We want to provide these data to help everyone understand how decisions are being made to loosen or tighten some restrictions as we continue to respond to COVID-19. To establish these metrics, we conducted a deep review of existing plans, emerging scientific literature on COVID-19 spread, regional data, and national data.

In addition to the publicly facing nine metrics, we are monitoring process measures to help us understand where there may be gaps in the system. These process measures look at transmission dynamics (the “R” value of our epidemic), lab result reporting timeliness, outbreak monitoring within priority populations, capacity for supporting isolation/quarantine, and contact attempts of both cases and contacts. The table below shows the measures we’re using for a phased reopening of Dane County, and our current status.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Dane County Status</th>
<th>Southern Region Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Epidemiology:</strong></td>
<td>We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Below a threshold of 5% for positive tests as a percent of total tests averaged across most recent 14 day period</td>
<td>2.5%</td>
<td>2.8%</td>
</tr>
<tr>
<td></td>
<td>2. Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County and 8 cases per day for the Southern region)</td>
<td>63</td>
<td>129</td>
</tr>
<tr>
<td><strong>Healthcare:</strong></td>
<td>A sustained, high testing level is a critical metric, as testing is how we detect active infection and prevent transmission of COVID-19. Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19 as well as protect healthcare workers from infection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Testing supplies and staff facilitate adequate testing for disease control and surveillance (goal of over 800 per day for Dane County and over 1,790 per day for the Southern region)</td>
<td>2554</td>
<td>4622</td>
</tr>
<tr>
<td></td>
<td>4. Percent of hospitals reporting robust testing in place for healthcare workers in the past week*</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>5. Percent of hospitals reporting ability to treat all cases without crisis care *</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>• Facility use</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Staffing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Critical supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Decreasing or stable numbers of infected healthcare workers</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Public Health:</strong></td>
<td>Our ability to identify and isolate infections is critical to prevent further spread. Through rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community. Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. All positive cases be contacted quickly to facilitate rapid isolation and quarantine for disease control</td>
<td>52%</td>
<td>Not tracked at regional level</td>
</tr>
<tr>
<td></td>
<td>8. Proportion of new cases over the most recent 14 day period who don’t know where they could have gotten COVID</td>
<td>36%</td>
<td>37%</td>
</tr>
<tr>
<td></td>
<td>9. Downward or stable trajectory of COVID-like syndromic cases reported within a 14 days period</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
A Message on Negative Tests Backlog and Data-Informed Decisions

Last week’s snapshot did not include data for the percent positive and number of tests metrics due to a backlog of negative tests in our data system. We receive test results from labs in real time, but before they can be finalized and assigned an ID number they sit in a “staging” area of the data system and must be manually processed by a staff member. This involves assigning a case investigator to positive tests, ensuring tests were correctly assigned to Dane County (and if not, assigning them to the proper jurisdiction), and matching tests to an individual’s record if they have already received a test and have an ID number in our system. Because these tests haven’t been finalized, we have, up until recently, waited until these tests come out of the staging area to report them. This is why our dashboard, ever since we added a graph for percent positivity on 6/19/20, has always stated that the number of tests and percent positive graphs will only be updated through four days prior to the current date.

The backlog of negative tests became more pronounced over the past three weeks. After our spike in cases in late June, we also saw the number of tests increase by 45% from the last two weeks of June to the first two weeks of July. Our snapshot released on 7/6 did not reflect the percent positivity numbers for two days due to a backlog of tests, and our snapshot released on 7/13 did not reflect percent positivity numbers for three days. In last week’s snapshot, we did not share percent positivity or testing numbers since the negative tests had become too backlogged to provide accurate data. We then identified a method to include labs in “staging,” and on Friday 7/24 began including these tests. We will also include those numbers on our snapshots going forward, beginning today.

Our goal is to provide data that is as accurate and meaningful as possible, as we know these data are being used in a number of ways to help us understand the epidemic locally and take action to mitigate COVID-19. We aim to communicate when we do something differently in a number of ways: on our dashboard, in our data blog, and within these weekly data snapshots.
DANE COUNTY COVID-19 DATA

July 27, 2020  Data from July 11—July 24

Demographics

In this 14-day period, 19,467 people so far have tests processed for COVID-19. 888 people tested positive, and 20 of the people who tested positive were hospitalized. We are encouraged to see a lower percent of hospitalizations among our Hispanic cases, but Black and Hispanic Dane County residents who tested positive are still overrepresented in cases and Black residents are overrepresented in hospitalizations compared to their representation in the overall Dane County population:

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Percent of Population</th>
<th>Percent of Tests</th>
<th>Percent of Cases</th>
<th>Percent of Hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>74%</td>
<td>58%</td>
<td>55%</td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latinx</td>
<td>16%</td>
<td>7%</td>
<td>5%</td>
<td>6% of population</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>14%</td>
<td>6%</td>
<td>5%</td>
<td>6% of population</td>
</tr>
<tr>
<td>Asian, non-Hispanic</td>
<td>7%</td>
<td>3%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native, non-Hispanic</td>
<td>0.3%</td>
<td>0.4%</td>
<td>0.5%</td>
<td>0.3% of population</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>15%</td>
<td>8%</td>
<td>7%</td>
<td></td>
</tr>
</tbody>
</table>

Just over half of those who tested positive in this 14-day period were female.

The age group with the highest number of cases continues to be ages 20-29, but their percentage of total cases has decreased from 41% last week and from 54% two weeks ago.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>4%</td>
</tr>
<tr>
<td>10-19</td>
<td>15%</td>
</tr>
<tr>
<td>20-29</td>
<td>33%</td>
</tr>
<tr>
<td>30-39</td>
<td>14%</td>
</tr>
<tr>
<td>40-49</td>
<td>13%</td>
</tr>
<tr>
<td>50-59</td>
<td>11%</td>
</tr>
<tr>
<td>60-69</td>
<td>6%</td>
</tr>
<tr>
<td>70-79</td>
<td>2%</td>
</tr>
<tr>
<td>80-89</td>
<td>1%</td>
</tr>
<tr>
<td>90+</td>
<td>0.2%</td>
</tr>
</tbody>
</table>
DANE COUNTY COVID-19 DATA

July 27, 2020  Data from July 11—July 24

Epidemiology

We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.

We are encouraged by a continued decrease in the average number of cases, but are still in the red for this important metric. In this 14-day period there were 888 total cases:

• Of all 888 cases, 523 (59%) were tested at community testing sites (501 at the Alliant Energy Center).
• Of all 888 cases, 273 (31%) were young adults between the ages of 18-25.
• Of 736 people who have been fully interviewed so far, 255 (35%) reported attending a gathering or party with people outside of their household.
• Of 736 people fully interviewed so far, 403 (55%) identified the likely source of infection as close contact with another lab-confirmed COVID-19 case.
• Of 736 people fully interviewed so far, 89 (12%) were associated with a cluster: 31 from workplaces, 19 from congregate facilities, 14 from bars and restaurants, 9 from childcare facilities, 6 from college-aged housing (including sororities, fraternities, near-campus apartments), 5 from in-home care services, 2 from sports teams, and 3 from other clusters.

Measure: Below a threshold of 5% for positive tests as a percent of total tests average across the most recent 14-day period

GREEN: Below 5% positivity
YELLOW: 5-10% positivity
RED: Above 10% positivity

An average of 2.5% of tests were positive which was below the desired threshold.
Daily positivity ranged from 1.5% to 5.3%.

Measure: Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County) averaged over a 14-day period

GREEN: Below 4 cases
YELLOW: 4-20 cases
RED: Greater than 20 cases

There was an average of 63 cases per day which was above the level we need to be at.
Daily cases ranged from 30 to 102.
Healthcare

A sustained, high testing level is a critical metric that ensures our epidemiology criteria are meaningful. Testing is how we detect active infection, which leads to contact tracing and prevention of further disease transmission. There have been varied estimates for what a minimal level of testing may require, ranging from Wisconsin’s statewide target of 85,000 tests/week (which would correlate to 1,128 tests per day for Dane County), to state-level estimates from Harvard Global Health Institute of 68 tests/100,000 population/day (372 tests/day for Dane County). We are aiming for a robust testing level of 800 tests per day since the case metrics are dependent on sufficient testing levels. If testing numbers decrease, process measures will be used to understand if the reason is due to lessened capacity or demand.

Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19. To establish that hospitals are operating outside of crisis care, one of our metrics measures facility use, staffing, and critical supplies across Dane County hospitals—the same metric used by the Badger Bounce Back plan. Given that healthcare workers power healthcare systems, we need to ensure evidence of robust testing of healthcare workers, and sustained low rates of positivity among healthcare workers.

**Measure:** Testing supplies and staff facilitate adequate testing for disease control and surveillance

<table>
<thead>
<tr>
<th>Category</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN</td>
<td>800+ per day</td>
</tr>
<tr>
<td>YELLOW</td>
<td>400-800 per day</td>
</tr>
<tr>
<td>RED</td>
<td>&lt;400 per day</td>
</tr>
</tbody>
</table>

An average of 2,554 tests were conducted each day, which was above the desired threshold. Daily tests ranged from 1,305 to 3,907.

**Measure:** Robust testing in place for healthcare workers

<table>
<thead>
<tr>
<th>Category</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN</td>
<td>95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines</td>
</tr>
<tr>
<td>RED</td>
<td>&lt;95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines</td>
</tr>
</tbody>
</table>

100%* of hospitals reported that they arranged for testing of all symptomatic clinical staff per CDC guidelines, which was above the desired threshold.

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID due to the nature of the essential service they provide to the community. Testing of healthcare workers is critical to protecting this workforce and ensure their capacity to care for patients seeking medical care.

* At the time of this update, 2 hospitals in Dane County (out of 7 total) had not provided complete data. 100% of hospitals providing complete data met this measure.
DANE COUNTY COVID-19 DATA
July 27, 2020  Data from July 11—July 24

**Measure:** Treat all patients without crisis care based on facility use, staffing status, and critical supply status

<table>
<thead>
<tr>
<th><strong>GREEN:</strong> 95% of hospitals answer no to all 3 questions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- <em>Facility use status:</em> the facility is damaged/unsafe or non-patient care areas are being used by the facility for patient care</td>
</tr>
<tr>
<td>- <em>Staffing status:</em> trained staff are unavailable or unable to adequately care for the volume of patients even with extension techniques</td>
</tr>
<tr>
<td>- <em>Critical supply status:</em> critical supplies are lacking, resulting in reallocation of life-sustaining resources and/or other extreme operating conditions</td>
</tr>
</tbody>
</table>

100% of hospitals reported that they treated all patients without crisis care which was above the desired threshold.

Keeping the healthcare system stable is essential to ensuring care for COVID and non-COVID patients.

*At the time of this update, 2 hospitals in Dane County (out of 7 total) had not provided complete data. 100% of hospitals providing complete data met this measure.*

**Measure:** Decreasing or stable numbers of infected healthcare workers

| **GREEN:** No significant increase in healthcare worker infections for most recent 14 days |

There was a statistically significant decrease in the number of healthcare workers who tested positive for COVID-19. Daily infections among healthcare workers ranged from 0 to 10.

| **YELLOW:** Significant increase in healthcare worker infections due to a known cluster in a single facility for most recent 14 days |

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID and for spreading COVID to vulnerable community members due to the nature of the essential service they provide to the community.

Ensuring that infections among healthcare workers are not increasing is important to ensure that the healthcare workforce is not depleted and is not unknowingly passing on the virus to other individuals in the healthcare setting.

An increase of healthcare workers testing positive in a single facility is different than a significant increase in healthcare workers across the system—the former may be more straightforward to address, whereas the latter may indicate a larger underlying issue.
Public Health

Our ability to identify and isolate people with COVID is critical to prevent further spread. Through rapid lab result reporting, followed by rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community.

Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread. Keeping a pulse on the numbers of folks entering emergency departments and urgent care with COVID-like symptoms can help us understand potential surges in COVID that are not being captured by testing data.

**Measure:** All positive cases can be reported and interviewed quickly to facilitate rapid isolation and quarantine for disease control

<table>
<thead>
<tr>
<th></th>
<th>GREEN: 85% or more of all new cases are contacted within 48 hours of being tested</th>
<th>YELLOW: 70-84% of cases are contacted within 48 hours of being tested</th>
<th>RED: &lt;70% of cases are contacted within 48 hours of being tested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>52%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

52% of cases were contacted within 48 hours of being tested.

In order to contain the spread of the virus it is imperative to quickly identify who has the virus and contact them to ensure they are isolated from others. We want to see a high percentage of cases contacted within this 48 hour window. This metric is also highly dependent on how quickly individual labs can process tests and report the results. 51% of positive tests were reported within 24 hours, and 64% of cases were interviewed within 24 hours of their test result.

**Measure:** Proportion of contacted COVID-19 cases who don’t know where they could have gotten COVID in most recent 14-day period

<table>
<thead>
<tr>
<th></th>
<th>GREEN: &lt;20% of cases don’t know where they could’ve gotten COVID-19</th>
<th>YELLOW: 20-30% of cases don’t know where they could’ve gotten COVID-19</th>
<th>RED: Over 30% of cases don’t know where they could’ve gotten COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>36%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

36% of cases who tested positive didn’t know where they could’ve gotten COVID-19.

We calculate this measure based on several known risk factors for COVID-19, such as being in close contact with someone who has tested positive for COVID-19. A high percent of cases with no known route of disease transmission means there is likely a large number of individuals unknowingly spreading the virus in the community, which makes isolation and contact tracing much more difficult.

**Measure:** Downward or stable trajectory of COVID-like syndromic cases reported within a 14 day period

<table>
<thead>
<tr>
<th></th>
<th>GREEN: No significant increase in COVID-like syndromic cases for most recent 14 days</th>
<th>RED: Significant increase in COVID-like syndromic cases for most recent 14 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

There was a statistically significant decrease in COVID-like syndromic cases.

Syndromic cases can be an early warning indicator for future hospitalizations.
We want to provide these data to help everyone understand how decisions are being made to loosen or tighten some restrictions as we continue to respond to COVID-19.

Due to a backlog of negative tests in our data system that need processing, we are not calculating the percent positive and number of tests metrics this week.

When someone tests negative, they receive notification from the facility where they got tested on their test result. That test information enters our data system, and we have staff who process the test by verifying the result and matching it to the person who was tested if they already have a record in our data system. We always process positive results within 24 hours so those people can be assigned a case investigator. Due to record numbers of both cases and tests over the past month, we only have negative tests fully processed through July 10. We have recently hired additional staff to help process these tests.

DANE COUNTY COVID-19 DATA
July 20, 2020 Data from July 4—July 17

We want to provide these data to help everyone understand how decisions are being made to loosen or tighten some restrictions as we continue to respond to COVID-19.

Due to a backlog of negative tests in our data system that need processing, we are not calculating the percent positive and number of tests metrics this week.

When someone tests negative, they receive notification from the facility where they got tested on their test result. That test information enters our data system, and we have staff who process the test by verifying the result and matching it to the person who was tested if they already have a record in our data system. We always process positive results within 24 hours so those people can be assigned a case investigator. Due to record numbers of both cases and tests over the past month, we only have negative tests fully processed through July 10. We have recently hired additional staff to help process these tests.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Dane County Status</th>
<th>Southern Region Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology:</td>
<td>1. Below a threshold of 5% for positive tests as a percent of total tests averaged across most recent 14 day period</td>
<td>Not calculated this week see note above</td>
<td>Not calculated this week see note above</td>
</tr>
<tr>
<td></td>
<td>2. Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County and 8 cases per day for the Southern region)</td>
<td>80</td>
<td>136</td>
</tr>
<tr>
<td>Healthcare:</td>
<td>3. Testing supplies and staff facilitate adequate testing for disease control and surveillance (goal of over 800 per day for Dane County and over 1,790 per day for the Southern region)</td>
<td>Not calculated this week see note above</td>
<td>Not calculated this week see note above</td>
</tr>
<tr>
<td></td>
<td>4. Percent of hospitals reporting robust testing in place for healthcare workers in the past week</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
|                         | 5. Percent of hospitals reporting ability to treat all cases without crisis care  
                         | Facility use  
                         | Staffing  
                         | Critical supply | 100%               | 100%                  |
|                         | 6. Decreasing or stable numbers of infected healthcare workers | ✔️                 | ✔️                    |
| Public Health:          | 7. All positive cases be contacted quickly to facilitate rapid isolation and quarantine for disease control | 43%                | Not tracked at regional level |
|                         | 8. Proportion of new cases over the most recent 14 day period who don’t know where they could have gotten COVID | 30%                | 32%                   |
|                         | 9. Downward or stable trajectory of COVID-like syndromic cases reported within a 14 days period | ✔️                 | ✔️                    |
Just over half of those who tested positive in this 14-day period were female.

The age group with the highest number of cases continues to be ages 20-29.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>4%</td>
</tr>
<tr>
<td>10-19</td>
<td>13%</td>
</tr>
<tr>
<td>20-29</td>
<td>41%</td>
</tr>
<tr>
<td>30-39</td>
<td>14%</td>
</tr>
<tr>
<td>40-49</td>
<td>11%</td>
</tr>
<tr>
<td>50-59</td>
<td>9%</td>
</tr>
<tr>
<td>60-69</td>
<td>5%</td>
</tr>
<tr>
<td>70-79</td>
<td>2%</td>
</tr>
<tr>
<td>80-89</td>
<td>1%</td>
</tr>
<tr>
<td>90+</td>
<td>0.2%</td>
</tr>
</tbody>
</table>
Epidemiology

We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.

We had a decrease in the average number of new cases for the first time since the Forward Dane metrics debuted on May 18, from 98 in the last snapshot to 80 in this snapshot. We’re still not where we need to be, but we’re making progress. In this 14-day period there were 1,122 cases:

- Of all 1,122 cases, 633 (56%) were tested at community testing sites (606 at the Alliant Energy Center)
- Of all 1,122 cases, 437 (39%) were young adults between the ages of 18-25
- Of 846 people who have been fully interviewed so far, 342 (40%) reported attending a gathering or party with people outside of their household.
- Of 846 people fully interviewed so far, 117 (14%) were associated with a cluster: 41 from workplaces, 34 from bars and restaurants, 14 from college-aged housing (including sororities, fraternities, near-campus apartments), 8 from congregate facilities, 7 from gyms, 7 from childcare facilities, 2 from salons, and 4 from other clusters.

Measure: Below a threshold of 5% for positive tests as a percent of total tests average across the most recent 14-day period

| Not calculated this week | GREEN: Below 5% positivity | YELLOW: 5-10% positivity | RED: Above 10% positivity |

Measure: Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County) averaged over a 14-day period

| 80 | GREEN: Below 4 cases | YELLOW: 4-20 cases | RED: Greater than 20 cases |

There was an average of 80 cases per day which was above the level we need to be at.

Daily cases ranged from 40 to 120.
Healthcare

A sustained, high testing level is a critical metric that ensures our epidemiology criteria are meaningful. Testing is how we detect active infection, which leads to contact tracing and prevention of further disease transmission. There have been varied estimates for what a minimal level of testing may require, ranging from Wisconsin’s statewide target of 85,000 tests/week (which would correlate to 1,128 tests per day for Dane County), to state-level estimates from Harvard Global Health Institute of 68 tests/100,000 population/day (372 tests/day for Dane County). We are aiming for a robust testing level of 800 tests per day since the case metrics are dependent on sufficient testing levels. If testing numbers decrease, process measures will be used to understand if the reason is due to lessened capacity or demand.

Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19. To establish that hospitals are operating outside of crisis care, one of our metrics measures facility use, staffing, and critical supplies across Dane County hospitals—the same metric used by the Badger Bounce Back plan. Given that healthcare workers power healthcare systems, we need to ensure evidence of robust testing of healthcare workers, and sustained low rates of positivity among healthcare workers.

**Measure:** Testing supplies and staff facilitate adequate testing for disease control and surveillance

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GREEN:</strong></td>
<td>800+ per day</td>
</tr>
<tr>
<td><strong>YELLOW:</strong></td>
<td>400-800 per day</td>
</tr>
<tr>
<td><strong>RED:</strong></td>
<td>&lt;400 per day</td>
</tr>
</tbody>
</table>

We are not calculating this measure this week
See page 1 for more information.

**Measure:** Robust testing in place for healthcare workers

- **GREEN:** 95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines
- **RED:** <95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines

100% of hospitals reported that they arranged for testing of all symptomatic clinical staff per CDC guidelines, which was above the desired threshold.

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID due to the nature of the essential service they provide to the community. Testing of healthcare workers is critical to protecting this workforce and ensure their capacity to care for patients seeking medical care.
# Dane County COVID-19 Data

## July 20, 2020 Data from July 4—July 17

### Measure: Treat all patients without crisis care based on facility use, staffing status, and critical supply status

**GREEN:** 95% of hospitals answer no to all 3 questions:
- **Facility use status:** the facility is damaged/unsafe or non-patient care areas are being used by the facility for patient care
- **Staffing status:** trained staff are unavailable or unable to adequately care for the volume of patients even with extension techniques
- **Critical supply status:** critical supplies are lacking, resulting in reallocation of life-sustaining resources and/or other extreme operating conditions

**100%**

**RED:** Yes to one or more questions

100% of hospitals reported that they treated all patients without crisis care which was above the desired threshold.

Keeping the healthcare system stable is essential to ensuring care for COVID and non-COVID patients.

