



COVID-19

COVID DATA TRACKER WEEKLY REVIEW

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Interpretive Summary for **January 27, 2023**

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Counting COVID-19 Deaths

Accurate, transparent, and accessible data are critical to understanding any illness, outbreak, or public health threat. CDC's goal is to provide actionable information to public health professionals and the American public. However, CDC recognizes that misunderstandings about COVID-19 death data have led to claims that COVID-19 deaths in the United States are being overcounted. In this week's issue, we will clarify how hospitalization and death data are collected and reported.

The COVID-19 [hospitalization data](#) that CDC displays on the COVID Data Tracker include all hospital patients who test positive for COVID-19, regardless of why they're in the hospital. There are three general categories of patients hospitalized for COVID-19:

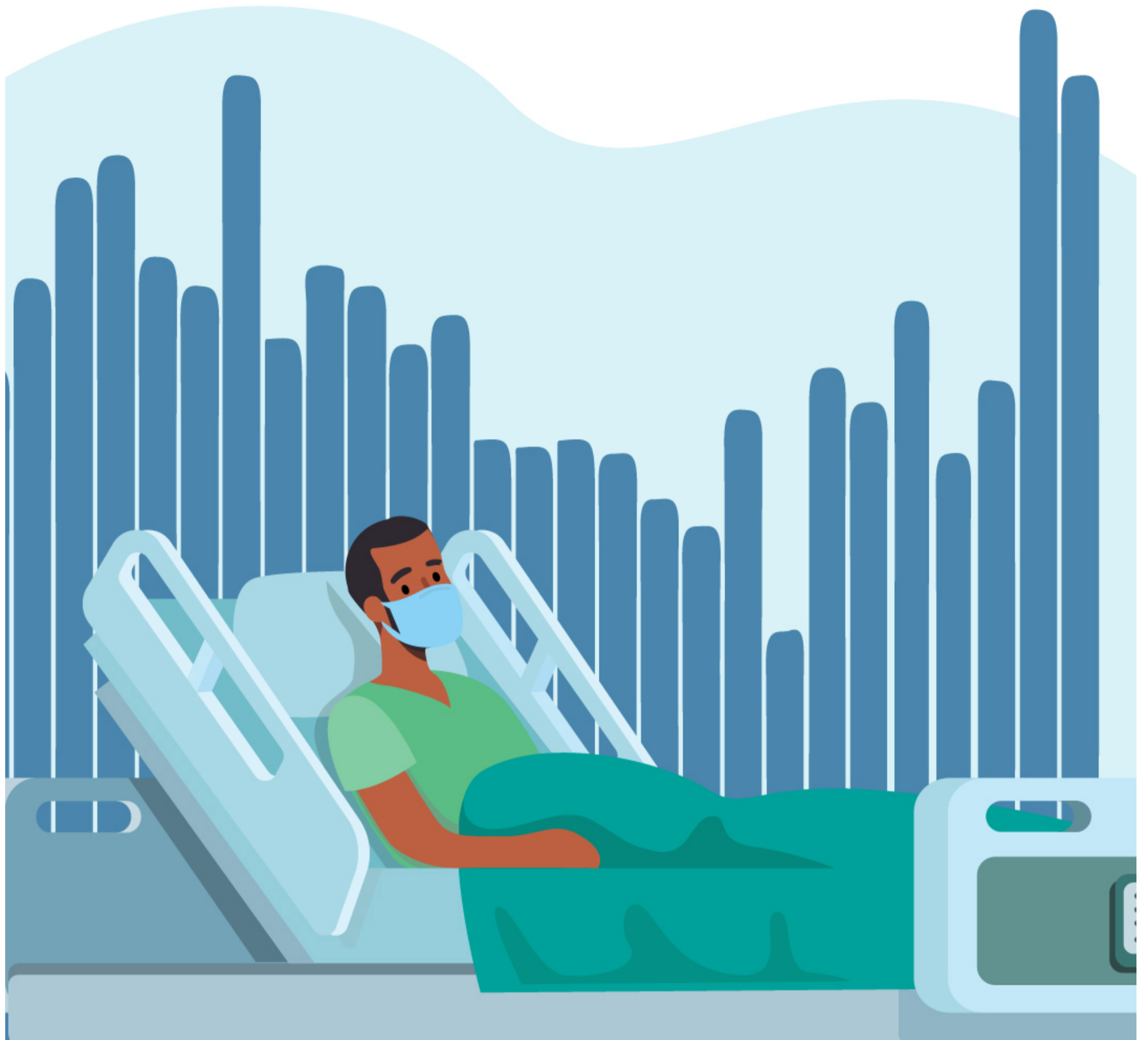
- because of COVID-19
- for another condition that was likely made worse by having COVID-19
- for non-COVID-19 reasons but tested positive for COVID-19 on routine testing when admitted to the hospital ("incidental" COVID-19)

