



# ARIZONA

STATE REPORT

11.29.2020

Issue 24

## SUMMARY

- Arizona is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 26th highest rate in the country. Arizona is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 25th highest rate in the country.
- Arizona has seen an increase in new cases and an increase in test positivity. Arizona is experiencing a full resurgence equal to the summer surge but without the needed aggressive mitigation across the state.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Maricopa County, 2. Pima County, and 3. Pinal County. These counties represent 77.6% of new cases in Arizona.
- 93% of all counties in Arizona have moderate or high levels of community transmission (yellow, orange, or red zones), with 73% having high levels of community transmission (red zone).
- During the week of Nov 16 - Nov 22, 27% of nursing homes had at least one new resident COVID-19 case, 44% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Arizona had 370 new cases per 100,000 population, compared to a national average of 349 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 9 to support operations activities from FEMA and 4 to support epidemiology activities from CDC.
- Between Nov 21 - Nov 27, on average, 272 patients with confirmed COVID-19 and 234 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arizona. This is an increase of 10% in total COVID-19 hospital admissions.

## RECOMMENDATIONS

- The COVID risk to all Americans is at a historic high. The national daily COVID incidence after Memorial Day, but before the summer surge, was fewer than 25,000 new cases/day and is now more than 180,000 new cases/day; COVID inpatients then were fewer than 30,000 but are now more than 90,000; fatalities have more than doubled. We are in a very dangerous place due to the current, extremely high COVID baseline and limited hospital capacity; a further post-Thanksgiving surge will compromise COVID patient care, as well as medical care overall.
- If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly. It must be made clear that if you are over 65 or have significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected during the Thanksgiving period if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested immediately. If you are over 65 or have significant medical conditions and you gathered outside of your immediate household, you are at a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection.
- We are also seeing clear improvement in many European countries that implemented strong public and private mitigation but preserved schooling. We are also seeing states and cities that aggressively mitigated achieving a high plateau and early stability in less than 4 weeks. However, in many areas of the USA, state mitigation efforts remain inadequate, resulting in sustained transmission or a very prolonged time to peak – over 7 weeks. All states and all counties must flatten the curve now in order to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with significant behavior change of all Americans. Ensure masks at all times in public; increase physical distancing through significant reduction in capacity in public and private indoor spaces, including restaurants and bars; and ensure every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. 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 testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expand strategic use of point-of-care antigen tests for all individuals that gather across households. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases. Antigen tests do not perform well after 8-10 days post infection, when nucleic acid cycle times are >30.
- New hospital admissions in Arizona are rapidly increasing and mitigation must be increased.
- Ensure all universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for this must begin now.
- There continue to be high levels of positive staff at LTCFs, indicative of continued and unmitigated community spread in these geographic areas.
- Ensure all Tribal Nations are testing all residents and visitors weekly to ensure rapid isolation of asymptomatic cases.
- 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.*



COVID-19



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	STATE, % CHANGE FROM PREVIOUS WEEK		FEMA/HHS REGION	UNITED STATES
	STATE	WEEK		
<b>NEW COVID-19 CASES (RATE PER 100,000)</b>	<b>26,942 (370)</b>	<b>+22%</b>	<b>141,764 (276)</b>	<b>1,146,921 (349)</b>
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>11.6%</b>	<b>+0.6%*</b>	<b>8.1%</b>	<b>9.7%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>229,468** (3,153**)</b>	<b>+22%**</b>	<b>1,268,985** (2,474**)</b>	<b>10,846,839** (3,305**)</b>
<b>COVID-19 DEATHS (RATE PER 100,000)</b>	<b>161 (2.2)</b>	<b>-5%</b>	<b>751 (1.5)</b>	<b>10,169 (3.1)</b>
<b>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE</b>	<b>27%</b>	<b>+7%*</b>	<b>10%</b>	<b>25%</b>
<b>SNFs WITH ≥1 NEW STAFF COVID-19 CASE</b>	<b>44%</b>	<b>+7%*</b>	<b>22%</b>	<b>46%</b>
<b>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</b>	<b>3%</b>	<b>-1%*</b>	<b>2%</b>	<b>9%</b>
<b>TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)</b>	<b>3,546 (26)</b>	<b>+10% (+8%)</b>	<b>15,588 (18)</b>	<b>135,904 (19)</b>