### Measure: Decreasing or stable numbers of infected healthcare workers

**GREEN:** No significant increase in healthcare worker infections for most recent 14 days

**YELLOW:** Significant increase in healthcare worker infections due to a known cluster in a single facility for most recent 14 days

**RED:** Significant increase in healthcare worker infections for most recent 14 days not contained to a single facility

There was no statistically significant change in the number of healthcare workers who tested positive for COVID-19.

Daily infections among healthcare workers ranged from 4 to 10.

![Bar chart showing daily infections among healthcare workers]

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID and for spreading COVID to vulnerable community members due to the nature of the essential service they provide to the community.

Ensuring that infections among healthcare workers are not increasing is important to ensure that the healthcare workforce is not depleted and is not unknowingly passing on the virus to other individuals in the healthcare setting.

An increase of healthcare workers testing positive in a single facility is different than a significant increase in healthcare workers across the system—the former may be more straightforward to address, whereas the latter may indicate a larger underlying issue.
Public Health

Our ability to identify and isolate people with COVID is critical to prevent further spread. Through rapid lab result reporting, followed by rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community.

Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread. Keeping a pulse on the numbers of folks entering emergency departments and urgent care with COVID-like symptoms can help us understand potential surges in COVID that are not being captured by testing data.

Measure: All positive cases can be reported and interviewed quickly to facilitate rapid isolation and quarantine for disease control

43% of cases were contacted within 48 hours of being tested.

In order to contain the spread of the virus it is imperative to quickly identify who has the virus and contact them to ensure they are isolated from others. We want to see a high percentage of cases contacted within this 48 hour window. This metric is also highly dependent on how quickly individual labs can process tests and report the results. 50% of positive tests were reported within 24 hours, and 54% of cases were interviewed within 24 hours of their test result.

Measure: Proportion of contacted COVID-19 cases who don’t know where they could have gotten COVID in most recent 14-day period

30% of cases who tested positive didn’t know where they could’ve gotten COVID-19.

We calculate this measure based on several known risk factors for COVID-19, such as being in close contact with someone who has tested positive for COVID-19. A high percent of cases with no known route of disease transmission means there is likely a large number of individuals unknowingly spreading the virus in the community, which makes isolation and contact tracing much more difficult.

Measure: Downward or stable trajectory of COVID-like syndromic cases reported within a 14 day period

There has not been a statistically significant change in COVID-like syndromic cases.

Syndromic cases can be an early warning indicator for future hospitalizations.
We want to provide these data to help everyone understand how decisions are being made to loosen or tighten some restrictions as we continue to respond to COVID-19. To establish these metrics, we conducted a deep review of existing plans, emerging scientific literature on COVID-19 spread, regional data, and national data.

In addition to the publicly facing nine metrics, we are monitoring process measures to help us understand where there may be gaps in the system. These process measures look at transmission dynamics (the “R” value of our epidemic), lab result reporting timeliness, outbreak monitoring within priority populations, capacity for supporting isolation/quarantine, and contact attempts of both cases and contacts. The table below shows the measures we’re using for a phased reopening of Dane County, and our current status.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Dane County Status</th>
<th>Southern Region Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Epidemiology:</strong></td>
<td>We must have few enough cases of COVID-19 to be swiftly contained. This</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>is an important parameter, and our thresholds for phased reopening are</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>set at levels that align with the progression of our epidemic locally —</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a lower positivity rate than what is seen at the state level and a low</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>number of cases per 100,000 residents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Below a threshold of 5% for positive tests as a percent of total tests</td>
<td>5.5%</td>
<td>4.5%</td>
</tr>
<tr>
<td></td>
<td>averaged across most recent 14 day period</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Below a low incidence threshold of 0.71 new cases per 100,000 people</td>
<td>98</td>
<td>144</td>
</tr>
<tr>
<td></td>
<td>per day (this is below 4 cases per day for Dane County and 8 cases per</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>day for the Southern region)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Healthcare:</strong></td>
<td>A sustained, high testing level is a critical metric, as testing is</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>how we detect active infection and prevent transmission of COVID-19.</td>
<td></td>
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<tr>
<td></td>
<td>Alongside testing to monitor the course of the epidemic, it is vital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>that healthcare systems are equipped to manage patient care in the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>context of a surge caused by COVID-19 as well as protect healthcare</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>workers from infection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Testing supplies and staff facilitate adequate testing for disease</td>
<td>1789</td>
<td>3242</td>
</tr>
<tr>
<td></td>
<td>control and surveillance (goal of over 800 per day for Dane County and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>over 1,790 per day for the Southern region)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Percent of hospitals reporting robust testing in place for</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>healthcare workers in the past week</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Percent of hospitals reporting ability to treat all cases without</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>crisis care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Facility use</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Staffing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Critical supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Decreasing or stable numbers of infected healthcare workers</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Public Health:</strong></td>
<td>Our ability to identify and isolate infections is critical to prevent</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>further spread. Through rapid contact tracing, we can identify and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>notify contacts who have been exposed. Through education and isolation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>assistance, we can help keep people who test positive and their</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>contacts separated from others for the duration of the infectious</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>period, and lower the risk of spread in the community. Monitoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>community spread—the percentage of cases with an unidentified risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>factor—is how we can gain a sense of the scale of undetected disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>spread.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. All positive cases be contacted quickly to facilitate rapid isolation</td>
<td>42%</td>
<td>Not tracked at</td>
</tr>
<tr>
<td></td>
<td>and quarantine for disease control</td>
<td></td>
<td>regional level</td>
</tr>
<tr>
<td></td>
<td>8. Proportion of new cases over the most recent 14 day period who don’t</td>
<td>28%</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>know where they could have gotten COVID</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Downward or stable trajectory of COVID-like syndromic cases reported</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>within a 14 days period</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Public Health:** [publichealthmdc.com/coronavirus](http://publichealthmdc.com/coronavirus)

Data is current as of July 13, 2020 at 9:00 am
**DANE COUNTY COVID-19 DATA**

**July 13, 2020  Data from June 27—July 10**

**Demographics**

In this 14 day period, 24,083 people were tested for COVID-19. 1,378 of those people tested positive, and 37 of the people who tested positive were hospitalized. Black and Hispanic Dane County residents who tested positive are overrepresented in cases and hospitalizations compared to their representation in the overall Dane County population:

<table>
<thead>
<tr>
<th></th>
<th>Percent of Tests</th>
<th>Percent of Cases</th>
<th>Percent of Hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>White, non-Hispanic</strong></td>
<td>71%</td>
<td>64%</td>
<td>51%</td>
</tr>
<tr>
<td><strong>Hispanic or Latinx</strong></td>
<td>7%</td>
<td>14%</td>
<td>6% of population</td>
</tr>
<tr>
<td><strong>Black, non-Hispanic</strong></td>
<td>5%</td>
<td>8%</td>
<td>6% of population</td>
</tr>
<tr>
<td><strong>Asian, non-Hispanic</strong></td>
<td>3%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>American Indian/Alaska Native, non-Hispanic</strong></td>
<td>0.3%</td>
<td>0.5%</td>
<td>0.3% of population</td>
</tr>
<tr>
<td><strong>Other/Unknown</strong></td>
<td>13%</td>
<td>10%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Just over half of those who tested positive in this 14 day period were male.

Over half of those who tested positive in this 14 day period are between the ages of 20-29.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percent of Tests</th>
<th>Percent of Cases</th>
<th>Percent of Hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>3%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>10-19</td>
<td>9%</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td>54%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td></td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td></td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>50-59</td>
<td></td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>60-69</td>
<td></td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>70-79</td>
<td></td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>80-89</td>
<td></td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>90+</td>
<td></td>
<td>0.1%</td>
<td></td>
</tr>
</tbody>
</table>
Epidemiology

We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.

We are continuing to see a trend of a large number of cases. We now have an average of 98 cases over a 14 day period, and we remain in the red category for cases. In this 14 day period there were 1,378 cases.

- Of all 1,378 cases, 864 (63%) were tested at community testing sites (842 at the Alliant Energy Center)
- Of all 1,378 cases, 712 (52%) were young adults between the ages of 18-25
- Of 933 people fully interviewed so far, 437 (47%) reported attending a gathering or party with people outside of their household.
- Of 933 people fully interviewed so far, 302 (32%) were associated with a cluster: 183 from bars and restaurants, 40 from other workplaces, 32 from college-aged housing (including sororities, fraternities, near-campus apartments), 28 from gyms, 12 from congregate facilities, and 7 from childcare facilities.

**Measure:** Below a threshold of 5% for positive tests as a percent of total tests average across the most recent 14 day period

<table>
<thead>
<tr>
<th><strong>GREEN:</strong> Below 5% positivity</th>
<th><strong>YELLOW:</strong> 5-10% positivity</th>
<th><strong>RED:</strong> Above 10% positivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**An average of 5.5% of tests were positive** which was higher than the desired threshold. Daily positivity ranged from 2.9% to 46.8%.*

We want to be below this line

We need to be below this line

As of the time these data were pulled, we have only processed 438 tests with a result on 7/8, 205 tests on 7/9, and 296 tests on 7/10. Since the implementation of the community testing site at the Alliant Energy Center, we have conducted a minimum of 500 tests per day, so we know more negative tests will be added to these dates in the next few days. Positive tests that show up in our system are prioritized and processed by our staff more quickly than the negative tests and account for the majority of tests results that we have available for reporting. We are including tests for 7/8-7/10 in our calculations for percentage of positive tests and average tests, and we expect metrics that include the number of tests to improve when all tests are able to be counted in our metrics.

**Measure:** Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County) averaged over a 14 day period

<table>
<thead>
<tr>
<th><strong>GREEN:</strong> Below 4 cases</th>
<th><strong>YELLOW:</strong> 4–20 cases</th>
<th><strong>RED:</strong> Greater than 20 cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>98</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**There was an average of 98 cases per day which was above the level we need to be at.** Daily cases ranged from 42 to 144.
DANE COUNTY COVID-19 DATA
July 13, 2020  Data from June 27—July 10

Healthcare

A sustained, high testing level is a critical metric that ensures our epidemiology criteria are meaningful. Testing is how we detect active infection, which leads to contact tracing and prevention of further disease transmission. There have been varied estimates for what a minimal level of testing may require, ranging from Wisconsin’s statewide target of 85,000 tests/week (which would correlate to 1,128 tests per day for Dane County), to state-level estimates from Harvard Global Health Institute of 68 tests/100,000 population/day (372 tests/day for Dane County). We are aiming for a robust testing level of 800 tests per day since the case metrics are dependent on sufficient testing levels. If testing numbers decrease, process measures will be used to understand if the reason is due to lessened capacity or demand.

Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19. To establish that hospitals are operating outside of crisis care, one of our metrics measures facility use, staffing, and critical supplies across Dane County hospitals—the same metric used by the Badger Bounce Back plan. Given that healthcare workers power healthcare systems, we need to ensure evidence of robust testing of healthcare workers, and sustained low rates of positivity among healthcare workers.

Measure: Testing supplies and staff facilitate adequate testing for disease control and surveillance

<table>
<thead>
<tr>
<th></th>
<th>GREEN: 800+ per day</th>
<th>YELLOW: 400-800 per day</th>
<th>RED: &lt;400 per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>An average of 1,789 tests were conducted each day, which was above the desired threshold. Daily tests ranged from 205* to 3,552.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*As of the time these data were pulled, we have only processed 438 tests with a result on 7/8, 205 tests on 7/9, and 296 tests on 7/10. Since the implementation of the community testing site at the Alliant Energy Center, we have conducted a minimum of 500 tests per day, so we know more negative tests will be added to these dates in the next few days. Positive tests that show up in our system are prioritized and processed by our staff more quickly than the negative tests and account for the majority of tests results that we have available for reporting. We are including tests for 7/8-7/10 in our calculations for percentage of positive tests and average tests, and we expect metrics that include the number of tests to improve when all tests are able to be counted in our metrics.

Measure: Robust testing in place for healthcare workers

<table>
<thead>
<tr>
<th></th>
<th>GREEN: 95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines</th>
<th>RED: &lt;95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>100% of hospitals reported that they arranged for testing of all symptomatic clinical staff per CDC guidelines, which was above the desired threshold.</td>
<td></td>
</tr>
</tbody>
</table>

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID due to the nature of the essential service they provide to the community. Testing of healthcare workers is critical to protecting this workforce and ensure their capacity to care for patients seeking medical care.
Measure: Treat all patients without crisis care based on facility use, staffing status, and critical supply status

**GREEN:** 95% of hospitals answer no to all 3 questions:
- **Facility use status:** the facility is damaged/unsafe or non-patient care areas are being used by the facility for patient care
- **Staffing status:** trained staff are unavailable or unable to adequately care for the volume of patients even with extension techniques
- **Critical supply status:** critical supplies are lacking, resulting in reallocation of life-sustaining resources and/or other extreme operating conditions

**RED:** Yes to one or more questions

100% of hospitals reported that they treated all patients without crisis care which was above the desired threshold.

Keeping the healthcare system stable is essential to ensuring care for COVID and non-COVID patients.

Measure: Decreasing or stable numbers of infected healthcare workers

**GREEN:** No significant increase in healthcare worker infections for most recent 14 days

**YELLOW:** Significant increase in healthcare worker infections due to a known cluster in a single facility for most recent 14 days

**RED:** Significant increase in healthcare worker infections for most recent 14 days not contained to a single facility

There was no statistically significant change in the number of healthcare workers who tested positive for COVID-19. Daily infections among healthcare workers ranged from 1 to 10.

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID and for spreading COVID to vulnerable community members due to the nature of the essential service they provide to the community.

Ensuring that infections among healthcare workers are not increasing is important to ensure that the healthcare workforce is not depleted and is not unknowingly passing on the virus to other individuals in the healthcare setting.

An increase of healthcare workers testing positive in a single facility is different than a significant increase in healthcare workers across the system—the former may be more straightforward to address, whereas the latter may indicate a larger underlying issue.
Public Health

Our ability to identify and isolate people with COVID is critical to prevent further spread. Through rapid lab result reporting, followed by rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community.

Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread. Keeping a pulse on the numbers of folks entering emergency departments and urgent care with COVID-like symptoms can help us understand potential surges in COVID that are not being captured by testing data.

**Measure:** All positive cases can be reported and interviewed quickly to facilitate rapid isolation and quarantine for disease control

- **GREEN:** 85% or more of all new cases are contacted within 48 hours of being tested
- **YELLOW:** 70-84% of cases are contacted within 48 hours of being tested
- **RED:** <70% of cases are contacted within 48 hours of being tested

42% of cases were contacted within 48 hours of being tested.

In order to contain the spread of the virus it is imperative to quickly identify who has the virus and contact them to ensure they are isolated from others. We want to see a high percentage of cases contacted within this 48 hour window. This metric is also highly dependent on how quickly individual labs can process tests and report the results. 48% of positive tests were reported within 24 hours, and 54% of cases were interviewed within 24 hours of their test result.

**Measure:** Proportion of contacted COVID-19 cases who don’t know where they could have gotten COVID in most recent 14 day period

- **GREEN:** <20% of cases don’t know where they could’ve gotten COVID-19
- **YELLOW:** 20-30% of cases don’t know where they could’ve gotten COVID-19
- **RED:** Over 30% of cases don’t know where they could’ve gotten COVID-19

28% of cases who tested positive didn’t know where they could’ve gotten COVID-19.

We calculate this measure based on several known risk factors for COVID-19, such as being in close contact with someone who has tested positive for COVID-19. A high percent of cases with no known route of disease transmission means there is likely a large number of individuals unknowingly spreading the virus in the community, which makes isolation and contact tracing much more difficult.

**Measure:** Downward or stable trajectory of COVID-like syndromic cases reported within a 14 day period

- **GREEN:** No significant increase in COVID-like syndromic cases for most recent 14 days
- **RED:** Significant increase in COVID-like syndromic cases for most recent 14 days

There has not been a statistically significant change in COVID-like syndromic cases.

Syndromic cases can be an early warning indicator for future hospitalizations.
We want to provide these data to help everyone understand how decisions are being made to loosen or tighten some restrictions as we continue to respond to COVID-19. To establish these metrics, we conducted a deep review of existing plans, emerging scientific literature on COVID-19 spread, regional data, and national data.

In addition to the publicly facing nine metrics, we are monitoring process measures to help us understand where there may be gaps in the system. These process measures look at transmission dynamics (the “R” value of our epidemic), lab result reporting timeliness, outbreak monitoring within priority populations, capacity for supporting isolation/quarantine, and contact attempts of both cases and contacts. The table below shows the measures we’re using for a phased reopening of Dane County, and our current status.

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<tr>
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<th>Measure</th>
<th>Dane County Status</th>
<th>Southern Region Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology</td>
<td>We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Below a threshold of 5% for positive tests as a percent of total tests averaged across most recent 14 day period</td>
<td>5.5%</td>
<td>4.3%</td>
</tr>
<tr>
<td></td>
<td>2. Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County and 8 cases per day for the Southern region)</td>
<td>90</td>
<td>123</td>
</tr>
<tr>
<td>Healthcare</td>
<td>A sustained, high testing level is a critical metric, as testing is how we detect active infection and prevent transmission of COVID-19. Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19 as well as protect healthcare workers from infection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Testing supplies and staff facilitate adequate testing for disease control and surveillance (goal of over 800 per day for Dane County and over 1,790 per day for the Southern region)</td>
<td>1646</td>
<td>2853</td>
</tr>
<tr>
<td></td>
<td>4. Percent of hospitals reporting robust testing in place for healthcare workers in the past week</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>5. Percent of hospitals reporting ability to treat all cases without crisis care: Facility use, Staffing, Critical supply</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>6. Decreasing or stable numbers of infected healthcare workers</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Public Health</td>
<td>Our ability to identify and isolate infections is critical to prevent further spread. Through rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community. Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. All positive cases be contacted quickly to facilitate rapid isolation and quarantine for disease control</td>
<td>52%</td>
<td>Not tracked at regional level</td>
</tr>
<tr>
<td></td>
<td>8. Proportion of new cases over the most recent 14 day period who don’t know where they could have gotten COVID</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>9. Downward or stable trajectory of COVID-like syndromic cases reported within a 14 days period</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
Epidemiology

We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.

We are currently seeing a recent trend of a large number of cases. We now have an average of 90 cases over a 14 day period, putting us in the red category for cases. This is not what we want to see in this important metric. We are closely monitoring all of our metrics and process measures to see what is driving this increase in cases. In this 14 day period:

- 63% of cases were tested at the Community Testing Site at the Alliant Energy Center
- 57% of cases were young adults between the ages of 18-25
- 43% of cases interviewed reported attending a gathering or party with people outside of their household
- 24% of cases (total 306) were associated with a cluster: 239 from bars and restaurants, 18 from college-aged housing (including sororities, fraternities, near-campus apartments), 20 from other workplaces, 8 from gyms, 6 from congregate facilities, 6 from daycares/preschools, and 9 from other clusters.

**Measure:** Below a threshold of 5% for positive tests as a percent of total tests average across the most recent 14 day period

- **GREEN:** Below 5% positivity
- **YELLOW:** 5-10% positivity
- **RED:** Above 10% positivity

An average of 5.5% of tests were positive which was higher than the desired threshold.

Daily positivity ranged from 2.3% to 11.1%.

![Graph showing daily positivity from 2.3% to 11.1%](image)

We need to be below this line

- **5.5%**
- **5%**
- **5%**

We want to be below this line

As of the time these data were pulled, we have only processed 308 tests with a result on 7/2 and 163 tests on 7/3. Since the implementation of the community testing site at the Alliant Energy Center, we have conducted a minimum of 500 tests per day. Consequently, we are not showing percent positive for these dates. The positive tests that show up in our system are prioritized and processed by our staff more quickly than the negative tests and account for the majority of tests results that we have available for reporting. We are including tests for 7/2 and 7/3 in our calculations for percentage of positive tests and average tests, and we expect metrics that include the number of tests to improve when all tests are able to be counted in our metrics.

**Measure:** Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County) averaged over a 14 day period

- **GREEN:** Below 4 cases
- **YELLOW:** 4–20 cases
- **RED:** Greater than 20 cases

There was an average of 90 cases per day which was above the level we need to be at.

Daily cases ranged from 35 to 144.
DANE COUNTY COVID-19 DATA
July 6, 2020 Data from June 20—July 3

Healthcare

A sustained, high testing level is a critical metric that ensures our epidemiology criteria are meaningful. Testing is how we detect active infection, which leads to contact tracing and prevention of further disease transmission. There have been varied estimates for what a minimal level of testing may require, ranging from Wisconsin’s statewide target of 85,000 tests/week (which would correlate to 1,128 tests per day for Dane County), to state-level estimates from Harvard Global Health Institute of 68 tests/100,000 population/day (372 tests/day for Dane County). We are aiming for a robust testing level of 800 tests per day since the case metrics are dependent on sufficient testing levels. If testing numbers decrease, process measures will be used to understand if the reason is due to lessened capacity or demand.

Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19. To establish that hospitals are operating outside of crisis care, one of our metrics measures facility use, staffing, and critical supplies across Dane County hospitals—the same metric used by the Badger Bounce Back plan. Given that healthcare workers power healthcare systems, we need to ensure evidence of robust testing of healthcare workers, and sustained low rates of positivity among healthcare workers.

Measure: Testing supplies and staff facilitate adequate testing for disease control and surveillance

<table>
<thead>
<tr>
<th></th>
<th>GREEN: 800+ per day</th>
<th>YELLOW: 400-800 per day</th>
<th>RED: &lt;400 per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1646</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An average of 1,646 tests were conducted each day, which was above the desired threshold. Daily tests ranged from 163* to 2,714.

