

City Hall, Council Chambers 401 S. Johnstone Avenue Bartlesville, OK 74003

SPECIAL MEETING OF THE BARTLESVILLE CITY COUNCIL Monday, November 23, 2020 10:30 a.m.

Mayor Dale Copeland 918-338-4282

AGENDA

- 1. Call to order the business meeting of the Bartlesville City Council by Mayor Copeland.
- 2. Roll Call and Establishment of a Quorum.
- 3. Invocation.
- 4. Citizens to be heard.
- 5. Discuss and take possible action to adopt a Resolution authorizing a local public information campaign to increase awareness and compliance with CDC recommendations for reducing the spread of COVID-19; providing a budget for this campaign; requiring face coverings for persons within City owned facilities; and authorizing the City Manager to take certain actions related to City operations to protect the employees and customers of the City from COVID-19.
- 6. City Manager and Staff Reports.
- 7. City Council Comments and Inquiries.
- 8. Adjournment.

The Agenda was received and filed in the Office of the City Clerk and posted in prominent public view at City Hall, 401 S. Johnstone Ave. Bartlesville, Oklahoma, at 5:00 p.m. on Wednesday, November 18, 2020.

<u>Jason Muninger</u>

Jason Muninger, City Clerk/CFO

/s/Elaine Banes

by Elaine Banes, Deputy City Clerk

 $\textbf{City of Bartlesville Webcast of meeting:} \ \underline{\text{https://www.cityofbartlesville.org/city-government/city-council/webcast/}}$

All discussion items are subject to possible action by the City Council. Agenda items requiring a public hearing as required by law will be so noted. The City Council may at their discretion change the order of the business agenda items. City of Bartlesville encourages participation from all its citizens. If participation at any public meeting is not possible due to a disability, notification to the City Clerk at least one working day prior to the scheduled meeting is encouraged to make the necessary accommodations. The City may waive this rule if signing is not the necessary accommodation.

A RESOLUTION AUTHORIZING A LOCAL PUBLIC INFORMATION CAMPAIGN TO INCREASE AWARENESS AND COMPLIANCE WITH CDC RECOMMENDATIONS FOR REDUCING THE SPREAD OF COVID-19; AMENDING THE BUDGET OF THE CITY OF BARTLESVILLE FOR SAID CAMPAIGN; REQUIRING MASKS FOR VISITORS AND EMPLOYEES INSIDE OF CITY OWNED FACILITIES; AND AUTHORIZING THE CITY MANAGER TO TAKE CERTAIN ACTIONS RELATED TO CITY OPERATIONS TO PROTECT THE EMPLOYEES AND CUSTOMERS OF THE CITY.

WHEREAS, the City of Bartlesville is charged with the solemn responsibility of protecting the public peace, health, order, morals, and safety, and promoting the general welfare of the City of Bartlesville and its inhabitants;

WHEREAS, on March 11, 2020, the World Health Organization (WHO) declared the coronavirus COVID-19 disease to be a pandemic; and

WHEREAS, on March 13, 2020, the President of the United States declared a National Emergency; due to the COVID-19 disease pandemic; and

WHEREAS, on March 15, 2020, the Governor of the State of Oklahoma has declared an emergency caused by the impending threat of COVID-19 to the people of this State and the public's peace, health and safety; and

WHEREAS, a White House Coronavirus Task Force Report for the State of Oklahoma dated November 15, 2020 states that "The spread in Oklahoma is exponential and unyielding, with hospitalizations increasing week over week and reported limited bed availability. Increases from the past two weeks correlate with Halloween and related activities. With Thanksgiving and upcoming holidays, Oklahomans must understand the COVID-19 situation statewide. Serious messaging and action are needed from state leadership; recommending Oklahomans wear masks in public settings communicates the current risk level and actions all Oklahomans need to take."; and

WHEREAS, in October 2020, the average new cases per day in Washington County increased by 71% from September 2020; and

