DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Freedom of Information Office
Building 1, Room 344
1 Center Drive, MSC 0188
Bethesda, Maryland 20892-0188
phone: (301) 496-5633
fax: (301) 402-4541

Via E-mail: foia@americanoversight.org

June 12, 2025

Mr. Austin Evers
American Oversight,
1030 15th Street NW, Suite B255,
Washington, DC 20005

Re: NIH FOIA Case No. 53804

Dear Mr. Evers:

This is the final response to your March 5, 2020, Freedom of Information Act (FOIA) requests addressed to the FOIA Office, National Institute of Allergy and Infectious Diseases (NIAID), which was received the same day. Department of Health and Human Services' (HHS) policy calls for the fullest possible disclosure provided by the FOIA, 5 U.S.C. §552, consistent with the protections contained therein. The implementing HHS Regulations establish the criteria pursuant to which the FOIA is administered, *see* 45 C.F.R. Part 5. Copies of the FOIA and the HHS FOIA Regulations are located at: http://www.nih.gov/icd/od/foia/efoia.htm and http://www.nih.gov/icd/od/foia/cfr45.htm.

Your request seeks the Communications regarding COVID-19/coronavirus, between NIH Director Dr. Francis Collins and several White House officials. The search date range for this request is January 30, 2020, to January 12, 2021.

NIH searched their files and found 1,626 pages of responsive records to your request, all of which are enclosed. The information being withheld is protected from release pursuant to Exemptions 4, 5, 6 and 7E of the FOIA, 5 U.S.C. §552 (b)(4), (b)(5), (b)(6) and (b)(7)(E), and sections 5.31(d), (e), (f) and (g) of the HHS FOIA Regulations, 45 C.F.R. Part 5. Exemption 4 protects from disclosure trade secrets and commercial or financial information that is privileged and confidential. Exemption 5 protects certain inter- or intra- agency communications that are deliberative and pre-decisional. Draft Animal Study Proposals (ASP) were withheld. Exemption 6 exempts from disclosure records the release of which would cause a clearly unwarranted invasion of personal privacy. Exemption 7 (E) affords protection to all law enforcement information that would disclose techniques and procedures for law enforcement investigations or prosecutions.

Should you wish to file an appeal, your appeal must be sent within ninety (90) days of the date of the final response letter following the procedures outlined in Subpart F of the HHS FOIA

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Regulations (https://www.federalregister.gov/documents/2016/10/28/2016-25684/freedom-of-information-regulations) to the Assistant Secretary for Public Affairs at https://requests.publiclink.hhs.gov/App/Index.aspx. Clearly mark the communication, "Freedom of Information Act Appeal."

If you are not satisfied with the processing and handling of this request, you may contact the NIH FOIA Public Liaison and/or the Office of Government Information Services (OGIS):

NIH FOIA Public Liaison
Denean Standing-Ojo
Office of Communications and
Public Liaison
Building 31, 5B52S
31 Center Drive
Bethesda, MD 20892
301-496-5077 (phone)
nihfoia@mail.nih.gov (email)

OGIS
National Archives and Records Admin.
8601 Adelphi Rd – OGIS
College Park, MD 20740-6001
202-741-5770 (phone)
1-877-684-6448 (toll-free)
202-741-5769 (fax)
ogis@nara.gov (email)

In certain circumstances, provisions of the FOIA and HHS FOIA Regulations allow us to recover part of the cost of responding to your request. Because no unusual circumstances apply to the processing of your request, there is no charge associated with our response.

If you have any questions about this response, please call 301-496-5633.

Sincerely,

GORKA GARCIA-MALENE -S

Digitally signed by GORKA GARCIA-MALENE -S
Date: 2025.06.12 11:06:29 -04'00'

Gorka Garcia-Malene
Freedom of Information Officer, NIH

Enclosures: Two pdf files (total 1,626 pages)

AMERICAN OVERSIGHT

From: Droegemeier, Kelvin K. EOP/OSTP < (b) (6)
Sent: Sun, 1 Mar 2020 07:53:43 -0500
To: Collins, Francis (NIH/OD) [E]
Cc: Córdova, France;Tabak, Lawrence (NIH/OD) [E];Dabbar, Paul;Fall, Chris;Fauci, Anthony (NIH/NIAID) [E];Bonyun, Sean C. EOP/OSTP;Watson, Ian D. EOP/OSTP;Waterman, Paige E. EOP/OSTP
Subject: Re: Coronavirus R&D

Hi Francis,

Thanks for the info — that makes sense. Larry and I had a good chat the other day and then also on Friday with most others on this thread. I am happy to message things you are planning in interviews as you feel appropriate, but sticking to top line facts and deferring to you for details. I want to make sure the TF and Nation are aware that we are working hard in the R&D enterprise.

Thanks!

Kelvin

On Feb 29, 2020, at 10:48 PM, Collins, Francis (NIH/OD) [E] < (b) (6) wrote:

Hi Kelvin,

Heading back to DC right now. I appreciate knowing about possible coronavirus research initiatives from NSF and DOE, and our agencies should most certainly endeavor to work together at a time like this. But with regard to assembling lists of possible additional funding needs, we have already done so a couple of weeks ago through a rather HHS formal process. As you can imagine, our requests are heavily (but not exclusively) focused on diagnostics, therapeutics, and vaccine preparation. We would have to clear any additional requests through HHS and OMB, and at this point that would likely not be well received.

For those reasons, our conversations about possible collaborative efforts would need to be separate from any financial requests. But we are glad to explore ideas under those constraints.

Best, Francis

AMERICAN OVERSIGHT

From: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
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Dear France, Francis, Larry, Paul and Chris,

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AMERICAN OVERSIGHT

Happy to chat if you like. My work cell is (b) (6)

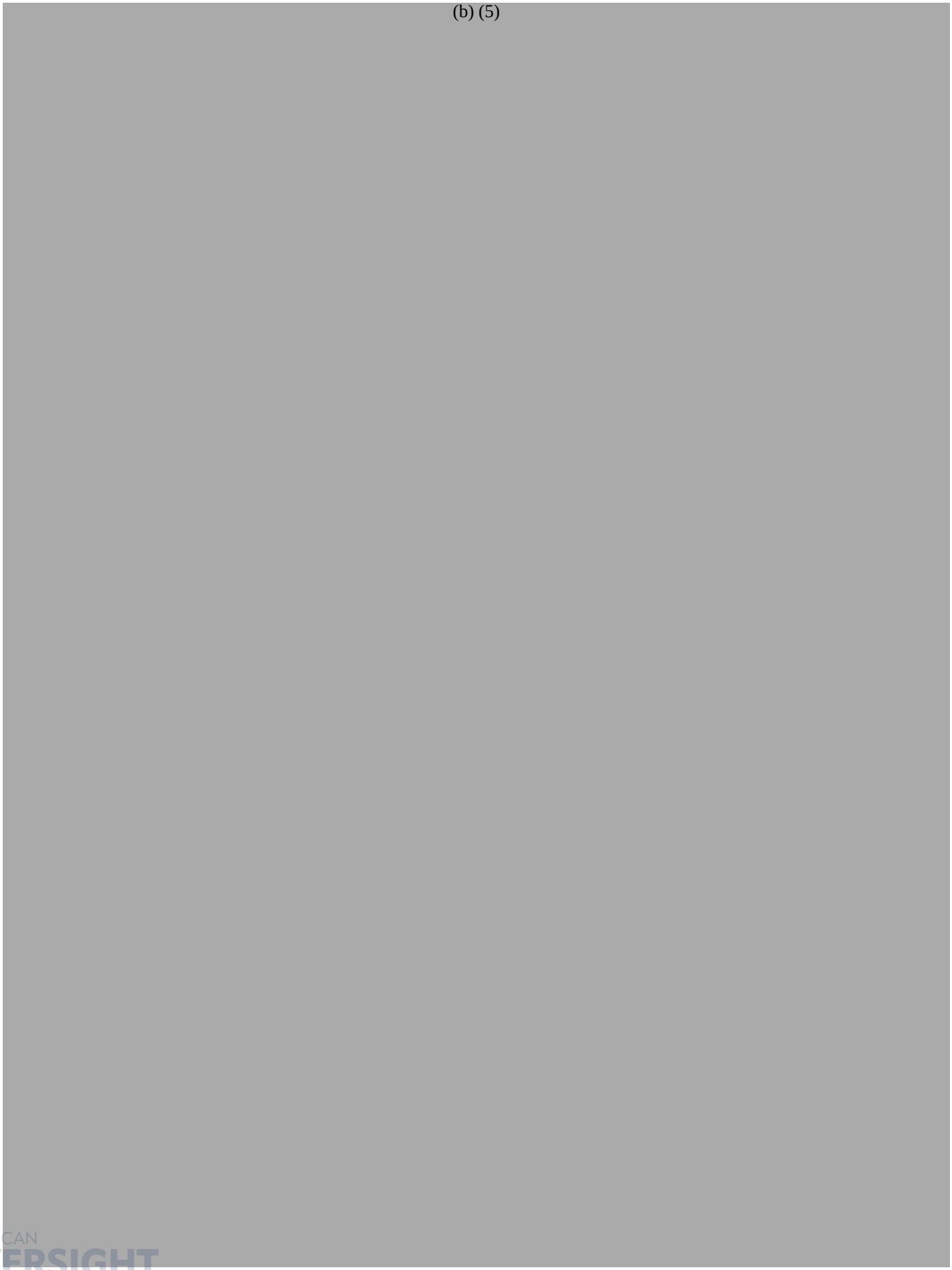
Sincerely,

Kelvin

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Dr. Kelvin K. Droegemeier, Director
Office of Science and Technology Policy
The White House
Washington, DC 20502
(202) 456-4444
>http://www.ostp.gov<
@WHOSTP

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(b) (5)



AMERICAN OVERSIGHT

From: Tabak, Lawrence (NIH/OD) [E]
Sent: Mon, 2 Mar 2020 07:22:18 -0500
To: Collins, Francis (NIH/OD) [E]
Subject: FW: [EXTERNAL] RE: Coronavirus R&D
Importance: High

Here is what I propose to write back to Kelvin:

Kelvin,
Francis has returned, but is in deep into preparation for our Appropriation's Hearing on Wednesday. Bruce Tromberg has been working with Chris Fall to link NIH and DOE more closely on a range of activities. Bruce is director of NIBIB (https://www.nibib.nih.gov/about-nibib/directors-page); I can provide an electronic introduction if that would be helpful. However, for conornovirus, please use me as your main contact.
Best wishes,
Larry

From: "Droegemeier, Kelvin K. EOP/OSTP" <(b) (6)
Date: Monday, March 2, 2020 at 7:14 AM
To: "Dabbar, Paul" <(b) (6) Francis Collins <(b) (6) "Córdova, France" <fcordova@nsf.gov>, "Tabak, Lawrence (NIH/OD) [E]" <(b) (6) "Fall, Chris" <(b) (6) Anthony Fauci <(b) (6)
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Sent: Monday, March 2, 2020 4:36 AM
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If you can give some recommendations who we should liaise with at NIH, CDC or other and we prepare for more support please let us know

Paul

Paul M. Dabbar | Under Secretary for Science | U.S. Department of Energy |
James V. Forrestal Building | Department of Energy Headquarters |
1000 Independence Ave, S.W., Washington D.C. 20585 USA |

Chief of Staff: Kristen Ellis | T: (b) (6) | (b) (6)

Scheduler contact: Sabrina Smith | T: (b) (6) | (b) (6)

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AMERICAN OVERSIGHT

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Sincerely,

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From: Córdova, France <fcordova@nsf.gov>
Sent: Mon, 2 Mar 2020 08:27:03 -0500
To: Dabbar, Paul;Collins, Francis (NIH/OD) [E];Droegemeier, Kelvin K. EOP/OSTP;Tabak, Lawrence (NIH/OD) [E];Fall, Chris;Fauci, Anthony (NIH/NIAID) [E]
Cc: Bonyun, Sean C. EOP/OSTP;Watson, Ian D. EOP/OSTP;Waterman, Paige E. EOP/OSTP
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France

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Date: Monday, March 2, 2020 at 4:36 AM
To: Francis Collins <(b) (6) Kelvin EOP/OSTP Droegemeier <(b) (6) "Córdova, France" <fcordova@nsf.gov>, "Tabak, Lawrence (NIH/OD) [E]" <(b) (6) "Fall, Chris" <(b) (6) "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)
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Subject: RE: [EXTERNAL] RE: Coronavirus R&D

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Chief of Staff: Kristen Ellis | T: (b) (6) | (b) (6)

Scheduler contact: Sabrina Smith | T: (b) (6) | (b) (6)

From: Collins, Francis (NIH/OD) [E] < (b) (6)
Date: Saturday, Feb 29, 2020, 10:48 PM
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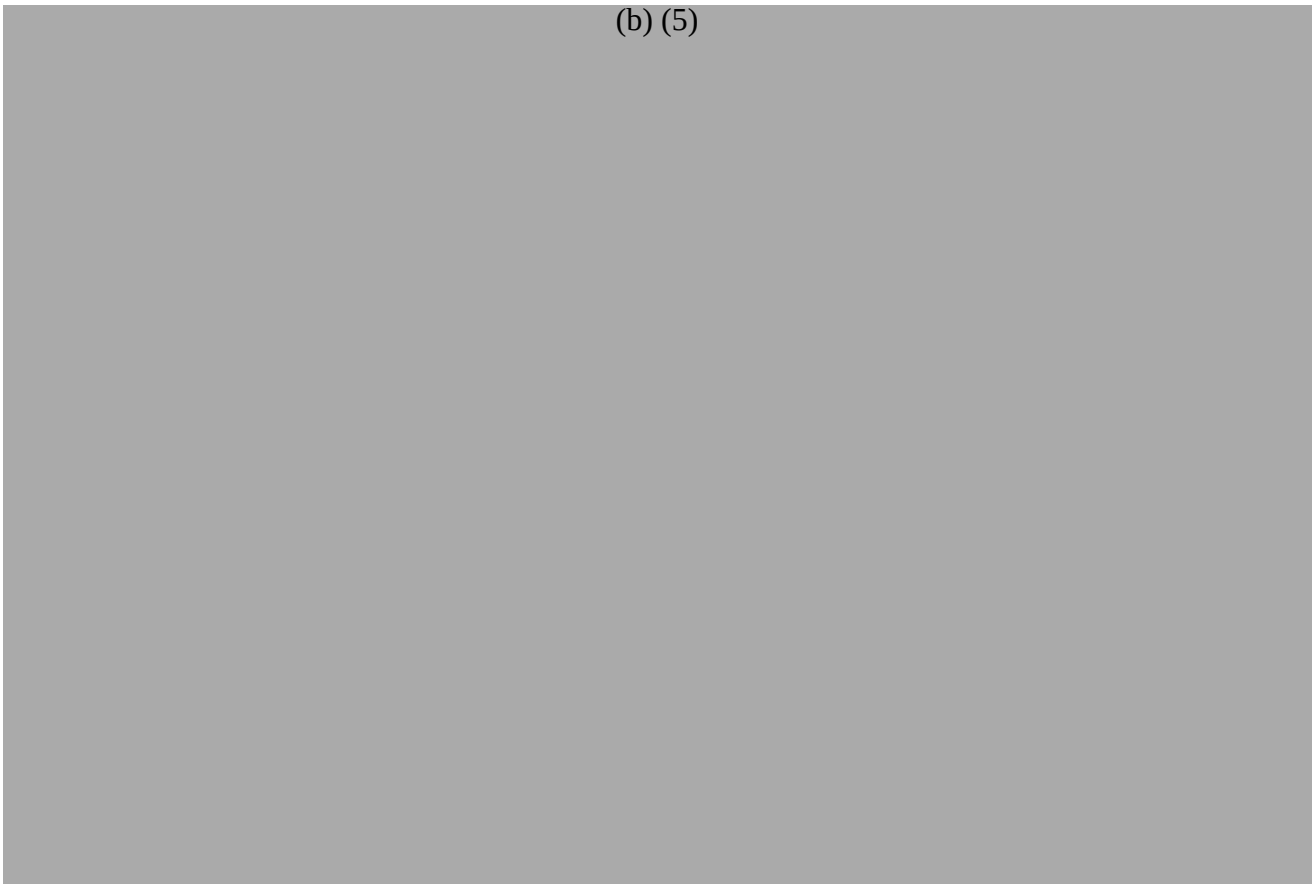
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AMERICAN OVERSIGHT



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Sincerely,

Kelvin

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From: Fall, Chris <(b) (6)
Sent: Mon, 2 Mar 2020 09:04:41 -0500
To: Droegemeier, Kelvin K. EOP/OSTP;Córdova, France;Dabbar, Paul;Collins, Francis (NIH/OD) [E];Tabak, Lawrence (NIH/OD) [E];Fauci, Anthony (NIH/NIAID) [E]
Cc: Bonyun, Sean C. EOP/OSTP;Watson, Ian D. EOP/OSTP;Waterman, Paige E. EOP/OSTP
Subject: RE: [EXTERNAL] RE: Coronavirus R&D

Kelvin, all

As you know we have ongoing COVID19 work at light sources and on our supercomputers.

We are able to entertain proposals at any time already using our open FOA mechanism and to issue focused laboratory calls.

I do think that (b) (5)
(b) (5)

We may issue a rapid response RFI for ideas about what we should fund.

As we've made Kelvin aware we are already organized across our laboratories with a single "front door" to coordinate any work that we feel is appropriate for the labs to start doing. I do want to make sure we don't start doing work that is better handled by another agency etc.

Chris

Chris Fall
US Department of Energy

From: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Date: Monday, Mar 02, 2020, 2:49 PM
To: Córdova, France <fcordova@nsf.gov>, Dabbar, Paul <(b) (6) Collins, Francis (NIH/OD) [E] <(b) (6) Tabak, Lawrence (NIH/OD) [E] <(b) (6) Fall, Chris <(b) (6) Fauci, Anthony (NIH/NIAID) [E] <(b) (6)
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Subject: [EXTERNAL] RE: Coronavirus R&D

Awesome – thanks France!

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Kelvin

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Sent: Monday, March 2, 2020 8:27 AM
To: Dabbar, Paul <(b) (6) Collins, Francis (NIH/OD) [E] <(b) (6)
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Paul M. Dabbar | Under Secretary for Science | U.S. Department of Energy |

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To: Collins, Francis (NIH/OD) [E] <(b) (6) Droegemeier, Kelvin K. EOP/OSTP <(b) (6) Córdova, France <(b) (6) Tabak, Lawrence (NIH/OD) [E] <(b) (6) Fall, Chris <(b) (6) Fauci, Anthony (NIH/NIAID) [E] <(b) (6)
Cc: Bonyun, Sean C. EOP/OSTP <(b) (6) Watson, Ian D. EOP/OSTP <(b) (6) Waterman, Paige E. EOP/OSTP <(b) (6)
Subject: RE: [EXTERNAL] RE: Coronavirus R&D

AMERICAN OVERSIGHT

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Paul M. Dabbar | Under Secretary for Science | U.S. Department of Energy |
James V. Forrestal Building | Department of Energy Headquarters |
1000 Independence Ave, S.W., Washington D.C. 20585 USA |

Chief of Staff: Kristen Ellis | T: (b) (6) | (b) (6)

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Sincerely,

AMERICAN OVERSIGHT

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Office of Science and Technology Policy
The White House
Washington, DC 20502
(202) 456-4444
>http://www.ostp.gov<
@WHOSTP

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From: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Sent: Mon, 2 Mar 2020 09:33:39 -0500
To: Córdova, France
Cc: Fall, Chris;Dabbar, Paul;Collins, Francis (NIH/OD) [E];Tabak, Lawrence (NIH/OD) [E];Fauci, Anthony (NIH/NIAID) [E];Bonyun, Sean C. EOP/OSTP;Watson, Ian D. EOP/OSTP;Waterman, Paige E. EOP/OSTP;Crim, F. Fleming;Stone, Brian;Gianchandani, Erwin
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C

Chris Fall
US Department of Energy

From: Fall, Chris <(b) (6)
Date: Monday, Mar 02, 2020, 3:04 PM
To: Droegemeier, Kelvin K. EOP/OSTP <(b) (6) Córdova, France <fcordova@nsf.gov>, Dabbar, Paul <(b) (6) Collins, Francis (NIH/OD) [E] <(b) (6) Tabak, Lawrence (NIH/OD) [E] <(b) (6) Fauci, Anthony (NIH/NIAID) [E] <(b) (6)
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Sent: Mon, 2 Mar 2020 10:01:54 -0500
To: Tabak, Lawrence (NIH/OD) [E];Droegemeier, Kelvin K. EOP/OSTP;Córdova, France
Cc: Dabbar, Paul;Collins, Francis (NIH/OD) [E];Fauci, Anthony (NIH/NIAID) [E];Bonyun, Sean C. EOP/OSTP;Watson, Ian D. EOP/OSTP;Waterman, Paige E. EOP/OSTP;Crim, F. Fleming;Stone, Brian;Gianchandani, Erwin
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Got it! - copy that OSTP will not issue a request for information/ideas to funnel to the agencies for development of funding opportunities using their existing solicitation and review mechanisms.

We'll move forward and keep you all in the loop.

Chris

Chris Fall
US Department of Energy

From: Tabak, Lawrence (NIH/OD) [E] <(b) (6)
Date: Monday, Mar 02, 2020, 3:51 PM
To: Droegemeier, Kelvin K. EOP/OSTP <(b) (6) Córdova, France <fcordova@nsf.gov>
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Thanks – as you know that would go contrary to NIH process as well.
Larry

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Date: Monday, March 2, 2020 at 9:33 AM
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From: Droegemeier, Kelvin K. EOP/OSTP < (b) (6)
Sent: Thu, 12 Mar 2020 20:43:42 -0500
To: Tabak, Lawrence (NIH/OD) [E]
Cc: Córdova, France;Collins, Francis (NIH/OD) [E];Dabbar, Paul;Fall, Chris;Marston, Hilary (NIH/NIAID) [E];Schwetz, Tara (NIH/OD) [E]
Subject: Re: R&D Questions and Funding Priorities

Thank you!

Kelvin

On Mar 12, 2020, at 2:52 PM, Tabak, Lawrence (NIH/OD) [E] < (b) (6) wrote:

Kelvin,
Per your request,
Best wishes,
Larry

Natural history:

Gaps:

- Gaps include identifying biomarkers for progression to severe disease, antigen and antibody kinetics over time (as well as detectability at different sites in the body), role of children in transmission.
- NIAID leadership meeting to discuss a role in these areas.

Therapeutics:

- Clinical trial for remdesivir to treat COVID-19 - >https://clinicaltrials.gov/ct2/show/NCT04280705<
- In addition to the RCT, evaluating remdesivir in ACE-2 mice and NHPs.
- Conducting targeted screens of protease inhibitors and setting up contract resources for in vitro and in vivo evaluation of lead candidates.
- We are isolating mAbs from individuals previously infected with SARS-CoV-1 and 2.

Gaps:

- Ongoing discussion of utility of host-directed therapies. Lack of animal model for severe disease (as above) a key issue, as many of the host directed txs have clear risk of harm.
- Also ongoing discussion of potential role for oral meds for mild disease (e.g., chloroquine).

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- Best role for mAbs, whether in medium-term ppx in at-risk, or treatment (in which case penetration at site of viral replication is a question).

Vaccines:

- Safety and immunogenicity study of 20190-nCoV Vaccine (mRNA-1273) to prevent SARS-CoV-2 infection - >https://clinicaltrials.gov/ct2/show/NCT04283461?term=vaccine&cond=COVID-19&draw=2&rank=3<
- In addition to the progress for Moderna, RML is conducting NHP studies for Jenner/Oxford ChAdOx1 and CureVac mRNA. Extramural evaluating other potential candidates.

Gap:

- Key question is potential risk of disease enhancement (seen in some preclinical models for other coronaviruses with inactivated vaccines), including the positive control for such animal studies. This is *not* dengue-like ADE, it is disease enhancement in the lungs for other coronas.

Diagnostics:

Gap:

- Role for antigen detection tests which can be point of care. This was not an immediate priority because RNA is a faster route, and antigen tests have a poor sensitivity/specificity record for other respiratory diseases.

Recent FOAs:

- Expanded Broad Agency Announcement to include COVID-19 diagnostics, therapeutics and vaccines (this invites companies and academic researchers to apply for access to preclinical services and other contract resources) >https://grants.nih.gov/grants/guide/notice-files/NOT-AI-20-025.html<
- Partnerships for Countermeasures against Select Pathogens (R01 Clinical Trials Not Allowed) – (among the interests, this invites development of a candidate therapeutic against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19) - >https://grants.nih.gov/grants/guide/rfa-files/RFA-AI-20-028.html<

From: "Droegemeier, Kelvin K. EOP/OSTP" <(b) (6)
Date: Thursday, March 12, 2020 at 11:00 AM
To: "Córdova, France" <fcordova@nsf.gov>, "Tabak, Lawrence (NIH/OD) [E]" <(b) (6) Francis Collins <(b) (6) "Dabbar, Paul" <(b) (6) "Fall, Chris" <(b) (6)
Cc: "Droegemeier, Kelvin K. EOP/OSTP" <(b) (6)
Subject: R&D Questions and Funding Priorities

AMERICAN OVERSIGHT

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Thank you!!

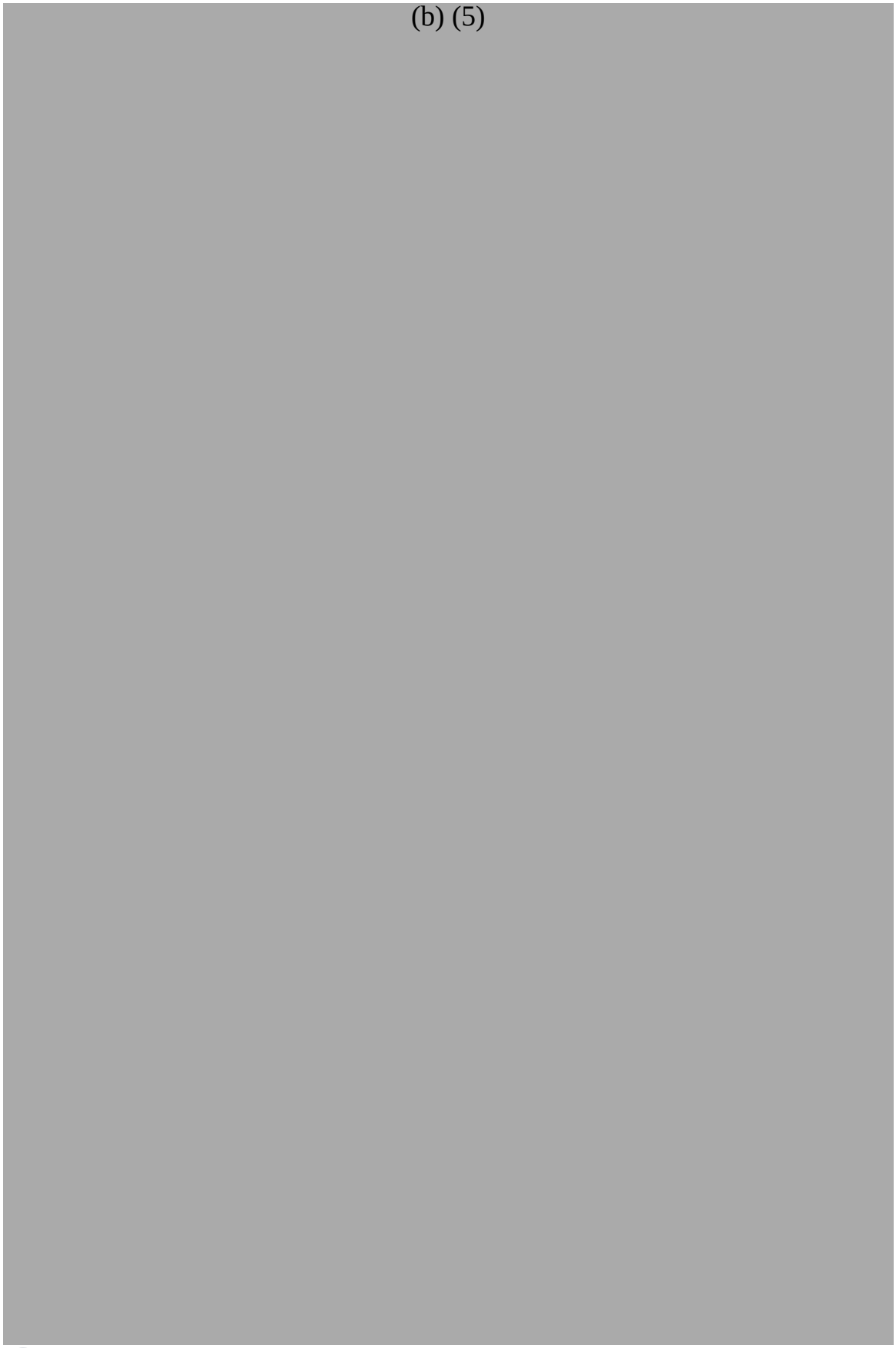
Kelvin

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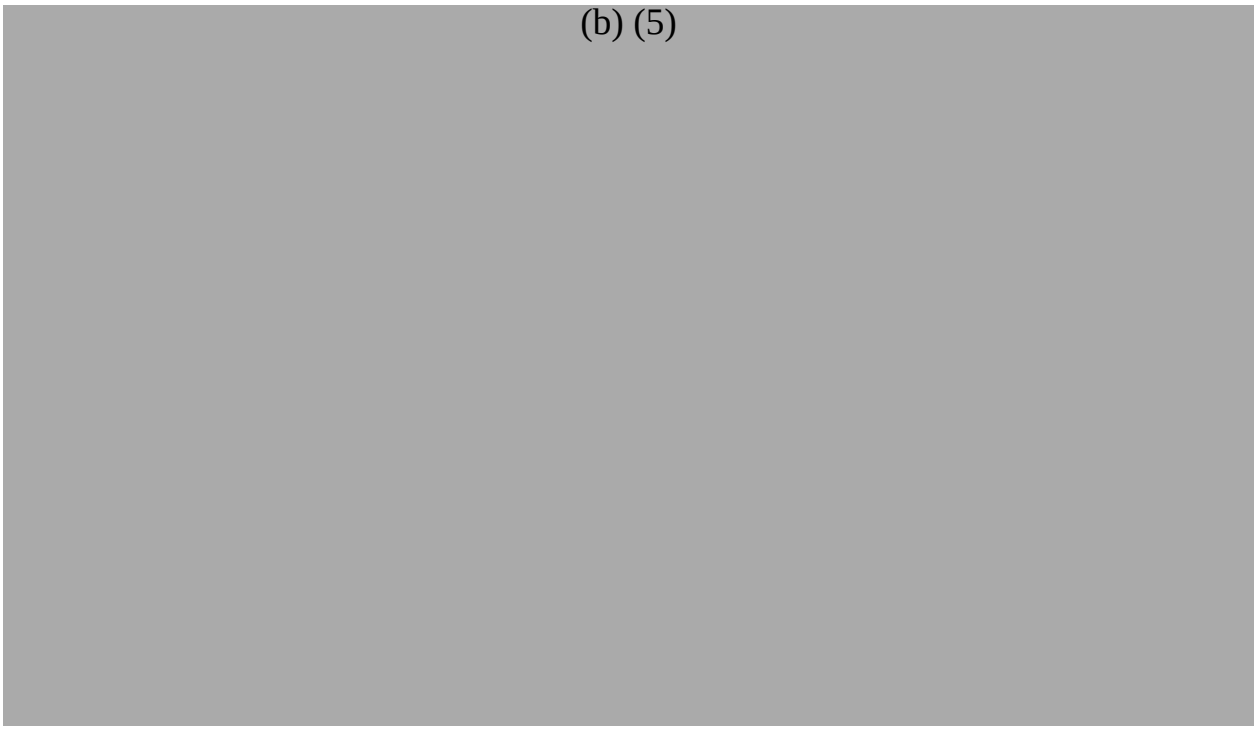
AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

(b) (5)



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AMERICAN OVERSIGHT

From: Tabak, Lawrence (NIH/OD) [E]
Sent: Thu, 12 Mar 2020 11:39:07 -0500
To: Collins, Francis (NIH/OD) [E];Fauci, Anthony (NIH/NIAID) [E]
Cc: Burklow, John (NIH/OD) [E];Marston, Hilary (NIH/NIAID) [E]
Subject: Re: R&D Questions and Funding Priorities
Importance: High

Francis,
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Hilary,
In addition to listing:

- Safety and immunogenicity study of 20190-nCoV Vaccine (mRNA-1273) to prevent SARS-CoV-2 infection - https://clinicaltrials.gov/ct2/show/NCT04283461?term=vaccine&cond=COVID-19&draw=2&rank=3
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What other bullet points should we add please?
Thanks
Larry

From: Francis Collins <(b) (6)
Date: Thursday, March 12, 2020 at 12:36 PM
To: Anthony Fauci <(b) (6)
Cc: "Tabak, Lawrence (NIH/OD) [E]" <(b) (6) "Burklow, John (NIH/OD) [E]" <(b) (6)
Subject: FW: R&D Questions and Funding Priorities

Hi Tony,

With regards to this query from Droegemeier, is it OK with you if I just submit the attached briefer, which your staff prepared for me on 3/10 for the HIROs meeting?

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From: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Sent: Thursday, March 12, 2020 11:00 AM
To: Córdova, France <fcordova@nsf.gov>; Tabak, Lawrence (NIH/OD) [E] <(b) (6) Collins, Francis (NIH/OD) [E] <(b) (6) Dabbar, Paul <(b) (6) Fall, Chris <(b) (6)

AMERICAN OVERSIGHT

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Subject: R&D Questions and Funding Priorities

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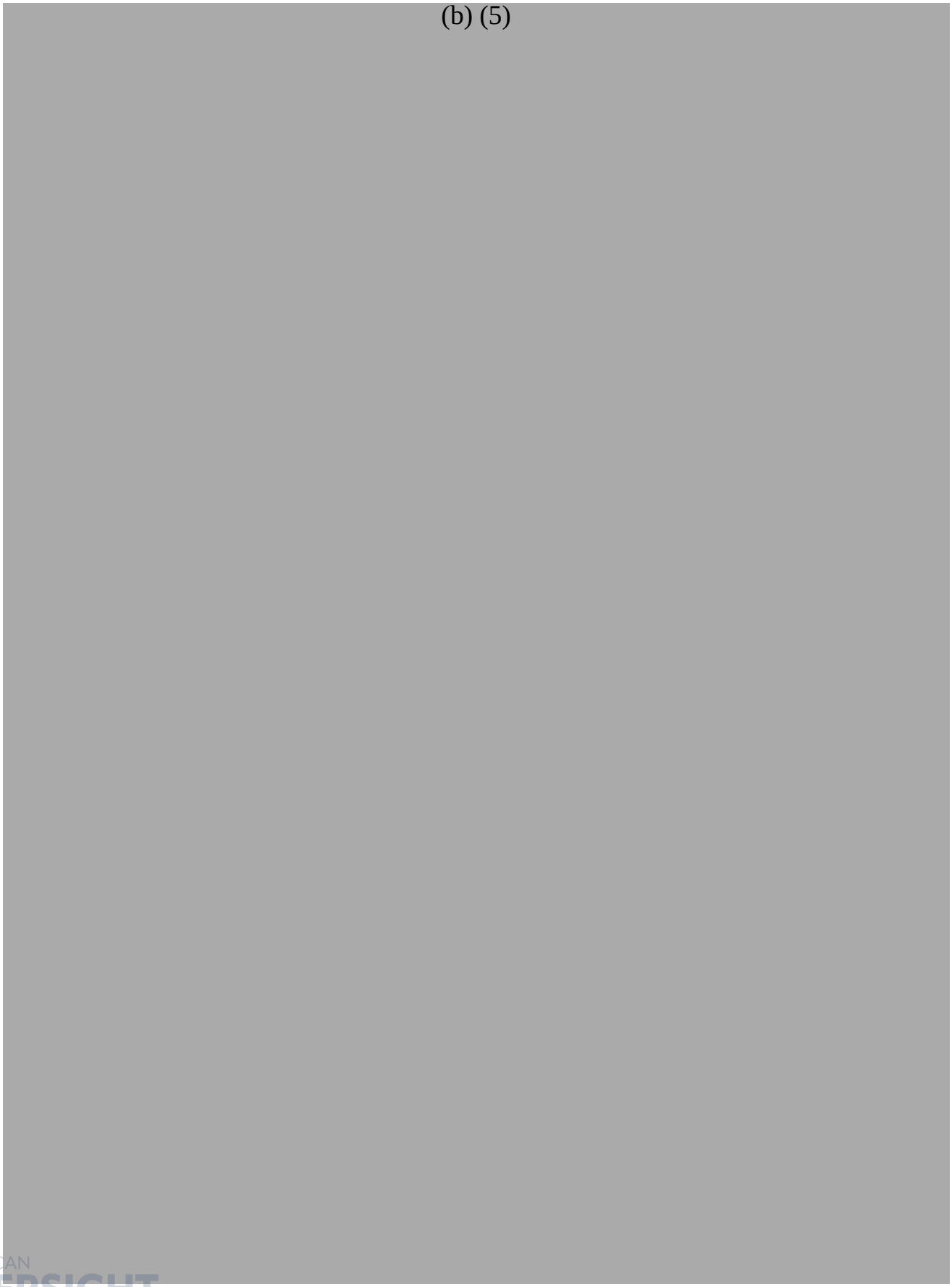
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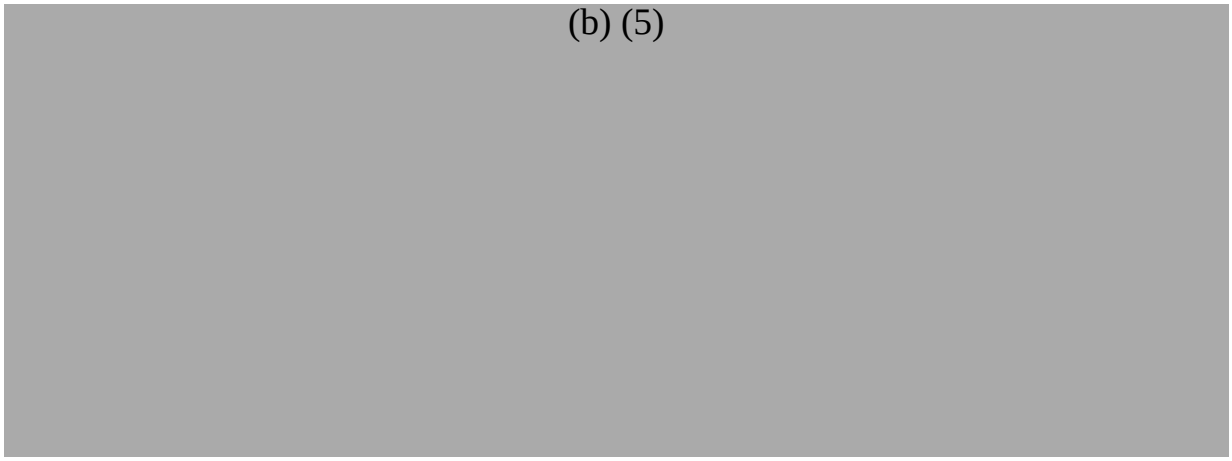
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT



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AMERICAN OVERSIGHT

From: Córdova, France <fcordova@nsf.gov>
Sent: Fri, 13 Mar 2020 07:43:15 -0500
To: Droegemeier, Kelvin K. EOP/OSTP;Tabak, Lawrence (NIH/OD) [E];Collins, Francis (NIH/OD) [E];Dabbar, Paul;Fall, Chris
Cc: Greenwell, Amanda H
Subject: Re: [EXTERNAL] - R&D Questions and Funding Priorities

Dear Kelvin,

In response to your query:

- The National Science Foundation is working closely with the research community to bolster our national response to coronavirus disease 2019 (COVID-19). With research programs at more than 2,000 academic institutions across the country, we are ready to mobilize the full force of the scientific community to better understand and develop measures to protect against this virus
- NSF is currently funding 20 research projects across the agency involving COVID-19.
- In response to the urgency of COVID-19 and increasing inquiries from the research community, NSF has issued a letter to researchers inviting additional proposals for rapid response grants related to the virus. This letter welcomes research to help understand COVID-19, inform and educate the public about virus transmission and prevention, and develop effective strategies for addressing this challenge at the local, state, and national levels.
- Support for these efforts is made through NSF's Rapid Response Research (RAPID) funding mechanism, which enables the agency to swiftly process and support research that addresses an urgent need. Previous RAPID awards have helped advance our understanding of past Ebola and Zika outbreaks as well as measures to contain them. RAPID funds have also enabled research to improve our preparedness for natural disasters like Hurricane Harvey or unexpected events like the 2010 Gulf of Mexico oil spill.
- NSF has also issued a second letter to researchers inviting RAPID proposals and supplemental funding requests to existing awards that address COVID-19 challenges through data and/or software infrastructure development activities. Proposals may also request the use of NSF-funded advanced computing resources such as Frontera, Stampede2, Bridges, Comet, and JetStream.
- Finally, the NSF-funded eXtreme Science and Engineering Discovery Environment (XSEDE) project at the University of Illinois at Urbana-Champaign, which provides services to enable access to the about advanced computing resources, has been facilitating such access to those resources specifically for efforts directly connected to the CDC's response to the COVID-19 outbreak.

France Cordova
Director, National Science Foundation

AMERICAN OVERSIGHT

From: Kelvin EOP/OSTP Droegemeier <(b) (6)
Date: Thursday, March 12, 2020 at 11:01 AM
To: "Córdova, France" <fcordova@nsf.gov>, "Tabak, Lawrence (NIH/OD) [E]" <(b) (6) Francis Collins <(b) (6) Paul Dabbar <(b) (6) "Fall, Chris" <(b) (6)
Cc: Kelvin EOP/OSTP Droegemeier <(b) (6)
Subject: [EXTERNAL] - R&D Questions and Funding Priorities

This email originated from outside of the National Science Foundation. Do not click links or open attachments unless you recognize the sender and know the content is safe.

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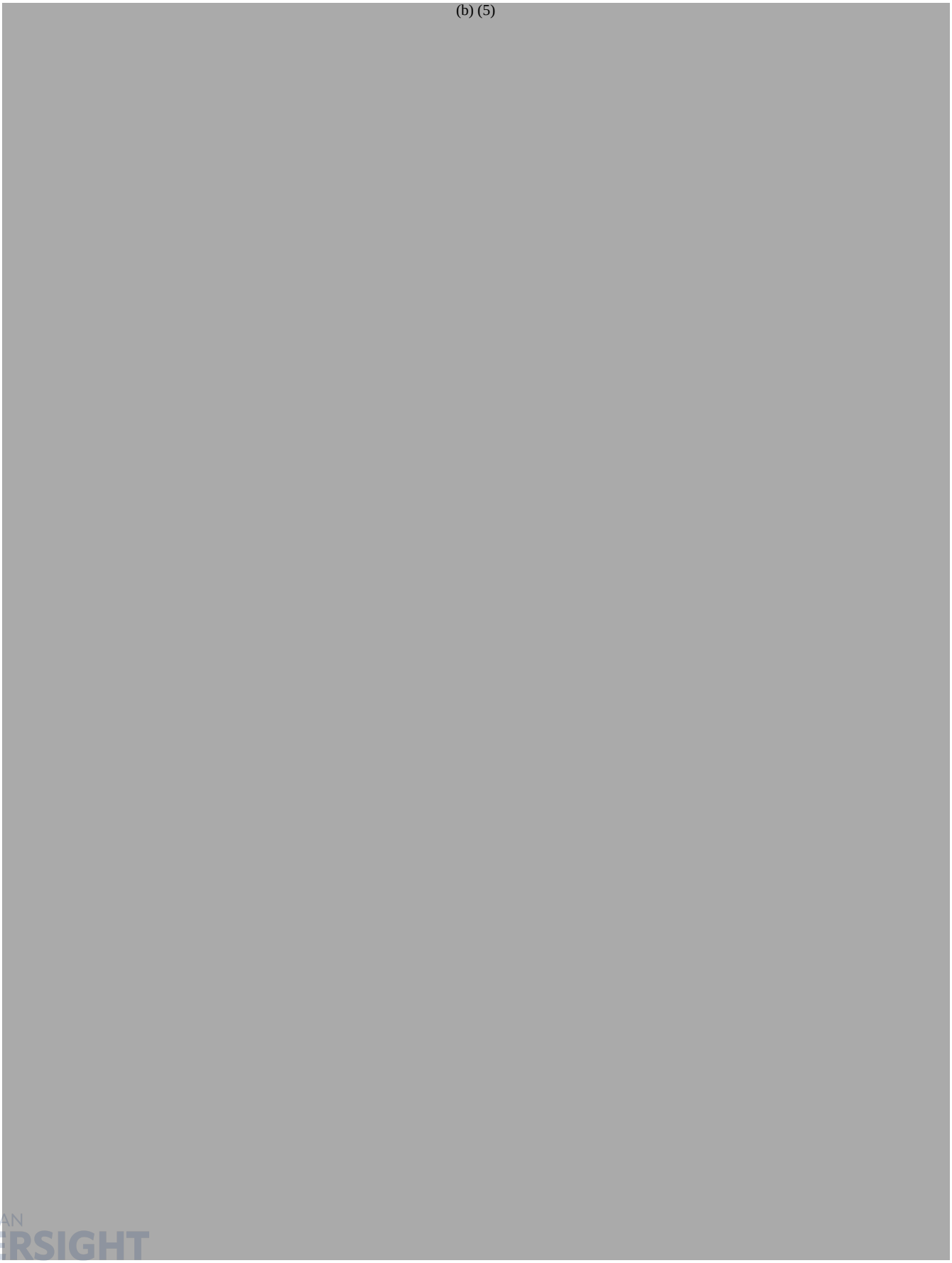
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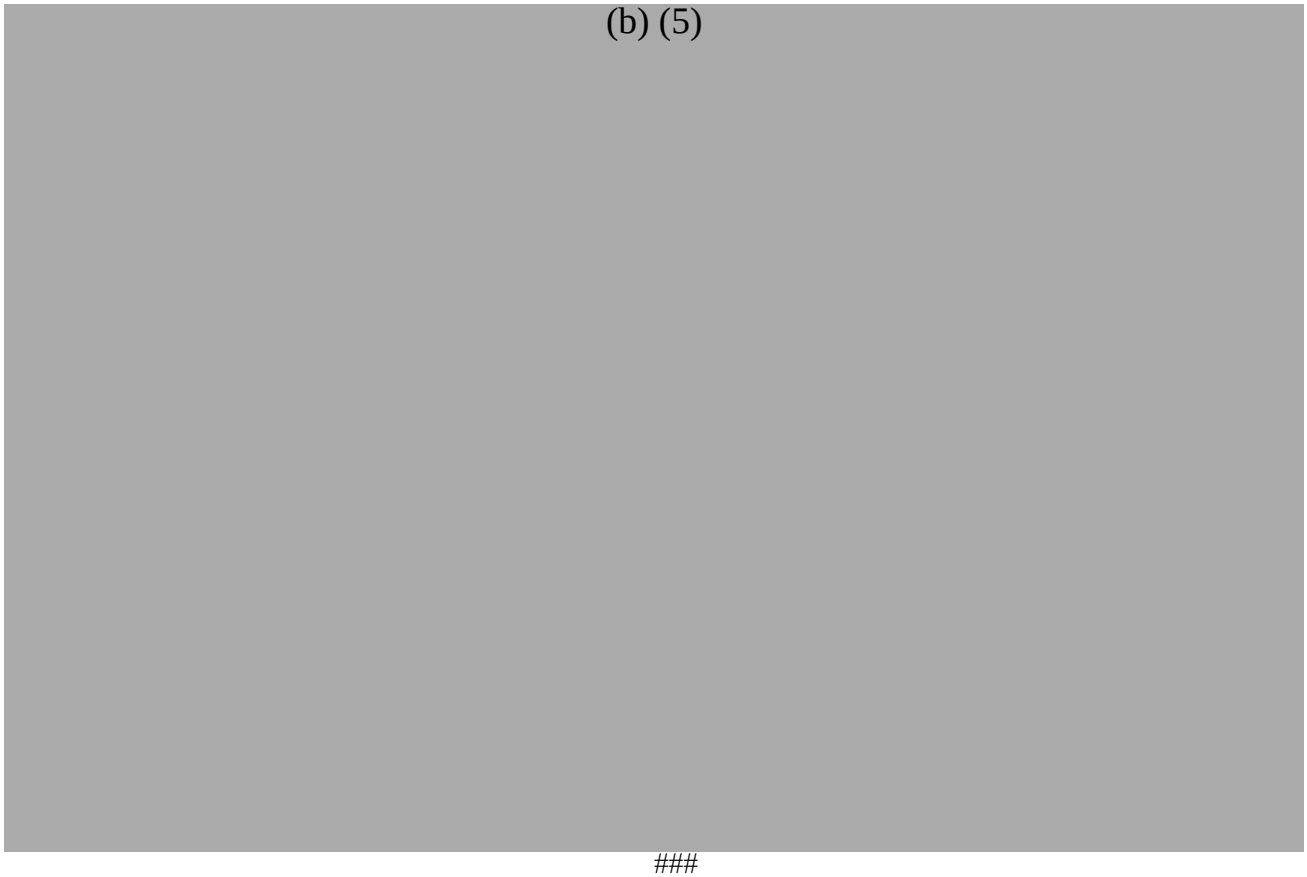
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AMERICAN OVERSIGHT

From: Tabak, Lawrence (NIH/OD) [E]
Sent: Tue, 17 Mar 2020 06:25:14 -0500
To: Collins, Francis (NIH/OD) [E]
Subject: Re: R&D Questions and Funding Priorities

ok

From: Francis Collins <(b) (6)
Date: Tuesday, March 17, 2020 at 7:24 AM
To: "Tabak, Lawrence (NIH/OD) [E]" <(b) (6)
Subject: RE: R&D Questions and Funding Priorities

I'm not sure that approach will get us what we need, might be too much structure.

From: Tabak, Lawrence (NIH/OD) [E] <(b) (6)
Sent: Monday, March 16, 2020 10:00 PM
To: Collins, Francis (NIH/OD) [E] <(b) (6)
Subject: Re: R&D Questions and Funding Priorities

Do you want to also work orthogonally through organ systems – immune, lung, heart, kidney, etc?

From: Francis Collins <(b) (6)
Date: Monday, March 16, 2020 at 9:36 PM
To: "Tabak, Lawrence (NIH/OD) [E]" <(b) (6)
Subject: RE: R&D Questions and Funding Priorities

A bit of both – a framework about diagnostics, therapeutics, vaccines, antibodies, behavioral -- so we don't get off on a sidetrack. I'm hoping to discuss this with Tony tomorrow.
FC

From: Tabak, Lawrence (NIH/OD) [E] <(b) (6)
Sent: Monday, March 16, 2020 9:09 PM
To: Collins, Francis (NIH/OD) [E] <(b) (6)
Subject: Re: R&D Questions and Funding Priorities

Thanks Francis – I had the same idea about the NASEM report although much of it is predictable.
Do you want a structured or free-flowing discussion?

From: Francis Collins <(b) (6)
Date: Monday, March 16, 2020 at 7:44 PM
To: "Tabak, Lawrence (NIH/OD) [E]" <(b) (6)
Subject: FW: R&D Questions and Funding Priorities

Hi Larry,

AMERICAN OVERSIGHT

Though I am not a fan of OSTP or NASEM, the attached framework, along with the WHO blueprint forum output from February (ppt also attached), might be useful in organizing the COVID-19 scientific brainstorming meeting later this week.

FC

From: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Sent: Monday, March 16, 2020 4:01 PM
To: Córdova, France <fcordova@nsf.gov>; Tabak, Lawrence (NIH/OD) [E] <(b) (6)
Collins, Francis (NIH/OD) [E] <(b) (6) Dabbar, Paul <(b) (6) Fall, Chris <(b) (6)
Subject: RE: R&D Questions and Funding Priorities

Hi France, Larry, Francis, Paul and Chris,

As promised, please find attached the list of research questions, assembled by the NASEM Standing Committee, regarding SARS-CoV-2 and COVID-19. As I noted previously, I realize you receive numerous recommendations along these lines. Nevertheless, I feel this document might be useful.

Very best,

Kelvin

AMERICAN OVERSIGHT

From: Droegemeier, Kelvin K. EOP/OSTP < (b) (6)
Sent: Tue, 3 Mar 2020 09:23:11 -0500
To: Córdova, France;Dabbar, Paul;Fall, Chris;Tabak, Lawrence (NIH/OD) [E]
Cc: Droegemeier, Kelvin K. EOP/OSTP;Bonyun, Sean C. EOP/OSTP;Watson, Ian D. EOP/OSTP;Waterman, Paige E. EOP/OSTP;Baum, Kristina R. EOP/OSTP
Subject: Today's Call
Attachments: Standing Committee on Emerging Infectious Diseases Expert Questions.docx

Dear France, Paul, Chris and Larry,

Here's a set of topics for our call today. Thank you for making time!

Sincerely,

Kelvin

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6.
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9.
10. Other

Dr. Kelvin K. Droegemeier, Director
Office of Science and Technology Policy
The White House
Washington, DC 20502
(202) 456-4444
http://www.ostp.gov
@WHOSTP

AMERICAN OVERSIGHT

From: Collins, Francis (NIH/OD) [E]
Sent: Thu, 12 Mar 2020 11:41:59 -0500
To: Tabak, Lawrence (NIH/OD) [E];Marston, Hilary (NIH/NIAID) [E]
Cc: Burklow, John (NIH/OD) [E];Fauci, Anthony (NIH/NIAID) [E]
Subject: RE: R&D Questions and Funding Priorities

Hi Larry and Hilary,

I'm stepping away quite happily to let you two take this one over the finish line.

FC

From: Tabak, Lawrence (NIH/OD) [E] < (b) (6)
Sent: Thursday, March 12, 2020 12:39 PM
To: Collins, Francis (NIH/OD) [E] < (b) (6) Fauci, Anthony (NIH/NIAID) [E] < (b) (6)
Cc: Burklow, John (NIH/OD) [E] < (b) (6) Marston, Hilary (NIH/NIAID) [E] < (b) (6)
Subject: Re: R&D Questions and Funding Priorities
Importance: High

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In addition to listing:

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[E]" <(b) (6)
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Sent: Thursday, March 12, 2020 11:00 AM
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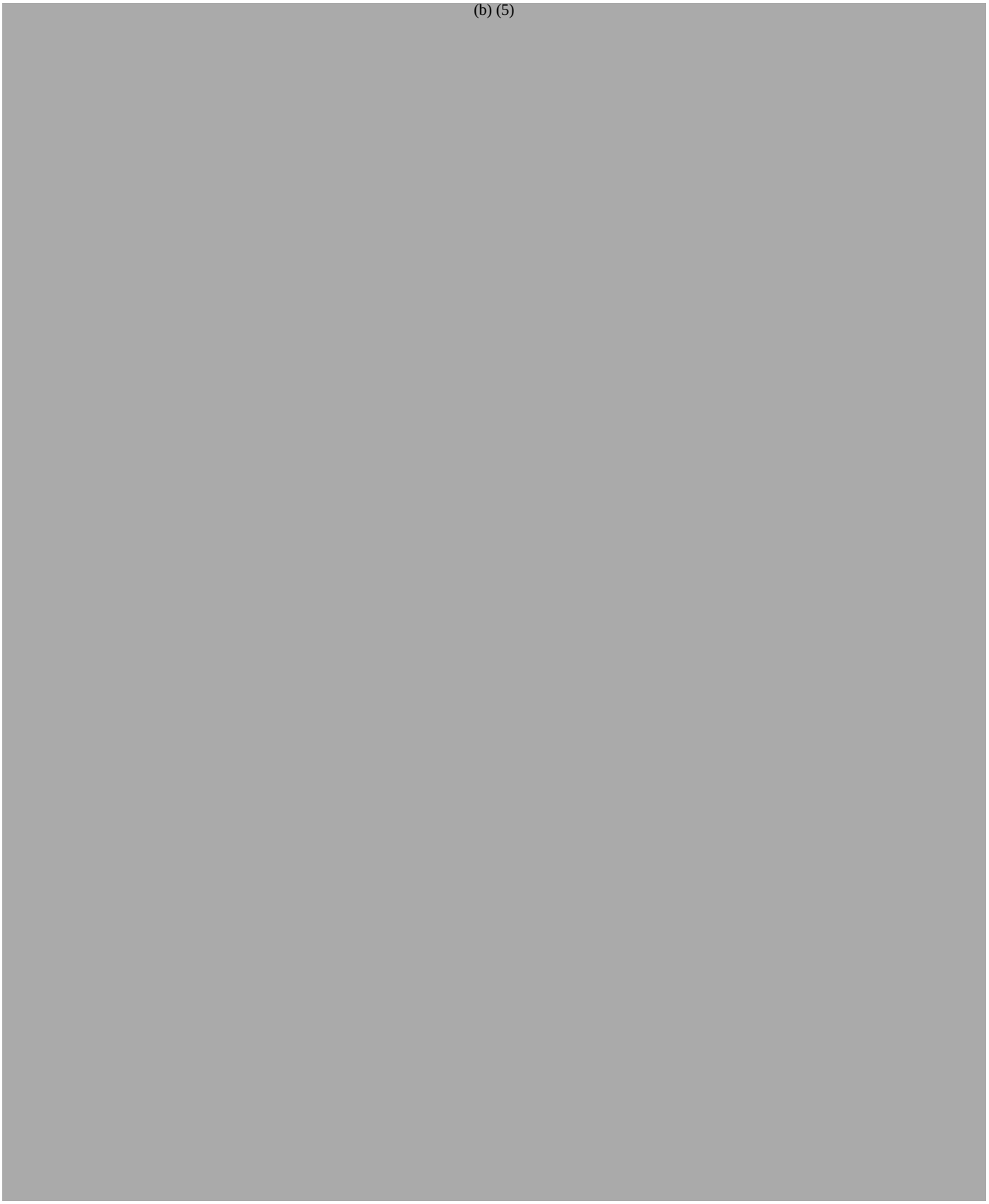
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AMERICAN OVERSIGHT

From: Tabak, Lawrence (NIH/OD) [E]
Sent: Thu, 12 Mar 2020 13:52:01 -0500
To: Droegemeier, Kelvin K. EOP/OSTP;Córdova, France;Collins, Francis (NIH/OD) [E];Dabbar, Paul;Fall, Chris
Cc: Marston, Hilary (NIH/NIAID) [E];Schwetz, Tara (NIH/OD) [E]
Subject: Re: R&D Questions and Funding Priorities

Kelvin,
Per your request,
Best wishes,
Larry

Natural history:

Gaps:

- Gaps include identifying biomarkers for progression to severe disease, antigen and antibody kinetics over time (as well as detectability at different sites in the body), role of children in transmission.
- NIAID leadership meeting to discuss a role in these areas.

Therapeutics:

- Clinical trial for remdesivir to treat COVID-19 - https://clinicaltrials.gov/ct2/show/NCT04280705
- In addition to the RCT, evaluating remdesivir in ACE-2 mice and NHPs.
- Conducting targeted screens of protease inhibitors and setting up contract resources for in vitro and in vivo evaluation of lead candidates.
- We are isolating mAbs from individuals previously infected with SARS-CoV-1 and 2.

Gaps:

- Ongoing discussion of utility of host-directed therapies. Lack of animal model for severe disease (as above) a key issue, as many of the host directed txs have clear risk of harm.
- Also ongoing discussion of potential role for oral meds for mild disease (e.g., chloroquine).
- Best role for mAbs, whether in medium-term ppx in at-risk, or treatment (in which case penetration at site of viral replication is a question).

Vaccines:

- Safety and immunogenicity study of 20190-nCoV Vaccine (mRNA-1273) to prevent SARS-CoV-2 infection - https://clinicaltrials.gov/ct2/show/NCT04283461?term=vaccine&cond=COVID-19&draw=2&rank=3
- In addition to the progress for Moderna, RML is conducting NHP studies for Jenner/Oxford ChAdOx1 and CureVac mRNA. Extramural evaluating other potential candidates.

Gap:

- Key question is potential risk of disease enhancement (seen in some preclinical models for other coronaviruses with inactivated vaccines), including the positive control for such animal studies. This is *not* dengue-like ADE, it is disease enhancement in the lungs for other coronas.

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Diagnostics:

Gap:

- Role for antigen detection tests which can be point of care. This was not an immediate priority because RNA is a faster route, and antigen tests have a poor sensitivity/specificity record for other respiratory diseases.

Recent FOAs:

- Expanded Broad Agency Announcement to include COVID-19 diagnostics, therapeutics and vaccines (this invites companies and academic researchers to apply for access to preclinical services and other contract resources)

https://grants.nih.gov/grants/guide/notice-files/NOT-AI-20-025.html

- Partnerships for Countermeasures against Select Pathogens (R01 Clinical Trials Not Allowed) – (among the interests, this invites development of a candidate therapeutic against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19) - https://grants.nih.gov/grants/guide/rfa-files/RFA-AI-20-028.html

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Date: Thursday, March 12, 2020 at 11:00 AM
To: "Córdova, France" <fcordova@nsf.gov>, "Tabak, Lawrence (NIH/OD) [E]" <(b) (6) Francis Collins <(b) (6) "Dabbar, Paul" <(b) (6) "Fall, Chris" <(b) (6)
Cc: "Droegemeier, Kelvin K. EOP/OSTP" <(b) (6)
Subject: R&D Questions and Funding Priorities

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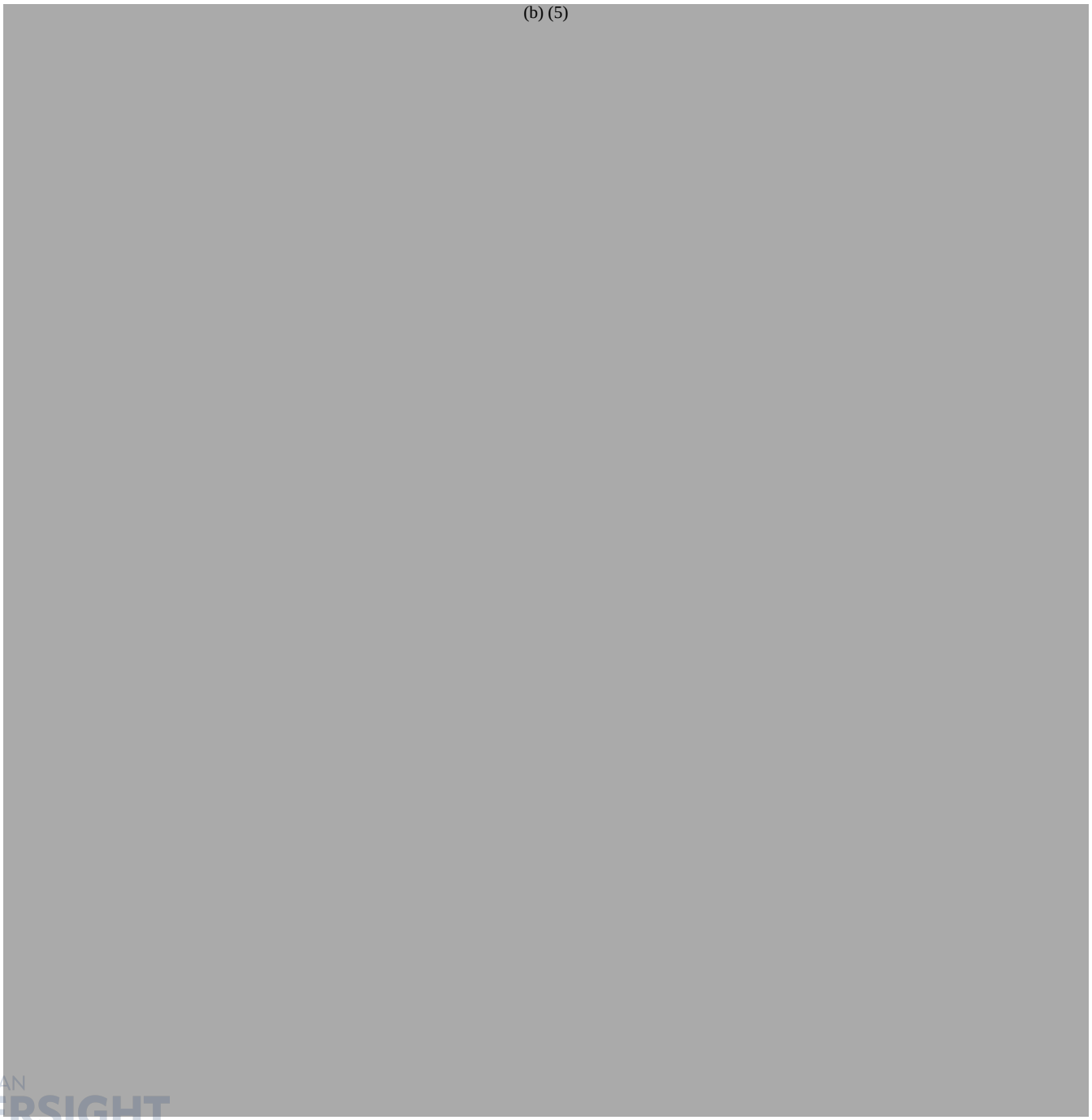
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AMERICAN OVERSIGHT

Kelvin

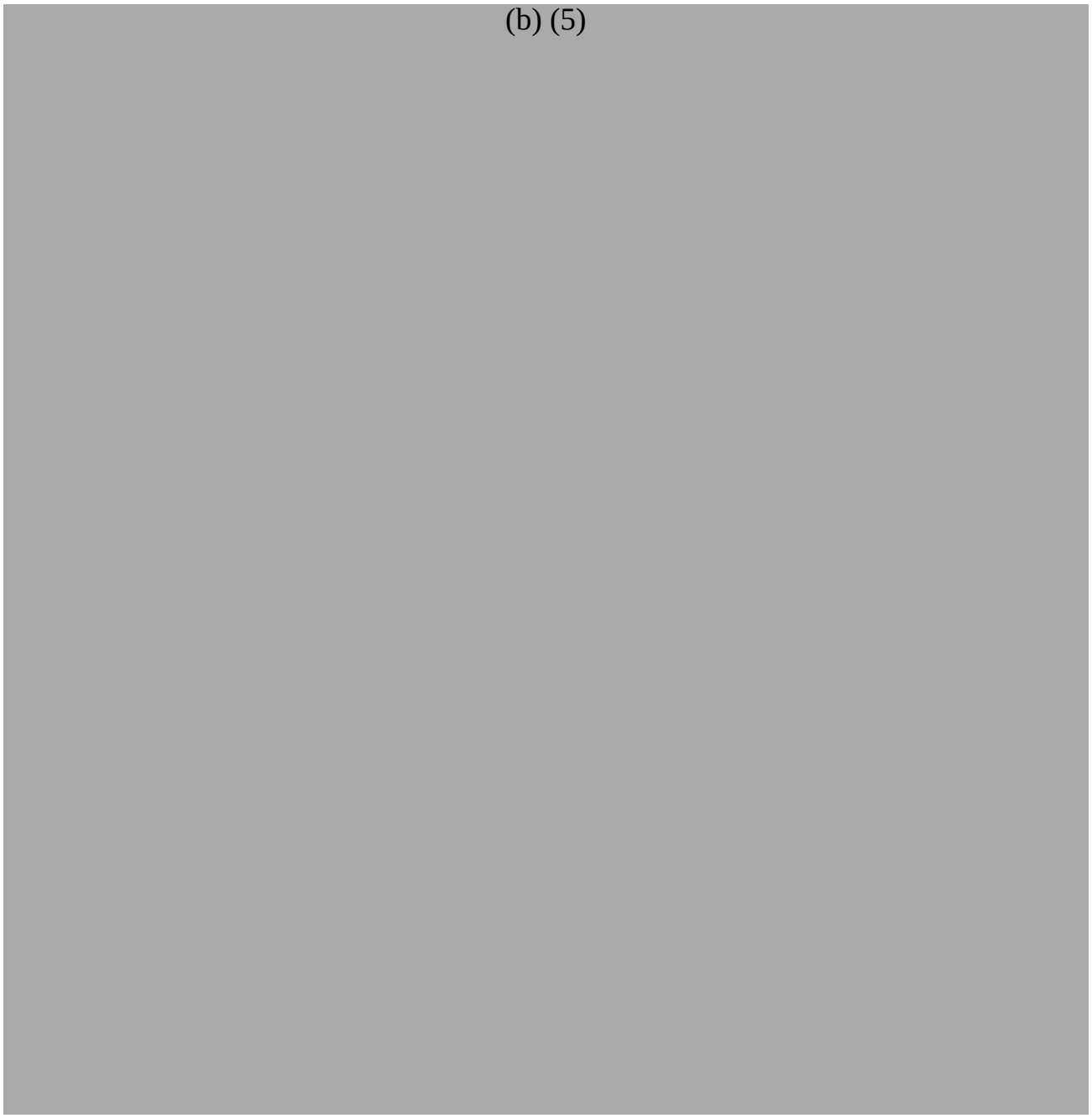
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(b) (5)



AMERICAN OVERSIGHT

(b) (5)



###

AMERICAN OVERSIGHT

From: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Sent: Mon, 16 Mar 2020 10:00:30 -0500
To: Córdova, France;Dabbar, Paul;Fall, Chris;Tabak, Lawrence (NIH/OD) [E]
Cc: Doster, Kim M. EOP/OSTP;Bonyun, Sean C. EOP/OSTP
Subject: Brief Catch-Up Call

Dear France, Paul, Chris and Larry,

I know we all are swamped, but it would be valuable to have a call so we can update one another on various CoV issues. OSTP is doing a lot and I'd like you to be aware, and also have a sense of the structure in place now for coordination.

I'm copying Kim to find a time for us in the next day or two.

Thanks!

Kelvin

_____

Dr. Kelvin K. Droegemeier, Director
Office of Science and Technology Policy
The White House
Washington, DC 20502
(202) 456-4444
http://www.ostp.gov
@WHOSTP

AMERICAN OVERSIGHT

From: Doster, Kim M. EOP/OSTP <(b) (6)
Sent: Mon, 2 Mar 2020 11:34:06 -0500
To: Chu, Judy;Hall, Troy;Simon, Dina (NIH/OD) [C];Burrus-Shaw, Cyndi (NIH/OD) [E]
Subject: RE: [EXTERNAL] - FW: Conference Call

Good morning all –

I'm sorry, but I'd like to inquire about 10:30 now. I just heard back from Under Secretary Dabbar's scheduler and they'd prefer a bit earlier, so let me know if that works for you. Thank you!

Best regards,
Kim Doster

From: Chu, Judy <jchu@nsf.gov>
Sent: Monday, March 2, 2020 9:57 AM
To: Doster, Kim M. EOP/OSTP <(b) (6) Hall, Troy <(b) (6) Simon, Dina (NIH/OD) [C] <(b) (6) cyndi.burrus-shaw@nih.gov
Subject: RE: [EXTERNAL] - FW: Conference Call

Good Morning Kim,

Yes, tomorrow at 11:30am works for Dr. Córdova.

Thank you,

Judy

Judy Chu
Executive Assistant to the Director
Office of the Director
National Science Foundation
jchu@nsf.gov
(b) (6)

From: Doster, Kim M. EOP/OSTP <(b) (6)
Sent: Monday, March 2, 2020 9:55 AM
To: Hall, Troy <(b) (6) Chu, Judy <jchu@nsf.gov>; Simon, Dina (NIH/OD) [C] <(b) (6) (b) (6)
Subject: [EXTERNAL] - FW: Conference Call

This email originated from outside of the National Science Foundation. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning all,

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Per Kelvin's email below, we could do 11:30 AM tomorrow. Would that work for everyone?

Best regards,
Kim Doster

From: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Sent: Monday, March 2, 2020 7:19 AM
To: Dabbar, Paul <(b) (6) Collins, Francis (NIH/OD) [E] <(b) (6) Córdova, France <fcordova@nsf.gov>; Tabak, Lawrence (NIH/OD) [E] <(b) (6) Fall, Chris <(b) (6)
Cc: Bonyun, Sean C. EOP/OSTP <(b) (6) Watson, Ian D. EOP/OSTP <(b) (6) Waterman, Paige E. EOP/OSTP <(b) (6) Doster, Kim M. EOP/OSTP <(b) (6) Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Subject: Conference Call

Dear colleagues,

I have cancelled my trip (b) (6) so I can focus on the Coronavirus ((b) (6)), so am asking that we find time for a conference call tomorrow (Tuesday) to discuss agency R&D activities and cross-agency coordination. Kim Doster, copied here, will coordinate. If you have gathered information from your agency per my message Saturday, please send it asap and I will concatenate and send it to the group prior to the call.

Thank you!!

Sincerely,

Kelvin

AMERICAN OVERSIGHT

From: Marston, Hilary (NIH/NIAID) [E]
Sent: Thu, 12 Mar 2020 11:46:42 -0500
To: Tabak, Lawrence (NIH/OD) [E]
Cc: Schwetz, Tara (NIH/OD) [E];Eisinger, Robert (NIH/NIAID) [E]
Subject: RE: R&D Questions and Funding Priorities

Here you go –

Reagent sourcing: Sourcing and providing reagents to the research community via NIAID-funded repositories (BEI Resources and World Reference Center on Emerging Viruses and Arboviruses); these repositories are also providing genomic RNA for clinical diagnostic validation.

Environmental stability:
Conducted initial aerosol and surface stability studies.
Gap: (which we are filling) Investigating stability at different temperatures and relative humidity, also in "proteinaceous" material (respiratory secretions).

Animal models:
ACE-2 reported as human receptor. Developing small and large animal models via extramural grantees and intramural programs (IRF and RML). Task orders for small and large animal model development issued.
Gap: animal models that recapitulate severe disease (e.g., ARDS).

Natural history:
Gaps: Many gaps here including identifying biomarkers for progression to severe disease, antigen and antibody kinetics over time (as well as detectability at different sites in the body), role of children in transmission.
NIAID leadership meeting tomorrow to discuss a role in these areas.

Therapeutics:
In addition to the RCT, evaluating remdesivir in ACE-2 mice and NHPs.
Conducting targeted screens of protease inhibitors and setting up contract resources for in vitro and in vivo evaluation of lead candidates.
We are isolating mAbs from individuals previously infected with SARS-CoV-1 and 2.

Gap: Ongoing discussion of utility of host-directed therapies. Lack of animal model for severe disease (as above) a key issue, as many of the host directed txs have clear risk of harm.
Gap: Also ongoing discussion of potential role for oral meds for mild disease (e.g., chloroquine).
Gap: Best role for mAbs, whether in medium-term ppx in at-risk, or treatment (in which case penetration at site of viral replication is a question).

Vaccines:
In addition to the progress for Moderna, RML is conducting NHP studies for Jenner/Oxford ChAdOx1 and CureVac mRNA. Extramural evaluating other potential candidates.
Gap: Key question is potential risk of disease enhancement (seen in some preclinical models for other coronaviruses with inactivated vaccines), including the positive control for such animal studies. This is *not* dengue-like ADE, it is disease enhancement in the lungs for other coronas.

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Diagnostics:
Gap: Role for antigen detection tests which can be point of care. This was not an immediate priority because RNA is a faster route, and antigen tests have a poor sensi/specificity record for other respiratory diseases.

Expanded Broad Agency Announcement to include COVID-19 diagnostics, therapeutics and vaccines (this invites companies and academic researchers to apply for access to preclinical services and other contract resources)
https://grants.nih.gov/grants/guide/notice-files/NOT-AI-20-025.html

---

From: Tabak, Lawrence (NIH/OD) [E] <(b) (6)
Sent: Thursday, March 12, 2020 11:13 AM
To: Marston, Hilary (NIH/NIAID) [E] <(b) (6)
Cc: Schwetz, Tara (NIH/OD) [E] <(b) (6)
Subject: FW: R&D Questions and Funding Priorities
Importance: High

Hilary,
In addition to listing:

- Safety and immunogenicity study of 20190-nCoV Vaccine (mRNA-1273) to prevent SARS-CoV-2 infection - https://clinicaltrials.gov/ct2/show/NCT04283461?term=vaccine&cond=COVID-19&draw=2&rank=3
- Clinical trial for remdesivir to treat COVID-19 - https://clinicaltrials.gov/ct2/show/NCT04280705
- the FOA - https://grants.nih.gov/grants/guide/rfa-files/RFA-AI-20-028.html

What other bullet points should we add please?
Thanks
Larry

From: "Droegemeier, Kelvin K. EOP/OSTP" <(b) (6)
Date: Thursday, March 12, 2020 at 11:00 AM
To: "Córdova, France" <fcordova@nsf.gov>, "Tabak, Lawrence (NIH/OD) [E]" <(b) (6) Francis Collins <(b) (6) "Dabbar, Paul" <(b) (6) "Fall, Chris" <(b) (6)
Cc: "Droegemeier, Kelvin K. EOP/OSTP" <(b) (6)
Subject: R&D Questions and Funding Priorities

Dear France, Francis, Larry, Paul and Chris,

As you know, OSTP and HHS asked NASEM to establish a Standing Committee on Infectious Diseases, described below (please don't share release – it's still in draft form). We had the first meeting yesterday and it went very well. A list of key scientific questions has been developed, with input from multiple organizations including OSTP and ASPR, and the Committee is looking at them now....and will be

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prioritizing them. This is just a heads up that I'll send them to you as soon as possible as I believe they might be helpful in the special solicitations you are issuing or plan to issue. I realize you get input from many quarters and have a clear sense of priorities. Nevertheless, I wanted to make you aware of the Committee question list as another source that will be coming your way soon.

Also, I would like to report to the Vice President, Deb Birx and the Task Force specific actions you have taken in terms of accelerating existing research, issuing special solicitations, etc. I don't want to make work for you, so if you can just send information your comms teams have prepared, that'll be sufficient. This does NOT need to be comprehensive….just a half dozen bullet points, max, of the great things you are doing, or plan to do next, as an agency, to help empower science in the current crisis. We're going to see more science at the press conferences, so this will be an opportunity to shine a bright light on the great things you are doing to help our researchers.

Thank you!!

Kelvin

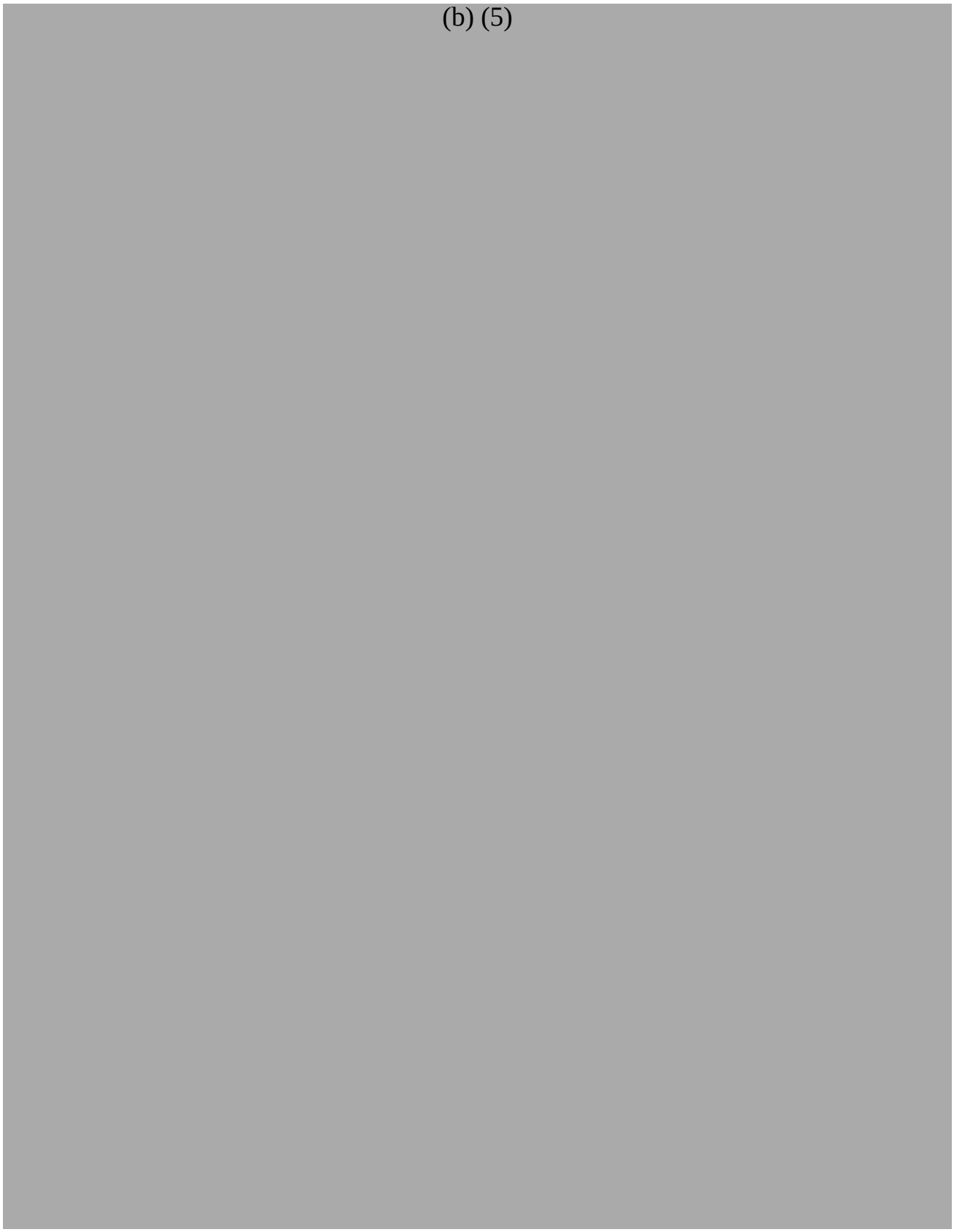
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(b) (5)



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(b) (5)

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From: Liddell, Christopher P. EOP/WHO <(b) (6)
Sent: Sun, 22 Mar 2020 16:31:15 -0500
To: Hahn, Stephen
Cc: Grogan, Joseph J. EOP/WHO;CMS (b) ;Abernethy, Amy (FDA/OC);Lenihan, Keagan (FDA/OC);Fauci, Anthony (NIH/NIAID) [E];Redfield, Robert R. (CDC/OD);Brookes, Brady (CMS/OA);Amin, Stacy (FDA/OC);Verma, Seema (CMS/OA);Lane, Cliff (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E];Franklin, Joseph (FDA/OC)
Subject: Re: Oracle Platform

Steve

Do you have a presentation from Oracle that explains how it is structured, what it will provide , timing etc ?

Thanks
Chris

On Mar 22, 2020, at 4:00 PM, Hahn, Stephen <SH1@fda.hhs.gov> wrote:

□
Thanks, Chris. Please let me know if you have any questions.
Steve

From: Grogan, Joseph J. EOP/WHO <(b) (6)
Date: March 21, 2020 at 7:29:35 PM EDT
To: CMS (b) (6) >
Cc: Abernethy, Amy <Amy.Abernethy@fda.hhs.gov>, Lenihan, Keagan <Keagan.Lenihan@fda.hhs.gov>, Fauci, Anthony S (NIH) <(b) (6) Hahn, Stephen <SH1@fda.hhs.gov>, Redfield, Robert R (CDC) <(b) (6) Brookes, Brady (CMS) <(b) (6) Amin, Stacy <Stacy.Amin@fda.hhs.gov>, Verma, Seema (CMS) <(b) (6) Lane, Henry C (NIH) <(b) (6) Collins, Francis S (NIH) <(b) (6) Franklin, Joseph <Joseph.Franklin@fda.hhs.gov>, Liddell, Christopher P. EOP/WHO <(b) (6)
Subject: Re: Oracle Platform

Cc'ing deputy cos Chris Liddell who can help with any technical issues and can enlist US digital services if necessary.

Sent from my iPhone

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On Mar 21, 2020, at 7:02 PM, CMS (b) (6) > wrote:

Amy, please work through Brady Brookes for CMS issues.

From: Abernethy, Amy <Amy.Abernethy@fda.hhs.gov>
Sent: Saturday, March 21, 2020 6:59 PM
To: Lenihan, Keagan (FDA/OC) <Keagan.Lenihan@fda.hhs.gov>; Fauci, Anthony (NIH/NIAID) [E] <(b) (6) Hahn, Stephen <SH1@fda.hhs.gov>; Redfield, Robert R. (CDC/OD) <(b) (6) CMS (b) <(b) (6)
Cc: Amin, Stacy (FDA/OC) <Stacy.Amin@fda.hhs.gov>; Joe Grogan <(b) (6) Verma, Seema (CMS/OA) <(b) (6) Lane, Cliff (NIH/NIAID) [E] <(b) (6) Collins, Francis (NIH/OD) [E] <(b) (6) Franklin, Joseph (FDA/OC) <Joseph.Franklin@fda.hhs.gov>
Subject: Re: Oracle Platform

Thanks, All.

I am in touch with John Brooks and will connect with Cliff Lane as well.

We are developing an overarching concept paper to get input/reactions and will be ready for the 5pm deadline.

Take care,

Amy

Amy P. Abernethy, MD PhD
Principal Deputy Commissioner
Acting Chief Information Officer
US Food & Drug Administration

Mobile: (b) (6)
Email: amy.abernethy@fda.hhs.gov

From: Lenihan, Keagan <Keagan.Lenihan@fda.hhs.gov>
Sent: Saturday, March 21, 2020 6:53 PM
To: Fauci, Anthony S (NIH) <(b) (6) Hahn, Stephen

AMERICAN OVERSIGHT

<SH1@fda.hhs.gov>; Redfield, Robert R (CDC) <(b) (6) Abernethy, Amy <Amy.Abernethy@fda.hhs.gov>; (b) (6) <(b) (6)
Cc: Amin, Stacy <Stacy.Amin@fda.hhs.gov>; Joe Grogan <(b) (6) Verma, Seema (CMS) <(b) (6) Lane, Henry C (NIH) <(b) (6) Collins, Francis S (NIH) <(b) (6)
Subject: RE: Oracle Platform

+ Seema

From: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)
Sent: Saturday, March 21, 2020 6:50 PM
To: Hahn, Stephen <SH1@fda.hhs.gov>; Redfield, Robert R (CDC) <(b) (6) Abernethy, Amy <Amy.Abernethy@fda.hhs.gov>
Cc: Amin, Stacy <Stacy.Amin@fda.hhs.gov>; Joe Grogan <(b) (6) Lenihan, Keagan <Keagan.Lenihan@fda.hhs.gov>; Verma, Seema (CMS) <(b) (6) Lane, Henry C (NIH) <(b) (6) Collins, Francis S (NIH) <(b) (6)
Subject: RE: Oracle Platform

Steve:
Thanks for the note. Cliff Lane will be my designated person to work with Amy, and if there are other areas of expertise where NIH can contribute such as a person from National Library of Medicine (NLM) and/or the National Center for Advancing Translational Science (NCATS), Cliff will work with me and Dr. Francis Collins (NIH Director) to provide a name and contact information for such a person. I am also copying Dr.Collins on this e-mail.
Best regards,
Tony

From: Hahn, Stephen <SH1@fda.hhs.gov>
Sent: Saturday, March 21, 2020 4:31 PM
To: Redfield, Robert R. (CDC/OD) <(b) (6) Fauci, Anthony (NIH/NIAID) [E] <(b) (6) Abernethy, Amy (FDA/OC) <Amy.Abernethy@fda.hhs.gov>
Cc: Amin, Stacy (FDA/OC) <Stacy.Amin@fda.hhs.gov>; Joe Grogan <(b) (6) Lenihan, Keagan (FDA/OC) <Keagan.Lenihan@fda.hhs.gov>; Verma, Seema (CMS/OA) <(b) (6)
Subject: Oracle Platform

Tony and Bob,

AMERICAN OVERSIGHT

This email is in follow up to our conversation an hour ago regarding the Oracle Platform. I am adding Dr. Amy Abernathy who is the Principle Deputy Commissioner of FDA. CMS Administrator Verma, Joe Grogan, Stacy Amin, Chief Legal Counsel for FDA, and Keagan Lenihan, my Chief of Staff are copied.

We have a 5 pm deadline tomorrow to deliver a plan for operationalizing the Oracle Platform with 3 key questions. Amy will lead this effort and coordinate with your agencies. I know that you will be designating participants to work with Amy. I've downloaded with Amy and she has heard about the details of our conversation earlier today. The first use case is the off label use of hydroxychloroquine.

The questions are:

1. What are the disclosure, consent, and HIPAA considerations for the platform. We'll need to run the legal traps around this. Stacy, Keagan and I have a call into to you so that we can read you into the details.

2. What are the issues around engagement and communication with the physician community?

3. Do we have the appropriate data fields and who should review them to ensure that we are collecting what we need, balanced with burden on physicians/providers?

The White House had made it clear that they will help us remove any barriers. If you encounter any obstacles, please funnel them to me (cell (b) (6)) and I'll pass them along to the WH. Administrator Verma has agreed to look into any coverage issues that might arise.

Thanks.
Steve

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From: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Sent: Sun, 29 Mar 2020 15:21:57 -0500
To: Rogan, Liz
Cc: Grogan, Joseph J. EOP/WHO;Vought, Russell T. EOP/OMB;(b) (6) Collins, Francis (NIH/OD) [E];fcordova@nsf.gov;(b) (6) (b) (6) Nolan, Elizabeth;Lang, David;Nichols, Lisa M. EOP/OSTP
Subject: RE: Letter Urging Additional Extension to Open Access RFI Comment Window

Dear Liz,

Thank you for writing. The comment period is being extended an additional 30 days to May 6, and the notice should be published in the Federal Register on Tuesday, March 31. Feel free to follow OSTP on Twitter at @WHOSTP as we provide updates on RFIs and other activities in as timely a manner as possible, often sooner than official announcements.

Thanks!

Sincerely,

Kelvin

From: Rogan, Liz <(b) (6)
Sent: Tuesday, March 24, 2020 3:51 PM
To: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Cc: Grogan, Joseph J. EOP/WHO <(b) (6) Vought, Russell T. EOP/OMB <(b) (6) (b) (6) (b) (6) fcordova@nsf.gov; (b) (6) (b) (6) Nolan, Elizabeth <(b) (6) Lang, David <(b) (6)
Subject: [EXTERNAL] Letter Urging Additional Extension to Open Access RFI Comment Window

Dear Dr. Droegemeier,

Attached please find a letter urging you to extend the comment period for 85 FR 9488, "Request for Information: Public Access to Peer-Reviewed Scholarly Publications, Data and Code Resulting From Federally Funded Research," by thirty (30) days in light of the extreme disruptions caused by the ongoing global COVID-19 pandemic.

The changes proposed in the Request for Information (RFI) would significantly affect our ability as a scientific society to continue to advance American discovery and innovation in optics and photonics, a crucial area of research and technology as identified by the U.S. National Academies of Sciences, Engineering, and Medicine.

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Most recently, the U.S. Internal Revenue Service pushed back the tax filing deadline by three months, recognizing the unusual circumstances and extra time needed for Americans to accomplish otherwise routine tasks. The additional 30 days we request is needed to give our staff, volunteers, and community, all of whom are adjusting to new routines and ever-changing circumstances, the needed time to provide the federal government with its perspective.

Thank you for your kind consideration of our request.

Sincerely,

Liz

Elizabeth A. Rogan, Chief Executive Officer
phone: (b) (6) | e-mail: (b) (6)

The Optical Society (OSA)
2010 Massachusetts Ave., NW
Washington, DC 20036 USA
>www.osa.org<

Reflecting a Century of Innovation

AMERICAN OVERSIGHT

From: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Sent: Wed, 25 Mar 2020 08:31:57 -0500
Cc: Grogan, Joseph J. EOP/WHO;Vought, Russell T. EOP/OMB;(b) (6) Collins, Francis (NIH/OD) [E];fcordova@nsf.gov;(b) (6) (b) (6) Nolan, Elizabeth;Lang, David
Subject: RE: Letter Urging Additional Extension to Open Access RFI Comment Window

Dear colleagues,

REMOVING THE SENDER OF THE REQUEST

FYI, (b) (5)
(b) (5)

Sincerely,

Kelvin

From: Rogan, Liz <(b) (6)
Sent: Tuesday, March 24, 2020 3:51 PM
To: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Cc: Grogan, Joseph J. EOP/WHO <(b) (6) Vought, Russell T. EOP/OMB <(b) (6) (b) (6) (b) (6) fcordova@nsf.gov; (b) (6) (b) (6) Nolan, Elizabeth <(b) (6) Lang, David <(b) (6)
Subject: [EXTERNAL] Letter Urging Additional Extension to Open Access RFI Comment Window

Dear Dr. Droegemeier,

Attached please find a letter urging you to extend the comment period for 85 FR 9488, "Request for Information: Public Access to Peer-Reviewed Scholarly Publications, Data and Code Resulting From Federally Funded Research," by thirty (30) days in light of the extreme disruptions caused by the ongoing global COVID-19 pandemic.

The changes proposed in the Request for Information (RFI) would significantly affect our ability as a scientific society to continue to advance American discovery and innovation in optics and photonics, a crucial area of research and technology as identified by the U.S. National Academies of Sciences, Engineering, and Medicine.

Most recently, the U.S. Internal Revenue Service pushed back the tax filing deadline by three months, recognizing the unusual circumstances and extra time needed for Americans to accomplish otherwise routine tasks. The additional 30 days we request is needed to give our staff, volunteers, and community,

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all of whom are adjusting to new routines and ever-changing circumstances, the needed time to provide the federal government with its perspective.

Thank you for your kind consideration of our request.

Sincerely,

Liz

Elizabeth A. Rogan, Chief Executive Officer
phone: (b) (6) | e-mail: (b) (6)

The Optical Society (OSA)
2010 Massachusetts Ave., NW
Washington, DC 20036 USA
>www.osa.org<

Reflecting a Century of Innovation

AMERICAN OVERSIGHT

From: Kratsios, Michael J. EOP/OSTP <(b) (6)
Sent: Wed, 15 Apr 2020 07:52:38 -0500
To: Liddell, Christopher P. EOP/WHO;Grogan, Joseph J. EOP/WHO;Fauci, Anthony (NIH/NIAID) [E]
Cc: Hahn, Stephen;Birx, Deborah L. EOP/NSC;Kushner, Jared C. EOP/WHO;Redfield, Robert R. (CDC/OD);Seema Verma;Sharpless, Norman (NIH/NCI) [E];Tromberg, Bruce (NIH/NIBIB) [E];Collins, Francis (NIH/OD) [E];Butterfield, Nicholas W. EOP/WHO;Droegemeier, Kelvin K. EOP/OSTP
Subject: RE: Quick description of our app
Attachments: COVID Tech-enabled soultions.pdf

Hi All – attached is a summary slide of six categories of COVID-related tech-solutions/apps we've identified. (b) (5)

Thanks,
Michael

From: Liddell, Christopher P. EOP/WHO <(b) (6)
Sent: Tuesday, April 14, 2020 5:05 PM
To: Grogan, Joseph J. EOP/WHO <(b) (6) Fauci, Anthony (NIH/NIAID) [E] <(b) (6) Kratsios, Michael J. EOP/OSTP <(b) (6)
Cc: Hahn, Stephen <SH1@fda.hhs.gov>; Birx, Deborah L. EOP/NSC <(b) (6) Kushner, Jared C. EOP/WHO <(b) (6) Redfield, Robert R. (CDC/OD) <(b) (6) Seema Verma <(b) (6) Sharpless, Norman (NIH/NCI) [E] <(b) (6) Tromberg, Bruce (NIH/NIBIB) [E] <(b) (6) Collins, Francis (NIH/OD) [E] <(b) (6) Butterfield, Nicholas W. EOP/WHO <(b) (6) Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Subject: RE: Quick description of our app

+ Michael Kratsios (CTO)

I've asked him to summarize all the various tech enabled solutions that have been proposed (as best he can find them all)

If anyone on this string could help him with the inventory, please just email him directly

---

From: Grogan, Joseph J. EOP/WHO <(b) (6)
Sent: Monday, April 13, 2020 10:12 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)
Cc: Hahn, Stephen <SH1@fda.hhs.gov>; Birx, Deborah L. EOP/NSC <(b) (6) Kushner, Jared C. EOP/WHO <(b) (6) Redfield, Robert R. (CDC/OD) <(b) (6) Seema Verma <(b) (6) Sharpless, Norman (NIH/NCI) [E] <(b) (6) Tromberg, Bruce (NIH/NIBIB) [E] <(b) (6) Collins, Francis (NIH/OD) [E] <(b) (6) Liddell, Christopher P. EOP/WHO <(b) (6)
Subject: Re: Quick description of our app

AMERICAN OVERSIGHT

Let's do it. Chris Liddell is working with a number tech companies on response

Sent from my iPhone

On Apr 13, 2020, at 10:08 PM, Fauci, Anthony (NIH/NIAID) [E] <(b) (6)> wrote:

Steve:
NIH (Sharpless and Tromberg) have an app that we should have presented to a subset of the Task Force.
Best,
Tony

From: Hahn, Stephen <SH1@fda.hhs.gov>
Sent: Monday, April 13, 2020 2:17 PM
To: Debi Birx MD <(b) (6)> Jared Kushner <(b) (6)> Fauci, Anthony (NIH/NIAID) [E] <(b) (6)> Redfield, Robert R. (CDC/OD) <(b) (6)> Joe Grogan <(b) (6)> Seema Verma <(b) (6)>
Subject: Fwd: Quick description of our app

Is this something we have an interest in?
Steve

Sent from my iPhone

Begin forwarded message:

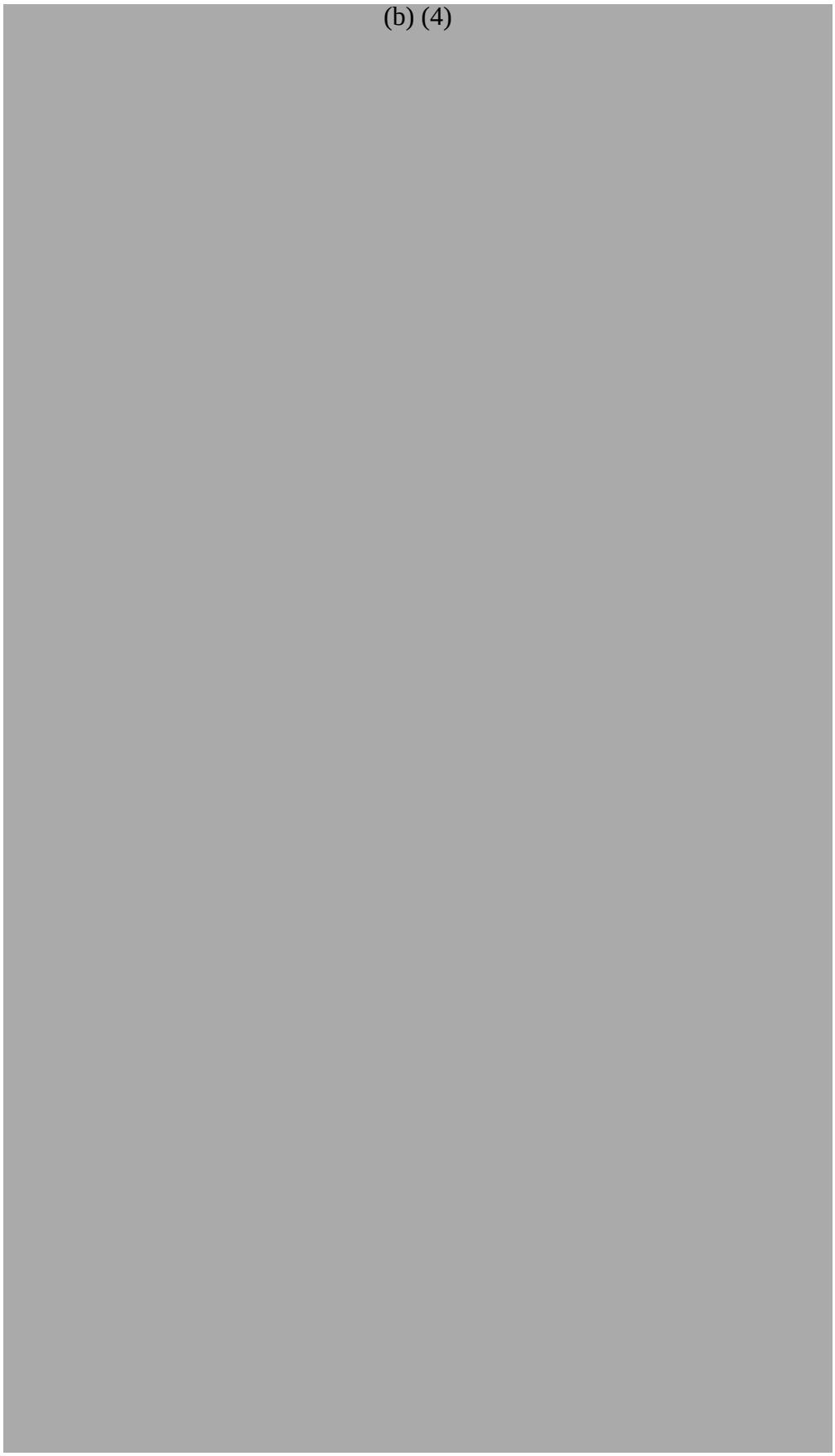
From: (b) (6)>
Date: April 13, 2020 at 12:51:47 PM EDT
To: "Hahn, Stephen" <SH1@fda.hhs.gov>
Cc: (b) (6)>
Subject: Quick description of our app

Thanks Dr. Hahn – below are very quick thoughts and I am working to get your more visual material for your discussion- slides in a couple minutes

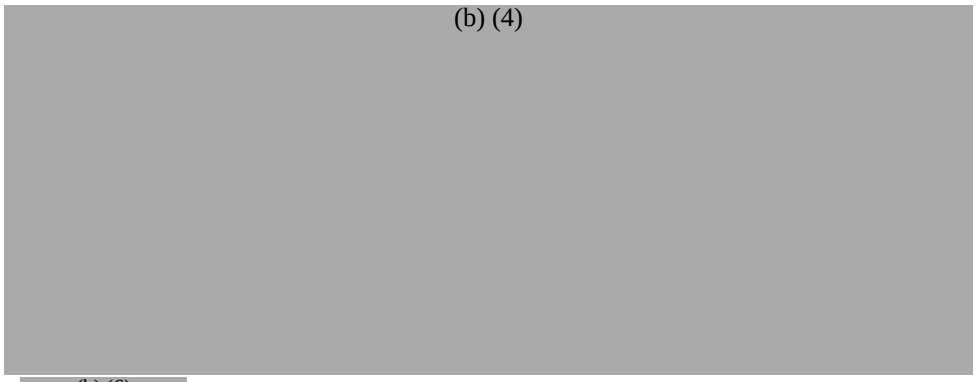
(b) (4)

AMERICAN OVERSIGHT

(b) (4)



AMERICAN OVERSIGHT



(b) (6)

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AMERICAN OVERSIGHT

(b) (4)

AMERICAN OVERSIGHT

DRAFT // DELIBERATIVE // PREDECISIONAL

From: Tromberg, Bruce (NIH/NIBIB) [E]
Sent: Tue, 14 Apr 2020 08:25:23 -0500
To: Sharpless, Norman (NIH/NCI) [E];Collins, Francis (NIH/OD) [E]
Subject: FW: Quick description of our app

Hi Francis and Ned,
Its understandable that they might not want to see or hear about 30+ apps, all of which will appear to have similar features. One thing we might want to emphasize is that we've designed an entire digital health platform with unique capabilities. The platform architecture necessarily has an app (i.e. the human-computer interface), and eventually there probably will be dozens of apps for COVID19. With the right architecture, individuals, organizations, researchers, etc. will be able to access multiple points of the digital health platform using a variety of apps to optimize/guide decisions, accelerate research and discovery, etc.
Best,
Bruce

Bruce J. Tromberg, Ph.D.
Director
National Institute of Biomedical Imaging and Bioengineering
National Institutes of Health
Building 31, Room 1C14
Bethesda, MD 20892-2281
(b) (6)
301-480-0679 - FAX
(b) (6)
http://www.nibib.nih.gov

From: "Birx, Deborah L. EOP/NSC" <(b) (6)
Date: Tuesday, April 14, 2020 at 6:56 AM
To: "Hahn, Stephen" <SH1@fda.hhs.gov>
Cc: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6) "Kushner, Jared C. EOP/WHO" <(b) (6) "Redfield, Robert R. (CDC/OD)" <(b) (6) "Grogan, Joseph J. EOP/WHO" <(b) (6) Seema Verma <(b) (6) "Sharpless, Norman (NIH/NCI) [E]" <(b) (6) "Tromberg, Bruce (NIH/NIBIB) [E]" <(b) (6) "Collins, Francis (NIH/OD) [E]" <(b) (6)
Subject: Re: Quick description of our app

There are about 30 different apps. Do we have someone that can review all of them and come forward to the task force with a presentation of what apps do what with a recommendation?

Sent from my iPhone

AMERICAN OVERSIGHT

On Apr 14, 2020, at 6:51 AM, Hahn, Stephen <SH1@fda.hhs.gov> wrote:

Thanks, Tony. Debi, is their a mechanism for presenting this information to the task force?

Steve

From: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)
Date: April 13, 2020 at 10:08:28 PM EDT
To: Hahn, Stephen <SH1@fda.hhs.gov>, Debi Birx MD <(b) (6)
Jared Kushner <(b) (6) Redfield, Robert R (CDC) <(b) (6) Joe Grogan
<(b) (6) Seema Verma <(b) (6)
Cc: Sharpless, Norman E (NIH) <(b) (6) Tromberg, Bruce J (NIH)
<(b) (6) Collins, Francis S (NIH) <(b) (6)
Subject: RE: Quick description of our app

Steve:
NIH (Sharpless and Tromberg) have an app that we should have presented to a subset of the Task Force.
Best,
Tony

From: Hahn, Stephen <SH1@fda.hhs.gov>
Sent: Monday, April 13, 2020 2:17 PM
To: Debi Birx MD <(b) (6) Jared Kushner <(b) (6)
Fauci, Anthony (NIH/NIAID) [E] <(b) (6) Redfield, Robert R. (CDC/OD)
<(b) (6) Joe Grogan <(b) (6) Seema Verma
<(b) (6)
Subject: Fwd: Quick description of our app

Is this something we have an interest in?
Steve

Sent from my iPhone

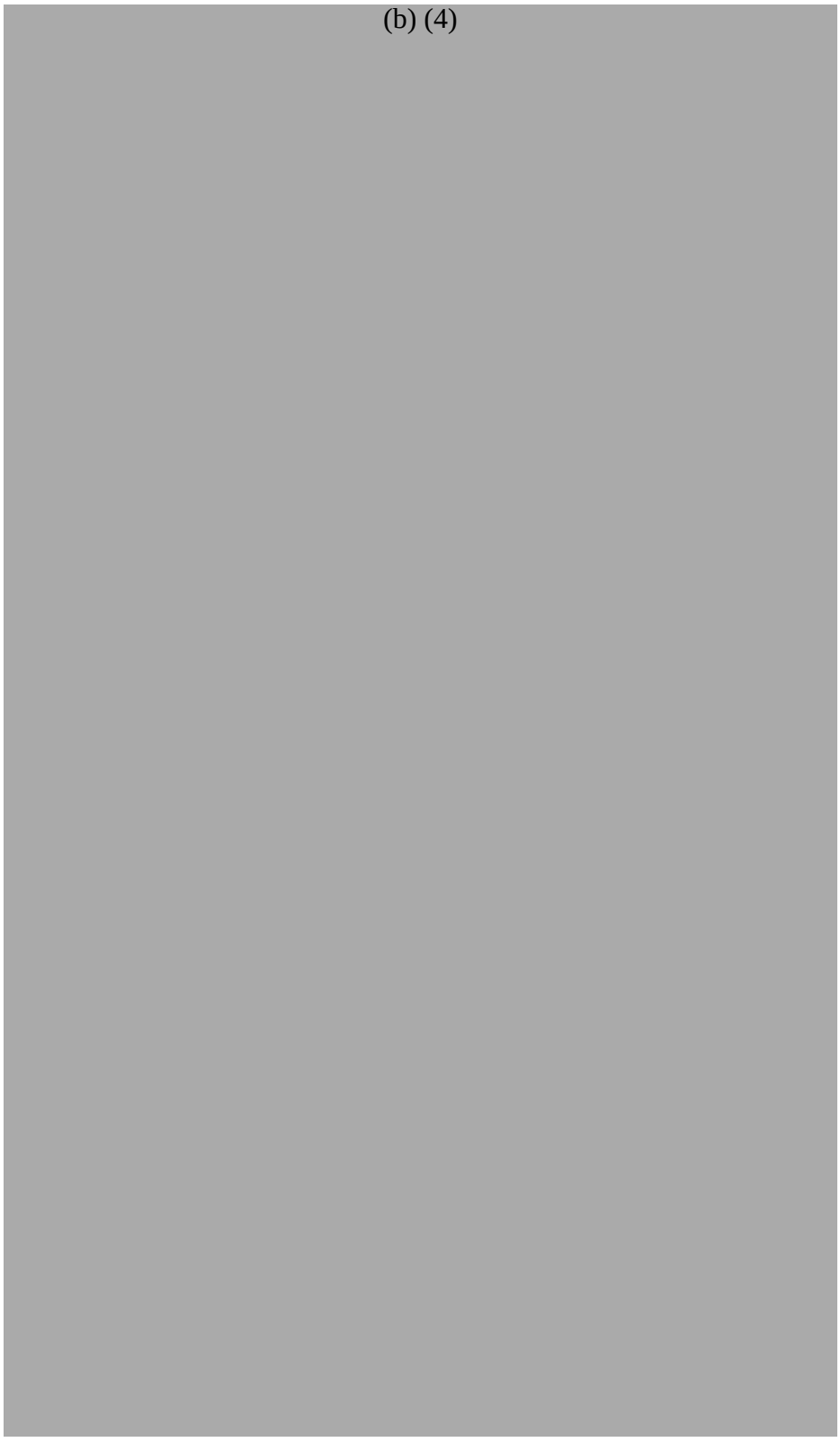
Begin forwarded message:

> **From:** Bob Jackson <(b) (6)
> **Date:** April 13, 2020 at 12:51:47 PM EDT
> **To:** "Hahn, Stephen" <SH1@fda.hhs.gov>
> **Cc:** Bob Jackson <(b) (6)
> **Subject: Quick description of our app**

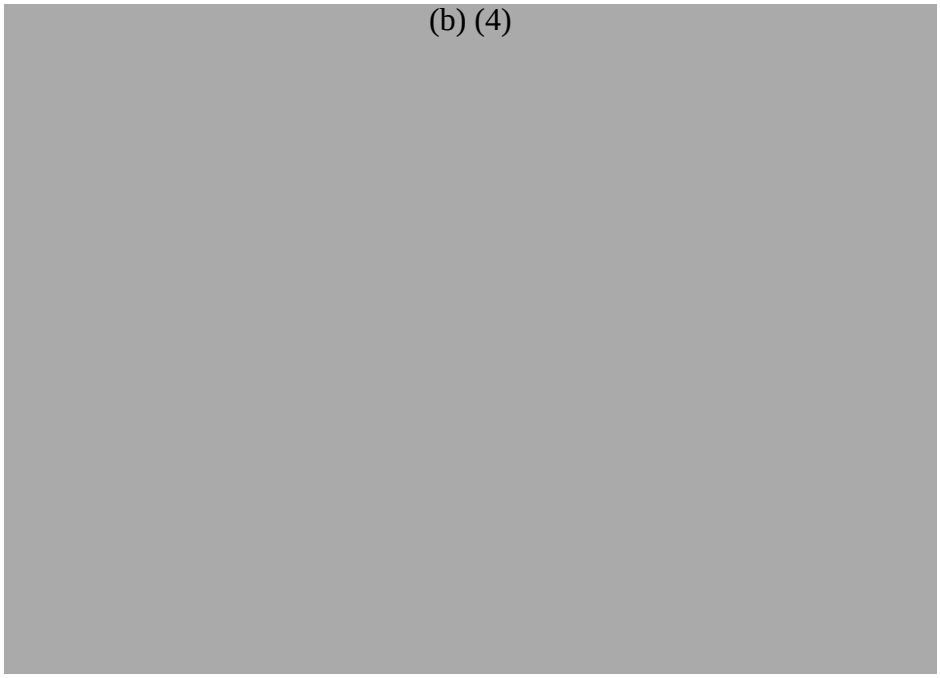
AMERICAN OVERSIGHT

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(b) (4)



AMERICAN OVERSIGHT



Robert Jackson, MD
(b) (4)

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AMERICAN OVERSIGHT

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 25 Apr 2020 12:05:12 -0500
To: Collins, Francis (NIH/OD) [E]
Cc: Tabak, Lawrence (NIH/OD) [E]
Subject: Re: White House Task Force Briefing Monday

They really need to fix this incoherence.

On Apr 25, 2020, at 11:42 AM, Collins, Francis (NIH/OD) [E] <(b) (6) wrote:

Judy Stecker called. Said there's a separate WH meeting on therapeutics with DOD and BARDA on Wednesday. Seems like the wrong way to emphasize coherence of the programs. Judy says Paul Mango will try to reach Joe Grogan and suggest the NIH and BARDA parts ought to be combined.

FC

From: Collins, Francis (NIH/OD) [E]
Sent: Saturday, April 25, 2020 10:36 AM
To: AMA2 (OS/IOS) <(b) (6)
Cc: Tabak, Lawrence (NIH/OD) [E] <(b) (6) Fauci, Anthony (NIH/NIAID) [E] <(b) (6) Pence, Laura (HHS/ASL) <(b) (6) Harrison, Brian (HHS/IOS) <(b) (6) Wood, Gretchen (NIH/OD) [E] <(b) (6) McManus, Ayanna (NIH/OD) [E] <(b) (6)
Subject: FW: White House Task Force Briefing Monday

Hi Mr. Secretary,

Please see below for a required presentation at the White House on Monday. I do not know what inspired this. Glad to speak with you about how best to handle, if you have advice. (b) (6)

Francis

From: DeValliere, Ian C. EOP/WHO <(b) (6)
Sent: Friday, April 24, 2020 8:57 PM
To: Collins, Francis (NIH/OD) [E] <(b) (6)
Cc: Campana, Alexandra D. EOP/WHO <(b) (6)
Subject: White House Task Force Briefing Monday

AMERICAN OVERSIGHT

Good evening Dr. Collins,

I apologize for the late email, but I received your contact information from Dr. Fauci's staff after I was unable to receive confirmation from your office. Members of the White House Coronavirus Task Force have requested a briefing from you and your team on the timeline for therapeutics and vaccines for COVID 19. We have reserved the White House Situation room and confirmed principal availability for Monday 4/27 at 2:00 PM. The attendees will be:

1. Joe Grogan- DPC
2. Russ Vought and Greg D'Angelo-OMB
3. Stephen Miller- WH Senior Advisor for Policy
4. General Keith Kellogg – National Security Advisor for Vice President Pence
5. Dr. Debbie Birx – White House Coronavirus Response Coordinator
6. Dr. Robert Redfield – Center for Disease Control and Prevention
7. Dr. Anthony Fauci – Director of the National Institute of Allergy and Infectious Diseases
8. Admin. Seema Verma- Center for Medicare and Medicaid Services
9. Dr. Stephen Hahn- Food and Drug Administration
10. Matt Pottinger and Phil Ferro- National Security Council

Will you be able to confirm your availability for this briefing on Monday 4/27 at 2:00? We would be able to have you attend in person or via SVTC if that is easier for your schedule. Thank you for your time!

Best,

Ian DeValliere
Domestic Policy Council |The White House
Cell: (b) (6) | Direct: (b) (6)

AMERICAN OVERSIGHT

From: McManus, Ayanna (NIH/OD) [E]
Sent: Sat, 25 Apr 2020 10:42:10 -0500
To: Collins, Francis (NIH/OD) [E]
Cc: Tabak, Lawrence (NIH/OD) [E];Fauci, Anthony (NIH/NIAID) [E];Wood, Gretchen (NIH/OD) [E]
Subject: RE: White House Task Force Briefing Monday

FC,

Dr. Johnson has confirmed the availability of the SCIF.

Thanks,
Ayanna

From: AMA2 (OS/IOS) < (b) (6)
Sent: Saturday, April 25, 2020 10:39 AM
To: Collins, Francis (NIH/OD) [E] < (b) (6)
Cc: Tabak, Lawrence (NIH/OD) [E] < (b) (6) Fauci, Anthony (NIH/NIAID) [E] < (b) (6) Pence, Laura (HHS/ASL) < (b) (6) Harrison, Brian (HHS/IOS) < (b) (6) Wood, Gretchen (NIH/OD) [E] < (b) (6) McManus, Ayanna (NIH/OD) [E] < (b) (6) Stecker, Judy (OS/IOS) < (b) (6)
Subject: Re: White House Task Force Briefing Monday

Judy is aware and can fill you in.

On Apr 25, 2020, at 10:36 AM, Collins, Francis (NIH/OD) [E] < (b) (6) wrote:

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To: Collins, Francis (NIH/OD) [E] < (b) (6)
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Best,

Ian DeValliere
Domestic Policy Council |The White House
Cell: (b) (6) | Direct: (b) (6)

AMERICAN OVERSIGHT

From: DeValliere, Ian C. EOP/WHO <(b) (6)
Sent: Fri, 24 Apr 2020 19:57:28 -0500
To: Collins, Francis (NIH/OD) [E]
Cc: Campana, Alexandra D. EOP/WHO
Subject: White House Task Force Briefing Monday

Good evening Dr. Collins,

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Best,

Ian DeValliere
Domestic Policy Council |The White House
Cell: (b) (6) | Direct: (b) (6)

AMERICAN OVERSIGHT

From: Tromberg, Bruce (NIH/NIBIB) [E]
Sent: Tue, 28 Apr 2020 12:22:31 -0500
To: Collins, Francis (NIH/OD) [E]
Subject: Re: All set?

OK, thanks! Fine tuning fonts and balance…amazing how long I can work on 2 slides!
Best,
Bruce

From: "Collins, Francis (NIH/OD) [E]" <(b) (6)
Date: Tuesday, April 28, 2020 at 1:19 PM
To: "Tromberg, Bruce (NIH/NIBIB) [E]" <(b) (6)
Subject: RE: All set?

Looks good to me. Fine for you to submit those to Paul Mango by 2 pm.

FC

From: Tromberg, Bruce (NIH/NIBIB) [E] <(b) (6)
Sent: Tuesday, April 28, 2020 12:45 PM
To: Collins, Francis (NIH/OD) [E] <(b) (6)
Subject: Re: All set?

Hi Francis,
I made a few minor changes to wording and order of bullets.
Best,
Bruce

From: "Tromberg, Bruce (NIH/NIBIB) [E]" <(b) (6)
Date: Tuesday, April 28, 2020 at 11:19 AM
To: "Collins, Francis (NIH/OD) [E]" <(b) (6)
Subject: Re: All set?

Hi Francis,
Yes, trying to finalize. Will send by ~12:30.
Best,
Bruce

AMERICAN OVERSIGHT

From: "Collins, Francis (NIH/OD) [E]" <(b) (6)
Date: Tuesday, April 28, 2020 at 11:12 AM
To: "Tromberg, Bruce (NIH/NIBIB) [E]" <(b) (6)
Subject: RE: All set?

Glad to look at this – and hopefully soon, since we're supposed to submit by 2 pm to Paul Mango.

From: Tromberg, Bruce (NIH/NIBIB) [E] <(b) (6)
Sent: Tuesday, April 28, 2020 8:38 AM
To: Collins, Francis (NIH/OD) [E] <(b) (6)
Subject: Re: All set?

Got it. I liked the "see spot run (spr)" instruction! I'm thinking of a title slide, an spr, and the innovation funnel. Will send something to you to look at in the next few hours.
Best,
Bruce

From: "Collins, Francis (NIH/OD) [E]" <(b) (6)
Date: Tuesday, April 28, 2020 at 8:22 AM
To: "Tromberg, Bruce (NIH/NIBIB) [E]" <(b) (6)
Subject: RE: All set?

I'd say stick to the high road, focus on the potential to unleash American innovation for point-of-care diagnostics. I think the now-revised graphic might be the only slide you need – perhaps with a title that introduces the RADx brand.
FC

From: Tromberg, Bruce (NIH/NIBIB) [E] <(b) (6)
Sent: Tuesday, April 28, 2020 8:16 AM
To: Collins, Francis (NIH/OD) [E] <(b) (6)
Subject: Re: All set?

How do you think that went? Mission sounds pretty clear. Lets try to talk briefly if you have a few minutes, want to be sure I'm calibrated on slides. I think my main question is how/whether to frame the "testing problem" if at all…since there are differences in perception on this. Or just stick with the "high road" opportunity to significantly advance testing.
Best,
Bruce

From: "Collins, Francis (NIH/OD) [E]" <(b) (6)
Date: Tuesday, April 28, 2020 at 7:23 AM

AMERICAN OVERSIGHT

To: "Tromberg, Bruce (NIH/NIBIB) [E]" <(b) (6)
Subject: All set?

Just checking to see if you got the invite for 7:30 AM, and also the invite for the White House tomorrow?

FC

In case you didn't, here's for this morning: (b) (6)

AMERICAN OVERSIGHT

From: Burklow, John (NIH/OD) [E]
Sent: Mon, 4 May 2020 18:52:01 -0500
To: Collins, Francis (NIH/OD) [E];Tabak, Lawrence (NIH/OD) [E]
Cc: Wolinetz, Carrie (NIH/OD) [E];Schwetz, Tara (NIH/OD) [E];Myles, Renate (NIH/OD) [E];Blackburn, Amy (NIH/OD) [E]
Subject: Visit's off...

They've decided to move the Task Force meeting to the WH tomorrow, since POTUS will be out of town.

We'll get the VP out here one of these days!

John

Sent from my iPhone

AMERICAN OVERSIGHT

From: Pence, Laura (HHS/ASL)
Sent: Mon, 4 May 2020 20:07:05 -0500
To: Tabak, Lawrence (NIH/OD) [E]
Cc: Schwetz, Tara (NIH/OD) [E];Wolinetz, Carrie (NIH/OD) [E]
Subject: Re: VP visit to NIH postponed

Thanks

> On May 4, 2020, at 8:25 PM, Tabak, Lawrence (NIH/OD) [E]
> <(b) (6) wrote:
>
> Laura,
> Instead, Dr. Collins has been invited to attend the task force meeting at WH at 11:30. In addition Drs. Mascola and Graham are joining him as well.
> Larry

AMERICAN OVERSIGHT

From: Burklow, John (NIH/OD) [E]
Sent: Mon, 4 May 2020 16:16:43 -0500
To: Collins, Francis (NIH/OD) [E];Tabak, Lawrence (NIH/OD) [E]
Cc: Wolinetz, Carrie (NIH/OD) [E];Schwetz, Tara (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];McManus, Ayanna (NIH/OD) [E];Burrus-Shaw, Cyndi (NIH/OD) [E];Simon, Dina (NIH/OD) [C];Myles, Renate (NIH/OD) [E];Blackburn, Amy (NIH/OD) [E];Burklow, John (NIH/OD) [E]
Subject: Materials re: tomorrow's visit
Attachments: Updated agenda CTF .docx, NIH HQ Seating Chart 5.5.20 v.4.pptx, VRC Background 5.4.2020- DRAFT gf.docx

Hi, Francis, Larry—

I've attached materials for tomorrow's visit and will share with Laura Pence and ASPA as well.

John

--Visit Agenda
--Seating Chart (provided by OVP)
--VRC Backgrounder and Updates

I will send the slides that will be used during the Task Force meeting once I get a final set.

Francis, Larry—you will get a ride from Building 1 to the VRC, since it may rain, OK?

Thanks,

John

AMERICAN OVERSIGHT

WHITE HOUSE
VISIT TO THE NATIONAL INSTITUTES OF HEALTH
TUESDAY, MAY 5, 2020
10:45 AM – 1:15 PM

10:45 AM	Dr. Francis Collins, Dr. Lawrence Tabak, and Dr. Anthony Fauci arrive at the Vaccine Research Center
11:05 AM	HHS Secretary Alex M. Azar II is greeted by Drs. Collins, Tabak and Fauci **(Building 40, 1st Floor, Lobby, Outside of Conference Room 1201/1203)**
11:20 AM	Vice President Mike Pence arrives at the NIH Campus and is escorted to the Vaccine Research Center by NIH Police **(NIH Bethesda campus, South Drive Entry)**
11:25 AM	Vice President Mike Pence is greeted by Secretary Alex M. Azar II; Dr. Francis Collins; and Dr. Anthony Fauci **(Building 40, 1st Floor, Lobby, Outside of Conference Room 1201/1203)**
11:30 PM – 12:30 PM	Coronavirus Task Force Meeting Main Table Vice President Mike Pence Anthony Fauci, M.D., Director, National Institute of Allergy and Infectious Diseases Alex Azar II, Secretary, Department of Health and Human Services Deborah Birx, M.D., Ambassador, White House Coronavirus Response Coordinator Stephen Hahn, M.D., Commissioner, Food and Drug Administration Robert Redfield, M.D., Director, Centers for Disease Control and Prevention David Norquist, Deputy Secretary, Department of Defense Perimeter Seema Verma, Administrator, Centers for Medicare and Medicaid Services Admiral Brett Giroir, M.D., Assistant Secretary, Health and Human Services Gary Disbrow, Ph.D., Acting Director, Biomedical Advanced Research and Development Authority, HHS Peter Marks, M.D., Ph.D., Director, Center for Biologics Evaluation and Research, FDA Francis Collins, M.D., Ph.D., Director, National Institutes of Health John Mascola, M.D., Director, Vaccine Research Center, National Institute of Allergy and Infectious Diseases Barney Graham, M.D., Ph.D., Deputy Director, Vaccine Research Center, National Institute of Allergy and Infectious Diseases Marc Short, Chief of Staff to the Vice President, OVP Olivia Troye, Special Advisor for Homeland Security, OVP Katie Miller, Press Secretary, OVP Brian Bolduc, Special Assistant to the President and Director of Speechwriting for the Vice President. (60-min) **(Building 40, Conference Room 1207)**

DRAFT

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12:30 PM – 12:45 PM	Media Prep for Vice President (15-min) **(Building 40, Conference Room 1207)**
12:40 PM	Task Force Members head to Press Conference **(Building 40, Conference Room 1201/1203)**
12:45 PM – 1:15 PM	Coronavirus Task Force Press Conference (30-min) **(Building 40, Conference Room 1201/1203)**
1:15 PM	Departure **(Building 40, Front Exit)**

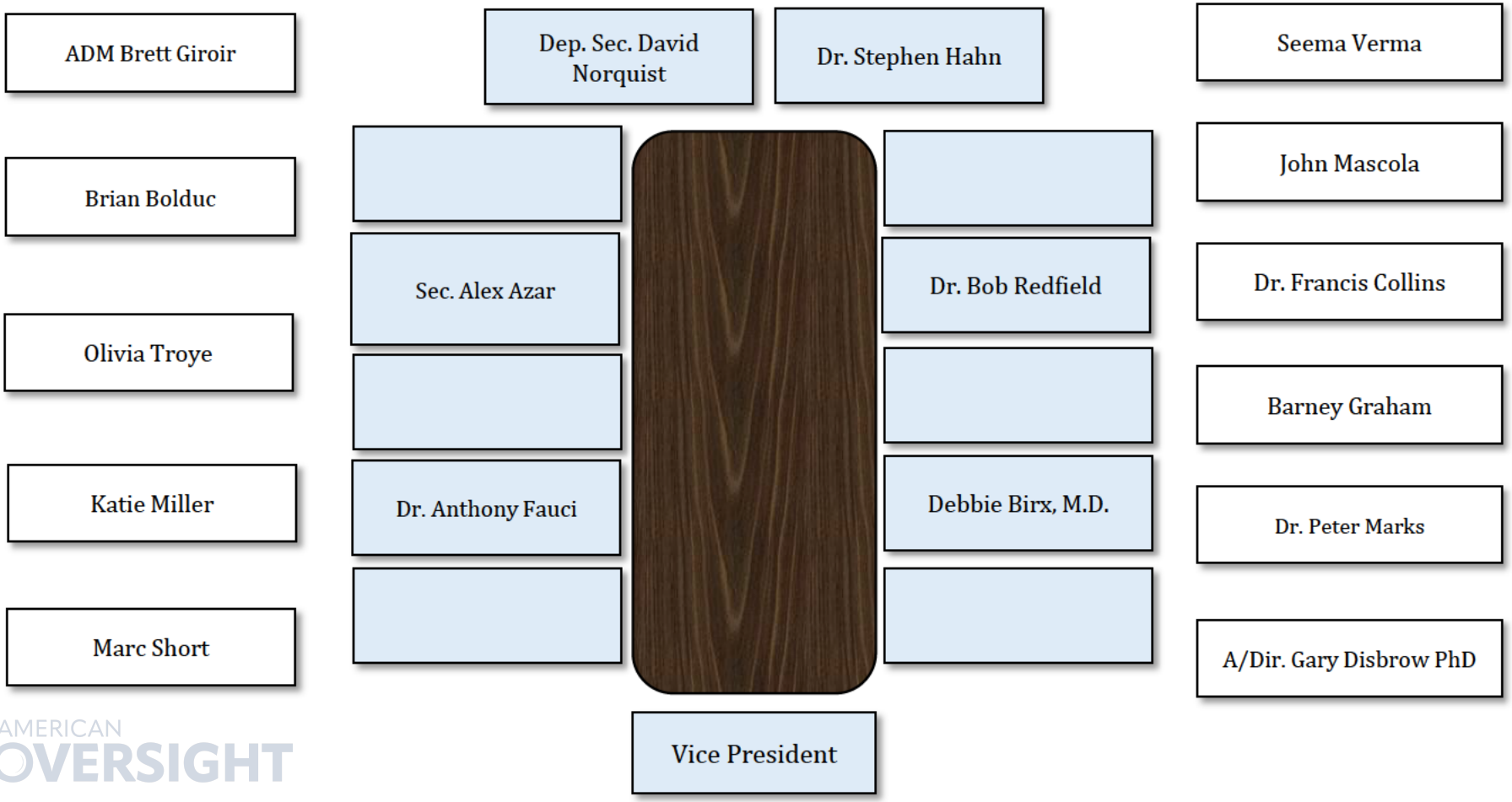
DRAFT

AMERICAN OVERSIGHT

Door

NIH HQ
DATE: 5 MAY 2020
TIME: 1130 EST

Table: 7
Side: 10
TOTAL: 17



AMERICAN OVERSIGHT

National Institute of Allergy and Infectious Diseases

Vaccine Research Center

Vaccines for Life™

The Dale and Betty Bumpers Vaccine Research Center (VRC) at the National Institute of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health (NIH), was established in 1999 with the mission to conduct research that facilitates development of effective vaccines for human diseases. The VRC, headquartered on NIH's Bethesda campus, operates as NIH's closest analog to a private sector biotechnology entity, encompassing critical infrastructure to support basic, translational, and clinical research programs. It has recently focused on HIV/AIDS, universal influenza vaccines, and emerging infectious diseases, such as Zika, Ebola, and, most recently, COVID-19. The rapid development of the SARS-CoV-2 candidate vaccine mRNA-1273 demonstrates that pandemic preparedness is possible. Similar preparedness can be achieved~~done~~ for other major families of viruses that infect humans.

The VRC Viral Pathogenesis Laboratory (VPL) in Building 40 investigates basic aspects of viral diseases and advances the development of safer and more effective vaccines. The VPL's portfolio focuses on candidate vaccines for Ebola, influenza, respiratory syncytial virus, and coronaviruses.

SARS-CoV-2 Vaccine Candidate (mRNA-1273)

Before the COVID-19 outbreak, scientists at the NIAID Vaccine Research Center and Moderna were working together on an investigational vaccine to protect people against Middle East respiratory syndrome (MERS). Using knowledge of the structure of related coronaviruses, scientists at the Vaccine Research Center were able to quickly design a recombinant spike protein of SARS-CoV-2. The VRC worked with Moderna on the development of the investigational mRNA-1273 vaccine using the existing mRNA platform to quickly create a vaccine candidate that expresses the VRC-designed SARS-CoV-2 spike protein. The phase 1 clinical trial began on March 16 and is evaluating different doses of the investigational vaccine for safety and its ability to induce an immune response in participants. It ~~has been~~ is underway at Kaiser Permanente Washington Health Research Institute (KPWHRI) in Seattle and Emory University in Atlanta, both part of NIAID's Infectious Diseases Clinical Research Consortium. NIAID's Vaccine Research Center (VRC) clinic at the NIH Clinical Center in Bethesda, Maryland has been added as a trial site.

mRNA platform: mRNA is the template that the body uses to turn genetic code into proteins. The mRNA platform takes a piece of this template and introduces it into the body's cells. Those body cells then produce the virus protein encoded in the mRNA, enabling the body to generate an immune response. There are three main advantages to the mRNA platform:

1) New vaccine candidates can be rapidly manufactured for initiation of preclinical (test tube and animal) and Phase 1 (human) studies using the virus genetic sequence alone.

2) It does not contain virus (alive or killed) so risks are mitigated.~~;~~

~~-~~3) It generates strong immune responses at low doses.

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AMERICAN OVERSIGHT

mRNA-1273 candidate: The specific vaccine candidate, "mRNA-1273," includes mRNA ~~which~~ that the body reads as a template to make stabilized SARS-CoV-2 spike protein (the protein on the outside of the virus). These spike proteins are used by the virus to enter cells during actual infection. Thus, mRNA-1273 is designed to promote an immune response to the spike protein, thereby blocking infection. Importantly, rapid development of mRNA-1273 is possible due to over a decade of NIAID-supported research on related coronaviruses.

Antibodies for COVID-19

The VRC has begun to isolate human antibodies for COVID-19 and has collaborations with several biotech and pharmaceutical companies to develop these newly discovered antibodies for treatment and prevention.

Antibodies as treatment: Several biotech and pharmaceutical companies are working on finding new drugs while the VRC, and several other scientific groups, are working on discovering an antibody.

- Antibodies are human proteins that are isolated from the blood of a person who has recovered from COVID-19.
- From a routine blood draw, we find and isolate cells that make potent antibodies against the SARS-2-CoV.
- We then make these "monoclonal antibodies" (mAbs) in the lab and test them.
- If they are potent in the lab, we would make the antibody as a clinical product.

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- Antibodies could be used to treat someone who is infected. We will not know if an antibody is effective until a human clinical trial is done. It will take about 5 months to have an antibody ready for clinical testing.

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Antibodies as prevention:

Antibodies may also be useful to protect people from becoming infected. We can infuse the developed SARS-2-CoV-specific potent monoclonal antibody into healthy people and the antibody can last for months in the blood. So, if a vaccine is not ready for use, a monoclonal antibody may be used to protect people from infection. Again, we won't know if this works until we do the human trials.

- ###

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AMERICAN OVERSIGHT

From: Burklow, John (NIH/OD) [E]
Sent: Mon, 4 May 2020 16:28:43 -0500
To: Pence, Laura (HHS/ASL);Murphy, Ryan (OS/ASPA);Oakley, Caitlin B. (OS/ASPA);Olson, Carolyn (OS/IOS)
Cc: Tabak, Lawrence (NIH/OD) [E];Schwetz, Tara (NIH/OD) [E];Myles, Renate (NIH/OD) [E];Blackburn, Amy (NIH/OD) [E];Burklow, John (NIH/OD) [E]
Subject: Materials re: tomorrow's event
Attachments: Updated agenda CTF .docx, NIH HQ Seating Chart 5.5.20 v.4.pptx, VRC Background 5.4.2020- DRAFT gf.docx

Hello, Everyone:

Here are some informational materials for tomorrow's visit:

--Agenda
--Task Force Seating chart
--Backgrounder on VRC and recent updates

Please let me know if you have any questions.

Thanks,

John

AMERICAN OVERSIGHT

WHITE HOUSE
VISIT TO THE NATIONAL INSTITUTES OF HEALTH
TUESDAY, MAY 5, 2020
10:45 AM – 1:15 PM

10:45 AM	Dr. Francis Collins, Dr. Lawrence Tabak, and Dr. Anthony Fauci arrive at the Vaccine Research Center
11:05 AM	HHS Secretary Alex M. Azar II is greeted by Drs. Collins, Tabak and Fauci **(Building 40, 1st Floor, Lobby, Outside of Conference Room 1201/1203)**
11:20 AM	Vice President Mike Pence arrives at the NIH Campus and is escorted to the Vaccine Research Center by NIH Police **(NIH Bethesda campus, South Drive Entry)**
11:25 AM	Vice President Mike Pence is greeted by Secretary Alex M. Azar II; Dr. Francis Collins; and Dr. Anthony Fauci **(Building 40, 1st Floor, Lobby, Outside of Conference Room 1201/1203)**
11:30 PM – 12:30 PM	Coronavirus Task Force Meeting Main Table Vice President Mike Pence Anthony Fauci, M.D., Director, National Institute of Allergy and Infectious Diseases Alex Azar II, Secretary, Department of Health and Human Services Deborah Birx, M.D., Ambassador, White House Coronavirus Response Coordinator Stephen Hahn, M.D., Commissioner, Food and Drug Administration Robert Redfield, M.D., Director, Centers for Disease Control and Prevention David Norquist, Deputy Secretary, Department of Defense Perimeter Seema Verma, Administrator, Centers for Medicare and Medicaid Services Admiral Brett Giroir, M.D., Assistant Secretary, Health and Human Services Gary Disbrow, Ph.D., Acting Director, Biomedical Advanced Research and Development Authority, HHS Peter Marks, M.D., Ph.D., Director, Center for Biologics Evaluation and Research, FDA Francis Collins, M.D., Ph.D., Director, National Institutes of Health John Mascola, M.D., Director, Vaccine Research Center, National Institute of Allergy and Infectious Diseases Barney Graham, M.D., Ph.D., Deputy Director, Vaccine Research Center, National Institute of Allergy and Infectious Diseases Marc Short, Chief of Staff to the Vice President, OVP Olivia Troye, Special Advisor for Homeland Security, OVP Katie Miller, Press Secretary, OVP Brian Bolduc, Special Assistant to the President and Director of Speechwriting for the Vice President. (60-min) **(Building 40, Conference Room 1207)**

DRAFT

AMERICAN OVERSIGHT

12:30 PM – 12:45 PM	Media Prep for Vice President (15-min) **(Building 40, Conference Room 1207)**
12:40 PM	Task Force Members head to Press Conference **(Building 40, Conference Room 1201/1203)**
12:45 PM – 1:15 PM	Coronavirus Task Force Press Conference (30-min) **(Building 40, Conference Room 1201/1203)**
1:15 PM	Departure **(Building 40, Front Exit)**

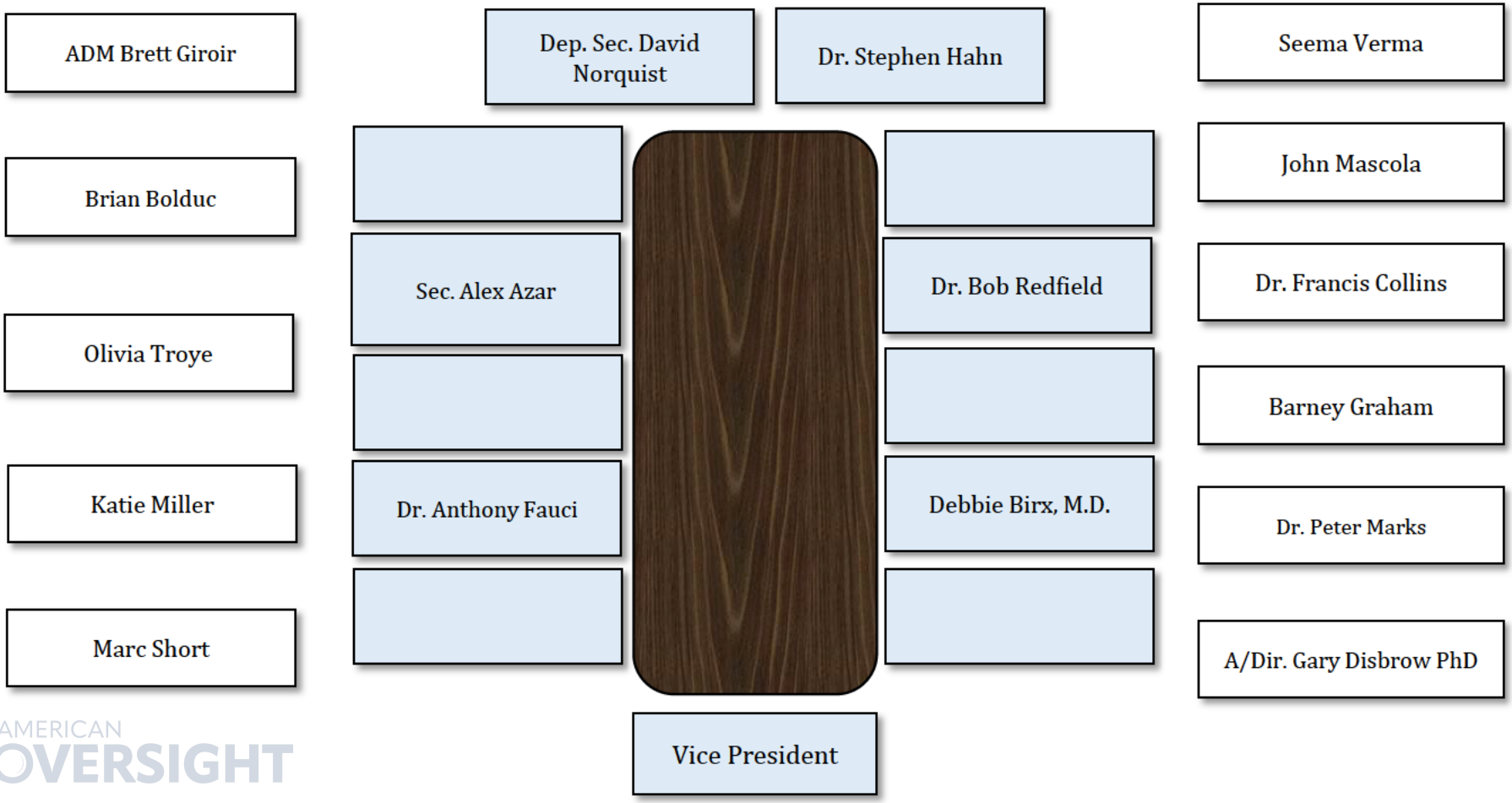
DRAFT

AMERICAN OVERSIGHT

Door

NIH HQ
DATE: 5 MAY 2020
TIME: 1130 EST

Table: 7
Side: 10
TOTAL: 17



AMERICAN OVERSIGHT

National Institute of Allergy and Infectious Diseases

Vaccine Research Center

Vaccines for Life™

The Dale and Betty Bumpers Vaccine Research Center (VRC) at the National Institute of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health (NIH), was established in 1999 with the mission to conduct research that facilitates development of effective vaccines for human diseases. The VRC, headquartered on NIH's Bethesda campus, operates as NIH's closest analog to a private sector biotechnology entity, encompassing critical infrastructure to support basic, translational, and clinical research programs. It has recently focused on HIV/AIDS, universal influenza vaccines, and emerging infectious diseases, such as Zika, Ebola, and, most recently, COVID-19. The rapid development of the SARS-CoV-2 candidate vaccine mRNA-1273 demonstrates that pandemic preparedness is possible. Similar preparedness can be achieved~~done~~ for other major families of viruses that infect humans.

The VRC Viral Pathogenesis Laboratory (VPL) in Building 40 investigates basic aspects of viral diseases and advances the development of safer and more effective vaccines. The VPL's portfolio focuses on candidate vaccines for Ebola, influenza, respiratory syncytial virus, and coronaviruses.

SARS-CoV-2 Vaccine Candidate (mRNA-1273)

Before the COVID-19 outbreak, scientists at the NIAID Vaccine Research Center and Moderna were working together on an investigational vaccine to protect people against Middle East respiratory syndrome (MERS). Using knowledge of the structure of related coronaviruses, scientists at the Vaccine Research Center were able to quickly design a recombinant spike protein of SARS-CoV-2. The VRC worked with Moderna on the development of the investigational mRNA-1273 vaccine using the existing mRNA platform to quickly create a vaccine candidate that expresses the VRC-designed SARS-CoV-2 spike protein. The phase 1 clinical trial began on March 16 and is evaluating different doses of the investigational vaccine for safety and its ability to induce an immune response in participants. It ~~has been~~ is underway at Kaiser Permanente Washington Health Research Institute (KPWHRI) in Seattle and Emory University in Atlanta, both part of NIAID's Infectious Diseases Clinical Research Consortium. NIAID's Vaccine Research Center (VRC) clinic at the NIH Clinical Center in Bethesda, Maryland has been added as a trial site.

mRNA platform: mRNA is the template that the body uses to turn genetic code into proteins. The mRNA platform takes a piece of this template and introduces it into the body's cells. Those body cells then produce the virus protein encoded in the mRNA, enabling the body to generate an immune response. There are three main advantages to the mRNA platform:

1) New vaccine candidates can be rapidly manufactured for initiation of preclinical (test tube and animal) and Phase 1 (human) studies using the virus genetic sequence alone.

2) It does not contain virus (alive or killed) so risks are mitigated.~~;~~

~~-~~3) It generates strong immune responses at low doses.

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AMERICAN OVERSIGHT

mRNA-1273 candidate: The specific vaccine candidate, "mRNA-1273," includes mRNA ~~which~~ that the body reads as a template to make stabilized SARS-CoV-2 spike protein (the protein on the outside of the virus). These spike proteins are used by the virus to enter cells during actual infection. Thus, mRNA-1273 is designed to promote an immune response to the spike protein, thereby blocking infection. Importantly, rapid development of mRNA-1273 is possible due to over a decade of NIAID-supported research on related coronaviruses.

Antibodies for COVID-19

The VRC has begun to isolate human antibodies for COVID-19 and has collaborations with several biotech and pharmaceutical companies to develop these newly discovered antibodies for treatment and prevention.

Antibodies as treatment: Several biotech and pharmaceutical companies are working on finding new drugs while the VRC, and several other scientific groups, are working on discovering an antibody.

- Antibodies are human proteins that are isolated from the blood of a person who has recovered from COVID-19.
- From a routine blood draw, we find and isolate cells that make potent antibodies against the SARS-2-CoV.
- We then make these "monoclonal antibodies" (mAbs) in the lab and test them.
- If they are potent in the lab, we would make the antibody as a clinical product.

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- ###

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AMERICAN OVERSIGHT

From: Droegemeier, Kelvin K. EOP/OSTP < (b) (6)
Sent: Wed, 6 May 2020 08:56:18 -0500
To: Collins, Francis (NIH/OD) [E];Tabak, Lawrence (NIH/OD) [E];Lauer, Michael (NIH/OD) [E]
Cc: Doster, Kim M. EOP/OSTP;Droegemeier, Kelvin K. EOP/OSTP
Subject: Agency Input to Yearly OMB-OSTP R&D Priorities Memo
Attachments: FY-21-RD-Budget-Priorities FINAL MEMO.pdf

Dear Francis, Larry and Mike,

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Most sincerely,

Kelvin

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Office of Science and Technology Policy
The White House
Washington, DC 20502
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http://www.ostp.gov

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

From: Tabak, Lawrence (NIH/OD) [E]
Sent: Wed, 6 May 2020 09:25:45 -0500
To: Droegemeier, Kelvin K. EOP/OSTP;Lauer, Michael (NIH/OD) [E];Schwetz, Tara (NIH/OD) [E];Wolinetz, Carrie (NIH/OD) [E]
Cc: Doster, Kim M. EOP/OSTP;Burrus-Shaw, Cyndi (NIH/OD) [E];Simon, Dina (NIH/OD) [C]
Subject: Re: Agency Input to Yearly OMB-OSTP R&D Priorities Memo
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In addition to Mike, other members of the NIH team will be Tara Schwetz and Carrie Wolinetz, who I have added to this note.

A member of my immediate team will reach out with to arrange for a time.

Best wishes
Larry

From: "Droegemeier, Kelvin K. EOP/OSTP" <(b) (6)
Date: Wednesday, May 6, 2020 at 9:57 AM
To: Francis Collins <(b) (6) "Tabak, Lawrence (NIH/OD) [E]" <(b) (6) "Lauer, Michael (NIH/OD) [E]" <(b) (6)
Cc: "Doster, Kim M. EOP/OSTP" <(b) (6) "Droegemeier, Kelvin K. EOP/OSTP" <(b) (6)
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AMERICAN OVERSIGHT

From: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Sent: Wed, 6 May 2020 09:29:13 -0500
To: Tabak, Lawrence (NIH/OD) [E];Lauer, Michael (NIH/OD) [E];Schwetz, Tara (NIH/OD) [E];Wolinetz, Carrie (NIH/OD) [E]
Cc: Doster, Kim M. EOP/OSTP;Burrus-Shaw, Cyndi (NIH/OD) [E];Simon, Dina (NIH/OD) [C]
Subject: RE: Agency Input to Yearly OMB-OSTP R&D Priorities Memo

Hi Larry,

Totally understand and not a problem at all.

Thanks!!

Kelvin

From: Tabak, Lawrence (NIH/OD) [E] <(b) (6)
Sent: Wednesday, May 6, 2020 10:26 AM
To: Droegemeier, Kelvin K. EOP/OSTP <(b) (6) Lauer, Michael (NIH/OD) [E] <(b) (6) Schwetz, Tara (NIH/OD) [E] <(b) (6) Wolinetz, Carrie (NIH/OD) [E] <(b) (6)
Cc: Doster, Kim M. EOP/OSTP <(b) (6) Burrus-Shaw, Cyndi (NIH/OD) [E] <(b) (6) Simon, Dina (NIH/OD) [C] <(b) (6)
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Cc: "Doster, Kim M. EOP/OSTP" <(b) (6) "Droegemeier, Kelvin K.

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

From: Wolinetz, Carrie (NIH/OD) [E]
Sent: Fri, 8 May 2020 20:29:07 -0500
To: Schwetz, Tara (NIH/OD) [E];Tabak, Lawrence (NIH/OD) [E];Lauer, Michael (NIH/OD) [E]
Subject: Re: Agency Input to Yearly OMB-OSTP R&D Priorities Memo

Sure, we can add it to our list of R&D priorities....

I'm sure CRISPR will help - it is apparently a magical technology.

From: "Schwetz, Tara (NIH/OD) [E]"
Date: Fri, May 8, 2020, 9:25 PM
To: "Wolinetz, Carrie (NIH/OD) [E]" , "Tabak, Lawrence (NIH/OD) [E]" , "Lauer, Michael (NIH/OD) [E]"
Subject: Re: Agency Input to Yearly OMB-OSTP R&D Priorities Memo

Can one of you fix that? I think that would be a great societal advance!

Best,

Tara A. Schwetz, PhD
Acting Director, NINR
Associate Deputy Director, NIH
A: Building 1, Room 138
P: (b) (6) | **M:** (b) (6)

From: "Wolinetz, Carrie (NIH/OD) [E]" < (b) (6)
Date: Friday, May 8, 2020 at 9:22 PM
To: Larry Tabak < (b) (6) "Lauer, Michael (NIH/OD) [E]" < (b) (6) Tara Schwetz < (b) (6)
Subject: Re: Agency Input to Yearly OMB-OSTP R&D Priorities Memo

Yes, other than there not being enough hours in the day for everything to be done...

From: "Tabak, Lawrence (NIH/OD) [E]"
Date: Fri, May 8, 2020, 9:19 PM
To: "Wolinetz, Carrie (NIH/OD) [E]" , "Lauer, Michael (NIH/OD) [E]" , "Schwetz, Tara (NIH/OD) [E]"
Subject: Re: Agency Input to Yearly OMB-OSTP R&D Priorities Memo

Thanks; hope all is ok?
Larry

AMERICAN OVERSIGHT

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Apologies for not responding sooner - this ended up being a truly insane day.

I agree with Mike. Seems like other possibilities might include something related to data, possibly platforming from data sharing advances and infrastructure put into place via COVID. I also think something related to gene therapy/editing advancement might be warranted. Cheers, Carrie

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The items at last November's summit about research environment – safe, free of harassment, rigorous, honest, and free of foreign interference – are also top priority.

Thanks, Mike

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Date: Friday, May 8, 2020 at 8:35 AM
To: "Lauer, Michael (NIH/OD) [E]" <(b) (6) "Schwetz, Tara (NIH/OD) [E]" <(b) (6) "Wolinetz, Carrie (NIH/OD) [E]" <(b) (6)
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AMERICAN OVERSIGHT

From: Schwetz, Tara (NIH/OD) [E]
Sent: Fri, 8 May 2020 23:59:22 -0500
To: Wolinetz, Carrie (NIH/OD) [E];Lauer, Michael (NIH/OD) [E];Tabak, Lawrence (NIH/OD) [E]
Subject: Re: Agency Input to Yearly OMB-OSTP R&D Priorities Memo

As was “medical countermeasures and public health preparedness” – eerily prescient. Something with data would be good.

He’s asking for 3 though, so I guess I would say (in no particular order): prevention and rapid detection and containment of infectious diseases; harnessing the power of data science; combatting the opioid crisis *or* promoting a research environment that is safe, inclusive, rigorous, and free from foreign influence

Best,

Tara A. Schwetz, PhD
Acting Director, NINR
Associate Deputy Director, NIH
A: Building 1, Room 138
P: (b) (6) | **M:** (b) (6)

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Dear Francis, Larry and Mike,

I want to thank you for the very helpful input you provided to OSTP last year regarding your agency's R&D priorities – to inform the yearly OMB-OSTP "guidance memo," formally the FY 2021 Administration Research and Development Budget Priorities memo (copy attached). As you may recall, you and I chatted by phone about your top three R&D priorities, and your input was extremely valuable in shaping priorities across the entire interagency.

Unbelievably, a year has passed and we're about to conduct this important exercise once again! Specifically, we are beginning work on the R&D priorities memo that will inform agency planning for the President's FY22 budget submission to Congress. **As we did last year, I would be most grateful if you (and others you wish to involve) could join me on a 15-minute call to review your agency's TOP THREE R&D PRIORITIES. One important point to consider for FY22 are R&D priorities associated with the Coronavirus crisis. I also am interested in your thoughts regarding cross-cutting activities (see attached memo from last year).**

My assistant, Kim Doster (cc'd here), will coordinate with you to set up a time as soon as possible (before the end of May).

AMERICAN OVERSIGHT

As I know you fully appreciate, the guidance memo will not be able to reflect the individual priorities of every agency. Nevertheless, your input is vital as we synthesize all agency priorities for informing the FY22 budget.

Please accept my thanks in advance for giving careful thought to this important issue, and I look forward to chatting soon!

Most sincerely,

Kelvin

_____

Dr. Kelvin K. Droegemeier, Director
Office of Science and Technology Policy
The White House
Washington, DC 20502
(202) 456-4444
http://www.ostp.gov
@WHOSTP

AMERICAN OVERSIGHT

From: Tabak, Lawrence (NIH/OD) [E]
Sent: Thu, 28 May 2020 06:21:10 -0500
To: Collins, Francis (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];McManus, Ayanna (NIH/OD) [E]
Subject: Re: White House Coronavirus Task Force Meeting - 5.28.20 - 1300

It has to go through ONS. He pinged Cullen again this am to determine status.
I'll contact Schmoyer today – even though he is on detail, maybe he knows someone who knows someone…

From: Francis Collins < (b) (6)
Date: Thursday, May 28, 2020 at 7:19 AM
To: "Tabak, Lawrence (NIH/OD) [E]" < (b) (6) "Wood, Gretchen (NIH/OD) [E]" < (b) (6) "McManus, Ayanna (NIH/OD) [E]" < (b) (6)
Subject: RE: White House Coronavirus Task Force Meeting - 5.28.20 - 1300

I'll be in the SCIF. But I can get a note out.

I really hope Alfred is working hard on getting me a secure phone, that would save me a lot of time.

FC

From: Tabak, Lawrence (NIH/OD) [E] < (b) (6)
Sent: Thursday, May 28, 2020 7:08 AM
To: Collins, Francis (NIH/OD) [E] < (b) (6) Wood, Gretchen (NIH/OD) [E] < (b) (6) McManus, Ayanna (NIH/OD) [E] < (b) (6)
Subject: Re: White House Coronavirus Task Force Meeting - 5.28.20 - 1300

Ok – will you be in the SCIF or will you have access to text in case you want to postpone?

From: Francis Collins < (b) (6)
Date: Thursday, May 28, 2020 at 6:55 AM
To: "Tabak, Lawrence (NIH/OD) [E]" < (b) (6) "Wood, Gretchen (NIH/OD) [E]" < (b) (6) "McManus, Ayanna (NIH/OD) [E]" < (b) (6)
Subject: RE: White House Coronavirus Task Force Meeting - 5.28.20 - 1300

I'm hoping that I'll be free by 2:30 pm, so let's keep the War Room meeting as scheduled for now.

From: Tabak, Lawrence (NIH/OD) [E] < (b) (6)
Sent: Wednesday, May 27, 2020 10:00 PM
To: Collins, Francis (NIH/OD) [E] < (b) (6) Wood, Gretchen (NIH/OD) [E]

AMERICAN OVERSIGHT

< (b) (6) McManus, Ayanna (NIH/OD) [E] < (b) (6)
Subject: Re: White House Coronavirus Task Force Meeting - 5.28.20 - 1300

Should we hold ACTIV call if you are not through with meeting, or do you prefer to reschedule?

From: Francis Collins < (b) (6)
Date: Wednesday, May 27, 2020 at 9:14 PM
To: "Wood, Gretchen (NIH/OD) [E]" < (b) (6) "McManus, Ayanna (NIH/OD) [E]" < (b) (6) "Johnson, Alfred (NIH/OD) [E]" < (b) (6) "Tabak, Lawrence (NIH/OD) [E]" < (b) (6)
Subject: FW: White House Coronavirus Task Force Meeting - 5.28.20 - 1300

No agenda provided yet. So I will plan to do this remotely – unless there are compelling reasons to go the WH once the topics are revealed.

Can I get access to the SCIF?

And Alfred, how are you coming on getting me a secure phone so I can do this from home?

Francis

From: Hurst, Natalie R. EOP/OVP < (b) (6)
Sent: Wednesday, May 27, 2020 8:14 PM
Subject: White House Coronavirus Task Force Meeting - 5.28.20 - 1300
Importance: High

All –

There will be a **White House Coronavirus Task Force Meeting** on **Thursday, May 28th** at **1:00pm** in the White House Situation Room. All materials will be forthcoming.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

From: McManus, Ayanna (NIH/OD) [E]
Sent: Thu, 28 May 2020 10:24:01 -0500
To: Collins, Francis (NIH/OD) [E];Johnson, Alfred (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Tabak, Lawrence (NIH/OD) [E]
Subject: RE: White House Coronavirus Task Force Meeting - 5.28.20 - 1300
Attachments: WH Coronavirus TF Agenda 5.28 v2.docx

The agenda just in.

For tracking purposes, OVP is asking. For today and future meetings, do you want to be apart of the vaccine updates?

From: McManus, Ayanna (NIH/OD) [E]
Sent: Thursday, May 28, 2020 10:47 AM
To: Collins, Francis (NIH/OD) [E] < (b) (6) Johnson, Alfred (NIH/OD) [E] < (b) (6) Wood, Gretchen (NIH/OD) [E] < (b) (6) Tabak, Lawrence (NIH/OD) [E] < (b) (6)
Subject: RE: White House Coronavirus Task Force Meeting - 5.28.20 - 1300

As of this writing, you are not on the agenda. Still awaiting final word. Stay tuned.

From: Collins, Francis (NIH/OD) [E] < (b) (6)
Sent: Thursday, May 28, 2020 10:16 AM
To: McManus, Ayanna (NIH/OD) [E] < (b) (6) Johnson, Alfred (NIH/OD) [E] < (b) (6) Wood, Gretchen (NIH/OD) [E] < (b) (6) Tabak, Lawrence (NIH/OD) [E] < (b) (6)
Subject: RE: White House Coronavirus Task Force Meeting - 5.28.20 - 1300

Rats!

From: McManus, Ayanna (NIH/OD) [E] < (b) (6)
Sent: Thursday, May 28, 2020 10:02 AM
To: Collins, Francis (NIH/OD) [E] < (b) (6) Johnson, Alfred (NIH/OD) [E] < (b) (6) Wood, Gretchen (NIH/OD) [E] < (b) (6) Tabak, Lawrence (NIH/OD) [E] < (b) (6)
Subject: RE: White House Coronavirus Task Force Meeting - 5.28.20 - 1300

Just received word that today's meeting is secure, thus, will require the SCIF.

From: Collins, Francis (NIH/OD) [E] < (b) (6)
Sent: Thursday, May 28, 2020 8:14 AM
To: Johnson, Alfred (NIH/OD) [E] < (b) (6) Wood, Gretchen (NIH/OD) [E] < (b) (6) McManus, Ayanna (NIH/OD) [E] < (b) (6) Tabak, Lawrence (NIH/OD) [E] < (b) (6)
Subject: RE: White House Coronavirus Task Force Meeting - 5.28.20 - 1300

AMERICAN OVERSIGHT

That would be wonderful, then I can just call from home.

From: Johnson, Alfred (NIH/OD) [E] < (b) (6)
Sent: Thursday, May 28, 2020 8:08 AM
To: Collins, Francis (NIH/OD) [E] < (b) (6) Wood, Gretchen (NIH/OD) [E] < (b) (6) McManus, Ayanna (NIH/OD) [E] < (b) (6) Tabak, Lawrence (NIH/OD) [E] < (b) (6)
Subject: RE: White House Coronavirus Task Force Meeting - 5.28.20 - 1300

UPDATE from the SCIF:

The Situation Room said that they did not have the meeting as classified today and they thought the connection would be through AT&T bridge. They were going to confirm the classification level with the meeting organizer and asked us to call them back around 10:00 am.

If Dr. Collins' staff can reach out to the Office of the Vice President, they may be able to get an answer quicker and connection instructions if it is an unclassified call-in.

Alfred C. Johnson, Ph.D.
Deputy Director for Management
National Institutes of Health

From: Johnson, Alfred (NIH/OD) [E]
Sent: Thursday, May 28, 2020 8:06 AM
To: Collins, Francis (NIH/OD) [E] < (b) (6) Wood, Gretchen (NIH/OD) [E] < (b) (6) McManus, Ayanna (NIH/OD) [E] < (b) (6) Tabak, Lawrence (NIH/OD) [E] < (b) (6)
Subject: RE: White House Coronavirus Task Force Meeting - 5.28.20 - 1300

SCIF is available. They will contact the WH so that the SCIF is added to the meeting.

I will get an update on the status of the secure phone today.

Alfred C. Johnson, Ph.D.
Deputy Director for Management
National Institutes of Health

From: Collins, Francis (NIH/OD) [E] < (b) (6)
Sent: Wednesday, May 27, 2020 9:15 PM
To: Wood, Gretchen (NIH/OD) [E] < (b) (6) McManus, Ayanna (NIH/OD) [E] < (b) (6) Johnson, Alfred (NIH/OD) [E] < (b) (6) Tabak, Lawrence (NIH/OD) [E] < (b) (6)
Subject: FW: White House Coronavirus Task Force Meeting - 5.28.20 - 1300
Importance: High

AMERICAN OVERSIGHT

No agenda provided yet. So I will plan to do this remotely – unless there are compelling reasons to go the WH once the topics are revealed.

Can I get access to the SCIF?

And Alfred, how are you coming on getting me a secure phone so I can do this from home?

Francis

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Wednesday, May 27, 2020 8:14 PM
Subject: White House Coronavirus Task Force Meeting - 5.28.20 - 1300
Importance: High

All –

There will be a **White House Coronavirus Task Force Meeting** on **Thursday, May 28th** at **1:00pm** in the White House Situation Room. All materials will be forthcoming.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Thursday, May 28, 2020
1:00pm EST

I. **Opening Remarks –** Vice President Pence

- Task Force Report

II. **Data Modeling & Reporting Update –** Dr. Debbie Birx, M.D.

III. **Testing Update –** ADM Brett Giroir (HHS)

IV. **NRCC & Supplies Update –** Administrator Pete Gaynor (FEMA) & Admiral John Polowczyk (FEMA)

V. **Vaccines –** Secretary Alex Azar (HHS)

VI. **Nursing Home Data on Cases & Deaths –** Seema Verma, Administrator (CMS)

VII. **Rolling Out of Test Guidance –** Dr. Bob Redfield, Director (CDC)

VIII. **Flu Campaign –** Dr. Bob Redfield, Director (CDC)

IX. **Pricing of Therapeutic & Vaccines –** Seema Verma, Administrator (CMS)

X. **DPA for Bio Medical Devices International Contract –** Greg Jacob, Counsel to the Vice President

XI. **Concluding Remarks –** Vice President Pence

AMERICAN OVERSIGHT

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Thu, 28 May 2020 11:40:59 -0500
To:
Subject: White House Coronavirus Task Force Meeting Materials
Attachments: WH Coronavirus TF Agenda 5.28 v2.docx, DPA_MAXAIR_Req19.docx, NHSN Data 05282020 (002).pdf, Copy of Nursing Home COVID-19 Surveillance Report_05.24.2020.pdf, WH JFK Seating Chart 5.28.20.pptx
Importance: High

All,

Attached are the final materials for this afternoon's **White House Coronavirus Task Force Meeting** at 1:00pm.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Thursday, May 28, 2020
1:00pm EST

I. **Opening Remarks –** Vice President Pence

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X. **Concluding Remarks –** Vice President Pence

AMERICAN OVERSIGHT

REQUEST TO USE DEFENSE PRODUCTION ACT # 19A

SITUATION (Updated for Circulation):

- This request is a re-submission of a request made to the UCG on May 1st. Upon review, the UCG requested (1) additional information on the items that were in short supply, and (2) information about impact on other companies that would result from providing a priority rating on this HHS contract. Included in the third attachment to this submission are the responses to these questions.
- HHS awarded a contract to Bio Medical Devices Intl for 12,000 Powered Air Purifying Respirators (PAPRs) for COVID-19 response.
- MAXAIR is a subsidiary of Bio Medical Devices Intl and is executing the contract
    - The CAPRs produced by MAXAIR are advanced respiratory protection systems that meet all OSHA loose fitting (no Fit Testing required) PAPR requirements. These are NIOSH approved designs used in both healthcare and industrial contexts.
    - MAXAIR has identified 13 key components that they are unable to procure without a rated order due to excessive demand on these critical materials. Without a rated order, the Company will not be able to meet the delivery schedule outline in HHS Contract 75A50120C00052.
    - This request is limited to the previously-placed Bio Medical Devices Intl Contract 75A50120C00052 for 12,000 CAPR systems (no hose PAPR).
- ***Trade Off:*** Rating this order would result in the expected inability of supplier Holland & Vose, a recipient of previous DPA orders approved by WHTF, to produce meltblown fabric **for 6,000,000 N95 respirators over 12 months** (1/2 Million per month). H&V has existing orders for the next 18 months that consume their entire production.
    - On the other hand, not rating this order would result in the government being unable to obtain the MAXAIR PAPRs in time for the COVIS response; less than 25% would be able to be produced.
    - Because CAPRs (1) are reusable and (2) fulfill a unique role in clinical settings, UCG has determined the expected tradeoffs with N95 production makes sense. The volume of material in one CAPR filter is similar to that in one N95, but the CAPR can be worn by the same user for weeks or months. An indicator light warns the user to replace the filtration cartridge when it is approaching its limit of safety.
    - Conflict between rated federal orders can be managed on an ongoing basis through the established regulatory Special Priorities Assistance process.
- HHS believes that this priority rating is essential to contract fulfillment.

AUTHORITY REQUESTED:

Authorization to HHS/ASPR to priority rate the HHS/SNS contract with Bio Medical Devices Intl for 12,000 CAPR systems (contract # 75A50120C00047).

UCG RECOMMENDATION: __xx___ APPROVED on May 9, 2020

AMERICAN OVERSIGHT

Limitations on Data Reporting

- As with any new reporting program, some facilities will struggle with their first submissions, and therefore, some of the data from their early submissions may be incorrect.
- As facilities begin reporting in the early weeks, the increase in certain metrics (e.g., number of cases) is a reflection of an increase in reporting, rather than an increase in the actual number of cases.
- Facilities may opt to report cumulative data retrospectively back to January 1, 2020. Therefore, some facilities may be reporting higher numbers of cases/deaths compared to other facilities, due to their retrospective reporting. Also, these cumulative reports are included in facilities' first weekly submission to the system. Therefore, the numbers in a facility's first weekly report may be artificially higher because it reflects information that occurred over a longer period of time (e.g., from Jan 1, 2020), rather than in the last seven days.
- The availability of testing may impact the number of confirmed COVID-19 cases facilities report. Facilities that did not have the ability to test all residents a few weeks ago would not be able to report all residents with confirmed cases. Similarly, access to testing can vary by state, region, or facility.
- Data may be inconsistent with state data, particularly state death data.

AMERICAN OVERSIGHT

Long-term Care Facility Enrollment and Participation

Enrollment Status

	Skilled Nursing Facility	Assisted Living	Developmentally Disabled Facility
Previously Enrolled before 4/25	2,973	1	4
Newly enrolled since 4/25	12,167	470	74
Pending enrollments in process	480	52	17
Total	**15,620**	**523**	**95**

Reporting Status

Number of Reporting Facilities by Facility Type	
	April 25 – May 26, 2020
LTC Assisted Living	324
LTC Developmentally Disabled	66
LTC Skilled Nursing Homes	13,308 (out of 15,425 or 86%)
Total	**13,698 (88%)**

Proportion Of Skilled Nursing Reporting Of All Facilities with CMS Certified Beds, By State



AMERICAN OVERSIGHT

NHSN NATIONAL HEALTHCARE SAFETY NETWORK

NIH FOIA 000129

HHS-NIH-20-0496-A-000129

Resident and Staff Totals (as of May 24, 2020)

Resident Cases and Deaths*

- Total Confirmed COVID-19 Cases: **74,172**
- Total Suspected COVID-19 Cases: **44,993**
- Total COVID-19 Deaths: **34,166**

Staff Cases and Deaths*

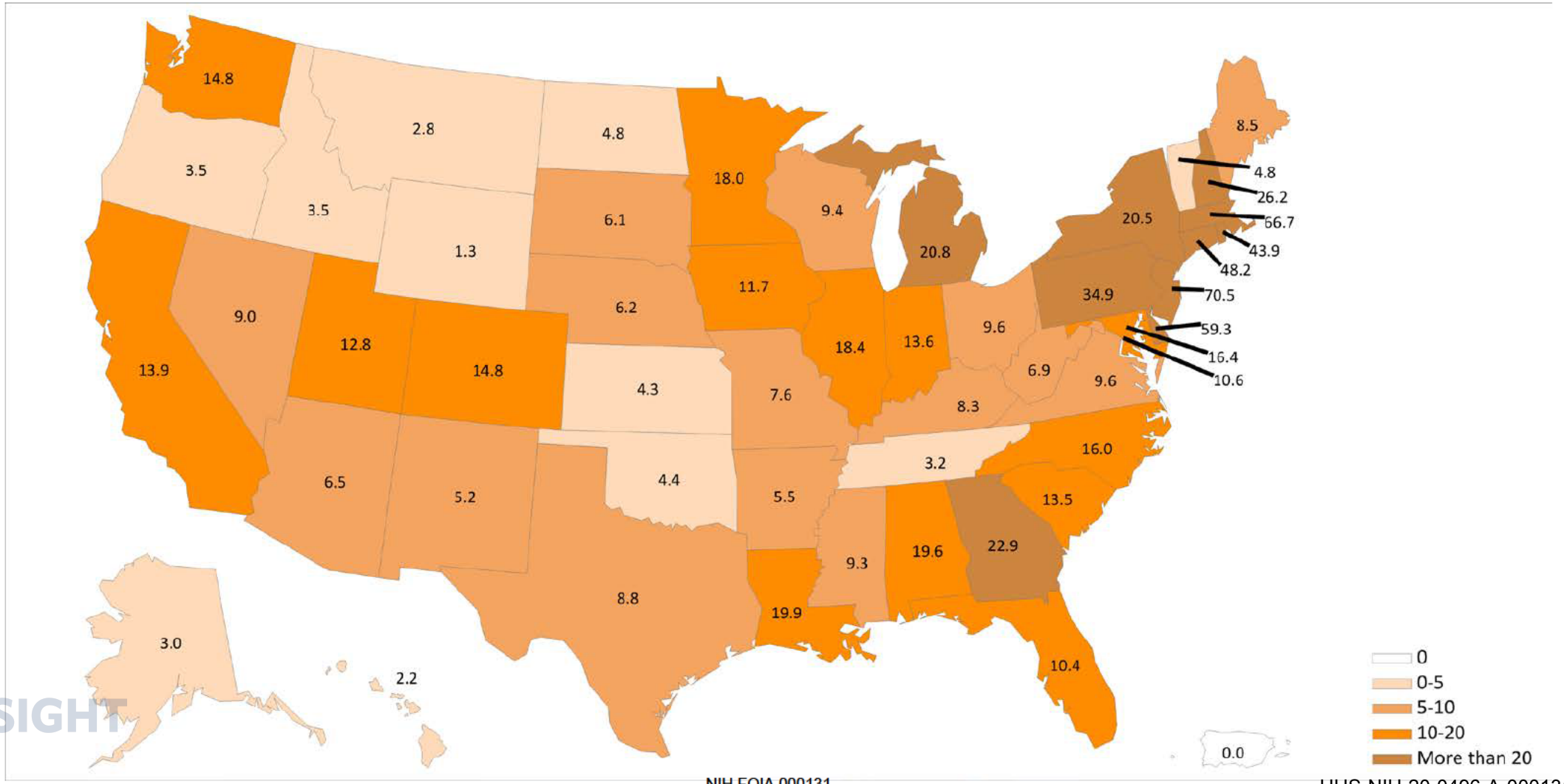
- Total Confirmed COVID-19 Cases: **42,296**
- Total COVID-19 Deaths: **516**

*Based on preliminary report. Figures may change after data validation.

AMERICAN OVERSIGHT

NHSN NATIONAL HEALTHCARE SAFETY NETWORK

Reported Cumulative Confirmed and Suspected Cases per 1,000 Occupied Residents Beds Among NHSN LTC Facilities to Date



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NHSN NATIONAL HEALTHCARE SAFETY NETWORK

NIH FOIA 000131

HHS-NIH-20-0496-A-000131

Data Fields Incorporated in Nursing Home Reporting

- Suspected and confirmed COVID-19 infections among residents and staff
- Total deaths and COVID-19 deaths among residents and staff
- Access to COVID-19 testing
- Staffing shortages
- Access to Personal Protective equipment
- Ventilator capacity and supplies in the facility
- Resident beds and census

AMERICAN OVERSIGHT

COVID-19 Nursing Home National Weekly Reporting Executive Summary

	Which is better?	05/03/20	05/10/20	05/17/20	05/24/20
Reporting					
Total # of LTC facilities	N/A	15,422	15,424	15,425	15,417
# of facilities reporting this week	higher	3,298	5,578	11,042	11,563
% of facilities reporting	higher	21.4%	36.2%	71.6%	75.0%
Resident Cases and Deaths					
Total # of cases (cumulative)	N/A	15,399	30,587	58,489	74,172
Average # of cases per facility (cumulative)	N/A	4.7	5.5	5.5	6
Total # of new cases reported this week	lower	15,399	15,241	24,898	18,634
Average # of new cases per facility this week	lower	4.7	2.7	2.3	2
Change in # of new cases than previous week	lower	.	-158	9,657	-6,264
Change in # of new cases than previous 2-week average	lower	.	.	9,578	-1,436
# of consecutive weeks with fewer cases than previous week	higher	0	1	0	1
Total # of COVID-19 related deaths (cumulative)	N/A	6,554	14,041	25,664	34,166
Total # of COVID-19 related deaths	lower	6,554	7,492	10,521	9,599
Change in # of COVID-19 related deaths than previous week	lower	.	938	3,029	-922
Staff Cases and Deaths					
Total # of staff cases (cumulative)	N/A	8,925	16,511	32,664	42,296
Average # of staff cases per facility (cumulative)	N/A	3	3	3	4
Total # of new staff cases	lower	8,925	7,615	14,326	11,440
Average # of new staff cases per facility	lower	3	1	1	1
Total # of staff deaths (cumulative)	N/A	92	164	353	516
Average # of staff deaths per facility (cumulative)	N/A	0	0	0	0
Total # of new staff deaths this week	lower	92	72	178	174
Average # of new staff deaths per facility this week	lower	0	0	0	0
Facility Level Cases and Deaths					
# of facilities with zero cases (cumulative)	higher	2,526	4,609	8,517	9,125
# of facilities with zero cases	higher	2,526	4,584	9,096	9,793
# of facilities with ≥ 1 case (cumulative)	lower	772	1,388	2,727	3,250
# of facilities with ≥ 1 case	lower	772	994	1,946	1,770
# of facilities with fewer new cases than previous week	higher	.	339	572	1,054
# of facilities with fewer cases than each of previous 2-weeks	higher	.	.	313	659
# of facilities with ≥ 1 COVID-19 related death (cumulative)	N/A	556	1,070	2,167	2,552
# of facilities with ≥ 1 COVID-19 related death	lower	556	818	1,628	1,383
# of facilities with ≥ 1 staff case (cumulative)	N/A	875	1,685	3,392	4,105
# of facilities with ≥ 1 staff case	lower	875	1,157	2,261	2,052
# of facilities reporting any staff shortage	lower	769	1,294	2,562	2,628
# of facilities reporting nursing (RN, LPN, CNA) staff	lower	554	915	1,754	1,808
# of facilities reporting practitioner (MD, NP, PA) staff shortage	lower	105	144	233	263
# of facilities reporting no access to testing	lower	199	309	577	516
# of facilities reporting inadequate supplies for current week	lower	189	303	629	730
States					
# of states with fewer new cases than previous week	higher	.	28	10	37
# of states with fewer cases than each of previous 2-weeks	higher	.	.	12	28
# of states with ≥ 1 facility with a case	lower	47	47	47	46

NIH FOIA 000133
HHS/NIH-20-0476-A-000137

COVID-19 Nursing Home National Weekly Reporting Executive Summary

	Which is better?	05/03/20	05/10/20	05/17/20	05/24/20
# of states with ≥ 1 facility with a COVID-19 related death	lower	43	45	47	47
# of states with at least 1 facility in state with more nurse shortages than previous week	lower	44	50	50	50
# of states with at least 1 facility in state with more practitioner shortage than previous week	lower	26	39	39	41
# of states with > 5% of facilities reporting no access to testing	lower	24	22	17	15
# of states with > 5% of facilities reporting inadequate supplies for current week	lower	23	20	20	21

Notes: Values reported for previous seven days from date indicated, unless otherwise noted as cumulative since January 1, 2020. Due to the small number of facilities reporting nationally and per State, some percentage differences from week to week may be quite large. Unless specified, all cases are confirmed COVID-19 cases.

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

WHSR JFK Conference Room (West Wing)
DATE: 28 MAY 2020
TIME: 1300 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

Dr. Bob Redfield

Jared Kushner

Sec. Sonny Perdue

Sec. Ben Carson

John Fleming

Seema Verma

Stephen Miller

EAST

Dr. Stephen Hahn

Sec. Alex Azar

Dr. Anthony Fauci

Greg Jacob

WEST - WINDOWS

Katie Miller

Pete Gaynor

Sec. Gene Scalia

Debbie Birx, M.D.

Marc Short

Dr. Jerome Adams

DOOR

Thomas Engels

Vice President

Pat Philbin

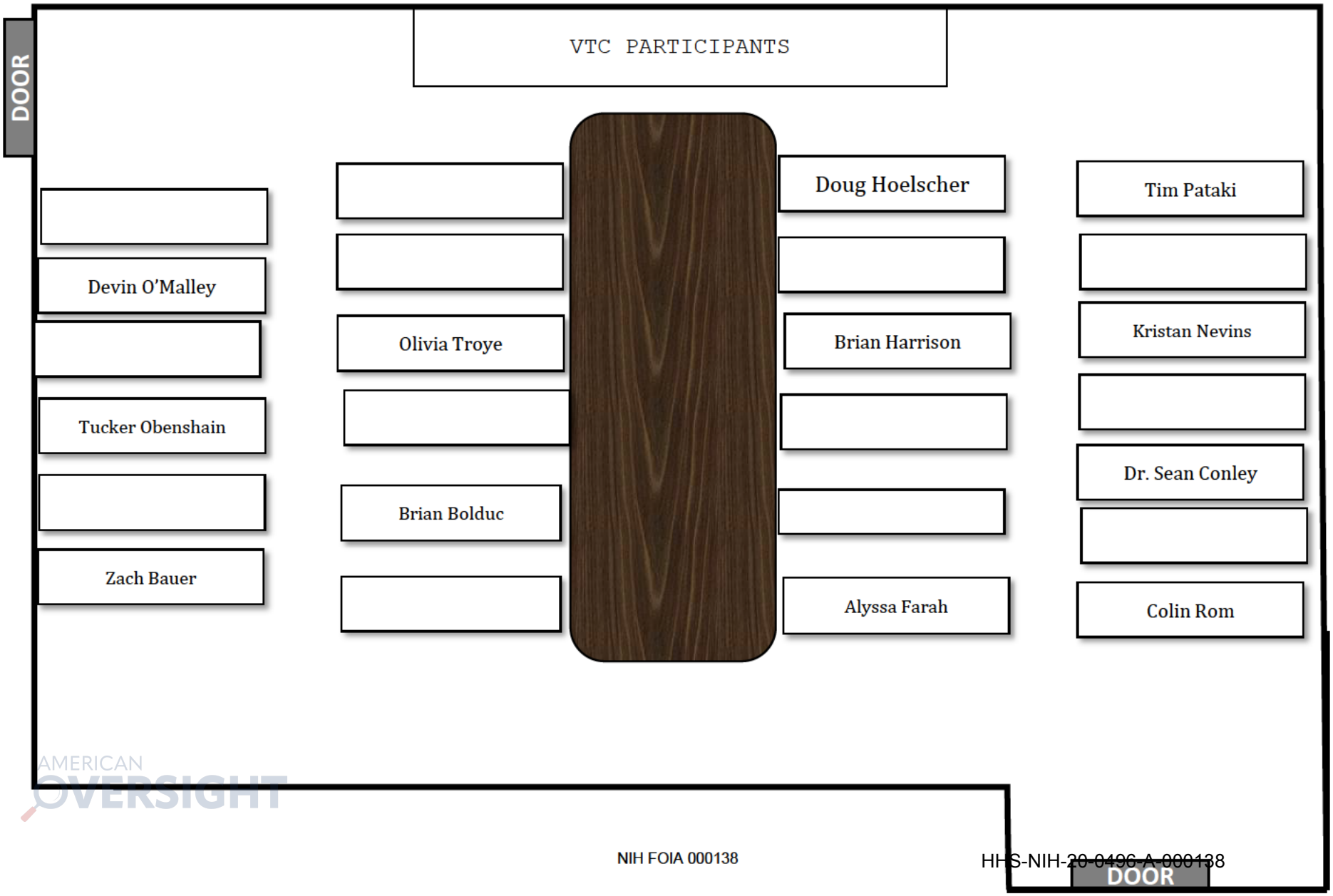
AMERICAN OVERSIGHT

NORTH

NIH FOIA 000137

HHS-NIH-20-0496-A-000137

WHSR EXEC OVER FLOW
DATE: 28 MAY 2020
TIME: 1300 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000138

From: McGuffee, Tyler Ann A. EOP/OVP <(b) (6)
Sent: Thu, 28 May 2020 11:44:37 -0500
To: McGuffee, Tyler Ann A. EOP/OVP
Subject: Dr. Birx Data -- 28 May2020
Attachments: 28May2020Data.pptx

All –

Attached you will find Dr. Birx's PowerPoint for today, **Thursday, May 28th**. Please kindly note that this PowerPoint is only being shared with principals.

Sincerely,
TAM

Tyler Ann McGuffee
Assistant to Ambassador Deborah Birx, M.D.
Office of the White House Coronavirus Response Coordinator
Associate Advisor | Office of the Vice President
Office: (b) (6) | Mobile: (b) (6) [no text]
Email: (b) (6)

AMERICAN OVERSIGHT

28May2020

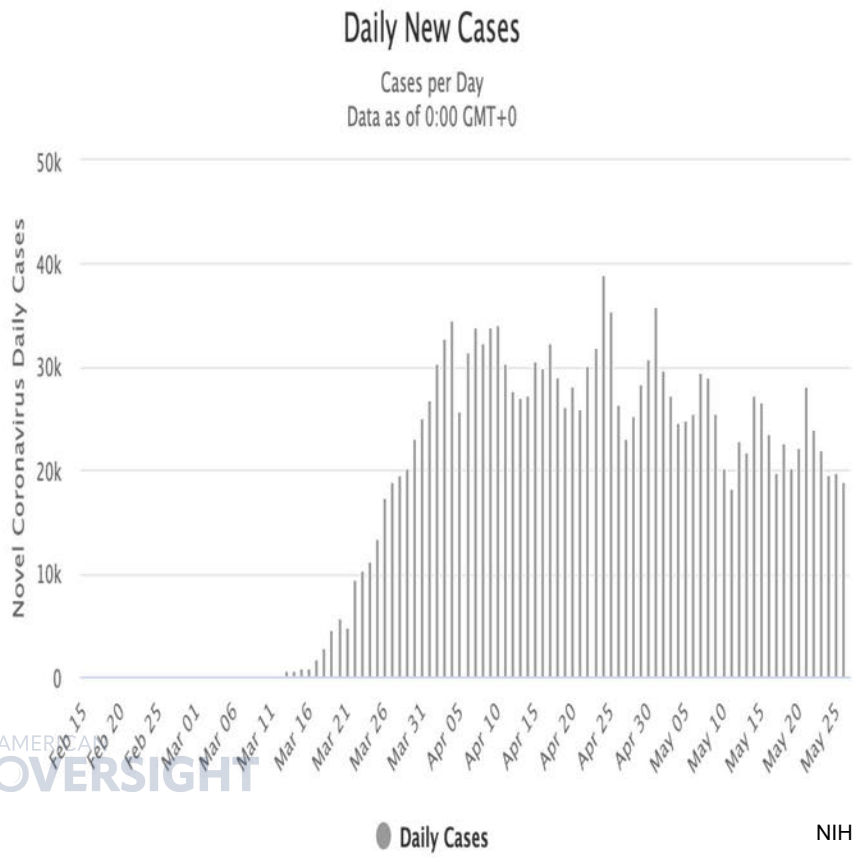
- **State Alert : increasing community spread in ALA, ARK, NC, UT, WVA,NE,VA**
- **Metros :**
  - **Decreasing**: Hartford, Seattle
  - **Increasing**: Atlanta, LA, Montgomery, Richmond, El Paso, Fargo, Charlotte
  - **Stable**: Baltimore, Baton Rouge, Boston, Chicago, Cincinnati, Dallas, DC, Denver, Des Moines, Detroit, Houston, Las Vegas, Lexington, Miami, Milwaukee, Minneapolis, Nashville, New Orleans, NYC, Omaha, Philadelphia, Portland, Providence, Winston-Salem
- **Testing summary** : holds steady with 42 States under 10% and most metros except DC metro, Baltimore, Chicago, Indianapolis, Des Moines, Richmond, Minneapolis, Omaha
- **Mortality** : single day spike most likely from Sun and Mon low case reporting
- **Case**s just at or under **20,000 for the 4rd day : Brazil has passed USA in daily cases**

AMERICAN OVERSIGHT

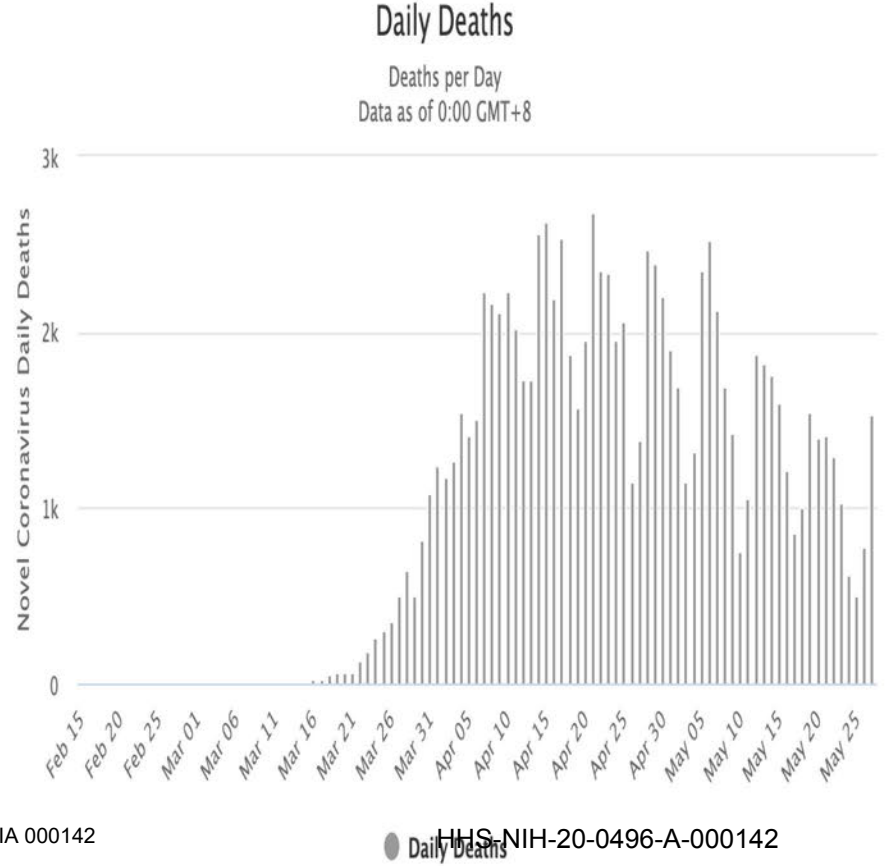
#	Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop	Population
	World	5,784,603	+106,475	356,937	+5,283	2,494,856	2,932,810	52,973	742	45.8			
1	USA	1,745,803	+20,546	102,107	+1,535	490,130	1,153,566	17,166	5,277	309	15,875,473	47,988	330,822,304
2	Brazil	414,661	+22,301	25,697	+1,148	166,647	222,317	8,318	1,952	121	871,839	4,104	212,418,030
3	Russia	370,680	+8,338	3,968	+161	142,208	224,504	2,300	2,540	27	9,415,992	64,525	145,928,826
4	Spain	283,849	+510	27,118	+1	196,958	59,773	854	6,071	580	3,556,567	76,071	46,753,147
5	UK	267,240	+2,013	37,460	+412	N/A	N/A	1,559	3,939	552	3,798,490	55,981	67,852,992
6	Italy	231,139	+584	33,072	+117	147,101	50,966	505	3,822	547	3,607,251	59,654	60,469,746
7	France	182,913	+191	28,596	+66	66,584	87,733	1,501	2,803	438	1,384,633	21,217	65,260,368
8	Germany	181,895	+607	8,533	+35	162,800	10,562	763	2,172	102	3,952,971	47,194	83,759,426
9	Turkey	159,797	+1,035	4,431	+34	122,793	32,573	723	1,897	53	1,894,650	22,488	84,252,379
10	India	158,086	+7,293	4,534	+190	67,749	85,803	8,944	115	3	3,242,160	2,352	1,378,715,135
11	Iran	141,591	+2,080	7,564	+56	111,176	22,851	2,551	1,688	90	856,546	10,210	83,889,077
12	Peru	135,905	+6,154	3,983	+195	56,169	75,753	926	4,127	121	905,278	27,493	32,927,196
13	Canada	87,519	+872	6,765	+126	46,164	34,590	502	2,321	179	1,530,931	40,597	37,710,897

AMERICAN OVERSIGHT

Daily New Cases in the United States

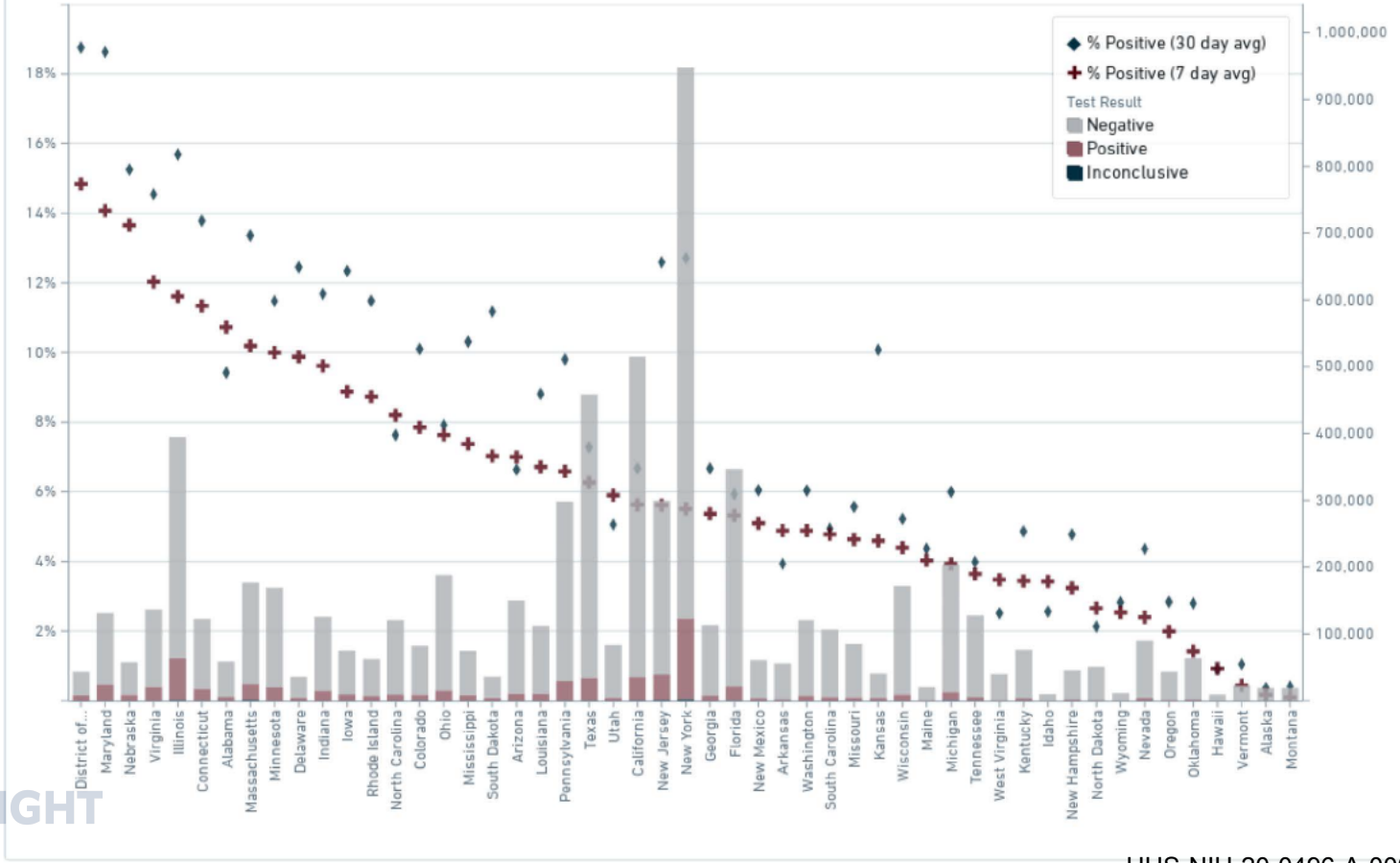


Daily New Deaths in the United States



AMERICAN OVERSIGHT

Positive and negative cumulative results in the last 30 days per state with % positive per state



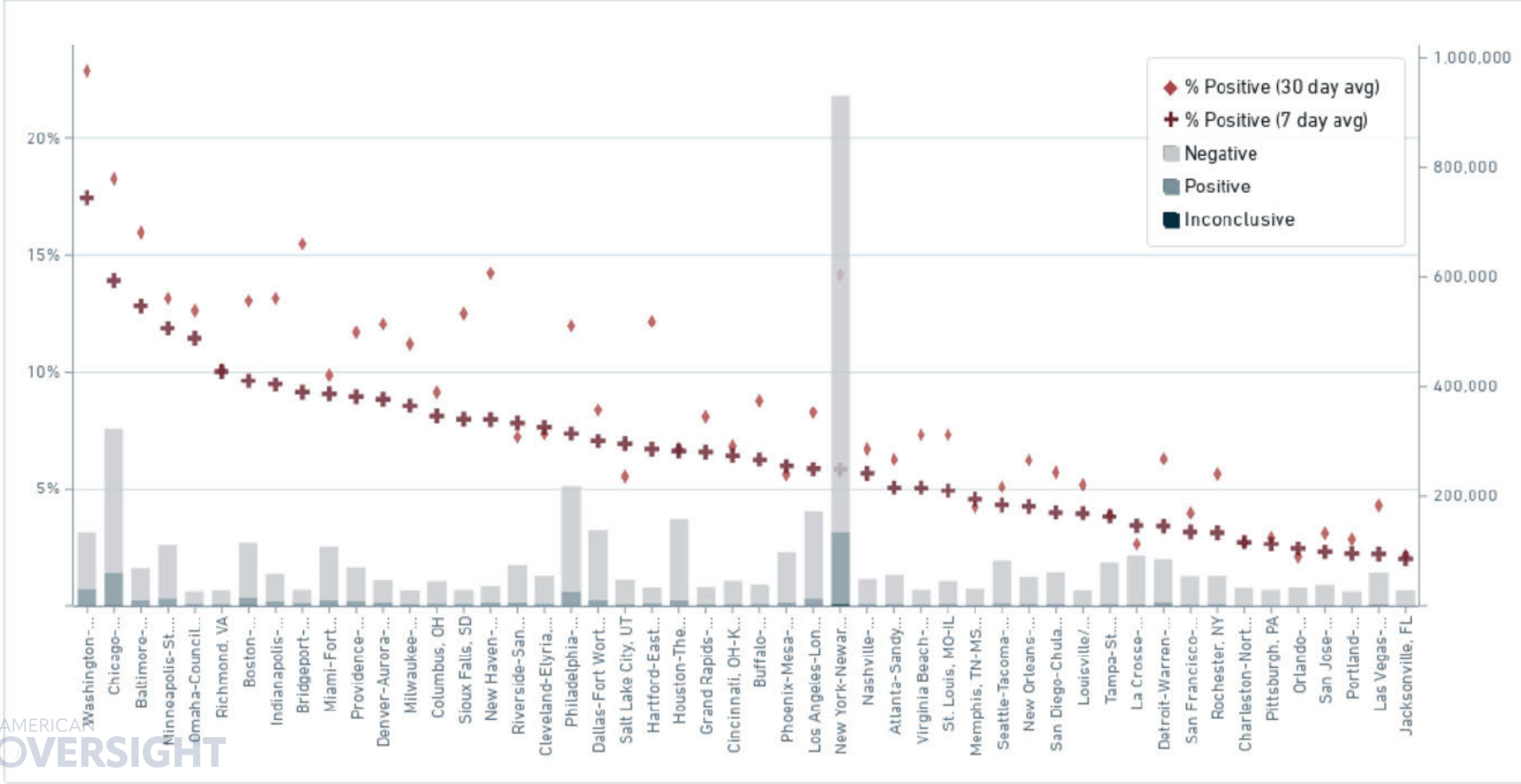
Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. This chart is sorted by the 7-day percent positive.

AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000143

NIH FOIA 000143

Positive and negative cumulative results in the last 30 days per CBSA with % positive per CBSA

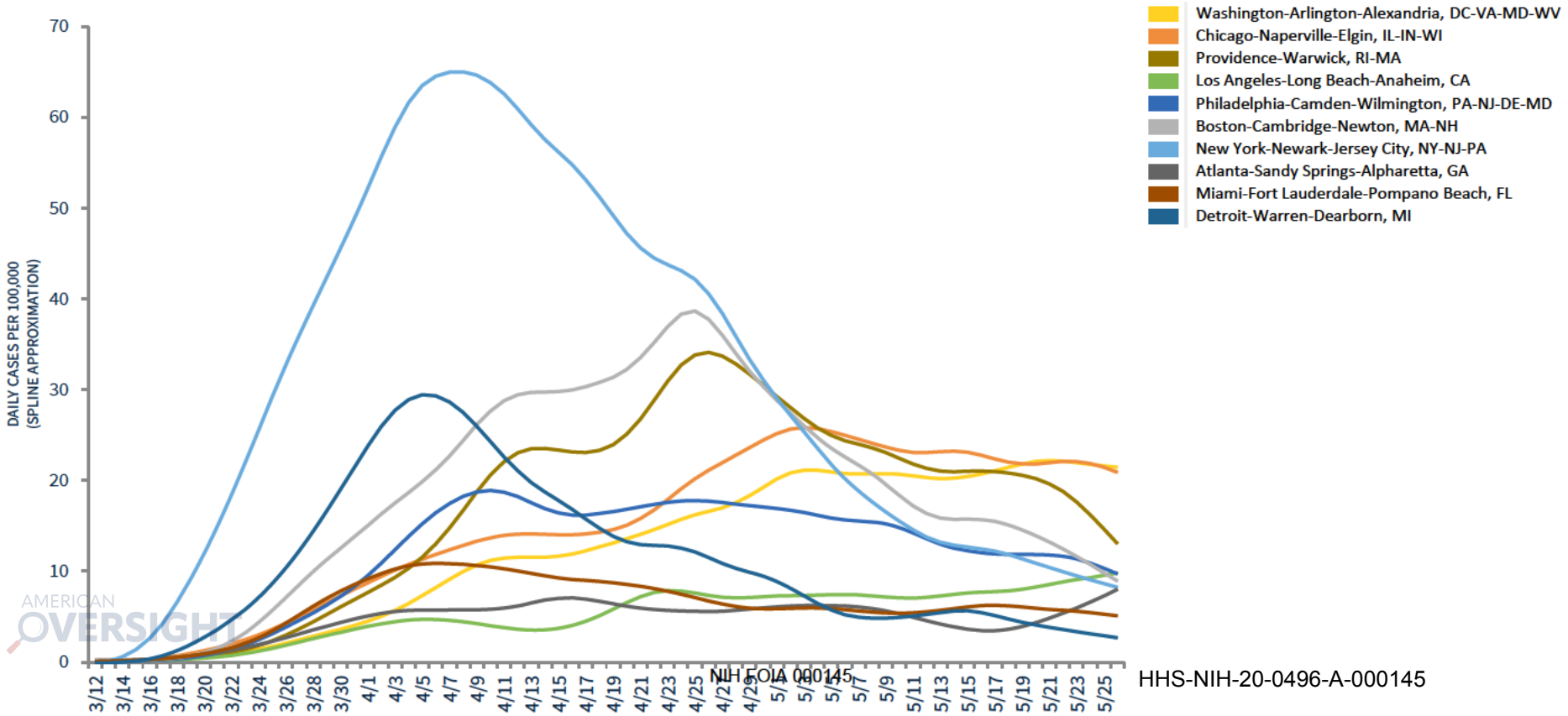


AMERICAN OVERSIGHT

NIH FOIA 000144 HHS-NIH-20-0496-A-000144

Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. This chart is sorted by the 7-day percent positive. The top 50 CBSAs were determined by ranking over the number of results reported for a given area in the last 30 days.

DAILY CASE TRENDS PER 100,000: SMOOTHED SPLINE GRAPH

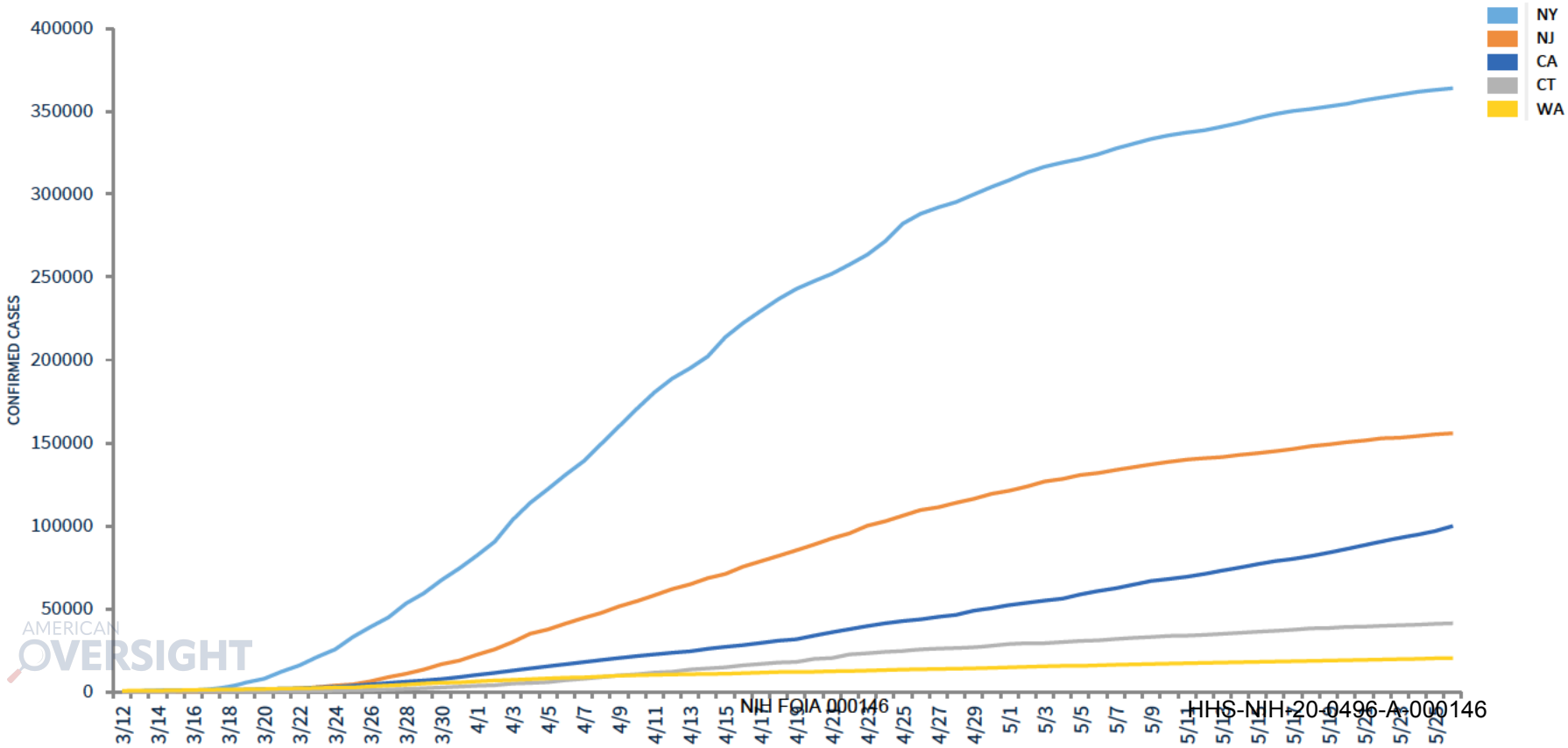


AMERICAN OVERSIGHT

NIH FOIA 000145

HHS-NIH-20-0496-A-000145

CUMULATIVE CASES: NY, NJ, CT, WA, CA

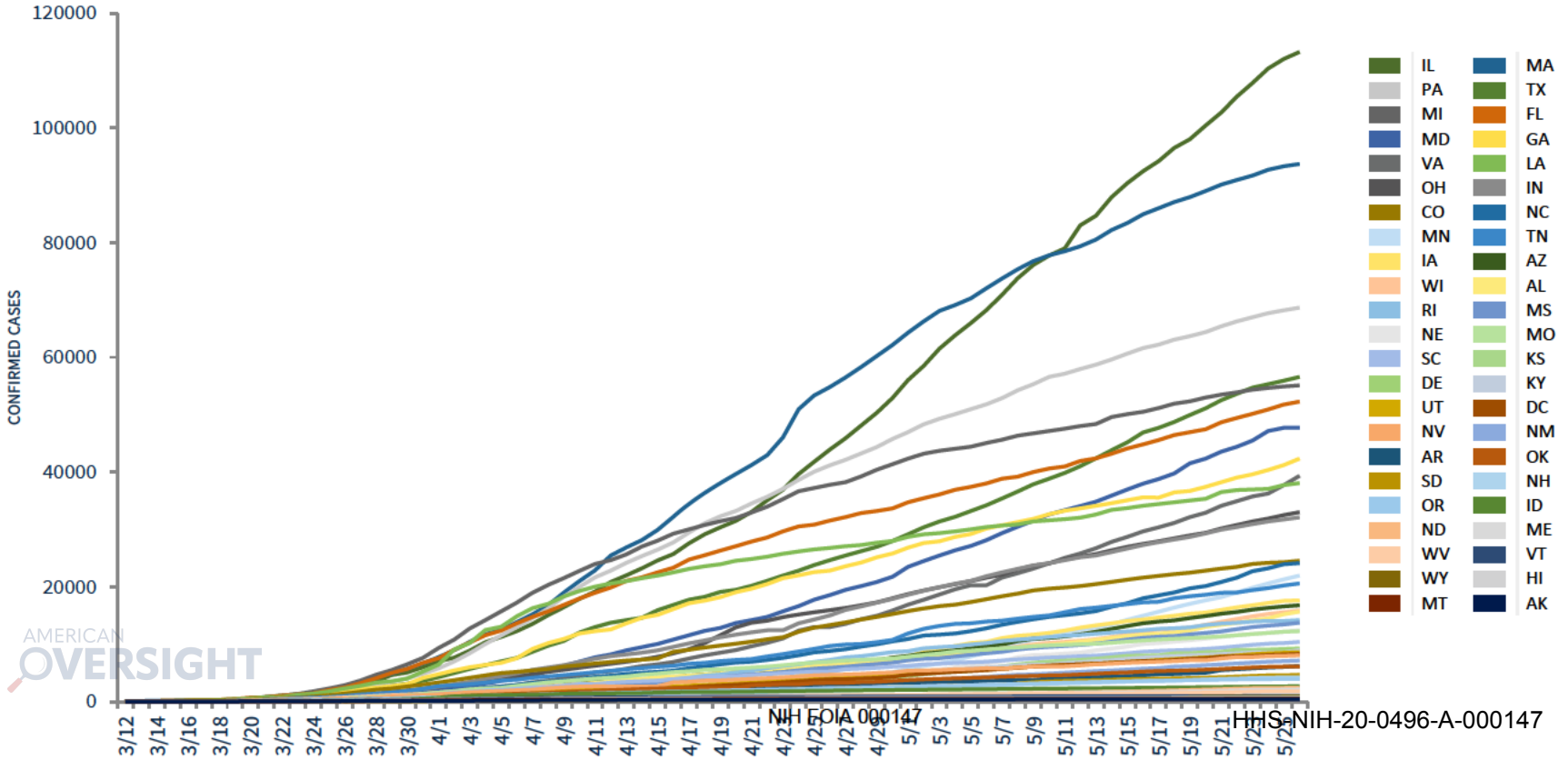


AMERICAN OVERSIGHT

NIH FOIA 000146

HHS-NIH-20-0496-A-000146

CUMULATIVE CASES: STATES EXCEPT NY, NJ, CT, WA, CA



AMERICAN OVERSIGHT

County identified as hotspots: Driver(s):

Bullock, AL (T, C)	New Castle, DE (L)*^	Dona Ana, NM (C, F)	Culpeper, VA (T)
Montgomery, AL (U, L))	Colquitt, GA (F)	Onondaga, NY (T)	Henrico, VA (L, C)
Tuscaloosa, AL (P, T)*	Muscogee, GA (L)	Durham, NC (L)	Loudoun, VA (U)
Walker, AL (T)	Elkhart, IN (C, T)	Mecklenburg, NC (T)	Prince William, VA (L,
Santa Cruz, AZ (U)	Buena Vista, IA (T, F)	Sampson, NC (F, T)	Spotsylvania, VA (W, I
Yuma, AZ (C, T)	Wright, IA (T)	Columbiana, OH (P)	Stafford, VA (U)
Benton, AR (C)	Baltimore City, MD (L, T)	Tulsa, OK (C)	Manassas City, VA (P,
Washington, AR (L, C)	Mower, MN (C)	Hamilton, TN (T)*	Rock, WI (L, T)
Contra Costa, CA (L, T)	Todd, MN (F)	Putnam, TN (T)*	
Kings, CA (F, P)	Jones, MS (L, T)	Brazos, TX (L)	

RED = new counties

*CDC contacted state to offer assistance

^CDC has currently or recently deployed to assist state

C: Community transmission
F: Food processing or agricultural workplace outbreak
L: Long-term care facility
P: Correctional facility outbreak
T Increased testing
W: Workplace (other than food processing/agricultural workplace) outbreak
U: Unclear

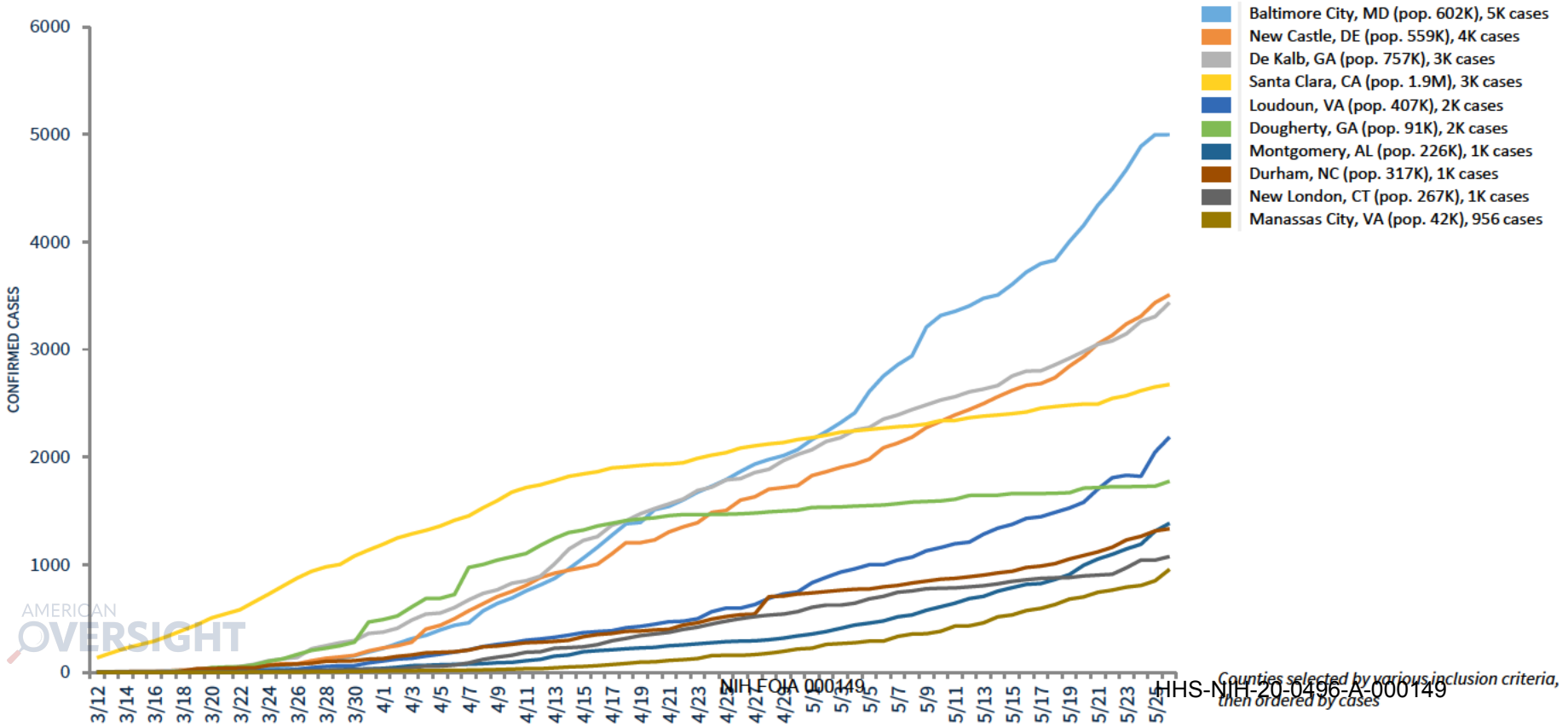
10 (26%) of 38 counties are new: Bullock, AL; Walker, AL; Santa Cruz, AZ; Colquitt, GA; Wright, IA; Mower, MN; Tulsa, OK; Prince William, VA; Rock, WI

Increase in cases driven by:

Driver:	Total	New Counties
Community transmission	7	2
Food processing facility outbreak	6	1
NH or LTC outbreak	14	2
Correctional facility outbreak	5	1
Increased testing (primary driver)	7	2
Other workplace	1	0
Unclear	3	1

AMERICAN OVERSIGHT

TOP EMERGING COUNTIES 1–10, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



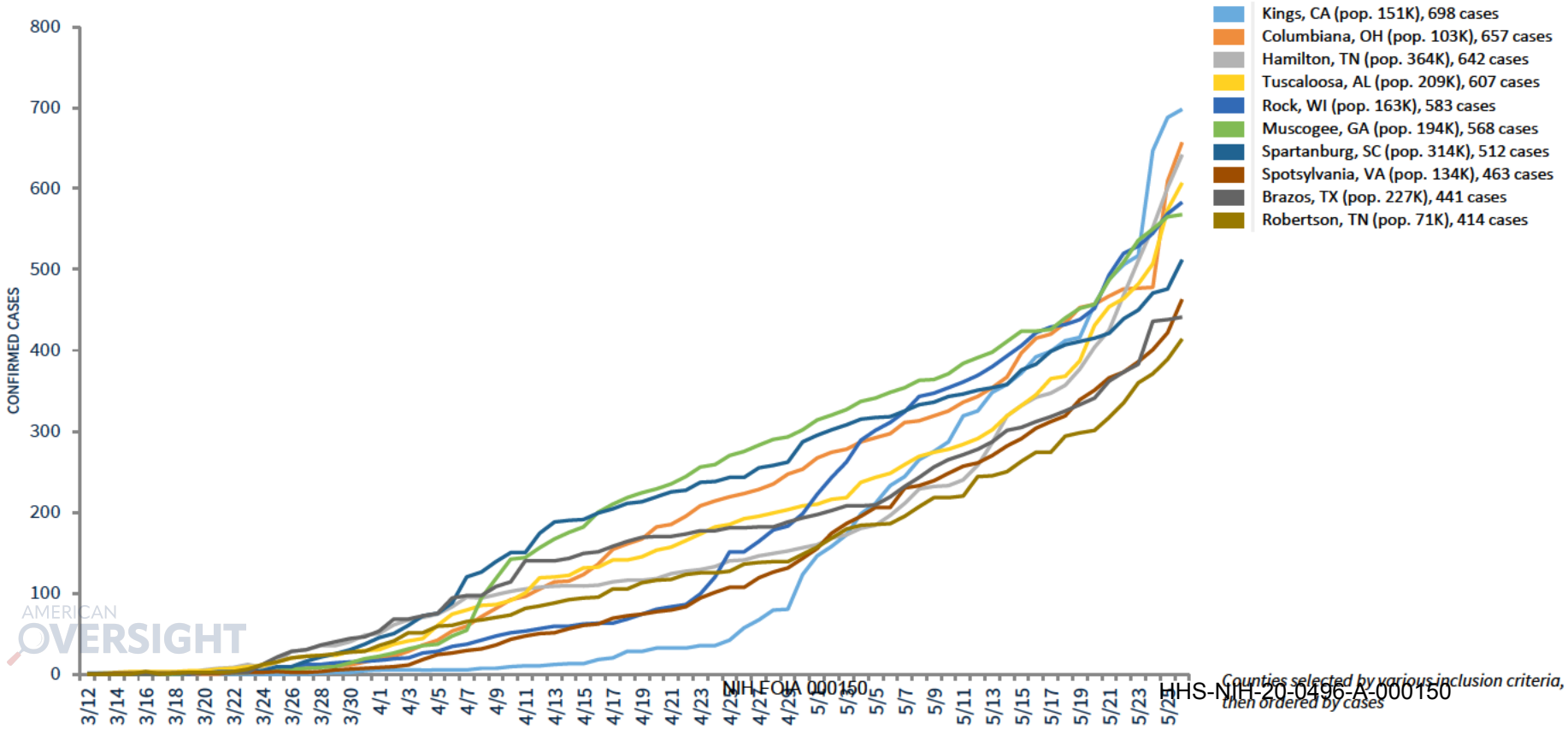
Counties selected by various inclusion criteria, then ordered by cases

AMERICAN OVERSIGHT

NIH FOIA 000149

HHS-NIH-20-0496-A-000149

TOP EMERGING COUNTIES 11-20, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA

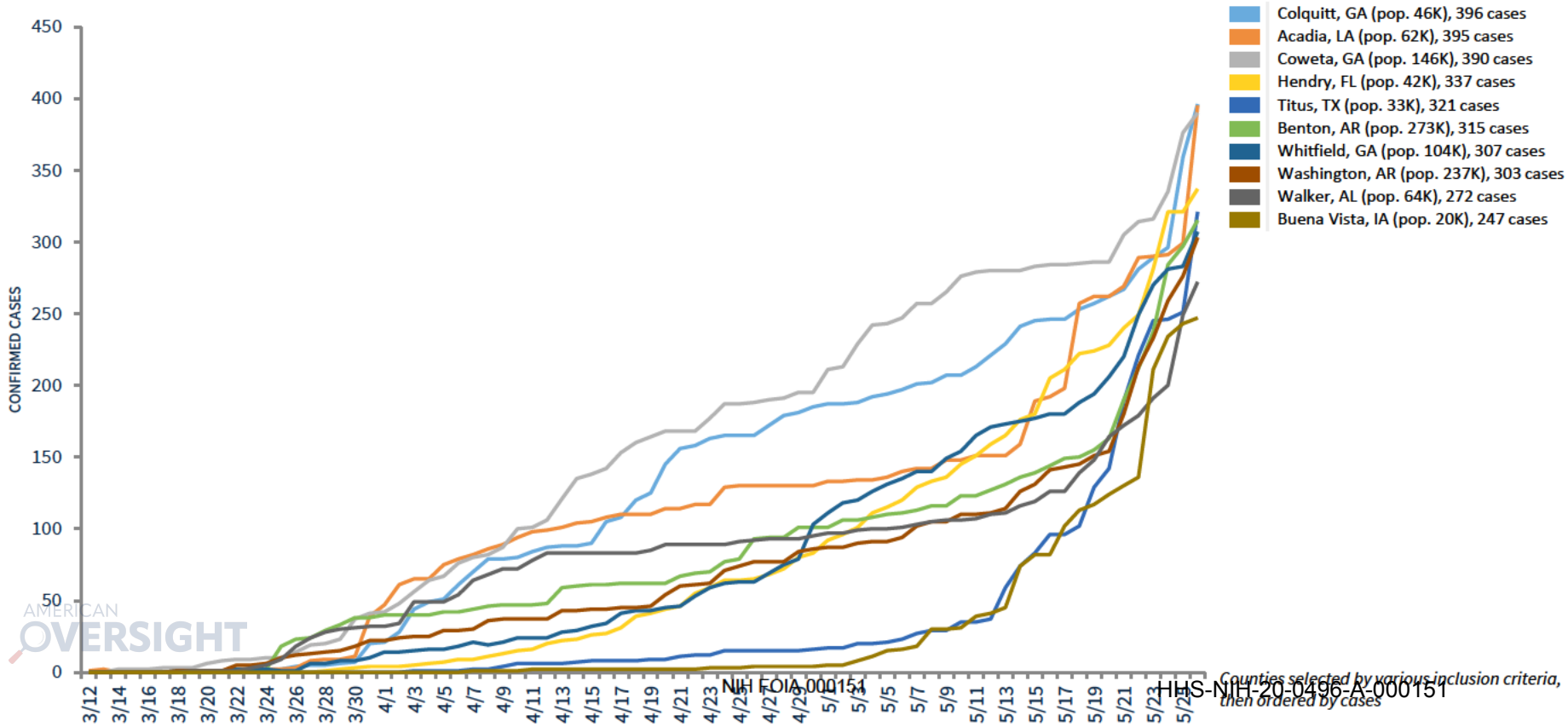


AMERICAN OVERSIGHT

NIH FOIA 000150

HHS-NIH-20-0496-A-000150

TOP EMERGING COUNTIES 21-30, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA

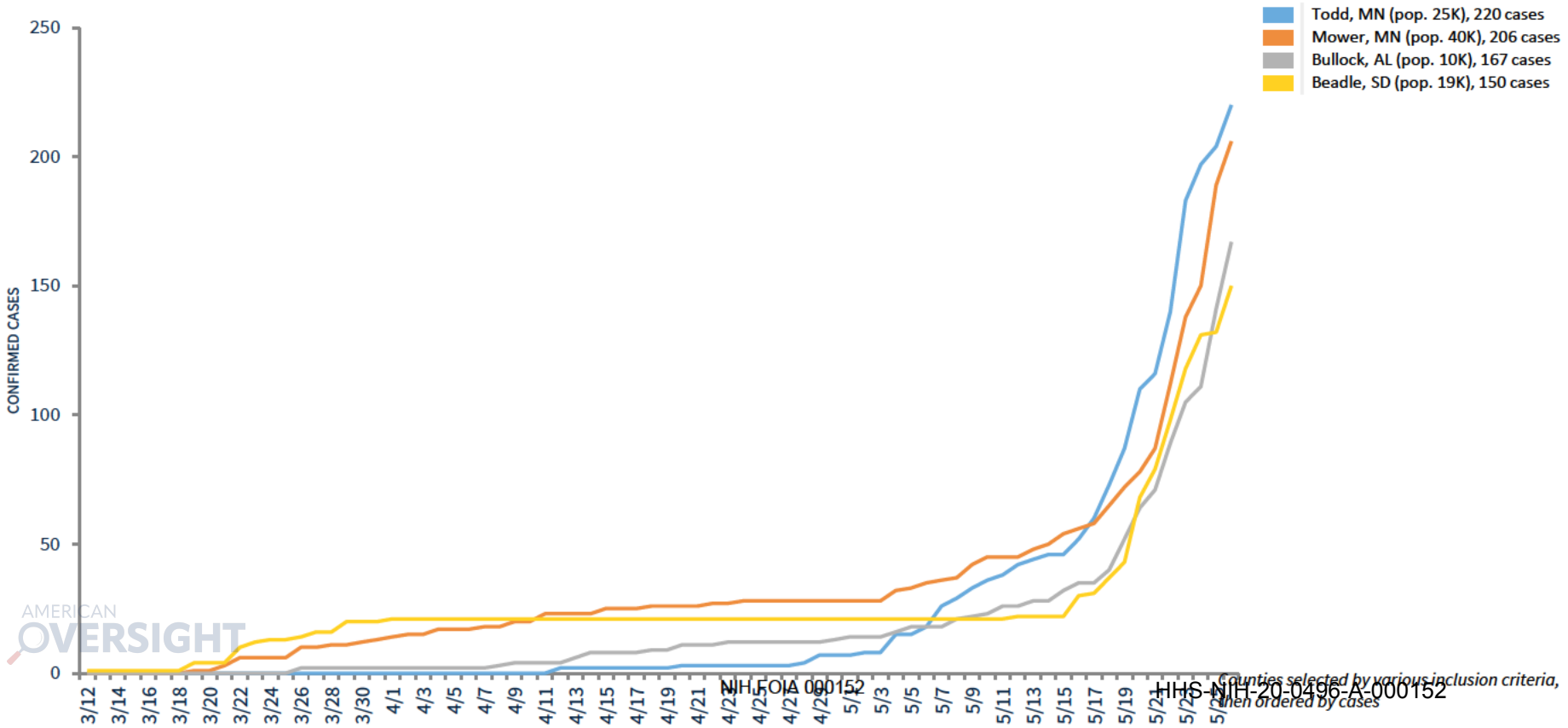


AMERICAN OVERSIGHT

NIH FOIA 000151

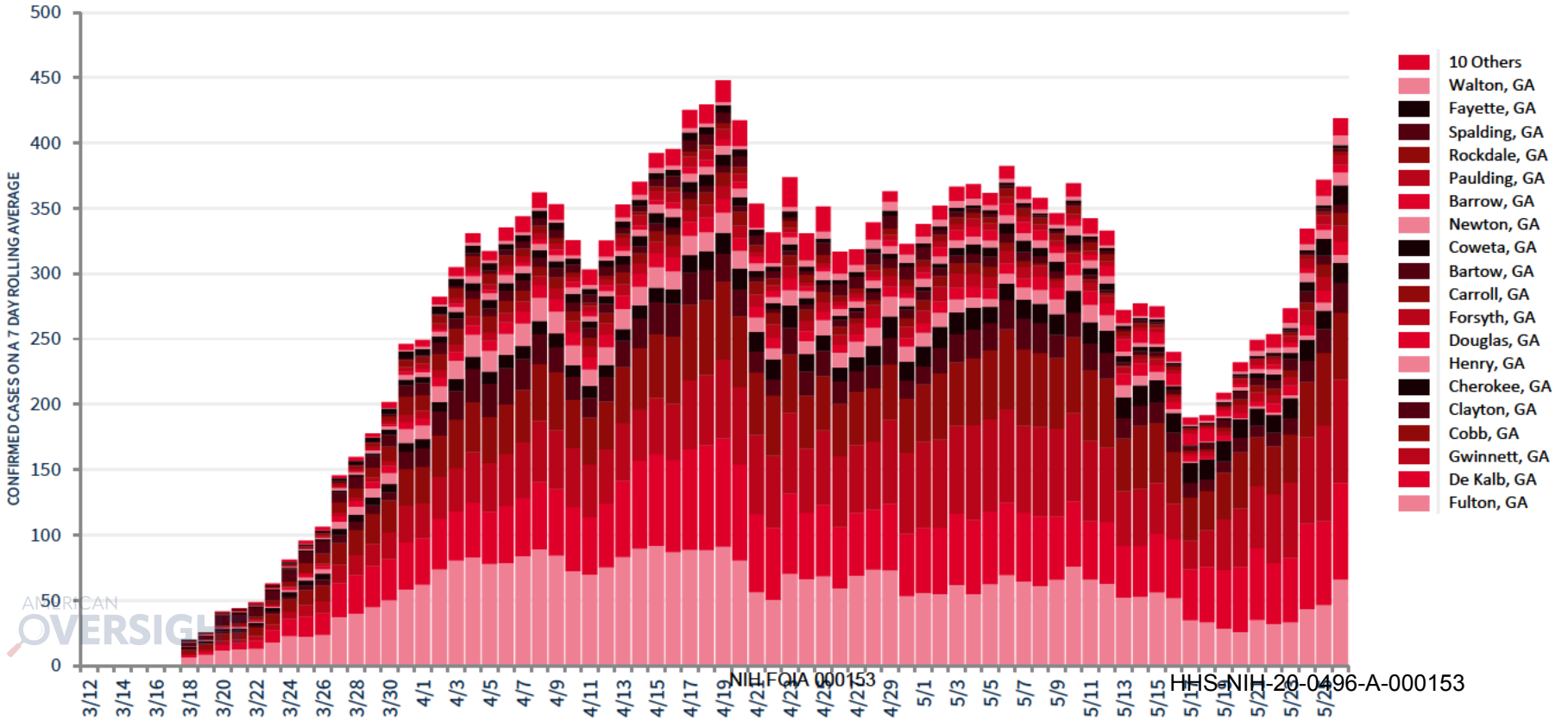
HHS-NIH-20-0496-A-000151

TOP EMERGING COUNTIES 31-34, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



AMERICAN OVERSIGHT
NIH FOIA 000152
HHS-NIH-20-0496-A-000152

CONFIRMED CASES DAILY IN ATLANTA-SANDY SPRINGS-ALPHARETTA, GA
7 DAY ROLLING AVERAGE

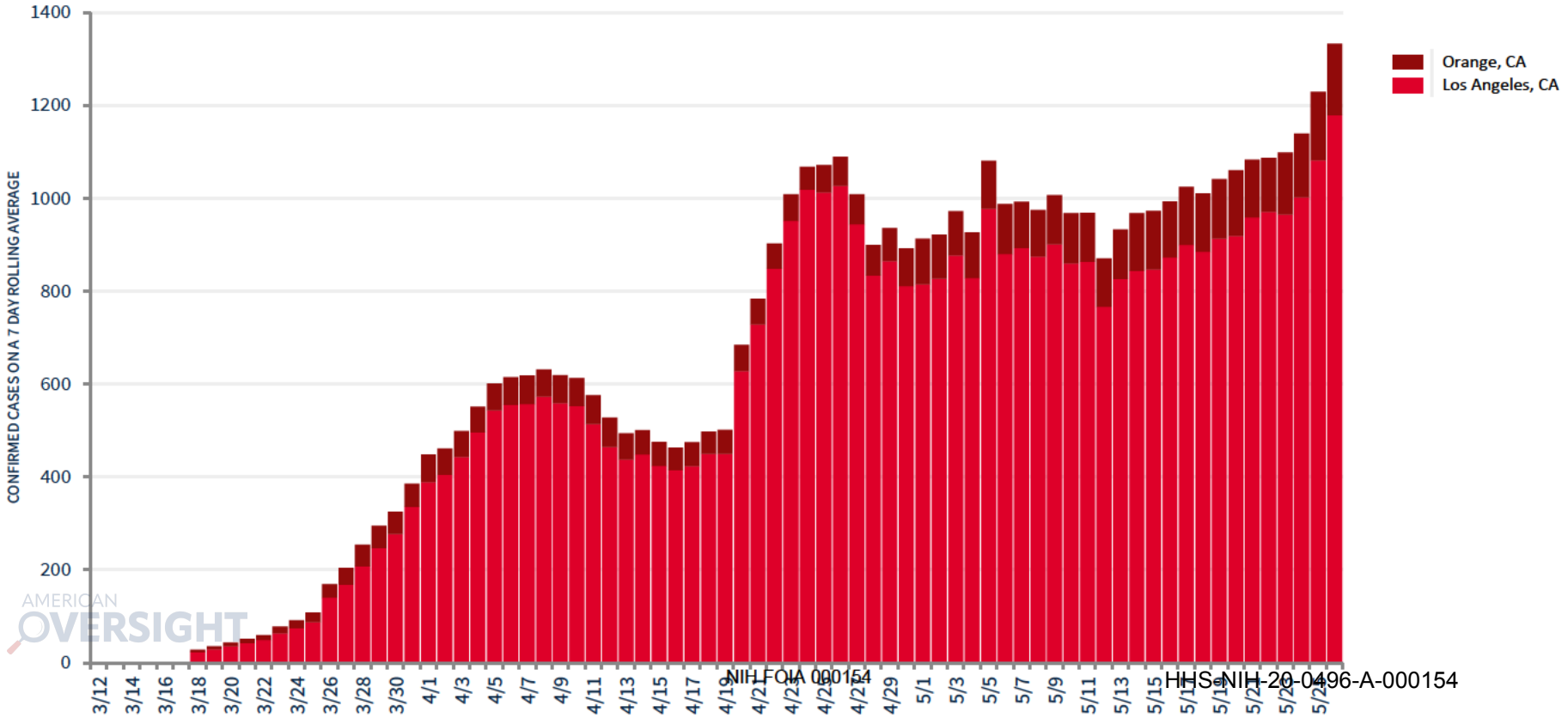


AMERICAN OVERSIGHT

NIH FOIA 000153

HHS-NIH-20-0496-A-000153

CONFIRMED CASES DAILY IN LOS ANGELES-LONG BEACH-ANAHEIM, CA
7 DAY ROLLING AVERAGE

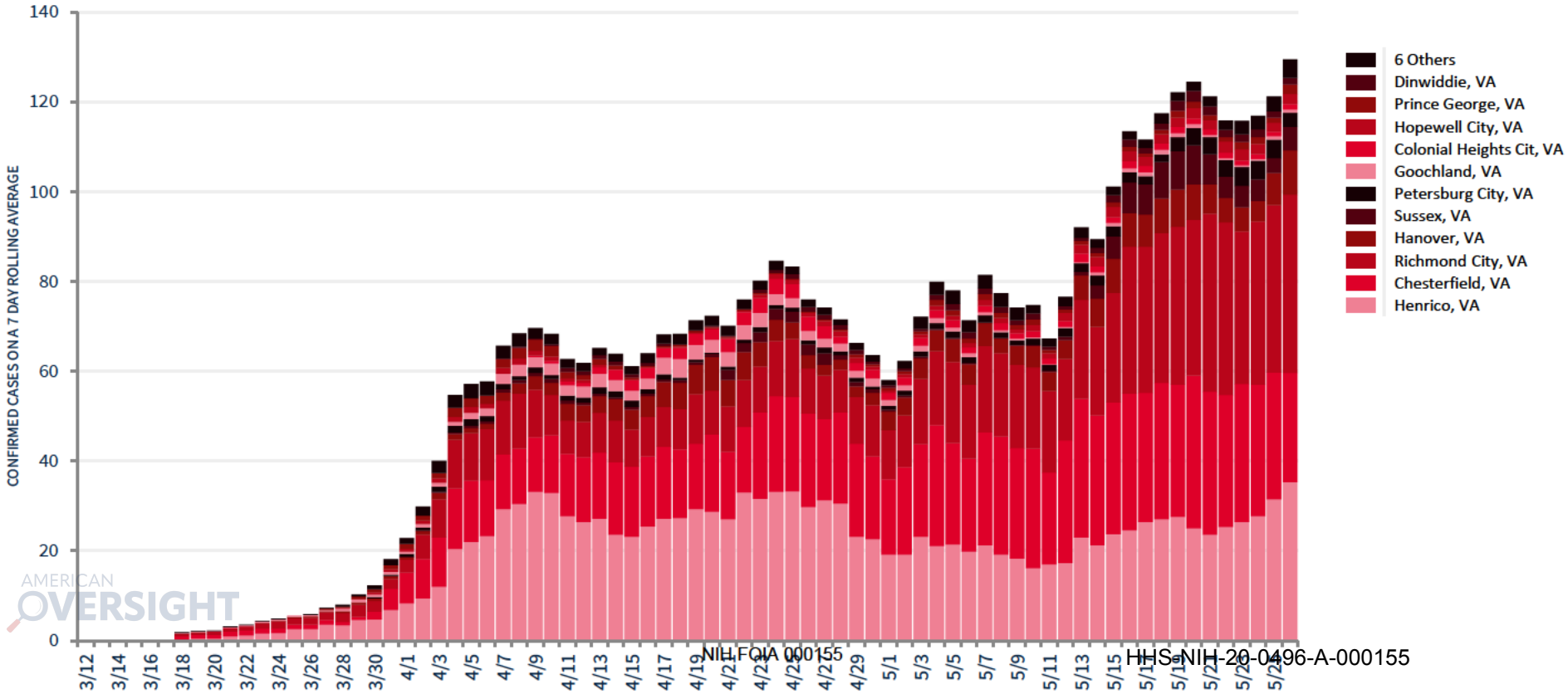


AMERICAN OVERSIGHT

NIH FOIA 000154

HHS-NIH-20-0496-A-000154

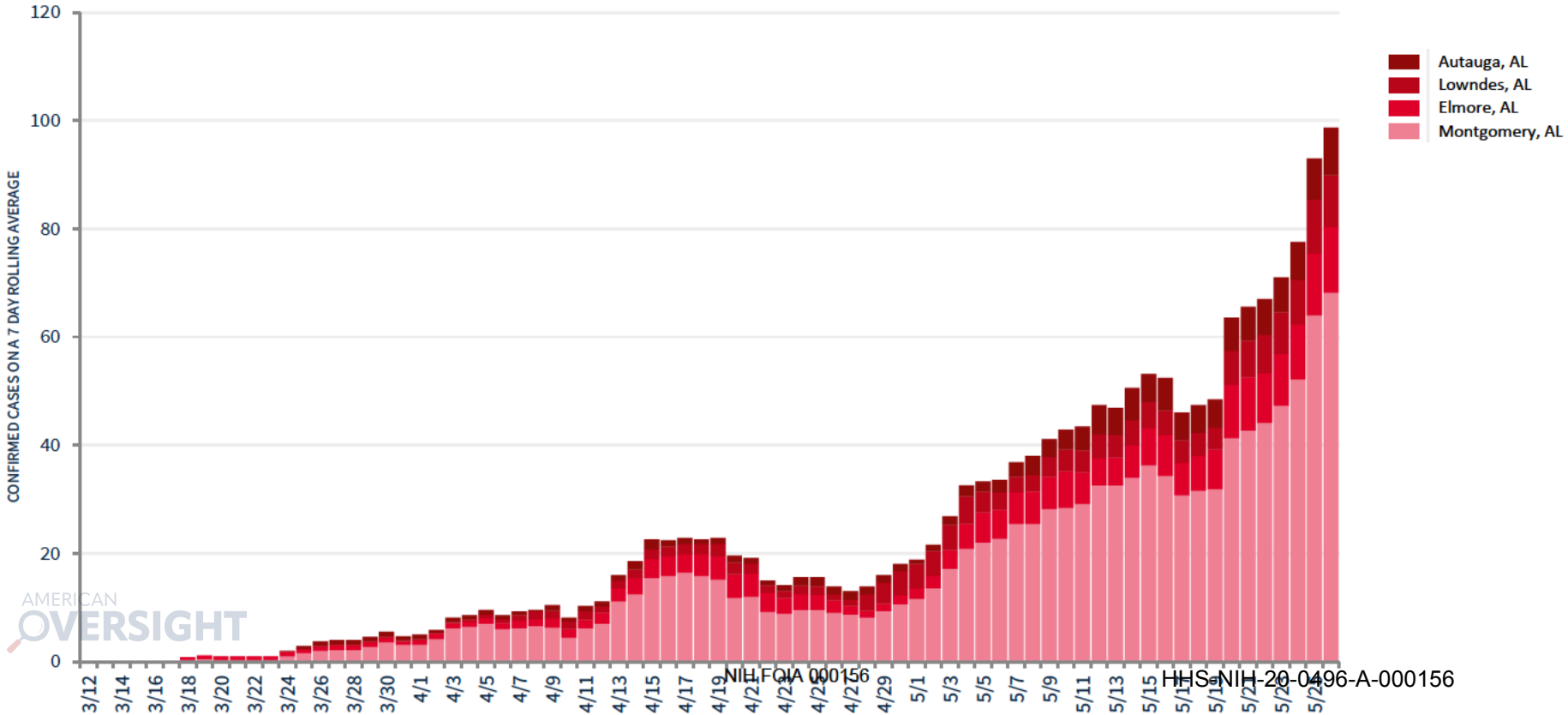
CONFIRMED CASES DAILY IN RICHMOND, VA
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 000155 HHS-NIH-20-0496-A-000155

CONFIRMED CASES DAILY IN MONTGOMERY, AL
7 DAY ROLLING AVERAGE

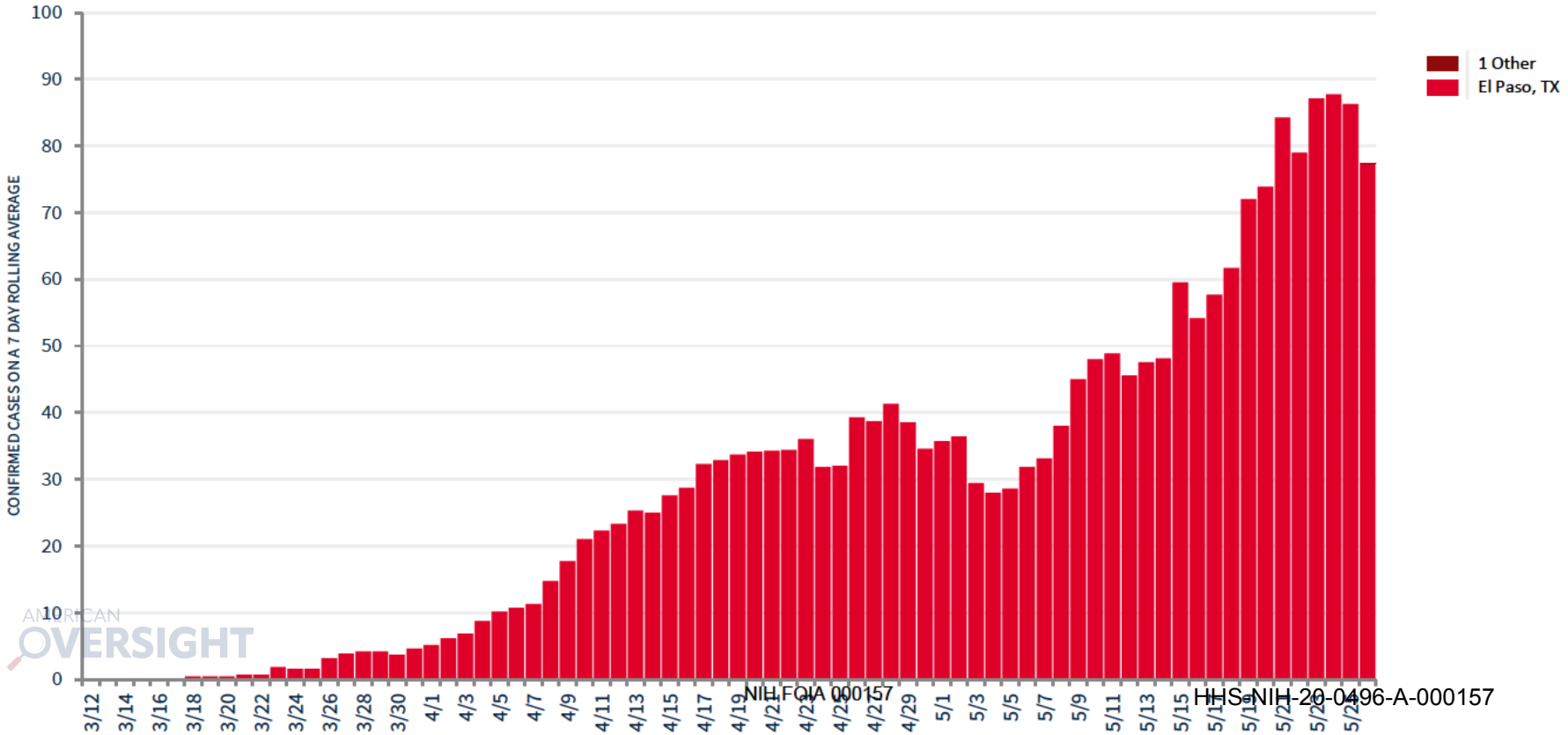


AMERICAN OVERSIGHT

NIH FOIA 000156

HHS-NIH-20-0496-A-000156

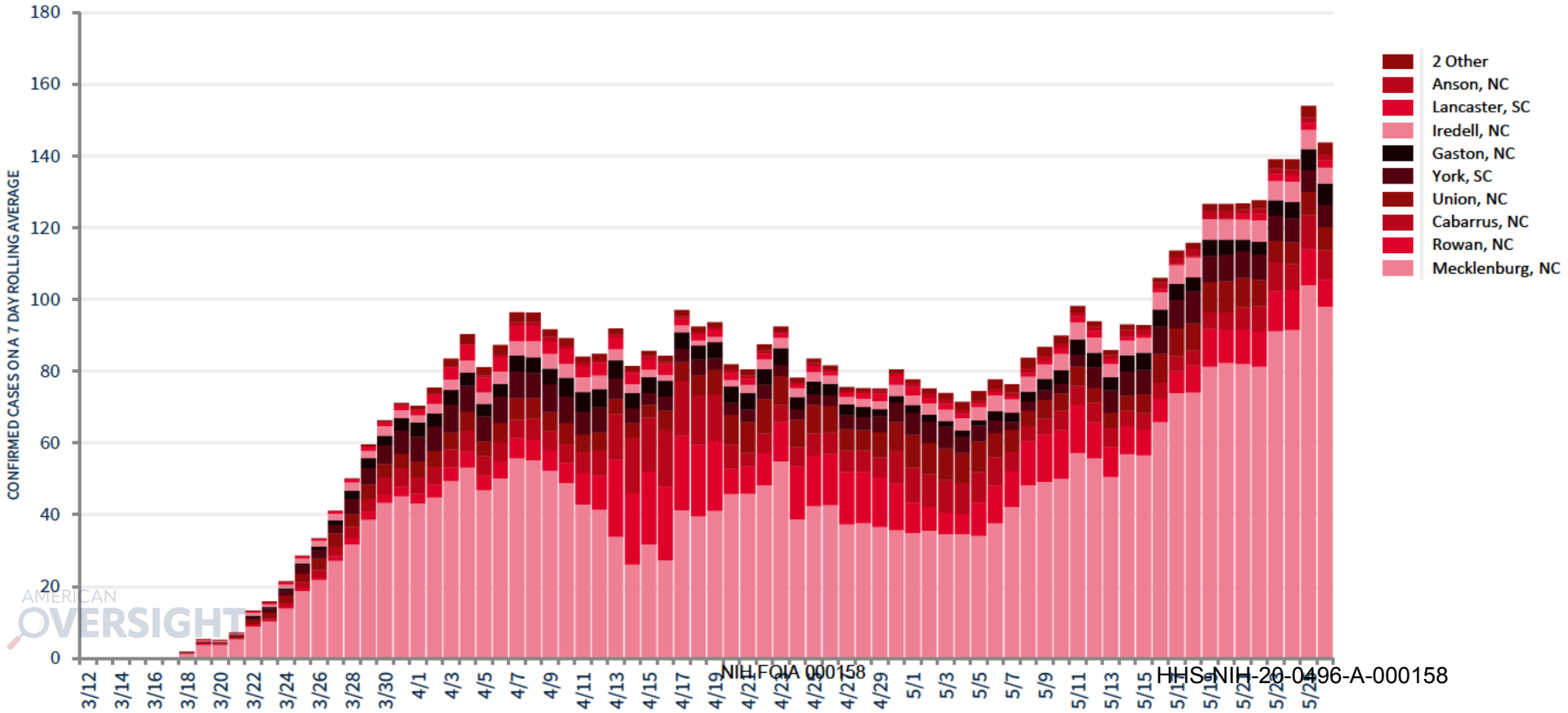
CONFIRMED CASES DAILY IN EL PASO, TX
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 000157 HHS-NIH-20-0496-A-000157

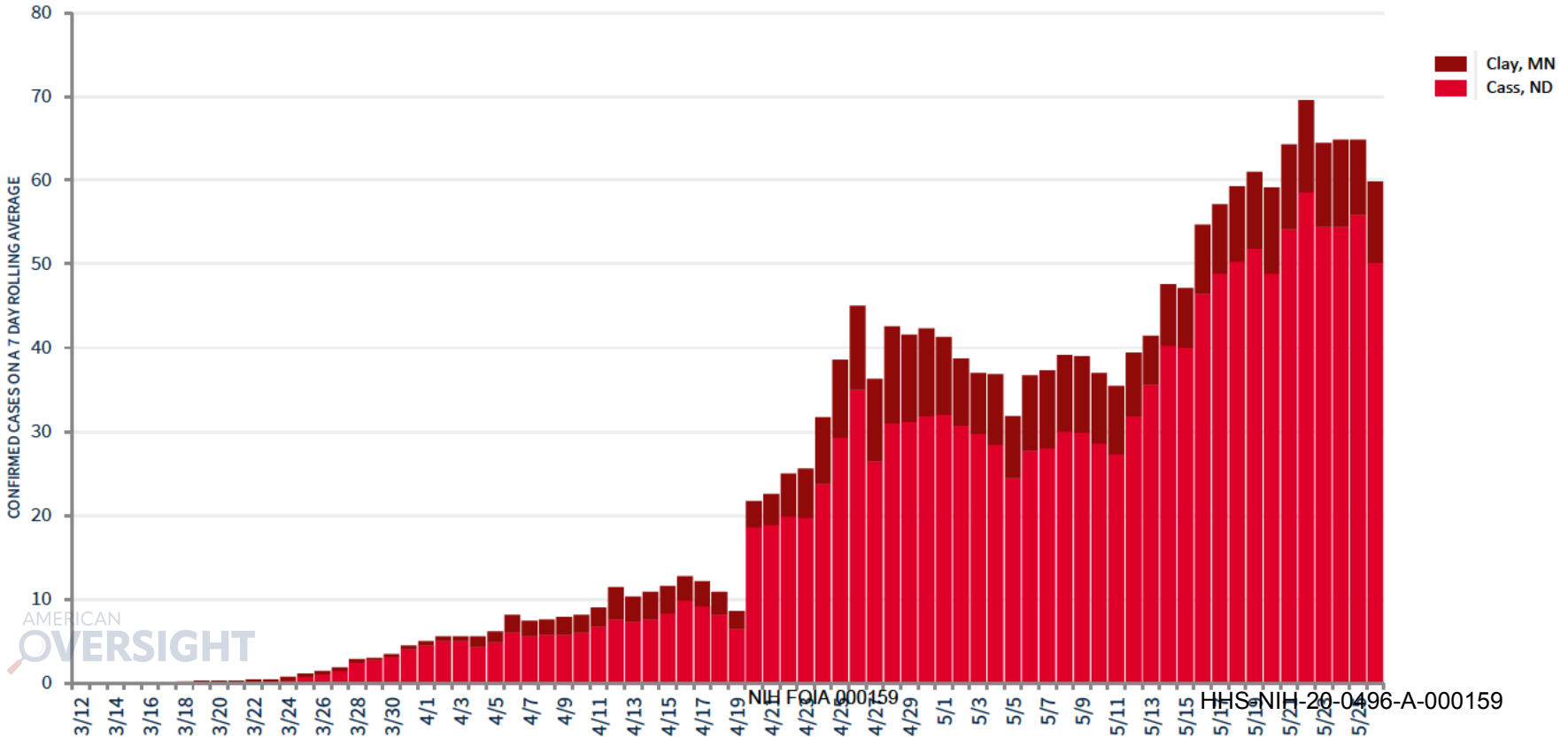
CONFIRMED CASES DAILY IN CHARLOTTE-CONCORD-GASTONIA, NC-SC
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 000158 HHS-NIH-20-0496-A-000158

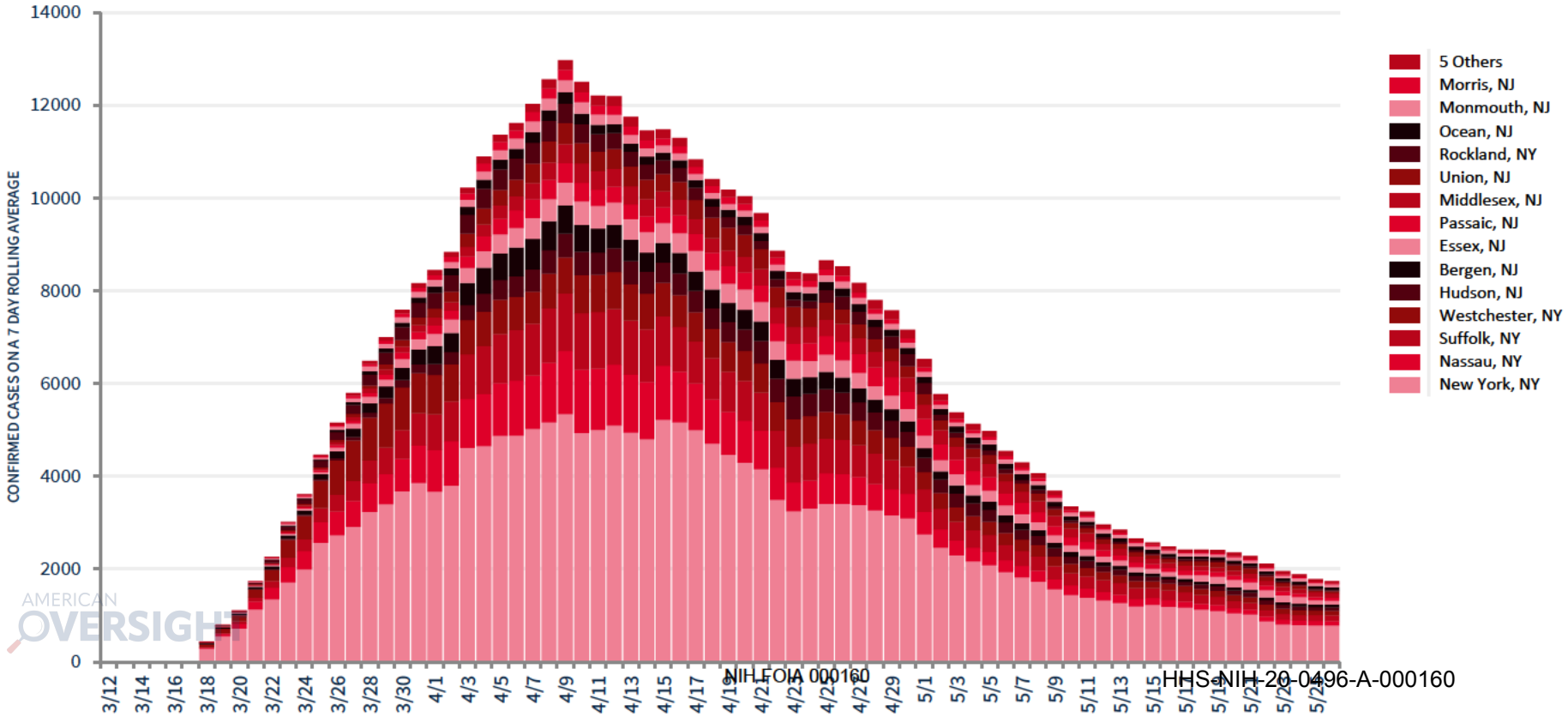
CONFIRMED CASES DAILY IN FARGO, ND-MN
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

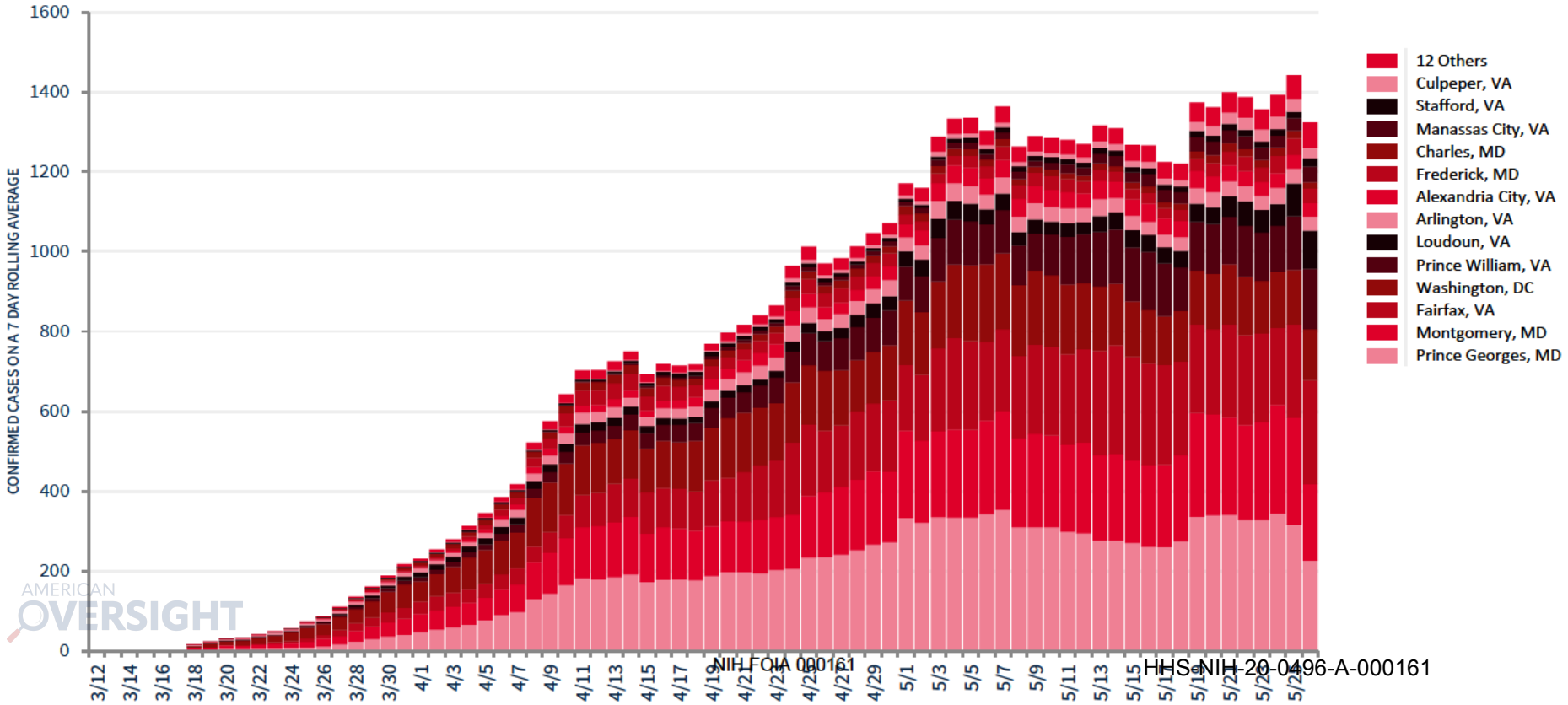
NIH FOIA 000159 HHS-NIH-20-0496-A-000159

CONFIRMED CASES DAILY IN NEW YORK-NEWARK-JERSEY CITY, NY-NJ-PA
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT
NIH FOIA 000160
HHS-NIH-20-0496-A-000160

CONFIRMED CASES DAILY IN WASHINGTON-ARLINGTON-ALEXANDRIA, DC-VA-MD-WV
7 DAY ROLLING AVERAGE

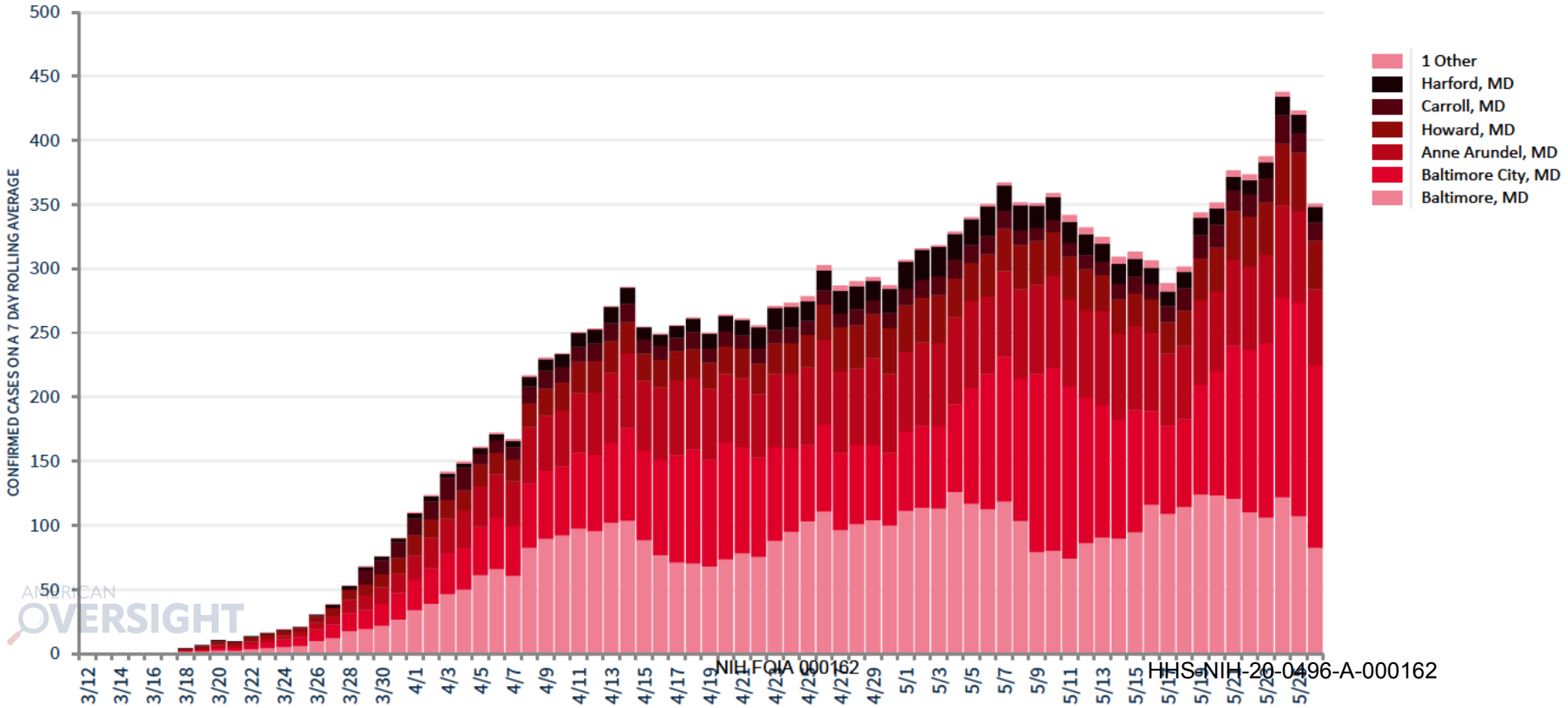


AMERICAN OVERSIGHT

NIH FOIA 000161

HHS-NIH-20-0496-A-000161

CONFIRMED CASES DAILY IN BALTIMORE-COLUMBIA-TOWSON, MD
7 DAY ROLLING AVERAGE

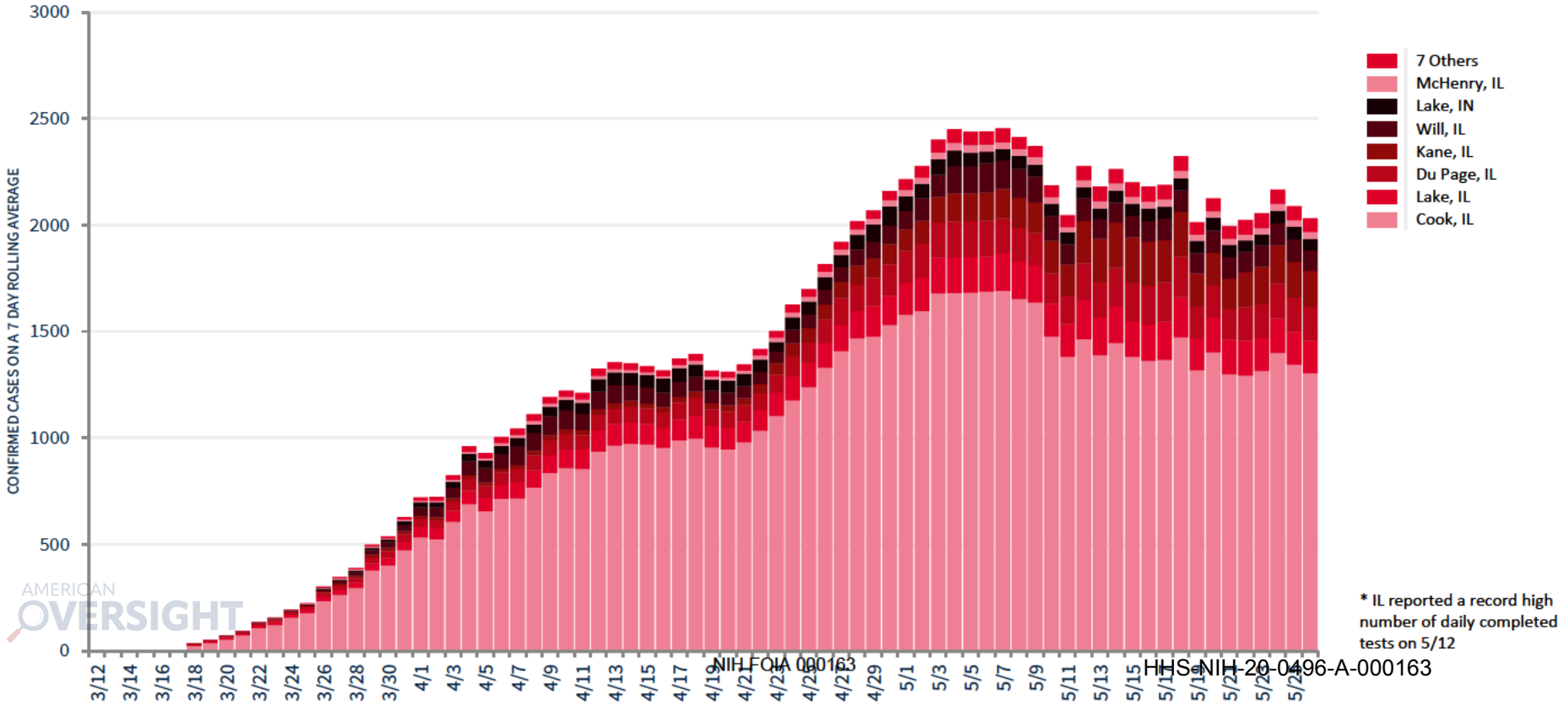


AMERICAN OVERSIGHT

NIH FOIA 000162

HHS-NIH-20-0496-A-000162

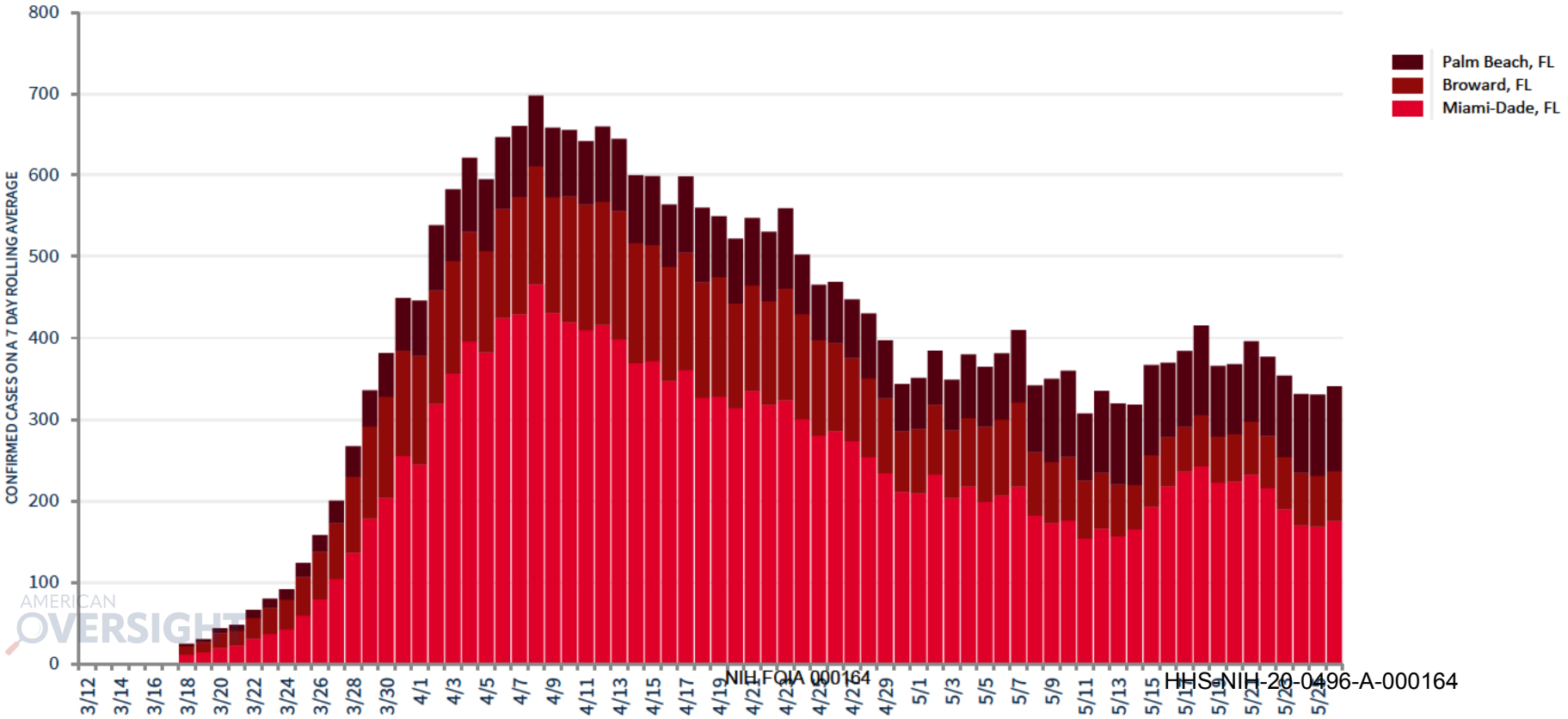
CONFIRMED CASES DAILY IN CHICAGO-NAPERVILLE-ELGIN, IL-IN-WI
7 DAY ROLLING AVERAGE



* IL reported a record high number of daily completed tests on 5/12

AMERICAN OVERSIGHT
NIH FOIA 000163
HHS-NIH-20-0496-A-000163

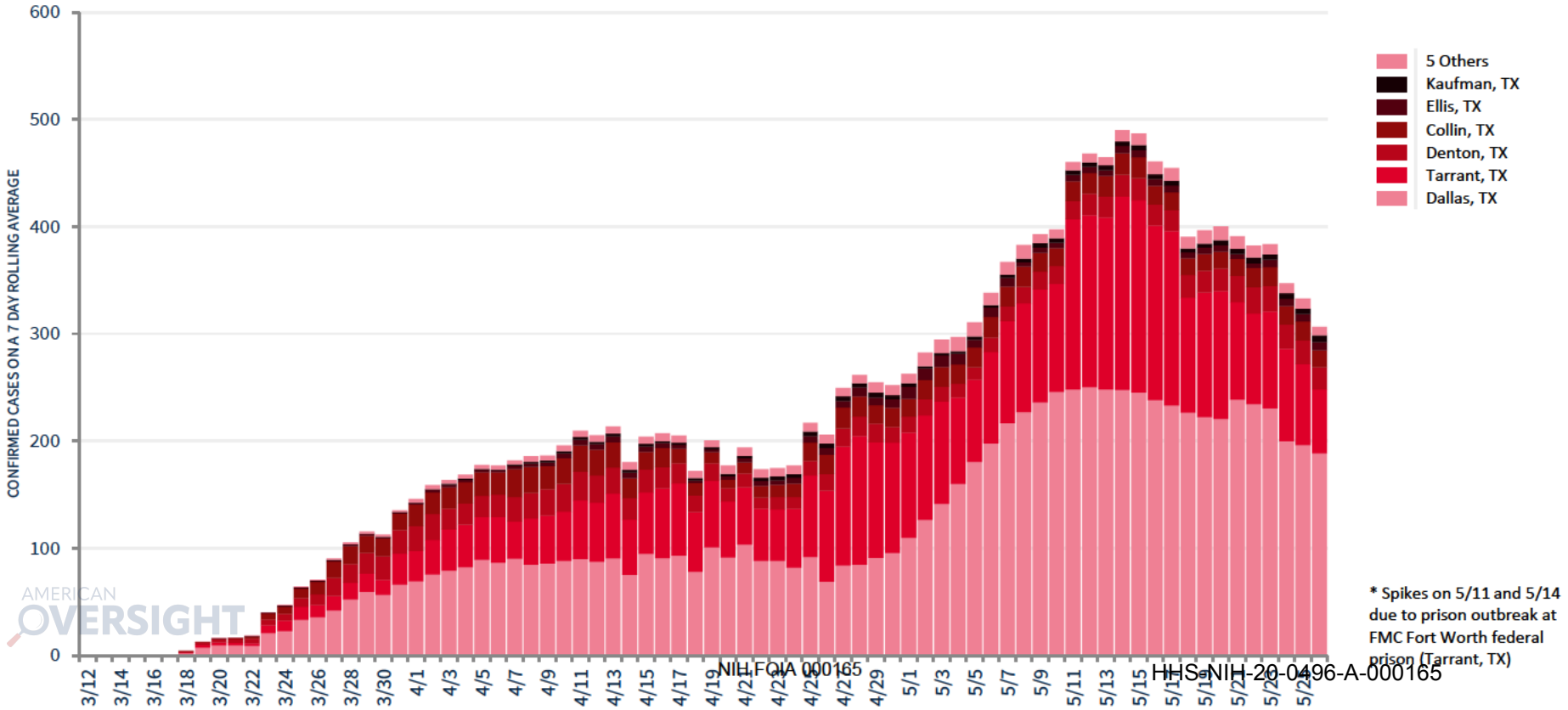
CONFIRMED CASES DAILY IN MIAMI-FORT LAUDERDALE-POMPANO BEACH, FL
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 000164 HHS-NIH-20-0496-A-000164

CONFIRMED CASES DAILY IN DALLAS-FORT WORTH-ARLINGTON, TX
7 DAY ROLLING AVERAGE

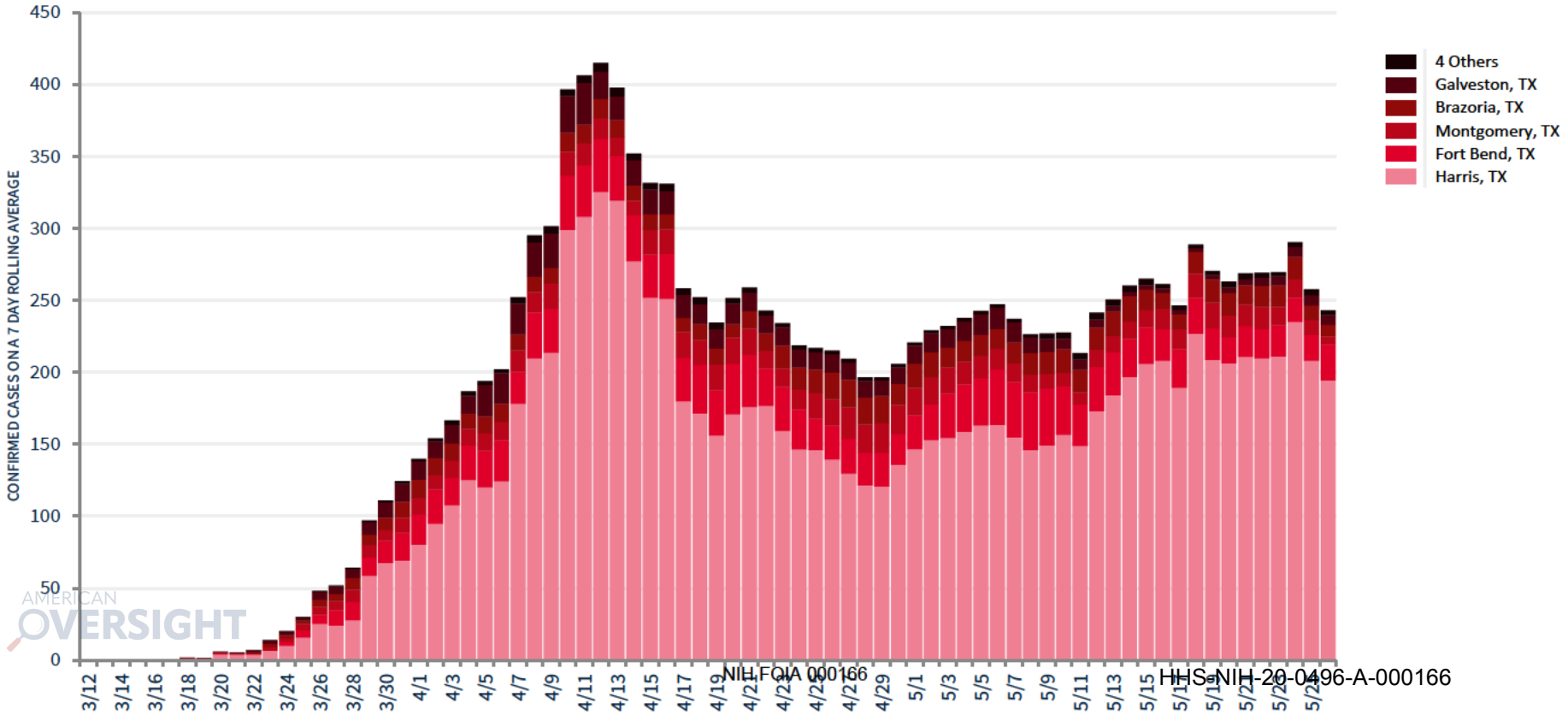


* Spikes on 5/11 and 5/14 due to prison outbreak at FMC Fort Worth federal prison (Tarrant, TX)

AMERICAN OVERSIGHT

NIH FOIA 000165 HHS-NIH-20-0496-A-000165

CONFIRMED CASES DAILY IN HOUSTON-THE WOODLANDS-SUGAR LAND, TX
7 DAY ROLLING AVERAGE

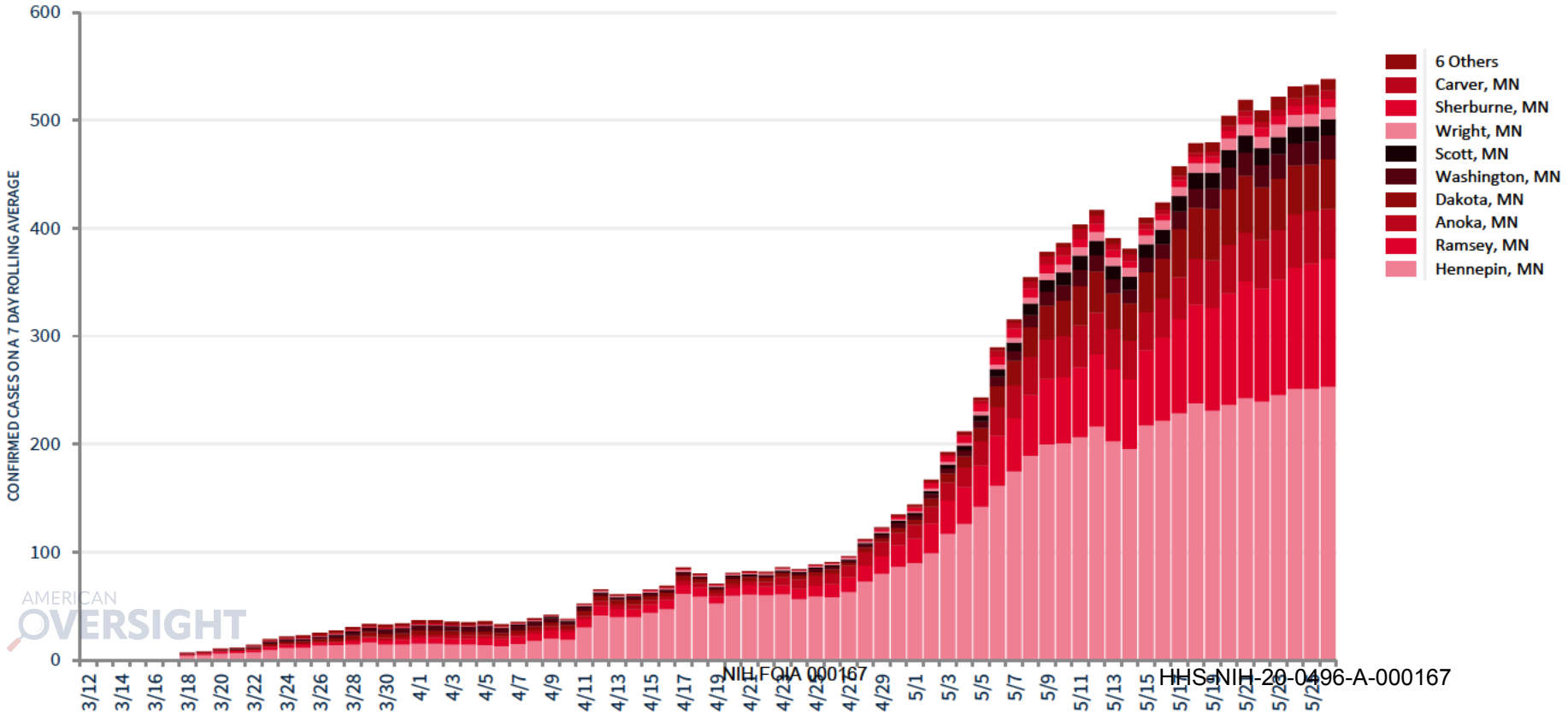


AMERICAN OVERSIGHT

NIH FOIA 000166

HHS-NIH-20-0496-A-000166

CONFIRMED CASES DAILY IN MINNEAPOLIS-ST. PAUL-BLOOMINGTON, MN-WI
7 DAY ROLLING AVERAGE

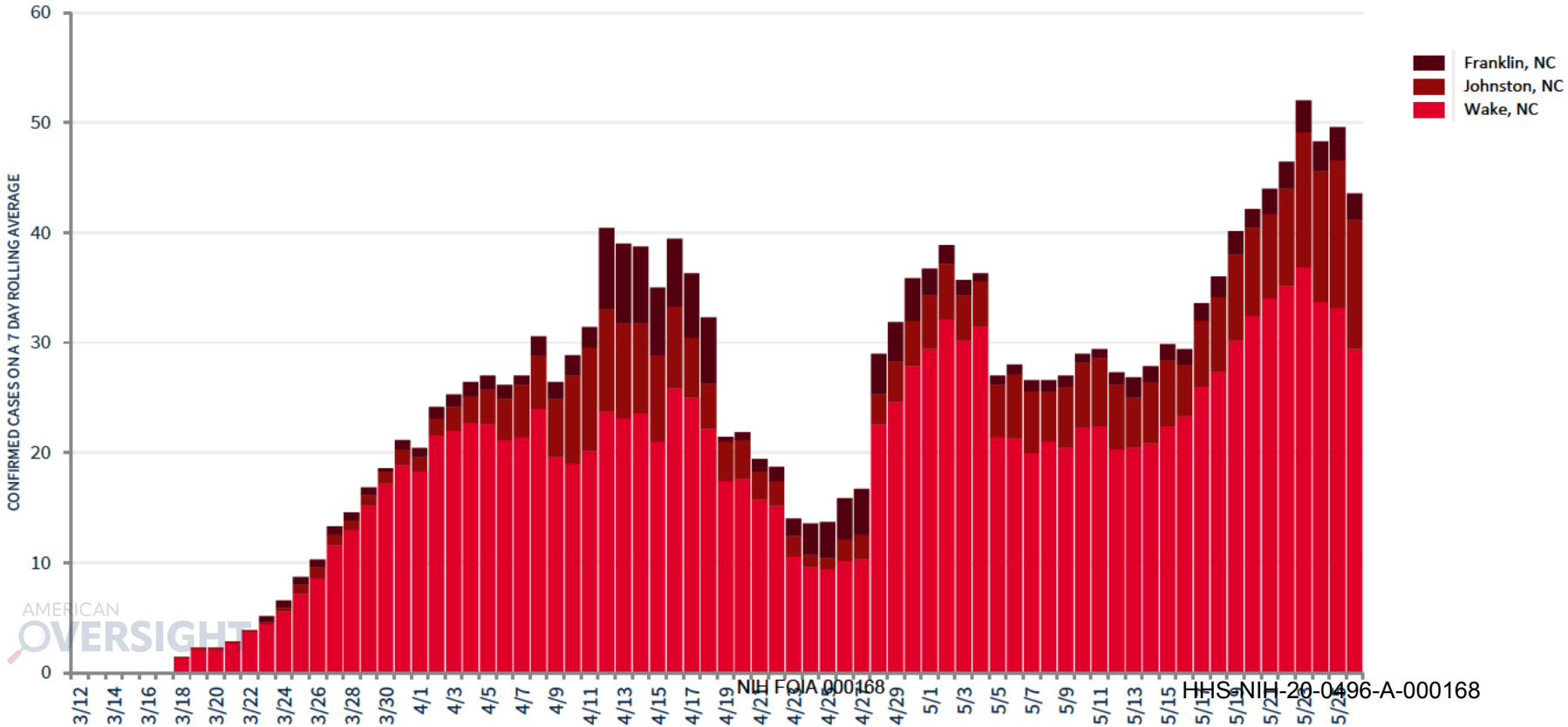


AMERICAN OVERSIGHT

NIH FOIA 000167

HHS-NIH-20-0496-A-000167

CONFIRMED CASES DAILY IN RALEIGH-CARY, NC
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 000168

HHS-NIH-20-0496-A-000168

From: Tabak, Lawrence (NIH/OD) [E]
Sent: Mon, 1 Jun 2020 14:55:58 -0500
To: Collins, Francis (NIH/OD) [E]
Subject: Re: White House Coronavirus Task Force Meeting - 6.2.20 - 1100

Francis,

I will preface what I will write by stating the obvious – I know I am not you…

But, at some point, you may have to consider the risk of upsetting the WH by not showing up to the Task Force meetings. So, either you let me take over your NIH-related activity or if you really think that is a bad idea, then you need to cancel the meeting and use the POTUS card as to why the meeting needed to be moved.

