



COVID-19 Outbreaks: State Reporting By Setting

JANUARY 2021

Introduction

Data about the settings where COVID-19 infection occurs are critically important to understanding disease spread and informing policy decisions that promote public safety. These data will be particularly important as states roll out vaccination campaigns and look to target effective outreach, testing, and immunization in places where active disease-spread remains. To date, states vary widely in terms of whether and how they report COVID-related outbreak data, and what thresholds they use to define an outbreak. Additionally, there are no federal standards on the case thresholds for what constitutes an “outbreak” or for notifying the public of setting-specific outbreaks (other than in nursing homes).¹

Since COVID-19 emerged in early 2020, the term “outbreak” has been used several different ways in reference to this novel disease (see box of definitions). On a macro-level, the term outbreak has been used to describe the spread of the COVID-19 disease as it has progressed from a sudden increase in cases in one geographic area, to an epidemic, and ultimately to a global pandemic. On a micro-level, the term outbreak has commonly been used to describe new and concentrated COVID-19 cases, hospitalizations, and/or deaths occurring at lower levels of geography, such as at the state, territory, or municipal level.² Setting-specific outbreak reporting (sometimes also called “cluster reporting”) has been used by states to describe the amount of disease occurring in a specific setting, such as schools or workplaces.

On behalf of the National Governors Association (NGA), and with support from the Robert Wood Johnson Foundation (RWJF), the State Health Access Data Assistance Center (SHADAC) developed this resource to identify states that have defined and are reporting setting-specific outbreaks as of November 2020 and highlight promising examples that others can look to as they consider adapting and expanding COVID-19 reporting. This resource also includes a summary of the status of related reporting on contact tracing and discussion of the impact of increasing levels of community spread on states’ abilities to collect and report outbreak data.

Status of Reporting on Setting-specific COVID-19 Outbreaks

All states and territories are reporting COVID-19 case counts by various levels of geography and many states are reporting total and new setting-associated case counts for at least one setting type, such as residential long-term care facilities.⁷ Reporting of outbreaks and cases in long-term care settings is unique, however, as that is the only setting for which there are federal reporting requirements, therefore all states are reporting these data according to federal standards (see Exhibit 1 for additional information on long-term care settings).

Beyond long-term care settings, there are 18 states reporting other setting-specific outbreak data on their websites.⁸ (See Appendix for a 50-state table with links to state webpages for both outbreak and contact tracing data.) States were identified as reporting setting-specific outbreaks if they had a defined threshold for confirmed outbreaks in at least one setting or venue (beyond long-term care facilities) and reported the information regularly. Data sources needed to produce information on these types of setting-specific outbreaks include laboratory data on confirmed cases of COVID-19, as well as case investigation and contact tracing data that attempts to link positive cases to a particular exposure location. Several states note on their websites that these data are subject to change over time as case and contact investigations are completed.

The less frequent reporting of setting-specific outbreaks is likely due to the additional data collection and time needed to confirm that cases were linked epidemiologically to a particular setting, in addition to variability across settings in notification protocols. Also, individuals confirmed to have COVID-19 may have multiple exposures identified through contact tracing making it difficult to determine which exposure(s) were the source of the infection.

Among the 18 states reporting on setting-specific COVID-19 outbreaks, there is variation in terms of how an outbreak is defined, including whether a state publicly reports the date when an active outbreak is considered resolved. Most states consider

MOST STATES CONSIDER ANYWHERE FROM TWO TO FIVE OR MORE CONFIRMED CASES OF COVID-19 LINKED TO A COMMON LOCATION AS AN OUTBREAK (OR “CLUSTER,” AS IT IS REFERRED TO IN FIVE STATES) IN THAT LOCATION.



OUTBREAK: The Centers for Disease Control and Prevention (CDC) defines an outbreak as “a higher than expected number of occurrences of a disease in a specific location and time.”³ The CDC recommends that each state or locality further define outbreaks “relative to the local context.”



SETTING-SPECIFIC OUTBREAK: Setting-specific outbreak refers to the location or venue other than a household where a specified number of positive cases has been confirmed. It is used to suggest an increased risk of infection in that setting for a certain period of time. For example, the CDC defines a workplace-specific outbreak as follows: two individuals who received a diagnosis of COVID-19 are found to work in the same office and only one or neither of them was listed as a contact for the other. The Council of State and Territorial Epidemiologists (CSTE) suggests a more stringent definition of a workplace-specific COVID-19 outbreak: “two or more laboratory-confirmed COVID-19 cases among workers at a facility with onset of illness within a 14-day period, who are epidemiologically linked, do not share a household, and are not a close contact of each other outside of the workplace during standard case investigation or contact tracing.”⁴ Schools with confirmed COVID-19 outbreaks refer to a certain number of students and teachers whose source of COVID-19 contraction is linked to their school attendance, verified through case investigation and contact tracing.



