



KENTUCKY

STATE REPORT | 08.23.2020

SUMMARY

- Kentucky is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 22nd highest rate in the country, and the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 16th highest rate in the country.
- Kentucky has seen a decrease in new cases and a decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Jefferson County, 2. Fayette County, and 3. Warren County. These counties represent 40.1% of new cases in Kentucky.
- 43% of all counties in Kentucky have ongoing community transmission (red or yellow alert), with 13% having high levels of community transmission (red alert).
- Less than 1% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks; however, 8% of nursing homes had at least 1 case of COVID-19 among residents in the last week.
- Kentucky had 89 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: 2 to support operations activities from FEMA.
- Between Aug 15 - Aug 21, on average, 192 patients with confirmed COVID-19 and 259 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kentucky. An average of 92 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

- Encouraging signs of case declines are stemming from mask requirements, bar closures, and indoor dining restrictions. Keep requirements in place until safely in the green zone. Expand outdoor dining options.
- Ensure citizens, businesses, public health officials, hospitals, nursing homes, and schools work together to effectively implement the recommended mitigation strategies to control community transmission.
- In red zones, limit the size of social gatherings to 10 or fewer people; in yellow zones, limit social gatherings to 25 or fewer people.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from older family members and those with comorbidities.
- Nursing homes and public health (including epidemiology) must establish ongoing collaboration for real-time understanding of community transmission to prevent cases and deaths in nursing homes. Expand the protection of those in nursing home, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal face mask use. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place. Conduct onsite infection prevention reviews at nursing homes with ongoing cases and deaths.
- Work with communities to develop effective public health messages for:
 - (1) Individuals living in rural and peri-urban areas about the common sense measures that citizens and businesses should adopt to prevent COVID-19.
 - (2) University students.
 - (3) Vulnerable populations.
- Continue messaging the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand testing approaches with new partnerships and efficiently use tests by testing in zip codes with highest test positivity.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and for schools, especially institutions of higher education (IHE) without such capacity, such as community colleges. Screen students arriving on campus and routinely thereafter with contact tracing. Ensure that all IHE planning residential living and in-person have a testing and surveillance plan.
- Support a uniform case-reporting process for institutions of higher education and reporting of this data on public-facing dashboards, including on the state dashboard.
- Work closely with university leadership, Greek organizations, sports teams, and student body leaders to establish appropriate behavior during COVID-19 with known repercussions if students do not comply.
- Continue ongoing efforts to build and utilize contact tracing. Hire contact tracers and community health workers from within minority and underserved communities to ensure cultural competency to gain trust and buy-in from within the community.
- 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.

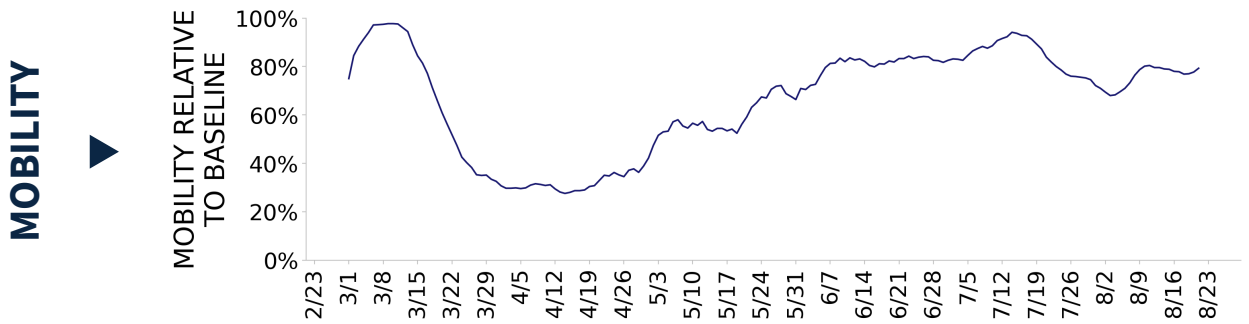




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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	3,962 (89)	-12.3%	89,560 (134)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.0%	-1.7%*	9.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	61,975** (1,387)	-18.1%**	997,394** (1,491)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	60 (1)	+46.3%	2,444 (4)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	8.1%	+3.3%*	22.7%	11.8%



