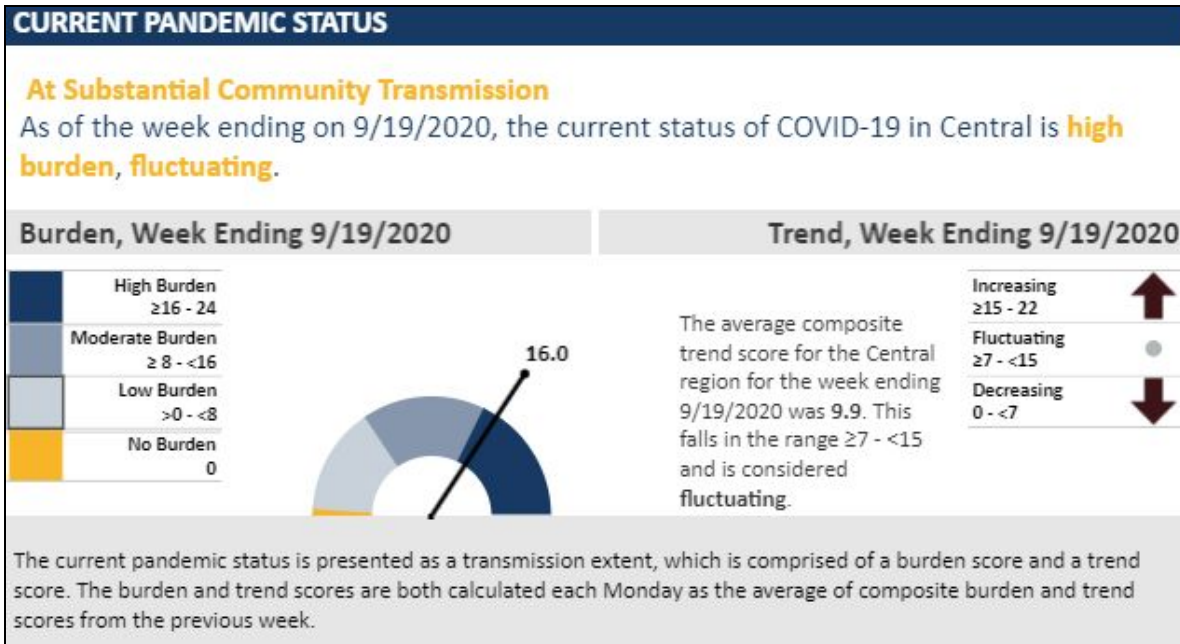


WEEKLY COMMUNITY TRANSMISSION & PREPAREDNESS REPORT

SEPTEMBER 13 - 19

For the week ending on September 19, 2020, the Central Health District Planning Region* is
At Substantial Community Transmission



Pandemic status is a measure of the extent of transmission of COVID-19 in the region. When determining the pandemic status each week VDH takes both the current infection burden and the trend in infection metrics into consideration. For the past week, the data show a high burden of infection and fluctuating trends for the region.

Please see the [Pandemic Status by Locality](#) for locality-specific measures and the [Frequently Asked Questions](#) section for guidance based on current transmission status and details on how burden, trend, and transmission extent are calculated.

** The Central Health District Planning Region includes Southside, Piedmont, Chickahominy, Richmond, Henrico, Chesterfield, and Crater Health Districts*

HOW TO READ THIS REPORT

This report provides a set of metrics used to describe the status of the COVID-19 pandemic in the Central Virginia Region and in Richmond City and Henrico County. The report also includes recommendations for each transmission stage based on the [phasing guidance from the Governor of Virginia](#) and [VDH Guidance for Reinstating Community Mitigation Measures in K-12 School Settings](#).

The current pandemic status is presented as a transmission extent (substantial, moderate, low, none) for the past week for the Central Region of Virginia, which is composed of a burden (high, moderate, low, none) and a trend (decreasing, steady, increasing). The burden and trend levels are both calculated each Monday as the average of composite burden and trend scores from the previous week. The possible combinations of burden and trend together determine the overall transmission extent.

