MONTHLY COVID REPORT For External Use

Key Takeaways

Cases

After recent highs in January, 2022, cases in both districts appear to have followed a downward trend through March Per the CDC Covid Data Tracker. Additionally, in both Richmond and Henrico, the CDC COVID-19 Community Level is Low.

7-day total case rate per 100,00		
District	This Week	1 Month Ago
Henrico	**66.83**	104.29
Richmond	**55.92**	105.02

Richmond & Henrico		
Demographic	Cumulative Highest	Last Month
Age	20-29	20-39 80+
Sex	Female	Female
Race	Black Latino	White Asian or Pacific Islander

Hospitalizations & Fatalities

Looking at the **11 hospitals** that comprise the Richmond catchment area, COVID-19 associated hospitalizations have **decreased** dramatically from the middle of January through March. ICU hospitalizations and ventilator utilization followed a similar pattern, although less dramatic.

Fatalities appeared to rise from December to January, but not as sharply as cases or hospitalizations have risen during the same period. In Henrico, the monthly count of fatalities does not appear to be higher than the monthly counts seen in previous waves of the pandemic. Fatality counts in Richmond City show relative upticks during late 2021 and early 2022. Fatality data is subject to sizable amounts of lag.

Cumulative Demographic Trends		
Demographic Measure	Fatalities	
	Richmond	Henrico
Median Age (range)	74 (0-100)	78 (18-106)
Sex	Female	
Race	Black	White

Richmond Catchment Area: Hospital Status Board Trends			
Time Period	Hospitalizations	ICU Hospitalizations	Ventilator Utilizations
2021 January 1st, 2021→			
Last 4 Weeks March 7th, 2022 - April 4th, 2022			
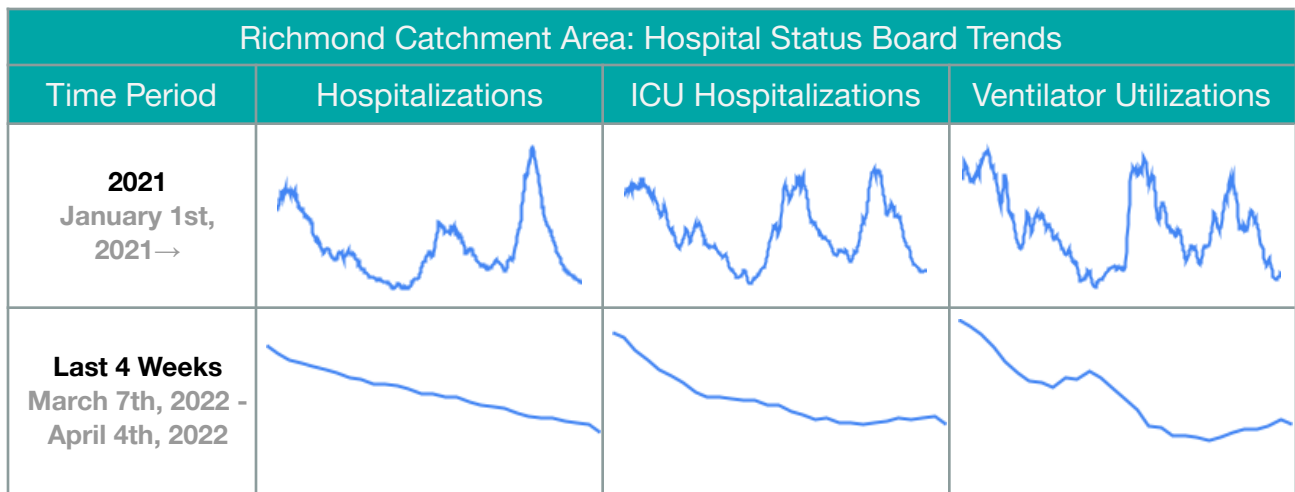
- *8 out of 11 hospitals in the Richmond Catchment Area are operating at a 'Conventional' clinical status, while 3 are operating at a 'Contingency' status and 0 are operating at 'Crisis' status*

Vaccinations

Richmond and Henrico Health Districts are in Phase 2 of vaccination; anyone 5 or older is eligible to receive a vaccine. Health Department events/providers appear to be administering the largest percentage of vaccines to Richmond and Henrico residents, compared with other providers.

Local Vaccination Stats & Regional Comparison			
Location	≥ 1 Dose	Complete	Booster
Richmond & Henrico	**70.1%**	**65.3%**	**34.9%**
Region	71.0%	66.3%	35.0%

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

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

1.0 COVID-19 SNAP SHOT

1.1 Total Tests and Percent Positivity by Modality in Richmond and Henrico

Total tests by testing modality and the associated 7-day average in percent positivity are summarized in the table below. Data is from the VDH public dashboard on **April 4**, 2022.

	Richmond		Henrico		Virginia	
	Tests	Positivity	Tests	Positivity	Tests	Positivity
PCR*	503,037	4.9%	554,646	2.7%	13,196,984	3.2%
Antigen	228,542	1.7%	228,542	3.0%	5,613,725	2.3%
Total (PCR, antigen, and antibody)	656,286	4.0%	794,657	3.2%	19,137,760	3.4%

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

1.2 Confirmed & Probable Cases, Hospitalizations & Fatalities by County

CASE STATUS	RICHMOND CITY	HENRICO COUNTY	VIRGINIA
New cases since February 7th	548	880	23,244
New cases this week (April 4th)	163	206	5,001
All cases	44,316	64,269	1,671,423
Confirmed cases	33,005	42,227	1,999,293
Hospitalizations	1,040	1,343	46,171
Deaths	423	797	16,431
Probable cases	11,311	22,042	472,130
Hospitalizations	32	65	2,907
Deaths	73	110	3,289
Case rate per 100,000	19231.4	19427.3	19582

Population totals are based on 2019 data from the National Center for Health Statistics (NCHS). Please note- this is a change from some previous reports which used aggregated Census data regarding population by age group.
Case rate refers to the number of cases per 100,000 people in the population. Calculation: ((Confirmed Cases + Probable Cases)/Population Estimate)*100,000

1.3 Current COVID-19 Richmond Catchment Area Hospitalizations

The following section utilizes data from the Virginia Healthcare Alerting & Status System (VHASS) COVID-19 Hospital Status Board. This data reflects the following hospitals in the Richmond Catchment Area (Chesterfield County, Hanover County, Henrico, & Richmond): VCU Health System, Retreat Doctors', Bon Secours Community, CWJ Chippenham, CWJ Johnson Willis, VA Medical Center, Bon Secours St. Mary's, Henrico Doctors, and Parham Doctors, Bon Secours St. Francis, and Memorial Regional Medical Center.

	TOTAL IN USE FOR COVID-19	CURRENTLY AVAILABLE
Confirmed Hospitalizations	42	101
Pending Hospitalizations	11	
Confirmed - ICU	14	34
Pending - ICU	*	
Confirmed - Ventilators	9	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.

Based on the VHASS hospital dashboard on **April 4th, 2022**, within these 11 hospitals that comprise the Richmond catchment area, there are currently 101 total available hospital beds, 34 available adult ICU beds, and 350 available ventilators.