SETTING-ASSOCIATED CASES: Setting-associated cases are counts of individuals whose illness was detected in, or reported to the particular setting that they attend regularly (e.g., workplace or school), but after case investigation and contact tracing the setting itself was not the known source of disease exposure. The distinction between setting-specific outbreaks and setting-associated cases has gained recent media attention, with some arguing that rises in setting-associated cases are not the cause of disease spread and should not drive closing decisions.⁵



CLUSTER: Sometimes used interchangeably with “setting-specific outbreak,” a cluster can be defined by identifying a certain number of epidemiologically linked cases in a particular exposure setting within a certain period of time. For example, the CDC provides a definition for a COVID-19 cluster in a non-health care worksite as follows: “two or more confirmed or probable cases among workers within a 14-day period, with a potential connection in time and place at a worksite, in employer-provided group housing, or among workers using employer-provided transportation.”⁶ In some states what constitutes a cluster is less restrictive than what constitutes an outbreak. For example, according to Oregon’s documentation on its website, the term “cluster” is used to signal linked positive cases within a certain period of time without a well-defined exposure. And Hawaii notes that not all cases associated with a cluster imply disease transmission at the setting or venue.

anywhere from two to five or more confirmed cases of COVID-19 linked to a common location as an outbreak (or “cluster,” as it is referred to in five states) in that location. A few states, like Hawaii, include both confirmed and probable cases of COVID-19 in their definition for what triggers a cluster.

Six of the 18 states publish different outbreak definitions for health care and non-health care settings (Illinois, North Carolina, Utah, Vermont, Washington, and Wisconsin). For example, while any positive case in the last 28 days is considered an outbreak in a long-term care facility in Illinois, five or more cases linked to a common location during a 14-day period is considered an outbreak in other settings. In Vermont, congregate care or living settings (which include correctional facilities and homeless shelters) have the strictest outbreak definition, likely due to individuals living in close

proximity and utilizing shared spaces (one resident or staff member with COVID-19 or two or more with an illness start or positive test within 14 days). This is followed by educational and workplace settings (two or more cases among students/staff or employees **and** an illness start or positive test within 14 days with no other close contact setting or likely source of exposure). Vermont’s outbreak threshold for community settings is three or more cases involving more than one family or household with an illness start or positive test within 14 days, link through contact or location, **not linked to another outbreak** and no other likely source of exposure.

Seven states include as part of their definitions when the outbreak is considered resolved; most definitions are consistent with CSTE guidance of no new or confirmed or probable COVID-19 cases identified after 28 days.

EXHIBIT 1. Advances in Reporting of COVID-19 Outbreaks and Cases in Long-term Care (LTC) Facilities



The Prevent Epidemics project of Resolve to Save Lives, an initiative of Vital Strategies, reports tremendous progress by states since summer 2020 in reporting of outbreaks and cases by congregate care settings, where risk of disease spread is greater than in other settings.¹ Advances are due in part to the federal requirement as of May 2020 that nursing homes across the U.S. (or state and local agencies on their behalf) report confirmed and suspected COVID-19 cases, as well as COVID-19 deaths among its residents and staff, weekly to the CDC. In addition, nursing homes have 24 hours to inform community residents of either one confirmed case or three or more residents or staff with new-onset respiratory symptoms.²

The Atlantic Project’s Long-Term Care COVID tracker is the most complete and up-to-date source of information on long-term care facility-associated cases and deaths in U.S. states and territories (some of which report by outbreak).³ Upon review of these data, SHADAC identified 46 states and 1 territory (Puerto Rico) that publicly report COVID-19 data in long-term care facilities, which include nursing homes, assisted living facilities, and residential care homes. The majority of states and territories report total case and death counts by individual facility and nine states stratify this reporting by outbreaks; six of these report on active long-term care facility outbreaks at the facility level. States vary in their definitions of an active outbreak, with outbreak thresholds ranging from 1 to 5 facility residents with confirmed COVID-19 infections under investigation over a specified period of time. Some states, such as Mississippi, have separate outbreak definitions for residents and health care personnel. States note for privacy reasons that they exclude facility-level reporting for long-term care facilities with fewer than 10 residents, e.g., Maryland. For reference, recent guidance from the CSTE defines a COVID-19 outbreak in a long-term care facility and long-term acute care hospital as greater than or equal to 1 probable or confirmed case of COVID-19 among residents and staff or greater than or equal to 3 cases of acute illness compatible with COVID-19 among residents with onset within a 72-hour period.⁴

¹ Resolve to Save Lives. (2020). Tracking COVID-19 in the United States: Progress and opportunities. Vital Strategies. <https://preventepidemics.org/covid19/indicators/>

² Center for Clinical Standards and Quality/Quality, Safety & Oversight Group. (2020, May 6). Interim final rule updating requirements for notification of confirmed and suspected COVID-19 cases among residents and staff in nursing homes [QSO-20-29-NH]. Centers for Medicare & Medicaid Services. <https://www.cms.gov/files/document/qso-20-29-nh.pdf>

³ The Atlantic Monthly Group. (2020). The Long-Term Care COVID Tracker. The COVID Tracking Project. <https://covidtracking.com/data/longtermcare>.

⁴ Council of State and Territorial Epidemiologists. (2020, July 14). Proposed investigation criteria and outbreak definition for COVID-19 in non-residential, non-healthcare workplace settings. <https://preparedness.cste.org/wp-content/uploads/2020/08/OH-Outbreak-Definition.pdf>

Common and Unique Measures and Settings of COVID-19 Outbreaks Reported by States

States use several different measures to report on setting-specific outbreaks. Most often, states report the number of individual COVID-19 cases within a specific setting over time. Sixteen out of 18 states report on setting-specific COVID-19 outbreaks in this way. Half of those sixteen states also report on the number of deaths associated with the outbreak. States also commonly report the number (either cumulative and/or active or current) of total outbreaks or clusters of COVID-19 by setting. Several states also stratify the reporting of total cases into two metrics: the number of cases associated with the primary setting and the number of linked cases outside the primary setting. The linked cases metric is an indication of spread outside of the primary setting where exposure occurred as cases are linked to the infection cluster but not directly exposed at the setting.

