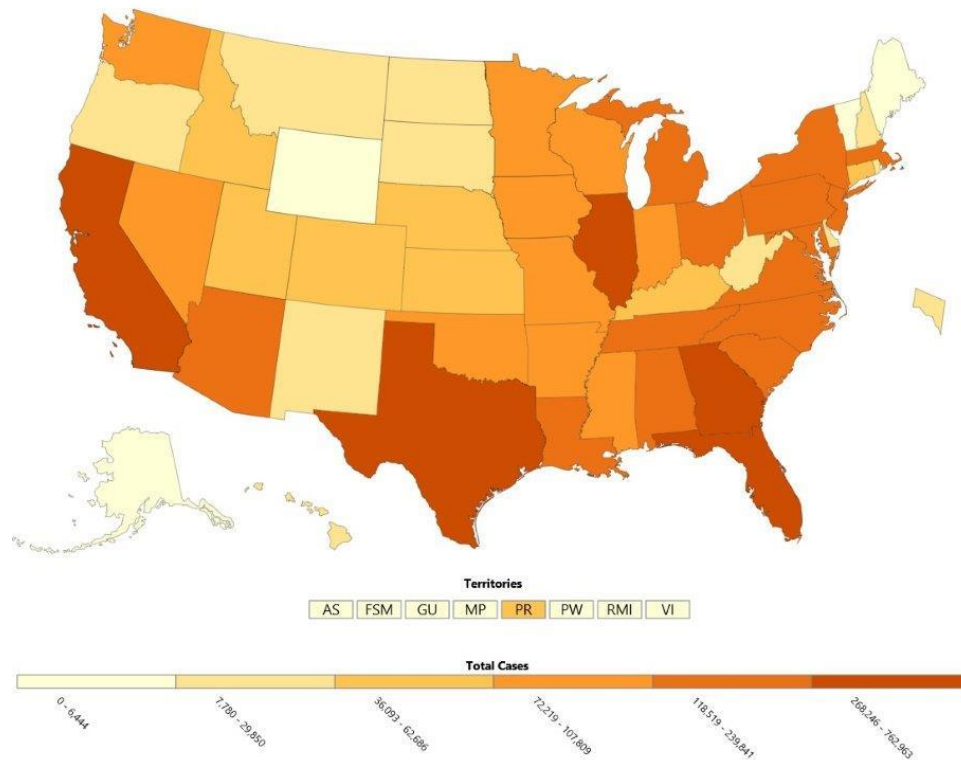


American COVID-19 Public Health Response Measures: Week of September 12 - 18, 2020

Key Updates**Trends**

- As of September 17, 2020: there have been more than **6.6M** cases and **196K** deaths in the US.
 - Over the past week, there have been an average of 38,538 cases per day compared to 36,596 cases per day last week. This is an increase of approximately 5% from last week which reverses the trend over the past weeks of declining cases.
 - Deaths have also increased approximately 16% this past week with an average of 859 deaths per day compared to 738 last week.
 - The positivity rate, across the US was 5% this past week and has declined slightly over the past 2 weeks from 5.4 percent.
 - More than 550K children have been diagnosed with COVID-19 since the onset of the pandemic. There were over 72K new cases reported from August 27 to Sept 10, which is a 15% increase from the previous 2 weeks. In Florida, cases have jumped 25% in one month since the reopening of schools.
 - The availability of ICU beds is now severely constrained, at above 80%, in three states - Kentucky, Alabama, and Rhode Island. This is an increase from last week, when availability was severely constrained in only 2 states.
 - Several states saw record numbers of new cases and deaths over the past week. Missouri, Wisconsin, and North Dakota reported the highest number of new cases over a 7-day period ending on Monday, while Kansas and Tennessee reported the highest number of virus-related deaths in that same period.
 - Texas now ranks third in the US in the virus mortality rate, having recorded 14,4478 total deaths. Only New Jersey and New York have higher death rates.

Table 1: US COVID-19 Cases Reported to the CDC in the Last 7-Days by State/Territory (September 17, 2020)Source: [CDC](#)**Research and Clinical Trials**

- Comparative Performance Data:** On September 15, the FDA published [comparative performance data](#) for some authorized COVID-19 molecular diagnostic tests. The data show test sensitivity (i.e., Limit of Detection) of more than 55 authorized molecular diagnostic tests against a standardized sample (i.e., a reference sample) provided by the FDA. By providing this standardized panel testing data to both commercial and laboratory test developers, FDA plans to assess the comparative performance of different molecular diagnostic tests (a quality control check) prior to giving *Emergency Use Authorization* approval.
- Experimental Drug:** The drug maker, [Eli Lilly](#), has announced interim results of a trial of a monoclonal antibody or a placebo infusion study. Many scientists hope that monoclonal antibodies, produced by patients who have recovered from COVID-19, will be an effective treatment thought to be difficult and expensive to manufacture. The Phase 2 trial involving about 450 volunteers with coronavirus infections showed nearly everyone had cleared the virus by 11 days – including people given a placebo. The interim results show that 1.7% of those who received the drug were hospitalized compared to 6 % who did not – a 75% reduction in risk. These are initial findings not yet been published in a peer-reviewed journal.
- Fostamatinib:** On September 17, the NIH launched a clinical trial of [fostamatinib](#), an approved drug in the U.S. and Europe as a second-line treatment for chronic immune thrombocytopenia, a condition that lowers blood-platelet counts. The drug is a chosen candidate because of its ability to selectively target specific immune pathways that is believed to contribute to the mortality of COVID-19.

