

WEEKLY COVID-19 REPORT FOR EXTERNAL USE

WEEK OF: MONDAY, MARCH 28, 2022

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KEY TAKEAWAYS

Cases


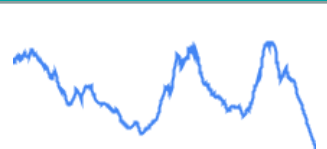
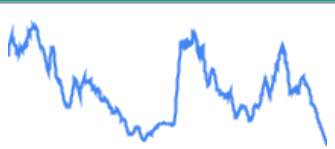



According to the [CDC Covid Data Tracker](#), cases continue to **decrease** in both Richmond and Henrico in recent weeks. In both localities, the [CDC COVID-19 Community Level](#) is **Low**

7-day total case rate per 100,000		
District	This Week	1 Week Ago
Henrico	55.62	58.04
Richmond	35.15	39.06

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 **decreased** since their peak in January. **ICU hospitalizations** and **ventilator utilizations** have **decreased** in the same time period. **Fatalities** appear to have fallen since **January** in both districts. **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
January 1st, 2021 →			
Last 4 Weeks February 28th, 2022 →			

- *8 out of 11 hospitals in the Richmond Catchment Area are operating at a 'Conventional' clinical status, while 3 are operating at 'Contingency' 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	70.9%	66.0%	34.6%
Region	72.6%	67.5%	34.7%

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 March 28, 2022.

	RICHMOND CITY		HENRICO COUNTY	
	Tests	Positivity	Tests	Positivity
PCR*	501,537	3.3%	552,020	3.1%
Antigen	145,411	3.2%	227,062	2.2%
Total (PCR, antigen, and antibody)	653,461	3.9%	790,524	3.5%

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

CASE STATUS	RICHMOND CITY	HENRICO COUNTY	VIRGINIA
New cases this week (March 28th)	113	181	6,712
All cases	44,153	64,063	1,666,422
Confirmed cases	32,807	41,979	1,193,549
Hospitalizations	1,035	1,330	45,873
Deaths	415	791	16,339
Probable cases	11,346	22,084	472,873
Hospitalizations	32	66	2,906
Deaths	73	108	3,292
Case rate per 100,000	19160.6	19365	19523.4

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	47	140
Pending Hospitalizations	15	
Confirmed - ICU	13	51
Pending - ICU	0	
Confirmed - Ventilators	5	350
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 140 total available hospital beds, 51 available adult ICU beds, and 350 available ventilators.

Based on the VHASS hospital dashboard on March 28, 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 **35.15** new cases per 100,000 population, while in Henrico the **7-day total case rate** was **55.62** 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.

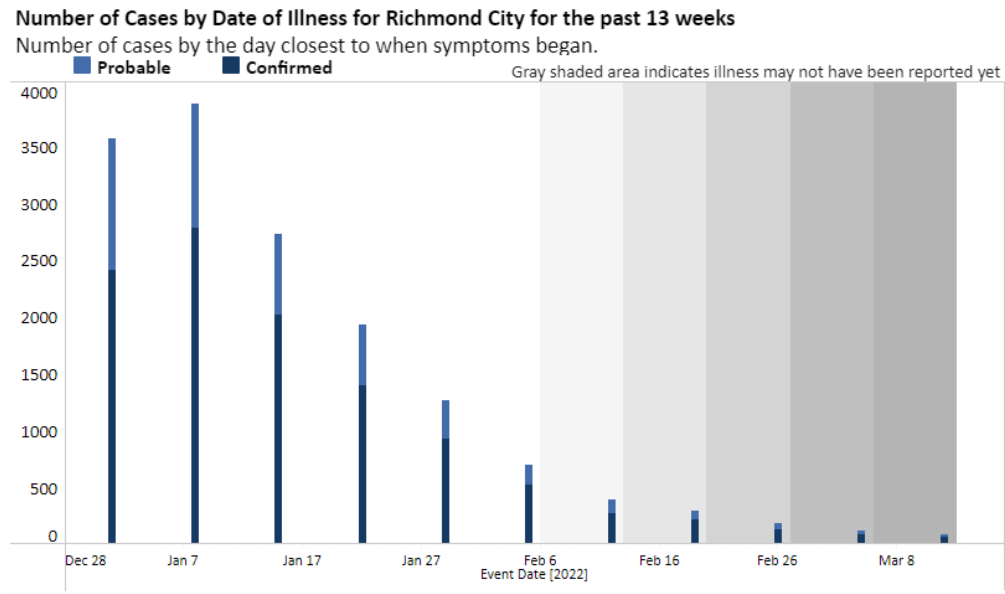
In Richmond, 20-29 and 30-39 year olds have the highest case rate by age group over the last four weeks, followed by 40-49 year olds. In addition, individuals aged 20-29 have the highest cumulative case rate in Richmond. In Henrico, individuals 70 and over show the highest case rates in the last four weeks, followed by 30-39 year olds, 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.

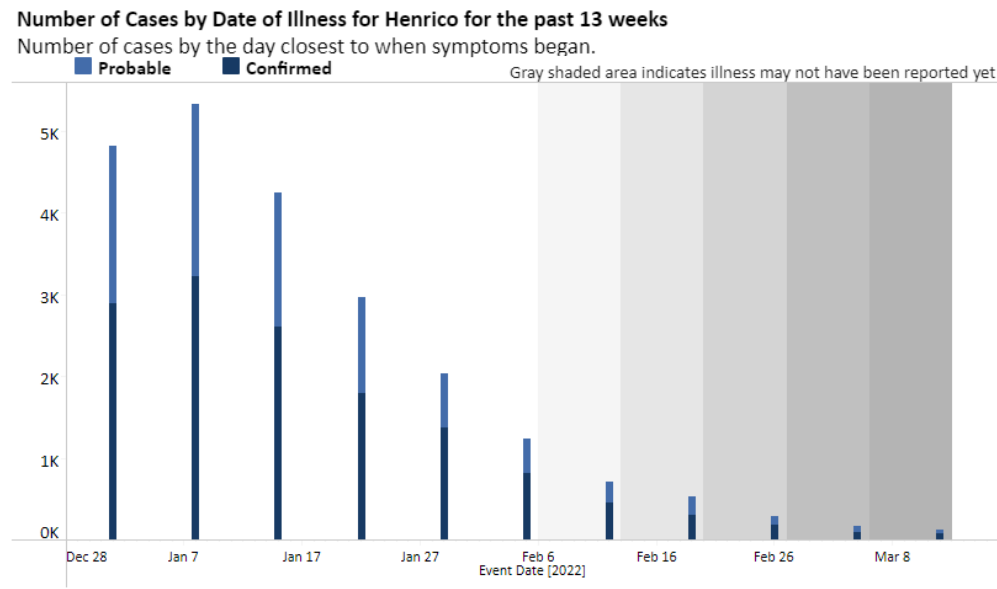
2.2 Case Reporting Trends by Report Date

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](#)



- After notable peaks in January, cases in Richmond city have trended steadily downward and plateaued at low levels.
- 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.