WHEREAS, as of November 16, 2020, the average new cases per day in Washington County increased by 51% from October 2020; and

WHEREAS, on November 18, 2020, Jane Phillips Medical Center had 21 COVID patients and had to dedicate additional hospital capacity to meet the rising number of COVID patients; and

WHEREAS, the City of Bartlesville has sought to slow the spread of COVID-19 through the least restrictive means necessary; and

WHEREAS, experts from the Whitehouse, CDC, State of Oklahoma, Oklahoma Department of Health, and many other institutions have recommended hand washing, social distancing, and mask wearing as the least restrictive and most effective means of slowing the spread of the virus; and

WHEREAS, it is the position of the City Council of the City of Bartlesville that these measures are effective and should be followed by all citizens in the City of Bartlesville; and

WHEREAS, compliance with these recommendations by the citizens of Bartlesville now will help to prevent more restrictive measures in the future.

NOW, THEREFORE, BE IT RESOLVED, BY THE CITY COUNCIL OF THE CITY OF BARTLESVILE, OKLAHOMA, AS FOLLOWS:

SECTION 1: The City Council authorizes and directs the City Manager to begin a public information campaign aimed at increasing compliance with and public awareness of the benefits of hand washing, social distancing, and mask wearing.

SECTION 2: The City Council appropriates the remaining, unallocated CARES Act funds of \$23,388 to the Executive Department of the General Fund in order to pay the expenses related to the campaign described in Section 1 of this Resolution.

SECTION 3: All persons, including but not limited to employees, customers, vendors, visitors, and volunteers, who are in a City owned facility or vehicle shall wear a face covering as defined by the CDC except in the following circumstances:

- 1. Alone in an enclosed space;
- 2. Alone in a vehicle;
- 3. Children under the age of 10;
- 4. When a licensed healthcare provider has determined that wearing a face covering causes or aggravates a health condition for the individual.
 - a. In these instances, face shields may be provided and required

SECTION 4: If necessary, the City Manager is authorized to take the following actions:

- 1. Where practical, to close portions of public facilities to the public and encourage the use of email, telephone, and other remote methods of conducting business with the City;
- 2. To modify work schedules and conditions as necessary to ensure business continuity and employee safety;
- 3. To invoke special protocols to limit the risk of exposure for City employees;
- 4. To establish procedures for certain employees to telecommute where practical;
- 5. To provide paid admin leave for employees who have potentially been exposed to COVID-19 as per management developed policy;
- 6. Establish mandatory disinfection protocols for all City facilities;
- 7. Take other actions as necessary to preserve the health and safety of City employees;
- 8. As needed and where prudent, utilize funding from the Capital Reserve Fund to purchase items necessary to facilitate these directions.

SECTION 5: These measures will take effect on Tuesday, November 24, 2020 at 11:59 pm and shall stay in effect until March 1, 2021 at 11:59 pm. These measures shall be reviewed and, if warranted, amended or renewed by the City Council no later than at its regularly scheduled meeting on March 1, 2021.

APPROVED BY THE CITY COUNCIL AND SIGNED BY THE MAYOR OF THE CITY OF BARTLESVILLE THIS 23RD DAY OF NOVEMBER, 2020.

