IDAHO

STATE REPORT | 08.23.2020

SUMMARY

- Idaho is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Nationally, Idaho was 11th for most new cases per 100,000 population and 2nd for highest test positivity last week.
- Idaho has seen a decrease in new cases and a decrease in test positivity over the last week; sustaining these gains over the next few weeks will be critically important.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Ada County, 2. Canyon County, and 3. Bonneville County. These counties represent 62.2 percent of new cases in Idaho.
- 50% of all counties in Idaho have ongoing community transmission (yellow or red alert), with 27% having high levels of community transmission (red alert).
- 1.2% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Idaho had 123 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 10 to support operations activities from FEMA; 4 to support epidemiology activities from CDC; and 1 to support operations activities from CDC.
- Between Aug 15 - Aug 21, on average, 21 patients with confirmed COVID-19 and 5 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Idaho. An average of 90 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*
- Please review the West Virginia School K-12 metrics that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- The drop in case rates and test positivity in the larger cities is encouraging; expand educational and social media campaigns developed and deployed at the local level to educate and promote use of social distancing and face coverings, especially in indoor settings.
- Continue to meet with groups resistant to community mitigation efforts to review data and discuss public health planning.
- Continue to collect and promote local evidence and evidence from surrounding states to demonstrate the impact of face covering use.
- Promote enhanced state dashboard as part of educational campaigns, showing local data prominently and data from schools, if available.
- Continue to encourage local mandates for face coverings in all indoor environments outside of the home in yellow and red zone counties and metro areas.
- Monitor crowded indoor work environments, such as meat-processing facilities, for social distancing and face coverings. Consider use of warnings and fines for non-adherence.
- Intensify restrictions in red zone counties by closing bars, casinos, and gyms; restricting indoor dining; and prohibiting gatherings of more than 10 people, especially indoors.
- As noted, timely testing is critical for effective contact tracing, quarantine, and isolation; continue to expand public-private partnerships to broaden testing capacity as quickly as possible and consider necessary investment to extend operating hours of public health labs.
- Ensure all universities with suitable platforms are using their equipment at full capacity for surveillance of all students and youth groups, including institutions that don't have such platforms. PCR platforms for veterinary science can also be utilized. Distinctions between surveillance and diagnostic testing should be maintained.
- Ensure all clinical platforms are being used at full capacity; if they are not, use excess capacity for community testing and surveillance.
- Ensure that all cases are immediately isolated and interviewed for contacts within 48 hours of diagnosis. Focus efforts in populous yellow and red zone counties and metro areas.
- Ensure sufficient housing to isolate cases and quarantine contacts, especially in communities with crowded or multi-generational households, including tribal communities.
- Continue to conduct infection control surveys in all nursing homes with 3 or more cases per week over the last 3 weeks.
- Continue to test all long-term care facility residents at admission, conduct facility-wide testing for any case diagnosed among staff or residents, test staff in high-transmission areas weekly, and require all staff to wear face masks at all times when at work. In-person visitation should be restricted, especially in high-transmission zones.
- 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.

** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.*

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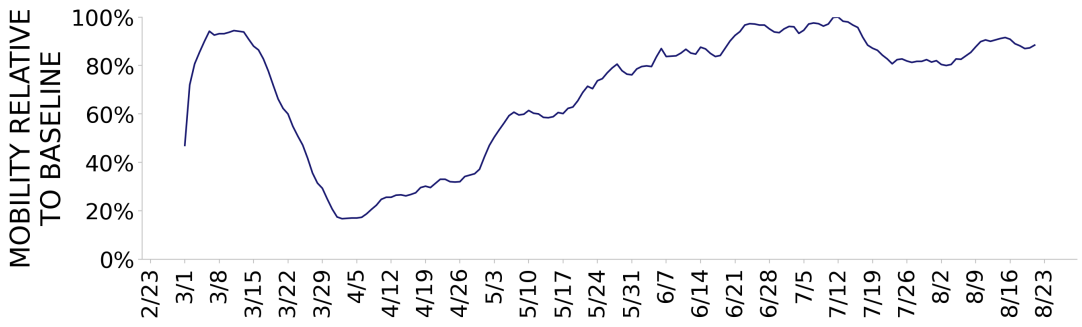
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	2,196 (123)	-32.3%	8,160 (57)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.6%	-4.2%*	4.8%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	24,968** (1,397)	-13.7%**	182,301** (1,270)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	40 (2)	+11.1%	169 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	8.7%	-4.3%*	4.7%	11.8%

