

WEEKLY COVID-19 REPORT FOR EXTERNAL USE

WEEK OF: MONDAY, JANUARY 17, 2022

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KEY TAKEAWAYS

Cases

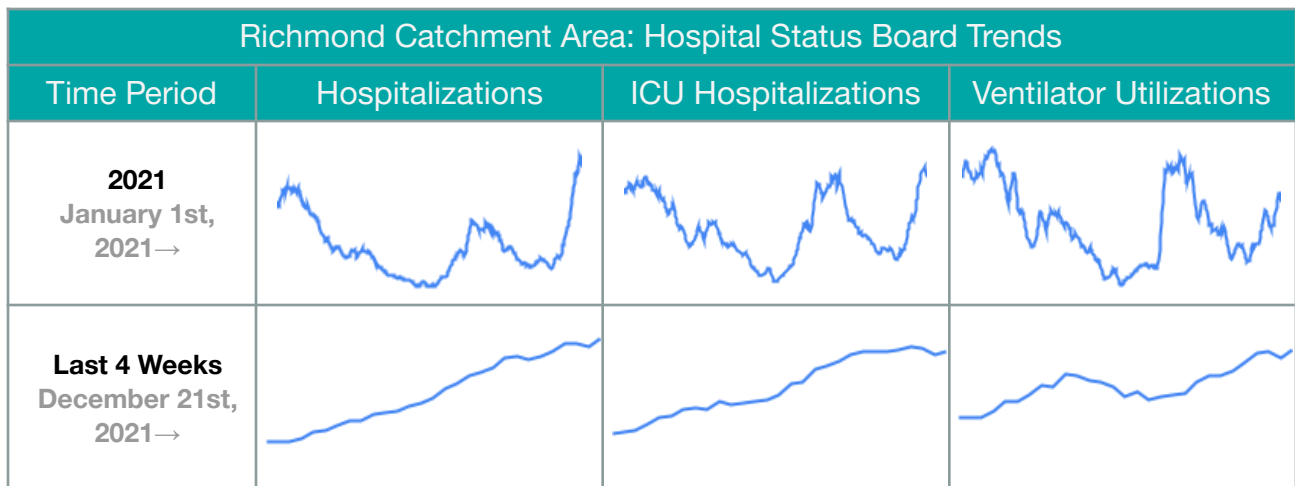
Cases have been **increasing** in both Richmond and Henrico in recent weeks. In both localities, the level of community transmission is considered **High** according to the [CDC Covid Data Tracker](#).

7-day total case rate per 100,00		
District	This Week	1 Week Ago
Henrico	1468.78	1378.38
Richmond	1409.94	1391.71

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

HOSPITALIZATIONS & FATALITIES

Among Richmond City and Henrico residents, **hospitalizations** based on confirmed dates of admission for the past two months have continued to fluctuate between **less than 5 and 10** per week per district. **Fatalities** since the start of November have also fluctuated between **less than 5 and 5** deaths per week per district. **Data related to hospitalizations and deaths are subject to sizable amounts of lag.**



- *8 out of 11 hospitals in the Richmond Catchment Area are operating at a 'Conventional' clinical status, while 1 is operating at a 'Contingency' status and 2 are operating at 'Crisis' 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	69.0%	61.8%	28.0%
Region	70.7%	63.7%	28.4%

Vaccination Demographic Trends		
Demographic	Richmond City	Henrico County
Age Groups	30+	12+
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 January 18, 2022.

	RICHMOND CITY		HENRICO COUNTY	
	Tests	Positivity	Tests	Positivity
PCR*	377,257	31.3%	596,699	30.3%
Antigen	110,181	20.7%	221,073	26.3%
Total (PCR, antigen, and antibody)	493,004	28.2%	829,445	29.0%

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

CASE STATUS	RICHMOND CITY	HENRICO COUNTY	VIRGINIA
New cases this week (January 17)	4,399	6,852	128,664
All cases	37,300	54,033	1,407,403
Confirmed cases	27,472	35,181	1,007,717
Hospitalizations	976	1,265	43,866
Deaths	341	670	13,208
Probable cases	9,828	18,852	399,686
Hospitalizations	29	59	2,598
Deaths	53	84	2,614
Case rate per 100,000	16186.7	16333.1	16488.8

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	633	45
Pending Hospitalizations	42	
Confirmed - ICU	111	13
Pending - ICU	*	
Confirmed - Ventilators	46	320
Pending - Ventilators	*	

Within the 11 hospitals that comprise the Richmond catchment area, there are currently 45 total available hospital beds, 13 available adult ICU beds, and 320 available ventilators. Based on the VHASS hospital dashboard on January 18, 2022, 8 hospitals in the Richmond Catchment area are operating at conventional clinical status. Both Parham Doctors Hospital and CJW Johnston-Willis Hospital are operating at Crisis clinical status, while Henrico Doctors Hospital is operating at Contingency clinical status.

**A clinical status of “conventional” indicates that the spaces, staff, and supplies used are consistent with daily practices within the hospital.*

**A clinical status of “contingency” indicates that the spaces, staff, and supplies used are not consistent with daily care but provide care that is functionally equivalent to usual patient care. Healthcare practices utilize limited resources differently than usual with the expectation that such altered practices are developed and performed in accordance with normal standards of care. In contingency conditions, this standard of care is maintained by providing care within the range of functionally equivalent options to care in conventional conditions.*

**A clinical status of “crisis” indicates that Crisis Standards of Care apply. Care is no longer functionally equivalent to usual standards of care. Risk to the patient or provider may exist.*

2.0 COVID-19 CASES

2.1 Summary of Cases

After recent lows in October, reported case counts slowly increased over November and early December before surging in later December and early January to all-time highs. In Richmond, the current **7-day total case rate** is **1,409.94** new cases per 100,000 population, while in Henrico the **7-day total case rate** is currently **1,468.78** new cases per 100,000 population. Additionally, in both Richmond and Henrico, the level of community transmission has been considered **High** for weeks, according to the [CDC Covid Data Tracker](#).

