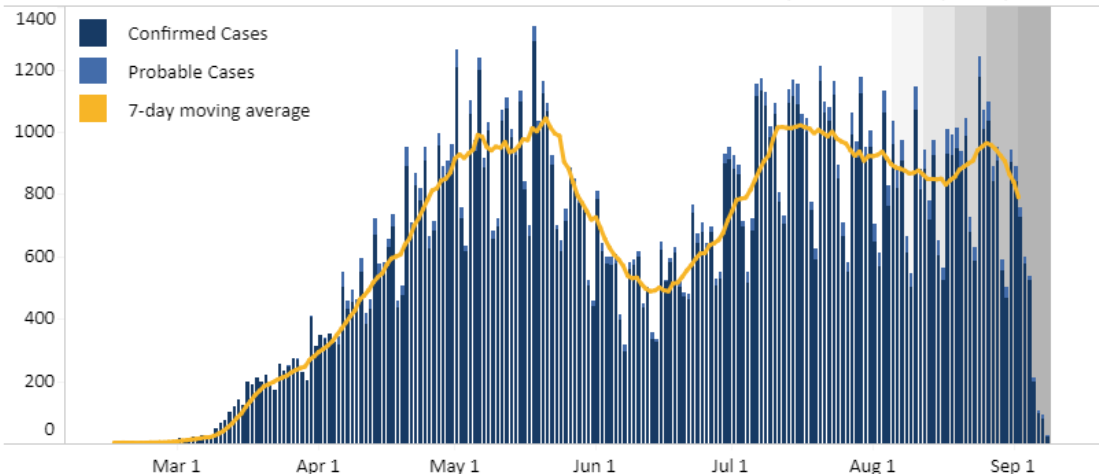
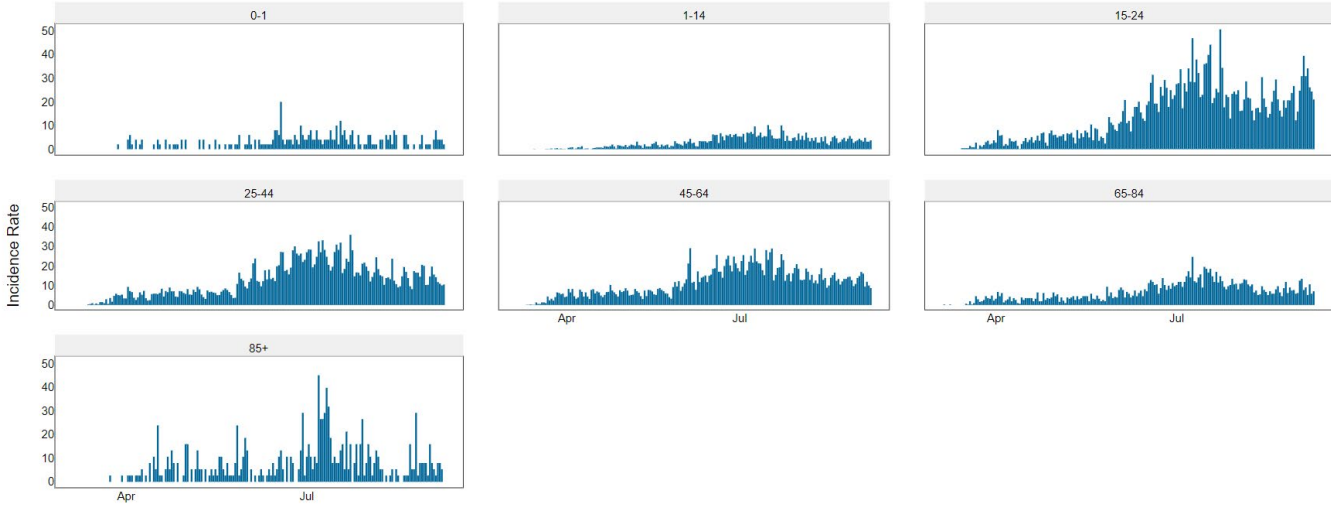



Examples of 15 essential indicators on existing dashboards

#	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.	<p>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.</p> <p>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).</p> <p>1c. Per capita rate: $(\text{Number of cases} \times 1,000,000) / (\text{Population of the jurisdiction})$.</p> <p>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).</p>	Categorical bar graph of cases by date, overall and stratified as specified, with seven-day moving average trend line.
	Virginia	<p>Number of Cases by Date of Symptom Onset Number of cases by the day closest to when symptoms began.</p> <p>Select Region (Affects Bar Chart) (All) ▼</p> <p>Illness may not have been reported yet.</p>  <p>* 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/2020ns/interim-20-id-01_covid-19.pdf Source: Cases - Virginia Electronic Disease Surveillance System (VEDSS), data entered by 5:00 PM the prior day.</p>	7 day moving average, confirmed and probable.

#	Indicator	Definitions / Examples	Suggested data presentation and notes
1	Utah	<p>Age Group Specific Case Rates per 100,000 Population by Report Date</p> 	Age stratification over time.
	Arizona (University of Arizona)	 <p>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).</p>	Age stratification over time.

1 [King County, WA](#)

Summary Distribution of cases Rates of cases Distribution over time Map Notes



COVID-19 cases among King County, WA residents by race and ethnicity

Updated:
8/31/2020
1:01 AM

Select:

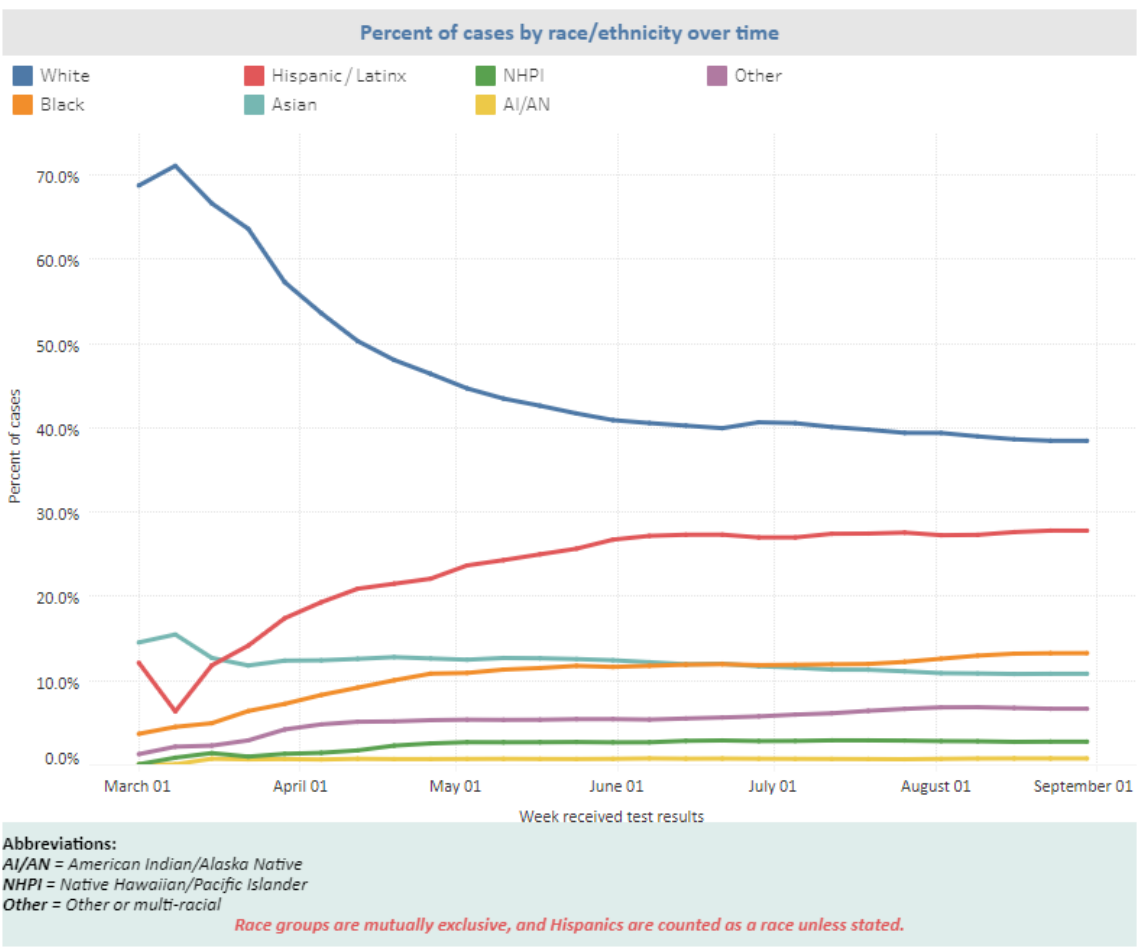
☒ all cases
☐ all cases excluding skilled nursing and assisted living residents

Select:

☒ confirmed cases
☐ deaths
☐ hospitalized cases

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.