COVID-19 [death data](#) are tracked differently—they include *only* the deaths in which COVID-19 played a meaningful role. CDC gets these data from health departments in weekly reports, which provide an early look at death trends, and through death certificates, which are more reliable, but which also take time to collect and report. There are two types of causes listed on death certificates:

- **underlying** (primary): COVID-19 was the main reason the person died.
- **contributing** (secondary): Another condition is listed as the underlying cause but COVID-19 contributed to the death. For example, the person had congestive heart failure and COVID-19 put too much stress on an already weakened heart.

People who happen to have COVID-19 at the time of their death but it is unrelated to their death—for example, someone who dies in a car accident—should not have COVID-19 listed on their death certificates.

Death data are not perfect, and errors and misclassifications can occasionally happen. CDC and its [National Center for Health Statistics](#) are constantly reviewing incoming data, verifying it with state vital records offices, and ensuring standard and accurate death certificate reporting. Over 1 million deaths in the United States due to COVID-19 have been reported since the start of the pandemic, and these deaths should not be downplayed. Each death is a tragic loss that should be remembered as a person rather than a statistic.



What's New

- COVID Data Tracker's [Rates of COVID-19 Cases and Deaths by Vaccination Status](#) page was updated to include case data through December 24, 2022, and death data through December 3, 2022.
- COVID Data Tracker's [Summary of Variant Surveillance](#) page and [Variant Proportions](#) page were updated to include a new visualization that shows how the variants displayed on COVID Data Tracker relate to each other.
- [Reasons for Receiving or Not Receiving Bivalent COVID-19 Booster Vaccinations Among Adults — United States, November 1–December 10, 2022](#)
- [SARS-CoV-2 Antibody Responses to the Ancestral SARS-CoV-2 Strain and Omicron BA.1 and BA.4/BA.5 Variants in Nursing Home Residents After Receipt of Bivalent COVID-19 Vaccine — Ohio and Rhode Island, September–November 2022](#)
- [Early Estimates of Bivalent mRNA Booster Dose Vaccine Effectiveness in Preventing Symptomatic SARS-CoV-2 Infection Attributable to Omicron BA.5- and XBB/XBB.1.5-Related Sublineages Among Immunocompetent Adults — Increasing Community Access to Testing Program, United States, December 2022–January 2023](#)
- [Spike Gene Target Amplification in a Diagnostic Assay as a Marker for Public Health Monitoring of Emerging SARS-CoV-2 Variants — United States, November 2021–January 2023](#)

COVID-19 Community Levels*

As of January 25, 2023, there are 118 (3.7%) counties, districts, or territories with a high COVID-19 Community Level, 855 (26.6%) with a medium Community Level, and 2,242 (69.6%) with a low Community Level. Compared with last week, the number of counties, districts, or territories in the high level decreased by 2.4%, in the medium level decreased by 4.8%, and in the low level increased by 7.2%. Overall, 48 out of 52 jurisdictions had high- or medium-level counties this week. Arizona, Nevada, Washington, and the District of Columbia are the only jurisdictions to have all counties at low Community Levels.

To check your COVID-19 Community Level, visit [COVID Data Tracker](#). To learn which prevention measures are recommended based on your COVID-19 Community Level, visit [COVID-19 Community Level and COVID-19 Prevention](#).

