SUMMARY

- Georgia is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 40th highest rate in the country. Georgia is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 30th highest rate in the country.
- Georgia has seen an increase in new cases and stability in test positivity; however, triangulation of data suggests there is increasing community spread, especially silent asymptomatic spread that will result in further increases in cases and hospitalizations.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Fulton County, 2. Gwinnett County, and 3. DeKalb County. These counties represent 23.8% of new cases in Georgia.
- 67% of all counties in Georgia have moderate or high levels of community transmission (yellow, orange, or red zones), with 25% having high levels of community transmission (red zone).
- During the week of Oct 26 - Nov 1, 10% of nursing homes had at least one new resident COVID-19 case, 19% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Georgia had 112 new cases per 100,000 population, compared to a national average of 209 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 27 to support operations activities from FEMA; 9 to support operations activities from ASPR; 2 to support medical activities from CDC; 5 to support testing activities from CDC; 22 to support epidemiology activities from CDC; 2 to support operations activities from CDC; and 4 to support operations activities from USCG.
- Between Oct 31 - Nov 6, on average, 290 patients with confirmed COVID-19 and 166 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Georgia. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Refer to the national profiles in the back of the packet. There is continued, accelerating community spread across the top half of the country, where temperatures have cooled and Americans have moved indoors. Also shown is continued, significant deterioration in the Sunbelt as mitigation efforts were decreased over the past 6 weeks, leading to the most diffuse spread experienced to date.
- The silent community spread that precedes and continues throughout surges can only be identified and interrupted through proactive and increased testing and surveillance, as universities have done with frequent (weekly) required testing.
- This approach can be adapted to communities/counties in the orange or red zone with proactive weekly testing of groups from the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers). These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread proactive testing and isolation of positive cases among 18-40 year-old community members. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded, strategic use of point-of-care antigen tests with immediate results will be critical to expanding this model into the community; these tests should be used among all individuals independent of symptoms in orange and red counties. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic.
- Antigen tests perform well in the highly infectious window and will be effective in identification of asymptomatic and pre-symptomatic infectious cases.
  - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are greater than 30.
  - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
  - Proactive testing must be part of mitigation efforts inclusive of mask wearing, physical distancing, hand hygiene, and immediate isolation, contact tracing, and quarantine. All red and orange counties must begin proactive testing of 18-40 year-old community members.
  - Georgia must expand the mitigation efforts statewide as test positivity and cases are increasing. New hospital admissions in Georgia continue to be at a moderate plateau; there must be increased mitigation at the community level. Mitigation efforts should continue to include wearing masks in public; physical distancing; hand hygiene; avoiding or eliminating the opportunities for mask-less crowding in public, including bars, and eliminating all social gatherings beyond the immediate household; and ensuring flu immunizations.
  - We need to protect those we are thankful for in our families and communities. Ensure indoor masking among vulnerable family members.
- Georgia needs to evaluate all its PPE reporting from hospitals, as there appears to be a significant issue with supply.
- Unrelenting and significant community spread is initiated by social gatherings among friends and family. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Ensure university students continue their mitigation behaviors to prevent further outbreaks on or off campus; ensure appropriate testing and behavior change in the 10 days prior to departure to hometowns for the holiday season.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive LTCF staff members, indicating continued and unmitigated community spread in these geographic locations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.
# GEORGIA

## STATE REPORT | 11.08.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE</th>
<th>STATE, % CHANGE FROM PREVIOUS</th>
<th>FEMA/HHS REGION</th>
<th>UNITED STATES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW COVID-19 CASES</strong> (RATE PER 100,000)</td>
<td>11,901 (112)</td>
<td>+14%</td>
<td>106,660 (159)</td>
<td>687,656 (209)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>7.4%</td>
<td>+0.2%*</td>
<td>7.8%</td>
<td>8.4%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>119,081** (1,122**)</td>
<td>-16%**</td>
<td>1,149,018** (1,717**)</td>
<td>7,362,570** (2,243**)</td>
</tr>
<tr>
<td><strong>COVID-19 DEATHS</strong> (RATE PER 100,000)</td>
<td>208 (2.0)</td>
<td>+8%</td>
<td>1,343 (2.0)</td>
<td>6,542 (2.0)</td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE</strong></td>
<td>10%</td>
<td>-1%*</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW STAFF COVID-19 CASE</strong></td>
<td>19%</td>
<td>-1%*</td>
<td>29%</td>
<td>29%</td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</strong></td>
<td>4%</td>
<td>-3%*</td>
<td>6%</td>
<td>5%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/6/2020; previous week is 10/24 - 10/30.


