



IOWA

SUMMARY

- Iowa is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 4th highest rate in the country. Iowa is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 4th highest rate in the country.
- Iowa has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Polk County, 2. Linn County, and 3. Scott County. These counties represent 24.2% of new cases in Iowa.
- 99% of all counties in Iowa have moderate or high levels of community transmission (yellow, orange, or red zones), with 96% having high levels of community transmission (red zone).
- During the week of Oct 26 - Nov 1, 18% of nursing homes had at least one new resident COVID-19 case, 41% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Iowa had 621 new cases per 100,000 population, compared to a national average of 209 per 100,000.
- Between Oct 31 - Nov 6, on average, 143 patients with confirmed COVID-19 and 34 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Iowa. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- The silent community spread that precedes and continues throughout surges can only be identified and interrupted through proactive and increased testing and surveillance, as universities have done with frequent (weekly) required testing.
- This approach can be adapted to communities/counties in the orange or red zone with proactive weekly testing of groups from the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers). 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 proactive testing among 18-40 year-olds and isolation of positive cases. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded, strategic use of point-of-care antigen tests with immediate results will be critical to expanding this model into the community; these tests should be used among all individuals independent of symptoms in orange and red counties. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic.
- Antigen tests perform well in the highly infectious window and will be effective in identification of asymptomatic and pre-symptomatic infectious cases.
 - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are greater than 30.
 - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, hand hygiene, and immediate isolation, contact tracing, and quarantine.
- The unyielding COVID spread across Iowa continues with new hospital admissions, inpatients, and patients in the ICU at record levels, indicating deeper spread across the state. The most recent trends, showing steep inclines across all indicators, need immediate action including mask requirements to decrease severity in morbidity and mortality among Iowans.
- Over 40% of nursing homes have COVID positive staff, indicating unmitigated community spread. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to less than 50% and restricting hours until cases and test positivity decrease to the yellow zone.
- Review testing at universities; if universities have not been testing all students (on and off campus) weekly, then work with them to implement weekly testing protocols. Investigate if there is ongoing transmission in university towns; mitigation behaviors may be eroding in university towns. Ensure appropriate testing and behavior change in the 10 days prior to student departure to hometowns for the holiday season.
- Message to communities basic actions they should take now:
 - Do not gather without a mask with individuals living outside of your household.
 - Always wear a mask in public places.
 - Stop gatherings beyond immediate household until cases and test positivity are in the yellow zone.
 - Get your flu shot.
- In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools.
- Work with hospitals, local leaders, and chambers of commerce to create and communicate messages for Iowans to adopt about the risks of gatherings outside the home and the importance of wearing a mask. These messages should be tailored to rural communities.
- Ensure all hospitals, including rural hospitals, have access to antivirals, antibodies, PPE, and ventilators. Work through FEMA to secure supplies when stocks of less than a week's supply is confirmed.
- Tribal Nations: Provide Abbot BinaxNOW tests to Tribal Nations to conduct weekly testing among all of those who live or work on the reservation. Weekly testing will immediately identify positives (asymptomatic and symptomatic), who will isolate and prevent further transmission to 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.





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STATE, % CHANGE FROM PREVIOUS

	STATE	WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	19,608 (621)	+64%	64,378 (455)	687,656 (209)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	20.1%	+5.8%*	18.7%	8.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	95,770** (3,035**)	+19%**	261,037** (1,846**)	7,362,570** (2,243**)
COVID-19 DEATHS (RATE PER 100,000)	110 (3.5)	+25%	509 (3.6)	6,542 (2.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	18%	+6%*	20%	15%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	41%	+6%*	41%	29%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+0%*	7%	5%

* 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 11/6/2020; previous week is 10/24 - 10/30.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/4/2020. Previous week is 10/22 - 10/28.