MOBILITY



* 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

Note: 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: 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 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

Testing: The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result totals when able to be disaggregated from serology test results and to describe county-level 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. 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. Last week data are from 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/21/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	5	Boise City Idaho Falls Blackfoot Burley Ontario	6	Coeur d'Alene Twin Falls Pocatello Rexburg Mountain Home Hailey
COUNTY LAST WEEK	12	Ada Canyon Bonneville Bingham Payette Jefferson Jerome Shoshone Cassia Washington Lemhi Power	10	Kootenai Twin Falls Bannock Minidoka Madison Gooding Elmore Owyhee Gem Benewah

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a viral (RT-PCR) lab test positivity result above 10%.

Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a viral (RT-PCR) lab test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."

Note: Top 12 locations are selected and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

DATA SOURCES

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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials

- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing

- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging

- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials

- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing

- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

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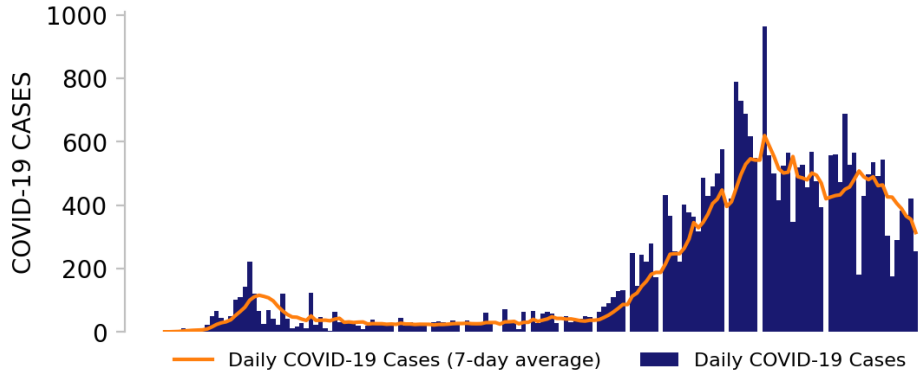
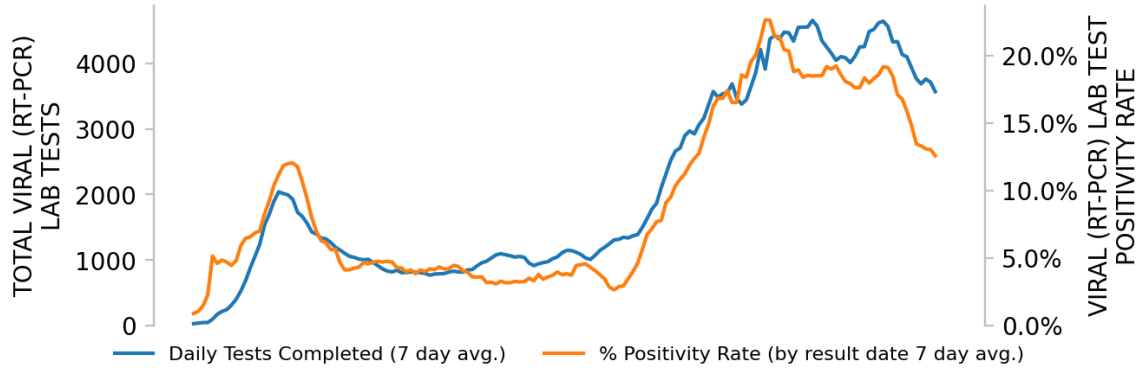
NEW CASES

