WEEKLY COVID-19 REPORT FOR EXTERNAL USE

WEEK OF: MONDAY, JANUARY 24, 2022

KEY TAKEAWAYS

Cases

Cases appear to have **decreased** 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	**943.86**	1468.78
Richmond	**1060.1**	1409.94

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

Hospitalizations & Fatalities

Among hospitals in the Richmond Catchment Area, **hospitalizations** have notably **increased** since the middle of December to new all-time peaks in January, with a recent downturn in hospitalizations and a **plateau** in **ICU hospitalizations** and **ventilator utilizations** in the last week. **Fatalities** in November and December have also fluctuated between a low of **less than 5** and a high of **6** deaths per week per district. **Data related to deaths are subject to sizable amounts of lag.**

Richmond Catchment Area: Hospital Status Board Trends			
Time Period	Hospitalizations	ICU Hospitalizations	Ventilator Utilizations
2021 January 1st, 2021→			
Last 4 Weeks December 28th, 2021→			

- **6 out of 11 hospitals in the Richmond Catchment Area are operating at a 'Conventional' clinical status, while 2 are operating at a 'Contingency' status and 3 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	**69.2%**	**62.0%**	**28.5%**
Region	70.9%	63.8%	28.9%

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 24, 2022.

	RICHMOND CITY		HENRICO COUNTY	
	Tests	Positivity	Tests	Positivity
PCR*	382,413	26.9%	607,092	24.0%
Antigen	112,134	19.3%	225,746	24.2%
Total (PCR, antigen, and antibody)	500,148	24.9%	844,590	24.3%

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

CASE STATUS	RICHMOND CITY	HENRICO COUNTY	VIRGINIA
New cases this week (January 24)	1,025	1,514	73,891
All cases	38,325	55,547	1,481,294
Confirmed cases	28,156	36,043	1,058,488
Hospitalizations	979	1,268	44,542
Deaths	340	670	13,315
Probable cases	10,169	19,504	422,806
Hospitalizations	29	59	2,637
Deaths	53	84	2,633
Case rate per 100,000	16631.5	16790.8	17354.5

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	570	65
Pending Hospitalizations	38	
Confirmed - ICU	94	28
Pending - ICU	*	
Confirmed - Ventilators	40	327
Pending - Ventilators	*	

Within the 11 hospitals that comprise the Richmond catchment area, there are currently 65 total available hospital beds, 28 available adult ICU beds, and 327 available ventilators. Based on the VHASS hospital dashboard on January 24, 2022, 6 hospitals in the Richmond Catchment area are operating at conventional clinical status, 3 are operating at Crisis clinical status, and 2 are 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 **943.86** new cases per 100,000 population, while in Henrico the **7-day total case rate** is currently **1,060.1** 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.

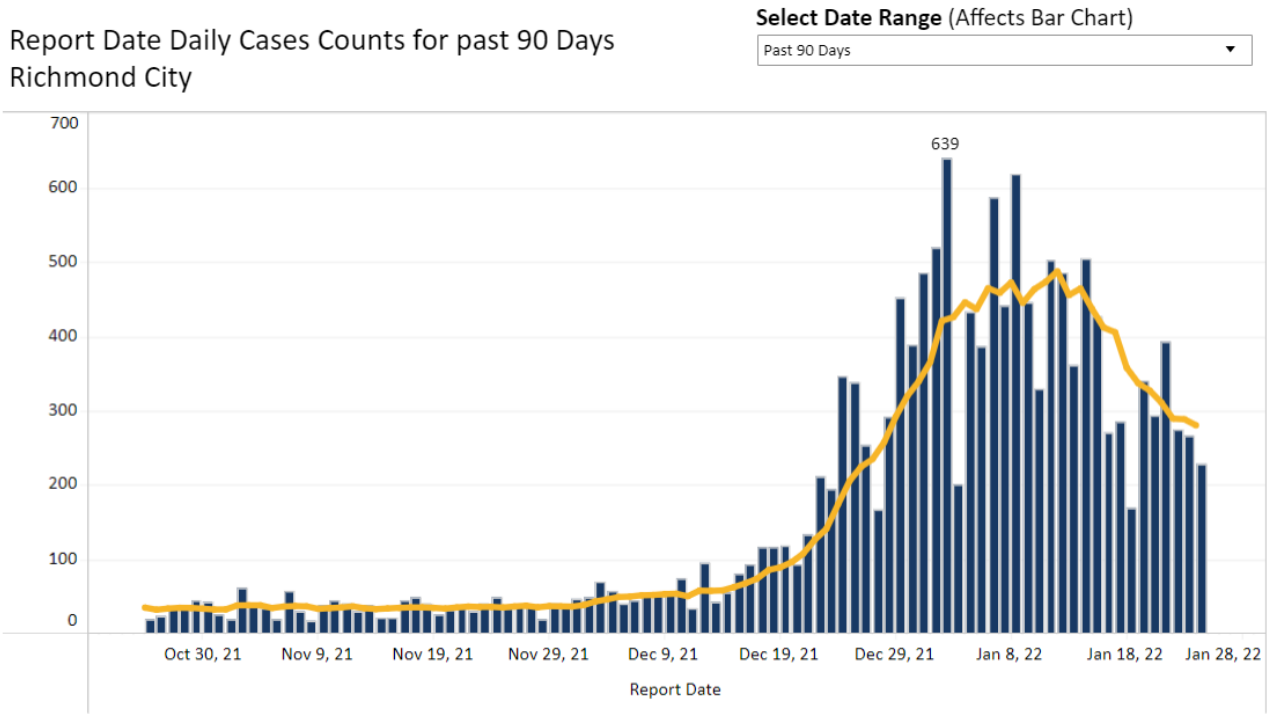
In Richmond, 20-29 year olds have the highest case rate by age group both overall and in the last four weeks, followed by 30-39 year olds in the last four weeks. In Henrico, individuals over the age of 80 long showed the highest cumulative case rate, but 20-29 year olds have now surpassed them after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

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
228	280	122.4	2,096



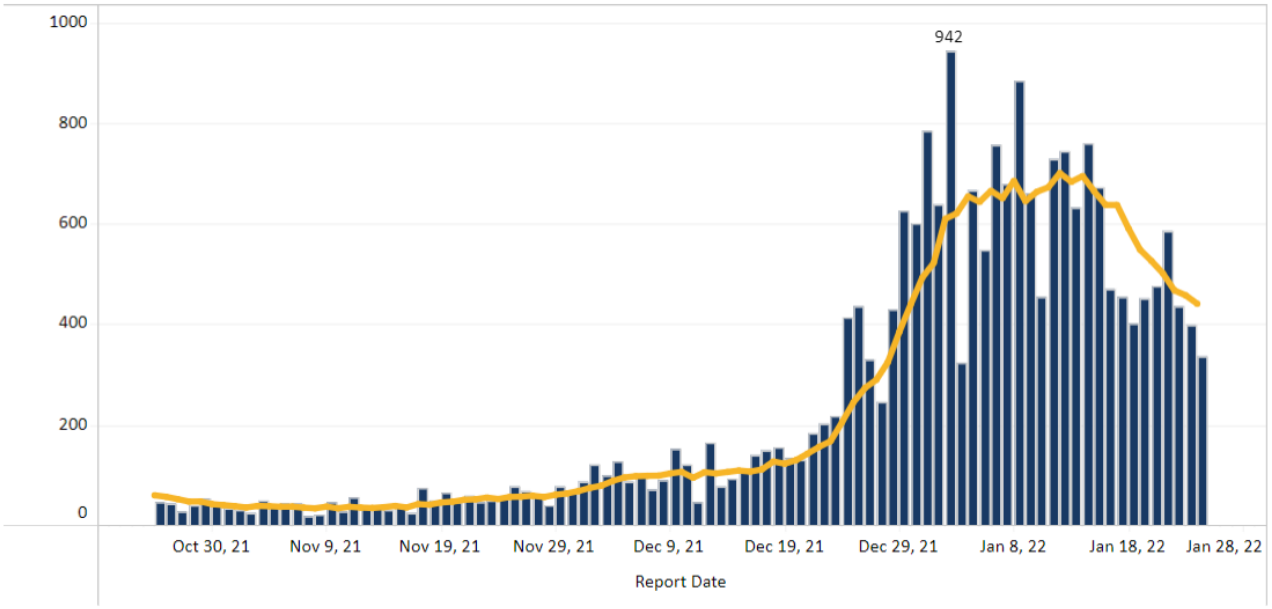
- Data from December in Richmond shows daily case counts rising faster than previously recorded during the Covid-19 pandemic, with new peaks over 600 per day.
- The 7-day moving average indicates a recent decline in new cases, but this could simply be due to lags in data reporting.

