WEEKLY COVID-19 REPORT FOR EXTERNAL USE

WEEK OF: MONDAY, NOVEMBER 1, 2021

KEY TAKEAWAYS

Cases

Cases in both districts have **decreased** over the past month. In both Richmond City and Henrico County, the level of community transmission is still considered **High** according to the CDC Covid Data Tracker, but we believe they will be downgrading both localities to the "Substantial" rating in the next week.

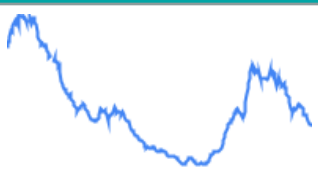
7-day total case rate per 100,00		
District	This Week	Last Week
Henrico	81.9	128.1
Richmond	98.0	105.7

Richmond & Henrico	
Demographic	Cumulative Highest
Age	20-29 Year Olds 80+
Sex	Female
Race	Black

Hospitalizations & Fatalities

Among Richmond City and Henrcio residents, **hospitalizations** based on confirmed dates of admission have continued to fluctuate following peaks during the week of October 5 to October 11 and October 19 to October 25. During the week of October 19 to October 25 **7 new hospitalizations** were observed in Richmond and **9 new hospitalizations** in Henrico**. Fatalities** among Richmond City and Henrico County residents are relatively low or zero moving into the last week of October. *All data is subject to a lag in reporting.*

Looking more broadly at health systems within the Richmond catchment area, hospitalizations continue to fluctuate, but are generally at a lower level as compared to January of this year. ICU hospitalizations, and ventilator utilizations were approaching numbers observed during January of this year, but appear to be plateauing or decreasing. *Hospitalizations by subgroup (sex, age, and race) are reported on a monthly basis.*

Richmond Catchment Area: Hospital Status Board Trends			
Time Period	Hospitalizations	ICU Hospitalizations	Ventilator Utilizations
2021 January 1st, 2021→			
Last 4 Weeks October 4th, 2021→			

- **9 out of 11 hospitals in the Richmond Catchment Area are operating at a 'Normal' clinical status, while 2 are operating at "full" status.*

Vaccinations

Richmond and Henrico Health Districts are in Phase 2 of vaccination; anyone 12 or older is eligible to receive a vaccine. Pharmacies appear to be administering the largest percentage of vaccines to Richmond and Henrico residents, compared with other providers.

Local Vaccination Stats & Regional Comparison		
Location	**≥ 1 Dose**	Complete
Richmond City & Henrico County	**61.8%**	**56.5%**
Region	62.7%	57.6%

Vaccination Demographic Trends		
Demographic	Richmond City	Henrico County
Age Groups	65+	30+
Sex	Female	
Race	Asian/Pacific Islander & Latino	

In both Richmond and Henrico, older age groups have consistently been vaccinated at a higher rate than younger age groups. Individuals aged 30-44 in Henrico County recently met the 70% vaccination benchmark. Section 4 includes an estimated breakdown of vaccination uptake by race and age subgroups.

1.0 COVID-19 SNAP SHOT

1.1 Total Tests & Percent Positivity by Modality in Richmond and Henrico

Total tests by testing modality and the associated 7-day average in percent positivity are summarized in the table below. Data are from the VDH public dashboard on November 1, 2021.

	RICHMOND CITY		HENRICO COUNTY	
	Tests	Positivity	Tests	Positivity
PCR*	326,887	5.8%	506,128	4.5%
Antigen	85,012	5.1%	165,681	4.1%
Total (PCR, antigen, and antibody)	417,115	5.8%	682,872	4.8%

1.2 Confirmed Cases, Hospitalizations, Fatalities, & Probable Cases by County

CASE STATUS	RICHMOND CITY	HENRICO COUNTY	VIRGINIA
New cases this week (November 1)	138	165	9299
All cases	23933	34431	927999
Confirmed cases	18736	24168	689224
Hospitalizations	919	1203	36609
Deaths	298	639	11737
Probable cases	5197	10263	238775
Hospitalizations	25	54	2243
Deaths	50	77	2247
Case rate per 100,000	10386	10407.8	10872.2

Weekly cases added are estimated as the difference between the cases recorded from the current and prior week

*Case Rate per 100,000=(confirmed+probable)/population count *100,000.*

Population estimates for the case rate are from 2019 data compiled by the National Center for Health Statistics (NCHS).

1.3 Current COVID-19 Richmond Catchment Area Hospitalizations

The following section utilizes data from the Virginia Healthcare Alerting & Status System (VHASS) COVID-19 Hospital Status Board. This data reflects the following hospitals in the Richmond Catchment Area (Chesterfield County, Hanover County, Henrico County, & Richmond City): VCU Health System, Retreat Doctors', Bon Secours Community, CWJ Chippenham, CWJ Johnson Willis, VA Medical Center, Bon Secours St. Mary's, Henrico Doctors, and Parham Doctors, Bon Secours St. Francis, and Memorial Regional Medical Center.

	TOTAL IN USE FOR COVID-19	CURRENTLY AVAILABLE
Confirmed Hospitalizations	136	90
Pending Hospitalizations	10	
Confirmed - ICU	43	39
Pending - ICU	*	
Confirmed - Ventilators	22	301
Pending - Ventilators	0	

Within these 11 hospitals that comprise the Richmond catchment area, there are currently 90 total available hospital beds, 39 available adult ICU beds, and 301 available ventilators. Based on the VHASS hospital dashboard on November 1st, 2021, 9 hospitals in the Richmond Catchment area are operating at normal clinical status. CJW Johnston-Willis Hospital and Parham Doctors' Hospital are operating at full clinical status.

*A clinical status of "normal" indicates that hospital clinical resources are operating within normal conditions. A clinical status of "full" indicates that hospital clinical resources are exceeded and acceptable care cannot be provided to additional patients. Diversion or Community surge response is required.

2.0 COVID-19 CASES

2.1 Summary of Cases

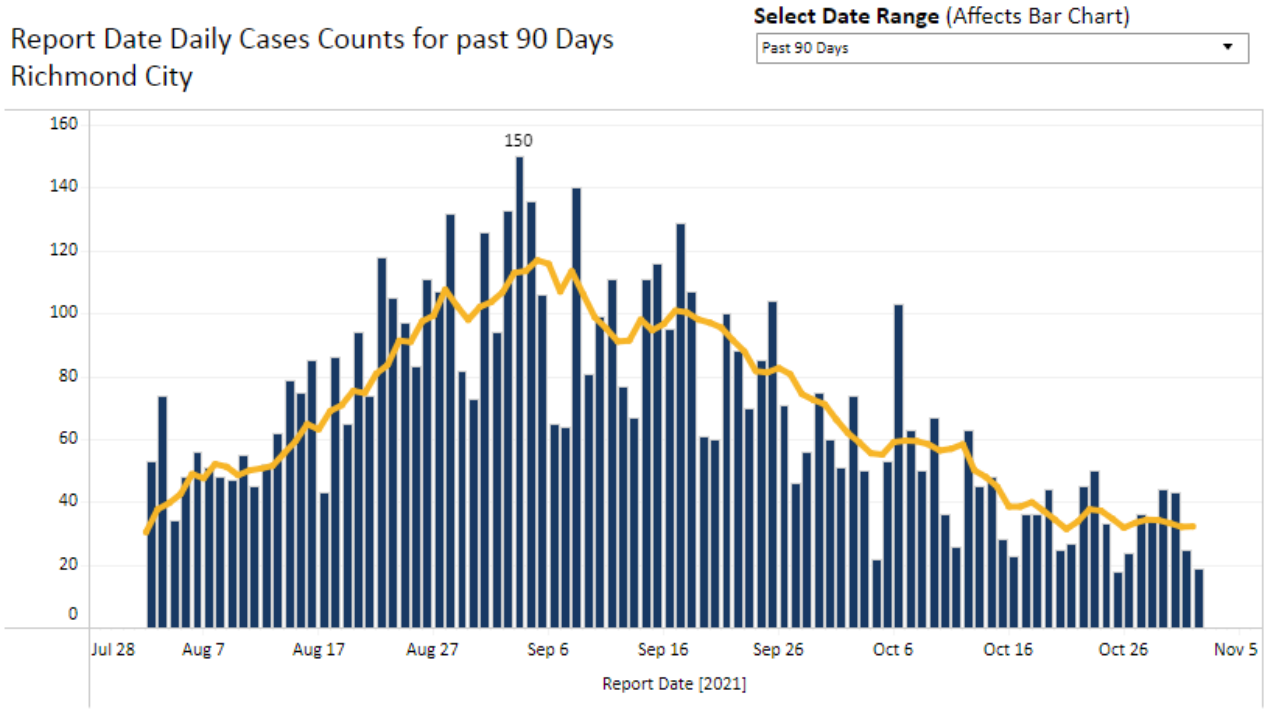
Cases in both districts have begun to **decrease** over the past month, with a **7-day total case rate** of **98.0** new cases per 100,000 population in Richmond and **81.9** new cases per 100,000 population in Henrico. Additionally, in both Richmond City and Henrico County, the level of community transmission is considered **High** according to the CDC Covid Data Tracker.

