

WEEKLY COVID-19 REPORT FOR EXTERNAL USE

WEEK OF: MONDAY, NOVEMBER 29, 2021

KEY TAKEAWAYS	1
1.0 COVID-19 SNAP SHOT	4
1.1 Total Tests & Percent Positivity by Modality in Richmond and Henrico	4
1.2 Confirmed Cases, Hospitalizations, Fatalities, & Probable Cases by County	4
1.3 Current COVID-19 Richmond Catchment Area Hospitalizations	5
2.0 COVID-19 CASES	6
2.1 Summary of Cases	6
2.2 Case Reporting Trends by Date	6
2.3 Cases by Age Group by County	8
2.4 Cases & Population Proportions by Race & Ethnicity by County	10
3.0 Hospitalizations & Fatalities	11
3.1 Summary of Hospitalizations & Fatalities	11
3.2 COVID-19 Hospitalization, ICU, & Ventilator Utilization (VHASS)	11
4.0 VACCINATION	12
4.1 Vaccine Summary	12
4.2 Percentage of Vaccination Goals Reached by Population	12
4.3 Vaccinations by Locality as of November 29, 2021	13
4.4 Vaccine Distribution by Age Group over Time	13
4.5 Vaccine Distribution by Race/Ethnicity over Time	15
4.6 Vaccine Distribution Maps	17
Vaccination Percentage by Census Tract	17
COVID-19 Case Rate per 100k & Low Vaccination Percentage Tracts	18
Social Vulnerability & Low Vaccination by Census Tract	19
5.0 Glossary	20

KEY TAKEAWAYS

Cases

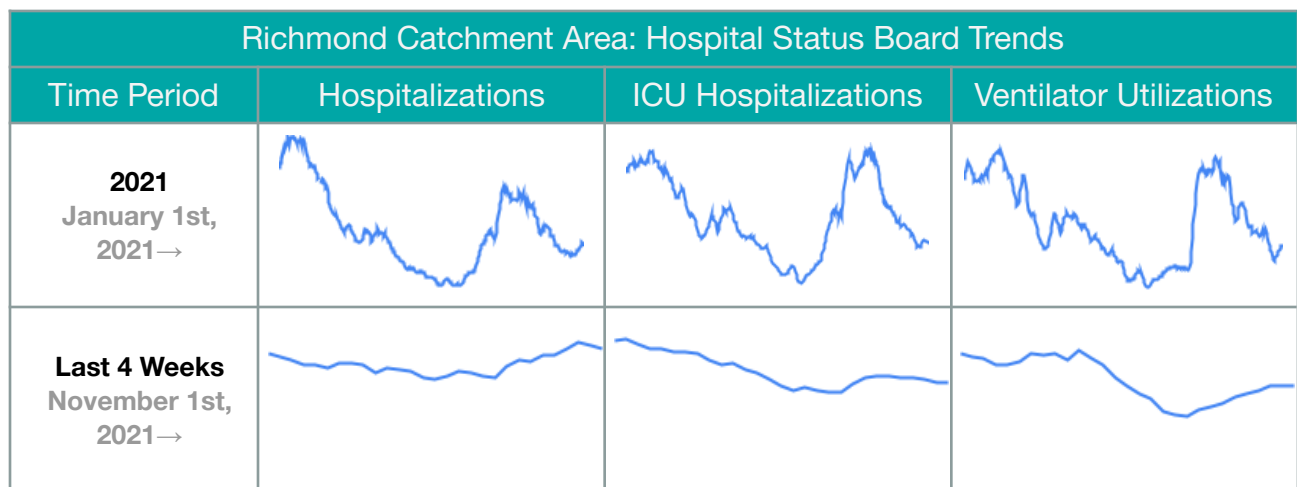
Cases in Richmond have **plateaued** over the past month, but appear to be **increasing** in Henrico. In Richmond City, the level of community transmission is still considered **High** according to the [CDC Covid Data Tracker](#), while in Henrico County the rating has been upgraded from **Substantial** to **High**.

7-day total case rate per 100,00		
District	This Week	Last Week
Henrico	121.52	97.03
Richmond	109.79	104.15

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

HOSPITALIZATIONS & FATALITIES

Among Richmond City and Henrico residents, **hospitalizations** based on confirmed dates of admission have continued to fluctuate following an uptick during the weeks of October 12 and October 19 and October 19 to October 25. During the week of October 19, 10 **new hospitalizations** were observed in Richmond and **9 new hospitalizations** were observed in Henrico. **Fatalities** peaked during the week of September 7 in Richmond, and the week of September 14 in Henrico, with **14 fatalities** reported in each of the districts. In Richmond, a recent uptick can be noted during the week of November 2. **Data related to hospitalizations and deaths are subject to sizable amounts of lag.**



- **10 out of 11 hospitals in the Richmond Catchment Area are operating at a 'Normal' clinical status, while 1 is operating at "full" status.*

VACCINATIONS

In Richmond City and Henrico County Health Districts, anyone aged 5 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	Booster
Richmond City & Henrico County	65.0%	57.9%	14.9%
Region	66.0%	59.0%	15.2%

Vaccination Demographic Trends		
Demographic	Richmond City	Henrico County
Age Groups	65+	30+ 12-17
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. 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 29, 2021.

	RICHMOND CITY		HENRICO COUNTY	
	Tests	Positivity	Tests	Positivity
PCR*	342,108	4.8%	528,853	6.0%
Antigen	91,103	3.8%	179,926	6.2%
Total (PCR, antigen, and antibody)	438,549	4.8%	720,100	6.3%

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

CASE STATUS	RICHMOND CITY	HENRICO COUNTY	VIRGINIA
New cases this week (November 29)	256	429	9639
All cases	25016	35843	967209
Confirmed cases	19476	25011	713744
Hospitalizations	942	1209	37320
Deaths	322	653	12327
Probable cases	5540	10832	253465
Hospitalizations	24	54	2331
Deaths	49	81	2357
Case rate per 100,000	10855.9	10834.7	11331.6

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	137	102
Pending Hospitalizations	10	
Confirmed - ICU	31	37
Pending - ICU	0	
Confirmed - Ventilators	15	304
Pending - Ventilators	0	