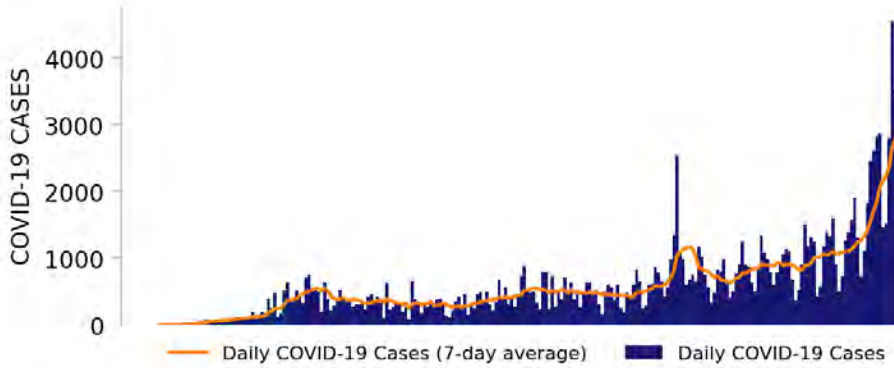
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/1/2020, previous week is 10/19-10/25. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.



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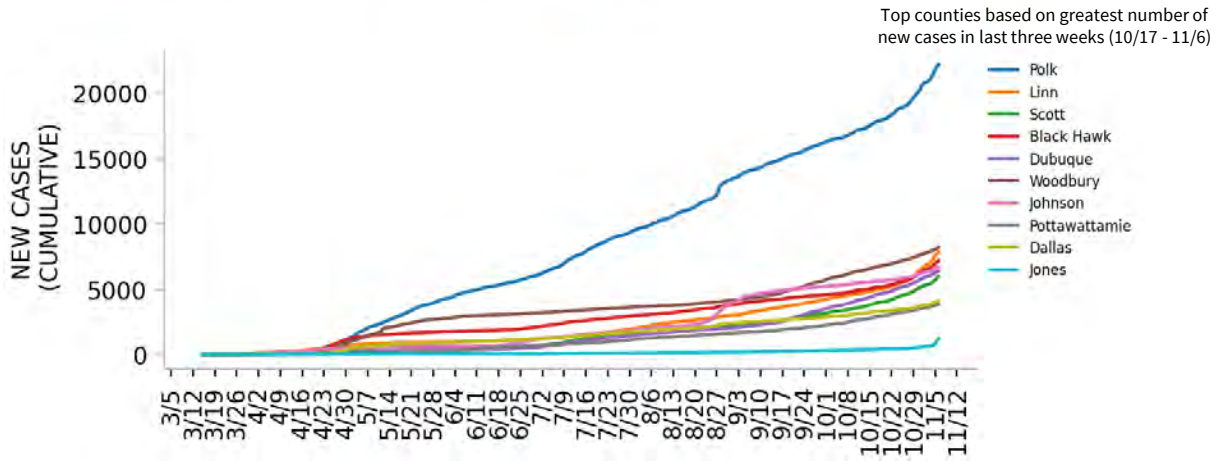
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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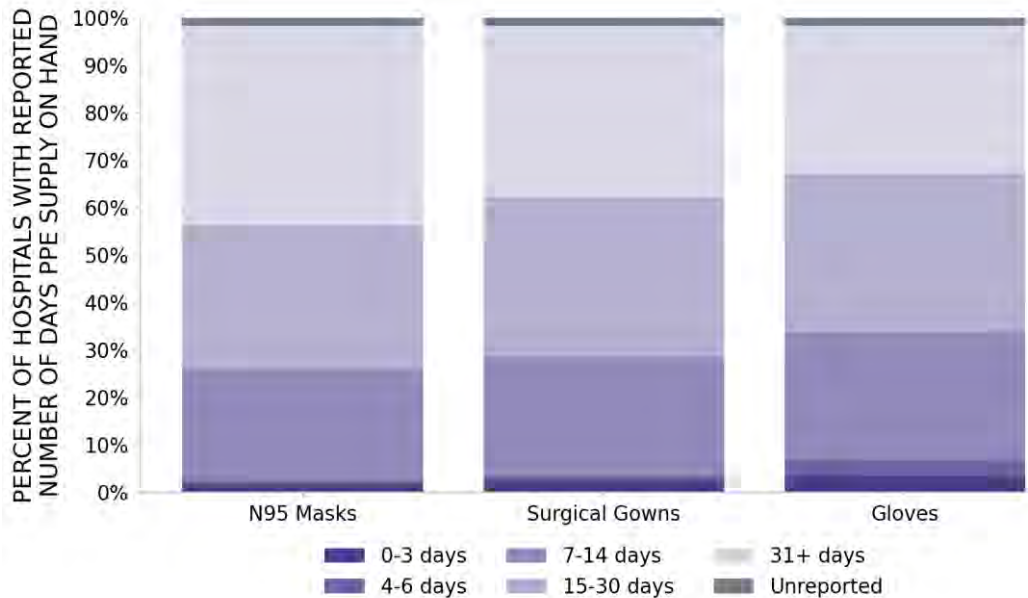
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119 hospitals are expected to report in Iowa

