WEEKLY COVID-19 REPORT FOR EXTERNAL USE

WEEK OF: SEPTEMBER 09, 2022

KEY TAKEAWAYS

Cases

According to the [CDC Covid Data Tracker](#), cases are **decreasing** in Richmond and Henrico in recent weeks, and The [CDC COVID-19 Community Level](#) is **Medium.**

7-day total case rate per 100,000		
District	This Week	1 Week Ago
Henrico	**114.3**	137.8
Richmond	**193.6**	198.8

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** appear to have plateaued the last four weeks**. Fatalities** appear to have fallen every month 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 Aug 11 2022→			

- *10 out of 11 hospitals in the Richmond Catchment Area are operating at a 'Conventional' clinical status, while 1 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	**71.1%**	**67.8%**	**34.9%**
Region	71.9%	66.8%	34.8%

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 PCR Tests & PCR Percent Positivity by Health District

	RICHMOND CITY	HENRICO COUNTY
Cumulative PCR Tests	442,313	715,402
PCR Tests 8/29 - 9/4	1,839	1,998
7-Day Moving Average Positivity 8/29 - 9/4	13.3%	19.3%

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

CASE STATUS	RICHMOND CITY	HENRICO COUNTY	VIRGINIA
New cases this week (September 8)	302	249	13,195
All cases	55,894	80,639	2,058,582
Confirmed cases	40,719	51,231	1,459,742
Hospitalizations	1,148	1,514	52,175
Deaths	457	866	17,954
Probable cases	15,175	29,408	598,840
Hospitalizations	43	85	3,426
Deaths	77	135	3,633
Case rate per 100,000	24255.8	24375.6	24117.8

Weekly cases added are estimated as the difference between the cases recorded from the current and prior week
Case Rate per 100,000=(confirmed+probable)/population count *100,000.
Population estimates for the case rate are from 2019 data compiled by the National Center for Health Statistics (NCHS).

1.3 Current COVID-19 Richmond Catchment Area Hospitalizations

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

	TOTAL IN USE FOR COVID-19	CURRENTLY AVAILABLE
Confirmed Hospitalizations	128	77
Pending Hospitalizations	9	
Confirmed - ICU	23	30
Pending - ICU	0	
Confirmed - Ventilators	13	343
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.

Clinical Status of Richmond Catchment Area Hospitals

10 Hospitals operating at **Conventional** clinical status
1 Hospitals are operating at **Contingency** clinical status
0 Hospitals are operating at a **Crisis** clinical status.

- **Conventional** indicates that the spaces, staff, and supplies used are consistent with daily practices within the hospital.
- **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.
- **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

Cases appear to have declined slightly in Richmond and Henrico. According to the CDC Covid Data Tracker, In Richmond, on September 1, the **7-day total case rate** was **193.6** new cases per 100,000 population, while in Henrico the **7-day total case rate** was **114.3** new cases per 100,000 population. Additionally, in Richmond and Henrico, the CDC COVID-19 Community Level has remained **medium.**

In Richmond over the past four weeks there has not been a pronounced difference in rates amongst different age groups, with the exception of the dearth of cases amongst those under 20. In Henrico case rates have been highest amongst those over 70 in the past 4 weeks. 20-29 year olds have the highest rates cumulatively in both districts.

In Richmond it appears the Black population has experienced an excess disease burden in the past four weeks, relative to other groups. In Henrico In the past four weeks the same pattern has begun to emerge.

2.2 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
Richmond City, VA (n = 1,457); August 11, 2022 - September 6, 2022

* Age is missing for n = 0 case(s)
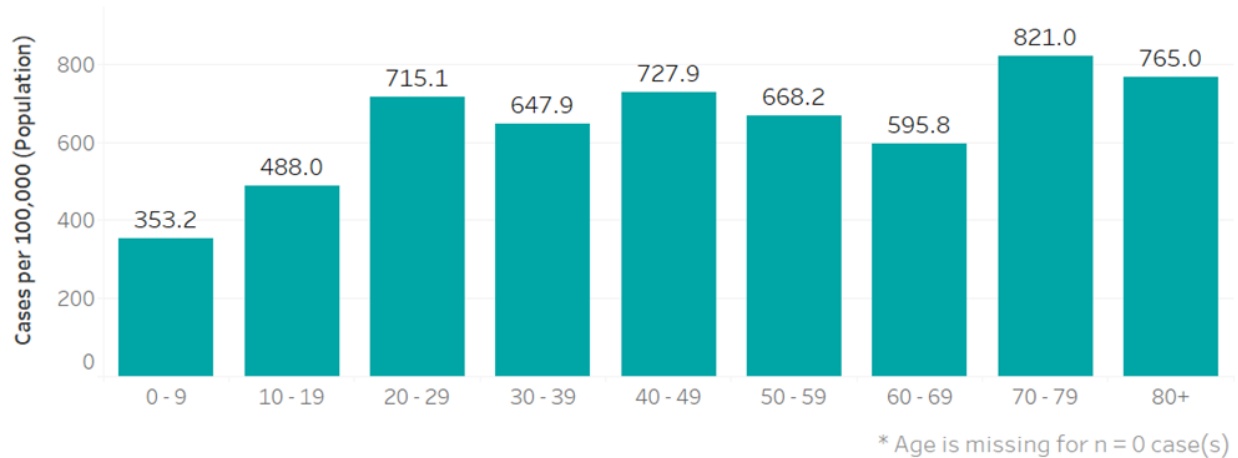
Cumulative COVID-19 Case Distribution by Age
Richmond City, VA (N = 55,893); February 18, 2020 - September 6, 2022