| City Clerk | |
|------------|--|



STATE REPORT 11.15.2020 Issue 22

SUMMARY

- Oklahoma is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 21st highest rate in the country. Oklahoma is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 9th highest rate in the country.
- Oklahoma has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Oklahoma County, 2. Tulsa County, and 3. Cleveland County. These counties represent 41.3% of new cases in Oklahoma.
- 95% of all counties in Oklahoma have moderate or high levels of community transmission (yellow, orange, or red zones), with 90% having high levels of community transmission (red zone).
- During the week of Nov 2 Nov 8, 21% of nursing homes had at least one new resident COVID-19 case, 46% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Oklahoma had 394 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA.
- Between Nov 7 Nov 13, on average, 220 patients with confirmed COVID-19 and 79 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oklahoma. An average of 94% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad
 community spread across the country, reaching most counties, without evidence of improvement but rather, further
 deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the
 health system for both COVID and non-COVID emergencies.
- The spread in Oklahoma is exponential and unyielding, with hospitalizations increasing week over week and reported limited bed availability. Increases from the past two weeks correlate with Halloween and related activities. With Thanksgiving and upcoming holidays, Oklahomans must understand the COVID-19 situation statewide. Serious messaging and action are needed from state leadership; recommending Oklahomans wear masks in public settings communicates the current risk level and actions all Oklahomans need to take.
- With nearly all counties in the red zone and an increasing number of nursing homes, now nearly 50%, with at least one positive staff member, mitigation and messaging efforts need to be further strengthened as other states have recently done. Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to less than 25% and limiting bar hours until cases and test positivity decrease to the yellow zone.
- We have updated the new hospital admissions graphs to include breakdown by age group. Within the past several weeks, hospitalizations are increasing across all age groups. We will continue to work with hospitals to improve quality information for action.
- As previously noted, proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical
 distancing, hand hygiene, and immediate isolation, contact tracing, and quarantine. Start testing to identify and
 isolate asymptomatic silent spreaders-- those who are have the virus, feel fine, and are unknowingly spreading it.
 Incentivize people under 40 years to get tested.
- Conduct active testing in school for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- On university campuses, students are letting their guards down with Thanksgiving break less than a week away.
 Message to students to continue their mitigation actions on and off campus to protect others and themselves. If they are going home, they should follow CDC holiday guidelines for protective behaviors.
- Continuously monitor testing and contact tracing capacity in all counties to ensure rapid turnaround of test results (within 48 hours) and that all cases are immediately isolated and full contact tracing is conducted (within 72 hours of testing).
- Stay vigilant with regard to spread among nursing home staff and residents. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Ensure all hospitals, including rural hospitals, have access to antivirals, antibodies, PPE, and ventilators. Work through FEMA to secure supplies when stocks of less than a week's supply is confirmed.
- 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.





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STATE, % CHANGE

| | STATE | FROM PREVIOUS WEEK | FEMA/HHS REGION | UNITED STATES | |
|---|------------------------------------|-----------------------|------------------------|--------------------------|--|
| NEW COVID-19 CASES (RATE PER 100,000) | 15,607 (394) | +52% | 109,012 (255) | 965,105 (294) | |
| VIRAL (RT-PCR) LAB TEST POSITIVITY RATE | 17.7% | +2.7%* | 12.0% | 10.1% | |
| TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000) | 100,000) (1,047**) +33% DEATHS 64 | | 584,718** (1,369**) | 8,782,353** (2,676**) | |
| COVID-19 DEATHS (RATE PER 100,000) | | | 1,126 (2.6) | 7,608 (2.3) | |
| SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE | 21% | +5%* | 18% | 17% | |
| SNFs WITH ≥1 NEW STAFF COVID-19 CASE | 46% +1/% | | 34% | 36% | |
| SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH | 6% | +0%* | 6% | 6% | |

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. **Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020; previous week is 10/31 - 11/6.

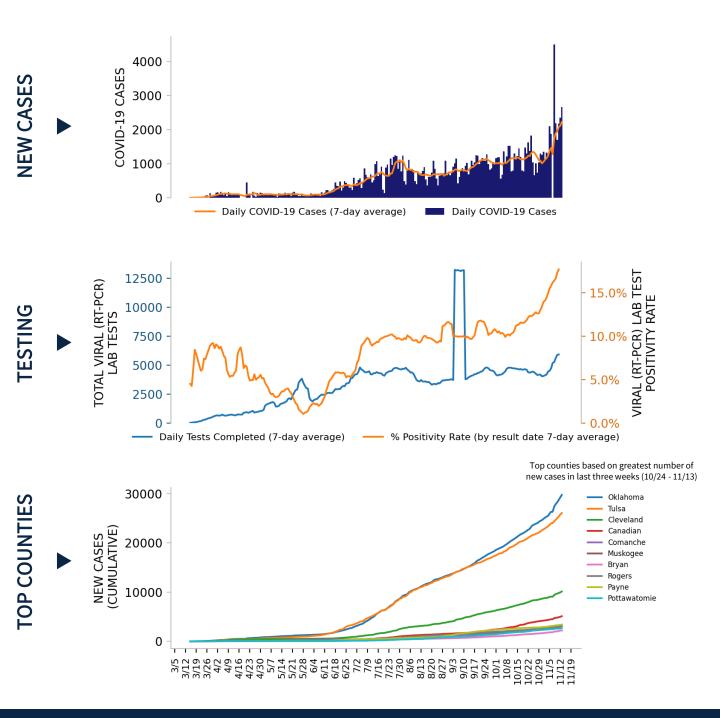
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4. **SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