I appreciate that is probably not what you wanted to read, but I felt obligated to write it.
Larry

From: Francis Collins <(b) (6)
Date: Monday, June 1, 2020 at 3:51 PM
To: Anthony Fauci <(b) (6)
Cc: "Wood, Gretchen (NIH/OD) [E]" <(b) (6) "McManus, Ayanna (NIH/OD) [E]" <(b) (6) "Tabak, Lawrence (NIH/OD) [E]" <(b) (6)
Subject: FW: White House Coronavirus Task Force Meeting - 6.2.20 - 1100

Hi Tony,

The WH Task Force meetings are particularly badly timed for me this week.

Tomorrow morning I am a major presenter at the Hever COVID-19 meeting (from 10:30 – 12:15). I'm assuming the 11 AM WHTF meeting can get along without me?

I will try to be in the Oval for the 4 pm presentation to the POTUS tomorrow afternoon. I'll be wearing a mask.

Then on Wednesday, the noon Task Force meeting conflicts with the ACTIV Leadership Meeting, which as you know involves dozens of senior-level busy people. As co-chair with Paul Stoffels, I will have to be there for ACTIV. So I'll miss this Task Force meeting too.

Pretty soon the WH will think I'm not interested…

Francis

AMERICAN OVERSIGHT

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Monday, June 1, 2020 3:41 PM
Subject: White House Coronavirus Task Force Meeting - 6.2.20 - 1100
Importance: High

All –

There will be a **White House Coronavirus Task Force Meeting** on **Tuesday, June 2nd** at **11:00am** in the White House Situation Room. All materials will be forthcoming.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

From: Mango, Paul (HHS/IOS) <(b) (6)
Sent: Tue, 2 Jun 2020 07:00:05 -0500
To: Collins, Francis (NIH/OD) [E];Fauci, Anthony (NIH/NIAID) [E]
Subject: Slide we will use at 400pm POTUS briefing
Attachments: - POTUS - 30May20_PC-vsent2.pdf, ATT00001.txt

AMERICAN OVERSIGHT



AMERICAN OVERSIGHT

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Tue, 2 Jun 2020 09:18:26 -0500
Cc: McGuffee, Tyler Ann A. EOP/OVP
Subject: White House Coronavirus Task Force PowerPoint 6.2.20
Attachments: PowerPoint 6.2.20.pptx

All –

Attached is Dr. Birx's PowerPoint for today's White House Coronavirus Task Force Meeting. Please note that this document is being shared with principals only.

For any additional questions or concerns, please contact Tyler Ann, copied above.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

2June2020

- **State Alert :** increasing community spread in CA, ALA, ARK, NC, UT, WVA,NE,VA – cases continue to sharply rise in CA driven by LA : increased cases in HI
- Primary community spread in metro Hispanic neighborhoods across the US
- **Should ensure adequate support to Alabama, Nebraska, North Carolina** – small metros with less hospital capacity
- **States with percent positive over 10% :** Nebraska, DC, VA, MD, Illinois, Alabama
- **Metros were finally stabilizing but protests could lead to large increases**
- **Deaths** : down from averaging 2000/day to 1000/day (50% decline)
- **Cases :** down from averaging 30K cases to now close to averaging 20K (33% decrease)
- **Testing summary** : Nearly 18M test with 45 States under 10% and 23 States including NY and NJ under 5% **but percent + increasing in Idaho, New Mexico, Utah, Alabama, NC, WVA, HI, Alaska, SC, TN**

AMERICAN OVERSIGHT

- **Continued high cases in Brazil, Peru**
- **New graphs for team to review 14-27 integrating data for one comprehensive view – feedback welcome**

NIH FOIA 000174

HHS-NIH-20-0496-A-000174

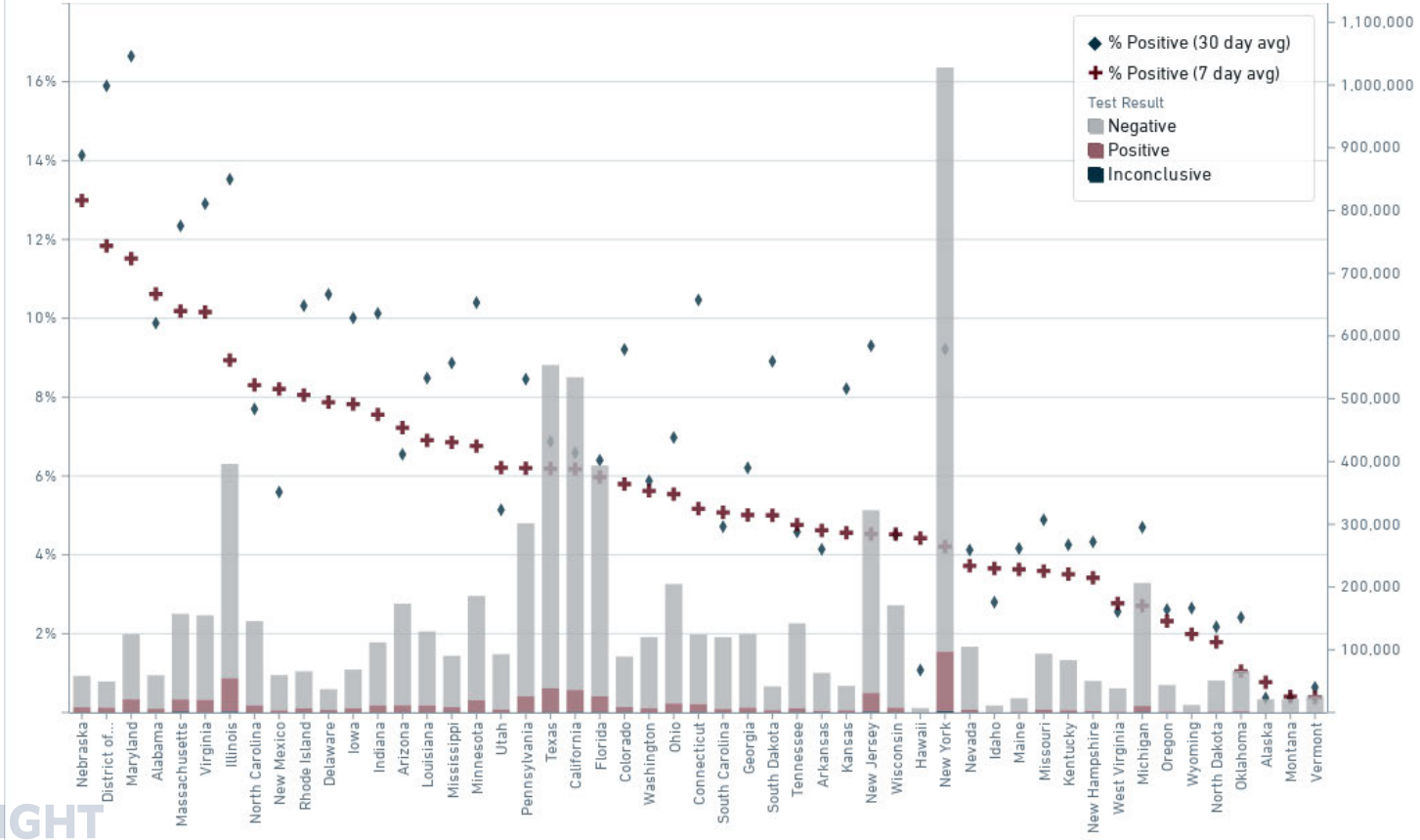
#	Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop	Population
	World	6,363,196	+103,946	377,190	+3,053	2,900,380	3,085,626	53,407	816	48.4			
1	USA	1,859,323	+22,153	106,925	+730	615,416	1,136,982	16,949	5,620	323	18,150,053	54,859	330,848,770
2	Brazil	529,405	+14,556	30,046	+732	211,080	288,279	8,318	2,492	141	930,013	4,378	212,438,640
3	Russia	414,878	+9,035	4,855	+162	175,877	234,146	2,300	2,843	33	10,923,108	74,852	145,929,678
4	Spain	286,718	+209	27,127		N/A	N/A	617	6,133	580	4,063,843	86,921	46,753,394
5	UK	276,332	+1,570	39,045	+111	N/A	N/A	1,559	4,072	575	4,285,738	63,158	67,857,854
6	Italy	233,197	+200	33,475	+60	158,355	41,367	424	3,857	554	3,910,133	64,664	60,468,537
7	India	198,370	+7,761	5,608	+200	95,754	97,008	8,944	144	4	3,837,207	2,783	1,378,900,337
8	France	189,220	+338	28,833	+31	68,440	91,947	1,302	2,899	442	1,384,633	21,216	65,262,335
9	Germany	183,765	+271	8,618	+13	165,900	9,247	677	2,194	103	3,952,971	47,192	83,763,076
10	Peru	170,039	+5,563	4,634	+128	68,507	96,898	988	5,163	141	1,076,659	32,692	32,933,472
11	Turkey	164,769	+827	4,563	+23	128,947	31,259	651	1,955	54	2,070,719	24,574	84,264,770
12	Iran	154,445	+2,979	7,878	+81	121,004	25,563	2,578	1,841	94	955,865	11,392	83,903,764
13	Chile	105,159	+5,471	1,113	+59	44,946	59,100	1,446	5,505	58	599,330	31,374	19,102,957
14	Canada	91,705	+758	7,326	+31	49,726	34,653	1,648	2,431	194	1,695,918	44,966	37,715,413
15	Mexico	90,664	+3,152	9,930	+151	64,326	16,408	378	704	77	270,992	2,104	128,822,037

AMERICAN OVERSIGHT

NIH FOIA 000175

HHS-NIH-20-0496-A-000175

Positive and negative cumulative results in the last 30 days per state with % positive per state



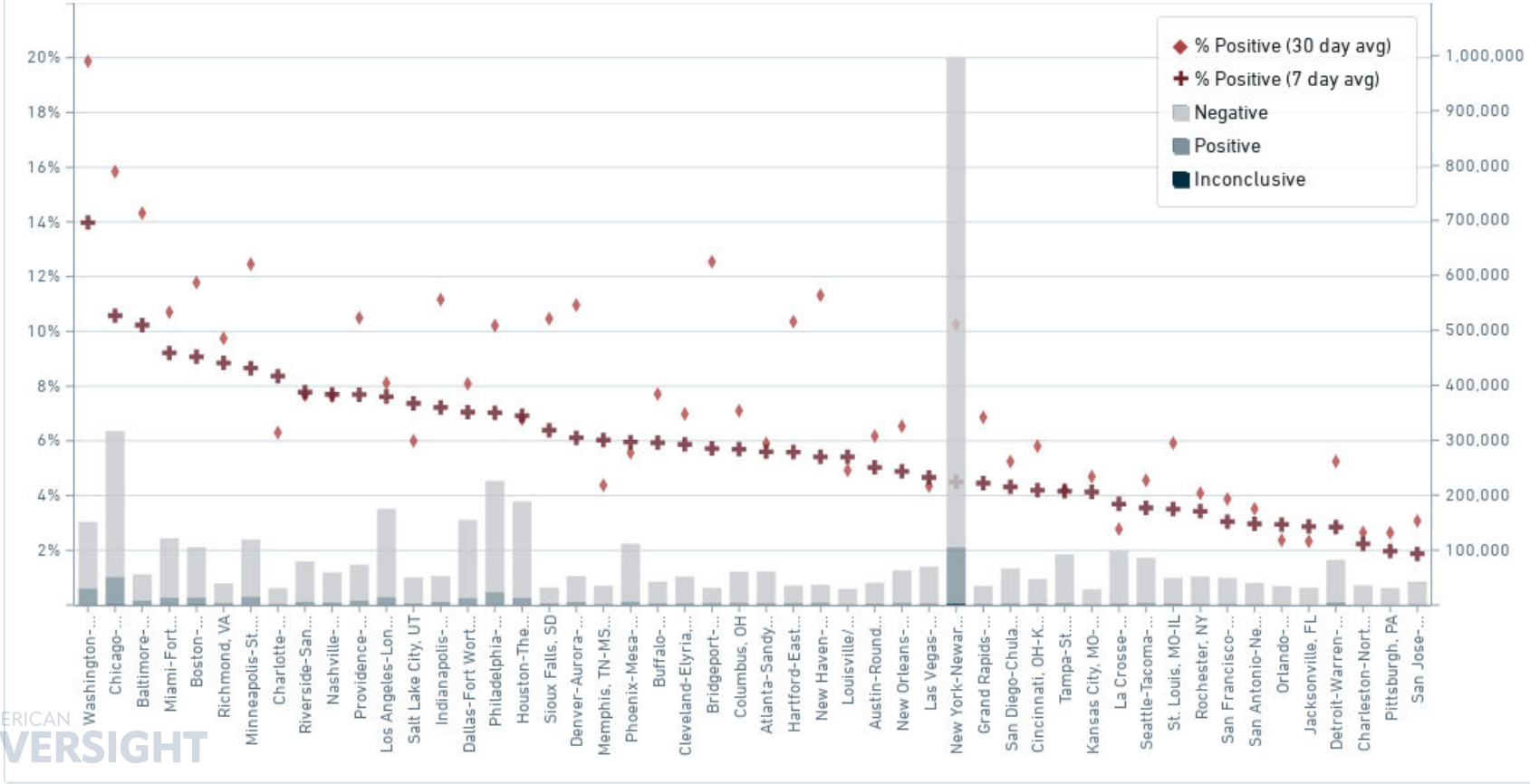
Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. This chart is sorted by the 7-day percent positive.

AMERICAN OVERSIGHT

NIH FOIA 000176

HHS-NIH-20-0496-A-000176

Positive and negative cumulative results in the last 30 days per CBSA with % positive per CBSA

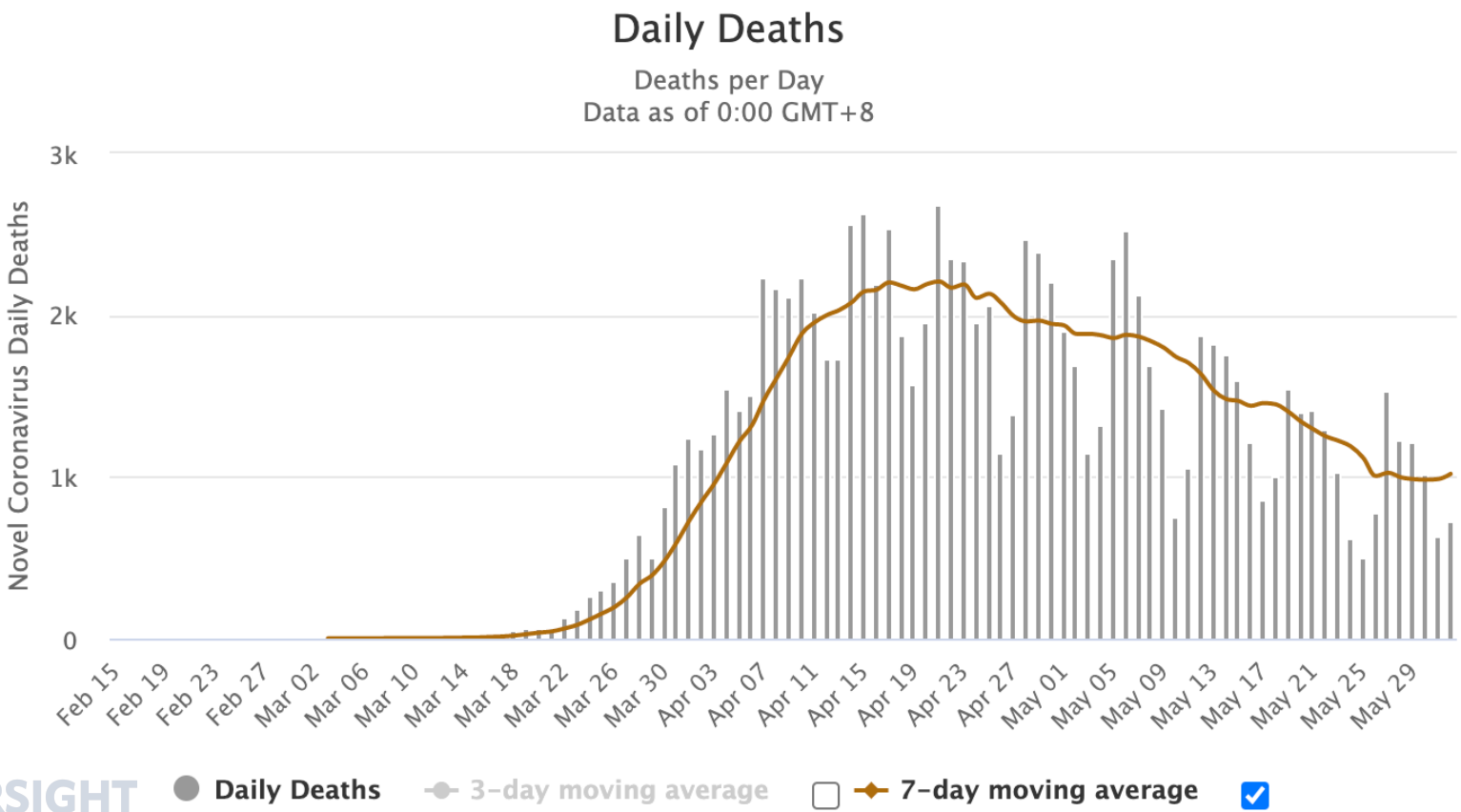


AMERICAN OVERSIGHT

NIH FOIA 000177

HHS-NIH-20-0496-A-000177

Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. This chart is sorted by the 7-day percent positive. The top 50 CBSAs were determined by ranking over the number of results reported for a given area in the last 30 days.

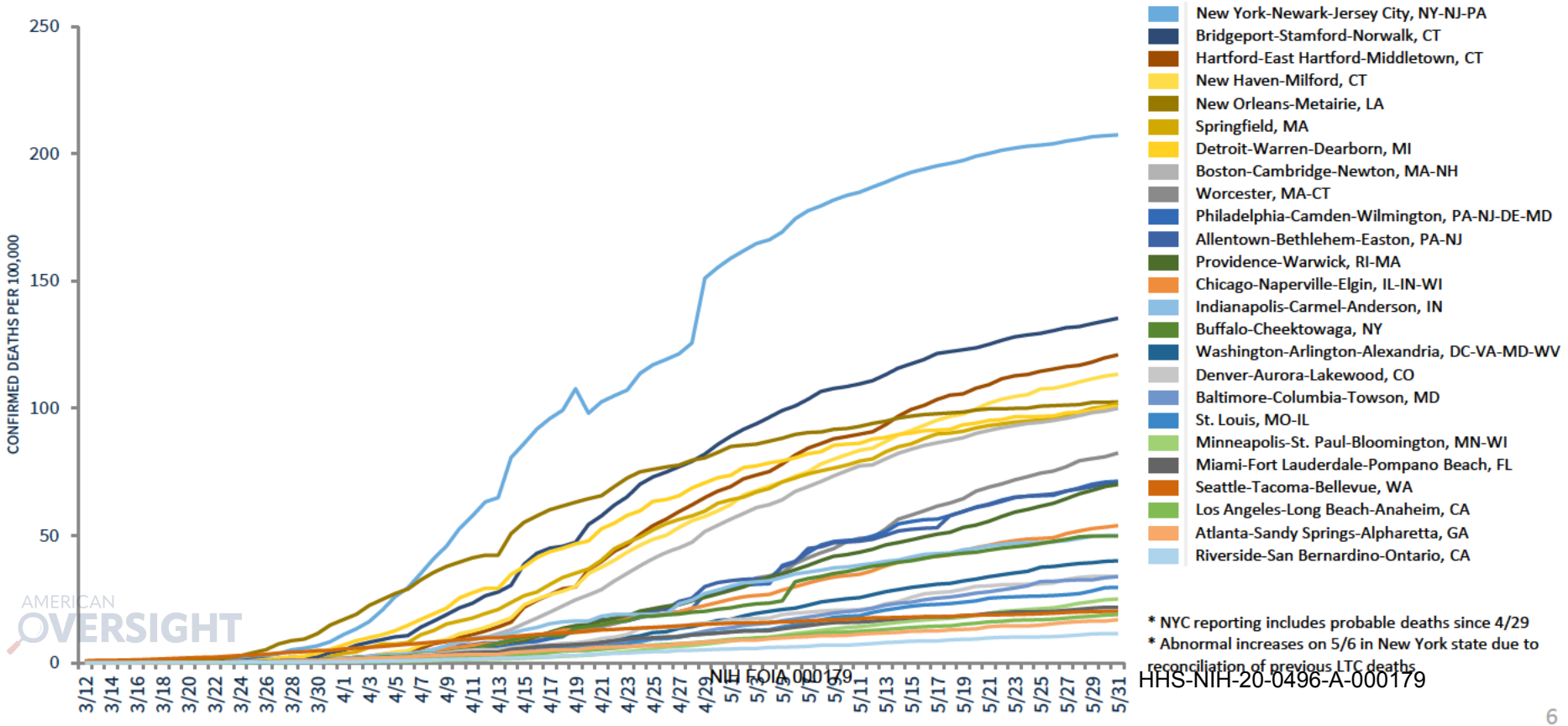


AMERICAN OVERSIGHT

NIH FOIA 000178

HHS-NIH-20-0496-A-000178

CUMULATIVE DEATHS PER 100,000: TOP 25 CBSA

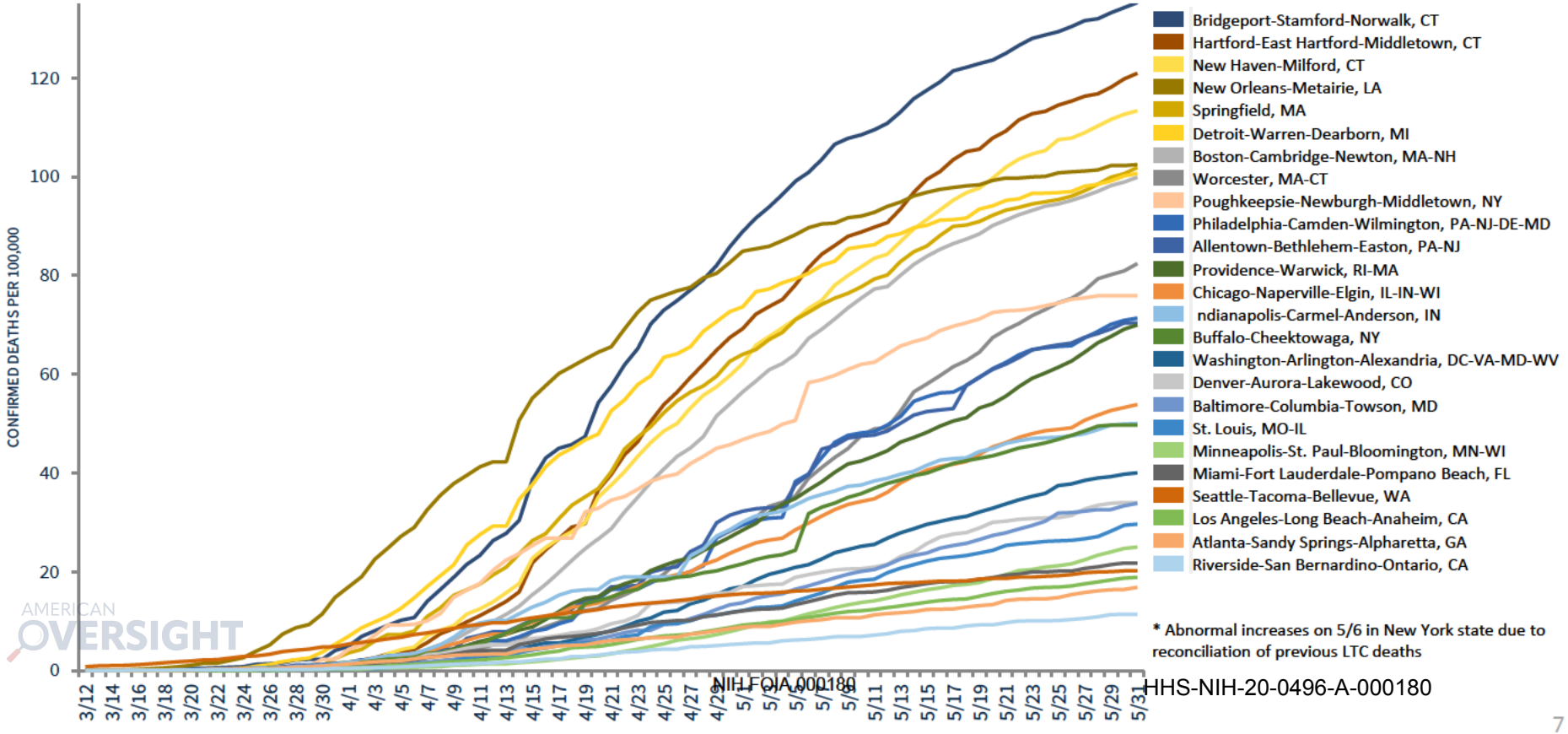


* NYC reporting includes probable deaths since 4/29
* Abnormal increases on 5/6 in New York state due to reconciliation of previous LTC deaths

AMERICAN OVERSIGHT

NIH FOIA 000179
HHS-NIH-20-0496-A-000179

CUMULATIVE DEATHS PER 100,000: TOP 25 CBSA WITHOUT NYC



AMERICAN OVERSIGHT

NIH FOIA 000180

HHS-NIH-20-0496-A-000180

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop
USA Total	1,859,323	+22,153	106,925	+730	1,136,982	5,617	323	18,150,053	54,834
New York	380,825	+923	29,988	+70	283,970	19,576	1,542	2,113,777	108,658
New Jersey	162,642	+878	11,732	+21	132,398	18,311	1,321	795,600	89,573
Illinois	121,234	+974	5,412	+22	53,837	9,567	427	918,273	72,466
California	115,119	+2,535	4,287	+47	86,421	2,914	108	2,012,583	50,936
Massachusetts	100,805	+3,840	7,035	+189	47,416	14,625	1,021	645,599	93,667
Pennsylvania	76,739	+517	5,598	+20	22,712	5,994	437	481,431	37,606
Texas	66,029	+1,130	1,699	+13	20,992	2,277	59	1,093,676	37,718
Michigan	57,532	+135	5,516	+25	13,917	5,761	552	568,023	56,877
Florida	56,830	+667	2,461	+9	44,479	2,646	115	1,041,318	48,484
Maryland	53,327	+549	2,552	+20	47,011	8,821	422	357,545	59,141
Georgia	47,899	+836	2,089	+36	45,113	4,511	197	562,815	53,009
Virginia	45,398	+791	1,392	+17	38,107	5,319	163	362,534	42,474
Connecticut	42,740	+539	3,964	+20	31,265	11,988	1,112	261,390	73,315
Louisiana	40,345	+425	2,801	+10	5,816	8,679	603	387,370	83,327
Ohio	36,027	+474	2,214	+52	27,777	3,082	189	398,066	34,054

AMERICAN OVERSIGHT

NIH FOIA 000181

HHS-NIH-20-0496-A-000181

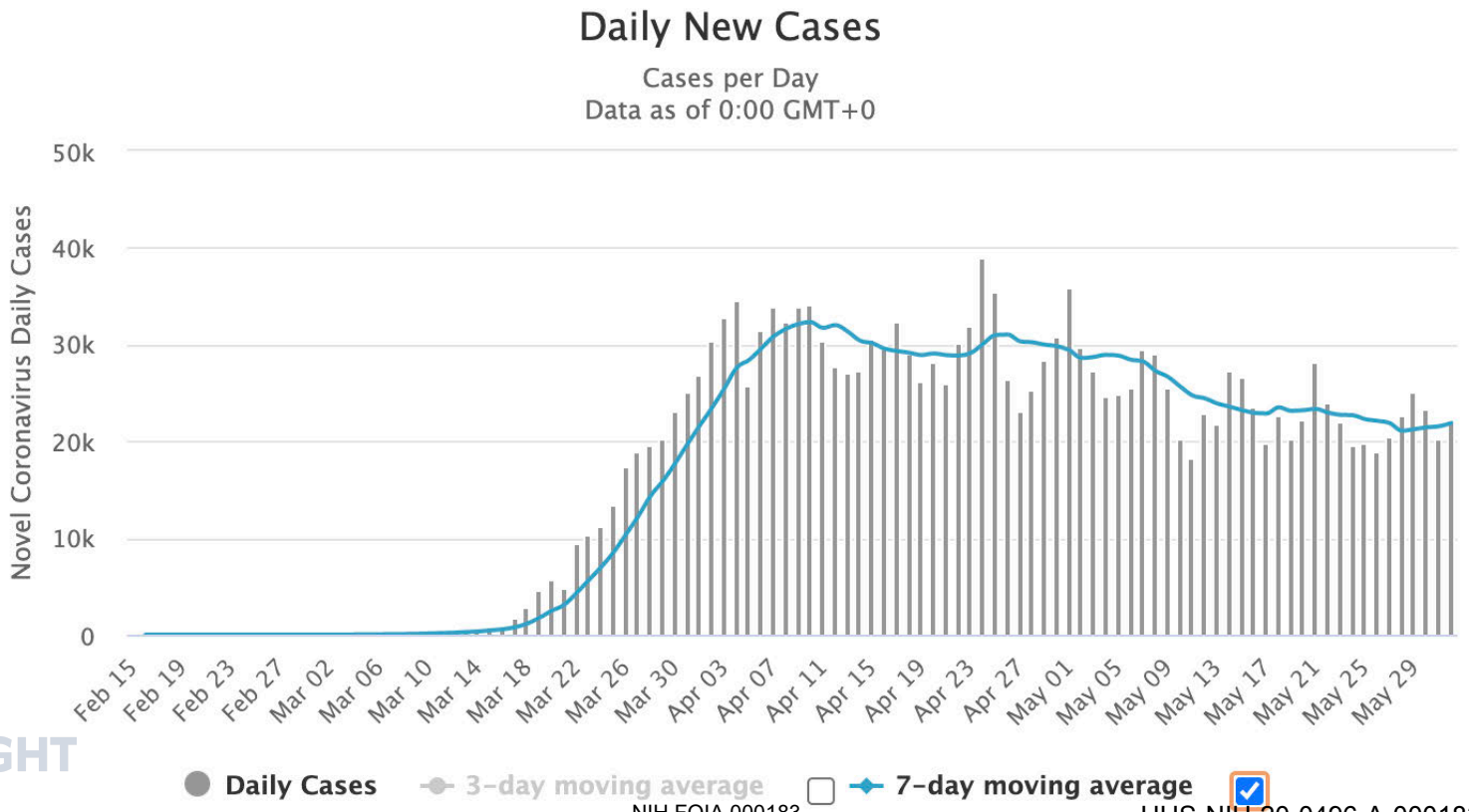
USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop
Indiana	34,830	+256	2,142	+8	29,039	5,174	318	265,896	39,496
North Carolina	29,591	+807	948	+11	9,783	2,821	90	421,908	40,227
Colorado	26,577	+199	1,458	+13	23,001	4,615	253	188,069	32,658
Minnesota	25,208	+358	1,060	+10	4,707	4,470	188	255,592	45,321
Tennessee	23,554	+548	367	+3	7,994	3,449	54	448,493	65,673
Washington	22,840	+369	1,132	+6	15,206	2,999	149	365,272	47,968
Arizona	20,123	+187	917	+11	19,136	2,765	126	321,926	44,228
Iowa	19,699	+147	556	+21	7,613	6,244	176	159,519	50,560
Wisconsin	18,543	+140	595	+3	6,302	3,185	102	272,138	46,740
Alabama	18,438	+535	646	+15	8,437	3,760	132	224,892	45,867
Mississippi	15,752	+251	739	+5	3,810	5,293	248	183,994	61,823
Rhode Island	14,991	+63	720	+2	13,019	14,151	680	156,835	148,047
Nebraska	14,345	+244	178	+8	13,575	7,416	92	103,813	53,667
Missouri	13,691	+215	788	+3	9,643	2,231	128	223,483	36,413
South Carolina	12,148	+287	500	+6	5,605	2,359	97	204,688	39,755
Kentucky	10,046	+342	439	+8	6,375	2,249	98	236,416	52,917

AMERICAN OVERSIGHT

NIH FOIA 000182

HHS-NIH-20-0496-A-000182

Daily New Cases in the United States

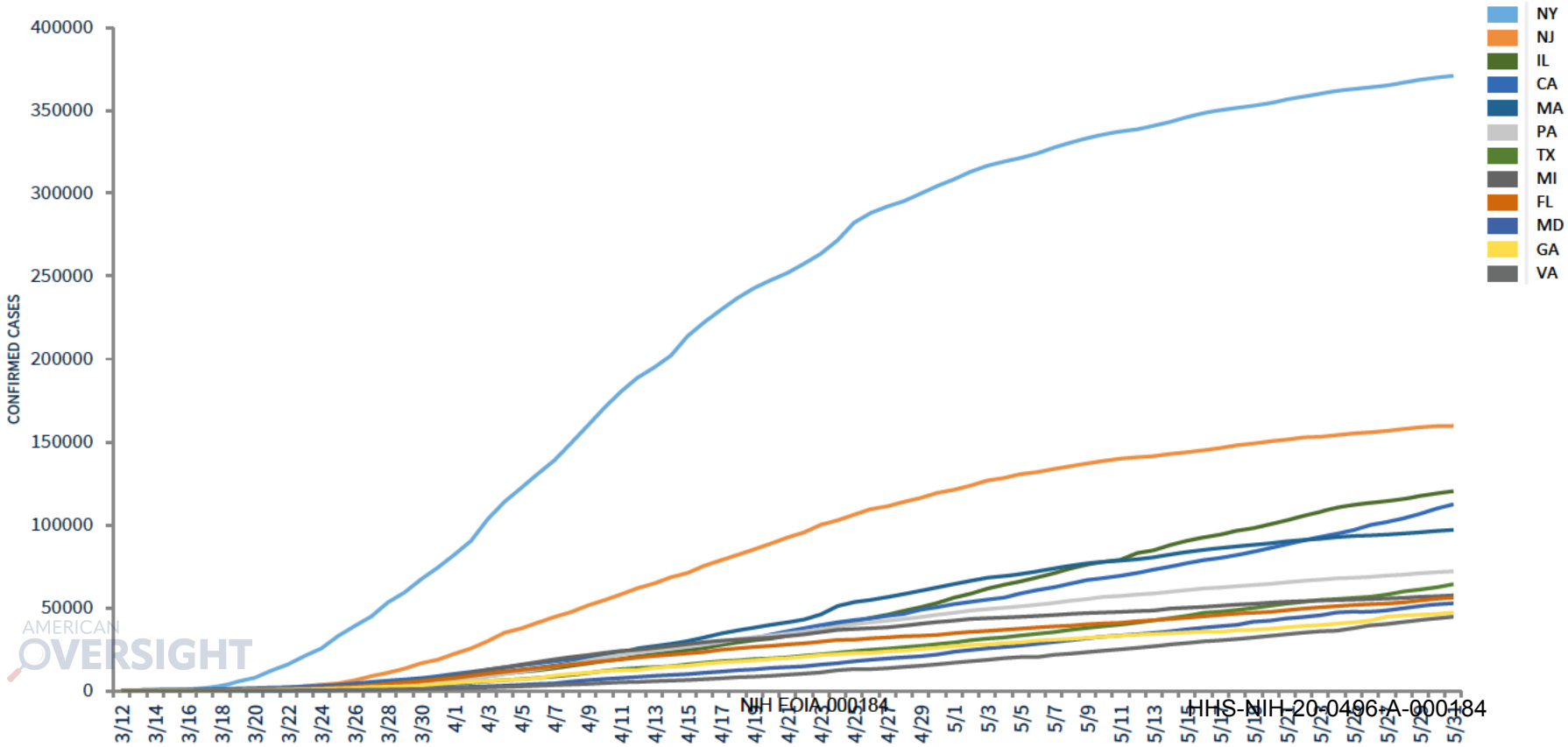


AMERICAN OVERSIGHT

NIH FOIA 000183

HHS-NIH-20-0496-A-000183

CUMULATIVE CASES: TOP 12 STATES

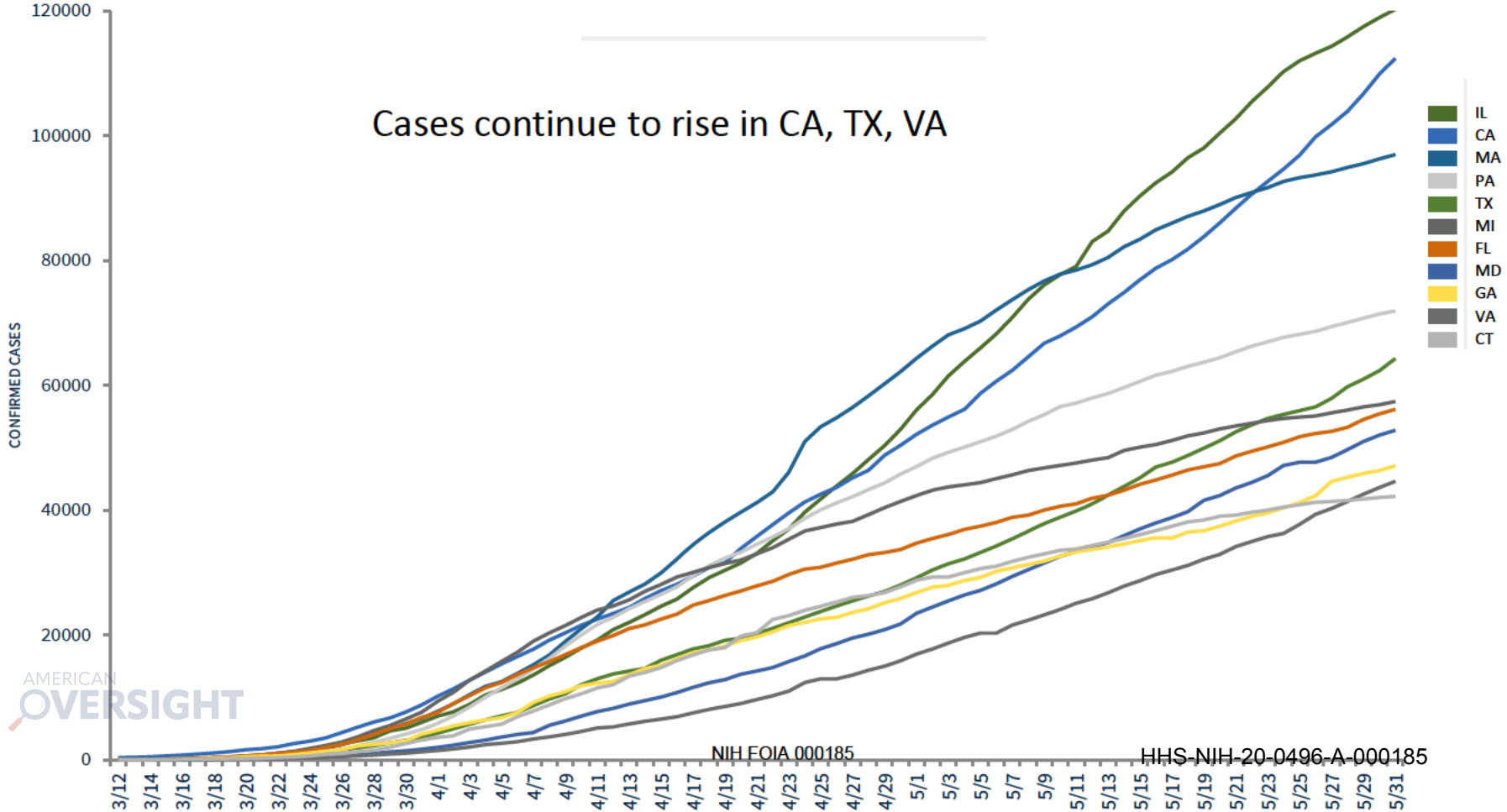


AMERICAN OVERSIGHT

NIH FOIA-000184

HHS-NIH-20-0496-A-000184

CUMULATIVE CASES: TOP STATES 1-12 WITHOUT NY, NJ

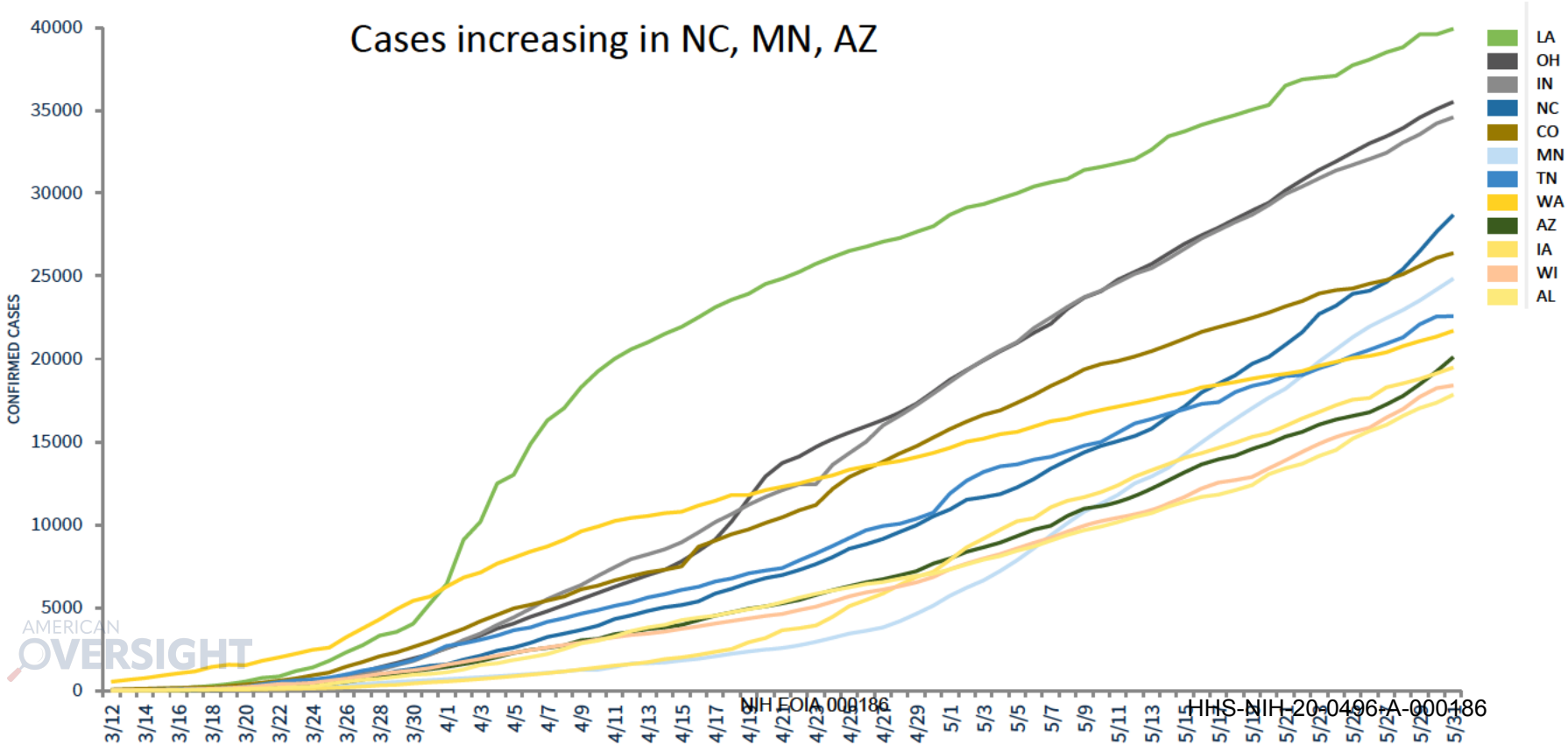


AMERICAN OVERSIGHT

NIH FOIA 000185

HHS-NIH-20-0496-A-000185

CUMULATIVE CASES: TOP 13-24 STATES

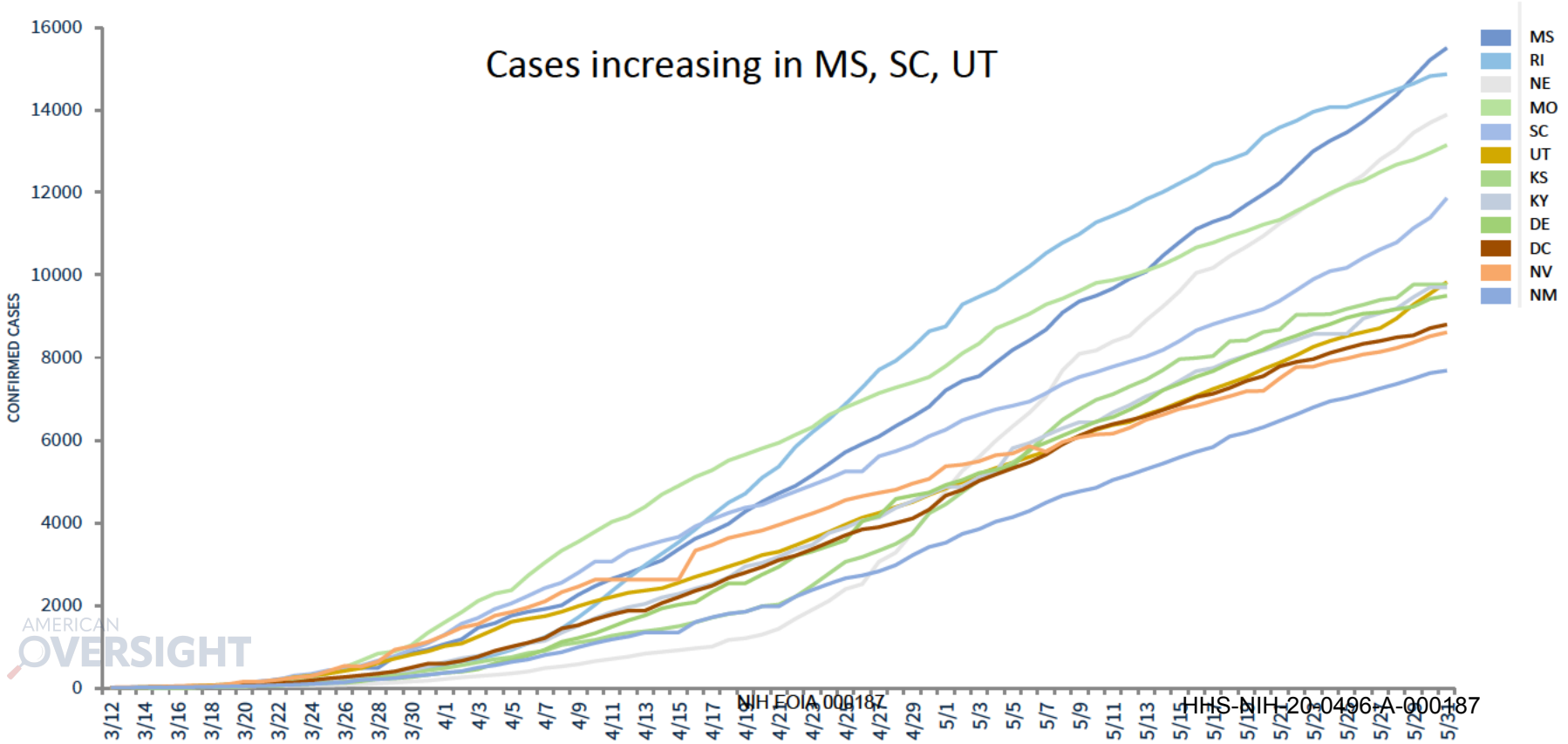


AMERICAN OVERSIGHT

NIH-EOIA-000186

HHS-NIH-20-0496-A-000186

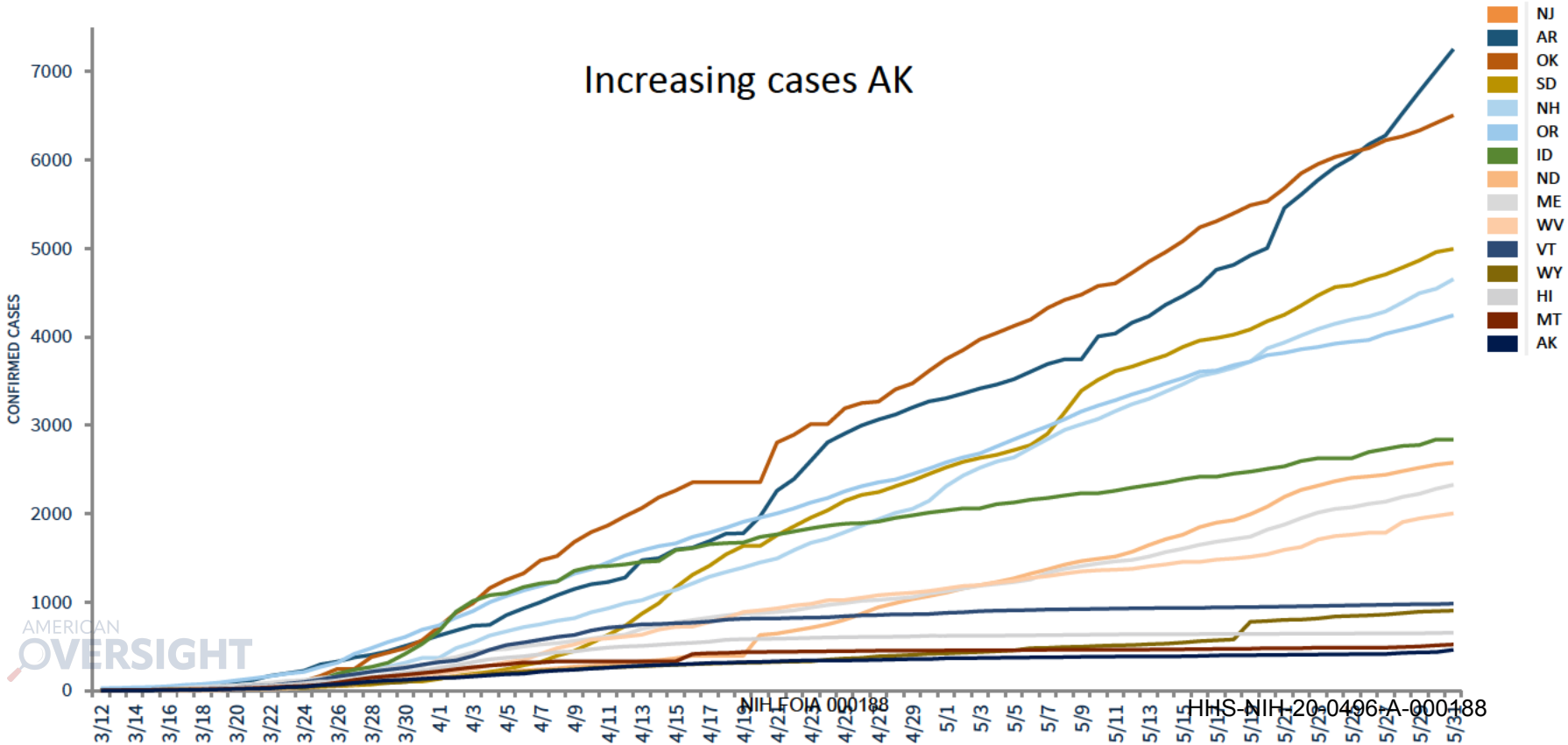
CUMULATIVE CASES: TOP 25-36 STATES



AMERICAN OVERSIGHT

NIH-EOIA-000187 HHS-NIH-20-0496-A-000187

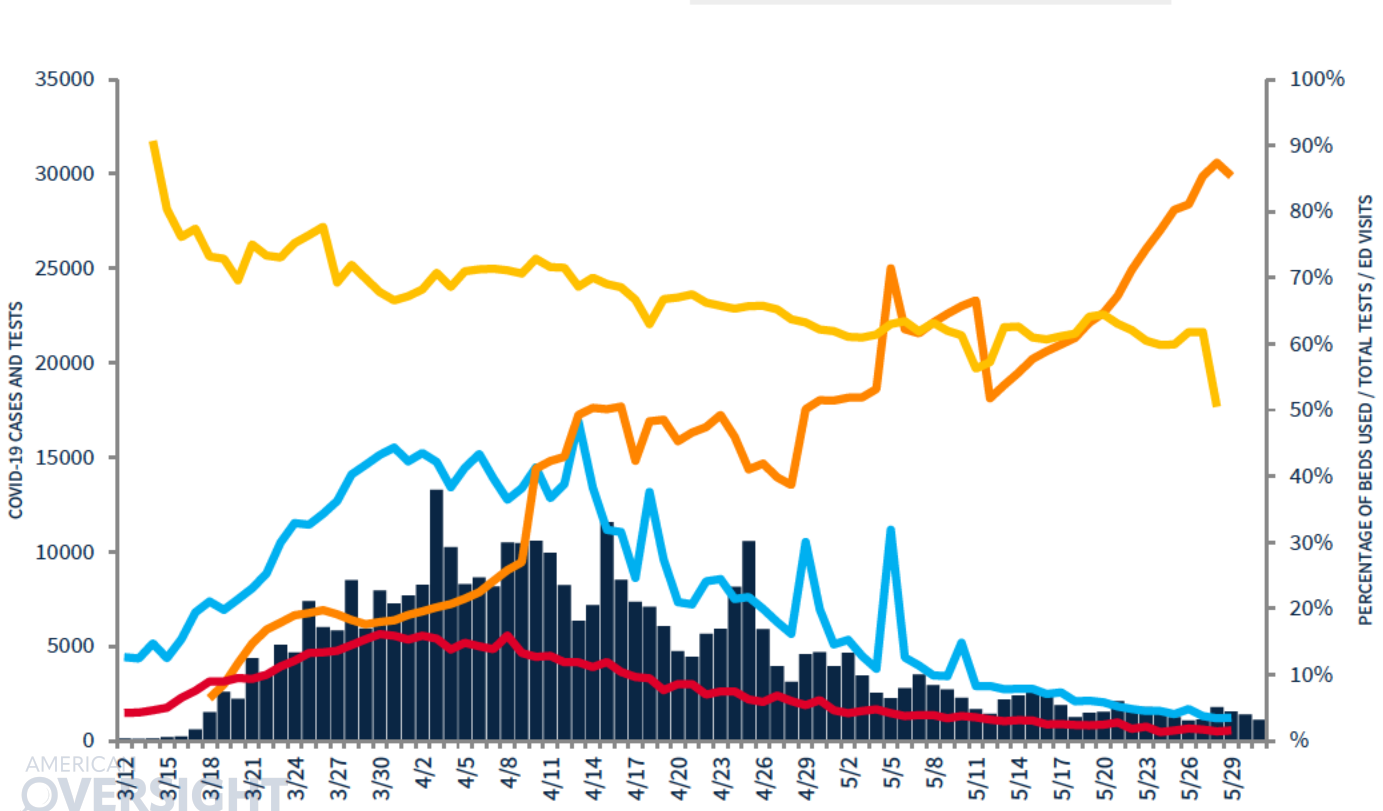
CUMULATIVE CASES: TOP 37-51 STATES



AMERICAN OVERSIGHT

NIH FOIA 000188 HHS-NIH-20-0496-A-000188

TRENDS IN NEW YORK



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	3.5%
BED UTILIZATION	50.5%
7-DAY INCIDENCE CHANGE	-18.8%
TESTING PER 100K	1168.1 per week
NEW CASES PER 100K	14332.7 per week

RISK FACTORS

POPULATION DENSITY	Unknown
% OVER 60	22.8%
CRUDE CVD PREVALENCE	Unknown

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

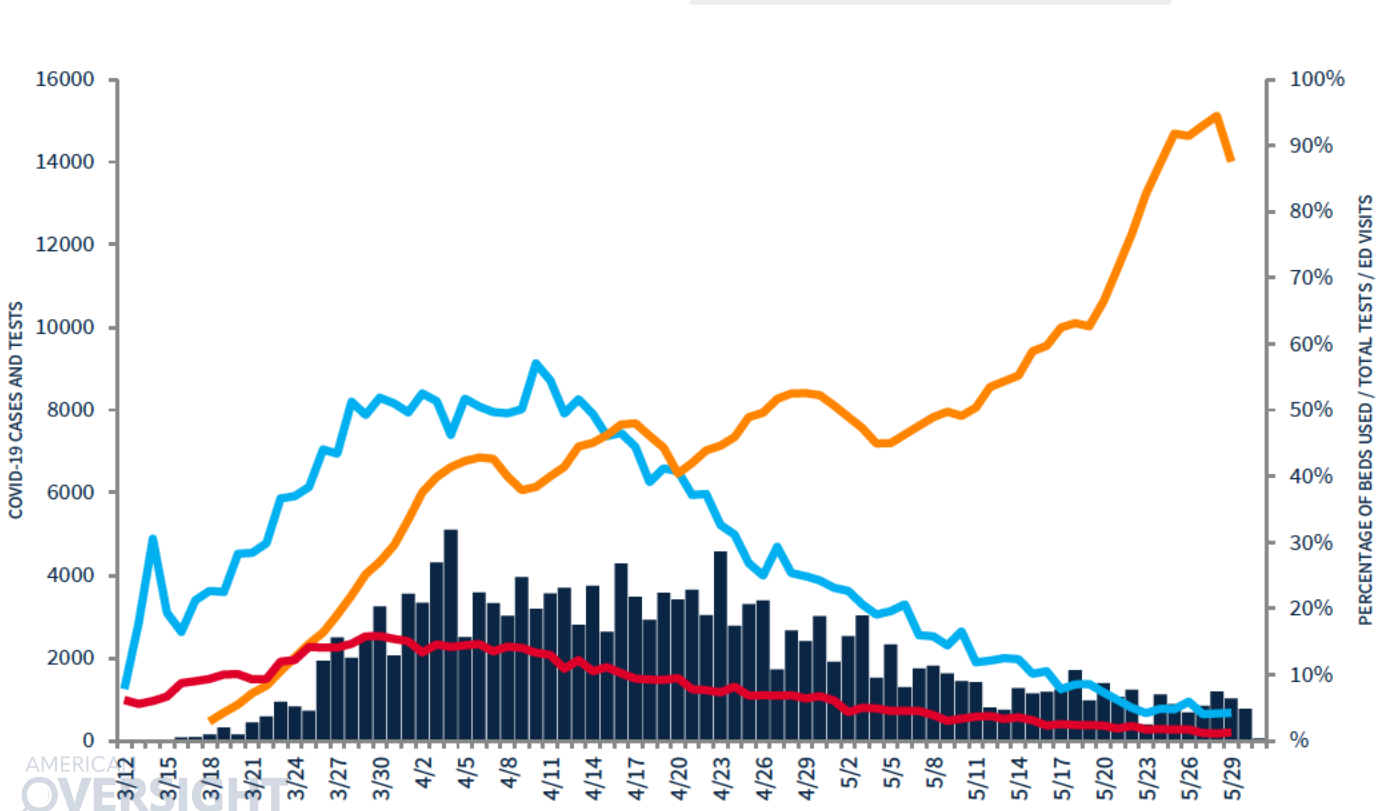
[1] Calculated over the most recent 3 days of data

AMERICA OVERSIGHT

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.
Testing data is missing for 46% of county-level data points over this time period. ED data is missing for 47% of county-level data points over this time period.

NIH FOIA 000189
HHS-NIH-20-0496-A-000189
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN NEW JERSEY



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.1%
BED UTILIZATION	60.4%
7-DAY INCIDENCE CHANGE	-30.7%
TESTING PER 100K	1100.7 per week
NEW CASES PER 100K	12386.0 per week

RISK FACTORS

POPULATION DENSITY	Unknown
% OVER 60	22.6%
CRUDE CVD PREVALENCE	Unknown

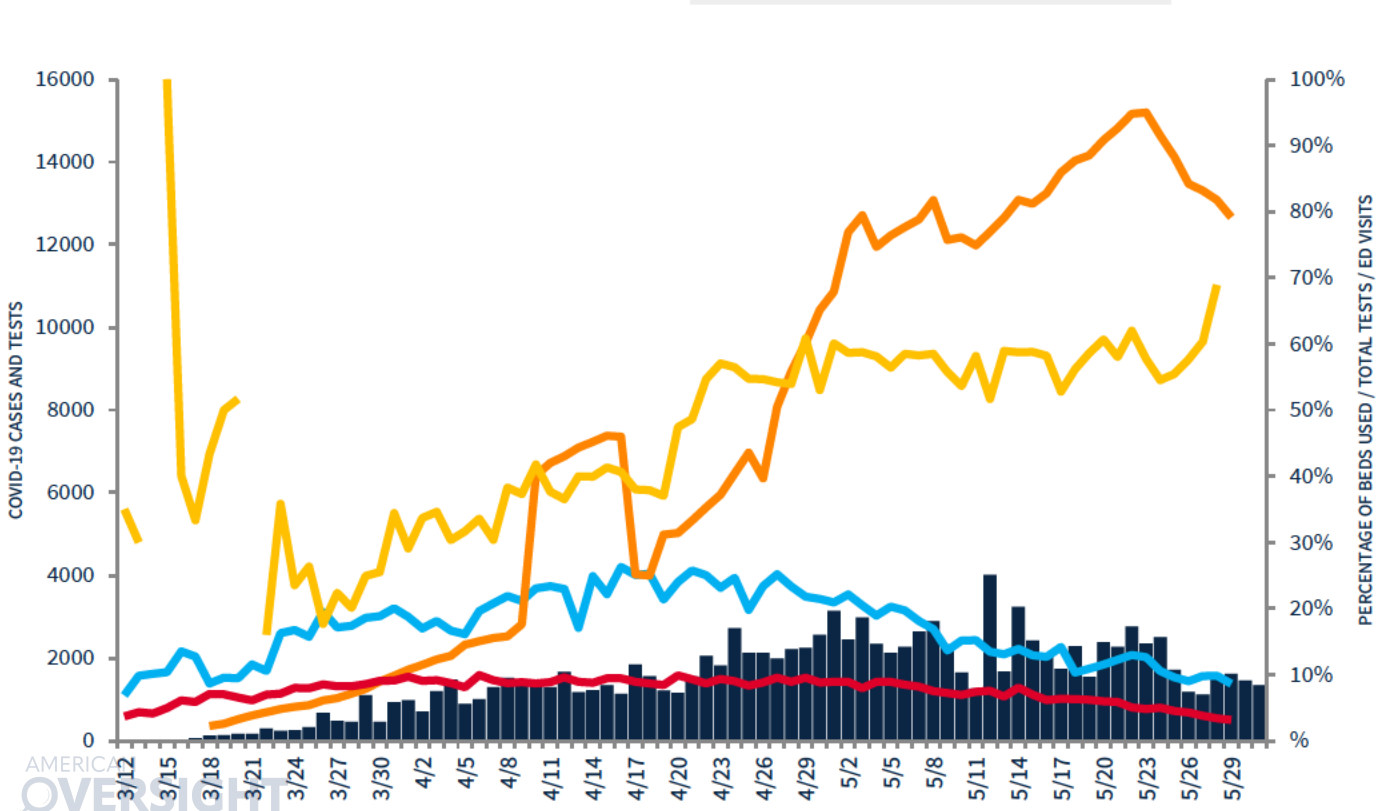
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.
Testing data is missing for 7% of county-level data points over this time period. ED data is missing for 11% of county-level data points over this time period.

AMERICA OVERSIGHT
NIH FOIA 000190
HHS-NIH-20-0496-A-000190
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
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TRENDS IN ILLINOIS



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.5%
BED UTILIZATION	68.9%
7-DAY INCIDENCE CHANGE	-38.2%
TESTING PER 100K	695.8 per week
NEW CASES PER 100K	6372.7 per week

RISK FACTORS

POPULATION DENSITY	Unknown
% OVER 60	21.9%
CRUDE CVD PREVALENCE	Unknown

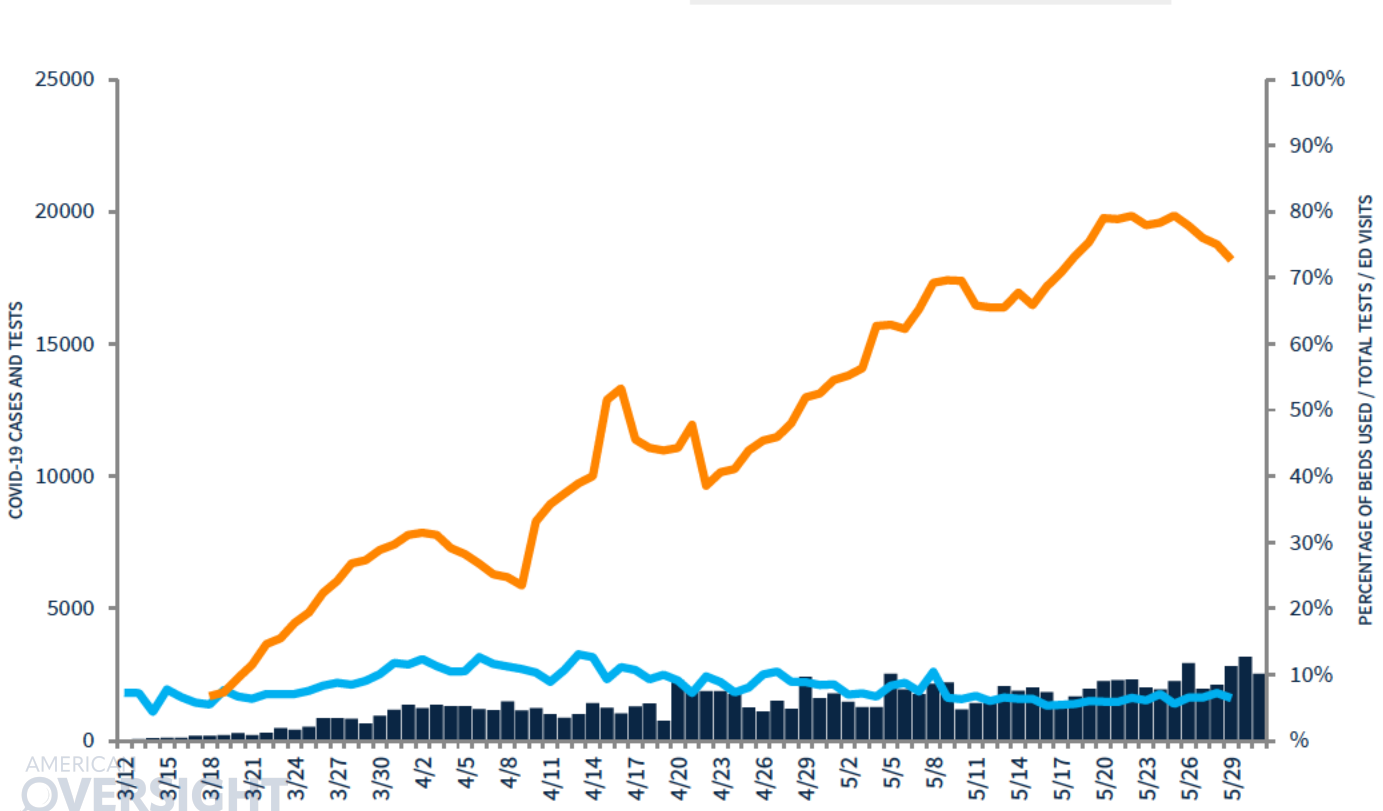
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.
Testing data is missing for 70% of county-level data points over this time period. ED data is missing for 61% of county-level data points over this time period.

AMERICA OVERSIGHT
NIH FOIA 000191
HHS-NIH-20-0496-A-000191
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
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TRENDS IN CALIFORNIA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.7%
BED UTILIZATION	Unknown
7-DAY INCIDENCE CHANGE	22.7%
TESTING PER 100K	321.6 per week
NEW CASES PER 100K	1848.8 per week

RISK FACTORS

POPULATION DENSITY	Unknown
% OVER 60	20.1%
CRUDE CVD PREVALENCE	Unknown

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

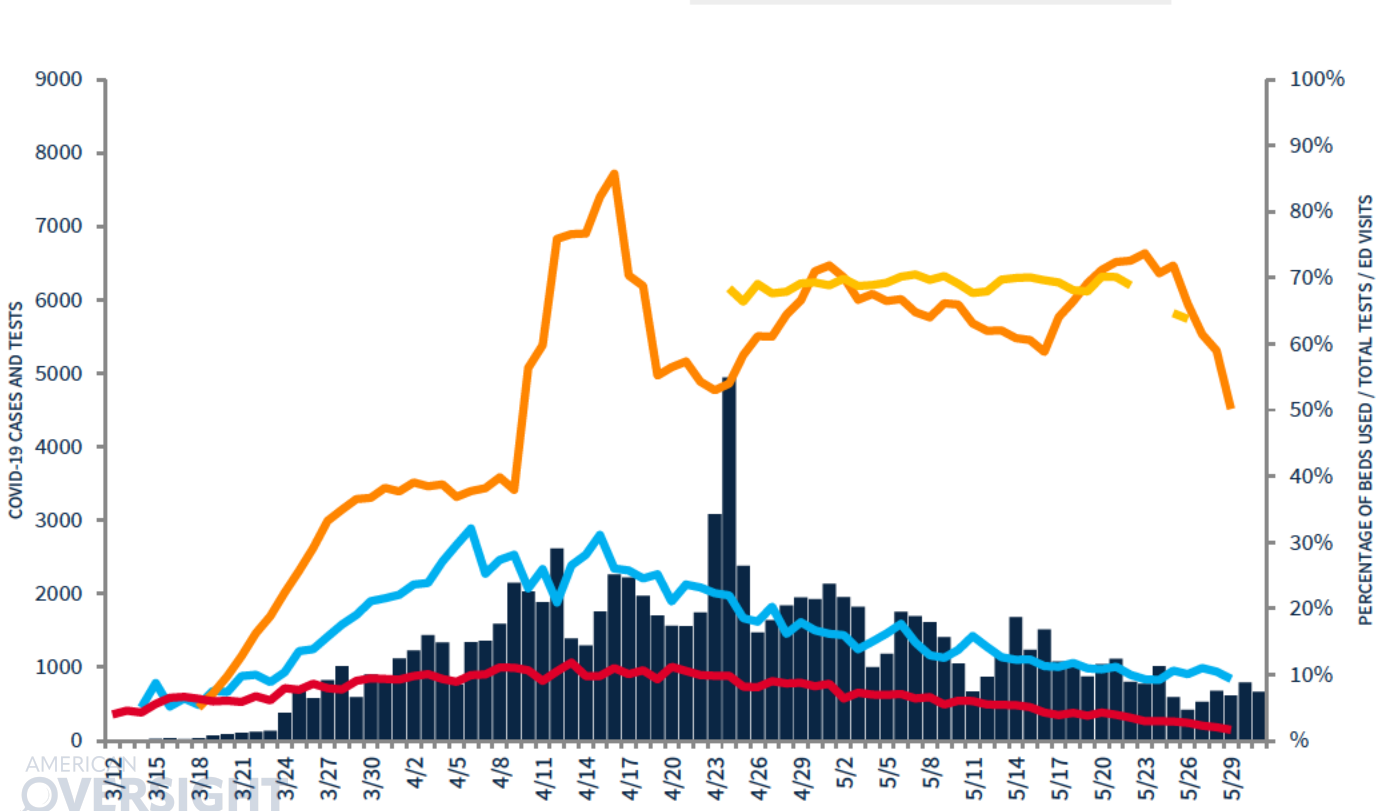
[1] Calculated over the most recent 3 days of data

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.
Testing data is missing for 48% of county-level data points over this time period. ED data is missing for 87% of county-level data points over this time period.

AMERICA OVERSIGHT
NIH FOIA 000192
HHS-NIH-20-0496-A-000192
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
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TRENDS IN MASSACHUSETTS



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	10.6%
BED UTILIZATION	63.8%
7-DAY INCIDENCE CHANGE	-35.6%
TESTING PER 100K	458.1 per week
NEW CASES PER 100K	9632.6 per week

RISK FACTORS

POPULATION DENSITY	Unknown
% OVER 60	23.0%
CRUDE CVD PREVALENCE	Unknown

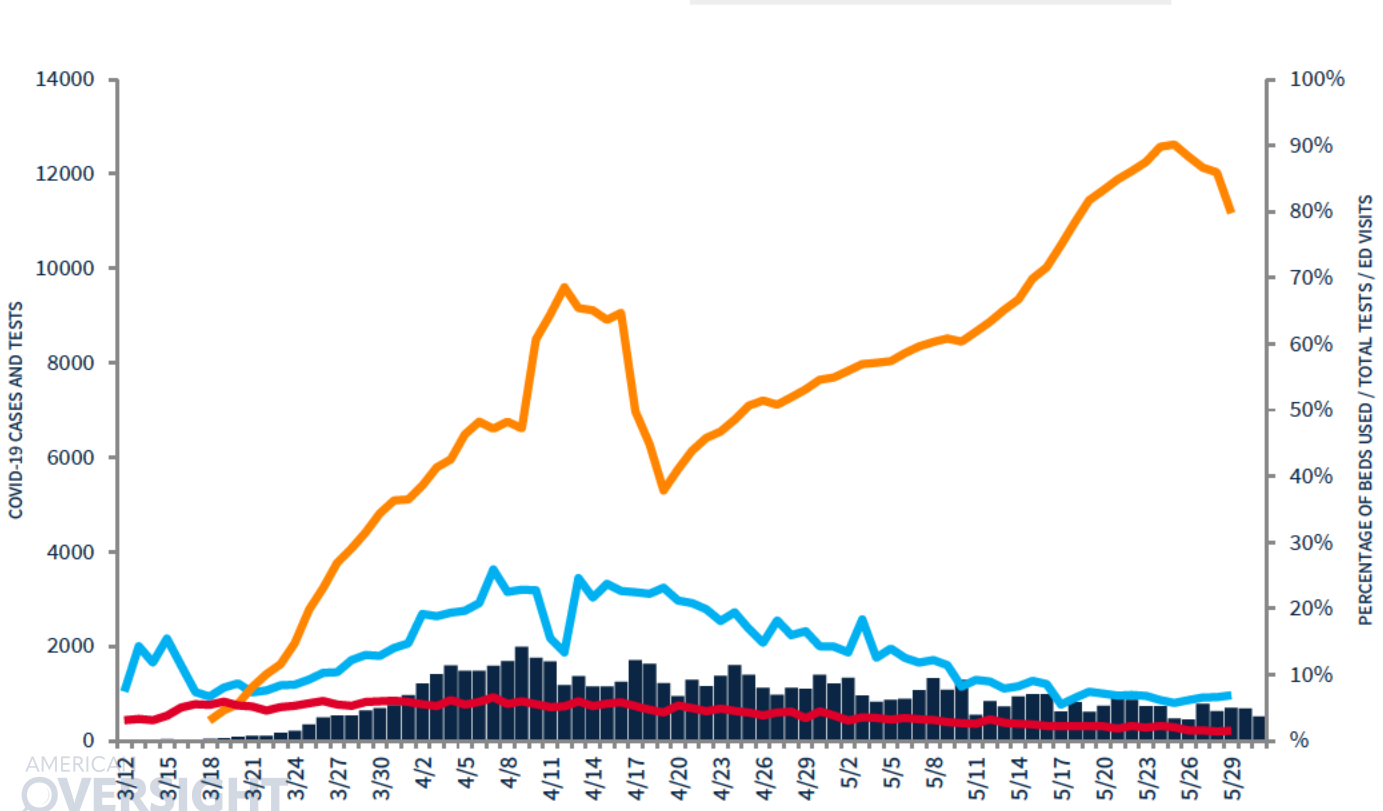
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.
Testing data is missing for 24% of county-level data points over this time period. ED data is missing for 17% of county-level data points over this time period.

AMERICAN OVERSIGHT
NIH FOIA 000193
HHS-NIH-20-0496-A-000193
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
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TRENDS IN PENNSYLVANIA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.6%
BED UTILIZATION	Unknown
7-DAY INCIDENCE CHANGE	-22.9%
TESTING PER 100K	610.6 per week
NEW CASES PER 100K	3828.7 per week

RISK FACTORS

POPULATION DENSITY	Unknown
% OVER 60	25.2%
CRUDE CVD PREVALENCE	Unknown

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

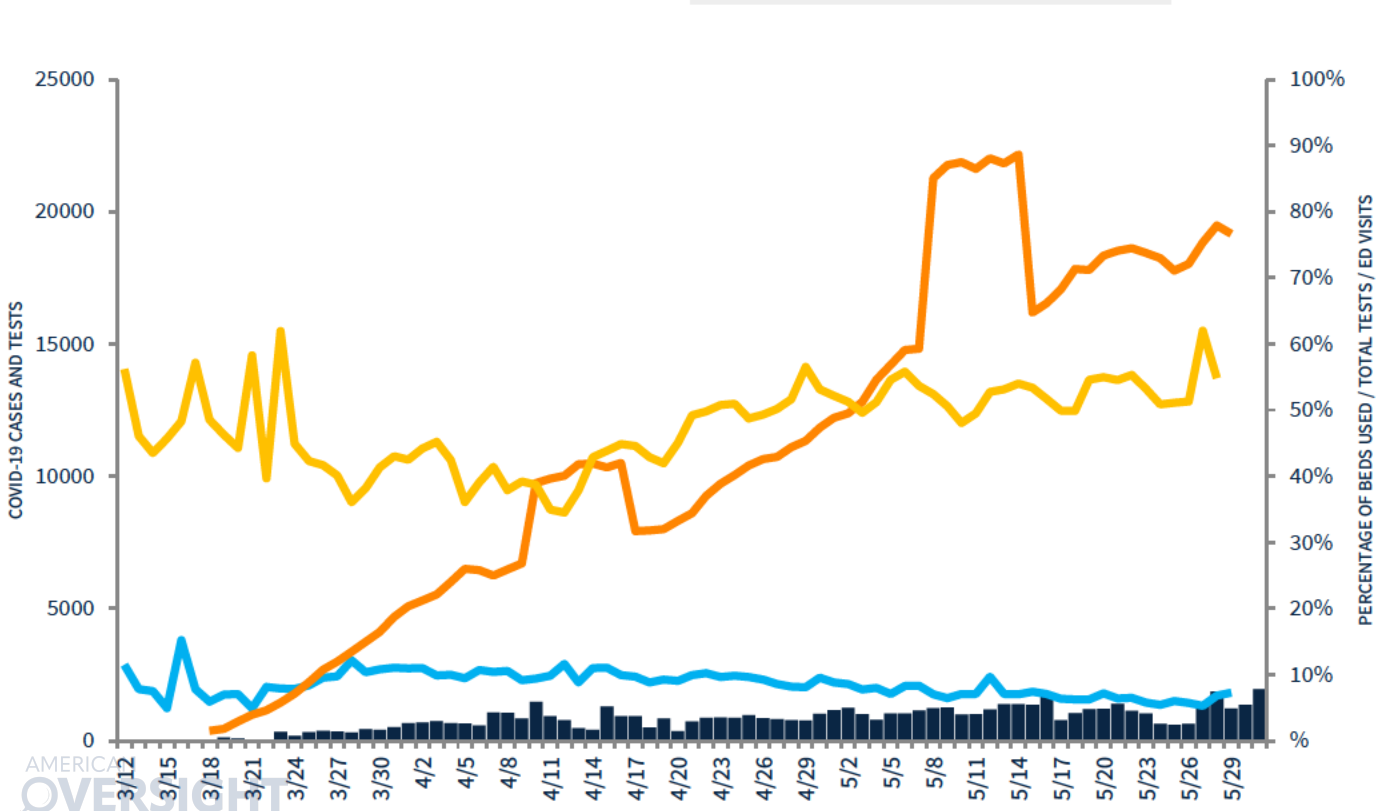
[1] Calculated over the most recent 3 days of data

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.

Testing data is missing for 49% of county-level data points over this time period. ED data is missing for 47% of county-level data points over this time period.

AMERICA OVERSIGHT
NIH FOIA 000194
HHS-NIH-20-0496-A-000194
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN TEXAS



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.3%
BED UTILIZATION	54.8%
7-DAY INCIDENCE CHANGE	17.2%
TESTING PER 100K	467.3 per week
NEW CASES PER 100K	1455.6 per week

RISK FACTORS

POPULATION DENSITY	Unknown
% OVER 60	17.9%
CRUDE CVD PREVALENCE	Unknown

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

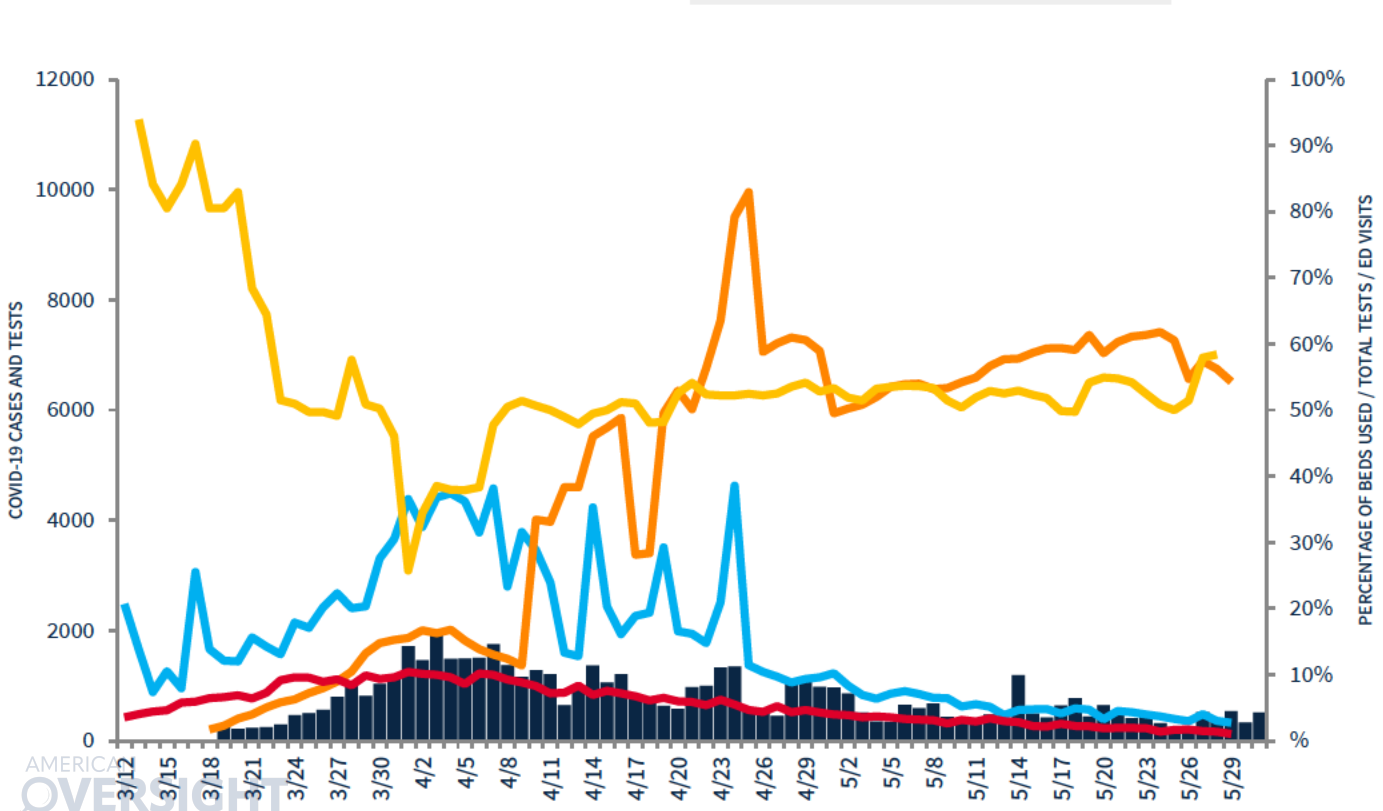
[1] Calculated over the most recent 3 days of data

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.
Testing data is missing for 77% of county-level data points over this time period. ED data is missing for 83% of county-level data points over this time period.

AMERICA OVERSIGHT
NIH FOIA 000195
HHS-NIH-20-0496-A-000195
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
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TRENDS IN MICHIGAN



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	3.3%
BED UTILIZATION	58.4%
7-DAY INCIDENCE CHANGE	-23.1%
TESTING PER 100K	456.1 per week
NEW CASES PER 100K	3925.9 per week

RISK FACTORS

POPULATION DENSITY	Unknown
% OVER 60	24.0%
CRUDE CVD PREVALENCE	Unknown

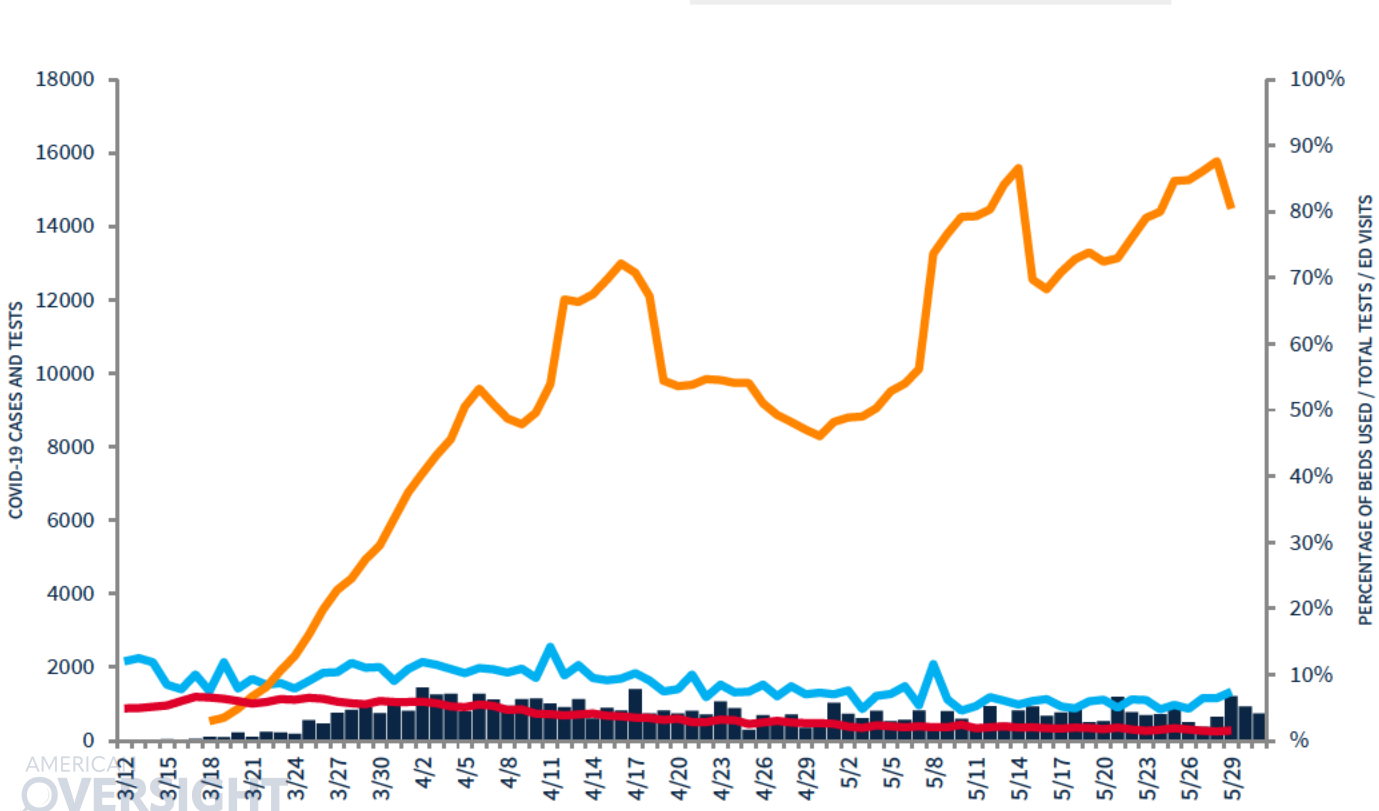
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.
Testing data is missing for 74% of county-level data points over this time period. ED data is missing for 59% of county-level data points over this time period.

AMERICA OVERSIGHT
NIH FOIA 000196
HHS-NIH-20-0496-A-000196
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN FLORIDA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.6%
BED UTILIZATION	Unknown
7-DAY INCIDENCE CHANGE	0.3%
TESTING PER 100K	476.1 per week
NEW CASES PER 100K	1765.3 per week

RISK FACTORS

POPULATION DENSITY	Unknown
% OVER 60	27.0%
CRUDE CVD PREVALENCE	Unknown

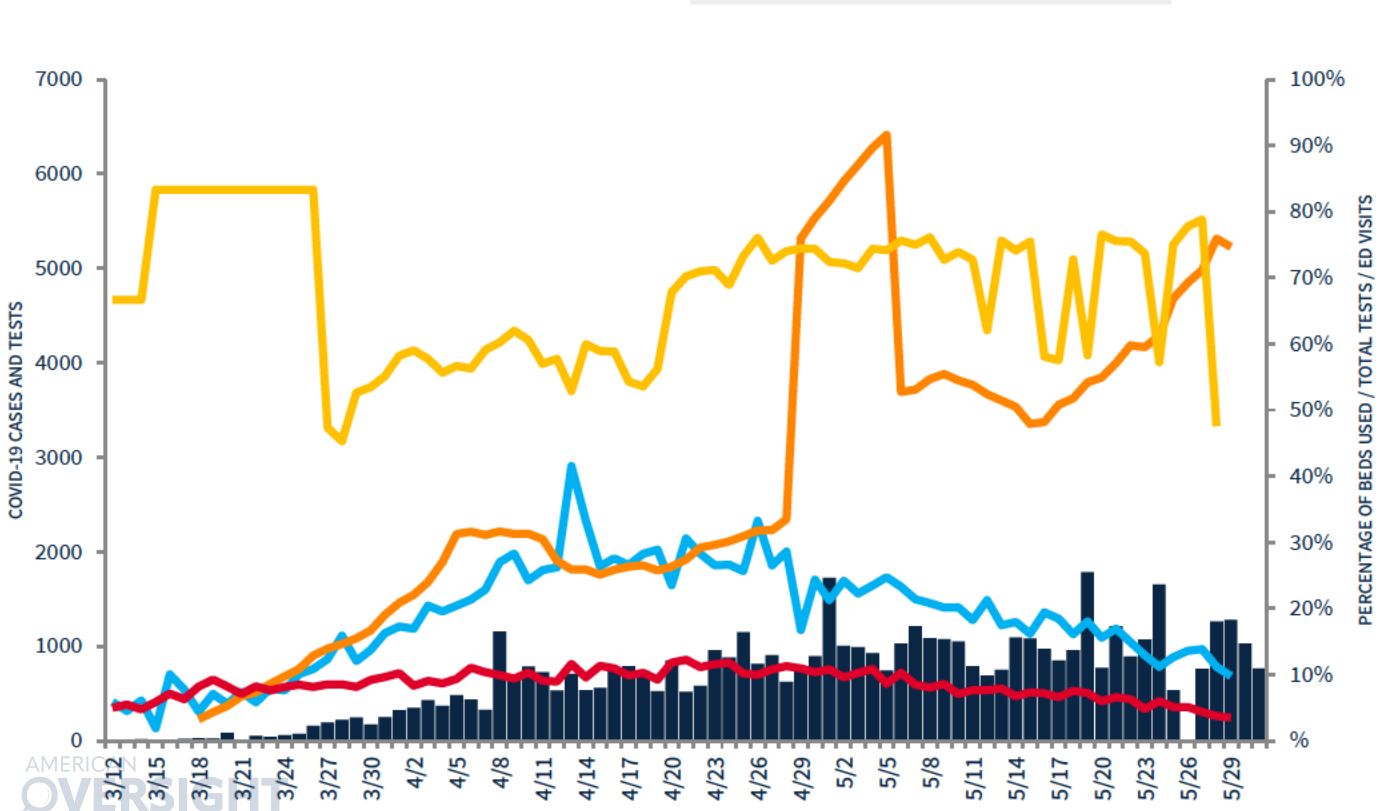
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.
Testing data is missing for 42% of county-level data points over this time period. ED data is missing for 35% of county-level data points over this time period.

AMERICA OVERSIGHT
NIH FOIA 000197
HHS-NIH-20-0496-A-000197
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN MARYLAND



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	11.7%
BED UTILIZATION	47.6%
7-DAY INCIDENCE CHANGE	-32.6%
TESTING PER 100K	605.4 per week
NEW CASES PER 100K	5780.5 per week

RISK FACTORS

POPULATION DENSITY	Unknown
% OVER 60	21.7%
CRUDE CVD PREVALENCE	Unknown

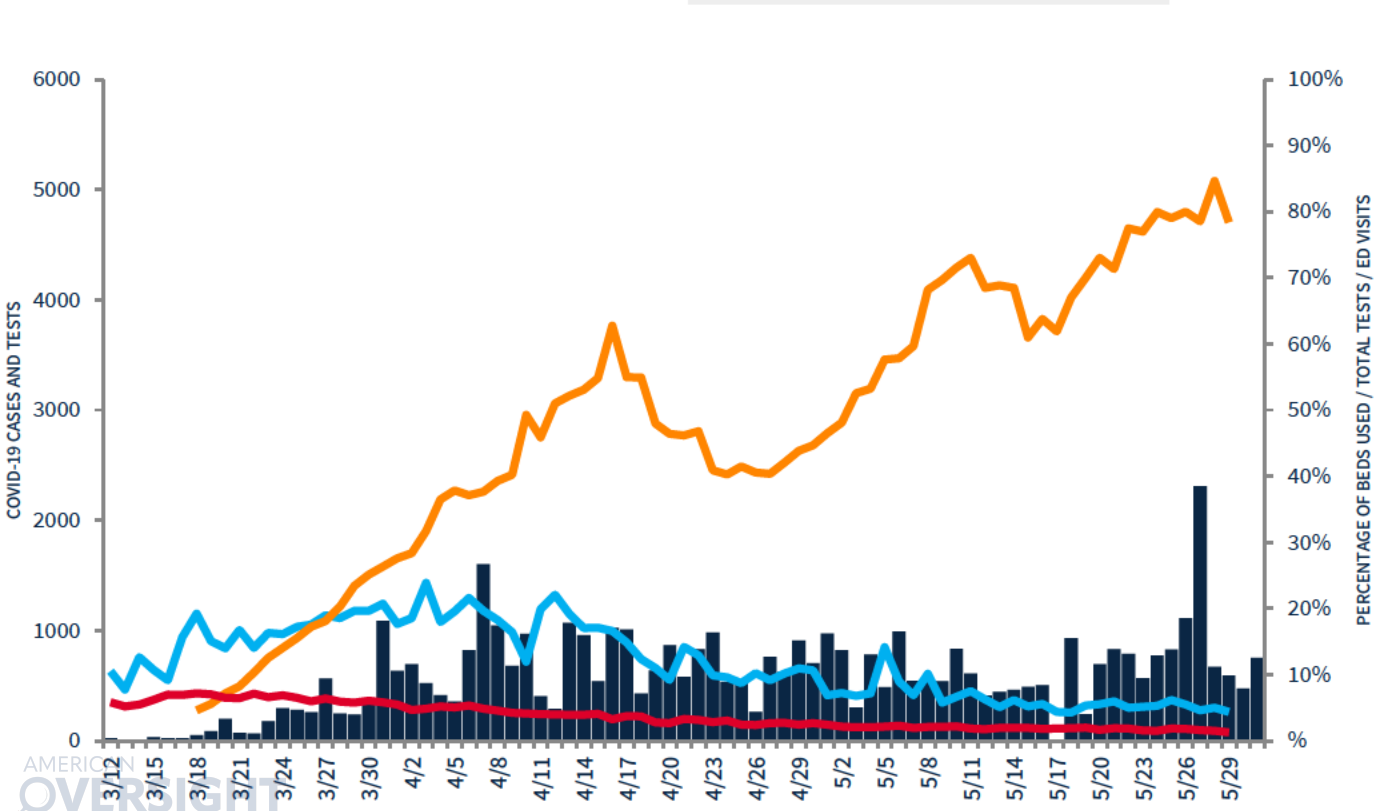
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.
Testing data is missing for 28% of county-level data points over this time period. ED data is missing for 38% of county-level data points over this time period.

AMERICAN OVERSIGHT
NIH FOIA 000198
HHS-NIH-20-0496-A-000198
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN GEORGIA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.7%
BED UTILIZATION	Unknown
7-DAY INCIDENCE CHANGE	39.5%
TESTING PER 100K	312.9 per week
NEW CASES PER 100K	2972.5 per week

RISK FACTORS

POPULATION DENSITY	Unknown
% OVER 60	19.6%
CRUDE CVD PREVALENCE	Unknown

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.

Testing data is missing for 68% of county-level data points over this time period. ED data is missing for 70% of county-level data points over this time period.

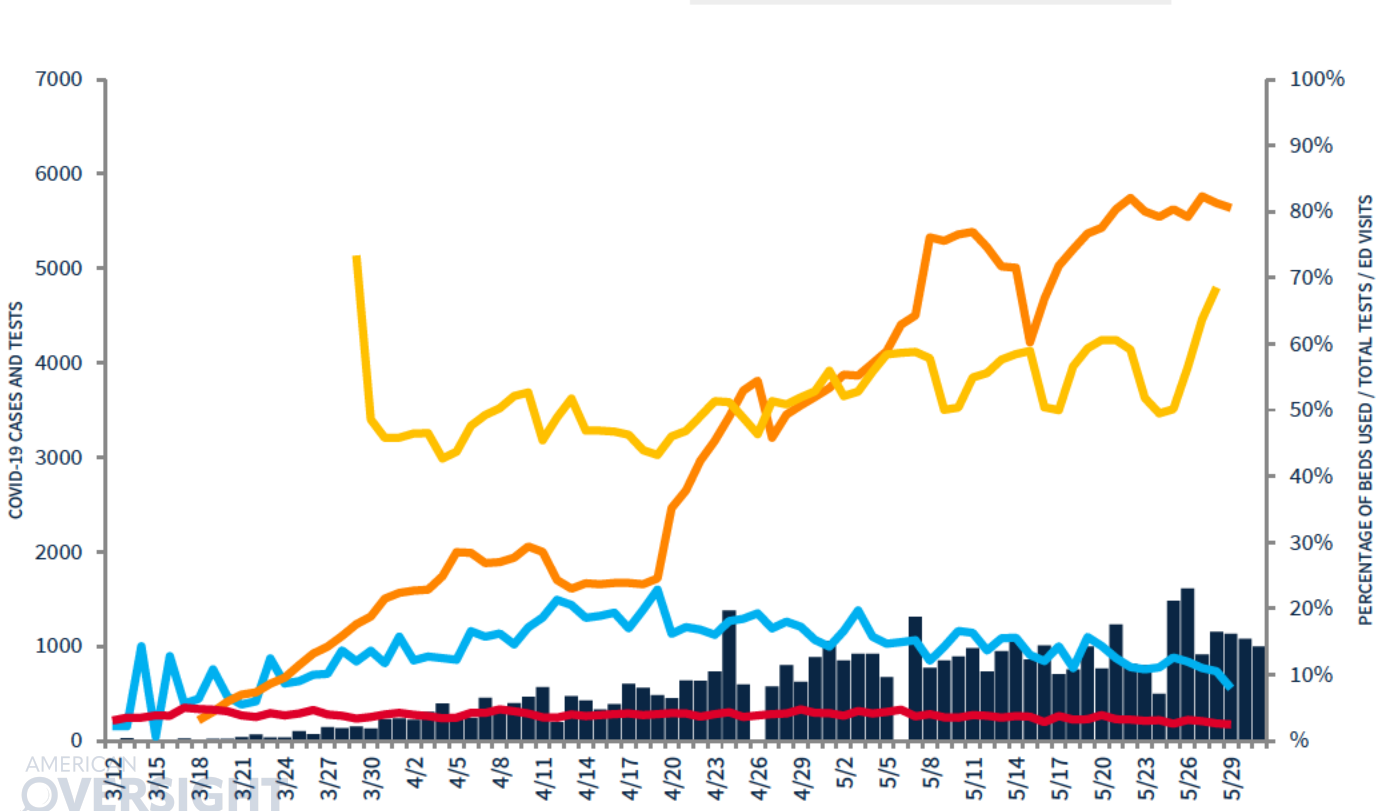
AMERICAN OVERSIGHT

NIH FOIA 000199

HHS-NIH-20-0496-A-000199

TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN VIRGINIA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.9%
BED UTILIZATION	68.5%
7-DAY INCIDENCE CHANGE	42.7%
TESTING PER 100K	463.5 per week
NEW CASES PER 100K	3398.3 per week

RISK FACTORS

POPULATION DENSITY	Unknown
% OVER 60	21.6%
CRUDE CVD PREVALENCE	Unknown

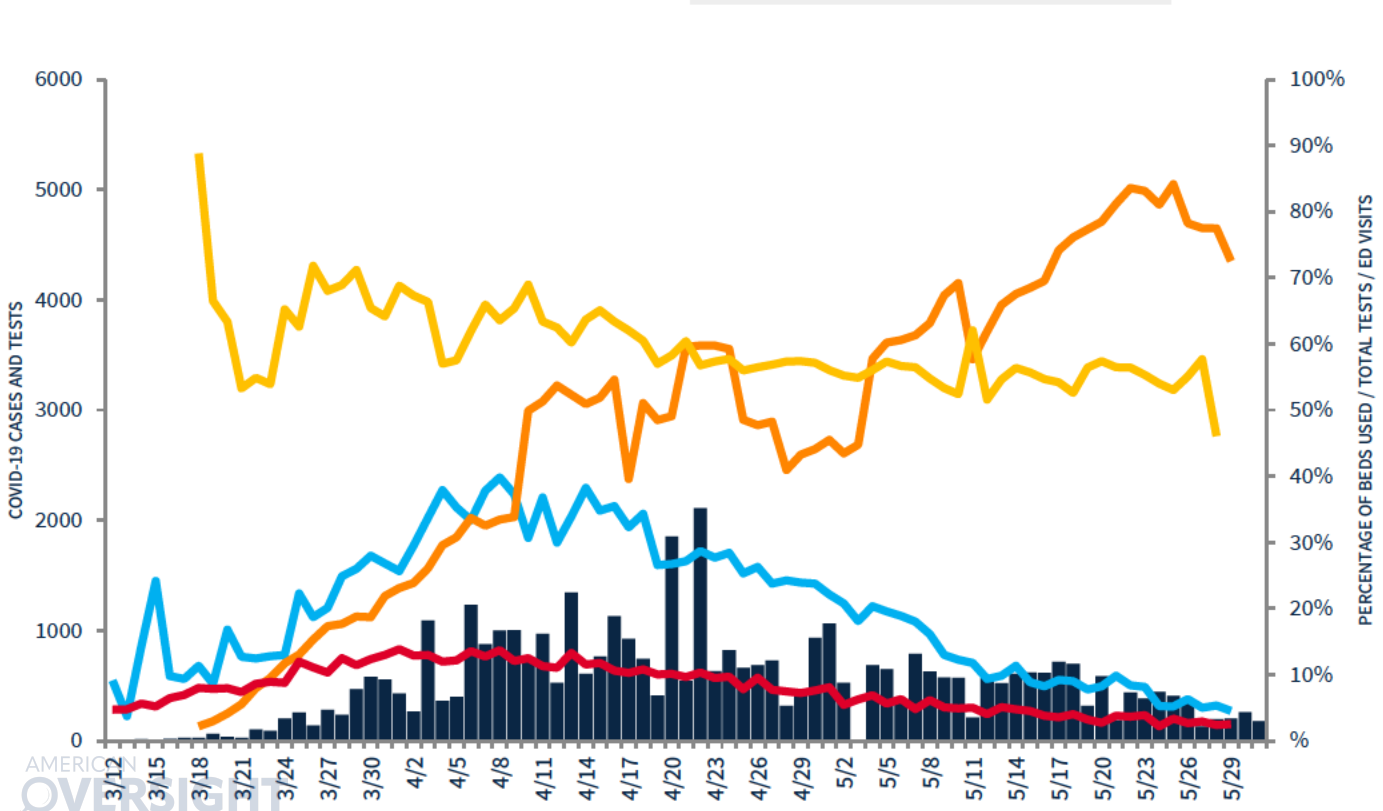
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.
Testing data is missing for 65% of county-level data points over this time period. ED data is missing for 66% of county-level data points over this time period.

AMERICAN OVERSIGHT
NIH FOIA 000200
HHS-NIH-20-0496-A-000200
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN CONNECTICUT



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.0%
BED UTILIZATION	46.1%
7-DAY INCIDENCE CHANGE	-43.0%
TESTING PER 100K	852.7 per week
NEW CASES PER 100K	8145.5 per week

RISK FACTORS

POPULATION DENSITY	Unknown
% OVER 60	24.0%
CRUDE CVD PREVALENCE	Unknown

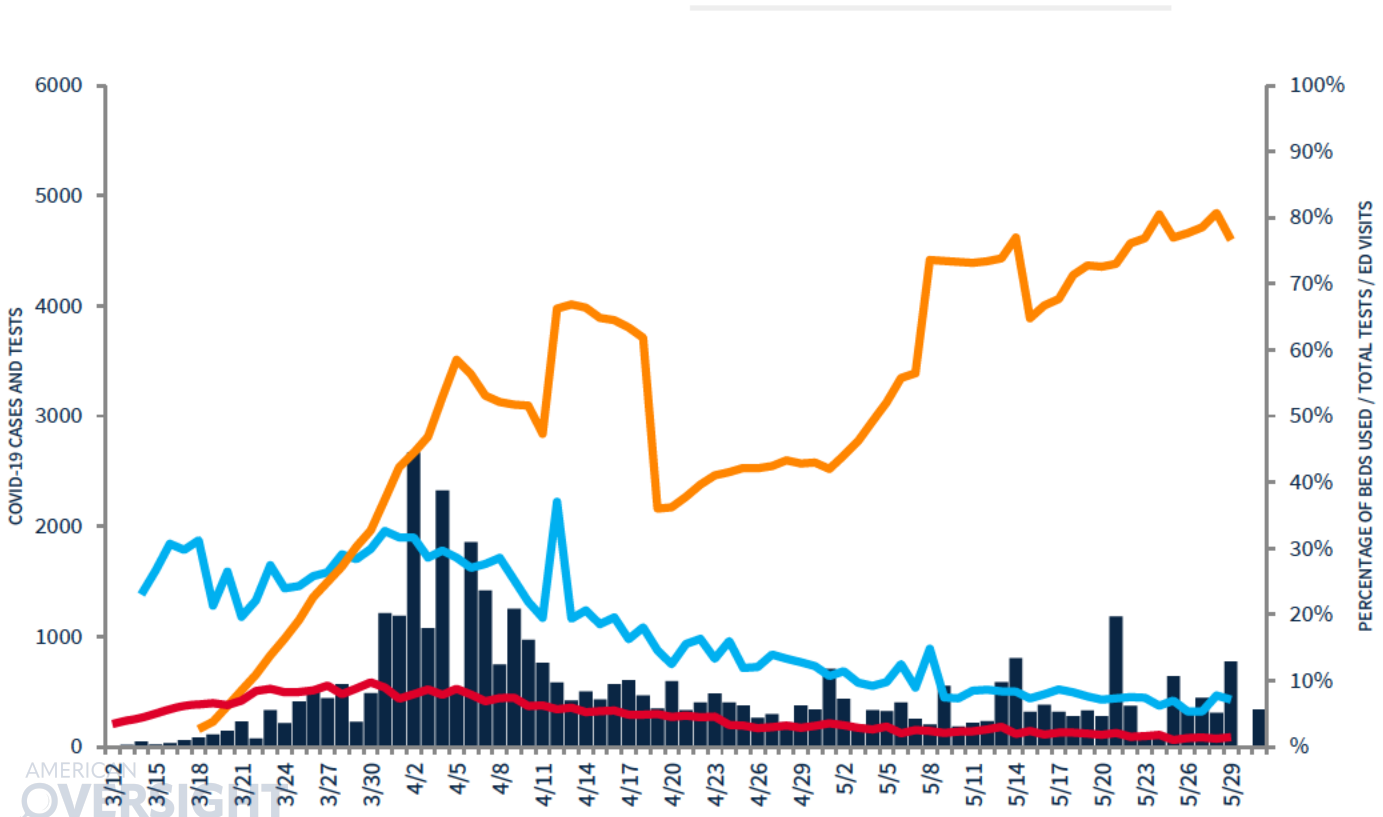
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.
Testing data is missing for 15% of county-level data points over this time period. ED data is missing for 17% of county-level data points over this time period.

AMERICAN OVERSIGHT
NIH FOIA 000201
HHS-NIH-20-0496-A-00020
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN LOUISIANA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.7%
BED UTILIZATION	Unknown
7-DAY INCIDENCE CHANGE	7.2%
TESTING PER 100K	690.5 per week
NEW CASES PER 100K	5840.0 per week

RISK FACTORS

POPULATION DENSITY	Unknown
% OVER 60	21.7%
CRUDE CVD PREVALENCE	Unknown

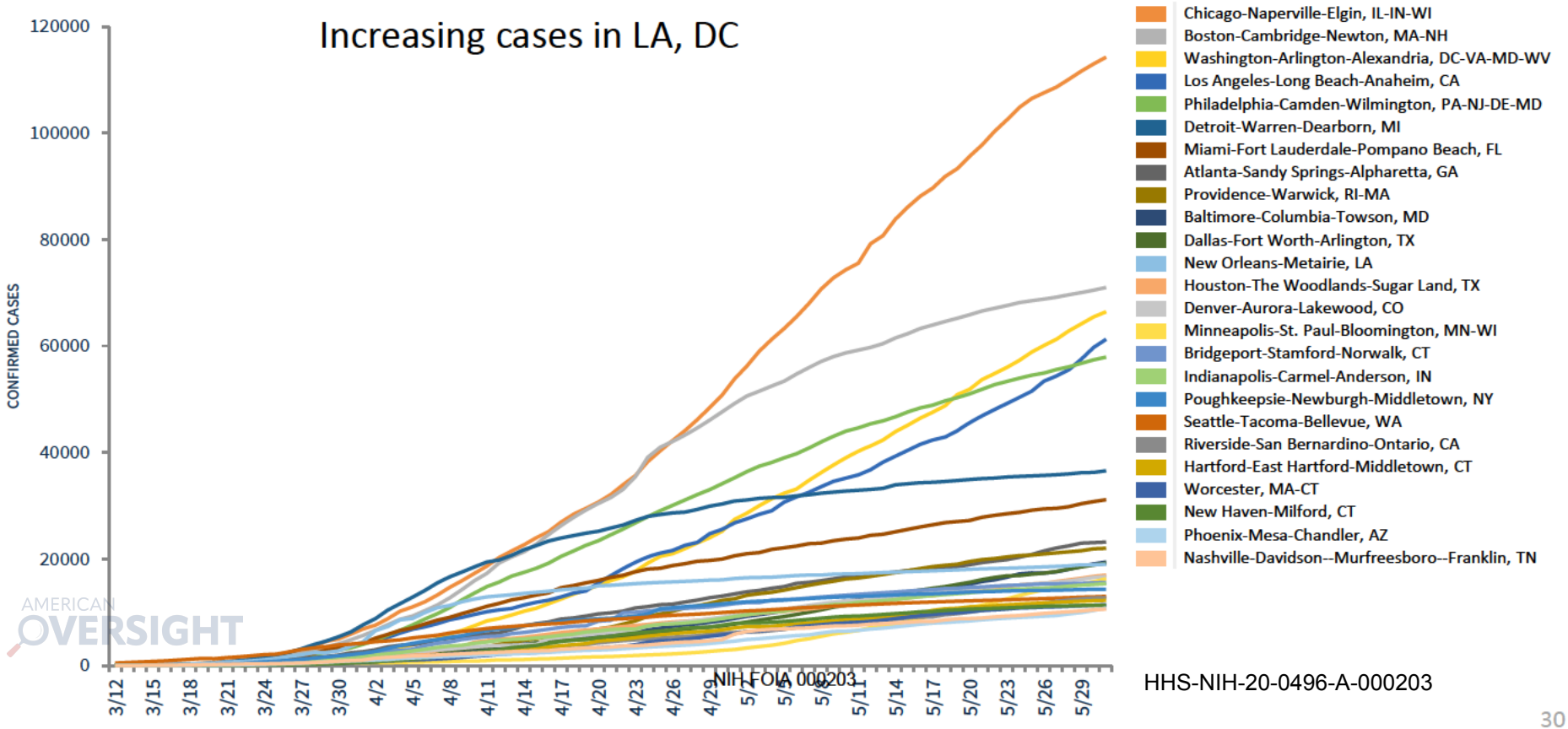
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.
Testing data is missing for 42% of county-level data points over this time period. ED data is missing for 60% of county-level data points over this time period.

AMERICAN OVERSIGHT
NIH FOIA 000202
HHS-NIH-20-0496-A-000202
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

CUMULATIVE CASES: TOP 25 CBSA WITHOUT NYC

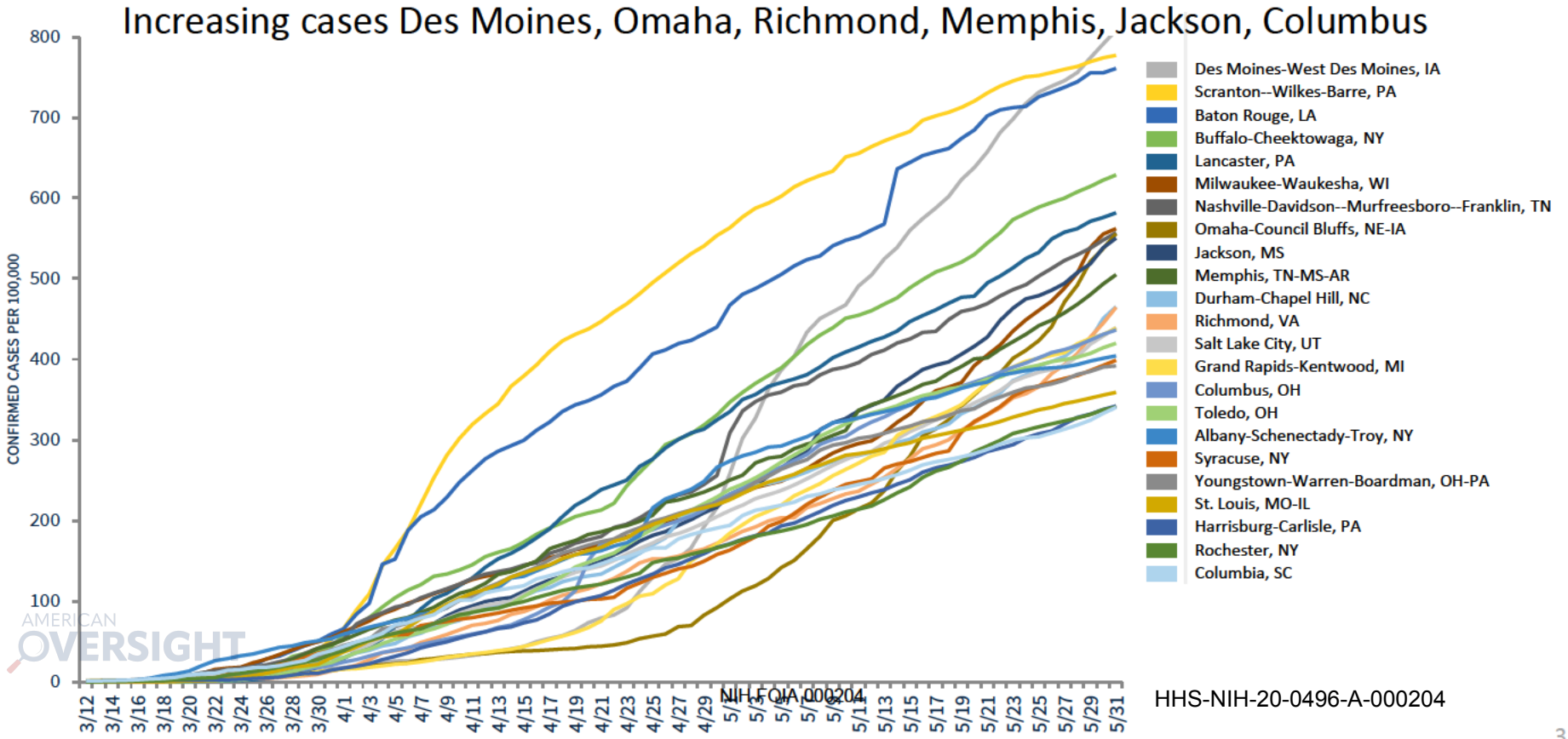


AMERICAN OVERSIGHT

NIH FOIA 000203

HHS-NIH-20-0496-A-000203

CUMULATIVE CASES: CBSA'S > 500K PEOPLE, EXCLUDING TOP 25 CBSA 1 – 25

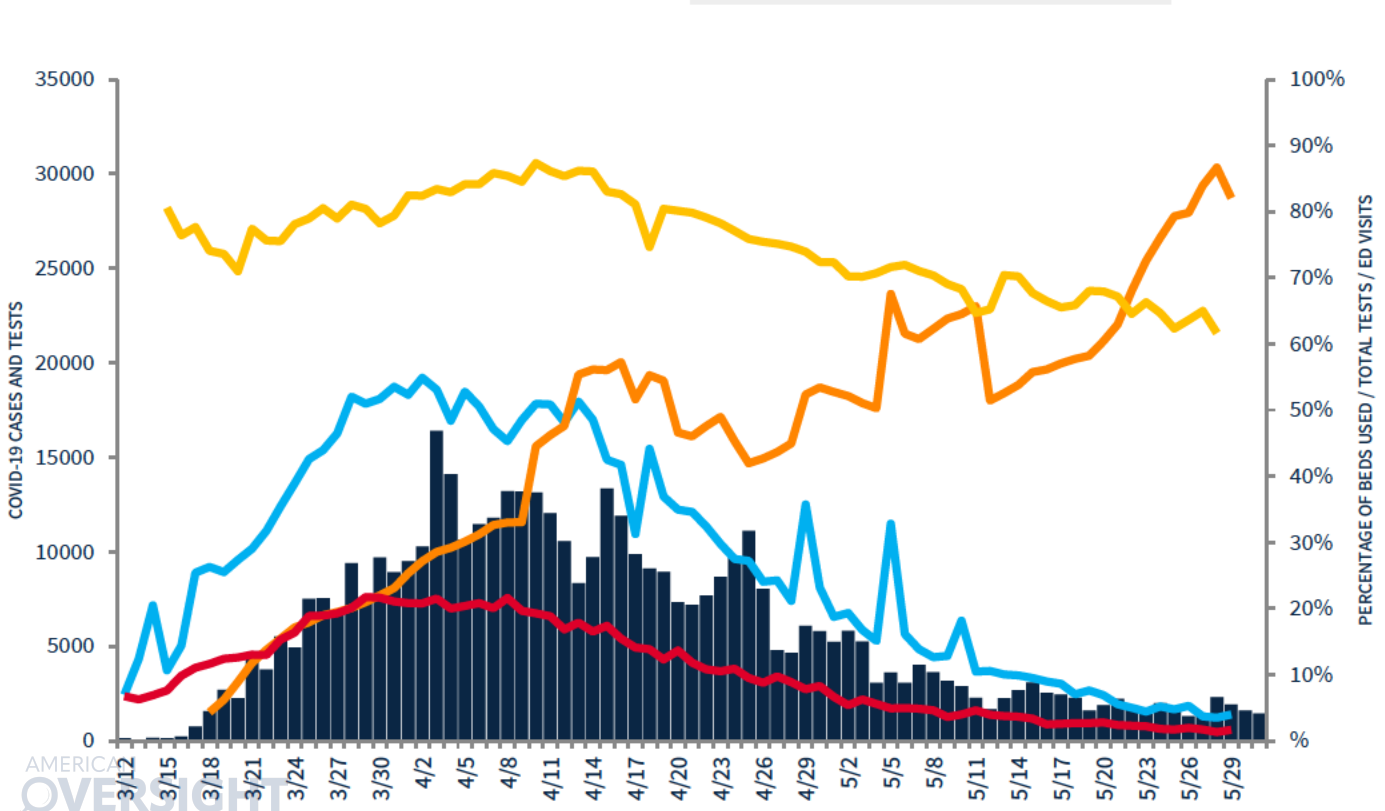


AMERICAN OVERSIGHT

NIH FOIA 000204

HHS-NIH-20-0496-A-000204

TRENDS IN NEW YORK-NEWARK-JERSEY CITY, NY-NJ-PA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	3.7%
BED UTILIZATION	61.7%
7-DAY INCIDENCE CHANGE	-13.3%
TESTING PER 100K	1137.4 per week
NEW CASES PER 100K	18178.5 per week

RISK FACTORS

POPULATION DENSITY	2887 per sq mi
% OVER 60	21.8%
CRUDE CVD PREVALENCE	Unknown

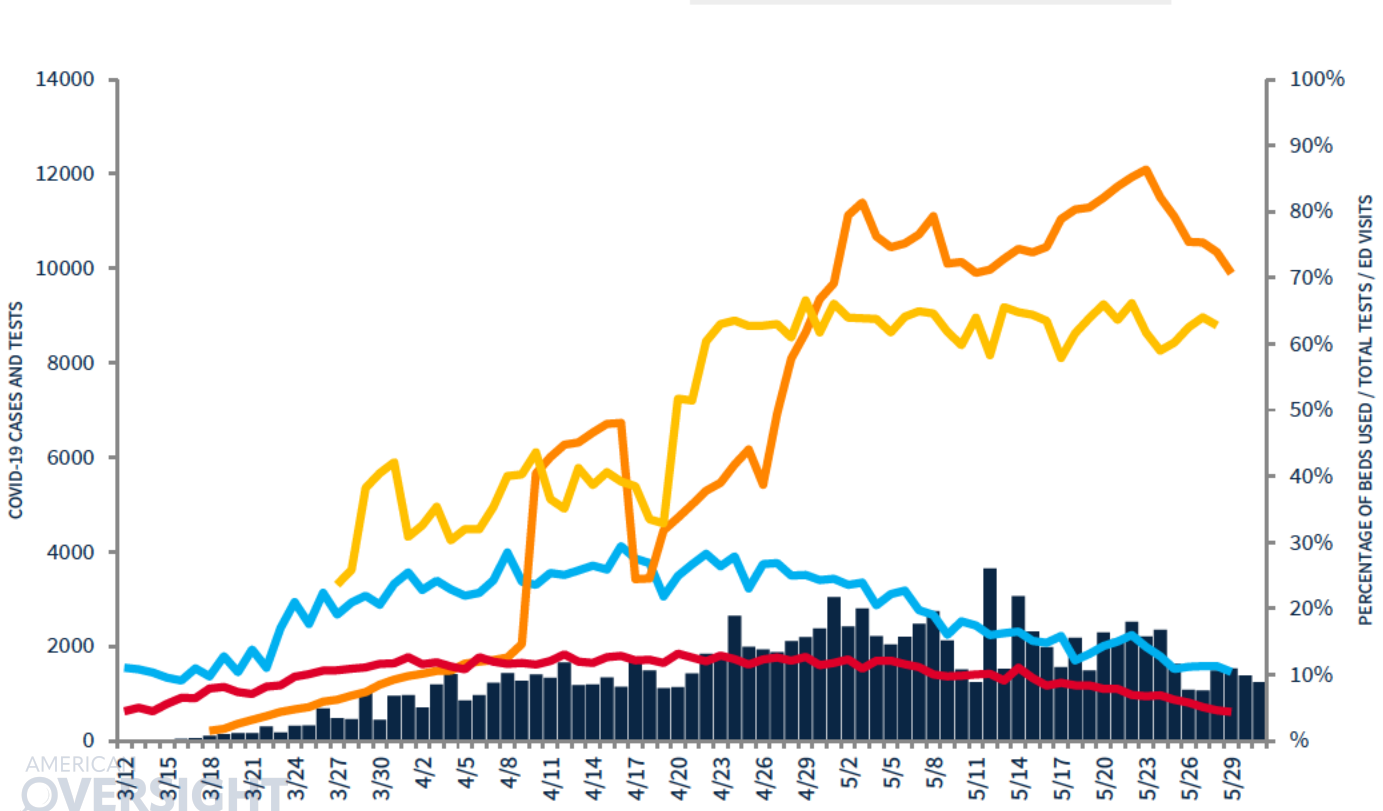
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.
Testing data is missing for 4% of county-level data points over this time period. ED data is missing for 14% of county-level data points over this time period.

AMERICA OVERSIGHT
NIH FOIA 000205
HHS-NIH-20-0496-A-000205
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN CHICAGO-NAPERVILLE-ELGIN, IL-IN-WI



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	11.0%
BED UTILIZATION	62.8%
7-DAY INCIDENCE CHANGE	-38.1%
TESTING PER 100K	729.3 per week
NEW CASES PER 100K	8121.3 per week

RISK FACTORS

POPULATION DENSITY	1320 per sq mi
% OVER 60	20.7%
CRUDE CVD PREVALENCE	3.5%

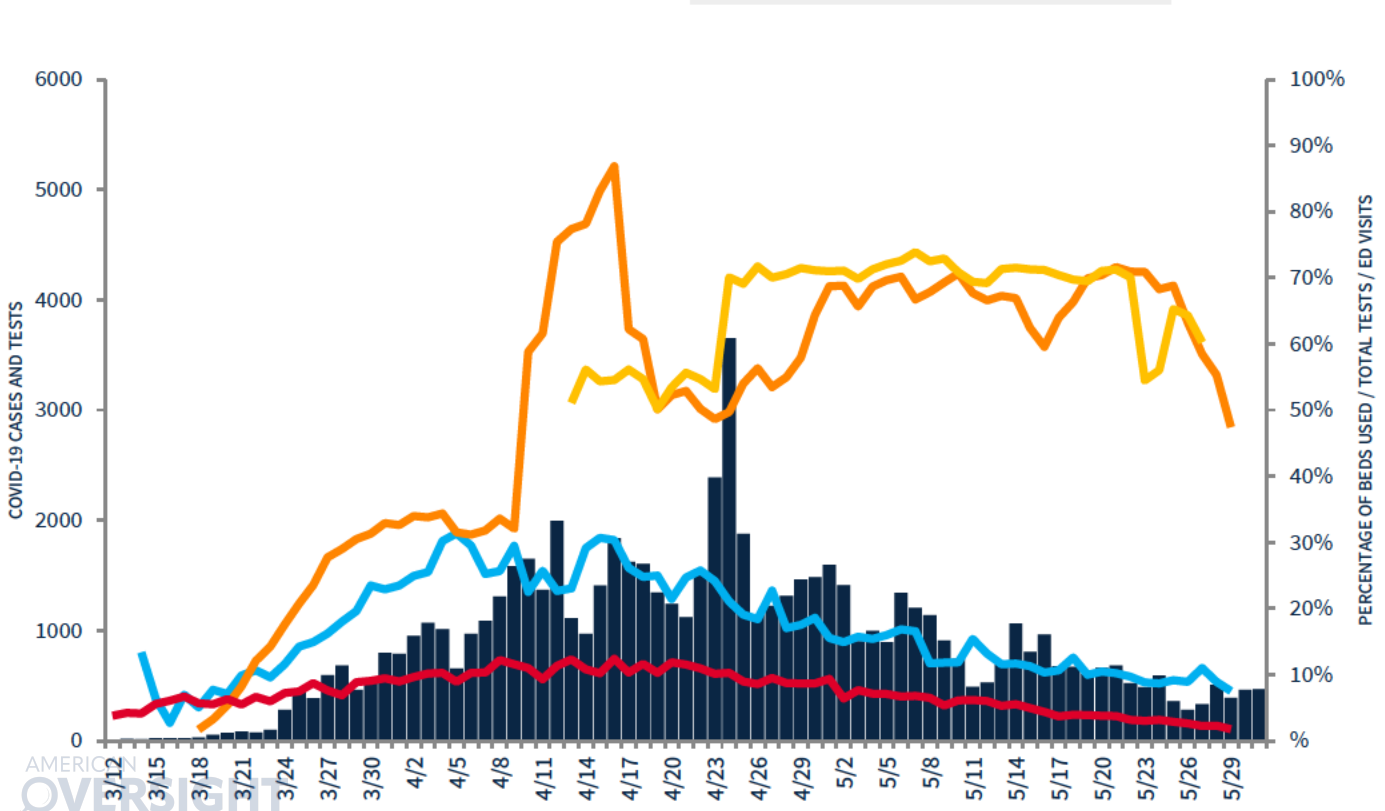
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.
Testing data is missing for 26% of county-level data points over this time period. ED data is missing for 27% of county-level data points over this time period.

AMERICA OVERSIGHT
NIH FOIA 000206
HHS-NIH-20-0496-A-000206
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN BOSTON–CAMBRIDGE–NEWTON, MA–NH



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.7%
BED UTILIZATION	60.2%
7-DAY INCIDENCE CHANGE	-33.5%
TESTING PER 100K	408.6 per week
NEW CASES PER 100K	10000.6 per week

RISK FACTORS

POPULATION DENSITY	1398 per sq mi
% OVER 60	22.0%
CRUDE CVD PREVALENCE	Unknown

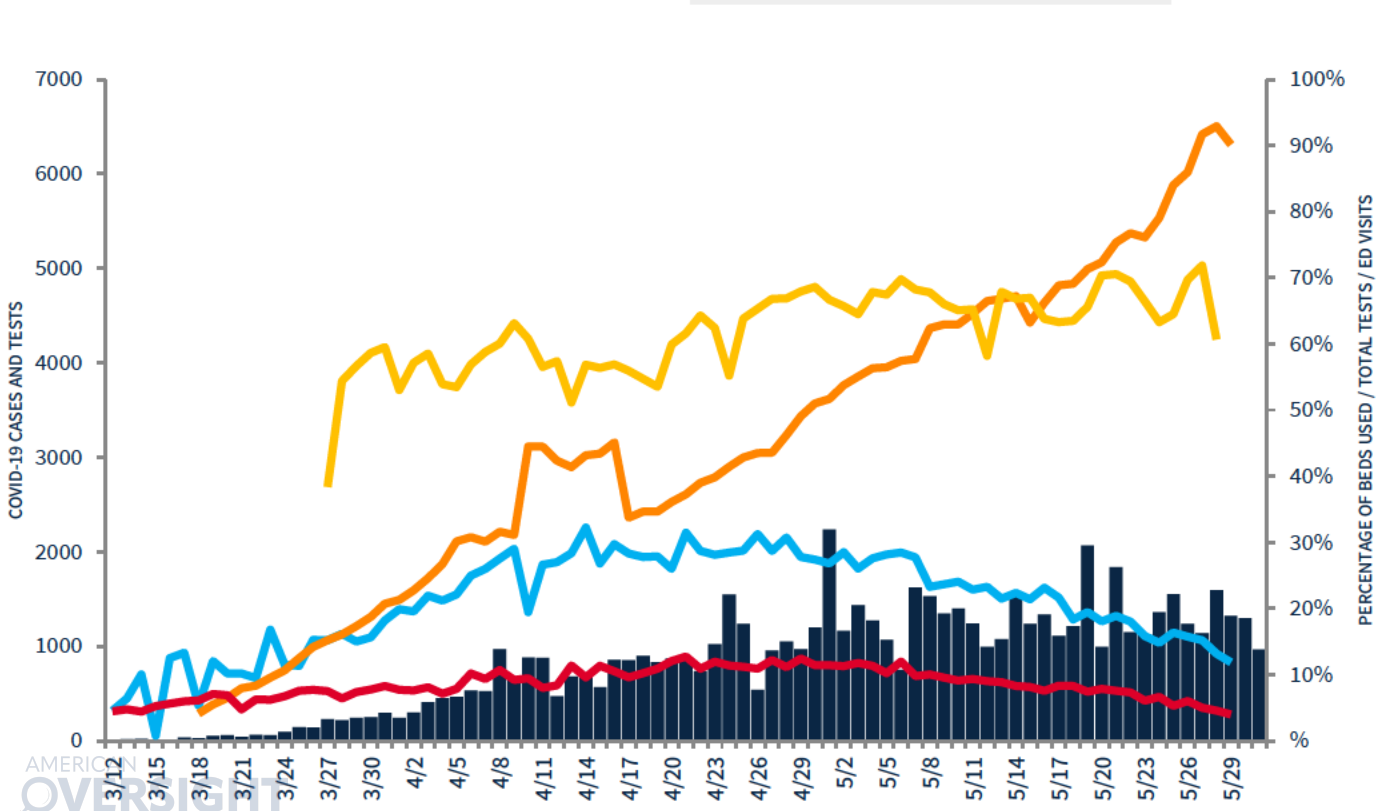
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.
Testing data is missing for 12% of county-level data points over this time period. ED data is missing for 8% of county-level data points over this time period.

AMERICAN OVERSIGHT
NIH FOIA 000207
HHS-NIH-20-0496-A-000207
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN WASHINGTON-ARLINGTON-ALEXANDRIA, DC-VA-MD-WV



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	13.8%
BED UTILIZATION	60.7%
7-DAY INCIDENCE CHANGE	-6.5%
TESTING PER 100K	705.0 per week
NEW CASES PER 100K	7010.7 per week

RISK FACTORS

POPULATION DENSITY	954 per sq mi
% OVER 60	18.6%
CRUDE CVD PREVALENCE	Unknown

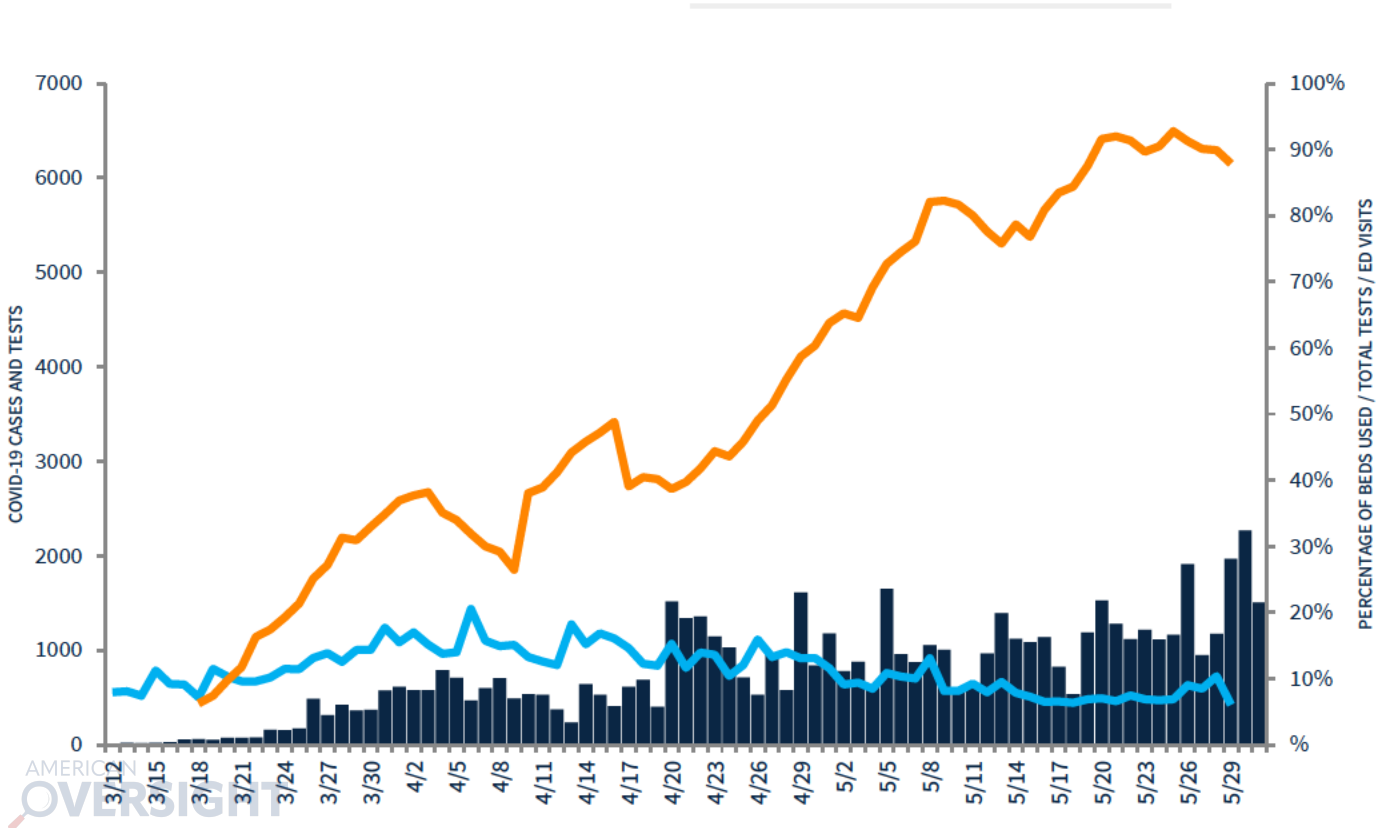
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.
Testing data is missing for 33% of county-level data points over this time period. ED data is missing for 31% of county-level data points over this time period.

AMERICAN OVERSIGHT
NIH FOIA 000208
HHS-NIH-20-0496-A-000208
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN LOS ANGELES–LONG BEACH–ANAHEIM, CA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	8.4%
BED UTILIZATION	Unknown
7-DAY INCIDENCE CHANGE	37.1%
TESTING PER 100K	324.0 per week
NEW CASES PER 100K	2958.6 per week

RISK FACTORS

POPULATION DENSITY	2741 per sq mi
% OVER 60	19.6%
CRUDE CVD PREVALENCE	2.6%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

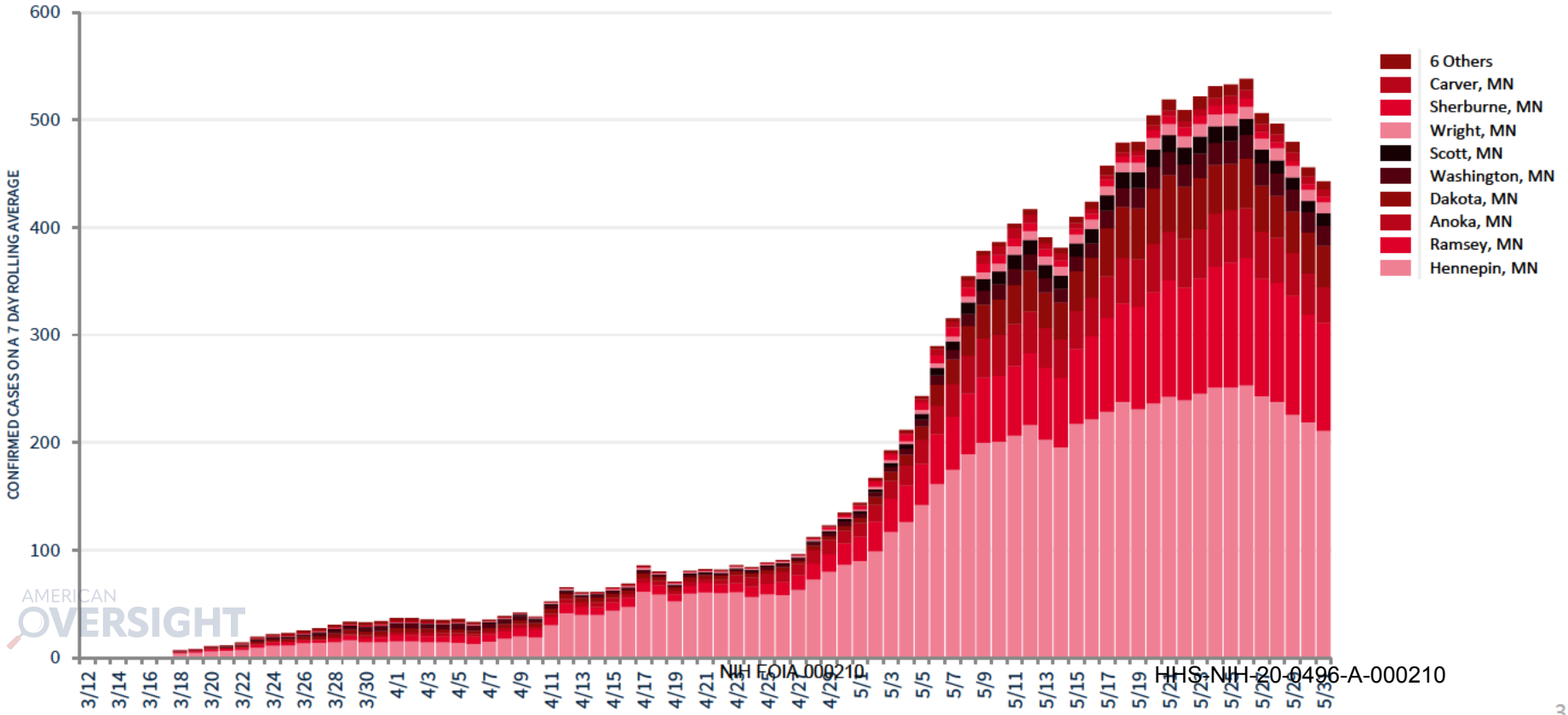
[1] Calculated over the most recent 3 days of data

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Bed Utilization - manually entry from hospitals through NHSN, TeleTracking, and state channels.
Testing data is missing for 1% of county-level data points over this time period. ED data is missing for 100% of county-level data points over this time period.

AMERICAN OVERSIGHT
NIH FOIA 000209
HHS-NIH-20-0496-A-000209
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

CONFIRMED CASES DAILY IN MINNEAPOLIS–ST. PAUL–BLOOMINGTON, MN–WI
7 DAY ROLLING AVERAGE

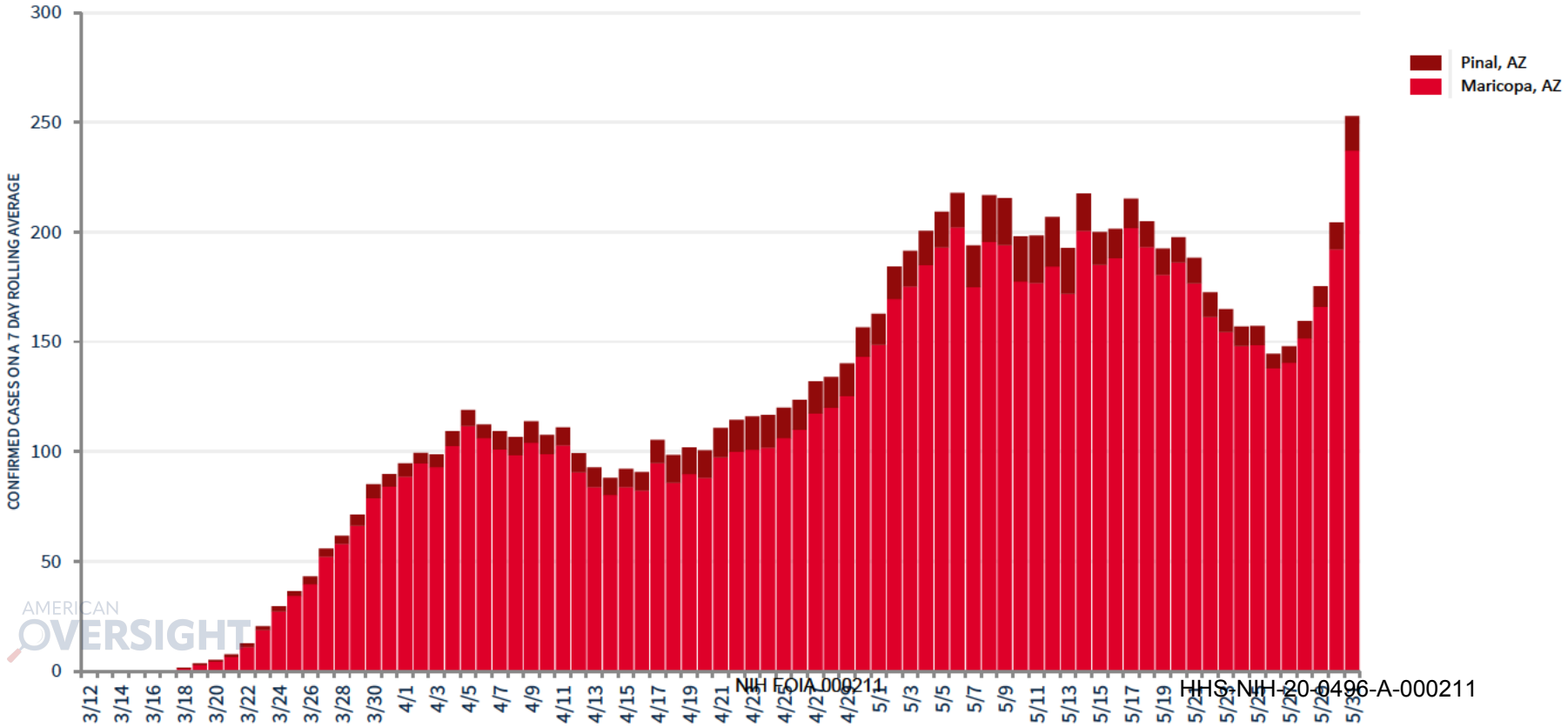


AMERICAN OVERSIGHT

NIH FOIA 000210

HHS-NIH-20-0496-A-000210

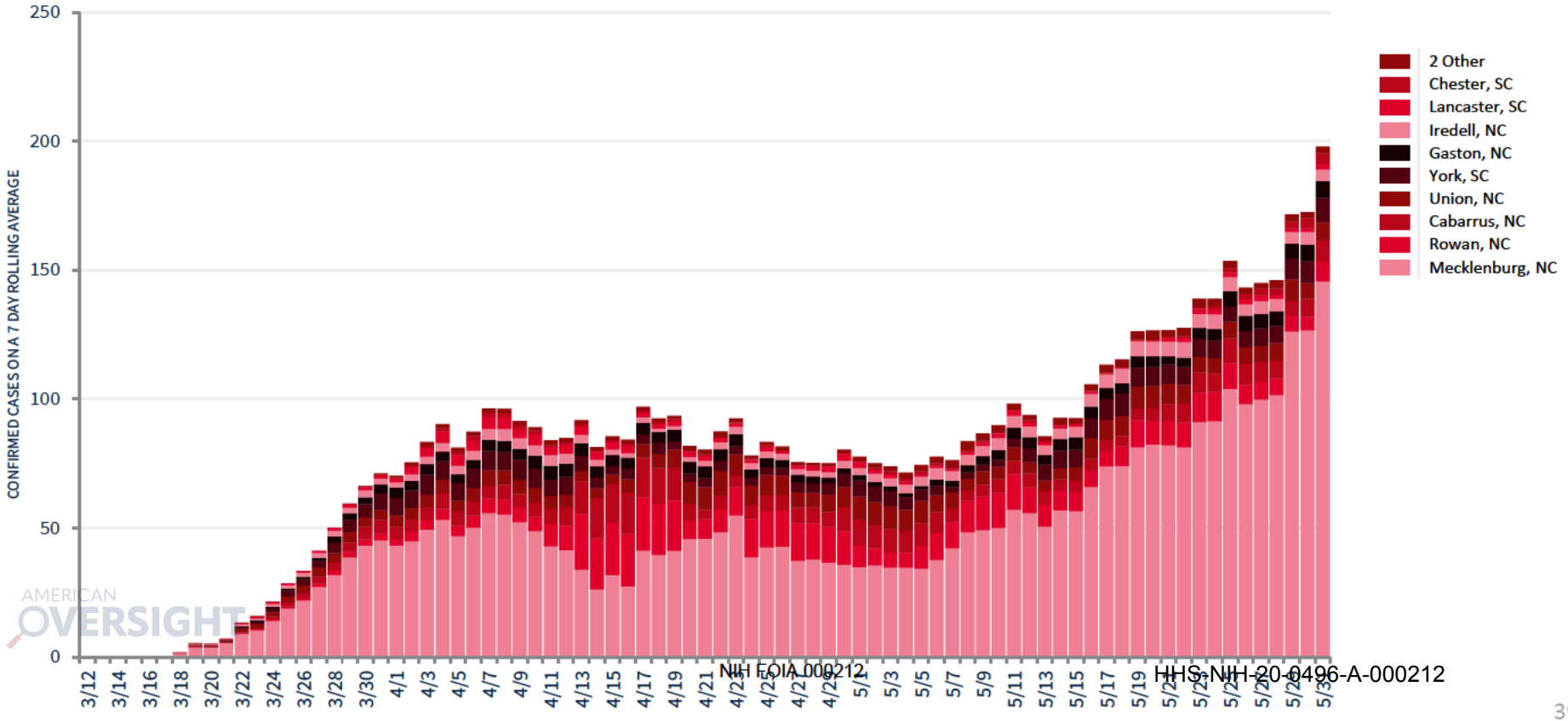
CONFIRMED CASES DAILY IN PHOENIX-MESA-CHANDLER, AZ
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 000211 HHS-NIH-20-0496-A-000211

CONFIRMED CASES DAILY IN CHARLOTTE-CONCORD-GASTONIA, NC-SC
7 DAY ROLLING AVERAGE

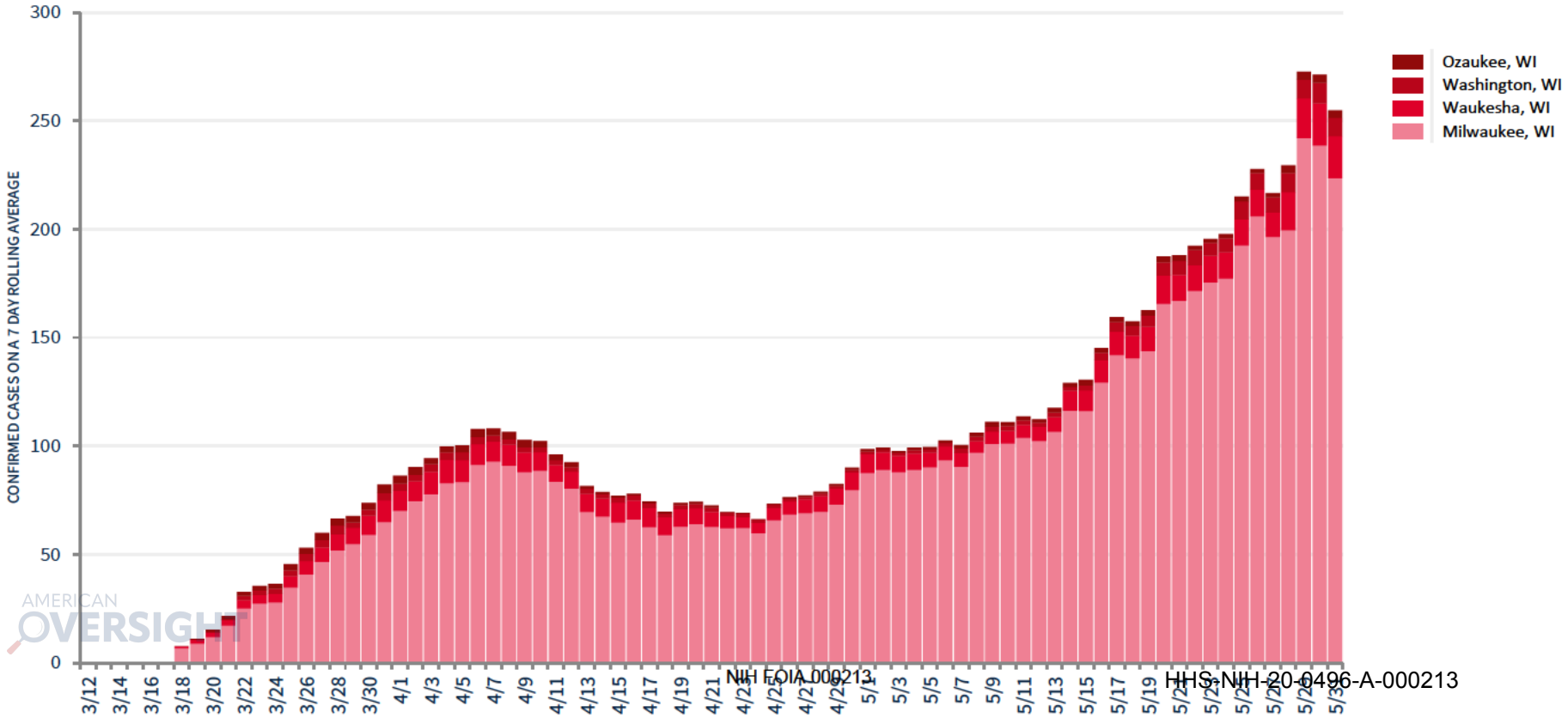


AMERICAN OVERSIGHT

NIH FOIA 000212

HHS-NIH-20-0496-A-000212

CONFIRMED CASES DAILY IN MILWAUKEE-WAUKESHA, WI
7 DAY ROLLING AVERAGE

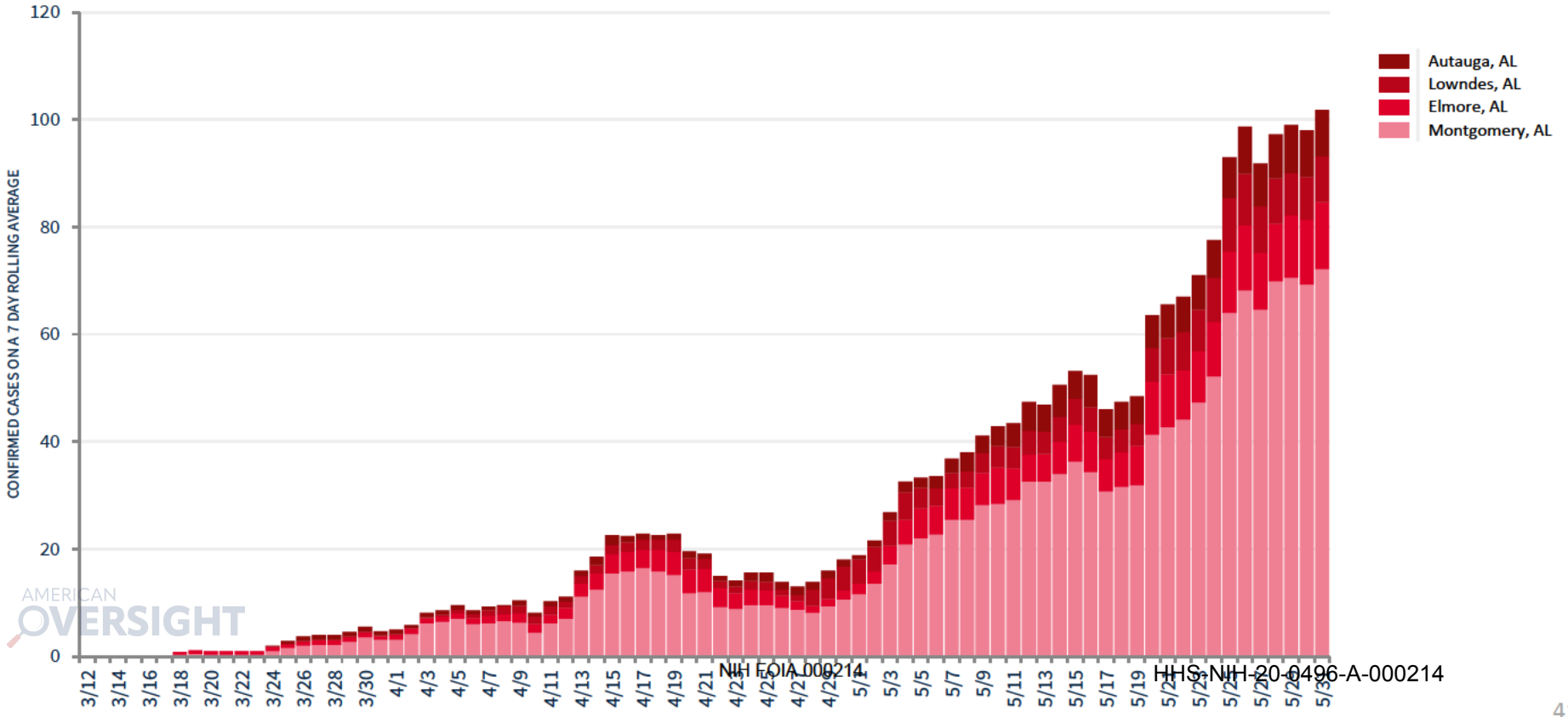


AMERICAN OVERSIGHT

NIH FOIA 000213

HHS-NIH-20-0496-A-000213

CONFIRMED CASES DAILY IN MONTGOMERY, AL
7 DAY ROLLING AVERAGE

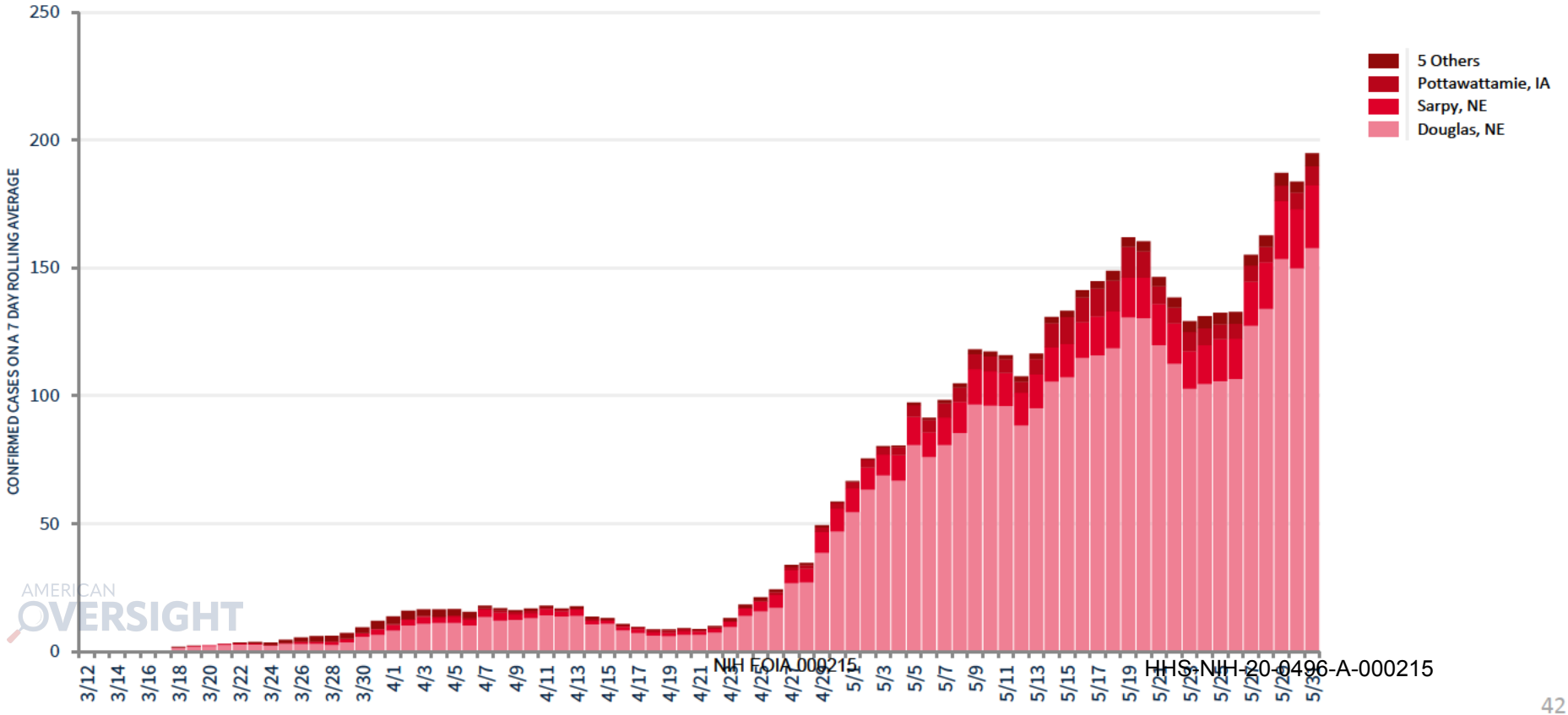


AMERICAN OVERSIGHT

NIH FOIA 000214

HHS-NIH-20-0496-A-000214

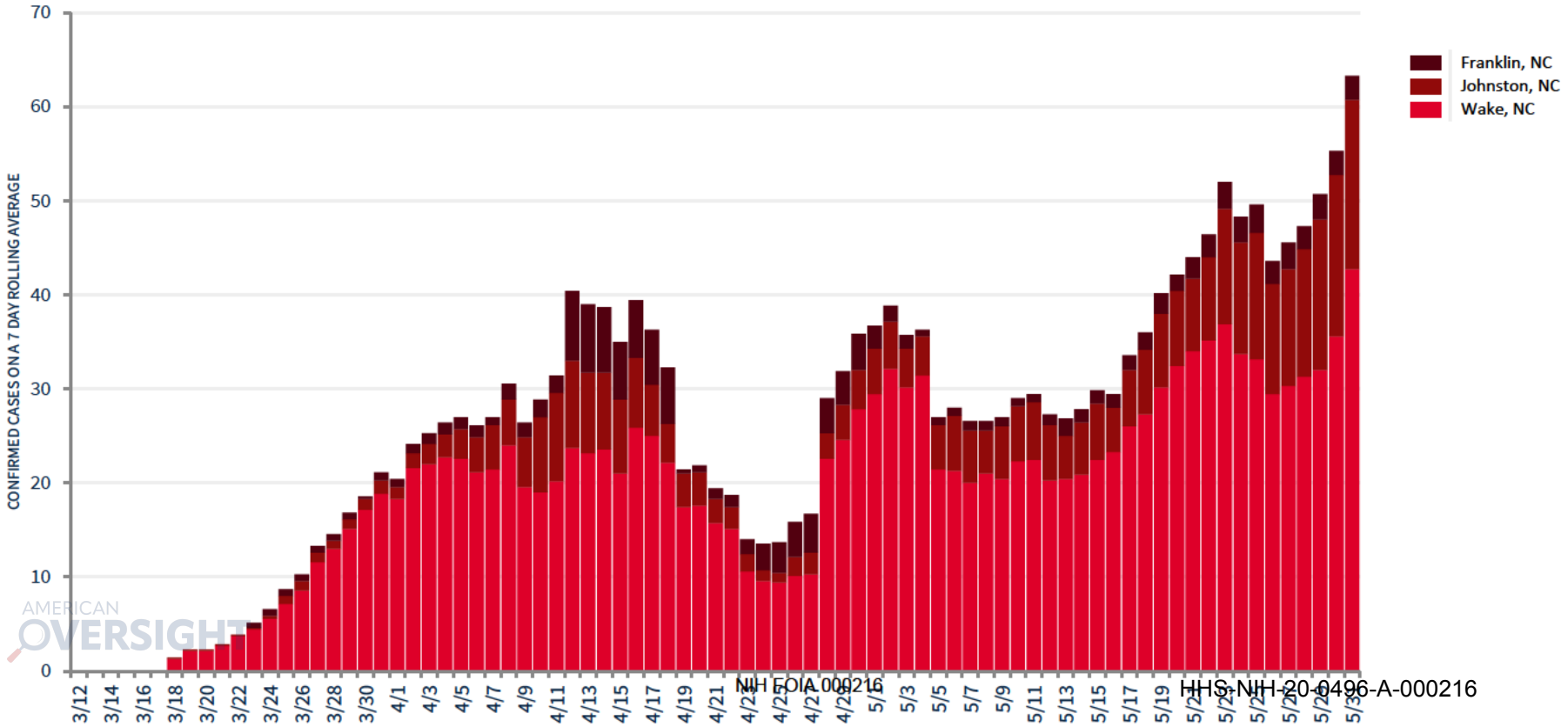
CONFIRMED CASES DAILY IN OMAHA-COUNCIL BLUFFS, NE-IA
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 000215 HHS-NIH-20-0496-A-000215

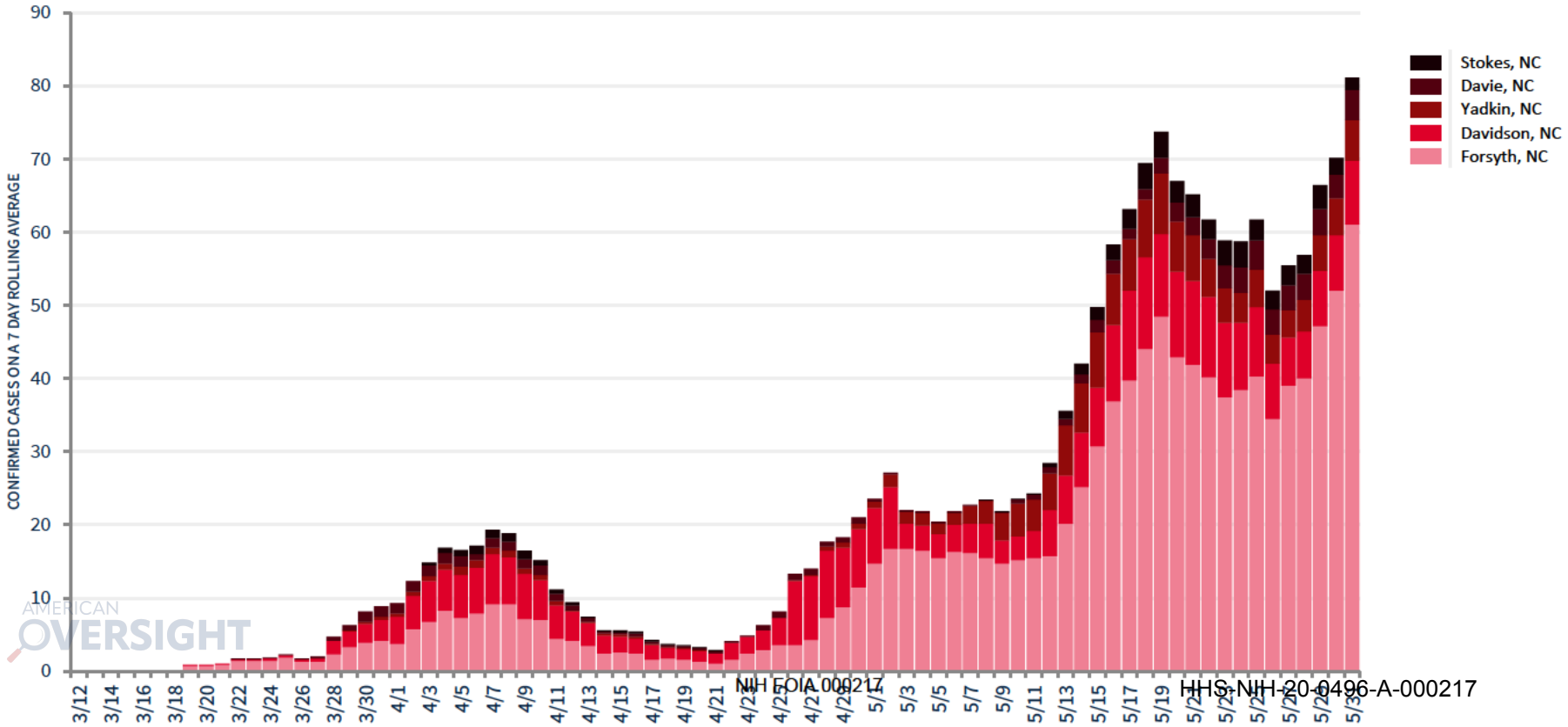
CONFIRMED CASES DAILY IN RALEIGH-CARY, NC
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 000216 HHS-NIH-20-0496-A-000216

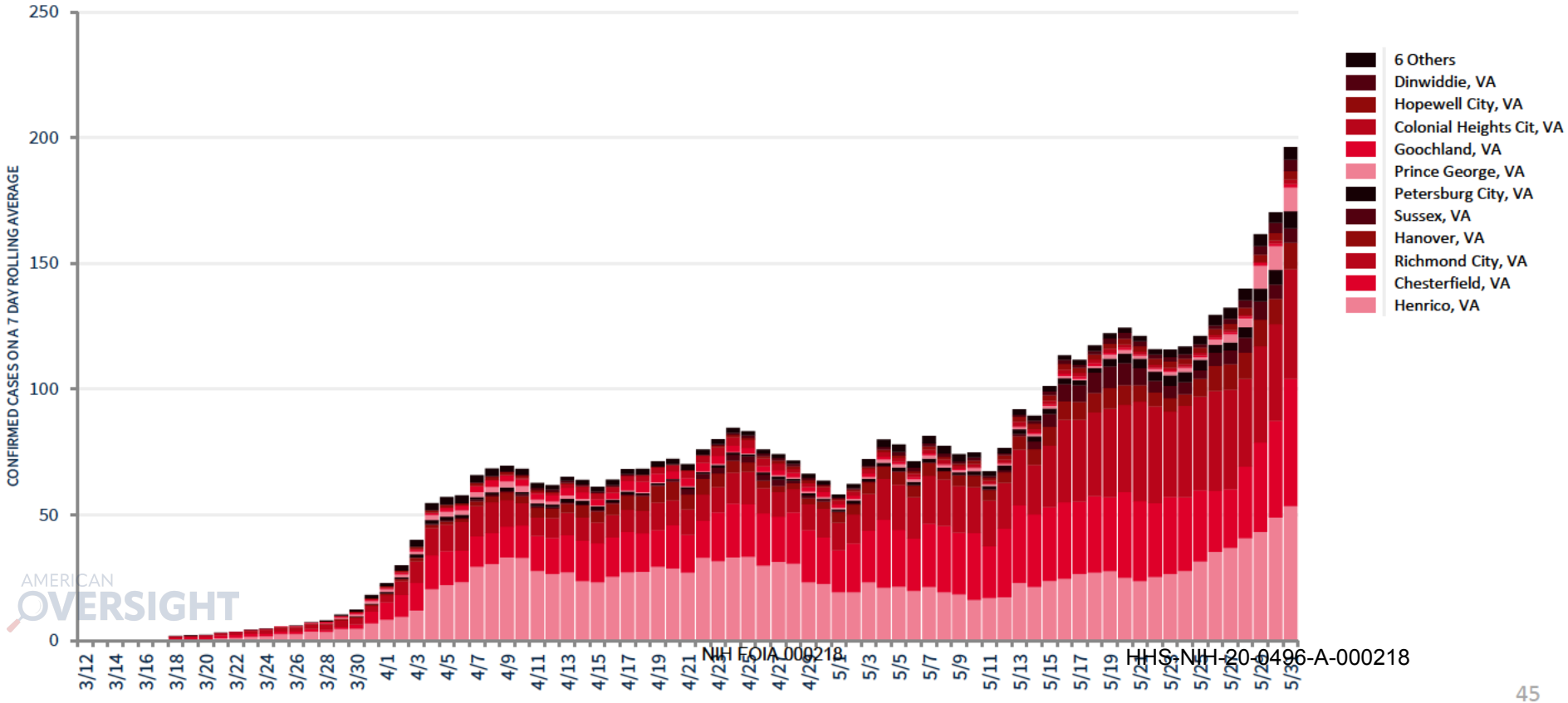
CONFIRMED CASES DAILY IN WINSTON-SALEM, NC
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 000217 HHS-NIH-20-0496-A-000217

CONFIRMED CASES DAILY IN RICHMOND, VA
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 000218

HHS-NIH-20-0496-A-000218

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Tue, 2 Jun 2020 09:24:58 -0500
To:
Subject: White House Coronavirus Task Force Meeting Materials 6.2.20 - 1100
Attachments: DPA_MAXAIR_Req19.docx, Supply Chain Slide 6.2.20.pptx, Demand PPE Chart WH (v12) 6.2.pptx, WH Coronavirus TF Agenda 6.2.20 v1.docx, WH JFK Seating Chart 6.2.20.pptx
Importance: High

All –

Attached are the materials for this morning's **White House Coronavirus Task Force Meeting** at 11:00am.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

REQUEST TO USE DEFENSE PRODUCTION ACT # 19A

SITUATION (Updated for Circulation):

- This request is a re-submission of a request made to the UCG on May 1st. Upon review, the UCG requested (1) additional information on the items that were in short supply, and (2) information about impact on other companies that would result from providing a priority rating on this HHS contract. Included in the third attachment to this submission are the responses to these questions.
- HHS awarded a contract to Bio Medical Devices Intl for 12,000 Powered Air Purifying Respirators (PAPRs) for COVID-19 response.
- MAXAIR is a subsidiary of Bio Medical Devices Intl and is executing the contract
    - The CAPRs produced by MAXAIR are advanced respiratory protection systems that meet all OSHA loose fitting (no Fit Testing required) PAPR requirements. These are NIOSH approved designs used in both healthcare and industrial contexts.
    - MAXAIR has identified 13 key components that they are unable to procure without a rated order due to excessive demand on these critical materials. Without a rated order, the Company will not be able to meet the delivery schedule outline in HHS Contract 75A50120C00052.
    - This request is limited to the previously-placed Bio Medical Devices Intl Contract 75A50120C00052 for 12,000 CAPR systems (no hose PAPR).
- ***Trade Off:*** Rating this order would result in the expected inability of supplier Holland & Vose, a recipient of previous DPA orders approved by WHTF, to produce meltblown fabric **for 6,000,000 N95 respirators over 12 months** (1/2 Million per month). H&V has existing orders for the next 18 months that consume their entire production.
    - On the other hand, not rating this order would result in the government being unable to obtain the MAXAIR PAPRs in time for the COVIS response; less than 25% would be able to be produced.
    - Because CAPRs (1) are reusable and (2) fulfill a unique role in clinical settings, UCG has determined the expected tradeoffs with N95 production makes sense. The volume of material in one CAPR filter is similar to that in one N95, but the CAPR can be worn by the same user for weeks or months. An indicator light warns the user to replace the filtration cartridge when it is approaching its limit of safety.
    - Conflict between rated federal orders can be managed on an ongoing basis through the established regulatory Special Priorities Assistance process.
- HHS believes that this priority rating is essential to contract fulfillment.

AUTHORITY REQUESTED:

Authorization to HHS/ASPR to priority rate the HHS/SNS contract with Bio Medical Devices Intl for 12,000 CAPR systems (contract # 75A50120C00047).

UCG RECOMMENDATION: __xx___ APPROVED on May 9, 2020

AMERICAN OVERSIGHT

Supply Chain Task Force (SCTF) Summary of Actions – 02 Jun 20

FEMA

Strategic National Stockpile (status delivered)

(b) (5)

Donations (status delivered)

(b) (5)

(b) (5)

(b) (5)

AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000221

WHITE HOUSE
COVID-19
SUPPLY CHAIN TASK FORCE
RADM John P. Polowczyk

AMERICAN OVERSIGHT

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Introduction:

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Included:

- "Estimated demand" based on:
  - Interagency analyses
  - Industry analyses
  - Historical demand data
  - Historical manufacturing data
  - Best available data of six major U.S. medical-surgical distributors on annual baseline demands
  - Exclusive of SNS needs
- "Estimated monthly production" figures:
  - For N95 respirators: actual figures from 3M, Owens and Minor, Honeywell
  - For surgical masks, gloves, face shields, gowns: estimates calculated from the percent manufactured in the U.S
  - Non- traditional suppliers estimated impact on production
  - Excludes all international production, including by U.S. companies
- "Delivered- provided by Big 6" is based on:
  - Best available distribution data of six major U.S. medical-surgical distributors
    - Big 6 Distributors makes up 90% of the U.S. medical-surgical distributors
  - "Delivered – provided by Big 6" includes Air Bridge, other FEMA procurements, and the recent nursing home deliveries
  - Also accounted for in addition to deliveries:
    - Non- traditional suppliers for face shields
    - Boeing, Ford, Universities, etc.
  - Reusable gowns estimated shipments

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Not included:

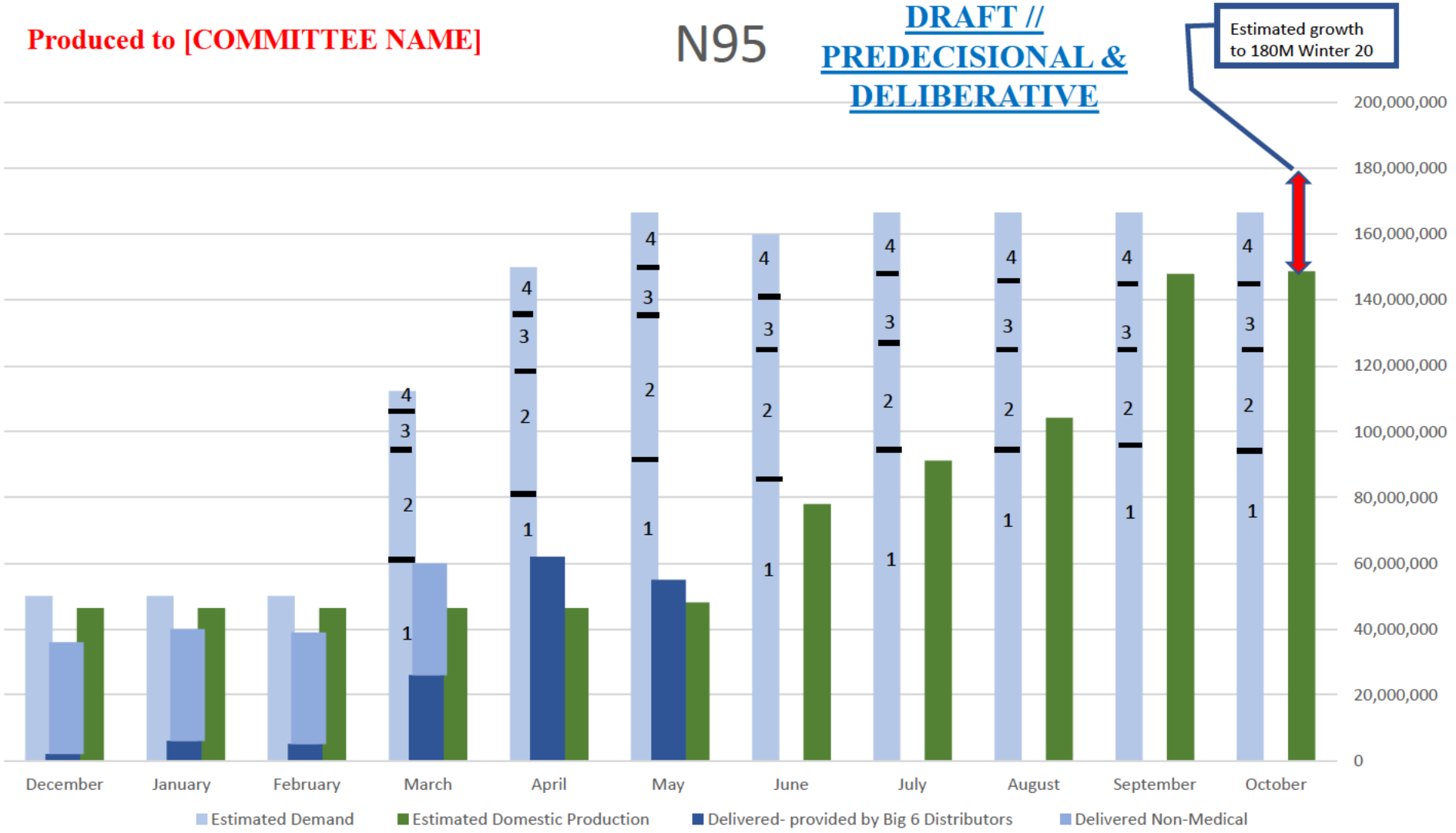
- Procurements by states
- Commercial donations
- Distribution data of other medical-surgical distributors
- Direct shipments from manufacturers
- Does not reflect international production numbers

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Produced to [COMMITTEE NAME]

N95

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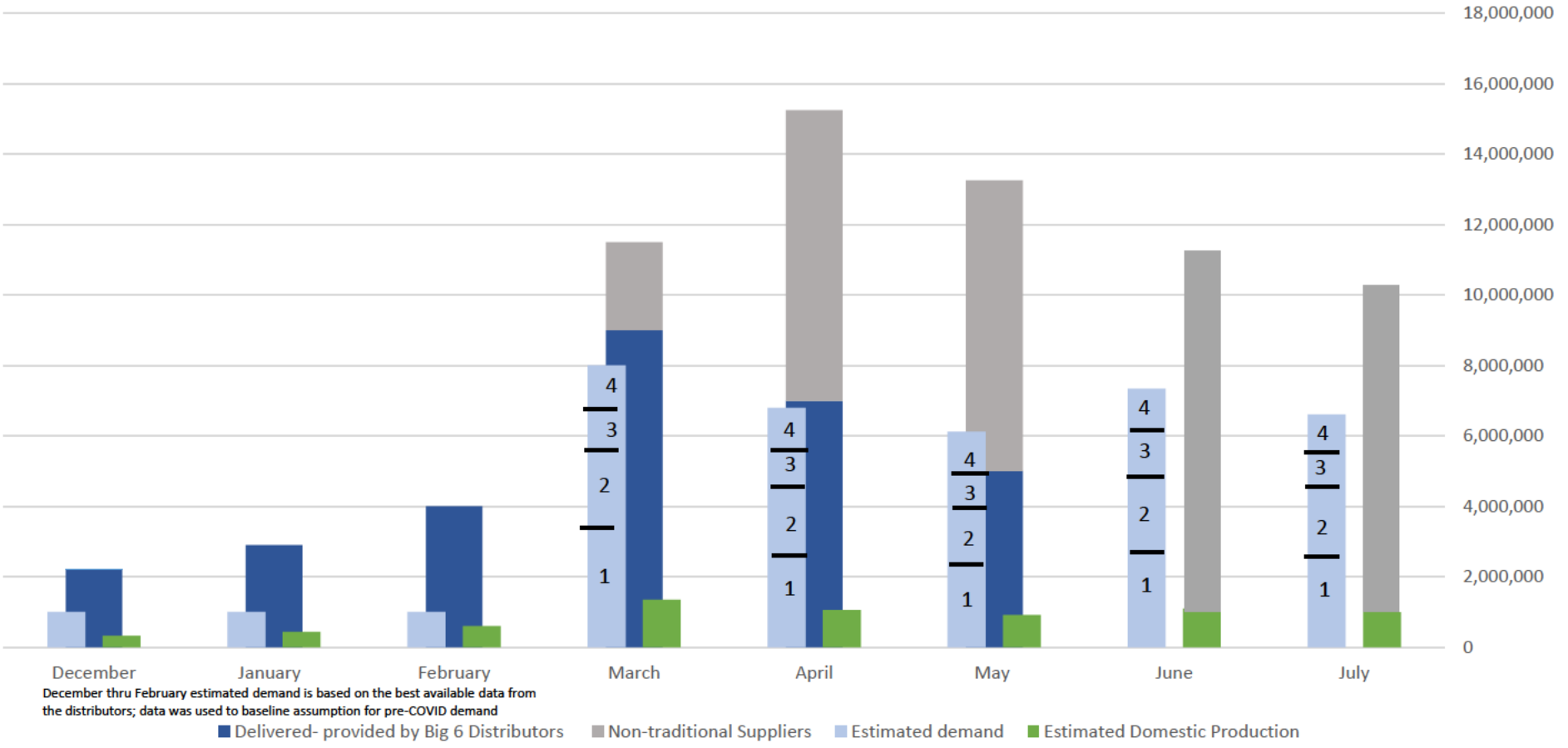
- December thru March deliveries includes non-medical
- March (delivered) includes SNS push of 12M
- April (delivered) includes 20M DoD donated masks
- Alternate sterilization/decontamination methods can lengthen the useful life of a N95 mask
- Does not include commercial donations or state bought PPE
- Does not reflect international production numbers
- Does not include 55M N95s per month from 3M China in June, July, and August

Approx. percentages
1. Hospitals
2. Long-term Care
3. First Responders
4. Other (Ex: Non-healthcare: janitorial services laboratories, correctional facilities)

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Face Shields



- December thru February actual deliveries, March (delivered) includes SNS push of 5.4M
- June: estimated demand subject to fluctuation
- Non-traditional suppliers like Ford, Boeing, Universities etc.
- Month-over month changes in demand can be attributed to the use of other face coverings
- Does not reflect international production numbers
- Ease of manufacturing from non-traditional suppliers expected to increased supply inside the United States

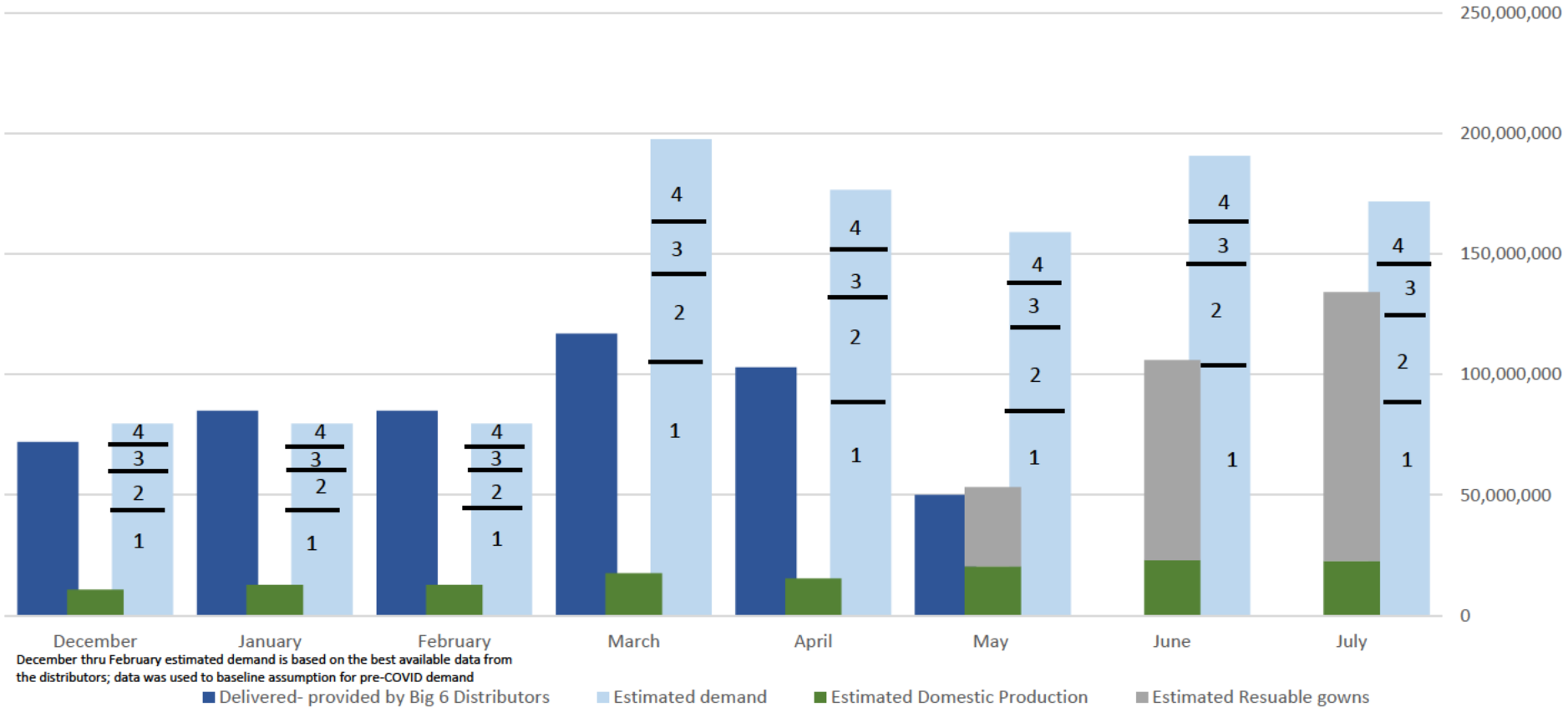
Approx. percentages
1. Hospitals
2. Long-term Care
3. First Responders
4. Other (Ex: Non-healthcare: janitorial services, laboratories, correctional facilities)

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Gowns

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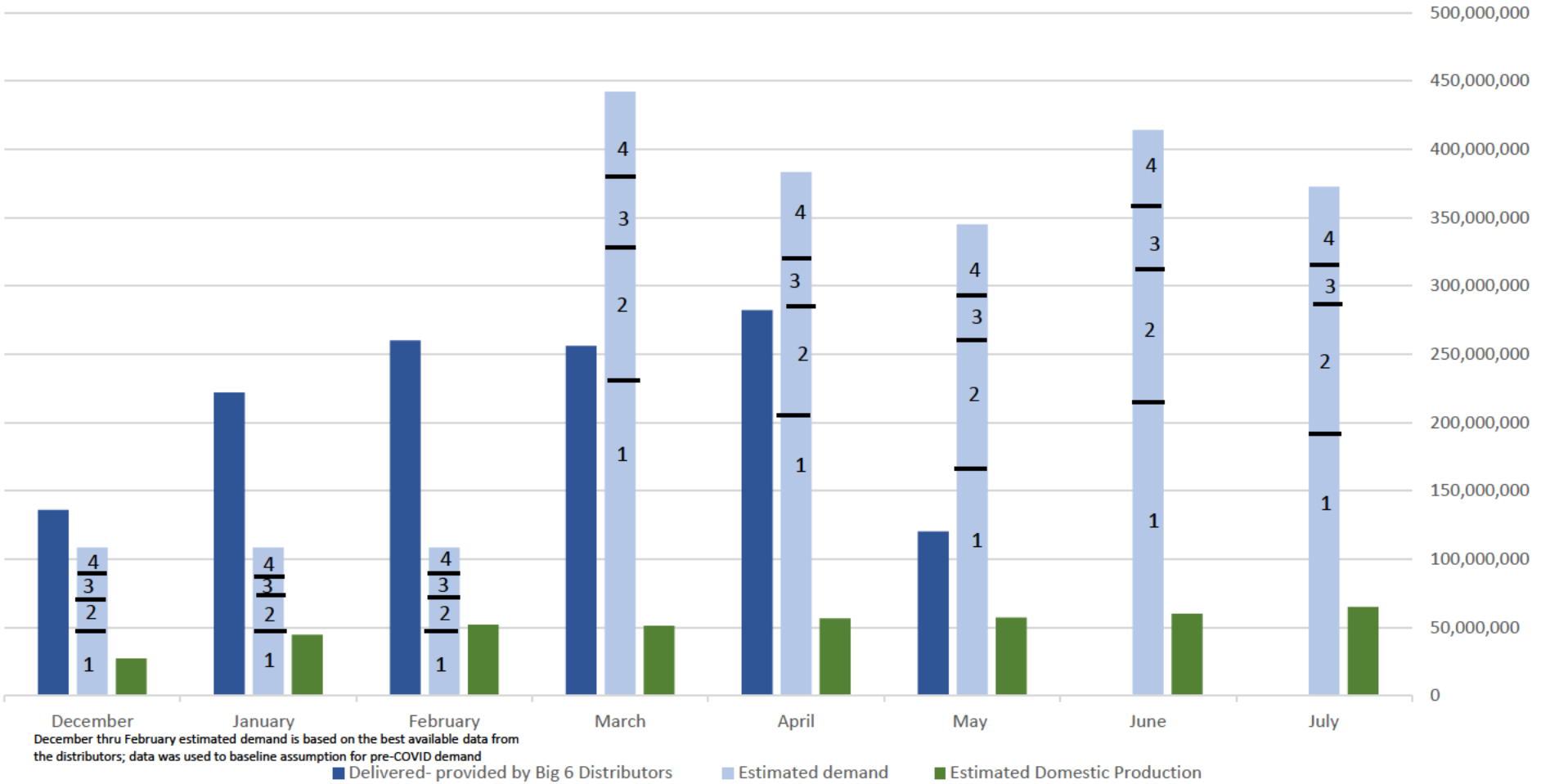
- March (delivered) includes SNS push of 4.5M
- May to July demand estimates could reflect expected decrease in demand for disposable gowns resulting from industry embrace of reusable gowns
- June: estimated demand subject to fluctuation
- The demand for gowns outpaces current US manufacturing capabilities
- Does not reflect international production numbers

Approx. percentages
1. Hospitals
2. Long-term Care
3. First Responders
4. Other (Ex: Non-healthcare: janitorial services laboratories, correctional facilities)

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Surgical Masks

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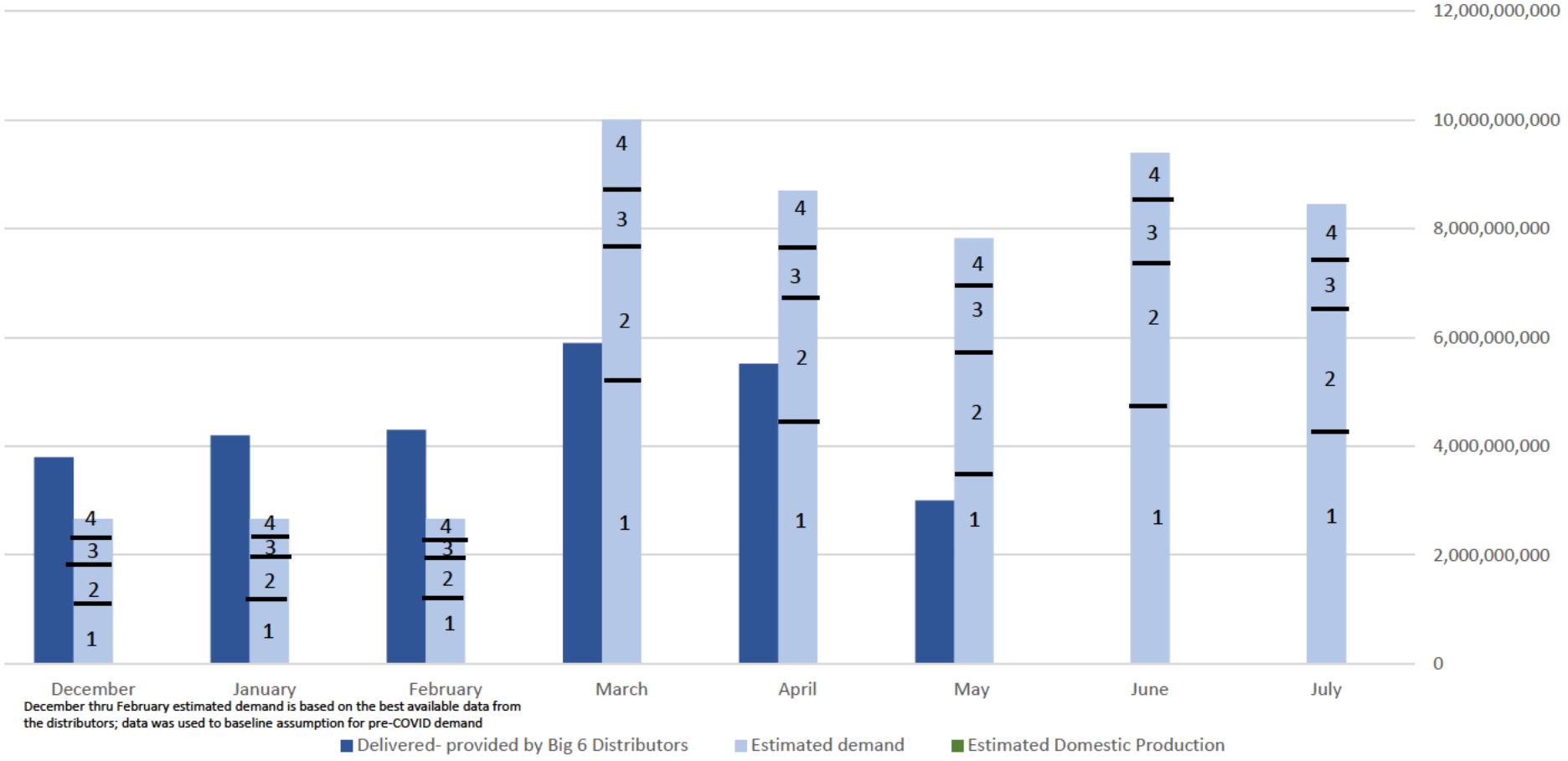
- March (delivered) includes SNS push of 27M
- June: estimated demand subject to fluctuation
- The demand for surgical masks outpaced current US manufacturing capabilities pre-COVID.
- Does not reflect international production numbers
- Month-over-month changes in demand can be attributed to the use of other face coverings

Approx. percentages
1. Hospitals
2. Long-term Care
3. First Responders
4. Other (Ex: Non-healthcare: janitorial services, laboratories, correctional facilities)

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Nitrile Gloves

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- March (delivered) includes SNS push of 23M
- April (delivered) slightly lower due to challenges in overseas manufacturing
- June: estimated demand subject to fluctuation
- There is no U.S. based manufacturing for Nitrile Gloves
- Does not reflect international production numbers

Approx. percentages

1. Hospitals
2. Long-term Care
3. First Responders
4. Other (Ex: Non-healthcare: janitorial services, laboratories, correctional facilities)

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OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Tuesday, June 2, 2020
11:00am EST

I. **Opening Remarks –** Vice President Pence

II. **Data Modeling & Reporting Update –** Dr. Debbie Birx, M.D.

III. **NRCC & Supplies Update –** Administrator Pete Gaynor (FEMA) & Admiral John Polowczyk (FEMA)

IV. **Vaccines Update –** Secretary Alex Azar (HHS)

V. **PPE & Demand Charts Review –** Administrator Pete Gaynor (FEMA) & Admiral John Polowczyk (FEMA)

VI. **DPA for Bio Medical Devices International Contract –** Greg Jacob, Counsel to the Vice Presidente3m

VII. **CMS Nursing Home Rollout –** Seema Verma, Administrator (CMS)

VIII. **States Reopening Update –** Doug Hoelscher, Director (IGA)

IX. **Concluding Remarks –** Vice President Pence

AMERICAN OVERSIGHT

WHSR JFK Conference Room (West Wing)
DATE: 2 JUNE 2020
TIME: 1100 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

Jared Kushner

	Dr. Bob Redfield	Dr. Jerome Adams	Hope Hicks
Greg Jacob			Stephen Miller
Doug Hoelscher	Sec. Gene Scalia	Dr. Anthony Fauci	John Fleming
Katie Miller			Seema Verma
Marc Short	Sec. Alex Azar	Debbie Birx, M.D.	Dr. Stephen Hahn
			Thomas Engels
	Vice President		Pat Philbin

EAST

WEST - WINDOWS

DOOR

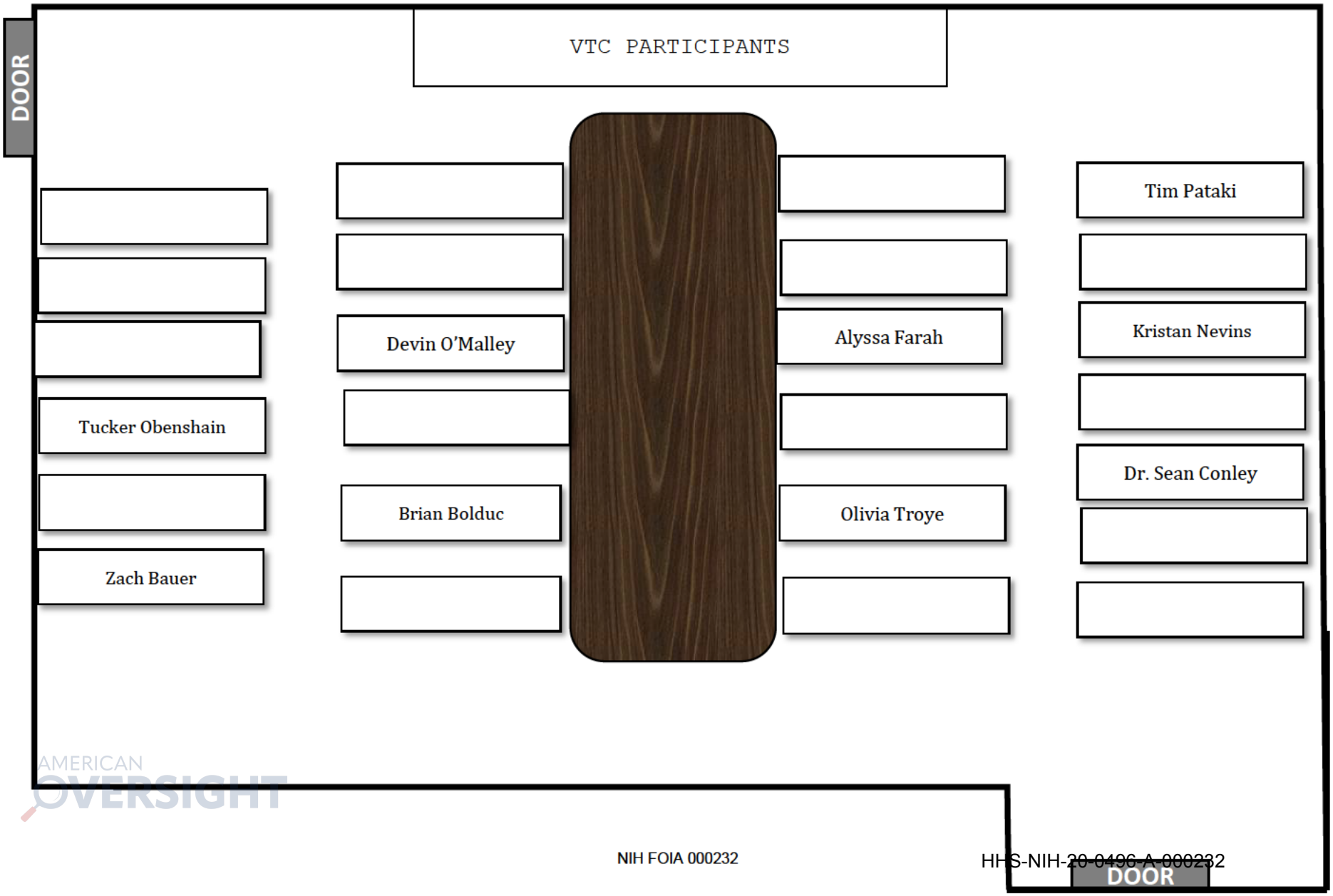
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NORTH

NIH FOIA 000231

HHS-NIH-20-0496-A-000231

WHSR EXEC OVER FLOW
DATE: 2 JUNE 2020
TIME: 1100 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000232

From: McManus, Ayanna (NIH/OD) [E]
Sent: Tue, 9 Jun 2020 10:44:03 -0500
To: Collins, Francis (NIH/OD) [E]
Cc: Wood, Gretchen (NIH/OD) [E];Tabak, Lawrence (NIH/OD) [E]
Subject: RE: White House Coronavirus Task Force Meeting - 6.9.20 - 1400

The SCIF is confirmed and the meeting is really at 3:30 PM.

Trying now to secure you a quiet workspace near the SCIF for today's ExComm.

From: Collins, Francis (NIH/OD) [E] < (b) (6)
Sent: Tuesday, June 9, 2020 11:41 AM
To: McManus, Ayanna (NIH/OD) [E] < (b) (6)
Cc: Wood, Gretchen (NIH/OD) [E] < (b) (6) Tabak, Lawrence (NIH/OD) [E] < (b) (6)
Subject: RE: White House Coronavirus Task Force Meeting - 6.9.20 - 1400

Yes, I will participate virtually. Does this require the SCIF? In that case, please arrange that.

I'm a little worried that the agenda still says 2 pm, please confirm this is really 3:30 pm

FC

From: McManus, Ayanna (NIH/OD) [E] < (b) (6)
Sent: Tuesday, June 9, 2020 11:30 AM
To: Collins, Francis (NIH/OD) [E] < (b) (6)
Cc: Wood, Gretchen (NIH/OD) [E] < (b) (6) Tabak, Lawrence (NIH/OD) [E] < (b) (6)
Subject: RE: White House Coronavirus Task Force Meeting - 6.9.20 - 1400

FC ,

Draft agenda attached here. Please confirm that you want to participate in today's WHTF meeting.

Thanks,
Ayanna

From: Collins, Francis (NIH/OD) [E] < (b) (6)
Sent: Monday, June 8, 2020 3:58 PM
To: McManus, Ayanna (NIH/OD) [E] < (b) (6)
Cc: Wood, Gretchen (NIH/OD) [E] < (b) (6) Tabak, Lawrence (NIH/OD) [E] < (b) (6)
Subject: RE: White House Coronavirus Task Force Meeting - 6.9.20 - 1400

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Yep, I will need to spend most of the day on campus. It looks like the TF is at 2 PM, not 3 PM. I assume I'll have to do that from the SCIF, but can you ask whether this might be one where an AT&T line would be available?

FC

From: McManus, Ayanna (NIH/OD) [E] < (b) (6)
Sent: Monday, June 8, 2020 3:30 PM
To: Collins, Francis (NIH/OD) [E] < (b) (6)
Cc: Wood, Gretchen (NIH/OD) [E] < (b) (6) Tabak, Lawrence (NIH/OD) [E] < (b) (6)
Subject: FW: White House Coronavirus Task Force Meeting - 6.9.20 - 1400
Importance: High

Hey FC,

Just when we thought there was a plan in place for tomorrow's ExCom, we received the note below! Of course, an agenda for the WH Coronvirus TF meeting is not yet available, thus, how should we proceed?

If you decide to participate in the WH meeting, it may be best to spend the majority of your day on campus. Also, to eliminate travel time, we should be able to locate an office in Natcher where you can participate in the mAb summit (12 to 2 PM) and then the task force meeting which is scheduled from 3 to 4 PM.

Thanks,
Ayanna

From: Hurst, Natalie R. EOP/OVP < (b) (6)
Sent: Monday, June 8, 2020 3:09 PM
Cc: Croghan, Mary E. EOP/WHO < (b) (6)
Subject: White House Coronavirus Task Force Meeting - 6.9.20 - 1400
Importance: High

Good afternoon,

There will be a **White House Coronavirus Task Force Meeting** on **Tuesday, June 9th** in the White House Situation Room. All materials will be forthcoming.

Please submit all RSVPs to Mary and I no later than 9:00am tomorrow morning. If you are coming from outside The White House Complex, please also confirm your principal's ability to get tested beforehand.

Thank you,

Natalie Hurst

AMERICAN OVERSIGHT

Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Tue, 9 Jun 2020 13:26:02 -0500
To:
Subject: WH Coronavirus TF PowerPoint - 6.9.20
Attachments: WH Task Force PowerPoint 6.9.pptx

All –

Please see Dr. Birx's PowerPoint for today, **Tuesday, June 9th**. Kindly note – this document is being shared with principals only.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

New graphics
10-32 37-39

Summary 9 June Data

- **In the science –** 2 papers published in Nature showing **3.1M** deaths prevented in Europe with a very similar epidemic profile to USA suggesting over **3M** death prevented in the USA : the other paper demonstrating nearly **50M** cases prevented in USA due to interventions
- **From WHO – position on asymptomatic cases** – their position is not grounded in the data and science but must be perception : in USA with increased testing we are finding the majority of cases are not symptomatic from prisons to nursing homes but + for virus ; papers have shown equivalent virus in nasal passages
- **Cases** have stabilized over the past 2 weeks at 20K from 30K in April and 25K May : 3 States at or near 1000 cases/day NY, CA, TX
- **Deaths** continue to decline significantly with 4 days under 1000/day down from 2500/day – need to communicate the difference between finding the cases in current settings and preventing community spread vs where we were – finding cases that were presenting at ERs with significant disease
- **Testing** : over **21M** tests with over **6%** of all Americans tested with 7 states at 10% or more of the state populations
  - All states under 10% + except Arizona, DC
    - States with highest % increase + tests over the past 7 days – AZ > AR > UT > ID > TX=SC=NC=NM
  - All metros under 10% + except DC metro and Richmond
    - Metros with highest increase in % positive tests over the past 7 days Phoenix>Charleston>Houston>Charlotte>Las Vegas, La Crosse, Memphis, ATL, Orlando, Austin, SLC
- There are States with community spread : CA, NC, UT, AZ and States with comprehensive testing in high risk environments : TX, FLA finding asymptomatic cases isolating community spread and should be highlighted as a positive
- Cases continue to rise in Latin America

AMERICAN OVERSIGHT

NIH FOIA 000237

HHS-NIH-20-0496-A-000237

#	Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop	Population
	World	7,190,447	+107,712	408,240	+3,157	3,532,224	3,249,983	53,798	922	52.4			
1	USA	2,026,493	+19,044	113,055	+586	773,480	1,139,958	16,907	6,124	342	21,725,064	65,657	330,885,824
2	Brazil	710,887	+18,925	37,312	+813	325,602	347,973	8,318	3,346	176	999,836	4,706	212,467,494
3	Russia	476,658	+8,985	5,971	+112	230,688	239,999	2,300	3,266	41	13,016,023	89,193	145,930,871
4	Spain	288,797	+167	27,136		N/A	N/A	617	6,177	580	4,465,338	95,508	46,753,739
5	UK	287,399	+1,205	40,597	+55	N/A	N/A	516	4,235	598	5,731,576	84,456	67,864,660
6	India	265,928	+8,442	7,473	+266	129,095	129,360	8,944	193	5	4,774,434	3,462	1,379,159,619
7	Italy	235,278	+280	33,964	+65	166,584	34,730	283	3,891	562	4,236,535	70,064	60,466,843
8	Peru	199,696	+3,181	5,571	+106	89,556	104,569	1,062	6,062	169	1,203,985	36,548	32,942,259
9	Germany	186,205	+336	8,783	+7	169,600	7,822	540	2,223	105	4,348,880	51,916	83,768,186
10	Iran	173,832	+2,043	8,351	+70	136,360	29,121	2,619	2,071	100	1,107,254	13,193	83,924,324
11	Turkey	171,121	+989	4,711	+19	141,380	25,030	625	2,030	56	2,377,954	28,214	84,282,117
12	France	154,188	+211	29,209	+54	71,062	53,917	1,024	2,362	448	1,384,633	21,216	65,265,090
13	Chile	138,846	+4,696	2,264	+74	95,631	40,951	1,558	7,267	118	728,815	38,146	19,106,092
14	Mexico	117,103	+3,484	13,699	+188	84,419	18,985	378	909	106	336,395	2,611	128,847,928
15	Saudi Arabia	105,283	+3,369	746	+34	74,524	30,013	1,632	3,027	21	976,815	28,087	34,778,459
16	Pakistan	103,671	+4,728	2,067	+65	34,355	67,249	111	470	9	705,833	3,200	220,603,292
17	Canada	96,244	+545	7,835	+35	55,000	33,409	1,828	2,551	208	1,930,141	51,168	37,721,735
18	China	83,040	+4	4,634		78,341	65	1	58	3			1,439,323,776
19	Qatar	70,158	+1,368	57	+3	45,935	24,166	241	24,987	20	259,646	92,473	2,807,805
20	Bangladesh	68,504	+2,735	930	+42	14,560	53,014	1	416	6	410,841	2,496	164,587,111
21	Belgium	59,348	+122	9,606	+11	16,315	33,427	116	5,122	829	949,675	81,963	11,586,627
22	South Africa	50,879	+2,594	1,080	+82	26,099	23,700	208	859	18	943,059	15,914	59,261,034
23	Belarus	49,453	+823	276	+7	23,880	25,297	92	5,233	29	632,993	66,987	9,449,500
24	Netherlands	47,739	+165	6,016	+3	N/A	N/A	92	2,786	351	414,550	24,196	17,132,661
25	Sweden	45,722	+536	4,694	+35	N/A	N/A	298	4,529	465	275,500	27,289	10,095,462
26	Ecuador	43,378	+258	3,642	+21	21,020	18,716	228	2,461	207	127,576	7,238	17,625,612
27	Colombia	40,719	+1,483	1,308	+49	16,427	22,984	335	801	26	421,725	8,294	50,848,887
28	UAE	39,376	+568	281	+5	22,275	16,820	1	3,984	28	2,500,000	252,964	9,882,820
29	Singapore	38,296	+386	25		[illegible]	4		6,549	4	408,495	69,858	[illegible]
30	Egypt	35,444	+1,365	1,271	+34	9,375	24,798	41	347	12	135,000	1,321	102,204,915
31	Portugal	34,885	+192	1,485	+6	21,156	12,244	55	3,421	146	873,998	85,700	10,198,365

AMERICAN OVERSIGHT

NIH FOIA 000238

HHS-NIH-20-0496-A-000238

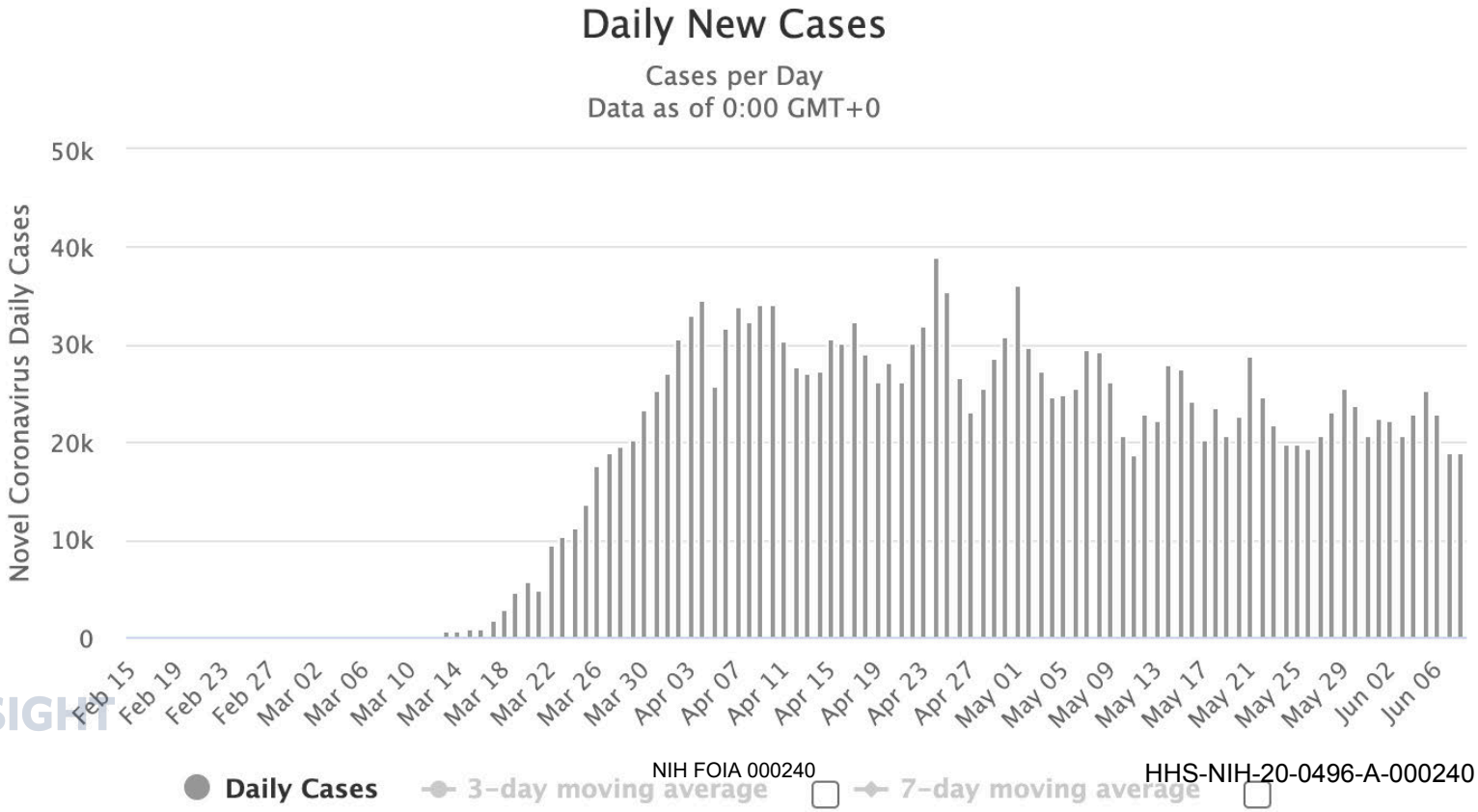
#	Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop	Population
	Africa	198,990	+6,872	5,390	+173	88,212	105,388	490					
1	South Africa	50,879	+2,594	1,080	+82	26,099	23,700	208	859	18	943,059	15,914	59,261,034
2	Egypt	35,444	+1,365	1,271	+34	9,375	24,798	41	347	12	135,000	1,321	102,204,915
3	Nigeria	12,801	+315	361	+7	4,040	8,400	7	62	2	78,244	380	205,780,197
4	Algeria	10,265	+111	715	+8	6,799	2,751	36	234	16			43,798,266
5	Ghana	9,910	+272	48	+4	3,645	6,217	3	319	2	235,443	7,588	31,028,714
6	Morocco	8,302	+78	208		7,408	686	15	225	6	322,703	8,749	36,882,853
7	Cameroon	8,060	+152	212		4,748	3,100	28	304	8			26,499,342
8	Sudan	6,242	+161	372	+13	2,059	3,811		143	8	401	9	43,778,058
9	Senegal	4,427	+99	49		2,699	1,679	14	265	3	49,180	2,943	16,712,504
10	Djibouti	4,278	+71	31	+3	2,013	2,234		4,334	31	36,497	36,975	987,070
11	Guinea	4,216	+99	23		2,918	1,275	24	322	2	14,407	1,099	13,107,272
12	DRC	4,106	+90	88	+3	537	3,481		46	1.0			89,361,277
13	Ivory Coast	3,881	+142	38	+2	1,869	1,974		147	1	32,349	1,228	26,332,334
14	Gabon	3,101		21		833	2,247	13	1,396	9	16,730	7,529	2,222,074
15	Kenya	2,862	+95	85	+1	849	1,928	7	53	2	98,439	1,833	53,689,786
16	Somalia	2,368	+34	84	+1	470	1,814	2	149	5			15,861,260
17	Ethiopia	2,156	+136	27		361	1,768	32	19	0.2	147,735	1,287	114,763,301
18	Mayotte	2,151	+72	25		1,654	472	12	7,898	92	8,150	29,924	272,354
19	CAR	1,850	+216	5		38	1,807		383	1	15,881	3,292	4,824,200
20	South Sudan	1,604	+287	19	+5	15	1,570		143	2	3,356	300	11,185,423
21	Mali	1,547	+14	92		916	539		77	5	3,483	172	20,208,491
22	Guinea-Bissau	1,389	+21	12		153	1,224	5	707	6	1,500	763	1,964,759
23	Equatorial Guinea	1,306		12		200	1,094		933	9	8,268	5,908	1,399,533
24	Zambia	1,200	+111	10	+3	912	278	1	65	0.5	28,236	1,539	18,346,811
25	Mauritania	1,104	+55	59	+4	119	926	7	238	13	7,654	1,649	4,640,959
26	Madagascar	1,094	+42	9		254	831	10	40	0.3	13,707	496	27,640,577
27	Tunisia	1,087		49		942	96	1	92	4	55,419	4,692	11,811,...
28	Sierra Leone	1,001	+32	49	+1	611	341		126	6			7,965,970
29	Niger	973		65		869	39		40	3	6,215	257	24,139,318

AMERICAN OVERSIGHT

NIH FOIA 000239

HHS-NIH-20-0496-A-000239

Daily New Cases in the United States



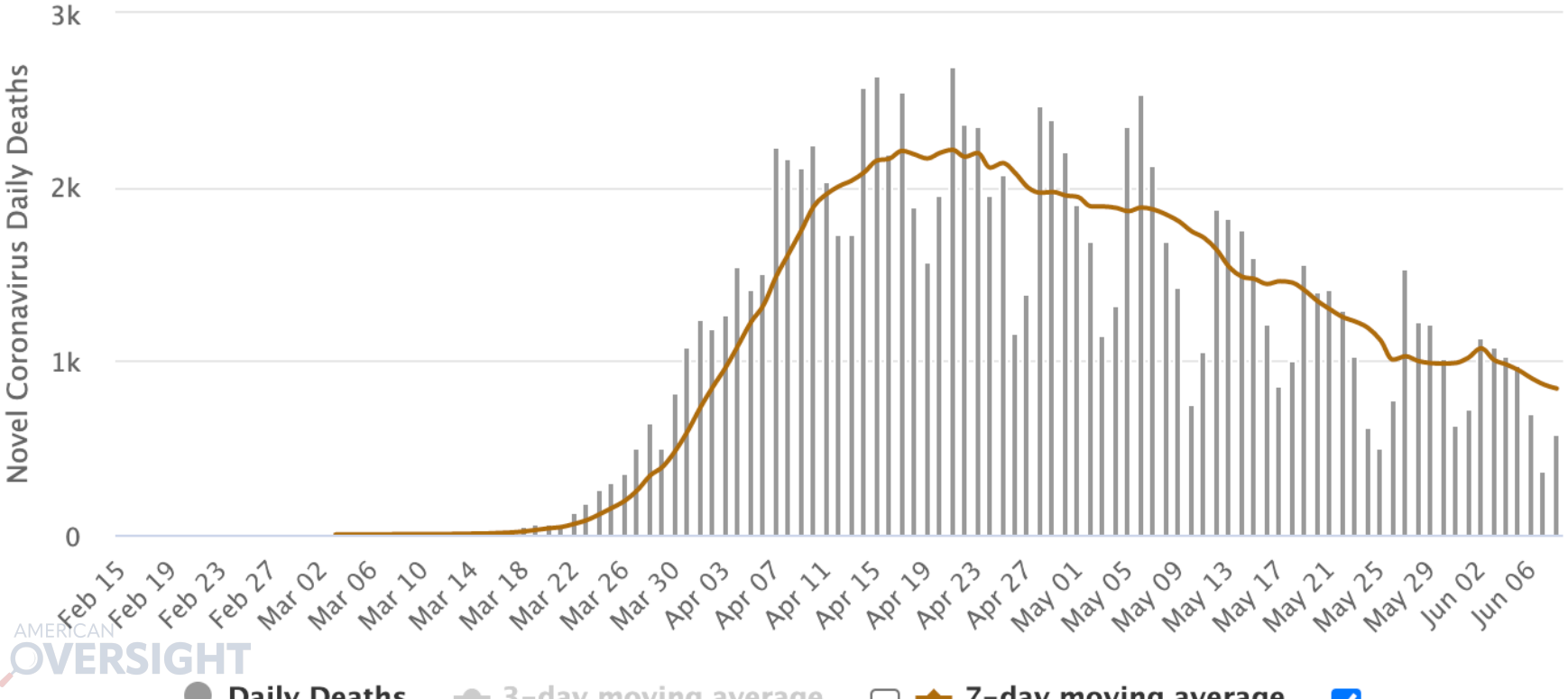
AMERICAN OVERSIGHT

NIH FOIA 000240

HHS-NIH-20-0496-A-000240

Daily Deaths

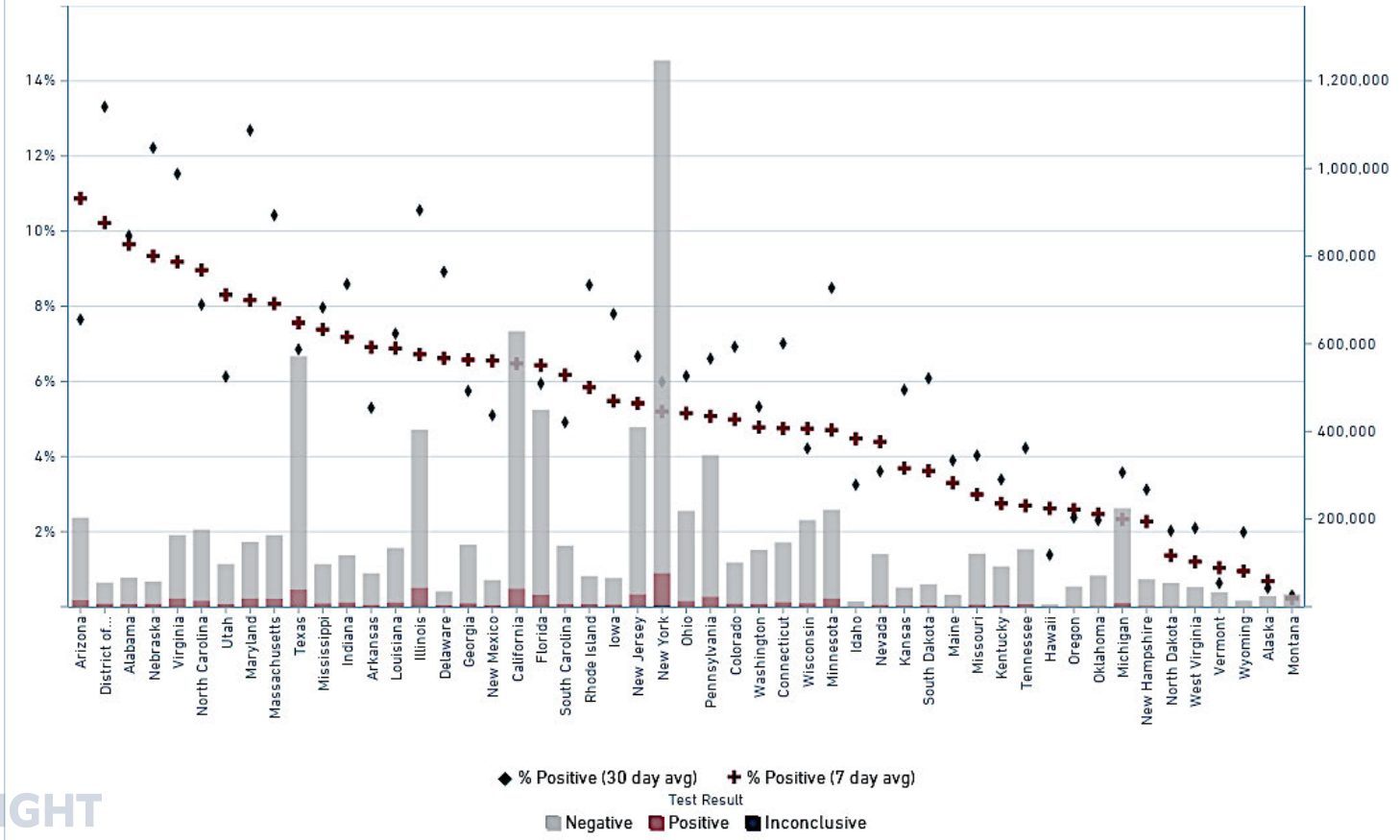
Deaths per Day
Data as of 0:00 GMT+8



AMERICAN OVERSIGHT

NIH FOIA 000241
HHS-NIH-20-0496-A-000241

Positive and negative cumulative results in the last 30 days per state with % positive per state



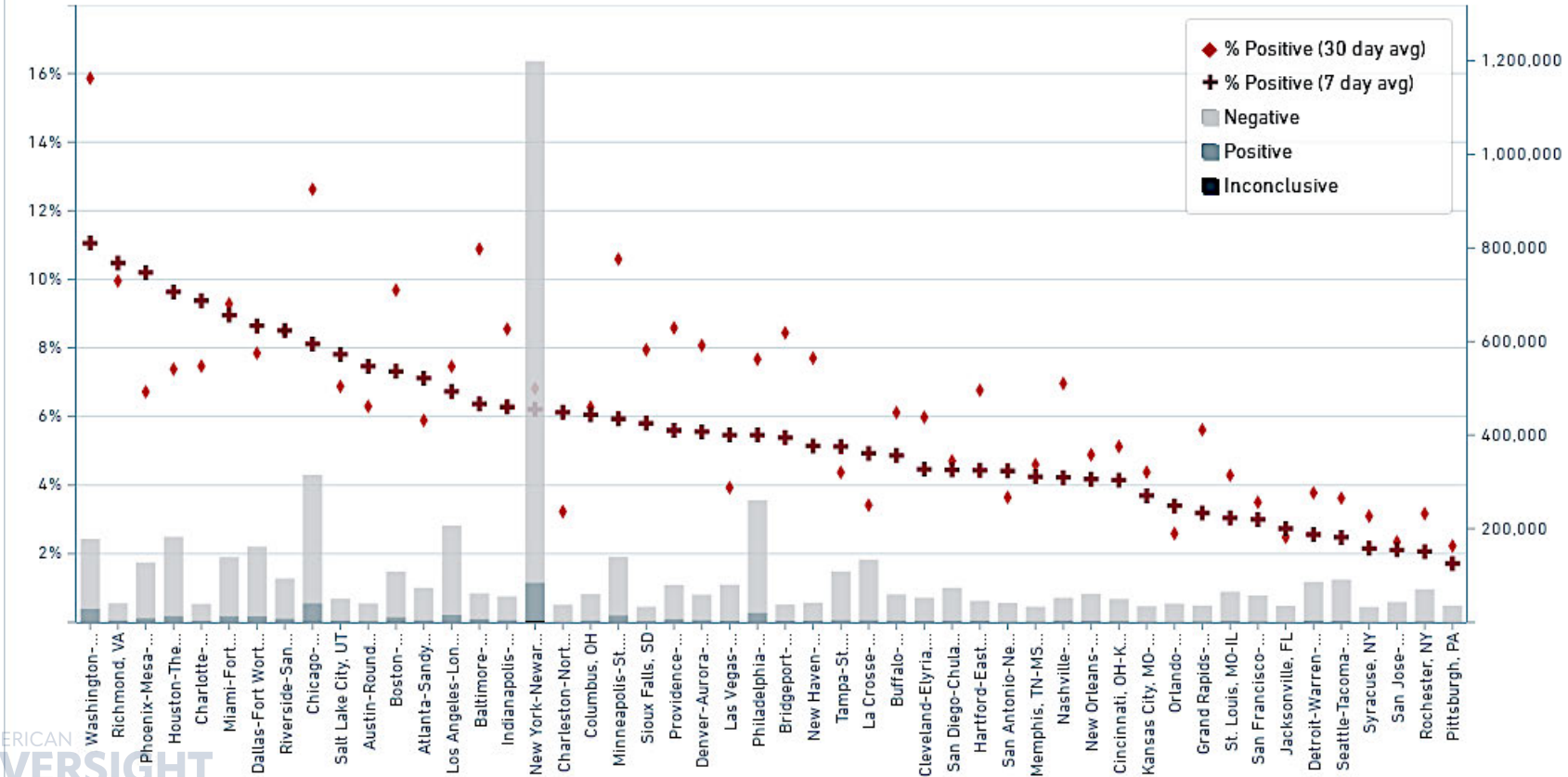
Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. This chart is sorted by the 7-day percent positive.

AMERICAN OVERSIGHT

NIH FOIA 000242

HHS-NIH-20-0496-A-000242

Positive and negative cumulative results in the last 30 days per CBSA with % positive per CBSA



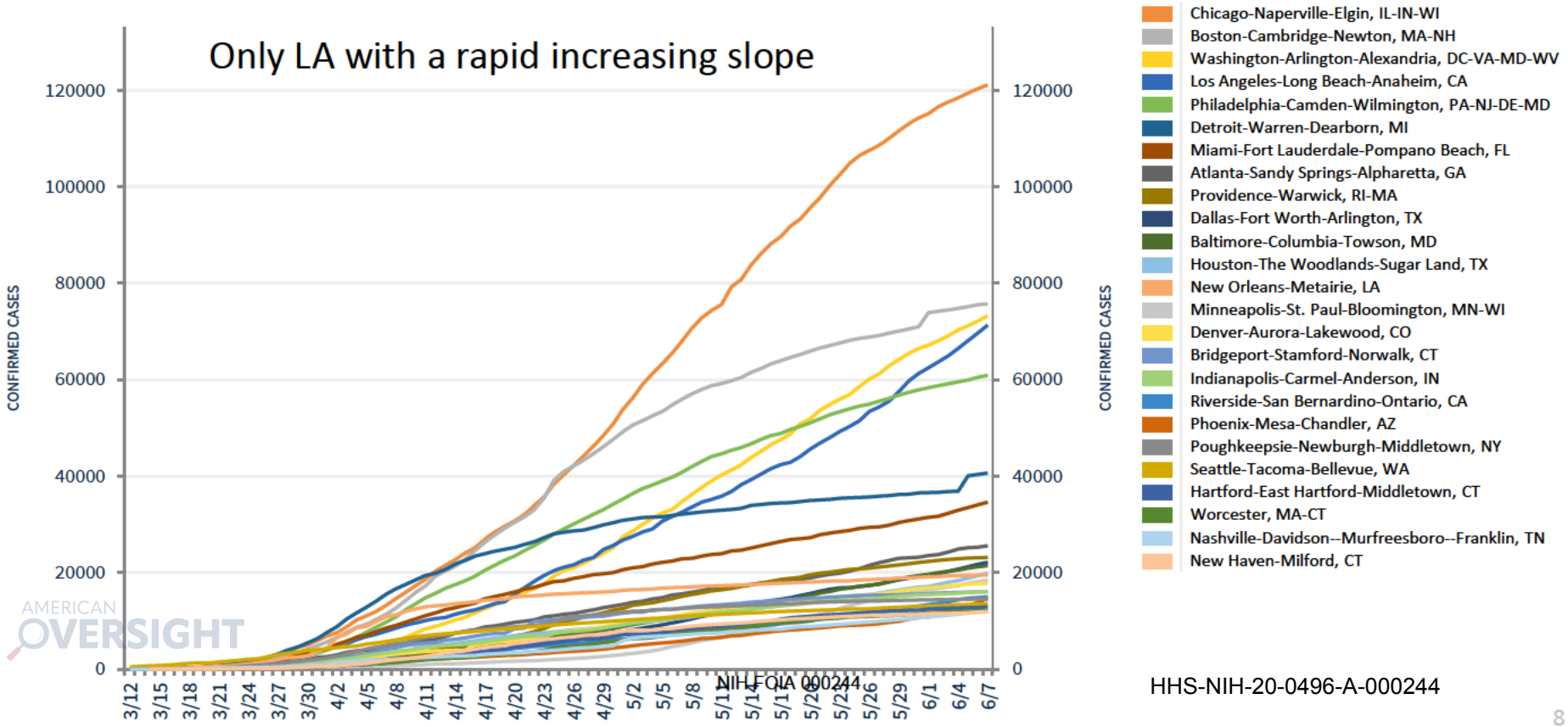
AMERICAN OVERSIGHT

NIH FOIA 000243

HHS-NIH-20-0496-A-000243

Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. The top 50 CBSAs were determined by ranking over the number of results reported for a given area in the last 30 days. This chart is sorted by the 7-day percent positive.

CUMULATIVE CASES: TOP 25 CBSA WITHOUT NYC

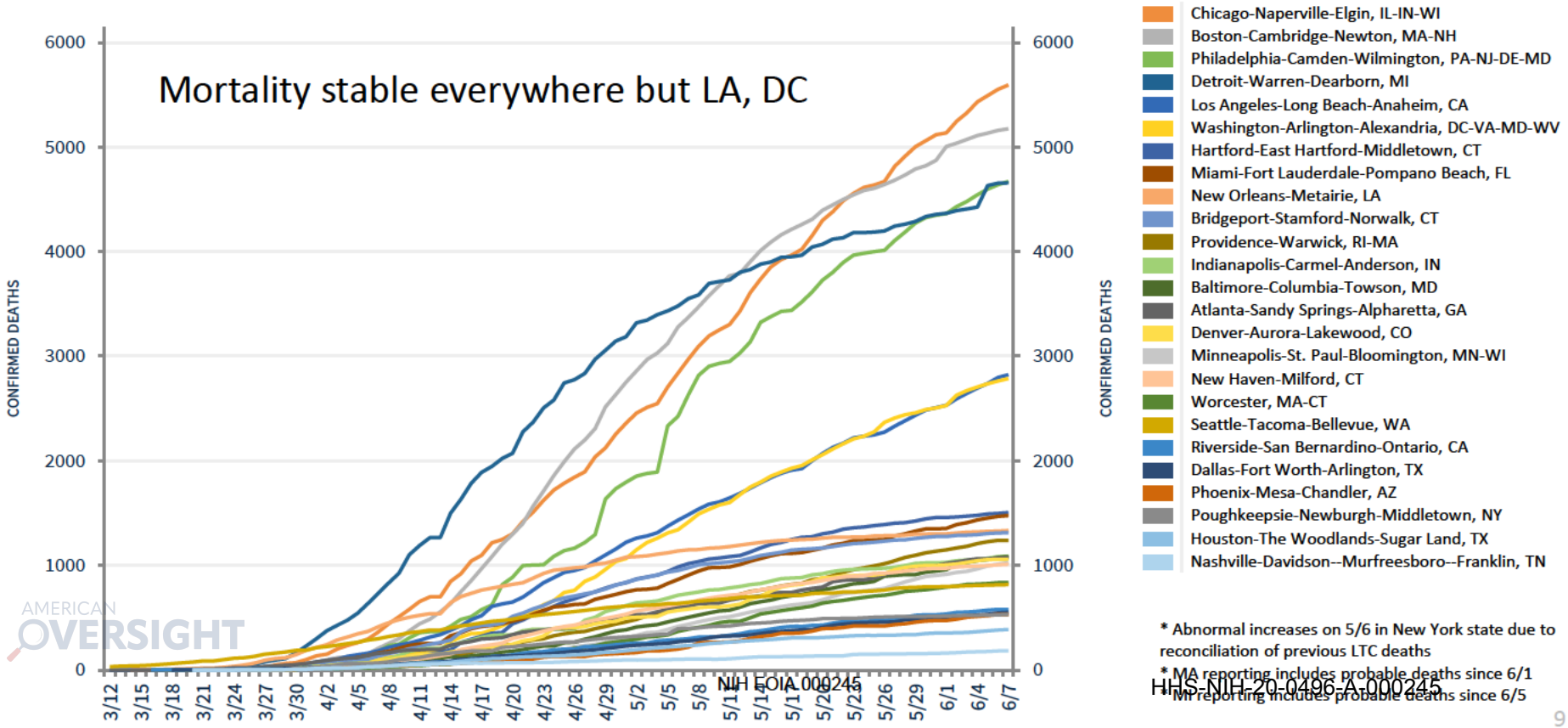


AMERICAN OVERSIGHT

NIH FOIA 000244

HHS-NIH-20-0496-A-000244

CUMULATIVE DEATHS: TOP 25 CBSA WITHOUT NYC



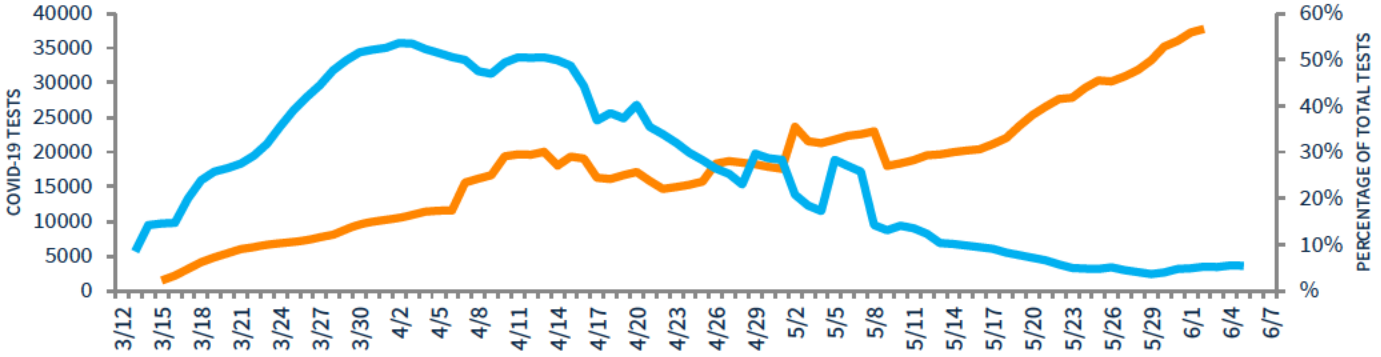
* Abnormal increases on 5/6 in New York state due to reconciliation of previous LTC deaths
* MA reporting includes probable deaths since 6/1
* MI reporting includes probable deaths since 6/5

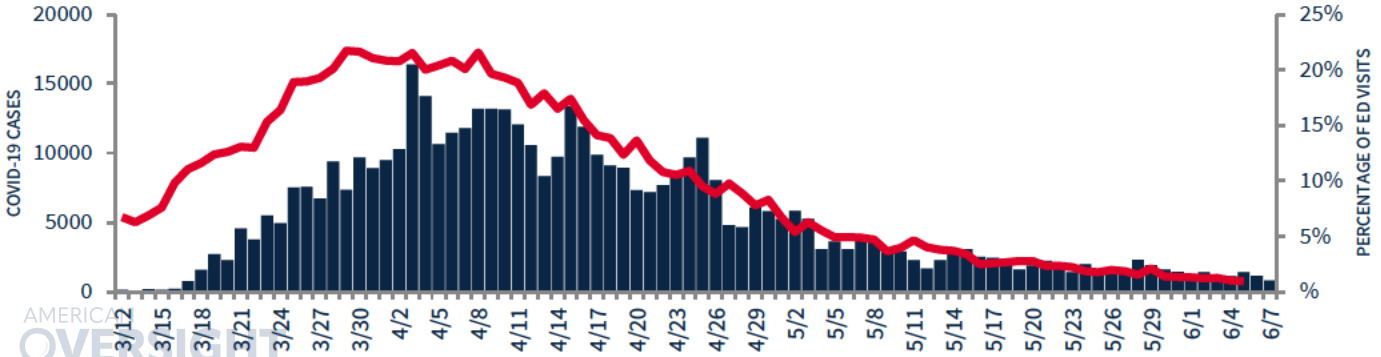
AMERICAN OVERSIGHT

NIH-FOIA-000245

HHS-NIH-20-0496-A-000245

TRENDS IN NEW YORK-NEWARK-JERSEY CITY, NY-NJ-PA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.4%
7-DAY POSITIVITY CHANGE	1.8%
BED UTILIZATION[2]	66%
7-DAY INCIDENCE CHANGE	-29%
TESTING PER 100K / WEEK	1494
NEW CASES PER 100K / WEEK	45.8

RISK FACTORS

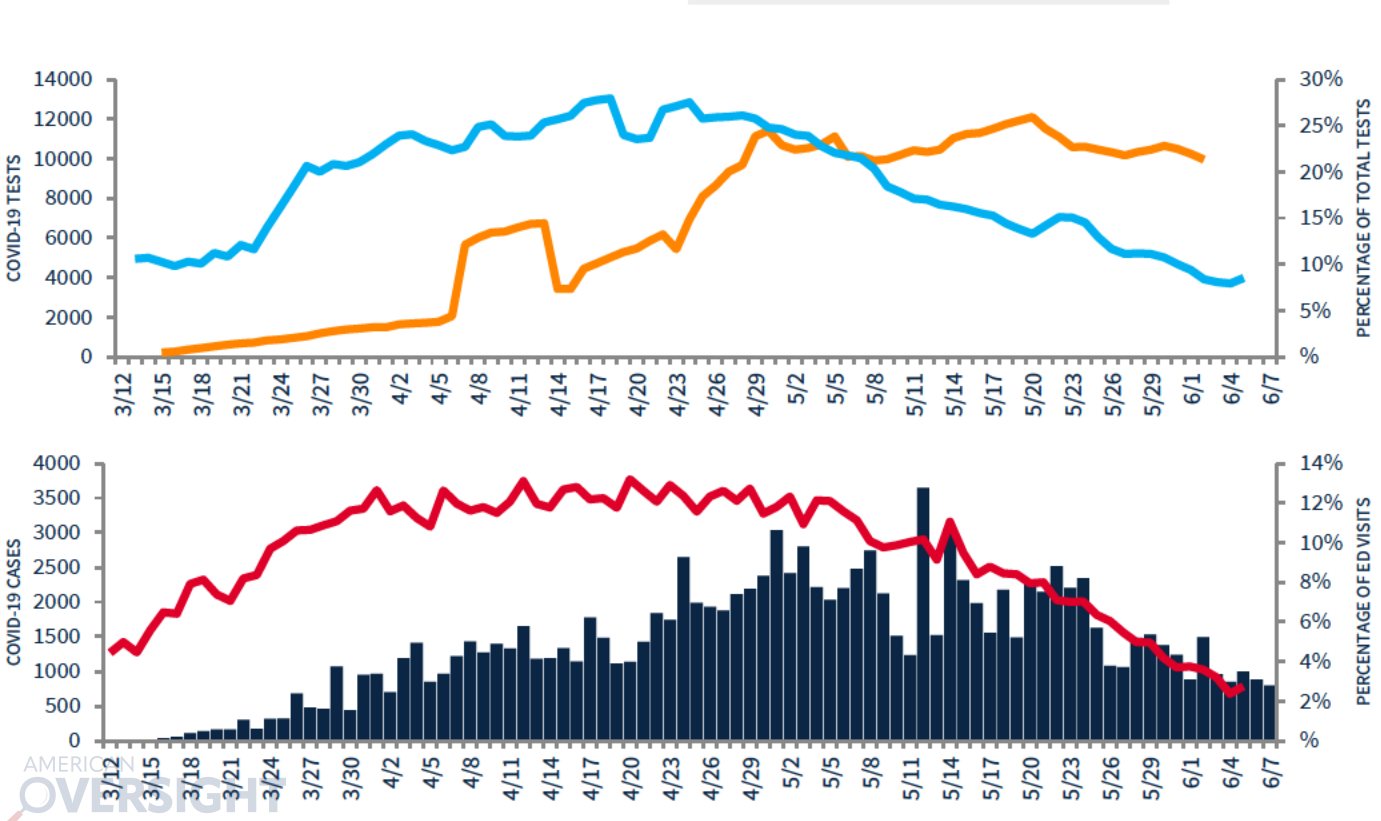
POPULATION DENSITY	2887 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	Unknown

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*
[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting.
Testing data is missing for 6% of county-level data points over this time period. ED data is missing for 16% of county-level data points over this time period.

AMERICA OVERSIGHT
NIH FOIA 000246
HHS-NIH-20-0496-A-000246
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
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TRENDS IN CHICAGO-NAPERVILLE-ELGIN, IL-IN-WI



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	8.5%
7-DAY POSITIVITY CHANGE	-2.6%
BED UTILIZATION[2]	59%
7-DAY INCIDENCE CHANGE	-27%
TESTING PER 100K / WEEK	733
NEW CASES PER 100K / WEEK	72.1

RISK FACTORS

POPULATION DENSITY	1320 per sq mi
% OVER 60	21%
CRUDE CVD PREVALENCE	3.5%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 27% of county-level data points over this time period. ED data is missing for 29% of county-level data points over this time period.

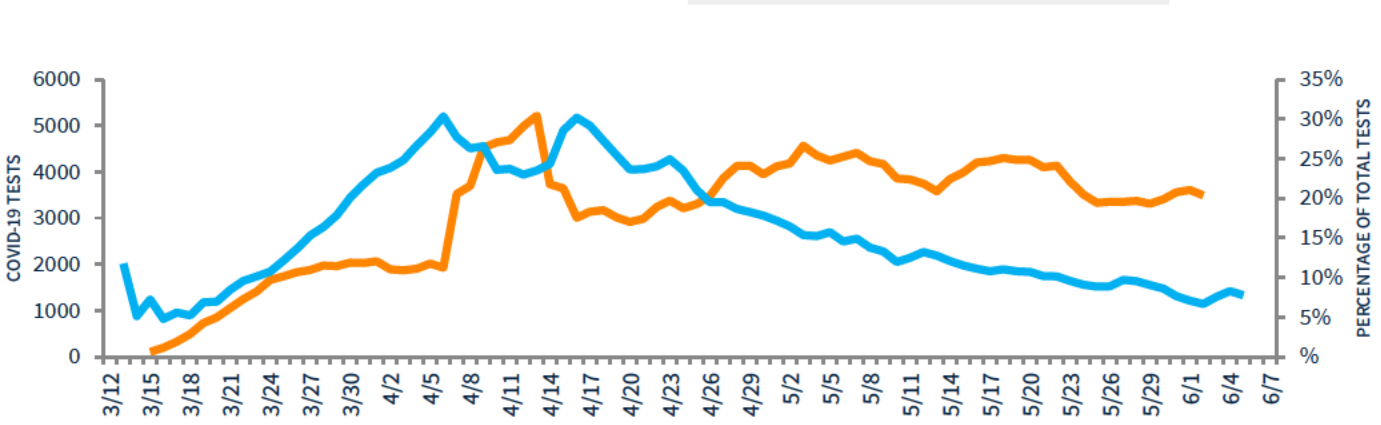
AMERICAN OVERSIGHT

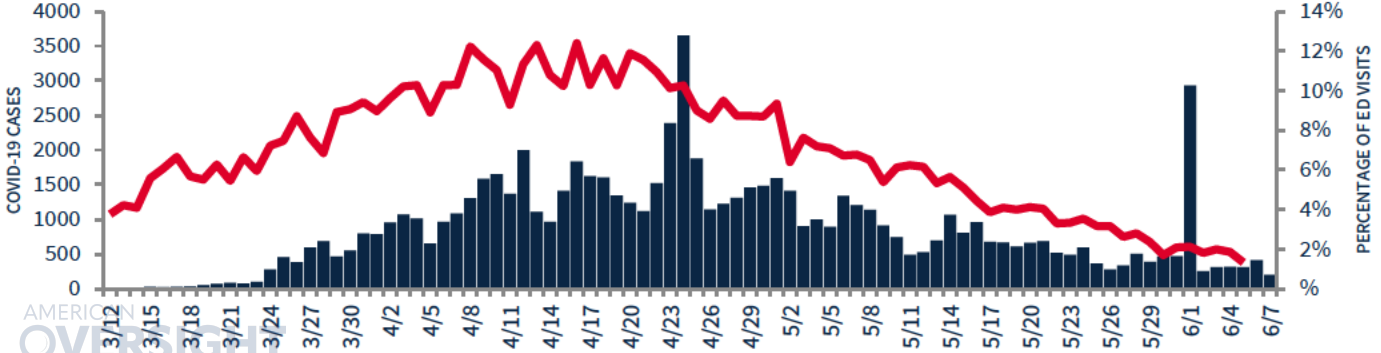
NIH FOIA 000247

HHS-NIH-20-0496-A-000247

TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN BOSTON–CAMBRIDGE–NEWTON, MA–NH





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	7.8%
7-DAY POSITIVITY CHANGE	-1.3%
BED UTILIZATION[2]	67%
7-DAY INCIDENCE CHANGE	69%
TESTING PER 100K / WEEK	501
NEW CASES PER 100K / WEEK	97.3

RISK FACTORS

POPULATION DENSITY	1398 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	Unknown

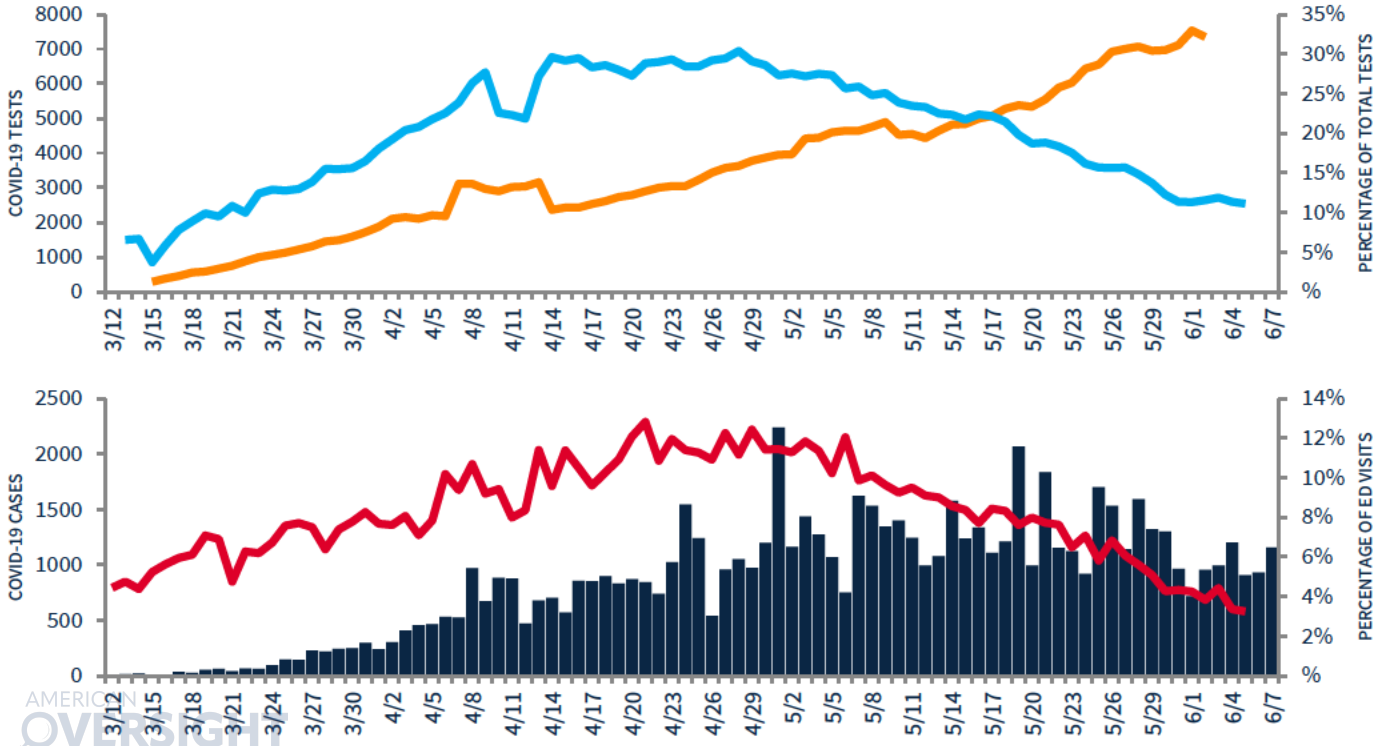
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*
[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting.
Testing data is missing for 13% of county-level data points over this time period. ED data is missing for 10% of county-level data points over this time period.

AMERICAN OVERSIGHT

NIH FOIA 000248
HHS-NIH-20-0496-A-000248
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN WASHINGTON–ARLINGTON–ALEXANDRIA, DC–VA–MD–WV



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	11.1%
7-DAY POSITIVITY CHANGE	-2.6%
BED UTILIZATION[2]	65%
7-DAY INCIDENCE CHANGE	-28%
TESTING PER 100K / WEEK	821
NEW CASES PER 100K / WEEK	109.5

RISK FACTORS

POPULATION DENSITY	954 per sq mi
% OVER 60	19%
CRUDE CVD PREVALENCE	Unknown

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 33% of county-level data points over this time period. ED data is missing for 33% of county-level data points over this time period.

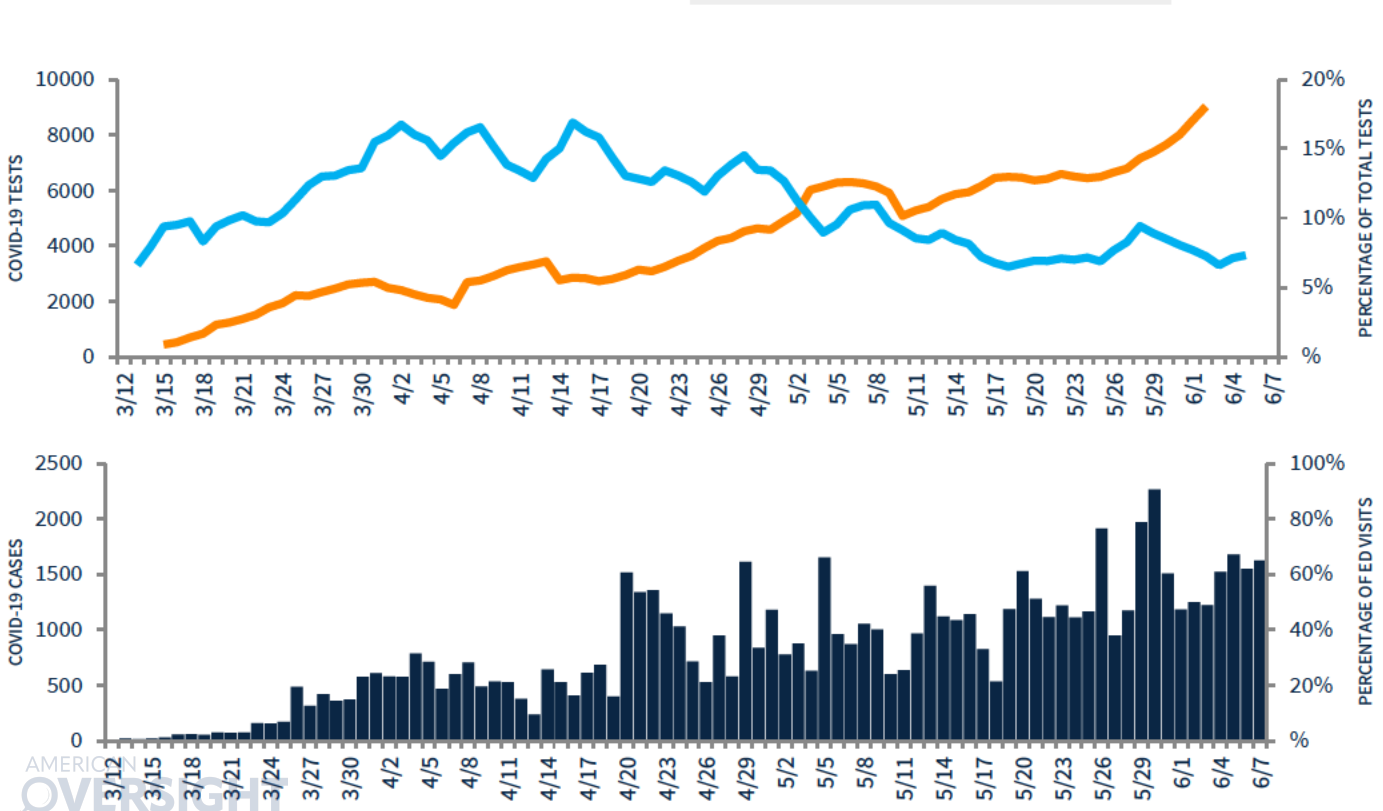
AMERICAN OVERSIGHT

NIH FOIA 000249

HHS-NIH-20-0496-A-000249

TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
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TRENDS IN LOS ANGELES–LONG BEACH–ANAHEIM, CA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	7.3%
7-DAY POSITIVITY CHANGE	-1.6%
BED UTILIZATION[2]	Unknown
7-DAY INCIDENCE CHANGE	-8%
TESTING PER 100K / WEEK	475
NEW CASES PER 100K / WEEK	75.4

RISK FACTORS

POPULATION DENSITY	2741 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	2.6%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 3% of county-level data points over this time period. ED data is missing for 100% of county-level data points over this time period.

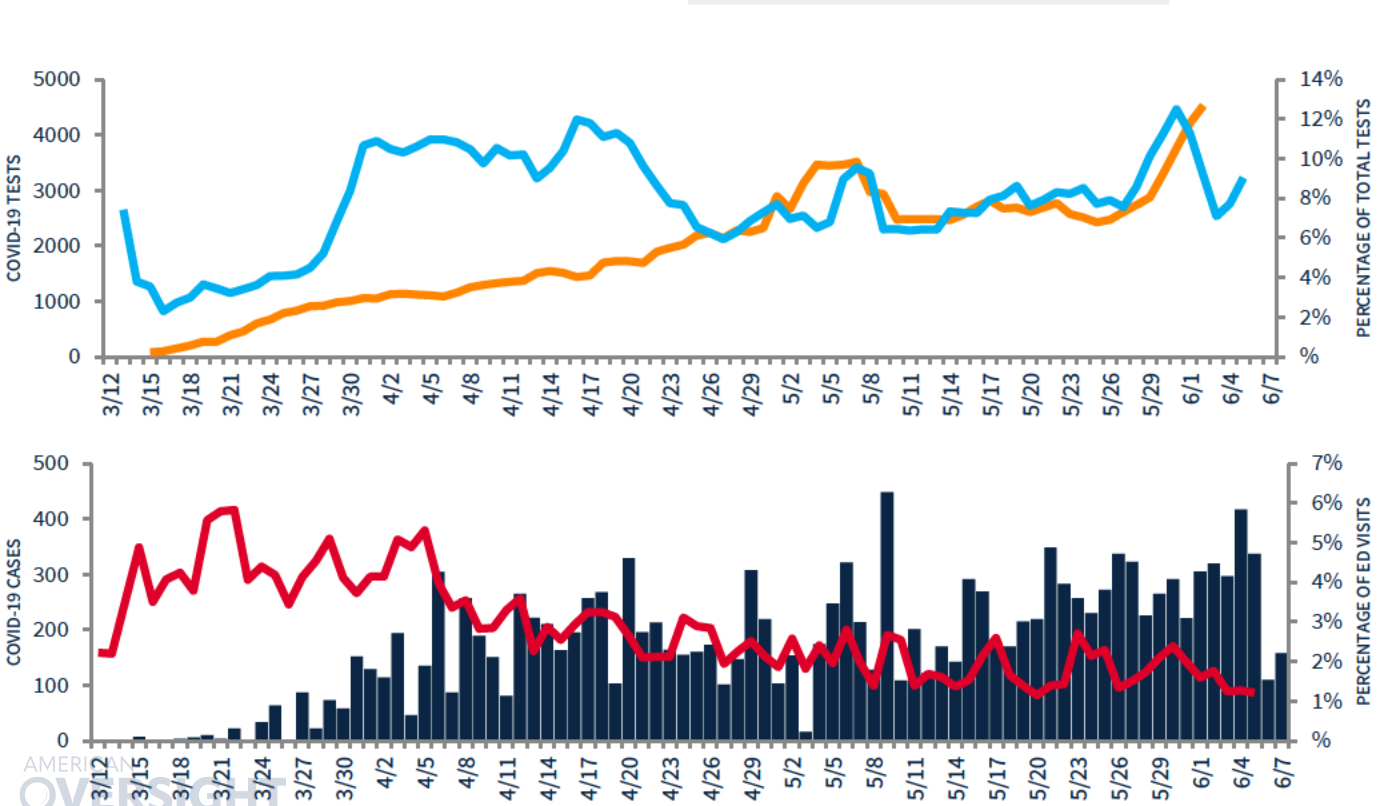
AMERICAN OVERSIGHT

NIH FOIA 000250

HHS-NIH-20-0496-A-000250

TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
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TRENDS IN RIVERSIDE–SAN BERNARDINO–ONTARIO, CA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.0%
7-DAY POSITIVITY CHANGE	-1.1%
BED UTILIZATION[2]	Unknown
7-DAY INCIDENCE CHANGE	0%
TESTING PER 100K / WEEK	686
NEW CASES PER 100K / WEEK	42.0

RISK FACTORS

POPULATION DENSITY	170 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	2.9%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 6% of county-level data points over this time period. ED data is missing for 51% of county-level data points over this time period.

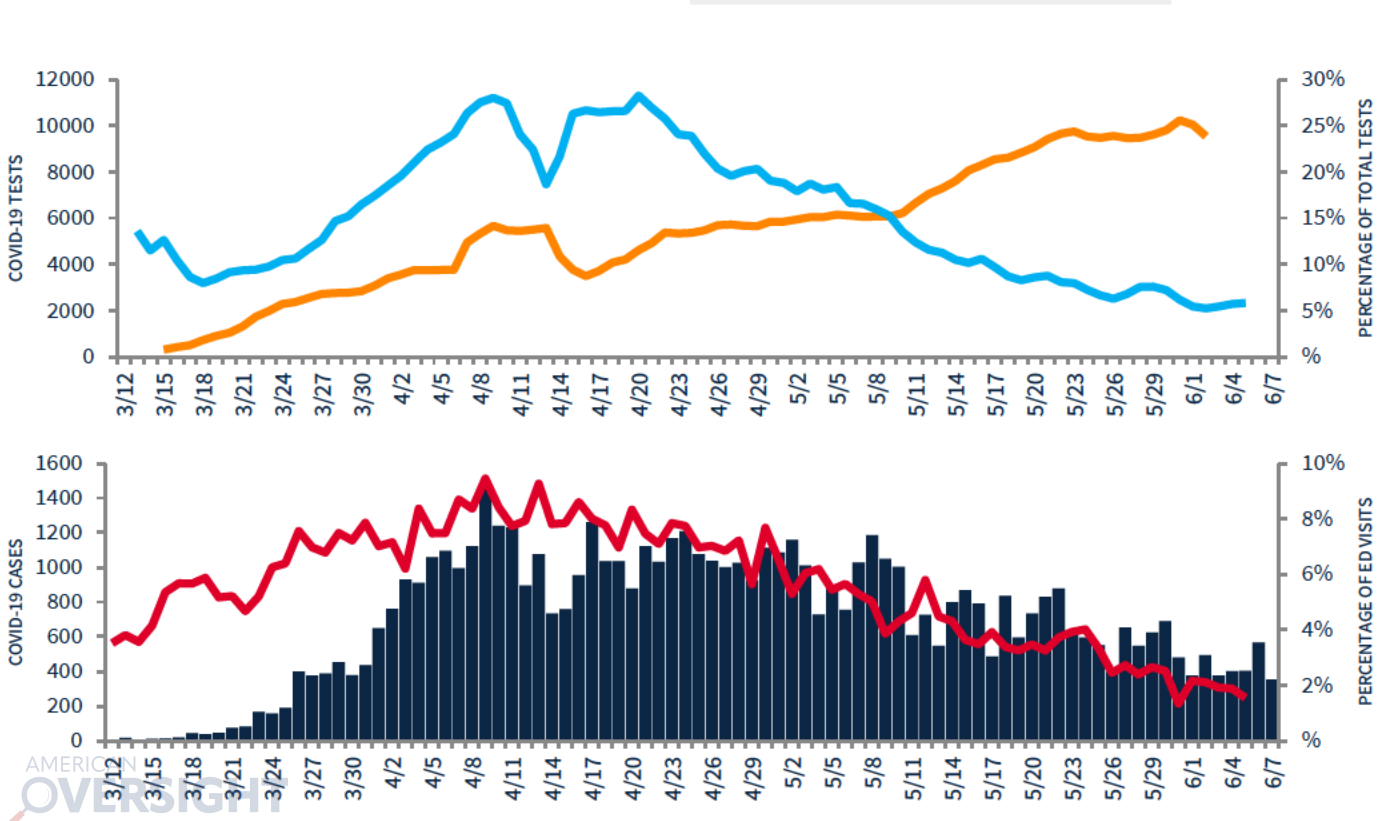
AMERICAN OVERSIGHT

NIH FOIA 000251

HHS-NIH-20-0496-A-000251

TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
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TRENDS IN PHILADELPHIA–CAMDEN–WILMINGTON, PA–NJ–DE–MD



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.8%
7-DAY POSITIVITY CHANGE	-1.8%
BED UTILIZATION[2]	76%
7-DAY INCIDENCE CHANGE	-25%
TESTING PER 100K / WEEK	1095
NEW CASES PER 100K / WEEK	48.7

RISK FACTORS

POPULATION DENSITY	1325 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	Unknown

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting.
Testing data is missing for 8% of county-level data points over this time period. ED data is missing for 12% of county-level data points over this time period.

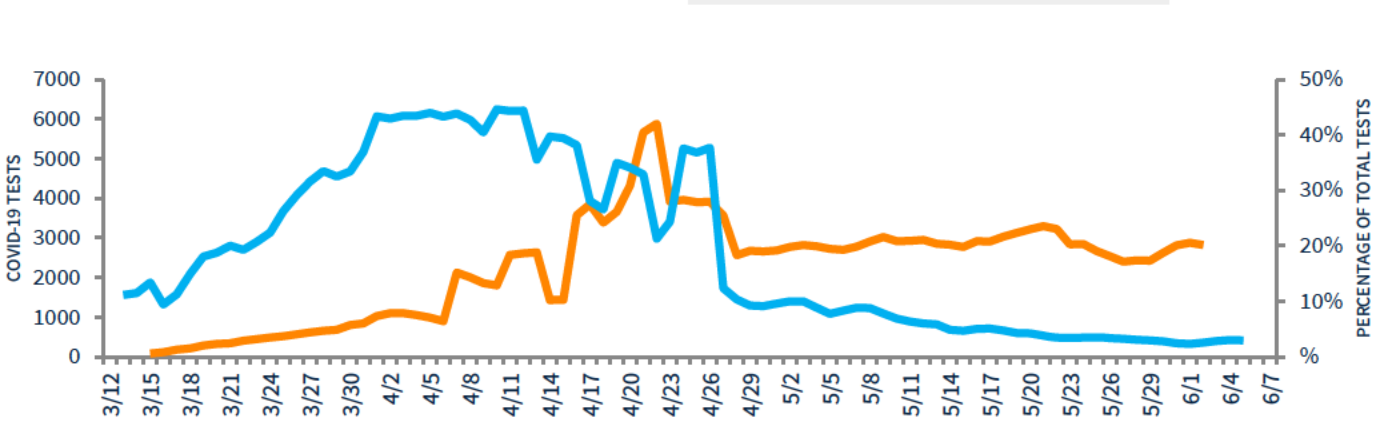
AMERICAN OVERSIGHT

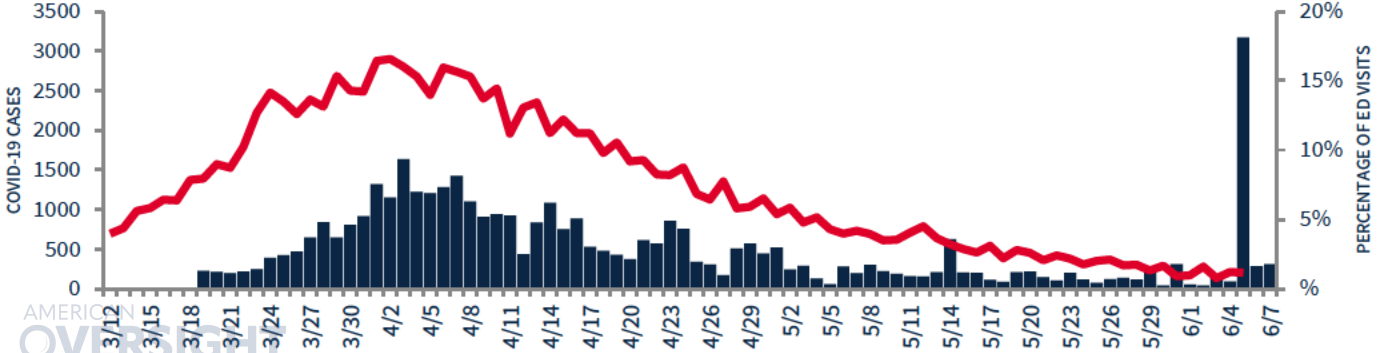
NIH FOIA 000252

HHS-NIH-20-0496-A-000252

TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
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TRENDS IN DETROIT-WARREN-DEARBORN, MI





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.9%
7-DAY POSITIVITY CHANGE	0.0%
BED UTILIZATION[2]	53%
7-DAY INCIDENCE CHANGE	292%
TESTING PER 100K / WEEK	456
NEW CASES PER 100K / WEEK	94.7

RISK FACTORS

POPULATION DENSITY	1113 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	Unknown

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*
[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

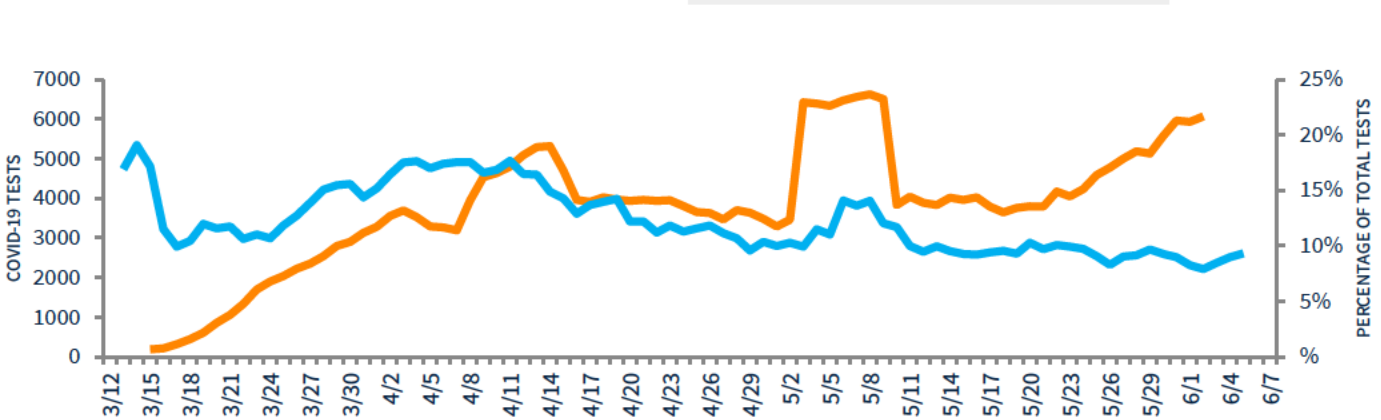
Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting.
Testing data is missing for 20% of county-level data points over this time period. ED data is missing for 26% of county-level data points over this time period.