Within the 11 hospitals that comprise the Richmond catchment area, there are currently 102 total available hospital beds, 37 available adult ICU beds, and 304 available ventilators. Based on the VHASS hospital dashboard on November 29 , 2021, 10 hospitals in the Richmond Catchment area are operating at normal clinical status. Parham Doctors' Hospital is 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

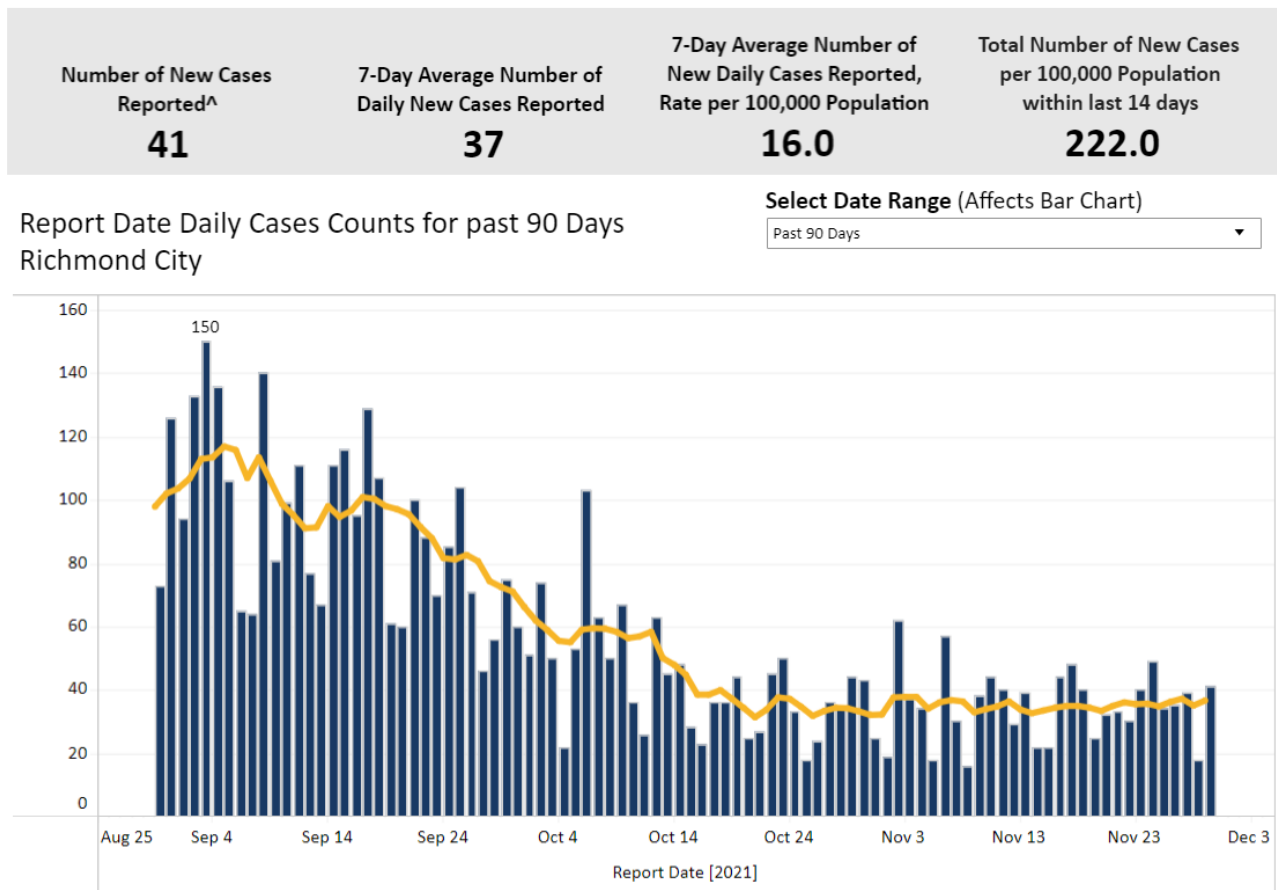
2.1 Summary of Cases

Cases in both districts had begun to **level** in recent weeks but **increases** can be seen in the last two weeks in Henrico. There is a **7-day total case rate** of **109.79** new cases per 100,000 population in Richmond and **121.52** new cases per 100,000 population in Henrico. In Richmond City the level of community transmission is still considered **High** according to the [CDC Covid Data Tracker](#), **but** in Henrico County the rating has been lowered to **Substantial**.

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 Richmond is still among Black individuals. In Henrico, cases are highest both cumulatively and over the last four weeks among White individuals. 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](#)



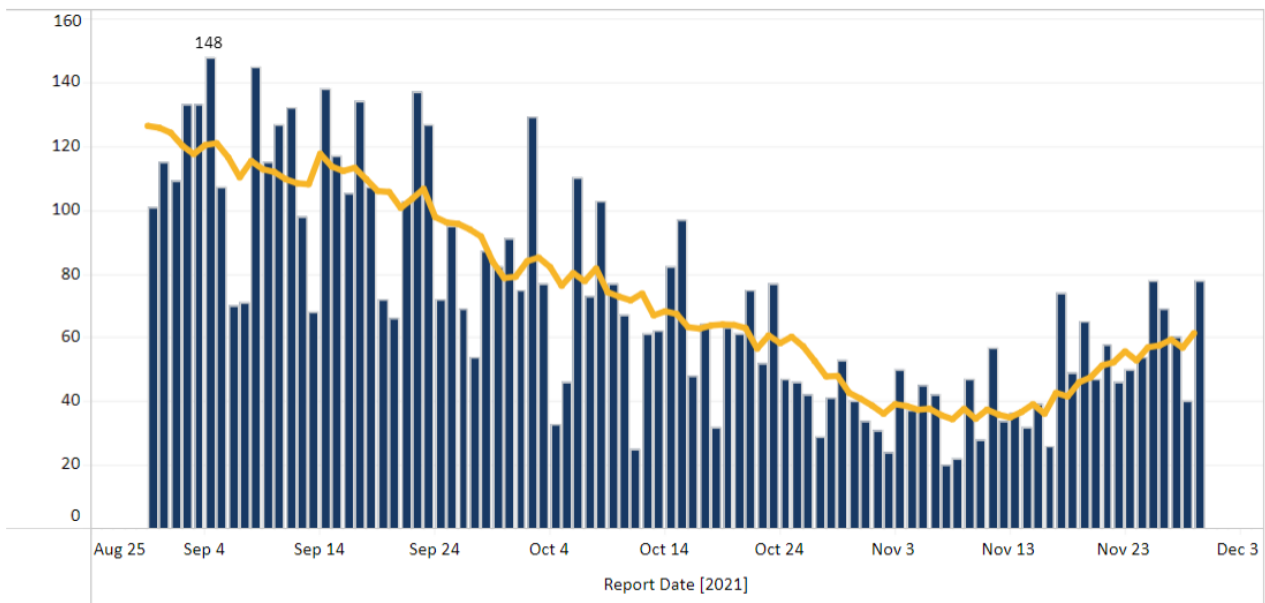
- Amidst some notable fluctuations, cases in Richmond City generally decreased from late August through late October. During the month of November, daily new cases showed mild upticks and a plateauing trendline. All data is subject to lags in reporting.