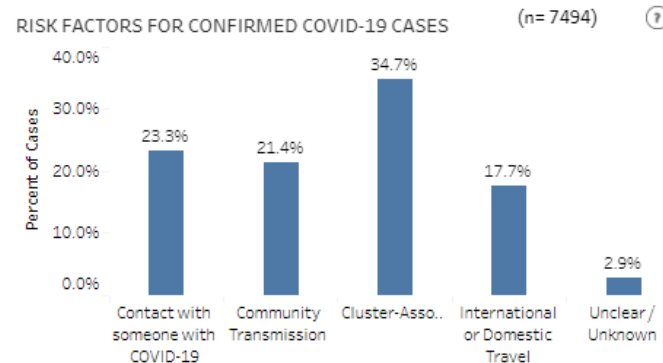


Race/ethnicity over time.

#	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.	<p>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.</p> <p>2b. Case classification: Cases will be classified as linked, unlinked or under investigation. Data may change as case investigations are completed.</p> <p>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.</p> <p>2d. Calculating percentage: (Number of cases classified as linked x 100)/ (Total number of cases in the given week).</p> <p>2e. If linked cases not reported, assume percentage of linked cases is zero.</p>	Categorical bar graph of indicator by week, overall and stratified as specified, with number and percentage of cases linked and unlinked, with target threshold.

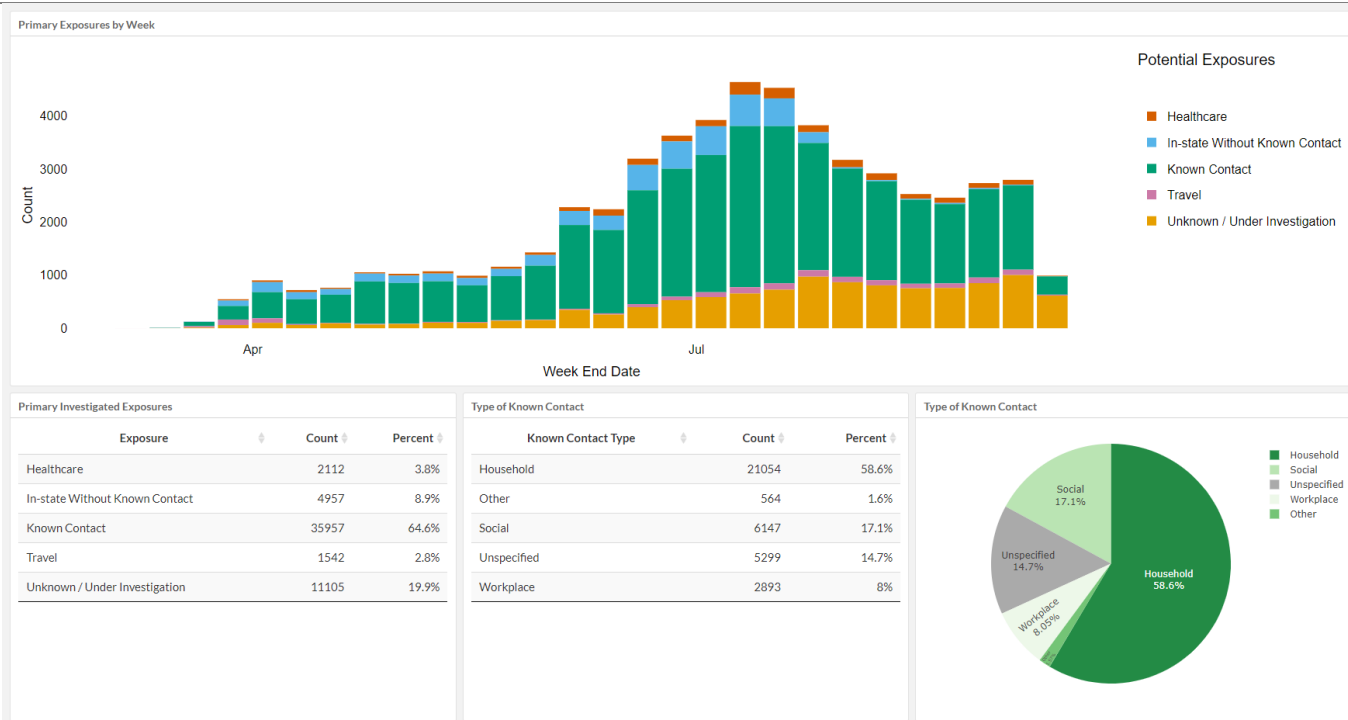
New Hampshire

Risk Factors 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	



Risk factors for cases and percentages.

2 [Utah](#)



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.	<p>3a. Screening test: designed to detect the coronavirus antigen.</p> <p>3b. Diagnostic test: designed to detect a key sequence of the coronavirus RNA using PCR (polymerase chain reaction).</p> <p>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).</p> <p>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).</p>	Categorical bar graph of tests by date, overall and stratified as specified, with seven-day moving average trend line.

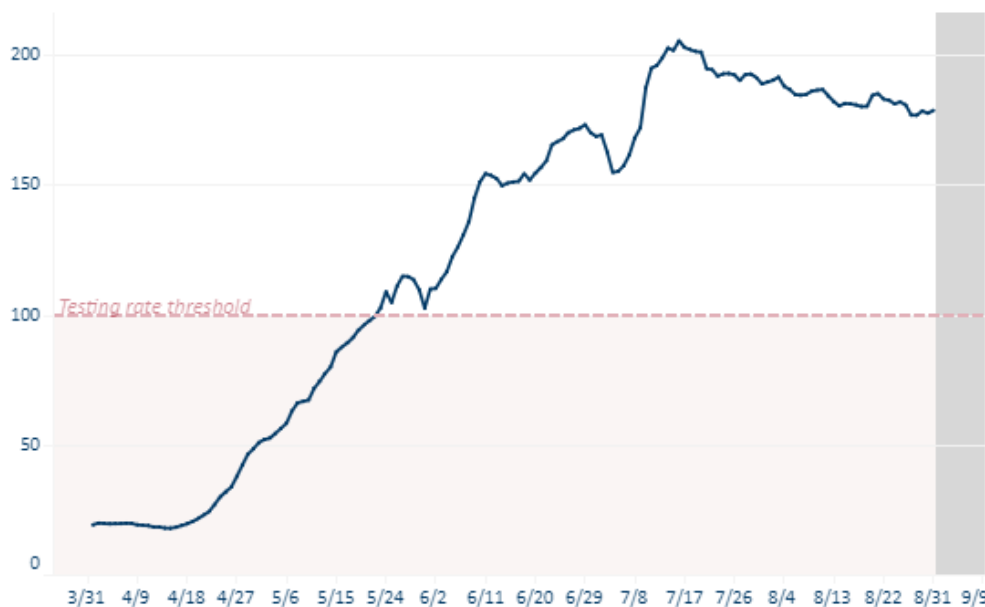
[Minnesota](#)

Testing rate trends with 7d average.