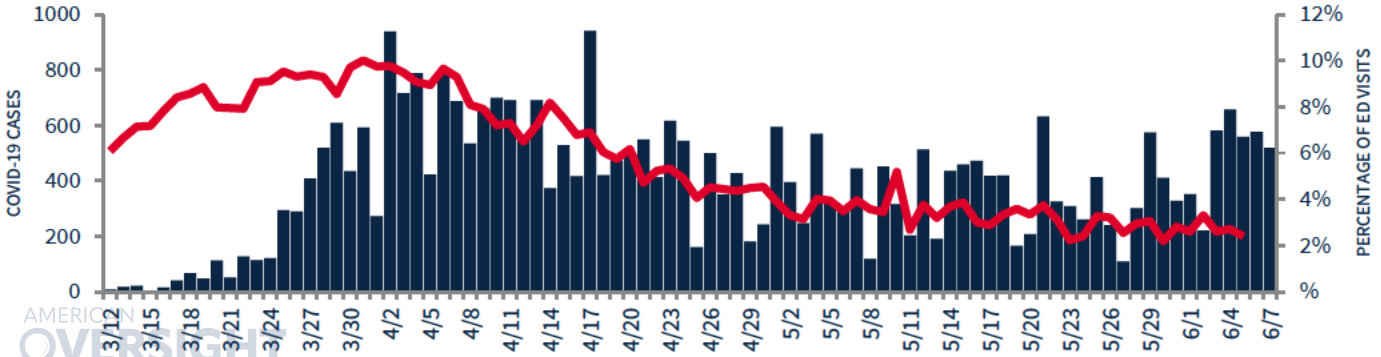
AMERICAN OVERSIGHT

NIH FOIA 000253
HHS-NIH-20-0496-A-000253

TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
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TRENDS IN MIAMI–FORT LAUDERDALE–POMPANO BEACH, FL





COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.3%
7-DAY POSITIVITY CHANGE	-0.3%
BED UTILIZATION[2]	Unknown
7-DAY INCIDENCE CHANGE	46%
TESTING PER 100K / WEEK	685
NEW CASES PER 100K / WEEK	55.8

RISK FACTORS

POPULATION DENSITY	1221 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.7%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 3% of county-level data points over this time period. ED data is missing for 2% of county-level data points over this time period.

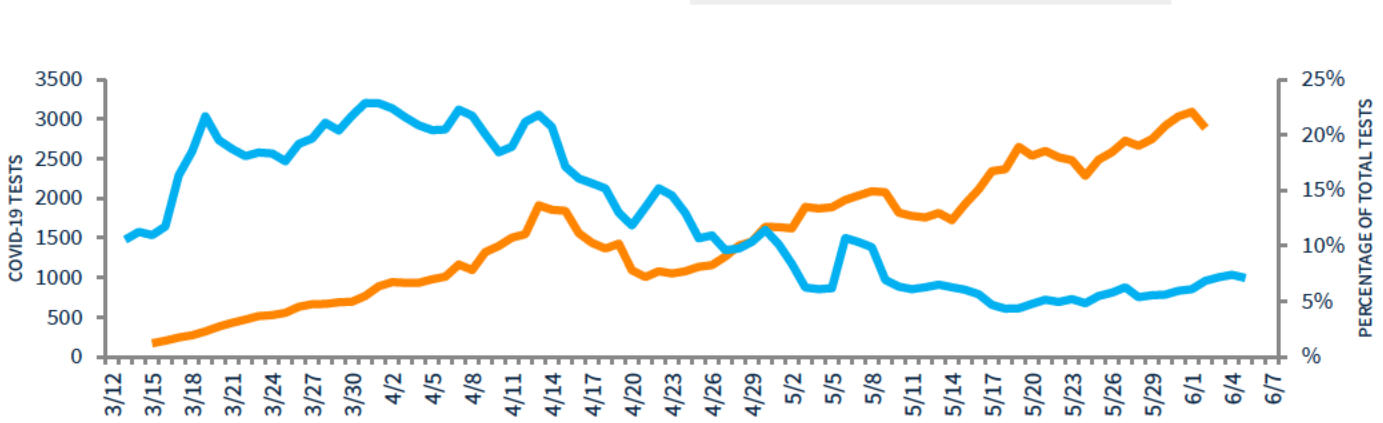
AMERICAN OVERSIGHT

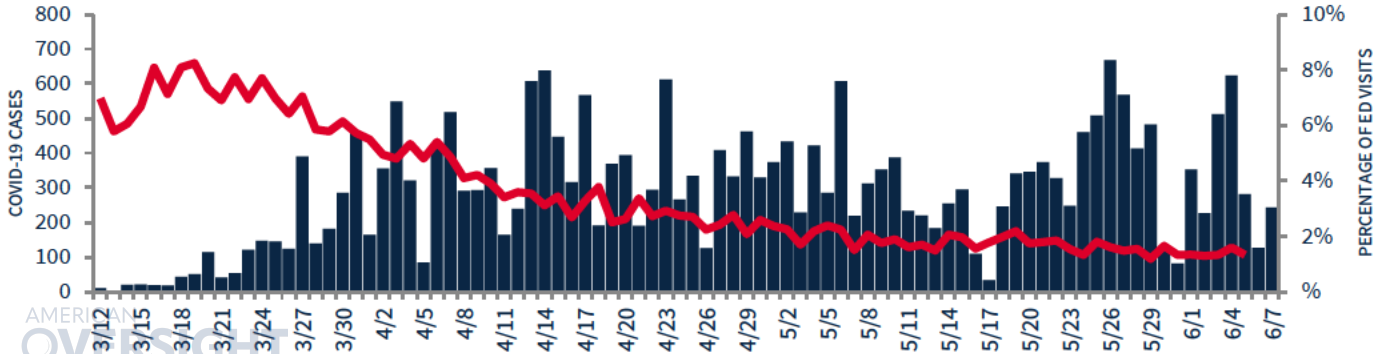
NIH FOIA 000254

HHS-NIH-20-0496-A-000254

TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
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TRENDS IN ATLANTA–SANDY SPRINGS–ALPHARETTA, GA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	7.1%
7-DAY POSITIVITY CHANGE	1.6%
BED UTILIZATION[2]	Unknown
7-DAY INCIDENCE CHANGE	-17%
TESTING PER 100K / WEEK	340
NEW CASES PER 100K / WEEK	39.7

RISK FACTORS

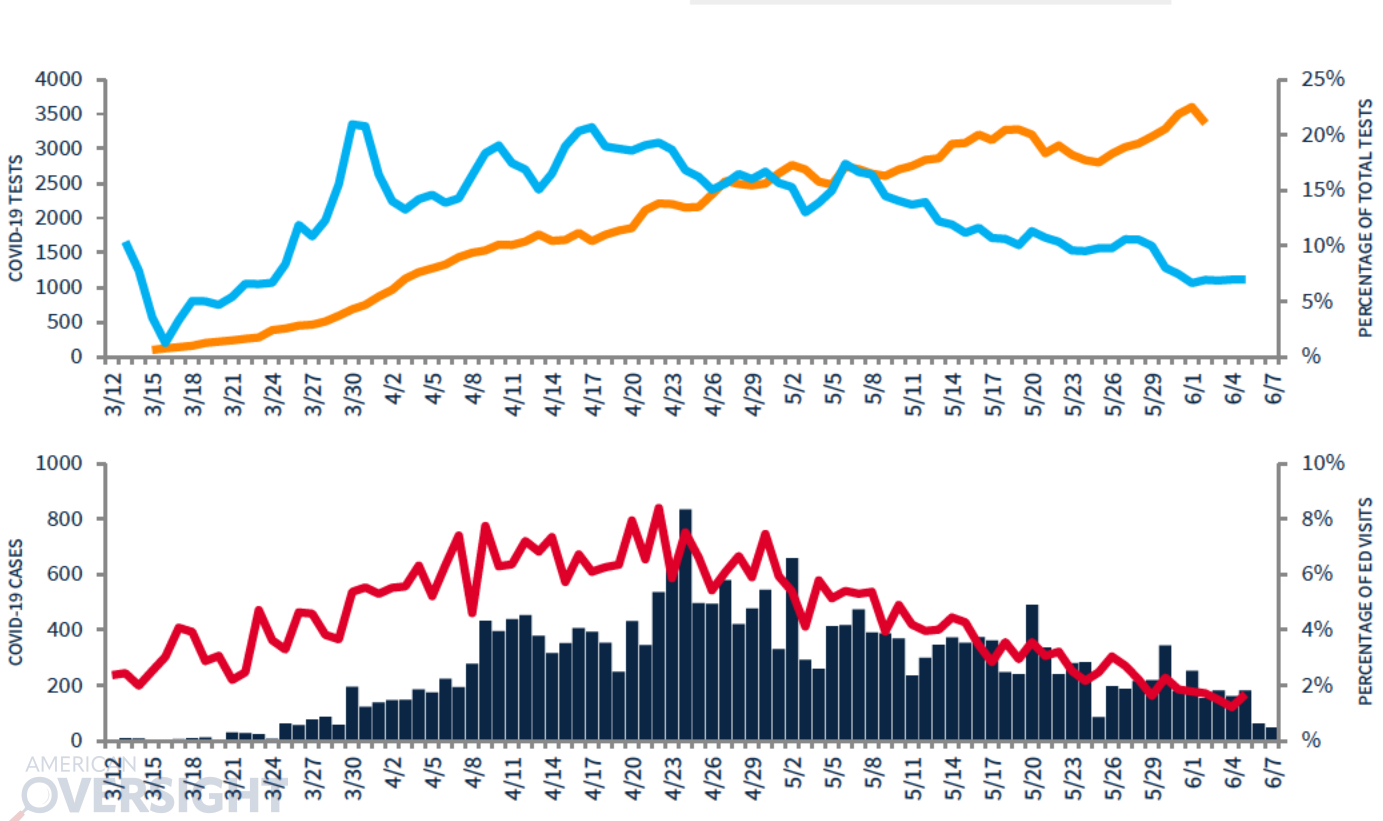
POPULATION DENSITY	685 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	2.8%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*
[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting.
Testing data is missing for 45% of county-level data points over this time period. ED data is missing for 41% of county-level data points over this time period.

AMERICAN OVERSIGHT
NIH FOIA 000255
HHS-NIH-20-0496-A-000255
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN PROVIDENCE-WARWICK, RI-MA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.9%
7-DAY POSITIVITY CHANGE	-3.0%
BED UTILIZATION[2]	78%
7-DAY INCIDENCE CHANGE	-27%
TESTING PER 100K / WEEK	1454
NEW CASES PER 100K / WEEK	64.0

RISK FACTORS

POPULATION DENSITY	1022 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.6%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

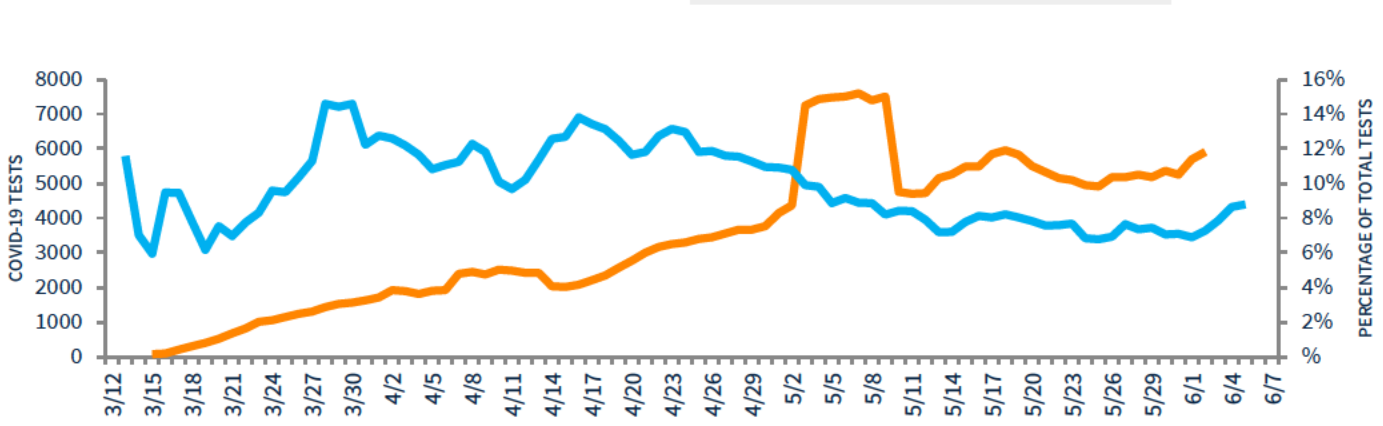
Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 21% of county-level data points over this time period. ED data is missing for 42% of county-level data points over this time period.

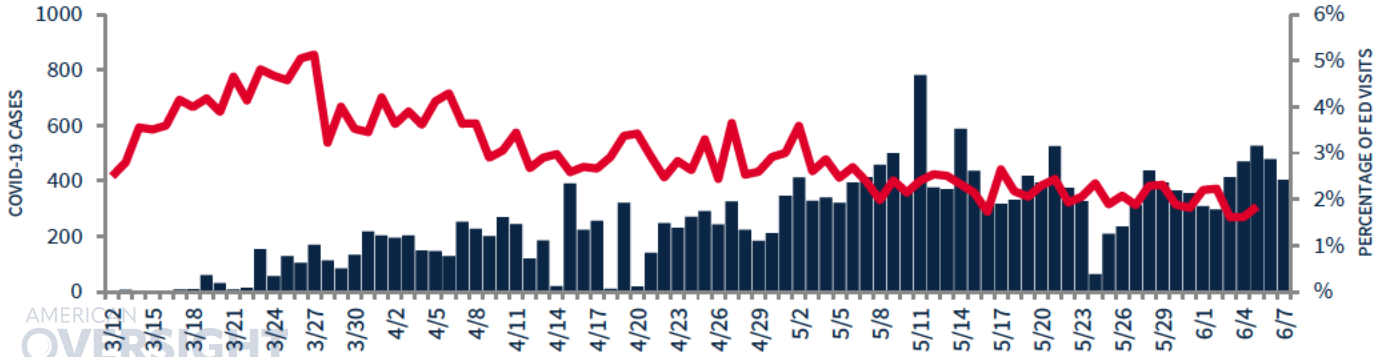
AMERICAN OVERSIGHT

NIH FOIA 000256 HHS-NIH-20-0496-A-000256

TESTING AND HOSPITALIZATION DATA IS INCOMPLETE FOR OFFICIAL USE ONLY

TRENDS IN DALLAS–FORT WORTH–ARLINGTON, TX





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	8.8%
7-DAY POSITIVITY CHANGE	1.3%
BED UTILIZATION[2]	49%
7-DAY INCIDENCE CHANGE	25%
TESTING PER 100K / WEEK	554
NEW CASES PER 100K / WEEK	38.7

RISK FACTORS

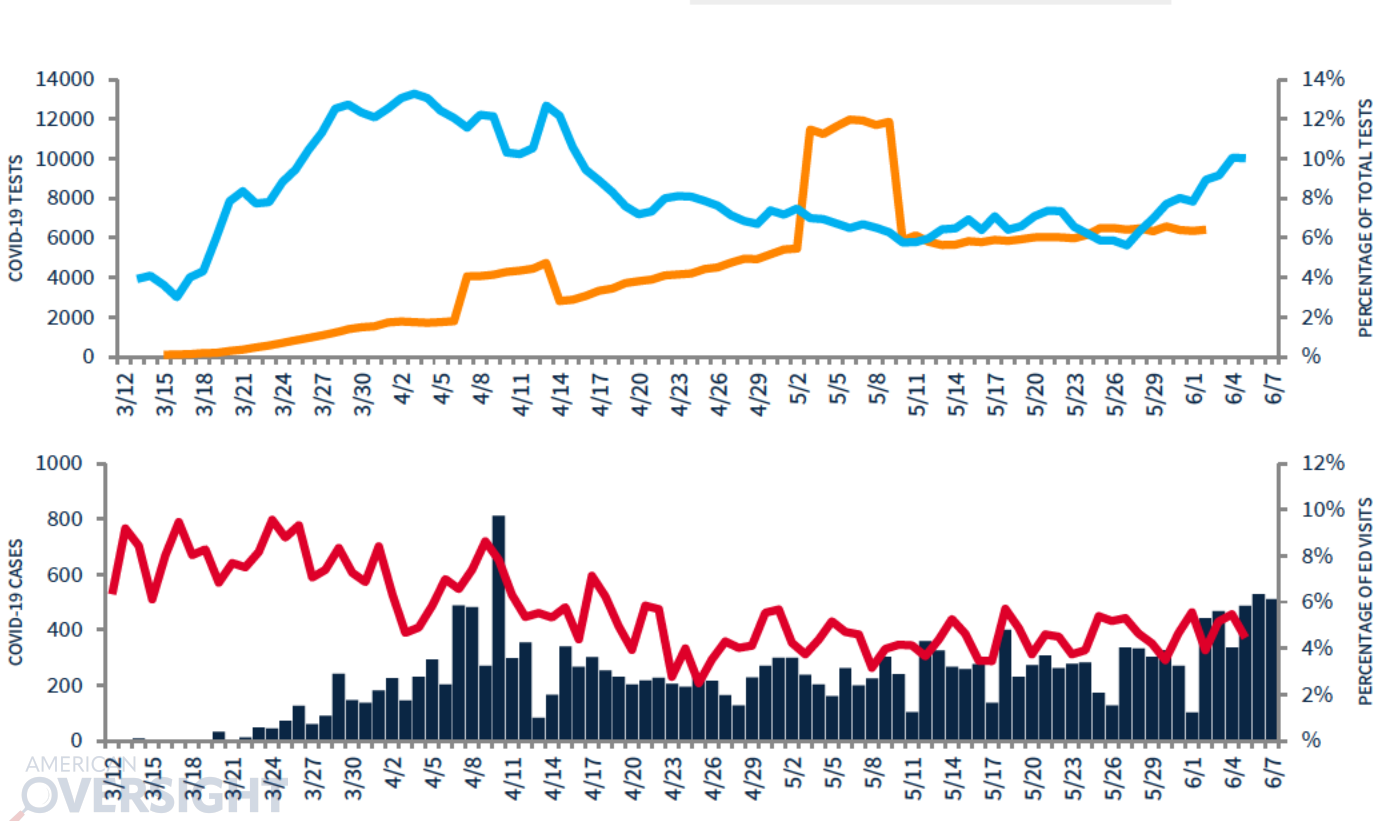
POPULATION DENSITY	862 per sq mi
% OVER 60	16%
CRUDE CVD PREVALENCE	Unknown

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*
[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting.
Testing data is missing for 25% of county-level data points over this time period. ED data is missing for 32% of county-level data points over this time period.

AMERICAN OVERSIGHT
NIH FOIA 000257
HHS-NIH-20-0496-A-000257
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN HOUSTON-THE WOODLANDS-SUGAR LAND, TX



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	10.0%
7-DAY POSITIVITY CHANGE	3.0%
BED UTILIZATION[2]	64%
7-DAY INCIDENCE CHANGE	54%
TESTING PER 100K / WEEK	642
NEW CASES PER 100K / WEEK	41.1

RISK FACTORS

POPULATION DENSITY	847 per sq mi
% OVER 60	16%
CRUDE CVD PREVALENCE	3.5%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 35% of county-level data points over this time period. ED data is missing for 55% of county-level data points over this time period.

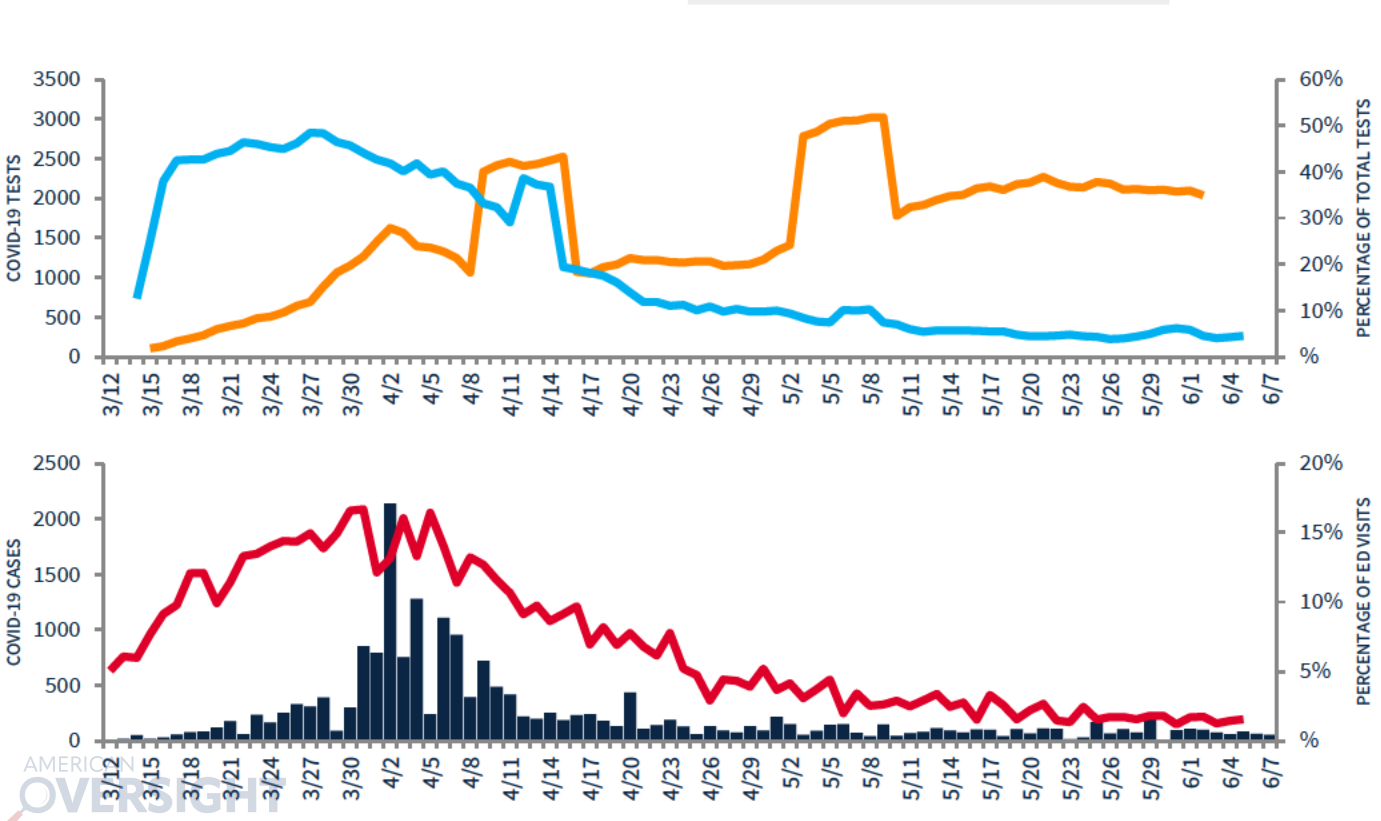
AMERICAN OVERSIGHT

NIH FOIA 000258

HHS-NIH-20-0496-A-000258

TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN NEW ORLEANS–METAIRIE, LA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.5%
7-DAY POSITIVITY CHANGE	-0.4%
BED UTILIZATION[2]	Unknown
7-DAY INCIDENCE CHANGE	-24%
TESTING PER 100K / WEEK	1122
NEW CASES PER 100K / WEEK	42.4

RISK FACTORS

POPULATION DENSITY	397 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	4.4%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 22% of county-level data points over this time period. ED data is missing for 44% of county-level data points over this time period.

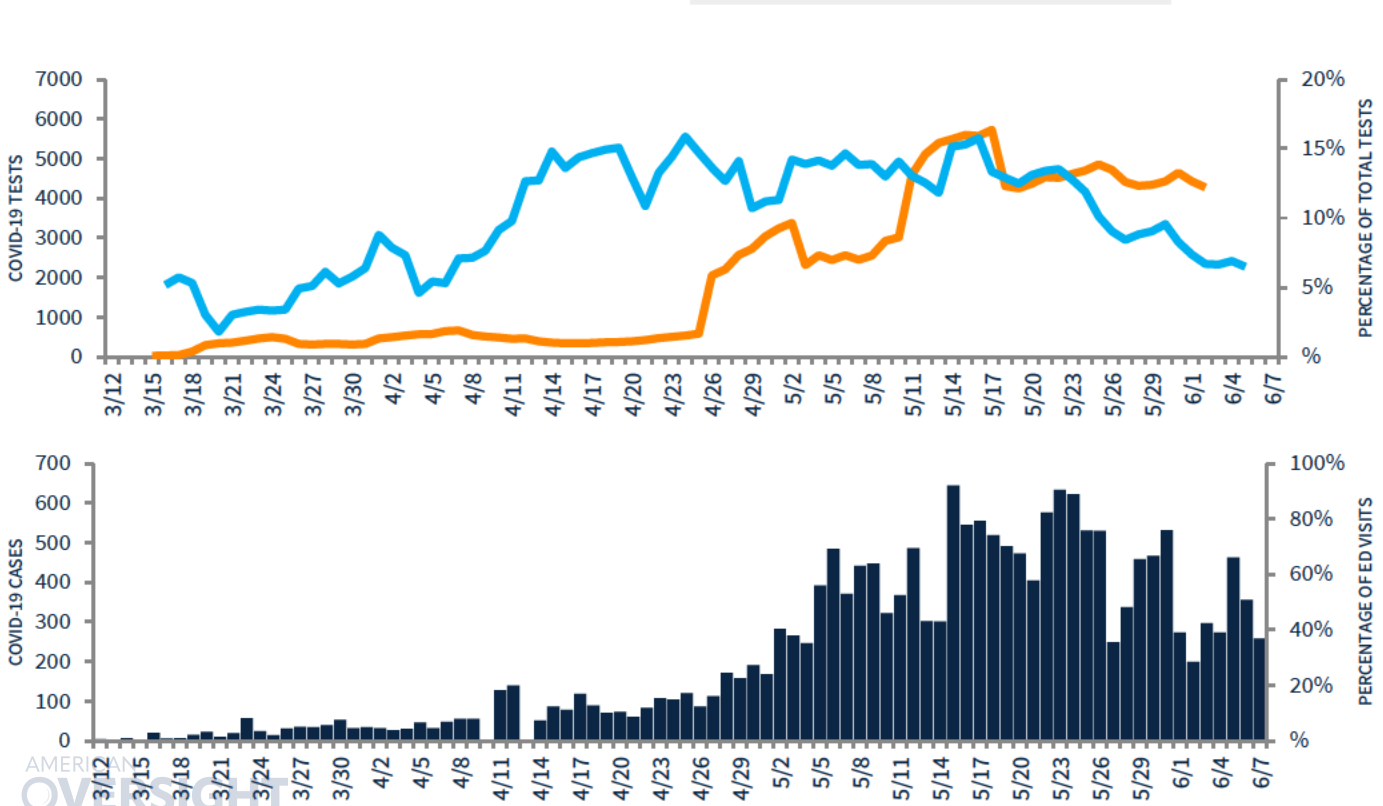
AMERICAN OVERSIGHT

NIH FOIA 000259

HHS-NIH-20-0496-A-000259

TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
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TRENDS IN MINNEAPOLIS–ST. PAUL–BLOOMINGTON, MN–WI



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.5%
7-DAY POSITIVITY CHANGE	-2.6%
BED UTILIZATION[2]	65%
7-DAY INCIDENCE CHANGE	-32%
TESTING PER 100K / WEEK	828
NEW CASES PER 100K / WEEK	58.6

RISK FACTORS

POPULATION DENSITY	513 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	3.0%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 49% of county-level data points over this time period. ED data is missing for 93% of county-level data points over this time period.

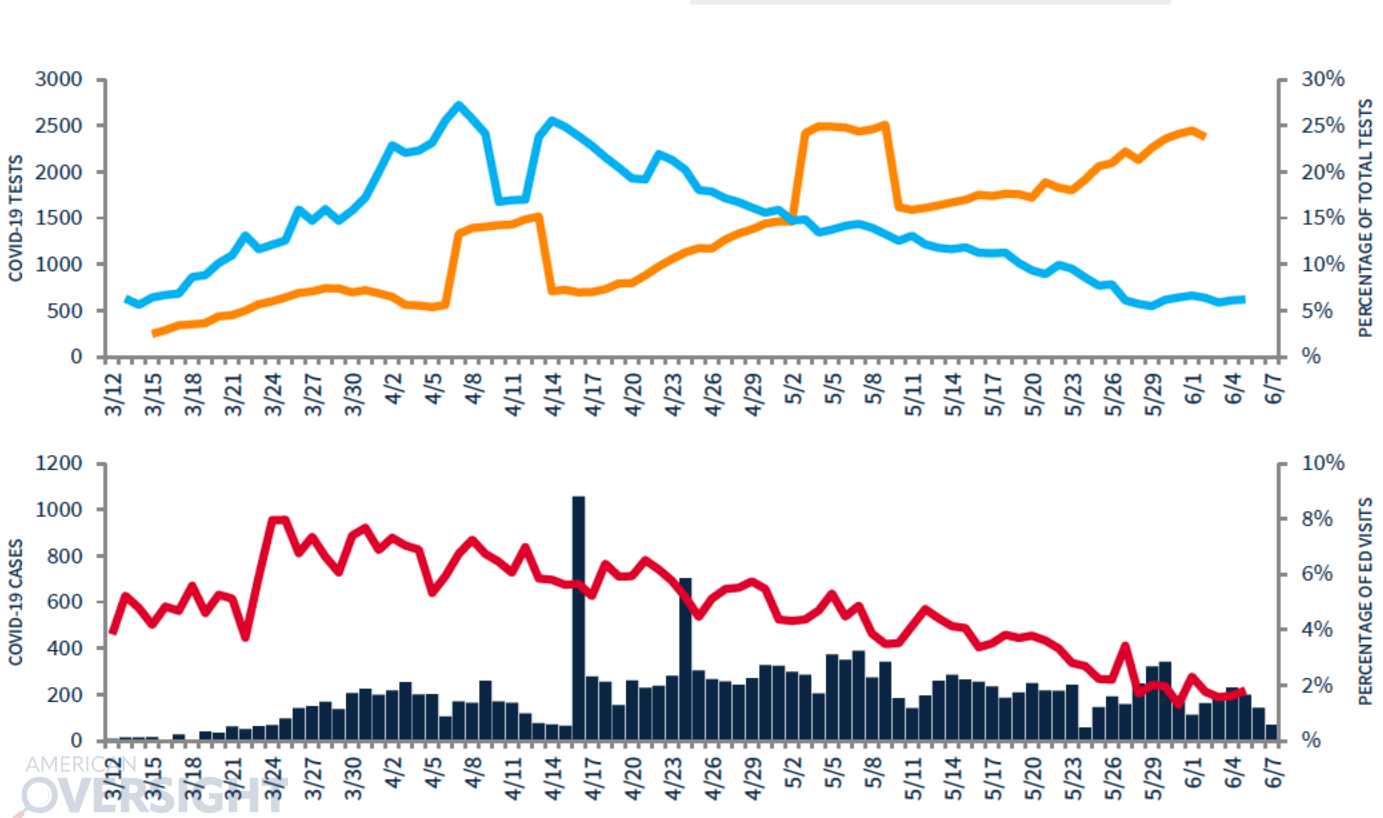
AMERICAN OVERSIGHT

NIH FOIA 000260

HHS-NIH-20-0496-A-000260

TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN DENVER–AURORA–LAKEWOOD, CO



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.2%
7-DAY POSITIVITY CHANGE	0.7%
BED UTILIZATION[2]	47%
7-DAY INCIDENCE CHANGE	-31%
TESTING PER 100K / WEEK	566
NEW CASES PER 100K / WEEK	37.4

RISK FACTORS

POPULATION DENSITY	351 per sq mi
% OVER 60	19%
CRUDE CVD PREVALENCE	2.4%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

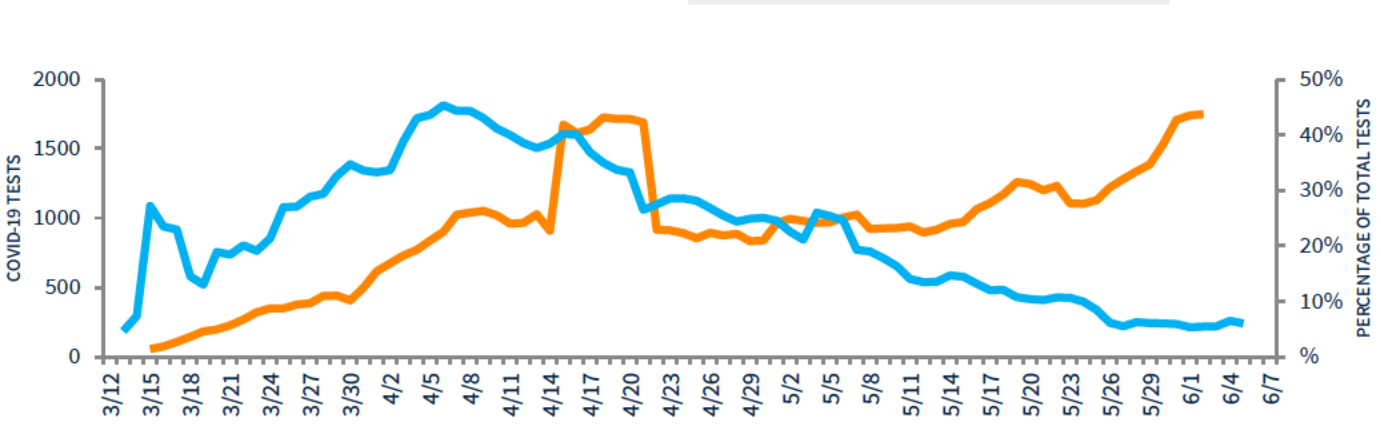
[1] Calculated over the most recent 3 days of data

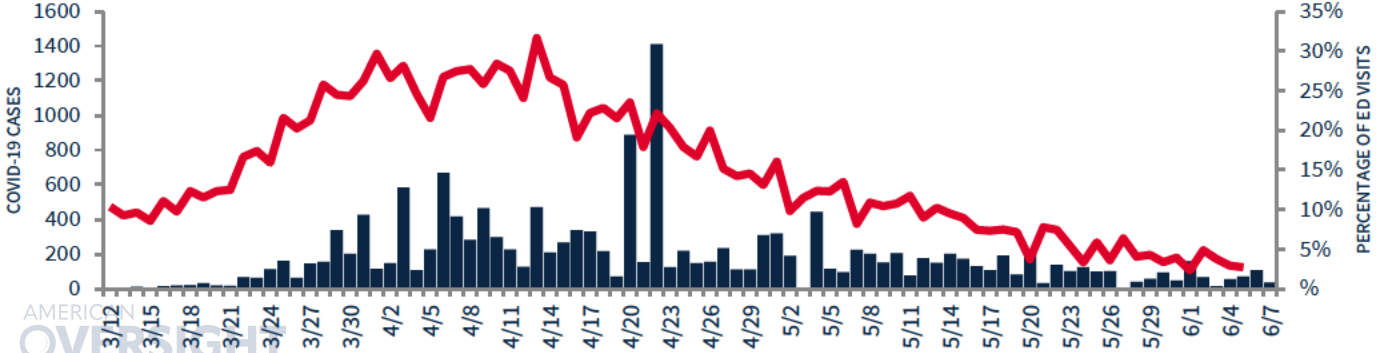
[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 43% of county-level data points over this time period. ED data is missing for 51% of county-level data points over this time period.

AMERICAN OVERSIGHT
NIH FOIA 000261
HHS-NIH-20-0496-A-000261
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN BRIDGEPORT–STAMFORD–NORWALK, CT





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.0%
7-DAY POSITIVITY CHANGE	0.0%
BED UTILIZATION[2]	44%
7-DAY INCIDENCE CHANGE	17%
TESTING PER 100K / WEEK	1297
NEW CASES PER 100K / WEEK	53.7

RISK FACTORS

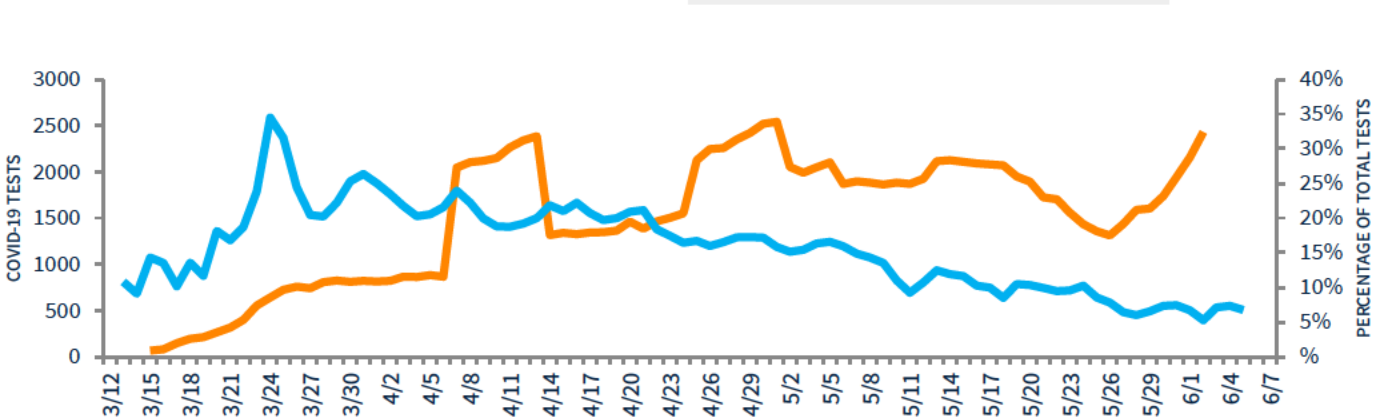
POPULATION DENSITY	1510 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	Unknown

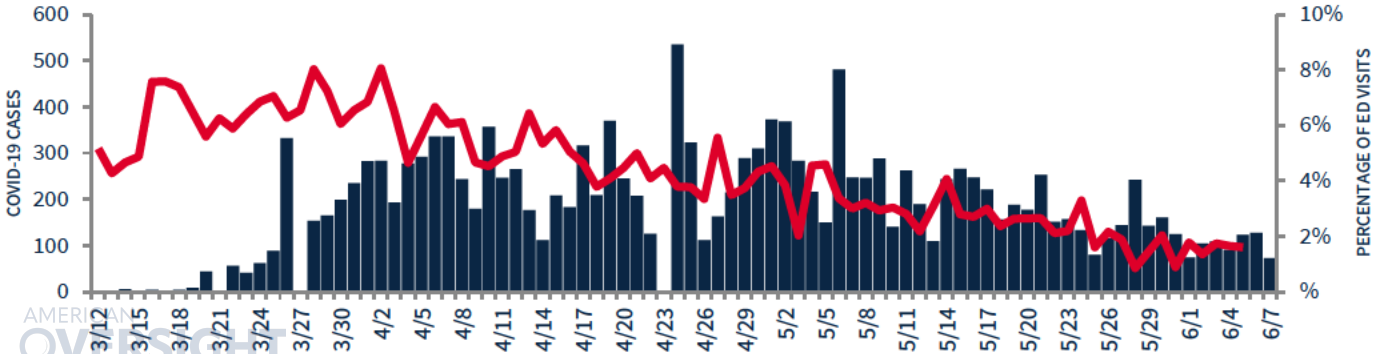
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*
[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 2% of county-level data points over this time period. ED data is missing for 2% of county-level data points over this time period.

AMERICAN OVERSIGHT
NIH FOIA 000262
HHS-NIH-20-0496-A-000262
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN INDIANAPOLIS-CARMEL-ANDERSON, IN





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.7%
7-DAY POSITIVITY CHANGE	0.2%
BED UTILIZATION[2]	50%
7-DAY INCIDENCE CHANGE	-31%
TESTING PER 100K / WEEK	831
NEW CASES PER 100K / WEEK	34.1

RISK FACTORS

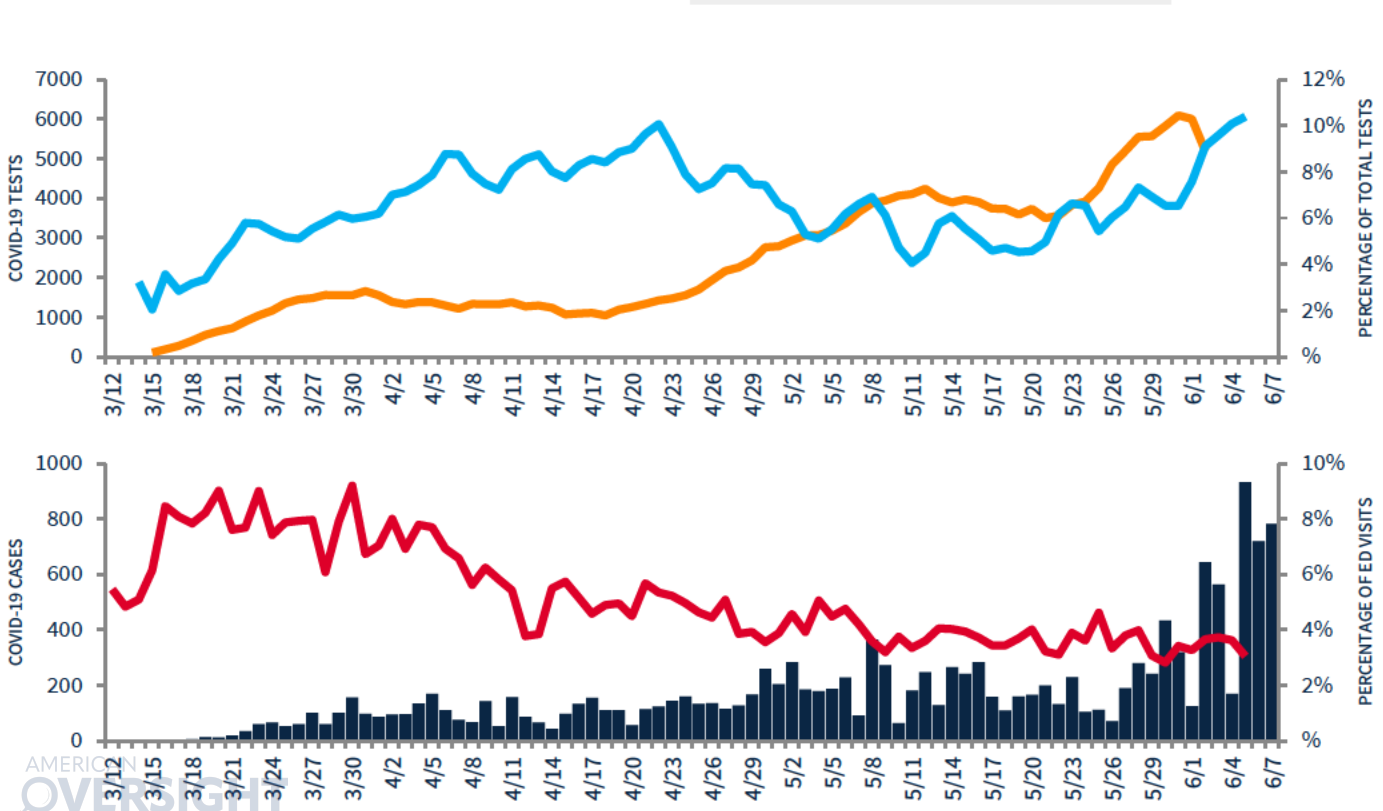
POPULATION DENSITY	476 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	4.2%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*
[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting.
Testing data is missing for 30% of county-level data points over this time period. ED data is missing for 52% of county-level data points over this time period.

AMERICAN OVERSIGHT
NIH FOIA 000263
HHS-NIH-20-0496-A-000263
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN PHOENIX-MESA-CHANDLER, AZ



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	10.4%
7-DAY POSITIVITY CHANGE	3.5%
BED UTILIZATION[2]	Unknown
7-DAY INCIDENCE CHANGE	139%
TESTING PER 100K / WEEK	747
NEW CASES PER 100K / WEEK	80.9

RISK FACTORS

POPULATION DENSITY	334 per sq mi
% OVER 60	21%
CRUDE CVD PREVALENCE	3.4%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 8% of county-level data points over this time period. ED data is missing for 2% of county-level data points over this time period.

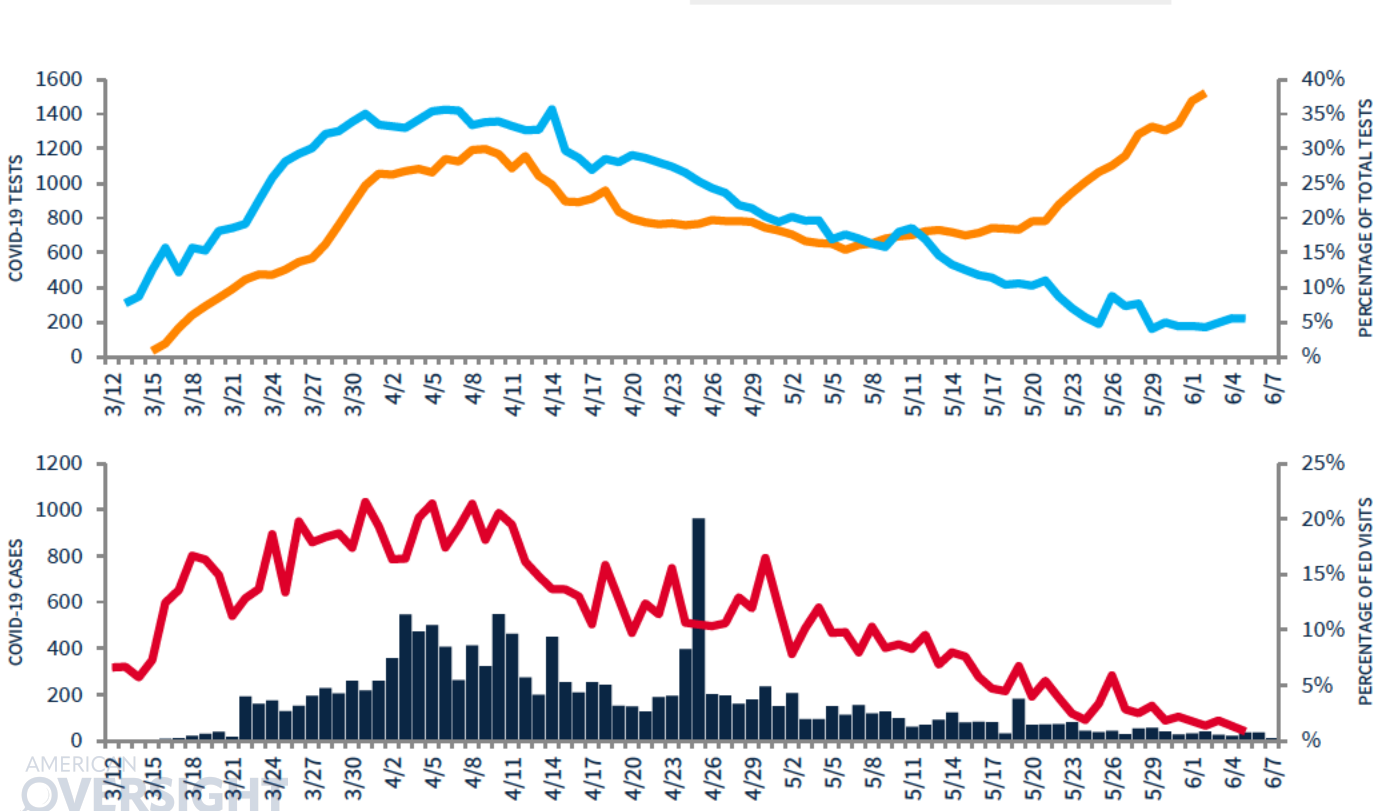
AMERICAN OVERSIGHT

NIH FOIA 000264

HHS-NIH-20-0496-A-000264

TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN POUGHKEEPSIE–NEWBURGH–MIDDLETOWN, NY



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.5%
7-DAY POSITIVITY CHANGE	1.5%
BED UTILIZATION[2]	34%
7-DAY INCIDENCE CHANGE	-30%
TESTING PER 100K / WEEK	1576
NEW CASES PER 100K / WEEK	29.5

RISK FACTORS

POPULATION DENSITY	420 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	Unknown

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 6% of county-level data points over this time period. ED data is missing for 3% of county-level data points over this time period.

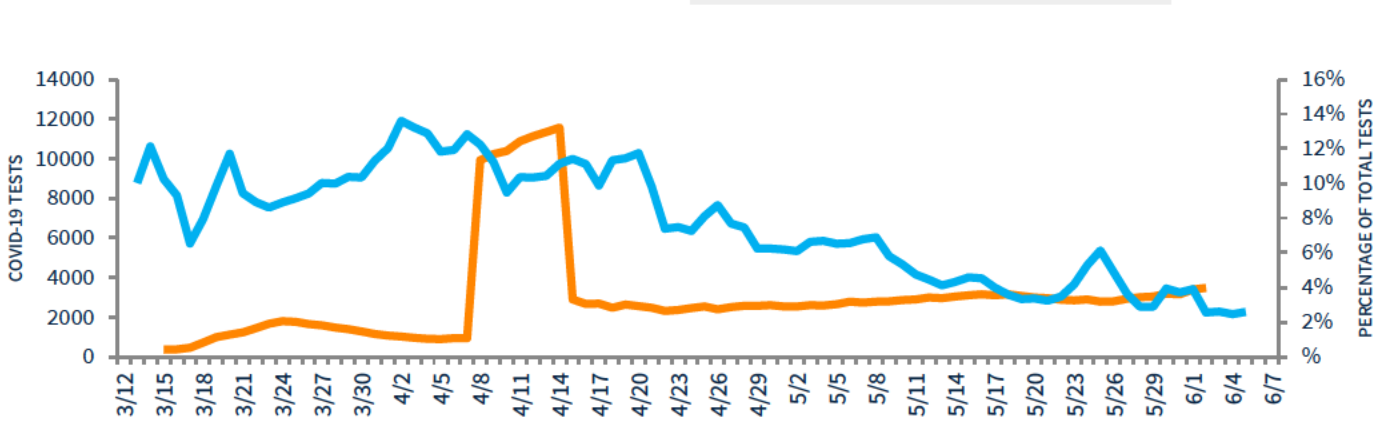
AMERICAN OVERSIGHT

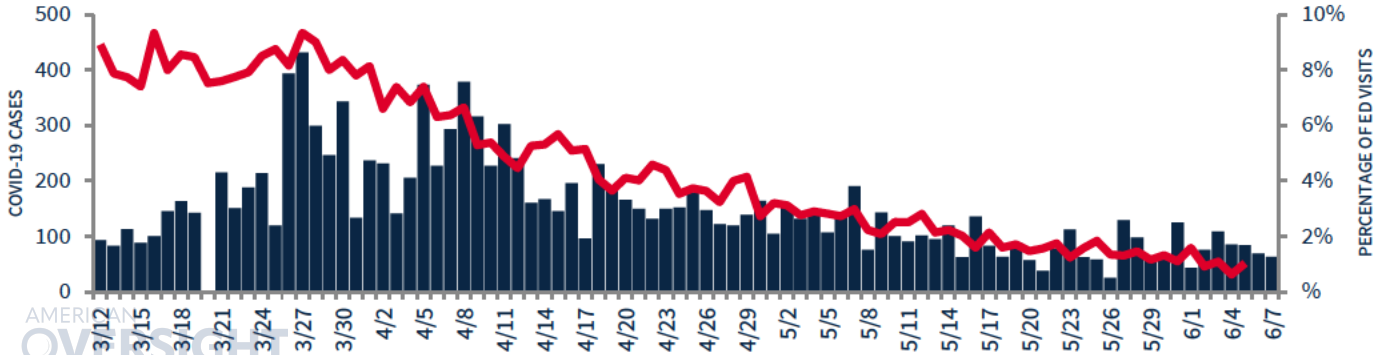
NIH FOIA 000265

HHS-NIH-20-0496-A-000265

TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN SEATTLE-TACOMA-BELLEVUE, WA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.6%
7-DAY POSITIVITY CHANGE	-0.3%
BED UTILIZATION[2]	78%
7-DAY INCIDENCE CHANGE	-6%
TESTING PER 100K / WEEK	616
NEW CASES PER 100K / WEEK	13.4

RISK FACTORS

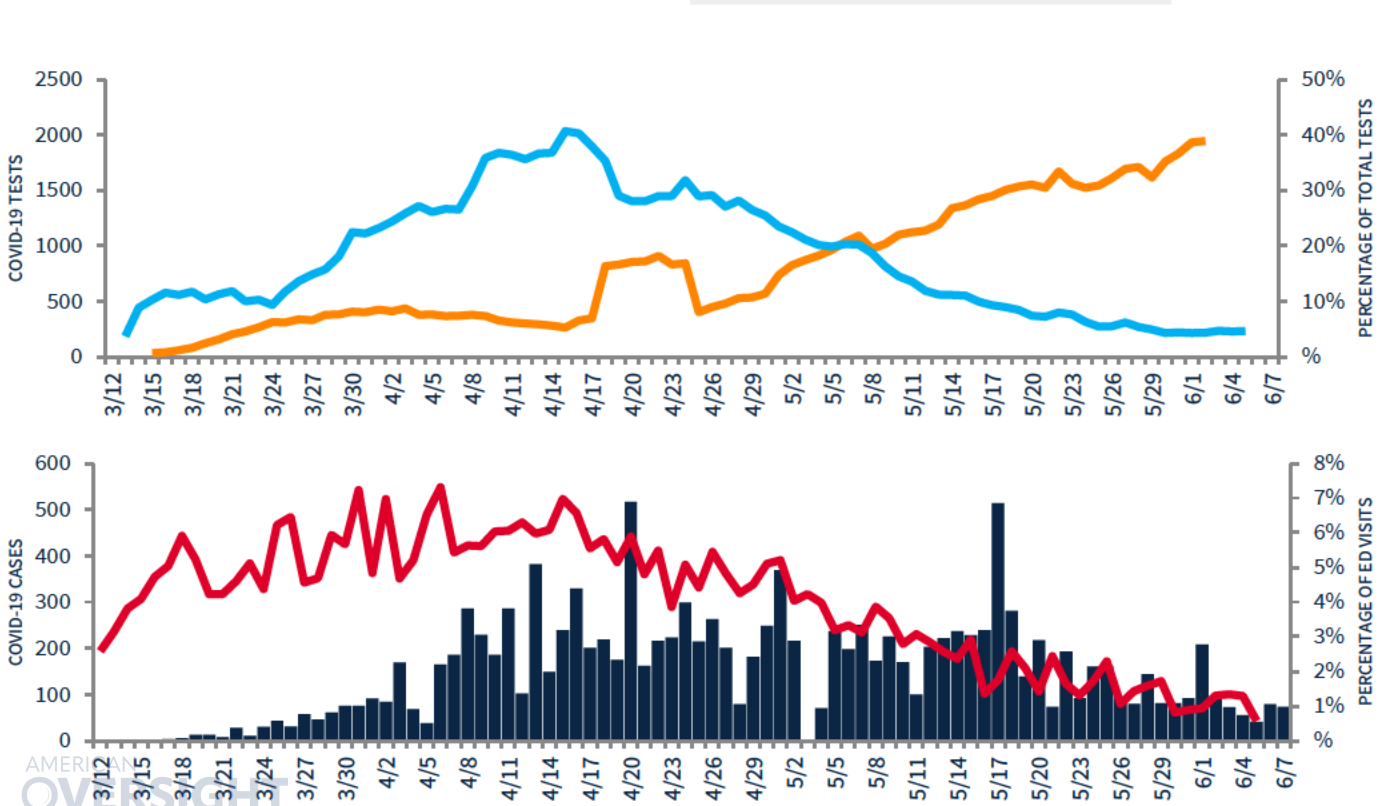
POPULATION DENSITY	671 per sq mi
% OVER 60	19%
CRUDE CVD PREVALENCE	Unknown

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*
[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 4% of county-level data points over this time period. ED data is missing for 2% of county-level data points over this time period.

AMERICAN OVERSIGHT
NIH FOIA 000266
HHS-NIH-20-0496-A-000266
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN HARTFORD–EAST HARTFORD–MIDDLETOWN, CT



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.6%
7-DAY POSITIVITY CHANGE	-0.3%
BED UTILIZATION[2]	61%
7-DAY INCIDENCE CHANGE	-15%
TESTING PER 100K / WEEK	1128
NEW CASES PER 100K / WEEK	51.6

RISK FACTORS

POPULATION DENSITY	796 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.4%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 9% of county-level data points over this time period. ED data is missing for 15% of county-level data points over this time period.

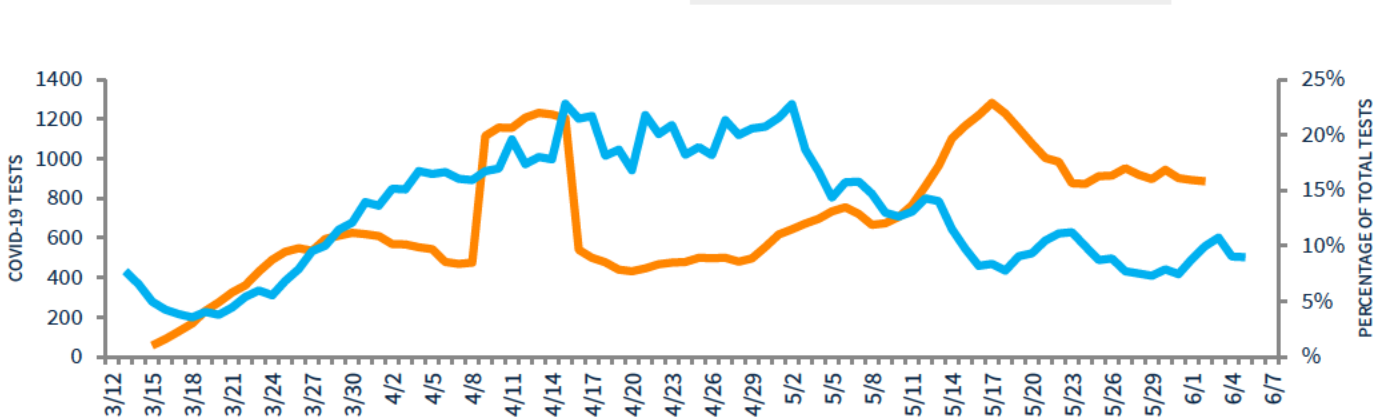
AMERICAN OVERSIGHT

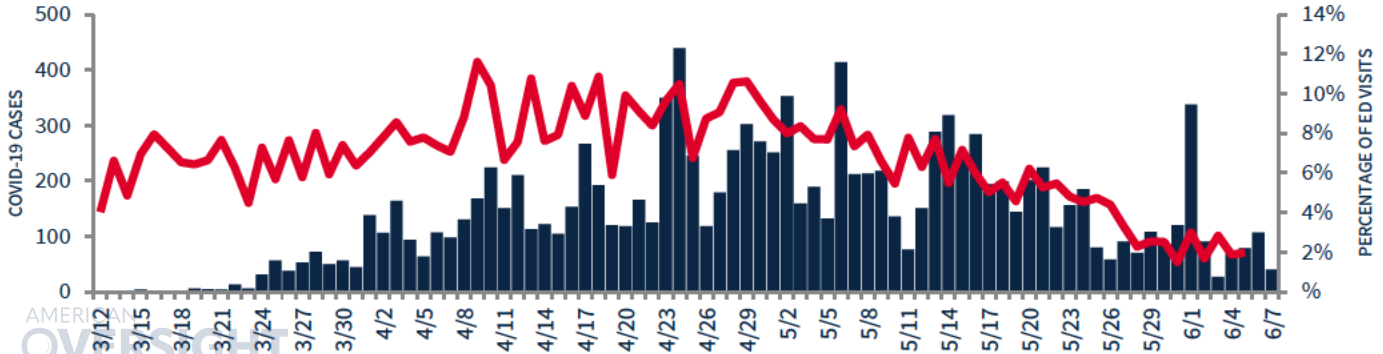
NIH FOIA 000267

HHS-NIH-20-0496-A-000267

TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN WORCESTER, MA-CT





- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.0%
7-DAY POSITIVITY CHANGE	1.7%
BED UTILIZATION[2]	62%
7-DAY INCIDENCE CHANGE	23%
TESTING PER 100K / WEEK	654
NEW CASES PER 100K / WEEK	79.1

RISK FACTORS

POPULATION DENSITY	468 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.1%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 13% of county-level data points over this time period. ED data is missing for 7% of county-level data points over this time period.

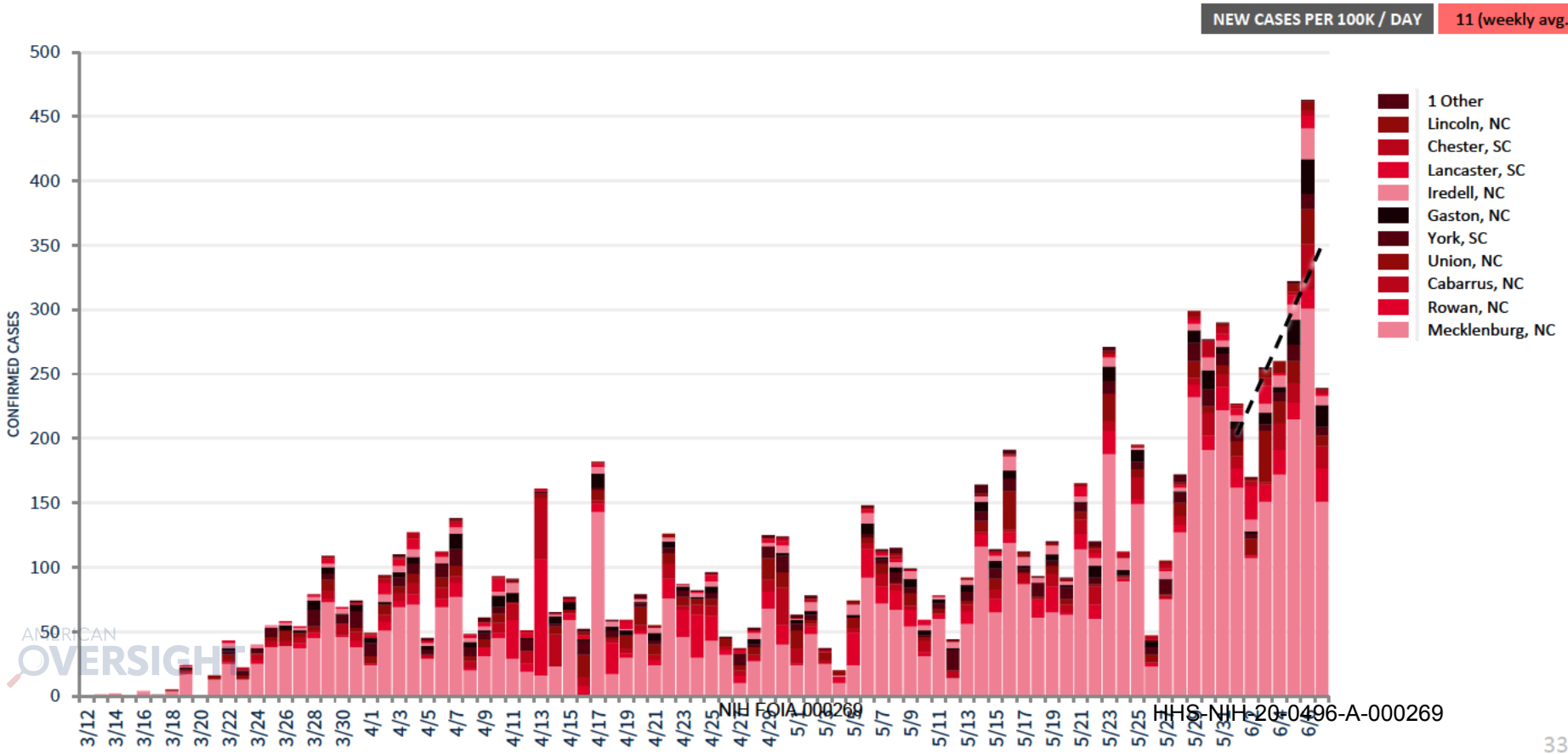
AMERICAN OVERSIGHT

NIH FOIA 000268

HHS-NIH-20-0496-A-000268

TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

CONFIRMED CASES DAILY IN CHARLOTTE-CONCORD-GASTONIA, NC-SC

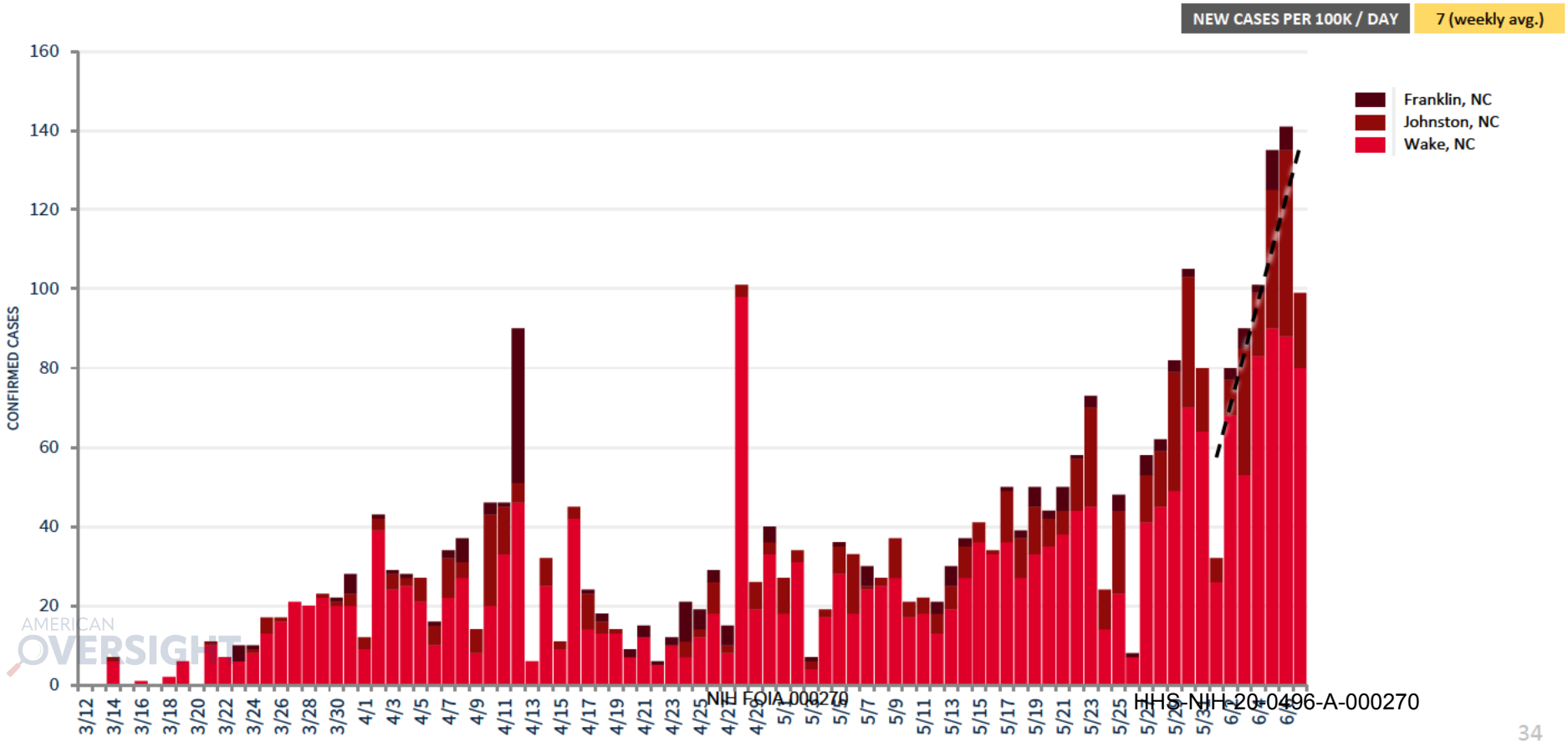


AMERICAN OVERSIGHT

NIH FOIA 000269

HHS-NIH-20-0496-A-000269

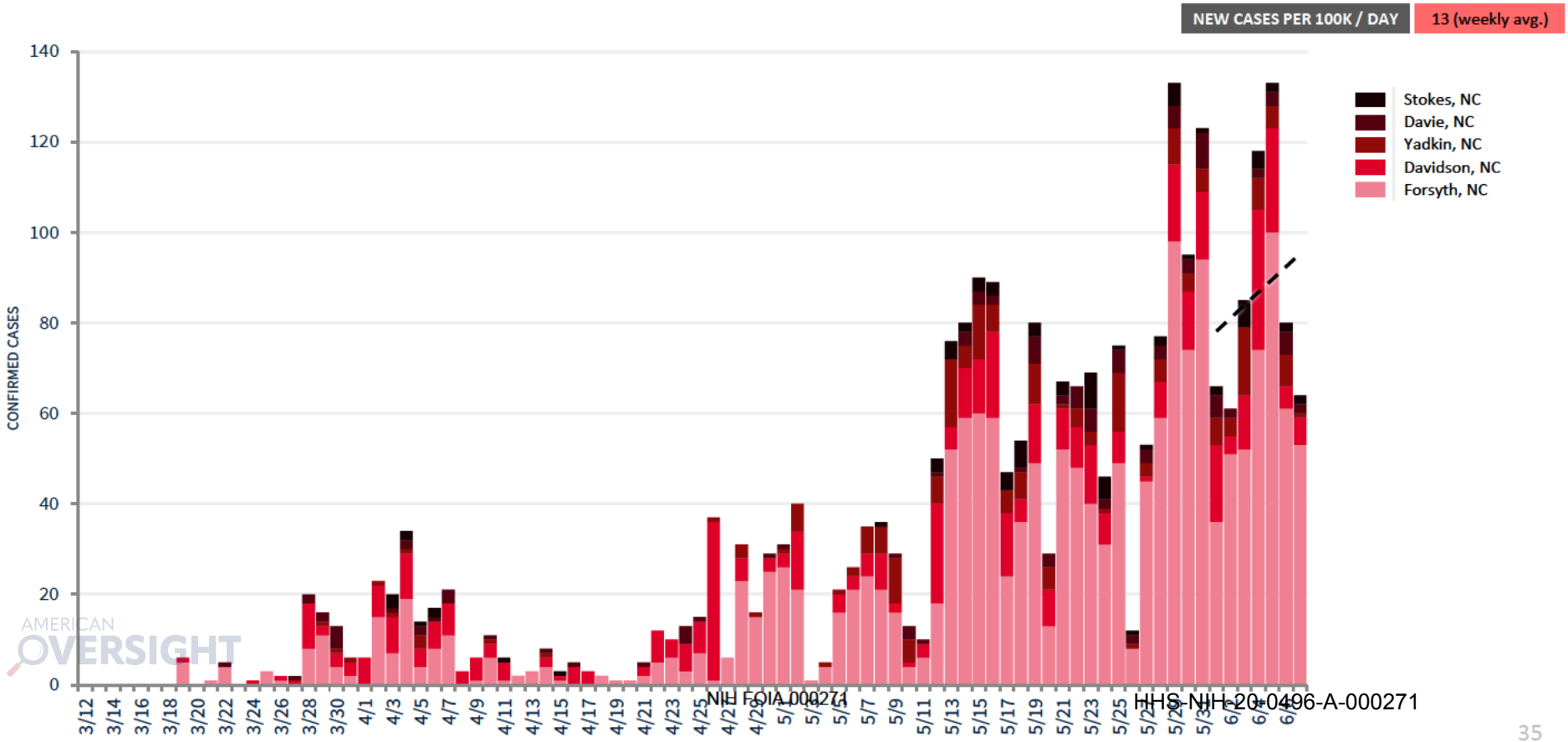
CONFIRMED CASES DAILY IN RALEIGH-CARY, NC



AMERICAN OVERSIGHT

NIH FOIA 000270 HHS-NIH-20-0496-A-000270

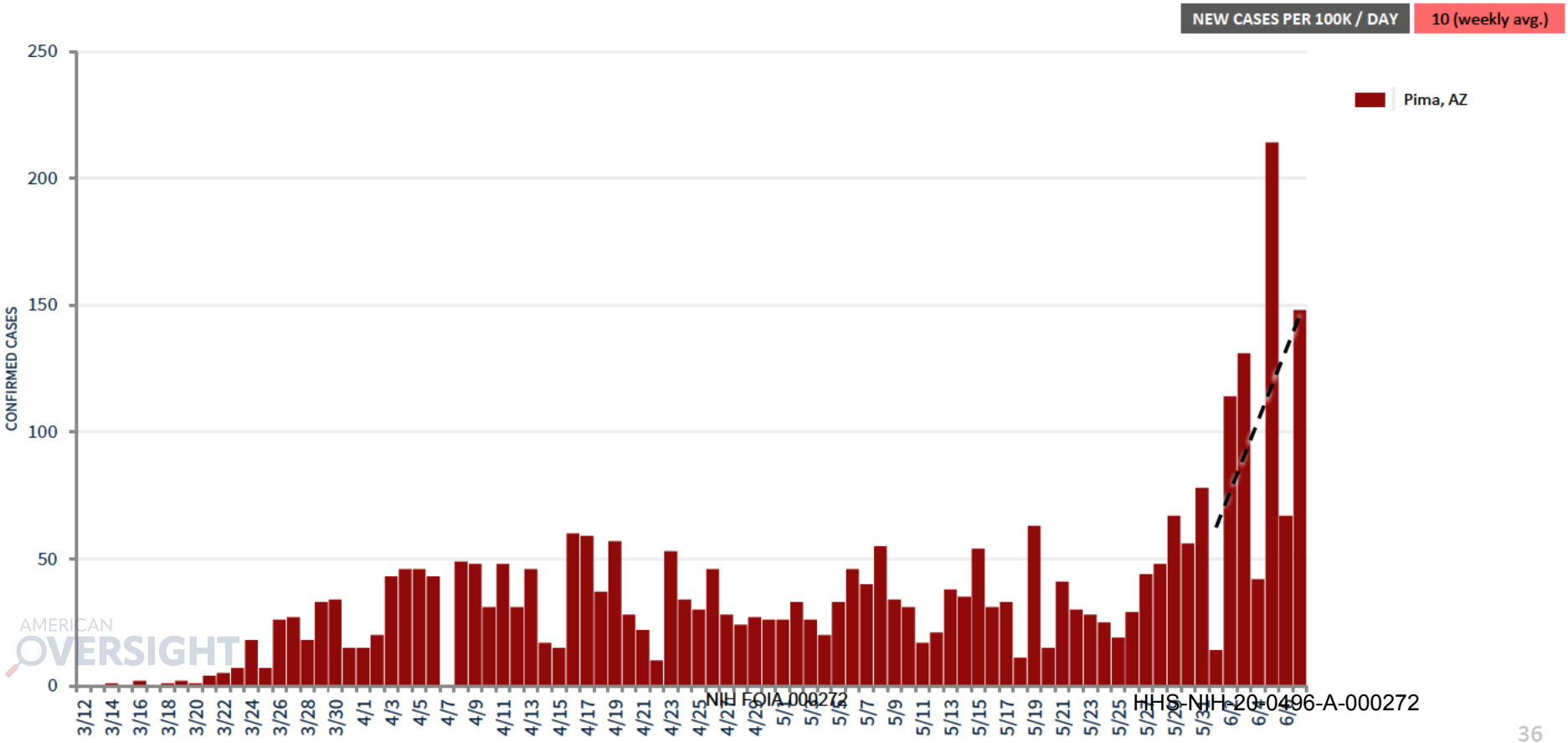
CONFIRMED CASES DAILY IN WINSTON-SALEM, NC



AMERICAN OVERSIGHT

NIH FOIA 000271 HHS-NIH-20-0496-A-000271

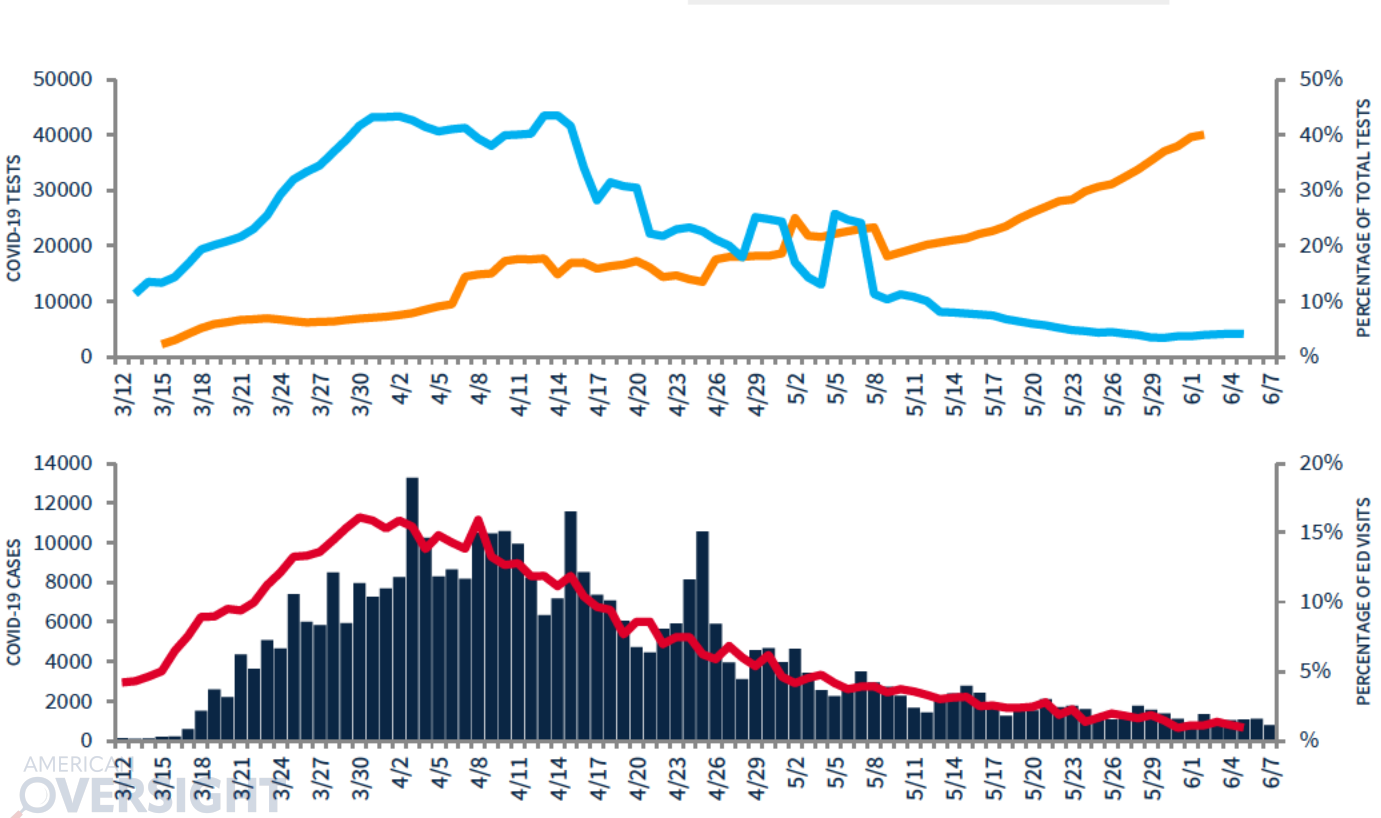
CONFIRMED CASES DAILY IN TUCSON, AZ (PIMA)



AMERICAN OVERSIGHT

NIH FOIA 000272 HHS-NIH-20-0496-A-000272

TRENDS IN NEW YORK



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.1%
7-DAY POSITIVITY CHANGE	0.6%
BED UTILIZATION[2]	61%
7-DAY INCIDENCE CHANGE	-21%
TESTING PER 100K / WEEK	1564
NEW CASES PER 100K / WEEK	40.9

RISK FACTORS

POPULATION DENSITY	415 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	3.9%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 46% of county-level data points over this time period. ED data is missing for 49% of county-level data points over this time period.

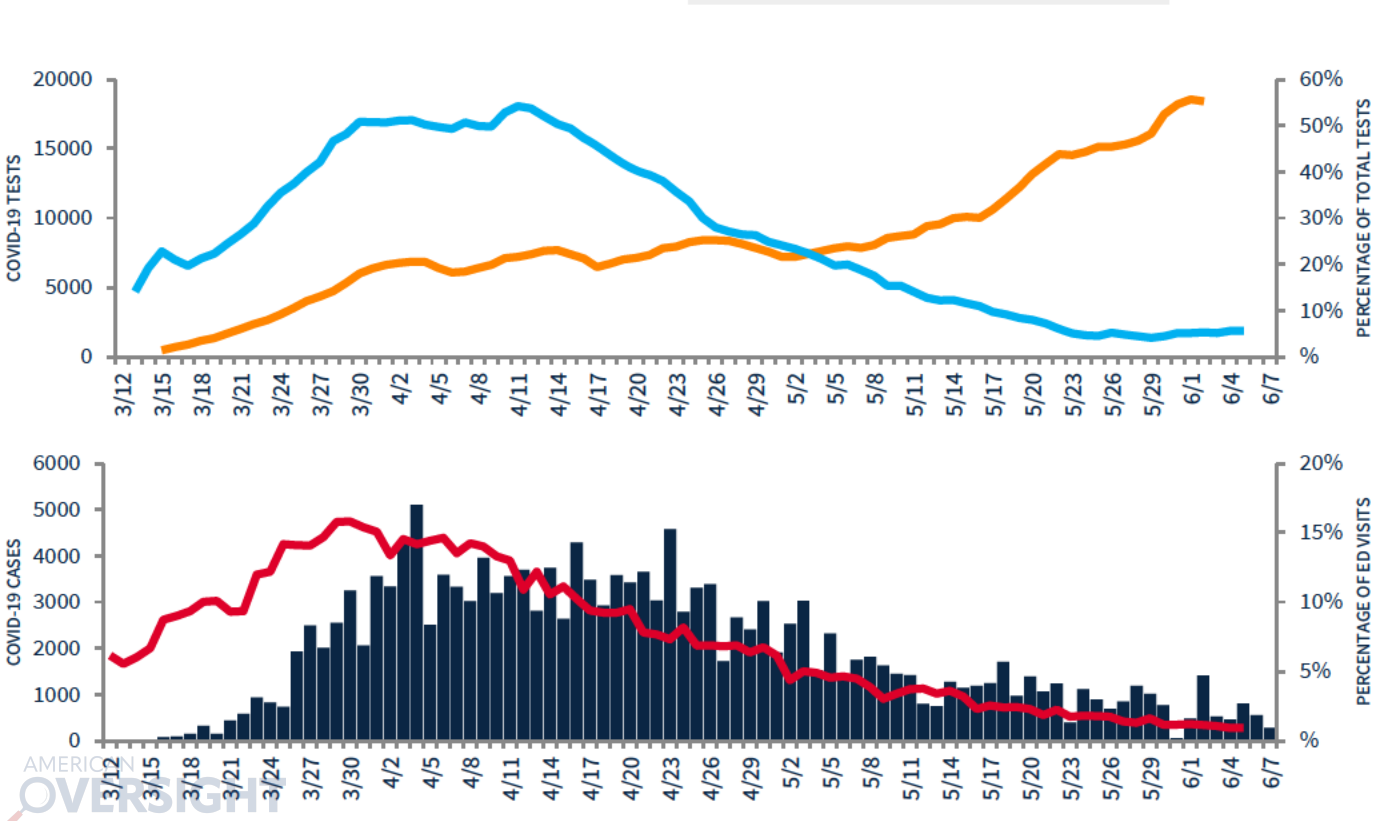
AMERICA OVERSIGHT

NIH FOIA 000273

HHS-NIH-20-0496-A-000273

TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN NEW JERSEY



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.6%
7-DAY POSITIVITY CHANGE	1.6%
BED UTILIZATION[2]	Unknown
7-DAY INCIDENCE CHANGE	-17%
TESTING PER 100K / WEEK	1447
NEW CASES PER 100K / WEEK	50.6

RISK FACTORS

POPULATION DENSITY	1211 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	3.7%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 9% of county-level data points over this time period. ED data is missing for 14% of county-level data points over this time period.

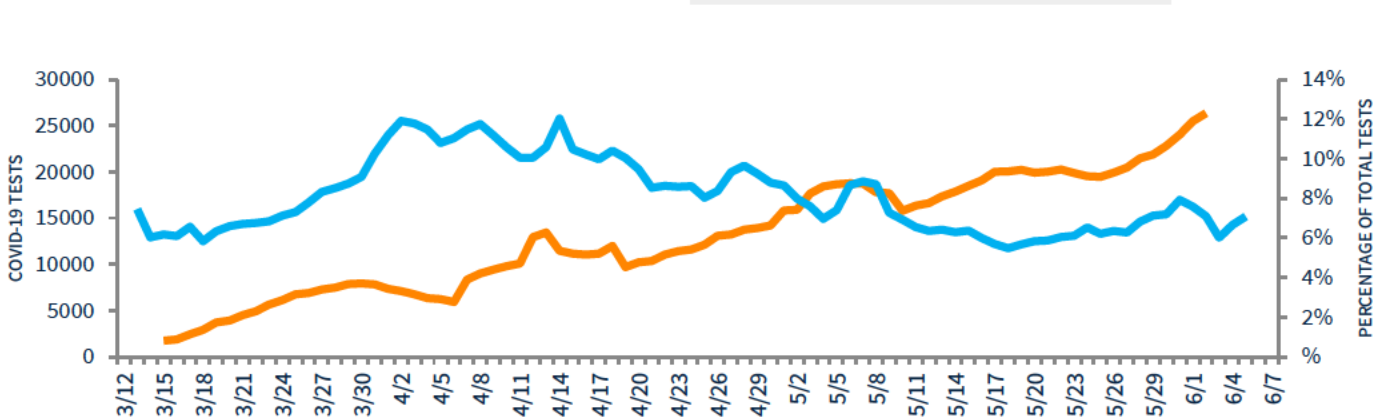
AMERICAN OVERSIGHT

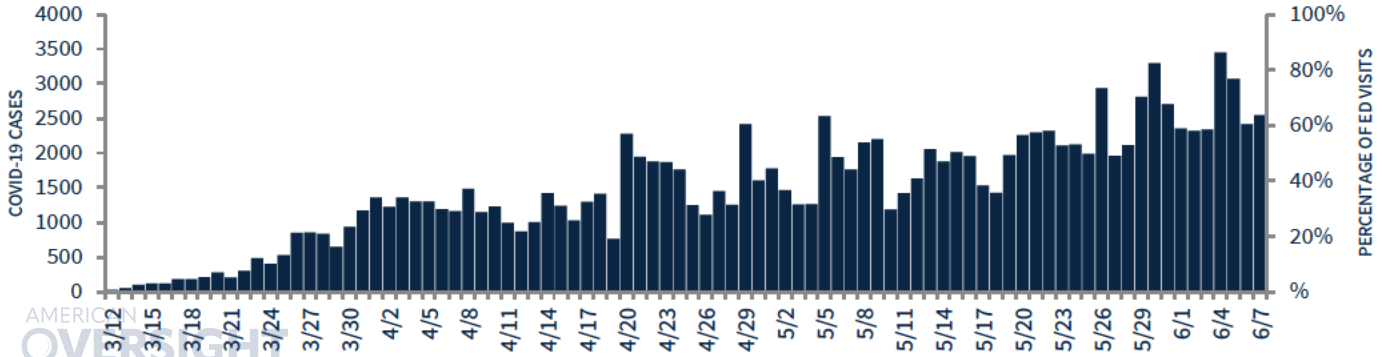
NIH FOIA 000274

HHS-NIH-20-0496-A-000274

TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

TRENDS IN CALIFORNIA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	7.1%
7-DAY POSITIVITY CHANGE	0.0%
BED UTILIZATION[2]	Unknown
7-DAY INCIDENCE CHANGE	4%
TESTING PER 100K / WEEK	466
NEW CASES PER 100K / WEEK	46.8

RISK FACTORS

POPULATION DENSITY	254 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	2.8%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*
[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting.
Testing data is missing for 47% of county-level data points over this time period. ED data is missing for 87% of county-level data points over this time period.

AMERICAN OVERSIGHT
NIH FOIA 000275
HHS-NIH-20-0496-A-000275
TESTING AND HOSPITALIZATION DATA IS INCOMPLETE
FOR OFFICIAL USE ONLY

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Tue, 9 Jun 2020 14:02:32 -0500
To:
Subject: White House Coronavirus Task Force Meeting Materials 6.9.20
Attachments: Supply Chain Slide 6.9.20.pptx, Mental Health Briefing.pptx, WH JFK Seating Chart 6.9.20.pptx, DPAREQ-22 Honeywell.pdf, WH Coronavirus TF Agenda 6.9.20 v4.docx
Importance: High

All –

Please see the final materials (attached above) for this afternoon's **White House Coronavirus Task Force Meeting** at **3:30pm** in the White House Situation Room.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

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Supply Chain Task Force (SCTF) Summary of Actions – 09 Jun 20

FEMA

Strategic National Stockpile (status delivered)

(b) (5)

Donations (status delivered)

(b) (5)

(b) (5)

(b) (5)

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HHS-NIH-20-0496-A-000277

COVID-19: Effects on Behavioral Health

Elinore F. McCance-Katz MD, PhD
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

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June 9, 2020

NIH FOIA 000278

HHS-NIH-20-0496-A-000278

SAMHSA
Substance Abuse and Mental Health Services Administration

COVID-19 and Mental Health: What Can We Expect?

- Changes to how we live our lives that have not to date been seen or experienced:
  - Social distancing, quarantine, isolation
  - Unemployment, business jeopardy, financial stressors
  - Children out of school/parents must home-school
  - Individuals and families who must stay distant from others
    - Lack of social support
    - Loss of resources: childcare, elder care
    - Loss of daily routine/structure
  - Loss of health/mental health usual services, those with special needs unable to access services
- Stress, trauma, anxiety, depression, grief, negative impacts on mental health which can be long-lasting
- Effects are well documented in the literature
- We are not held to our own standards—lack of understanding of the spectrum of adverse effects of lockdowns and business closures

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NIH FOIA 000279
HHS-NIH-20-0496-A-000479

SAMHSA
Substance Abuse and Mental Health Services Administration

Mental and Substance Use Disorders: COVID-19 Issues

- 58M Americans with M/SUDs
  - 10% receive treatment for SUDs
  - 55% receive treatment for mental disorders
  - 34% of SMI population get no treatment
  - Cost of untreated SMI: 193B/yr (NAMI); cost of drug/alcohol abuse: 600B/yr (NIDA)
- Over 116,000 deaths/yr from: drug overdoses and suicide
- Estimate that there will be a 1.3% increase in suicides for each 1% increase in unemployment (Petterson, et al. 2020)
- COVID concerns: 48% anxious about becoming infected, 51%: anxious about loved ones becoming infected, 40%: afraid of becoming very ill or dying, 36%: serious impact on my mental health APA, March 2020

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NIH FOIA 000280

HHS-NIH-20-0496-A-000480

COVID-19 and Mental Health: Concerns

- Who will experience mental health and/or substance use issues during COVID-19?
  - Those with existing mental and/or substance use disorders
  - Those who have coping problems under these new social constraints

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NIH FOIA 000281

HHS-NIH-20-0496-A-000481

How Do We Know What is Happening in Communities?

- 1000% increase in use of the Disaster Distress Helpline
- All states applying for Crisis Counseling Program funds
- Reported call increases to suicide prevention lines, increases in calls related to domestic abuse, increased numbers of serious injury/death in infants/children
- Calls with state officials (MH, SSA, SOTA): lack of services/providers; rural concerns: internet, lack of inpatient psychiatric beds
- Increase in proportion of ED visits for suicide attempts

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NIH FOIA 000282

HHS-NIH-20-0496-A-000482

SAMHSA National Action Plan: Steps Taken and in Progress

- Addressing the needs of the public: those who experience mental health consequences of social change with COVID-19
- Addressing the needs of those with serious mental illness and substance use disorders
- Addressing practitioner/healthcare organization needs
- Focus on communication: eblasts, use of states/stakeholders, SAMHSA.gov/coronavirus

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NIH FOIA 000283

HHS-NIH-20-0496-A-000283

National Action Plan: Steps Taken and in Progress

Addressing the needs of those who experience mental health consequences of social change with COVID-19

- Information to the general public: Tips for Social Distancing, Quarantine, and Isolation During an Infectious Disease Outbreak
- Working with FEMA to get Crisis Counseling Programs in place in the states
- Disaster Distress Helpline: 800 985 5990, Suicide Prevention Lifeline: 800 273 TALK (8255), National Helpline 800 662 HELP (4357)

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NIH FOIA 000284

HHS-NIH-20-0496-A-000484

SAMHSA
Substance Abuse and Mental Health Services Administration

National Action Plan: Steps Taken and in Progress

Addressing the needs of those with serious mental illness and substance use disorders

- SAMHSA played significant role in increased use of telehealth/telemedicine
- Use of audio/visual internet based services AND telephone resources
- Allowance for use of non-HIPAA compliant resources for telemedicine; Medical emergency allowance in 42 CFR Part 2 can be utilized where needed
- CMS has approved these as billable services
- National program of training/TA on telehealth, 300K trained

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National Action Plan: Steps Taken and in Progress

- OUD/OTP assistance: Baseline: Opioids Crisis continues: 2M with OUD
- increasing rates of overdose with COVID-19; first responder concerns to overdose reversal
  - Worked with DEA to assure consensus on flexibilities so that people with OUD continue to get medication and treatment resources
  - Flexibilities around prescribing/dispensing opioid therapies
  - Increased use of mid-level practitioners
  - Assisted BH programs with obtaining PPE
  - Crisis services to provide clinical care for alcohol withdrawal syndromes
  - Naloxone guidance: use of autoinjector

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NIH FOIA 000286

HHS-NIH-20-0496-A-000486

Concerns for Survival of the Mental Health System

- Behavioral Health Organizations:
  - 92.6% have reduced operations
  - 31% of patients have been turned away, cancelled or rescheduled
  - 61.8% have closed at least one program
  - 46.7% have laid off or plan to lay off staff
  - 82.9% do not have PPE to last 2 months
  - 62.1% can survive financially less than 3 months
  - Allocation of Provider Relief Fund to BH is uncertain
  - Lack of adequate space to deliver services because of 6ft social distancing rules
  - Telemedicine
    - Has provided a means of critical service delivery, but is not able to replace M/SUD therapeutic services: IOP, Partial Hospital, Specialty programs that depend on personal interaction and group settings
    - Not financially feasible for providers
  - Concern for loss of providers in face of even greater need

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NIH FOIA 000287

HHS-NIH-20-0496-A-000487

Behavioral Health: What's Needed?

- Ongoing communication with states/stakeholders
- Review of flexibilities to determine what should be kept in place (key is telehealth services)
- Public communication: resource availability in helplines, provider connections (findtreatment.gov)
- Continue focus of funding on services to most seriously mentally ill
- Allow BH providers to obtain financial relief from Provider Relief Fund
- Taskforce can help to shift narrative to one of being able to control viral infection/treatment and message that it is safe to resume normal life

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NIH FOIA 000288

HHS-NIH-20-0496-A-000488

Questions?

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NIH FOIA 000289

HHS-NIH-20-0496-A-000289

WHSR JFK Conference Room (West Wing)
DATE: 9 JUNE 2020
TIME: 1530 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

Kayleigh Gilmartin

Seema Verma

EAST

Greg Jacob

Katie Miller

Marc Short

DOOR

Sec. Steven Mnuchin

Sec. Sonny Perdue

Sec. Alex Azar

Dr. Bob Redfield

Dr. Anthony Fauci

Debbie Birx, M.D.

Vice President

Stephen Miller

Dr. John Fleming

Doug Hoelscher

Dr. Elinore McCance-Katz

Dr. Jerome Adams

Dr. Stephen Hahn

Pat Philbin

WEST - WINDOWS

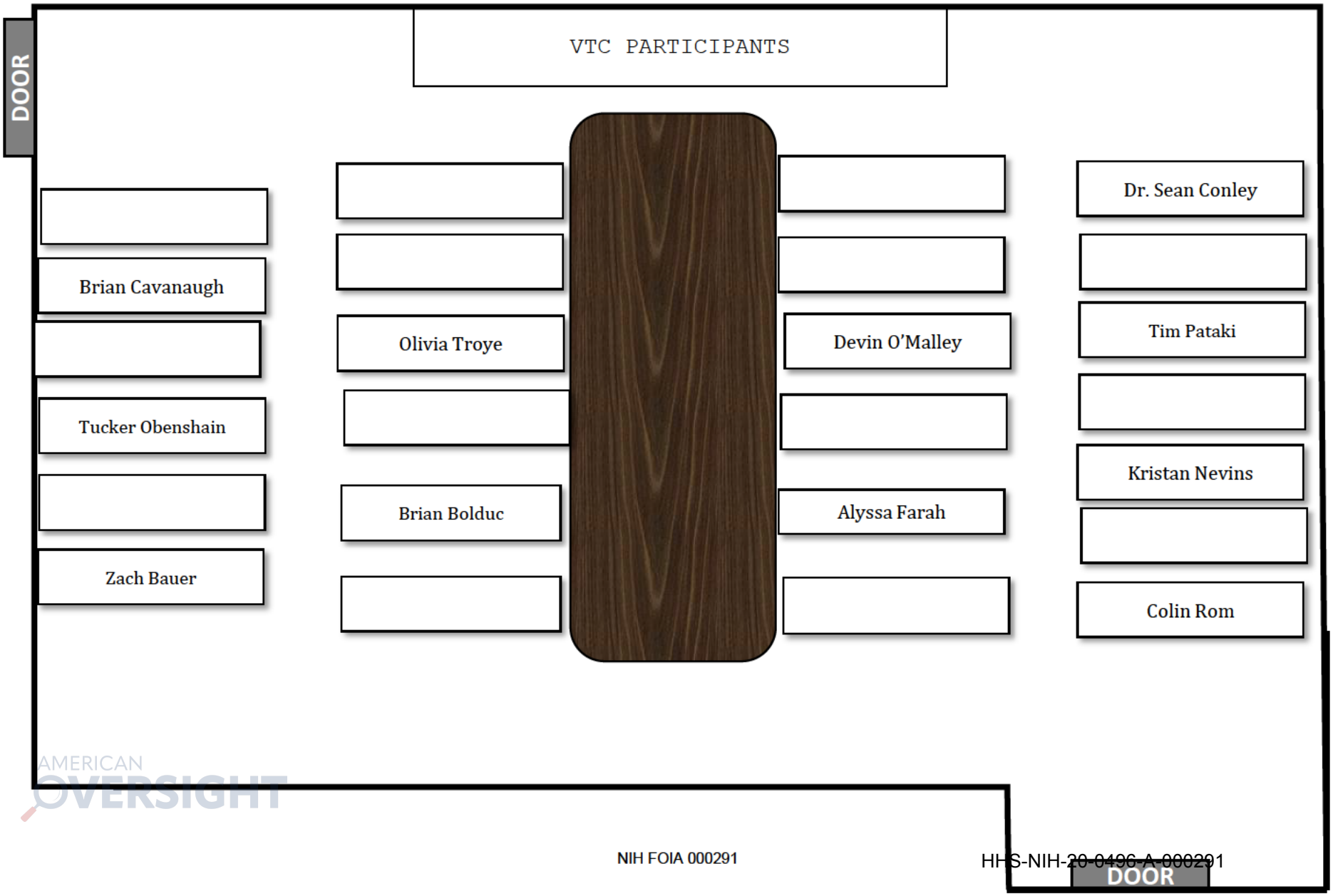
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NIH FOIA 000290

NORTH

HHS-NIH-20-0496-A-000290

WHSR EXEC OVER FLOW
DATE: 9 JUNE 2020
TIME: 1530 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000291

REQUEST TO USE DEFENSE PRODUCTION ACT (DPA): # 22

SITUATION:

- The Department of Health and Human Services (HHS) Strategic National Stockpile (SNS) supplements state and local supplies during public health emergencies. When state and local supplies are exhausted, the SNS provides immediate supply of these materials required to respond, in this case, to COVID-19.
- HHS has issued a contract with Honeywell to replenish depleted SNS supplies– including Powered air-purifying respirators (PAPRs) and N95 respirators. The period of performance for this contract is through July 17, 2020. Honeywell has requested a DO priority rating to enable timely fulfilment of the order.
- Honeywell is having difficulty obtaining critical filter materials needed to supply their existing order of 2,872,000 N95 respirators.
- In addition, the company is having difficulty procuring the circuit board components and sensors needed to fulfill their existing order for 16,950 PAPRs.
- The WHTF previously authorized HHS to issue DO priority ratings to ensure delivery dates for N95 masks and Ventilators. Critical filter materials are a key component for N95 mask production and circuit boards are a key component for Ventilator production. Due to existing priority rated contracts, sub-tier suppliers have indicated they are unable to accommodate new orders that are not priority rated.
- Without a priority rating, the procurement of these supplies will be delayed. The full extent of the delay is unknown at this time as sub-tier suppliers have indicated they are unable to fulfil unrated orders for the foreseeable future.
- There are no known alternatives to a DPA rating for the timely fulfillment of this order.
- Additional details can be found in the attachments to this request.

AUTHORITY REQUESTED:

Authorization to HHS/ASPR to priority rate the HHS/SNS contract with Honeywell for the manufacture and delivery of 16,950 PAPR Kits and 2,872,000 N95 Respirators (contract 75A50120C00077).

UCG RECOMMENDATION: _xx____ APPROVED June 02, 2020

WHITE HOUSE TASK FORCE DECISION:

_____ APPROVE _____DISAPPROVE

Attachment(s): DPA Checklist from HHS and DPA request from Honeywell

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OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Tuesday, June 9, 2020
3:30pm EST

I. **Opening Remarks –** Vice President Pence

II. **Data Modeling & Reporting Update –** Dr. Debbie Birx, M.D.

- WHO Data on Asymptomatic Spread

III. **NRCC & Supplies Update –** Administrator Pete Gaynor (FEMA) & Admiral John Polowczyk (FEMA)

IV. **Testing Update –** Admiral Brett Giroir (HHS)

V. **Vaccines Update –** Secretary Alex Azar (HHS)

VI. **Remdesivir Post-Donation Way Forward** – Dr. Debbie Birx, M.D. & Secretary Alex Azar (HHS)

VII. **The Pandemic and Impact on Mental Health Presentation –** Assistant Secretary Elinore McCance-Katz (HHS)

VIII. **DPA Approval For Respirators –** Greg Jacob, Counsel to the Vice President

IX. **States Reopening Update –** Doug Hoelscher, Director (IGA)

X. **Concluding Remarks –** Vice President Pence

AMERICAN OVERSIGHT

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Thu, 11 Jun 2020 12:33:29 -0500
To:
Subject: White House Coronavirus Task Force PowerPoint 6.11.20
Attachments: WH Coronavirus TF PowerPoint 6.11.pptx
Importance: High

All –

Please see Dr. Birx's PowerPoint for today, Thursday, June 11th – attached.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

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Summary 11 June Data

Cases have stabilized over the past 2 weeks at 20K from 30K in April and 25K May : 5 States remain over 1000 cases/day NY, CA, TX, NC AZ (also the highest 7 day average since beginning of the epidemic) States with the highest slope of increase (most rapid in US = CA, AZ, NC)

- There are 18 States with rising incidence of new infections over the last 7 days – next slide
- Concern of hospital capacity is smaller population States (AZ, UT) or speed of rising cases (NC)
- **Deaths** continue to decline significantly with 5 days under or at 1000/day down from 2500/day
- **Testing** : nearly 22M tests with over **6%** of all Americans tested with 7 states at 10% or more of the state populations
  - All states under 10% + except Arizona, Alabama
    - States with highest % increase + tests over the past 7 days – AZ > SC >AR > UT > NM >TX >FL >NV >GA >.ID >WI > NC
  - Metros > 10% Phoenix, DC, Houston
    - Metros with highest increase in % positive tests over the past 7 days Phoenix>Charleston>Houston>Austin>Charlotte>Dallas>Las Vegas, La Crosse, San Antonio, Tampa, ATL, Orlando, SLC, Riverside
- Concerning metros :
  - Miami increased cases over 7 days from 400/day to 550/day, test + 9% stable
  - Atlanta 400/day to 425/day, 7% increasing
  - Dallas **350/day to 450/day**, 9.5% increasing
  - Houston 350/day to 500/day 9.9% increasing
  - El Paso 100/day to 120/day
  - San Antonio 75/day to 120/day 5% increasing
  - Riverside, CA 250/day to 300/day 9.1% increasing
  - Sacramento 40/day to 50/day
  - Phoenix **300/day to 500/day** 11.9% increasing
  - Tuscon 75/day to 90/day
  - Las Vegas 80/day to 120/day 6% increasing
  - Nashville 200/day to 230/day 5.8% stable
  - Charlotte 250 to 300 9% increasing, Raleigh 80 to 110, Winston Salem 80 to 100, Montgomery 80 to 100, Portland 40 to 50

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3 States with the most rapid rise in cases by slope over the last 30 days and increasing hospitalizations

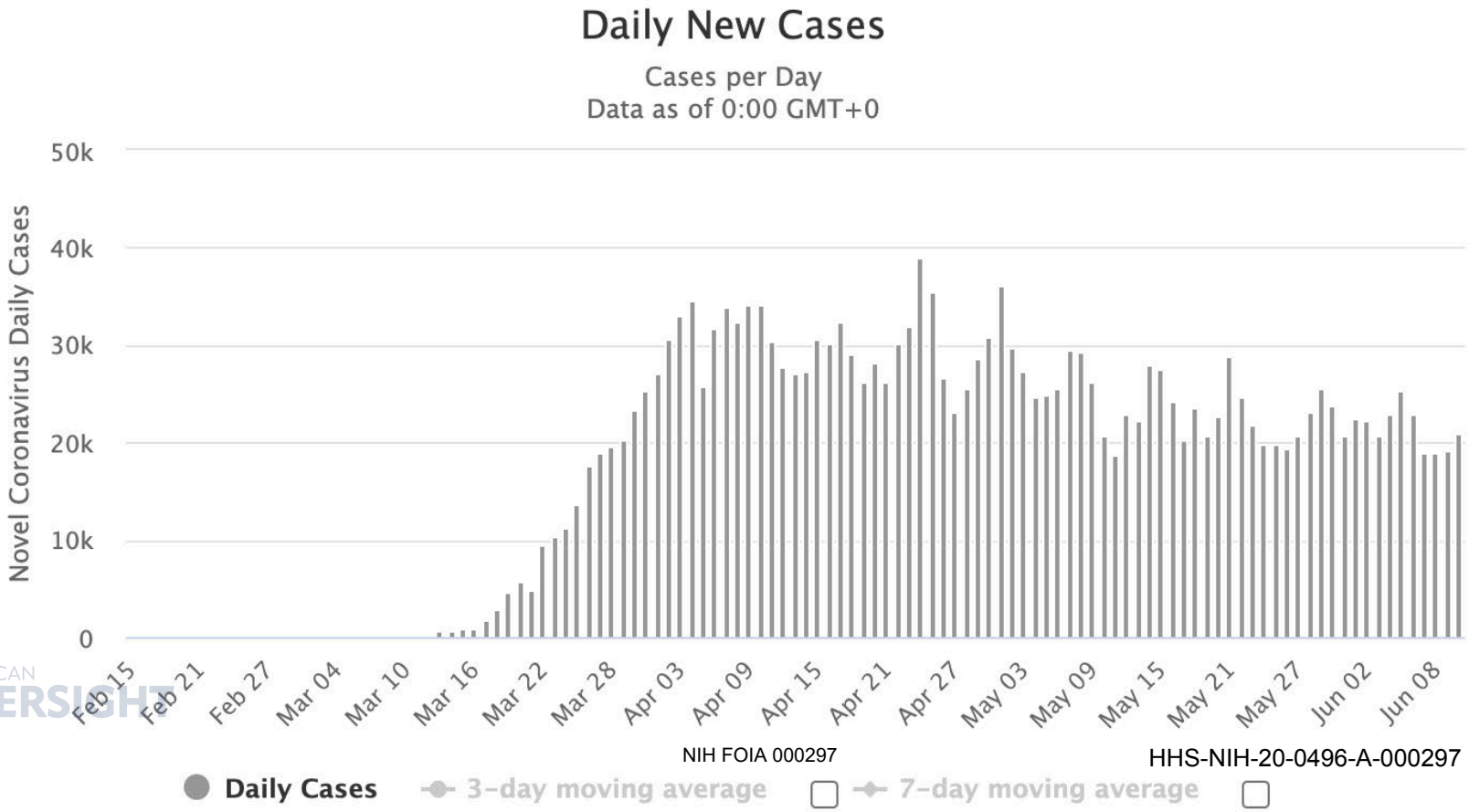
- **CA**- slope increased 23 May and they weren't open 14 days previously and this was prior to Memorial Day – recently cases went from approximately 2600/day a week ago and now 2800/day and teste positive 7%. State has the highest number of cases/day compared to all other States
- **NC**- increasing slope since 25 May with 9% test + - cases have been rising in all small metros since the beginning of May up from averaging 850/day 1000/day this past 7 days
- **AZ** – increasing slope since 1 June 11+ tests positive and cases increasing from 500/day to 100/day over the last week over week

15 States with steady slopes (not a rapid rise like the above) and increasing cases week over week – some of this is increased testing to find asymptomatic cases

- **TX – from 1200/day to 1600/d with increased testing in LTCF and prisons test positive 8% cases have begun to increase in Houston just in the last 7 days**
- **FL – from approx. 800/day to 1100/day and test positive rate 6.6%**
- **UT – from 150 cases/day to 300/day and positive rate 9%**
- **SC – cases increased from approx 200/day to 300/day with 7% +**
- **AR – cases increased from 200/day to 300/day 7% test positive**
- WA – increased cases from 280/day to 300/day with 7% test positive
- **NV – increased from 100/day to 150/day 4.5% test positive**
- NM – increased cases from 100/day to 150/day with 7.6% test +
- OK - increased cases from 50/day to 75/day test positive 3%
- OR - increased cases from 40/day to 80/day with test positive 3%
- ND – increased cases from 35/day to 40/day and test positive 1.6%
- MO – increased cases from 150/day to 170/day with 3% test positive
- VT – increased cases form 5/day to 10/day with 1% positive
- HI – increased from 5 cases/day to 10/day 3.4% test +
- Alaska – increase from 5 cases/day to 10 cases/day test + 0.4% – FEMA has prepositioned supplies to support and surge and support the fishing season

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Daily New Cases in the United States

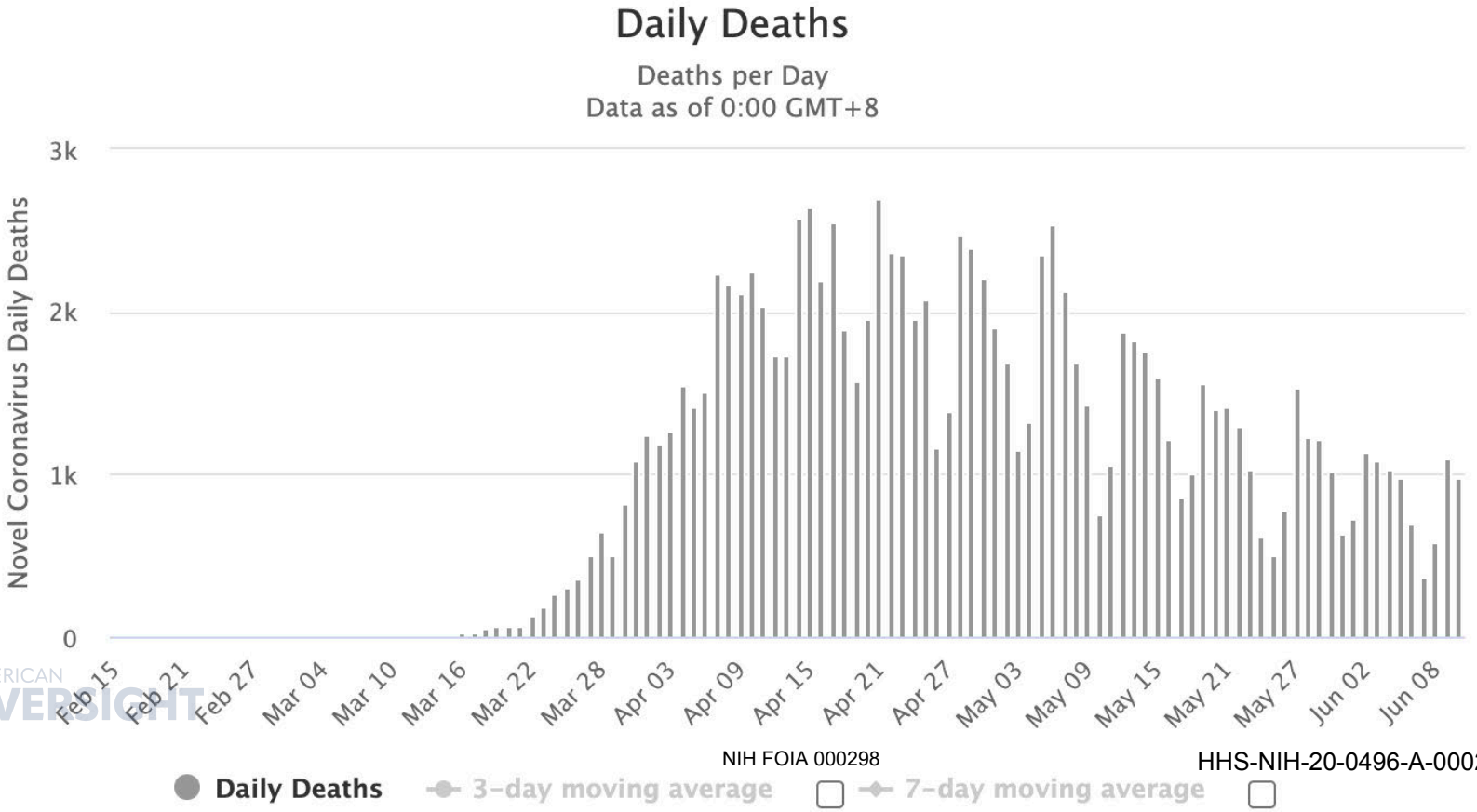


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HHS-NIH-20-0496-A-000297

Daily New Deaths in the United States



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NIH FOIA 000298

HHS-NIH-20-0496-A-000298

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop
USA Total	2,066,401	+20,852	115,130	+982	1,142,777	6,243	348	22,625,758	68,355
New York	401,333	+673	30,680	+77	285,461	20,630	1,577	2,668,297	137,162
New Jersey	167,678	+486	12,467	+98	126,093	18,878	1,404	1,008,934	113,591
California	139,931	+2,897	4,870	+98	97,993	3,541	123	2,540,798	64,304
Illinois	129,837	+625	6,095	+77	53,650	10,246	481	1,100,726	86,864
Massachusetts	104,156	+267	7,454	+46	12,081	15,111	1,081	721,132	104,626
Texas	81,434	+2,437	1,920	+28	27,041	2,808	66	1,348,893	46,520
Pennsylvania	81,388	+427	6,161	+75	20,339	6,357	481	562,146	43,911
Florida	67,371	+1,371	2,803	+34	51,651	3,137	131	1,280,003	59,597
Michigan	65,182	+184	5,955	+12	17,186	6,527	596	888,528	88,970
Maryland	59,465	+561	2,844	+33	52,311	9,836	470	451,967	74,759
Georgia	53,980	+731	2,329	+44	50,793	5,084	219	671,249	63,221
Virginia	52,177	+439	1,514	+18	43,837	6,113	177	443,486	51,958
Connecticut	44,347	+168	4,120	+23	32,538	12,439	1,156	316,913	88,888
Louisiana	44,030	+418	2,974	+12	7,152	9,471	640	460,120	98,976
Ohio	39,615	+425	2,465	+36	29,446	3,389	211	501,884	42,936
North Carolina	38,393	+1,167	1,089	+21	13,651	3,661	104	553,650	52,788
Indiana	38,337	+304	2,355	+16	9,191	5,695	350	320,094	47,547
Arizona	29,852	+1,556	1,095	+25	28,583	4,101	150	416,944	57,283
Minnesota	28,869	+346	1,267	+39	2,927	5,119	225	369,795	65,571
Colorado	28,499	+152	1,573	+20	24,501	4,949	273	227,761	39,551
Tennessee	27,869	+294	436	+1	8,917	4,081	64	528,827	77,436
Washington	25,474	+164	1,184	+3	16,220	3,345	155	415,054	54,506
Iowa	22,626	+388	631	+5	8,256	7,171	200	204,003	64,659
Alabama	21,989	+567	744	+15	7,737	4,485	152	272,694	55,616
Wisconsin	21,593	+285	671	+10	5,923	3,709	115	378,705	65,042
Mississippi	18,483	+374	868	+21	4,259	6,210	292	223,195	74,995
Nebraska	16,025	+142	195	+4	6,884	8,284	101	127,830	66,082
South Carolina	15,759	+531	575	+11	7,122	3,061	112	261,377	50,765
Rhode Island	15,756	+65	812	+4	13,538	14,873	766	183,622	173,333
Missouri	15,669	+219	871	+16	11,241	2,553	142	282,522	46,033

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HHS-NIH-20-0496-A-000299

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop
Utah	12,864	+305	128	+1	5,149	4,013	40	249,760	77,905
Kentucky	11,883	+175	484	+7	8,024	2,660	108	302,347	67,674
Kansas	10,872	+125	240	+2	4,971	3,732	82	123,742	42,475
Arkansas	10,368	+288	165	+4	3,087	3,436	55	176,217	58,392
Nevada	10,164	+134	448	+4	2,171	3,300	145	215,087	69,830
Delaware	10,056	+36	413	+3	3,704	10,327	424	71,745	73,678
District Of Columbia	9,537	+63	499	+4	7,895	13,513	707	58,192	82,454
New Mexico	9,250	+145	410	+6	5,034	4,411	196	245,557	117,109
Oklahoma	7,480	+117	355	+2	959	1,890	90	239,005	60,401
South Dakota	5,604	+81	69	+1	962	6,335	78	60,685	68,597
New Hampshire	5,178	+46	301	+7	1,292	3,808	221	104,439	76,810
Oregon	5,060	+72	169		2,541	1,200	40	156,758	37,166
Idaho	3,260	+40	85		547	1,824	48	59,802	33,464
North Dakota	2,941	+40	73	+1	386	3,859	96	81,660	107,157
Maine	2,637	+31	100		514	1,962	74	69,860	51,971
West Virginia	2,193	+14	85	+1	601	1,224	47	119,716	66,800
Vermont	1,095	+11	55		137	1,755	88	45,742	73,306
Wyoming	980	+10	18	+1	158	1,693	31	30,587	52,849
Hawaii	685	+3	17		46	484	12	65,852	46,510
Alaska	593	+20	11		190	811	15	67,720	92,571
Montana	561	+7	18		56	525	17	54,616	51,101
Guam	180		5		11			8,185	
Northern Mariana Islands	30		2		9			7,581	
Puerto Rico	5,329	+144	143	+1	4,336	1,573	42	13,022	3,845
United States Virgin Islands	72	+1	6		2			2,247	
Veteran Affairs	16,456	+231	1,410	+1	770			226,178	
US Military	10,822		36		4,164				
Federal Prisons	6,832	+10	80	+1	2,321				

AMERICAN OVERSIGHT

NIH FOIA 000300

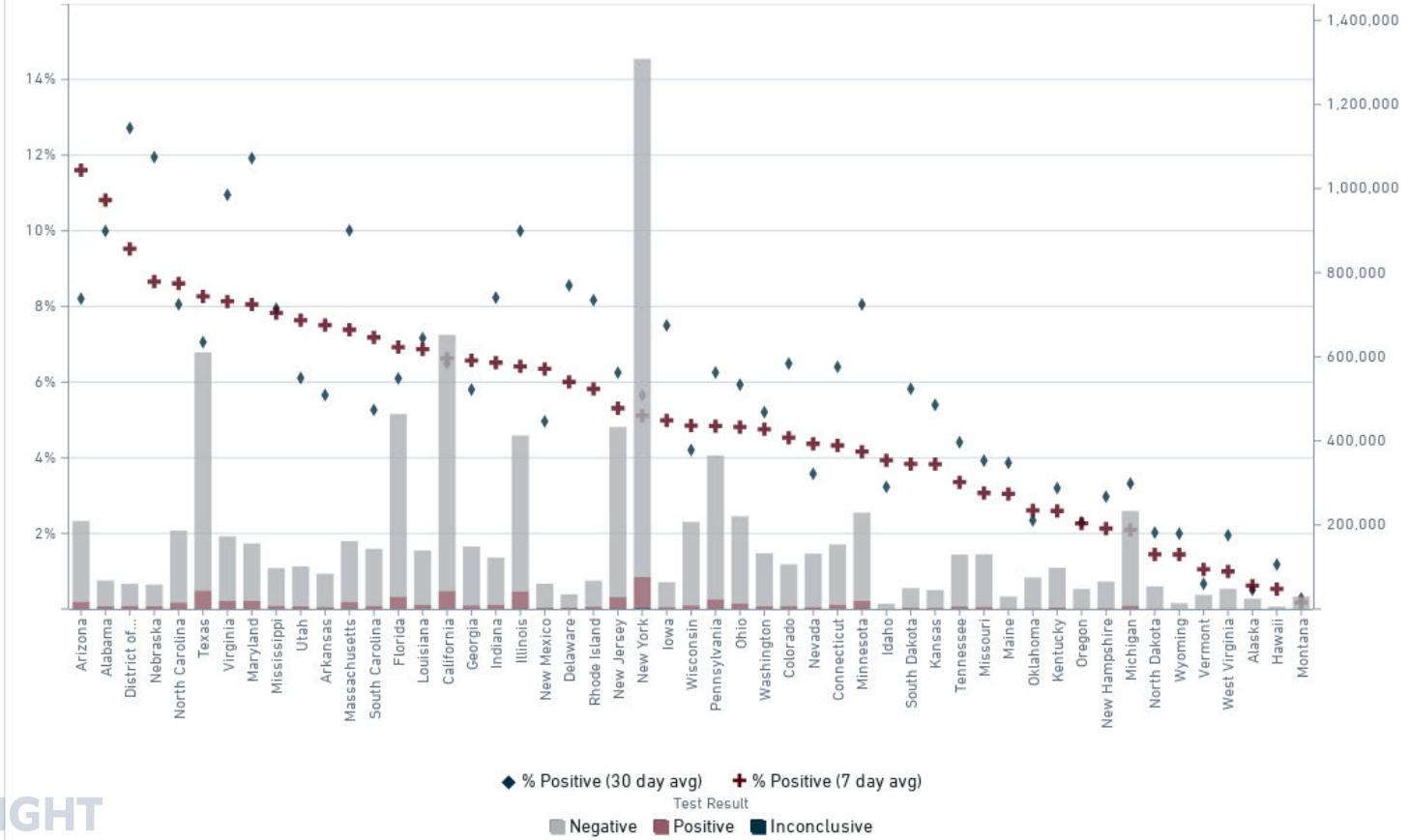
HHS-NIH-20-0496-A-000300

#	Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop	Population
	World	7,447,151	+135,578	418,135	+5,163	3,730,056	3,298,960	53,812	955	53.6			
1	USA	2,066,401	+20,852	115,130	+982	808,494	1,142,777	16,838	6,245	348	22,625,758	68,377	330,896,410
2	Brazil	775,184	+33,100	39,797	+1,300	380,300	355,087	8,318	3,648	187	1,182,581	5,566	212,475,738
3	Russia	493,657	+8,404	6,358	+216	252,783	234,516	2,300	3,383	44	13,545,303	92,820	145,931,211
4	UK	290,143	+1,003	41,128	+245	N/A	N/A	516	4,275	606	6,042,622	89,037	67,866,605
5	Spain	289,360	+314	27,136		N/A	N/A	617	6,189	580	4,465,338	95,507	46,753,838
6	India	287,155	+12,375	8,107	+388	140,979	138,069	8,944	208	6	5,061,332	3,670	1,379,233,699
7	Italy	235,763	+202	34,114	+71	169,939	31,710	249	3,899	564	4,381,349	72,459	60,466,359
8	Peru	208,823	+5,087	5,903	+165	98,031	104,889	1,065	6,339	179	1,255,756	38,117	32,944,770
9	Germany	186,510		8,844	+13	170,700	6,966	492	2,226	106	4,694,147	56,036	83,769,646
10	Iran	177,938	+2,011	8,506	+81	140,590	28,842	2,639	2,120	101	1,128,601	13,447	83,930,199
11	Turkey	173,036	+922	4,746	+17	146,839	21,451	631	2,053	56	2,451,700	29,087	84,287,073
12	France	155,136	+545	29,319	+23	71,832	53,985	933	2,377	449	1,384,633	21,215	65,265,877
13	Chile	148,496	+5,737	2,475	+192	95,631	50,390	1,689	7,772	130	761,090	39,833	19,106,987
14	Mexico	124,301	+4,199	14,649	+596	90,748	18,904	378	965	114	357,055	2,771	128,855,326
15	Pakistan	113,702	+5,385	2,255	+83	36,308	75,139	111	515	10	754,252	3,419	220,626,768
16	Saudi Arabia	112,288	+3,717	819	+36	77,954	33,515	1,693	3,228	24	1,019,812	29,321	34,781,424
17	Canada	97,125	+472	7,960	+63	56,639	32,526	1,864	2,575	211	1,989,255	52,732	37,723,541
18	China	83,046	+3	4,634		78,357	55	1	58	3			1,439,323,776
19	Bangladesh	74,865	+3,190	1,012	+37	15,900	57,953	1	455	6	441,560	2,683	164,596,070
20	Qatar	73,595	+1,716	66	+4	49,413	24,116	226	26,211	24	269,964	96,148	2,807,805
21	Belgium	59,569	+132	9,629	+10	16,392	33,548	102	5,141	831	969,619	83,682	11,586,902
22	South Africa	55,421	+2,430	1,210	+48	31,505	22,706	208	935	20	998,400	16,846	59,265,120
23	Belarus	51,066	+801	288	+6	25,667	25,111	92	5,404	30	659,565	69,799	9,449,483
24	Sweden	48,092	+1,427	4,795	+78	N/A	N/A	288	4,764	475	325,000	32,192	10,095,806
25	Netherlands	48,087	+184	6,042	+11	N/A	N/A	80	2,807	353	435,587	25,424	17,132,868
26	Ecuador	44,440	+523	3,720	+30	21,862	18,858	219	2,521	211	128,175	7,271	17,627,077
27	Colombia	43,682	+1,604	1,433	+61	[illegible]	[illegible]	335	859	28	444,933	8,750	[illegible]
28	UAE	40,507	+603	284	+1	24,017	16,206	1	4,098	29	2,537,000	256,691	9,883,472
29	Singapore	38,965	+451	25		26,532	12,408	3	6,663	4	488,695	83,569	5,847,776

AMERICAN OVERSIGHT

NIH FOIA 000301 HHS-NIH-20-0496-A-000301

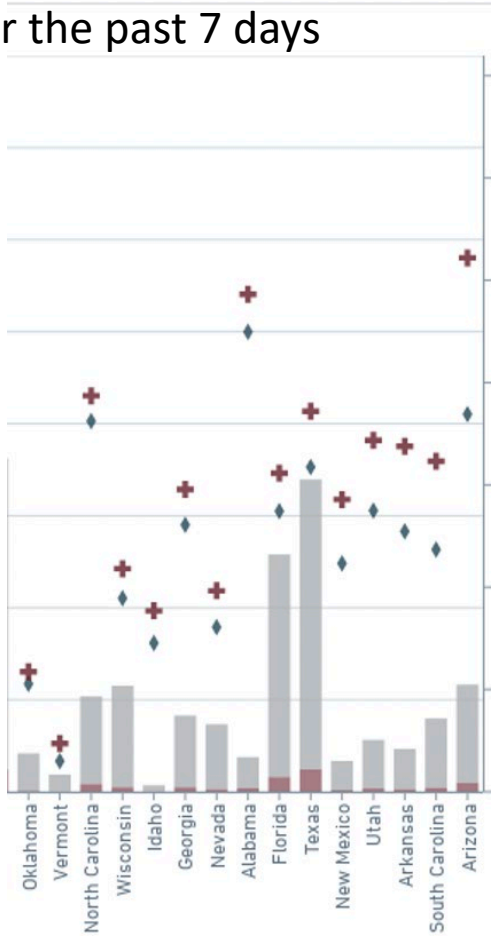
Positive and negative cumulative results in the last 30 days per state with % positive per state



Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. This chart is sorted by the 7-day percent positive.

AMERICAN OVERSIGHT

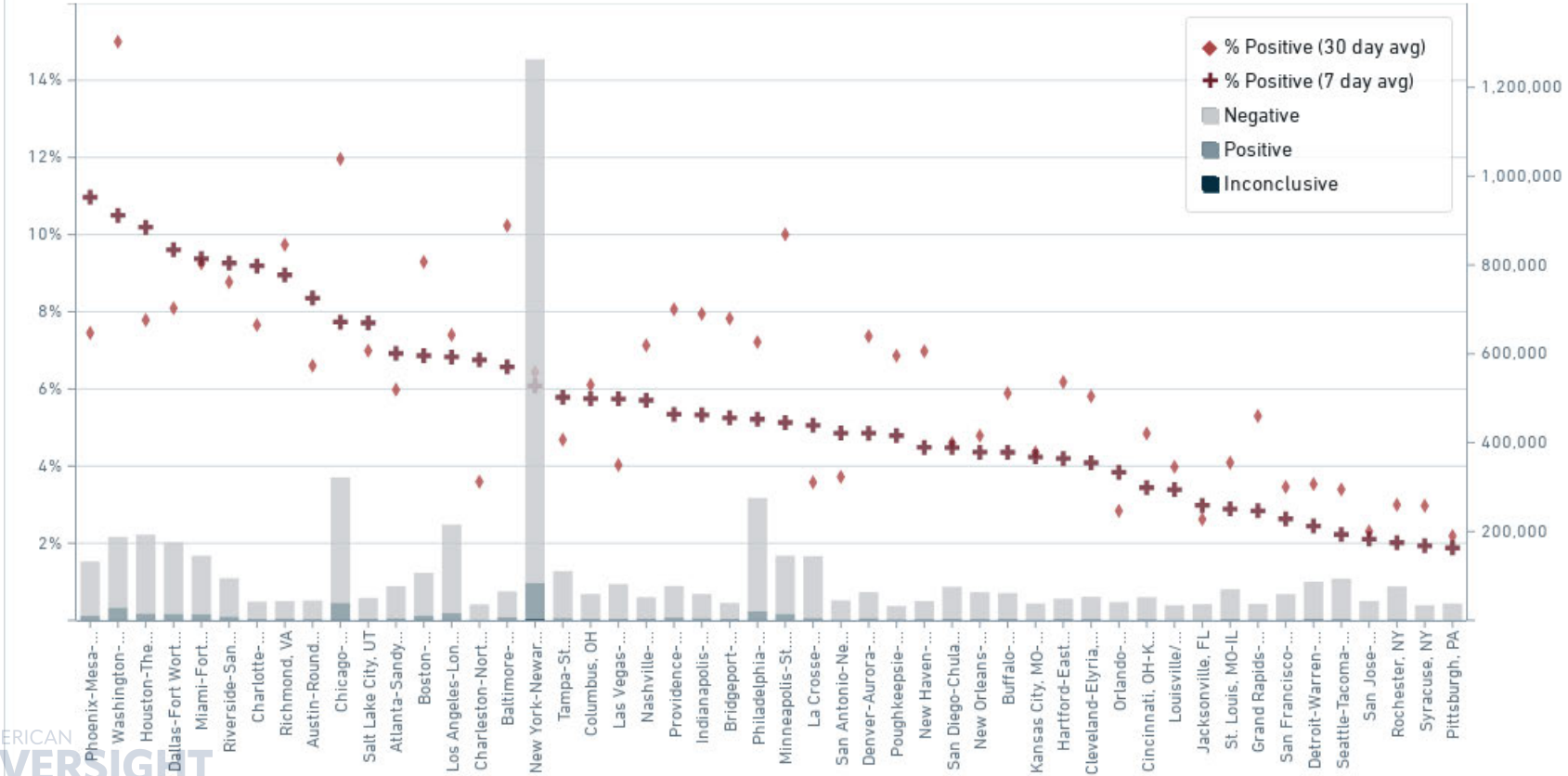
States with Rising test positive over the past 7 days



NIH FOIA 000303

HHS-NIH-20-0496-A-000303

Positive and negative cumulative results in the last 30 days per CBSA with % positive per CBSA



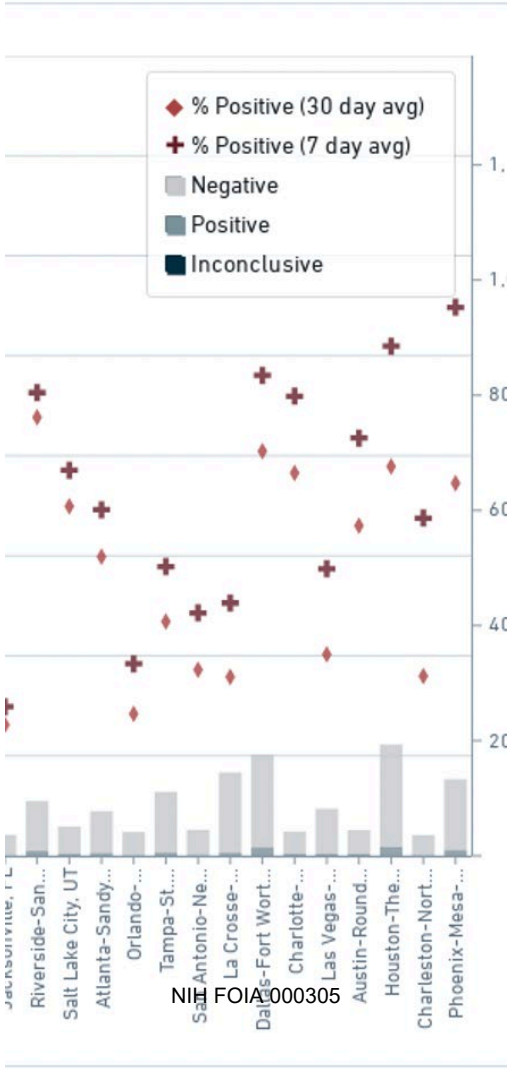
AMERICAN OVERSIGHT

NIH FOIA 000304

HHS-NIH-20-0496-A-000304

Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. The top 50 CBSAs were determined by ranking over the number of results reported for a given area in the last 30 days. This chart is sorted by the 7-day percent positive.

Metros with increasing test + over the past 7 days



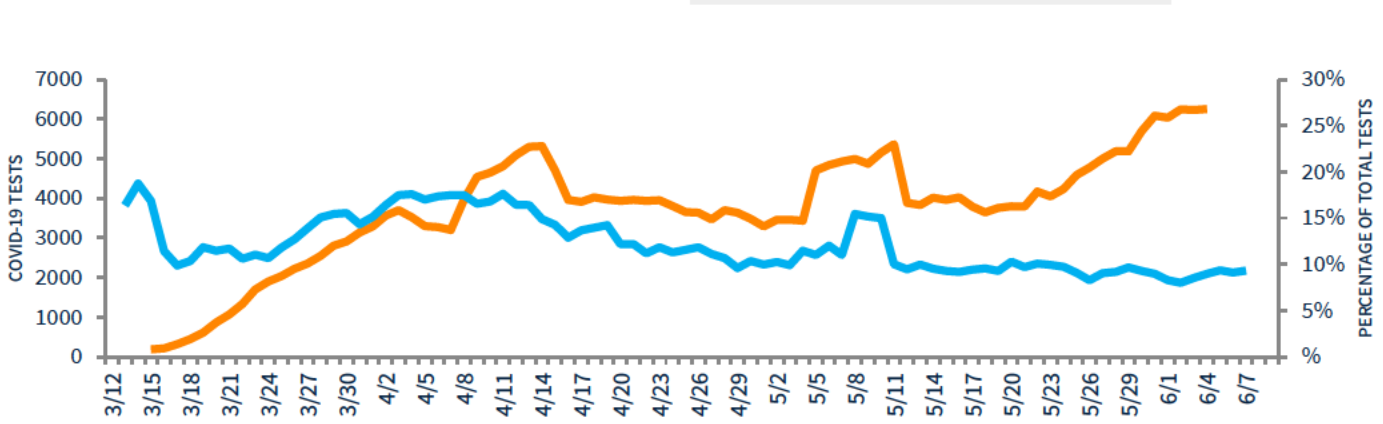
10%

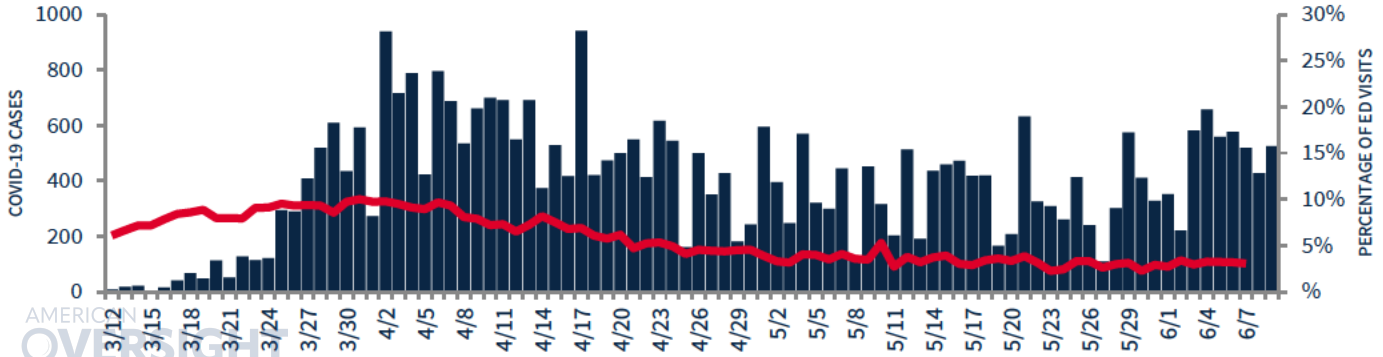
AMERICAN OVERSIGHT

NIH FOIA 000305

HHS-NIH-20-0496-A-000305

TRENDS IN MIAMI-FORT LAUDERDALE-POMPANO BEACH, FL





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.3%
NEW CASES PER 100K / DAY	9 (weekly avg.)
TESTING PER 100K / DAY	101 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.3%
INCIDENCE	+67%
TESTING PER 100K / DAY	+17
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	1221 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.7%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 3% of county-level data points over this time period. ED data is missing for 2% of county-level data points over this time period.

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

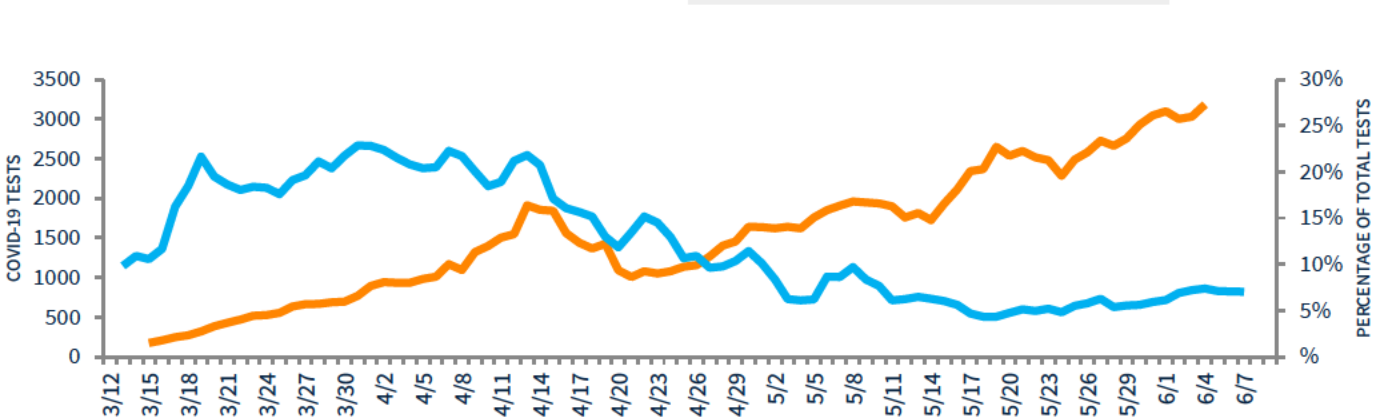
[2] Average of the last 3 days

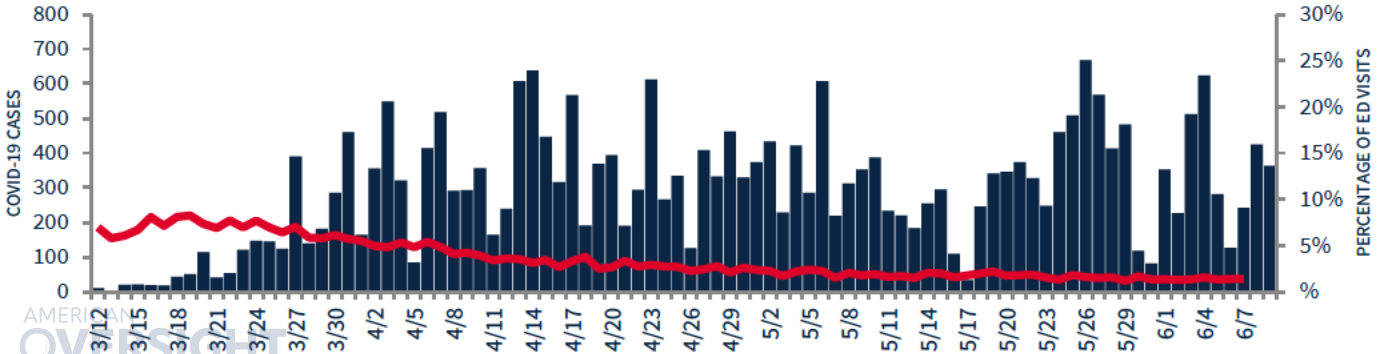
AMERICAN OVERSIGHT

NIH FOIA 000306

HHS_NIH-20-0496-A-000306

TRENDS IN ATLANTA–SANDY SPRINGS–ALPHARETTA, GA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	7.0%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	53 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.1%
INCIDENCE	+15%
TESTING PER 100K / DAY	+9
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	685 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	2.8%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 45% of county-level data points over this time period. ED data is missing for 41% of county-level data points over this time period.

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

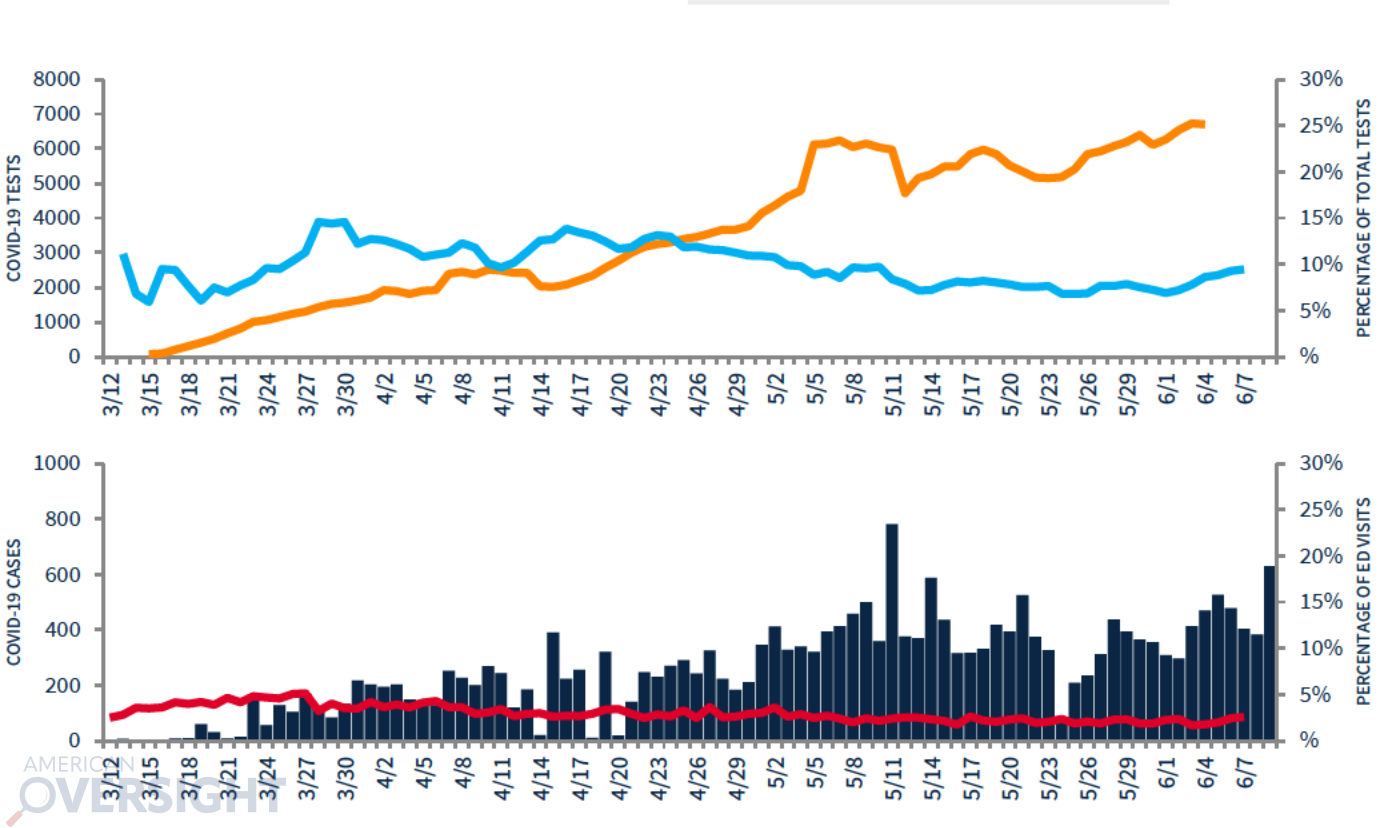
[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000307 HHS_NIH-20-0496-A-000307

TRENDS IN DALLAS–FORT WORTH–ARLINGTON, TX



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.5%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	90 (weekly avg.)
BED UTILIZATION[2]	54%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.2%
INCIDENCE	+34%
TESTING PER 100K / DAY	+8
BED UTILIZATION	-9%

RISK FACTORS

POPULATION DENSITY	862 per sq mi
% OVER 60	16%
CRUDE CVD PREVALENCE	Unknown

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 25% of county-level data points over this time period. ED data is missing for 32% of county-level data points over this time period.

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

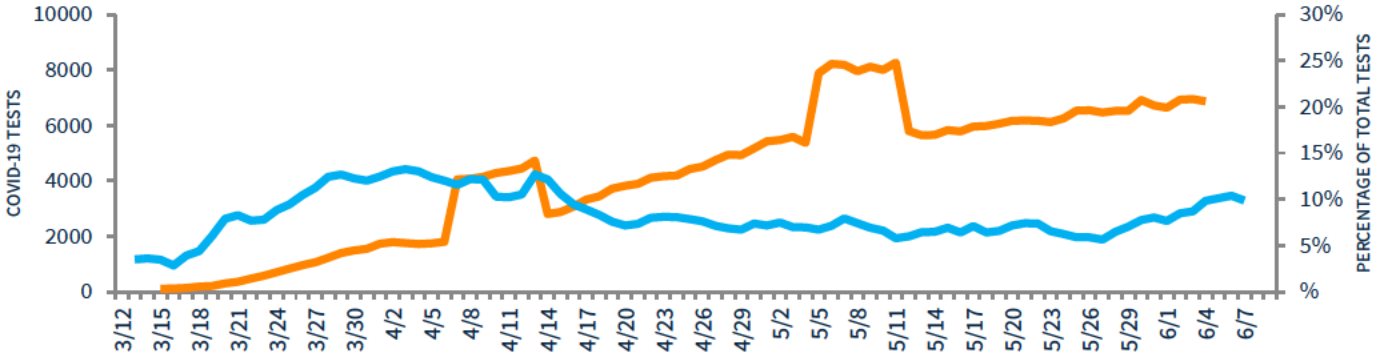
[2] Average of the last 3 days

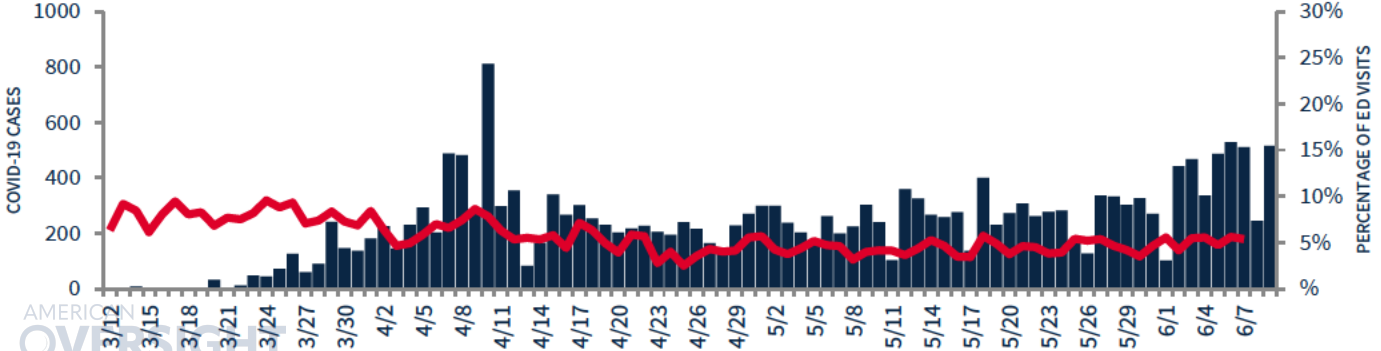
AMERICAN OVERSIGHT

NIH FOIA 000308

HHS_NIH-20-0496-A-000308

TRENDS IN HOUSTON–THE WOODLANDS–SUGAR LAND, TX





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.9%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	98 (weekly avg.)
BED UTILIZATION[2]	63%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.8%
INCIDENCE	+46%
TESTING PER 100K / DAY	+5
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	847 per sq mi
% OVER 60	16%
CRUDE CVD PREVALENCE	3.5%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 35% of county-level data points over this time period. ED data is missing for 55% of county-level data points over this time period.

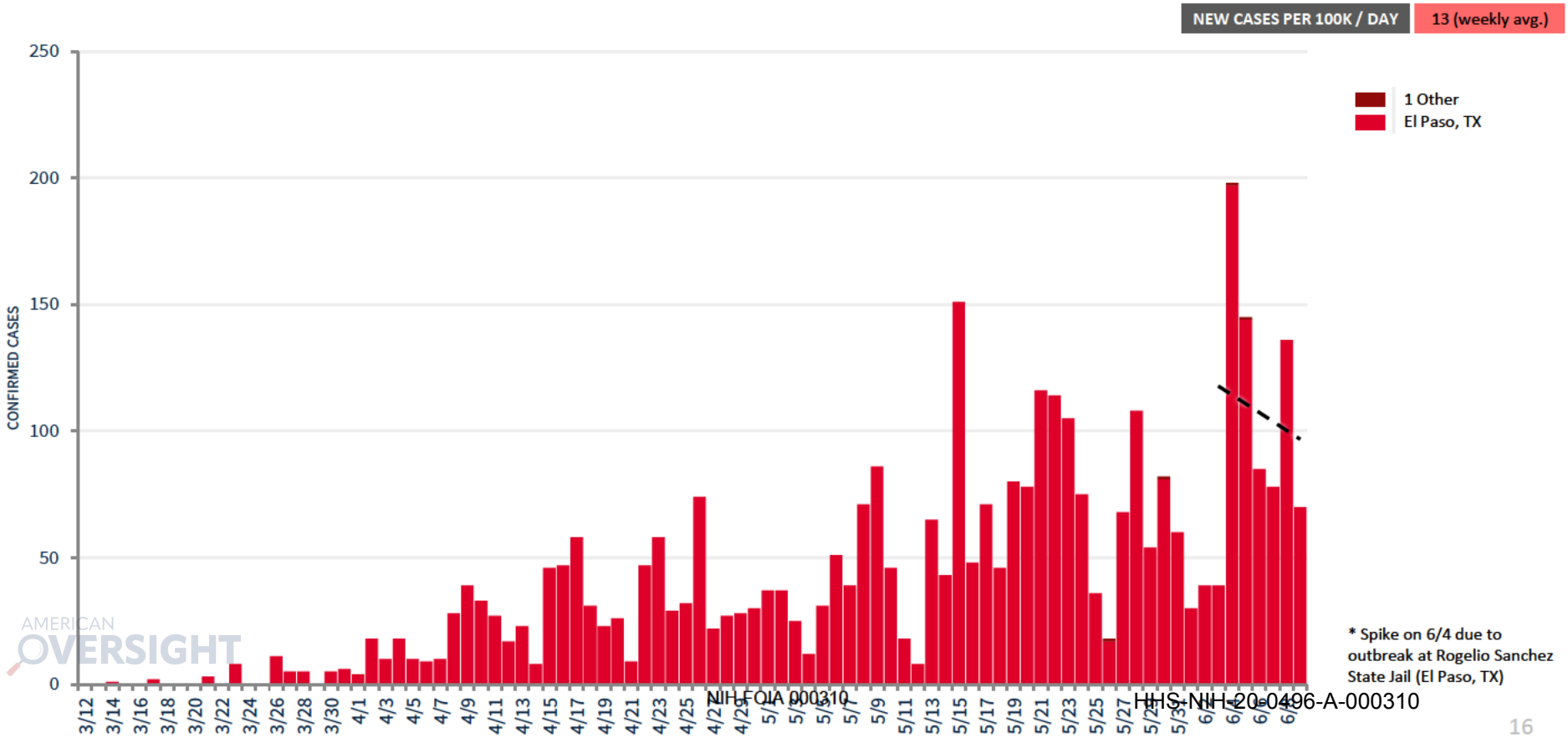
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

AMERICAN OVERSIGHT
NIH FOIA 000309
HHS_NIH-20-0496-A-000309

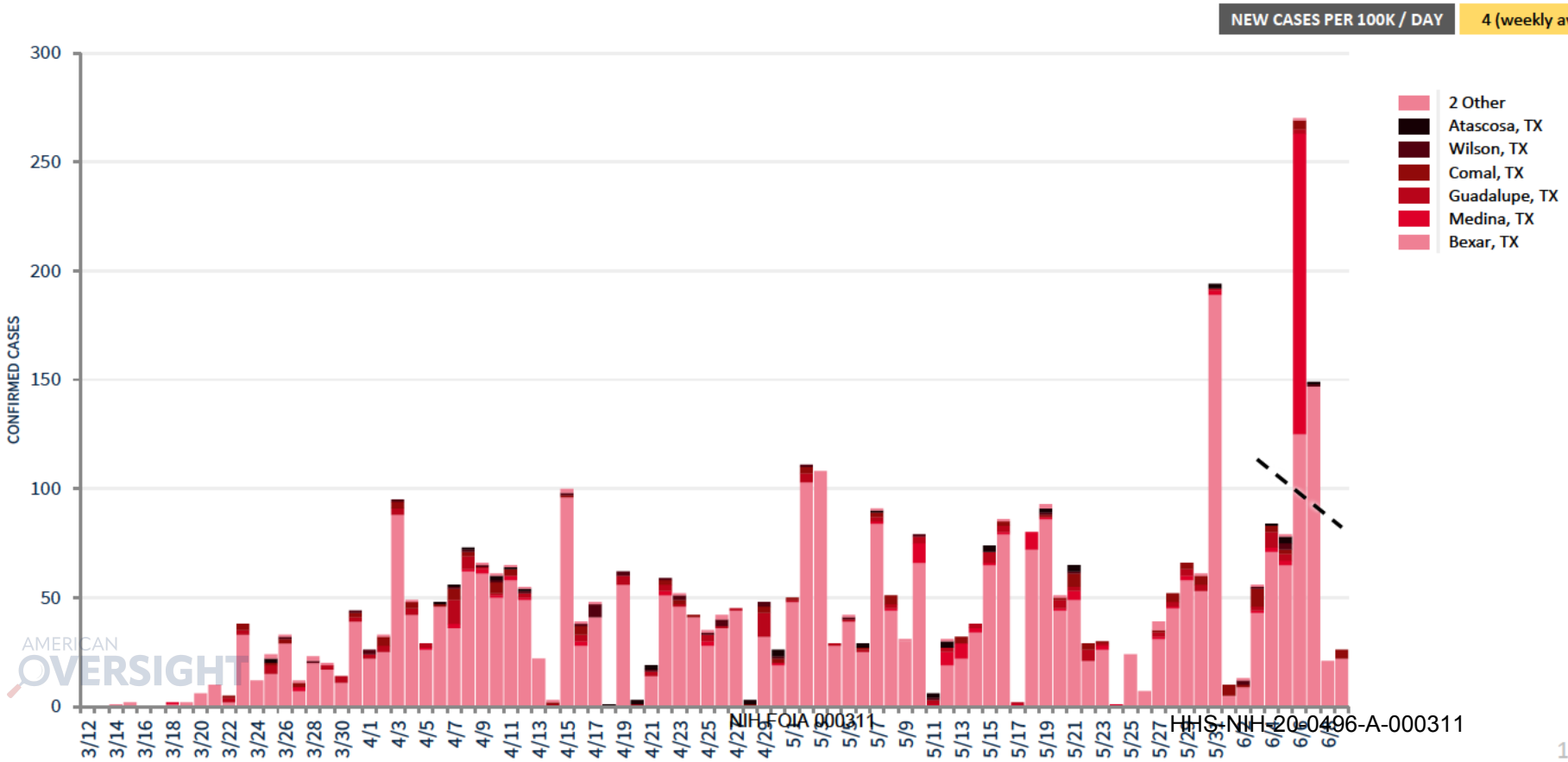
CONFIRMED CASES DAILY IN EL PASO, TX



AMERICAN OVERSIGHT

NIH FOIA 000310
HHS-NIH-20-0496-A-000310

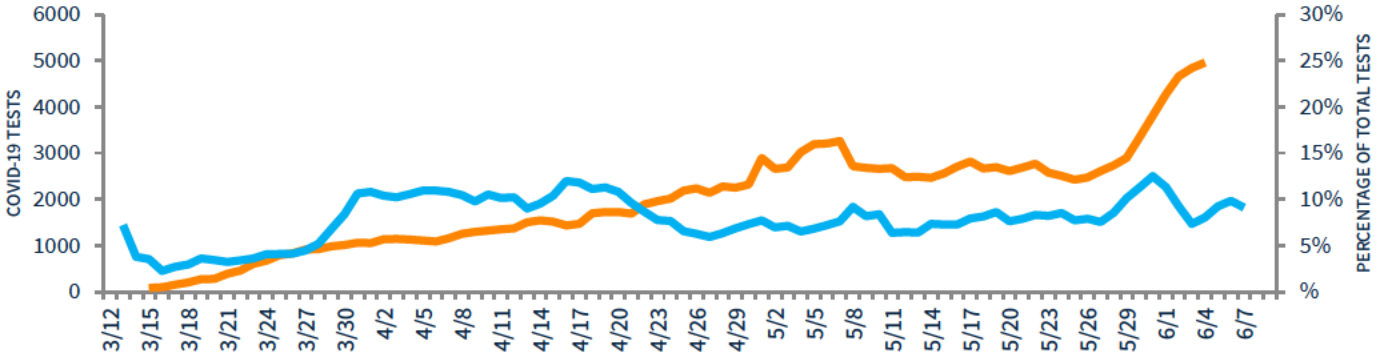
CONFIRMED CASES DAILY IN SAN ANTONIO–NEW BRAUNFELS, TX

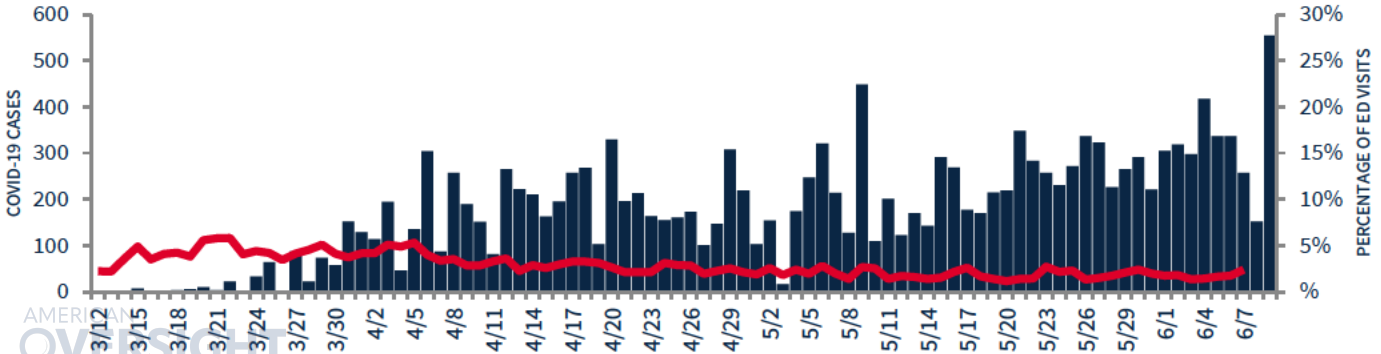


AMERICAN OVERSIGHT

NIH FOIA 000311 HHS-NIH-2020496-A-000311

TRENDS IN RIVERSIDE-SAN BERNARDINO-ONTARIO, CA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.1%
NEW CASES PER 100K / DAY	7 (weekly avg.)
TESTING PER 100K / DAY	107 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-3.4%
INCIDENCE	+21%
TESTING PER 100K / DAY	+48
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	170 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	2.9%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 5% of county-level data points over this time period. ED data is missing for 51% of county-level data points over this time period.

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[1] Calculated over the most recent 3 days of data

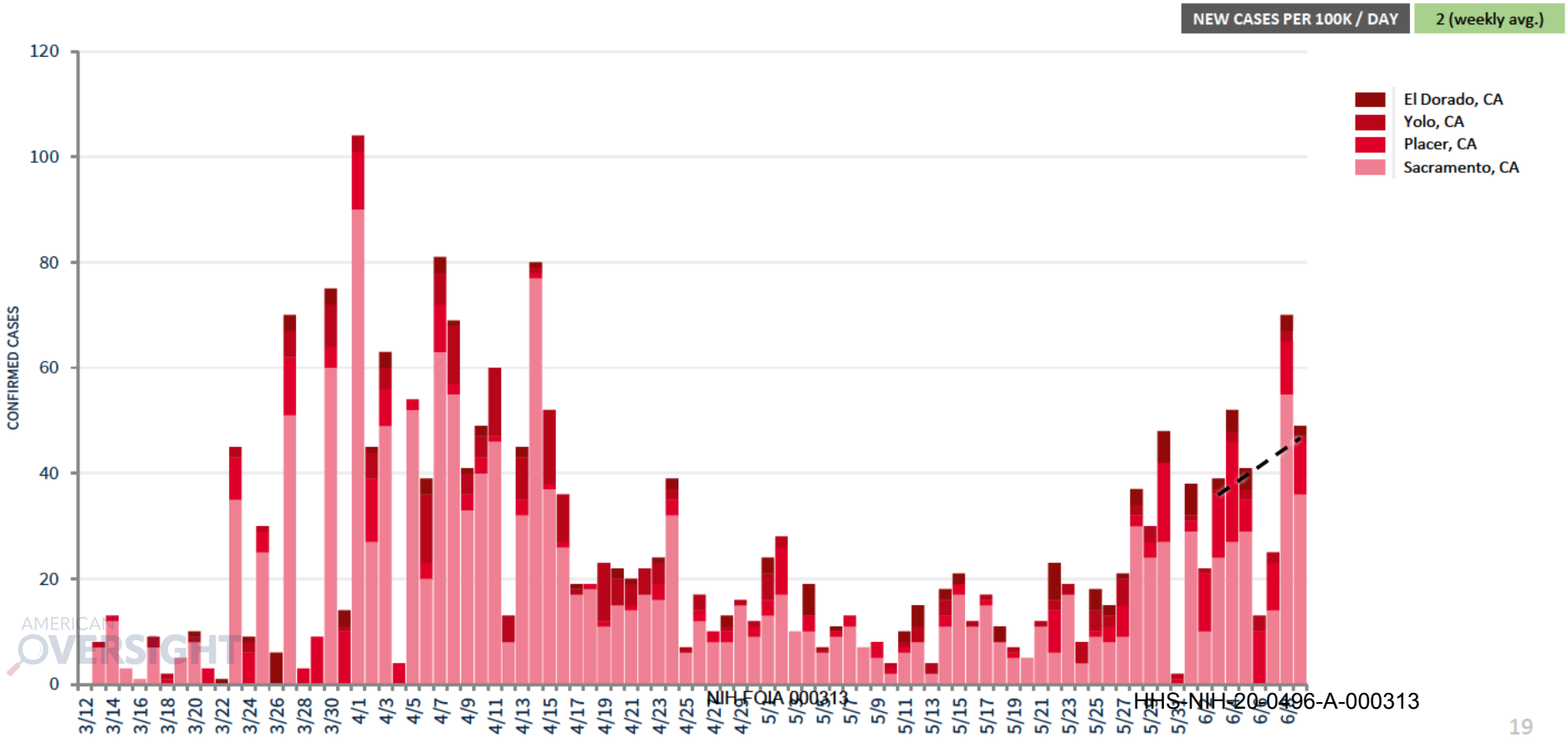
[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000312

HHS_NIH-20-0496-A-000312

CONFIRMED CASES DAILY IN SACRAMENTO-ROSEVILLE-FOLSOM, CA

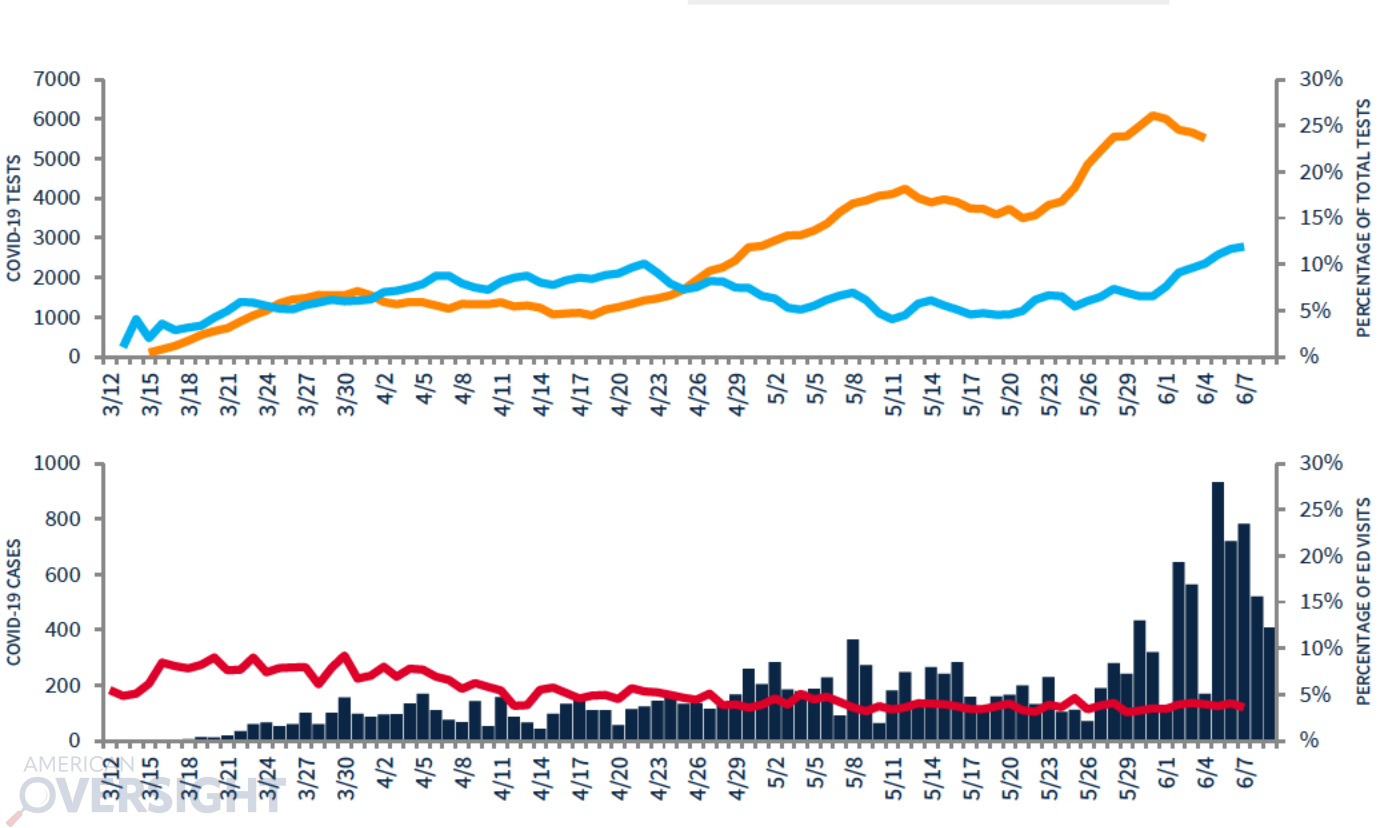


AMERICAN OVERSIGHT

NIH FOIA 000313

HHS-NIH-2020496-A-000313

TRENDS IN PHOENIX-MESA-CHANDLER, AZ



Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 8% of county-level data points over this time period. ED data is missing for 2% of county-level data points over this time period.

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	11.9%
NEW CASES PER 100K / DAY	12 (weekly avg.)
TESTING PER 100K / DAY	114 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+5.4%
INCIDENCE	+83%
TESTING PER 100K / DAY	-1
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	334 per sq mi
% OVER 60	21%
CRUDE CVD PREVALENCE	3.4%

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[1] Calculated over the most recent 3 days of data

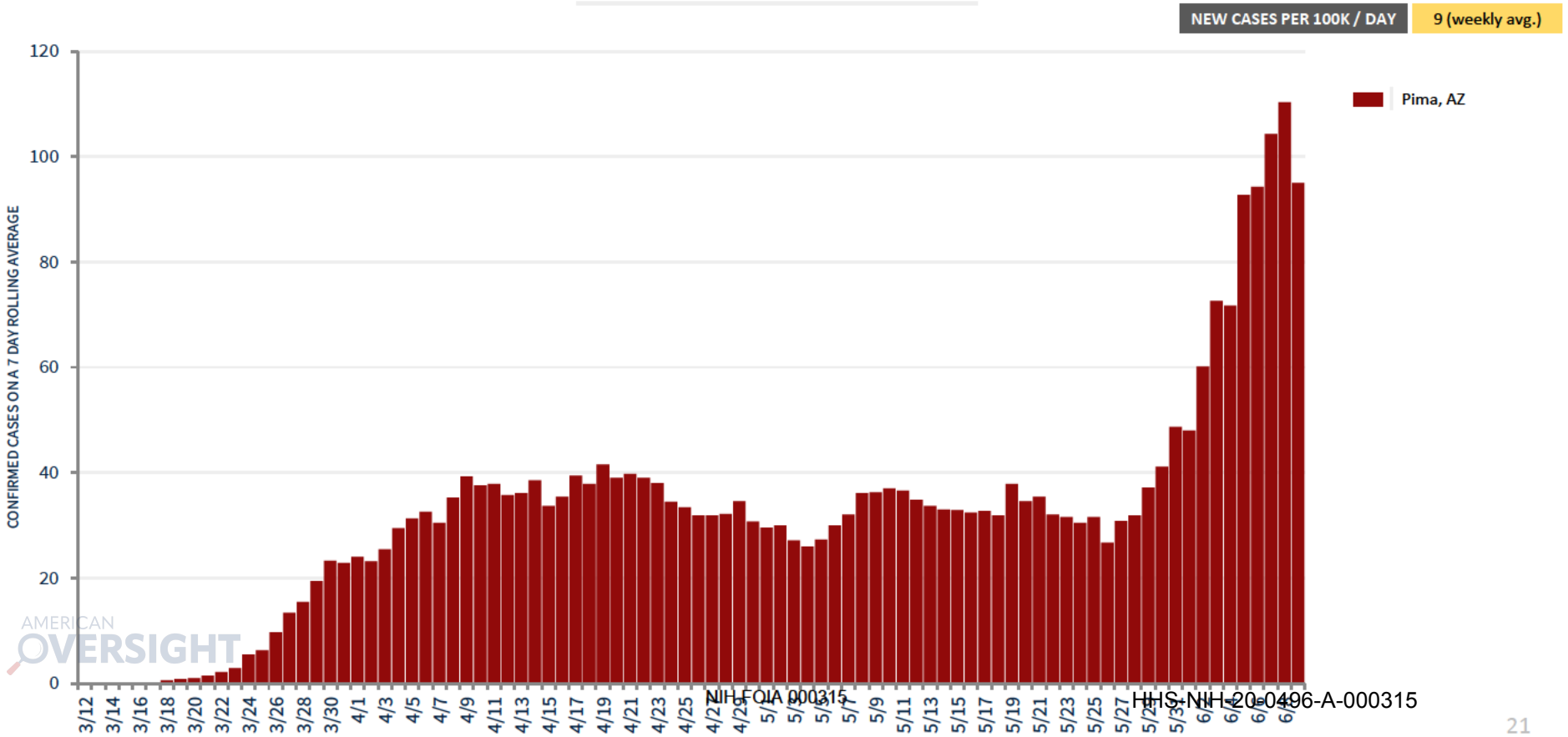
[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000314

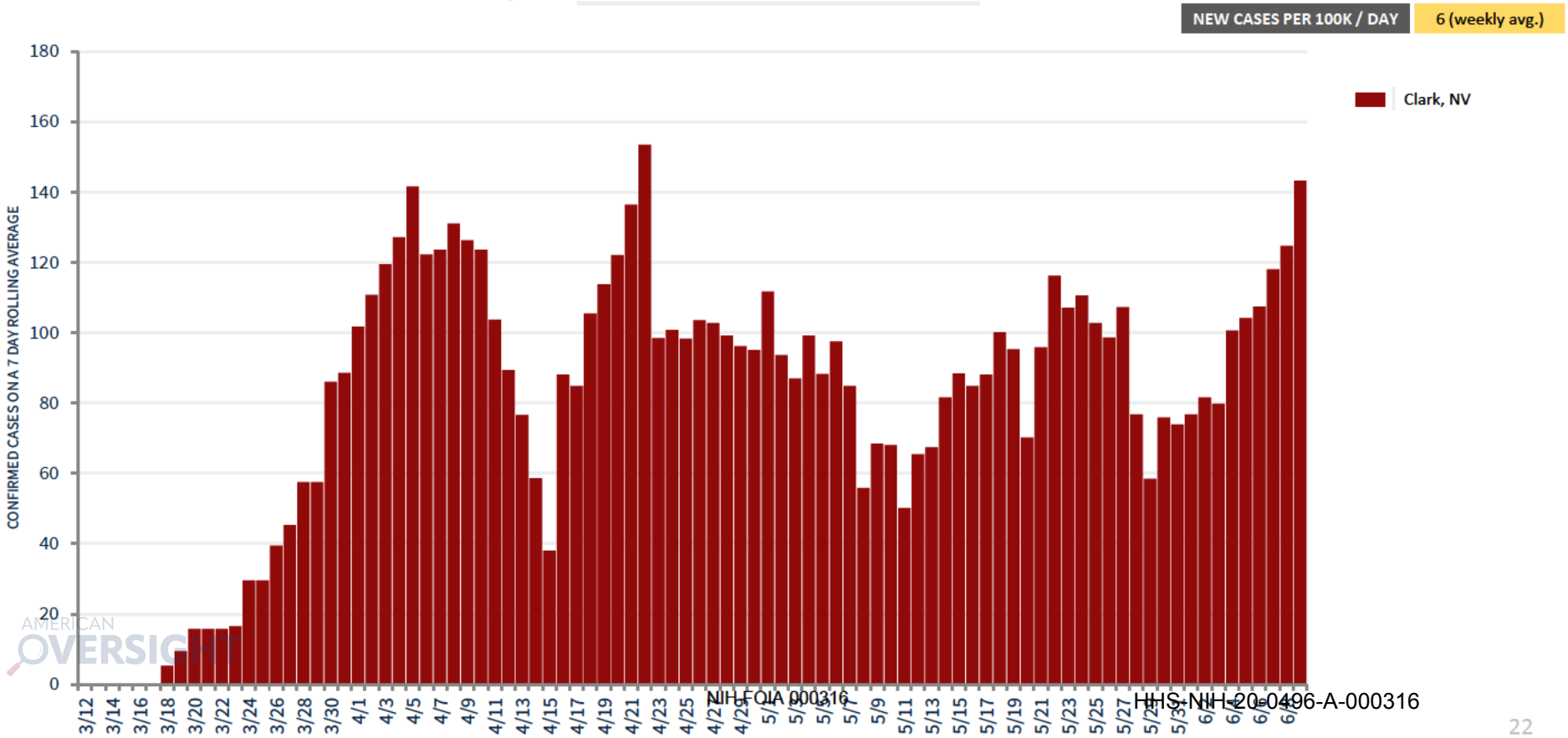
HHS_NIH-20-0496-A-000314

CONFIRMED CASES DAILY IN TUCSON, AZ (PIMA)
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT
NIH FOIA 000315
HHS-NIH-20-0496-A-000315

CONFIRMED CASES DAILY IN LAS VEGAS-HENDERSON-PARADISE, NV (CLARK)
7 DAY ROLLING AVERAGE

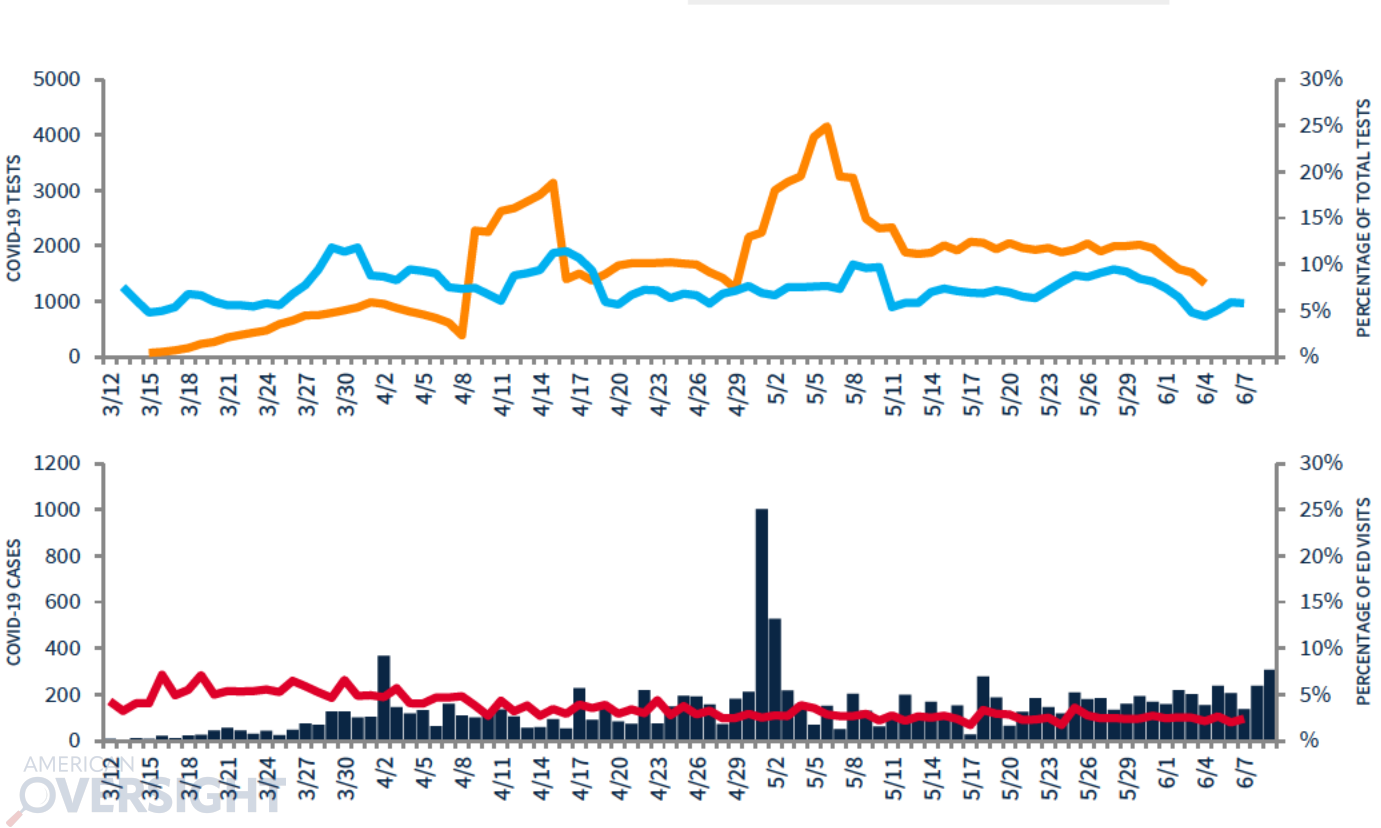


AMERICAN OVERSIGHT

NIH FOIA 000316

HHS-NIH-20-0496-A-000316

TRENDS IN NASHVILLE-DAVIDSON--MURFREESBORO--FRANKLIN, TN



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.8%
NEW CASES PER 100K / DAY	11 (weekly avg.)
TESTING PER 100K / DAY	69 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-2.4%
INCIDENCE	+21%
TESTING PER 100K / DAY	-35
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	335 per sq mi
% OVER 60	19%
CRUDE CVD PREVALENCE	3.7%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 45% of county-level data points over this time period. ED data is missing for 62% of county-level data points over this time period.

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[1] Calculated over the most recent 3 days of data

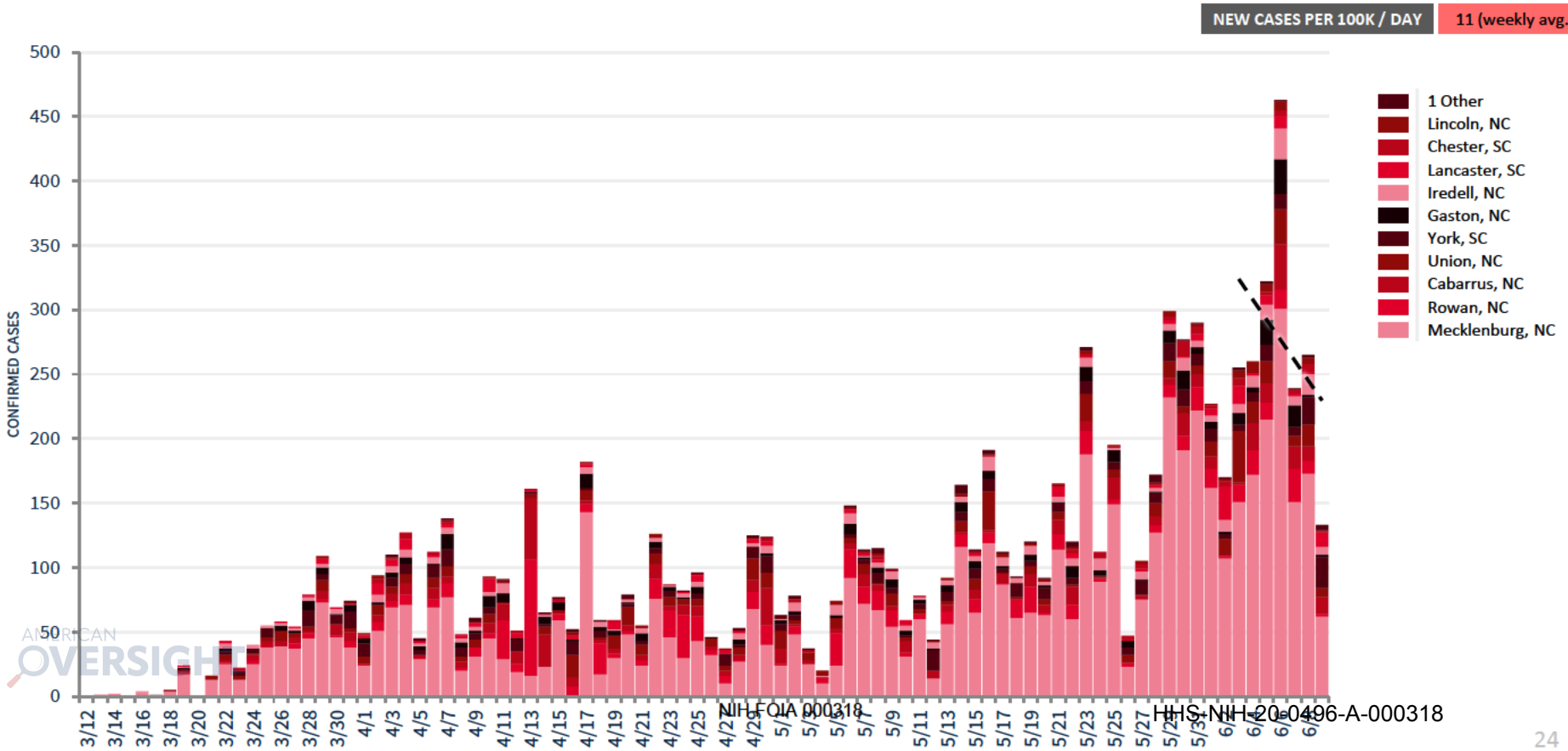
[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000317

HHS_NIH-20-0496-A-000317

CONFIRMED CASES DAILY IN CHARLOTTE-CONCORD-GASTONIA, NC-SC

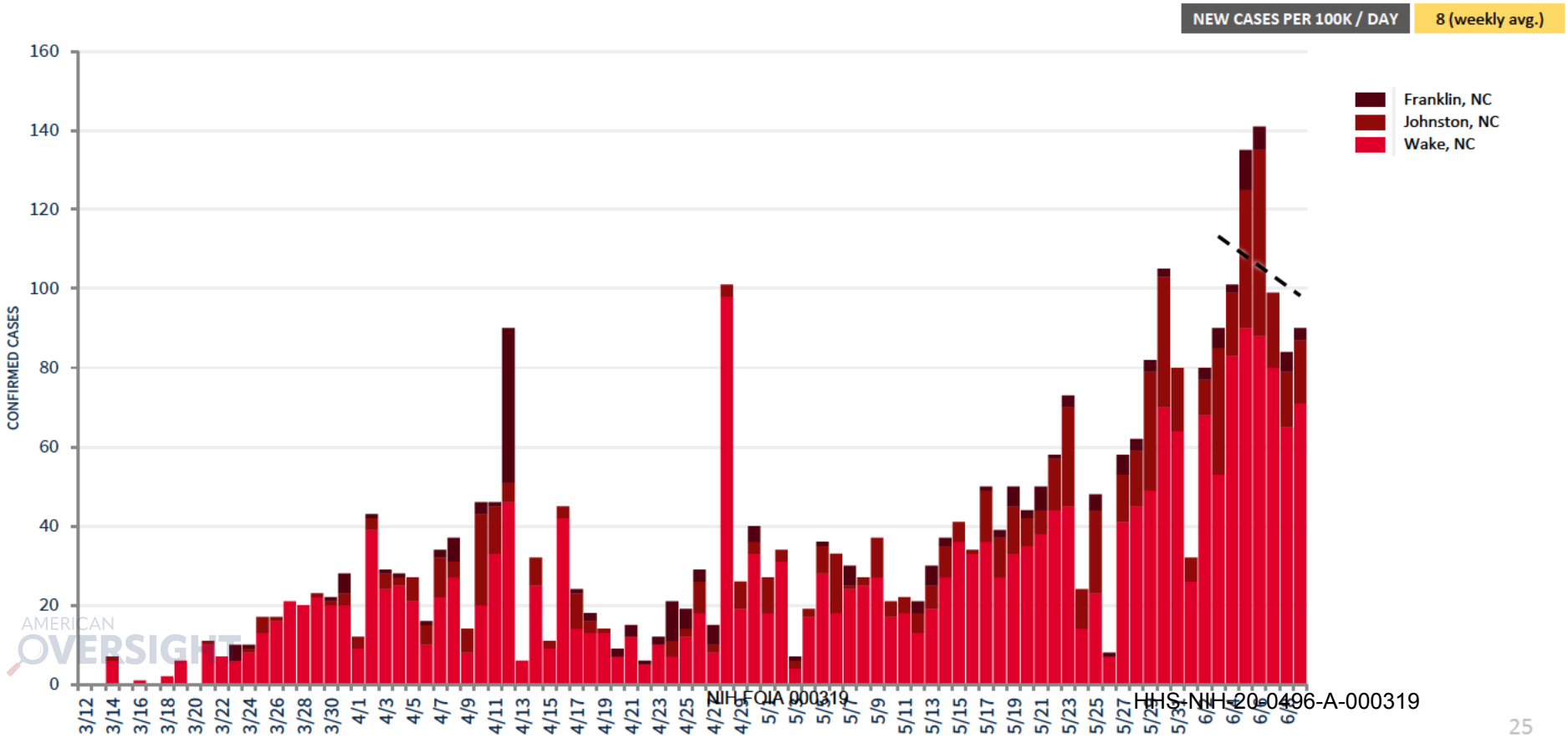


AMERICAN OVERSIGHT

NIH FOIA 000318

HHS-NIH-2020496-A-000318

CONFIRMED CASES DAILY IN RALEIGH-CARY, NC

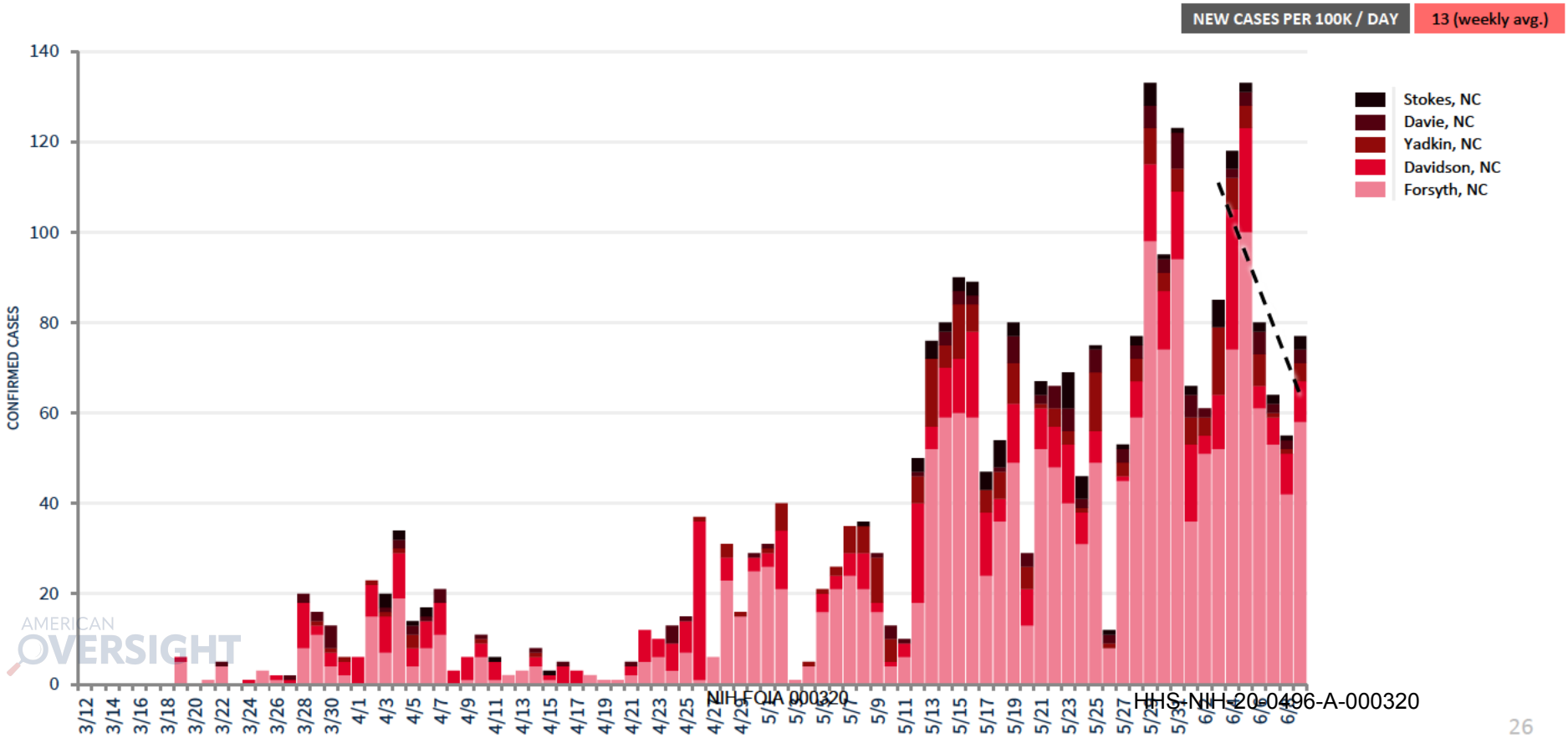


AMERICAN OVERSIGHT

NIH FOIA 000319

HHS-NIH-2020496-A-000319

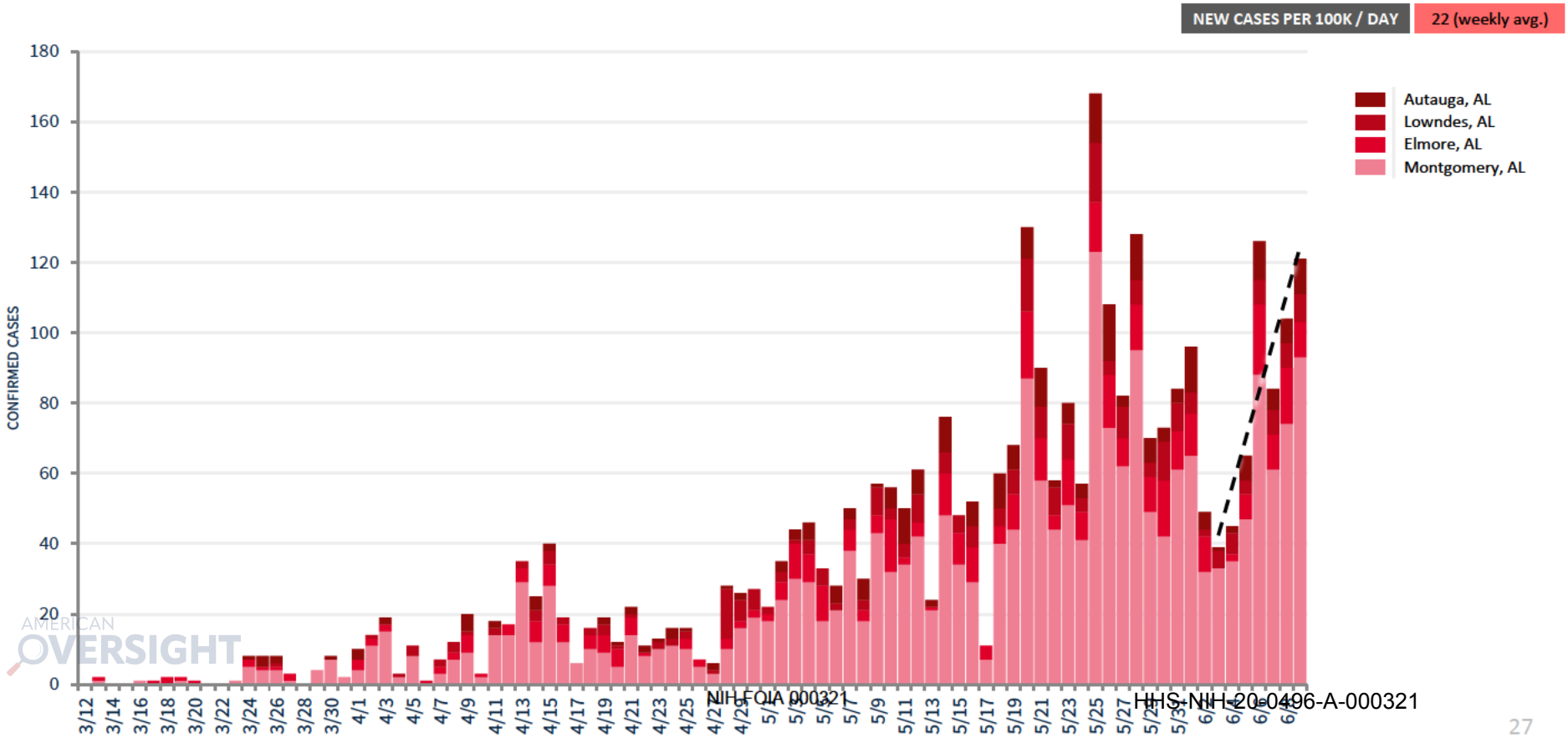
CONFIRMED CASES DAILY IN WINSTON-SALEM, NC



AMERICAN OVERSIGHT

NIH FOIA 000320
HHS-NIH-20-0496-A-000320

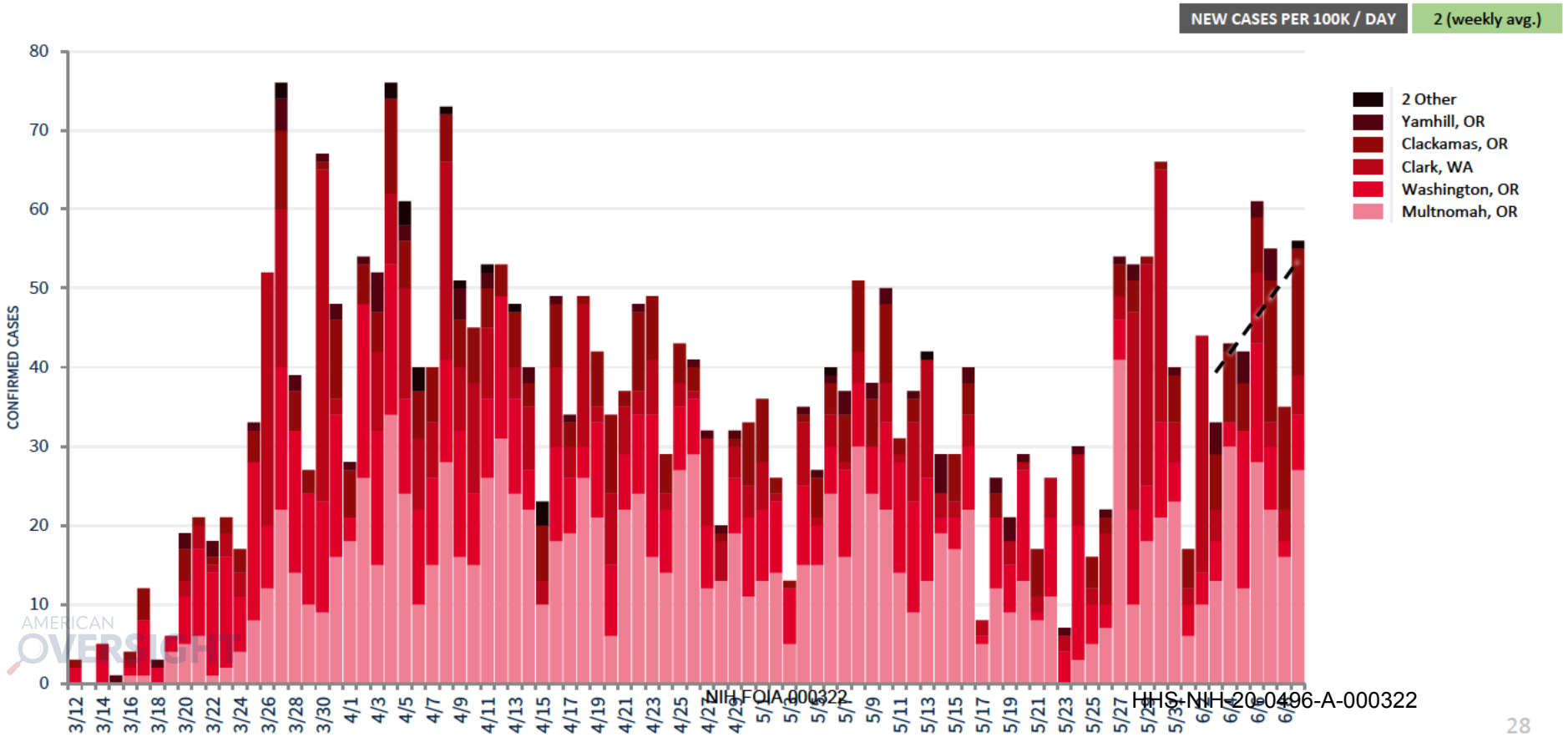
CONFIRMED CASES DAILY IN MONTGOMERY, AL



AMERICAN OVERSIGHT

NIH FOIA 000321 HHS-NIH-20-0496-A-000321

CONFIRMED CASES DAILY IN PORTLAND–VANCOUVER–HILLSBORO, OR–WA

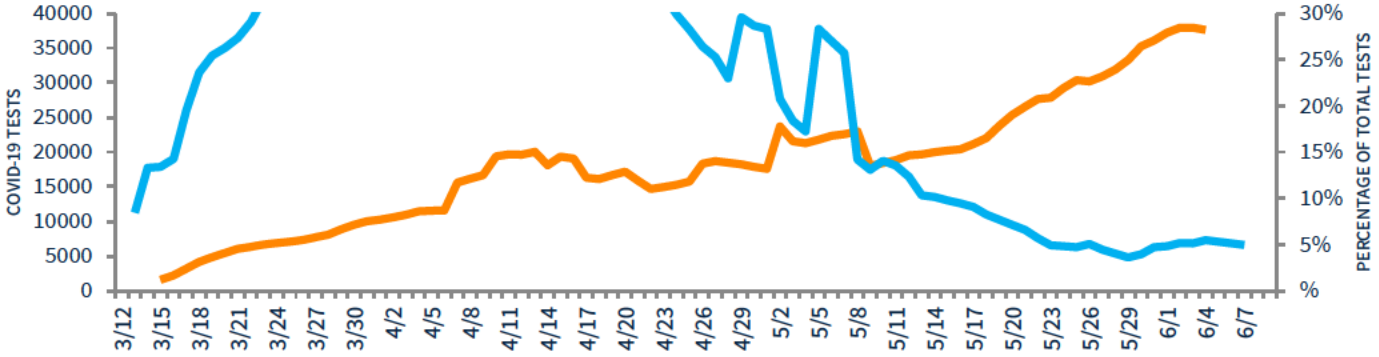


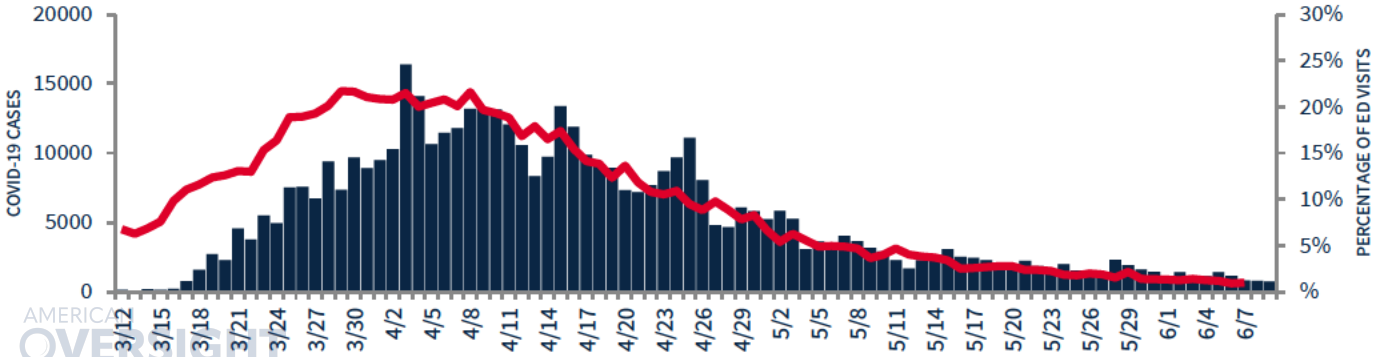
AMERICAN OVERSIGHT

NIH FOIA 000322

HHS-NIH-20-0496-A-000322

TRENDS IN NEW YORK–NEWARK–JERSEY CITY, NY–NJ–PA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.0%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	213 (weekly avg.)
BED UTILIZATION[2]	63%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.2%
INCIDENCE	-36%
TESTING PER 100K / DAY	+33
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	2887 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	Unknown

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 6% of county-level data points over this time period. ED data is missing for 16% of county-level data points over this time period.

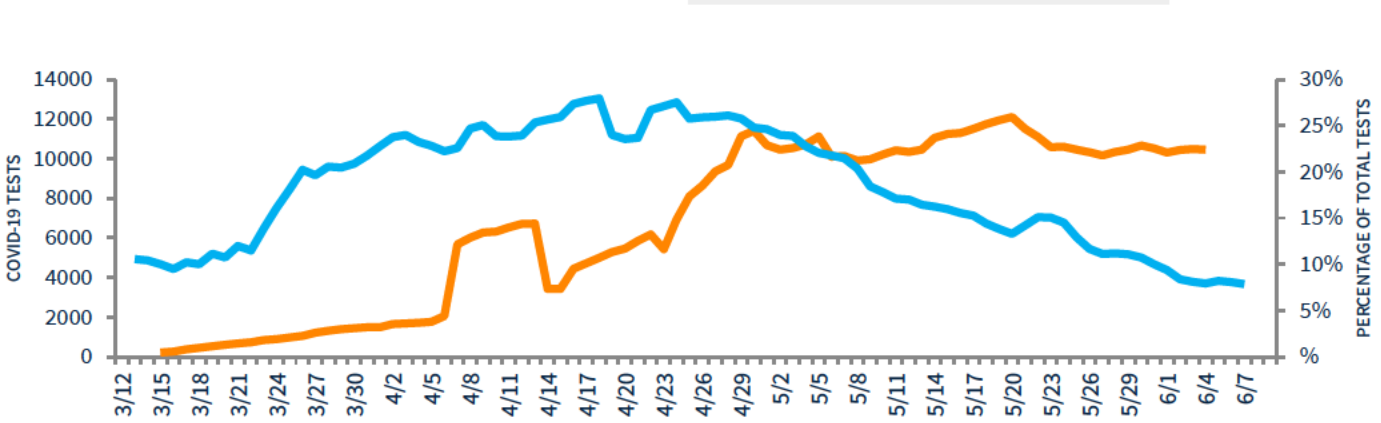
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

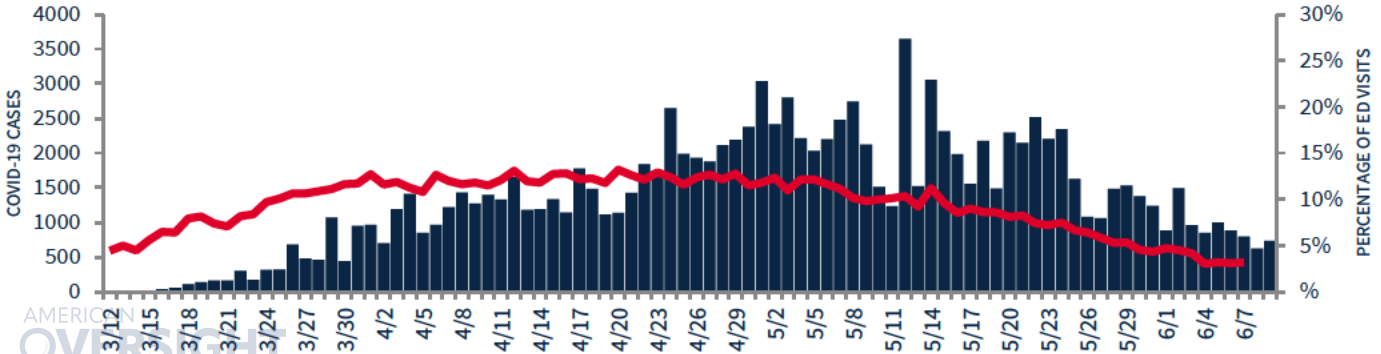
[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

AMERICA OVERSIGHT
NIH FOIA 000323
HHS_NIH-20-0496-A-000323

TRENDS IN CHICAGO-NAPERVILLE-ELGIN, IL-IN-WI





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	7.9%
NEW CASES PER 100K / DAY	9 (weekly avg.)
TESTING PER 100K / DAY	110 (weekly avg.)
BED UTILIZATION[2]	57%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-2.2%
INCIDENCE	-36%
TESTING PER 100K / DAY	+1
BED UTILIZATION	+1%

RISK FACTORS

POPULATION DENSITY	1320 per sq mi
% OVER 60	21%
CRUDE CVD PREVALENCE	3.5%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 27% of county-level data points over this time period. ED data is missing for 29% of county-level data points over this time period.

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

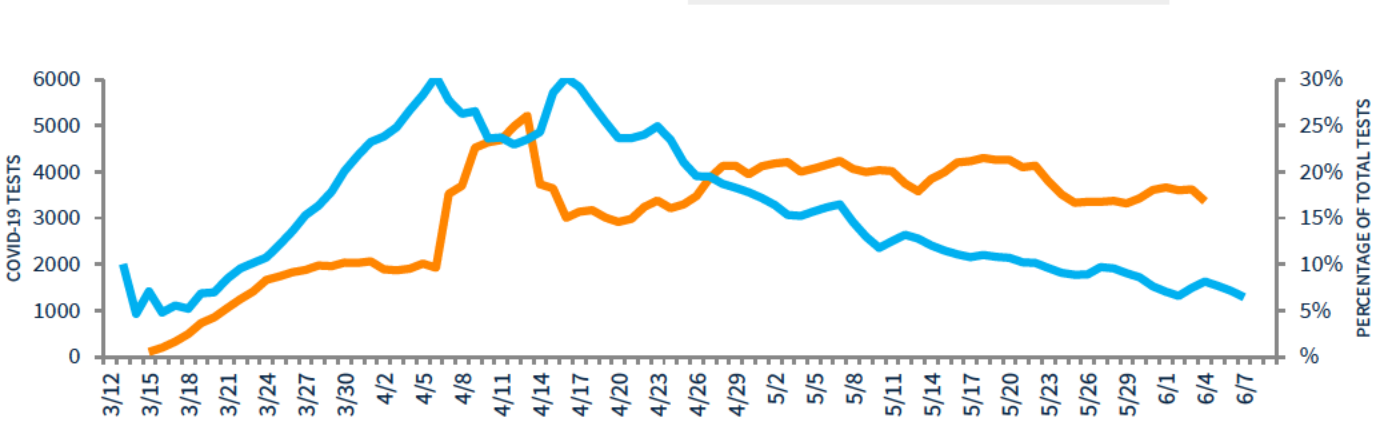
[1] Calculated over the most recent 3 days of data

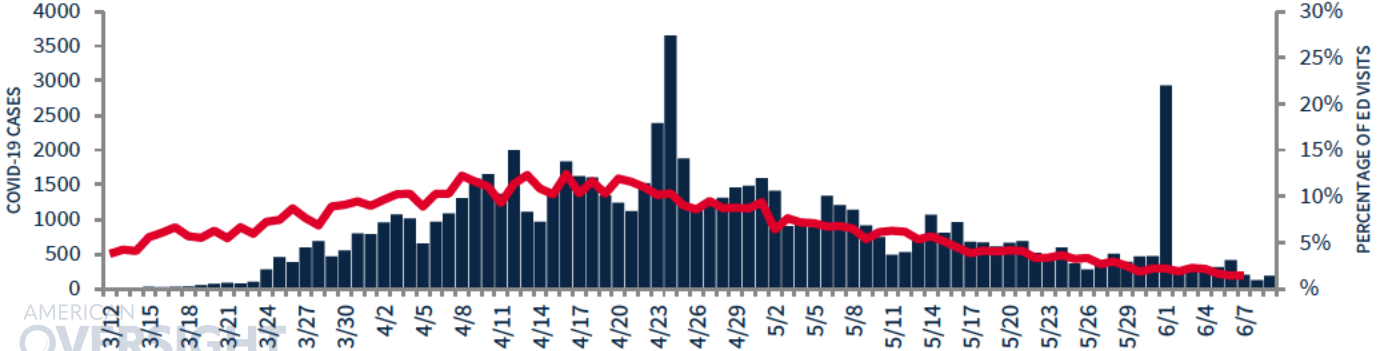
[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000324 HHS_NIH-20-0496-A-000324

TRENDS IN BOSTON–CAMBRIDGE–NEWTON, MA–NH





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.4%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	69 (weekly avg.)
BED UTILIZATION[2]	63%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.2%
INCIDENCE	-65%
TESTING PER 100K / DAY	Unknown
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	1398 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	Unknown

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 13% of county-level data points over this time period. ED data is missing for 10% of county-level data points over this time period.

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

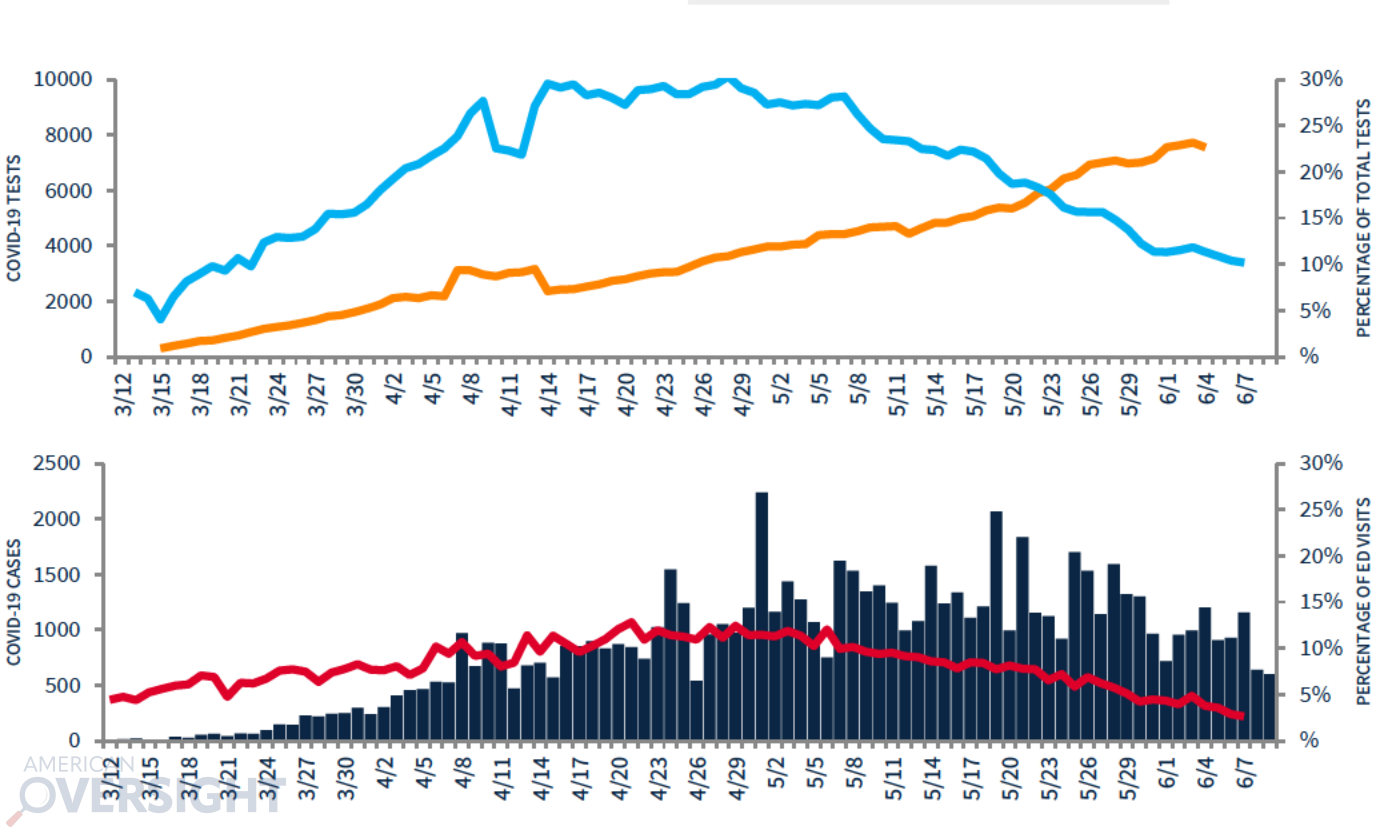
[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000325 HHS_NIH-20-0496-A-000325

TRENDS IN WASHINGTON-ARLINGTON-ALEXANDRIA, DC-VA-MD-WV



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	10.2%
NEW CASES PER 100K / DAY	15 (weekly avg.)
TESTING PER 100K / DAY	121 (weekly avg.)
BED UTILIZATION[2]	67%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.2%
INCIDENCE	-20%
TESTING PER 100K / DAY	+8
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	954 per sq mi
% OVER 60	19%
CRUDE CVD PREVALENCE	Unknown

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 33% of county-level data points over this time period. ED data is missing for 33% of county-level data points over this time period.

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

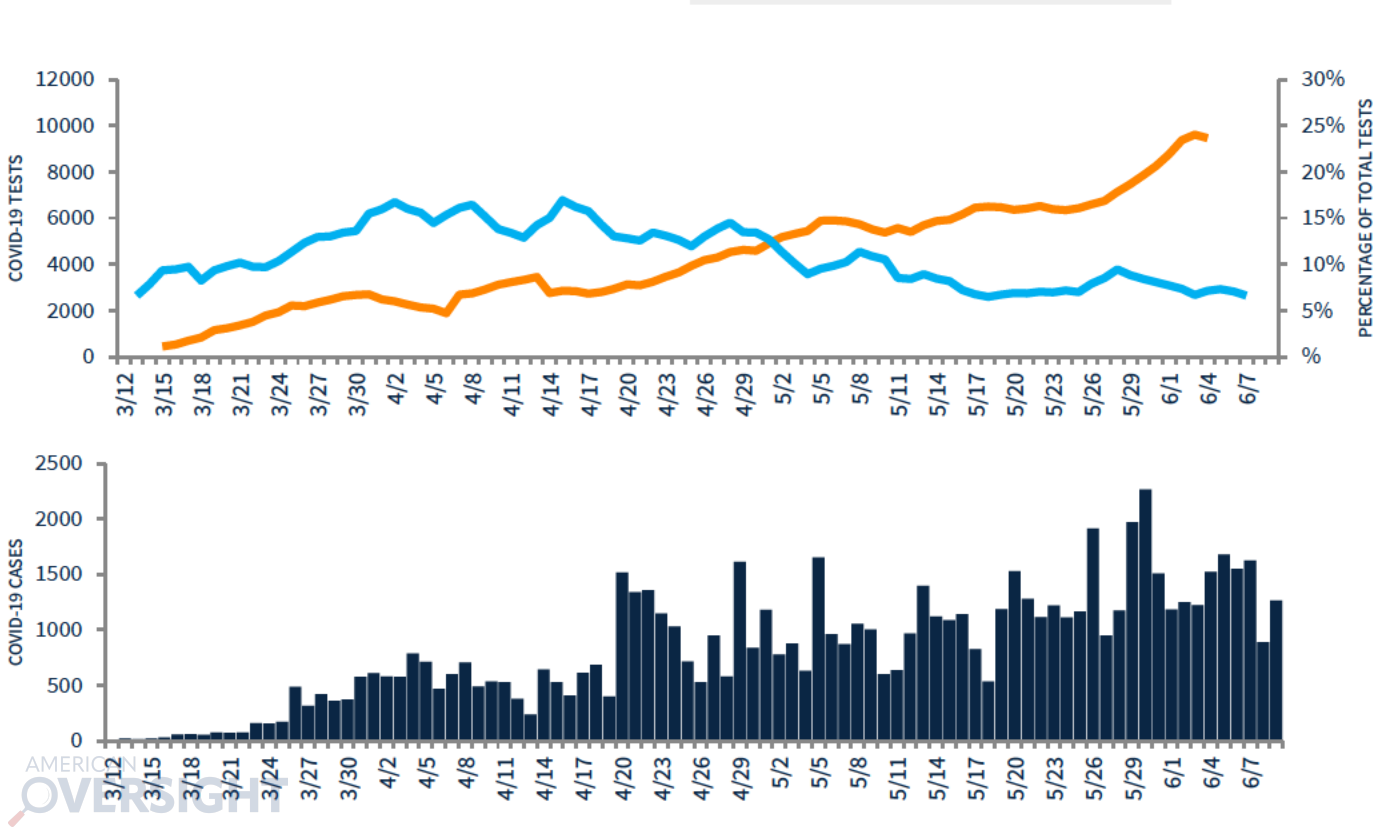
[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000326 HHS_NIH-20-0496-A-000326

TRENDS IN LOS ANGELES–LONG BEACH–ANAHEIM, CA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.6%
NEW CASES PER 100K / DAY	10 (weekly avg.)
TESTING PER 100K / DAY	71 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.5%
INCIDENCE	-5%
TESTING PER 100K / DAY	+18
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	2741 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	2.6%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

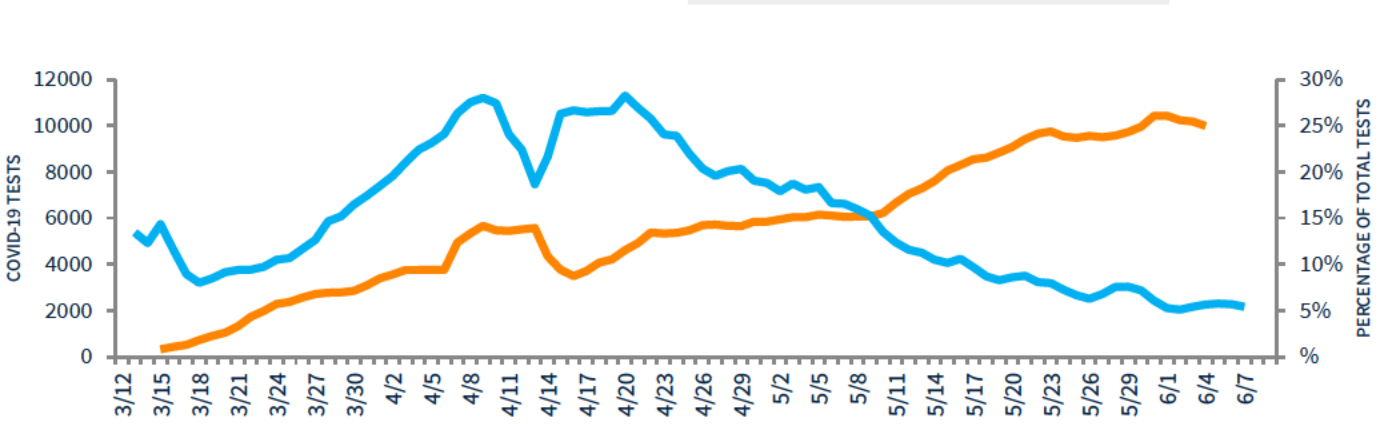
Not enough CLI syndromic surveillance data to

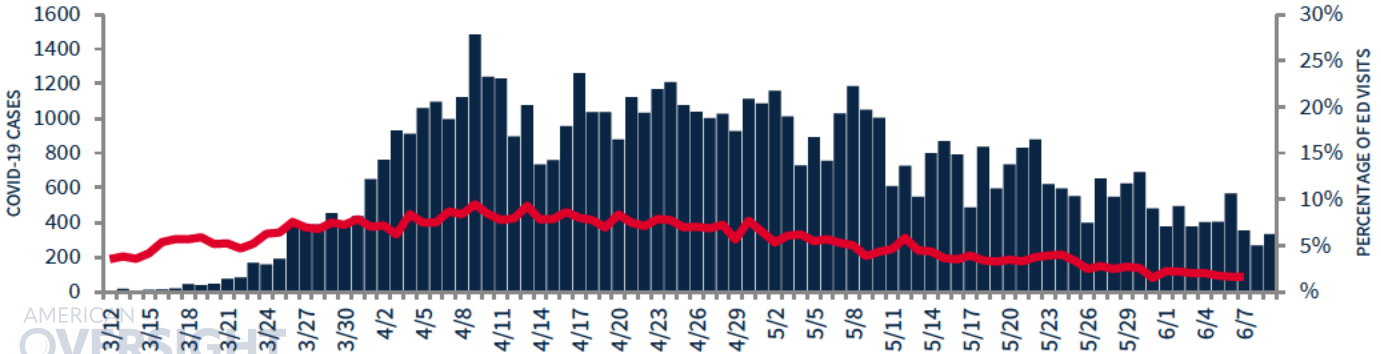
Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 3% of county-level data points over this time period. ED data is missing for 100% of county-level data points over this time period.

AMERICAN OVERSIGHT

NIH FOIA 000327 HHS-NIH-20-0496-A-000327

TRENDS IN PHILADELPHIA–CAMDEN–WILMINGTON, PA–NJ–DE–MD





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.4%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	164 (weekly avg.)
BED UTILIZATION[2]	66%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.6%
INCIDENCE	-30%
TESTING PER 100K / DAY	+7
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	1325 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	Unknown

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 8% of county-level data points over this time period. ED data is missing for 11% of county-level data points over this time period.

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

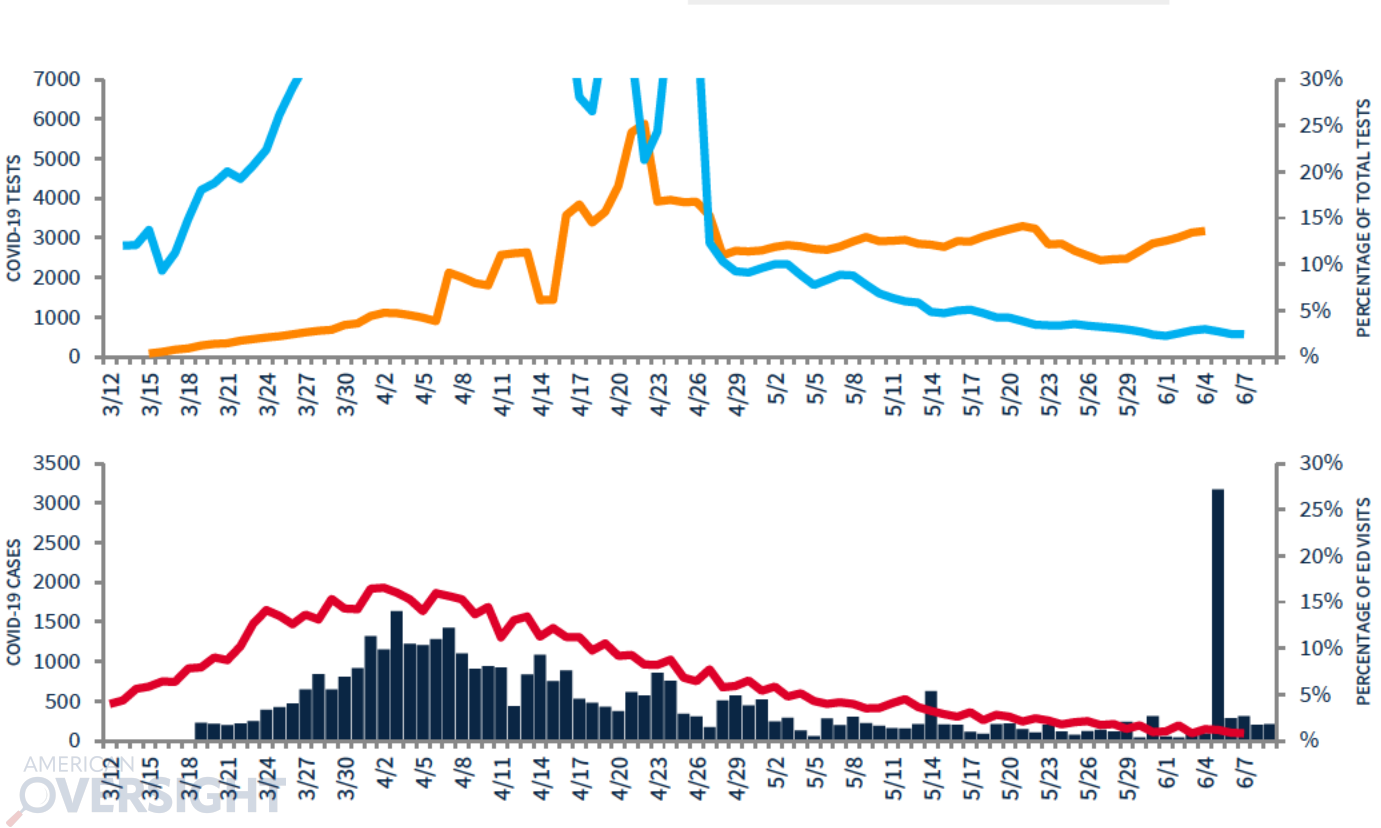
[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000328 HHS_NIH-20-0496-A-000328

TRENDS IN DETROIT-WARREN-DEARBORN, MI



Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.4%
NEW CASES PER 100K / DAY	15 (weekly avg.)
TESTING PER 100K / DAY	73 (weekly avg.)
BED UTILIZATION[2]	56%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.0%
INCIDENCE	+364%
TESTING PER 100K / DAY	+16
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	1113 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	Unknown

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 20% of county-level data points over this time period. ED data is missing for 27% of county-level data points over this time period.

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

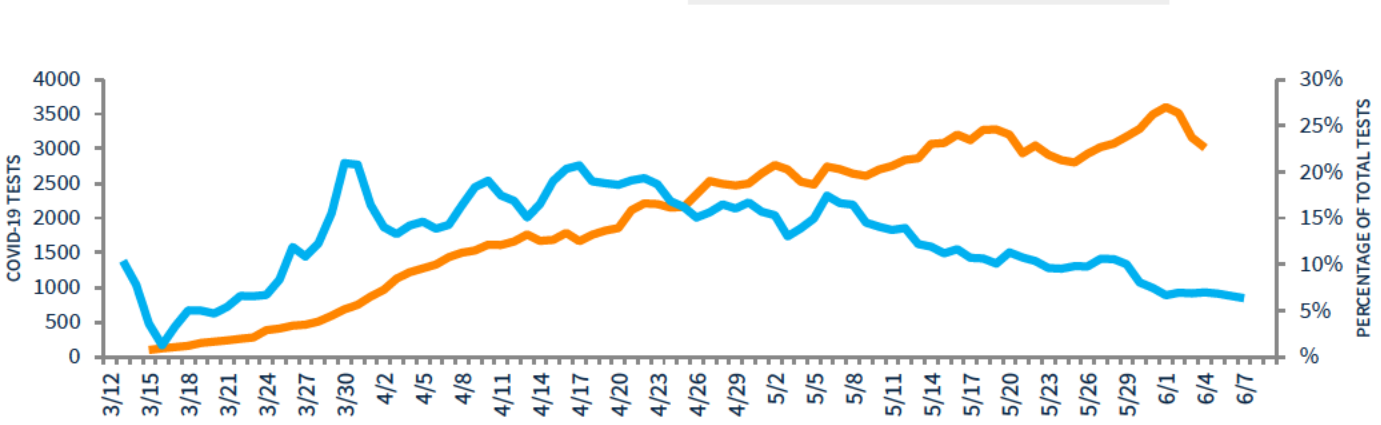
[1] Calculated over the most recent 3 days of data

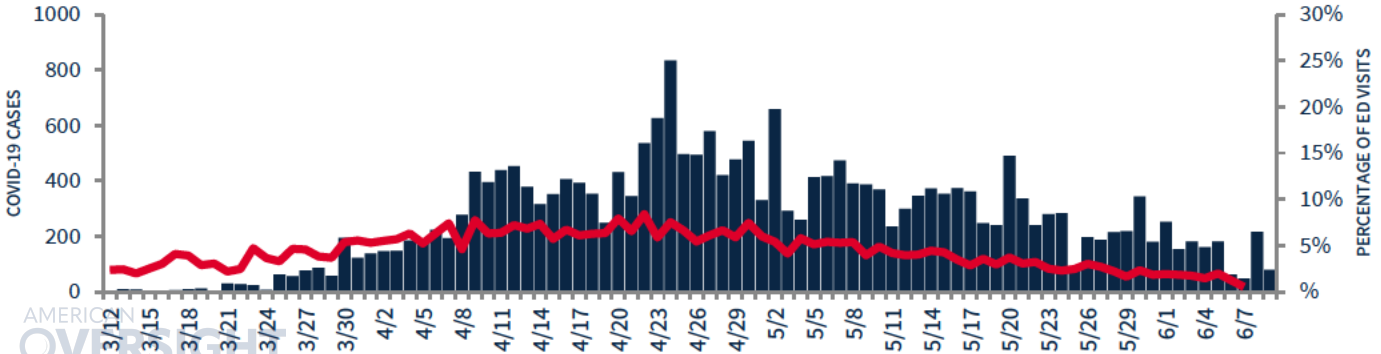
[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000329 HHS_NIH-20-0496-A-000329

TRENDS IN PROVIDENCE-WARWICK, RI-MA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.3%
NEW CASES PER 100K / DAY	8 (weekly avg.)
TESTING PER 100K / DAY	186 (weekly avg.)
BED UTILIZATION[2]	70%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.1%
INCIDENCE	-40%
TESTING PER 100K / DAY	-4
BED UTILIZATION	+5%

RISK FACTORS

POPULATION DENSITY	1022 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.6%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 21% of county-level data points over this time period. ED data is missing for 42% of county-level data points over this time period.

** Most recent several days of testing data is incomplete until all test results come in; testing data is by date the result was received*

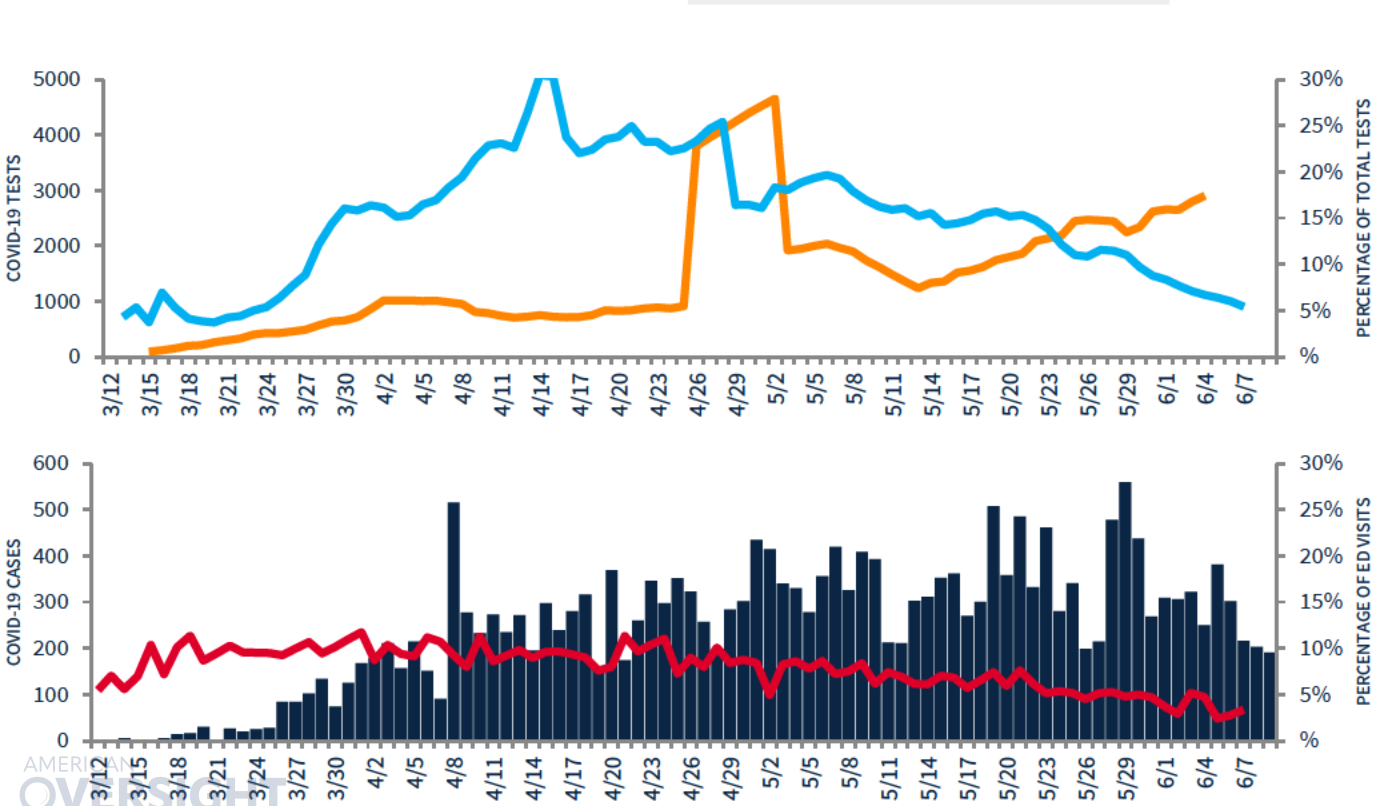
[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000330 HHS_NIH-20-0496-A-000330

TRENDS IN BALTIMORE-COLUMBIA-TOWSON, MD



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.4%
NEW CASES PER 100K / DAY	10 (weekly avg.)
TESTING PER 100K / DAY	104 (weekly avg.)
BED UTILIZATION[2]	78%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-3.4%
INCIDENCE	-28%
TESTING PER 100K / DAY	+17
BED UTILIZATION	-7%

RISK FACTORS

POPULATION DENSITY	1077 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.4%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 16% of county-level data points over this time period. ED data is missing for 31% of county-level data points over this time period.

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

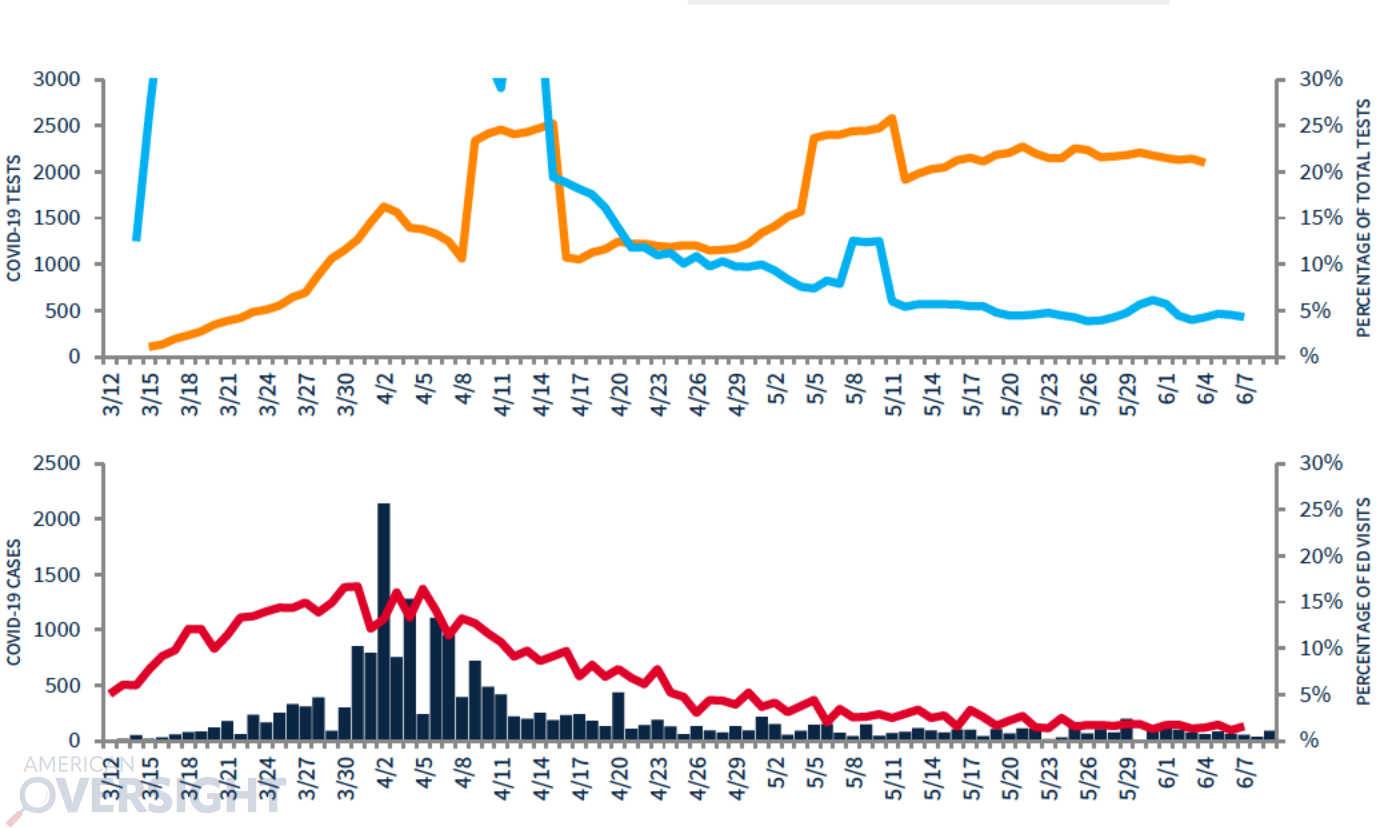
[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000331

HHS_NIH-20-0496-A-000331

TRENDS IN NEW ORLEANS–METAIRIE, LA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.3%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	165 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.8%
INCIDENCE	-33%
TESTING PER 100K / DAY	-5
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	397 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	4.4%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 23% of county-level data points over this time period. ED data is missing for 45% of county-level data points over this time period.

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

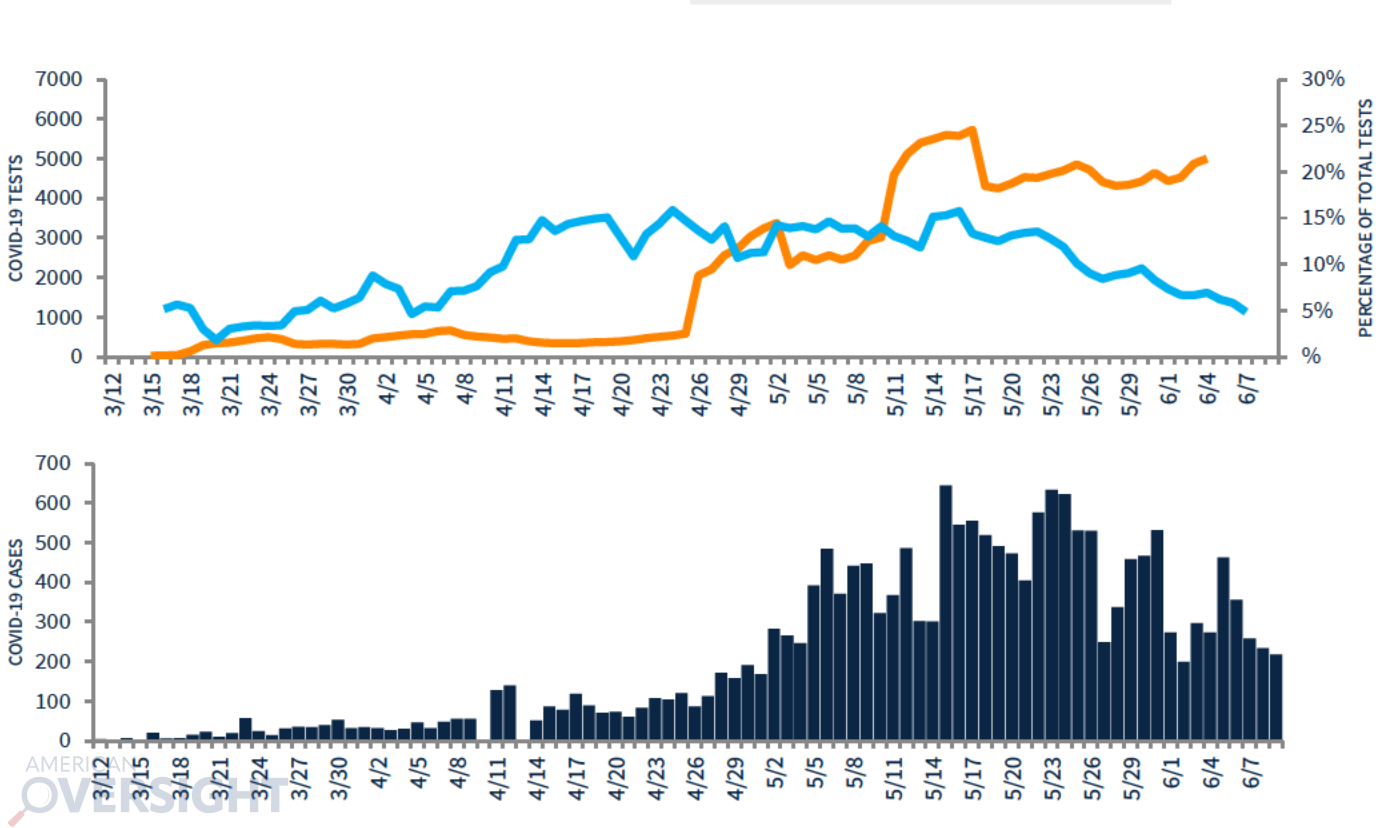
[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000332 HHS_NIH-20-0496-A-000332

TRENDS IN MINNEAPOLIS–ST. PAUL–BLOOMINGTON, MN–WI



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.8%
NEW CASES PER 100K / DAY	8 (weekly avg.)
TESTING PER 100K / DAY	138 (weekly avg.)
BED UTILIZATION[2]	65%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-3.4%
INCIDENCE	-16%
TESTING PER 100K / DAY	+19
BED UTILIZATION	-4%

RISK FACTORS

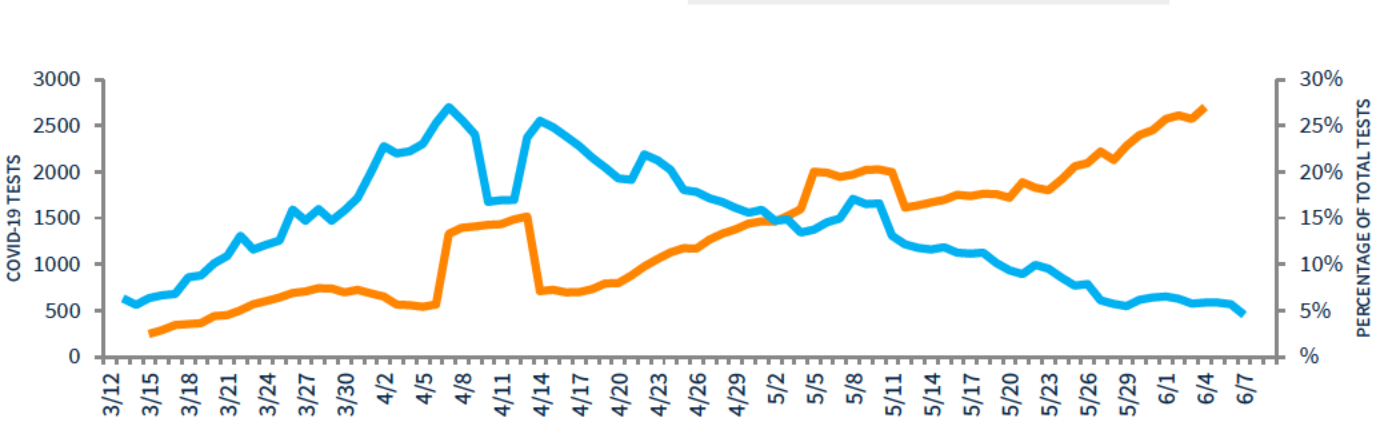
POPULATION DENSITY	513 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	3.0%

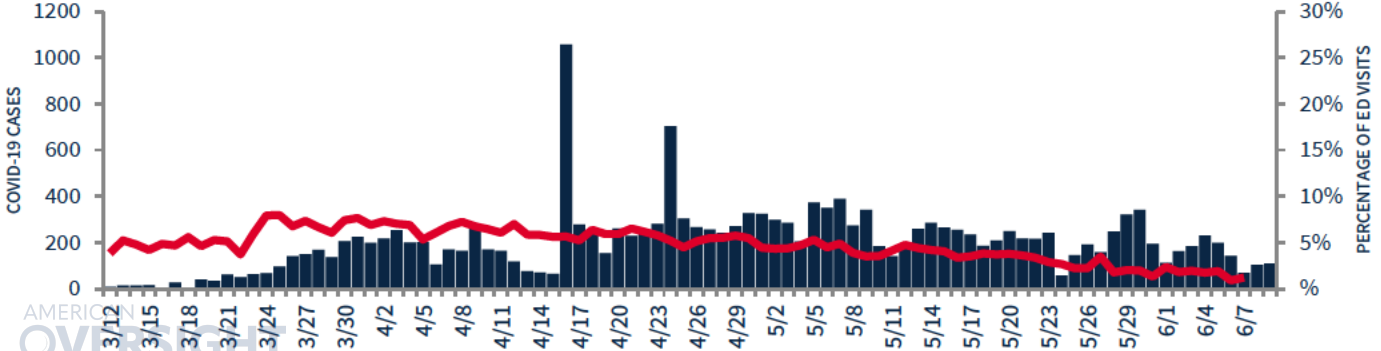
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*
[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting.
Testing data is missing for 49% of county-level data points over this time period. ED data is missing for 93% of county-level data points over this time period.

AMERICAN OVERSIGHT
NIH FOIA 000333
HHS-NIH-20-0496-A-000333

TRENDS IN DENVER–AURORA–LAKEWOOD, CO





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.5%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	92 (weekly avg.)
BED UTILIZATION[2]	49%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.8%
INCIDENCE	-33%
TESTING PER 100K / DAY	+19
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	351 per sq mi
% OVER 60	19%
CRUDE CVD PREVALENCE	2.4%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 44% of county-level data points over this time period. ED data is missing for 51% of county-level data points over this time period.

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

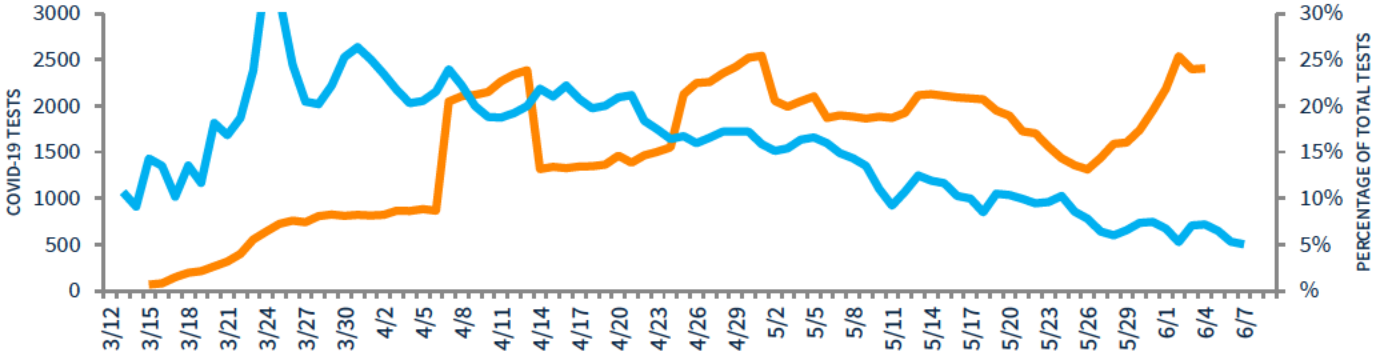
[2] Average of the last 3 days

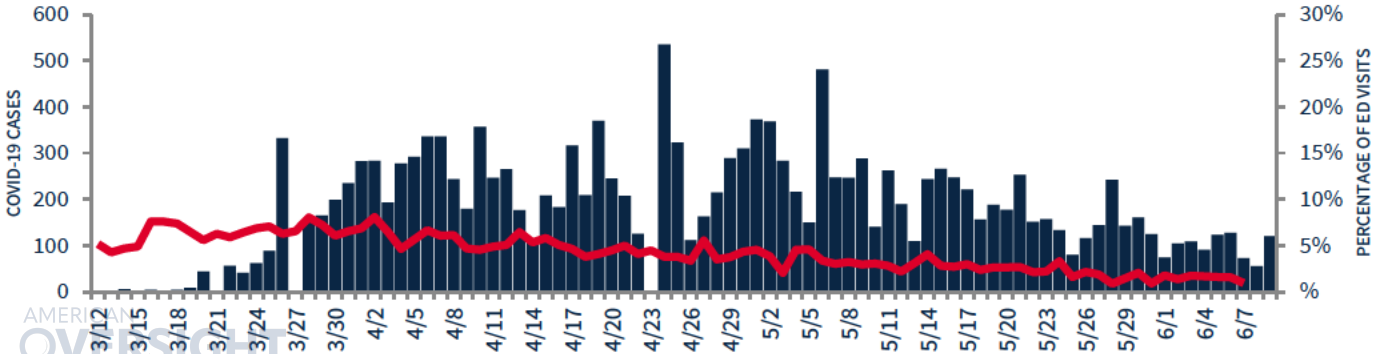
AMERICAN OVERSIGHT

NIH FOIA 000334

HHS_NIH-20-0496-A-000334

TRENDS IN INDIANAPOLIS-CARMEL-ANDERSON, IN





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.0%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	117 (weekly avg.)
BED UTILIZATION[2]	48%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-2.4%
INCIDENCE	-30%
TESTING PER 100K / DAY	+40
BED UTILIZATION	+2%

RISK FACTORS

POPULATION DENSITY	476 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	4.2%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 30% of county-level data points over this time period. ED data is missing for 52% of county-level data points over this time period.

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

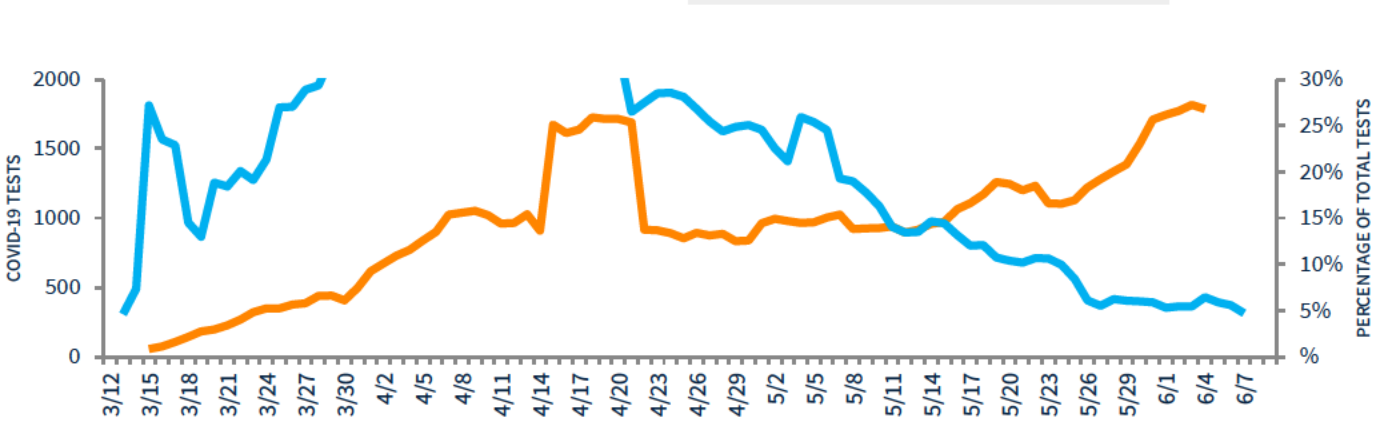
[2] Average of the last 3 days

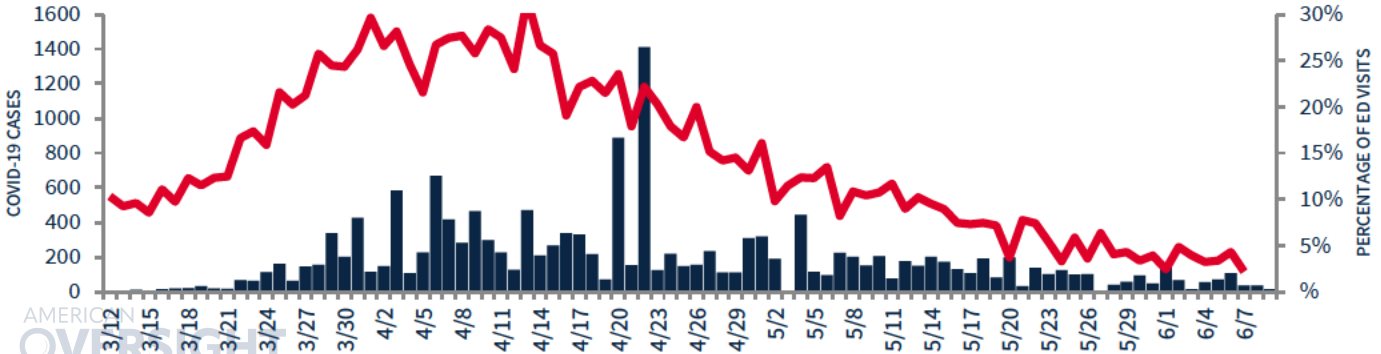
AMERICAN OVERSIGHT

NIH FOIA 000335

HHS_NIH-20-0496-A-000335

TRENDS IN BRIDGEPORT–STAMFORD–NORWALK, CT





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.7%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	189 (weekly avg.)
BED UTILIZATION[2]	46%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.2%
INCIDENCE	-28%
TESTING PER 100K / DAY	+48
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	1510 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	Unknown

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 2% of county-level data points over this time period. ED data is missing for 2% of county-level data points over this time period.

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] *Calculated over the most recent 3 days of data*

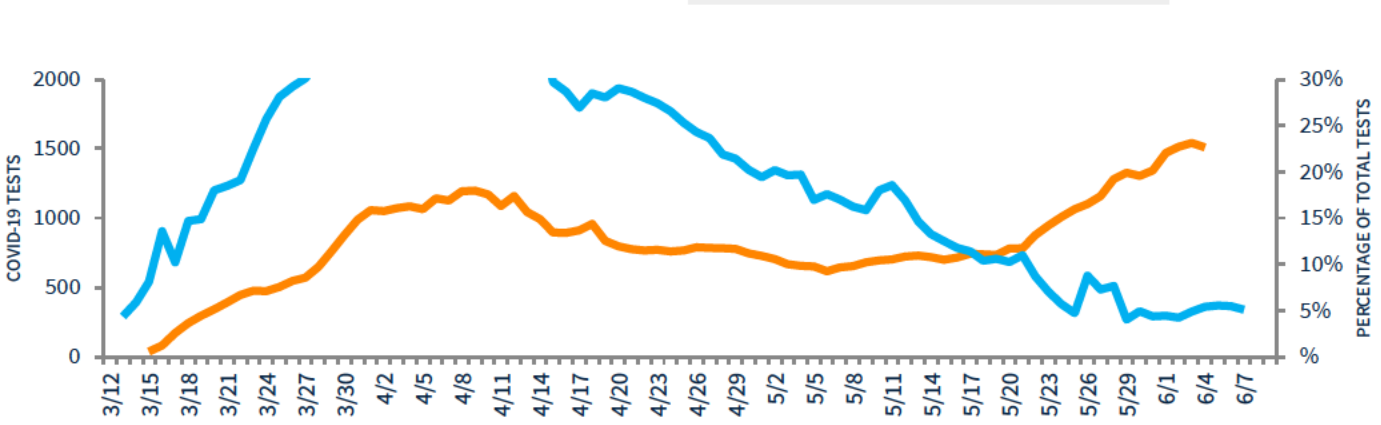
[2] *Average of the last 3 days*

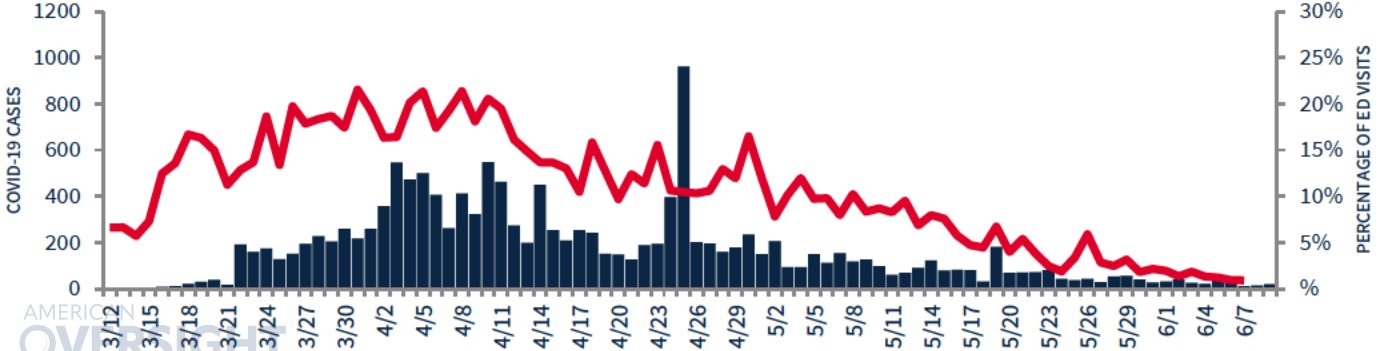
AMERICAN OVERSIGHT

NIH FOIA 000336

HHS_NIH-20-0496-A-000336

TRENDS IN POUGHKEEPSIE–NEWBURGH–MIDDLETOWN, NY





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.1%
NEW CASES PER 100K / DAY	3 (weekly avg.)
TESTING PER 100K / DAY	223 (weekly avg.)
BED UTILIZATION[2]	48%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.7%
INCIDENCE	-40%
TESTING PER 100K / DAY	+34
BED UTILIZATION	+3%

RISK FACTORS

POPULATION DENSITY	420 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	Unknown

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 5% of county-level data points over this time period. ED data is missing for 3% of county-level data points over this time period.

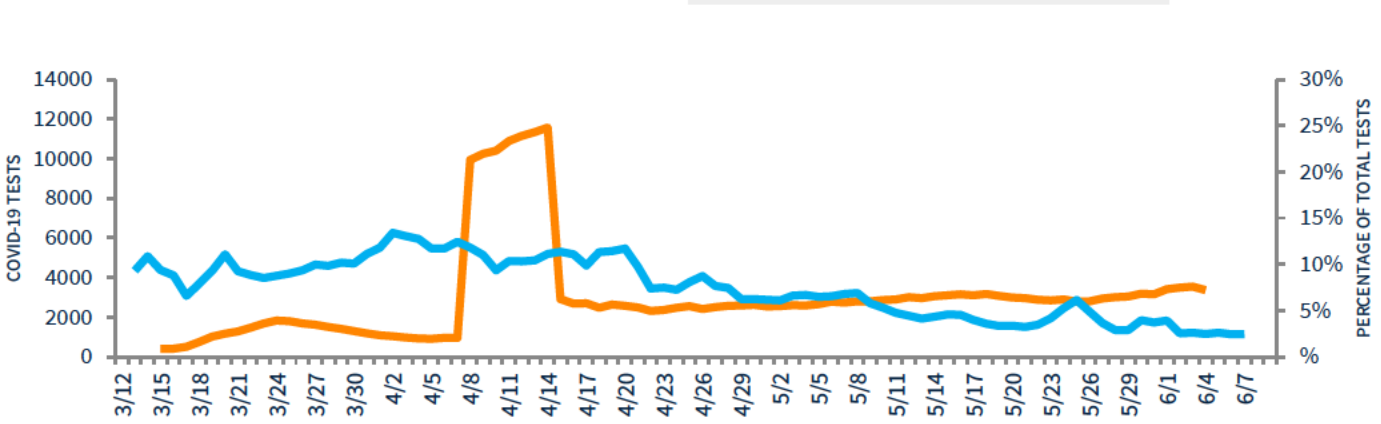
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

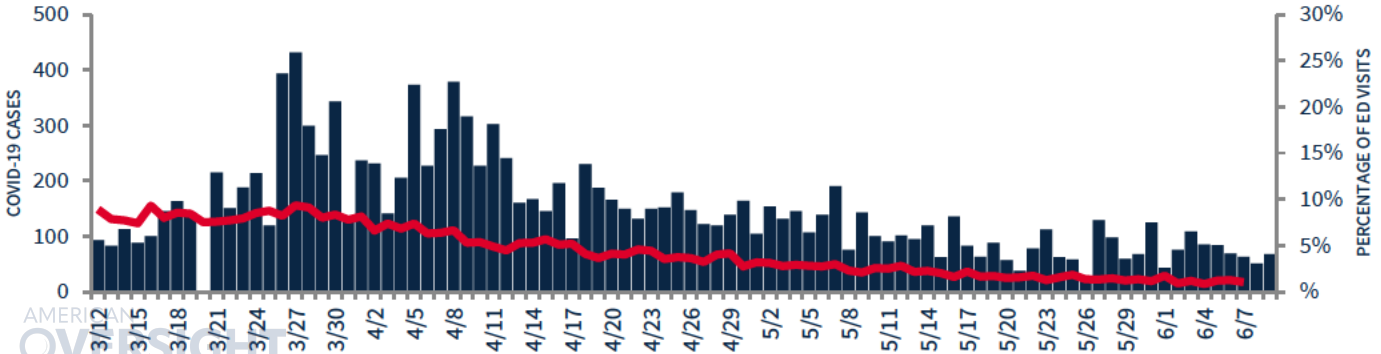
[1] *Calculated over the most recent 3 days of data*

[2] *Average of the last 3 days*

AMERICAN OVERSIGHT
NIH FOIA 000337
HHS_NIH-20-0496-A-000337

TRENDS IN SEATTLE–TACOMA–BELLEVUE, WA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.4%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	85 (weekly avg.)
BED UTILIZATION[2]	79%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.3%
INCIDENCE	-11%
TESTING PER 100K / DAY	+9
BED UTILIZATION	-8%

RISK FACTORS

POPULATION DENSITY	671 per sq mi
% OVER 60	19%
CRUDE CVD PREVALENCE	Unknown

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 4% of county-level data points over this time period. ED data is missing for 2% of county-level data points over this time period.

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

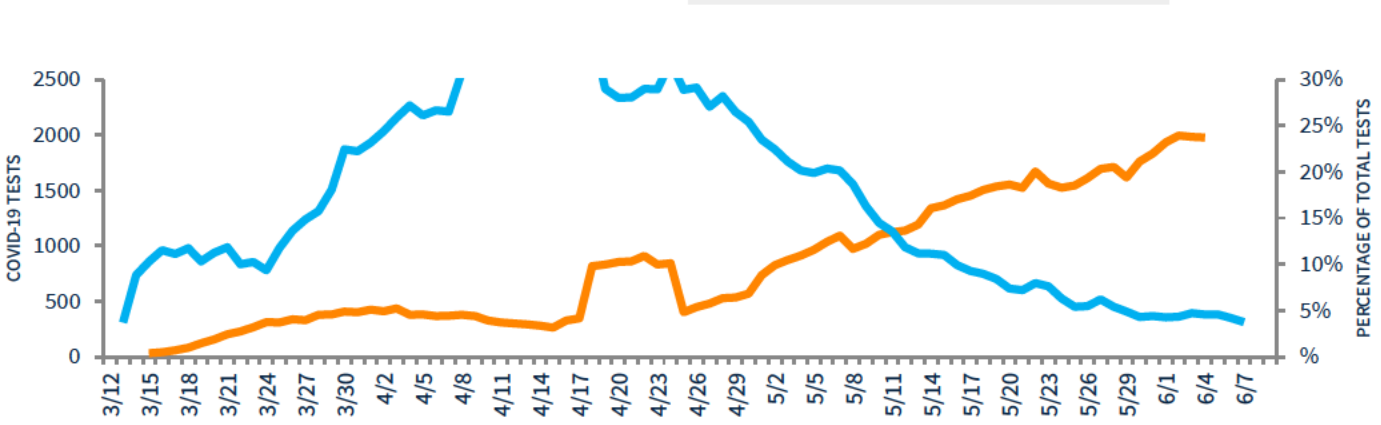
[2] Average of the last 3 days

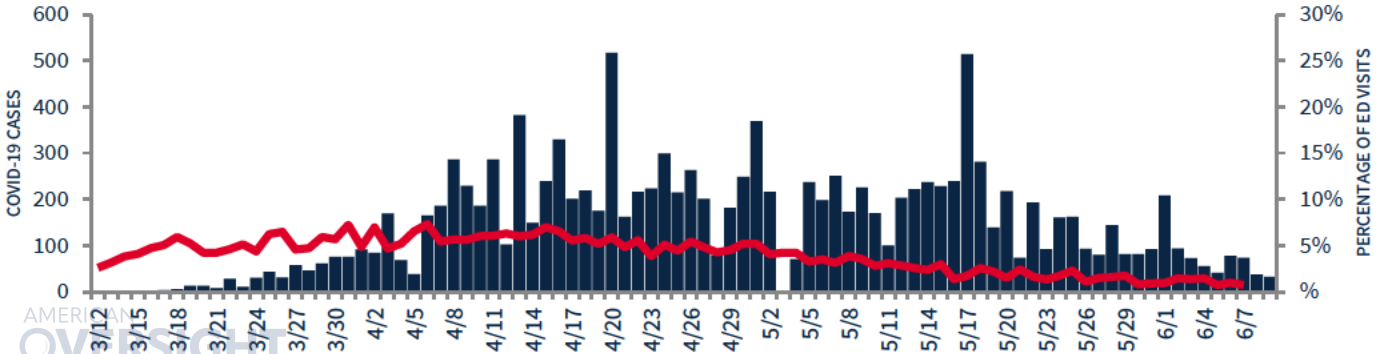
AMERICAN OVERSIGHT

NIH FOIA 000338

HHS_NIH-20-0496-A-000338

TRENDS IN HARTFORD–EAST HARTFORD–MIDDLETOWN, CT





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	3.7%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	164 (weekly avg.)
BED UTILIZATION[2]	64%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.7%
INCIDENCE	-50%
TESTING PER 100K / DAY	+22
BED UTILIZATION	-4%

RISK FACTORS

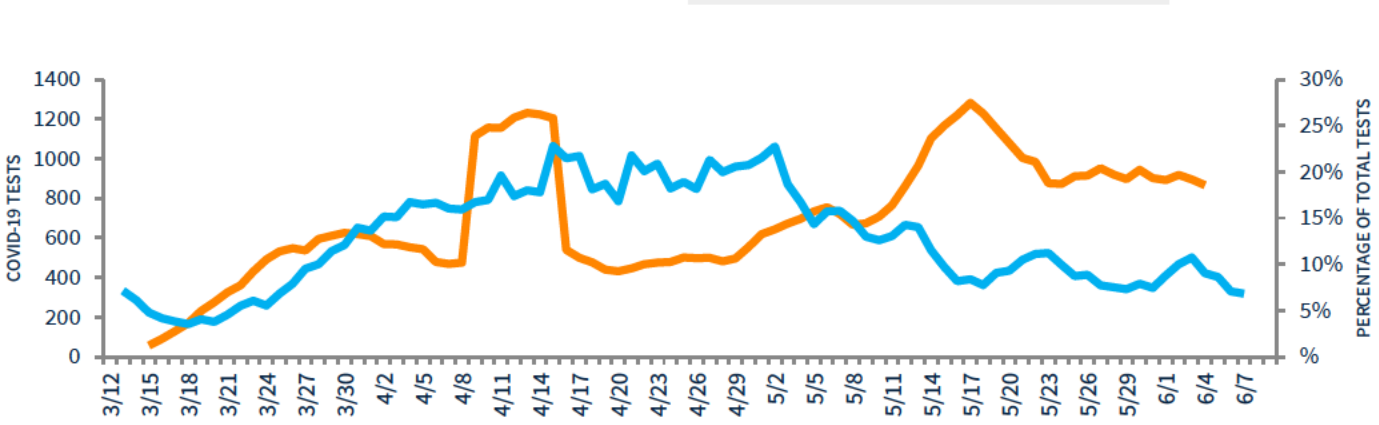
POPULATION DENSITY	796 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.4%

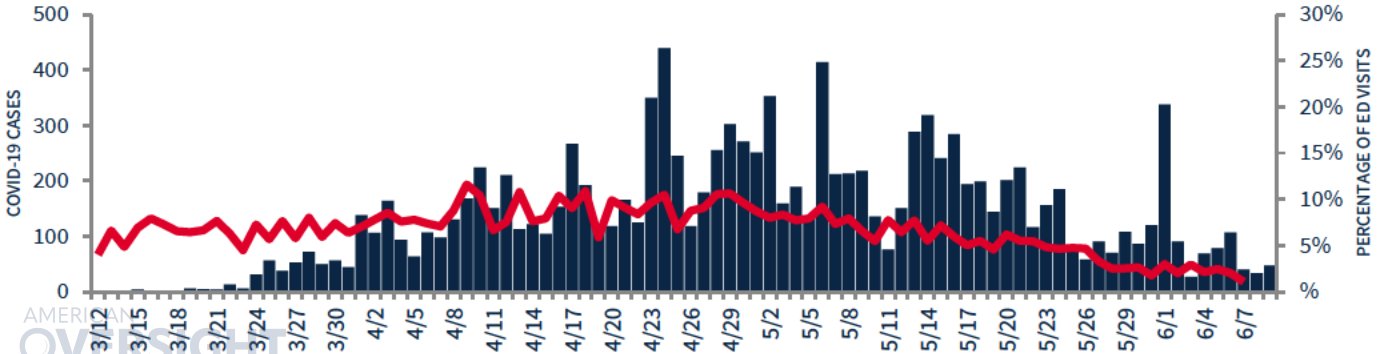
Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting.
Testing data is missing for 9% of county-level data points over this time period. ED data is missing for 15% of county-level data points over this time period.

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[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

AMERICAN OVERSIGHT
NIH FOIA 000339
HHS_NIH-20-0496-A-000339

TRENDS IN WORCESTER, MA-CT





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.8%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	91 (weekly avg.)
BED UTILIZATION[2]	53%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.6%
INCIDENCE	-55%
TESTING PER 100K / DAY	-6
BED UTILIZATION	+1%

RISK FACTORS

POPULATION DENSITY	468 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.1%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 13% of county-level data points over this time period. ED data is missing for 7% of county-level data points over this time period.

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000340 HHS_NIH-20-0496-A-000340

From: Collins, Francis (NIH/OD) [E]
Sent: Wed, 17 Jun 2020 10:55:55 -0500
To: McManus, Ayanna (NIH/OD) [E]
Cc: Tabak, Lawrence (NIH/OD) [E];Johnson, Alfred (NIH/OD) [E]
Subject: RE: White House Task Force Meeting Agenda

Yes. I'll call in from the SCIF.

From: McManus, Ayanna (NIH/OD) [E] <(b) (6)
Sent: Wednesday, June 17, 2020 11:06 AM
To: Collins, Francis (NIH/OD) [E] <(b) (6)
Subject: White House Task Force Meeting Agenda

Hi FC,

Attached is the draft agenda for today's WH Task Force meeting. Will you participate?