* 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

Bowling Green
Glasgow
Murray
Campbellsville
Bardstown

14

Louisville/Jefferson County
Lexington-Fayette
London
Richmond-Berea
Elizabethtown-Fort Knox
Clarksville
Frankfort
Owensboro
Somerset
Mayfield
Middlesborough
Evansville

COUNTY LAST WEEK

16

Jefferson
Warren
Bullitt
Oldham
Franklin
Shelby
Calloway
Nelson
Knox
Green
Fulton
Washington

36

Fayette
Madison
Kenton
Hardin
Boone
Christian
Pulaski
Scott
Daviess
Campbell
Barren
Laurel

All Yellow CBSAs: Louisville/Jefferson County, Lexington-Fayette, London, Richmond-Berea, Elizabethtown-Fort Knox, Clarksville, Frankfort, Owensboro, Somerset, Mayfield, Middlesborough, Evansville, Madisonville, Maysville

All Red Counties: Jefferson, Warren, Bullitt, Oldham, Franklin, Shelby, Calloway, Nelson, Knox, Green, Fulton, Washington, Simpson, Clinton, Metcalfe, Monroe

All Yellow Counties: Fayette, Madison, Kenton, Hardin, Boone, Christian, Pulaski, Scott, Daviess, Campbell, Barren, Laurel, Jessamine, Graves, Bell, Henderson, Taylor, Casey, Hopkins, Logan, Harlan, Johnson, Lewis, Henry, Grayson, Spencer, Marion, Clay, Marshall, Rockcastle, Knott, Breckinridge, Bourbon, Larue, Jackson, Mason

* 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

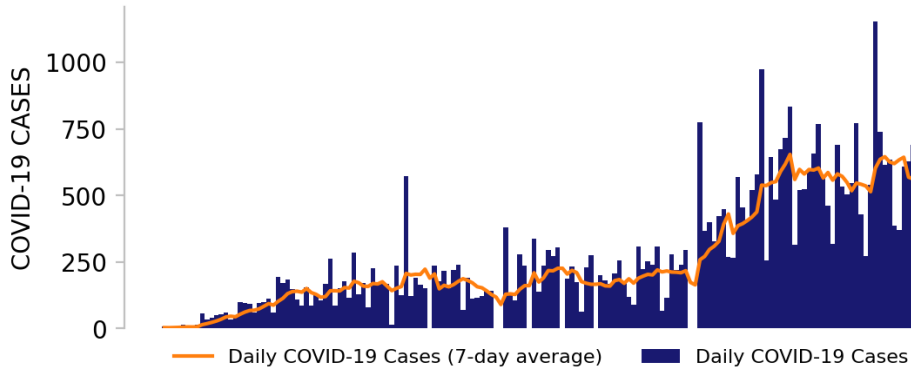
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



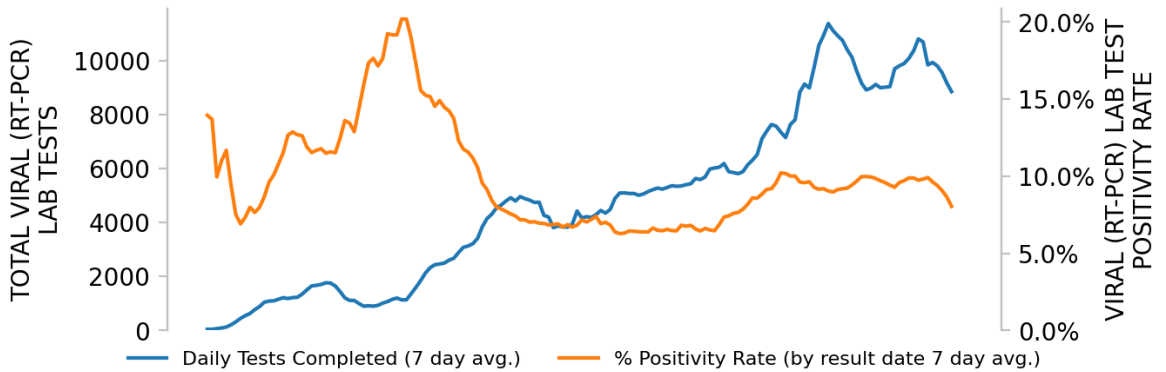
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NEW CASES

