COVID-19 | RESOLVE TO SAVE LIVES | Vital Strategies

Endorsing Organizations: Trust for America's Health | APHA American Public Health Association | ASPPH Association of Schools & Programs of Public Health | Johns Hopkins Bloomberg School of Public Health, Center for Health Security

JULY 16, 2020

Essential information for states and counties to publicly report

This list of information captures essential data required for an effective COVID-19 response. **Information should be stratified by key demographic variables including race/sex/ethnicity, age, and, where appropriate and available, zip code weekly (all but indicators 5, 7 and 15 are available from some areas stratified in this way).** Case and death data (indicators 1, 2, 9, and 13) should be stratified by whether they occurred in recognized outbreaks (e.g., in nursing homes or correctional facilities) or in the community. This data should be updated frequently as indicated and made available for download.

Indicators should be consistent across counties and states to allow for accurate consolidation and comparisons. The relative importance of each indicator and the optimal target may change based on the local status of the pandemic, but all of the indicators are essential. There are many other indicators needed to manage a response effectively (e.g., contact tracing process indicators); this list represents what should be available to the public for every state and community. For more details on indicators, please see the data dictionary below.

Essential information To be reported immediately

	Indicator	Stratification[1]	Suggested target
1	New confirmed and probable cases and per capita rates by date[2] with 7-day moving average	Age, sex, race, ethnicity & zip code Outbreaks vs. community	Decreasing over 14 days or at low level[3]
2	Percentage of new cases epidemiologically linked to at least one other case, stratified by whether part of known outbreak or not, with threshold[4]	Age, sex, race & ethnicity Outbreaks vs. community	>80%[1]
3	New screening (e.g. antigen) and diagnostic (e.g. PCR) testing per capita rates by date, with threshold, with 7-day moving average	Age, sex, race & ethnicity	>1.5 tests/1,000/day[5]
4	Percentage of screening (e.g. antigen) and diagnostic (e.g. PCR) tests positive by date, with threshold, with 7-day moving average	Age, sex, race & ethnicity	<3% positivity
5	CLI and ILI trends from emergency departments[6]		At or below adjusted baseline, declining
6	COVID-19 daily hospitalization per capita rates and 7-day moving average	Age, sex, race & ethnicity	Decreasing or low level
7	Percentage of licensed beds occupied by suspected and confirmed COVID-19 patients		Low proportion (<10%)
8	List (to extent legally permissible in State) of long-term care and other congregate facilities (homeless shelters, correctional facilities), and essential workplace (e.g. meat-packing) outbreaks with COVID-19 cases and deaths in residents and staff[7]	Cumulative and most recent week	Low level of cases Outbreaks, if any, rapidly detected and stopped
9	New COVID-19 confirmed and probable deaths and per capita rates with 7-day moving average	Age, sex, race, ethnicity & zip code Outbreaks vs. community	Decreasing over 14 days or at low level

1 Should be reported weekly and cumulative

2 Confirmed cases should be reported by date of specimen collection when possible, or date of report or symptom onset if not possible. Probable cases should be reported by date of report; jurisdictions reporting by date of specimen collection should also provide information on date of report for inter-state comparability, until all states are reporting by date of specimen collection.

3 Such as below 10 cases per 100,000 population over 2 weeks (CDC)

4 If not reported, assume none linked to existing known source

5 Target applies to each major racial and ethnic group separately (Black, Hispanic/Latinx, American Indian/Native American, White, Asian/PI)

6 All states, and counties/cities/regions wherever feasible

7 Aggregate numbers until specifics legally allowed to be reported, if there are current restrictions

Additional essential information To be reported as soon as possible

	Indicator	Stratification[8]	Suggested initial target
10	Diagnostic (e.g. PCR) test turnaround time (specimen collection to test report), by week	Age, sex, race & ethnicity	Median <48 hours and a high and increasing proportion >24 hours
11	Time from specimen collection to isolation of cases, by week	Age, sex, race & ethnicity	>80% within 48 hours[8]
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	Age, sex, race & ethnicity	>80%[8]
13	Percentage of new cases from among quarantined contacts, by week	Outbreaks vs. community	>50%[8]
14	New infections among health care workers not confirmed to have been contracted outside of the workplace, by week	Age, sex, race & ethnicity	0
15	Percentage of people wearing masks 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		>80%

8 If not reported, assume not done or zero