Thanks,
Ayanna

Ayanna L. McManus

Immediate Office of the Director

National Institutes of Health

Bethesda, MD 20892

Voice: (b) (6)

Fax: 301-402-2700

Email: (b) (6)

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OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Wednesday, June 17, 2020
4:00pm EST

I. **Opening Remarks –** Vice President Pence

II. **Data Modeling & Reporting –** Dr. Debbie Birx, M.D.

III. **Community-Based Testing Transition –** Admiral Brett Giroir (HHS)

IV. **Remdesivir Follow-up –** Secretary Alex Azar (HHS)

V. **NRCC & Supplies Update –** Administrator Pete Gaynor (FEMA) & Admiral John Polowczyk (FEMA)

VI. **Thermal Imagining Screening Pilot at Airports –** Acting Secretary Chad Wolf (DHS)

VII. **Dexamethasone Research –** TBD

VIII. **States Reopening Update –** Doug Hoelscher, Director (IGA)

IX. **Concluding Remarks –** Vice President Pence

AMERICAN OVERSIGHT

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Wed, 17 Jun 2020 13:43:23 -0500
To:
Subject: WH Coronavirus TF PowerPoint 6.17.20
Attachments: WH Coronavirus TF PowerPoint 6.17.pptx

All –

Attached is Dr. Birx's PowerPoint for today – **Wednesday, June 17th**. As usual, please note that this document is being shared with principals only.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

17June2020 Data Summary

- Cases rising as a country week over week with 20 State of concern : Cases could hit 30K this week : 10 States with both increasing rate of rise of new cases and test + and 10 states with either increasing rate or increasing test positive
- States with greater than 10% test positives : AZ, AL, TX, MS, SC
- Metros with greater than 10% positives : Austin, Houston, Dallas, Phoenix, San Antonio, Miami
- Hospitalizations continue to decline as a country with increases in specific states
- Deaths continue to decline but is a lagging
- States of concerns with rising cases and rising test positive
  - TX, FL, GA, AZ, TN, AL,SC,KS, NV, OK
- States of concern with rising cases but stabilizing test + or stabilizing new cases
  - LA, MS, NC, AR, NM, CA, OR, WY, HI, MT, AK
- States with more than 1000 cases yesterday **CA (3440), TX (4413), FL (2783), AZ (2392)**
- Metros of concern :Rising test positive and cases Houston, Phoenix, Austin, Dallas, Raleigh, Charlotte, Memphis, Las Vegas, Salt Lake City, Tampa, ATL, Orlando , Oklahoma City, and Kansas City
- TX, NC, SC, FL, CA all have substantial number of counties in concern category – over night we now have 72 counties in alert (2.3%)
- CDC has deployed teams and we will have interventions deploying – FL already moving to proactively test in agricultural community : Have asked CDC to summarize at TF

AMERICAN OVERSIGHT

NIH FOIA 000344

HHS-NIH-20-0496-A-000344

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop
USA Total	2,208,400	+25,450	119,132	+849	1,186,227	6,672	360	25,729,368	77,732
New York	405,785	+646	30,998	+46	288,566	20,859	1,593	3,051,783	156,875
New Jersey	170,250	+446	12,837	+55	123,450	19,168	1,445	1,131,782	127,422
California	159,041	+3,440	5,205	+86	110,707	4,025	132	2,937,755	74,351
Illinois	133,539	+623	6,398	+72	42,239	10,546	505	1,229,202	97,003
Massachusetts	105,885	+195	7,665	+18	13,599	15,362	1,112	778,031	112,881
Texas	95,793	+4,413	2,062	+46	33,087	3,304	71	1,522,434	52,505
Pennsylvania	84,083	+394	6,347	+25	20,486	6,568	496	614,783	48,022
Florida	80,109	+2,783	2,996	+55	61,423	3,730	139	1,461,297	68,038
Michigan	66,269	+184	6,034	+17	15,271	6,636	604	982,084	98,338
Maryland	62,409	+377	2,982	+35	54,848	10,323	493	511,288	84,571
Georgia	59,078	+664	2,529	+35	53,031	5,564	238	747,348	70,389
Virginia	55,331	+445	1,570	+18	46,420	6,482	184	536,989	62,912
Louisiana	47,706	+534	3,047	+24	7,642	10,262	655	532,717	114,593
North Carolina	45,906	+793	1,169	+29	15,518	4,377	111	651,421	62,111
Connecticut	45,349	+114	4,210	+6	32,375	12,720	1,181	361,420	101,372
Ohio	42,062	+450	2,602	+24	30,420	3,598	223	568,133	48,604
Indiana	40,786	+356	2,447	+14	9,246	6,058	363	363,745	54,030
Arizona	39,097	+2,392	1,219	+25	31,280	5,371	167	489,286	67,221
Tennessee	31,830	+670	493	+10	10,627	4,661	72	638,990	93,568
Minnesota	30,882	+189	1,344	+9	2,532	5,476	238	429,145	76,095
Colorado	29,442	+143	1,617	+12	23,564	5,113	281	254,020	44,110
Washington	27,174	+273	1,234	+10	17,157	3,569	162	480,026	63,038
Alabama	26,912	+640	785	+11	12,619	5,489	160	305,424	62,291
Iowa	24,179	+97	669	+11	8,485	7,664	212	231,012	73,219
Wisconsin	23,198	+266	703	+9	5,373	3,984	121	437,528	75,145
Mississippi	20,152	+353	915	+20	3,914	6,771	307	240,664	80,864
South Carolina	19,990	+612	607	+5	9,649	3,883	118	299,903	58,248
Nebraska	17,031	+180	231	+11	6,271	8,804	119	142,566	73,700
Missouri	16,958	+262	905	+10	12,260	2,763	147	319,736	52,096
Rhode Island	16,164	+71	865	+14	13,820	15,258	817	203,618	192,208
Utah	14,937	+329	145	+2	6,322	4,659	45	275,700	85,996
Arkansas	13,191	+274	188	+6	4,338	4,371	62	214,403	71,046
Kentucky	12,829	+182	512	+7	8,886	2,872	115	325,065	72,759
Nevada	11,658	+379	467	+2	2,782	3,785	152	254,799	82,723
Kansas	11,534	+63	248	+1	4,584	3,959	85	136,962	47,012
Delaware	10,403	+63	424	+1	3,723	10,683	435	86,074	88,393
New Mexico	9,933	+88	447	+7	5,269	4,737	213	271,553	129,507
District Of Columbia	9,818	+19	520	+5	8,143	13,911	737	67,126	95,113
Oklahoma	8,645	+228	363	+4	1,517	2,185	92	267,424	67,583
Oregon	6,098	+278	182	+2	3,459	1,446	43	179,538	42,567
South Dakota	5,966	+38	77	+2	820	6,744	87	67,202	75,964
New Hampshire	5,364	+19	326	+6	971	3,945	240	116,371	85,585
Idaho	3,540	+78	88		531	1,981	49	66,441	37,179
North Dakota	3,124	+23	74		330	4,099	97	88,651	116,330
Maine	2,819	+9	101		485	2,097	75	79,084	58,833
West Virginia	2,341	+19	88		617	1,306	49	136,991	76,440
Vermont	1,131	+3	55		162	1,813	88	52,890	84,761
Wyoming	1,089	+10	18		219	1,882	31	33,997	58,741
Hawaii	740	+4	17		86	523	12	73,078	51,513
Alaska	676	+12	12		235	924	16	76,215	104,184
Montana	614	+5	19		60	574	18	63,577	59,486
Guam	186	+1	5		12			8,915	
Northern Mariana Islands	30		2		9			8,169	
Puerto Rico	5,951	+61	147		4,954	1,757	43	13,022	3,845
United States Virgin Islands	73		6		3			2,383	
Veteran Affairs	17,378	+223	1,480	+42	1,807			248,297	
US Military	12,152		36		5,307				

AMERICAN OVERSIGHT

NIH FOIA 000345

HHS-NIH-20-0496-A-000345

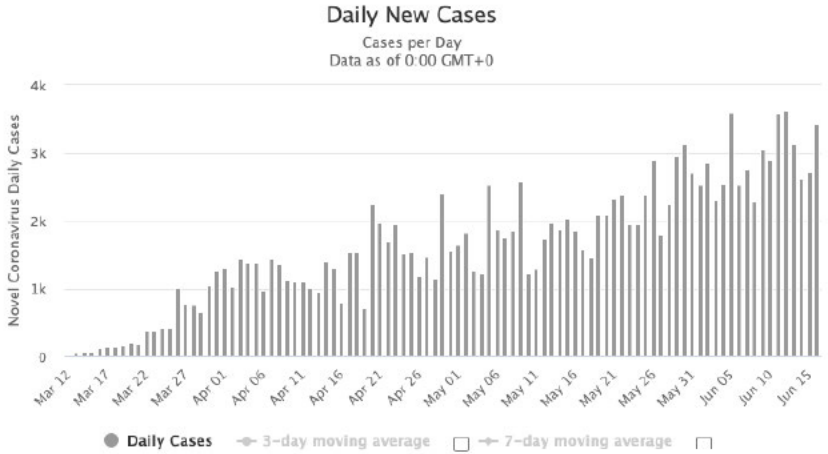
#	Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop	Population
	World	8,251,224	+142,557	445,188	+6,592	4,302,787	3,503,249	54,593	1,059	57.1			
1	USA	2,208,400	+25,450	119,132	+849	903,041	1,186,227	16,695	6,673	360	25,729,368	77,749	330,928,170
2	Brazil	928,834	+37,278	45,456	+1,338	464,774	418,604	8,318	4,371	214	1,628,482	7,663	212,500,470
3	Russia	545,458	+8,248	7,284	+193	294,306	243,868	2,300	3,738	50	15,395,417	105,497	145,932,234
4	India	354,161	+11,135	11,921	+2,006	187,552	154,688	8,944	257	9	5,921,069	4,292	1,379,455,941
5	UK	298,136	+1,279	41,969	+233	N/A	N/A	395	4,393	618	6,981,493	102,862	67,872,439
6	Spain	291,408	+219	27,136		N/A	N/A	617	6,233	580	4,826,516	103,232	46,754,133
7	Italy	237,500	+210	34,405	+34	178,526	24,569	177	3,928	569	4,695,707	77,660	60,464,907
8	Peru	237,156	+4,164	7,056	+196	125,205	104,895	1,121	7,197	214	1,396,605	42,383	32,952,301
9	Iran	192,439	+2,563	9,065	+115	152,675	30,699	2,815	2,292	108	1,293,609	15,410	83,947,823
10	Germany	188,382	+338	8,910	+25	173,100	6,372	419	2,249	106	4,694,147	56,033	83,774,027
11	Chile	184,449	+5,013	3,383	+21	156,232	24,834	1,727	9,652	177	873,533	45,712	19,109,674
12	Turkey	181,298	+1,467	4,842	+17	153,379	23,077	732	2,151	57	2,721,003	32,277	84,301,943
13	France	157,716	+344	29,547	+111	73,335	54,834	820	2,416	453	1,384,633	21,214	65,268,238
14	Mexico	150,264	+3,427	17,580	+439	113,006	19,678	378	1,166	136	415,097	3,221	128,877,519
15	Pakistan	148,921	+4,443	2,839	+110	56,390	89,692	111	675	13	922,665	4,181	220,697,198
16	Saudi Arabia	136,315	+4,267	1,052	+41	89,540	45,723	1,897	3,918	30	1,144,282	32,891	34,790,318
17	Canada	99,467	+320	8,213	+38	61,443	29,811	1,971	2,636	218	2,216,730	58,754	37,728,960
18	Bangladesh	94,481	+3,862	1,262	+53	36,264	56,955	1	574	8	533,717	3,242	164,622,947
19	China	83,221	+40	4,634		78,377	210	3	58	3			1,439,323,776
20	Qatar	82,077	+1,201	80	+4	60,461	21,536	244	29,232	28	300,499	107,023	2,807,805
21	South Africa	76,334	+2,801	1,625	+57	42,063	32,646	208	1,288	27	1,148,933	19,382	59,277,377
22	Belgium	60,155	+55	9,663	+2	16,625	33,867	76	5,191	834	1,045,014	90,183	11,587,727
23	Belarus	55,369	+689	318	+6	31,273	23,778	92	5,860	34	760,549	80,486	9,449,432
24	Colombia	54,931	+1,868	1,801	+75	20,366	32,764	335	1,080	35	519,990	10,224	50,860,734
25	Sweden	53,323	+940	4,939	+48	N/A	N/A	272	5,281	489	325,000	32,188	10,096,837
26	Netherlands	49,087	+139	6,070	+5	N/A	N/A	87	2,865	354	484,389	28,271	17,133,488
27	Ecuador	47,943	+621	3,970	+41	[illegible]	[illegible]	230	2,719	225	135,845	7,761	[illegible]
28	Egypt	47,856	+1,567	1,766	+94	12,730	33,360	41	468	17	135,000	1,320	102,247,168
29	UAE	42,982	+346	293	+2	28,861	13,828	1	4,348	30	2,626,000	265,643	9,885,431

AMERICAN OVERSIGHT

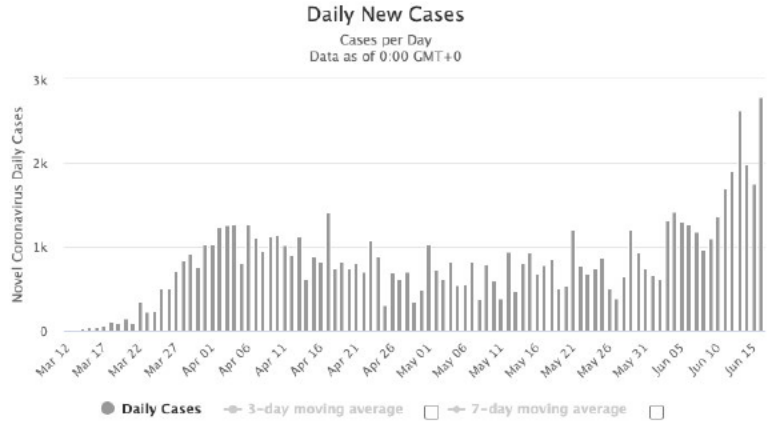
HHS FOIA 000346

HHS-NIH-20-0496-A-000346

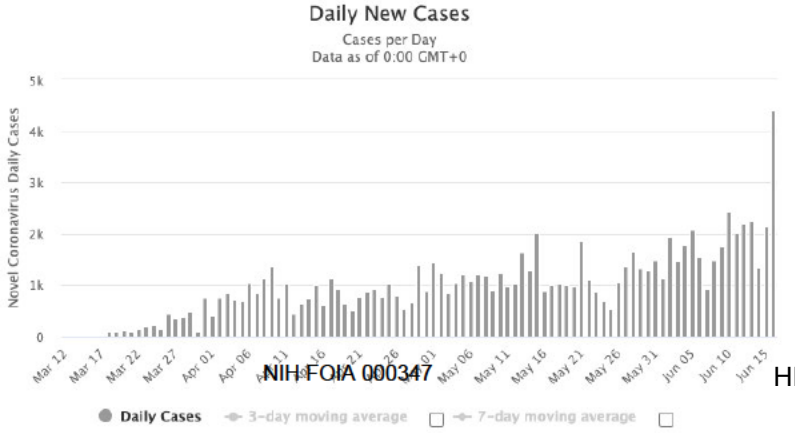
Daily New Cases in California



Daily New Cases in Florida



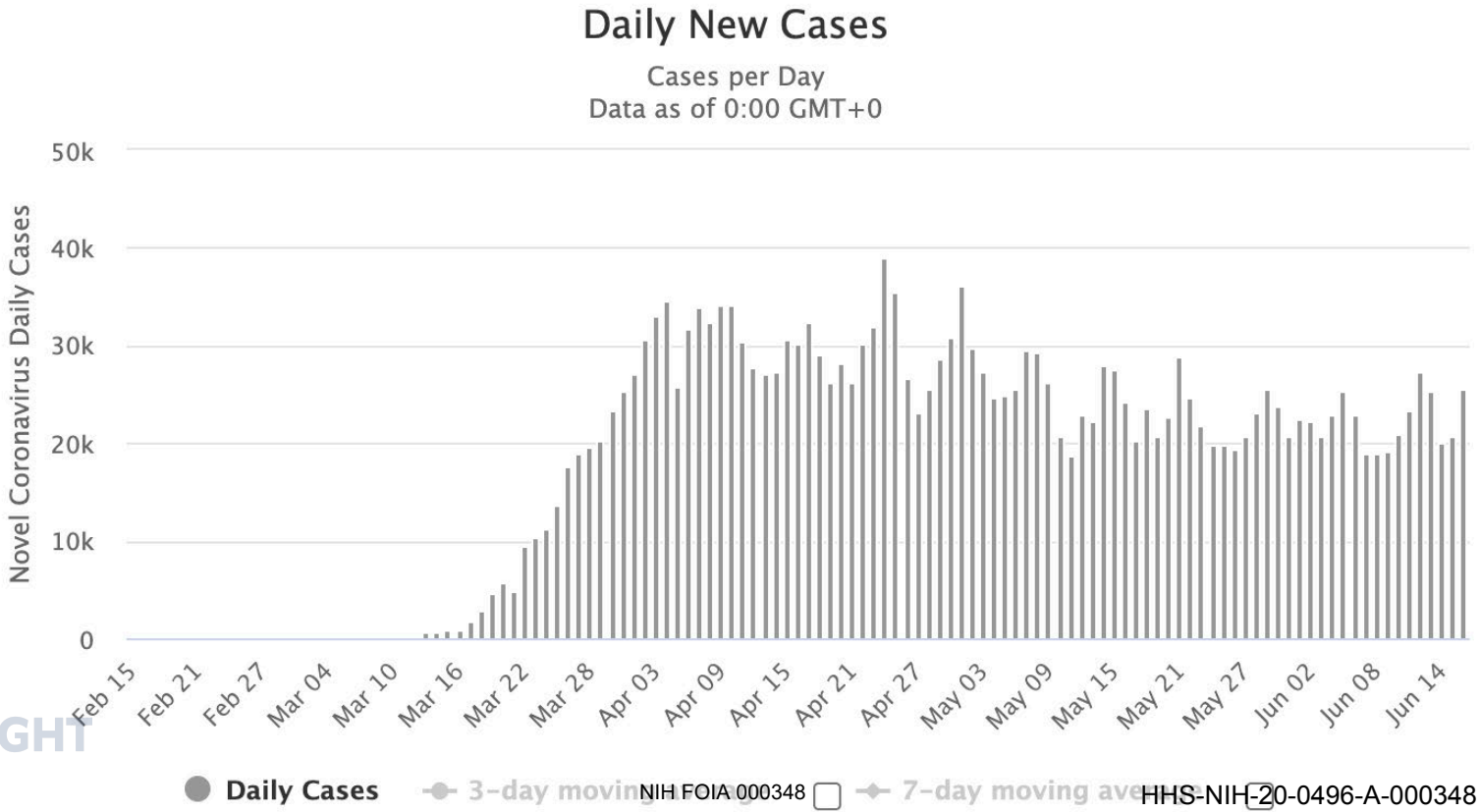
Daily New Cases in Texas



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NIH FOIA 000347 HHS-NIH-20-0496-A-000347

Daily New Cases in the United States

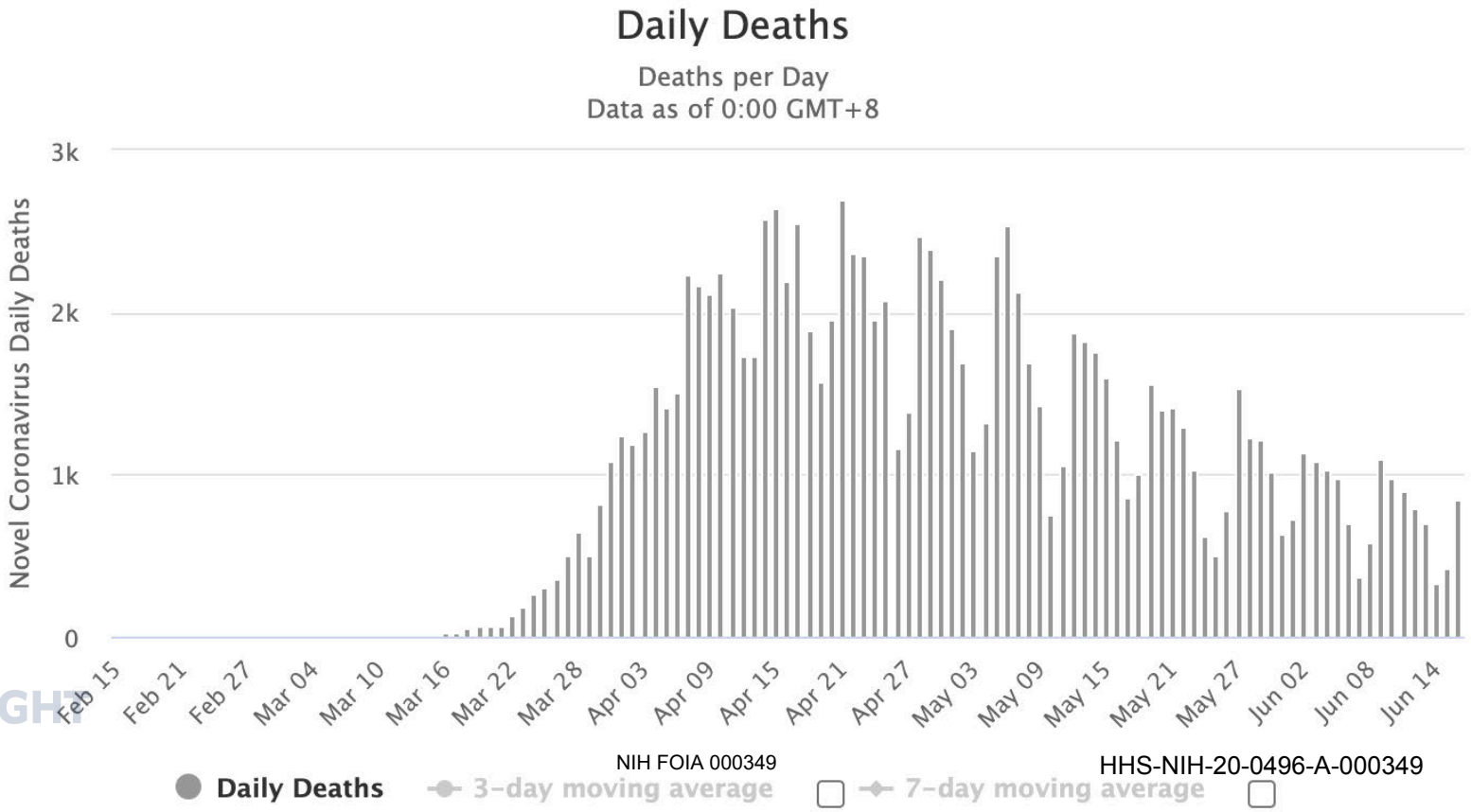


AMERICAN OVERSIGHT

NIH FOIA 000348

HHS-NIH-20-0496-A-000348

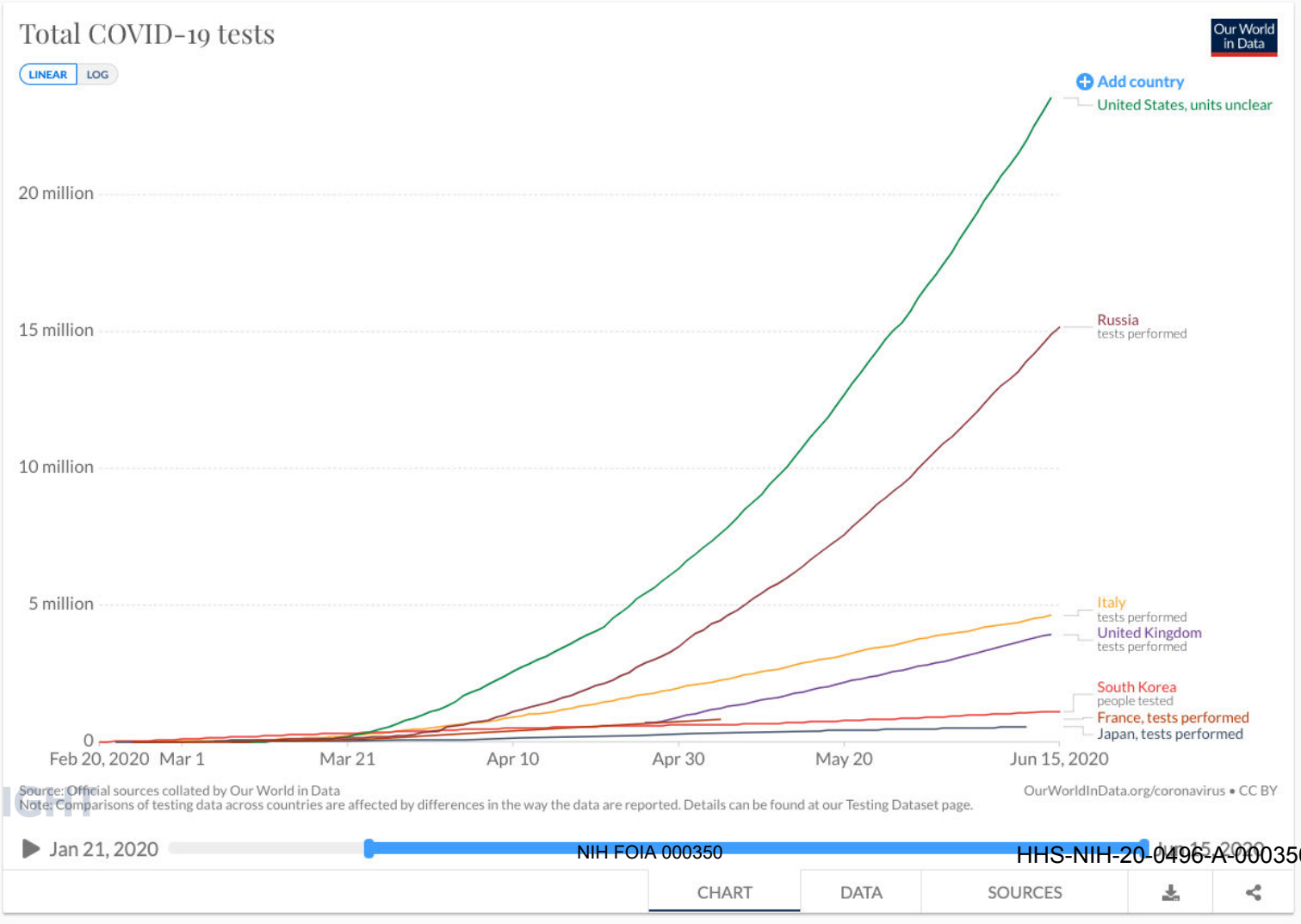
Daily New Deaths in the United States



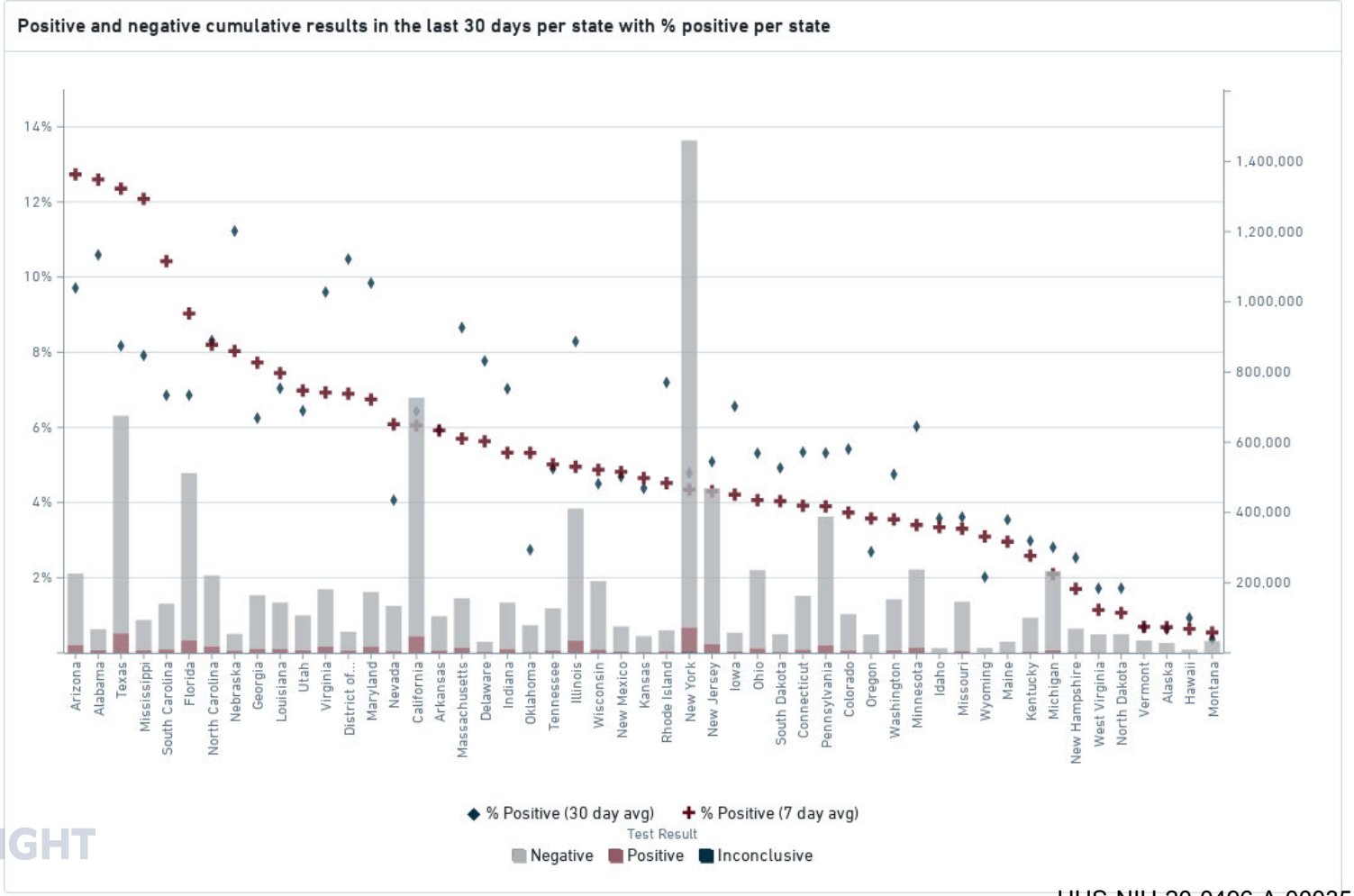
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NIH FOIA 000349

HHS-NIH-20-0496-A-000349



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NIH FOIA 000350
HHS-NIH-20-0496-A-000350



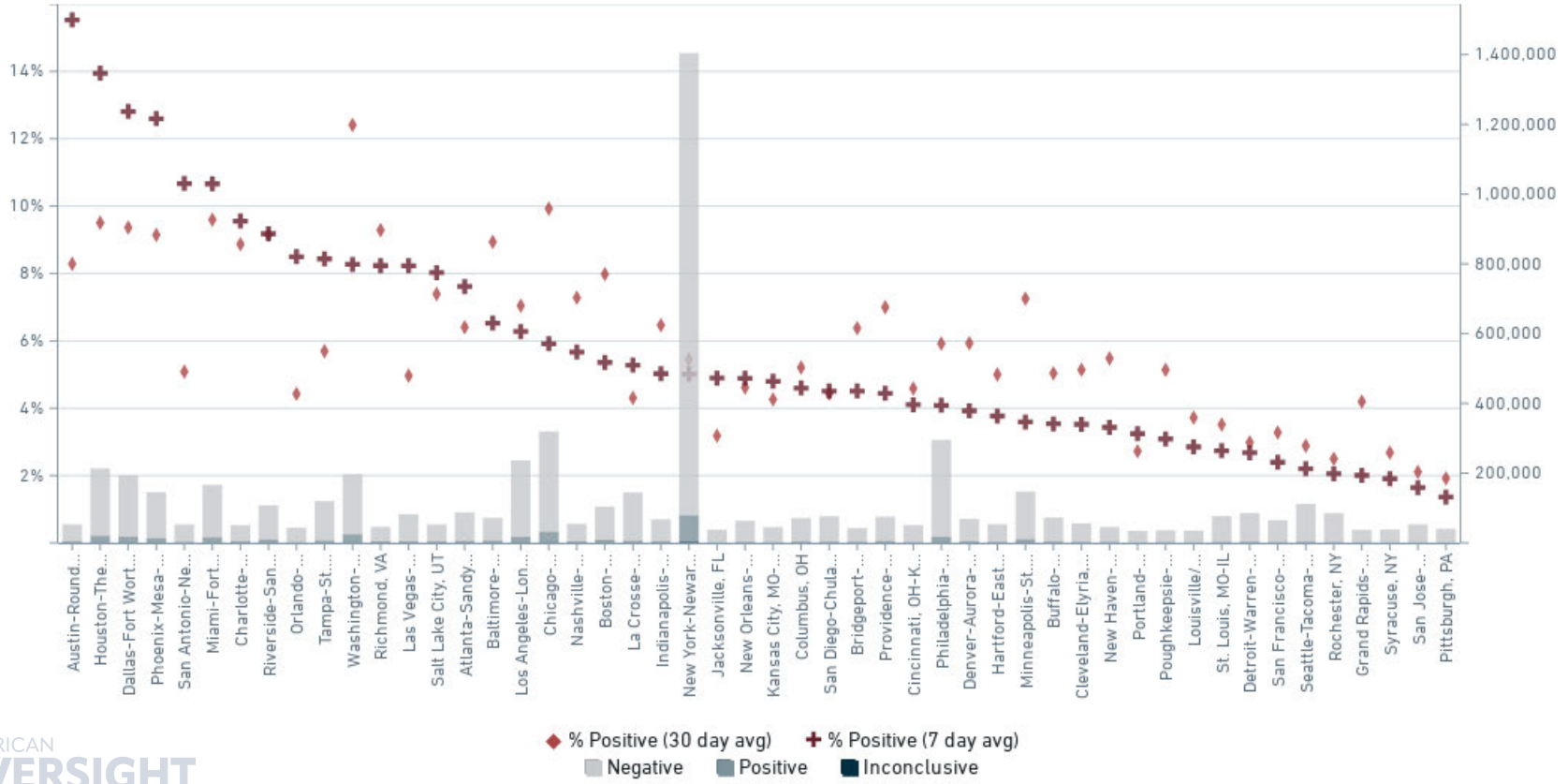
Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. This chart is sorted by the 7-day percent positive.

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NIH FOIA 000351

HHS-NIH-20-0496-A-000351

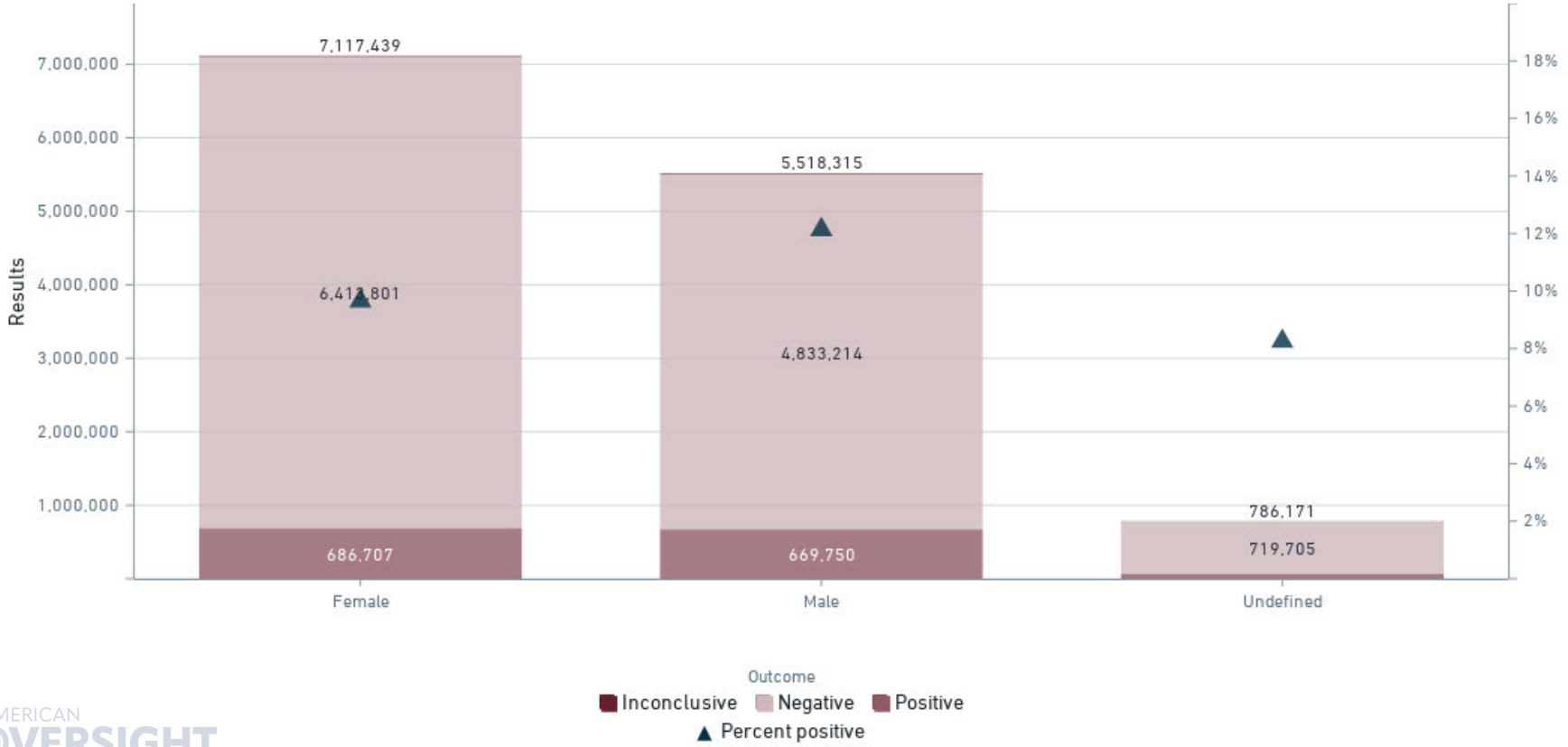
Positive and negative cumulative results in the last 30 days per CBSA with % positive per CBSA



Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. The top 50 CBSAs were determined by ranking over the number of results reported for a given area in the last 30 days. This chart is sorted by the 7-day percent positive.

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NIH FOIA 000352
HHS-NIH-20-0496-A-000352

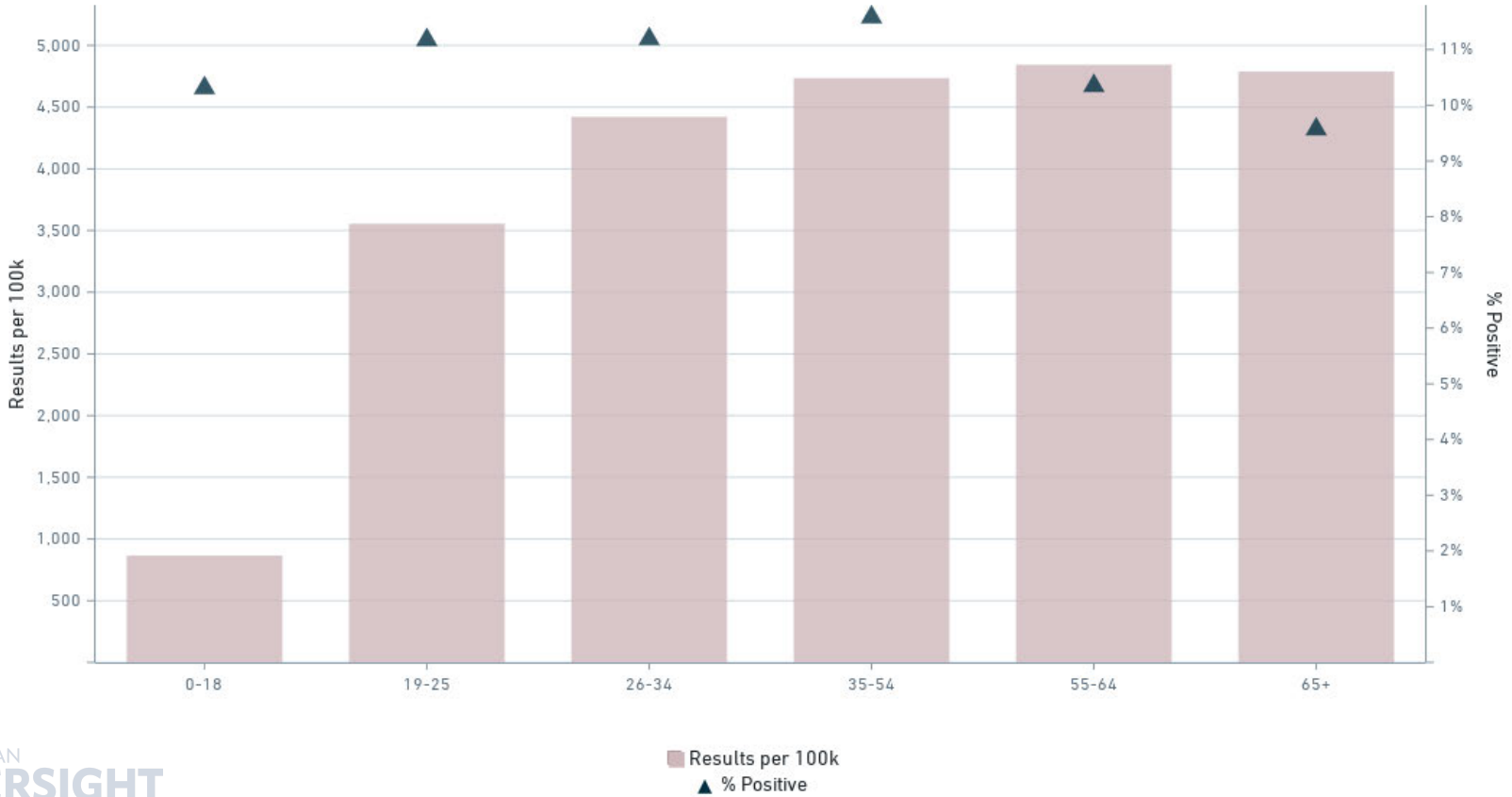
Total results and % positive by gender



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Data from state public health labs and commercial labs; this data element is not included in the hospital data received (~5.4MM results). Some data may still coming in for the most recent 3 days.

Total results per 100,000 people and % positive by age group

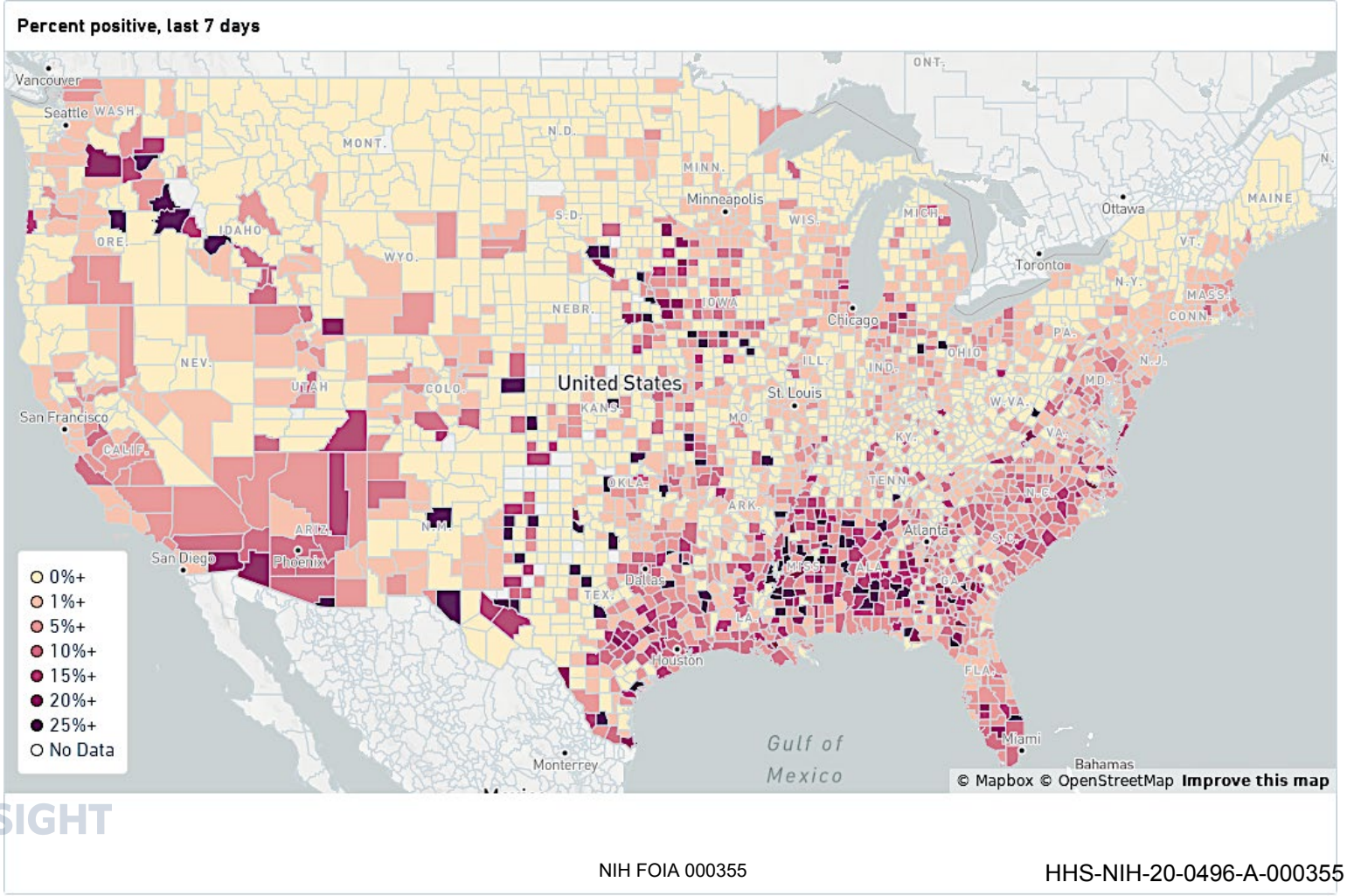


AMERICAN OVERSIGHT

NIH FOIA 000354

HHS-NIH-20-0496-A-000354

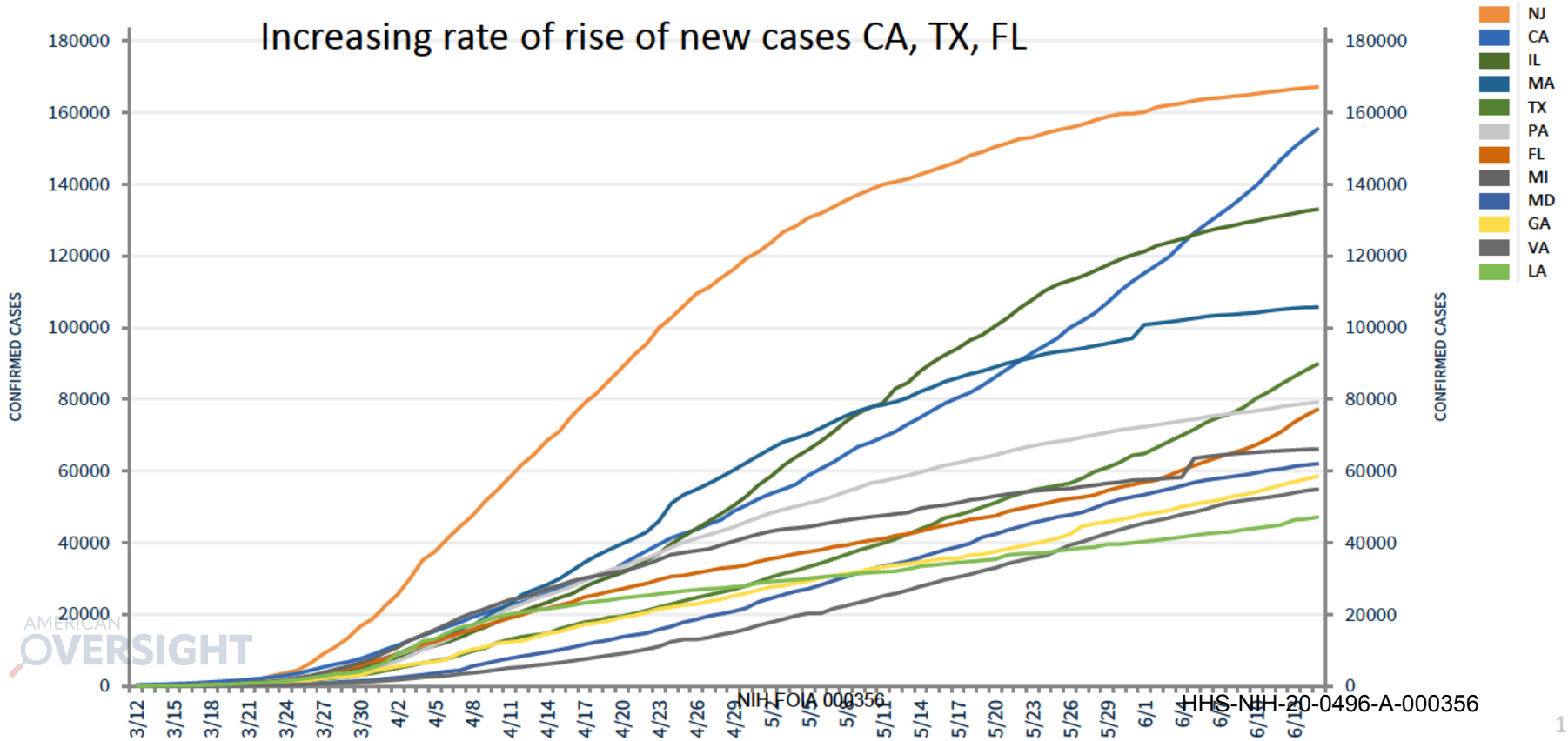
Data from state public health labs and commercial labs; this data element is not included in the hospital data received (~5.4MM results). Some data may still coming in for the most recent 3 days.



Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days.

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CUMULATIVE CASES: TOP STATES 1-12 WITHOUT NY

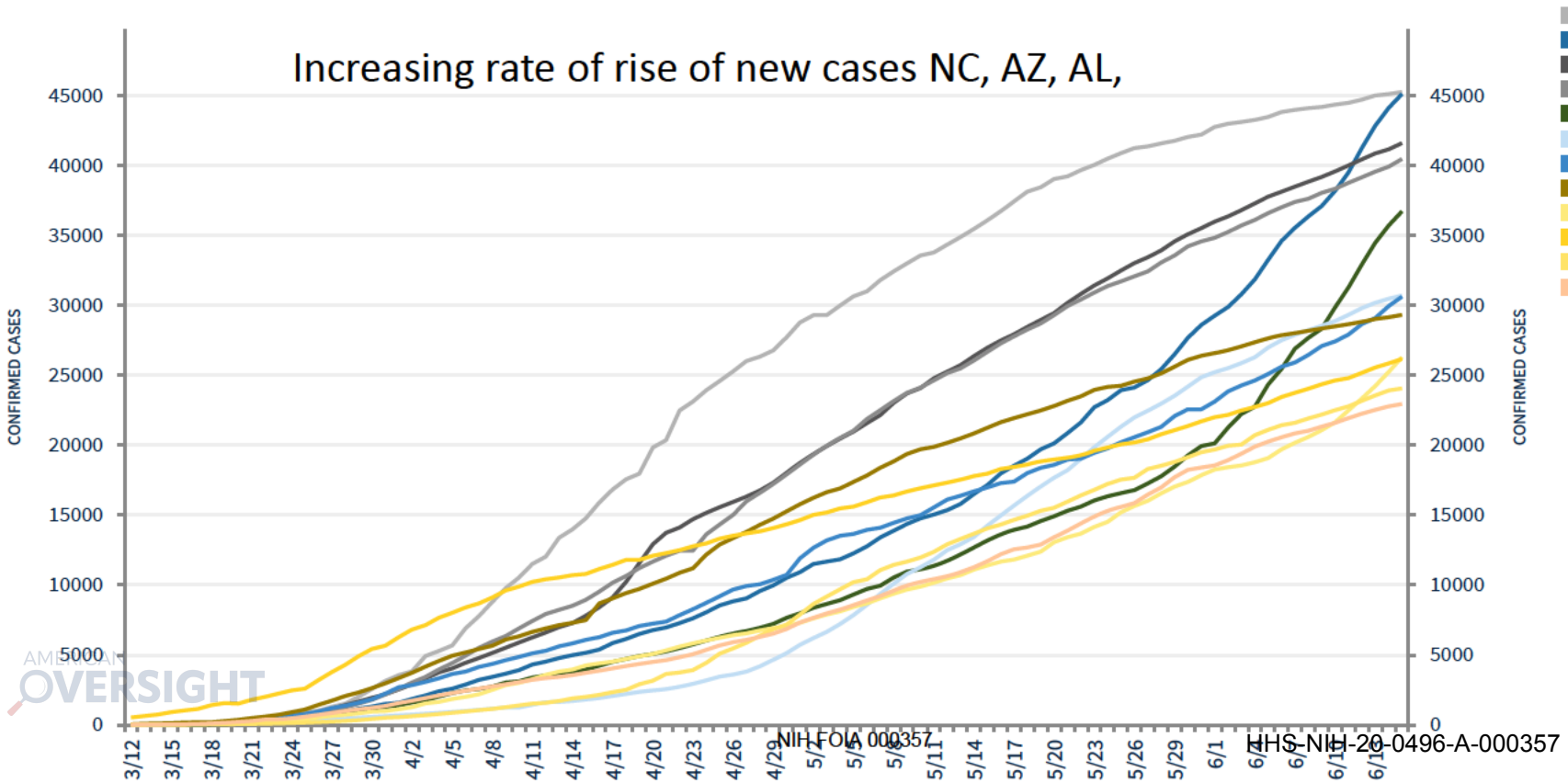


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NIH FOIA 000356

HHS-NIH-20-0496-A-000356

CUMULATIVE CASES: TOP 13-24 STATES

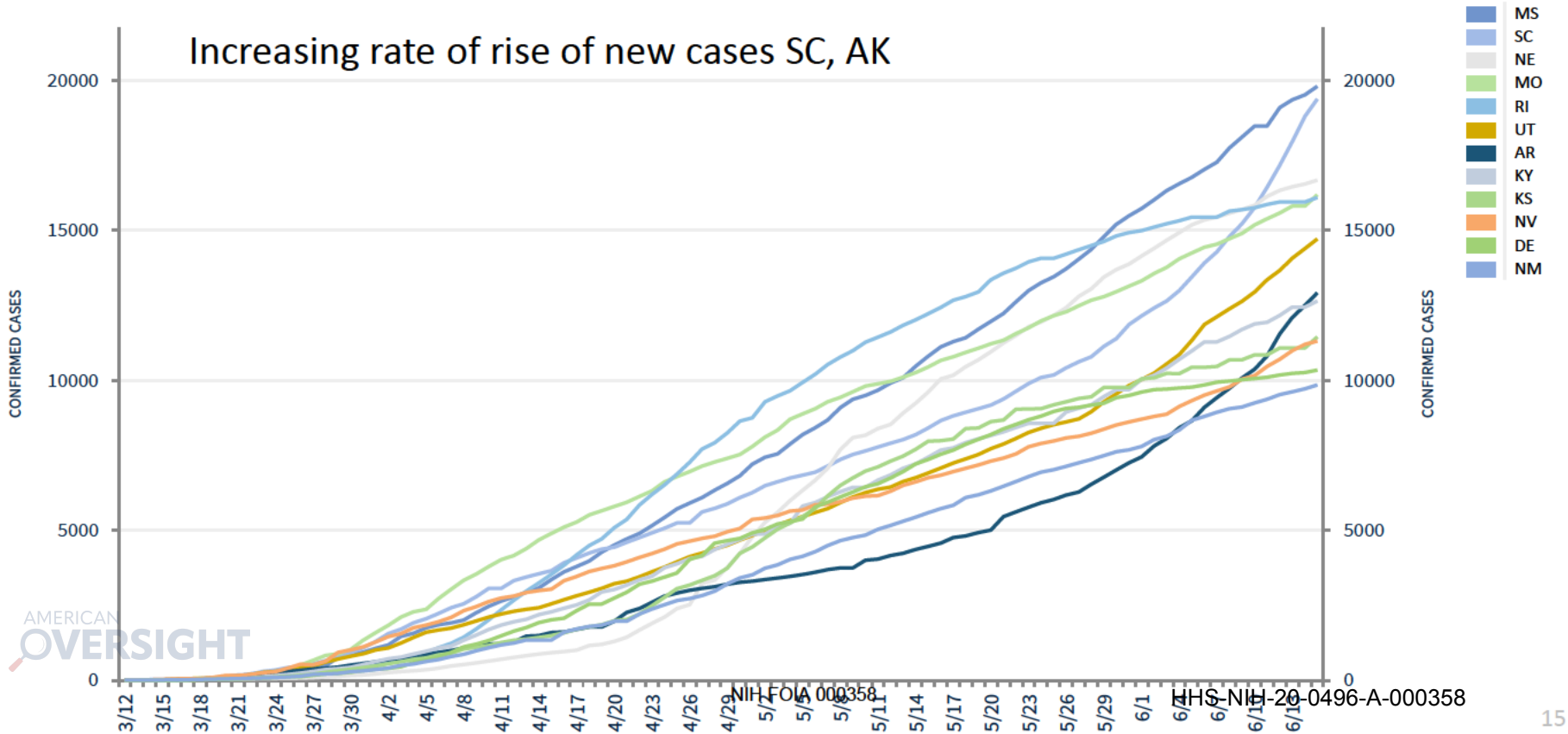


AMERICAN OVERSIGHT

NIH FOIA 000357

HHS-NIH-20-0496-A-000357

CUMULATIVE CASES: TOP 25-36 STATES

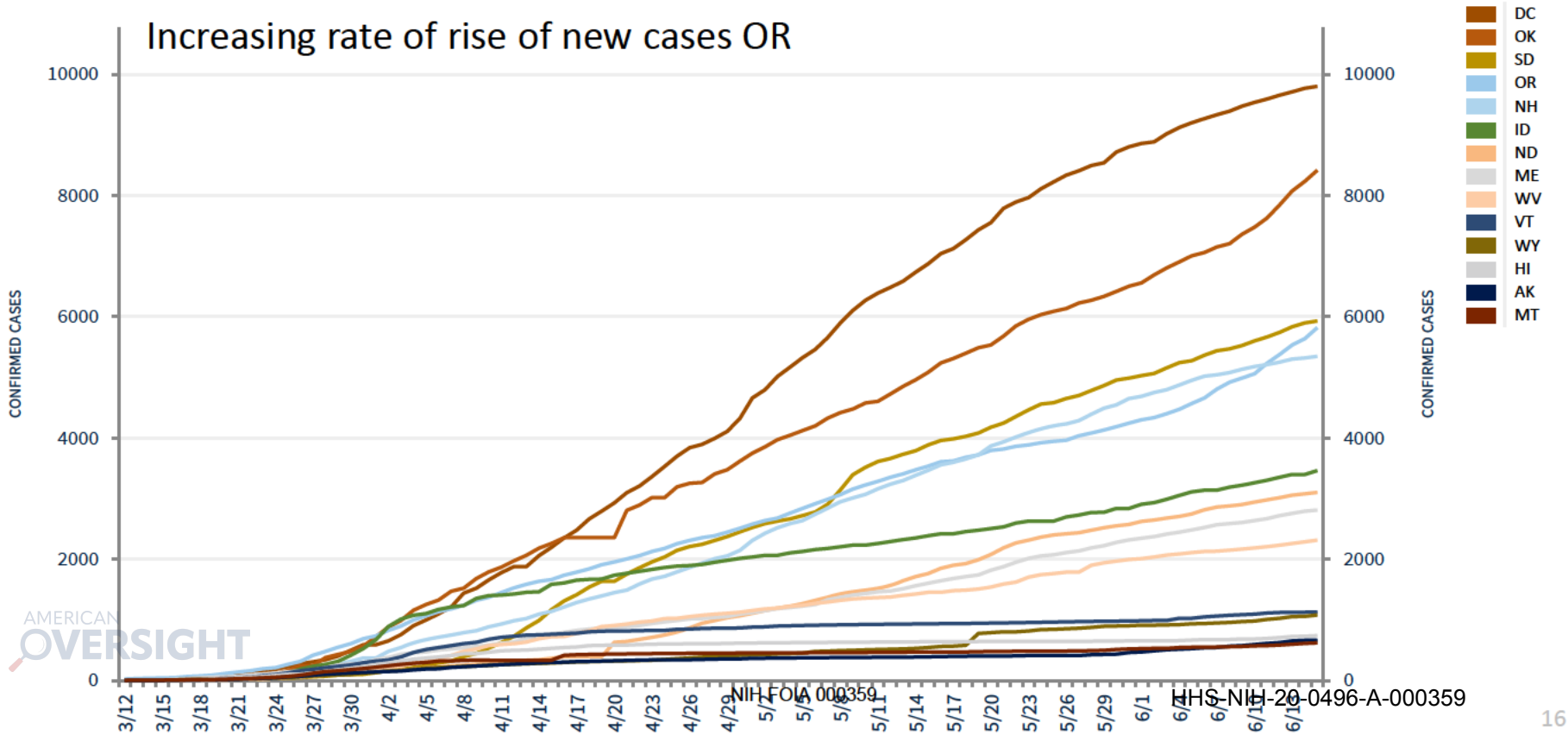


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NIH FOIA 000358

HHS-NIH-20-0496-A-000358

CUMULATIVE CASES: TOP 37-51 STATES



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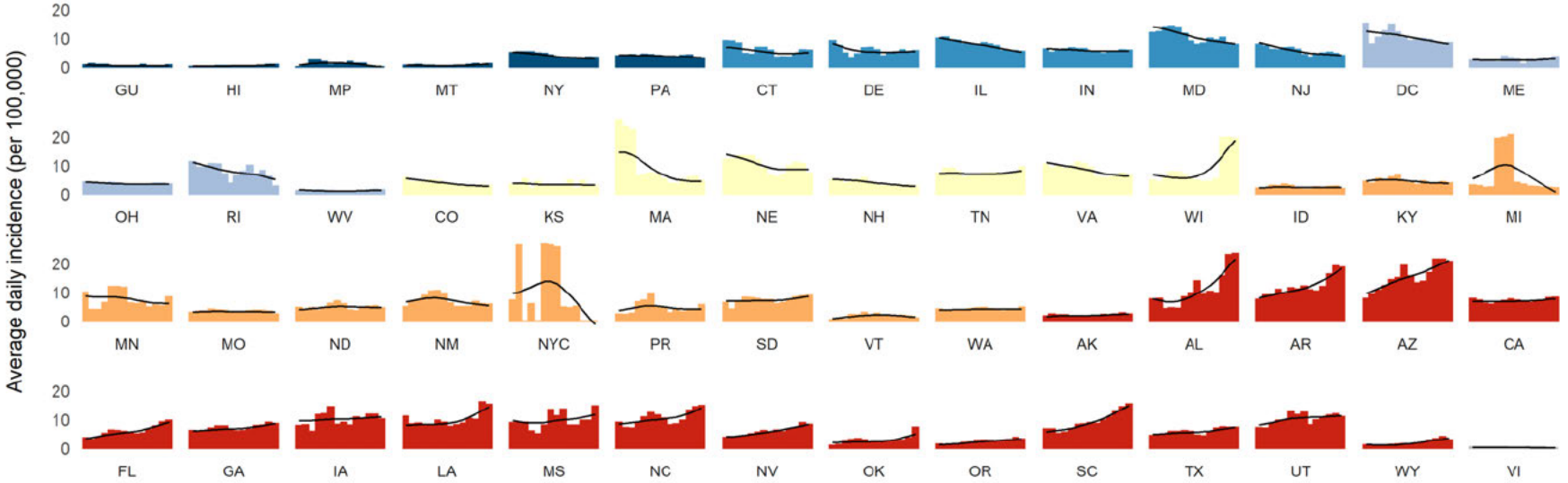
NIH FOIA 000359

HHS-NIH-20-0496-A-000359

Y

Incidence by jurisdiction, 6/1/2020 – 6/14/2020

(as of June 15; prelim.)



Days in downward trajectory of incidence

- ≥42 days
- 21-41 days
- 14-20 days
- 7-13 days
- 1-6 days
- Not in downward trajectory
- 1-5 cases in the past 2 weeks

Notes: The number of days in a downward trajectory represents the number of consecutive days for which the jurisdiction experienced either a negative slope or a low incidence plateau (two-week incidence ≤ 10 cases per 100,000 and slope >-0.1 and ≤ 0.1). Jurisdictions are allowed a 5 day grace period of departure from downward trajectory before the downward trajectory is considered over.

Data: Jurisdiction validated case counts

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NJH FOIA 000360

HHS-NIH-20-0496-A-000360

Data are Provisional Until Officially Released by the CDC - For Internal Use Only (FIUO) - For Official Use Only (FOUO) - Sensitive But Unclassified (SBU) - Not for Further Distribution

CASE, TESTING, AND SYNDROMIC SURVEILLANCE DATA – COMBINED VIEW FOR ALL STATES AND DC

Increased new cases week over week and rising test positives
10 States with both : TX, FL, GA, AZ, TN, AL,SC,KS, NV, OK

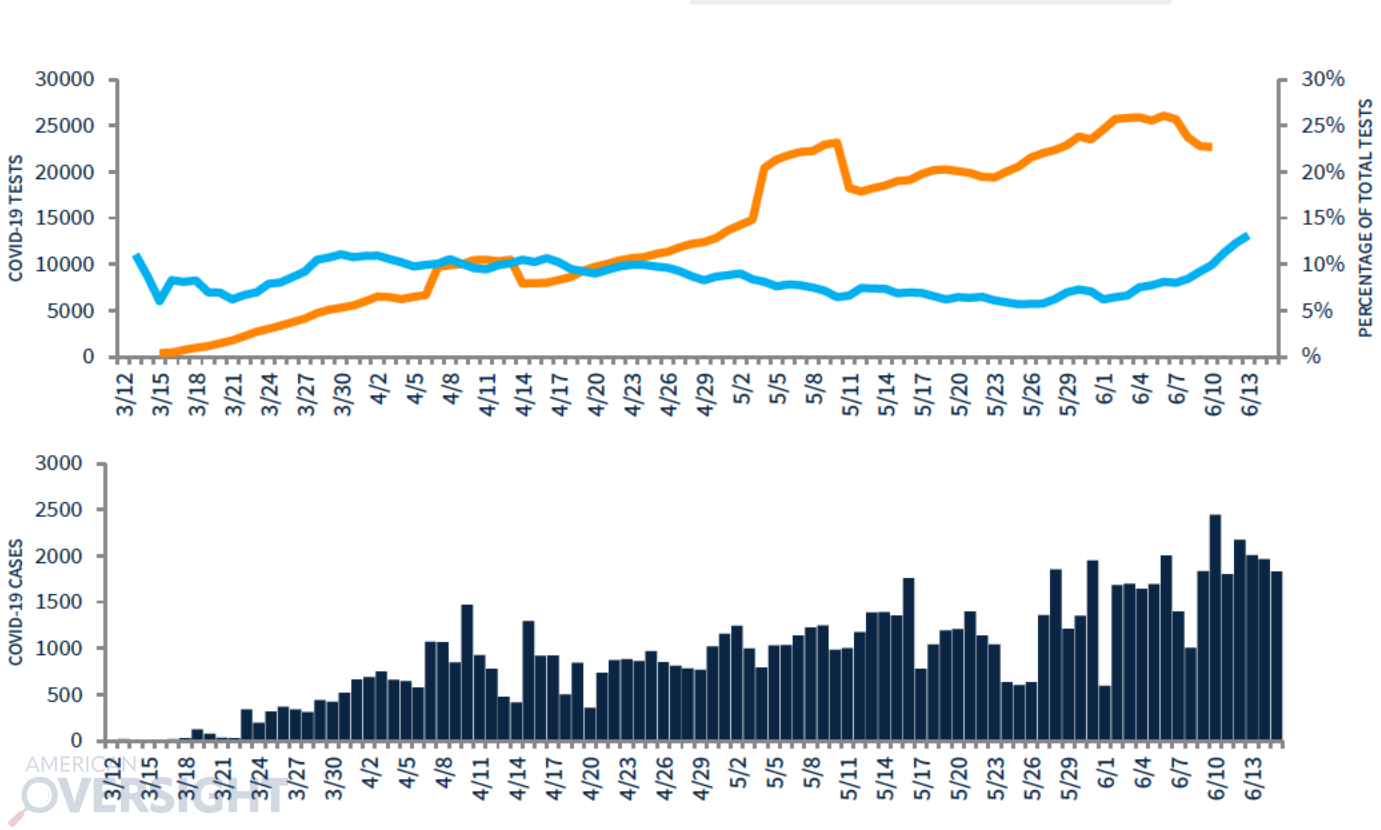
10 States with either increasing cases week over week or rising test positive rates
LA, MS, NC, AR, NM, CA, OR, WY, HI, MT

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NIH FOIA 000361

HHS-NIH-20-0496-A-000361

TRENDS IN TEXAS



Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	13.1%
NEW CASES PER 100K / DAY	7 (weekly avg.)
TESTING PER 100K / DAY	79 (weekly avg.)
BED UTILIZATION[2]	60%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+5.0%
INCIDENCE	+26%
TESTING PER 100K / DAY	-11
BED UTILIZATION	-5%

RISK FACTORS

POPULATION DENSITY	110 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	3.3%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

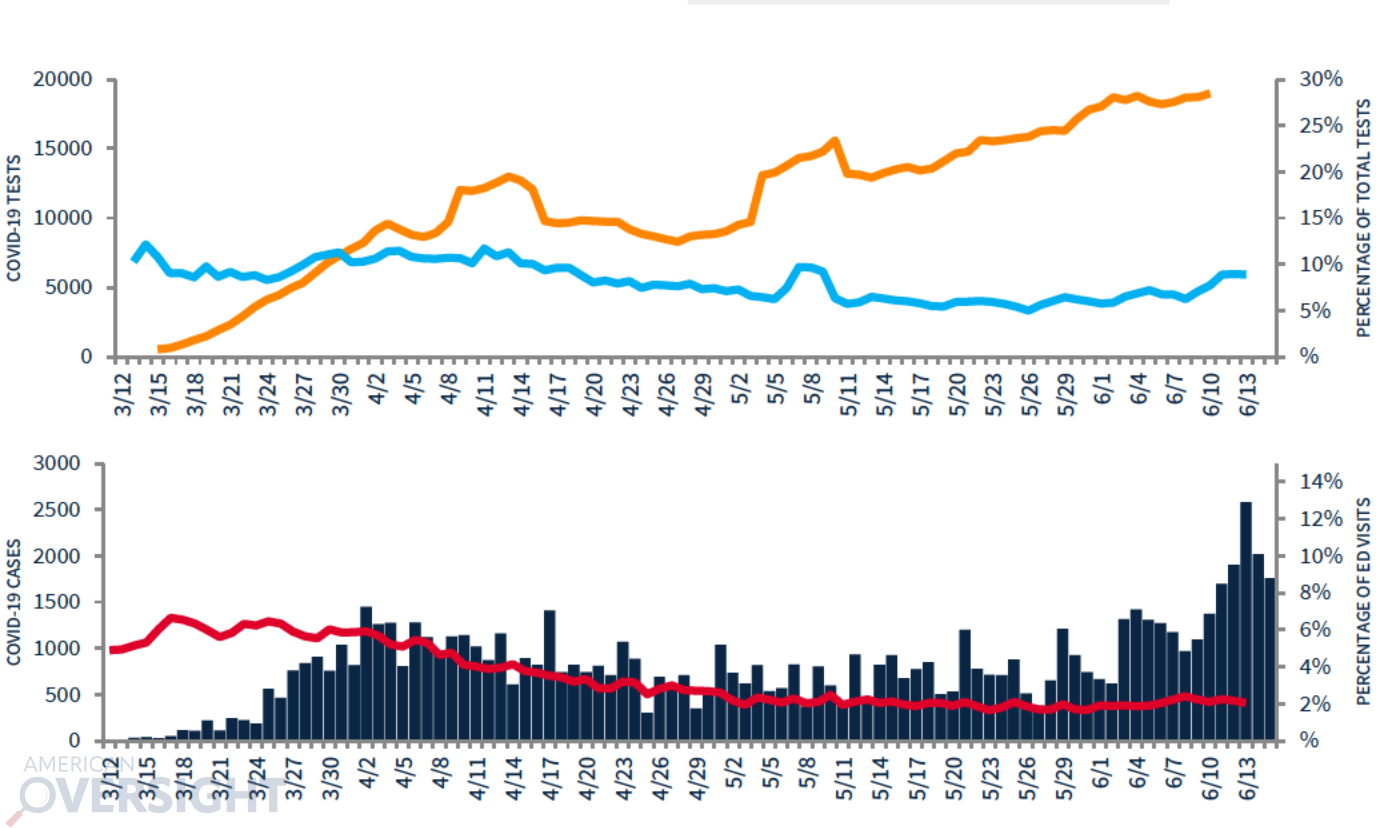
Not enough CLI syndromic surveillance data to

AMERICAN OVERSIGHT

NIH FOIA 000362

HHS-NIH-20-0496-A-000362

TRENDS IN FLORIDA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	8.9%
NEW CASES PER 100K / DAY	8 (weekly avg.)
TESTING PER 100K / DAY	89 (weekly avg.)
BED UTILIZATION[2]	72%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.2%
INCIDENCE	+54%
TESTING PER 100K / DAY	+2
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	397 per sq mi
% OVER 60	27%
CRUDE CVD PREVALENCE	4.7%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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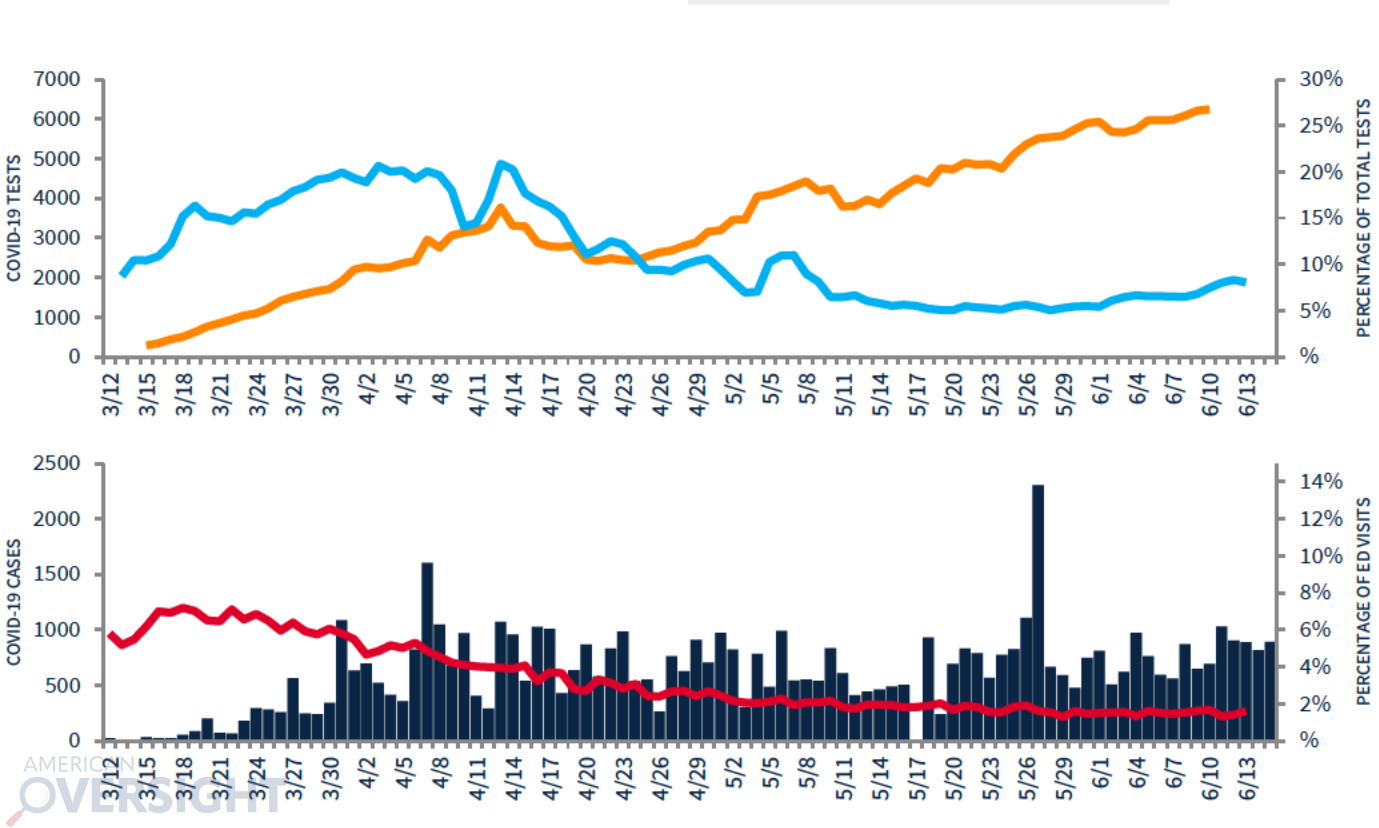
[2] Average of the last 3 days

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NIH FOIA 000363

HHS_NIH-20-0496-A-000363

TRENDS IN GEORGIA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	8.0%
NEW CASES PER 100K / DAY	8 (weekly avg.)
TESTING PER 100K / DAY	59 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.5%
INCIDENCE	+20%
TESTING PER 100K / DAY	+6
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	182 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	4.0%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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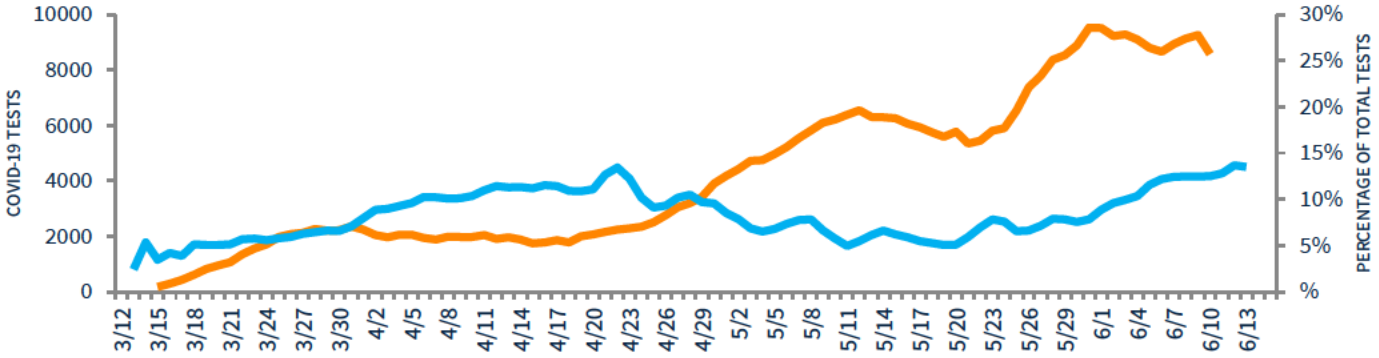
[2] Average of the last 3 days

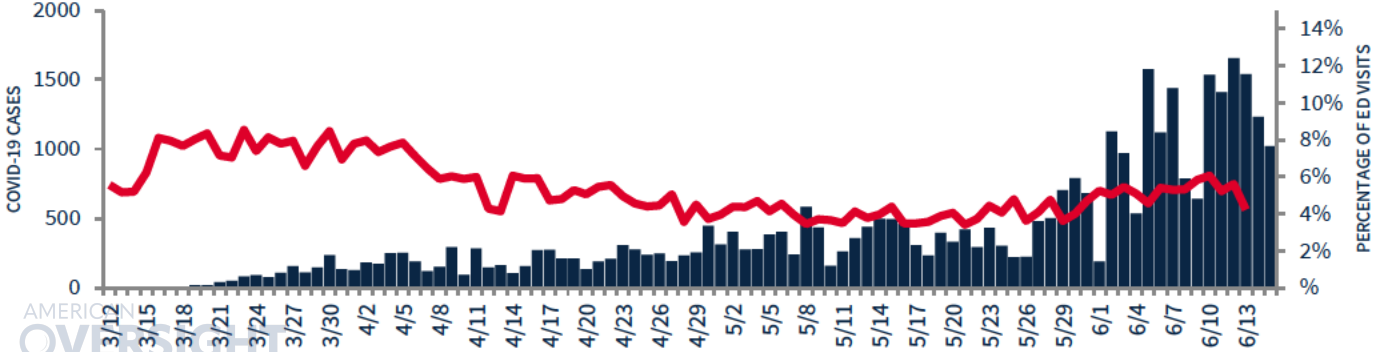
AMERICAN OVERSIGHT

NIH FOIA 000364

HHS_NIH-20-0496-A-000364

TRENDS IN ARIZONA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	13.5%
NEW CASES PER 100K / DAY	18 (weekly avg.)
TESTING PER 100K / DAY	120 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.3%
INCIDENCE	+20%
TESTING PER 100K / DAY	-10
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	63 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	3.7%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

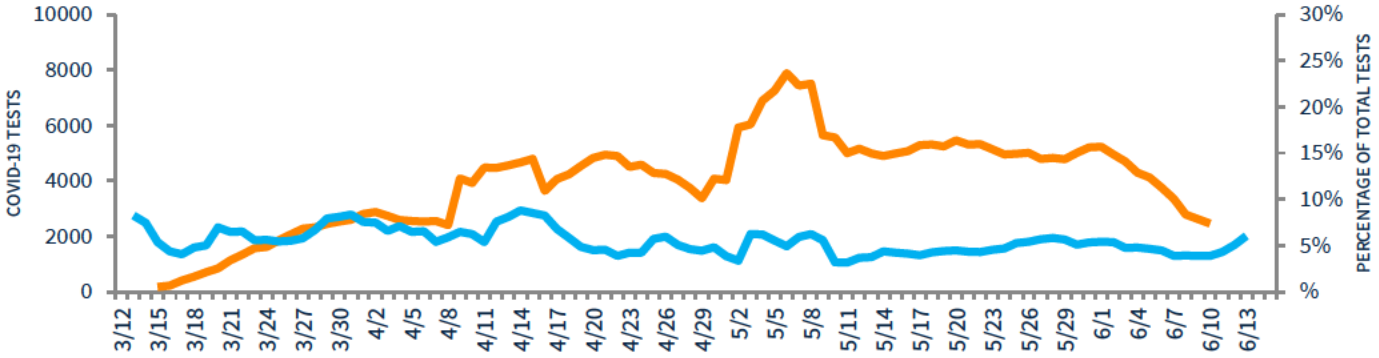
[2] Average of the last 3 days

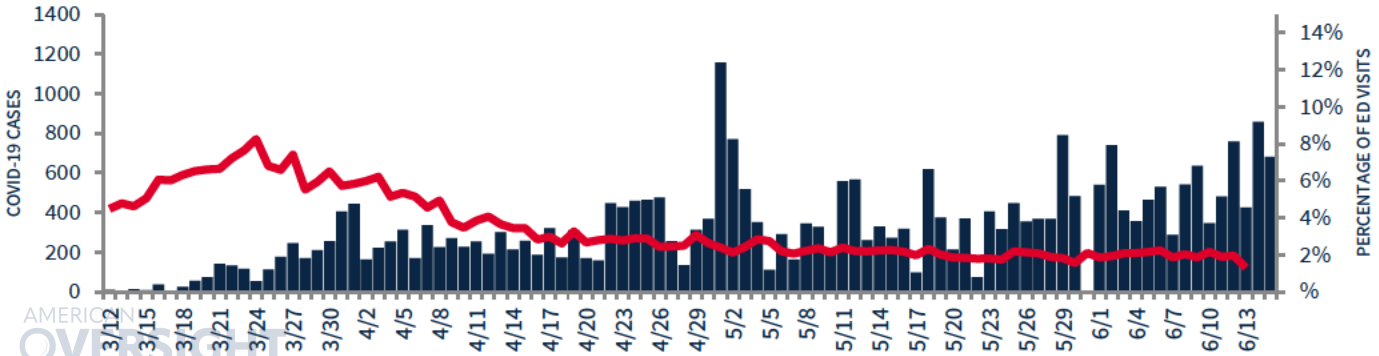
AMERICAN OVERSIGHT

NIH FOIA 000365

HHS_NIH-20-0496-A-000365

TRENDS IN TENNESSEE





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.0%
NEW CASES PER 100K / DAY	9 (weekly avg.)
TESTING PER 100K / DAY	36 (weekly avg.)
BED UTILIZATION[2]	71%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.5%
INCIDENCE	+26%
TESTING PER 100K / DAY	-33
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	164 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	4.9%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

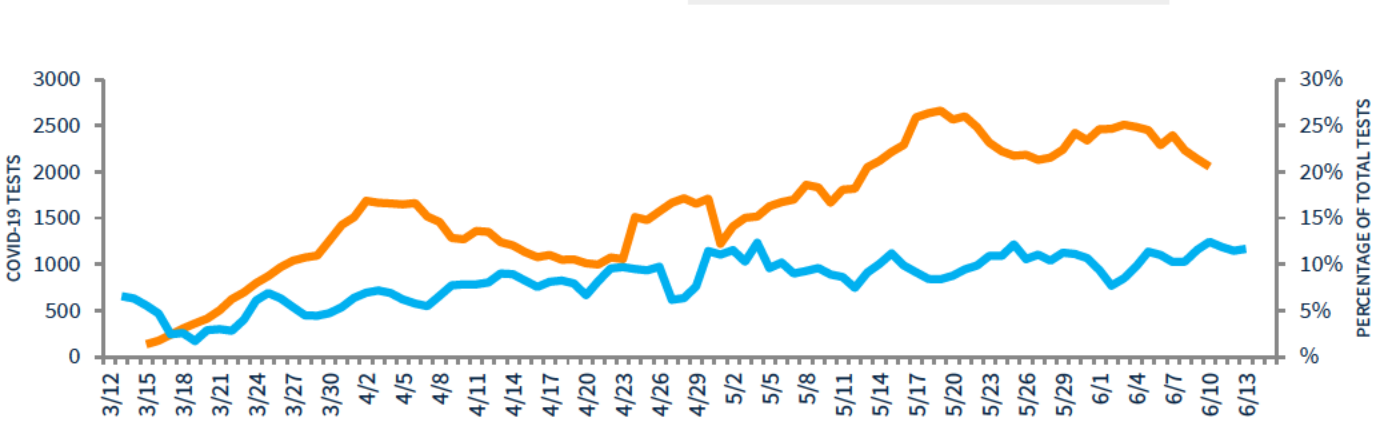
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

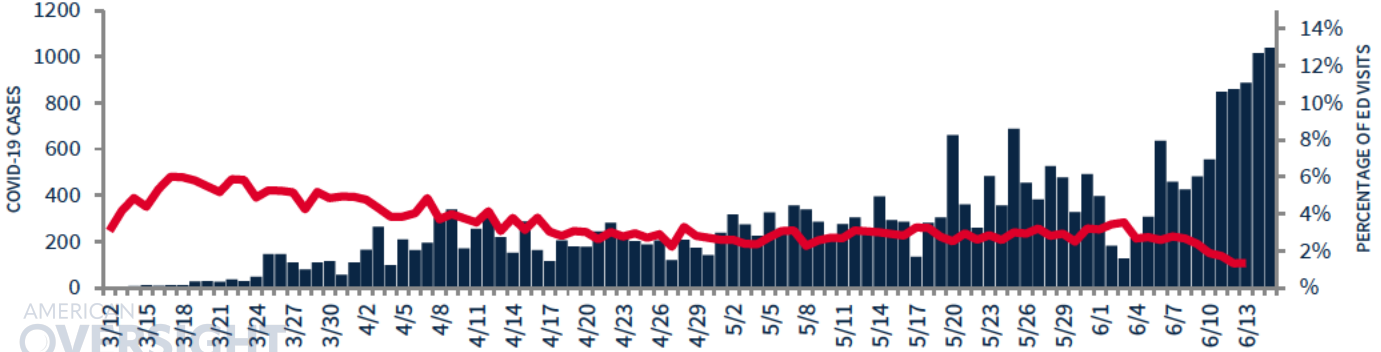
[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

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NIH FOIA 000366
HHS_NIH-20-0496-A-000366

TRENDS IN ALABAMA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	11.7%
NEW CASES PER 100K / DAY	17 (weekly avg.)
TESTING PER 100K / DAY	42 (weekly avg.)
BED UTILIZATION[2]	69%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.6%
INCIDENCE	+142%
TESTING PER 100K / DAY	-9
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	97 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	5.5%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

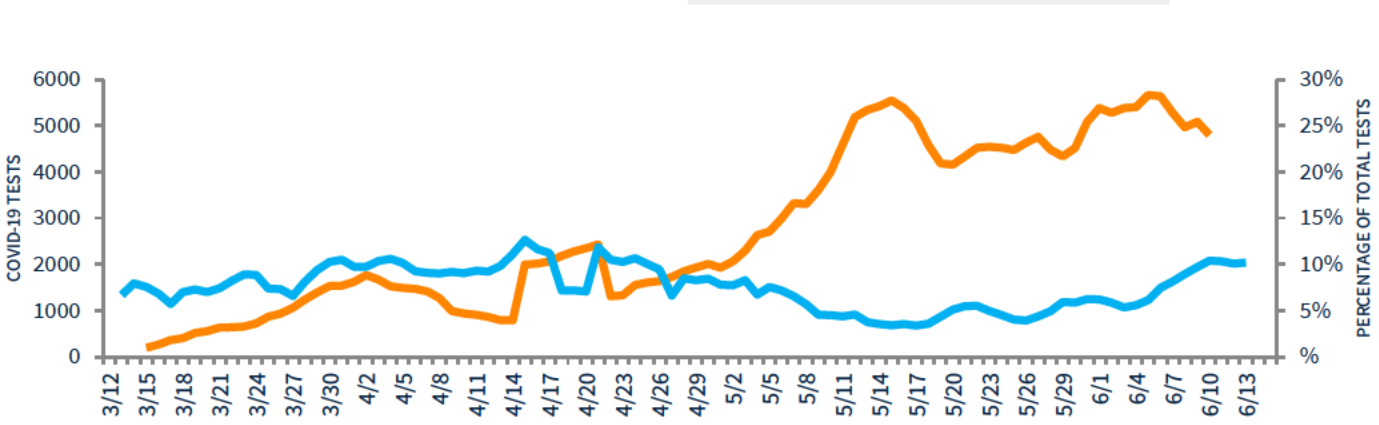
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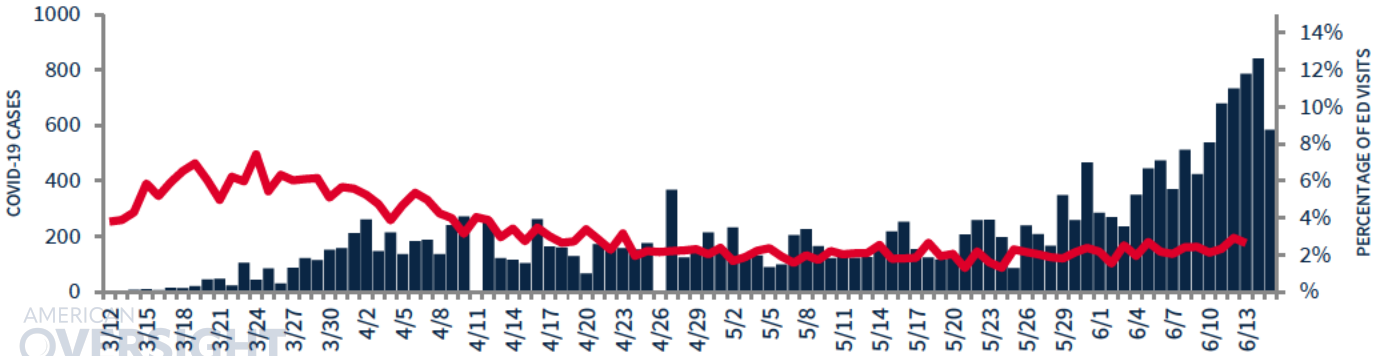
[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

AMERICAN OVERSIGHT
NIH FOIA 000367
HHS_NIH-20-0496-A-000367

TRENDS IN SOUTH CAROLINA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	10.2%
NEW CASES PER 100K / DAY	13 (weekly avg.)
TESTING PER 100K / DAY	94 (weekly avg.)
BED UTILIZATION[2]	67%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.7%
INCIDENCE	+73%
TESTING PER 100K / DAY	-11
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	169 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.9%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

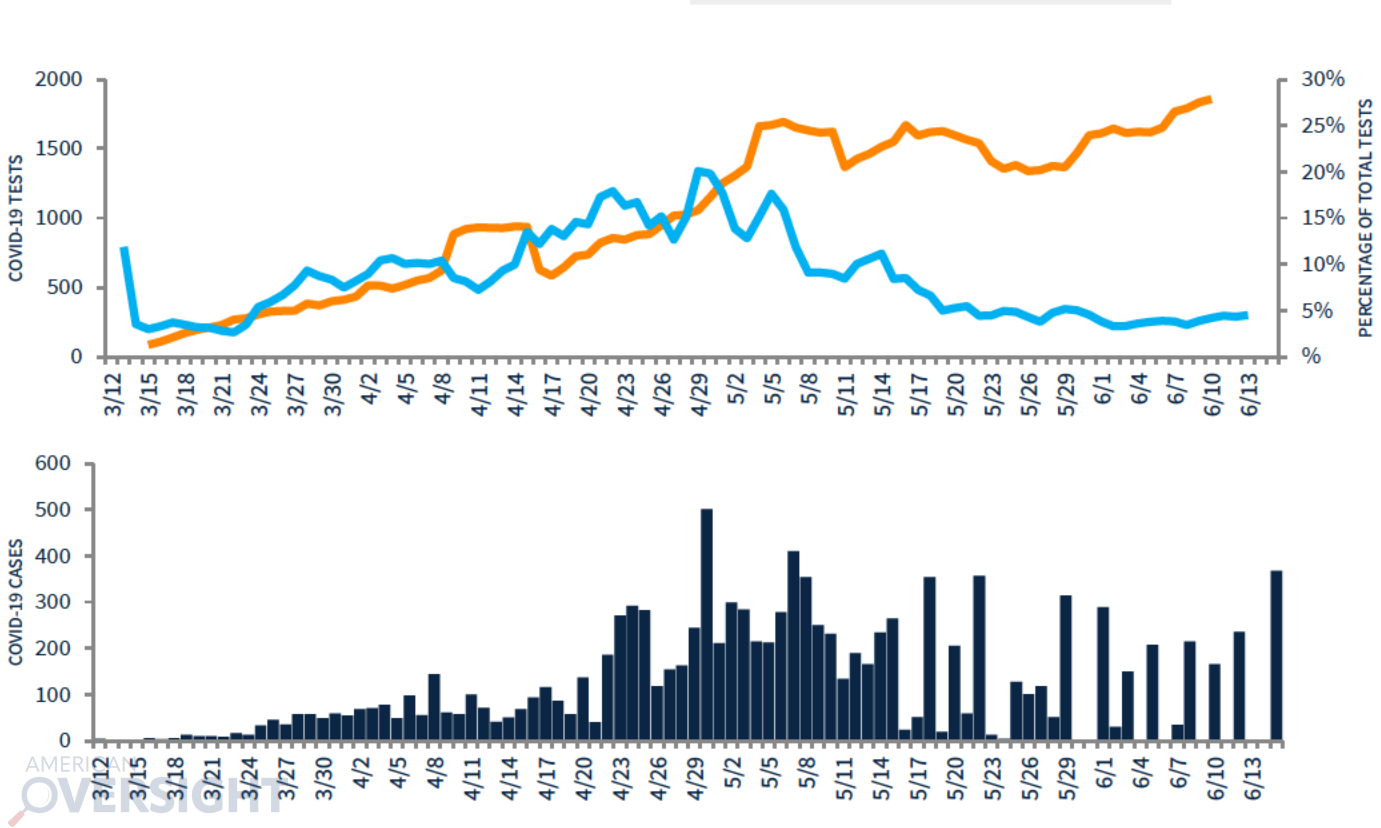
[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000368

HHS_NIH-20-0496-A-000368

TRENDS IN KANSAS



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.5%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	64 (weekly avg.)
BED UTILIZATION[2]	44%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.6%
INCIDENCE	+22%
TESTING PER 100K / DAY	+8
BED UTILIZATION	+1%

RISK FACTORS

POPULATION DENSITY	36 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.0%

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[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Not enough CLI syndromic surveillance data to

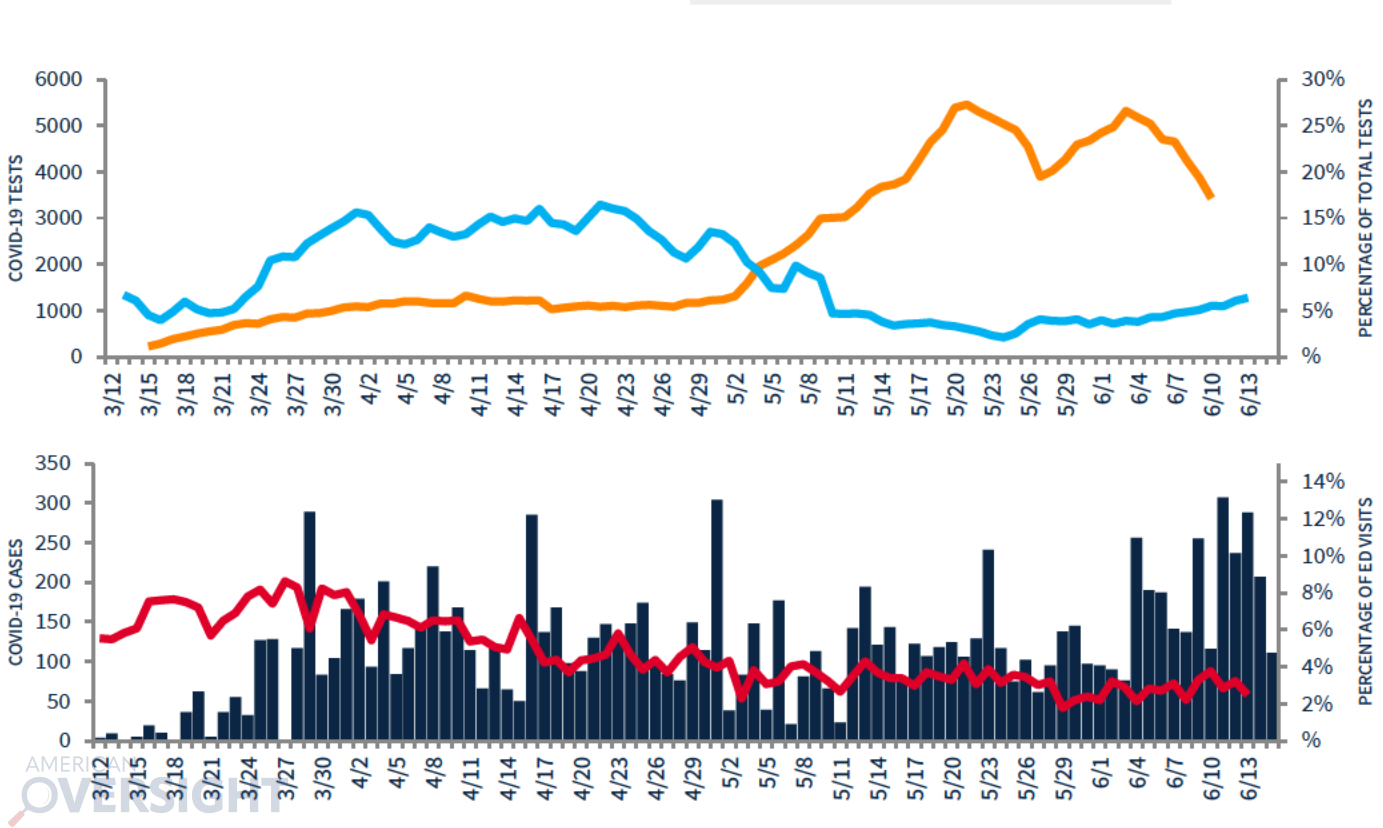
Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT

NIH FOIA 000369

HHS-NIH-20-0496-A-000369

TRENDS IN NEVADA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.4%
NEW CASES PER 100K / DAY	7 (weekly avg.)
TESTING PER 100K / DAY	113 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.1%
INCIDENCE	+41%
TESTING PER 100K / DAY	-62
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	28 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.3%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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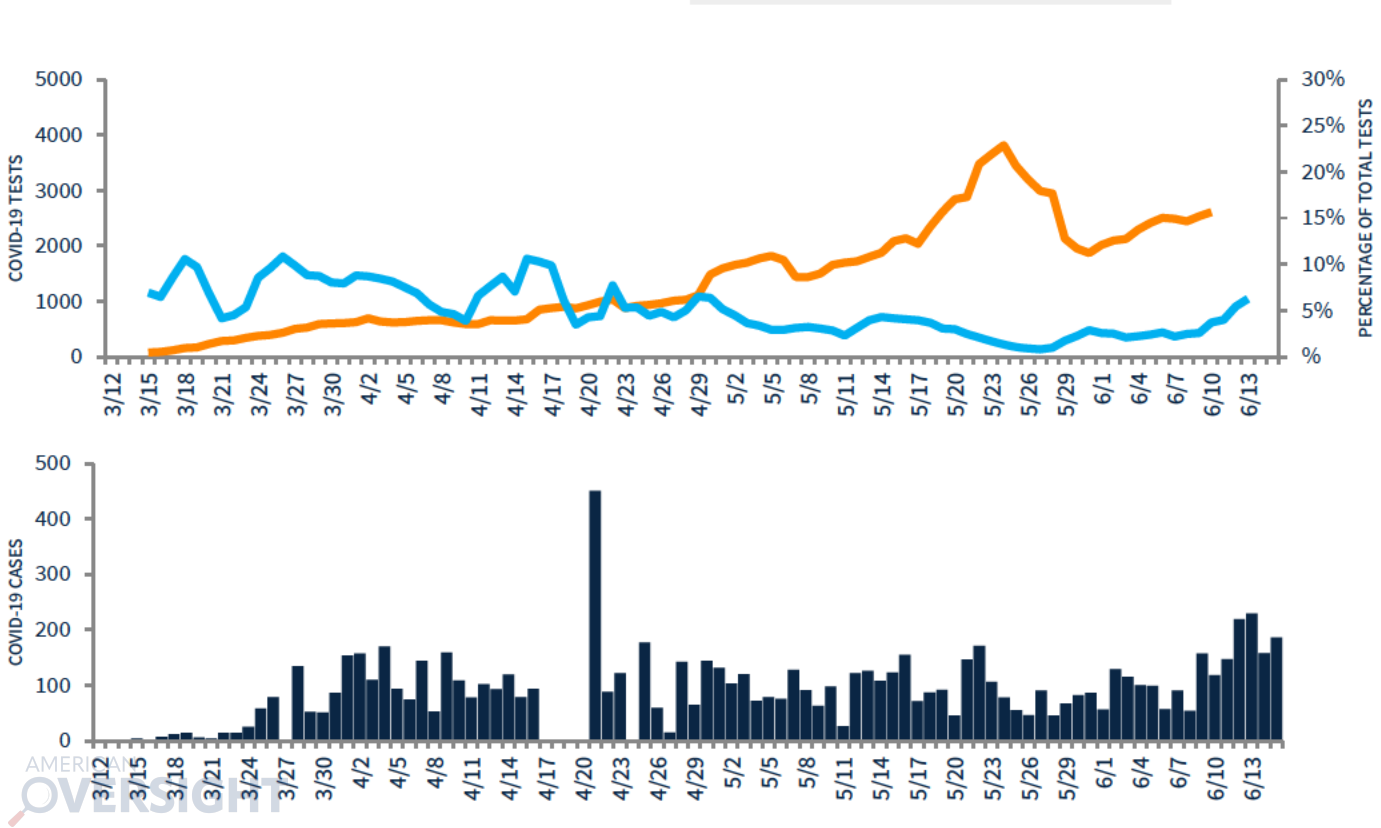
[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000370

HHS_NIH-20-0496-A-000370

TRENDS IN OKLAHOMA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.3%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	66 (weekly avg.)
BED UTILIZATION[2]	49%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+3.6%
INCIDENCE	+89%
TESTING PER 100K / DAY	+12
BED UTILIZATION	-5%

RISK FACTORS

POPULATION DENSITY	57 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.3%

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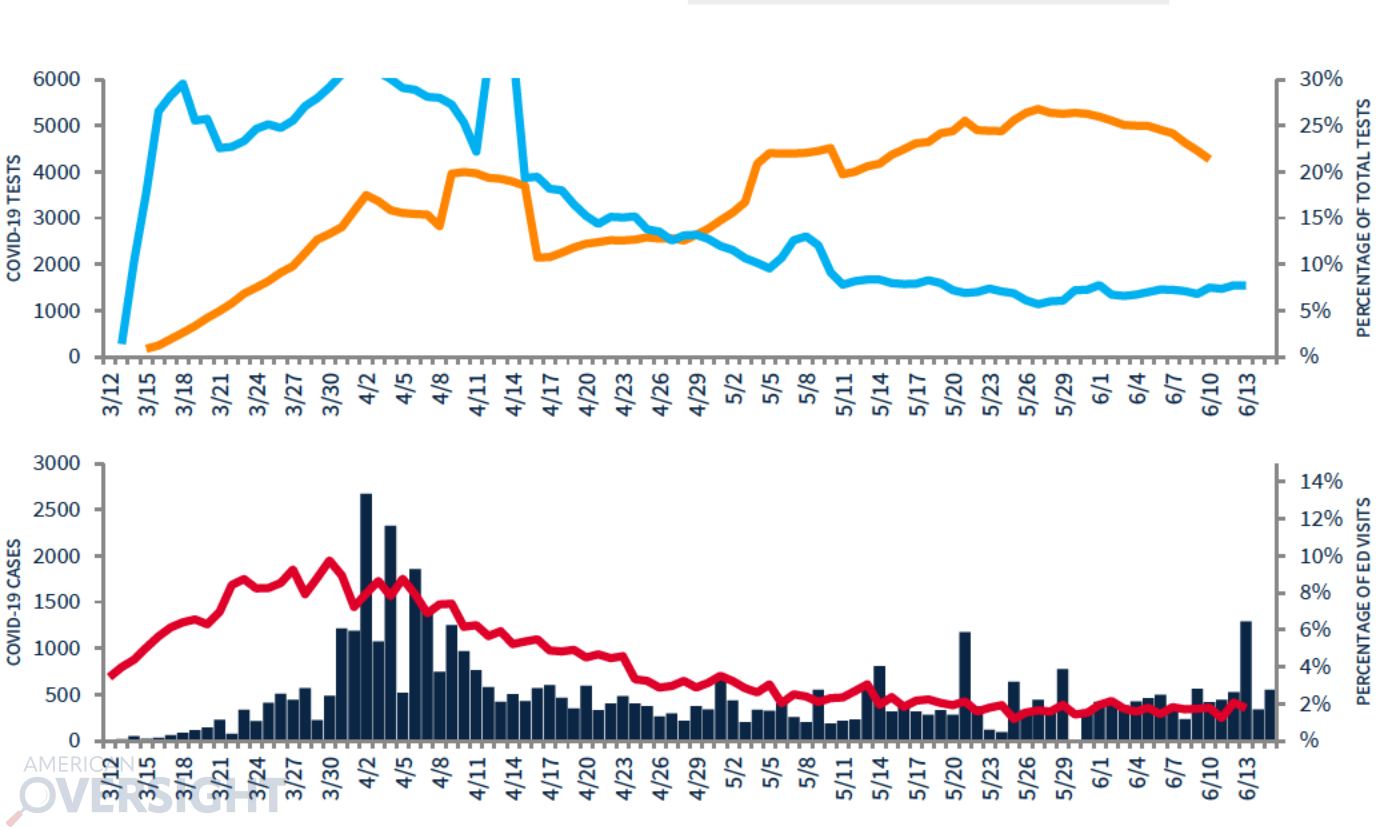
[2] Average of the last 3 days

Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 000371
HHS-NIH-20-0496-A-000371

TRENDS IN LOUISIANA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	7.7%
NEW CASES PER 100K / DAY	13 (weekly avg.)
TESTING PER 100K / DAY	92 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.4%
INCIDENCE	+51%
TESTING PER 100K / DAY	-16
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	108 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.3%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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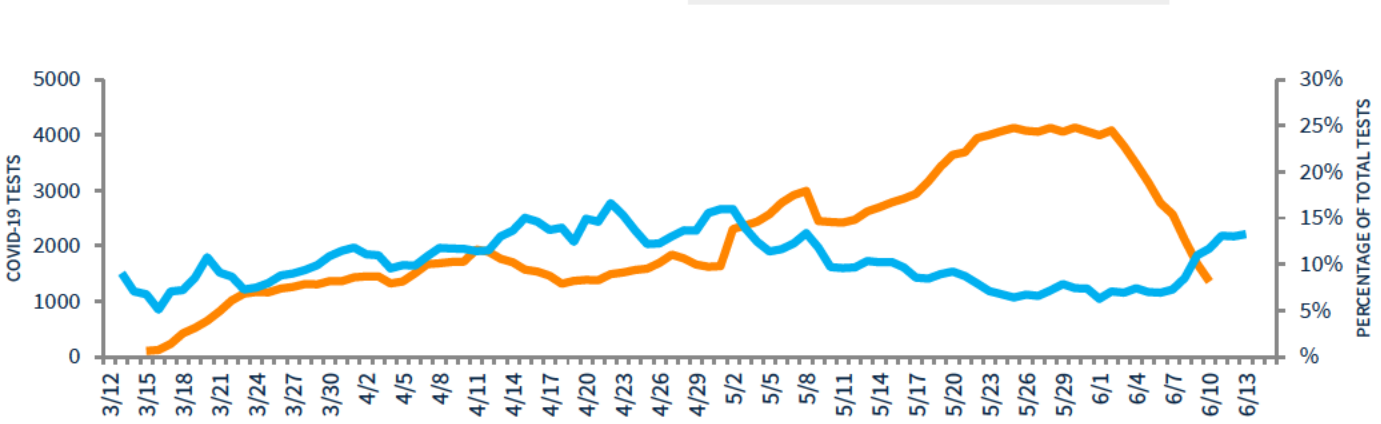
[2] Average of the last 3 days

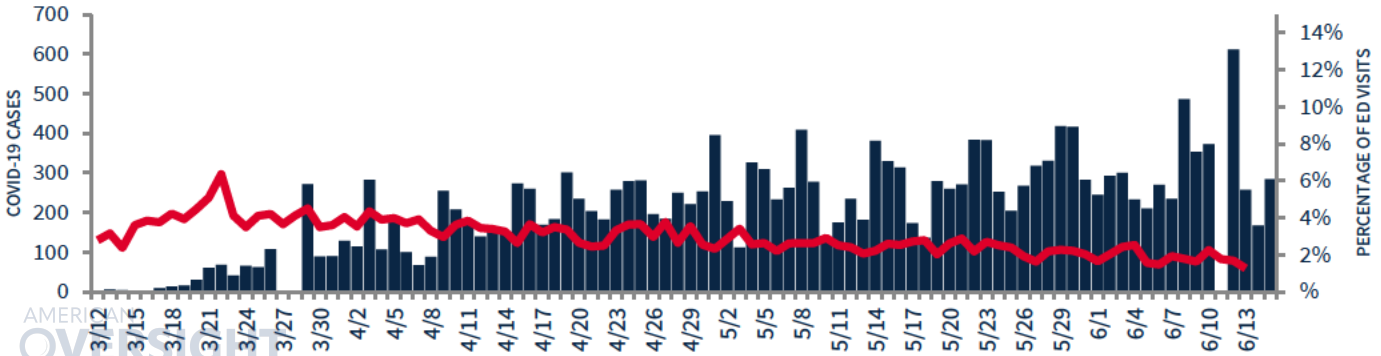
AMERICAN OVERSIGHT

NIH FOIA 000372

HHS_NIH-20-0496-A-000372

TRENDS IN MISSISSIPPI





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	13.3%
NEW CASES PER 100K / DAY	10 (weekly avg.)
TESTING PER 100K / DAY	45 (weekly avg.)
BED UTILIZATION[2]	55%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+6.3%
INCIDENCE	+1%
TESTING PER 100K / DAY	-82
BED UTILIZATION	-3%

RISK FACTORS

POPULATION DENSITY	64 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.6%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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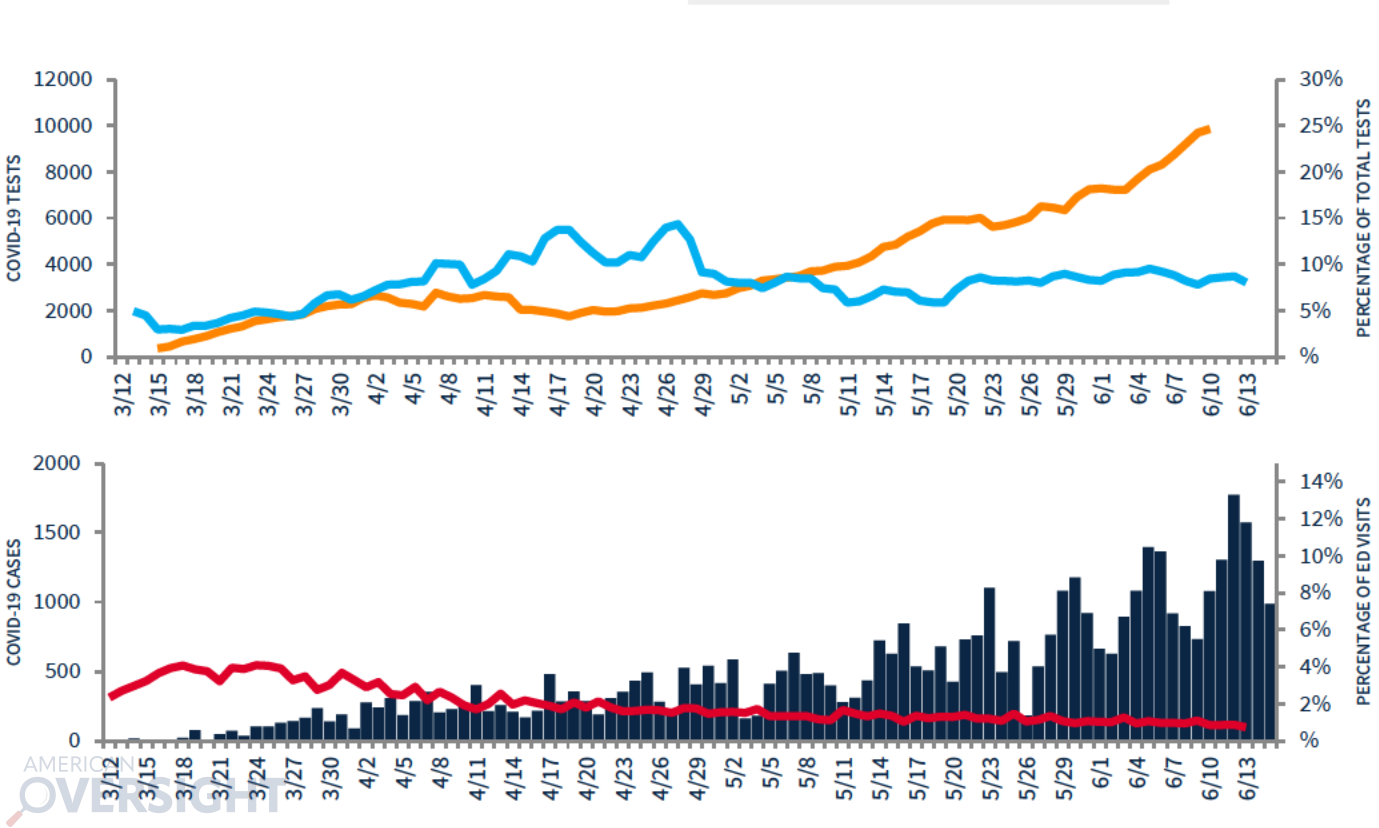
[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000373

HHS_NIH-20-0496-A-000373

TRENDS IN NORTH CAROLINA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	8.0%
NEW CASES PER 100K / DAY	12 (weekly avg.)
TESTING PER 100K / DAY	95 (weekly avg.)
BED UTILIZATION[2]	69%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.2%
INCIDENCE	+23%
TESTING PER 100K / DAY	+26
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	214 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.3%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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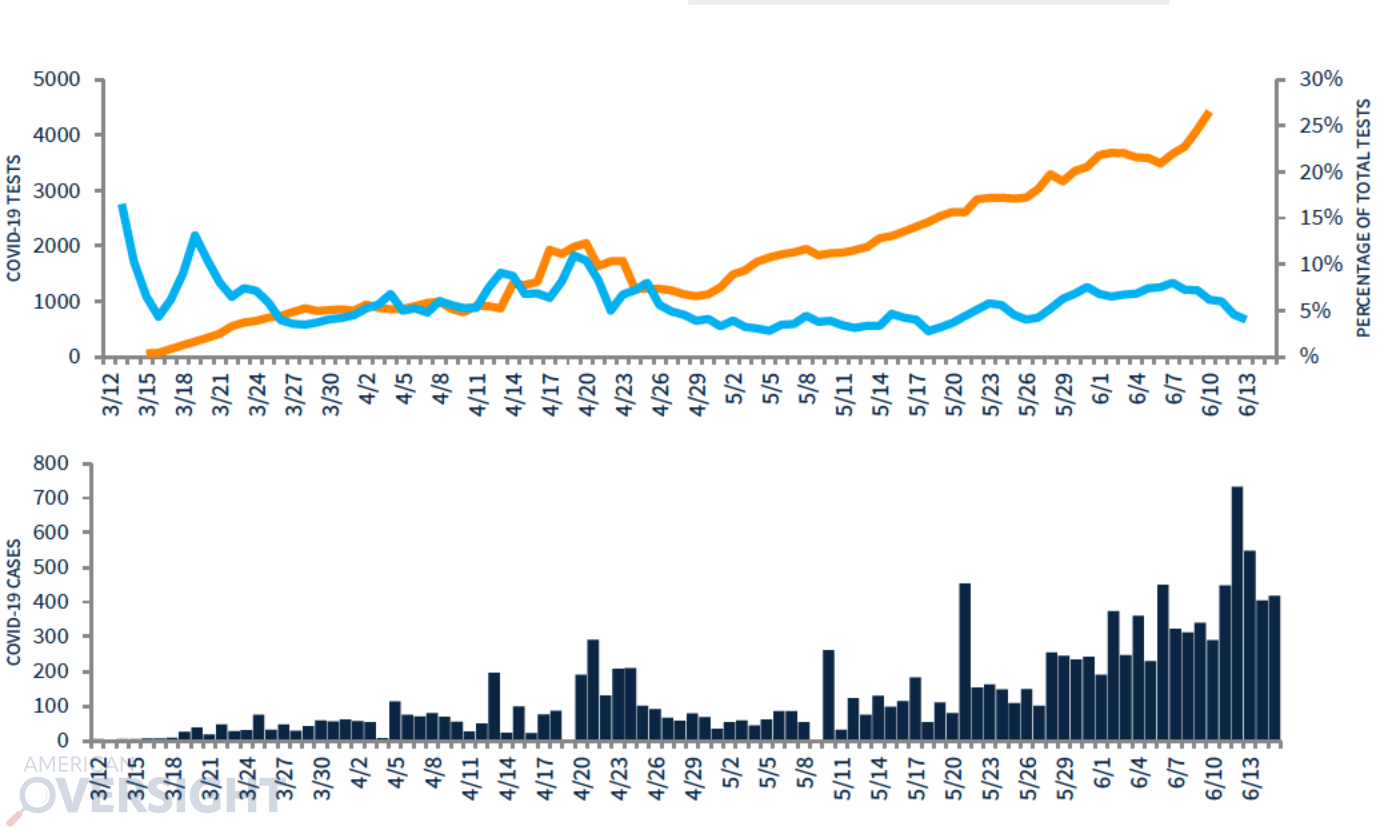
[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000374

HHS_NIH-20-0496-A-000374

TRENDS IN ARKANSAS



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.0%
NEW CASES PER 100K / DAY	15 (weekly avg.)
TESTING PER 100K / DAY	147 (weekly avg.)
BED UTILIZATION[2]	54%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-3.5%
INCIDENCE	+39%
TESTING PER 100K / DAY	+25
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	58 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	5.9%

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Not enough CLI syndromic surveillance data to

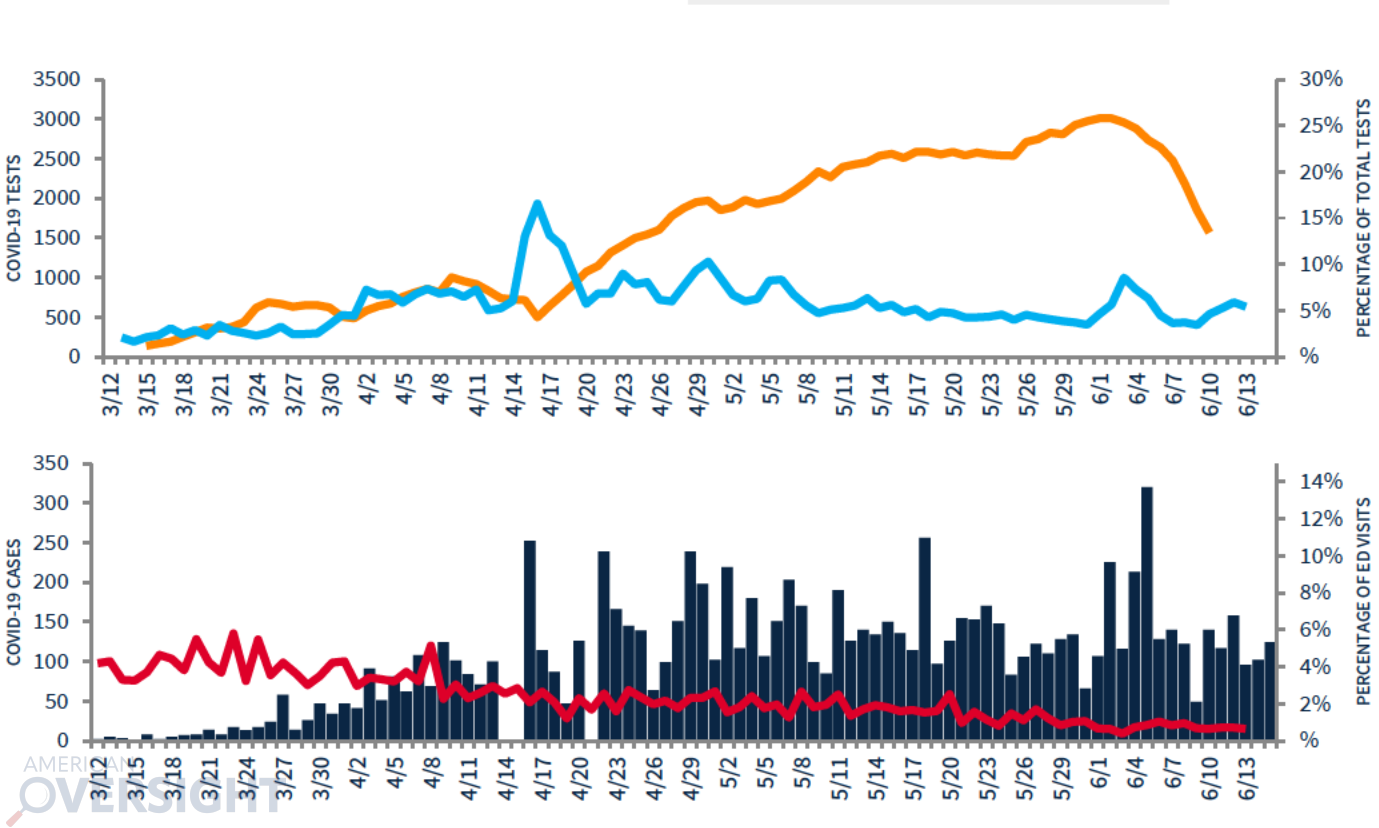
Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT

NIH FOIA 000375

HHS-NIH-20-0496-A-000375

TRENDS IN NEW MEXICO



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.4%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	75 (weekly avg.)
BED UTILIZATION[2]	56%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.0%
INCIDENCE	-38%
TESTING PER 100K / DAY	-66
BED UTILIZATION	+3%

RISK FACTORS

POPULATION DENSITY	17 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.0%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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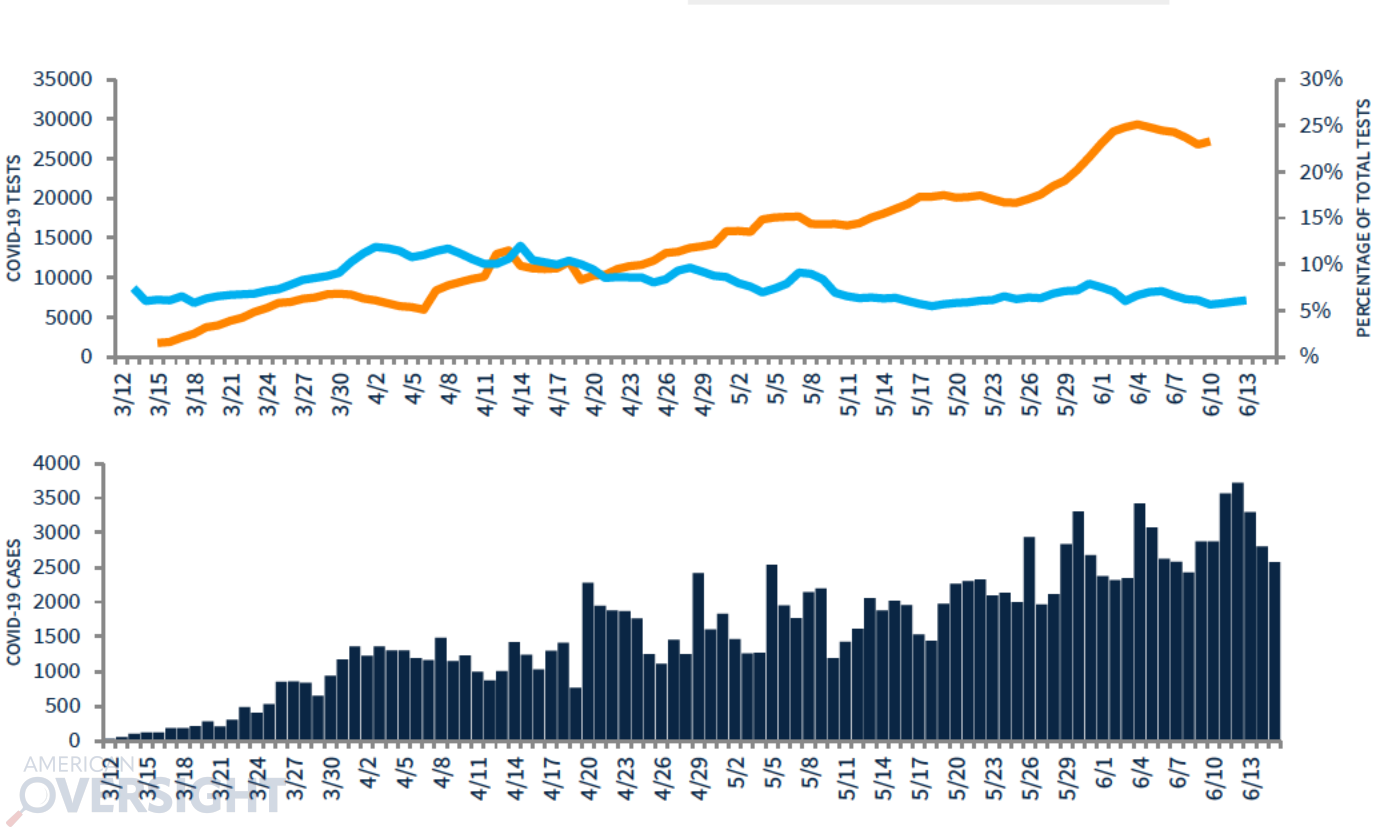
[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000376

HHS_NIH-20-0496-A-000376

TRENDS IN CALIFORNIA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.1%
NEW CASES PER 100K / DAY	8 (weekly avg.)
TESTING PER 100K / DAY	69 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.0%
INCIDENCE	+16%
TESTING PER 100K / DAY	-5
BED UTILIZATION	Unknown

RISK FACTORS

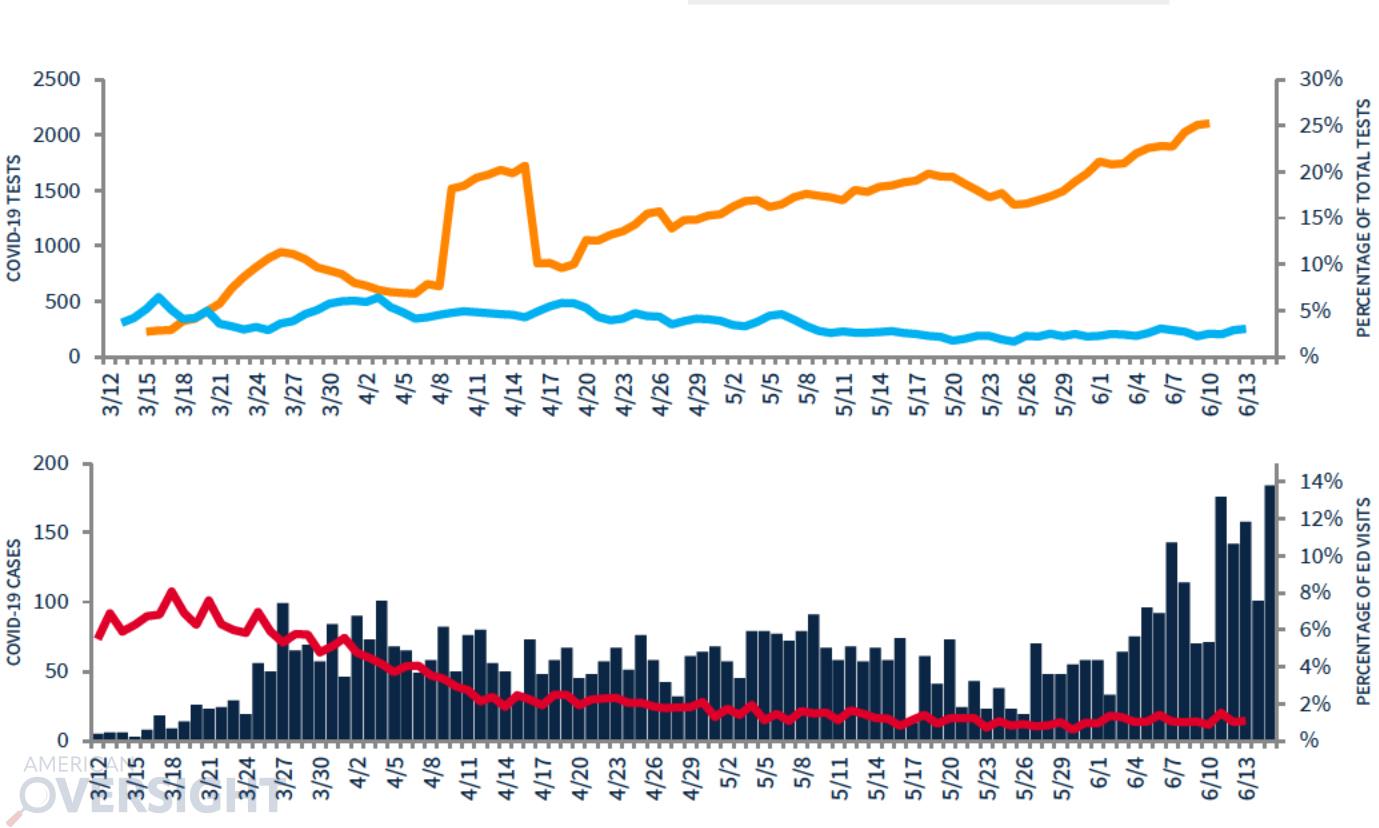
POPULATION DENSITY	254 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	2.8%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting.
Testing & hospital data based on best available data in HHS Protect

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[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

AMERICAN OVERSIGHT
NIH FOIA 000377
HHS-NIH-20-0496-A-000377

TRENDS IN OREGON



Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	3.0%
NEW CASES PER 100K / DAY	3 (weekly avg.)
TESTING PER 100K / DAY	50 (weekly avg.)
BED UTILIZATION[2]	49%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.0%
INCIDENCE	+46%
TESTING PER 100K / DAY	+9
BED UTILIZATION	+1%

RISK FACTORS

POPULATION DENSITY	44 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.6%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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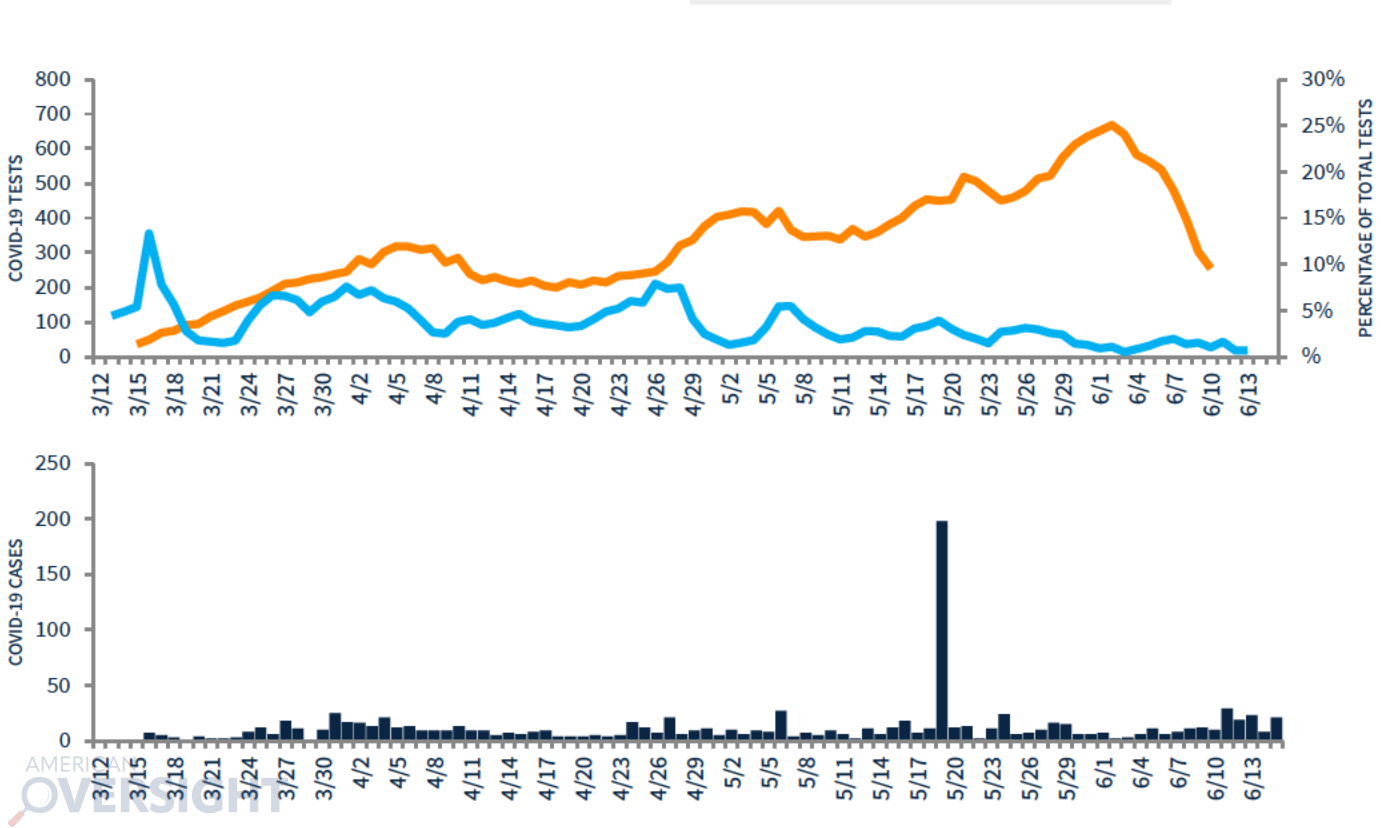
[2] *Average of the last 3 days*

AMERICAN OVERSIGHT

NIH FOIA 000378

HHS_NIH-20-0496-A-000378

TRENDS IN WYOMING



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	0.7%
NEW CASES PER 100K / DAY	3 (weekly avg.)
TESTING PER 100K / DAY	44 (weekly avg.)
BED UTILIZATION[2]	45%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.0%
INCIDENCE	+160%
TESTING PER 100K / DAY	-67
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	6 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.7%

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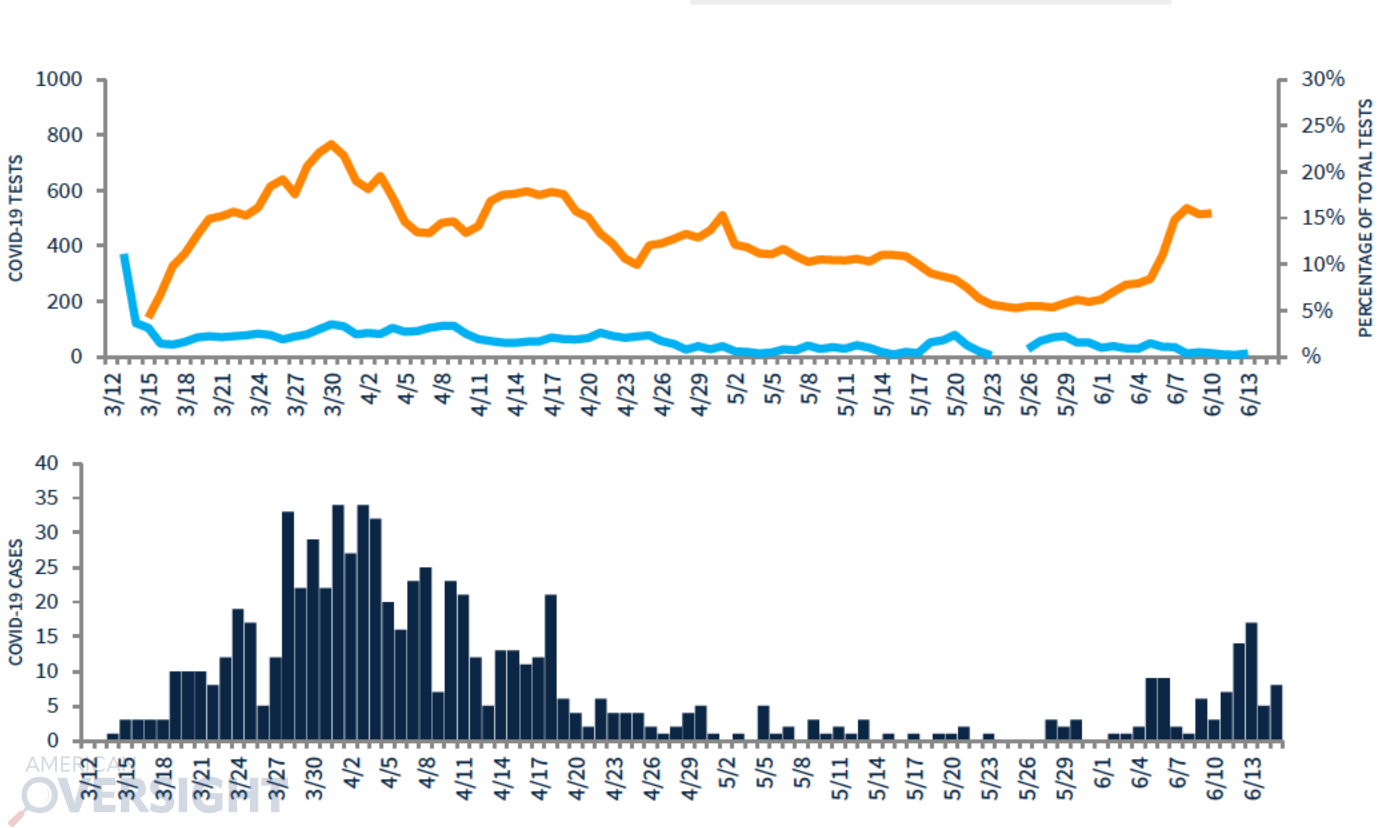
Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT

NIH FOIA 000379

HHS-NIH-20-0496-A-000379

TRENDS IN HAWAII



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	0.4%
NEW CASES PER 100K / DAY	1 (weekly avg.)
TESTING PER 100K / DAY	36 (weekly avg.)
BED UTILIZATION[2]	49%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.7%
INCIDENCE	+140%
TESTING PER 100K / DAY	+18
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	221 per sq mi
% OVER 60	25%
CRUDE CVD PREVALENCE	2.5%

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Not enough CLI syndromic surveillance data to

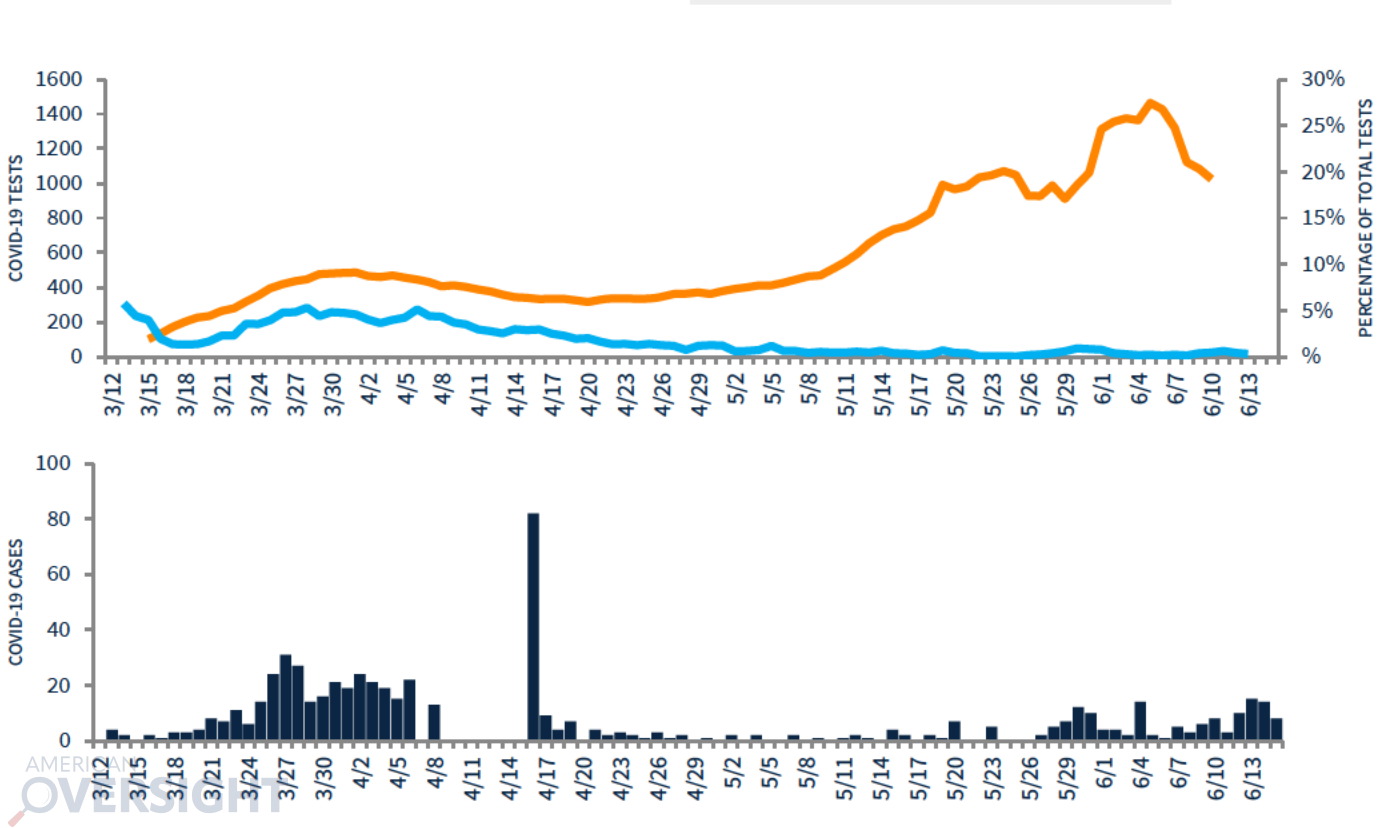
Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

AMERICA OVERSIGHT

NIH FOIA 000380

HHS-NIH-20-0496-A-000380

TRENDS IN MONTANA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	0.3%
NEW CASES PER 100K / DAY	1 (weekly avg.)
TESTING PER 100K / DAY	96 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.2%
INCIDENCE	+106%
TESTING PER 100K / DAY	-33
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	7 per sq mi
% OVER 60	26%
CRUDE CVD PREVALENCE	3.1%

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[2] Average of the last 3 days

Not enough CLI syndromic surveillance data to

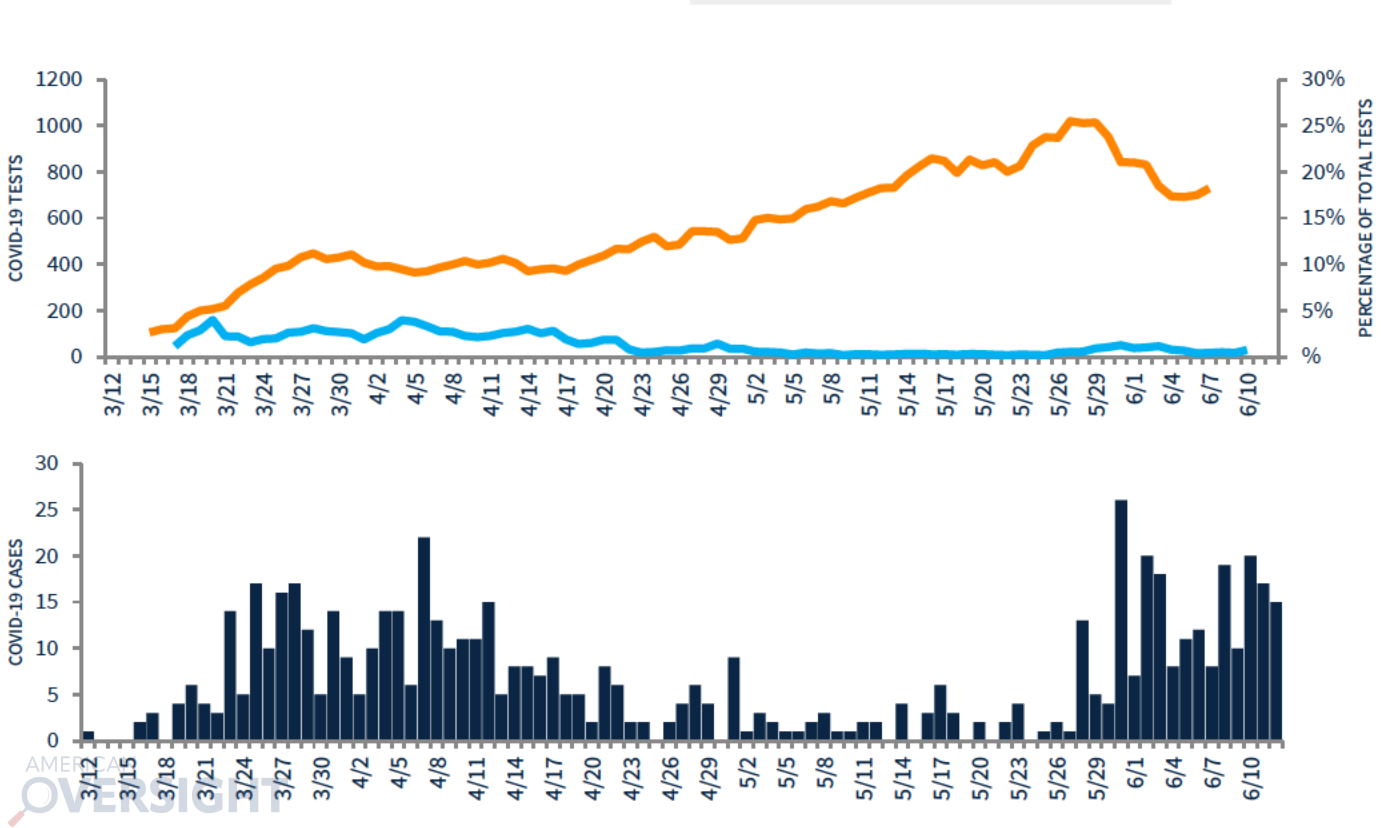
Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT

NIH FOIA 000381

HHS-NIH-20-0496-A-000381

TRENDS IN ALASKA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	0.7%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	98 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.4%
INCIDENCE	+7%
TESTING PER 100K / DAY	-15
BED UTILIZATION	Unknown

RISK FACTORS

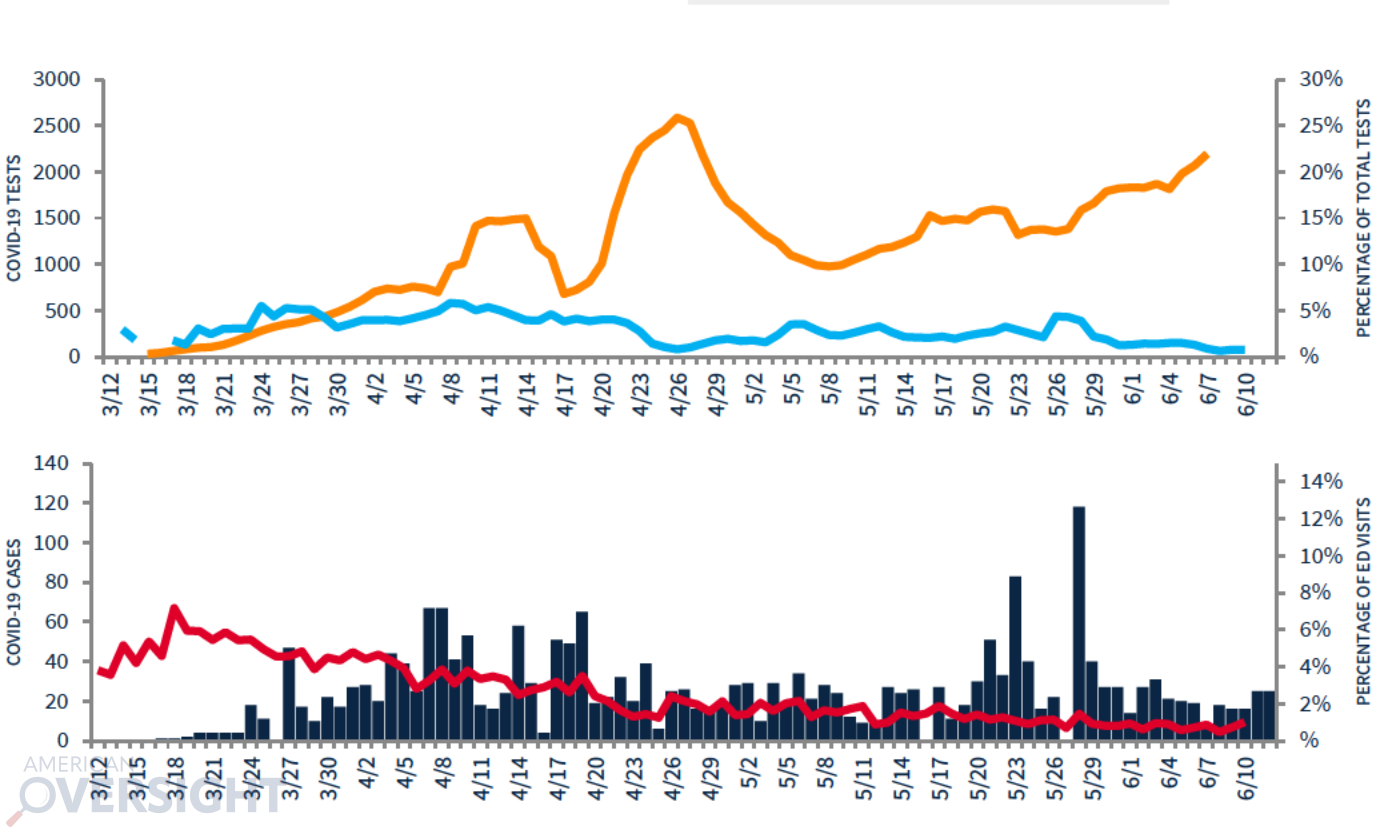
POPULATION DENSITY	1 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	2.8%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting.
Testing data is missing for 93% of county-level data points over this time period. ED data is missing for 88% of county-level data points over this time period.

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*
[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

AMERICA OVERSIGHT
NIH FOIA 000382
HHS-NIH-20-0496-A-000382

TRENDS IN WEST VIRGINIA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	0.8%
NEW CASES PER 100K / DAY	1 (weekly avg.)
TESTING PER 100K / DAY	122 (weekly avg.)
BED UTILIZATION[2]	62%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.6%
INCIDENCE	-25%
TESTING PER 100K / DAY	+21
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	75 per sq mi
% OVER 60	27%
CRUDE CVD PREVALENCE	7.4%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing data is missing for 84% of county-level data points over this time period. ED data is missing for 69% of county-level data points over this time period.

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000383

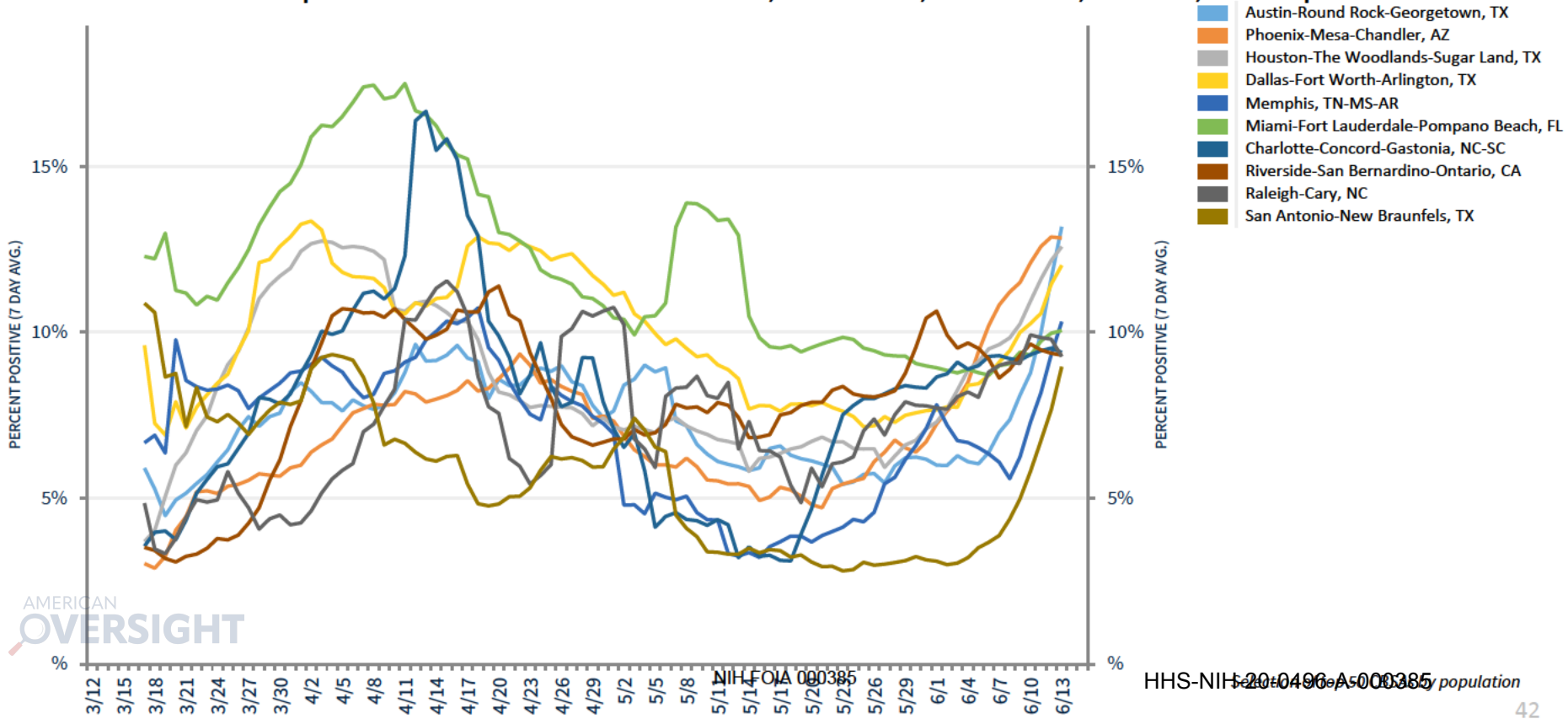
HHS_NIH-20-0496-A-000383

Metros
those with significant increases in test positives
Austin, Phoenix, Houston, Dallas, Memphis, Orlando, Birmingham, Tampa, Oklahoma City

AMERICAN OVERSIGHT

PERCENT POSITIVITY OVER 7 DAYS OF CBSAS 1-10

Metros with rapid increases in test + Austin, Phoenix, Houston, Dallas, Memphis



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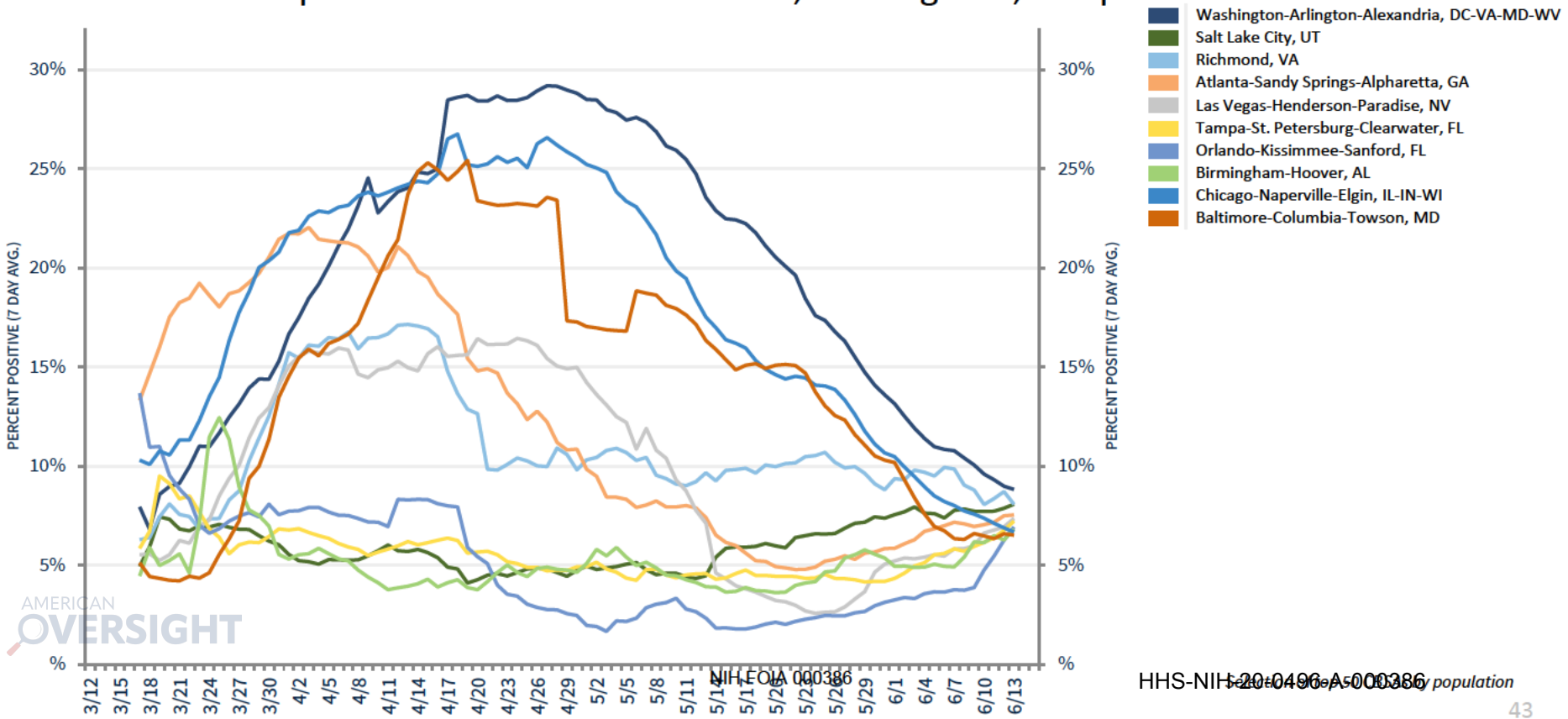
NIH FOIA 000385

HHS-NIH-20-0496-A-000385

Featured Metros: 5.0% of population

PERCENT POSITIVITY OVER 7 DAYS OF CBSAS 11-20

Metros with rapid increases in test + Orlando, Birmingham, Tampa



AMERICAN OVERSIGHT

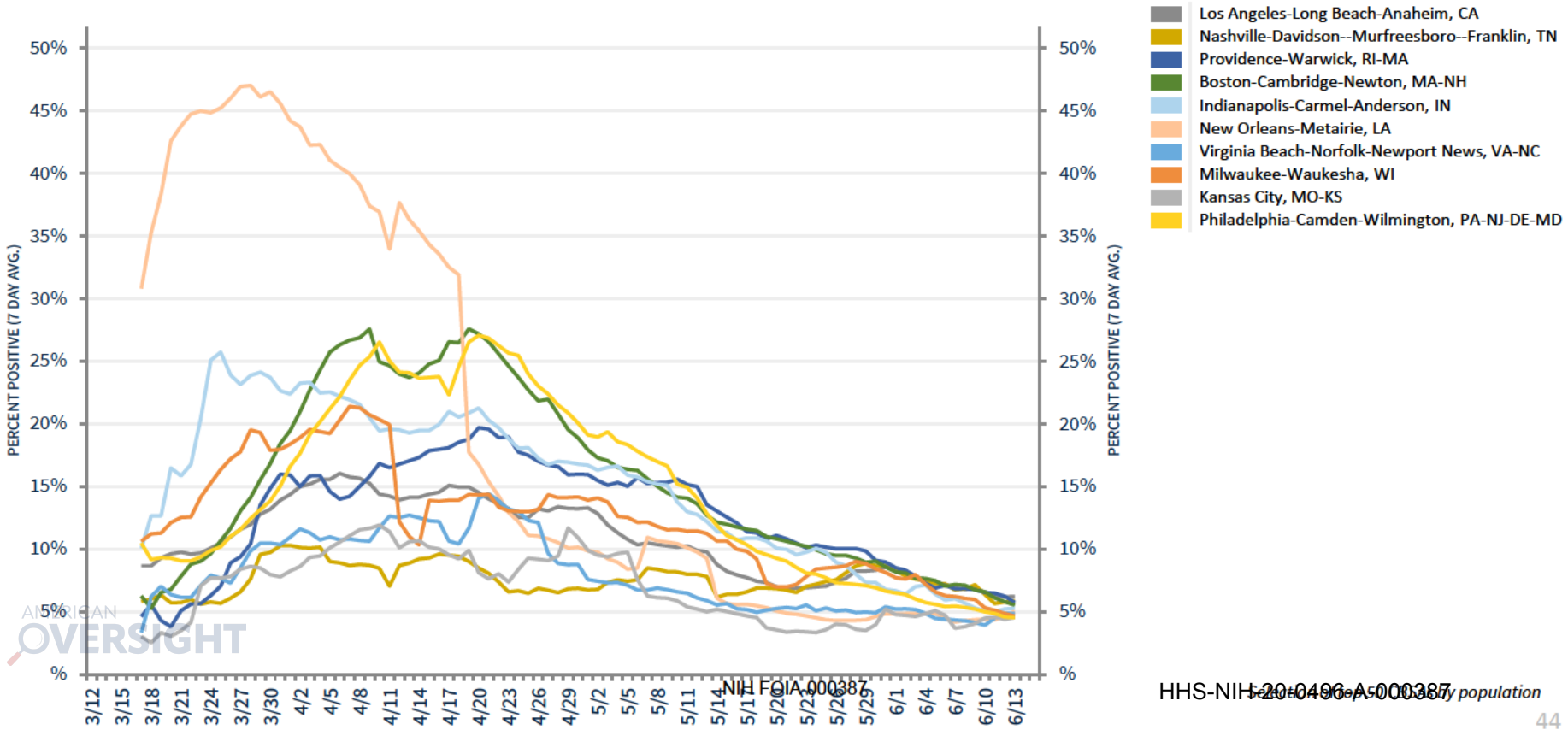
NIH FOIA 000386

HHS-NIH-20-0496-A-000386

Relative to Sept 2019 baseline population

PERCENT POSITIVITY OVER 7 DAYS OF CBSAS 21-30

Stable metros



AMERICAN OVERSIGHT

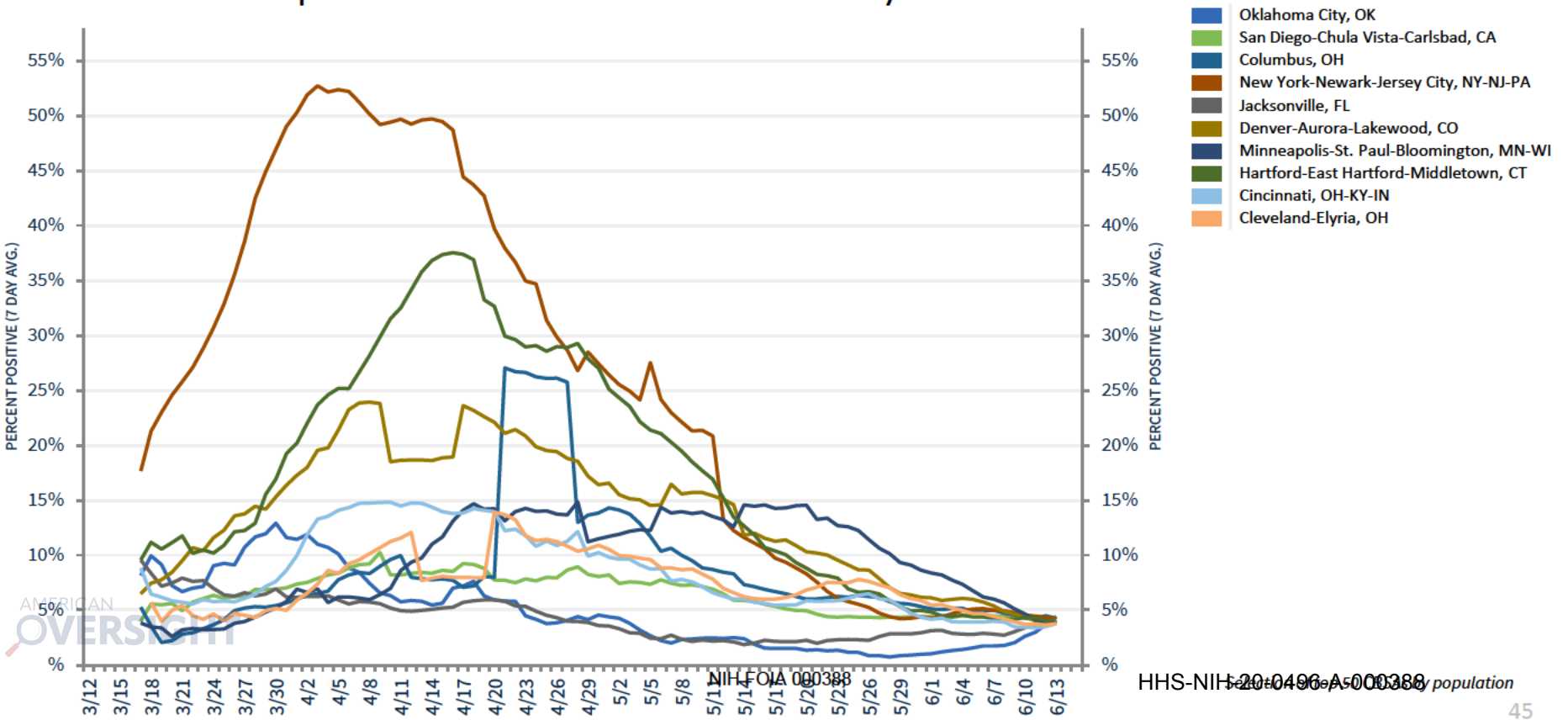
NIH FOIA 000387

HHS-NIH-20-0496-A-000387

Relative to the county population

PERCENT POSITIVITY OVER 7 DAYS OF CBSAS 31-40

Metros with rapid increases in test + Oklahoma City



Testing rate per 100,000 population

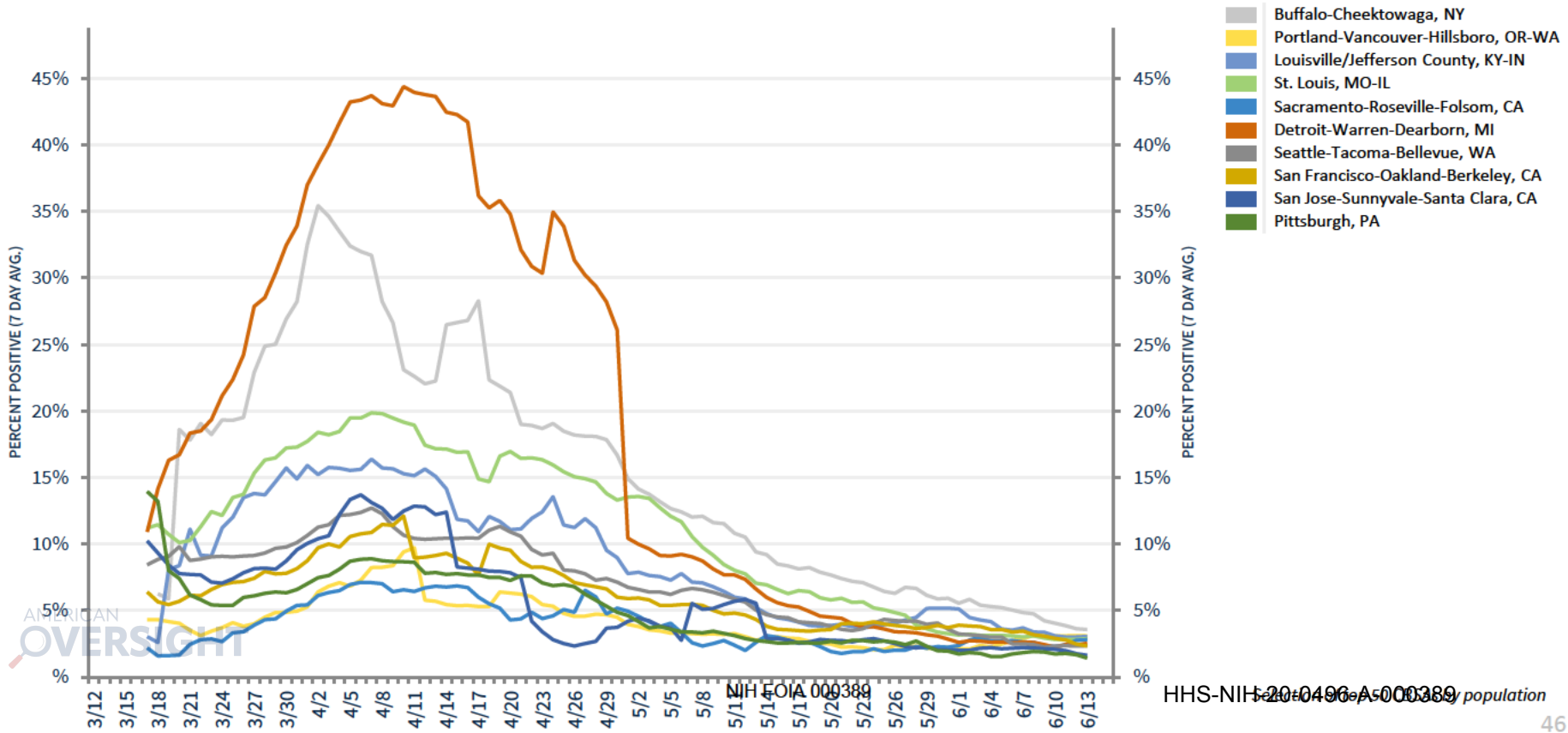
AMERICAN OVERSIGHT

NIH FOIA 000388

HHS-NIH-20-0496-A-000388

PERCENT POSITIVITY OVER 7 DAYS OF CBSAS 41-50

Stable metros



Testing volume per 100,000 population

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NIH FOIA 000389

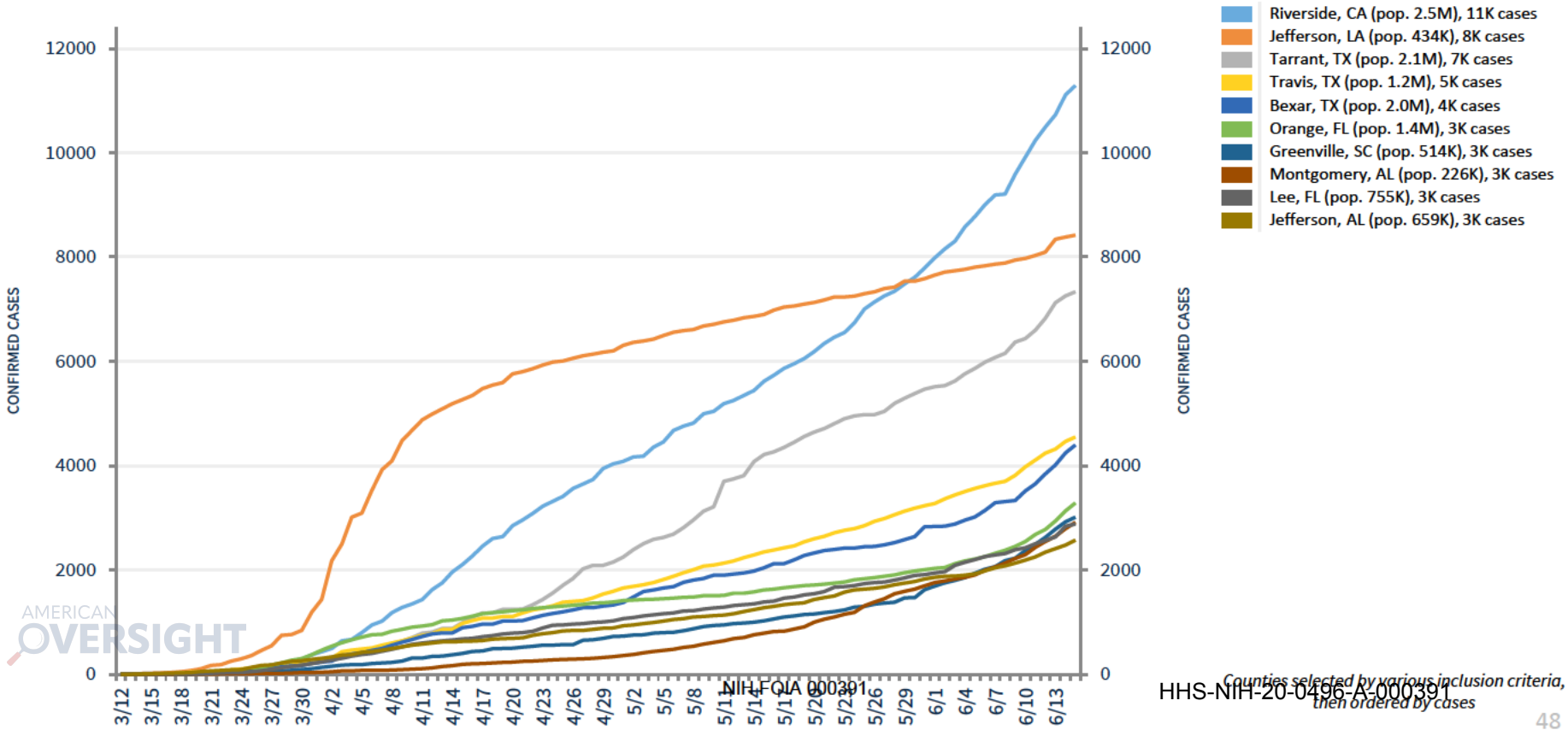
HHS-NIH-20-0496-A-000389

CUMULATIVE CASES: PRIORITIZED EMERGING COUNTIES COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA

Tracking 72 Counties with increasing rates of increase

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PRIORITIZED EMERGING COUNTIES 1-10, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



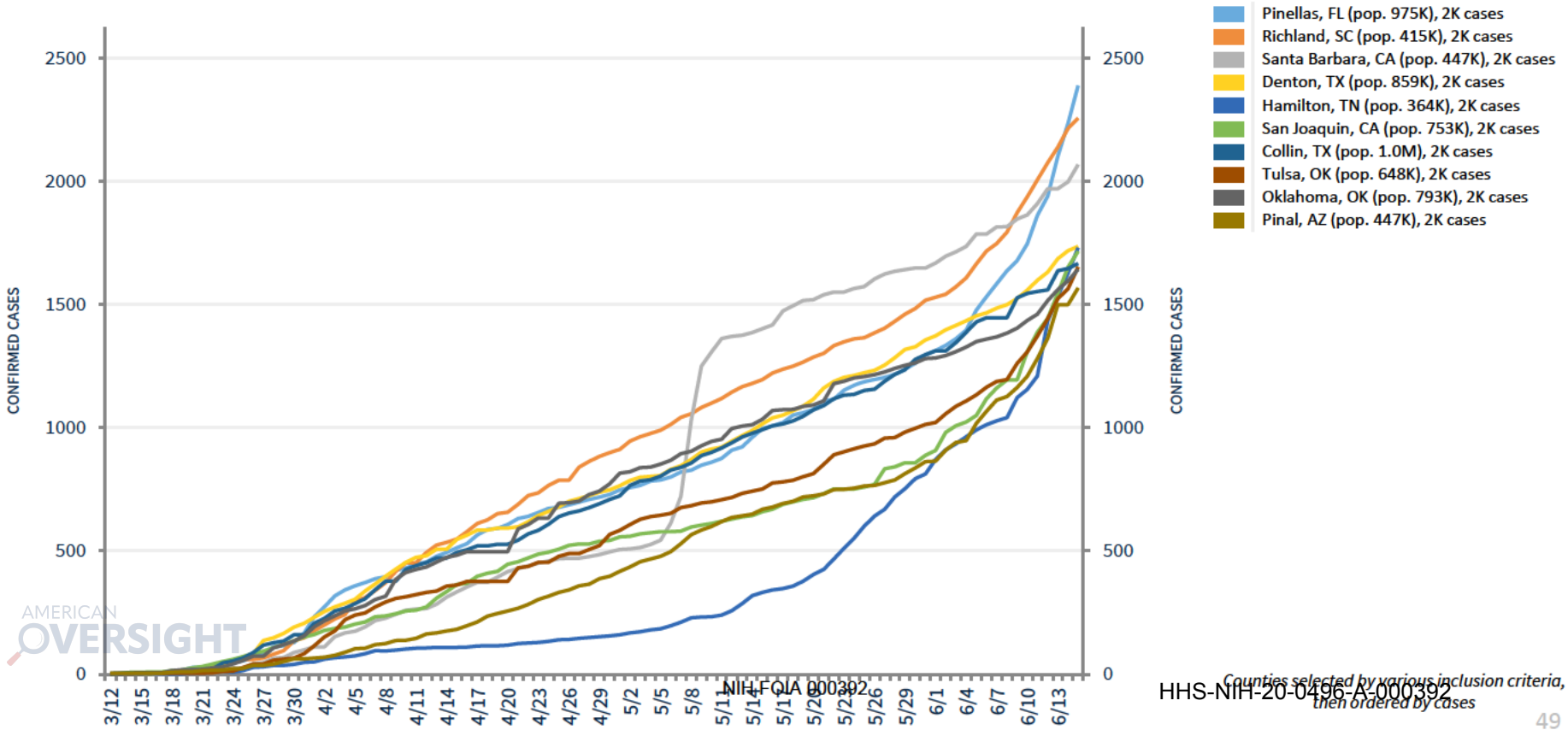
Counties selected by various inclusion criteria, then ordered by cases

AMERICAN OVERSIGHT

NIH-FOIA 000391

HHS-NIH-20-0496-A-000391

PRIORITIZED EMERGING COUNTIES 11–20, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



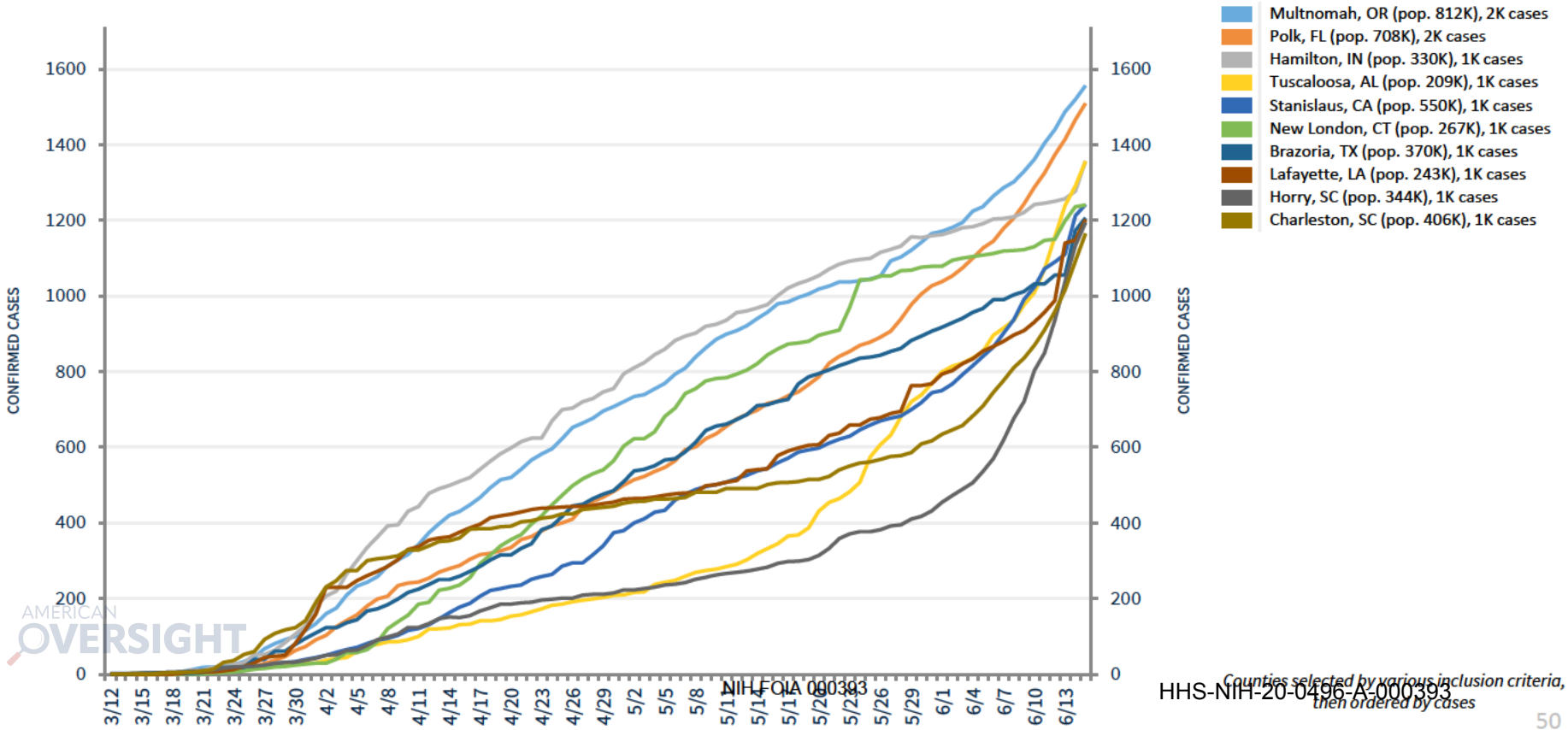
Counties selected by various inclusion criteria, then ordered by cases

AMERICAN OVERSIGHT

NIH FOIA 000392

HHS-NIH-20-0496-A-000392

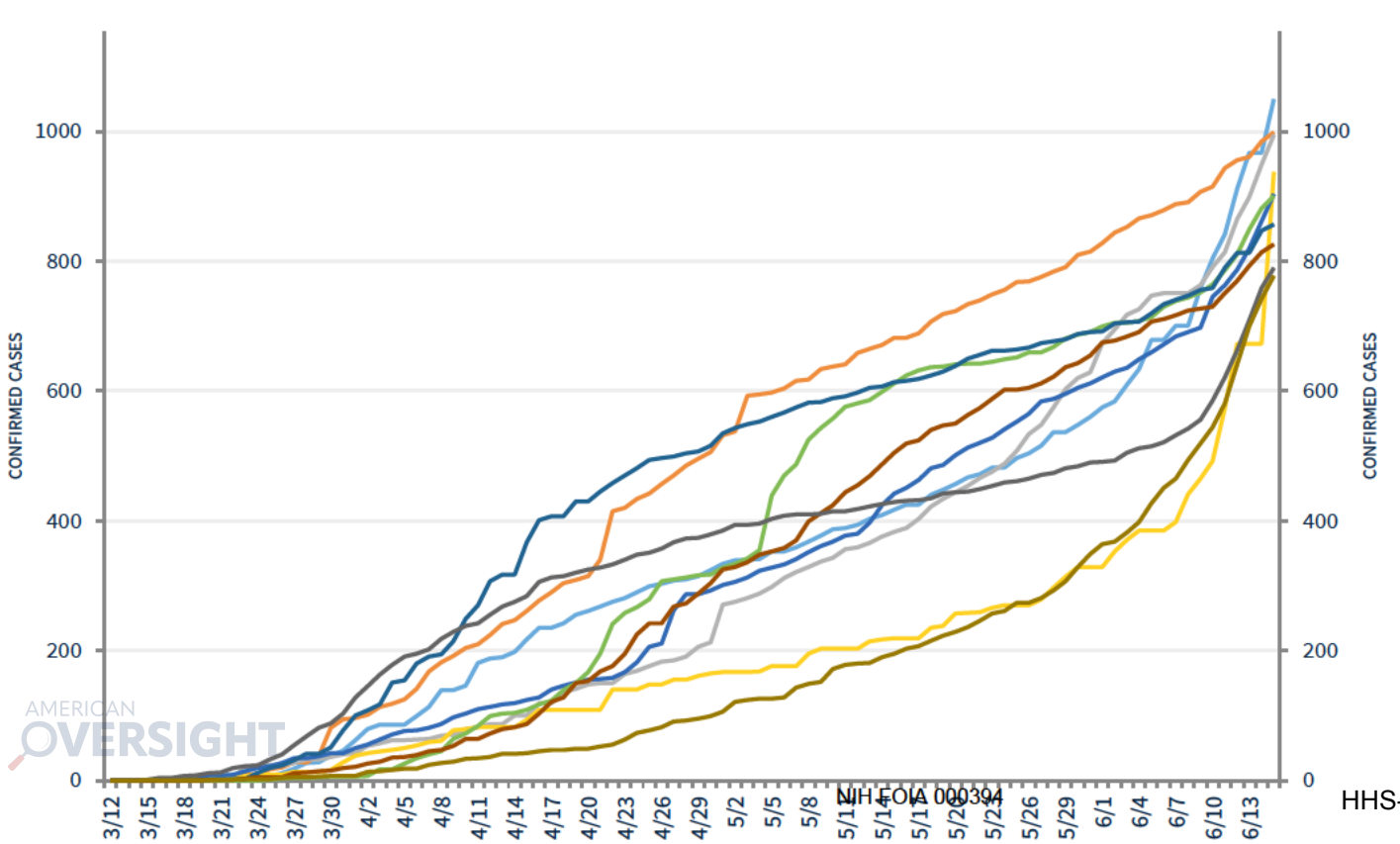
PRIORITIZED EMERGING COUNTIES 21-30, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



Counties selected by various inclusion criteria, then ordered by cases

AMERICAN OVERSIGHT
NIH FOIA 000383
HHS-NIH-20-0496-A-000393

PRIORITIZED EMERGING COUNTIES 31-40, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA

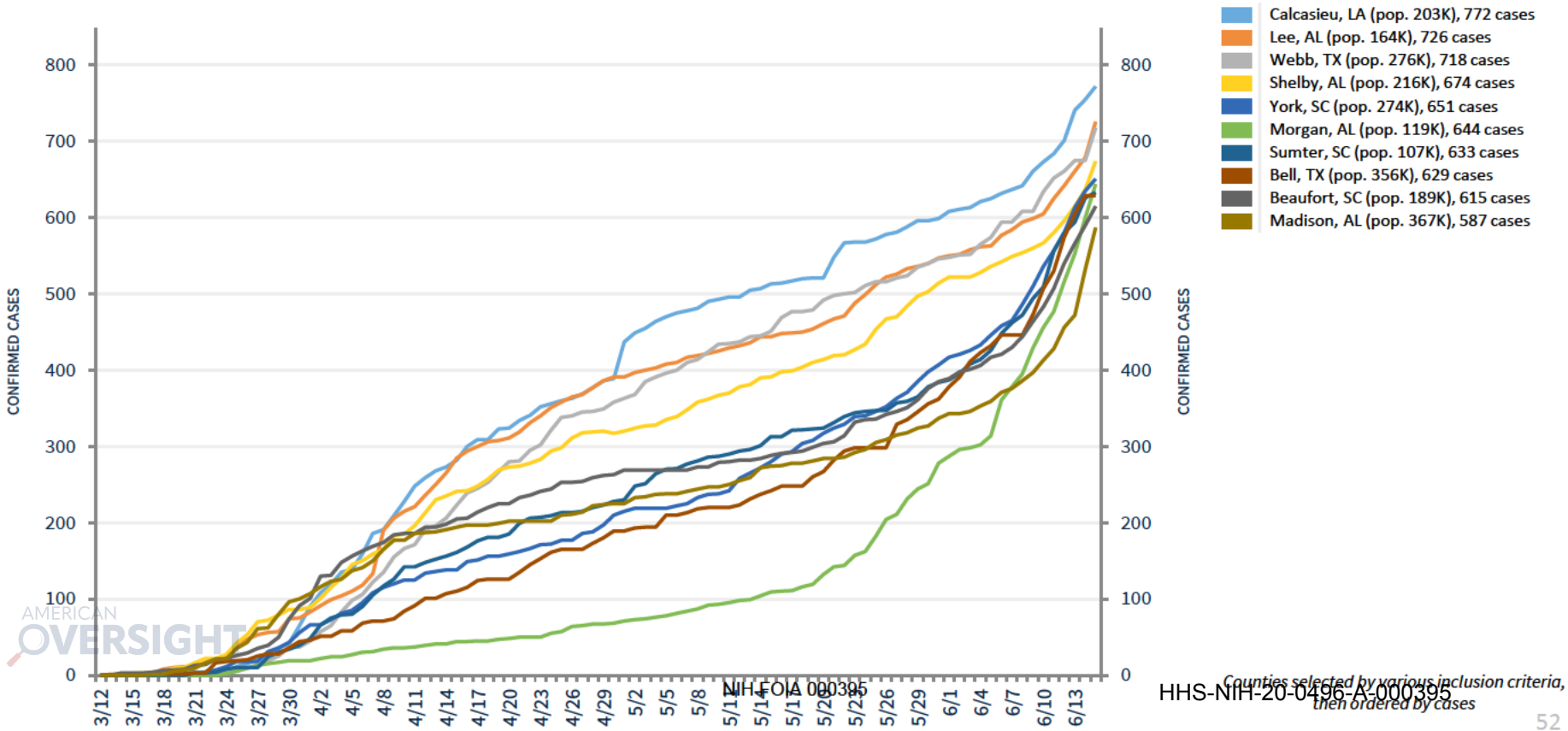


- Hidalgo, TX (pop. 866K), 1K cases
- Escambia, FL (pop. 316K), 999 cases
- Monterey, CA (pop. 436K), 995 cases
- Hays, TX (pop. 223K), 938 cases
- Williamson, TX (pop. 567K), 904 cases
- Marshall, AL (pop. 96K), 901 cases
- Lubbock, TX (pop. 307K), 857 cases
- Florence, SC (pop. 138K), 826 cases
- Seminole, FL (pop. 468K), 790 cases
- Alamance, NC (pop. 166K), 778 cases

Counties selected by various inclusion criteria, then ordered by cases

AMERICAN OVERSIGHT
NIH FOIA 000394
HHS-NIH-20-0496-A-000394

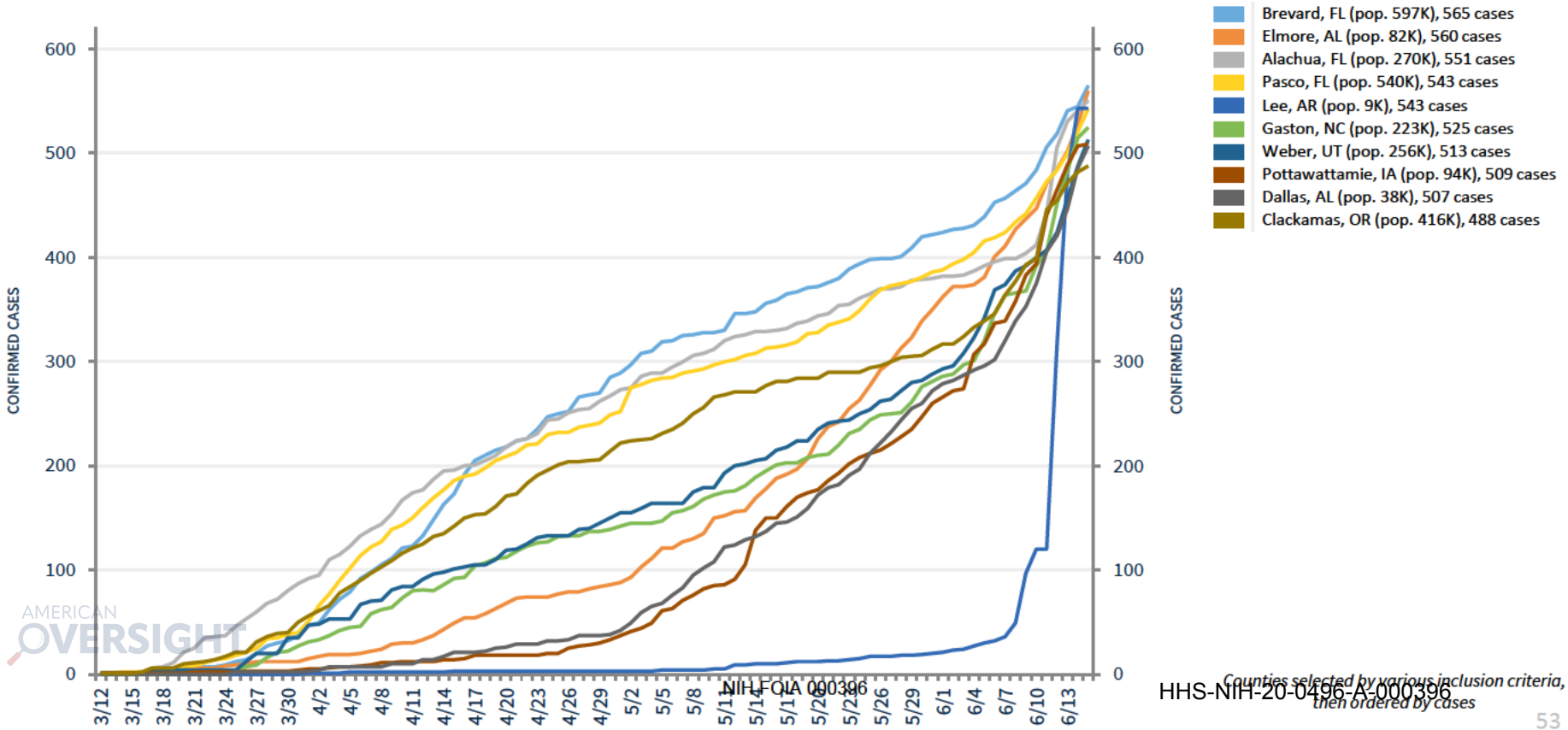
PRIORITIZED EMERGING COUNTIES 41-50, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



Counties selected by various inclusion criteria, then ordered by cases

AMERICAN OVERSIGHT
NIH FOIA 000385
HHS-NIH-20-0496-A-000395

PRIORITIZED EMERGING COUNTIES 51-60, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



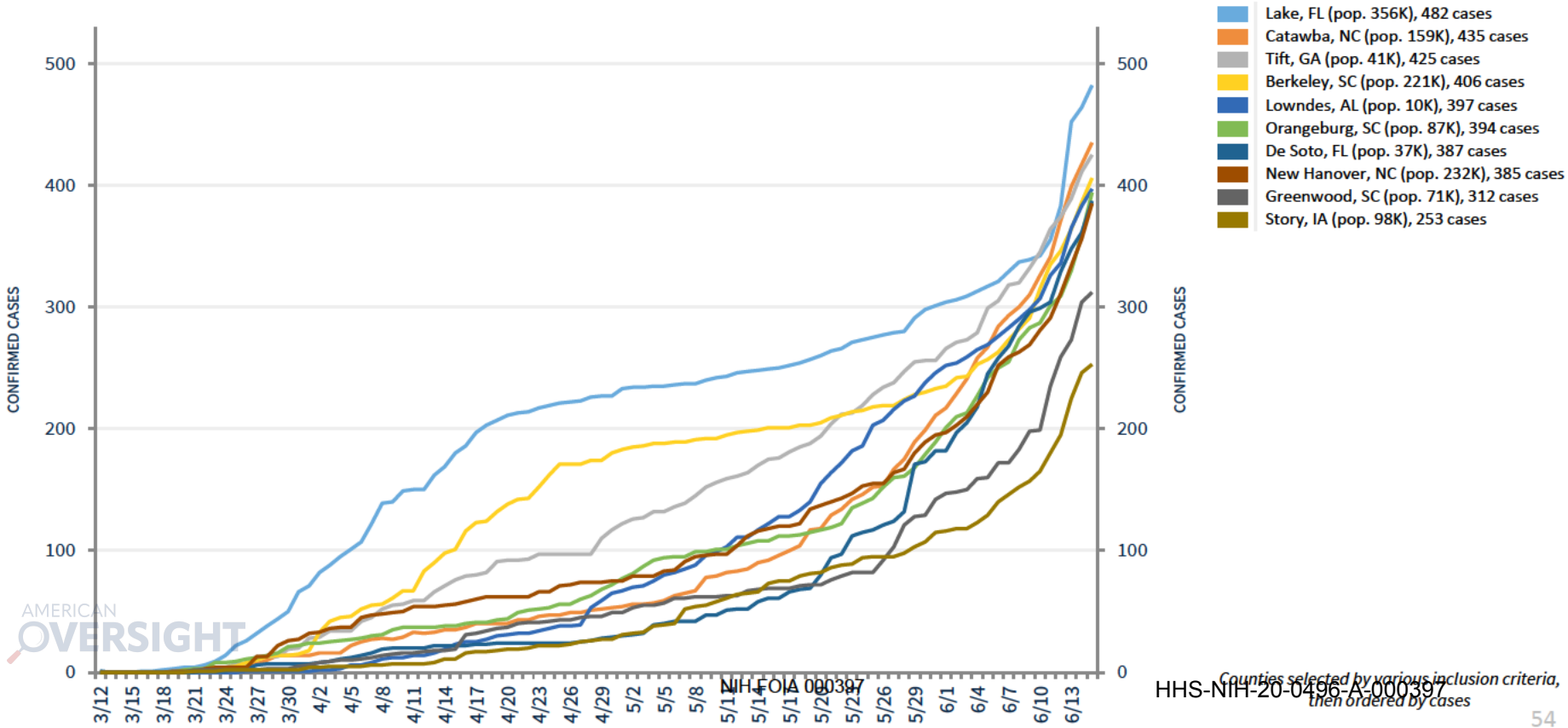
Counties selected by various inclusion criteria, then ordered by cases

AMERICAN OVERSIGHT

NIH-FOIA 000396

HHS-NIH-20-0496-A-000396

PRIORITIZED EMERGING COUNTIES 61-70, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



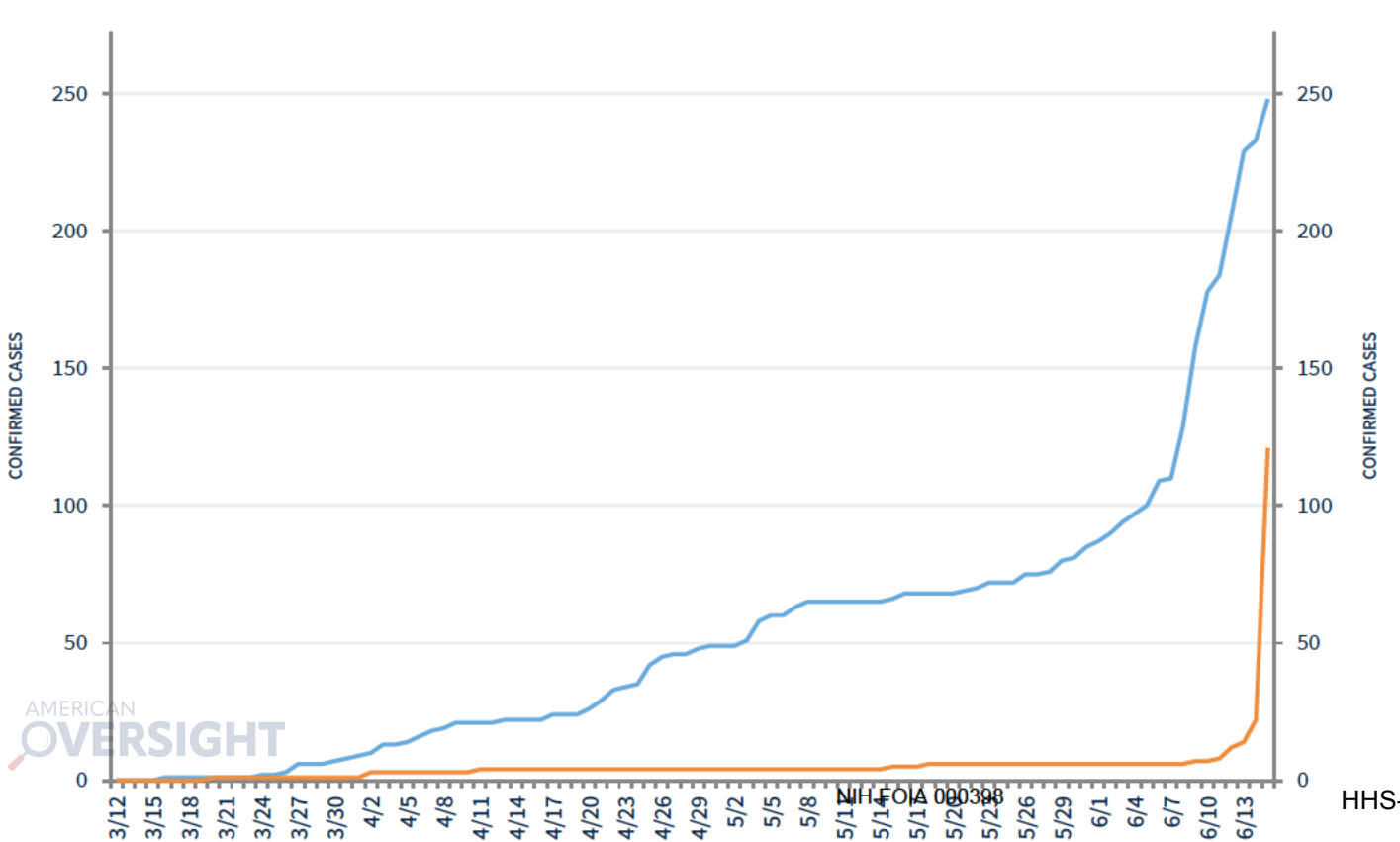
Counties selected by various inclusion criteria, then ordered by cases

AMERICAN OVERSIGHT

NIH FOIA 000397

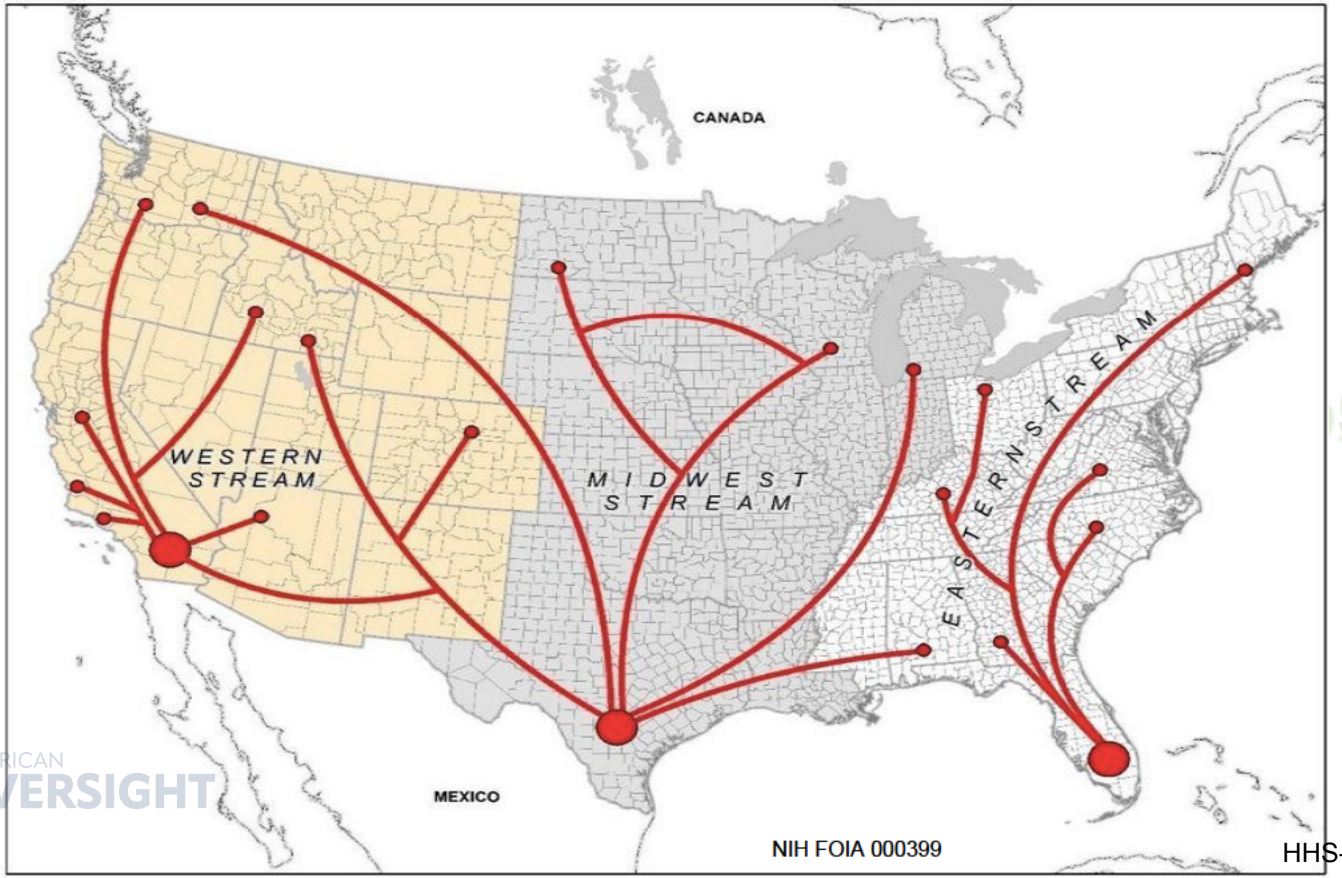
HHS-NIH-20-0496-A-000397

PRIORITIZED EMERGING COUNTIES 71-72, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



Counties selected by various inclusion criteria, then ordered by cases

AMERICAN OVERSIGHT
NIH FOIA 000388
HHS-NIH-20-0496-A-000398



Source: https://www.researchgate.net/figure/Traditional-Farmworker-Migration-Streams-generalized_fig1_334710206

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HHS-NIH-20-0496-A-000399

NOT FOR DISTRIBUTION / / FOR OFFICIAL USE AND PLANNING PURPOSES ONLY

Eastern Region				
State	Source	Peak Harvest Period	Crops	Other comments
Florida	Florida Health Agricultural Outreach Plan	April-June October-April November-May November-May April-June	Oranges, All Specialty Citrus Tomatoes Bell Peppers Watermelons	The migrant labor camp program currently issues over 700 permits in 33 counties ensuring that 34,000 migrant and seasonal farm workers, and families live in housing that meets or exceeds standards set by law.
Georgia	Agricultural Outreach Plan	April-June March-July October-December	Blueberries Watermelon Onions	
North Carolina	Beth Rodman Bureau Chief Agricultural Safety & Health Bureau N.C. Department of Labor (b) (6) Direct: (919) 707-7810 Fax: (919) 807-2924	May-October August-November May-July October-December	Tobacco Sweet Potatoes Berries Christmas Trees	Registered migrant housing sites for 2019 received 1969, of those, housing certificates were issued for 1841 sites for a total of 23,641 workers.
New York	Agricultural Outreach Plan	April – November Harvest	Apples Onions Cabbage Nurseries Potatoes grapes corn	

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Midwest Region				
State	Source	Peak Harvest Period	Crops	Other comments
Michigan	MDARD – Michigan Migrant Labor Housing website Agricultural Outreach Plan	August – Nov. April-June July-August July-September July-October	Apples Asparagus Blueberries Cherries Other vegetables	Migrant housing exists throughout the Lower Peninsula of Michigan, at approximately 900 licensed housing sites, including 4,500 living units with a capacity for 25,000 persons.
Texas	TDHCA – Migrant Labor Housing Facilities website NFJP Housing Grantee - MET	April – June September – Feb. May –July November - May	onions, melons, and other summer crops winter crops such as cabbage, spinach, potato, pecans citrus, cabbage, greens, sugar cane, watermelons, cantaloupe and onions corn, sorghum, squash, grapes, pumpkin, potatoes, cotton, cucumbers, watermelon and pumpkin seasons	In the Winter Garden Area, the onions, melons, and other summer crops begin in April and run thru late June. Winter crops such as cabbage, spinach, potato, pecans they run from September thru Feb. Peak season is May thru July. In the Rio Grande Valley area, farmworkers do seasonal work harvesting citrus, cabbage, greens, sugar cane, watermelons, cantaloupe and onions. The season for these crops are November to May. The farmworkers that do migrate start leaving in April and return sometime in Oct or

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Colorado	Agricultural Outreach Plan	March-Nov. July-September March-Nov March-October September-Oct.	Onions Corn Cabbage Lettuce Potatoes	
		Western Region		
Arizona	Agricultural Outreach Plan (b) (6) PPEP, Inc. (b) (6) (b) (6) office (b) (6) cell	May- October January-March	Broccoli, cauliflower and celery	In the state if Arizona, they have a year round growing season, but the biggest season is the winter vegetables, which would be October to May each year. Arizona is the 3rd largest state for producing fresh market vegetables and 4th for organic, along with one of the largest lettuce producers. There are numerous other crops grown from May to October, but the winter months are the largest growing seasons here in the state because of the temperate weather.

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From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Wed, 17 Jun 2020 15:38:38 -0500
To:
Subject: 6.17.20 - PowerPoint Part ll
Attachments: 17JuneTF Addendum[1] [Read-Only]UPDATED.pptx

All –

Please see the additional slide deck attached. This PowerPoint is an addendum to the slide deck sent earlier this afternoon from Dr. Birx.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

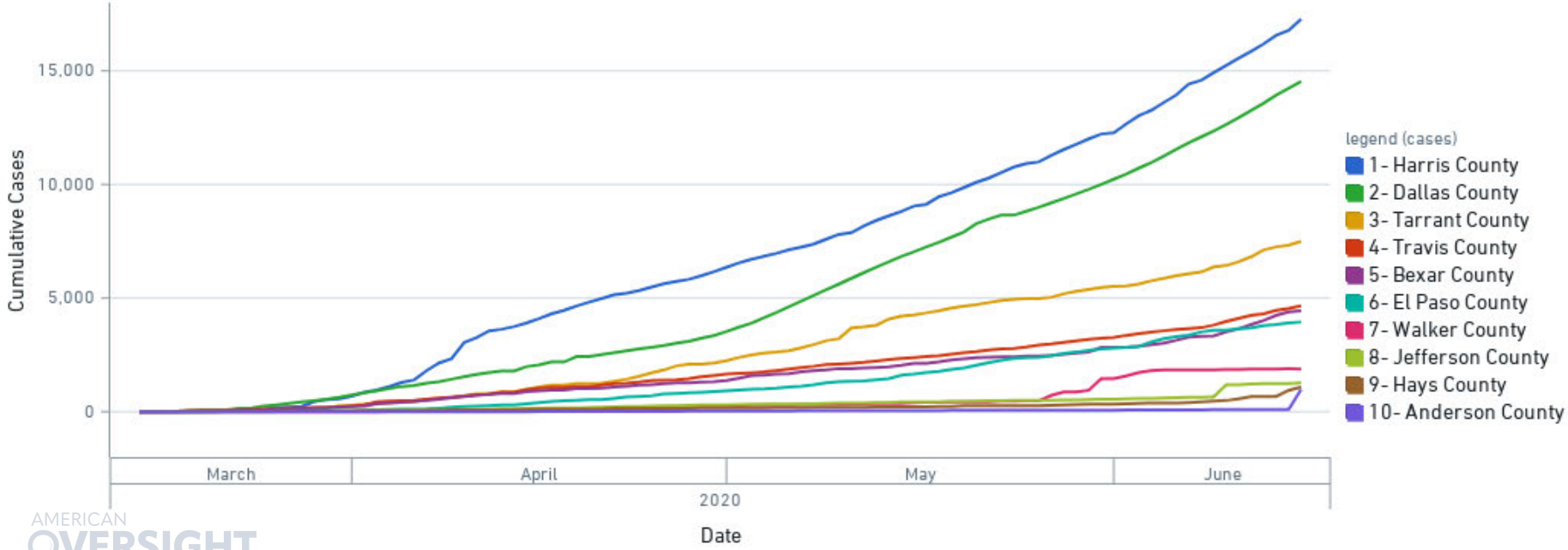
States of concerns with rising cases and rising test positive

AMERICAN OVERSIGHT

TX - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: TX, date: 2020-06-16

Rising cases – none in log phase

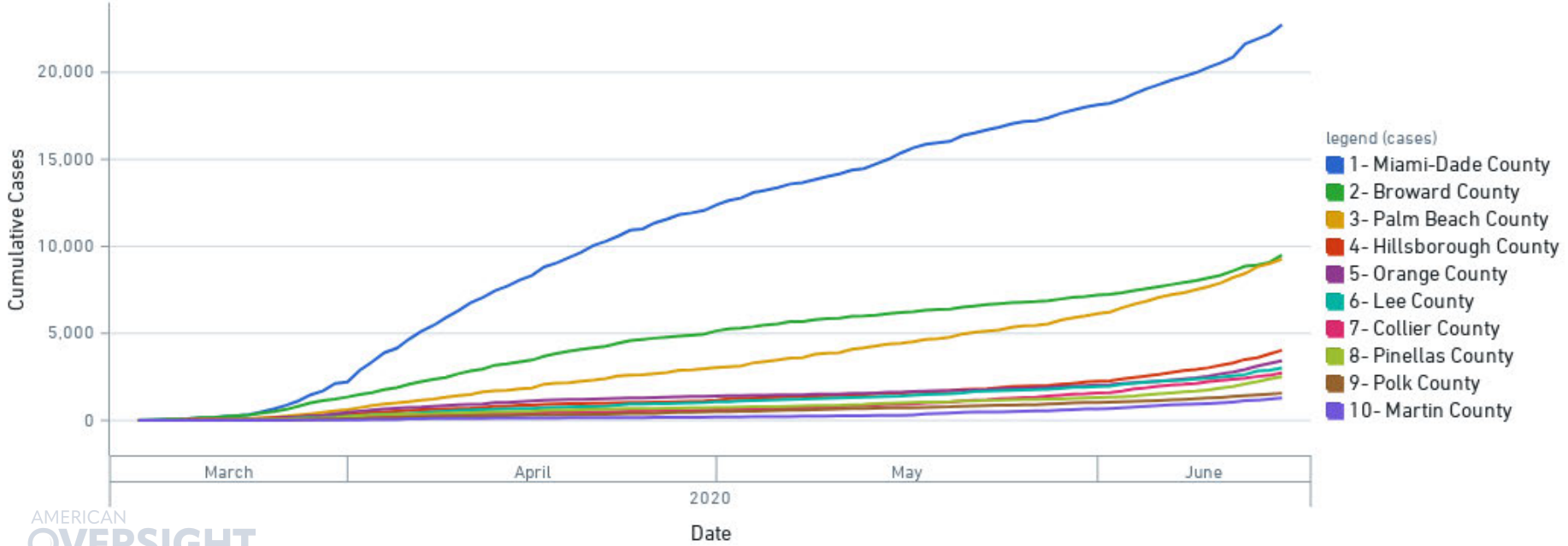


AMERICAN OVERSIGHT

FL - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: FL, date: 2020-06-16

Rising cases – none in log phase

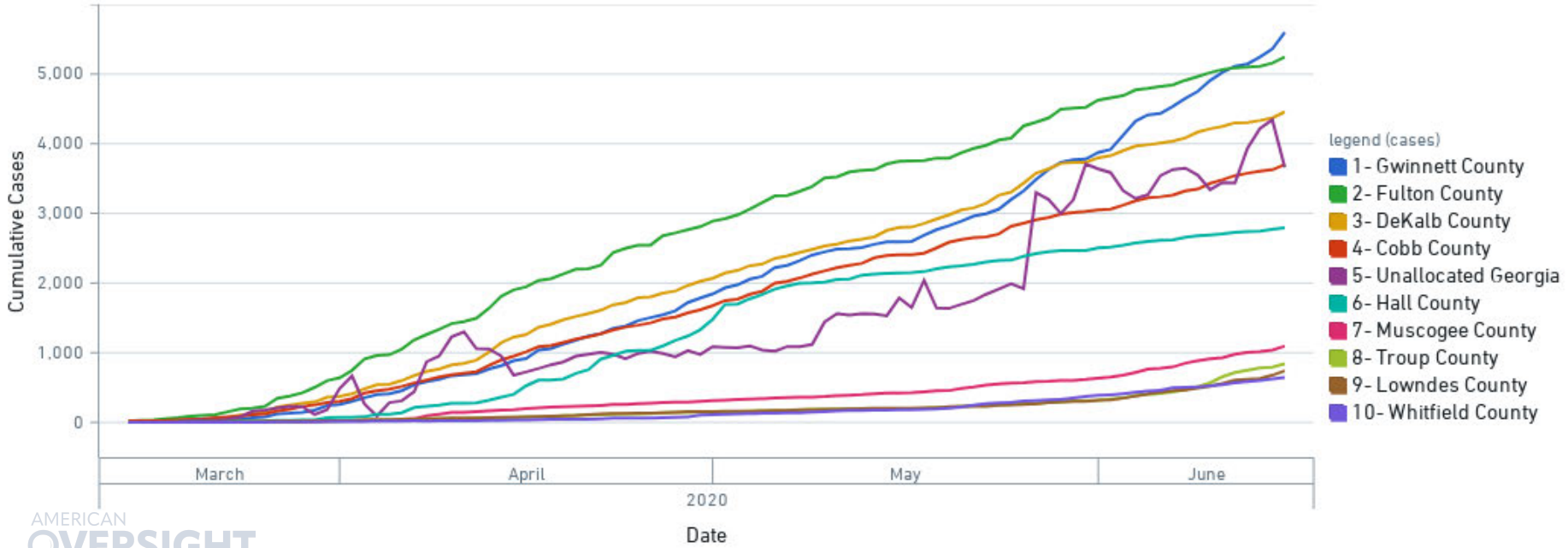


AMERICAN OVERSIGHT

GA - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: GA, date: 2020-06-16

Rising cases – none in log phase

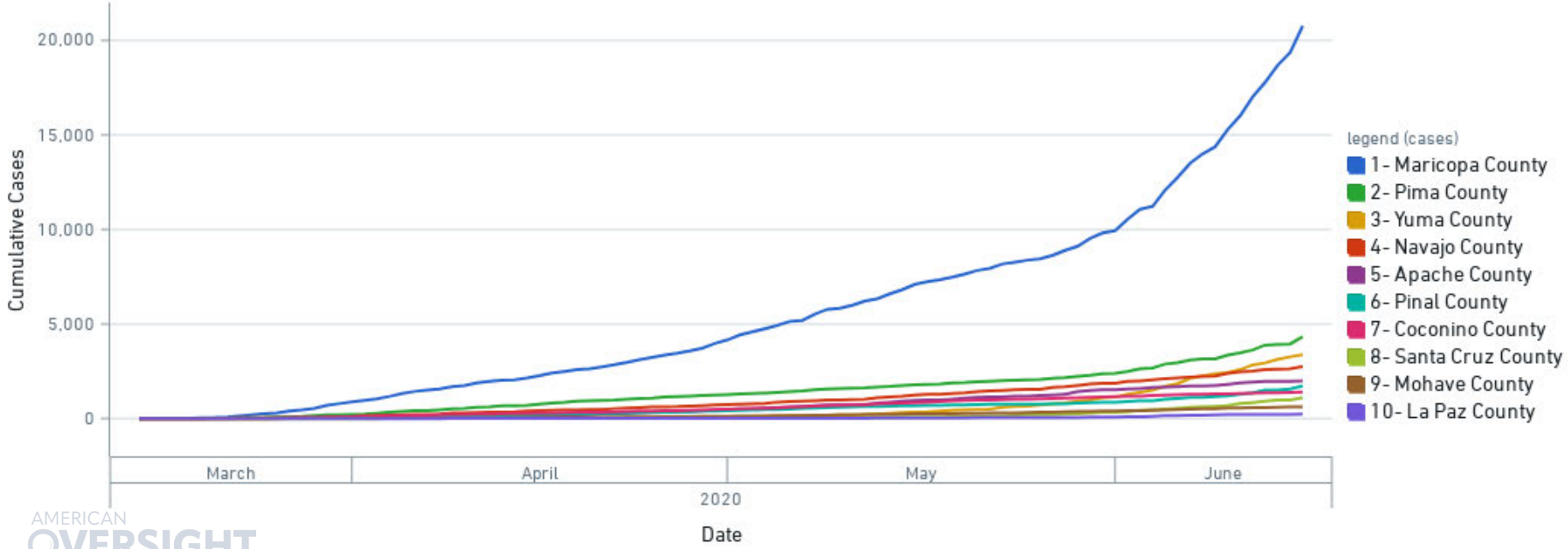


AMERICAN OVERSIGHT

AZ - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: AZ, date: 2020-06-16

One county in log phase

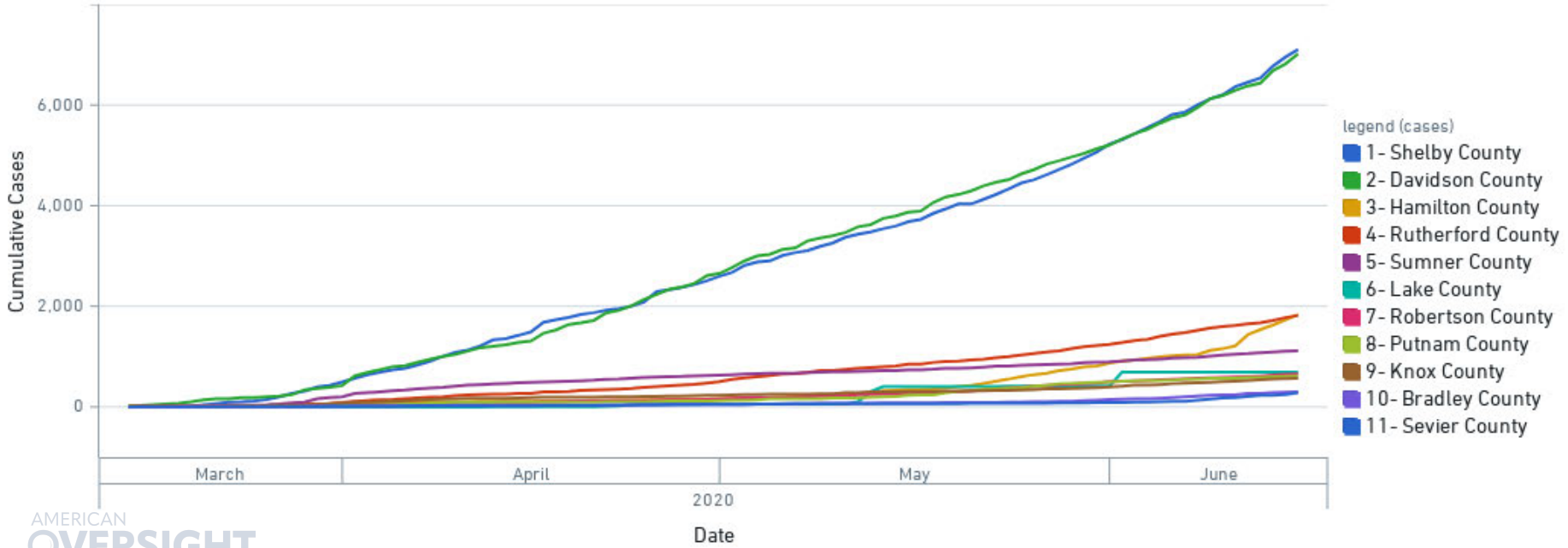


AMERICAN OVERSIGHT

TN - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: TN, date: 2020-06-16

Rising cases – none in log phase

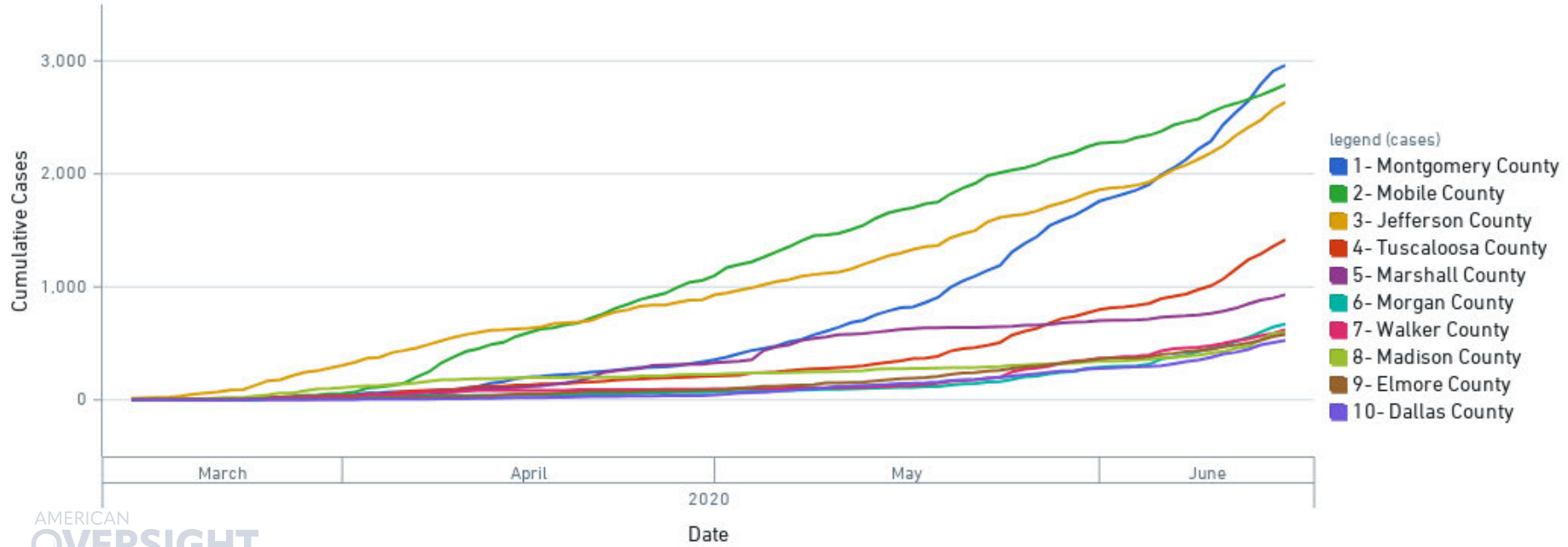


AMERICAN OVERSIGHT

AL - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: AL, date: 2020-06-16

One county in log phase

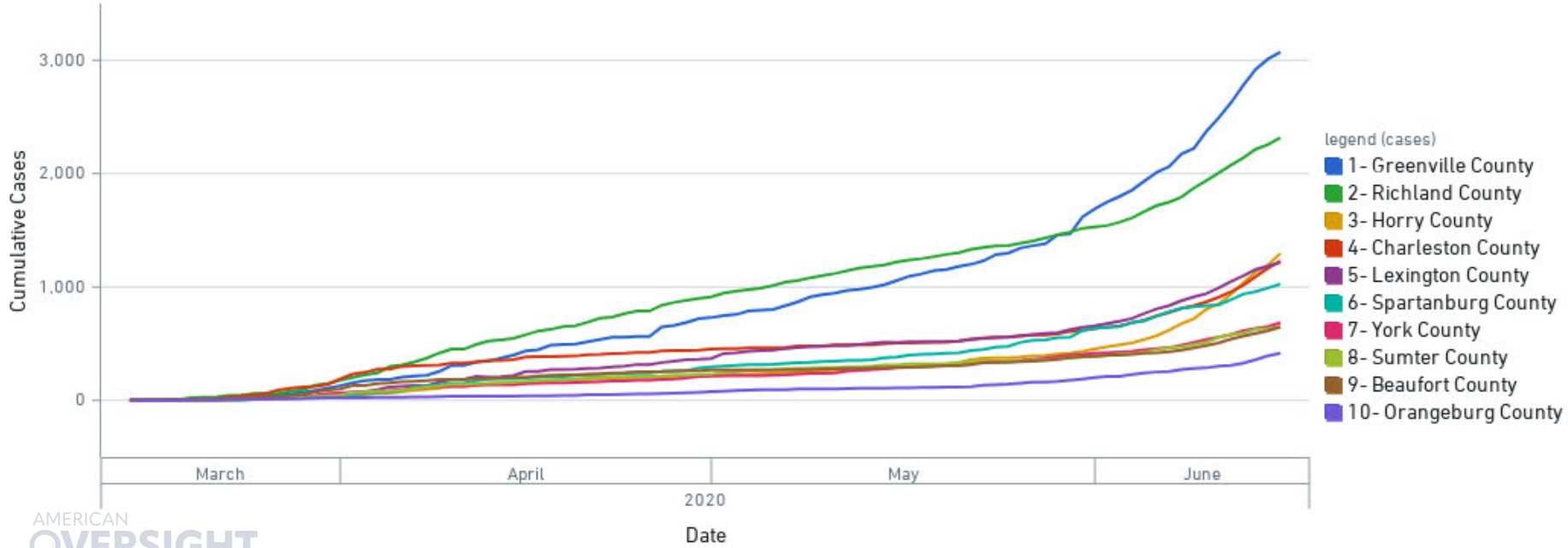


AMERICAN OVERSIGHT

SC - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: SC, date: 2020-06-16

two counties in log phase

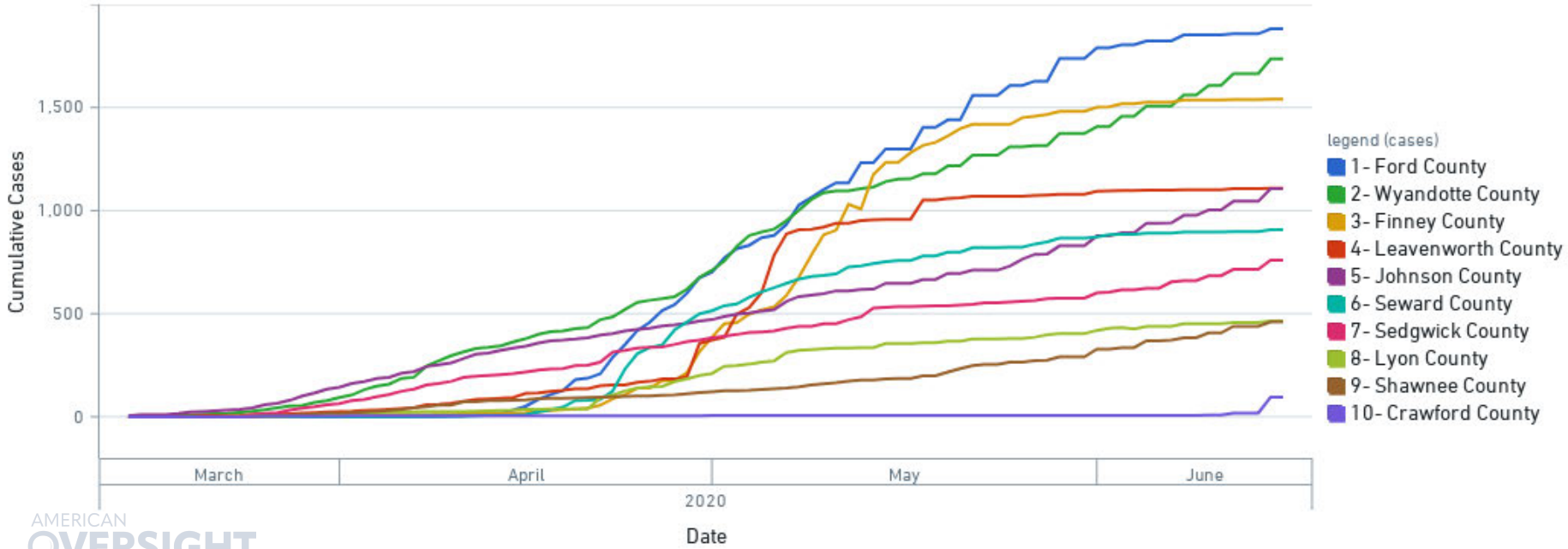


AMERICAN OVERSIGHT

KS - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: KS, date: 2020-06-16

Rising cases – none in log phase

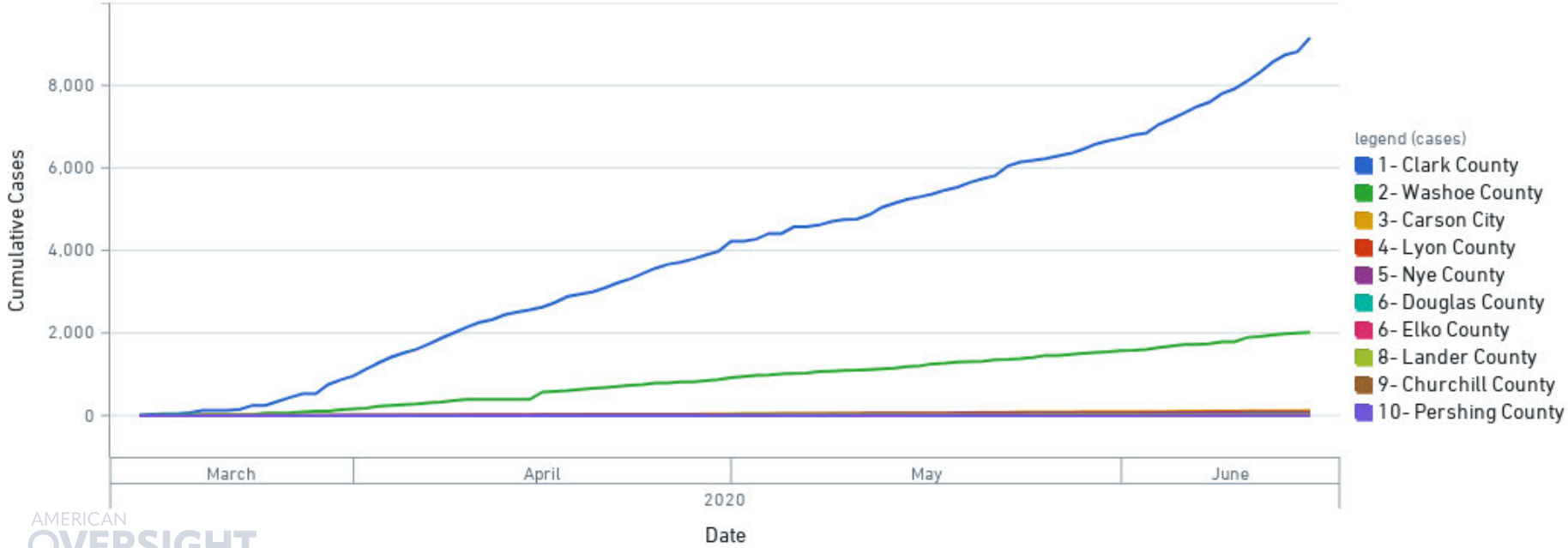


AMERICAN OVERSIGHT

NV - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: NV, date: 2020-06-16

One county in log phase

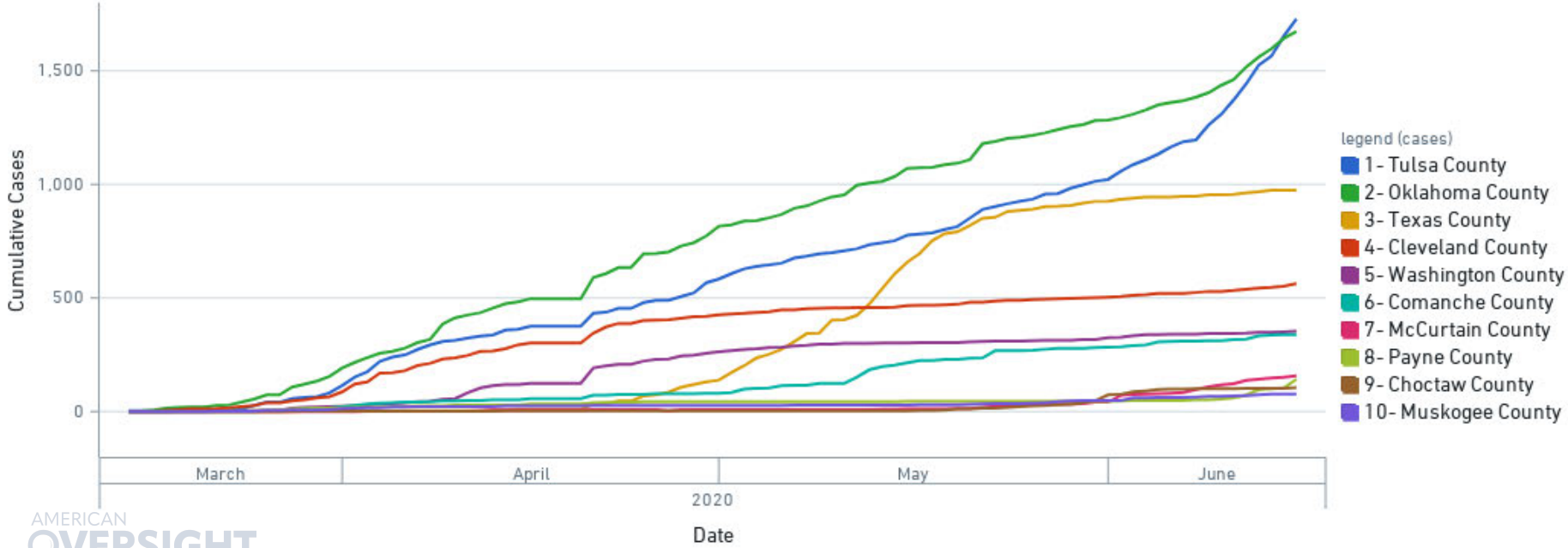


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OK - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: OK, date: 2020-06-16

Two counties in log phase



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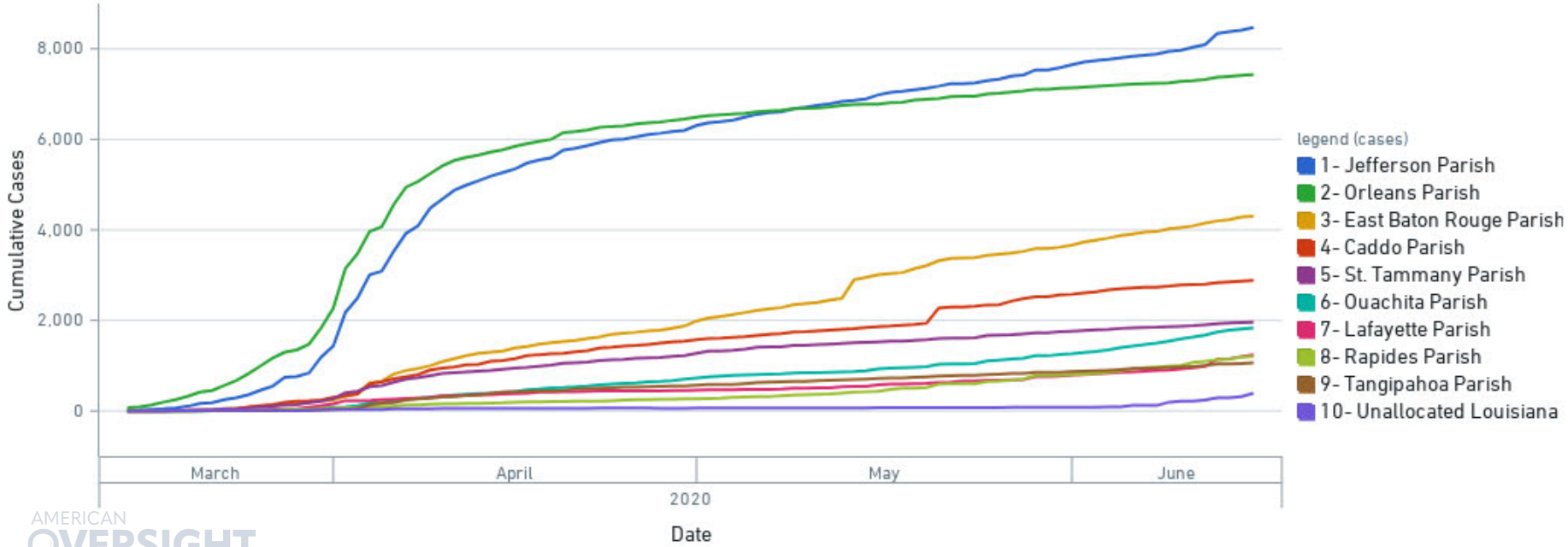
States of concern with rising cases but stabilizing test + or stabilizing new cases

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LA - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: LA, date: 2020-06-16

Rising cases – none in log phase

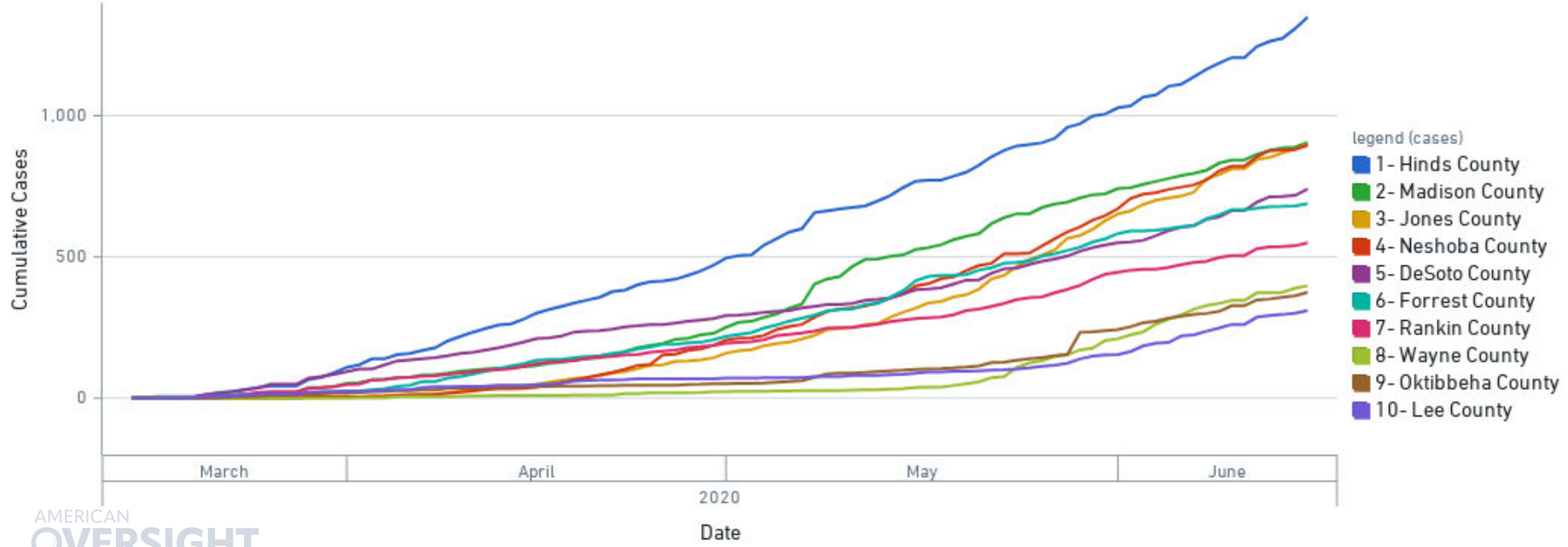


AMERICAN OVERSIGHT

MS - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: MS, date: 2020-06-16

Rising cases – none in log phase

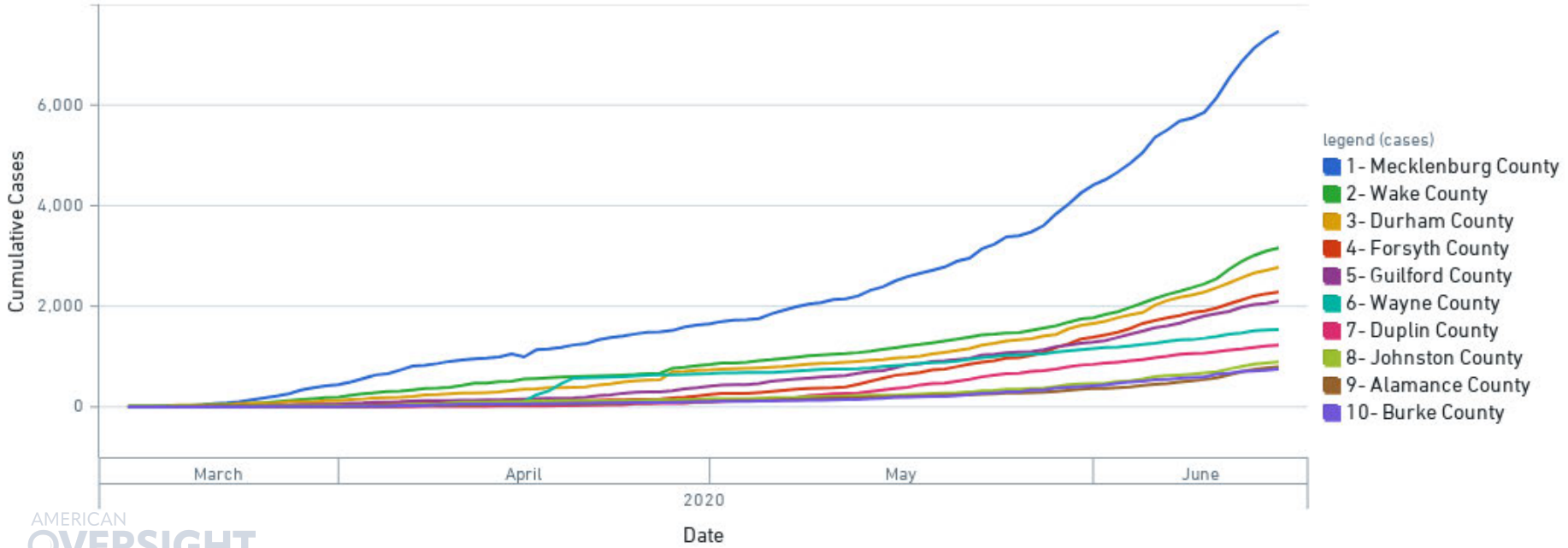


AMERICAN OVERSIGHT

NC - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: NC, date: 2020-06-16

One county in log phase

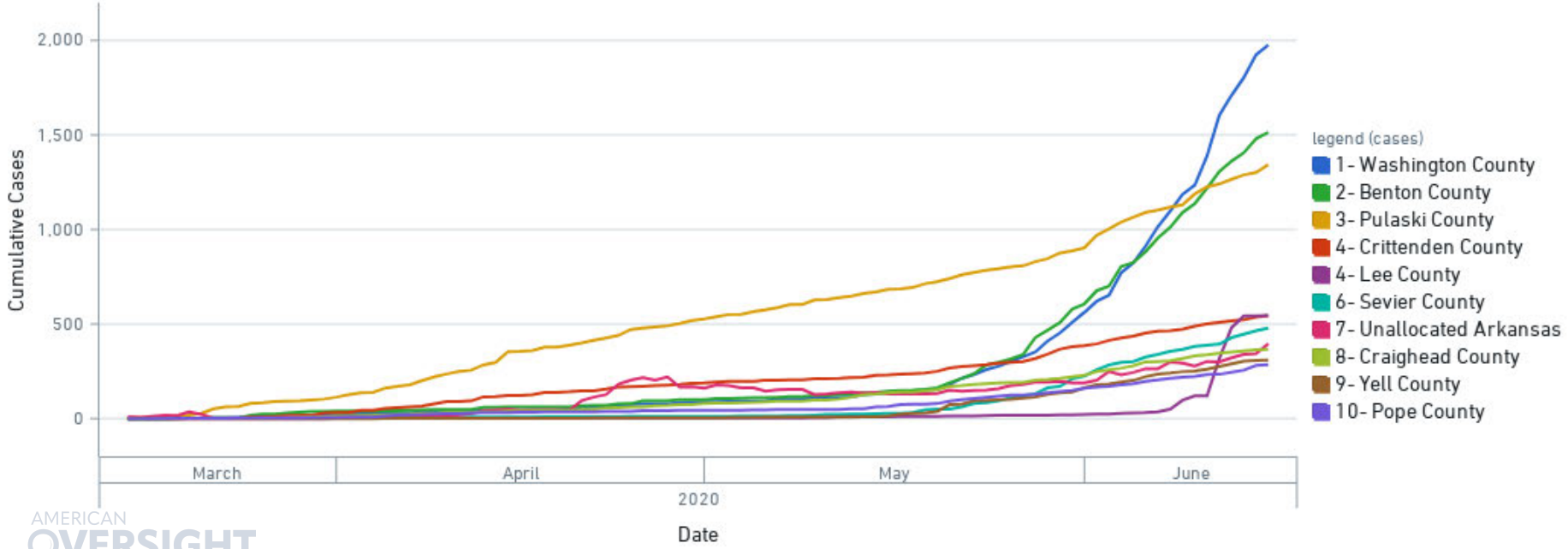


AMERICAN OVERSIGHT

AR - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: AR, date: 2020-06-16

Two counties in log phase

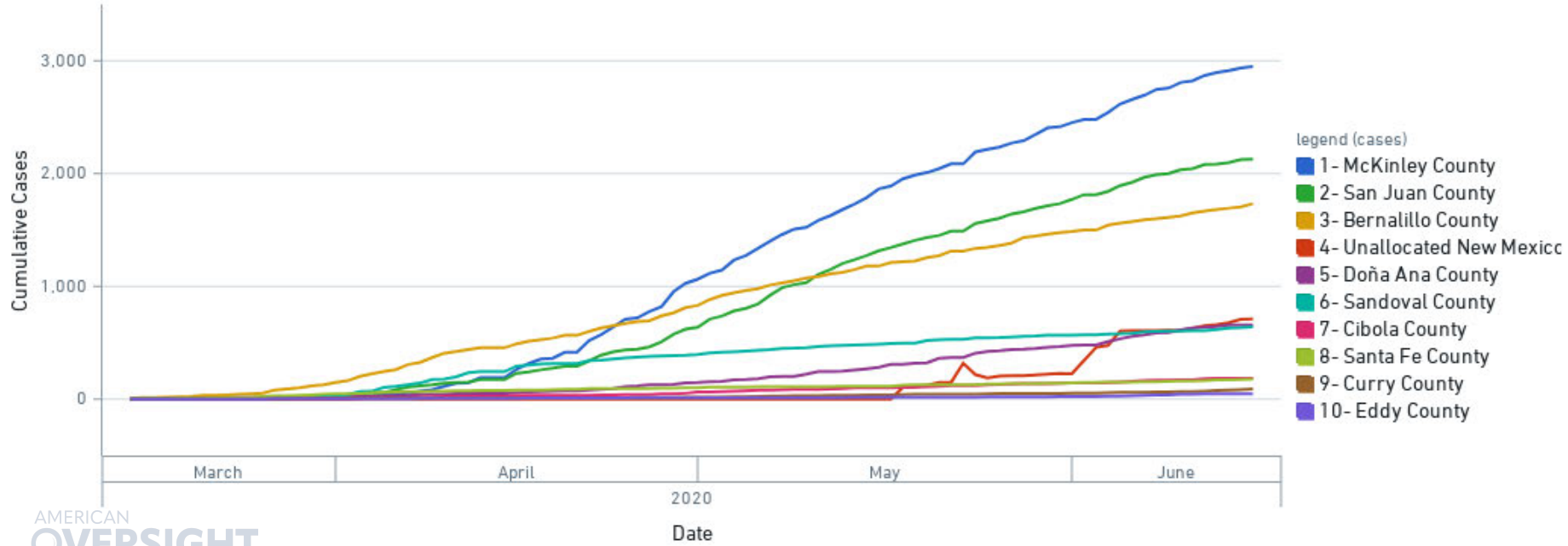


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NM - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: NM, date: 2020-06-16

Rising cases – none in log phase

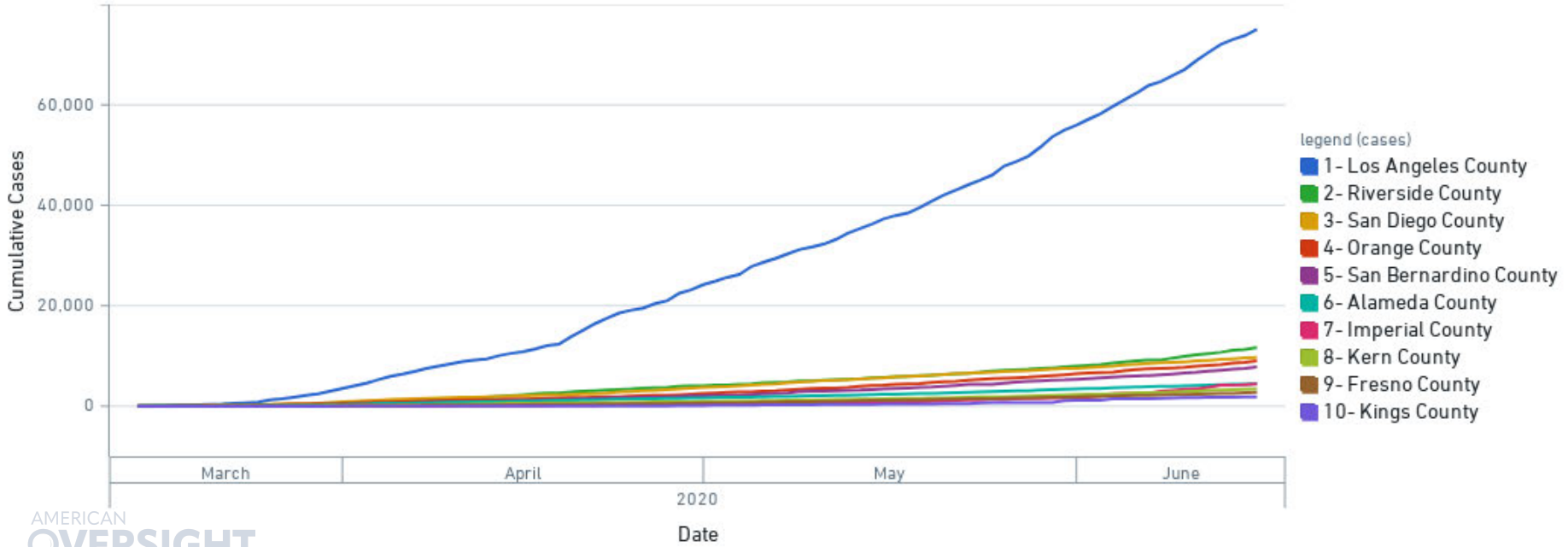


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CA - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: CA, date: 2020-06-16

Rising cases – none in log phase

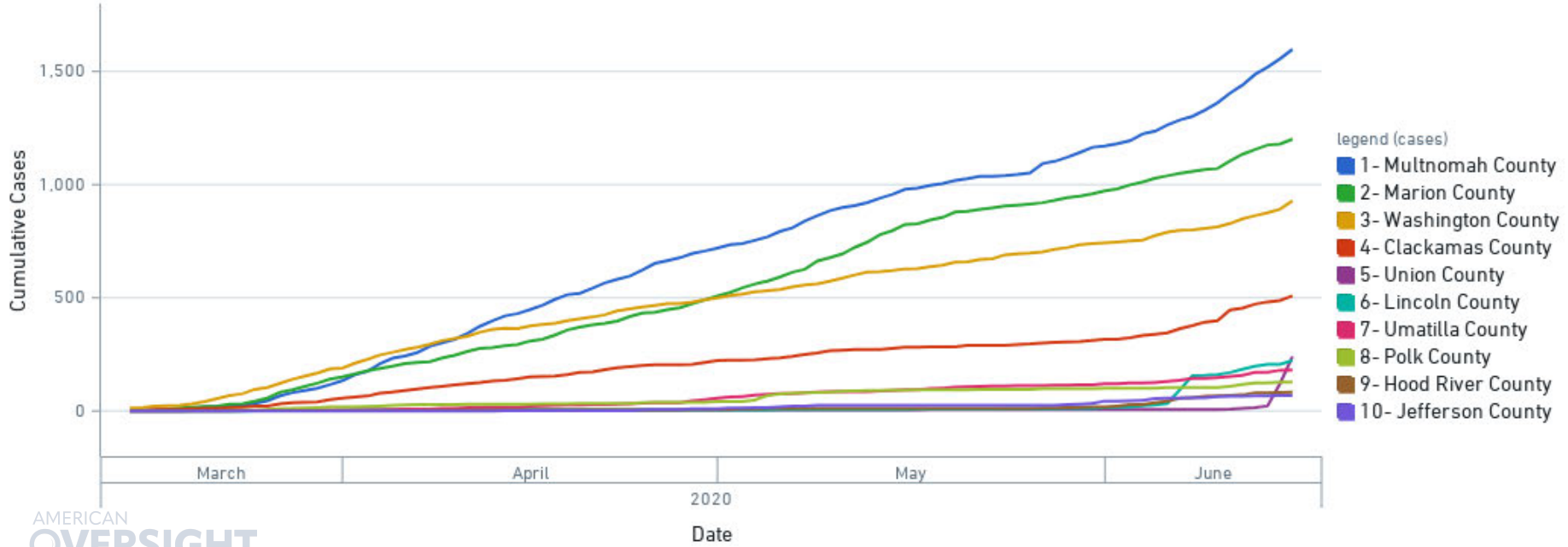


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OR - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: OR, date: 2020-06-16

One county in log phase

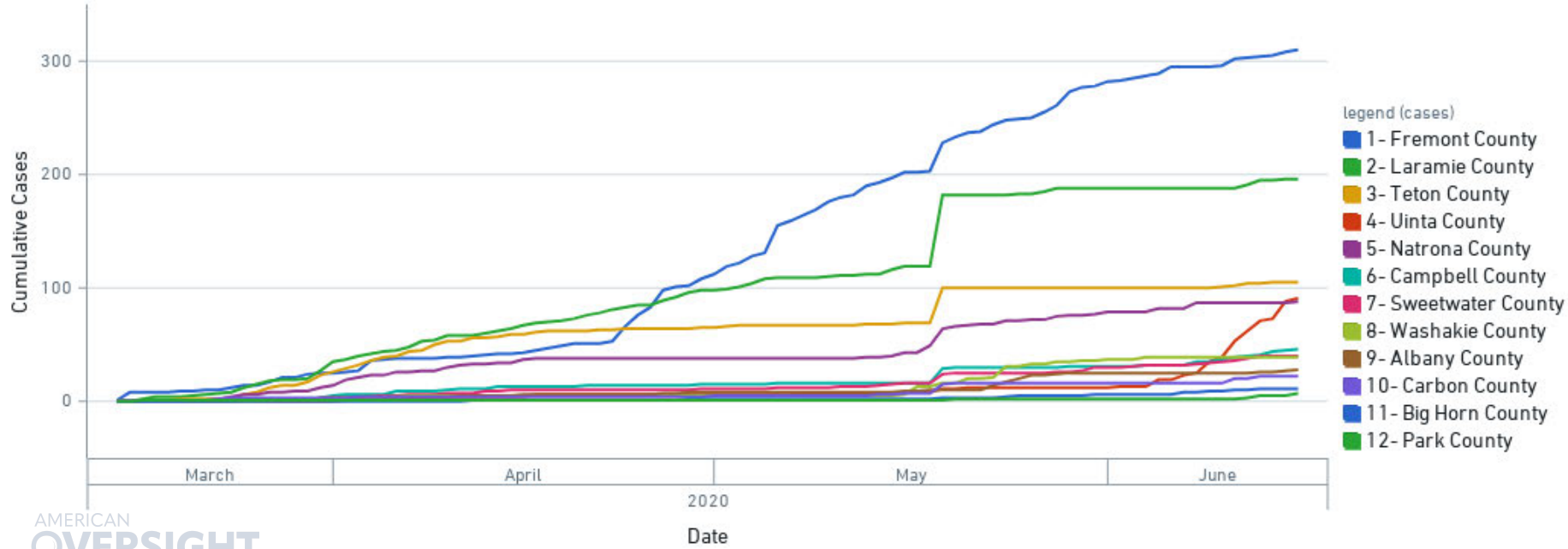


AMERICAN OVERSIGHT

WY - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: WY, date: 2020-06-16

One county in log phase

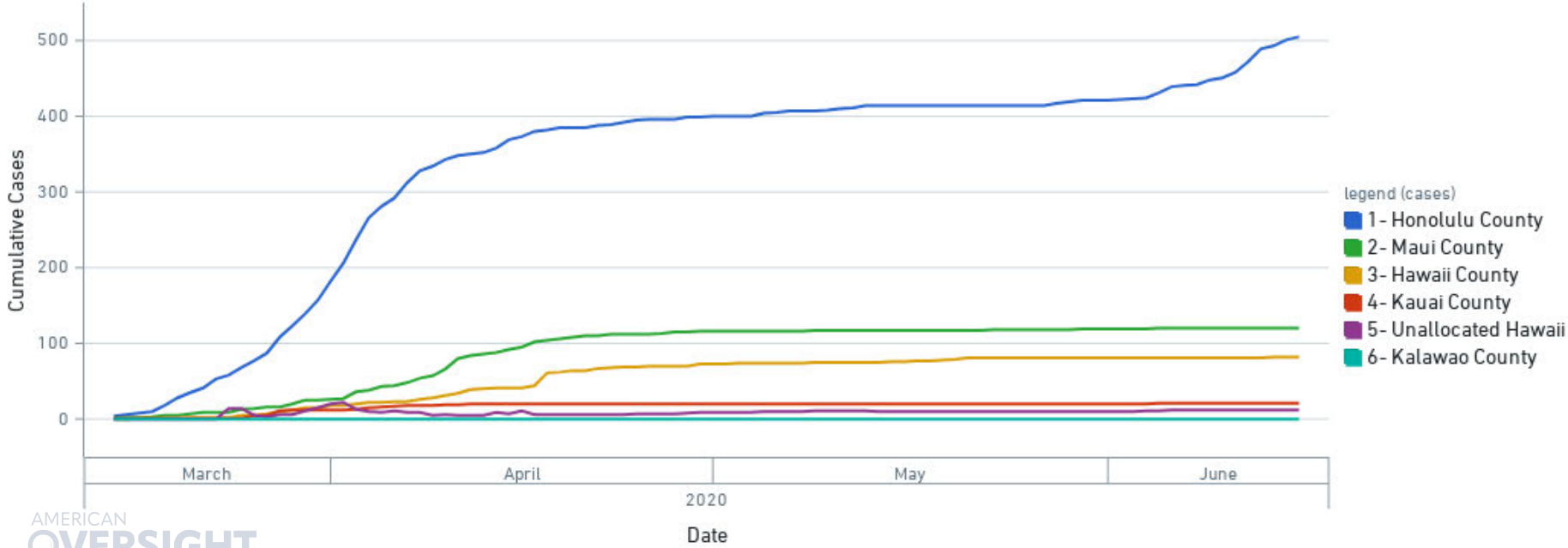


AMERICAN OVERSIGHT

HI - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: HI, date: 2020-06-16

Rising cases – none in log phase

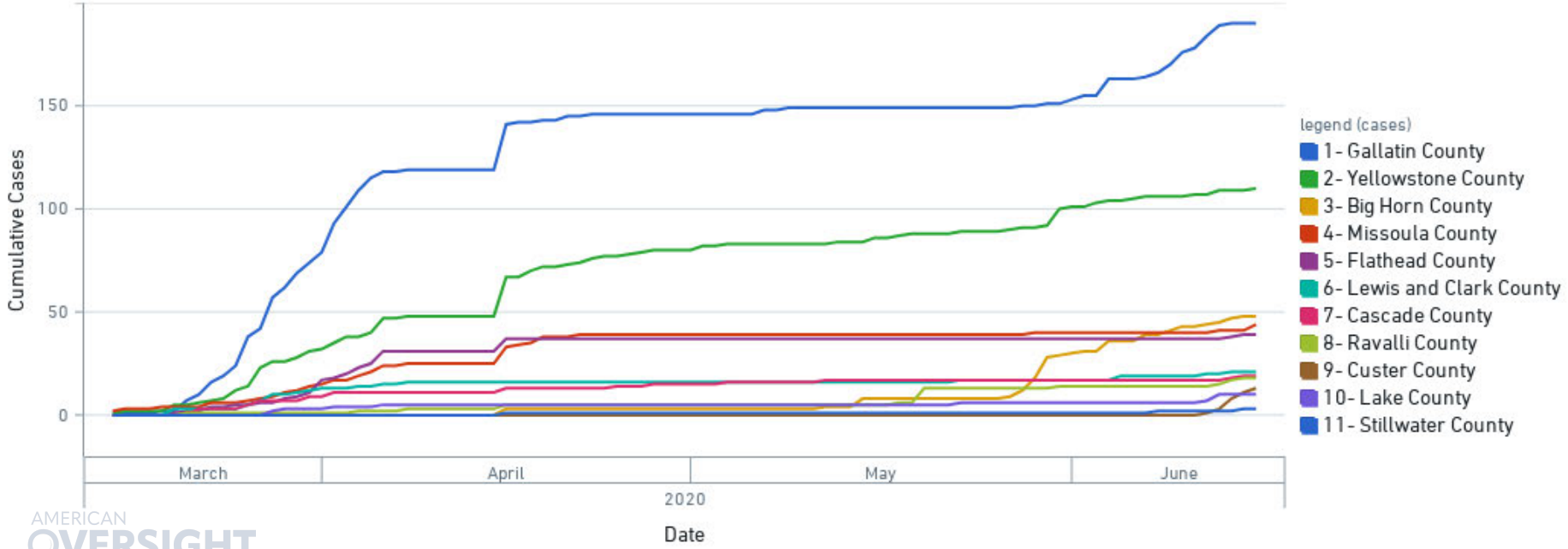


AMERICAN OVERSIGHT

MT - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: MT, date: 2020-06-16

Rising cases – none in log phase

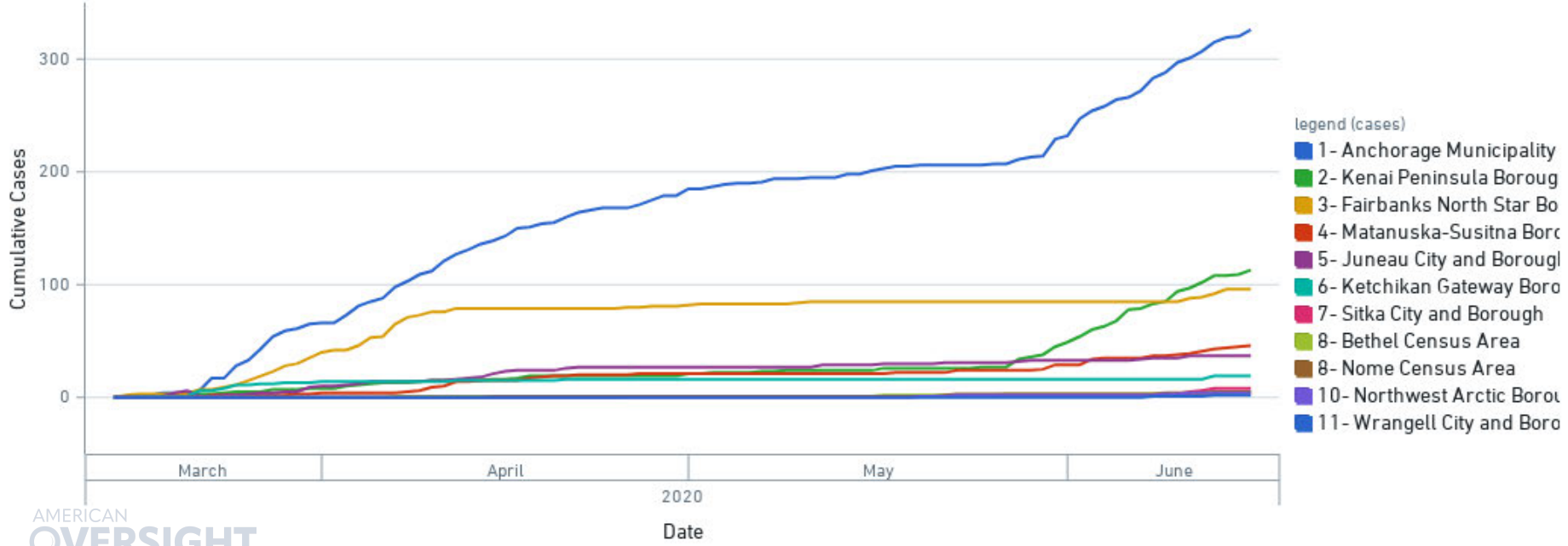


AMERICAN OVERSIGHT

AK - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: AK, date: 2020-06-16

1-2 counties in log phase

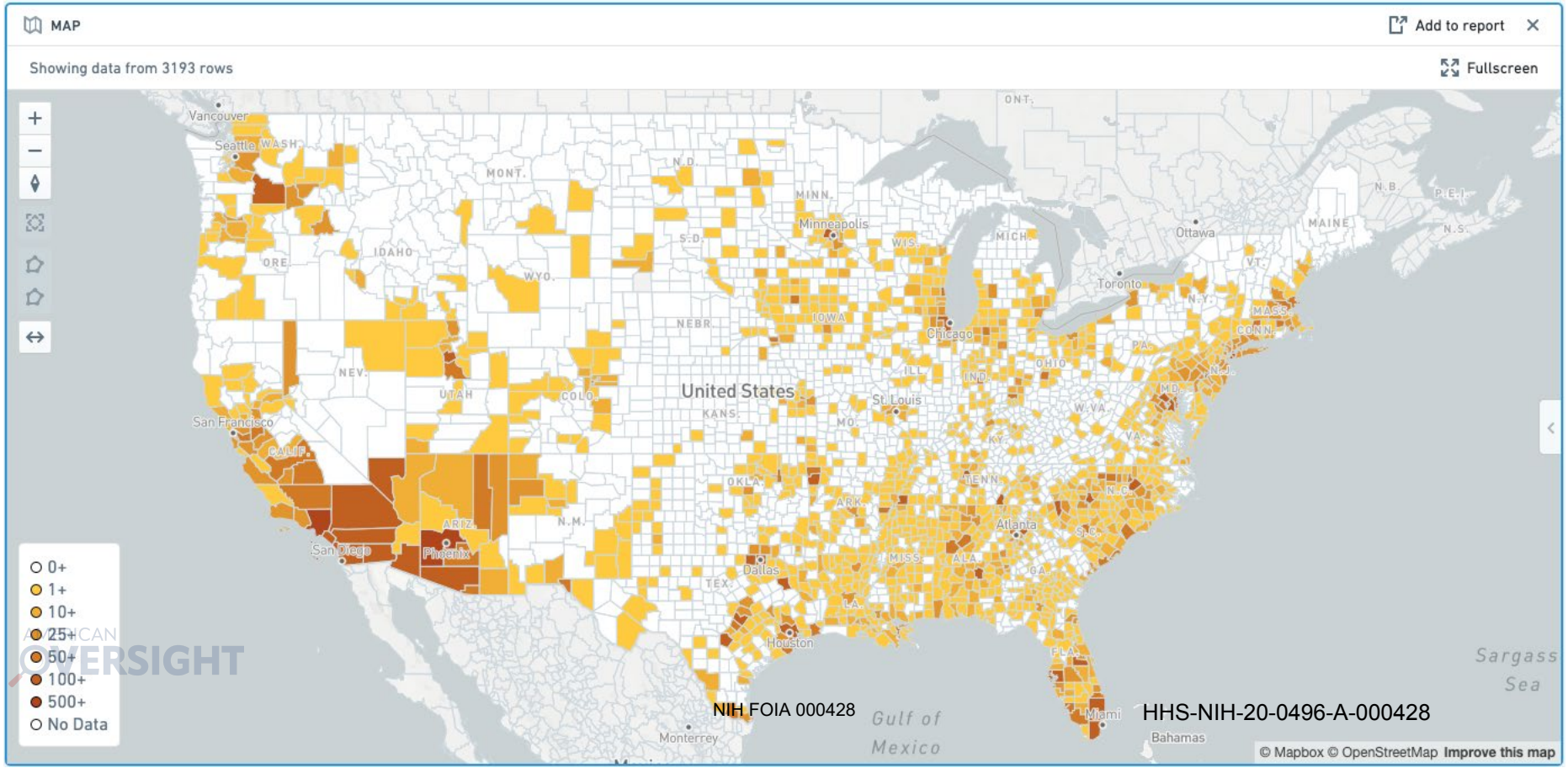


AMERICAN OVERSIGHT

Average Daily Increase Map

AMERICAN OVERSIGHT

Counties colored by week-on-week increase in average daily case count (6/16)



AMERICAN OVERSIGHT

NIH FOIA 000428

HHS-NIH-20-0496-A-000428

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Fri, 19 Jun 2020 12:35:28 -0500
To:
Subject: WH Coronavirus Task Force PowerPoint 6.19
Attachments: WH Coronavirus TF PowerPoint 6.19.20.pptx

All –

Please see Dr. Birx's PowerPoint for today – **Friday, June 19th** – attached above. As a reminder, this PowerPoint is only being shared with principals.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

19June2020 Data Summary

- Cases rising as a country week over week with 25 States with concerning trends: Cases nearly **28,000** 13 States with both increasing rate of rise of new cases and test +
- States with more than 1000 cases yesterday **CA, TX, FL, AZ, NC**
- States with greater than 10% test positives : **AZ, AL, TX, MS, SC** Metros with greater than 10% positives : **Austin, Houston, Dallas, Phoenix, San Antonio, Miami, Orlando**
- Hospitalizations increasing in specific states
- Deaths continue to decline but a lagging indicator and will increase unless treatment improves
- States of concerns with rising cases and rising test positive
  - TX, FL, GA, AL, SC, NV, KS, DE, OK, OR, ID, WY, HI
- Metros of concern :Rising test positive and cases Houston, Phoenix, Austin, Dallas, Raleigh, Charlotte, Memphis, Las Vegas, Salt Lake City, Tampa, ATL, Orlando , Oklahoma City, Tulsa, and Kansas City
- Actions: CDC deploying teams, aggressive testing needed of nursing home employees and agricultural workers and the communities surrounding them, ensure plasma and remdesivir in hospitals, increase communication on importance of social distancing and masks in public as well as encouraging outdoor options

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NIH FOIA 000430
HHS-NIH-20-0496-A-000430

5 States with all time highs and over 1000 cases : CA, TX, FL, AZ, NC

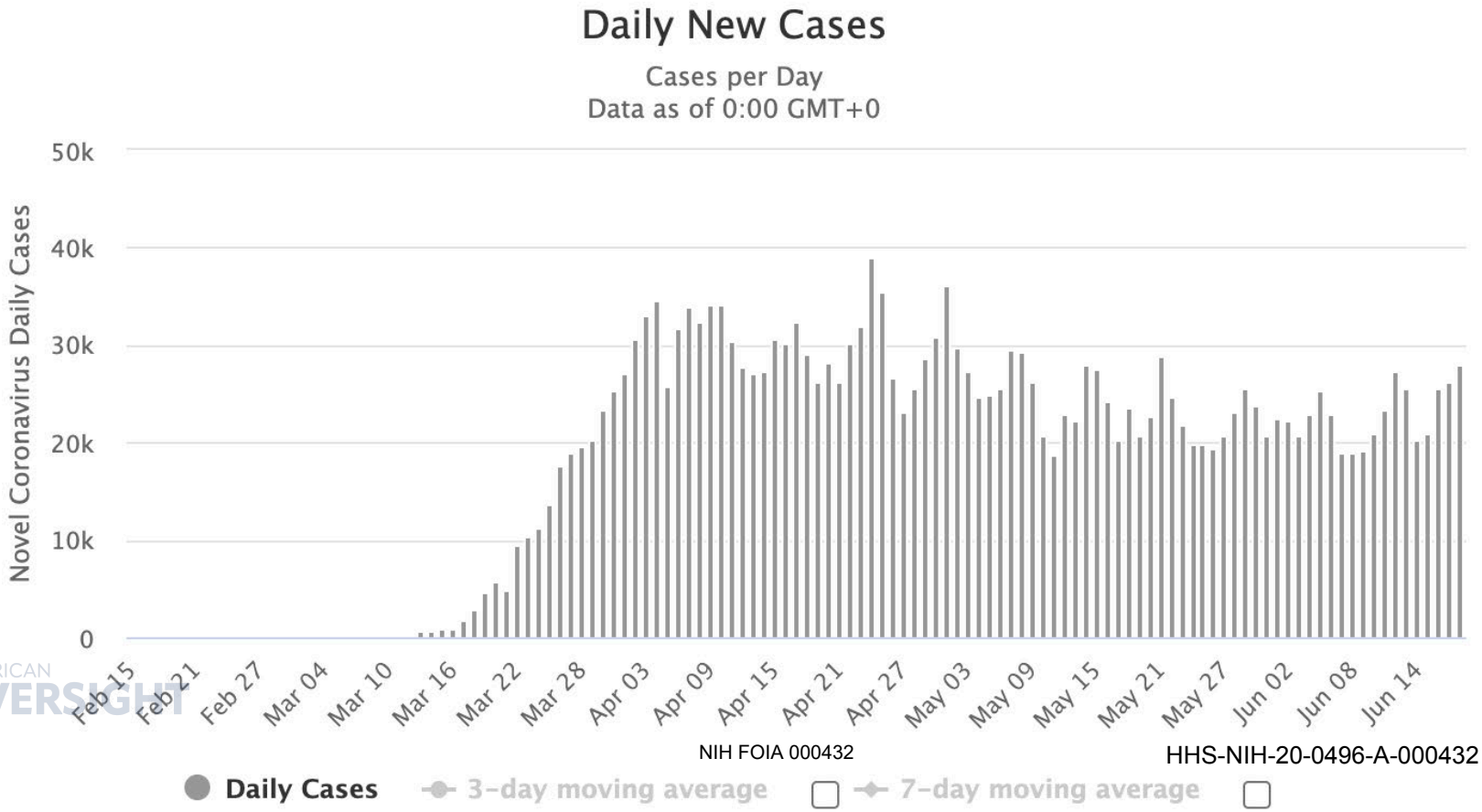
USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop
USA Total	2,263,651	+27,924	120,688	+747	1,211,969	6,839	365	26,723,179	80,734
New York	408,426	+803	31,092	+46	290,469	20,995	1,598	3,179,660	163,449
New Jersey	171,029	+430	12,927	+36	123,049	19,255	1,455	1,171,734	131,919
California	167,007	+3,787	5,362	+76	115,923	4,227	136	3,074,530	77,812
Illinois	134,778	+593	6,537	+52	41,392	10,636	516	1,284,693	101,382
Massachusetts	106,422	+271	7,770	+36	9,927	15,440	1,127	797,776	115,745
Texas	102,661	+3,357	2,142	+37	36,704	3,541	74	1,576,925	54,384
Florida	85,926	+3,207	3,064	+43	66,311	4,001	143	1,514,005	70,492
Pennsylvania	84,792	+393	6,427	+39	20,370	6,623	502	632,698	49,422
Michigan	66,798	+301	6,061	+25	15,648	6,689	607	1,015,867	101,720
Maryland	63,229	+260	3,016	+20	55,573	10,459	499	535,444	88,566
Georgia	60,912	+882	2,605	+30	54,107	5,737	245	778,570	73,329
Virginia	56,238	+463	1,586	+3	47,159	6,589	186	555,462	65,077
North Carolina	48,690	+1,757	1,235	+54	18,236	4,642	118	693,678	66,140
Louisiana	48,634		3,068		8,549	10,462	660	545,221	117,282
Connecticut	45,510	+81	4,226	+7	32,245	12,765	1,185	373,585	104,504
Arizona	43,443	+2,519	1,271	+32	35,309	5,968	175	517,666	71,121

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HHS-NIH-20-0496-A-000431

Daily New Cases in the United States

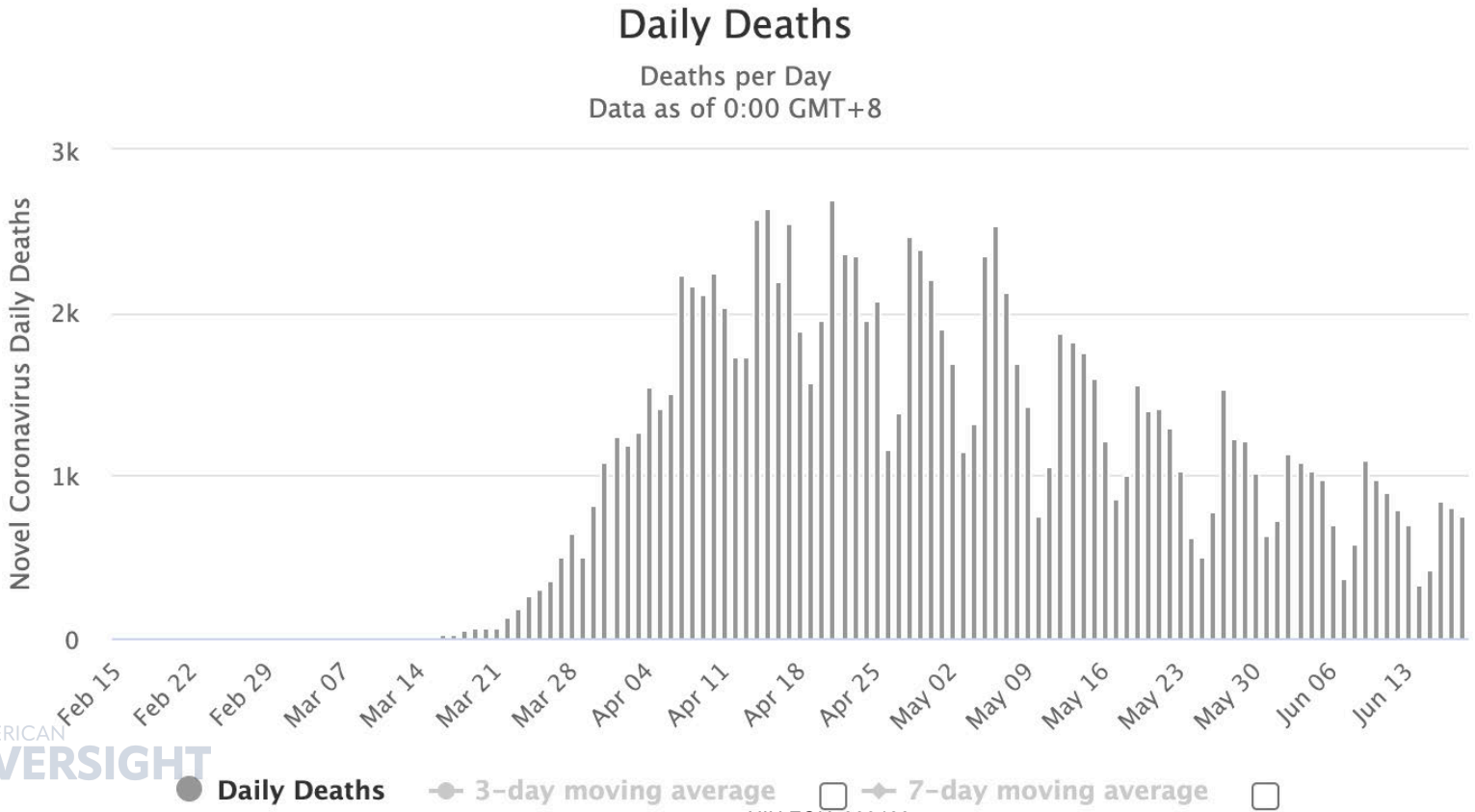


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NIH FOIA 000432

HHS-NIH-20-0496-A-000432

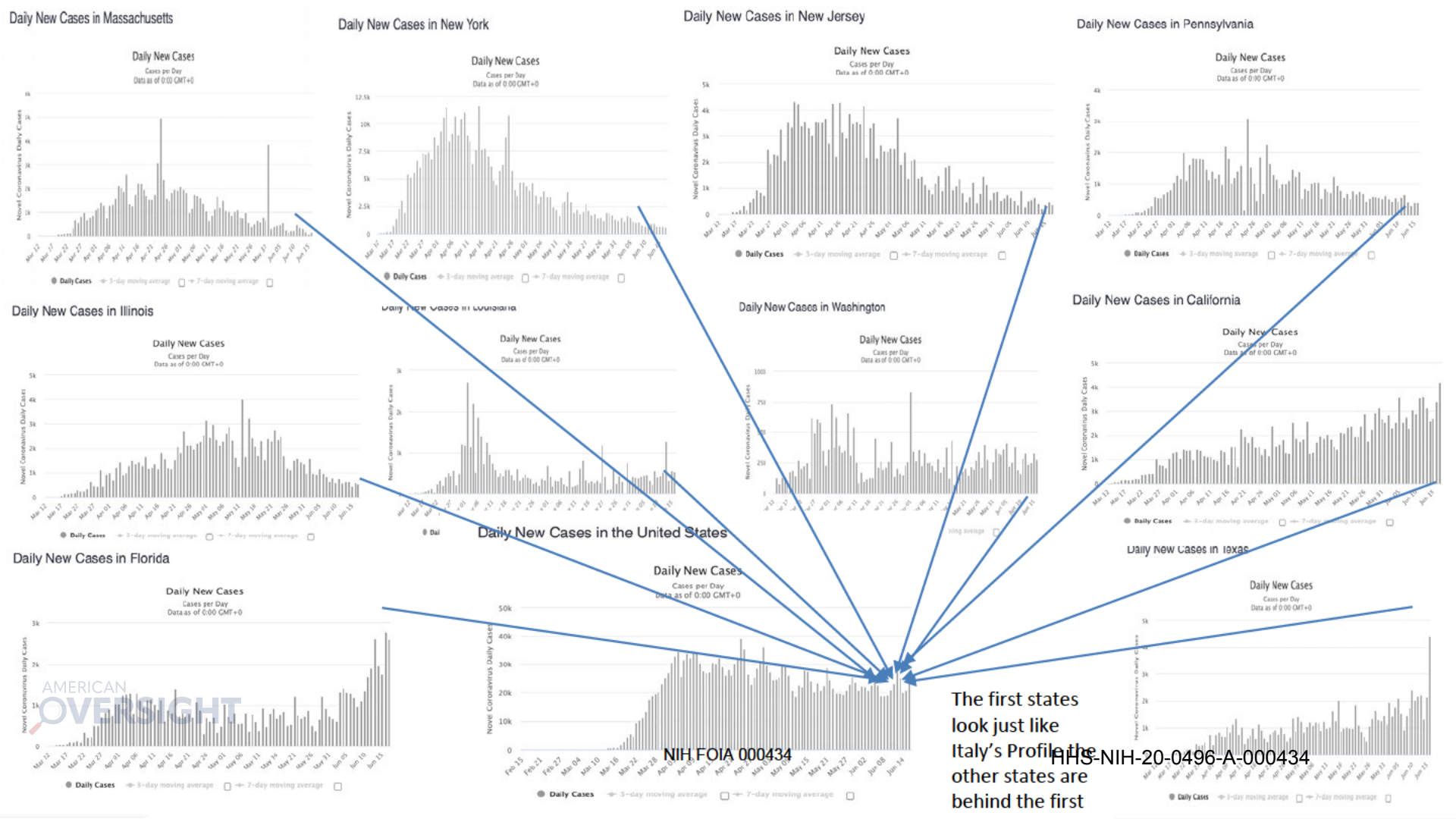
Daily New Deaths in the United States



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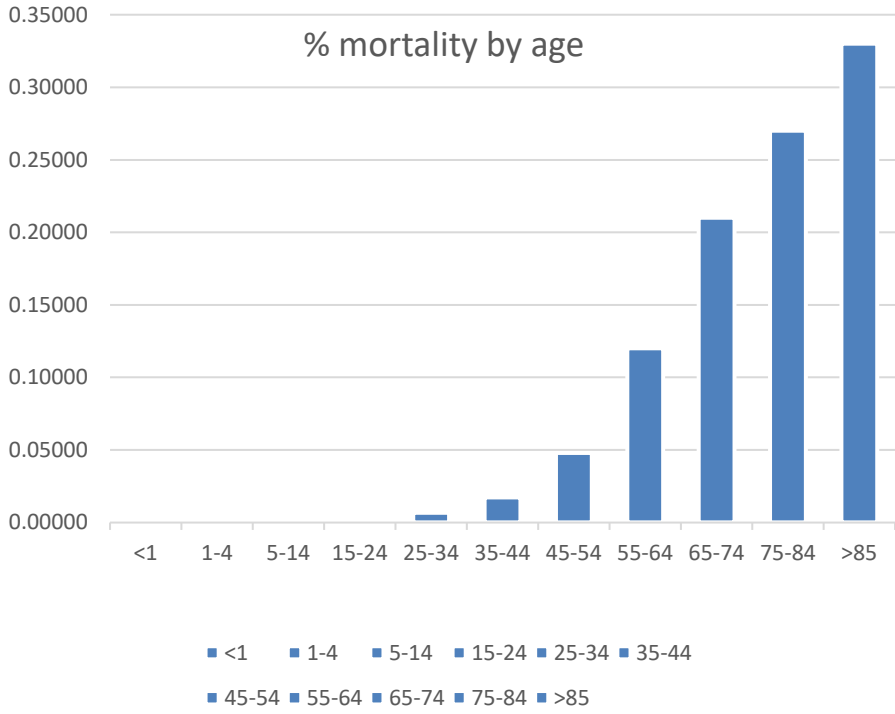
NIH FOIA 000433

HHS-NIH-20-0496-A-000433



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Data ...	Start...	End ...	State	Sex	Age g...	COVI...
06/03/2020	02/01/2020	05/30/2020	United St...	All Sexes	Under 1 y...	5
06/03/2020	02/01/2020	05/30/2020	United St...	All Sexes	1-4 years	3
06/03/2020	02/01/2020	05/30/2020	United St...	All Sexes	5-14 years	12
06/03/2020	02/01/2020	05/30/2020	United St...	All Sexes	15-24 years	106
06/03/2020	02/01/2020	05/30/2020	United St...	All Sexes	25-34 years	583
06/03/2020	02/01/2020	05/30/2020	United St...	All Sexes	35-44 years	1,524
06/03/2020	02/01/2020	05/30/2020	United St...	All Sexes	45-54 years	4,238
06/03/2020	02/01/2020	05/30/2020	United St...	All Sexes	55-64 years	10,586
06/03/2020	02/01/2020	05/30/2020	United St...	All Sexes	65-74 years	18,360
06/03/2020	02/01/2020	05/30/2020	United St...	All Sexes	75-84 years	23,612
06/03/2020	02/01/2020	05/30/2020	United St...	All Sexes	85 years ...	29,214
06/03/2020	02/01/2020	05/30/2020	United St...	All Sexes ...	All Ages	88,243



Mortality less than 25 yo .14%

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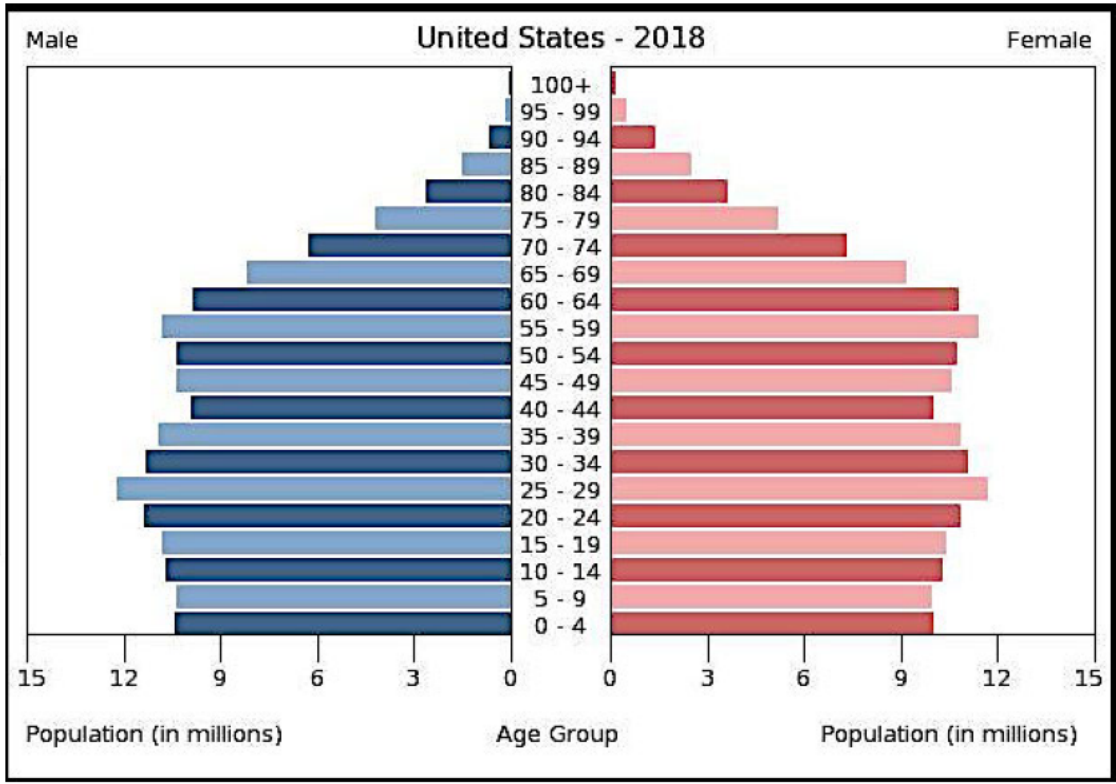
Available CDC Data on mortality (first 88K)

60% of mortality over 75 and under 75 95% had DM, HTN, obesity, heart, lung or renal disease

NIH FOIA 000435

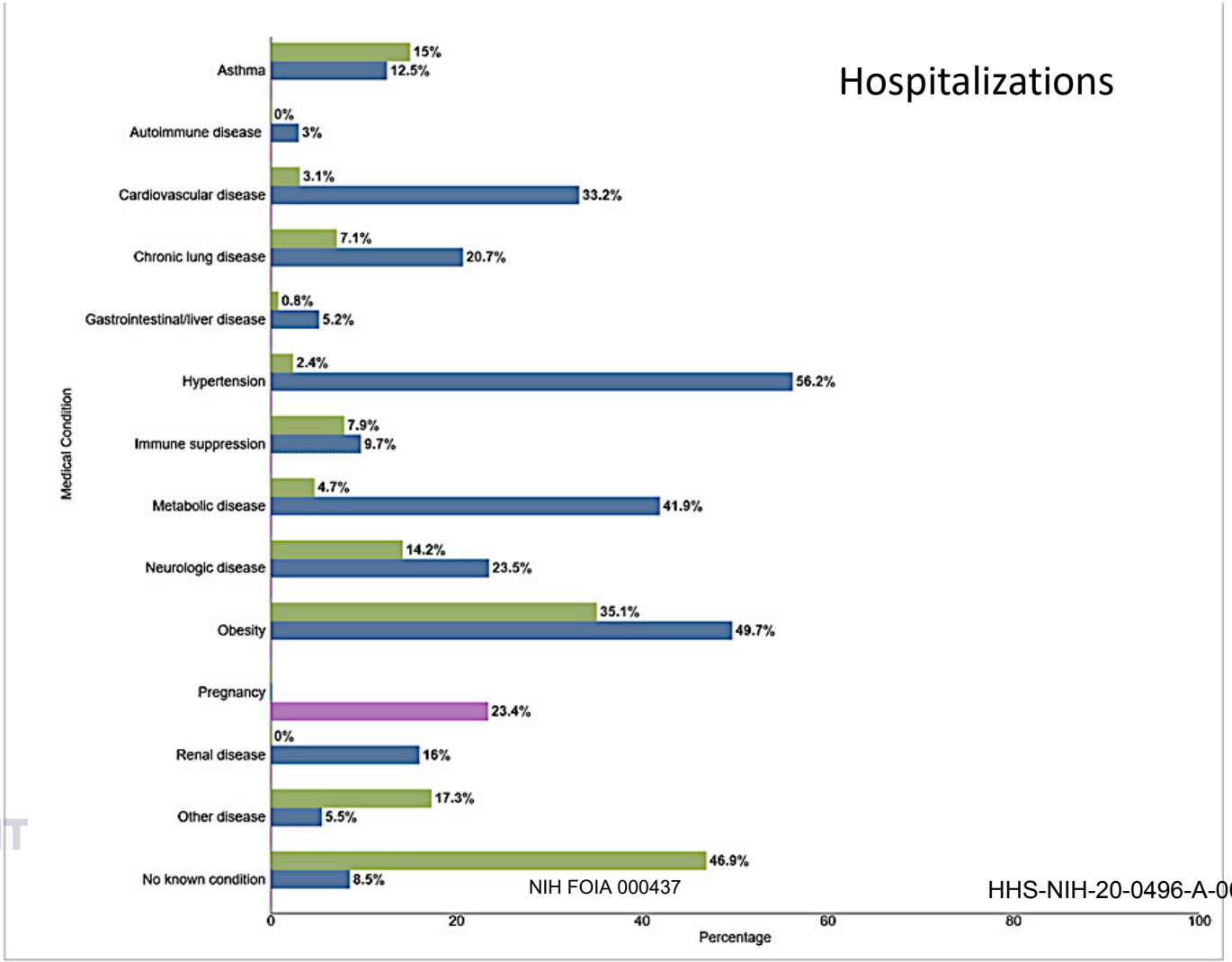
HHS-NIH-20-0496-A-000435

2019 U.S. Census Bureau Estimates[16]	
Self-identified race	Percent of population
White	60.4%
Hispanic and Latino Americans (of any race)	18.3%
Black or African American	13.4%
Asian	5.9%
Native Americans and Alaska Natives	1.3%
Native Hawaiians and Other Pacific Islanders	0.2%
Two or more races	2.7%



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Hospitalizations

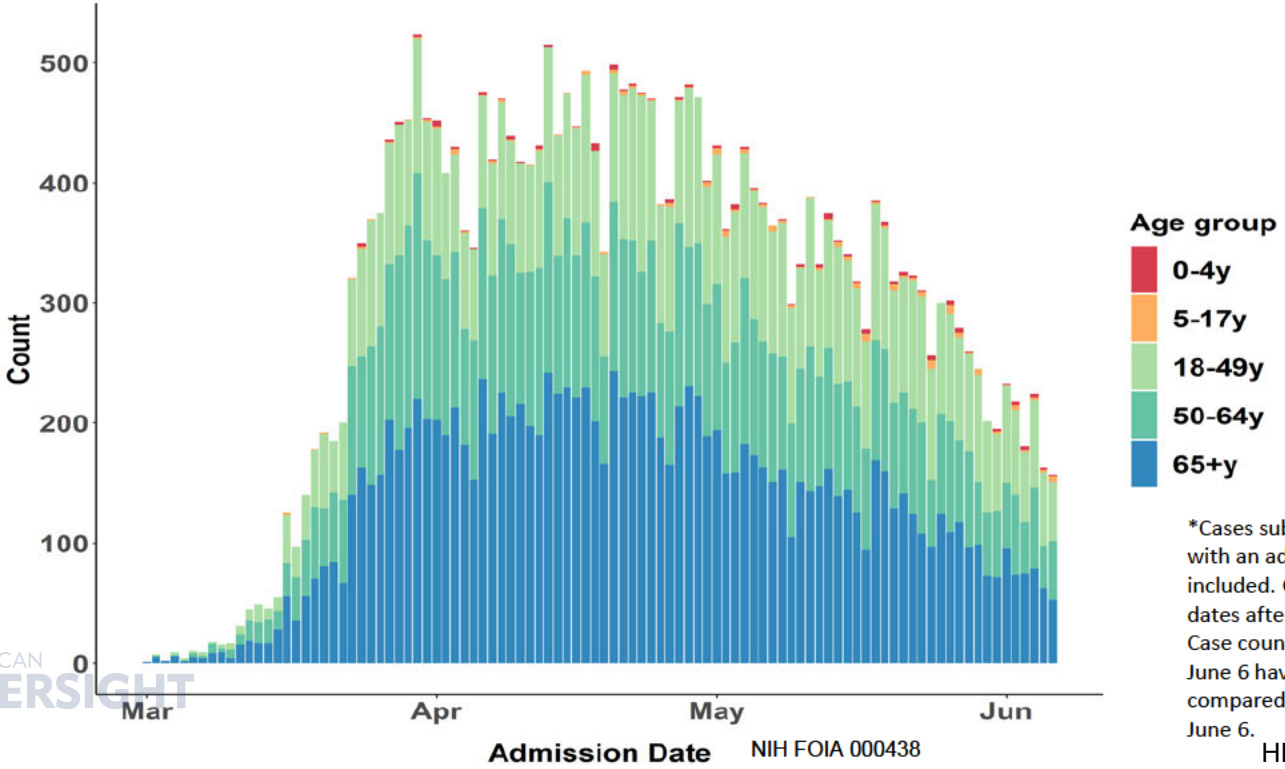


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NIH FOIA 000437

HHS-NIH-20-0496-A-000437

Laboratory-Confirmed COVID-19-Associated Hospitalization Cases by Admission Date—COVID-NET, March 1–June 6*, 2020



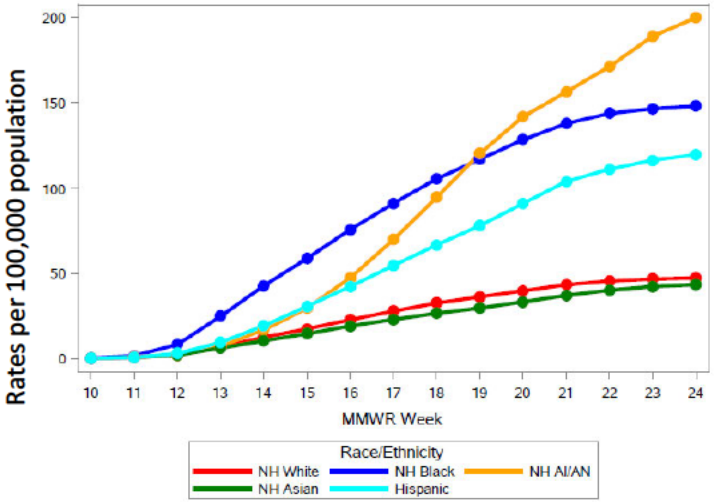
*Cases submitted to CDC through June 13, 2020 with an admission date *through June 6, 2020* are included. Cases submitted to CDC with admission dates after June 6 are excluded from the curve. Case counts for cases with admission dates after June 6 have a higher likelihood of backfill as compared to those with admission dates prior to June 6.