Number of New Cases Reported^	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
337	441	133.8	2,290

Report Date Daily Cases Counts for past 90 Days
Henrico

Select Date Range (Affects Bar Chart)

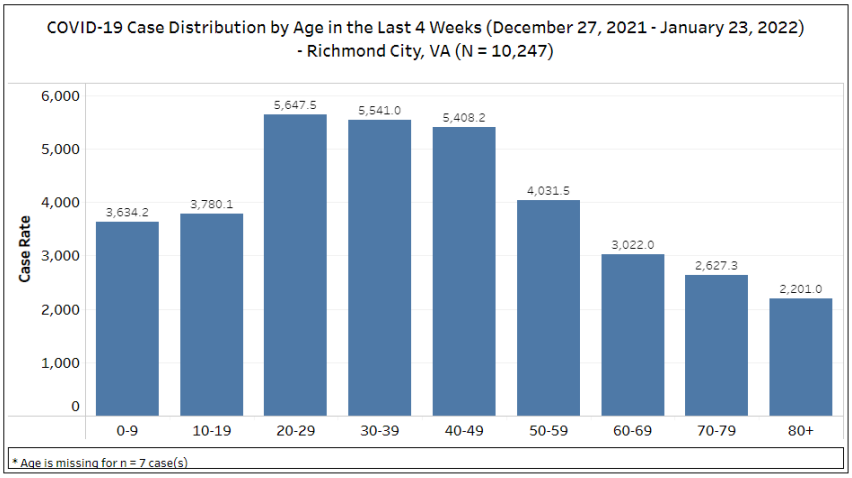
Past 90 Days



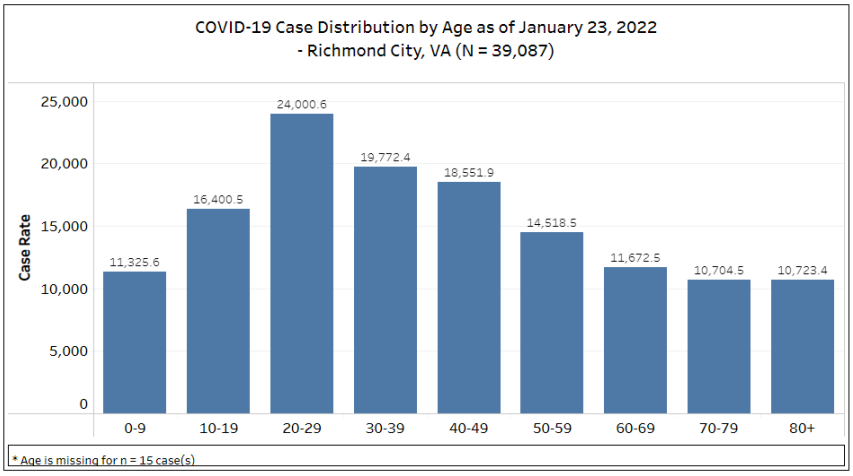
- Data from December in Henrico shows daily case counts rising faster than previously recorded during the Covid-19 pandemic, with new peaks above 900 per day.
- The 7-day moving average lends evidence to a potential decline in overall cases.

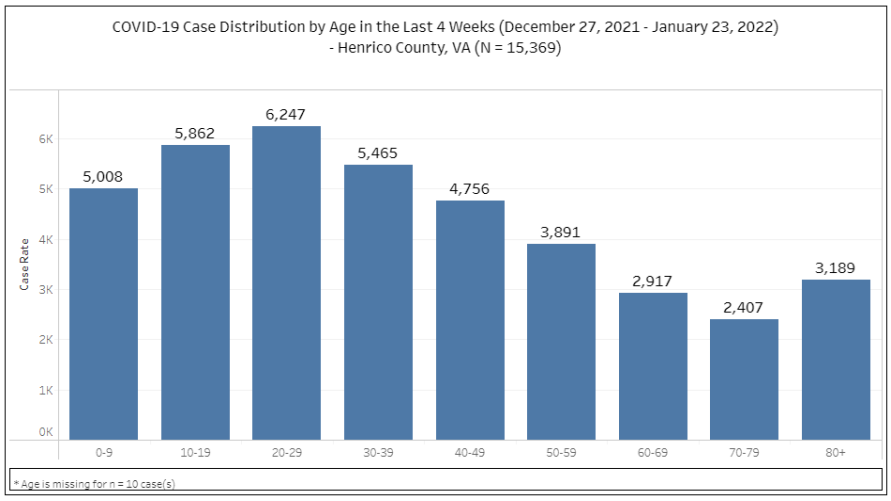
2.3 Cases by Age Group by County

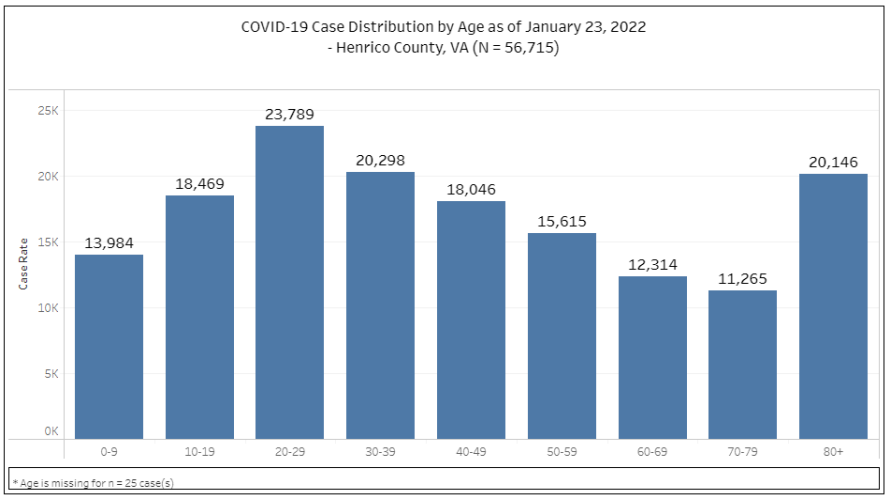
Population totals are based on 2019 data from the National Center for Health Statistics (NCHS). Please note - this is a change from previous reports which used Census data to estimate population by age group.



- 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.