In both districts, females comprise a higher proportion of cases. In Richmond, 20-29 year olds continue to lead case counts cumulatively, while 80+ lead cumulatively in Henrico. Regarding race and ethnicity, the highest incidence of cases in both districts is still among Black individuals. Additionally, in both districts, the percentage of cases among the Latino population is disproportionately high cumulatively as compared to their population percentage but closer to their population percentage more recently.

2.2 Case Reporting Trends by Date

Source: VDH COVID-19 Cases & Testing Locality Dashboard

Number of New Cases Reported^	7-Day Average Number of Daily New Cases Reported	7-Day Average Number of New Daily Cases Reported, Rate per 100,000 Population	Total Number of New Cases per 100,000 Population within last 14 days
19	32	14.0	204.1

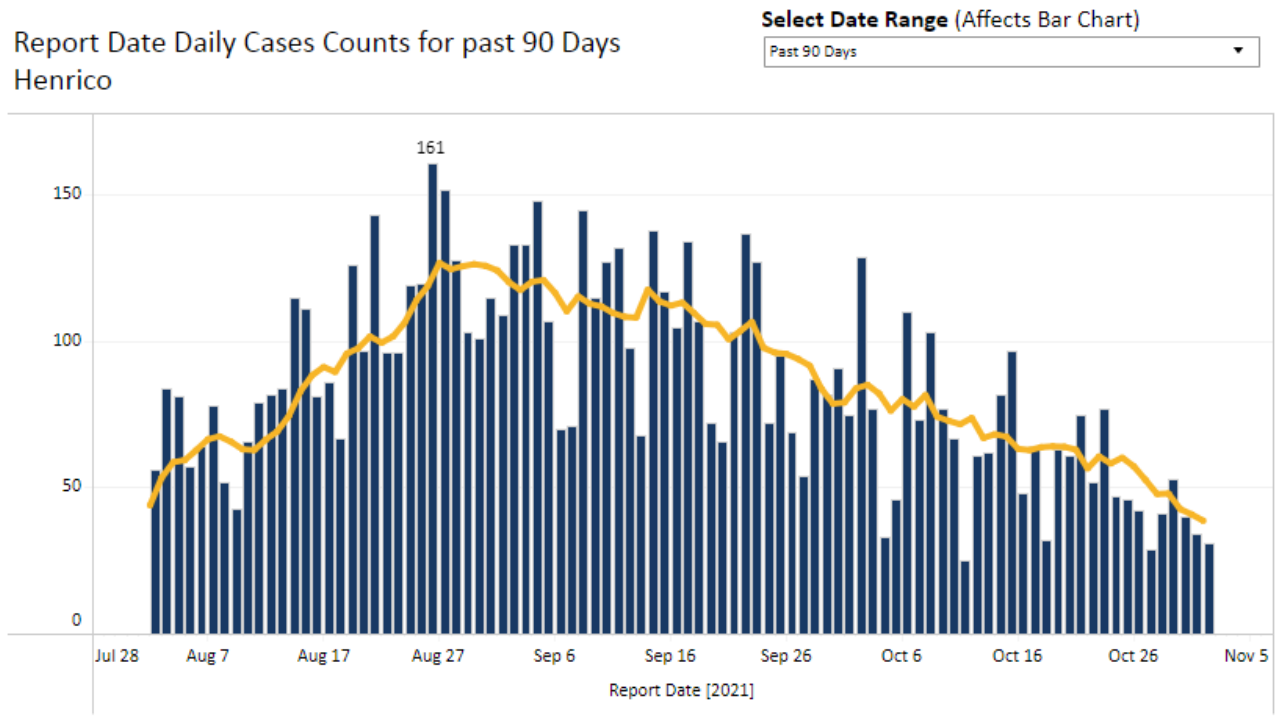


- In Richmond, the number of daily new cases reported is influenced by cases being reallocated to different localities for data quality purposes. This explains some historic "negative" cases (cases reallocated away from Richmond outnumbering actual new cases)

and unusual positive spikes in early July (cases reallocated to Richmond from elsewhere added on top of actual new cases).

- From late July through late August, daily new cases generally increased, with some fluctuations. A downward trend can be noted throughout the months of September and October, and despite brief upticks in October, the trend appears to be continuing into November. All data is subject to lags in reporting.

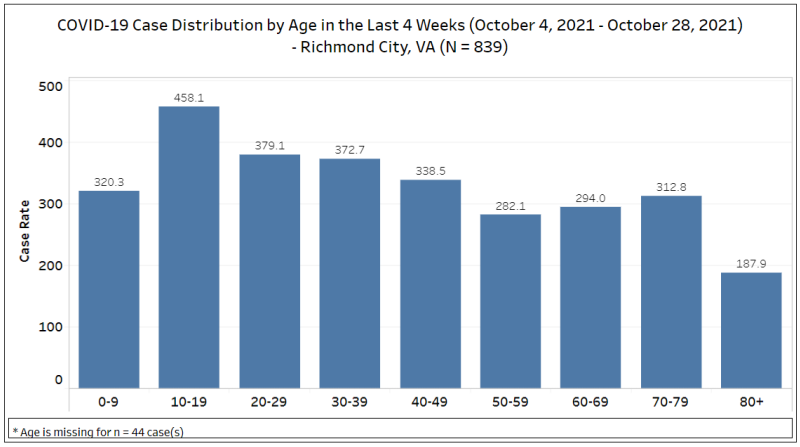
Number of New Cases Reported^	7-Day Average Number of Daily New Cases Reported	7-Day Average Number of New Daily Cases Reported, Rate per 100,000 Population	Total Number of New Cases per 100,000 Population within last 14 days
31	**39**	**11.7**	**209.9**

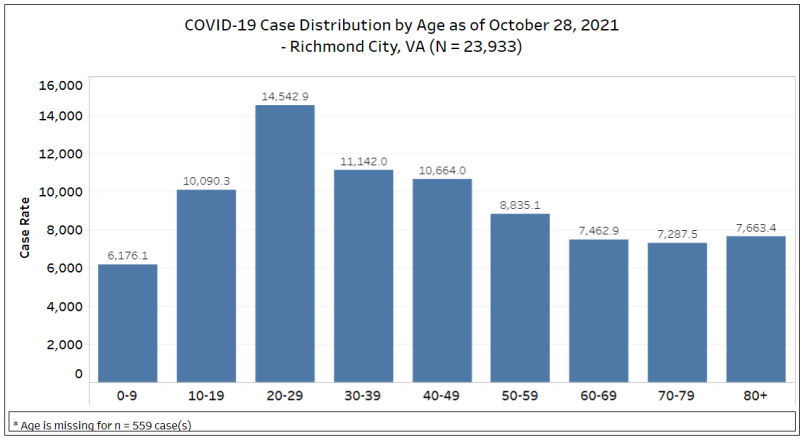


- In Henrico, the number of new cases reported per day has also been fluctuating due to recent efforts to reallocate older cases to appropriate localities.
- From the middle of July through late August, daily new cases generally increased. During the last week of August and throughout September, however, data indicated a potential plateau. During the month of October, the daily cases reported per day in Henrico County can be observed following a downward trend. This trend appears to be continuing into November. All data is subject to lags in reporting.