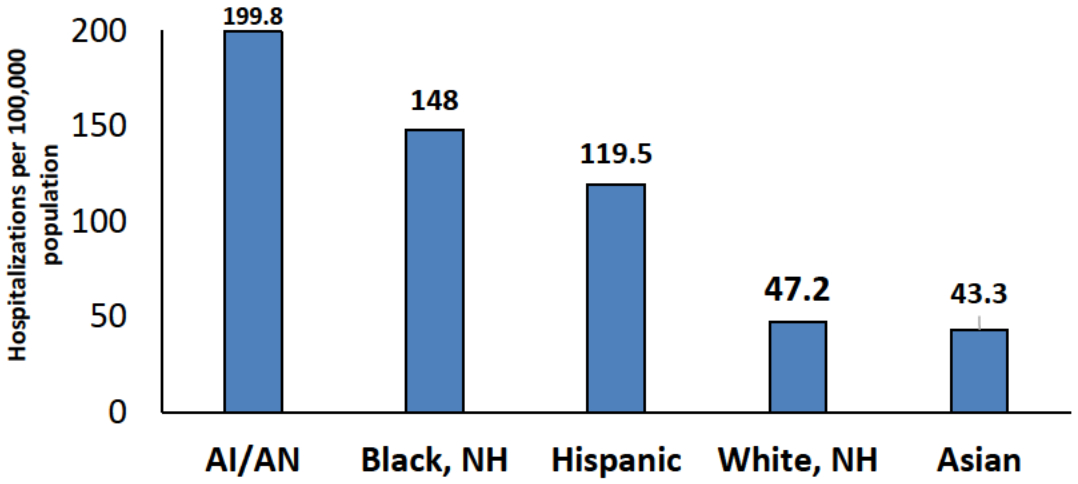
AMERICAN OVERSIGHT
NIH FOIA 000438
HHS-NIH-20-0496-A-000438

Y

Laboratory-Confirmed COVID-19-Associated Hospitalization

Cumulative Rates by Race/Ethnicity*† — COVID-NET, March 1–June 13, 2020





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NH=Non-Hispanic; AI = American Indian; AN = Alaska Native

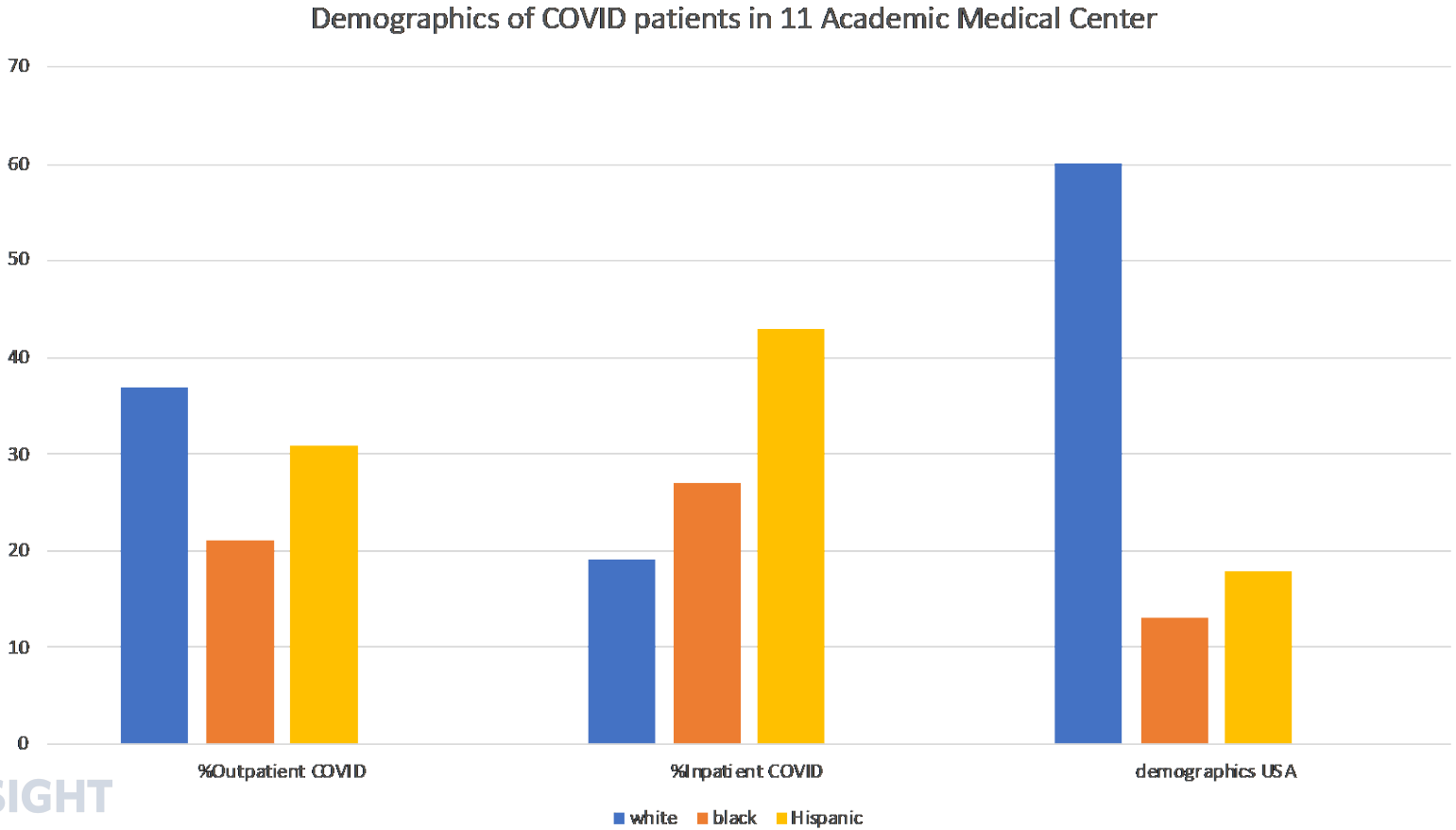
*Data are preliminary and case counts and rates for recent hospital admissions are subject to lag. As data are received each week, prior case counts and rates are updated accordingly.

†Race and ethnicity missing for 4,298 (14%) of cases.

NIH FOIA 000439

HHS-NIH-20-0496-A-000439

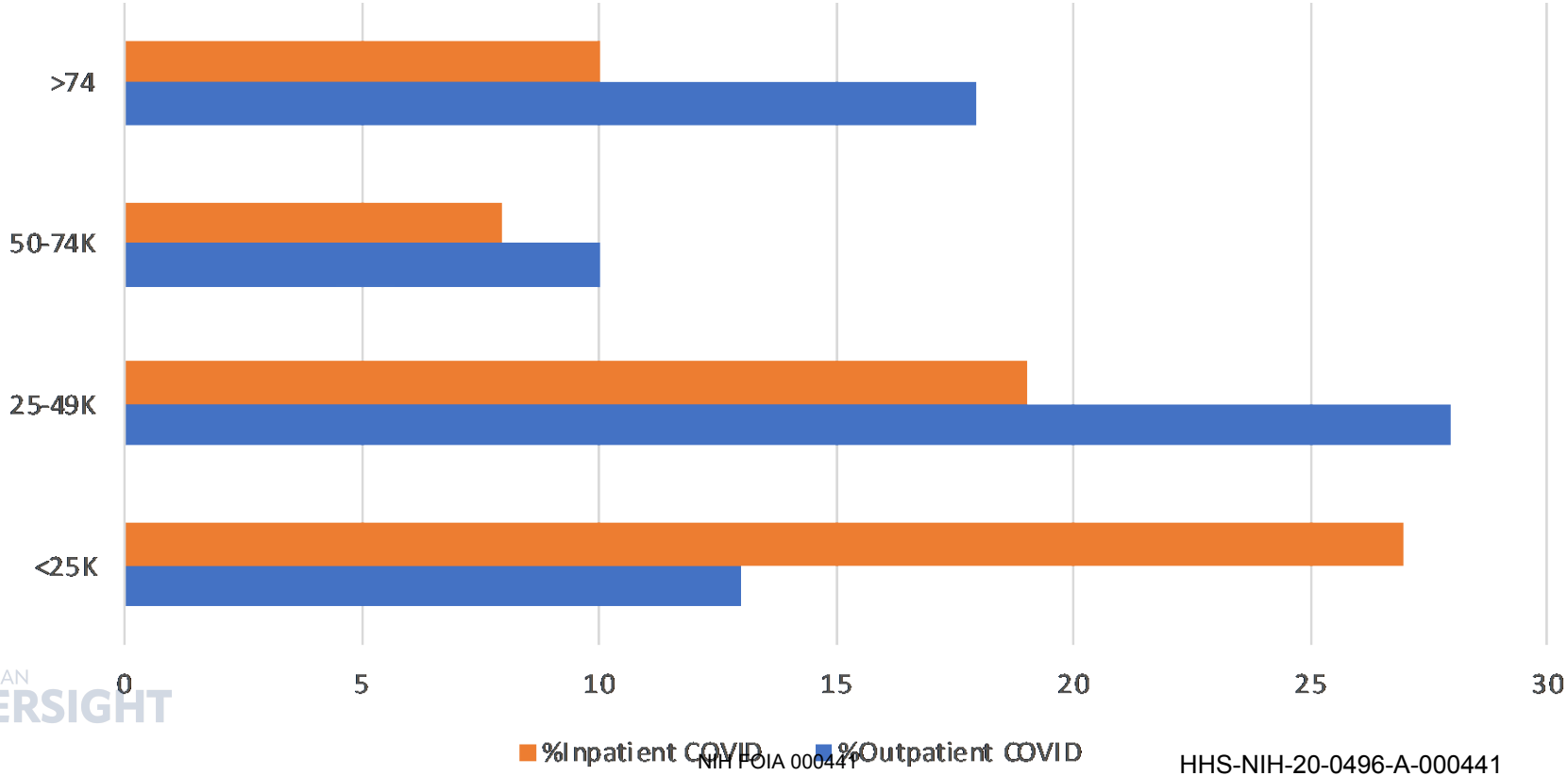
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NIH FOIA 000440

HHS-NIH-20-0496-A-000440

Decreasing inpatient COVID status with increasing income



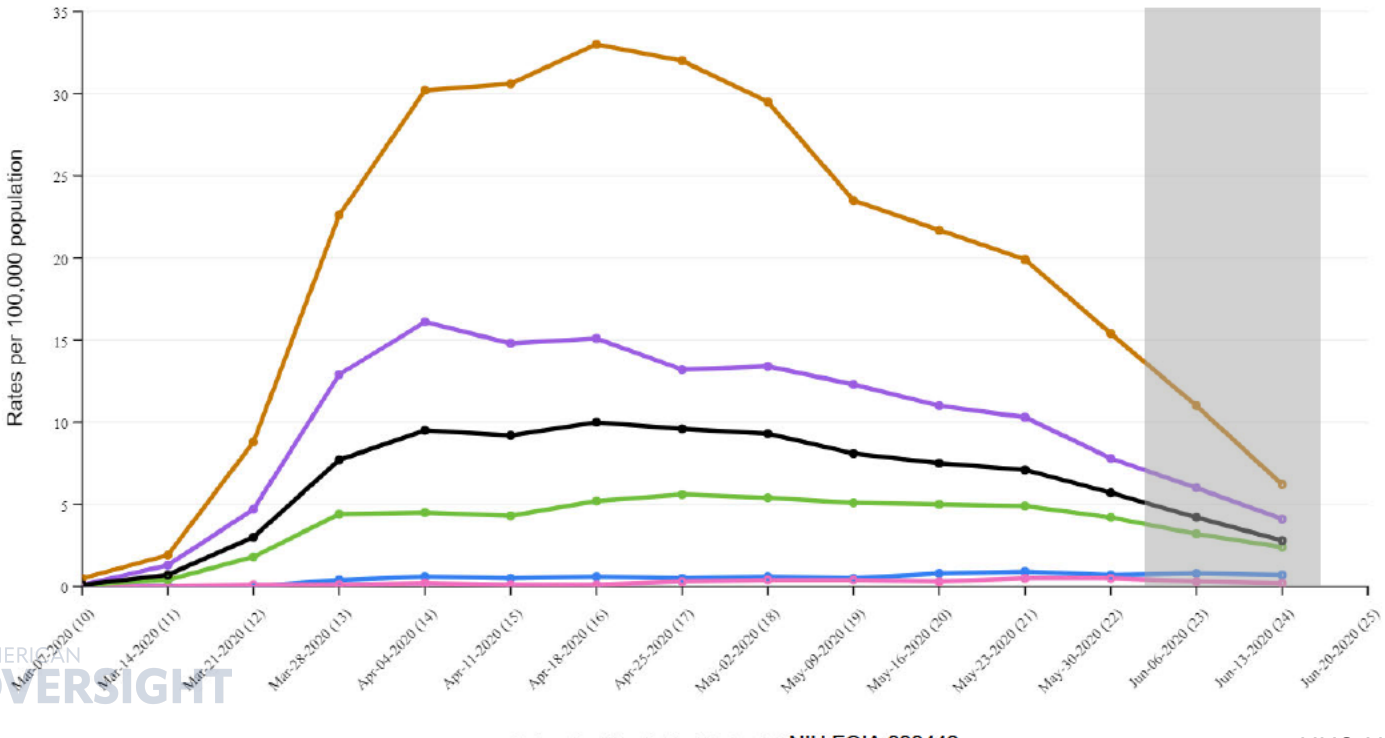
AMERICAN OVERSIGHT

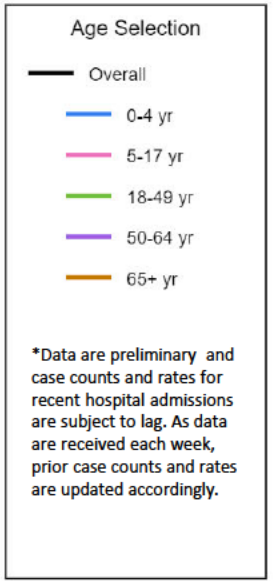
NIH FOIA 000441

HHS-NIH-20-0496-A-000441

Y

Laboratory-Confirmed COVID-19-Associated Hospitalization Weekly Rates among All Ages — COVID-NET, March 1–June 13, 2020 (n=30,669)





COVID-Net states: CA, CO, CT, GA, MD, MN, NM, NY, OR, TN, MI, OH, IA, and UT

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NIH FOIA 000442

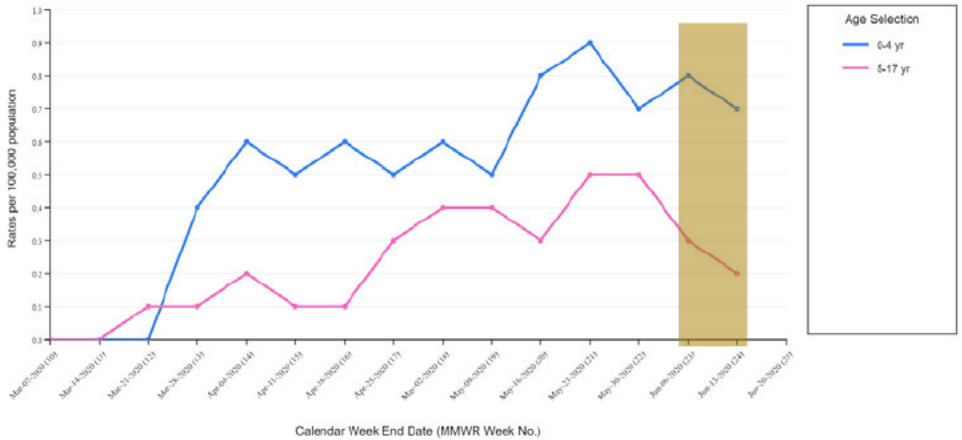
HHS-NIH-20-0496-A-000442

Data are Provisional Until Officially Released by the CDC - For Internal Use Only (FIUO) - For Official Use Only (FOUO) - Sensitive But Unclassified (SBU) - Not for Further Distribution

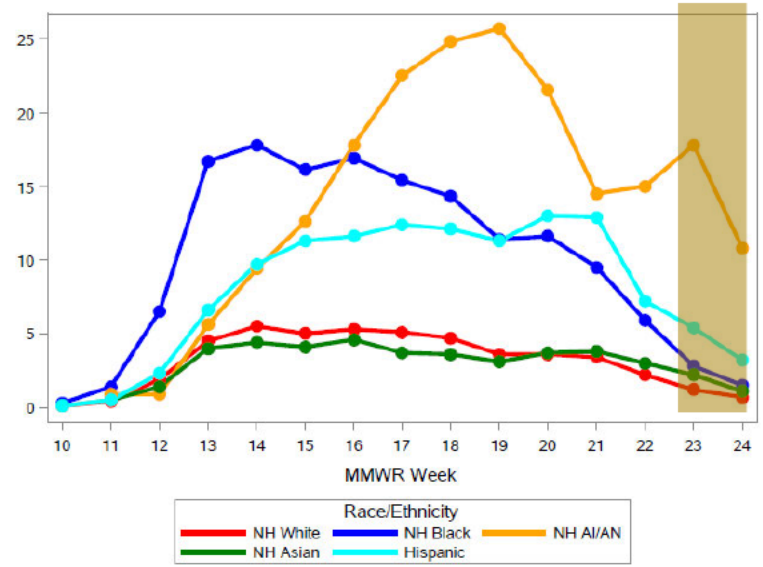
Laboratory-Confirmed COVID-19-Associated Hospitalization

Weekly Rates — COVID-NET, March 1–June 13, 2020

Children <18 Years



By race/ethnicity



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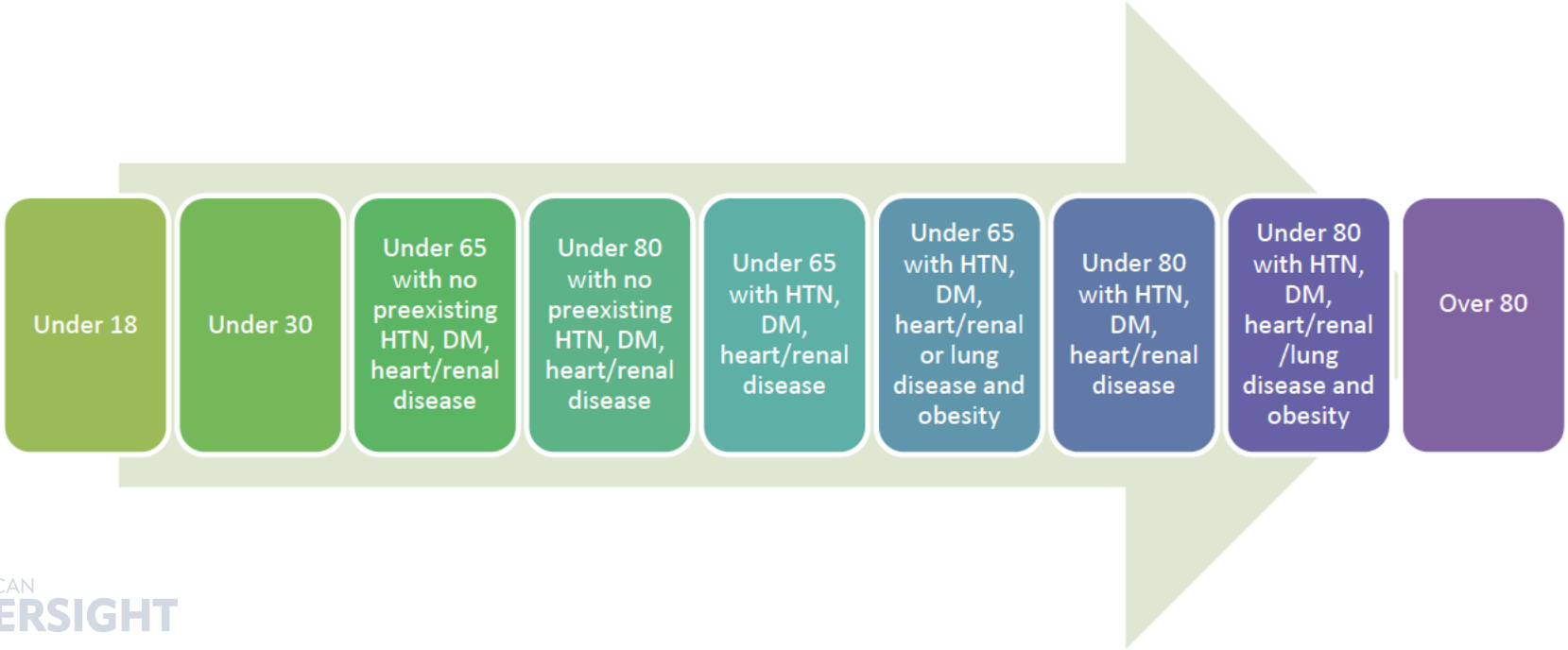
COVID-Net states: CA, CO, CT, GA, MD, MN, NM, NY, OR, TN, MI, OH, IA, and UT

NIH FOIA 000443

HHS-NIH-20-0496-A-000443

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Example of increasing risk by age and conditions



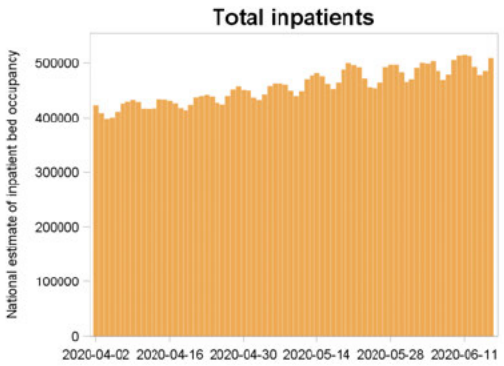
AMERICAN OVERSIGHT

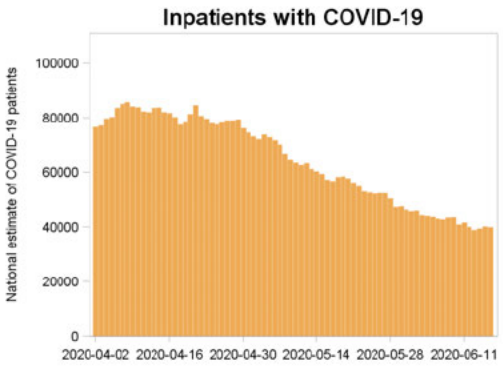
NIH FOIA 000444

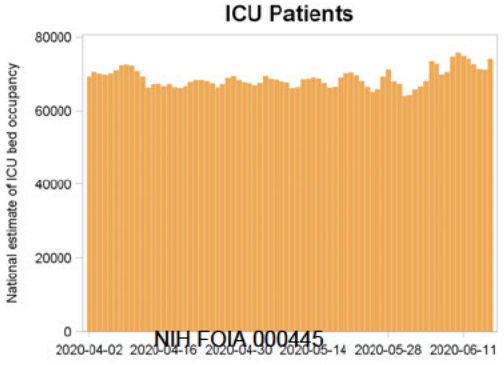
HHS-NIH-20-0496-A-000444

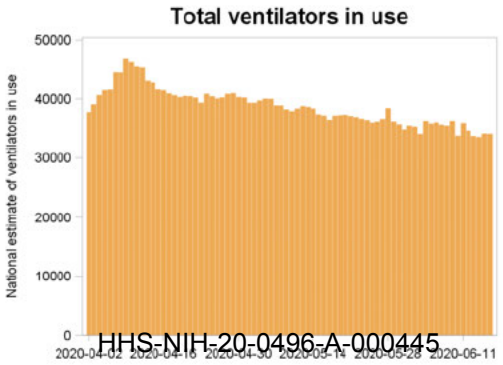
National Estimates by Day, NHSN (Apr 1st-Jun 16th)

- National estimates based on data reported to NHSN
- Estimates use weighting for non-response and multiple imputation for missing data









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NIH FOIA 000445

HHS-NIH-20-0496-A-000445

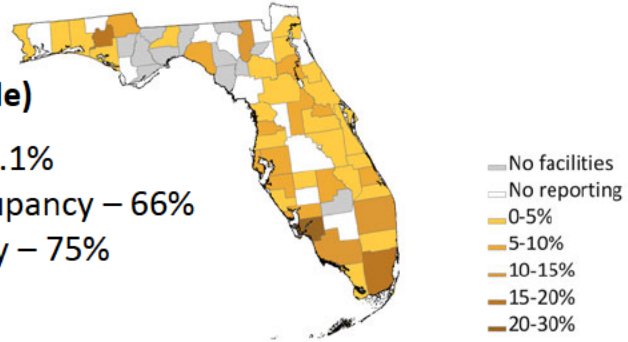
Data are Provisional Until Officially Released by the CDC - For Internal Use Only (FIUO) - For Official Use Only (FOUO) - Sensitive But Unclassified (SBU) - Not for Further Distribution

Occupancy & Ventilator Use by County, Florida

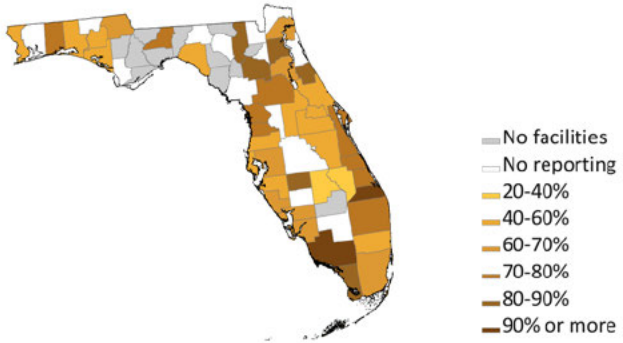
State Summary, FL (Crude)

Percent COVID Inpatients – 11.1%
Percent Overall Inpatient Occupancy – 66%
Percent Overall ICU Occupancy – 75%

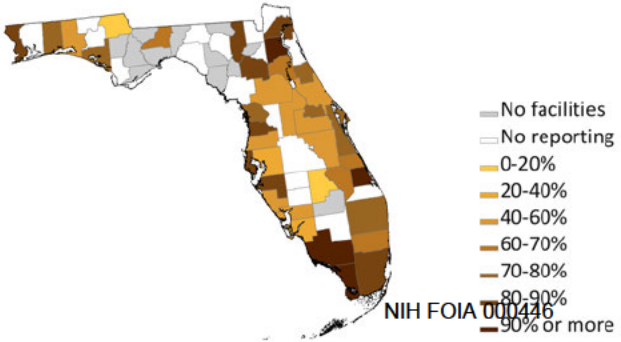
Percent of inpatient beds occupied by COVID-19 patients, FL



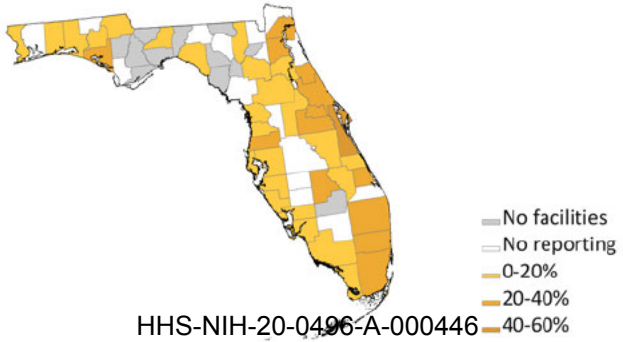
Percent of inpatient beds occupied (all inpatients), FL



Percent of ICU Beds occupied, FL



Percent of ventilators in use, FL



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NIH FOIA 000446

HHS-NIH-20-0496-A-000446

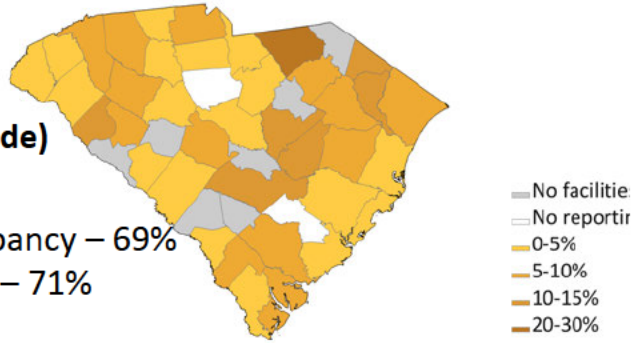
Data are Provisional Until Officially Released by the CDC - For Internal Use Only (FIUO) - For Official Use Only (FOUO) - Sensitive But Unclassified (SBU) - Not for Further Distribution

Occupancy & Ventilator Use by County, South Carolina

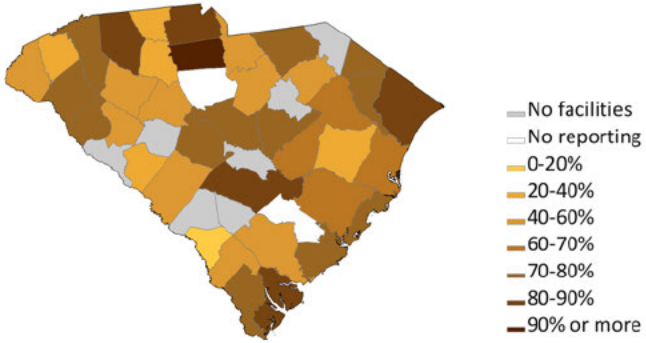
State Summary, SC (Crude)

Percent COVID Inpatients – 8%
Percent Overall Inpatient Occupancy – 69%
Percent Overall ICU Occupancy – 71%

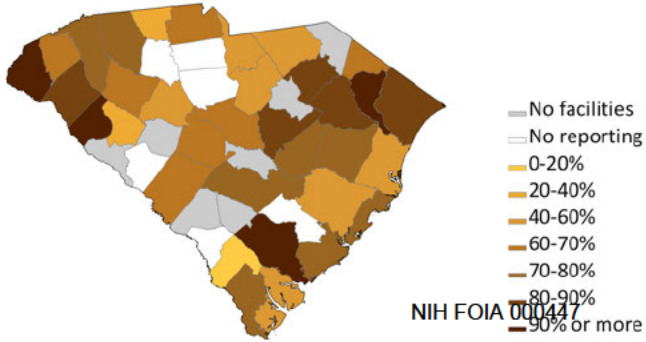
Percent of inpatient beds occupied by COVID-19 patients,



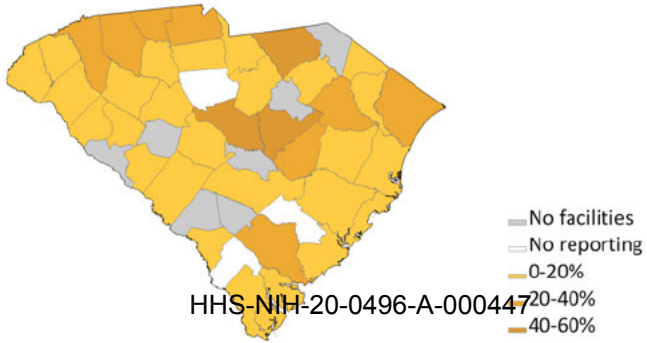
Percent of inpatient beds occupied (all inpatients), SC



Percent of ICU Beds occupied, SC



Percent of ventilators in use, SC



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NIH FOIA 00447 HHS-NIH-20-0496-A-000447

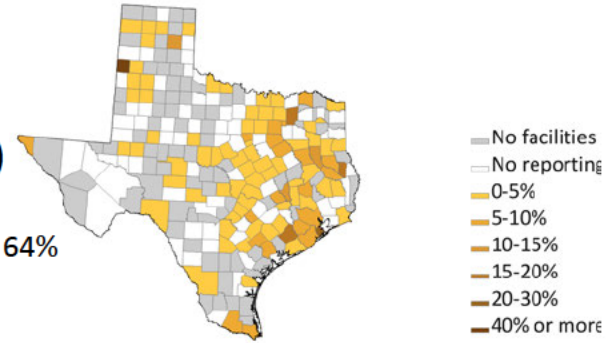
Data are Provisional Until Officially Released by the CDC - For Internal Use Only (FIUO) - For Official Use Only (FOUO) - Sensitive But Unclassified (SBU) - Not for Further Distribution

Occupancy & Ventilator Use by County, Texas

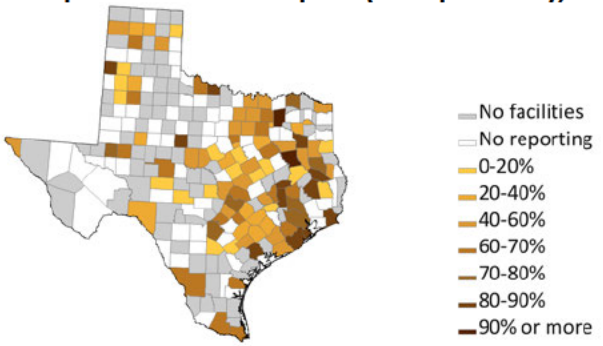
State Summary, TX (Crude)

Percent COVID Inpatients – 7.3%
Percent Overall Inpatient Occupancy – 64%
Percent Overall ICU Occupancy – 63%

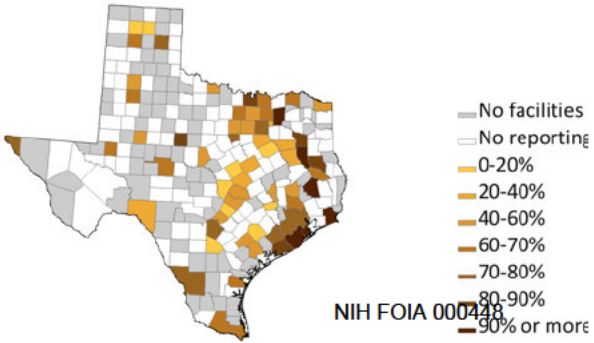
Percent of inpatient beds occupied by COVID-19 patients, TX



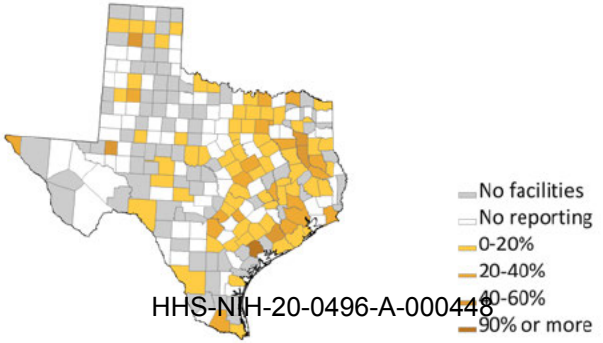
Percent of inpatient beds occupied (all inpatients), TX



Percent of ICU Beds occupied, TX



Percent of ventilators in use, TX

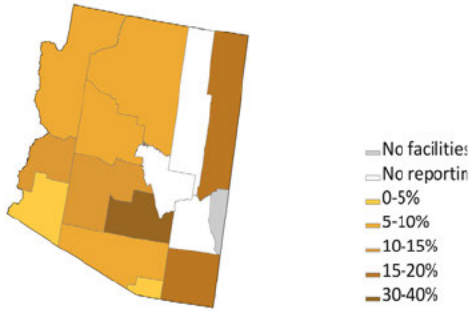


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NIH FOIA 000448
HHS-NIH-20-0496-A-000448

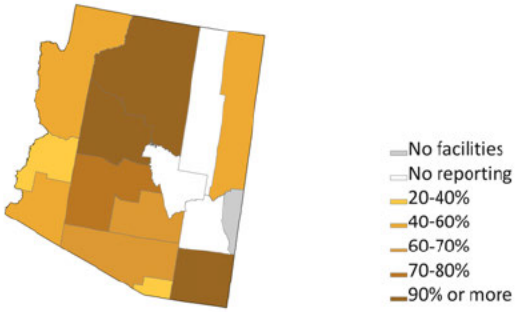
Data are Provisional Until Officially Released by the CDC - For Internal Use Only (FIUO) - For Official Use Only (FOUO) - Sensitive But Unclassified (SBU) - Not for Further Distribution

Occupancy & Ventilator Use by County, Arizona

Percent of inpatient beds occupied by COVID-19 patients, AZ



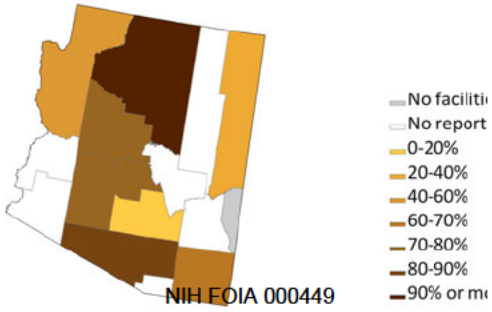
Percent of inpatient beds occupied (all inpatients), AZ



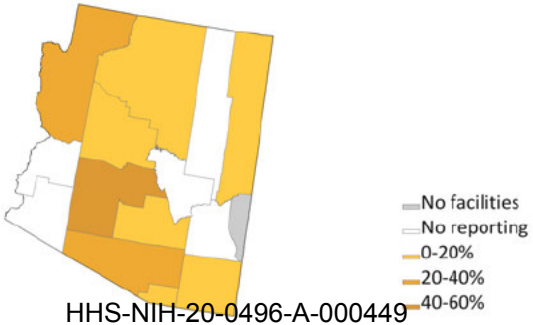
State Summary, AZ (Crude)

Percent COVID Inpatients – 15.3%
Percent Overall Inpatient Occupancy – 72%
Percent Overall ICU Occupancy – 75%

Percent of ICU Beds occupied, AZ



Percent of ventilators in use, AZ



AMERICAN OVERSIGHT

NIH FOIA 000449

HHS-NIH-20-0496-A-000449

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Y

Data Summary: NHSN

- National estimate of total inpatients continues to increase; COVID inpatients have stopped declining
  - Overall National increase in % COVID inpatients increased from about 8% to 8.4%
  - Overall National increases in % total inpatients increased from about 60 to 61.8%
- National estimates of total ICU patients and ventilator use are stable
- Many states are seeing slight increases in COVID inpatients; fewer are seeing increases in total inpatients

AMERICAN OVERSIGHT

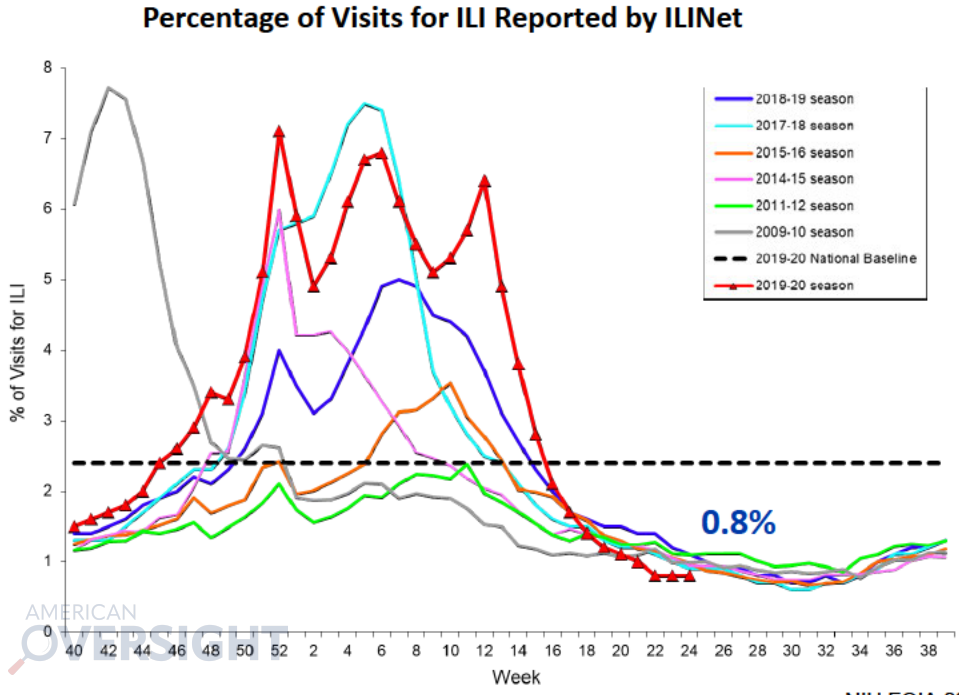
NIH FOIA 000450

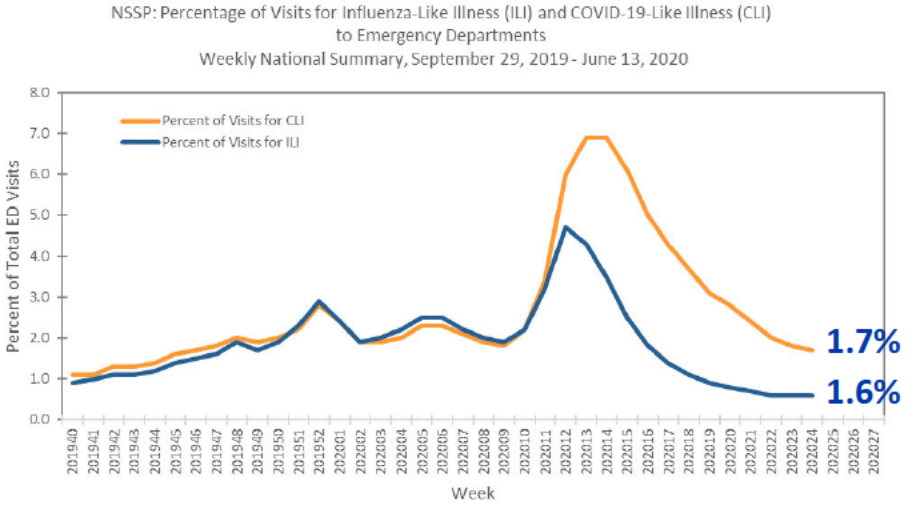
HHS-NIH-20-0496-A-000450

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G

Low Percentage of Visits: ILI Reported by ILINet and CLI and ILI from NSSP



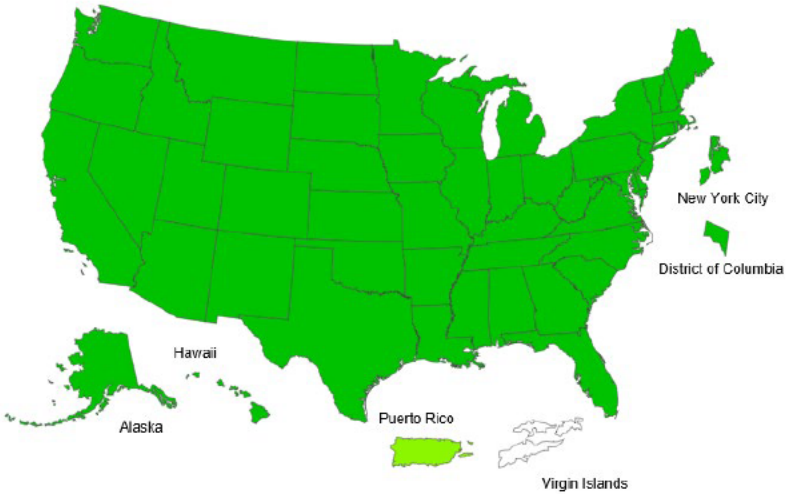


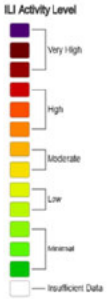
AMERICAN OVERSIGHT

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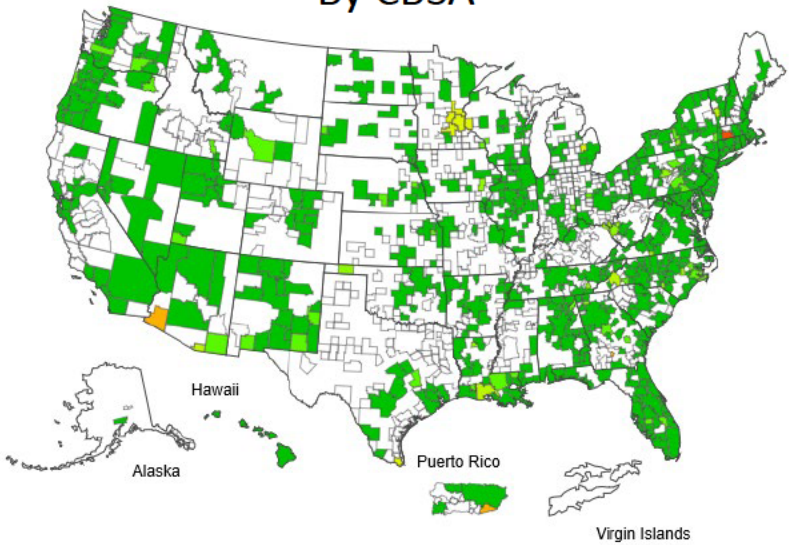
G

ILI Activity Level Map, Week 24, Week Ending June 13, 2020





By CBSA



Activity Level	Week 23 (Week ending June 6, 2020)	Compared to Previous Week
Very High	0	No change
High	0	No change
Moderate	0	No change
Low	0	-1
Minimal	53	+1

AMERICAN OVERSIGHT

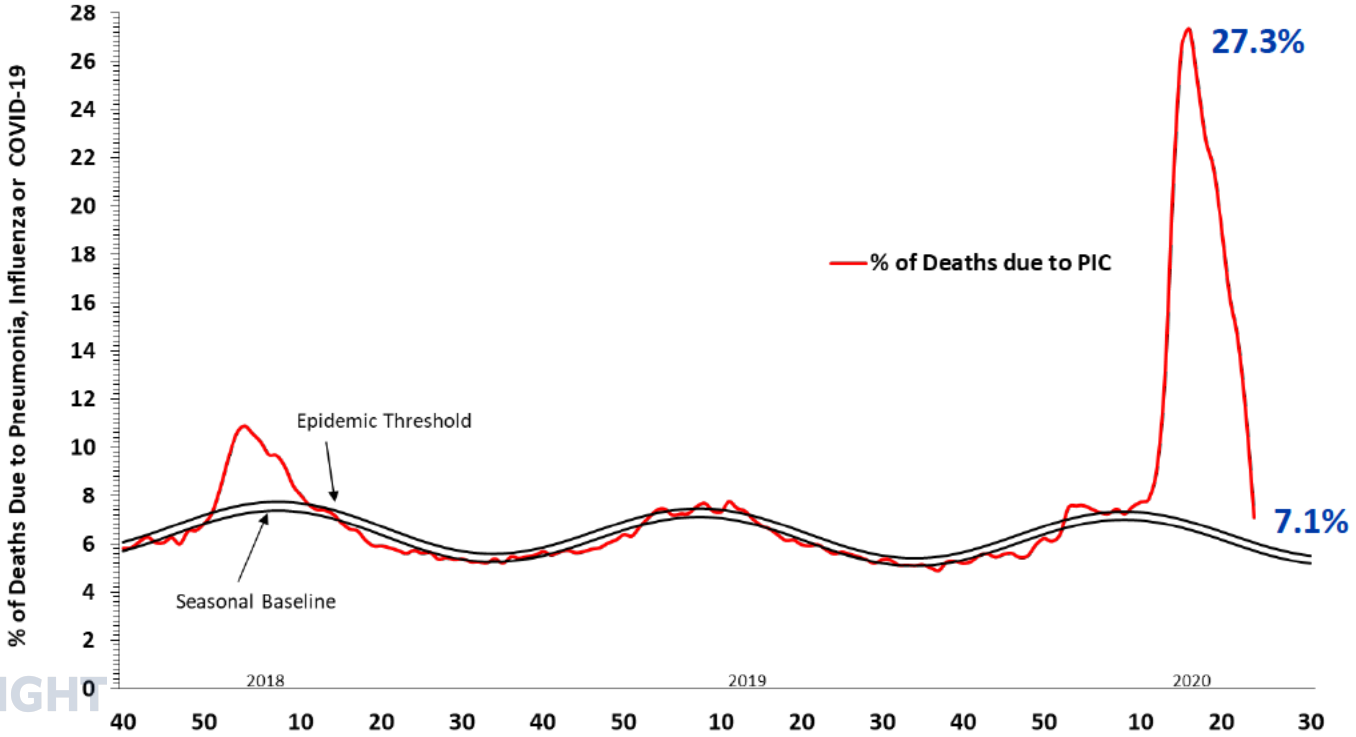
NIH FOIA 000452

HHS-NIH-20-0496-A-000452

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G

Pneumonia, Influenza, or COVID-19 Mortality NCHS through the week ending June 13, 2020



AMERICAN OVERSIGHT

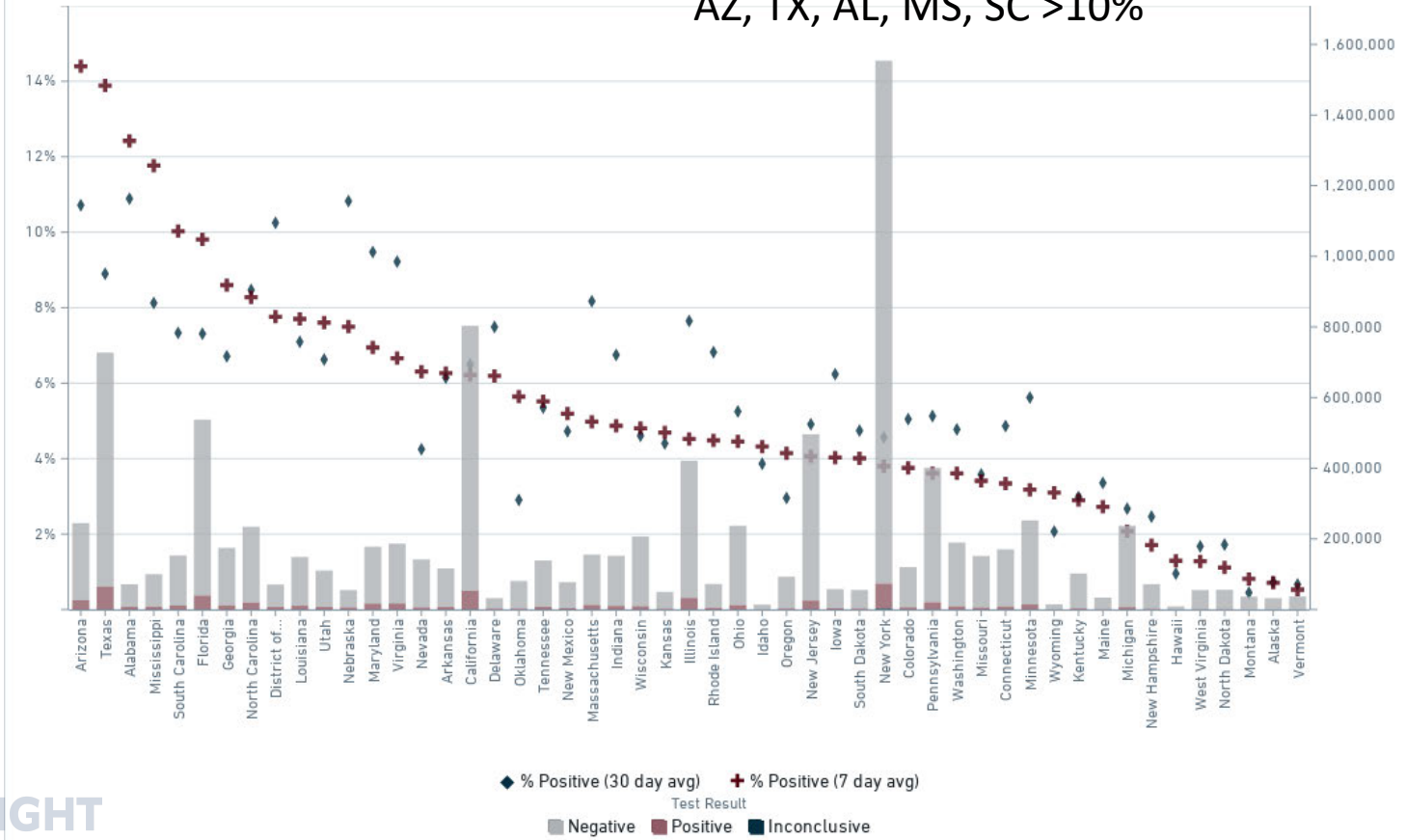
NIH FOIA 000453

HHS-NIH-20-0496-A-000453

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Positive and negative cumulative results in the last 30 days per state with % positive per state

AZ, TX, AL, MS, SC >10%

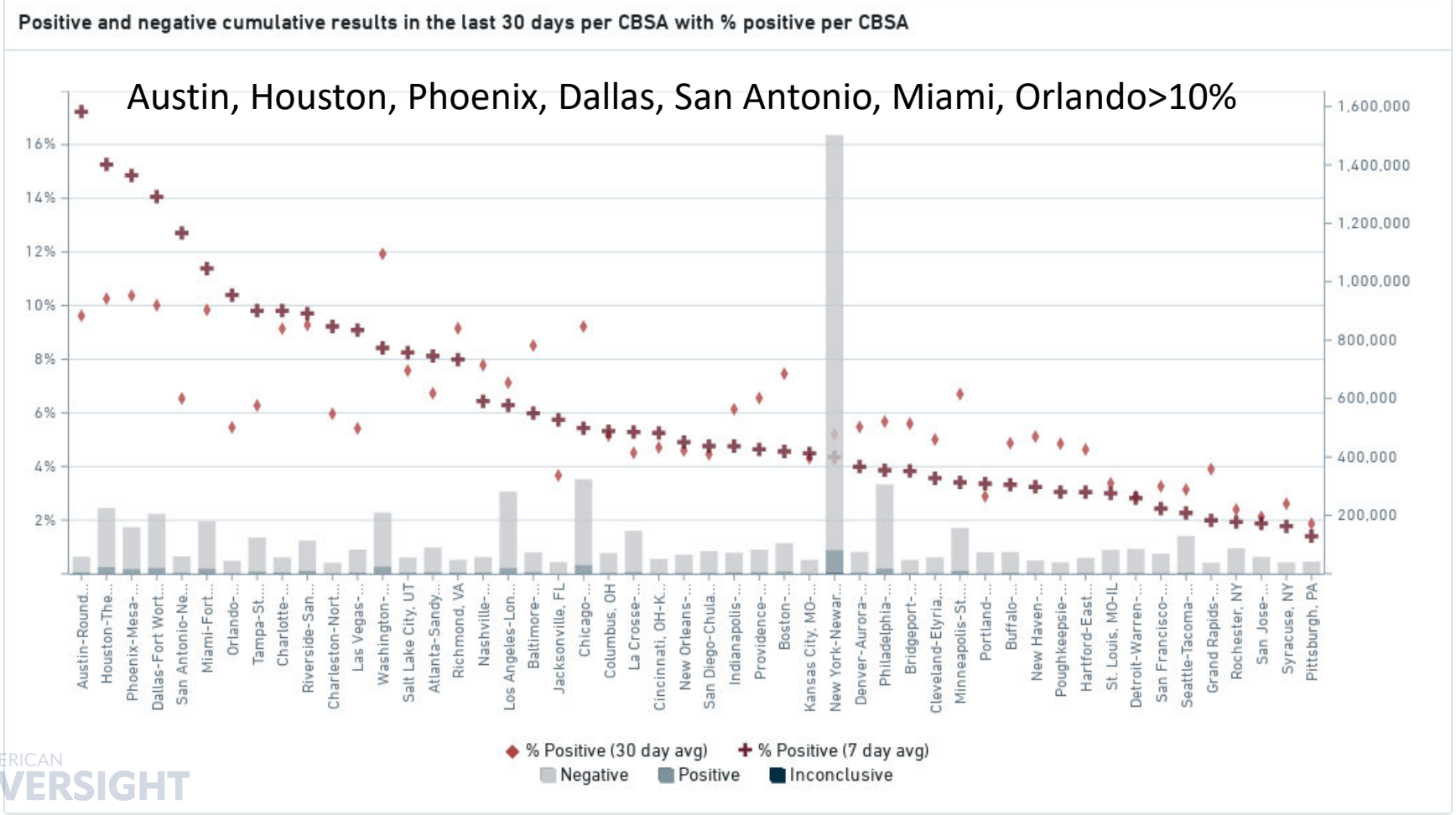


Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. This chart is sorted by the 7-day percent positive.

AMERICAN OVERSIGHT

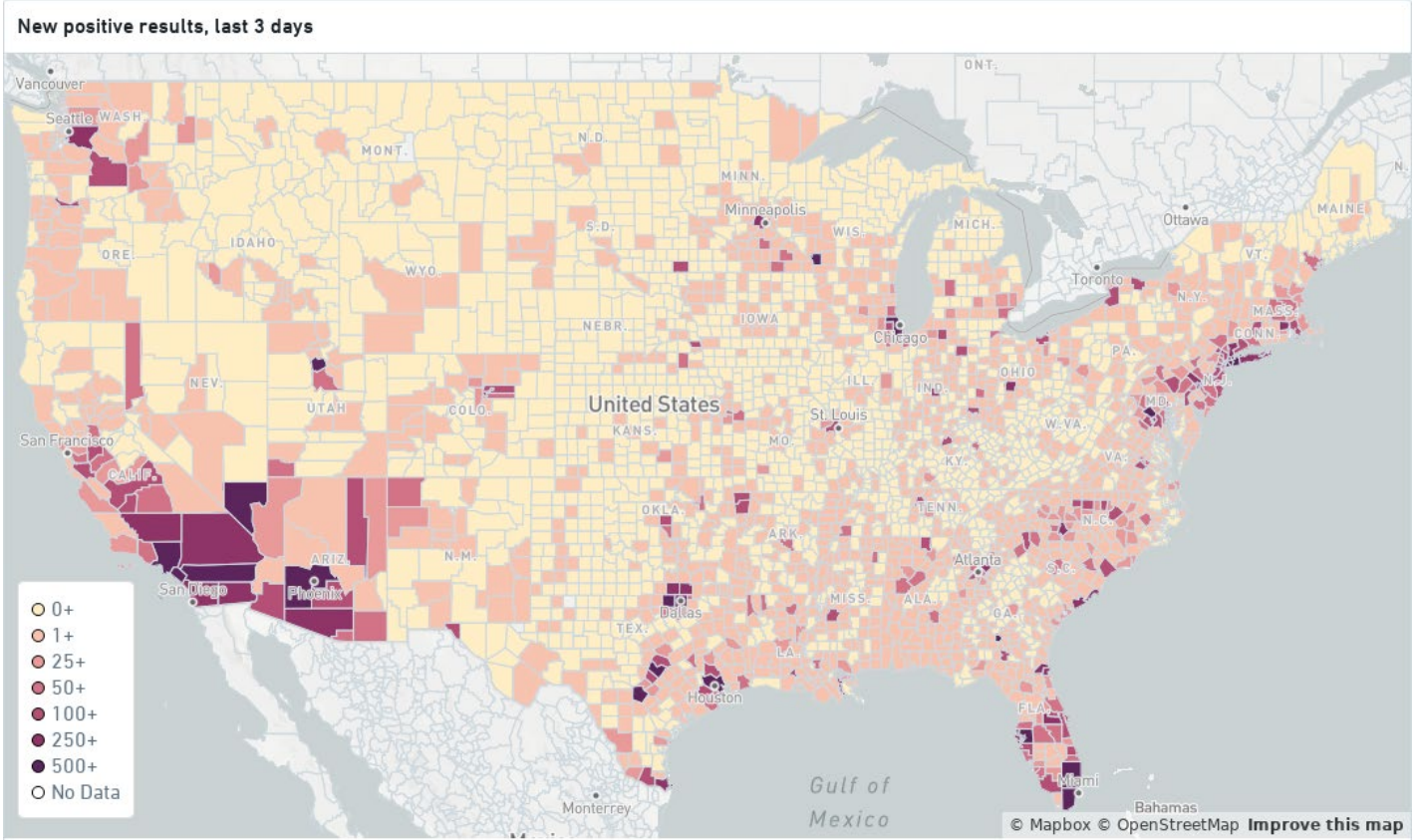
NIH FOIA 000454

HHS-NIH-20-0496-A-000454



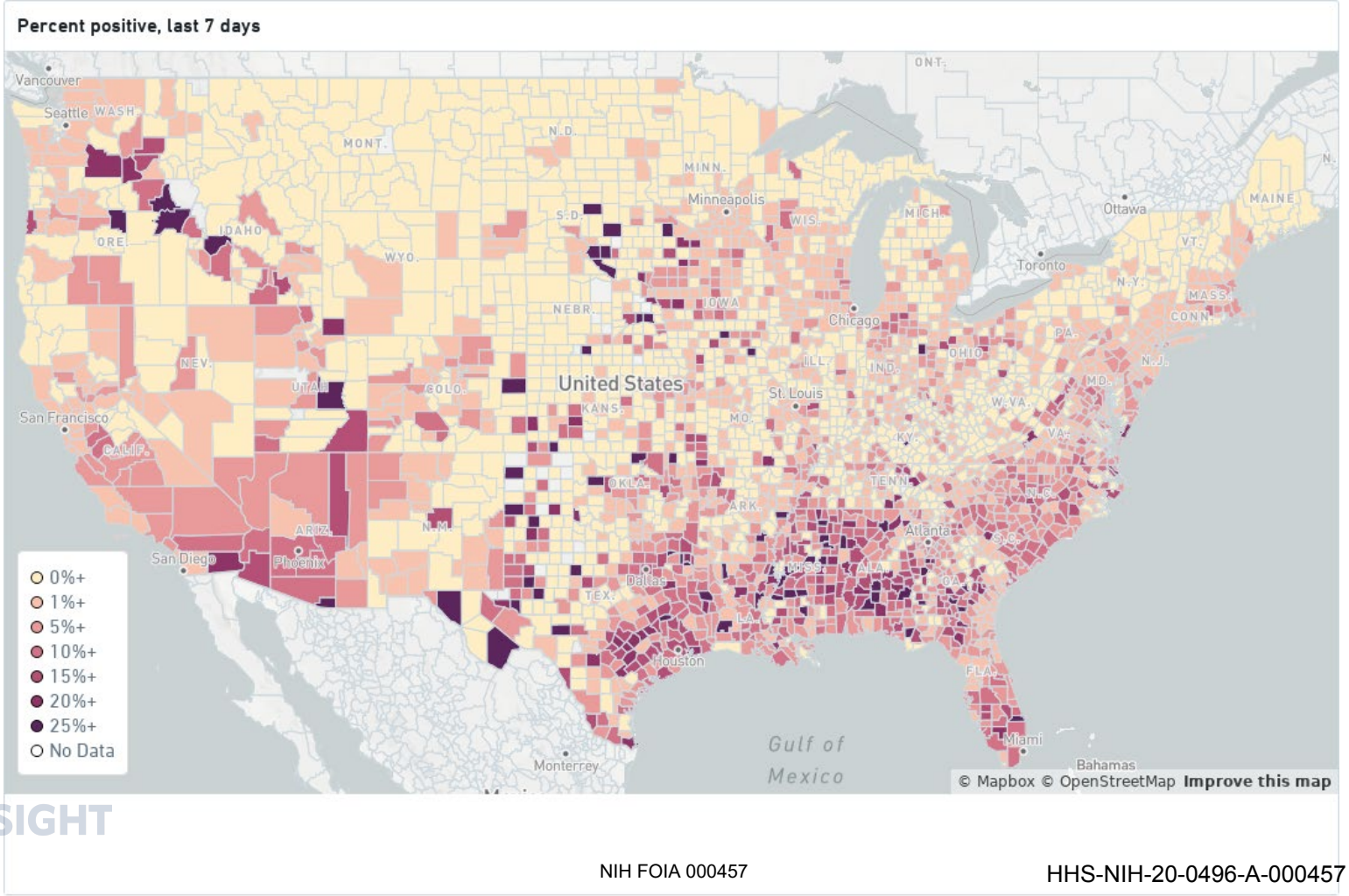
Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. The top 50 CBSAs were determined by ranking over the number of results reported for a given area in the last 30 days. This chart is sorted by the 7-day percent positive.

AMERICAN OVERSIGHT



Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days.

AMERICAN OVERSIGHT



Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days.

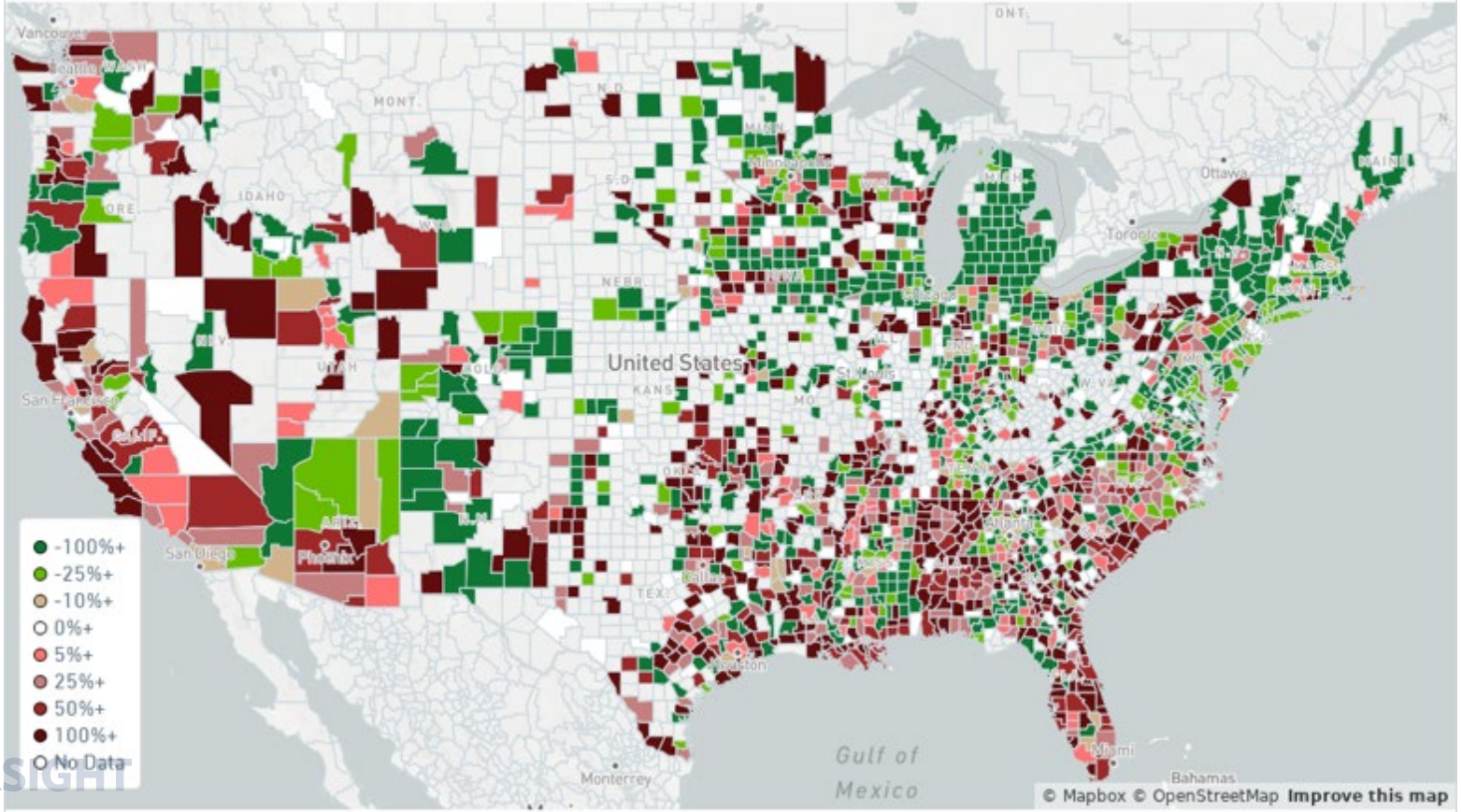
AMERICAN OVERSIGHT

NIH FOIA 000457

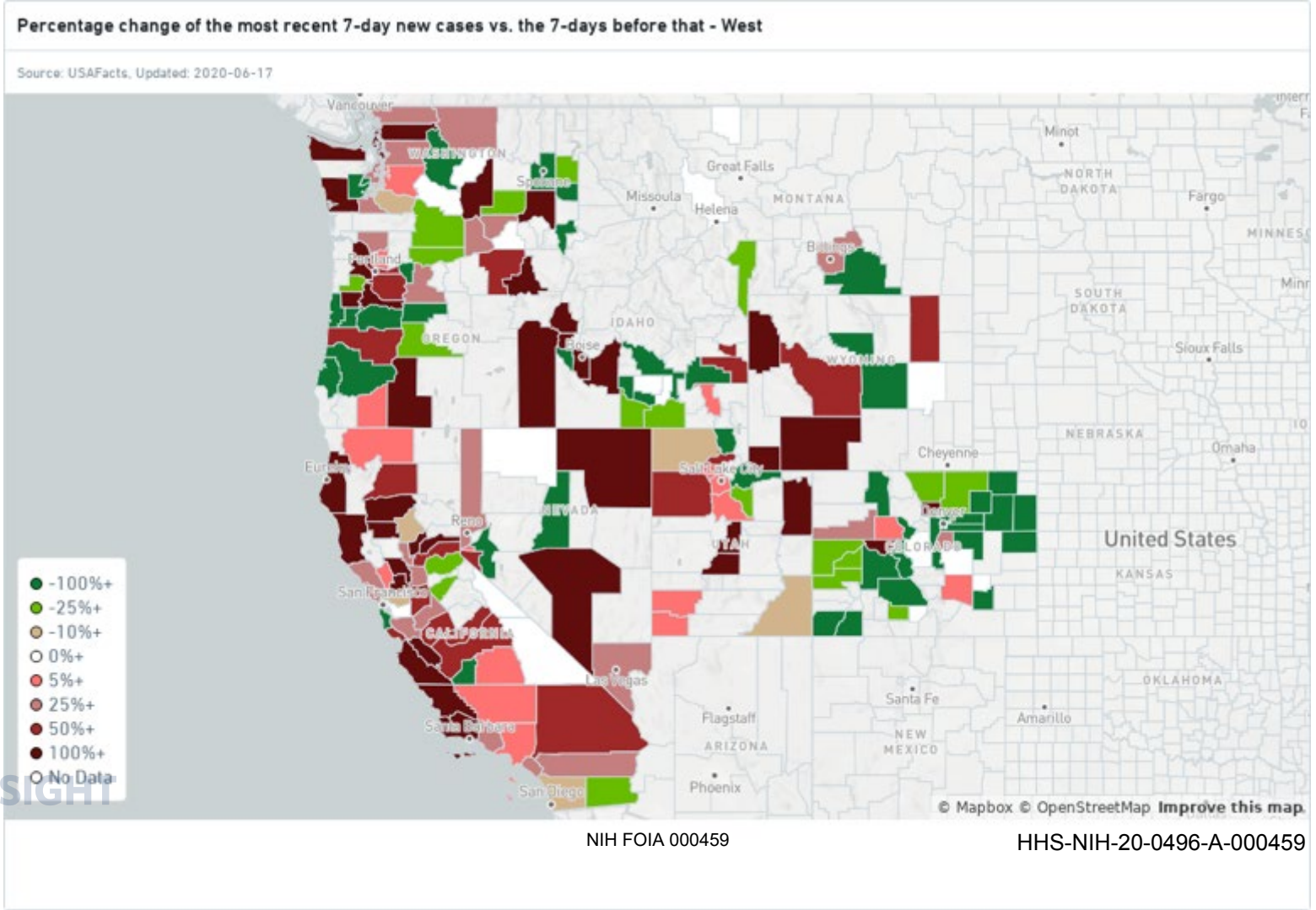
HHS-NIH-20-0496-A-000457

Percentage change of the most recent 7-day new cases vs. the 7-days before that

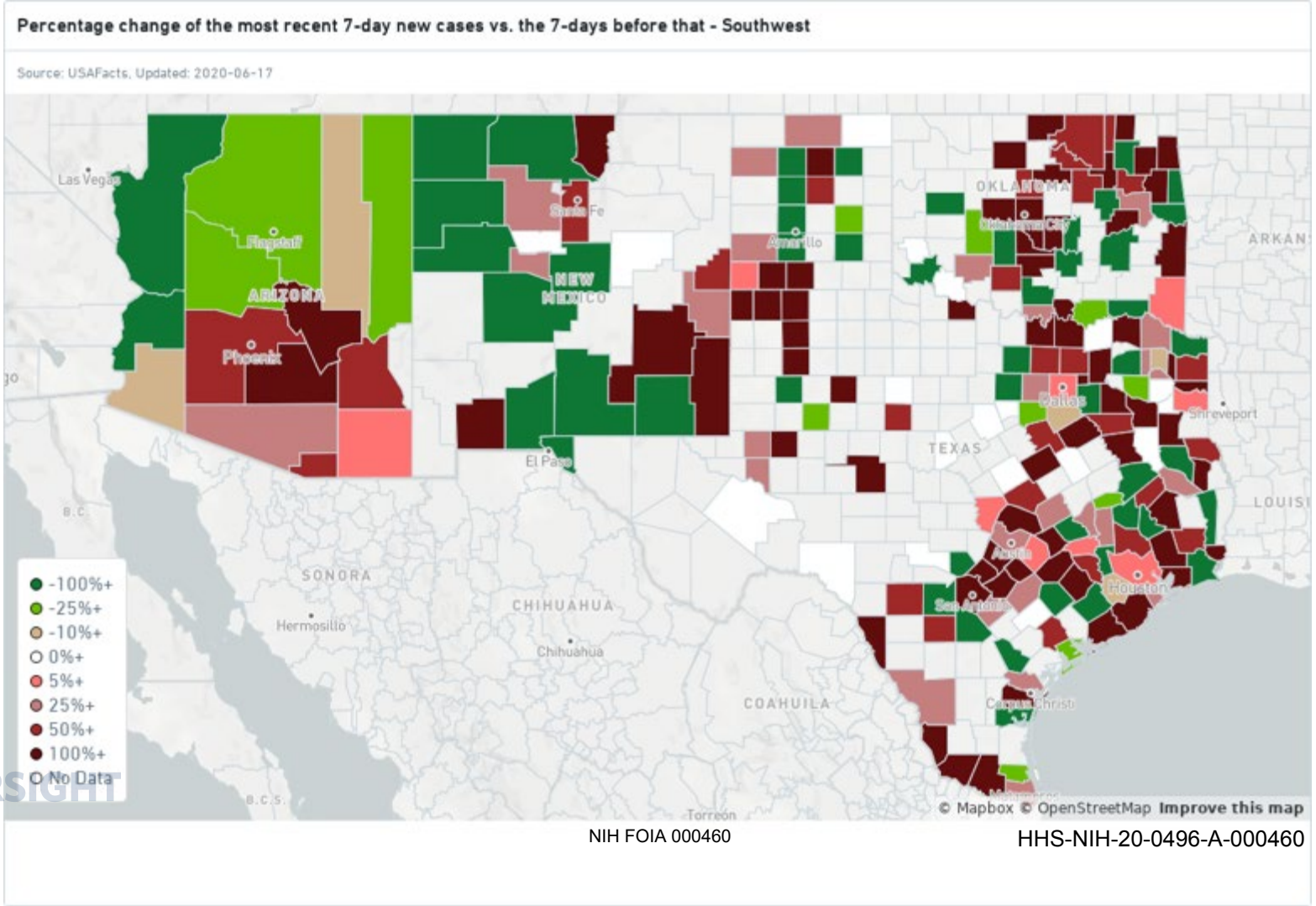
Source: USAFacts, Updated: 2020-06-17



AMERICAN OVERSIGHT



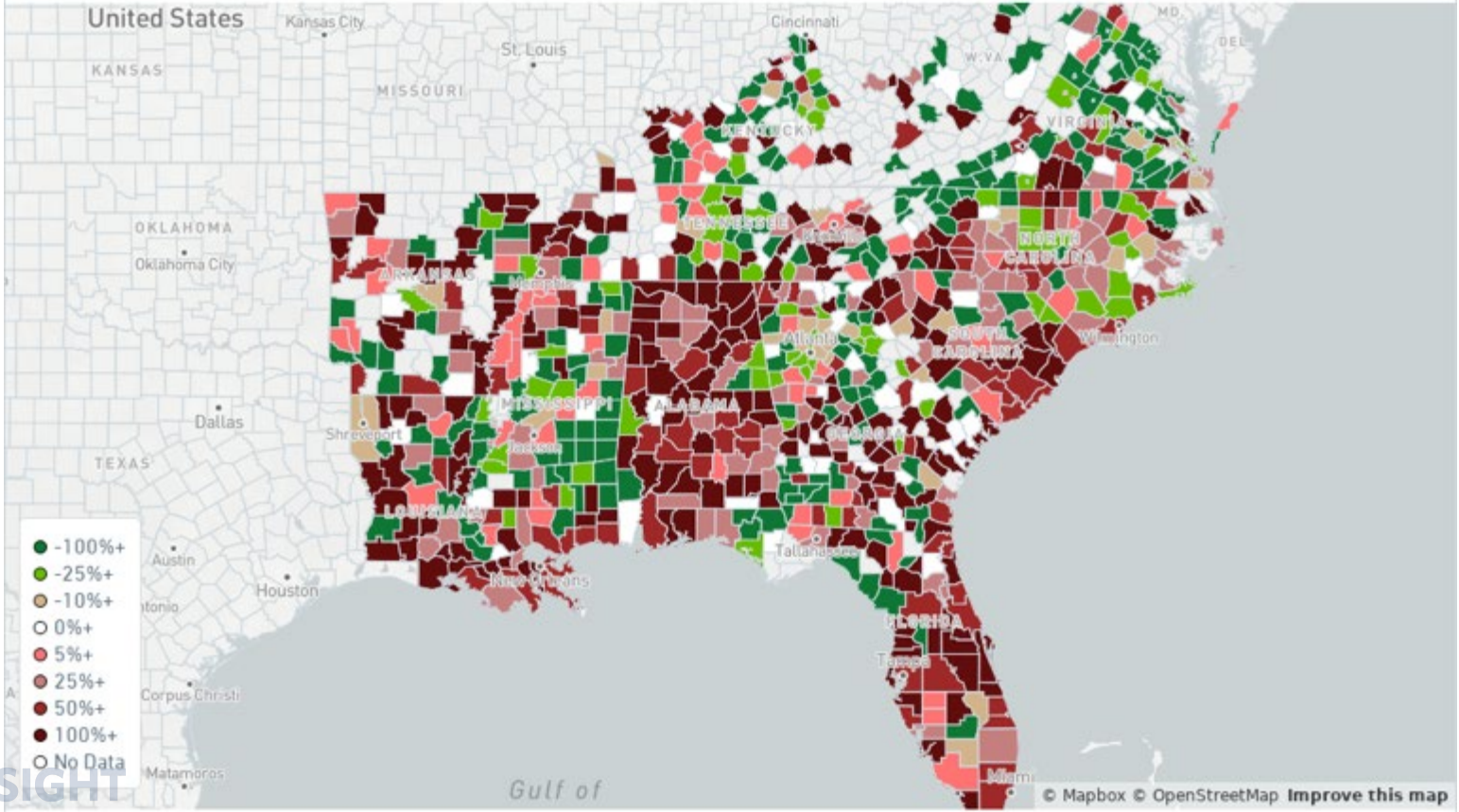
AMERICAN OVERSIGHT



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Percentage change of the most recent 7-day new cases vs. the 7-days before that - Southeast

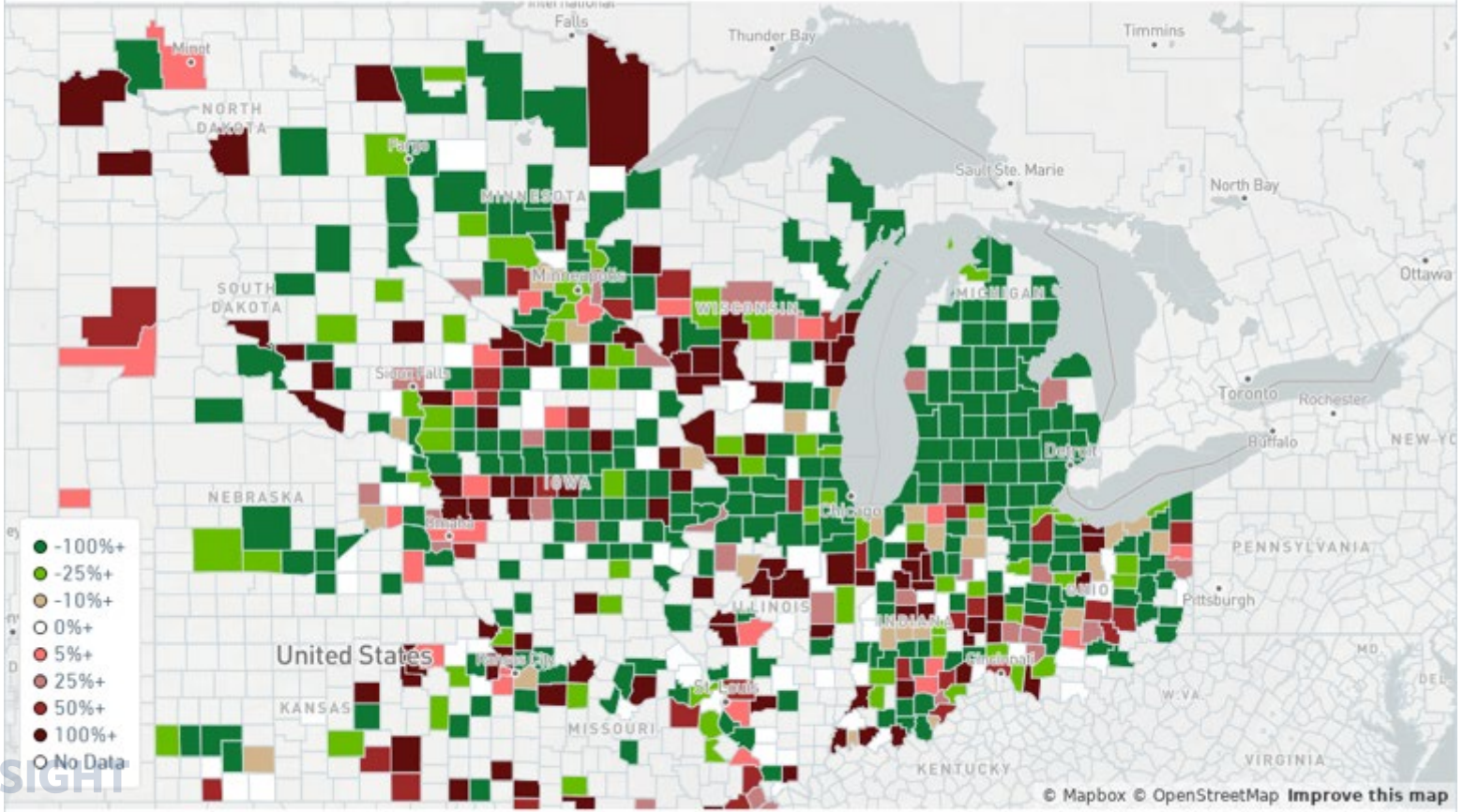
Source: USAFacts. Updated: 2020-06-17



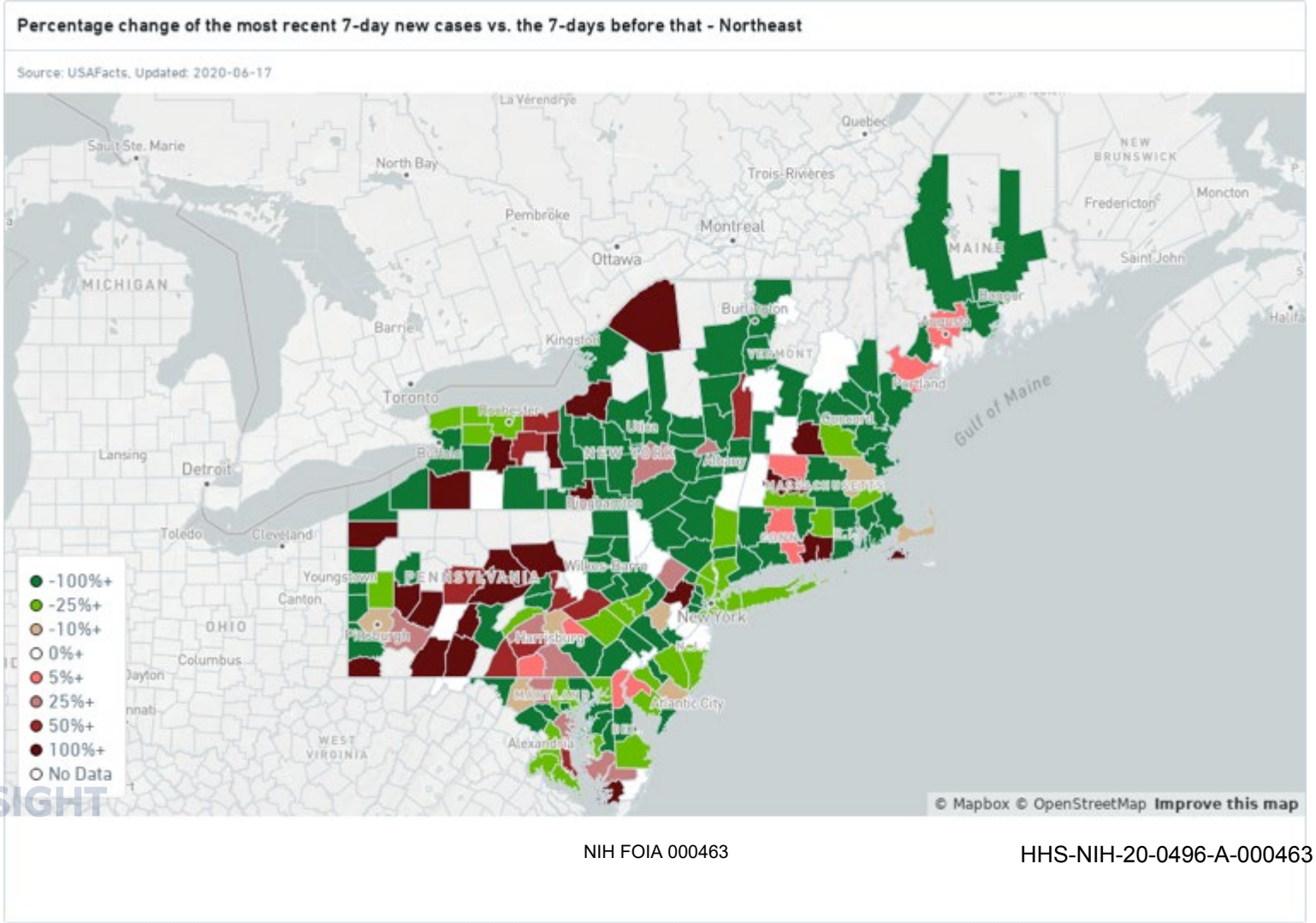
AMERICAN OVERSIGHT

Percentage change of the most recent 7-day new cases vs. the 7-days before that - Midwest

Source: USAFacts, Updated: 2020-06-17



AMERICAN OVERSIGHT

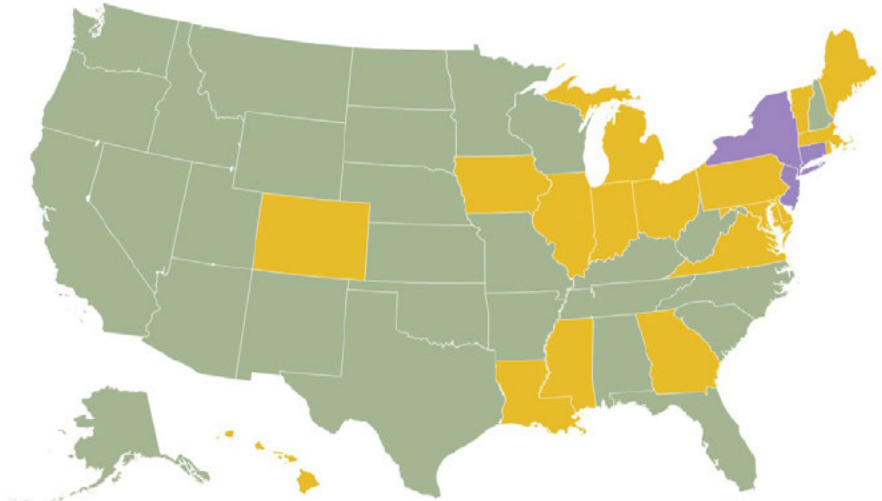


AMERICAN OVERSIGHT

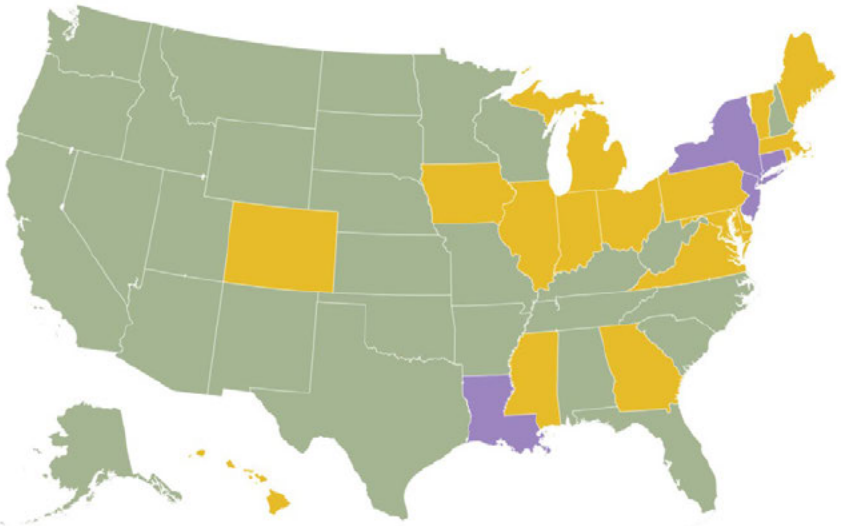
R

Percent Positivity of Qualitative IgG Tests by State, Four Commercial Laboratories

April 6 – May 24, 2020; N = 1.78 million



April 6 – June 16, 2020; N = 2.87 million



2 to 4 percent

5 to 10 percent

AMERICAN OVERSIGHT

NIH FOIA 000464

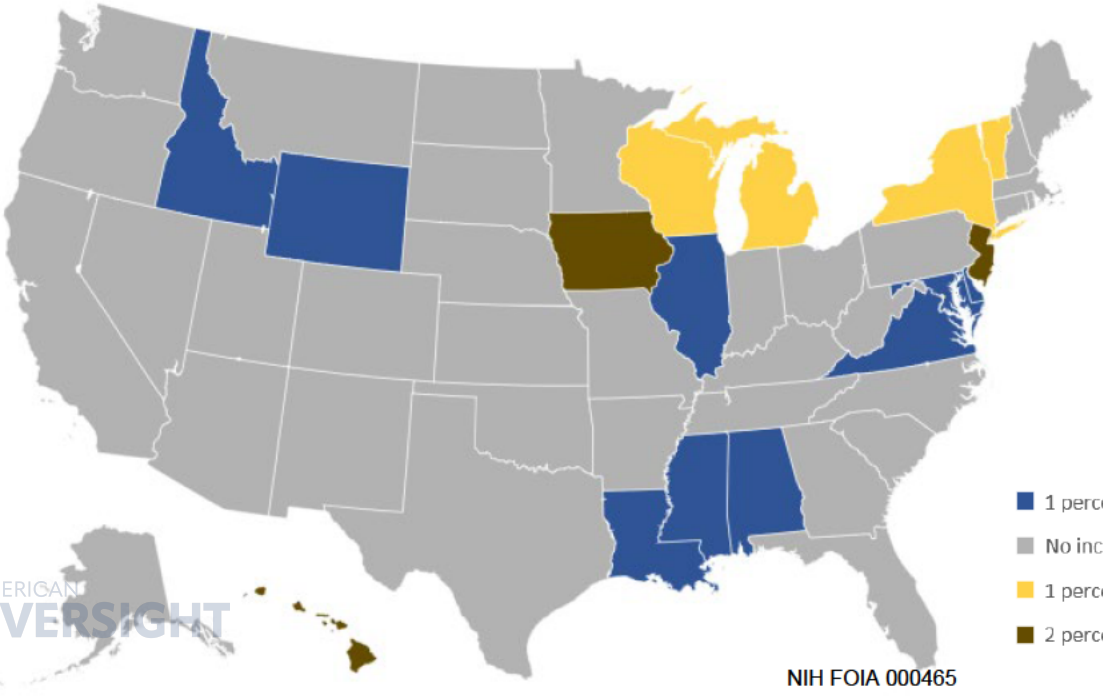
HHS-NIH-20-0496-A-000464

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R

Change in Percent Positivity of Qualitative IgG Tests by State, Four Commercial Laboratories

May 24 vs. June 16th 2020



- No major changes in IgG percent positivity over three weeks by state
- One percent increases in nine states
- One to two percent decreases in eight states

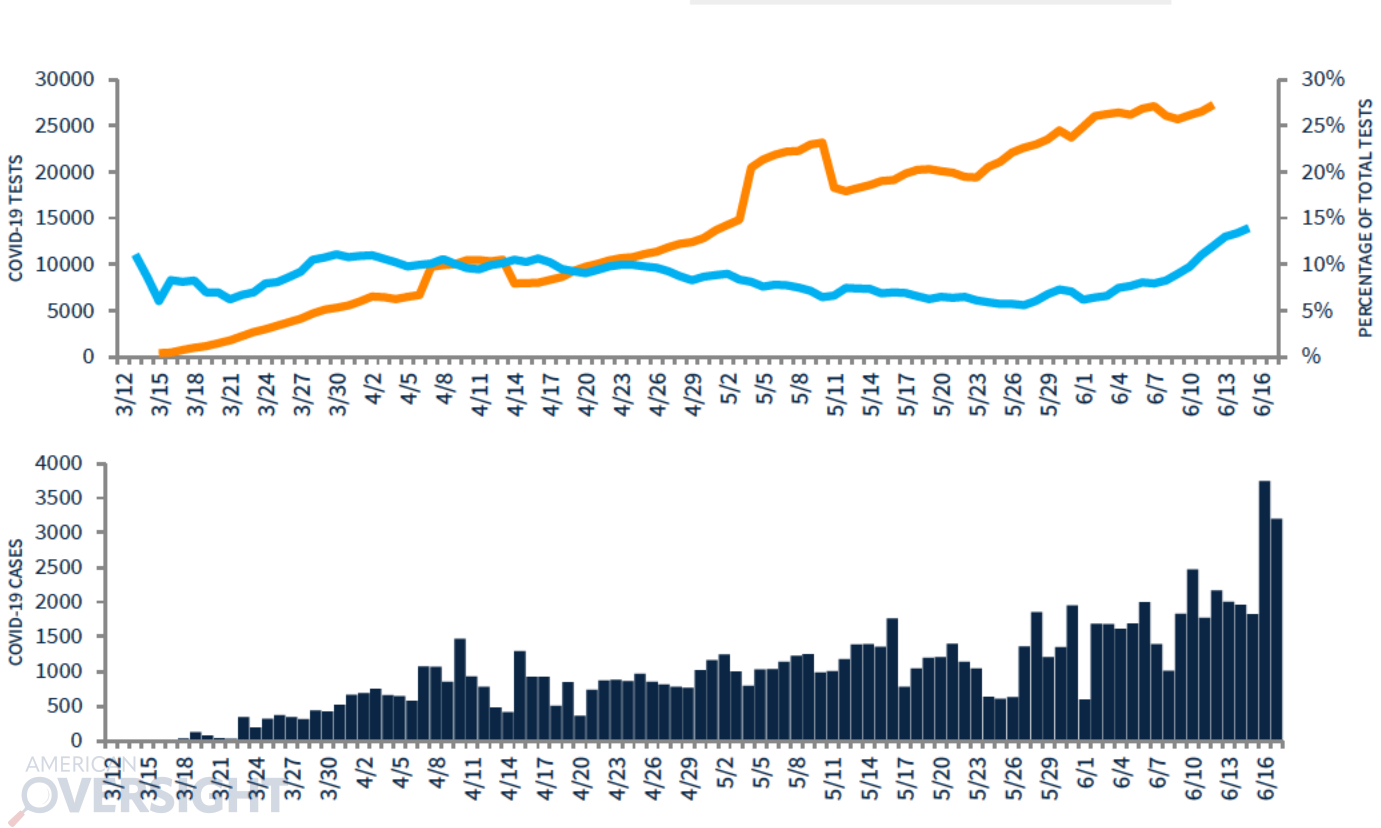
AMERICAN OVERSIGHT

NIH FOIA 000465

HHS-NIH-20-0496-A-000465

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TRENDS IN TEXAS



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	13.9%
NEW CASES PER 100K / DAY	8 (weekly avg.)
TESTING PER 100K / DAY	95 (weekly avg.)
BED UTILIZATION[2]	61%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+5.7%
INCIDENCE	+39%
TESTING PER 100K / DAY	+4
BED UTILIZATION	-4%

RISK FACTORS

POPULATION DENSITY	110 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	3.3%

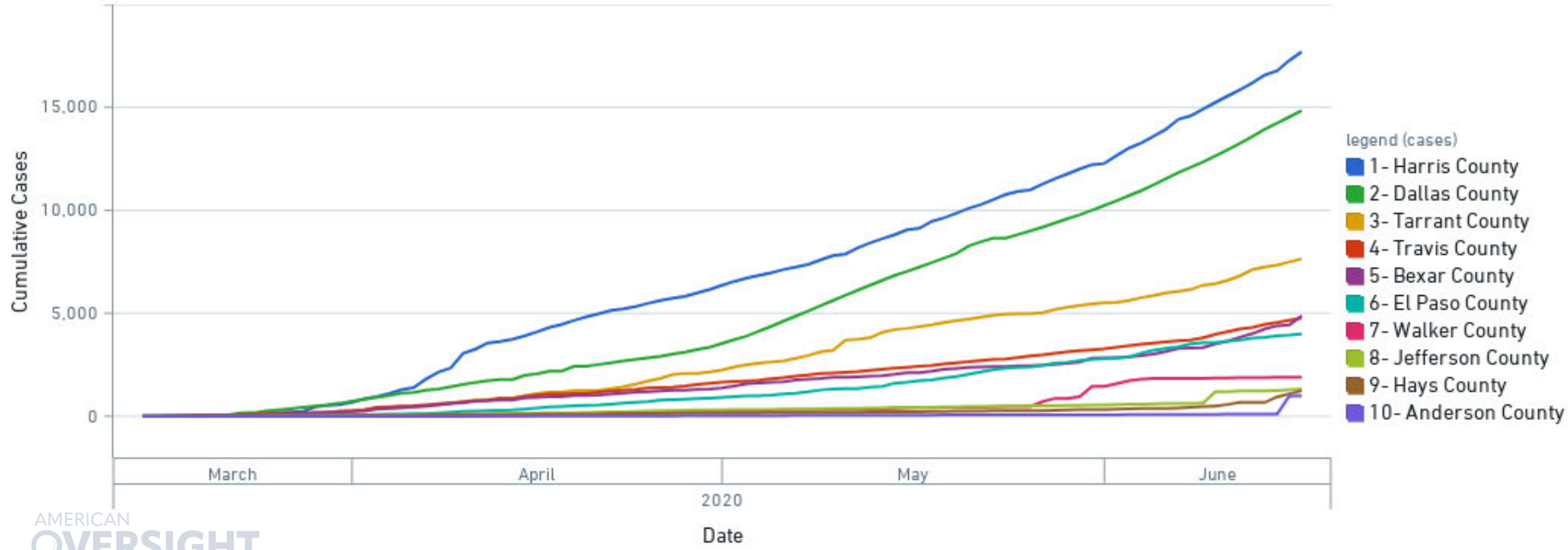
Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting.
Testing & hospital data based on best available data in HHS Protect

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*
[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

AMERICAN OVERSIGHT
NIH FOIA 000466
HHS-NIH-20-0496-A-000466

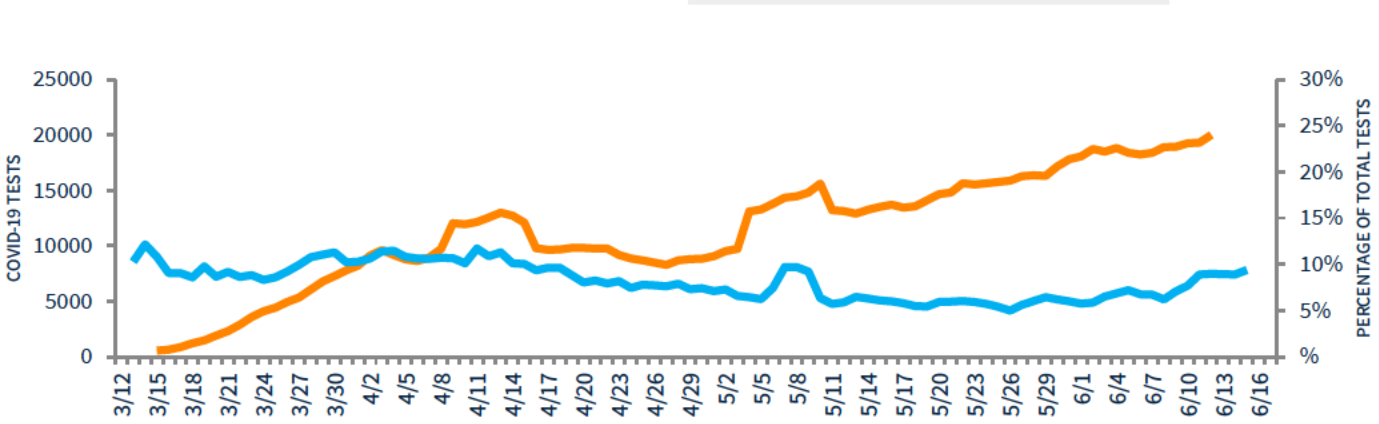
TX - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

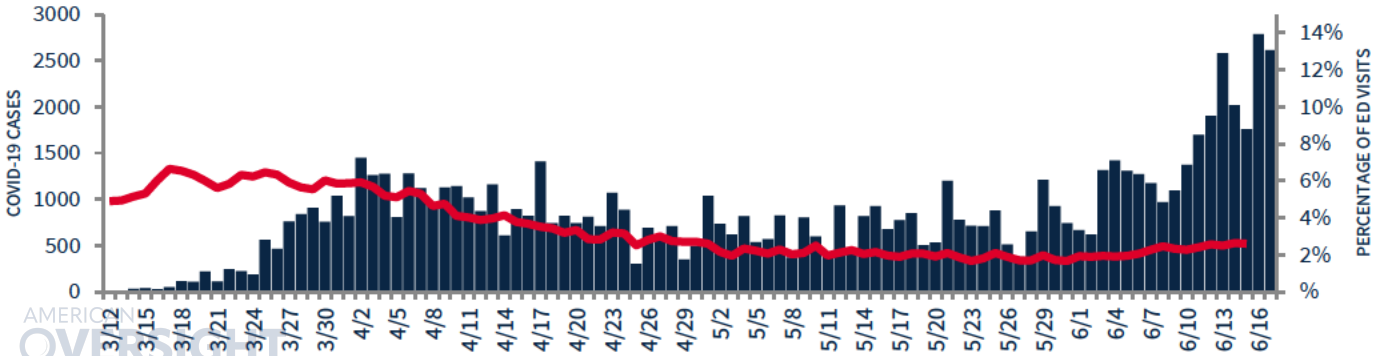
state: TX, date: 2020-06-16



AMERICAN OVERSIGHT

TRENDS IN FLORIDA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.4%
NEW CASES PER 100K / DAY	10 (weekly avg.)
TESTING PER 100K / DAY	94 (weekly avg.)
BED UTILIZATION[2]	73%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+3.2%
INCIDENCE	+78%
TESTING PER 100K / DAY	+8
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	397 per sq mi
% OVER 60	27%
CRUDE CVD PREVALENCE	4.7%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

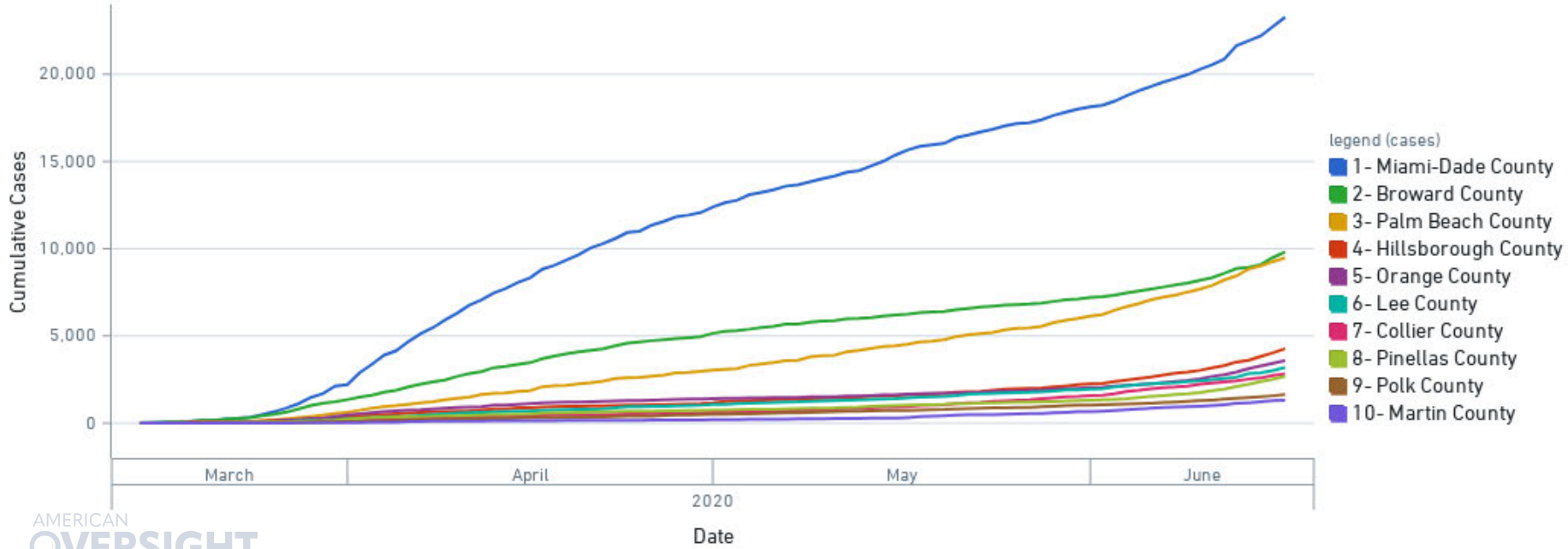
AMERICAN OVERSIGHT

NIH FOIA 000468

HHS_NIH-20-0496-A-000468

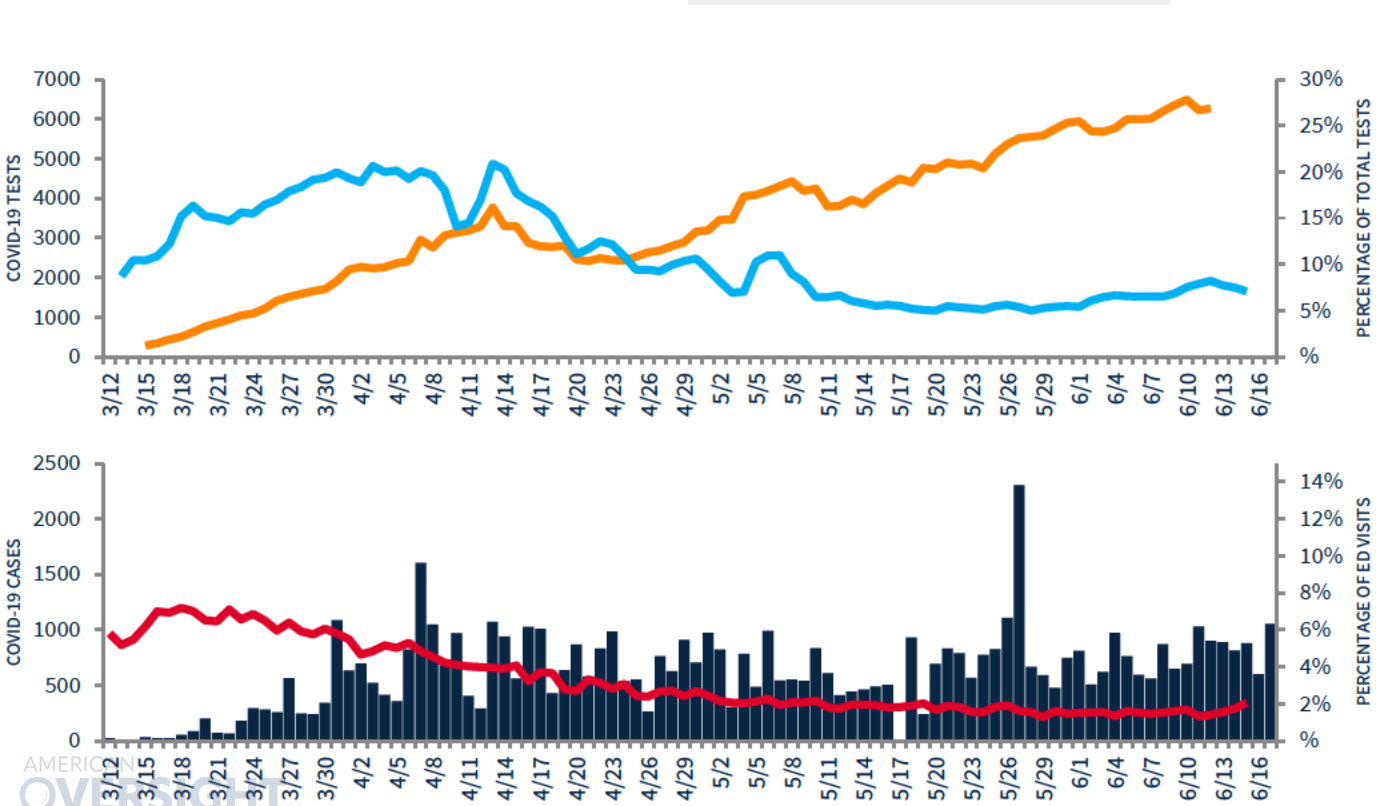
FL - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: FL, date: 2020-06-16



AMERICAN OVERSIGHT

TRENDS IN GEORGIA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	7.1%
NEW CASES PER 100K / DAY	8 (weekly avg.)
TESTING PER 100K / DAY	60 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.6%
INCIDENCE	+21%
TESTING PER 100K / DAY	+3
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	182 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	4.0%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

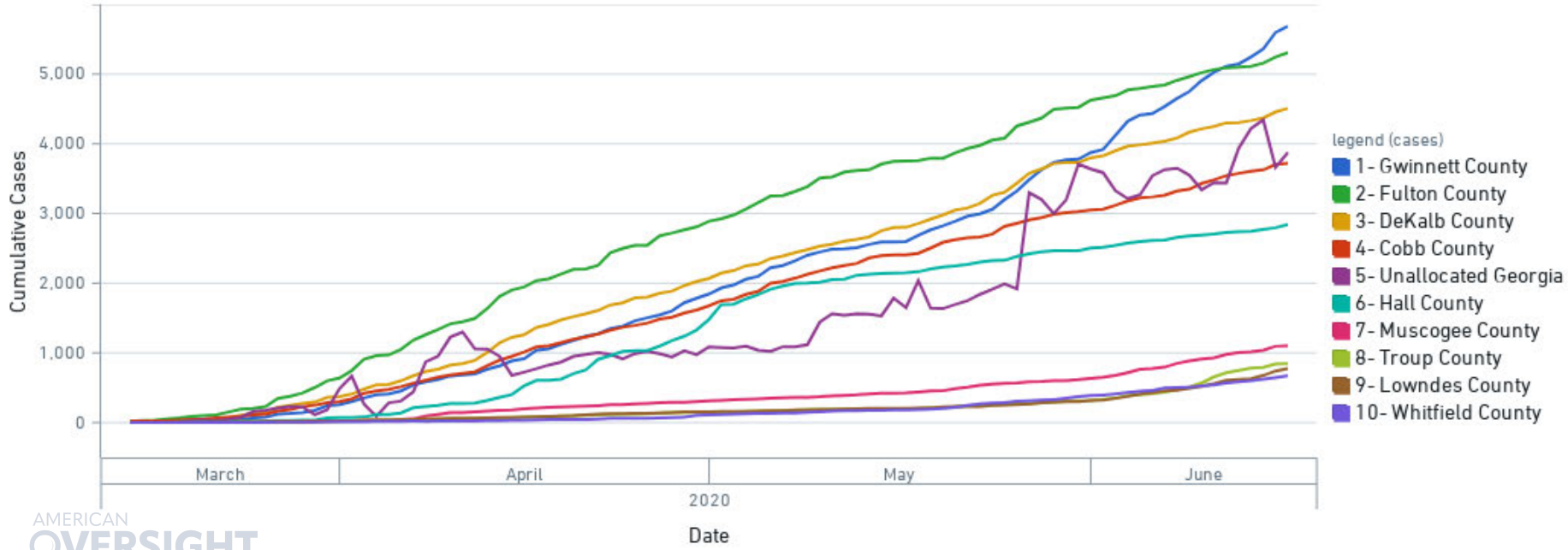
AMERICAN OVERSIGHT

NIH FOIA 000470

HHS_NIH-20-0496-A-000470

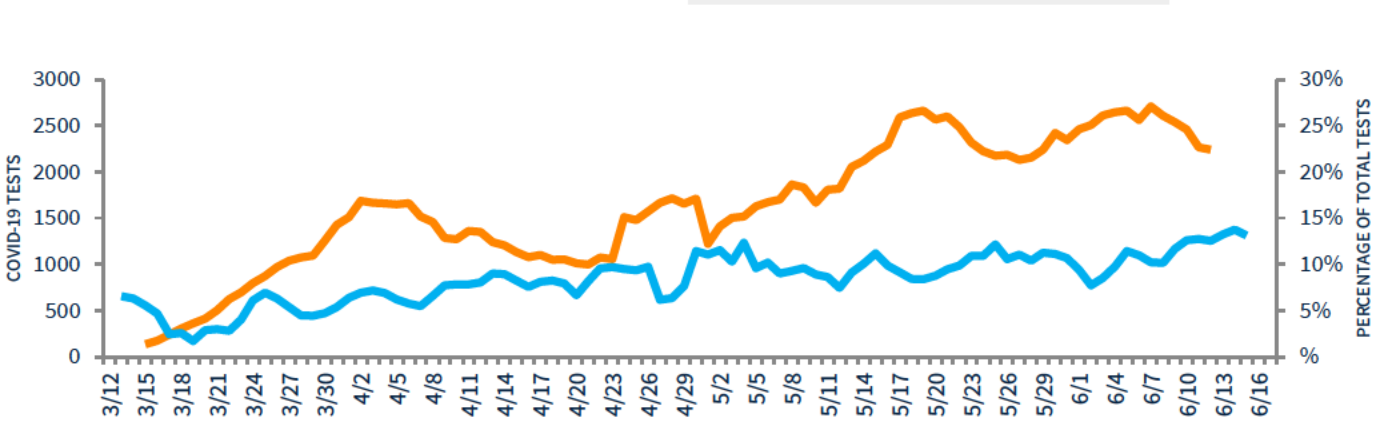
GA - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

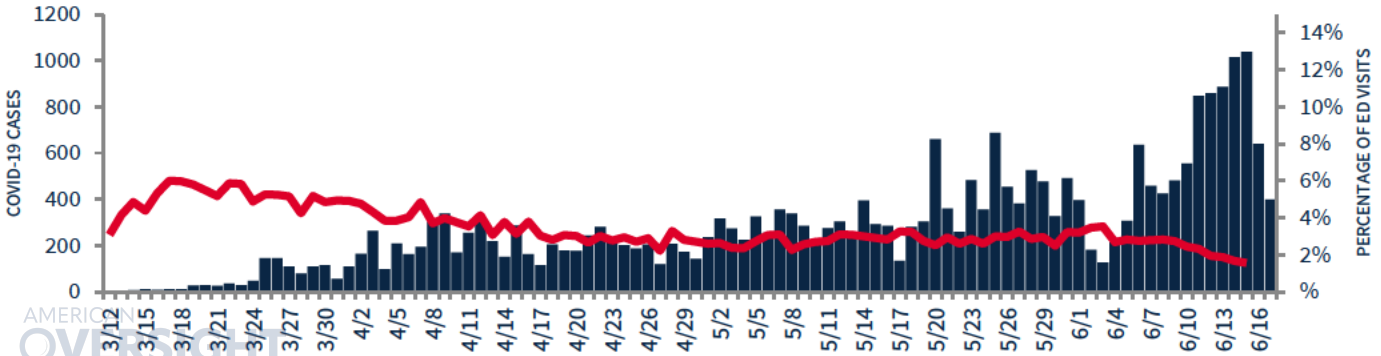
state: GA, date: 2020-06-16



AMERICAN OVERSIGHT

TRENDS IN ALABAMA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	13.1%
NEW CASES PER 100K / DAY	17 (weekly avg.)
TESTING PER 100K / DAY	46 (weekly avg.)
BED UTILIZATION[2]	69%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+3.0%
INCIDENCE	+85%
TESTING PER 100K / DAY	-9
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	97 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	5.5%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

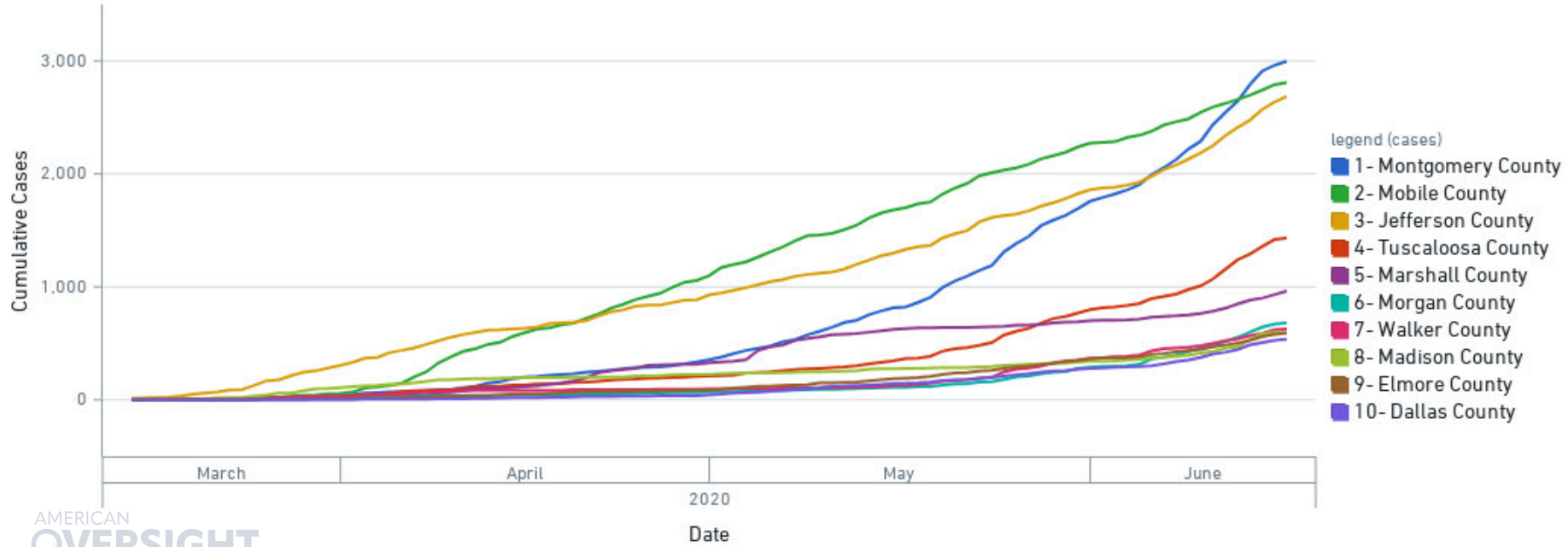
AMERICAN OVERSIGHT

NIH FOIA 000472

HHS_NIH-20-0496-A-000472

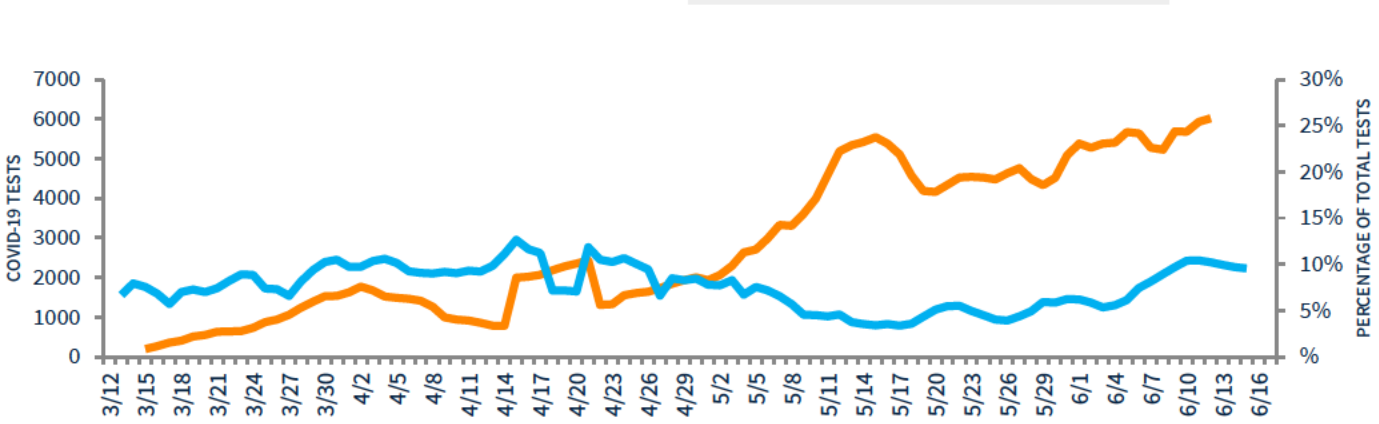
AL - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

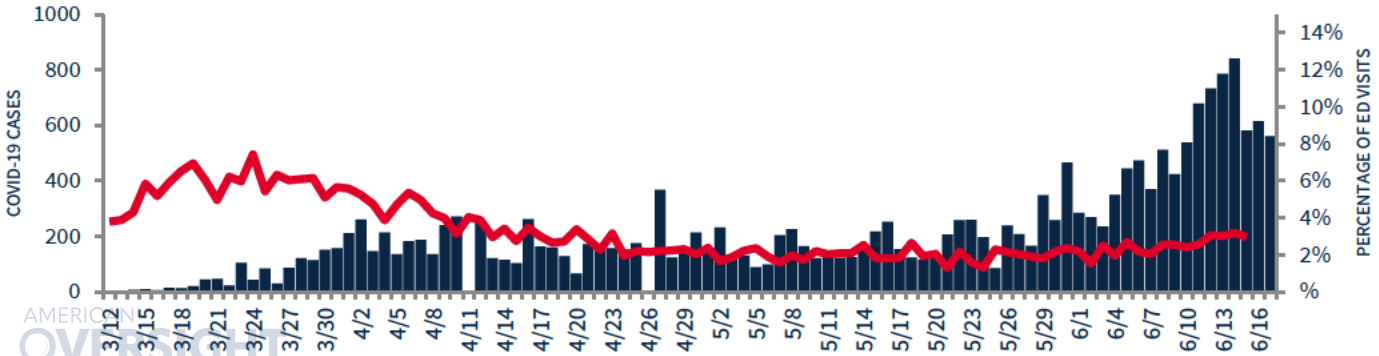
state: AL, date: 2020-06-16



AMERICAN OVERSIGHT

TRENDS IN SOUTH CAROLINA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.5%
NEW CASES PER 100K / DAY	13 (weekly avg.)
TESTING PER 100K / DAY	118 (weekly avg.)
BED UTILIZATION[2]	69%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.6%
INCIDENCE	+54%
TESTING PER 100K / DAY	+7
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	169 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.9%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

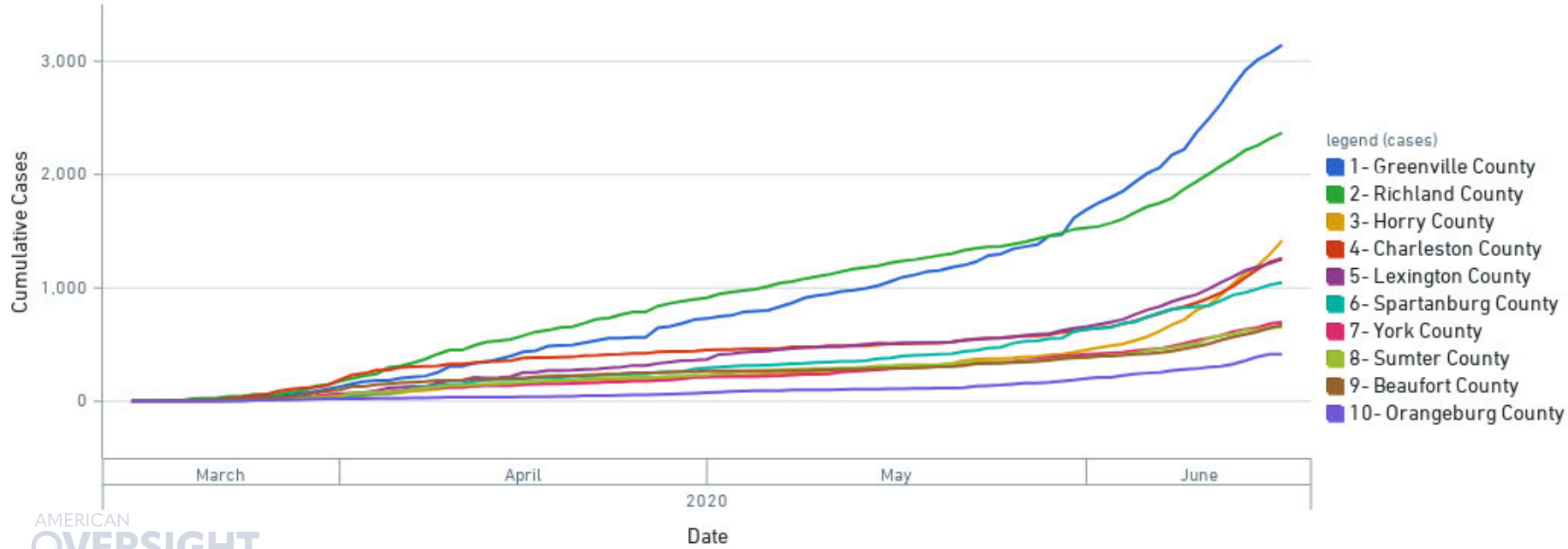
[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

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NIH FOIA 000474
HHS_NIH-20-0496-A-000474

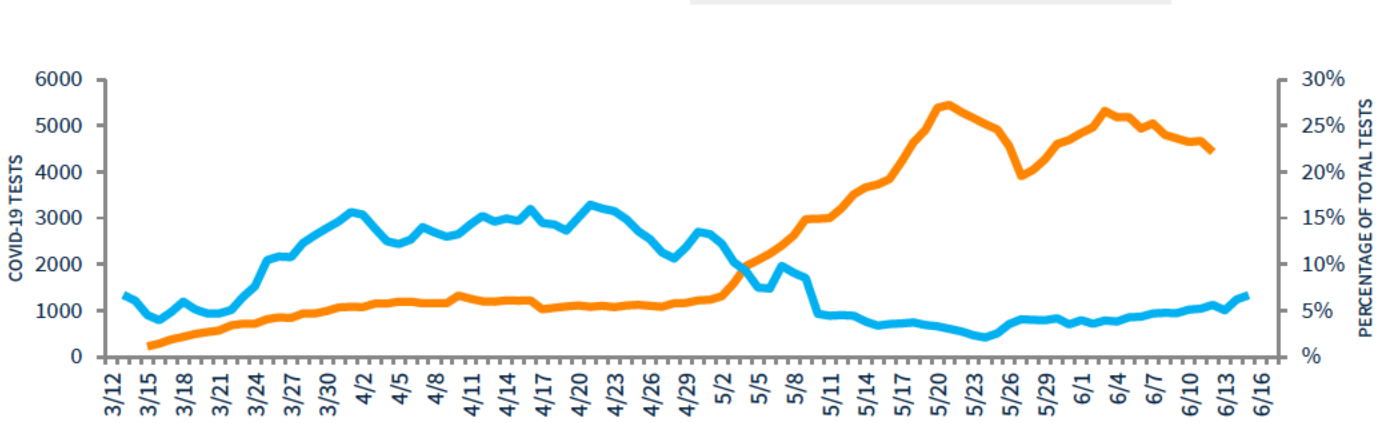
SC - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

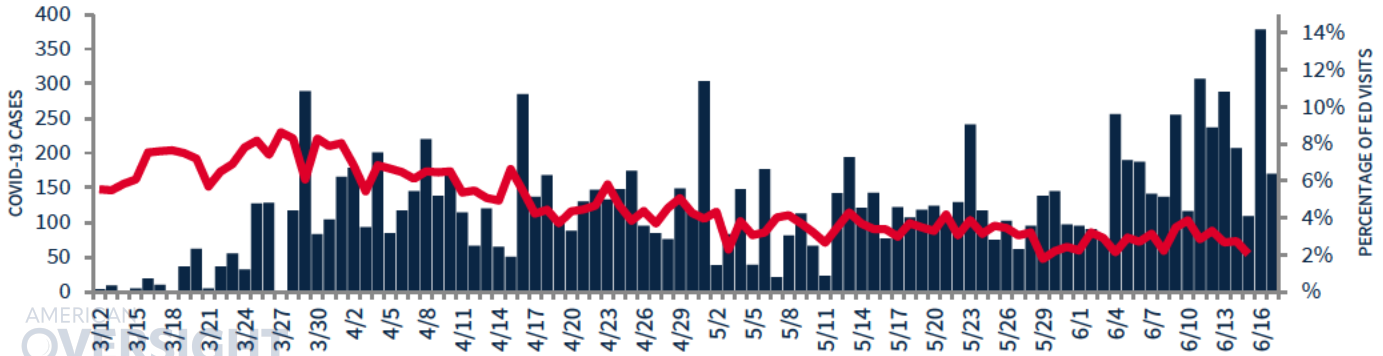
state: SC, date: 2020-06-16



AMERICAN OVERSIGHT

TRENDS IN NEVADA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.6%
NEW CASES PER 100K / DAY	8 (weekly avg.)
TESTING PER 100K / DAY	146 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.9%
INCIDENCE	+32%
TESTING PER 100K / DAY	-25
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	28 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.3%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

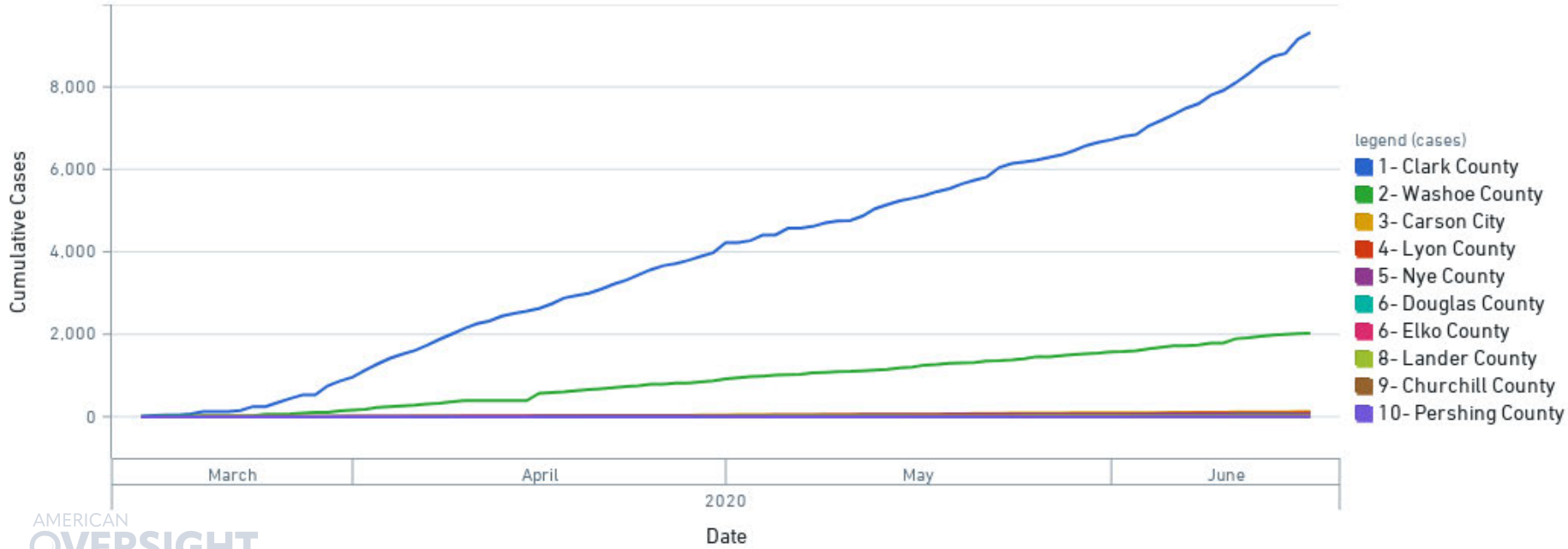
AMERICAN OVERSIGHT

NIH FOIA 000476

HHS_NIH-20-0496-A-000476

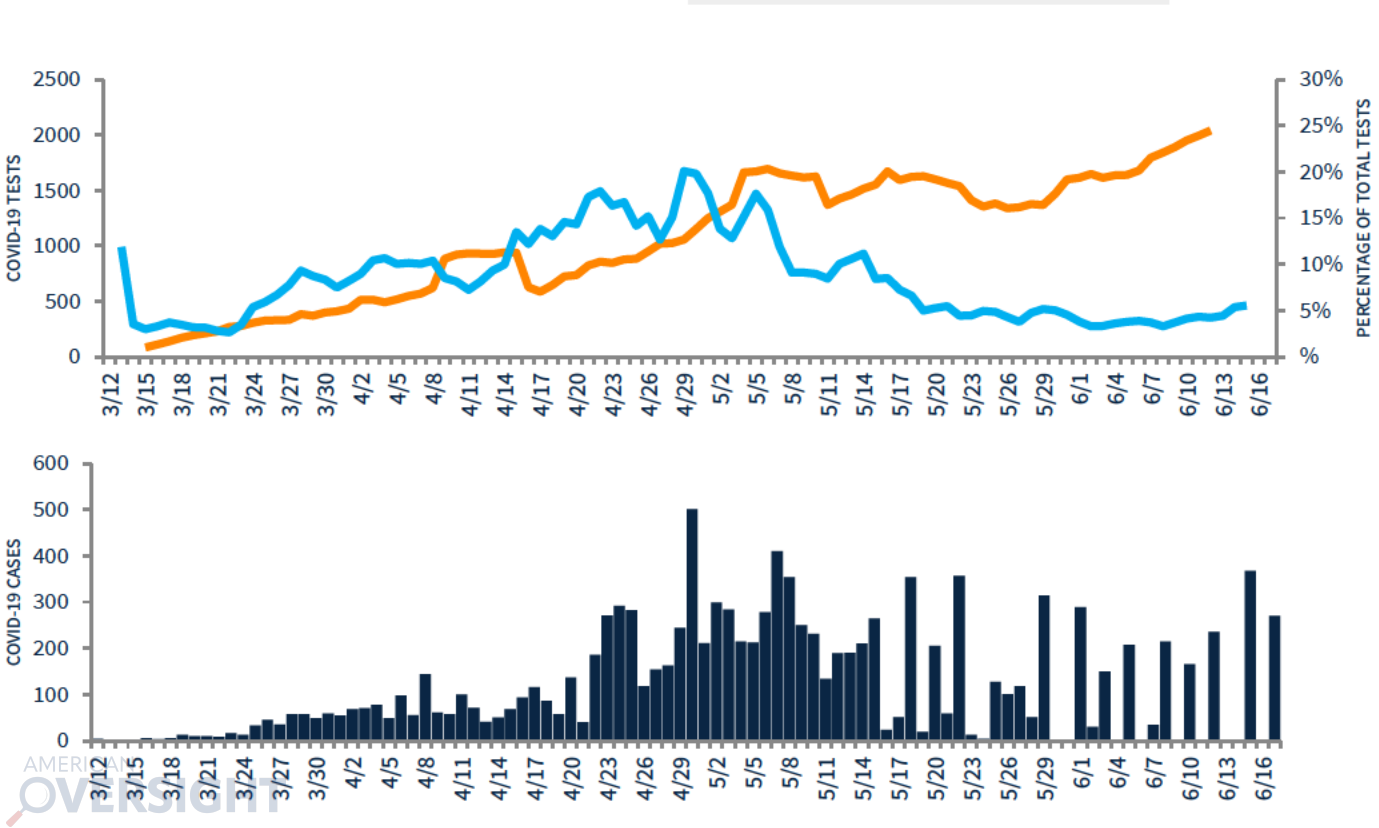
NV - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: NV, date: 2020-06-16



AMERICAN OVERSIGHT

TRENDS IN KANSAS



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.5%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	70 (weekly avg.)
BED UTILIZATION[2]	42%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.2%
INCIDENCE	+42%
TESTING PER 100K / DAY	+14
BED UTILIZATION	+3%

RISK FACTORS

POPULATION DENSITY	36 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.0%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Not enough CLI syndromic surveillance data to

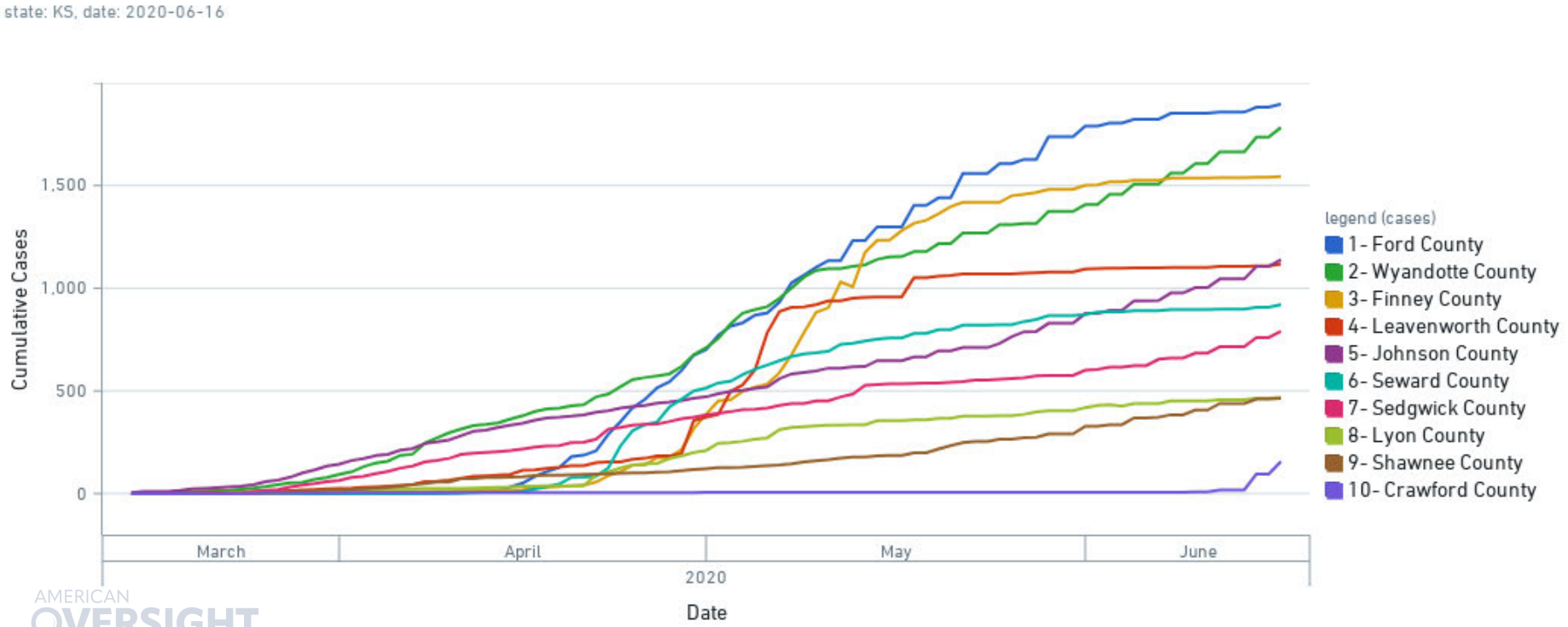
Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT

NIH FOIA 000478

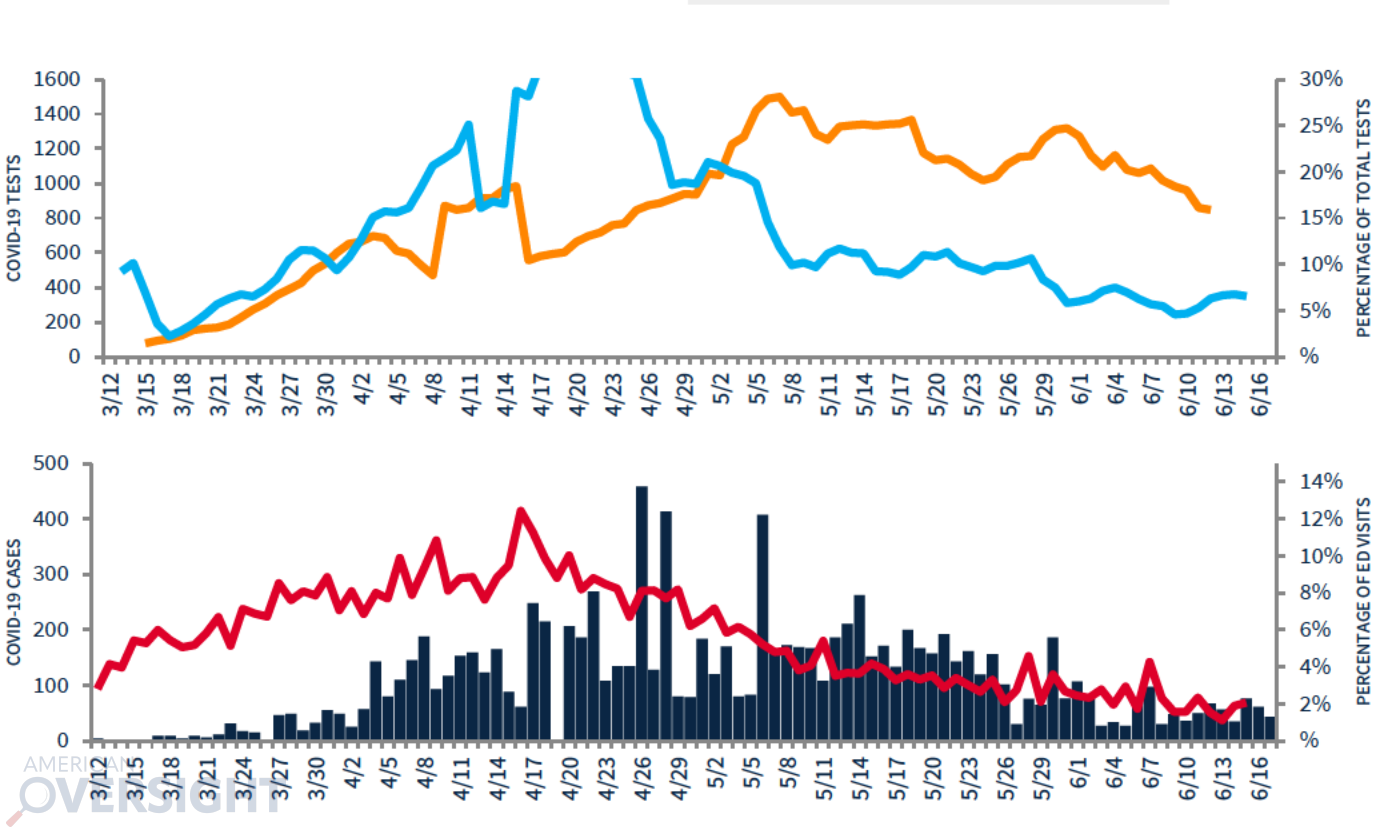
HHS-NIH-20-0496-A-000478

KS - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks



AMERICAN OVERSIGHT

TRENDS IN DELAWARE



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.5%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	88 (weekly avg.)
BED UTILIZATION[2]	63%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.1%
INCIDENCE	+13%
TESTING PER 100K / DAY	-24
BED UTILIZATION	+1%

RISK FACTORS

POPULATION DENSITY	496 per sq mi
% OVER 60	26%
CRUDE CVD PREVALENCE	4.2%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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[1] Calculated over the most recent 3 days of data

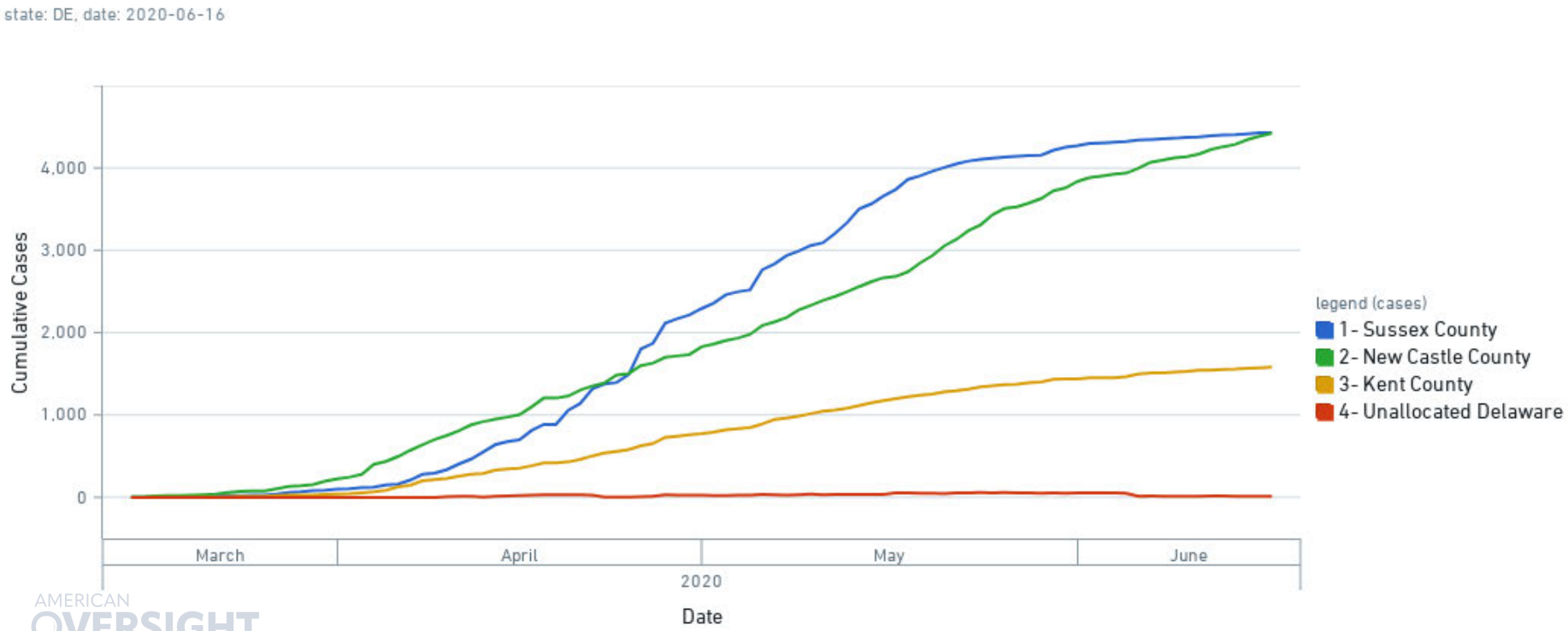
[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000480

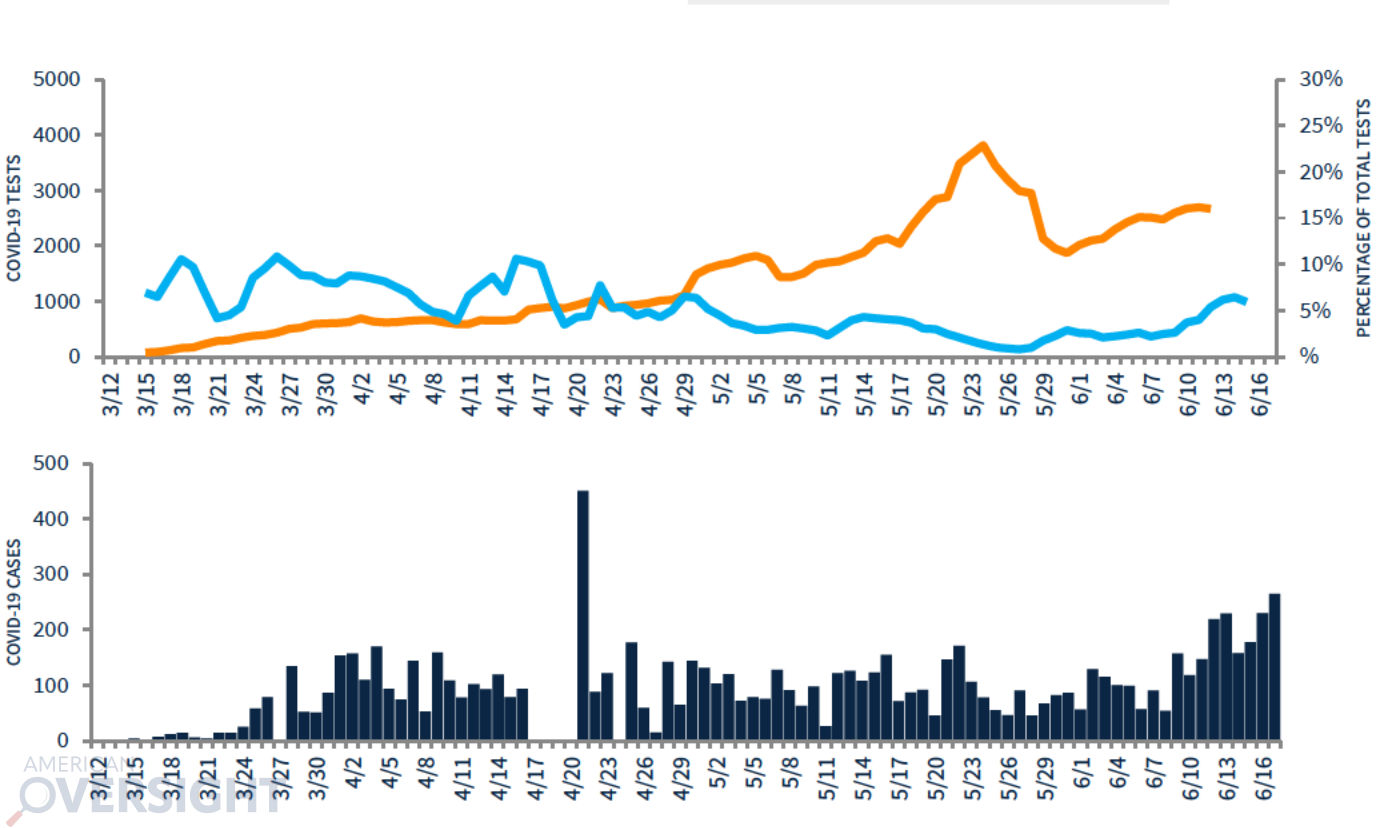
HHS_NIH-20-0496-A-000480

DE - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks



AMERICAN OVERSIGHT

TRENDS IN OKLAHOMA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.9%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	68 (weekly avg.)
BED UTILIZATION[2]	49%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+3.5%
INCIDENCE	+111%
TESTING PER 100K / DAY	+6
BED UTILIZATION	-5%

RISK FACTORS

POPULATION DENSITY	57 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.3%

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[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Not enough CLI syndromic surveillance data to

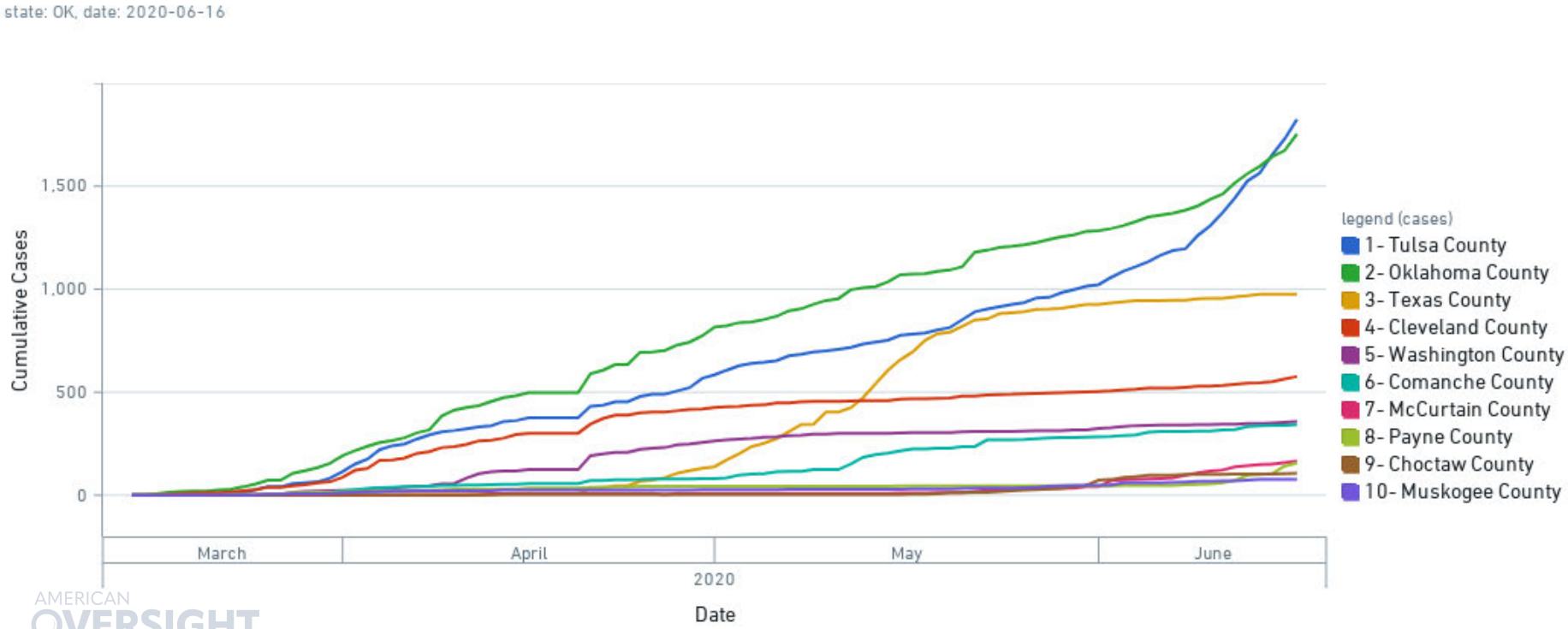
Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT

NIH FOIA 000482

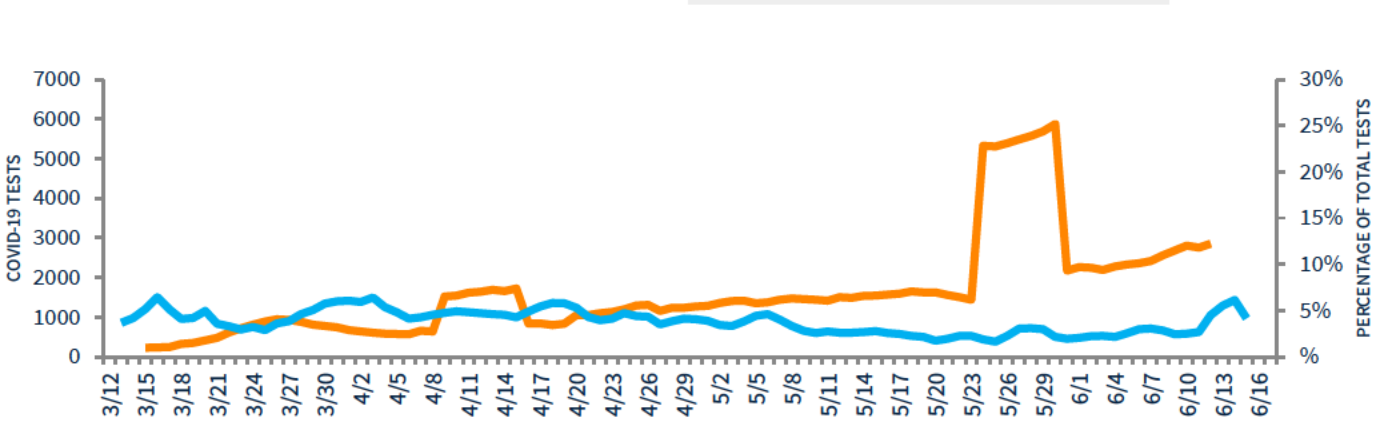
HHS-NIH-20-0496-A-000482

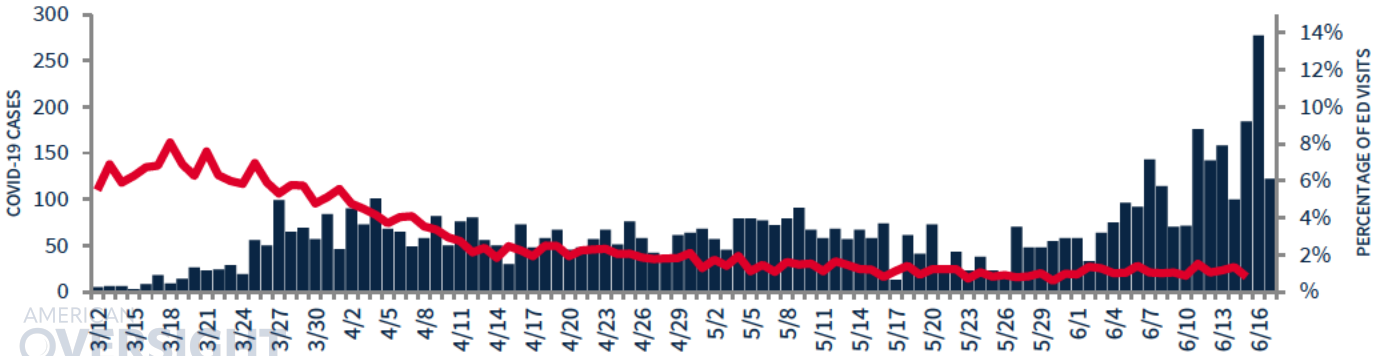
OK - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks



AMERICAN OVERSIGHT

TRENDS IN OREGON





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.1%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	68 (weekly avg.)
BED UTILIZATION[2]	50%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.3%
INCIDENCE	+75%
TESTING PER 100K / DAY	+13
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	44 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.6%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

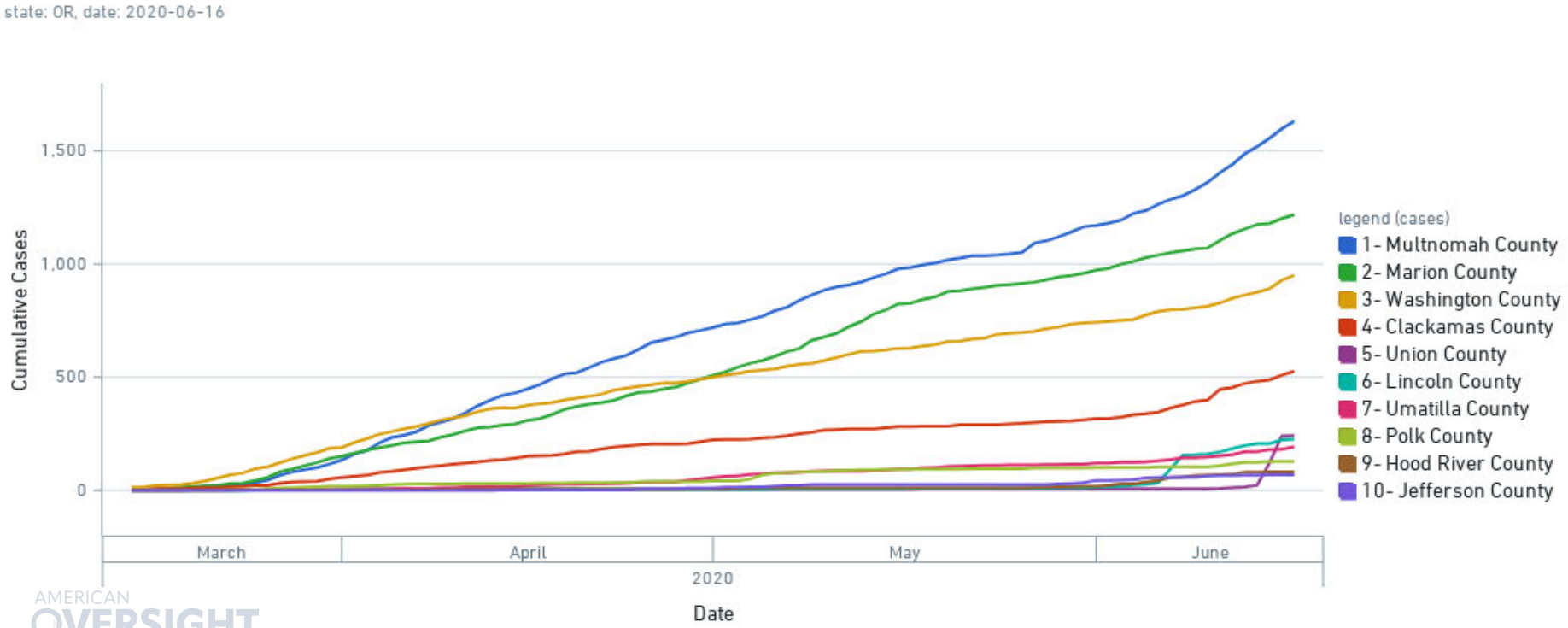
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

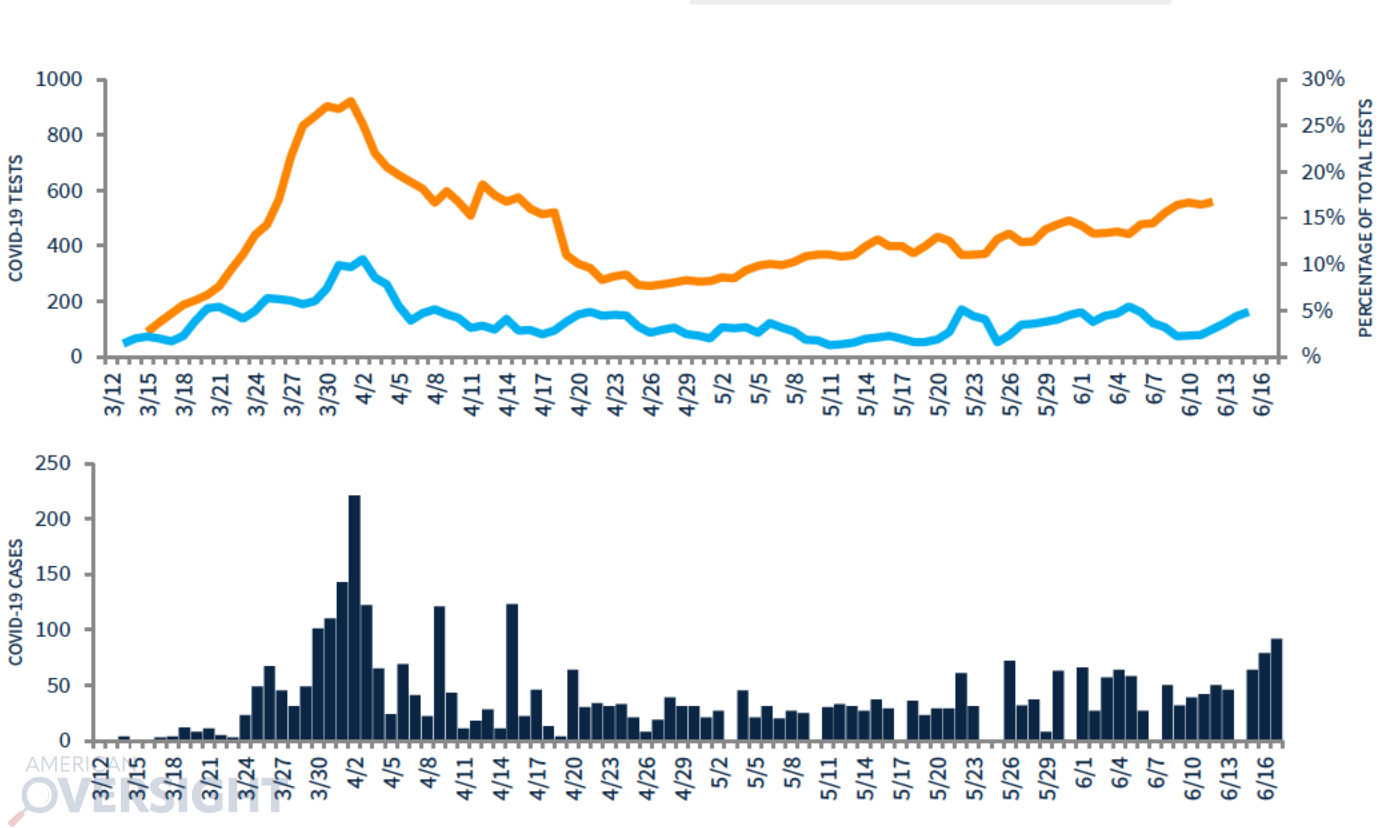
AMERICAN OVERSIGHT
NIH FOIA 000484
HHS_NIH-20-0496-A-000484

OR - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks



AMERICAN OVERSIGHT

TRENDS IN IDAHO



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.8%
NEW CASES PER 100K / DAY	3 (weekly avg.)
TESTING PER 100K / DAY	32 (weekly avg.)
BED UTILIZATION[2]	45%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.7%
INCIDENCE	+38%
TESTING PER 100K / DAY	+7
BED UTILIZATION	-3%

RISK FACTORS

POPULATION DENSITY	21 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.3%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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Not enough CLI syndromic surveillance data to

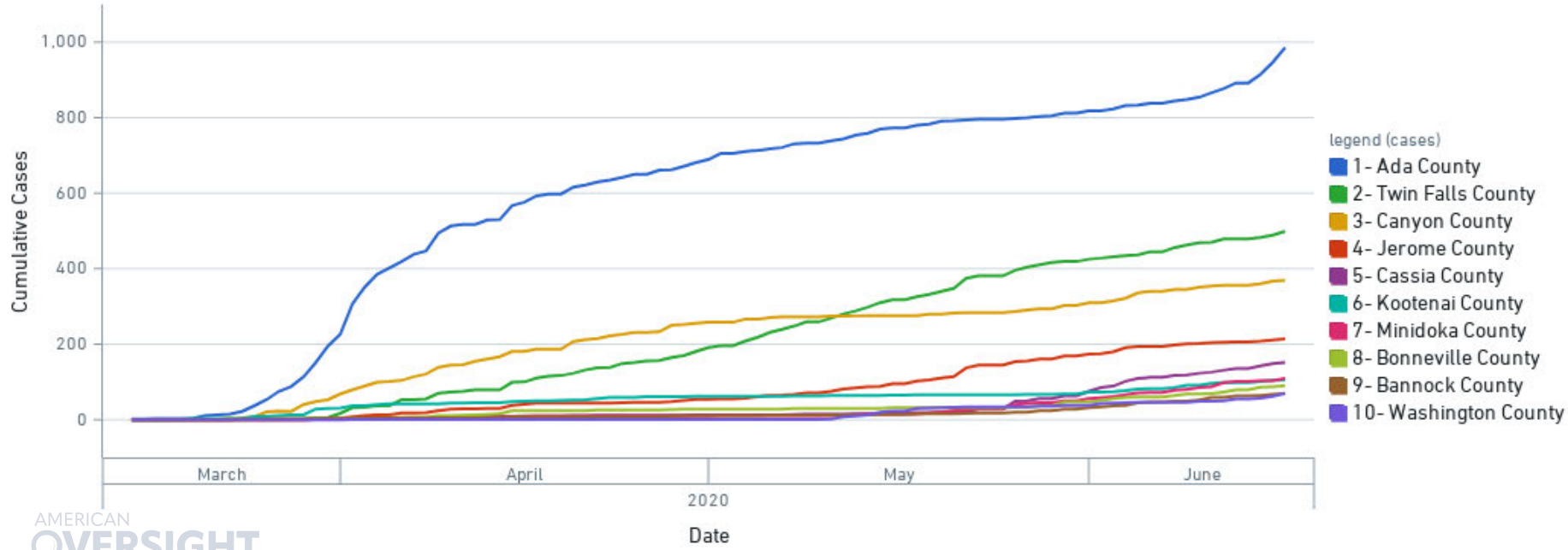
AMERICAN OVERSIGHT

NIH FOIA 000486

HHS-NIH-20-0496-A-000486

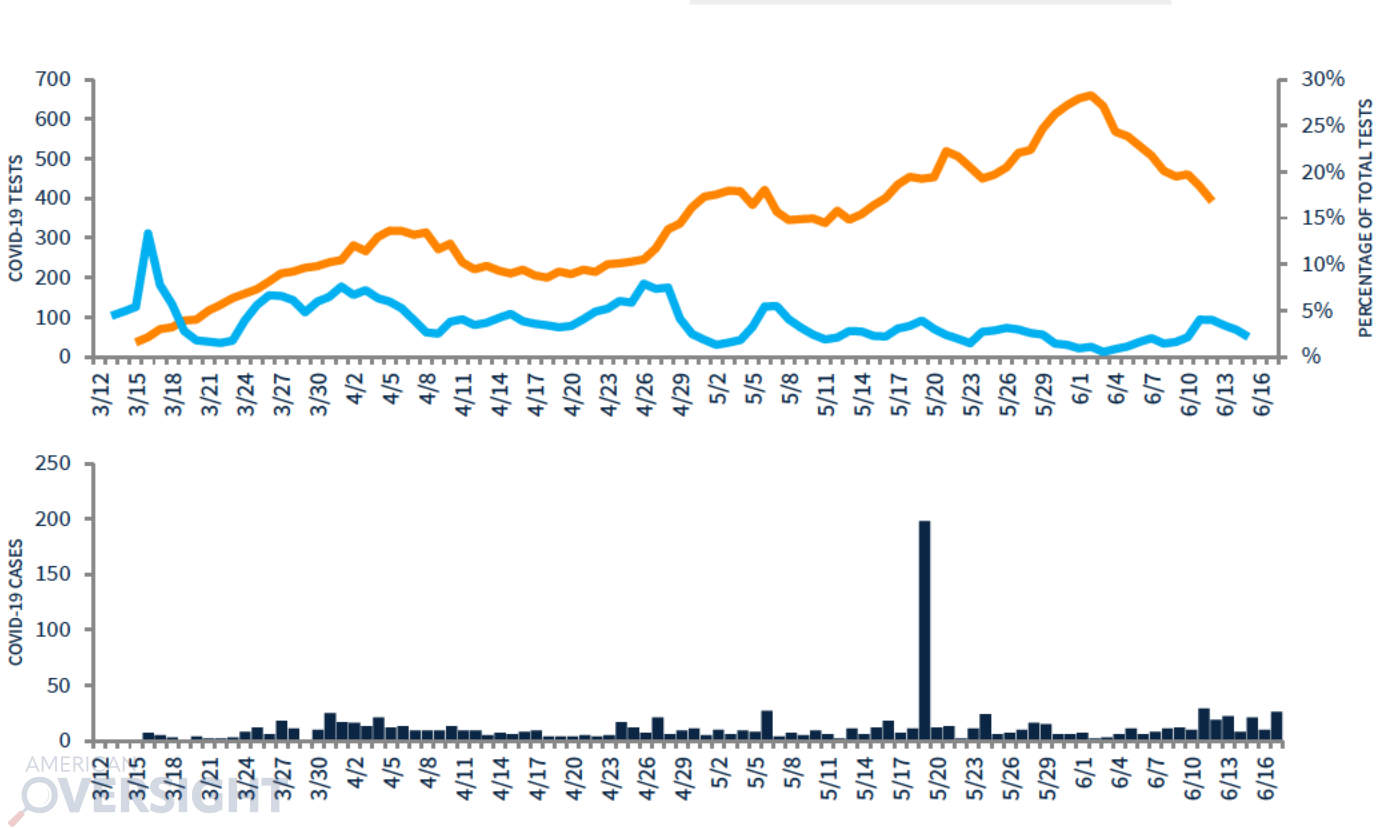
ID - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: ID, date: 2020-06-16



AMERICAN OVERSIGHT

TRENDS IN WYOMING



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.1%
NEW CASES PER 100K / DAY	3 (weekly avg.)
TESTING PER 100K / DAY	68 (weekly avg.)
BED UTILIZATION[2]	48%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.7%
INCIDENCE	+111%
TESTING PER 100K / DAY	-28
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	6 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.7%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

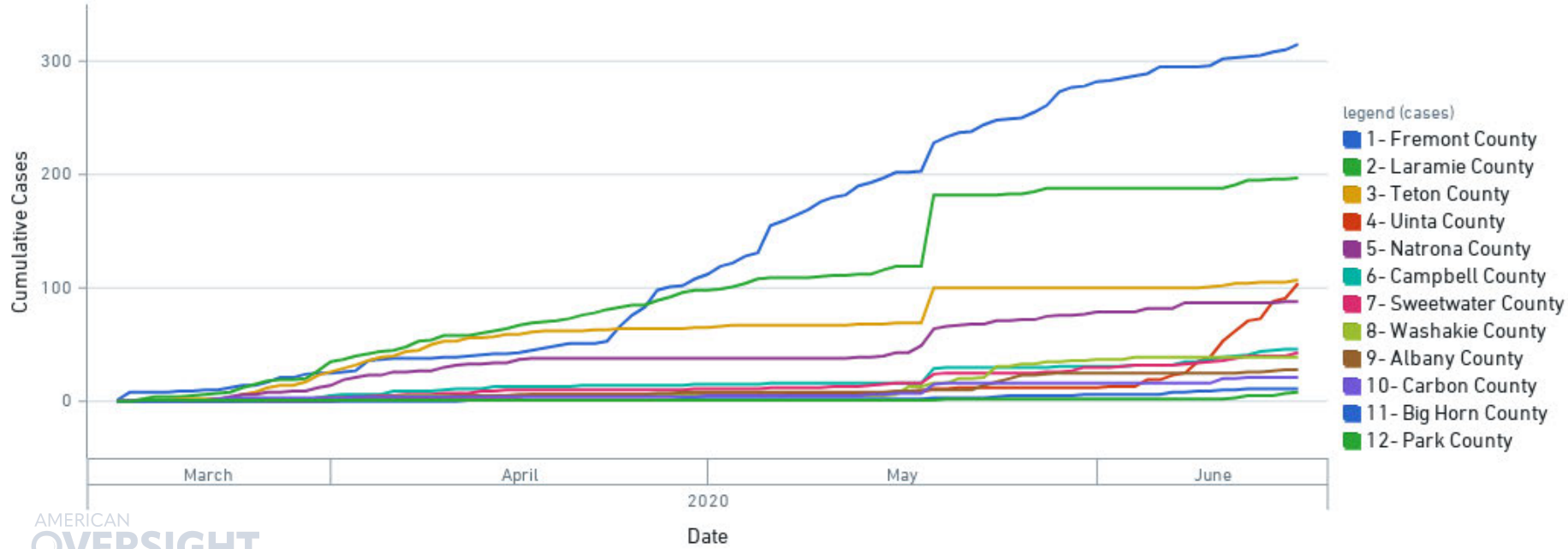
AMERICAN OVERSIGHT

NIH FOIA 000488

HHS-NIH-20-0496-A-000488

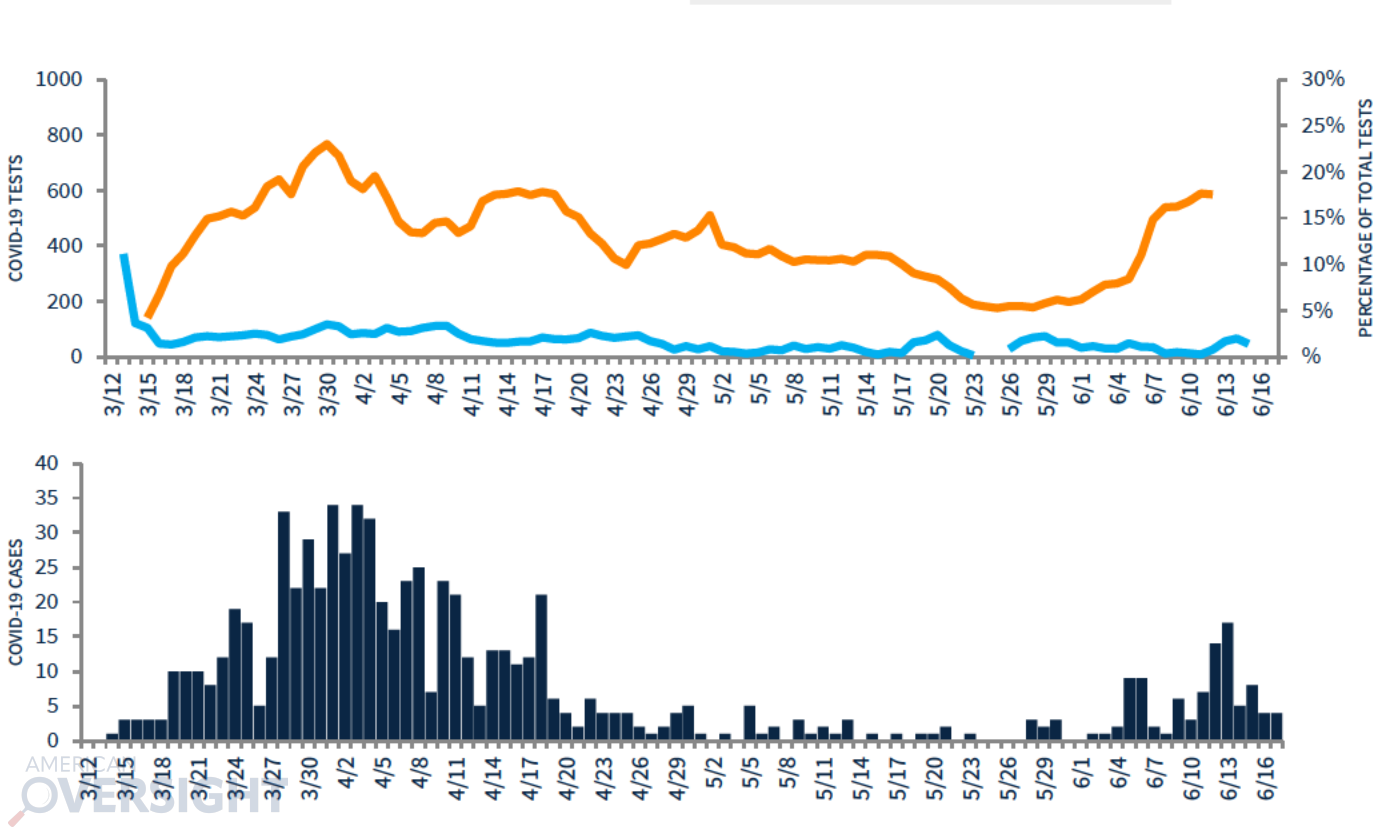
WY - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: WY, date: 2020-06-16



AMERICAN OVERSIGHT

TRENDS IN HAWAII



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	1.4%
NEW CASES PER 100K / DAY	1 (weekly avg.)
TESTING PER 100K / DAY	41 (weekly avg.)
BED UTILIZATION[2]	49%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.0%
INCIDENCE	+84%
TESTING PER 100K / DAY	+21
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	221 per sq mi
% OVER 60	25%
CRUDE CVD PREVALENCE	2.5%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

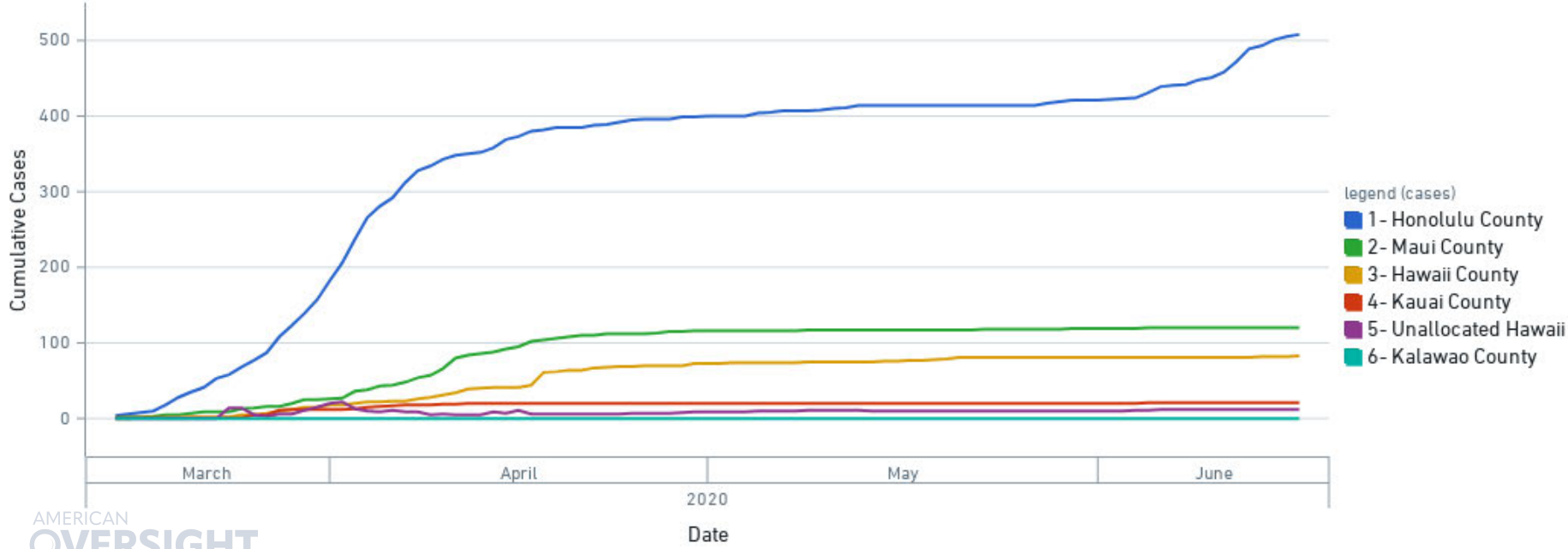
Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

AMERICA OVERSIGHT
NIH FOIA 000490
HHS-NIH-20-0496-A-000490

HI - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

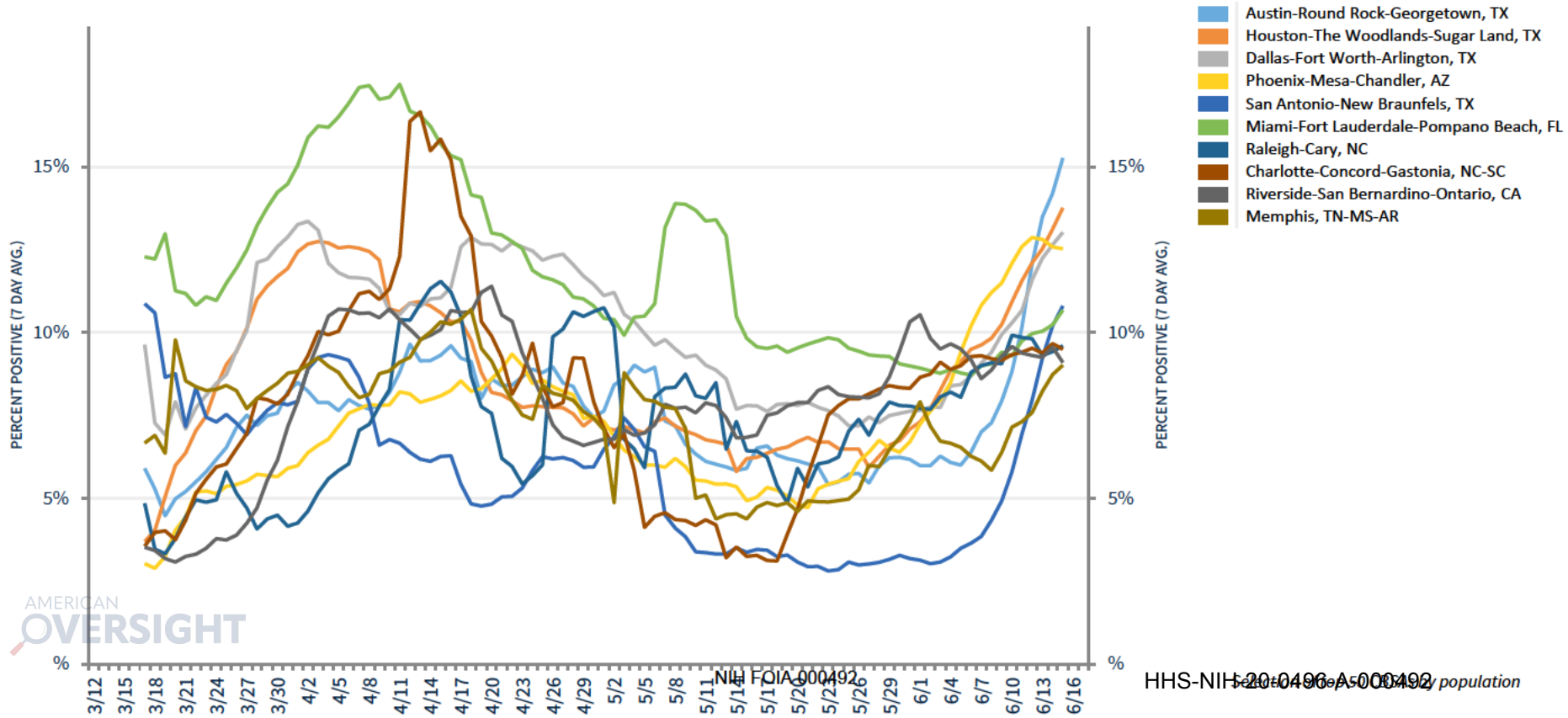
state: HI, date: 2020-06-16



AMERICAN OVERSIGHT

PERCENT POSITIVITY OVER 7 DAYS OF CBSAS 1-10

Largest increases in % positive : Austin, Houston, Dallas, Phoenix, San Antonio, Miami, Memphis



AMERICAN OVERSIGHT

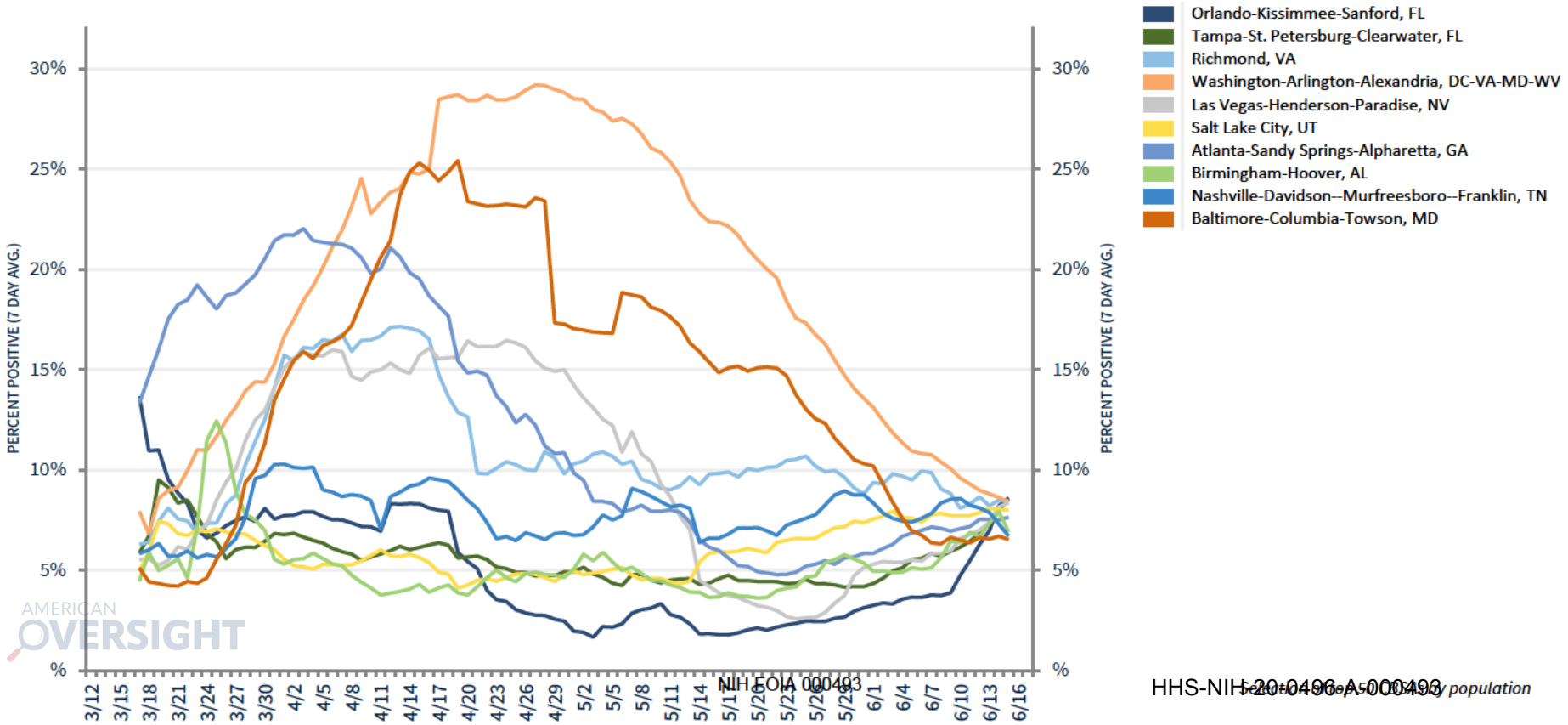
NIH FOIA 000492

HHS-NIH-20-0496-A-000492

Seven-day average per 100,000 population

PERCENT POSITIVITY OVER 7 DAYS OF CBSAS 11-20

Largest increases in % positive : Orlando, Tampa, Birmingham, Las Vagas



AMERICAN OVERSIGHT

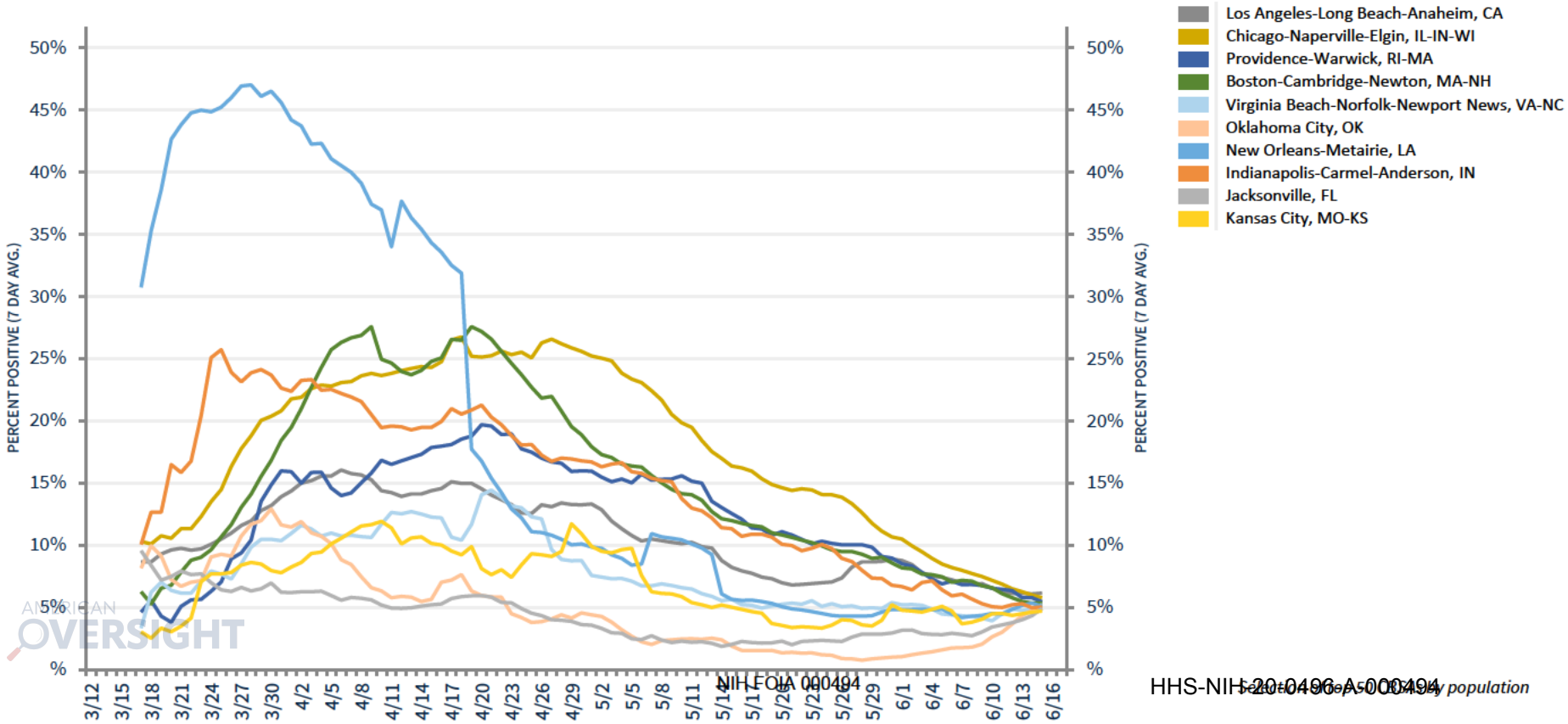
NIH FOIA 00493

HHS-NIH-20-0496-A-000493

Relative to the 65+ population

PERCENT POSITIVITY OVER 7 DAYS OF CBSAS 21-30

Largest increases in % positive : Oklahoma City, Jacksonville



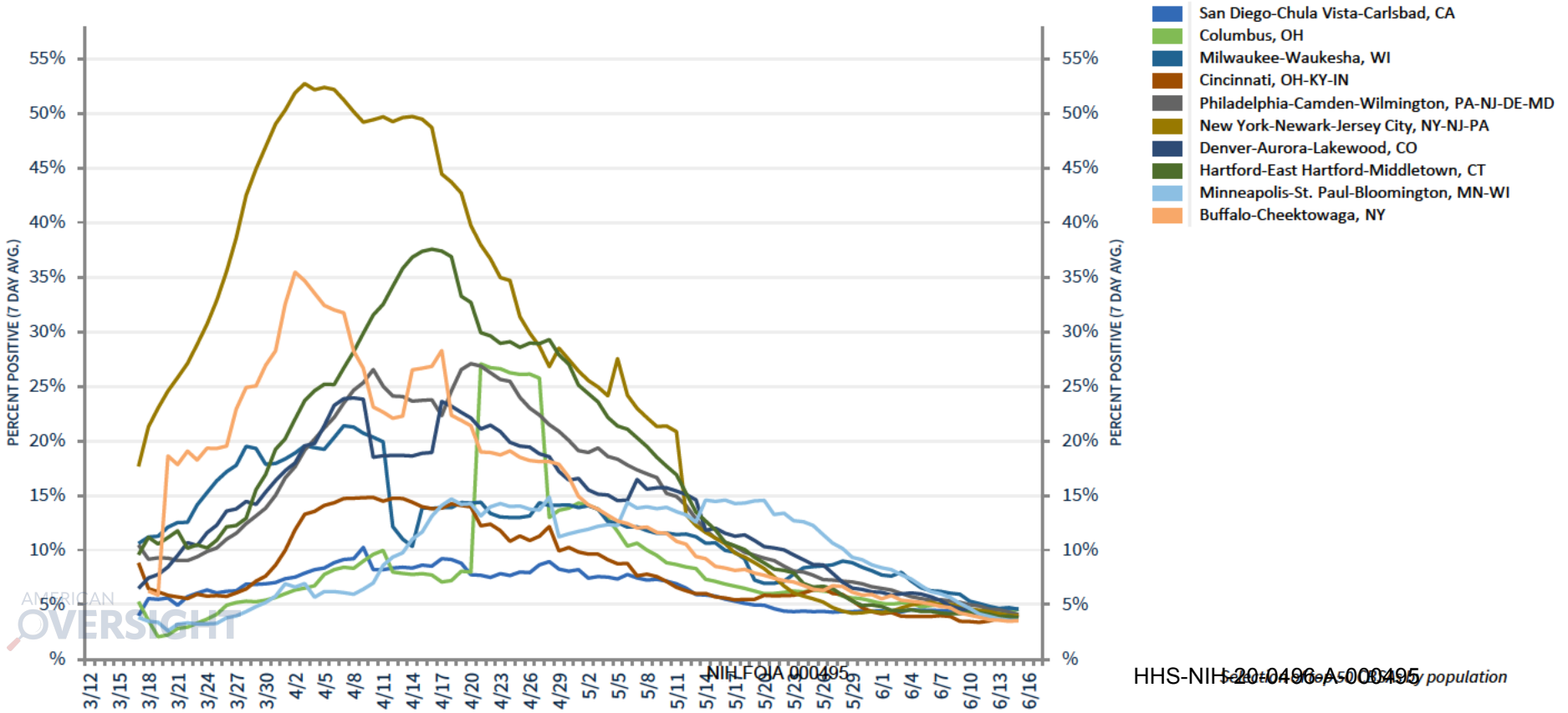
AMERICAN OVERSIGHT

NIH FOIA 000494

HHS-NIH-20-0496-A-000494

Seven-day average per 100,000 population

PERCENT POSITIVITY OVER 7 DAYS OF CBSAS 31-40



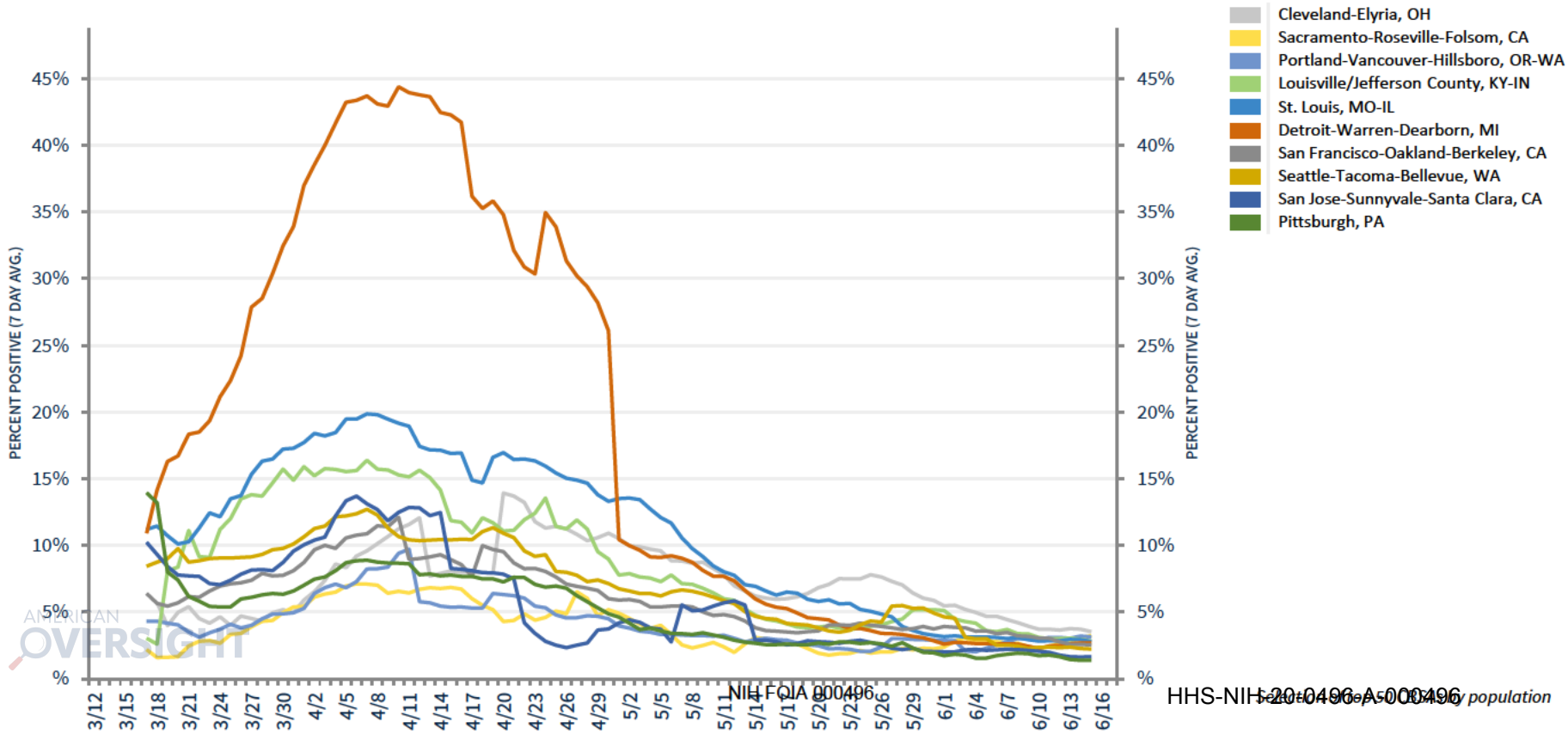
AMERICAN OVERSIGHT

NIH FOIA 000495

HHS-NIH-20-0496-A-000495

Relative to the CBSA's population

PERCENT POSITIVITY OVER 7 DAYS OF CBSAS 41-50



AMERICAN OVERSIGHT

NIH FOIA 000496

HHS-NIH-20-0496-A-000496

Testing volume per 100,000 by population

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Fri, 19 Jun 2020 14:25:18 -0500
To:
Subject: WH Coronavirus TF Meeting Materials 6.19.20
Attachments: WH JFK Seating Chart 6.19.20.pptx, Supply Chain Slide 6.19.20.pptx, 2020.06.15_European Travel GDP Costs.pdf, Commerce-State Policy Request 05222020.docx, Economic NIE travel 6.19.docx, Elevated Body Temperature Screening at Airports Options .docx, WH Coronavirus TF Agenda 6.19 v1.docx
Importance: High

All –

Please see the attached materials for this afternoon's **White House Coronavirus Task Force Meeting** at **4:00pm** today.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

WHSR JFK Conference Room (West Wing)
DATE: 10 JUNE 2020
TIME: 1600 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

EAST

A/Sec. Carl Risch

Olivia Troye

Greg Jacob

Katie Miller

Marc Short

DOOR

Dr. Jerome Adams

Dep. Sec. Ken Cuccinelli

Dep. Sec. Steve Biegun

Dr. Bob Redfield

Dr. Anthony Fauci

Debbie Birx, M.D.

Vice President

WEST - WINDOWS

WH Press

Dr. John Fleming

Doug Hoelscher

A/S Joel Szabat

Pat Philbin

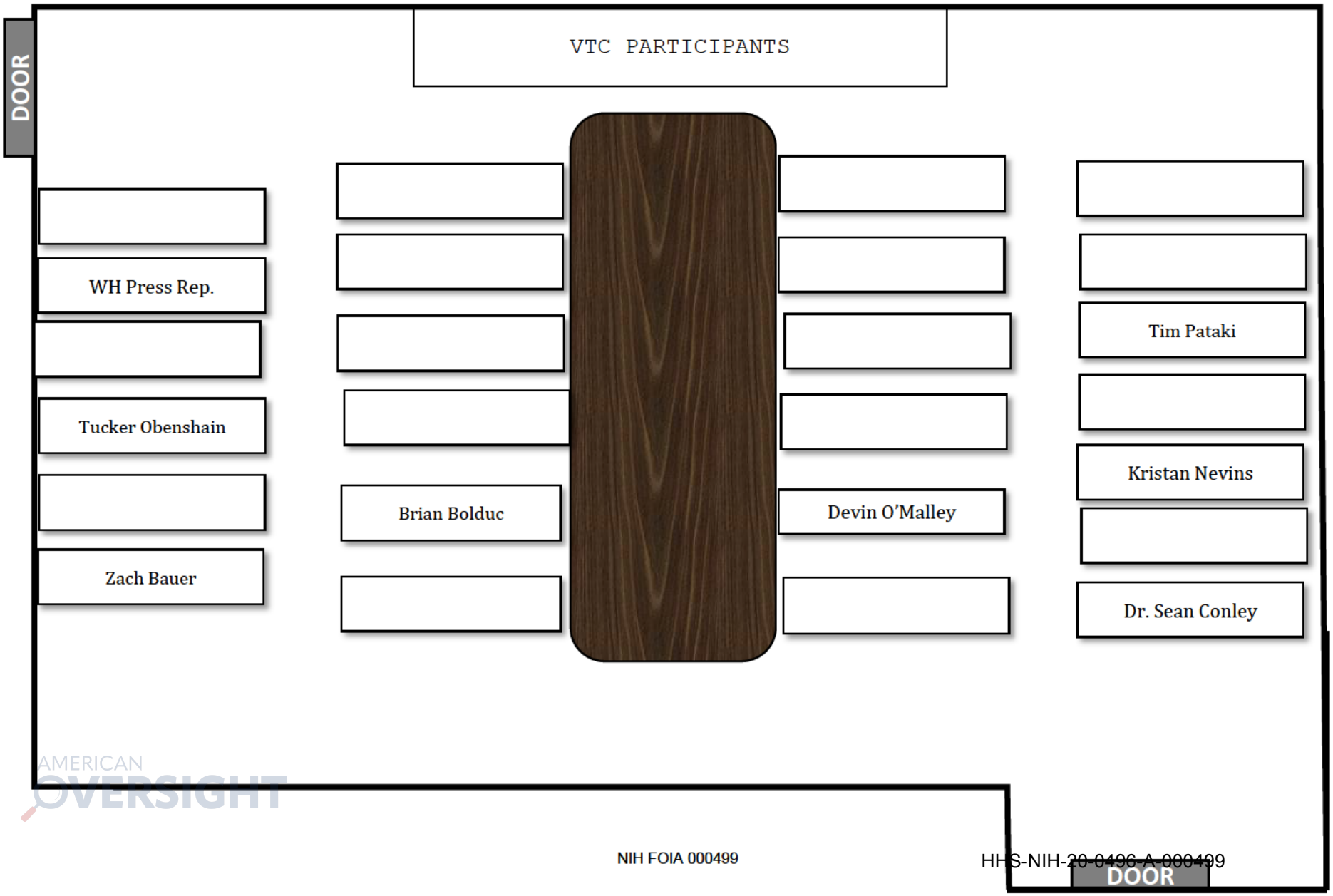
NORTH

AMERICAN OVERSIGHT

NIH FOIA 000498

HHS-NIH-20-0496-A-000498

WHSR EXEC OVER FLOW
DATE: 19 JUNE 2020
TIME: 1600 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000499

Supply Chain Task Force (SCTF) Summary of Actions – 19 Jun 20

FEMA

Strategic National Stockpile (status delivered)

(b) (5)

Donations (status delivered)

(b) (5)

(b) (5)

(b) (5)

AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000500

DRAFT // DELIBERATIVE & PRE-DECISIONAL // NOT FOR EXTERNAL USE

TO: Economic Principals
FROM: CEA Staff
RE: Economic Cost of Schengen Travel Ban
DATE: June 15, 2020

Summary

- CEA estimates that the ban on travel from the Schengen Area to help slow the early spread of COVID-19 reduced GDP growth at an annual rate in 2020:Q1 by 0.31 percentage point (p.p.) and will have reduced GDP growth in 2020:Q2 by 0.45 p.p.

- CEA further estimates that similar travel restrictions on travelers from the United Kingdom reduced 2020:Q1 and 2020:Q2 GDP growth by 0.13 p.p. and 0.19 p.p., respectively.

Cost of International Travel Restrictions

- Data on I-94 customs arrival cards indicate that travel from the Schengen Area dropped by 44.3 percent between 2019:Q4 and 2020:Q1. Based on the first month of available data for 2020:Q2, estimated arrivals decreased by 99.6 percent from the already depressed Q1 level of 1.3 million arrivals to an estimated 5,700 arrivals.

- I-94 data indicates that arrivals from the United Kingdom decreased by similar margins.

- Real GDP contracted at a -5.0 percent annual rate in 2020:Q1 and the latest Blue Chip consensus projects real GDP to contract at a -32.1 percent annual rate in 2020:Q2.

- The GDP estimates outlined in the table below exclude any effect of education-related expenses for residents of the Schengen Area or the United Kingdom that may come to the United States for their studies.

GDP Cost of Travel Restrictions on European Visitors

	Billions of Dollars in 2020	Share of GDP in 2020	Effect at an Annual Rate on Real GDP Growth in 2020:Q1	Effect at an Annual Rate on Real GDP Growth in 2020:Q2
Schengen Area	33.45	0.19%	-0.31%	-0.45%
United Kingdom	13.66	0.08%	-0.13%	-0.19%
Total	**47.11**	**0.39%**	**-0.43%**	**-0.64%**

Sources: Department of Commerce National Travel & Tourism Office; Bureau of Economic Analysis; Blue Chip; CEA calculations.
Note: Due to data availability, the Schengen Area value includes Bulgaria, Croatia, Cyprus and Romania and excludes Iceland and Liechtenstein. Values exclude education related exports and expenses.

AMERICAN OVERSIGHT

Department of Commerce and Department of State Joint Request for Policy Guidance on Facilitating U.S. Exports of Medical Supplies

Bottom Line Up Front

(SBU) The Department of Commerce's International Trade Administration (ITA) and the Department of State request policy guidance on facilitating U.S. exports of products that **are not** subject to export restrictions pursuant to FEMA's Temporary Final Rule (TFR) on scarce medical resources allocated for domestic use, but could reasonably be considered necessary to the domestic response to COVID-19. In order to address inquiries from U.S. industry and foreign partners with consistency and clarity, Commerce and State propose a way forward in accordance with our current understanding of U.S. policy and existing Federal laws and regulations.

Background

(SBU) Commerce and State offices and embassies are frequently receiving inquiries (see Tab 1), both domestically and overseas, from governments, hospitals, and foreign and U.S. companies seeking guidance on the ability to export the wide range of U.S. medical supplies and products that are important for responding to the COVID-19 pandemic -- including many categories not covered under the FEMA TFR, some of which have been designated by HHS as "scarce or threatened materials" (e.g., ventilators, gowns, and face shields) and others not (e.g., test kits and most pharmaceuticals). Some of these requests have been made at the highest level of foreign government leadership, creating diplomatic and at times public relations frictions in the absence of clear policy guidance. Meanwhile, China has been aggressively exploiting our – real or perceived – inability to export COVID-19 medical supplies, even those not subject to TFR restrictions, by donating and selling to our foreign partners a wide range of medical supplies in order to generate goodwill and positive press (so called "facemask diplomacy"). At times these products have proven to be of inferior quality or counterfeit and thus potentially dangerous.

(SBU) Within Commerce, ITA's statutory mission is to promote and facilitate U.S. exports. Similarly, the Department of State, consistent with our mission to expand economic opportunities overseas for U.S. business, works hand-in-hand with ITA on facilitating U.S. exports and performs such services on ITA's behalf at posts without an ITA presence. During the COVID-19 pandemic, ITA has temporarily stopped assisting with the export of products that could reasonably be considered necessary to the domestic response to COVID-19 – even if such products were not subject to export restrictions established by FEMA's TFR – and has redirected U.S. exporters to focus on existing or potential domestic needs.

AMERICAN OVERSIGHT

NIH FOIA 000502
SENSITIVE BUT UNCLASSIFIED
HHS-NIH-20-0496-A-000502

Proposal

(SBU) To support U.S. business opportunities, maintain positive diplomatic relations around the world, and reassert U.S. leadership in the global fight against the Coronavirus – while at all times prioritizing the health and safety of American citizens – Commerce and State seek White House concurrence on reinstating export assistance for U.S. producers and suppliers of COVID-19 medical supplies, in accordance with existing laws and regulations, as follows:

(1) If a product category is **not** covered under the FEMA TFR, State and Commerce may provide export assistance for U.S. suppliers, including the facilitation of inquiries from potential overseas buyers and recipients.

(2) While HHS-designation of a good as a "scarce or threatened material" subjects it to hoarding prevention measures authorized under the Defense Production Act, it does not prevent Commerce or State from facilitating U.S. exports of such good unless it is a "covered material" under the TFR.

(3) To ensure the TFR list of "covered materials" subject to export restrictions is current based upon evolving domestic supply and demand, FEMA shall review the TFR list every two weeks, at a minimum, in consultation with the WHTF, to determine whether FEMA should add (or remove) categories from the TFR list[1] to adapt to current and projected domestic needs. FEMA shall publish notice of such changes in the Federal Register.

(4) Medical products subject to Rated Orders under the Defense Production Act shall receive priority treatment and precedence over all unrated orders. However, nothing shall prevent Commerce and State from facilitating U.S. exports of such product categories, if not otherwise subject to the TFR, subject at all times to the precedence and full performance of any Rated Orders accepted by a given U.S. supplier.

(5) Notwithstanding (1) – (4) above, the NSC may identify in writing to State and Commerce specific categories of medical products that do not fall under the TFR – and do not warrant being added to the TFR list pursuant to (3) above – but nonetheless, as a matter of policy in promotion of the national defense or public welfare, should not be promoted or facilitated for export by Commerce or State absent NSC approval. In such cases, State and Commerce shall have the opportunity to jointly present, on a weekly basis, received requests for facilitating exports of such specified products, for approval by the NSC.

[1] According to the TFR, the FEMA Administrator may designate additional materials as "covered materials" upon determination that additional items are scarce and necessary for national defense and that the TFR is the only way to meet national defense requirements without significant disruption to domestic markets. The Administrator will publish notice of these additional "covered materials" in the Federal Register.

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NIH FOIA 000503
SENSITIVE BUT UNCLASSIFIED
HHS-NIH-20-0496-A-000503

(6) For the avoidance of doubt, requests for exportation as discussed above shall include both commercial requests for purchase as well as foreign assistance and charitable requests.

Attachment:

Tab 1 – Commerce and State Open Requests

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NIH FOIA 000504
SENSITIVE BUT UNCLASSIFIED
HHS-NIH-20-0496-A-000504

Economic National Interest Exceptions under Presidential Proclamations 9993 and 9996 for Travelers from the Schengen area, the United Kingdom, and Ireland

Travel that substantially benefits the recovery of the U.S. economy and foreign direct investment in the United States is within the scope of the application of the "national interest" exception (NIE) to the suspension and limitation of aliens into the United States, pursuant to Presidential Proclamations 9993 and 9996.

The Department of State (State) and the Department of Homeland Security (DHS) will consider requests for exceptions to the travel restrictions that they determine fall within the categories below, in addition to other cases they deem appropriate, for an NIE.

1. Economic: Temporary travel that provides a substantial economic benefit and facilitates the reopening and recovery of the U.S. economy, as evaluated on a caseby-case basis. Examples may include:
    - **Technical experts** and **specialists** to install, service, or maintain machinery and other specialized equipment under service agreements and contracts used by U.S. and foreign firms with a substantial investment in the United States. Travel is temporary in nature and of a short, defined period of time.
    - **Senior-level executives** and **managers** who provide strategic direction necessary for the success of the company.
    - **Professional athletes, dependents, and essential staff** who enter the United States to participate in major sporting events, which bolster the U.S. economy.

2. Investors: Travel in connection with investment or trade in the U.S. economy that generates a substantial economic impact, including **Investors** and **Treaty Traders** and the senior-level employees who provide strategic direction of expertise to the success of the investment, as evaluated on a case-by-case basis.

3. Public Health: Travel to assist or conduct research specific to COVID-19 mitigation, to continue ongoing research in an area with a substantial public health benefit (e.g. cancer research), or fill a critical medical professional shortage, as evaluated on a case-by-case basis, subject to additional restrictions.

Process for Identifying, Approving, and Facilitating Travel in the National Interest

The Secretary of State will authorize Chiefs of Mission (COM) and Principal Officers (PO) at overseas missions to act as designees who can exercise the Secretary's authority, on a case-by-case basis, to grant exceptions in the national interest for cases that fall within the categories described above.

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For travelers under the Visa Waiver Program (VWP) or travelers who have a valid visa, State and DHS will coordinate a process whereby U.S. missions overseas, following review and approval by the COM or PO, provide appropriate traveler information to DHS.

For travelers who require a visa adjudication, State will develop a process whereby U.S. missions overseas, following review and approval by the COM or PO, will process the visa applications according to existing procedures for mission-critical travel, subject to local conditions and resources.

AMERICAN OVERSIGHT

NIH FOIA 000506

HHS-NIH-20-0496-A-000506

Pre-decisional – Deliberative

Elevated Body Temperature Screening at Airports Options

June 10, 2020

Temperature checks at airports are a single part of a layered approach to help address public health risk during the COVID-19 pandemic. Identifying individuals with elevated body temperatures (at or above 100.4°F/38°C) could assist in preventing the spread of emerging communicable diseases, including COVID-19, by alerting Transportation Security Administration (TSA) personnel, the Centers for Disease Control and Prevention (CDC), air carriers, and/or the traveler of a high temperature that may indicate they have a potentially communicable diseases prior to those travelers' full entry into the air transportation environment.

Thermal imaging technology is one method to detect potentially ill individuals at stand-off distances, thereby increasing the safety and security of the travelling public while reducing risk to public safety personnel. The Department of Homeland Security (DHS) has performed a pilot assessment of thermal imaging systems in laboratory and field operational environments for use in standoff temperature screening applications. The thermal imaging systems assessed had previously been cleared by the FDA for human use in a controlled laboratory environment. DHS laboratory and field assessments found that thermal imaging systems can be an effective tool to measure human body temperatures at standoff distances. Any equipment deployed for this purpose should undergo an assessment for accuracy and operational suitability since the devices are sensitive to variations in certain operational conditions, such as physical positioning. Specifically, DHS is considering options to use thermal imaging devices to conduct temperature checks of all individuals prior to passing through TSA checkpoints, and the passenger's entry into the sterile[1] area of the airport, to help address the threat to passenger safety posed by individuals infected with COVID-19.

If approved by Principals, DHS would begin conducting temperature checks via thermal imaging technology as a proof of concept pilot at Ronald Reagan National Airport in Washington, DC (DCA) and four to nine additional airports selected to ensure a diverse range of geographic locations and varying airport sizes. Other pilot locations would likely include at least two large airports, one medium-sized airport, and one small airport. Specific locations are pending additional analysis. **Unresolved issues that also must be addressed include**:

- **Funding for this pilot** and any future wider scale deployment;
- **Availability of TSA officers** to support temperature checks as air travel volume returns;
- If a high temperature is used as a basis to deny boarding, how to appropriately document that an individual has been denied boarding;

[1] The "Sterile Area" refers to portions of an airport defined in the airport security program that provides passengers access to boarding aircraft and to which the access generally is controlled by TSA, an aircraft operator, or a foreign air carrier.

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- How individuals may seek redress for disrupted travel; and
- Criteria for stopping federally conducted temperature checks in airports.

This paper outlines two options that the USG could employ to use thermal imaging devices to screen for elevated temperature of the traveling public at airports to reduce public health risk during the COVID-19 pandemic. Those options are:

Option 1 (Temperature alone/government action): TSA makes a go/no-go boarding decision prior to the screening checkpoint, based on temperature readings from thermal imaging systems alone. In order for TSA to execute this Option, however, CDC would need to provide a written recommendation that temperature alone presents a risk of COVID-19 transmission within the sterile area or on an aircraft such that individuals with temperatures should not be allowed to enter the sterile area to board an aircraft. The CDC written recommendation/order would request that TSA not permit individuals with temperatures above a defined threshold to enter the sterile area to board an aircraft.

- **Pros:** Easiest process to replicate nationally, as it is based on objective criteria (high temperature) and can be implemented with minimal resource impact to other departments and agencies.
- **Cons:** There is an increased risk of public blowback if TSA denies entry into the sterile area (e.g., access to air travel, ability to perform work duties, etc.) of individuals based on elevated body temperature alone, specifically those who do not have COVID-19 or any other communicable disease.

Option 2 (Temperature results from additional assessment): TSA would screen individuals for elevated temperatures and upon identification of a high temperature, would refer those individuals to CDC or other appropriate medical professionals either at the airport or via telephone for further assessment. CDC or the other appropriate medical professionals would then perform a medical assessment similar to the process that had been employed at the 15 international flight funneling airports to determine whether to permit entry to the sterile area. (This is TSA's preferred option.)

- **Pros:** DHS prefers a process that includes a degree of enhanced medical screening into the go/no go by using a detected high temperature as a trigger for a medical professional to do a further assessment that could better inform an individualized go/no go boarding decision. Relying on medical screening after a finding of elevated temperature may prevent individuals with elevated temperatures unrelated to COVID-19, including individuals taking certain prescription medications or who have elevated temperatures due to unrelated medical issues, from being denied entry to the sterile area or boarding based on a "false positive."
- **Cons:**
    - CDC's exercise of this authority is reliant on the judgment of the CDC Director. The CDC has expressed severe reservations regarding the effectiveness of thermal imaging/temperature checks in preventing the spread of COVID-19.

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- This approach would be labor intensive if/when the initiative is expanded.
- This approach would require airport-unique solutions based on available space, size of the airport, and CDC/medical professional availability.

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OFFICE OF THE VICE PRESIDENT
WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Friday, June 19, 2020
4:00pm EST

I. **Opening Remarks –** Vice President Pence

II. **Data Modeling & Reporting –** Dr. Debbie Birx, M.D.

III. **NRCC & Supplies Update –** Administrator Pete Gaynor (FEMA) & Admiral John Polowczyk (FEMA)

IV. **212(f) Travel Restrictions –** Deputy Secretary Steve Biegun (State)

- Schengen Area
- UK / Ireland

V. **Thermal Imaging Screening at Airports –** Deputy Secretary Ken Cuccinelli (DHS)

VI. **Religious Gatherings Guidance –** Pat Philbin, Deputy Counsel to the President

VII. **U.S. Exports of Medical Supplies –** Greg Jacob, Counsel to the Vice President

VIII. **States Reopening Update –** Doug Hoelscher, Director (IGA)

IX. **Concluding Remarks –** Vice President Pence

AMERICAN OVERSIGHT

From: McManus, Ayanna (NIH/OD) [E]
Sent: Thu, 21 May 2020 11:45:41 -0500
To: Collins, Francis (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E]
Subject: RE: WH task force today?
Attachments: WH Coronavirus TF Agenda 5.21.20 v1.docx

FC,

Attached is the agenda that notes your participation. The SCIF will be ready for your use.

Thanks,
Ayanna

From: McManus, Ayanna (NIH/OD) [E]
Sent: Thursday, May 21, 2020 9:26 AM
To: Collins, Francis (NIH/OD) [E] <(b) (6) Wood, Gretchen (NIH/OD) [E]
<(b) (6)
Subject: RE: WH task force today?

The agenda is still not available, thus, Natalie thinks we should plan for you to dial in. Should I contact Alfred about the SCIF?

From: Collins, Francis (NIH/OD) [E] <(b) (6)
Sent: Thursday, May 21, 2020 9:06 AM
To: McManus, Ayanna (NIH/OD) [E] <(b) (6) Wood, Gretchen (NIH/OD) [E]
<(b) (6)
Subject: WH task force today?

Any agenda available yet? I need to decide very soon if I need to travel down to the WH.

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Thursday, May 21, 2020
2:30pm EST

I. **Opening Remarks –** Vice President Pence

- Florida Trip

II. **Data Modeling & Reporting Update –** Dr. Debbie Birx, M.D.

III. **Testing Update –** ADM Brett Giroir (HHS)

IV. **NRCC & Supplies Update –** Administrator Pete Gaynor (FEMA) & Admiral John Polowczyk (FEMA)

- Next Generation **–** SNS 2.0 Update

V. **Therapeutics Update –** Dr. Stephen Hahn, Commissioner (FDA)

VI. **Moderna Vaccine –** Dr. Tony Fauci, Director (NIAID / NIH) & Dr. Francis Collins, Director (NIH)

VII. **State Opening Updates –** Nic Pottebaum, Deputy Director (IGA)

VIII. **Concluding Remarks –** Vice President Pence

AMERICAN OVERSIGHT

From: Tabak, Lawrence (NIH/OD) [E]
Sent: Wed, 20 May 2020 14:15:17 -0500
To: Collins, Francis (NIH/OD) [E];McManus, Ayanna (NIH/OD) [E]
Cc: Wood, Gretchen (NIH/OD) [E]
Subject: Re: White House Coronavirus Task Force Meeting - 5.21.20

Right now the only secure phone we have is in the SCIF so if you attend virtually, you might as well join by SVTC. Alfred is procuring a secure mobile phone for you but does not know how long that will take. larry

---

From: Francis Collins <(b) (6)
Date: Wednesday, May 20, 2020 at 2:47 PM
To: "McManus, Ayanna (NIH/OD) [E]" <(b) (6)
Cc: "Tabak, Lawrence (NIH/OD) [E]" <(b) (6) "Wood, Gretchen (NIH/OD) [E]" <(b) (6)
Subject: RE: White House Coronavirus Task Force Meeting - 5.21.20

Can you find out when an agenda will be provided? I was promised that I could skip meetings if the agenda was not something that I could contribute to.

From: McManus, Ayanna (NIH/OD) [E] <(b) (6)
Sent: Wednesday, May 20, 2020 2:33 PM
To: Collins, Francis (NIH/OD) [E] <(b) (6)
Cc: Tabak, Lawrence (NIH/OD) [E] <(b) (6) Wood, Gretchen (NIH/OD) [E] <(b) (6)
Subject: FW: White House Coronavirus Task Force Meeting - 5.21.20
Importance: High

FC,

Here's our first late-breaking invitation to the WH Coronavirus Task Force meeting scheduled for tomorrow, May 21st at 2:30 PM, via secure phone or in-person. While your RSVP is not due until tomorrow by 9:30 AM, materials are not yet available. If your participation is required, the HEAL ExComm and COVID PPP meetings will be affected. We can easily reschedule the BRAIN taping.

Ayanna

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Wednesday, May 20, 2020 2:17 PM
Cc: Croghan, Mary E. EOP/WHO <(b) (6)
Subject: White House Coronavirus Task Force Meeting - 5.21.20
Importance: High

All –

AMERICAN OVERSIGHT

There will be a **White House Coronavirus Task Force Meeting** on **Thursday, May 21st** at **2:30pm** in the White House Situation Room. All materials will be forthcoming.

We kindly ask that all RSVPs are submitted to Mary Croghan and myself (copied above) no later than 9:30am tomorrow morning. Please also be sure to verify whether your principal will be joining this meeting in person or via secure telephone.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice Presiden
(b) (6)

AMERICAN OVERSIGHT

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Thu, 21 May 2020 12:59:35 -0500
To:
Subject: White House Coronavirus Task Force Meeting Materials
Attachments: WH Coronavirus TF Agenda 5.21.20 v2.docx, Supply Chain Slide 5.21.20.pptx, WH JFK Seating Chart 5.21.20.pptx
Importance: High

All –

Attached are the final materials for this afternoon's **White House Coronavirus Task Force Meeting** at **2:30pm**.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Thursday, May 21, 2020
2:30pm EST

I. **Opening Remarks –** Vice President Pence

- Florida Trip
- Task Force – Moving Forward

II. **Data Modeling & Reporting Update –** Dr. Debbie Birx, M.D.

III. **Testing Update –** ADM Brett Giroir (HHS)

IV. **NRCC & Supplies Update –** Administrator Pete Gaynor (FEMA) & Admiral John Polowczyk (FEMA)

- Next Generation **–** SNS 2.0 Update

V. **Therapeutics Update –** Dr. Stephen Hahn, Commissioner (FDA)

VI. **State Opening Updates –** Nic Pottebaum, Deputy Director (IGA)

VII. **Concluding Remarks –** Vice President Pence

AMERICAN OVERSIGHT

Supply Chain Task Force (SCTF) Summary of Actions – 21 May 20

FEMA

Strategic National Stockpile (status delivered)

(b) (5)

Donations (status delivered)

(b) (5)

(b) (5)

(b) (5)

AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000517

WHSR JFK Conference Room (West Wing)
DATE: 21 MAY 2020
TIME: 1430 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

Dr. Bob Redfield

Alyssa Farah

Seema Verma

Dr. Jerome Adams

Olivia Troye

EAST

Nic Pottebaum

Sec. Sonny Perdue

Dr. Anthony Fauci

Kellyanne Conway

WEST - WINDOWS

Devin O'Malley

Greg Jacob

Sec. Gene Scalia

Debbie Birx, M.D.

John Fleming

Marc Short

Thomas Engels

DOOR

Vice President

Pat Philbin

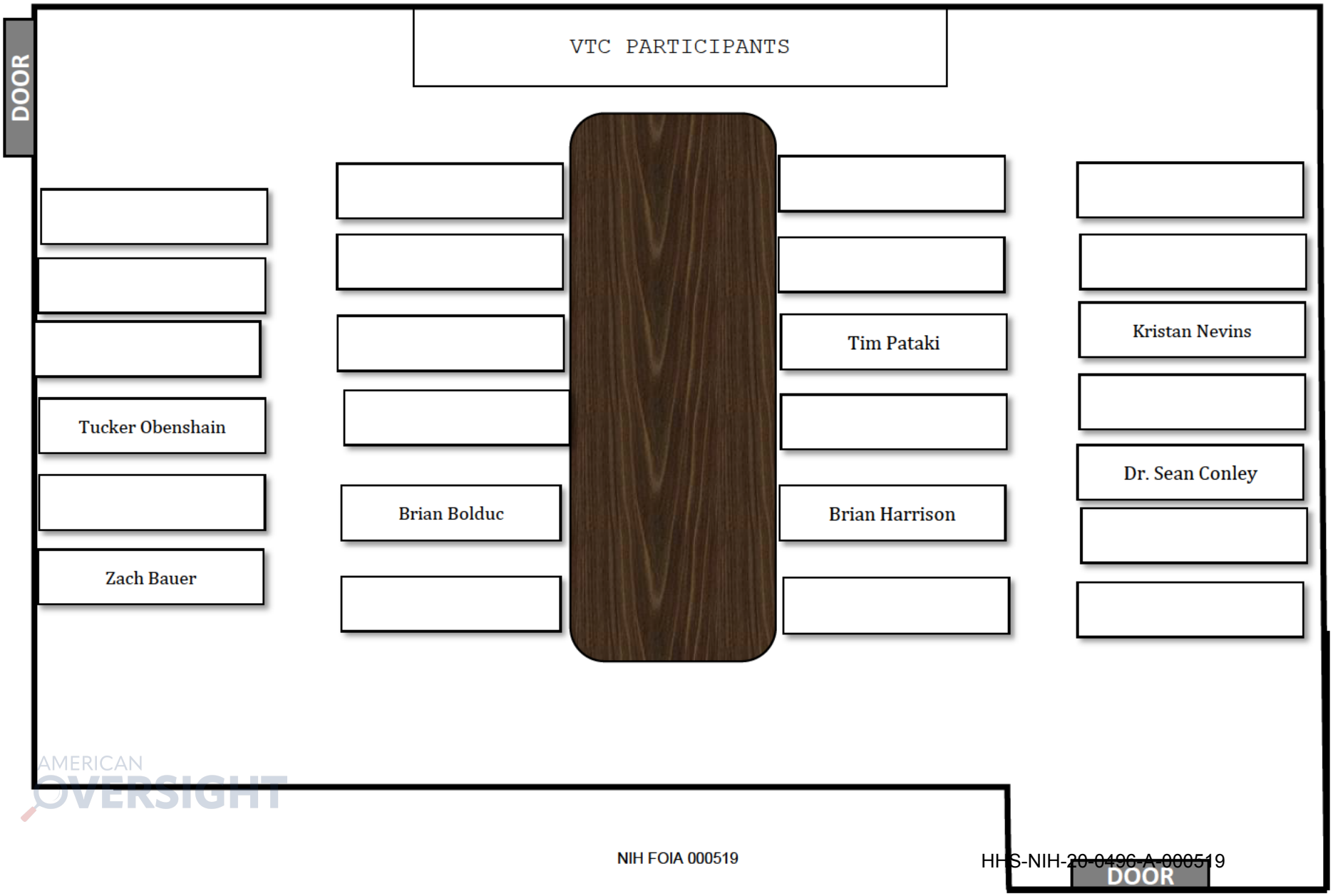
AMERICAN OVERSIGHT

NIH FOIA 000518

NORTH

HHS-NIH-20-0496-A-000518

WHSR EXEC OVER FLOW
DATE: 21 MAY 2020
TIME: 1430 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000519

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Thu, 21 May 2020 13:12:19 -0500
Cc: McGuffee, Tyler Ann A. EOP/OVP
Subject: White House Coronavirus Task Force PowerPoint
Attachments: Task Force PowerPoint 5.21.20.pptx

All –

Attached you will find Dr. Birx's PowerPoint for today, **Thursday, May 21st**. Please kindly note that this PowerPoint is only being shared with principals.

For any further questions or concerns, please reach out to Tyler Ann (copied above).

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

Data 21 May 2020

- **Stable :** Houston, Charlotte, Cincinnati, Minneapolis
- **Stable low** : Detroit, New Orleans
- **Stable high**: Dallas, Chicago, DC, Los Angeles
- **Decreasing**: NYC, Providence, Hartford, Boston, Philadelphia, Baltimore, Atlanta, Miami, Denver, Kansas City, Des Moines, Seattle
- **Increased directive testing for outbreaks and to prevent outbreaks in plants, nursing homes, prisons will increase cases for a short time period**
- **Beginning to see the increase in testing impact the weekly low**

Testing positives

All States under 20%

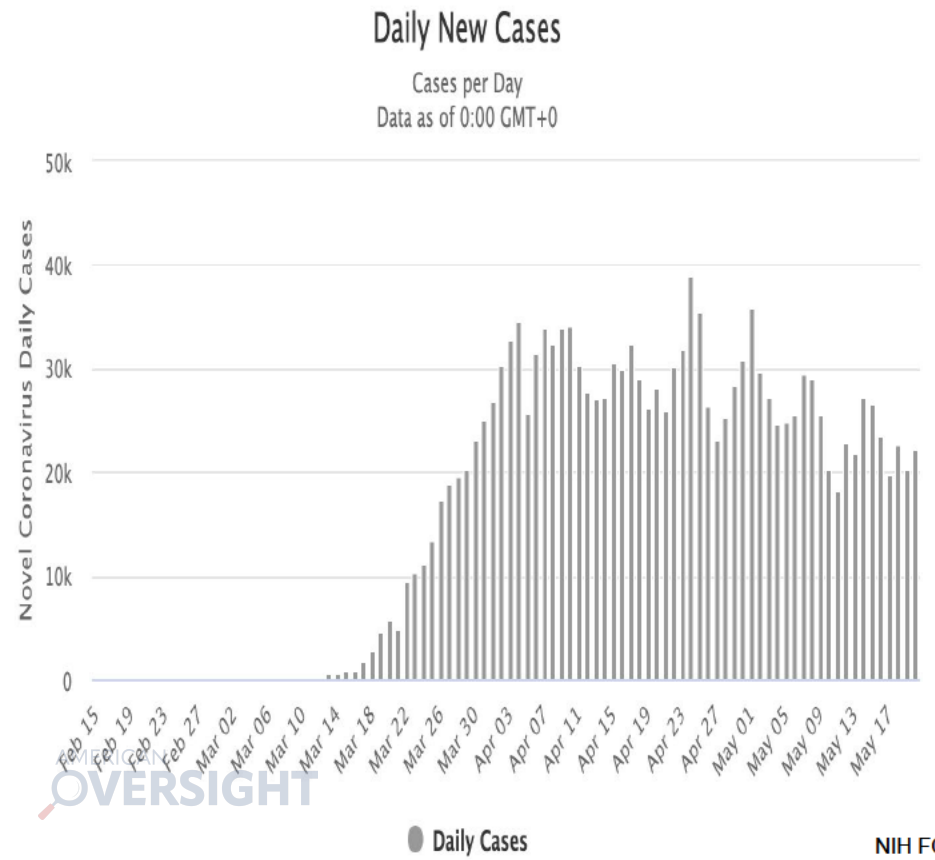
41 States under 10% positive rate over the past 7 days – of these 19 states are under 5 % testing

Only 2 States with rising positive rate over the past 7 days –Maine, Utah

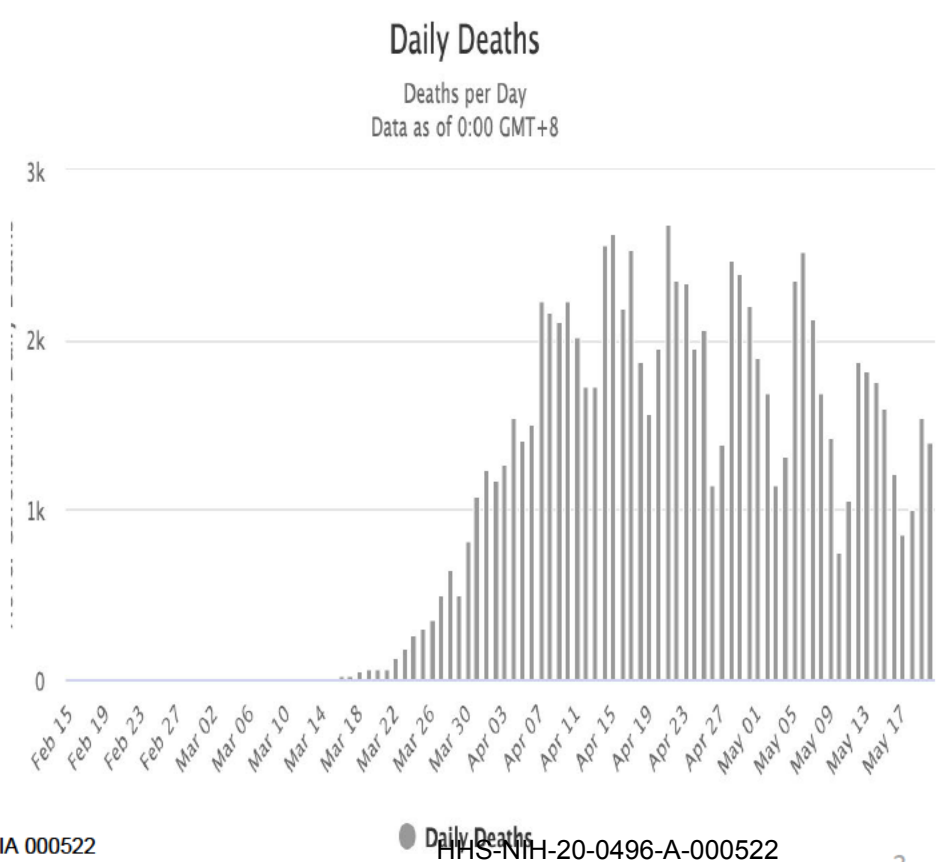
New slide by metros showing still rising of % positive in DC metro, Minneapolis, San Francisco and Salt Lake City

AMERICAN OVERSIGHT

Daily New Cases in the United States

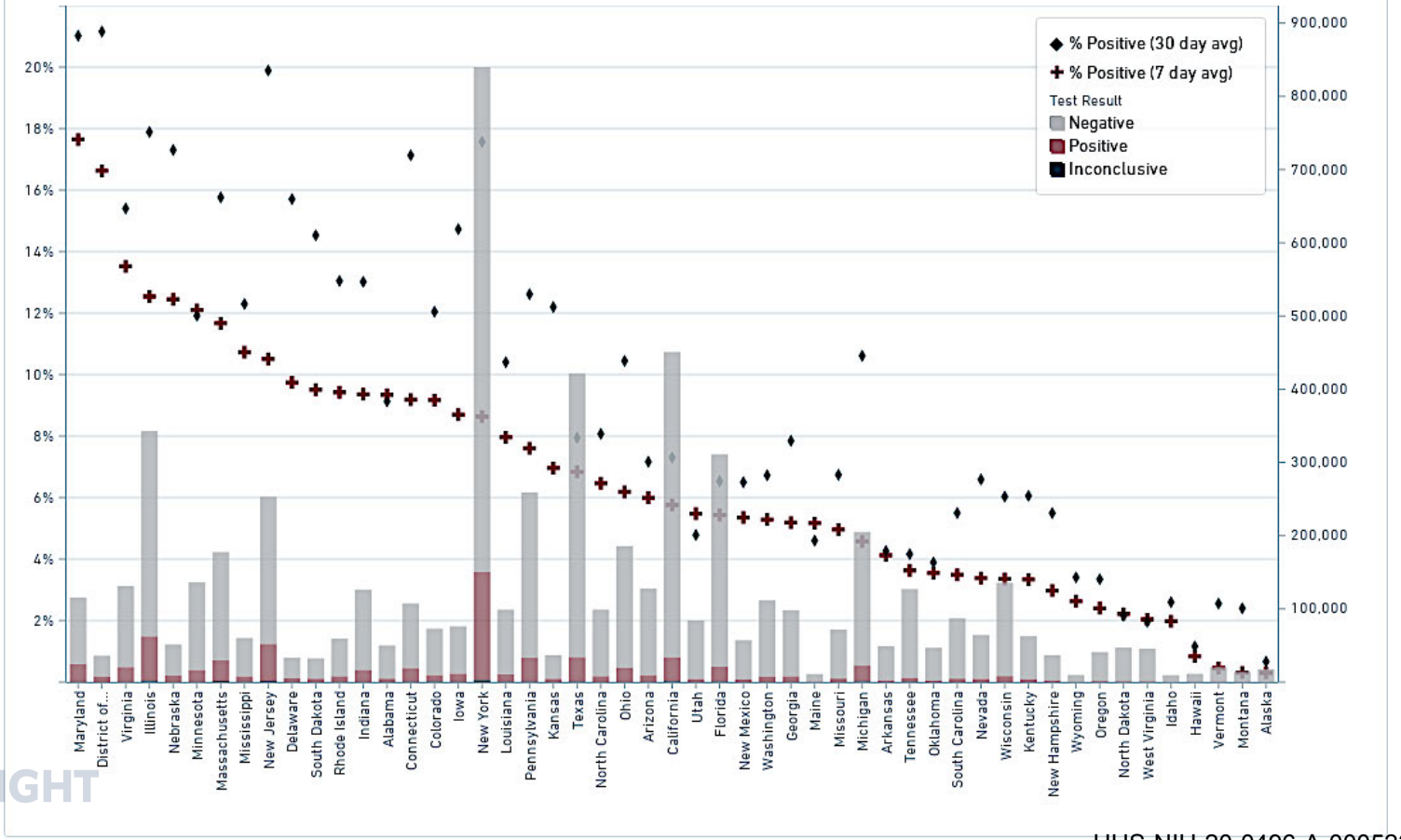


ily New Deaths in the United States



OVERSIGHT

Positive and negative cumulative results in the last 30 days per state with % positive per state

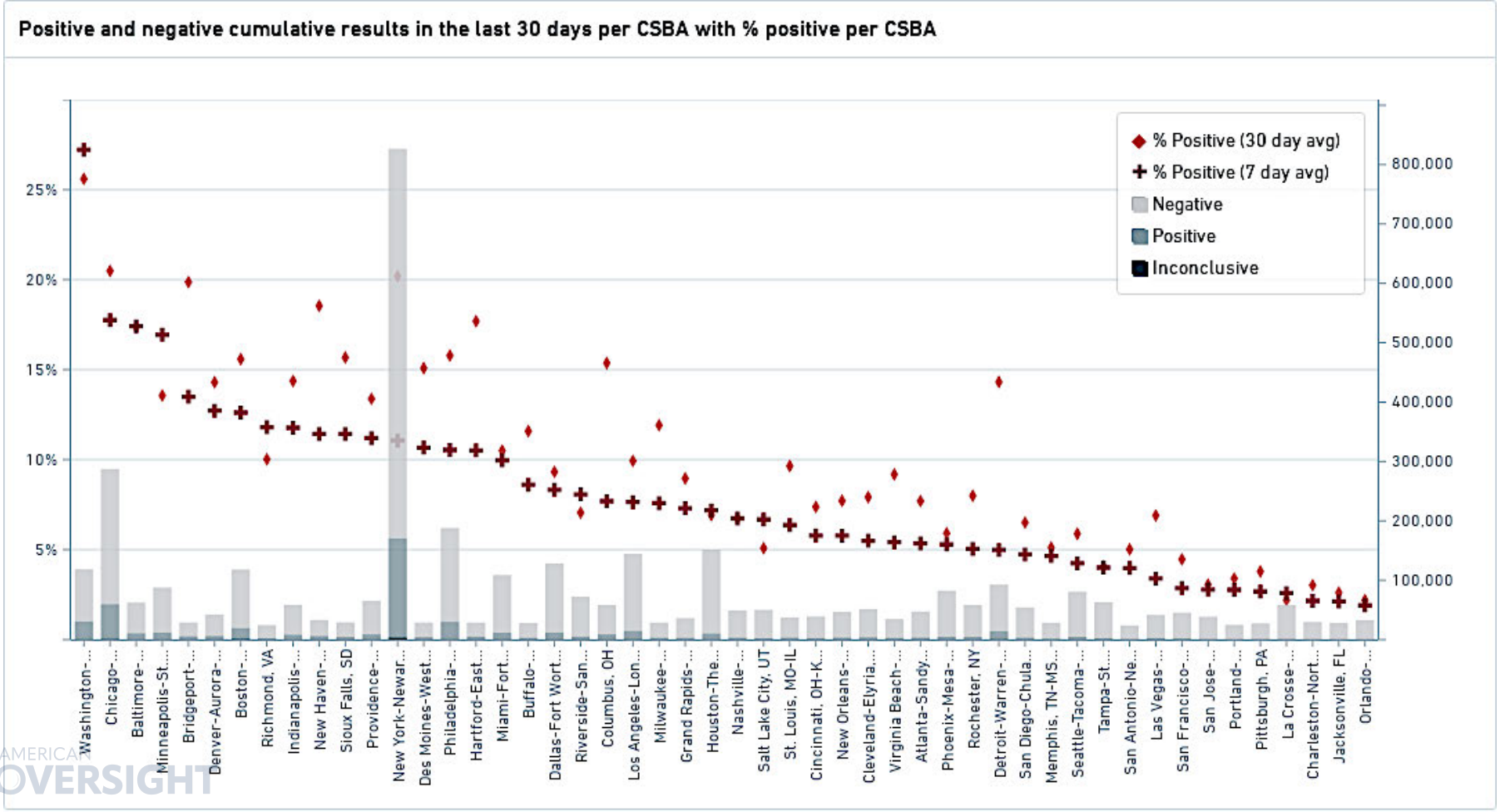


Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. This chart is sorted by the 7-day percent positive.

AMERICAN OVERSIGHT

NIH FOIA 000523

HHS-NIH-20-0496-A-000523



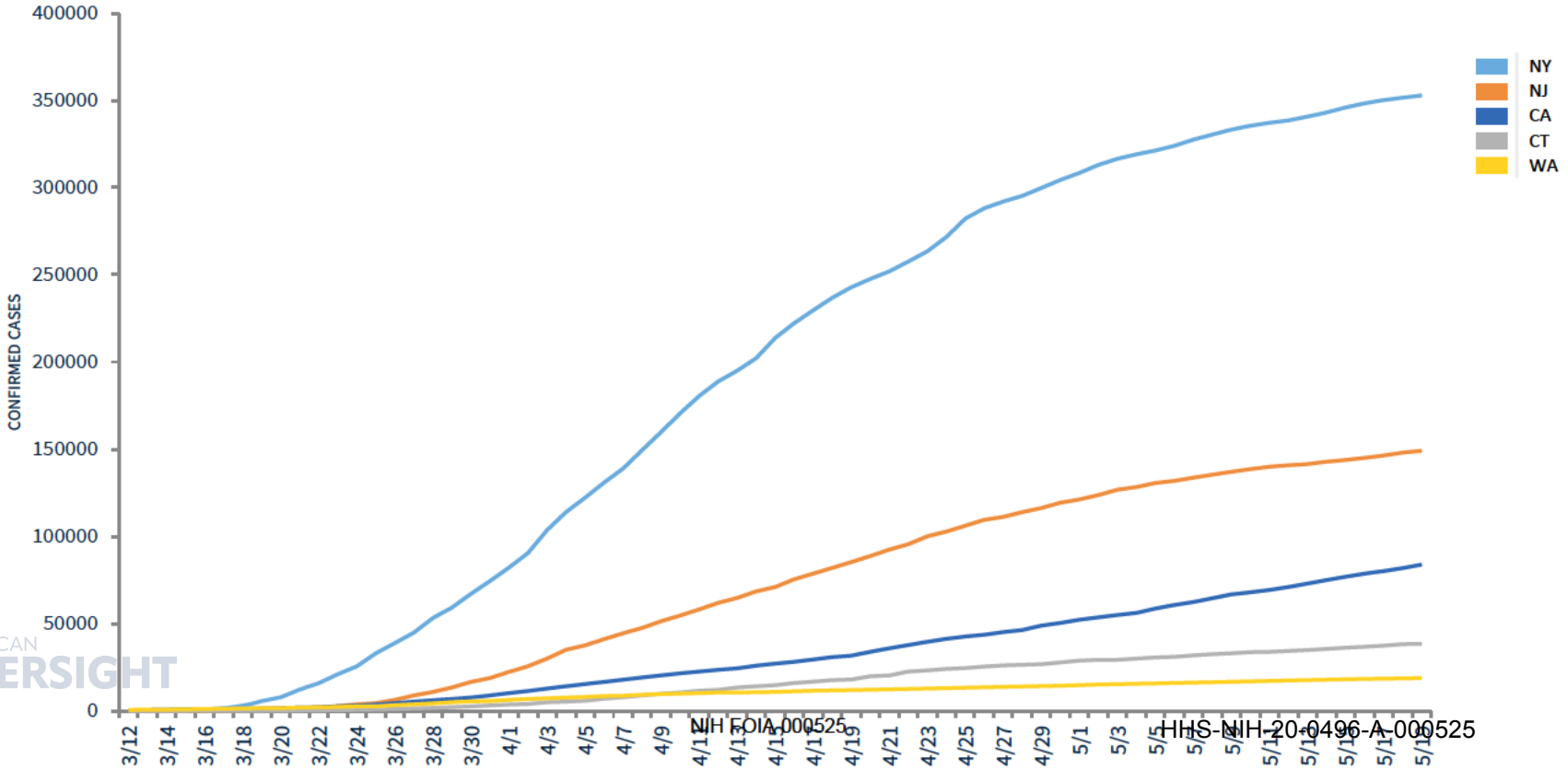
AMERICAN OVERSIGHT

NIH FOIA 000524

HHS-NIH-20-0496-A-000524

Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. This chart is sorted by the 7-day percent positive. The top 50 CSBAs were determined by ranking over the number of results reported for a given area in the last 30 days.

CUMULATIVE CASES: NY, NJ, CT, WA, CA

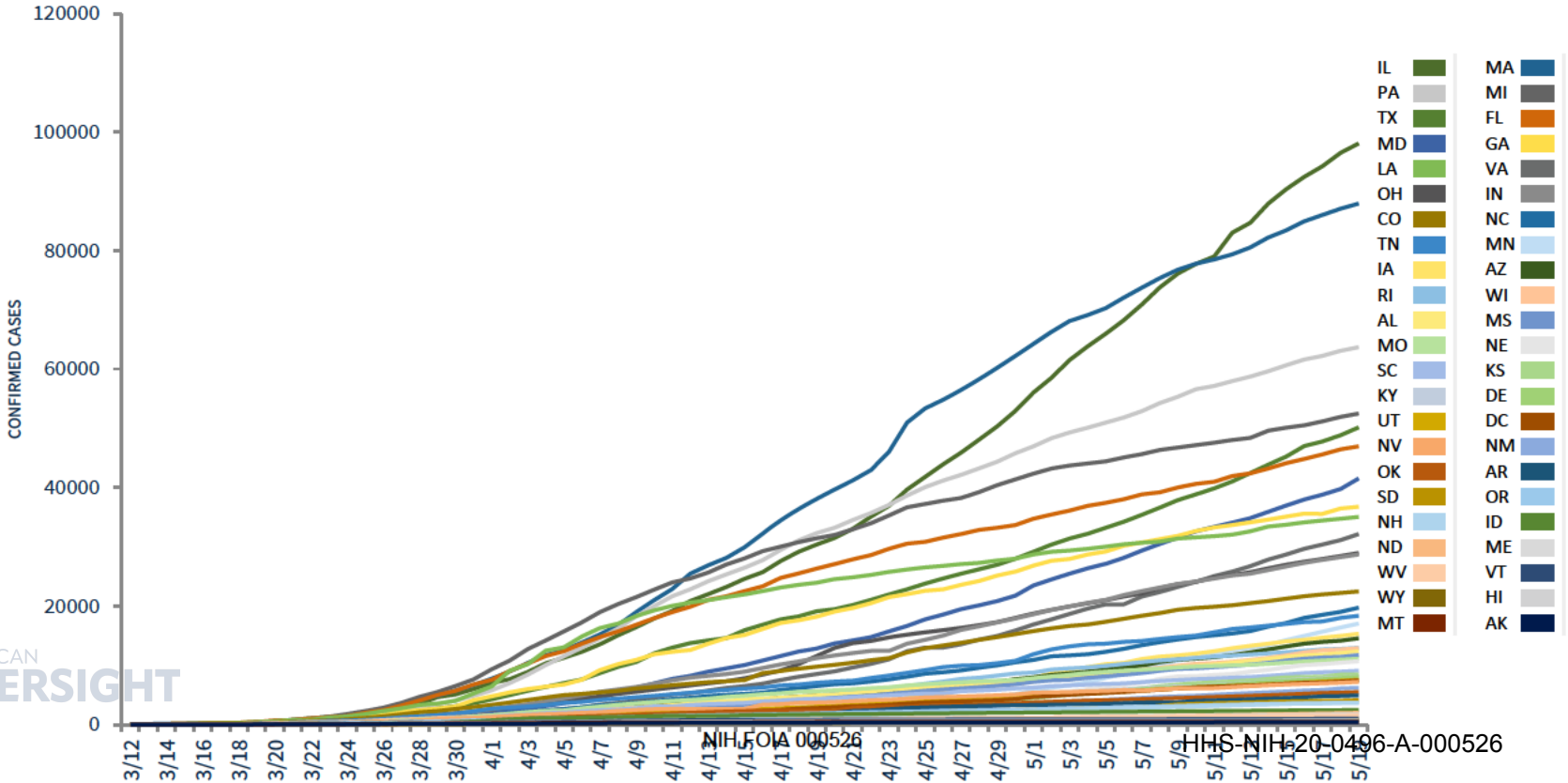


AMERICAN OVERSIGHT

NIH FOIA 000525

HHS-NIH-20-0496-A-000525

CUMULATIVE CASES: STATES EXCEPT NY, NJ, CT, WA, CA

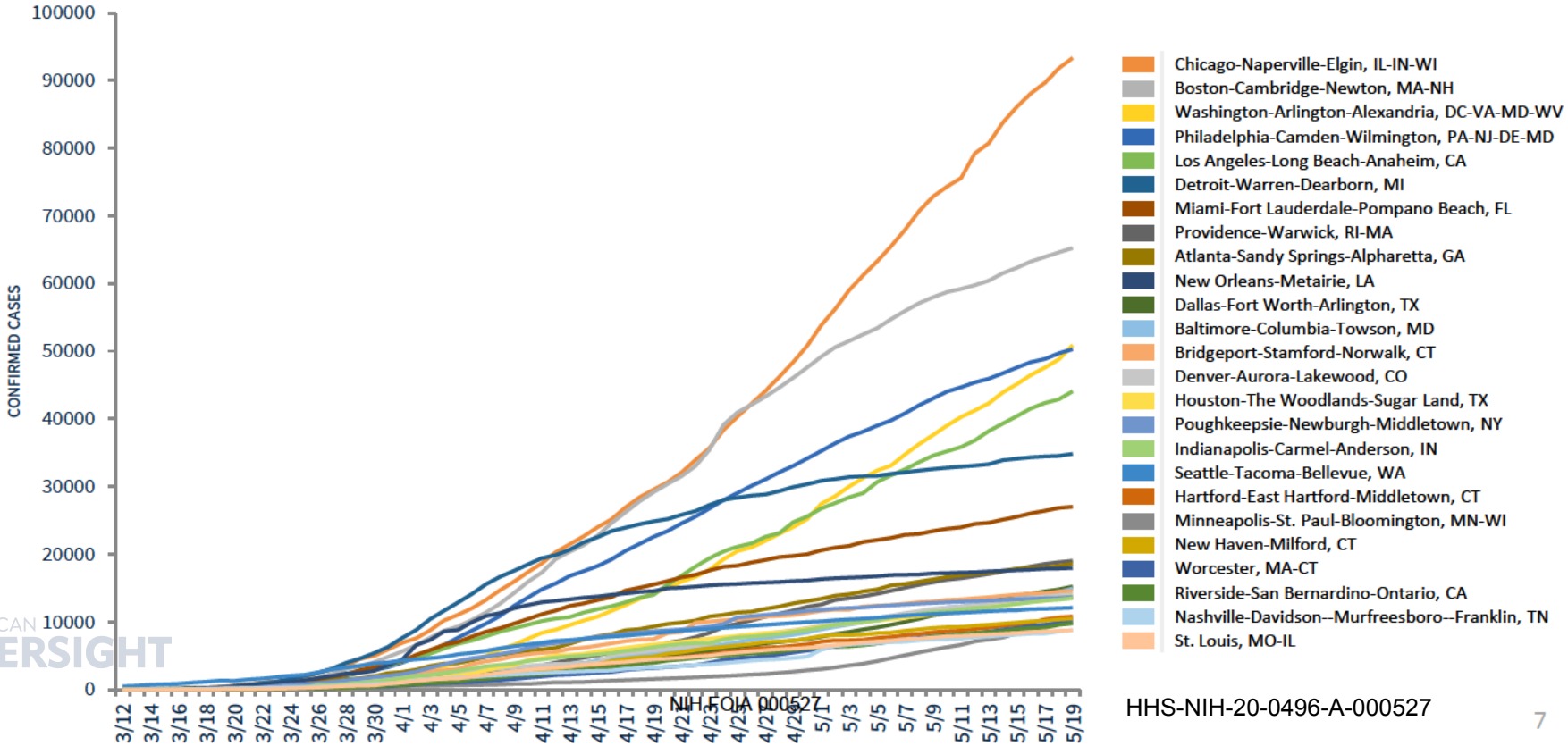


AMERICAN OVERSIGHT

NIH FOIA 000526

HHS-NIH-20-0496-A-000526

CUMULATIVE CASES: TOP 25 CBSA WITHOUT NYC

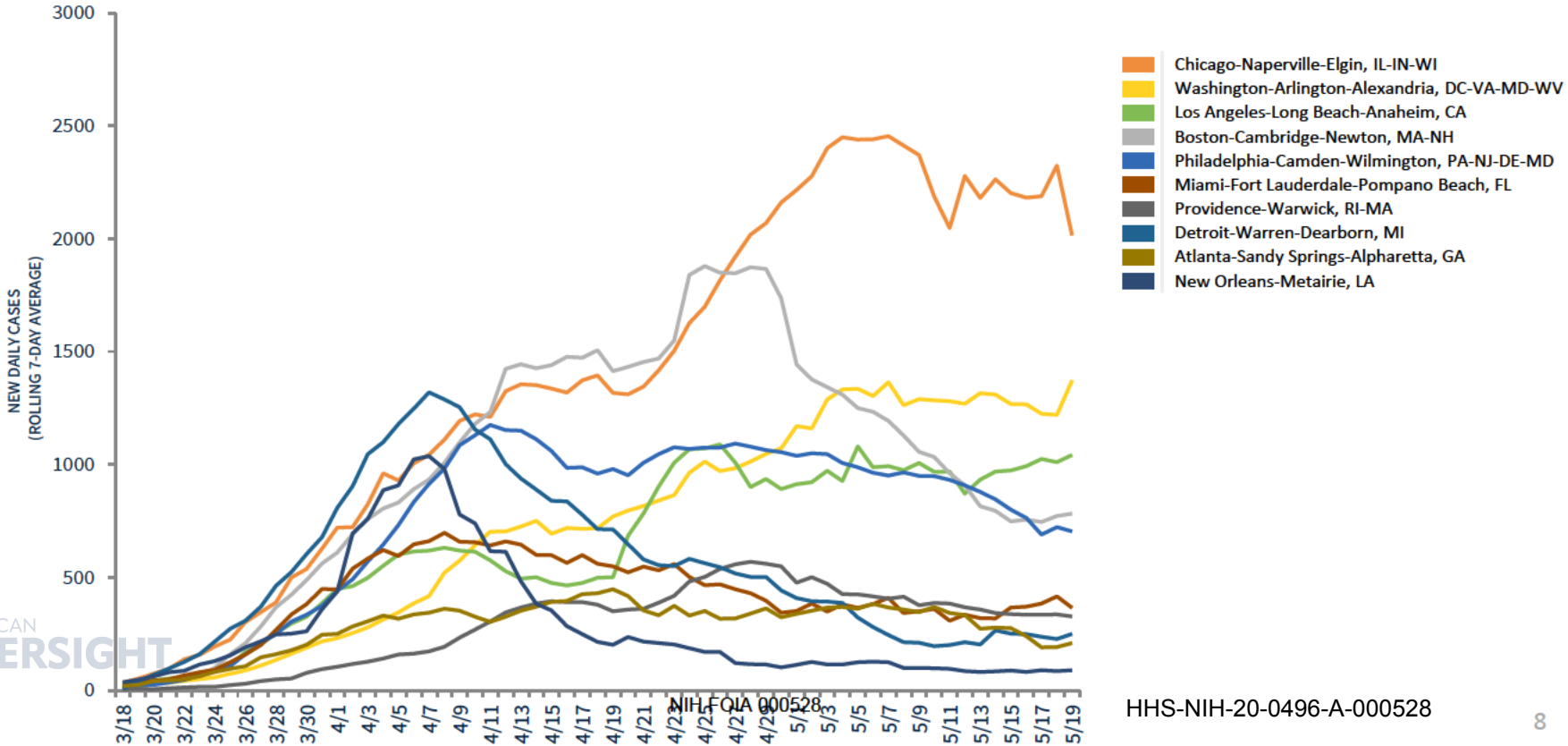


AMERICAN OVERSIGHT

NIH FOIA 000527

HHS-NIH-20-0496-A-000527

DAILY CASE TRENDS: TOP 10 CBSA BY TOTAL CASE COUNT WITHOUT NYC



AMERICAN OVERSIGHT

NIH FOIA 000528

HHS-NIH-20-0496-A-000528

CDC Daily Hot-Spot Review: May 20, 2020

The following 33 counties were identified as hotspots because they met the threshold for the largest 3 or 7 day % increase in new daily cases in four population strata (>1,000,000; 500,000-1,000,000; 100,000-500,000; <100,000).