*CDC recommends use of [COVID-19 Community Levels](#) to determine the impact of COVID-19 on communities and to take [action](#). CDC also provides [Community Transmission Levels](#) to describe the amount of COVID-19 spread within each county. Healthcare facilities use Community Transmission Levels to determine [infection control](#) interventions.

**Includes the 50 states, the District of Columbia, and Puerto Rico.

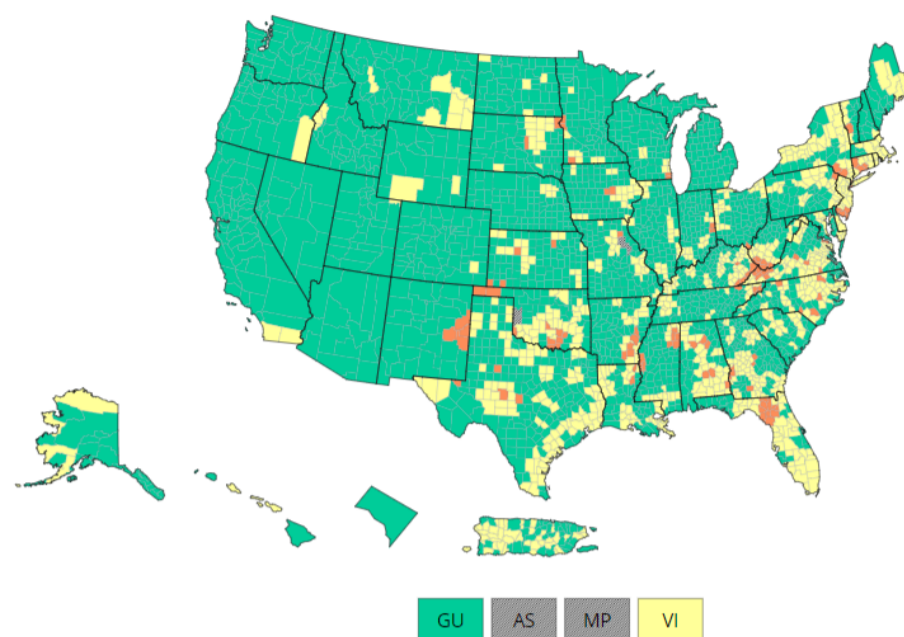
Reported Cases

As of January 25, 2023, the current 7-day average of weekly new cases (42,163) decreased 11.3% compared with the previous 7-day average (47,515). A total of 102,171,644 COVID-19 cases have been reported in the United States as of January 25, 2023.

102,171,644	42,163
Total Cases Reported	Current 7-Day Average*
47,515	-11.3%
Previous 7-Day Average	Change in 7-Day Average since Previous Period

*Historical cases are excluded from weekly new cases and 7-day average calculations until they are incorporated into the dataset for the applicable date. Of 21,397 historical cases reported retroactively, none were reported in the current week and none in the prior week.

U.S. COVID-19 Community Levels by County

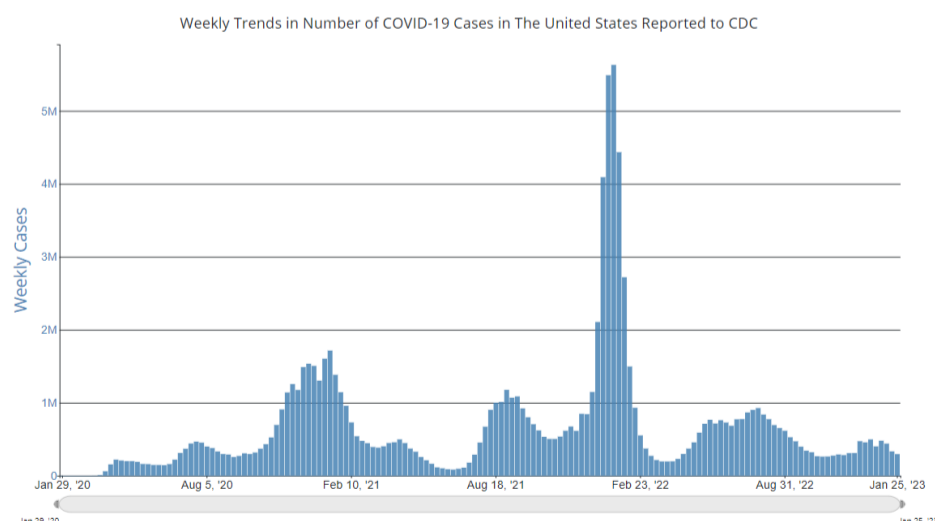


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● Low ● Medium ● High ○ No Data