*As of the time these data were pulled, we have only processed 308 tests with a result on 7/2 and 163 tests on 7/3. Since the implementation of the community testing site at the Alliant Energy Center, we have conducted a minimum of 500 tests per day. Consequently, we are not showing percent positive for these dates. The positive tests that show up in our system are prioritized and processed by our staff more quickly than the negative tests and account for the majority of tests results that we have available for reporting. We are including tests for 7/2 and 7/3 in our calculations for percentage of positive tests and average tests, and we expect metrics that include the number of tests to improve when all tests are able to be counted in our metrics.

Measure: Robust testing in place for healthcare workers

<table>
<thead>
<tr>
<th></th>
<th>GREEN: 95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines</th>
<th>RED: &lt;95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

100% of hospitals reported that they arranged for testing of all symptomatic clinical staff per CDC guidelines, which was above the desired threshold.

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID due to the nature of the essential service they provide to the community. Testing of healthcare workers is critical to protecting this workforce and ensure their capacity to care for patients seeking medical care.
DANE COUNTY COVID-19 DATA
July 6, 2020  Data from June 20—July 3

Measure: Treat all patients without crisis care based on facility use, staffing status, and critical supply status

100% of hospitals reported that they treated all patients without crisis care which was above the desired threshold.

Keeping the healthcare system stable is essential to ensuring care for COVID and non-COVID patients.

Measure: Decreasing or stable numbers of infected healthcare workers

There was no statistically significant change in the number of healthcare workers who tested positive for COVID-19.

Daily infections among healthcare workers ranged from 1 to 11.

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID and for spreading COVID to vulnerable community members due to the nature of the essential service they provide to the community.

Ensuring that infections among healthcare workers are not increasing is important to ensure that the healthcare workforce is not depleted and is not unknowingly passing on the virus to other individuals in the healthcare setting.

An increase of healthcare workers testing positive in a single facility is different than a significant increase in healthcare workers across the system—the former may be more straightforward to address, whereas the latter may indicate a larger underlying issue.

Measure:

<table>
<thead>
<tr>
<th>GREEN</th>
<th>95% of hospitals answer no to all 3 questions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Facility use status: the facility is damaged/unsafe or non-patient care areas are being used by the facility for patient care</td>
</tr>
<tr>
<td></td>
<td>• Staffing status: trained staff are unavailable or unable to adequately care for the volume of patients even with extension techniques</td>
</tr>
<tr>
<td></td>
<td>• Critical supply status: critical supplies are lacking, resulting in reallocation of life-sustaining resources and/or other extreme operating conditions</td>
</tr>
</tbody>
</table>

RED: Yes to one or more questions

| GREEN | No significant increase in healthcare worker infections for most recent 14 days |

| YELLOW | Significant increase in healthcare worker infections due to a known cluster in a single facility for most recent 14 days |

| RED | Significant increase in healthcare worker infections for most recent 14 days not contained to a single facility |
Public Health

Our ability to identify and isolate people with COVID is critical to prevent further spread. Through rapid lab result reporting, followed by rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community.

Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread. Keeping a pulse on the numbers of folks entering emergency departments and urgent care with COVID-like symptoms can help us understand potential surges in COVID that are not being captured by testing data.

**Measure:** All positive cases can be reported and interviewed quickly to facilitate rapid isolation and quarantine for disease control

- **GREEN:** 85% or more of all new cases are contacted within 48 hours of being tested
- **YELLOW:** 70-84% of cases are contacted within 48 hours of being tested
- **RED:** <70% of cases are contacted within 48 hours of being tested

52% of cases were contacted within 48 hours of being tested.

In order to contain the spread of the virus it is imperative to quickly identify who has the virus and contact them to ensure they are isolated from others. We want to see a high percentage of cases contacted within this 48 hour window. This metric is also highly dependent on how quickly individual labs can process tests and report the results. 57% of positive tests were reported within 24 hours, and 60% of cases were interviewed within 24 hours of their test result.

33% of cases who tested positive didn’t know where they could’ve gotten COVID-19.

We calculate this measure based on several known risk factors for COVID-19, such as being in close contact with someone who has tested positive for COVID-19. A high percent of cases with no known route of disease transmission means there is likely a large number of individuals unknowingly spreading the virus in the community, which makes isolation and contact tracing much more difficult.

There has not been a statistically significant change in COVID-like syndromic cases.

Syndromic cases can be an early warning indicator for future hospitalizations.
DANE COUNTY COVID-19 DATA
June 29, 2020 Data from June 13—June 26

We want to provide these data to help everyone understand how decisions are being made to loosen or tighten some restrictions as we continue to respond to COVID-19. To establish these metrics, we conducted a deep review of existing plans, emerging scientific literature on COVID-19 spread, regional data, and national data.

In addition to the publicly facing nine metrics, we are monitoring process measures to help us understand where there may be gaps in the system. These process measures look at transmission dynamics (the “R” value of our epidemic), lab result reporting timeliness, outbreak monitoring within priority populations, capacity for supporting isolation/quarantine, and contact attempts of both cases and contacts. The table below shows the measures we’re using for a phased reopening of Dane County, and our current status.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Dane County Status</th>
<th>Southern Region Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology:</td>
<td>We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Below a threshold of 5% for positive tests as a percent of total tests averaged across most recent 14 day period</td>
<td>3.2%</td>
<td>2.5%</td>
</tr>
<tr>
<td></td>
<td>2. Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County and 8 cases per day for the Southern region)</td>
<td>44</td>
<td>67</td>
</tr>
<tr>
<td>Healthcare:</td>
<td>A sustained, high testing level is a critical metric, as testing is how we detect active infection and prevent transmission of COVID-19. Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19 as well as protect healthcare workers from infection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Testing supplies and staff facilitate adequate testing for disease control and surveillance (goal of over 800 per day for Dane County and over 1,790 per day for the Southern region)</td>
<td>1374</td>
<td>2675</td>
</tr>
<tr>
<td></td>
<td>4. Percent of hospitals reporting robust testing in place for healthcare workers in the past week</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>5. Percent of hospitals reporting ability to treat all cases without crisis care</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>• Facility use</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Staffing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Critical supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Decreasing or stable numbers of infected healthcare workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Public Health:</td>
<td>Our ability to identify and isolate infections is critical to prevent further spread. Through rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community. Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. All positive cases be contacted quickly to facilitate rapid isolation and quarantine for disease control</td>
<td>70%</td>
<td>Not tracked at regional level</td>
</tr>
<tr>
<td></td>
<td>8. Proportion of new cases over the most recent 14 day period who don’t know where they could have gotten COVID</td>
<td>37%</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td>9. Downward or stable trajectory of COVID-like syndromic cases reported within a 14 days period</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

publichealthmdc.com/coronavirus
Data is current as of June 29, 2020 at 9:00 am
Epidemiology

We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.

We are currently seeing a recent trend of a large number of cases. We now have an average of 44 cases over a 14 day period, putting us in the red category for cases. This is not what we want to see in this important metric. We are closely monitoring all of our metrics and process measures to see what is driving this increase in cases. In this 14 day period:

- 49% of cases were young adults between the ages of 18-25
- 54% of cases were tested at the Community Testing Site at the Alliant Energy Center
- 45% of cases interviewed reported attending a gathering or party with people outside of their household
- 28% of cases (total 172) were associated with a cluster: 132 from bars, 14 from workplaces, 11 from congregate facilities, 3 from daycares/preschools, and 12 from other clusters
- 13% of cases were asymptomatic at the time of interview

* As of the time these data were pulled, we have only processed 104 tests with a result on 6/26. Consequently, we are not showing percent positive for this date. The positive tests that show up in our system are prioritized and processed by our staff more quickly than the negative tests and account for the majority of tests results that we have available for reporting. Additionally, some labs may receive test results but not immediately enter them electronically. We are including tests for 6/26 in our calculations for percentage of positive tests and average tests, and we expect metrics that include the number of tests to improve when all tests are able to be counted in our metrics.

Measure: Below a threshold of 5% for positive tests as a percent of total tests average across the most recent 14 day period

<table>
<thead>
<tr>
<th>3.2%</th>
<th>GREEN: Below 5% positivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>5%</td>
<td>YELLOW: 5-10% positivity</td>
</tr>
<tr>
<td>RED: Above 10% positivity</td>
<td></td>
</tr>
</tbody>
</table>

An average of 3.2% of tests were positive which was below the desired threshold.

Daily positivity ranged from 1.0% to 7.1%.

There was an average of 44 cases per day which was above the level we need to be at.

Daily cases ranged from 13 to 115.
Healthcare

A sustained, high testing level is a critical metric that ensures our epidemiology criteria are meaningful. Testing is how we detect active infection, which leads to contact tracing and prevention of further disease transmission. There have been varied estimates for what a minimal level of testing may require, ranging from Wisconsin’s statewide target of 85,000 tests/week (which would correlate to 1,128 tests per day for Dane County), to state-level estimates from Harvard Global Health Institute of 68 tests/100,000 population/day (372 tests/day for Dane County). We are aiming for a robust testing level of 800 tests per day since the case metrics are dependent on sufficient testing levels. If testing numbers decrease, process measures will be used to understand if the reason is due to lessened capacity or demand.

Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19. To establish that hospitals are operating outside of crisis care, one of our metrics measures facility use, staffing, and critical supplies across Dane County hospitals—the same metric used by the Badger Bounce Back plan. Given that healthcare workers power healthcare systems, we need to ensure evidence of robust testing of healthcare workers, and sustained low rates of positivity among healthcare workers.

Measure: Testing supplies and staff facilitate adequate testing for disease control and surveillance

- **GREEN:** 800+ per day
- **YELLOW:** 400-800 per day
- **RED:** <400 per day

An average of 1,374 tests were conducted each day, which was above the desired threshold.

Daily tests ranged from 104* to 2,386.

*As of the time these data were pulled, we have only processed 104 tests with a result on 6/26. The positive tests that show up in our system are prioritized and processed by our staff more quickly than the negative tests and account for the majority of tests results that we have available for reporting. Additionally, some labs may receive test results but not immediately enter them electronically. We are including tests for 6/26 in our calculations for percentage of positive tests and average tests, and we expect metrics that include the number of tests to improve when all tests are able to be counted in our metrics.

Measure: Robust testing in place for healthcare workers

- **GREEN:** 95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines
- **RED:** <95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines

100% of hospitals reported that they arranged for testing of all symptomatic clinical staff per CDC guidelines, which was above the desired threshold.

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID due to the nature of the essential service they provide to the community. Testing of healthcare workers is critical to protecting this workforce and ensure their capacity to care for patients seeking medical care.
Measure: Treat all patients without crisis care based on facility use, staffing status, and critical supply status

**GREEN**: 95% of hospitals answer no to all 3 questions:
- **Facility use status**: the facility is damaged/unsafe or non-patient care areas are being used by the facility for patient care
- **Staffing status**: trained staff are unavailable or unable to adequately care for the volume of patients even with extension techniques
- **Critical supply status**: critical supplies are lacking, resulting in reallocation of life-sustaining resources and/or other extreme operating conditions

**RED**: Yes to one or more questions

Measure: Decreasing or stable numbers of infected healthcare workers

**GREEN**: No significant increase in healthcare worker infections for most recent 14 days

**YELLOW**: Significant increase in healthcare worker infections due to a known cluster in a single facility for most recent 14 days

**RED**: Significant increase in healthcare worker infections for most recent 14 days not contained to a single facility

There was no statistically significant change in the number of healthcare workers who tested positive for COVID-19. Daily infections among healthcare workers ranged from 0 to 10.

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID and for spreading COVID to vulnerable community members due to the nature of the essential service they provide to the community.

Ensuring that infections among healthcare workers are not increasing is important to ensure that the healthcare workforce is not depleted and is not unknowingly passing on the virus to other individuals in the healthcare setting.

An increase of healthcare workers testing positive in a single facility is different than a significant increase in healthcare workers across the system—the former may be more straightforward to address, whereas the latter may indicate a larger underlying issue.
DANE COUNTY COVID-19 DATA
June 29, 2020  Data from June 13—June 26

Public Health

Our ability to identify and isolate people with COVID is critical to prevent further spread. Through rapid lab result reporting, followed by rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community.

Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread. Keeping a pulse on the numbers of folks entering emergency departments and urgent care with COVID-like symptoms can help us understand potential surges in COVID that are not being captured by testing data.

Measure: All positive cases can be reported and interviewed quickly to facilitate rapid isolation and quarantine for disease control

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN</td>
<td>85% or more of all new cases are contacted within 48 hours of being tested</td>
</tr>
<tr>
<td>YELLOW</td>
<td>70-84% of cases are contacted within 48 hours of being tested</td>
</tr>
<tr>
<td>RED</td>
<td>&lt;70% of cases are contacted within 48 hours of being tested</td>
</tr>
</tbody>
</table>

70% of cases were contacted within 48 hours of being tested.

In order to contain the spread of the virus it is imperative to quickly identify who has the virus and contact them to ensure they are isolated from others, and to identify people they had contact with while they were infectious so those people can also be notified and isolated. We want to see a high percentage of cases contacted within this 48 hour window. This metric is also highly dependent on how quickly individual labs can process tests and report the results.

Measure: Proportion of contacted COVID-19 cases who don’t know where they could have gotten COVID in most recent 14 day period

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN</td>
<td>&lt;20% of cases don’t know where they could’ve gotten COVID-19</td>
</tr>
<tr>
<td>YELLOW</td>
<td>20-30% of cases don’t know where they could’ve gotten COVID-19</td>
</tr>
<tr>
<td>RED</td>
<td>Over 30% of cases don’t know where they could’ve gotten COVID-19</td>
</tr>
</tbody>
</table>

37% of cases who tested positive didn’t know where they could’ve gotten COVID-19.

We calculate this measure based on several known risk factors for COVID-19, such as being in close contact with someone who has tested positive for COVID-19. A high percent of cases with no known route of disease transmission means there is likely a large number of individuals unknowingly spreading the virus in the community, which makes isolation and contact tracing much more difficult.

Measure: Downward or stable trajectory of COVID-like syndromic cases reported within a 14 day period

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN</td>
<td>No significant increase in COVID-like syndromic cases for most recent 14 days</td>
</tr>
<tr>
<td>RED</td>
<td>Significant increase in COVID-like syndromic cases for most recent 14 days</td>
</tr>
</tbody>
</table>

There has not been a statistically significant change in COVID-like syndromic cases.
Syndromic cases can be an early warning indicator for future hospitalizations.
We want to provide these data to help everyone understand how decisions are being made to loosen or tighten some restrictions as we continue to respond to COVID-19. To establish these metrics, we conducted a deep review of existing plans, emerging scientific literature on COVID-19 spread, regional data, and national data.

In addition to the publicly facing nine metrics, we are monitoring process measures to help us understand where there may be gaps in the system. These process measures look at transmission dynamics (the “R” value of our epidemic), lab result reporting timeliness, outbreak monitoring within priority populations, capacity for supporting isolation/quarantine, and contact attempts of both cases and contacts. The table below shows the measures we’re using for a phased reopening of Dane County, and our current status.

### Domain

**Epidemiology:** We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.

1. Below a threshold of 5% for positive tests as a percent of total tests averaged across most recent 14 day period
   - Dane County Status: 1.4%
   - Southern Region Status: 1.5%

2. Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County and 8 cases per day for the Southern region)
   - Dane County Status: 17
   - Southern Region Status: 37

**Healthcare:** A sustained, high testing level is a critical metric, as testing is how we detect active infection and prevent transmission of COVID-19. Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19 as well as protect healthcare workers from infection.

3. Testing supplies and staff facilitate adequate testing for disease control and surveillance (goal of over 800 per day for Dane County and over 1,790 per day for the Southern region)
   - Dane County Status: 1270
   - Southern Region Status: 2541

4. Percent of hospitals reporting robust testing in place for healthcare workers in the past week
   - Dane County Status: 100%
   - Southern Region Status: 100%

5. Percent of hospitals reporting ability to treat all cases without crisis care
   - Facility use
   - Staffing
   - Critical supply
   - Dane County Status: 100%
   - Southern Region Status: 100%

6. Decreasing or stable numbers of infected healthcare workers
   - Dane County Status: ✔
   - Southern Region Status: ✔

**Public Health:** Our ability to identify and isolate infections is critical to prevent further spread. Through rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community. Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread.

7. All positive cases be contacted quickly to facilitate rapid isolation and quarantine for disease control
   - Dane County Status: 82%
   - Southern Region Status: Not tracked at regional level

8. Proportion of new cases over the most recent 14 day period who don’t know where they could have gotten COVID
   - Cases with missing data are excluded from the calculation & may underestimate the true rate of community spread
   - Dane County Status: 33%
   - Southern Region Status: 19%

9. Downward or stable trajectory of COVID-like syndromic cases reported within a 14 days period
   - Dane County Status: ✗
   - Southern Region Status: ✔

---

**Data is current as of June 22, 2020 at 9:00 am**
We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.

We are currently seeing a trend of an increasing number of cases. We are not yet in the red for this 14 day period, but with several recent days with case counts of 20+, this may change soon if we continue to see high case counts. This is not what we want to see in this important metric. We are closely monitoring all of our metrics and process measures to see what is driving this increase in cases. In this 14 day period:

- 66% of cases were younger, between the ages of 10-39
- 43% of cases were tested at the Community Testing Site at the Alliant Energy Center
- 21% of cases were associated with a cluster: 22 from congregate facilities, 18 from businesses, 6 from daycares, and 5 from other clusters (such as a gathering outside of Dane County)
- 17% of cases were asymptomatic at the time of interview

**Measure:** Below a threshold of 5% for positive tests as a percent of total tests average across the most recent 14 day period

- **GREEN:** Below 5% positivity
- **YELLOW:** 5-10% positivity
- **RED:** Above 10% positivity

**Measure:** Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County) averaged over a 14 day period

- **GREEN:** Below 4 cases
- **YELLOW:** 4–20 cases
- **RED:** Greater than 20 cases

**An average of 1.4% of tests were positive which was below the desired threshold.**

Daily positivity ranged from 0.6% to 4.2%

We want to be below this line

**There was an average of 17.2 cases per day which was above the desired threshold.**

Daily cases ranged from 8 to 33.

We need to be below this line
Healthcare

A sustained, high testing level is a critical metric that ensures our epidemiology criteria are meaningful. Testing is how we detect active infection, which leads to contact tracing and prevention of further disease transmission. There have been varied estimates for what a minimal level of testing may require, ranging from Wisconsin’s statewide target of 85,000 tests/week (which would correlate to 1,128 tests per day for Dane County), to state-level estimates from Harvard Global Health Institute of 68 tests/100,000 population/day (372 tests/day for Dane County). We are aiming for a robust testing level of 800 tests per day since the case metrics are dependent on sufficient testing levels. If testing numbers decrease, process measures will be used to understand if the reason is due to lessened capacity or demand.

Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19. To establish that hospitals are operating outside of crisis care, one of our metrics measures facility use, staffing, and critical supplies across Dane County hospitals—the same metric used by the Badger Bounce Back plan. Given that healthcare workers power healthcare systems, we need to ensure evidence of robust testing of healthcare workers, and sustained low rates of positivity among healthcare workers.

<table>
<thead>
<tr>
<th>Measure: Testing supplies and staff facilitate adequate testing for disease control and surveillance</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN: 800+ per day</td>
</tr>
<tr>
<td>YELLOW: 400-800 per day</td>
</tr>
<tr>
<td>RED: &lt;400 per day</td>
</tr>
</tbody>
</table>

An average of 1,270 tests were conducted each day, which was above the desired threshold. Daily tests ranged from 600 to 1,822.

100% of hospitals reported that they arranged for testing of all symptomatic clinical staff per CDC guidelines, which was above the desired threshold.

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID due to the nature of the essential service they provide to the community. Testing of healthcare workers is critical to protecting this workforce and ensure their capacity to care for patients seeking medical care.
DANE COUNTY COVID-19 DATA
June 22, 2020  Data from June 6—June 19

**Measure:** Treat all patients without crisis care based on facility use, staffing status, and critical supply status

<table>
<thead>
<tr>
<th>100%</th>
<th>GREEN: 95% of hospitals answer no to all 3 questions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Facility use status: the facility is damaged/unsafe or non-patient care areas are being used by the facility for patient care</td>
</tr>
<tr>
<td></td>
<td>• Staffing status: trained staff are unavailable or unable to adequately care for the volume of patients even with extension techniques</td>
</tr>
<tr>
<td></td>
<td>• Critical supply status: critical supplies are lacking, resulting in reallocation of life-sustaining resources and/or other extreme operating conditions</td>
</tr>
<tr>
<td></td>
<td>RED: Yes to one or more questions</td>
</tr>
</tbody>
</table>

100% of hospitals reported that they treated all patients without crisis care which was above the desired threshold.

Keeping the healthcare system stable is essential to ensuring care for COVID and non-COVID patients.

**Measure:** Decreasing or stable numbers of infected healthcare workers

| GREEN: | No significant increase in healthcare worker infections for most recent 14 days |
|        | YELLOW: Significant increase in healthcare worker infections due to a known cluster in a single facility for most recent 14 days |
| RED:   | Significant increase in healthcare worker infections for most recent 14 days not contained to a single facility |

There was no statistically significant increase in the number of healthcare workers who tested positive for COVID-19.

Daily infections among healthcare workers ranged from 0 to 3.

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID and for spreading COVID to vulnerable community members due to the nature of the essential service they provide to the community.

Ensuring that infections among healthcare workers are not increasing is important to ensure that the healthcare workforce is not depleted and is not unknowingly passing on the virus to other individuals in the healthcare setting.