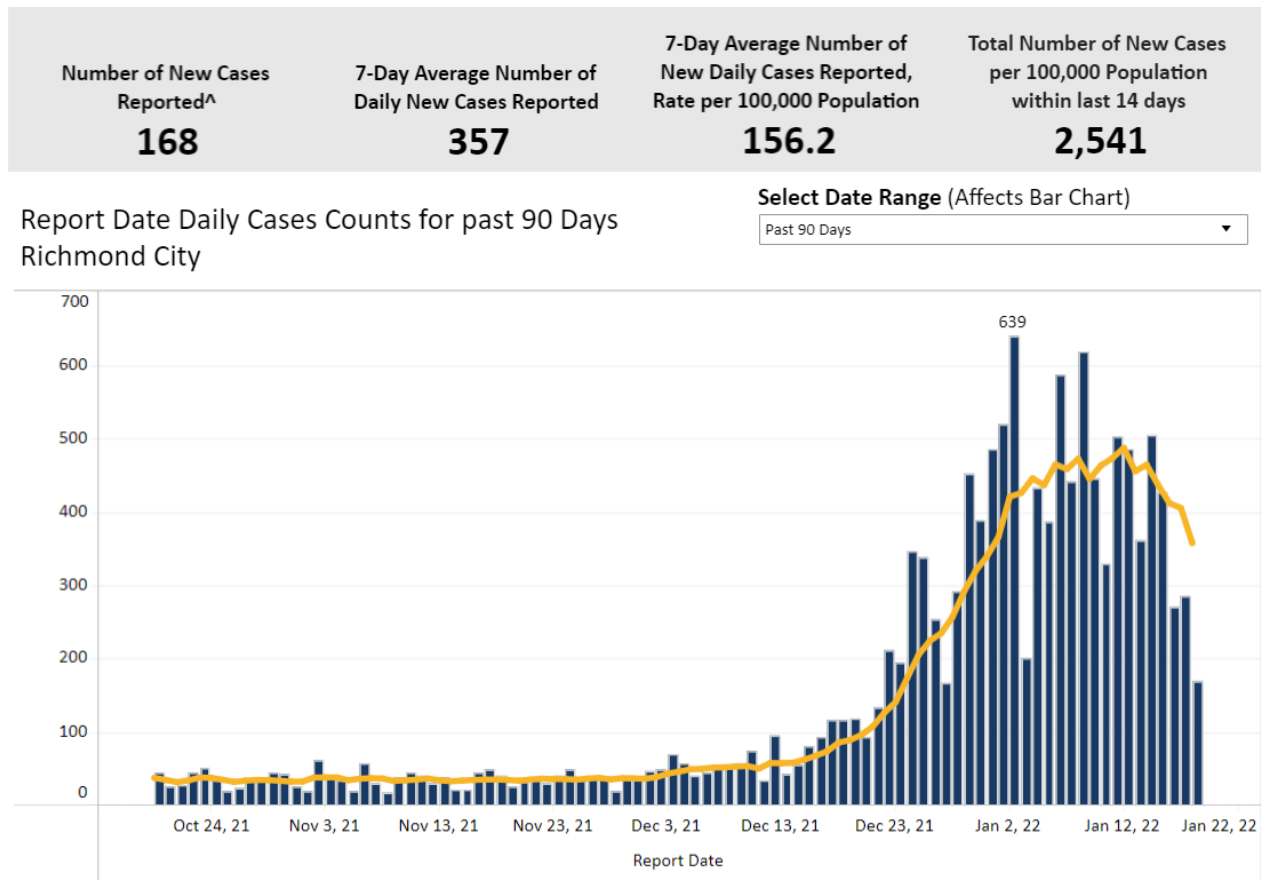
Female individuals in both Richmond and Henrico comprise a higher proportion of cases compared to male individuals, both in the last four weeks and cumulatively.

In Richmond, 20-29 year olds have the highest case rate by age group both overall and in the last four weeks, followed by 30-39 year olds in the last four weeks. In Henrico, individuals over the age of 80 years long showed the highest cumulative case rate but 20-29 year olds have now surpassed them after showing the highest case rate in recent weeks.

Regarding race and ethnicity, *the highest proportion of cases is still among Black individuals cumulatively and in the last four weeks in Richmond*. In Henrico, White individuals may comprise the highest proportion of cases both cumulatively and in the last four weeks, but cases are disproportionately low relative to their population *while cases for Black individuals are disproportionately high relative to their population, both cumulatively and in the last four weeks*. In both localities, cases have been disproportionately high cumulatively for Latino individuals, but in the last four weeks, cases are generally proportionate to their population.

2.2 Case Reporting Trends by Date

Source: [VDH COVID-19 Cases & Testing Locality Dashboard](#)



- Data from December in Richmond shows daily case counts rising faster than previously recorded during the Covid-19 pandemic, with new peaks over 600 per day.
- The 7-day moving average indicates a recent decline in new cases, but this could simply be due to lags in data reporting.

Number of New Cases
Reported^

400

7-Day Average Number of
Daily New Cases Reported

590

7-Day Average Number of
New Daily Cases Reported,
Rate per 100,000 Population

179.2

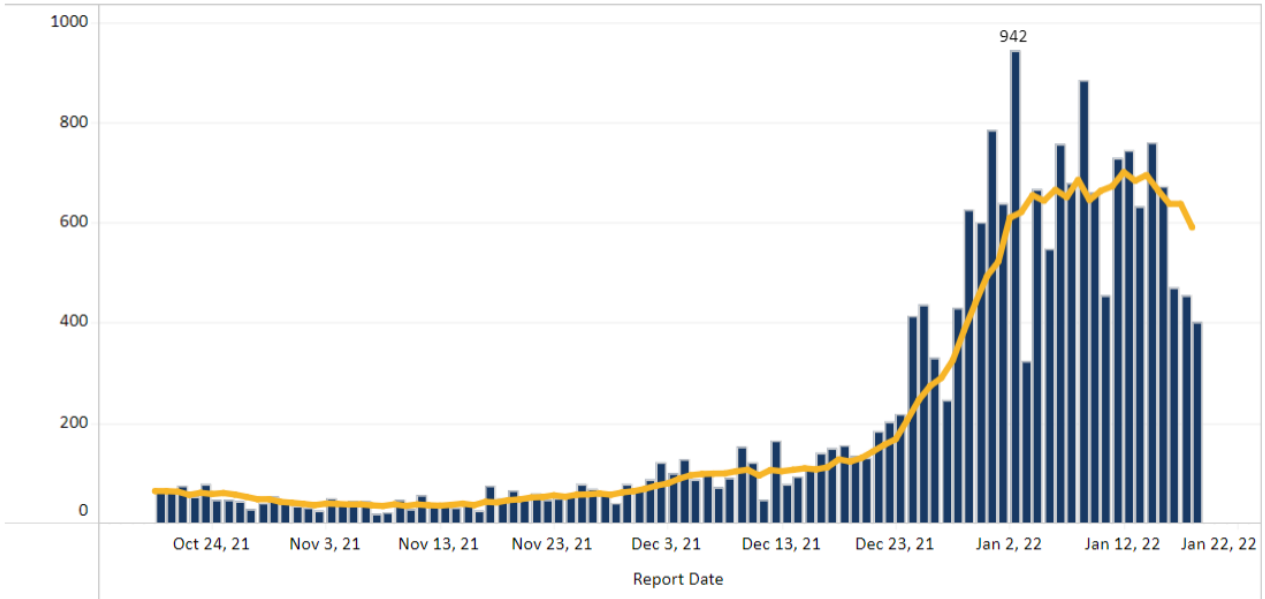
Total Number of New Cases
per 100,000 Population
within last 14 days