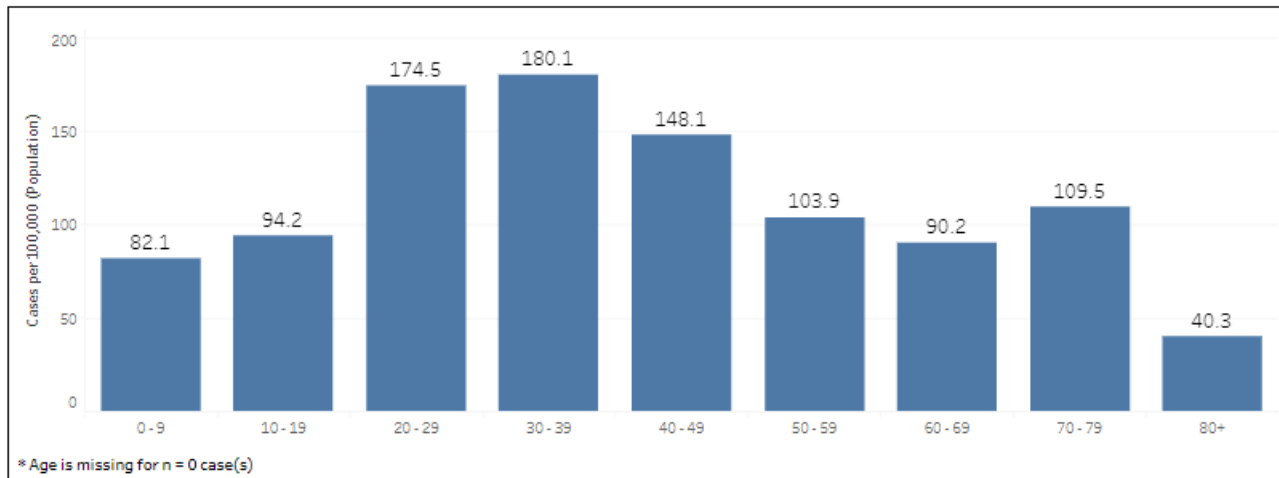
- After new highs in January, cases in Henrico have trended steadily downward to new lows.
- Case totals by Event Date are subject to lag. Counts in the gray shaded area of the graph are expected to change in the coming weeks.

2.3 Case Rates by Age Group by County

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

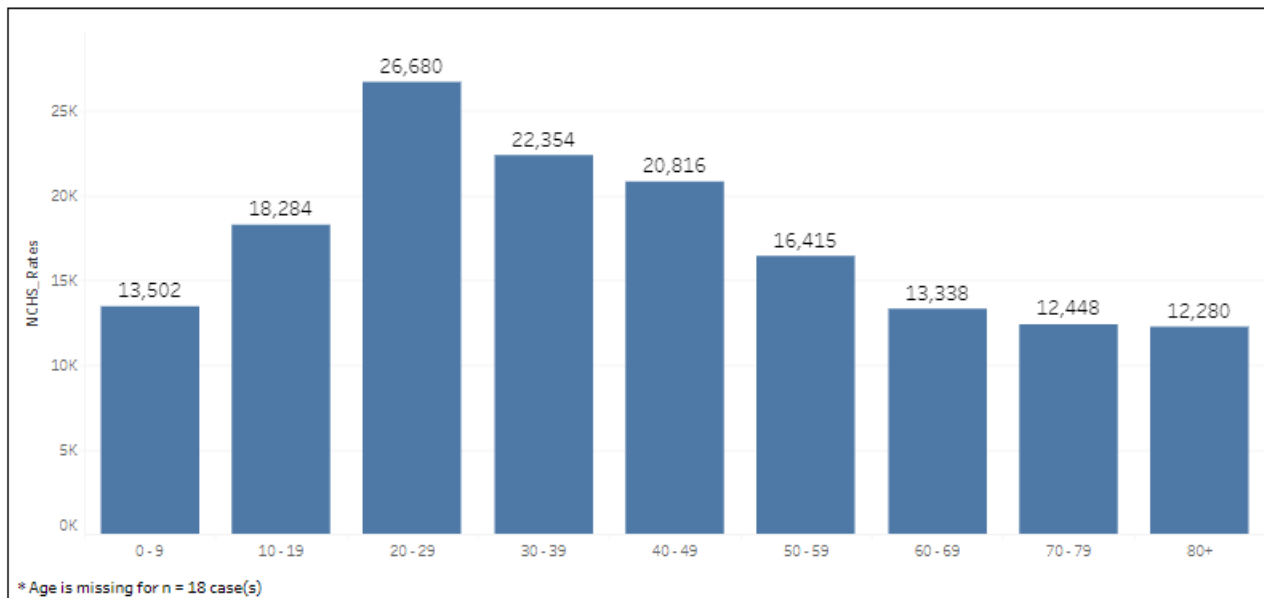
COVID-19 Case Distribution by Age in the Last 4 Weeks (February 28, 2022 - March 27, 2022)

- Richmond City, VA (N = 298)



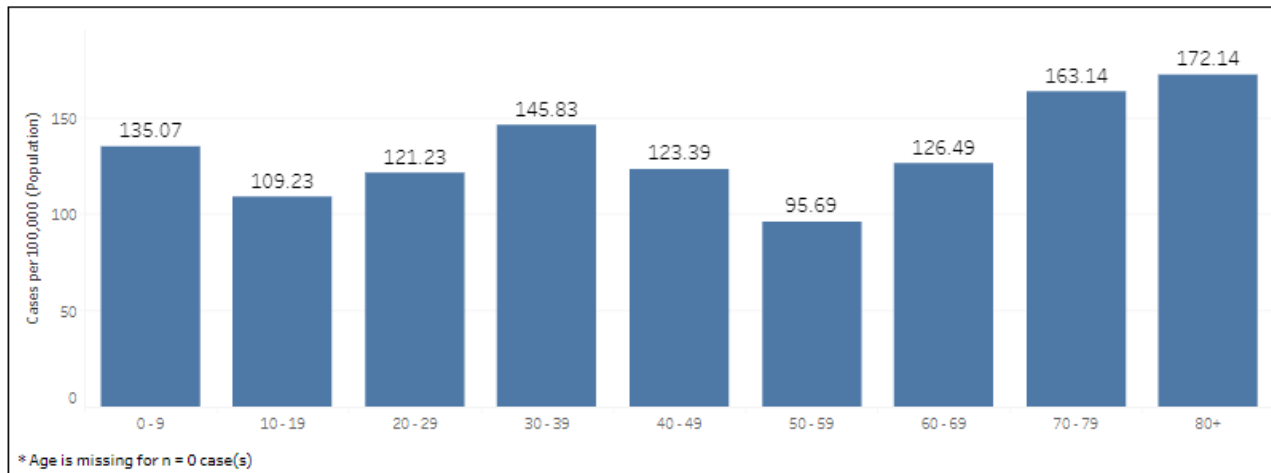
COVID-19 Case Distribution by Age as of March 27, 2022