* Age is missing for n = 23 case(s)
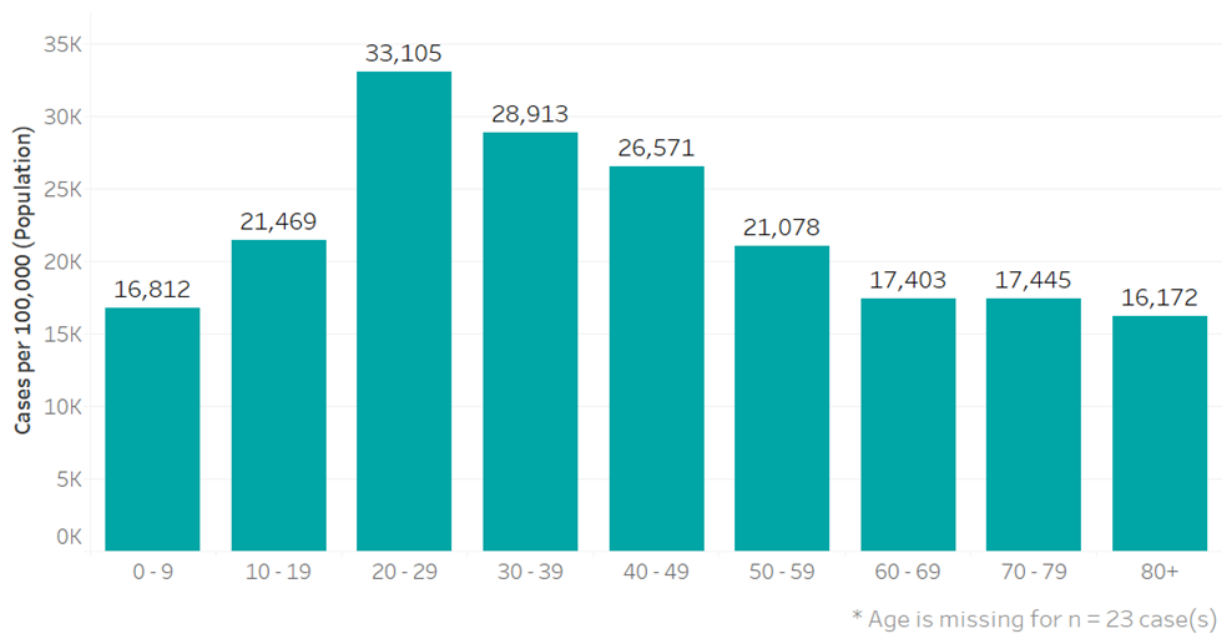
- In Richmond City, individuals aged 70+ have the highest case rates in the last four weeks, a shift from previous weeks. Individuals aged 20-29 have the highest case rate cumulatively.

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

Henrico County, VA (n = 1,951); August 11, 2022 - September 7, 2022

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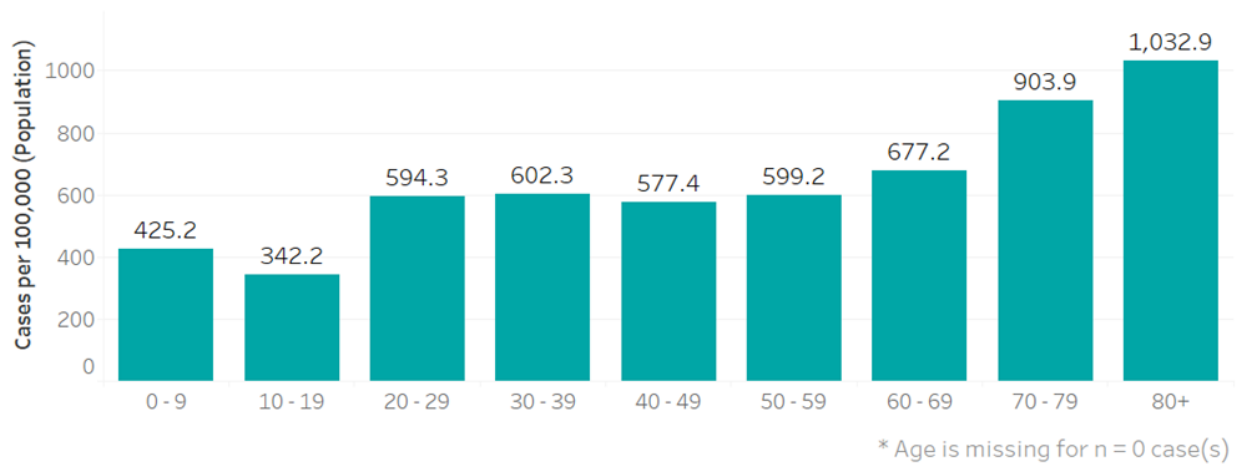
Cumulative COVID-19 Case Distribution by Age