[COVID-19 Community Levels](#)

Weekly Trends in COVID-19 Cases in the United States Reported to CDC



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[More Case Data](#)

COVID-19 Variants

CDC [Nowcast projections](#)* for the week ending January 27, 2023, estimate the proportion of these lineages designated as Omicron with estimates above 1%: XBB.1.5, BQ.1.1, BQ.1, XBB, BN.1, and CH.1.1

XBB.1.5 is predicted to be circulating above 50% nationally for the first time this week. It is projected to be at approximately 60% (95% PI 51.5-70.3%). The second most prevalent lineage is BQ.1.1, projected to be at approximately 22% (95% PI 16.6-27.9%).

BQ.1, XBB, CH.1.1, and BN.1 are all projected to be between 1% and 10% of circulating lineages.

XBB.1.5 is growing in proportion in all HHS regions. All other virus lineages are predicted to have very slow or no growth in proportion.

Due to its international increase in variant proportion, estimates for CH.1.1 will be broken out this week on the COVID-19 Data Tracker. It was previously aggregated with its parent lineage, BA.2.75.

See [COVID Data Tracker](#) for the proportions of all relevant lineages currently circulating.

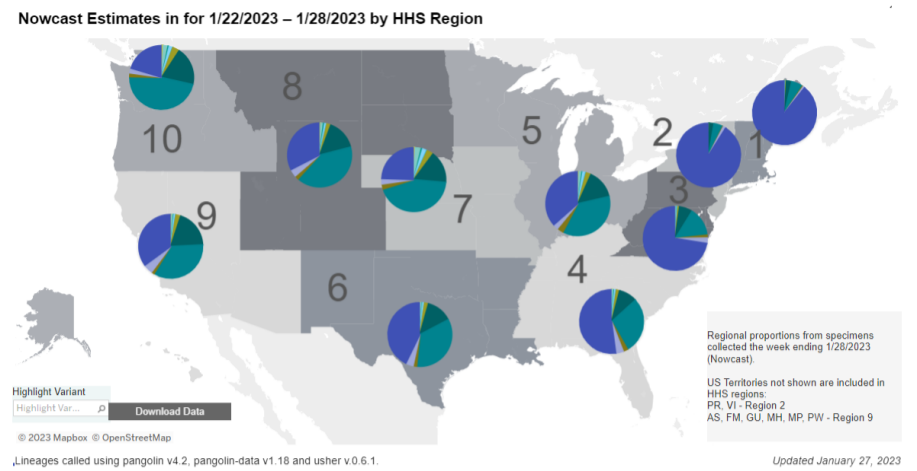
*CDC uses Nowcast projections to predict current variant proportions circulating in the United States. The median time from specimen collection to sequence data reporting is about 3 weeks. As a result, weighted estimates for the most recent few weeks may be unstable or unavailable. View Nowcast estimates on CDC's COVID Data Tracker website on the [Variant Proportions](#) page.

Vaccinations

As of January 25, 2023, 668.8 million vaccine doses have been administered in the United States. Overall, about 229.6 million people, or 69.2% of the total U.S. population, have completed a primary series.* More than 41.6 million people, or 19.9% of the eligible U.S. population ages 5 years and older, have received an updated (bivalent) booster dose.