^{*} 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



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DATA SOURCES - Additional data details available under METHODS

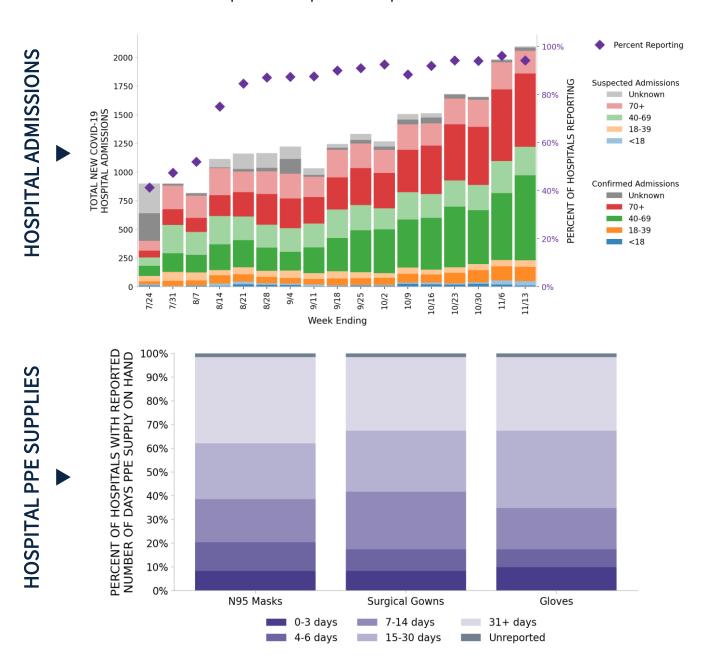
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. **Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/11/2020.



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132 hospitals are expected to report in Oklahoma



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

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



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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA)

COUNTIES

| LOCALITIES IN RED ZONE | 20 (+0) | Oklahoma City Tulsa Lawton Muskogee Durant Stillwater Shawnee Enid Ada Ardmore Duncan Tahlequah | 69 ▲ (+5) | Oklahoma Tulsa Cleveland Canadian Comanche Muskogee Bryan Rogers Payne Pottawatomie Garfield Pontotoc |
|---------------------------------|--------------------|---|--------------------|---|
| LOCALITIES IN ORANGE ZONE | 1 (+0) | Ponca City | 3 ▲ (+2) | Kay Love Greer |
| LOCALITIES IN YELLOW ZONE | 0 ▼ (-1) | N/A | 1 ▼ (-3) | Cotton |
| | Change from prev | rious week's alerts: | ▲ Increase | Stable ▼ Decrease |

All Red CBSAs: Oklahoma City, Tulsa, Lawton, Muskogee, Durant, Stillwater, Shawnee, Enid, Ada, Ardmore, Duncan, Tahlequah, Fort Smith, Weatherford, McAlester, Altus, Bartlesville, Guymon, Woodward, Miami