In terms of format, approximately half of the 18 states report outbreak measures in static reports or tables and about half report outbreak data through interactive dashboards and maps. For example, the Vermont Department of Health reserves one section of its weekly, static, summary report for outbreak reporting. In its weekly summary, the state public health agency reports on cases and deaths associated with an outbreak over time (Exhibit 2).

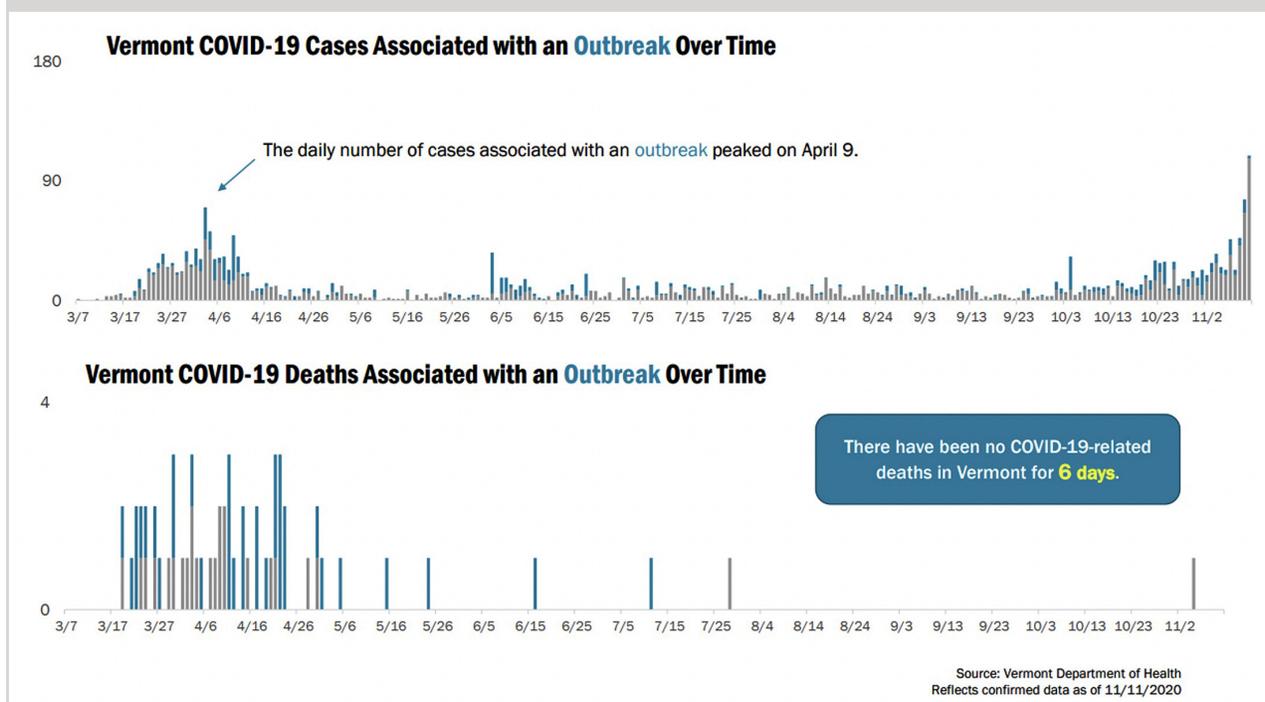
Across the 18 states reporting setting-specific outbreaks beyond long-term care, the average

APPROXIMATELY HALF OF THE 18 STATES REPORT OUTBREAK MEASURES IN STATIC REPORTS OR TABLES AND ABOUT HALF REPORT OUTBREAK DATA THROUGH INTERACTIVE DASHBOARDS AND MAPS.

number of settings reported is 14. The number of settings on which states report outbreak data ranges from one setting (i.e., outbreaks in schools are reported in Mississippi, New Hampshire, and New Jersey) to 40 settings reported by the state of Washington. In Colorado, settings with similar epidemiological risks are grouped together to make up the 12 categories of outbreaks reported visually on a county-level map. For example, schools are grouped with camps and childcare centers given similar practices and time spent in the facilities. More granular setting types are available when users hover or query the map or choose to download the source spreadsheet.

Several states include data on outbreaks in school settings and correctional facilities as part of their setting-specific outbreak reporting. Illinois has a separate COVID-19 data dashboard devoted to information on outbreaks in schools. Measures reported include weekly case counts by age groups, number of current school outbreaks, and lists/maps of school names and their location with active outbreaks (see Exhibit 3).

