

# WEEKLY COVID-19 REPORT FOR EXTERNAL USE

WEEK OF: MONDAY, MARCH 21, 2022

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## KEY TAKEAWAYS

### Cases

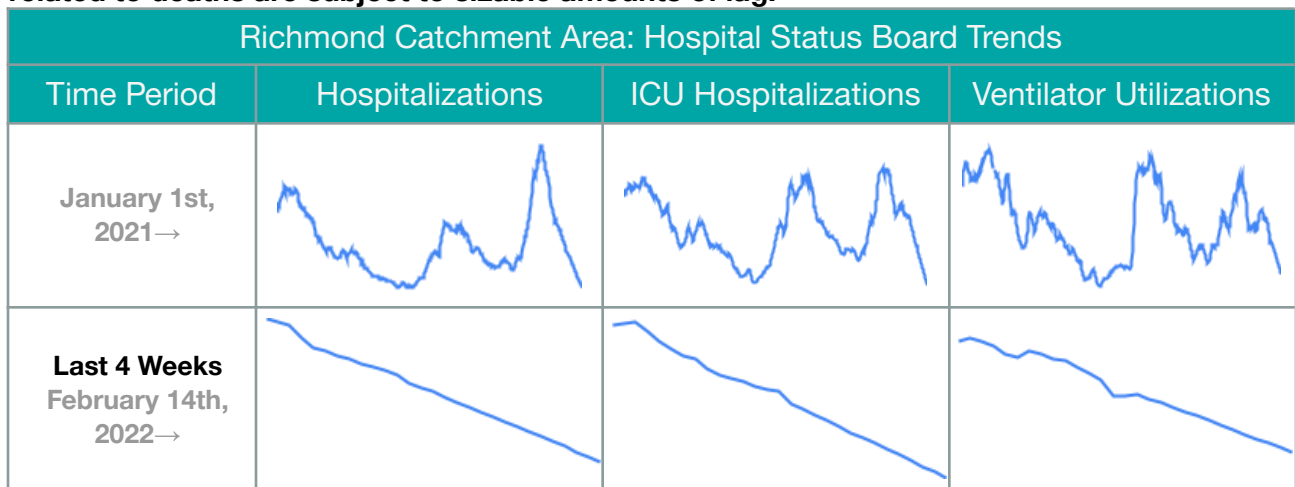
According to the [CDC Covid Data Tracker](#), cases continue to **decrease** in both Richmond and Henrico in recent weeks. In both localities, the [CDC COVID-19 Community Level](#) is **Low**

7-day total case rate per 100,000		
District	This Week	1 Week Ago
Henrico	<b>58.04</b>	70.74
Richmond	<b>39.06</b>	74.66

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

### HOSPITALIZATIONS & FATALITIES

Among hospitals in the Richmond Catchment Area, **hospitalizations** have **decreased** since their peak in January. An initial decrease can also be seen for **ICU hospitalizations** and **ventilator utilizations** in the same time period. **Fatalities** appeared to rise in January in both districts. **Data related to 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 3 are operating at 'Contingency' status.

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## 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
<b>Richmond City &amp; Henrico County</b>	<b>70.9%</b>	<b>65.9%</b>	<b>34.4%</b>
Region	72.6%	67.4%	34.5%

Vaccination Demographic Trends		
Demographic	Richmond City	Henrico County
<b>Age Groups</b>	30+	12+
<b>Sex</b>	Female	
<b>Race</b>	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 March 21, 2022.

	RICHMOND CITY		HENRICO COUNTY	
	Tests	Positivity	Tests	Positivity
PCR*	400,949	3.9%	649,229	3.9%
Antigen	124,323	2.2%	245,141	2.6%
Total (PCR, antigen, and antibody)	531,100	3.4%	903,596	3.9%

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

CASE STATUS	RICHMOND CITY	HENRICO COUNTY	VIRGINIA
New cases this week (March 21st)	92	199	4,817
All cases	44,040	63,882	1,659,710
Confirmed cases	32,685	41,787	1,186,446
Hospitalizations	1,026	1,326	45,574
Deaths	412	788	16,185
Probable cases	11,355	22,095	473,264
Hospitalizations	32	66	2,882
Deaths	70	109	3,281
Case rate per 100,000	19111.6	19310.3	19444.7

*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	67	103
Pending Hospitalizations	10	
Confirmed - ICU	17	50
Pending - ICU	*	
Confirmed - Ventilators	7	342
Pending - Ventilators	*	

\*This metric is unrelated to the CDC's measure of "Percent of staffed inpatient beds occupied by COVID-19 patients". The metrics are sourced differently and represent different geographic areas.

Between the 11 hospitals that comprise the Richmond catchment area, there are currently 103 total available hospital beds, 50 available adult ICU beds, and 342 available ventilators.

Based on the VHASS hospital dashboard on March 7, 2022, 8 hospitals in the Richmond Catchment area are operating at Conventional clinical status and three hospitals 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 highs in January, 2022, cases in both districts appear to be following a downward trend through March. In Richmond, on March 21st, the **7-day total case rate** was **39.06** new cases per 100,000 population, while in Henrico the **7-day total case rate** was **58.04** new cases per 100,000 population. Additionally, in both Richmond and Henrico, the [CDC COVID-19 Community Level](#) is **Low**.

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 over the last four weeks, followed by 30-39 and 70-79 year olds. Individuals aged 20-29 have the highest cumulative case rate in Richmond. In Henrico, individuals 30-39 and 70-79 showed the highest case rates in the last four weeks, while 20-29 year olds have the highest cumulative case rate.

Regarding race and ethnicity in both Richmond and Henrico, White individuals have disproportionately high cases relative to their populations in the last four weeks, while Black individuals have disproportionately low cases in that same time period, a reversal of the proportions from cumulative case counts. In both localities, cases have been disproportionately high cumulatively for Latino individuals, but over the last four weeks, the case burden for Latinos in Richmond has been close to their estimated proportion of the population.

## 2.2 Case Reporting Trends by Report Date

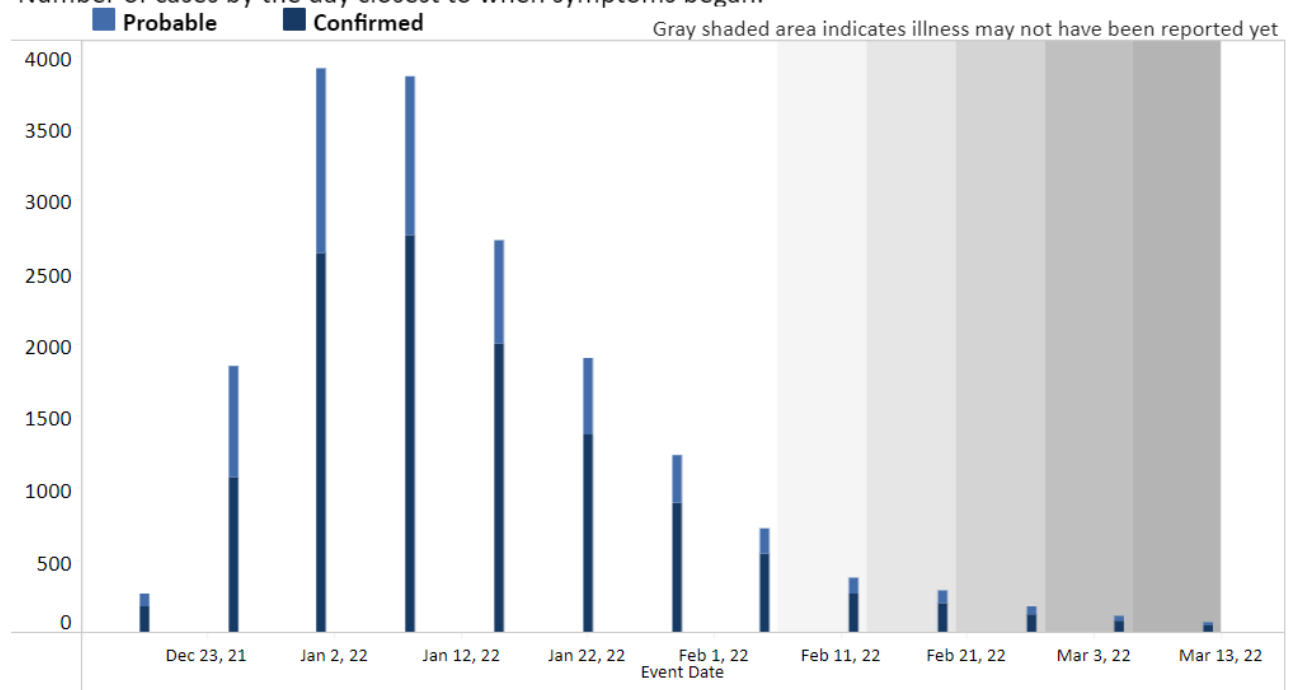
On March 10, 2022, VDH made changes to simplify and streamline some of the COVID-19 dashboards. These changes included removing the visualizations of cases by “Report Date”, in favor of a visualization of the total cases by “Event Date” per week.

