



COVID-19



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About CDC COVID-19 Data

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Summary

CDC reports COVID-19 case counts, deaths, and laboratory testing numbers daily online. Data on the COVID-19 website and CDC's COVID Data Tracker are based on the most recent numbers reported by states, territories, and other jurisdictions. Data are dependent on jurisdictions' timely and accurate reporting.

In addition, CDC regularly reports provisional death certificate data on the NCHS website. Reporting the number of deaths by using death certificates ultimately provides more complete information but is a longer process and, therefore, these numbers will be less than the deaths count on the COVID-19 website.



Accuracy of Data

CDC tracks COVID-19 illnesses, hospitalizations, and deaths to monitor trends, detect where outbreaks are occurring, and determine whether public health measures are working. However, counting exact numbers of COVID-19 cases is not possible because COVID-19 can cause mild illness, symptoms might not appear immediately, there are delays in reporting and testing, not everyone who is infected gets tested or seeks medical care, and there are differences in how completely states and territories report their cases.

COVID-19 is one of about [120 diseases or conditions](#) health departments voluntarily report to CDC. State, local, and territorial public health departments verify and report cases to CDC. When there are differences between numbers of cases reported by CDC versus by health departments, data reported by health departments should be considered the most up to date. Health departments may update case data over time when they receive more complete and accurate information. The number of new cases reported each day fluctuates. There is generally less reporting on the weekends and holidays.

CDC reports death data on three sections of the website: [U.S. Cases & Deaths](#), [COVID Data Tracker](#), and [NCHS Provisional Death Counts](#). U.S. Cases and COVID Data Tracker get their information from the same source (total case counts); however, NCHS Death Counts are based on death certificates that use information reported by physicians, medical examiners, or coroners in the cause-of-death section of each certificate. Data from each of these pages are considered provisional (not complete and pending verification) and are therefore subject to change. Counts from previous weeks are continually revised as more records are received and processed. Because not all jurisdictions report counts daily, counts may increase at different intervals.

Confirmed & Probable Counts

As of April 14, 2020, CDC case counts and death counts include both confirmed and probable cases and deaths. This change was made to reflect an [interim COVID-19 position statement](#)   issued by the Council for State and Territorial Epidemiologists on April 5, 2020. The position statement included a case definition and made COVID-19 a nationally notifiable disease. Nationally notifiable disease cases are voluntarily reported to CDC by jurisdictions.

A [confirmed case or death](#) is defined by meeting confirmatory laboratory evidence for COVID-19.

A [probable case or death](#) is defined by one of the following:

- Meeting clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19
- Meeting presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence
- Meeting vital records criteria with no confirmatory laboratory testing performed for COVID19

Not all jurisdictions report probable cases and deaths to CDC. When not available to CDC, it is noted as N/A. Please note that jurisdictions may reclassify probable cases at any time to confirmed cases (if confirmatory laboratory evidence is obtained) or withdraw probable case reports entirely if further public health investigation determines that the individual most likely did not have COVID-19. As a result, probable case counts can fluctuate substantially. A jurisdiction might even report a negative number of probable cases on a given day, if more probable cases were disproven than were initially reported on that day.

Number of Jurisdictions Reporting

There are currently 60 U.S.-affiliated jurisdictions reporting cases of COVID-19. This includes the 50 states; the District of Columbia; New York City, the U.S. territories of American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and the U.S Virgin Islands; and three independent countries in compacts of free



association with the United States (Federated States of Micronesia, Republic of the Marshall Islands, and Republic of Palau). New York State's reported case and death counts do not include New York City's counts as they separately report nationally notifiable conditions to CDC.

COVID-19 Public Use and Restricted Access Datasets

Sharing timely and accurate COVID-19 data with the public is a core activity of CDC's COVID-19 Emergency Response. Publicly available datasets are critical for open government and transparency, promotion of research, and efficiency (i.e., providing the public, media, and others access to the same data with consistency and supporting information). CDC has three COVID-19 case surveillance datasets available for the public's use:

- **COVID-19 Case Surveillance Public Use Data with Geography:** Public use, patient-level dataset with clinical and symptom data, demographics, and state and county of residence. (19 data elements)
- **COVID-19 Case Surveillance Public Use Data:** Public use, patient-level dataset with demographic and clinical data (including symptoms), with no geographic data. (12 data elements)
- **COVID-19 Case Surveillance Restricted Access Detailed Data:** Restricted access, patient-level dataset with demographic, clinical (including symptoms, and geographic data (state and county of residence). Access requires a registration process and a data use agreement. (32 data elements)

About the public use and restricted access databases:

- Data elements can be found on the COVID-19 [case report form](#) .
- Data are considered *provisional* by CDC and are subject to change until the data are reconciled and verified with the state and territorial data providers.
- Some data are suppressed to protect individuals' privacy.
- Datasets will include all cases with the earliest date available in each record (date received by CDC or date related to illness/specimen collection) at least 14 days prior to the creation of the previously updated datasets. This 14-day lag allows case reporting to be stabilized and ensure that time-dependent outcome data are accurately captured.
- Datasets are updated monthly.
- Datasets are created using CDC's [Policy on Public Health Research and Nonresearch Data Management and Access](#)  and include protections designed to protect individual privacy.

An updated list of COVID-19 datasets available for public use can be found at data.cdc.gov. For more information about data collection and reporting, visit [Data Collection and Reporting | NNDSS \(cdc.gov\)](#). For more information about the COVID-19 case surveillance data, visit www.cdc.gov/coronavirus/2019-ncov/covid-data/faq-surveillance.html. Questions around these datasets can be directed to Ask SRRG (eocvevent394@cdc.gov).

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