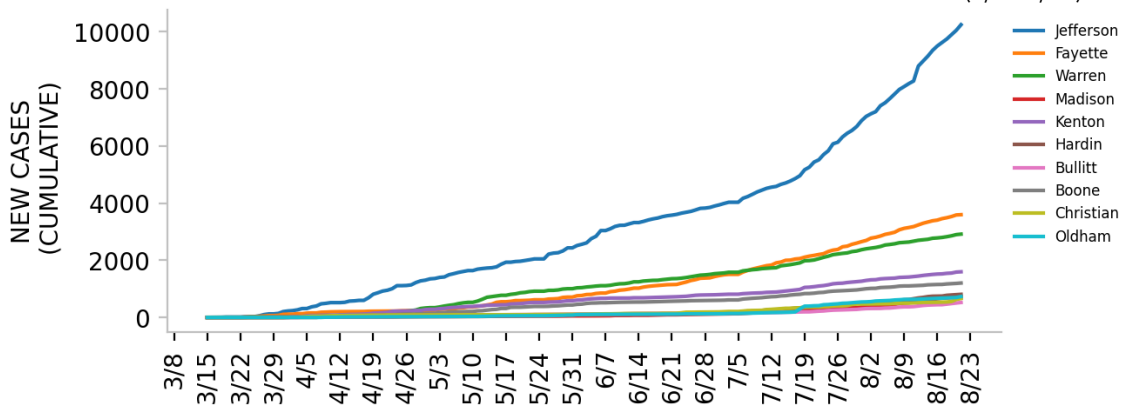


TESTING



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

TOP COUNTIES



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.

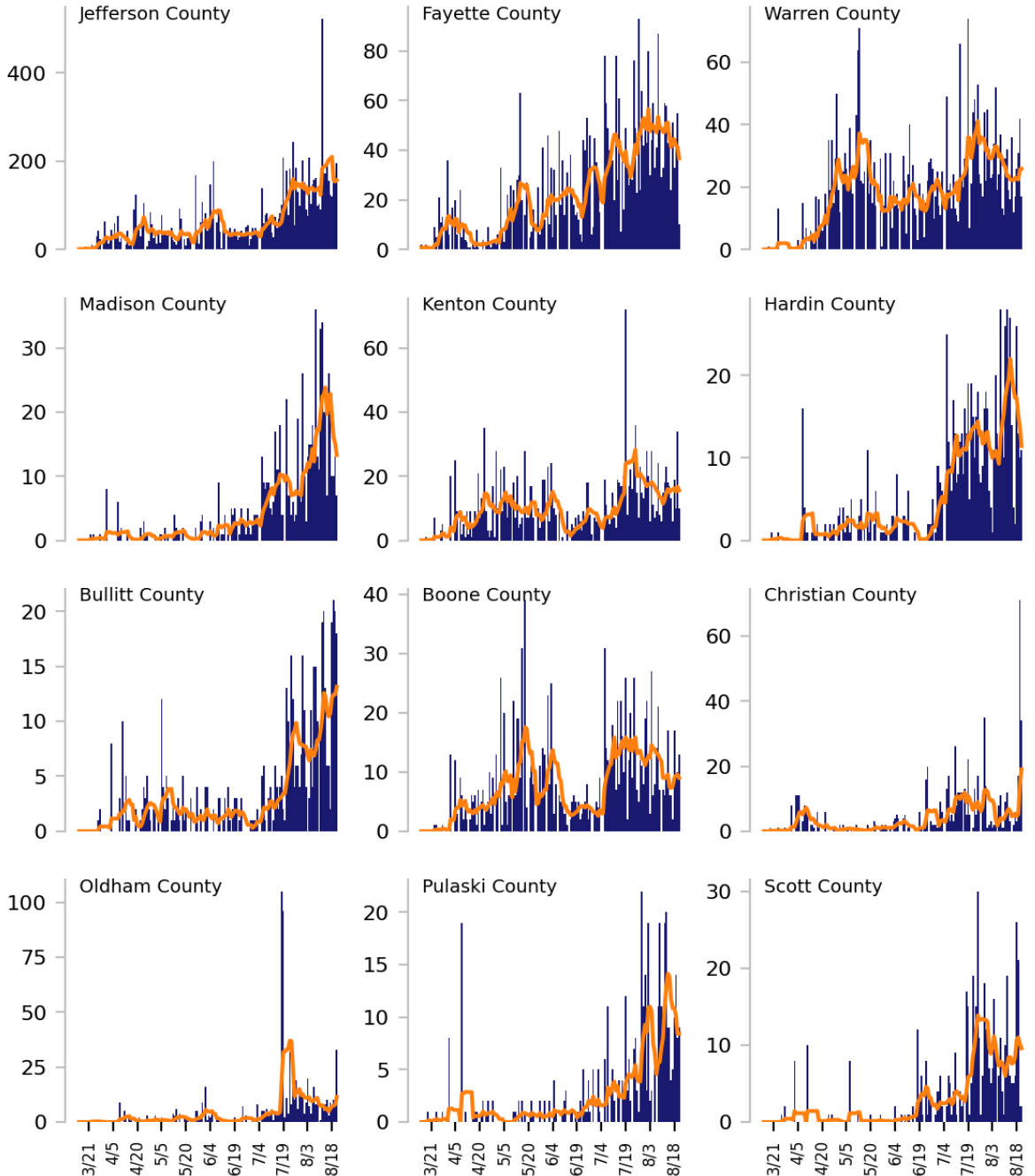
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