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. In addition, 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. In addition, 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 11/4/2020.



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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	24 ▲ (+3)	Des Moines-West Des Moines Cedar Rapids Waterloo-Cedar Falls Davenport-Moline-Rock Island Dubuque Sioux City Omaha-Council Bluffs Iowa City Ames Burlington Mason City Fort Dodge	95 ▲ (+13)	Polk Linn Scott Black Hawk Dubuque Woodbury Johnson Pottawattamie Dallas Jones Story Des Moines
LOCALITIES IN ORANGE ZONE	0 ▼ (-2)	N/A	3 ▼ (-8)	Hamilton Greene Van Buren
LOCALITIES IN YELLOW ZONE	0 ▼ (-1)	N/A	0 ▼ (-5)	N/A
Change from previous week's alerts:		▲ Increase	■ Stable	▼ Decrease

All Red CBSAs: Des Moines-West Des Moines, Cedar Rapids, Waterloo-Cedar Falls, Davenport-Moline-Rock Island, Dubuque, Sioux City, Omaha-Council Bluffs, Iowa City, Ames, Burlington, Mason City, Fort Dodge, Marshalltown, Clinton, Muscatine, Carroll, Fort Madison-Keokuk, Pella, Ottumwa, Oskaloosa, Storm Lake, Spirit Lake, Spencer, Fairfield

All Red Counties: Polk, Linn, Scott, Black Hawk, Dubuque, Woodbury, Johnson, Pottawattamie, Dallas, Jones, Story, Des Moines, Cerro Gordo, Webster, Sioux, Marshall, Clinton, Plymouth, Muscatine, Jasper, Warren, Carroll, Benton, Jackson, Lee, Marion, Bremer, O'Brien, Delaware, Clayton, Wapello, Henry, Mahaska, Cass, Cedar, Harrison, Buena Vista, Page, Buchanan, Tama, Dickinson, Mills, Washington, Hancock, Hardin, Boone, Fayette, Wright, Clay, Crawford, Winnebago, Iowa, Poweshiek, Butler, Mitchell, Humboldt, Allamakee, Winneshiek, Grundy, Calhoun, Kossuth, Appanoose, Cherokee, Shelby, Sac, Jefferson, Adair, Floyd, Keokuk, Chickasaw, Lyon, Union, Guthrie, Louisa, Ida, Pocahontas, Emmet, Palo Alto, Osceola, Madison, Montgomery, Wayne, Audubon, Taylor, Decatur, Clarke, Davis, Howard, Franklin, Worth, Fremont, Monroe, Monona, Lucas, Ringgold