\* 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 11/27/2020; previous week is 11/14 - 11/20.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. Previous week is 11/12 - 11/18.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/22/2020, previous week is 11/9-11/15. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

**Admissions:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals.

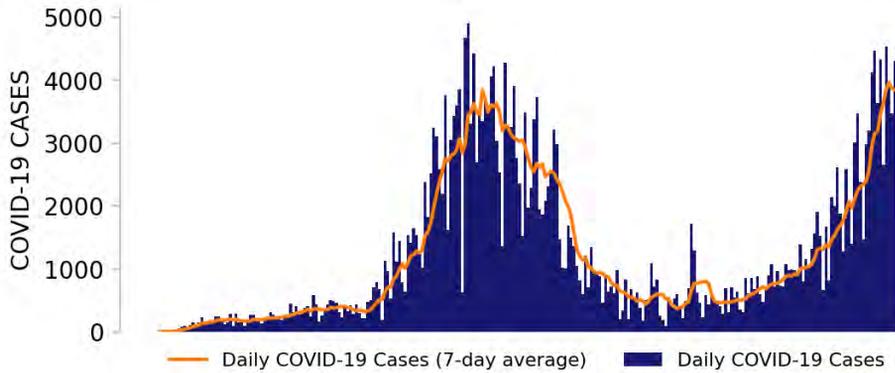
Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.



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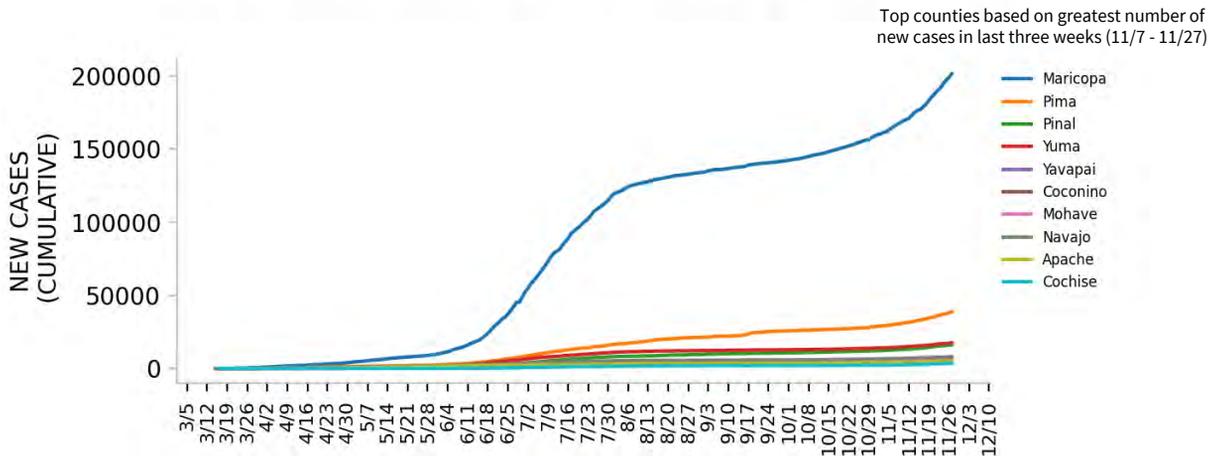
## NEW CASES



## TESTING



## TOP COUNTIES



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

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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.