All Red Counties: Oklahoma, Tulsa, Cleveland, Canadian, Comanche, Muskogee, Bryan, Rogers, Payne, Pottawatomie, Garfield, Pontotoc, McClain, Garvin, Grady, Creek, Stephens, Wagoner, Le Flore, Cherokee, Carter, Delaware, Sequoyah, McCurtain, Custer, Okmulgee, Pittsburg, Jackson, Washington, Texas, Seminole, Osage, Adair, Caddo, Lincoln, Ottawa, Woodward, Mayes, Logan, Marshall, Okfuskee, Atoka, Haskell, McIntosh, Kingfisher, Murray, Craig, Major, Choctaw, Noble, Johnston, Woods, Coal, Hughes, Pawnee, Pushmataha, Nowata, Tillman, Blaine, Kiowa, Grant, Washita, Latimer, Alfalfa, Beaver, Harper, Ellis, Jefferson, Dewey

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

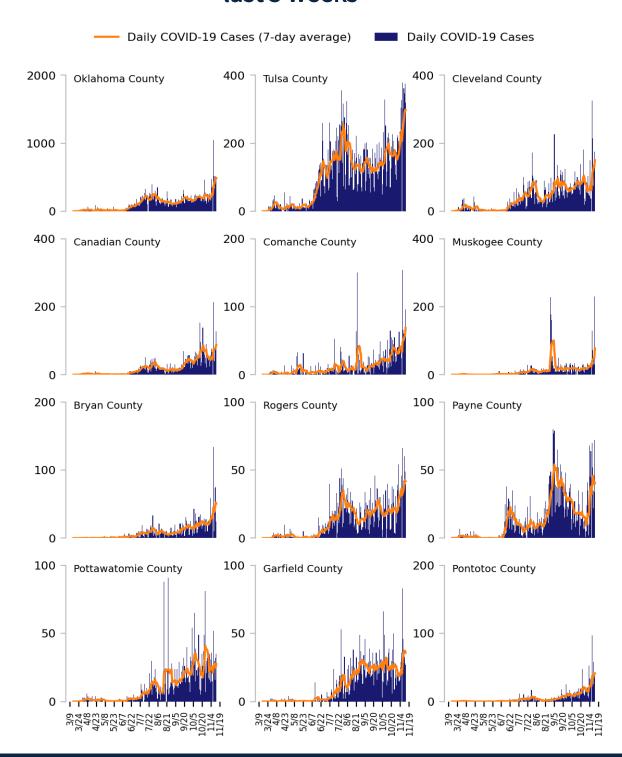
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/11/2020.

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



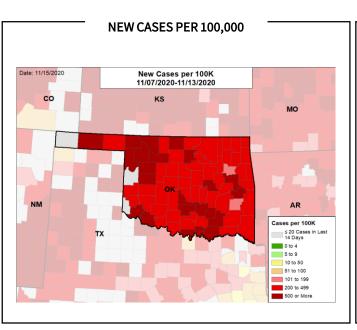
Top 12 counties based on number of new cases in the last 3 weeks

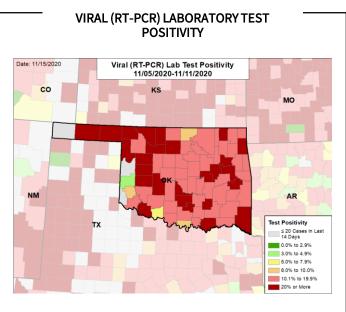


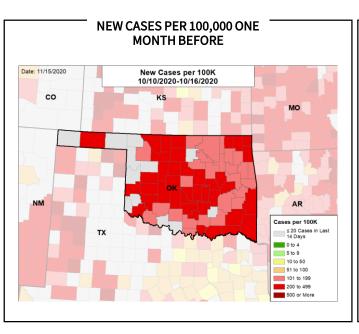


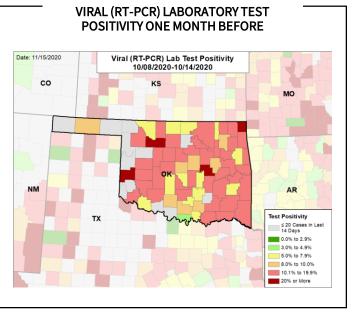
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CASE RATES AND VIRAL LAB TEST POSITIVITY