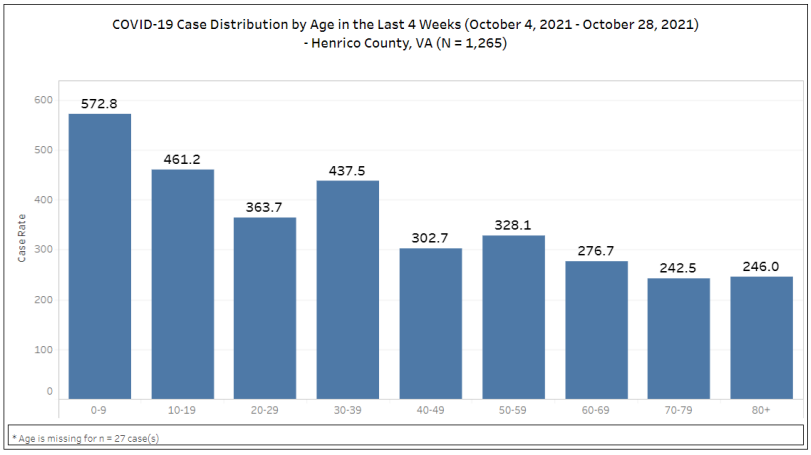
2.3 Cases by Age Group by County

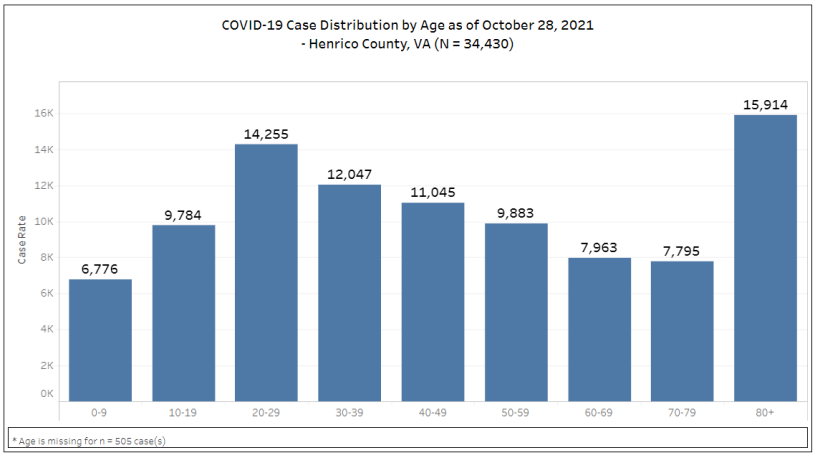
Population totals are based on 2019 data from the National Center for Health Statistics (NCHS). Please note - this is a change from previous reports which used Census data to estimate population by age group.





- In Richmond City, individuals aged 10-19 have the highest case rates in the last four weeks, followed by individuals aged 20-29 and 30-39. Individuals aged 20-29 have the highest case rate cumulatively.
- Case burdens for individuals 50 and over are notably down in the last four weeks compared to cumulatively.



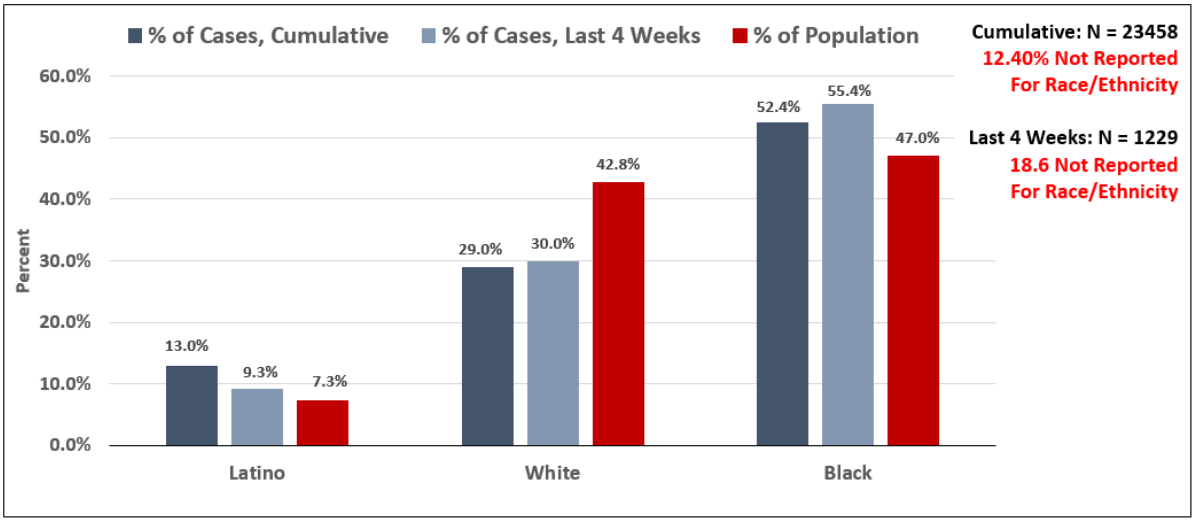


- In Henrico, case rates over the past four weeks show a high frequency of cases occurring in individuals aged 0-9, and 10-19 whereas cumulative case rates indicate a large burden being placed on individuals aged 80 and over and those aged 20-29.
- Case rates are down for some older age groups (60 and over), with a notable drop for individuals 50 to 59.

2.4 Cases & Population Proportions by Race & Ethnicity by County

Population totals are based on 2019 data from the National Center for Health Statistics (NCHS).

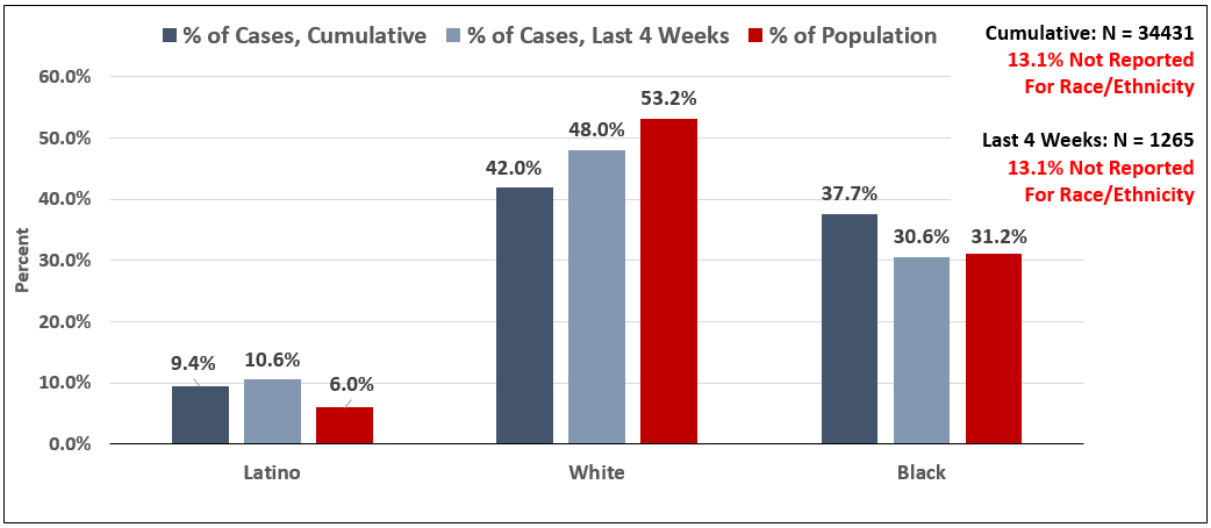
COVID-19 Case Distribution by Race and Ethnicity in the Last 4 Weeks (October 4, 2021 - October 28, 2021)- and Cumulatively through October 28, 2021 Richmond City, VA



* NCHS population estimates are not available for Two or More Races (235 total cases) or Other Race (394 total cases) and thus they are absent from the plots.
* Missing and Unknown Ethnicities were assumed to be of Non-Hispanic ethnicity.
* Cases among individuals identifying as Asian or Pacific Islander or Native American are suppressed (counts < 5)

- In Richmond, the case burden for Black individuals over the last 4 weeks (55.4%) is disproportionately high relative to their population percentage (47%), while the case burden for White individuals is disproportionately low (30.0%) relative to their population percentage (42.8%).

COVID-19 Case Distribution by Race and Ethnicity in the Last 4 Weeks (October 4, 2021 - October 28, 2021)- and Cumulatively through October 28, 2021– Henrico County, VA



* NCHS population estimates are not available for Two or More Races (375 total cases) or Other Race (849 total cases) and thus they are absent from the plots.
* Missing and Unknown Ethnicities were assumed to be of Non-Hispanic ethnicity.
* Cases among individuals identifying as Native American are suppressed (counts < 5)

- In Henrico in the last four weeks, the case burden for Black individuals (32.1%) is higher than the proportion of the population (31.2%). Meanwhile, the case burdens for White individuals (42.0%) and Asian or Pacific Islander individuals (5.4%) are relatively low compared to their proportions of the population (53.2% and 9.4%, respectively).