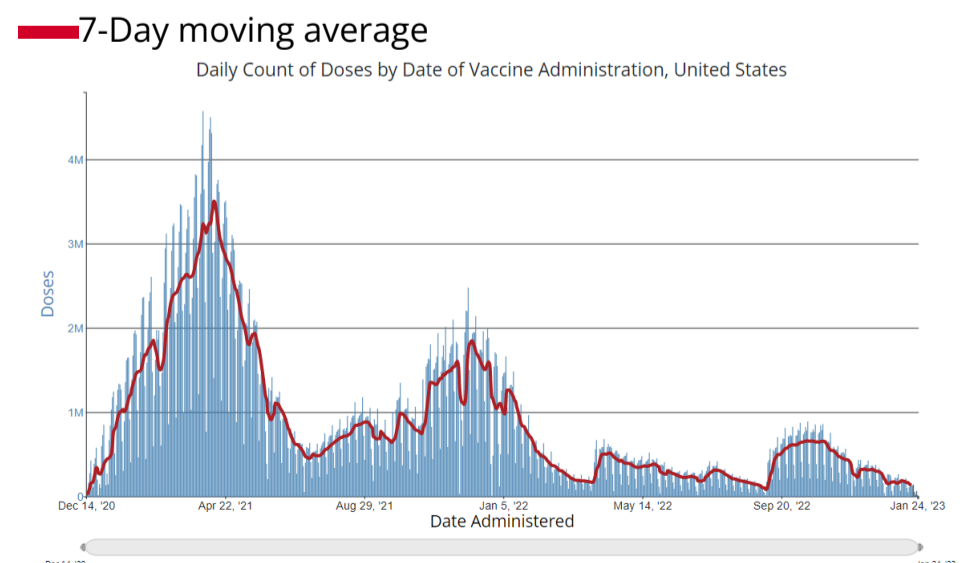
668,814,259
Vaccine Doses
Administered

51,769,310
Updated (Bivalent)
Booster Doses
Administered**



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Daily Change in the Total Number of Administered COVID-19 Vaccine Doses Reported to CDC by the Date of Administration, United States



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229,619,755
 People who have completed a primary series* (69.2% of the U.S. population)

41,692,919
 People who have received an updated (bivalent) booster (19.9% of the eligible U.S. population)***

+0.1
 Percentage point change from last week

+0.3
 Percentage point change from last week

*Represents the number of people who have received the second dose in a two-dose COVID-19 vaccine series (such as the Pfizer-BioNTech, Moderna, or Novavax vaccines) or one dose of the single-shot Johnson & Johnson's Janssen vaccine.

**Includes all updated (bivalent) booster doses administered regardless of recipient eligibility.

***Includes only recipients who are eligible to receive an updated (bivalent) booster. Beginning January 20, 2023, the "People who have received an updated (bivalent) booster" count was revised from including all people who received an updated (bivalent) booster to only eligible people who received an updated (bivalent) booster.

Hospitalizations

New Hospital Admissions

The current 7-day daily average for January 18–24, 2023, was 4,216. This is a 13.9% decrease from the prior 7-day average (4,897) from January 11–17, 2023.

