WEEKLY COVID-19 REPORT FOR EXTERNAL USE

Week of: February 24, 2023

Key Takeaways

Cases

According to the CDC Covid Data Tracker, cases are **plateauing in Henrico** and **Richmond.** The Community Level is **Medium** in Richmond and Henrico

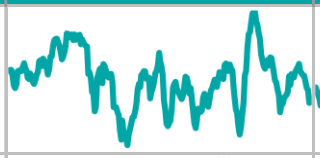
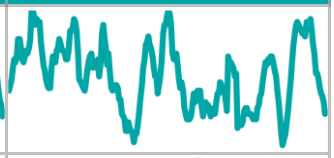
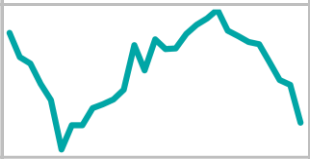
7-Day Total Case Rate per 100,000		
District	**This Week**	**Last Week**
Henrico	91.6	132.7
Richmond	64.7	14.8

Richmond & Henrico		
Demographic	Cumulative Highest	Last 4 Weeks Highest
Age	20-29	60+
Sex	Female	
Race	Black	

Hospitalizations & Fatalities

Among hospitals in the Richmond Catchment Area, **hospitalizations** appear to be decreasing in the last week**. Fatalities** stabilized at a low level 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
July 1st, 2022 →			
Last 4 Weeks January 27, 2023 →			

- *All 11 hospitals are operating at a 'Conventional' clinical status*

Vaccinations

In Richmond City and Henrico County Health Districts, anyone 6 months 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%	67.4%	35.5%
Region	71.8%	68.3%	35.5%

Vaccination Demographic Trends		
Demographic	Richmond City	Henrico County
Age Groups ≥ 70% Vaccinated	30+	12+
Sex	Female	
Race	Asian/Pacific Islander & Latino	

In both Richmond and Henrico, older age groups have consistently been vaccinated at higher rates than younger age groups. Section 5 includes an estimated breakdown of vaccination uptake by race and age subgroups.

1.0 COVID-19 Snapshot

1.1 PCR Tests & PCR Percent Positivity by Health District

	RICHMOND CITY	HENRICO COUNTY
Cumulative PCR Tests	476,100	759,589
PCR Tests 2/14 - 2/20	618	1,097
7-Day Moving Average Positivity 2/14 - 2/20	10.8%	10.5%

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

CASE STATUS	RICHMOND CITY	HENRICO COUNTY	VIRGINIA
New cases this week (February 17- February 24)	116	355	5,551
All cases (February 24)	61,669	90,854	2,284,147
Confirmed cases	43,928	55,948	1,530,779
Hospitalizations	1,251	1,653	46,145
Deaths	467	925	9,041
Probable cases	17,741	34,906	680,667
Hospitalizations	49	96	2,913
Deaths	83	158	3,372
Case rate per 100,000	26,762	27,463	26,761

Weekly cases are estimated as the difference between the cases recorded from the current and prior week. Population estimates for the case rates are from 2019 data compiled by the National Center for Health Statistics (NCHS).

1.3 Current VHASS 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	90	50
Pending Hospitalizations	12	
Confirmed - ICU	8	25
Pending - ICU	0	
Confirmed - Ventilators	<5	384
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

11 Hospitals operating at **Conventional** clinical status

0 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.