3.0 Hospitalizations & Fatalities

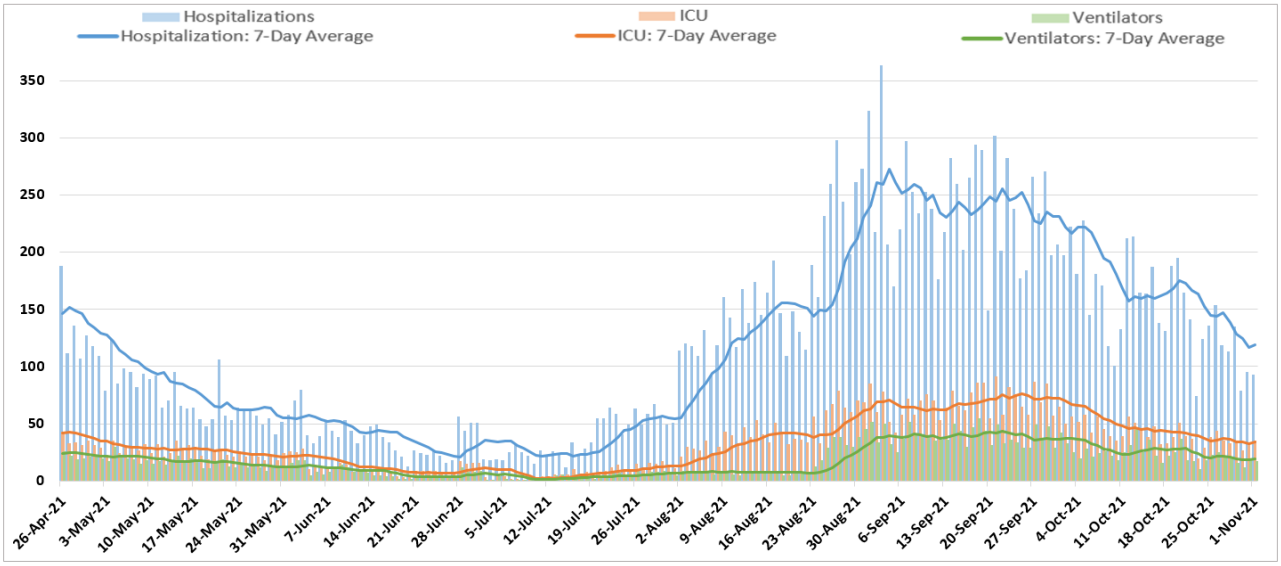
3.1 Summary of Hospitalizations & Fatalities

Among Richmond City and Henrcio residents, **hospitalizations** based on confirmed dates of admission have continued to fluctuate following peaks during the week of October 5 to October 11 and October 19 to October 25. During the week of October 19 to October 25 **7 new hospitalizations** were observed in Richmond and **9 new hospitalizations** in Henrico**. Fatalities** among Richmond City and Henrico County residents are relatively low or zero moving into the last week of October. *All data is subject to a lag in reporting.*

Looking more broadly at health systems within the Richmond catchment area, hospitalizations continue to fluctuate, but are generally at a lower level as compared to January of this year. ICU hospitalizations, and ventilator utilizations were approaching numbers observed during January of this year, but appear to be plateauing. *Hospitalizations by subgroup (sex, age, and race) are reported on a monthly basis.*

3.2 COVID-19 Hospitalization, ICU, & Ventilator Utilization (VHASS)

Total Daily COVID-19 Hospitalizations, ICU Hospitalizations, and Ventilator Utilizations
April 26, 2021 – November 1, 2021
Richmond Catchment Area



- *Counts Displayed in Above Metric - Hospitalizations: 22,466 of 94,279; ICU Hospitalizations: 6,292 of 23,467; Ventilator Utilizations: 3,349 of 12,799
- Hospitalizations, ICU Hospitalizations, and Ventilator Utilizations in the Richmond Catchment area overall have decreased with some fluctuations from late September through October. All data is subject to lags in reporting.

4.0 VACCINATION

4.1 Vaccine Summary

Richmond City and Henrico County Health Districts are in Phase 2 of vaccination. Anyone aged 12 or older is eligible to receive a vaccine. As of November 1, 62.7% of the region's population has received at least one dose of the vaccine. 57.6% of the region's population has been fully vaccinated and 6.9% had received a booster. Approximately 61.8% of the combined Richmond City and Henrico County population has received at least one dose and 56.5% of the two districts' combined population has been fully vaccinated. Similar to the rest of the region, a growing number of 6.8% had received a booster.

In both Richmond City and Henrico County, older age groups have consistently been vaccinated at a higher rate than younger age groups. In Richmond City, the 70% vaccination benchmark has been met by individuals aged 65 and over. In Henrico County that same benchmark was recently met by individuals aged 30 and over and all groups are now over 70% in the "at least one dose" category.

This section includes an estimated breakdown of vaccination uptake by race, sex, and age subgroups.

4.2 Percentage of Vaccination Goals Reached by Population

		POPULATION	PEOPLE WITH AT LEAST ONE DOSE	PEOPLE FULLY VACCINATED
Richmond	12-17	11,150	6,317 (56.7%)	5,452 (48.9%)
	18+	**190,750**	**120,318 (63.1%)**	**109,469 (57.4%)**
	65+	31,809	24,870 (78.2%)	23,024 (72.4%)
Henrico	12-17	25,954	18,605 (71.7%)	16,660 (64.2%)
	18+	**256,660**	**201,382 (78.5%)**	**185,683 (72.3%)**
	65+	52,720	47,784 (90.6%)	44,739 (84.9%)

Population totals are based on 2019 data from the National Center for Health Statistics (NCHS). Please note - this is a change from previous reports which used Census data to estimate population by age group.

4.3 Vaccinations by Locality as of November 01, 2021

Source: vdh.virginia.gov

HEALTH DISTRICT	LOCALITY	TOTAL POPULATION	PEOPLE WITH AT LEAST ONE DOSE	PEOPLE FULLY VACCINATED	PEOPLE WITH BOOSTER
Chesterfield	Chesterfield	352,802	224,379	205,202	24,952
	Colonial Heights	17,370	10,008	8,775	1,145
	Powhatan	29,652	16,434	15,145	2,030
Chickahominy	Charles City	6,963	4,303	4,070	333
	Goochland	23,753	16,917	16,033	2,025
	Hanover	107,766	71,189	67,192	6,686
	New Kent	23,091	13,499	12,636	1,302
Henrico	Henrico	330,818	219,987	202,343	24,918
Richmond	Richmond City	230,436	126,635	114,921	13,521
Total		**1,122,651**	**703,351**	**646,317**	**76,912**

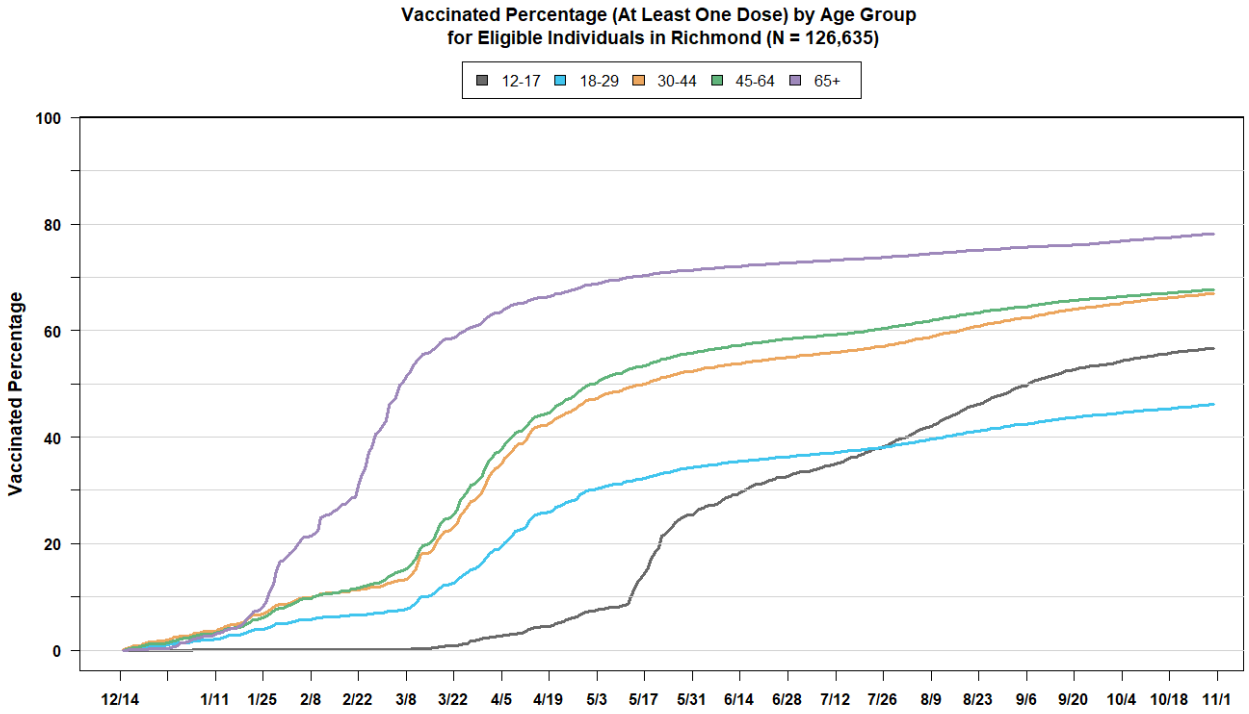
Population totals are based on 2019 data from the National Center for Health Statistics (NCHS). Please note - this is a change from previous reports which used Census data to estimate population by age group.