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Vaccine and Testing

- **Vaccine Distribution Strategy:** The US HHS and DoD released a detailed [federal strategy](#) to deliver safe and effective COVID-19 vaccine doses to the American people as quickly and reliably as possible. The plan indicated that distribution will begin within 24 hours of approval or an *Emergency Use Authorization*. The plan is to distribute to an emergency groups of high-priority people, such as health care workers in the final three months of this year and into next year. DoD is providing logistical support to plan how the vaccines will be shipped, stored, and how records will be kept on who has received a vaccine.
- **Antigen Test Reporting:** [Kaiser Health News](#) has surveyed 50 States and the District of Columbia, and more than 20 states either do not release or have incomplete data on the rapid antigen tests, a key testing tool applied to detect coronavirus infection in the US. The lapses leave officials and the public in the dark about the true scope of the pandemic at the national level as untold numbers of cases go uncounted.
- **Clinical Trial Enrollment:** On September 12, Pfizer and BioNTech proposed to the FDA to expand the enrollment of their Phase 3 pivotal COVID-19 vaccine trial to up to about 44K participants. The proposed expansion would allow the companies to enroll people as young as 16 years old and people with chronic, stable HIV, hepatitis C and hepatitis B.

Public Health Measure

- **Failure to Separate:** Kaiser Health News [reports](#) despite the CDC advising hospitals to isolate COVID-19 patients to limit staff exposure many hospitals have continued to have COVID-19 patients scattered throughout the hospital. Furthermore, some COVID-19 patients were not staying in their rooms despite the rules. There are reports that many COVID-19 patients were comingled with infected patients in health care facilities in many states. The Federal Occupational Safety and Health Administration has received numerous complaints about failure to isolate positive patients.
- **Restaurant Dining and COVID-19:** A new [study](#) from the CDC has found that adults who tested positive for COVID-19 were twice as likely to report going to locations that offer on-site eating and drinking options. While this study did not confirm the restaurants were the source of exposure, it suggests they might be important sources of exposure and that infection control practices in locations with on-site dining may be important.
- **Shutdown Effectiveness:** A new [study](#) has found that stay-at-home measures and school closures reduced contact rates across the city and resulted in a 70% reduction in the spread of COVID-19 from March to June. The widespread use of face coverings resulted in an additional 7% reduction, rising to 20% among those aged 65 years and over, during the first month they were mandated. These findings are in-line with similar international studies showing lockdown reduced transmission by between 45% and 77%.
- **Migration to Vacation Town:** Traditional vacation destinations have seen a major influx of affluent people relocating to wait out the pandemic. As summer vacation season has ended, many families realize that working from home and attending school online can be done anywhere they can tether to the internet, and those with means are increasingly waiting it out in the luxurious destinations. For example, the 125-bed hospital on the southern coast of Long Island has also seen a huge upswing in [demand for obstetrics and delivery services](#). This increases pressure on smaller regions that may have limited health care capacity.

Health Consequence

- **COVID-19 and Patients with Dementia:** An analysis of weekly deaths data from the CDC found that dementia patients are dying at higher rates because of isolation measures put in place during the pandemic. Beyond the staggering deaths caused directly by the novel coronavirus, more than 134.2K people have died from [Alzheimer's and dementia](#) since March 2020. That is 13.2K excess deaths in US caused by dementia than expected, compared with previous years, according to an analysis of federal data by The Washington Post.
- **COVID-19 Long Haulers:** A clinical radiologist and his team, at the University of Southern California, followed up on 33 of COVID-19 patients and their unpublished data suggest that more than one-third had tissue death that has led to visible scars on their lungs. Doctors are now concerned that the pandemic will lead to a significant [surge of people battling lasting illnesses](#) and disabilities, given that 28.2M people are known to have been infected so far. Lungs are just one of the places that clinicians have detected the damage. Hundreds of thousands of people are experiencing lasting health consequences. Many researchers are now launching follow-up studies of people who had been infected with COVID-19, and several of these researchers focus on damage to specific organs or systems; others plan to track a range of effects.