8 Hospitals in the Richmond Catchment area are operating at **"Conventional"** clinical status.
3 Hospitals are operating at **"Contingency"** clinical status.
0 Hospitals are operating at **"Crisis"** 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 TESTING ENCOUNTERS AND POSITIVITY

2.1 Testing Summary

Current 7-day **PCR percent positivity** rate in **Richmond** has decreased to **4.0%**, with the highest values found in zip codes 23220, 23219, and 23221. The current 7-day PCR Percent **positivity** also decreased in **Henrico** to **3.2%**, with the highest values found in zip codes 23150 and 23230.

The number of PCR tests administered across providers has decreased substantially in both Richmond and Henrico after peaks in January. Zip codes 23221, 23222, and 23219 in Richmond and 23238, 23230, and 23059 in Henrico had the highest testing rate per ZCTA population.

2.2 Number of PCR Tests

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

MONTH	TOTAL PCR TESTS/MONTH	
	Richmond	Henrico
March 2022	6210	14015
February 2022	8660	19815
January 2022	22833	47458
December 2021	19678	37857
November 2021	19427	20875
October 2021	23026	24555
September 2021	24874	28596
August 2021	22384	24945
July 2021	11206	13790
June 2021	9371	12128
May 2021	11890	13960
April 2021	16945	20134

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

3.0 COVID-19 CASES

3.1 Summary of Cases

After recent highs in January, 2022, cases in both districts appear to have followed a downward trend through March. According to the CDC Covid Data Tracker, in Richmond on April 5th, the 7-day total case rate was **55.92** new cases per 100,000 population, while in Henrico the 7-day total case rate was **66.83** 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 month and cumulatively.

In both districts 20-29 year olds have the highest case rate cumulatively. In the last month, case rates were higher among those aged 30-39 in both districts..

Regarding race and ethnicity, the highest proportion of cases is still among Black individuals cumulatively, while in the last month White individuals had the highest proportion of cases.
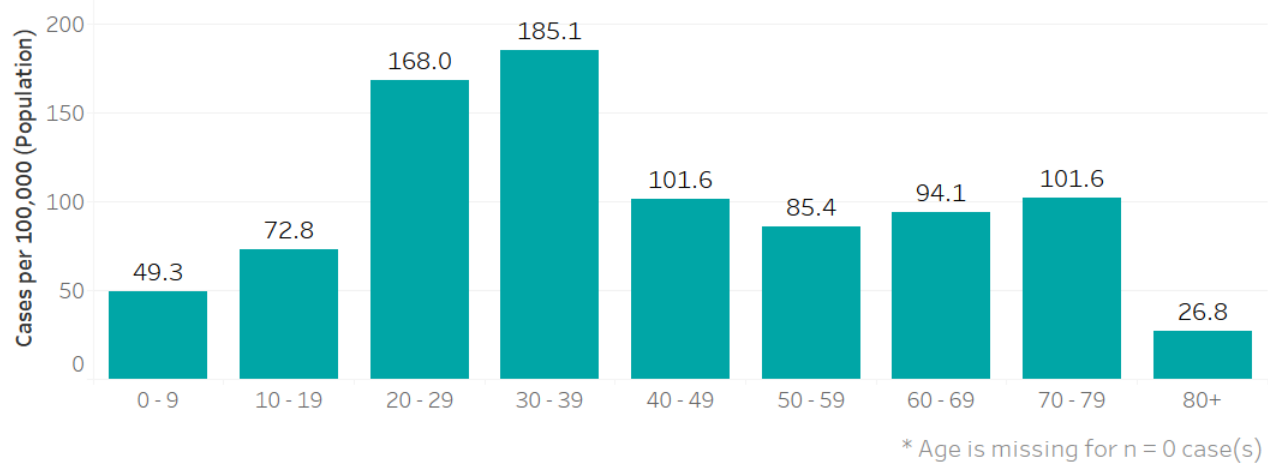
Time Series for case data at the state and locality level can be found on the VDH website.

3.3 Cases 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

Richmond City, VA (n = 267); March 7, 2022 - April 3, 2022

Cases per 100,000 (Population)

Age Group	Cases per 100,000
0 - 9	49.3
10 - 19	72.8
20 - 29	168.0
30 - 39	185.1
40 - 49	101.6
50 - 59	85.4
60 - 69	94.1
70 - 79	101.6
80+	26.8

* Age is missing for n = 0 case(s)

Cumulative COVID-19 Case Distribution by Age

Richmond City, VA (N = 44,314); January 1, 2020 - April 3, 2022

Cases per 100,000 (Population)

Age Group	Cases per 100,000
0 - 9	13,506
10 - 19	18,318
20 - 29	26,779
30 - 39	22,462
40 - 49	20,854
50 - 59	16,453
60 - 69	13,409
70 - 79	12,503
80+	12,562

* Age is missing for n = 18 case(s)
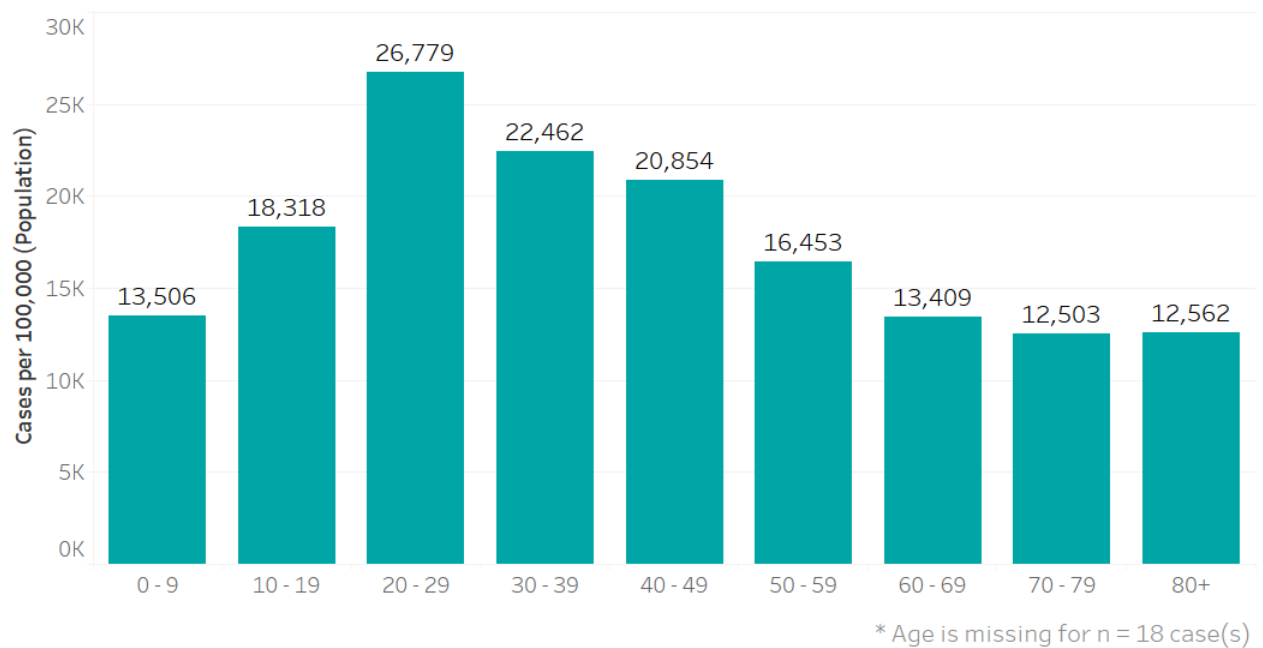
- In Richmond City, individuals aged 20-39 had the highest case rates in **March**, while individuals aged 20-29 have the highest case rate cumulatively.

