

NOVEMBER MONTHLY COVID REPORT FOR EXTERNAL USE

: OCTOBER 18TH, 2021 - DECEMBER 5TH, 2021

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Key Takeaways

Cases

Following decreases from September peaks, cases leveled in Richmond before a recent upward trend while they have increased over the month of November and early December in Henrico. Community transmission is considered **High** according to the [CDC Covid Data Tracker](#).

7-day total case rate per 100,00		
District	This Week	4 weeks ago
Henrico	167.77	78.9
Richmond	130.19	103.3

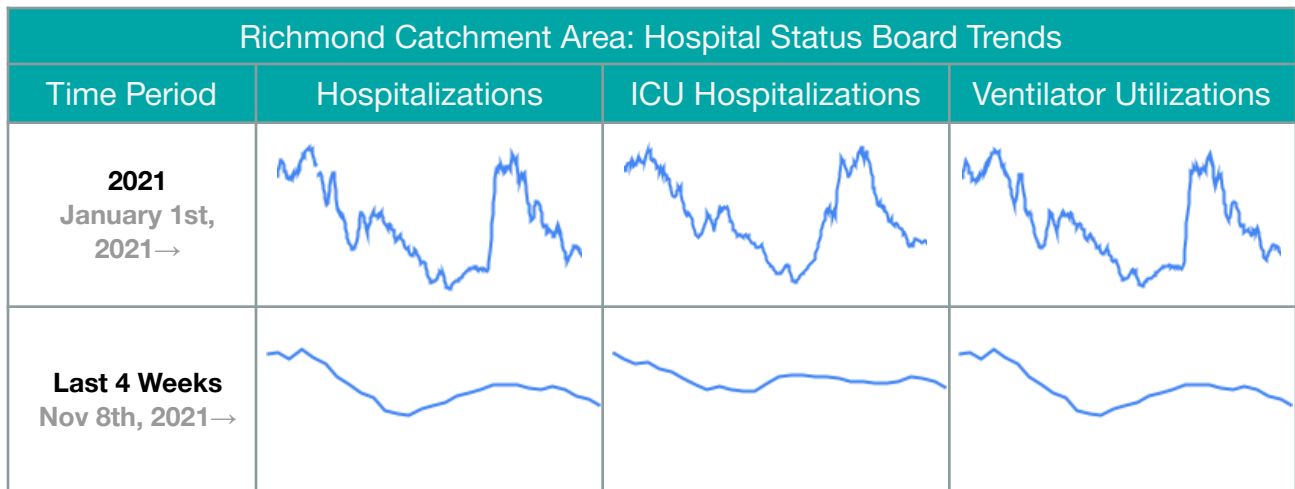
Richmond & Henrico		
Demographic	Cumulative Highest	Last 4 Weeks Highest
Age	20-29 Year Olds 80+	0-9 & 20-29 Year Olds
Sex	Female	Female
Race	Black	Black

Hospitalizations & Fatalities

Among Richmond City and Henrico residents, **hospitalizations** based on confirmed dates of admission have continued to fluctuate following an uptick during late September and October. During the week of November 23 and 29, less than 5 **new hospitalizations** were observed in Richmond and 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.** (based on VEDSS data, which is subject to lags in data reporting). See [VDH Dashboard](#) for additional trend data.

Cumulative Demographic Trends				
Demographic Measure	Hospitalizations		Fatalities	
	Richmond	Henrico	Richmond	Henrico
Median Age (range)	61 (0-98)	67 (0-104)	74 (3-98)	79 (18-106)
Sex	Female	Female	Male	Female
Race	Black	Black	Black	White



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

Vaccinations

Richmond and Henrico Health Districts are in Phase 2 of vaccination; anyone 5 or older is eligible to receive a vaccine. Health Department events/providers 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 & Henrico	65.0%	57.9%
Region	66.0%	59.0

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

In both Richmond and Henrico, older age groups have consistently had higher vaccination percentages than younger age groups. Vaccination percentages are still lowest among African Americans. The Vaccination Section includes an estimated breakdown of vaccination uptake by race and age subgroups.

1.0 COVID-19 SNAP SHOT

1.1 Total Tests and 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 is from the [VDH public dashboard](#) on December 6, 2021.

	Richmond		Henrico	
	Tests	Positivity	Tests	Positivity
PCR*	345,924	5.8%	535,441	7.4%
Antigen	92,896	5.4%	184,034	7.3%
Total (PCR, antigen, and antibody)	444,190	5.7%	730,837	7.6%

**All testing metrics included in previous reports have been based on PCR tests*

1.2 Confirmed & Probable Cases, Hospitalizations & Fatalities by County

CASE STATUS	RICHMOND CITY	HENRICO COUNTY	VIRGINIA
New cases this month	1904	2829	75173
New cases this week (December 6)	346	687	15846
All cases	25362	36530	983055
Confirmed cases	19696	25346	723503
Hospitalizations	947	1210	37669
Deaths	322	655	12400
Probable cases	5666	11184	259552
Hospitalizations	24	57	2371
Deaths	49	81	2371
Case rate per 100,000	11006.1	11042.3	11517.2

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.

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

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, & Richmond): 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	152	80
Pending Hospitalizations	12	
Confirmed - ICU	37	25
Pending - ICU	*	
Confirmed - Ventilators	154	273
Pending - Ventilators	*	

Within these 11 hospitals that comprise the Richmond catchment area, there are currently 80 total available hospital beds, 25 available adult ICU beds, and 273 available ventilators. Based on the VHASS hospital dashboard on December 7th, 2021, 9 hospitals in the Richmond Catchment area are operating at normal 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 TESTING ENCOUNTERS AND POSITIVITY

2.1 Testing Summary

PCR percent positivity in Richmond has increased to 5.8% from 4.3%, with the highest values found in zip codes 23223, 23226, and 23222. Percent positivity also increased in Henrico to 7.4% from 5.2%, with the highest values found in zip codes 23150. The number of PCR tests administered across providers has decreased in both Richmond and Henrico after recent highs in the previous three months but still remains higher than counts from May through July. Testing has increased in Richmond, particularly in 23226. Zip codes 23220 and 23219 in Richmond and 23230 in Henrico had the highest testing rate per ZCTA population, consistent with the last 6 months.

2.2 Number of PCR Tests

The counts below are based on the total number of testing encounters provided by the Virginia Department of Health for Richmond and Henrico. **It is important to note that the number of testing encounters is different from the number of people tested, as some individuals may be tested more than once.**

MONTH	TOTAL PCR TESTS/MONTH	
	Richmond	Henrico
November 2021	19427	20875
October 2021	23026	24555
September 2021	24874	28596
August 2021	22384	24945
July 2021	11206	13790
June 2021	9371	12128
May 2021	11890	13960
April 2021	16945	20134

The testing date was not reported for 483 PCR testing encounters in Richmond and not reported for 909 PCR testing encounters in Henrico, inclusive of all PCR tests since January 2020.