EXHIBIT 2. Vermont COVID-19 Cases and Deaths Associated with an Outbreak



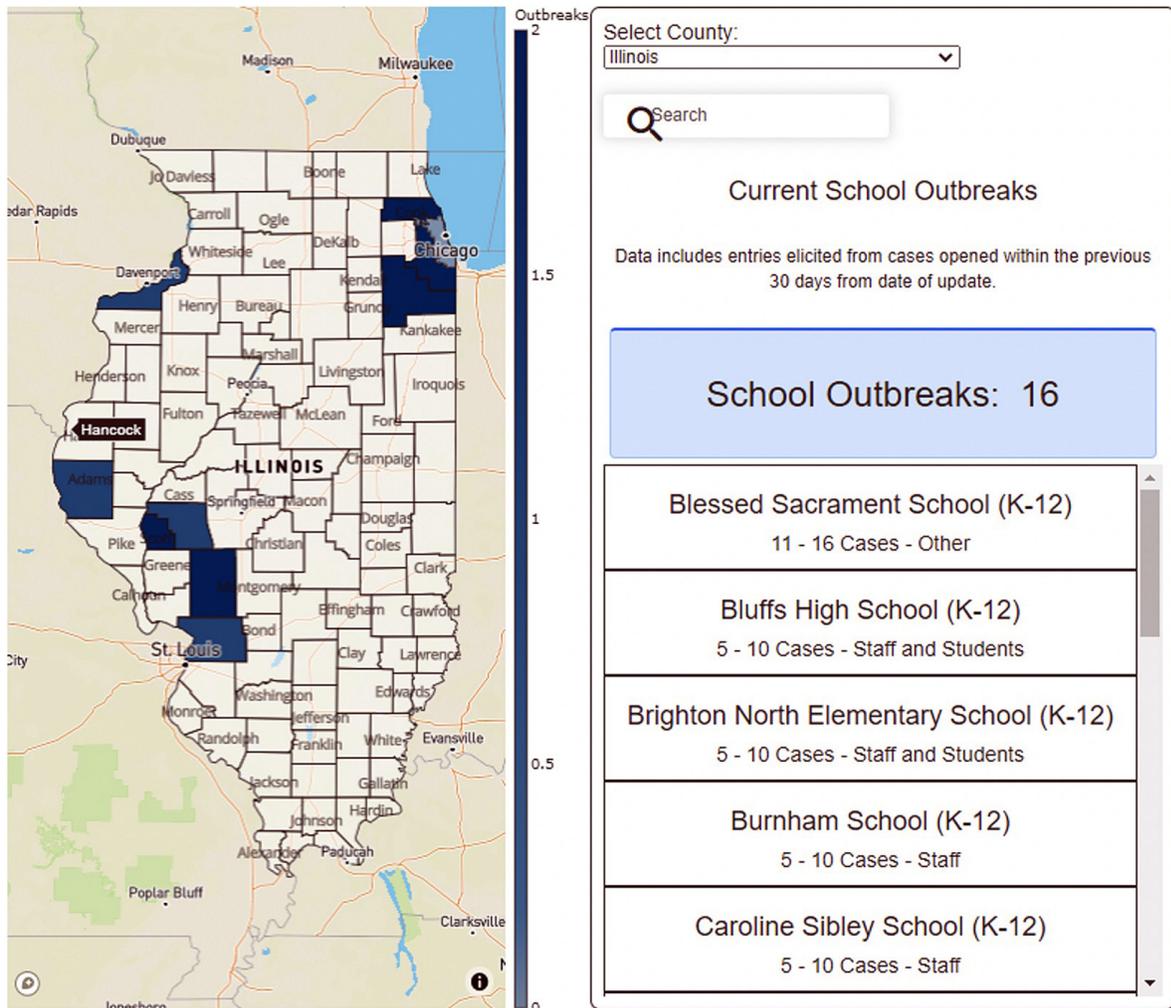
Source: Vermont Department of Health. (2020, November 13). Weekly summary of Vermont COVID-19 data. Retrieved November 30, 2020, from <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Weekly-Data-Summary-11-13-2020.pdf>

Every state Department of Corrections reports cases and deaths at the facility level and the Federal Bureau of Prisons reports cases and deaths in all federal facilities. Facility-level data on cases and deaths for residents and staff of correctional facilities are maintained by the UCLA Prison Law and Policy Program’s “UCLA COVID-19 Behind Bars Data Project,” which is also the source for the CDC’s correctional

facilities dashboard.^{9,10} There are some states (n=12 as shown in Table 1 below) that also include correctional settings as part of their outbreak reporting.

Table 1 identifies which of the 18 states are reporting outbreaks by school and correctional settings as well as highlights examples of unique settings tracked in a subset of states.

EXHIBIT 3. Excerpt from Illinois’s School Outbreaks of COVID-19 Dashboard



Weekly Cases Reported By Onset Date



Source: Illinois Department of Public Health. (2020). COVID-19 school aged metrics and school outbreaks. Retrieved December 1, 2020, from <https://www.dph.illinois.gov/covid19/school-aged-metrics?countyName=Illinois>

TABLE 1. Count and Examples of COVID-19 Outbreak Setting Types Reported by States (beyond LTC)

State Reporting of Other than LTC COVID-19 Outbreaks	# of Settings Reported	School Settings Reported	Correctional Facility Setting Reported	Examples of Unique Setting Types
Arkansas	20	✓	✓	
Colorado	12	✓	✓	Agriculture/Food Supply and Retail Grocery
Hawaii	11	✓		
Illinois	36	✓	✓	Factory/Manufacturer, Funeral Home, Salon, and Community Event
Kansas	16	✓	✓	Meat Packing, Sports, Religious Gathering
Louisiana	19			Casino
Massachusetts	21	✓	✓	
Michigan	19	✓	✓	
Mississippi	1	✓		
Nevada	5		✓	Forensic Psychiatric, Behavioral Inpatient
New Hampshire	1	✓		
New Jersey	1	✓		
North Carolina	22	✓	✓	Construction, Government Services, Personal Care Services
Utah	6		✓	
Vermont	3	✓		
Virginia	6	✓	✓	
Washington	40	✓	✓	Utilities, Facility/Domestic Cleaning Service, Fishing
Wisconsin	5	✓	✓	

Source: State Health Access Data Assistance Center (SHADAC) review of state websites, November 2020.