**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/1/2020, previous week is 10/19-10/25. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
GEORGIA
STATE REPORT | 11.08.2020

DATA SOURCES – Additional data details available under METHODS
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/6/2020.

NEW CASES

TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/17 - 11/6)
GEORGIA
STATE REPORT | 11.08.2020

137 hospitals are expected to report in Georgia

**DATA SOURCES** – Additional data details available under METHODS

**Hospitalizations**: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

**PPE**: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/4/2020.
# COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA)</th>
<th>COUNTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCALITIES IN ORANGE ZONE</td>
<td>Augusta-Richmond County, Warner Robins, Macon-Bibb County, Valdosta, Hinesville, Statesboro, Vidalia, Cornelia, Toccoa, Thomasville, Cordele, Eufaula</td>
</tr>
<tr>
<td>LOCALITIES IN YELLOW ZONE</td>
<td>Atlanta-Sandy Springs-Alpharetta, Savannah, Gainesville, Athens-Clarke County, Columbus, Dublin, Waycross, LaGrange, St. Marys, Tifton, Moultrie, Jesup, Bainbridge, Fitzgerald, Thomasston</td>
</tr>
</tbody>
</table>

Change from previous week’s alerts: ▲ Increase ■ Stable ▼ Decrease

All Yellow CBSAs: Atlanta-Sandy Springs-Alpharetta, Savannah, Gainesville, Athens-Clarke County, Columbus, Dublin, Waycross, LaGrange, St. Marys, Tifton, Moultrie, Jesup, Bainbridge, Fitzgerald, Thomasston


All Orange Counties: Henry, Columbia, Houston, Walton, Paulding, Lowndes, Newton, Spalding, Bulloch, Liberty, Habersham, Tattnall, Bryan, Stephens, Telfair, Cook, Thomas, Appling, Butts, Banks, Crisp, Candler, Grady, Burke, Morgan, Rabun, Jefferson, Macon

All Yellow Counties: Fulton, Gwinnett, DeKalb, Cobb, Cherokee, Hall, Richmond, Chatham, Forsyth, Clarke, Bibb, Barrow, Effingham, Fayette, Coweta, Laurens, Ware, Troup, Gilmer, Camden, Colquitt, Tift, Chattahoochee, Brantley, Wayne, Oconee, Fannin, Lumpkin, Decatur, Pierce, Dawson, Hart, Ben Hill, Jones, Jeff Davis, Harris, Early, Miller, Upson, Irwin

* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Note:** Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/6/2020.

Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES – Additional data details available under METHODS
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/6/2020. Last 3 weeks is 10/17 - 11/6.
GEORGIA
STATE REPORT | 11.08.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

NEW CASES PER 100,000

VIRAL (RT-PCR) LABORATORY TEST POSITIVITY

WEEKLY CHANGE IN NEW CASES PER 100,000

WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/6/2020. Previous week is 10/24 - 10/30.

National Picture

NEW CASES PER 100,000 IN THE WEEK:

ONE MONTH BEFORE

TWO MONTHS BEFORE

THREE MONTHS BEFORE

DATA SOURCES

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: County-level data from USAFacts through 11/6/2020. The week one month before is 10/3 - 10/9; the week two months before is 9/5 - 9/11; the week three months before is 8/8 - 8/14.
DATA SOURCES

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/4/2020. The week one month before is 10/1 - 10/7; the week two months before is 9/3 - 9/9; the week three months before is 8/6 - 8/12.
COVID-19

