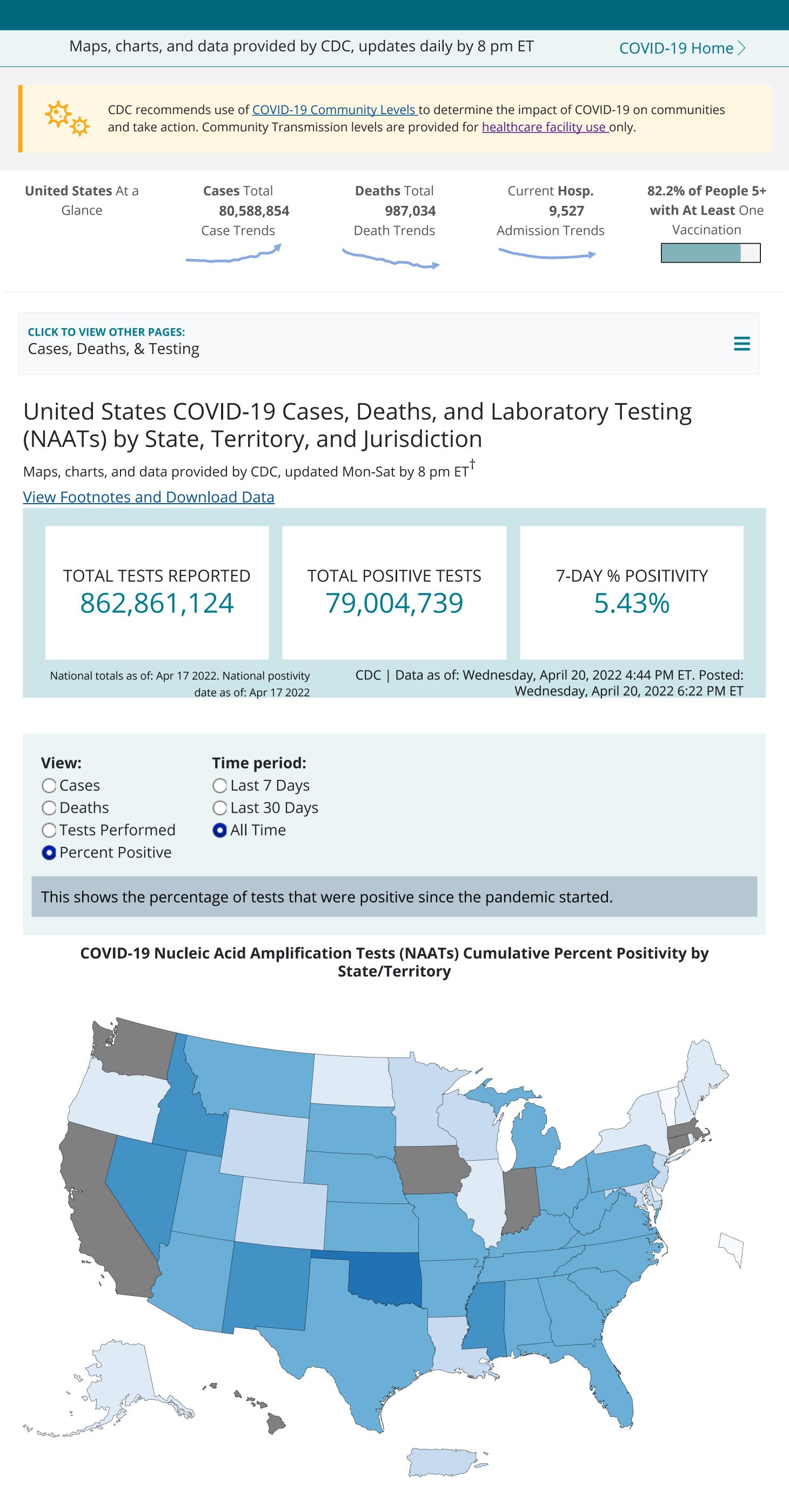
# **COVID Data Tracker**



**Territories** MP VI AS GU PW RMI FSM

8-9<sub>.9%</sub>

**Cumulative Percent Positivity** 

10.14.9%

20,24,9%

15.19.9%

# **Data Downloads and Footnotes**

3.4.9%

D<sub>ata not</sub>available

Expand each accordion to view data table and download data

Data Table for COVID-19 Nucleic Acid Amplification Tests (NAATs) Cumulative Percent Positivity by

State/Territory CDC | Data as of: Wednesday, April 20, 2022 4:44 PM ET. Posted: Wednesday, April 20, 2022 6:22 PM ET