Notable Examples of Outbreak Reporting

Kansas stands out for its clear presentation of outbreak data as well as its accompanying footnotes explaining the rationale for reporting. As of September 21, 2020, the Kansas Department of Health and Environment (KDHE) established a COVID-19 Exposure Location Identification policy that publishes the name of settings with five or more individuals who tested positive for COVID-19 in the last 14 days and through case investigation

interviews were likely exposed to the disease at the particular location. KDHE has a separate tab on its COVID dashboard called “Cluster Summary,” which displays the data as both cumulative and active cluster counts, along with the number of cases, hospitalizations, and deaths associated with the active clusters (see Exhibit 4). The state also maintains tables and pie charts of cumulative clusters by setting type and cases by cluster type, which gives the public a sense for which settings may be higher risk and how clusters translate into the number of

persons affected. Not shown in the exhibit is a table of named facilities with active clusters.

State messaging regarding the purpose of the cluster summary is noteworthy. KDHE explains that these data provide more transparency given the many inquiries received about where people may

be getting infected. In addition, these data are a call to action for the public: "To empower Kansans to be more proactive about assessing their own personal risk. If they see a location they have visited in the last 14 days, then they should understand the increased risk if no distancing or masking."¹¹

EXHIBIT 4. Summary of COVID-19 Data by Cluster on Kansas's COVID-19 Dashboard

Kansas COVID-19: Cluster Summary

Last updated: 11/25/2020 at 9:00 AM. Cluster Summary data is updated every Wednesday.

Active COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
517	14,381	406	354

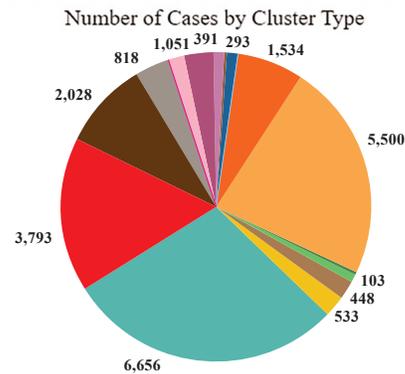
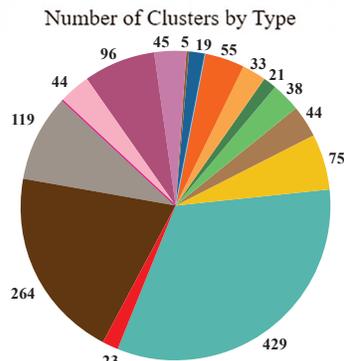
All COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
1,322	23,996	1,075	777

COVID-19 Cluster Cases by Type

Type	Clusters	Cases	Hospitalizations	Deaths
Bar or Restaurant	19	293	4	0
Camp	6	56	1	0
College or University	55	1,534	6	0
Corrections	33	5,500	54	11
Daycare	21	103	3	0
Government	38	279	12	0
Group Living	44	448	32	6
Healthcare	75	533	28	7
Long Term Care Facility	429	6,656	607	684
Meat Packing	25	3,793	112	24
Private Business	264	2,028	99	17
Private Event	119	818	31	7
Public Event	4	27	3	0
Religious Gathering	44	451	68	19
School	96	1,051	12	1
Sports	45	391	1	1
Travel	5	35	2	0
Total	1,322	23,996	1,075	777

Sort by Cluster Type
 ▾

- Type
- Bar or Restaurant
- Camp
- College or University
- Corrections
- Daycare
- Government
- Group Living
- Healthcare
- Long Term Care Facility
- Meat Packing
- Private Business
- Private Event
- Public Event
- Religious Gathering
- School
- Sports
- Travel



Source: Kansas Department of Health and Environment. (2020). *Kansas COVID-19: Cluster summary* [Data set]. COVID-19 Cases in Kansas. Retrieved December 1, 2020, from <https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas>

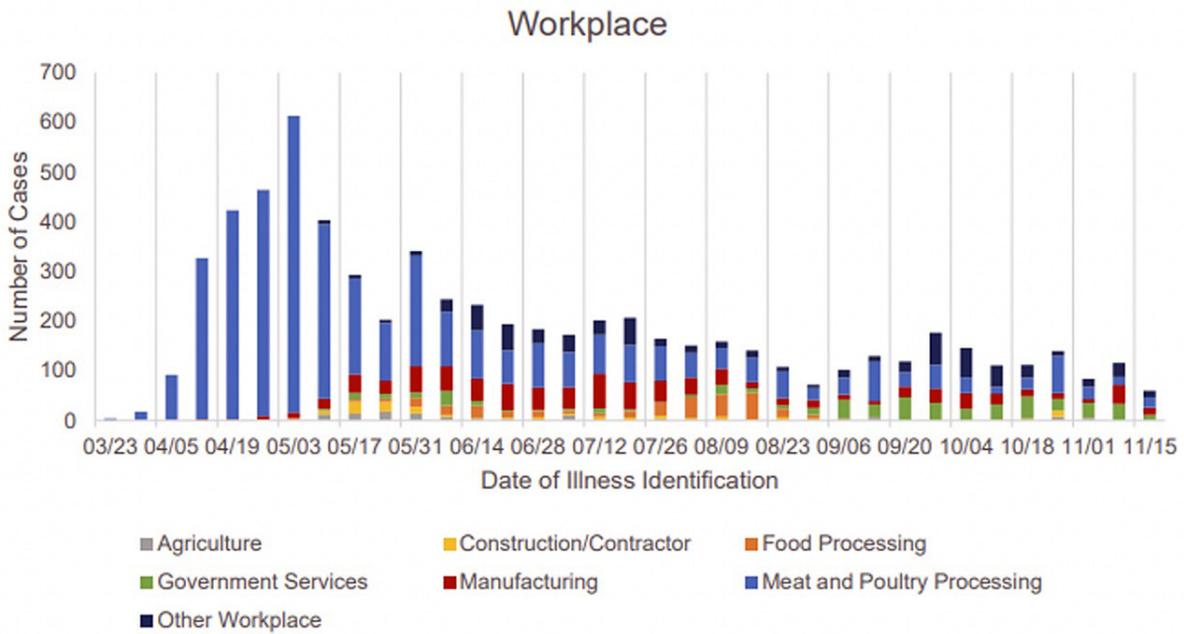
The North Carolina Department of Health and Human Services' (NC DHHS) weekly cluster report includes helpful graphics to demonstrate trends over time in cluster-associated cases by setting type. (NC DHHS defines a cluster of COVID-19 in non-congregate living settings as five or more cases with illness onset or positive results within a 14-day period with epi-linkage and without another more