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
78	61	18.6	241.1

Report Date Daily Cases Counts for past 90 Days
Henrico

Select Date Range (Affects Bar Chart)

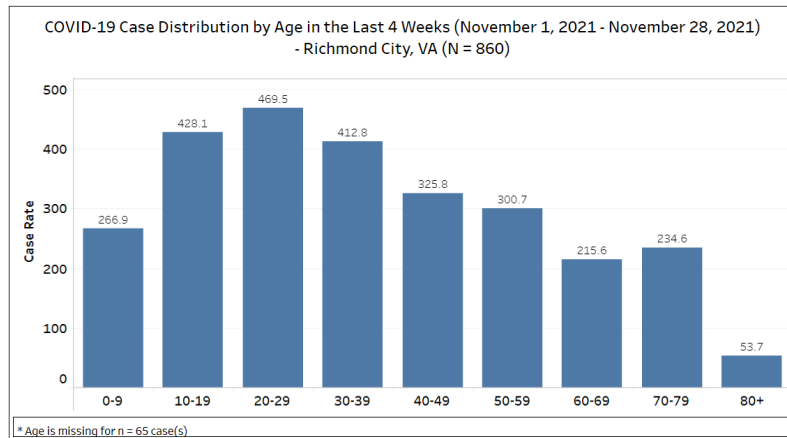
Past 90 Days



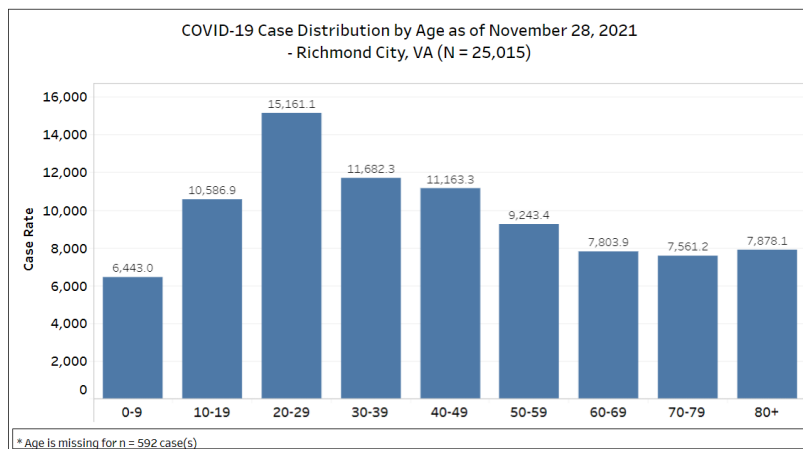
- From late August through the first few weeks of November, daily new cases generally decreased. During the month of November, the trend in daily new cases experienced a gradual increase. All data is subject to lags in reporting.

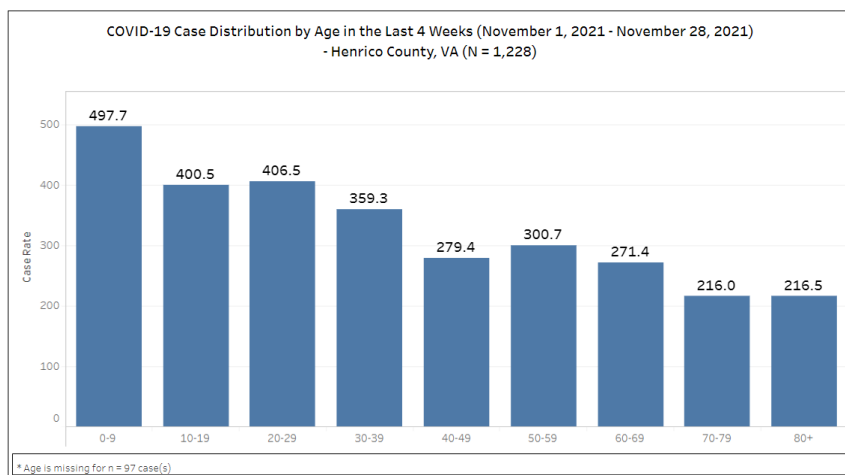
2.3 Cases by Age Group by County

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.



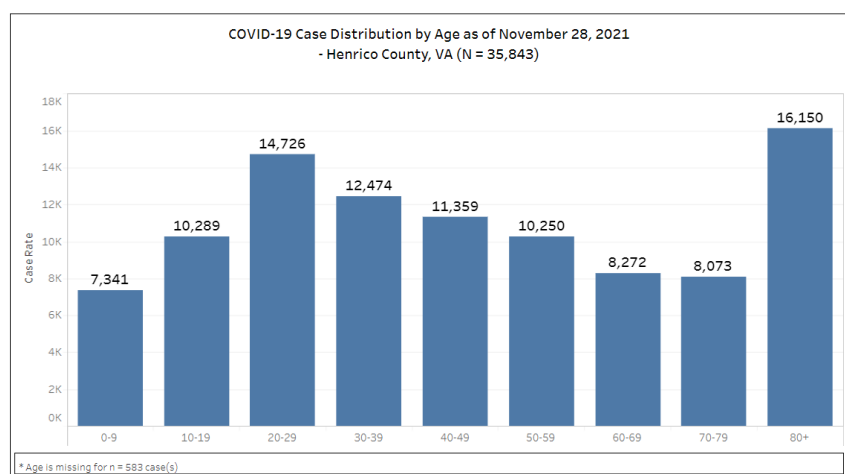
- In Richmond City, individuals aged 20-29 have the highest case rates in the last four weeks, closely followed by individuals aged 10-19 and 30-39. Individuals aged 20-29 have the highest case rate cumulatively.
- Case burdens for individuals 50 and over are notably down in the last four weeks compared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





- In Henrico, individuals aged 0-9 have the highest case rates in the last four weeks, followed by individuals aged 20-29. Individuals aged 80+ the highest case rate cumulatively followed by those 20-29.