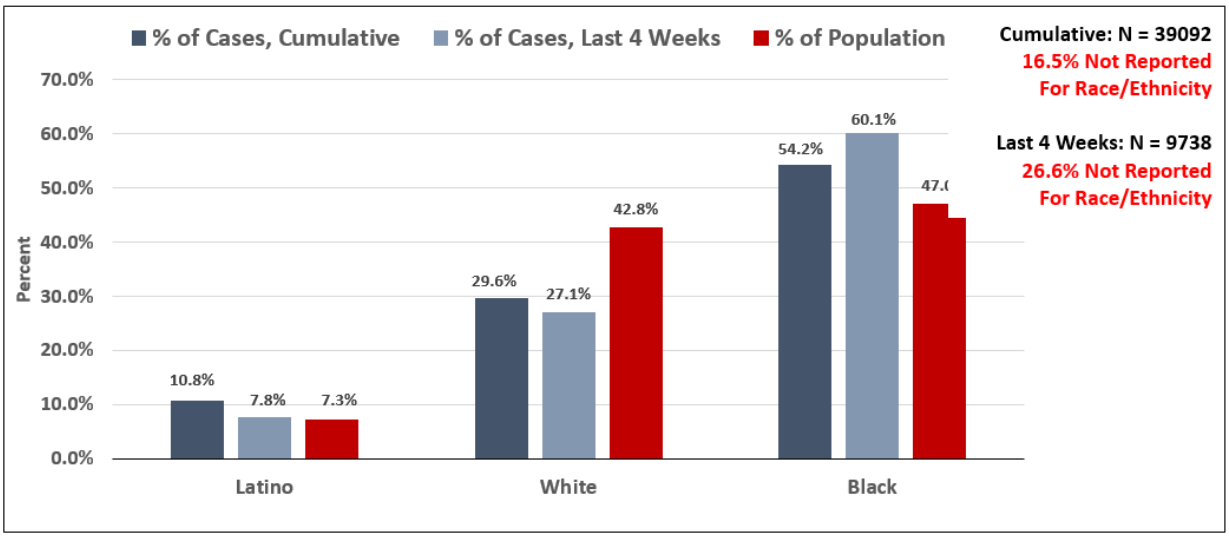


- In Henrico, individuals aged 20-29 have the highest case rates in the last four weeks. Individuals aged 20-29 also have the highest case rate cumulatively followed by those 80+.

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).

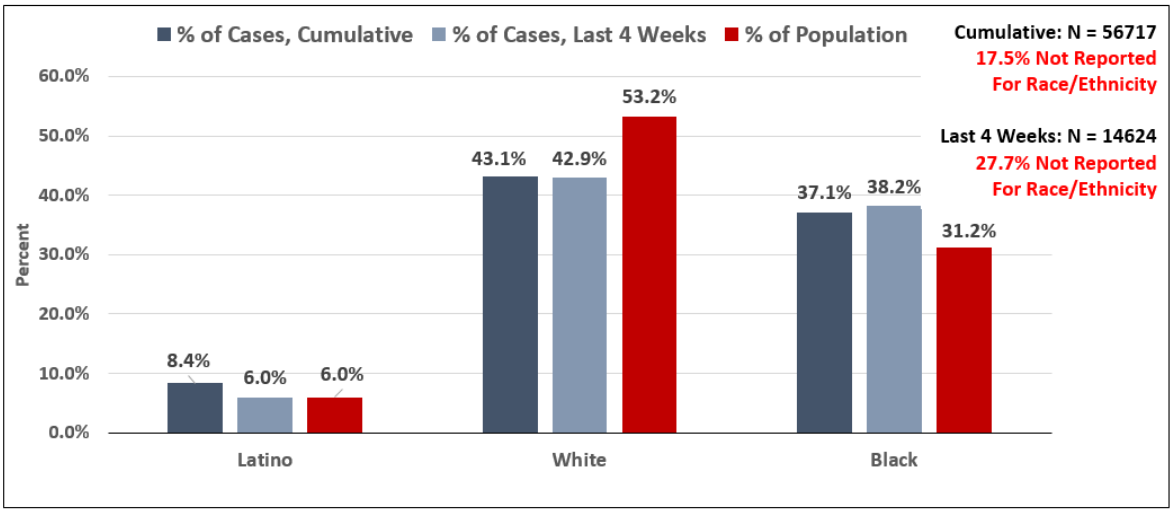
COVID-19 Case Distribution by Race and Ethnicity in the Last 4 Weeks (December 27, 2021 – January 23, 2022)- and Cumulatively through January 23, 2022 Richmond City, VA



* NCHS population estimates are not available for Two or More Races (324 total cases) or Other Race (813 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 in Richmond, the case burden for Black individuals (60.1%) is disproportionately high relative to their population percentage (47.0%), while the case burden for White and Latino individuals is disproportionately low (27.1% and 7.8% respectively) relative to their population percentage (42.8% and 7.3% respectively).

COVID-19 Case Distribution by Race and Ethnicity in the Last 4 Weeks (December 27, 2021 – January 23, 2022)- and Cumulatively through January 23, 2022 – Henrico County, VA



NCHS population estimates are not available for Two or More Races (549 total cases) or Other Race (2034 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 (36.8%) was proportional higher than their share of the population (31.2%). Case burdens for White individuals (43.3%) are proportionally lower than their share of the population (53.2%).

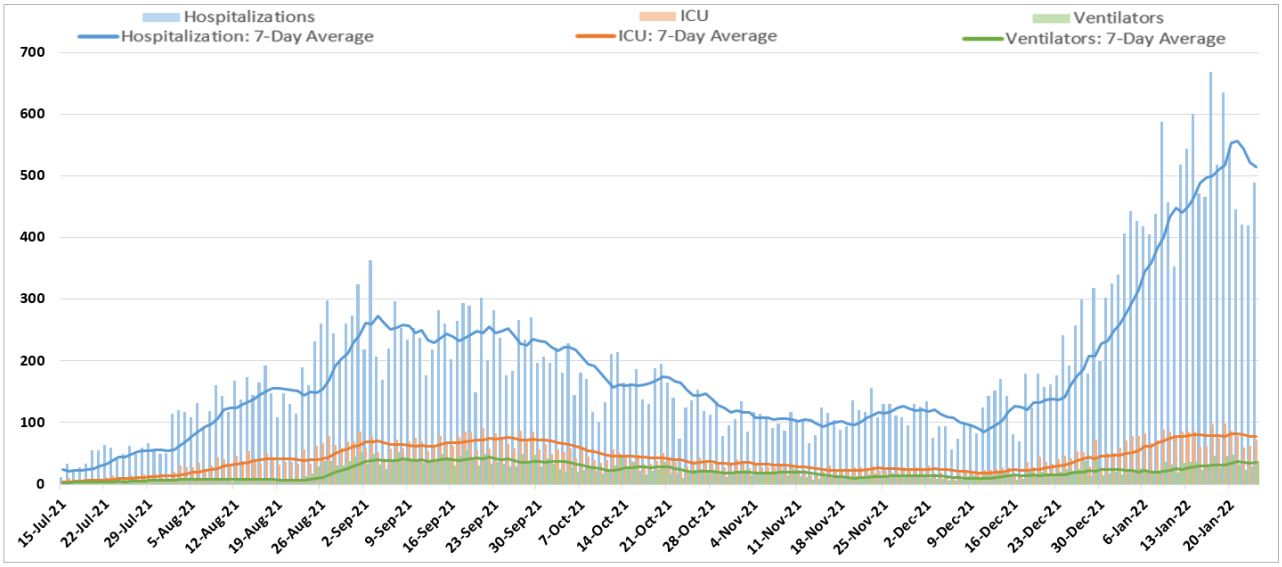
3.0 Hospitalizations & Fatalities

3.1 Summary of Hospitalizations & Fatalities

Among hospitals in the Richmond Catchment Area, **hospitalizations** have notably **increased** since the middle of December to new all-time peaks in January. A recent downturn in hospitalizations and a **plateau** in **ICU hospitalizations** and **ventilator utilizations** in the last week may be the start of an overall decline, but the downward trend is too new to confirm this development. **Fatalities** in November and December have also fluctuated between a low **less than 5** and a high of **6** deaths per week per district. **Data related to 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 15, 2021 – January 24, 2021
Richmond Catchment Area Hospitals



*Counts Displayed in Above Metric - Hospitalizations: 37,318 of 113,606; ICU Hospitalizations: 8,428 of 26,977; Ventilator Utilizations: 4,119 of 14,437

- Hospitalizations, ICU Hospitalizations, and Ventilator Utilizations in the Richmond Catchment area showed an overall decrease from late September through mid December besides a couple of notable fluctuations.
- Data since then has indicated a sharp rise in Hospitalizations to new all-time peaks, and relatively moderate corresponding increases in ICU Hospitalizations & Ventilator Utilizations to new recent peaks.
- The past week has shown a decrease in Hospitalizations and plateauing in ICU Hospitalizations and Ventilator Utilizations but it is not clear yet if this is the beginning of new trends.
- *Within the Virginia Electronic Disease Surveillance System, the 'hospitalization' of a case is captured at the time VDH performs case investigation. This underrepresents the total number of hospitalizations in Virginia; especially with recent case data. Moving forward, this report will contain hospitalization data sourced only from the Virginia Hospital Administration Surveillance System (VHASS), as this datasource provides direct & up-to-date figures regarding hospitalizations in the Richmond catchment area.