likely source of exposure.) Examples of NC DHHS' cluster-associated cases over time by setting for two setting categories—workplace and community living and events—representing 13 of its 22 setting types, are shown in Exhibit 5. Other setting categories include shopping and services, food and drinks, and child care, schools, and higher education.¹²

EXHIBIT 5. COVID-19 Clusters in North Carolina

Cluster-associated Cases Over Time by Type of Setting

Please note that the range of number on the y axis varies significantly by graph.



Source: North Carolina Department of Health and Human Services. (2020). *COVID-19 clusters in North Carolina*. Retrieved November 30, 2020, from <https://files.nc.gov/covid/documents/dashboard/COVID-19-Clusters-in-NC-Report.pdf>

Contact Tracing Reporting

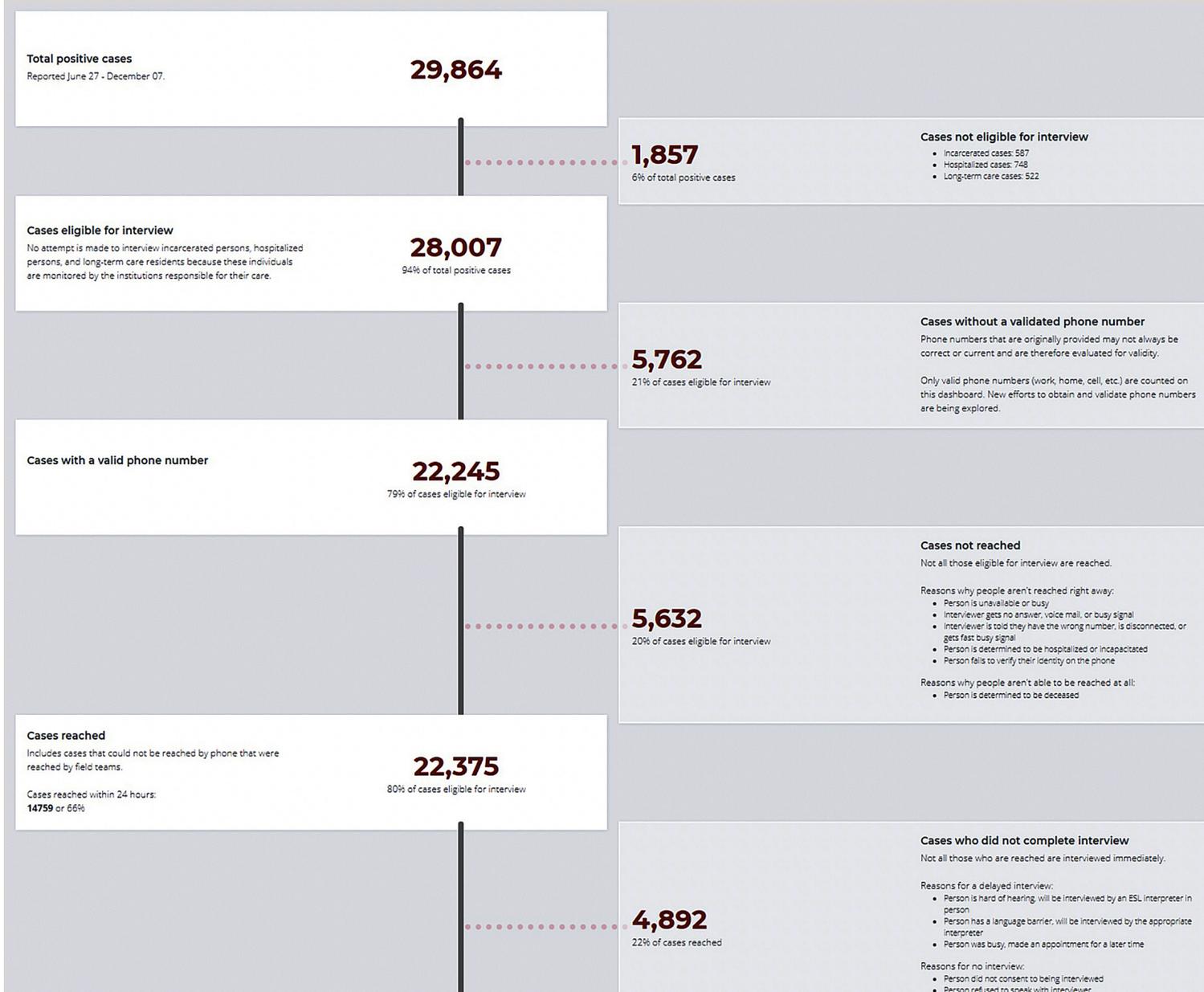
Just over a quarter of the states (14 states plus the District of Columbia) are reporting related contact tracing measures on their websites (see Appendix for the list of states and hyperlinks). Eight of the 18 states reporting setting specific outbreaks are among the states reporting contact tracing measures. Process and outcome data associated with these case investigation and contact tracing activities are important to assess state capacity, including staffing, and public health and community response. Measures include the number of cases and close contacts investigated, time in hours or days