3.0 COVID-19 CASES

3.1 Summary of Cases

After recent peaks in September, case counts decreased over the month of October in both districts, at which point cases in Richmond appear to have plateaued with a recent uptick while cases in Henrico appear to have increased through November and early December. In Richmond, the current 7-day total case rate is 130.19 new cases per 100,000 population, while in Henrico the 7-day total case rate is currently 167.77 new cases per 100,000 population. Additionally, in both Richmond and Henrico, the level of community transmission is considered **High** according to the [CDC Covid Data Tracker](#).

Female individuals in both Richmond and Henrico comprise a higher proportion of cases compared to male individuals, both in the last month and cumulatively.

In Richmond, 20-29 year olds have the highest case rate by age group both overall and in the last four weeks, followed closely by 30-39 year olds in the last four weeks. Meanwhile, in Henrico, individuals over the age of 80 years show the highest cumulative case rate, whereas over the past four weeks, the highest case rates can be observed in individuals aged 0-9, followed by individuals aged 20-29.

Regarding race and ethnicity, in Richmond, the highest proportion of cases is still among Black individuals cumulatively, but in the last 4 weeks, White individuals comprise a majority of cases and also disproportionately far more cases than their population percentage. In Henrico, cumulatively and in the last four weeks, White individuals comprise the highest case burden, but the case burden in the last four weeks is more commensurate with their population percentage. Sections 3.6 and 3.7 show weekly trends in cases by age group and race and ethnicity, respectively.

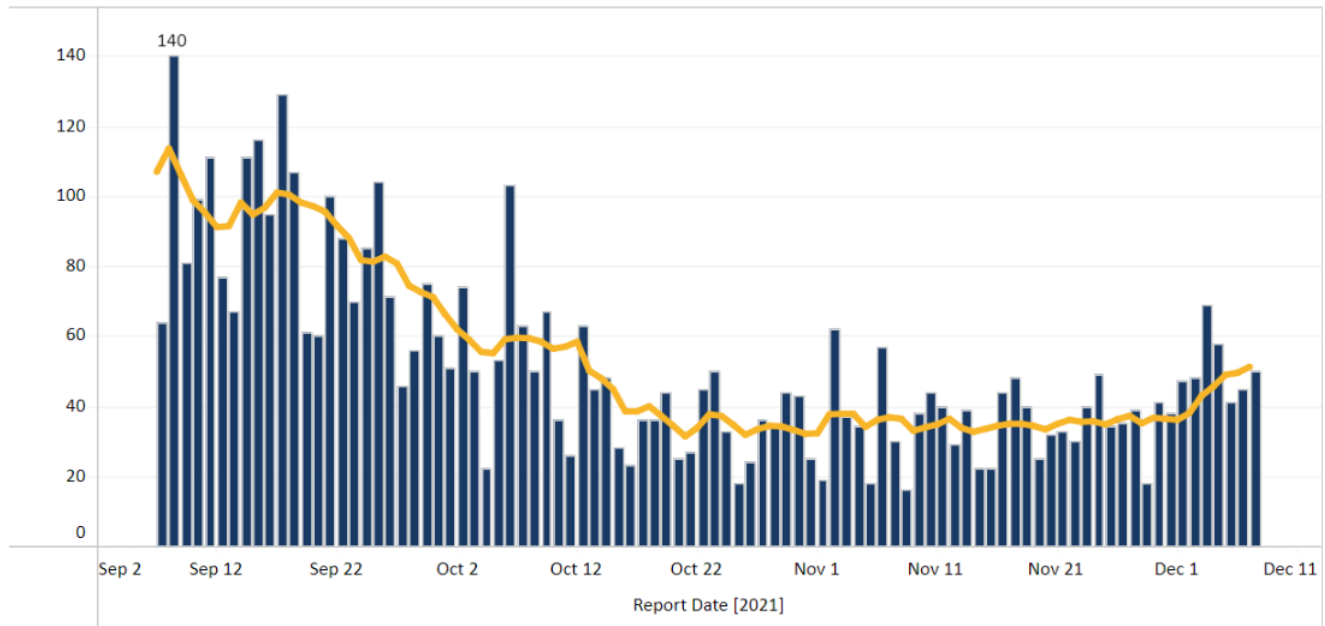
3.2 Case Reports Trends By Date (Source-VDH Website)

Number of New Cases Reported [^]	7-Day Average Number of Daily New Cases Reported	New Daily Cases Reported, Rate per 100,000 Population	per 100,000 Population within last 14 days
50	51	22.4	267.5

Report Date Daily Cases Counts for past 90 Days
Richmond City

Select Date Range (Affects Bar Chart)

Past 90 Days



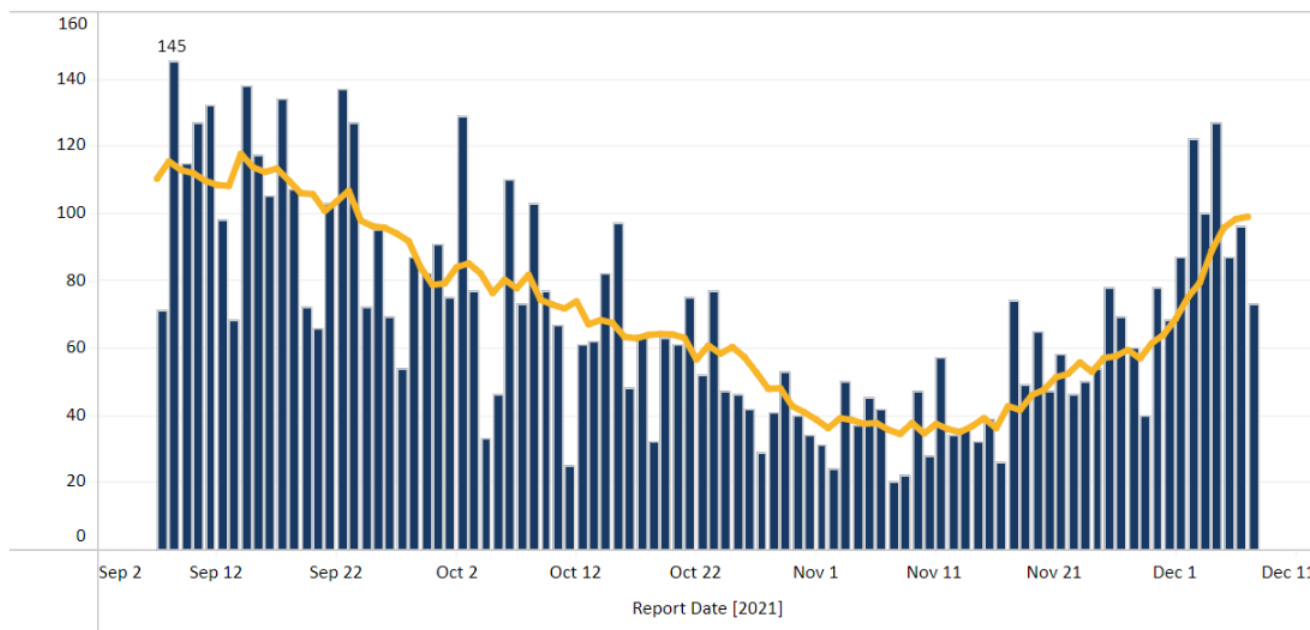
- In Richmond, from September through late November, daily new cases generally decreased.
- The number of daily new cases reported from late September to November generally plateaued, with some fluctuations.
- All data is subject to lags in reporting.

