COVID Data Tracker

Maps, charts, and data provided by CDC, updates Mondays and Thursdays by 8 p.m. ET

COVID-19 Home ›

United States

At a Glance

Total Hospitalizations
6,189,621
Trend in Hospital Admissions
-5.3% **in past week**

Total Deaths
1,133,620
Trend in % COVID-19 Deaths
No change in past week

Vaccinations
Total Updated (Bivalent) Vaccine Doses Distributed
139,918,910

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- Hospitalizations
- Deaths
- Emergency Visits
- Vaccination Distribution & Coverage
- Vaccine Effectiveness & Breakthrough Surveillance
- Variants & Genomic Surveillance
- Traveler-Based Genomic Surveillance
- Wastewater Surveillance
- Post-COVID Conditions
- Health Equity

United States COVID-19 Hospitalizations, Deaths, Emergency Visits, and Test Positivity by Geographic Area

Maps, charts, and data provided by CDC, updates weekly for the previous MMWR week (Sunday-Saturday) on Thursdays (Deaths, Emergency Visits, Test Positivity) and weekly the following Mondays (Hospitalizations) by 8 pm ET†

View Footnotes and Download Data

TEST POSITIVITY (PAST WEEK)	% CHANGE IN TEST POSITIVITY	TEST POSITIVITY (PAST 2 WEEKS)
4.3%	0.1%	4.1%

CDC | Data through: June 24, 2023. Posted: June 29, 2023

View:
○ Hospitalizations
○ Deaths
○ Emergency Visits
● Test Positivity

Scale:
● HHS Region

Time period:
● In Past Week
○ In Past 2 Weeks
○ In Past 4 Weeks

Metric:
● Test positivity (%), past week
○ % Change in % positivity from prior week

This shows the percentage of COVID-19 nucleic antigen amplification tests that were positive over the past week.

Percent Positivity of COVID-19 Nucleic Acid Amplification Tests (NAATs) in the Past Week by HHS Region

Pediatric

Pregnancy

Seroprevalence

Social Impact

Other COVID-19 Data

Communications Resources

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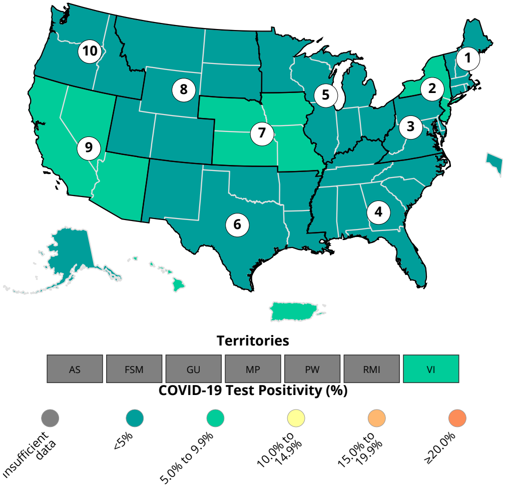

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Data Downloads and Footnotes

Expand each accordion to view data table and download data

Data Table for Test positivity (%) in past week

CDC | Data through: June 24, 2023. Posted: June 29, 2023

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State/Territory	HHS Region	Test positivity (%) in past week
Alabama	Region 4	4.2
Alaska	Region 10	4.2
American Samoa	N/A	N/A
Arizona	Region 9	6.4
Arkansas	Region 6	4.8
California	Region 9	6.4
Colorado	Region 8	3.8
Connecticut	Region 1	3.2
Delaware	Region 3	1.7
District of Columbia	Region 3	1.7
Federated States of Micronesia	N/A	N/A
Florida	Region 4	4.2
Georgia	Region 4	4.2
Guam	N/A	N/A
Hawaii	Region 9	6.4
Idaho	Region 10	4.2
Illinois	Region 5	4.2
Indiana	Region 5	4.2