2,683

Report Date Daily Cases Counts for past 90 Days
Henrico

Select Date Range (Affects Bar Chart)

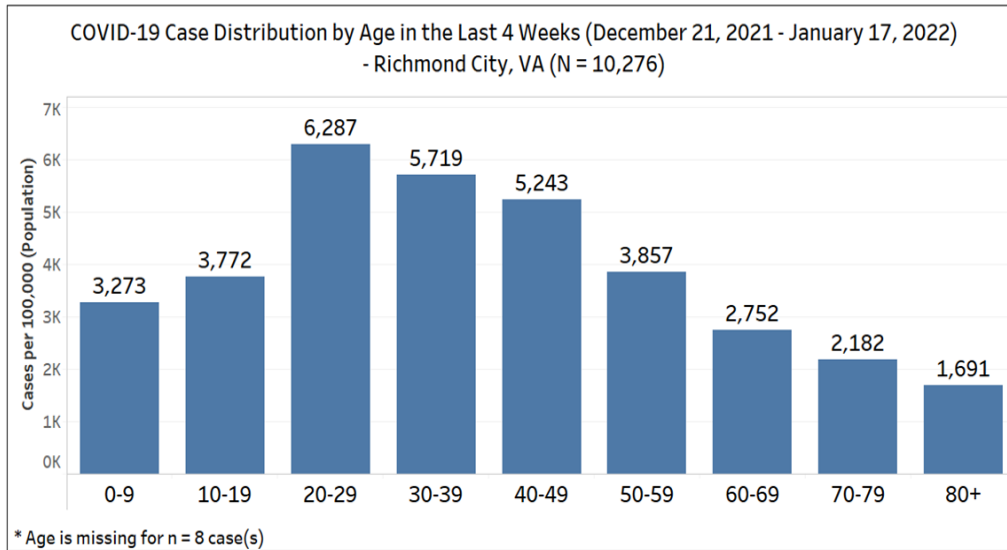
Past 90 Days



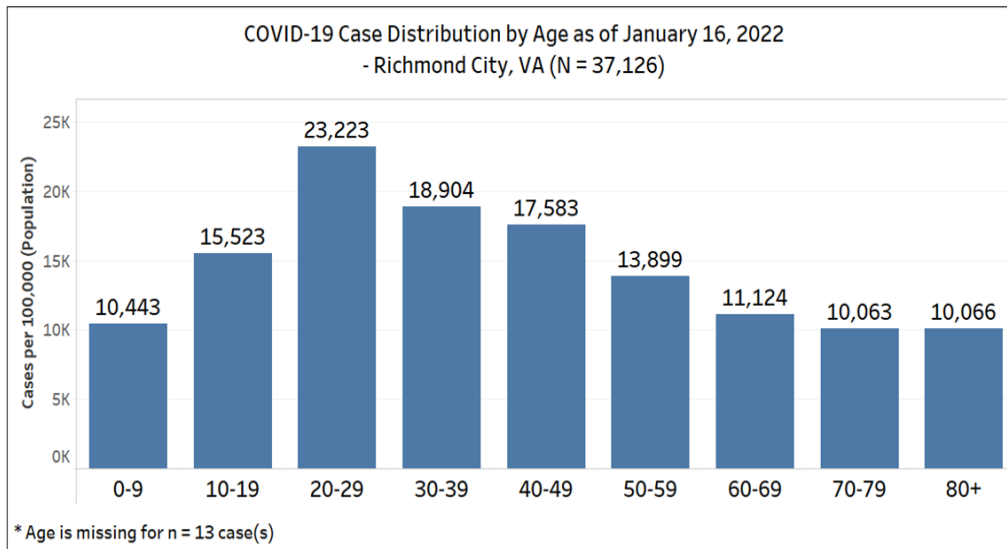
- Data from December in Henrico shows daily case counts rising faster than previously recorded during the Covid-19 pandemic, with new peaks above 900 per day.
- The 7-day moving average lends evidence to a potential decline in overall cases.

2.3 Cases by Age Group by County

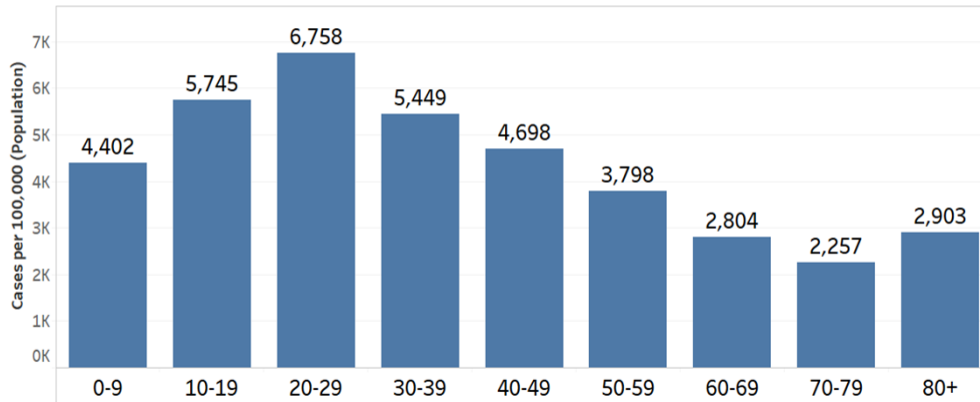
Population totals are based on 2019 data from the National Center for Health Statistics (NCHS). Please note - this is a change from previous reports which used Census data to estimate population by age group.