- Richmond City, VA (N = 44,153)

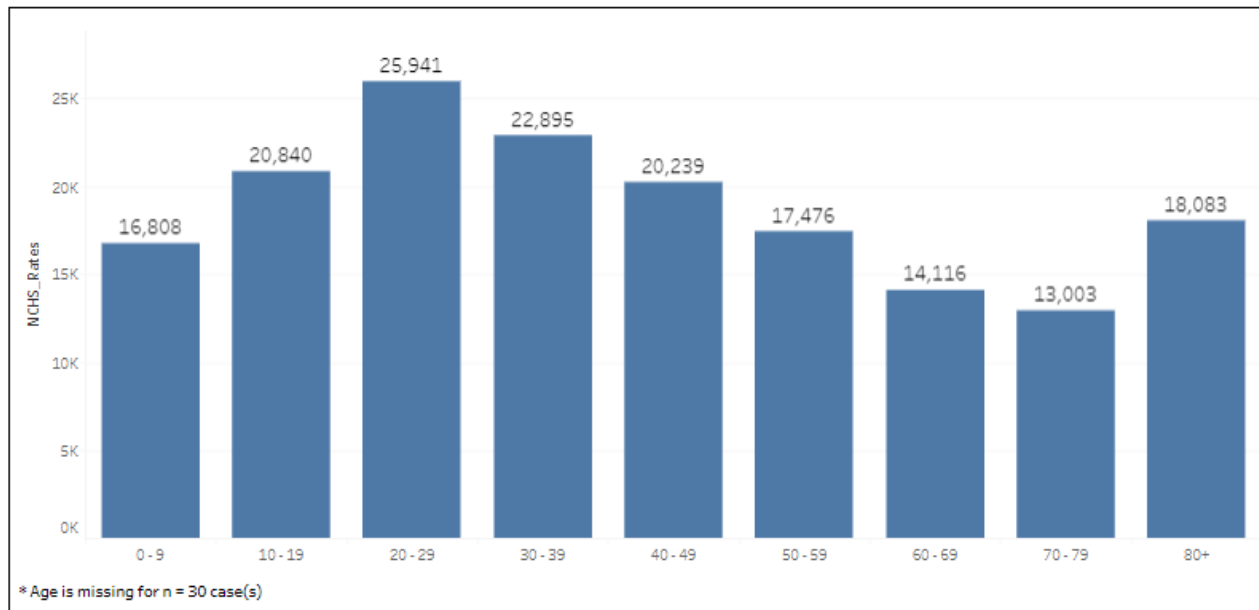


- In Richmond City, individuals aged 30-39 have the highest case rates in the last four weeks, followed by individuals aged 20-29. Individuals aged 20-29 have the highest case rate cumulatively.

COVID-19 Case Distribution by Age in the Last 4 Weeks (February 28, 2022 - March 26, 2022)
 - Henrico County, VA (N = 421)



COVID-19 Case Distribution by Age as of March 26, 2022
 - Henrico County, VA (N = 64,063)

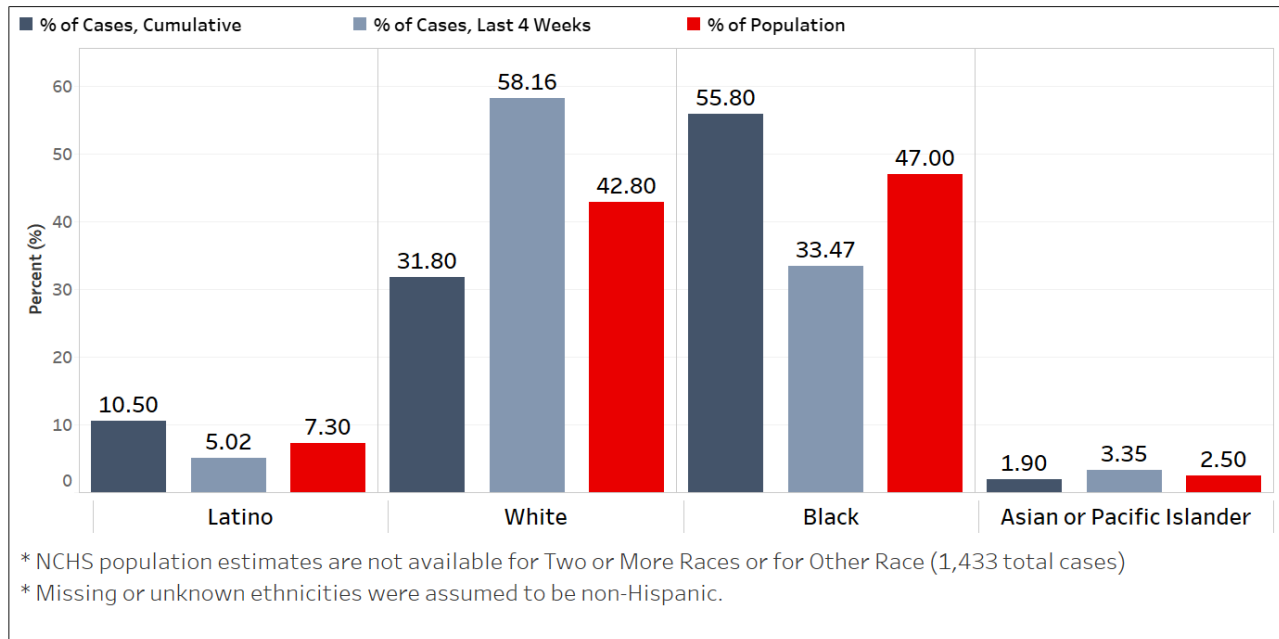


- In Henrico, individuals aged 80+ have the highest case rates in the last four weeks, followed by those aged 70-79. Individuals aged 20-29 have the highest case rate cumulatively followed by those 30-39.