Iowa	Region 7	5
Kansas	Region 7	5
Kentucky	Region 4	4.2
Louisiana	Region 6	4.8
Maine	Region 1	3.2
Maryland	Region 3	1.7
Massachusetts	Region 1	3.2
Michigan	Region 5	4.2
Minnesota	Region 5	4.2
Mississippi	Region 4	4.2
Missouri	Region 7	5
Montana	Region 8	3.8
Nebraska	Region 7	5
Nevada	Region 9	6.4
New Hampshire	Region 1	3.2
New Jersey	Region 2	5
New Mexico	Region 6	4.8
New York	Region 2	5
New York (excludes NYC)	N/A	N/A
New York City	N/A	N/A
North Carolina	Region 4	4.2
North Dakota	Region 8	3.8
Northern Mariana Islands	N/A	N/A
Ohio	Region 5	4.2
Oklahoma	Region 6	4.8
Oregon	Region 10	4.2
Palau	N/A	N/A
Pennsylvania	Region 3	1.7
Puerto Rico	Region 2	5
Republic of Marshall Islands	N/A	N/A
Rhode Island	Region 1	3.2
South Carolina	Region 4	4.2
South Dakota	Region 8	3.8
Tennessee	Region 4	4.2
Texas	Region 6	4.8
Utah	Region 8	3.8
Vermont	Region 1	3.2
Virgin Islands	Region 2	5
Virginia	Region 3	1.7
Washington	Region 10	4.2
West Virginia	Region 3	1.7
Wisconsin	Region 5	4.2
Wyoming	Region 8	3.8

Footnotes

†Data for the previous MMWR week (Sunday-Saturday) will update weekly on Thursdays (Deaths, Emergency Visits, Test Positivity and weekly the following Mondays (Hospitalizations) as soon as they are reviewed and verified, usually before 8 p.m. ET. Updates will occur the following day when reporting coincides with a federal holiday. Note: Weekly updates might be delayed due to delays in reporting. 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.

Please note: Aggregate COVID-19 case and death data reporting has been discontinued with the end of the Public Health Emergency (PHE) on May 11, 2023. These data have been archived at data.cdc.gov. For death data, CDC has transitioned to displaying provisional COVID-19 deaths reported to the National Center for Health Statistics (NCHS) National Vital Statistics Surveillance (NVSS) (see more below). Test positivity data from the National Respiratory and Enteric Virus Surveillance System (NREVSS) are being used for the maps at the national and regional levels. Test positivity data from COVID-19 Electronic Laboratory Reporting (CELR) that was previously posted on COVID Data Tracker has been archived on health.data.gov also related to the end of the PHE.

Health and Human Services (HHS) regions: The ten (10) U.S. Department of HHS regions are defined here: https://www.hhs.gov/about/agencies/iea/regional-offices/index.html

Hospitalization Data

- **Source:** COVID-19–associated hospitalization data reported to CDC's National Healthcare Safety Network (NHSN).
- As of December 15, 2022, COVID-19 hospital data are required to be reported to CDC's NHSN, which monitors national and local trends in healthcare system stress, capacity, and community disease levels for approximately 6,000 hospitals in the United States. Data reported by hospitals to NHSN represent aggregated counts and include metrics capturing information specific to hospital capacity, occupancy, hospitalizations, and admissions. This system change does not impact requirements. Prior to December 15, 2022, hospitals reported 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). More information on the transition to the NHSN system can be found here: https://www.cdc.gov/nhsn/covid19/transition.html.
- 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 subsequent weeks.
- 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 displayed on CDT. Psychiatric, rehabilitation, and religious non-medical hospital types are excluded from calculations.
- 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.
- Full details on COVID-19 hospital data reporting guidance can be found here: https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf.
- County-level hospital data displayed on COVID Data Tracker are derived using calculations performed at the Health Service Area (HSA) level. Although the county is typically the smallest geographic unit for which national data are available, not all U.S. counties have hospitals. Additionally, analyses of these data at the local level are 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.
- An HSA 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 an HSA, and each HSA must contain at least one hospital. Therefore, use of HSAs in the calculation of local hospital metrics allows for more accurate characterization of the relationship between health care utilization and health status at the local level.
- Data presented at the county-level represent admissions, hospital inpatient and ICU bed capacity and occupancy among hospitals within the selected HSA. Therefore, admissions, capacity, and occupancy are not limited to residents of the selected HSA.
- For all county-level hospital metrics listed below the values are calculated first for the entire HSA, and then the HSA-level value is then applied to each county within the HSA.
- **New hospital admissions with confirmed COVID-19, past week:** Total number of admissions of patients with laboratory-confirmed COVID-19 in the previous week (including both adult and pediatric admissions) in the entire jurisdiction
- **New hospital admissions with confirmed COVID-19 per 100,000 population, past week:** Total number of new admissions of patients with laboratory-confirmed COVID-19 in the past week (including both adult and pediatric admissions) for the entire jurisdiction divided by 2019 intercensal population estimate for that jurisdiction multiplied by 100,000. (Note: This metric is used to determine each county's COVID-19 Hospital Admissions Level for a given week).
    - **Data Notes**:

  - June 26, 2023: Commonwealth of the Northern Mariana Islands (CNMI) - June 26th, 2023: Due to incomplete or missing hospital data received for the June 11th, 2023 through June 17th reporting period, the COVID-19 Hospital Admissions Level could not be calculated for CNMI and will be reported as “NA” or “Not Available” in the COVID-19 Hospital Admissions Level data released on June 26th, 2023.
  - June 26, 2023: American Samoa (AS) - June 26th, 2023: Due to incomplete or missing hospital data received for the June 11th, 2023 through June 17th reporting period, the COVID-19 Hospital Admissions Level could not be calculated for AS and will be reported as “NA” or “Not Available” in the COVID-19 Hospital Admissions Level data released on June 26th, 2023.
  - June 15, 2023: Commonwealth of the Northern Mariana Islands (CNMI) - June 15th, 2023: Due to incomplete or missing hospital data received for the June 4th, 2023 through June 10th reporting period, the COVID-19 Hospital Admissions Level could not be calculated for CNMI and will be reported as “NA” or “Not Available” in the COVID-19 Hospital Admissions Level data released on June 15th, 2023.
  - June 15, 2023: American Samoa (AS) - June 15th, 2023: Due to incomplete or missing hospital data received for the June 4th, 2023 through June 10th reporting period, the COVID-19 Hospital Admissions Level could not be calculated for AS and will be reported as “NA” or “Not Available” in the COVID-19 Hospital Admissions Level data released on June 15th, 2023.
  - June 8, 2023: Commonwealth of the Northern Mariana Islands (CNMI) - June 8th, 2023: Due to incomplete or missing hospital data received for the May 28th, 2023 through June 3rd reporting period, the COVID-19 Hospital Admissions Level could not be calculated for CNMI and will be reported as “NA” or “Not Available” in the COVID-19 Hospital Admissions Level data released on June 8th, 2023.
  - June 8, 2023: American Samoa (AS) - June 8th, 2023: Due to incomplete or missing hospital data received for the May 28th, 2023 through June 3rd reporting period, the COVID-19 Hospital Admissions Level could not be calculated for AS and will be reported as “NA” or “Not Available” in the COVID-19 Hospital Admissions Level data released on June 8th, 2023.
  - June 1, 2023: Commonwealth of the Northern Mariana Islands (CNMI) - June 1st, 2023: Due to incomplete or missing hospital data received for the May 21st, 2023 through May 27th reporting period, the COVID-19 Hospital Admissions Level could not be calculated for CNMI and will be reported as “NA” or “Not Available” in the COVID-19 Hospital Admissions Level data released on June 1st, 2023.
  - May 25, 2023: Commonwealth of the Northern Mariana Islands (CNMI) - May 25th, 2023: Due to incomplete or missing hospital data received for the May 14th, 2023 through May 20th reporting period, the COVID-19 Hospital Admissions Level could not be calculated for CNMI and will be reported as “NA” or “Not Available” in the COVID-19 Hospital Admissions Level data released on May 25th, 2023 .
  - May 18, 2023: Commonwealth of the Northern Mariana Islands (CNMI) - May 18th, 2023: Due to incomplete or missing hospital data received for the May 7th, 2023 through May 13th reporting period, the COVID-19 Hospital Admissions Level could not be calculated for CNMI and will be reported as “NA” or “Not Available” in the COVID-19 Hospital Admissions Level data released on May 18th, 2023.