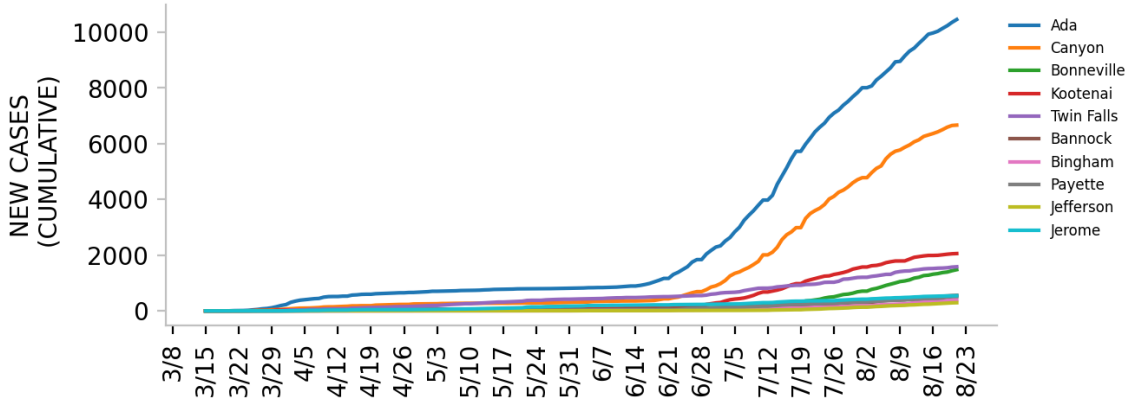


TESTING



TOP COUNTIES

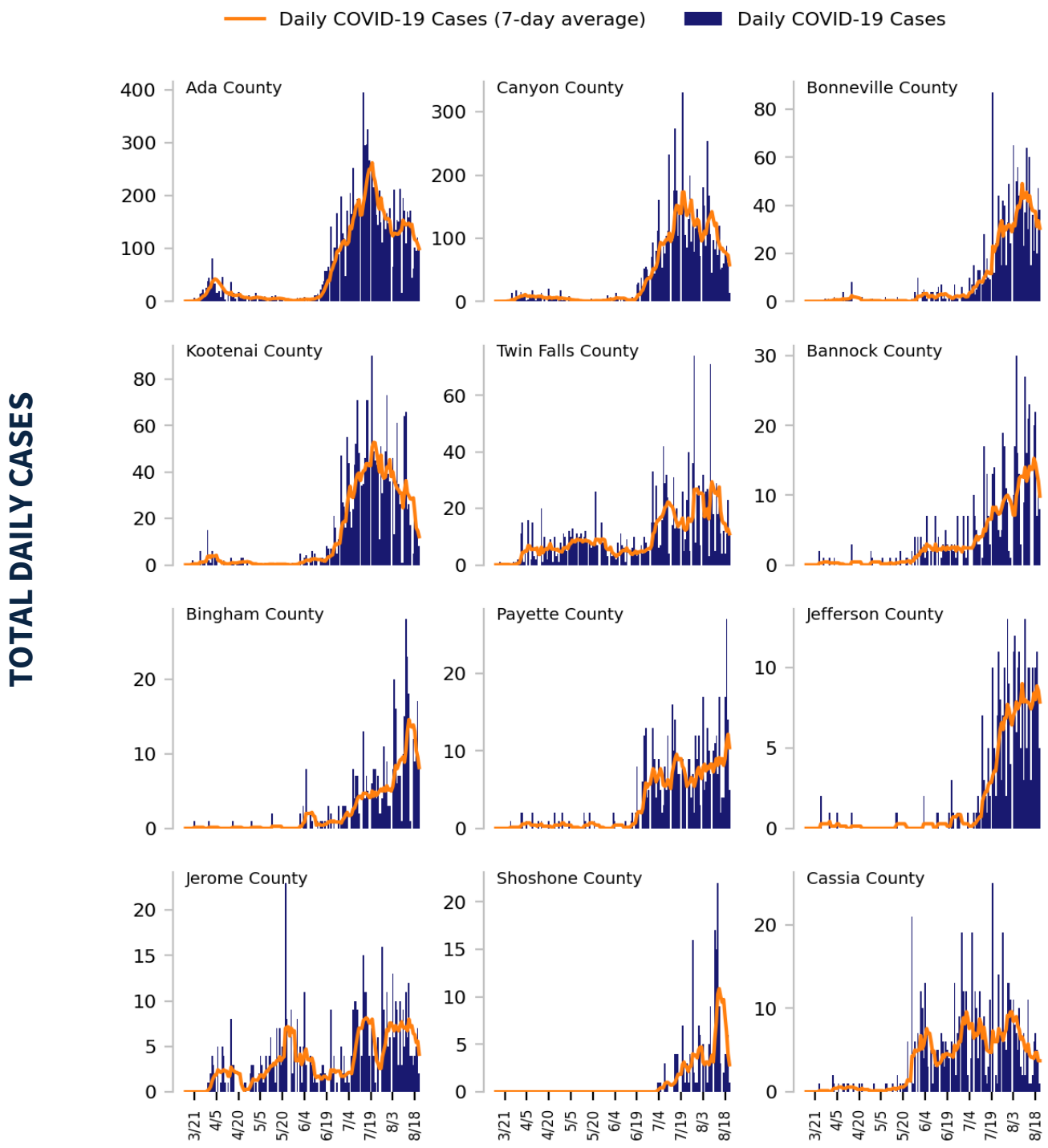
Top counties based on greatest number of new cases in last three weeks (8/1 - 8/21)