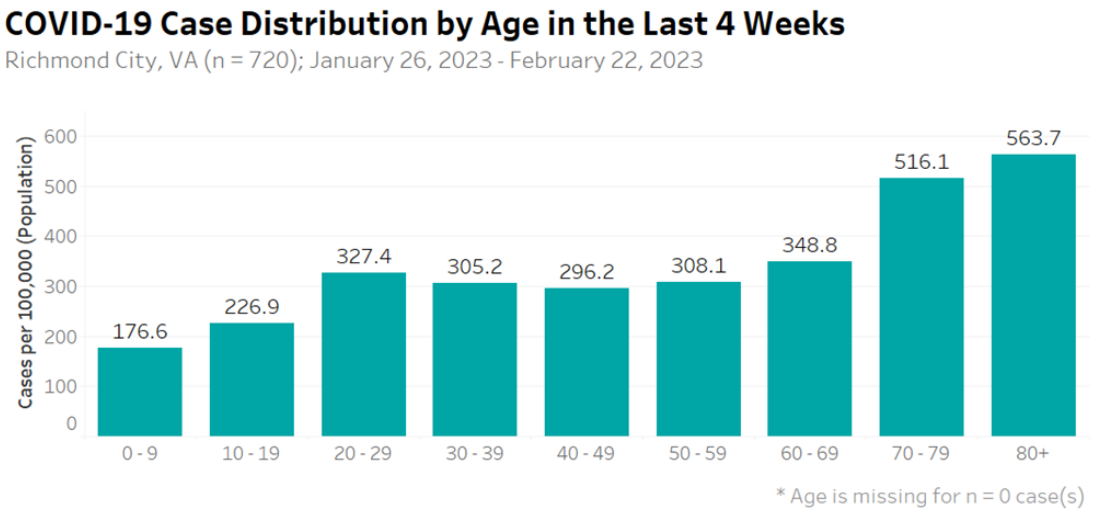
2.0 COVID-19 Cases

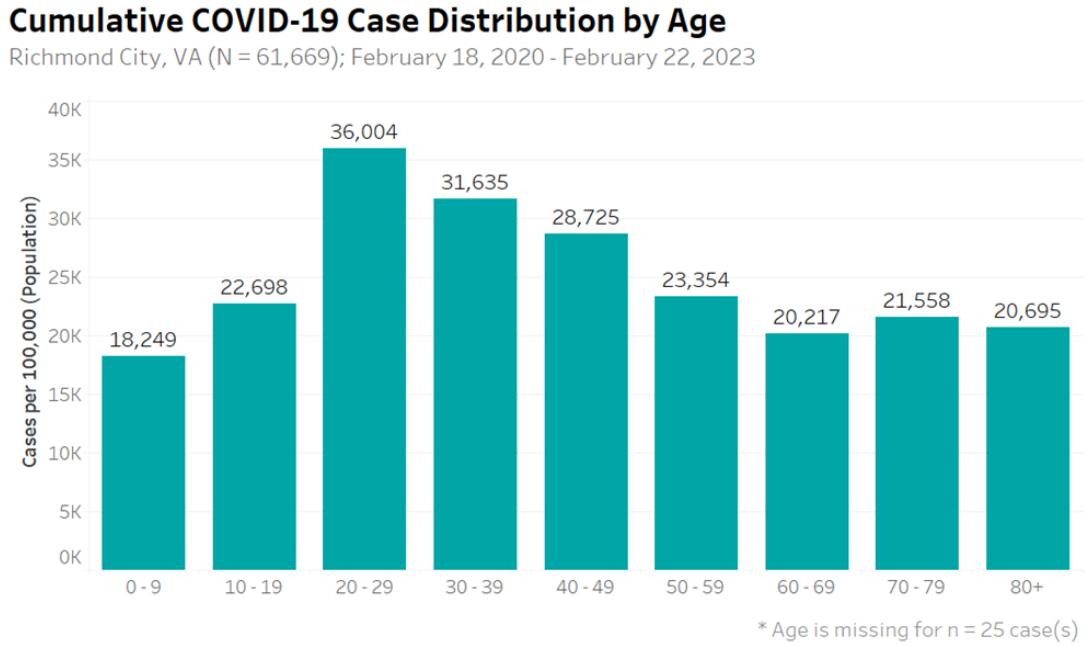
2.1 Summary of Cases

Cases appear to be plateauing week to week in Richmond and Henrico. According to the CDC COVID-19 Data Tracker, in Richmond, on February 24, 2023, the weekly case rate per 100,000 population was 64.7, In Henrico it was 91.6. Additionally, in Richmond and Henrico, the CDC COVID-19 Community Level remains **medium**.

2.2 Case Rates by Age Group by County

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

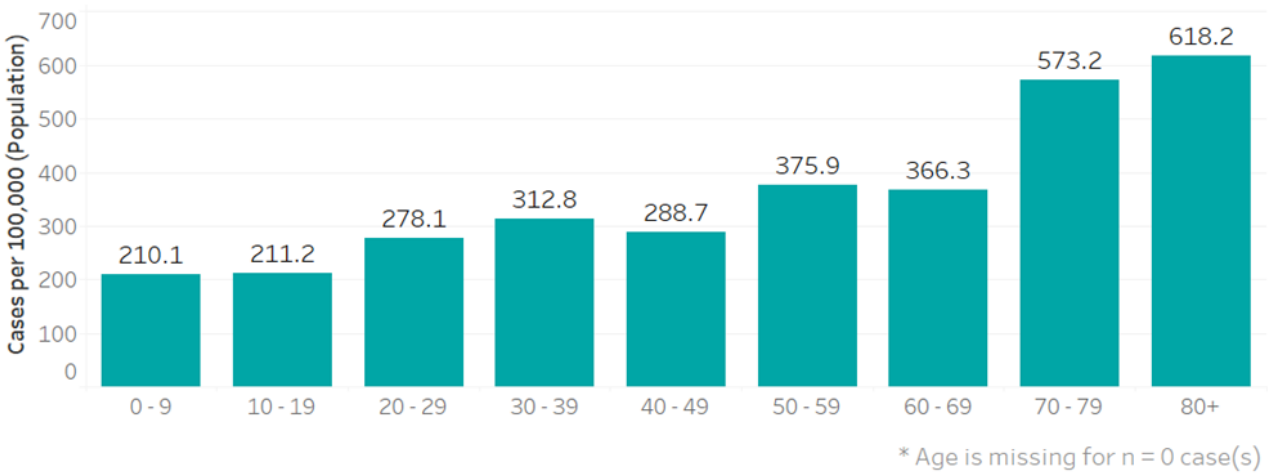




In Richmond City, individuals aged 80+ have the highest case rates in the last four weeks, followed by individuals aged 70-79. Individuals aged 20-29 have the highest case rate cumulatively.