The “Event Date” is an estimation of the date symptoms began and is calculated using the best available date information available for each case.

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

### Number of Cases by Date of Illness for Richmond City for the past 13 weeks

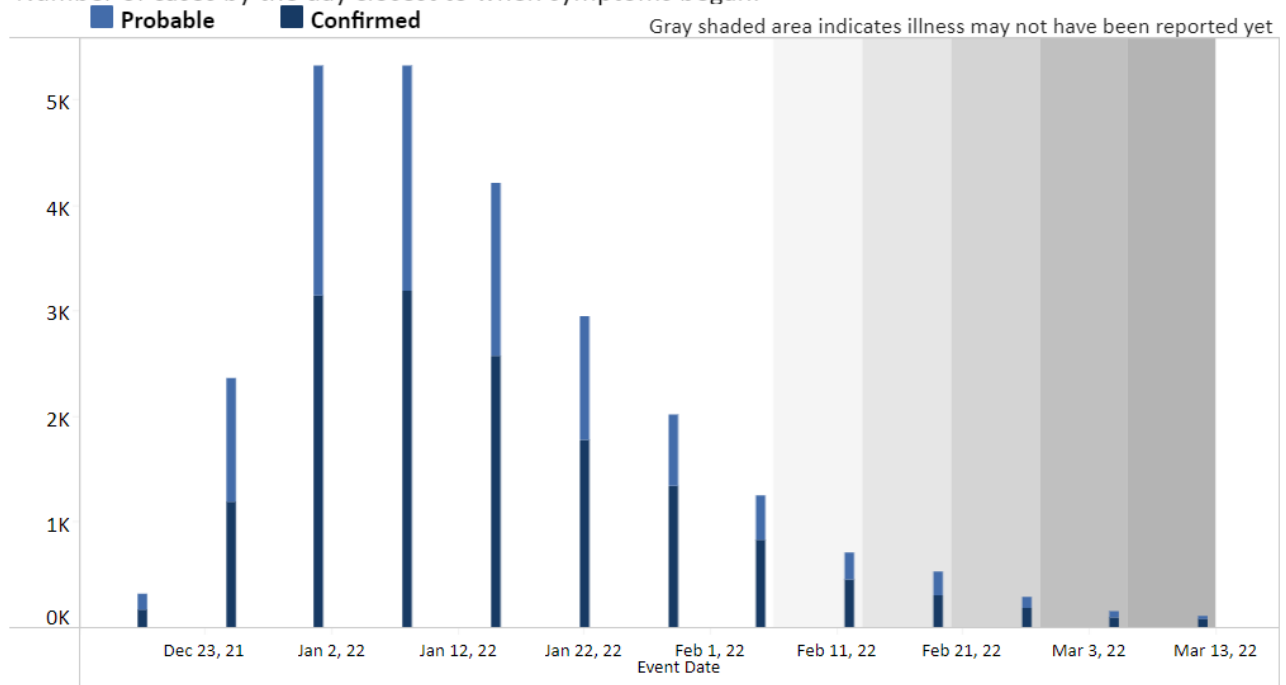
Number of cases by the day closest to when symptoms began.



- After notable peaks in January, cases in Richmond city have trended steadily downward.
- Case totals by Event Date are subject to lag. Counts in the gray shaded area of the graph are expected to change in the coming weeks.

## Number of Cases by Date of Illness for Henrico for the past 13 weeks

Number of cases by the day closest to when symptoms began.

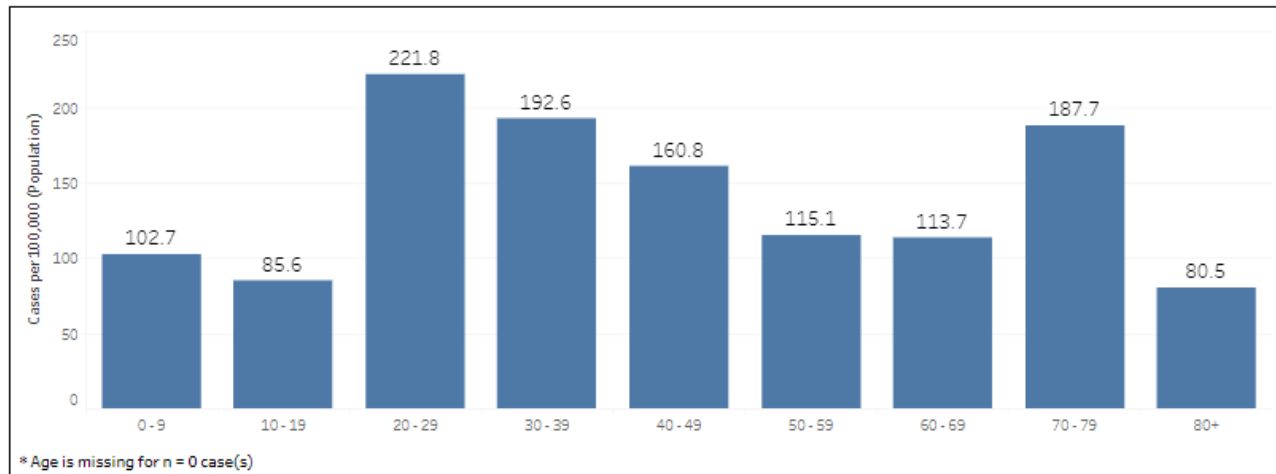


- After new highs in January, cases in Henrico have trended steadily downward.
- Case totals by Event Date are subject to lag. Counts in the gray shaded area of the graph are expected to change in the coming weeks.

## 2.3 Cases by Age Group by County

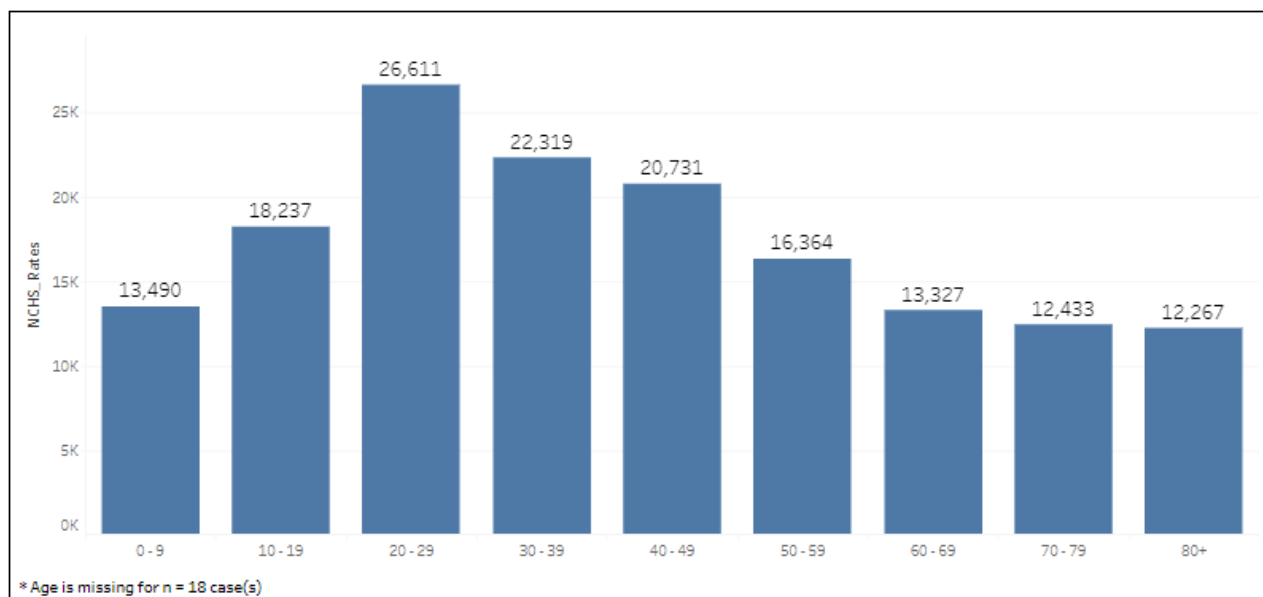
### COVID-19 Case Distribution by Age in the Last 4 Weeks (February 22, 2022 - March 21, 2022)