- In Richmond City, individuals aged 20-29 have the highest case rates in the last four weeks, closely followed by individuals aged 30-39. Individuals aged 20-29 have the highest case rate cumulatively.
- Cases for individuals in the 60-79 age group are notably down in the last four weeks compared to cumulatively.



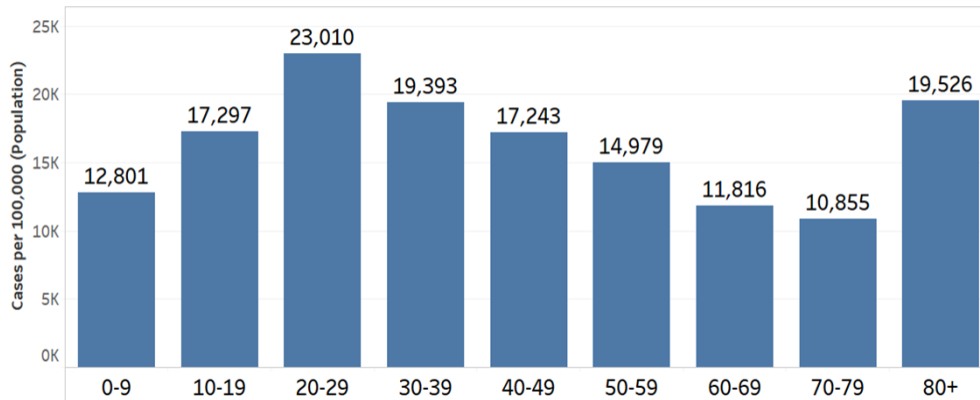
COVID-19 Case Distribution by Age in the Last 4 Weeks (December 21, 2021 - January 17, 2022)
- Henrico County, VA (N = 15,110)



* Age is missing for n = 6 case(s)

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

COVID-19 Case Distribution by Age as of January 17, 2022
- Henrico County, VA (N = 54,031)



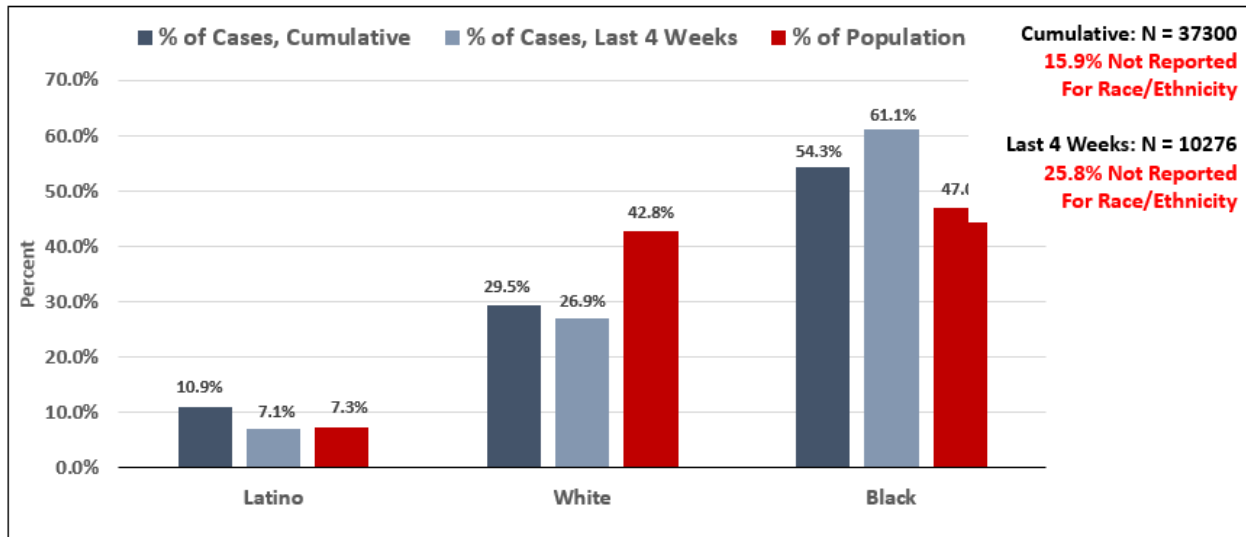
* Age is missing for n = 20 case(s)

- Case burdens for individuals 40 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 (December 21, 2021 – January 17, 2022)- and Cumulatively through January 17, 2022 Richmond City, VA



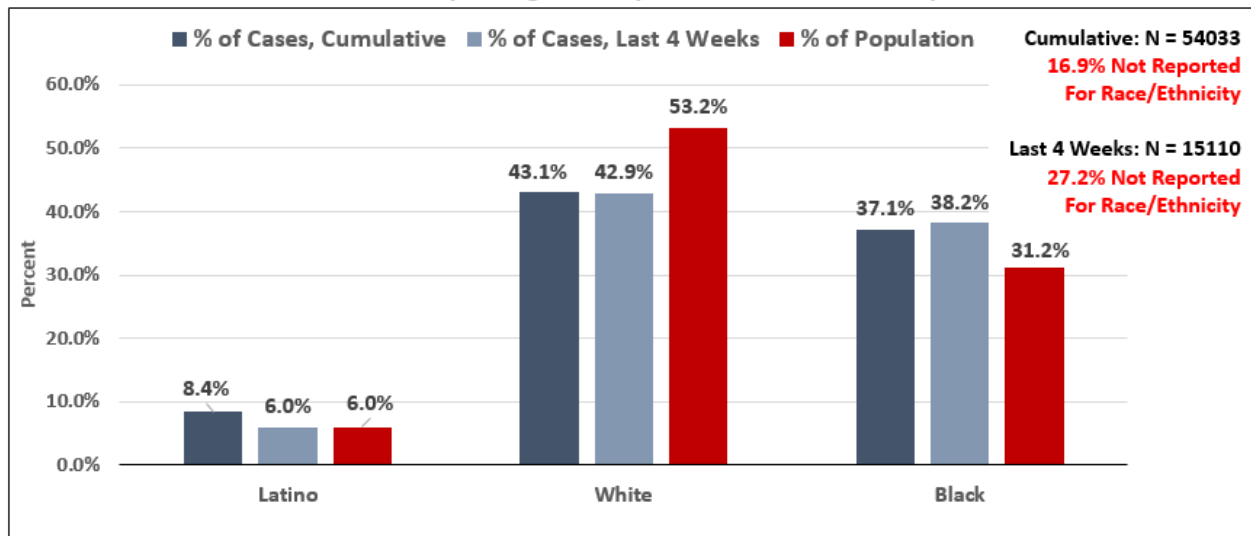
* NCHS population estimates are not available for Two or More Races (317 total cases) or Other Race (771 total cases) and thus they are absent from the plots.