For additional information on how burden, trend, and pandemic status are calculated, please see the [Frequently Asked Questions](#) section at the end of this report.

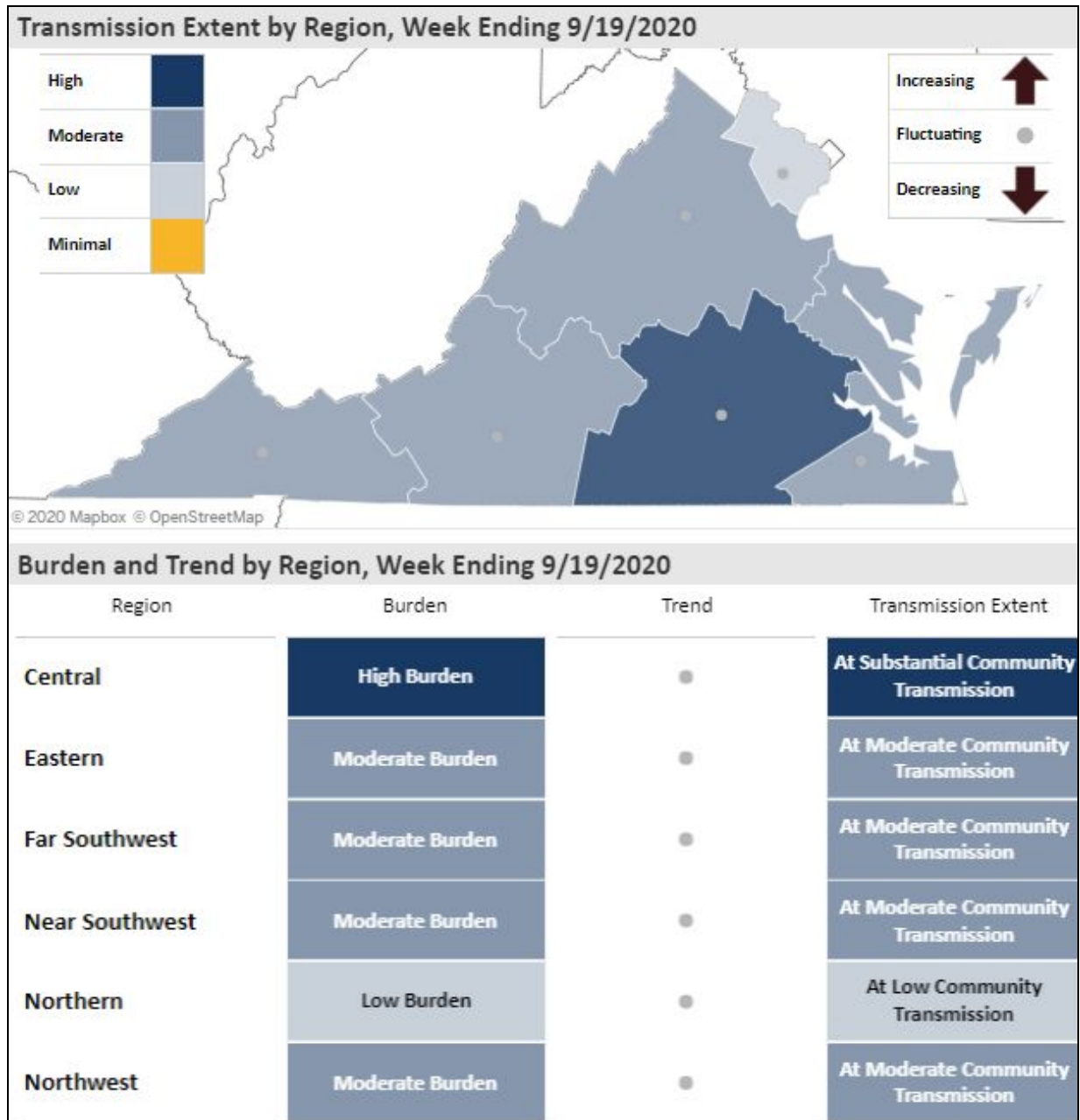
This is point in time data with this week's status and trend interpretation that is expected to change over time. It does not necessarily reflect a persistent or static state in the progression of the pandemic in our region or localities (i.e. Richmond City or Henrico County).