5.7.9%

**Download Data** 

State 🖨	<b>Cumulative Percent Positivity</b>	Cumulative Tests Performed
	<b>\$</b>	<b>\$</b>
Alabama	10-14.9%	7,538,658
Alaska	5-7.9%	4,140,457
American Samoa	N/A	N/A
Arizona	10-14.9%	14,700,565
Arkansas	10-14.9%	4,698,224
California	N/A	133,534,451
Colorado	8-9.9%	15,652,468
Connecticut	N/A	14,406,225
Delaware	5-7.9%	3,637,216
District of Columbia	3-4.9%	4,897,320
Federated States of Micronesia	N/A	N/A
Florida	10-14.9%	56,575,318
Georgia	10-14.9%	16,426,638
Guam	10-14.9%	282,507
Hawaii	N/A	3,380,184
Idaho	15-19.9%	3,190,383
Illinois	5-7.9%	44,823,784
Indiana	N/A	13,805,003
Iowa	N/A	N/A
Kansas	10-14.9%	5,434,533
Kentucky	10-14.9%	9,076,428
Louisiana	8-9.9%	10,574,278
Maine	5-7.9%	3,950,250
Maryland	8-9.9%	20,619,687
Massachusetts	N/A	41,636,445
Michigan	10-14.9%	24,382,124
Minnesota	8-9.9%	22,205,564
Mississippi	15-19.9%	2,735,138
Missouri	10-14.9%	12,127,559
Montana	10-14.9%	2,000,635
Nebraska	10-14.9%	2,751,605
Nevada	15-19.9%	5,929,082
New Hampshire	5-7.9%	3,831,353
New Jersey	8-9.9%	25,861,349
New Mexico	15-19.9%	6,148,157
New York*	5-7.9%	85,740,945
New York City*	N/A	N/A
North Carolina	10-14.9%	22,102,774
North Dakota	5-7.9%	2,306,484
Northern Mariana Islands	N/A	N/A
Ohio	10-14.9%	21,536,361
Oklahoma	20-24.9%	4,133,007
Oregon	5-7.9%	7,921,973
Palau	N/A	N/A
Pennsylvania	10-14.9%	25,830,048
Puerto Rico	8-9.9%	2,689,580
Republic of Marshall Islands		N/A
Rhode Island	5-7.9%	6,774,885
South Carolina	10-14.9%	12,702,391
South Dakota	10-14.9%	1,095,569
Tennessee	10-14.9%	10,660,740
Texas	10-14.9%	49,858,955
Utah	10-14.9%	7,202,123
Vermont	3-4.9%	3,755,595
Virgin Islands	10-14.9%	109,921
Virginia	10-14.9%	14,543,139
Washington	N/A	12,819,520
West Virginia	10-14.9%	5,109,230
Wisconsin	8-9.9%	16,266,668
Wyoming	8-9.9%	1,406,939

### Footnotes

<sup>†</sup>Data will update Monday through Saturday as soon as they are reviewed and verified, oftentimes before 8 pm ET. However, daily updates (Mon-Sat) might be delayed due to delays in reported data.

• The COVID-19 case and death surveillance data reported by jurisdictions to CDC are subject to change. These data, featured on COVID Data Tracker and within Data.CDC.gov datasets, may be incomplete for recent days due to processing and reporting delays. All data are provisional.

### **Case and Death Data**

\* Counts for New York City and New York State are shown separately for case and death metrics; data for New York State case and death metrics are for the state excluding data for New York City. Testing metrics for New York State include data for New York City.

The map can be modified to show:

- cases and deaths per 100,000 people in the last 7 days
- total new cases and deaths in the last 7 days
- total cases and deaths since January 21, 2020
- rates for cases (cases/100,000 people) and deaths (deaths/100,000).

The 7-day cumulative rate is calculated as (current day + 6 preceding days) per 100,000 people using the US Census Bureau Population Estimates Program. Rates per 100,000 are calculated as the total cases or deaths per 100,000 people using the US Census Bureau Population Estimates Program.

Zero values for cases/deaths are subject to change due to reduced frequency of state reporting and subsequent adjustments that may occur. The 7-day case/death averages therefore may be artificially low over the weekend before adjustment to these zero values.

### Data Sources, References & Notes:

- The case classifications for COVID-19, a nationally notifiable disease, are described in an updated COVID-19 position statement and case definition issued by the Council of State and Territorial Epidemiologists. However, there is some variation in how jurisdictions implement these case classifications. More information on how CDC collects COVID-19 case surveillance data can be found at FAQ: COVID-19 Data and Surveillance.
- Total cases are based on aggregate counts of COVID-19 cases reported by state and territorial jurisdictions to the Centers for Disease Control and Prevention (CDC) since January 21, 2020, with the exception of persons repatriated to the United States from Wuhan, China, and Japan. All displayed counts include confirmed COVID-19 cases and deaths as reported by U.S. states, U.S. territories, New York City (NYC), and the District of Columbia from the previous day. In accordance with the CSTE definition of COVID-19 cases and deaths, counts for many jurisdictions include both confirmed and probable COVID-19 cases and deaths. COVID-19 case and death data that are not available to CDC are denoted by N/A. For aggregate statelevel data, CDC calculates the number of new cases or deaths each day either by using the information provided by states and territorial jurisdictions or by calculating the difference in cumulative counts reported by the state from the day before.
- The number of historical cases and deaths presented on CDC's website reflects the information provided by the states and jurisdictions. Thus, data may reflect either the date the case or death occurred or the date it was recorded in the state. Provision of historical cases and deaths by jurisdictions can influence new case and death numbers and 7-day averages once CDC incorporates these data and assigns the data to the appropriate dates. Historical cases and deaths are still reflected in the cumulative national totals.
- 2018 population estimates are still used for American Samoa, Federated States of Micronesia, Guam, New York City, Northern Mariana Islands, Palau, Republic of Marshall Islands and United States Virgin Islands.