* 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

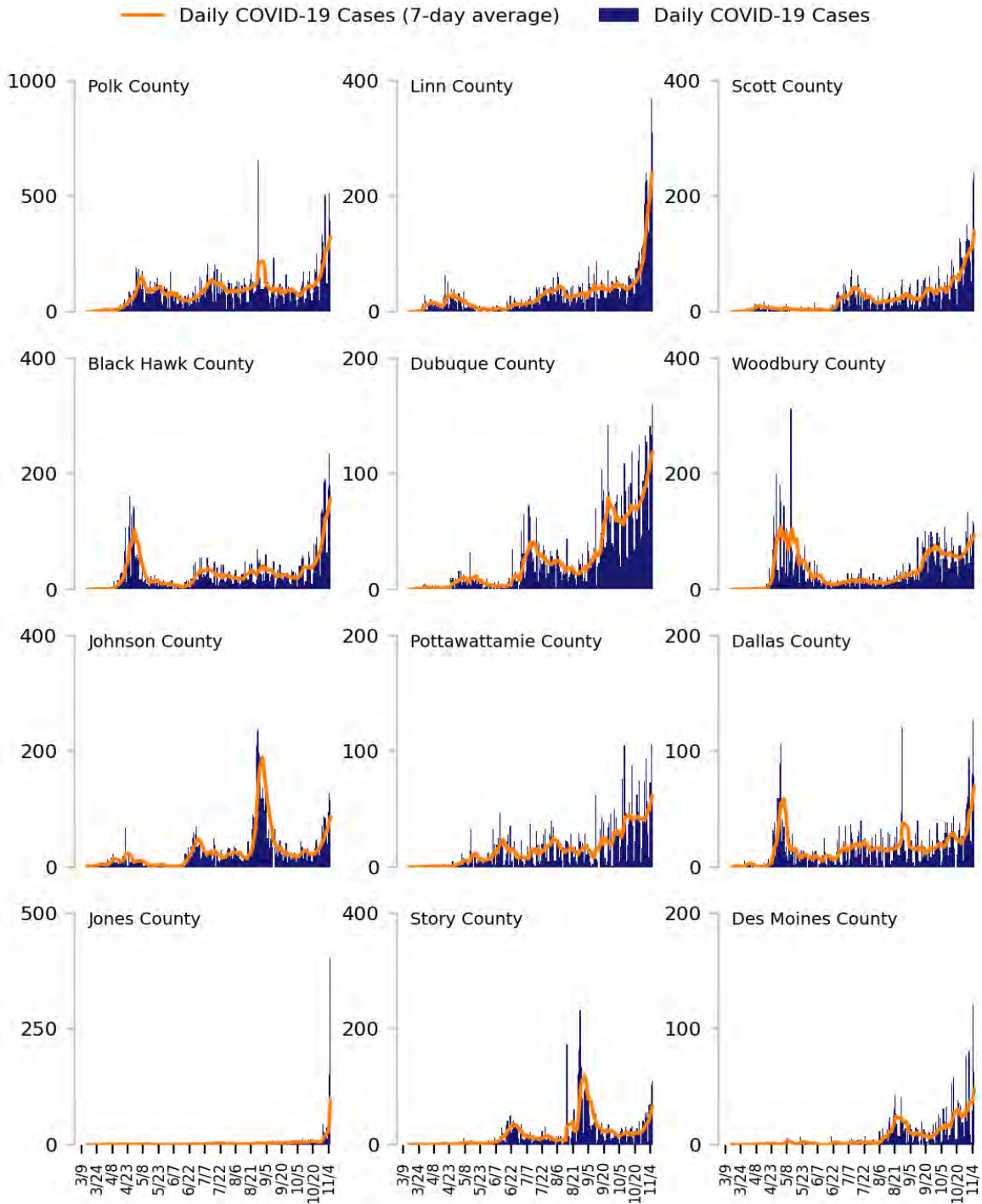
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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/4/2020.



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 11/6/2020. Last 3 weeks is 10/17 - 11/6.