Locality-specific data are more likely to be variable, are reported as individual metrics rather than a composite metric, and only include a subset of the metrics available at the regional level. They are included in this report to provide additional context such as concordance/discordance with regional trends, and indicators for increased activity in advance of the weekly regional composite measure.

PANDEMIC STATUS BY REGION

Current status for Central Region* for the week ending on Sep 19:

Substantial Community Transmission | High burden | Fluctuating Trend



RICHMOND CITY
HEALTH DISTRICT



HENRICO COUNTY
HEALTH DISTRICT

Transmission Extent by Week

Select a region to view the pandemic status over time.

Select Region

Central



Pandemic status is a measure of the extent of transmission of COVID-19 in the region. When determining the pandemic status each week VDH takes both the infection burden and the trend in cases into consideration. For the past week, the data for Central Region show a high burden of new cases and a fluctuating trend in activity. Looking at transmission extent by week, this is the sixth week for which the region has been at substantial community transmission.

PANDEMIC STATUS BY LOCALITY - RICHMOND CITY

Additional data at the jurisdiction level provide information on our local pandemic data and trends. These data are not composites from the previous week but reflect more recent activity. Locality metrics are not collated into a single burden metric as they are at the regional level.

Richmond is currently experiencing a high burden* of COVID-19 cases, with an average of 11.2 new cases per 100,000 people over the last 7 days. This is a slight drop in average new cases from 11.4 last week. Overall, cases have continued to decrease for 22 days. Percent positivity is currently below 10% (average currently 3.8%), and has been decreasing over the last 15 days. Outbreaks, defined as 2 or more lab-confirmed, epi-linked cases of COVID-19, have been decreasing for the last 13 days but still fall within the “fluctuating” range.

*A high burden is defined as greater than 10 new cases per 100,000 people.



