Centers for Disease Control and Prevention

[Español (Spanish)]

COVID Data Tracker

Maps, charts, and data provided by CDC, updates daily by 8 pm ET

COVID-19 Home

CDC recommends use of COVID-19 Community Levels to determine the impact of COVID-19 on communities and take action. Community Transmission levels are provided for healthcare facility use only.

United States At a Glance	**Cases** Total	**Deaths** Total	Current **Hosp.**	**82.9% of People 5+ with At Least** One Vaccination
	85,191,231	**1,006,062**	**23,375**	
	Case Trends	Death Trends	Admission Trends	

CLICK TO VIEW OTHER PAGES:
Cases, Deaths, & Testing

< Back to Cases, Deaths, & Testing

COVID-19 Integrated County View

Maps, charts, and data provided by CDC, updates daily by 8 pm ET[†]

This site provides an integrated, county view of key data for monitoring the COVID-19 pandemic in the United States. It allows for the exploration of standardized data across the country.[§] The footnotes describe each data source and the methods used for calculating the metrics. For the most complete and up-to-date data for any particular county or state, visit the relevant health department website. Additional data and features are forthcoming.

[§]County level data are not available for territories. Territory level data are available under the **Cases, Deaths, and Testing tab**. Data presented here for District of Columbia may differ from those presented on the **Cases, Deaths, and Testing tab** due to reporting differences for each tab. For CDC's most up to date data for District of Columbia, select District of Columbia in the dropdown on this tab or see the map below.

The percent of the population coverage metrics are capped at 95%. Learn how CDC estimates vaccination coverage.

View Footnotes and Additional Information

How to Find a COVID-19 Vaccine

Who is Recommended to Receive Booster Doses?

State or territory:

Select a State ▾

County or metro area:

Select County ▾

Reset Selections

Use the options above or the map below to select a state and county. CDC recommends use of COVID-19 Community Levels to determine the impact of COVID-19 on communities and take action. Community Transmission levels are provided for healthcare facility use only.

Data Type:

COVID-19 Community Levels ▾

Map Metric:

COVID-19 Community Levels ▾

All Counties ▾

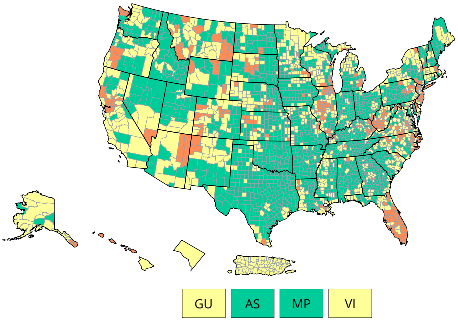
Download Image

COVID-19 Community Levels in US by County

	Total	Percent	% Change
🟧 High	314	9.74%	2.26%
🟨 Medium	1056	32.75%	9.93%
🟩 Low	1854	57.51%	– 12.19%

How are COVID-19 Community Levels calculated?

+ -



● Low ● Medium ● High ▨ No Data

Time Period: COVID-19 Community Levels were calculated on Thu Jun 09 2022. New COVID-19 cases per 100,000 population (7-day total) are calculated using data from Thu Jun 02 2022 - Wed Jun 08 2022. New COVID-19 admissions per 100,000 population (7-day total) and Percent of inpatient beds occupied by COVID-19 patients (7-day average) are calculated using data from Wed Jun 01 2022 - Tue Jun 07 2022.

Data Downloads and Footnotes

Expand each accordion to view data table and download data

Footnotes and Additional Information

Expand each accordion to view footnotes

View COVID-19 Community Level Data

View Historic Vaccination Data

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Footnotes

†Data will be updated after review and verification, usually before 8:00 pm ET. Updates will occur the following day when reporting coincides with a federal holiday. Note: Daily updates might be delayed due to delays in reporting.

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.

* To protect patient privacy and ensure data stability, some information is not reported publicly.