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
73	99	30.0	345.9

Report Date Daily Cases Counts for past 90 Days
Henrico

Select Date Range (Affects Bar Chart)

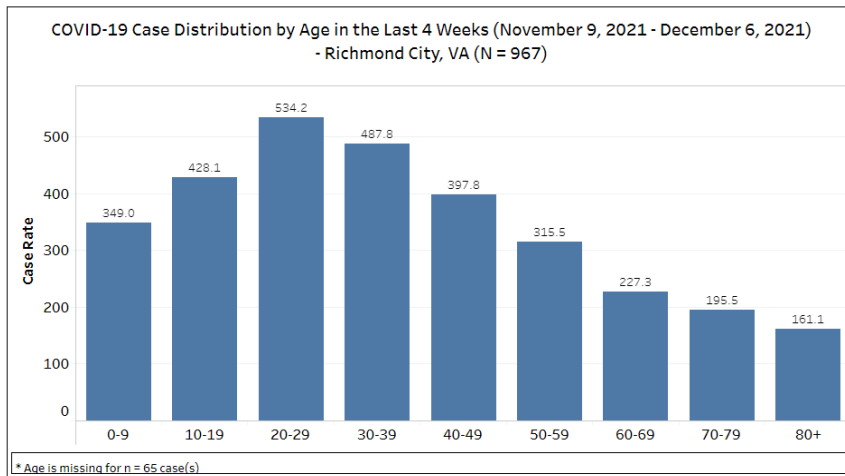
Past 90 Days



- 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 early September, daily new cases generally increased. Starting in mid September, cases began to decrease and then during the month of October cases continued to decrease/plateau. For the month of November and into December, case numbers began to increase.
- All data is subject to lags in reporting.

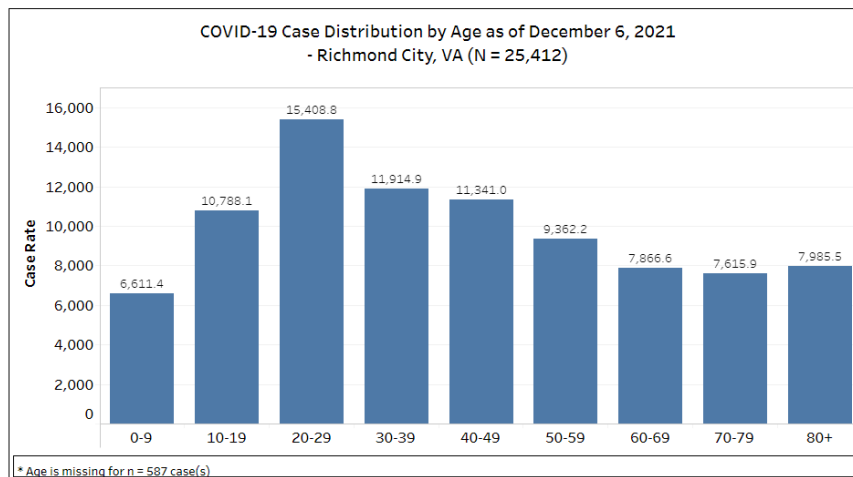
3.3 Cases by Age Group by County

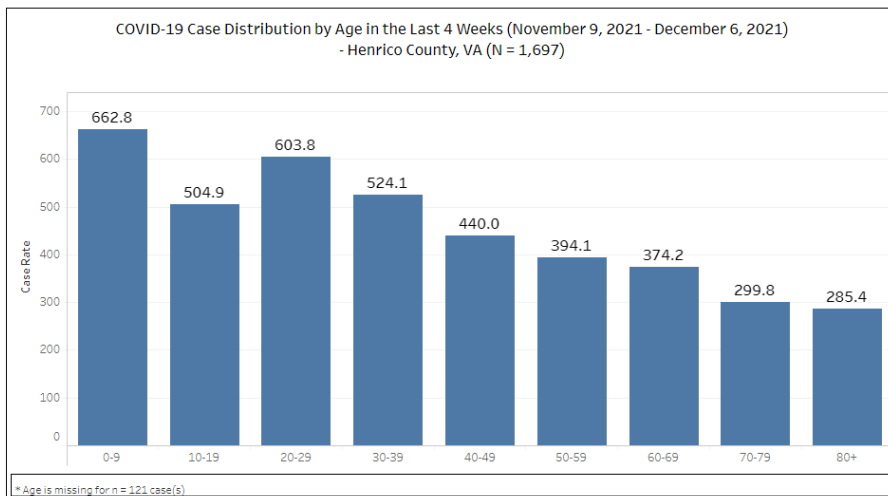
Population totals are based on 2019 data from the National Center for Health Statistics (NCHS).



In Richmond City, individuals aged 20-29 have the highest case rates in the last four weeks, followed by individuals aged 30-39. Individuals aged 20-29 have the highest case rate cumulatively.

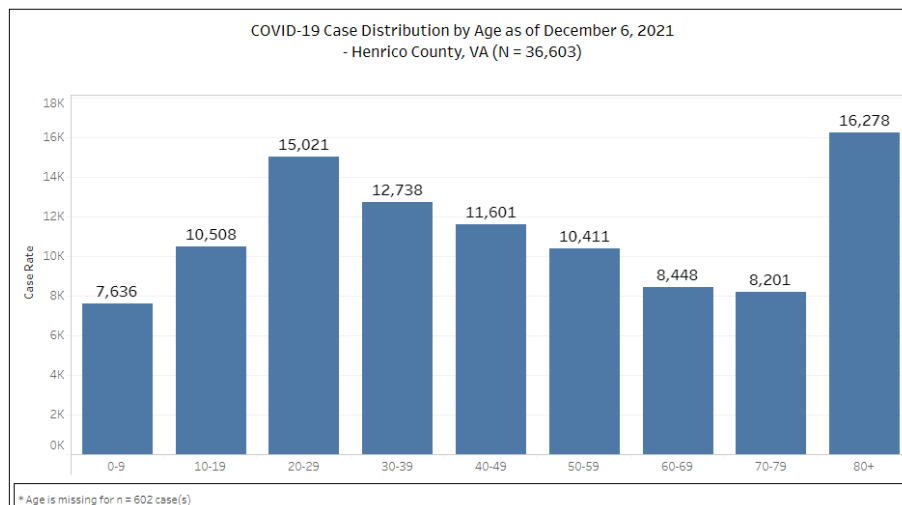
Case burdens for individuals 50 and over are notably down in the last four weeks compared to cumulatively.