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 24, 70.9% of the region's population has received at least one dose of the vaccine. 63.8% of the region's population has been fully vaccinated. A growing number of 28.9% had received a booster in the region. Approximately 69.2% of the combined Richmond City and Henrico County population has received at least one dose and 62.0% of the two districts' combined population has been fully vaccinated. 28.5% 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**	**4,205 (27.7%)**	**3,051 (20.1%)**	**0 (0%)**
	12-17	11,150	6,916 (62%)	6,004 (53.8%)	984 (8.8%)
	18+	**190,750**	**128,914 (67.6%)**	**115,285 (60.4%)**	**57,426 (30.1%)**
	65+	31,809	25,703 (80.8%)	23,650 (74.4%)	15,928 (50.1%)
Henrico	**5-11**	**28,406**	**11,004 (38.7%)**	**8,200 (28.9%)**	**0 (0%)**
	12-17	25,954	19,660 (75.7%)	17,569 (67.7%)	2,858 (11%)
	18+	**256,660**	**212,410 (82.8%)**	**193,351 (75.3%)**	**98,675 (38.4%)**
	65+	52,720	49,489 (93.9%)	45,684 (86.7%)	32,735 (62.1%)

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 24, 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	258,800	231,181	103,707
	Colonial Heights	17,370	11,149	9,632	4,166
	Powhatan	29,652	17,989	16,364	7,701
Chickahominy	Charles City	6,963	7,043	6,696	1,693
	Goochland	23,753	18,556	17,185	8,286
	Hanover	107,766	78,908	72,971	32,687
	New Kent	23,091	15,163	13,860	6,115
Henrico	Henrico	330,818	246,515	221,696	101,533
Richmond	Richmond City	230,436	142,034	126,234	58,410
Total		**1,122,651**	**796,157**	**715,819**	**324,298**

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 Uptake by County, Age Group, and Racial/Ethnic Group Over Time

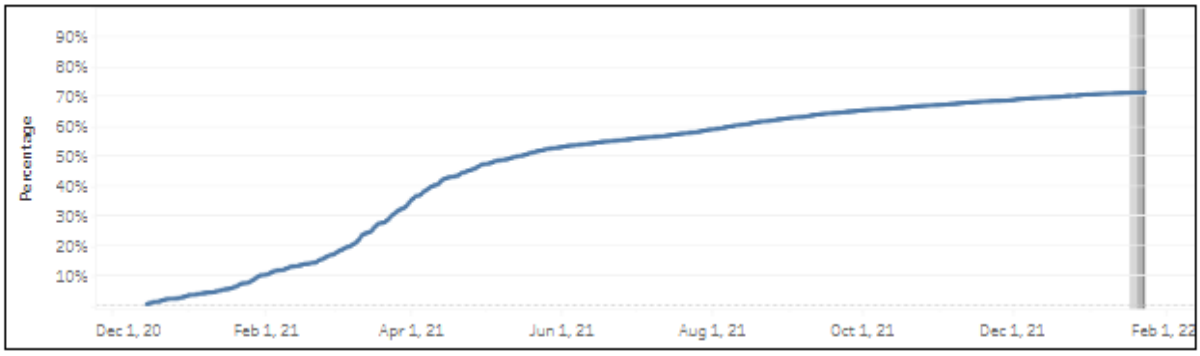
The following charts track vaccination percentage by age group over time since vaccinations first began in mid-December. ***Note: These plots exclude individuals under 12, so the total vaccinations reported for each plot will not match the numbers reported in other sections.***

Richmond

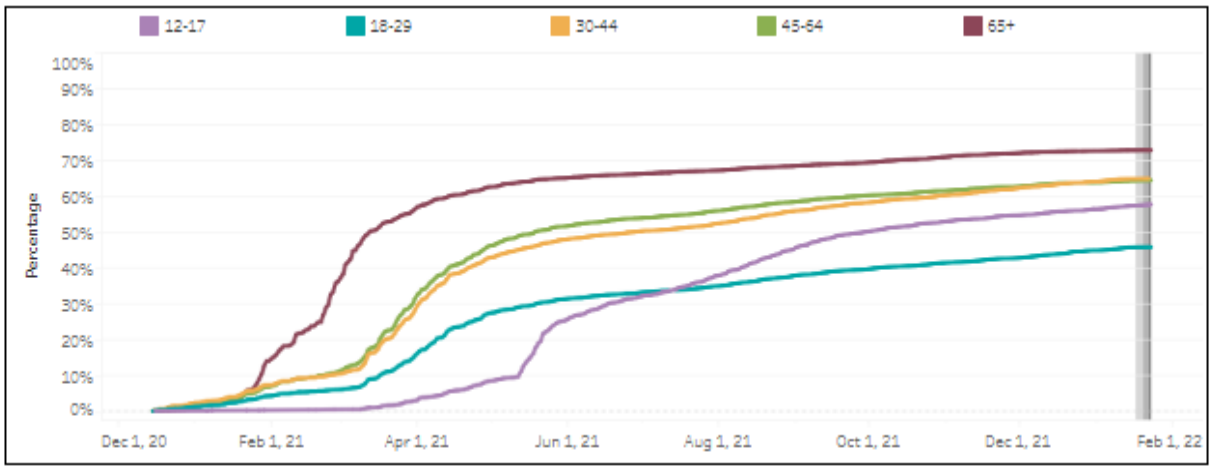
- Overall vaccination percentage in Richmond notably increased in March and maintained this pace into April before beginning to slow down when just under 50% of the population had received at least one dose.
- In fall and winter 2021, new vaccinations have continued at a slow but steady pace and the overall vaccination percentage is over 70%.
- Vaccination percentage rose quickly among individuals 65 and over earlier than other age groups and new vaccinations started to slow down as other age groups saw increases.
- One can observe that since March, vaccination among individuals 30 to 64 is similar to the overall trend, with a slower trend for individuals 18 to 29 and a delayed increase for individuals 12 to 17 corresponding to when 12 to 15 year olds became eligible.
- Among race and ethnicity groups through spring 2021, vaccination percentage increased fastest among White and Asian or Pacific Islander individuals before slowing down with some fluctuations since then. Meanwhile, the trend was initially slower among Latino individuals, but it did not slow nearly as noticeably.
- The trend for new vaccinations has been slowest for Black individuals and for individuals 18 to 29 in Richmond.

- All vaccination percentages are based on NCHS population estimates, which are subject to some variability. Lags in data reporting can occur, as indicated by the gray region in recent days.