- **% Change in new hospital admissions with confirmed COVID-19 from the prior week:** Percent change in the current weekly total new admissions of patients with laboratory-confirmed COVID-19 per 100,000 population compared with the prior week.
- **% Staffed inpatient beds occupied by patients with confirmed COVID-19, past week:** Percentage of all staffed inpatient beds occupied by patients with laboratory-confirmed COVID-19 (including both adult and pediatric patients) within the in the entire jurisdiction is calculated as an average of valid daily values within the past week (e.g., if only three valid values, the average of those three is taken). Averages are separately calculated for the daily numerators (patients hospitalized with confirmed COVID-19) and denominators (staffed inpatient beds). The average percentage can then be taken as the ratio of these two values for the entire jurisdiction.
- **Absolute change, % staffed inpatient beds occupied by patients with confirmed COVID-19 from the prior week:** 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 average occupancy of patients with confirmed COVID-19 in staffed inpatient beds in the past week, compared with the prior week, in the entire jurisdiction.
- **% Staffed ICU beds occupied by patients with confirmed COVID-19, past week:** Percentage of all staffed inpatient beds occupied by adult patients with confirmed COVID-19 within the entire jurisdiction is calculated as an average of valid daily values within the

past week (e.g., if only three valid values, the average of those three is taken). Averages are separately calculated for the daily numerators (adult patients hospitalized with confirmed COVID-19) and denominators (staffed adult ICU beds). The average percentage can then be taken as the ratio of these two values for the entire jurisdiction.

- **Absolute change, % staffed ICU beds occupied by patients with confirmed COVID-19 from the prior week:** 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 average occupancy of patients with confirmed COVID-19 in staffed adult ICU beds for the past week, compared with the prior week, in the in the entire jurisdiction.
- **New hospital admissions with confirmed COVID-19 since August 1, 2020:** Total number of new admissions of patients with laboratory-confirmed COVID-19 since hospital data collection began on August 1, 2020 (including both adult and pediatric admissions) in the entire jurisdiction. (Note: This metric is presented for the state/territory level only)
- For all metrics, if there are no data in the specified locality for a given week, the metric value is displayed as “insufficient data”.
- For downloading the county-level NHSN hospitalization data displayed here: https://data.cdc.gov/Public-Health-Surveillance/Weekly-United-States-COVID-19-Hospitalization-Metr/akn2-qxic

Death Data

- **Source:** Provisional Deaths from the CDC’s National Center for Health Statistics (NCHS) National Vital Statistics System (NVSS).
- Provisional data are non-final counts of deaths based on the flow of mortality data in NVSS. Deaths include those with COVID-19, coded to ICD–10 code U07.1, as an underlying or contributing cause of death on the death certificate. Death data are displayed by date of death (event). This is a change from the surveillance data used previously in COVID Data Tracker which were displayed by date of report.
- Number of deaths reported in this file are the total number of COVID-19 deaths received and coded as of the date of analysis and may not represent all deaths that occurred in that period. Counts of deaths with dates of death occurring before or after the reporting period are not included in the file.
- Data during recent periods are incomplete because of the lag in time between when a death occurs and when a death certificate is completed, submitted to NCHS, and processed for reporting. This delay can range from 1 week to 8 weeks or more, depending on the jurisdiction. The most recent 3 weeks of mortality counts are shaded grey and mortality rates shown as dotted lines because NVSS reporting is <95% during this period.
- Provisional death counts and rates are for deaths among U.S. residents and occurring in the 50 states, plus the District of Columbia and New York City. Assignment to a geographic area is based on the place of residence listed on the death certificate. New York state estimates include New York City but are also provided in the data table excluding New York City. Data are reported separately for Puerto Rico (and as part of HHS Region 2). Data from other U.S. territories are not included in NVSS provisional reporting.
- The percentage of all reported deaths that are attributed as COVID-19 is calculated as the number of COVID-19 deaths divided by the number of deaths from all causes x 100. The percentage of COVID-19 deaths is less affected by incomplete reporting in recent weeks because death certificate data from COVID-19 and all causes have similar timeliness.
- Rates were calculated as the number of provisional deaths occurring in the specified week/month divided by the population estimated as of July 1, 2021, multiplied by 100,000. Population estimates are from the Blended Base produced by the U.S. Census Bureau in lieu of the April 1, 2020 decennial population count (see https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2020-2021/methods-statement-v2021.pdf).
- Rates were age-adjusted to the 2000 standard population using the direct method (see https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-08-508.pdf). These rates differ from annual age-adjusted rates, typically presented in NCHS publications based on a full year of data and annualized weekly/monthly age-adjusted rates which have been adjusted to allow comparison with annual rates. Annualized rates present deaths per year per 100,000 population that would be expected in a year if the observed period- specific (weekly/monthly) rate prevailed for a full year.
- Sub-national death counts between 1-9 are suppressed in accordance with NCHS data confidentiality standards. Rates based on death counts <20 do not meet NCHS standards of reliability and are not provided. For most jurisdictions, counts of 1 through 9 COVID-19 deaths correspond to the minimal burden category. However, in jurisdictions with smaller populations, death counts between 1-9 may represent a higher level of COVID-19-associated mortality.
- For more information or to view the Provisional Death Data on the NCHS website: https://www.cdc.gov/nchs/covid19/mortality-overview.htm
- For downloading the NVSS mortality data displayed here:

https://data.cdc.gov/NCHS/Provisional-COVID-19-death-counts-rates-and-percen/mpx5-t7tu

Emergency Department Visits Data

- **Source:** Emergency Department (ED) visits from the National Syndromic Surveillance Program (NSSP)
- NSSP is a collaboration among CDC, federal partners, local and state health departments, and academic and private sector partners to collect, analyze, and share electronic patient encounter data received from multiple health care settings. For insights into COVID-19 trends, visits that have a COVID-19 diagnosis at discharge are monitored for a subset of emergency departments in 50 states, the District of Columbia, and Guam. Coverage map: https://www.cdc.gov/nssp/participation-coverage-map.html
- The percentage of ED visits for patients with a discharge-diagnosis of COVID-19 is calculated nationally, regionally, and for each state presented. Percent change is calculated relative to the previous week as ([% this week]-[% last week])/[% last week]. Data presented on state websites may vary due to slight differences in the definitions used.
- ED visit data are not available for Northern Mariana Islands, Palau, Puerto Rico, and the U.S. Virgin Islands. Jurisdictions with low ED facility participation or where diagnosis information is incomplete are not shown.
- For some jurisdictions with a fewer number of overall visits reported to NSSP, rapid and large changes may appear in the data displayed.
- For more information on NSSP, see: https://www.cdc.gov/nssp/index.html. For technical information, see: https://www.cdc.gov/ncird/surveillance/respiratory-illnesses/index.html#companion-guide

Testing Data

- **Source:** National Respiratory and Enteric Virus Surveillance System (NREVSS)
- The data represent SARS-CoV-2 Nucleic Acid Amplification Test (NAAT) results, which include reverse transcriptase-polymerase chain reaction (RT-PCR) tests from a sentinel network of NREVSS-reporting laboratories in the United States, including clinical, public health and commercial laboratories (https://www.cdc.gov/surveillance/nrevss/labs/index.html). These data exclude antigen, antibody, and at-home test results. Test positivity data are displayed at the HHS Region level.
- All data are provisional and subject to change. Reporting is less complete for the past 1 week, and more complete for data reported for the period 2 weeks earlier (>90%).
- Because the data are from a sentinel network of laboratories, results may vary geographically. The data do not include all test results within a jurisdiction and therefore may not reflect all, COVID-19 NAATs in the United States. There are data from all states across the 10 HHS regions.
- Percent positivity is one of the metrics used to monitor COVID-19 transmission over time and by area. Percent positivity is calculated by dividing the number of positive NAATs by the total number of NAATs administered, then multiplying by 100 [(# of positive NAAT tests / total NAAT tests) x 100].
- The data represent laboratory tests performed, not individual people. In the table and upon hovering on the map, the total test counts in the data reflect the latest reported data from NREVSS laboratories and may not match the data presented by various jurisdictions.
- On May 11, 2023 CDC discontinued utilizing the COVID electronic laboratory reporting (CELR) platform as the primary laboratory source of COVID-19 results. These data are archived at health.data.gov.
- For more information about NREVSS, please see: https://www.cdc.gov/surveillance/nrevss/index.html
- For downloading the NREVSS COVID-19 testing data displayed here: https://data.cdc.gov/Laboratory-Surveillance/Percent-Positivity-of-COVID-19-Nucleic-Acid-Amplif/gvsb-yw6g

Looking for more information on COVID-19 Hospital Admission Levels?

See how COVID-19 Hospital Admission Levels are determined and connected to preventive behaviors and public health strategies.

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View and Download COVID-19 Case Surveillance Public Use Data with Geography

Cite COVID Data Tracker

Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2023, June 30. https://covid.cdc.gov/covid-data-tracker

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