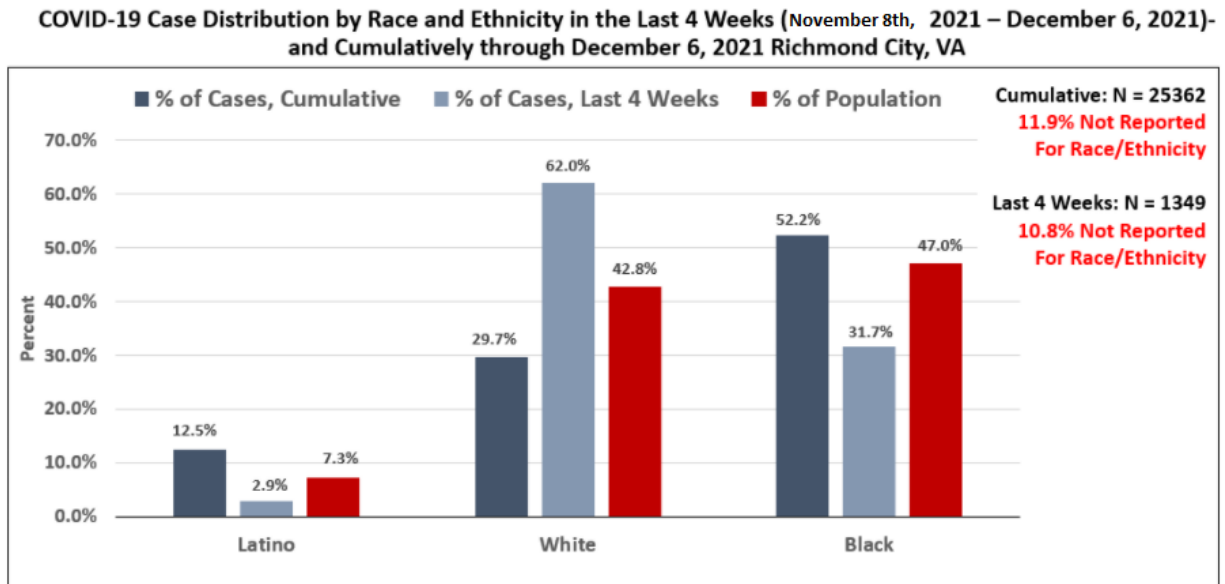
In Henrico, case rates over the past four weeks show a high frequency of cases occurring in individuals aged 0-9, followed by those aged 20-29, whereas cumulative case rates indicate a large burden being placed on individuals aged 80 and over and those aged 20-29.

Case rates are down for older age groups (50 and over), with a notable drop for individuals 50 to 59 and individuals 80 and over..



3.4 Cases and Population Proportions by Race and Ethnicity by County

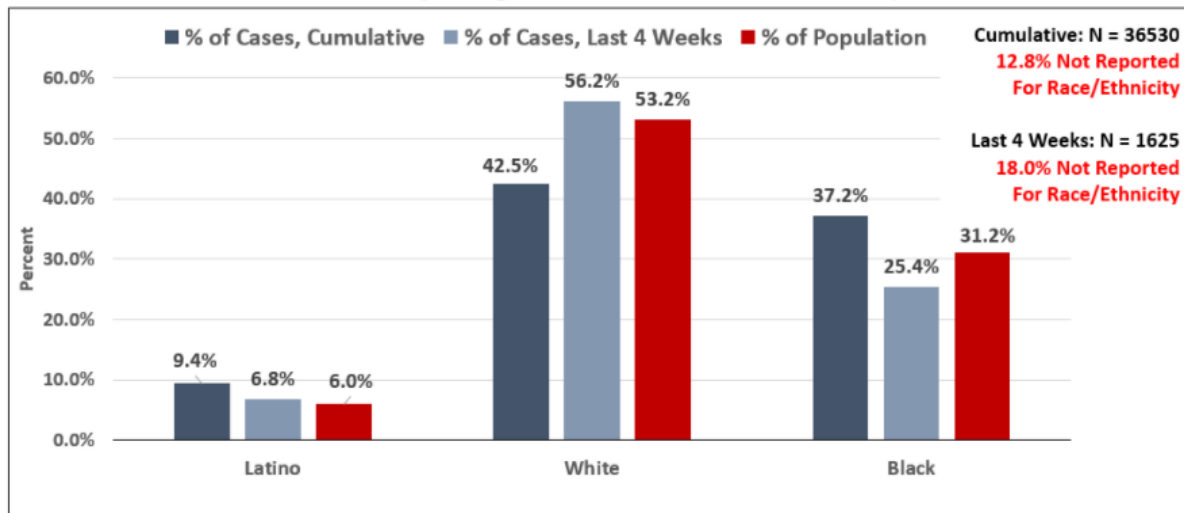
Population totals are based on 2019 data from the National Center for Health Statistics (NCHS).



* 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.

- In Richmond, the case burden for Black individuals over the last 4 weeks (31.7%) is lower relative to their population percentage (47.0%), while the case burden for White individuals is disproportionately higher (62.0%) relative to their population percentage (42.8%).

COVID-19 Case Distribution by Race and Ethnicity in the Last 4 Weeks (November 8th, 2021– December 6, 2021)- and Cumulatively through December 6, 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.

- In Henrico in the last four weeks, the case burden for Black individuals (26.1%) is lower than the proportion of the population (31.2%). Meanwhile, the case burdens for White individuals (56.0%) are relatively higher compared to their proportions of the population (53.2%). Rates for Asian Americans and Latino remain relatively low (6.5% and 6.1%) compared to their population (9.4% and 6.0% respectively)

4.0 COVID-19 HOSPITALIZATIONS & FATALITIES

4.1 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 September and October. During the week of November 23 and 29, 4 **new hospitalizations** were observed in Richmond and 2 **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.** (based on VEDSS data, which is subject to lags in data reporting). See [VDH Dashboard](#) for additional trend data.

Regarding hospitalization demographics, cumulative hospitalizations are highest among females and Black individuals in both districts. The median age of hospitalization has not changed since last month and is still 61 in Richmond and 67 in Henrico.

