noted in reporting.	Categorical bar graph of percentage of people observed using masks or face coverings correctly by week with a trend line. Type of measurement (direct observation vs. camera analysis) should be indicated.
	Utah		Mask use over time, by location type.

* Some authorities recommend considering antigen positive people as probable rather than confirmed cases, however the predictive value positive of a positive antigen test can be at or near 100%.
**Outbreaks vs. community. Outbreak cases are defined as cases linked to one or more cases at a congregate resident facility, correctional facility, workplace or defined mass event. Cases due to community spread are defined as those which cannot be definitively linked to one of these settings.
*** Such as below 10 cases per 100,000 population over two weeks (CDC)