2.4 Cases by Race/Ethnicity by County

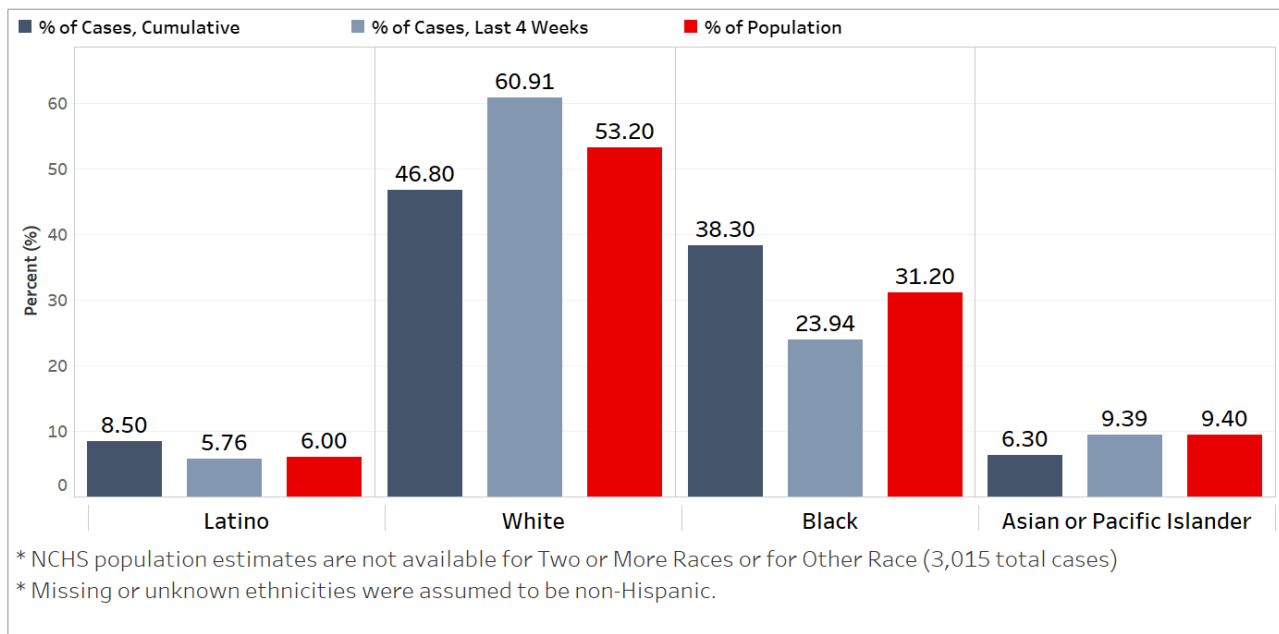
Population totals are based on 2019 data from the National Center for Health Statistics (NCHS).

COVID-19 Case Distribution by Race/Ethnicity over the last 4 weeks (February 28, 2022 - March 27, 2022)
and cumulatively as of March 27, 2022 - Richmond City, VA



- In the last 4 weeks in Richmond, the case burden for Black individuals (33.4%) is noticeably below their population percentage (47%), a large reduction from the cumulative percentage (55.8%), and the case burden for White individuals (58.2%) is noticeably higher than their population proportion (42.8%). The case burden for Latino individuals (5.2%) is lower than their population percentage (7.3%).

COVID-19 Case Distribution by Race/Ethnicity over the last 4 weeks (February 28, 2022 - March 26, 2022)
and cumulatively as of March 26, 2022 - Henrico County, VA



- In Henrico in the last four weeks the case burden for Black individuals (23.9%) is lower than their proportion of the population (31.2%). The case burden for White individuals (60.9%) is high, relative to their proportion of the population (53.2%). The recent case burden (9.4%) has matched the Asian or Pacific Islander population (9.4%), which is slightly higher than the respective cumulative burden (6.3%)

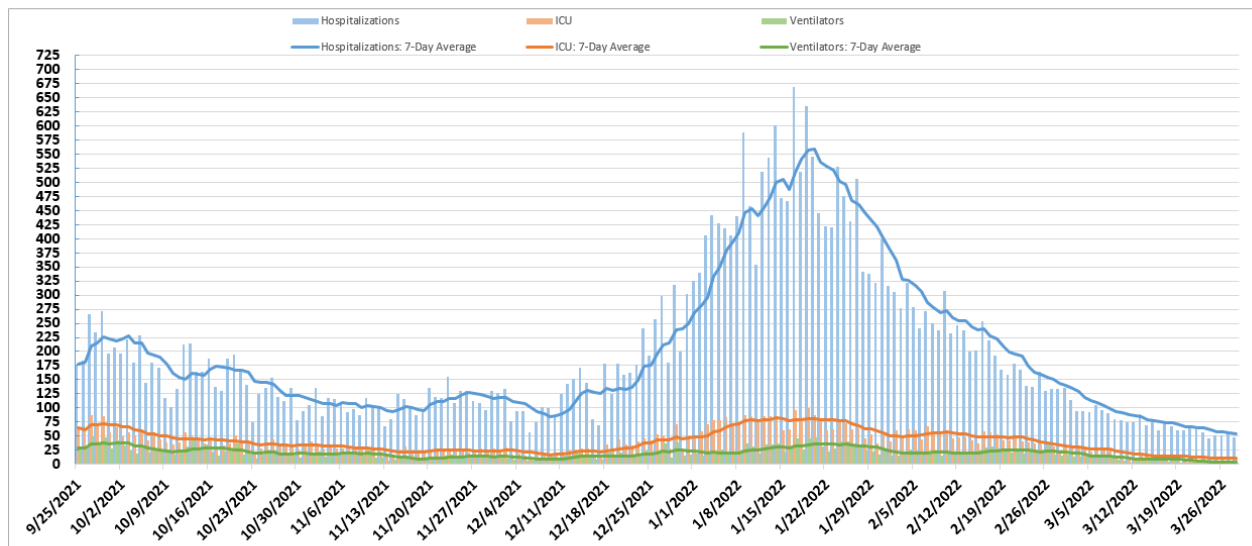
3.0 Hospitalizations & Fatalities

3.1 Summary of Hospitalizations & Fatalities

Among hospitals in the Richmond Catchment Area, **hospitalizations** have **decreased** over the past ten 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 28th, 2022
Richmond Catchment Area



*Sum Of Daily Counts Displayed in Above Metric.- Hospitalizations: 36,648 of 126,566 ALL TIME, ICU Hospitalizations: 7,451 of 29,164 Ventilator Utilizations: 3,688 of 15,505

- 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 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 28, 72.6% of the region's population has received at least one dose of the vaccine. 67.5% of the region's population has been fully vaccinated. A growing number of 34.7% 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 66.0% of the two districts' combined population has been fully vaccinated. 34.6% 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 28, 2022