Percentage of Individuals 12 and Over with At Least One Dose (N=142,034)
as of January 23, 2022 - Richmond City

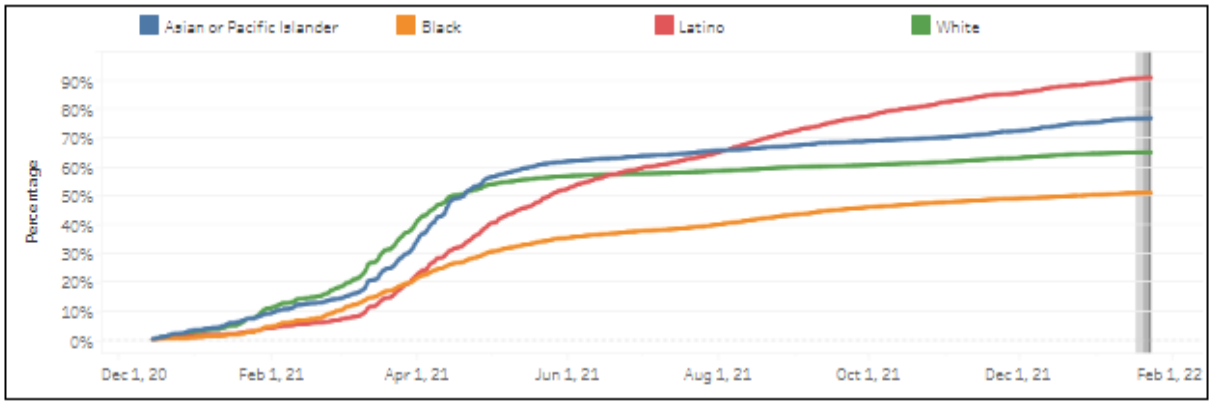


By Age Group (n=135,830)



*Age group of "Null" value: n=1,999

By Race & Ethnicity (n=124,118)

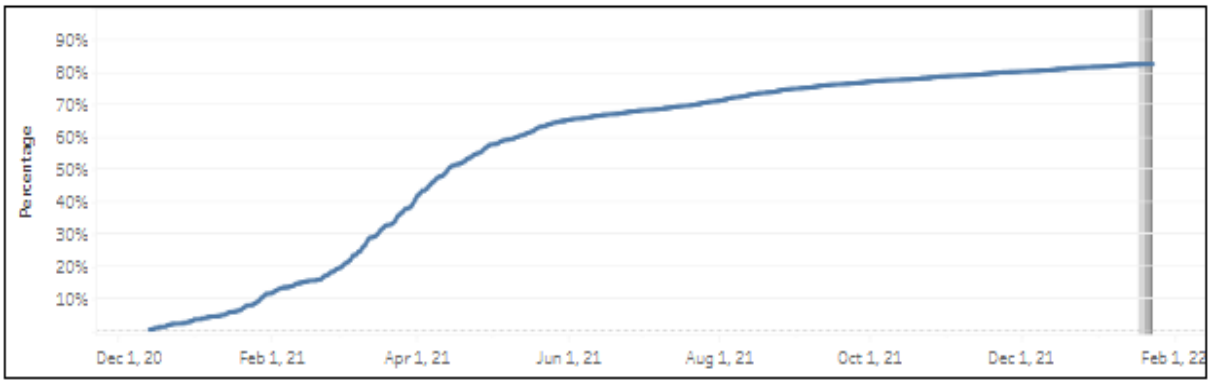


*Race/ethnicity group of "Unknown" or "Other Race" value: n=17,258

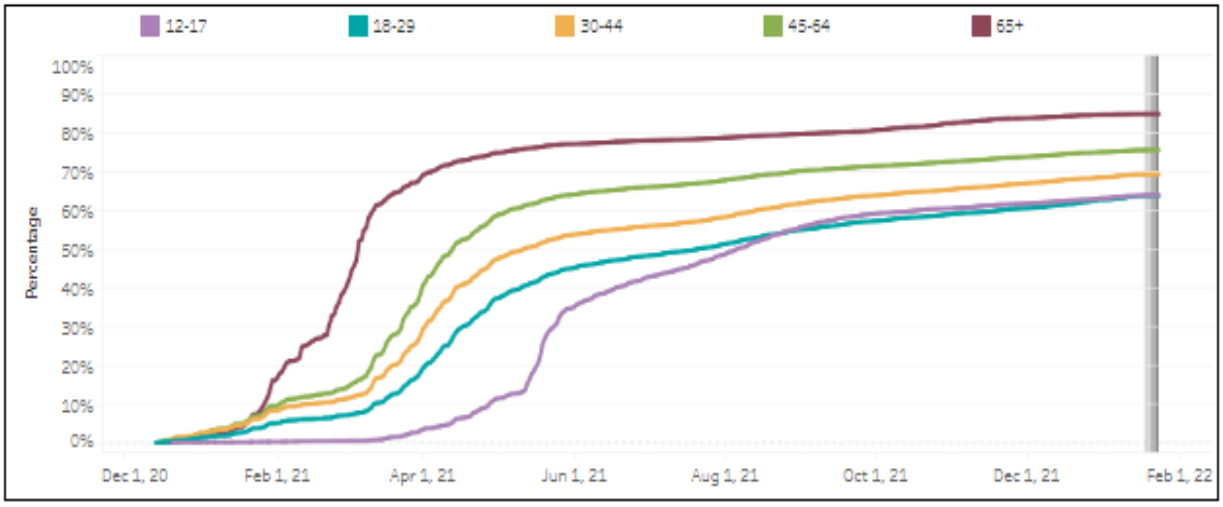
Henrico

- Overall vaccination percentage in Henrico saw a large increase over the course of late February through early May 2021 before beginning to slope off to a slow, steady pace in recent months. The overall percentage currently is over 80% of the population.
- A large proportion of individuals 65 and over were vaccinated in February and early March 2021 before the trend slowed in spring.
- Individuals 18 to 29, 30 to 44, and 45 to 64 all saw similar patterns of trend increases in mid-March through the end of April 2021, with the actual increase being somewhat faster among older individuals than younger individuals, while individuals 12 to 17 saw a drastic increase in vaccination percentage when 12 to 15 year olds became eligible.
- Trends in vaccination percentage among race and ethnicity groups were initially fastest among White individuals in February and March 2021 before being overtaken by Asian and Pacific Islander individuals in April. Latino individuals appear to have since achieved the highest percentage of vaccinated individuals in fall 2021, though still close to the overall percentage for Asian or Pacific Islander individuals; both groups are over 85% vaccinated.
- Black individuals maintained a pace with other race and ethnicity groups in the first three months of 2021 but did not see the same degree of increase trends in spring and currently possess the lowest vaccination percentage at over 50%.
- All vaccination percentages are based on NCHS population estimates, which are subject to some variability. Lags in data reporting can occur, as indicated by the gray region in recent days.

Percentage of Individuals 12 and Over with At Least One Dose (N=246,515)
as of January 23, 2022 - Henrico County

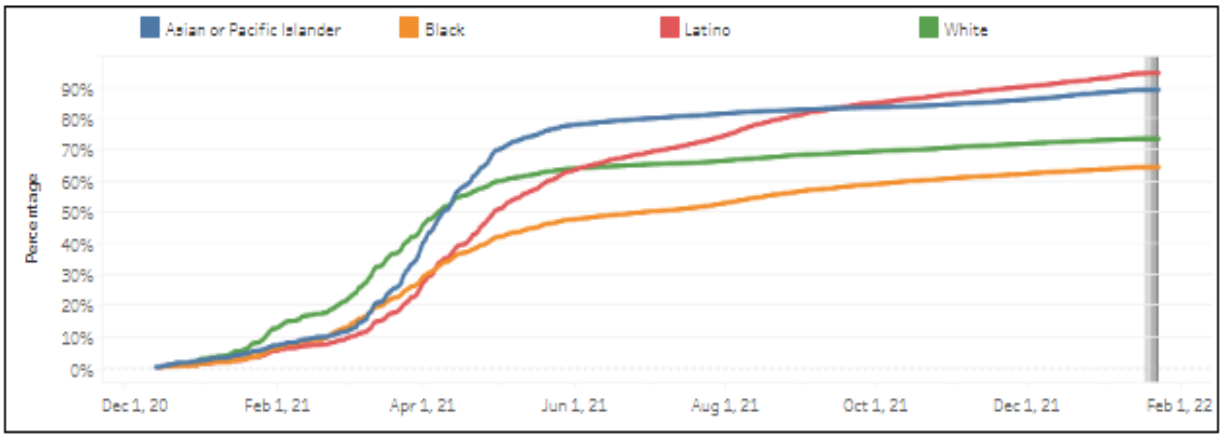


By Age Group (n=232,070)