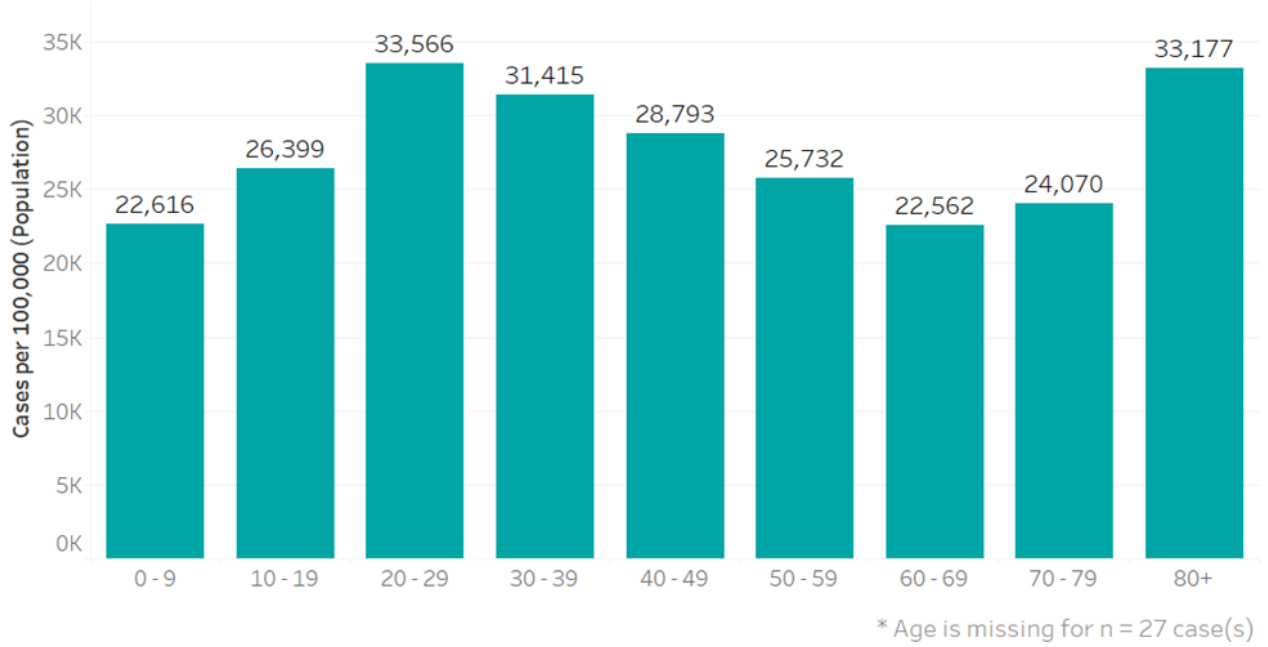
COVID-19 Case Distribution by Age in the Last 4 Weeks

Henrico County, VA (n = 1,073); January 26, 2023 - February 22, 2023



Cumulative COVID-19 Case Distribution by Age

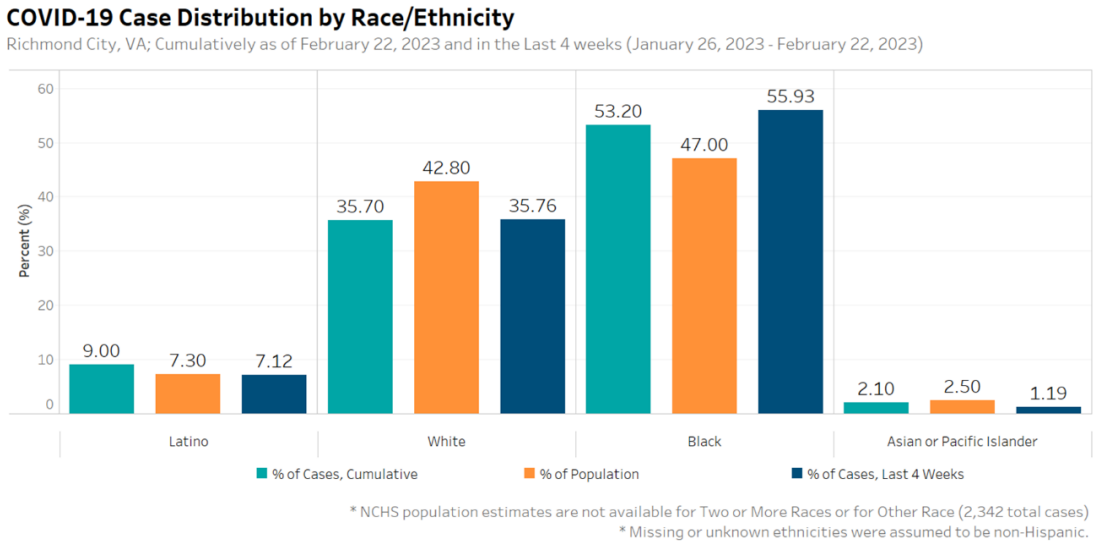
Henrico County, VA (N = 90,853); January 4, 2020 - February 22, 2023