* 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 the last 4 weeks of Richmond, the case burden for Black individuals (61.1%) is disproportionately high relative to their population percentage (47.0%), while the case burden for White and Latino individuals is disproportionately low (26.9% and 7.1% respectively) relative to their population percentage (42.8% and 7.3% respectively).

COVID-19 Case Distribution by Race and Ethnicity in the Last 4 (December 21, 2021 – January 17, 2022)- and Cumulatively through January 17, 2022 – Henrico County, VA



* NCHS population estimates are not available for Two or More Races (539 total cases) or Other Race (1927 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 (38.2%) was proportionally higher than their share of the population (31.2%). Case burdens for White individuals (42.9%) are proportionally low to their share of the population (53.2%).

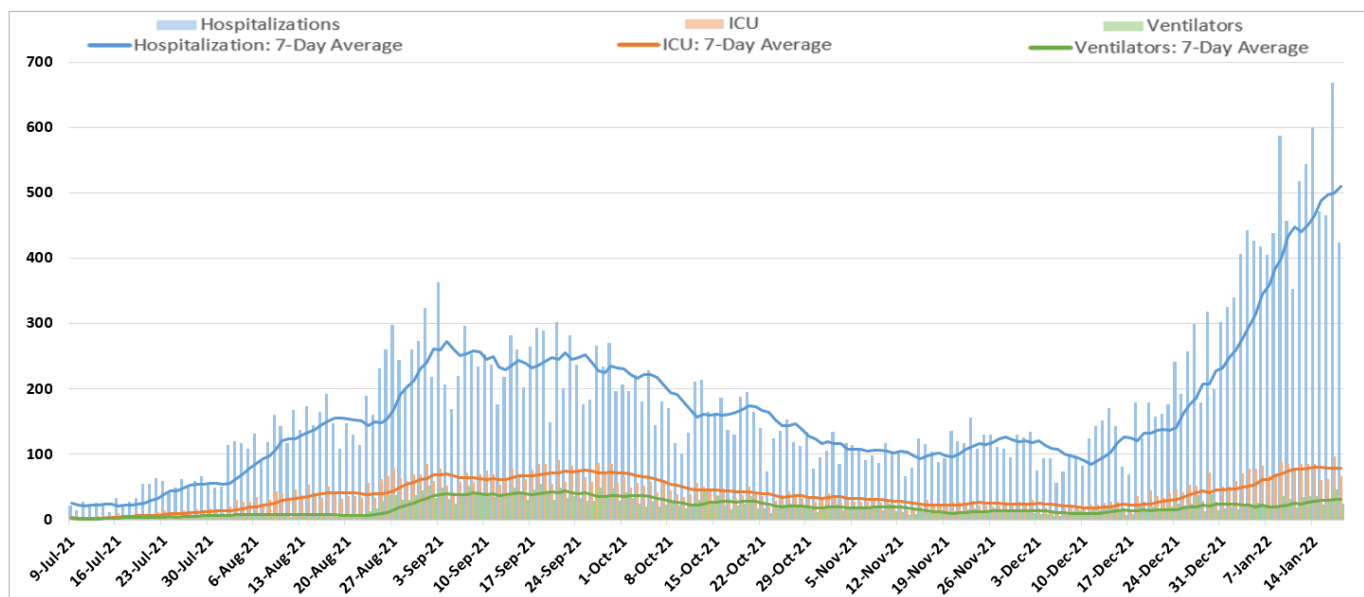
3.0 Hospitalizations & Fatalities

3.1 Summary of Hospitalizations & Fatalities

Among Richmond City and Henrico residents, **hospitalizations** based on confirmed dates of admission for the past two months have continued to fluctuate between **less than 5 and 10** per week per district. **Fatalities** since the middle of October have also fluctuated between **less than 5 and 5** deaths per week per district. **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
July 9, 2021 – January 18, 2021
Richmond Catchment Area



*Counts Displayed in Above Metric - Hospitalizations: 34,405 of 110,556; ICU Hospitalizations: 7,984 of 26,510; Ventilator Utilizations: 3,917 of 14,218

- Hospitalizations, ICU Hospitalizations, and Ventilator Utilizations in the Richmond Catchment area showed an overall decrease from late September through mid December, despite a couple of notable fluctuations. Data since then indicate a sharp rise in Hospitalizations to new all-time peaks, and relatively moderate corresponding increases in ICU Hospitalizations & Ventilator Utilizations to new recent peaks.

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 January 18, 70.7% of the region's population has received at least one dose of the vaccine. 63.7% of the region's population has been fully vaccinated. A growing number of 28.4% had received a booster in the region. Approximately 69.0% of the combined Richmond City and Henrico County population has received at least one dose and 61.8% of the two districts' combined population has been fully vaccinated. 28.0% of the population has also 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	PEOPLE WITH BOOSTER
Richmond	5-11	15,198	4,049 (26.6%)	2,910 (19.1%)	0 (0%)
	12-17	11,150	6,881 (61.7%)	5,980 (53.6%)	891 (8%)
	18+	190,750	128,648 (67.4%)	115,124 (60.4%)	56,707 (29.7%)
	65+	31,809	25,683 (80.7%)	23,629 (74.3%)	15,828 (49.8%)
Henrico	5-11	28,406	10,594 (37.3%)	7,724 (27.2%)	0 (0%)
	12-17	25,954	19,604 (75.5%)	17,533 (67.6%)	2,548 (9.8%)
	18+	256,660	212,080 (82.6%)	193,168 (75.3%)	97,547 (38%)
	65+	52,720	49,457 (93.8%)	45,664 (86.6%)	32,559 (61.8%)

Population totals are based on 2019 data from the National Center for Health Statistics (NCHS). These totals are used in order to calculate percent in each column. 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 January 3, 2022