Data Sources, References & Notes:

- June 29, 2021: County View timeseries charts were updated to display data starting from January 2021 rather than January 2020. This change is necessary to avoid application experience issues caused by large data sizes. We are working to find a solution that will allow us to display 2020 data that will not affect system performance. On the same date, the data downloads for all metrics except vaccination data were temporarily removed from the County View tab, but they will be made available again as soon as possible.
- Data presented here use standard metrics across all United States counties. For the most accurate and up-to-date data for a specific county or state, visit the relevant state or local health department website. County level data are not available for territories. Territory level data is available under the Cases, Deaths, and Testing tab. Data presented here for District of Columbia may lag behind by 1 day due to differences in time of uploads for state and county level data. For the most up to date data for District of Columbia, visit the Cases, Deaths, and Testing tab. Users can modify the map to show various metrics for reported COVID-19 cases, deaths, Nucleic Acid Amplification Tests (NAATs), which include reverse transcriptase-polymerase chain reaction (RT-PCR) tests, and vaccine uptake in U.S. states. CDC will add data for U.S. territories as available. Reported metrics include total counts in last 7 days, total counts in last 7 days per 100,000 people, and percent change in counts from the previous 7 days. CDC calculated the totals per 100,000 people in last 7 days as the number of new COVID-19 (cases or deaths) per 100,000 people in the last 7 days using the US Census Bureau Population Estimates Program Metrics for vaccine uptake include percent of the population with at least one dose (overall, per the population aged 18 years and older, and per the population aged 65 years and older), percent of the population fully vaccinated (overall, per the population aged 18 years and older, and per the population aged 65 years and older). The bottom of the page displays community characteristics for the selected county. CDC used 2019 Vintage Census Population Estimates and 2014-2018 5-year American Community

Survey data to calculate county-level population density, household size, insurance status, poverty level, and percent of population age 65 and older. Social Vulnerability Index (SVI) scores, which range from 0 to 1, are from CDC/ATSDR's Geospatial Research, Analysis and Service Program. COVID-19 Community Vulnerability Index (CCVI) scores, which also range from 0 to 1, are from Surgo Ventures. For both SVI and CCVI, lower scores represent lower vulnerability and higher scores represent higher vulnerability. Metro and non-metro status defined by the Office of Management and Budget (OMB) as of February, 2013. Urban/rural classification type is based on the 2013 National Center for Health Statistics Urban-Rural Classification Scheme for Counties. The 2013 rural-urban continuum codes were developed by the USDA Economic Research Service.

COVID-19 Community Level (CCL):