to follow up, total workforce, and status of case and contact follow-up.

Delaware, for example, displays a unique flow chart of contact tracing statistics that makes it easy to see at a glance how many contacts are reached and how successful each step in the process has been (Exhibit 6).

Oregon's display via bar charts of the percent of new COVID-19 cases with follow up within 24 hours, and the length of time before follow up, provides a striking visual of the increasing burden of cases on contact tracing staff over time (Exhibit 7, page 10).

EXHIBIT 6. Partial Screenshot of Delaware's COVID-19 Contact Tracing Measure Flowchart



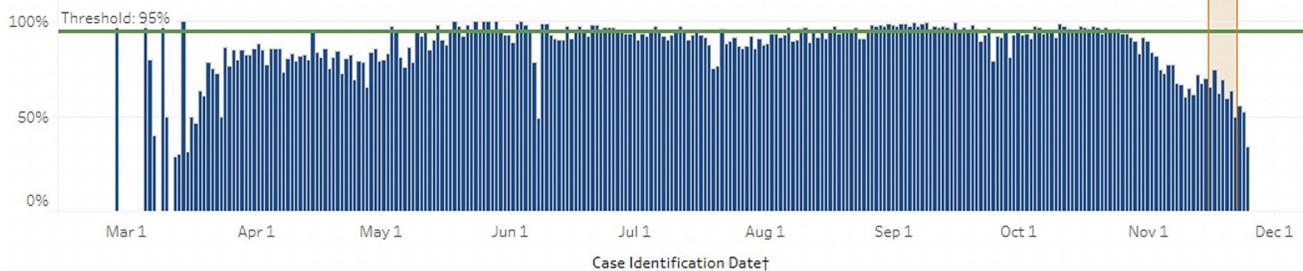
Source: My Healthy Community, (n.d.). *Coronavirus (COVID-19) data dashboard: Contact tracing statistics* [Infographic]. Delaware Environmental Public Health Tracking Network. Retrieved December 8, 2020, from: https://myhealthycommunity.dhss.delaware.gov/locations/state/coronavirus-mitigation#contact_tracing-contact-tracing

EXHIBIT 7. Excerpt from Oregon's COVID-19 Public Health Response Dashboard

Percent of COVID-19 cases with follow up initiated within 24 hours

We want to see that counties can quickly initiate active monitoring and contact tracing of their COVID-19 cases. This chart shows the percent of new COVID-19 cases that public health initiated follow up with within 24 hours of identifying the new case.

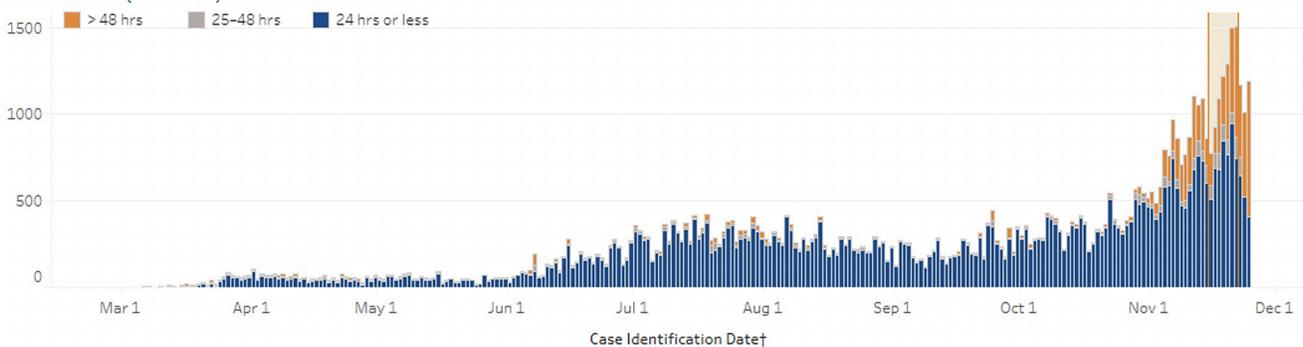
Higher is better on this indicator



New COVID-19 cases and time to follow up

This chart shows the number of new COVID-19 cases each day and the length of time that passed before public or tribal health was able to begin follow up with that person.

More bars in blue (24 hrs or less) is better on this indicator



Notes

† Case Identification Date is the date when a COVID-19 case was identified as a true case by public health.

COVID-19 data are provisional and subject to change.