Unintended Consequence

- **Lead Poisoning among Children:** Kaiser Health News [reports](#) that testing for lead poisoning among children has falling by as much as 50% due to the pandemic – the HHS in Michigan has reported a 76% decrease in lead testing. There is further concern that the drop in lead testing is coming at a time when exposure to lead may be at an all-time high due to stay-at-home orders given exposure to unsafe materials such as deteriorating lead-based paints in the home. Lead poisoning cannot be reversed in children, and leads to serious consequences such as developmental issues and kidney and heart disease. Lead positioning often affects more vulnerable population, i.e., children living in low-quality housing. The CDC is planning to help identify children who missed lead test.

Schools

- **University COVID-19 Dashboard:** Physics researchers of two universities of Illinois at Urbana-Champaign, created a predictive model for the campus, which showed that with a robust, twice-a-week testing program for students, faculty and staff who are regularly on campus, a mask mandate and an app for contact tracing, COVID-19 cases could be kept below 500 people for the whole semester. They even accounted for close interactions among college students. However, that model failed to take into account that kids who test positive for the virus, whether sick or asymptomatic, might continue to party. From August 16, when campus reopened, to September 14, more than 1.9K new cases of COVID-19 were detected according to the [university's COVID-19 dashboard](#).
- **Decision-Making Indicators:** On September 15, [CDC](#) released indicators to help schools make dynamic decisions about in-person learning as local conditions evolve throughout the pandemic. When coupled with local data about community spread, these indicators are an important tool to help local health officials, school administrators, and communities prepare, plan, and respond to COVID-19. These indicators are the latest resources CDC has provided for schools during the COVID-19 pandemic, and they supplement previously released CDC guidance.

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Social Inequities

- **Midwives and Home Birth:** From recent and ongoing discussions on inequities, particularly during the pandemic period, it has been noted that more Black women are looking to [home birth](#) as a way, not only to avoid exposure to COVID-19 but also to avoid health system inequalities. Even though the CDC study indicates African American women are [three to four times more likely](#) to die of childbirth-related causes, than white women, regardless of income or education, home based child birth and help from midwives are currently preferred options. Researchers argue that the roots of this disparity — one of the widest in women's health care — lie in long-standing social inequities, from lack of safe housing and healthy food to inferior care provided at the hospitals where Black women tend to give birth.
- **Children and Teens from Minority Groups:** A new [report](#) from the CDC has found that children and teens from minority groups are infected with COVID-19 at a disproportionately high rate as their adult counterparts. While the report showed a low overall rate of death due to COVID-19 among children and teens, rates were significantly higher among Hispanic, Black and American Indian/Native Americans. These groups comprised 75% of deaths among children while only representing 41% of the US population. Only 14% of deaths were in white Children.

Economy

- **Unemployment Report:** Another 860K Americans filed for first-time unemployment benefits on a seasonally adjusted basis last week, the [Labour Department](#) reported on September 17. This is a small decline from last week's 884K. Continued jobless claims, including workers who have filed for benefits at least two weeks in a row, stood at 12.6 million, down significantly from last week's 13.3 million. For the week ending September 12, 52 states reported 658,737 initial claims for *Pandemic Unemployment Assistance*.

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ANNEX A: Measures by State for 22 Border and/or High-Traffic States¹