- Richmond City, VA (N = 353)



### COVID-19 Case Distribution by Age as of March 21, 2022

- Richmond City, VA (N = 44,053)

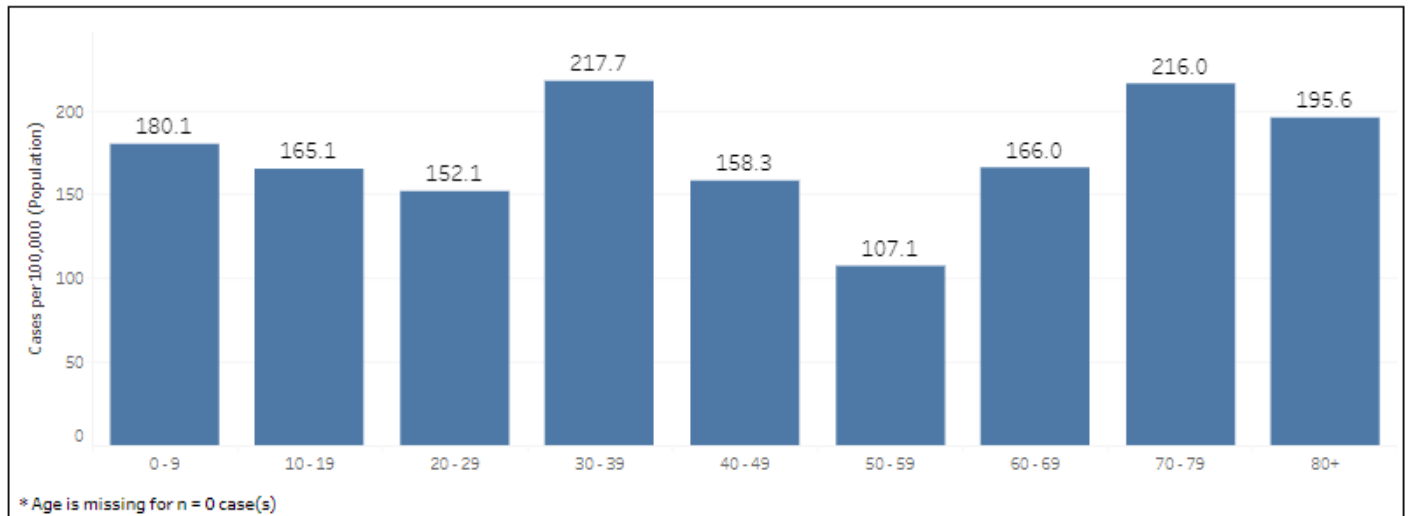


- In Richmond City, individuals aged 20-29 have the highest case rates in the last four weeks, followed by individuals aged 70-79. Individuals aged 20-29 have the highest case rate cumulatively.

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.

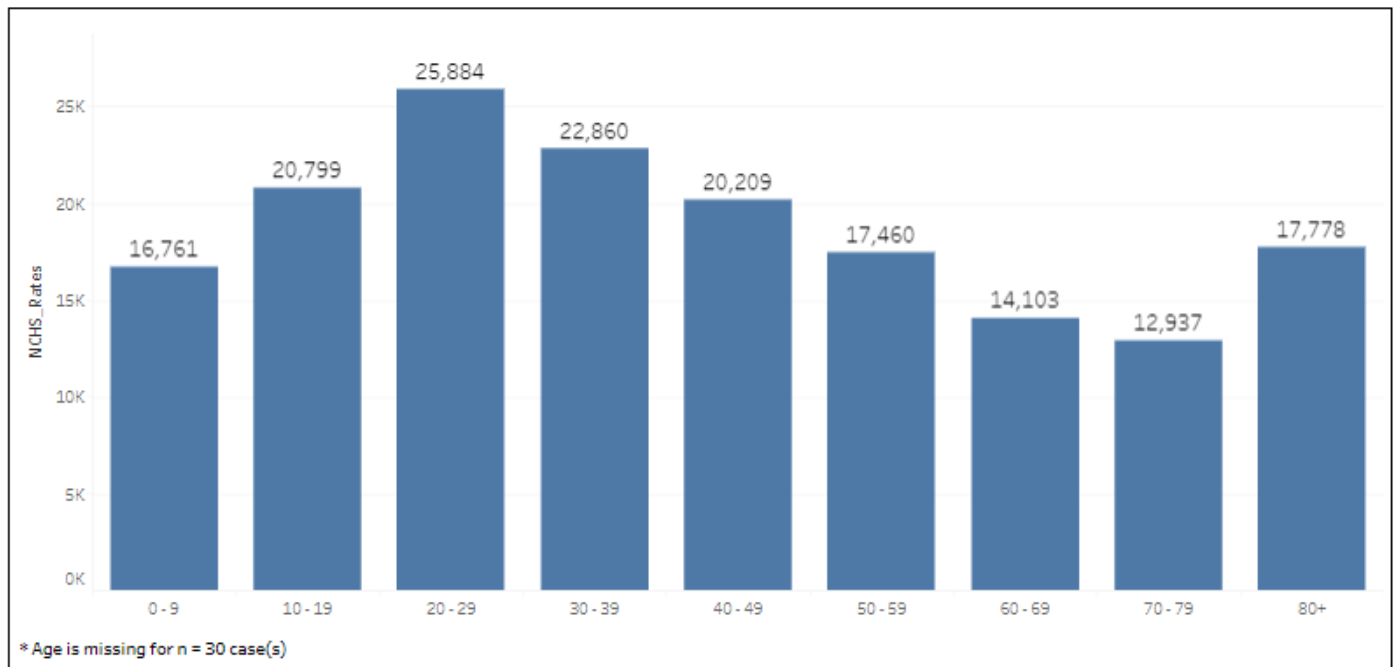
### COVID-19 Case Distribution by Age in the Last 4 Weeks (February 22, 2022 - March 21, 2022)

- Henrico County, VA (N = 559)



### COVID-19 Case Distribution by Age as of March 21, 2022

- Henrico County, VA (N = 63,907)

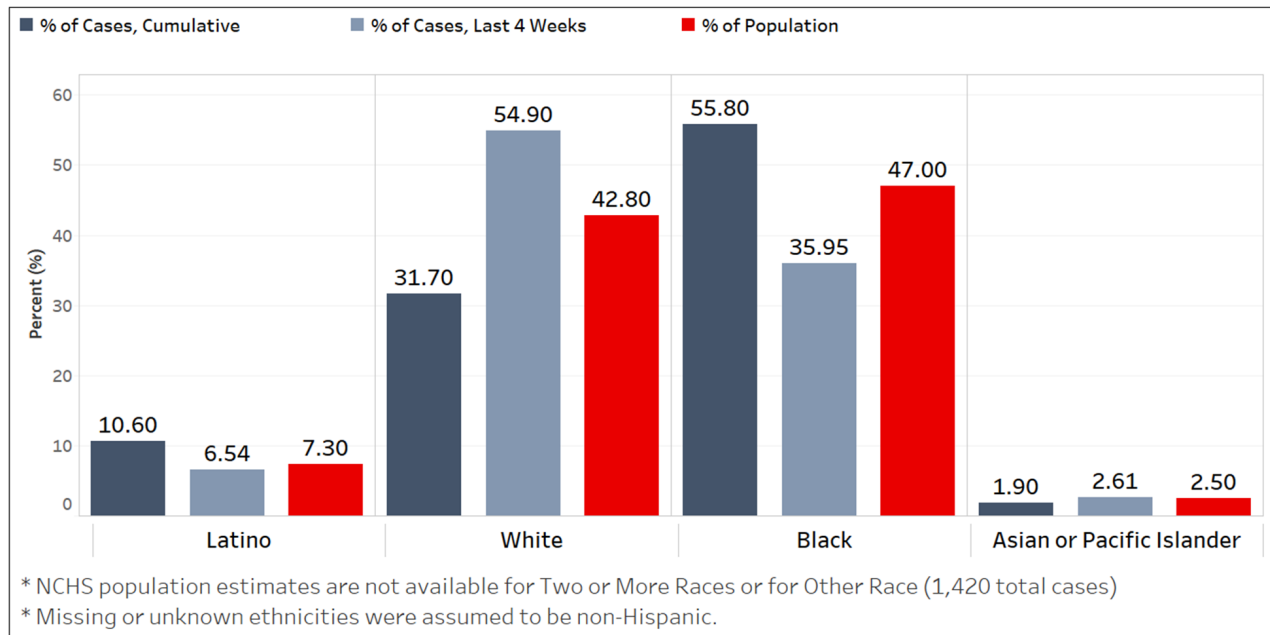


- In Henrico, individuals aged 30-39 have the highest case rates in the last four weeks, followed by those aged 0-9. Individuals aged 20-29 have the highest case rate cumulatively followed by those 30-39.

