SUMMARY

- Pennsylvania is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the highest rate in the country. Pennsylvania is in the green zone for test positivity, indicating a rate below 5%, with the 35th highest rate in the country.
- Pennsylvania has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Philadelphia County, 2. Allegheny County, and 3. Delaware County. These counties represent 33.1% of new cases in Pennsylvania.
- 15% of all counties in Pennsylvania have ongoing community transmission (yellow or red zone), with none having high levels of community transmission (red zone).
- 0.7% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Testing is broadly adequate in larger counties, but is insufficient in many smaller cities and counties.
- Pennsylvania had 34 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 66 to support operations activities from FEMA; 12 to support operations activities from ASPR; 1 to support operations activities from USCG; and 5 to support medical activities from VA.
- Between Aug 22 - Aug 28, on average, 70 patients with confirmed COVID-19 and 335 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Pennsylvania. An average of 80% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- As one of the states with the highest number of colleges and universities, collaborations between these institutions and local health authorities are critically important.
- Consider working with researchers to study which groups are non-compliant with mitigation efforts and their reasons; use data to develop targeted messaging to these groups.
- Continue to ensure that all university and colleges have a plan for screening, testing and retesting students, regardless of symptoms.
- Continue ongoing efforts to build contact tracing capabilities through increasing staff, training, and funding. Focus on hiring from universities and colleges and within the communities where efforts are focused.
- Continue efforts to expand testing capacity in areas with low testing rates by pooling specimens; staffing and running public health labs at full machine capacity; developing community-level public-private partnerships; requiring all universities with RNA detection platforms, including veterinary platforms, to use equipment to expand surveillance testing for schools (K-12, community colleges) and university students; and ensuring all testing platforms in clinical settings are being utilized to their full capacity. Distinctions between surveillance and diagnostic testing should be maintained.
- Enhanced surveillance by collecting relevant demographic information for all who test; use data to target interventions.
- Transmissions are increasingly driven by family, neighborhood, and student gatherings. Educate citizens, especially students, on the risk of spreading the virus to family members with underlying conditions and encourage vulnerable family members to protect themselves and all individuals that have participated in such events to get tested.
- Continue to prepare for safe covered or indoor mass testing so that inclement weather doesn’t prevent testing campaigns; expand community-based testing with evening and weekend hours.
- Immediately conduct inspection surveys in the 5 long-term care facilities with 3 or more cases of COVID per week over the last 3 weeks and support for immediate corrective action.
- Protect residents of assisted living and long-term care facilities through use of recommended testing protocols among staff and mandated mask use. In facilities where anyone has tested positive, ensure all residents and staff have been promptly tested and appropriate cohorting measures are in place.
- 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.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/region as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW COVID-19 CASES</strong></td>
<td>4,354 (34)</td>
<td>-7.0%</td>
<td>16,335 (53)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td><strong>(RATE PER 100,000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB</strong></td>
<td>3.4%</td>
<td>-0.3%*</td>
<td>4.8%</td>
<td>5.4%</td>
</tr>
<tr>
<td><strong>TEST POSITIVITY RATE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB</strong></td>
<td>163,183**</td>
<td>+1.3%**</td>
<td>477,403**</td>
<td>5,305,529**</td>
</tr>
<tr>
<td><strong>TESTS (TESTS PER 100,000)</strong></td>
<td>(1,275)</td>
<td></td>
<td>(1,547)</td>
<td>(1,616)</td>
</tr>
<tr>
<td><strong>COVID-19 DEATHS</strong></td>
<td>95 (1)</td>
<td>-15.9%</td>
<td>298 (1)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td><strong>(RATE PER 100,000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE</strong></td>
<td>7.4% (9.9%)</td>
<td>-0.2%*</td>
<td>8.2% (15.1%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td><strong>(≥1 NEW STAFF CASE)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</strong></td>
<td>3.2%</td>
<td>+0.6%*</td>
<td>3.3%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

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

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-on-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 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.
COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>10</td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and lab test positivity result above 10%.

**Yellow Zone:** Those CBSAs and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a lab test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Lists of red 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 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
• Wear a mask at all times outside the home and maintain physical distance
• Limit social gatherings to 10 people or fewer
• Do not go to bars, nightclubs, or gyms
• Use take out or eat outdoors socially distanced
• Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
• Reduce your public interactions and activities to 25% of your normal activity

Public Officials
• Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
• Limit social gatherings to 10 people or fewer
• Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
• Ensure that all business retailers and personal services require masks and can safely social distance
• Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
• Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
• Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
• Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
• Wear a mask at all times outside the home and maintain physical distance
• Limit social gatherings to 25 people or fewer
• Do not go to bars or nightclubs
• Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
• Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
• Reduce your public interactions and activities to 50% of your normal activity

Public Officials
• Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
• Limit social gatherings to 25 people or fewer
• Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
• Ensure that all business retailers and personal services require masks and can safely social distance
• Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
• Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
• Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
• Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
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 8/28/2020.

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 8/28/2020. Last 3 weeks is 8/8 - 8/28.
CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY

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 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES

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


Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26.
## METHODS

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;-10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case, death</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case, death</td>
<td>&lt;-0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

- **Cases and deaths:** County-level data from USAFacts as of 12:30 EDT on 08/30/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/22 to 8/28; previous week data are from 8/15 to 8/21.

- **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. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.

- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.

- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 15:00 EDT on 08/30/2020.

- **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 8/10-8/16, previous week is 8/17-8/23.

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