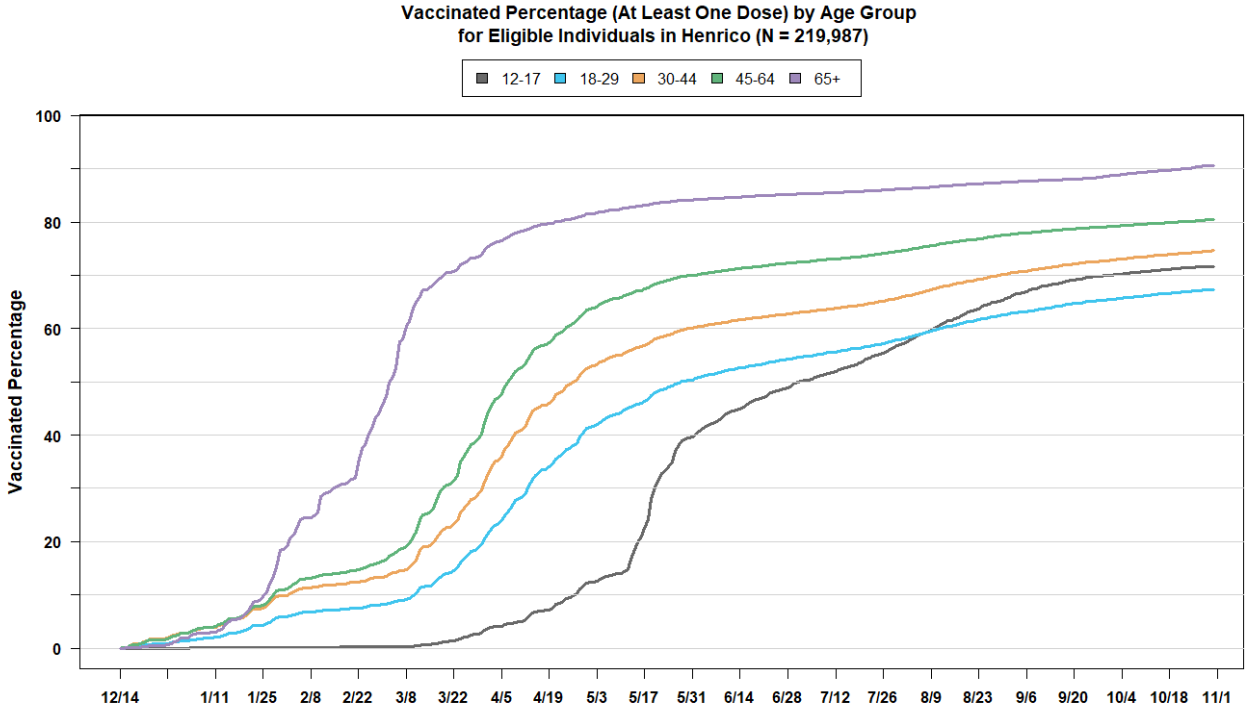
4.4 Vaccine Distribution by Age Group over Time

Adjustments have been made to the underlying calculations for this metric. As a result i) group and sub-group percentages may appear lower than they did in previous reports ii) figure totals (N) are now in alignment with the counts of individuals with at least one dose, as shown in section 5.3.

The following charts track vaccination percentage by age group over time since vaccinations first began in mid-December.

- Individuals 65 and over in Richmond, 45 and over in Henrico, and 65 and over in Henrico represent the three highest vaccination percentages, with uptake near or over 80%.
- In most cases, older age groups within a locality have achieved higher vaccination percentages than younger age groups in the same locality.
- Henrico age groups have achieved higher vaccination percentages than their corresponding Richmond age groups and many younger age groups in Henrico have achieved higher percentages than older age groups in Richmond.
- After later access to vaccination, individuals 12 to 17 have seen a notable increase in vaccinations while the pace of new vaccinations amongst individuals 18 to 29 have slowed (outside of a minor increase in pace in August), leading to the younger age group surpassing the older one in both Richmond and in Henrico.
- All data is subject to lags in reporting, particularly in recent weeks.


Vaccinated Percentage (At Least One Dose) by Age Group
for Eligible Individuals in Richmond (N = 126,635)
12-17
18-29
30-44
45-64
65+
Vaccinated Percentage
100
80
60
40
20
0
12/14
1/11
1/25
2/8
2/22
3/8
3/22
4/5
4/19
5/3
5/17
5/31
6/14
6/28
7/12
7/26
8/9
8/23
9/6
9/20
10/4
10/18
11/1

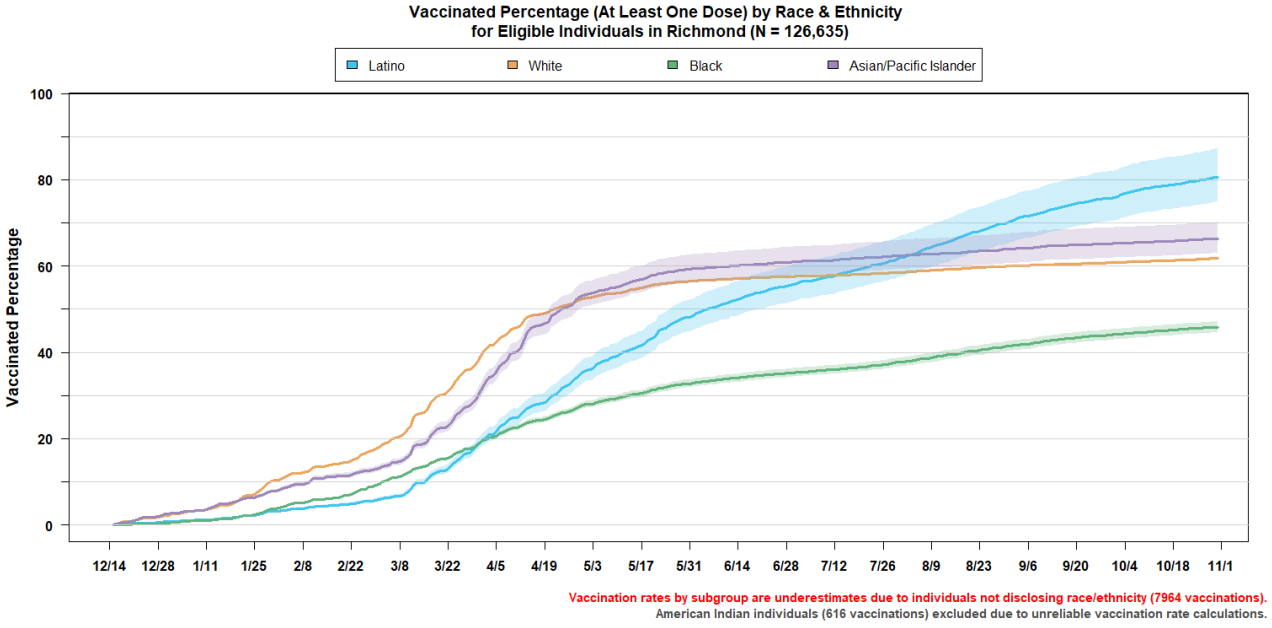

Vaccinated Percentage (At Least One Dose) by Age Group
for Eligible Individuals in Henrico (N = 219,987)
12-17
18-29
30-44
45-64
65+
Vaccinated Percentage
100
80
60
40
20
0
12/14
1/11
1/25
2/8
2/22
3/8
3/22
4/5
4/19
5/3
5/17
5/31
6/14
6/28
7/12
7/26
8/9
8/23
9/6
9/20
10/4
10/18
11/1