## 2.4 Cases & Population Proportions by Race & Ethnicity by County

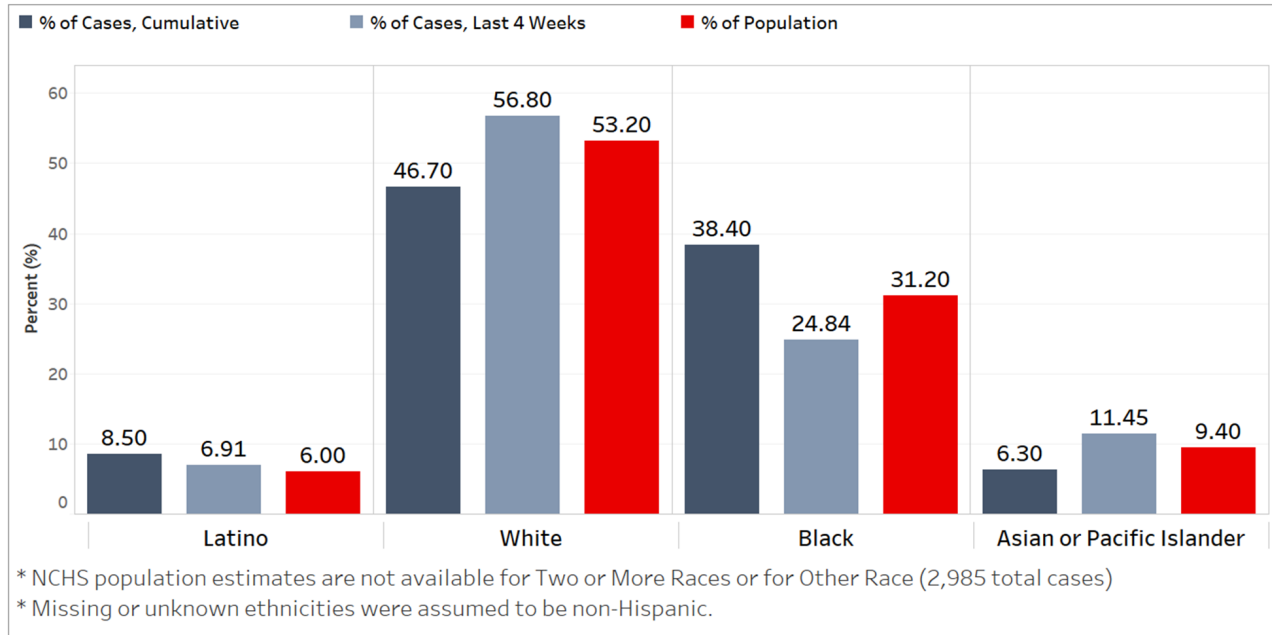
Population totals are based on 2019 data from the National Center for Health Statistics (NCHS).

COVID-19 Case Distribution by Race/Ethnicity over the last 4 weeks (February 21, 2022 - March 20, 2022) and cumulatively as of March 20, 2022 - Richmond City, VA



- In the last 4 weeks in Richmond, the case burden for Black individuals (36%) is noticeably below their population percentage (47%), a large reduction from the cumulative percentage (55.8%), and the case burden for White individuals (54.9%) is noticeably higher than their population proportion (42.8%). The case burden for Latino individuals (6.5%) is lower than their population percentage (7.3%).

COVID-19 Case Distribution by Race/Ethnicity over the last 4 weeks (February 21, 2022 - March 20, 2022)  
and cumulatively as of March 20, 2022 - Henrico County, VA



- In Henrico in the last four weeks the case burden for Black individuals (24.8%) is lower than their proportion of the population (31.2%). The case burden for White individuals (56.8%) is high, relative to their proportion of the population (53.2%). The recent case burden (11.5%) has fallen more heavily on the Asian or Pacific Islander population (9.4%) than has the cumulative burden (6.3%).

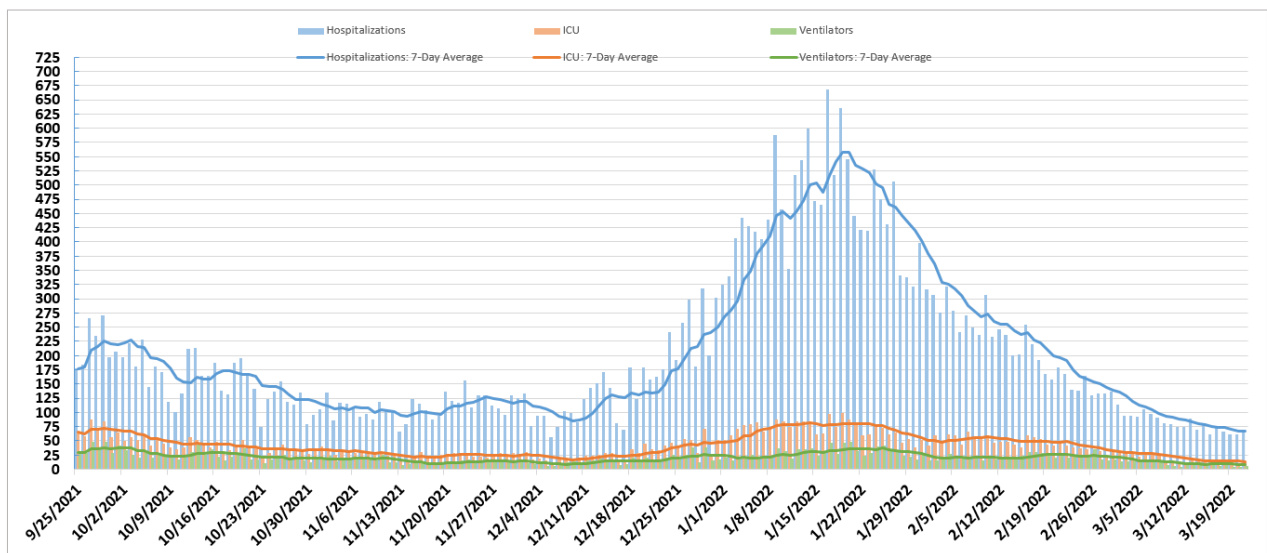
## 3.0 Hospitalizations & Fatalities

### 3.1 Summary of Hospitalizations & Fatalities

Among hospitals in the Richmond Catchment Area, **hospitalizations** have **decreased** over the past nine weeks after reaching new all-time peaks in January. A more gradual decrease was observed for **ICU hospitalizations** and **ventilator utilizations** in the same time period. It is now clear that **Fatalities** peaked in January with totals not seen since January 2021 in both Richmond and Henrico, although they appear to have decreased since then. **Data related to deaths can be 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  
August 25th, 2021 – March 21st, 2022  
Richmond Catchment Area



\*Sum Of Daily Counts Displayed in Above Metric - Hospitalizations: 36,273 of 131,701 ALL TIME, ICU Hospitalizations: 7,378 of 29,091 Ventilator Utilizations: 3,661 of 15,478

- 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.
- Starting in mid-December, there was a sharp rise in Hospitalizations to new all-time peaks, along with relatively moderate corresponding increases in ICU Hospitalizations & Ventilator Utilizations to new recent peaks.
- Recent weeks have shown a marked decrease in Hospitalizations, while ICU Hospitalizations and Ventilator Utilizations have shown a more gradual decrease.
- The gradual decline in Covid-19 hospitalizations continued through February and into March.