— Daily COVID-19 Cases (7-day average) ■ Daily COVID-19 Cases

TOTAL DAILY CASES



DATA SOURCES

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

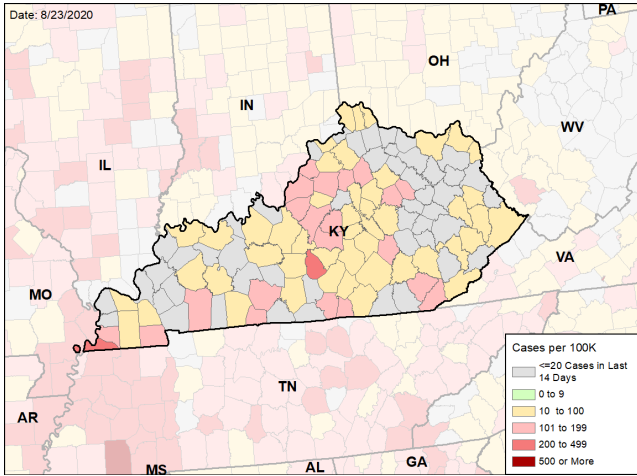


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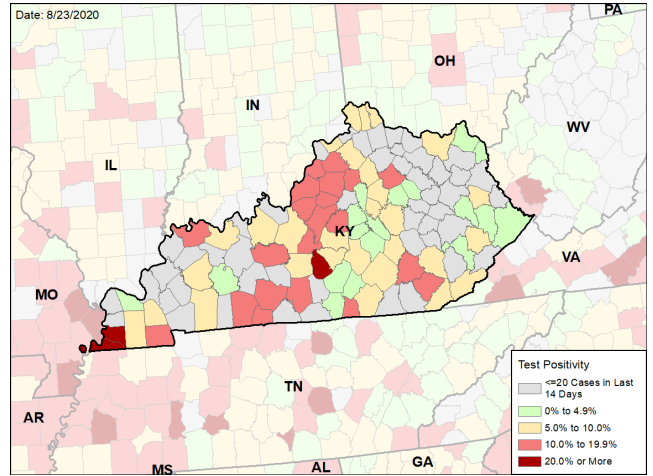
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