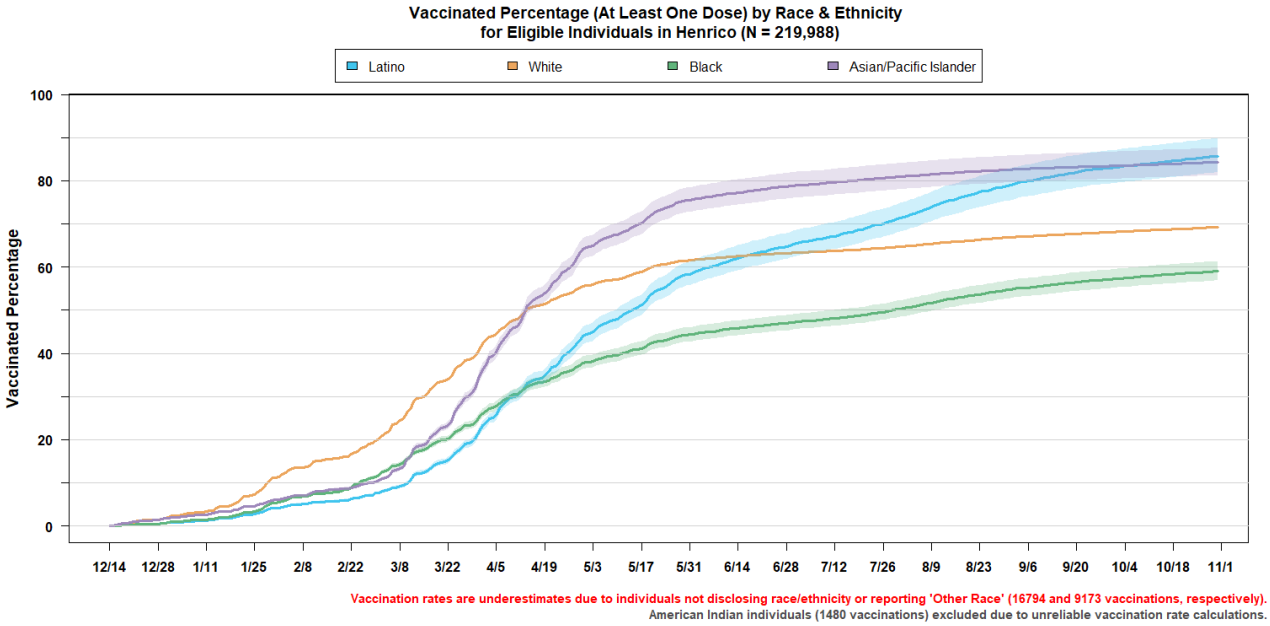
4.5 Vaccine Distribution by Race/Ethnicity over Time

Adjustments have been made to the underlying calculations for this metric. As a result i) group and sub-group percentages may appear lower than they did in previous reports ii) figure totals (N) are now in alignment with the counts of individuals with at least one dose, as shown in section 5.3.

The following charts track vaccination percentages by race and ethnicity over time since vaccinations first began in mid-December.

- Through spring, White individuals and Asian or Pacific Islander individuals generally had higher vaccination percentages in both Richmond and Henrico
- White individuals maintained the highest vaccination percentage through early April in Richmond and late April in Henrico before Asian or Pacific Islander individuals surpassed them for the highest percentages.
- In early months, vaccination percentages of both Latino and Black individuals were lower, with Black individuals still comprising the lowest vaccinated percentage as of today.
- Latino individuals saw an acceleration in vaccination rates beginning in early March after a slow start and have since surpassed White individuals in vaccine uptake in both Richmond and Henrico. They also possess the highest vaccination percentage overall in Richmond, between about 75% and 87%.
- In Henrico, Asian or Pacific Islander individuals and Latino individuals have reached vaccination percentages between 81% and 90%, while White individuals fall just short of 70% and Black individuals fall between 57% and 61%.
- Vaccination percentages are notably lower in both Richmond and Henrico for Black individuals.
- All data is subject to lags in reporting, particularly in recent weeks.





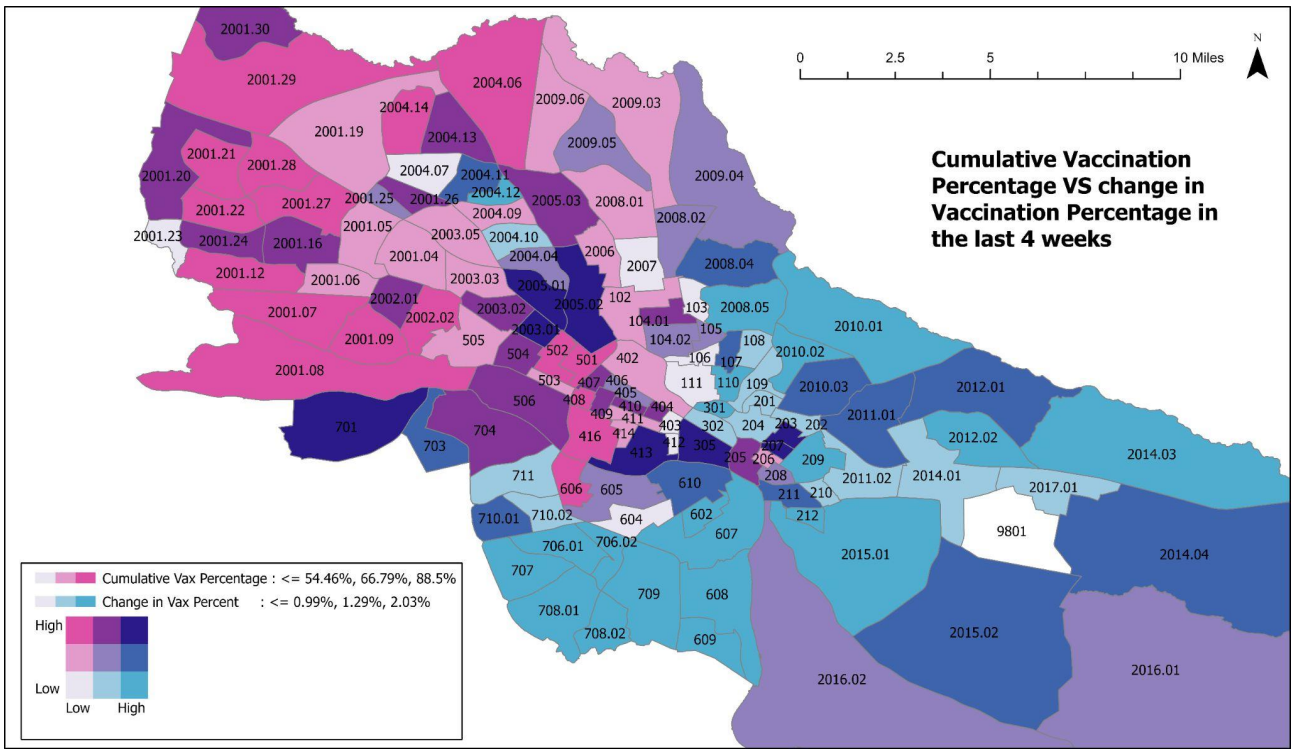
Vaccination rates are underestimates due to individuals not disclosing race/ethnicity or reporting 'Other Race' (16794 and 9173 vaccinations, respectively).
American Indian individuals (1480 vaccinations) excluded due to unreliable vaccination rate calculations.

4.6 Vaccine Distribution Maps

Below are maps that compare vaccination uptake percentage and COVID-19 burden by census tract. The data collected is consistent with statewide and national data trends; lower income communities of color tend to experience more severe outcomes of COVID-19, yet are disproportionately undervaccinated. RHHD monitors this data as part of its equity-driven approach; this data is used to assist program managers in strategically standing up vaccination opportunities, outreach, and education efforts in areas that are in highest need.