- **NOTE**: In the COVID-19 Community Level data released on April 21, 2022, three counties in Nebraska were identified in the high category and 37 in the medium category. CDC is working with state officials to verify the data submitted, as other data systems are not providing alerts for substantial increases in disease transmission or severity in the state.
- **NOTE:** May 6, 2022: Due to a data ingestion error for McCracken County, KY on May 5, 2022, the case rate for this county appeared extremely high on COVID Data Tracker. In the COVID-19 Community Level data released on May 5, 2022, McCracken County is showing a medium community level when they should be in the low community level category.
- **NOTE:** May 19, 2022: Due to a data processing error on May 19th, 2022, Florida's county level case rates will appear as zero on the COVID Data Tracker today. As a result, Florida's COVID-19 Community Level data may be incorrect this week for some counties. Of note, Broward, Miami-Dade, Palm Beach Counties should have appeared in the high CCL category, and Osceola County should have appeared in the medium CCL category.
- **NOTE:** May 27, 2022: Due to a data source error on May 26, 2022, the case rates for all Connecticut counties will appear artificially inflated. As a result, Tolland County appears in the high CCL category when it should appear in the medium category. All remaining Connecticut counties are categorized in the correct CCL category.
- **NOTE:** May 27, 2022: Due to a data source error on May 26, 2022, Orange County, New York's case rate will appear as zero on the COVID Data Tracker on May 26, 2022. This county should have appeared in the medium CCL category.
- **NOTE:** June 9, 2022: Due to a reporting cadence change over the Memorial Day holiday, case rates for many Mississippi counties will be artificially inflated in the COVID-19 Community Level data released on June 9, 2022. Therefore, the COVID-19 Community Levels for many Mississippi counties should be interpreted with caution.
- This metric uses three indicators for categorization: (1) new COVID-19 cases per 100,000 population in the last 7 days; (2) new COVID-19 hospital admissions per 100,000 population in the last 7 days; and (3) percent of staffed inpatient beds occupied by patients with confirmed COVID-19 (7-day average).
- New COVID-19 cases per 100,000 population in the last 7 days are lagged 1 day behind the date the COVID-19 Community Level is calculated (e.g., using data from previous Thursday through Wednesday).
- The 7-day percentage of staffed inpatient beds occupied by COVID-19 patients and 7-day new admissions are lagged 1 day behind the 7-day case rate (e.g., using data from previous Wednesday through Tuesday).
- The COVID-19 Community Levels in US by County table displays the number of counties at each level and the change from the prior week.
- To view and download this week and previous weeks data, and data for America Samoa, Guam, Commonwealth of the Northern Mariana Islands, and United States Virgin Islands, visit United States COVID-19 Community Levels by County as Originally Posted | Data | Centers for Disease Control and Prevention (cdc.gov).
- **Data sources:** 7-day case rate is determined using aggregate data. The 7-day average percentage of staffed inpatient beds occupied by COVID-19 patients and 7-day total new hospital admissions rate are determined using the US Department of Health and Human Services Unified Hospital Data Surveillance System. Population estimates are determined using the US Census Vintage 2019 Estimates. Health Service Areas (HSAs) are calculated using hospital data aggregated to the HSA level – or territory-level where HSAs are undefined.
- A community is defined to have ≥ 200 new cases per 100k persons if the weekly case rate rounds to 200.0 or higher. All rounding is done to the nearest even integer.
- The COVID-19 Community Level is based on the higher of the new admissions and inpatient beds metrics.
- If the number of cases in 7 days for a jurisdiction is missing, the 7-day case rate is assigned to the "low" category. If both 7-day admissions and 7-day percentage inpatient beds indicators are N/A, the COVID-19 Community Level is assigned N/A.
- To learn more about COVID-19 Community Levels, including how the indicator is determined, and frequently asked questions, visit COVID-19 Community Levels | CDC and FAQ: COVID-19 Data and Surveillance | CDC.
- Additional information about how these indicators and thresholds apply to public health recommendations, visit Science Brief: Indicators for Monitoring COVID-19 Community Levels and Making Public Health Recommendations |

CDC.

- **For Healthcare Facilities:** COVID-19 Community Levels do **not** apply in healthcare settings, such as hospitals and nursing homes. Instead, healthcare settings should continue to use community transmission rates and follow CDC's infection prevention and control recommendations for healthcare workers.

Community Transmission:

- This metric uses two indicators for categorization (1. Total number of new cases per 100,000 persons within the last 7 days and 2. Percentage of positive diagnostic and screening nucleic acid amplification tests (NAAT) during the last 7 days. The Community Transmission in US by County displays the number of counties in each level and the change from the prior week.

Cases and Deaths:

As of December 12, 2020, CDC generated COVID-19 case and death metrics using a CDC-managed data set that is compiled from state and local health departments. CDC also updated historical data with this data set. To ensure data quality, CDC monitors daily data alerts for deviations in the data (e.g., decreases in cumulative values, no change in values, abnormal increases in values). CDC manually reviews these alerts every day by checking the data against local government websites, state websites, and news sources, and corrects the raw values as needed to reflect local government reports. Cases are based on date of report and not on date of symptom onset. CDC calculates rates using the US Census Bureau Population Estimates Program.

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.

December 14, 2021: Missouri began submitting probable death counts for COVID Data Tracker. The 7-day moving average for daily deaths after December 2, 2021, reflects a large increase in deaths for select counties in Missouri due to the addition of probable deaths.