Minor upticks in deaths based on date of death can be noted in Richmond throughout September and October, but deaths in Henrico have remained relatively low and stable. Cumulatively, deaths are highest among male individuals and Black individuals in Richmond and highest among female

4.2 Hospitalizations & Fatalities by Sex, Race, and Age by County

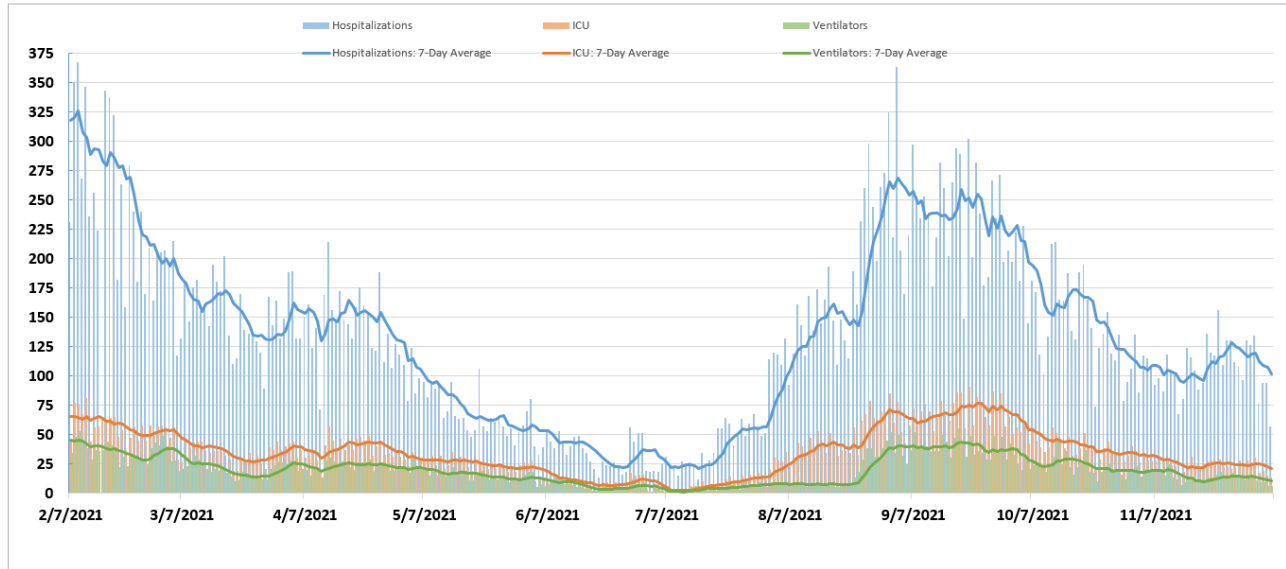
The minimum age ranges correspond to ages in months, which have been converted to years.

Confirmed and Probable		Hospitalizations		Fatalities	
		Richmond (n=971)	Henrico (n=1267)	Richmond (n=371)	Henrico (n=736)
Gender	Male	48% (467)	48% (604)	51% (188)	46% (335)
	Female	52% (504)	52% (663)	49% (183)	54% (401)
	Missing/Unknown				
Age	Median (range)	61 (0-98)	67 (0-104)	74 (3-100)	79 (18-106)
Race/Ethnicity	White	14% (139)	41% (522)	28% (104)	56% (413)
	Black	67% (653)	44% (558)	65% (240)	37% (273)
	Latino	15% (143)	7% (88)	6% (21)	3% (24)
	Asian or Pacific Islander	1% (9)	3% (39)	*	2% (18)
	Other Race	1% (9)	3% (43)	*	*
	Two or more races	1% (7)	1% (11)	*	*
	Not reported	1% (10)	*	*	1% (5)

** Counts under 5 are suppressed*

4.3 COVID-19 Hospitalization, ICU, and Ventilator Utilization (VHASS)

Total Daily COVID-19 Hospitalizations, ICU Hospitalizations, and Ventilator Utilizations
February 1, 2021 – December 5th, 2021
Richmond Catchment Area



*Sum Of Daily Counts Displayed in Above Metric - Hospitalizations: 45,748 of 105,438 ALL TIME, ICU Hospitalizations: 10,939 of 24,334 Ventilator Utilizations: 6,176 of 13,228

- Hospitalizations, ICU Hospitalizations, and Ventilator Utilizations in the Richmond Catchment area saw downward trends over the course of September and October. This decrease was followed by a small uptick in November. Hospitalizations appear to have decreased since then.

5.0 VACCINATION

5.1 Vaccine Summary

As of November 6th, **66.0%** of the region's population has received at least one dose of the vaccine and **59.0%** of the region's population has been fully vaccinated. Approximately **65.0%** of the combined Richmond and Henrico population has received at least one dose and **57.9%** of the two districts' combined population has been fully vaccinated. Cumulatively, local health departments have administered the largest percentage of vaccines to Richmond and Henrico residents, compared with other providers. Over the last four weeks, however, pharmacies have delivered the majority of vaccines.

The majority of vaccine recipients in both districts have been female. In both Richmond and Henrico, older age groups have consistently been vaccinated at a higher rate than younger age groups. This section includes an estimated breakdown of vaccination uptake by race, sex, and age subgroups.

5.2 Percentage of Vaccination Goals Reached by Population

		POPULATION	PEOPLE WITH AT LEAST ONE DOSE	PEOPLE FULLY VACCINATED
Richmond	5-11	15,198	2,886 (19%)	1,384 (9.1%)
	12-17	11,150	6,573 (59%)	5,703 (51.1%)
	18+	190,750	124,965 (65.5%)	113,027 (59.3%)
	65+	31,809	25,534 (80.3%)	23,574 (74.1%)
Henrico	5-11	28,406	7,315 (25.8%)	2,940 (10.3%)
	12-17	25,954	19,017 (73.3%)	17,098 (65.9%)
	18+	256,660	207,633 (80.9%)	190,687 (74.3%)
	65+	52,720	49,251 (93.4%)	45,729 (86.7%)

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.