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COVID-19 Case Distribution by Age in the Last 4 Weeks

Henrico County, VA (n = 393); March 7, 2022 - April 3, 2022

Cases per 100,000 (Population)

Age	Cases per 100,000
0 - 9	132.57
10 - 19	99.52
20 - 29	116.48
30 - 39	169.08
40 - 49	102.44
50 - 59	88.85
60 - 69	105.40
70 - 79	114.64
80+	164.32

* Age is missing for n = 0 case(s)
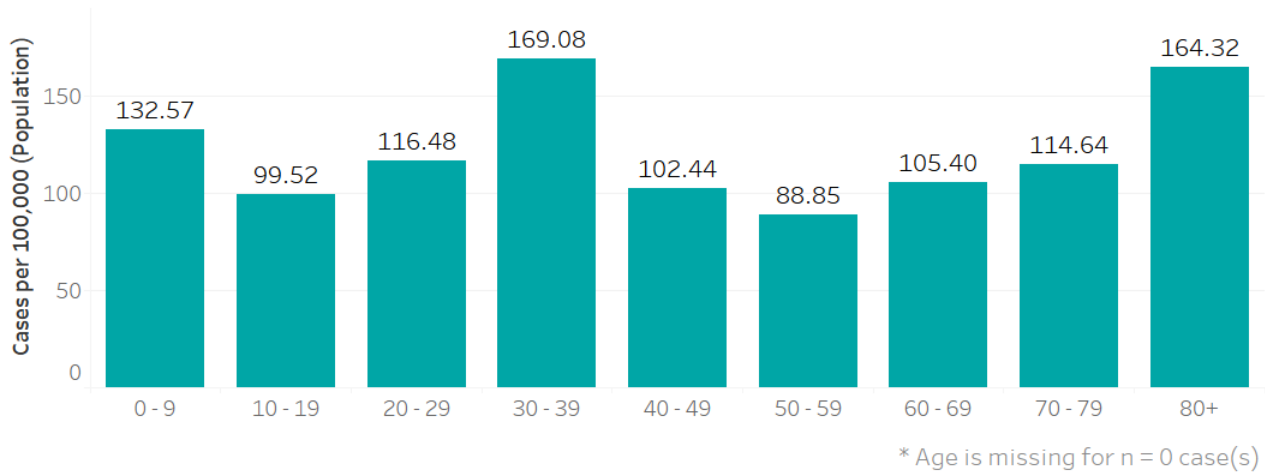
Cumulative COVID-19 Case Distribution by Age

Henrico County, VA (N = 64,269); January 4, 2020 - April 3, 2022

Cases per 100,000 (Population)

Age	Cases per 100,000
0 - 9	16,898
10 - 19	20,877
20 - 29	26,014
30 - 39	22,967
40 - 49	20,288
50 - 59	17,531
60 - 69	14,161
70 - 79	13,060
80+	18,200

* Age is missing for n = 30 case(s)

In Henrico, individuals aged 30-39 and 80 and over had the highest case rates in **March**, while cumulatively, individuals 20-29 have the highest case rate, followed by individuals 30-49 and 10-19.

3.4 Cases and Population Proportions by Race and Ethnicity by County

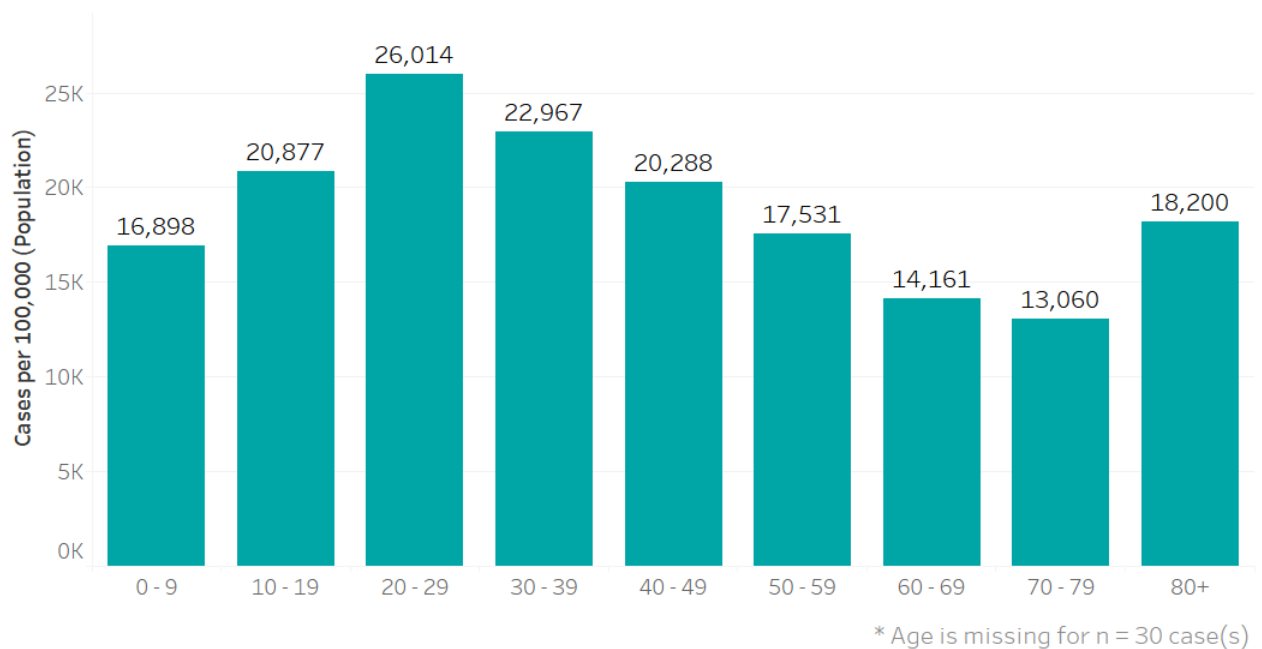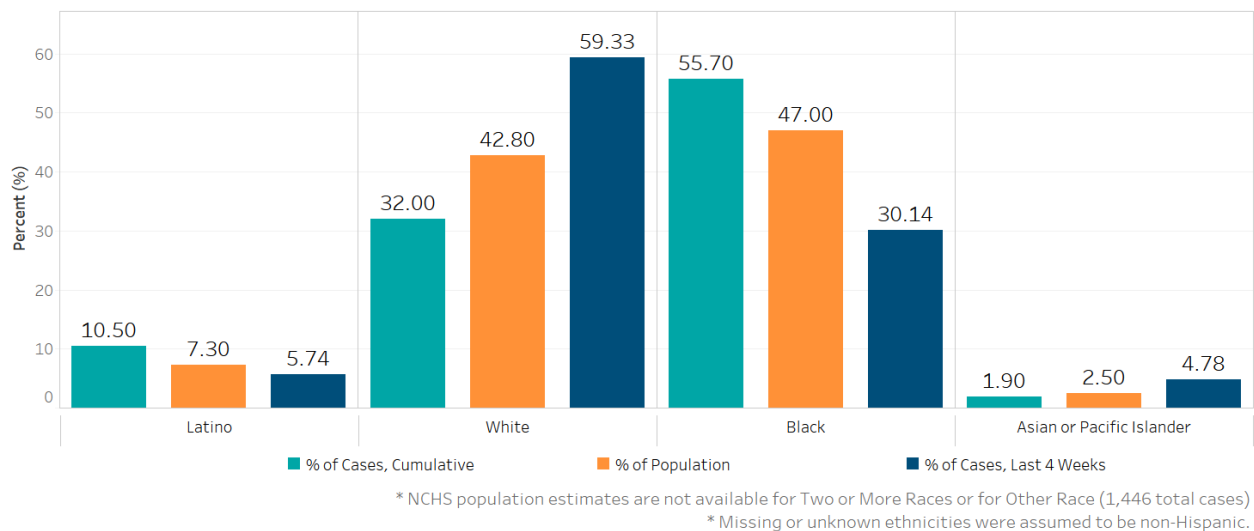*Population totals are based on 2019 data from the National Center for Health Statistics (NCHS).*
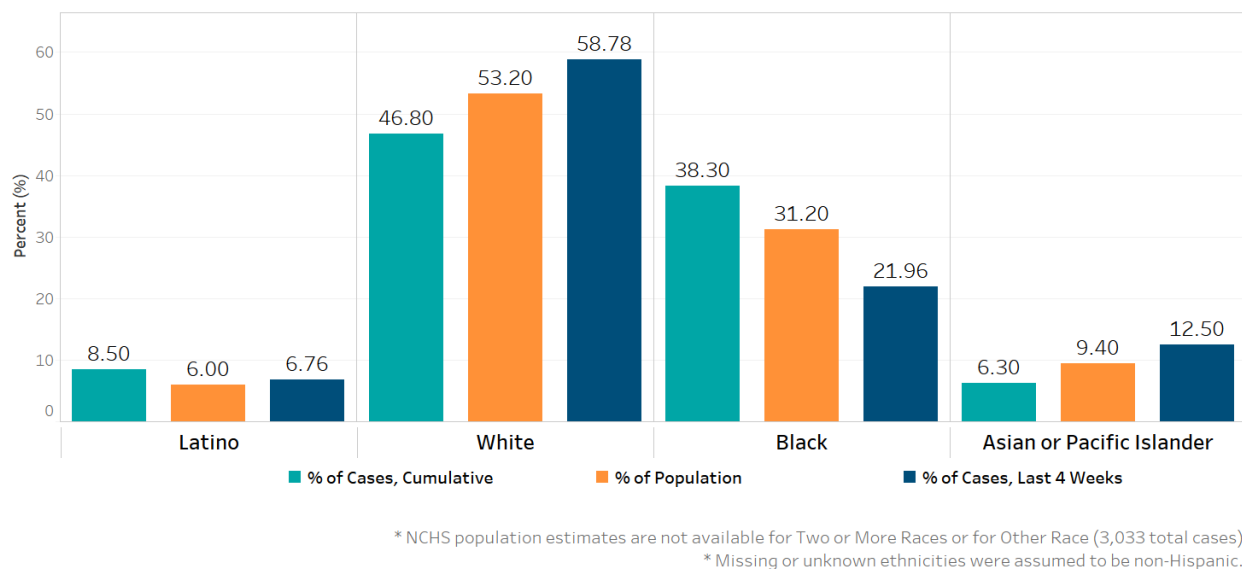
COVID-19 Case Distribution by Race/Ethnicity