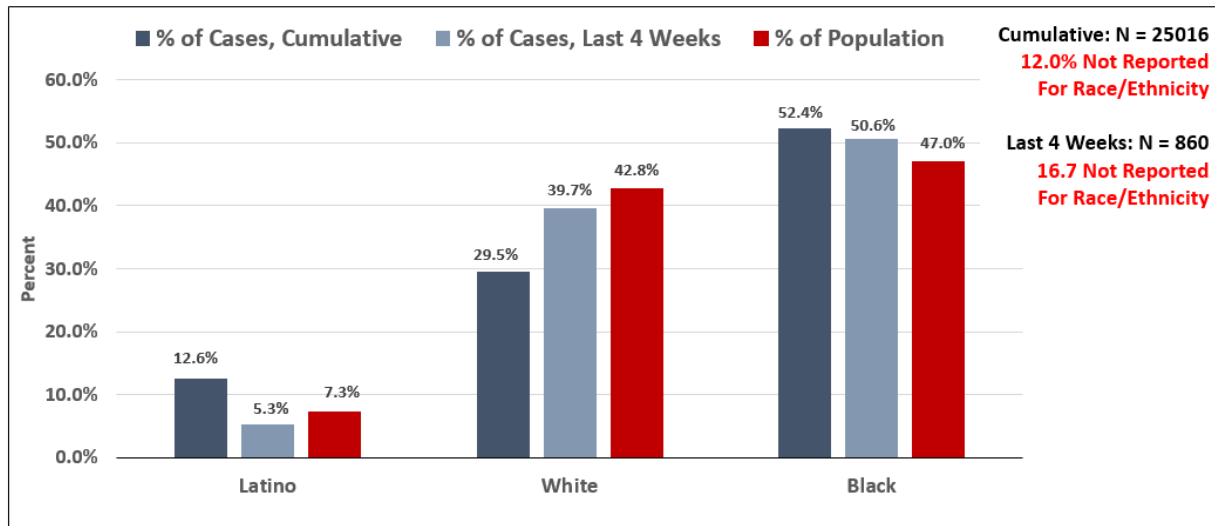
- Case burdens for individuals 50 and over are notably down in the last four weeks compared to cumulatively.



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 (November 1, 2021 – November 28, 2021)- and Cumulatively through November 28, 2021 Richmond City, VA



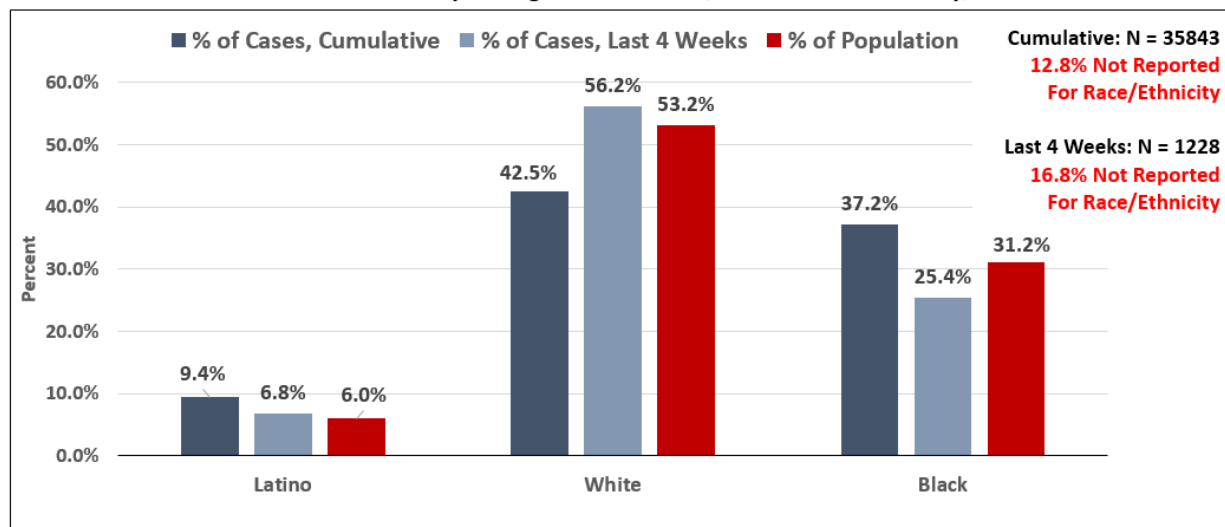
* NCHS population estimates are not available for Two or More Races (235 total cases) or Other Race (394 total cases) and thus they are absent from the plots.

* 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 (50.6%) is disproportionately high relative to their population percentage (47%), while the case burden for White individuals is disproportionately low (39.7%) relative to their population percentage (42.8%).

COVID-19 Case Distribution by Race and Ethnicity in the Last 4 Weeks (November 1, 2021 – November 28, 2021)- and Cumulatively through November 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 (25.4%) is lower than their respective proportion of the population (31.2%). In the last four weeks case burdens for White individuals (56.2%) are relatively high compared to their proportion of the population (53.2%).