County	Age Group	POPULATION	PEOPLE WITH AT LEAST ONE DOSE	PEOPLE FULLY VACCINATED	PEOPLE WITH BOOSTER
Richmond	5-11	15,198	5,126 (33.7%)	4,150 (27.3%)	**
	12-17	11,150	7,072 (63.4%)	6,216 (55.7%)	1,290 (11.6%)
	18+	190,750	130,203 (68.3%)	120,823 (63.3%)	62,159 (32.6%)
	65+	31,809	25,791 (81.1%)	24,244 (76.2%)	16,911 (53.2%)
Henrico	5-11	28,406	13,350 (47%)	11,342 (39.9%)	5 (0%)
	12-17	25,954	19,975 (77%)	18,059 (69.6%)	3,981 (15.3%)
	18+	256,660	213,821 (83.3%)	201,646 (78.6%)	105,642 (41.2%)
	65+	52,720	49,641 (94.2%)	47,174 (89.5%)	34,072 (64.6%)

** 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 28, 2022

Source: vdh.virginia.gov

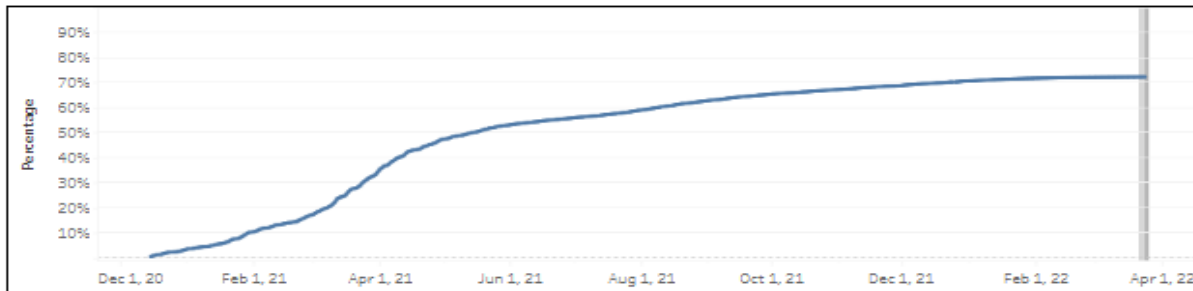
HEALTH DISTRICT	LOCALITY	TOTAL POPULATION	PEOPLE WITH AT LEAST ONE DOSE	PEOPLE FULLY VACCINATED	PEOPLE WITH BOOSTERS
Chesterfield	Chesterfield	352,802	265,133	242,663	122,021
	Colonial Heights	17,370	11,472	10,210	4,947
	Powhatan	29,652	18,248	16,944	8,834
Chickahominy	Charles City	6,963	7,122	7,147	2,285
	Goochland	23,753	18,798	18,212	9,944
	Hanover	107,766	80,191	77,773	39,818
	New Kent	23,091	15,459	14,984	7,610
Henrico	Henrico	330,818	252,345	235,674	122,898
Richmond	Richmond City	230,436	145,802	134,502	71,155
Total		1,122,651	814,570	758,109	389,512

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.

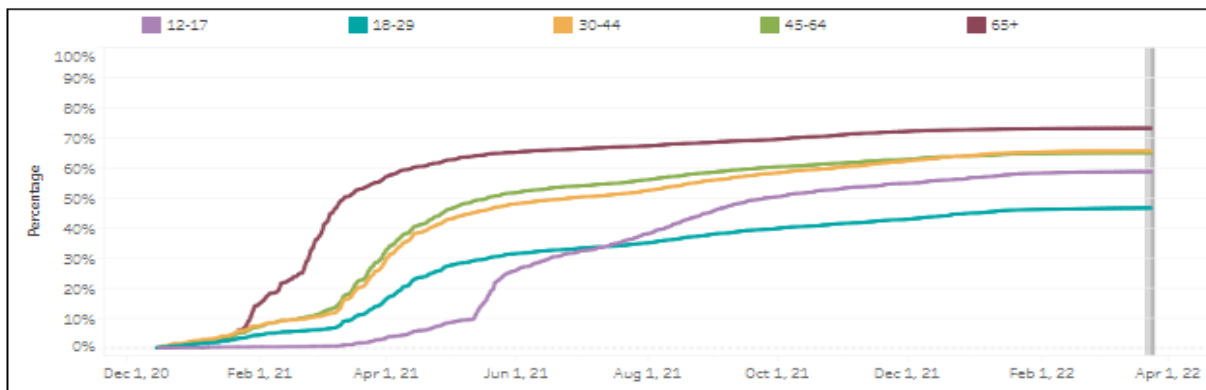
4.4 Vaccine Uptake by County, Age Group, and Racial/Ethnic Group Over Time

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.

Percentage of Individuals 12 and Over with At Least One Dose (N=144,464)
as of March 24, 2022 - Richmond City

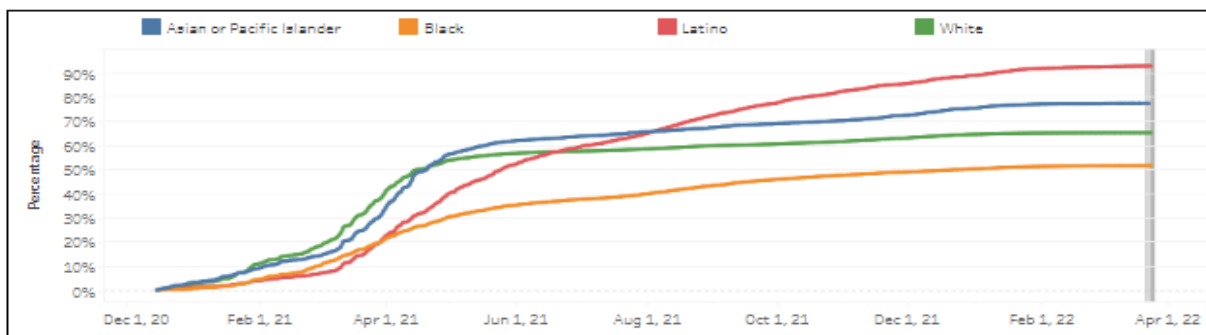


By Age Group (n=137,356)