Counties identified as possible hotspots (driver):

Jefferson, AL (T-I)	Pinellas, FL (L)	Washington, MN (C, L)	Texas, OK (M)
Yuma, AZ (P)	Boone, IL (L)	Forrest, MS (L)	Nueces, TX (M)
Jefferson, AR (P)	Champaign, IL (M)	Dodge, NE (T-I)	Potter, TX (M, C)
Imperial, CA	Winnebago, IL (T-B)	Monroe, NY (T-I)	Randall, TX (M)
Tolland, CT (P)	Dubois, IN (M)	Cumberland, NC (M, P)	Buckingham, VA (P)
Collier, FL (T-I)	Boone, KY (L)	Forsyth, NC (M, W)	Richmond City, VA (M, L)
Gadsden, FL (P)	Acadia, LA (M, L)	Wayne, NC (L)	
Martin, FL (T-I)	Rapides, LA (P, L)	Wilkes, NC (M)	
Orange, FL (T-B)	Muskegon, MI (T-I)	Cass, ND (W)	

RED = new counties BLUE = counties appearing in each of the last 3 days

P: Correctional facility outbreak
T-I Increased testing
T-B: Test results reported in batches
M: Meat processing plant outbreak
W: Workplace (other than meat processing) outbreak
C: Community transmission
L: Long-term care facility

11 (33%) of 33 counties are new: Jefferson, AL; Collier, FL; Gadsden, FL; Martin, FL; Pinellas, FL; Boone, IL; Dubois, IN; Acadia, LA; Rapides, LA; Dodge, NE; Wayne, NC

8 (24%) of 33 counties have been listed each of the last 3 days: Jefferson, AR; Forrest, MS; Monroe, NY; Forsyth, NC; Wilkes, NC; Potter, TX; Randall, TX; Richmond City, VA

12 (36%) of 33 counties have been listed each of the last 2 days: Jefferson, AR; Tolland, CT; Orange, FL; Champaign, IL; Washington, MN, Forrest, MS; Monroe, NY; Forsyth, NC; Wilkes, NC; Potter, TX; Randall, TX; Richmond City, VA

Increase in cases driven by:

Driver:	Total	New Counties	Last 3 Days
Food processing facility outbreak	11	2	5
Other workplace outbreak	2	0	1
Correctional facility outbreak	7	2	1
NH or LTC outbreak	5	5	2
Community transmission	2	0	1
Increased testing (primary driver)	6	4	1
Batched testing (primary driver)	2	0	0

AMERICAN OVERSIGHT

NIH FOIA 000529

HHS-NIH-20-0496-A-000529

COVID-19 (2019 Novel Coronavirus) Summary (Preliminary Numbers, Subject to Change)

Updated 5/20/2020

Kansas Department of Health and Environment

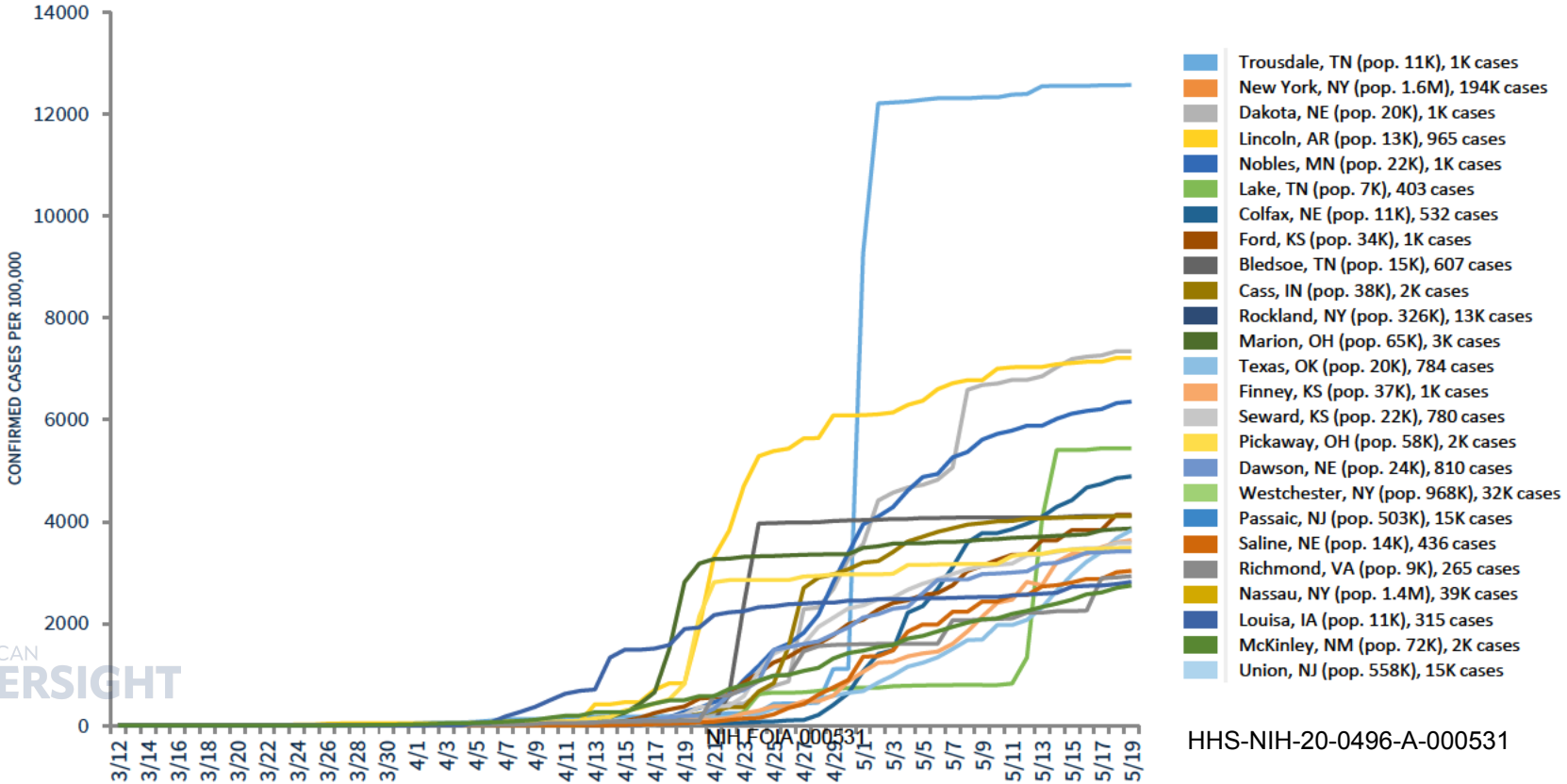
- There were 8,539 cases from 84 counties with 178 deaths reported as of 9 a.m.
- There have been 760 of 5,562 cases that have been hospitalized.
- There have been 62,664 negative tests conducted at KDHE and private labs.
- Age range is 0 years to 100 years (median 42 years)
- There have been 4,062 positive tests at KHEL and 4,322 at private labs.
- 3,597 cases are female and 4,748 are male and 194 unknown.

Cluster Information – 96 clusters (48 closed and 48 active) accounting for 4,315 cases and 136 deaths.

- Corrections: 3 clusters, 965 cases, 6 deaths
- Gatherings: 9 clusters (7 closed) 121 cases, 11 deaths
- Group Living: 6 clusters (5 closed) 59 cases, 2 deaths
- Healthcare: 3 clusters (3 closed) 22 cases
- Long-term Care: 25 clusters (12 closed) 611 cases, 102 deaths
- Meatpacking: 10 clusters, 2,196 cases and 7 deaths
- Private Industry: 40 clusters (21 closed) 341 cases, 8 deaths

AMERICAN OVERSIGHT

CUMULATIVE CASES PER 100,000: TOP COUNTIES 1-25 BASED ON MOST CASES PER 100,000

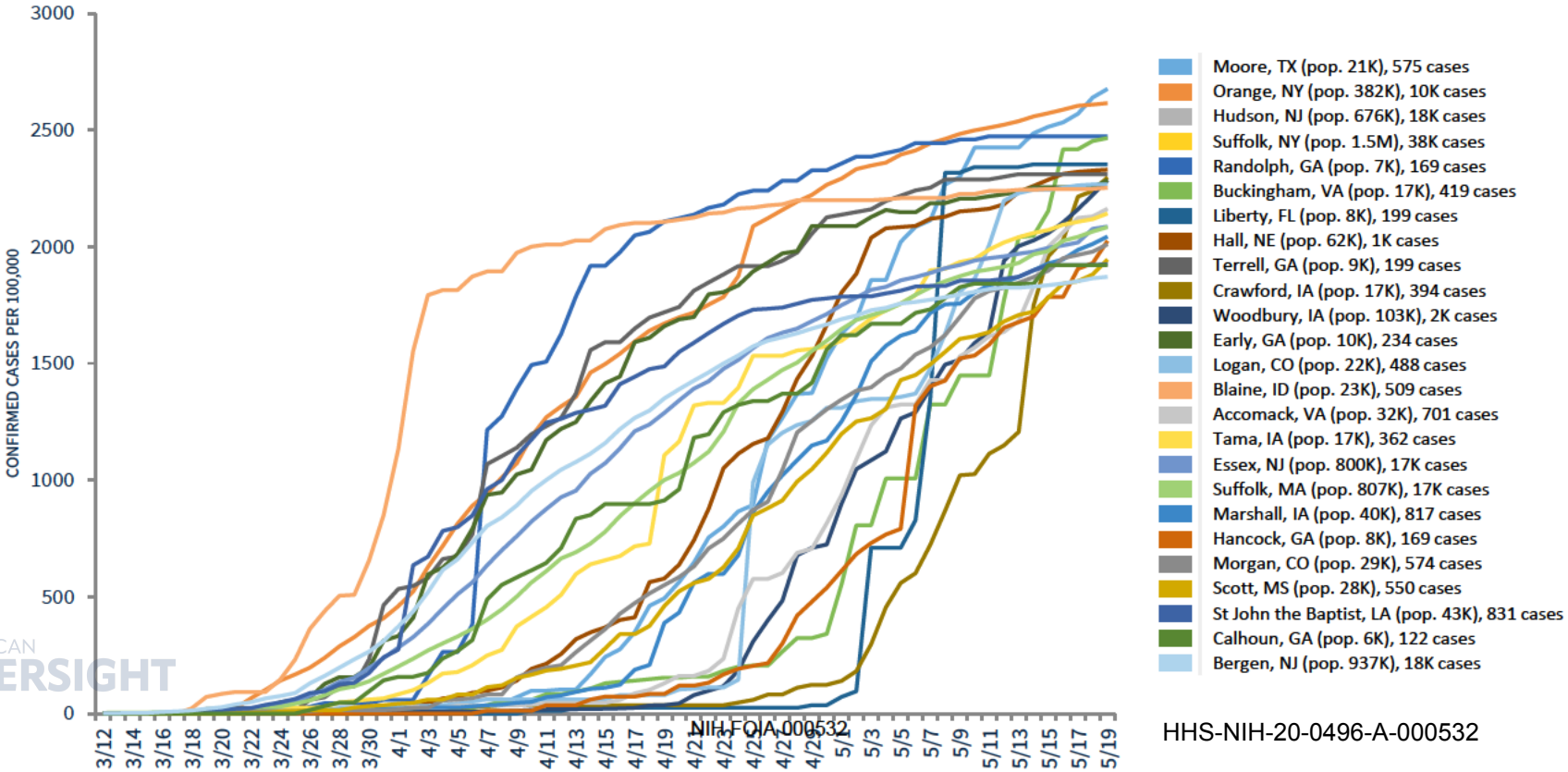


AMERICAN OVERSIGHT

NIH FOIA 000531

HHS-NIH-20-0496-A-000531

CUMULATIVE CASES PER 100,000: TOP COUNTIES 25-50 BASED ON MOST CASES PER 100,000

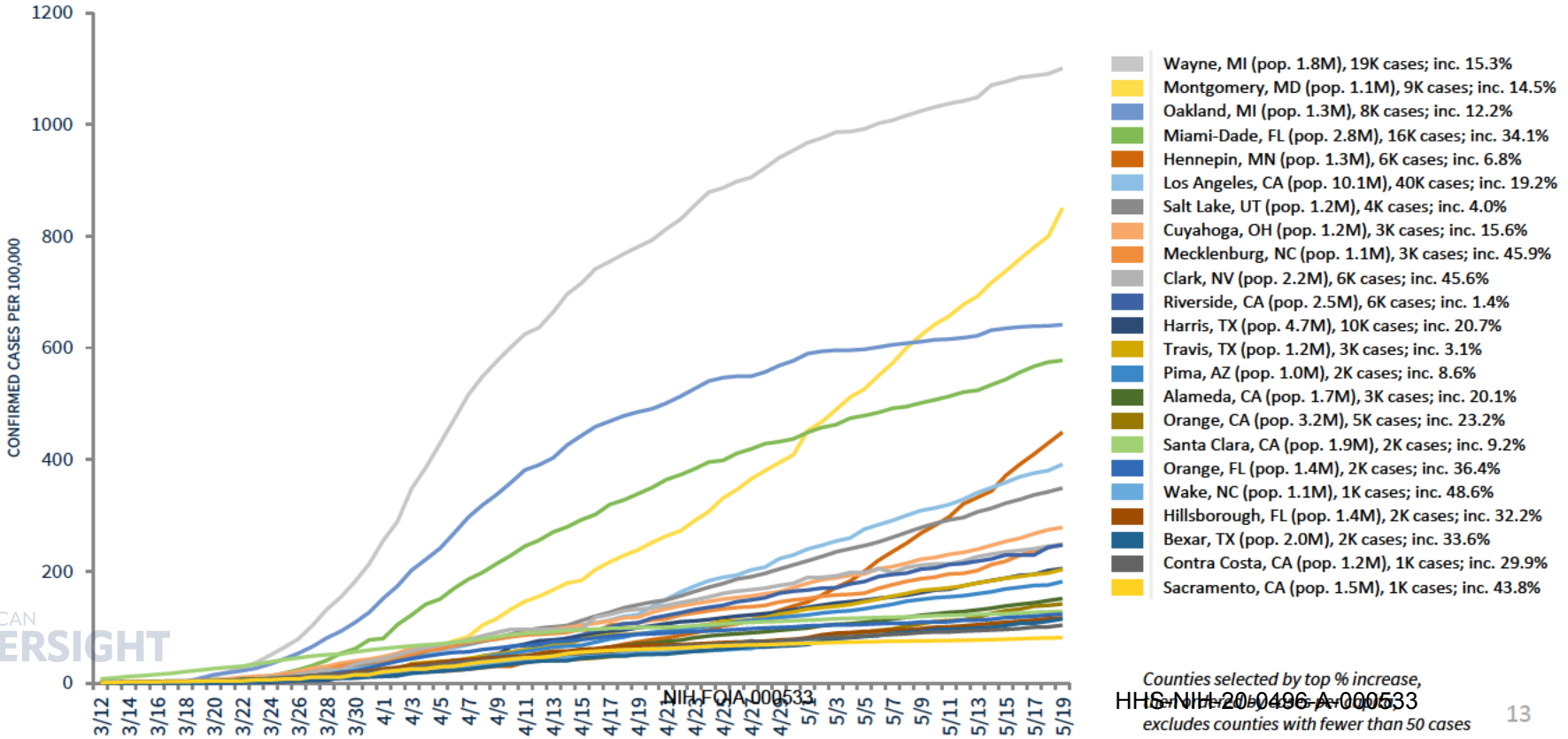


AMERICAN OVERSIGHT

NIH-FOIA-000532

HHS-NIH-20-0496-A-000532

TOP COUNTIES WITH POPULATION ABOVE 1M, BASED ON HIGHEST PERCENT INCREASE IN NEW CASES OVER 7 DAYS



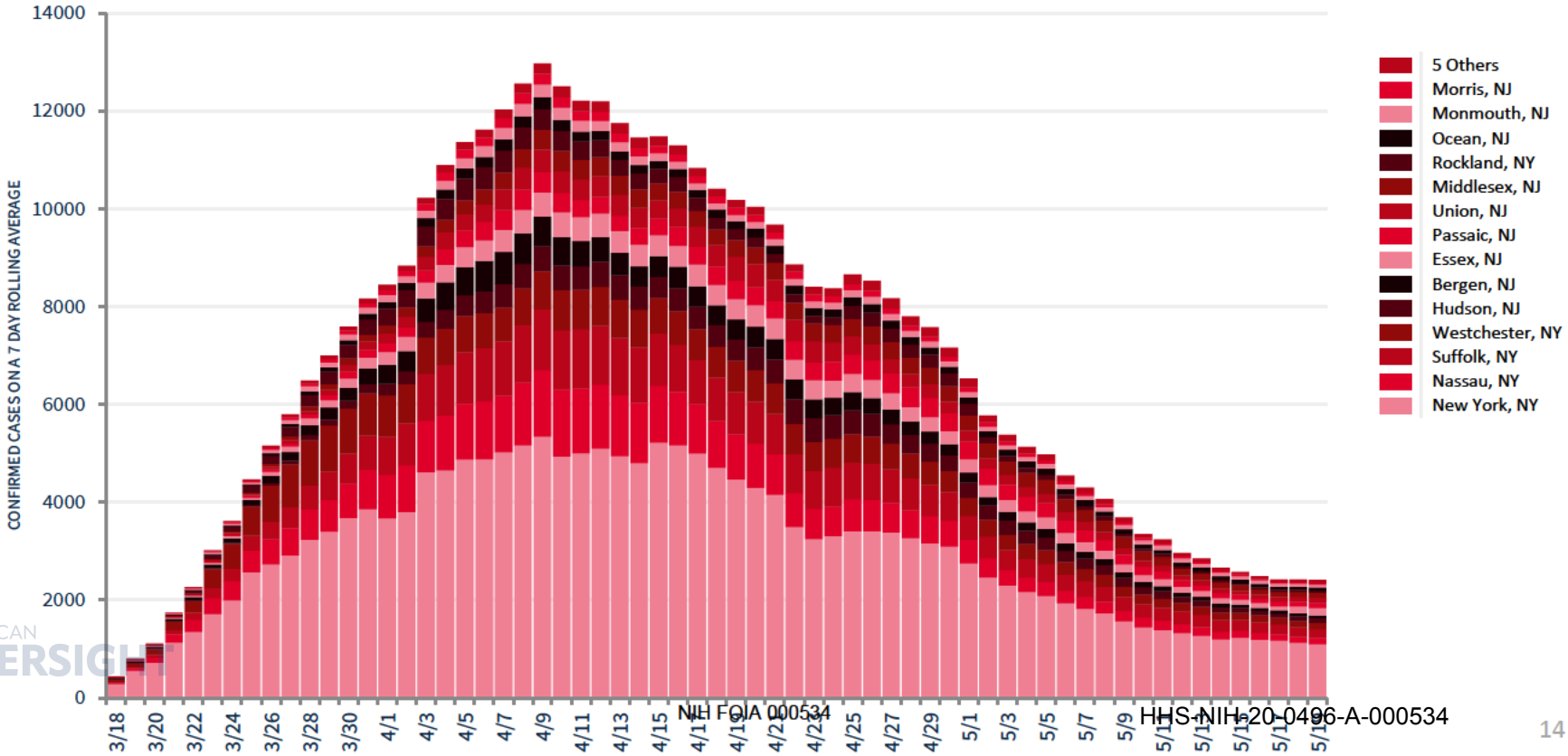
Counties selected by top % increase, then ranked by case count;
excludes counties with fewer than 50 cases

AMERICAN OVERSIGHT

NIH FOIA 000533

HHS-NIH-20-0496-A-000533

CONFIRMED CASES DAILY IN NEW YORK-NEWARK-JERSEY CITY, NY-NJ-PA
7 DAY ROLLING AVERAGE

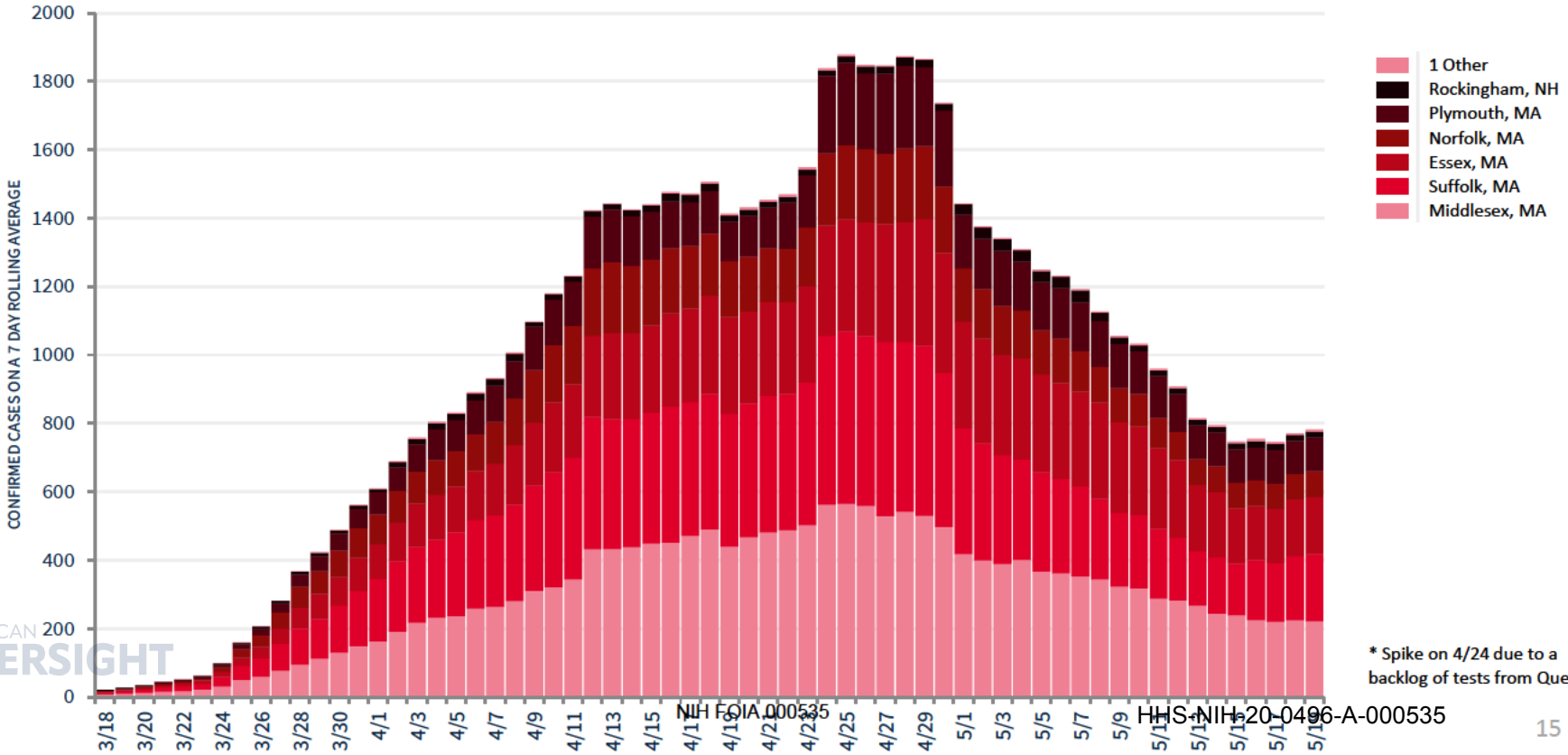


AMERICAN OVERSIGHT

NIH FOIA 000534

HHS-NIH-20-0496-A-000534

CONFIRMED CASES DAILY IN BOSTON-CAMBRIDGE-NEWTON, MA-NH
7 DAY ROLLING AVERAGE



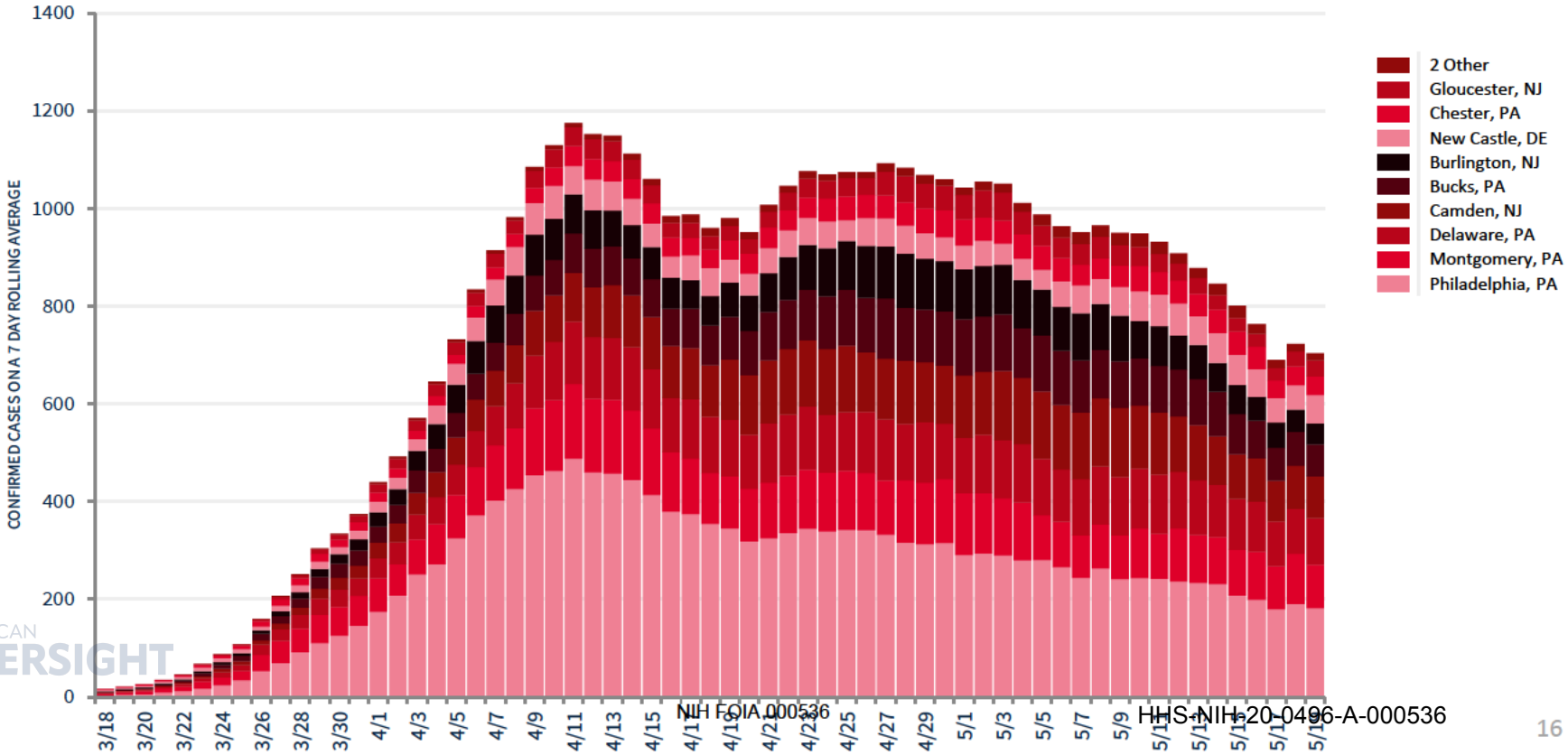
* Spike on 4/24 due to a backlog of tests from Quest

AMERICAN OVERSIGHT

NIH FOIA 000535

HHS-NIH-20-0496-A-000535

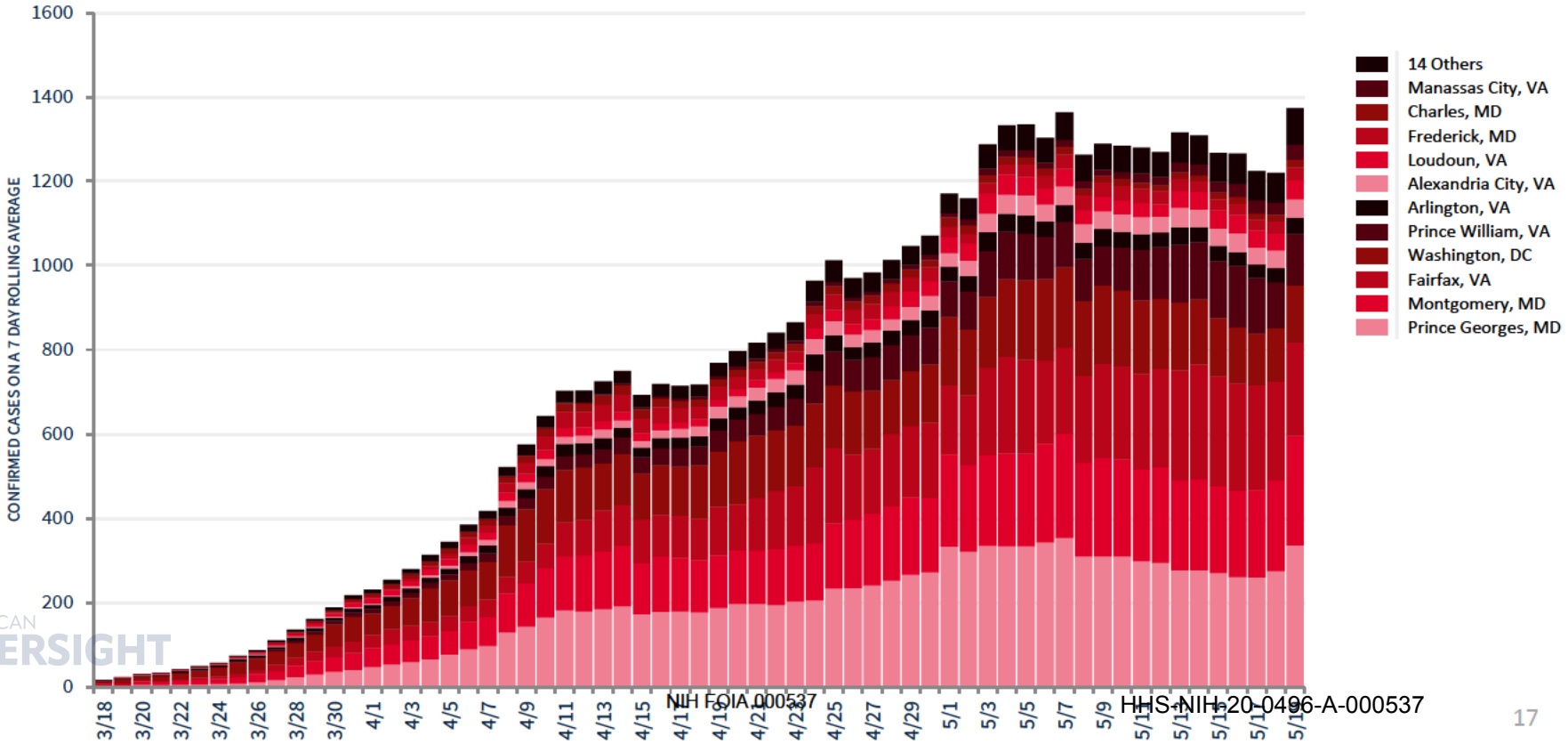
CONFIRMED CASES DAILY IN PHILADELPHIA-CAMDEN-WILMINGTON, PA-NJ-DE-MD
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 000536
HHS-NIH-20-0496-A-000536

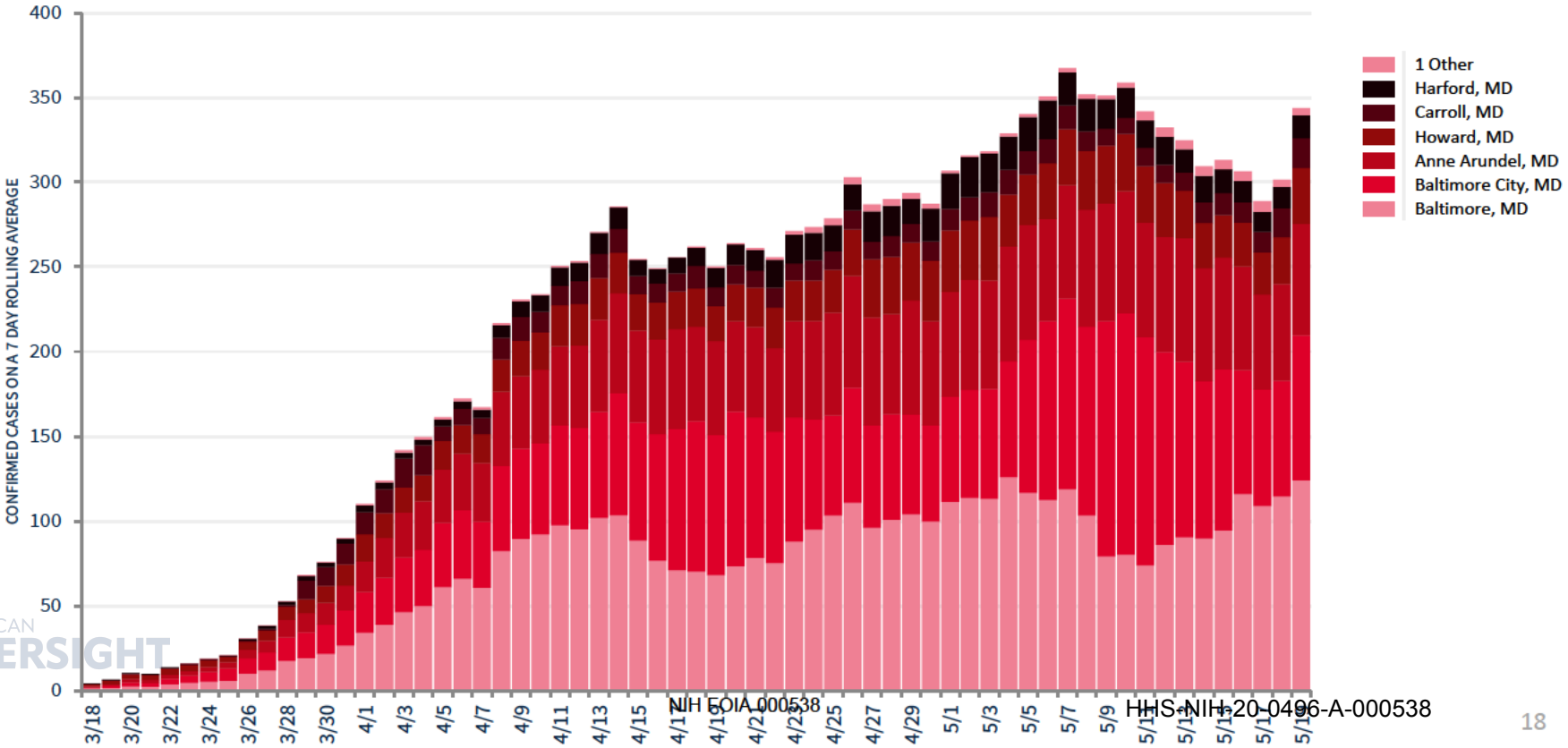
CONFIRMED CASES DAILY IN WASHINGTON-ARLINGTON-ALEXANDRIA, DC-VA-MD-WV
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 000537 HHS-NIH-20-0496-A-000537

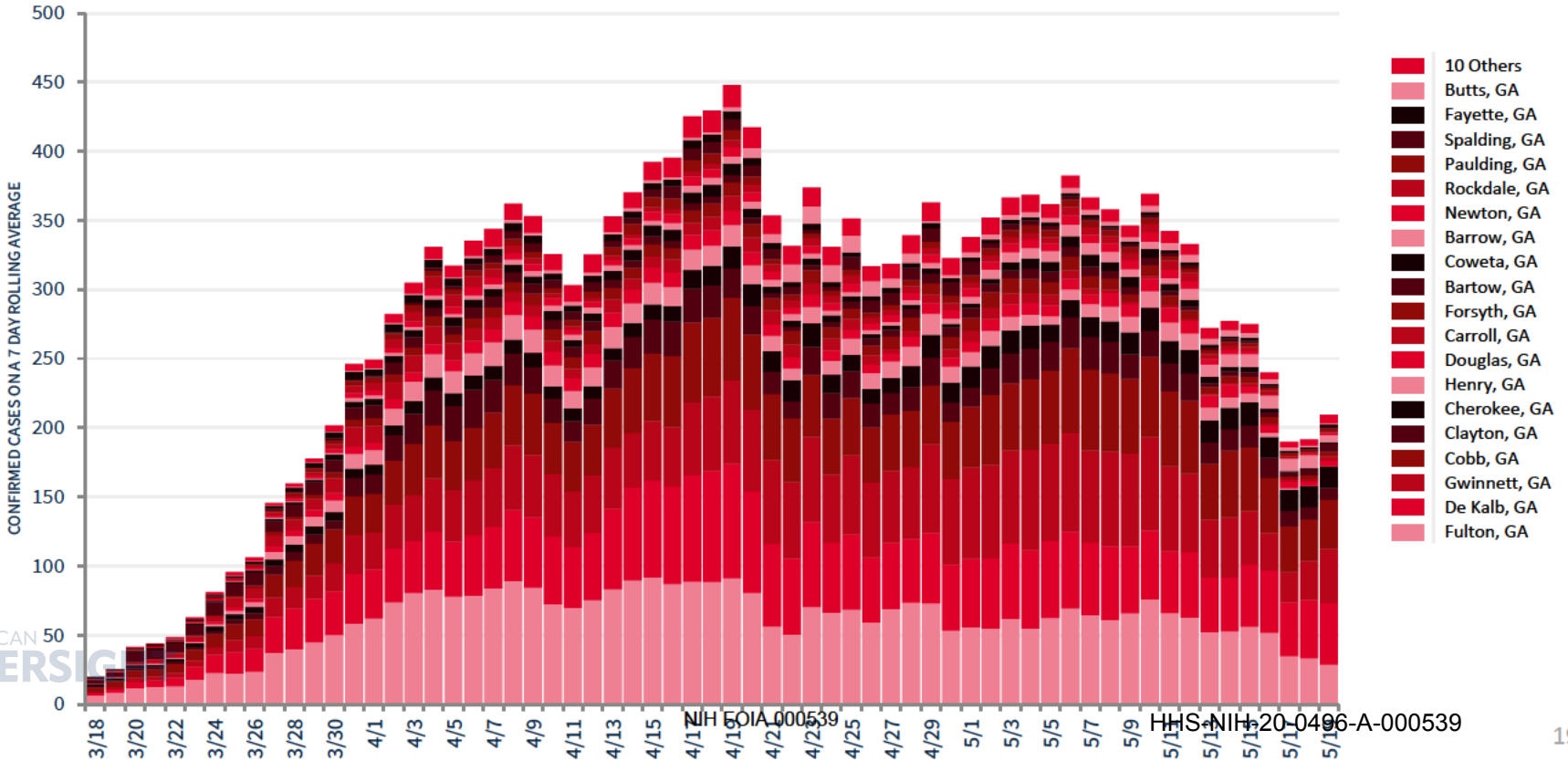
CONFIRMED CASES DAILY IN BALTIMORE-COLUMBIA-TOWSON, MD
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 000538 HHS-NIH-20-0496-A-000538

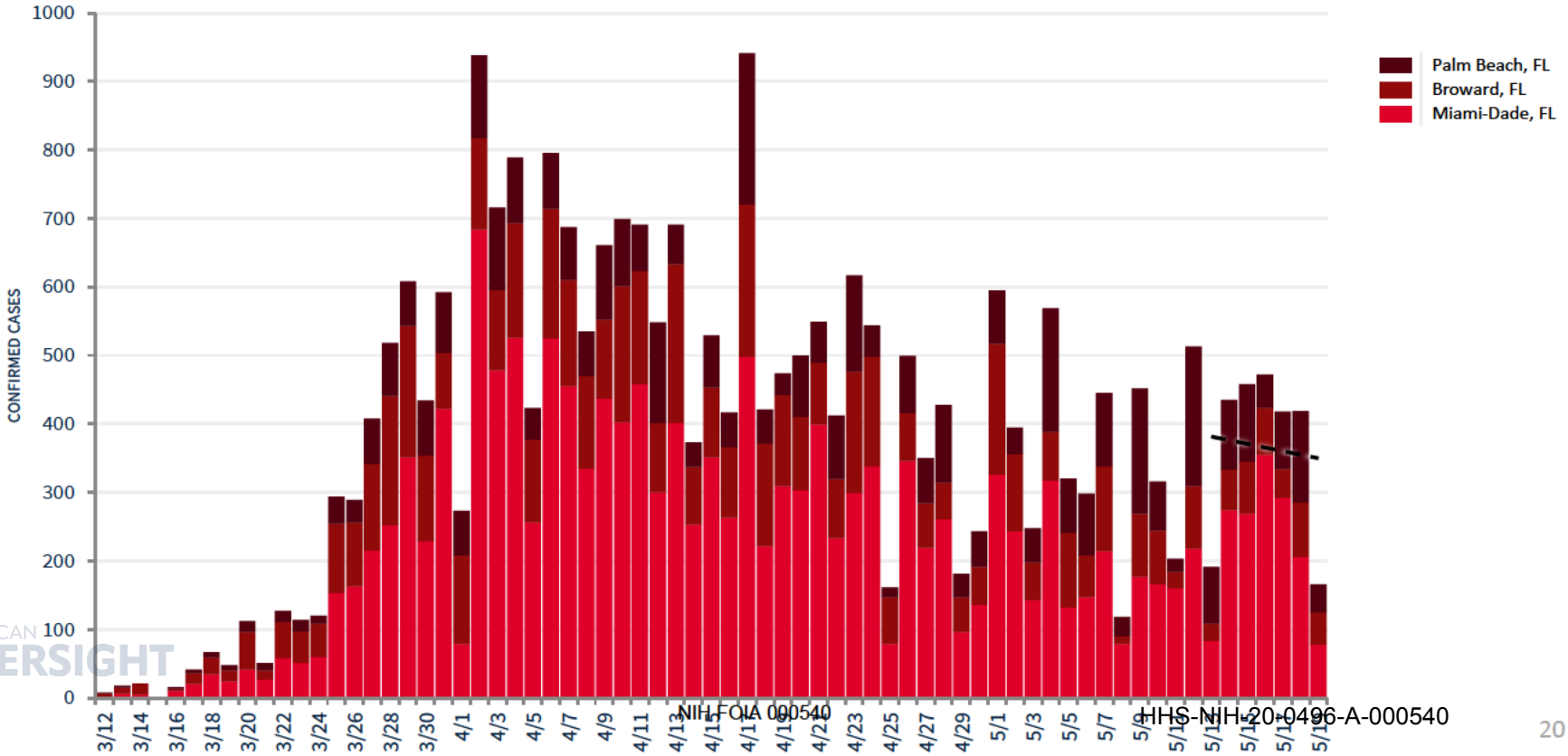
CONFIRMED CASES DAILY IN ATLANTA-SANDY SPRINGS-ALPHARETTA, GA
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 000539 HHS-NIH-20-0496-A-000539

CONFIRMED CASES DAILY IN MIAMI-FORT LAUDERDALE-POMPANO BEACH, FL

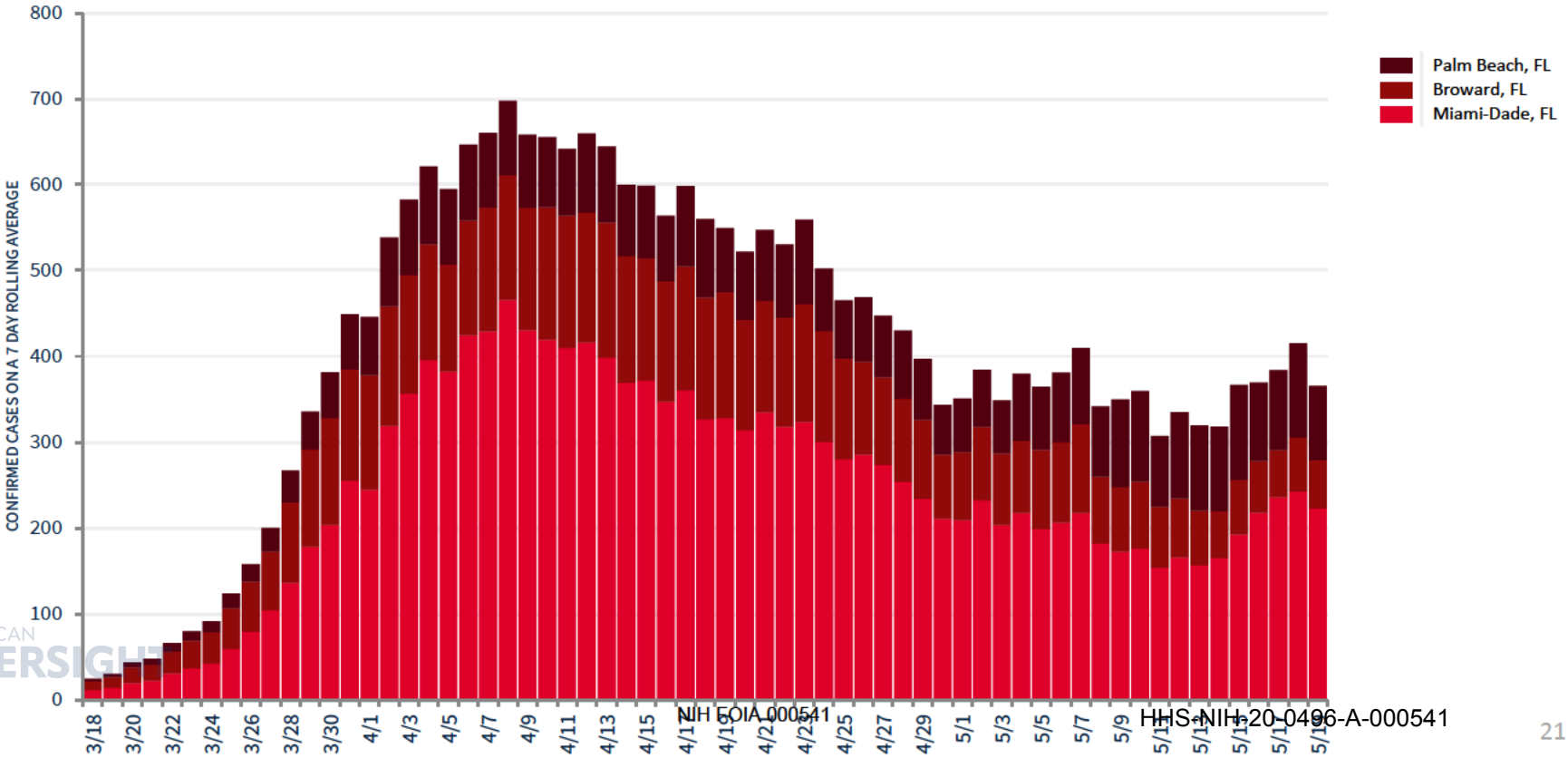


AMERICAN OVERSIGHT

NIH FOIA 000540

HHS-NIH-20-0496-A-000540

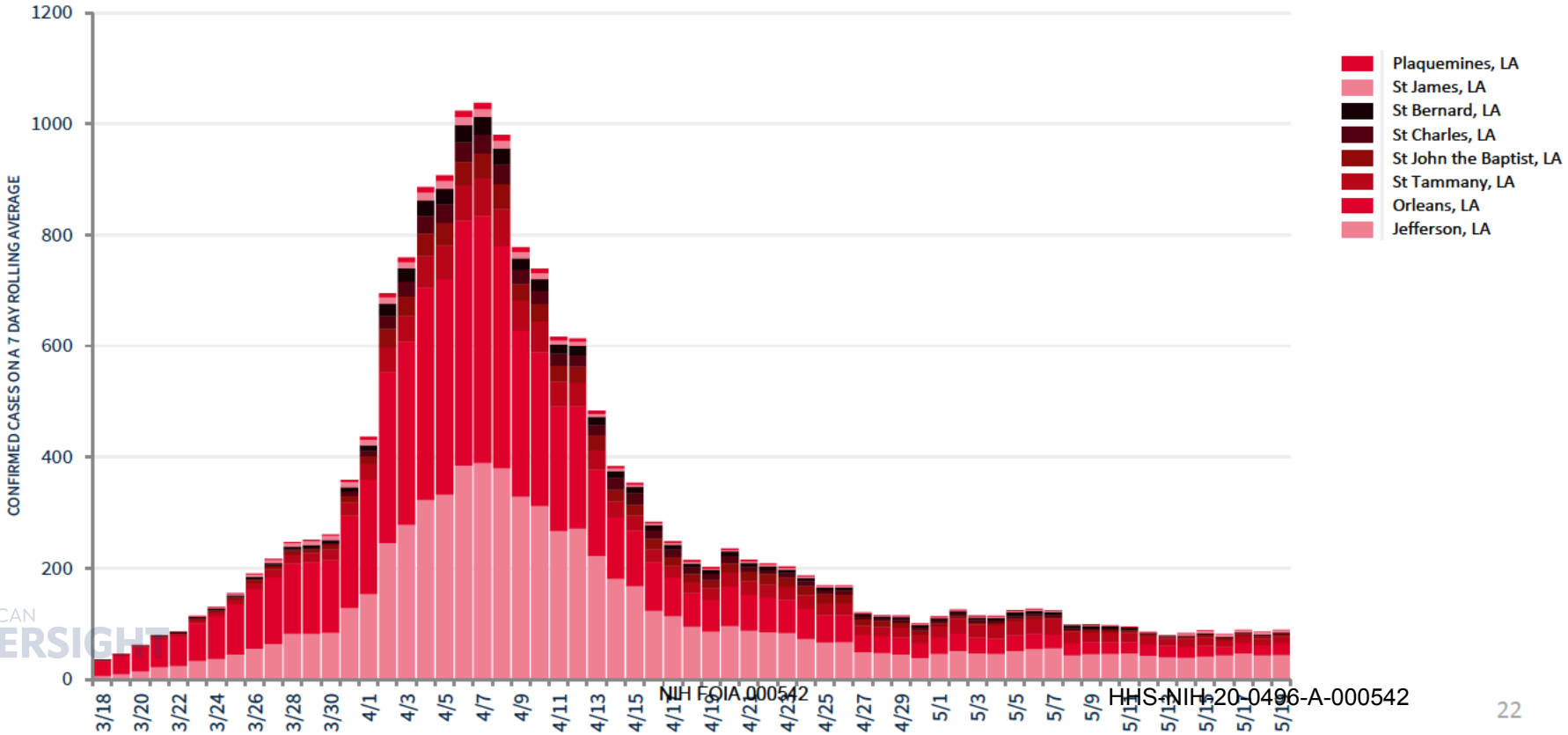
CONFIRMED CASES DAILY IN MIAMI-FORT LAUDERDALE-POMPANO BEACH, FL
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 000541 HHS-NIH-20-0496-A-000541

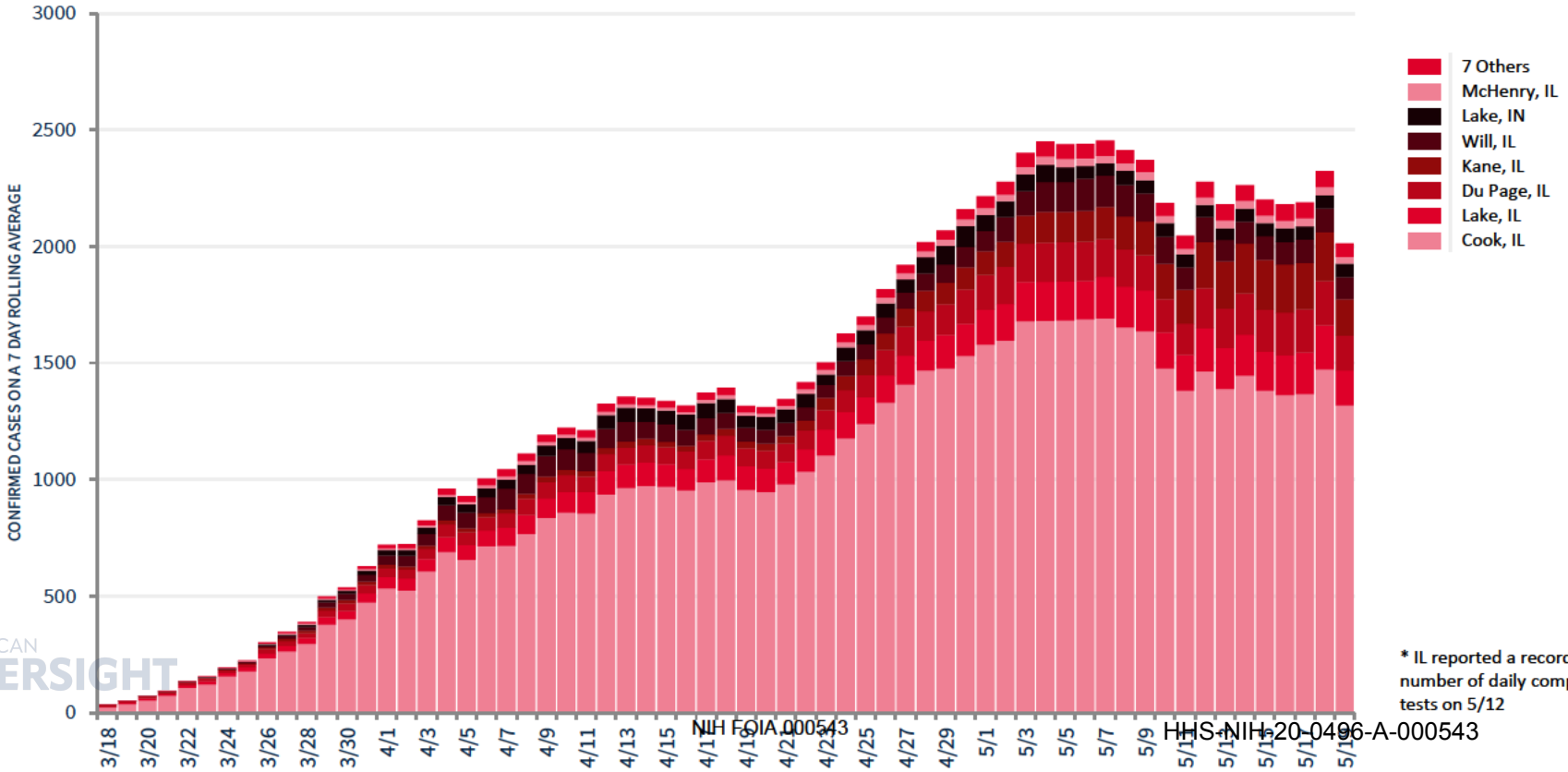
CONFIRMED CASES DAILY IN NEW ORLEANS-METAIRIE, LA
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 000542 HHS-NIH-20-0496-A-000542

CONFIRMED CASES DAILY IN CHICAGO-NAPERVILLE-ELGIN, IL-IN-WI
7 DAY ROLLING AVERAGE



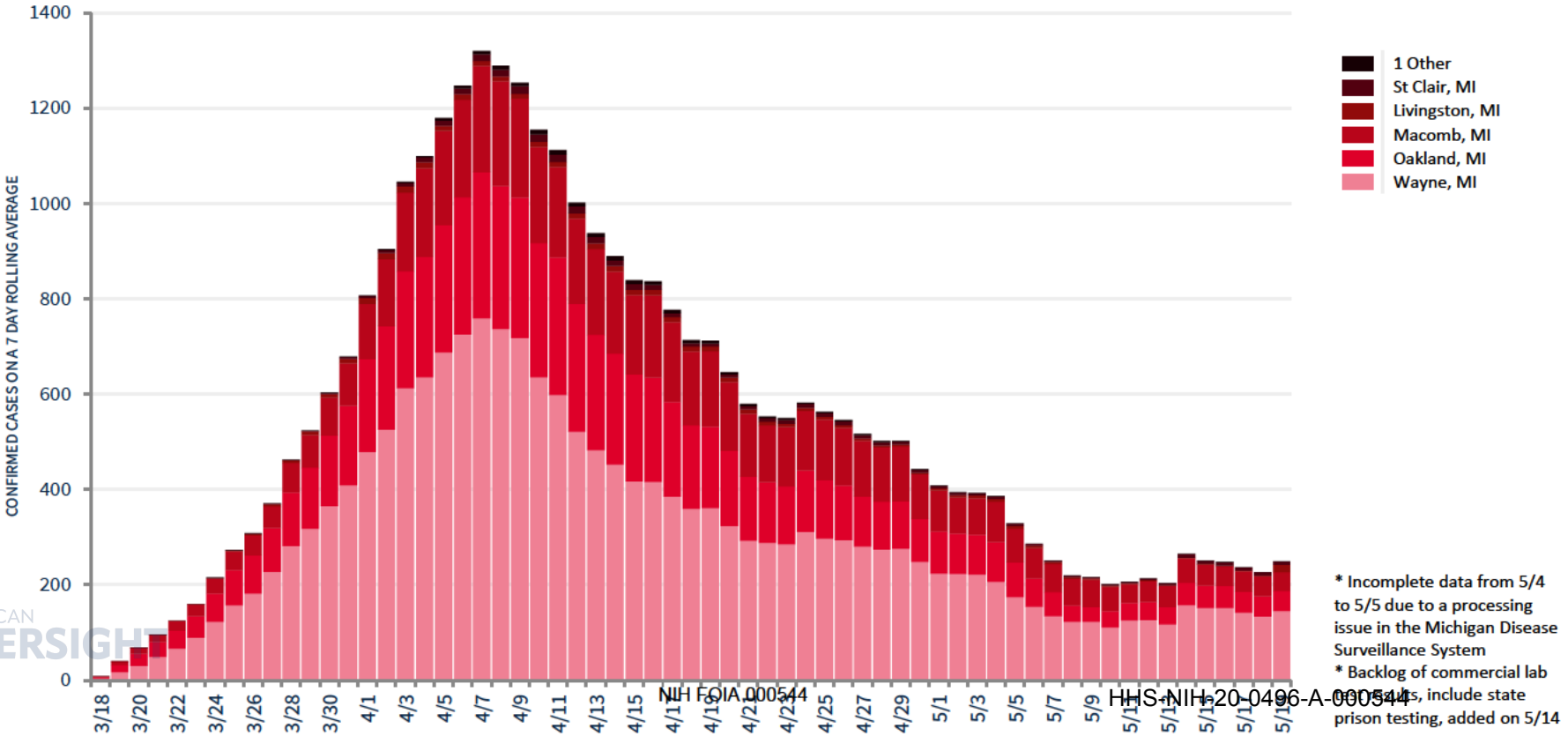
* IL reported a record high number of daily completed tests on 5/12

AMERICAN OVERSIGHT

NIH FOIA 000543

HHS-NIH-20-0496-A-000543

CONFIRMED CASES DAILY IN DETROIT-WARREN-DEARBORN, MI
7 DAY ROLLING AVERAGE



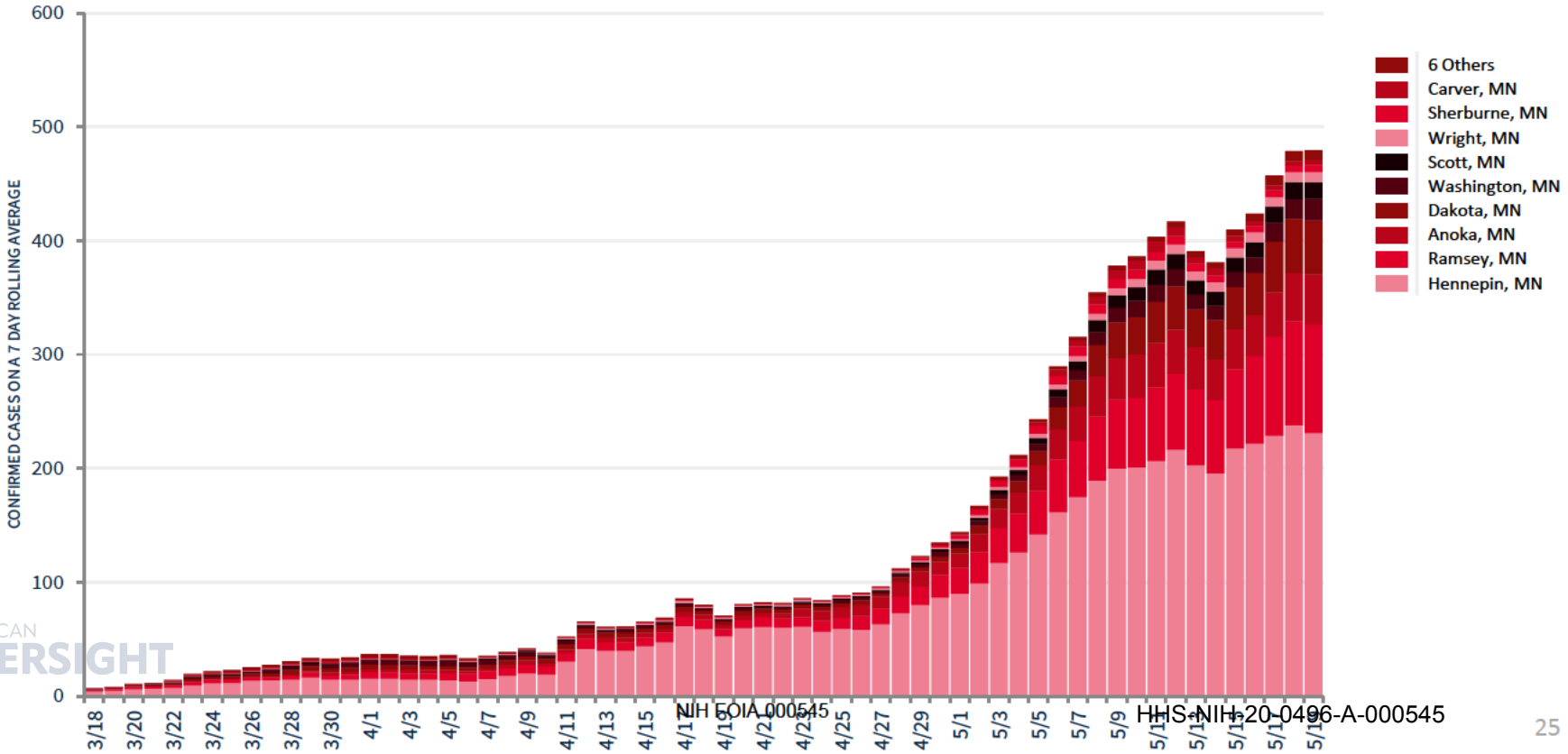
* Incomplete data from 5/4 to 5/5 due to a processing issue in the Michigan Disease Surveillance System
* Backlog of commercial lab counts, include state prison testing, added on 5/14

AMERICAN OVERSIGHT

NIH FOIA 000544

HHS-NIH-20-0496-A-000544

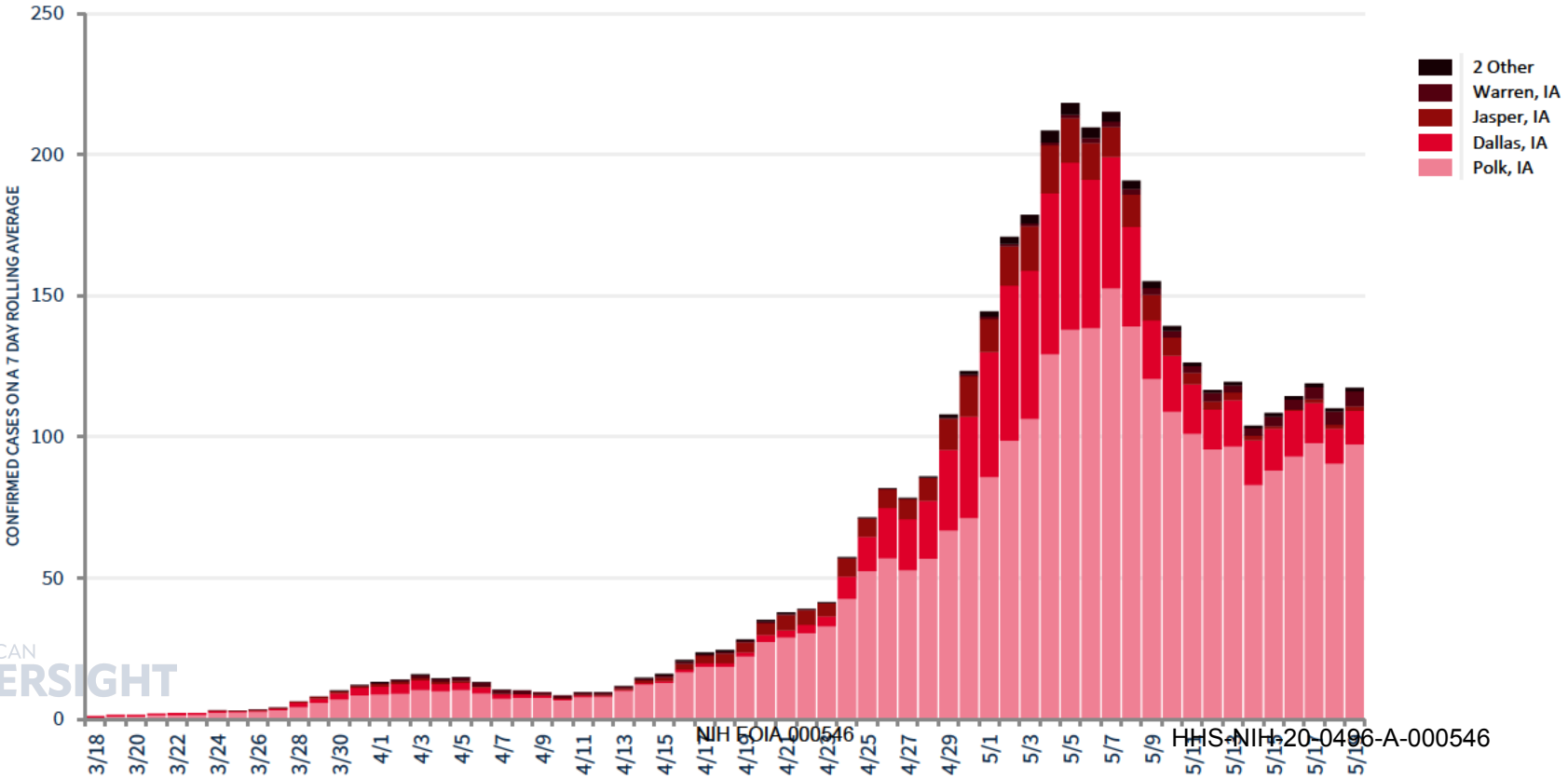
CONFIRMED CASES DAILY IN MINNEAPOLIS-ST. PAUL-BLOOMINGTON, MN-WI
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 000545 HHS-NIH-20-0496-A-000545

CONFIRMED CASES DAILY IN DES MOINES-WEST DES MOINES, IA
7 DAY ROLLING AVERAGE

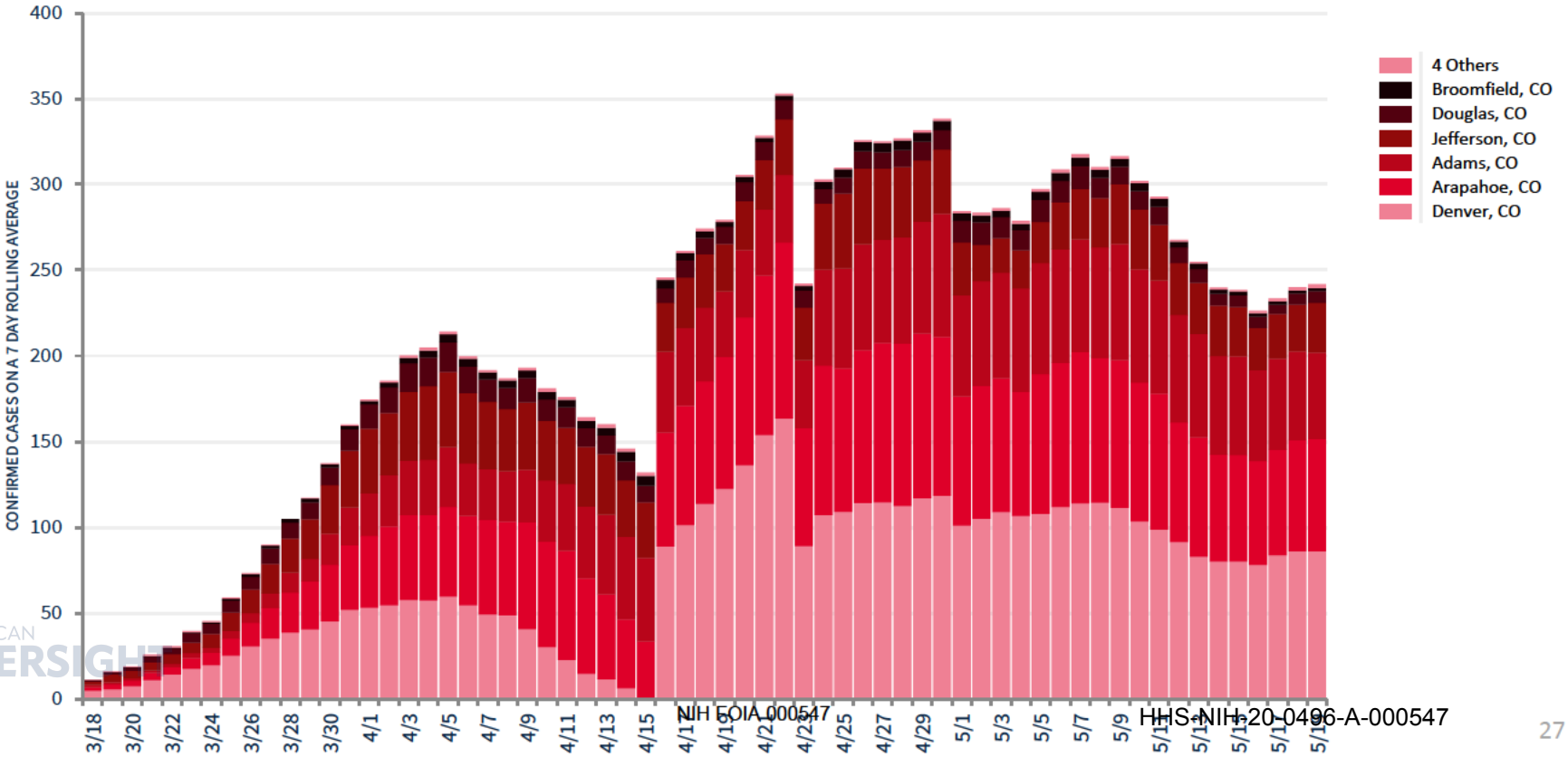


AMERICAN OVERSIGHT

NIH FOIA 000546

HHS-NIH-20-0496-A-000546

CONFIRMED CASES DAILY IN DENVER-AURORA-LAKEWOOD, CO
7 DAY ROLLING AVERAGE

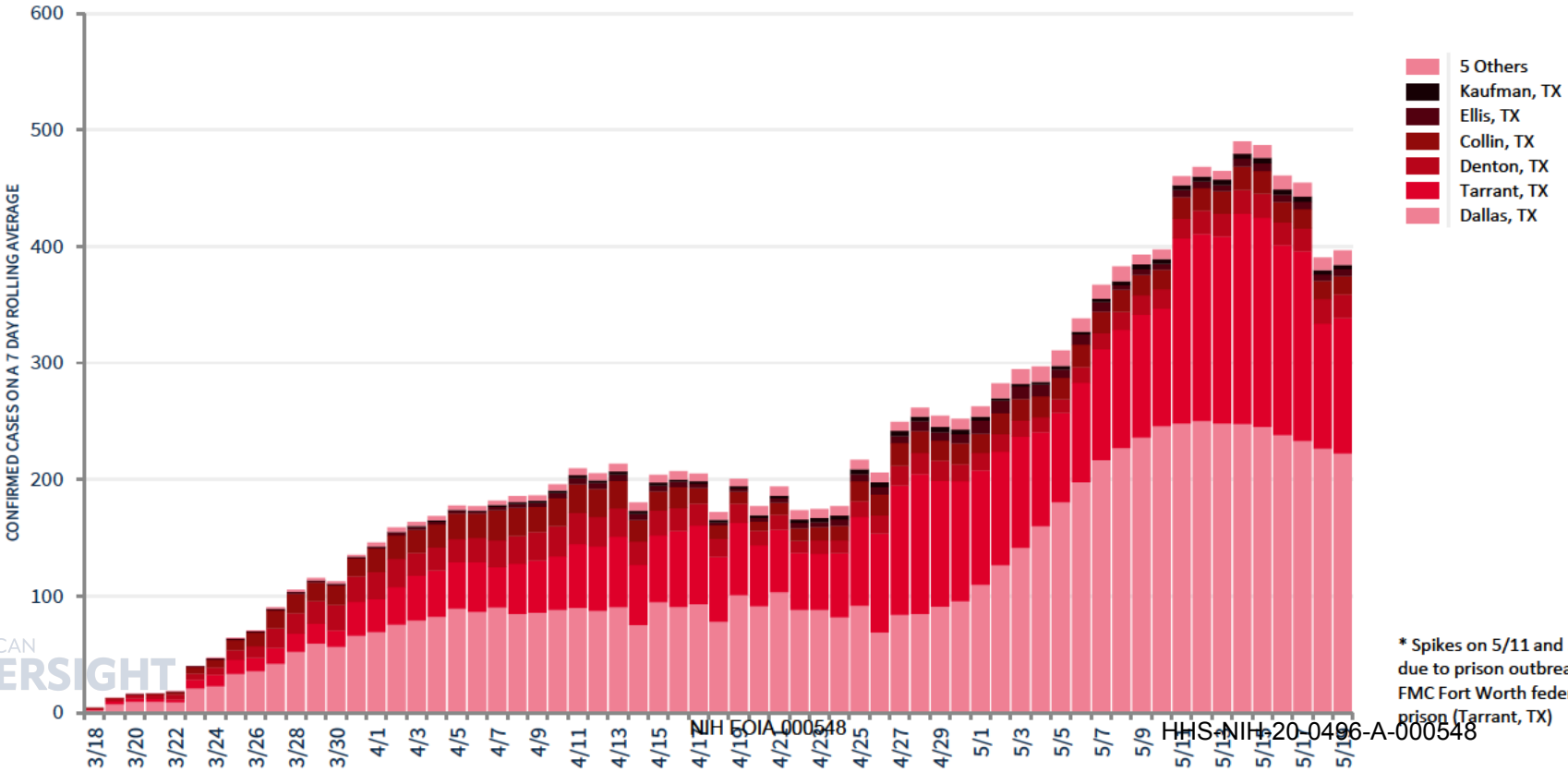


AMERICAN OVERSIGHT

NIH FOIA 000547

HHS-NIH-20-0496-A-000547

CONFIRMED CASES DAILY IN DALLAS-FORT WORTH-ARLINGTON, TX
7 DAY ROLLING AVERAGE



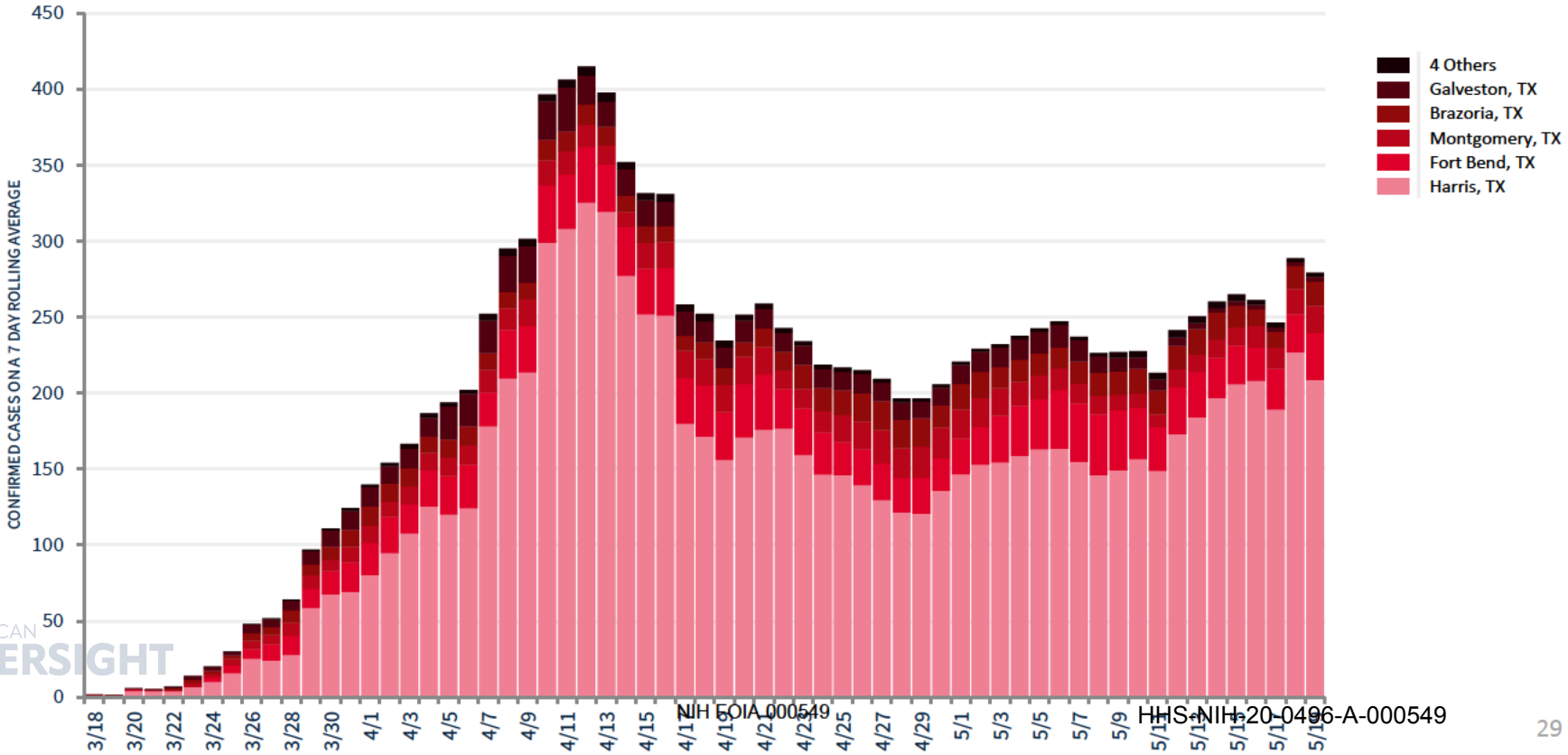
* Spikes on 5/11 and 5/14 due to prison outbreak at FMC Fort Worth federal prison (Tarrant, TX)

AMERICAN OVERSIGHT

NIH FOIA 000548

HHS-NIH-20-0496-A-000548

CONFIRMED CASES DAILY IN HOUSTON-THE WOODLANDS-SUGAR LAND, TX
7 DAY ROLLING AVERAGE

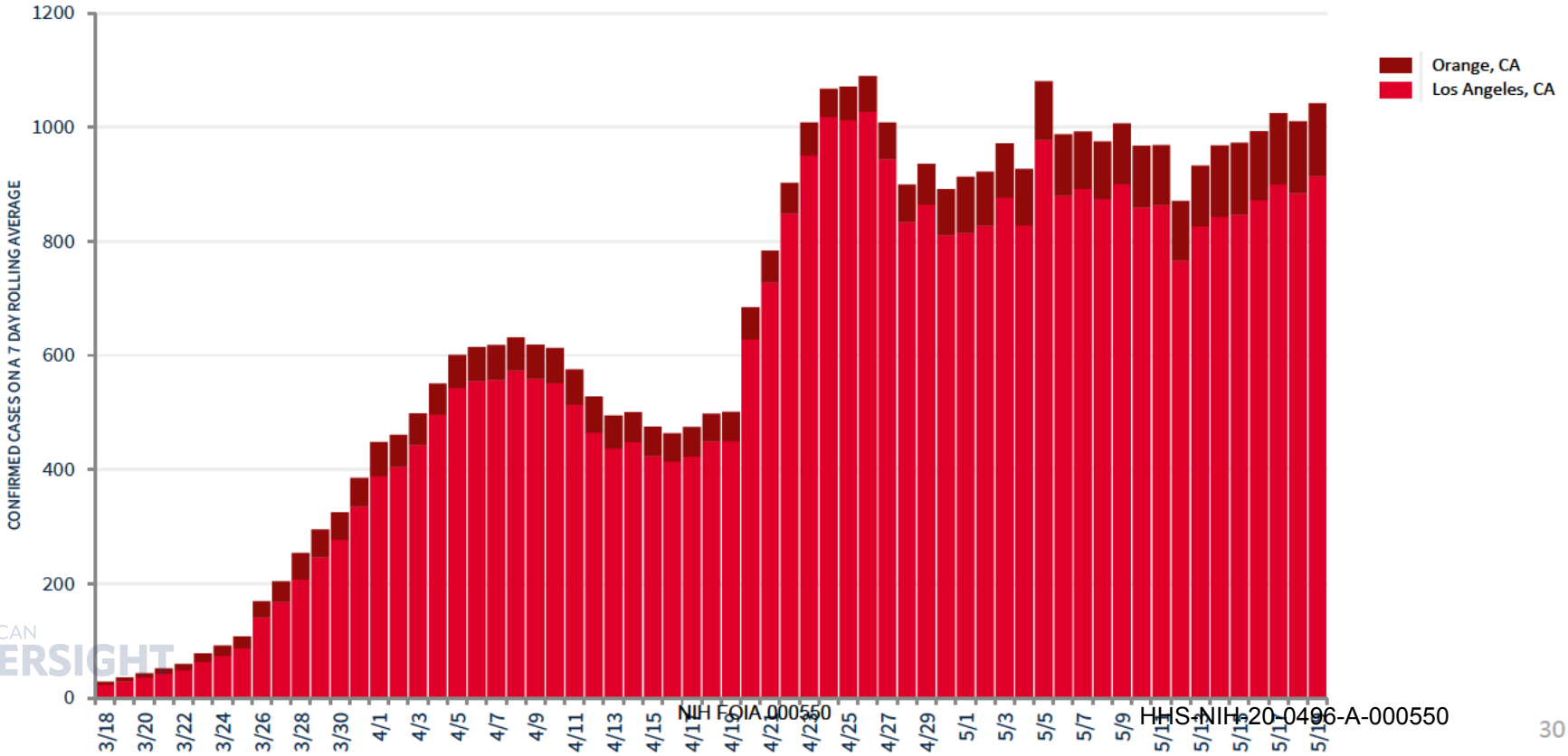


AMERICAN OVERSIGHT

NIH FOIA 000549

HHS-NIH-20-0496-A-000549

CONFIRMED CASES DAILY IN LOS ANGELES-LONG BEACH-ANAHEIM, CA
7 DAY ROLLING AVERAGE

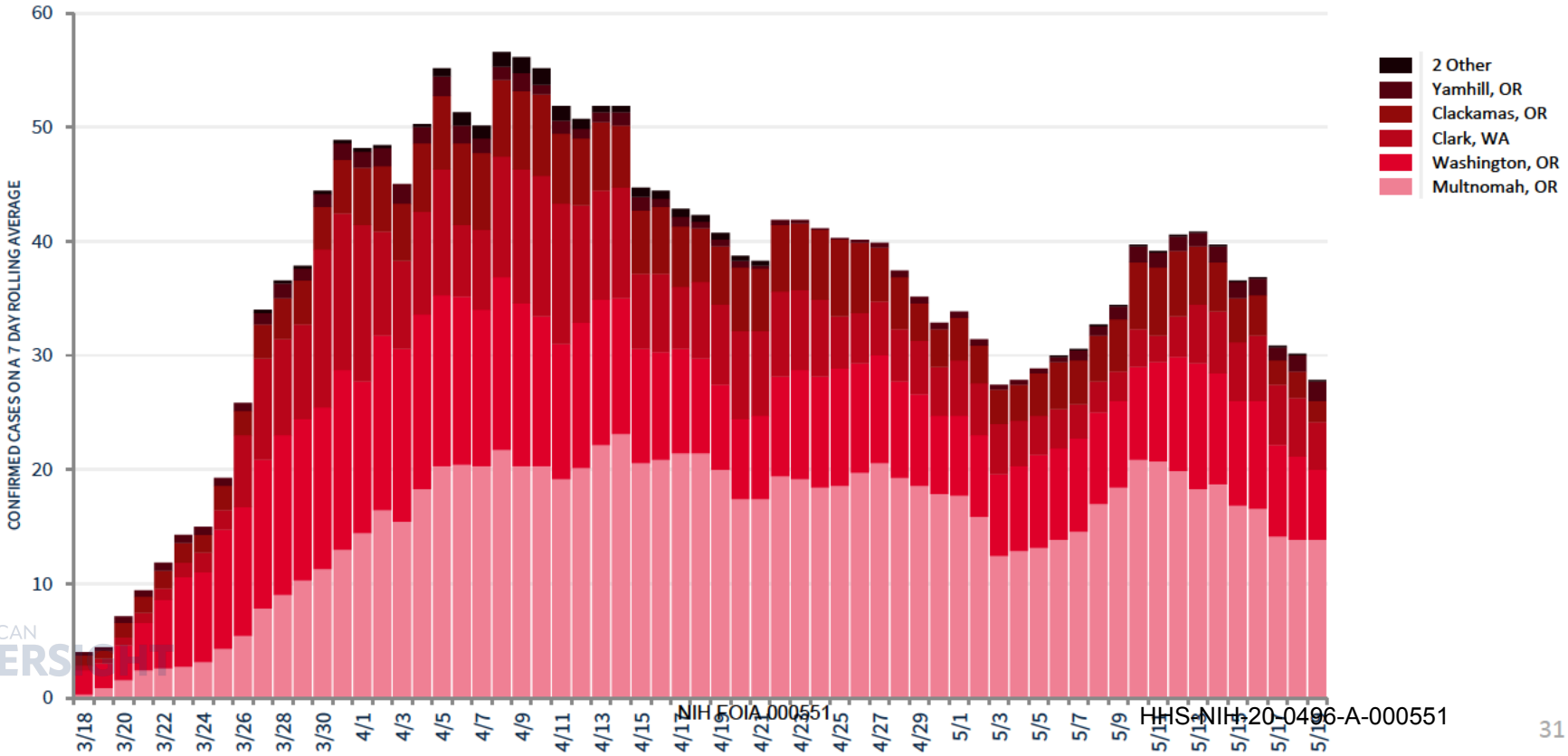


AMERICAN OVERSIGHT

NIH FOIA 000550

HHS-NIH-20-0496-A-000550

CONFIRMED CASES DAILY IN PORTLAND–VANCOUVER–HILLSBORO, OR–WA
7 DAY ROLLING AVERAGE

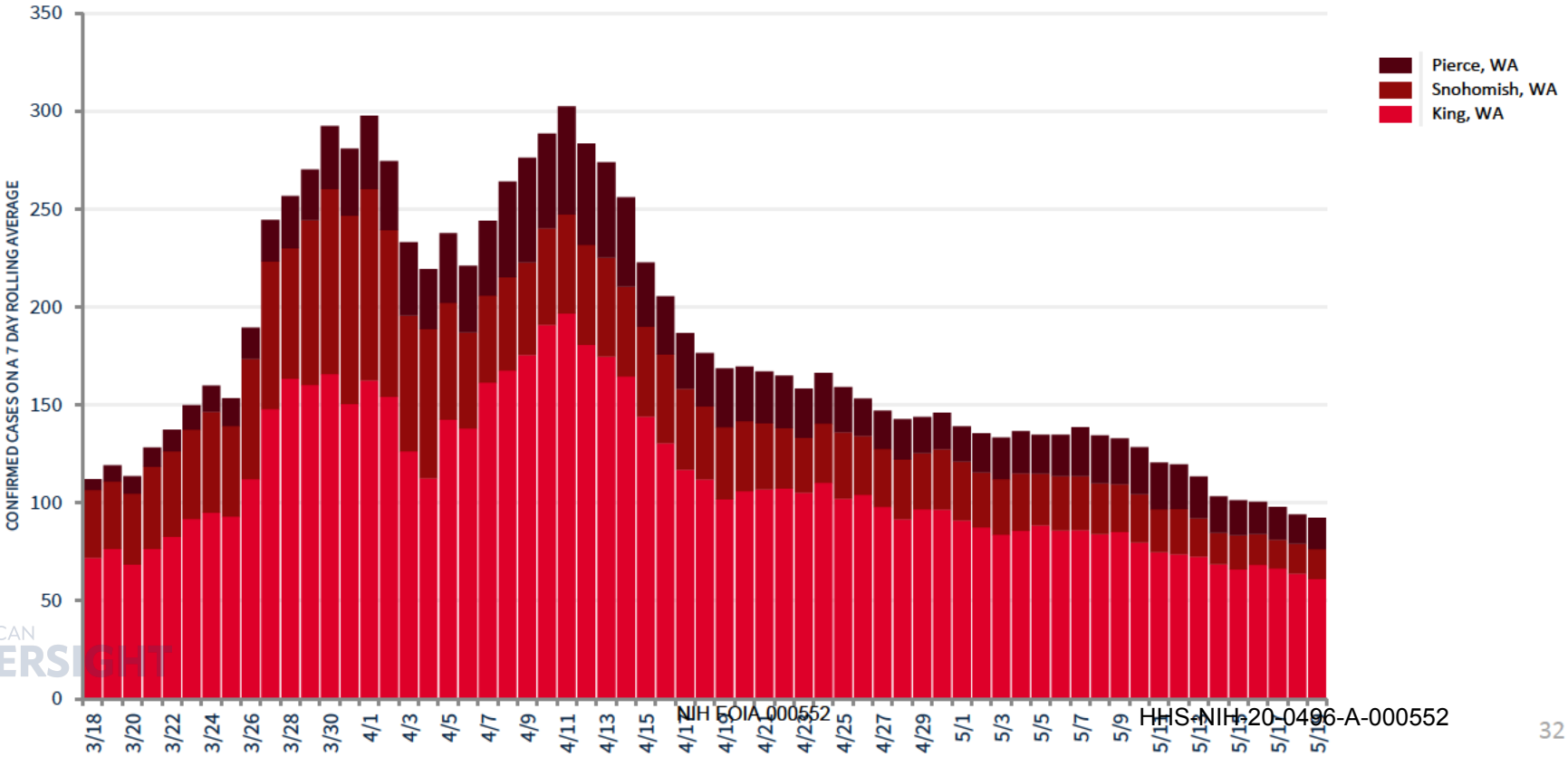


AMERICAN OVERSIGHT

NIH FOIA 000551

HHS-NIH-20-0496-A-000551

CONFIRMED CASES DAILY IN SEATTLE-TACOMA-BELLEVUE, WA
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 000552

HHS-NIH-20-0496-A-000552

From: Collins, Francis (NIH/OD) [E]
Sent: Tue, 23 Jun 2020 15:20:32 -0500
To: McManus, Ayanna (NIH/OD) [E]
Cc: Tabak, Lawrence (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E]
Subject: RE: White House Coronavirus Task Force Meeting - 6.24.2020 - 1700

I should try to attend tomorrow since I skipped last Friday. I'll need to call in from the SCIF. I'm hoping to pick up the secure phone from HHS on Thursday, so I can do these TF calls from home.

From: McManus, Ayanna (NIH/OD) [E] < (b) (6)
Sent: Tuesday, June 23, 2020 3:46 PM
To: Collins, Francis (NIH/OD) [E] < (b) (6)
Cc: Tabak, Lawrence (NIH/OD) [E] < (b) (6) Wood, Gretchen (NIH/OD) [E] < (b) (6)
Subject: FW: White House Coronavirus Task Force Meeting - 6.24.2020 - 1700
Importance: High

FC,

Before I reschedule the Nutrition meeting, just thought I'd ask about your plans to participate in the subject meeting that's scheduled for 5 PM. The attached draft agenda is likely to change. If you participate in the WH Task Force meeting, you'll likely need to spend tomorrow afternoon on campus. Please advise.

Thanks,
Ayanna

From: Hurst, Natalie R. EOP/OVP < (b) (6)
Sent: Tuesday, June 23, 2020 1:22 PM
Cc: Croghan, Mary E. EOP/WHO < (b) (6)
Subject: White House Coronavirus Task Force Meeting - 6.24.2020 - 1700
Importance: High

All –

There will be a **White House Coronavirus Task Force Meeting** on **Wednesday, June 24th** at **5:00pm** in the White House Situation Room. All materials will be forthcoming.

Please submit all RSVPs to Mary and I no later than 10:00am tomorrow morning. If you are coming from outside The White House Complex, please also confirm your principal's ability to get tested beforehand.

Thank you,

AMERICAN OVERSIGHT

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Wednesday, June 24, 2020
5:00pm EST

I. **Opening Remarks –** Vice President Pence

II. **Data Modeling & Reporting –** Dr. Debbie Birx, M.D.

III. **NRCC & Supplies Update –** Administrator Pete Gaynor (FEMA) & Admiral John Polowczyk (FEMA)

IV. **Testing –** Admiral Brett Giroir (HHS)

V. **Testing Pricing Update –** Seema Verma, Administrator (HHS)

VI. **212f Schengen, UK & Ireland Economic Exemptions –** Deputy Secretary Steve Biegun (State)

VII. **States Reopening Update –** Doug Hoelscher, Director (IGA)

VIII. **Concluding Remarks –** Vice President Pence

AMERICAN OVERSIGHT

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Wed, 24 Jun 2020 12:59:36 -0500
To:
Subject: WH Coronavirus Task Force PowerPoint 6.24.20
Attachments: WH Coronavirus TF PowerPoint 6.24.20.pptx
Importance: High

All –

Please see Dr. Birx's PowerPoint for today – **Wednesday, June 24th** – attached above.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

24June2020DataSummary

- Increasing cases week over week with increased hospitalizations in AZ, TX, FL, SC, GA – could hit historic high in new cases this week
- States with more than 1000 cases 22 June **CA, TX, FL, AZ, GA, LA – AZ, TX and CA with the steepest increase**
- **12 states with rising cases and percent positive cases : most concerning are CA, TX, FL, SC – with early alerts for TN, RI, LA, NM**
- **3% of USA counties with significant increasing cases**
- **Starting to see improvement in AL, MS, NC – tracking closely**
- States with greater than 10% test positives (7-day average): **TX, AZ, FL, MS, SC, AL, GA**
- Metros with greater than 10% positives (7-day average): **Austin, Houston, Dallas, Phoenix, San Antonio, Miami, Orlando, Tampa, Las Vegas, Riverside, Atlanta, Memphis, Nashville, Charleston, Charlotte**
- Deaths continue to decline week over week – tracking closely (DE added multiday cases yesterday)
- Actions:
  - In every county and metro with increase cases and increasing percent positive need to intensify community testing and contact tracing with isolation of positives and messages of testing in all multigenational households
  - Intensify testing of nursing home employees and agricultural workers and the communities surrounding them to enhance protection of the vulnerable and stop community spread
  - Increase large community screening in counties with rising numbers by creating and validating pool testing, increase county specific testing
  - PSAs for plasma collection to ensure increases availability at all hospitals with new cases, ensure remdesavir available for those meeting criteria
  - Increase communication on importance of social distancing and masks in public as well as specifically encourage outdoor options for dining and bars.

AMERICAN OVERSIGHT

NIH FOIA 000557

HHS-NIH-20-0496-A-000557

In the last 4 months Our Understanding of COVID 19 have expanded

1. Defined depth of differential disease : from asymptomatic infection to severe disease
2. Current testing capacity is enabling both diagnosis of asymptomatics to mild to severe disease

3. 3 months ago we were only able to diagnosis those with significant illness and test positive rates were over 20% and now 6% as a country
4. Increased serology studies – demonstrate greater infections and less disease especially in the younger age groups – maybe even 10:1
5. Defined who is at risk for the most severe disease
6. Defined who is at risk for the highest mortality
7. Improving treatment of inpatients through the development of comprehensive and tailored approach to clinical care improving hospital COVID patient outcomes
    1. Improved methods of oxygenation without requiring ventilation
    2. Improved treatment of acute respiratory disease syndrome – steroids
    3. Research on acute cytokine storm and research on preventing clotting to result in new clinical guidelines
8. Development of new therapeutics from Remdesivir to convalescent plasma to monoclonal antibodies and ensuring equitable access

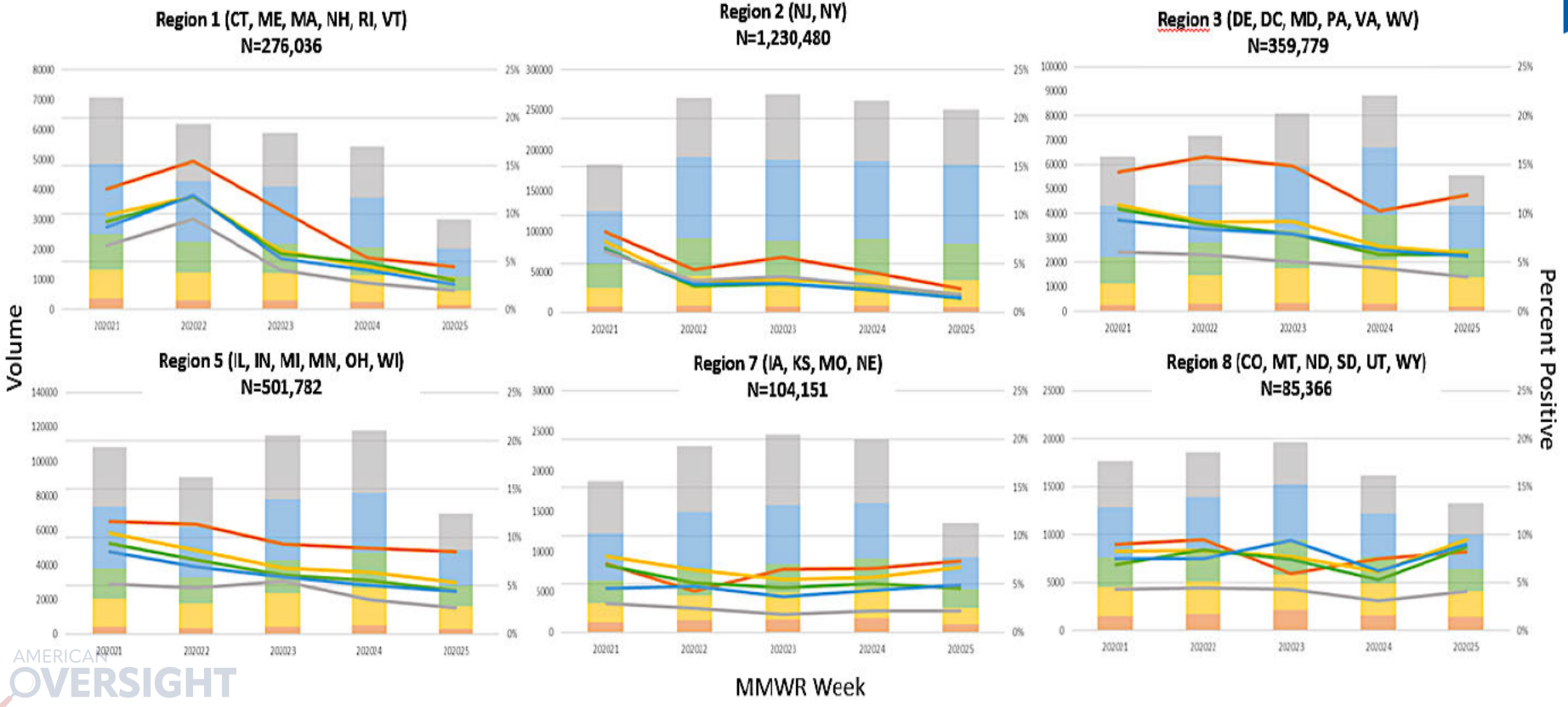
AMERICAN OVERSIGHT

NIH FOIA 000558

HHS-NIH-20-0496-A-000558

Commercial and PH Laboratories: May 17 – June 20, 2020 *

Molecular Test Volume and Percent Positivity Stratified by Age and Region: HHS Regions 1-3, 5, and 7-8



AMERICAN OVERSIGHT

NIH FOIA 000559

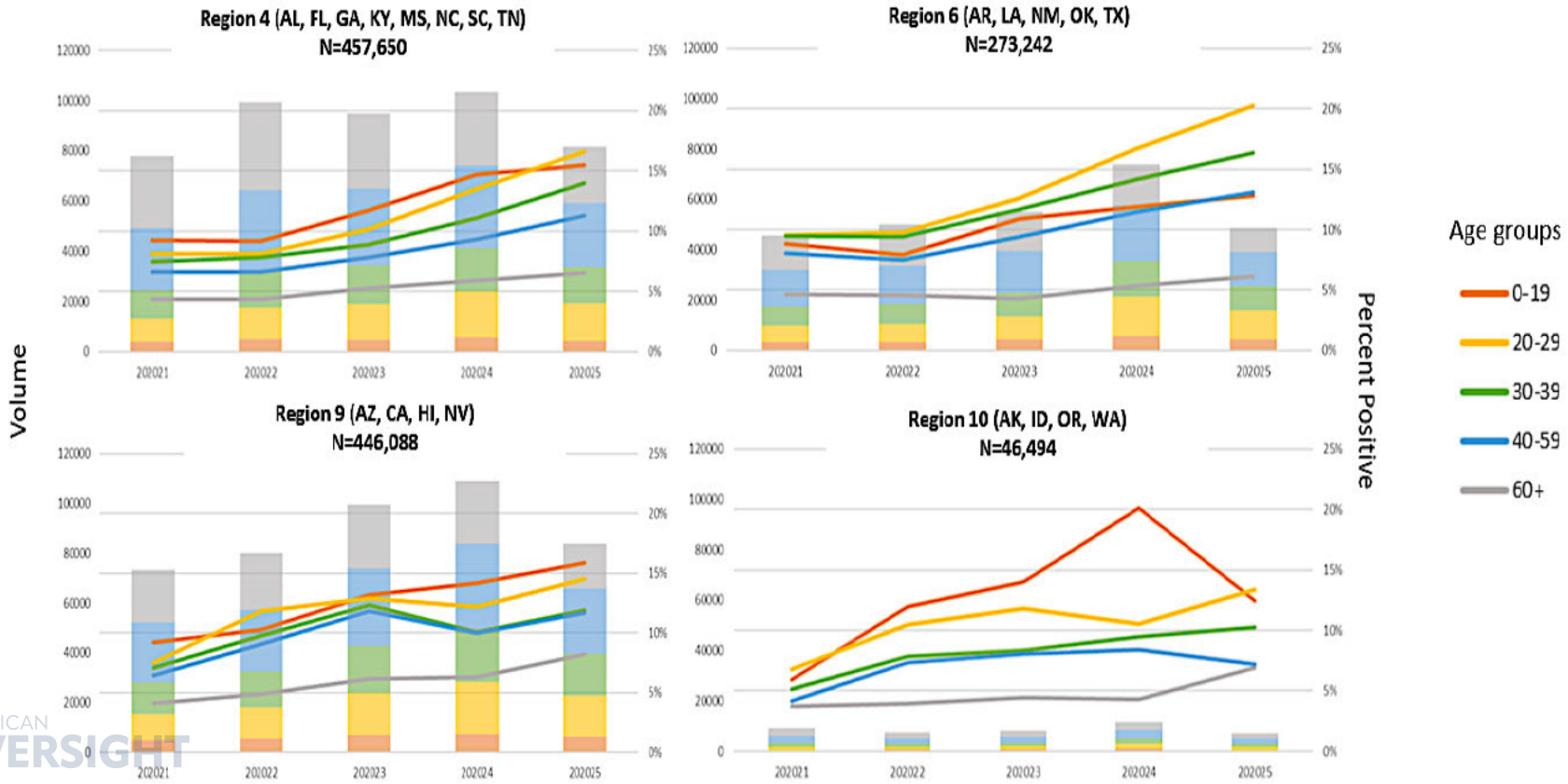
HHS-NIH-20-0496-A-000559

* Data from HHS Protect

Data are Provisional Until Officially Released by the CDC - For Internal Use Only (FIUO) - For Official Use Only (FOUO) - Sensitive But Unclassified (SBU) - Not for Further Distribution

Y

Molecular Test Volume and Percent Positivity Stratified by Age and Region: HHS Regions 4, 6, and 9-10 Commercial and PH Laboratories: May 17 – June 20, 2020 *



AMERICAN OVERSIGHT

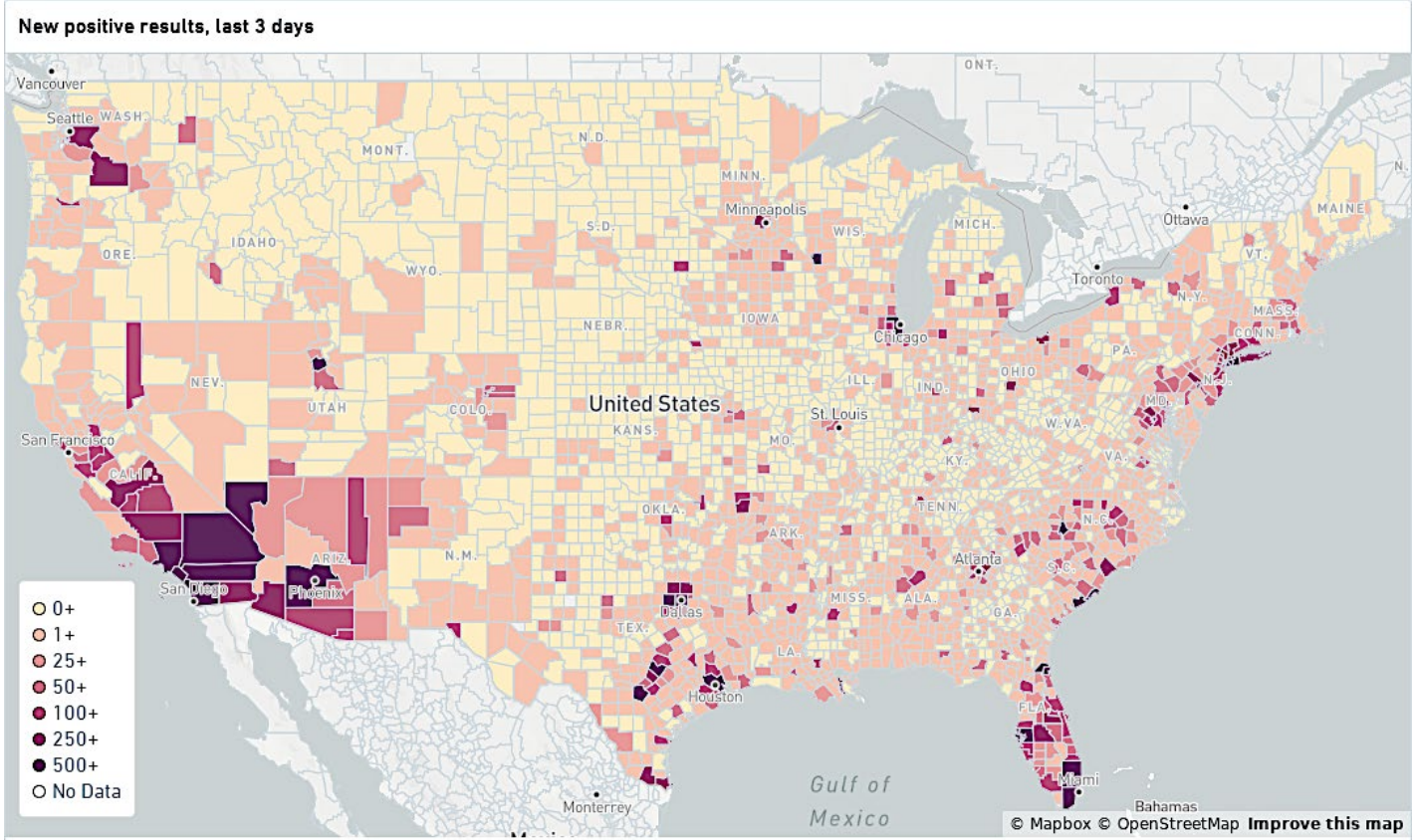
* Data from HHS Protect

MMWR Week

NIH FOIA 000560

HHS-NIH-20-0496-A-000560

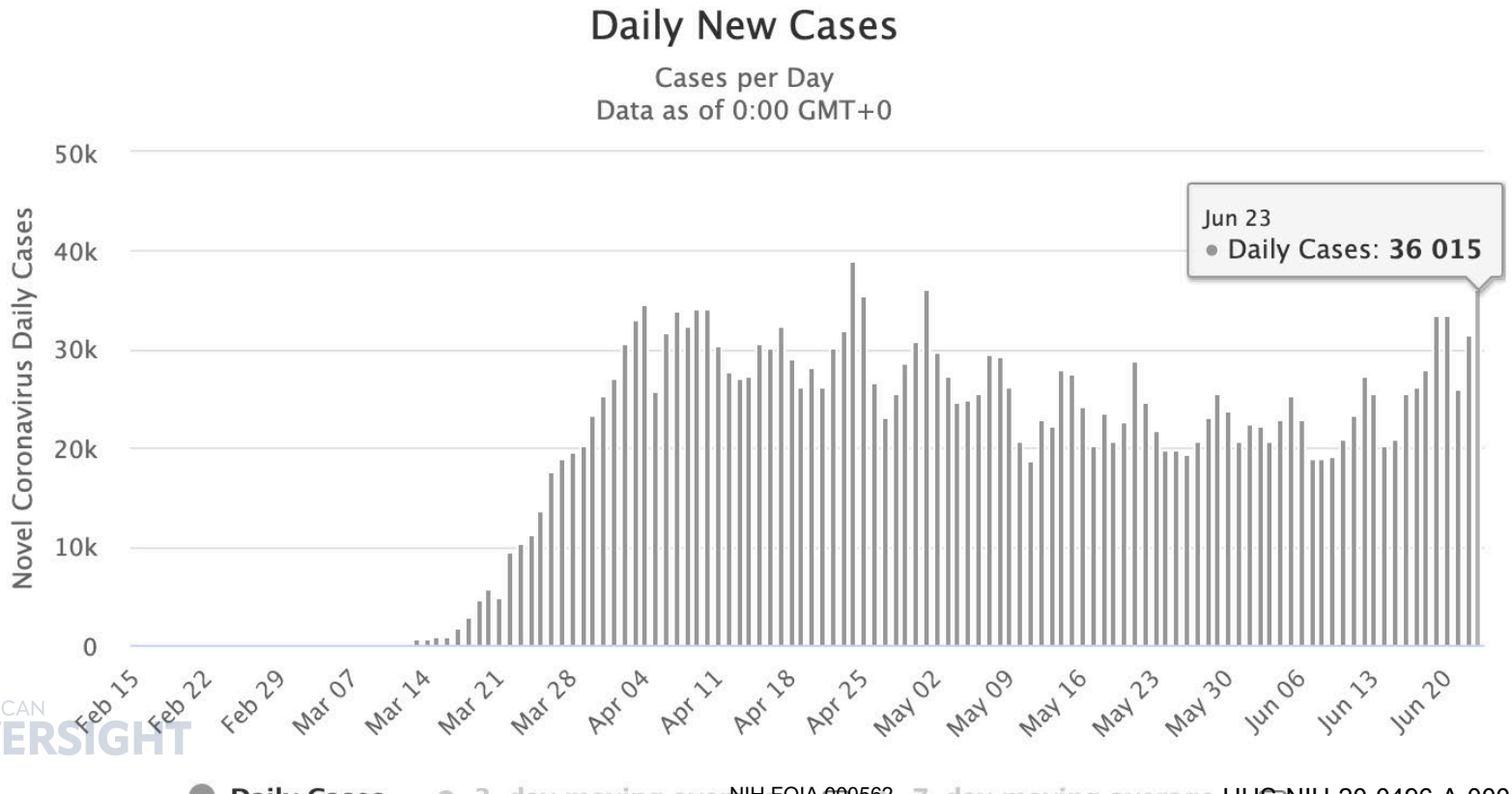
Data are Provisional Until Officially Released by the CDC - For Internal Use Only (FIUO) - For Official Use Only (FOUO) - Sensitive But Unclassified (SBU) - Not for Further Distribution



Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days.

AMERICAN OVERSIGHT

Daily New Cases in the United States

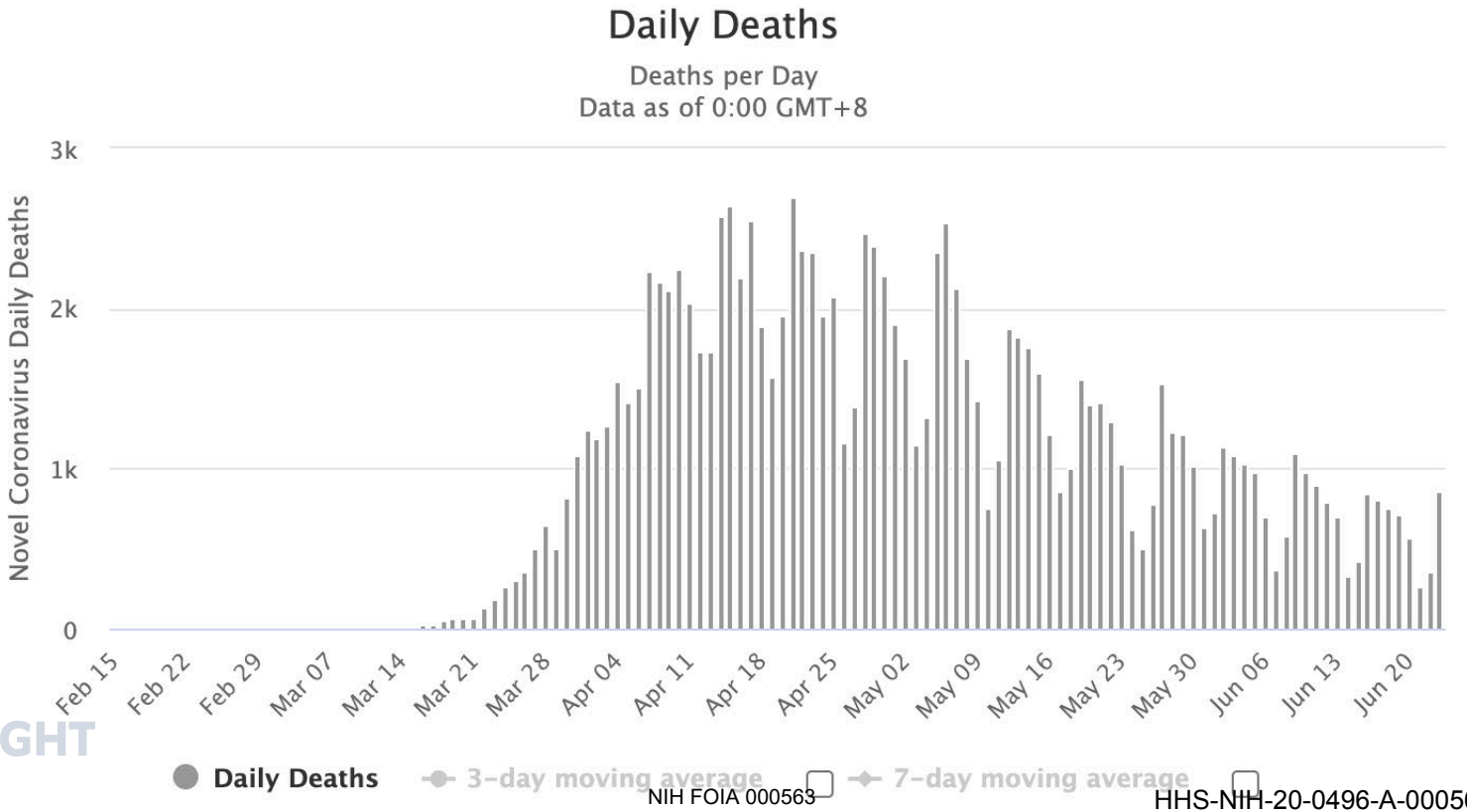


AMERICAN OVERSIGHT

NIH FOIA 000562 HHS-NIH-20-0496-A-000562

Daily New Deaths in the United States

>85% of all the COVID 19 mortality occurred between April 1 and 30 May the first 60 days compared to the next 25 days

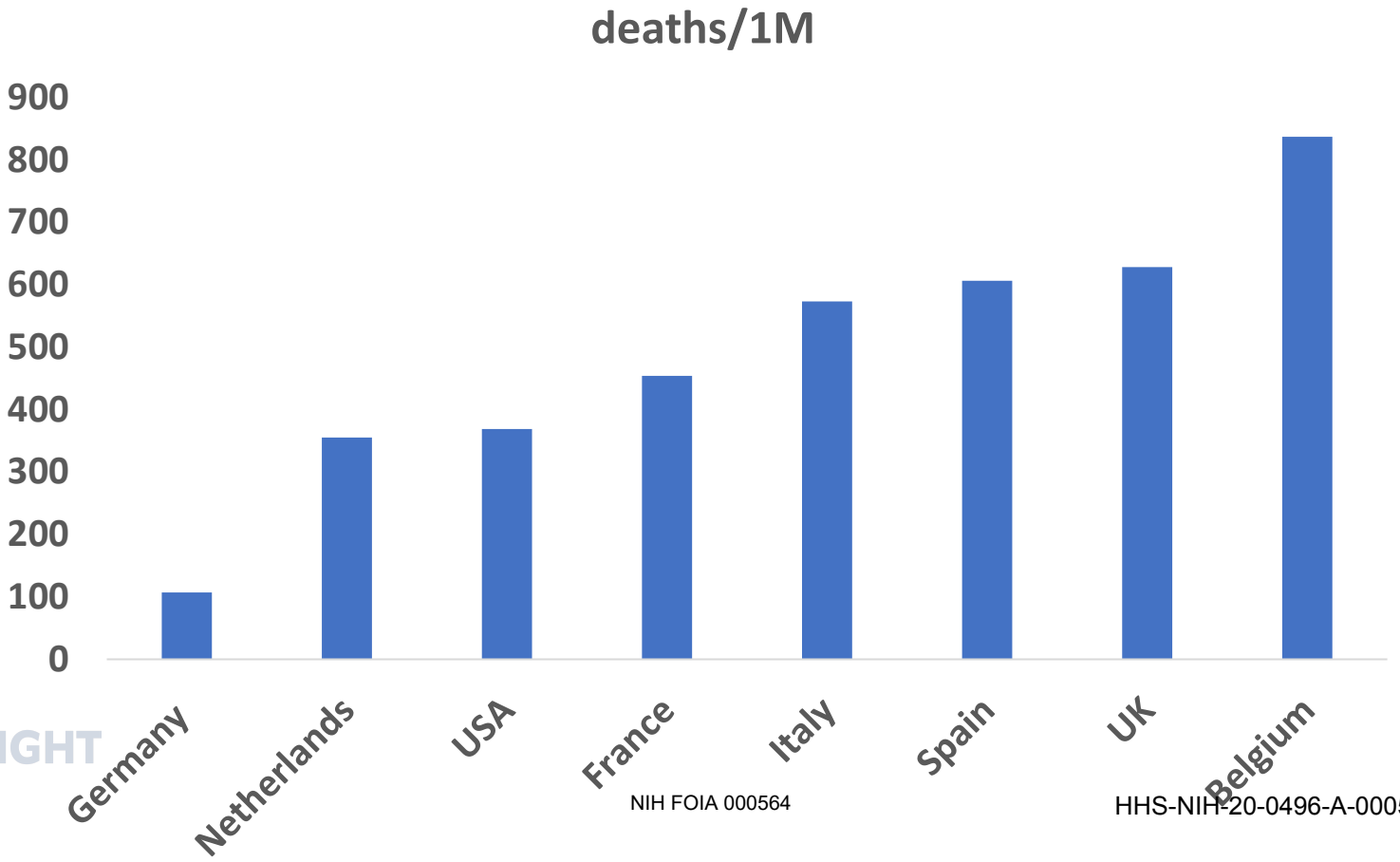


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NIH FOIA 000563

HHS-NIH-20-0496-A-000563

Comparison of countries on COVID19 mortality



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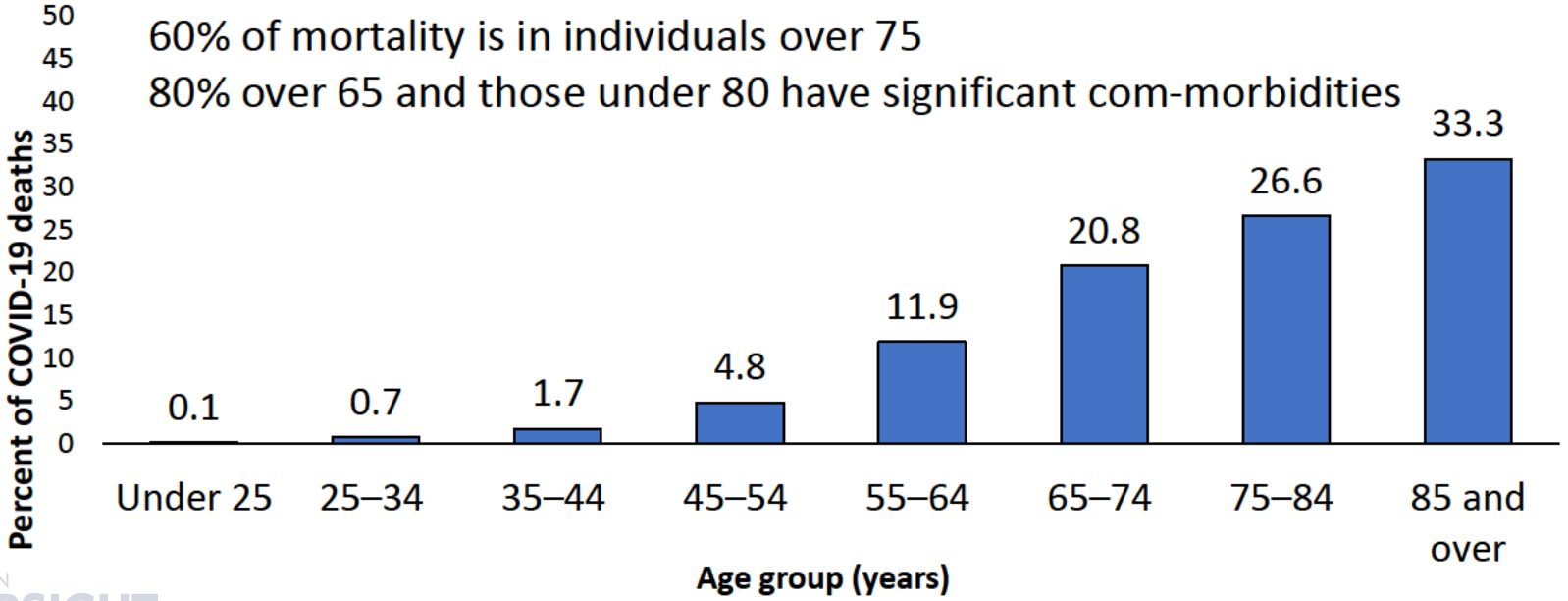
NIH FOIA 000564

HHS-NIH-20-0496-A-000564

Y

Distribution of provisional COVID-19 deaths, by age group (February 1–June 13, 2020)

Total = 103,339 deaths



Source: NCHS, National Vital Statistics System. Estimates are based on provisional data.

Notes: Provisional death counts are based on death certificate data received and coded by the National Center for Health Statistics as of the date of analysis and do not represent all deaths that occurred in that period.

AMERICAN OVERSIGHT

NIH FOIA 000565

HHS-NIH-20-0496-A-000565

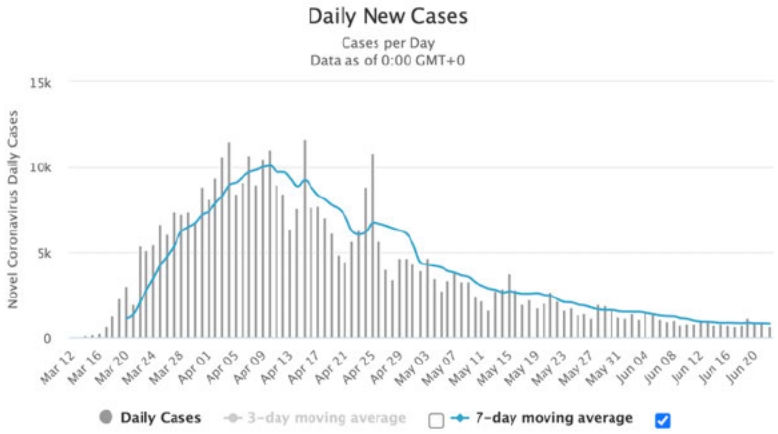
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4 patterns of disease in the United States

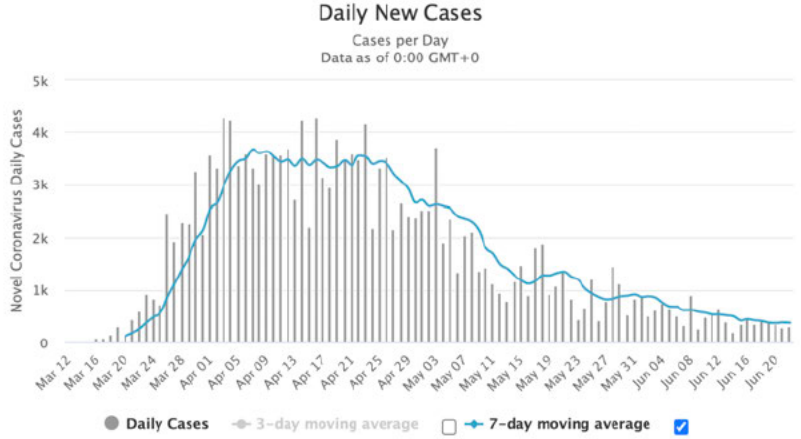
1. NY Metro and inclusive of NY, NJ, CONN, RI – curves look like Italy with high attack rate and high mortality
   - 27 % of all cases and 40% of all mortality in the USA
2. NE States with early infections that flattened the curve (MA, PA, MI, IL)
   - 17% of all cases to date with and 22% of all mortality in the USA
3. Southern and SW states with few initial cases or very flat curve with outbreaks now (CA, TX, AZ, FL)
   - 19% of all cases to date and 10% of all mortality to date (may increase with increasing cases)
4. Low population states with low case numbers where small increases can make state appear as having an outbreak, HI, AK, WY, MT, ND, SD, VT, ID
   - 0.8% of all cases and 0.3% of all mortality

AMERICAN OVERSIGHT

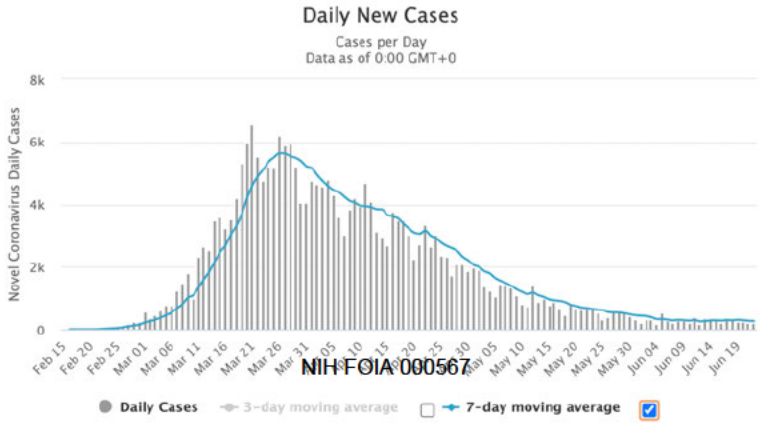
Daily New Cases in New York



Daily New Cases in New Jersey



Daily New Cases in Italy



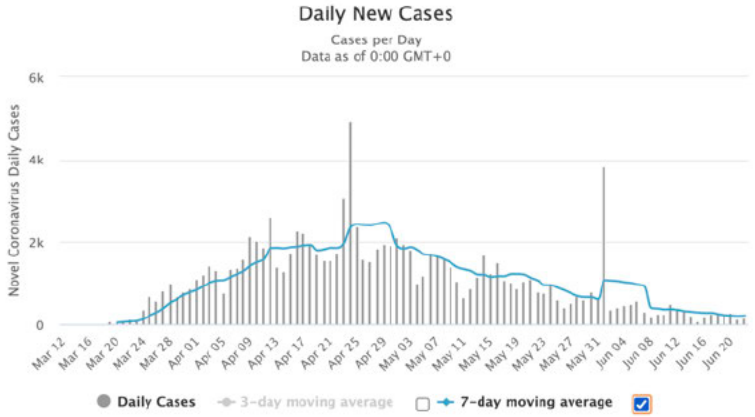
Pattern #1

AMERICAN OVERSIGHT

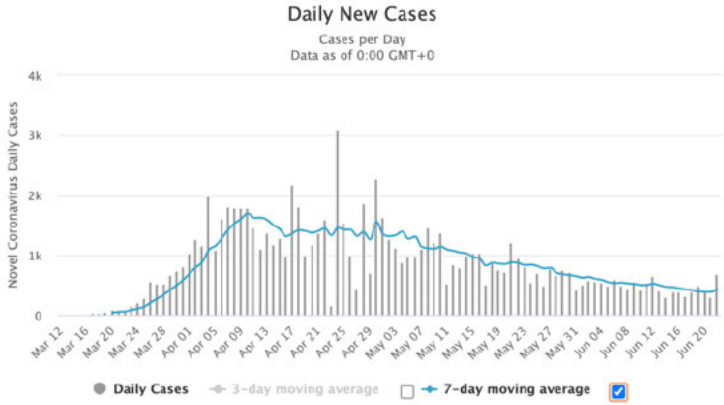
NIH FOIA 000567

HHS-NIH-20-0496-A-000567

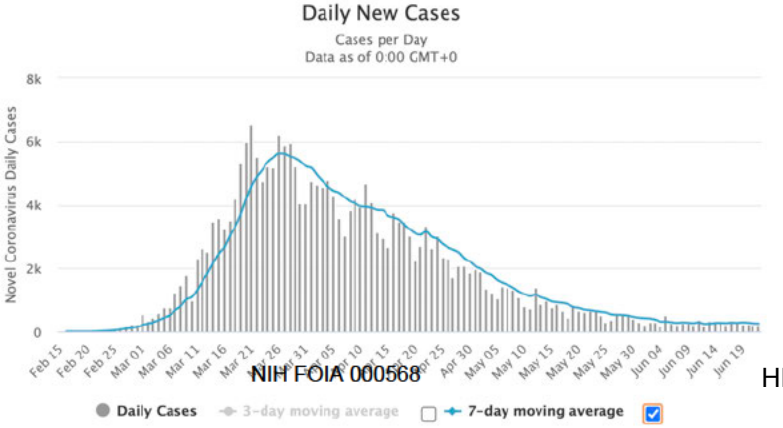
Daily New Cases in Massachusetts



Daily New Cases in Pennsylvania



Daily New Cases in Italy



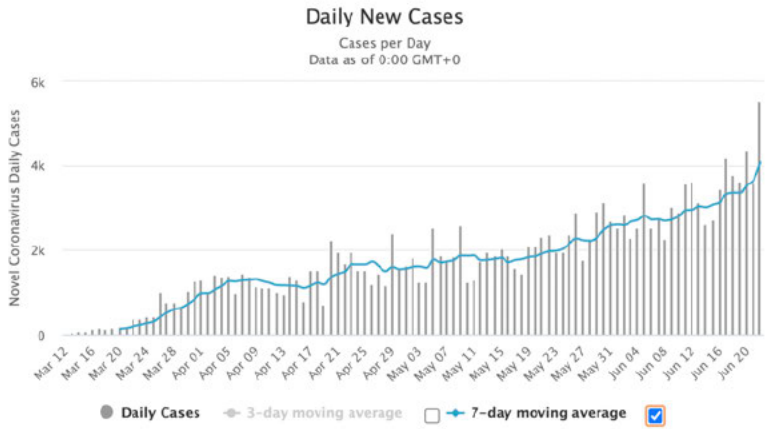
Pattern #2

AMERICAN OVERSIGHT

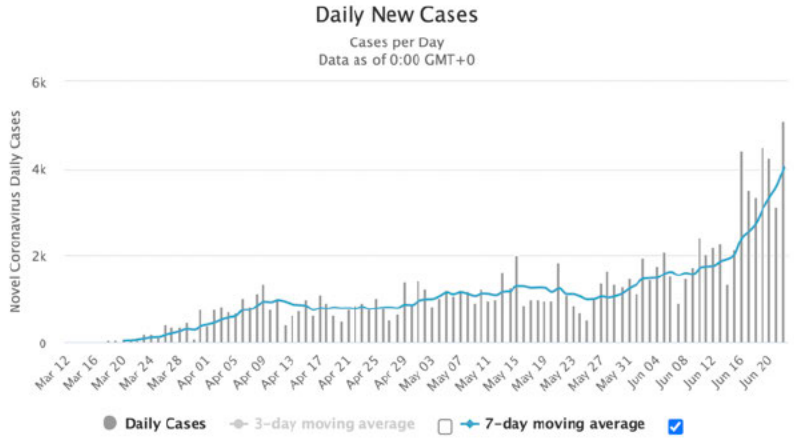
NIH FOIA 000568

HHS-NIH-20-0496-A-000568

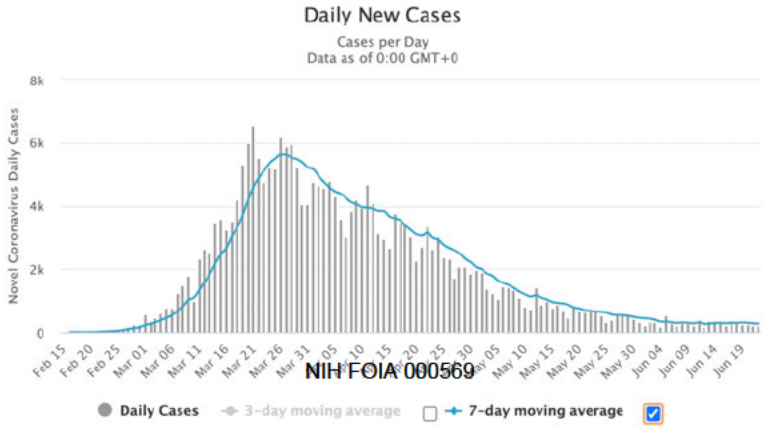
Daily New Cases in California



Daily New Cases in Texas



Daily New Cases in Italy

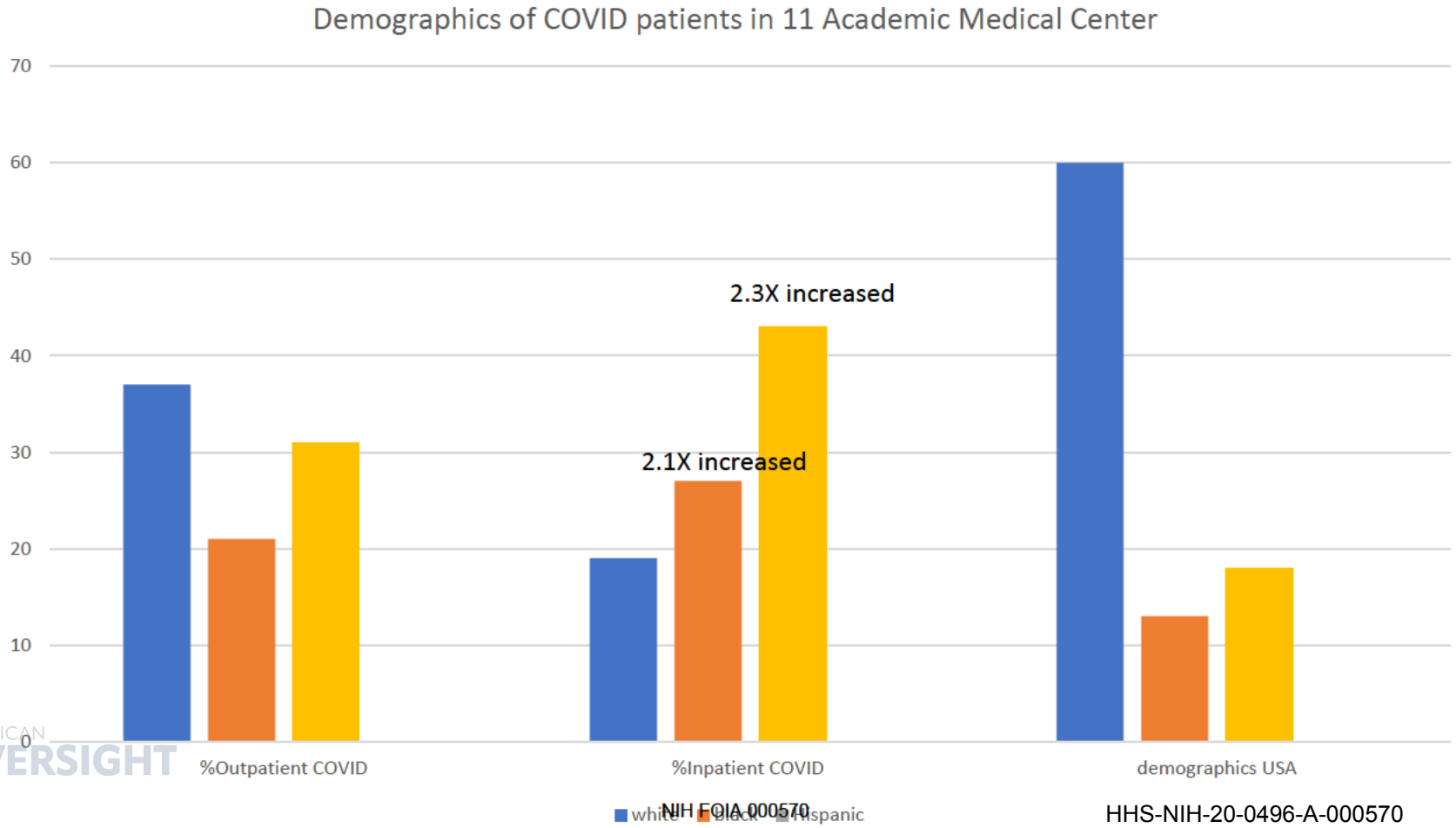


Pattern #3

AMERICAN OVERSIGHT

NIH FOIA 000569

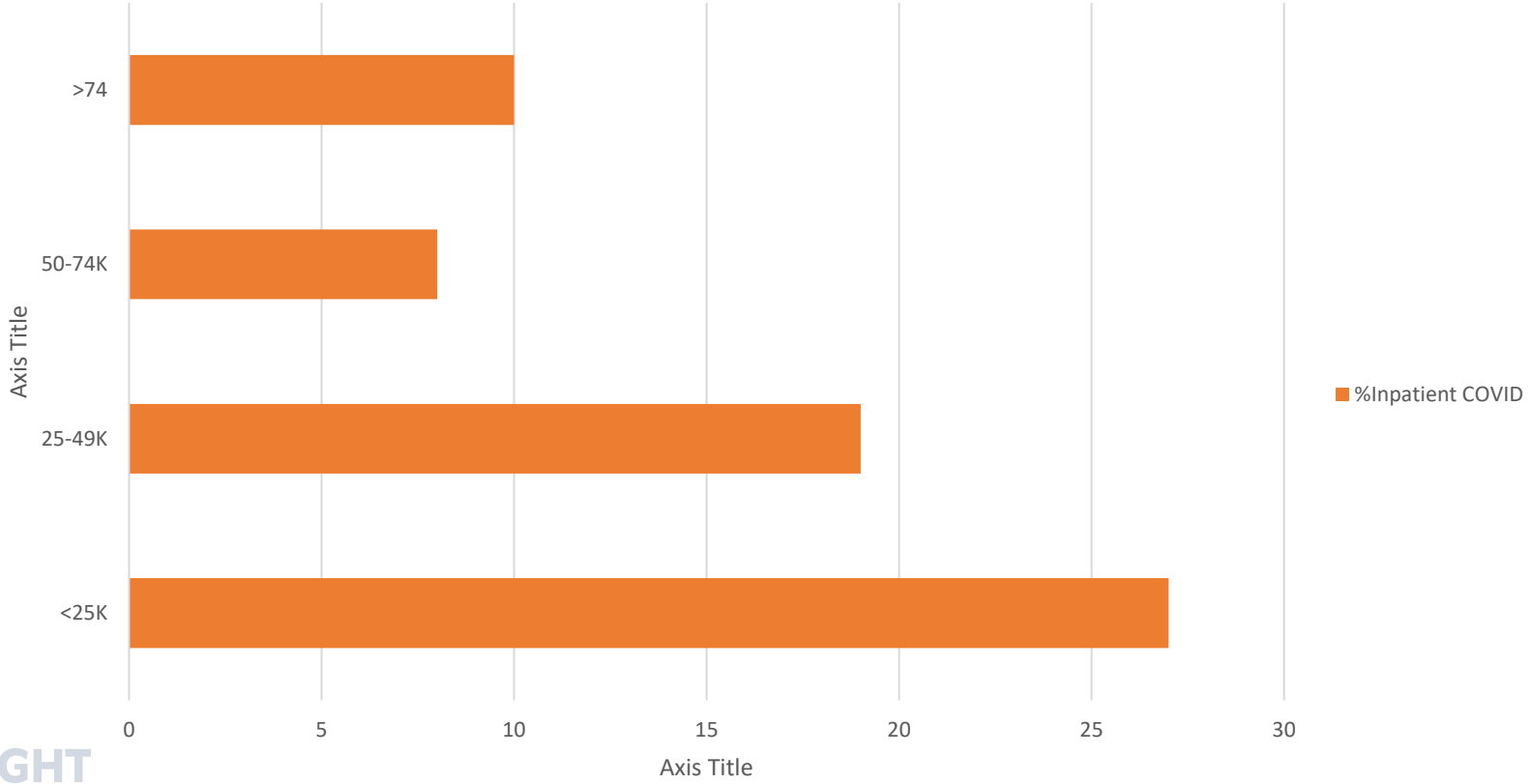
HHS-NIH-20-0496-A-000569



AMERICAN OVERSIGHT

NIH FOIA 000570

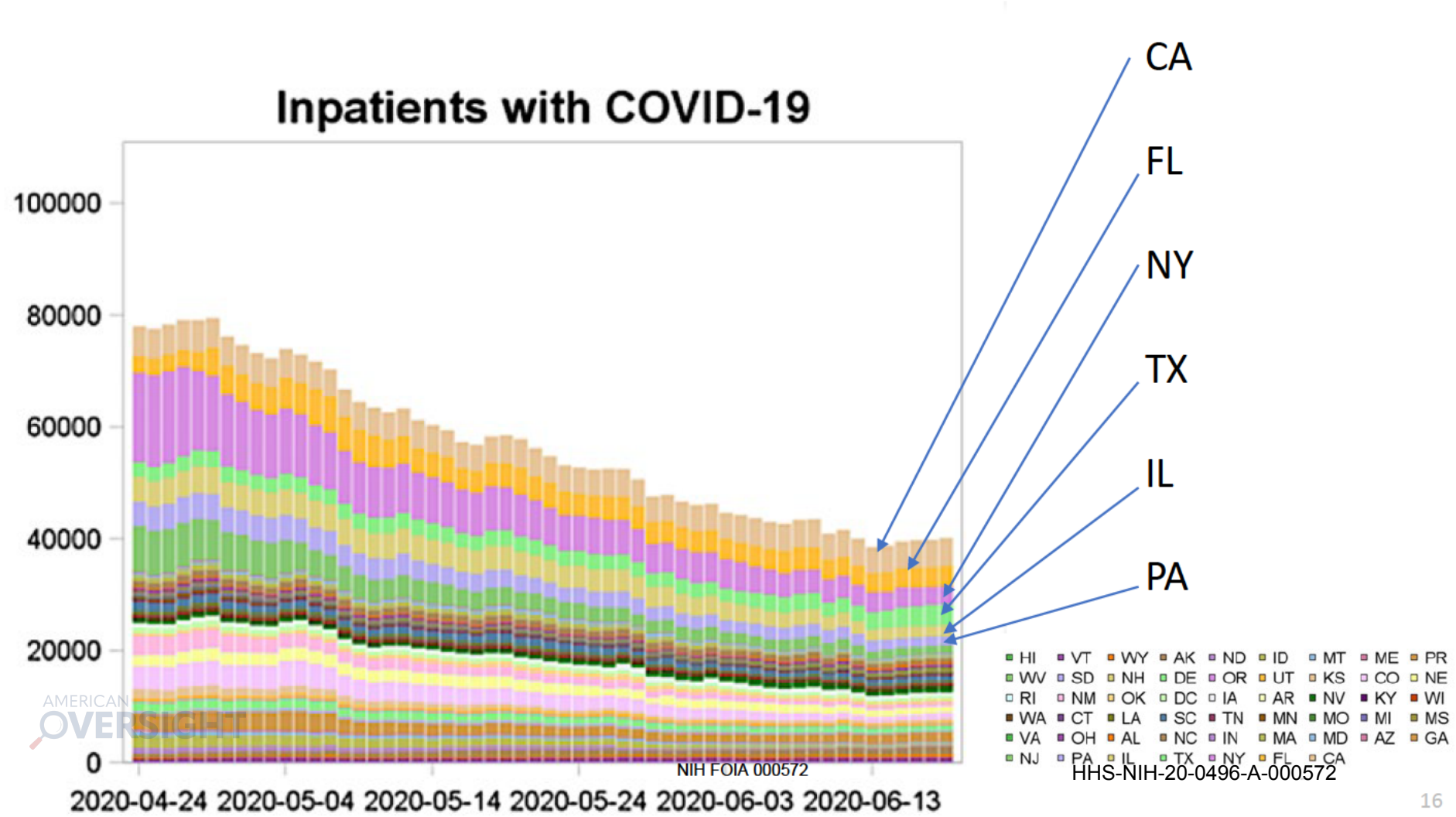
HHS-NIH-20-0496-A-000570



AMERICAN OVERSIGHT

NIH FOIA 000571

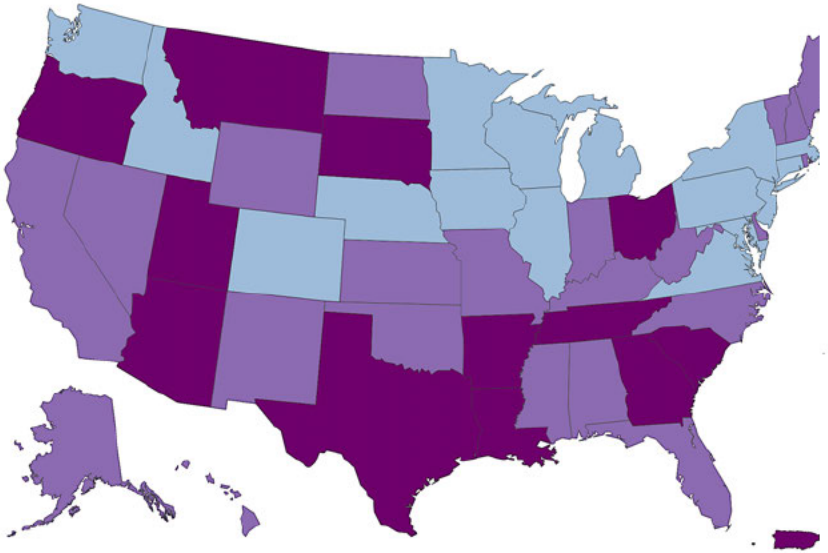
HHS-NIH-20-0496-A-000571

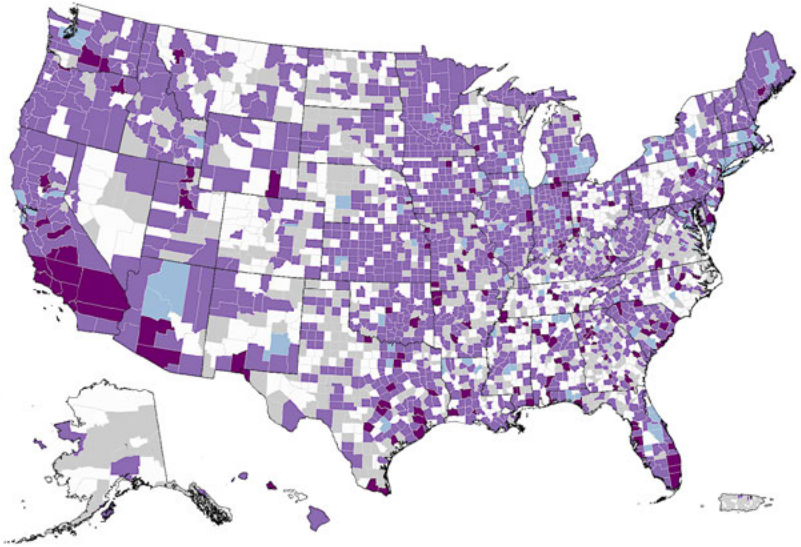


AMERICAN OVERSIGHT
NIH FOIA 000572
HHS-NIH-20-0496-A-000572

Y

Change* in percent of inpatient with COVID-19 over 14-day period (June 3-June 16, 2020)





no facilities
facilities not reporting
decreasing
stable
increasing

AMERICAN OVERSIGHT

NHSN NATIONAL HEALTHCARE SAFETY NETWORK

Send questions to: eocmcctfhome@cdc.gov

NIH FOIA 000573

HHS-NIH-20-0496-A-000573

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Y

Length of stay (LOS) among hospitalized laboratory-confirmed COVID-19 cases (with available discharge date and completed case) by age and ICU status — COVID-NET, March 1–June 13, 2020

Characteristic	All Cases			Excluding Deaths		
	N	Median LOS (days)	IQR (days)	N	Median LOS (days)	IQR (days)
0-4 years	57	2	1-2	57	2	1-2
5-17 years	74	3	2-6	73	3	2-6
18-49 years	2036	4	2-8	1994	4	2-8
50-64 years	1941	6	3-12	1752	6	3-11
65-74 years	1226	7	4-14	984	7	3-14
75-84 years	993	7	4-13	680	7	4-14
85+ years	658	7	4-11	414	8	4-13
ICU admission	2191	12	6-19	1458	13	7-22
No ICU admission	4790	4	2-7	4493	4	2-7

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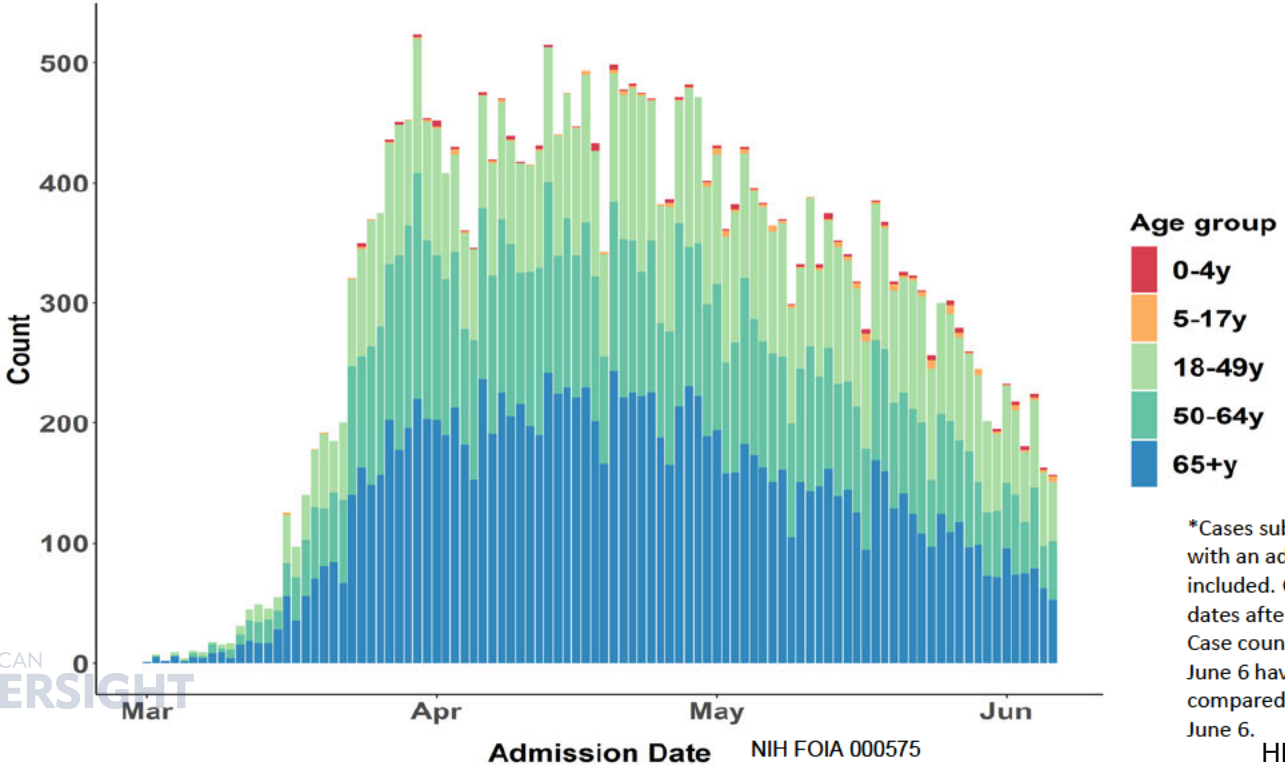
NIH FOIA 000574

HHS-NIH-20-0496-A-000574

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Y

Laboratory-Confirmed COVID-19-Associated Hospitalization Cases by Admission Date—COVID-NET, March 1–June 6*, 2020



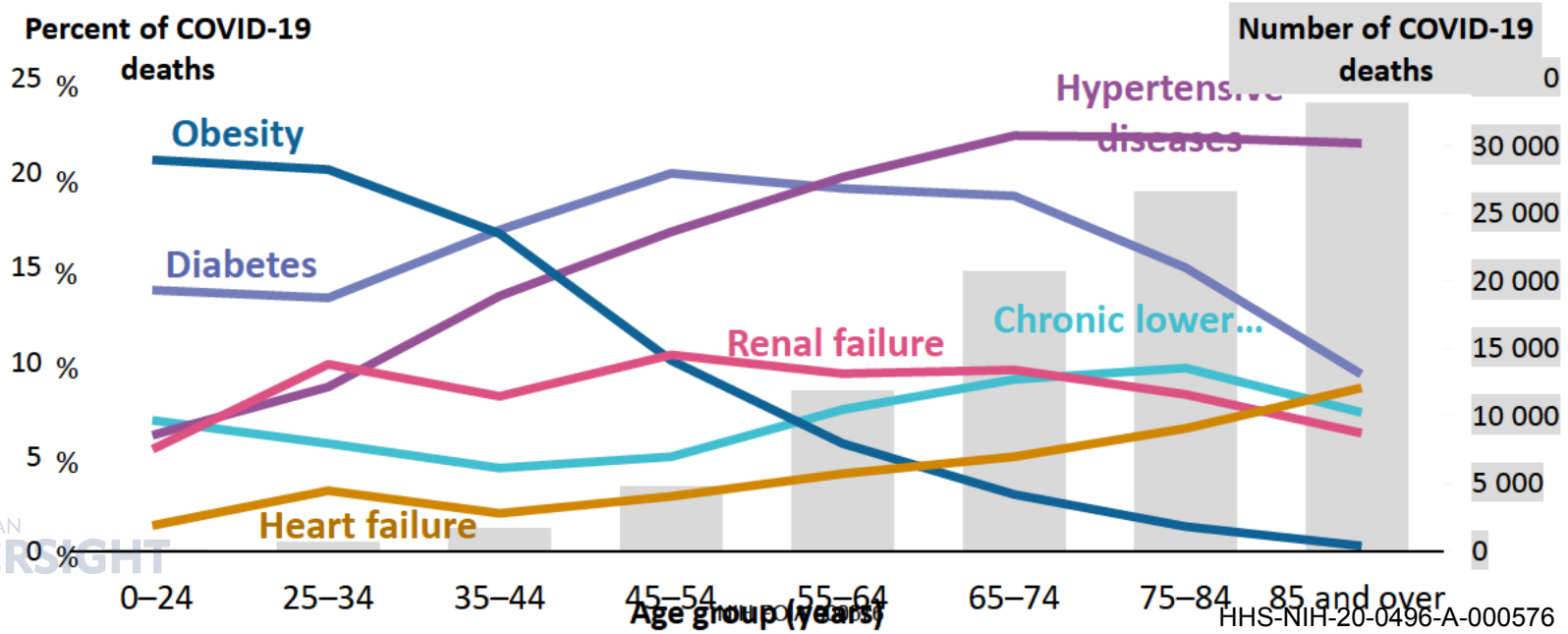
*Cases submitted to CDC through June 13, 2020 with an admission date *through June 6, 2020* are included. Cases submitted to CDC with admission dates after June 6 are excluded from the curve. Case counts for cases with admission dates after June 6 have a higher likelihood of backfill as compared to those with admission dates prior to June 6.

AMERICAN OVERSIGHT
NIH FOIA 000575
HHS-NIH-20-0496-A-000575

Y

Health Conditions By Age Group Contributing to COVID-19 Deaths (February 1–June 13, 2020)

Lines represent the proportion of COVID-19 deaths in each age group that had the condition listed on the death certificate.
Bars represent the total number of COVID-19 deaths in each age group.

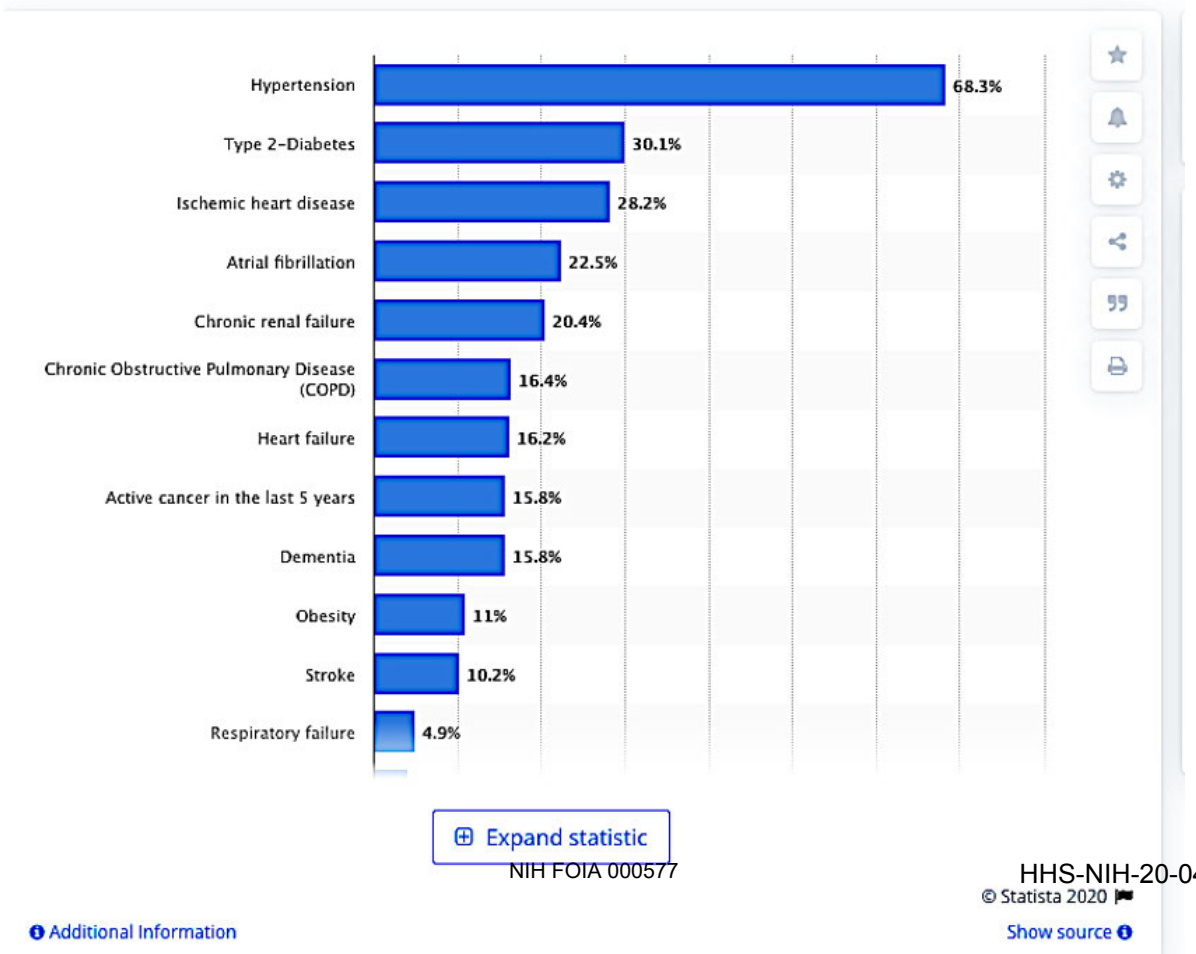


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HHS-NIH-20-0496-A-000576

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Co-morbidities driving mortality in Italy



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NIH FOIA 000577

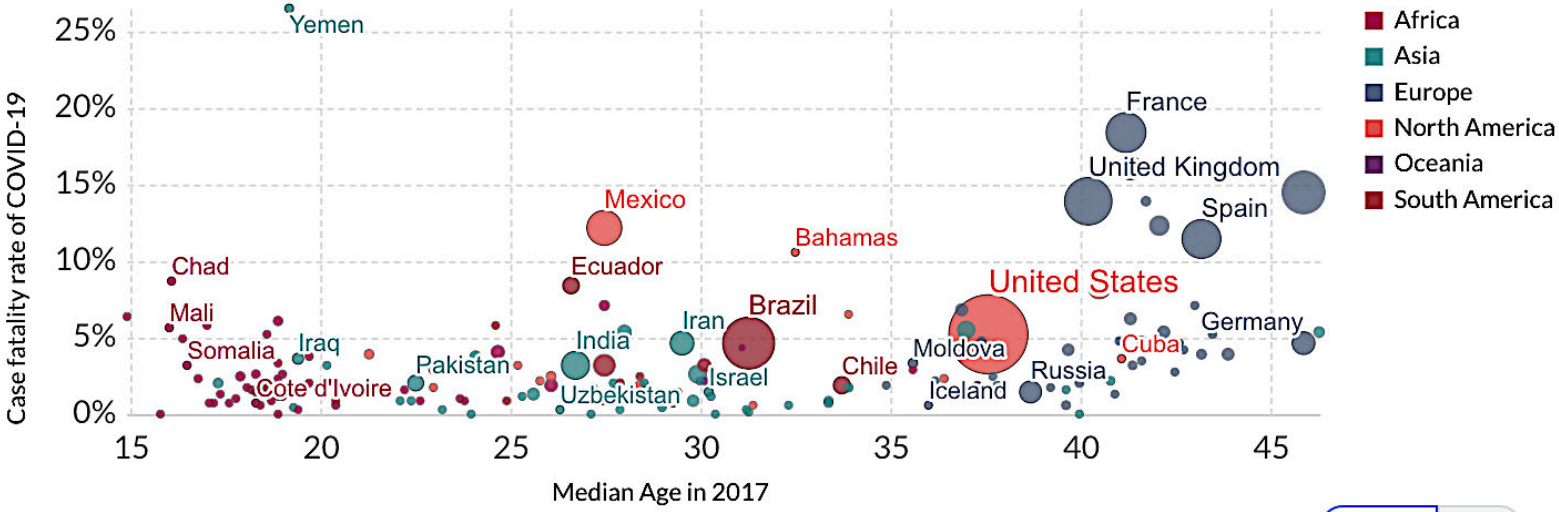
HHS-NIH-20-0496-A-000577

Case fatality rate of COVID-19 vs. Median Age, Jun 23, 2020

Our World in Data

The Case Fatality Rate (CFR) is the ratio between confirmed deaths and confirmed cases.
During an outbreak of a pandemic the CFR is a poor measure of the mortality risk of the disease. We explain this in detail at OurWorldInData.org/Coronavirus
The size of the bubble corresponds to the total confirmed deaths up to that date.

LINEAR LOG



LINEAR LOG

Source: European CDC – Situation Update Worldwide – Last updated 8th April, 11:30 (London time); UN Population Division
Note: Only countries with more than 100 confirmed cases are included.
OurWorldInData.org/coronavirus • CC BY

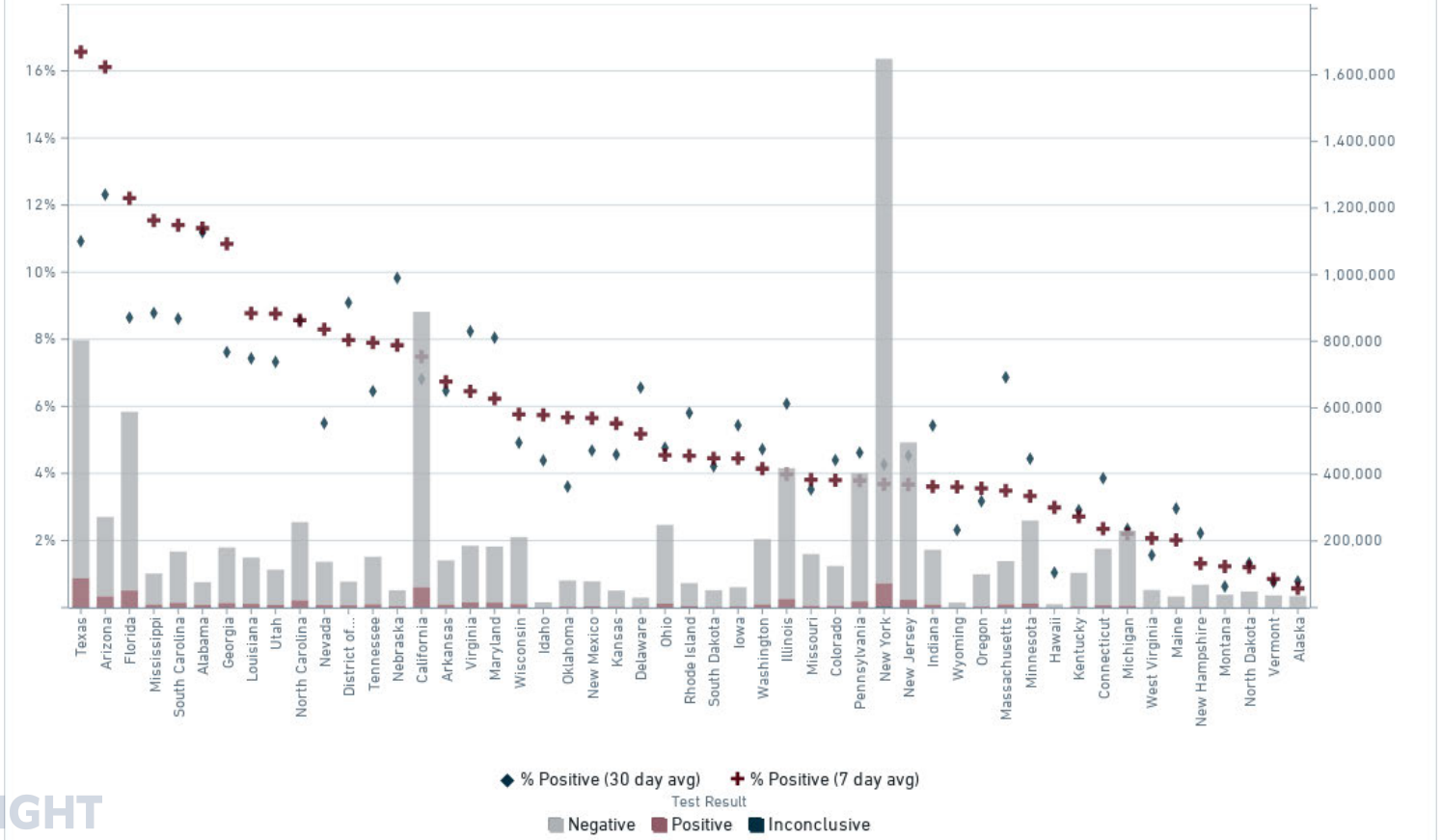
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NIH FOIA 000578

HHS-NIH-20-0496-A-000578

Jan 19, 2020 — Jun 23, 2020

Positive and negative cumulative results in the last 30 days per state with % positive per state

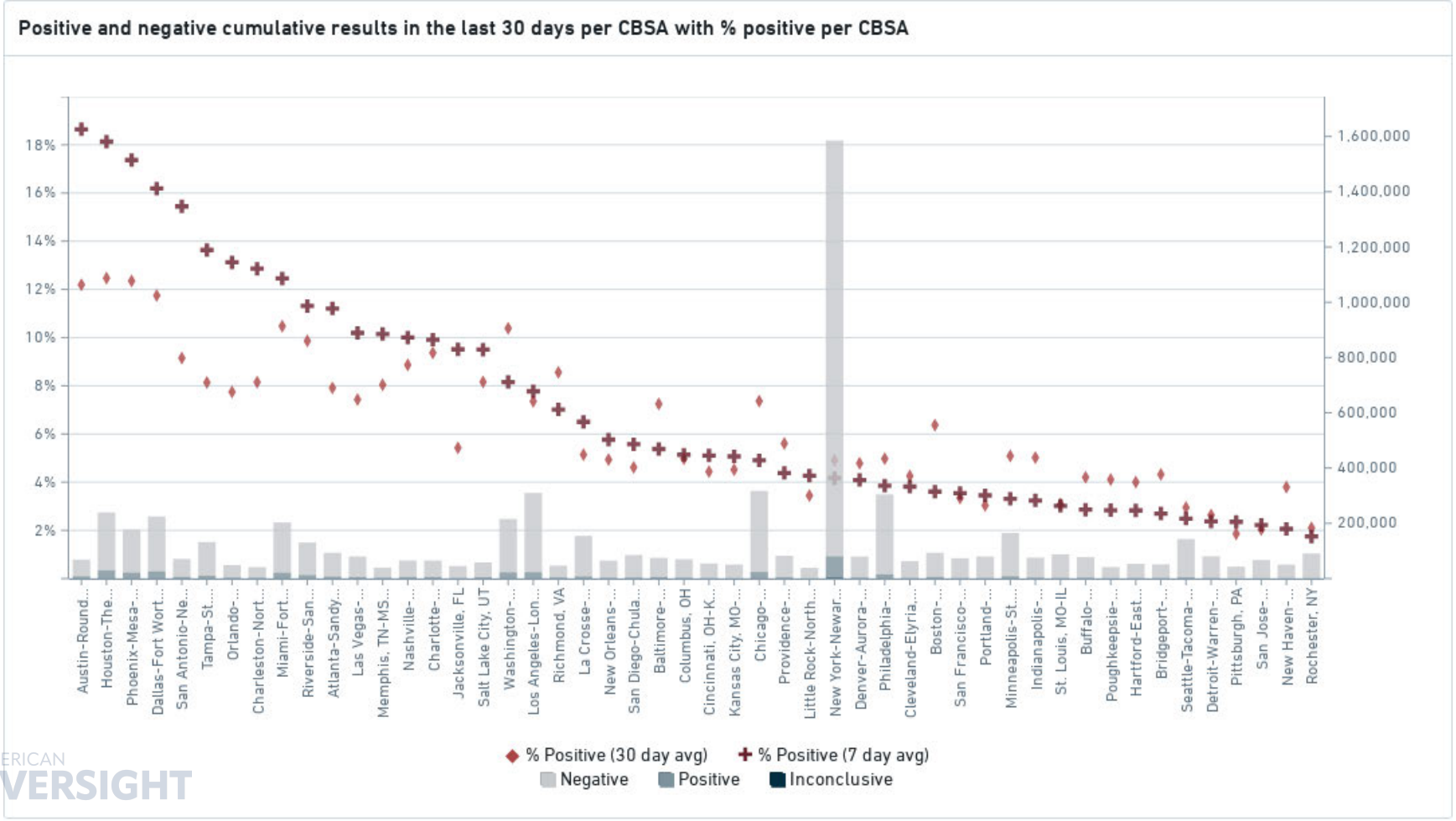


Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. This chart is sorted by the 7-day percent positive.

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NIH FOIA 000579

HHS-NIH-20-0496-A-000579



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Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. The top 50 CBSAs were determined by ranking over the number of results reported for a given area in the last 30 days. This chart is sorted by the 7-day percent positive.

NIH FOIA 000580
HHS-NIH-20-0496-A-000580

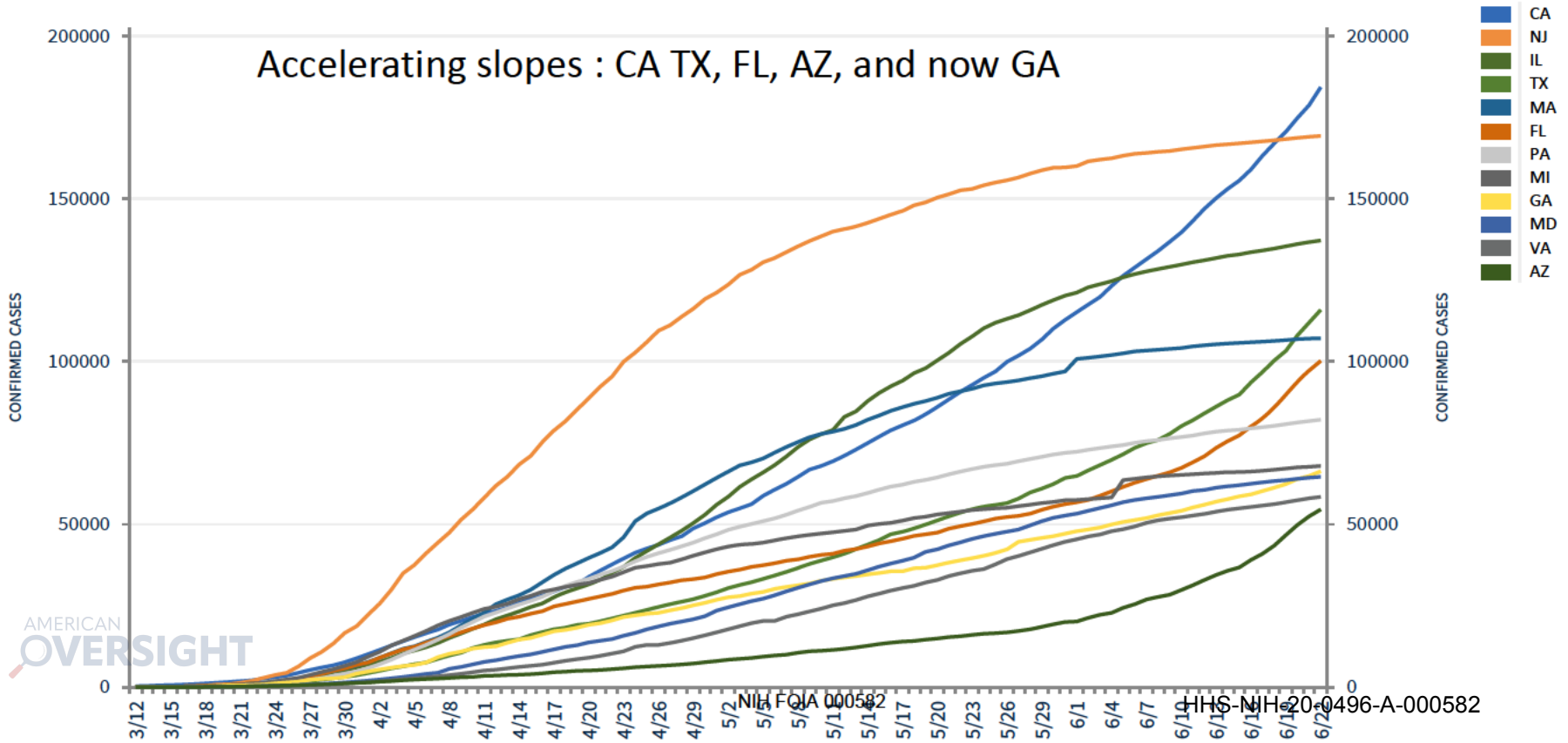
USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop
USA Total	2,424,168	+36,015	123,473	+863	1,280,314	7,324	373	29,552,690	89,282
New York	412,636	+664	31,314	+46	293,987	21,211	1,610	3,500,999	179,967
California	190,598	+6,503	5,633	+68	133,537	4,824	143	3,496,929	88,502
New Jersey	172,960	+570	13,081	+51	121,801	19,473	1,473	1,283,451	144,497
Illinois	137,825	+601	6,707	+36	26,042	10,876	529	1,399,510	110,443
Texas	125,015	+5,370	2,251	+33	52,050	4,311	78	1,820,865	62,797
Massachusetts	107,439	+229	7,890	+16	10,824	15,588	1,145	848,167	123,056
Florida	103,503	+3,286	3,240	+64	80,024	4,819	151	1,641,838	76,444
Pennsylvania	87,284	+616	6,527	+42	16,255	6,818	510	698,182	54,537
Michigan	68,197	+240	6,109	+12	12,798	6,829	612	1,089,297	109,073
Georgia	67,678	+1,750	2,688	+40	59,310	6,374	253	874,123	82,329
Maryland	65,007	+404	3,092	+18	57,118	10,753	511	583,091	96,448
Virginia	58,994	+529	1,645	+25	49,624	6,912	193	627,248	73,487
Arizona	58,179	+3,593	1,384	+42	49,049	7,993	190	589,754	81,024
North Carolina	54,571	+835	1,294	+19	16,356	5,203	123	773,828	73,782
Louisiana	51,713	+1,474	3,142	+25	8,779	11,124	676	635,939	136,797
Ohio	46,184	+575	2,740	+31	33,028	3,951	234	670,437	57,356
Connecticut	45,899	+117	4,277	+14	32,398	12,874	1,200	403,944	113,299
Indiana	42,871	+238	2,569	+16	8,150	6,368	382	426,376	63,334
Tennessee	36,303	+750	542	+11	11,693	5,316	79	705,419	103,295
Minnesota	33,469	+242	1,425	+9	2,645	5,935	253	520,045	92,213
Alabama	31,097	+643	864	+23	14,259	6,342	176	353,611	72,119
Colorado	30,893	+188	1,665	+14	24,150	5,365	289	288,079	50,025
Washington	30,225	+507	1,285	+7	19,259	3,969	169	487,059	63,961
South Carolina	26,613	+912	673	+14	13,623	5,169	131	352,750	68,512
Iowa	26,396	+251	689	+3	9,001	8,366	218	265,074	84,015
Wisconsin	25,331	+263	750	+5	4,729	4,351	129	503,496	86,475
Mississippi	22,898	+611	989	+11	4,667	7,694	332	263,811	88,642
Missouri	19,235	+397	995	+14	14,208	3,134	162	360,520	58,741
Utah	18,300	+394	163	+5	8,080	5,708	51	302,276	94,286
Arkansas	16,678	+595	237	+10	5,221	5,527	79	264,492	87,644
Rhode Island	16,533	+74	906	+3	14,065	15,607	855	222,163	209,714
Kentucky	14,141	+302	537	+11	10,013	3,165	120	363,027	81,256
Nevada	13,997	+462	492	+3	3,960	4,544	160	285,790	92,784
Kansas	12,621	+103	262	+3	4,571	4,332	90	155,013	53,208
Oklahoma	11,028	+295	371	+2	2,769	2,787	94	296,988	75,054
Delaware	10,847	+27	504	+69	3,789	11,139	518	97,536	100,164
New Mexico	10,838	+144	476	+7	5,488	5,169	227	302,083	144,067
District Of Columbia	10,094	+36	537	+2	8,375	14,303	761	83,302	118,033
Oregon	7,274	+191	192		4,478	1,725	46	210,456	49,898
South Dakota	6,353	+27	83	+2	773	7,181	94	73,986	83,632
New Hampshire	5,571	+13	343	+4	912	4,097	252	127,955	94,105
Idaho	4,402	+148	89		829	2,463	50	77,376	43,298
North Dakota	3,320	+7	78	+1	234	4,357	102	97,553	128,012
Maine	2,994	+23	102		501	2,227	76	85,762	63,801
West Virginia	2,593	+22	92	+2	688	1,447	51	154,881	86,422
Wyoming	1,254	+24	20		281	2,167	35	38,300	66,176
Vermont	1,164	+1	56		182	1,865	90	59,328	95,079
Hawaii	819	+3	17		129	578	12	81,648	57,666
Alaska	778	+17	12		264	1,064	16	92,947	127,056
Montana	743	+3	21		156	695	20	73,923	69,166
Guam	225	+3	5		46			10,567	
Northern Mariana Islands	31	+1	2		10			8,217	
Puerto Rico	6,685	+121	149		5,417	1,974	44	13,022	3,845
United States Virgin Islands	76		6		6			2,653	
Veteran Affairs	19,331	+405	1,151	+24	1,151			279,232	
US Military	14,073		36		6,155				
Federal Prisons	7,103	+26	88		1,512			19,934	

AMERICAN OVERSIGHT

NIH FOIA 000581

HHS-NIH-20-0496-A-000581

CUMULATIVE CASES: TOP STATES 1-12 WITHOUT NY

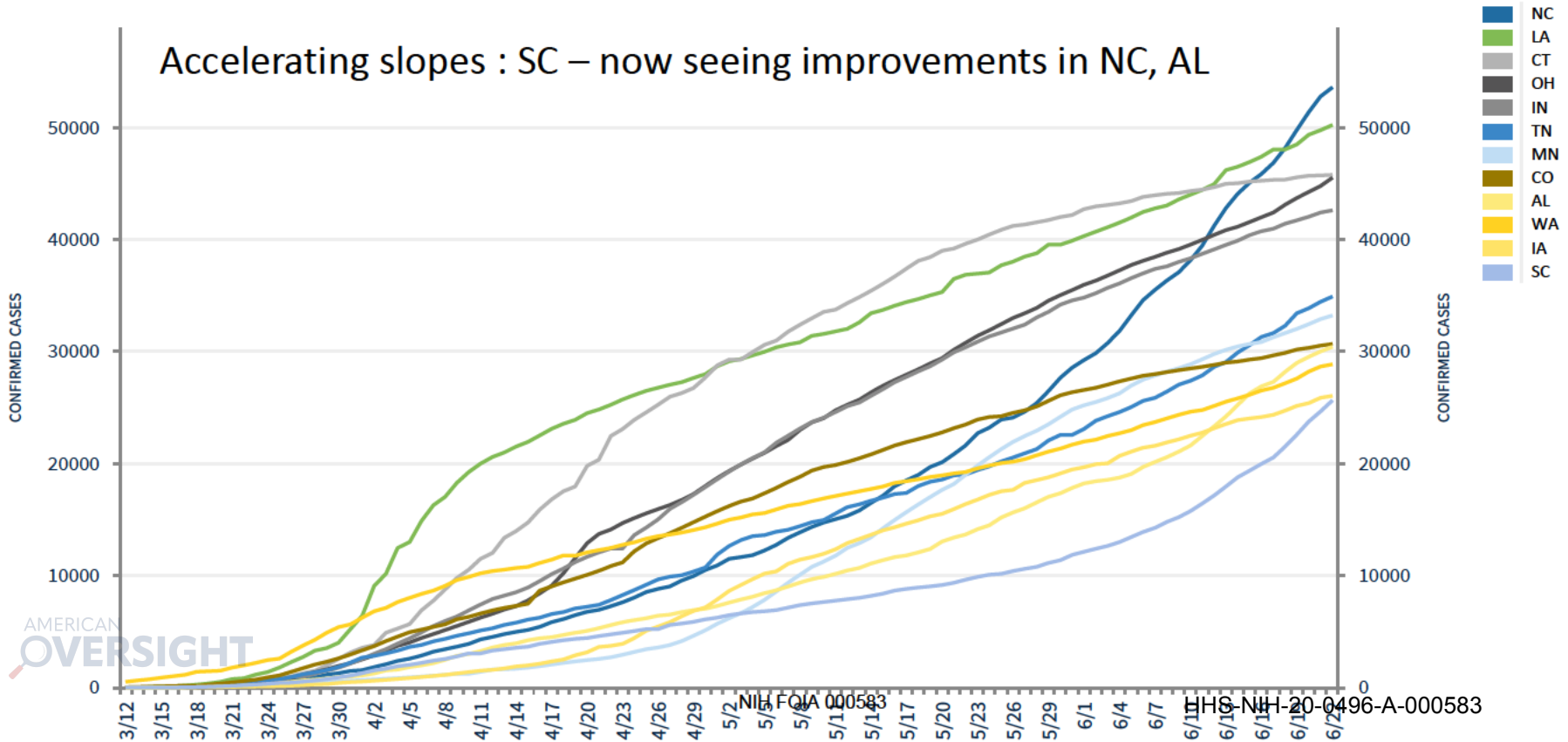


AMERICAN OVERSIGHT

NIH FOIA 000582

HHS-NIH-20-0496-A-000582

CUMULATIVE CASES: TOP 13-24 STATES

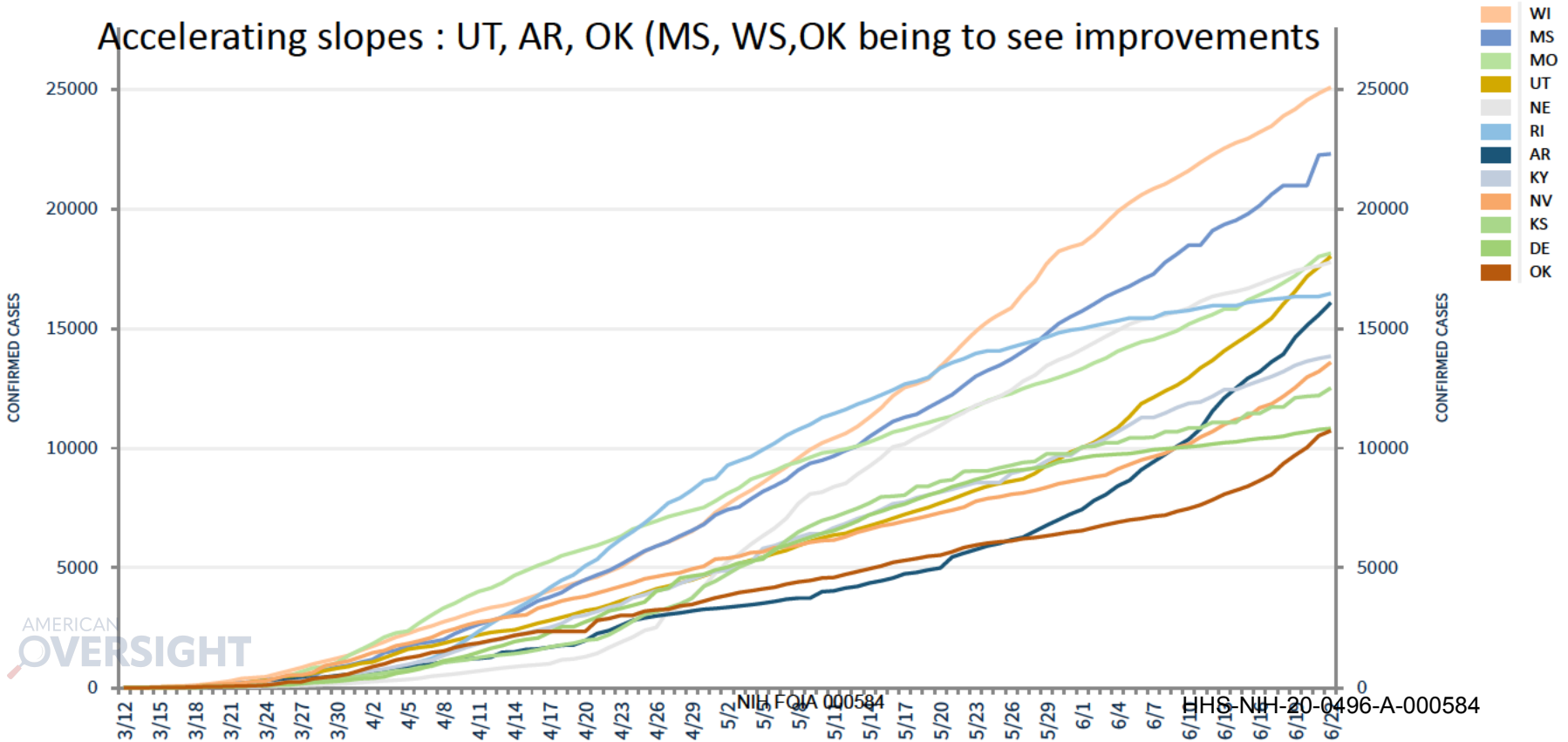


AMERICAN OVERSIGHT

NIH FOIA 000583

HHS-NIH-20-0496-A-000583

CUMULATIVE CASES: TOP 25-36 STATES

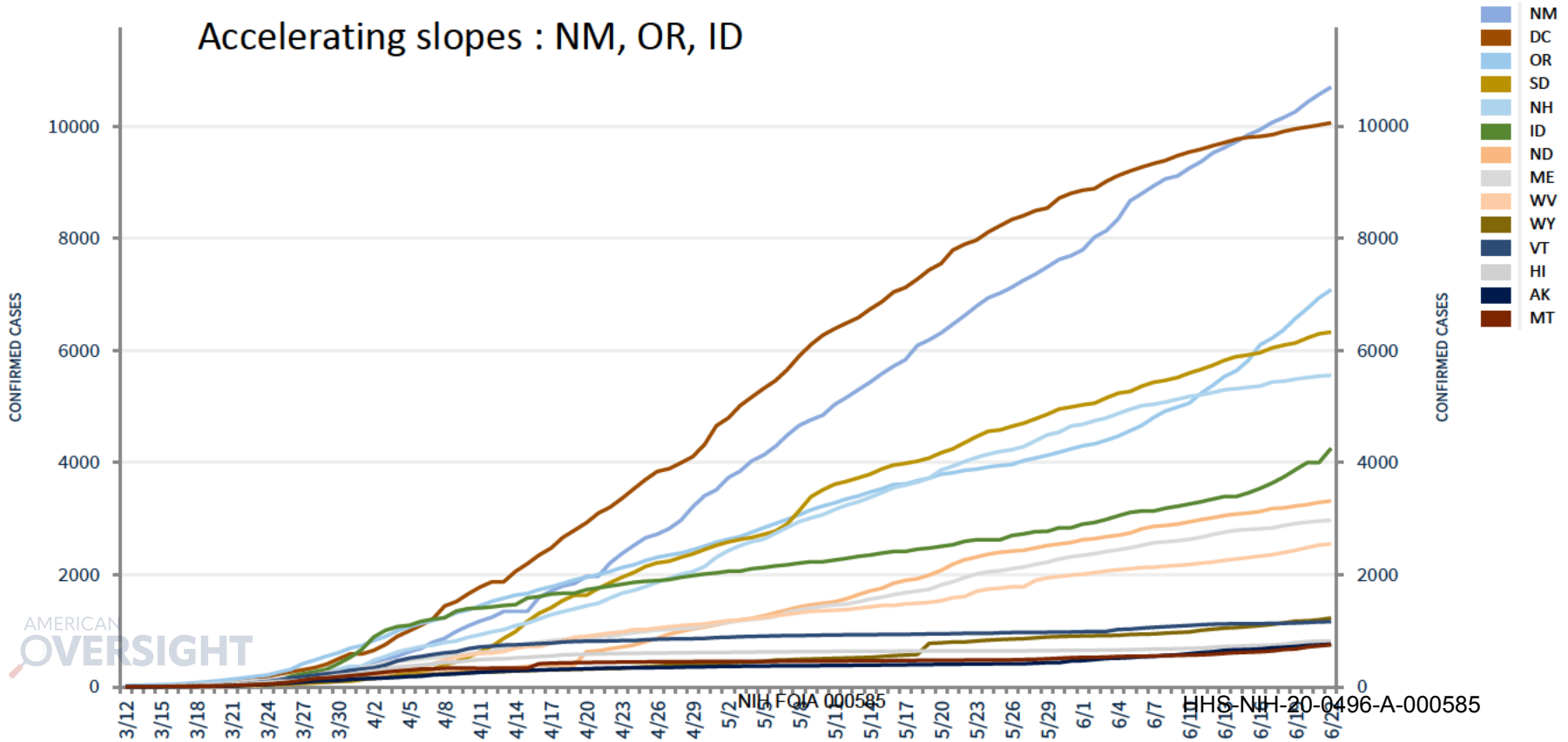


AMERICAN OVERSIGHT

NIH FOIA 000584

HHS-NIH-20-0496-A-000584

CUMULATIVE CASES: TOP 37-51 STATES



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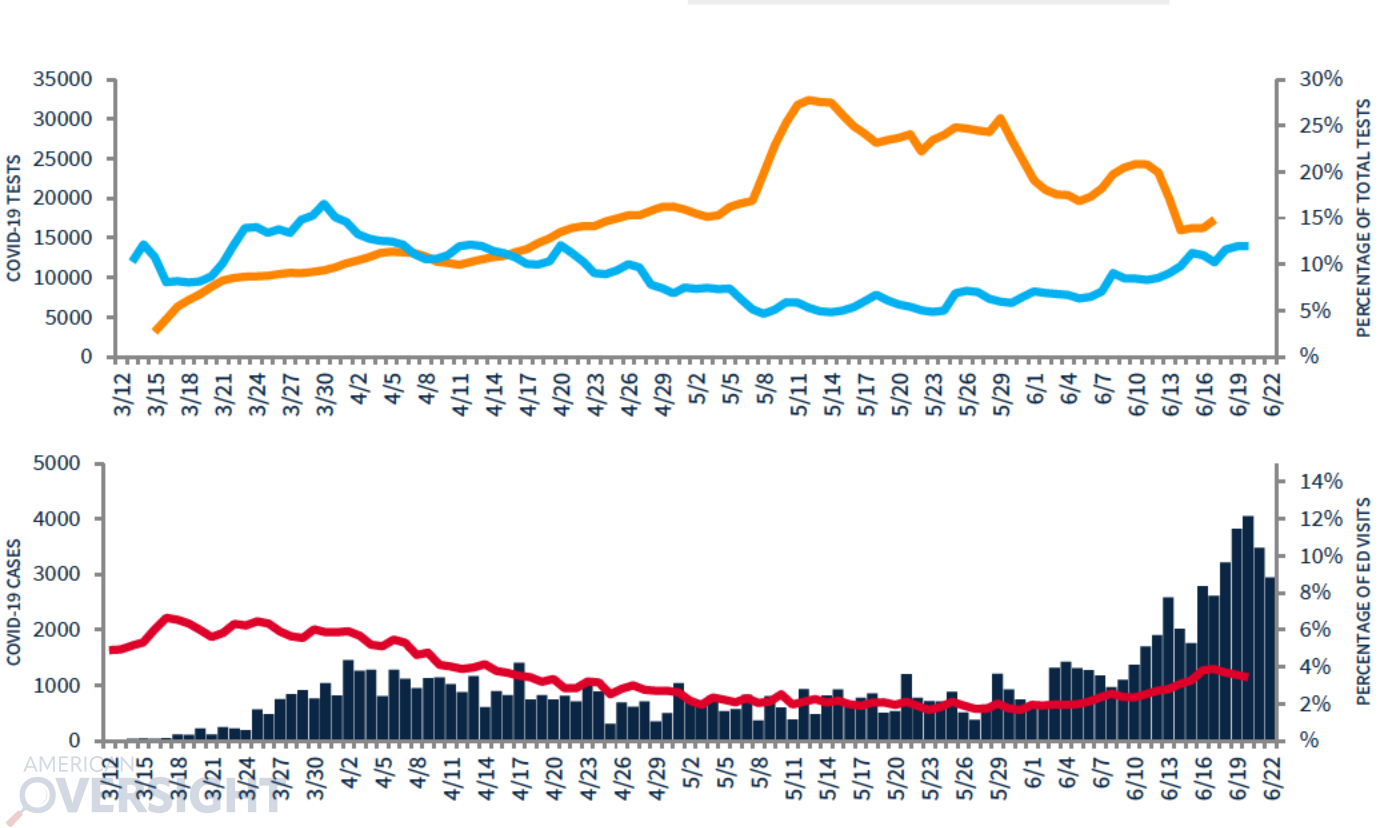
NIH FOIA 000585

HHS-NIH-20-0496-A-000585

CASE, TESTING, AND SYNDROMIC SURVEILLANCE DATA
Highest Concerns

AMERICAN OVERSIGHT

TRENDS IN FLORIDA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	11.9%
NEW CASES PER 100K / DAY	15 (weekly avg.)
TESTING PER 100K / DAY	81 (weekly avg.)
BED UTILIZATION[2]	74%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.9%
INCIDENCE	+84%
TESTING PER 100K / DAY	-33
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	397 per sq mi
% OVER 60	27%
CRUDE CVD PREVALENCE	4.7%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial Labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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[2] Average of the last 3 days

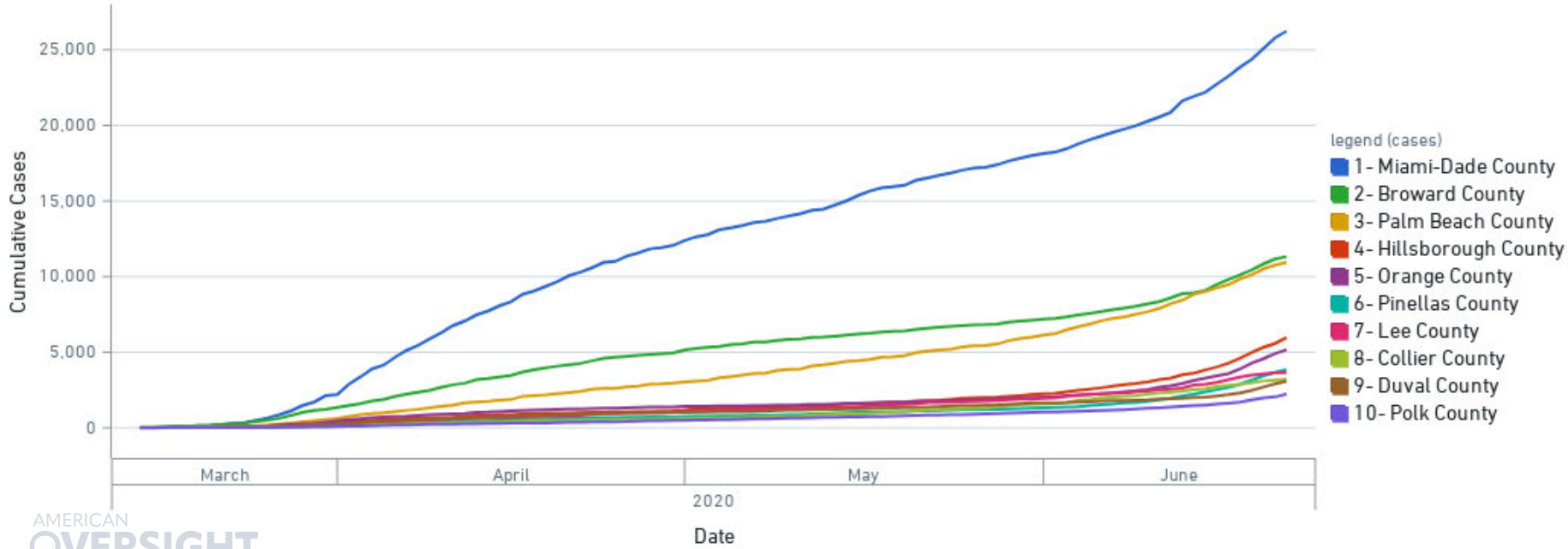
AMERICAN OVERSIGHT

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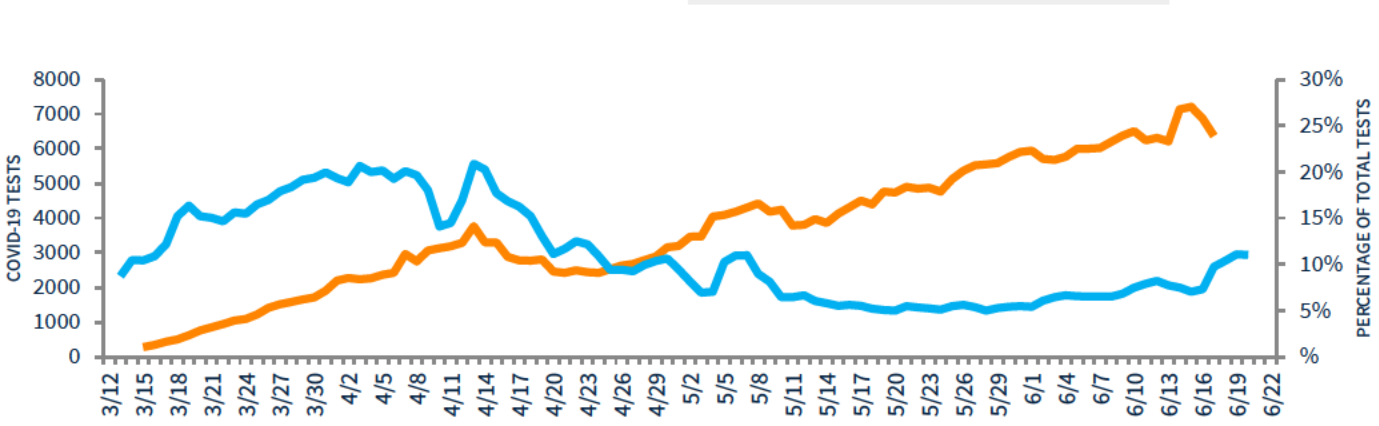
FL - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

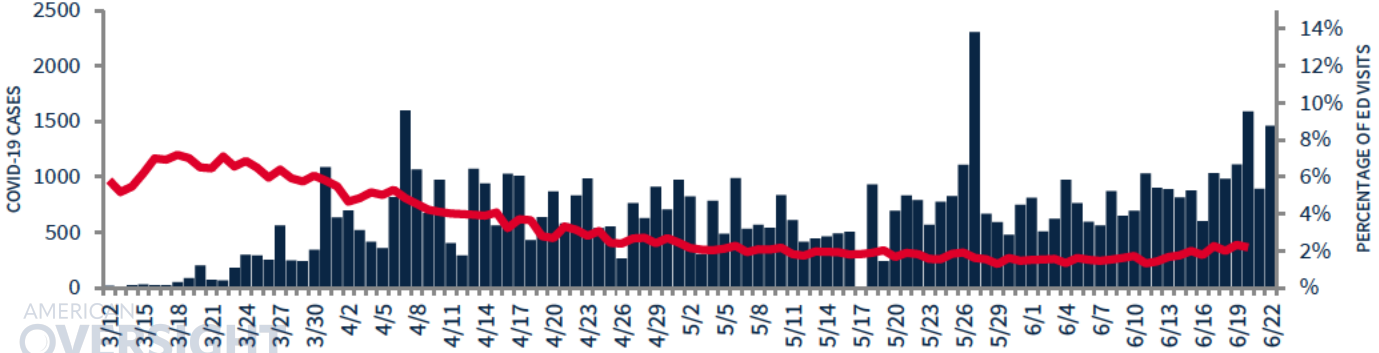
state: FL, date: 2020-06-22



AMERICAN OVERSIGHT

TRENDS IN GEORGIA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	11.0%
NEW CASES PER 100K / DAY	10 (weekly avg.)
TESTING PER 100K / DAY	61 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+3.3%
INCIDENCE	+31%
TESTING PER 100K / DAY	-1
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	182 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	4.0%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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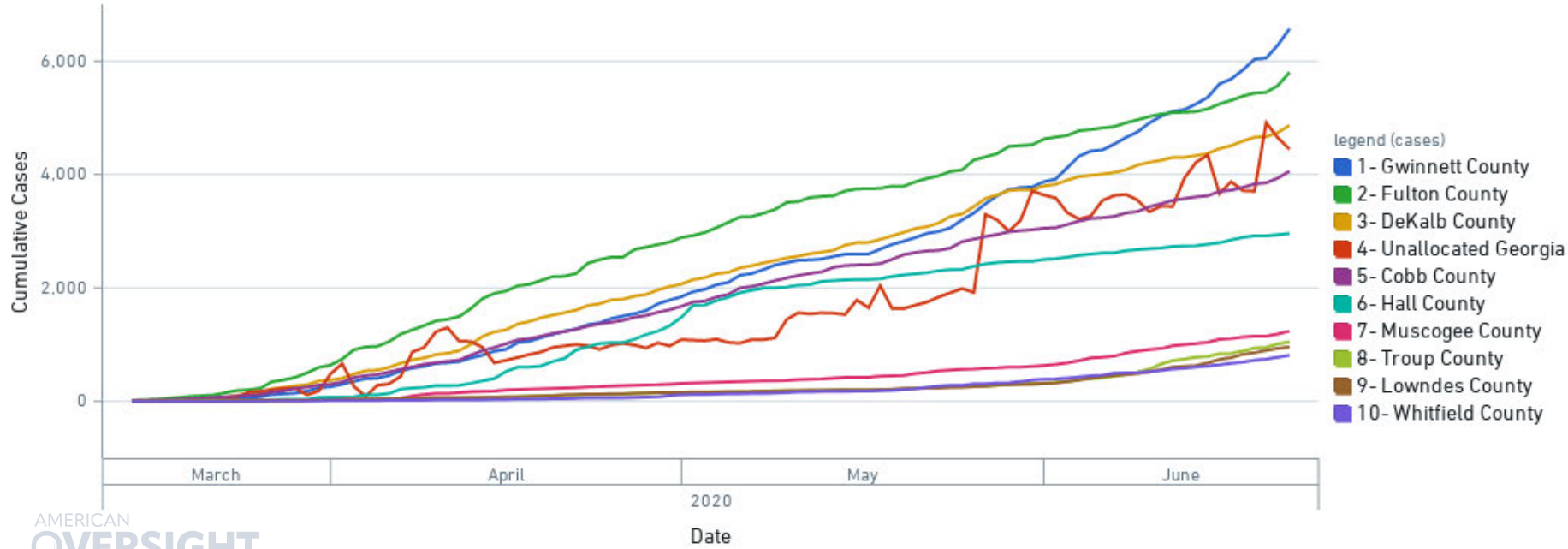
AMERICAN OVERSIGHT

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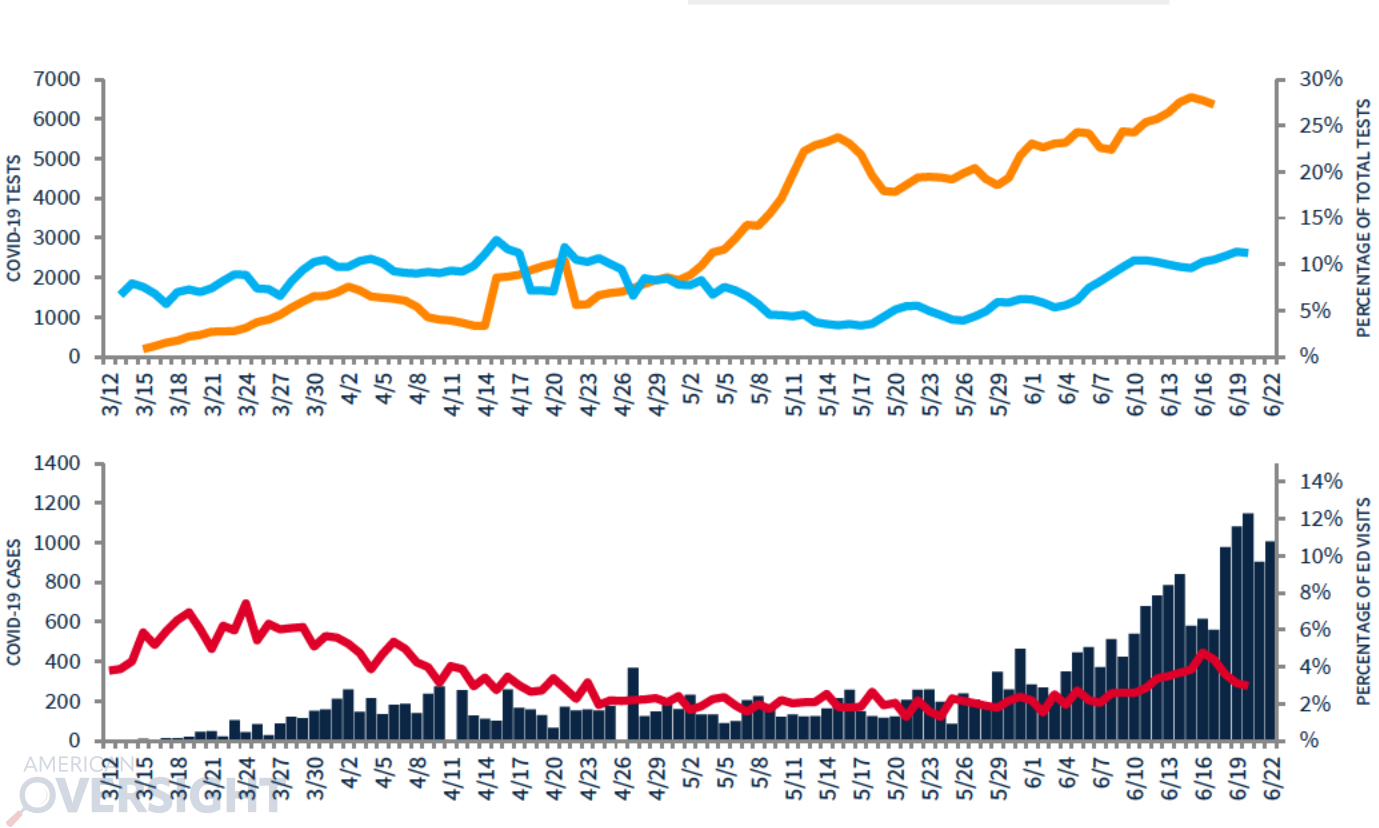
GA - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: GA, date: 2020-06-22



AMERICAN OVERSIGHT

TRENDS IN SOUTH CAROLINA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	11.2%
NEW CASES PER 100K / DAY	18 (weekly avg.)
TESTING PER 100K / DAY	125 (weekly avg.)
BED UTILIZATION[2]	69%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.3%
INCIDENCE	+37%
TESTING PER 100K / DAY	+14
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	169 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.9%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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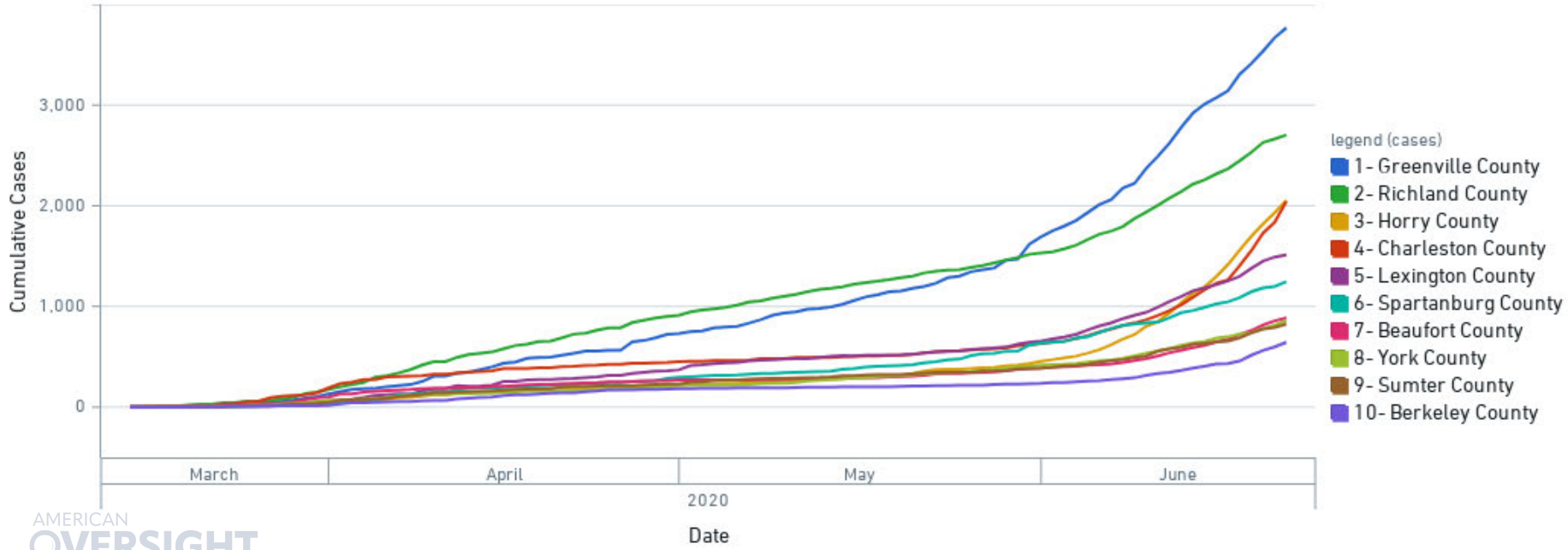
AMERICAN OVERSIGHT

NIH FOIA 000591

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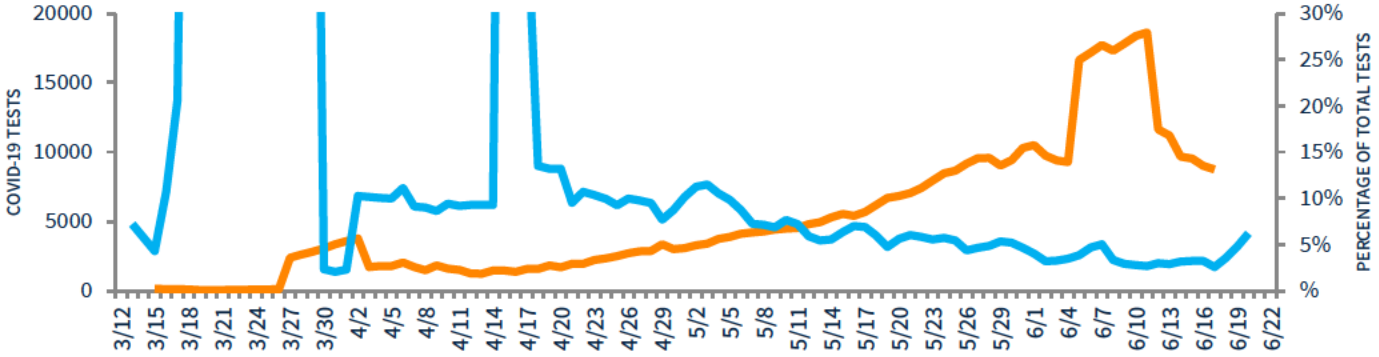
SC - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

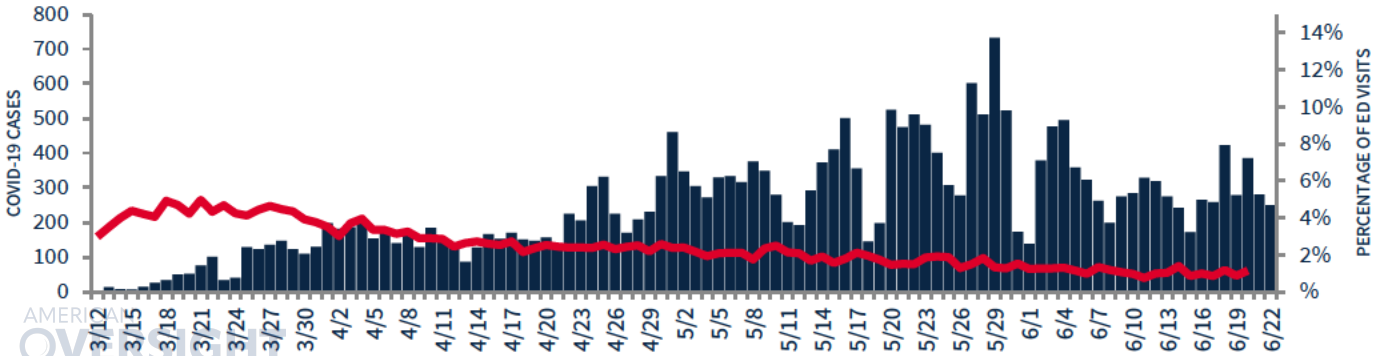
state: SC, date: 2020-06-22



AMERICAN OVERSIGHT

TRENDS IN WISCONSIN





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.2%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	151 (weekly avg.)
BED UTILIZATION[2]	76%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+3.3%
INCIDENCE	+13%
TESTING PER 100K / DAY	-165
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	107 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.7%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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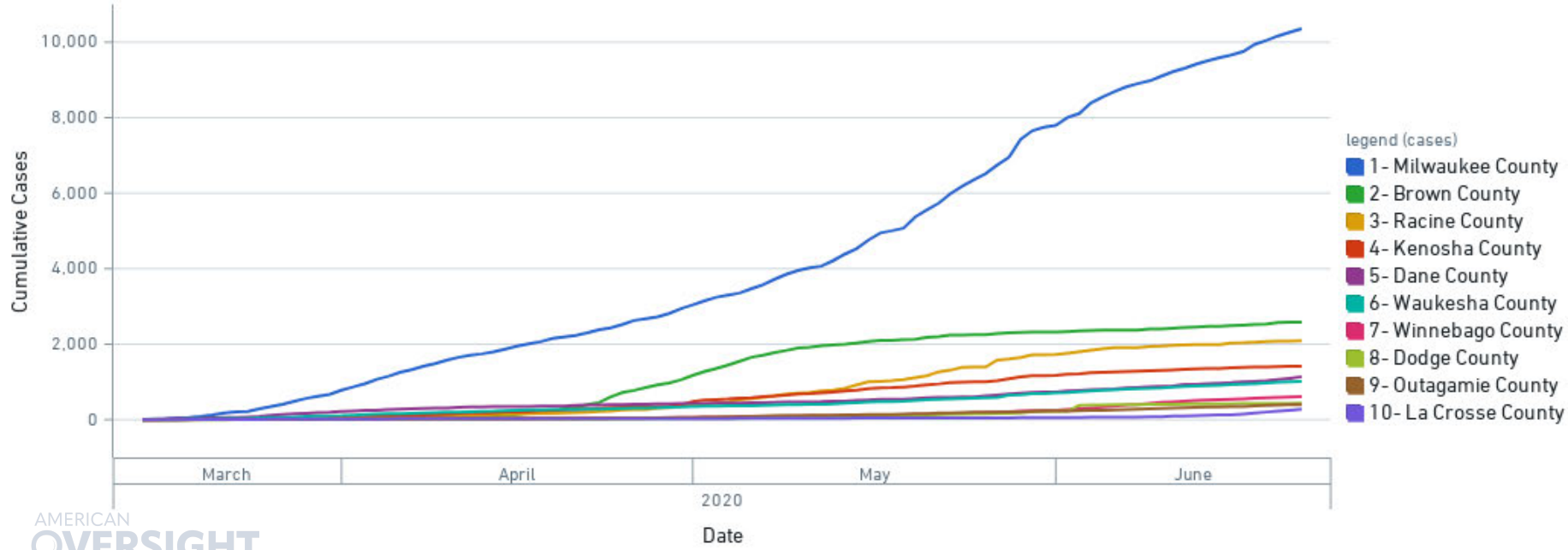
AMERICAN OVERSIGHT

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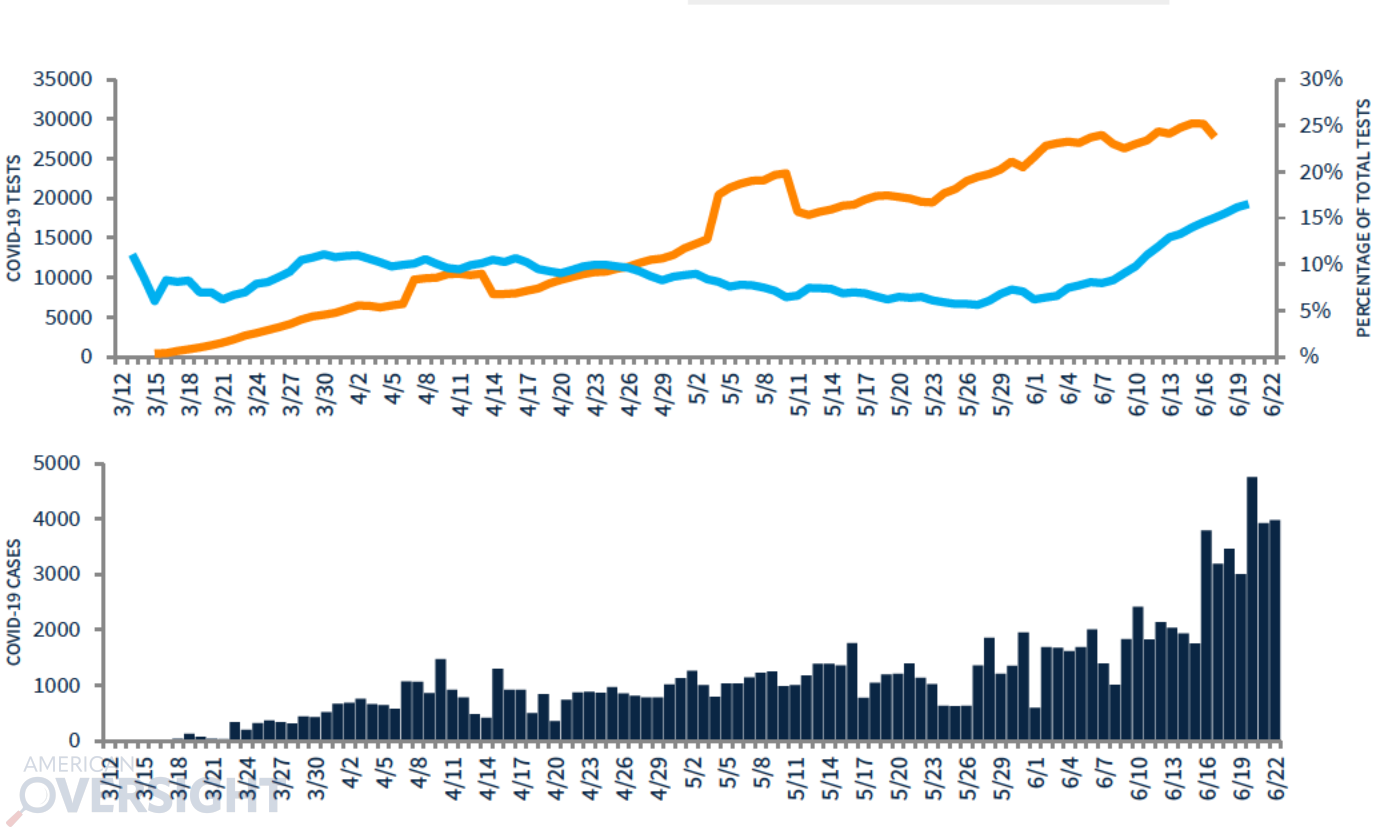
WI - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: WI, date: 2020-06-22



AMERICAN OVERSIGHT

TRENDS IN TEXAS



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	16.5%
NEW CASES PER 100K / DAY	13 (weekly avg.)
TESTING PER 100K / DAY	97 (weekly avg.)
BED UTILIZATION[2]	61%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+3.6%
INCIDENCE	+87%
TESTING PER 100K / DAY	+3
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	110 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	3.3%

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Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

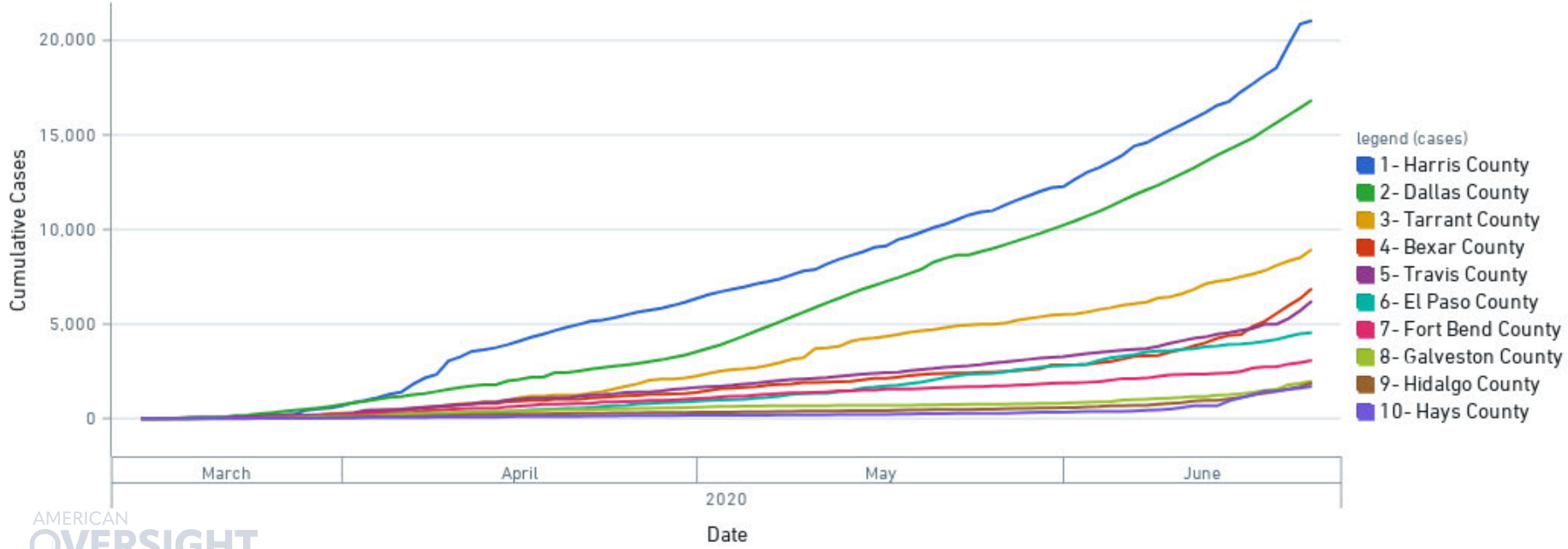
AMERICAN OVERSIGHT

NIH FOIA 000595

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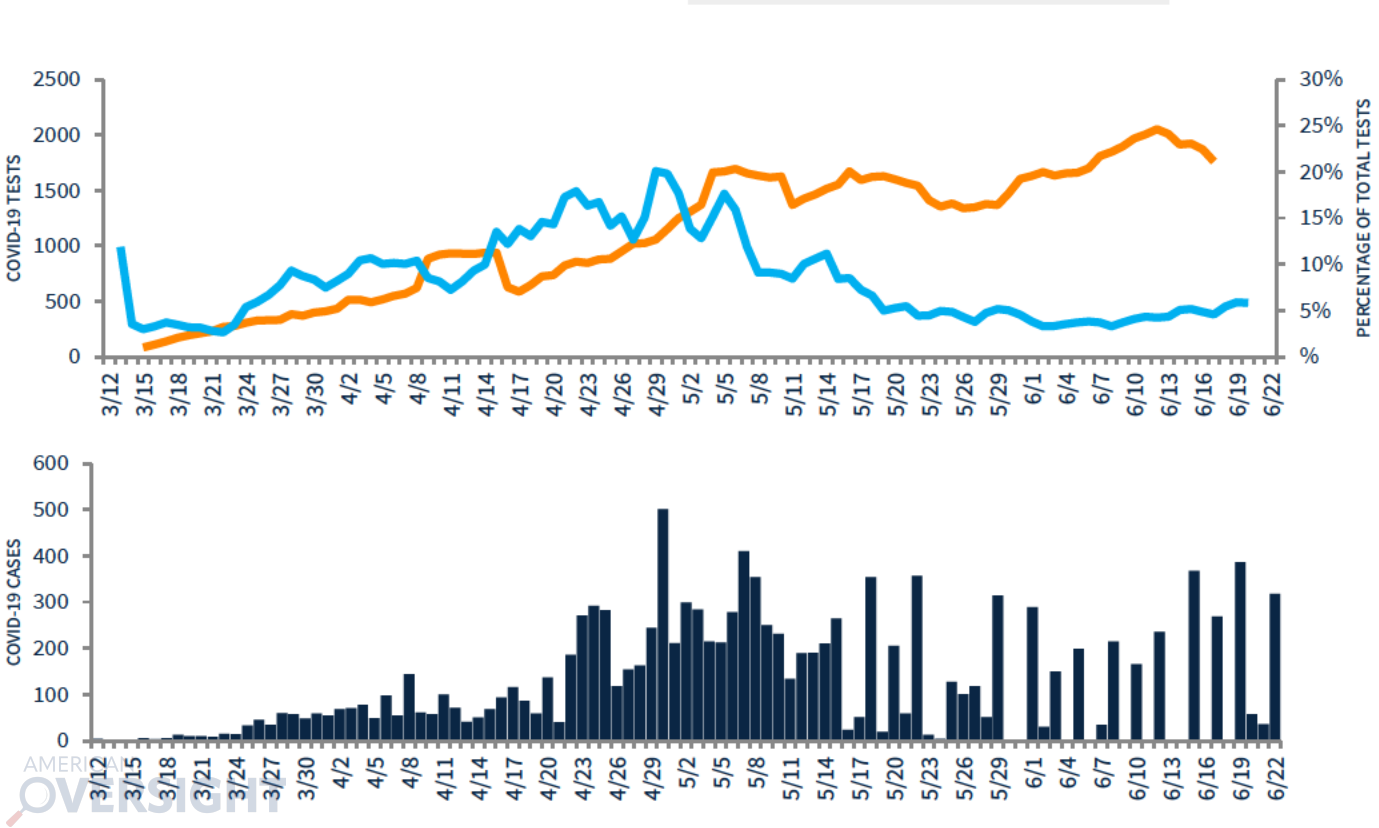
TX - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: TX, date: 2020-06-22



AMERICAN OVERSIGHT

TRENDS IN KANSAS



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.8%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	60 (weekly avg.)
BED UTILIZATION[2]	46%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.5%
INCIDENCE	+39%
TESTING PER 100K / DAY	-7
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	36 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.0%

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Not enough CLI syndromic surveillance data to

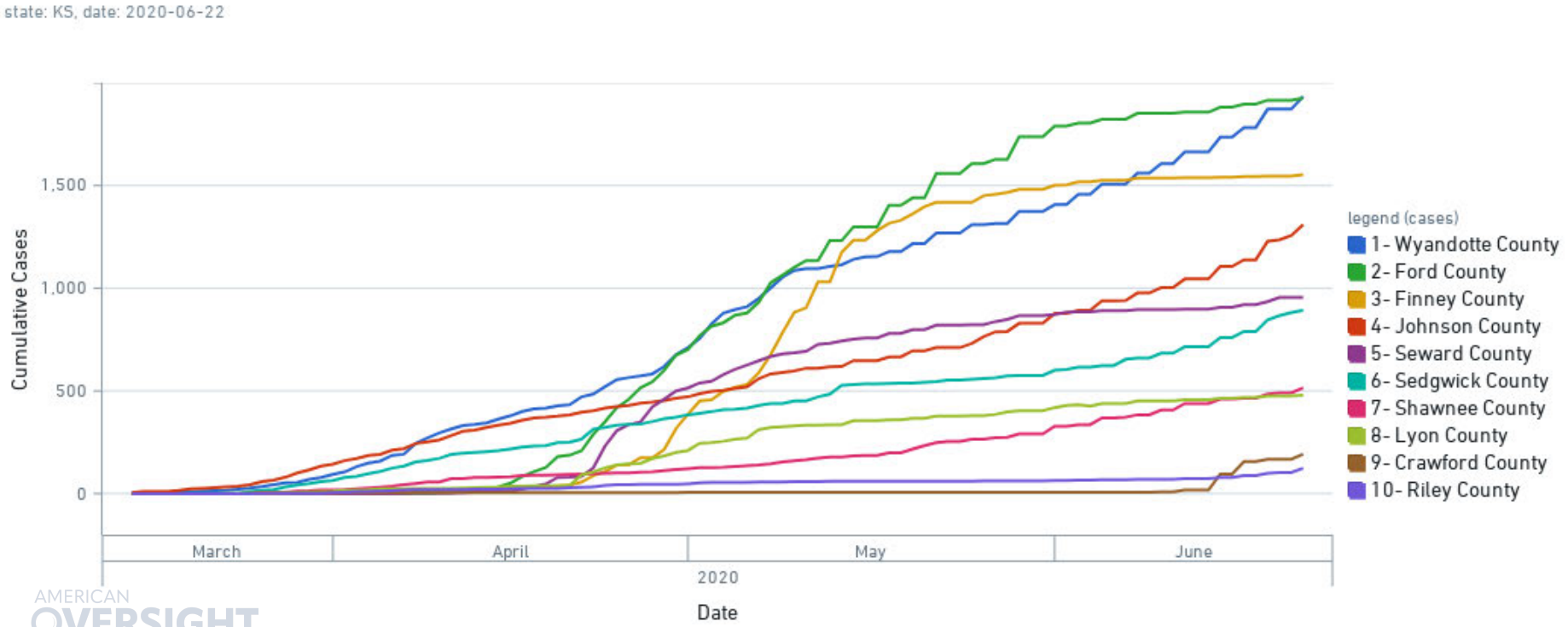
Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT

NIH FOIA 000597

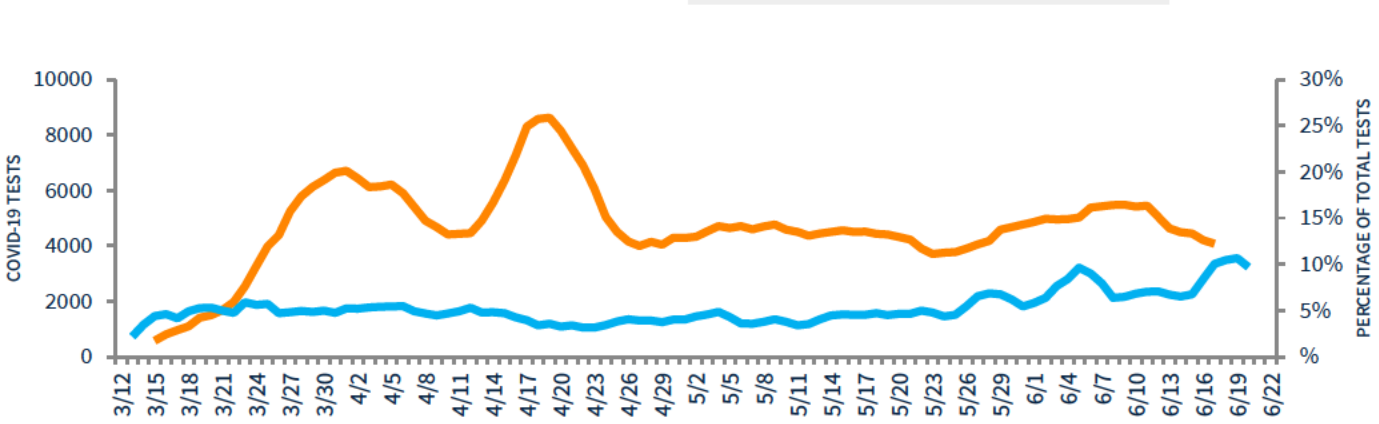
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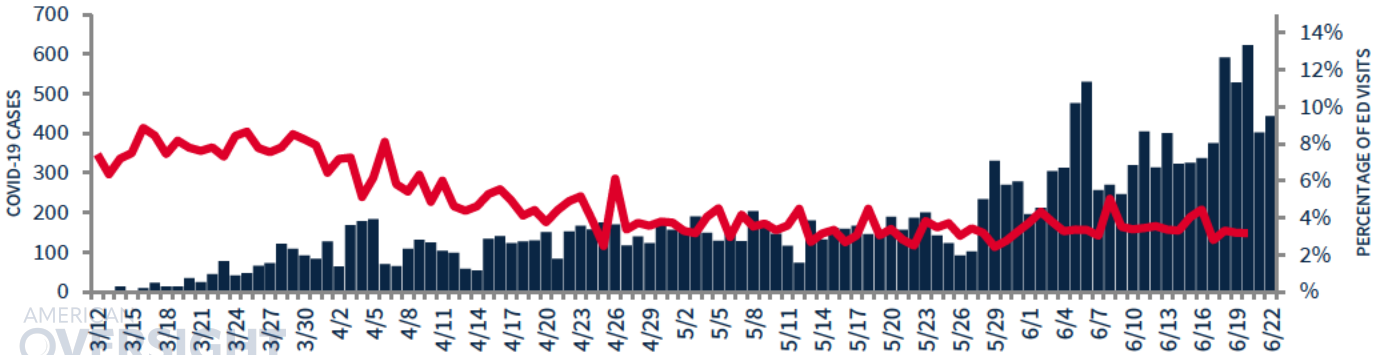
KS - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks



AMERICAN OVERSIGHT

TRENDS IN UTAH





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.7%
NEW CASES PER 100K / DAY	15 (weekly avg.)
TESTING PER 100K / DAY	129 (weekly avg.)
BED UTILIZATION[2]	54%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+3.0%
INCIDENCE	+41%
TESTING PER 100K / DAY	-42
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	38 per sq mi
% OVER 60	16%
CRUDE CVD PREVALENCE	2.7%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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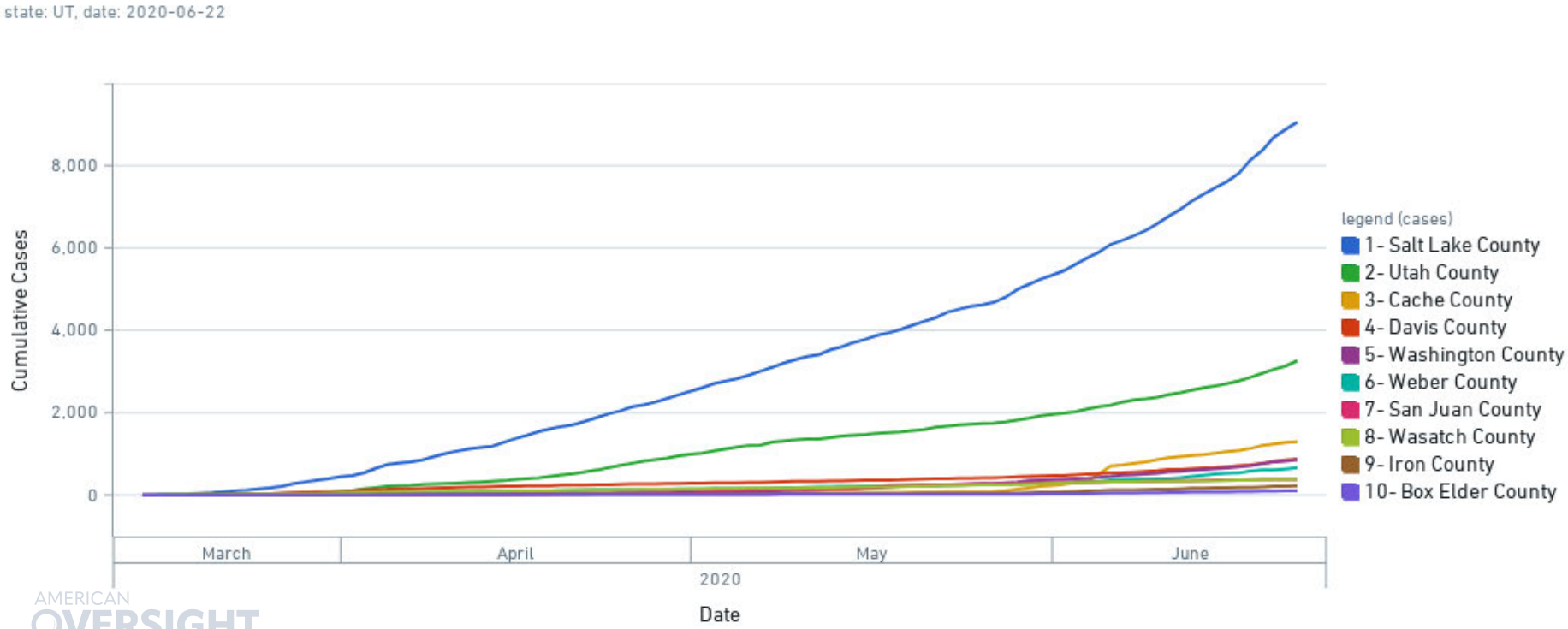
[2] Average of the last 3 days

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NIH FOIA 000599

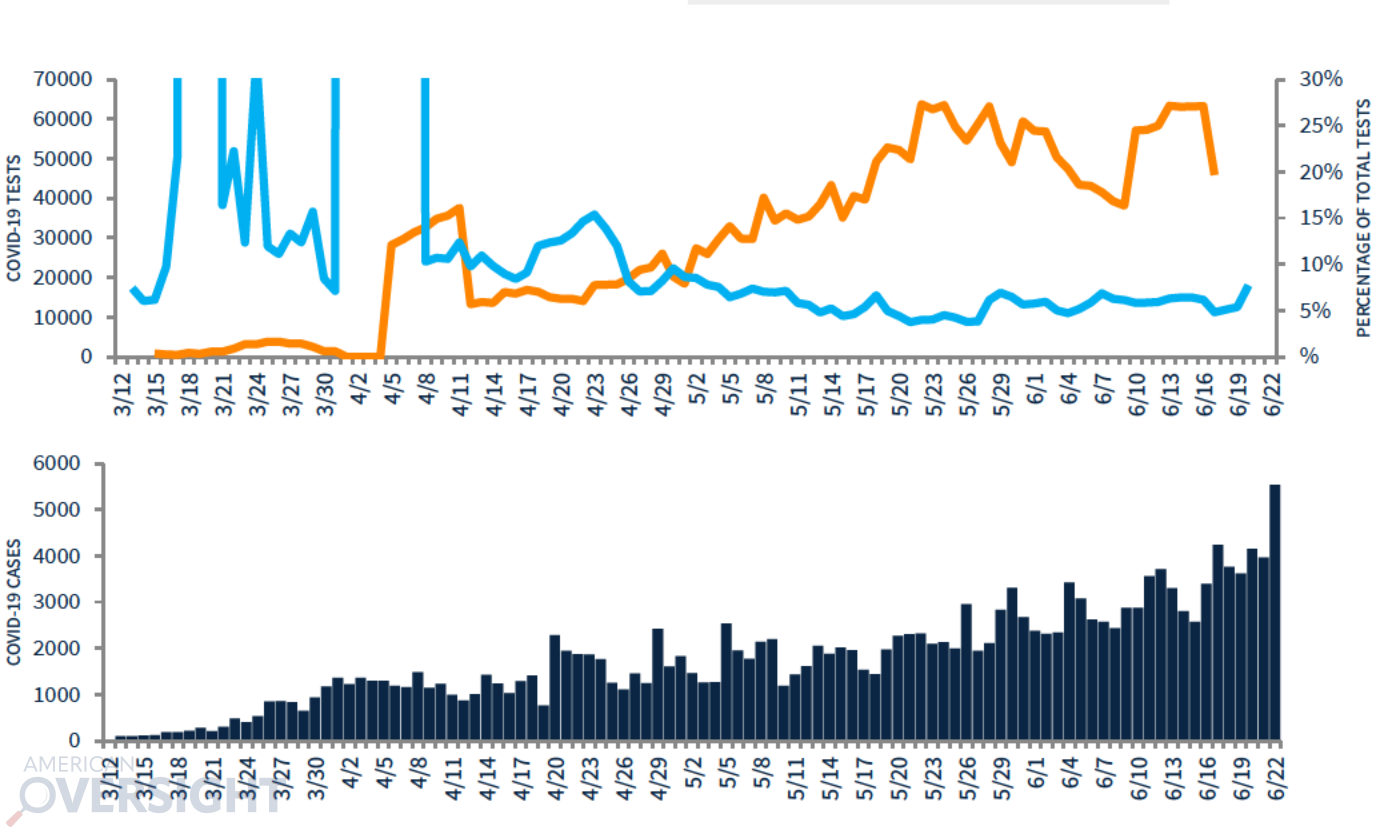
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UT - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks



AMERICAN OVERSIGHT

TRENDS IN CALIFORNIA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	7.7%
NEW CASES PER 100K / DAY	10 (weekly avg.)
TESTING PER 100K / DAY	116 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.4%
INCIDENCE	+32%
TESTING PER 100K / DAY	-28
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	254 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	2.8%

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Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

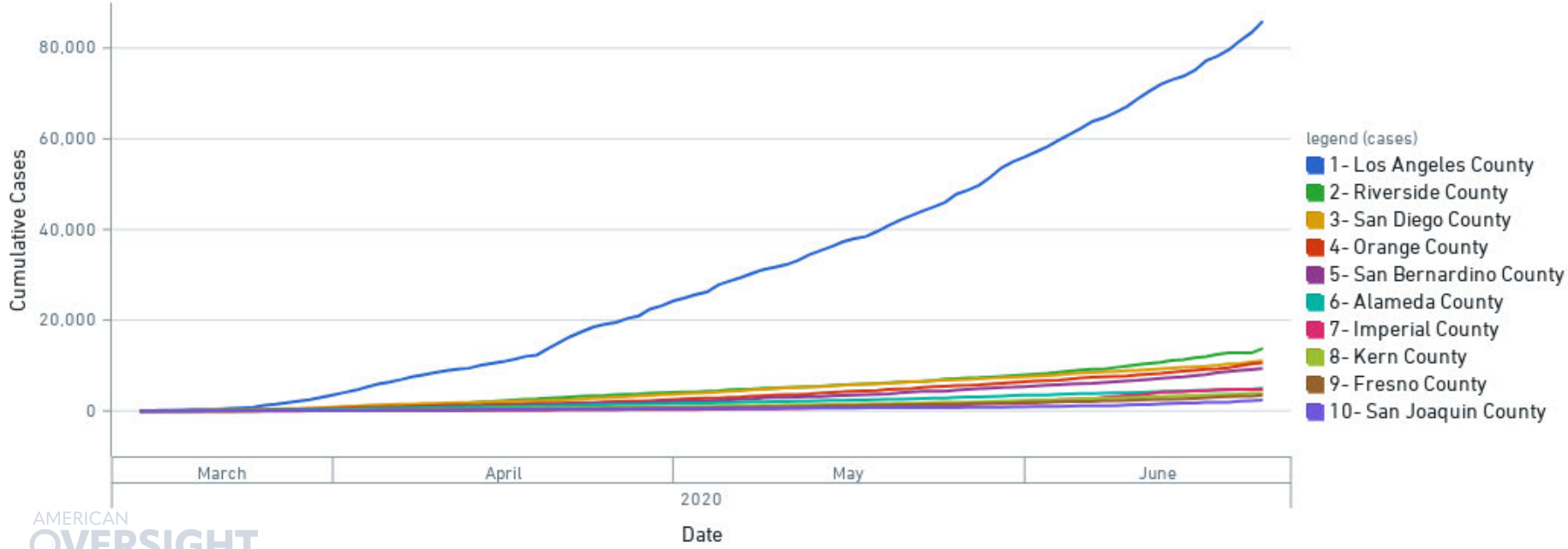
AMERICAN OVERSIGHT

NIH FOIA 000601

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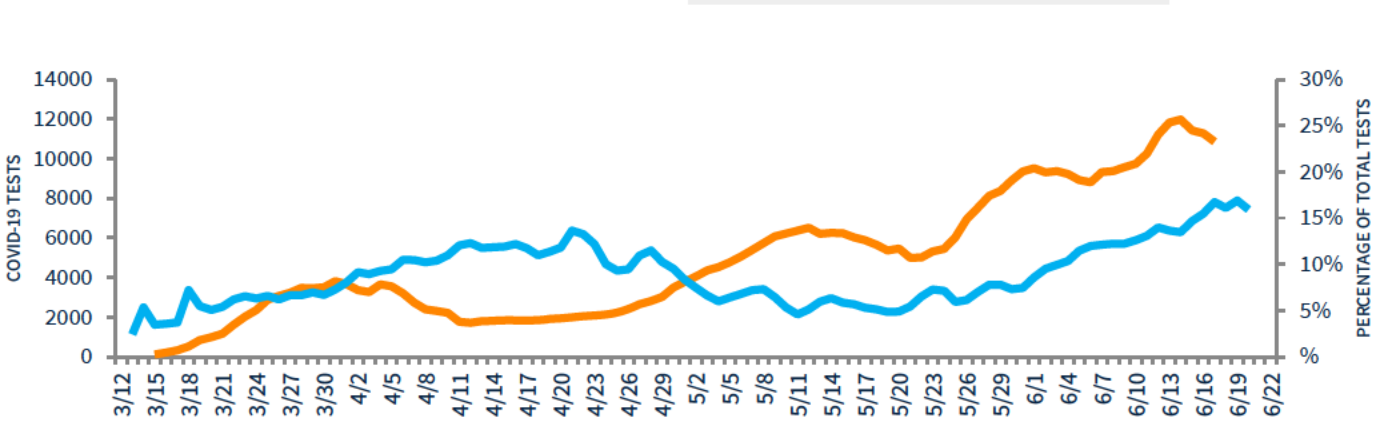
CA - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

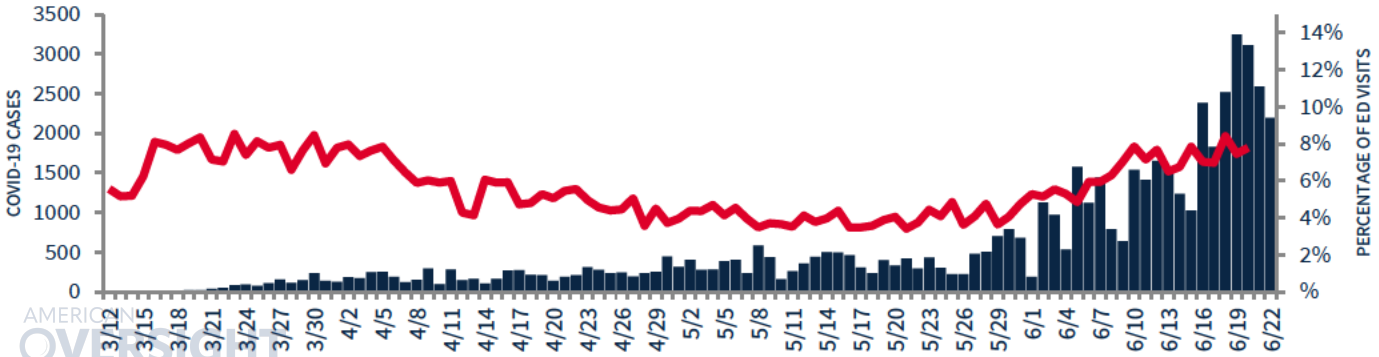
state: CA, date: 2020-06-22



AMERICAN OVERSIGHT

TRENDS IN ARIZONA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	15.9%
NEW CASES PER 100K / DAY	36 (weekly avg.)
TESTING PER 100K / DAY	151 (weekly avg.)
BED UTILIZATION[2]	68%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.3%
INCIDENCE	+98%
TESTING PER 100K / DAY	+15
BED UTILIZATION	-3%

RISK FACTORS

POPULATION DENSITY	63 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	3.7%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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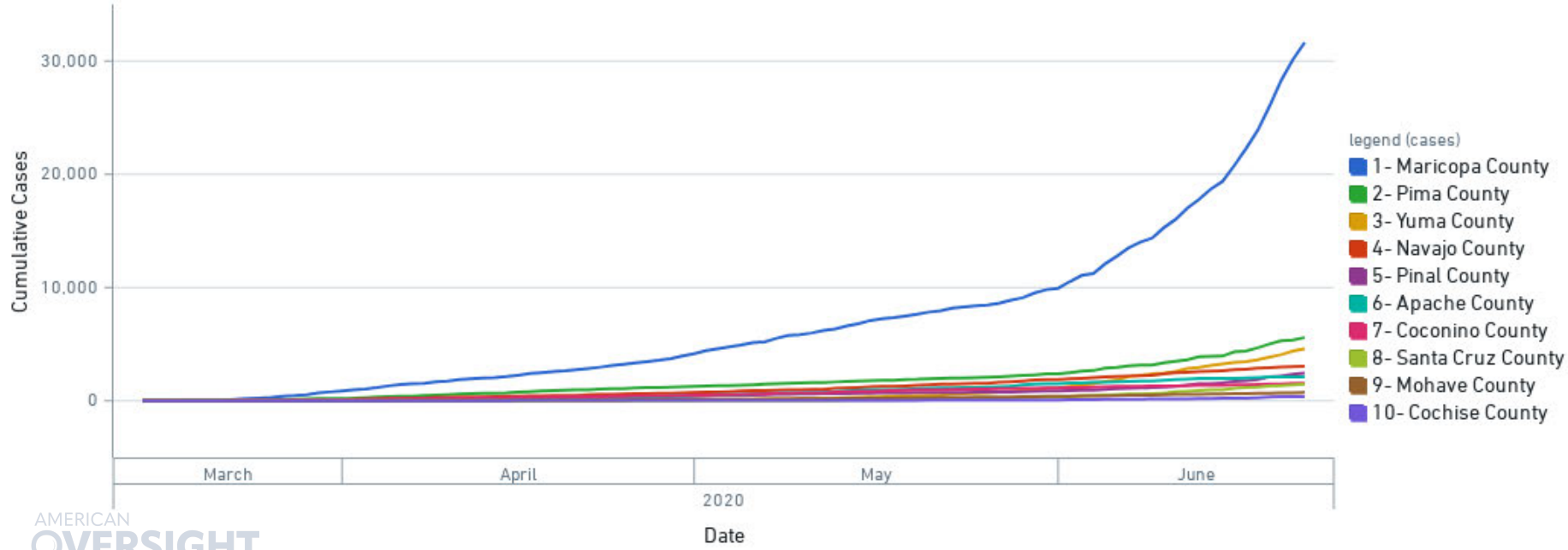
AMERICAN OVERSIGHT

NIH FOIA 000603

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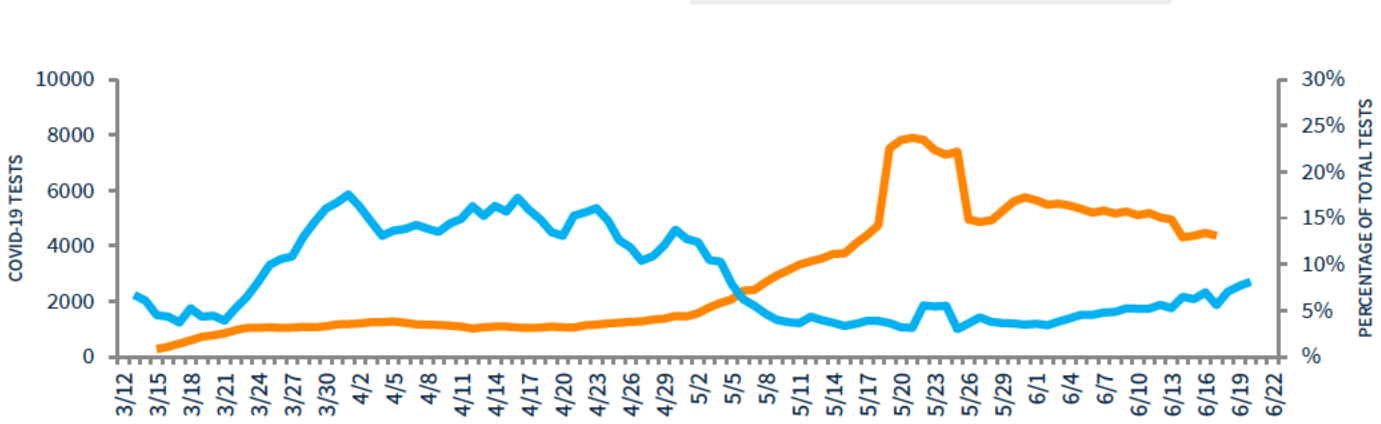
AZ - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

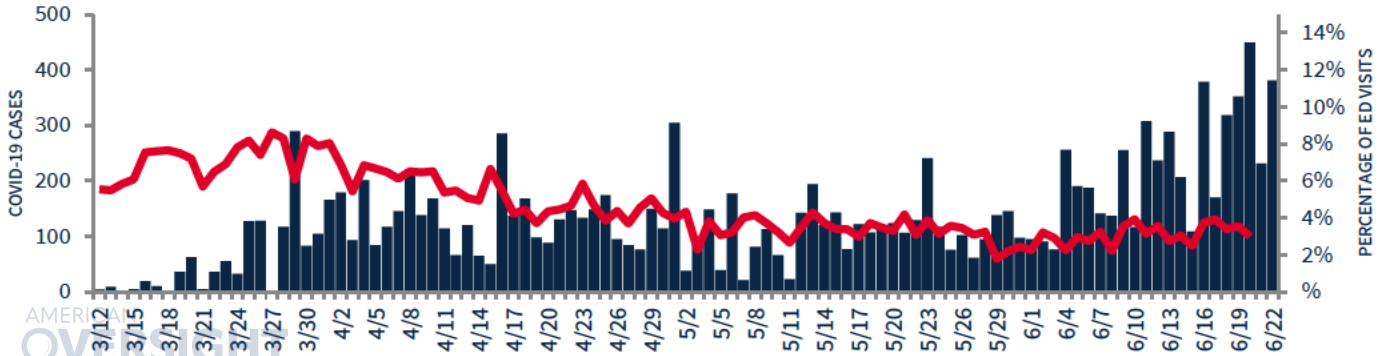
state: AZ, date: 2020-06-22



AMERICAN OVERSIGHT

TRENDS IN NEVADA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	8.1%
NEW CASES PER 100K / DAY	11 (weekly avg.)
TESTING PER 100K / DAY	144 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.8%
INCIDENCE	+50%
TESTING PER 100K / DAY	-24
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	28 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.3%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

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[1] *Calculated over the most recent 3 days of data*

[2] *Average of the last 3 days*

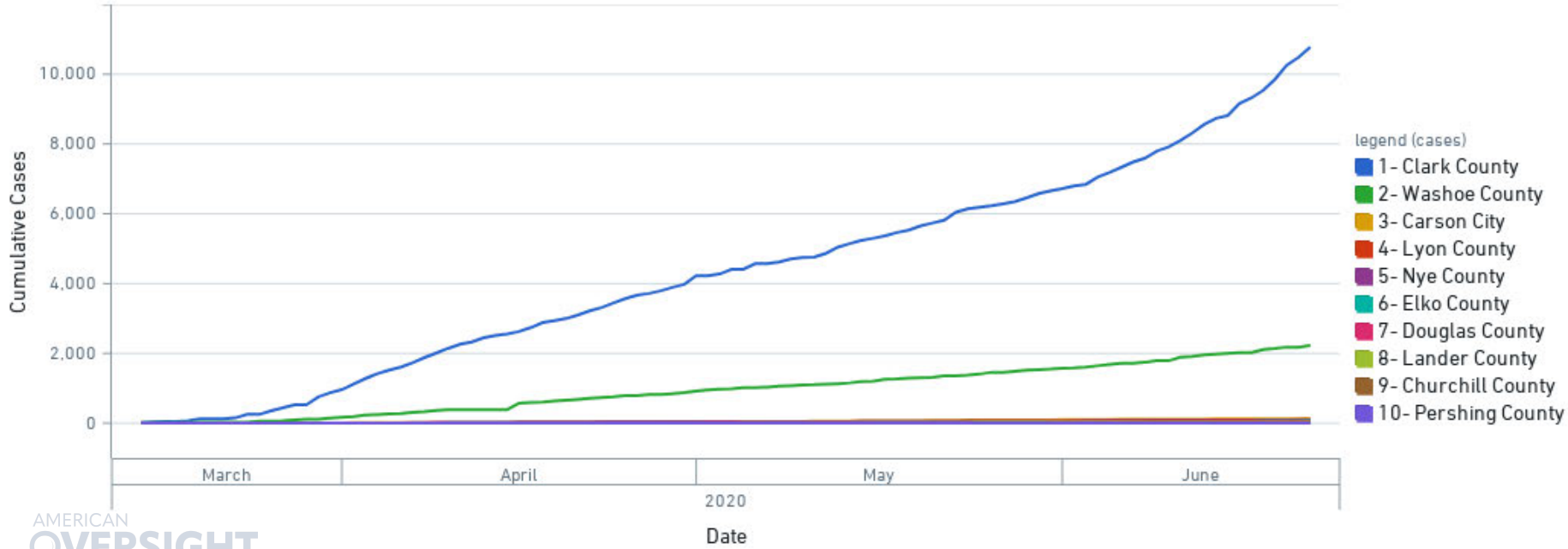
AMERICAN OVERSIGHT

NIH FOIA 000605

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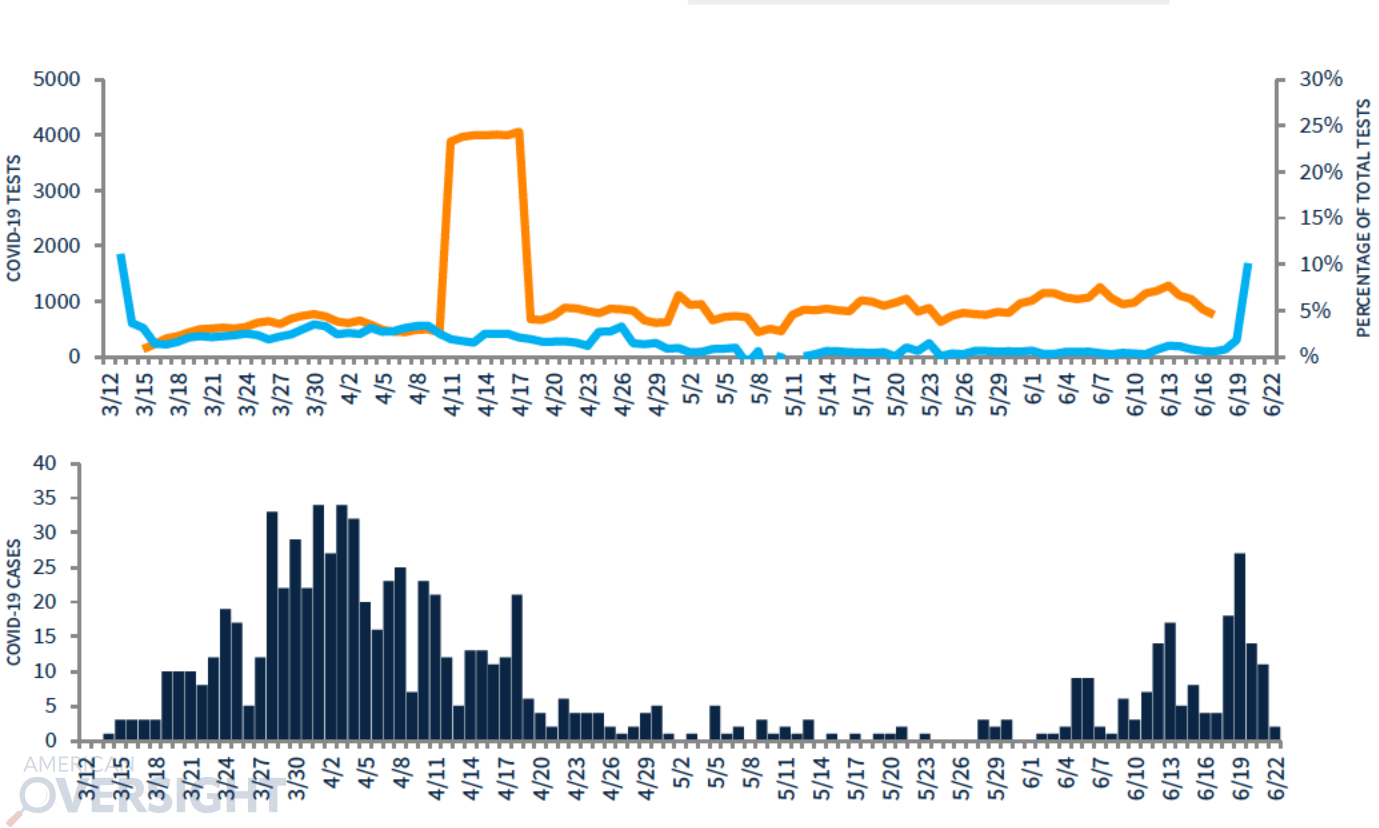
NV - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: NV, date: 2020-06-22



AMERICAN OVERSIGHT

TRENDS IN HAWAII



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	10.1%
NEW CASES PER 100K / DAY	1 (weekly avg.)
TESTING PER 100K / DAY	53 (weekly avg.)
BED UTILIZATION[2]	49%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+8.9%
INCIDENCE	+33%
TESTING PER 100K / DAY	-15
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	221 per sq mi
% OVER 60	25%
CRUDE CVD PREVALENCE	2.5%

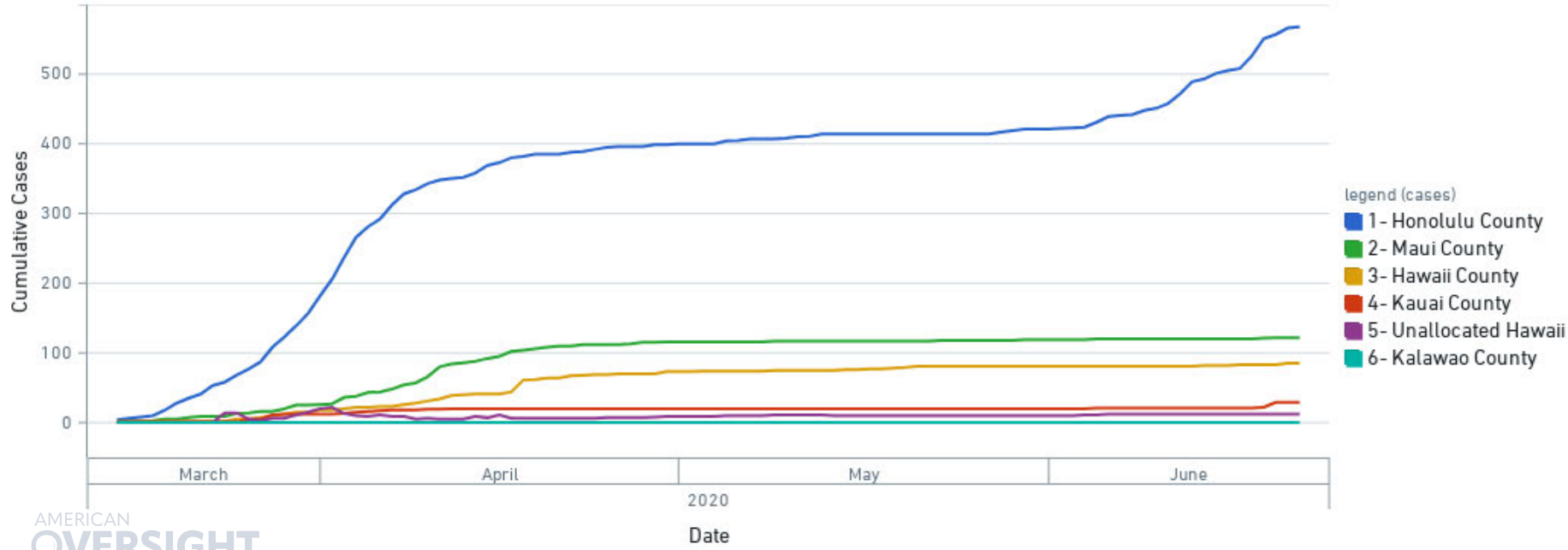
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[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting.
Testing & hospital data based on best available data in HHS Protect

AMERICA OVERSIGHT
NIH FOIA 000607
HHS-NIH-20-0496-A-000607

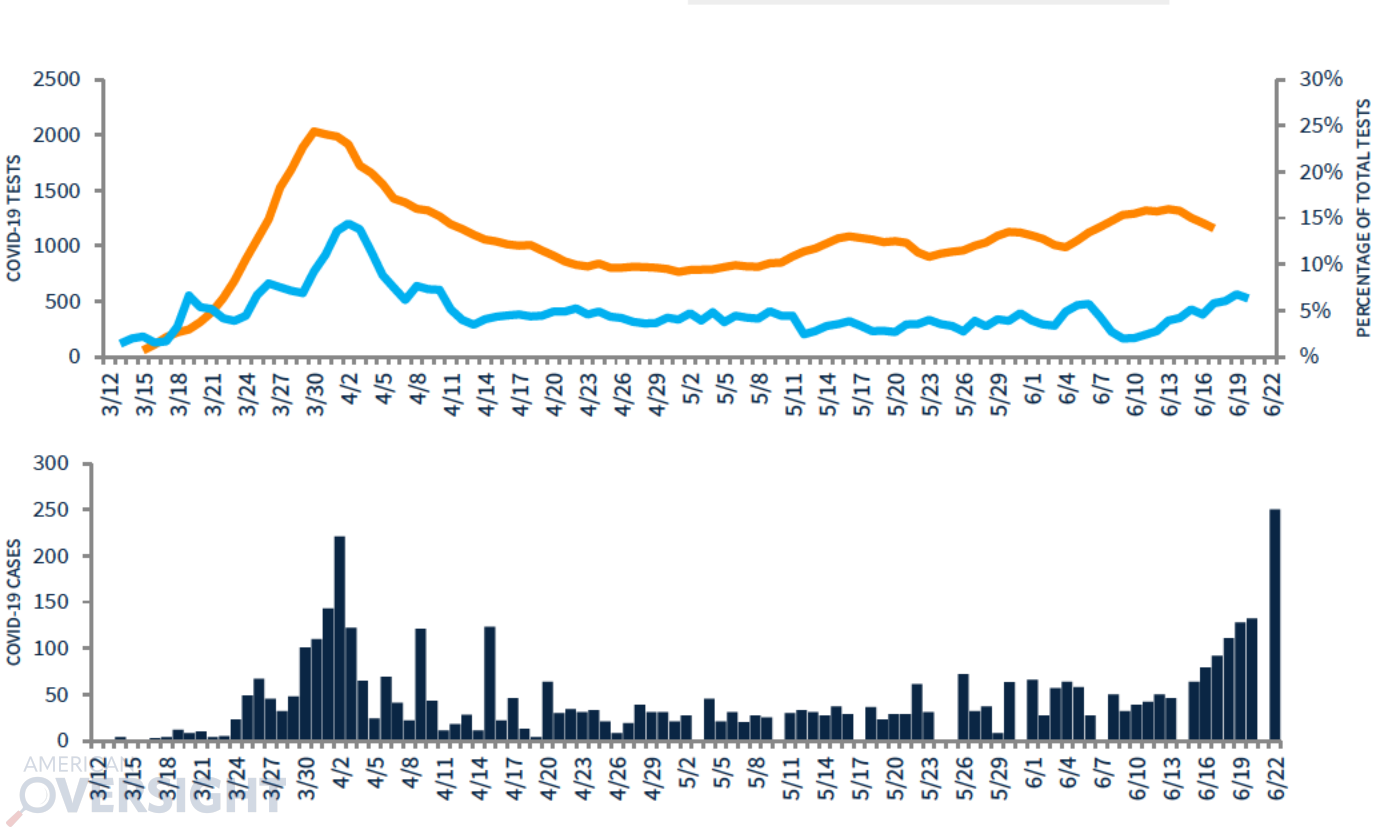
HI - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: HI, date: 2020-06-22



AMERICAN OVERSIGHT

TRENDS IN IDAHO



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.3%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	66 (weekly avg.)
BED UTILIZATION[2]	45%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.4%
INCIDENCE	+190%
TESTING PER 100K / DAY	-7
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	21 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.3%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Not enough CLI syndromic surveillance data to

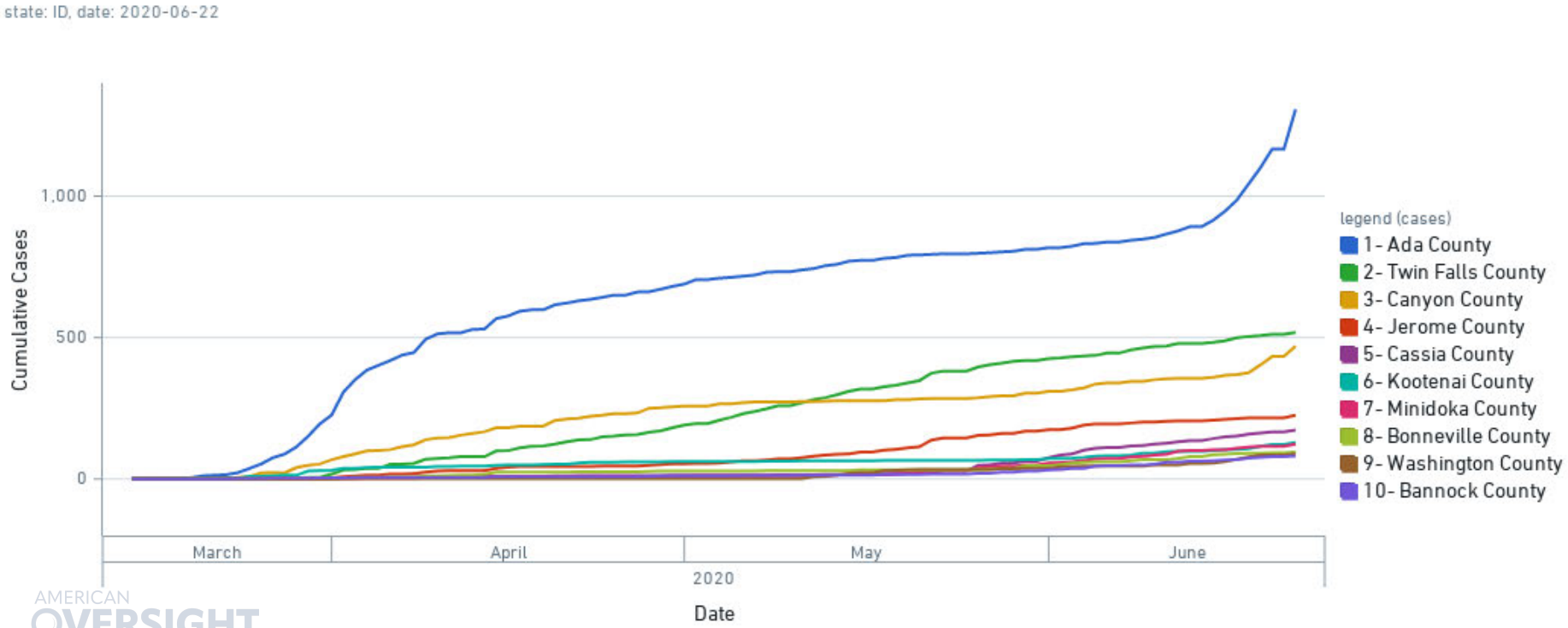
Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT

NIH FOIA 000609

HHS-NIH-20-0496-A-000609

ID - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

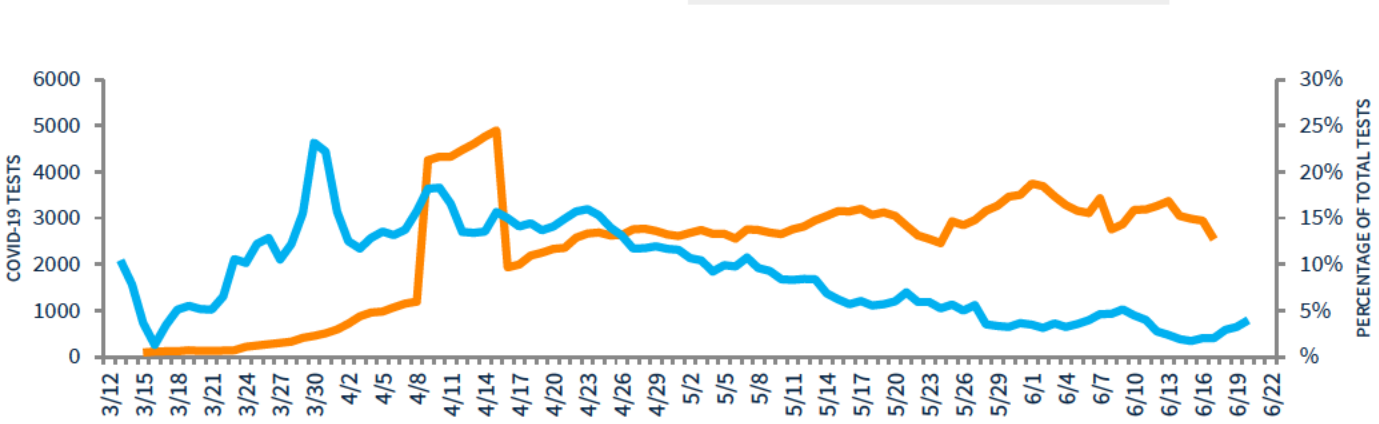


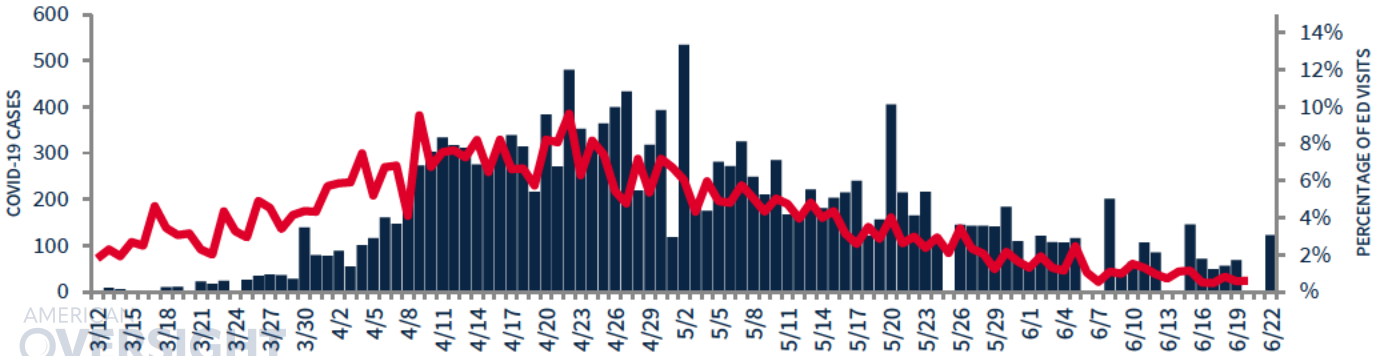
AMERICAN OVERSIGHT

CASE, TESTING, AND SYNDROMIC SURVEILLANCE DATA
Early alert concerns

AMERICAN OVERSIGHT

TRENDS IN RHODE ISLAND





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	3.9%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	240 (weekly avg.)
BED UTILIZATION[2]	68%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.6%
INCIDENCE	-19%
TESTING PER 100K / DAY	-60
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	1023 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.8%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

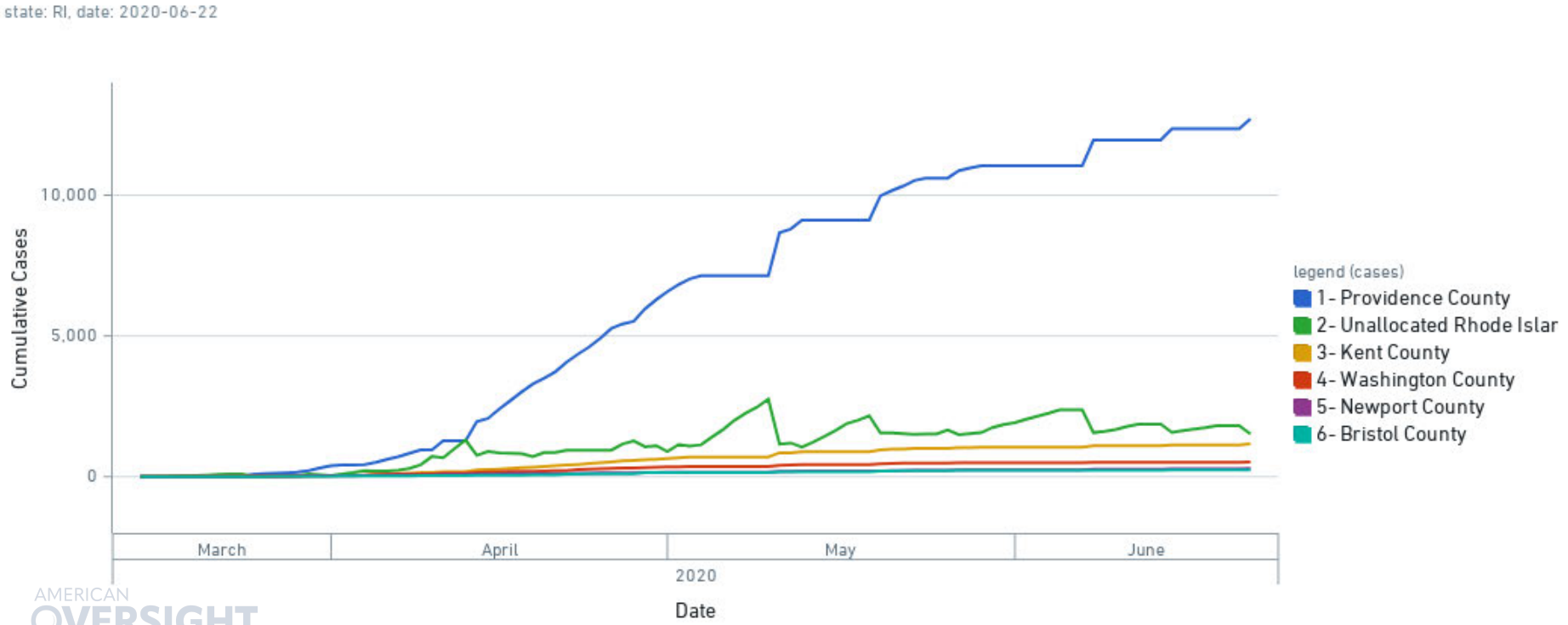
[2] Average of the last 3 days

AMERICAN OVERSIGHT

NIH FOIA 000612

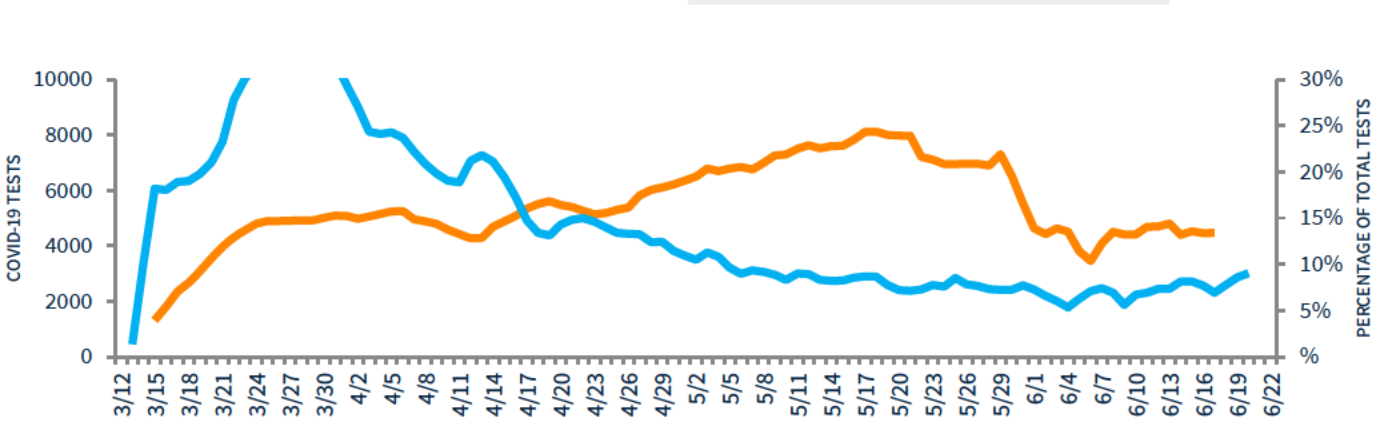
HHS_NIH-20-0496-A-000612

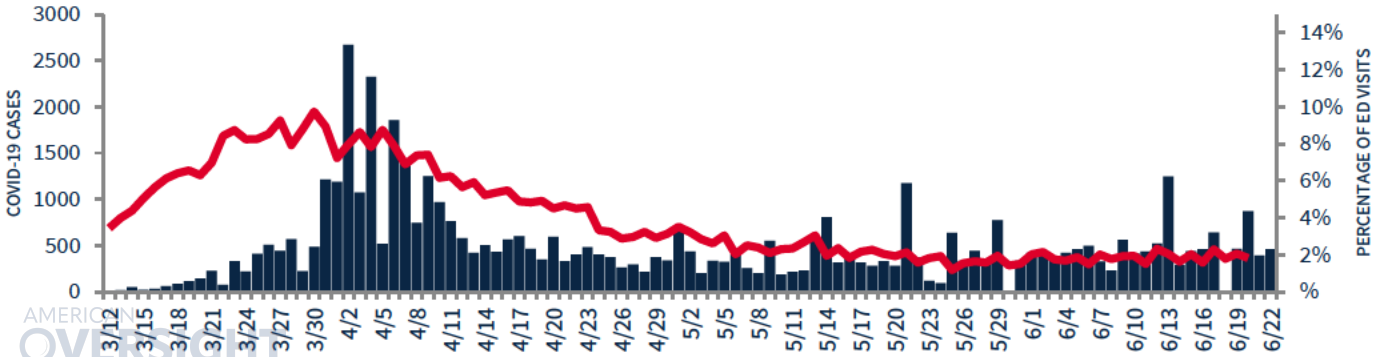
RI - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks



AMERICAN OVERSIGHT

TRENDS IN LOUISIANA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.0%
NEW CASES PER 100K / DAY	10 (weekly avg.)
TESTING PER 100K / DAY	96 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.7%
INCIDENCE	-16%
TESTING PER 100K / DAY	+1
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	108 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.3%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

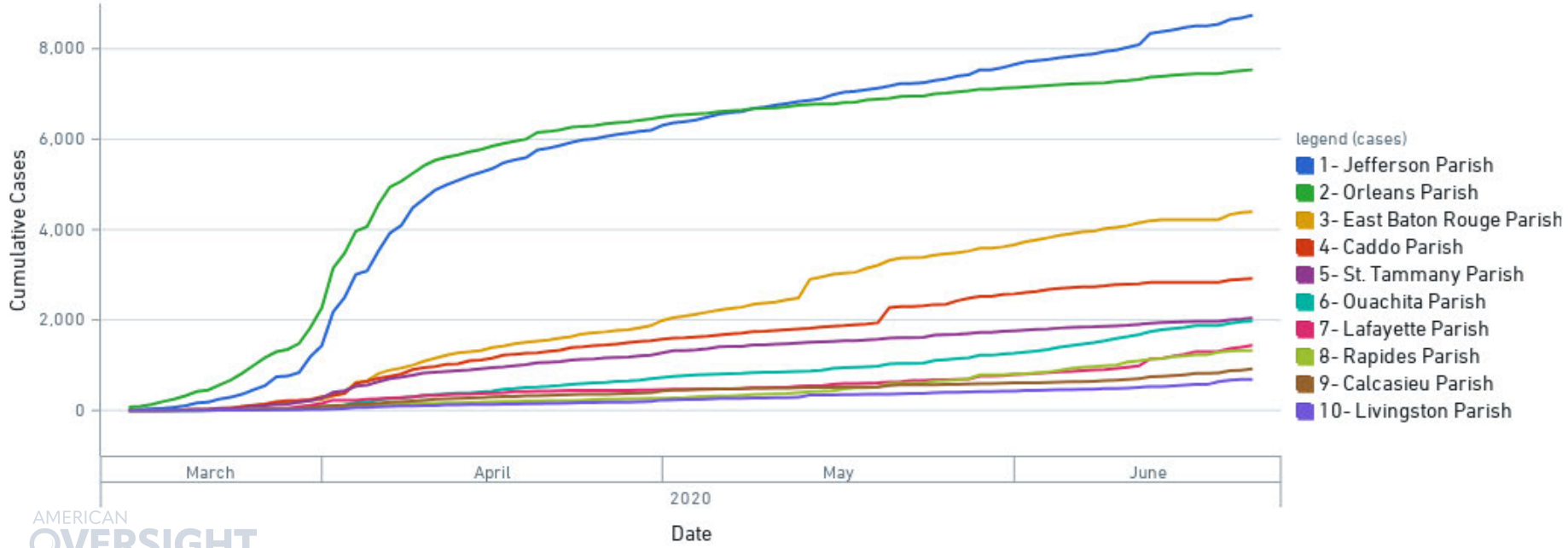
[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

AMERICAN OVERSIGHT
NIH FOIA 000614
HHS_NIH-20-0496-A-000614

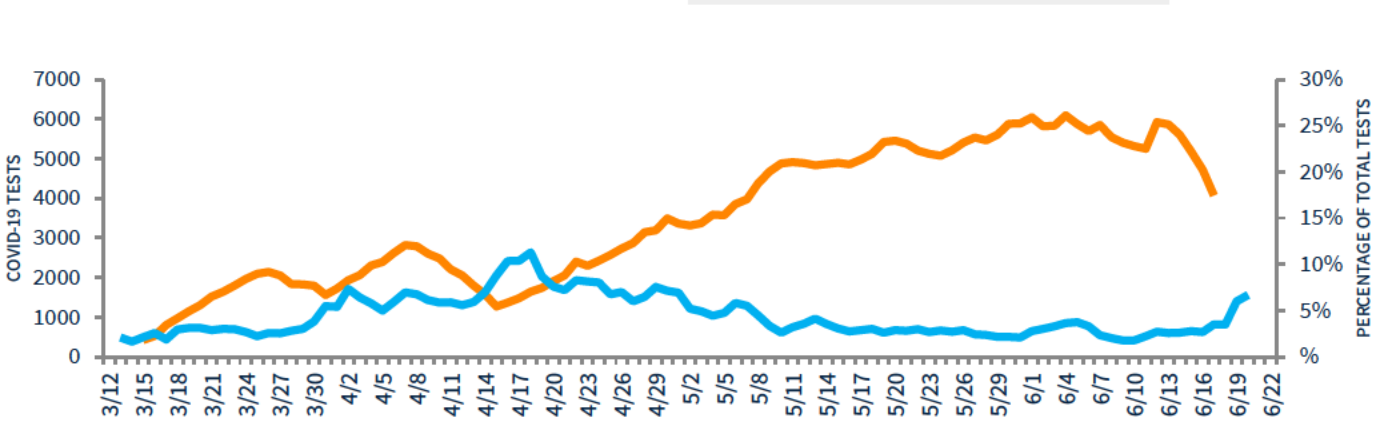
LA - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

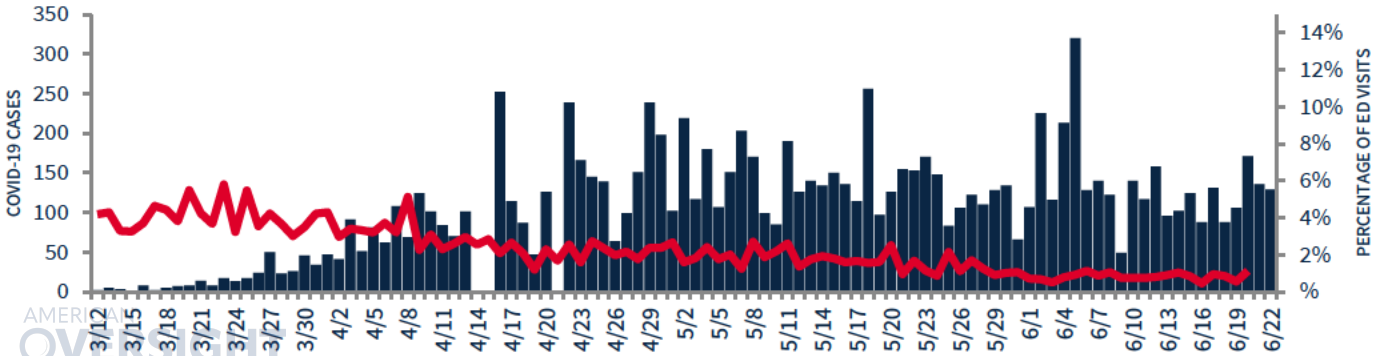
state: LA, date: 2020-06-22



AMERICAN OVERSIGHT

TRENDS IN NEW MEXICO





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.7%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	194 (weekly avg.)
BED UTILIZATION[2]	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+4.1%
INCIDENCE	+8%
TESTING PER 100K / DAY	-59
BED UTILIZATION	-3%

RISK FACTORS

POPULATION DENSITY	17 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.0%

Sources: Cases - USAFacts.org. ED visits - ESSENCE. COVID-19 test results - public health labs, 5 main commercial labs, and incomplete hospital reporting. Testing & hospital data based on best available data in HHS Protect

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

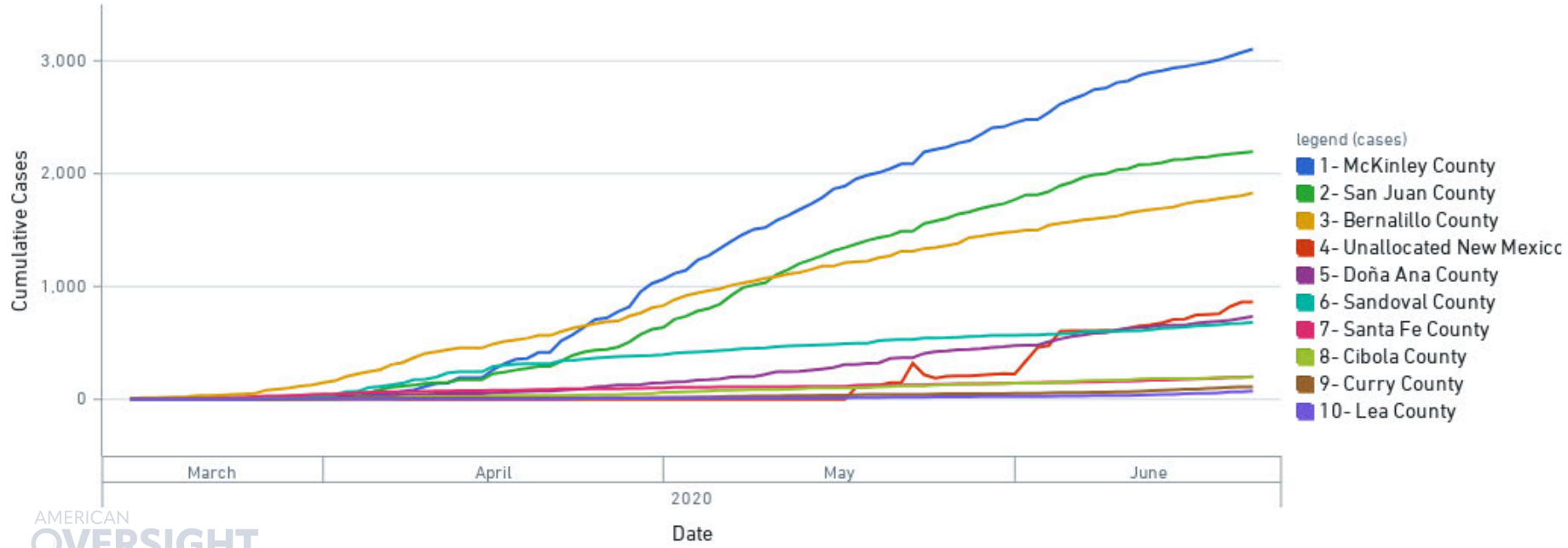
AMERICAN OVERSIGHT

NIH FOIA 000616

HHS_NIH-20-0496-A-000616

NM - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: NM, date: 2020-06-22



AMERICAN OVERSIGHT

Protecting the COVID19 vulnerable individuals

Decreasing risk for the vulnerable in multigenerational households

- All family and household members must work together to decrease the potential for transmission within the household including social distancing and personal hygiene
- Household members without risk conditions should do the majority of required outside activities (shopping, medicine pickups etc)
- Household members with high risk exposures need to internally maximally self isolate from the vulnerable family member
- When visiting family in assisted living and nursing homes – if possible outside with distance and masks

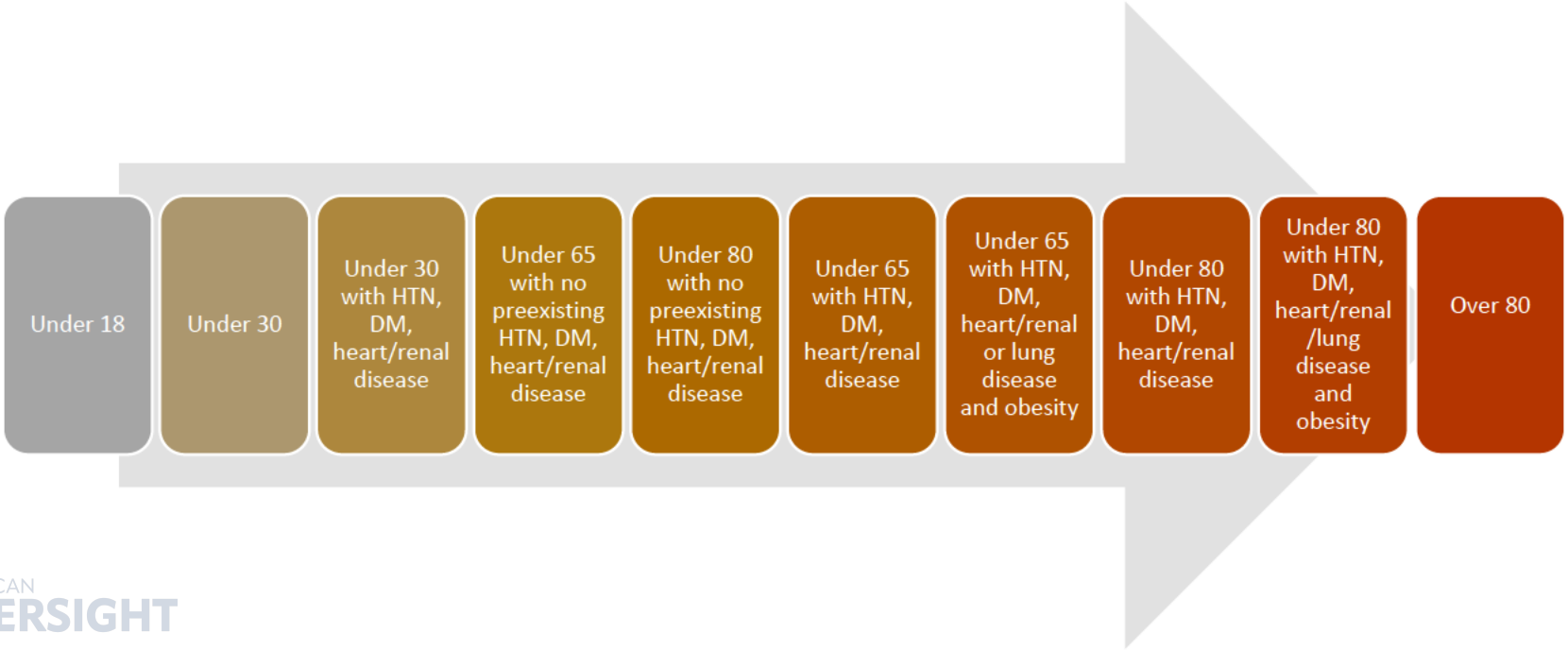
Decreasing risk to vulnerable in public

- Household members with lower risk should perform the required public activities
- Americans must ensure they responsibly social distant from seniors to support seniors
- Americans should support those with vulnerabilities wearing masks to ensure additional social distancing to support them
- Special and respected hours for vulnerable Americans to shop, dine, socialize

Vulnerable individuals actions to decrease risk their risk

- Minimize exposure to others outside of your immediate household
- Ensure younger members of household are aware of key elements to decrease exposure and risk
- Social distant, wear masks when social distance cannot be maintained
- Limited exposure to all gatherings – use take out or outside dining only

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Example of simple risk reduction : risk increases as you move to the right – reconfiguring cities to increase outdoor options



AMERICAN OVERSIGHT



AMERICAN OVERSIGHT

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Wed, 24 Jun 2020 15:26:49 -0500
To:
Subject: White House Coronavirus Task Force Meeting Materials 6.24.20
Attachments: Supply Chain Slide 6.24.pptx, Economic NIE travel 6.20 (002).docx, WH JFK Seating Chart 6.24.20.pptx, WH Coronavirus TF Agenda 6.24.20 v2.docx
Importance: High

Good afternoon,

Attached are the materials for this afternoon's **White House Coronavirus Task Force Meeting** at 5:00pm.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

Supply Chain Advisory Group(SCAG) Summary of Actions – 24 Jun 20

FEMA

Strategic National Stockpile (status delivered)

(b) (5)

Donations (status delivered)

(b) (5)

(b) (5)

(b) (5)

AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000623

Economic National Interest Exceptions under Presidential Proclamations 9993 and 9996 for Travelers from the Schengen area, the United Kingdom, and Ireland

Travel that substantially benefits the recovery of the U.S. economy and foreign direct investment in the United States is within the scope of the application of the "national interest" exception (NIE) to the suspension and limitation of aliens into the United States, pursuant to Presidential Proclamations 9993 and 9996.