DATA SOURCES

Cases: County-level data from USAFacts. 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 8/21/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.

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



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

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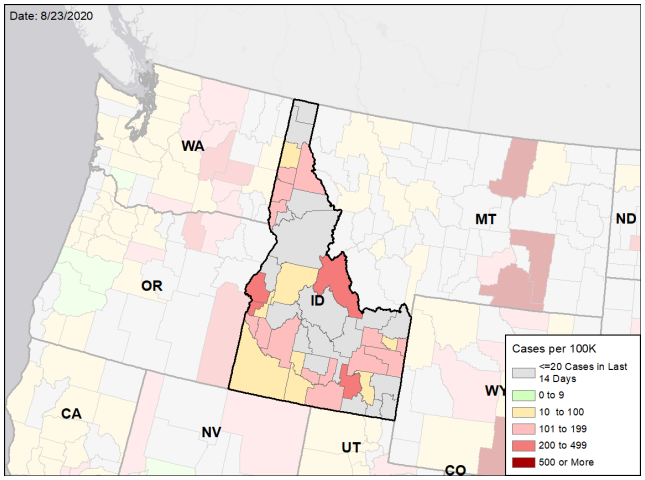
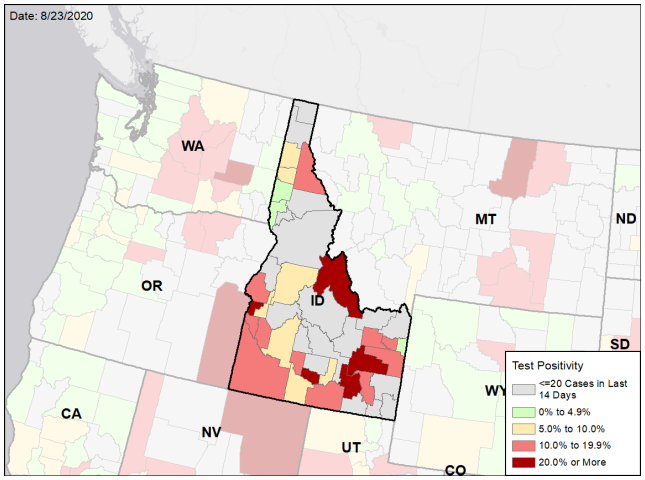
CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