Henrico County, VA (N = 80,639); January 4, 2020 - September 7, 2022

* Age is missing for n = 29 case(s)
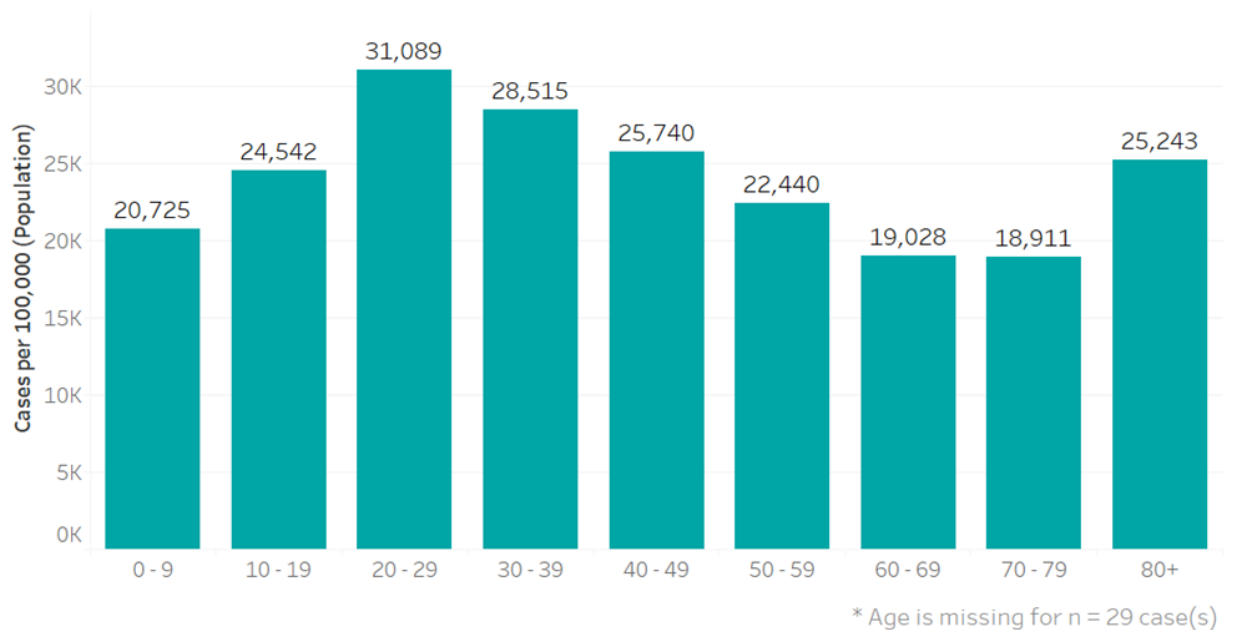
- In Henrico, individuals aged 80+ have the highest case rates in the last four weeks. Individuals aged 20-29 have the highest case rate cumulatively.

2.3 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

Richmond City, VA; Cumulatively as of September 6, 2022 and in the Last 4 weeks (August 11, 2022 - September 6, 2022)