National Picture

NEW DEATHS PER 100,000

Date: 11/8/2020

New Deaths per 100K

Deaths per 100K

- 0
- >0 to 1.0
- 1.1 to 2.0
- 2.1 to 9.9
- 10.0 or More

NATIONAL RANKING OF NEW DEATHS PER 100,000

National Rank | State
--- | ---
1 | ND
2 | SD
3 | AR
4 | MT
5 | WI
6 | KS
7 | IN
8 | NM
9 | IA
10 | MO
11 | WY
12 | MS
13 | ID
14 | TN
15 | IL
16 | NE
17 | MN
18 | OK
19 | AZ
20 | AL
21 | NC
22 | TX
23 | WV
24 | NV
25 | MI
26 | RI
27 | SC
28 | GA
29 | MA
30 | LA
31 | OH
32 | CO
33 | NY
34 | CT
35 | KY
36 | UT
37 | PA
38 | FL
39 | DE
40 | OR
41 | WA
42 | MD
43 | NJ
44 | DC
45 | CA
46 | VA
47 | NH
48 | AK
49 | ME
50 | HI
51 | VT

NEW DEATHS PER 100,000 IN THE WEEK:

ONE MONTH BEFORE

TWO MONTHS BEFORE

THREE MONTHS BEFORE

DATA SOURCES

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Deaths: County-level data from USAFacts through 11/6/2020. The week one month before is 10/3 - 10/9; the week two months before is 9/5 - 9/11; the week three months before is 8/8 - 8/14.
COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume). Values are rounded before color classification.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Dark Green</th>
<th>Light Green</th>
<th>Yellow</th>
<th>Orange</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>4</td>
<td>5 – 9</td>
<td>10 – 50</td>
<td>51 – 100</td>
<td>≥101</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>≤-26%</td>
<td>-25% – -11%</td>
<td>-10% – 0%</td>
<td>1% – 10%</td>
<td>≥11%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>≤2.9%</td>
<td>3.0% – 4.9%</td>
<td>5.0% – 7.9%</td>
<td>8.0% – 10.0%</td>
<td>≥10.1%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>≤-2.1%</td>
<td>-2.0% – -0.6%</td>
<td>-0.5% – 0.0%</td>
<td>0.1% – 0.5%</td>
<td>≥0.6%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>≥2,001</td>
<td>1001 – 2000</td>
<td>750 – 1000</td>
<td>500 – 749</td>
<td>≤499</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>≥26%</td>
<td>11% – 25%</td>
<td>1% – 10%</td>
<td>-10% – 0%</td>
<td>≤-11%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>0.0</td>
<td>0.1 – 1.0</td>
<td>1.1 – 2.0</td>
<td>≥2.1</td>
<td></td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>≤-26%</td>
<td>-25% – -11%</td>
<td>-10% – 0%</td>
<td>1% – 10%</td>
<td>≥11%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case, death</td>
<td>0%</td>
<td>1% – 5%</td>
<td>1% – 10%</td>
<td>≥6%</td>
<td></td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case, death</td>
<td>≤-2%</td>
<td>-1% – 1%</td>
<td>2%</td>
<td>≥2%</td>
<td></td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 22:13 EST on 11/08/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 10/31 to 11/6; previous week data are from 10/24 to 10/30; the week one month before data are from 10/3 to 10/9.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening tests (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests, unless stated otherwise. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 10/29 to 11/4; previous week data are from 10/22 to 10/28; the week one month before data are from 10/1 to 10/7. HHS Protect data is recent as of 11:59 EST on 11/08/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EST on 11/07/2020.
- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 22:28 EST on 11/08/2020.
- **Hospital PPE:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Data is recent as of 17:24 EST on 11/07/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 10/26-11/1, previous week is 10/19-10/25. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
- **County and Metro Area Color Categorizations**
  - **Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases at or above 101 per 100,000 population, and a lab test positivity result at or above 10.1%.
  - **Orange Zone:** Those CBSAs and counties that during the last week reported both new cases between 51–100 per 100,000 population, and a lab test positivity result between 8.0–10.0%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”
  - **Yellow Zone:** Those CBSAs and counties that during the last week reported both new cases between 10–50 per 100,000 population, and a lab test positivity result between 5.0–7.9%, or one of those two conditions and one condition qualifying as being in the “Orange Zone” or “Red Zone.”