State ⁱⁱ	Gating Criteria ⁱⁱⁱ	Reopening			Public Health Measures ⁱⁱⁱ				Cumulative #s			Testing and Tracing			Highest ICU Occupancy in Last 7 Days ^{vi}
		Details of Phased Plan ⁱⁱⁱ	Current Phase	Statewide SAH Order	Mass Gathering Limit	Domestic Travel Restrictions	Masks in Public ^x	Cases ^v	Deaths ^{xi}	Cases in Past 7 Days ^{xv}	Testing Rate/1,000 ^{xiv}	Rate Trend ^{xv}	Positivity Rate ^{xii}	Contact Tracers / 100,000 ^{xiii}	
Alaska	1. Disease activity: declining or stable level 2. Testing capacity 3. Public health capacity to investigate, contact trace, and monitor everyone with COVID-19 plus their contacts 4. Enough space, equipment, and supplies for personnel to safely and effectively care for everyone with COVID-19, plus everyone else who needs health care	1. 25% capacity for businesses; small gatherings of less than 20 allowed; bars and entertainment venues remain closed 2. 50% capacity for businesses; 25% capacity for gyms, bars, libraries and theatres; 50% swimming pool capacity; gatherings of up to 50. 3. 75% capacity of businesses; larger gatherings allowed. 4. Personal protective measures with minimum community mitigation 5. Normal business practices	Three (05/22)	Lifted 04/24	Lifted (05/22)	Requirement for quarantine or negative Covid-19 test (08/11)	Suggested	6444	44	548	3.2	↑	3.5%	32	60%
California	1. Stable hospitalization and ICU trends 2. Ability for hospitals to meet demand 3. Sufficient PPE 4. Sufficient testing 5. Contact tracing across the state	1. Safety and Preparedness: Making essential workforce environment as safe as possible 2. Lower Risk Workplaces: Creating opportunities for lower risk sectors to adapt and re-open gradually; modified school programs and childcare re-open. 3. Higher Risk Workplaces: Creating opportunities for higher risk sectors to adapt and re-open. 4. End of SAH Order: Return to expanded workforce in highest risk workplaces; requires Therapeutics.	Two - early (08/09) Tier 4(minimal): 2 counties Tier 3(moderate): 9 counties Tier 2 (substantial):14 counties Tier 1 (widespread):33	No end date	Statewide (03/19)	Never applied Exception: faith-based and cultural <100 permitted (05/25)	Mandatory	762963	14615	23436	2.4	↓	3.6%	27	67%
Florida	1. Downward trajectory of COVID like illness and influenza like illness 2. Downward trajectory of documented cases or downward trajectory of positive tests as a percent of total tests 3. Capability to treat without triggering surge capacity and robust testing for front-line workers	0. Essential services and activities only; avoid gatherings greater than 10; avoid non-essential travel; restaurants limited to take-out only; gyms closed; sporting events and theme parks closed. 1. Restaurants open at 50% capacity; gyms open at 50% capacity; state parks and public beaches allowed partial reopening; personal services open at 50% capacity. 2. Avoid gatherings greater than 50; resume non-essential travel; bars open at 50% capacity; restaurants, gyms, and personal services at 75% capacity; public beaches fully open; event and theme parks at 50% capacity 3. Minimize contact with crowds; bars, restaurants, gyms, personal businesses at full capacity.	Two (except 3 counties 06/05)	Expired 04/30	>10 (public spaces only, 03/17)	Quarantine from certain states ^{xvi}	Mandatory for employees in certain businesses	663234	12939	18453	1.0	↑	12.5%	12	71%
Idaho	1. Downward trend over most recent reported 14-day period, or less than 20 visits/day on average over same 14-day period at EDs 2. At least 50 available (unused) ventilators, 50 ICU beds, and available 10-day supply of PPE	Criteria will be assessed every two weeks to determine the feasibility of advancing to the next phase: 0. Gatherings prohibited; non-essential travel prohibited; bars closed; restaurants limited to take-out/delivery; gyms closed; personal services closed. (Pre-May 1) 1. Minimize non-essential travel; restaurants, gyms, and personal services to develop plans	• Three: 1 county • Four: 43 counties (06/13)	Expired 04/30	Lifted 06/13	Quarantine lifted (05/15)	Suggested	36093	429	1783	0.9	↔	16.5%	14	49%

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	3. Downward trend over most recent reported 14-day period, OR less than 2 healthcare workers reported/day on average over same 14-day period	reopen. (May 1-15) 2. Gatherings of less than 10 allowed; restaurants, gyms, and close contact to reopen with protocols; bars to develop reopening plans (May 16-29) 3. Gatherings of up to 50 allowed; non-essential travel to resume; bars and movie theatres to reopen if meeting protocols. (May 30-June 12) 4. Gatherings of more than 50 allowed; large venues (e.g., sport areas) can operate under limited protocols. (June 13-26)													
Illinois	1. At or under a 20% positivity rate, with no more than 10% points over a 14-day period 2. Ability perform 10,000 tests/day across the state 3. Available surge capacity of at least 14% of ICU beds, medical and surgical beds, and ventilators	1. Rapid Spread: Strict stay at home and social distancing guidelines are put in place; essential businesses open 2. Flattening: Nonessential retail stores reopen for curbside pickup and delivery; Illinoisans are directed to wear a face covering outside; outdoor activities like golf, boating and fishing allowed with physical distancing. 3. Recovery: Manufacturing, offices, retail, barbershops and salons can reopen to the public with capacity and other limits and safety precautions; gatherings limited to 10 people or fewer allowed. 4. Revitalization: Gatherings of 50 people or fewer allowed; restaurants and bars reopen; travel resumes; childcare and schools reopen. 5. Illinois Restored: Conventions, festivals and large events are permitted; all businesses, schools and places of recreation can open.	Four (all regions) (06/26)	Expired 05/29	>50 (06/26)	Never applied	Mandatory	268246	8599	12628	3.8	↓	3.8%	13	57%
Maine	1. Downward trajectory of 1) influenza-like illnesses and COVID-like syndromic cases and 2) documented cases and newly hospitalized patients 2. Capacity of the hospital system to treat all patients without crisis care and the ability of the state to engage in a robust testing program	1. Prohibition on gatherings of more than 10 people; salons services open; retail open (May 11); restaurants open (May 18). 2. Prohibition of more than 50 people; day camps allowed; state park campgrounds open; gyms to reopen open; tanning and nail salons to reopen. (June) 3. Overnight summer camps permitted; spas, tattoo parlors and other personal services to reopen. (July) 4. All businesses are open and operating with appropriate safety modifications (August 3)	Three (07/01)	Expired 05/31	>50 (06/01)	All travelers, with some exceptions ⁹⁸⁸	Mandatory	4962	138	201	3.4	↔	0.6%	6	65%
Massachusetts	1. Positive test rates 2. Decline in COVID deaths 3. Decline in number of patients with COVID in hospitals 4. Improve healthcare system readiness 5. Sustained contact tracing 6. Sustained testing capacity	0. Stay at Home: Essential businesses and services only 1. Start: Limited Industries resume operations with severe restrictions 2. Cautious: Additional industries resume operations with restrictions and capacity limitations 3. Vigilant: Additional industries resume operations with guidance 4. New Normal: Development of vaccines and/or treatments enable resumption of new normal.	Three (07/06)	Expired 05/18	>25 indoors >100 outdoors (07/06)	All travellers with some exceptions ⁹⁸⁸	Mandatory	133616	9244	2324	6.9	↑	0.8%	35	64%
Michigan	1. The number of new cases, daily trends, and percent positive tests 2. Health system capacity and availability of PPE 3. Testing and contact tracing capacity	1. Uncontrolled Growth: Strict social distancing, travel restrictions, face coverings, hygiene best practices, remote work 2. Persistent Spread: Additional types of recreation allowed 3. Flattening: Increased face coverings; lower-risk businesses reopen with strict workplace safety measures (construction, manufacturing, real estate, outdoor work) 4. Improving: Small gatherings permitted; other retail business open, with capacity limits; offices reopen. 5. Containing: Increased size of gatherings; most	<ul style="list-style-type: none"> Two: 2 regions Three: 5 regions Four: 1 region (08/27)	Lifted 06/01	Phase Four: >10 (indoors); >100 (outdoors) Phase Five: >50	Never applied	Mandatory	125742	6943	5879	3.1	↑	2.7%	11	70%