Richmond City, VA; Cumulatively as of April 3, 2022 and in the Last 4 weeks (March 7, 2022 - April 3, 2022)

	Latino	White	Black	Asian or Pacific Islander
% of Cases, Cumulative	10.50	32.00	55.70	1.90
% of Population	7.30	42.80	47.00	2.50
% of Cases, Last 4 Weeks	5.74	59.33	30.14	4.78

* NCHS population estimates are not available for Two or More Races or for Other Race (1,446 total cases)
* Missing or unknown ethnicities were assumed to be non-Hispanic.

■ In Richmond, the case burden for White individuals and Asian or Pacific Islander individuals over the last Month is high relative to their population percentages, while the case burden for Black individuals and Latino individuals is disproportionately low relative to their population percentage. This is a reversal of the cumulative trends for all groups.

COVID-19 Case Distribution by Race/Ethnicity

Henrico County, VA; Cumulatively as of April 3, 2022 and in the Last 4 weeks (March 7, 2022 - April 3, 2022)

	Latino	White	Black	Asian or Pacific Islander
% of Cases, Cumulative	8.50	46.80	38.30	6.30
% of Population	6.00	53.20	31.20	9.40
% of Cases, Last 4 Weeks	6.76	58.78	21.96	12.50

* NCHS population estimates are not available for Two or More Races or for Other Race (3,033 total cases)
* Missing or unknown ethnicities were assumed to be non-Hispanic.

■ In Henrico in the last month, the percent of all cases among White individuals and Asian Or Pacific Islanders Is higher than their proportion of the population. Meanwhile, the percentage of cases amongst Black individuals is low relative to the population percent. The percent of cases among Latino individuals in the last four weeks is relatively close to their percent of population, a change from disproportionately high cumulative case percentage .

4.0 COVID-19 Hospitalizations & Fatalities

4.1 Summary of Hospitalizations & Fatalities

Looking at the 11 hospitals that comprise the Richmond catchment area, COVID-19 associated hospitalizations increased dramatically from the middle of December to the middle of January before falling quickly in the second half of January. ICU hospitalizations and ventilator utilization followed a similar pattern, although less dramatic. Currently, **8** Hospitals in the Richmond Catchment area are operating at **"Conventional"** clinical status, **3** are operating at **"Contingency"** clinical status, and **0** are operating at **"Crisis"** clinical status.

Fatalities appeared to rise from December to January, but not as sharply as cases or hospitalizations have risen during the same period. In Henrico, the monthly count of fatalities does not appear to be higher than the monthly counts seen in previous waves of the pandemic. Fatality counts in Richmond City show relative upticks during late 2021 and early 2022. Fatality data is subject to sizable amounts of lag.

Cumulatively, deaths are highest among Female individuals in both districts. The median age of death is around 74 in Richmond and 78 in Henrico.

4.2 COVID-19 Hospitalization, ICU, and Ventilator Utilization (VHASS)
The 7-day moving average is a recurrent average of the number of cases for each consecutive 7-day period regardless of data availability. Data are zero-padded to reflect dates with no hospitalizations and/or fatalities.