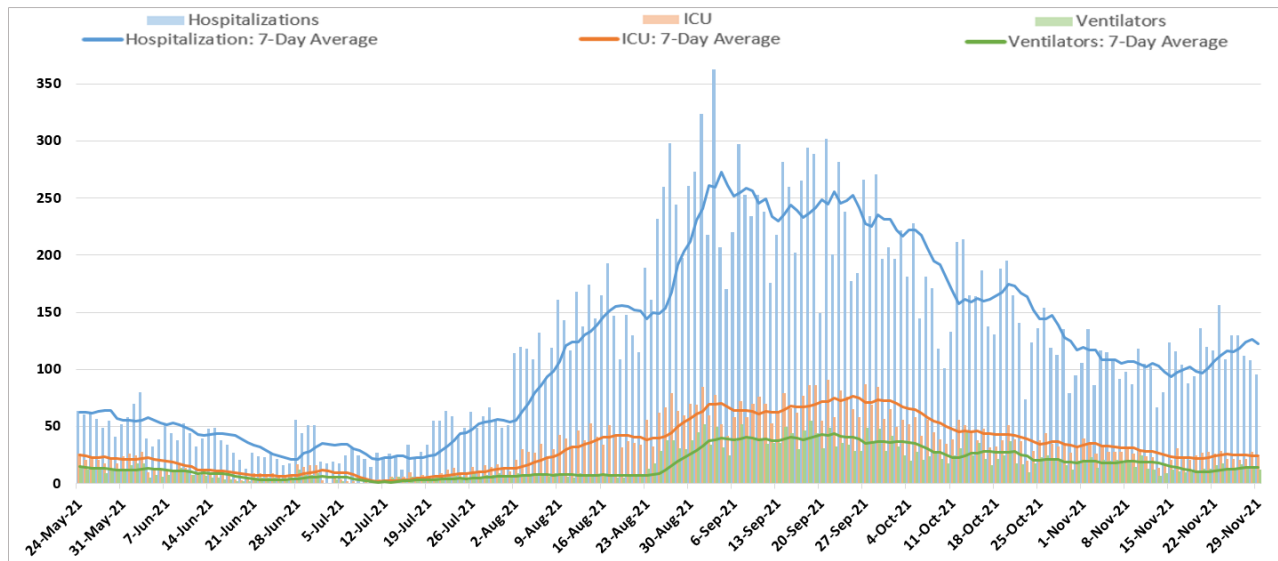
3.0 Hospitalizations & Fatalities

3.1 Summary of Hospitalizations & Fatalities

Among Richmond City and Henrico residents, **hospitalizations** based on confirmed dates of admission have continued to fluctuate following an uptick during late October. During the week of November 23 and 29, 1 **new hospitalization** was observed in Richmond and **0 new hospitalizations** were observed in Henrico. **Fatalities** peaked during the week of September 7 in Richmond, and the week of September 14 in Henrico, with **14 fatalities** reported in each of the districts. In Richmond, a recent uptick can be noted during the week of November 2. **Data related to hospitalizations and deaths are subject to sizable amounts of lag.**

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

Total Daily COVID-19 Hospitalizations, ICU Hospitalizations, and Ventilator Utilizations
May 24, 2021 – November 29, 2021
Richmond Catchment Area



*Counts Displayed in Above Metric - Hospitalizations: 23,001 of 97,343; ICU Hospitalizations: 6,215 of 24,186; Ventilator Utilizations: 3,251 of 13,215

- Hospitalizations, ICU Hospitalizations, and Ventilator Utilizations in the Richmond Catchment area overall have decreased with some fluctuations from late September through the first half of November. After plateauing in early November, hospitalizations have seen a recent uptick. All data is subject to lags in reporting.

4.0 VACCINATION

4.1 Vaccine Summary

In Richmond City and Henrico County Health Districts, anyone aged 5 or older is eligible to receive a vaccine. As of November 29, 66.0% of the region's population has received at least one dose of the vaccine. 59.0% of the region's population has been fully vaccinated and 15.2% had received a booster. Approximately 65.0% of the combined Richmond City and Henrico County population has received at least one dose and 57.9% of the two districts' combined population has been fully vaccinated. Similar to the rest of the region, a growing number of 14.9% 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 12+ 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	5-11	15,198	2,621 (17.2%)	126 (0.8%)
	12-17	11,150	6,529 (58.6%)	5,640 (50.6%)
	18+	190,750	123,968 (65%)	112,347 (58.9%)
	65+	31,809	25,422 (79.9%)	23,495 (73.9%)
Henrico	5-11	28,406	6,505 (22.9%)	240 (0.8%)
	12-17	25,954	18,943 (73%)	16,983 (65.4%)
	18+	256,660	206,370 (80.4%)	189,692 (73.9%)
	65+	52,720	49,043 (93%)	45,562 (86.4%)

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 29, 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	237,057	210,584	54,005
	Colonial Heights	17,370	10,514	9,090	2,266
	Powhatan	29,652	17,047	15,462	4,129
Chickahominy	Charles City	6,963	4,528	4,205	985
	Goochland	23,753	17,690	16,412	4,793
	Hanover	107,766	75,176	68,766	16,900
	New Kent	23,091	14,222	13,109	3,639
Henrico	Henrico	330,818	231,818	206,915	53,463
Richmond	Richmond City	230,436	133,118	118,113	30,309
Total		1,122,651	741,170	662,656	170,489