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		businesses open with strict mitigation measures; travel permitted. 6. Post-Pandemic: All businesses open; events and gatherings of all sizes permitted.			(indoors); >250 (outdoors)										
Minnesota	While not gating criteria, MN is monitoring the rate of new cases, testing capacity, the percent of COVID-19 tests that are positive, and the percent of COVID-19 cases for which the source of infection is unknown	0. Stay Home: SAH; curbside pick-up only; restaurants/bars delivery or take-out only; personal services closed; gyms closed; entertainment venues closed; large gatherings banned; places of worship limited to 10 for funerals or weddings. (March 26-May 17) 1. Gatherings of 10 or less; 50% retail capacity; 25% capacity (or 250) for places of worship. (May 18-June 1) 2. Outdoor dining at limited capacity with reservations and masks; personal services at 25% capacity (appointments and masks required). (June 1) 3. Gatherings of 20 or less; increased retail capacity; indoor dining permitted; increased capacity for personal services and places of worship; phased reopening of gyms with restrictions 4. Gatherings TBD; increased capacity at restaurants/bars, personal services, and gyms; phased opening of entertainment venues	Three (06/10)	Expired 05/18	>10 (indoors) >25 (outdoors) (05/18)	Never applied	Mandatory for employees and patrons in certain businesses	85813	1985	3564	1.2	↔	8.2%	18	64%
Montana	1. Public Health (new cases, ability to monitor and contact trace, syndromic surveillance) 2. Healthcare (ability of hospitals to safely treat all patients, adequate ICU capacity) 3. Supplies (capacity to test everyone with symptoms, adequate PPE)	1. Avoid gatherings of more than 10; minimize non-essential travel; restaurants and bars open with strict physical distancing and capacity limits; gyms and pools remain closed; outdoor recreation permitted with distancing. 2. Gatherings may expand to 50 people; gyms and pools reopen; houses of worship and other places of assembly can open under the group size restrictions. 3. No limit on group size; vulnerable populations can resume public interactions, but should practice physical distancing	Two (06/01)	Expired 04/24	>50 (06/01)	Lifted 06/01	Mandatory in counties with 4+ active COVID-19 cases	9431	141	772	2.8	↑	4.5%	19	65%
New Hampshire	N/A	Not taking a phased approach, and instead has issued universal guidelines to all businesses under the Stay at Home 2.0 plan released by the Governor's economic reopening taskforce.	N/A	Expired 06/15	Never applied	Never applied	Mandatory for employees and patrons in certain businesses	7780	438	263	1.1	↑	2.7%	8	52%
New Jersey	14-day trend lines that show sustained drop in cases, hospitalizations, and "other metrics" related to hospitalizations, individuals in ICU, ventilator use, testing and contact tracing capacity, adequate bed capacity, ventilators, personal protective equipment, and workforce.	0. Maximum Restrictions: essential activity, retail, and construction; manufacturing allowed; emergency health care. 1. Restrictions relaxed on low-risk activities with safeguarding. Phased activities may include non-essential construction and retail with curbside pick-up; state/county parks, beaches, elective surgeries. 2. Expanded retail; outdoor dining at restaurants; limited personal care services; reduced capacity of indoor dining, museums, and libraries. 3. Expanded dining; critical in-office work; limited entertainment; expanded personal care; bars with limited capacity; expansion of personal care.	Two (06/15) Indoor dining paused (06/29)	Lifted 06/09	>100 (indoors, 06/22) >250 (outdoors, 06/22)	Quarantine from certain states** (effective 06/24)	Mandatory	197792	16054	2802	2.3	↓	1.9%	18	49%
New York	Regional Criteria: 1. 14 day decline in hospitalization rates 2. Must have at least 30	1. Construction, manufacturing, wholesale trade, select retail (curbside pick-up) and agriculture, forestry and fishing sectors open. 2. Professional services, finance and insurance,	Four: 10 regions (as of 07/21)	Expired 05/15	Phase Four: >50	Quarantine from certain states**	Mandatory	447582	32773	5524	4.1	↔	0.9%	49	59%