Legend: ■ % of Cases, Cumulative   ■ % of Population   ■ % of Cases, Last 4 Weeks
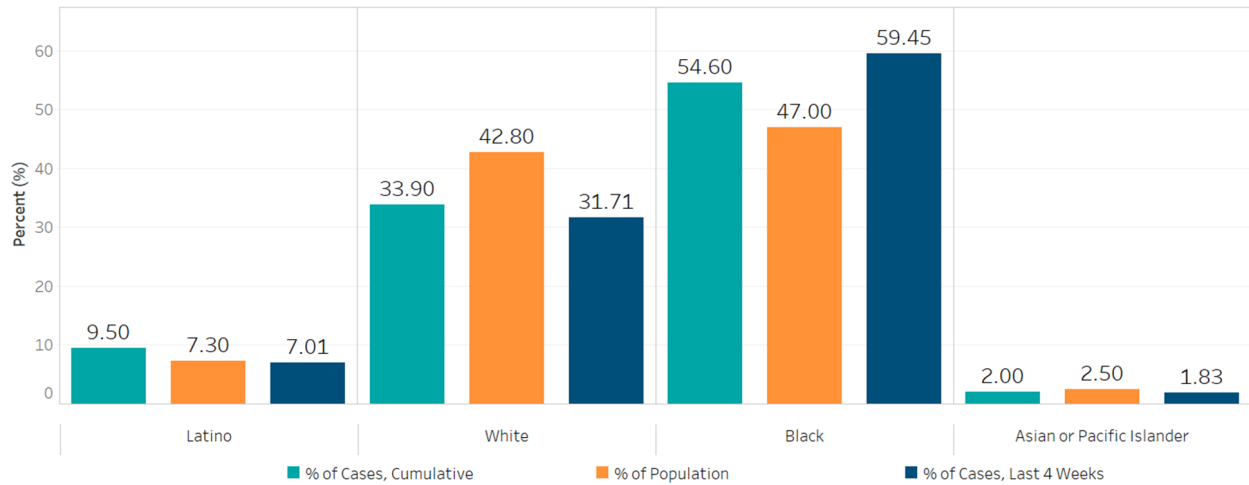
* NCHS population estimates are not available for Two or More Races or for Other Race (1,935 total cases)
* Missing or unknown ethnicities were assumed to be non-Hispanic.

- In the last 4 weeks in Richmond, the proportions of cases for Black individuals (59.5%) is high relative to their population (47%). The proportions of recent cases among Latino individuals (7.0%) is lower than the respective population percentage (7.3%). Case proportions among Asian or Pacific Islanders (1.8%) and White individuals (31.7%) are lower than their population percentages (2.5% and 42.8% respectively).

COVID-19 Case Distribution by Race/Ethnicity

Henrico County, VA; Cumulatively as of September 7, 2022 and in the Last 4 weeks (August 11, 2022 - September 7, 2022)

Legend: ■ % of Cases, Cumulative   ■ % of Population   ■ % of Cases, Last 4 Weeks
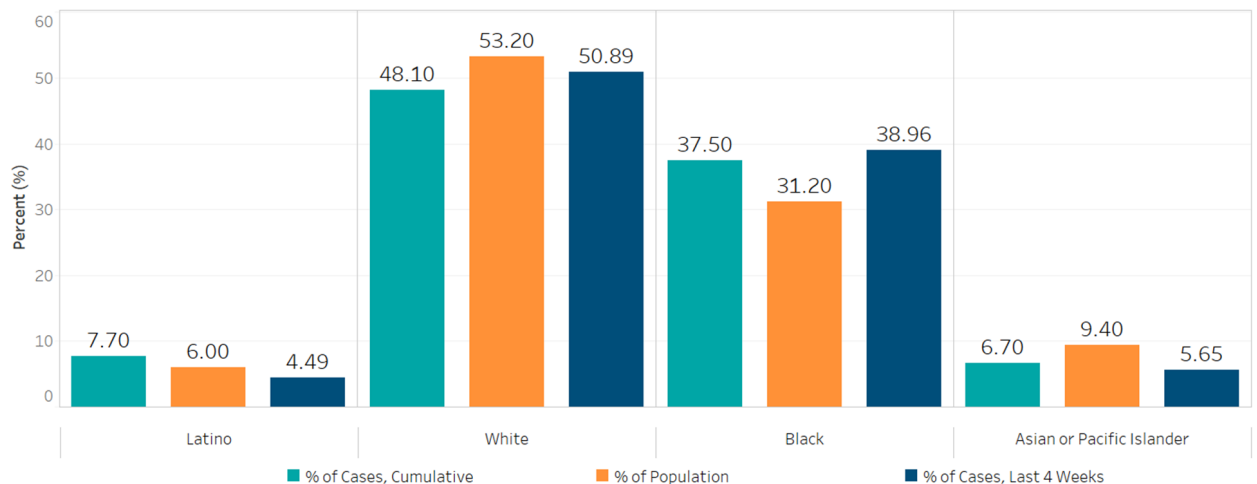
* NCHS population estimates are not available for Two or More Races or for Other Race (4,025 total cases)
* Missing or unknown ethnicities were assumed to be non-Hispanic.

- In Henrico in the last four weeks, the proportions of cases for White and Asian or Pacific Islander individuals (50.9% and 5.7%, respectively) are lower than their respective

proportions of the population (53.2% and 9.4%). The proportion of cases for Black individuals (39.0%) has been higher than the population percentage (31.2%) over the past four weeks. While the cumulative proportion of cases for Latino individuals (7.7%) is higher than their population (6%), the proportion of cases in the last four weeks (4.5%) is lower than their population proportion.