## 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 March 21, 72.6% of the region's population has received at least one dose of the vaccine. 67.4% of the region's population has been fully vaccinated. A growing number of 34.5% had received a booster in the region. Approximately 70.9% of the combined Richmond City and Henrico County population has received at least one dose and 65.9% of the two districts' combined population has been fully vaccinated. 34.4% of the two districts' 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 has been met by all age groups over 12 years old.

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

### 4.2 Percentage of Population Vaccinated by Age Group as of March 21, 2022

County	Age Group	POPULATION	PEOPLE WITH AT LEAST ONE DOSE	PEOPLE FULLY VACCINATED	PEOPLE WITH BOOSTER
Richmond	5-11	15,198	5,085 (33.5%)	4,100 (27%)	**
	12-17	11,150	7,074 (63.4%)	6,196 (55.6%)	1,275 (11.4%)
	18+	190,750	130,229 (68.3%)	120,603 (63.2%)	61,955 (32.5%)
	65+	31,809	25,800 (81.1%)	24,227 (76.2%)	16,845 (53%)
Henrico	5-11	28,406	13,221 (46.5%)	11,119 (39.1%)	5 (0%)
	12-17	25,954	19,967 (76.9%)	18,011 (69.4%)	3,956 (15.2%)
	18+	256,660	213,835 (83.3%)	201,394 (78.5%)	105,326 (41%)
	65+	52,720	49,636 (94.2%)	47,155 (89.4%)	33,940 (64.4%)

\*\* Less than 5

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 March 21, 2022

Source: [vdh.virginia.gov](http://vdh.virginia.gov)

HEALTH DISTRICT	LOCALITY	TOTAL POPULATION	PEOPLE WITH AT LEAST ONE DOSE	PEOPLE FULLY VACCINATED	PEOPLE WITH BOOSTERS
Chesterfield	Chesterfield	352,802	264,954	242,065	121,371
	Colonial Heights	17,370	11,486	10,163	4,919
	Powhatan	29,652	18,789	16,902	8,768
Chickahominy	Charles City	6,963	7,122	7,135	2,268
	Goochland	23,753	18,789	18,173	9,857
	Hanover	107,766	80,156	77,625	39,655
	New Kent	23,091	15,451	14,951	7,580
Henrico	Henrico	330,818	252,130	235,063	122,259
Richmond	Richmond City	230,436	145,731	134,913	70,771
Total		<b>1,122,651</b>	<b>814,608</b>	<b>756,990</b>	<b>387,448</b>

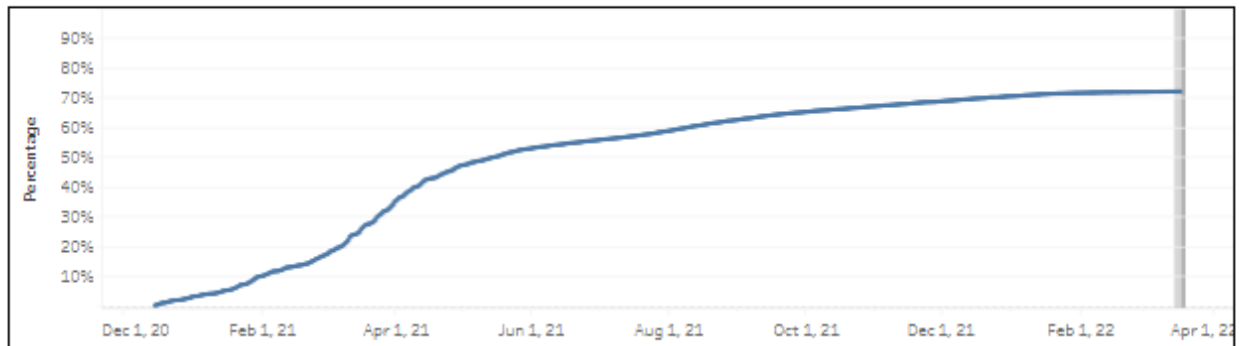
Population totals are based on 2019 data from the National Center for Health Statistics (NCHS). Please note - this is a change from previous reports which used Census data to estimate population by age group.

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

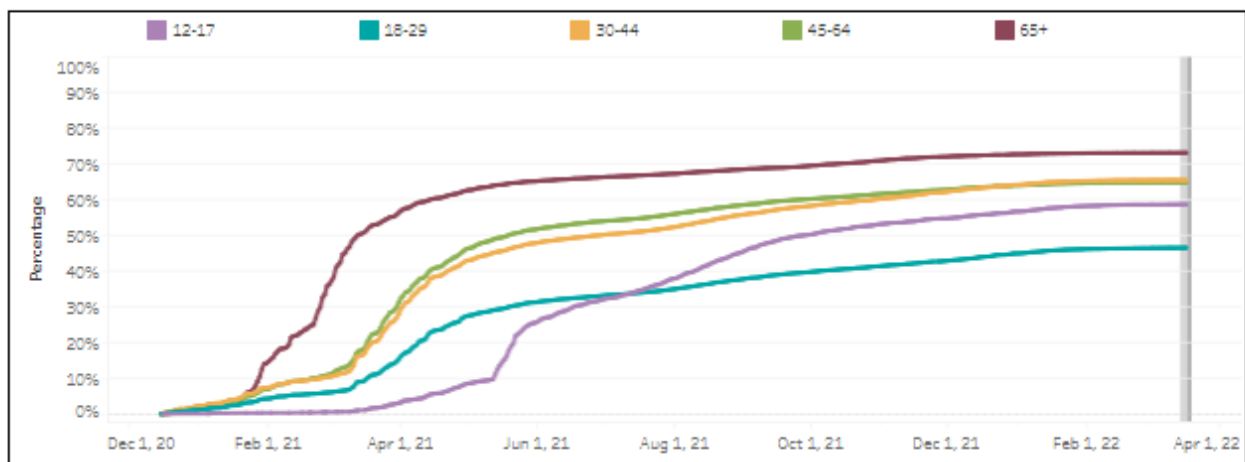
*The following charts track vaccination percentage by age group over time since vaccinations first began in mid-December. **Note: These plots exclude individuals under 12, so the total vaccinations reported for each plot will not match the numbers reported in other sections.** All vaccination percentages are based on NCHS population estimates, which are subject to some variability. Lags in data reporting can occur.*

- Overall vaccination percentage in Richmond continued to increase over the past year. The overall vaccination percentage is now over 70% beginning with a surge in March and April 2021.
- Vaccination percentage rose most quickly among individuals 65 and over, a group with consistently higher vaccination percentages than other age groups.
- One can observe that, over the past year, 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 and they now constitute the highest vaccinated percentage.
- The overall trend for 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=144,362)  
as of March 17, 2022 - Richmond City

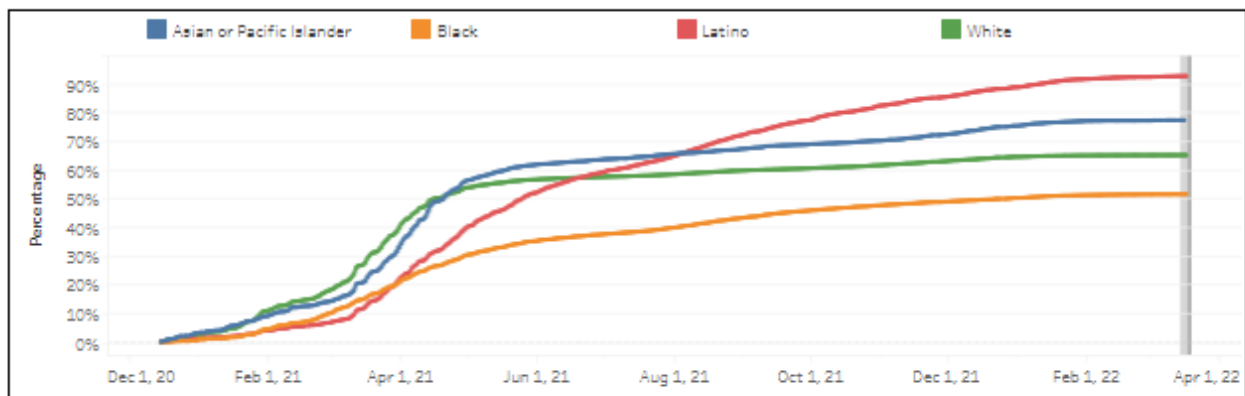


By Age Group (n=137,290)