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	percent of hospital beds and ICU beds available after elective surgeries resume	retail, administrative support, real estate, rental, and leasing reopen. 3. Restaurants and food services reopen 4. Arts, entertain, recreation, and education reopen.				(effective 06/24)									
North Dakota	1. Downward trajectory of COVID-like illness in a 14-day period. 2. Downward trajectory of new cases over a 14-day period. 3. Downward trajectory of hospitalized cases over a 14-day period.	<ul style="list-style-type: none"> Red/Critical: Essential services only; shelter in place. Orange/High Risk: take-out/delivery only for restaurants; limited retail reopening with extreme caution; gatherings limited to 10 or fewer Yellow/Moderate Risk: dine-in restaurant service up to 50% capacity; gatherings limited to the lesser of 50% capacity or 250 people; personal services and gyms operating under strict hygiene protocols Green/Low Risk: dine-in restaurant service up to 75% capacity; gatherings limited to the lesser of 75% capacity or 500 people. Blue/New Normal: dine-in restaurant service, retail, personal services, gyms, and pools open at full capacity with heightened hygiene standards; mass gatherings allowed. 	(09/01) New Normal: 13 Low:32 Moderate:8	Never implemented	>250 (05/15)	All travelers from states classified by the CDC as having widespread COVID-19 outbreak	Suggested	16333	177	1890	7.4	↑	5.6%	36	32%
Ohio	No uptick in outbreaks	Many businesses starting reopening at the end of April under state guidance, however no detailed phased plan has been released.	N/A	Lifted 05/20	>10 (Extended 07/30)	Lifted sm (05/19)	Mandatory in certain counties and for employees of certain businesses state-wide	140518	4555	7553	2.7	↑	3.5%	14	47%
Oregon	1. Decline in individuals reporting symptoms (influenza like and COVID) within a 14 day period 2. Decline in documented cases within a 14 day period or decrease in positive cases as a percent of total tests within a 14 day period 3. The ability to treat all patients without crisis care and testing in place for at-risk healthcare workers (plus antibody testing)	0. Statewide Baseline: restaurants open for take-out only; stand alone retail open; malls closed; outdoor recreation activities open; cultural/civic/faith gatherings of up to 25; social gatherings of up to 10; personal care services and gyms closed. 1. First Stage, by County: Restaurants/bars open with distancing; personal services open with pre-appointment health-check, distancing, and masks; gyms open at reduced capacity. 2. Higher Risk Activities: expand gathering size, allow some office work. Guidelines TBD, will be based on data collected in Phase 1. 3. Highest-Risk Activities: Mass gatherings allowed (requires vaccine or reliable treatment)	<ul style="list-style-type: none"> Baseline: 0 counties One: 7 counties Two: 29 counties (as of 08/20) 	Ended 06/16	>10 (indoors – rolled back 07/15) >100 (outdoors)	Never applied	Mandatory (including outdoors when 6ft distance not possible)	29850	521	1379	0.9	↑	5.1%	16	66%
Pennsylvania	Having fewer than 50 new confirmed cases per 100,000 population reported in the previous 14 days	1. Red: Life sustaining businesses only; congregate care and prison restrictions; schools and childcare closed; large gatherings prohibited; restaurants limited to take-out/delivery; 2. Yellow: childcare to reopen; gatherings up to 25 permitted; in-person retail allowed; outdoor dining at restaurants and bars permitted. 3. Green: businesses may open up to 75% capacity; gatherings of more than 250 permitted; restaurants and bars open at 50%	<ul style="list-style-type: none"> Red: 0 counties Yellow: 0 counties Green: 67 counties (07/03) 	Expired 05/08	>250 (green phase counties, 05/29)	Never applied	Mandatory	146990	7903	5700	1.0	↑	6.5%	5	61%