5.3 Vaccinations by Locality as of December 6, 2021

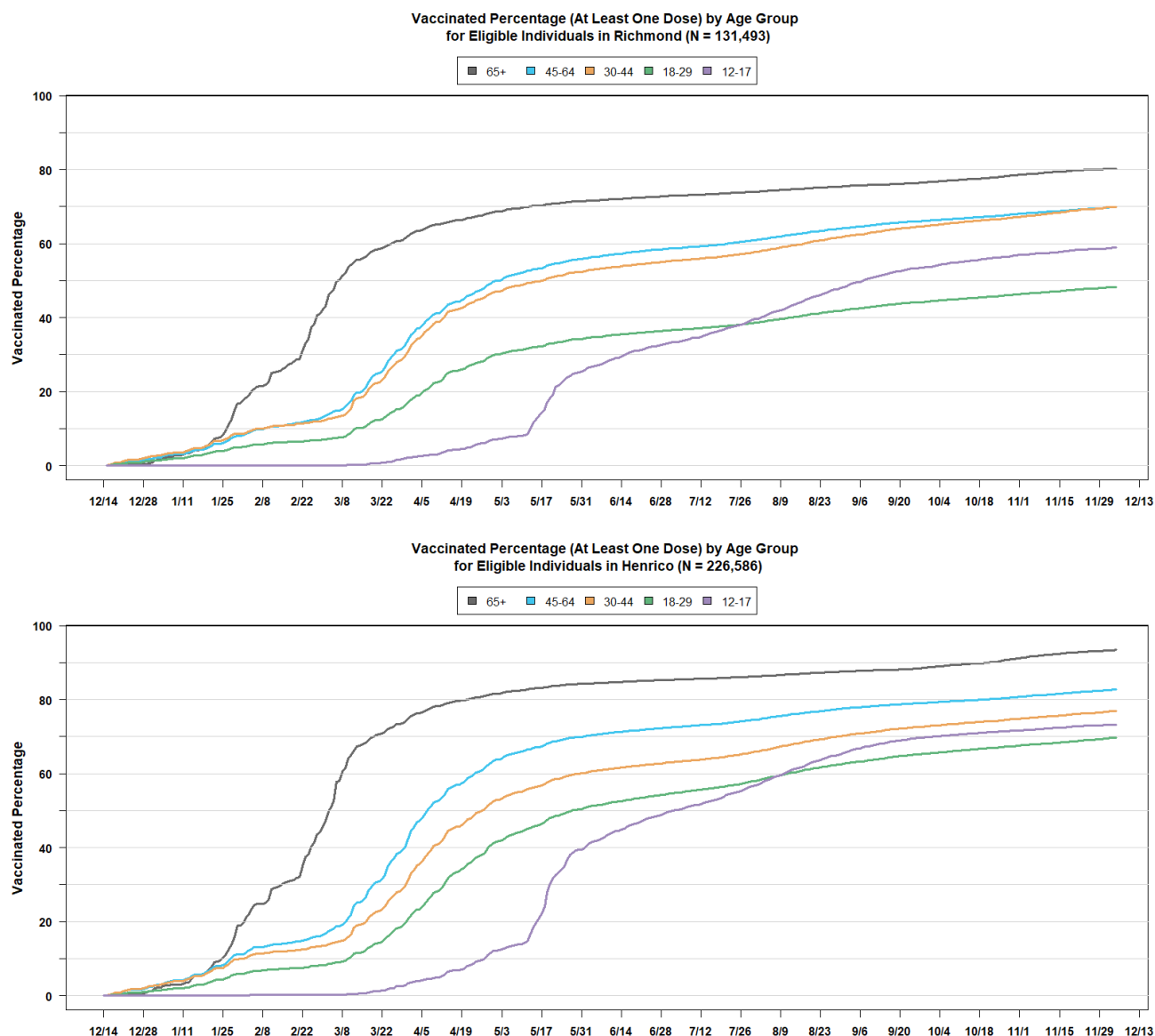
HEALTH DISTRICT	LOCALITY	TOTAL POPULATION	PEOPLE WITH AT LEAST ONE DOSE	PEOPLE FULLY VACCINATED	PEOPLE WITH BOOSTERS/THIRD DOSES
Chesterfield	Chesterfield	352,802	239,590	215,019	58,246
	Colonial Heights	17,370	10,599	9,191	2,426
	Powhatan	29,652	17,194	15,745	4,479
Chickahominy	Charles City	6,963	4,583	4,247	1,144
	Goochland	23,753	17,815	16,566	4,964
	Hanover	107,766	75,944	70,358	18,888
	New Kent	23,091	14,354	13,250	3,820
Henrico	Henrico	330,818	233,965	210,725	57,686
Richmond	Richmond City	230,436	134,424	120,114	33,201
Total		1,122,651	748,468	675,215	184,854

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

5.4 Vaccine Distribution by Age Group over Time

The following charts track vaccination rates 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 percentages all over 80%.
- In most cases, older age groups within a locality have achieved higher vaccination rates than younger age groups in the same locality.
- Henrico age groups have achieved higher vaccination rates than their corresponding Richmond age groups and many younger age groups in Henrico have achieved higher rates than older age groups in Richmond.
- After later access to vaccination, individuals 12 to 17 have seen a notable increase in vaccination rates while individuals 18 to 29 have slowed in their rate of new vaccinations (outside a minor increased rate 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.



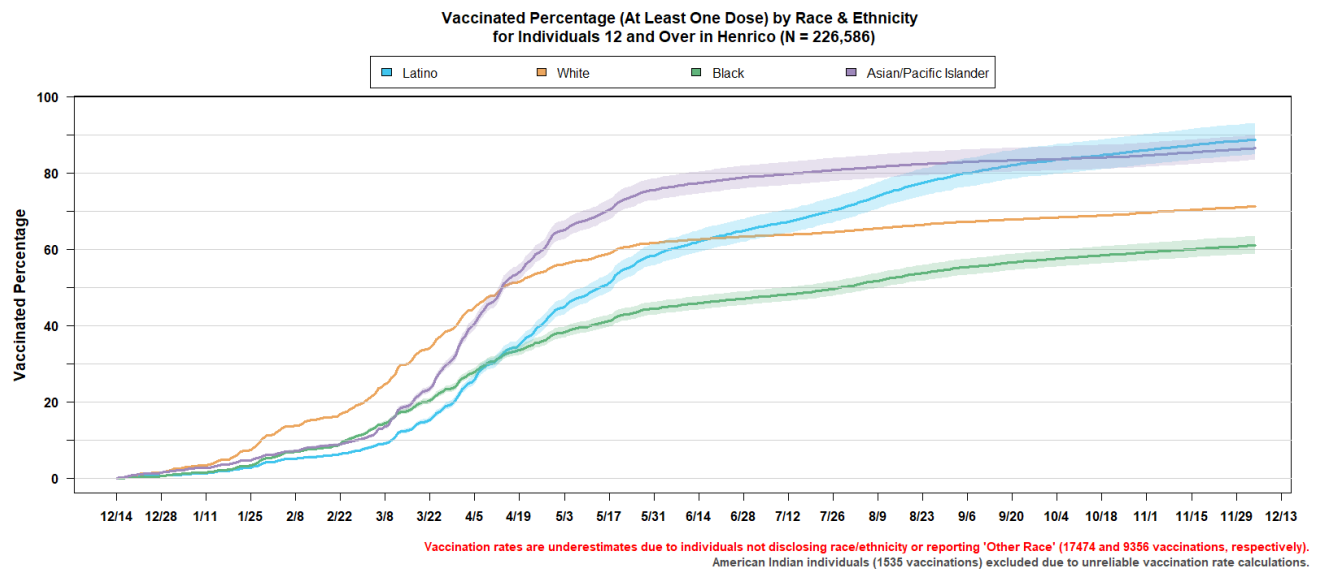
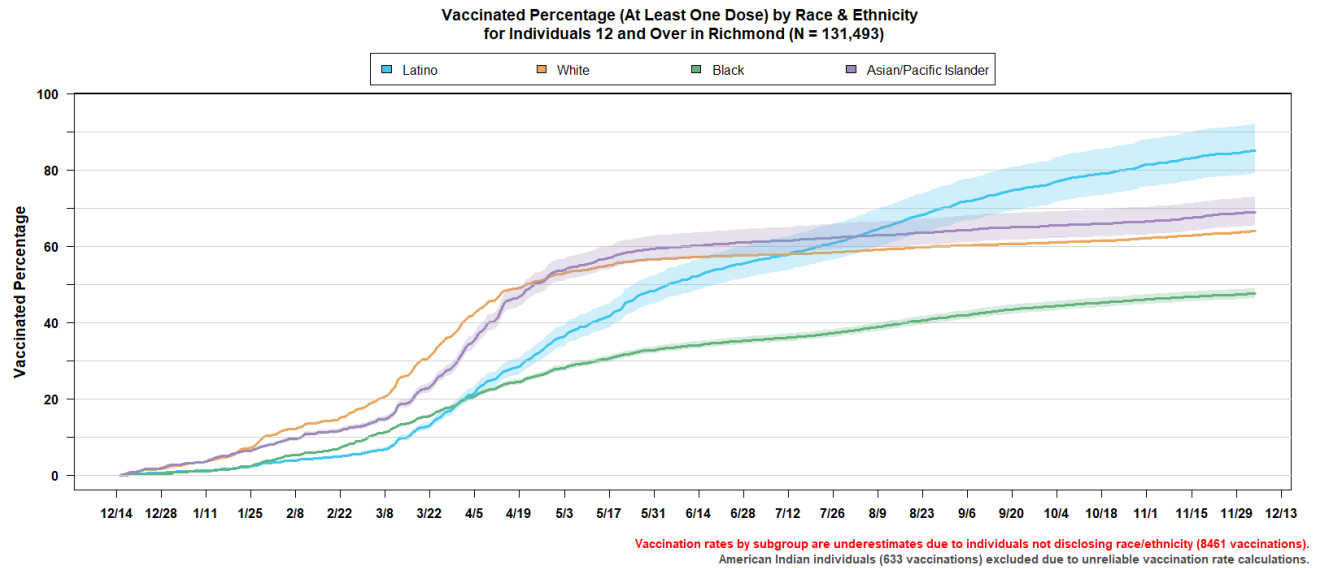
5.5 Vaccine Distribution by Race/Ethnicity over Time