An increase of healthcare workers testing positive in a single facility is different than a significant increase in healthcare workers across the system—the former may be more straightforward to address, whereas the latter may indicate a larger underlying issue.
Our ability to identify and isolate people with COVID is critical to prevent further spread. Through rapid lab result reporting, followed by rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community.

Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread. Keeping a pulse on the numbers of folks entering emergency departments and urgent care with COVID-like symptoms can help us understand potential surges in COVID that are not being captured by testing data.

**Measure:** All positive cases can be reported and interviewed quickly to facilitate rapid isolation and quarantine for disease control

- **GREEN:** 85% or more of all new cases are contacted within 48 hours of being tested
- **YELLOW:** 70-84% of cases are contacted within 48 hours of being tested
- **RED:** <70% of cases are contacted within 48 hours of being tested

82% of cases were contacted within 48 hours of being tested.

In order to contain the spread of the virus it is imperative to quickly identify who has the virus and contact them to ensure they are isolated from others, and to identify people they had contact with while they were infectious so those people can also be notified and isolated. We want to see a high percentage of cases contacted within this 48 hour window. This metric is also highly dependent on how quickly individual labs can process tests and report the results.

**Measure:** Proportion of contacted COVID-19 cases who don’t know where they could have gotten COVID in most recent 14 day period

- **GREEN:** <20% of cases don’t know where they could’ve gotten COVID-19
- **YELLOW:** 20-30% of cases don’t know where they could’ve gotten COVID-19
- **RED:** Over 30% of cases don’t know where they could’ve gotten COVID-19

33% of cases who tested positive didn’t know where they could’ve gotten COVID-19.

We calculate this measure based on several known risk factors for COVID-19, such as being in close contact with someone who has tested positive for COVID-19. A high percent of cases with no known route of disease transmission means there is likely a large number of individuals unknowingly spreading the virus in the community, which makes isolation and contact tracing much more difficult.

**Measure:** Downward or stable trajectory of COVID-like syndromic cases reported within a 14 day period

- **GREEN:** No significant increase in COVID-like syndromic cases for most recent 14 days
- **RED:** Significant increase in COVID-like syndromic cases for most recent 14 days

There has been a statistically significant increase in COVID-like syndromic cases.

This is a small increase that we will continue to monitor; syndromic cases can be an early warning indicator for future hospitalizations.
RACE & COVID-19 Dane County Data

We are monitoring COVID-19 data across populations to determine who is most affected by COVID-19 and to address inequities. National data have shown that people of color are more likely to die of COVID-19. In Dane County, we are not seeing similarly large racial disparities in deaths, but we do have evidence of racial disparities in COVID-19 cases and hospitalizations.

### Disparities in Cases & Hospitalizations Among Black & Hispanic Individuals

Communities of color in the U.S. experience discrimination and structural racism as a result of unjust systems. Communities of color are more vulnerable to severe COVID illness and death because structural racism exists in Dane County.

Since the early days of the pandemic in Dane County we have seen disparities widen. The percent of COVID-19 cases who are Black is now three times higher than the percent of Dane County residents who are Black, and the percent of cases who are Hispanic is 2.3 times higher than their percent of the Dane County population. The percent of hospitalizations for COVID-19 is 2.5 and 2.0 times higher than the percent of the Dane County population for Black and Hispanic residents, respectively. We are also seeing a higher percent positive rate for Hispanic individuals than any other group.

It is possible these disparities that we are now observing have always existed, and we’re now able to capture them, if Black and Hispanic individuals were disproportionately unable to access testing prior to the implementation of the free community testing site at the Alliant Energy Center on May 11.

We are continuing to work to ensure that all members of our community are able to be tested and connect them to resources to support isolation and quarantine.

### Tests Administered

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>10%</td>
</tr>
<tr>
<td>White</td>
<td>71%</td>
</tr>
<tr>
<td>Asian</td>
<td>9%</td>
</tr>
<tr>
<td>AI/AN</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
</tbody>
</table>

Hispanic individuals of any race make up 5% of tests.

### Positive Cases

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Positive Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>19%</td>
</tr>
<tr>
<td>White</td>
<td>67%</td>
</tr>
<tr>
<td>Asian</td>
<td>5%</td>
</tr>
<tr>
<td>AI/AN</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
</tbody>
</table>

Hispanic individuals of any race make up 15% of cases.

### Hospitalizations

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>16%</td>
</tr>
<tr>
<td>White</td>
<td>71%</td>
</tr>
<tr>
<td>Asian</td>
<td>6%</td>
</tr>
<tr>
<td>AI/AN</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
</tbody>
</table>

Hispanic individuals of any race make up 13% of hospitalizations.

### Deaths

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>10%</td>
</tr>
<tr>
<td>White</td>
<td>87%</td>
</tr>
<tr>
<td>Asian</td>
<td>3%</td>
</tr>
</tbody>
</table>

Hispanic individuals of any race make up 0% of deaths.

### Dane County Population

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>6%</td>
</tr>
<tr>
<td>White</td>
<td>86%</td>
</tr>
<tr>
<td>Asian</td>
<td>7%</td>
</tr>
</tbody>
</table>

Hispanic individuals of any race make up 6% of Dane County’s population.

AI/AN = American Indian or Alaska Native.

### Percentage of Positive Tests Among People Tested by Race/Ethnicity

- **White**: 2%
- **AI/AN**: 3%
- **Asian**: 3%
- **Black**: 4%
- **Hispanic**: 6%

Data is current as of June 15, 2020 at 9:00 am
DANE COUNTY COVID-19 DATA
June 12, 2020  Data from May 27—June 9

Forward Dane

Dane County has been working hard to identify data that will help us determine how and when people can interact in a safe way. We want to provide these data to help everyone understand how decisions are being made to loosen or tighten some restrictions as we continue to respond to COVID-19. To establish these metrics, we conducted a deep review of existing plans, emerging scientific literature on COVID-19 spread, regional data, and national data.

In addition to the publicly facing nine metrics, we are monitoring process measures to help us understand where there may be gaps in the system. These process measures look at transmission dynamics (the “R” value of our epidemic), lab result reporting timeliness, outbreak monitoring within priority populations, capacity for supporting isolation/quarantine, and contact attempts of both cases and contacts. The table below shows the measures we’re using for a phased reopening of Dane County, and our current status.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Dane County Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Epidemiology:</strong> We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.</td>
<td>1. Below a threshold of 5% for positive tests as a percent of total tests averaged across most recent 14 day period 1.3% 2. Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County) averaged over a 14 day period 16</td>
<td></td>
</tr>
<tr>
<td><strong>Healthcare:</strong> A sustained, high testing level is a critical metric, as testing is how we detect active infection and prevent transmission of COVID-19. Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19 as well as protect healthcare workers from infection.</td>
<td>3. Testing supplies and staff facilitate adequate testing for disease control and surveillance (goal of over 800 per day in most recent 14 day period) 1220 4. Percent of hospitals reporting robust testing in place for healthcare workers in the past week 100% 5. Percent of hospitals reporting ability to treat all cases without crisis care • Facility use • Staffing • Critical supply 100% 6. Decreasing or stable numbers of infected healthcare workers ✔</td>
<td></td>
</tr>
<tr>
<td><strong>Public Health:</strong> Our ability to identify and isolate infections is critical to prevent further spread. Through rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community. Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread.</td>
<td>7. All positive cases be contacted quickly to facilitate rapid isolation and quarantine for disease control 72% 8. Proportion of new cases over the most recent 14 day period who don’t know where they could have gotten COVID 24% 9. Downward or stable trajectory of COVID-like syndromic cases reported within a 14 days period ✔</td>
<td></td>
</tr>
</tbody>
</table>
Forward Dane Metrics: A Deeper Look

Epidemiology

We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.

For percent positivity, the 10% maximum level comes from World Health Organization. We’re aiming for below 5% because it’s where we’ve been when the epidemic has been most under control in Dane. If a high percentage of tests come back positive, it’s clear there’s not enough testing to capture all of the infected people in the community; testing is likely only being completed for the most severe cases or high-risk individuals. The low incidence threshold comes from CDC—less than 10 cases per 100,000 population over two weeks, or, less than 4 cases per day in Dane County.

**Measure:** Below a threshold of 5% for positive tests as a percent of total tests average across the most recent 14 day period

<table>
<thead>
<tr>
<th>1.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GREEN:</strong> Below 5% positivity</td>
</tr>
<tr>
<td><strong>YELLOW:</strong> 5-10% positivity</td>
</tr>
<tr>
<td><strong>RED:</strong> Above 10% positivity</td>
</tr>
</tbody>
</table>

An average of 1.3% of tests were positive which was below the desired threshold.

Daily positivity ranged from 0.8% to 2.3%.

We want to be below this line

![Graph showing daily positivity rates](image)

**Measure:** Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County) averaged over a 14 day period

<table>
<thead>
<tr>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GREEN:</strong> Below 4 cases</td>
</tr>
<tr>
<td><strong>YELLOW:</strong> 4–20 cases</td>
</tr>
<tr>
<td><strong>RED:</strong> Greater than 20 cases</td>
</tr>
</tbody>
</table>

There was an average of 15.7 cases per day which was above the desired threshold.

Daily cases ranged from 8 to 30.

We need to be below this line

![Graph showing daily cases](image)
Healthcare

A sustained, high testing level is a critical metric that ensures our epidemiology criteria are meaningful. Testing is how we detect active infection, which leads to contact tracing and prevention of further disease transmission. There have been varied estimates for what a minimal level of testing may require, ranging from Wisconsin’s statewide target of 85,000 tests/week (which would correlate to 1,128 tests per day for Dane County), to state-level estimates from Harvard Global Health Institute of 68 tests/100,000 population/day (372 tests/day for Dane County). We are aiming for a robust testing level of 800 tests per day since the case metrics are dependent on sufficient testing levels. If testing numbers decrease, process measures will be used to understand if the reason is due to lessened capacity or demand.

Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19. To establish that hospitals are operating outside of crisis care, one of our metrics measures facility use, staffing, and critical supplies across Dane County hospitals—the same metric used by the Badger Bounce Back plan. Given that healthcare workers power healthcare systems, we need to ensure evidence of robust testing of healthcare workers, and sustained low rates of positivity among healthcare workers.

Measure: Testing supplies and staff facilitate adequate testing for disease control and surveillance

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN</td>
<td>800+ per day</td>
</tr>
<tr>
<td>YELLOW</td>
<td>400-800 per day</td>
</tr>
<tr>
<td>RED</td>
<td>&lt;400 per day</td>
</tr>
</tbody>
</table>

An average of 1,220 tests were conducted each day, which was above the desired threshold.

Daily tests ranged from 683 to 1,883.

Measure: Robust testing in place for healthcare workers

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN</td>
<td>95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines</td>
</tr>
<tr>
<td>RED</td>
<td>&lt;95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines</td>
</tr>
</tbody>
</table>

100% of hospitals reported that they arranged for testing of all symptomatic clinical staff per CDC guidelines, which was above the desired threshold.

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID due to the nature of the essential service they provide to the community. Testing of healthcare workers is critical to protecting this workforce and ensure their capacity to care for patients seeking medical care.
Measure: Treat all patients without crisis care based on facility use, staffing status, and critical supply status

GREEN: 95% of hospitals answer no to all 3 questions:
- Facility use status: the facility is damaged/unsafe or non-patient care areas are being used by the facility for patient care
- Staffing status: trained staff are unavailable or unable to adequately care for the volume of patients even with extension techniques
- Critical supply status: critical supplies are lacking, resulting in reallocation of life-sustaining resources and/or other extreme operating conditions

RED: Yes to one or more questions

100% of hospitals reported that they treated all patients without crisis care which was above the desired threshold.

Keeping the healthcare system stable is essential to ensuring care for COVID and non-COVID patients.

Measure: Decreasing or stable numbers of infected healthcare workers

GREEN: No significant increase in healthcare worker infections for most recent 14 days

YELLOW: Significant increase in healthcare worker infections due to a known cluster in a single facility for most recent 14 days

RED: Significant increase in healthcare worker infections for most recent 14 days not contained to a single facility

There was no statistically significant increase in the number of healthcare workers who tested positive for COVID-19. Daily infections among healthcare workers ranged from 0 to 4.

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID and for spreading COVID to vulnerable community members due to the nature of the essential service they provide to the community.

Ensuring that infections among healthcare workers are not increasing is important to ensure that the healthcare workforce is not depleted and is not unknowingly passing on the virus to other individuals in the healthcare setting.

An increase of healthcare workers testing positive in a single facility is different than a significant increase in healthcare workers across the system—the former may be more straightforward to address, whereas the latter may indicate a larger underlying issue.
DANE COUNTY COVID-19 DATA
June 12, 2020  Data from May 27—June 9

Public Health

Our ability to identify and isolate people with COVID is critical to prevent further spread. Through rapid lab result reporting, followed by rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community.

Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread. Keeping a pulse on the numbers of folks entering emergency departments and urgent care with COVID-like symptoms can help us understand potential surges in COVID that are not being captured by testing data.

**Measure:** All positive cases can be reported and interviewed quickly to facilitate rapid isolation and quarantine for disease control

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN:</td>
<td>85% or more of all new cases are contacted within 48 hours of being tested</td>
</tr>
<tr>
<td>YELLOW:</td>
<td>70-84% of cases are contacted within 48 hours of being tested</td>
</tr>
<tr>
<td>RED:</td>
<td>&lt;70% of cases are contacted within 48 hours of being tested</td>
</tr>
</tbody>
</table>

72% of cases were contacted within 48 hours of being tested.

In order to contain the spread of the virus it is imperative to quickly identify who has the virus and contact them to ensure they are isolated from others, and to identify people they had contact with while they were infectious so those people can also be notified and isolated. We want to see a high percentage of cases contacted within this 48 hour window. This metric is also highly dependent on how quickly individual labs can process tests and report the results.

**Measure:** Proportion of contacted COVID-19 cases who don’t know where they could have gotten COVID in most recent 14 day period

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN:</td>
<td>&lt;20% of cases don’t know where they could’ve gotten COVID-19</td>
</tr>
<tr>
<td>YELLOW:</td>
<td>20-30% of cases don’t know where they could’ve gotten COVID-19</td>
</tr>
<tr>
<td>RED:</td>
<td>Over 30% of cases don’t know where they could’ve gotten COVID-19</td>
</tr>
</tbody>
</table>

24% of cases who tested positive didn’t know where they could’ve gotten COVID-19.

We calculate this measure based on several known risk factors for COVID-19, such as being in close contact with someone who has tested positive for COVID-19. A high percent of cases with no known route of disease transmission means there is likely a large number of individuals unknowingly spreading the virus in the community, which makes isolation and contact tracing much more difficult.

**Measure:** Downward or stable trajectory of COVID-like syndromic cases reported within a 14 day period

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN:</td>
<td>No significant increase in COVID-like syndromic cases for most recent 14 days</td>
</tr>
<tr>
<td>RED:</td>
<td>Significant increase in COVID-like syndromic cases for most recent 14 days</td>
</tr>
</tbody>
</table>

There has not been a significant increase in COVID-like syndromic cases.
Forward Dane

Dane County has been working hard to identify data that will help us determine how and when people can interact in a safe way. We want to provide these data to help everyone understand how decisions are being made to loosen or tighten some restrictions as we continue to respond to COVID-19. To establish these metrics, we conducted a deep review of existing plans, emerging scientific literature on COVID-19 spread, regional data, and national data.

In addition to the publicly facing nine metrics, we’ll be monitoring process measures when things aren’t going well to help us understand where there may be a gap in the system. These process measures look at transmission dynamics (the “R” value of our epidemic), lab result reporting timeliness, outbreak monitoring within priority populations, capacity for supporting isolation/quarantine, and contact attempts of both cases and contacts. The table below shows the measures we’re using for a phased reopening of Dane County, and where we’re at as of June 8th.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Dane County Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology:</td>
<td>We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Below a threshold of 5% for positive tests as a percent of total tests averaged across most recent 14 day period</td>
<td>1.3%</td>
</tr>
<tr>
<td></td>
<td>2. Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County) averaged over a 14 day period</td>
<td>16</td>
</tr>
<tr>
<td>Healthcare:</td>
<td>A sustained, high testing level is a critical metric, as testing is how we detect active infection and prevent transmission of COVID-19. Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19 as well as protect healthcare workers from infection.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Testing supplies and staff facilitate adequate testing for disease control and surveillance (goal of over 800 per day in most recent 14 day period)</td>
<td>1232</td>
</tr>
<tr>
<td></td>
<td>4. Percent of hospitals reporting robust testing in place for healthcare workers in the past week</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>5. Percent of hospitals reporting ability to treat all cases without crisis care • Facility use • Staffing • Critical supply</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>6. Decreasing or stable numbers of infected healthcare workers</td>
<td>✓</td>
</tr>
<tr>
<td>Public Health:</td>
<td>Our ability to identify and isolate infections is critical to prevent further spread. Through rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community. Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. All positive cases be contacted quickly to facilitate rapid isolation and quarantine for disease control</td>
<td>62%</td>
</tr>
<tr>
<td></td>
<td>8. Proportion of new cases over the most recent 14 day period who don’t know where they could have gotten COVID</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>9. Downward or stable trajectory of COVID-like syndromic cases reported within a 14 days period</td>
<td>✓</td>
</tr>
</tbody>
</table>
**Forward Dane Metrics: A Deeper Look**

**Epidemiology**

We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.

For percent positivity, the 10% maximum level comes from [World Health Organization](https://www.who.int). We’re aiming for below 5% because it’s where we’ve been when the epidemic has been most under control in Dane. If a high percentage of tests come back positive, it’s clear there’s not enough testing to capture all of the infected people in the community; testing is likely only being completed for the most severe cases or high-risk individuals. The low incidence threshold comes from [CDC](https://www.cdc.gov)—less than 10 cases per 100,000 population over two weeks, or, less than 4 cases per day in Dane County.

**Measure:** Below a threshold of 5% for positive tests as a percent of total tests average across the most recent 14 day period

- **GREEN:** Below 5% positivity
- **YELLOW:** 5–10% positivity
- **RED:** Above 10% positivity

An average of 1.3% of tests were positive from May 23 to June 5, which was below the desired threshold.

Daily positivity ranged from 0.8% on May 23, June 2 & June 3 to 2.3% on May 29.

We want to be below this line

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There was an average of 16.3 cases per day from May 23 to June 5, which was above the desired threshold.

Daily cases ranged from 4 on May 23 to 29 on 6/5.

---

We need to be below this line

---

We want to be below this line
Healthcare

A sustained, high testing level is a critical metric that ensures our epidemiology criteria are meaningful. Testing is how we detect active infection, which leads to contact tracing and prevention of further disease transmission. There have been varied estimates for what a minimal level of testing may require, ranging from Wisconsin’s statewide target of 85,000 tests/week (which would correlate to 1,128 tests per day for Dane County), to state-level estimates from Harvard Global Health Institute of 68 tests/100,000 population/day (372 tests/day for Dane County). We are aiming for a robust testing level of 800 tests per day since the case metrics are dependent on sufficient testing levels. If testing numbers decrease, process measures will be used to understand if the reason is due to lessened capacity or demand.

Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19. To establish that hospitals are operating outside of crisis care, one of our metrics measures facility use, staffing, and critical supplies across Dane County hospitals—the same metric used by the Badger Bounce Back plan. Given that healthcare workers power healthcare systems, we need to ensure evidence of robust testing of healthcare workers, and sustained low rates of positivity among healthcare workers.

Measure: Testing supplies and staff facilitate adequate testing for disease control and surveillance

<table>
<thead>
<tr>
<th></th>
<th>GREEN: 800+ per day</th>
<th>YELLOW: 400-800 per day</th>
<th>RED: &lt;400 per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1232</td>
<td>An average of 1,232 tests were conducted each day from May 23 to June 5, which was above the desired threshold. Daily tests ranged from 513 on May 23 to 1,876 on May 27.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Measure: Robust testing in place for healthcare workers

<table>
<thead>
<tr>
<th></th>
<th>GREEN: 95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines</th>
<th>RED: &lt;95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>100% of hospitals reported that they arranged for testing of all symptomatic clinical staff per CDC guidelines from May 23 to June 5, which was above the desired threshold.</td>
<td></td>
</tr>
</tbody>
</table>

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID due to the nature of the essential service they provide to the community. Testing of healthcare workers is critical to protecting this workforce and ensure their capacity to care for patients seeking medical care.
DANE COUNTY COVID-19 DATA

June 8, 2020  Data from May 23—June 5

Measure: Treat all patients without crisis care based on facility use, staffing status, and critical supply status

**GREEN**: 95% of hospitals answer no to all 3 questions:
- *Facility use status*: the facility is damaged/unsafe or non-patient care areas are being used by the facility for patient care
- *Staffing status*: trained staff are unavailable or unable to adequately care for the volume of patients even with extension techniques
- *Critical supply status*: critical supplies are lacking, resulting in reallocation of life-sustaining resources and/or other extreme operating conditions

**RED**: Yes to one or more questions

100% of hospitals reported that they treated all patients without crisis care from May 23 to June 5 which was above the desired threshold.

Keeping the healthcare system stable is essential to ensuring care for COVID and non-COVID patients.

Measure: Decreasing or stable numbers of infected healthcare workers

**GREEN**: No significant increase in healthcare worker infections for most recent 14 days

**YELLOW**: Significant increase in healthcare worker infections due to a known cluster in a single facility for most recent 14 days

**RED**: Significant increase in healthcare worker infections for most recent 14 days not contained to a single facility

There was no statistically significant increase in the number of healthcare workers who tested positive for COVID-19 from May 23 to June 5.