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

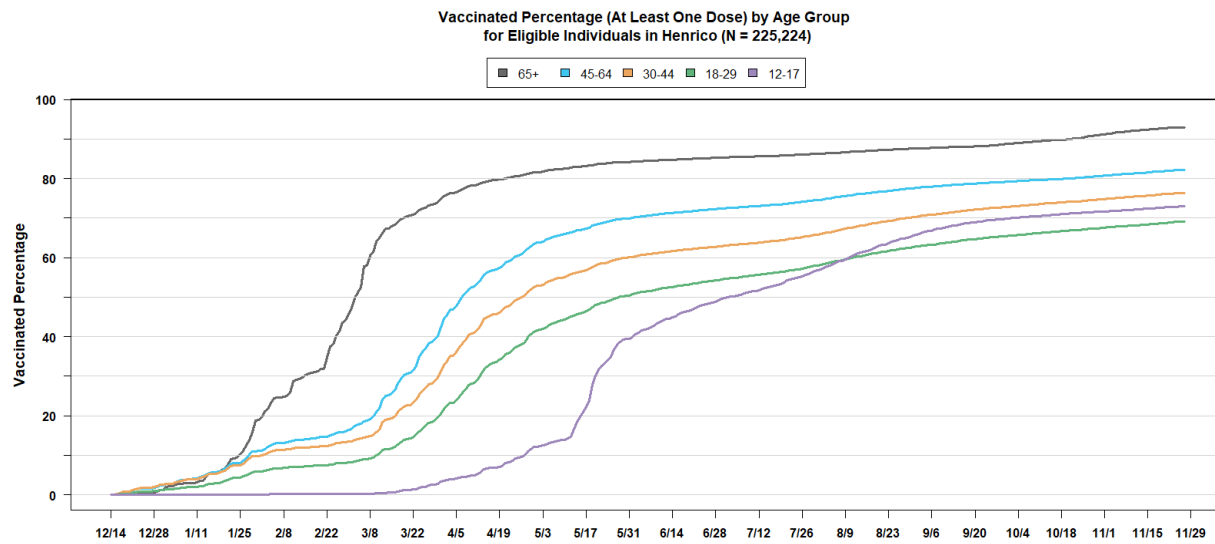
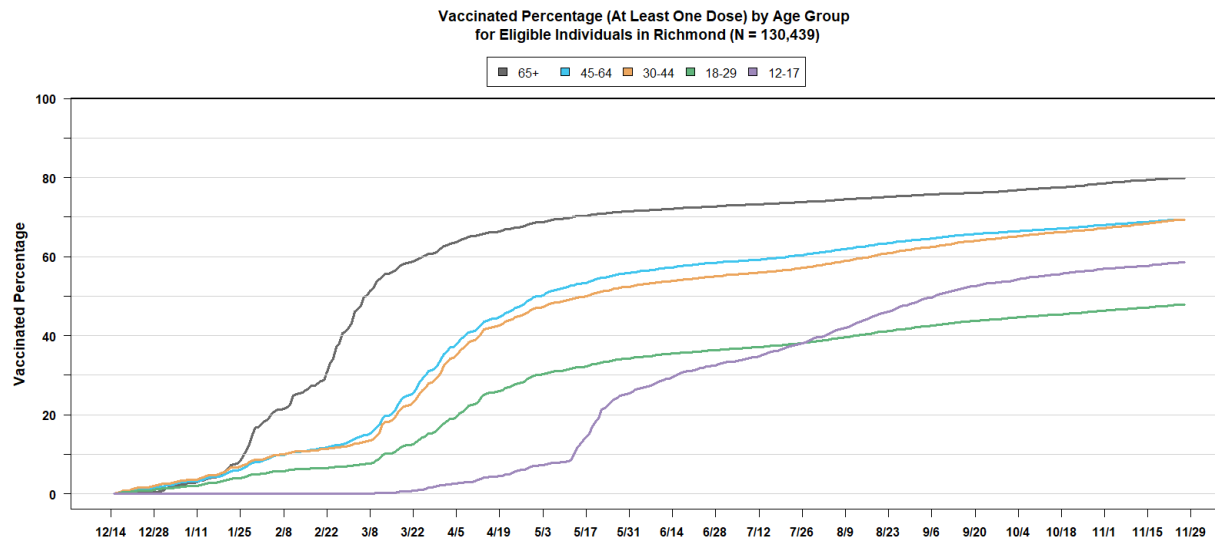
Adjustments have been made to the underlying calculations for this metric. As a result i) group and sub-group percentages may appear lower than they did in previous reports ii) figure totals (N) are now in alignment with the counts of individuals with at least one dose, as shown in section 5.3.

The following charts track vaccination percentage by age group over time since vaccinations first began in mid-December. **Note: These plots exclude individuals under 12, so the total vaccinations reported for each plot will not match the numbers reported in other sections.** The following charts track vaccination percentage by age group over time since vaccinations first began in mid-December. **Note: These plots exclude individuals under 12, so the total vaccinations reported for each plot will not match the numbers reported in other sections.**

- 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.