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

By Race & Ethnicity (n=126,033)

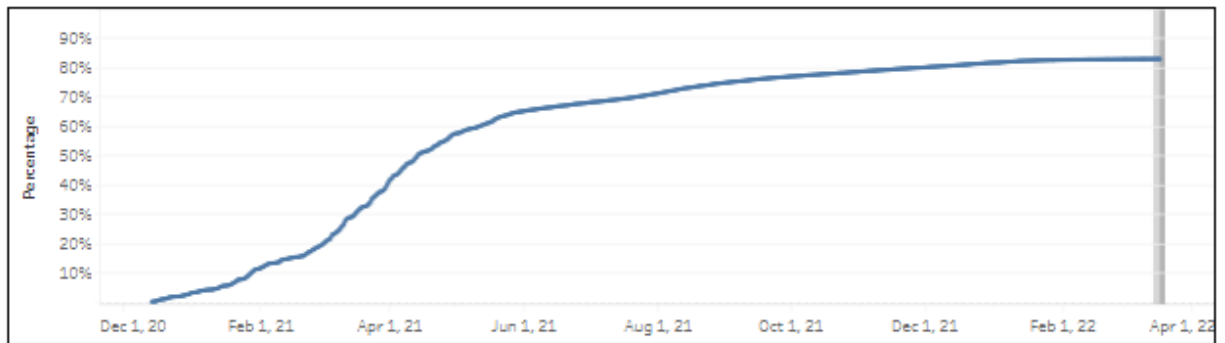


\*Race/ethnicity group of "Unknown" or "Other Race" value: n=17,668

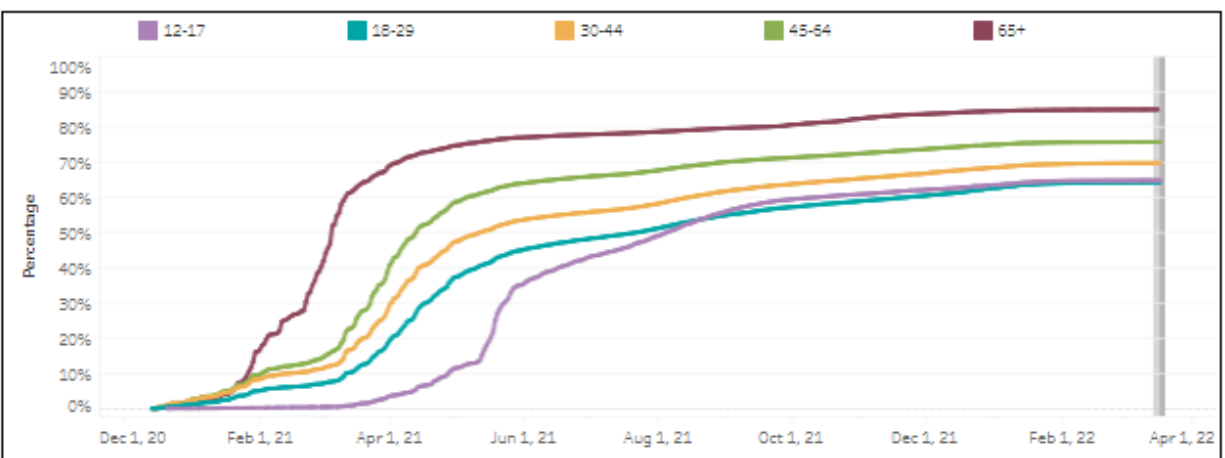
## Henrico

- Overall vaccination percentage in Henrico has continued to steadily increase. 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. They continue to have the highest percentage of vaccinations.
- Over the past year, vaccination among individuals 30 to 64 is similar to the overall trend, 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 a rise in vaccination percentage amongst 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 similar trends as other race and ethnicity groups in the first three months of 2021 but did not see the same degree of increased trends in spring. They currently possess the lowest vaccination percentage at about 65%.

Percentage of Individuals 12 and Over with At Least One Dose (N=250,411)  
as of March 17, 2022 - Henrico County

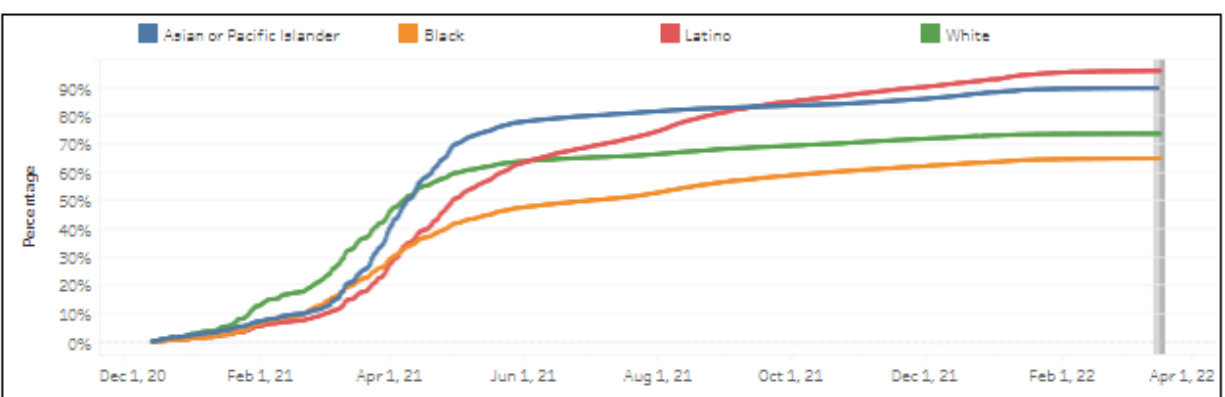


By Age Group (n=233,775)



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

By Race & Ethnicity (n=214,876)



\*Race/ethnicity group of "Unknown" or "Other Race" value: n=33,836

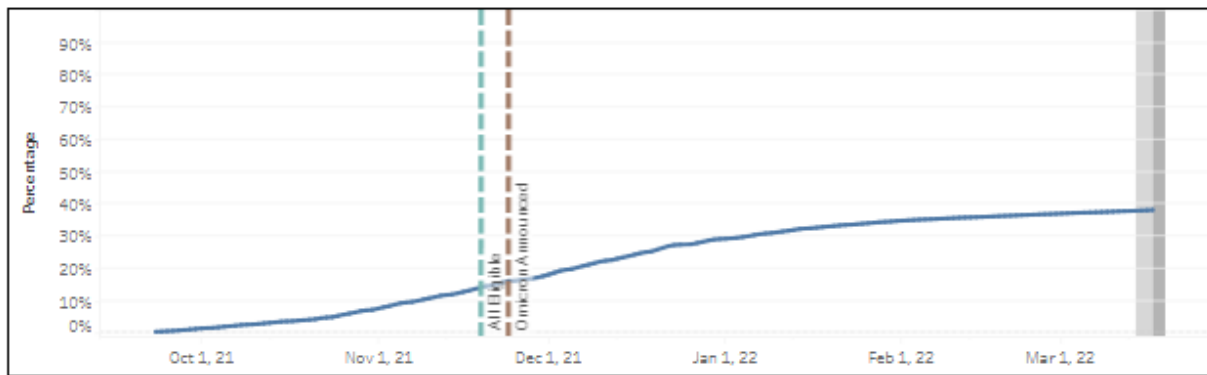
## 4.5 Booster Uptake by County, Age Group, and Racial/Ethnic Group Over Time

*The following charts track vaccination booster percentage by age group over time. All vaccination percentages are based on NCHS population estimates, which are subject to some variability. Lags in data reporting can occur.*