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

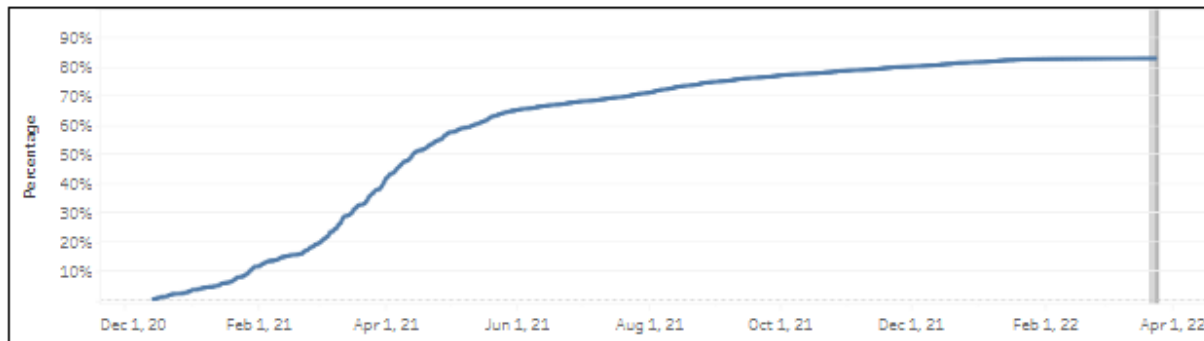
By Race & Ethnicity (n=126,102)



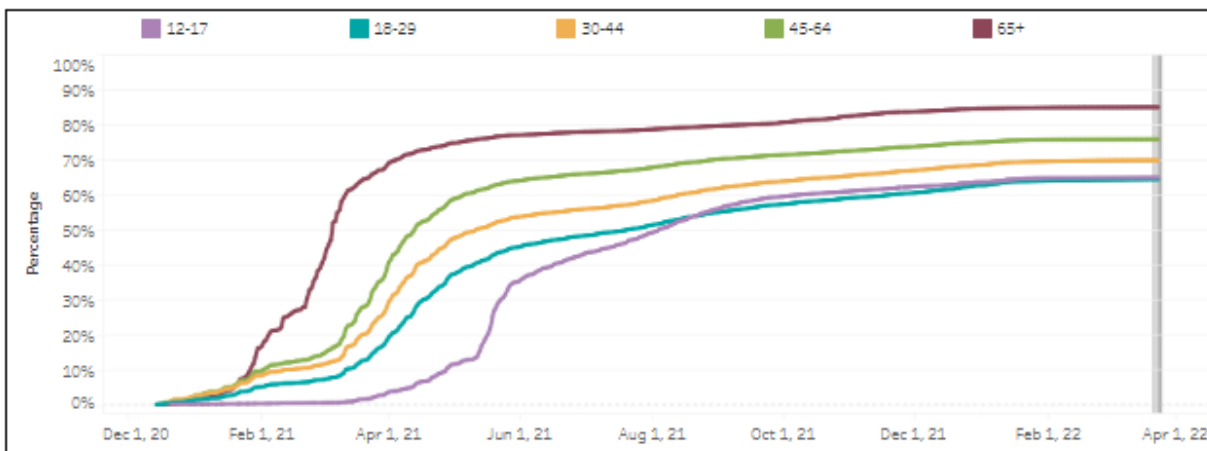
*Race/ethnicity group of "Unknown" or "Other Race" value: n=17,701

- Overall vaccination percentage increased notably in March and April 2021, but subgroups saw different trends. Younger age groups tend to have the slowest increase in vaccination percentage, though 12-17 year olds have surpassed 18-29 year olds. Black individuals have generally had a lower vaccination percentage than other groups, while Latino individuals lagged early before surpassing all other groups.

Percentage of Individuals 12 and Over with At Least One Dose (N=250,632)
as of March 24, 2022 - Henrico County

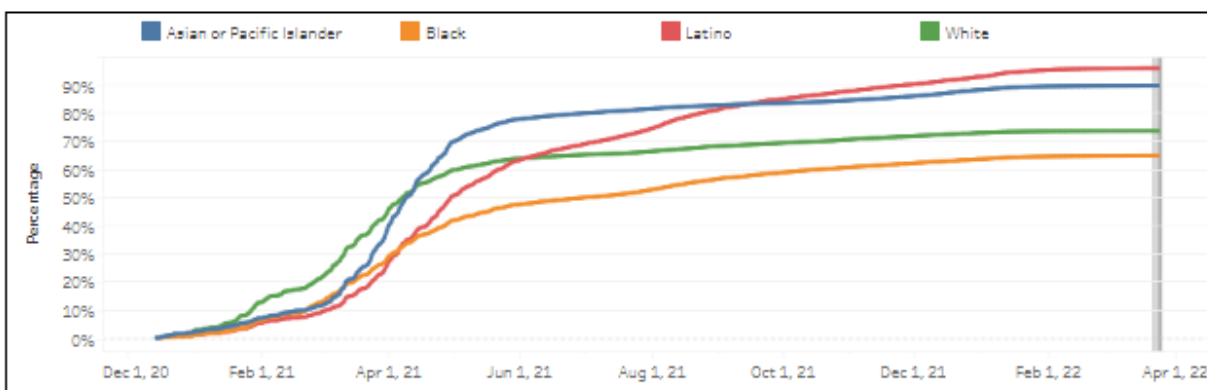


By Age Group (n=233,876)



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

By Race & Ethnicity (n=215,020)



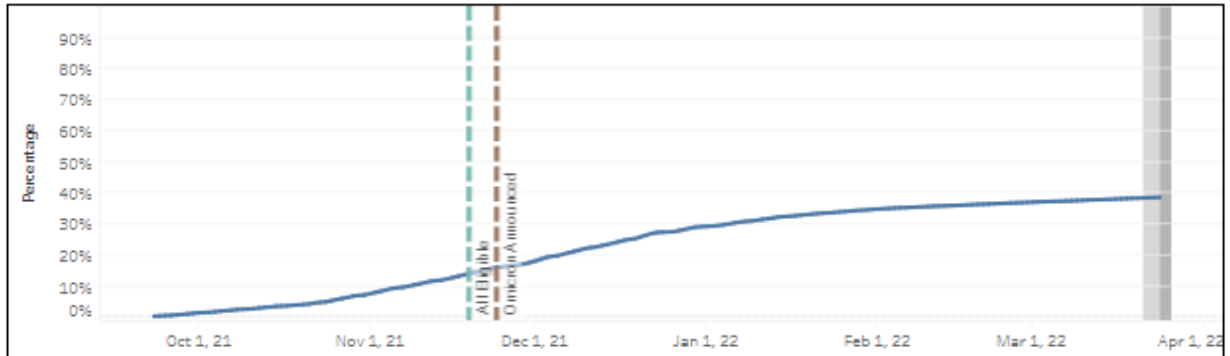
*Race/ethnicity group of "Unknown" or "Other Race" value: n=33,912

- Overall vaccination percentage accelerated in February through May, with all eligible groups generally seeing accelerated vaccination in this time period. The notable exceptions are 12-17 year olds, who saw a surge in vaccinations after 12-15 year olds became eligible, and Latino individuals, whose accelerated vaccinations over time continued into summer.