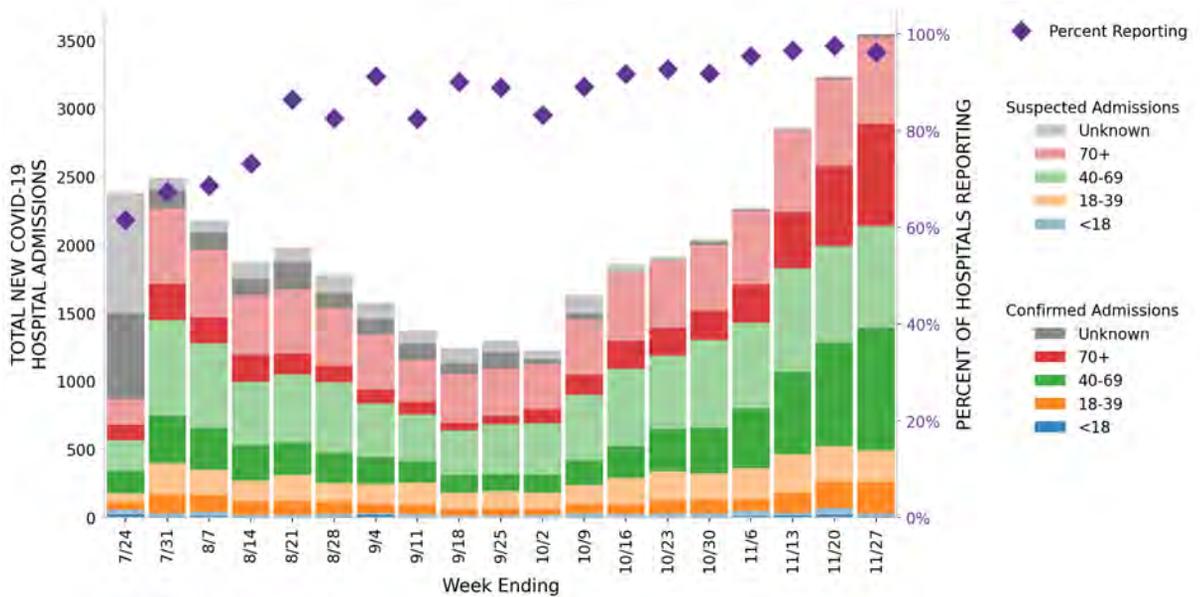


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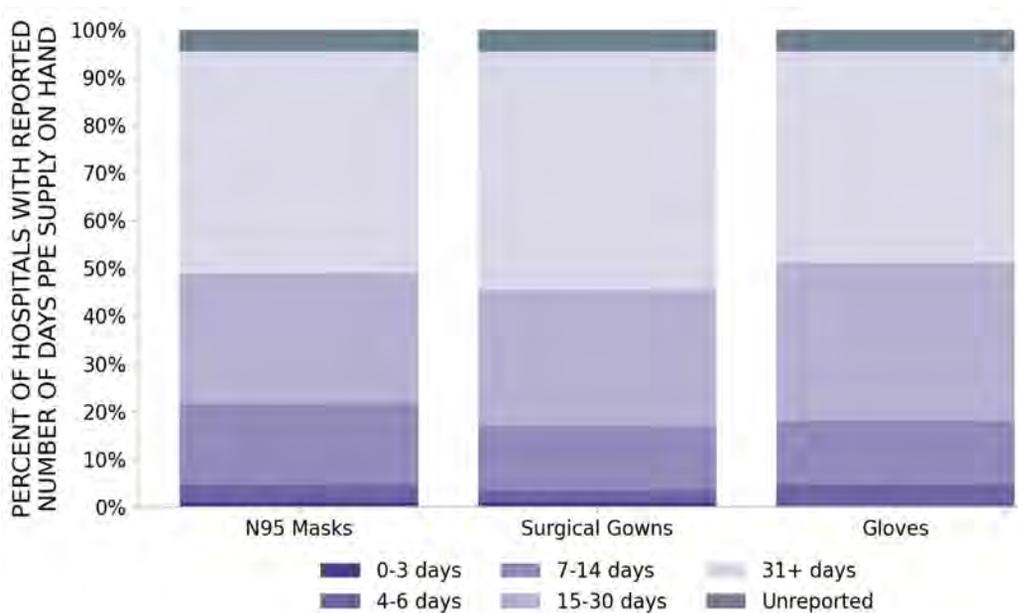
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88 hospitals are expected to report in Arizona

## HOSPITAL ADMISSIONS



## HOSPITAL PPE SUPPLIES



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. 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. 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 11/25/2020.