Total Daily COVID-19 Hospitalizations, ICU Hospitalizations, and Ventilator Utilizations

Richmond Catchment Area, September 1st, 2021 - April 4th, 2022

Legend: Hospitalizations — ICU — Ventilators — Hospitalizations 7-Day Average — ICU 7-Day Average — Ventilators 7-Day Average
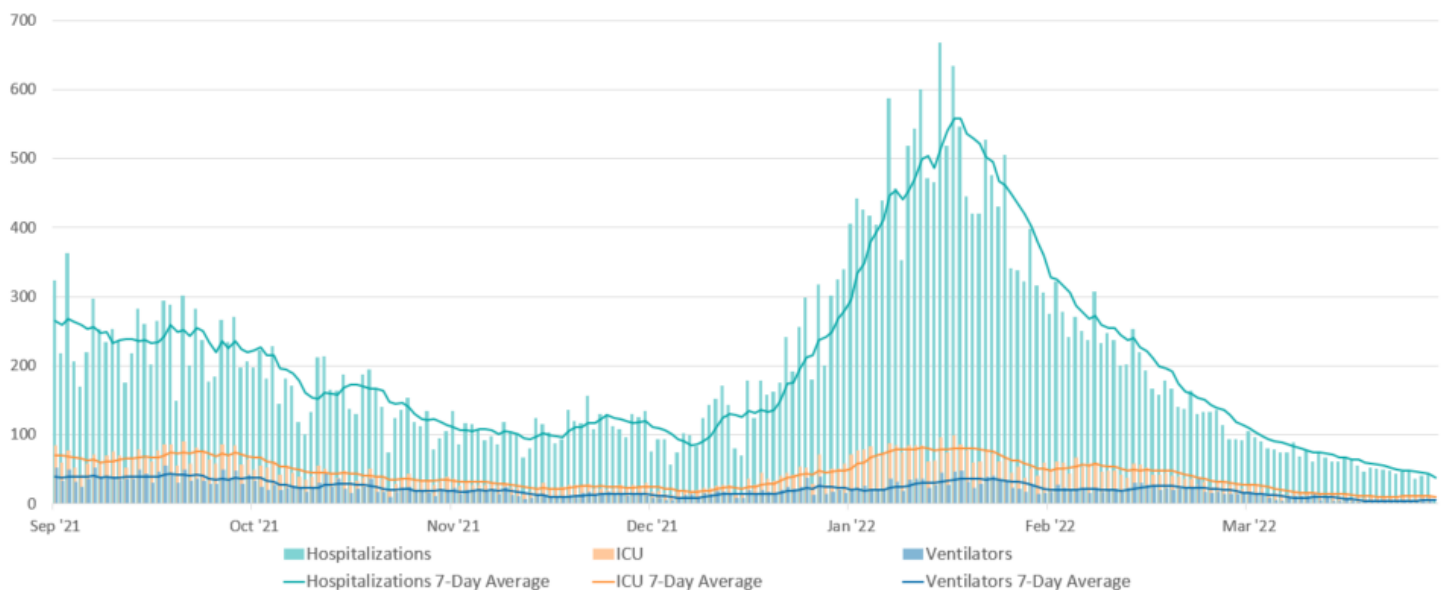
*Sum of Daily Counts displayed above- Hospitalizations: 42838 of 124947 (All Time), ICU Hospitalizations: 9178 of 29235, Ventilator Utilizations: 4684 of 15540

- COVID-19 Hospitalizations peaked during January, 2022, but appear to be steadily decreasing moving into the month of April, 2022. ICU hospitalizations and COVID-19 related ventilator utilizations followed a similar, albeit dampened trend, but were less dramatic.

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4.3 Fatalities by Sex, Race, and Age by County

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

Confirmed and Probable		Fatalities	
		Richmond (n=496)	**Henrico** (n=907)
Gender	Male	49% (242)	48% (435)
	Female	51% (253)	52% (472)
	Missing/Unknown		
Age	**Median (range)**	74 (0-100)	78 (10-106)
Race/Ethnicity	White	29% (143)	57% (520)
	Black	64% (316)	36% (324)
	Latino	5% (24)	3% (27)
	Asian or Pacific Islander	1% (7)	3% (24)
	Other Race	*	*
	Two or more races	*	*
	Not reported	2% (11)	1% (6)

*counts under 5 suppressed

5.0 VACCINATION

5.1 Vaccine Summary

As of January 10th, **71.3%** of the region's population has received **at least one dose** of the vaccine and **65.7%** of the region's population has been **fully vaccinated** and **29.8%** of the region's total population has received a **booster**. Approximately **69.6%** of the combined Richmond and Henrico population has received **at least one dose** and **64.1%** of the two districts' combined population has been **fully vaccinated** and **29.4%** of the two districts' combined population has received a **booster**. Pharmacies and Local Health Departments have delivered the majority of vaccines to individuals in both districts.

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

5.2 Percentage of Vaccination Goals Reached by Population as of April 4th, 2022

County	Age Group	POPULATION	PEOPLE WITH AT LEAST ONE DOSE	PEOPLE FULLY VACCINATED	PEOPLE WITH BOOSTER
Richmond	**5-11**	**15,198**	**5,064 (33.3%)**	**4,141 (27.2%)**	**10 (0.1%)**
	12-17	11,150	7,208 (64.6%)	6,323 (56.7%)	1,645 (14.8%)
	18+	**190,750**	**131,777 (69.1%)**	**122,119 (64%)**	**69,888 (36.6%)**
	65+	31,809	25,949 (81.6%)	24,353 (76.6%)	18,329 (57.6%)
Henrico	**5-11**	**28,406**	**13,542 (47.7%)**	**11,459 (40.3%)**	**28 (0.1%)**
	12-17	25,954	20,326 (78.3%)	18,683 (72%)	5,767 (22.2%)
	18+	**256,660**	**215,645 (84%)**	**203,927 (79.5%)**	**118,719 (46.3%)**
	65+	52,720	49,852 (94.6%)	47,461 (90%)	36,946 (70.1%)

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

5.3 Vaccinations by Locality as of April 4th, 2022

HEALTH DISTRICT	LOCALITY	TOTAL POPULATION	PEOPLE WITH AT LEAST ONE DOSE	PEOPLE FULLY VACCINATED	PEOPLE WITH BOOSTERS
Chesterfield	Chesterfield	352,802	256,693	236,405	123,023
	Colonial Heights	17,370	11,181	10,022	4,643
	Powhatan	29,652	18,030	16,751	8,829
Chickahominy	Charles City	6,963	4,750	4,806	2,431
	Goochland	23,753	18,629	18,060	10,596
	Hanover	107,766	79,328	77,133	40,334
	New Kent	23,091	14,971	14,607	7,524
Henrico	Henrico	330,818	249,513	234,069	124,514
Richmond	Richmond City	230,436	144,049	132,583	71,543
Total		**1,122,651**	**797,144**	**744,436**	**393,437**