Daily infections among healthcare workers ranged from 1 on May 23, 29, 30 & June 3 to 6 on May 26.

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID and for spreading COVID to vulnerable community members due to the nature of the essential service they provide to the community.

Ensuring that infections among healthcare workers are not increasing is important to ensure that the healthcare workforce is not depleted and is not unknowingly passing on the virus to other individuals in the healthcare setting.

An increase of healthcare workers testing positive in a single facility is different than a significant increase in healthcare workers across the system—the former may be more straightforward to address, whereas the latter may indicate a larger underlying issue.
DANE COUNTY COVID-19 DATA
June 8, 2020 Data from May 23—June 5

Public Health

Our ability to identify and isolate people with COVID is critical to prevent further spread. Through rapid lab result reporting, followed by rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community.

Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread. Keeping a pulse on the numbers of folks entering emergency departments and urgent care with COVID-like symptoms can help us understand potential surges in COVID that are not being captured by testing data.

Measure: All positive cases can be reported and interviewed quickly to facilitate rapid isolation and quarantine for disease control

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>62%</td>
<td>GREEN: 85% or more of all new cases are contacted within 48 hours of being tested</td>
</tr>
<tr>
<td></td>
<td>YELLOW: 70-84% of cases are contacted within 48 hours of being tested</td>
</tr>
<tr>
<td></td>
<td>RED: &lt;70% of cases are contacted within 48 hours of being tested</td>
</tr>
</tbody>
</table>

62% of cases from May 23 to June 5 were contacted within 48 hours of being tested.

In order to contain the spread of the virus it is imperative to quickly identify who has the virus and contact them to ensure they are isolated from others, and to identify people they had contact with while they were infectious so those people can also be notified and isolated. We want to see a high percentage of cases contacted within this 48 hour window. We are at a higher level than last week for the time from testing to interview. See the next page for more information about our investigation of these data.

Measure: Proportion of contacted COVID-19 cases who don’t know where they could have gotten COVID in most recent 14 day period

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>GREEN: &lt;20% of cases don’t know where they could’ve gotten COVID-19</td>
</tr>
<tr>
<td></td>
<td>YELLOW: 20-30% of cases don’t know where they could’ve gotten COVID-19</td>
</tr>
<tr>
<td></td>
<td>RED: Over 30% of cases don’t know where they could’ve gotten COVID-19</td>
</tr>
</tbody>
</table>

25% of cases who tested positive from May 23 to June 5 didn’t know where they could’ve gotten COVID-19.

We calculate this measure based on several known risk factors for COVID-19, such as being in close contact with someone who has tested positive for COVID-19. A high percent of cases with no known route of disease transmission means there is likely a large number of individuals unknowingly spreading the virus in the community, which makes isolation and contact tracing much more difficult.

Measure: Downward or stable trajectory of COVID-like syndromic cases reported within a 14 day period

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN: No significant increase in COVID-like syndromic cases for most recent 14 days</td>
</tr>
<tr>
<td>RED: Significant increase in COVID-like syndromic cases for most recent 14 days</td>
</tr>
</tbody>
</table>

There has not been a significant increase in COVID-like syndromic cases from May 23 to June 5.
Community Testing

On May 11, the Alliant Energy Center became a community testing site for COVID. Since that date, anyone who wants a free COVID test has been able to get tested at the community testing site, allowing for many Dane County residents to be tested. This site has been a huge asset for our county—we have been able to expand testing capacity substantially and are meeting our desired threshold for COVID tests (an average of 800 tests per day over a two week period). As of June 5 we received 10,482 test results from the community testing site.

38% of total tests received by public health have been from the community testing site since its opening in mid-May.

The change in our lab timeliness & contact tracing metric is related to logistical challenges experienced at the community testing site.

There are a few steps involved in getting from the time a test is conducted to the time our staff are able to interview people who test positive for COVID-19 in order to give instructions for isolation. To get from Step 1 to Step 3 within 48 hours, we need so see test results reported quickly after a person is tested (Step 1 to Step 2).

From May 23 to June 5:
Community testing site
44% of cases had a result within 24 hours
74% of cases had a result within 48 hours

All other sites
75% of cases had a result within 24 hours
85% of cases had a result within 48 hours

Overall, 62% of people who tested positive for COVID-19 in the past two weeks were contacted by a contact tracer within 48 hours. This metric is set at a very rigorous level. Some plans set a less restrictive threshold of, “majority of test results are returned within 48 hours.” We group lab timeliness with contact tracing within 48 hours because timely contact tracing relies on timely lab results. Out of the 228 people who tested positive during this two-week period, 137 were interviewed within 48 hours of their COVID test. The remaining 83 took longer than 48 hours largely due to delays in processing lab results at the community test site.
**Forward Dane**

Dane County has been working hard to identify data that will help us determine how and when people can interact in a safe way. We want to provide these data to help everyone understand how decisions are being made to loosen or tighten some restrictions as we continue to respond to COVID-19. To establish these metrics, we conducted a deep review of existing plans, emerging scientific literature on COVID-19 spread, regional data, and national data.

In addition to the publicly facing nine metrics, we’ll be monitoring process measures when things aren’t going well to help us understand where there may be a gap in the system. These process measures look at transmission dynamics (the “R” value of our epidemic), lab result reporting timeliness, outbreak monitoring within priority populations, capacity for supporting isolation/quarantine, and contact attempts of both cases and contacts. The table below shows the measures we’re using for a phased re-opening of Dane County, and where we’re at as of June 1st.

**Table: Dane County Status**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Dane County Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology:</td>
<td>We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Below a threshold of 5% for positive tests as a percent of total tests averaged across most recent 14 day period</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>2. Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County) averaged over a 14 day period</td>
<td>15</td>
</tr>
<tr>
<td>Healthcare:</td>
<td>A sustained, high testing level is a critical metric, as testing is how we detect active infection and prevent transmission of COVID-19. Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19 as well as protect healthcare workers from infection.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Testing supplies and staff facilitate adequate testing for disease control and surveillance (goal of over 800 per day in most recent 14 day period)</td>
<td>1098</td>
</tr>
<tr>
<td></td>
<td>4. Percent of hospitals reporting robust testing in place for healthcare workers in the past week</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>5. Percent of hospitals reporting ability to treat all cases without crisis care</td>
<td>100%</td>
</tr>
</tbody>
</table>
|                 | • Facility use
|                 | • Staffing
|                 | • Critical supply
|                 | 6. Decreasing or stable numbers of infected healthcare workers | ✔                  |
| Public Health:  | Our ability to identify and isolate infections is critical to prevent further spread. Through rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community. Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread. |                    |
|                 | 7. All positive cases be contacted quickly to facilitate rapid isolation and quarantine for disease control | 65%                |
|                 | 8. Proportion of new cases over the most recent 14 day period who don’t know where they could have gotten COVID | 22%                |
|                 | 9. Downward or stable trajectory of COVID-like syndromic cases reported within a 14 days period | ✔                  |
Forward Dane Metrics: A Deeper Look

Epidemiology

We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.

For percent positivity, the 10% maximum level comes from World Health Organization. We’re aiming for below 5% because it’s where we’ve been when the epidemic has been most under control in Dane. If a high percentage of tests come back positive, it’s clear there’s not enough testing to capture all of the infected people in the community; testing is likely only being completed for the most severe cases or high-risk individuals. The low incidence threshold comes from CDC—less than 10 cases per 100,000 population over two weeks, or, less than 4 cases per day in Dane County.

Measure: Below a threshold of 5% for positive tests as a percent of total tests average across the most recent 14 day period

GREEN: Below 5% positivity
YELLOW: 5-10% positivity
RED: Above 10% positivity

An average of 1.3% of tests were positive from May 16 to May 29, which was below the desired threshold.
Daily positivity ranged from 0.2% on May 17 to 2.9% on May 29.

We want to be below this line

An average of 1.3%

Measure: Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County) averaged over a 14 day period

GREEN: Below 4 cases
YELLOW: 4–20 cases
RED: Greater than 20 cases

There was an average of 14.6 cases per day from May 16 to May 29, which was above the desired threshold.
Daily cases ranged from 1 on May 17 and 26 on May 27.

We want to be below this line

There was an average of 14.6
Healthcare

A sustained, high testing level is a critical metric that ensures our epidemiology criteria are meaningful. Testing is how we detect active infection, which leads to contact tracing and prevention of further disease transmission. There have been varied estimates for what a minimal level of testing may require, ranging from Wisconsin’s statewide target of 85,000 tests/week (which would correlate to 1,128 tests per day for Dane County), to state-level estimates from Harvard Global Health Institute of 68 tests/100,000 population/day (372 tests/day for Dane County). We are aiming for a robust testing level of 800 tests per day since the case metrics are dependent on sufficient testing levels. If testing numbers decrease, process measures will be used to understand if the reason is due to lessened capacity or demand.

Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19. To establish that hospitals are operating outside of crisis care, one of our metrics measures facility use, staffing, and critical supplies across Dane County hospitals—the same metric used by the Badger Bounce Back plan. Given that healthcare workers power healthcare systems, we need to ensure evidence of robust testing of healthcare workers, and sustained low rates of positivity among healthcare workers.

Measure: Testing supplies and staff facilitate adequate testing for disease control and surveillance

<table>
<thead>
<tr>
<th></th>
<th>GREEN: 800+ per day</th>
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<th>RED: &lt;400 per day</th>
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</thead>
<tbody>
<tr>
<td>1098</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An average of 1,098 tests were conducted each day from May 16 to May 29, which was above the desired threshold. Daily tests ranged from 507 on May 17 to 1,869 on May 27.

Measure: Robust testing in place for healthcare workers

<table>
<thead>
<tr>
<th></th>
<th>GREEN: 95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines</th>
<th>RED: &lt;95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

100% of hospitals reported that they arranged for testing of all symptomatic clinical staff per CDC guidelines from May 16 to May 29, which was above the desired threshold.

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID due to the nature of the essential service they provide to the community. Testing of healthcare workers is critical to protecting this workforce and ensure their capacity to care for patients seeking medical care.
DANE COUNTY COVID-19 DATA
June 1, 2020  Data from May 16—May 29

**Measure:** Treat all patients without crisis care based on facility use, staffing status, and critical supply status

<table>
<thead>
<tr>
<th>100%</th>
<th>GREEN: 95% of hospitals answer no to all 3 questions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Facility use status: the facility is damaged/unsafe or non-patient care areas are being used by the facility for patient care</td>
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<tr>
<td></td>
<td>• Staffing status: trained staff are unavailable or unable to adequately care for the volume of patients even with extension techniques</td>
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<tr>
<td></td>
<td>• Critical supply status: critical supplies are lacking, resulting in reallocation of life-sustaining resources and/or other extreme operating conditions</td>
</tr>
</tbody>
</table>

RED: Yes to one or more questions

100% of hospitals reported that they treated all patients without crisis care from May 5 to May 18, which was above the desired threshold.

Keeping the healthcare system stable is essential to ensuring care for COVID and non-COVID patients.

**Measure:** Decreasing or stable numbers of infected healthcare workers

| 100% | GREEN: No significant increase in healthcare worker infections for most recent 14 days |
|      | YELLOW: Significant increase in healthcare worker infections due to a known cluster in a single facility for most recent 14 days |
|      | RED: Significant increase in healthcare worker infections for most recent 14 days not contained to a single facility |

There was no statistically significant increase in the number of healthcare workers who tested positive for COVID-19 from May 16 to May 29.

Daily infections among healthcare workers ranged from 1 on May 18, 22, 23, & 29 to 9 on May 16. The 9 cases on May 16 were due to a known cluster in a single long term care facility.

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID and for spreading COVID to vulnerable community members due to the nature of the essential service they provide to the community.

Ensuring that infections among healthcare workers are not increasing is important to ensure that the healthcare workforce is not depleted and is not unknowingly passing on the virus to other individuals in the healthcare setting.

An increase of healthcare workers testing positive in a single facility is different than a significant increase in healthcare workers across the system—the former may be more straightforward to address, whereas the latter may indicate a larger underlying issue.
Public Health

Our ability to identify and isolate people with COVID is critical to prevent further spread. Through rapid lab result reporting, followed by rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community.

Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread. Keeping a pulse on the numbers of folks entering emergency departments and urgent care with COVID-like symptoms can help us understand potential surges in COVID that are not being captured by testing data.

Measure: All positive cases can be reported and interviewed quickly to facilitate rapid isolation and quarantine for disease control

<table>
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<tr>
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<th>Description</th>
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<tbody>
<tr>
<td><strong>GREEN</strong></td>
<td>85% or more of all new cases are contacted within 48 hours of being tested</td>
</tr>
<tr>
<td><strong>YELLOW</strong></td>
<td>70-84% of cases are contacted within 48 hours of being tested</td>
</tr>
<tr>
<td><strong>RED</strong></td>
<td>&lt;70% of cases are contacted within 48 hours of being tested</td>
</tr>
</tbody>
</table>

65% of cases from May 16 to May 29 were contacted within 48 hours of being tested.

In order to contain the spread of the virus it is imperative to quickly identify who has the virus and contact them to ensure they are isolated from others, and to identify people they had contact with while they were infectious so those people can also be notified and isolated. We want to see a high percentage of cases contacted within this 48 hour window. We are at a higher level than last week for the time from testing to interview. See the next page for more information about our investigation of these data.

Measure: Proportion of contacted COVID-19 cases who don’t know where they could have gotten COVID in most recent 14 day period

<table>
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<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GREEN</strong></td>
<td>&lt;20% of cases don’t know where they could’ve gotten COVID-19</td>
</tr>
<tr>
<td><strong>YELLOW</strong></td>
<td>20-30% of cases don’t know where they could’ve gotten COVID-19</td>
</tr>
<tr>
<td><strong>RED</strong></td>
<td>Over 30% of cases don’t know where they could’ve gotten COVID-19</td>
</tr>
</tbody>
</table>

22% of cases who tested positive from May 16 to May 29 didn’t know where they could’ve gotten COVID-19.

We calculate this measure based on several known risk factors for COVID-19, such as being in close contact with someone who has tested positive for COVID-19. A high percent of cases with no known route of disease transmission means there is likely a large number of individuals unknowingly spreading the virus in the community, which makes isolation and contact tracing much more difficult.

Measure: Downward or stable trajectory of COVID-like syndromic cases reported within a 14 day period

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GREEN</strong></td>
<td>No significant increase in COVID-like syndromic cases for most recent 14 days</td>
</tr>
<tr>
<td><strong>RED</strong></td>
<td>Significant increase in COVID-like syndromic cases for most recent 14 days</td>
</tr>
</tbody>
</table>

There has not been a significant increase in COVID-like syndromic cases from May 16 to May 29.
DANE COUNTY COVID-19 DATA

June 1, 2020  Data from May 16—May 29

Community Testing

On May 11, the Alliant Energy Center became a community testing site for COVID. Since that date, anyone who wants a free COVID test has been able to get tested at the community testing site, allowing for many Dane County residents to be tested. This site has been a huge asset for our county—we have been able to expand testing capacity substantially and are meeting our desired threshold for COVID tests (an average of 800 tests per day over a two week period). As of May 29, we have received 7,084 test results from the community testing site.

62% of total tests received by public health were from the community testing site from May 13 to May 29.

The change in our lab timeliness & contact tracing metric is related to logistical challenges experienced at the community testing site.

There are a few steps involved in getting from the time a test is conducted to the time our staff are able to interview people who test positive for COVID-19 in order to give instructions for isolation. To get from Step 1 to Step 3 within 48 hours, we need so see test results reported quickly after a person is tested (Step 1 to Step 2).

Community testing site
32% of cases had a result within 24 hours
40% of cases had a result within 48 hours

All other sites
79% of cases had a result within 24 hours
86% of cases had a result within 48 hours

Overall, 65% of people who tested positive for COVID-19 in the past two weeks were contacted by a contact tracer within 48 hours. This metric is set at a very rigorous level. Some plans set a less restrictive threshold of, “majority of test results are returned within 48 hours.” We group lab timeliness with contact tracing within 48 hours because timely contact tracing relies on timely lab results. Out of the 204 people who tested positive during this two-week period, 132 were interviewed within 48 hours of their COVID test. The remaining 72 took longer than 48 hours largely due to delays in processing lab results at the community test site.
Forward Dane

Dane County has been working hard to identify data that will help us determine how and when people can interact in a safe way. We want to provide these data to help everyone understand how decisions are being made to loosen or tighten some restrictions as we continue to respond to COVID-19. To establish these metrics, we conducted a deep review of existing plans, emerging scientific literature on COVID-19 spread, regional data, and national data.

In addition to the publicly facing nine metrics, we’ll be monitoring process measures when things aren’t going well to help us understand where there may be a gap in the system. These process measures look at transmission dynamics (the “R” value of our epidemic), lab result reporting timeliness, outbreak monitoring within priority populations, capacity for supporting isolation/quarantine, and contact attempts of both cases and contacts. The table below shows the measures we’re using for a phased re-opening of Dane County, and where we’re at as of May 22.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Dane County Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Epidemiology:</strong></td>
<td>Below a threshold of 5% for positive tests as a percent of total tests averaged across most recent 14 day period</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County) averaged over a 14 day period</td>
<td>8</td>
</tr>
<tr>
<td><strong>Healthcare:</strong></td>
<td>Testing supplies and staff facilitate adequate testing for disease control and surveillance (goal of over 800 per day in most recent 14 day period)</td>
<td>634</td>
</tr>
<tr>
<td></td>
<td>Percent of hospitals reporting robust testing in place for healthcare workers in the past week</td>
<td>100%</td>
</tr>
</tbody>
</table>
|                 | Percent of hospitals reporting ability to treat all cases without crisis care  
|                 | • Facility use  
|                 | • Staffing  
|                 | • Critical supply | 100%               |
| **Public Health:** | All positive cases be contacted quickly to facilitate rapid isolation and quarantine for disease control | 89%                |
|                 | Proportion of new cases over the most recent 14 day period who don’t know where they could have gotten COVID | 23%                |
|                 | Downward or stable trajectory of COVID-like syndromic cases reported within a 14 days period | ✔️                 |

publichealthmdc.com/coronavirus

Data is current as of May 21, 2020 at 4:00pm
**DANE COUNTY COVID-19 DATA**

**May 22, 2020  Data from May 5—May 18**

**Forward Dane Metrics: A Deeper Look**

**Epidemiology**

We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.

For percent positivity, the 10% maximum level comes from World Health Organization. We’re aiming for below 5% because it’s where we’ve been when the epidemic has been most under control in Dane. If a high percentage of tests come back positive, it’s clear there’s not enough testing to capture all of the infected people in the community; testing is likely only being completed for the most severe cases or high-risk individuals. The low incidence threshold comes from CDC—less than 10 cases per 100,000 population over two weeks, or, less than 4 cases per day in Dane County.

**Measure:** Below a threshold of 5% for positive tests as a percent of total tests average across the most recent 14 day period

<table>
<thead>
<tr>
<th></th>
<th>GREEN: Below 5% positivity</th>
<th>YELLOW: 5-10% positivity</th>
<th>RED: Above 10% positivity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An average of 1% of tests were positive from May 5 to May 18, which was below the desired threshold.

Daily positivity ranged from 0.2% on May 5 to 2.0% on May 9 and May 16.

We want to be below this line

There was an average of 8 cases per day from May 5 to May 18, which was above the desired threshold.

Daily cases ranged from 1 on May 5 and May 17 to 15 on May 14 and May 18.

We want to be below this line
DANE COUNTY COVID-19 DATA
May 22, 2020  Data from May 5—May 18

Healthcare

A sustained, high testing level is a critical metric that ensures our epidemiology criteria are meaningful. Testing is how we detect active infection, which leads to contact tracing and prevention of further disease transmission. There have been varied estimates for what a minimal level of testing may require, ranging from Wisconsin’s statewide target of 85,000 tests/week (which would correlate to 1,128 tests per day for Dane County), to state-level estimates from Harvard Global Health Institute of 68 tests/100,000 population/day (372 tests/day for Dane County). We are aiming for a robust testing level of 800 tests per day since the case metrics are dependent on sufficient testing levels. If testing numbers decrease, process measures will be used to understand if the reason is due to lessened capacity or demand.

Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19. To establish that hospitals are operating outside of crisis care, one of our metrics measures facility use, staffing, and critical supplies across Dane County hospitals—the same metric used by the Badger Bounce Back plan. Given that healthcare workers power healthcare systems, we need to ensure evidence of robust testing of healthcare workers, and sustained low rates of positivity among healthcare workers.

**Measure: Testing supplies and staff facilitate adequate testing for disease control and surveillance**

<table>
<thead>
<tr>
<th></th>
<th>GREEN: 800+ per day</th>
<th>YELLOW: 400-800 per day</th>
<th>RED: &lt;400 per day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>634</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An average of 634 tests were conducted each day from May 5 to May 18, which was below the desired threshold. Daily tests ranged from 345 on May 17 to 1,220 on May 14.

**Measure: Robust testing in place for healthcare workers**

<table>
<thead>
<tr>
<th></th>
<th>GREEN: 95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines</th>
<th>RED: &lt;95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>100%</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

100% of hospitals reported that they arranged for testing of all symptomatic clinical staff per CDC guidelines from May 5 to May 18, which was above the desired threshold.