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## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	9 ▼ (-1)	Phoenix-Mesa-Chandler Tucson Yuma Prescott Valley-Prescott Lake Havasu City-Kingman Show Low Sierra Vista-Douglas Safford Nogales	11 ▼ (-2)	Maricopa Pima Pinal Yuma Yavapai Mohave Navajo Apache Cochise Graham Santa Cruz
	0 ■ (+0)	N/A	0 ■ (+0)	N/A
	2 ▲ (+1)	Flagstaff Payson	3 ▲ (+2)	Coconino Gila Greenlee
Change from previous week's alerts:		▲ Increase	■ Stable	▼ Decrease

\* 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

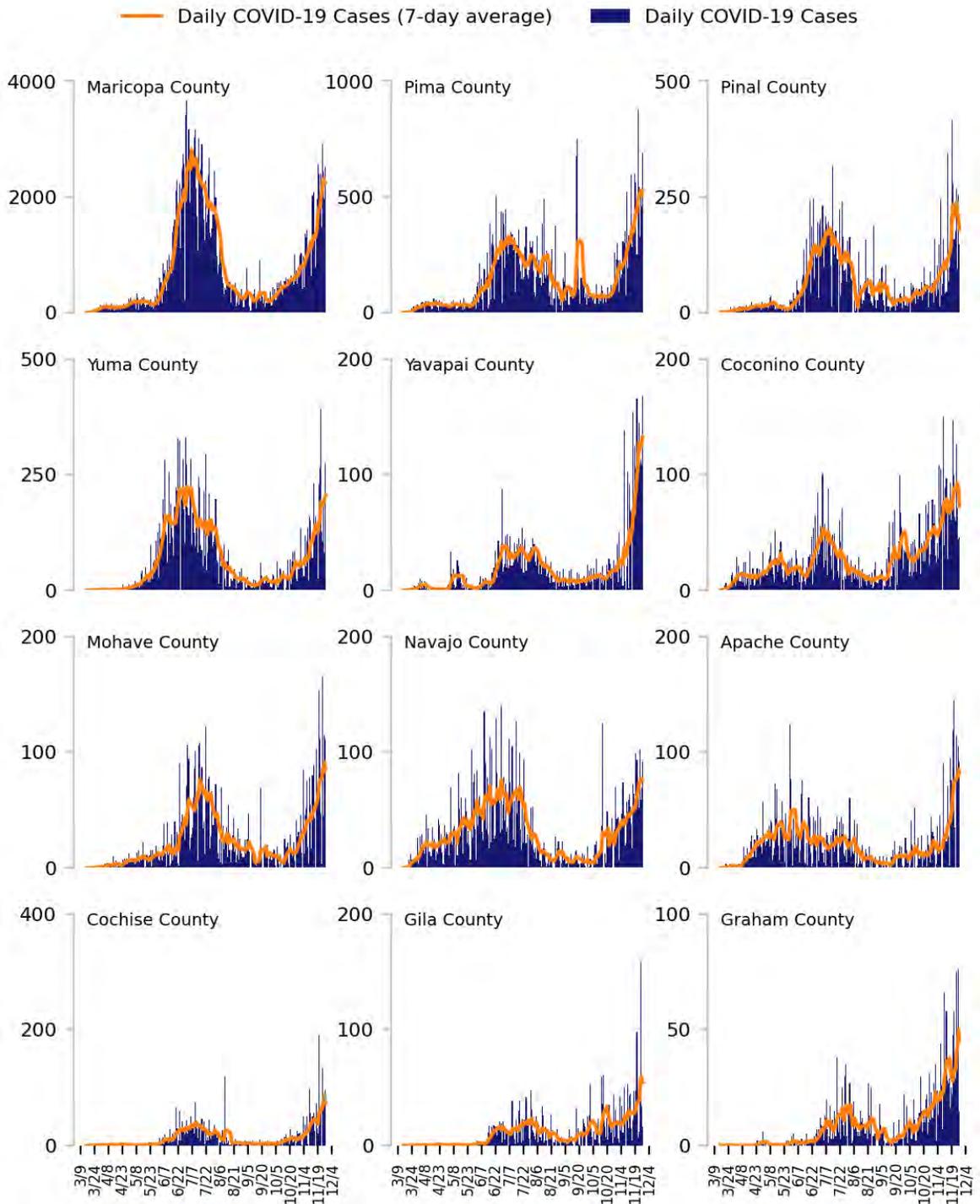
**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/27/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020.