May 6, 2022: Due to a data ingestion error for McCracken County, KY on May 5, 2022, the case rate for this county appeared extremely high on COVID Data Tracker. In the COVID-19 Community Level data released on May 5, 2022, McCracken County is showing a medium community level when they should be in the low community level category.

May 13, 2022: Washington, D.C. is reporting data at irregular intervals. As a result, the 7-day case metrics, including the case rates in the COVID-19 Community Level metric, should be interpreted with caution.

May 17, 2022: A laboratory in Connecticut reported a backlog of historic COVID-19 cases. As a result, the 7-day case count and rate may appear artificially inflated across the state.

Testing:

- The data represent COVID-19 Nucleic Acid Amplification Test (NAAT) results, which include reverse transcriptase-polymerase 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 October 29th, 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 and for the calculation of level of community transmission.
- 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 26, 2021: WA has incomplete negative test result data from Sep 1, 2021 - Jan 31, 2022, impacting testing volumes and percent positivity.

Hospital Admissions and Capacity:

Data source and reporting information:

- Hospitals report data directly to the U.S. Department of Health and Human Services (HHS) or via a state submission for collection in the HHS Unified Hospital Data Surveillance System (UHDSS; detailed reporting guidance and full list of data elements collected by UHDSS can be found here).
- More than 6,000 hospitals across the United States report to UHDSS daily. While CDC reviews these data for errors and corrects those found, some reporting errors might still exist within the data. To minimize errors and inconsistencies in data reported, CDC removes outliers before calculating the metrics. CDC and partners work with reporters to correct these errors and update the data in UHDSS at a later date.
- Many hospital subtypes, including acute care and critical access hospitals, as well as Veterans Administration, Defense Health Agency, and Indian Health Service hospitals, are included in the metric calculations. Psychiatric, rehabilitation, and religious non-medical hospital types. For a full list of hospital subtype descriptions, please visit the detailed reporting guidance (https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf).
- Data are aggregated and displayed for hospitals with the same Centers for Medicare and Medicaid Services (CMS) Certification Number (CCN), which are assigned by CMS to counties based on the CMS Provider of Services files. Approximately 3% of CCNs contain multiple component hospitals that map to different counties.

Detailed Calculations:

- As of March 2nd, 2022, county-level hospital data displayed on COVID Data Tracker are derived using calculations performed at the Health Service Area (HSA) level, which is also the geographic area used to define hospital metrics included as new COVID-19 Community Levels indicators. Although the county is typically the smallest geographic unit for which national data are available, not all counties in the United States have hospitals. Additionally, analyses of these data at the local level is complicated by unequal distribution of hospitals within regions, as they are often clustered in large population centers and have service areas that overlap and extend across multiple communities. The unequal distribution of hospitals can lead to a mismatch between places where people live and places where they receive care.
- A Health Service Area is defined by CDC's National Center for Health Statistics as a geographic area containing at least one county which is self-contained with respect to the population's provision of routine hospital care. Every county in the United States is assigned to a health service area, and each health service area must contain at least one hospital. Therefore, use of HSAs in the calculation of local hospital metrics, including the COVID-19 Community Levels indicators, allows for more accurate characterization of the relationship between health care utilization and health status at the local level. The calculations and derivation of the HSA-level data for each metric are detailed below.
- Data presented represent admissions and bed use among hospitals within the selected HSA. Therefore, admissions and bed use are not limited to residents of the selected HSA.
- Due to potential delays in reporting, all hospital metrics are calculated to incorporate a 2-day lag (e.g. for values calculated on March 2nd, 2022, the last 7 days would include February 22nd – 28th, 2022.) If there is no data in the locality for a given 7-day window, the metric value is displayed as "No Data".
- **New admissions of confirmed COVID-19 among county residents (estimated):** total number of new admissions of patients with confirmed COVID-19 in the past 7 days (including both adult and pediatric admissions) in the entire Health Service Area. The admissions total is then applied to each county in the Health Service Area as a weighted proportion based on each county's Census population.
- **New admissions of confirmed COVID-19 per 100,000 population, last 7 days:** total number of new admissions of patients with laboratory-confirmed COVID-19 in the past 7 days (including both adult and pediatric admissions) in the entire Health Service Area, divided by the total population in the Health Service Area, multiplied by 100,000. The admissions rate for the Health Service Area is then applied to each county within that Health Service Area.
- **% Change in new admissions of confirmed COVID-19 from previous 7 days:** percent change in the current new admissions of patients with laboratory-confirmed COVID-19 per 100,000 population rate compared with the previous 7-day total new admissions rate in the Health Service Area, representing a week-over-week change in admissions. The percent change is then applied to each county within that Health Service Area.
- **% Staffed inpatient beds occupied by patients with confirmed COVID-19, last 7 days:** percentage of all staffed inpatient beds occupied by patients with laboratory-confirmed COVID-19 (including both adult and pediatric patients) within the entire Health Service Area is calculated as an average of valid values within the 7-day period (e.g., if only three valid values, the average of those three is taken). Averages are taken of the numerator (patients hospitalized with confirmed COVID-19) and denominator (staffed inpatient beds)