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		capacity.													
Texas	Hospitalization and positivity rates are being used to inform reopening.	While the state has not released the details of a phased plan, reopening has been divided into two phases so far: 1. In addition to essential services, all retail stores, restaurants, movie theaters, malls, libraries, and museums are permitted to reopen at 25% capacity; places of worship remain open; outdoor sports of up to four participants can resume; personal services and gyms remain closed. Counties with fewer than 5 confirmed cases can increase to 50% capacity if they meet certain testing and service criteria (May 1 – 18) 2. Restaurants open at 50% capacity; child care centre, personal care services, bars (25% capacity), zoos, camps, and youth sports can reopen; public schools may provide in-person summer school with distancing protocols; businesses in office buildings open at the greater of 10 people or 25%. (May 18 – present) • Bars closed and new restrictions on business effective 06/26	Three (initiated 06/03; new restrictions 06/26)	Expired 04/30	>10 at the discretion of local officials (07/02)	Lifted ⁹⁸⁸ (05/21)	Mandatory	674772	14478	28981	-0.4	↓	-40%	13	73%
Vermont	Hospitalizations and growth rate	Rather than broad phases, Vermont is opening incrementally, with regular updates to the Be Smart, Stay Safe order.	N/A	Expired 05/15	>75 indoors >150 outdoors (07/09)	All travelers, with some exceptions ⁹⁸⁸	Mandatory for employees in certain businesses & on public transit	1702	58	46	1.1	↓	0.9%	8	65%
Virginia	1. 14-day downward trend of positive tests. 2. 14-day downward trend of hospitalizations. 3. Adequate hospital beds and intensive care capacity. 4. Increasing and sustainable supply of PPE.	1. Some businesses to re-open with strict safety restrictions; social distancing measures continue; teleworking continues; face masks to be worn in public. 2. Gatherings of up to 50; entertainment venues able to reopen; dine-in service at restaurants at 50% capacity; gyms at 30% capacity; recreational sports permitted; museums, zoos, gardens, and sports/arts venues to reopen with restrictions. (June 5) 3. No ban on social gatherings; capacity limits set at 250; heightened cleaning and disinfection. Bars must remain closed (effective July 1).	Three (as of 07/01)	Expired 06/10	>250 (07/01)	Never applied	Mandatory	137460	2920	6931	1.8	↑	6.7%	18	68%
Washington	1. Number and trend of cases, hospitalizations and deaths 2. Disease modeling on rates of spread 3. Mobility trends as identified by traffic mobility data.	1. Some outdoor recreation permitted; no gatherings; limited non-essential travel; curbside retail only. 2. Gatherings of up to 5 permitted; domestic services allowed; in-store retail permitted; hair and nail salons; real estate reopens; restaurants and bars at 50% capacity. 3. Gatherings of up to 50 permitted; non-essential travel resumes; restaurants/bars at 75% capacity; movie theatres at 50% capacity; libraries and museums reopen. 4. Gatherings of more than 50 permitted; nightclubs, concert venues, and large sporting events reopen/resume.	• One: 5 counties • Two: 17 counties • Three: 17 counties (as of 08/26)	Expired 05/31	Phase Two: >5 Phase Three: >50	Never applied	Mandatory	80812	2020	2803	1.7	↓	3.0%	28	69%
Wisconsin	1. Downward trajectory of influenza-like symptoms and COVID symptoms within 14-day period 2. Downward trajectory of positive tests within 14-day period	1. Gatherings of up to 10 permitted; restaurants reopen; bars closed; retail restrictions removed for essential businesses; partial reopening of non-essential businesses 2. Gatherings of up to 50 permitted; bars reopen; non-essential business reopen; post-secondary institutions may reopen	N/A	Overtuned 05/13	Overtuned 05/13	Never applied	Suggested	98440	1237	9850	1.6	↑	14.7%	10	49%

[APG]

American COVID-19 Public Health Response Measures: Week of September 12 - 18, 2020

3. Treat patients without crisis care, testing for at-risk healthcare workers with decreasing number of infected workers	3. No maximum on gatherings; all businesses and educational institutions reopen. Note: plan rendered unenforceable at state level when the SAHO was overturned May 13 ¹ .									
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¹ This tracker focuses on official measures (e.g. Executive Orders), not statements or guidance. It does not cover all measures enacted at the municipal or county level.

ⁱⁱ Border states and/or top 15 states of origin of travellers to Canada.

ⁱⁱⁱ <https://www.nga.org/coronavirus/>, may be supplemented with secondary sources such as media reports and state websites.

^{iv} <https://www.cdc.gov/covid-data-tracker/index.html#cases>

^v <https://www.cdc.gov/covid-data-tracker/index.html#cases>

^{vi} <https://www.covidexitstrategy.org/cdc-gating-criteria/>; Data as per CDC healthcare capacity criteria; data from Indicators Based on Health System – highest ICU occupancy in last 7 days.