The following charts track vaccination rates 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 rates in both Richmond and Henrico
- White individuals maintained the highest vaccination rates through early April in Richmond and late April in Henrico before Asian or Pacific Islander individuals surpassed them for the highest rates.
- In early months, vaccination rates of both Latino and Black individuals were lower, with Black individuals still comprising the lowest vaccine uptake 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 rate overall in Richmond, falling between about 80% and 85%.

- In Henrico, Asian or Pacific Islander individuals and Latino individuals have reached vaccination rates between 85% and 92%, while White individuals fall near 70% and Black individuals fall near 60%.
- Vaccination percentages are notably lower for Black individuals in both Richmond and Henrico.
- All data is subject to lags in reporting, particularly in recent weeks.

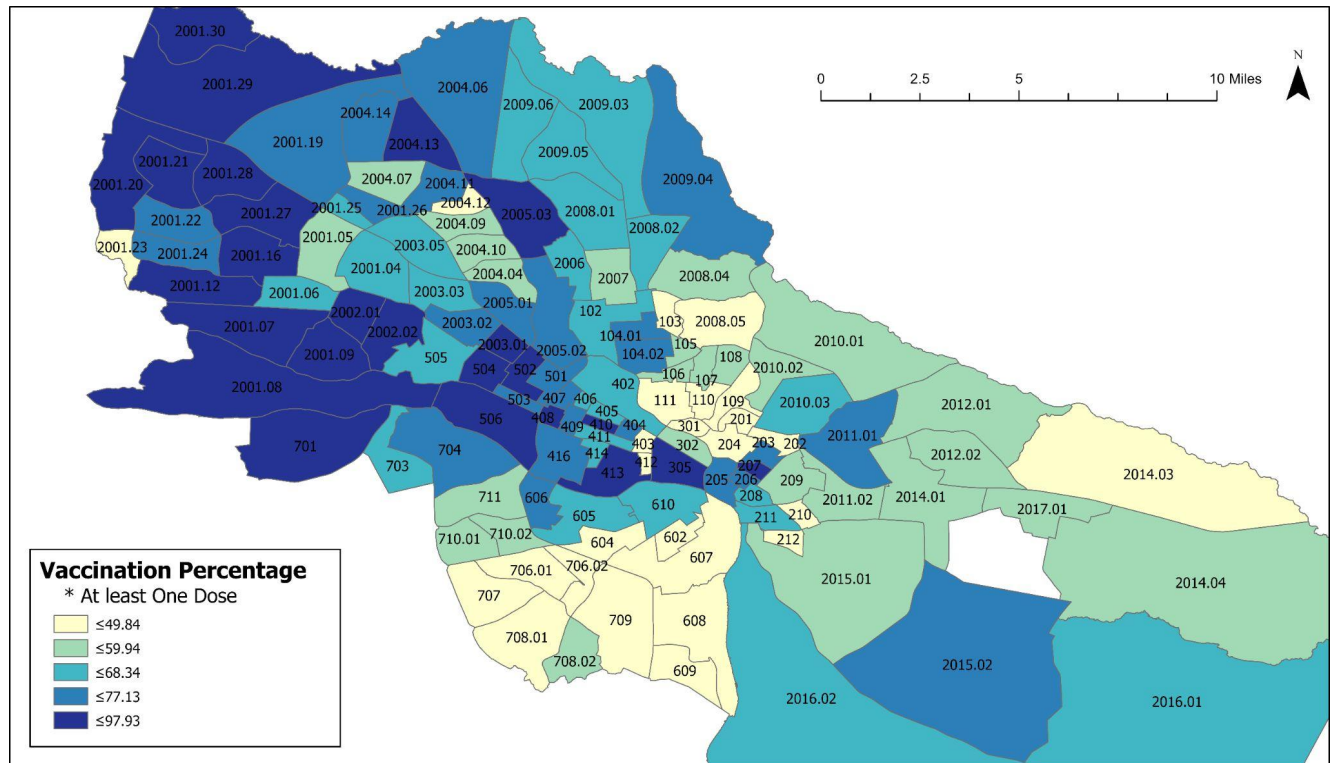


5.6 Census Tract Maps of Vaccine Uptake

The following 3 maps visualize vaccination uptake (percentage of total population receiving at least one dose within each census tract), case burden (cumulative cases per 100,000 by census tract) and social vulnerability (defined by the CDC's social vulnerability index).

These maps are intended to guide further outreach and vaccination planning only..