3.0 Hospitalizations & Fatalities

3.1 Summary of Hospitalizations & Fatalities

Among hospitals in the Richmond Catchment Area, **Hospitalizations** appear to have **plateaued** during the months of June and July, a trend which is continuing moving into the first week of September. **ICU hospitalizations** and **ventilator utilizations** appear to be **following the same trend**. 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. No fatalities were reported during the month of May in Richmond. In both districts, several fatalities were reported during the months of June, July and now August. **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
Richmond Catchment Area, January 1st, 2021 - September 8th, 2022

■ Hospitalizations ■ ICU ■ Ventilators —Hospitalizations 7-Day Average —ICU 7-Day Average —Ventilators 7-Day Average
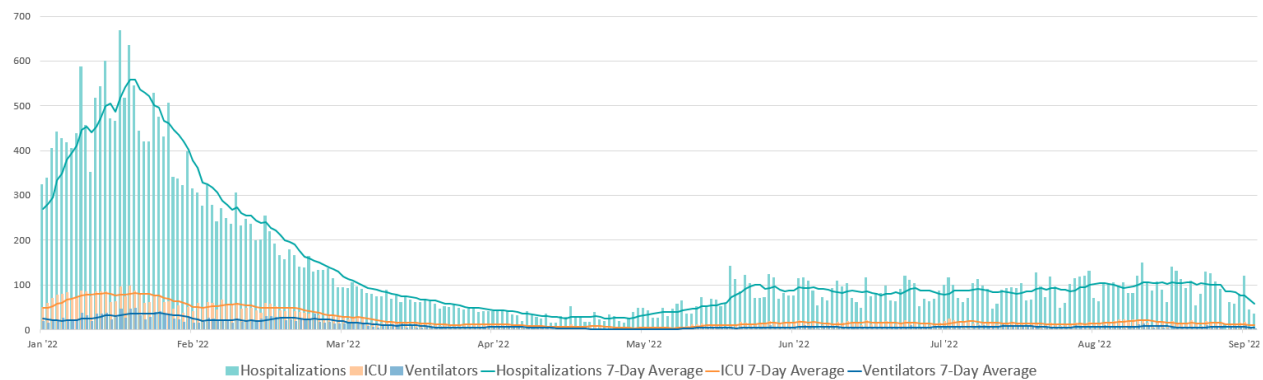
*Sum of Daily Counts displayed above- Hospitalizations: 34340 of 136604 (All Time), ICU Hospitalizations: 5970 of 31131, Ventilator Utilizations: 2544 of 16277

- From February through early April Hospitalizations decreased to levels last seen in summer 2021, while ICU Hospitalizations and Ventilator Utilizations dropped to fairly minimal levels.
- Hospitalizations, ICU Hospitalizations and Ventilator Utilizations **increased** in May, 2022
- Hospitalizations, ICU Hospitalizations and Ventilator Utilizations **plateaued** since June, 2022. This plateau has continued through July and August. Hospitalizations show some signs of **decreasing** in September

4.0 VACCINATION

4.1 Vaccine Summary

As of Sep 01, 71.9% of the **region's population** has received at least one dose of the vaccine, 66.8% of the region's population has been fully vaccinated, and 34.8% have received a booster.

Approximately 71.1% of the **combined Richmond City and Henrico County population** has received at least one dose, 67.8% of the two districts' combined population has been fully vaccinated, and 34.9% have received a booster dose.

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 29 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 Sep 08, 2022

County	Age Group	POPULATION	PEOPLE WITH AT LEAST ONE DOSE	PEOPLE FULLY VACCINATED	PEOPLE WITH BOOSTER
Richmond	5-11	15,198	5,605 (36.9%)	4,631 (30.5%)	948 (6.2%)
	12-17	11,150	7,401 (66.4%)	6,520 (58.5%)	1,715 (15.4%)
	18+	190,750	133,465 (70%)	124,559 (65.3%)	68,584 (36%)
	65+	31,809	26,087 (82%)	24,931 (78.4%)	18,572 (58.4%)
Henrico	5-11	28,406	14,602 (51.4%)	12,702 (44.7%)	2,276 (8%)
	12-17	25,954	20,722 (79.8%)	19,069 (73.5%)	5,834 (22.5%)
	18+	256,660	217,399 (84.7%)	207,327 (80.8%)	115,939 (45.2%)
	65+	52,720	50,105 (95%)	48,573 (92.1%)	36,464 (69.2%)