TESTING RATE

WEEKLY COVID TESTS PER 10,000 RESIDENTS 7-DAY ROLLING AVERAGE

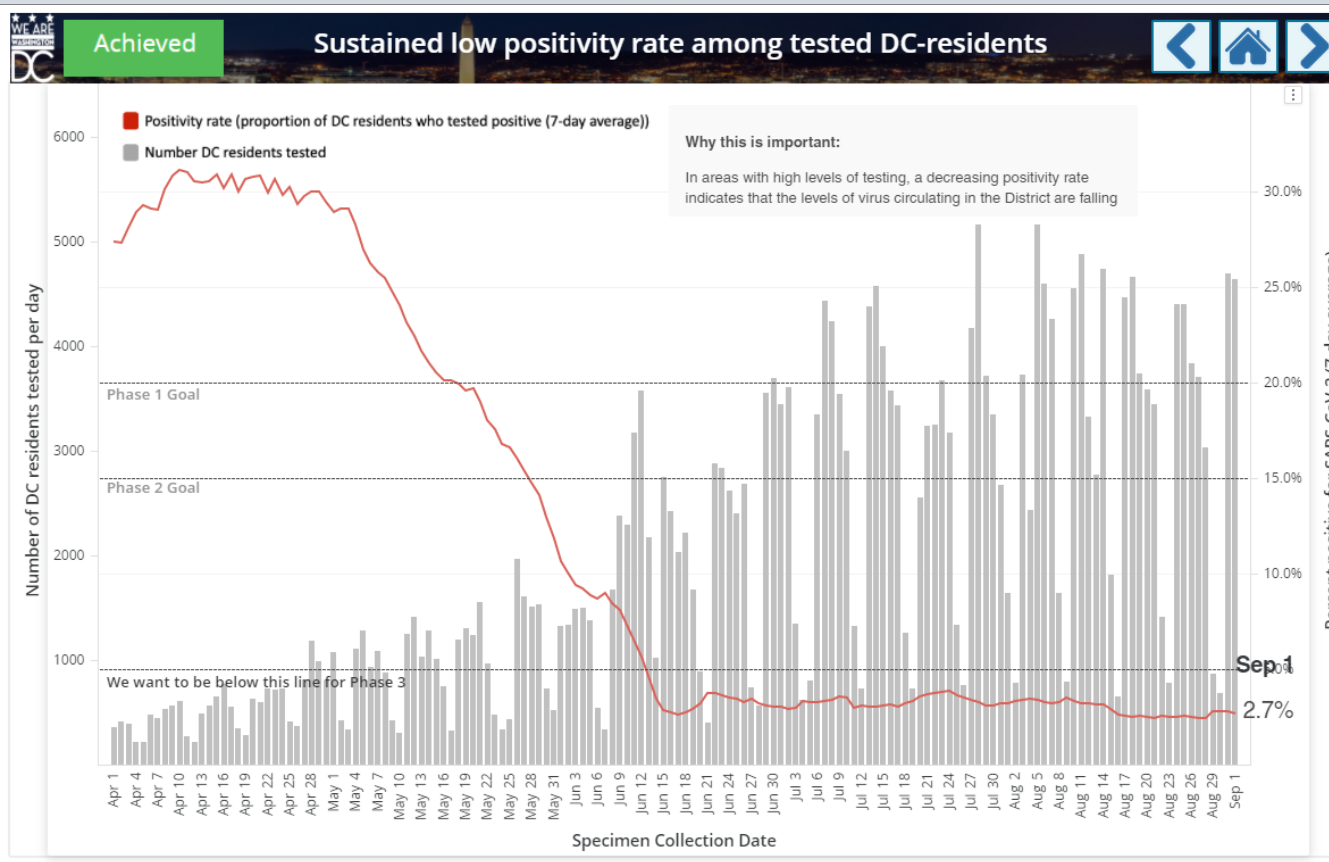
Threshold: Testing rate per 10,000 is below an average of 100 tests per 10,000 residents over 7 days



#	Indicator	Definitions / Examples	Suggested data presentation and notes
3	Utah	<div> <div>Number of People Tested by Date</div> <div>Total Tests by Date</div> </div>	Antigen test and PCR test trends.
	Iowa	<div>Positive Case Analysis</div> <div>Lab Results Received Yesterday</div> <div> <div>Individuals Reported</div> <div>3,327</div> </div> <div> <div>Individuals Negative</div> <div>2,984</div> </div> <div> <div>Individuals Positive</div> <div>342</div> </div> <div>PCR</div> <div> <div>Individuals Tested</div> <div>663,111</div> </div> <div> <div>Individuals Negative</div> <div>592,072</div> </div> <div> <div>Individuals Positive</div> <div>69,513</div> </div> <div> <div>% Individuals Positive</div> <div>10.5%</div> </div> <div>Antigen</div> <div> <div>Individuals Tested</div> <div>14,545</div> </div> <div> <div>Individuals Negative</div> <div>12,780</div> </div> <div> <div>Individuals Positive</div> <div>1,765</div> </div> <div> <div>% Individuals Positive</div> <div>12.1%</div> </div>	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.	<p>4a. Screening test: designed to detect the coronavirus antigen.</p> <p>4b. Diagnostic test: designed to detect a key sequence of the coronavirus RNA using PCR (polymerase chain reaction).</p> <p>4c. Positive test: a screening or diagnostic test that indicates the presence of the coronavirus in the specimen.</p> <p>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.</p> <p>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.</p>	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.

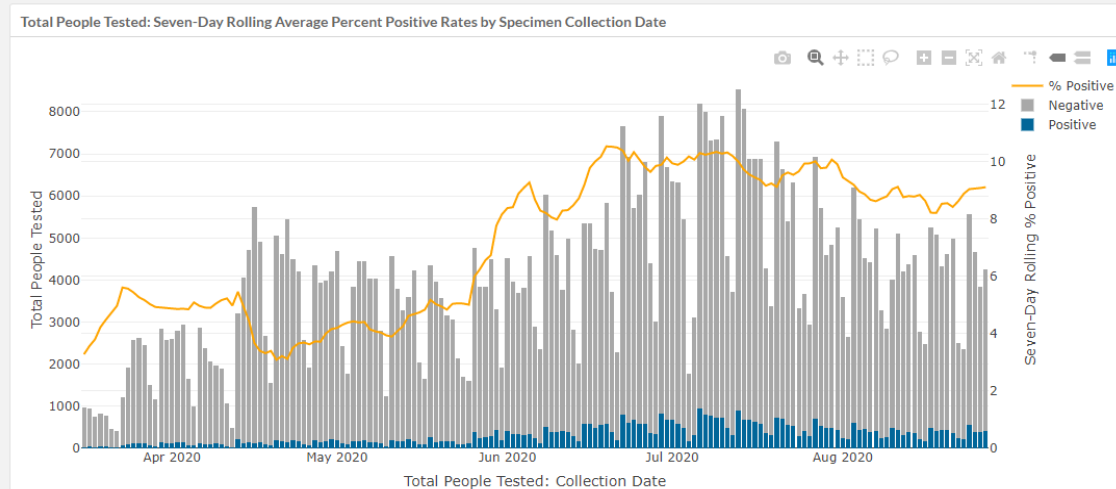
Indicator

Definitions / Examples

Suggested data presentation and notes

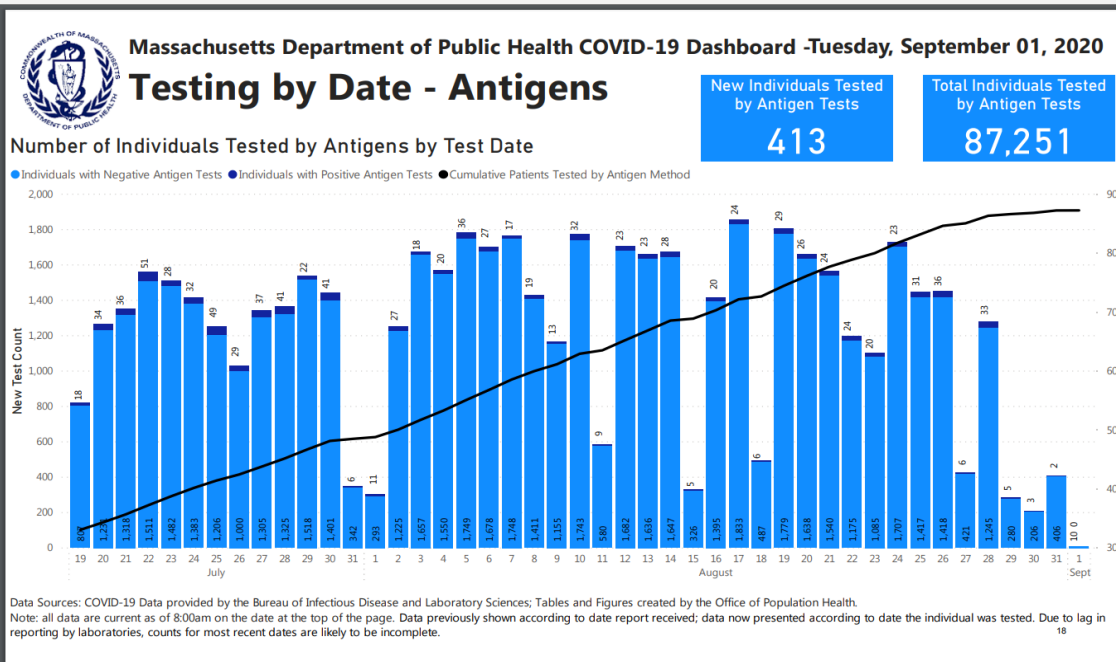
4 [Utah](#)

Laboratory Testing Trends



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.	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	Line graph of CLI and ILI percentage of overall visits by week, stratified by syndrome.