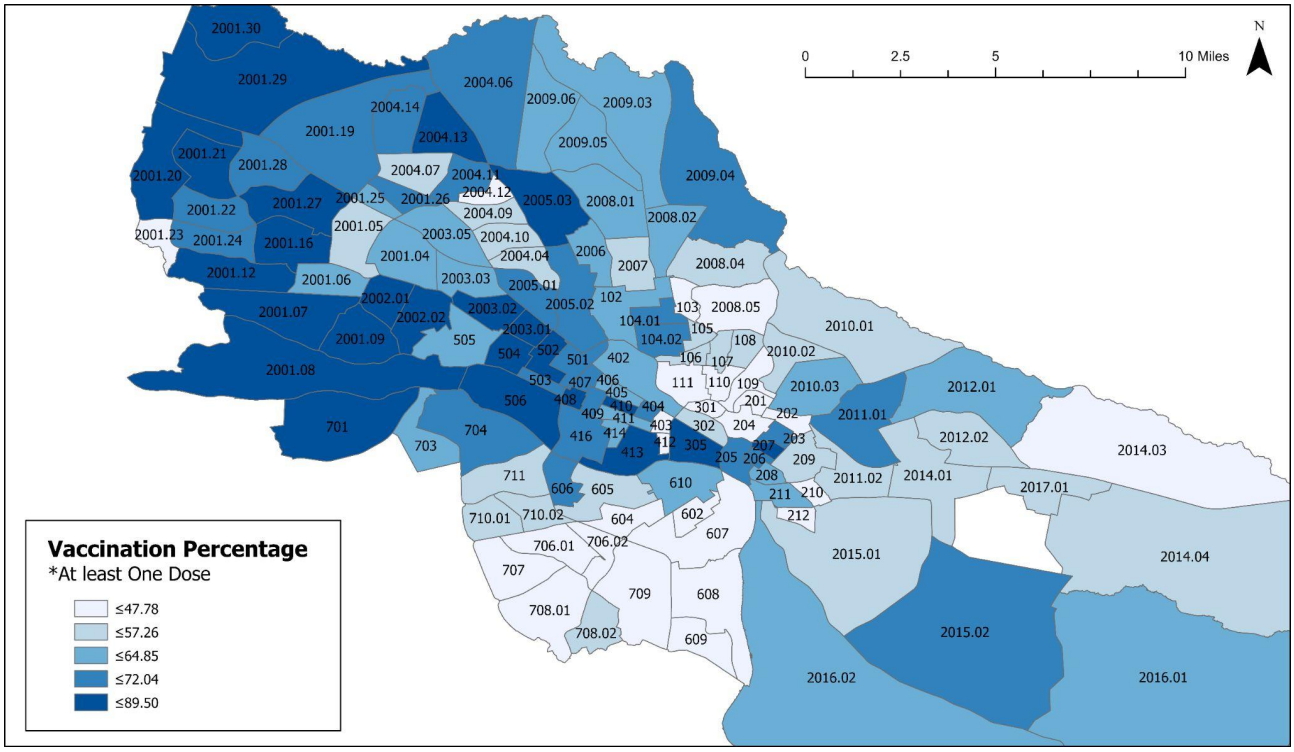
<u>These percentages are estimations, and are solely intended for use in the planning and facilitation of outreach events.</u>

Vaccination Percentage Change by Census Tract
Richmond City, VA & Henrico County, VA (November 1st, 2021)



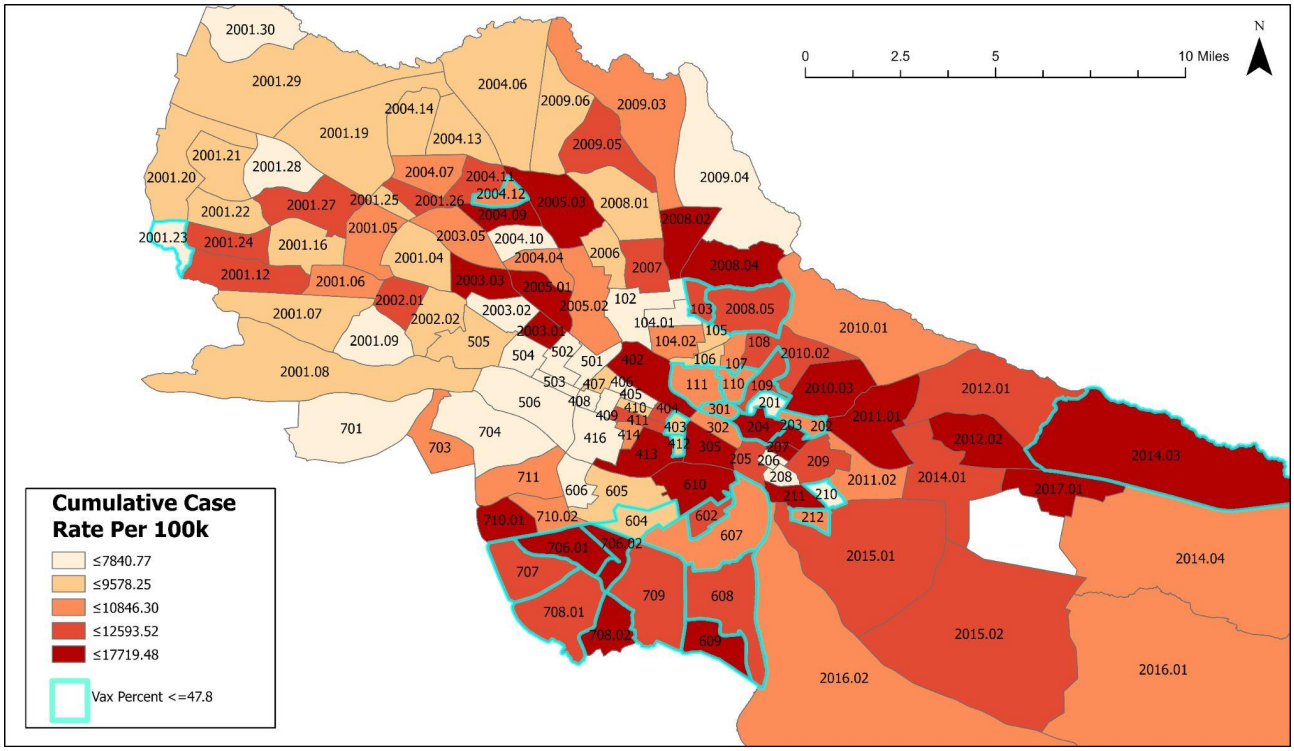
*Percentage of population receiving at least one dose

Vaccination Percentage by Census Tract
Richmond City, VA & Henrico County, VA (November 1st, 2021)



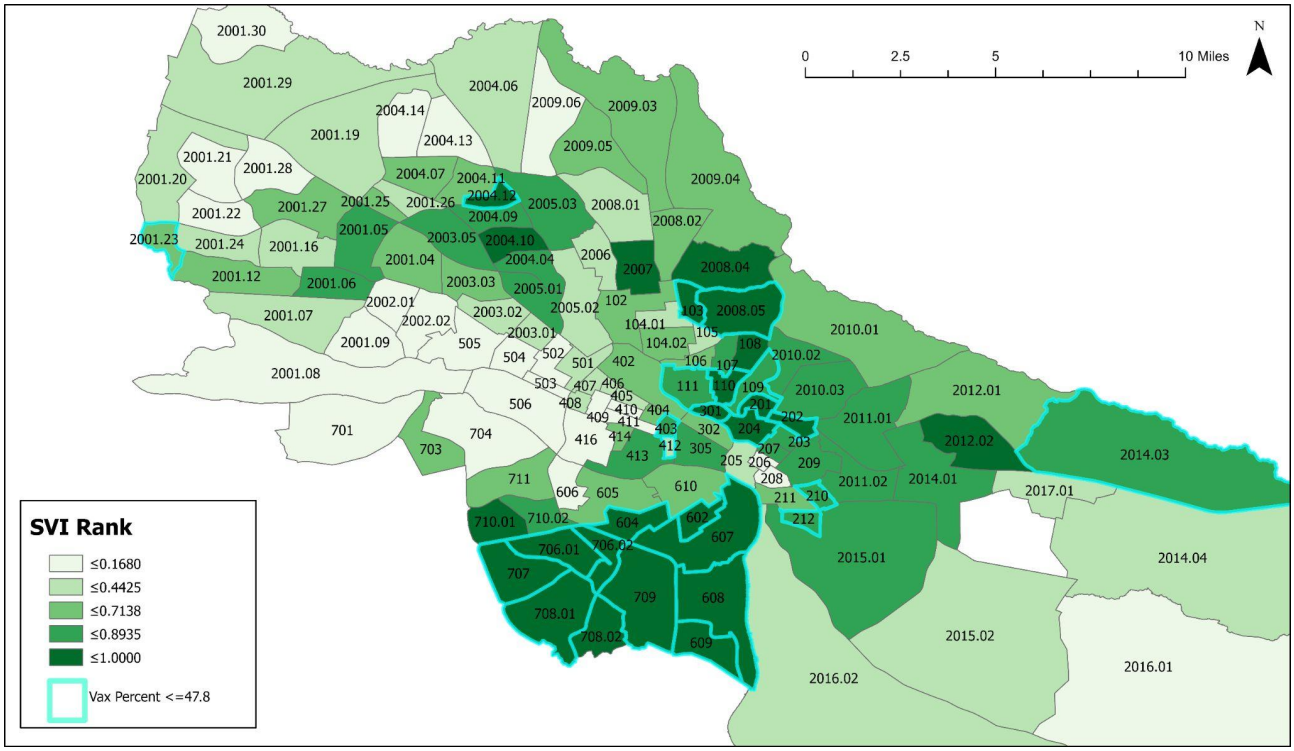
*Percentage of population receiving at least one dose

COVID-19 Case Rate per 100k & Low Vaccination Percentage Tracts
Richmond City, VA & Henrico County, VA (November 1st, 20211)



*Percentage of population receiving at least one dose

Social Vulnerability & Low Vaccination by Census Tract
Richmond City, VA & Henrico County, VA (November 1st, 2021)



*Percentage of population receiving at least one dose

- **Social vulnerability** is based on the CDC's Social Vulnerability Index, last updated in 2018.
- **COVID-19 vaccination percentages** reflect the percentage of the **Total Population** within each tract that has been vaccinated. Data are sourced from the Virginia Immunization Information System (VIIS).
- **COVID-19 case rates** reflect **Cumulative** cases per 100,000 census tract population and are sourced from the Virginia Electronic Disease Surveillance System (VEDSS).
- **Population estimates** are from the US Census 2019 ACS Community Survey 5-year estimates.
- SVI, vaccination percentage, and case rates are visualized on these maps using the **quantiles** classification method, dividing the range into 5 groups, each containing the same number of observations (census tracts).