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID due to the nature of the essential service they provide to the community. Testing of healthcare workers is critical to protecting this workforce and ensure their capacity to care for patients seeking medical care.
DANE COUNTY COVID-19 DATA
May 22, 2020  Data from May 5—May 18

**Measure:** Treat all patients without crisis care based on facility use, staffing status, and critical supply status

<table>
<thead>
<tr>
<th>RED: Yes to one or more questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GREEN:</strong> 95% of hospitals answer no to all 3 questions:</td>
</tr>
<tr>
<td>• <em>Facility use status:</em> the facility is damaged/unsafe or non-patient care areas are being used by the facility for patient care</td>
</tr>
<tr>
<td>• <em>Staffing status:</em> trained staff are unavailable or unable to adequately care for the volume of patients even with extension techniques</td>
</tr>
<tr>
<td>• <em>Critical supply status:</em> critical supplies are lacking, resulting in reallocation of life-sustaining resources and/or other extreme operating conditions</td>
</tr>
</tbody>
</table>

100% of hospitals reported that they treated all patients without crisis care from May 5 to May 18, which was above the desired threshold.

Keeping the healthcare system stable is essential to ensuring care for COVID and non-COVID patients.

**Measure:** Decreasing or stable numbers of infected healthcare workers

<table>
<thead>
<tr>
<th>RED: Significant increase in healthcare worker infections for most recent 14 days not contained to a single facility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GREEN:</strong> No significant increase in healthcare worker infections for most recent 14 days</td>
</tr>
<tr>
<td><strong>YELLOW:</strong> Significant increase in healthcare worker infections due to a known cluster in a single facility for most recent 14 days</td>
</tr>
</tbody>
</table>

There was no statistically significant change in the number of healthcare workers who tested positive for COVID-19 from May 5 to May 18.

Daily infections among healthcare workers ranged from 1 on May 6, 11, and 18 to 9 on May 16. The 9 cases on May 16 were due to a known cluster in a single long term care facility.

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID and for spreading COVID to vulnerable community members due to the nature of the essential service they provide to the community.

Ensuring that infections among healthcare workers are not increasing is important to ensure that the healthcare workforce is not depleted and is not unknowingly passing on the virus to other individuals in the healthcare setting.

An increase of healthcare workers testing positive in a single facility is different than a significant increase in healthcare workers across the system—the former may be more straightforward to address, whereas the latter may indicate a larger underlying issue.
DANE COUNTY COVID-19 DATA

May 22, 2020  Data from May 5—May 18

Public Health

Our ability to identify and isolate people with COVID is critical to prevent further spread. Through rapid lab result reporting, followed by rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community.

Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread. Keeping a pulse on the numbers of folks entering emergency departments and urgent care with COVID-like symptoms can help us understand potential surges in COVID that are not being captured by testing data.

**Measure:** All positive cases can be reported and interviewed quickly to facilitate rapid isolation and quarantine for disease control

| **GREEN** | 85% or more of all new cases are contacted within 48 hours of being tested |
| **YELLOW** | 70-84% of cases are contacted within 48 hours of being tested |
| **RED** | <70% of cases are contacted within 48 hours of being tested |

**89% of cases from May 5 to May 18 were contacted within 48 hours of being tested.**

In order to contain the spread of the virus it is imperative to quickly identify who has the virus and contact them to ensure they are isolated from others, and to identify people they had contact with while they were infectious so those people can also be notified and isolated. We want to see a high percentage of cases contacted within this 48 hour window.

**Measure:** Proportion of contacted COVID-19 cases who don’t know where they could have gotten COVID in most recent 14 day period

| **GREEN** | <20% of cases don’t know where they could’ve gotten COVID-19 |
| **YELLOW** | 20-30% of cases don’t know where they could’ve gotten COVID-19 |
| **RED** | Over 30% of cases don’t know where they could’ve gotten COVID-19 |

**23% of cases who tested positive from May 5 to May 18 didn’t know where they could’ve gotten COVID-19.**

We calculate this measure based on several known risk factors for COVID-19, such as being in close contact with someone who has tested positive for COVID-19. A high percent of cases with no known route of disease transmission means there is likely a large number of individuals unknowingly spreading the virus in the community, which makes isolation and contact tracing much more difficult.

**Measure:** Downward or stable trajectory of COVID-like syndromic cases reported within a 14 day period

| **GREEN** | No significant increase in COVID-like syndromic cases for most recent 14 days |
| **RED** | Significant increase in COVID-like syndromic cases for most recent 14 days |

There has not been a significant increase in COVID-like syndromic cases from May 5 to May 18.
Forward Dane

Dane County has been working hard to identify data that will help us determine how and when people can interact in a safe way. We want to provide these data to help everyone understand how decisions are being made to loosen or tighten some restrictions as we continue to respond to COVID-19. To establish these metrics, we conducted a deep review of existing plans, emerging scientific literature on COVID-19 spread, regional data, and national data.

In addition to the publicly facing nine metrics, we’ll be monitoring process measures when things aren’t going well to help us understand where there may be a gap in the system. These process measures look at transmission dynamics (the “R” value of our epidemic), lab result reporting timeliness, outbreak monitoring within priority populations, capacity for supporting isolation/quarantine, and contact attempts of both cases and contacts. The table below shows the measures we’re using for a phased re-opening of Dane County, and where we’re at as of May 15.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Dane County Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Epidemiology</strong>: We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.</td>
<td>Below a threshold of 5% for positive tests as a percent of total tests averaged across most recent 14 days period</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County) averaged over a 14 days period</td>
</tr>
<tr>
<td><strong>Healthcare</strong>: A sustained, high testing level is a critical metric, as testing is how we detect active infection and prevent transmission of COVID-19. Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19as well as protect healthcare workers from infection.</td>
<td>Testing supplies and staff facilitate adequate testing for disease control and surveillance (goal of over 800 per day in most recent 14-day period)</td>
<td>576</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percent of hospitals reporting robust testing in place for health care workers in the past week</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percent of hospitals reporting ability to treat all cases without crisis care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facility use</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Critical supply</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decreasing or stable numbers of infected health care workers</td>
</tr>
<tr>
<td><strong>Public Health</strong>: Our ability to identify and isolate infections is critical to prevent further spread. Through rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community. Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread.</td>
<td>All positive cases be contacted quickly to facilitate rapid isolation and quarantine for disease control</td>
<td>76%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proportion of new COVID-19 cases over the most recent 14 day period not linked to a source case</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Downward or stable trajectory of COVID-like syndromic cases reported within a 14 days period</td>
</tr>
</tbody>
</table>
Forward Dane Metrics: A Deeper Look

Epidemiology

We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.

For percent positivity, the 10% maximum level comes from World Health Organization. We’re aiming for below 5% because it’s where we’ve been when the epidemic has been most under control in Dane. If a high percentage of tests come back positive, it’s clear there’s not enough testing to capture all of the infected people in the community; testing is likely only being completed for the most severe cases or high-risk individuals. The low incidence threshold comes from CDC—less than 10 cases per 100,000 population over two weeks, or, less than 4 cases per day in Dane County.

**Measure:** Below a threshold of 5% for positive tests as a percent of total tests average across the most recent 14 day period

- **GREEN:** Below 5% positivity
- **YELLOW:** 5-10% positivity
- **RED:** Above 10% positivity

An average of 1% of tests were positive from May 2 to May 15, which was below the desired threshold.

Daily positivity ranged from 0.2% on May 5 to 2.0% on May 9.

We want to be below this line

There was an average of 6 cases from May 2 to May 15, which was above the desired threshold.

Daily cases ranged from 1 on May 5 to 15 on May 14.

We want to be below this line

**Measure:** Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County) averaged over a 14 day period

- **GREEN:** Below 4 cases
- **YELLOW:** 4–20 cases
- **RED:** Greater than 20 cases

An average of 0.2% of tests were positive from May 2 to May 15, which was below the desired threshold.

Daily positivity ranged from 0.2% on May 5 to 2.0% on May 9.

We want to be below this line

There was an average of 6 cases from May 2 to May 15, which was above the desired threshold.

Daily cases ranged from 1 on May 5 to 15 on May 14.
Healthcare

A sustained, high testing level is a critical metric that ensures our epidemiology criteria are meaningful. Testing is how we detect active infection, which leads to contact tracing and prevention of further disease transmission. There have been varied estimates for what a minimal level of testing may require, ranging from Wisconsin state’s target of 85,000 tests/week (which would correlate to 1,128 tests per day for Dane County), to state-level estimates from Harvard Global Health Institute of 68 tests/100,000 population/day (372 test/day for Dane County). We are aiming for a robust testing level of 800 tests per day since the case metrics are dependent on sufficient testing levels. If testing numbers decrease, process measures will be used to understand if the reason is due to lessened capacity or demand.

Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19. To establish that hospitals are operating outside of crisis care, one of our metrics measures facility use, staffing, and critical supplies across Dane County hospitals—the same metric as used by the Badger Bounce Back plan. Given that healthcare workers power healthcare systems, we need to ensure evidence of robust testing of healthcare workers, and sustained low rates of positivity among healthcare workers.

**Measure:** Testing supplies and staff facilitate adequate testing for disease control and surveillance

<table>
<thead>
<tr>
<th></th>
<th>GREEN: 800+ per day</th>
<th>YELLOW: 400-800 per day</th>
<th>RED: &lt;400 per day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>576</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An average of 470 tests were conducted from April 29 to May 12, which was below the desired threshold. Daily tests ranged from 304 on May 2 to 1,224 on May 15.

We want to be above this line

**Measure:** Robust testing in place for health care workers

100% of hospitals reported that they arranged for testing of all symptomatic clinical staff per CDC guidelines from May 2 to May 15, which was above the desired threshold.

Health care workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID due to the nature of the essential service they provide to the community. Testing of health care workers is critical to protecting this workforce and ensure their capacity to care for patients seeking medical care.
DANE COUNTY COVID-19 DATA
MAY 9—MAY 16, 2020

Measure: Treat all patients without crisis care based on facility use, staffing status, and critical supply status

**GREEN:** 95% of hospitals answer no to all 3 questions:
- **Facility use status:** the facility is damaged/unsafe or non-patient care areas are being used by the facility for patient care
- **Staffing status:** trained staff are unavailable or unable to adequately care for the volume of patients even with extension techniques
- **Critical supply status:** critical supplies are lacking, resulting in reallocation of life-sustaining resources and/or other extreme operating conditions

**RED:** Yes to one or more questions

100% of hospitals reported that they treated all patients without crisis care from May 2 to May 15, which was above the desired threshold.

Keeping the healthcare system stable is essential to ensuring care for COVID and non-COVID patients.

Measure: Decreasing or stable numbers of infected health care workers

**GREEN:** No significant change in weekly health care worker infections for most recent 14 days

**YELLOW:** Significant increase in healthcare worker cases due to a known cluster in a single facility for most recent 14 days

**RED:** No significant change in weekly health care worker infections for most recent 14 days

There was no statistically significant change in the weekly number of health care workers who tested positive for COVID-19 from May 2 to May 15.

Daily infections among healthcare workers ranged from 1 to 3

Health care workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID and for spreading COVID to vulnerable community members due to the nature of the essential service they provide to the community.

Ensuring that infections among health care workers are not increasing is important to ensure that the health care workforce is not depleted and is not unknowingly passing on the virus to other individuals in the health care setting.

An increase of healthcare workers in a single facility is different than a significant increase in healthcare workers across the system—the former may be more straightforward to address, whereas the latter may indicate a larger underlying issue.
Public Health

Our ability to identify and isolate infections is critical to prevent further spread. Through rapid lab result reporting, followed by rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community.

Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread. Keeping a pulse on the numbers of folks entering emergency departments and urgent care with COVID-like symptoms can help us understand potential surges in COVID that are not being captured by testing data.

**Measure:** All positive cases can be reported and interviewed quickly to facilitate rapid isolation and quarantine for disease control

<table>
<thead>
<tr>
<th>Measure</th>
<th>All positive cases can be reported and interviewed quickly to facilitate rapid isolation and quarantine for disease control</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN</td>
<td>More than 85% of all new cases are contacted within 48 hours of being tested</td>
</tr>
<tr>
<td>YELLOW</td>
<td>70-84% of cases are contacted within 48 hours of being tested</td>
</tr>
<tr>
<td>RED</td>
<td>&lt;70% of cases are contacted within 48 hours of being tested</td>
</tr>
</tbody>
</table>

**76% of cases from May 2 to May 15 were contacted within 48 hours of being tested.**

In order to contain the spread of the virus it is imperative to quickly identify who has the virus and contact them to ensure they are isolated from others, and to identify people they had contact with while they were infectious so those people can also be notified and isolated. We want to see a high percentage of cases contacted within this 48 hour window.

**Measure:** Proportion of contacted COVID-19 cases who don’t know where they could have gotten COVID in most recent 14 day period*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Proportion of contacted COVID-19 cases who don’t know where they could have gotten COVID in most recent 14 day period*</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN</td>
<td>&lt;20% of cases don’t know where they could have gotten COVID-19</td>
</tr>
<tr>
<td>YELLOW</td>
<td>20-30% of cases don’t know where they could’ve gotten COVID-19</td>
</tr>
<tr>
<td>RED</td>
<td>Over 30% of cases don’t know where they could’ve gotten COVID-19</td>
</tr>
</tbody>
</table>

**28% of cases who tested positive from May 2 to May 15 didn’t know where they could’ve gotten COVID-19.**

We calculate this measure based on several known risk factors for COVID-19, such as being in close contact with someone who has tested positive for COVID-19. A high percent of cases with no known route of disease transmission means there is likely a large number of individuals unknowingly spreading the virus in the community, which makes isolation and contact tracing much more difficult.

**Measure:** Downward or stable trajectory of COVID-like syndromic cases reported within a 14 day period

<table>
<thead>
<tr>
<th>Measure</th>
<th>Downward or stable trajectory of COVID-like syndromic cases reported within a 14 day period</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN</td>
<td>No significant increase in COVID-like syndromic cases for most recent 14 days</td>
</tr>
<tr>
<td>RED</td>
<td>Significant increase in COVID-like syndromic cases for most recent 14 days</td>
</tr>
</tbody>
</table>

There has not been a significant increase in COVID-like syndromic cases from May 2 to May 15.

*In a previous draft, this measure incorrectly stated the thresholds. It has been updated to reflect the thresholds identified in the Forward Dane plan.
Spotlight on COVID-19 Testing

Testing for COVID-19 is the foundation to Dane County’s COVID-19 response. Without adequate testing, we won’t be confident in other important measures, including percent of tests that come back positive, the number of laboratory confirmed cases, and healthcare worker COVID-19 infections. We have successfully increased testing in Dane County since the beginning of the COVID-19 pandemic, but we have some room to increase the number of tests we’re completing. One of the measures we’ll be watching closely is the average number of daily tests in Dane County. National models indicate we need a high number of tests—about 800 a day—to be more confident about our percent positivity and case count measures. We’re not there yet, but we are at an acceptable level (between 400 and 800).

An average of 576 tests were conducted from May 2 to May 17, which was below the desired threshold but above the lower threshold. Daily tests ranged from 304 on May 3 to 1,224 on May 14.

Community Testing

On May 11, Dane County opened a free COVID-19 community testing site at the Alliant Energy Center. Anyone 5 years of age and older is able to get a test at the community testing site.

So far, we’re seeing a low positivity rate from the community testing site. This is good news, and suggests our efforts to contain the spread of COVID-19 in Dane County are paying off.
DANE COUNTY COVID-19 DATA
MAY 1—MAY 8, 2020

Cases this week increased by 5.8%, from 433 to 458.

<table>
<thead>
<tr>
<th>Date</th>
<th>Cumulative Case Count</th>
<th>Percent Increase (from previous day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/01/2020</td>
<td>433</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>5/02/2020</td>
<td>434</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>5/03/2020</td>
<td>438</td>
<td>1%</td>
</tr>
<tr>
<td>5/04/2020</td>
<td>444</td>
<td>1%</td>
</tr>
<tr>
<td>5/05/2020</td>
<td>444</td>
<td>0%</td>
</tr>
<tr>
<td>5/06/2020</td>
<td>446</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>5/07/2020</td>
<td>450</td>
<td>1%</td>
</tr>
<tr>
<td>5/08/2020</td>
<td>458</td>
<td>2%</td>
</tr>
</tbody>
</table>

Recovery Status of COVID-19 Cases

- 63% Recovered cases
- 31% Cases where date of symptom onset or test date was within the last 30 days
- 5% Cases who died from COVID-19

Percent of People Tested for COVID-19 Who had Positive Results

One of the Badger Bounce Back metrics is a downward trajectory of positive tests as a percent of total tests within a 14-day period. Our rate has been decreasing over time: our highest weekly average was 7% from March 22-28, and it has decreased every week since.

- Dane County conducted an average of 371 tests per day from May 1-8.
- Aggressive testing is a major component of Badger Bounce Back and a key piece of moving us to the next phase.
- In the last two weeks, Dane County had an average percent positive of 1.2%, while Wisconsin’s was 9.1%.

People with a negative and positive COVID-19 test and percentage of people with a positive test for COVID-19.

Over the last week, the percentage of people with a positive test was around 1%.

publichealthmdc.com/coronavirus
Data is current as of 5/8/20
Tracking Health Care Workers with COVID-19

The Badger Bounce Back plan was released on April 20, and since then we have been working on gathering and compiling data for the gating criteria that will be used to determine when social distancing measures can be relaxed. One of the metrics under consideration is decreasing numbers of infected health care workers. So far in Dane County, 113 people who have tested positive for COVID-19 (24%) have been identified as health care workers. The number of new health care worker cases has been decreasing since its peak of 10 new cases on March 27th. In the past four weeks (4/10-5/8) there were 66% fewer new cases among health care workers than the four weeks before that (3/12-4/9).

The number of new health care workers diagnosed with COVID-19 decreased by 66% in the past four weeks compared to the four weeks before that.

Dane County Emergency Medical Service Call Data

The Dane County Emergency Medical Service (EMS) Division monitors the volume and types of calls they receive. These data suggest that EMS calls for alcohol and substance abuse is higher for 2020 compared to previous years. The daily average EMS calls per day increased by 37% from 2019 to 2020, and there were 4 times as many days with 10 or more alcohol/substance abuse calls from January through May 2020 compared to the same time period in 2018 and 2019.

The COVID-19 pandemic is particularly challenging for individuals with substance use disorder. Some ways COVID-19 is impacting this population include:

- Systems of care have been disrupted, creating even more challenges in accessing treatment for mental health and substance abuse.
- Social distancing makes people with substance use disorder more vulnerable to relapse or overdose, as they may be unable to access their recovery support systems.
- People with substance use disorder may also be more vulnerable to severe COVID-19 illness because of the negative health effects of using substances.

Information on alcohol and other drugs can be found in this document created by our staff.
DANE COUNTY COVID-19 DATA
MAY 1—MAY 8, 2020

COVID-19 Hospitalizations

COVID-19 can affect certain groups of people differently than others, and people experiencing the effects of the disease most severely likely end up hospitalized. Monitoring the demographics of individuals who are hospitalized for COVID-19 can tell us if any groups are disproportionately impacted. Overall, 25% of all people who have tested positive for COVID-19 have been hospitalized.

Below is the percentage of people within each group that have been hospitalized. For example, 22% of females who have tested positive for COVID-19 have been hospitalized, and 78% of females have not been hospitalized.

Hospitalizations by Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hospitalized</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–9</td>
<td>50%</td>
</tr>
<tr>
<td>10–19</td>
<td>0%</td>
</tr>
<tr>
<td>20–29</td>
<td>6%</td>
</tr>
<tr>
<td>30–39</td>
<td>13%</td>
</tr>
<tr>
<td>40–49</td>
<td>16%</td>
</tr>
<tr>
<td>50–59</td>
<td>28%</td>
</tr>
<tr>
<td>60–69</td>
<td>36%</td>
</tr>
<tr>
<td>70–79</td>
<td>62%</td>
</tr>
<tr>
<td>80–89</td>
<td>81%</td>
</tr>
<tr>
<td>90+</td>
<td>78%</td>
</tr>
</tbody>
</table>

Older adults are more likely to be hospitalized: 72% of people with COVID-19 ages 70+ have been hospitalized while 12% of people ages 20-49 have been hospitalized.

Note: the 0-9 age group has only four people.

Hospitalizations by Sex

<table>
<thead>
<tr>
<th>Gender</th>
<th>Hospitalized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>22%</td>
</tr>
<tr>
<td>Male</td>
<td>29%</td>
</tr>
</tbody>
</table>

Hospitalizations by Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Hospitalized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>23%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>26%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0%</td>
</tr>
</tbody>
</table>

Hospitalizations by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Hospitalized</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI/AN</td>
<td>0%</td>
</tr>
<tr>
<td>Black</td>
<td>17%</td>
</tr>
<tr>
<td>White</td>
<td>27%</td>
</tr>
<tr>
<td>Asian</td>
<td>32%</td>
</tr>
<tr>
<td>Other</td>
<td>33%</td>
</tr>
<tr>
<td>Unknown</td>
<td>9%</td>
</tr>
</tbody>
</table>

AI/AN = American Indian or Alaska Native.

We also want to highlight trends over time in COVID-19 hospitalizations. These graphs use data from EMResource, a tool that hospitals use to share information about hospital resources with agencies involved in emergency response planning. We can see that we have seen fewer COVID-19 patients hospitalized and in the Intensive Care Unit (ICU) over time. This is good news, and shows us that our efforts in Dane County are working, because our health systems are not being overwhelmed by COVID-19 patients. Since this can change when social distancing measures are relaxed, we will continue to monitor these data closely.

The number of COVID-19 inpatients decreased since early April.