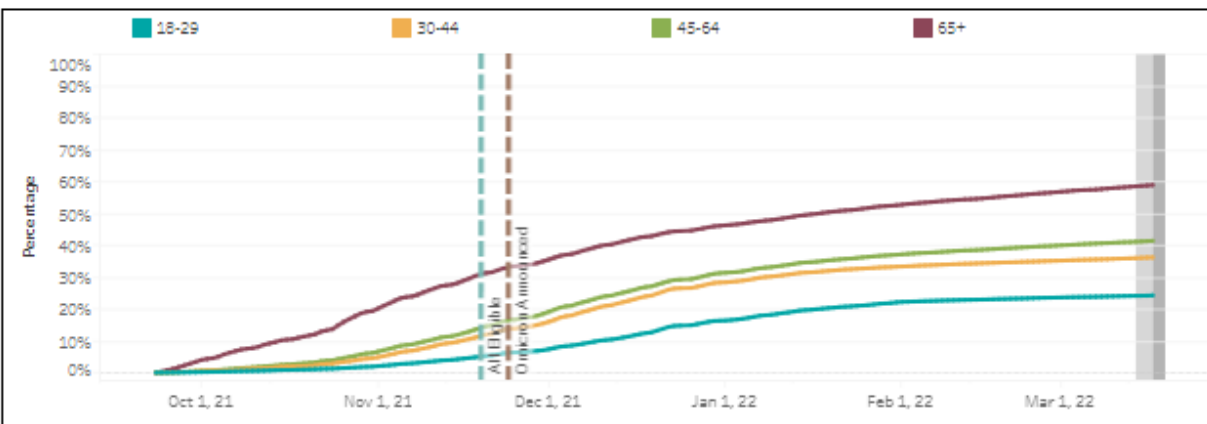
### Richmond

- The overall percentage of the population having received a booster has risen steadily since late October 2021, with no noticeable acceleration in the overall trend when all adults became eligible or when the Omicron variant was announced. Currently close to 40% 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 2021/2022. Individuals 18 to 29 represent the lowest boosted percentage among all age groups in Richmond, just as they do for the primary vaccination series.
- Boosted percentages among White and Asian or Pacific Islander individuals have increased generally in line with one another and are at around 40%, while boosted percentages among both Latino individuals and Black individuals have increased at a slower but similar rate (currently near 20%).

### Boosted Percentage of Adult Population (N=67,703) as of March 17, 2022 - Richmond City

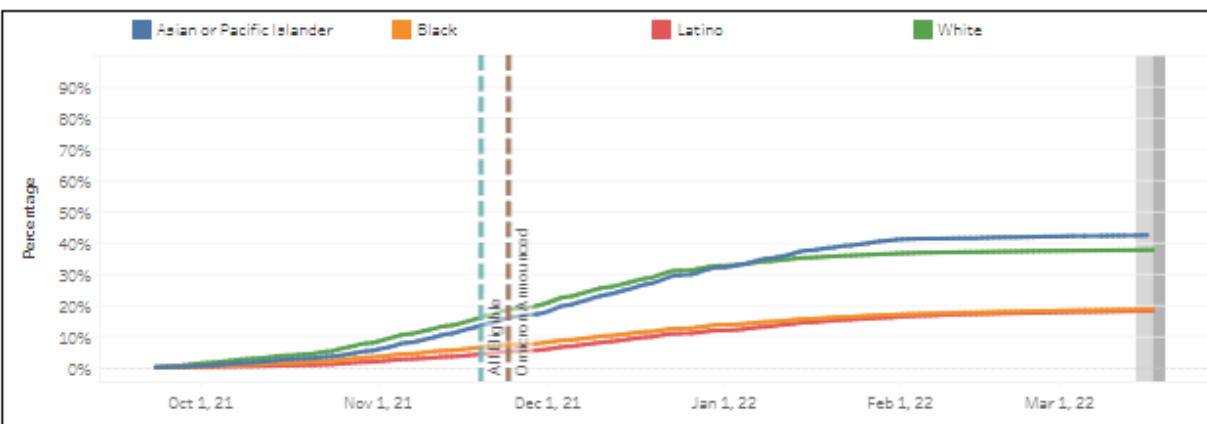


### By Age Group (n=66,362)



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

### By Race & Ethnicity (n=63,981)

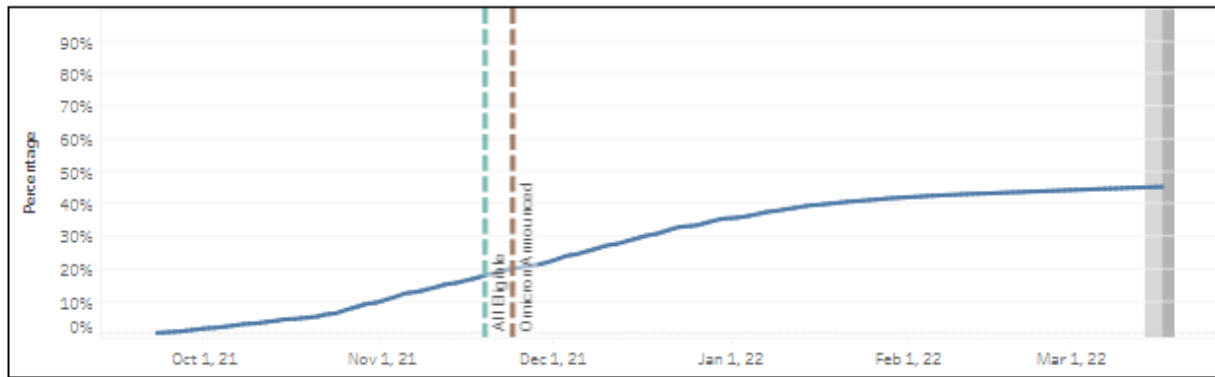


\*Race/ethnicity group of "Unknown" or "Other Race" value: n=3,302

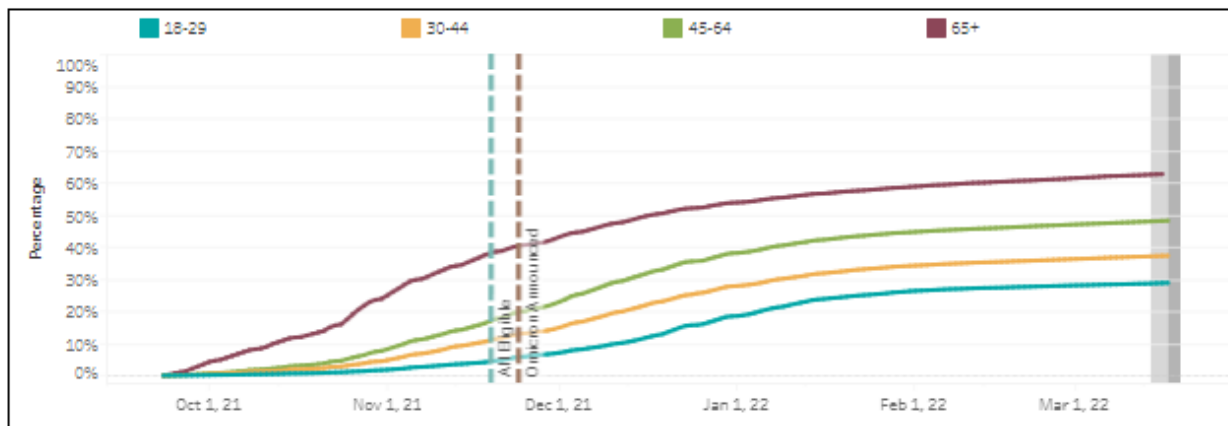
## Henrico

- 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 about 45%.
- Boosted percentage by age group is spread out, with over 60% of individuals 65 and over having received boosters but less than 30% of individuals 18 to 29 boosted.
- Individuals 30 and over have increased steadily in boosted percentage since late October 2021, but the trend for 18 to 29 year olds has leveled off after sloping upwards in December 2021 and January 2022.
- 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 boosted percentage at around 40%.
- Black individuals and Latino individuals have had similar slow, steady trends in new vaccinations and are at just over 20% boosted.