Arizona

Hospital COVID-like-illness (CLI) Surveillance

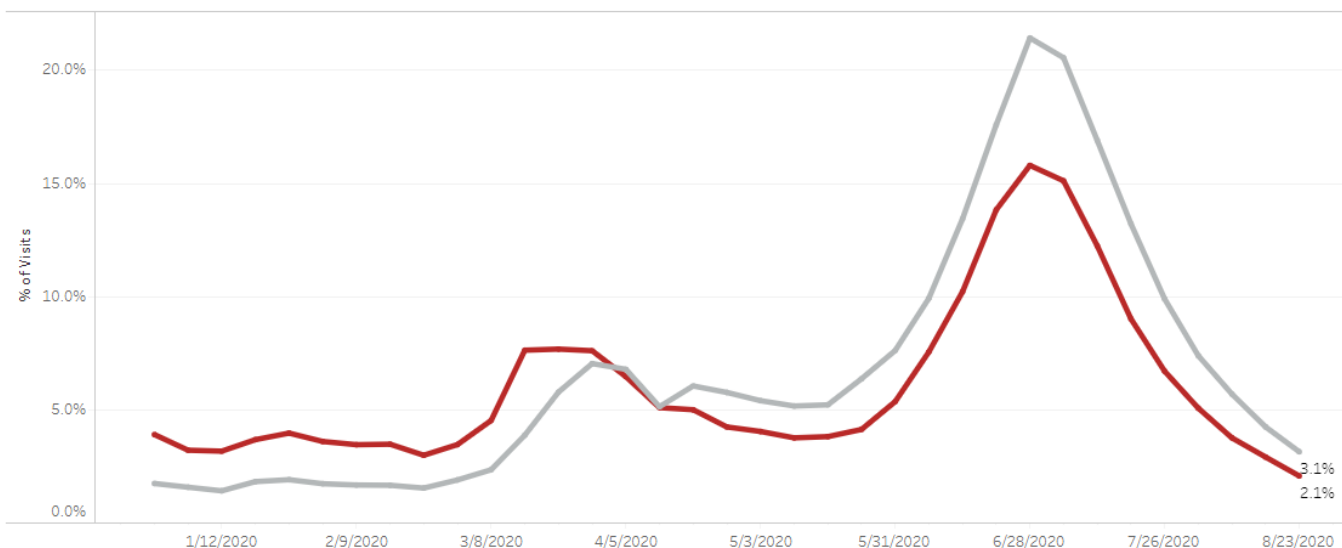
The National Syndromic Surveillance Program's BioSense Platform ESSENCE tool detects Coronavirus-like illness visits by identifying key terms and codes within the chief complaint field (i.e., the patient's stated reason for visit), and discharge diagnosis code field (i.e., ICD-10-CM codes). Coronavirus-like illness visits are displayed as a percentage of total hospital visits by week and monitored for trends.

Hover over the icon to get more information on the data in this dashboard.



Data for this dashboard is updated weekly, every Sunday.

■ % of Visits with CLI from Emergency Department (ED)
■ % of Visits with CLI from Inpatient



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.	<p>6a. Date: Date of hospital admission. Readmissions within 30 days should not be counted as a separate admission.</p> <p>6b. COVID-19 hospitalization: Stratify by laboratory-confirmed vs. clinically presumed cases of COVID-19 and report the total.</p> <p>6c. Per capita rates: (Total number of COVID admissions x 100,000)/ (Population of jurisdiction).</p> <p>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).</p>	Line graph of hospitalization rates by date, overall and stratified as specified, with seven-day moving average trend line.

[CDC](#)

COVID-NET

A Weekly Summary of U.S. COVID-19 Hospitalization Data

Laboratory-Confirmed COVID-19-Associated Hospitalizations

Preliminary weekly rates as of Aug 29, 2020

Additional demographic and clinical data
https://gis.cdc.gov/grasp/COVIDNet/COVID19_5.html

Download Data

Display by:

☐ Cumulative Rate ☒ Weekly Rate

View Rates by

Race/Ethnicity

Race/Ethnicity:

- ☒ Overall
- ☒ All Races
- ☒ White
- ☒ Black
- ☒ Hispanic/Latino
- ☒ Asian/Pacific Islander
- ☒ American Indian/Alaska Native

Additional Charts:

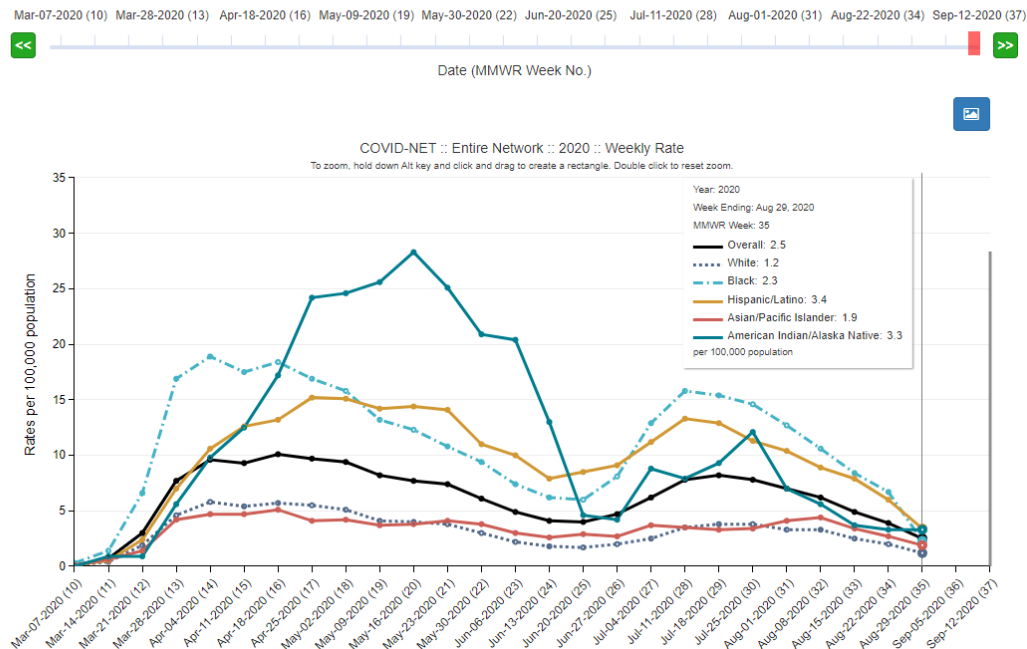
Surveillance Site

Surveillance Site:

☒ COVID-NET

☐ EIP

- ☐ --California
- ☐ --Colorado
- ☐ --Connecticut
- ☐ --Georgia



Stratified hospitalization rates over time.

#	Indicator	Definitions / Examples	Suggested data presentation and notes																																						
6	Minnesota	<div><h2>HOSPITALIZATION RATE</h2><h3>WEEKLY NEW COVID+ HOSPITAL ADMISSIONS PER 100,000 RESIDENTS</h3><h4>7-DAY ROLLING AVERAGE</h4><p>Threshold: Rate of COVID+ hospitalizations per 100,000 residents is above 4 on average over 7 days</p><p>CURRENT STATUS: CAUTION</p><table><caption>Estimated data points for Minnesota Hospitalization Rate (7-day rolling average)</caption><thead><tr><th>Date</th><th>Rate (per 100,000 residents)</th></tr></thead><tbody><tr><td>3/31</td><td>3.0</td></tr><tr><td>4/9</td><td>3.5</td></tr><tr><td>4/18</td><td>4.5</td></tr><tr><td>4/27</td><td>6.5</td></tr><tr><td>5/6</td><td>9.5</td></tr><tr><td>5/15</td><td>10.5</td></tr><tr><td>5/24</td><td>11.0</td></tr><tr><td>6/2</td><td>8.5</td></tr><tr><td>6/11</td><td>6.0</td></tr><tr><td>6/20</td><td>5.0</td></tr><tr><td>6/29</td><td>4.5</td></tr><tr><td>7/8</td><td>4.5</td></tr><tr><td>7/17</td><td>5.5</td></tr><tr><td>7/26</td><td>6.5</td></tr><tr><td>8/4</td><td>7.0</td></tr><tr><td>8/13</td><td>7.0</td></tr><tr><td>8/22</td><td>6.0</td></tr><tr><td>8/31</td><td>5.5</td></tr></tbody></table></div>	Date	Rate (per 100,000 residents)	3/31	3.0	4/9	3.5	4/18	4.5	4/27	6.5	5/6	9.5	5/15	10.5	5/24	11.0	6/2	8.5	6/11	6.0	6/20	5.0	6/29	4.5	7/8	4.5	7/17	5.5	7/26	6.5	8/4	7.0	8/13	7.0	8/22	6.0	8/31	5.5	Hospitalization trends per capita, 7d average.
Date	Rate (per 100,000 residents)																																								
3/31	3.0																																								
4/9	3.5																																								
4/18	4.5																																								
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8/22	6.0																																								
8/31	5.5																																								

#	Indicator	Definitions / Examples	Suggested data presentation and notes
7	Percentage of licensed beds occupied by suspected and confirmed COVID-19 patients by date.	<p>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.</p> <p>7b. Bed occupancy: Count each patient each day that person is in the hospital, from admission until discharge.</p> <p>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).</p> <p>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).</p>	Categorical bar graph by date, overall and stratified by patient type (suspected and confirmed), with target threshold.