DATA SOURCES - Additional data details available under METHODS

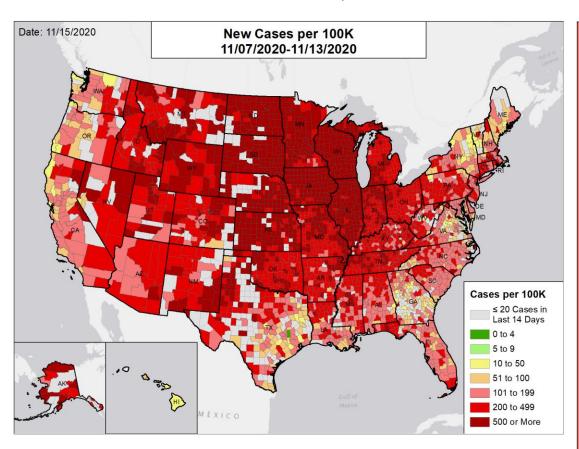
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/11/2020. The week one month before is 10/8 - 10/14.



NATIONAL RANKING OF NEW CASES PER 100,000

NEW CASES PER 100,000



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

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

National Rank State ND SD WY WI NE ш 8 MN KS 10 МТ 11 UT 13 14 AK 15 ID 16 RI 17 MO 18 МІ 19 NM 20 TN 21 OK AR 23 OH ΚY NV CT 27 WV MS 29 PΑ 30 NJ 31 MA 32 AL 33 TX 34 ΑZ 35 DF 36 SC 37 FL LA 39 MD 40 NC 41 WA 42 OR 43 NY 44 NH 45 CA 46 DC 47 VA 48 GA 49 ME VT

DATA SOURCES

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

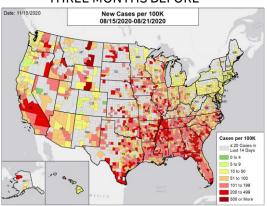
Cases: County-level data from USAFacts through 11/13/2020.

NEW CASES PER 100,000 IN THE WEEK:

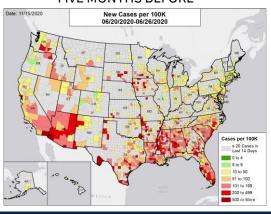
ONE MONTH BEFORE



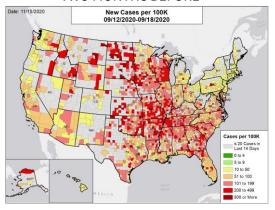
THREE MONTHS BEFORE



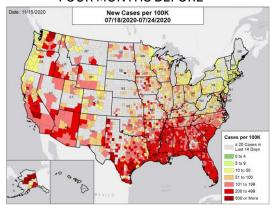
FIVE MONTHS BEFORE



TWO MONTHS BEFORE



FOUR MONTHS BEFORE



SIX MONTHS BEFORE



DATA SOURCES

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

Cases: County-level data from USAFacts through 11/13/2020. The week one month before is 10/10 - 10/16; the week two months before is 9/12 - 9/18; the week three months before is 8/15 - 8/21; the week four months before is 7/18 - 7/24; the week five months before is 6/20 - 6/26; the week six months before is 5/23 - 5/29.



VIRAL (RT-PCR) LAB TEST POSITIVITY

Date: 11/15/2020 Viral (RT-PCR) Lab Test Positivity 11/05/2020-11/11/2020 Test Positivity ≤ 20 Cases in Last 14 Days Last 14 Days Last 14 Days Solve to 4.9% 5.0% to 7.9% 5.0% to 7.9% 10.1% to 19.9% 10.1% to 19.9% 20% or More