5,869,911
 Total New Admissions

4,216
 Current 7-Day Average

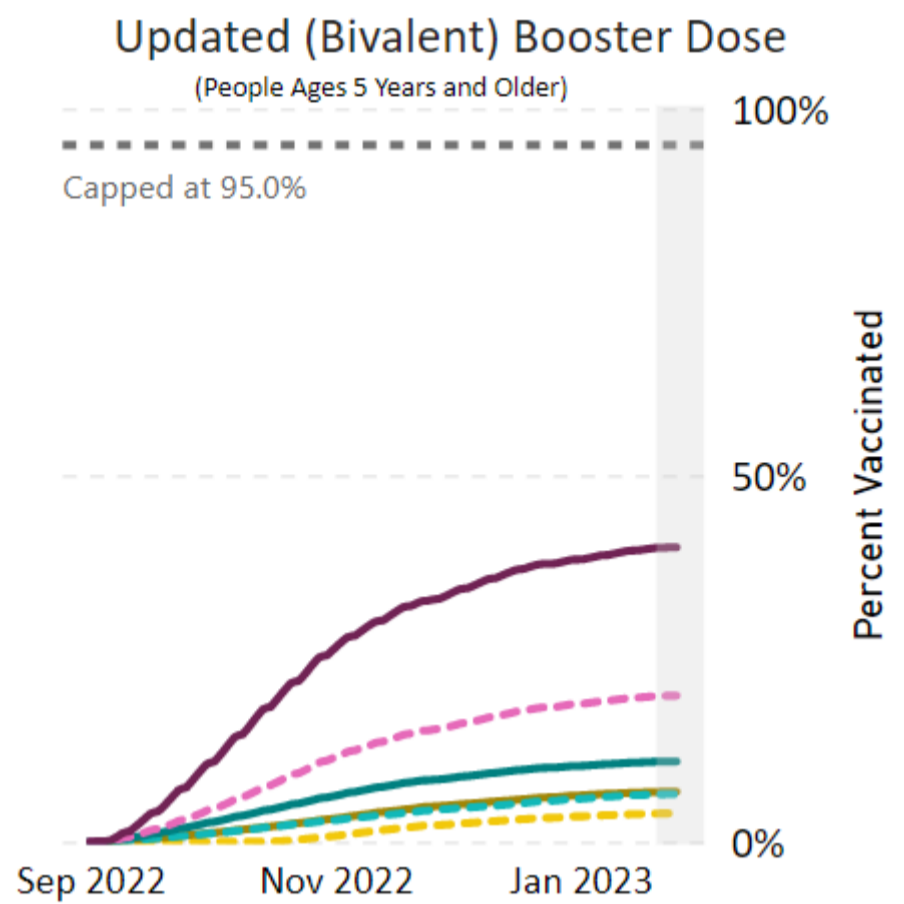
4,897
 Prior 7-Day Average

-13.9%
 Change in 7-Day Average

The start of consistent reporting of hospital admissions data was August 1, 2020.

RESP-NET: COVID-19 Associated Hospitalization Rates among Adults Ages 65

COVID-19 Updated (Bivalent) Booster Dose Administration, United States

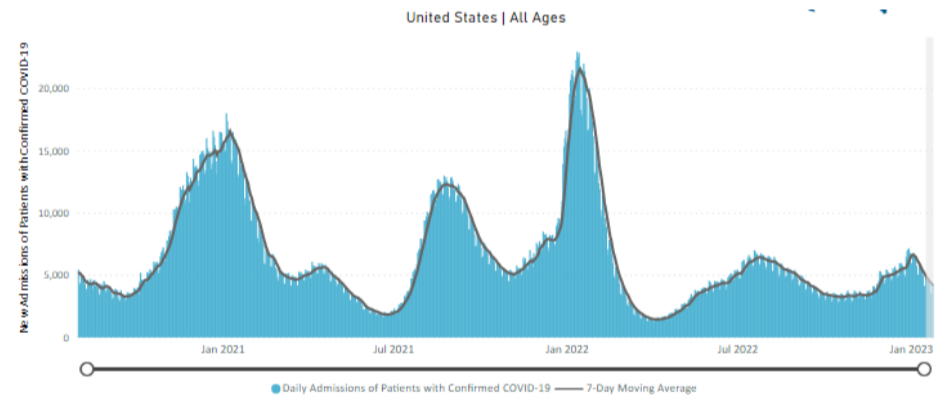


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5-11 yrs 12-17 yrs 18-24 yrs 25-49 yrs 50-64 yrs +65 yrs

[More Vaccination Data](#)

Daily Trends in Number of New COVID-19 Hospital Admissions in the United States



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New admissions are pulled from a 10 am EDT snapshot of the HHS Unified Hospital Data – Analytic Dataset. Due to potential reporting delays, data from the most recent 7 days, as noted in the figure above with the grey bar, should be interpreted with caution. Small shifts in historic data may also occur due to changes in the Centers for Medicare & Medicaid Services (CMS) Provider of Services file, which is used to identify the cohort of included hospitals.