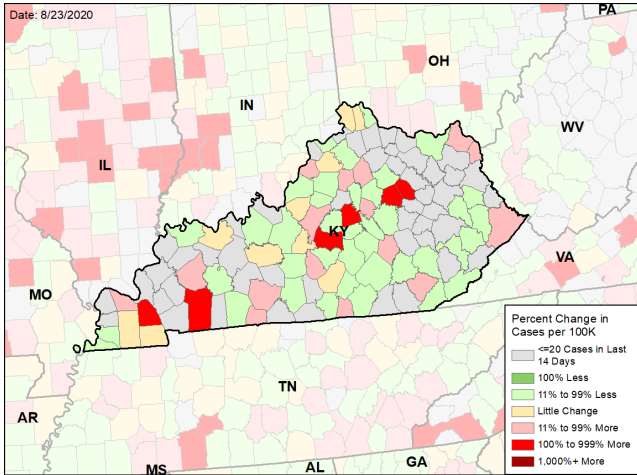
NEW CASES PER 100,000 DURING LAST WEEK



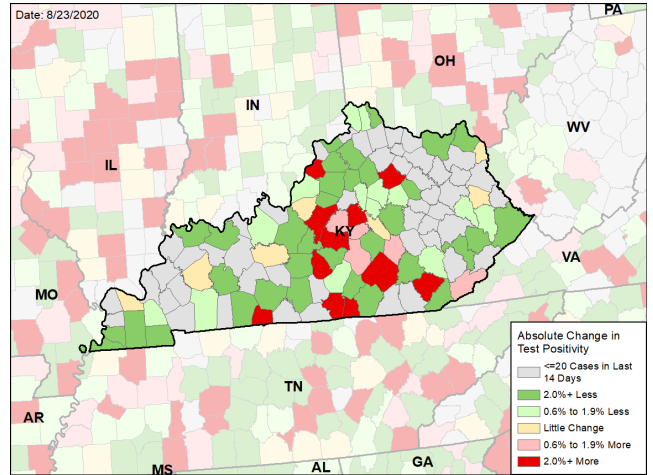
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

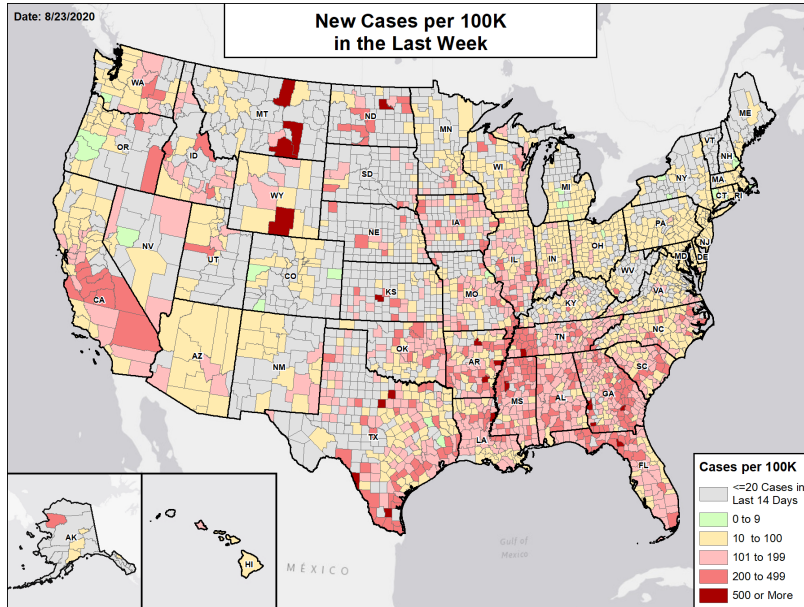
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

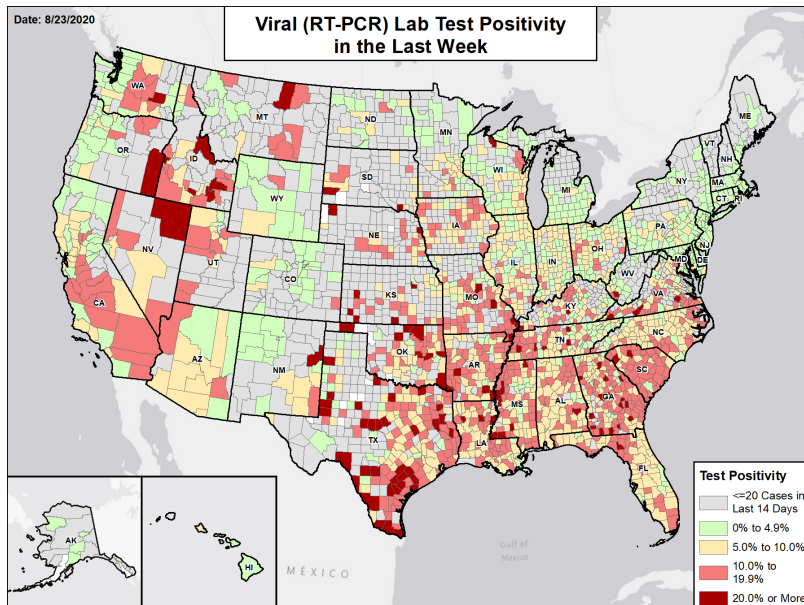


National Picture

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.