7 [Washington](#)

Healthcare System Readiness

Licensed beds occupied by suspected and confirmed COVID-19 cases

This chart shows the trend in the percentage of licensed beds occupied by suspected and confirmed COVID-19 cases. The Department of Health recommends a goal to stay below 10% of licensed beds occupied by confirmed and suspected COVID-19 patients. Data will be refreshed weekly.

Learn More

Washington State

Percent of licensed beds occupied by COVID-19 cases

2.9%

Meeting goal of staying below 10% of licensed beds

Yes

Supporting detail

Licensed Beds Total Capacity

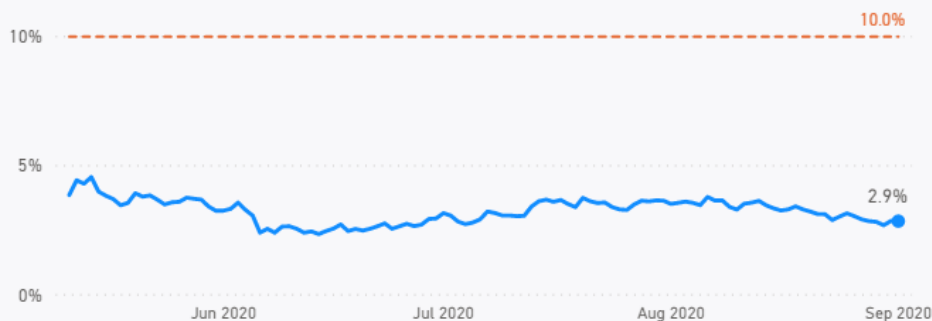
14,540

Licensed beds occupied by suspected and confirmed COVID-19 cases

415

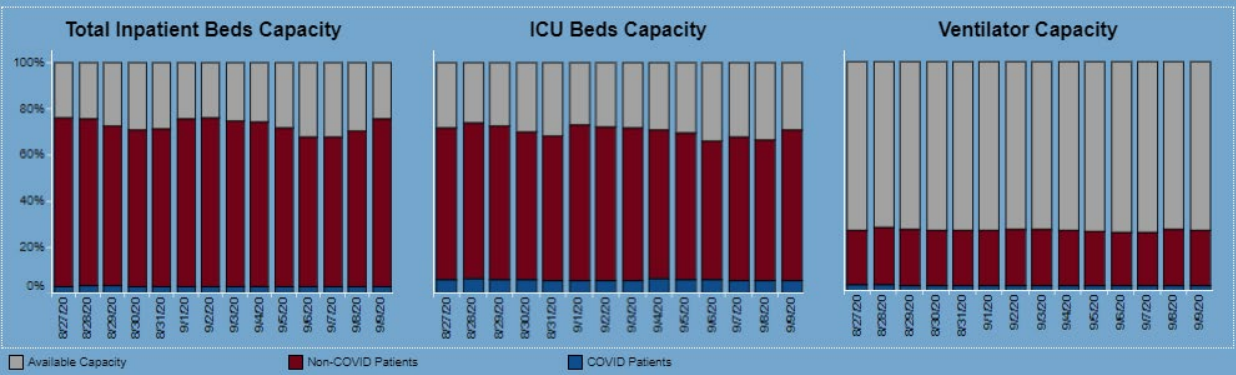
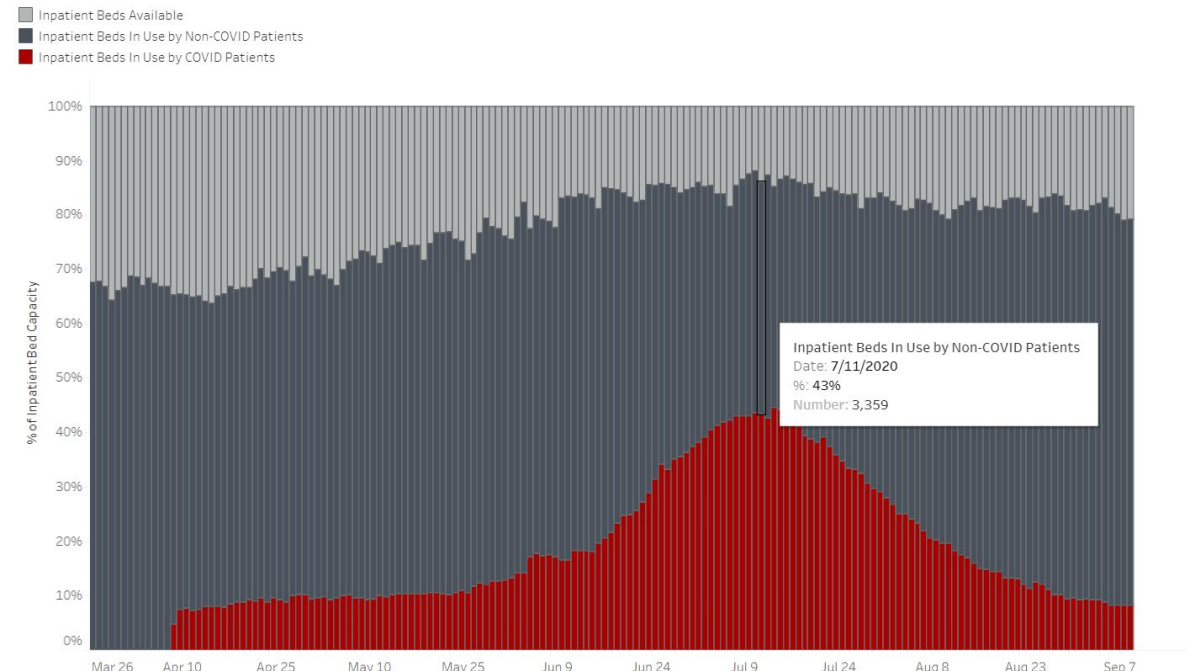
Percent of licensed beds occupied

— Percent occupied trend —●— Latest percent occupied - - - Goal <10%



Sources: Washington State Department of Health

% of beds with suspected and confirmed COVID-19, over time, with threshold.

#	Indicator	Definitions / Examples	Suggested data presentation and notes
7	Ohio	 <p>Total Inpatient Beds Capacity</p> <p>ICU Beds Capacity</p> <p>Ventilator Capacity</p> <p>Available Capacity Non-COVID Patients COVID Patients</p> <p>*Reported to the Ohio Department of Health by the Ohio Hospital Association</p> <p>Note: Unless otherwise noted, all totals on this dashboard include confirmed and CDC expanded case definition (probable)</p>	Proportion of beds with COVID-19/non-COVID-19/open beds.
	Arizona	<p>Number of Inpatient* Beds Available and In Use at Arizona Hospitals</p> <p>Hover over the icon to get more information on the data in this dashboard.</p>  <p>Inpatient Beds Available Inpatient Beds In Use by Non-COVID Patients Inpatient Beds In Use by COVID Patients</p> <p>Inpatient Beds In Use by Non-COVID Patients Date: 7/11/2020 %: 43% Number: 3,359</p>	Trends in bed use over time.

*COVID Use of Inpatient Beds not reported until 4/10

#	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.	<p>8a. Outbreak: Two or more suspected or confirmed cases of COVID-19 that are epidemiologically linked in a common setting.</p> <p>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.</p> <p>8c. Aggregate statistics. Number of cases and deaths occurring in outbreaks, by week.</p>	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	<div><h3>Facility Map</h3><div><div>All Facilities</div><div>Facilities With Positive Case(s)</div><div>Facilities With Death(s)</div></div><div><div>+</div><div>-</div></div></div>	<div><h3>LTC Resident Verified Cases and Deaths</h3><h4>Statewide Verified Positive Cases by Day</h4><h4>Statewide Verified Deaths by Day</h4></div>	<p>Map with hover of facility and number of cases, overall trends in cases and deaths over time.</p>

#

Indicator

Definitions / Examples

Suggested data presentation and notes

8

[North Dakota](#)

Statewide Deaths Within Long Term Care: 83

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.