Population totals are based on 2019 data from the National Center for Health Statistics (NCHS).
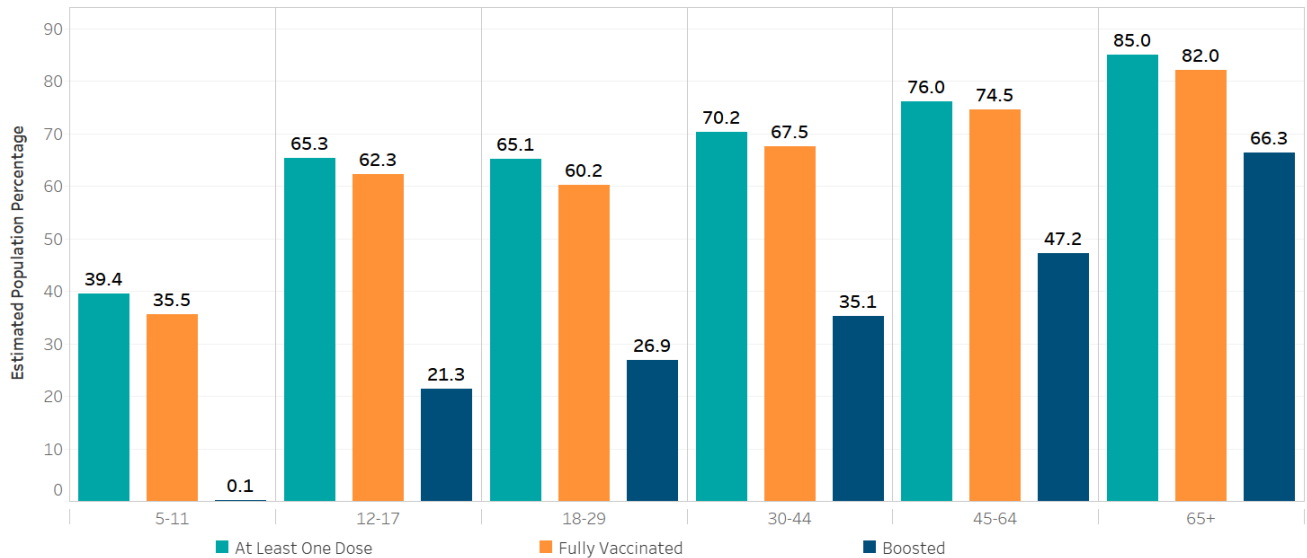
5.4 Vaccine by County & Age

Vaccination Uptake Estimations by Vaccination Status & Age Group

Richmond City, VA; April 4, 2022
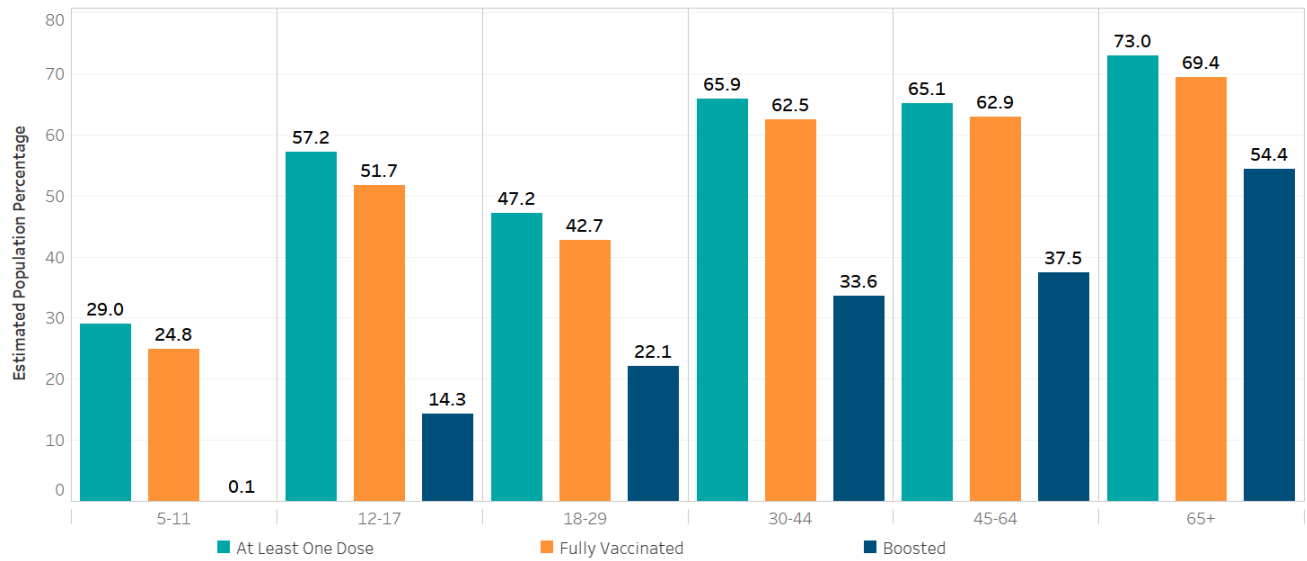
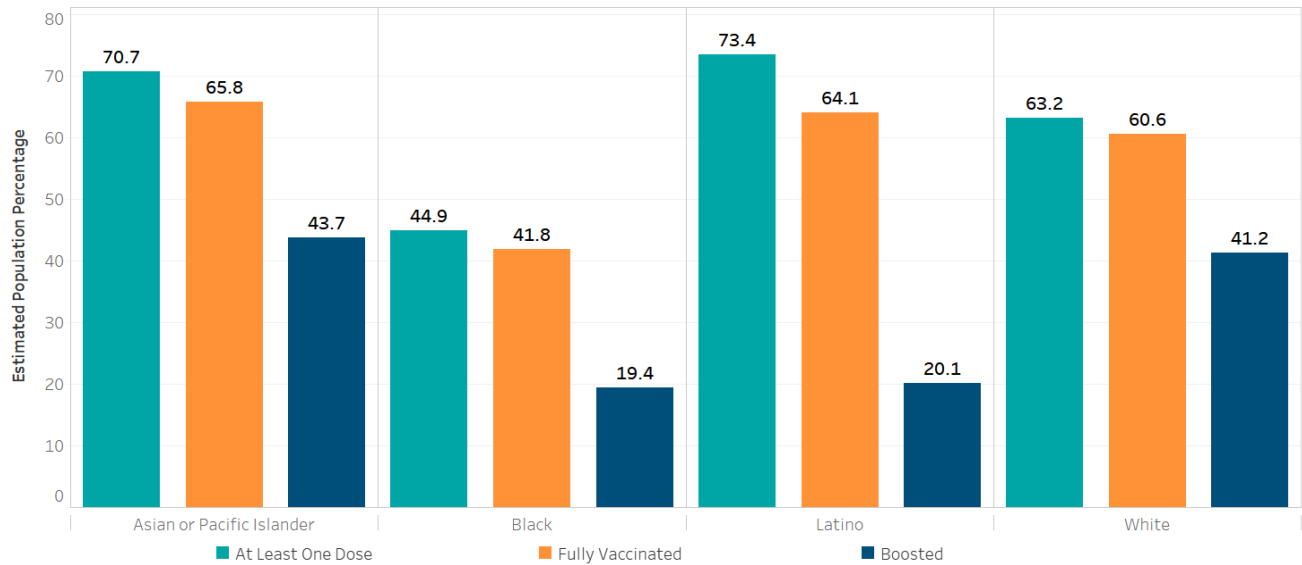## Vaccination Uptake Estimations by Vaccination Status & Age Group