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 Vaccine by County & Age

Vaccination Uptake Estimations by Vaccination Status & Age Group
Richmond City, VA; September 6, 2022
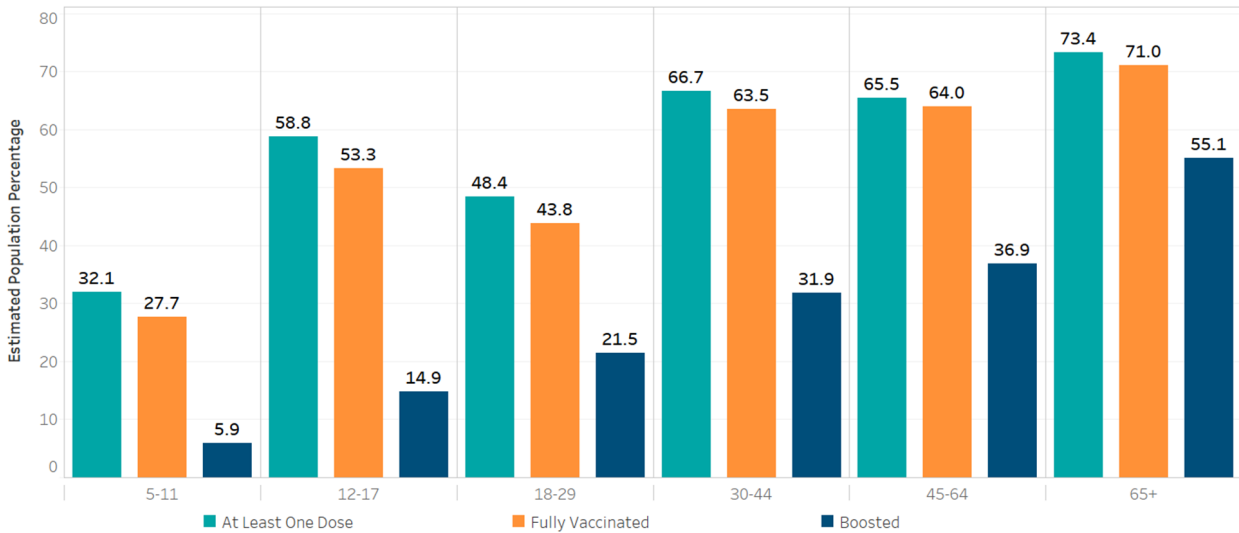
Vaccination Uptake Estimations by Vaccination Status & Age Group
Henrico County, VA; September 6, 2022
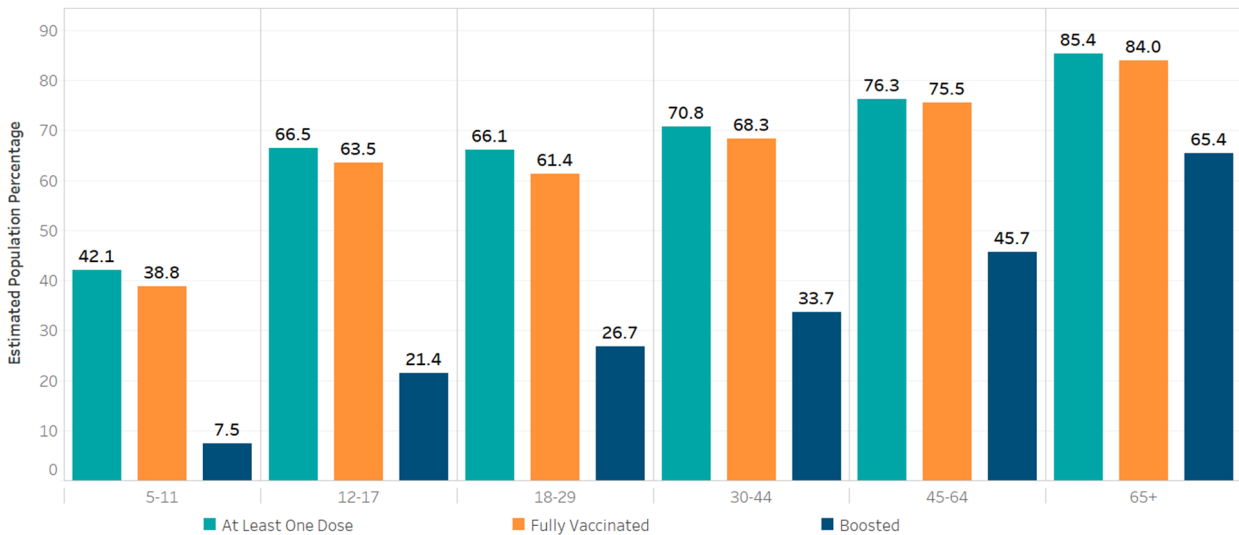
4.5 Vaccine by County & Race