*Age group of "Null" value: n=3,441

By Race & Ethnicity (n=211,823)



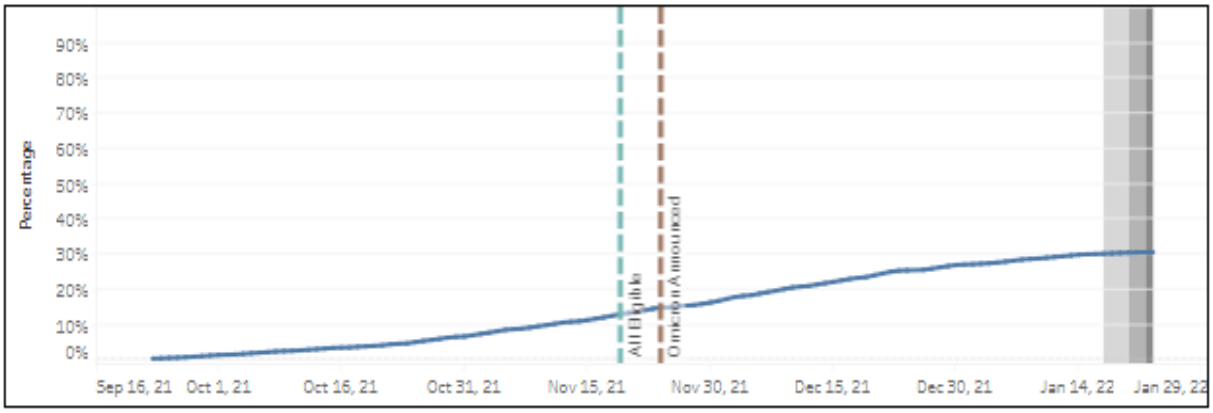
*Race/ethnicity group of "Unknown" or "Other Race" value: n=33,023

4.5 Booster Uptake by County, Age Group, and Racial/Ethnic Group Over Time

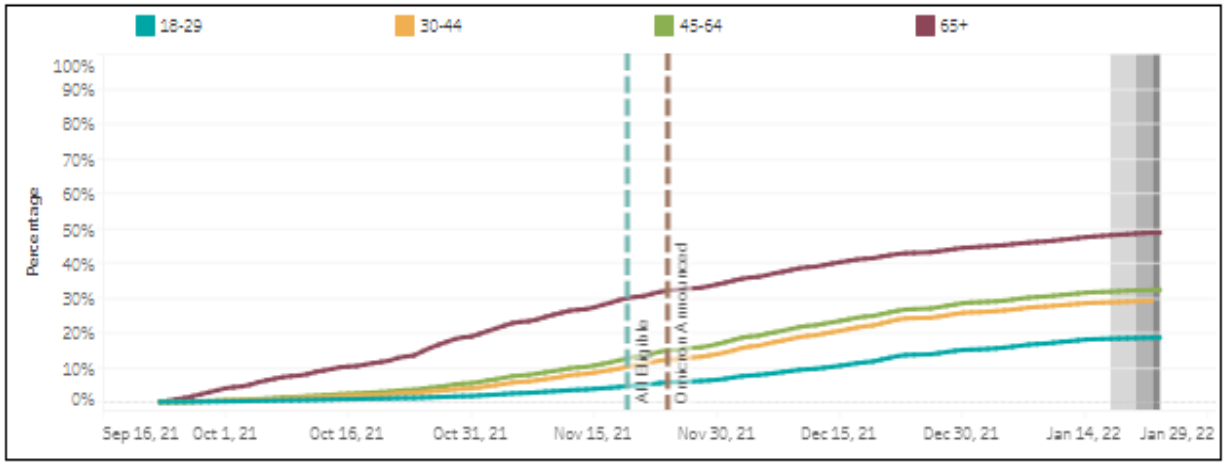
Richmond

- Overall boosted percentage has risen steadily since late October 2021, with no noticeable increase in the overall trend when all adults became eligible or when the Omicron variant was announced. Currently about 30% of the population is boosted.
- Individuals 65 and over have seen by far the fastest growth overall, though the trends for 30 to 44 year olds and 45 to 64 year olds have been higher in winter 2021. Individuals 18 to 29 represent the lowest boosted percentage among all age groups in Richmond, just as they do for the primary series.
- Boosted percentages among White and among Asian or Pacific Islander individuals have increased generally in line with one another, having surpassed 30%, while boosted percentages among Latino and among Black individuals have increased at a slower but similar rate and are currently at about 15%.
- All boosted percentages are based on NCHS population estimates, which are subject to some variability. Lags in data reporting can occur, as indicated by the gray region in recent days.

Boosted Percentage of Adult Population (N=55,090) as of January 23, 2022 - Richmond City

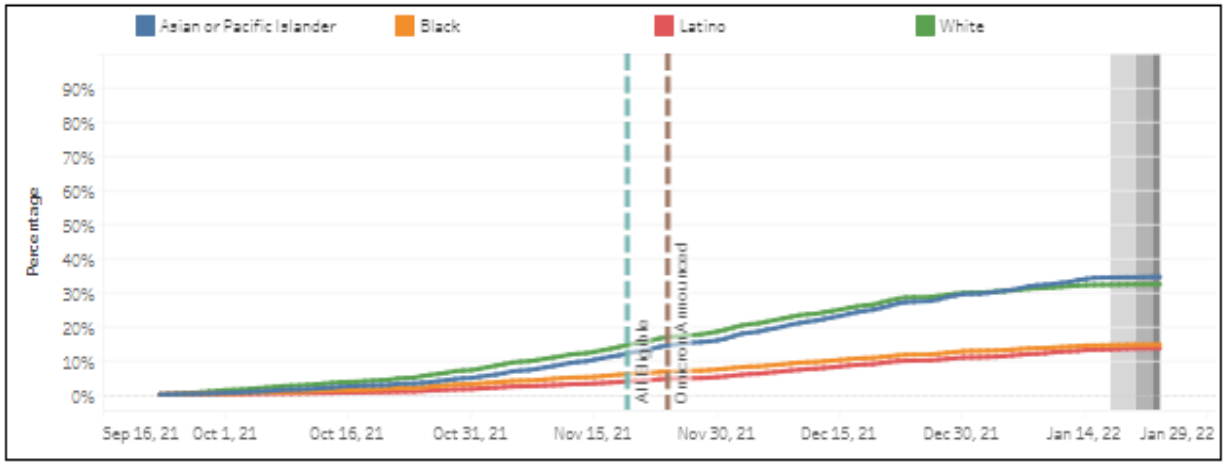


By Age Group (n=55,090)



*Age group of "Null" value: n=0

By Race & Ethnicity (n=51,985)