  - separately. The average percentage can then be taken as the ratio of these two values for the entire Health Service Area, and is then applied to each county within that Health Service Area.
  - **Absolute change, % staffed inpatient beds occupied by patients with confirmed COVID-19 from previous 7 days:** the absolute change in the percent of staffed inpatient beds occupied by patients with laboratory-confirmed COVID-19 represents the week-over-week absolute difference between the current 7-day average occupancy of patients with confirmed COVID-19 in staffed inpatient beds, compared with the previous week's 7-day average inpatient bed occupancy, in the Health Service Area. The absolute difference is then applied to each county within that Health Service Area.
  - **% Staffed ICU beds occupied by patients with confirmed COVID-19, last 7 days:** percentage of all staffed inpatient beds occupied by adult patients with confirmed COVID-19 within the entire Health Service Area is calculated as an average of valid values within the 7-day period (e.g., if only three valid values, the average of those three is taken). Averages are taken of the numerator (adult patients hospitalized with confirmed COVID-19) and denominator (staffed adult ICU beds) separately. The average percentage can then be taken as the ratio of these two values for the entire Health Service Area, and is then applied to each county within that Health Service Area.
  - **Absolute change, % staffed ICU beds occupied by patients with confirmed COVID-19 from previous 7 days:** the absolute change in the percent of staffed ICU beds occupied by patients with laboratory-confirmed COVID-19 represents the week-over-week absolute difference between the current 7-day average occupancy of patients with confirmed COVID-19 in staffed adult ICU beds, compared with the previous week's 7-day average ICU bed occupancy, in the Health Service Area. The absolute difference is then applied to each county within that Health Service Area.

Vaccinations:

Visit the COVID-19 Vaccination Data in the United States pages for more information about COVID-19 vaccination data, including data definitions.