The Department of State (State) and the Department of Homeland Security (DHS) intend to consider requests for national interest exceptions to the travel restrictions in the aforementioned proclamations that they determine fall within the categories below, in addition to other cases they deem appropriate.

1. Economic: Temporary travel that provides a substantial economic benefit and facilitates the reopening and recovery of the U.S. economy. Examples may include:
    - **Technical experts** and **specialists** to install, service, or maintain machinery and other specialized equipment under service agreements and contracts used by U.S. and foreign firms with a substantial investment in the United States. Travel is temporary in nature and of a short, defined period of time.
    - **Senior-level executives** and **managers** who provide strategic direction necessary for the success of the company.
    - **Professional athletes, dependents, and essential staff** who enter the United States to participate in major sporting events, which bolster the U.S. economy.

2. Investors: Temporary travel in connection with investment or trade in the U.S. economy that generates a substantial economic impact, including **Investors** and **Treaty Traders** and the senior-level employees who provide strategic direction of expertise to the success of the investment, as evaluated on a case-by-case basis.

3. Public Health: Travel to assist or conduct research specific to COVID-19 mitigation, to continue ongoing research in an area with a substantial public health benefit (e.g. cancer research), or fill a critical medical professional shortage, as evaluated on a case-by-case basis.

Identifying, Approving, and Facilitating Travel in the National Interest

State intends to authorize Chiefs of Mission (COM) and Principal Officers (PO) at overseas missions to act as designees who can exercise the Secretary's authority, on a case-by-case basis, to grant exceptions in the national interest for travelers who fall within the categories described above.

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For travelers under the Visa Waiver Program (VWP) or travelers who have a valid visa, State and DHS intend to coordinate a process whereby U.S. missions overseas, following review and approval by the COM or PO, provide appropriate traveler information to DHS.

For travelers who require a visa adjudication, State intends to develop a process whereby U.S. missions overseas, following review and approval by the COM or PO, will process the visa applications according to existing procedures for mission-critical travel, subject to local conditions and resources.

State and DHS intend to coordinate with the Department of Health and Human Services (HHS) to develop and implement, as necessary, measures to reduce the risk that that NIE travelers may introduce, transmit, or spread SARS-CoV-2 within the United States.

AMERICAN OVERSIGHT

NIH FOIA 000625

HHS-NIH-20-0496-A-000625

WHSR JFK Conference Room (West Wing)
DATE: 24 JUNE 2020
TIME: 1700 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

Dr. Bob Redfield

Dep. Sec. Ken Cuccinelli

Kellyanne Conway

Dr. John Fleming

EAST

Sec. Gene Scalia

Doug Hoelscher

Katie Miller

Dep. Sec. Steve Biegun

Marc Short

Dr. Anthony Fauci

Debbie Birx, M.D.

Stephen Miller

WH Press

Seema Verma

Dr. Jerome Adams

Thomas Engels

A/S Joel Szabat

Pat Philbin

WEST - WINDOWS

DOOR

Vice President

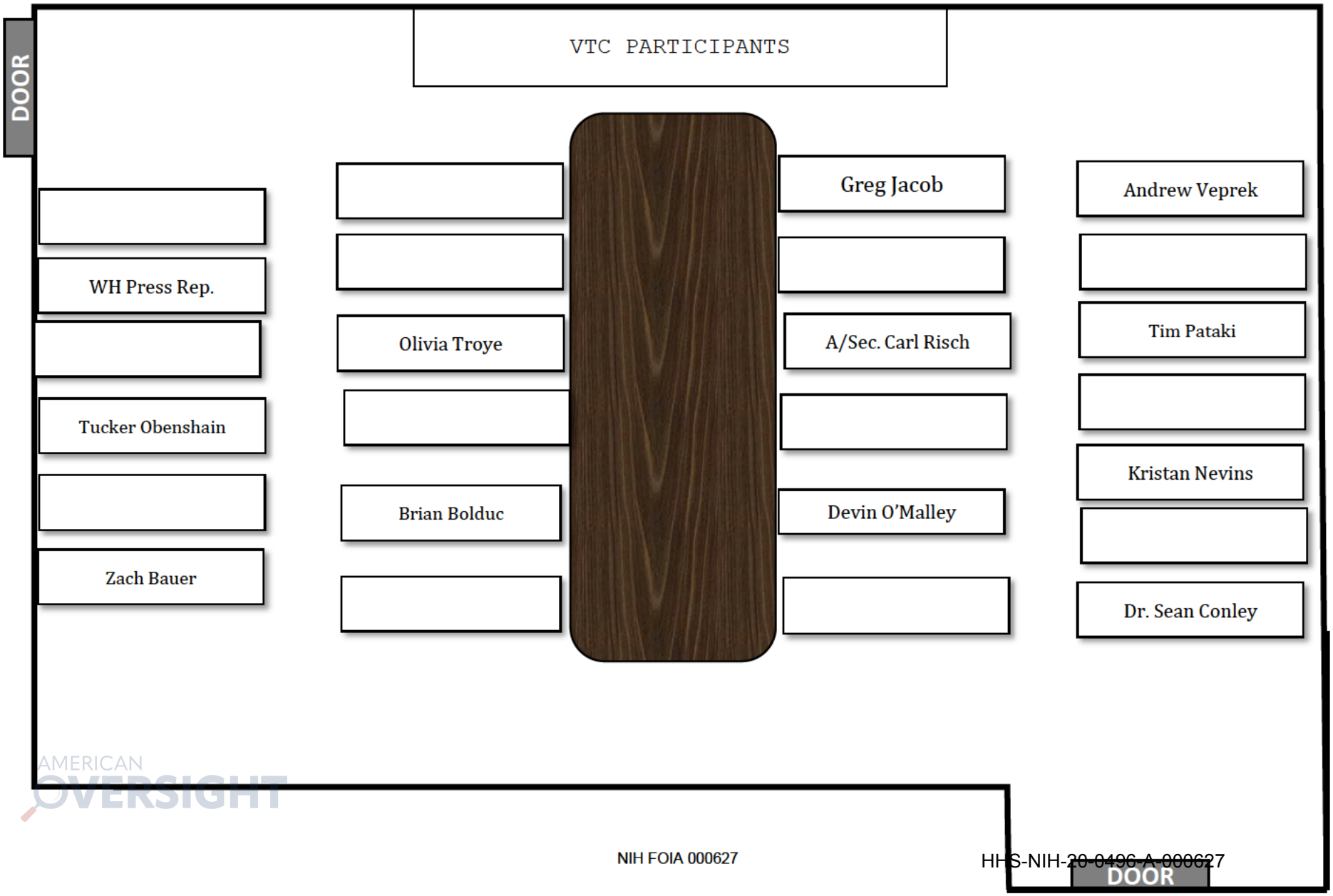
AMERICAN OVERSIGHT

NORTH

NIH FOIA 000626

HHS-NIH-20-0496-A-000626

WHSR EXEC OVER FLOW
DATE: 24 JUNE 2020
TIME: 1700 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000627

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Wednesday, June 24, 2020
5:00pm EST

I. **Opening Remarks –** Vice President Pence

II. **Data Modeling & Reporting –** Dr. Debbie Birx, M.D.

III. **NRCC & Supplies Update –** Administrator Pete Gaynor (FEMA) & Admiral John Polowczyk (FEMA)

IV. **Testing –** Admiral Brett Giroir (HHS)

V. **Laboratory Testing Prices –** Seema Verma, Administrator (HHS)

VI. **212f Schengen, UK & Ireland Economic Exemptions –** Deputy Secretary Steve Biegun (State)

VII. **States Reopening Update –** Doug Hoelscher, Director (IGA)

VIII. **Concluding Remarks –** Vice President Pence

AMERICAN OVERSIGHT

From: Pottinger, Matthew F. EOP/WHO <(b) (6)
Sent: Mon, 15 Jun 2020 17:38:15 -0500
To: Fauci, Anthony (NIH/NIAID) [E]
Cc: Collins, Francis (NIH/OD) [E];Berg, Jeremy
Subject: RE: Paper from China on human ACE2 knockin mice

Tony,
I'll read it with interest. Thanks for flagging it. (I heard you this morning on the radio touting the importance of masks. Thank you!).
Yours,
Matt

From: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)
Sent: Monday, June 15, 2020 3:00 PM
To: Pottinger, Matthew F. EOP/WHO <(b) (6)
Cc: Collins, Francis (NIH/OD) [E] <(b) (6) Berg, Jeremy <(b) (6)
Subject: [WARNING: UNSCANNABLE EXTRACTION FAILED]Paper from China on human ACE2 knockin mice

Matt:

I spoke today with Dr. Jeremy Berg, former Director of NIH's National Institute of General Medical Sciences. He is currently the Director of the University of Pittsburgh Institute for Personalized Medicine. Jeremy is a well-respected molecular biologist. He sent me an online version of a manuscript from *Cell Host & Microbe* that will appear in print on July 8 2020 (see attached). It is a description of a mouse model for SARS-CoV-2 that was created by knocking in the gene for human ACE2, the receptor for SARS-CoV-2. The issue that he pointed out to me was that the studies were done in April 2020 and some of the mice were aged (for study reflecting aged people) and were described as 30 weeks old (old for a mouse). The point he brings up is that 30 weeks from April14 2020 is Sept, 17 2019. It is true that ACE2 is also the receptor for SARS-CoV-1, and so they could have created a new mouse model for a disease that they had already been studying but that disappeared 16-17 years ago or, they could have been aware of a new disease last summer that uses this ACE2 receptor. Given the recent bits of information coming out of intelligence that there may have been some COVID-19 activity in China around the summer of 2019, he wanted me to bring this to the attention of any government officials who might be interested in checking this out.

Best regards,
Tony

AMERICAN OVERSIGHT

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)
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AMERICAN OVERSIGHT

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Fri, 26 Jun 2020 06:28:58 -0500
To:
Subject: WH Coronavirus TF PowerPoint 6.26.20
Attachments: WH Coronavirus TF PowerPoint 6.26.20.pptx
Importance: High

All –

Please see Dr. Birx's PowerPoint for today, **Friday, June 26, 2020**.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

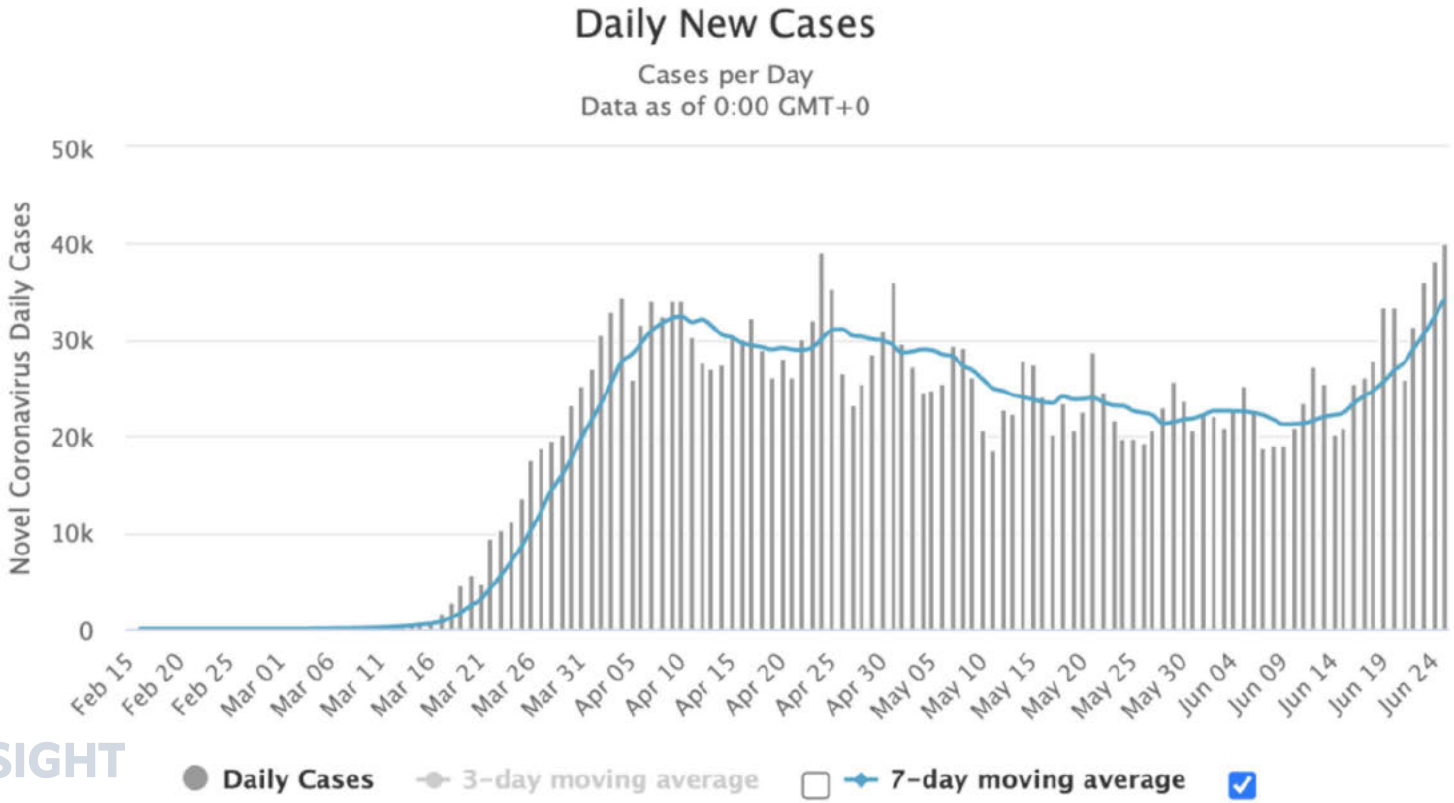
25June2020DataSummary

- Increasing cases week over week with increased hospitalizations in AZ, TX, FL, SC, GA – could hit historic high in new cases this week, substantial acceleration of cases in LA, Phoenix, Houston, Dallas, Miami, Jacksonville
- States with more than 1000 cases 24 June **CA, TX, FL, AZ, NC, SC, GA, MS – AZ, TX and CA with the steepest increase : New ALERT for GA and SC (rising cases, >1000 cases/day and >10%)**
- **16 states with rising cases and percent positive cases : most concerning are CA, TX, FL, SC, AZ – with early alerts for WA, AK, WI, UT, MS, NV, IA (WY, MT, ID – meet criteria but small numbers of cases)**
- **138 USA counties with significant increasing cases triggering the emerging county alert**
- **Starting to see improvement in AL and NC – tracking**
- States with greater than 10% test positives (7-day average): **TX, AZ, FL, MS, SC, AL, GA**
- Metros with greater than 10% positives (7-day average)many approaching 20%: **Austin, Houston, Dallas, Phoenix, San Antonio, Miami, Orlando, Tampa, Las Vegas, Riverside, Atlanta, Memphis, Nashville, Charleston, Charlotte**
- Deaths stable from last week and deaths could rise next week without aggressive action in laser focused metros and countries
- Actions:
  - In every county and metro with increase cases and increasing percent positive need to intensify community testing and contact tracing with isolation of positives and messages of testing in all multigenational households
  - Aggressive outreach and partnership with local community groups and NGOs to expand testing, importance of knowing your status and protecting yourself and others in your community
  - Intensify testing of nursing home employees and agricultural workers and the communities surrounding them to enhance protection of the vulnerable and stop community spread
  - Increase large community screening in counties with rising numbers by creating and validating pool testing, increase county specific testing
  - PSAs for plasma collection to ensure increases availability at all hospitals with new cases, ensure remdesivir available for those meeting criteria
  - Mandate social distancing and masks in public in exploding metros and counties as well as specifically allow only outdoor options for dining and bars.

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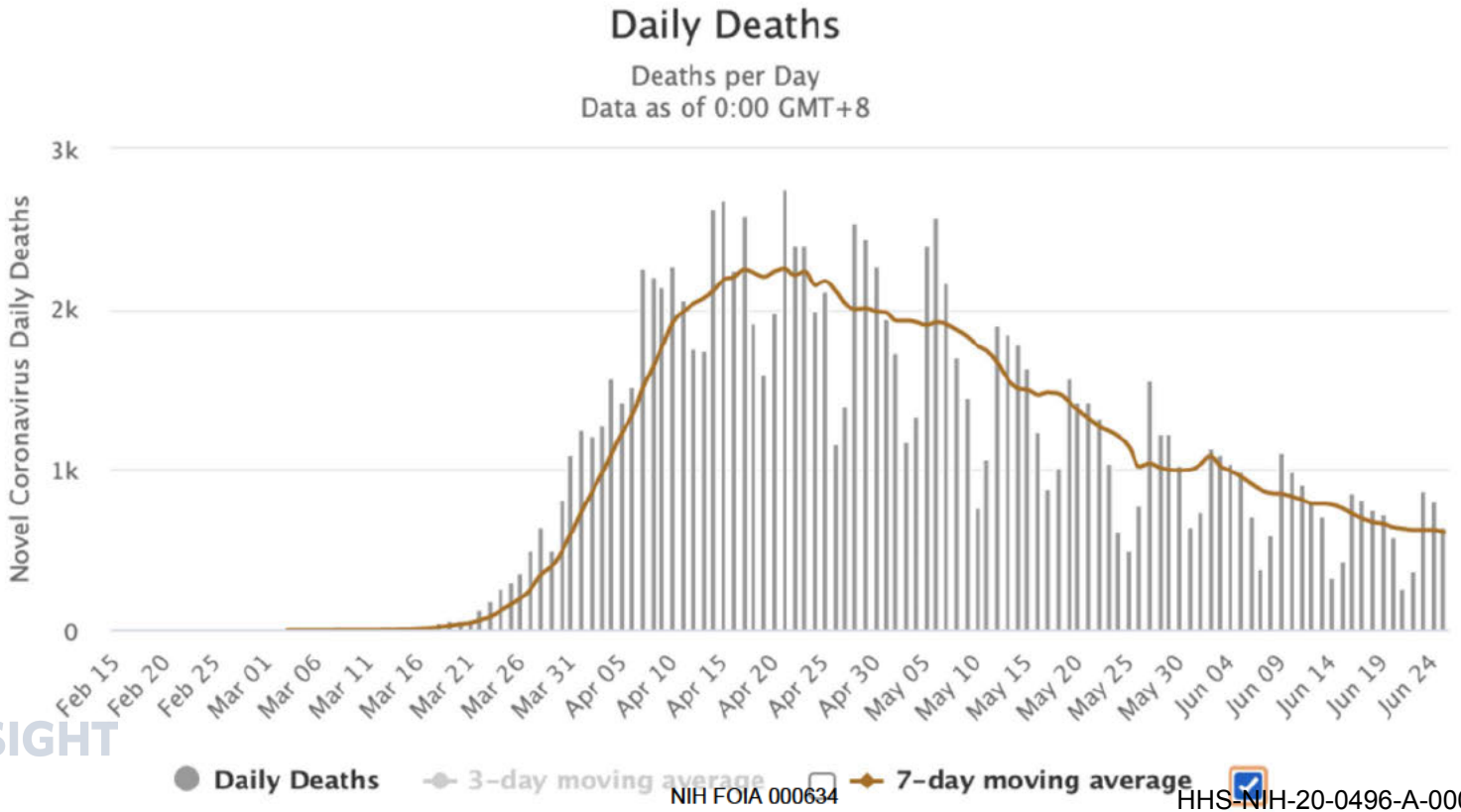
HHS-NIH-20-0496-A-000632

Daily New Cases in the United States

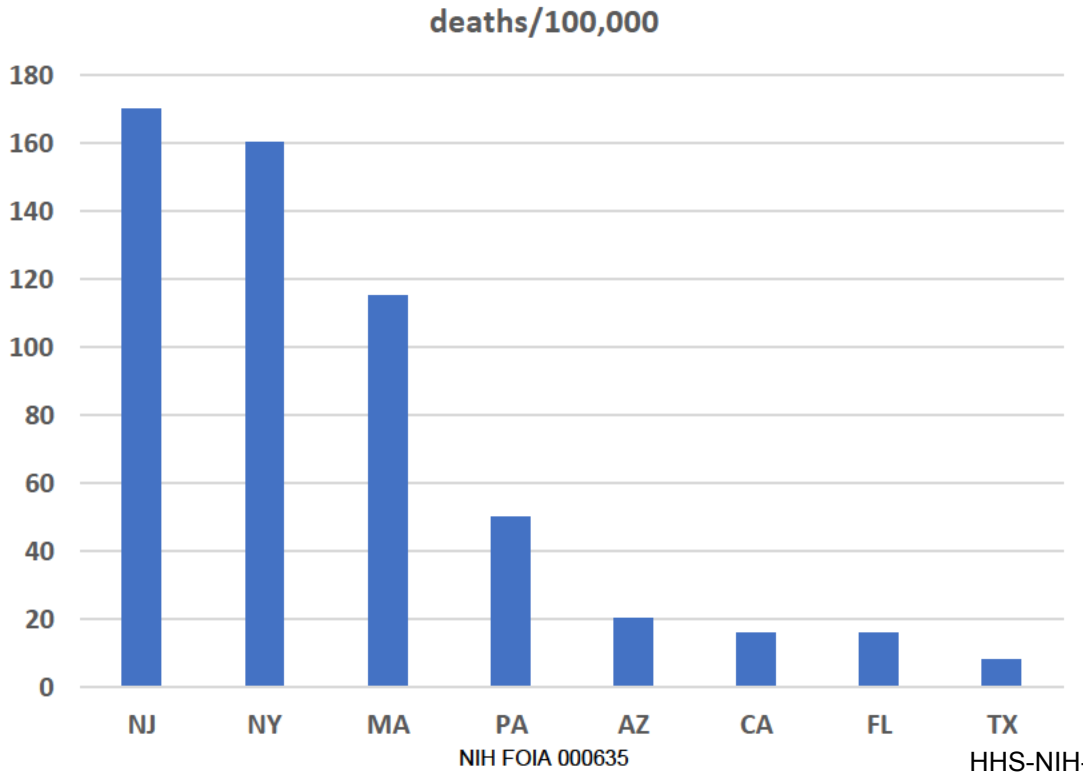


AMERICAN OVERSIGHT

Daily New Deaths in the United States



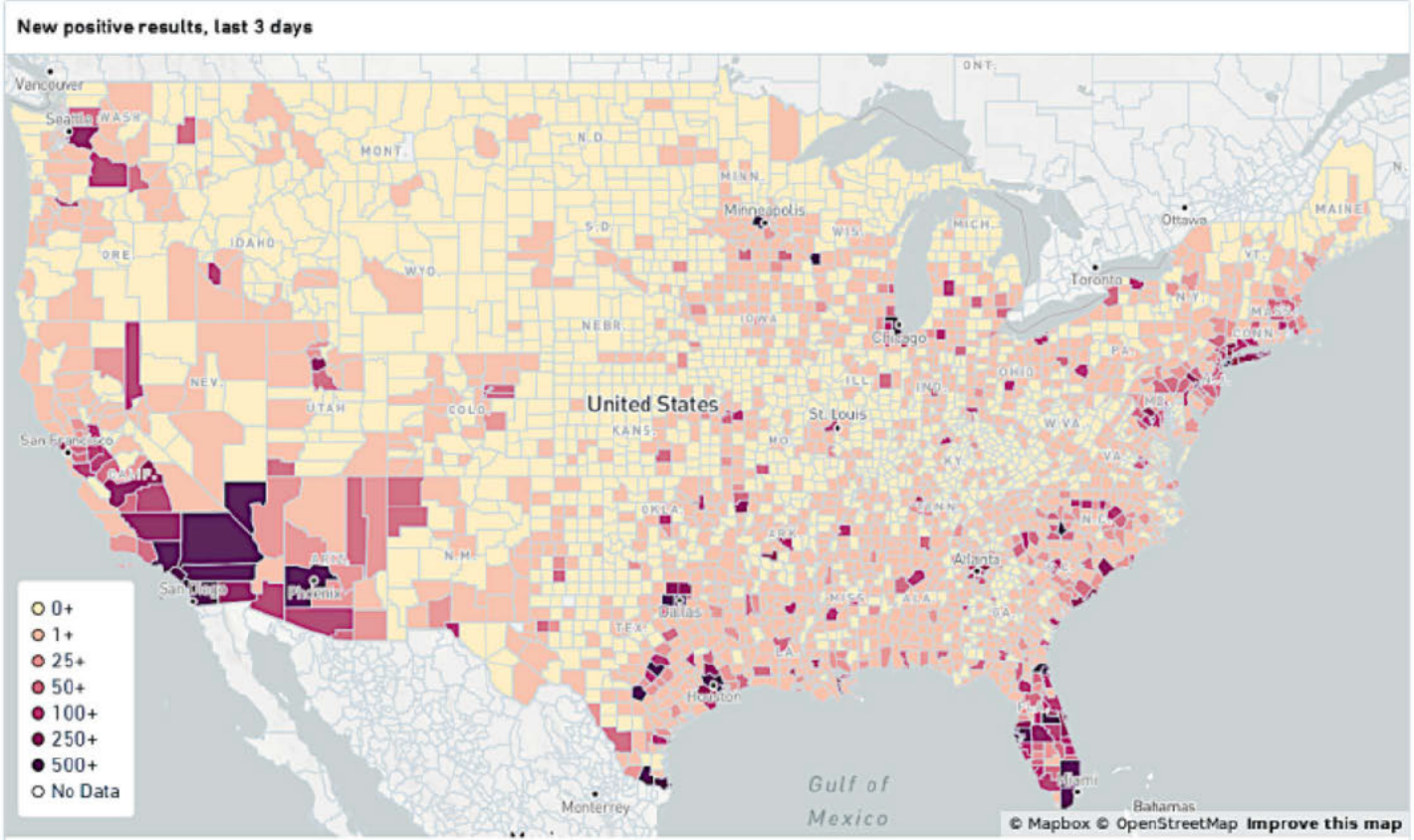
AMERICAN OVERSIGHT



AMERICAN OVERSIGHT

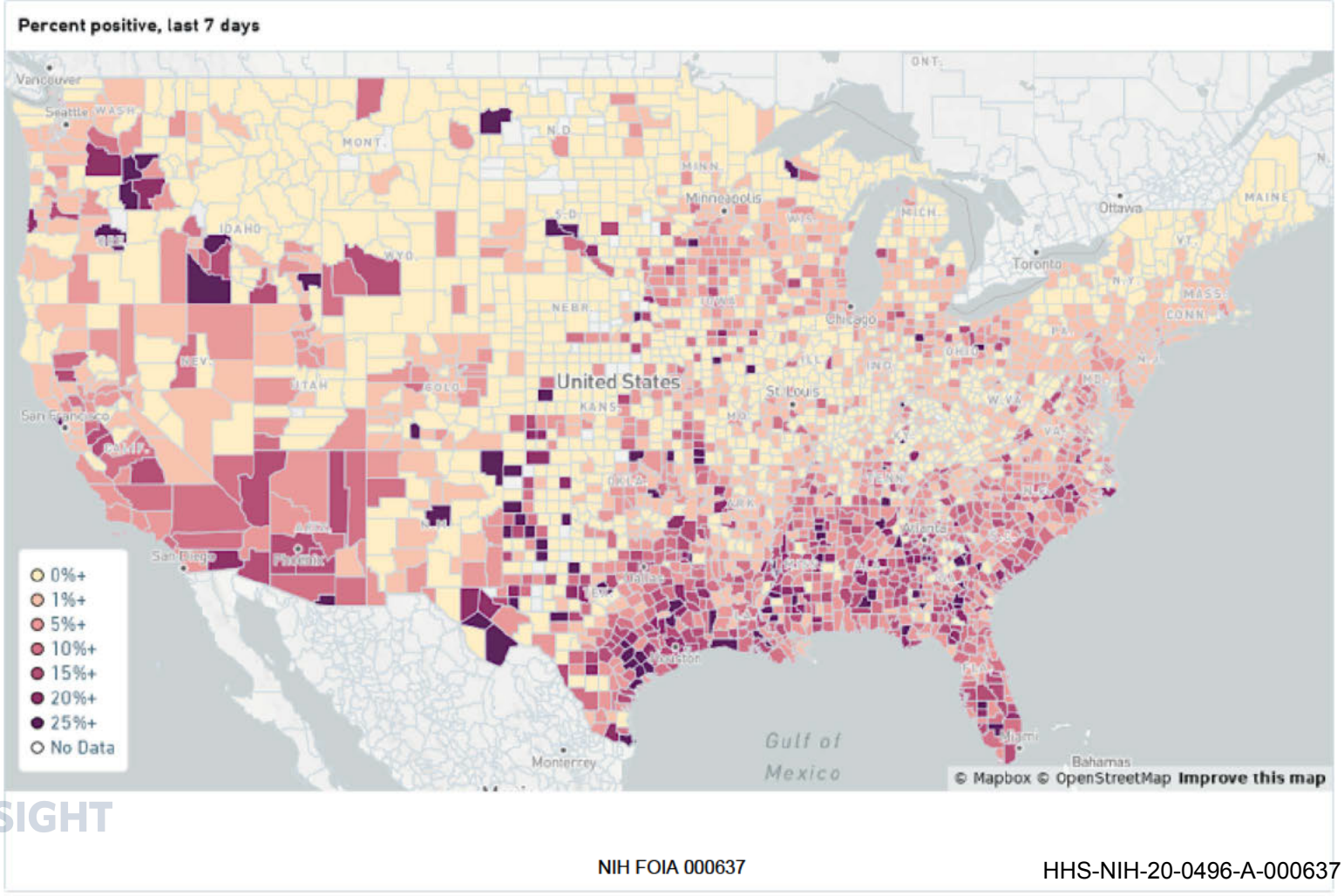
NIH FOIA 000635

HHS-NIH-20-0496-A-000635



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Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days.



AMERICAN OVERSIGHT

Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days.

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop
USA Total	2,504,588	+40,184	126,780	+649	1,325,515	7,567	383	30,732,552	92,847
New York	414,274	+919	31,373	+27	295,188	21,296	1,613	3,619,594	186,063
California	201,004	+5,440	5,809	+80	140,858	5,087	147	3,694,345	93,499
New Jersey	175,346	+364	15,012	+33	120,430	19,741	1,690	1,320,910	148,714
Illinois	139,434	+894	6,810	+40	25,934	11,003	537	1,460,527	115,258
Texas	137,152	+5,960	2,334	+41	60,322	4,730	80	1,875,197	64,671
Florida	114,018	+5,004	3,329	+44	89,038	5,309	155	1,721,812	80,167
Massachusetts	107,837	+226	7,963	+25	8,470	15,646	1,155	867,294	125,832
Pennsylvania	88,338	+562	6,616	+32	15,165	6,900	517	720,223	56,259
Georgia	71,095	+1,714	2,745	+47	62,217	6,696	259	904,154	85,158
Michigan	68,989	+434	6,133	+19	13,566	6,908	614	1,128,330	112,981
Maryland	65,777	+440	3,129	+21	57,774	10,880	518	603,597	99,839
Arizona	63,030	+3,056	1,490	+27	53,401	8,659	205	619,143	85,062
Virginia	59,946	+432	1,675	+14	50,453	7,023	196	654,500	76,680
North Carolina	57,385	+1,147	1,332	+14	18,348	5,471	127	811,278	77,352
Louisiana	53,494	+919	3,172	+12	10,530	11,507	682	660,665	142,115

AMERICAN OVERSIGHT

NIH FOIA 000638

HHS-NIH-20-0496-A-000638

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop
Ohio	48,075	+924	2,795	+16	34,253	4,113	239	699,630	59,853
Connecticut	45,994	+81	4,298	+11	32,151	12,901	1,206	408,943	114,701
Indiana	43,655	+515	2,586	+8	8,033	6,484	384	444,252	65,989
Tennessee	38,034	+799	567	+11	12,187	5,569	83	727,268	106,494
Minnesota	34,123	+360	1,441	+9	2,828	6,051	256	542,696	96,229
Alabama	33,206	+1,142	896	+5	13,444	6,772	183	369,005	75,258
Colorado	31,479	+324	1,669	+2	24,390	5,466	290	299,772	52,055
Washington	31,432	+592	1,300	+6	19,845	4,128	171	505,795	66,422
South Carolina	29,022	+1,125	693	+10	16,012	5,637	135	370,794	72,017
Iowa	27,296	+556	696	+3	9,563	8,651	221	278,444	88,253
Wisconsin	26,227	+464	766	+9	4,904	4,504	132	527,666	90,626
Mississippi	24,516	+1,092	1,016	+5	6,258	8,237	341	277,169	93,130
Missouri	19,950	+362	1,006	+5	14,851	3,251	164	379,916	61,902
Utah	19,374	+590	164	+1	8,568	6,043	51	312,054	97,336
Nebraska	18,346	+125	260	+3	5,772	9,484	134	165,195	85,398
Arkansas	18,062	+687	240	[illegible]	[illegible]	5,985	80	[illegible]	[illegible]
Rhode Island	16,640	+34	920	+8	14,132	15,708	868	228,140	215,356

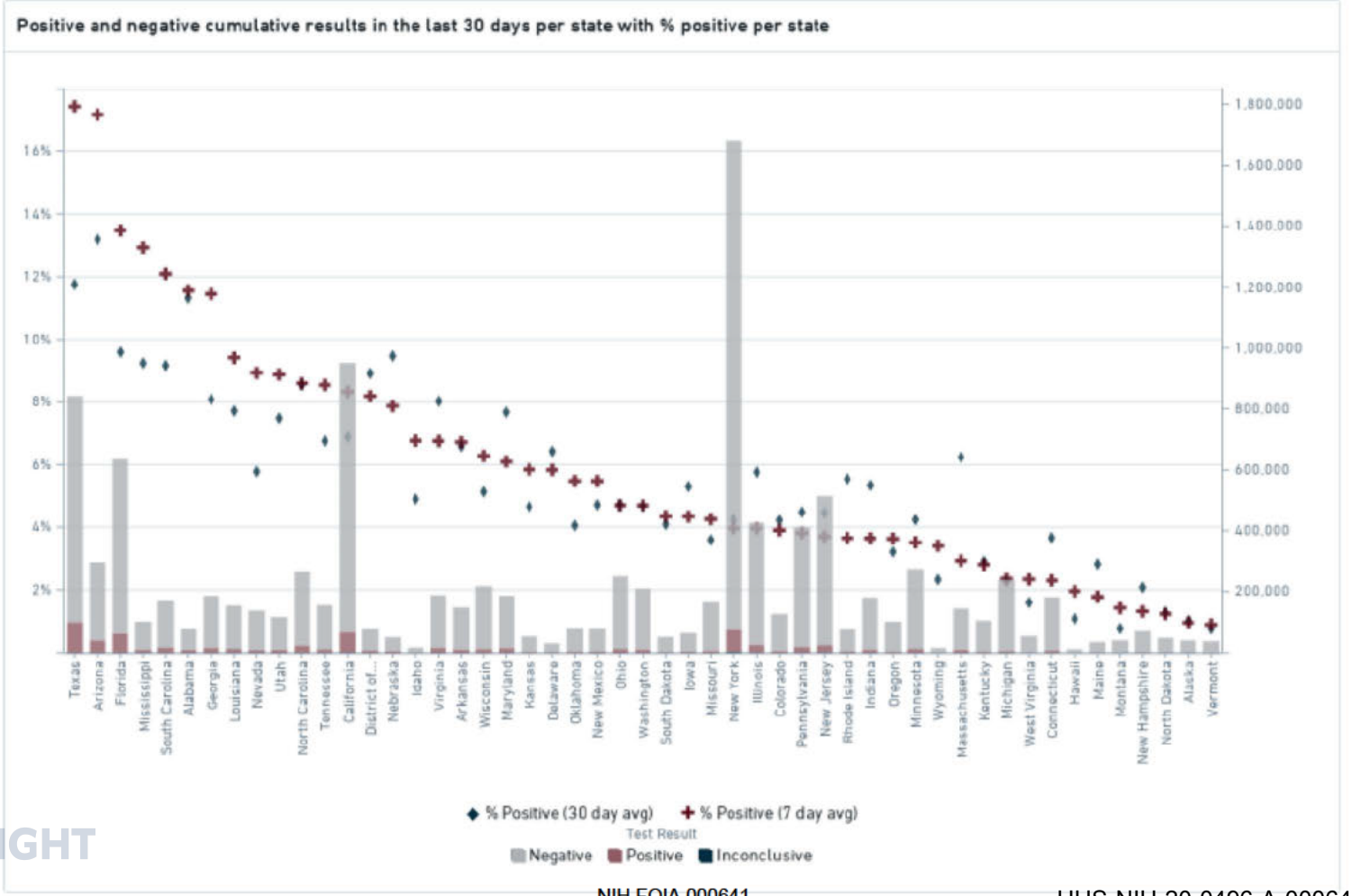
AMERICAN OVERSIGHT

NIH FOIA 000639

HHS-NIH-20-0496-A-000639

#	Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop	Population
	World	9,702,386	+179,718	490,989	+5,179	5,254,956	3,956,441	57,628	1,245	63.0			
1	USA	2,504,588	+40,184	126,780	+649	1,052,293	1,325,515	15,723	7,567	383	30,732,552	92,854	330,975,810
2	Brazil	1,233,147	+40,673	55,054	+1,180	649,908	528,185	8,318	5,802	259	2,751,953	12,948	212,537,568
3	Russia	613,994	+7,113	8,605	+92	375,164	230,225	2,300	4,207	59	18,115,830	124,137	145,933,767
4	India	491,170	+18,185	15,308	+401	285,671	190,191	8,944	356	11	7,560,782	5,480	1,379,789,304
5	UK	307,980	+1,118	43,230	+149	N/A	N/A	311	4,537	637	8,710,292	128,317	67,881,190
6	Spain	294,566	+400	28,330	+3	N/A	N/A	617	6,300	606	5,162,909	110,426	46,754,577
7	Peru	268,602	+3,913	8,761	+175	156,074	103,767	1,144	8,148	266	1,583,605	48,041	32,963,598
8	Chile	259,064	+4,648	4,903	+172	219,327	34,834	2,078	13,554	257	1,025,081	53,631	19,113,705
9	Italy	239,706	+296	34,678	+34	186,725	18,303	103	3,965	574	5,163,154	85,394	60,462,730
10	Iran	215,096	+2,595	10,130	+134	175,103	29,863	2,899	2,561	121	1,530,437	18,225	83,974,258
11	Mexico	196,847	+5,437	24,324	+947	149,318	23,205	378	1,527	189	515,658	4,000	128,910,809
12	Germany	193,785	+531	9,012	+9	176,800	7,973	360	2,313	108	5,412,655	64,605	83,780,597
13	Turkey	193,115	+1,458	5,046	+21	165,706	22,363	941	2,290	60	3,135,424	37,183	84,324,246
14	Pakistan	192,970	+4,044	3,903	+148	81,307	107,760	3,003	874	18	1,171,976	5,308	220,802,843
15	Saudi Arabia	170,639	+3,372	1,428	+41	117,882	51,329	2,206	4,903	41	1,479,759	42,517	34,803,660

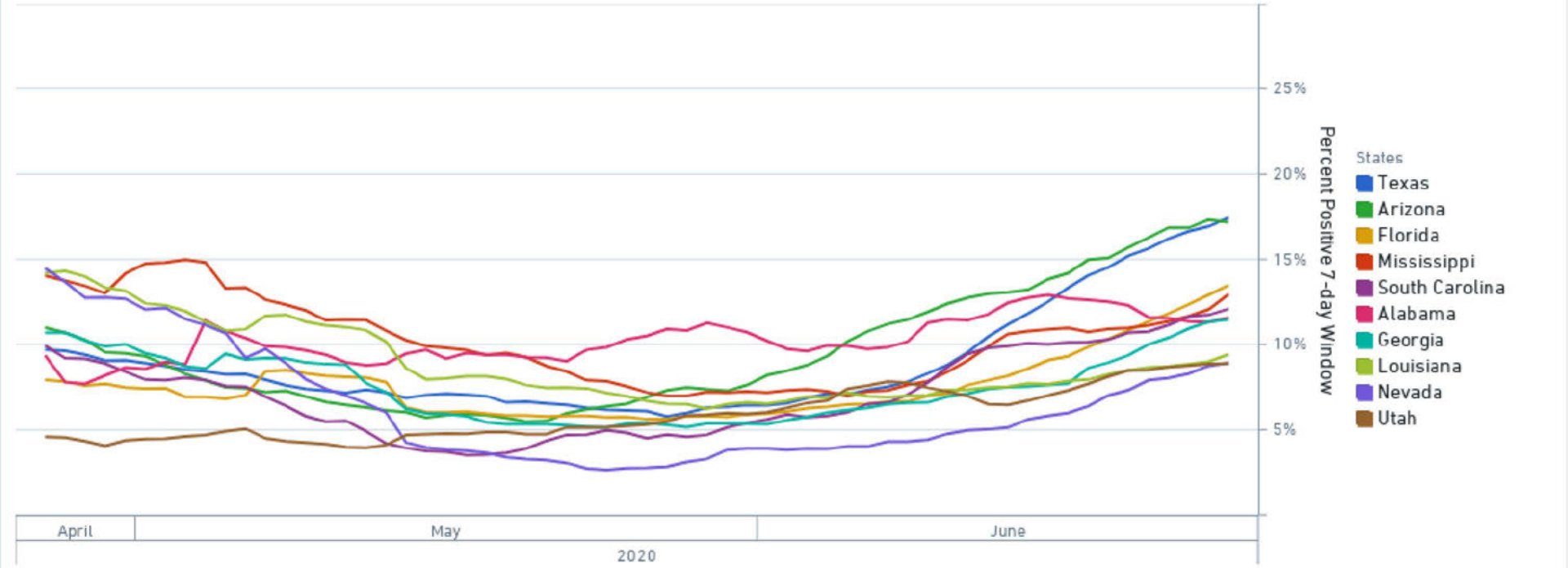
AMERICAN OVERSIGHT
NIH FOIA 000640
HHS-NIH-20-0496-A-000640



AMERICAN OVERSIGHT

Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. This chart is sorted by the 7-day percent positive.

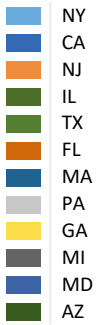
7-day Percent Positive, states 1-10



AMERICAN OVERSIGHT

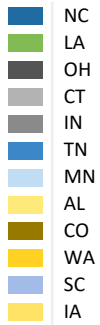
States are ranked based on the current percent positive on a 7-day window. 7-day positive percent is calculated as total positive results in trailing 7 days / total test results in trailing 7 days.

CUMULATIVE CASES: TOP 12 STATES



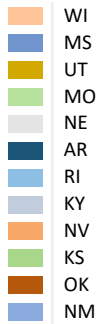
AMERICAN OVERSIGHT

CUMULATIVE CASES: TOP 13-24 STATES



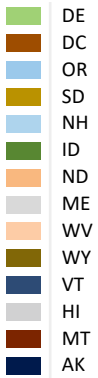
AMERICAN OVERSIGHT

CUMULATIVE CASES: TOP 25-36 STATES



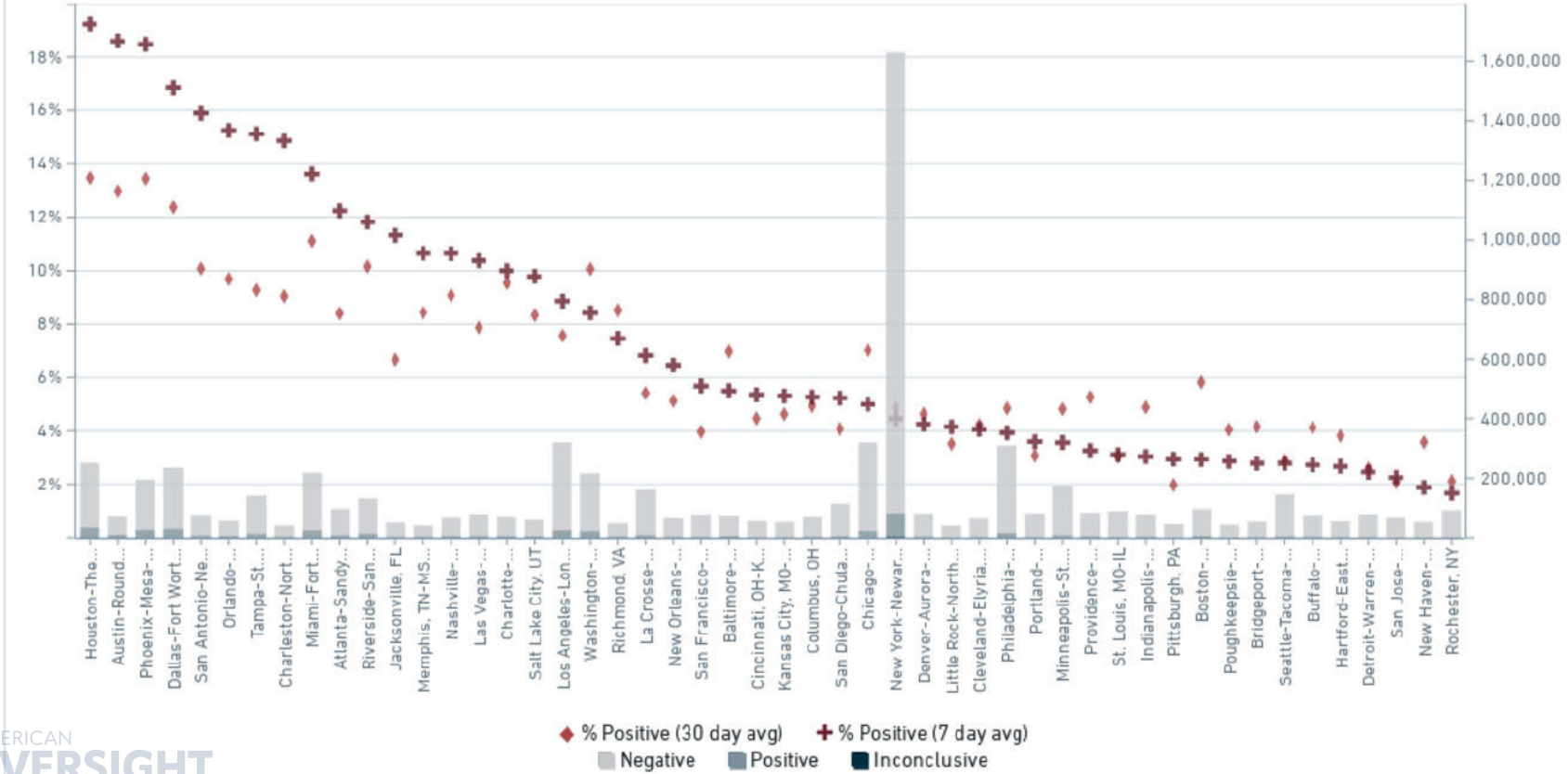
AMERICAN OVERSIGHT

CUMULATIVE CASES: TOP 37-51 STATES



AMERICAN OVERSIGHT

Positive and negative cumulative results in the last 30 days per CBSA with % positive per CBSA



AMERICAN OVERSIGHT

NIH FOIA 000647

HHS-NIH-20-0496-A-000647

Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. The top 50 CBSAs were determined by ranking over the number of results reported for a given area in the last 30 days. This chart is sorted by the 7-day percent positive.

PERCENT POSITIVITY OVER 7 DAYS OF CBSAS 1-10



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000648

Selection of top 10 CBSAs by population

PERCENT POSITIVITY OVER 7 DAYS OF CBSAS 11-20



AMERICAN OVERSIGHT

HHS-NIH-20-0496_A-000649

Selection of top 4 CBSAs by population

PERCENT POSITIVITY OVER 7 DAYS OF CBSAS 21-30



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000650

Selection of top 4 CBSAs by population

PERCENT POSITIVITY OVER 7 DAYS OF CBSAS 31-40

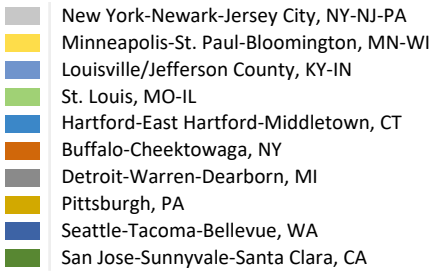


AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-00651

Selection of top 40 CBSAs by population

PERCENT POSITIVITY OVER 7 DAYS OF CBSAS 41-50



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000652

Selection of top 50 CBSAs by population

States in packet organized by

1. States with both rising cases and rising test positivity (16)
2. States with rising cases without rising positivity (13)
3. States with stable cases but rising positivity (2)
4. Stable states (19)

AMERICAN OVERSIGHT

TRENDS IN FLORIDA

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	14.3%
NEW CASES PER 100K / DAY	18 (weekly avg.)
TESTING PER 100K / DAY	45 (weekly avg.)
BED UTILIZATION[2]	74%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+3.1%
INCIDENCE	+71%
TESTING PER 100K / DAY	-70
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	397 per sq mi
% OVER 60	27%
CRUDE CVD PREVALENCE	4.7%

AMERICAN OVERSIGHT

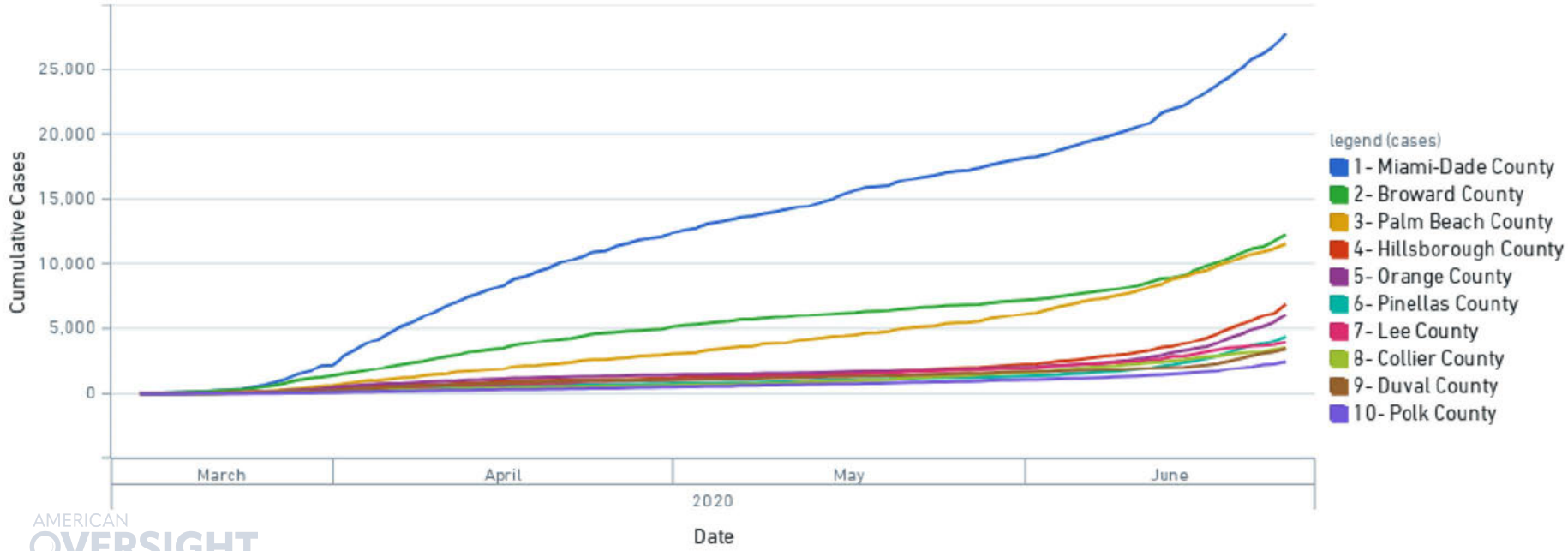
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

NIH FOIA 000654
HHS_NIH-20-0496-A-000654

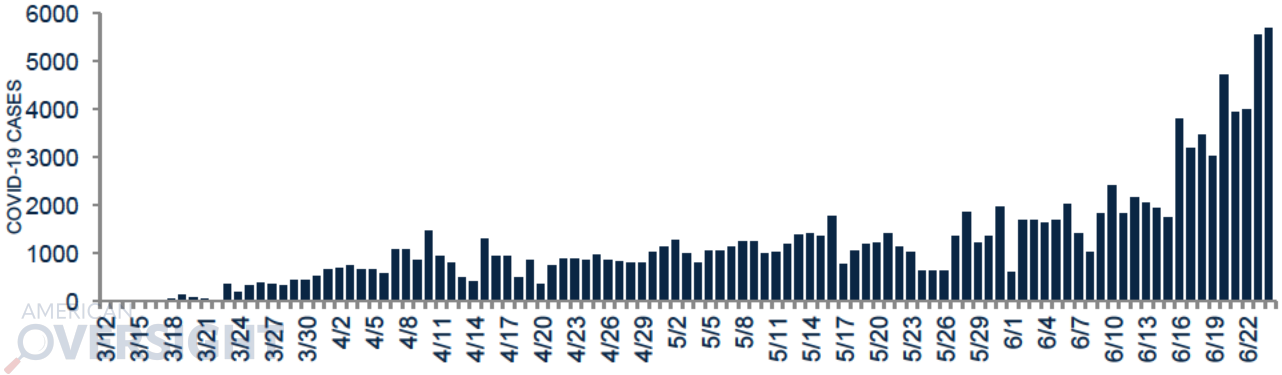
FL - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: FL, date: 2020-06-24



AMERICAN OVERSIGHT

TRENDS IN TEXAS



Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	17.5%
NEW CASES PER 100K / DAY	15 (weekly avg.)
TESTING PER 100K / DAY	111 (weekly avg.)
BED UTILIZATION[2]	61%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+3.5%
INCIDENCE	+82%
TESTING PER 100K / DAY	+9
BED UTILIZATION	+0%

RISK FACTORS

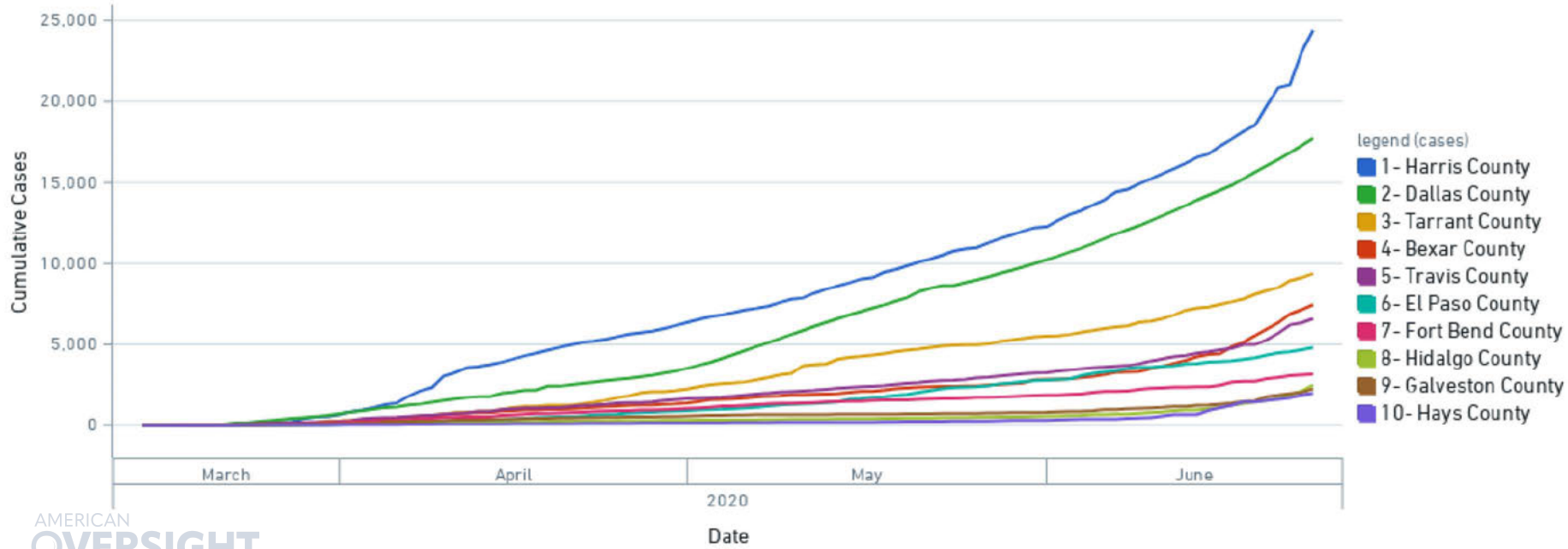
POPULATION DENSITY	110 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	3.3%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*
[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

AMERICAN OVERSIGHT
NIH FOIA 000656
HHS-NIH-20-0496-A-000656

TX - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: TX, date: 2020-06-24



AMERICAN OVERSIGHT

TRENDS IN ARIZONA

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	19.3%
NEW CASES PER 100K / DAY	38 (weekly avg.)
TESTING PER 100K / DAY	181 (weekly avg.)
BED UTILIZATION[2]	68%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+4.6%
INCIDENCE	+72%
TESTING PER 100K / DAY	+25
BED UTILIZATION	-3%

RISK FACTORS

POPULATION DENSITY	63 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	3.7%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

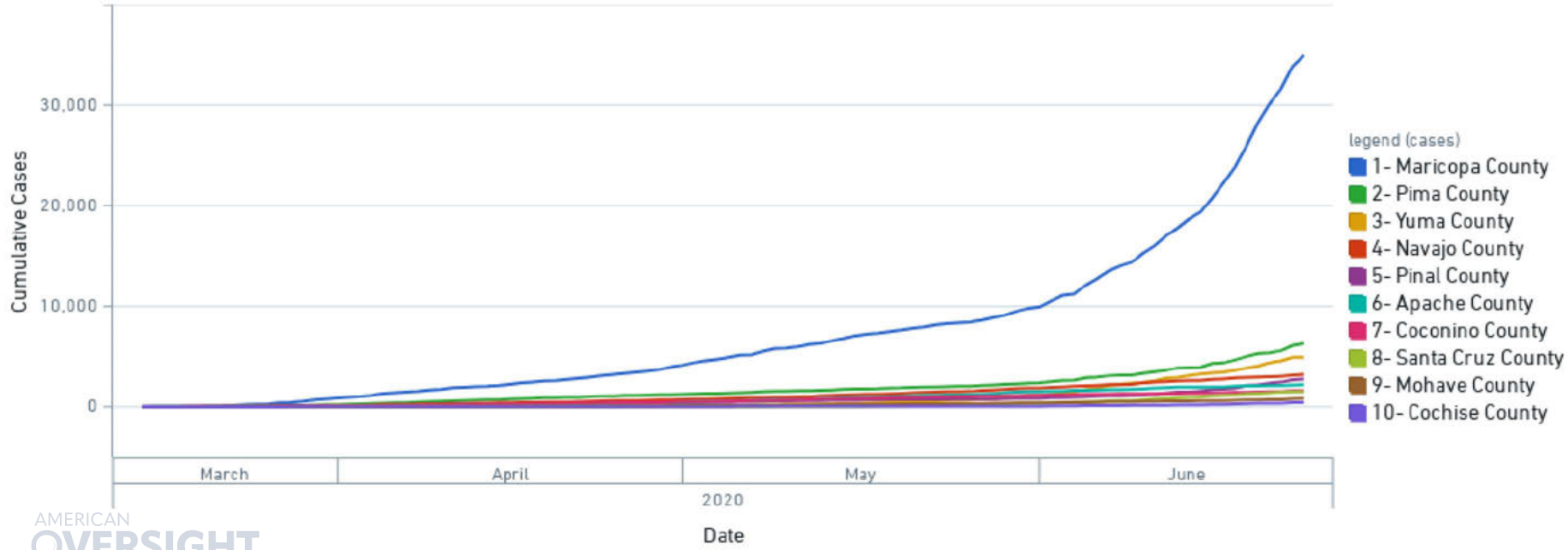
NIH FOIA 000658

HHS_NIH-20-0496-A-000658

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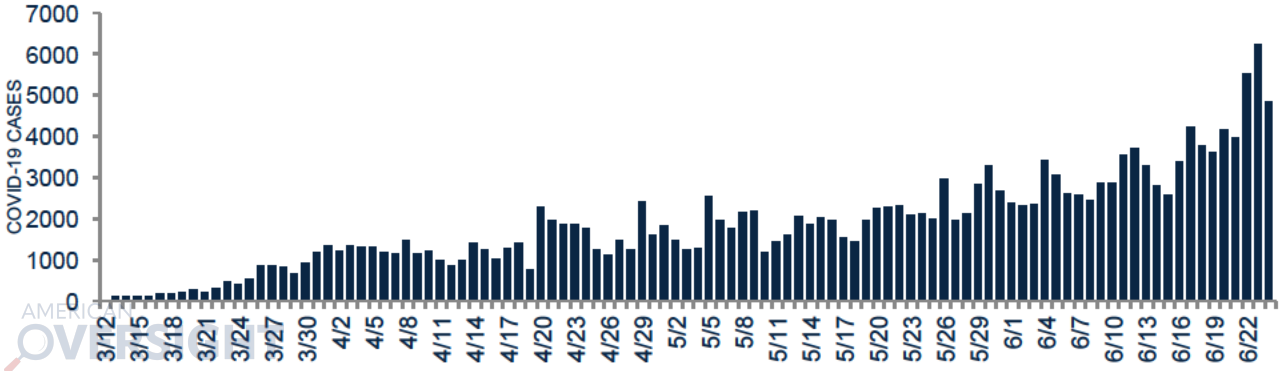
AZ - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: AZ, date: 2020-06-24



AMERICAN OVERSIGHT

TRENDS IN CALIFORNIA



Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	8.4%
NEW CASES PER 100K / DAY	12 (weekly avg.)
TESTING PER 100K / DAY	229 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.0%
INCIDENCE	+36%
TESTING PER 100K / DAY	+55
BED UTILIZATION	Unknown

RISK FACTORS

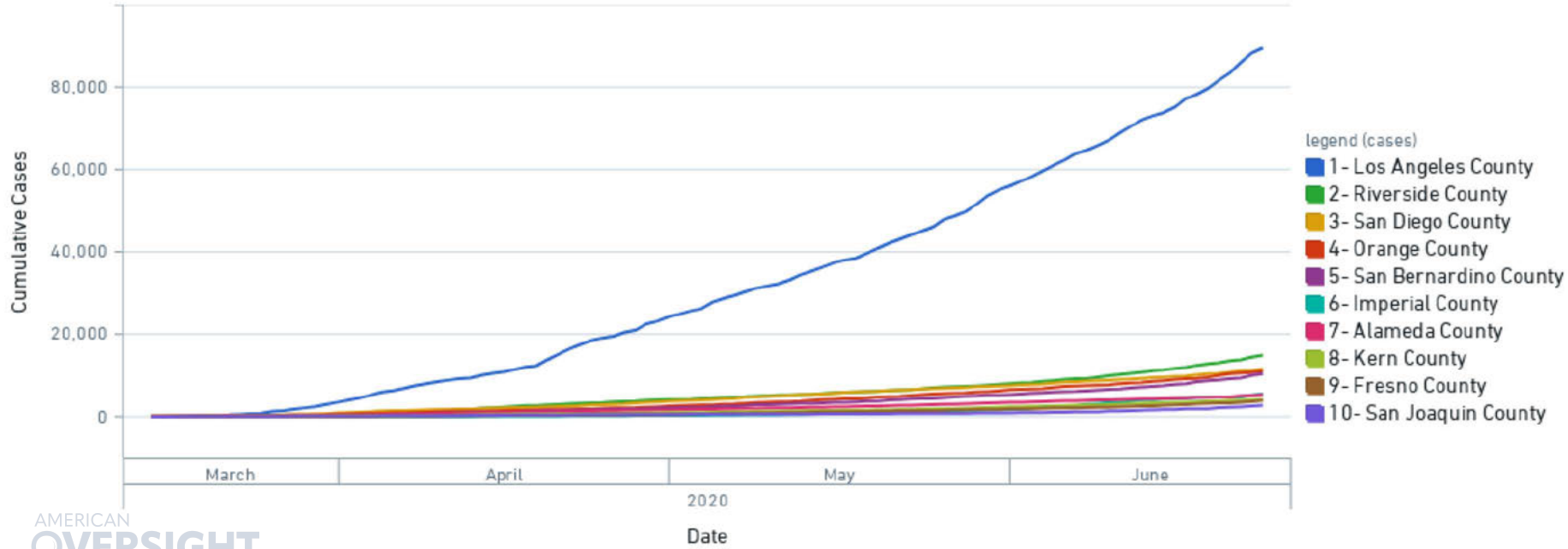
POPULATION DENSITY	254 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	2.8%

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[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

AMERICAN OVERSIGHT
NIH FOIA 000660
HHS-NIH-20-0496-A-000660

CA - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: CA, date: 2020-06-24



AMERICAN OVERSIGHT

TRENDS IN GEORGIA

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	11.4%
NEW CASES PER 100K / DAY	13 (weekly avg.)
TESTING PER 100K / DAY	70 (weekly avg.)
BED UTILIZATION[2]	66%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+4.4%
INCIDENCE	+54%
TESTING PER 100K / DAY	+9
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	182 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	4.0%

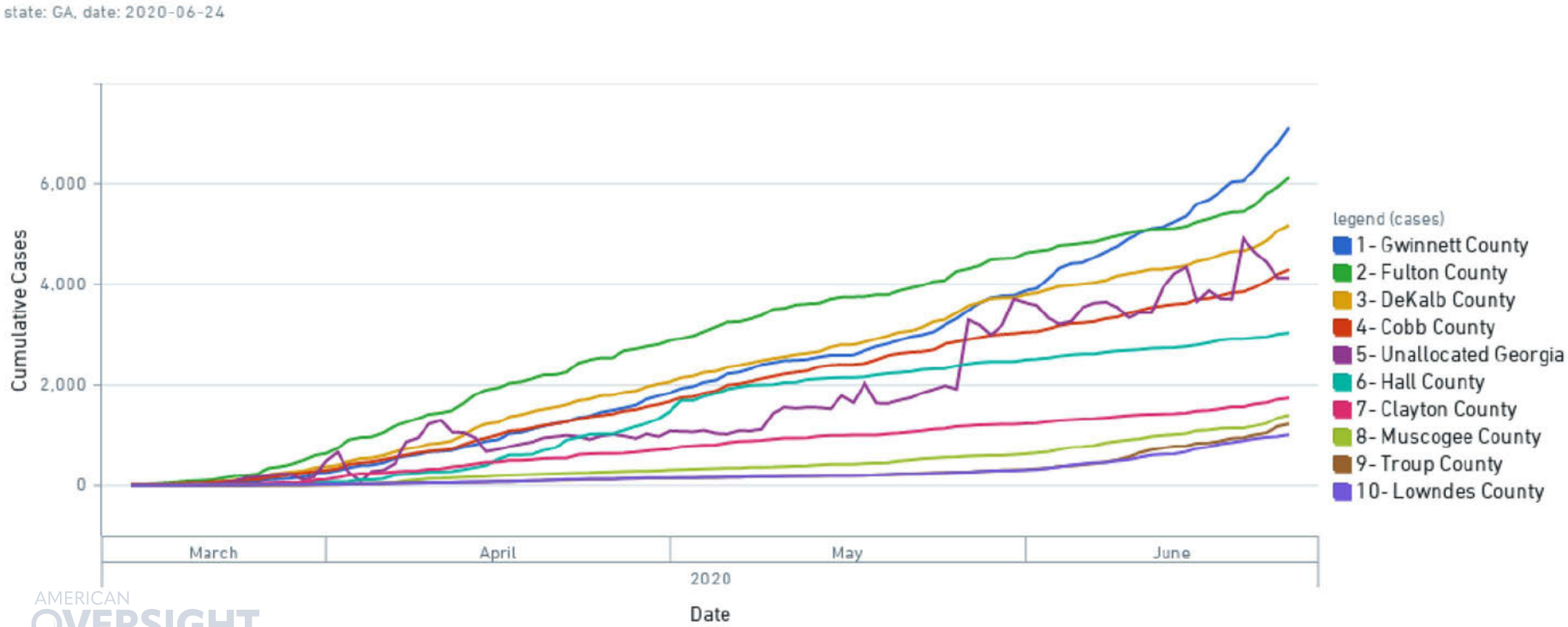
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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[2] Average of the last 3 days

NIH FOIA 000662
HHS_NIH-20-0496-A-000662

GA - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks



AMERICAN OVERSIGHT

TRENDS IN SOUTH CAROLINA

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	12.0%
NEW CASES PER 100K / DAY	20 (weekly avg.)
TESTING PER 100K / DAY	143 (weekly avg.)
BED UTILIZATION[2]	70%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.4%
INCIDENCE	+52%
TESTING PER 100K / DAY	+25
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	169 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.9%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

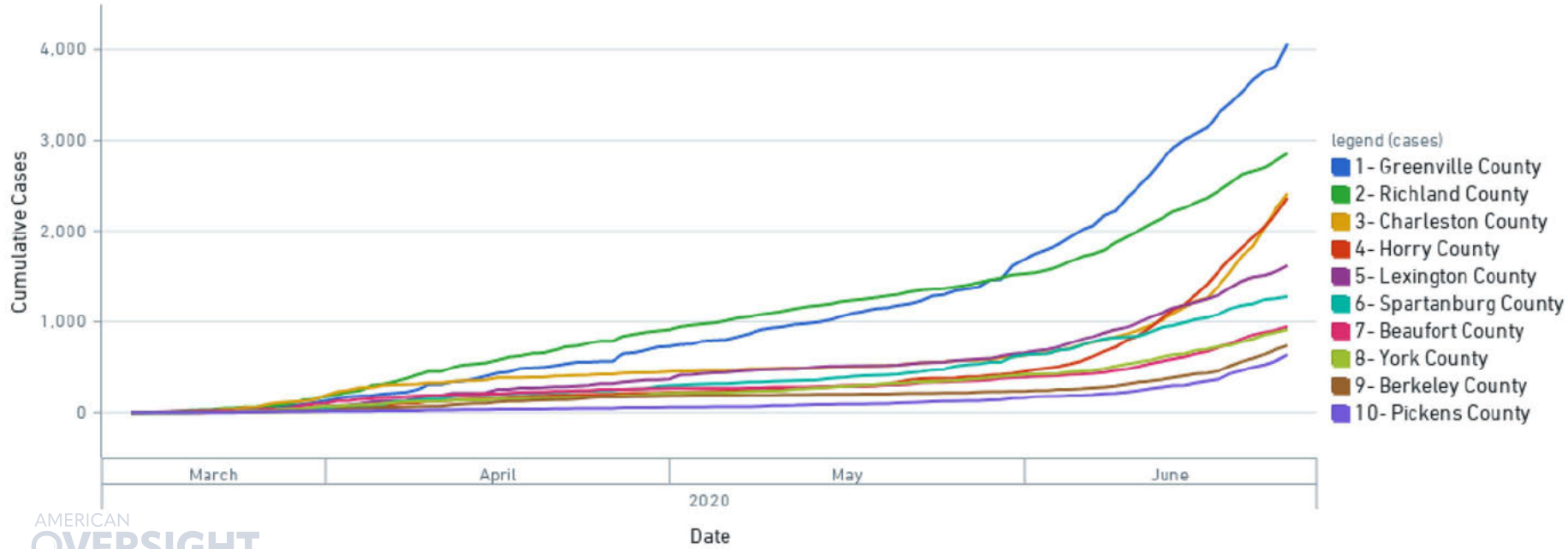
NIH FOIA 000664

HHS_NIH-20-0496-A-000664

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*
[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

SC - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: SC, date: 2020-06-24



AMERICAN OVERSIGHT

TRENDS IN MISSISSIPPI

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	13.5%
NEW CASES PER 100K / DAY	14 (weekly avg.)
TESTING PER 100K / DAY	93 (weekly avg.)
BED UTILIZATION[2]	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+3.0%
INCIDENCE	+34%
TESTING PER 100K / DAY	-6
BED UTILIZATION	+3%

RISK FACTORS

POPULATION DENSITY	64 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.6%

AMERICAN OVERSIGHT

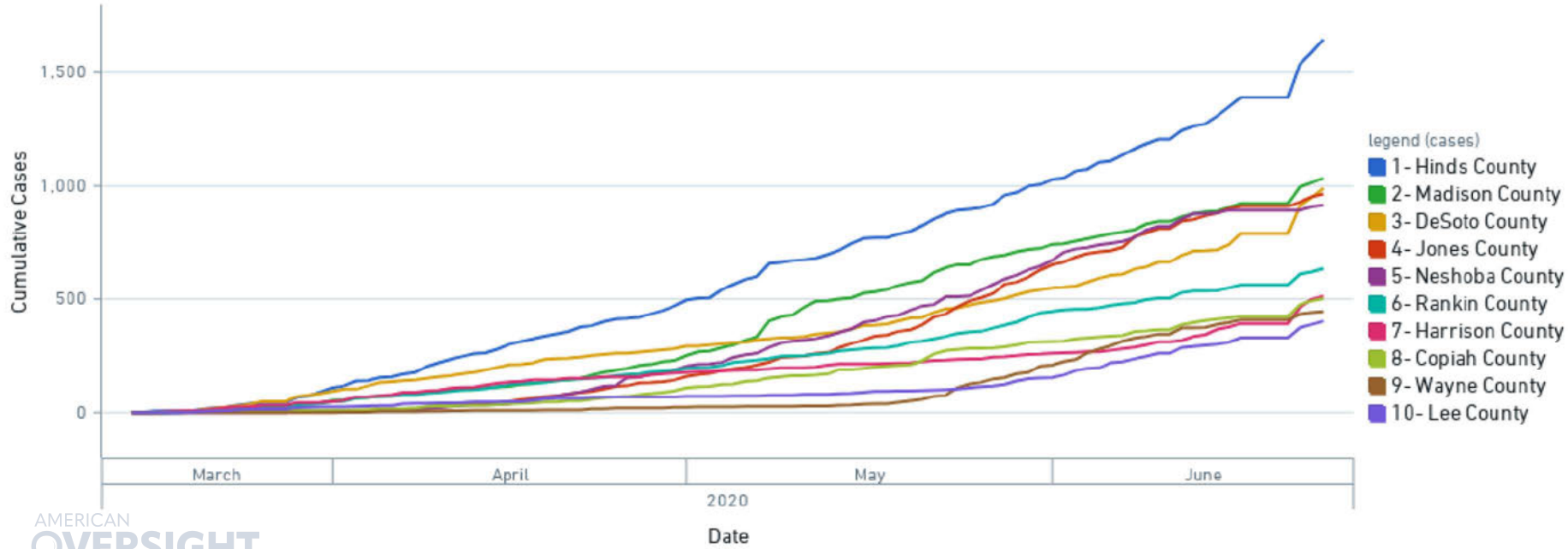
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

NIH FOIA 000666
HHS_NIH-20-0496-A-000666

MS - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: MS, date: 2020-06-24



AMERICAN OVERSIGHT

TRENDS IN WASHINGTON

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	8.6%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	81 (weekly avg.)
BED UTILIZATION[2]	66%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+4.5%
INCIDENCE	+43%
TESTING PER 100K / DAY	-31
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	113 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.5%

AMERICAN OVERSIGHT

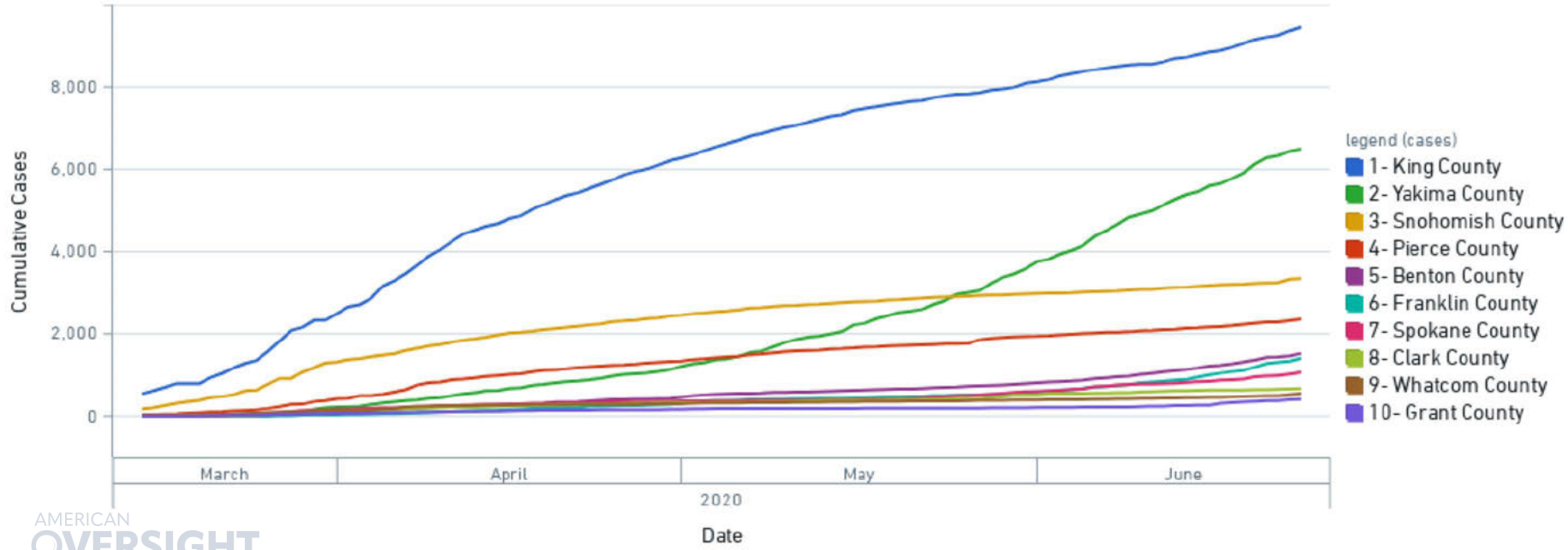
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

NIH FOIA 000668
HHS_NIH-20-0496-A-000668

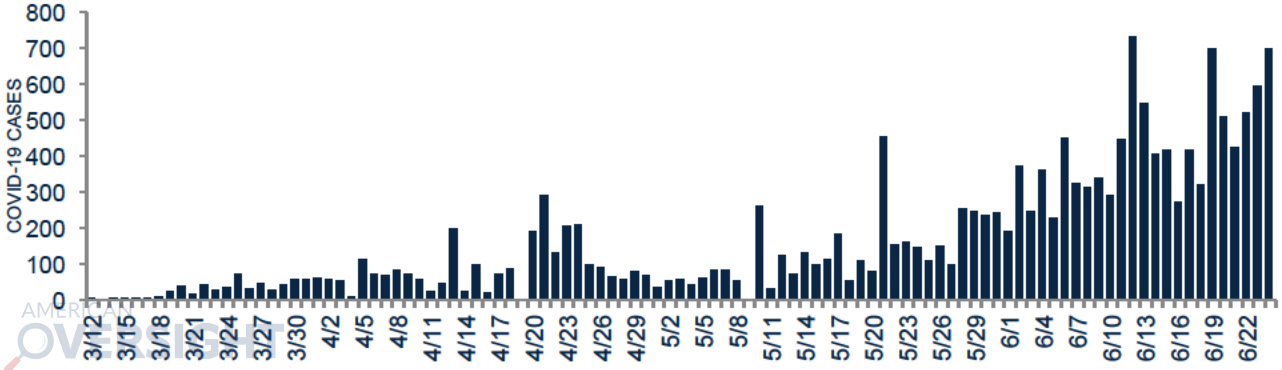
WA - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: WA, date: 2020-06-24



AMERICAN OVERSIGHT

TRENDS IN ARKANSAS



Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	8.5%
NEW CASES PER 100K / DAY	18 (weekly avg.)
TESTING PER 100K / DAY	183 (weekly avg.)
BED UTILIZATION[2]	52%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.4%
INCIDENCE	+16%
TESTING PER 100K / DAY	-23
BED UTILIZATION	+1%

RISK FACTORS

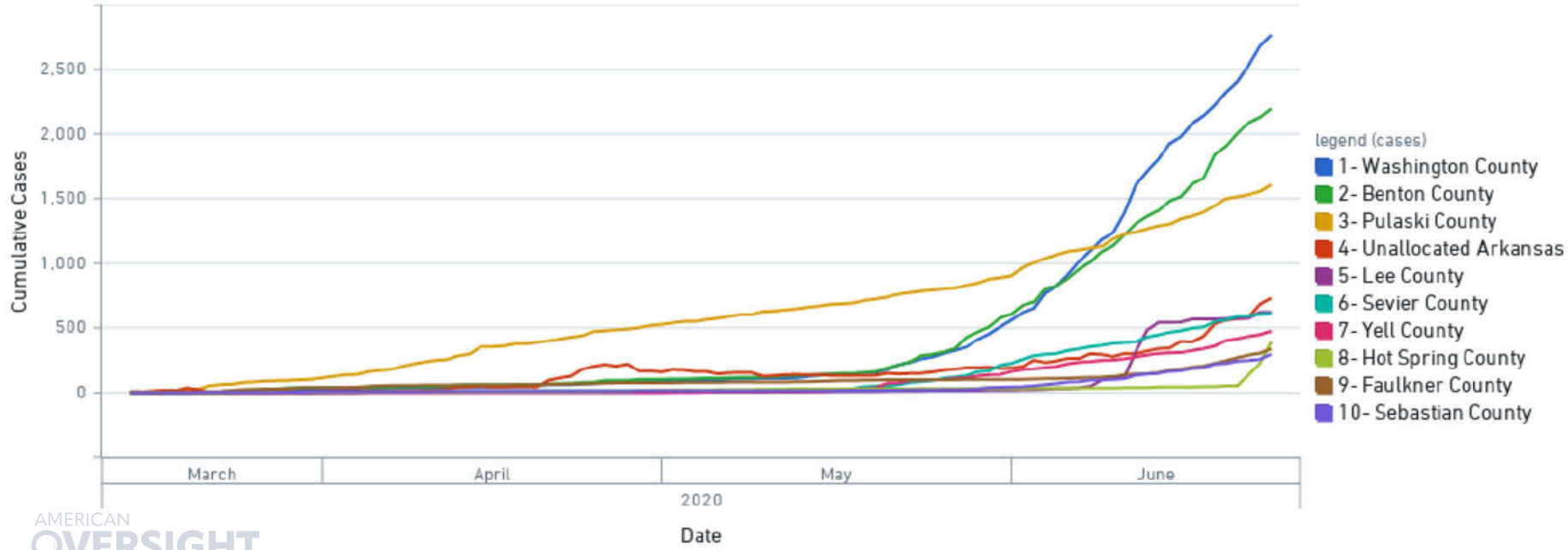
POPULATION DENSITY	58 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	5.9%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*
[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

AMERICA OVERSIGHT
NIH FOIA 000670
HHS-NIH-20-0496-A-000670

AR - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: AR, date: 2020-06-24



AMERICAN OVERSIGHT

TRENDS IN WISCONSIN

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.0%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	161 (weekly avg.)
BED UTILIZATION[2]	77%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.4%
INCIDENCE	+24%
TESTING PER 100K / DAY	-64
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	107 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.7%

AMERICAN OVERSIGHT

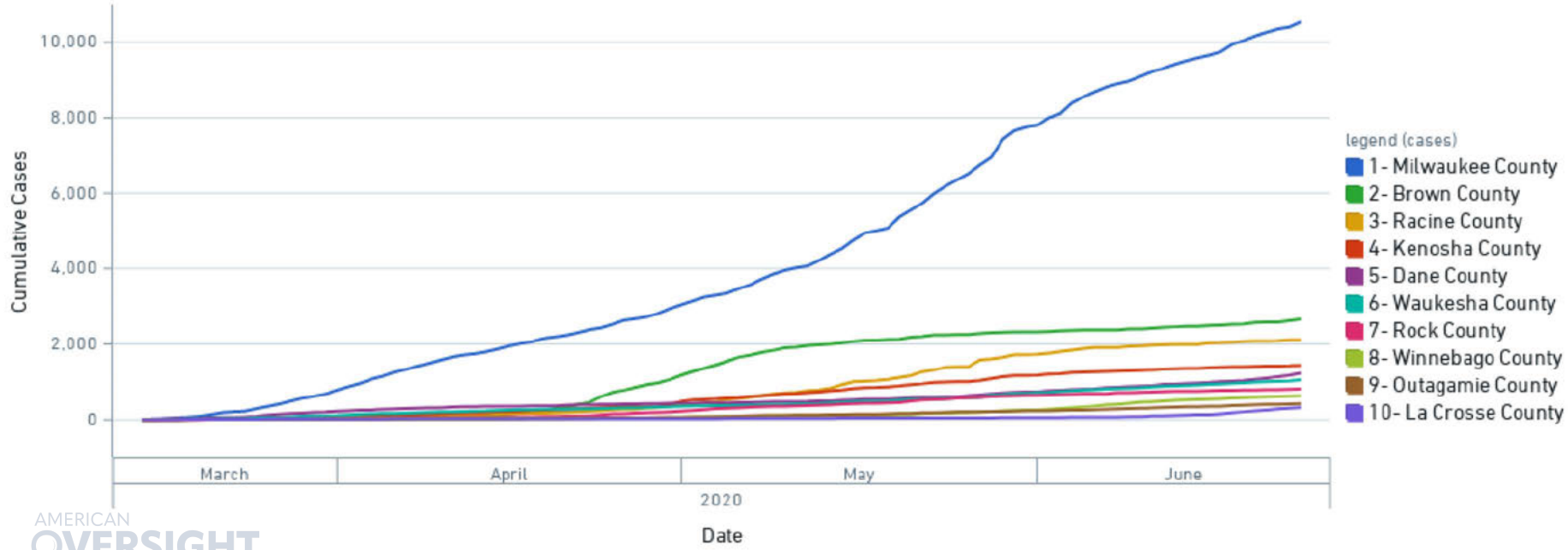
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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[2] Average of the last 3 days

NIH FOIA 000672 HHS_NIH-20-0496-A-000672

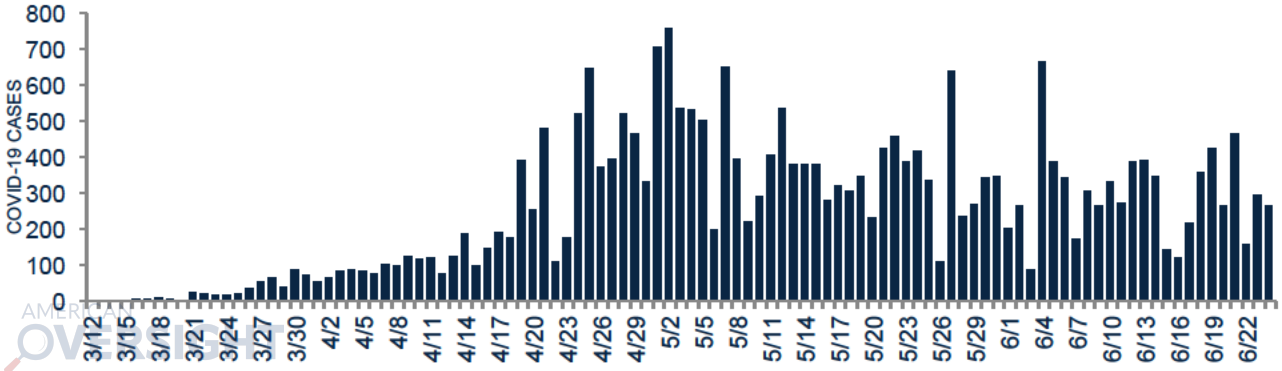
WI - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: WI, date: 2020-06-24



AMERICAN OVERSIGHT

TRENDS IN IOWA



Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.3%
NEW CASES PER 100K / DAY	10 (weekly avg.)
TESTING PER 100K / DAY	199 (weekly avg.)
BED UTILIZATION[2]	64%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.1%
INCIDENCE	+19%
TESTING PER 100K / DAY	-14
BED UTILIZATION	Unknown

RISK FACTORS

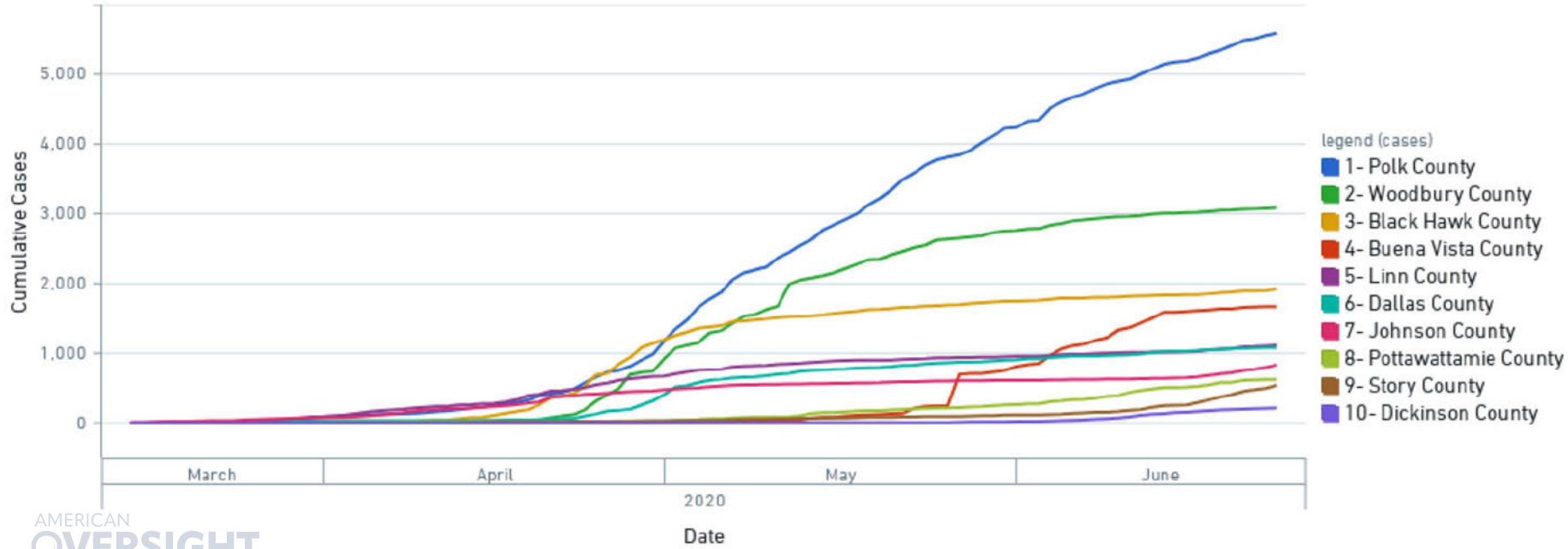
POPULATION DENSITY	57 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.0%

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[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

AMERICAN OVERSIGHT
NIH FOIA 000674
HHS-NIH-20-0496-A-000674

IA - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: IA, date: 2020-06-24



AMERICAN OVERSIGHT

TRENDS IN UTAH

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	8.6%
NEW CASES PER 100K / DAY	16 (weekly avg.)
TESTING PER 100K / DAY	147 (weekly avg.)
BED UTILIZATION[2]	53%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.2%
INCIDENCE	+39%
TESTING PER 100K / DAY	-28
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	38 per sq mi
% OVER 60	16%
CRUDE CVD PREVALENCE	2.7%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

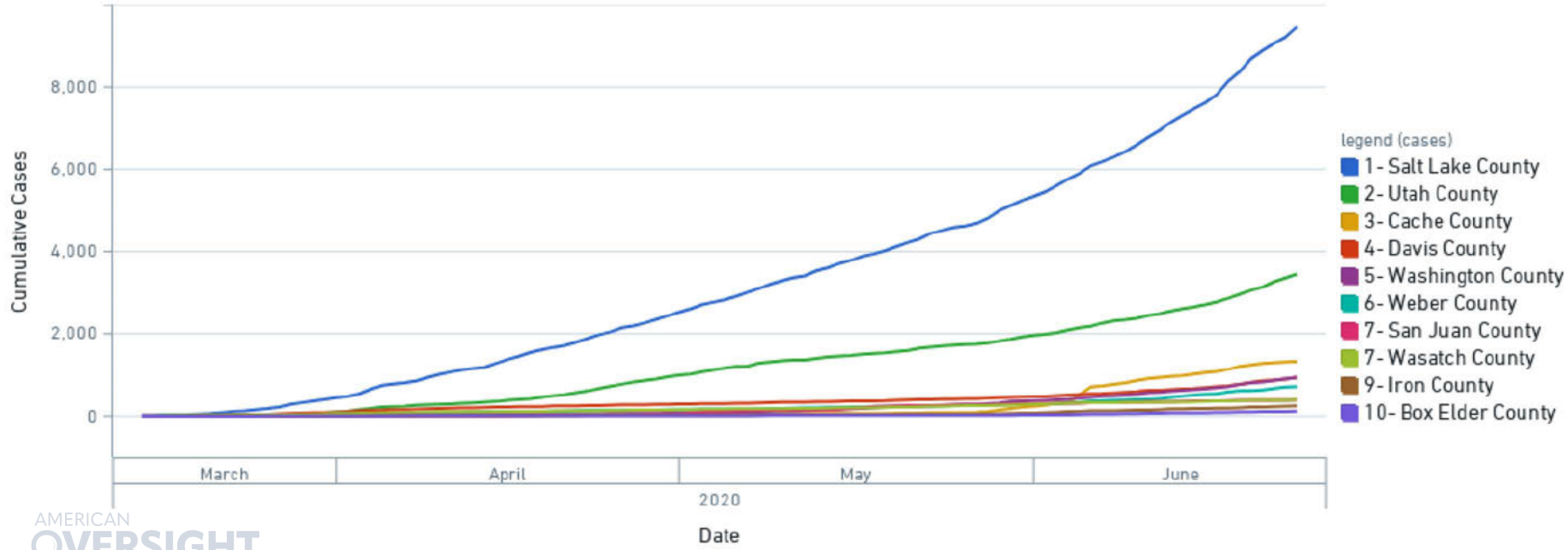
NIH FOIA 000676

HHS_NIH-20-0496-A-000676

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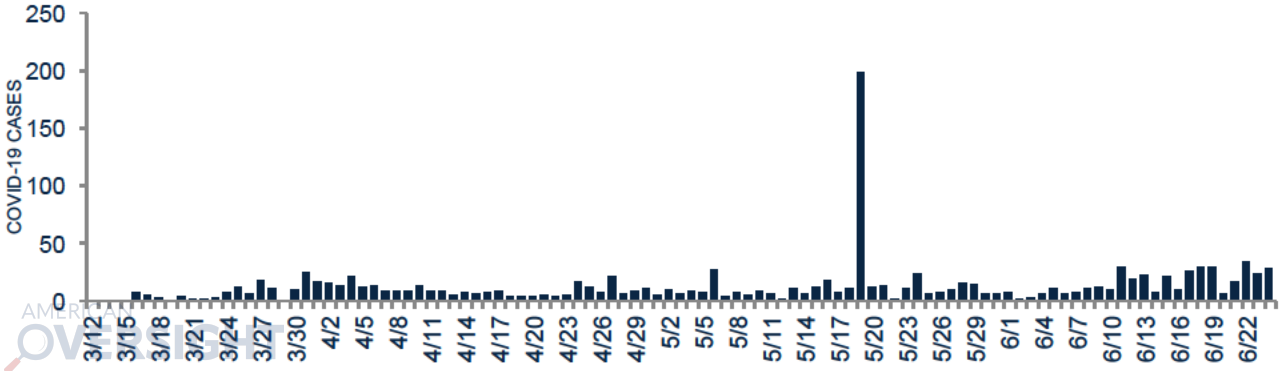
UT - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: UT, date: 2020-06-24



AMERICAN OVERSIGHT

TRENDS IN WYOMING



Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	3.3%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	80 (weekly avg.)
BED UTILIZATION[2]	47%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.6%
INCIDENCE	+24%
TESTING PER 100K / DAY	+6
BED UTILIZATION	-1%

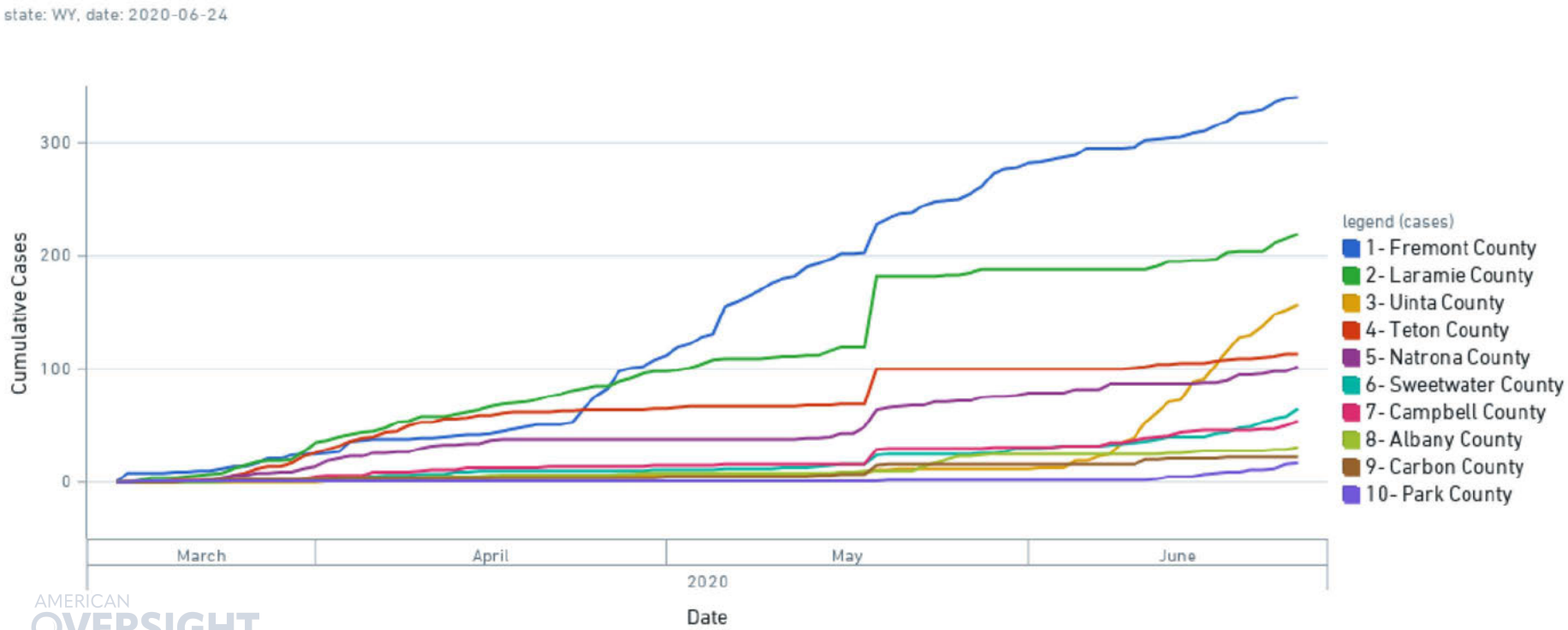
RISK FACTORS

POPULATION DENSITY	6 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.7%

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Not enough CLI syndromic surveillance data to

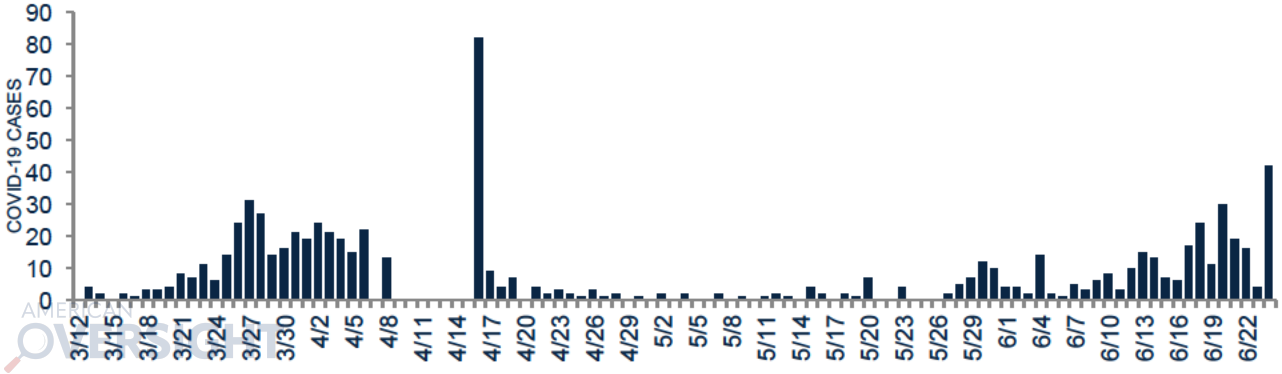
AMERICA OVERRIGHT
NIH FOIA 000678
HHS-NIH-20-0496-A-000678

WY - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks



AMERICAN OVERSIGHT

TRENDS IN MONTANA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.0%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	126 (weekly avg.)
BED UTILIZATION[2]	61%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.2%
INCIDENCE	+106%
TESTING PER 100K / DAY	-20
BED UTILIZATION	+4%

RISK FACTORS

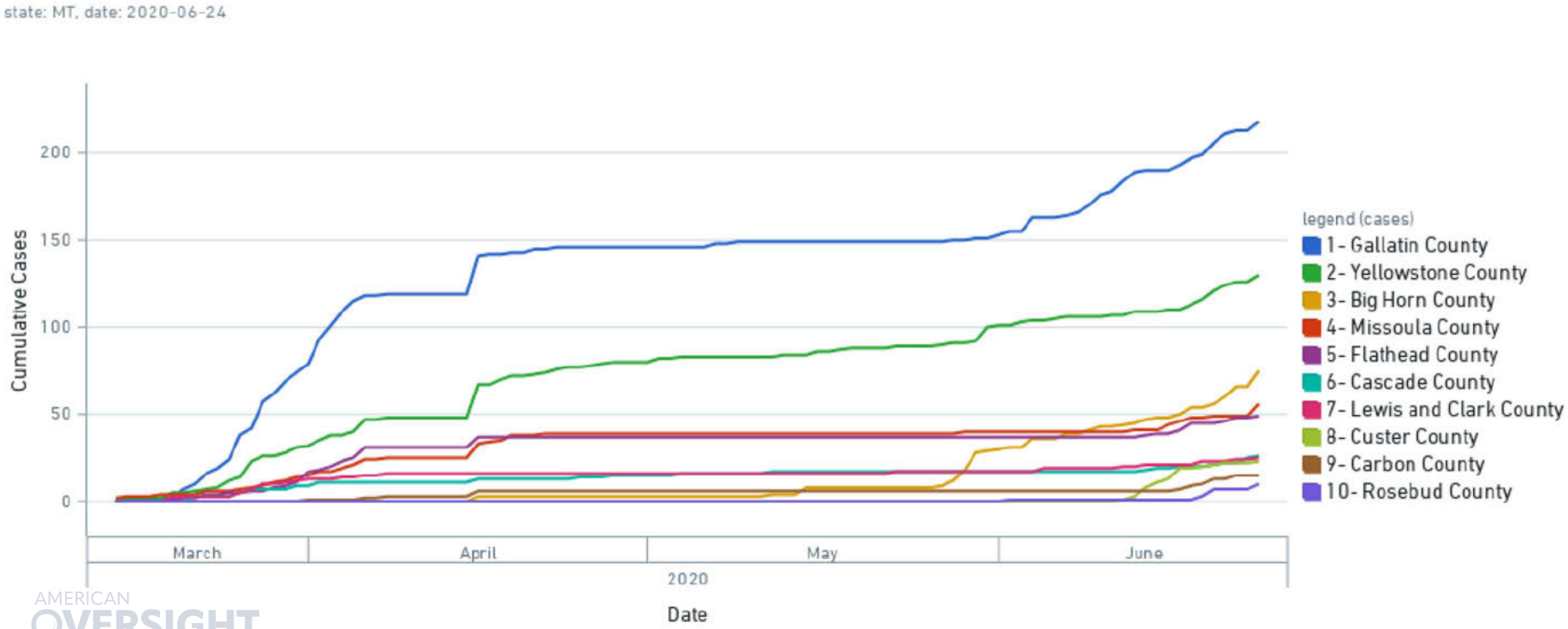
POPULATION DENSITY	7 per sq mi
% OVER 60	26%
CRUDE CVD PREVALENCE	3.1%

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Calculated over the most recent 3 days of data
[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 000680
HHS-NIH-20-0496-A-000680

MT - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks



AMERICAN OVERSIGHT

TRENDS IN NEVADA

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	7.8%
NEW CASES PER 100K / DAY	12 (weekly avg.)
TESTING PER 100K / DAY	253 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.7%
INCIDENCE	+48%
TESTING PER 100K / DAY	+93
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	28 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.3%

AMERICAN OVERSIGHT

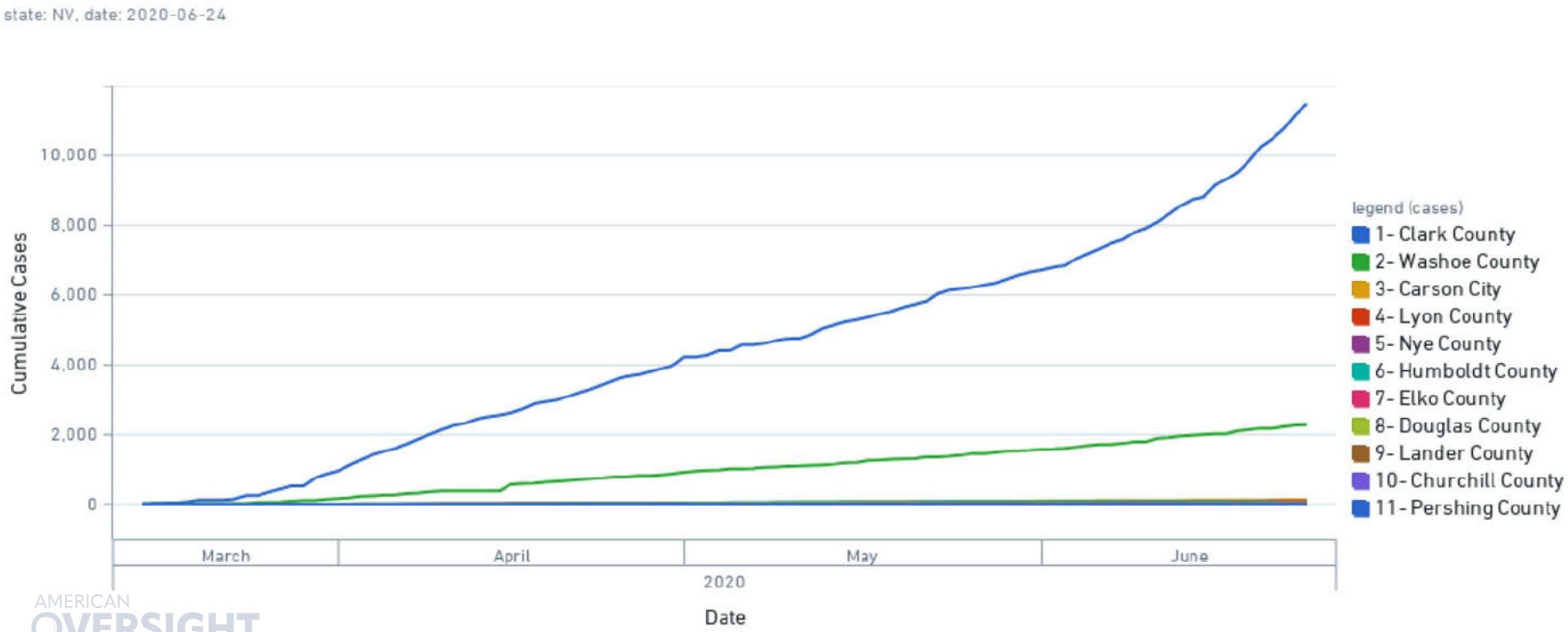
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

NIH FOIA 000682

HHS_NIH-20-0496-A-000682

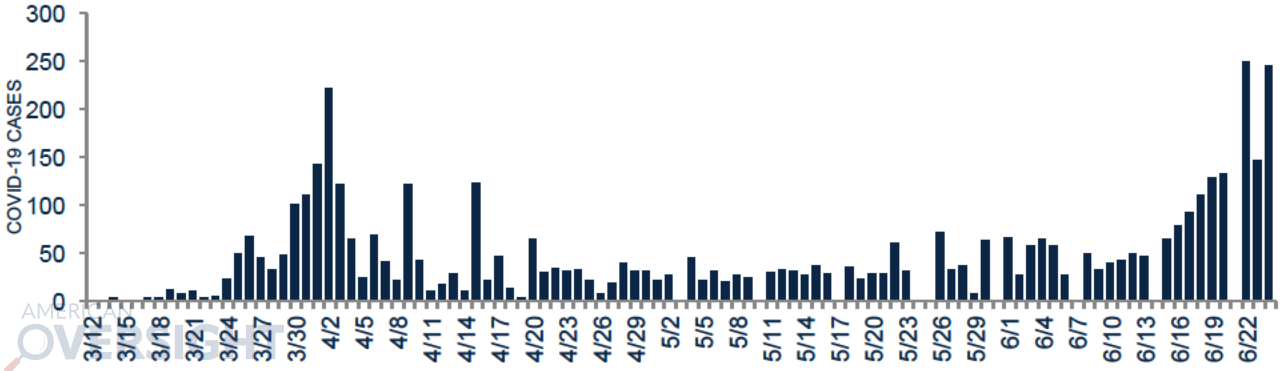
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[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

NV - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks



AMERICAN OVERSIGHT

TRENDS IN IDAHO



Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	7.0%
NEW CASES PER 100K / DAY	8 (weekly avg.)
TESTING PER 100K / DAY	101 (weekly avg.)
BED UTILIZATION[2]	46%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.9%
INCIDENCE	+171%
TESTING PER 100K / DAY	+26
BED UTILIZATION	-2%

RISK FACTORS

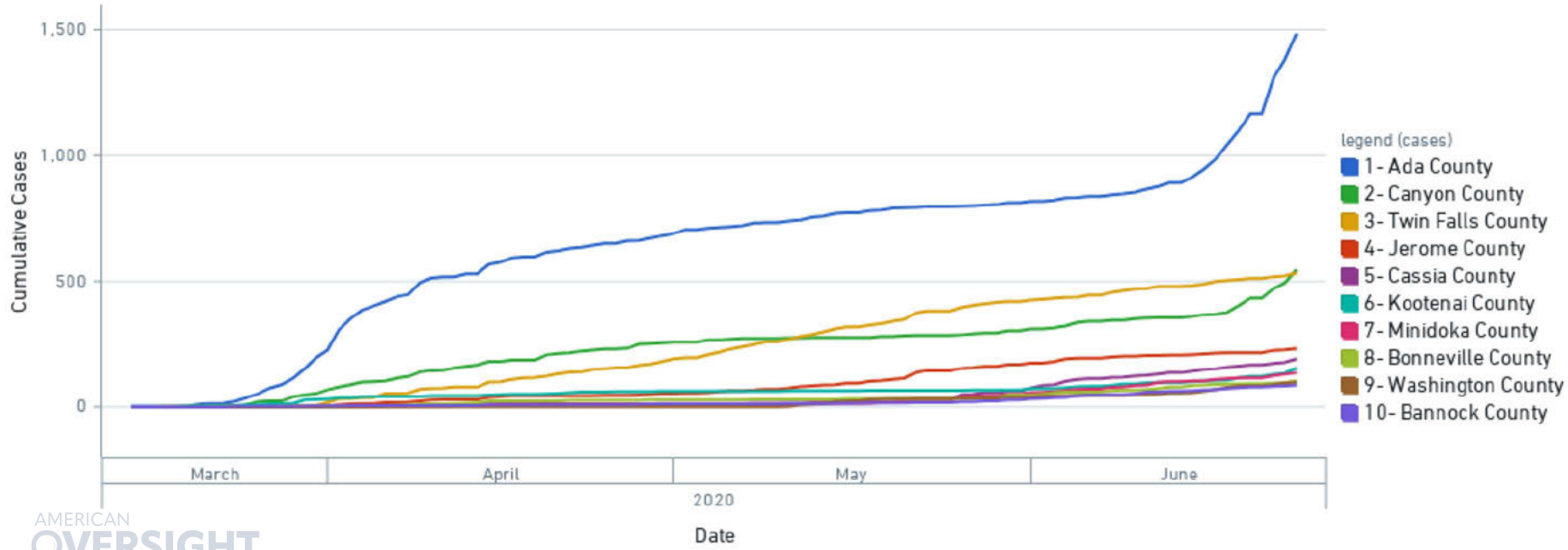
POPULATION DENSITY	21 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.3%

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[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

AMERICA OVERSIGHT
NIH FOIA 000684
HHS-NIH-20-0496-A-000684

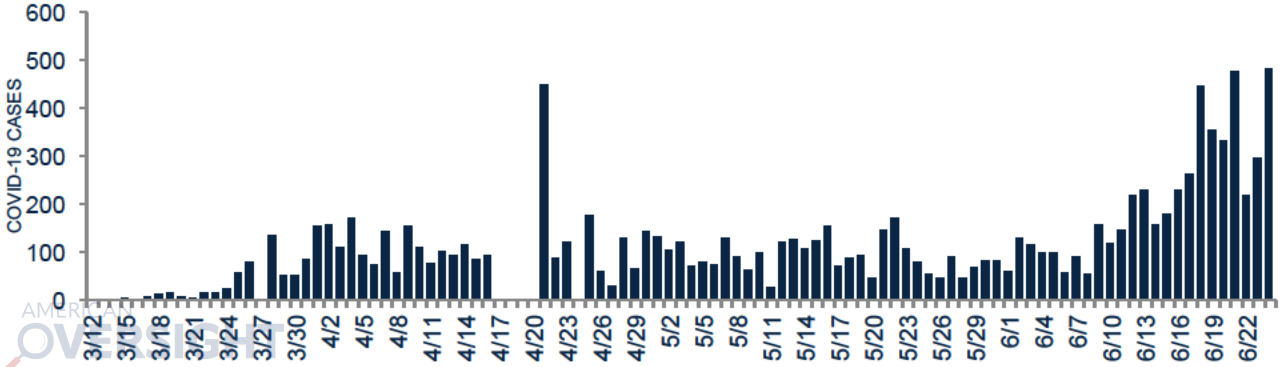
ID - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: ID, date: 2020-06-24



AMERICAN OVERSIGHT

TRENDS IN OKLAHOMA



Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.4%
NEW CASES PER 100K / DAY	9 (weekly avg.)
TESTING PER 100K / DAY	81 (weekly avg.)
BED UTILIZATION[2]	51%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.2%
INCIDENCE	+83%
TESTING PER 100K / DAY	+14
BED UTILIZATION	-5%

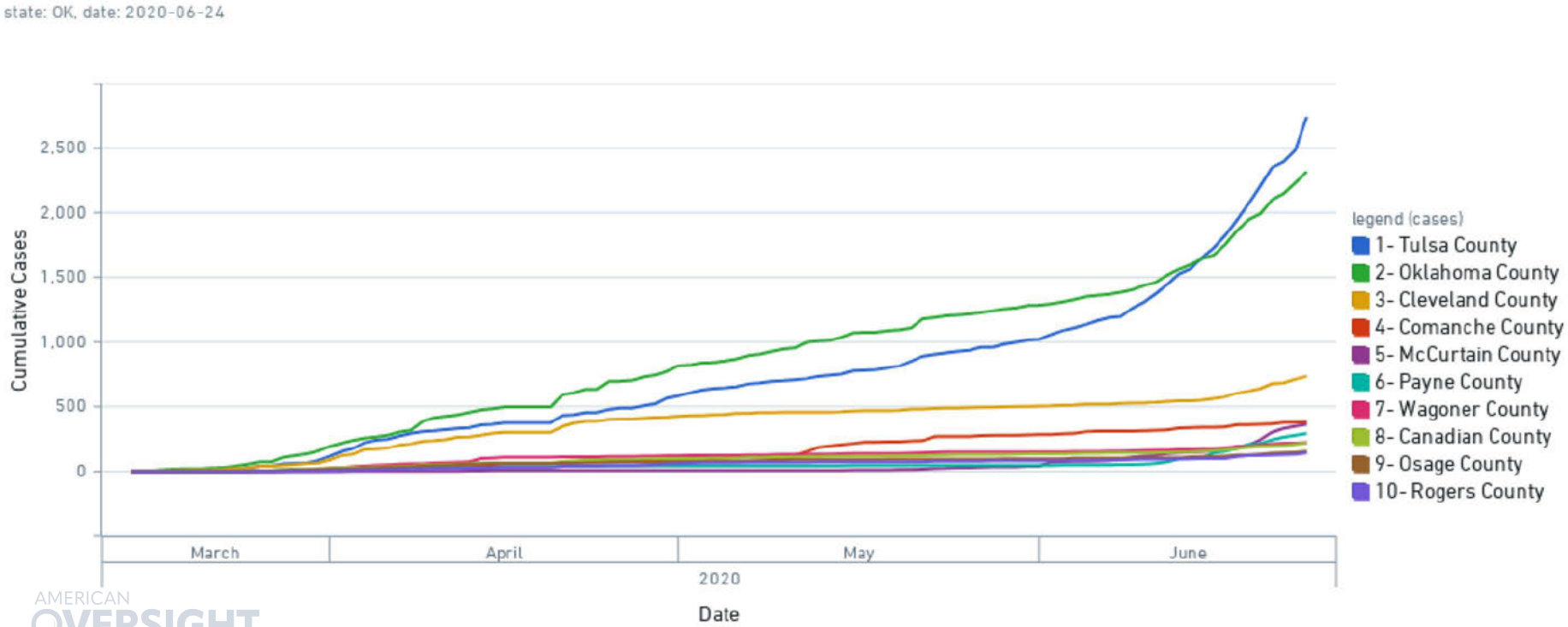
RISK FACTORS

POPULATION DENSITY	57 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.3%

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[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

AMERICA OVERSIGHT
NIH FOIA 000686
HHS-NIH-20-0496-A-000686

OK - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks



AMERICAN OVERSIGHT

TRENDS IN MICHIGAN

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.3%
NEW CASES PER 100K / DAY	3 (weekly avg.)
TESTING PER 100K / DAY	176 (weekly avg.)
BED UTILIZATION[2]	61%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-3.6%
INCIDENCE	+57%
TESTING PER 100K / DAY	-160
BED UTILIZATION	-3%

RISK FACTORS

POPULATION DENSITY	177 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	5.2%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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[2] Average of the last 3 days

NIH FOIA 000688
HHS_NIH-20-0496-A-000688

TRENDS IN OHIO

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.5%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	107 (weekly avg.)
BED UTILIZATION[2]	53%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.3%
INCIDENCE	+52%
TESTING PER 100K / DAY	+6
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	286 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.7%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

NIH FOIA 000689
HHS_NIH-20-0496-A-000689

TRENDS IN TENNESSEE

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	7.5%
NEW CASES PER 100K / DAY	10 (weekly avg.)
TESTING PER 100K / DAY	71 (weekly avg.)
BED UTILIZATION[2]	70%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.7%
INCIDENCE	+17%
TESTING PER 100K / DAY	-10
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	164 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	4.9%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

NIH FOIA 000690

HHS_NIH-20-0496-A-000690

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[2] Average of the last 3 days

TRENDS IN NEW MEXICO

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.7%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	280 (weekly avg.)
BED UTILIZATION[2]	60%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.1%
INCIDENCE	+13%
TESTING PER 100K / DAY	+21
BED UTILIZATION	-5%

RISK FACTORS

POPULATION DENSITY	17 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.0%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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[2] Average of the last 3 days

NIH FOIA 000691
HHS_NIH-20-0496-A-000691

TRENDS IN WEST VIRGINIA

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	1.8%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	109 (weekly avg.)
BED UTILIZATION[2]	67%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.4%
INCIDENCE	+49%
TESTING PER 100K / DAY	-29
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	75 per sq mi
% OVER 60	27%
CRUDE CVD PREVALENCE	7.4%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

NIH FOIA 000692

HHS_NIH-20-0496-A-000692

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TRENDS IN VERMONT

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	1.7%
NEW CASES PER 100K / DAY	1 (weekly avg.)
TESTING PER 100K / DAY	147 (weekly avg.)
BED UTILIZATION[2]	55%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.0%
INCIDENCE	+50%
TESTING PER 100K / DAY	+30
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	68 per sq mi
% OVER 60	27%
CRUDE CVD PREVALENCE	4.0%

AMERICAN OVERSIGHT

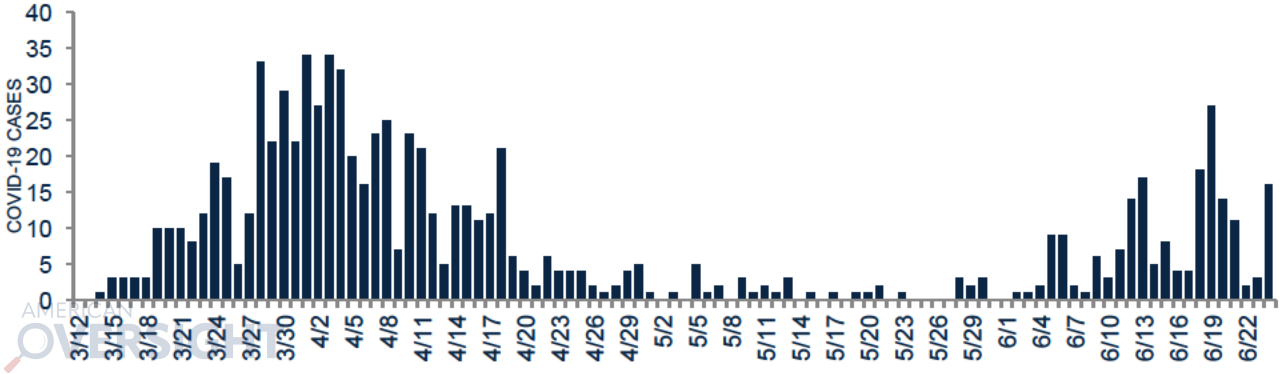
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

NIH FOIA 000693

HHS_NIH-20-0496-A-000693

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TRENDS IN HAWAII



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	1.3%
NEW CASES PER 100K / DAY	1 (weekly avg.)
TESTING PER 100K / DAY	143 (weekly avg.)
BED UTILIZATION[2]	49%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.5%
INCIDENCE	+54%
TESTING PER 100K / DAY	+25
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	221 per sq mi
% OVER 60	25%
CRUDE CVD PREVALENCE	2.5%

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Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 000694
HHS-NIH-20-0496-A-000694

TRENDS IN PENNSYLVANIA

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.4%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	105 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.3%
INCIDENCE	+13%
TESTING PER 100K / DAY	-4
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	286 per sq mi
% OVER 60	25%
CRUDE CVD PREVALENCE	5.1%

AMERICAN OVERSIGHT

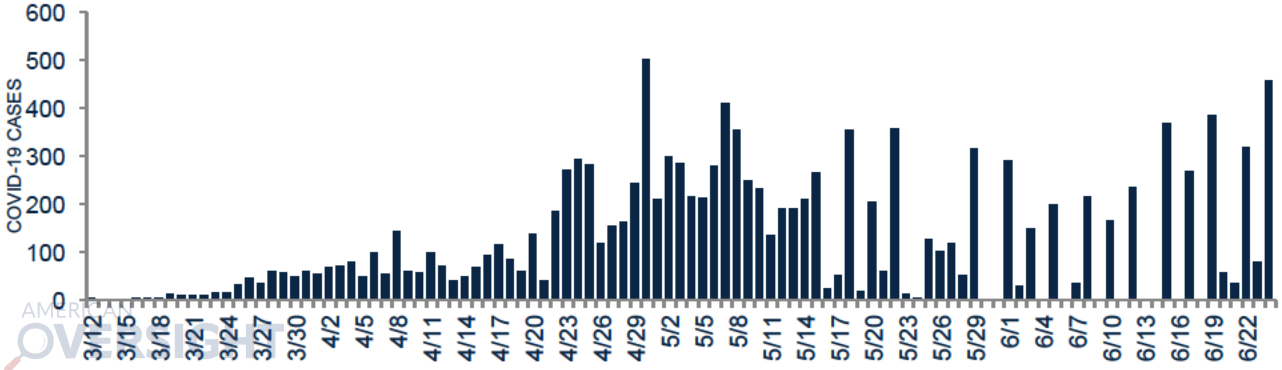
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

NIH FOIA 000695

HHS_NIH-20-0496-A-000695

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TRENDS IN KANSAS



Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.5%
NEW CASES PER 100K / DAY	7 (weekly avg.)
TESTING PER 100K / DAY	67 (weekly avg.)
BED UTILIZATION[2]	48%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.3%
INCIDENCE	+53%
TESTING PER 100K / DAY	-3
BED UTILIZATION	-2%

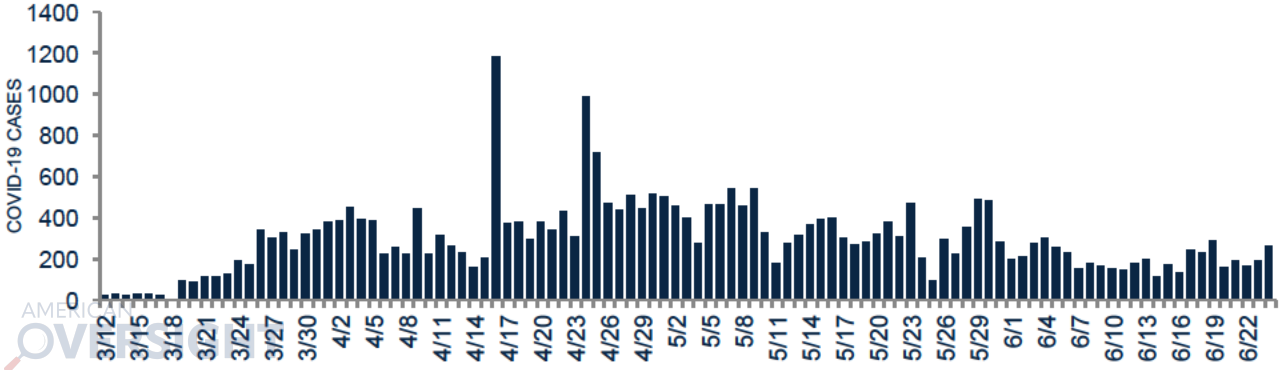
RISK FACTORS

POPULATION DENSITY	36 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.0%

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AMERICAN OVERSIGHT
NIH FOIA 000696
HHS-NIH-20-0496-A-000696

TRENDS IN COLORADO



Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	3.5%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	111 (weekly avg.)
BED UTILIZATION[2]	50%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.4%
INCIDENCE	+26%
TESTING PER 100K / DAY	+6
BED UTILIZATION	+0%

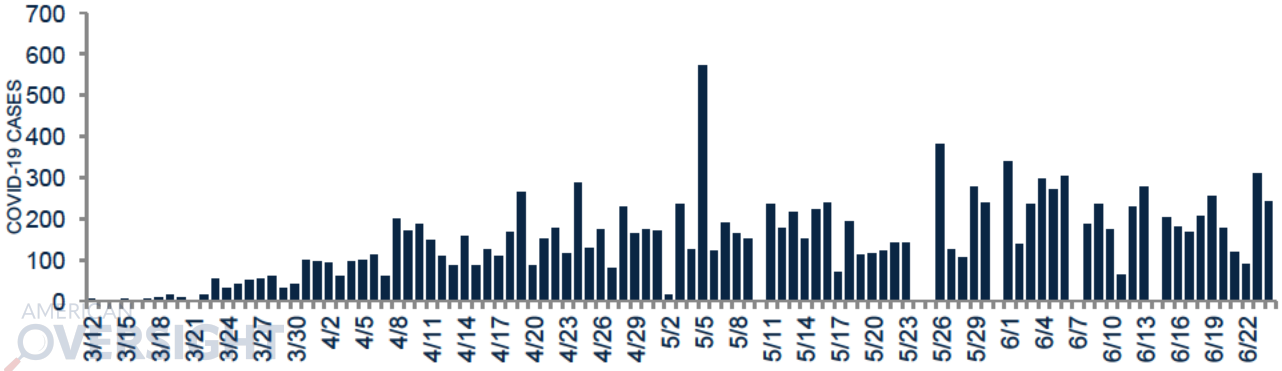
RISK FACTORS

POPULATION DENSITY	55 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	2.7%

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AMERICAN OVERSIGHT
NIH FOIA 000697
HHS-NIH-20-0496-A-000697

TRENDS IN KENTUCKY



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.2%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	85 (weekly avg.)
BED UTILIZATION[2]	67%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.5%
INCIDENCE	+25%
TESTING PER 100K / DAY	-25
BED UTILIZATION	+2%

RISK FACTORS

POPULATION DENSITY	113 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	6.2%

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Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICA OVERRIGHT
NIH FOIA 000698
HHS-NIH-20-0496-A-000698

TRENDS IN DELAWARE

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.8%
NEW CASES PER 100K / DAY	7 (weekly avg.)
TESTING PER 100K / DAY	94 (weekly avg.)
BED UTILIZATION[2]	66%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.7%
INCIDENCE	+15%
TESTING PER 100K / DAY	+6
BED UTILIZATION	-3%

RISK FACTORS

POPULATION DENSITY	496 per sq mi
% OVER 60	26%
CRUDE CVD PREVALENCE	4.2%

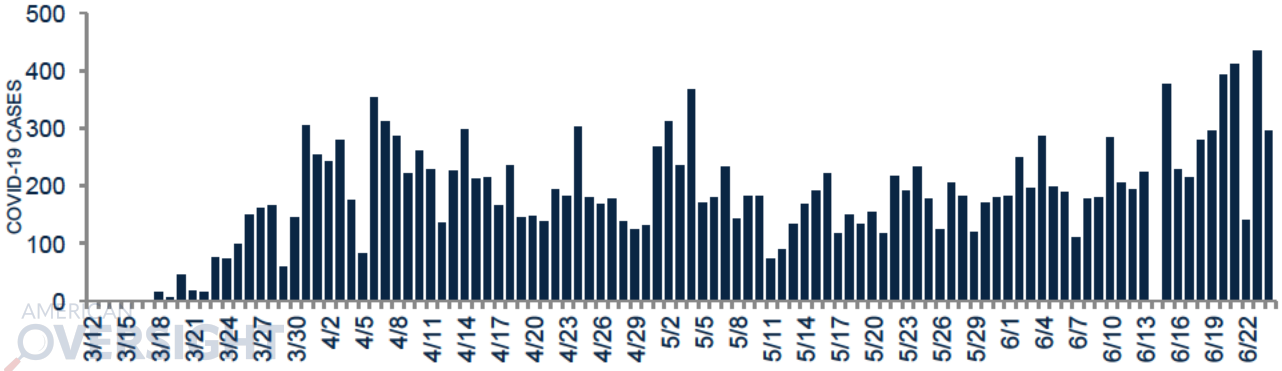
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 000699
HHS_NIH-20-0496-A-000699

TRENDS IN MISSOURI



Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.0%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	93 (weekly avg.)
BED UTILIZATION[2]	57%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.3%
INCIDENCE	+56%
TESTING PER 100K / DAY	+1
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	89 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	4.7%

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AMERICA OVERSIGHT
NIH FOIA 000700
HHS-NIH-20-0496-A-000700

TRENDS IN ALABAMA

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	16.3%
NEW CASES PER 100K / DAY	14 (weekly avg.)
TESTING PER 100K / DAY	153 (weekly avg.)
BED UTILIZATION[2]	69%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.8%
INCIDENCE	-16%
TESTING PER 100K / DAY	-6
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	97 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	5.5%

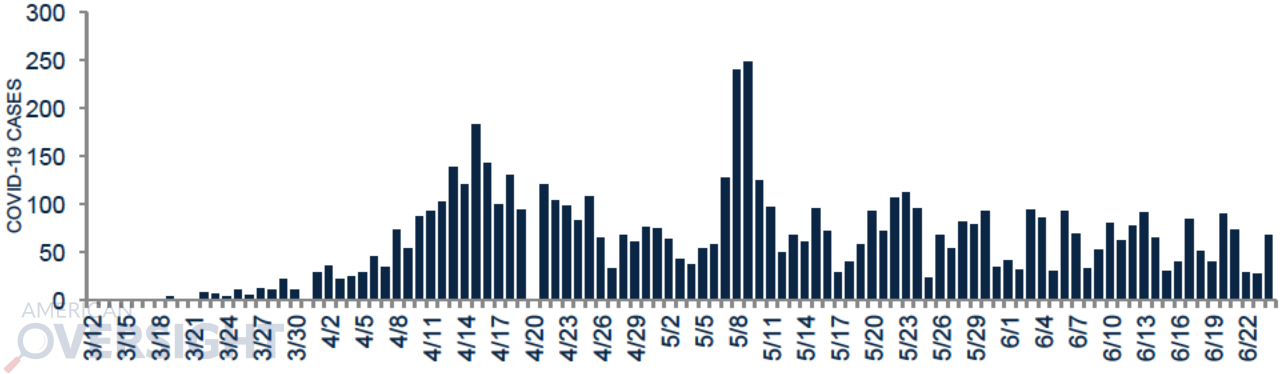
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 000701
HHS_NIH-20-0496-A-000701

TRENDS IN SOUTH DAKOTA



Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.5%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	156 (weekly avg.)
BED UTILIZATION[2]	43%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.2%
INCIDENCE	-16%
TESTING PER 100K / DAY	-35
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	11 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	4.7%

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AMERICA OVERSIGHT
NIH FOIA 000702
HHS-NIH-20-0496-A-000702

TRENDS IN VIRGINIA

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	7.3%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	108 (weekly avg.)
BED UTILIZATION[2]	62%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-2.8%
INCIDENCE	+4%
TESTING PER 100K / DAY	-13
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	216 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.8%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 000703
HHS_NIH-20-0496-A-000703

TRENDS IN OREGON

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.2%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	74 (weekly avg.)
BED UTILIZATION[2]	54%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-2.2%
INCIDENCE	+6%
TESTING PER 100K / DAY	-18
BED UTILIZATION	-4%

RISK FACTORS

POPULATION DENSITY	44 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.6%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 000704
HHS_NIH-20-0496-A-000704

TRENDS IN MASSACHUSETTS

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.7%
NEW CASES PER 100K / DAY	3 (weekly avg.)
TESTING PER 100K / DAY	164 (weekly avg.)
BED UTILIZATION[2]	66%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.9%
INCIDENCE	-27%
TESTING PER 100K / DAY	+0
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	885 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	3.6%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 000705

HHS_NIH-20-0496-A-000705

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TRENDS IN NEW YORK

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	1.6%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	338 (weekly avg.)
BED UTILIZATION[2]	62%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.1%
INCIDENCE	-9%
TESTING PER 100K / DAY	-12
BED UTILIZATION	+1%

RISK FACTORS

POPULATION DENSITY	415 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	3.9%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 000706
HHS_NIH-20-0496-A-000706

TRENDS IN MARYLAND

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.2%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	172 (weekly avg.)
BED UTILIZATION[2]	72%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.1%
INCIDENCE	-32%
TESTING PER 100K / DAY	-21
BED UTILIZATION	+6%

RISK FACTORS

POPULATION DENSITY	622 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.3%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 000707

HHS_NIH-20-0496-A-000707

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TRENDS IN CONNECTICUT

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.0%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	40 (weekly avg.)
BED UTILIZATION[2]	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.1%
INCIDENCE	-43%
TESTING PER 100K / DAY	-100
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	738 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.8%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 000708

HHS_NIH-20-0496-A-000708

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TRENDS IN RHODE ISLAND

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.1%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	362 (weekly avg.)
BED UTILIZATION[2]	74%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.4%
INCIDENCE	-14%
TESTING PER 100K / DAY	+38
BED UTILIZATION	-7%

RISK FACTORS

POPULATION DENSITY	1023 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.8%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 000709
HHS_NIH-20-0496-A-000709

TRENDS IN NEW HAMPSHIRE

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	1.5%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	122 (weekly avg.)
BED UTILIZATION[2]	57%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.0%
INCIDENCE	-37%
TESTING PER 100K / DAY	-58
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	152 per sq mi
% OVER 60	26%
CRUDE CVD PREVALENCE	3.4%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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[2] Average of the last 3 days

NIH FOIA 000710
HHS_NIH-20-0496-A-000710

TRENDS IN MAINE

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	1.5%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	88 (weekly avg.)
BED UTILIZATION[2]	60%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.7%
INCIDENCE	-9%
TESTING PER 100K / DAY	-4
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	43 per sq mi
% OVER 60	28%
CRUDE CVD PREVALENCE	4.7%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

NIH FOIA 000711
HHS_NIH-20-0496-A-000711

TRENDS IN NEW JERSEY

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.3%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	243 (weekly avg.)
BED UTILIZATION[2]	64%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-2.8%
INCIDENCE	-7%
TESTING PER 100K / DAY	-82
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	1211 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	3.7%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

NIH FOIA 000712

HHS_NIH-20-0496-A-000712

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[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

TRENDS IN DISTRICT OF COLUMBIA

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	7.7%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	435 (weekly avg.)
BED UTILIZATION[2]	69%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.7%
INCIDENCE	-9%
TESTING PER 100K / DAY	+38
BED UTILIZATION	+1%

RISK FACTORS

POPULATION DENSITY	11490 per sq mi
% OVER 60	17%
CRUDE CVD PREVALENCE	1.9%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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[2] Average of the last 3 days

NIH FOIA 000713 HHS_NIH-20-0496-A-000713

TRENDS IN NORTH CAROLINA

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.1%
NEW CASES PER 100K / DAY	12 (weekly avg.)
TESTING PER 100K / DAY	132 (weekly avg.)
BED UTILIZATION[2]	69%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.5%
INCIDENCE	+4%
TESTING PER 100K / DAY	+1
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	214 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.3%

AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

NIH FOIA 000714

HHS_NIH-20-0496-A-000714

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[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

TRENDS IN ILLINOIS

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	3.9%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	89 (weekly avg.)
BED UTILIZATION[2]	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.3%
INCIDENCE	+0%
TESTING PER 100K / DAY	-18
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	230 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.0%

AMERICAN OVERSIGHT

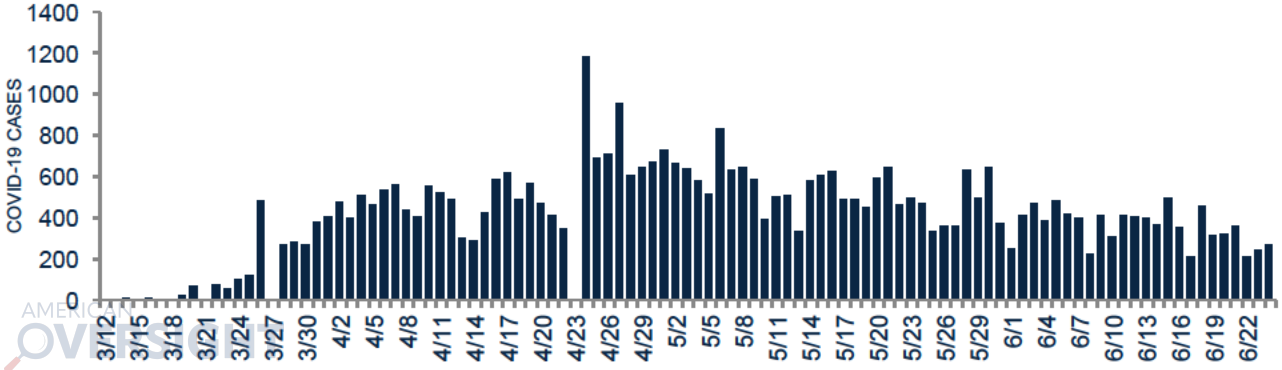
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

NIH FOIA 000715

HHS_NIH-20-0496-A-000715

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[2] Average of the last 3 days

TRENDS IN INDIANA



Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.9%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	217 (weekly avg.)
BED UTILIZATION[2]	55%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.5%
INCIDENCE	-18%
TESTING PER 100K / DAY	+11
BED UTILIZATION	+0%

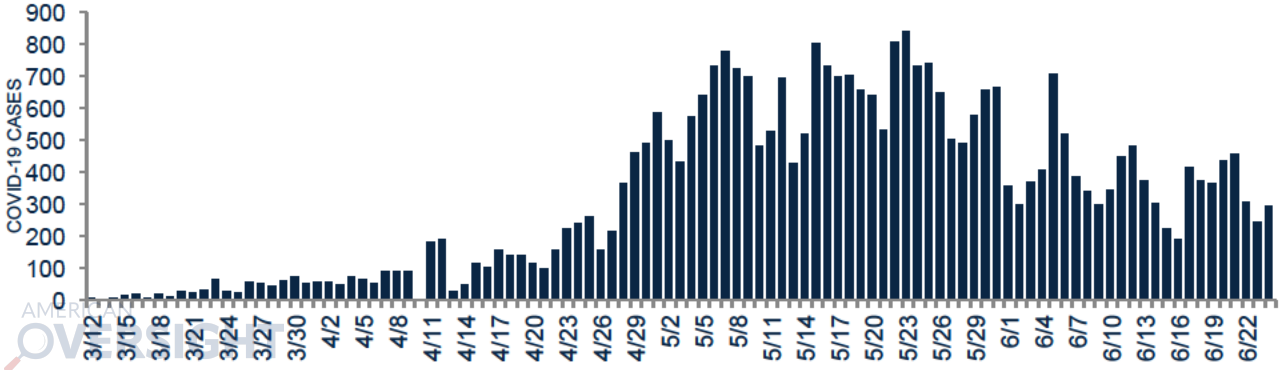
RISK FACTORS

POPULATION DENSITY	187 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.8%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*
[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

AMERICAN OVERSIGHT
NIH FOIA 000716
HHS-NIH-20-0496-A-000716

TRENDS IN MINNESOTA



Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	3.9%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	178 (weekly avg.)
BED UTILIZATION[2]	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.5%
INCIDENCE	+2%
TESTING PER 100K / DAY	-92
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	70 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.4%

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Not enough CLI syndromic surveillance data to

AMERICA OVERRIGHT
NIH FOIA 000717
HHS-NIH-20-0496-A-000717

TRENDS IN LOUISIANA

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 3 day avg.)
- Daily COVID-19 Cases
- Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	8.6%
NEW CASES PER 100K / DAY	14 (weekly avg.)
TESTING PER 100K / DAY	194 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.7%
INCIDENCE	+10%
TESTING PER 100K / DAY	-8
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	108 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.3%

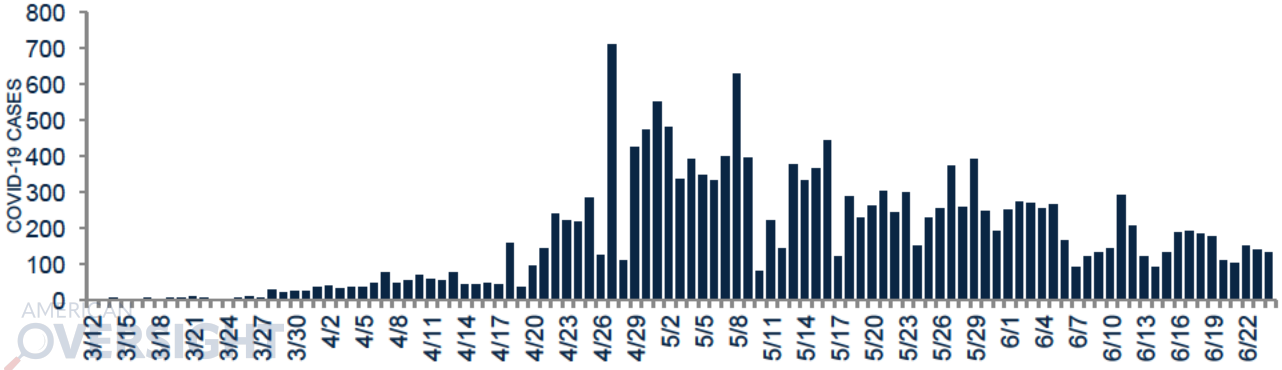
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

NIH FOIA 000718
HHS_NIH-20-0496-A-000718

TRENDS IN NEBRASKA



Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.5%
NEW CASES PER 100K / DAY	7 (weekly avg.)
TESTING PER 100K / DAY	200 (weekly avg.)
BED UTILIZATION[2]	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.1%
INCIDENCE	-19%
TESTING PER 100K / DAY	-1
BED UTILIZATION	+0%

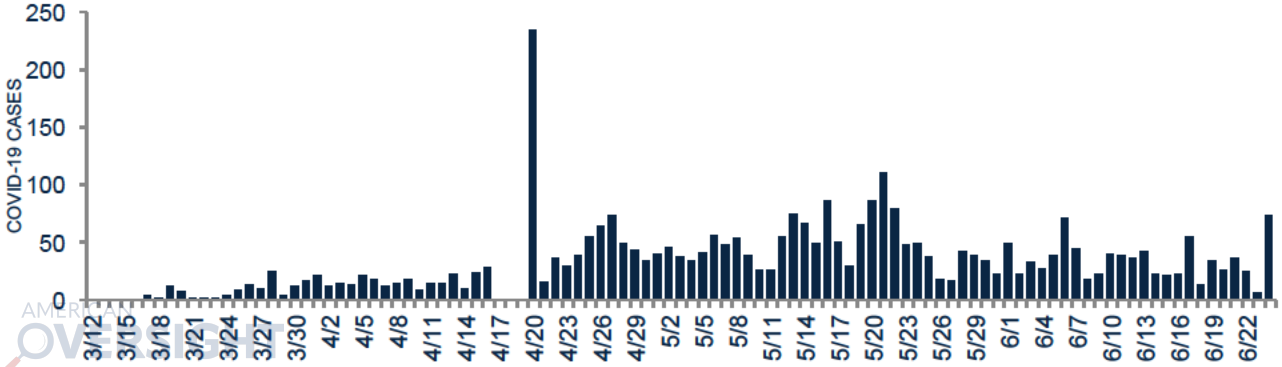
RISK FACTORS

POPULATION DENSITY	25 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.8%

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Not enough CLI syndromic surveillance data to

AMERICA OVERSIGHT
NIH FOIA 000719
HHS-NIH-20-0496-A-000719

TRENDS IN NORTH DAKOTA



Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	1.9%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	131 (weekly avg.)
BED UTILIZATION[2]	62%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.6%
INCIDENCE	-10%
TESTING PER 100K / DAY	-15
BED UTILIZATION	-1%

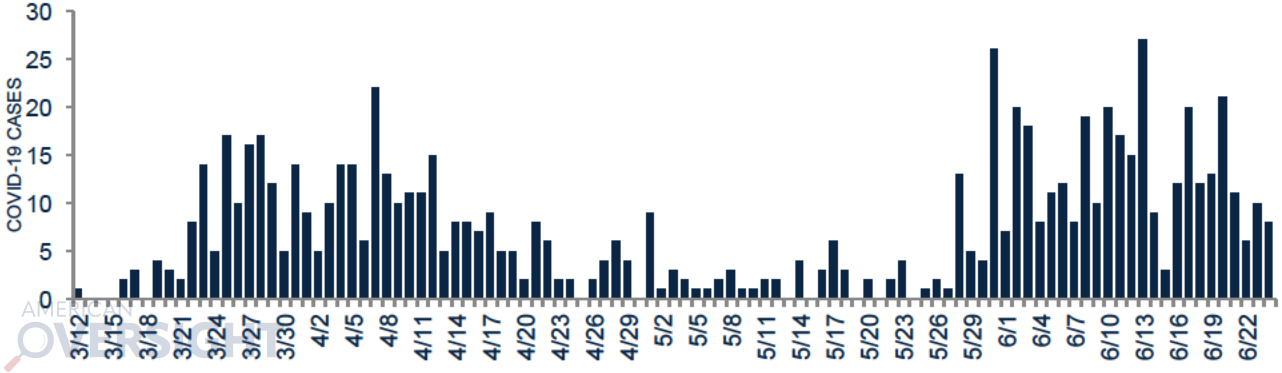
RISK FACTORS

POPULATION DENSITY	11 per sq mi
% OVER 60	21%
CRUDE CVD PREVALENCE	3.8%

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[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

AMERICA OVERSIGHT
NIH FOIA 000720
HHS-NIH-20-0496-A-000720

TRENDS IN ALASKA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	1.1%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	287 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.0%
INCIDENCE	-21%
TESTING PER 100K / DAY	-83
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	1 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	2.8%

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[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000721
HHS-NIH-20-0496-A-000721

TOP EMERGING COUNTIES 1-10, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



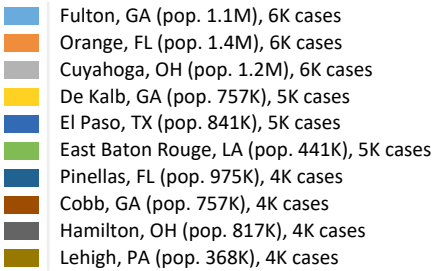
AMERICAN OVERSIGHT

NIH FOIA 000722

Counties selected by various inclusion criteria, then ordered by cases

HHS-NIH-20-0496-A-000722

TOP EMERGING COUNTIES 11-20, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



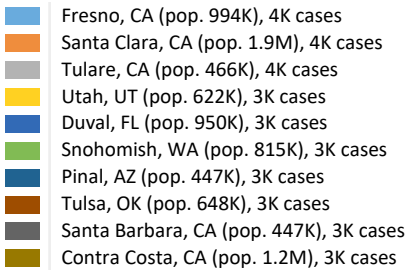
AMERICAN OVERSIGHT

NIH FOIA 000723

Counties selected by various inclusion criteria, then ordered by cases

HHS-NIH-20-0496-A-000723

TOP EMERGING COUNTIES 21-30, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000724

Counties selected by various inclusion criteria, then ordered by cases

TOP EMERGING COUNTIES 31-40, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000725

Counties selected by various inclusion criteria, then ordered by cases

TOP EMERGING COUNTIES 41-50, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000726

Counties selected by various inclusion criteria, then ordered by cases

TOP EMERGING COUNTIES 51-60, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000727

Counties selected by various inclusion criteria, then ordered by cases

TOP EMERGING COUNTIES 61-70, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA

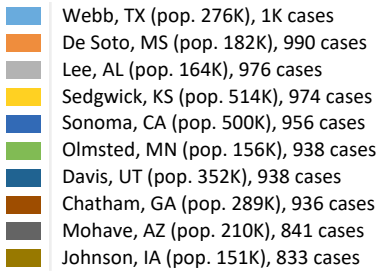


AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000728

Counties selected by various inclusion criteria, then ordered by cases

TOP EMERGING COUNTIES 71-80, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA

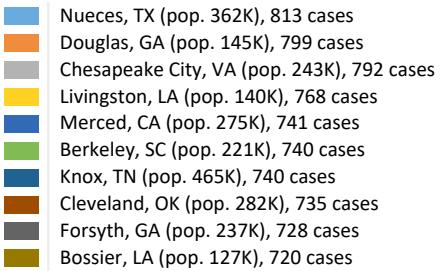


AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000729

Counties selected by various inclusion criteria, then ordered by cases

TOP EMERGING COUNTIES 81-90, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000730

Counties selected by various inclusion criteria, then ordered by cases

TOP EMERGING COUNTIES 91-100, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000731

Counties selected by various inclusion criteria, then ordered by cases

TOP EMERGING COUNTIES 101-110, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA

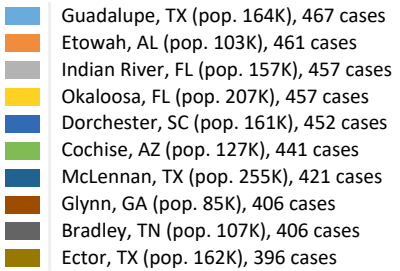


AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000732

Counties selected by various inclusion criteria, then ordered by cases

TOP EMERGING COUNTIES 111-120, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000733

Counties selected by various inclusion criteria, then ordered by cases

TOP EMERGING COUNTIES 121-130, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000734

Counties selected by various inclusion criteria, then ordered by cases

TOP EMERGING COUNTIES 131-138, COMBINED RESULTS BASED ON MULTIPLE INCLUSION CRITERIA



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000735

Counties selected by various inclusion criteria, then ordered by cases

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Fri, 26 Jun 2020 09:00:58 -0500
To: AMA2 (OS/IOS); (b) (6) Kudlow, Larry A. EOP/WHO;Redfield, Robert R. (CDC/OD);Fauci, Anthony (NIH/NIAID) [E];Adams, Jerome (HHS/OASH);sh1@fda.hhs.gov;Birx, Deborah L. EOP/NSC;CMS (b) (6) ;Short, Marc T. EOP/OVP;Miller, Katie R. EOP/OVP;Troye, Olivia EOP/NSC;Philbin, Patrick F. EOP/WHO;Miller, Stephen EOP/WHO; (b) (6) (b) (6) (b) (6) Cipollone, Pat A. EOP/WHO;Kellogg, Joseph Keith K. Jr. EOP/OVP; (b) (6) Engels, Thomas (HRSA); (b) (6) Collins, Francis (NIH/OD) [E];Harrison, Brian (HHS/IOS);Pataki, Tim A. EOP/WHO;Goyer, Jim L. IV EOP/WHO;Pottebaum, Nic D. EOP/WHO;Hoelscher, Douglas L. EOP/WHO;Obenshain, Tucker T. EOP/OVP;Kushner, Jared C. EOP/WHO;Conley, Sean P. CDR USN WHMO/WHMU;Fleming, John C. Jr. EOP/WHO;Jacob, Gregory F. EOP/OVP;Hicks, Hope C. EOP/WHO;Fisher, Garrett C. EOP/OVP;Nevins, Kristan K. EOP/WHO;O'Malley, Devin M. EOP/OVP;DL OVP NSA EXECSEC; (b) (6) Farah, Alyssa A. EOP/WHO;Gilmartin, Kayleigh M. EOP/WHO; (b) (6) (b) (6) (b) (6) (b) (6) ;Lin, Merry S. EOP/WHO;Baker, Brittany G. EOP/WHO;Olmem, Andrew J. EOP/WHO;Gershman, Lynn E. (CDC/OD/OCS);Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Dulaigh, Joel (HHS/OASH);Rose, Lyndee D. EOP/WHO;Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Olivarria, Frank (FDA/OC);Brookes, Brady (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA); (b) (6) (b) (6) (b) (6) Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Lair, Kate E. EOP/WHO;Murrell, Baxter R. EOP/WHO; (b) (6) Bolduc, Brian J. EOP/OVP;Dumbauld, Cassidy M. EOP/WHO; (b) (6) (b) (6) Cytryn, Jen B. EOP/WHO;McGuffee, Tyler Ann A. EOP/OVP;Hahn, Julia A. EOP/WHO;Haddad, Carla (HHS/OASH);Taylor, Elizabeth A. EOP/WHO;DL WHO COMMS Speechwriters;Brunson, Brandy (HHS/OASH/OSG); (b) (6) Boyd, Charlton J. EOP/WHO;Bante, Katie (OS/OASH); (b) (6) Dittmeier, Kerry W. EOP/OVP; (b) (6) Kline, Katherine E. EOP/WHO;Trevor, Sarah J. EOP/WHO;Gideos, Darawan (HRSA); (b) (6) McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E]; (b) (6) (b) (6) Hodgson, Christopher M. EOP/OVP;Lewis, Michael B. EOP/OVP
Cc: Stickles, Brendan R. EOP/OVP;Joannou, Tom W. EOP/WHO;Conway, Kellyanne E. EOP/WHO
Subject: White House Coronavirus Task Force Meeting
Attachments: CBTS 06 26 2020 v FINAL.pptx, Commerce-State Policy Request 05222020.docx, WH Coronavirus TF Meeting - 6.26.20 - 1100 v3.docx, Supply Chain slide 6.26.pptx, Hospital COVID Spending Slides 6.26.20.pdf
Importance: High

Good evening,

Apologies for the delay, and thank you in advance for your patience.

Tomorrow's – Friday, June 26th – **White House Coronavirus Task Force Meeting** will take place at the **Department of Health and Human Services** in the **Secretary's Conference Room, 610F** at **11:00am**.

AMERICAN OVERSIGHT

All participants must be tested for COVID-19 prior to the meeting's start time.

Materials attached.

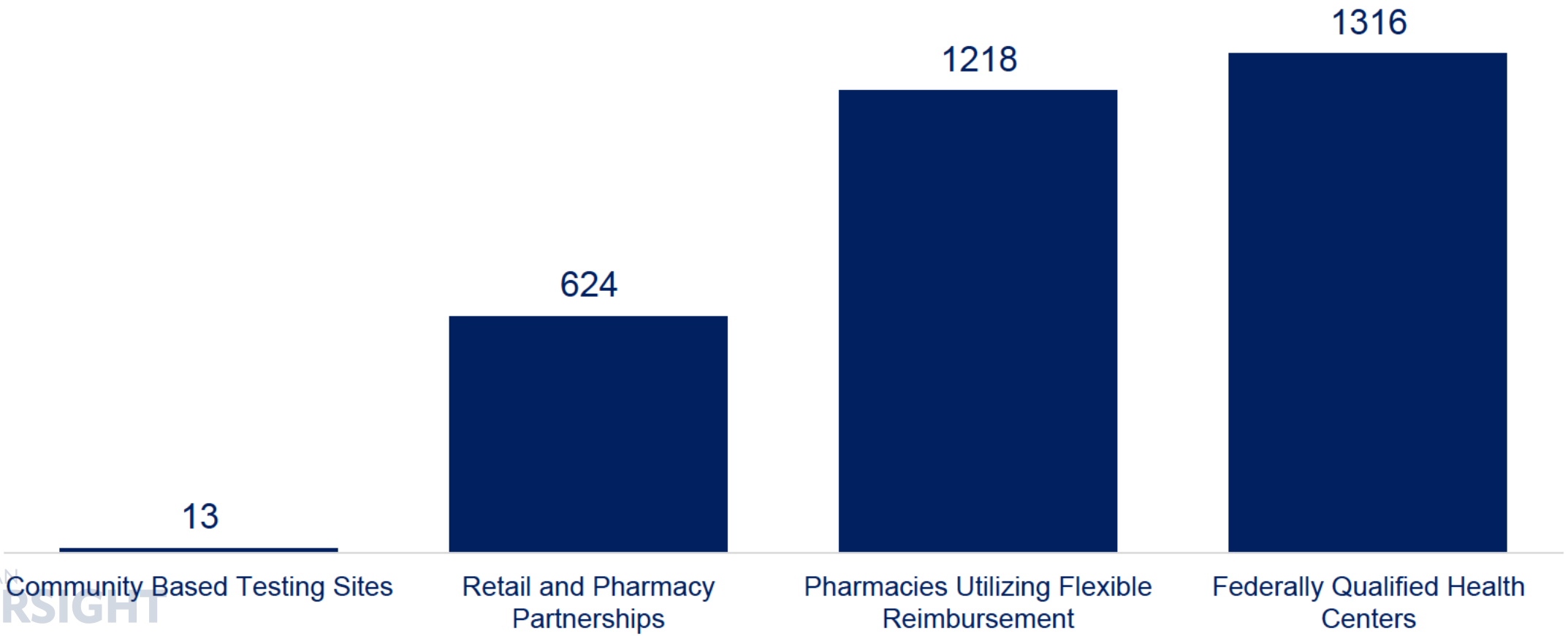
Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

COMMUNITY BASED TESTING

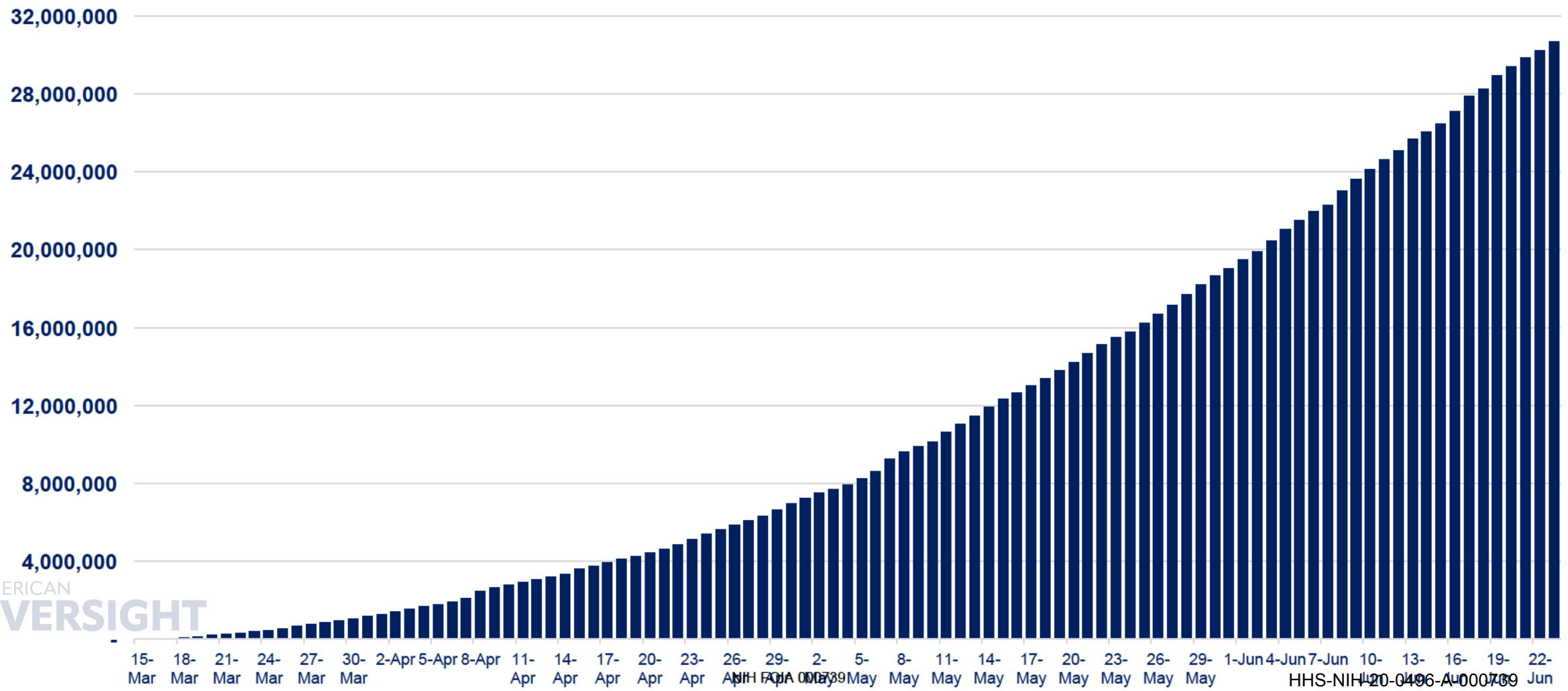
JUNE 26, 2020



AMERICAN OVERSIGHT

COVID-19 TESTING IN THE U.S.

>31,280,000 tests through June 25



AMERICAN OVERSIGHT

NIH FOIA 000739

HHS-NIH-20-0496-A-000739

Department of Commerce and Department of State Joint Request for Policy Guidance on Facilitating U.S. Exports of Medical Supplies

Bottom Line Up Front

(SBU) The Department of Commerce's International Trade Administration (ITA) and the Department of State request policy guidance on facilitating U.S. exports of products that **are not** subject to export restrictions pursuant to FEMA's Temporary Final Rule (TFR) on scarce medical resources allocated for domestic use, but could reasonably be considered necessary to the domestic response to COVID-19. In order to address inquiries from U.S. industry and foreign partners with consistency and clarity, Commerce and State propose a way forward in accordance with our current understanding of U.S. policy and existing Federal laws and regulations.

Background

(SBU) Commerce and State offices and embassies are frequently receiving inquiries (see Tab 1), both domestically and overseas, from governments, hospitals, and foreign and U.S. companies seeking guidance on the ability to export the wide range of U.S. medical supplies and products that are important for responding to the COVID-19 pandemic -- including many categories not covered under the FEMA TFR, some of which have been designated by HHS as "scarce or threatened materials" (e.g., ventilators, gowns, and face shields) and others not (e.g., test kits and most pharmaceuticals). Some of these requests have been made at the highest level of foreign government leadership, creating diplomatic and at times public relations frictions in the absence of clear policy guidance. Meanwhile, China has been aggressively exploiting our – real or perceived – inability to export COVID-19 medical supplies, even those not subject to TFR restrictions, by donating and selling to our foreign partners a wide range of medical supplies in order to generate goodwill and positive press (so called "facemask diplomacy"). At times these products have proven to be of inferior quality or counterfeit and thus potentially dangerous.

(SBU) Within Commerce, ITA's statutory mission is to promote and facilitate U.S. exports. Similarly, the Department of State, consistent with our mission to expand economic opportunities overseas for U.S. business, works hand-in-hand with ITA on facilitating U.S. exports and performs such services on ITA's behalf at posts without an ITA presence. During the COVID-19 pandemic, ITA has temporarily stopped assisting with the export of products that could reasonably be considered necessary to the domestic response to COVID-19 – even if such products were not subject to export restrictions established by FEMA's TFR – and has redirected U.S. exporters to focus on existing or potential domestic needs.

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NIH FOIA 000740
SENSITIVE BUT UNCLASSIFIED
HHS-NIH-20-0496-A-000740

Proposal

(SBU) To support U.S. business opportunities, maintain positive diplomatic relations around the world, and reassert U.S. leadership in the global fight against the Coronavirus – while at all times prioritizing the health and safety of American citizens – Commerce and State seek White House concurrence on reinstating export assistance for U.S. producers and suppliers of COVID-19 medical supplies, in accordance with existing laws and regulations, as follows:

(1) If a product category is **not** covered under the FEMA TFR, State and Commerce may provide export assistance for U.S. suppliers, including the facilitation of inquiries from potential overseas buyers and recipients.

(2) While HHS-designation of a good as a "scarce or threatened material" subjects it to hoarding prevention measures authorized under the Defense Production Act, it does not prevent Commerce or State from facilitating U.S. exports of such good unless it is a "covered material" under the TFR.

(3) To ensure the TFR list of "covered materials" subject to export restrictions is current based upon evolving domestic supply and demand, FEMA shall review the TFR list every two weeks, at a minimum, in consultation with the WHTF, to determine whether FEMA should add (or remove) categories from the TFR list[1] to adapt to current and projected domestic needs. FEMA shall publish notice of such changes in the Federal Register.

(4) Medical products subject to Rated Orders under the Defense Production Act shall receive priority treatment and precedence over all unrated orders. However, nothing shall prevent Commerce and State from facilitating U.S. exports of such product categories, if not otherwise subject to the TFR, subject at all times to the precedence and full performance of any Rated Orders accepted by a given U.S. supplier.

(5) Notwithstanding (1) – (4) above, the NSC may identify in writing to State and Commerce specific categories of medical products that do not fall under the TFR – and do not warrant being added to the TFR list pursuant to (3) above – but nonetheless, as a matter of policy in promotion of the national defense or public welfare, should not be promoted or facilitated for export by Commerce or State absent NSC approval. In such cases, State and Commerce shall have the opportunity to jointly present, on a weekly basis, received requests for facilitating exports of such specified products, for approval by the NSC.

[1] According to the TFR, the FEMA Administrator may designate additional materials as "covered materials" upon determination that additional items are scarce and necessary for national defense and that the TFR is the only way to meet national defense requirements without significant disruption to domestic markets. The Administrator will publish notice of these additional "covered materials" in the Federal Register.

AMERICAN OVERSIGHT

NIH FOIA 000741
SENSITIVE BUT UNCLASSIFIED
HHS-NIH-20-0496-A-000741

(6) For the avoidance of doubt, requests for exportation as discussed above shall include both commercial requests for purchase as well as foreign assistance and charitable requests.

Attachment:

Tab 1 – Commerce and State Open Requests

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NIH FOIA 000742
SENSITIVE BUT UNCLASSIFIED
HHS-NIH-20-0496-A-000742

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Friday, June 26, 2020
11:00am EST

I. **Opening Remarks –** Vice President Pence

II. **Data Modeling & Reporting –** Dr. Debbie Birx, M.D.

III. **CBTS & Texas Request –** ADM Brett Giroir (HHS)

IV. **Vaccines & Therapeutics –** Secretary Alex Azar (HHS)

V. **NRCC & Supplies Update –** Admiral John Polowczyk (FEMA)

VI. **Hospital COVID Funding –** Seema Verma, Administrator (CMS)

VII. **Testing Pricing Update –** Seema Verma, Administrator (CMS)

VIII. **Policy on U.S. Exports of Medical Supplies –** Greg Jacob, Counsel to the Vice President

IX. **States Reopening Update –** Doug Hoelscher, Director (IGA)

X. **Concluding Remarks –** Vice President Pence

AMERICAN OVERSIGHT

Supply Chain Advisory Group(SCAG) Summary of Actions – 26 Jun 20

FEMA

Strategic National Stockpile (status delivered)

(b) (5)

Donations (status delivered)

(b) (5)

(b) (5)

(b) (5)

AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000744

COVID-19 Hospital Spending



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

NIH FOIA 000745

HHS-NIH-20-0496-A-000745

Medicare Spending

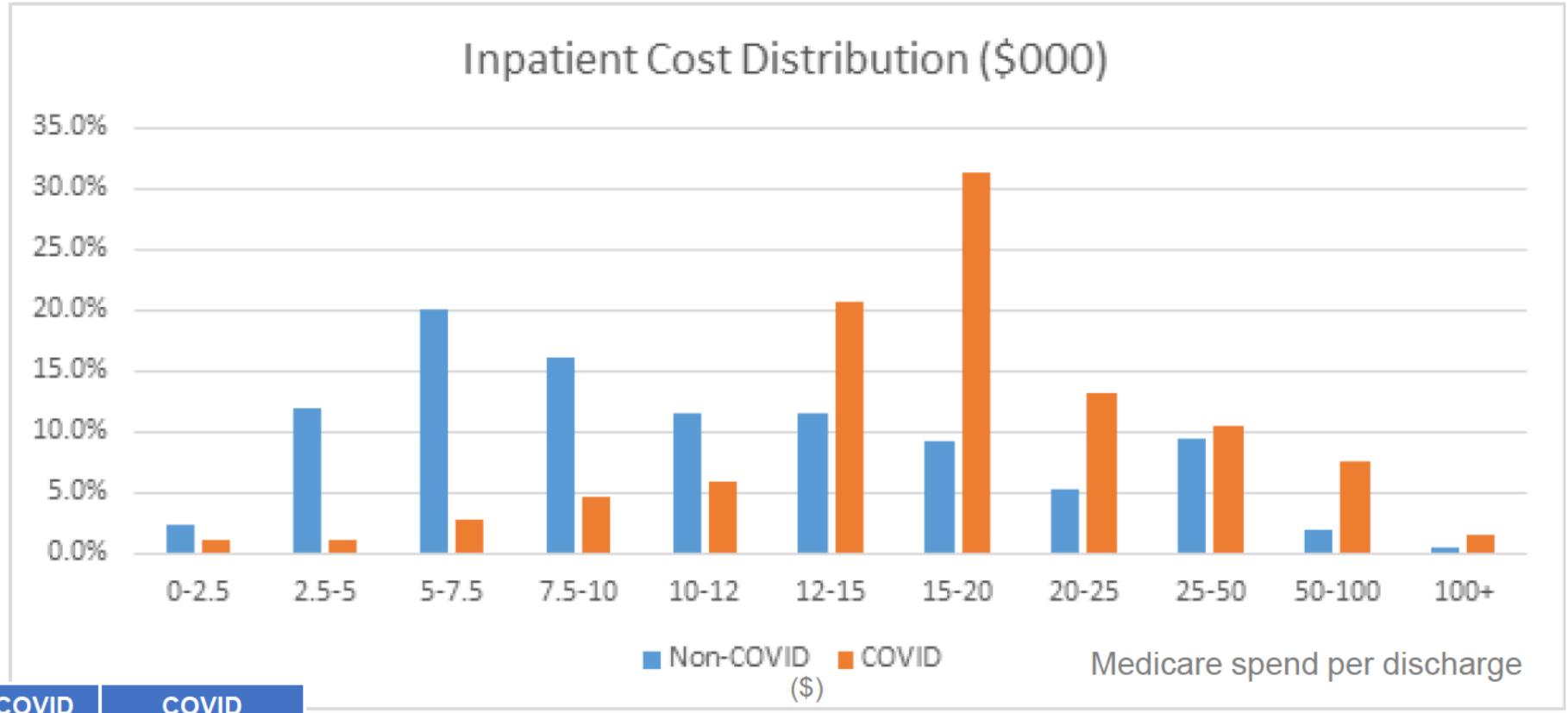
- Medicare providing a 20 percent add-on for both rural and urban inpatient hospital COVID patients.

- Through May, there were a total of 101,348 discharges and total payments of $2.286 billion for an average Medicare spend of $22,556 per COVID discharge.

- For comparison purposes, the average Medicare spending in the first quarter of 2020 was $13,677 per discharge. The average across all respiratory discharges was $11,084, and was $16,032 for septicemia-like discharges.

AMERICAN OVERSIGHT

Medicare Spending



Percentile	Non-COVID	COVID
75%	15,689	22,931
90%	29,937	47,759

OVERSIGHT

CARES Act Funding

The Cares Act provided $175 billion to hospitals through the CARES Act Provider Relief Fund. Those funds were distributed by categories, including:

- General distribution: $50 billion in general payments, of which $30 billion was provided to 320,000 Medicare-fee-for-service (MFFS) hospitals. The remaining $20 billion was provided to nearly 15,000 providers.
- Targeted Allocations: 10 categories were provided for targeted distribution.
- High-Impact distribution: **($12 billion) 395 hospitals have thus far qualified by caring for 100 or more COVID patients. The qualifying hospitals receive $76,975 per COVID admission.**
- Rural Distribution: ($10 billion) Rural hospitals received an allocation based on past operating expenses and facility type. In total, the base payment per facility ranged between $1 million to $2 million.
- Skilled Nurses Facilities (SNF) Distribution: ($4.9 billion) A facility with six or more bed qualifies for $50,000 plus $2,500 per certified bed.
- Indian Health Services / Tribal Hospitals (IHS) Distribution: ($500 million) Tribal hospitals each receive $2.81 million plus three percent of total operating expenses
- Medicaid and Chip Distribution: ($15 billion) Hospitals that didn't not receive General Distribution funds but billed Medicaid/CHIP programs early 2020.
- Safety Net Hospitals Distribution: ($10 billion) Hospitals qualify when their Medicare Disproportionate Payment Percentage is 20.2 percent or greater.

AMERICAN OVERSIGHT

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Mon, 29 Jun 2020 12:12:18 -0500
To:
Subject: WH Coronavirus TF PowerPoint - 6.29.20 - 1730
Attachments: WH Coronavirus TF 6.29.20 PowerPoint.pptx
Importance: High

All –

Please see Dr. Birx's PowerPoint for today – **Monday, June 29th** – attached.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

29 June 2020 Data Summary

- Increasing cases week over week with increased hospitalizations in AZ, TX, FL, SC, GA –hit historic high in new cases last week, substantial acceleration of cases in LA, Phoenix, Houston, Dallas, Miami, Jacksonville : the current rate of doubling is equal to NYC and could reach over 100,000 daily new cases in less than 10 day (50% of cases coming from CA, TX, FL, AZ)
- Also concerning are the new rising cases in WI, OH, LA, OK, MS, GA, AR, KY, MI, IL
- Hospitalization rising and increasing request for additional staff
- Deaths stable from last week and deaths could rise next week without aggressive action in laser focused metros and countries
- Without immediate action daily mortality could reach over 2000/day with 200,000 deaths by mid-August – we would surpass 300,000 before Nov
- **Uniform use of masks in all metros with rapid increase in cases could decrease new cases by 50% and mortality by 60%**
- States with more than 1000 cases 26 June **CA, TX, FL, AZ, NC, SC, GA, MS, OH, TN – FL, AZ, TX and CA with the steepest increase and increasing % + : New ALERT for GA, OH, TN, SC (rising cases, >1000 cases/day and >10%)**
- **13 states with rising cases and percent positive cases : most concerning are CA, TX, FL, SC, AZ – with early alerts for WA, AR, WI, UT, MS, NV, IA, OH, MI (WY, MT, ID – meet criteria but small numbers of cases)**
- **26 states with rising cases or rising test positive rate**
- **11 states stable**
- **176 USA counties with significant increasing cases triggering the emerging county alert**
- States with greater than 10% test positives (7-day average): **TX, AZ, FL, MS, SC, AL, GA : TX and AZ now at 18%**
- Metros with greater than 10% positives (7-day average)many approaching 20%: **Austin, Houston, Dallas, Phoenix, San Antonio, Miami, Orlando, Tampa, Las Vegas, Riverside, Atlanta,, Nashville, Charleston, Charlotte**
- Actions to avoid further shutdowns starting to accelerate across the country and deeply effecting the economy:
  - In every county and metro with increase cases and increasing percent positive need to intensify community testing and with isolation of positives and messages of testing in all multigenerational households
  - Aggressive outreach and partnership with local community groups and NGOs to expand testing, importance of knowing your status and protecting yourself and others in your community
  - Intensify testing of nursing home employees and agricultural workers and the communities surrounding them to enhance protection of the vulnerable and stop community spread : must mandate weekly testing of LTCF staff weekly in all areas with rising cases
  - Increase large community screening with pooled tests in counties with rising numbers by creating and validating pool testing, increase county specific testing
  - PSAs for plasma collection to ensure increases availability at all hospitals with new cases, ensure Remdesivir available for those meeting criteria
  - **Mandate social distancing and masks in public** in exploding metros and counties as well as specifically allow only outdoor options for dining and bars
  - Mandate closing of all bars and less than <50% indoor dining in all metros with more than 250 cases/day and require mask
  - Republish guidance with increased details of protecting the vulnerable and risk assessment

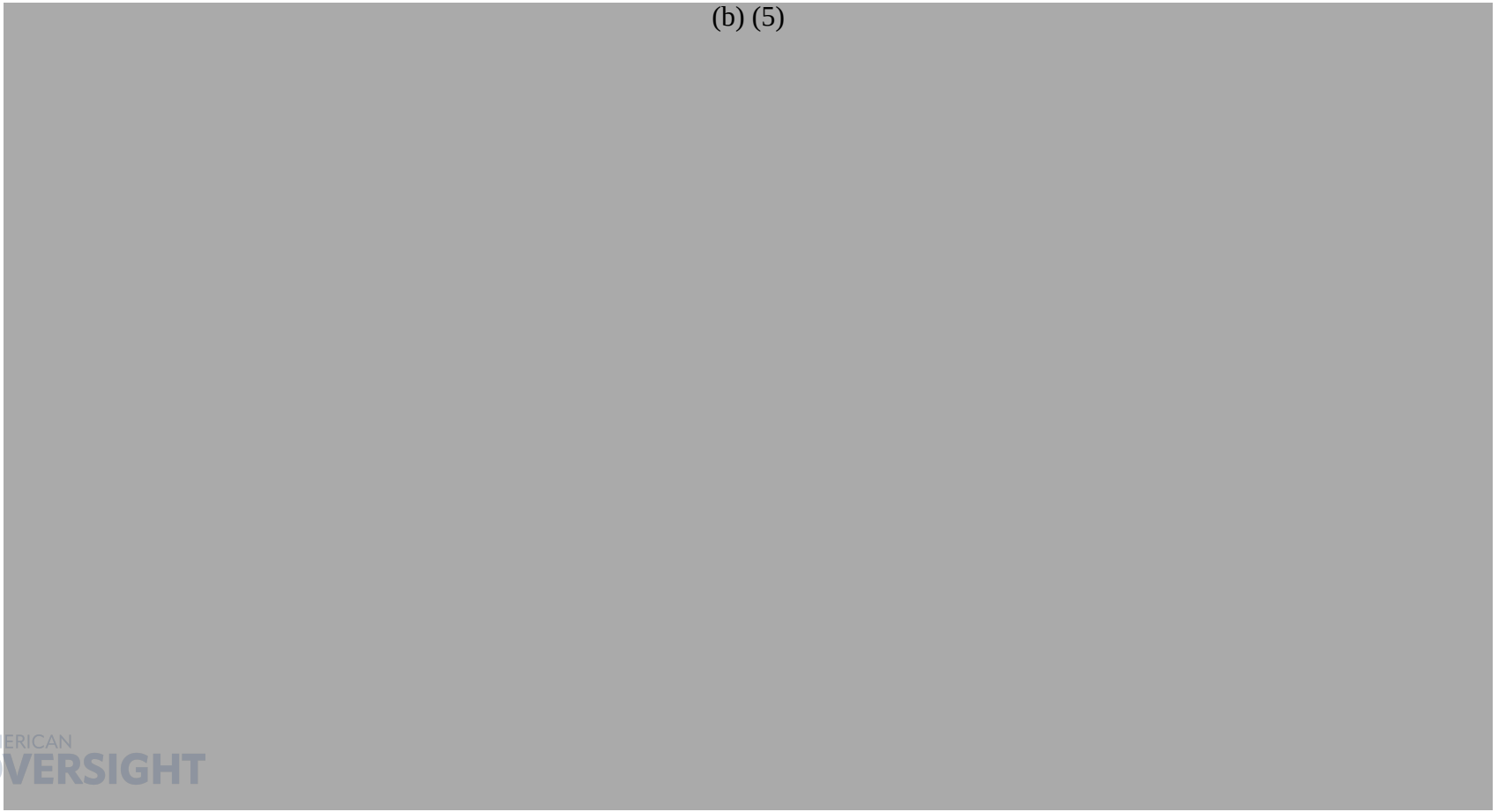
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NIH FOIA 000750 HHS-NIH-20-0496-A-000750

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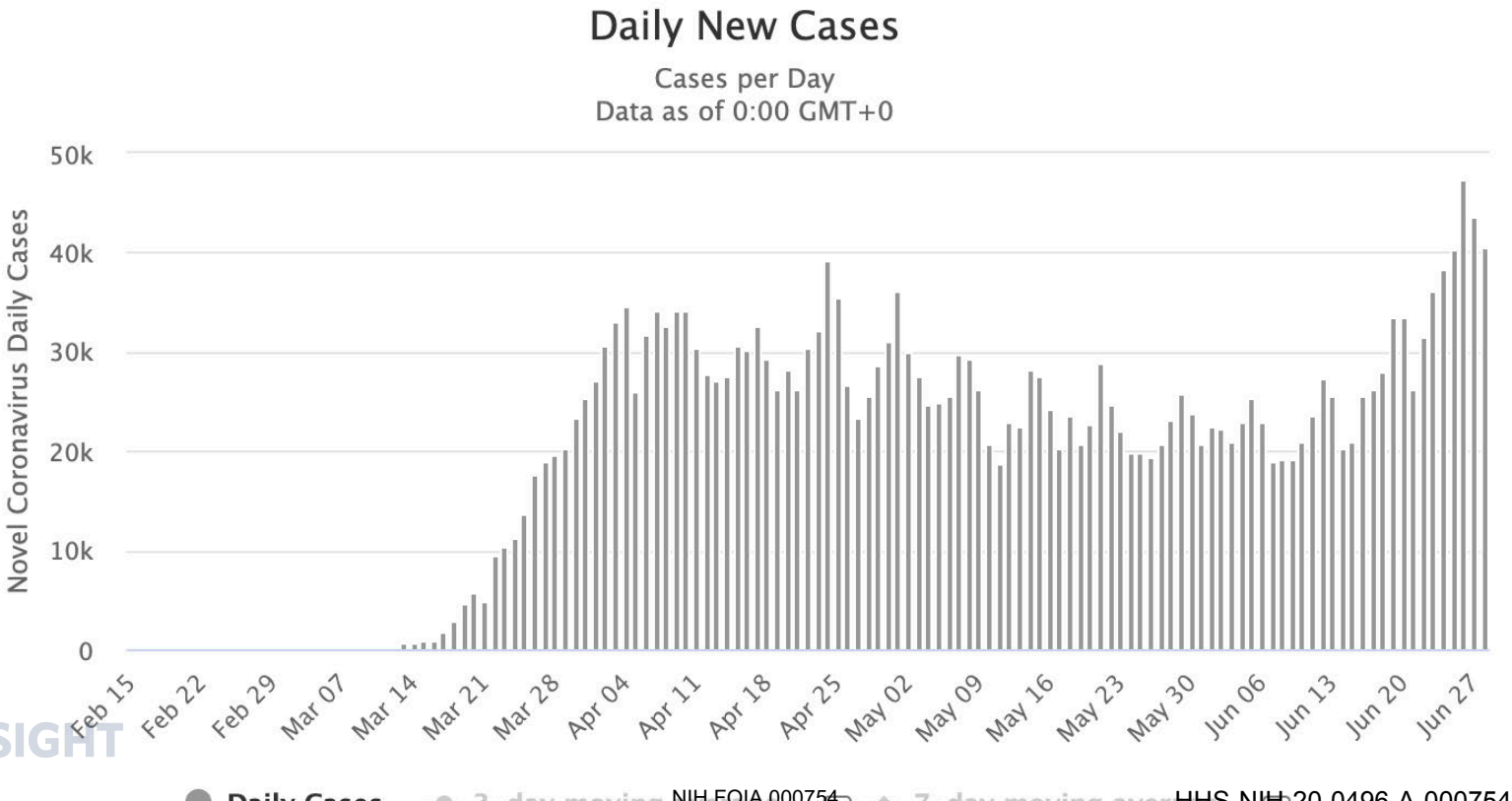


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(b) (5)

AMERICAN OVERSIGHT

Daily New Cases in the United States

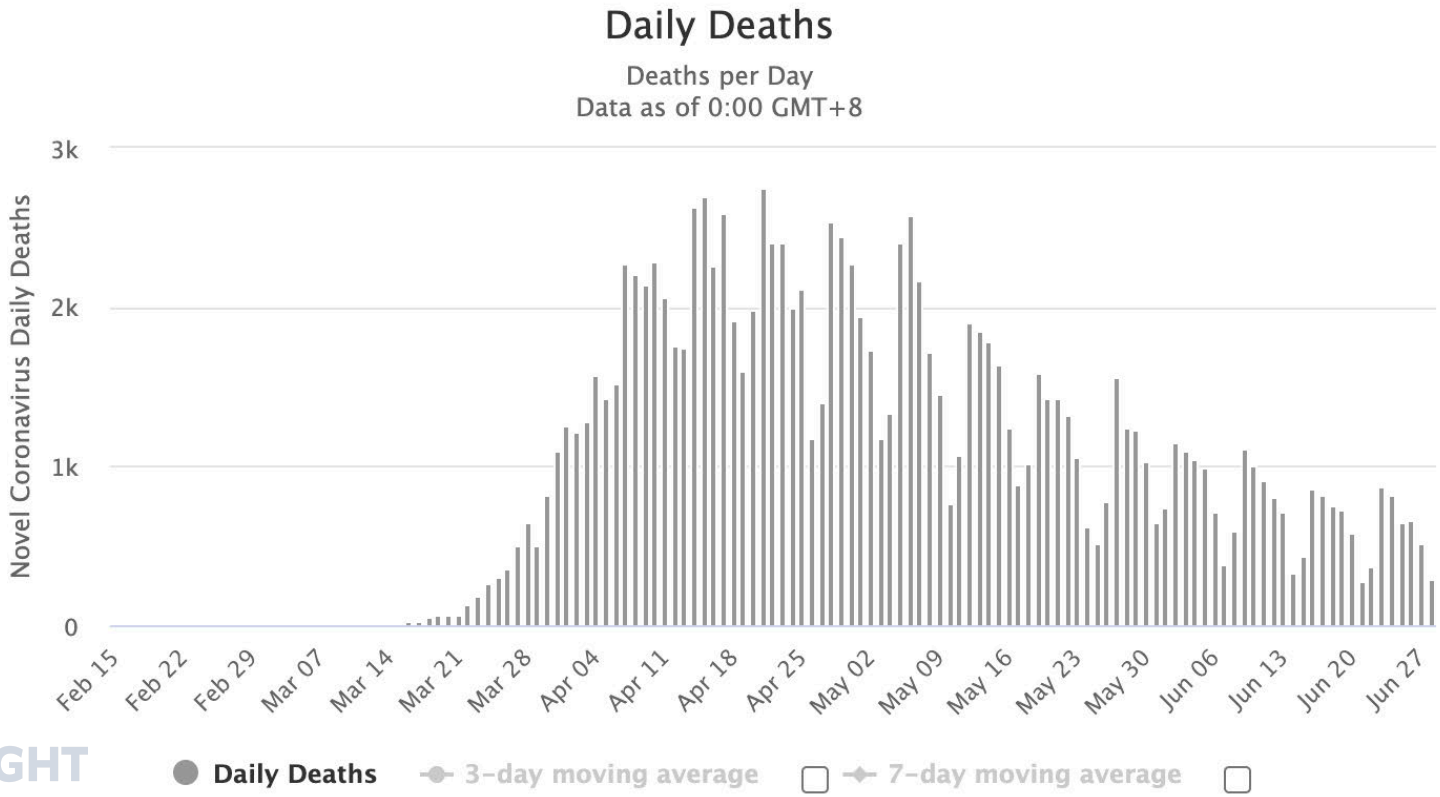


AMERICAN OVERSIGHT

NIH FOIA 000754

HHS-NIH-20-0496-A-000754

Daily New Deaths in the United States



AMERICAN OVERSIGHT

NIH FOIA 000755

HHS-NIH-20-0496-A-000755

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop
USA Total	2,637,077	+40,540	128,437	+285	1,415,184	7,967	388	32,592,368	98,466
New York	416,787	+769	31,484	+32	296,266	21,425	1,618	3,816,485	196,184
California	216,089	+5,240	5,935	+31	152,068	5,469	150	3,955,952	100,120
New Jersey	176,354	+309	15,118	+27	118,886	19,855	1,702	1,387,833	156,249
Texas	153,175	+4,330	2,416	+10	70,768	5,283	83	2,006,724	69,207
Illinois	142,776	+646	7,089	+15	24,626	11,267	559	1,546,031	122,005
Florida	141,075	+8,530	3,419	+27	115,322	6,568	159	1,883,244	87,684
Massachusetts	108,667	+224	8,060	+19	9,203	15,766	1,169	901,142	130,742
Pennsylvania	89,874	+386	6,663	+3	16,525	7,020	520	742,982	58,036
Georgia	77,210	+2,225	2,778	+2	66,209	7,272	262	961,054	90,517
Arizona	73,908	+3,857	1,588	+9	63,394	10,154	218	674,424	92,657
Michigan	69,946	+267	6,158	+5	12,689	7,004	617	1,190,816	119,238
Maryland	66,777	+327	3,168	+11	58,633	11,045	524	631,490	104,453
North Carolina	62,197	+1,576	1,356	+3	23,136	5,930	129	871,905	83,133
Virginia	61,736	+489	1,732	+8	51,999	7,233	203	693,730	81,276
Louisiana	56,258	+1,454	3,206	+3	39,260	12,102	690	696,112	149,740
Ohio	50,900	+993	2,836	+12	35,741	4,354	243	756,765	64,741

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NIH FOIA 000756 HHS-NIH-20-0496-A 000756

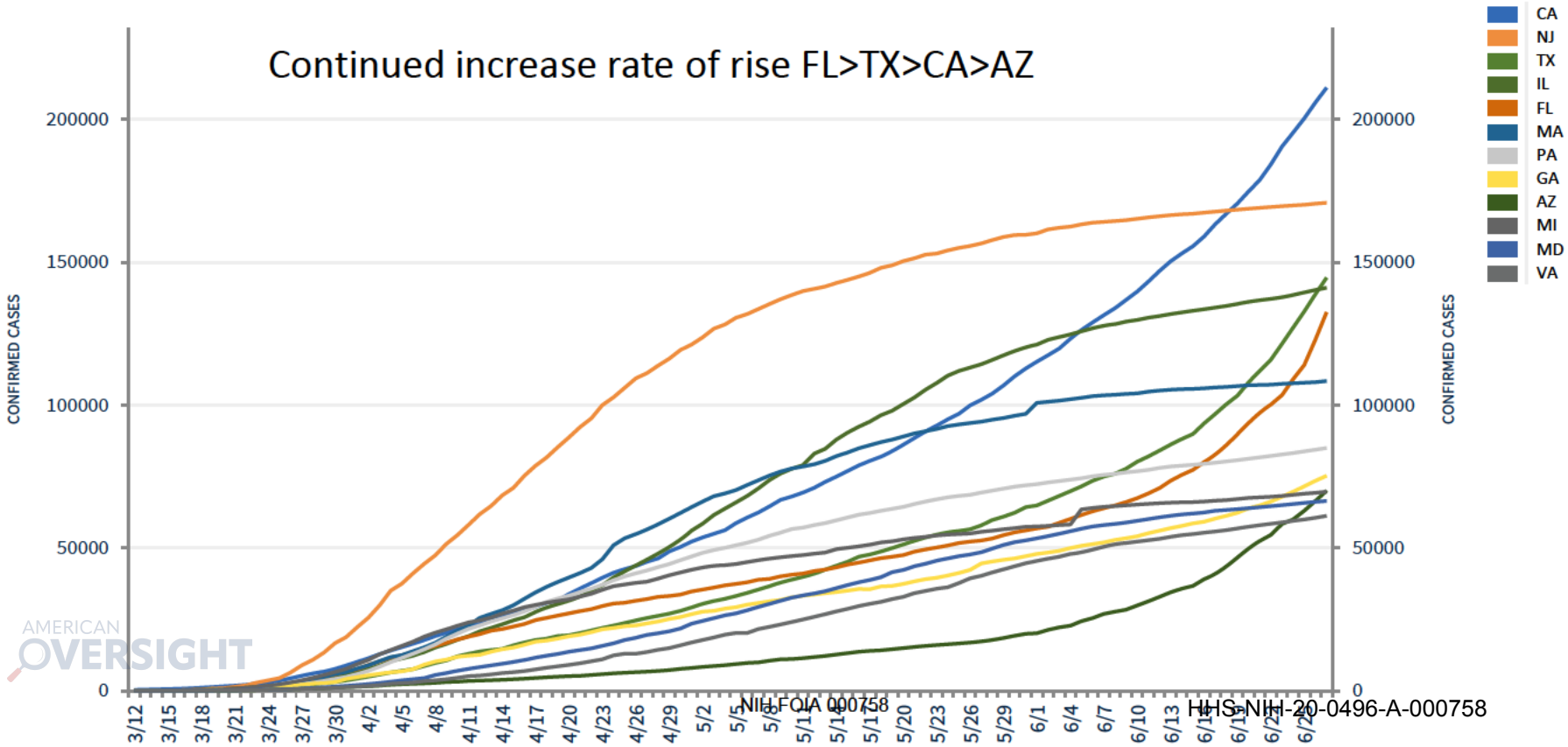
USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop
Connecticut	46,303	+97	4,316	+5	31,975	12,987	1,211	438,623	123,026
Indiana	44,930	+355	2,619	+3	8,376	6,674	389	470,535	69,893
Tennessee	40,172		584		13,429	5,882	86	748,553	109,611
Minnesota	35,549	+516	1,460	+8	3,280	6,303	259	585,417	103,804
Alabama	35,441	+358	919		15,656	7,228	187	385,803	78,684
South Carolina	33,320	+1,381	716	+5	19,148	6,472	139	398,625	77,422
Washington	32,698	+290	1,310		20,730	4,294	172	534,443	70,184
Colorado	32,307	+285	1,676	+2	23,604	5,610	291	316,734	55,001
Iowa	28,490	+478	705	+1	10,165	9,030	223	296,335	93,923
Wisconsin	27,743	+457	777		5,013	4,765	133	552,454	94,884
Mississippi	25,892	+361	1,039	+4	7,611	8,700	349	291,863	98,067
Missouri	21,201	+395	1,023	+2	16,076	3,454	167	402,659	65,607
Utah	21,100	+472	167		9,002	6,581	52	328,449	102,450
Arkansas	19,818	+508	264	+5	5,918	6,567	87	297,104	98,450
Nebraska	18,899	+124	267		5,310	9,770	138	175,484	90,717
Nevada	17,160	+821	500		5,697	5,571	162	307,131	99,713
Rhode Island	16,661		927		14,134	15,727	875	230,508	217,592

AMERICAN OVERSIGHT

NIH FOIA 000757

HHS-NIH-20-0496-A-000757

CUMULATIVE CASES: TOP STATES 1-12 WITHOUT NY

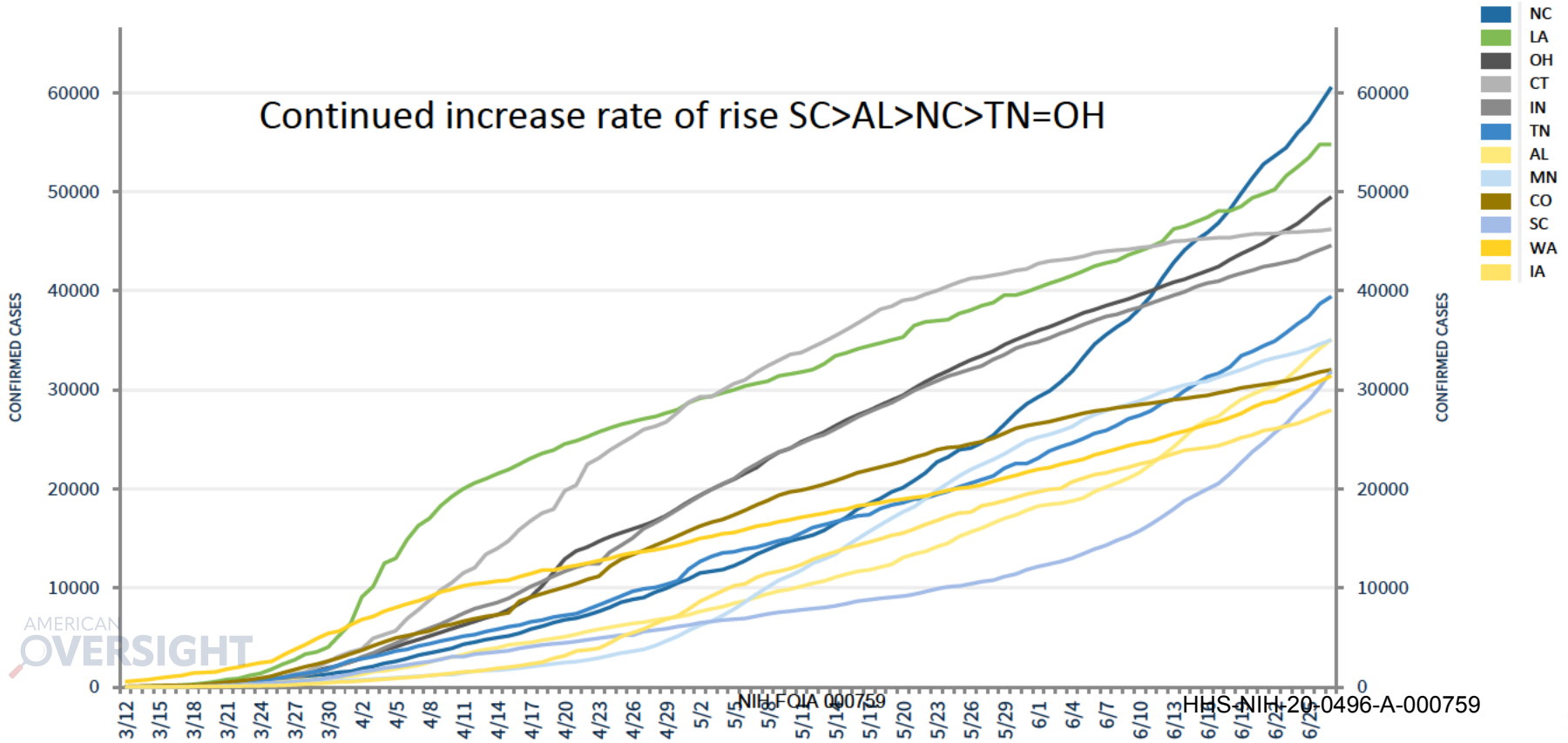


AMERICAN OVERSIGHT

NIH FOIA 000758

HHS-NIH-20-0496-A-000758

CUMULATIVE CASES: TOP 13-24 STATES

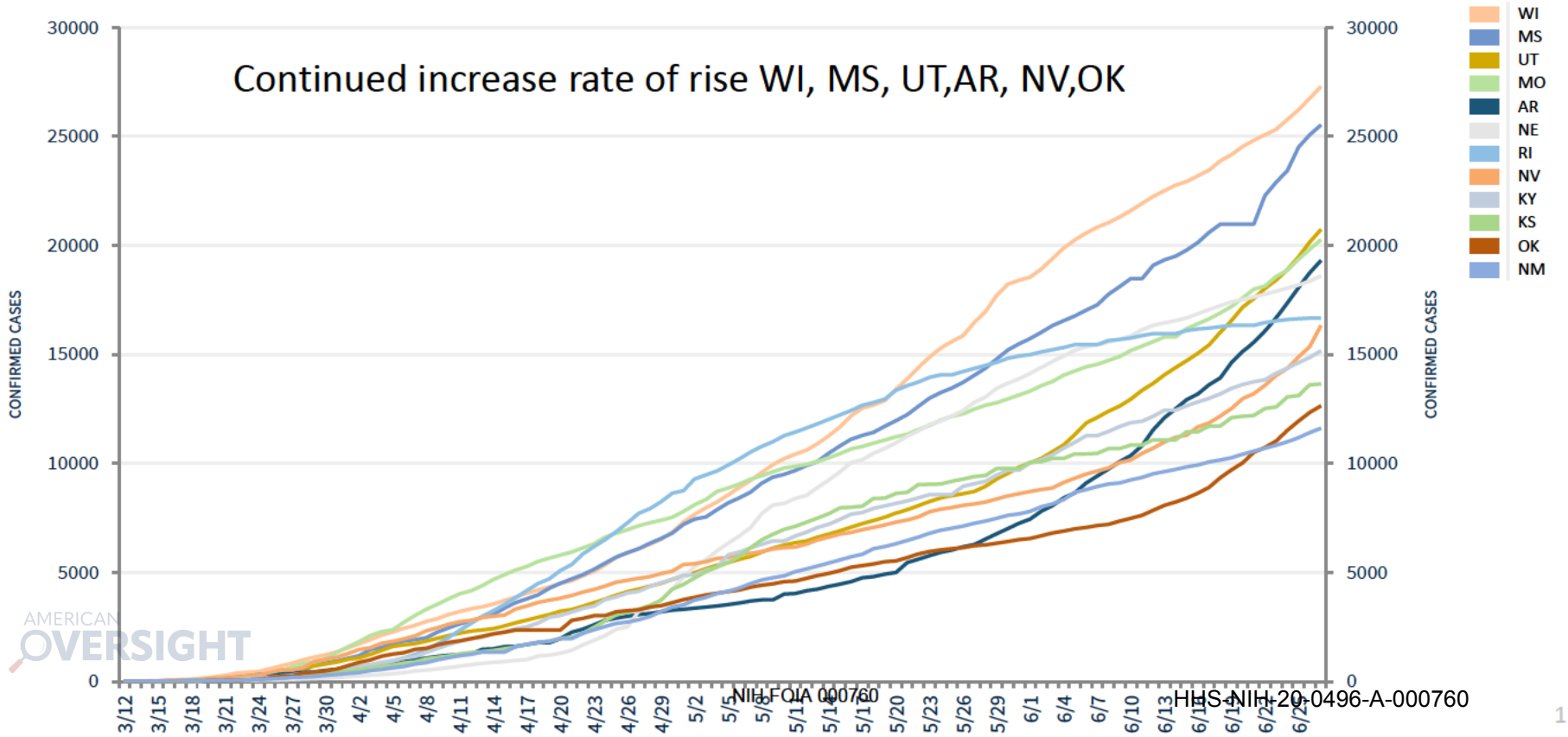


AMERICAN OVERSIGHT

NIH FOIA 000759

HHS-NIH-20-0496-A-000759

CUMULATIVE CASES: TOP 25-36 STATES

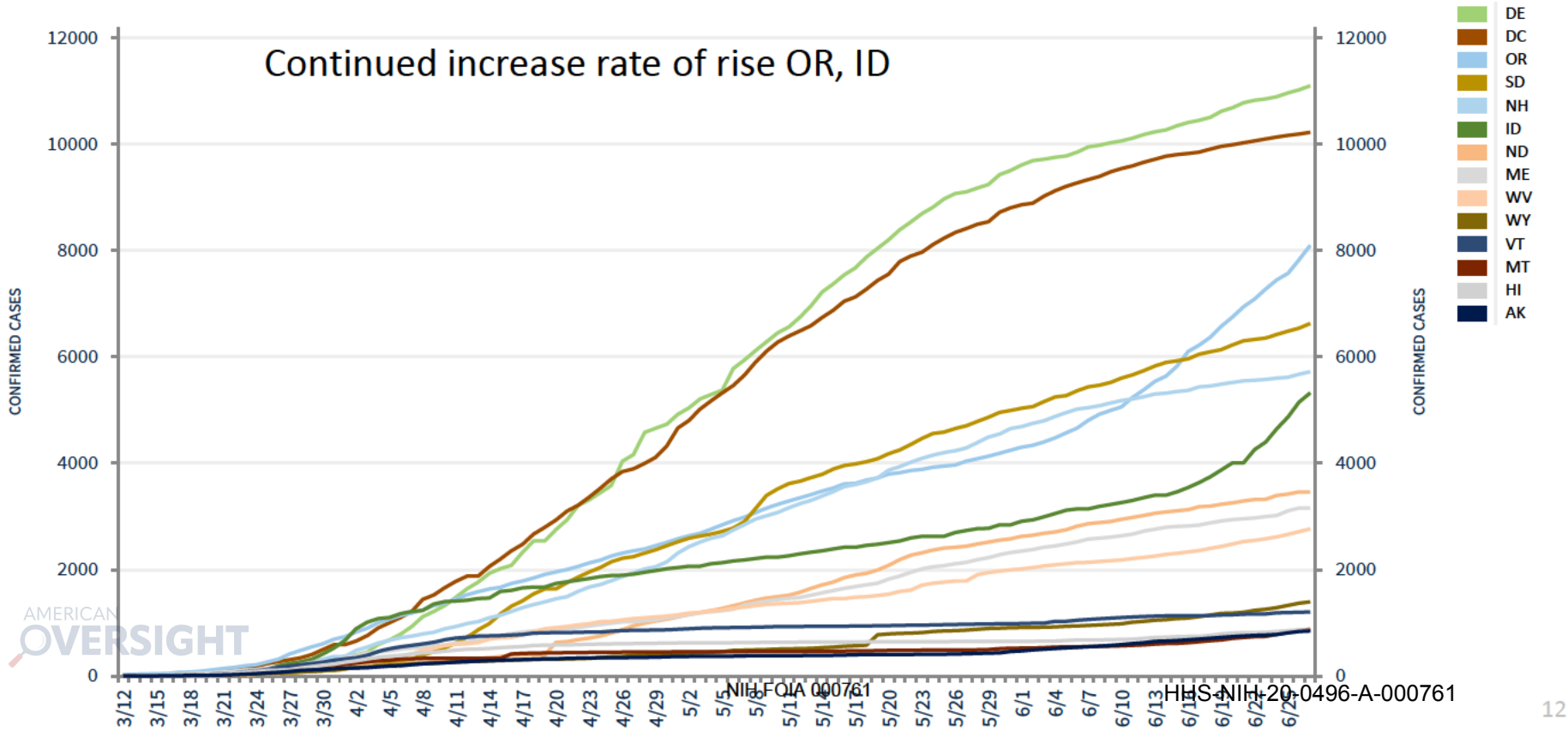


AMERICAN OVERSIGHT

NIH FOIA 000760

HHS-NIH-20-0496-A-000760

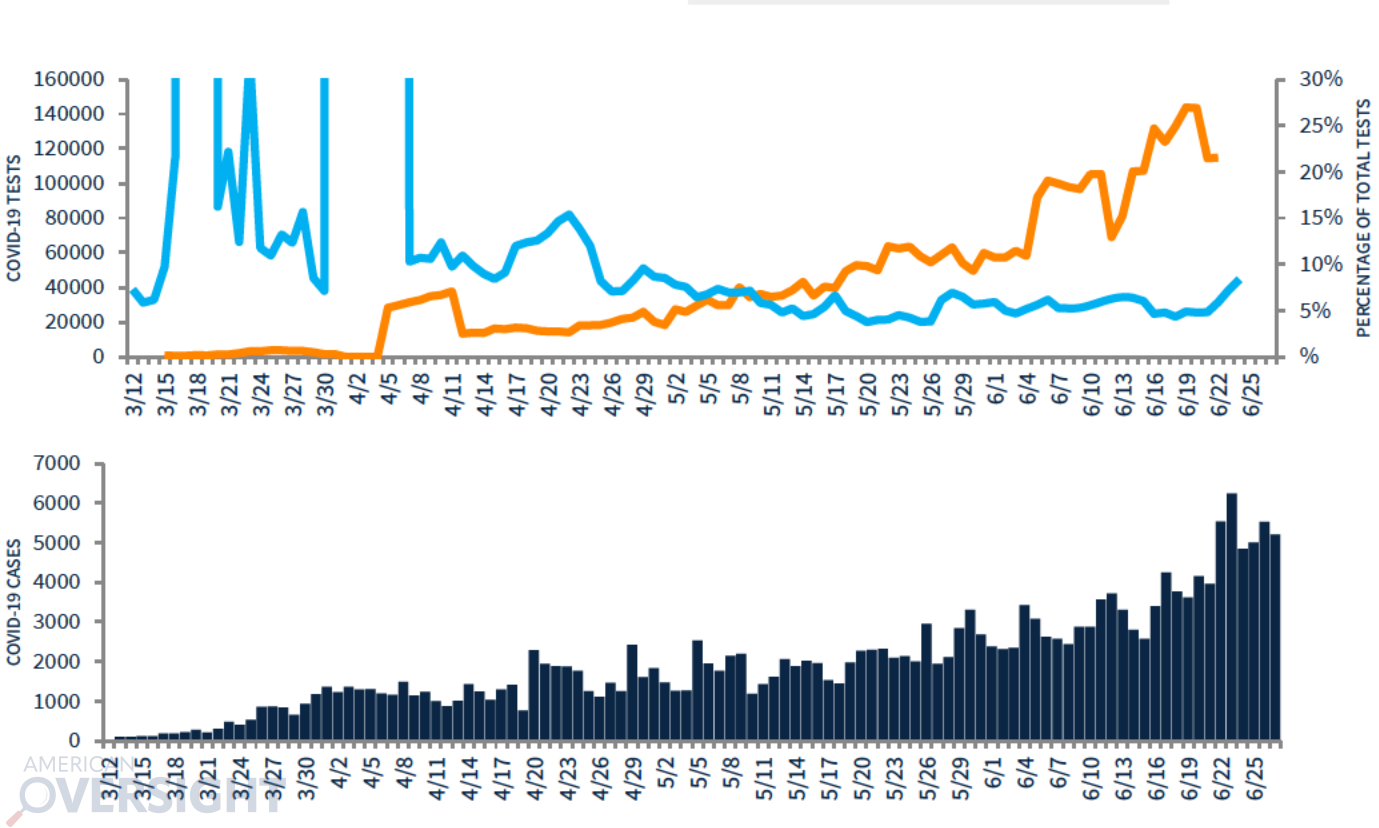
CUMULATIVE CASES: TOP 37-51 STATES



AMERICAN OVERSIGHT

NIH FOIA 000761 HHS-NIH-20-0496-A-000761

TRENDS IN CALIFORNIA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	8.4%
NEW CASES PER 100K / DAY	13 (weekly avg.)
TESTING PER 100K / DAY	290 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+3.6%
INCIDENCE	+48%
TESTING PER 100K / DAY	+19
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	254 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	2.8%

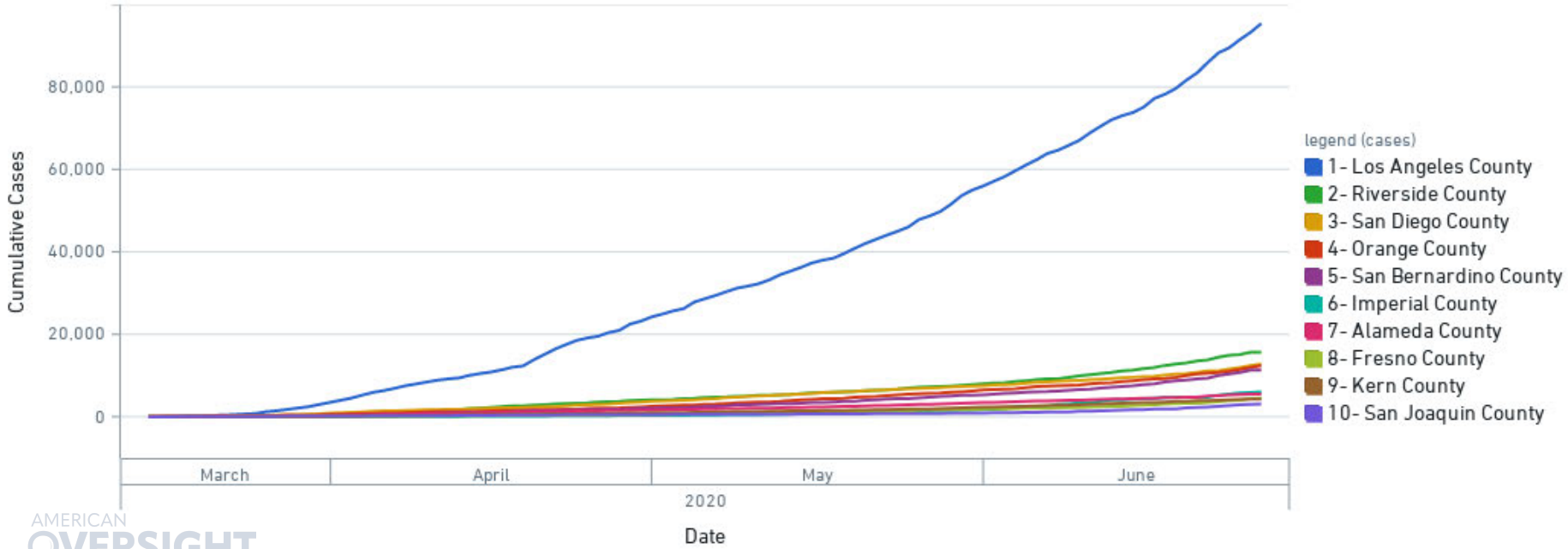
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*
[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 000762
HHS-NIH-20-0496-A-000762

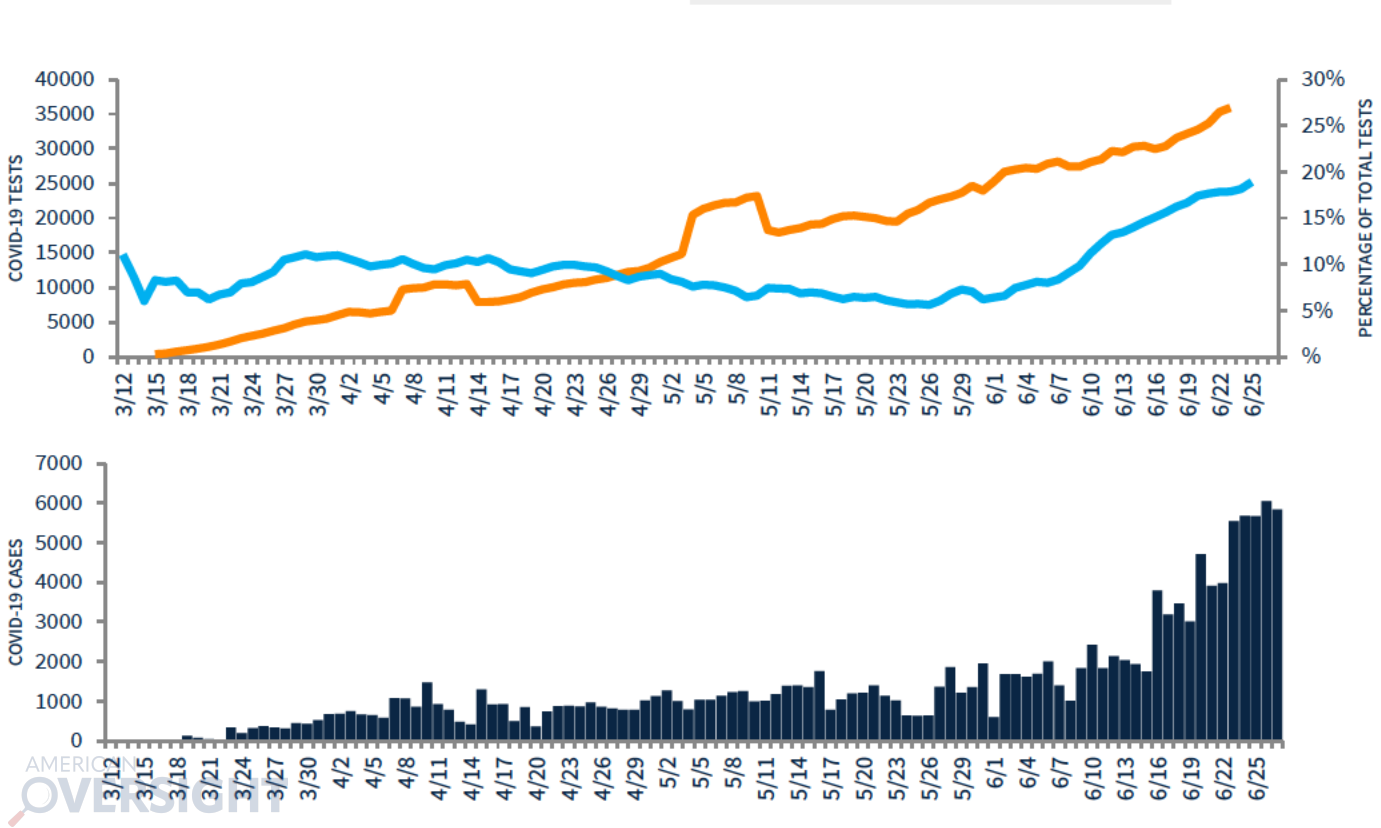
CA - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: CA, date: 2020-06-27



AMERICAN OVERSIGHT

TRENDS IN TEXAS



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	18.9%
NEW CASES PER 100K / DAY	18 (weekly avg.)
TESTING PER 100K / DAY	123 (weekly avg.)
BED UTILIZATION[2]	62%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.7%
INCIDENCE	+68%
TESTING PER 100K / DAY	+17
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	110 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	3.3%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

[2] Average of the last 3 days

Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

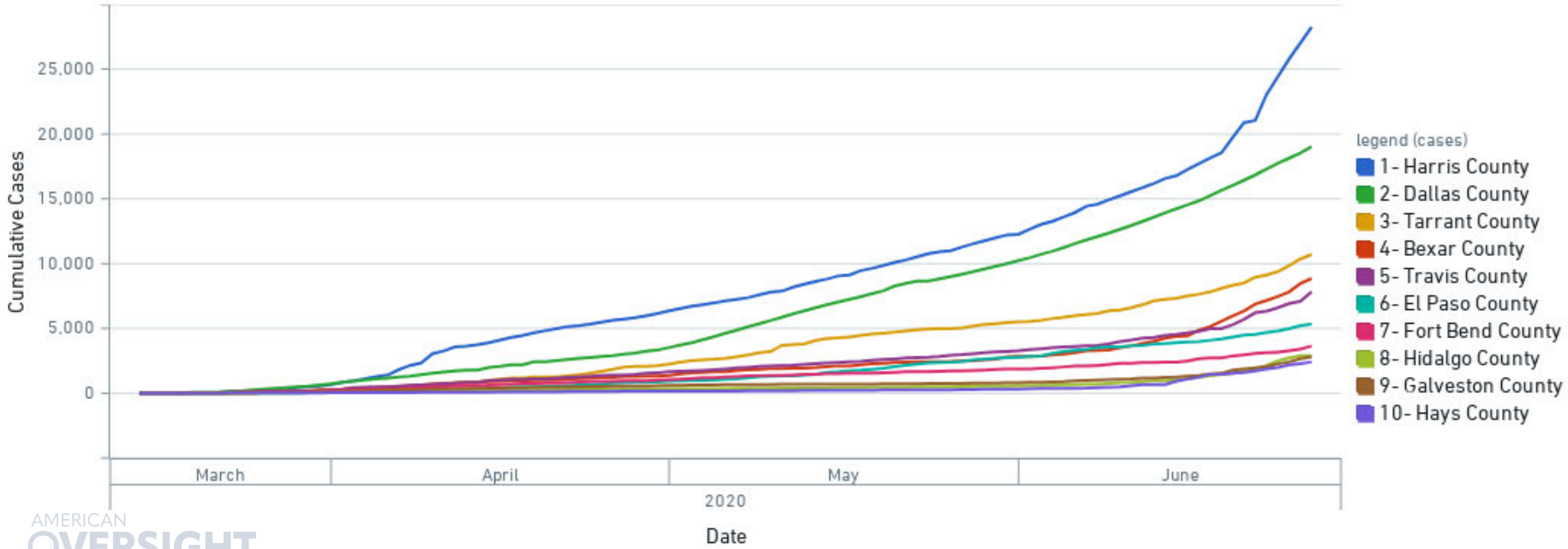
AMERICAN OVERSIGHT

NIH FOIA 000764

HHS-NIH-20-0496-A-000764

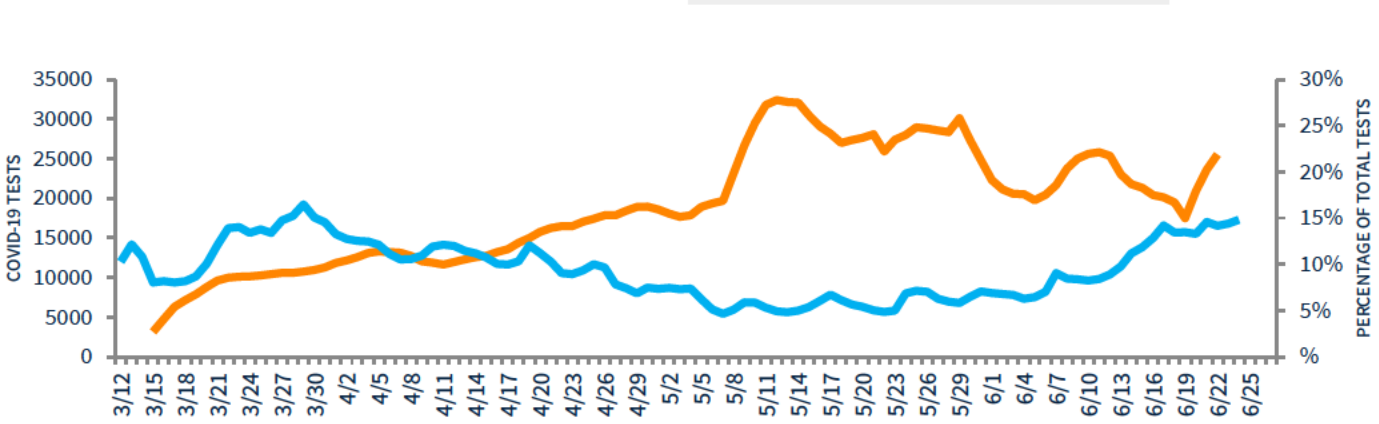
TX - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

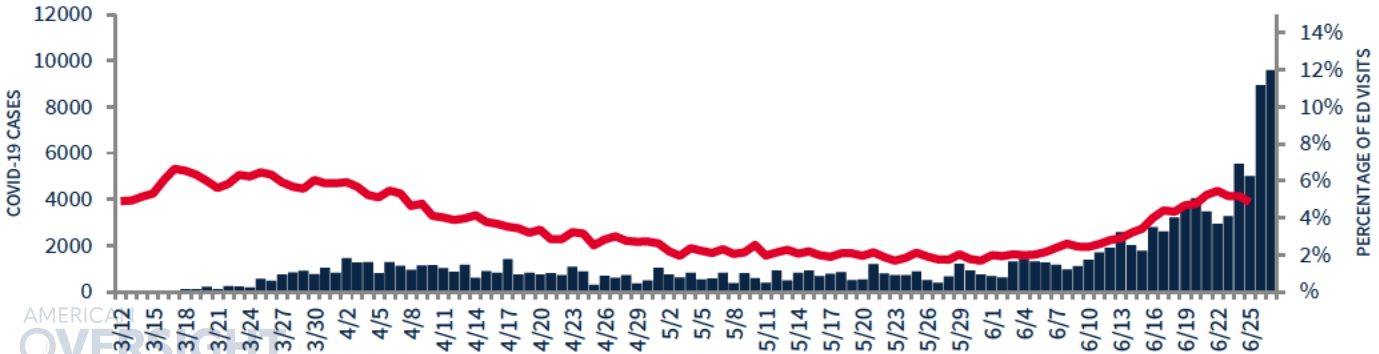
state: TX, date: 2020-06-27



AMERICAN OVERSIGHT

TRENDS IN FLORIDA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	14.8%
NEW CASES PER 100K / DAY	26 (weekly avg.)
TESTING PER 100K / DAY	120 (weekly avg.)
BED UTILIZATION[2]	68%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.6%
INCIDENCE	+91%
TESTING PER 100K / DAY	+20
BED UTILIZATION	+6%

RISK FACTORS

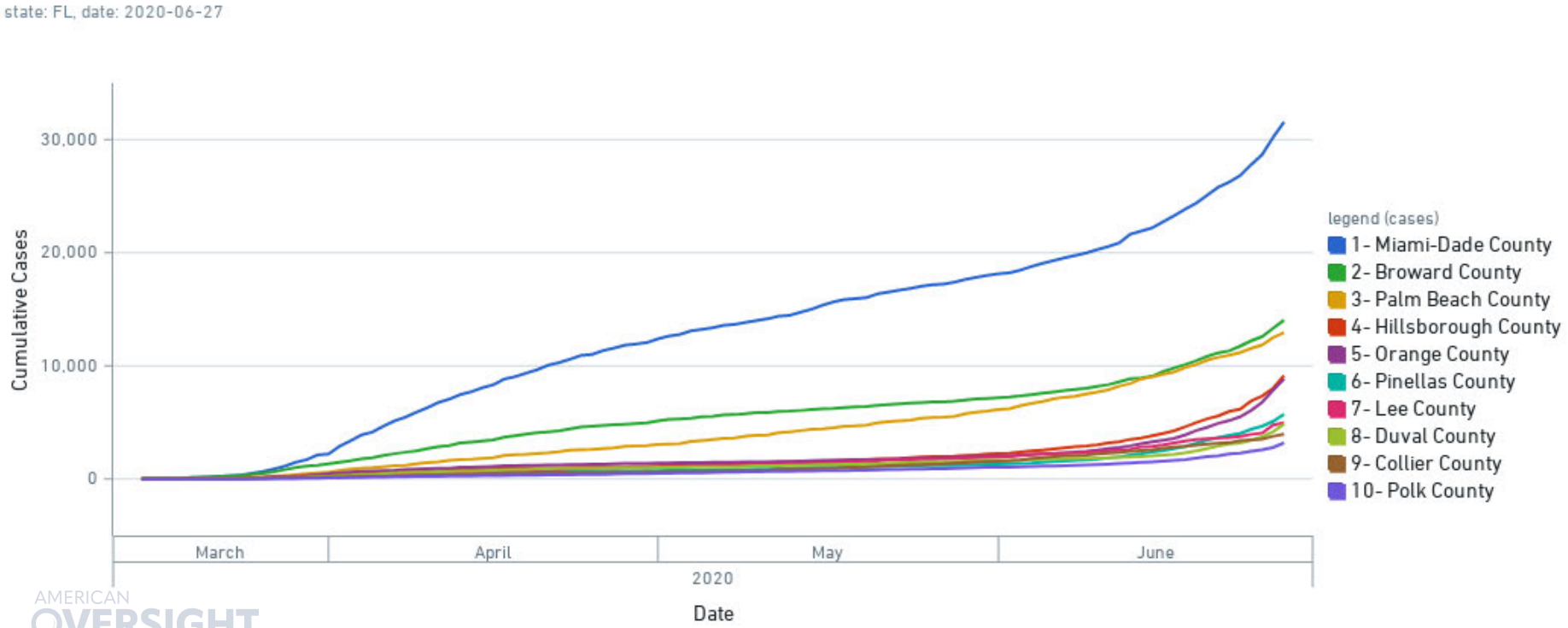
POPULATION DENSITY	397 per sq mi
% OVER 60	27%
CRUDE CVD PREVALENCE	4.7%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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[2] Average of the last 3 days

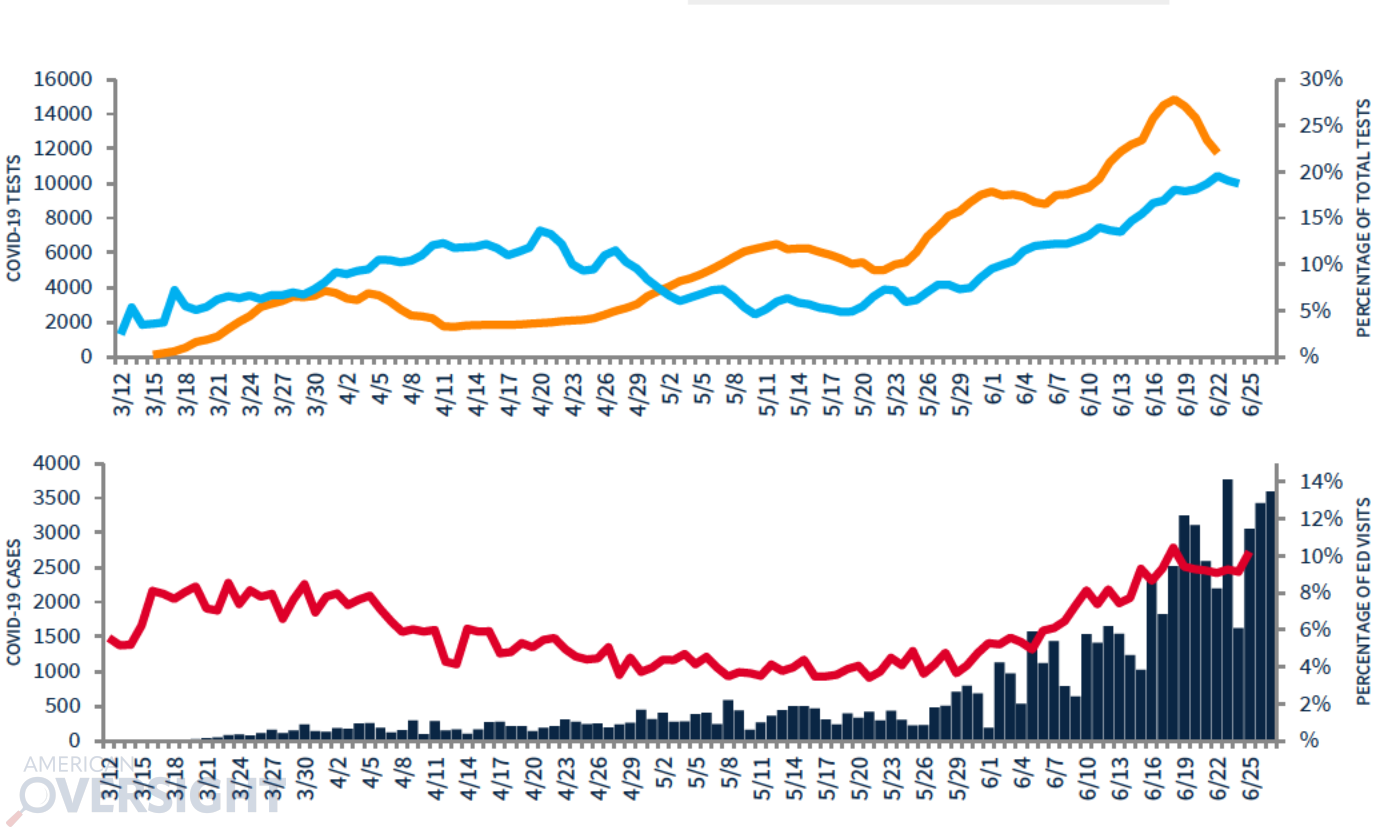
AMERICA OVERSIGHT
NIH FOIA 000766
HHS_NIH-20-0496-A-000766

FL - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks



AMERICAN OVERSIGHT

TRENDS IN ARIZONA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	18.7%
NEW CASES PER 100K / DAY	40 (weekly avg.)
TESTING PER 100K / DAY	164 (weekly avg.)
BED UTILIZATION[2]	69%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.8%
INCIDENCE	+32%
TESTING PER 100K / DAY	-10
BED UTILIZATION	-3%

RISK FACTORS

POPULATION DENSITY	63 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	3.7%

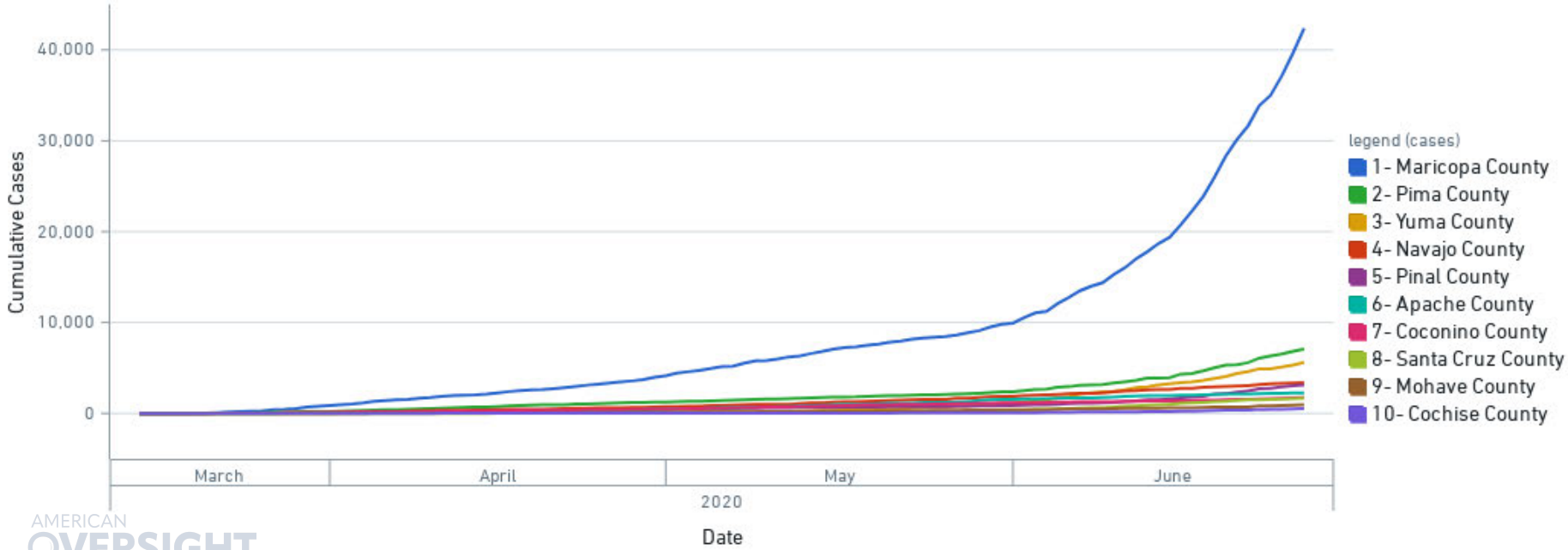
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

AMERICAN OVERSIGHT
NIH FOIA 000768
HHS_NIH-20-0496-A-000768

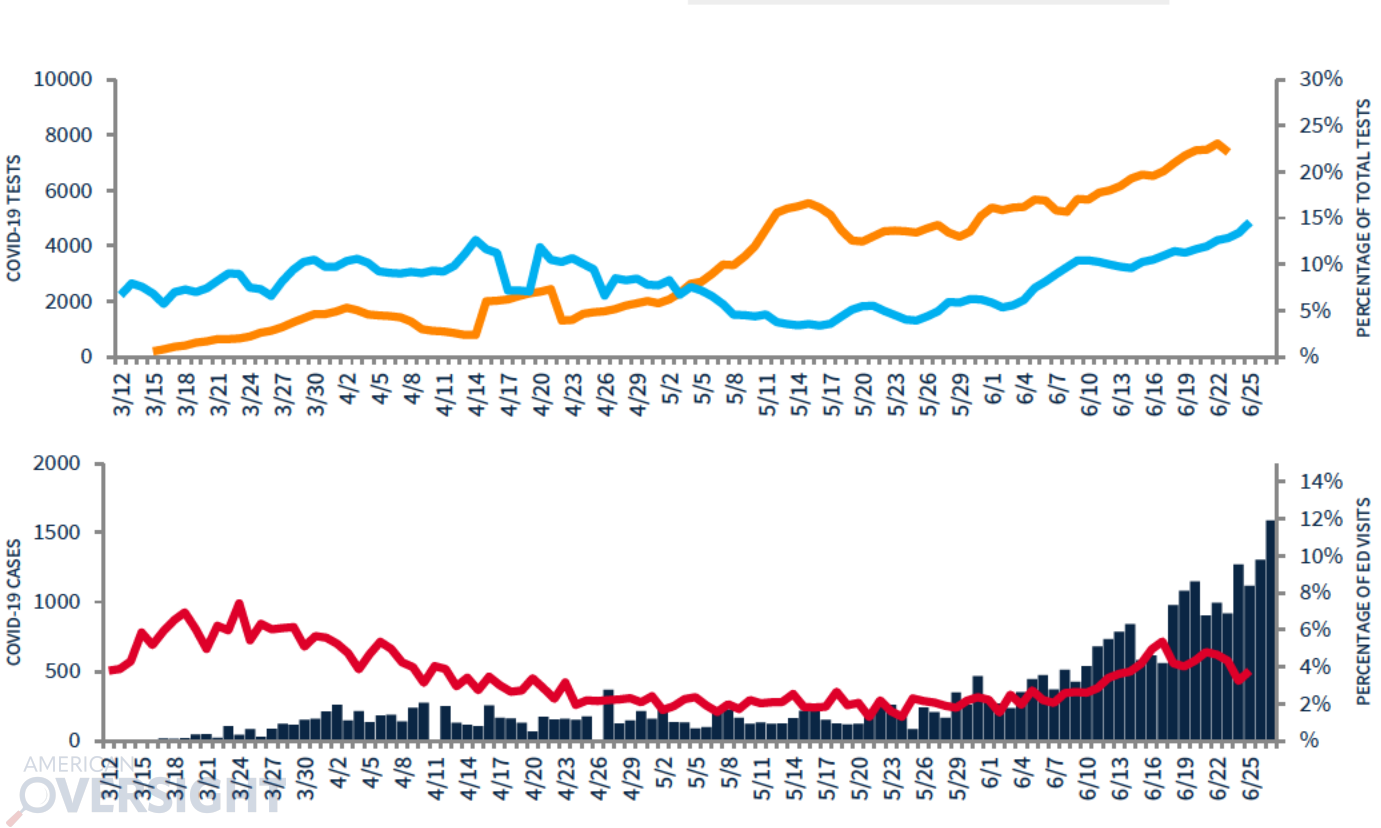
AZ - Cumulative Cases for Top 10 Counties by Most Cases in Previous 3 Weeks

state: AZ, date: 2020-06-27



AMERICAN OVERSIGHT

TRENDS IN SOUTH CAROLINA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	14.6%
NEW CASES PER 100K / DAY	23 (weekly avg.)
TESTING PER 100K / DAY	151 (weekly avg.)
BED UTILIZATION[2]	71%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+3.1%
INCIDENCE	+40%
TESTING PER 100K / DAY	+22
BED UTILIZATION	-3%

RISK FACTORS

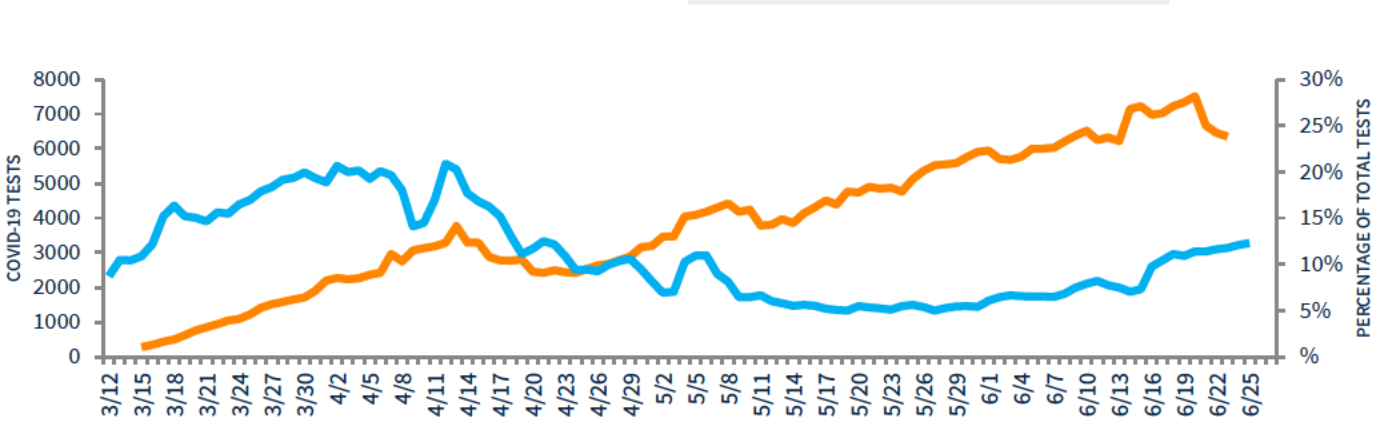
POPULATION DENSITY	169 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.9%

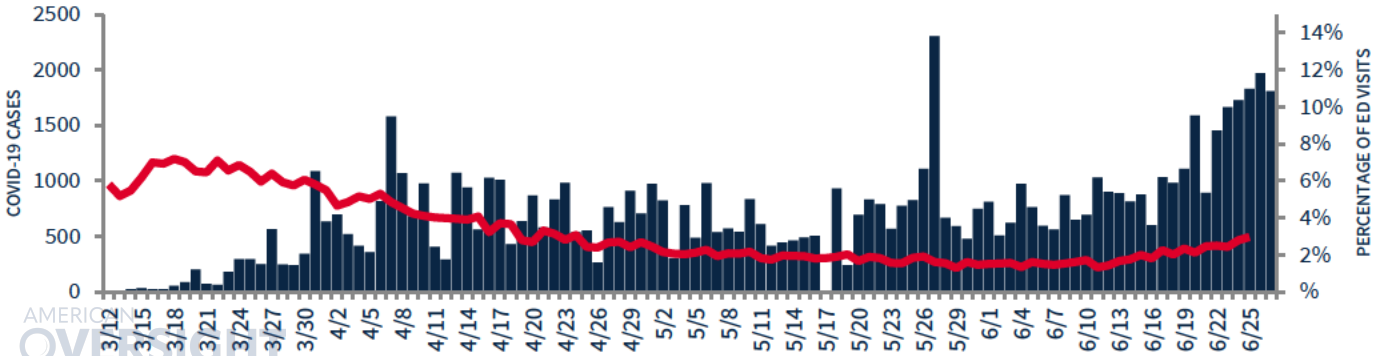
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 000770
HHS_NIH-20-0496-A-000770

TRENDS IN GEORGIA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	12.3%
NEW CASES PER 100K / DAY	15 (weekly avg.)
TESTING PER 100K / DAY	61 (weekly avg.)
BED UTILIZATION[2]	66%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.2%
INCIDENCE	+62%
TESTING PER 100K / DAY	-7
BED UTILIZATION	Unknown

RISK FACTORS

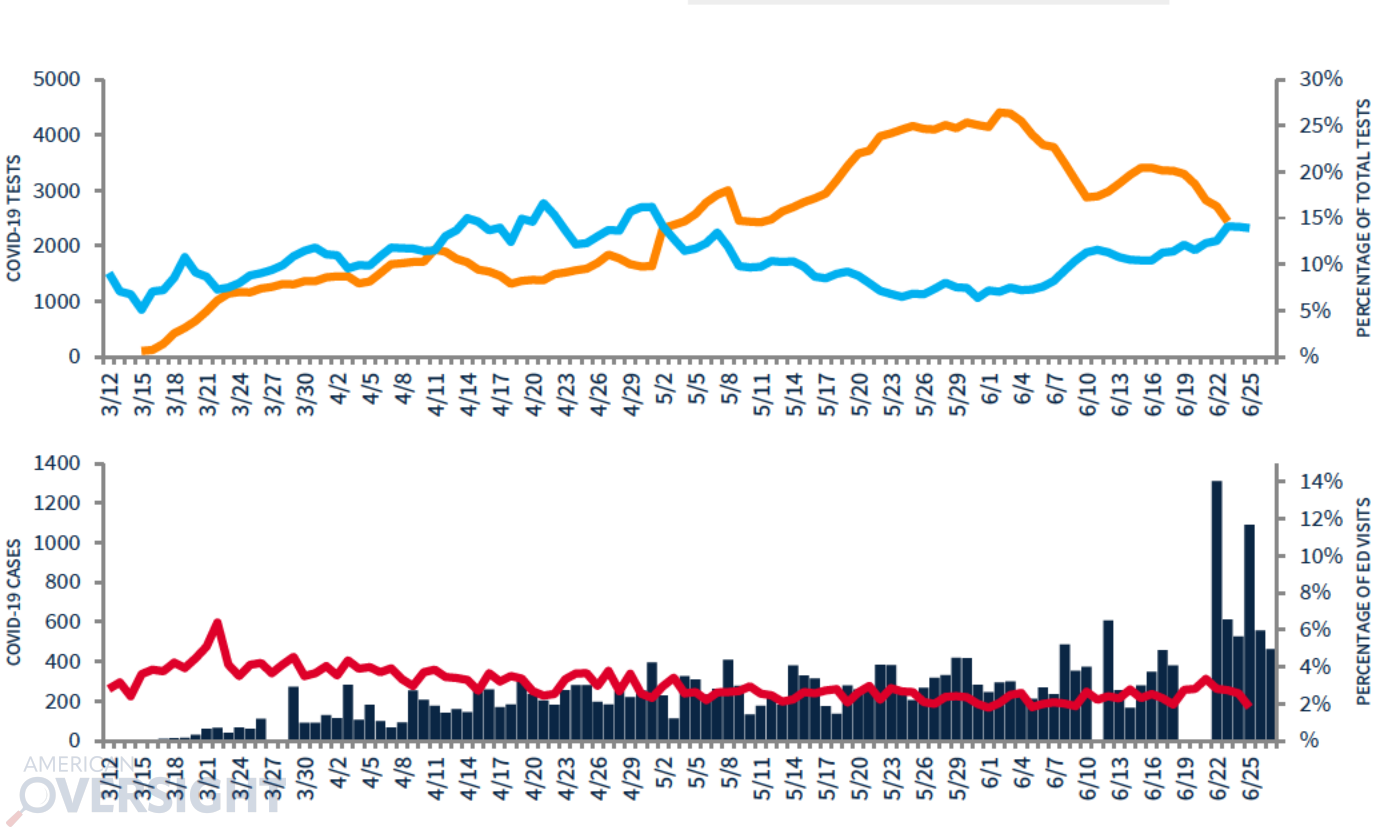
POPULATION DENSITY	182 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	4.0%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 000771
HHS_NIH-20-0496-A-000771

TRENDS IN MISSISSIPPI



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	13.9%
NEW CASES PER 100K / DAY	22 (weekly avg.)
TESTING PER 100K / DAY	91 (weekly avg.)
BED UTILIZATION[2]	60%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.5%
INCIDENCE	+179%
TESTING PER 100K / DAY	-23
BED UTILIZATION	+0%

RISK FACTORS

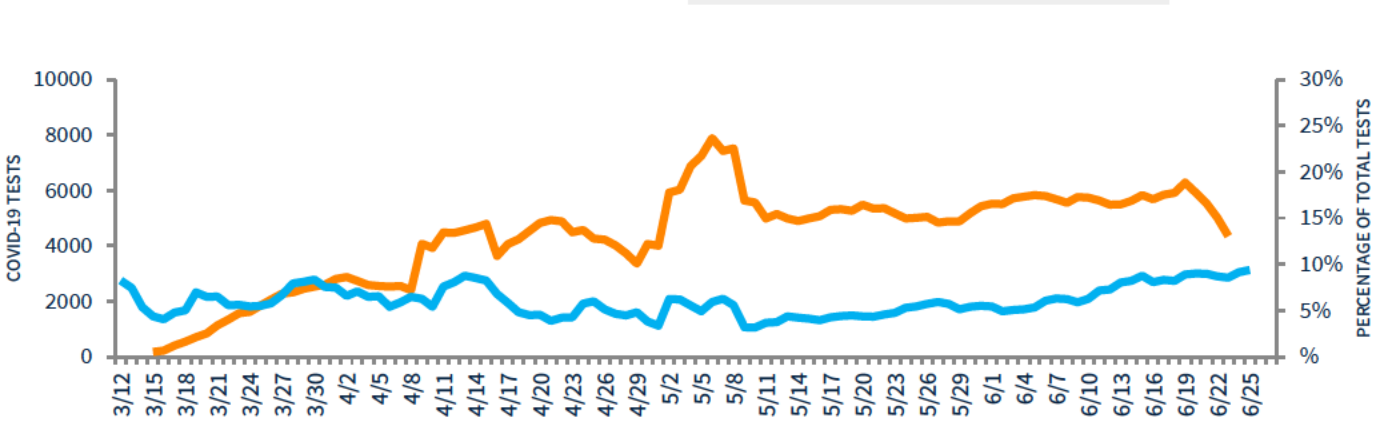
POPULATION DENSITY	64 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.6%

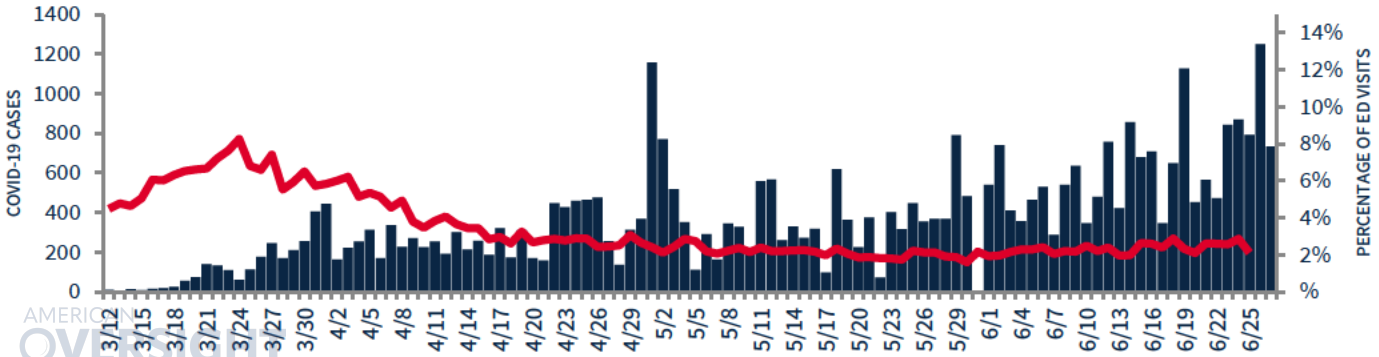
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000772
HHS_NIH-20-0496-A-000772

TRENDS IN TENNESSEE





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.4%
NEW CASES PER 100K / DAY	12 (weekly avg.)
TESTING PER 100K / DAY	74 (weekly avg.)
BED UTILIZATION[2]	70%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.1%
INCIDENCE	+15%
TESTING PER 100K / DAY	-12
BED UTILIZATION	Unknown

RISK FACTORS

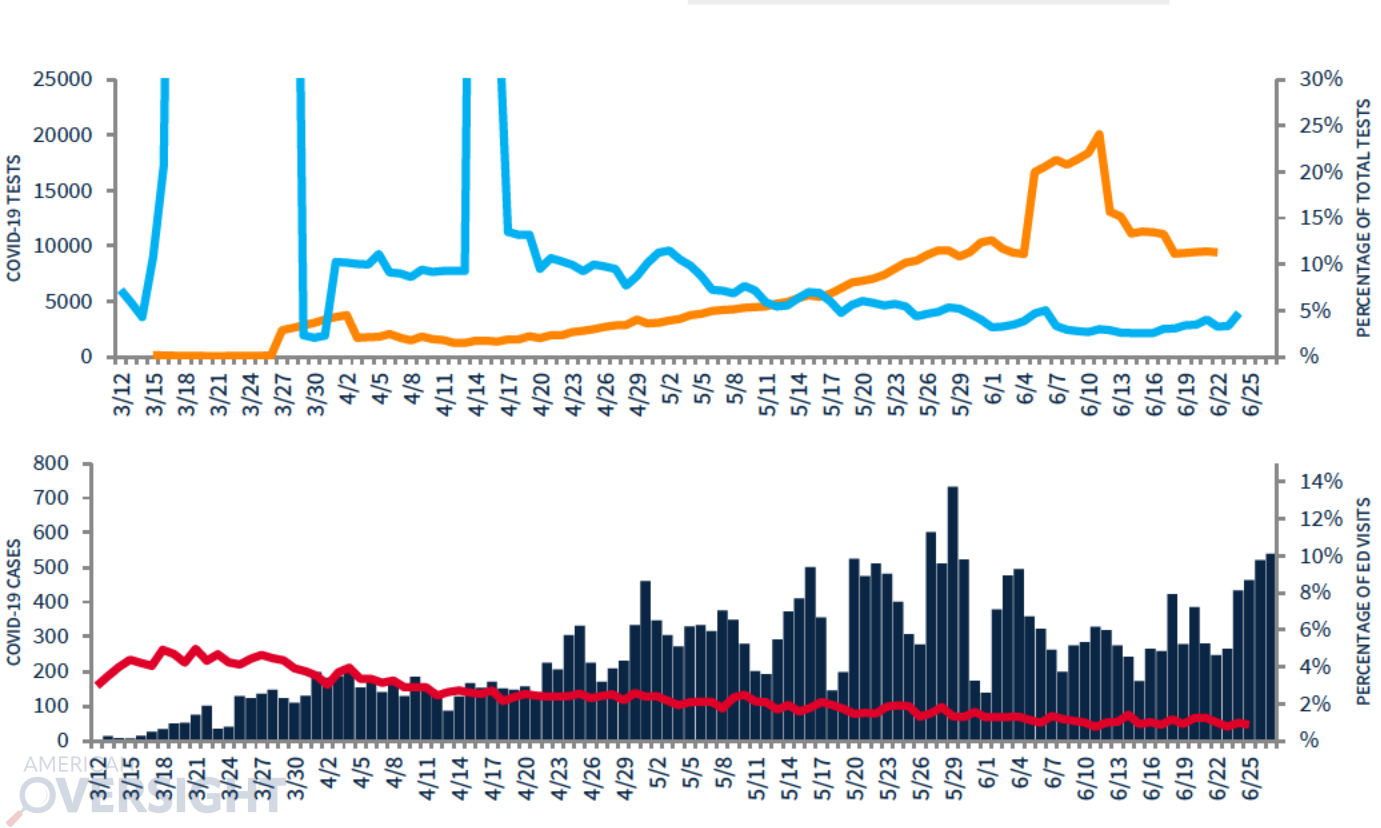
POPULATION DENSITY	164 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	4.9%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000773
HHS_NIH-20-0496-A-000773

TRENDS IN WISCONSIN



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.7%
NEW CASES PER 100K / DAY	7 (weekly avg.)
TESTING PER 100K / DAY	162 (weekly avg.)
BED UTILIZATION[2]	77%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.7%
INCIDENCE	+36%
TESTING PER 100K / DAY	-33
BED UTILIZATION	-1%

RISK FACTORS

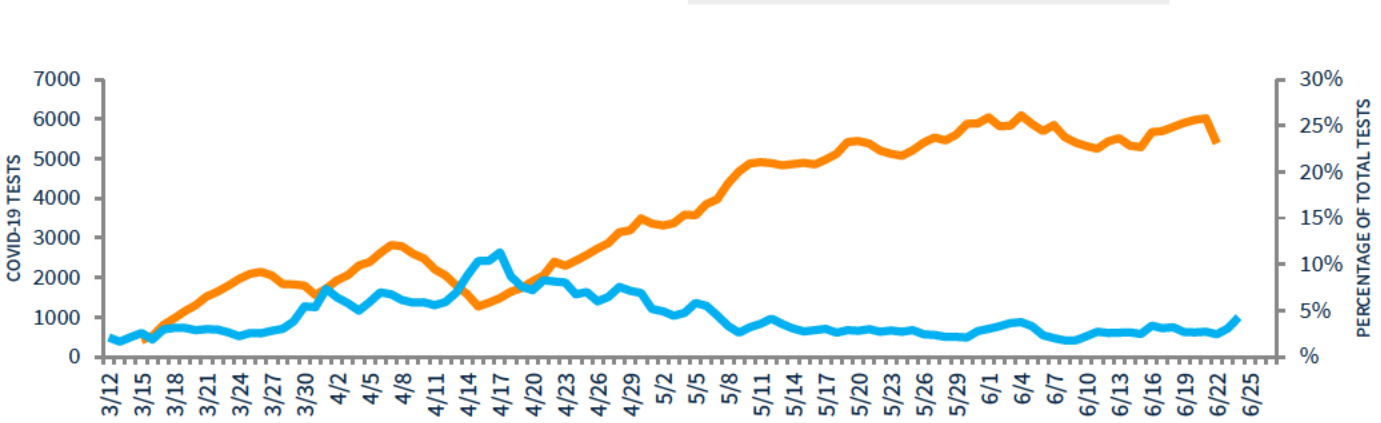
POPULATION DENSITY	107 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.7%

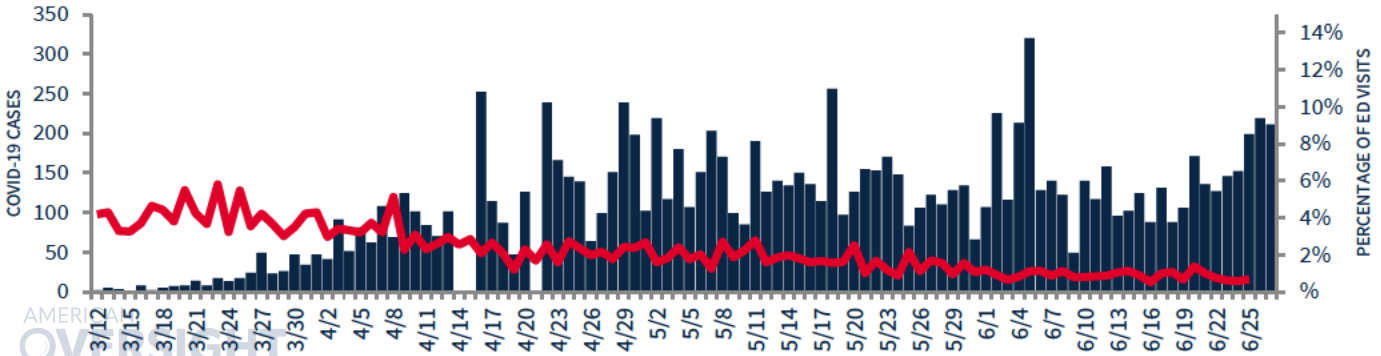
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 000774
HHS-NIH-20-0496-A-000774