Source: vdh.virginia.gov

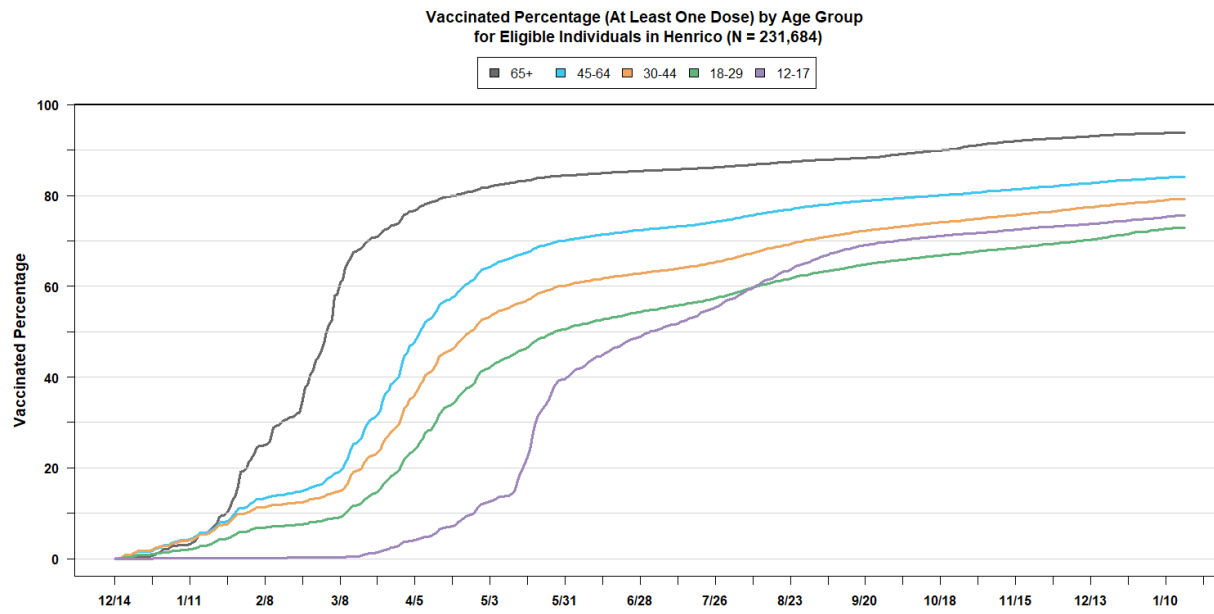
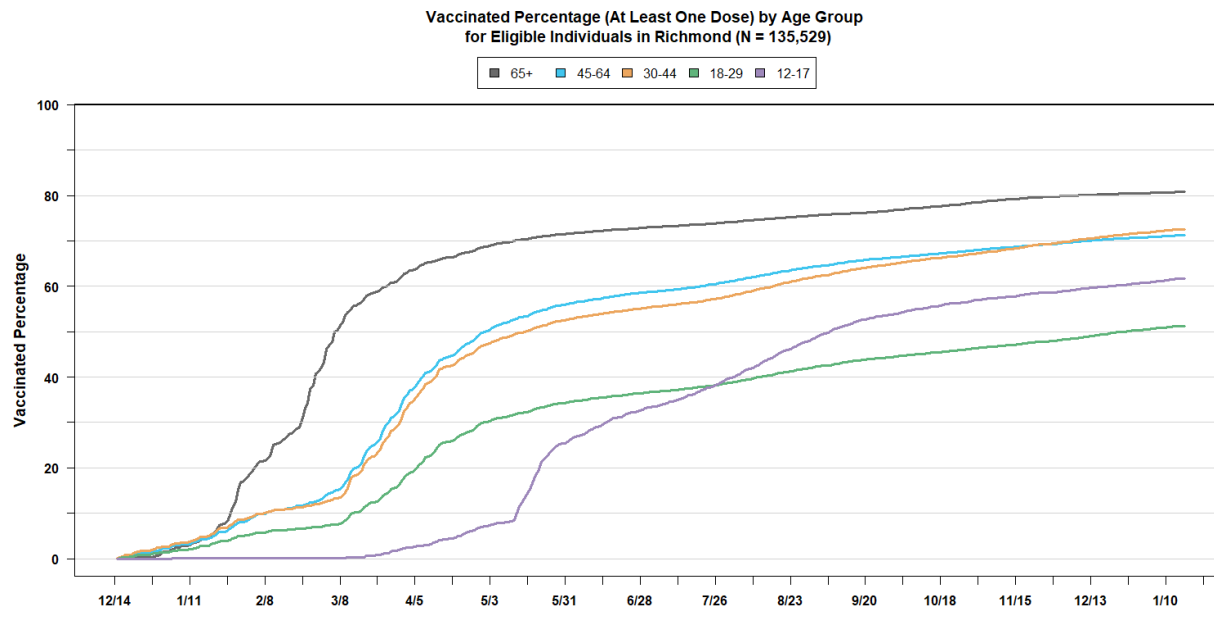
HEALTH DISTRICT	LOCALITY	TOTAL POPULATION	PEOPLE WITH AT LEAST ONE DOSE	PEOPLE FULLY VACCINATED	PEOPLE WITH BOOSTERS
Chesterfield	Chesterfield	352,802	257,601	230,070	101,632
	Colonial Heights	17,370	11,115	9,611	4,099
	Powhatan	29,652	17,939	16,322	7,550
Chickahominy	Charles City	6,963	7,035	6,691	1,671
	Goochland	23,753	18,514	17,153	8,129
	Hanover	107,766	78,697	72,825	32,033
	New Kent	23,091	15,122	13,829	6,003
Henrico	Henrico	330,818	245,635	220,936	99,837
Richmond	Richmond City	230,436	141,522	125,874	57,503
Total		1,122,651	793,180	713,311	318,457

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

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. Methodology for creating the following plots is currently under revision.**