Source: Oregon Health Authority (OHA) Public Health Division. (2020). *Oregon's public health response* [Data chart]. Retrieved December 1, 2020, from <https://public.tableau.com/profile/oregon.health.authority.covid.19#!/vizhome/shared/SSZMGR77Z>

Looking Forward

Over the course of this crippling pandemic, state agencies and their partners have made great strides with regard to making information available to decision makers and the public on setting-associated cases of COVID-19, and 18 states are reporting on setting-specific outbreaks. Even with the rollout of COVID-19 vaccines, it will be important for states not already reporting on outbreaks by setting to consider doing so, and for those who are, to maintain their regular reporting of information about where outbreaks of infection are occurring. The spike in cases during the last quarter of 2020, however, is making case investigation and contact tracing efforts needed to identify setting-specific outbreaks more difficult. The increased demand for

case and contact investigation activities is coupled with a decreased supply of workers likely due to quarantine or getting ill with COVID-19. In fact, the CDC has provided public health agencies with new guidance on how to prioritize their investigation efforts.¹³ Also, high positivity rates in certain communities suggest higher risk of community transmission or spread—meaning in areas where there are infected individuals, some of whom will not know how or where they were exposed to the virus. As states recover from the most recent surge and the risk of community transmission decreases, case and contact investigation data continue to be a rich source for identifying settings where COVID-19 is spreading and for informing setting-specific interventions, policy implementation, and risk mitigation of future disease spread.

APPENDIX. Website Links to State COVID-19 Outbreak and Additional Contact Tracing Reporting

State	Link to Outbreak Reporting	Link to Additional Contact Tracing Reporting
Arkansas	https://www.healthy.arkansas.gov/programs-services/topics/covid-19-reports	https://www.healthy.arkansas.gov/programs-services/topics/covid-19-reports#schoolcovidreport
Colorado	https://covid19.colorado.gov/data	
Delaware		https://myhealthycommunity.dhss.delaware.gov/about/acceptable-use#contact_tracing-contact-tracing
Hawai'i	https://health.hawaii.gov/coronavirusdisease2019/what-you-should-know/current-situation-in-hawaii/#cluster	https://health.hawaii.gov/coronavirusdisease2019/what-you-should-know/what-hdoh-is-doing/
Illinois	https://www.dph.illinois.gov/covid19/long-term-care-facility-outbreaks-covid-19	https://www.dph.illinois.gov/covid19/contact-tracing-data?DV=1
Kansas	https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas	
Louisiana	https://ldh.la.gov/index.cfm/page/3997	
Maine		https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/data.shtml
Maryland		https://coronavirus.maryland.gov/pages/contact-tracing
Massachusetts	https://www.mass.gov/info-details/covid-19-response-reporting#covid-19-weekly-public-health-report-	https://www.mass.gov/info-details/covid-19-response-reporting#covid-19-weekly-public-health-report-
Michigan	https://www.michigan.gov/coronavirus/0,9753,7-406-98163_98173_102057---,00.html	
Minnesota		https://www.health.state.mn.us/diseases/coronavirus/stats/
Mississippi	https://msdh.ms.gov/msdhsite/_static/14,0,420,972.html	
Nevada	https://app.powerbigov.us/view?r=eyJrIjojNDMwMDI0YmQtNmUyYS00ZmFjLW10MGltZDM0OTY1Y2Y0YzNhliwidCI6ImU0YTMO MGU2LW14OWUtNGU2OC04ZWFlLTE1NDRkMjcwMzk4MjJ9	
New Hampshire	https://www.nh.gov/covid19/dashboard/schools.htm#dash	
New Jersey	https://covid19.nj.gov/#live-updates	https://covid19.nj.gov/#live-updates
North Carolina	https://covid19.ncdhhs.gov/dashboard/outbreaks-and-clusters	https://covid19.ncdhhs.gov/dashboard/contact-tracing
Oregon		https://public.tableau.com/profile/oregon.health.authority.covid.19#!/vizhome/OregonCOVID-19PublicHealthIndicators/Risk
Pennsylvania		https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/October%202020%20Contact%20Tracing%20Report.pdf
Utah	https://coronavirus-dashboard.utah.gov/#outbreaks	
Vermont	https://www.healthvermont.gov/covid-19/current-activity/weekly-data-summary	
Virginia	https://www.vdh.virginia.gov/coronavirus/coronavirus/covid-19-in-virginia-outbreaks/	https://www.vdh.virginia.gov/coronavirus/covid-19-data-insights/#ContactTracing
Washington	https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/StatewideCOVID-19OutbreakReport.pdf	https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/COVID19-CasInvestigationContractTracingReport.pdf
Wisconsin	https://www.dhs.wisconsin.gov/covid-19/investigations.htm	
District of Columbia (D.C.)		https://coronavirus.dc.gov/page/reopening-metrics

ENDNOTES

- 1 Mooney, C., Kaplan, S., & Eilperin, J. (2020, October 7). In the U.S., states—not science—decide what counts as a coronavirus outbreak. *The Washington Post*. <https://www.washingtonpost.com/health/2020/10/07/us-states-not-science-decide-what-counts-coronavirus-outbreak/>
- 2 Leatherby, L. & Harris, R. (2020, November 18). States that imposed few restrictions now have the worst outbreaks. *New York Times*. <https://www.nytimes.com/interactive/2020/11/18/us/covid-state-restrictions.html?action=click&module=Top%20Stories&pgtype=Homepage>
- 3 Centers for Disease Control and Prevention (CDC). (2020, July 1). *Identifying the source of the outbreak*. Retrieved December 8, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/about-epidemiology/identifying-source-outbreak.html>
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