Henrico County, VA; April 4, 2022
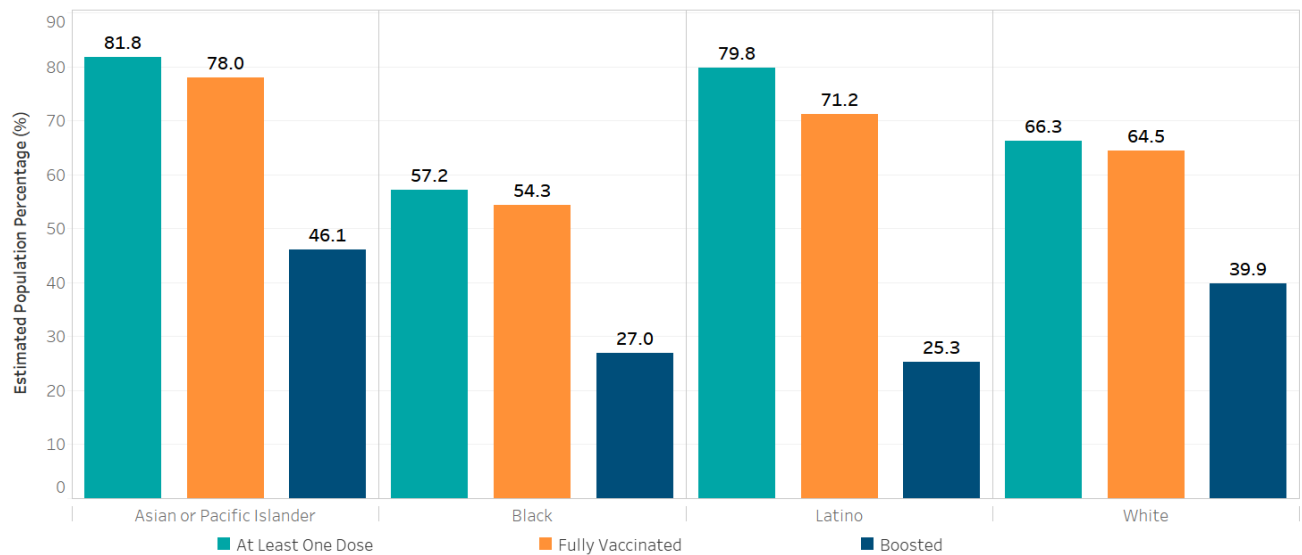
5.5 Vaccine by County & Race

Vaccination Uptake Estimations by Vaccination Status & Racial/Ethnic Group
Richmond City, VA; April 4, 2022

Richmond City — Estimated Population Percentage

Group	At Least One Dose	Fully Vaccinated	Boosted
Asian or Pacific Islander	70.7	65.8	43.7
Black	44.9	41.8	19.4
Latino	73.4	64.1	20.1
White	63.2	60.6	41.2

Vaccination Uptake Estimations by Vaccination Status & Racial/Ethnic Group
Henrico County, VA; April 4, 2022

Henrico County — Estimated Population Percentage (%)

Group	At Least One Dose	Fully Vaccinated	Boosted
Asian or Pacific Islander	81.8	78.0	46.1
Black	57.2	54.3	27.0
Latino	79.8	71.2	25.3
White	66.3	64.5	39.9

5.6 Census Tract Maps of Vaccine Uptake

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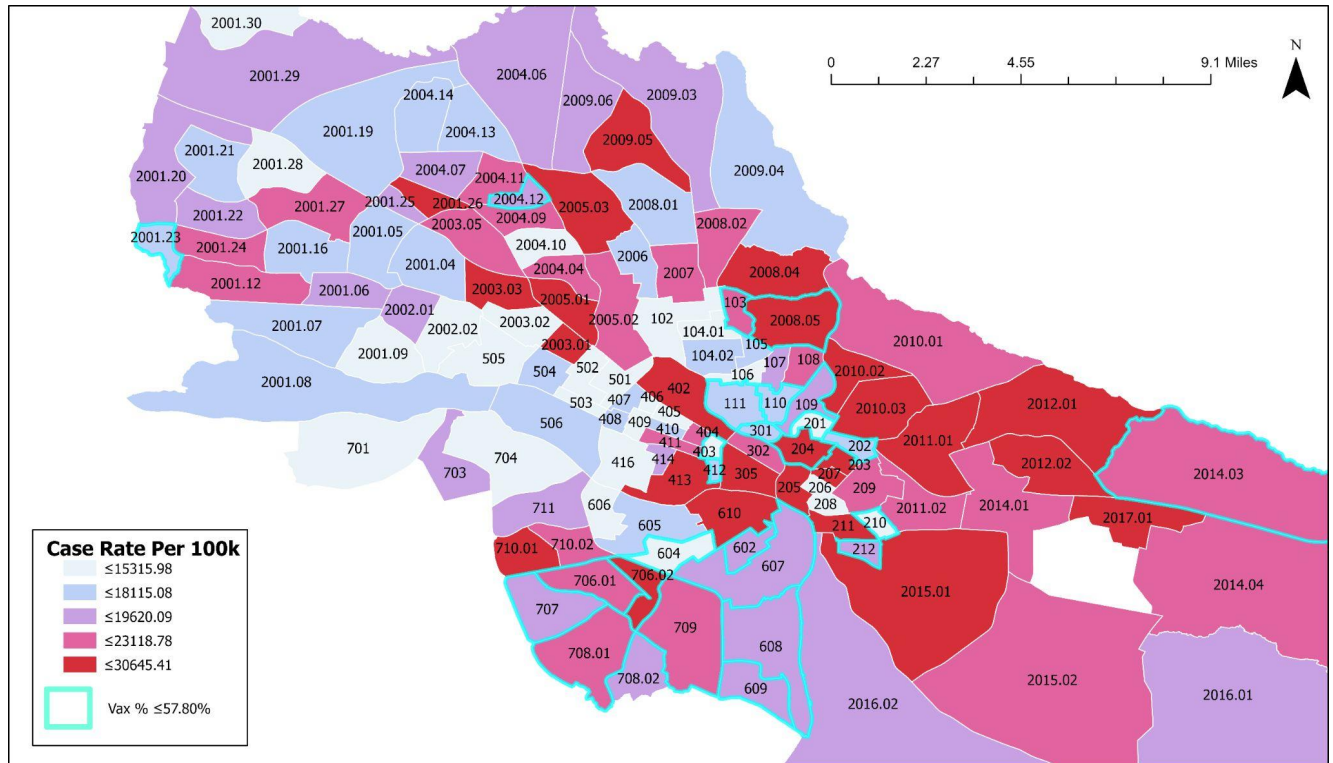
These maps are intended to guide further outreach and vaccination planning only..