Q Search in table

Page 1 of 2 >

Facility Name	County	City ▲	Facility Licensed Bed Size	Current Active Positive Residents	Current Active Positive Staff	Last Reported Case	Facility 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	

List of facilities and active cases, last reported case.

8 [Virginia](#)

All Health Districts
Total Outbreaks

880

All Health Districts
Outbreak Associated Cases

18,459

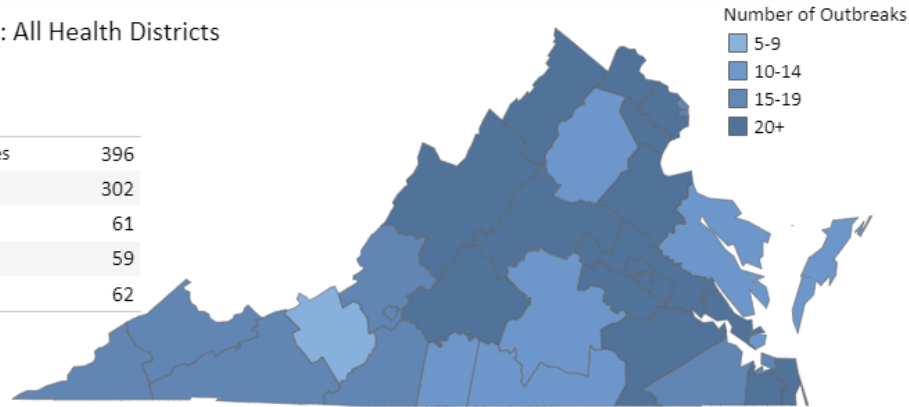
All Health Districts
Cases in Healthcare Workers

7,335

Current Selection: All Health Districts

Number of Outbreaks
by Facility Type

Long Term Care Facilities	396
Congregate Setting	302
Correctional Facility	61
Healthcare Setting	59
Educational Setting	62

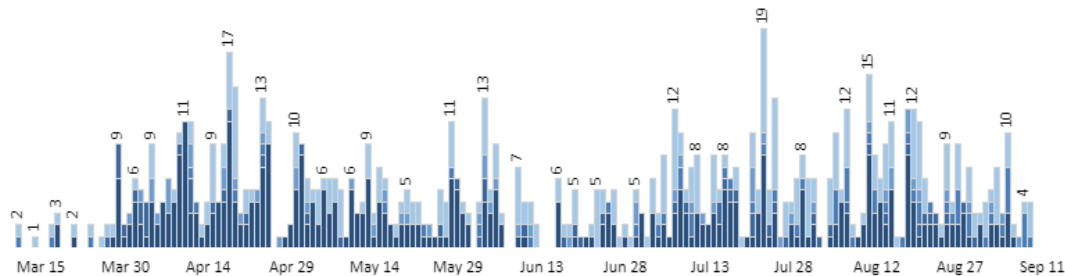


Cases and Deaths by Outbreak Facility Type - State Totals

Long Term Care Facilities	Cases	9,685
	Deaths	1,393
Correctional Facility	Cases	4,226
	Deaths	17
Congregate Setting	Cases	3,648
	Deaths	48
Healthcare Setting	Cases	491
	Deaths	18
Educational Setting	Cases	409
	Deaths	0

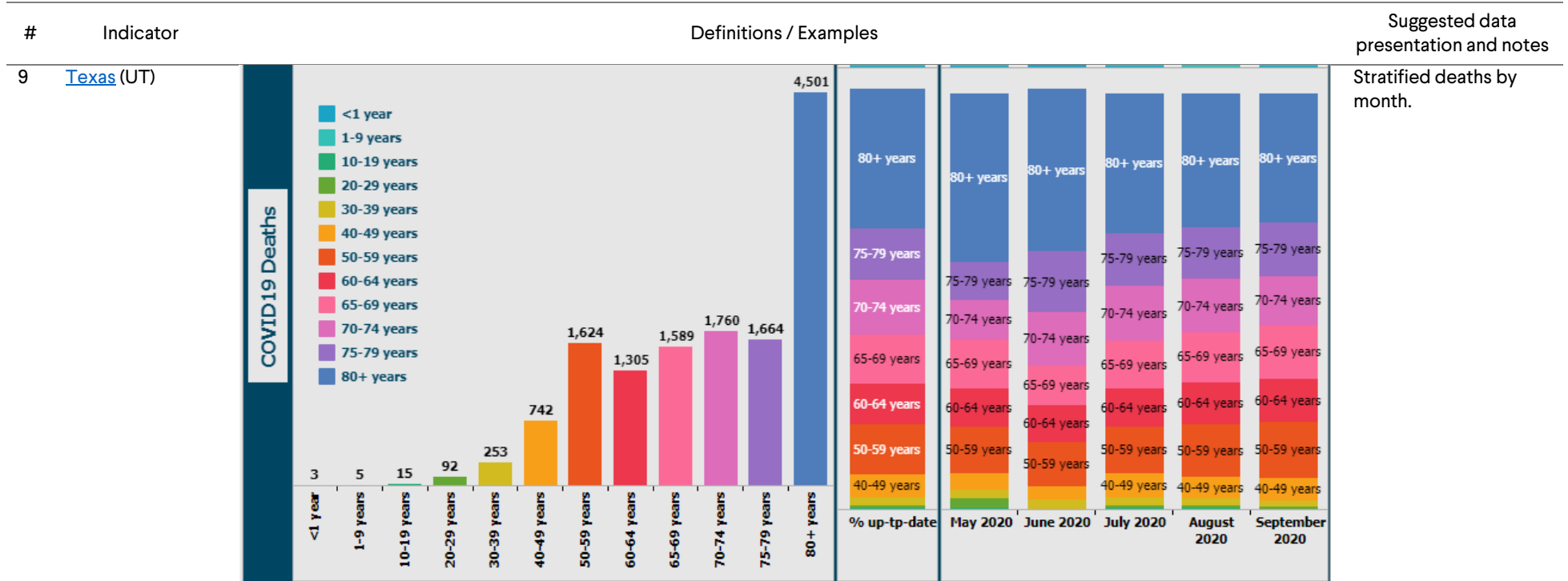
Number and Facility Type of Outbreak by Date VDH Notified

Congregate Setting Correctional Facility Educational Setting Healthcare Setting Long Term Care Facilities



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.	<p>9a. Date: Date of death. Cause of death usually takes at least seven days to report. Data will change as delayed deaths are reported.</p> <p>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.</p> <p>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).</p> <p>9d. Per capita mortality rate: (Cumulative deaths due to COVID-19 x 100,000)/ (Population of the jurisdiction).</p>	Categorical bar graph of deaths by date, overall and stratified as specified, with seven-day moving average trend line.
9	Georgia	<div> <div> <h3>COVID-19 By County</h3> <p>Cases Testing Deaths</p> <p>Deaths per 100k September 9th</p> <p>Total deaths per 100k</p> <p>0/NA* 20.0 40.0 60.0 80.0 100.0 120.0 >120.0</p> </div> <div> <h3>COVID-19 Over Time</h3> <p>Cases Cumulative Cases Deaths Total Tests Percent Positive</p> <p>Georgia Date of Report</p> <p>Feb Mar Apr May Jun Jul Aug Sep</p> <p>Deaths 7-day moving average</p> <p>Large Gathering Ban Shelter in Place Shelter in Place extended for at risk.</p> </div> </div> <p>Note – Symptom Onset Date data during the reporting period may be incomplete due to the lag in time between when the case was tested and/or reported and submitted to the Georgia DPH for reporting purposes. This delay can vary depending on the testing facility and/or jurisdiction.</p> <p>* Rates may not be accurate when case counts are <5 and are not presented. Percent positive may not be accurate when total PCR tests are <10 and are not presented.</p>	Deaths with 7d trend, needs probable.



#	Indicator	Definitions / Examples	Suggested data presentation and notes
10	Diagnostic (PCR) test turnaround time (specimen collection to test report), by week.	<p>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.</p> <p>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.</p> <p>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.</p> <p>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).</p> <p>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).</p>	Combination bar graph of median test turnaround time and line graph of proportion ≤ 24 hours by week, overall and stratified as specified.