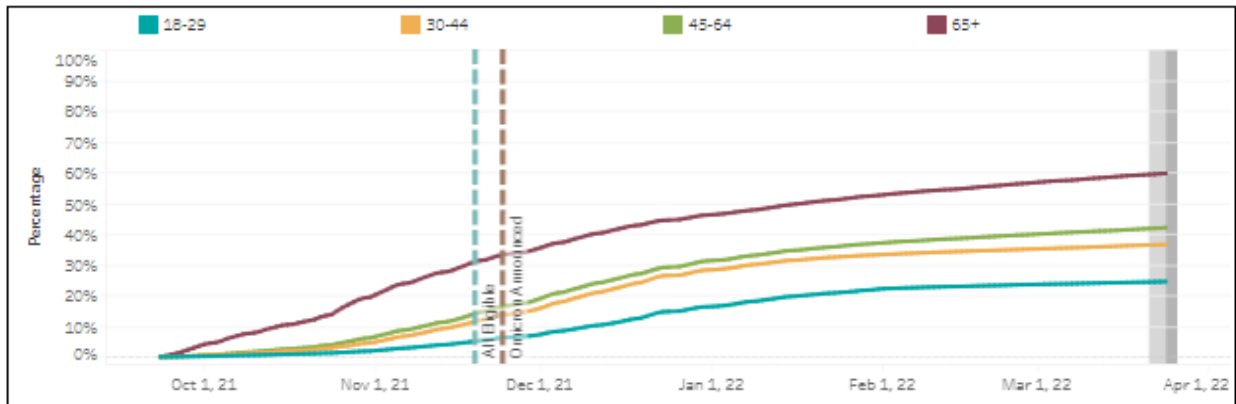
4.5 Booster Uptake by County, Age Group, and Racial/Ethnic Group Over Time

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.

Boosted Percentage of Adult Population (N=68,077) as of March 24, 2022 - Richmond City

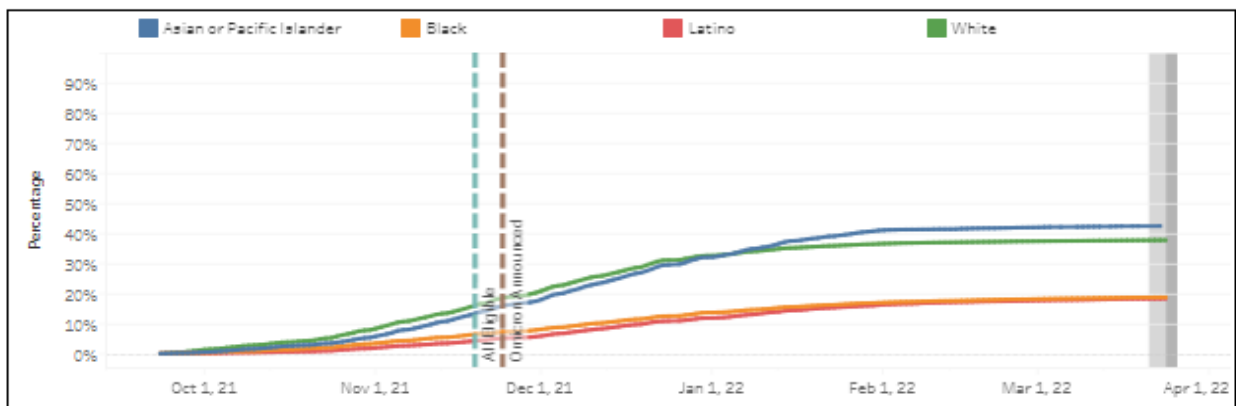


By Age Group (n=66,706)



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

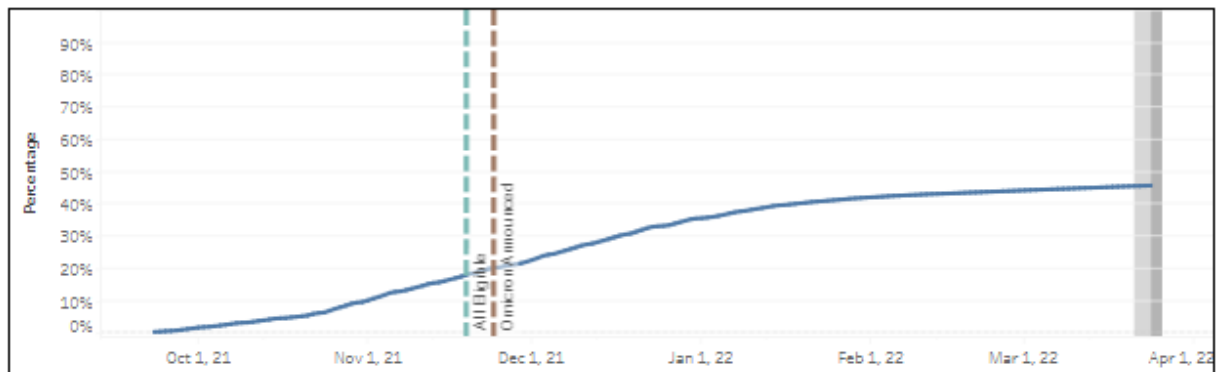
By Race & Ethnicity (n=64,325)



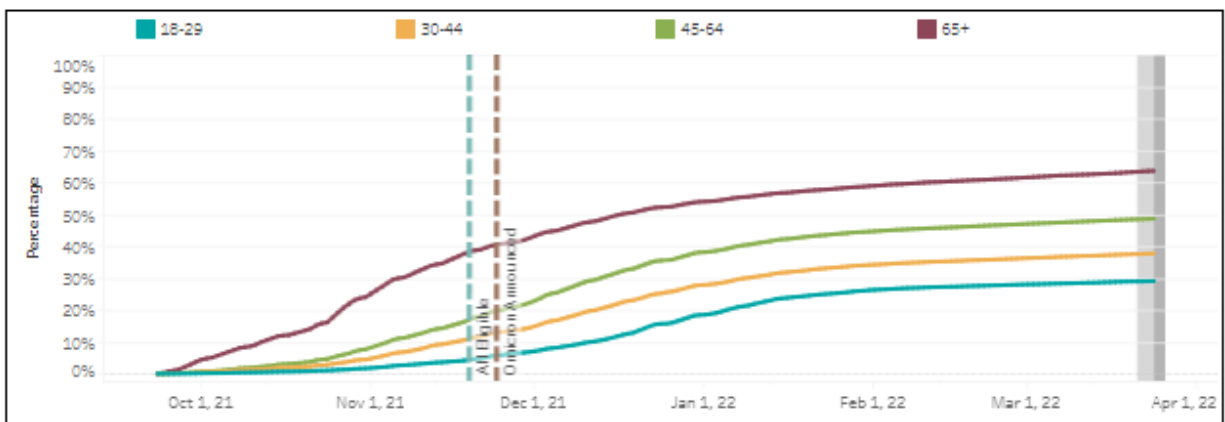
*Race/ethnicity group of "Unknown" or "Other Race" value: n=3,325

- The boosted percentage of the population has moderately increased over time across all groups, with only individuals 65 and over surpassing 50% while 18-29 year olds and Black and Latino individuals have particularly slow growth in boosted percentage.