Vaccination Uptake Estimations by Vaccination Status & Racial/Ethnic Group

Richmond City, VA; September 6, 2022
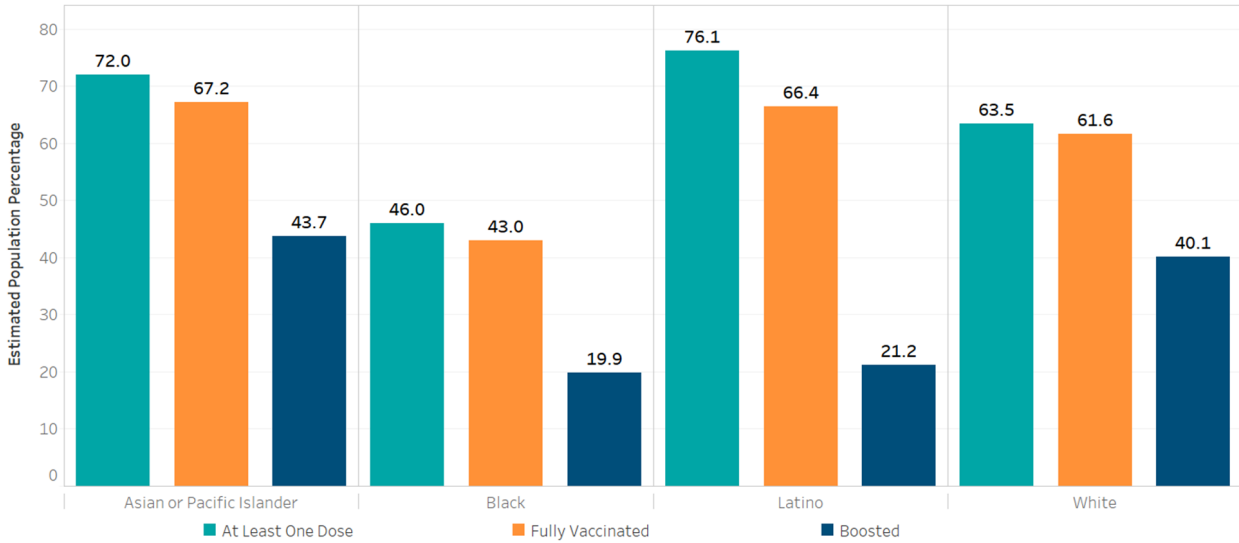
Vaccination Uptake Estimations by Vaccination Status & Racial/Ethnic Group

Henrico County, VA; September 6, 2022
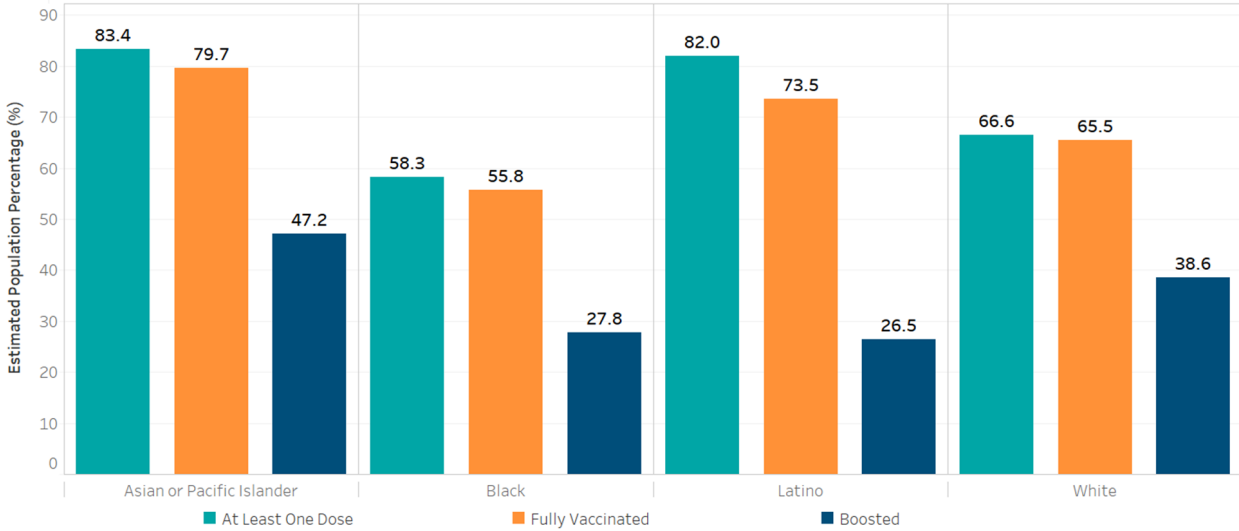
4.5 Vaccine Distribution Maps