[North Carolina](#)

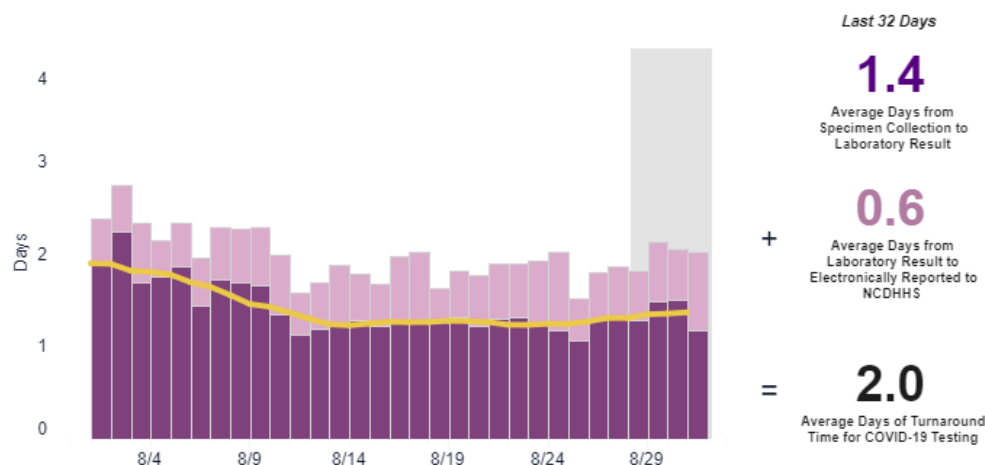
Testing Turnaround Time



There are multiple stages that make up the time it takes from when a person is tested to the time the person receives their results – the testing turnaround time. The first stage is the time between when a specimen is collected to when it is received by a laboratory. Several factors can impact this timing, including how and when the specimen is transported to a laboratory. The second stage is the time between when the specimen is received and when the laboratory has a result. This first and second stage is shown in the dark purple in the graph below. The third stage is the time between when the laboratory determines a result and the laboratory electronically reported to NCDHHS. This third stage is shown in the light purple. The fourth stage, which is not represented in the graph below, is the time between when a laboratory reports a result and the patient is notified of their results. This fourth stage happens between the health care provider and patient and is not reported to NCDHHS. The yellow line shows the 7-day rolling average of the dark purple, when a specimen is collected to when the laboratory has a result.

Please note that the graph shows the average turnaround time across all laboratories reporting electronically to NCDHHS. Individual laboratories may have shorter or longer turnaround times and, therefore people's individual experience will vary.

Laboratory results received electronically for previous dates may cause slight variation in day-to-day reporting.



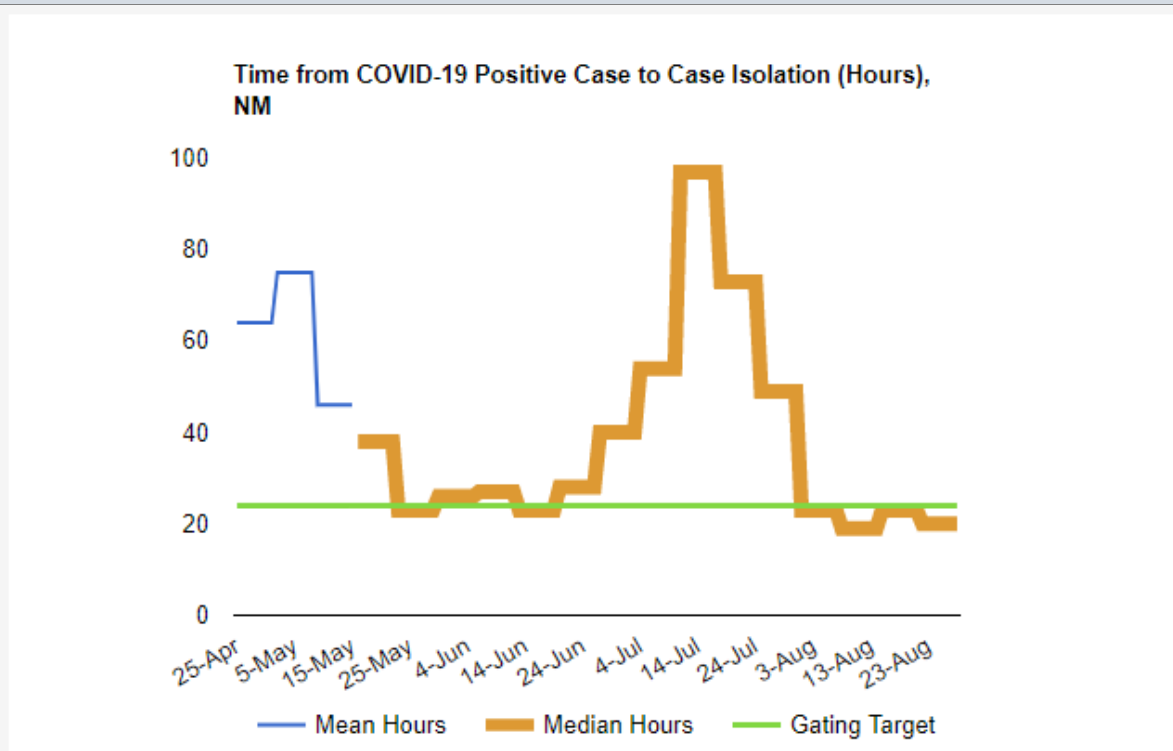
September 2, 2020

TAT by week, broken down into time to result and time to reporting.

#	Indicator	Definitions / Examples	Suggested data presentation and notes
10	California	<div><div><div><div><div><div>Turnaround Time, days¹</div><div>Information contained in this file is confidential, preliminary, and pre-decisional</div></div></div><div><div>Reporting period: 08/16/20-08/22/20²</div></div></div><div><div><div><div><div>Average turnaround time for week 08/16/20-08/22/20</div></div><div><div><div><div><div>Average turnaround time from specimen collection to lab result (days)</div><div>1.7</div><div>Days</div></div></div><div><div><div><div>Percentage of results meeting turnaround time of 1 day</div><div><div><div><div></div><div>57%</div><div></div></div></div><div>% change from week prior</div><div>+7%</div></div></div><div><div><div><div>Percentage of results meeting turnaround time of 2 days</div><div><div><div><div></div><div>80%</div><div></div></div></div><div>% change from week prior</div><div>+6%</div></div></div></div></div><div><div><div>Average turnaround time by week, days¹</div><div><div><div><div><div><div></div><div>X</div><div># results (000s)</div></div></div><div><div><div><div><div><div>363K</div><div>459K</div><div>511K</div><div>575K</div><div>630K</div><div>685K</div><div>752K</div><div>510K</div><div>586K</div><div>733K</div><div>716K</div><div>657K</div></div></div><div><div><div><div><div>1.9</div><div>1.9</div><div>2.0</div><div>2.1</div><div>2.7</div><div>2.8</div><div>3.1</div><div>3.1</div><div>3.6</div><div>2.9</div><div>2.2</div><div>1.7</div></div></div></div></div></div></div></div><div><div><div>1. Average turnaround times were determined based on date timestamp data only - hour timestamp currently unavailable</div><div>2. Results assigned to week based on specimen result date; Results may be delayed entering CalREDIE production, therefore the metrics retroactively change</div></div><div><div>Source: CalREDIE ELR messages received in CalREDIE production; "Specimen collected date" and "Result date" are reported by the laboratory via HL7 ELR messages</div></div></div></div></div><div><div>TAT by week, percentage meeting thresholds. Also available by county.</div><div>Detailed lab data on next page</div></div></div></div></div></div></div></div></div></div></div></div></div></div>	

#	Indicator	Definitions / Examples	Suggested data presentation and notes
11	Time from specimen collection to isolation of cases, by week.	<p>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.</p> <p>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.</p>	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](#)



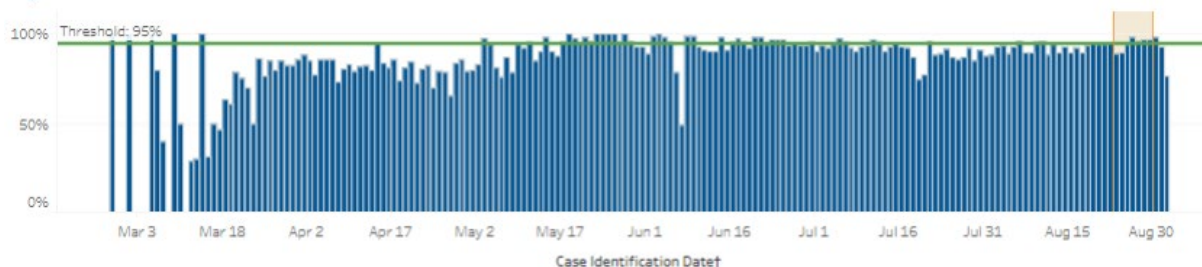
Time to isolation (interview), with threshold.