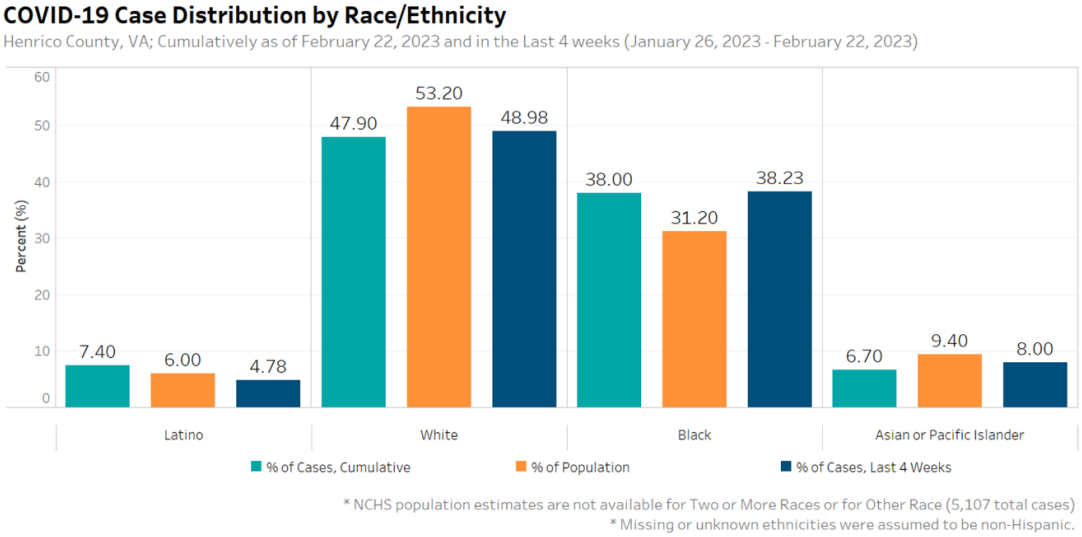
In Henrico, individuals aged 80+ have the highest case rates in the last four weeks. Individuals aged 20-29 have the highest case rate cumulatively.

2.3 Cases by Race/Ethnicity by County

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



In the last 4 weeks in Richmond, the proportions of cases for Black individuals (55.9%) is higher than the population percentage (47%). The proportion of cases amongst White individuals (35.8%) are lower than their respective population percentage (42.8%). Case proportions among Asian or Pacific Islanders (1.2%) are lower than their respective population percentage (2.5%). Case proportions among Latino individuals (7.1%) are lower than their respective population percentage



(7.3%).

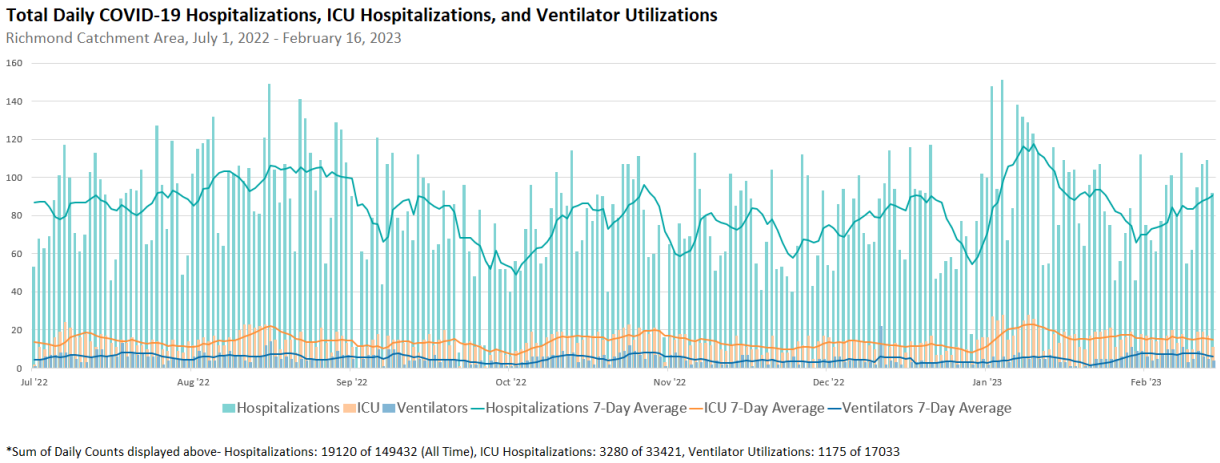
In Henrico in the last four weeks, the proportions of cases for White individuals (49.0%) is lower than the population percentage (53.2%). The proportion of cases amongst Black individuals for last four weeks, (38.2%) is higher than the population percentage (31.2%). The distribution of cases for Asian or Pacific Islander individuals (8.0%) and Latino (4.8%) are lower than the respective proportion of the population at (9.4%) and (6%).

