Maps, charts, and data provided by CDC, updates Monday, Wednesday, and Friday by 8 p.m. ET. COVID-19 Home ›

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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 50 states, including the District of Columbia, Puerto Rico and the U.S. Virgin Islands, across the 10 HHS regions. Test results from Puerto Rico and the U.S. Virgin Islands are reported as part of HHS Region 2. Data from other U.S. territories are not reported to NREVSS.
- 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.

Want COVID-19 trends over time?

View trends in the data here

Curious about the historical number of updated vaccines distributed and administered in the United States?

Check out the COVID-19 Vaccinations in the United States page.

How does COVID-19 Spread?

Learn more

Information on U.S. COVID-19 Cases Caused by Variants

Learn more here

Do you need information on testing?

Find it here

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, December 09. https://covid.cdc.gov/covid-data-tracker

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All COVID-19 topics including prevention, travel, work, and school