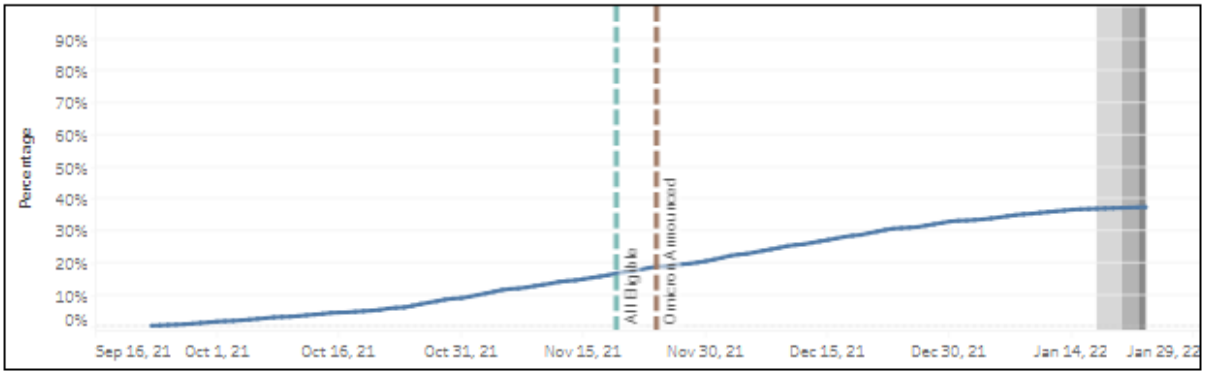


*Race/ethnicity group of "Unknown" or "Other Race" value: n=2,774

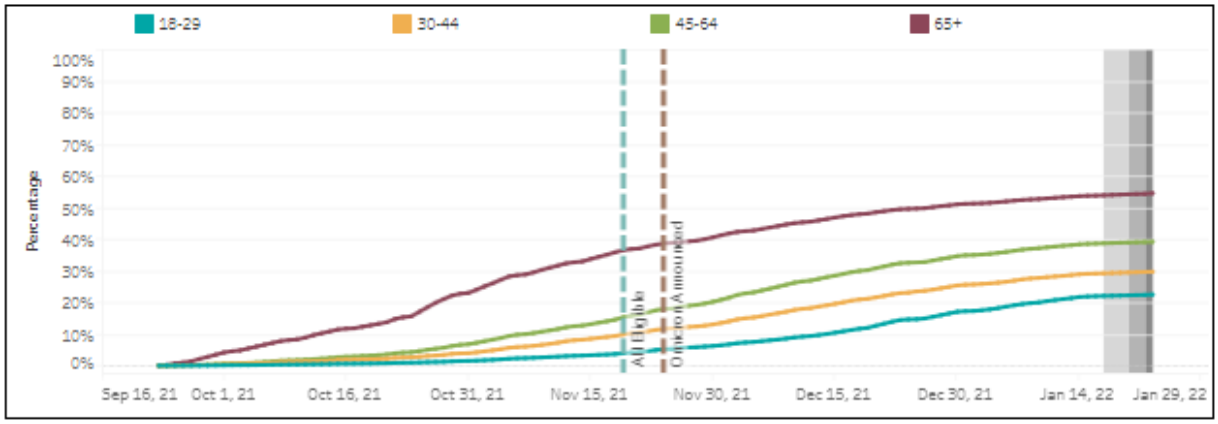
Henrico

- Overall boosted percentage has steadily increased since late October 2021, with no noticeable change after all adults became eligible or after the Omicron variant was announced. The boosted percentage of the population is approaching 40%.
- Boosted percentage by age group is spread out, with over 50% of individuals 65 and over boosted but just over 20% of individuals 18 to 29.
- Individuals 30 and over have increased steadily in boosted percentage since late October 2021, but the trend for 18 to 29 year olds has sloped upwards since December 2021.
- White individuals were observed to have the fastest early rate of new vaccinations, but the trend for Asian or Pacific Islanders sloped upwards when all adults became eligible for the booster and when the Omicron variant was announced. White individuals and Asian or Pacific Islander individuals now have a similar vaccination percentage, both over 30%.
- Black individuals and Latino individuals have had similar slow, steady trends in new vaccinations and both groups are still under 20% boosted.
- All boosted percentages are based on NCHS population estimates, which are subject to some variability. Lags in data reporting can occur, as indicated by the gray region in recent days.

Boosted Percentage of Adult Population (N=94,976) as of January 23, 2022 - Henrico County

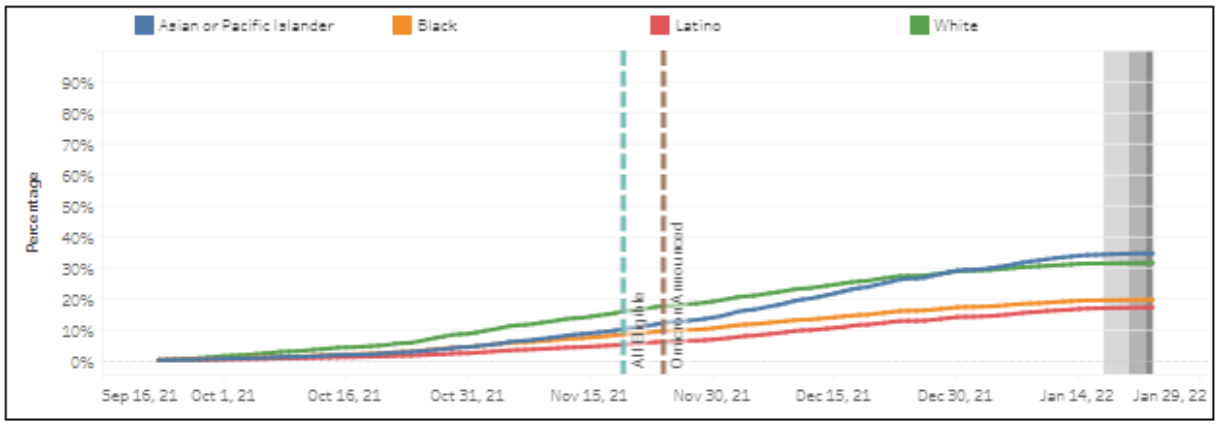


By Age Group (n=94,976)



*Age group of "Null" value: n=0

By Race & Ethnicity (n=89,411)



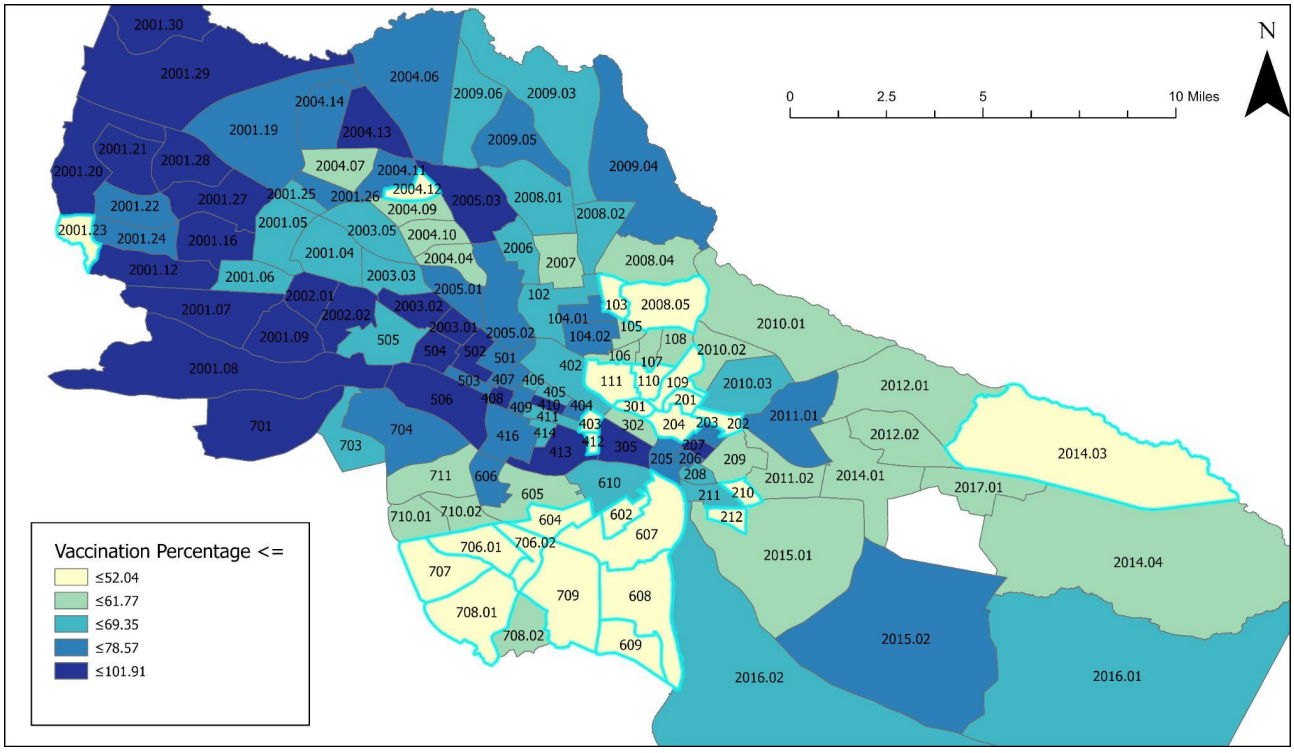
*Race/ethnicity group of "Unknown" or "Other Race" value: n=4,727