RICHMOND CITY
HEALTH DISTRICT



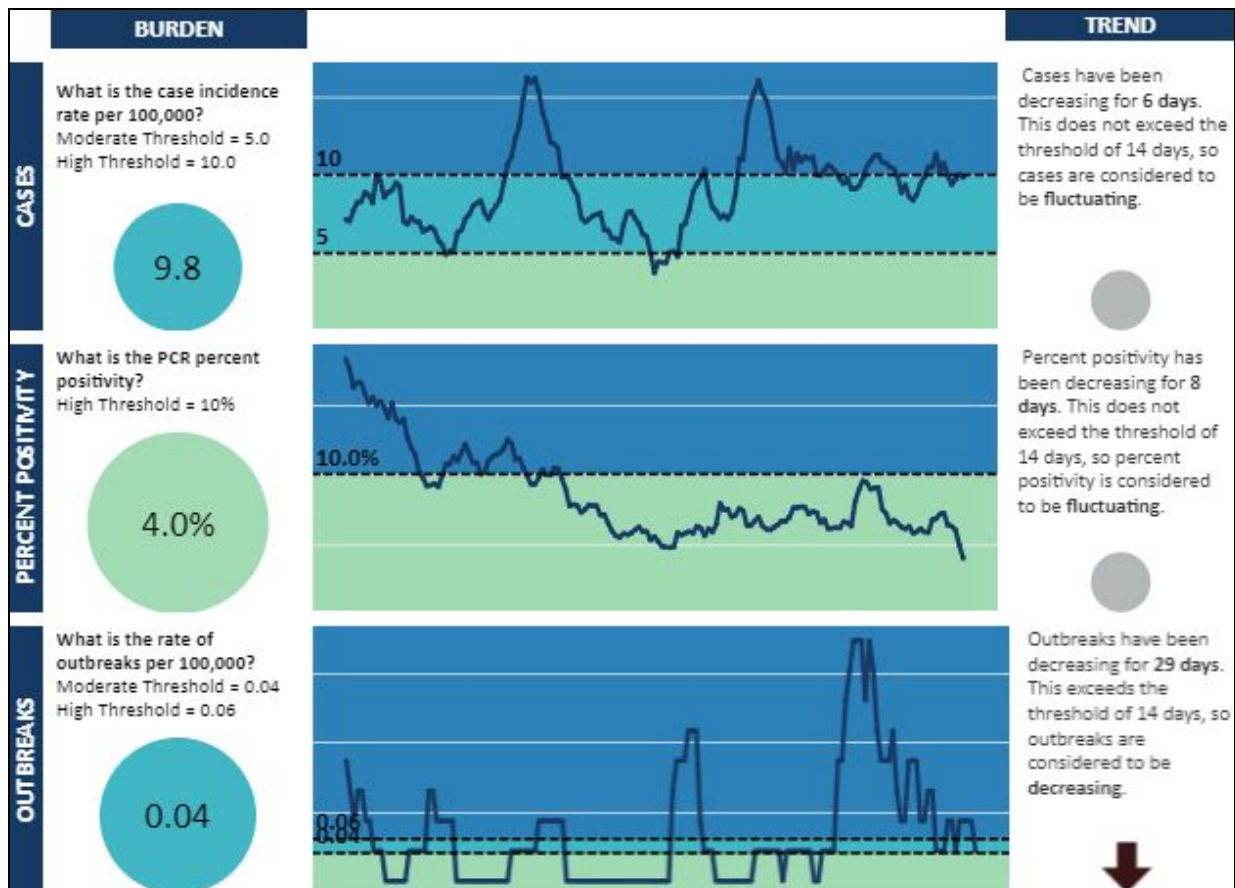
HENRICO COUNTY
HEALTH DISTRICT

PANDEMIC STATUS BY LOCALITY - HENRICO COUNTY

Additional data at the jurisdiction level provide information on our local pandemic data and trends. These data are not composites from the previous week but reflect more recent activity. Locality metrics are not collated into a single burden metric as they are at the regional level.

Henrico is currently experiencing a moderated-high burden* of COVID-19 cases, with an average 9.8 new cases per 100,000 people over the past 7 days. Cases have been decreasing over the last 6 days, though trends in case incidence are still considered to be fluctuating. Percent positivity is currently below 10% (average currently 4.0%) and is fluctuating. Outbreaks, defined as 2 or more lab-confirmed, epi-linked cases of COVID-19, are decreasing. Taken together, there is not strong suggestion of a trend overall, but recent bumps in case incidence taken along with increasing percent positivity merit monitoring.

*A high burden is defined as greater than 10 new cases per 100,000 people. A moderate burden is defined as greater than 5 new cases per 100,000 people.



FREQUENTLY ASKED QUESTIONS

WHAT HAPPENS IF OUR REGION EXPERIENCES NO COMMUNITY TRANSMISSION?

If the Central Health Planning Region is experiencing “No Community Transmission,” schools should:

- Maintain communication with local health departments and maintain awareness of the extent of COVID-19 transmission in the community.
- Maintain communication plans with staff, parents, and students regarding changes in this status.
- Maintain readiness to implement alterations in programming and mitigation strategies if COVID-19 transmission increases in the community.
- Consider applicable [Phase III Guidance for Virginia Schools](#) (p. 6) for recommendations on the scope of programming and mitigation strategies to prevent future transmission. Remote learning exceptions and teleworking should be options for students and staff who are at high risk of severe illness (as defined by the CDC).
- Promote public messaging regarding COVID-19 mitigation.

WHAT HAPPENS IF OUR REGION EXPERIENCES LOW COMMUNITY TRANSMISSION?

If the Central Health Planning Region experiences “Low Community Transmission,” schools should:

- Consider [Phase III Guidance for Virginia Schools](#) (p. 6) for recommendations on the scope of programming and mitigation strategies. Priority should be given to providing in-person instruction to the most vulnerable students (e.g., students with disabilities, preschool through third grade students, English learners).
- Consider remote learning exceptions and teleworking should be options for students and staff who are at high risk of severe illness (as defined by the CDC).
- Promote public messaging regarding COVID-19 mitigation.