3.0 Hospitalizations & Fatalities

3.1 Summary of Hospitalizations & Fatalities

Among hospitals in the Richmond Catchment Area, **Hospitalizations** appear to be plateauing in the past week. Hospitalizations peaked in early 2022 with approximately 650 COVID-19 hospitalizations. **ICU hospitalizations** and **ventilator utilizations** also appear to be decreasing. Fatalities peaked in January 2022 with totals not seen since January 2021 in both Richmond and Henrico. In both districts there have been fewer than 25 deaths per month every month since February 2022. **Data related to deaths can be subject to sizable amounts of lag.**

3.2 COVID-19 Hospitalization, ICU, & Ventilator Utilization (VHASS)



*Sum of Daily Counts displayed above- Hospitalizations: 19120 of 149432 (All Time), ICU Hospitalizations: 3280 of 33421, Ventilator Utilizations: 1175 of 17033

Hospitalizations, ICU Hospitalizations and Ventilator Utilizations appear to be plateauing this week.

4.0 Vaccination 4.1 Vaccine Summary

As of February 24, 2023, 71.9% of the **region's population** has received at least one dose of the vaccine, 68.5% of the region's population has been fully vaccinated and 35.5% of the region's population have received a booster dose

Approximately 71.6% of the **combined Richmond City and Henrico County population** has received at least one dose, 67.7% of the two districts' combined population has been fully vaccinated and 35.4% 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 30 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 - February 24, 2023

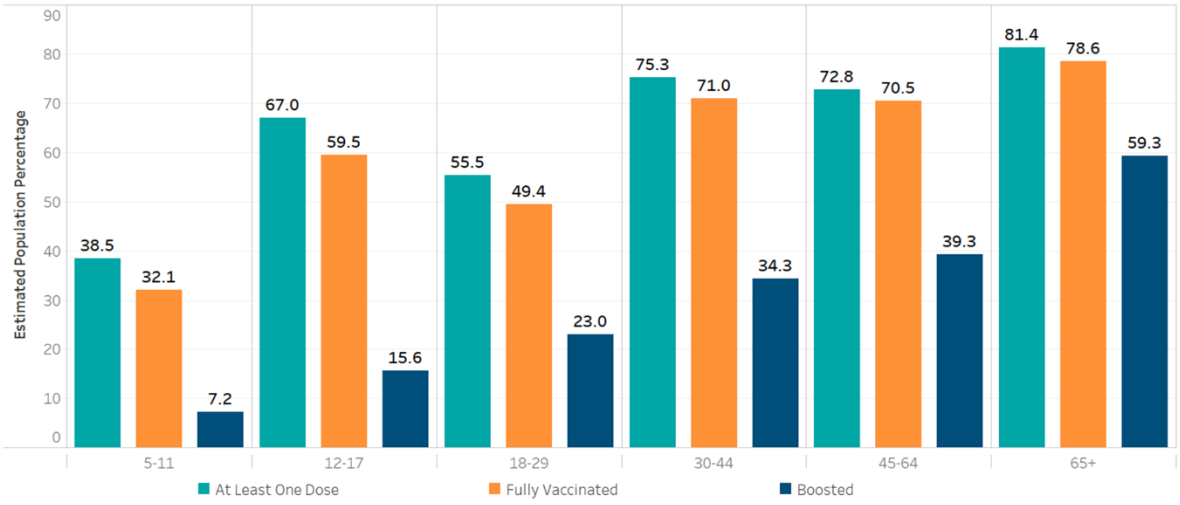
County	Age Group	POPULATION	PEOPLE WITH AT LEAST ONE DOSE	PEOPLE FULLY VACCINATED	PEOPLE WITH BOOSTER
Richmond	**0 to 4**	**13,338**	**2,215 (16.6%)**	**1,801 (13.5%)**	**748 (5.6%)**
	5 to 11	15,198	5,856 (38.5%)	4,882 (32.1%)	1,097 (7.2%)
	12 to 17	11,150	7,473 (67%)	6,629 (59.4%)	1,734 (15.6%)
	18+	**190,750**	**133,485 (70%)**	**125,803 (66%)**	**70,643 (37%)**
	65+	31,809	25,896 (81.4%)	25,014 (78.6%)	19,067 (59.9%)
Henrico	**0 to 4**	**19,798**	**2,986 (15.1%)**	**2,418 (12.2%)**	**1,080 (5.5%)**
	5 to 11	28,406	14,931 (52.6%)	13,197 (46.5%)	2,587 (9.1%)
	12 to 17	25,954	20,751 (79.9%)	19,264 (74.2%)	5,908 (22.8%)
	18+	**256,660**	**216,816 (84.5%)**	**208,688 (81.3%)**	**119,419 (46.5%)**
	65+	52,720	49,700 (94.3%)	48,674 (92.3%)	37,640 (71.4%)