NATIONAL RANKING OF TEST POSITIVITY

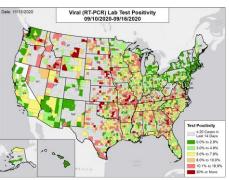
| National | National | | | | | |
|----------|------------|--|------|-------|--|--|
| Rank | Rank State | | Rank | State | | |
| 1 | MT | | 27 | AR | | |
| 2 | ID | | 28 | OH | | |
| 3 | IA | | 29 | PA | | |
| 4 | NE | | 30 | AZ | | |
| 5 | KS | | 31 | VA | | |
| 6 | SD | | 32 | OR | | |
| 7 | MO | |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

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

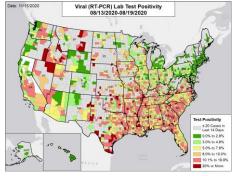
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



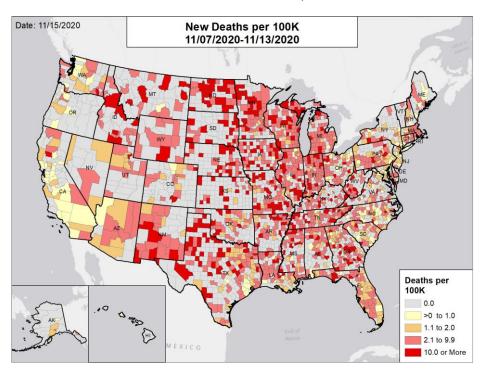
DATA SOURCES

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

Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/11/2020. The week one month before is 10/8 - 10/14; the week two months before is 9/10 - 9/16; the week three months before is 8/13 - 8/19.



NEW DEATHS PER 100,000



NATIONAL RANKING OF NEW DEATHS PER 100,000

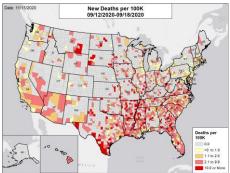
| National | National | | | | |
|----------|----------|------------|----|----|--|
| Rank | State | State Rank | | | |
| 1 | ND | | 27 | СО | |
| 2 | SD | | 28 | LA | |
| 3 | MT | | 29 | AZ | |
| 4 | WI | | 30 | FL | |
| 5 | NM | | 31 | SC | |
| 6 | IN | | 32 | CT | |
| 7 | TN | | 33 | DE | |
| 8 | WV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

NEW DEATHS PER 100,000 IN THE WEEK:

ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



DATA SOURCES

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

Deaths: County-level data from USAFacts through 11/13/2020. The week one month before is 10/10 - 10/16; the week two months before is 9/12 - 9/18; the week three months before is 8/15 - 8/21.



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). Values are rounded before color classification.

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

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 18:35 EST on 11/15/2020. 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.
- Testing: The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests, unless stated otherwise. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 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 timeframe based on this hierarchy of test-related dates; 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. 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 11/5 to 11/11; previous week data are from 10/29 to 11/4; the week one month before data are from 10/8 to 10/14. HHS Protect data is recent as of 17:58 EST on 11/15/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EST on 11/14/2020.
- 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 19:14 EST on 11/15/2020.
- Hospital PPE: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between
 federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by
 states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Data is recent as of 16:19 EST on
 11/14/2020.
- Skilled Nursing Facilities: National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. Quality checks are performed on
 data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analyses. Data
 presented in this report are more recent than data publicly posted by CMS. Last week is 11/2-11/8, previous week is 10/26-11/1. Facilities that are undergoing
 reporting quality review are not included in the table, but may be included in other NHSN analyses.
- County and Metro Area Color Categorizations
 - **Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases at or above 101 per 100,000 population, and a lab test positivity result at or above 10.1%.
 - Orange Zone: Those CBSAs and counties that during the last week reported both new cases between 51–100 per 100,000 population, and a lab test positivity result between 8.0–10.0%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
 - **Yellow Zone:** Those CBSAs and counties that during the last week reported both new cases between 10–50 per 100,000 population, and a lab test positivity result between 5.0–7.9%, or one of those two conditions and one condition qualifying as being in the "Orange Zone" or "Red Zone."