The number of COVID-19 patients in the ICU decreased since early April.
COVID-19 Network through April 28

We’ve shared what contact tracing looks like in words, but here it is in a picture!

There are 1,312 people represented in this diagram. Each red dot represents a person who has tested positive for COVID-19—423 at the time this diagram was developed. Each line connects to a person identified as a contact. If the contact also tested positive for COVID-19, their dot is red too. We have followed up with every person represented as a dot on this diagram. There are over 200 ‘clusters’—meaning 200 groups of dots not connected to other dots on the diagram. Most of the clusters represent households—where a person in a household tested positive and their household contacts were followed up with by our contact tracing team.

The number of contacts for each person who tested positive for COVID-19 ranged from 0 to 22, with an average of 2.1 contacts per case.

Keep in mind this diagram is only a snapshot of connections during the infectious period.

This diagram shows each person who tested positive for COVID-19 and who they had contact with during their potential infectious period. It does not show who transmitted the virus to someone else because the purpose of contact tracing is to prevent ongoing transmission. We don’t always know every single contact or where someone contracted the virus. That’s why social distancing is so important for everyone who is able to do so—the less time we spend around people we don’t live with, the less chance we have of contracting or spreading COVID-19 when we’re out in the community.
Race and COVID-19

We are monitoring COVID-19 data across populations to determine who is most affected by COVID-19 and to address inequities. Recent national data have shown that people of color are more likely to die of COVID-19. In Dane County, we are not seeing similarly large racial disparities in hospitalizations and deaths, but we are seeing evidence of racial disparities in COVID-19 cases. The social and economic consequences of structural racism (for example, reduced access to healthcare due to not having insurance, immigration status, or poor patient experiences) play a role in who has access to testing, and we may not have a complete picture of who is sick.

Communities of color in the U.S. experience discrimination and structural racism as a result of unjust systems. Communities of color are more vulnerable to severe COVID illness and death because structural racism exists in Dane County.

Racism and COVID-19 are linked; communities of color are:

- More vulnerable to severe COVID illness due to the chronic stress of racism, which is associated with chronic diseases such as diabetes and high blood pressure.
- Overrepresented in low wage service sector jobs, resulting in a higher chance of exposure to COVID-19.
- More likely to live in shared housing and in areas of high pollution, resulting in a higher chance of exposure to COVID and vulnerability to more severe COVID illness due to close living quarters and conditions such as asthma.

Dane County Population

- Hispanic individuals of any race make up 6% of Dane County’s population.

AI/AN = American Indian or Alaska Native.

Percentage of Positive Tests Among People Tested by Race/Ethnicity

- White: 3%
- AI/AN: 6%
- Black: 5%
- Asian: 6%
- Hispanic: 10%
DANE COUNTY COVID-19 DATA
MAY 1—MAY 8, 2020

Cumulative number of confirmed cases by day in the United States, Wisconsin, and Dane County.*

The Dane County curve above suggests that the rate of new cases each day is slowing—in other words, we’re flattening the curve. Visually, we can see this happening; the Dane County line is not as steep as the line for the U.S., for example. Another way we can think about this is with “doubling time” or the time it takes to double the number of cases. Currently we are seeing a doubling time of about 23 days nationally, 17 days in Wisconsin, and over 37 days in Dane County. This is good news, and we can be cautiously optimistic about our efforts to slow the spread of COVID-19 in our community. However, there is still a lot we don’t know. For example, we know there are more cases in the community than we have confirmed. If we are able to test more cases, we may see a faster rate of growth in the future.

We’re All Safer at Home

Stay home as much as possible. This means not leaving your home unless absolutely necessary. Do not host groups, gatherings, and playdates.

Continuing strong everyday prevention measures. Wash your hands often and cover your sneezes and coughs with a tissue or your elbow.

When you leave home, assume that you will come into contact with COVID-19. Everyone should be monitoring themselves for symptoms (fever, cough, shortness of breath, sore throat) and isolating themselves from others as soon as they develop these symptoms. Our fact sheet has more information about how to monitor symptoms, how to properly isolate, and when you can end isolation.

Notes

We use the Wisconsin Electronic Disease Surveillance System (WEDSS) for all data presented, with a few exceptions: US confirmed cases, population data, and Fire Department/EMS Data.

Data shown are subject to change. As individual cases are investigated, there may be corrections to the status and details of cases that result in changes to this information. Testing data are continually checked for data quality; numbers may also change.

*This graph is in log scale. A virus like COVID-19 spreads exponentially in the initial outbreak phase, and a log scale shows an exponential curve. The space between 1 and 10 cases on a log scale is the same as the space between 10 and 100 cases. On a regular scale, each step on the axis is a fixed number of units (e.g., 10 cases). On a log scale, each step is a fixed percentage change. For more on log scales, see this recent article.

You may notice in some places we say “cases” or “patients.” In most of our communications we instead say “people who have tested positive for COVID-19.” This is called person first language and it’s important to us that through all of this, we remember that these aren’t just tests and just numbers—these are our grandparents, children, friends, neighbors and strong members of our communities.
Cases this week increased by 8.5%, from 399 to 433.

<table>
<thead>
<tr>
<th>Date</th>
<th>Cumulative Case Count</th>
<th>Percent Increase (from previous day)</th>
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</thead>
<tbody>
<tr>
<td>4/24/2020</td>
<td>399</td>
<td>2%</td>
</tr>
<tr>
<td>4/25/2020</td>
<td>401</td>
<td>1%</td>
</tr>
<tr>
<td>4/26/2020</td>
<td>409</td>
<td>2%</td>
</tr>
<tr>
<td>4/27/2020</td>
<td>414</td>
<td>1%</td>
</tr>
<tr>
<td>4/28/2020</td>
<td>418</td>
<td>1%</td>
</tr>
<tr>
<td>4/29/2020</td>
<td>425</td>
<td>2%</td>
</tr>
<tr>
<td>4/30/2020</td>
<td>431</td>
<td>1%</td>
</tr>
<tr>
<td>5/01/2020</td>
<td>433</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Recovery Status of COVID-19 Cases

- Cases who died from COVID-19: 5%
- Cases where date of symptom onset or test date was within the last 30 days: 31%
- Recovered cases: 63%

Tracking Health Care Workers with COVID-19

The Badger Bounce Back plan was released on April 20, and since then we have been working on gathering and compiling data for the gating criteria that will be used to determine when social distancing measures can be relaxed. One of the metrics under consideration is decreasing numbers of infected health care workers. The criteria for success in this metric has yet to be determined, but it’s looking good in Dane County: so far, 102 people who have tested positive for COVID-19 (24%) have been identified as health care workers. There was an average of three new health care worker cases per day from March 12 to April 4 and there has been an average of one per day since April 4. The number of new health care worker cases decreased 67% from 30 cases in the first half of April (1st-15th) to 10 cases in the second half (16th-30th).

The number of new health care workers diagnosed with COVID-19 decreased by 67% from the first half of April to the second half of April.
COVID-19 Testing

Wisconsin has vastly increased its testing capacity over the past few weeks. Last week (April 24-30) Dane County had its highest ever number of tests completed; however, over 30% of those tests were conducted by the Dane County Sheriff’s Office (Sheriff’s Office). The Sheriff’s Office tested all of their staff and all people currently incarcerated at the Dane County Jail after a cluster of inmates recently tested positive for COVID-19. Even without counting the tests conducted by the Sheriff’s Office, last week still had the highest ever number of tests completed for Dane County residents.

Tests for COVID-19 conducted in the past month by the Dane County Sheriff’s Office and all other tests.

Note: Some test results continue to come in, and this number may not reflect the complete total number of tests that have been conducted by the Sheriff’s Office.

Percent of People Tested for COVID-19 Who Had Positive Results

One of the Badger Bounce Back metrics is a downward trajectory of positive tests as a percent of total tests within a 14-day period. The Sheriff’s Office testing over the past week contributed to a lower positivity rate since a lot of people without symptoms were tested, but our rate has been decreasing over time: our highest weekly average was 7% from March 22-28, and it has decreased every week since.

- Excluding Sheriff’s Office tests, testing in Dane County increased by 25% last week compared to the previous week. Testing increased by 50% in the second half of April compared to the first half.
- Aggressive testing is a major component of Badger Bounce Back and a key piece of moving us to the next phase.
- In the last two weeks, Dane County had an average percent positive of 2%, while Wisconsin’s was 10%.

People with a negative and positive COVID-19 test and percentage of people with a positive test for COVID-19.

Over the last week, the percentage of people with a positive test was around 2%.
COVID-19 Hospitalizations

COVID-19 can affect certain groups of people differently than others, and people experiencing the effects of the disease most severely likely end up hospitalized. Monitoring the demographics of individuals who are hospitalized for COVID-19 can tell us if any groups are disproportionately impacted.

The charts below show the percent within each group that have been hospitalized. For example, 23% of females who have tested positive for COVID-19 have been hospitalized, and 77% of females have not been hospitalized.

### Hospitalizations by Age

Older adults are more likely to be hospitalized: 73% of people with COVID-19 ages 70+ have been hospitalized while 12% of people ages 20-49 have been hospitalized.

*Note: the 0-9 age group has only four people.*

### Hospitalizations by Sex

<table>
<thead>
<tr>
<th></th>
<th>Percent of each group that has been hospitalized</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>26%</td>
</tr>
<tr>
<td>Female</td>
<td>23%</td>
</tr>
<tr>
<td>Male</td>
<td>29%</td>
</tr>
</tbody>
</table>

### Hospitalizations by Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>Percent of each group that has been hospitalized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>24%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>27%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Hospitalizations by Race

<table>
<thead>
<tr>
<th></th>
<th>Percent of each group that has been hospitalized</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI/AN</td>
<td>0%</td>
</tr>
<tr>
<td>Black</td>
<td>18%</td>
</tr>
<tr>
<td>White</td>
<td>27%</td>
</tr>
<tr>
<td>Asian</td>
<td>33%</td>
</tr>
<tr>
<td>Other</td>
<td>33%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0%</td>
</tr>
</tbody>
</table>
Race and COVID-19

We are monitoring COVID-19 data across populations to determine who is most affected by COVID-19 and to address inequities. Recent national data have shown that people of color are more likely to die of COVID-19. In Dane County, we are not seeing similarly large racial disparities in hospitalizations and deaths, but we are starting to see evidence of racial disparities in COVID-19 cases. The social and economic consequences of structural racism (for example, reduced access to healthcare due to not having insurance, immigration status, or poor patient experiences) play a role in who has access to testing, and we may not have a complete picture of who is sick.

Tests Administered

![Bar chart showing tests administered by race/ethnicity]

Positive Cases

![Bar chart showing positive cases by race/ethnicity]

Hospitalizations

![Bar chart showing hospitalizations by race/ethnicity]

Deaths

![Bar chart showing deaths by race/ethnicity]

Dane County Population

![Bar chart showing Dane County population by race/ethnicity]

Communities of color in the U.S. experience discrimination and structural racism as a result of unjust systems. Communities of color are more vulnerable to severe COVID illness and death because structural racism exists in Dane County.

Racism and COVID-19 are linked; communities of color are:

- More vulnerable to severe COVID illness due to the chronic stress of racism, which is associated with chronic diseases such as diabetes and high blood pressure.
- Overrepresented in low wage service sector jobs, resulting in a higher chance of exposure to COVID-19.
- More likely to live in shared housing and in areas of high pollution, resulting in a higher chance of exposure to COVID and vulnerability to more severe COVID illness due to close living quarters and conditions such as asthma.

Spotlight on Disparities in COVID-19 Cases

This week, the percent of positive tests among Black individuals increased. One factor contributing to this increase is a cluster of people who tested positive in the Dane County jail (see page 2 for more detail). Of the 28 incarcerated people who tested positive in the Dane County jail, over 60% are Black.

Nearly half of inmates in the Dane County jail population are Black, compared to 6% of the county population. The overrepresentation of Black individuals in the criminal justice system is rooted in a host of inequities—a significant driver is economic disparities caused by the legacy of policies that excluded people of color from accumulating wealth.
Cumulative number of confirmed cases by day in the United States, Wisconsin, and Dane County.

The Dane County curve above suggests that the rate of new cases each day is slowing—in other words, we’re flattening the curve. Visually, we can see this happening; the Dane County line is not as steep as the line for the U.S., for example. Another way we can think about this is with “doubling time” or the time it takes to double the number of cases. Currently we are seeing a doubling time of about 19 days nationally, 18 days in Wisconsin, and over 30 days in Dane County. This is good news, and we can be cautiously optimistic about our efforts to slow the spread of COVID-19 in our community. However, there is still a lot we don’t know. For example, we know there are more cases in the community than we have confirmed. If we are able to test more cases, we may see a faster rate of growth in the future.

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*This graph is in log scale. A virus like COVID-19 spreads exponentially in the initial outbreak phase, and a log scale shows an exponential curve. The space between 1 and 10 cases on a log scale is the same as the space between 10 and 100 cases. On a regular scale, each step on the axis is a fixed number of units (e.g., 10 cases). On a log scale, each step is a fixed percentage change. For more on log scales, see this recent article.

You may notice in some places we say "cases" or "patients." In most of our communications we instead say "people who have tested positive for COVID-19." This is called person first language and it’s important to us that through all of this, we remember that these aren’t just tests and just numbers—these are our grandparents, children, friends, neighbors and strong members of our communities.
Cases this week increased by 11%, from 359 to 399.

<table>
<thead>
<tr>
<th>Date</th>
<th>Cumulative Case Count</th>
<th>Percent Increase (from previous day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/17/2020</td>
<td>359</td>
<td>2%</td>
</tr>
<tr>
<td>4/18/2020</td>
<td>361</td>
<td>1%</td>
</tr>
<tr>
<td>4/19/2020</td>
<td>365</td>
<td>1%</td>
</tr>
<tr>
<td>4/20/2020</td>
<td>382</td>
<td>5%</td>
</tr>
<tr>
<td>4/21/2020</td>
<td>387</td>
<td>1%</td>
</tr>
<tr>
<td>4/22/2020</td>
<td>387</td>
<td>0%</td>
</tr>
<tr>
<td>4/23/2020</td>
<td>390</td>
<td>1%</td>
</tr>
<tr>
<td>4/24/2020*</td>
<td>399</td>
<td>2%</td>
</tr>
</tbody>
</table>

*as of 9:30am

Graph of people with a negative and positive COVID-19 test and percentage of people with a positive test for COVID-19.
Over the last week, the percentage of people with a positive test was around 3%.

Madison Fire Department and Dane County Emergency Medical Service Run Data

From April 17 to April 23, 51 of 310 (16.5%) of Madison Fire Department responses for patient care were suspected to be related to COVID-19.

Emergency Medical Service (EMS) agencies have responded to an average of 17 respiratory and infectious disease emergencies each day in 2020. The average for 2018 and 2019 was 11 calls per day.

EMS calls related to alcohol/substance use, maltreatment/abuse, infectious disease, and respiratory emergencies are higher in 2020 compared to 2019.

publichealthmdc.com/coronavirus
Data is current as of 4/24/20, 9:30am
We updated our dashboard!

We are continuously assessing information we’re providing about COVID-19 and want to make sure our community has access to more real-time data. We’ve added a lot of new data to our dashboard and are shifting to daily updates at 9:30am. Data points we previously shared on this snapshot, such as demographics of cases, will no longer be included here since they are now accessible on the dashboard.

**Cumulative, or total, cases per day**

- **New cases per day**

**Growth curves** show us how fast infections like COVID-19 spread, and are plotted on a log scale. See page 5 for more details!

**Testing data over time** includes new tests per day.

**More demographic data**, including number of cases, cases ever hospitalized, and deaths by age, race, sex, and ethnicity.

All the data presented in the dashboard are **counts**, or simply the number of people who experience different COVID-19 outcomes. Counts are easy to understand and help us see the largest number of people affected by these outcomes. For example, we see that there are more deaths among people who are 80 years of age or older compared to other groups.

One important limitation of counts is they don’t allow us to compare the impact of COVID-19 across populations—to assess inequities, for example. To do this, we need to do some simple calculations. To assess racial inequities by comparing the percentage of COVID-19 cases ever hospitalized:

**Among Black COVID-19 cases:**

- 9/47 = 19%

**Among White COVID-19 cases:**

- 76/302 = 25%

We do not see a substantial difference in the percentage of Black and White COVID-19 cases who are ever hospitalized. See page 3 for more info about racial inequities.
COVID-19 Hospitalizations

COVID-19 can affect certain groups of people differently than others, and people experiencing the effects of the disease most severely likely end up hospitalized. Monitoring the demographics of individuals who are hospitalized for COVID-19 can tell us if any groups are disproportionately impacted. The tables below show the percent within each group that have been hospitalized. For example, 21% of females who have tested positive for COVID-19 have been hospitalized, and 79% of females have not been hospitalized.

### Hospitalizations by Age

Older adults are more likely to be hospitalized: 64% of people with COVID-19 ages 70+ have been hospitalized while 10% of people ages 20-49 have been hospitalized.

*Note: the 0-9 age group has only four people.*

### Hospitalizations by Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>Percent of each group that has been hospitalized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>21%</td>
</tr>
<tr>
<td>Male</td>
<td>27%</td>
</tr>
</tbody>
</table>

### Hospitalizations by Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percent of each group that has been hospitalized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>22%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>24%</td>
</tr>
<tr>
<td>Unknown</td>
<td>11%</td>
</tr>
</tbody>
</table>

### Hospitalizations by Race

The percentage of White individuals who have been hospitalized for COVID-19 may be higher than other groups due to age: 90% of people with COVID-19 who are age 70 and older are White.

*Note: the “Other” race group has only five people.*
DANE COUNTY COVID-19 DATA
APRIL 17—APRIL 24, 2020

Race and COVID-19
We are monitoring COVID-19 data across populations to determine who is most affected by COVID-19 and to address inequities. Recent national data have shown that people of color are more likely to die of COVID-19. In Dane County, we are not seeing similarly large racial disparities in hospitalizations and deaths, but we are starting to see evidence of racial disparities in COVID-19 cases. The social and economic consequences of structural racism (for example, reduced access to healthcare due to not having insurance, immigration status, or poor patient experiences) play a role in who has access to testing, and we may not have a complete picture of who is sick.

Tests Administered

<table>
<thead>
<tr>
<th>Race</th>
<th>Tests Administered</th>
<th>Positive Cases</th>
<th>Hospitalizations</th>
<th>Dane County Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>7%</td>
<td>12%</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>White</td>
<td>74%</td>
<td>77%</td>
<td>83%</td>
<td>86%</td>
</tr>
<tr>
<td>Asian</td>
<td>3%</td>
<td>6%</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
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<td>14%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Hispanic individuals of any race make up 5% of tests.
Hispanic individuals of any race make up 10% of cases.
Hispanic individuals of any race make up 10% of hospitalizations.
Hispanic individuals of any race make up 6% of Dane County’s population.

AI/AN = American Indian or Alaska Native.

Percentage of positive tests among people tested by race/ethnicity

- White: 5%
- Black: 8%
- American Indian or Alaska Native: 8%
- Asian: 9%
- Hispanic: 10%

Communities of color in the U.S. experience discrimination and structural racism as a result of unjust systems. Communities of color are more vulnerable to severe COVID illness and death because structural racism exists in Dane County.

Racism and COVID-19 are linked; communities of color are:
- More vulnerable to severe COVID illness due to the chronic stress of racism, which is associated with chronic diseases such as diabetes and high blood pressure.
- Overrepresented in low wage service sector jobs, resulting in a higher chance of exposure to COVID-19.
- More likely to live in shared housing and in areas of high pollution, resulting in a higher chance of exposure to COVID and vulnerability to more severe COVID illness due to close living quarters and conditions such as asthma.

Spotlight on Increase
This week, the percent of positive tests among Black individuals increased. One factor contributing to this increase is a cluster of people who tested positive in the Dane County jail. It’s difficult to implement measures such as social distancing in correctional facilities, and clusters in such facilities are occurring throughout the country. Of the 21 incarcerated people who tested positive in the Dane County jail, over 70% are Black.

Nearly half of inmates in the Dane County jail population are Black, compared to 6% of the county population. The overrepresentation of Black individuals in the criminal justice system is rooted in a host of inequities—a significant driver is economic disparities caused by the legacy of policies that excluded people of color from accumulating wealth.
The Dane County curve above suggests that the rate of new cases each day is slowing—in other words, we’re flattening the curve. Visually, we can see this happening; the Dane County line is not as steep as the line for the U.S., for example. Another way we can think about this is with “doubling time” or the time it takes to double the number of cases. Currently we are seeing a doubling time of about 15 days nationally and over 24 days in Dane County. This is good news, and we can be cautiously optimistic about our efforts to slow the spread of COVID-19 in our community. However, there is still a lot we don’t know. For example, we know there are more cases in the community than we have confirmed. If we are able to test more cases, we may see a faster rate of growth in the future.

**Notes**

We use the Wisconsin Electronic Disease Surveillance System (WEDSS) for all data presented, with a few exceptions: US confirmed cases, population data, and Fire Department/EMS Data. Data shown are subject to change. As individual cases are investigated, there may be corrections to the status and details of cases that result in changes to this information. Testing data are continually checked for data quality; numbers may also change.

*This graph is in log scale. A virus like COVID-19 spreads exponentially in the initial outbreak phase, and a log scale shows an exponential curve. The space between 1 and 10 cases on a log scale is the same as the space between 10 and 100 cases. On a regular scale, each step on the axis is a fixed number of units (e.g., 10 cases). On a log scale, each step is a fixed percentage change. For more on log scales, see this recent article.*

You may notice in some places we say “cases” or “patients.” In most of our communications we instead say “people who have tested positive for COVID-19.” This is called person first language and it’s important to us that through all of this, we remember that these aren’t just tests and just numbers—these are our grandparents, children, friends, neighbors and strong members of our communities.
Cases this week increased by 10%, from 325 to 357.