Boosted Percentage of Adult Population (N=117,328) as of March 24, 2022 - Henrico County

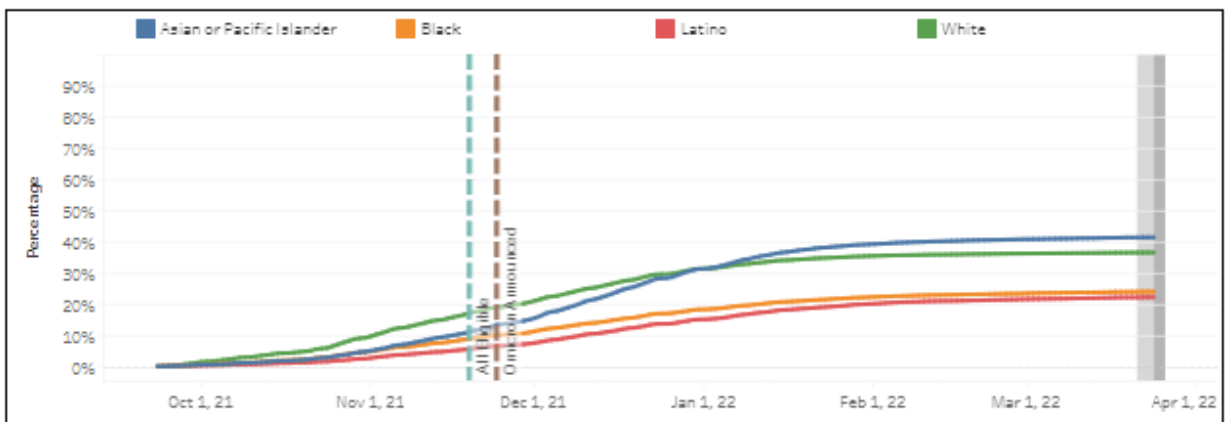


By Age Group (n=112,625)



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

By Race & Ethnicity (n=110,535)



*Race/ethnicity group of "Unknown" or "Other Race" value: n=5,661

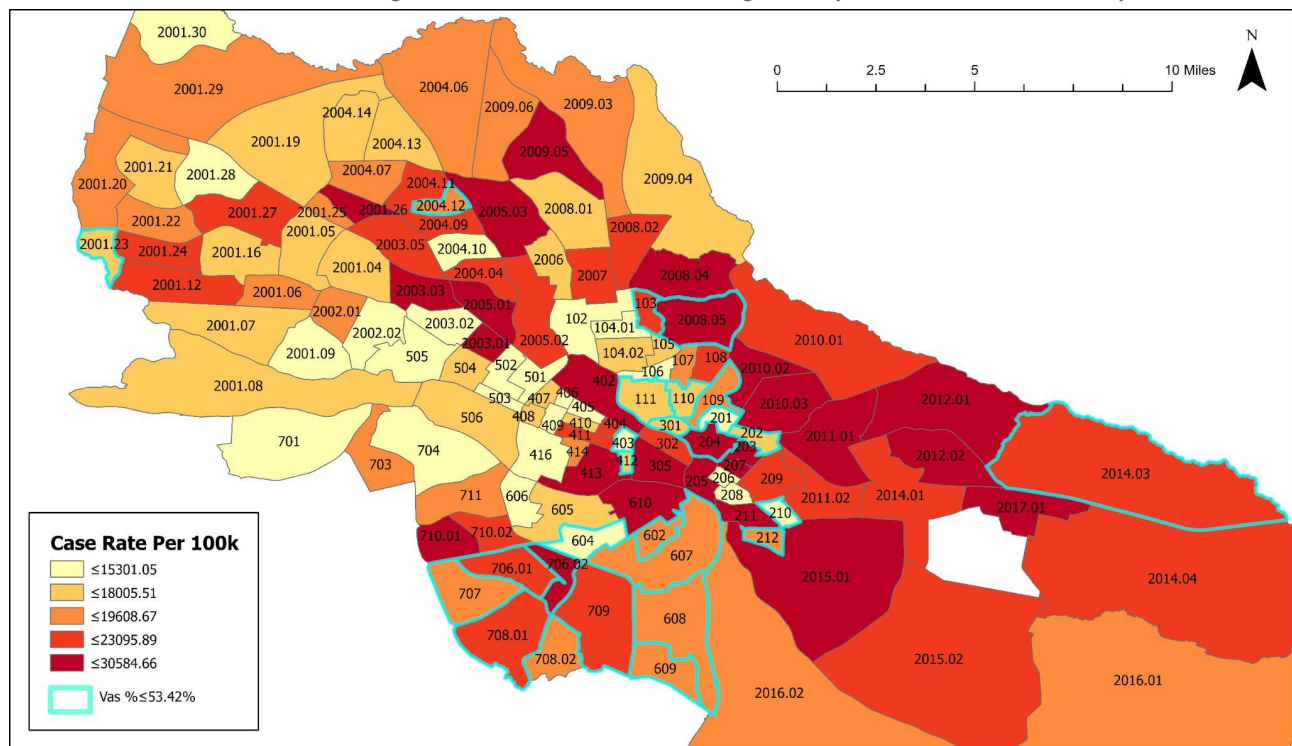
- Boosted percentage steadily increased through January 2022 before starting to slow down, a trend that can be seen across all age groups, with older individuals more likely to be boosted than younger ones. Boosted percentages among race and ethnicity groups are higher for White and Asian or Pacific Islander individuals and lower for Black and Latino individuals.

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 28th, 2022)



COVID-19 Case Rate per 100k & Low Vaccination Percentage Tracts Richmond City, VA & Henrico County, VA (March 28th, 2022)



*Percentage of population receiving at least one dose

SVI Rank

- ≤0.168
- ≤0.4425
- ≤0.7138
- ≤0.8935
- ≤1.0

Vas % ≤53.42%

- **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 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.

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.