- Data on vaccine doses administered include data received by CDC as of 6:00 a.m. ET on the day of reporting. Vaccination providers collect data on COVID-19 vaccine doses they administered and report the data to CDC through multiple sources, including jurisdictions, pharmacies, and federal entities. These sources use various reporting methods including immunization information systems, the Vaccine Administration Management System, and direct data submission. CDC determines county of residence by matching the county Federal Information Processing Standard State code to the state as submitted in the raw data provided to CDC. CDC makes every effort to determine the county of residence for all administered and reported doses; however, systematic missing data in some states, either reported through jurisdiction, retail pharmacies, long-term care facilities, or federal entity facilities, may result in vaccination coverage by county appearing artificially low. CDC has excluded from county-level summary measures vaccination records missing county of residence. CDC's COVID Data Tracker includes vaccination data reported by state and, where applicable, local Immunization Information Systems (IISs). If an individual is vaccinated outside of the region covered by their local IIS, that dose will be reported to the state IIS and may not be reflected in the county-level totals reported by the local IIS. In instances where the number of people fully vaccinated is greater than those with at least one dose for a specific county, the county will appear as "no data" on the map. If this occurs within any of the age-specific populations (12+, 18+, or 65+) but not for the total population, only the total population metrics will be displayed. Metrics for "fully vaccinated" could be greater than "at least one dose" for multiple reasons. For example, the first vaccine dose may have been attributed to a recipient as resident in an incorrect county, or, the first vaccine dose may be missing county of residence. Recent improvements in reporting have reduced the instances of these issues.
- Some COVID-19 vaccine recipients are recommended to receive booster doses.
- **CDC counts people as having "received a first booster dose"** if they are fully vaccinated and received another dose of any COVID-19 vaccine (regardless of time interval) on or after August 13, 2021. This does not consider whether the vaccine recipient is immunocompromised, has an underlying medical condition, or whether the recipient works or lives in a high-risk setting.
- **One or more counties from the following states may appear to have higher first booster dose counts than fully vaccinated counts:** GA, KY, NE, SD, and WA. This is because improvements in reporting have resulted in more complete county-of-residence information among recent vaccine administrations.

Vaccination Data Updates:
Recent changes to vaccine data are reported below, when available.
Click here to view all historical vaccine data updates.

- **Beginning January 19, 2022:** CDC is not displaying county-level data for residents of **Barnstable, Dukes,** and **Nantucket counties in Massachusetts** because of the small populations in these counties. This includes residents who received vaccines in other states or counties.
    - Massachusetts does not provide data directly to CDC. From January 27, 2021 to January 18, 2022, vaccination data was provided from other entities on residents of the affected counties who were vaccinated in other state/counties. This data was displayed on the CDC COVID Data Tracker, but without complete reporting, it creates artificially low numbers for these counties which is why this data will no longer be displayed.
- **New Hampshire** lifted its national COVID-19 emergency response declaration in May 2021, which allows vaccine recipients to opt out of having their COVID-19 vaccinations included in the state's Immunization Information System registry. As such, data submitted by New Hampshire since May 2021 may not be representative of all COVID-19 vaccination occurring in the state.
- **North Carolina** identified an issue on December 10, 2021 at the federal level with linking data across different vaccine sites (i.e., retail pharmacy, local health department, doctor's office).
    - This resulted in an undercount of "fully vaccinated people with a first booster dose" in North Carolina. This issue is being evaluated for resolution.

Record Management:

Beginning July 14, 2021, entities have the ability to update or delete their previously submitted records. Recent record management updates are reported below, when available.
Click here to view all historical record management updates.

- **June 2, 2022:** California made updates to data previously submitted to CDC that resulted in a net increase of 37,678 administration records.
- **June 3, 2022:** Illinois made updates to data previously submitted to CDC that resulted in a net decrease of 103,668 administered doses.
- **June 3, 2022:** New Jersey made updates to data previously submitted to CDC that resulted in a net increase of 4,665 administered doses.
- **June 8, 2022:** Ohio made updates/deletes to data previously submitted to CDC that resulted in a net decrease of 98,512 administrated doses.
- **June 9, 2022:** District of Columbia made updates/deletes to data previously submitted to CDC that resulted in a net decrease of 59,667 administrated doses.
- **June 9, 2022:** Kansas made updates/deletes to data previously submitted to CDC that resulted in a net decrease of 70,444 administered doses.
- **June 10, 2022:** Illinois made updates/deletes to data previously submitted to CDC that resulted in a net decrease of 15,884 administrated doses.

Looking for more information on COVID-19 Community Levels?

See how COVID-19 Community Levels are determined and connected to individual preventive behaviors and community-level public health strategies

How do these data compare to states?

Find case and death counts by state

COVID Data Tracker

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