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

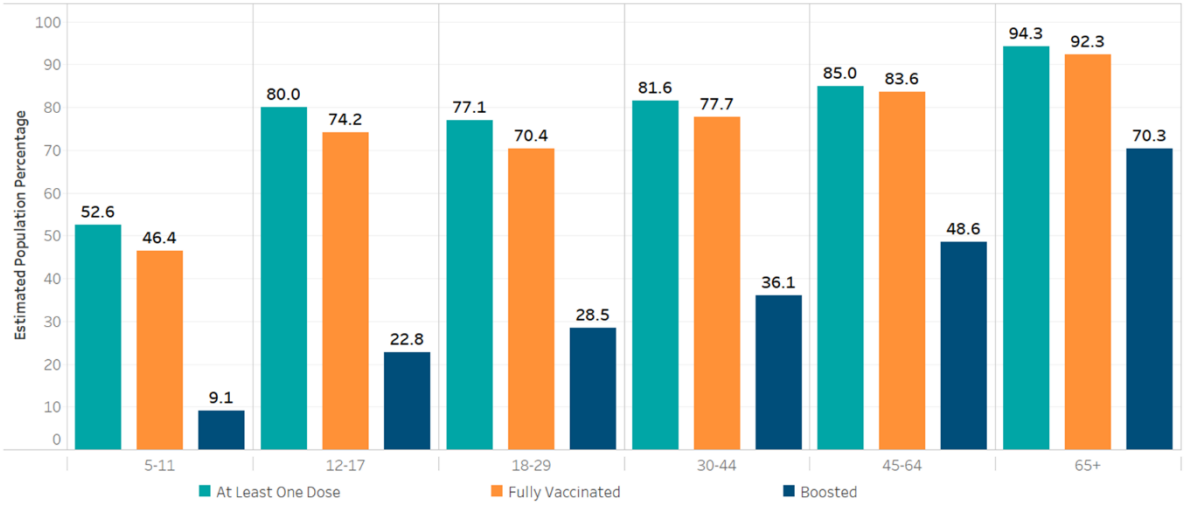
Vaccination Uptake Estimations by Vaccination Status & Age Group

Richmond City, VA; February 22, 2023



Vaccination Uptake Estimations by Vaccination Status & Age Group

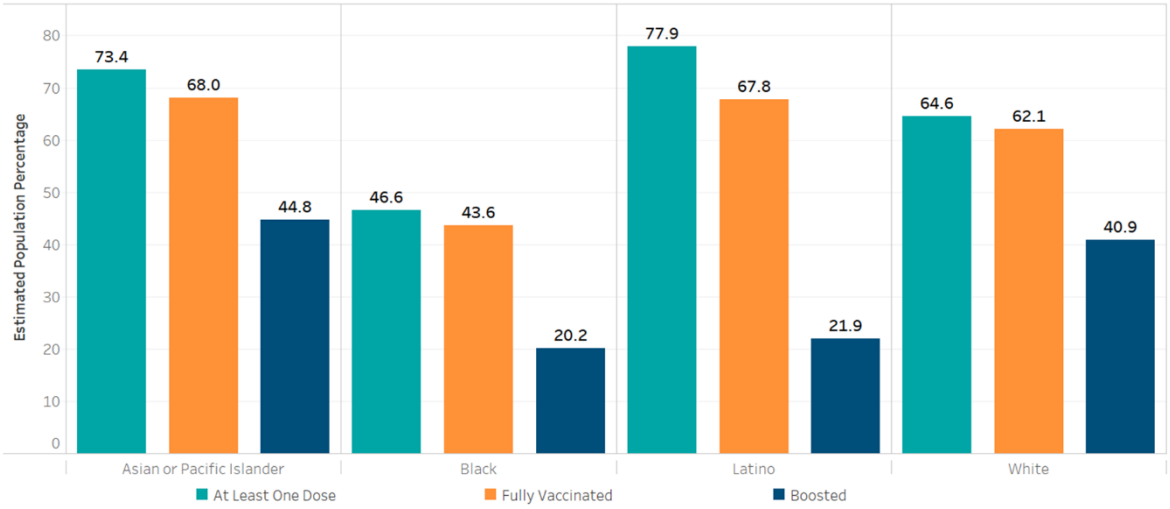
Henrico County, VA; February 22, 2023



4.4 Vaccine by County & Race

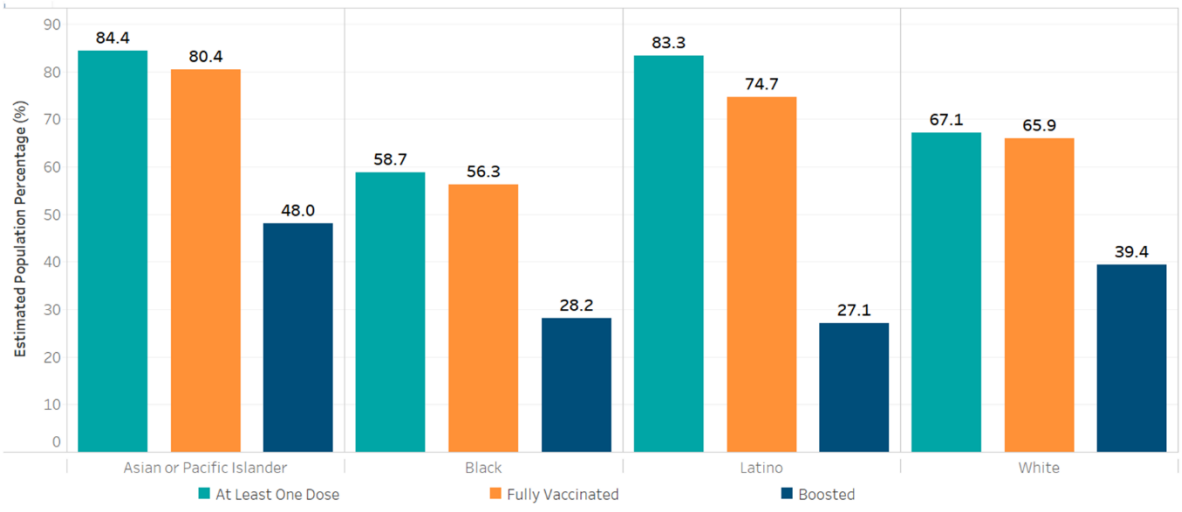
Vaccination Uptake Estimations by Vaccination Status & Racial/Ethnic Group