COVID-19 patients in Dane County have been 57% female.

We could have a higher number of females testing positive because health care workers trend female and currently are high priority for being tested. Also, studies show that women are more likely to seek health care.

The residence of COVID-19 patients in Dane County is nearly evenly split between the City of Madison and municipalities other than Madison.

78.2% of COVID-19 patients in Dane County have been White, and 86.8% have been non-Hispanic.

The overall population of Dane County is 86.4% White and 93.6% non-Hispanic.

The prevalence of COVID-19 varies by age group in Dane County.

Over half of those who have tested positive for COVID-19 in Dane County are between the ages of 20-49.

Data is current as of 4/17/20, 8:30am
Number of New and Cumulative tests for COVID-19

From April 10 to April 16 a total of 1,101 tests were completed, for an average of 157 per day.

24% of all people who have tested positive for COVID-19 have been hospitalized.

Older adults are more likely to be hospitalized: 61% of patients ages 70+ have been hospitalized while 10.5% of patients ages 20-49 have been hospitalized.

Note: the 0-9 age group has only four people.

Madison Fire Department and Dane County Emergency Medical Service Run Data

From April 10 to April 15, 54 of 246 (22%) of Madison Fire Department responses for patient care were suspected to be related to COVID-19.

Emergency Medical Service (EMS) agencies have responded to an average of 17 respiratory and infectious disease emergencies each day in 2020. The average for 2018 and 2019 was 11 calls per day.

EMS calls related to alcohol/substance use, maltreatment/abuse, infectious disease, and respiratory emergencies are higher in 2020 compared to 2019.

publichealthmdc.com/coronavirus
Data is current as of 4/17/20, 8:30am
**Race and COVID-19**

We are monitoring COVID-19 data across populations to determine who is most affected by COVID-19 and to address inequities. Recent data have shown that people of color are more likely to die of COVID-19, particularly black individuals in Midwestern cities like Chicago, Detroit, and Milwaukee. **In Dane County, we are not seeing similarly large racial disparities in COVID-19 measures.** However, the social and economic consequences of structural racism (for example, reduced access to healthcare due to not having insurance, immigration status, or poor patient experiences) play a role in who has access to testing, and we may not have a complete picture of who is sick.

**Tests Administered**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>73%</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td>73%</td>
</tr>
<tr>
<td>Asian</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>AI/AN</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Unknown/Missing</td>
<td>15%</td>
<td></td>
</tr>
</tbody>
</table>

**Positive Cases**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td>86%</td>
</tr>
<tr>
<td>Asian</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>AI/AN</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Unknown/Missing</td>
<td>4%</td>
<td></td>
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</tbody>
</table>

**Hospitalizations**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td>83%</td>
</tr>
<tr>
<td>Asian</td>
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<tr>
<td>AI/AN</td>
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<td></td>
</tr>
<tr>
<td>Unknown/Missing</td>
<td>2%</td>
<td></td>
</tr>
</tbody>
</table>

**Dane County Population**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td>85%</td>
</tr>
<tr>
<td>Asian</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>AI/AN</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Unknown/Missing</td>
<td>2%</td>
<td></td>
</tr>
</tbody>
</table>

**Number of deaths by race**

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
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</tr>
<tr>
<td>Black</td>
<td>1</td>
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<tr>
<td>Asian</td>
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</tr>
<tr>
<td>American Indian</td>
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</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>AI/AN</td>
<td></td>
</tr>
</tbody>
</table>

**Percentage of positive tests among people tested by race/ethnicity**

- **White**: 6%
- **Black**: 7%
- **Asian**: 9%
- **American Indian or Alaska Native**: 9%
- **Hispanic**: 11%

Communities of color in the U.S. experience discrimination and structural racism as a result of unjust systems. Communities of color are more vulnerable to severe COVID illness and death because structural racism exists in Dane County.

Racism and COVID-19 are linked; communities of color are:

- More vulnerable to severe COVID illness due to the chronic stress of racism, which is associated with chronic diseases such as diabetes and high blood pressure.
- Overrepresented in low wage service sector jobs, resulting in a higher chance of exposure to COVID-19.
- More likely to live in shared housing and in areas of high pollution, resulting in a higher chance of exposure to COVID and vulnerability to more severe COVID illness due to close living quarters and conditions such as asthma.

For a more in-depth local perspective on the impact of COVID-19 on African Americans, we recommend Dr. Alex Gee’s April 7 episode of his “Black Like Me” podcast: **Is This Pandemic Racist?!: COVID-19’s Disproportionate Attack On Blacks with Dr. Luther Gaston, MD**

[publichealthmdc.com/coronavirus](http://publichealthmdc.com/coronavirus)

Data is current as of 4/17/20, 8:30am
The **Dane County** curve above suggests that the rate of new cases each day is slowing—in other words, we’re flattening the curve. Visually, we can see this happening; the Dane County line is not as steep as the line for the U.S., for example. Another way we can think about this is with “doubling time” or the time it takes to double the number of cases. Currently we are seeing a doubling time of about 8 days nationally and over 18 days in Dane County. This is good news, and we can be cautiously optimistic about our efforts to slow the spread of COVID-19 in our community. However, there is still a lot we don’t know. For example, we know there are more cases in the community than we have confirmed. If we are able to test more cases, we may see a faster rate of growth in the future.

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**We’re All Safer at Home**

**Stay home as much as possible.** This means not leaving your home unless absolutely necessary. Do not host groups, gatherings, and playdates.

**Continuing strong everyday prevention measures.** Wash your hands often and cover your sneezes and coughs with a tissue or your elbow.

**When you leave home, assume that you will come into contact with COVID-19.** Everyone should be monitoring themselves for symptoms (fever, cough, shortness of breath, sore throat) and isolating themselves from others as soon as they develop these symptoms. Our [fact sheet](#) has more information about how to monitor symptoms, how to properly isolate, and when you can end isolation.

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**Notes**

We use the Wisconsin Electronic Disease Surveillance System (WEDSS) for all data presented, with a few exceptions: US confirmed cases, population data, and Fire Department/EMS Data.

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*This graph is in log scale. A virus like COVID-19 spreads exponentially in the initial outbreak phase, and a log scale shows an exponential curve. The space between 1 and 10 cases on a log scale is the same as the space between 10 and 100 cases. On a regular scale, each step on the axis is a fixed number of units (e.g., 10 cases). On a log scale, each step is a fixed percentage change. For more on log scales, see this recent article.*

You may notice in some places we say “cases” or “patients.” In most of our communications we instead say “people who have tested positive for COVID-19.” This is called person first language and it’s important to us that through all of this, we remember that these aren’t just tests and just numbers—these are our grandparents, children, friends, neighbors and strong members of our communities.
Cases this week increased by 25%, from 252 to 316.

COVID-19 patients in Dane County have been 56.6% female.

We could have a higher number of females testing positive because health care workers trend female and currently are high priority for being tested. Also, studies show that women are more likely to seek health care.

<table>
<thead>
<tr>
<th>Date</th>
<th>Cumulative Case Count</th>
<th>Percent Increase (from previous day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/3/2020</td>
<td>252</td>
<td>6%</td>
</tr>
<tr>
<td>4/4/2020</td>
<td>270</td>
<td>7%</td>
</tr>
<tr>
<td>4/5/2020</td>
<td>280</td>
<td>4%</td>
</tr>
<tr>
<td>4/6/2020</td>
<td>292</td>
<td>4%</td>
</tr>
<tr>
<td>4/7/2020</td>
<td>303</td>
<td>4%</td>
</tr>
<tr>
<td>4/8/2020</td>
<td>306</td>
<td>1%</td>
</tr>
<tr>
<td>4/9/2020</td>
<td>313</td>
<td>2%</td>
</tr>
<tr>
<td>4/10/2020*</td>
<td>316</td>
<td>1%</td>
</tr>
</tbody>
</table>

*as of 8:30am

74.7% of COVID-19 patients in Dane County have been White, and 82.6% have been non-Hispanic.

The overall population of Dane County is 86.4% White and 93.6% non-Hispanic.

The residence of COVID-19 patients in Dane County is nearly evenly split between the City of Madison and municipalities other than Madison.

Over half of those who have tested positive for COVID-19 in Dane County are between the ages of 20-49.

publichealthmwdc.com/coronavirus
Data is current as of 4/10/20, 8:30am

Healthy people. Healthy places.
DANE COUNTY COVID-19 DATA
APRIL 3—APRIL 10, 2020

Number of New and Cumulative tests for COVID-19

From April 3rd to April 9th a total of 1,250 tests were completed, for an average of 179 per day.

25% of people who have tested positive for COVID-19 have been hospitalized.

Older adults are more likely to be hospitalized: 63% of patients ages 70+ have been hospitalized while 11% of patients ages 20-49 have been hospitalized.

Note: the 0-9 age group has only three people.

Madison Fire Department and Dane County Emergency Medical Service Run Data

From April 3 to April 9, 68 of 315 (22%) of Madison Fire Department responses for patient care were suspected to be related to COVID-19.

Call volume for Dane County Emergency Medical Service (EMS) agencies was 5.8% higher in January to March of 2020 than it was for the same time period in 2019, and was 7.1% higher than 2018.

EMS agencies also continue to respond to an abnormally high volume of respiratory and infectious disease emergencies compared to past years.

Data is current as of 4/10/20, 8:30am
Data Spotlight: Race and COVID-19

We are monitoring COVID-19 data across populations to determine who is most affected by COVID-19 and to address inequities. Recent data have shown that people of color are more likely to die of COVID-19, particularly black individuals in Midwestern cities like Chicago, Detroit, and Milwaukee. In Dane County, we are not seeing similarly large racial disparities in COVID-19 measures. However, the social and economic consequences of structural racism (for example, reduced access to healthcare due to not having insurance, immigration status, or poor patient experiences) play a role in who has access to testing, and we may not have a complete picture of who is sick.

### Number of deaths by race

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>9</td>
</tr>
<tr>
<td>Black</td>
<td>1</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>1</td>
</tr>
</tbody>
</table>

Communities of color in the U.S. experience discrimination and structural racism as a result of unjust systems. Communities of color are more vulnerable to severe COVID illness and death because structural racism exists in Dane County.

Racism and COVID-19 are linked; communities of color are:

- More vulnerable to severe COVID illness due to the chronic stress of racism, which is associated with chronic diseases such as diabetes and high blood pressure.
- Overrepresented in low wage service sector jobs, resulting in a higher chance of exposure to COVID-19.
- More likely to live in shared housing and in areas of high pollution, resulting in a higher chance of exposure to COVID and vulnerability to more severe COVID illness due to close living quarters and conditions such as asthma.

**Tests Administered**

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI/AN: 1%</td>
<td>7%</td>
</tr>
<tr>
<td>Black</td>
<td>73%</td>
</tr>
<tr>
<td>White</td>
<td>4%</td>
</tr>
<tr>
<td>Asian</td>
<td>15%</td>
</tr>
<tr>
<td>Unknown/ Missing</td>
<td>1%</td>
</tr>
</tbody>
</table>

Hispanic individuals of any race make up 4% of tests.

**Positive Cases**

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI/AN: 1%</td>
<td>8%</td>
</tr>
<tr>
<td>Black</td>
<td>75%</td>
</tr>
<tr>
<td>White</td>
<td>5%</td>
</tr>
<tr>
<td>Asian</td>
<td>9%</td>
</tr>
<tr>
<td>Unknown/ Missing</td>
<td>1%</td>
</tr>
</tbody>
</table>

Hispanic individuals of any race make up 9% of cases.

**Hospitalizations**

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI/AN: 1%</td>
<td>10%</td>
</tr>
<tr>
<td>Black</td>
<td>80%</td>
</tr>
<tr>
<td>White</td>
<td>4%</td>
</tr>
<tr>
<td>Asian</td>
<td>5%</td>
</tr>
<tr>
<td>Unknown/ Missing</td>
<td>1%</td>
</tr>
</tbody>
</table>

Hispanic individuals of any race make up 11% of hospitalizations.

**Dane County Population**

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI/AN: 1%</td>
<td>6%</td>
</tr>
<tr>
<td>Black</td>
<td>86%</td>
</tr>
<tr>
<td>White</td>
<td>7%</td>
</tr>
<tr>
<td>Asian</td>
<td>1%</td>
</tr>
</tbody>
</table>

Hispanic individuals of any race make up 6% of Dane County’s population.

AI/AN = American Indian or Alaska Native.

% of positive tests among people tested by race/ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>% of positive tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>6%</td>
</tr>
<tr>
<td>Black</td>
<td>6%</td>
</tr>
<tr>
<td>Asian</td>
<td>7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>13%</td>
</tr>
</tbody>
</table>

Data is current as of 4/10/20, 8:30am
The Dane County curve above suggests that the rate of new cases each day is slowing—in other words, we’re flattening the curve. Visually, we can see this happening; the Dane County line is not as steep as the line for the U.S., for example. Another way we can think about this is with “doubling time” or the time it takes to double the number of cases. Currently we are seeing a doubling time of about 8 days nationally and about 14 days in Dane County. This is good news, and we can be cautiously optimistic about our efforts to slow the spread of COVID-19 in our community. However, there is still a lot we don’t know. For example, we know there are more cases in the community than we have confirmed. If we are able to test more cases, we may see a faster rate of growth in the future.

We’re All Safer at Home

**Stay home as much as possible.** This means not leaving your home unless absolutely necessary. Do not host groups, gatherings, and playdates.

**Continuing strong everyday prevention measures.** Wash your hands often and cover your sneezes and coughs with a tissue or your elbow.

**When you leave home, assume that you will come into contact with COVID-19.** Everyone should be monitoring themselves for symptoms (fever, cough, shortness of breath, sore throat) and isolating themselves from others as soon as they develop these symptoms. Our [fact sheet](#) has more information about how to monitor symptoms, how to properly isolate, and when you can end isolation.

Notes

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*This graph is in log scale. A virus like COVID-19 spreads exponentially in the initial outbreak phase, and a log scale shows an exponential curve. The space between 1 and 10 cases on a log scale is the same as the space between 10 and 100 cases. On a regular scale, each step on the axis is a fixed number of units (e.g., 10 cases). On a log scale, each step is a fixed percentage change. For more on log scales, see this recent article.*

You may notice in some places we say “cases” or “patients.” In most of our communications we instead say “people who have tested positive for COVID-19.” This is called person first language and it’s important to us that through all of this, we remember that these aren’t just tests and just numbers—these are our grandparents, children, friends, neighbors and strong members of our communities.
DANE COUNTY COVID-19 DATA
MARCH 27—APRIL 3, 2020

Cases this week increased by 56%, from 158 to 246.

COVID-19 patients in Dane County have been 56.1% female.

We could have a higher number of females testing positive because health care workers trend female and currently are high priority for being tested. Also, studies show that women are more likely to seek health care.

75.6% of COVID-19 patients in Dane County have been White, and 81.7% have been non-Hispanic.

The overall population of Dane County is 86.4% White and 93.6% non-Hispanic.

The residence of COVID-19 patients in Dane County is evenly split between the City of Madison and municipalities other than Madison.

Over half of those who have tested positive for COVID-19 in Dane County are between the ages of 20-49.

Data is current as of 4/3/20, 8:30am
Data Spotlight: Models and Why We Use Them

A model that has been getting a lot of attention this week is the Institute for Health Metrics and Evaluation’s (IHME) model. This model uses information we know about COVID-19 deaths from around the world to estimate the day and level of maximum hospital resource use. As of April 3 at 8:30am, the model predicts April 27, 2020 will be the date of peak resource use and peak count of daily deaths in Wisconsin.

What are some things to keep in mind when looking at IHME’s model for COVID-19?

Information can change quickly, so the peak date of cases, deaths, and hospital resources we may need is also changing as the model is updated. For example, an early estimate for the “peak date” in Wisconsin was May 22. Models are not absolute truth; they are tools to help us make our best guess about what may happen. Other models have and will circulate that give varying predictions.

The IHME model:

- Does not account for risk factors (besides age) that we know impact severity of COVID-19, such as the prevalence of lung disease or diabetes.
- Assumes Wisconsin’s Safer at Home Order will stay in place until June.
- Is a state-level model, which may not align with the Dane County context (and it’s too soon to tell how closely we’re tracking!)

What are the benefits of using statistical models?

Models can help us prepare for the future. They show us that we need to take social distancing measures seriously, and can also help us estimate if our hospitals need more medical supplies.
DANE COUNTY COVID-19 DATA
MARCH 27—APRIL 3, 2020

Graph of cumulative number of confirmed cases by day in the United States, Wisconsin, and Dane County.*

Notes
*This graph is in log scale. A virus like COVID-19 spreads exponentially in the initial outbreak phase, and a log scale shows an exponential curve. The space between 1 and 10 cases on a log scale is the same as the space between 10 and 100 cases. On a regular scale, each step on the axis is a fixed number of units (e.g., 10 cases). On a log scale, each step is a fixed percentage change. For more on log scales, see this recent article.

Data shown throughout this snapshot are subject to change. As individual cases are investigated by public health, there may be corrections to the status and details of cases that result in changes to this information. Testing data are continually being checked for data quality; numbers may also change.

You may notice in some places we say “cases” or “patients.” In most of our communications we instead say “people who have tested positive for COVID-19.” This is called person first language and it’s important to us that through all of this, we remember that these aren’t just tests and just numbers—these are our grandparents, children, friends, neighbors and strong members of our communities.

We’re All Safer at Home
Stay home as much as possible. This means not leaving your home unless absolutely necessary. Do not host groups, gatherings, and playdates.

Continuing strong everyday prevention measures. Wash your hands often and cover your sneezes and coughs with a tissue or your elbow.

When you leave home, assume that you will come into contact with COVID-19. Everyone should be monitoring themselves for symptoms (fever, cough, shortness of breath, sore throat) and isolating themselves from others as soon as they develop these symptoms. Our fact sheet has more information about how to properly isolate, and when you can end isolation.
DANE COUNTY COVID-19 DATA
FOR THE WEEK OF MARCH 22, 2020

Cases this week increased by 129%, from 69 to 158.

<table>
<thead>
<tr>
<th>Date</th>
<th>Cumulative Case Count</th>
<th>Percent Increase (from previous day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/22/2020</td>
<td>69</td>
<td>10%</td>
</tr>
<tr>
<td>3/23/2020</td>
<td>80</td>
<td>16%</td>
</tr>
<tr>
<td>3/24/2020</td>
<td>98</td>
<td>23%</td>
</tr>
<tr>
<td>3/25/2020</td>
<td>122</td>
<td>24%</td>
</tr>
<tr>
<td>3/26/2020</td>
<td>134</td>
<td>10%</td>
</tr>
<tr>
<td>3/27/2020</td>
<td>158</td>
<td>18%</td>
</tr>
</tbody>
</table>

COVID-19 patients in Dane County have been 54.4% female.
We could have a higher number of females testing positive because health care workers trend female and currently are high priority for being tested. Also, studies show that women are more likely to seek health care.

77.4% of COVID-19 patients in Dane County have been White, and 82.9% have been non-Hispanic.
The overall population of Dane County is 86.4% White and 93.6% non-Hispanic.

<table>
<thead>
<tr>
<th>Race/Origin</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>77.4%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>4.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>4.1%</td>
</tr>
<tr>
<td>Other or Unknown</td>
<td>13.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Origin</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Hispanic or Latino</td>
<td>82.9%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>7.5%</td>
</tr>
<tr>
<td>Unknown</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

The residence of COVID-19 patients in Dane County is evenly split between the City of Madison and municipalities other than Madison.

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 19</td>
<td>1.3%</td>
</tr>
<tr>
<td>20 - 44</td>
<td>54.4%</td>
</tr>
<tr>
<td>45 - 64</td>
<td>23.4%</td>
</tr>
<tr>
<td>65+</td>
<td>20.9%</td>
</tr>
</tbody>
</table>

Over half of those who have tested positive for COVID-19 in Dane County are between the ages of 20-44.

Data is current as of 3/27/20, 4:30pm

publichealthmdc.com/coronavirus

Healthy people. Healthy places.
DANE COUNTY COVID-19 DATA
FOR THE WEEK OF MARCH 22, 2020

Madison Fire Department implemented a “Suspected Covid-19” variable for its medics on 3/17/20. Since its implementation, they have averaged 11 patient care reports per day with this variable checked “Yes.”

23.2% of all patient care reports in Madison were suspected to be related to COVID-19 from 3/17/20-3/26/20.

Dane County EMS agencies are consistently running over 20 respiratory and infectious disease calls a day. This is an abnormally high call volume.

Graph of cumulative number of confirmed cases by day in the United States, Wisconsin, and Dane County.*

Notes
*This graph is in log scale. A virus like COVID-19 spreads exponentially in the initial outbreak phase, and a log scale shows an exponential curve. The space between 1 and 10 cases on a log scale is the same as the space between 10 and 100 cases. On a regular scale, each step on the axis is a fixed number of units (e.g., 10 cases). On a log scale, each step is a fixed percentage change.

For more on log scales, see this recent article.

You may notice in some places we say “cases.” In most of our communications we instead say “people who have tested positive for COVID-19.” This is called person first language and it’s important to us that through all of this, we remember that these aren’t just tests and just numbers—these are our grandparents, children, friends, neighbors and strong members of our communities.

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