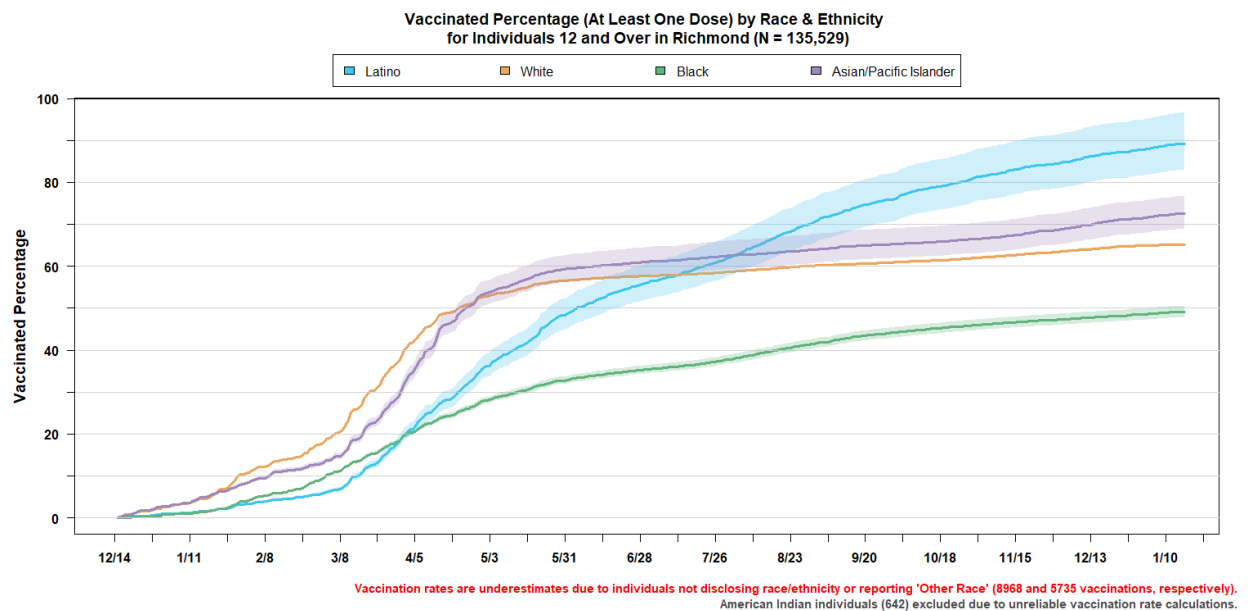
- Over 80% of individuals aged 65 and older in Richmond, and 45 and older in Henrico have received at least one dose of a COVID-19 vaccine.
- In most cases, older age groups have achieved higher vaccination percentages than those of younger age groups within the same locality.
- Henrico age groups have 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 saw a notable increase in vaccinations while the pace of new vaccinations amongst individuals 18 to 29 slowed, leading to higher vaccination percentages in the younger age group in both Richmond and Henrico. The pace of vaccinations among individuals 12 to 17 has slowed in recent months.
- All data is subject to lags in reporting, particularly in recent weeks.

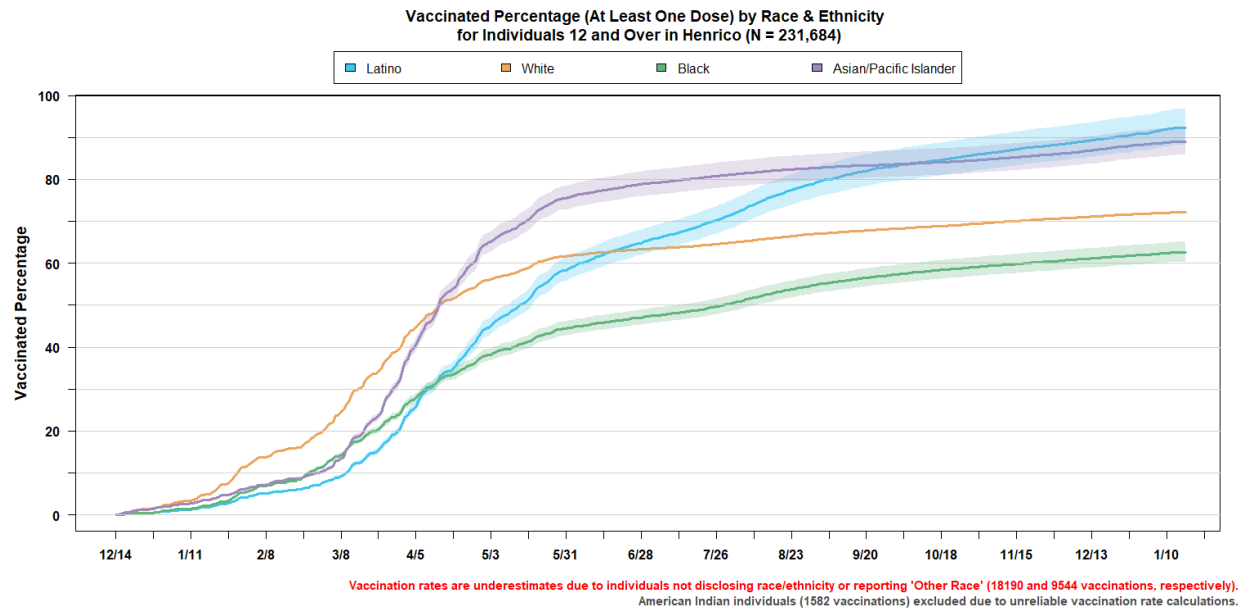


4.5 Vaccine Distribution by Race/Ethnicity over Time

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. Methodology for creating the following plots is currently under revision.**

- 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 percentage.
- 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.
- In Richmond, Latino individuals have achieved vaccination percentages beyond 80%, while Asian or Pacific Islander individuals have reached 70%, White individuals hover near 65%, and Black individuals fall near 50%.
- In Henrico, Asian or Pacific Islander individuals and Latino individuals have reached vaccination percentages above 85%, while White individuals have surpassed 70% and Black individuals have surpassed 60%.
- Vaccination percentages are lower in both Richmond and Henrico for Black individuals.
- All data is subject to lags in reporting, particularly in recent weeks.