#	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.	<p>12a. Cases interviewed: This refers to the date/time when cases were interviewed for contact elicitation, not the time the first contact was made.</p> <p>12b. Cases: This refers to all people with positive tests in a given jurisdiction.</p>	Weekly percentage of new cases from among quarantined contacts presented in a bar graph with a trend line.

[Oregon](#)

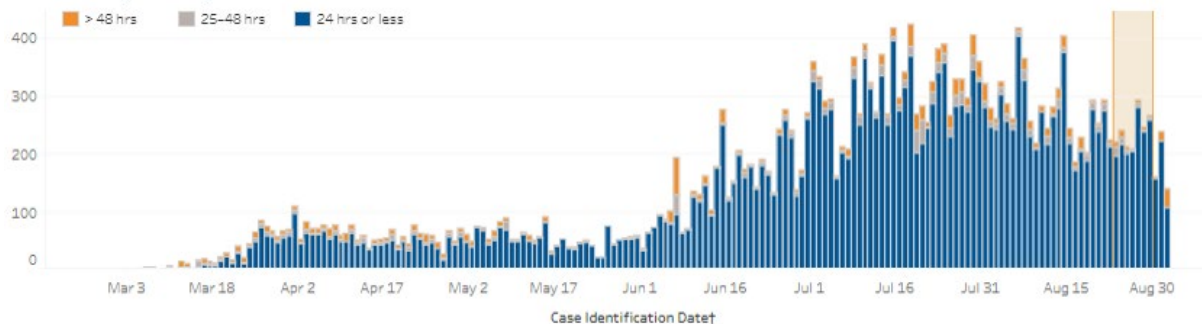
Percent of COVID-19 cases with follow up initiated within 24 hours

We want to see that counties can quickly initiate active monitoring and contact tracing of their COVID-19 cases. This chart shows the percent of new COVID-19 cases that public health initiated follow up with within 24 hours of identifying the new case. Higher is better on this indicator



New COVID-19 cases and time to follow up

This chart shows the number of new COVID-19 cases each day and the length of time that passed before public or tribal health was able to begin follow up with that person. More bars in blue (24 hrs or less) is better on this indicator



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.	<p>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.</p> <p>13b. Date: The week that the case is reported.</p> <p>13c. Percentage: (Number of quarantined contacts matched to new cases x 100)/ (Total number of new cases).</p>	Weekly percentage of new cases from among quarantined contacts presented in a bar graph with a trend line.

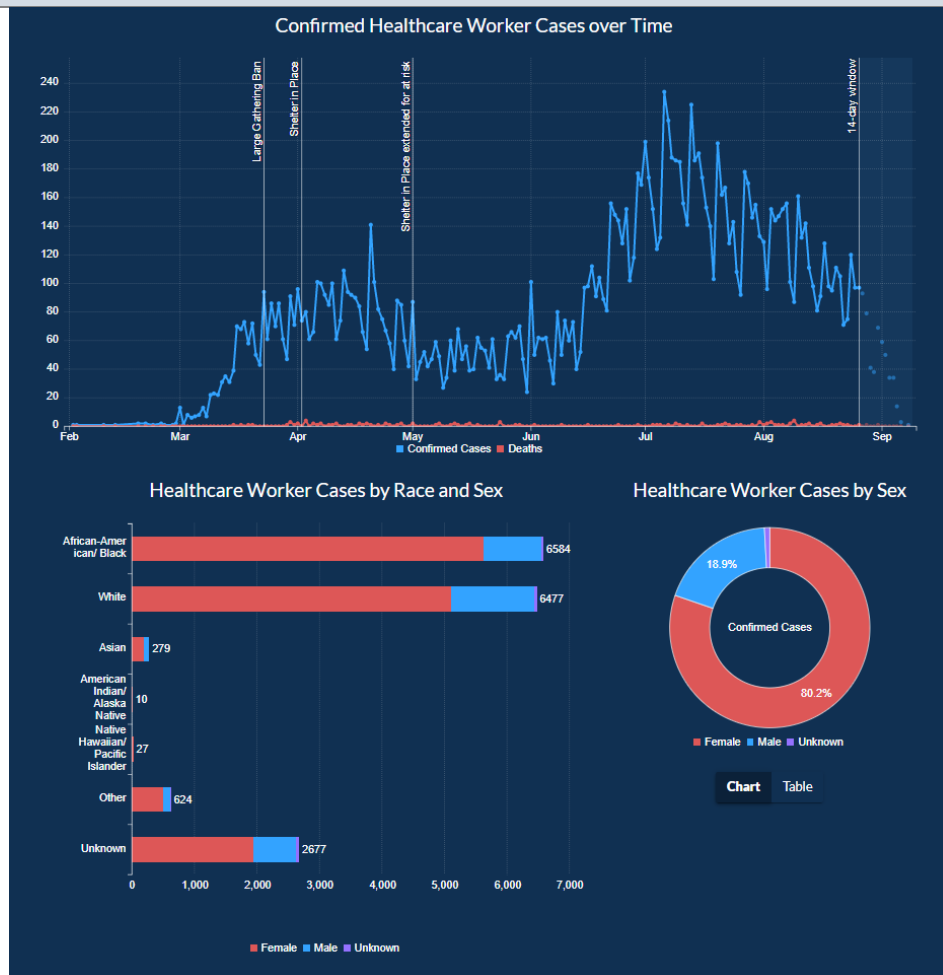
[Washington DC](#)



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.	<p>14a. This data is defined as coming from a case investigation case management system that collects information about employment.</p> <p>14b. Health care workers include all people providing direct patient care in a hospital, long-term care facility or home care setting.</p> <p>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.</p>	Weekly number of infections among health care personnel represented in a bar graph with a trend line.

[Georgia](#)

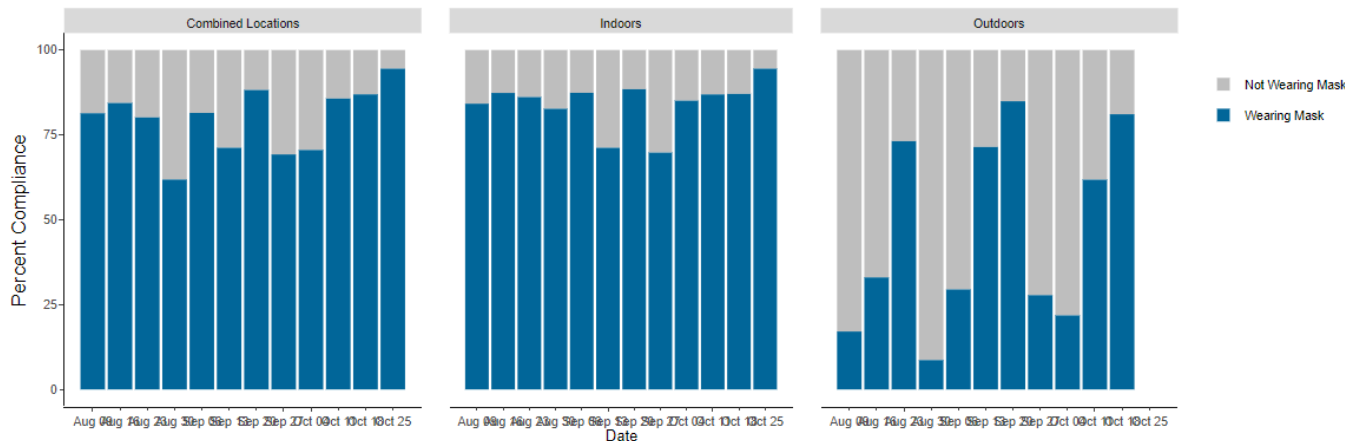


HCW infections over time, with stratification.

#	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.	<p>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.</p> <p>15b. Percentage: (Number of people observed wearing a mask or face covering/ Total people observed x 100).</p> <p>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.</p> <p>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.</p>	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](#)

Physical Survey: Mask Wearing Compliance by Location



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](#))