5.0 Glossary

7-day average number of new daily cases
Recurrent average of the number of cases for each consecutive 7-day period regardless of data availability.

7-day total case rate per 100,000
Calculated by adding the number of new cases in the county (or other administrative level) in the last 7 days divided by the population in the county (or other administrative level) and multiplying by 100,000. **7-day total case rate per 100,000** is considered to have a transmission level of Low (0-9.99), Moderate (10.00-49.99), Substantial (50.00-99.99), or High (greater than or equal to 100.00).

Antigen
Antigens are molecules capable of stimulating an immune response. Antigen tests are commonly used in the diagnosis of respiratory pathogens such as the COVID virus.

Assisted living facilities
A housing facility designed for people with disabilities or adults who cannot/decide not to live independently

At least one dose
This metric includes everyone who has received only one dose [including those who received one dose of the single-shot Johnson and Johnson's Janssen COVID-19 vaccine] and those who received more than one dose.

Case rate
the number of cases per 100,000 people in the population. Calculation: ((Confirmed Cases + Probable Cases)/Population Estimate)*100,000

Community Transmission
Refers to when an individual is infected with the COVID in an area, including some who are not sure how or where they became infected. Community Transmission is low when less than 10 new cases per 100,000 persons in the past 7 days OR <5% of positive NAATs tests during the past 7 days. Nucleic Acid Amplification Test, or NAAT, is a type of viral diagnostic test for SARS-CoV-2, the virus that causes COVID-19

Confirmed Case
A confirmed case is an individual who had a confirmatory viral test performed by way of a throat swab, nose swab or saliva test and that specimen tested positive for SARS-CoV-2, which is the virus that causes COVID-19.

Congregate settings
A setting where a number of people reside, meet or gather in close proximity for a period of time. Examples include homeless shelters, prisons, detention centers, schools and workplaces.

Cumulative
Consisting of accumulated parts created by successive additions - In the context of this report “cumulative” refers to the total number of things (cases, vaccinations, deaths, ect) that have occured during the time frame referenced.

Fully Vaccinated
For the purposes of this report an individual is considered fully vaccinated after receiving two doses of either the Pfizer-BioNTech COVID-19 vaccine (COMIRNATY) or the Moderna COVID-19 vaccine, or after receiving one dose of the Janssen (Johnson & Johnson) COVID-19 vaccine.

High density workplaces
Workplace settings in which individuals are there for long time periods (e.g., for 8-12 hours per shift), and have prolonged close contact (within 6 feet for 15 minutes or more).

Hospitalizations
Number of confirmed & pending COVID-19 patients receiving inpatient hospital care or utilizing an inpatient hospital bed (e.g., observation status) AND being treated for COVID-19 related complications. This metric is not cumulative; only report current counts at the time the user updates VHASS. This metric excludes confirmed inpatients in the hospital for primary reasons other than COVID complications.

ICU hospitalizations
Number of confirmed & pending COVID-19 patients receiving inpatient hospital care and are utilizing an Intensive Care Unit (Adult CC) bed for treatment related to COVID-19 complications. This metric is not cumulative; only report current counts at the time the user updates VHASS. This metric excludes confirmed inpatients in the hospital for primary reasons other than COVID complications.

Independent living facilities
Housing arrangements and communities for older adults that range from apartment-style communities to housing co-ops. It is designed for seniors who can still live independently

Locality
A community in which people live. The Commonwealth of Virginia is divided into 95 counties, along with 38 independent cities that are considered county-equivalents for census purposes. For the purpose of this report, the term “Locality” is used to refer to one of these 133 independent communities. The boundaries of the Richmond City Health Department and Henrico Health Department closely align with the boundaries of the Richmond City and Henrico County localities, but that is not the case with many other health districts across the state.

Long-term care facilities
Housing facilities for people with disabilities or for adults who cannot or who choose not to live independently.

NCHS
The National Center for Health Statistics who releases bridged-race population estimates of the resident population of the United States for use in calculating the Nation's official vital statistics

PCR
PCR stands for polymerase chain reaction. The test isolates genetic material from a patient sample and duplicates it many times, allowing for the presence of Covid-19 genetic material to be detected if present. The PCR test is the strongest and most reliable Covid-19 test currently available.

Percent positivity
For each event is calculated by dividing the number of tests yielding a 'Detected' result by the summed number of 'Detected' and 'Not Detected' results, and then multiplying this number by 100 to get a percent.

Population Estimate
Unless otherwise stated, population totals are based on 2019 data from the National Center for Health Statistics (NCHS). Please note- this is a change from some previous reports which used aggregated Census data regarding population by age group.

Probable Case
A probable case is an individual who has not had a confirmatory test performed but has: a positive antigen test, or clinical criteria of infection and is at high risk for COVID-19 infection (e.g. healthcare worker)

Provider Category
Health Department, Pharmacy, Health System, Community Provider, Safety Net, Other Locality

Race/Ethnicity
Prioritizes Hispanic Ethnicity over Patient stated Race, consolidates into groups: Hispanic, Asian & Pacific Islanders, White, Black, Native American & Unreported

Resident
Person(s) who self indicate, through census enumeration, medical documentation, or registration information that their primary residence is within the locality or health district referenced

Richmond catchment area
Hospital jurisdictions that serve the population of the greater Richmond metropolitan area: these include the hospital jurisdictions of Hanover, Henrico, Chesterfield, and Richmond City.

Sara Alert
Virginia based voluntary contact monitoring platform; individuals can update local health departments on their health status during the period of time they are participating in public health monitoring. The Sara Alert system is secure and always contacts users from the same phone number or email: 844-957-2721 or notifications@saraalert.org.

Social Vulnerability
The potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. More information on the CDC's Social Vulnerability Index can be found at https://svi.cdc.gov/

Spread
COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. These droplets and particles can be breathed in by other people or land on their eyes, noses, or mouth. In some circumstances, they may contaminate surfaces they touch. People who are closer than 6 feet from the infected person are most likely to get infected.

Suspect Case
Meets supportive laboratory evidence, with no prior history of being a confirmed or probable case.
For suspect cases, jurisdictions may opt to place them in a registry for other epidemiological analyses or investigate to determine probable or confirmed status.

Tested Count
Represents all individuals who received a 'Detected', 'Not Detected', or 'Inconclusive' result (Records from individuals who registered for an event but who were not tested were removed prior to this analysis).

Testing Encounter
Instance where COVID-19 test is administered to a person in the community via a known provider.

Vaccination Percentage
The number of individuals vaccinated divided by estimated population of a referenced community, locality or health district - Whether "Vaccinated" refers to "Fully vaccinated" or "At least one dose" should be clarified in the specific metric.

VEDSS
Virginia Electronic Disease Surveillance System (VEDSS) is the primary data system used by the Virginia Department of Health (VDH) for disease surveillance. VEDSS is used to track COVID-19 cases and laboratory reports.

Ventilator utilizations
The number of Ventilators currently in use to treat patients diagnosed with Covid-19 amongst hospitals within the Richmond Catchment Area.

VHASS
The Virginia Healthcare Alerting and Status System (VHASS) is the data system used to collect information on hospital status, resources, and critical care capabilities. VHASS helps in the distribution of critical emergency management information needed by Virginia hospitals and healthcare providers.

VIIS
The Virginia Immunization Information System (VIIS) is Virginia's statewide immunization registry that contains immunization data of persons of all ages.

ZCTA
ZIP Code Tabulation Areas (ZCTAs) are generalized areal representations of United States Postal Service (USPS) ZIP Code service areas.