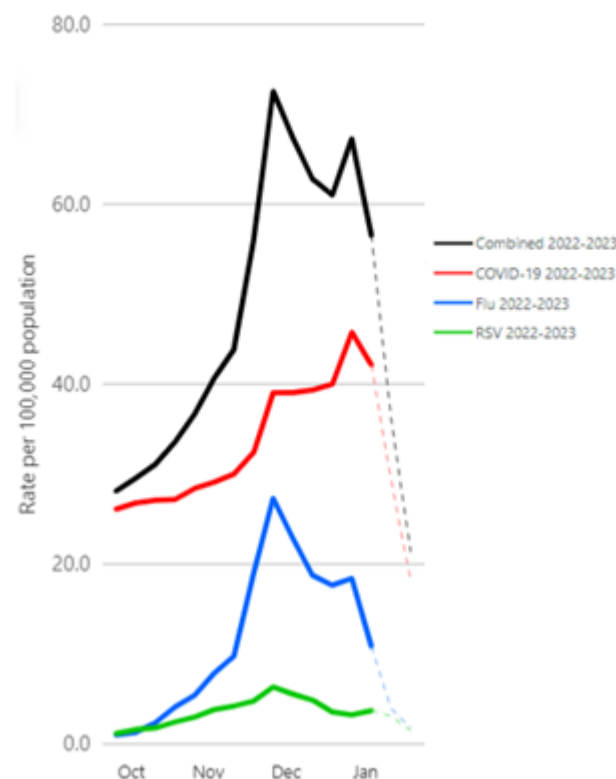
[More Hospital Data](#)

Weekly Rates of Respiratory Virus-Associated Hospitalizations among Adults Ages 65 Years and Older

Years and Older

CDC's [Respiratory Virus Hospitalization Surveillance Network \(RESP-NET\)](#) shows that COVID-19-associated hospitalizations remain elevated among adults 65 years and older, the age group with the highest rate of COVID-19 associated hospitalizations.

Since the week ending December 17, 2022, hospitalization rates among this age group have increased. For the week ending January 7, 2023, the rate was 42.1 per 100,000 population.



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The dashed lines for the current season indicate potential reporting delays and interpretation of trends should exclude data from recent weeks. Coronavirus Disease 2019 (COVID-19)-Associated Hospitalization Surveillance Network (COVID-NET), a RESP-NET platform, is an additional source for hospitalization data collected through a network of more than 250 acute-care hospitals in 13 states (representing ~10% of the U.S. population). Detailed data on patient demographics, including race and ethnicity, underlying medical conditions, medical interventions, and clinical outcomes, are [collected using a standardized case reporting form](#).

[More COVID-NET Data](#)

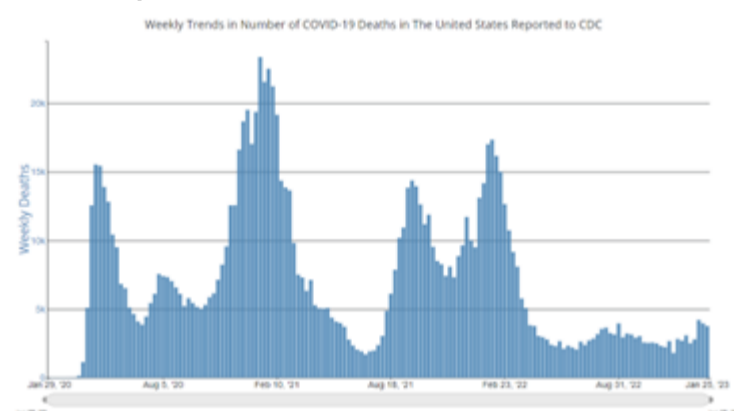
Deaths

The current 7-day average of new deaths (537) decreased 4.9% compared with the previous 7-day average (564). As of January 25, 2023, a total of 1,103,615 COVID-19 deaths have been reported in the United States.

1,103,615	537
Total Deaths Reported	Current 7-Day Average*
564	-4.9%
Prior 7-Day Average	Change in 7-Day Average Since Prior Period

*Historical deaths are excluded from the weekly new deaths and 7-day average calculations until they are incorporated into the dataset by their applicable date. Of 3,838 historical deaths reported retroactively, none were reported in the current week and none were reported in the prior week.

Weekly Trends in Number of COVID-19 Deaths in the United States Reported to CDC



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[More Death Data](#)