### **Jurisdictional Reporting Differences**

CDC uses various methods to gather aggregate case and death data from states, territories, and other jurisdictions' health departments. Learn more at About CDC Case and Death COVID-19 Data. The methods and frequency of data reporting varies by jurisdiction. The dates used to document case and death incidences also vary.

The dates used by jurisdictions for COVID-19 cases that CDC receives include:

- Event date (the date of specimen collection, confirmed COVID-19 laboratory test result, or clinical diagnosis): None  $\bullet$
- Report date (when the event was reported to the health department or reported by the health department to <u>CDC</u>): Alabama, American Samoa, Arkansas, California, Colorado, Connecticut, District of Columbia, Federated States of Micronesia, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Minnesota, Montana, Nevada, New Hampshire, New Mexico, New York (excluding NYC), North Dakota, Ohio, Oregon, Palau, Puerto Rico, Republic of Marshall Islands, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, U.S. Virgin Islands, Utah, Virginia, West Virginia, Wisconsin, Wyoming
- A combination of event date and report date: Alaska, Arizona, Northern Mariana Islands, Delaware, Kentucky, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, New Jersey, New York City, North Carolina, Oklahoma, Pennsylvania, Vermont, Washington

The dates used by jurisdictions for COVID-19 related deaths that CDC receives include:

- Date of death: Florida
- Report date (when the event was reported to the health department or reported by the health department to <u>CDC</u>): American Samoa, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Federated States of Micronesia, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York (excluding NYC), North Dakota, Ohio, Oregon, Palau, Pennsylvania, Puerto Rico, Rhode Island, Republic of Marshall Islands, South Carolina, South Dakota, Tennessee, U.S. Virgin Islands, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming
- A combination of date of death and report date: Alabama, Alaska, Arizona, Northern Mariana Islands, Kentucky, Massachusetts, Maryland, Michigan, Mississippi, Missouri, Nebraska, New York City, North Carolina, Oklahoma, Texas, Vermont

This information is confirmed and up to date as of November 23, 2021.

Please note that jurisdictional reporting methods are subject to change. These changes can cause artificial data fluctuations on COVID Data Tracker. For example, when jurisdictions opt to report death data by date of death instead of report date, it may appear that overall deaths from COVID-19 are decreasing. This does not reflect a true decline and data should be interpreted with caution. CDC's overall COVID-19 case and death numbers are validated through a confirmation process with each jurisdiction.

September 28, 2021: Nebraska began submitting both confirmed and probable case and death counts for COVID Data Tracker. Cumulative cases and death counts displayed after 9/27/2021 reflect a large increase because of the addition of historic and recent probable cases and deaths to confirmed totals.

October 25, 2021: CDC stopped spreading aggregate COVID-19 case and death counts evenly over jurisdictions' non-reporting days (i.e., smoothing), which had been done to reflect case and death trends across those days and to improve the quality of data visualizations. This update was made to avoid under-reporting of weekend averages.

March 14, 2022: An adjustment was made to COVID Data Tracker's mortality data involving the removal of 72,277 deaths previously reported across 26 states. An error in CDC's algorithm led to misclassifying deaths that were not COVID-19 related. The algorithm has since been corrected.

March 30, 2022: The increases observed in Rhode Island's COVID-19 death counts on 2/20/2021 and 3/2/2022 are due to data validation and standard maintenance procedures.

### **Testing Data**

- The data represent COVID-19 Nucleic Acid Amplification Test (NAAT) results, which include reverse transcriptasepolymerase chain reaction (RT-PCR) tests from laboratories in the United States, including commercial and reference laboratories, public health laboratories, hospital laboratories, and other testing locations. The data represent laboratory test totals-not individual people-and exclude antibody and antigen tests. The data are provisional and subject to change. National total test counts reflect the latest reported data from states and may not match the sum of the data presented for all jurisdictions. The data may also not include results from all testing sites within a jurisdiction (e.g., point-of-care test sites) and therefore reflect the majority, but not all, COVID-19 NAATs in the United States. Information about how laboratory data are reported to CDC can be found at: https://www.cdc.gov/coronavirus/2019-ncov/lab/reporting-lab-data.html
- On September 30th, 2021, CDC moved to presenting the NAAT testing data with a 7-day lag for testing volume and a 3-day lag for percent positivity to better align with other CDC products. This 3-day lag for percent positivity was implemented for all NAAT percent positivity metrics presented on COVID Data Tracker.
- Testing Data update for February 22, 2022: IA has incomplete negative test result data, impacting testing volumes and percent positivity.
- Testing Data update for April 18, 2021: WA has incomplete negative test result data from Sep 1, 2021 Jan 31, 2022, impacting testing volumes and percent positivity.

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