4.6 Vaccine Distribution Maps

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

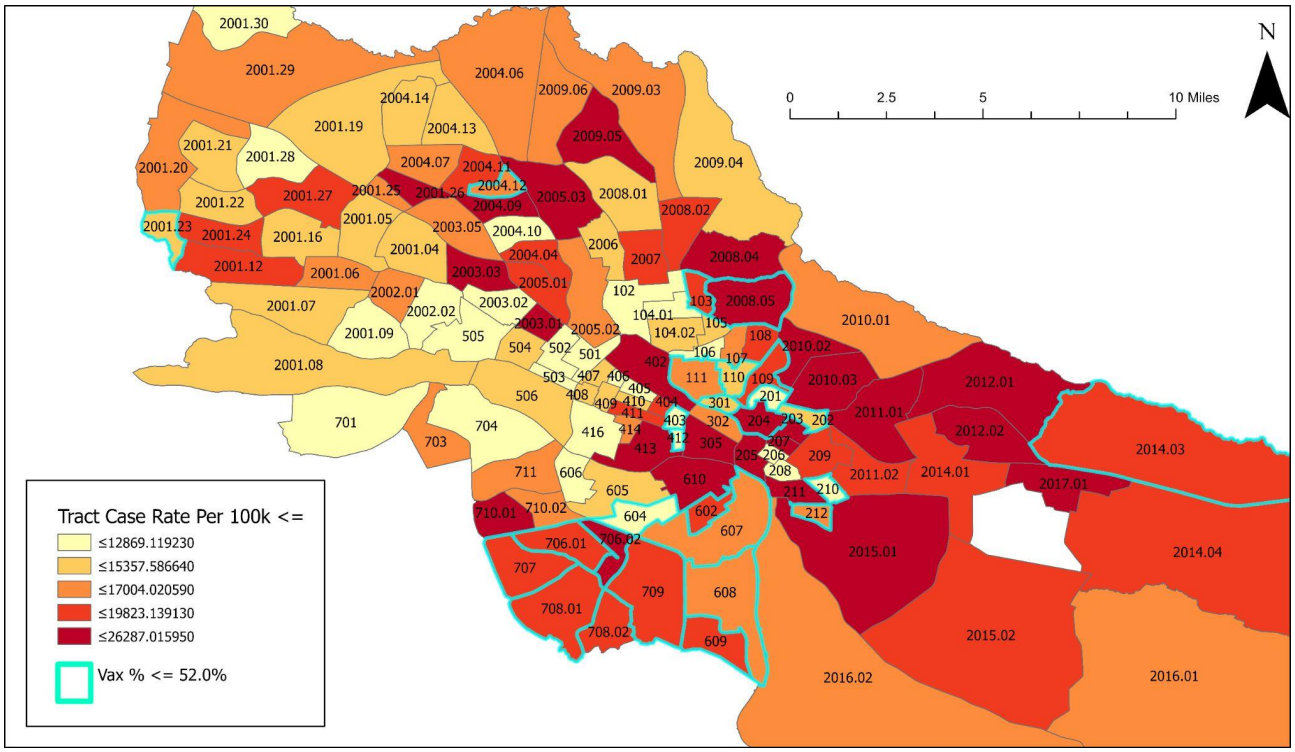
<u>These percentages are estimations, and are solely intended for use in the planning and facilitation of outreach events.</u>

Vaccination Percentage by Census Tract
Richmond City, VA & Henrico County, VA (January 24th, 2022)



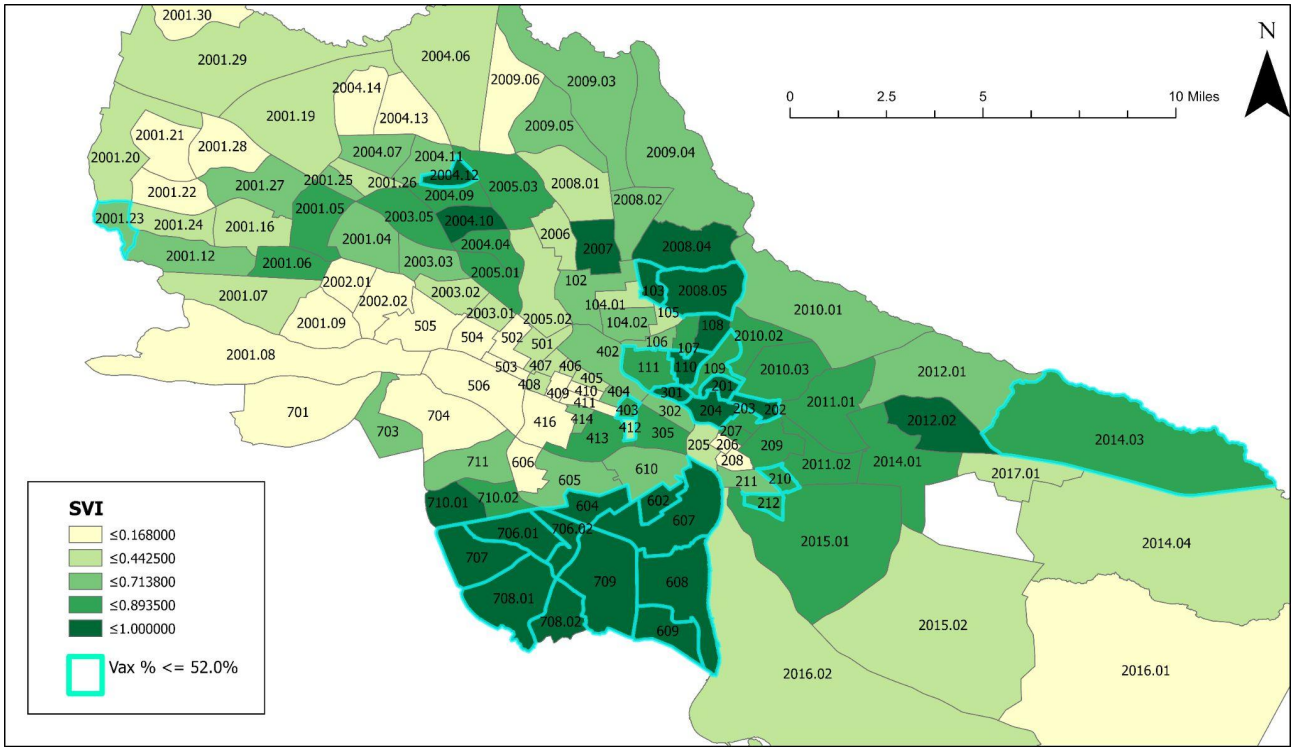
*Percentage of population receiving at least one dose

COVID-19 Case Rate per 100k & Low Vaccination Percentage Tracts
Richmond City, VA & Henrico County, VA (January 24th, 2022)



*Percentage of population receiving at least one dose

Social Vulnerability & Low Vaccination by Census Tract
Richmond City, VA & Henrico County, VA (January 24th, 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: ((Confirmed Cases + Probable Cases)/Population Estimate)*100,000

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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