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

TOTAL DAILY CASES



**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 11/27/2020. Last 3 weeks is 11/7 - 11/27.

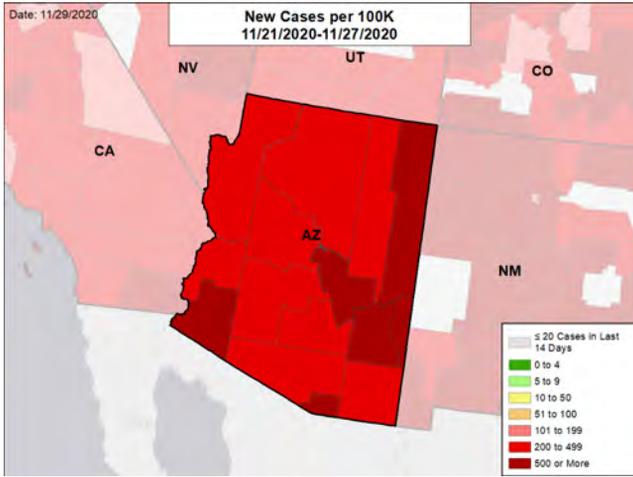


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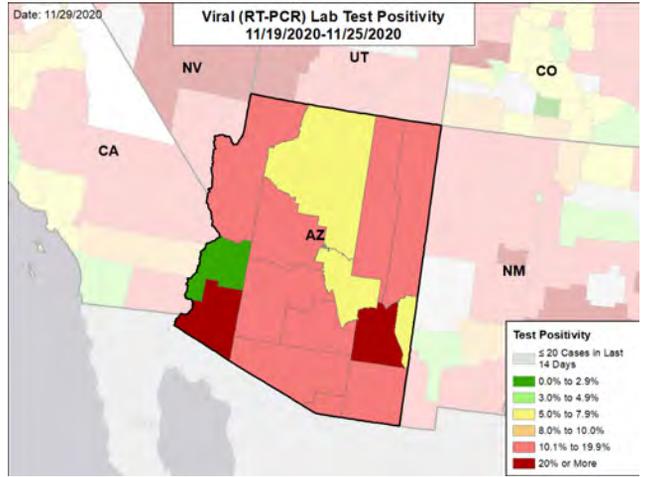
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## CASE RATES AND VIRAL LAB TEST POSITIVITY

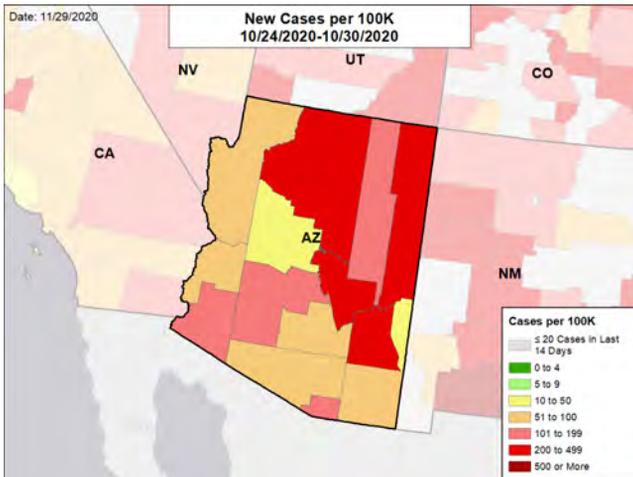
### NEW CASES PER 100,000



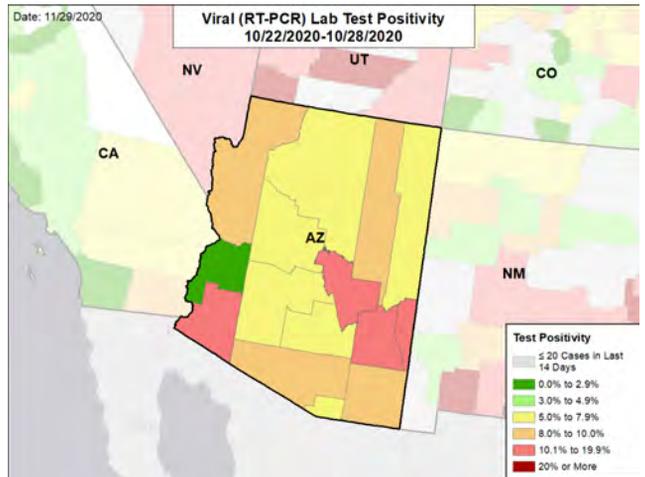
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### NEW CASES PER 100,000 ONE MONTH BEFORE



### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



#### 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 11/27/2020. The week one month before is 10/24 - 10/30.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/25/2020. The week one month before is 10/22 - 10/28.