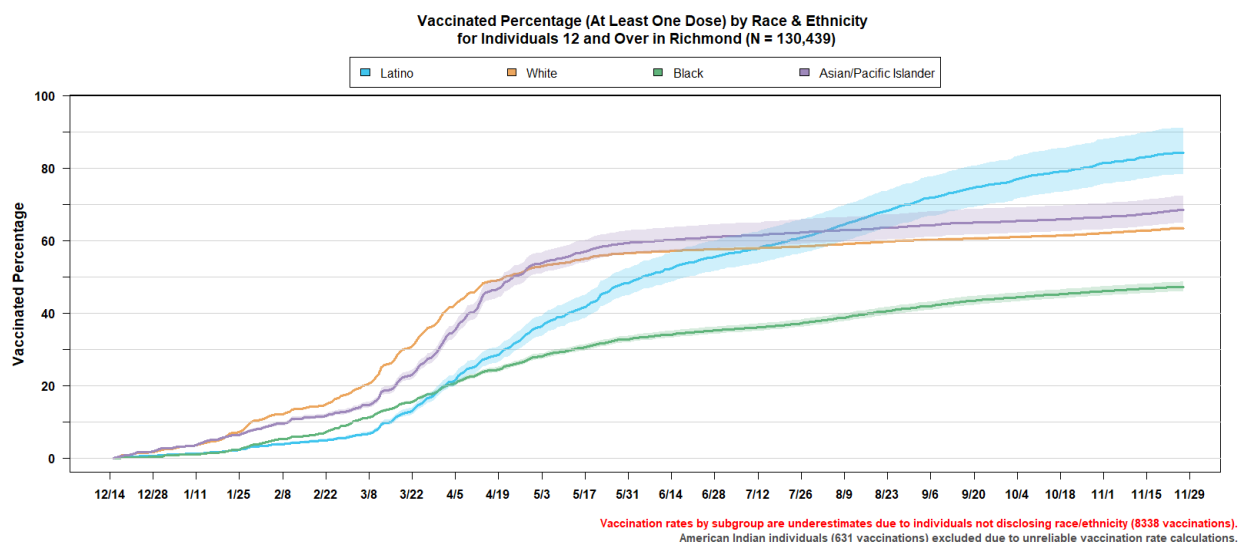


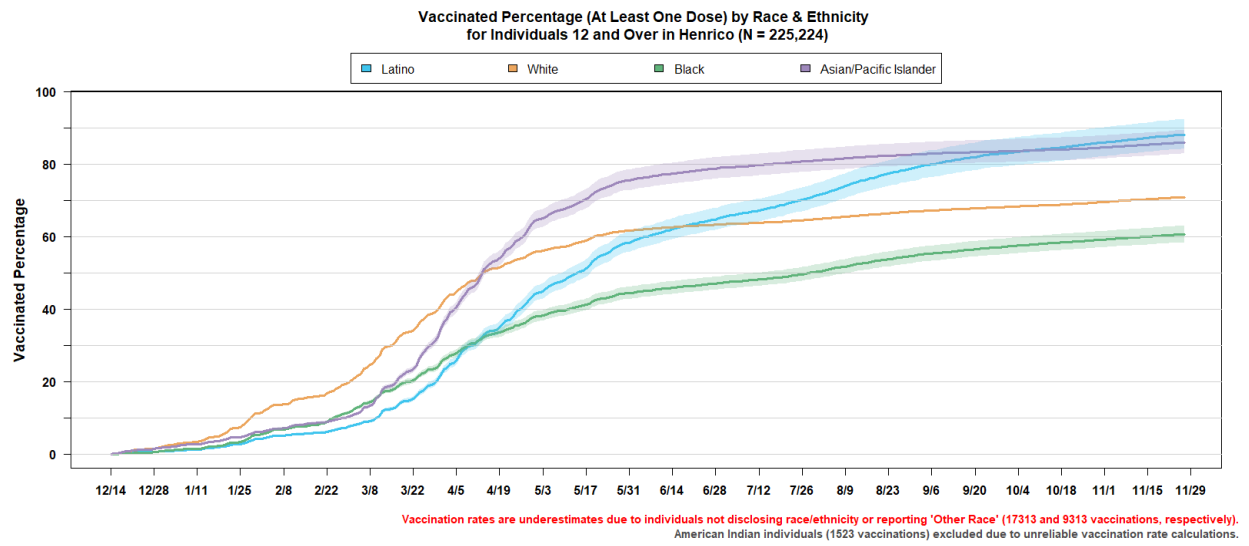
4.5 Vaccine Distribution by Race/Ethnicity over Time

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. **Note: These plots exclude individuals under 12, so the total vaccinations reported for each plot will not match the numbers reported in other sections.**

- 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 78% and 90%.
- In Henrico, Asian or Pacific Islander individuals and Latino individuals have reached vaccination percentages between 84% and 92%, while White individuals fall around 70% and Black individuals fall between 58% and 63%.
- 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.