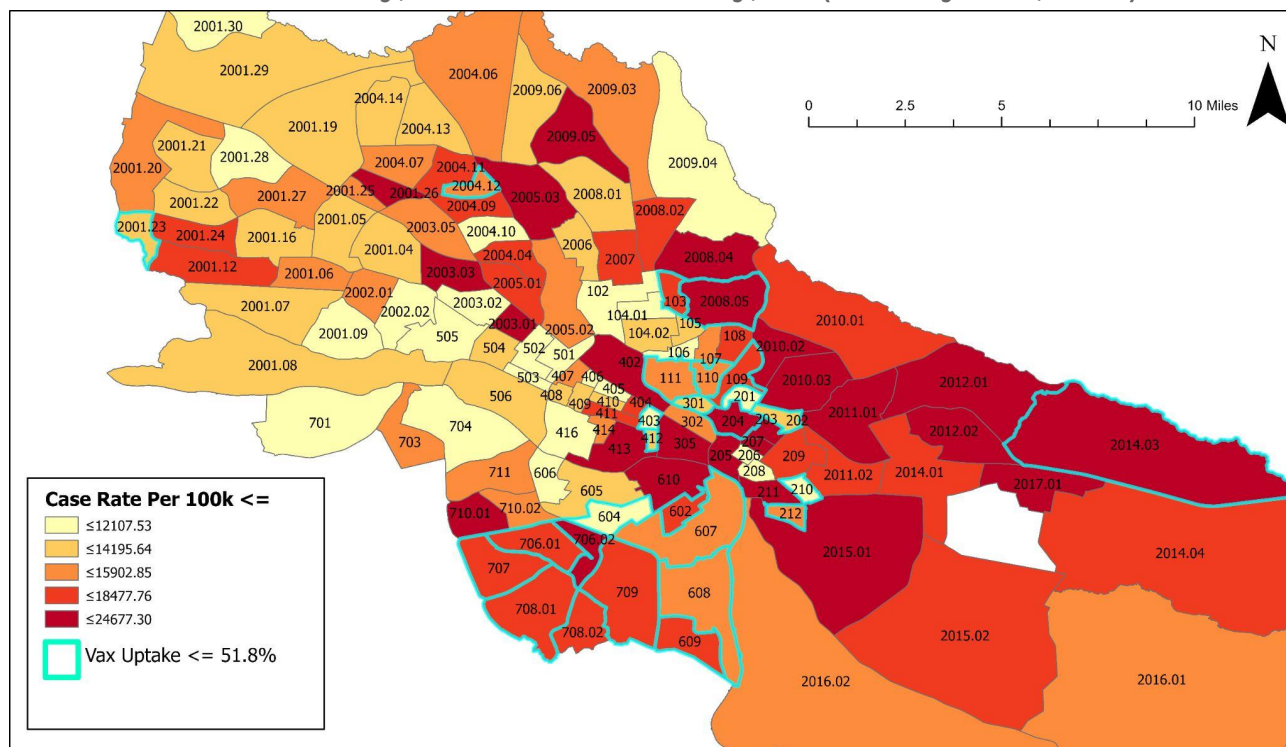


Below are maps that compare vaccination uptake percentage and COVID-19 burden by census tract. The data collected is consistent with statewide and national data trends; lower income communities of color tend to experience more severe outcomes of COVID-19, yet are disproportionately undervaccinated. RHHD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

Vaccination Percentage by Census Tract
Richmond City, VA & Henrico County, VA (January 18th, 2022)

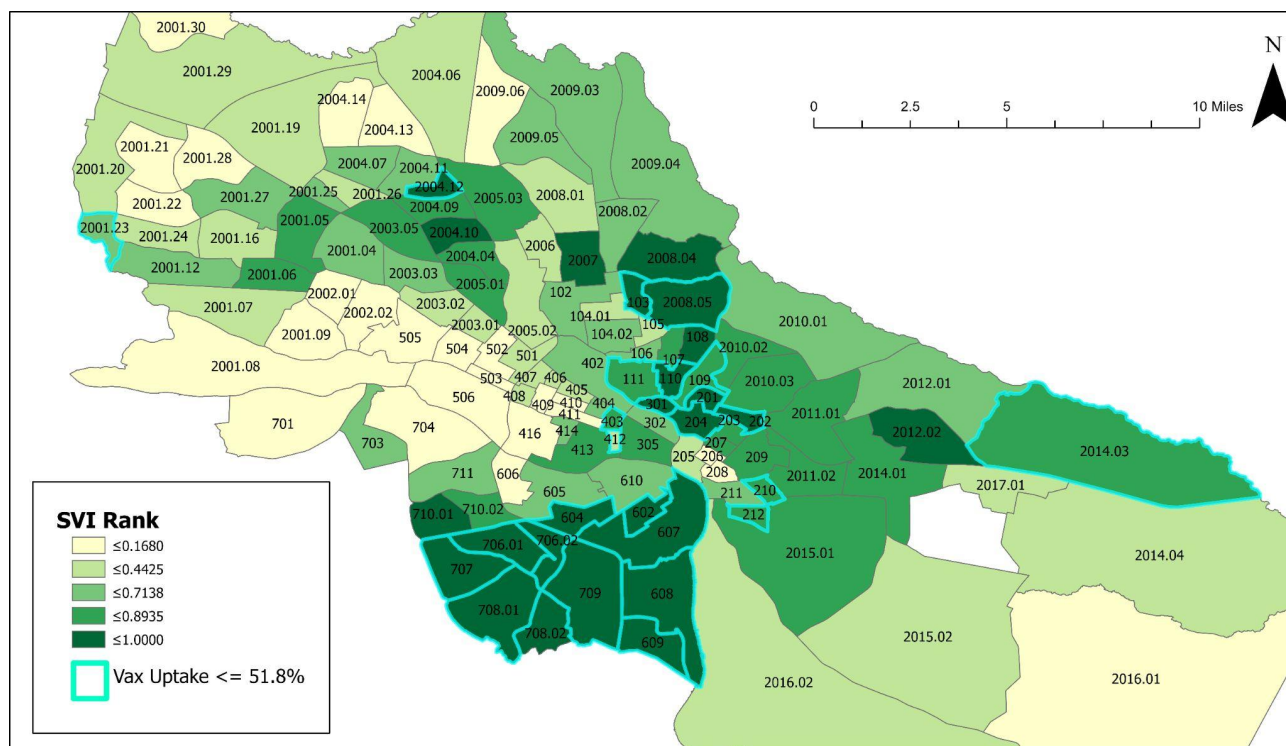


COVID-19 Case Rate per 100k & Low Vaccination Percentage Tracts Richmond City, VA & Henrico County, VA (January 18th, 2022)



*Percentage of population receiving at least one dose

Social Vulnerability & Low Vaccination by Census Tract Richmond City, VA & Henrico County, VA (January 18th, 2022)



*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.