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

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

Vaccination Percentage by Census Tract
Richmond City, VA & Henrico County, VA (Sep 8th, 2022)
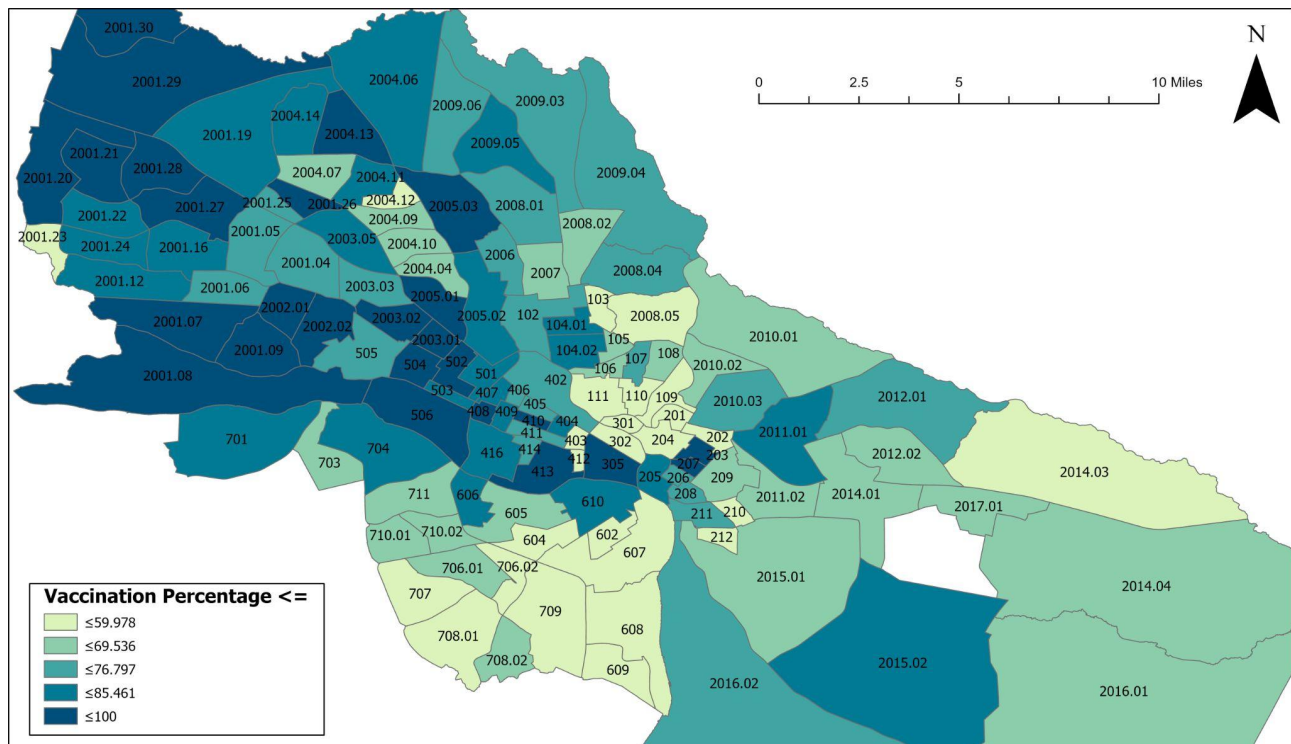
*Percentage of population receiving at least one dose

COVID-19 Case Rate per 100k & Low Vaccination Percentage Tracts
Richmond City, VA & Henrico County, VA (Sep 8th, 2022)

Tract Case Rate Per 100k <=
- ≤20196.372870
- ≤22443.896250
- ≤24294.687600
- ≤28271.365160
- ≤38183.831670
- Vaccination percentage ≤59.978%

Social Vulnerability & Low Vaccination by Census Tract
Richmond City, VA & Henrico County, VA (Sep 8th, 2022)

SVI Rank
- ≤0.1680
- ≤0.4425
- ≤0.7138
- ≤0.8935
- ≤1.0
- Vaccination percentage ≤59.978%

- **Social vulnerability** is based on the CDC's [Social Vulnerability Index](), last updated in 2018.
- **COVID-19 vaccination percentages** reflect the percentage of the **Total Population** within each tract that has been vaccinated. Data are sourced from the Virginia Immunization Information System (VIIS).
- **COVID-19 case rates** reflect **Cumulative** cases per 100,000 census tract population and are sourced from the Virginia Electronic Disease Surveillance System (VEDSS).
- **Population estimates** are from the US Census 2019 ACS Community Survey 5-year estimates.
- SVI, vaccination percentage, and case rates are visualized on these maps using the [**quantiles** classification]() method, dividing the range into 5 groups, each containing the same number of observations (census tracts).

5.0 Glossary

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

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

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

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

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

Case rate
 the number of cases per 100,000 people in the population. Calculation: ((Confirmed Cases + Probable Cases)/Population Estimate)*100,000

Community 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 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-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.