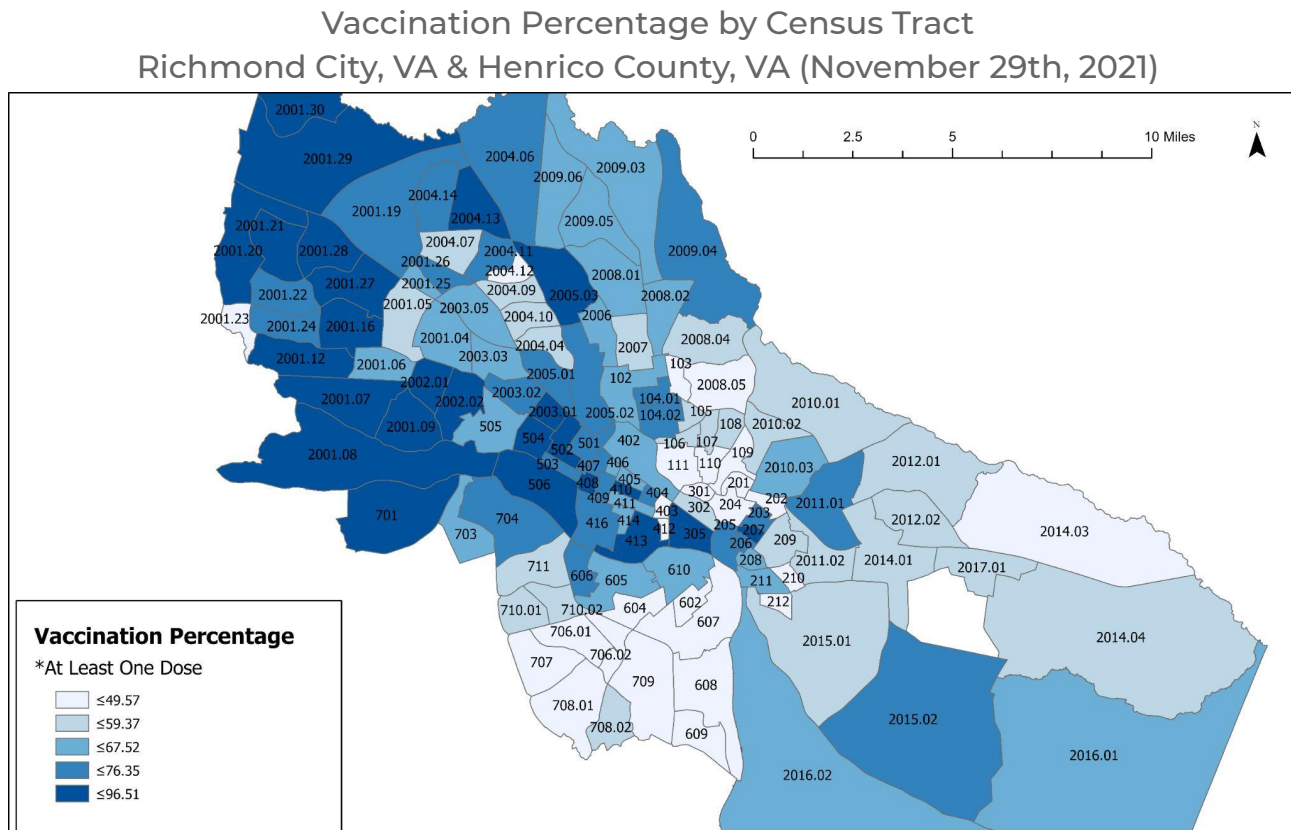




4.6 Vaccine Distribution Maps

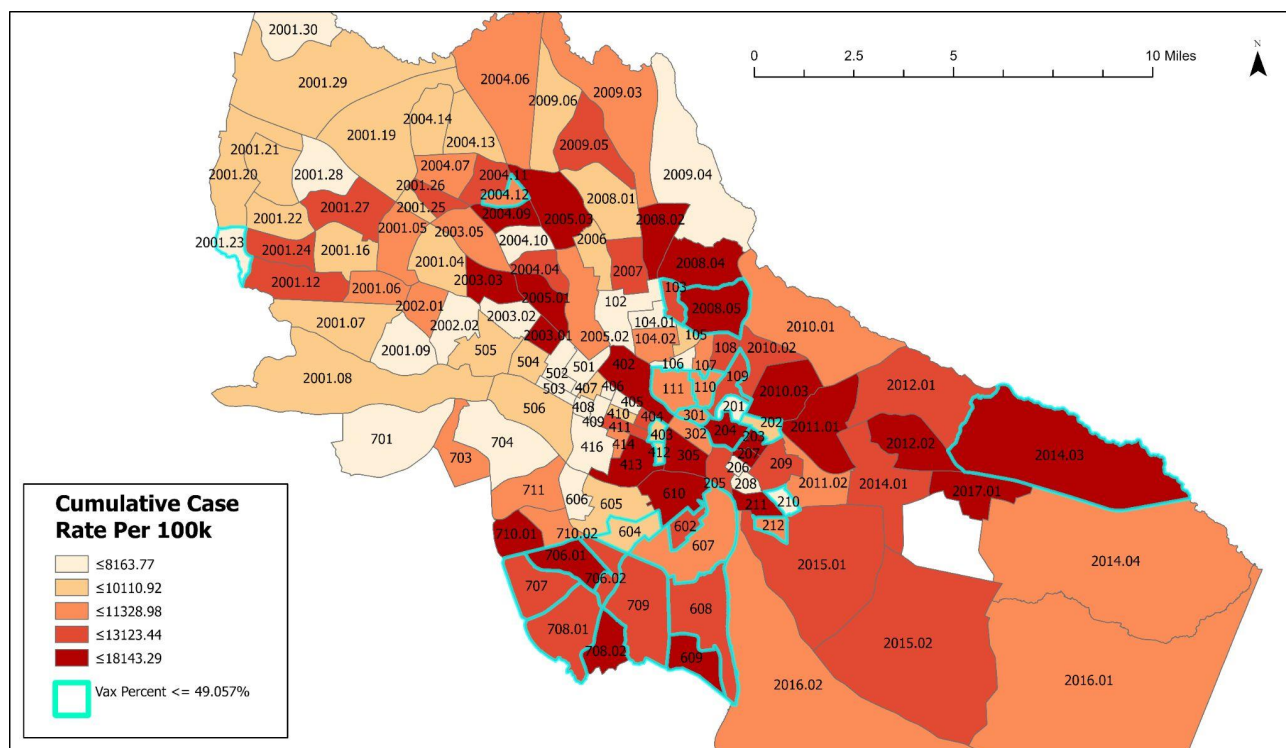
Below are maps that compare vaccination uptake percentage and COVID-19 burden by census tract. The data collected is consistent with statewide and national data trends; lower income communities of color tend to experience more severe outcomes of COVID-19, yet are disproportionately undervaccinated. RHHD 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.

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



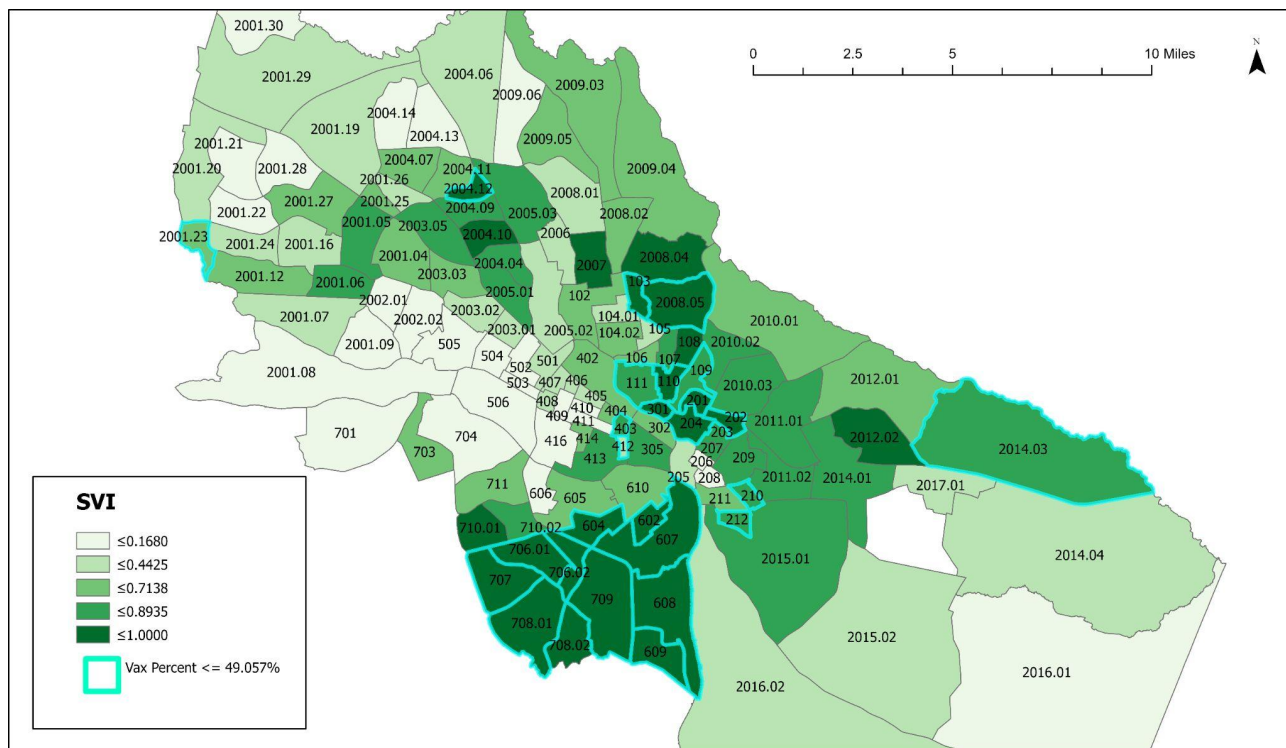
*Percentage of population receiving at least one dose

COVID-19 Case Rate per 100k & Low Vaccination Percentage Tracts Richmond City, VA & Henrico County, VA (November 29th, 2021)



*Percentage of population receiving at least one dose

Social Vulnerability & Low Vaccination by Census Tract
Richmond City, VA & Henrico County, VA (November 29th, 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: $((\text{Confirmed Cases} + \text{Probable Cases}) / \text{Population Estimate}) * 100,000$

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 occurred 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.