Boosted Percentage of Adult Population (N=116,681) as of March 17, 2022 - Henrico County

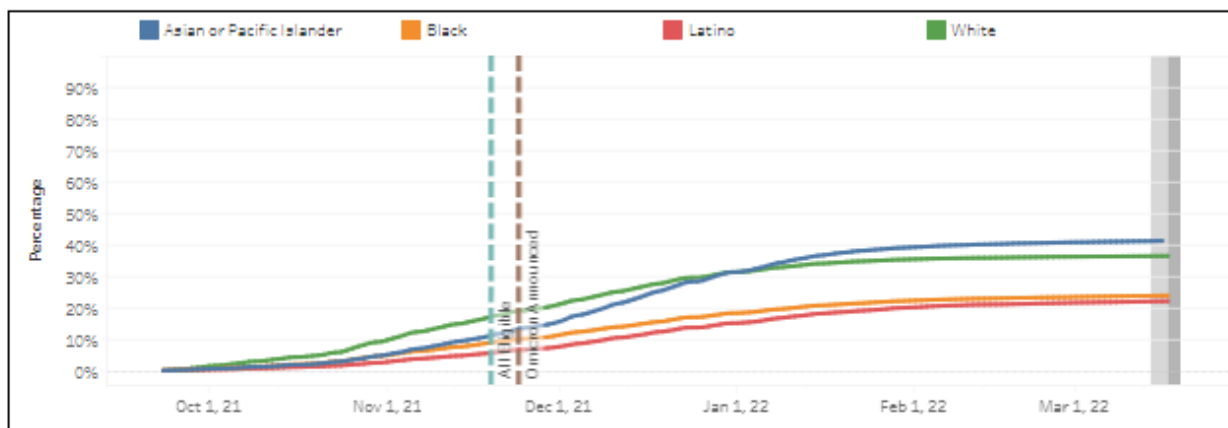


By Age Group (n=112,047)



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

By Race & Ethnicity (n=109,936)



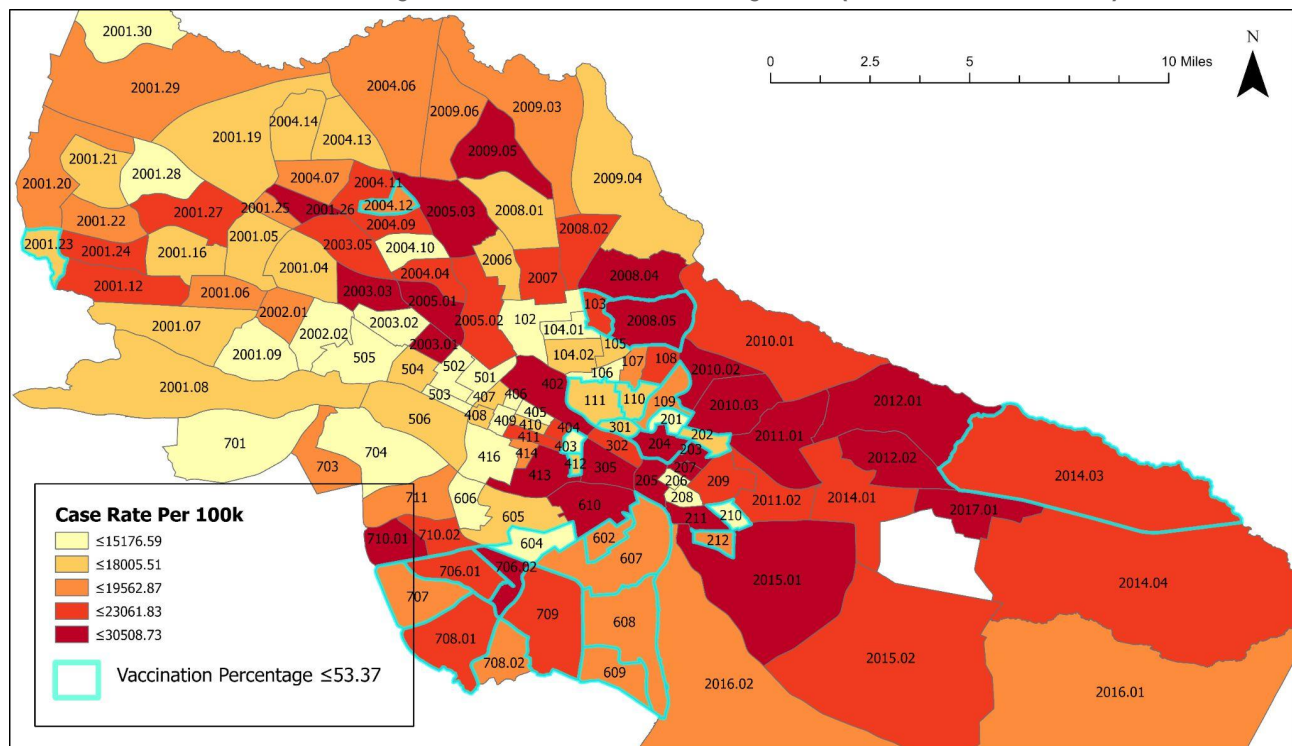
\*Race/ethnicity group of "Unknown" or "Other Race" value: n=5,617

*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 (March 21st, 2022)

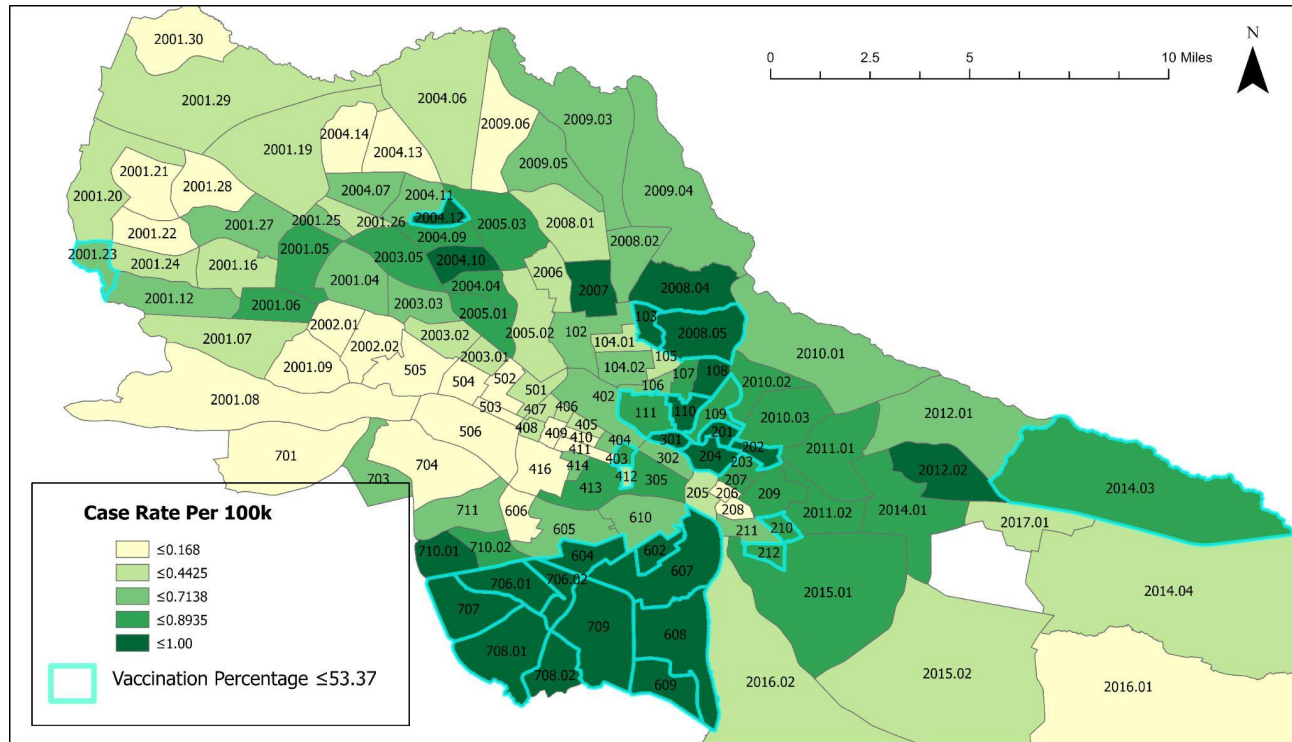


## COVID-19 Case Rate per 100k & Low Vaccination Percentage Tracts Richmond City, VA & Henrico County, VA (March 21st, 2022)



\*Percentage of population receiving at least one dose

## Social Vulnerability & Low Vaccination by Census Tract Richmond City, VA & Henrico County, VA (March 21st, 2022)



## 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 Level - Added 3/21/2022**

A measure of the impact of COVID-19 illness on health and healthcare systems, created by the CDC. The CDC looks at the combination of three metrics — new COVID-19 admissions per 100,000 population in the past 7 days, the percent of staffed inpatient beds occupied by COVID-19 patients, and total new COVID-19 cases per 100,000 population in the past 7 days — to determine the COVID-19 community level. New COVID-19 admissions and the percent of staffed inpatient beds occupied represent the current potential for strain on the health system. Data on new cases acts as an early warning indicator of potential increases in health system strain in the event of a COVID-19 surge.

Using these data, the COVID-19 community level is classified as low, medium, or high.

**Community Transmission**

Refers to when an individual is infected with the COVID-19 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-19 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](mailto: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.