^{vii} <https://www.nga.org/coronavirus-reopening-plans/>

^{viii} <https://www.nga.org/coronavirus-reopening-plans/>

^{ix} <https://www.nga.org/coronavirus/#glance>

^x <https://www.cdc.gov/covid-data-tracker/index.html>

^{xi} <https://www.cdc.gov/covid-data-tracker/index.html#cases>

^{xii} <https://coronavirus.jhu.edu/testing/testing-positivity> WHO advised governments that before reopening, rates of positivity in testing should remain at 5% or lower for at least 14 days.

^{xiii} <https://testandtrace.com/state-data/>

^{xiv} <https://coronavirus.jhu.edu/testing/tracker/overview/>: A seven-day moving average of the number of total tests, adjusted for population. Goal of 1 test per 1000 people per day is derived from White House statements by the White House suggesting 30 tests per 1,000 people per month as a target, adjusted to daily goal.

^{xv} Testing rate trends fall into one of three categories: (1) trending up: from the previous week to this week, the trend is increasing and greater than 5%; (2) trending down: from the previous week to this week, the trend is decreasing and less than -5%; and (3) no change: from the previous week to this week, the trend is staying relatively flat (between -5% and 5%).

^{xvi} Applies to travelers from New York, New Jersey, Connecticut. As of June 5, travellers from Louisiana are no longer required to quarantine upon arrival in Florida.

^{xvii} As of June 8, travellers from New Hampshire and Vermont are no longer required to quarantine for 14-days. Effective July 1, travellers from all other states will need to quarantine unless they have a recent negative COVID-19 test. Effective July 3, travellers from New York, New Jersey and Connecticut will be exempt from the quarantine requirement.

^{xviii} As of July 1st all travellers arriving from out of state, except those from Rhode Island, Connecticut, Vermont, New Hampshire, Maine, New York or New Jersey must self-quarantine for 14 days.

^{xix} Applies to any person arriving from a state with a positive test rate higher than 10 per 100,000 residents or a state with a 10% or higher positivity rate over a 7-day rolling average.

^{xx} Applies to any person arriving from a state with a positive test rate higher than 10 per 100,000 residents or a state with a 10% or higher positivity rate over a 7-day rolling average.

^{xxi} Previous Restriction: People stopping in the state were asked to self-quarantine for 14 days unless they were traveling for an essential reason

^{xxii} Previous Restriction: People arriving in Texas by car from Louisiana had to self-quarantine for 14 days, or the duration of their trip, whichever is shorter. People arriving from California, Washington, Louisiana, New York, New Jersey and Connecticut or the cities of Atlanta, Chicago, Detroit, and Miami also had to self-quarantine.

^{xxiii} As of June 8, quarantine requirements have been lifted for out-of-state travellers from counties across New England with similar caseloads to Vermont.

Annex B: National Targets and Guidelines

Gating Criteria: Federal guidance for implementation at the State level¹:

1. Symptoms: Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period AND downward trajectory of COVID-like syndromic cases reported within a 14-day period.
2. Cases: Downward trajectory of documented cases within a 14-day period OR downward trajectory of total tests within a 14-day period (flat or increasing volume of tests)
3. Hospitals: Treat all patients without crisis care AND robust testing program in place for at-risk healthcare workers, including emerging antibody testing.

Phased Reopening Plan: Federal guidance – for implementation at the State level²:

1. Vulnerable individuals continue to shelter in place; all individuals should maximize physical distance from others when in public; groups up to 10; minimize non-essential travel; telework encouraged with return to work in phases and closed common areas; schools closed; visits to LTC prohibited; large venues and gyms can operate under strict criteria; some elective surgeries can resume; bars closed.
2. Same as Phase 1, but groups up to 50; non-essential travel permitted; schools can reopen; bars can reopen under strict requirements.
3. Same as Phase 2, but vulnerable individuals can resume limited public interactions; employers can resume unrestricted staffing of worksites; visits to LTC and hospitals can resume; large venues, gyms and bars can operate under less restrictive protocols.

¹ <https://www.whitehouse.gov/openingamerica/#criteria>

² <https://www.whitehouse.gov/openingamerica/#criteria>

Date Updated: Friday September 18, 2020 (am)

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Masks in public: Suggested³

Other Public Health Measures: As per federal guidance for states on phased re-opening⁴

Testing Rate per 1,000 population: >1

Two-Week Positivity Rate: <5%

Contact Tracers per 100,000 population: The CDC indicates that the number of contact tracers needed will vary by community. Each community will need to examine local caseload and other factors to estimate how many contact tracers will be needed. Additional considerations are available on the CDC website^{5,6}.

³ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>

⁴ <https://www.whitehouse.gov/openingamerica/#criteria>

⁵ <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#tracers>

⁶ National Association of County & City Health Officials estimate a baseline need of 15 contact tracers / 100,000 population in regular times, and 30/100,000 for this pandemic. Several states, counties and municipalities have used this metric in their planning.

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