Vaccination Uptake By Census Tract -- Nov 6th, 2021



Cumulative Vaccination Percentage VS Change in Vaccination Percentage in the last 4 weeks

0 2.5 5 10 Miles

Vax Percent ≤ 56.52%, 70.43%, 97.93%

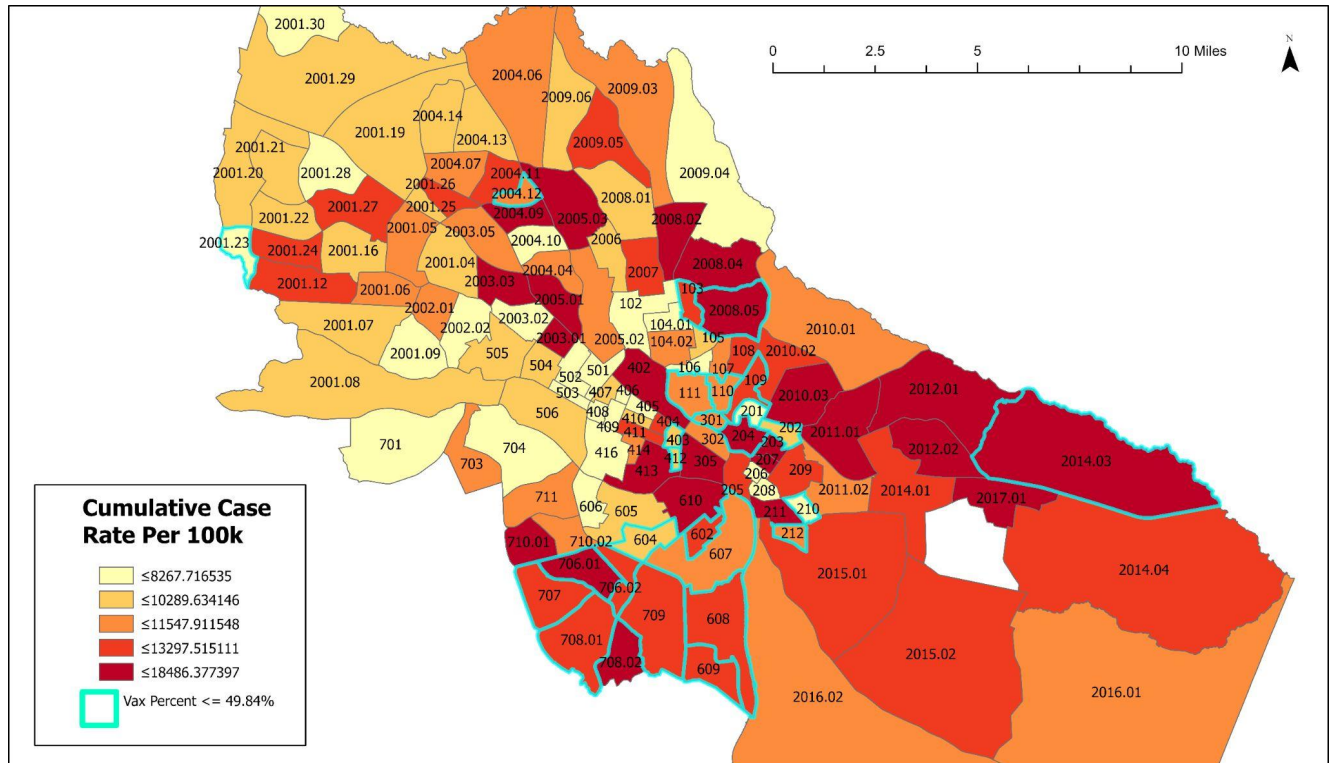
Vax Change Last 4 Weeks ≤ 2.01%, 2.69%, 7.42%

High

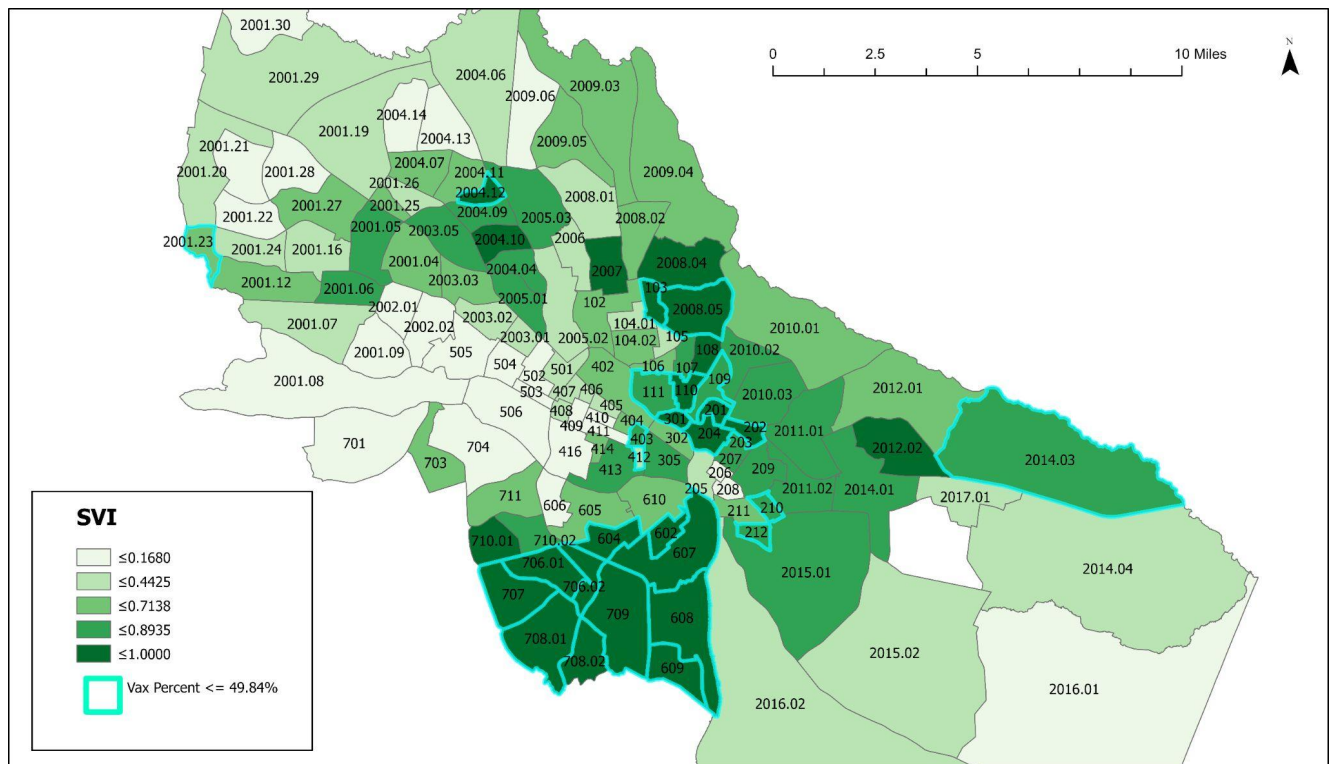
Low

Low High

Cumulative COVID-19 Cases and Low Vaccination by Census Tract -- Nov 6th, 2021



Social Vulnerability Rank and Low Vaccination by Census Tract -- Nov 6th, 2021



6.0 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.