Richmond City, VA; February 22, 2023



Vaccination Uptake Estimations by Vaccination Status & Racial/Ethnic Group

Henrico County, VA; February 22, 2023

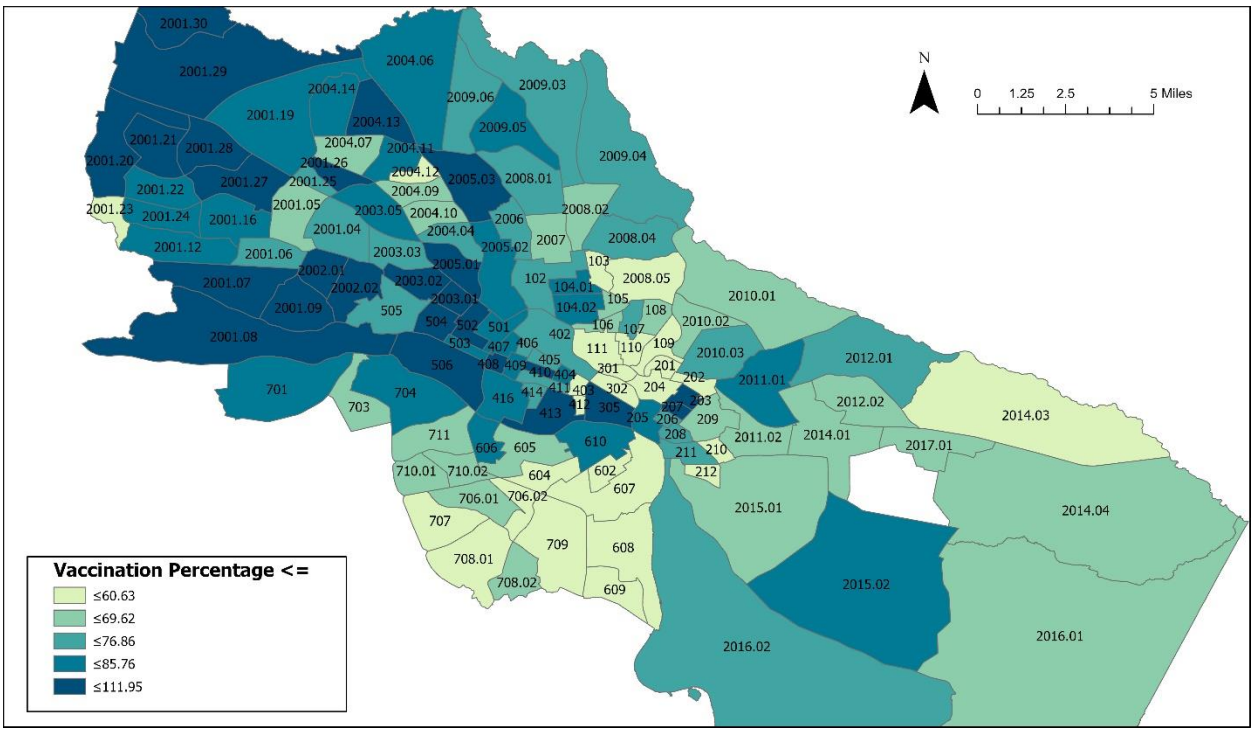


4.5 Vaccine Distribution Maps

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 under vaccinated. 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.