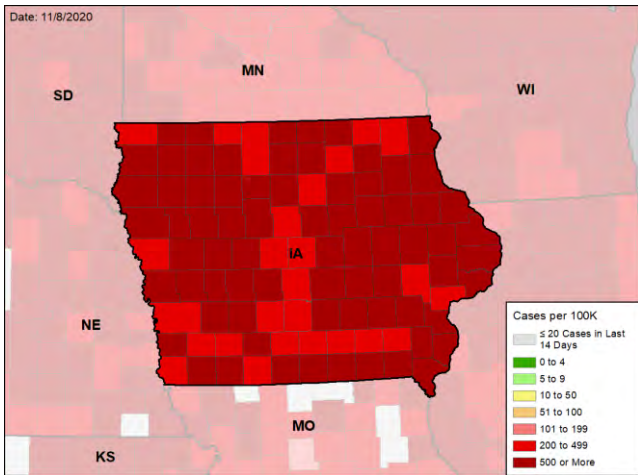


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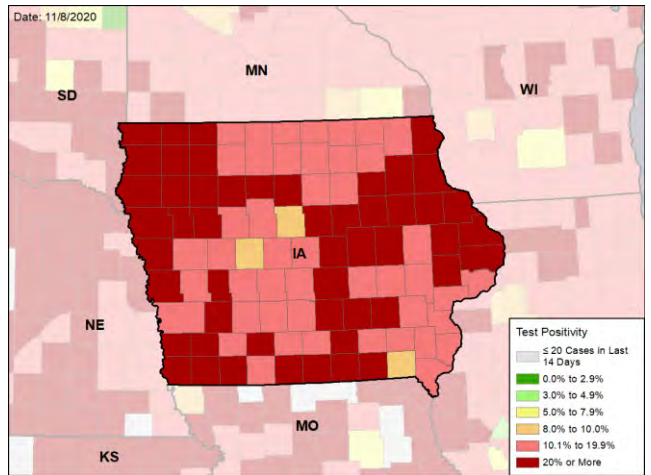
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CASE RATES AND VIRAL LAB TEST POSITIVITY

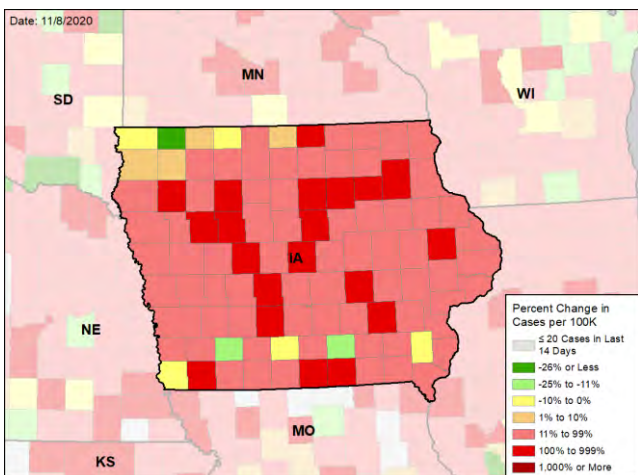
NEW CASES PER 100,000



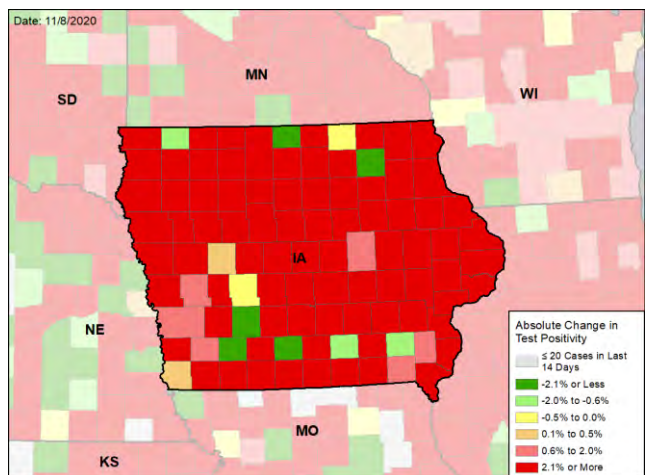
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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

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