Vaccination Uptake In Richmond & Henrico, VA -- April 4th, 2022

Vaccination Percentage <=
- ≤57.80%
- ≤67.21%
- ≤74.73%
- ≤83.74%
- ≤100%
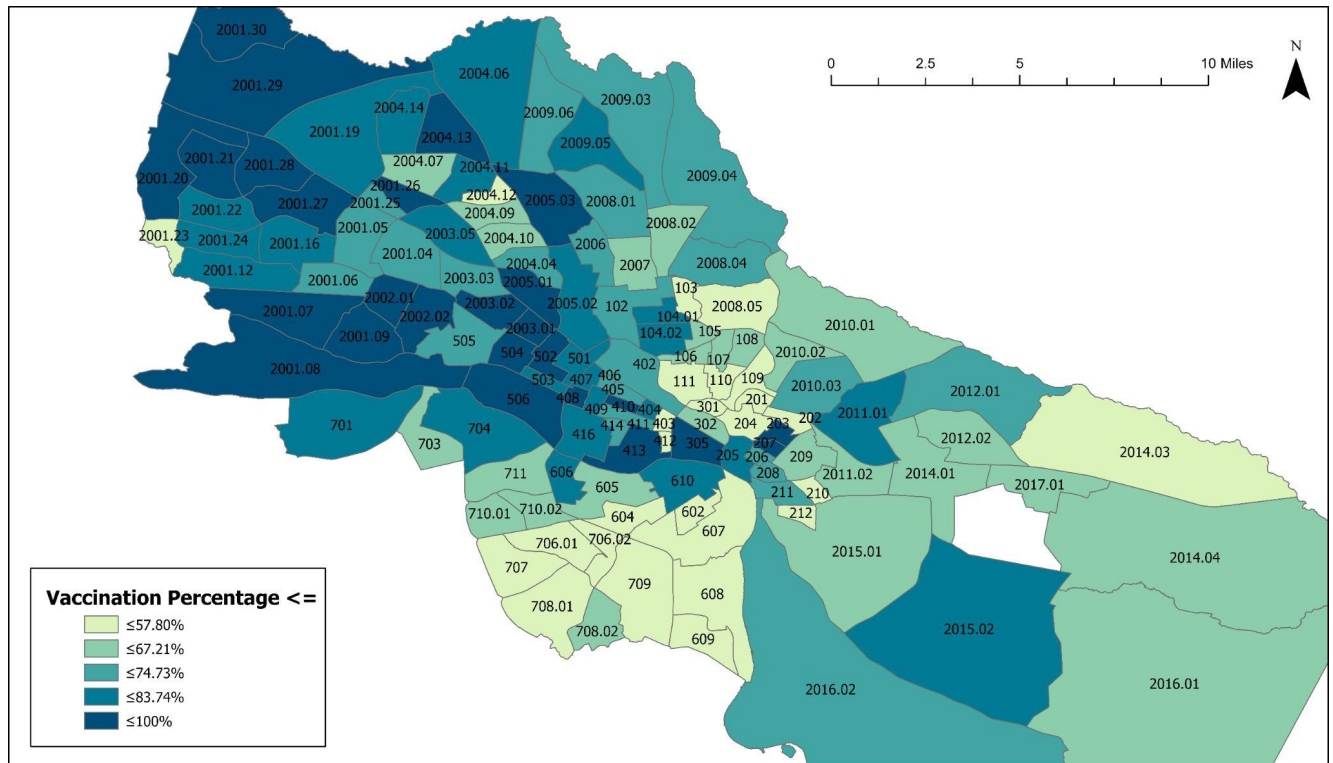
Cumulative Cases and Lowest Percent Vax by Census Tract -- April 4th, 2022

Case Rate Per 100k
- ≤15315.98
- ≤18115.08
- ≤19620.09
- ≤23118.78
- ≤30645.41

Vax % ≤57.80%

SVI Rank and Lowest Percentage Vaccinated by Census Tract -- April 4th, 2022

Census Tract SVI Rank
- ≤0.168
- ≤0.4425
- ≤0.7138
- ≤0.8935
- ≤1.00

Vax % ≤57.80%
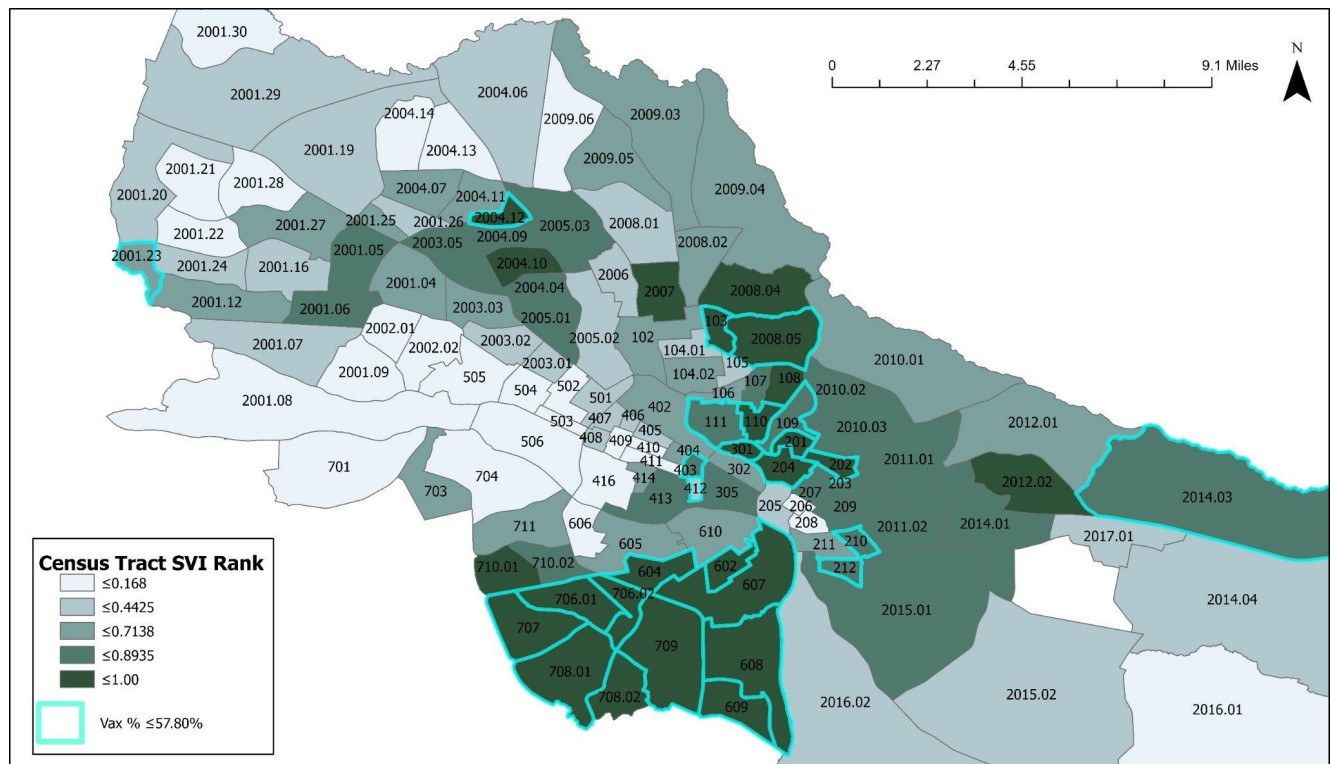
6.0 Glossary

7-day average number of new daily cases
Recurrent average of the number of cases for each consecutive 7-day period regardless of data availability.

7-day total case rate per 100,000
Calculated by adding the number of new cases in the county (or other administrative level) in the last 7 days divided by the population in the county (or other administrative level) and multiplying by 100,000. **7-day total case rate per 100,000** is considered to have a transmission level of Low (0-9.99), Moderate (10.00-49.99), Substantial (50.00-99.99), or High (greater than or equal to 100.00).

Antigen
Antigens are molecules capable of stimulating an immune response. Antigen tests are commonly used in the diagnosis of respiratory pathogens such as the COVID virus.

Assisted living facilities
A housing facility designed for people with disabilities or adults who cannot/decide not to live independently

At least one dose
This metric includes everyone who has received only one dose [including those who received one dose of the single-shot Johnson and Johnson's Janssen COVID-19 vaccine] and those who received more than one dose.

Case rate
 the number of cases per 100,000 people in the population. Calculation: ((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.