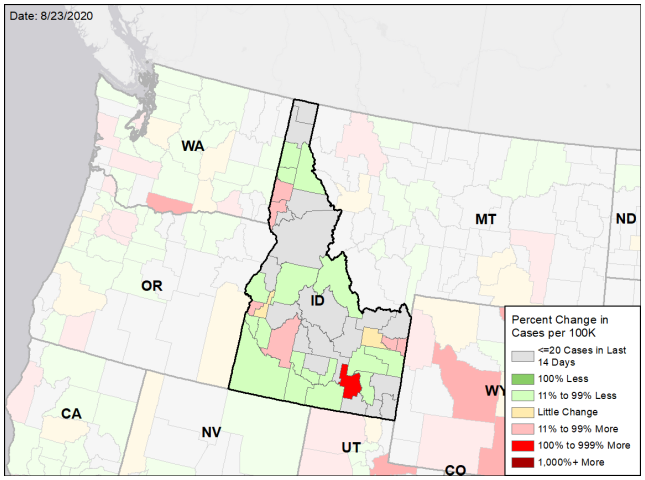
NEW CASES PER 100,000 DURING LAST WEEK



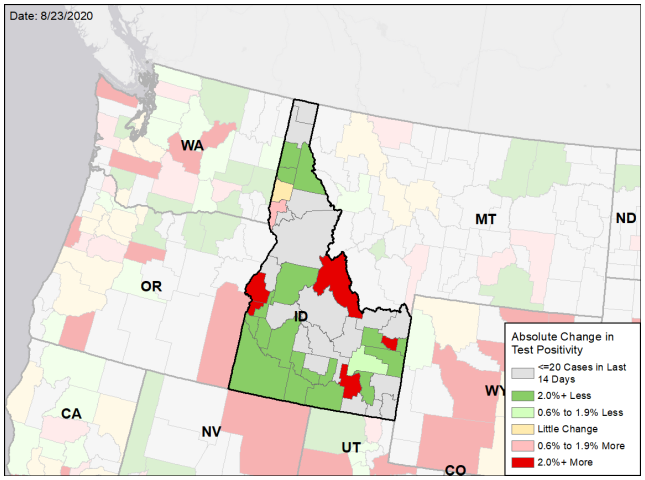
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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

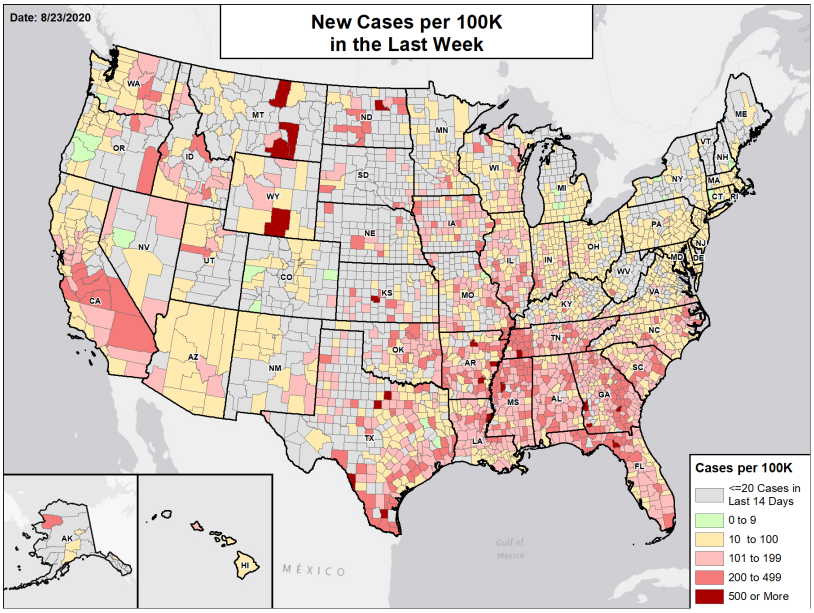


DATA SOURCES

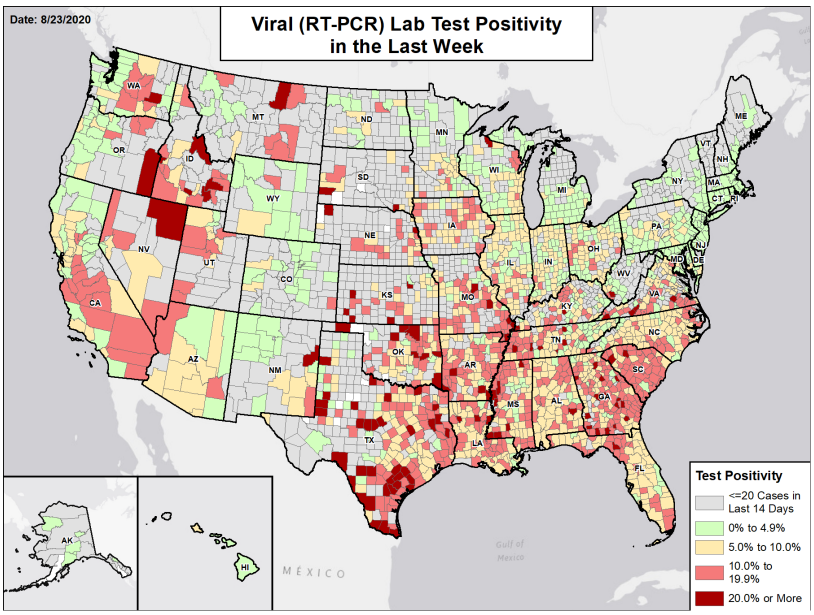
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous week is 8/6 - 8/12. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21.
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

Methods

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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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>0.5%

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 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result totals when able to be disaggregated from serology test results and to describe county-level 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. 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. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. 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 analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.