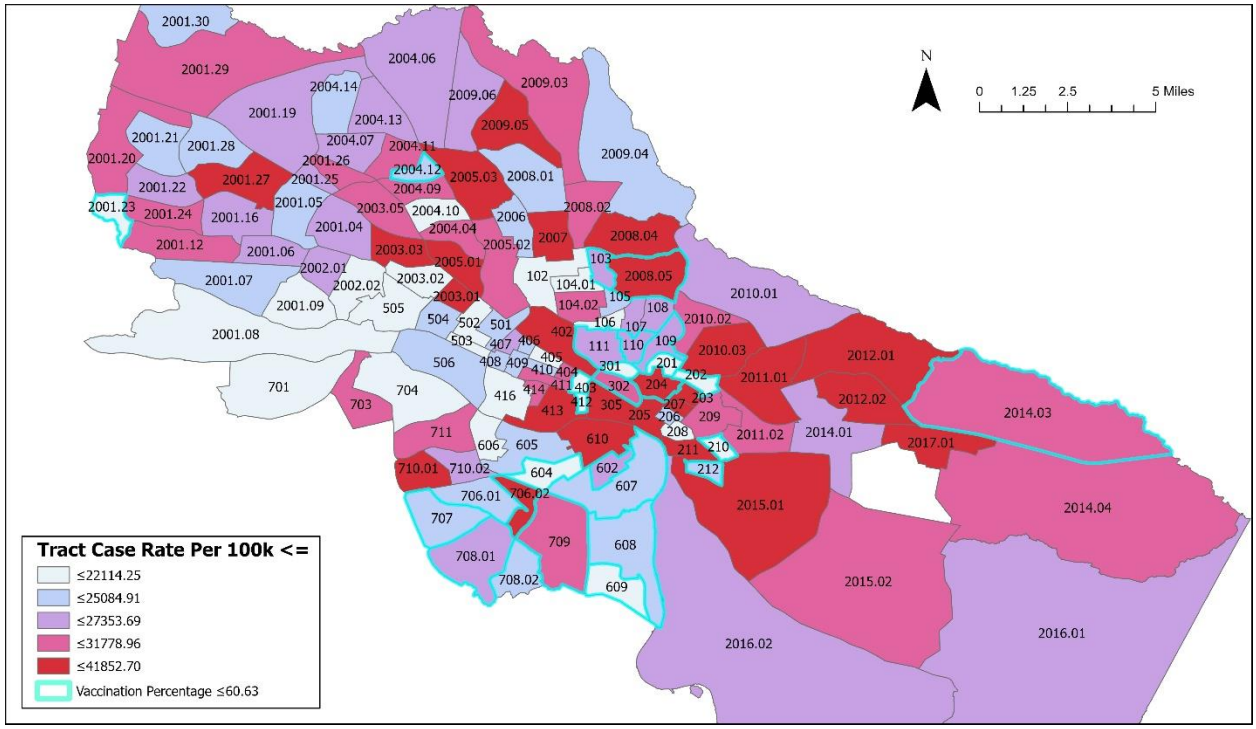
These percentages are estimations and are solely intended for use in the planning and facilitation of outreach events.

Vaccination Percentage by Census Tract
Richmond City, VA & Henrico County, VA (February 24, 2023)



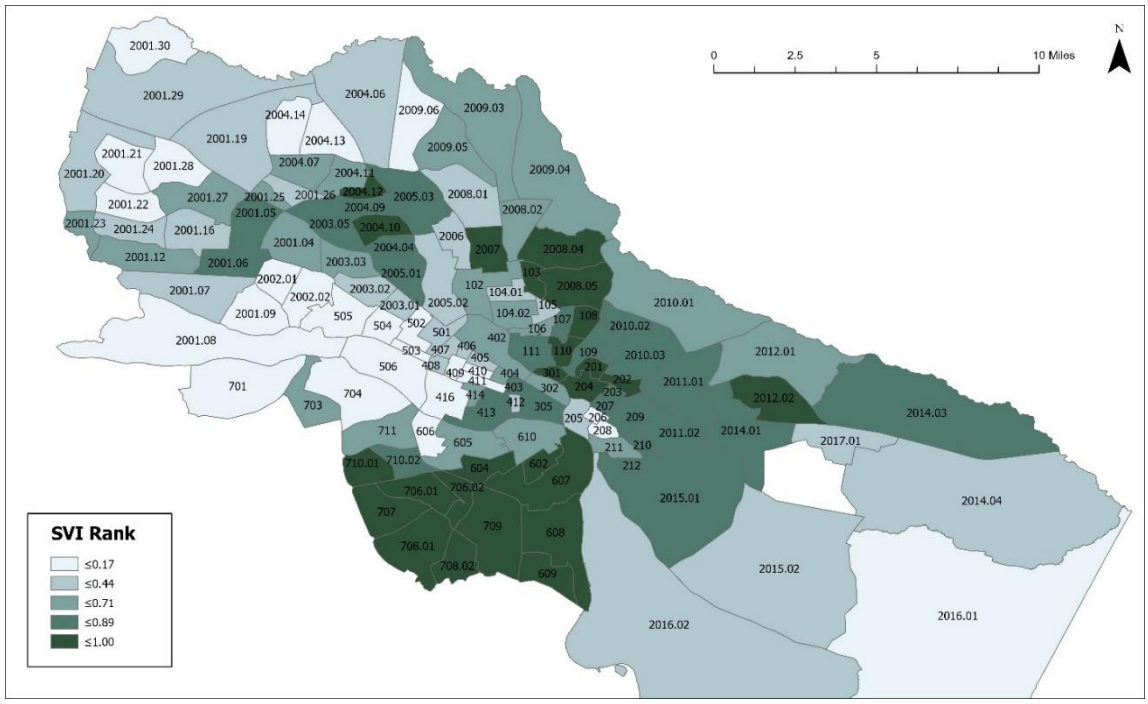
*Percentage of population receiving at least one dose

COVID-19 Case Rate per 100k & Low Vaccination Percentage Tracts
Richmond City, VA & Henrico County, (February 24, 2023)



Social Vulnerability & Low Vaccination by Census Tract

Richmond City, VA & Henrico County, VA (February 24, 2023)



- **Social vulnerability** is based on the 2018 CDC's Social Vulnerability Index
- **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-19 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 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 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-19 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.