WHAT HAPPENS IF OUR REGION EXPERIENCES MODERATE COMMUNITY TRANSMISSION?

If the Central Health Planning Region experiences “Moderate Community Transmission,” schools should consider the [Phase II Guidance](#) for Virginia Schools (p. 4) for recommendations on the scope of programming and mitigation strategies, including:

- Prioritize in-person instruction for the most vulnerable students (e.g., students with disabilities, preschool through third grade students, English learners).
- Provide necessary services to vulnerable populations (e.g., children with special needs) and other children at most risk from missing in-person instruction.
- Consider remote learning options for older students.
- Remote learning exceptions and teleworking should be options for students and staff who are at high risk of severe illness (as defined by the CDC).
- Eliminate or limit extracurricular activities that are not for the purpose of providing childcare.
- Cancel social activities and gatherings that are not part of providing regular school services.
- Require the use of cloth face coverings for staff and students (as developmentally feasible).

- Adhere strictly to physical distancing recommendations (i.e., separate individuals by at least six feet).
- Offer child care to working parents.
- Increase public messaging, with focused messages to those individuals who may be at more risk for severe illness.

WHAT HAPPENS IF OUR REGION EXPERIENCES SUBSTANTIAL COMMUNITY TRANSMISSION?

If the Central Health Planning Region is experiencing “Substantial Community Transmission,” schools should consider [Phase II and Phase I Guidance for Virginia Schools](#) (p. 4 and p. 2) for recommendations on the scope of programming and mitigation strategies, including:

- Limit in-person instruction to the most vulnerable students (e.g., students with disabilities, preschool through third grade students, English learners).
- Provide necessary services to vulnerable populations (e.g., children with special needs and at most risk from missing in-person instruction.)
- Remote learning exceptions and teleworking should be options for students and staff who are at high risk of severe illness (as defined by the CDC). Remote learning should be considered as the primary method of instruction, as described in Phase I Guidance for Virginia Schools.
- Eliminate or limit extracurricular activities that are not for the purpose of providing childcare.
- Cancel social activities and gatherings that are not part of providing regular school services.
- Require the use of cloth face coverings for staff and students (as developmentally feasible).
- Adhere strictly to physical distancing recommendations (i.e., separate individuals by at least six feet). Offer child care to working parents.
- Increase public messaging, with focused messages to those individuals who may be at more risk for severe illness.

WHAT IS THE CENTRAL HEALTH PLANNING REGION?

The Central Health Planning Region includes localities from the North Carolina border up to Hanover County and from Caroline County and Fluvanna County in the west to Surry County in the east.

HOW ARE BURDEN, TREND, AND COMMUNITY TRANSMISSION CALCULATED?

The Pandemic Metrics Dashboard is intended to compile various data sources related to the ongoing outbreak in Virginia into understandable overall metrics for burden, trend, and level of transmission. In order to calculate these overall metrics, VDH has selected a list of data sources (individual metrics) including some of the COVID-19 Key Measures and some additional sources.

The raw data for each individual metric is used to calculate a 7-day moving average. For metrics with a built-in denominator, this moving average is used to measure burden. For metrics without a denominator, the 7-day moving average is evaluated per 100,000 population to measure burden. A spline is fit to the 7-day moving average; a derivative is taken to yield a slope. This slope measures whether the overall metric is increasing or decreasing. The number of consecutive days with an increasing or decreasing slope is used to measure the trend.

For each metric, the burden and trend statistics are compared to established thresholds. In order to set these thresholds, VDH used national standards and/or precedents in the literature where available and subject matter and data steward expertise where there was no precedent. An indicator is calculated based on this comparison for burden and trend for each metric.

This indicator is multiplied by a VDH-assigned weight (vital, major, minor) based on data source importance and completeness.

These weighted indicators are summed to calculate the overall burden and the overall trend. The possible combinations of burden and trend together determine the overall transmission extent.

WHO SHOULD I CONTACT IF I HAVE QUESTIONS ABOUT THIS REPORT?

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