TRENDS IN NEW MEXICO





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.3%
NEW CASES PER 100K / DAY	8 (weekly avg.)
TESTING PER 100K / DAY	257 (weekly avg.)
BED UTILIZATION[2]	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.2%
INCIDENCE	+47%
TESTING PER 100K / DAY	+4
BED UTILIZATION	-2%

RISK FACTORS

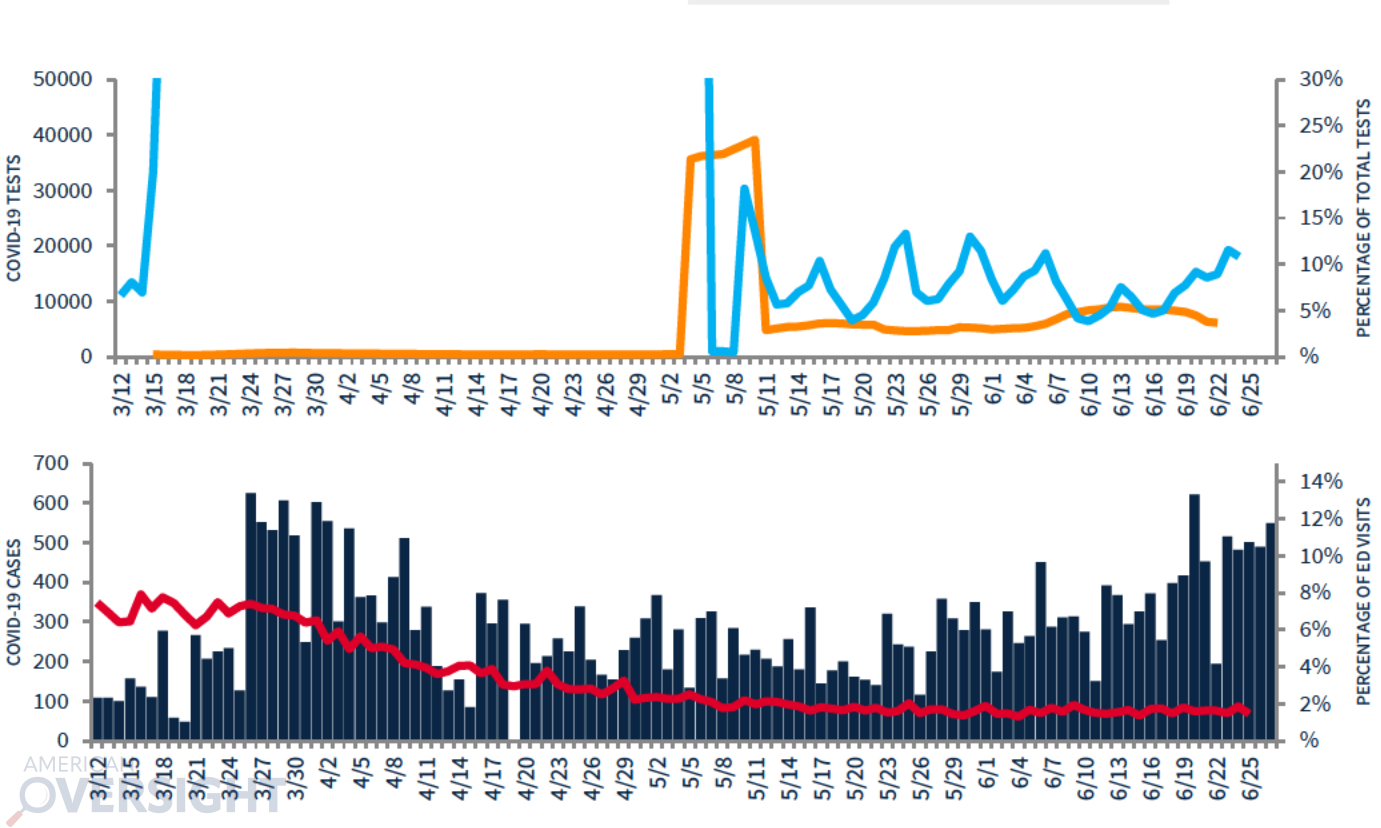
POPULATION DENSITY	17 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.0%

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Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 000775
HHS_NIH-20-0496-A-000775

TRENDS IN WASHINGTON



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	10.8%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	81 (weekly avg.)
BED UTILIZATION[2]	67%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+5.8%
INCIDENCE	+19%
TESTING PER 100K / DAY	-32
BED UTILIZATION	-2%

RISK FACTORS

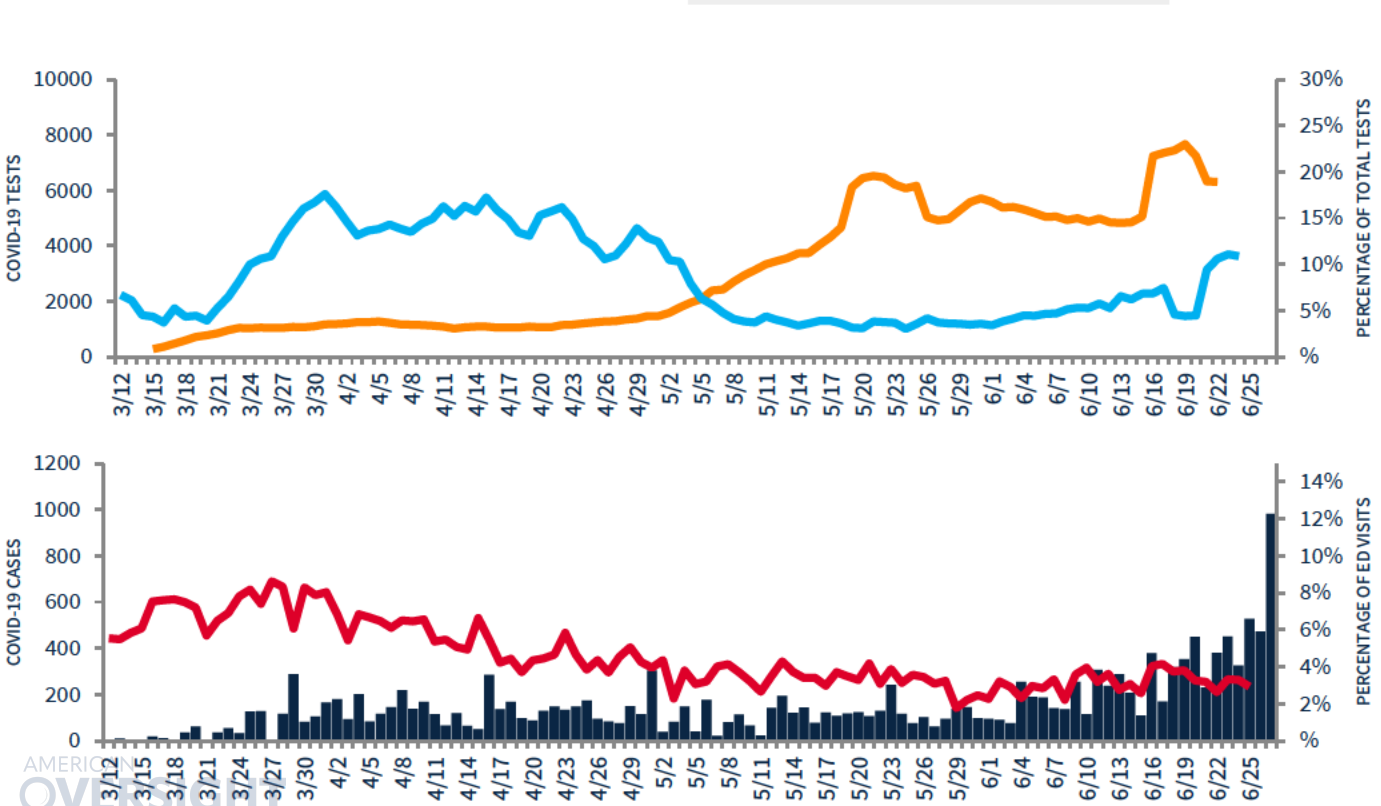
POPULATION DENSITY	113 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.5%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000776
HHS_NIH-20-0496-A-000776

TRENDS IN NEVADA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	10.9%
NEW CASES PER 100K / DAY	16 (weekly avg.)
TESTING PER 100K / DAY	208 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+3.4%
INCIDENCE	+70%
TESTING PER 100K / DAY	+41
BED UTILIZATION	Unknown

RISK FACTORS

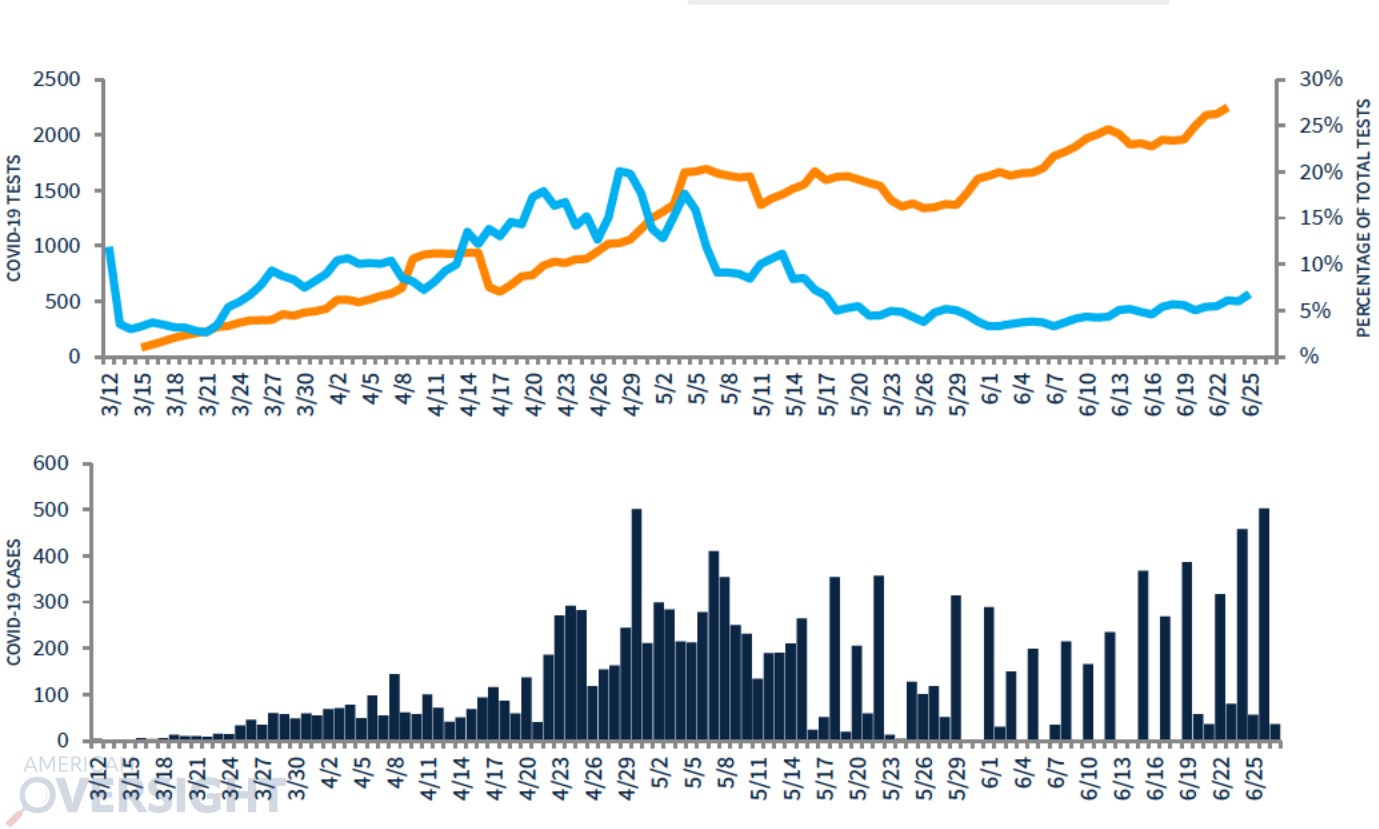
POPULATION DENSITY	28 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.3%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000777
HHS_NIH-20-0496-A-000777

TRENDS IN KANSAS



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.8%
NEW CASES PER 100K / DAY	7 (weekly avg.)
TESTING PER 100K / DAY	75 (weekly avg.)
BED UTILIZATION[2]	48%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.1%
INCIDENCE	+38%
TESTING PER 100K / DAY	+9
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	36 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.0%

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[1] Calculated over the most recent 3 days of data

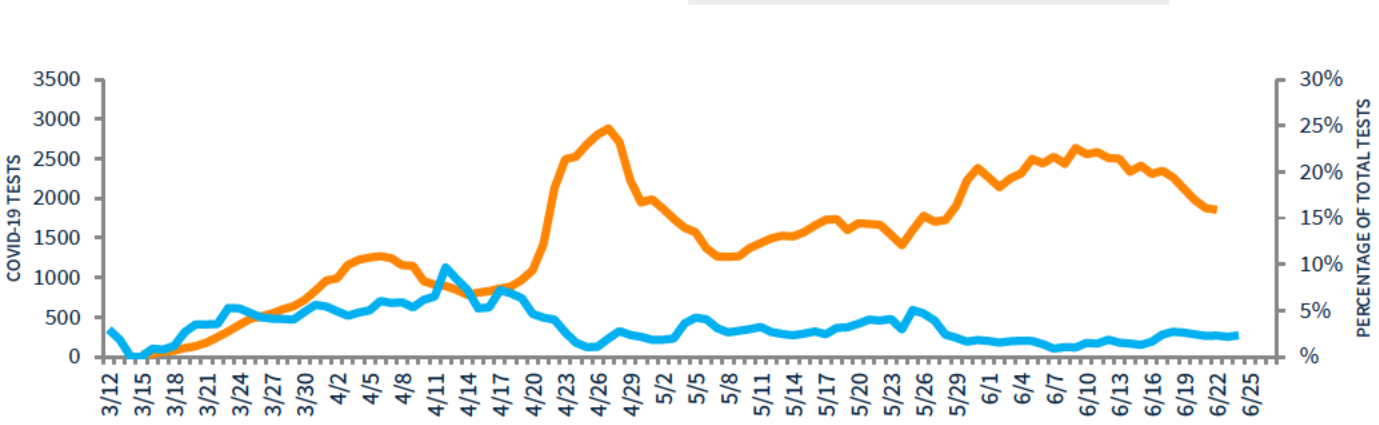
[2] Average of the last 3 days

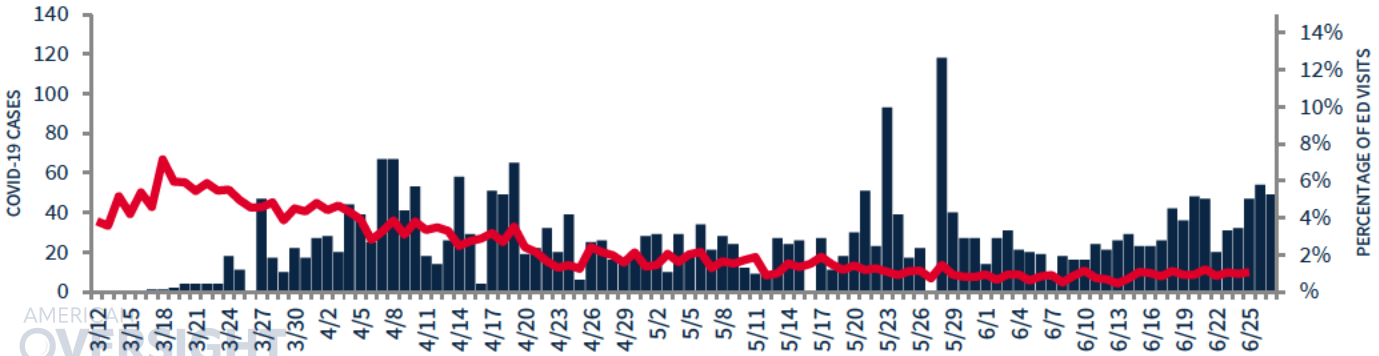
Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICA OVERSIGHT
NIH FOIA 000778
HHS-NIH-20-0496-A-000778

TRENDS IN WEST VIRGINIA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.3%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	103 (weekly avg.)
BED UTILIZATION[2]	68%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.0%
INCIDENCE	+23%
TESTING PER 100K / DAY	-31
BED UTILIZATION	-2%

RISK FACTORS

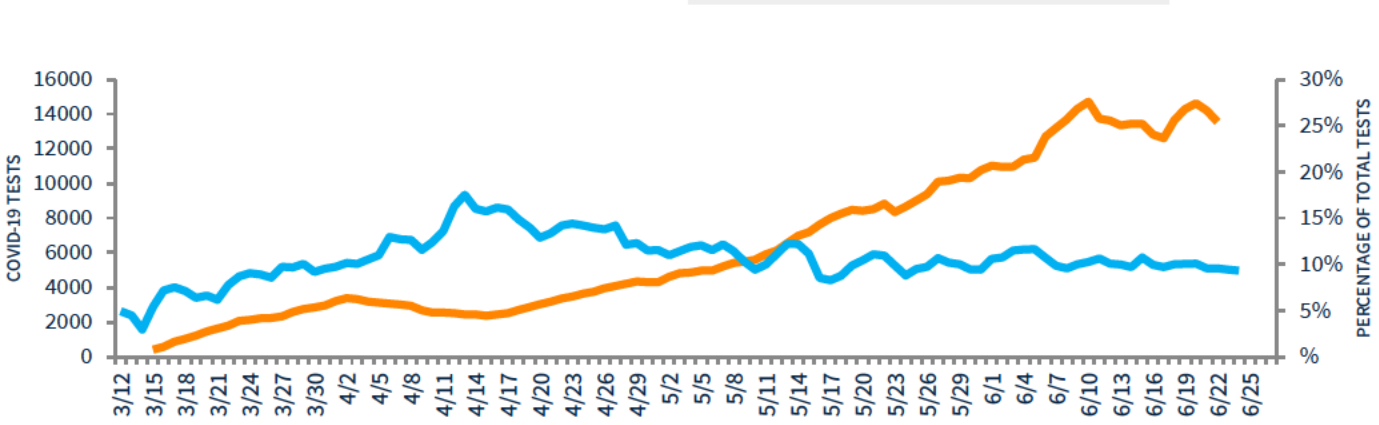
POPULATION DENSITY	75 per sq mi
% OVER 60	27%
CRUDE CVD PREVALENCE	7.4%

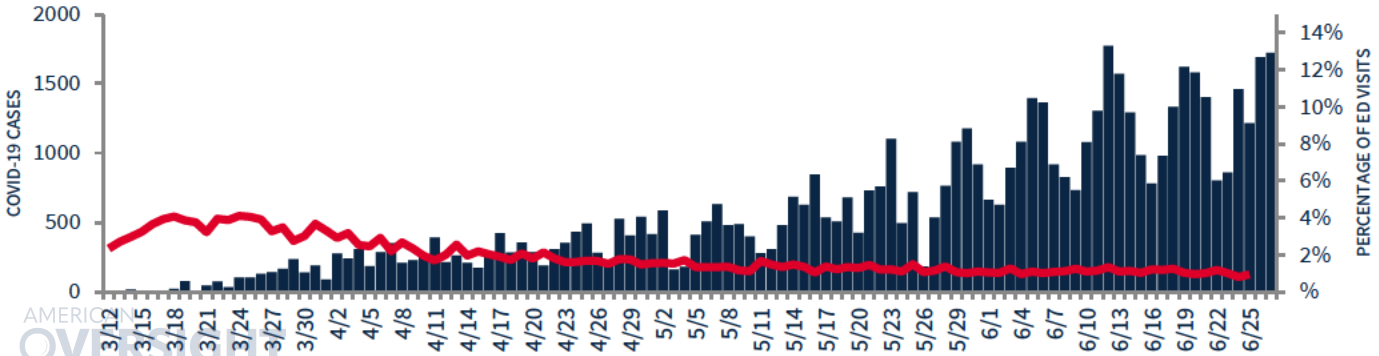
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[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICA OVERSIGHT
NIH FOIA 000779
HHS_NIH-20-0496-A-000779

TRENDS IN NORTH CAROLINA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.3%
NEW CASES PER 100K / DAY	13 (weekly avg.)
TESTING PER 100K / DAY	131 (weekly avg.)
BED UTILIZATION[2]	69%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.4%
INCIDENCE	+7%
TESTING PER 100K / DAY	+1
BED UTILIZATION	Unknown

RISK FACTORS

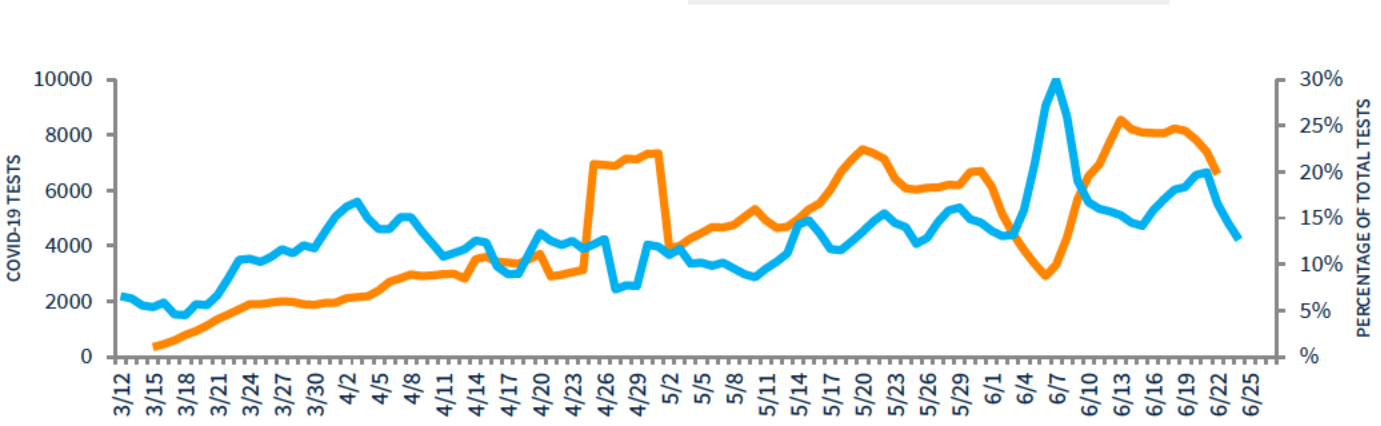
POPULATION DENSITY	214 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.3%

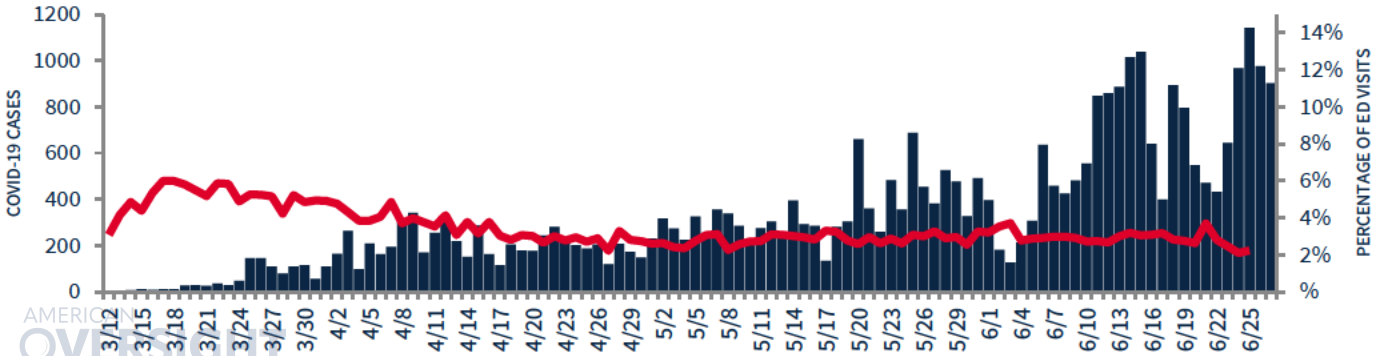
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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[2] Average of the last 3 days

AMERICAN OVERSIGHT
NIH FOIA 000780
HHS_NIH-20-0496-A-000780

TRENDS IN ALABAMA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	12.7%
NEW CASES PER 100K / DAY	16 (weekly avg.)
TESTING PER 100K / DAY	135 (weekly avg.)
BED UTILIZATION[2]	69%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-4.3%
INCIDENCE	+4%
TESTING PER 100K / DAY	-31
BED UTILIZATION	Unknown

RISK FACTORS

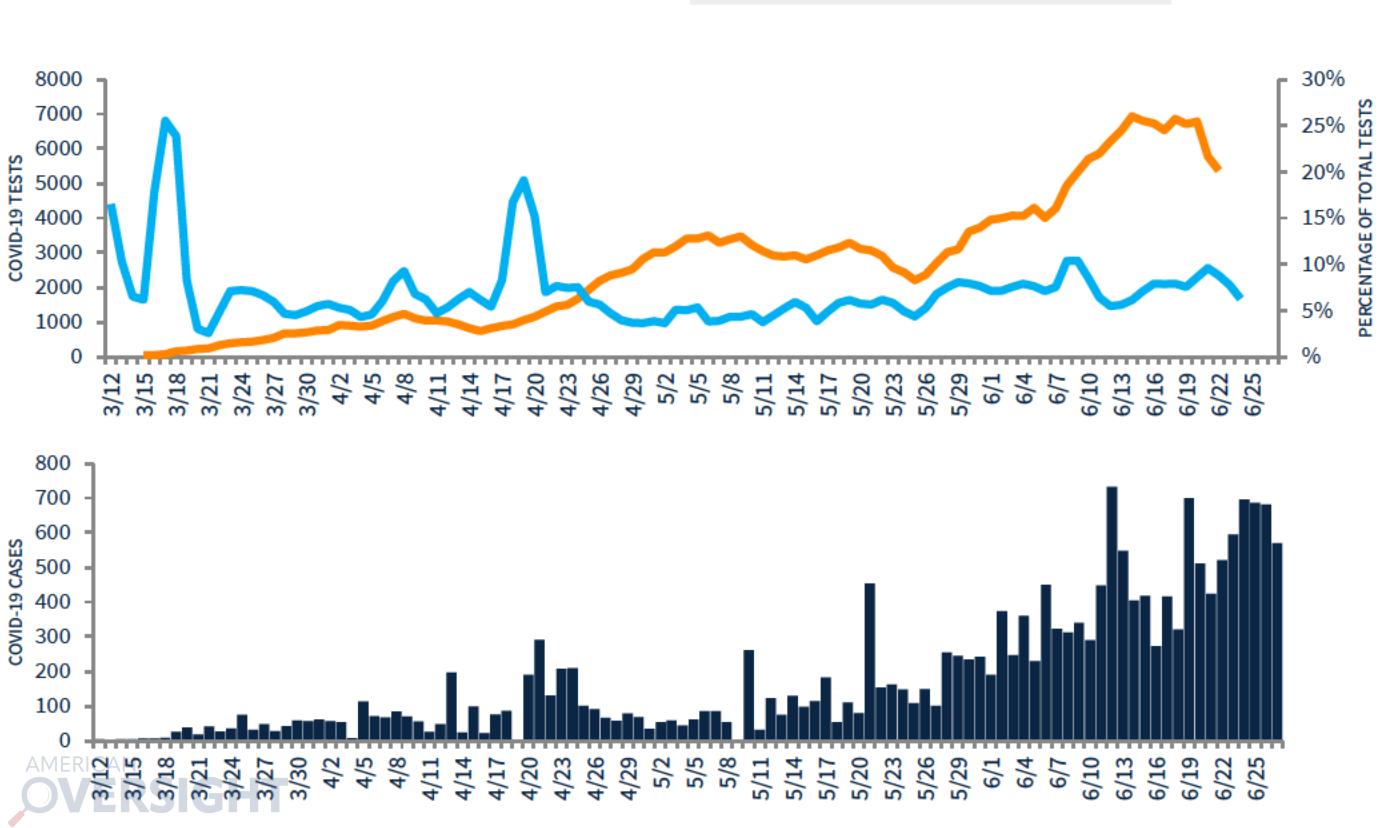
POPULATION DENSITY	97 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	5.5%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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[2] Average of the last 3 days

AMERICAN OVERSIGHT
NIH FOIA 000781
HHS_NIH-20-0496-A-000781

TRENDS IN ARKANSAS



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.3%
NEW CASES PER 100K / DAY	20 (weekly avg.)
TESTING PER 100K / DAY	178 (weekly avg.)
BED UTILIZATION[2]	56%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.6%
INCIDENCE	+37%
TESTING PER 100K / DAY	-47
BED UTILIZATION	-4%

RISK FACTORS

POPULATION DENSITY	58 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	5.9%

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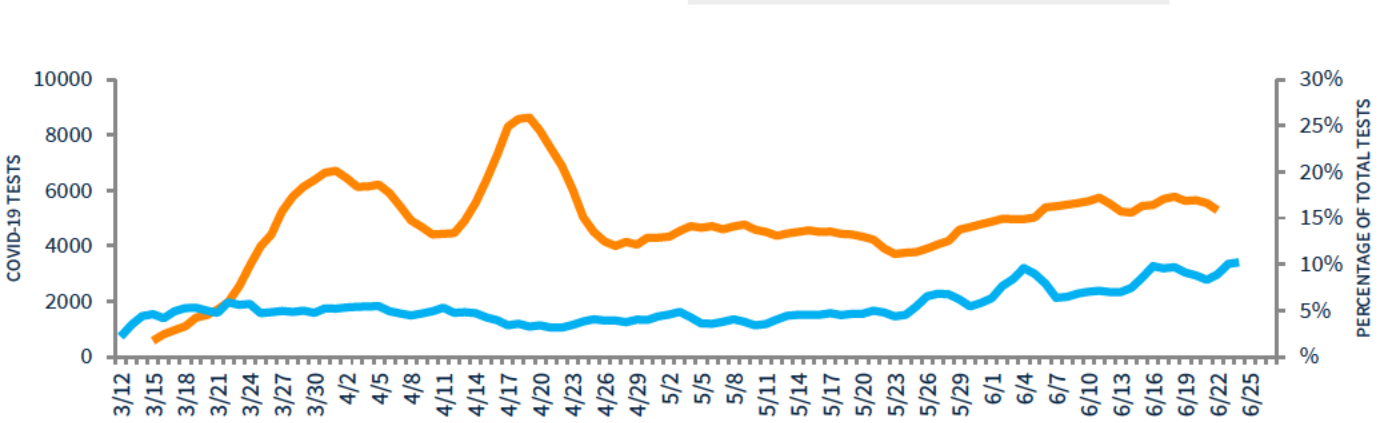
[2] Average of the last 3 days

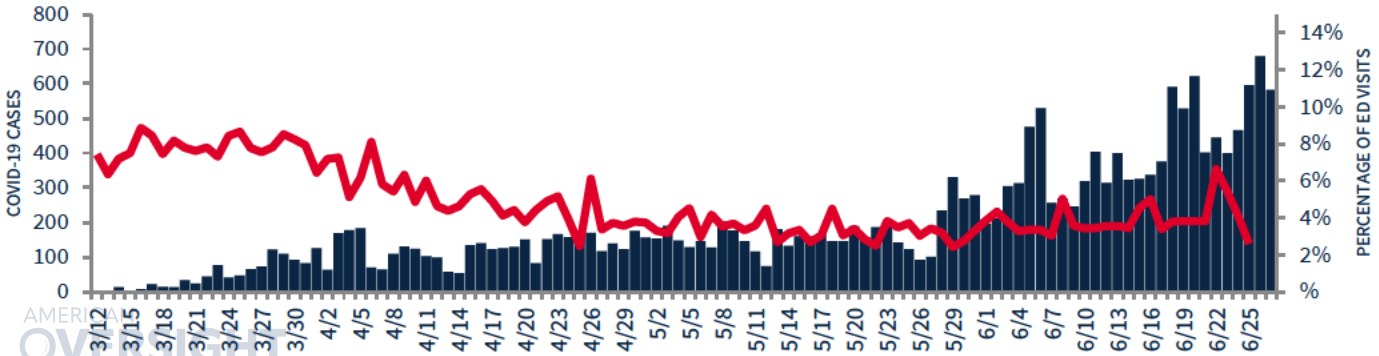
Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 000782
HHS-NIH-20-0496-A-000782

TRENDS IN UTAH





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	10.2%
NEW CASES PER 100K / DAY	16 (weekly avg.)
TESTING PER 100K / DAY	167 (weekly avg.)
BED UTILIZATION[2]	53%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.6%
INCIDENCE	+15%
TESTING PER 100K / DAY	-5
BED UTILIZATION	+1%

RISK FACTORS

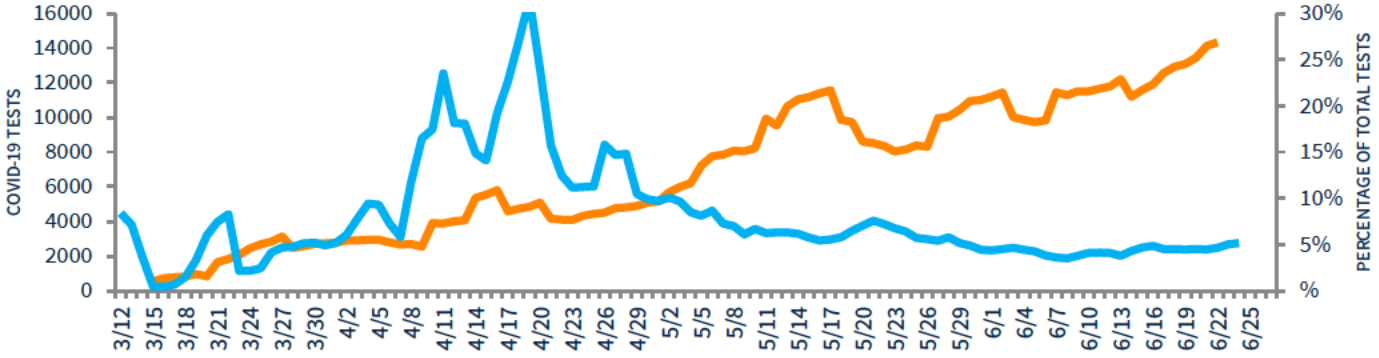
POPULATION DENSITY	38 per sq mi
% OVER 60	16%
CRUDE CVD PREVALENCE	2.7%

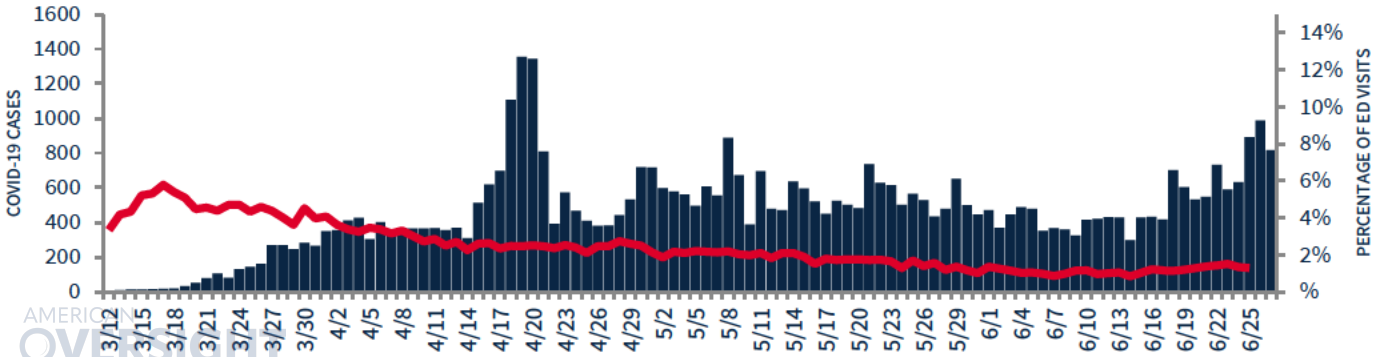
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000783
HHS_NIH-20-0496-A-000783

TRENDS IN OHIO





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.2%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	122 (weekly avg.)
BED UTILIZATION[2]	56%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.6%
INCIDENCE	+52%
TESTING PER 100K / DAY	+23
BED UTILIZATION	-3%

RISK FACTORS

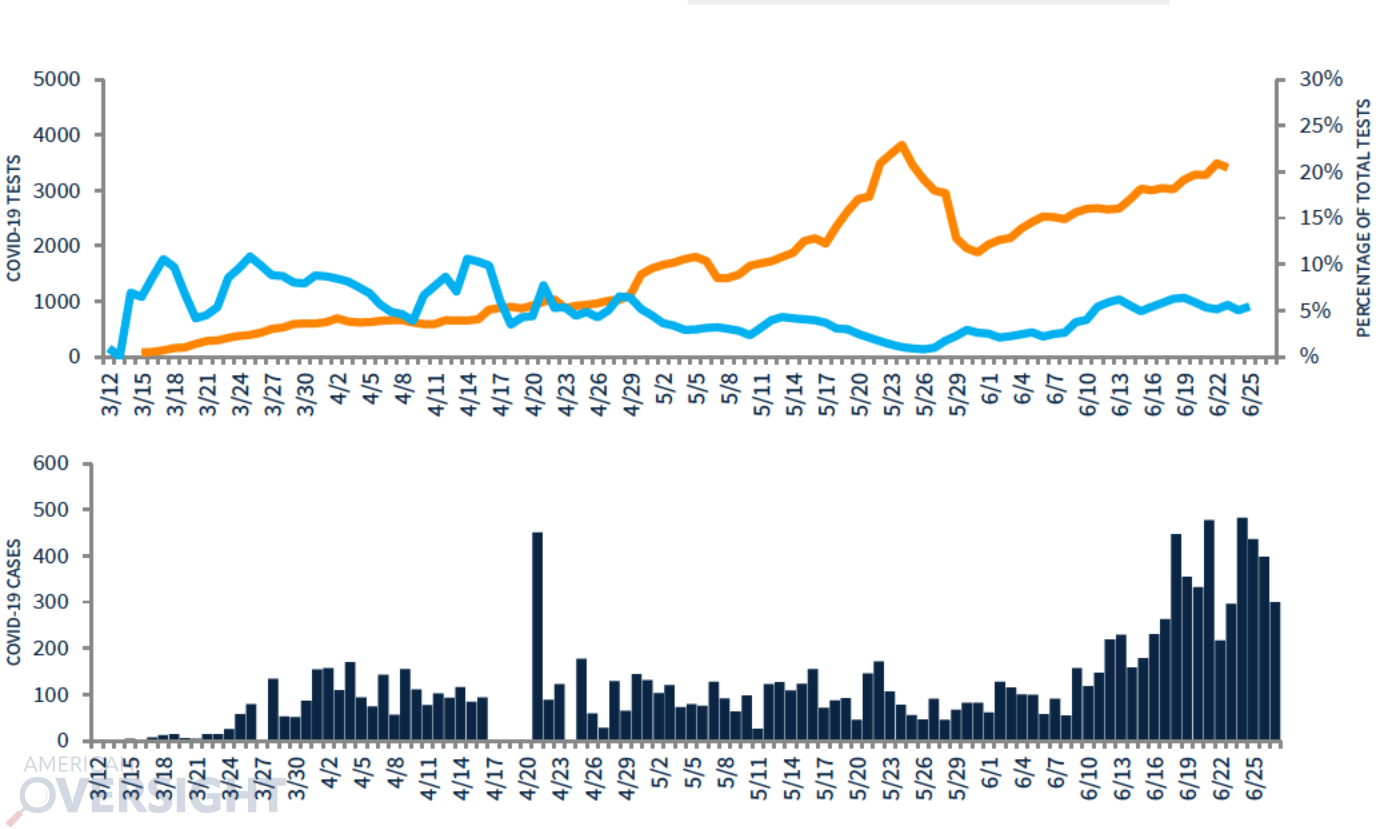
POPULATION DENSITY	286 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.7%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000784
HHS_NIH-20-0496-A-000784

TRENDS IN OKLAHOMA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.4%
NEW CASES PER 100K / DAY	9 (weekly avg.)
TESTING PER 100K / DAY	88 (weekly avg.)
BED UTILIZATION[2]	52%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.8%
INCIDENCE	+33%
TESTING PER 100K / DAY	+12
BED UTILIZATION	-7%

RISK FACTORS

POPULATION DENSITY	57 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.3%

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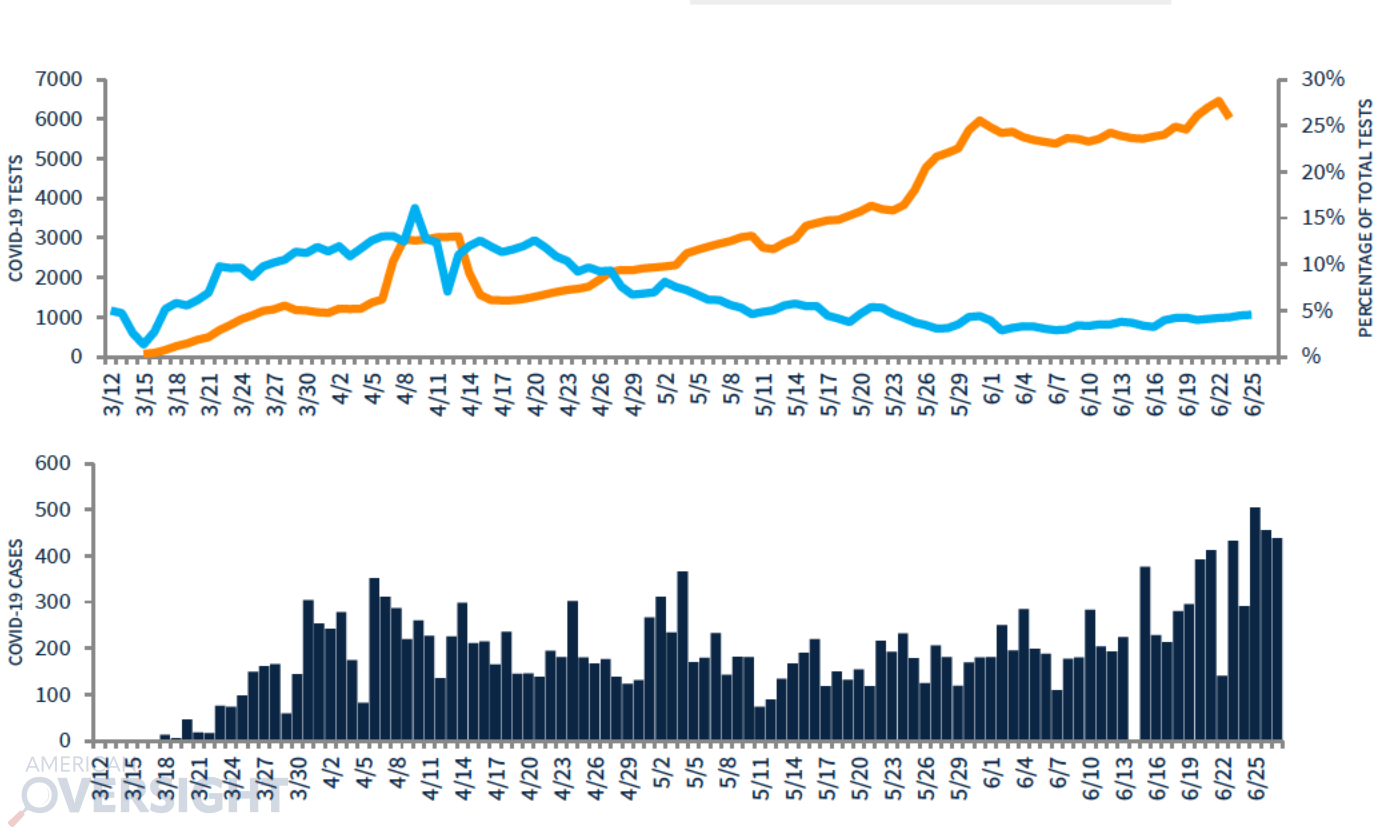
[2] Average of the last 3 days

Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000785
HHS-NIH-20-0496-A-000785

TRENDS IN MISSOURI



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.5%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	105 (weekly avg.)
BED UTILIZATION[2]	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.4%
INCIDENCE	+50%
TESTING PER 100K / DAY	+16
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	89 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	4.7%

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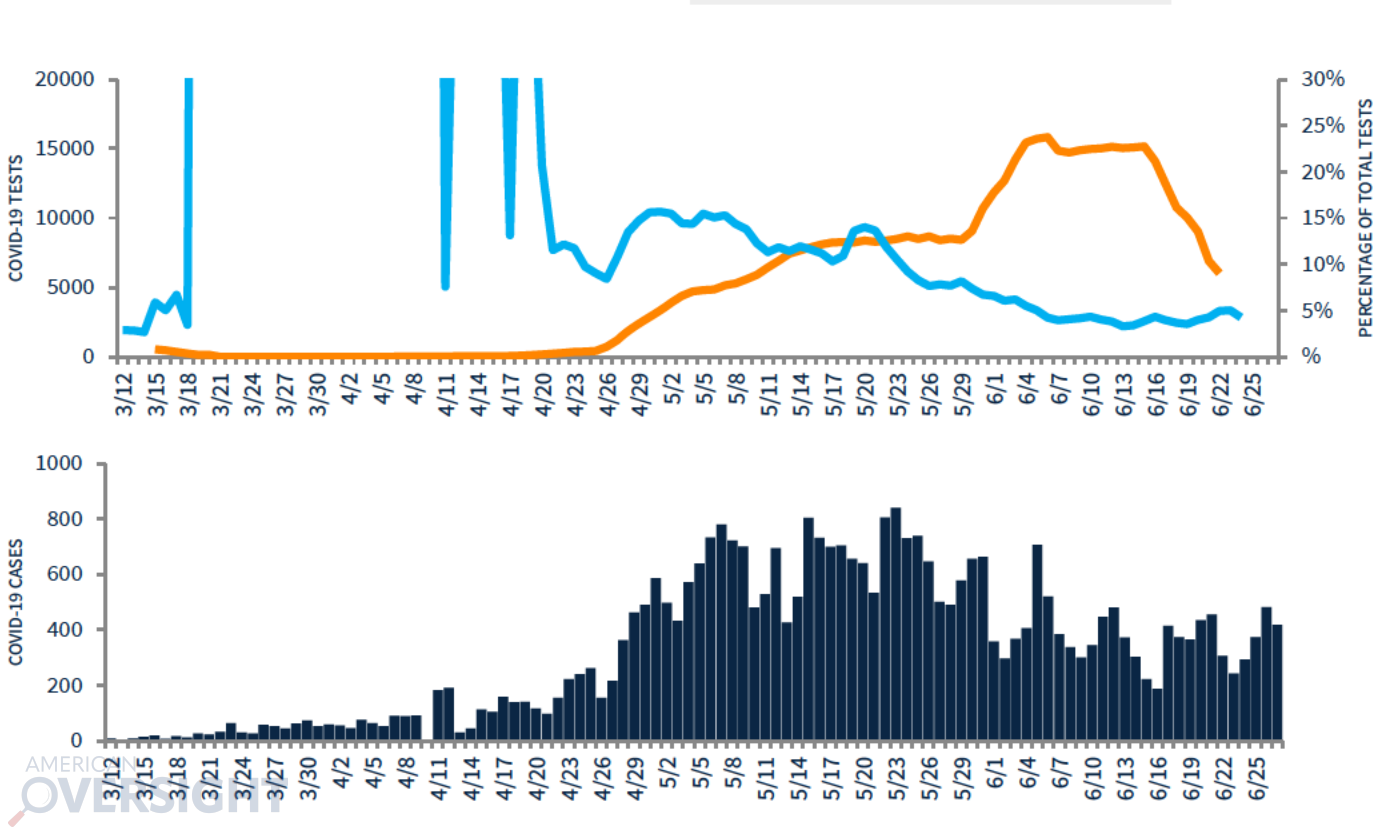
[2] Average of the last 3 days

Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICA OVERSIGHT
NIH FOIA 000786
HHS-NIH-20-0496-A-000786

TRENDS IN MINNESOTA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.3%
NEW CASES PER 100K / DAY	7 (weekly avg.)
TESTING PER 100K / DAY	107 (weekly avg.)
BED UTILIZATION[2]	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.3%
INCIDENCE	+12%
TESTING PER 100K / DAY	-163
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	70 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.4%

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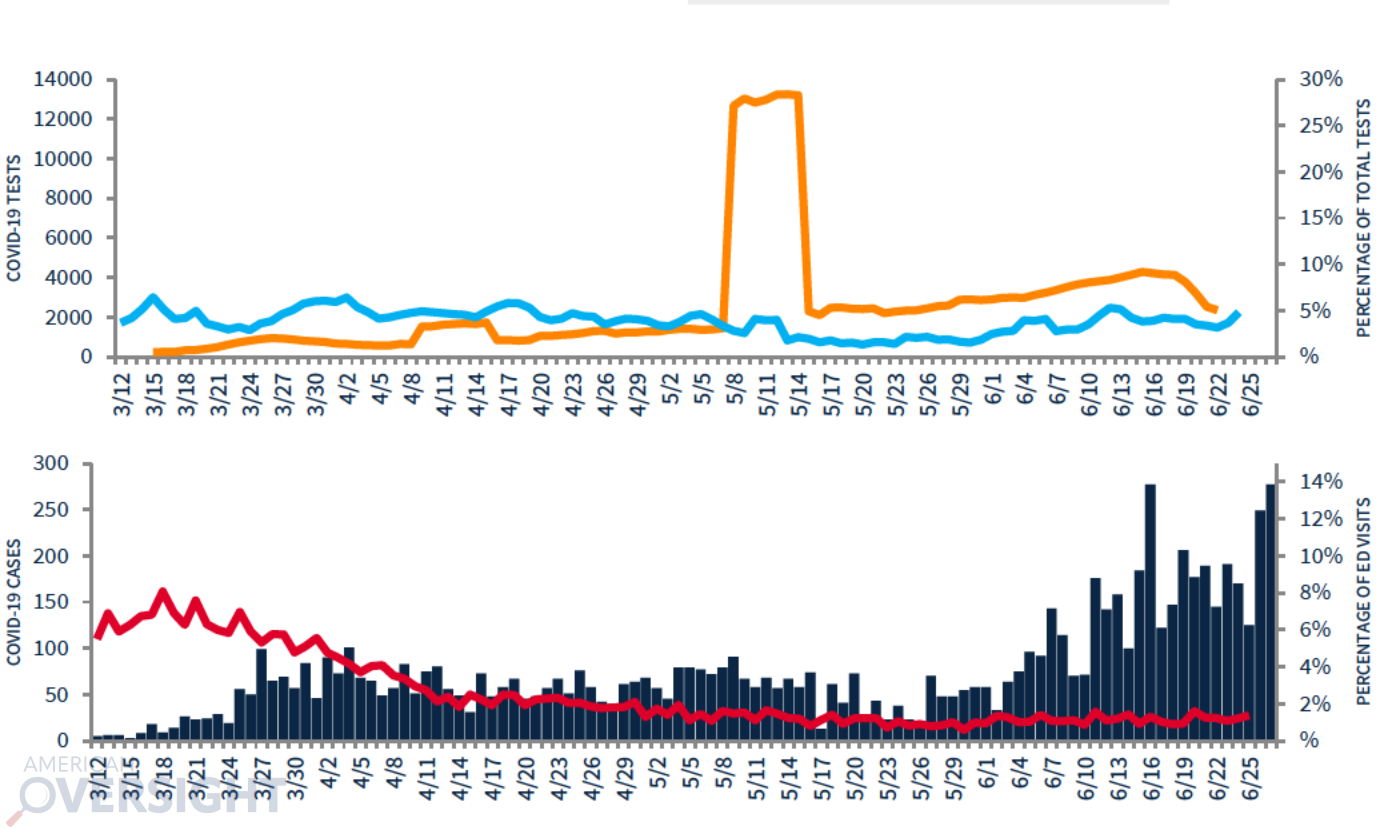
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Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT

NIH FOIA 000787
HHS-NIH-20-0496-A-000787

TRENDS IN OREGON



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.8%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	56 (weekly avg.)
BED UTILIZATION[2]	56%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.6%
INCIDENCE	+11%
TESTING PER 100K / DAY	-46
BED UTILIZATION	-5%

RISK FACTORS

POPULATION DENSITY	44 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.6%

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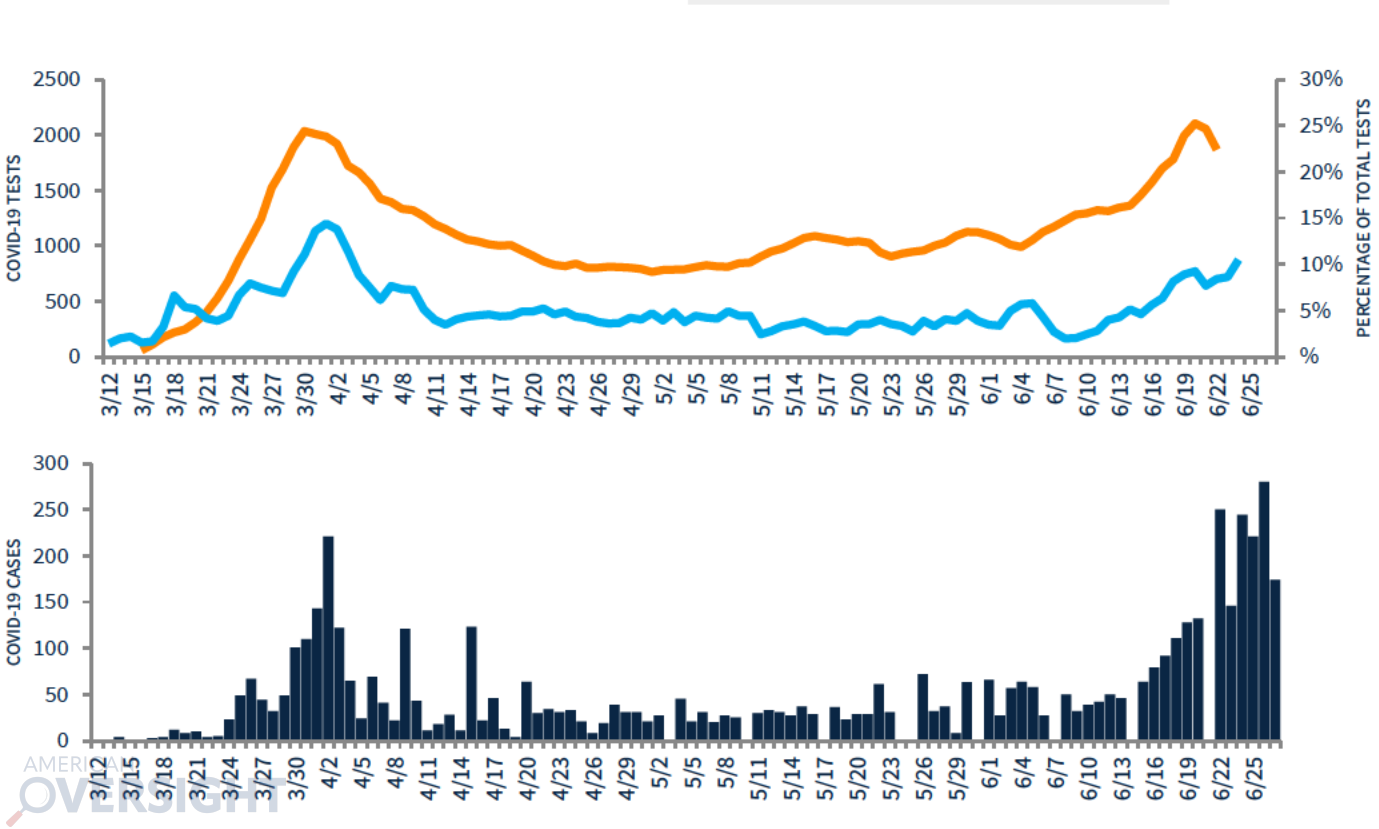
[1] *Calculated over the most recent 3 days of data*

[2] *Average of the last 3 days*

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICA OVERSIGHT
NIH FOIA 000788
HHS_NIH-20-0496-A-000788

TRENDS IN IDAHO



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	10.5%
NEW CASES PER 100K / DAY	11 (weekly avg.)
TESTING PER 100K / DAY	106 (weekly avg.)
BED UTILIZATION[2]	46%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+4.1%
INCIDENCE	+117%
TESTING PER 100K / DAY	+23
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	21 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.3%

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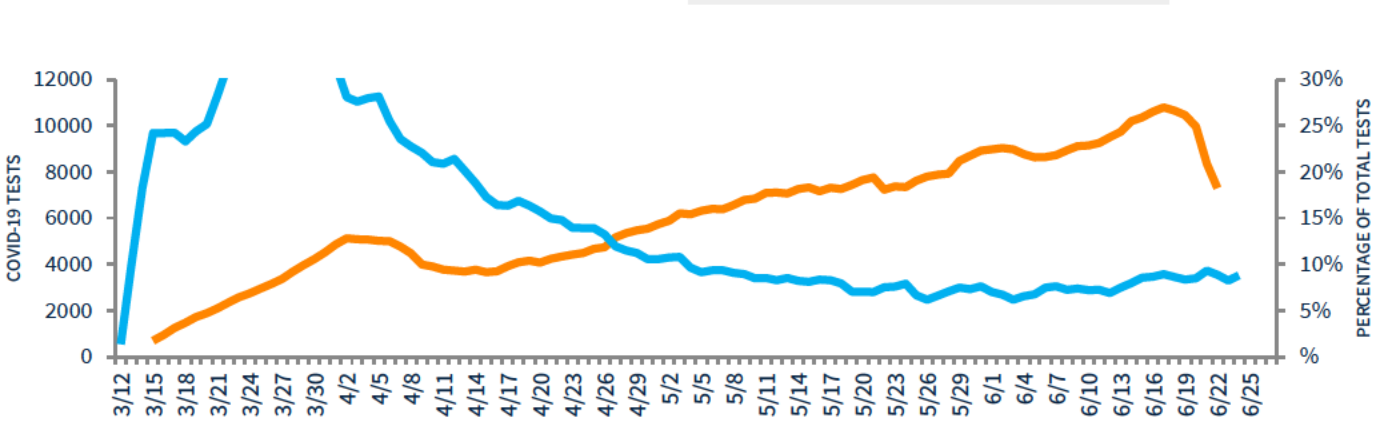
[2] Average of the last 3 days

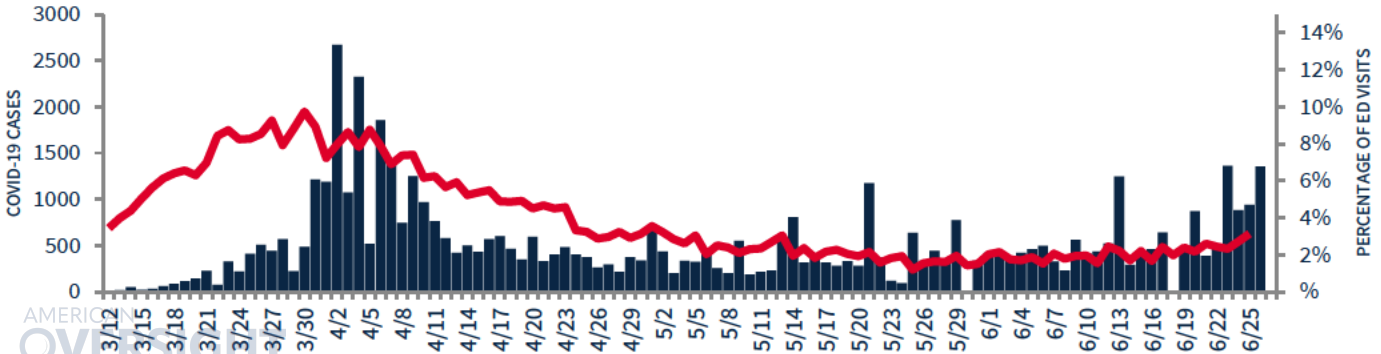
Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000789
HHS-NIH-20-0496-A-000789

TRENDS IN LOUISIANA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	8.8%
NEW CASES PER 100K / DAY	17 (weekly avg.)
TESTING PER 100K / DAY	157 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.1%
INCIDENCE	+70%
TESTING PER 100K / DAY	-66
BED UTILIZATION	Unknown

RISK FACTORS

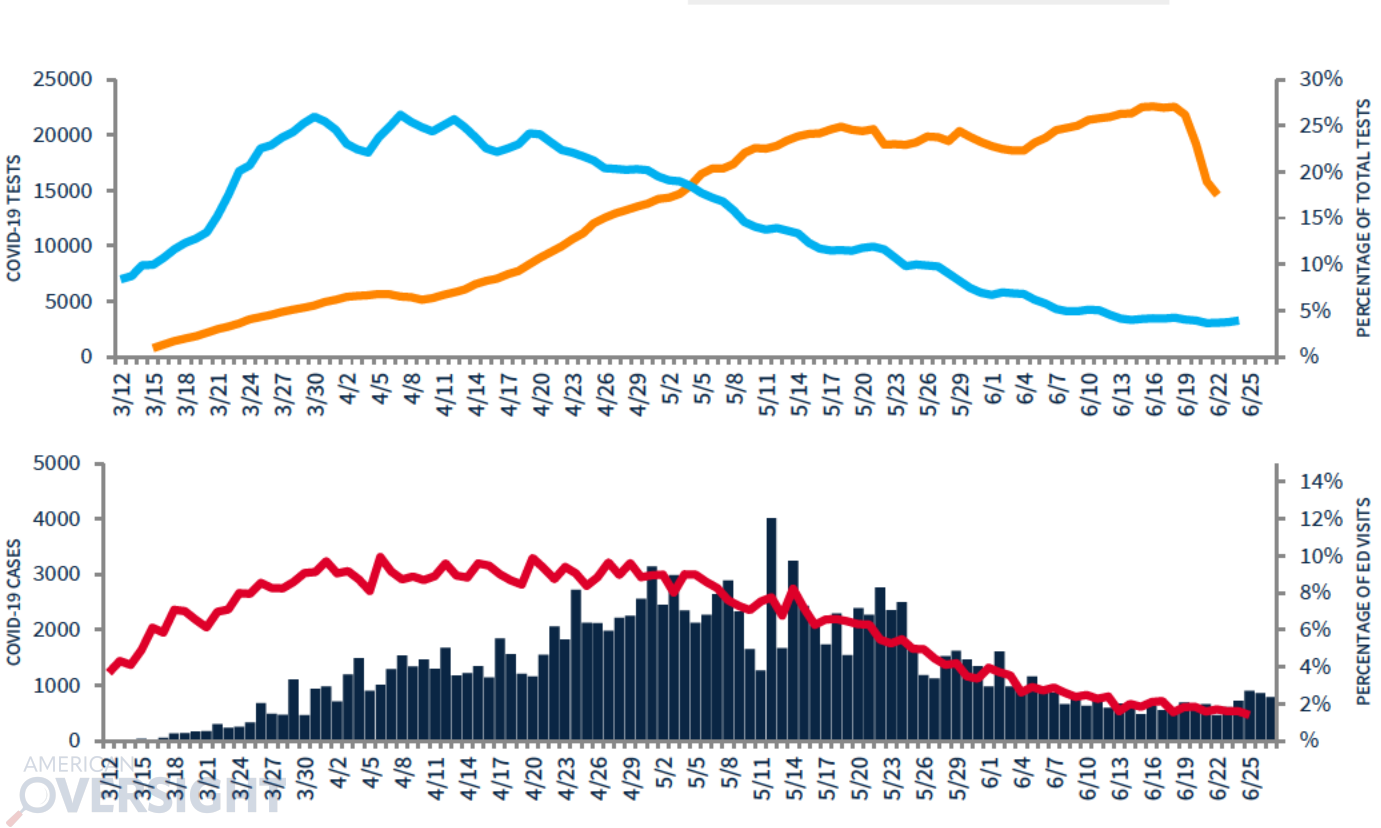
POPULATION DENSITY	108 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.3%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000790
HHS-NIH-20-0496-A-000790

TRENDS IN ILLINOIS



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	3.9%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	114 (weekly avg.)
BED UTILIZATION[2]	57%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.2%
INCIDENCE	+17%
TESTING PER 100K / DAY	-62
BED UTILIZATION	+0%

RISK FACTORS

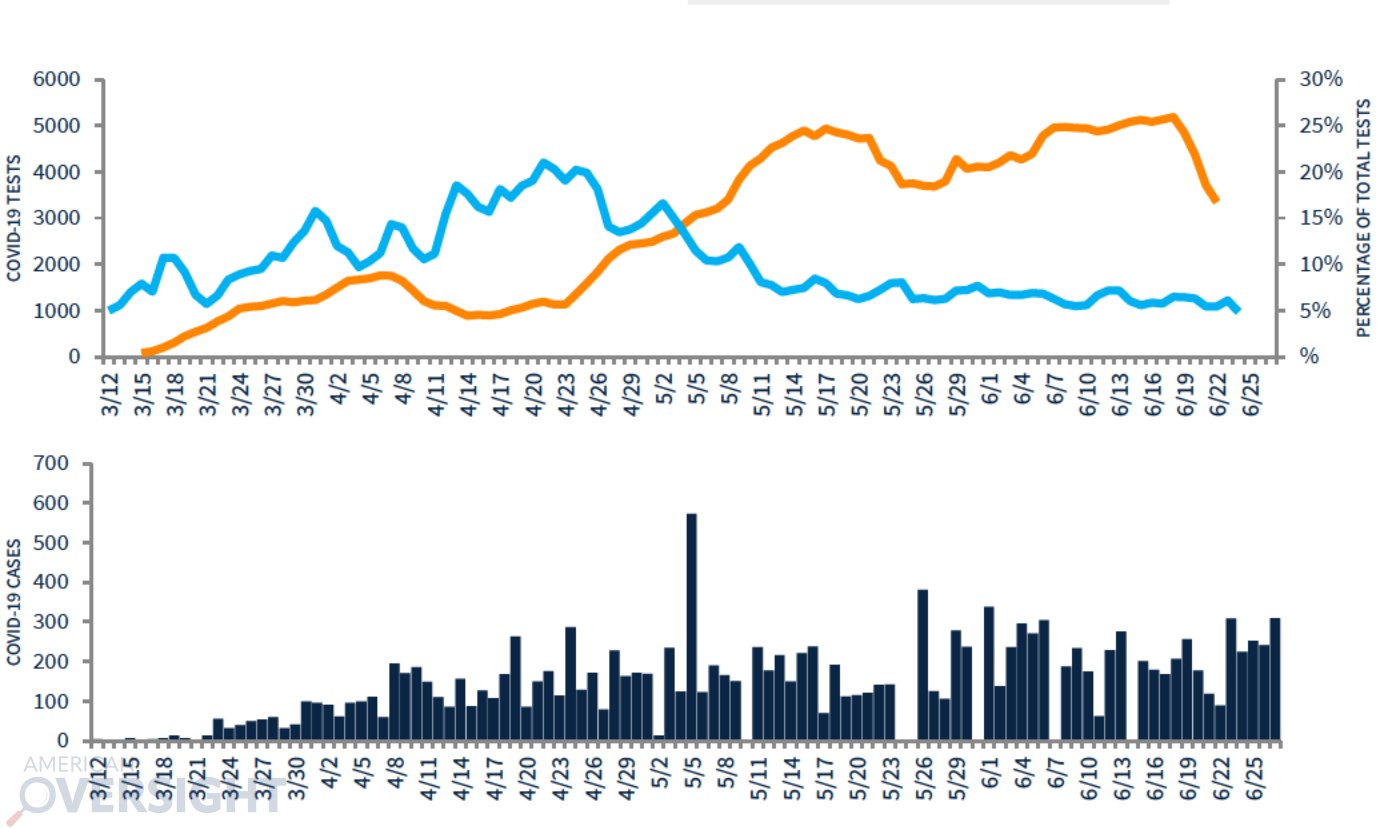
POPULATION DENSITY	230 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.0%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000791
HHS_NIH-20-0496-A-000791

TRENDS IN KENTUCKY



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.8%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	75 (weekly avg.)
BED UTILIZATION[2]	66%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.9%
INCIDENCE	+30%
TESTING PER 100K / DAY	-40
BED UTILIZATION	+2%

RISK FACTORS

POPULATION DENSITY	113 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	6.2%

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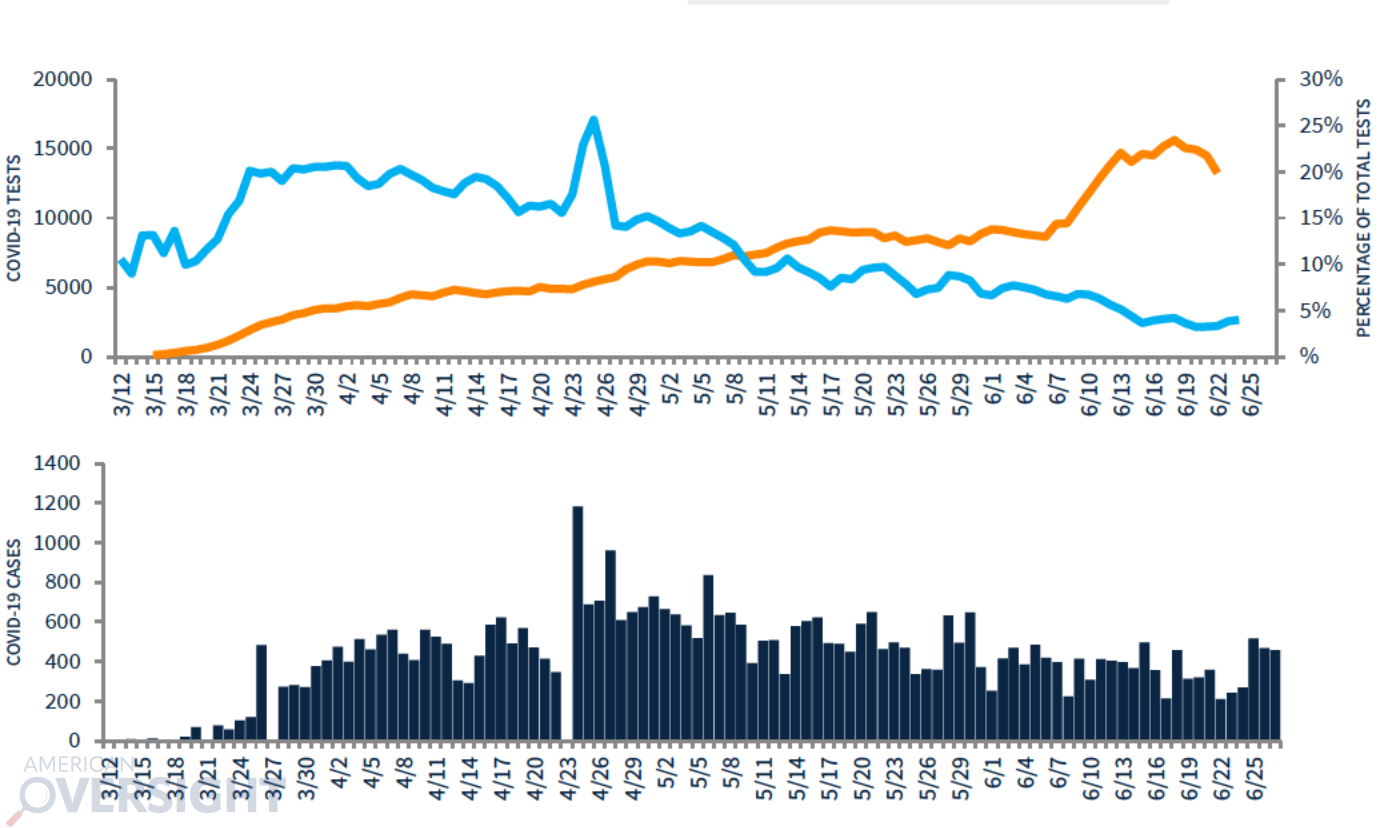
[2] Average of the last 3 days

Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000792
HHS-NIH-20-0496-A-000792

TRENDS IN INDIANA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.0%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	198 (weekly avg.)
BED UTILIZATION[2]	55%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.1%
INCIDENCE	+0%
TESTING PER 100K / DAY	-21
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	187 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.8%

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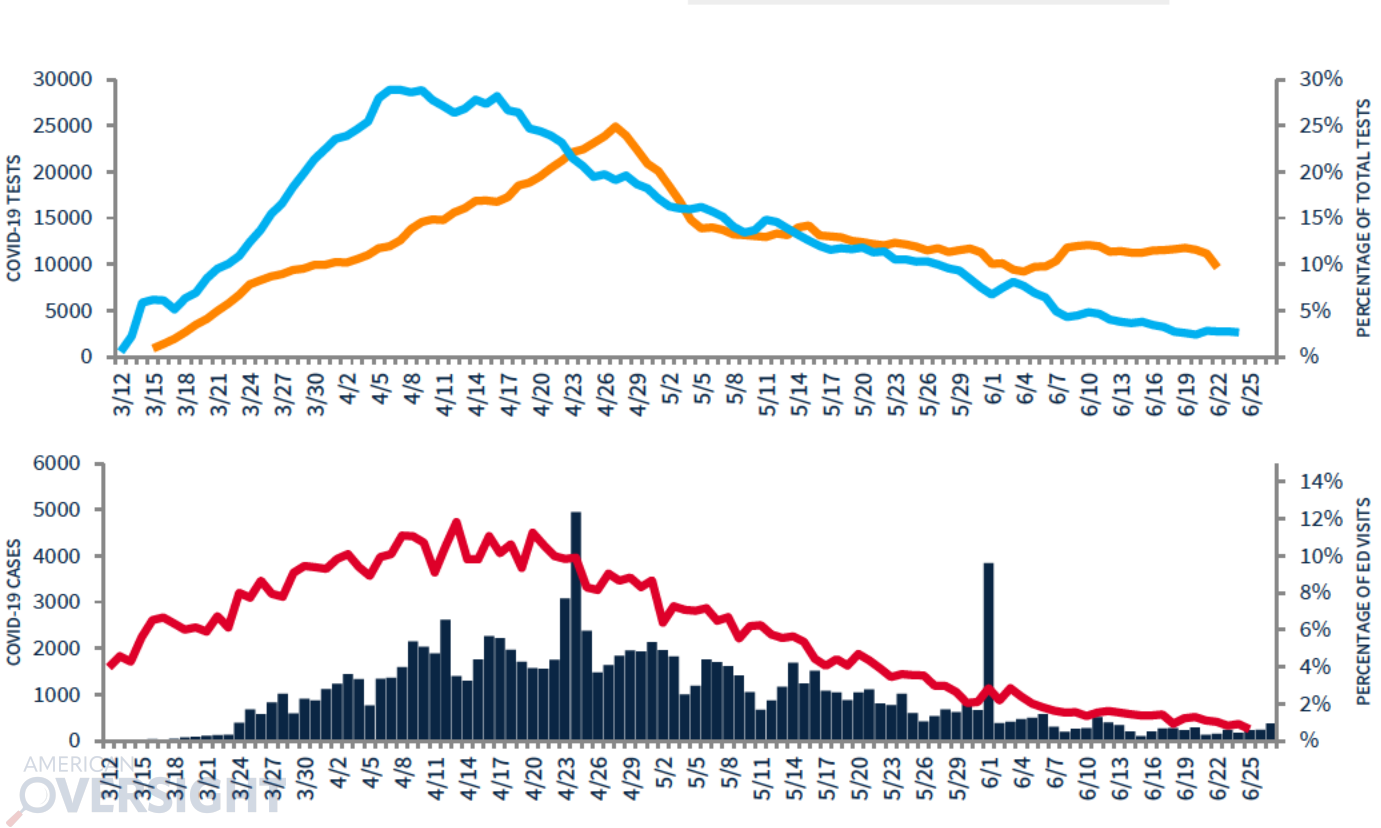
Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT

NIH FOIA 000793
HHS-NIH-20-0496-A-000793

TRENDS IN MASSACHUSETTS



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.6%
NEW CASES PER 100K / DAY	3 (weekly avg.)
TESTING PER 100K / DAY	140 (weekly avg.)
BED UTILIZATION[2]	68%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.6%
INCIDENCE	-2%
TESTING PER 100K / DAY	-23
BED UTILIZATION	-1%

RISK FACTORS

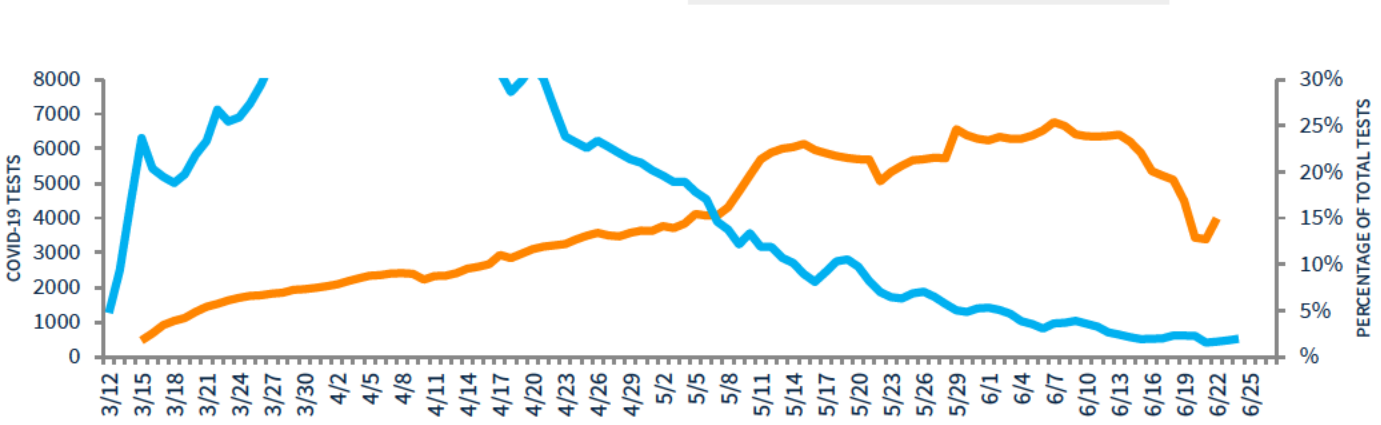
POPULATION DENSITY	885 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	3.6%

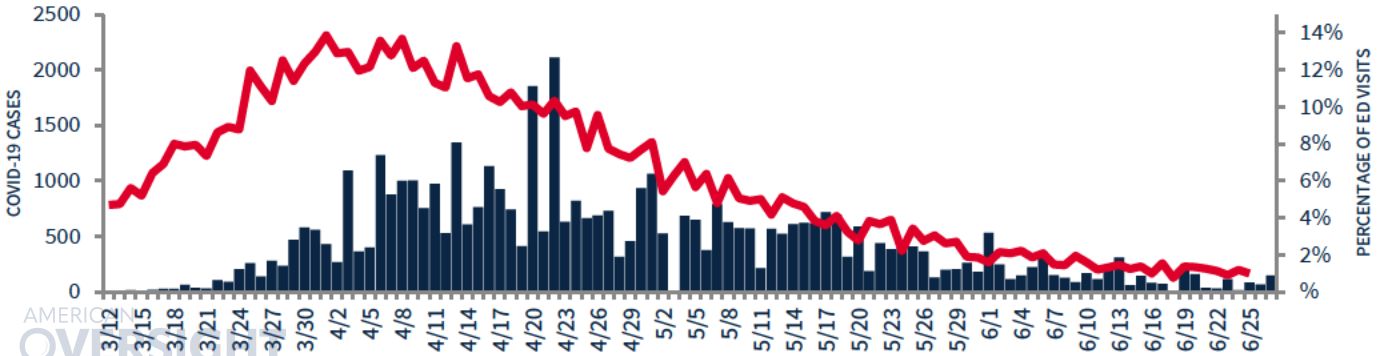
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000794
HHS-NIH-20-0496-A-000794

TRENDS IN CONNECTICUT





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	1.9%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	112 (weekly avg.)
BED UTILIZATION[2]	59%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.0%
INCIDENCE	-32%
TESTING PER 100K / DAY	-53
BED UTILIZATION	-2%

RISK FACTORS

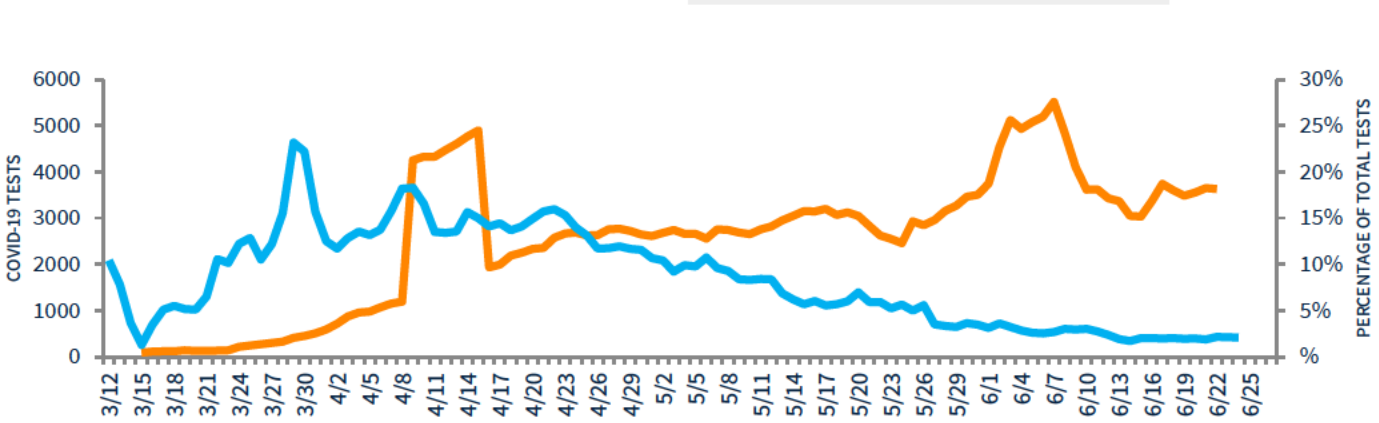
POPULATION DENSITY	738 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.8%

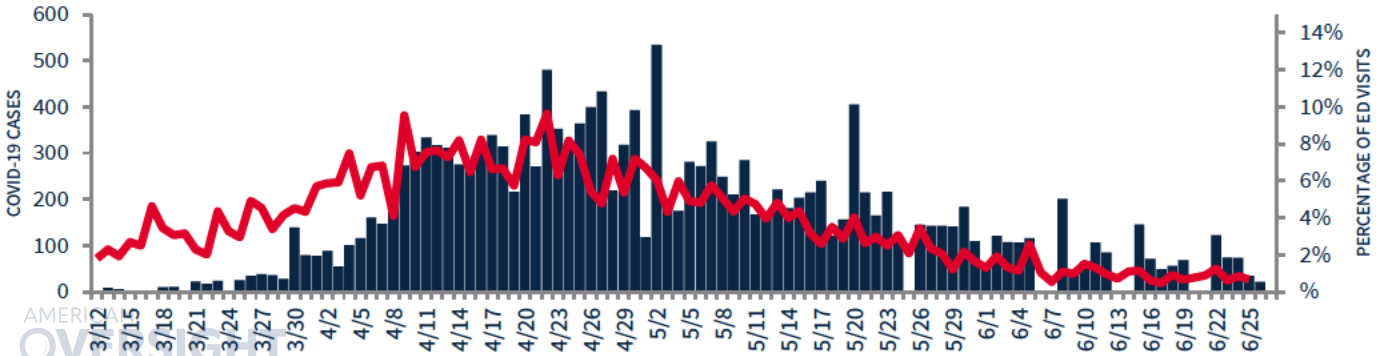
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000795
HHS_NIH-20-0496-A-000795

TRENDS IN RHODE ISLAND





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.1%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	343 (weekly avg.)
BED UTILIZATION[2]	80%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.1%
INCIDENCE	-17%
TESTING PER 100K / DAY	+57
BED UTILIZATION	-11%

RISK FACTORS

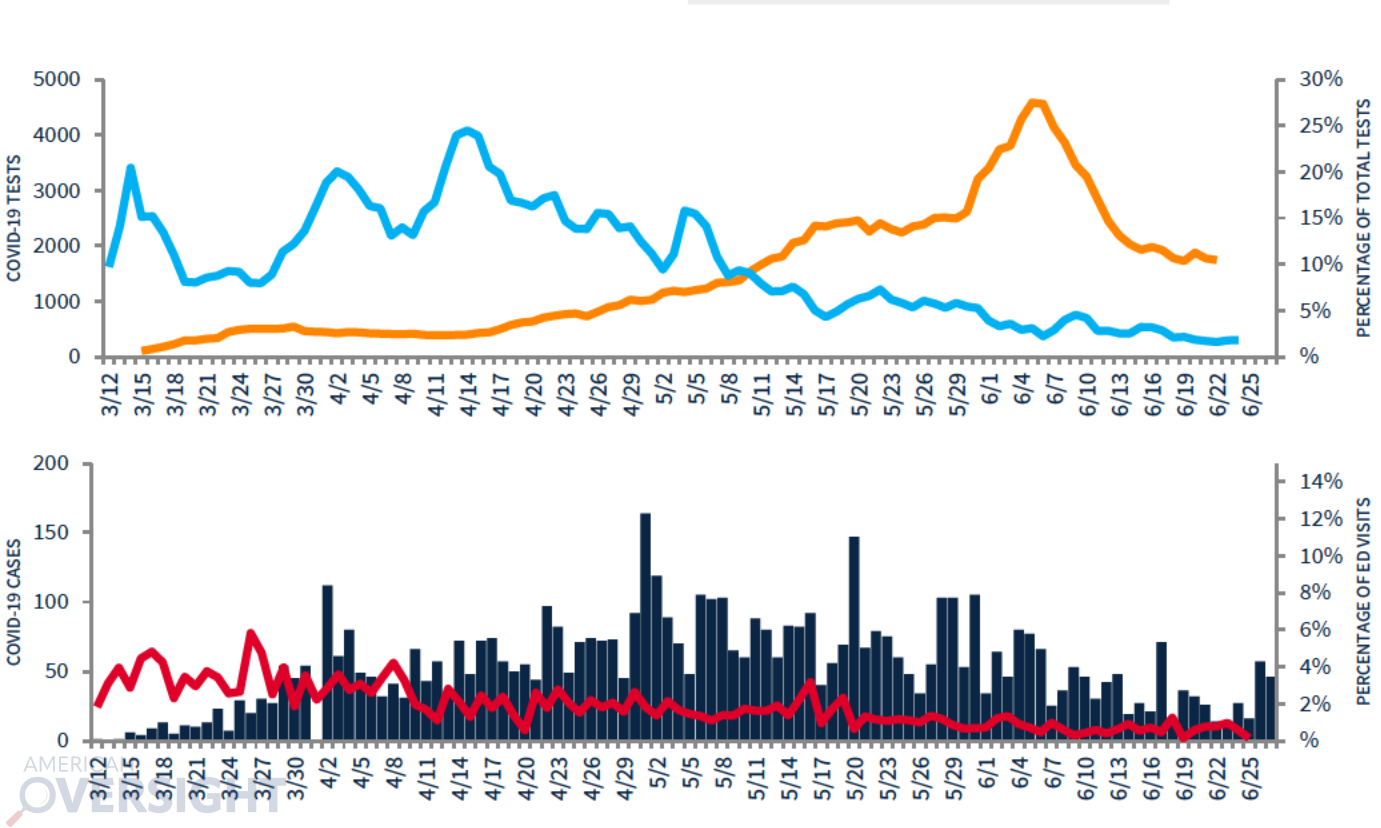
POPULATION DENSITY	1023 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.8%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 000796
HHS-NIH-20-0496-A-000796

TRENDS IN NEW HAMPSHIRE



Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	1.8%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	128 (weekly avg.)
BED UTILIZATION[2]	55%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.0%
INCIDENCE	-10%
TESTING PER 100K / DAY	-14
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	152 per sq mi
% OVER 60	26%
CRUDE CVD PREVALENCE	3.4%

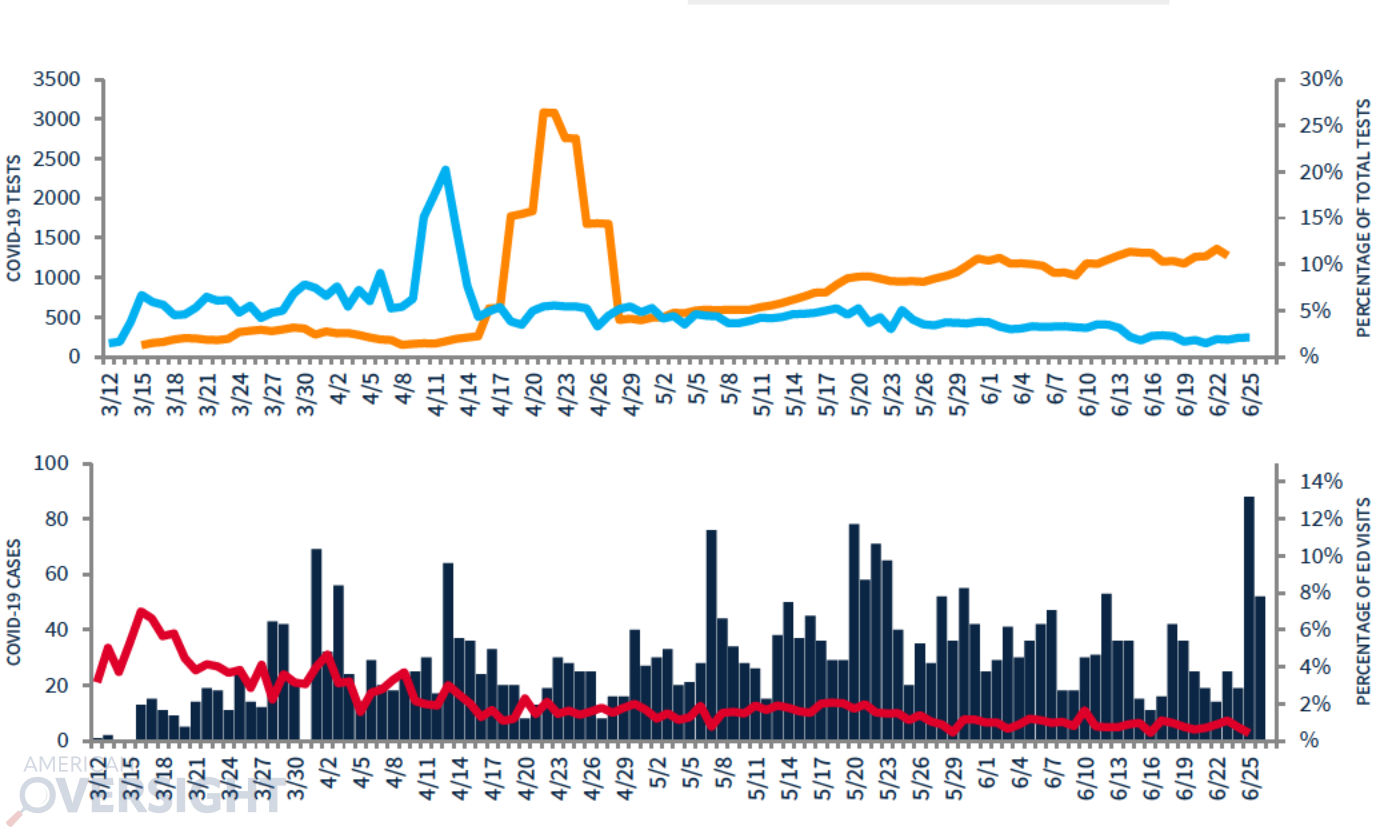
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AMERICAN OVERSIGHT

NIH FOIA 000797

HHS-NIH-20-0496-A-000797

TRENDS IN MAINE



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.1%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	102 (weekly avg.)
BED UTILIZATION[2]	63%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.1%
INCIDENCE	+20%
TESTING PER 100K / DAY	+4
BED UTILIZATION	-3%

RISK FACTORS

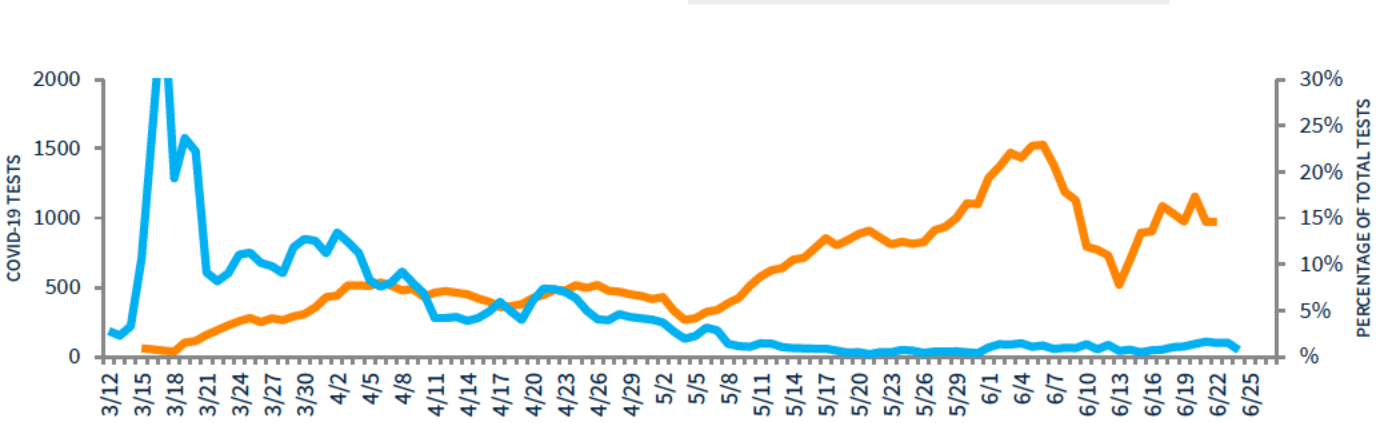
POPULATION DENSITY	43 per sq mi
% OVER 60	28%
CRUDE CVD PREVALENCE	4.7%

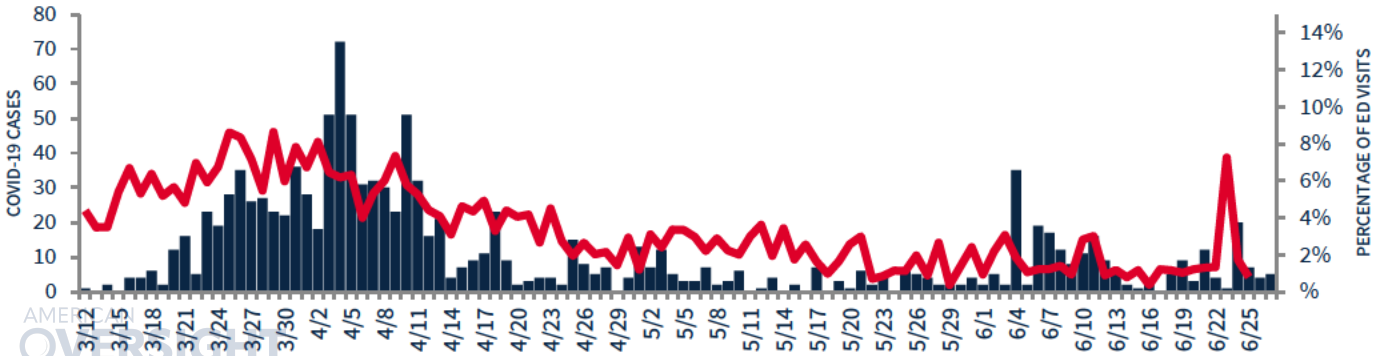
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000798
HHS-NIH-20-0496-A-000798

TRENDS IN VERMONT





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	0.7%
NEW CASES PER 100K / DAY	1 (weekly avg.)
TESTING PER 100K / DAY	155 (weekly avg.)
BED UTILIZATION[2]	57%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.0%
INCIDENCE	+141%
TESTING PER 100K / DAY	+13
BED UTILIZATION	-5%

RISK FACTORS

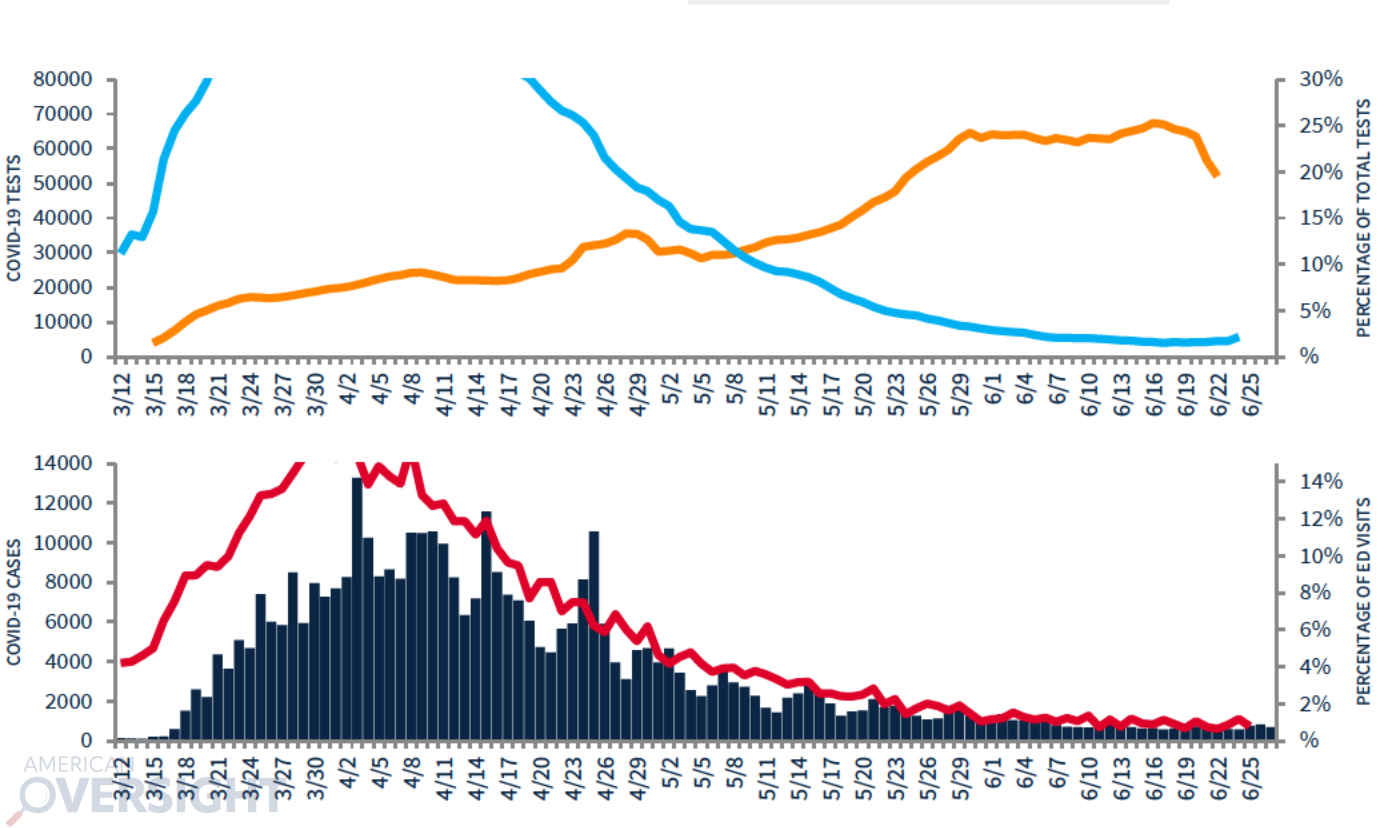
POPULATION DENSITY	68 per sq mi
% OVER 60	27%
CRUDE CVD PREVALENCE	4.0%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICA OVERSIGHT
NIH FOIA 000799
HHS-NIH-20-0496-A-000799

TRENDS IN NEW YORK



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.1%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	290 (weekly avg.)
BED UTILIZATION[2]	64%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.6%
INCIDENCE	+0%
TESTING PER 100K / DAY	-77
BED UTILIZATION	-2%

RISK FACTORS

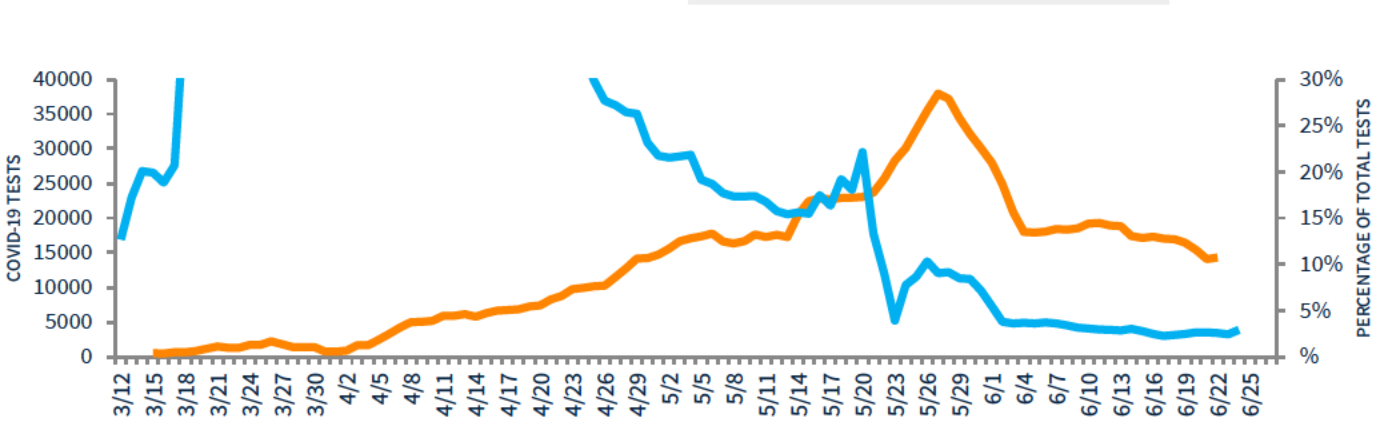
POPULATION DENSITY	415 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	3.9%

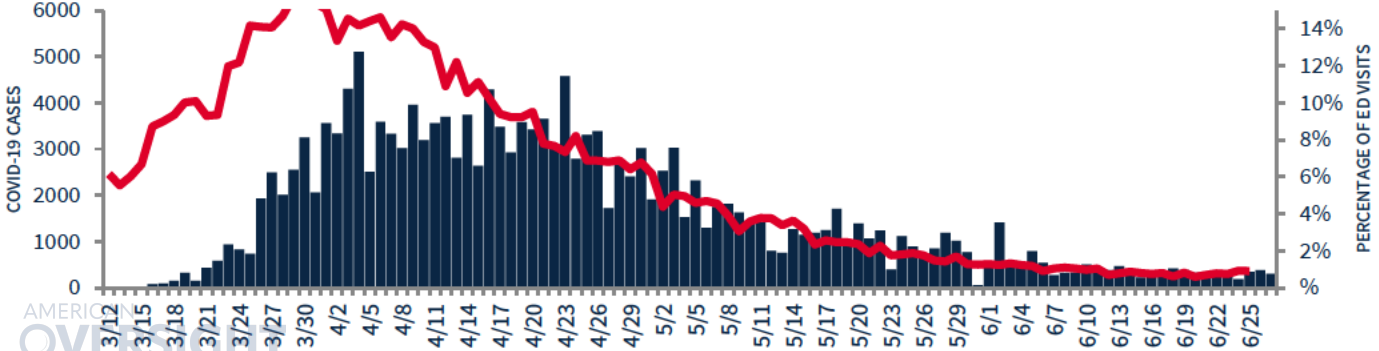
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICA OVERSIGHT
NIH FOIA 000800
HHS-NIH-20-0496-A-000800

TRENDS IN NEW JERSEY





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.9%
NEW CASES PER 100K / DAY	3 (weekly avg.)
TESTING PER 100K / DAY	160 (weekly avg.)
BED UTILIZATION[2]	64%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.6%
INCIDENCE	-6%
TESTING PER 100K / DAY	-32
BED UTILIZATION	Unknown

RISK FACTORS

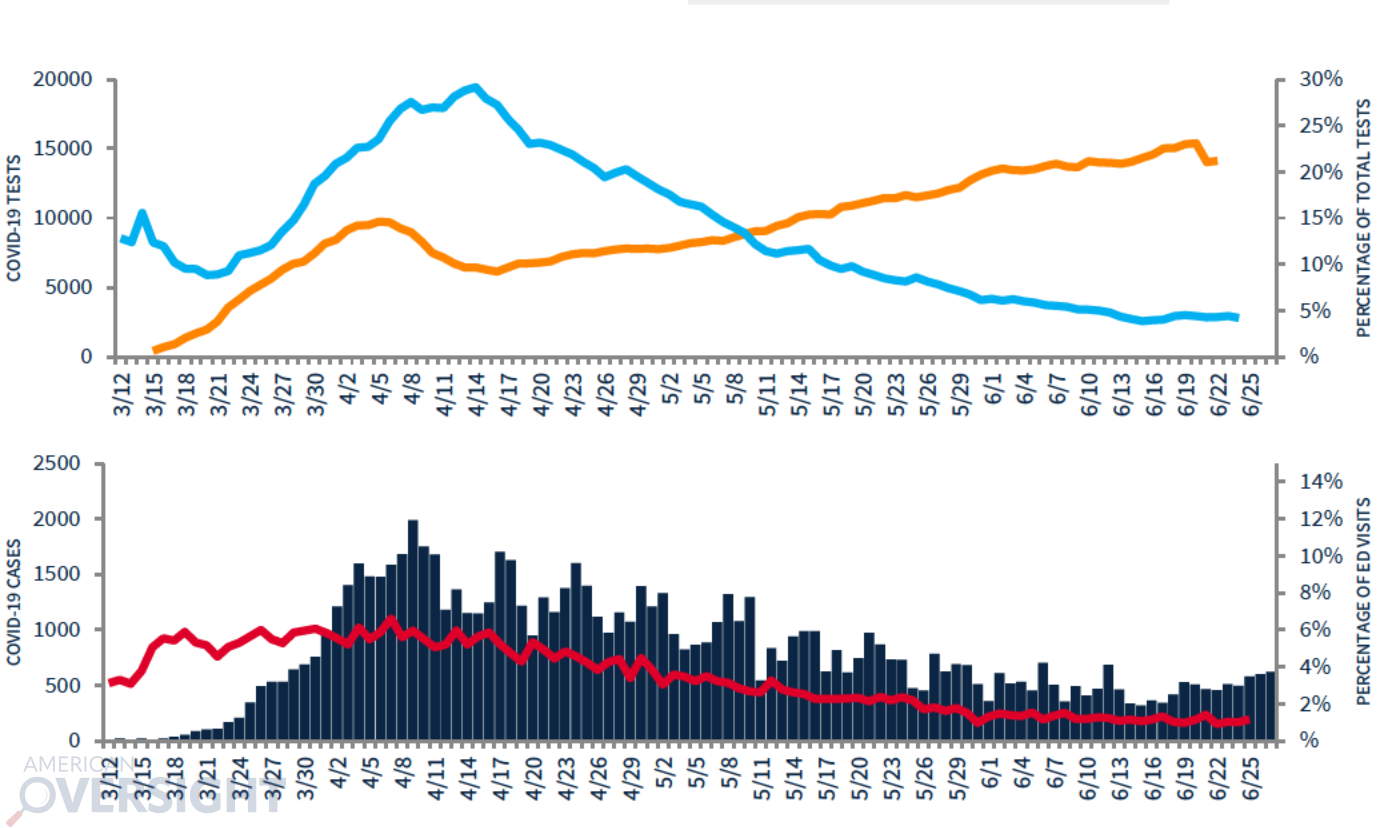
POPULATION DENSITY	1211 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	3.7%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000801
HHS_NIH-20-0496-A-000801

TRENDS IN PENNSYLVANIA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.2%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	110 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.2%
INCIDENCE	+33%
TESTING PER 100K / DAY	-2
BED UTILIZATION	Unknown

RISK FACTORS

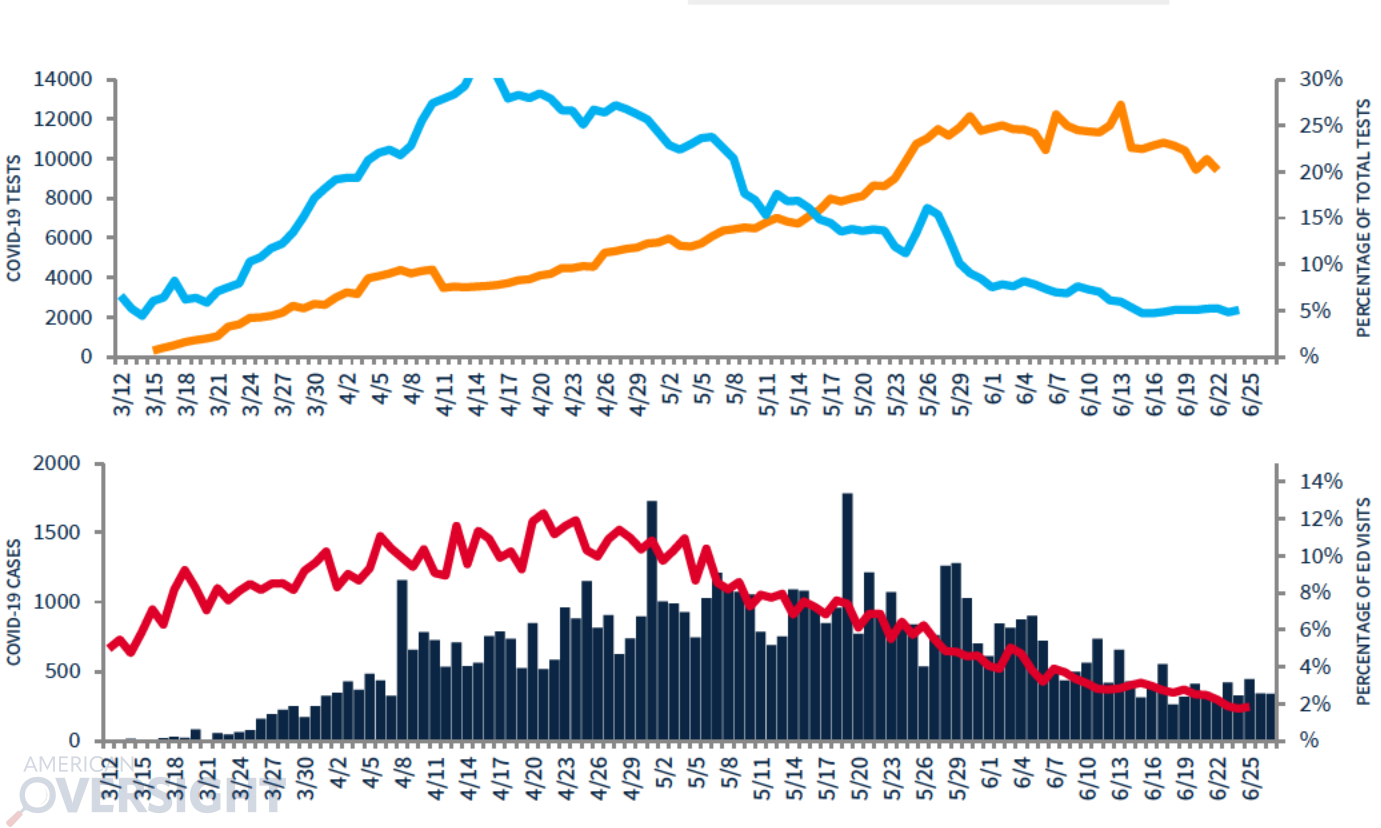
POPULATION DENSITY	286 per sq mi
% OVER 60	25%
CRUDE CVD PREVALENCE	5.1%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000802
HHS-NIH-20-0496-A-000802

TRENDS IN MARYLAND



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.0%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	156 (weekly avg.)
BED UTILIZATION[2]	75%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.2%
INCIDENCE	-7%
TESTING PER 100K / DAY	-18
BED UTILIZATION	+3%

RISK FACTORS

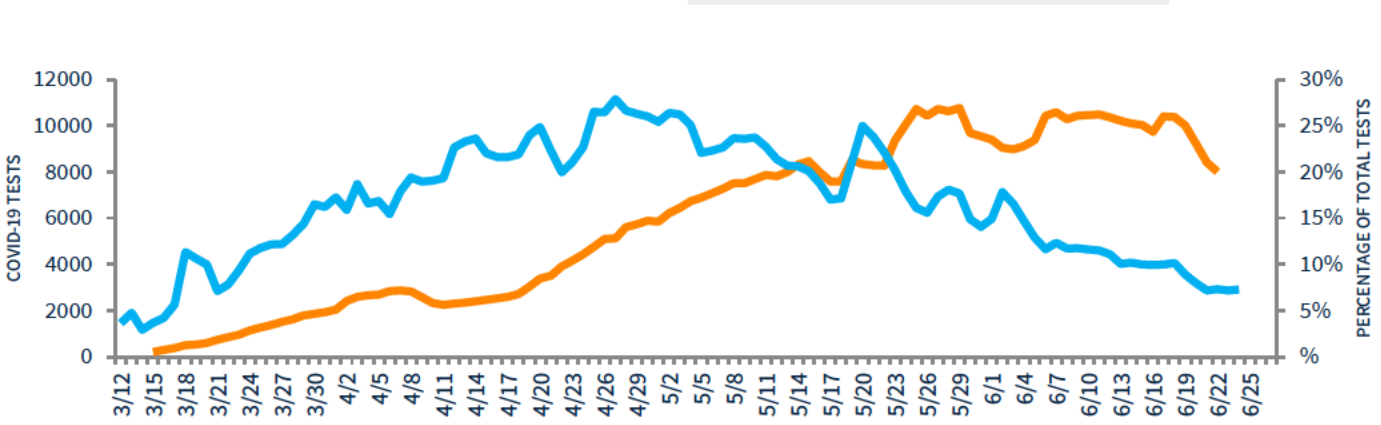
POPULATION DENSITY	622 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.3%

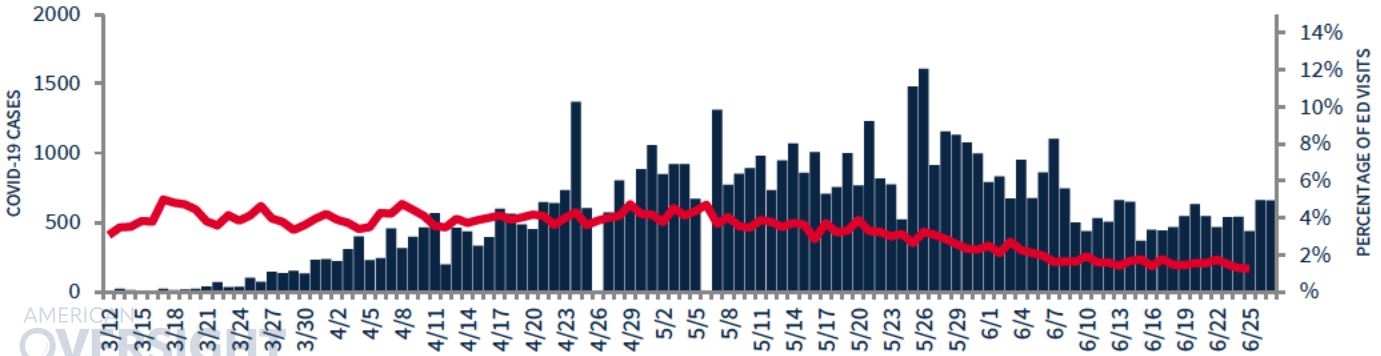
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000803
HHS_NIH-20-0496-A-000803

TRENDS IN VIRGINIA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	7.3%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	94 (weekly avg.)
BED UTILIZATION[2]	63%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-2.7%
INCIDENCE	+8%
TESTING PER 100K / DAY	-24
BED UTILIZATION	-2%

RISK FACTORS

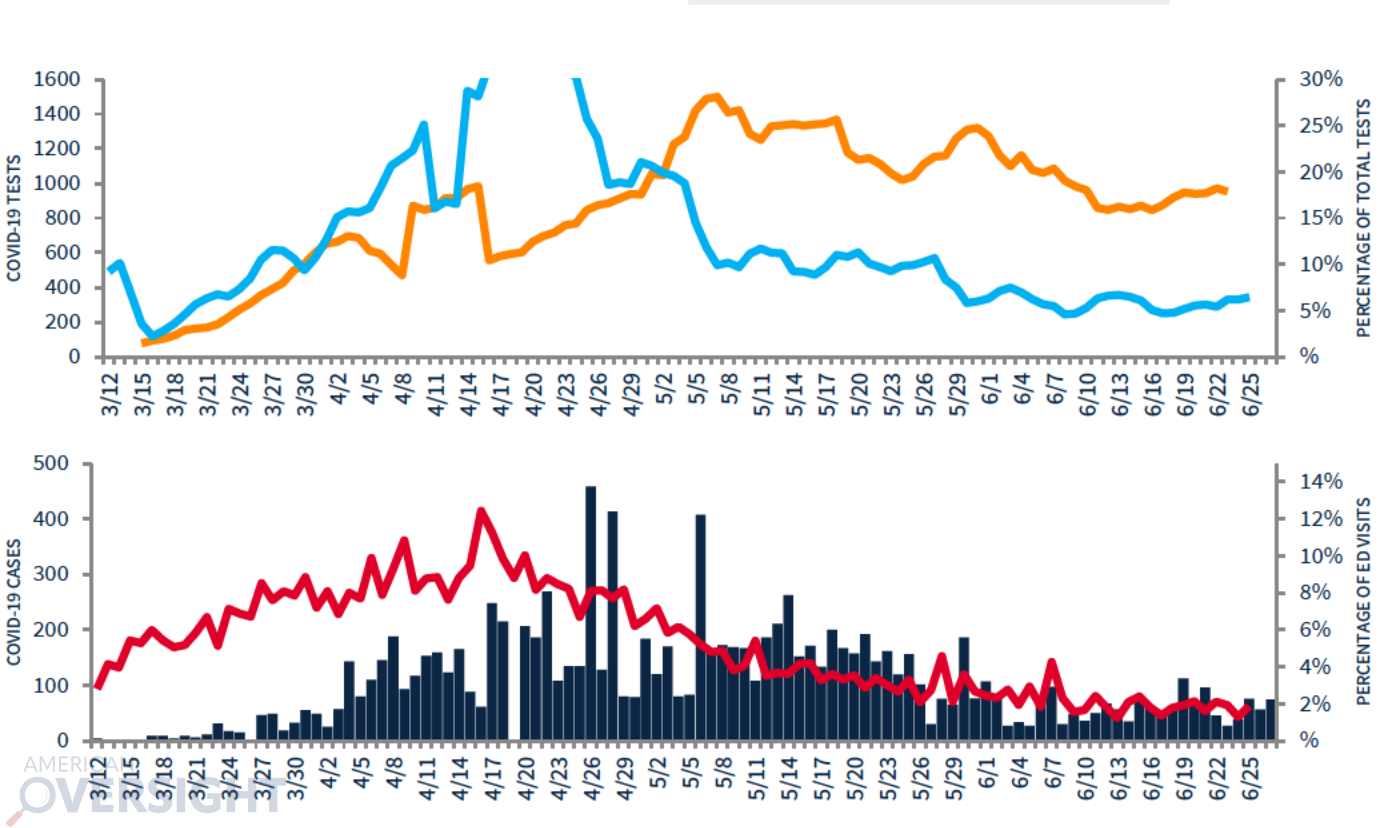
POPULATION DENSITY	216 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.8%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000804
HHS_NIH-20-0496-A-000804

TRENDS IN DELAWARE



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.4%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	100 (weekly avg.)
BED UTILIZATION[2]	65%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.7%
INCIDENCE	-8%
TESTING PER 100K / DAY	+10
BED UTILIZATION	-2%

RISK FACTORS

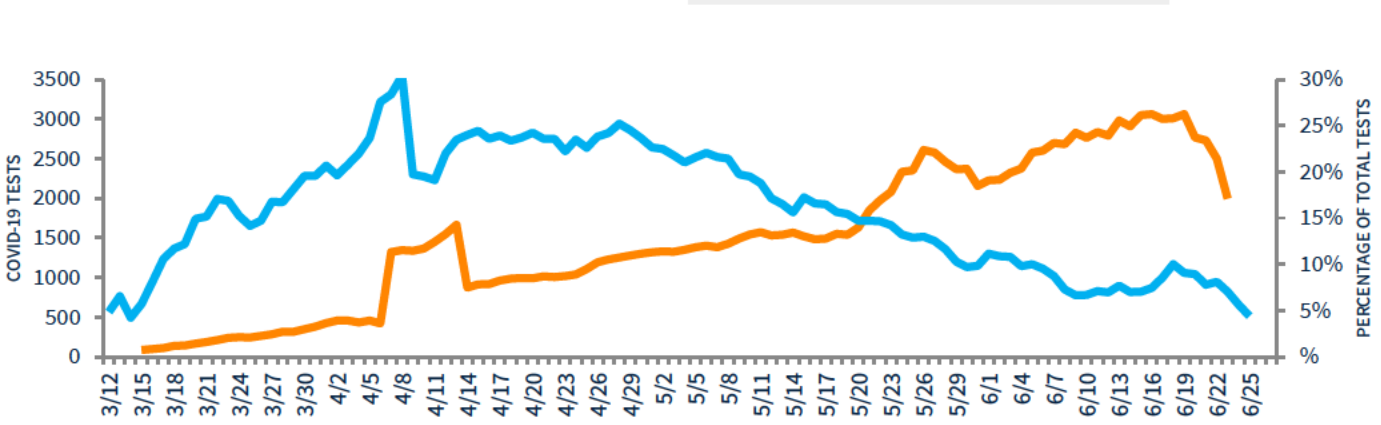
POPULATION DENSITY	496 per sq mi
% OVER 60	26%
CRUDE CVD PREVALENCE	4.2%

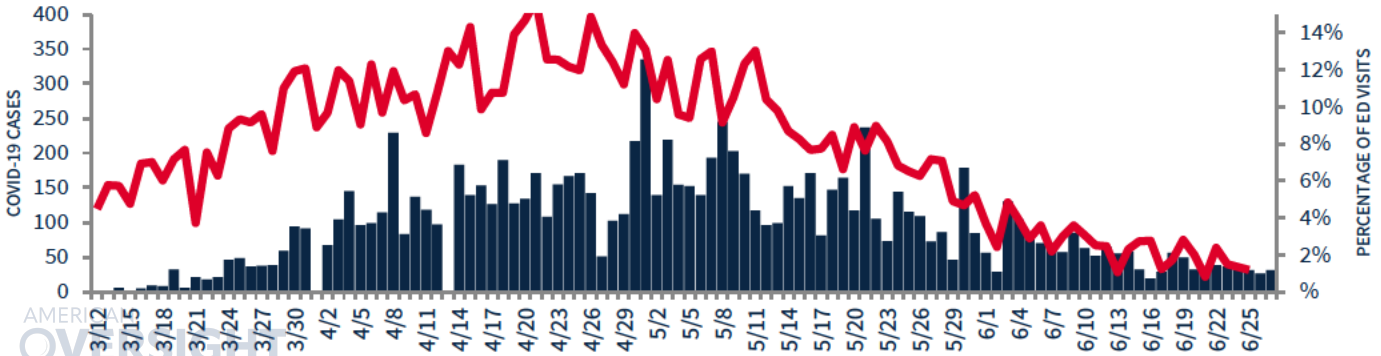
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000805
HHS_NIH-20-0496-A-000805

TRENDS IN DISTRICT OF COLUMBIA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.4%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	356 (weekly avg.)
BED UTILIZATION[2]	70%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-5.6%
INCIDENCE	-16%
TESTING PER 100K / DAY	-78
BED UTILIZATION	-2%

RISK FACTORS

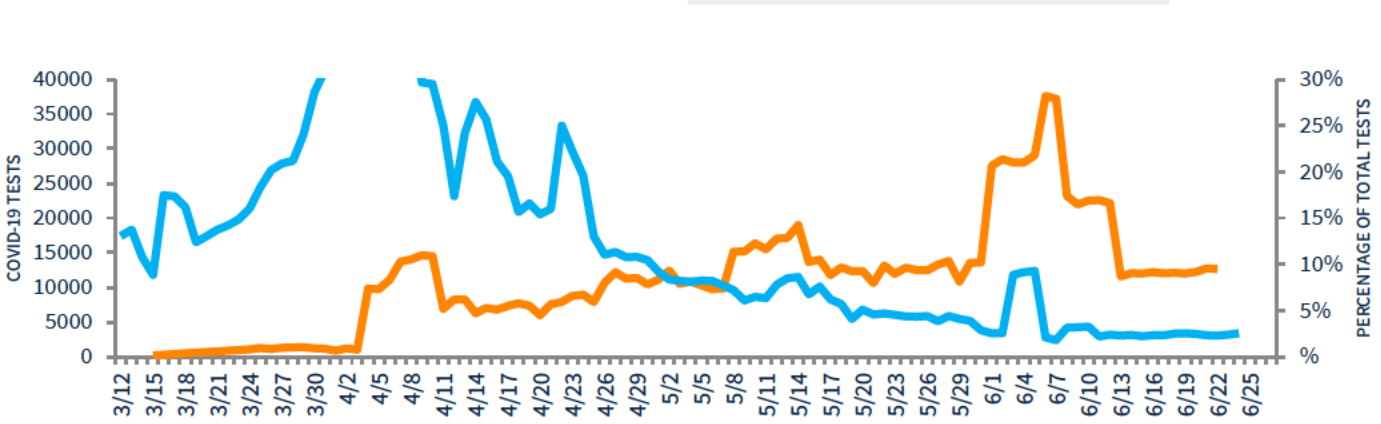
POPULATION DENSITY	11490 per sq mi
% OVER 60	17%
CRUDE CVD PREVALENCE	1.9%

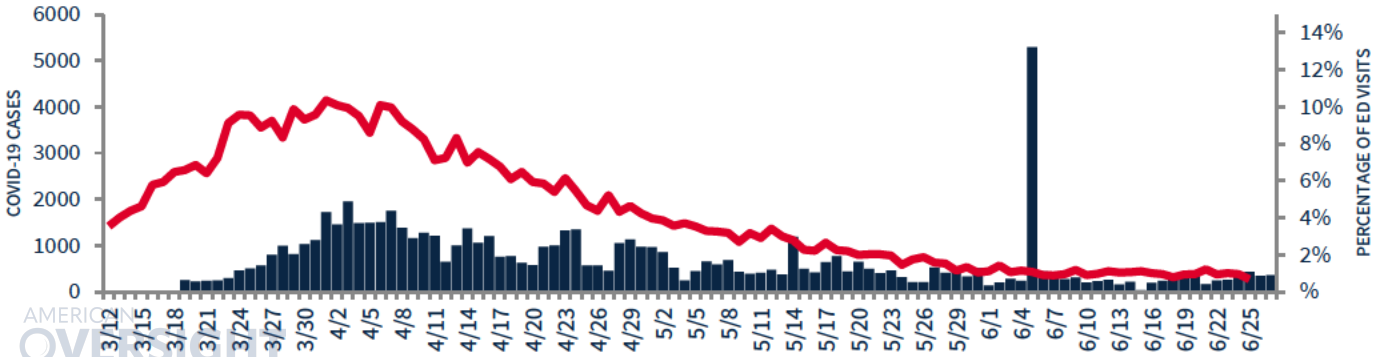
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000806
HHS-NIH-20-0496-A-000806

TRENDS IN MICHIGAN





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 3 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	2.5%
NEW CASES PER 100K / DAY	3 (weekly avg.)
TESTING PER 100K / DAY	126 (weekly avg.)
BED UTILIZATION[2]	62%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.2%
INCIDENCE	+27%
TESTING PER 100K / DAY	+6
BED UTILIZATION	-3%

RISK FACTORS

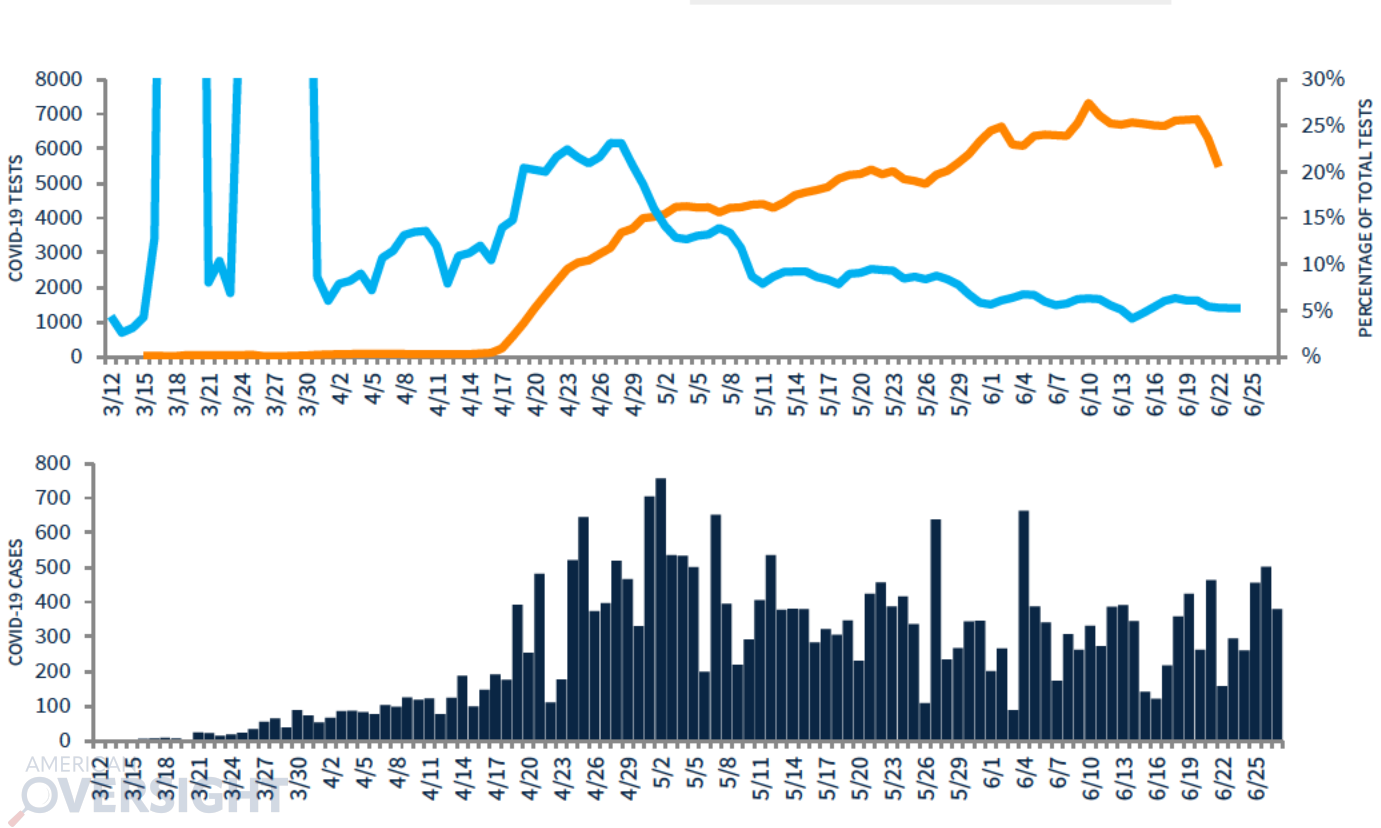
POPULATION DENSITY	177 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	5.2%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000807
HHS-NIH-20-0496-A-000807

TRENDS IN IOWA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.3%
NEW CASES PER 100K / DAY	11 (weekly avg.)
TESTING PER 100K / DAY	174 (weekly avg.)
BED UTILIZATION[2]	52%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.8%
INCIDENCE	+34%
TESTING PER 100K / DAY	-39
BED UTILIZATION	+11%

RISK FACTORS

POPULATION DENSITY	57 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.0%

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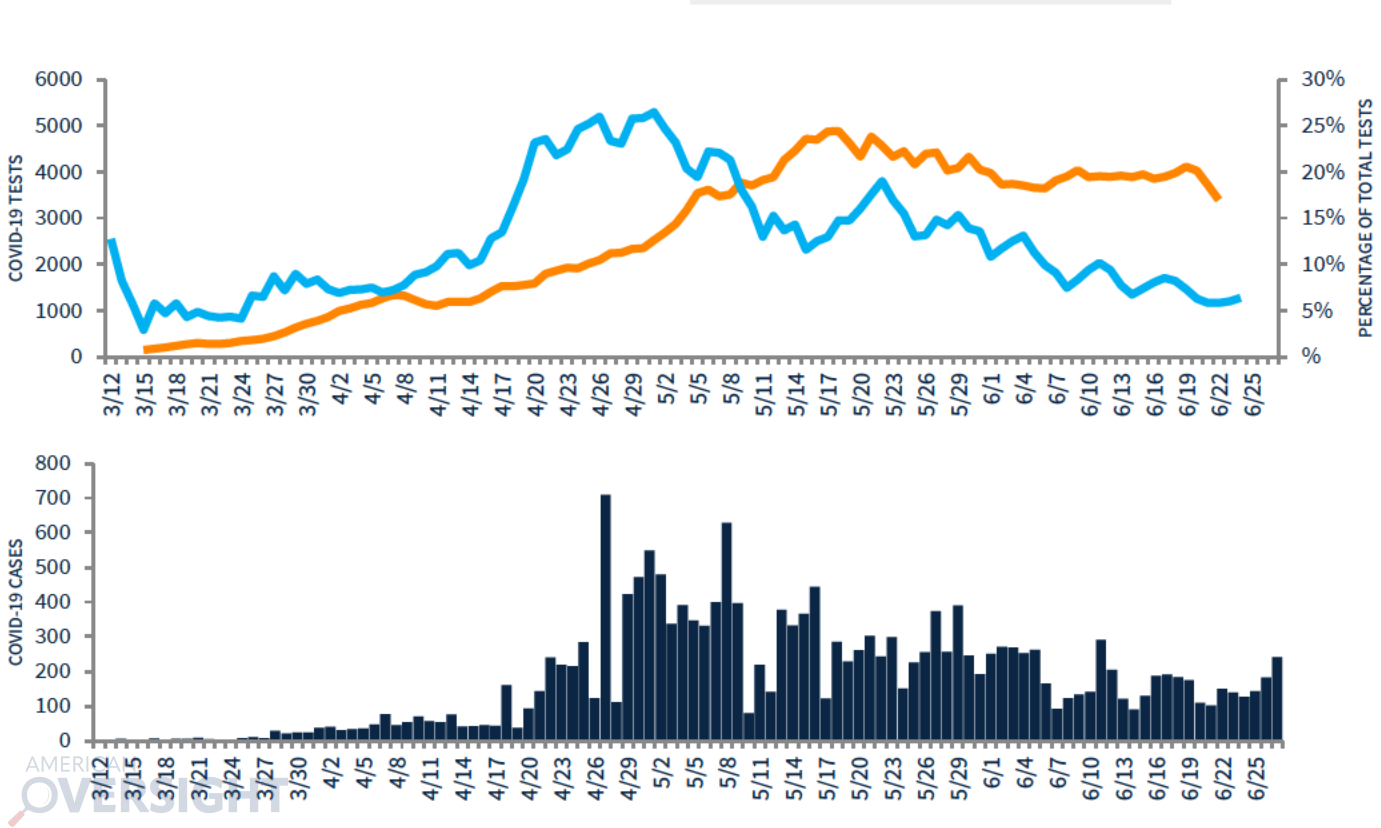
[2] Average of the last 3 days

Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000808
HHS-NIH-20-0496-A-000808

TRENDS IN NEBRASKA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.4%
NEW CASES PER 100K / DAY	8 (weekly avg.)
TESTING PER 100K / DAY	176 (weekly avg.)
BED UTILIZATION[2]	61%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-2.1%
INCIDENCE	+2%
TESTING PER 100K / DAY	-29
BED UTILIZATION	-1%

RISK FACTORS

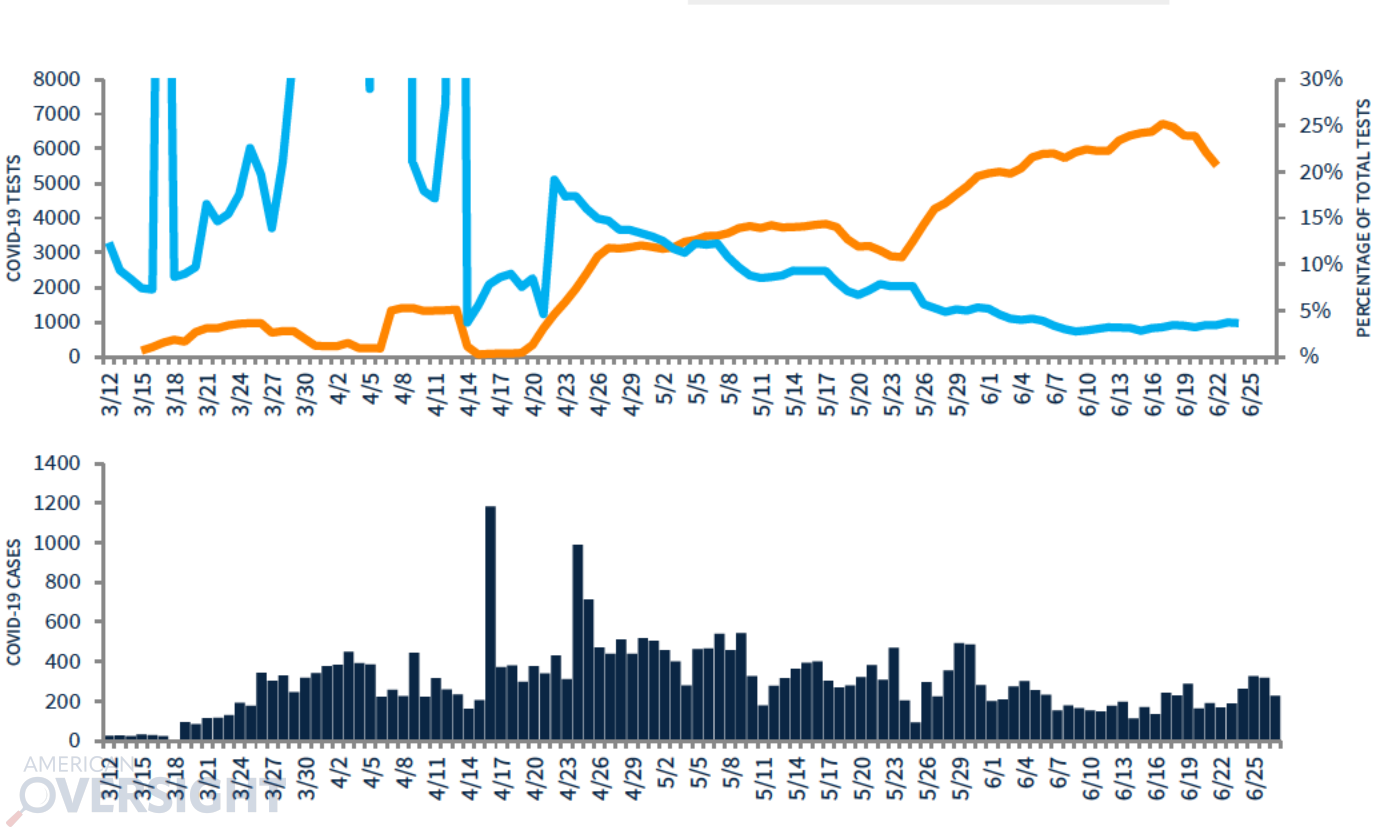
POPULATION DENSITY	25 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.8%

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Not enough CLI syndromic surveillance data to

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AMERICAN OVERSIGHT
NIH FOIA 000809
HHS-NIH-20-0496-A-000809

TRENDS IN COLORADO



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	3.6%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	97 (weekly avg.)
BED UTILIZATION[2]	49%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.4%
INCIDENCE	+26%
TESTING PER 100K / DAY	-16
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	55 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	2.7%

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[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

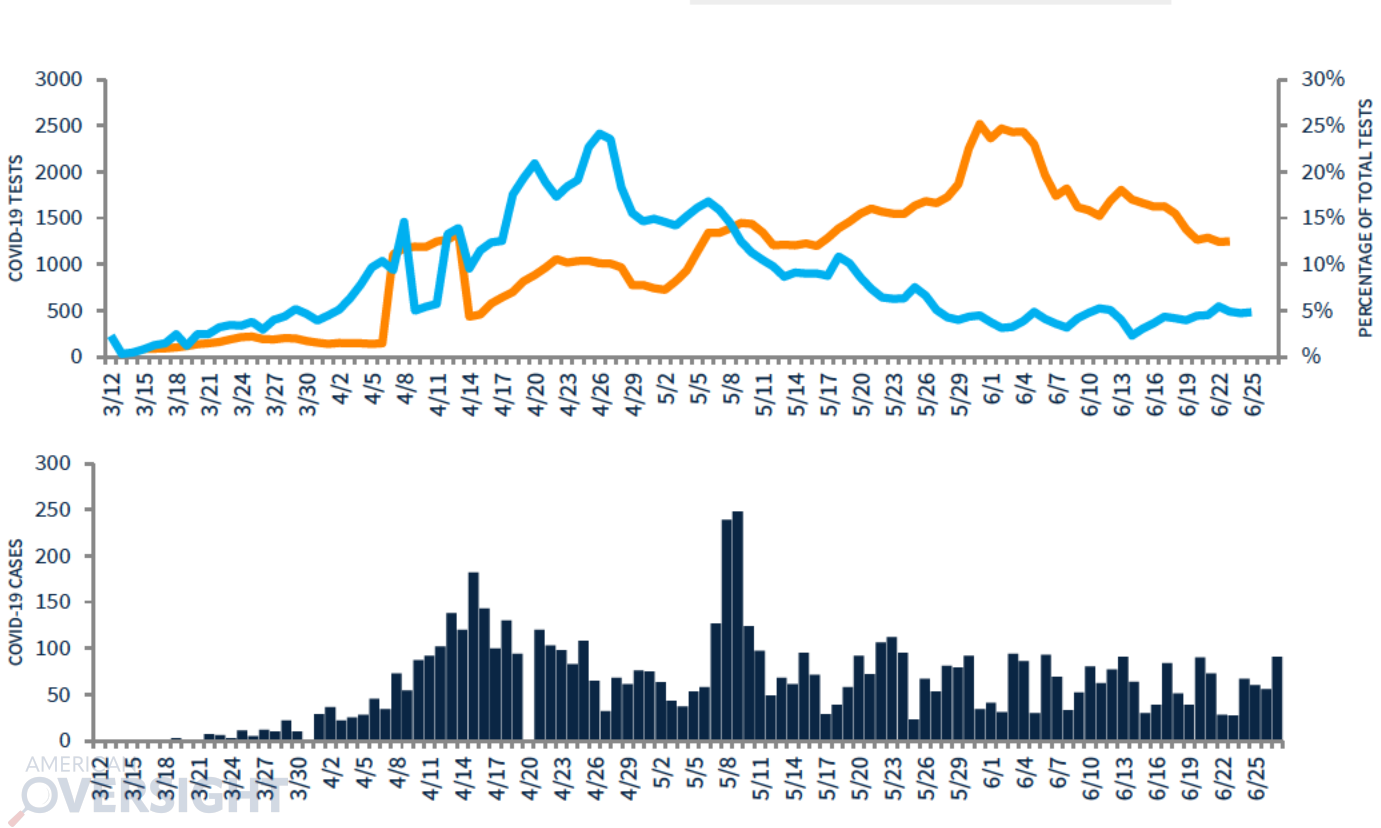
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT

NIH FOIA 000810

HHS-NIH-20-0496-A-000810

TRENDS IN SOUTH DAKOTA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.8%
NEW CASES PER 100K / DAY	7 (weekly avg.)
TESTING PER 100K / DAY	141 (weekly avg.)
BED UTILIZATION[2]	40%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.7%
INCIDENCE	+1%
TESTING PER 100K / DAY	-47
BED UTILIZATION	+3%

RISK FACTORS

POPULATION DENSITY	11 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	4.7%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

[1] Calculated over the most recent 3 days of data

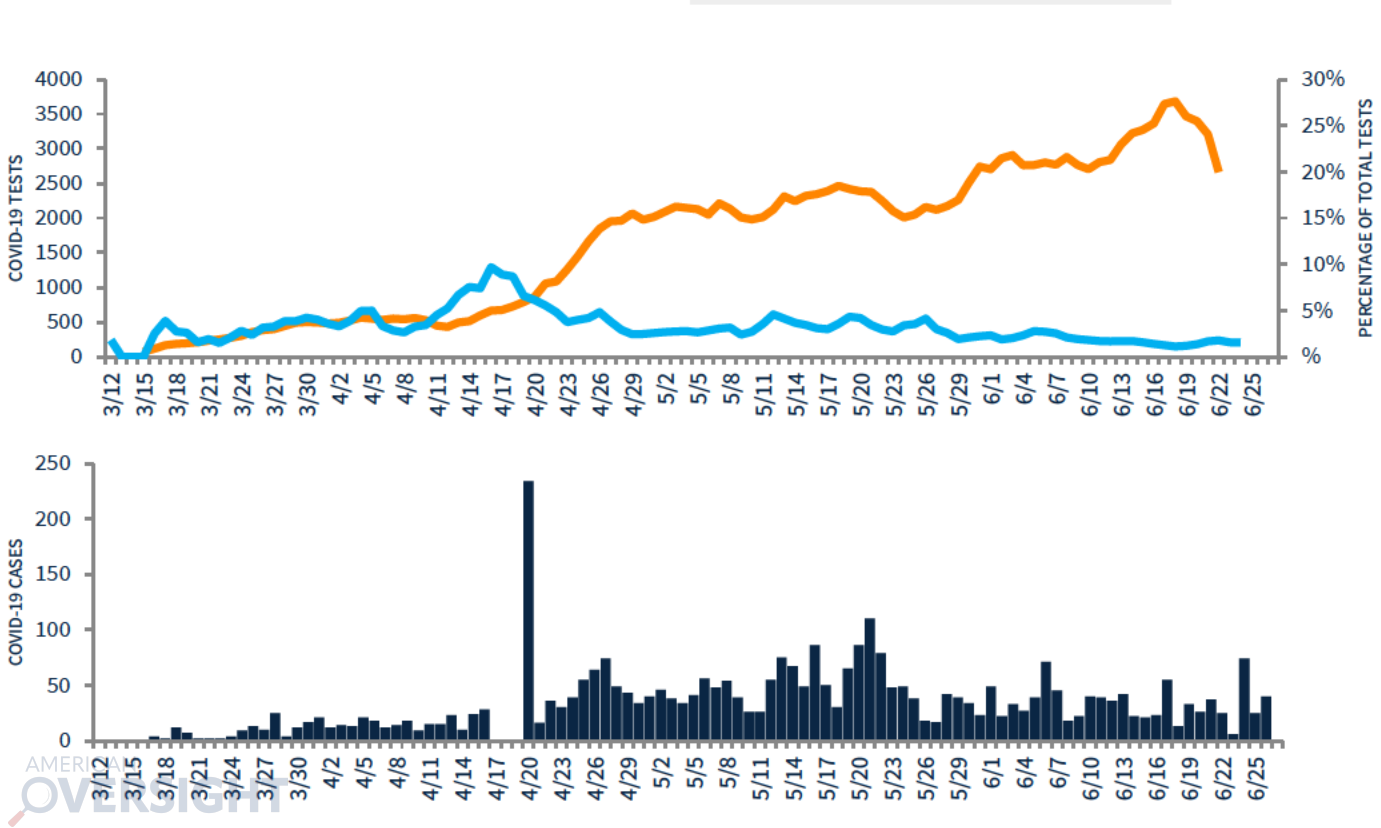
[2] Average of the last 3 days

Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 000811
HHS-NIH-20-0496-A-000811

TRENDS IN NORTH DAKOTA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	1.5%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	351 (weekly avg.)
BED UTILIZATION[2]	61%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.3%
INCIDENCE	+7%
TESTING PER 100K / DAY	-80
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	11 per sq mi
% OVER 60	21%
CRUDE CVD PREVALENCE	3.8%

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[1] Calculated over the most recent 3 days of data

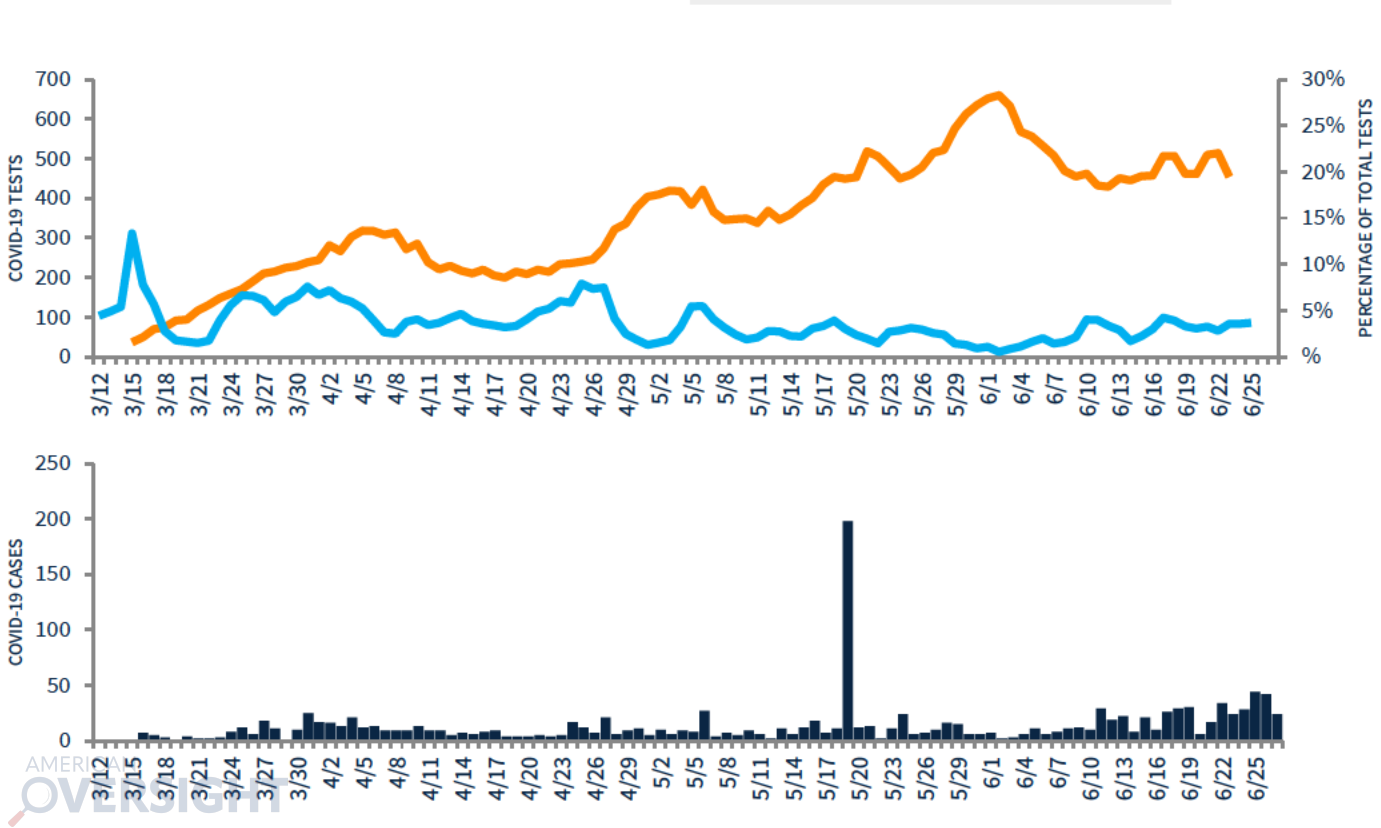
[2] Average of the last 3 days

Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000812
HHS-NIH-20-0496-A-000812

TRENDS IN WYOMING



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	3.7%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	89 (weekly avg.)
BED UTILIZATION[2]	46%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.3%
INCIDENCE	+64%
TESTING PER 100K / DAY	+10
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	6 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.7%

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[1] Calculated over the most recent 3 days of data

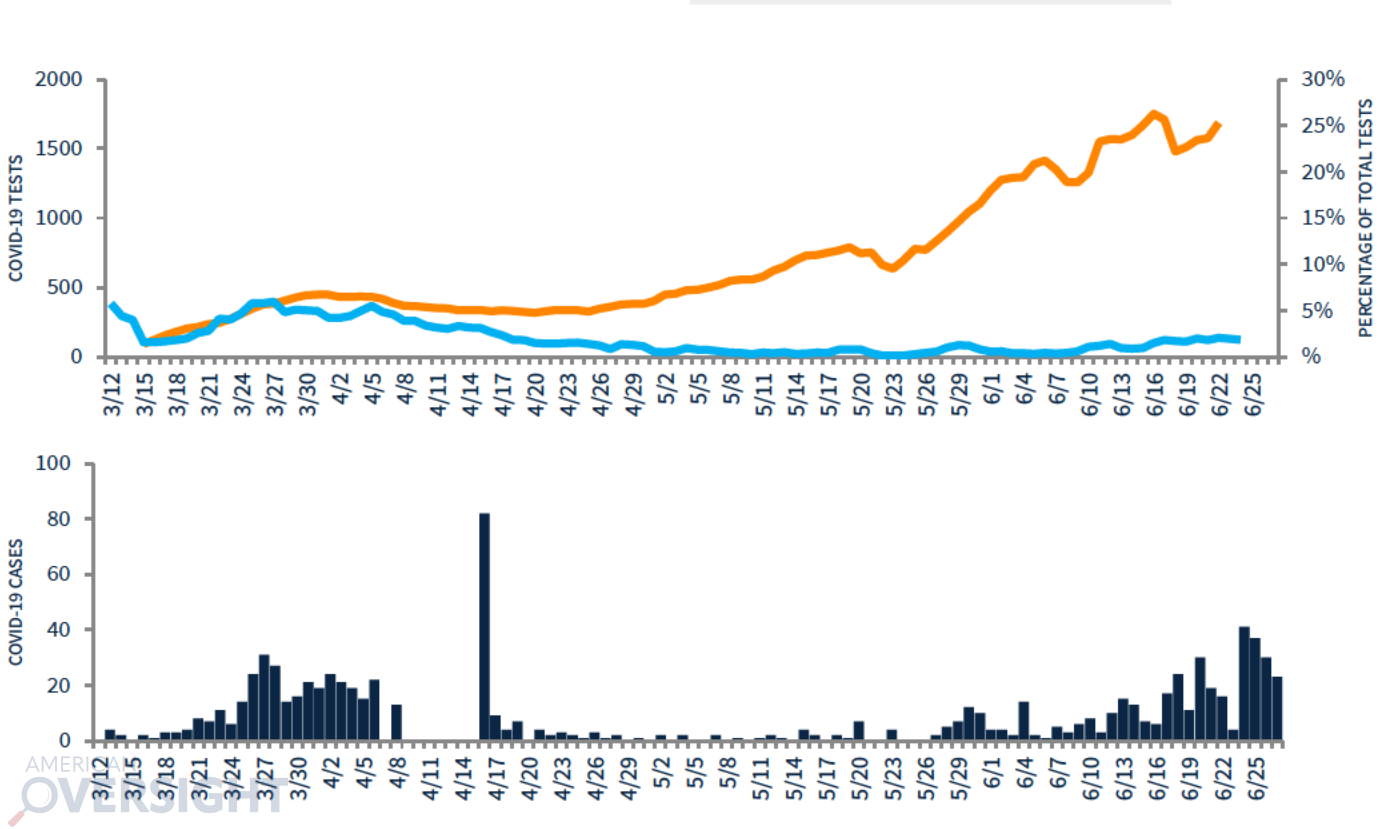
[2] Average of the last 3 days

Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 000813
HHS-NIH-20-0496-A-000813

TRENDS IN MONTANA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	1.8%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	159 (weekly avg.)
BED UTILIZATION[2]	61%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.0%
INCIDENCE	+57%
TESTING PER 100K / DAY	+2
BED UTILIZATION	+4%

RISK FACTORS

POPULATION DENSITY	7 per sq mi
% OVER 60	26%
CRUDE CVD PREVALENCE	3.1%

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[1] Calculated over the most recent 3 days of data

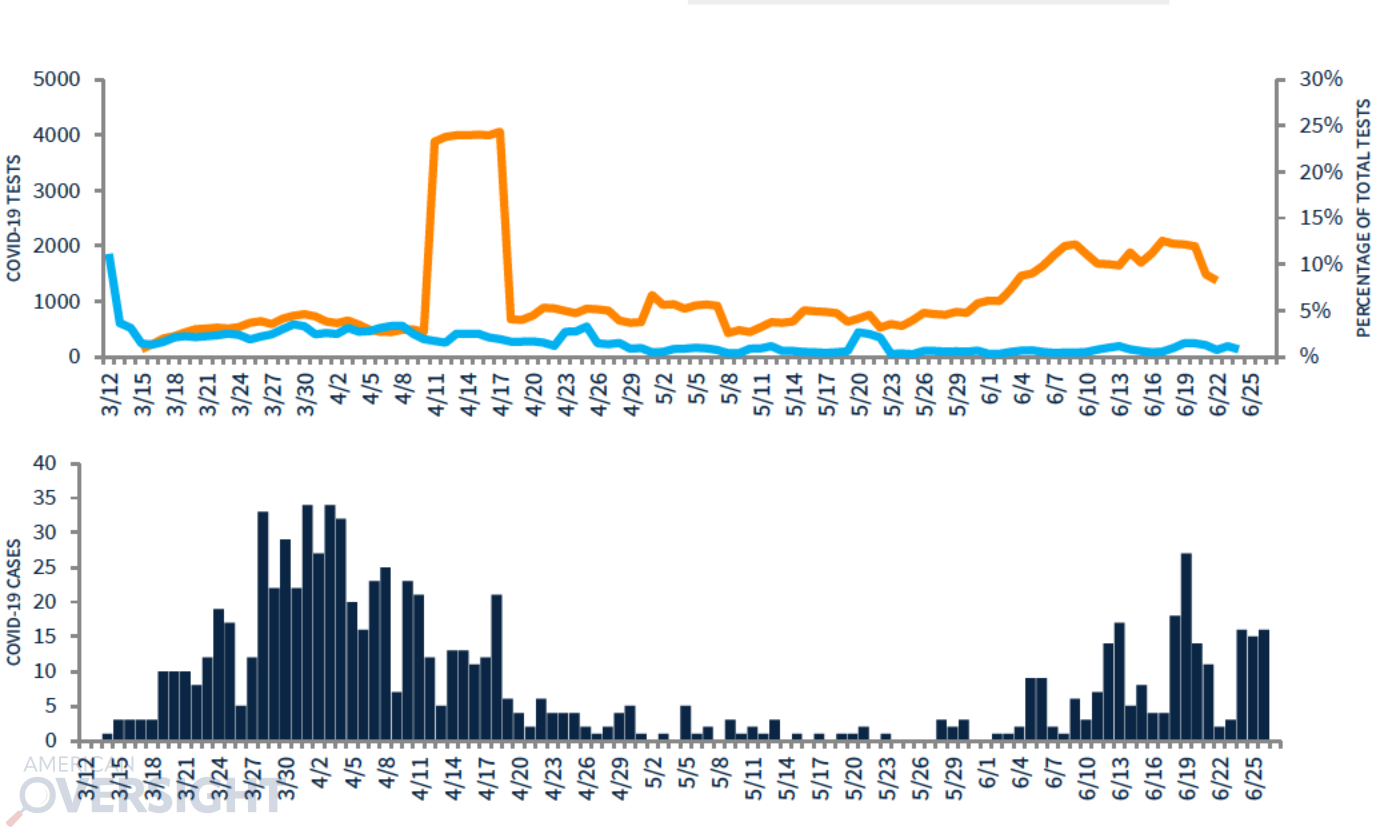
[2] Average of the last 3 days

Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICA OVERSIGHT
NIH FOIA 000814
HHS-NIH-20-0496-A-000814

TRENDS IN HAWAII



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	0.8%
NEW CASES PER 100K / DAY	1 (weekly avg.)
TESTING PER 100K / DAY	96 (weekly avg.)
BED UTILIZATION[2]	49%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.2%
INCIDENCE	-34%
TESTING PER 100K / DAY	-23
BED UTILIZATION	Unknown

RISK FACTORS

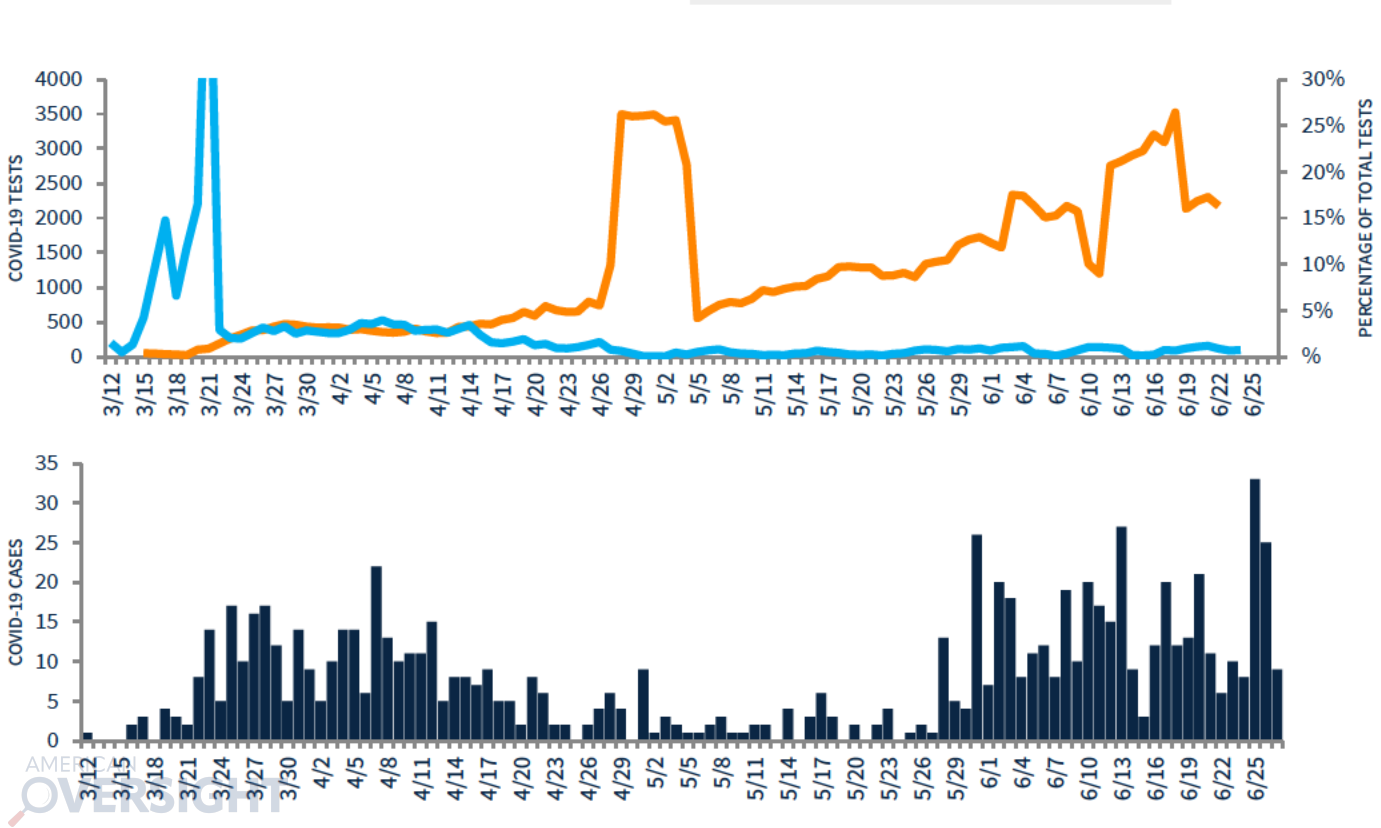
POPULATION DENSITY	221 per sq mi
% OVER 60	25%
CRUDE CVD PREVALENCE	2.5%

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[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICA OVERSIGHT
NIH FOIA 000815
HHS-NIH-20-0496-A-000815

TRENDS IN ALASKA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	0.7%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	292 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.0%
INCIDENCE	+13%
TESTING PER 100K / DAY	-107
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	1 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	2.8%

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Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICA'S OVERSIGHT
NIH FOIA 000816
HHS-NIH-20-0496-A-000816

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Tue, 30 Jun 2020 11:02:51 -0500
To:
Subject: RE: WH Coronavirus Task Force PowerPoint 6.30.20
Attachments: WH Coronavirus TF PowerPoint 6.30.pptx

With the attachment this time – apologies.

From: Hurst, Natalie R. EOP/OVP
Sent: Tuesday, June 30, 2020 11:51 AM
Subject: WH Coronavirus Task Force PowerPoint 6.30.20

Good morning,

Please see Dr. Birx's PowerPoint for today – **Tuesday, June 30th** – attached.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

30 June 2020 Data Summary

- Increasing cases week over week with increased hospitalizations in AZ, TX, FL, SC, GA –hit historic high in new cases last week, substantial acceleration of cases in LA, Phoenix, Houston, Dallas, Miami, Jacksonville : the current rate of doubling is equal to NYC and could reach over 100,000 daily new cases in less than 10 day (50% of cases coming from CA, TX, FL, AZ)
- Also concerning are the new rising cases in WI, OH, LA, OK, MS, GA, AR, KY, MI, IL
- Hospitalization rising and increasing request for additional staff
- Deaths stable from last week and deaths could rise next week without aggressive action in laser focused metros and countries
- Without immediate action daily mortality could reach over 2000/day with 200,000 deaths by mid-August – we would surpass 300,000 before Nov
- **Uniform use of masks in all metros with rapid increase in cases could decrease new cases by 50% and mortality by 60%**
- States with more than 1000 cases 26 June **CA, TX, FL, AZ, NC, SC, GA, MS, OH, TN – FL, AZ, TX and CA with the steepest increase and increasing % + : New ALERT for GA, OH, TN, SC (rising cases, >1000 cases/day and >10%)**
- **12 states with rising cases and percent positive cases : most concerning are CA, TX, FL, SC, AZ – with early alerts for WA, AR, WI, UT, MS, NV, IA, OH, MI (WY, MT, ID – meet criteria but small numbers of cases)**
- **28 states with rising cases or rising test positive rate, 10 states stable**
- **158 USA counties with significant increasing cases triggering the emerging county alert**
- States with greater than 10% test positives (7-day average): **TX, AZ, FL, MS, SC, AL, GA : TX and AZ now at 18%**
- Metros with greater than 10% positives (7-day average)many approaching 20%: **Austin, Houston, Dallas, Phoenix, San Antonio, Miami, Orlando, Tampa, Las Vegas, Riverside, Atlanta,, Nashville, Charleston, Charlotte**
- Actions to avoid further shutdowns starting to accelerate across the country and deeply effecting the economy:
  - In every county and metro with increase cases and increasing percent positive need to intensify community testing and with isolation of positives and messages of testing in all multigenerational households
  - Aggressive outreach and partnership with local community groups and NGOs to expand testing, importance of knowing your status and protecting yourself and others in your community
  - Intensify testing of nursing home employees and agricultural workers and the communities surrounding them to enhance protection of the vulnerable and stop community spread : must mandate weekly testing of LTCF staff weekly in all areas with rising cases
  - Increase large community screening with pooled tests in counties with rising numbers by creating and validating pool testing, increase county specific testing
  - PSAs for plasma collection to ensure increases availability at all hospitals with new cases, ensure Remdesivir available for those meeting criteria
  - **Mandate social distancing and masks in public** in exploding metros and counties as well as specifically allow only outdoor options for dining and bars
  - Mandate closing of all bars and less than <50% indoor dining in all metros with more than 250 cases/day and require mask
  - Republish guidance with increased details of protecting the vulnerable and risk assessment

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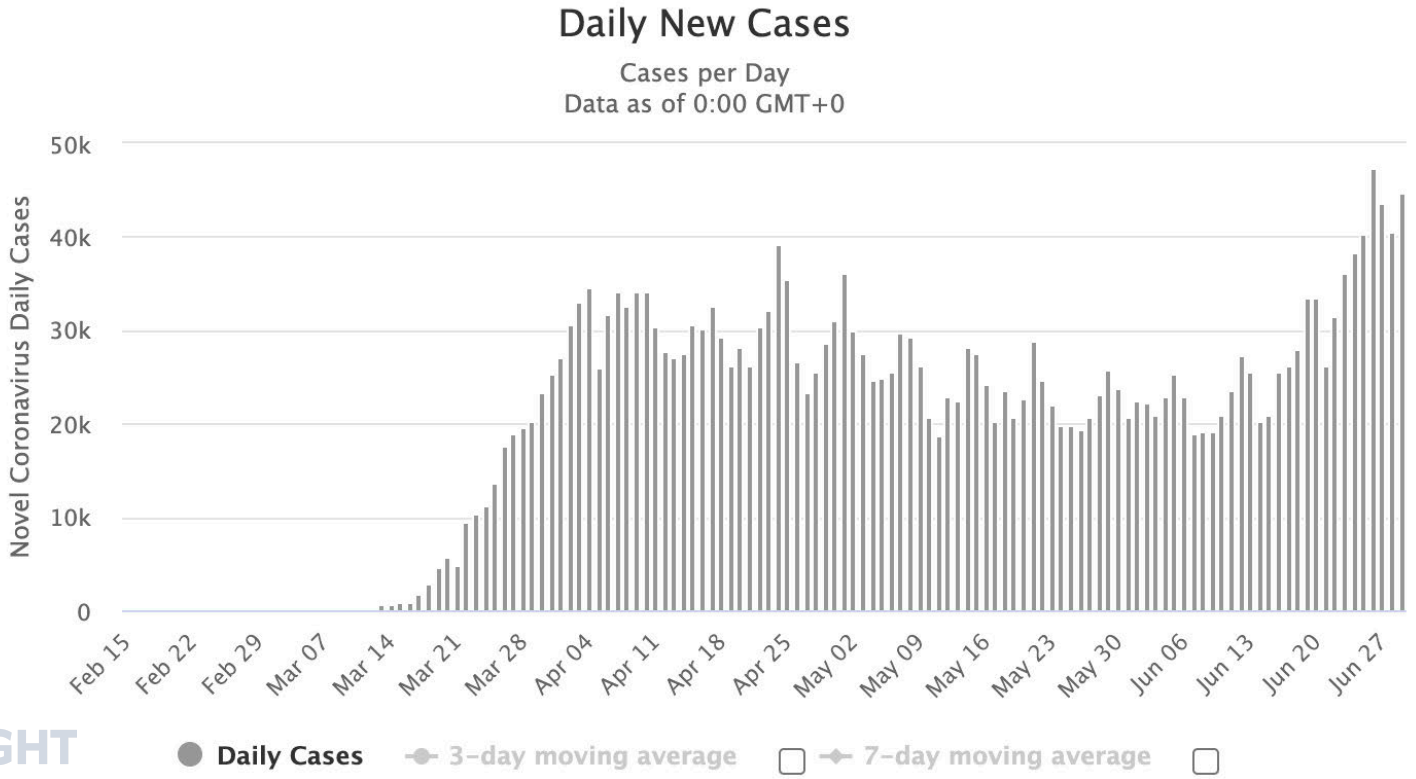
NIH FOIA 000818

HHS-NIH-20-0496-A-000818

(b) (5)

AMERICAN OVERSIGHT

Daily New Cases in the United States

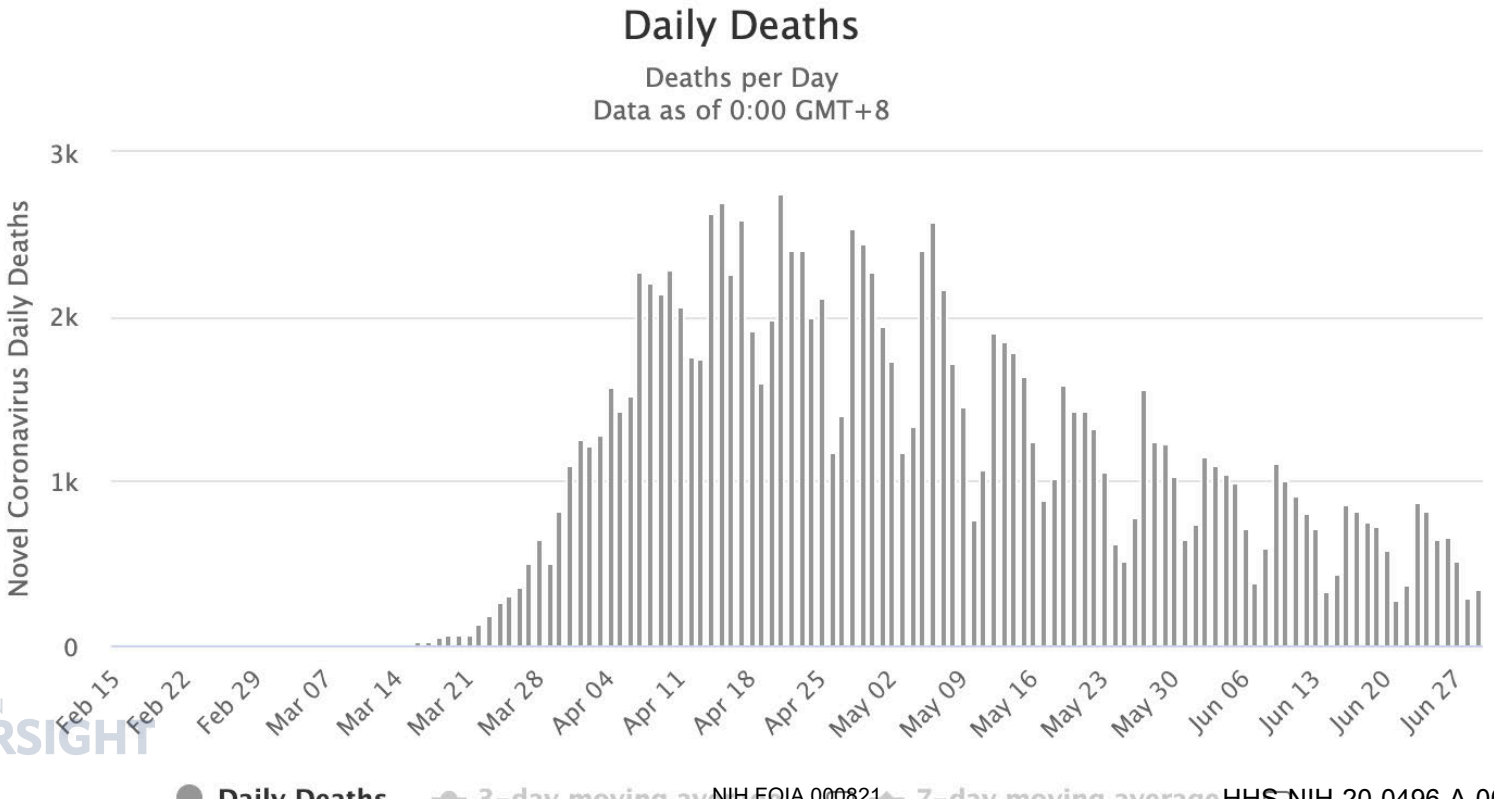


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NIH FOIA 000820

HHS-NIH-20-0496-A-000820

Daily New Deaths in the United States

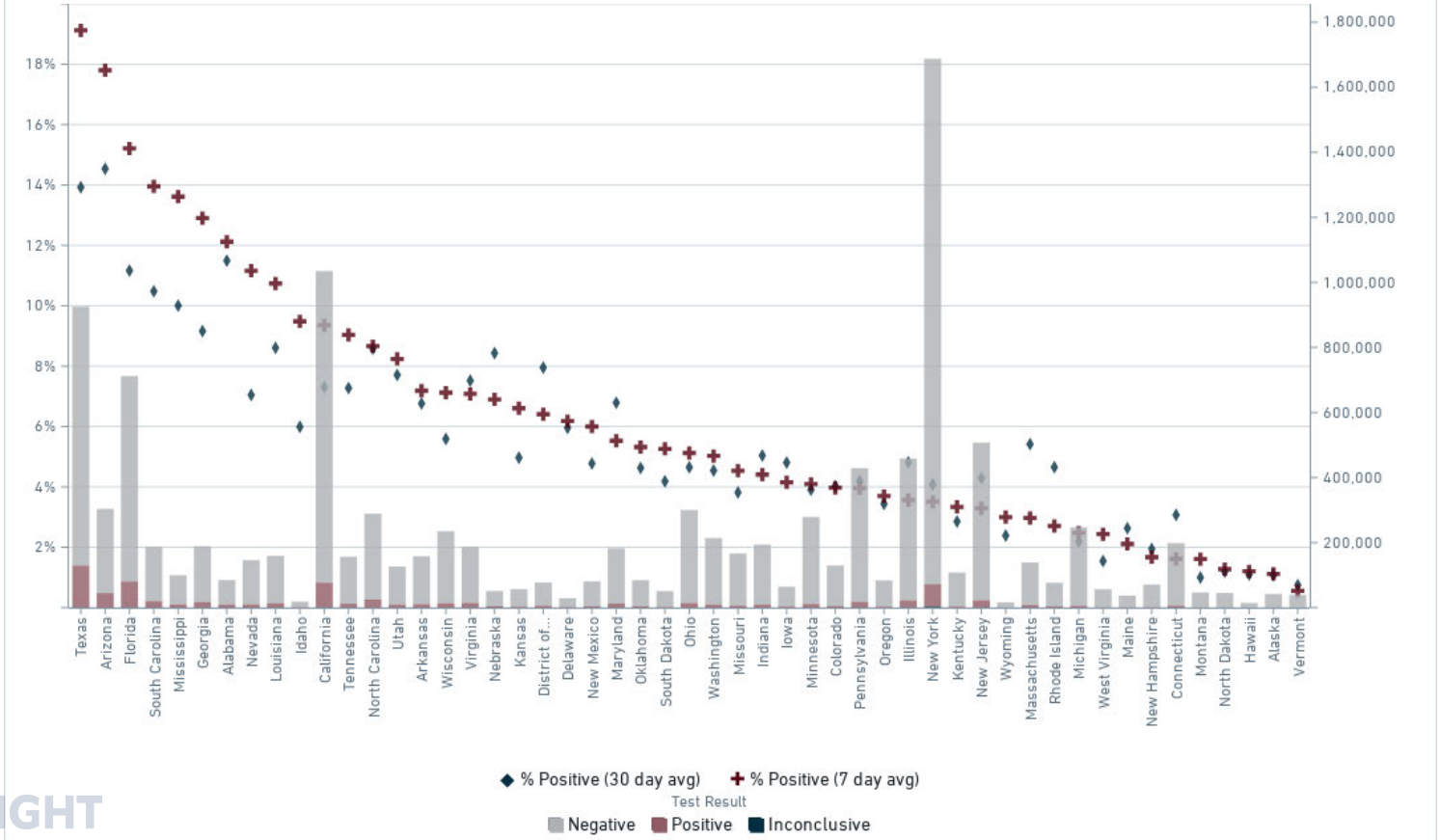


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NIH FOIA 000821

HHS-NIH-20-0496-A-000821

Positive and negative cumulative results in the last 30 days per state with % positive per state



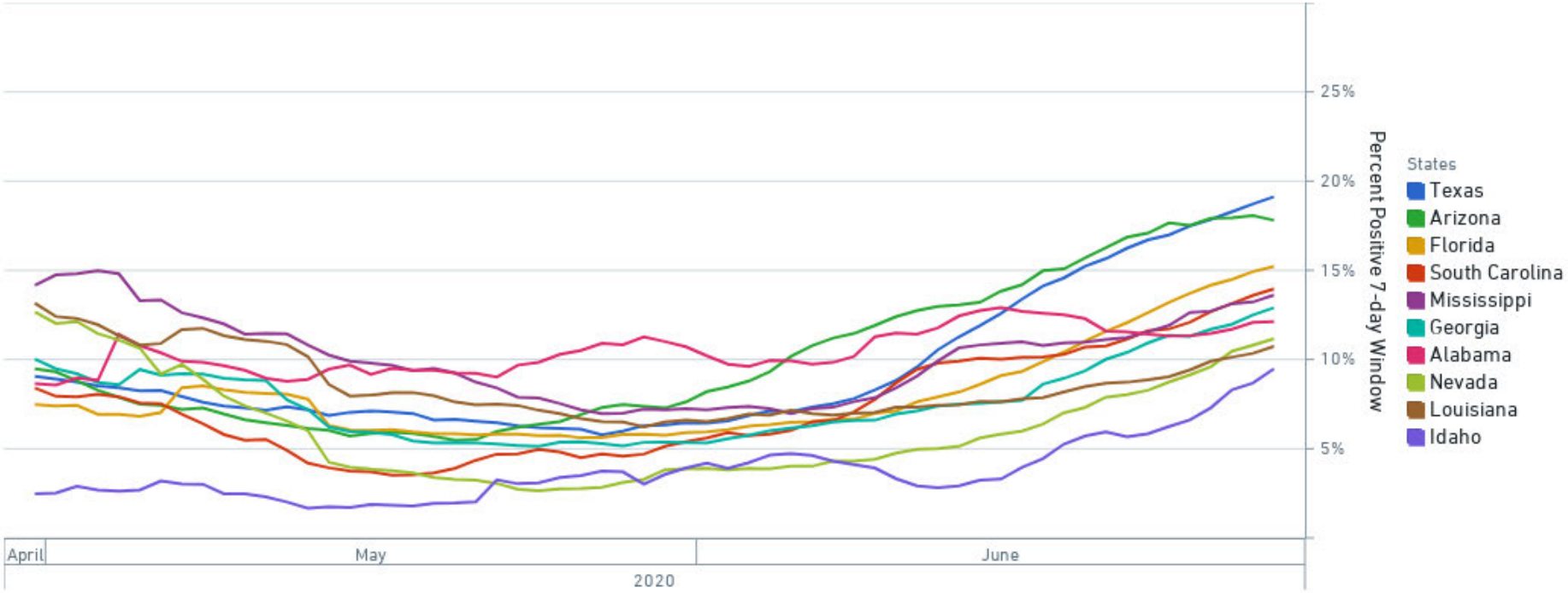
Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. This chart is sorted by the 7-day percent positive.

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NIH FOIA 000822

HHS-NIH-20-0496-A-000822

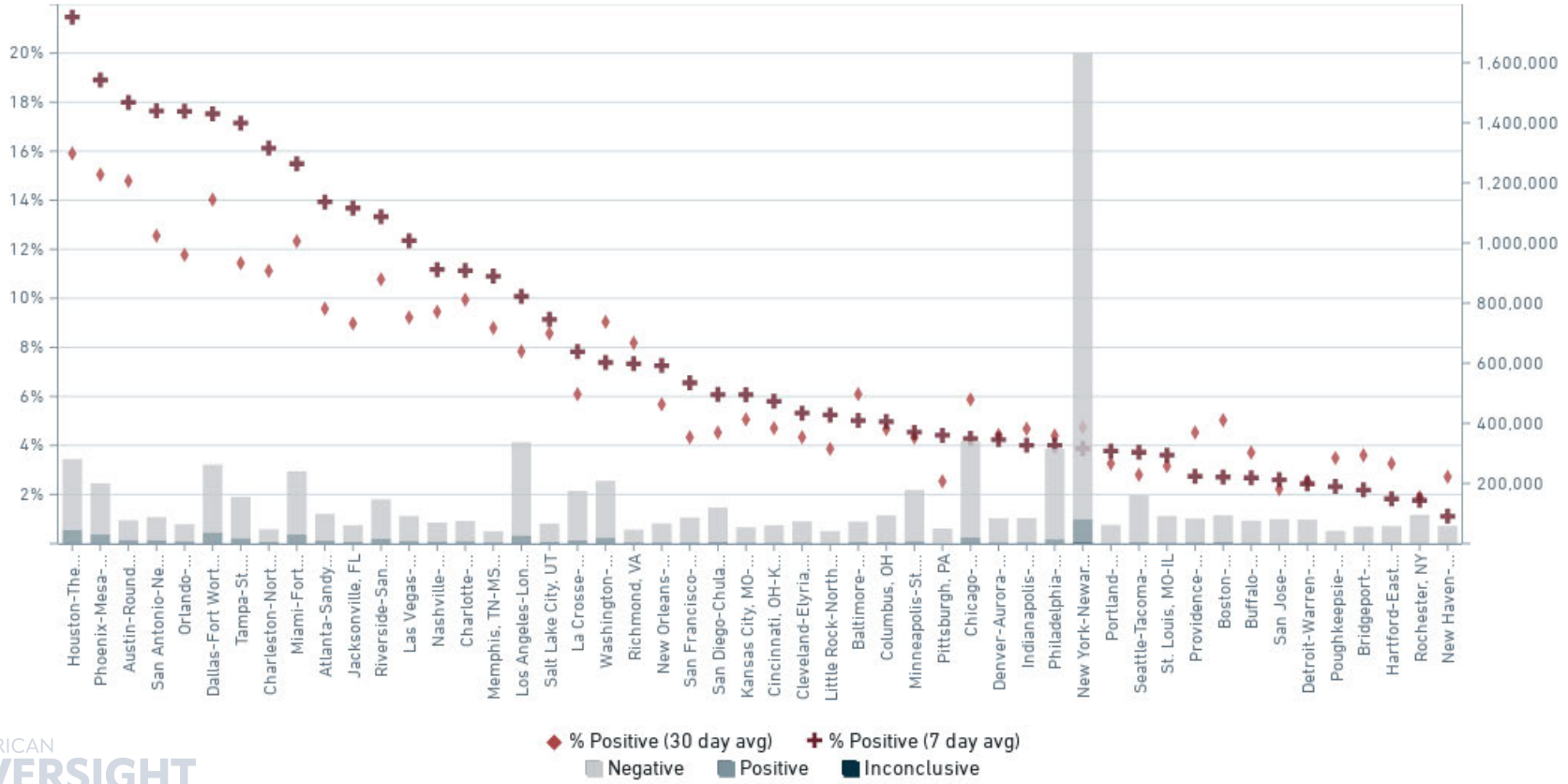
7-day Percent Positive, states 1-10



States are ranked based on the current percent positive on a 7-day window. 7-day positive percent is calculated as total positive results in trailing 7 days / total test results in trailing 7 days.

AMERICAN OVERSIGHT

Positive and negative cumulative results in the last 30 days per CBSA with % positive per CBSA



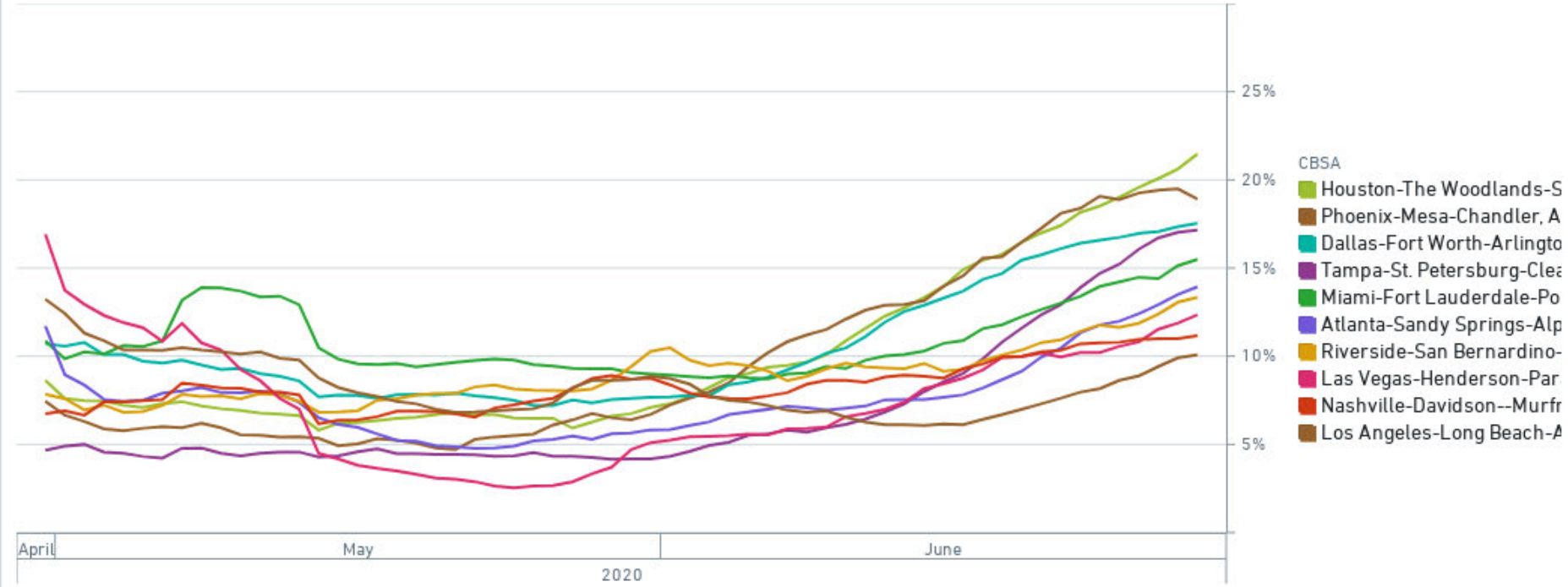
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NIH FOIA 000824

HHS-NIH-20-0496-A-000824

Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. The top 50 CBSAs were determined by ranking over the number of results reported for a given area in the last 30 days. This chart is sorted by the 7-day percent positive.

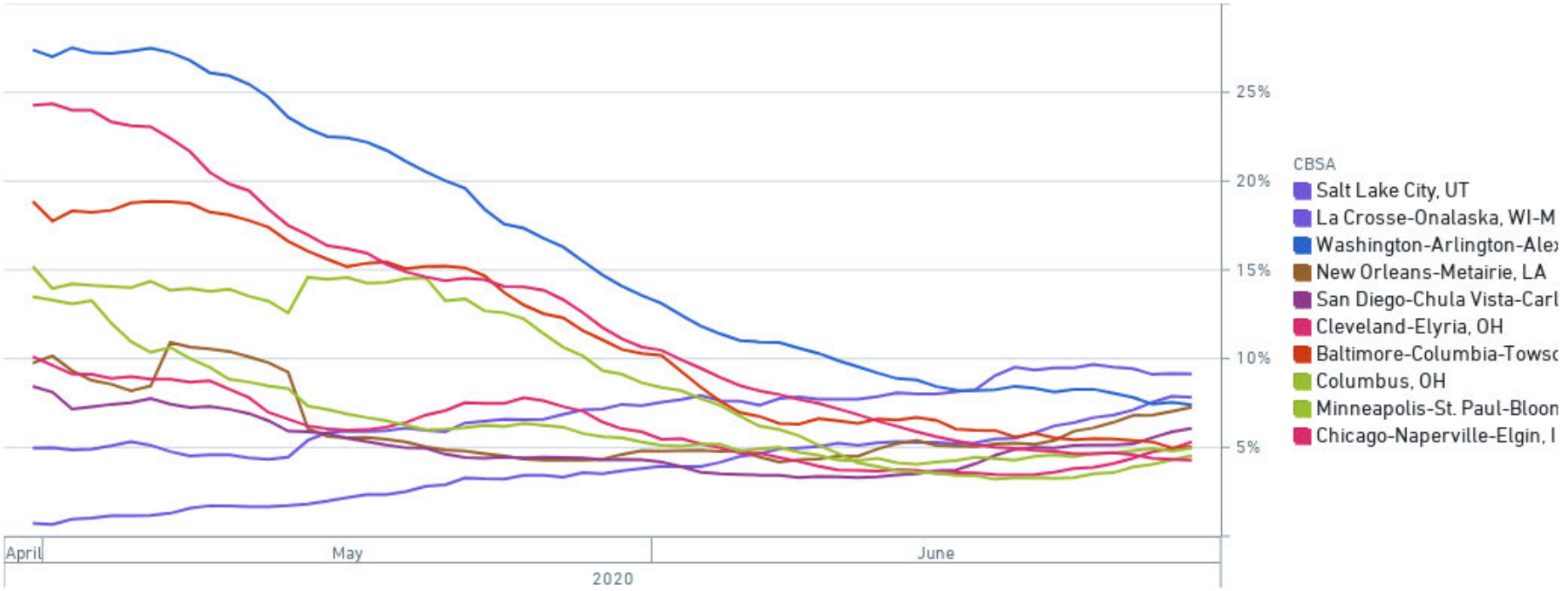
1-10 CBSAs with most results reported ranked by 7-day percent positive



CBSAs are initially filtered to include the top 30 metro areas based on number of results reported in the area, then are ranked based on the current percent positive on a 7-day window. 7-day positive percent is calculated as total positive results in trailing 7 days / total test results in trailing 7 days.

AMERICAN OVERSIGHT
NIH FOIA 000825
HHS-NIH-20-0496-A-000825

11-20 CBSAs with most results reported ranked by 7-day percent positive

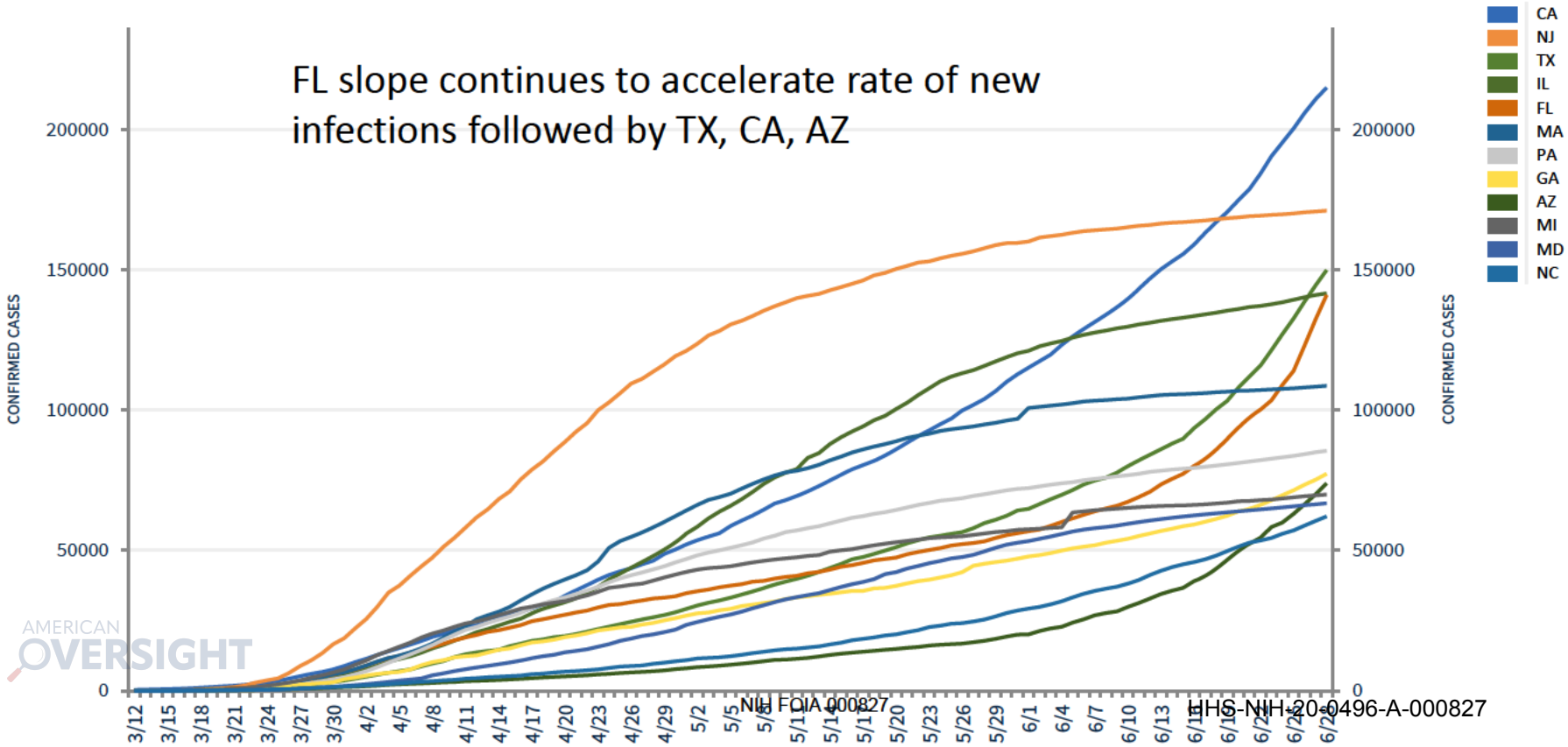


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CBSAs are initially filtered to include the top 30 metro areas based on number of results reported in the area, then are ranked based on the current percent positive on a 7-day window. 7-day positive percent is calculated as total positive results in trailing 7 days / total test results in trailing 7 days.

NIH FOIA 000826
HHS-NIH-20-0496-A-000826

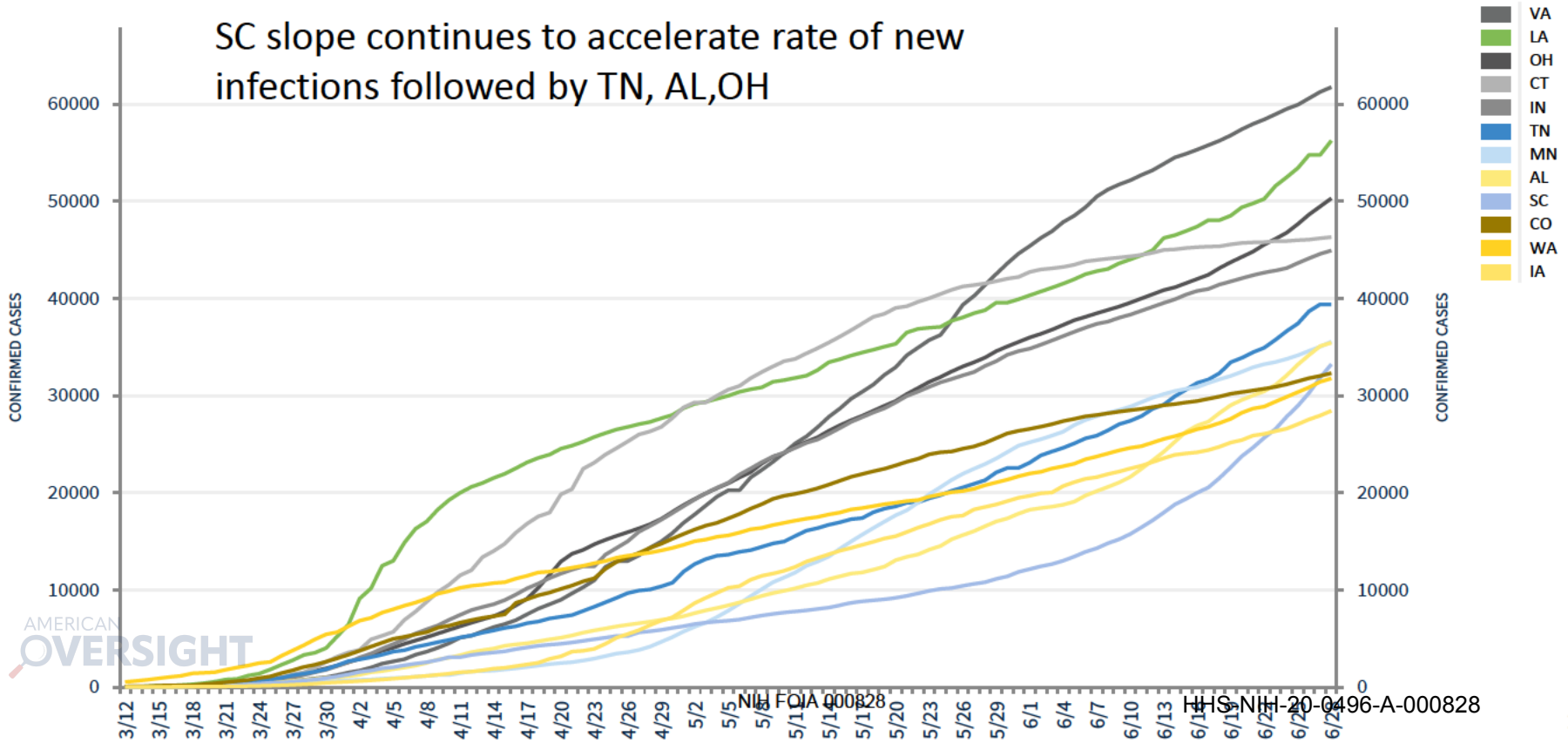
CUMULATIVE CASES: TOP STATES 1-12 WITHOUT NY



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NIH FOIA 000827 HHS-NIH-20-0496-A-000827

CUMULATIVE CASES: TOP 13-24 STATES

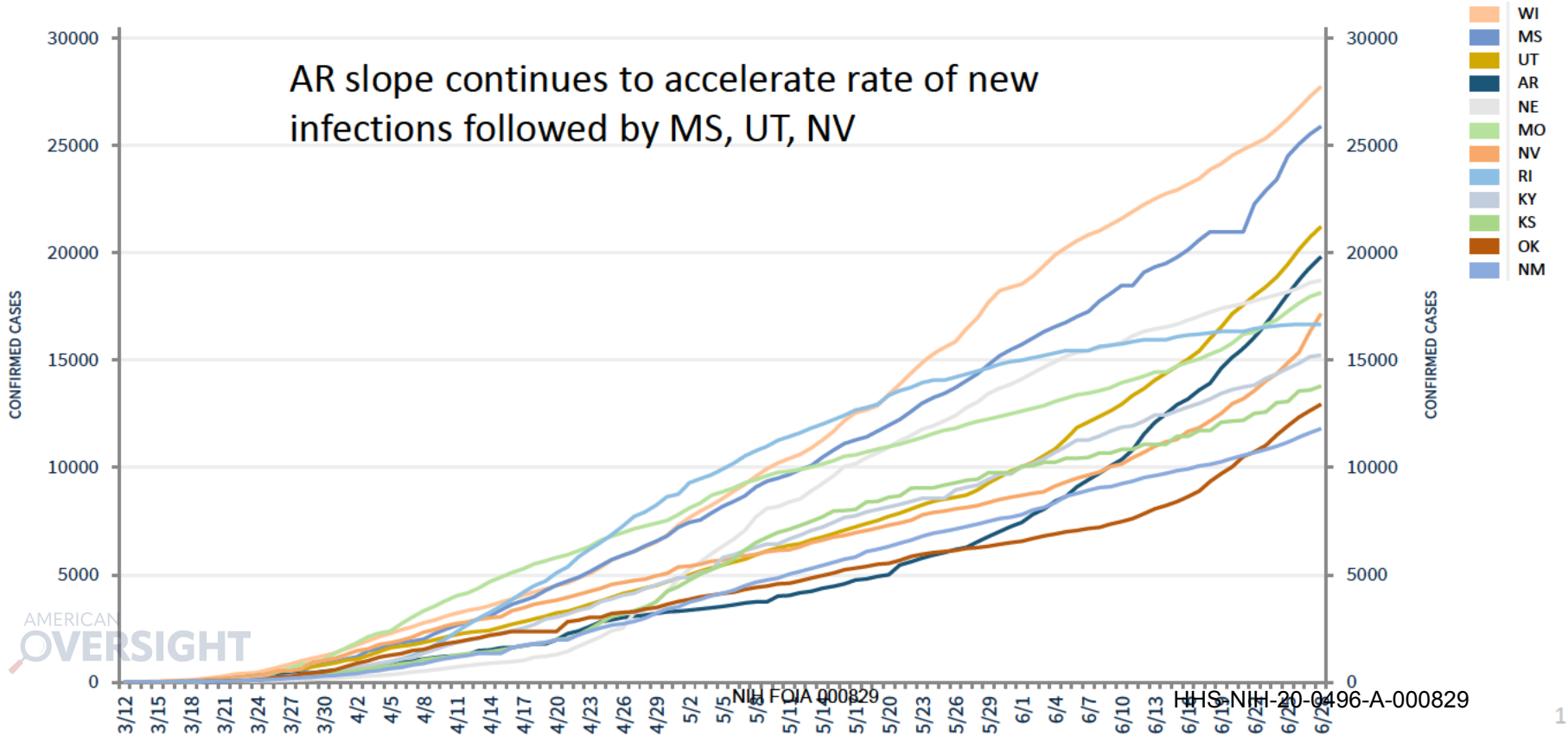


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NIH FOIA 000828

HHS-NIH-20-0496-A-000828

CUMULATIVE CASES: TOP 25-36 STATES

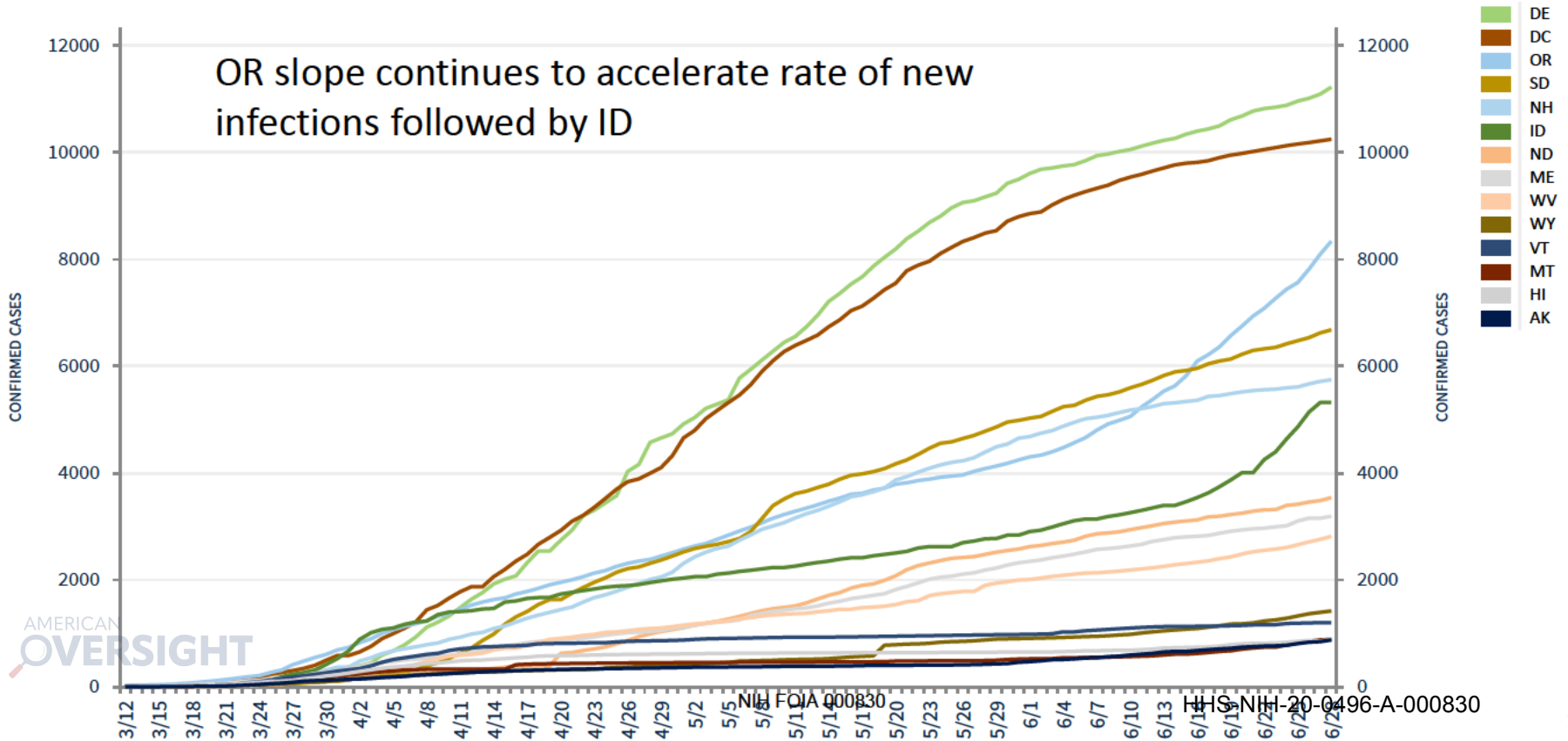


AMERICAN OVERSIGHT

NIH FOIA 000829

HHS-NIH-20-0496-A-000829

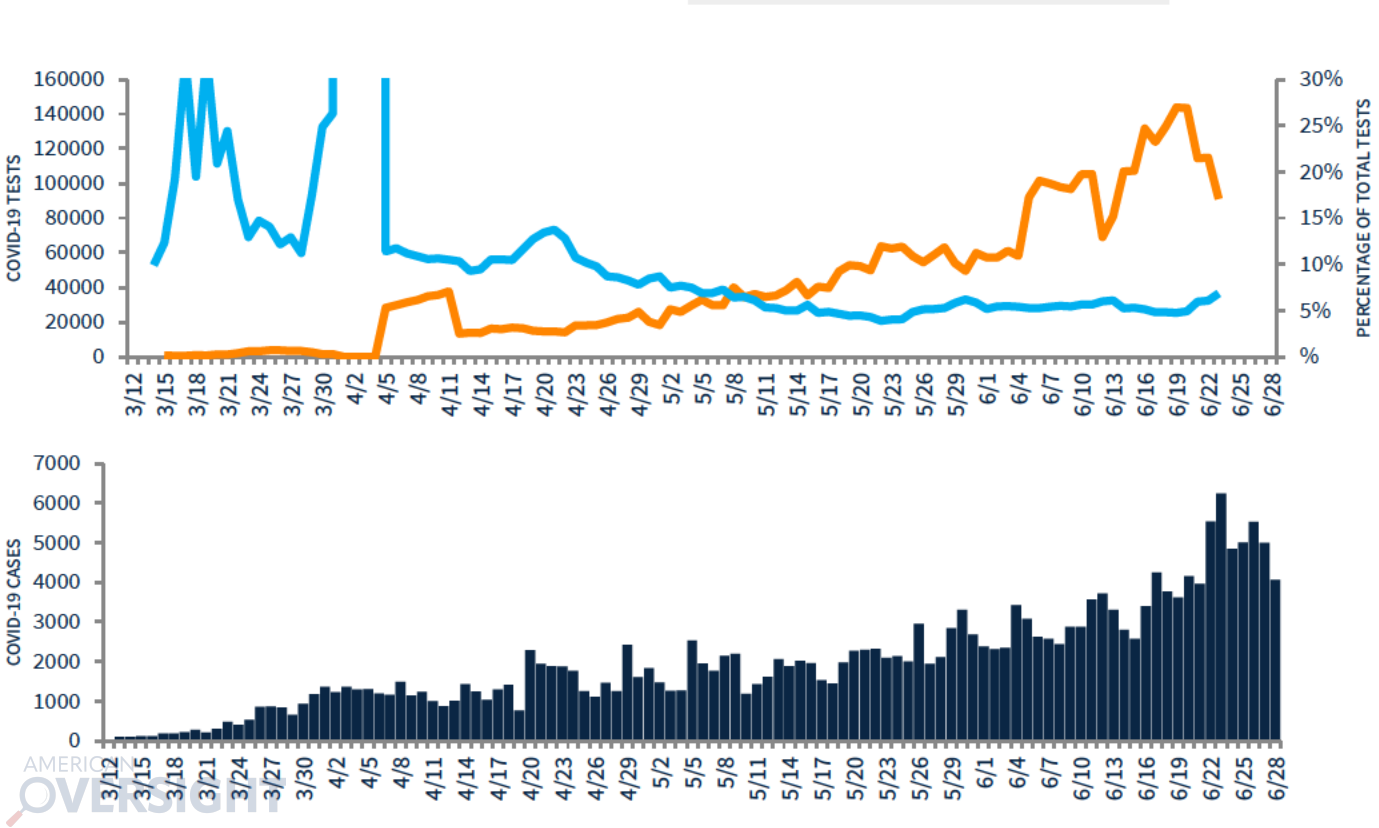
CUMULATIVE CASES: TOP 37-51 STATES



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NIH FOIA 000830 HHS-NIH-20-0496-A-000830

TRENDS IN CALIFORNIA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.8%
NEW CASES PER 100K / DAY	13 (weekly avg.)
TESTING PER 100K / DAY	230 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.7%
INCIDENCE	+41%
TESTING PER 100K / DAY	-31%
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	254 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	2.8%

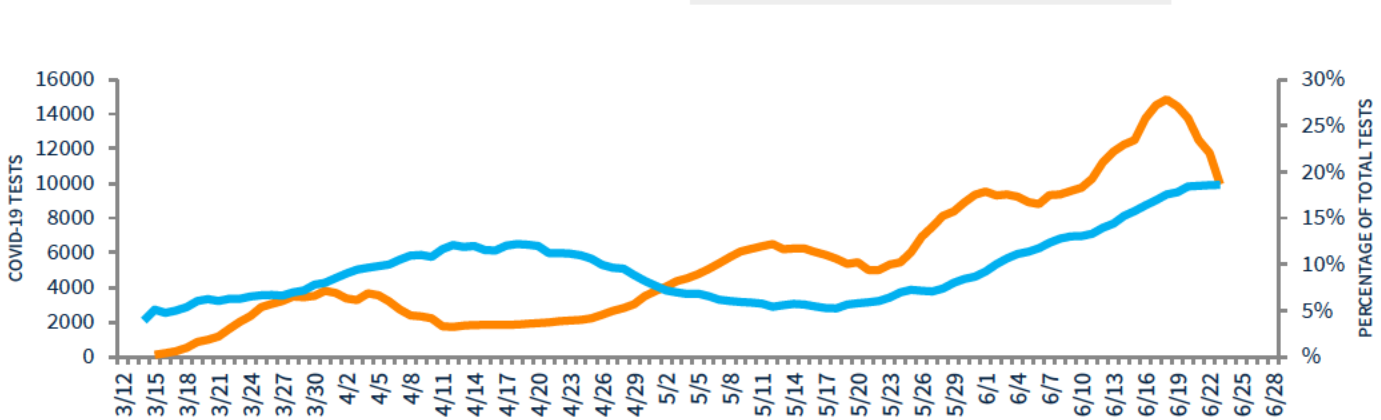
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[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

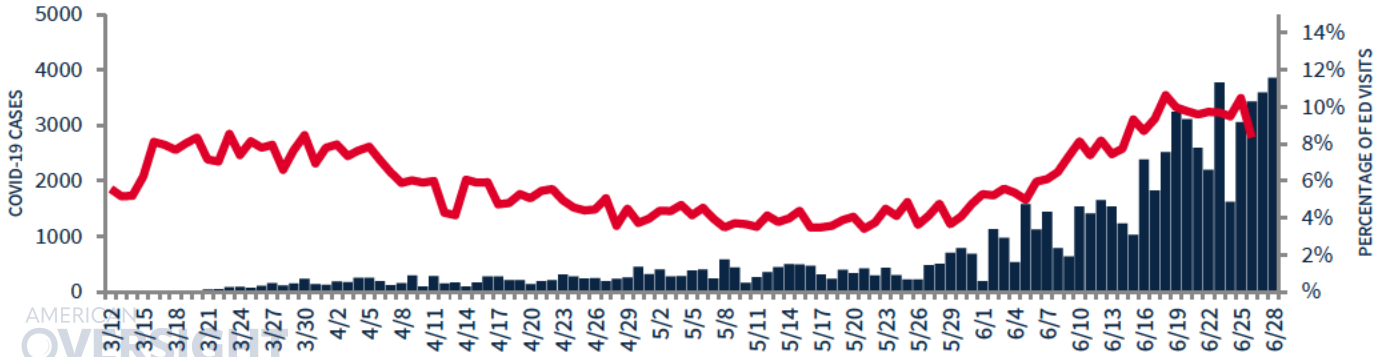
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 000831
HHS-NIH-20-0496-A-000831

TRENDS IN ARIZONA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	18.6%
NEW CASES PER 100K / DAY	43 (weekly avg.)
TESTING PER 100K / DAY	139 (weekly avg.)
BED UTILIZATION[2]	70%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.2%
INCIDENCE	+29%
TESTING PER 100K / DAY	-28%
BED UTILIZATION	-3%

RISK FACTORS

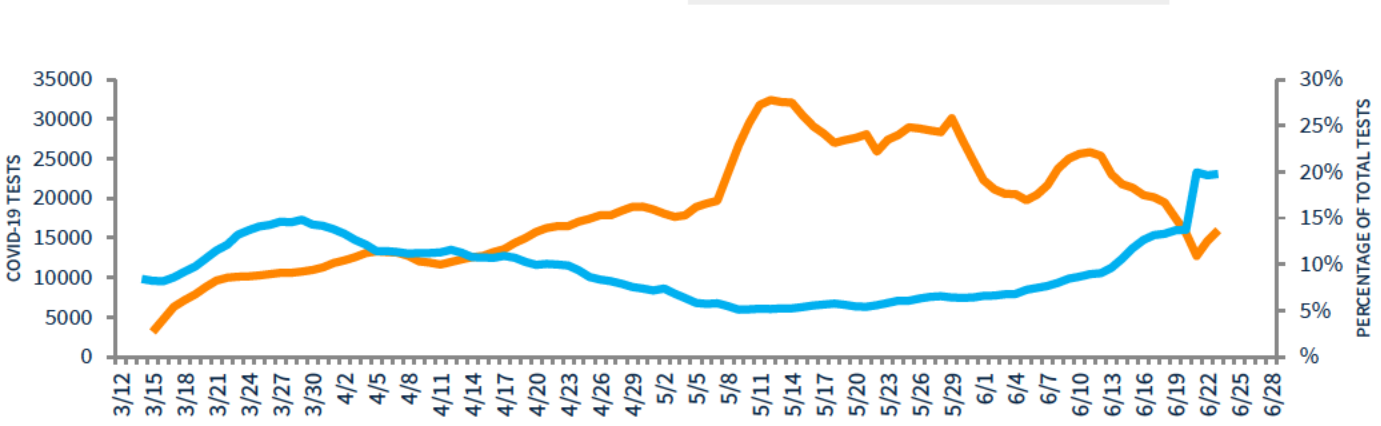
POPULATION DENSITY	63 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	3.7%

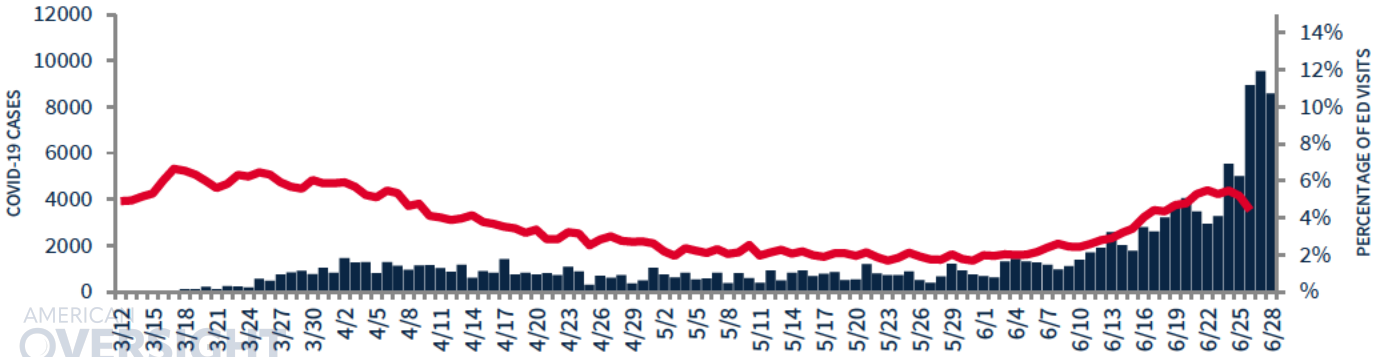
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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[2] Average of the last 3 days

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NIH FOIA 000832
HHS_NIH-20-0496-A-000832

TRENDS IN FLORIDA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	19.8%
NEW CASES PER 100K / DAY	29 (weekly avg.)
TESTING PER 100K / DAY	75 (weekly avg.)
BED UTILIZATION[2]	75%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+7.1%
INCIDENCE	+102%
TESTING PER 100K / DAY	-22%
BED UTILIZATION	-1%

RISK FACTORS

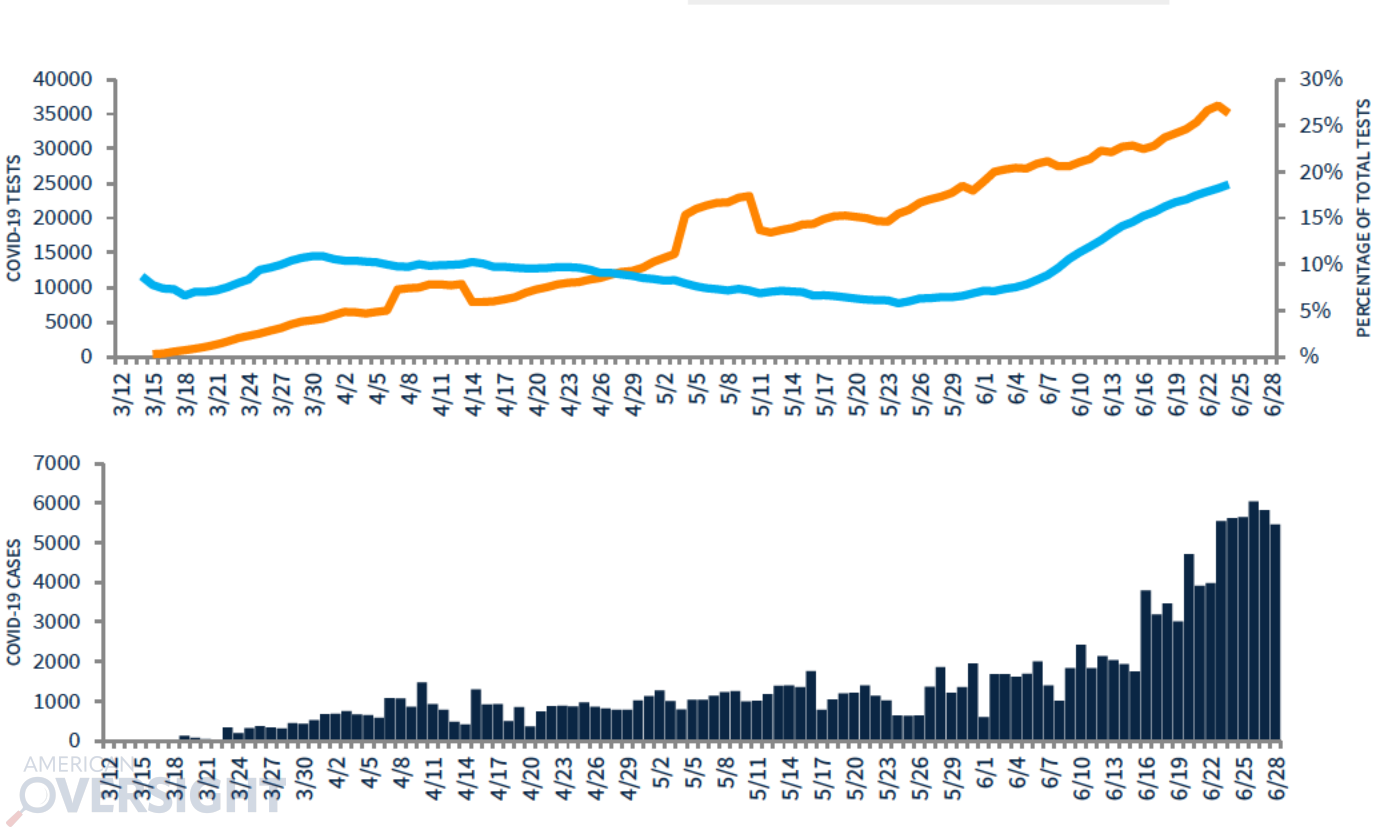
POPULATION DENSITY	397 per sq mi
% OVER 60	27%
CRUDE CVD PREVALENCE	4.7%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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[2] Average of the last 3 days

AMERICA OVERSIGHT
NIH FOIA 000833
HHS_NIH-20-0496-A-000833

TRENDS IN TEXAS



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	18.6%
NEW CASES PER 100K / DAY	19 (weekly avg.)
TESTING PER 100K / DAY	126 (weekly avg.)
BED UTILIZATION[2]	62%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+3.0%
INCIDENCE	+60%
TESTING PER 100K / DAY	+21%
BED UTILIZATION	-2%

RISK FACTORS

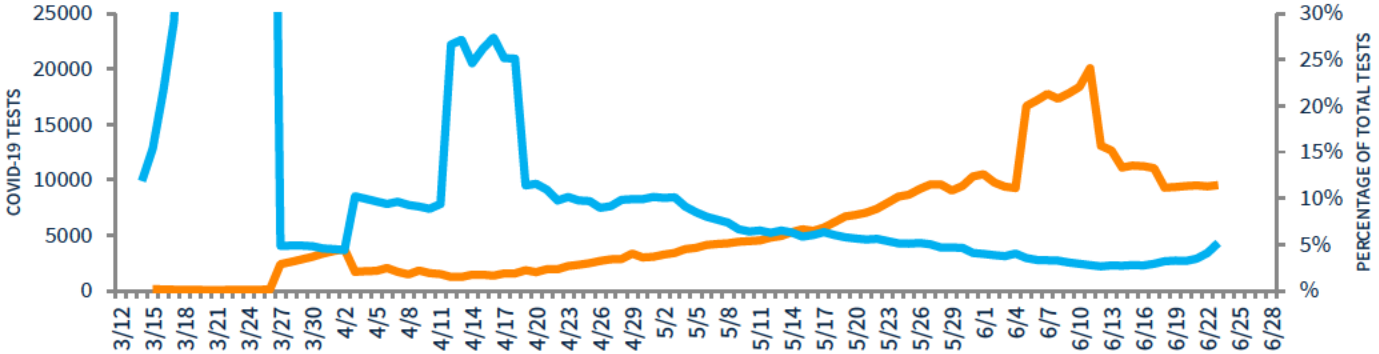
POPULATION DENSITY	110 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	3.3%

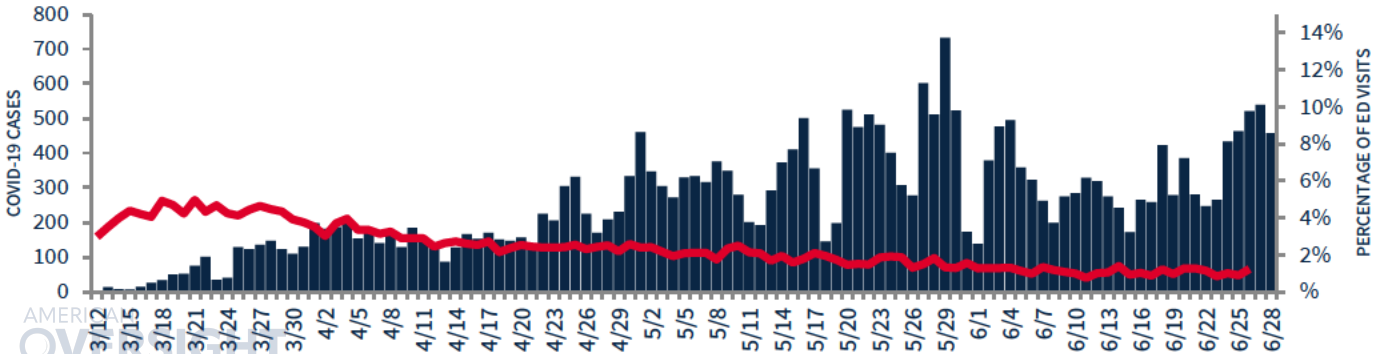
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[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 000834
HHS-NIH-20-0496-A-000834

TRENDS IN WISCONSIN





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.2%
NEW CASES PER 100K / DAY	7 (weekly avg.)
TESTING PER 100K / DAY	164 (weekly avg.)
BED UTILIZATION[2]	77%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.4%
INCIDENCE	+42%
TESTING PER 100K / DAY	-15%
BED UTILIZATION	-1%

RISK FACTORS

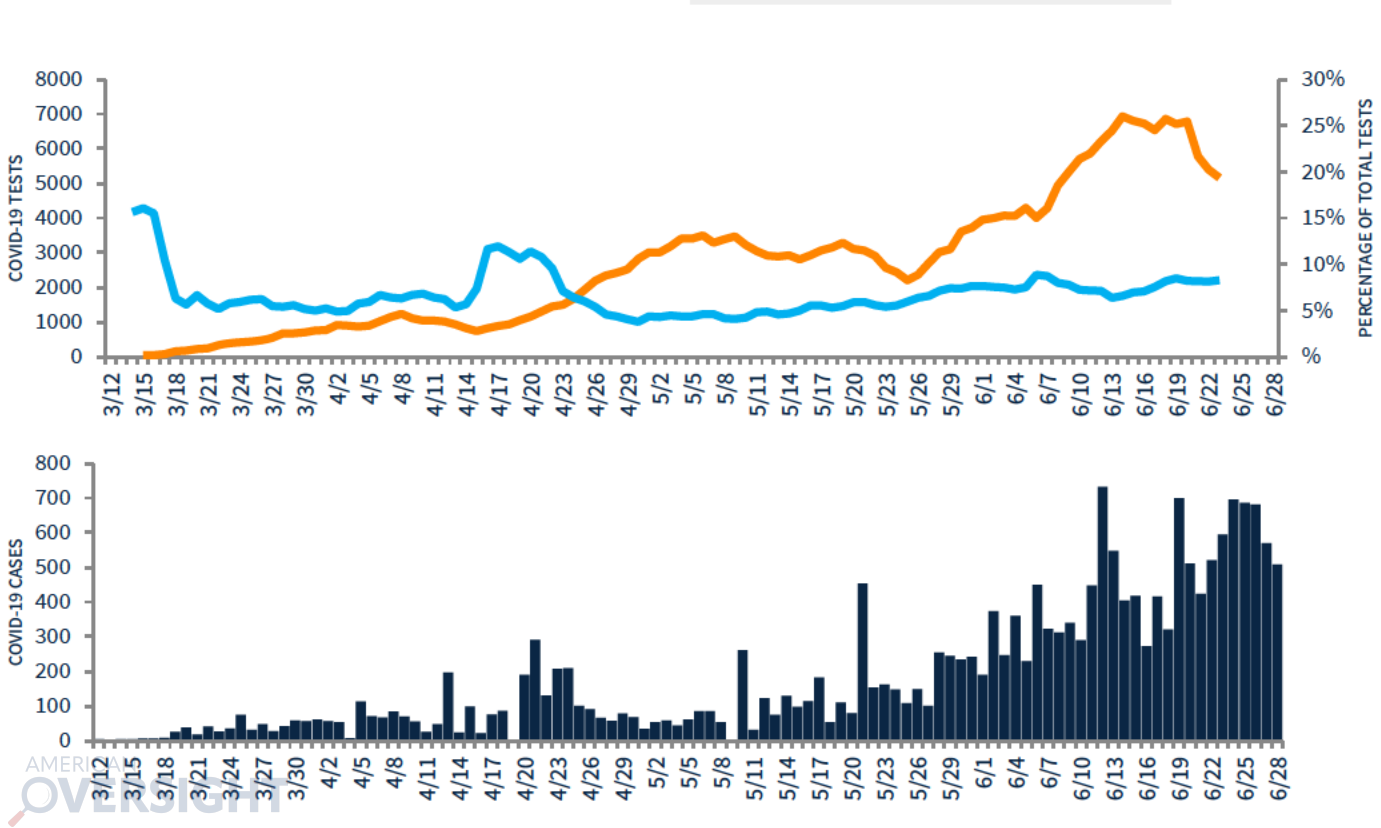
POPULATION DENSITY	107 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.7%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 000835
HHS-NIH-20-0496-A-000835

TRENDS IN ARKANSAS



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	8.3%
NEW CASES PER 100K / DAY	20 (weekly avg.)
TESTING PER 100K / DAY	171 (weekly avg.)
BED UTILIZATION[2]	57%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.2%
INCIDENCE	+39%
TESTING PER 100K / DAY	-23%
BED UTILIZATION	-4%

RISK FACTORS

POPULATION DENSITY	58 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	5.9%

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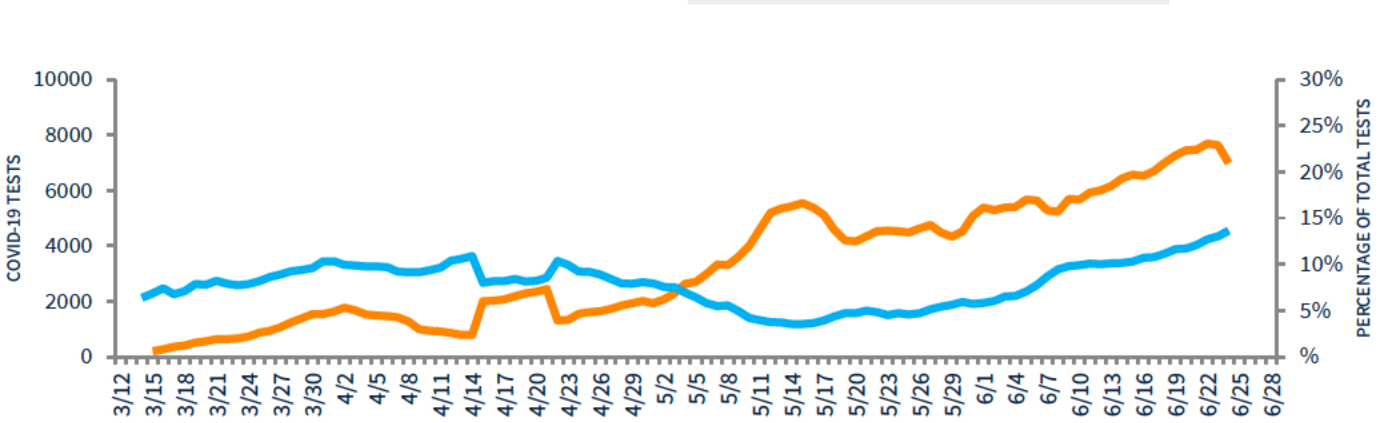
[2] Average of the last 3 days

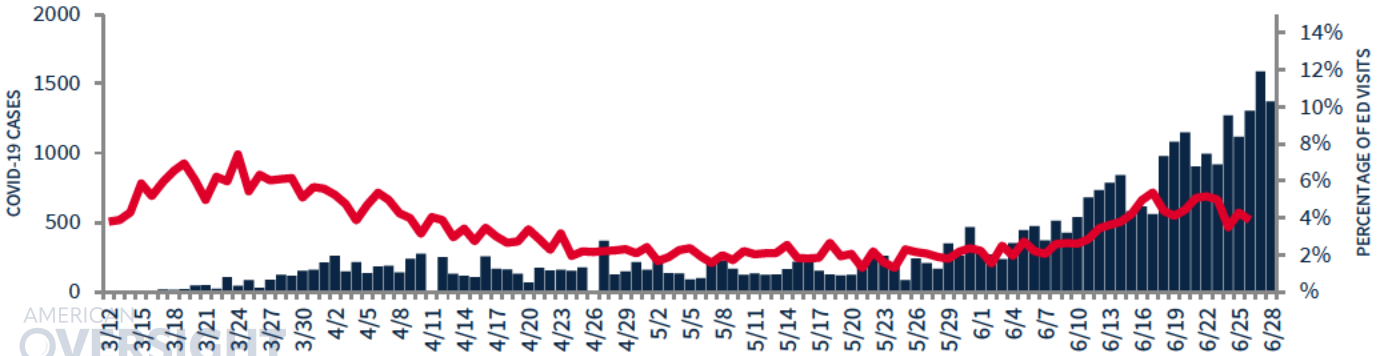
Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICA OVERSIGHT
NIH FOIA 000836
HHS-NIH-20-0496-A-000836

TRENDS IN SOUTH CAROLINA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	13.6%
NEW CASES PER 100K / DAY	24 (weekly avg.)
TESTING PER 100K / DAY	150 (weekly avg.)
BED UTILIZATION[2]	72%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.9%
INCIDENCE	+46%
TESTING PER 100K / DAY	+17%
BED UTILIZATION	-4%

RISK FACTORS

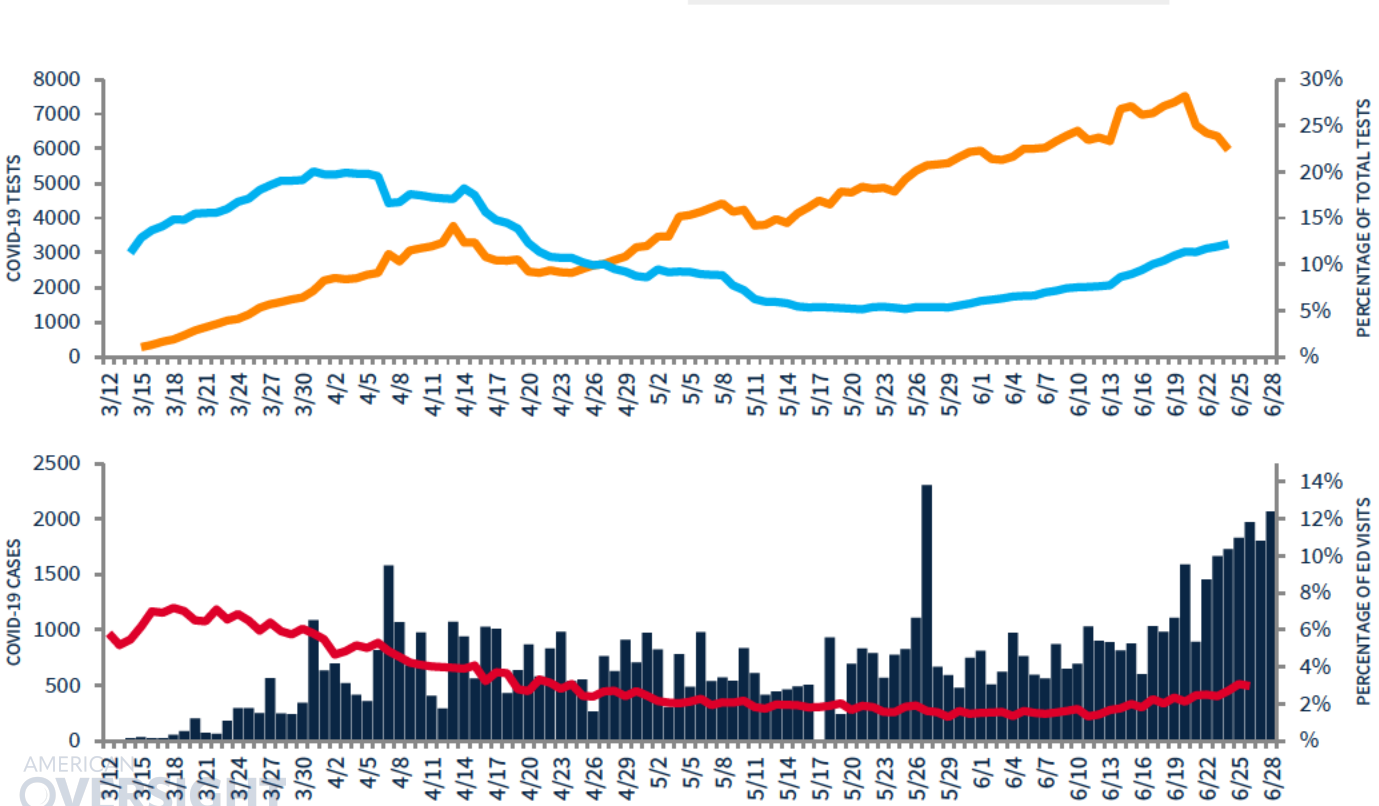
POPULATION DENSITY	169 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.9%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 000837
HHS_NIH-20-0496-A-000837

TRENDS IN GEORGIA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	12.2%
NEW CASES PER 100K / DAY	17 (weekly avg.)
TESTING PER 100K / DAY	60 (weekly avg.)
BED UTILIZATION[2]	66%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.2%
INCIDENCE	+77%
TESTING PER 100K / DAY	-9%
BED UTILIZATION	Unknown

RISK FACTORS

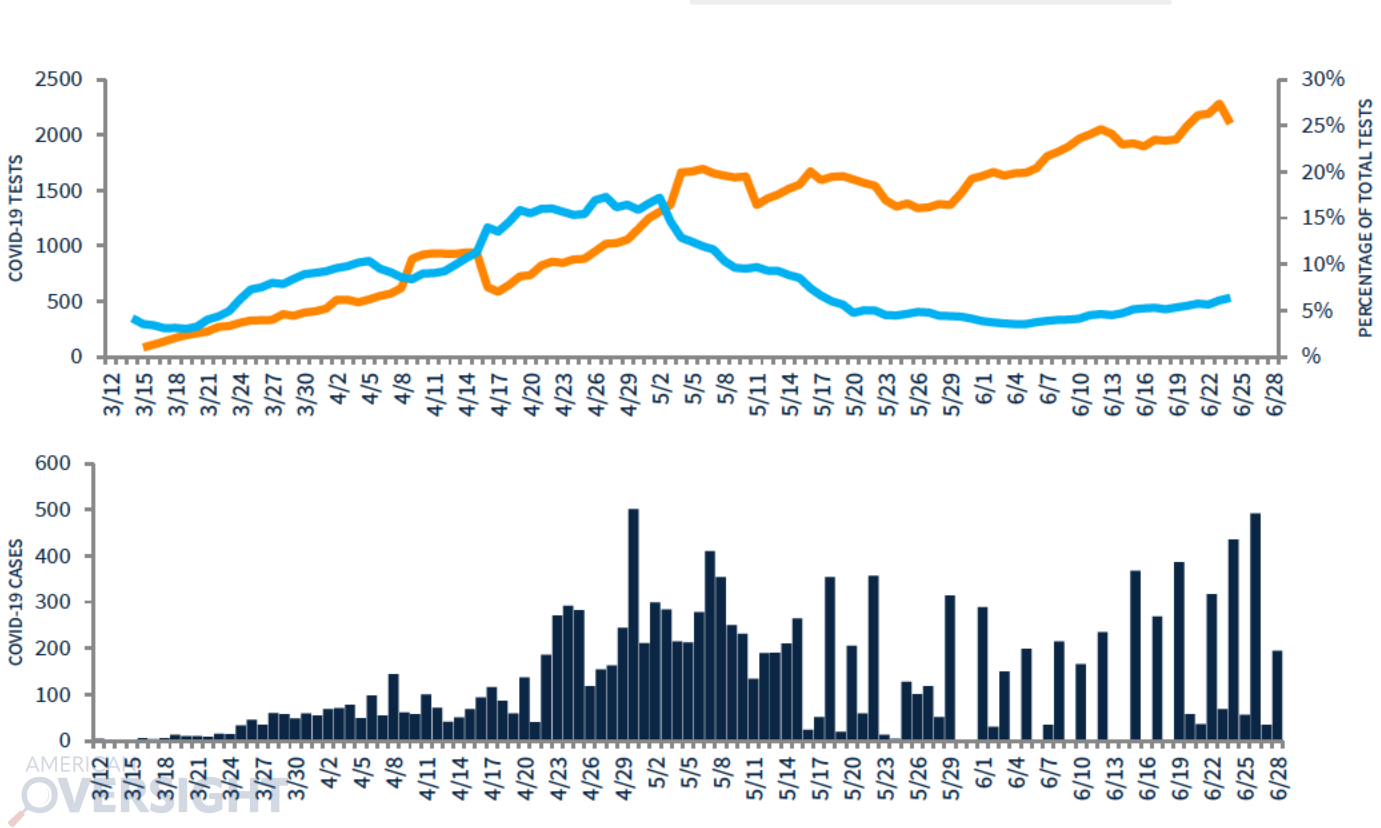
POPULATION DENSITY	182 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	4.0%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000838
HHS_NIH-20-0496-A-000838

TRENDS IN KANSAS



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	6.4%
NEW CASES PER 100K / DAY	8 (weekly avg.)
TESTING PER 100K / DAY	78 (weekly avg.)
BED UTILIZATION[2]	49%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.1%
INCIDENCE	+43%
TESTING PER 100K / DAY	+20%
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	36 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.0%

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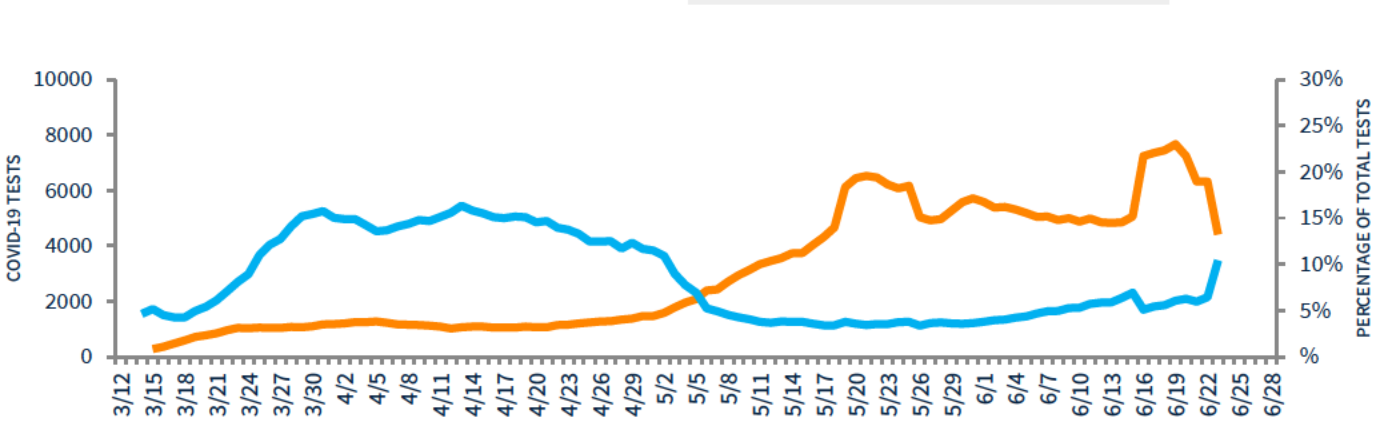
[2] Average of the last 3 days

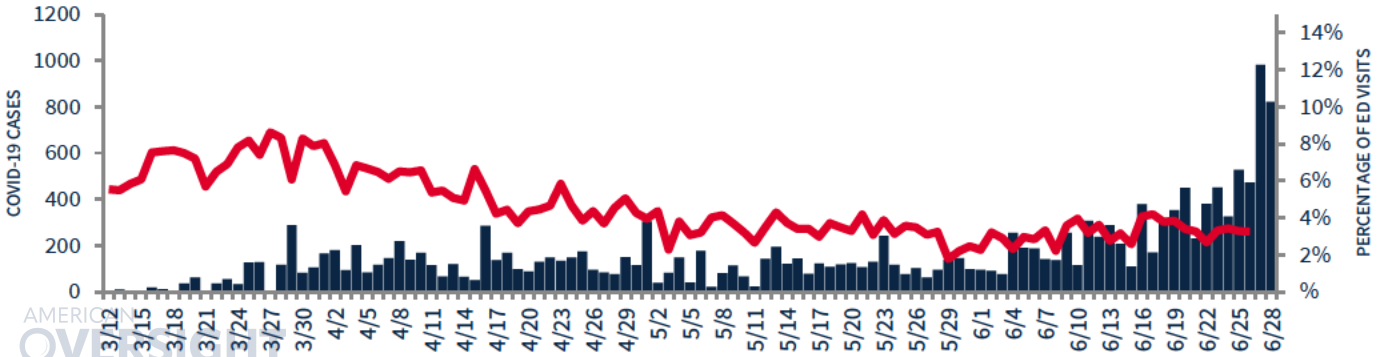
Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICA OVERSIGHT
NIH FOIA 000839
HHS-NIH-20-0496-A-000839

TRENDS IN NEVADA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	10.4%
NEW CASES PER 100K / DAY	19 (weekly avg.)
TESTING PER 100K / DAY	145 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+5.3%
INCIDENCE	+97%
TESTING PER 100K / DAY	-39%
BED UTILIZATION	Unknown

RISK FACTORS

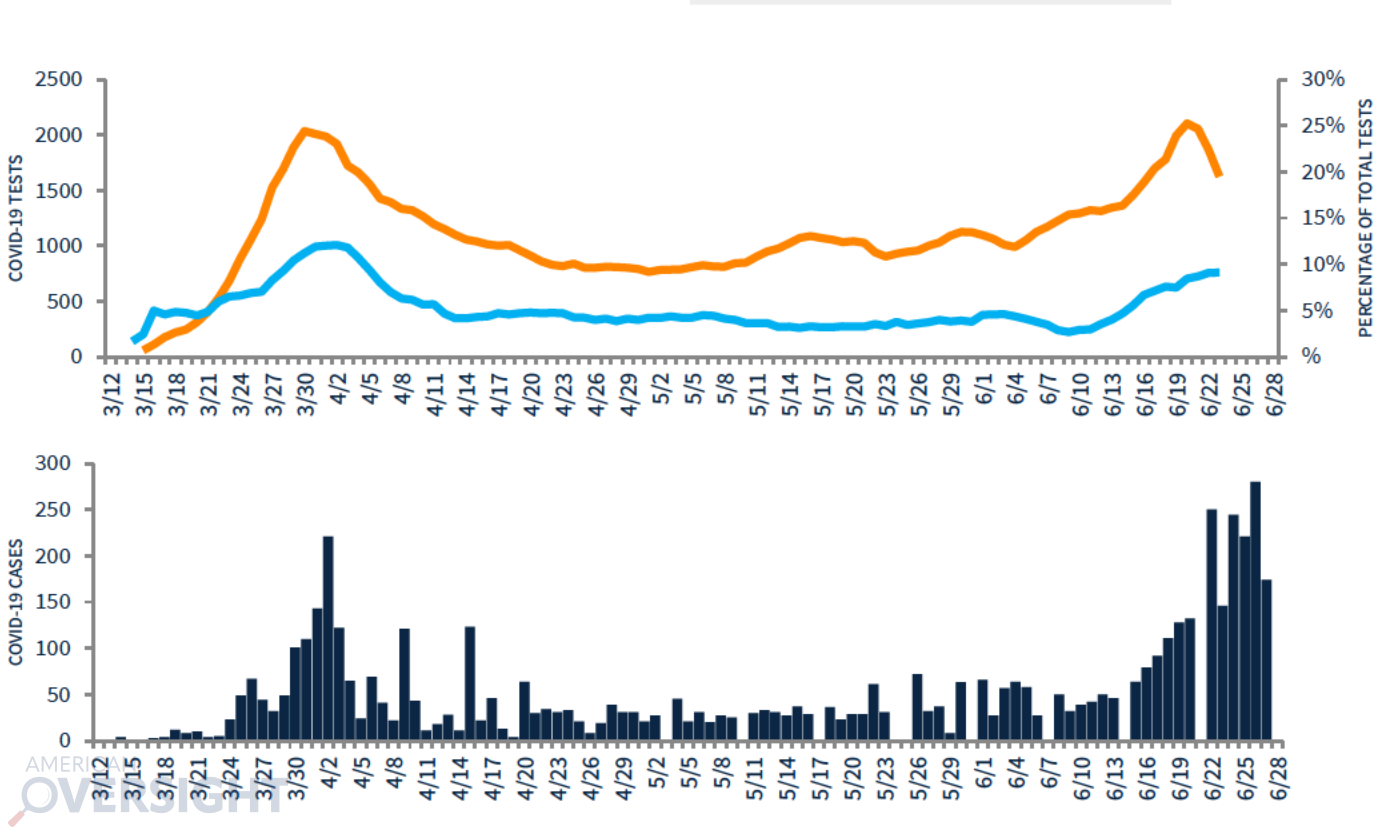
POPULATION DENSITY	28 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.3%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000840
HHS-NIH-20-0496-A-000840

TRENDS IN IDAHO



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.1%
NEW CASES PER 100K / DAY	11 (weekly avg.)
TESTING PER 100K / DAY	93 (weekly avg.)
BED UTILIZATION[2]	46%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.4%
INCIDENCE	+117%
TESTING PER 100K / DAY	+3%
BED UTILIZATION	-3%

RISK FACTORS

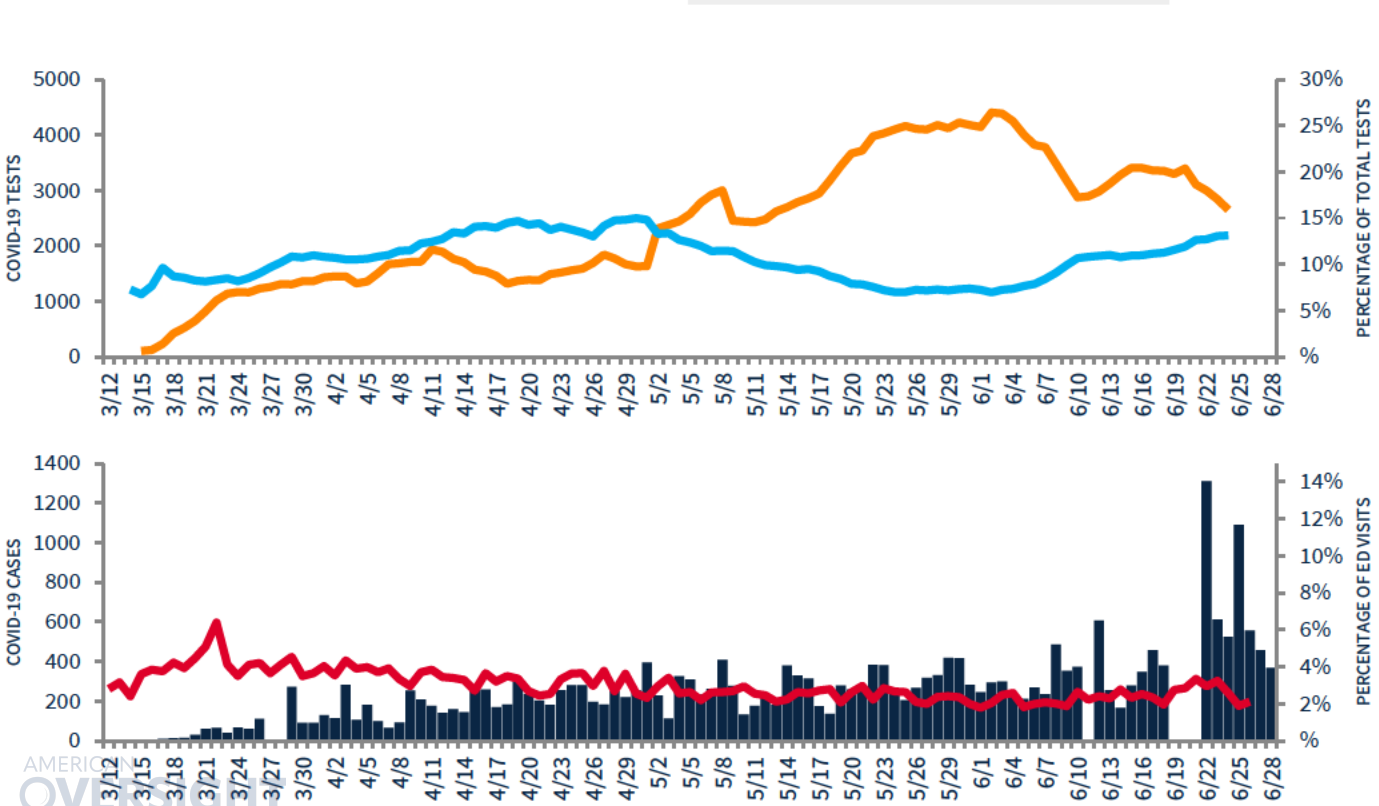
POPULATION DENSITY	21 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.3%

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Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICA OVERSIGHT
NIH FOIA 000841
HHS-NIH-20-0496-A-000841

TRENDS IN MISSISSIPPI



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	13.1%
NEW CASES PER 100K / DAY	24 (weekly avg.)
TESTING PER 100K / DAY	95 (weekly avg.)
BED UTILIZATION[2]	60%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.0%
INCIDENCE	+235%
TESTING PER 100K / DAY	-17%
BED UTILIZATION	+0%

RISK FACTORS

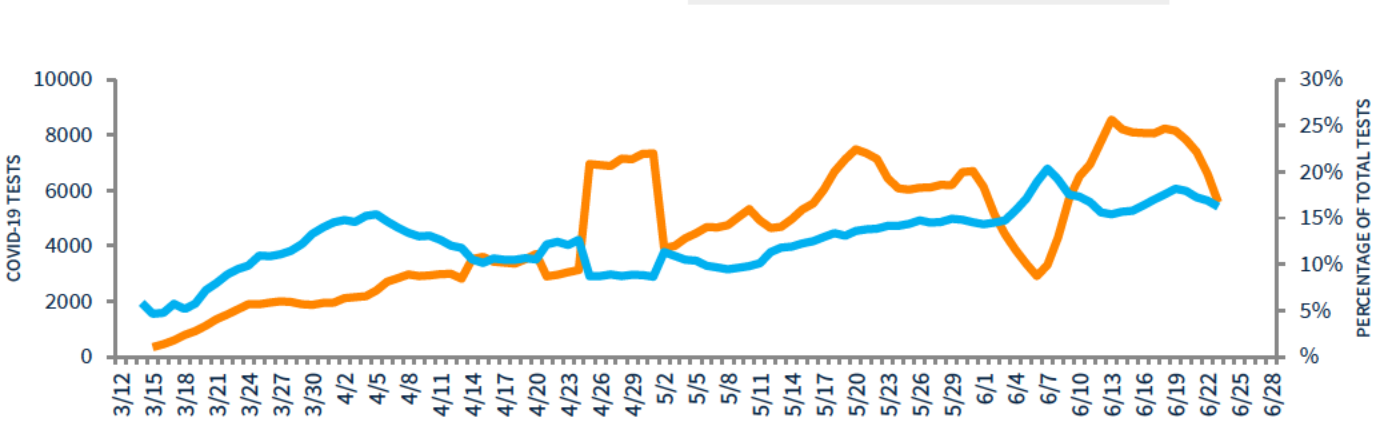
POPULATION DENSITY	64 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.6%

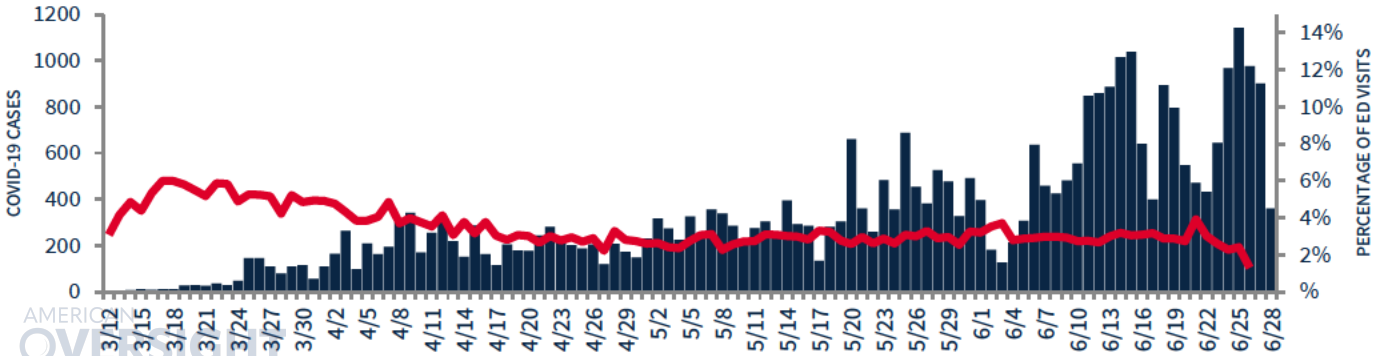
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000842
HHS_NIH-20-0496-A-000842

TRENDS IN ALABAMA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	16.2%
NEW CASES PER 100K / DAY	16 (weekly avg.)
TESTING PER 100K / DAY	114 (weekly avg.)
BED UTILIZATION[2]	70%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.1%
INCIDENCE	+13%
TESTING PER 100K / DAY	-31%
BED UTILIZATION	Unknown

RISK FACTORS

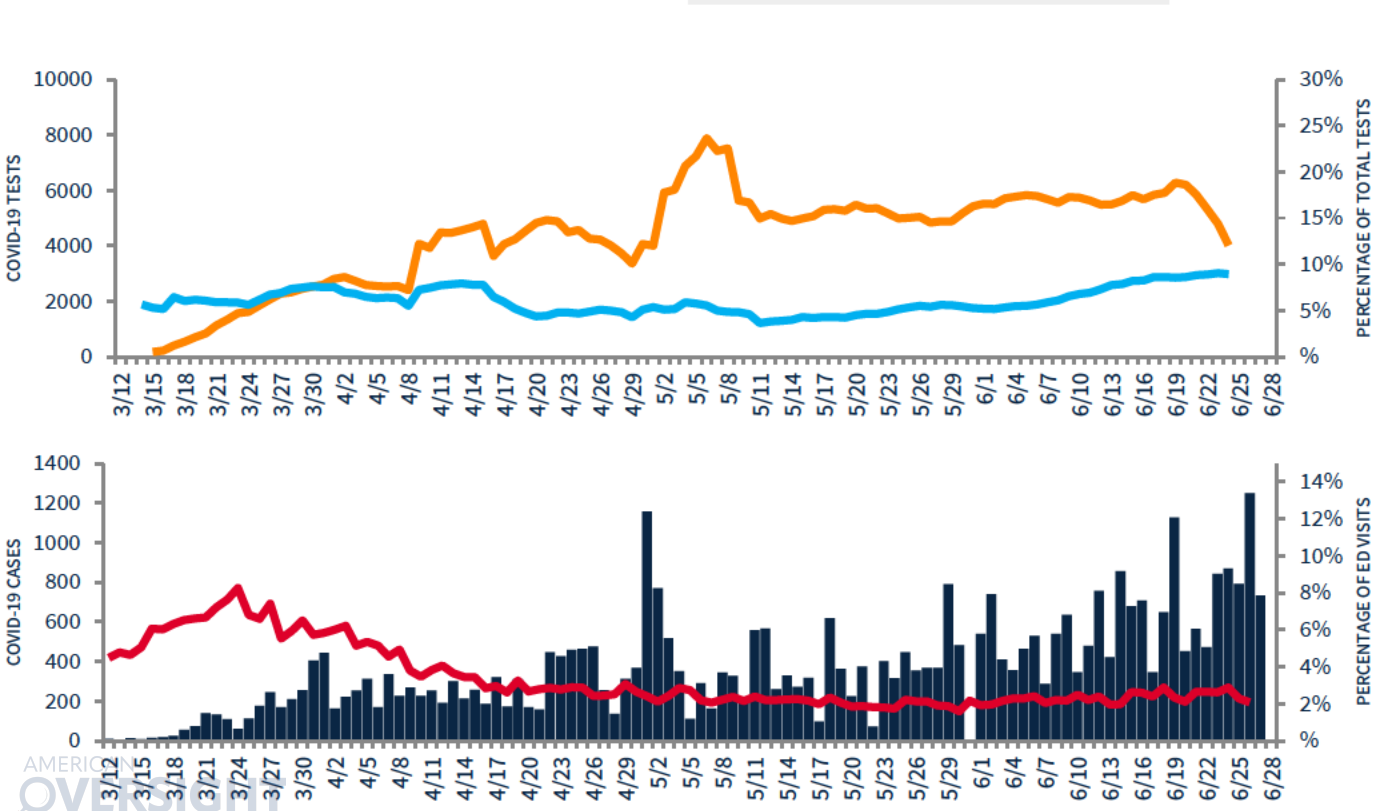
POPULATION DENSITY	97 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	5.5%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000843
HHS_NIH-20-0496-A-000843

TRENDS IN TENNESSEE



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	8.9%
NEW CASES PER 100K / DAY	10 (weekly avg.)
TESTING PER 100K / DAY	71 (weekly avg.)
BED UTILIZATION[2]	70%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.3%
INCIDENCE	+10%
TESTING PER 100K / DAY	-16%
BED UTILIZATION	Unknown

RISK FACTORS

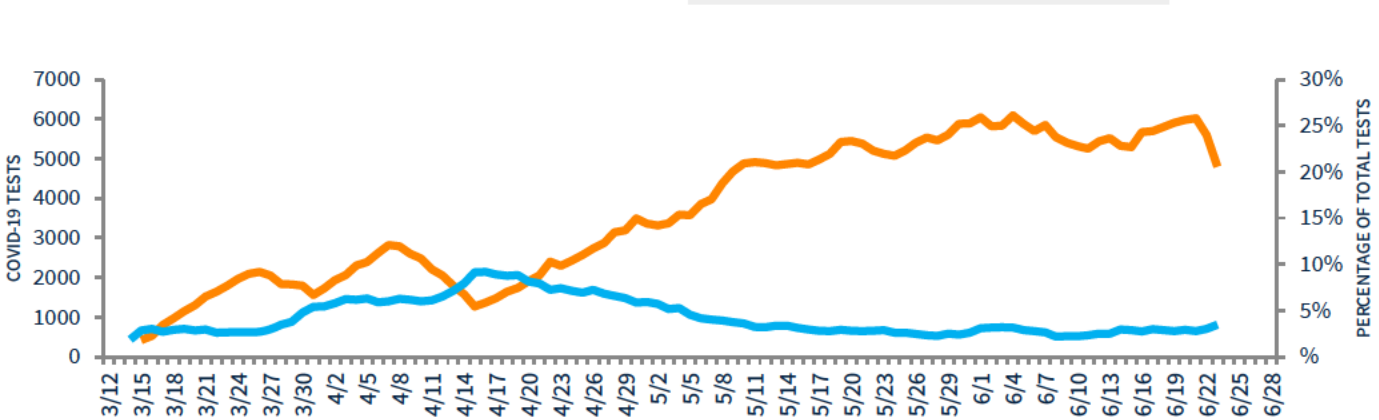
POPULATION DENSITY	164 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	4.9%

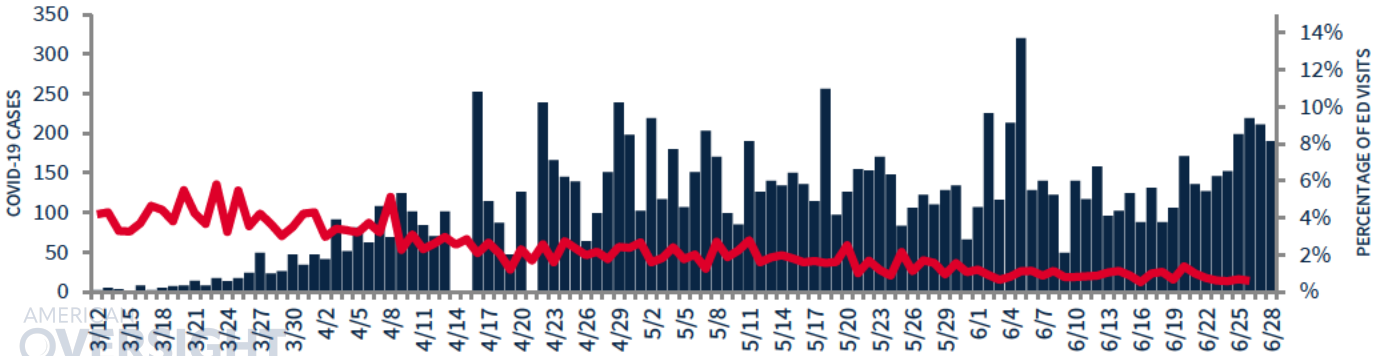
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000844
HHS_NIH-20-0496-A-000844

TRENDS IN NEW MEXICO





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	3.5%
NEW CASES PER 100K / DAY	8 (weekly avg.)
TESTING PER 100K / DAY	229 (weekly avg.)
BED UTILIZATION[2]	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.7%
INCIDENCE	+47%
TESTING PER 100K / DAY	-15%
BED UTILIZATION	-3%

RISK FACTORS

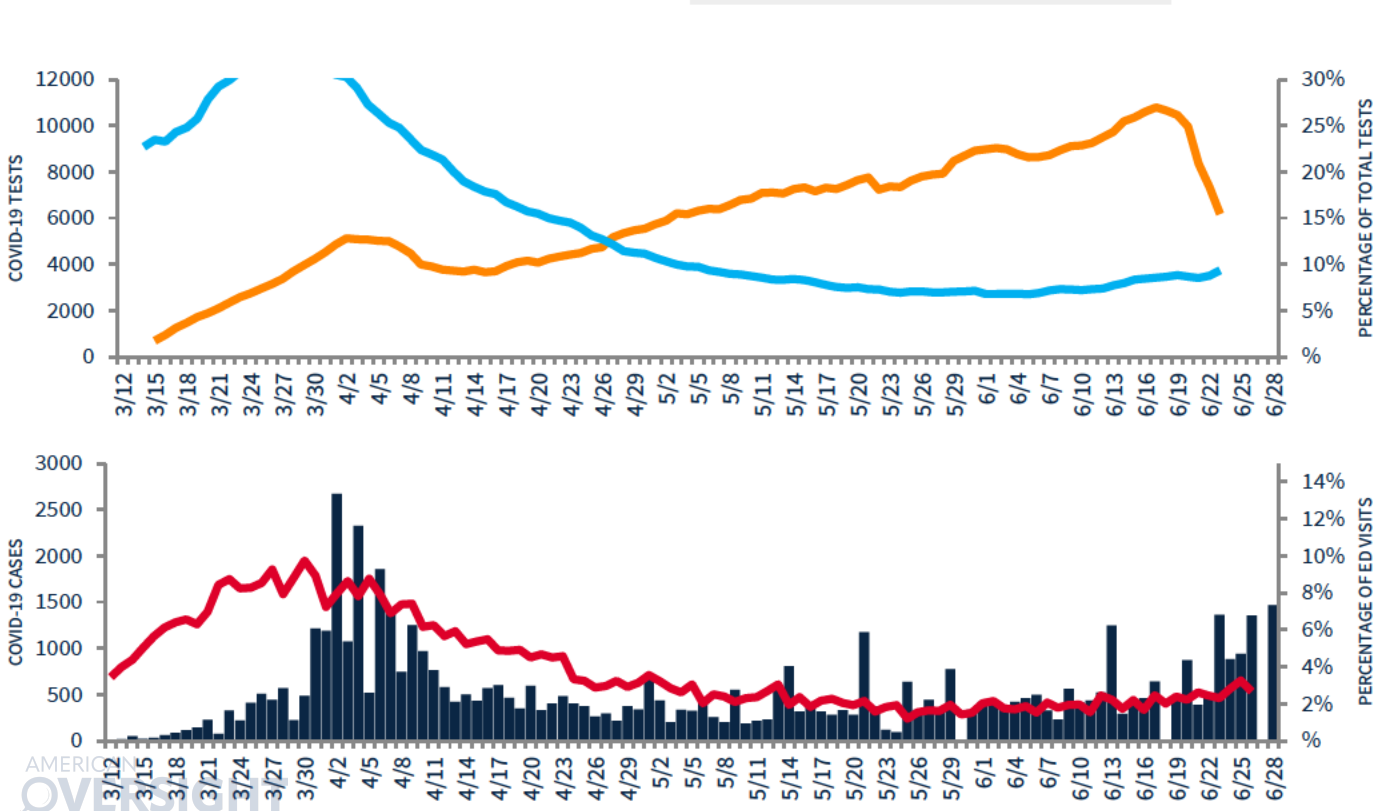
POPULATION DENSITY	17 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.0%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000845
HHS_NIH-20-0496-A-000845

TRENDS IN LOUISIANA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.4%
NEW CASES PER 100K / DAY	20 (weekly avg.)
TESTING PER 100K / DAY	132 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.9%
INCIDENCE	+98%
TESTING PER 100K / DAY	-42%
BED UTILIZATION	Unknown

RISK FACTORS

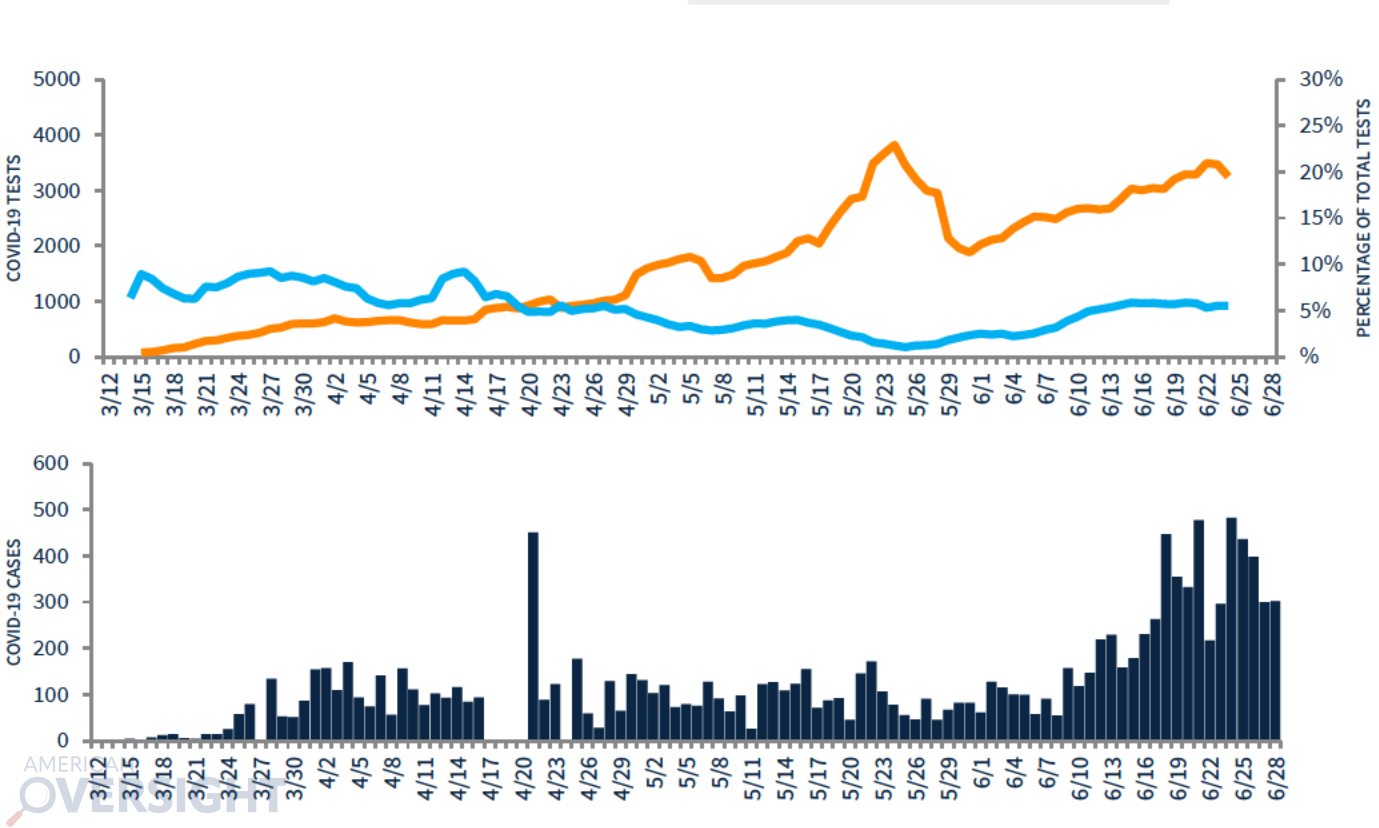
POPULATION DENSITY	108 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.3%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000846
HHS_NIH-20-0496-A-000846

TRENDS IN OKLAHOMA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.5%
NEW CASES PER 100K / DAY	9 (weekly avg.)
TESTING PER 100K / DAY	88 (weekly avg.)
BED UTILIZATION[2]	55%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.3%
INCIDENCE	+7%
TESTING PER 100K / DAY	+15%
BED UTILIZATION	-10%

RISK FACTORS

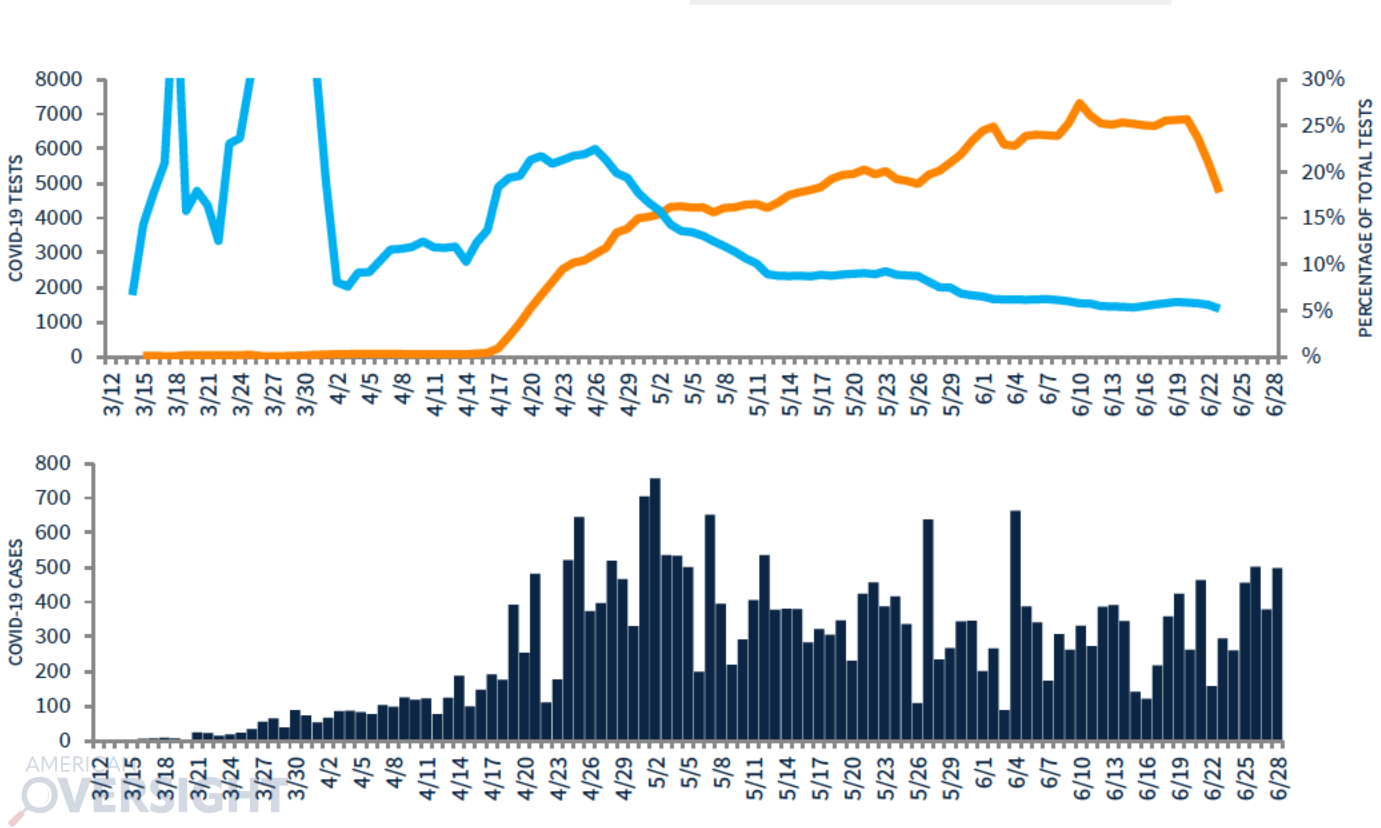
POPULATION DENSITY	57 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.3%

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[1] Calculated over the most recent 3 days of data
[2] Average of the last 3 days
Not enough CLI syndromic surveillance data to

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICA OVERSIGHT
NIH FOIA 000847
HHS-NIH-20-0496-A-000847

TRENDS IN IOWA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	5.2%
NEW CASES PER 100K / DAY	12 (weekly avg.)
TESTING PER 100K / DAY	150 (weekly avg.)
BED UTILIZATION[2]	52%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.3%
INCIDENCE	+28%
TESTING PER 100K / DAY	-29%
BED UTILIZATION	+11%

RISK FACTORS

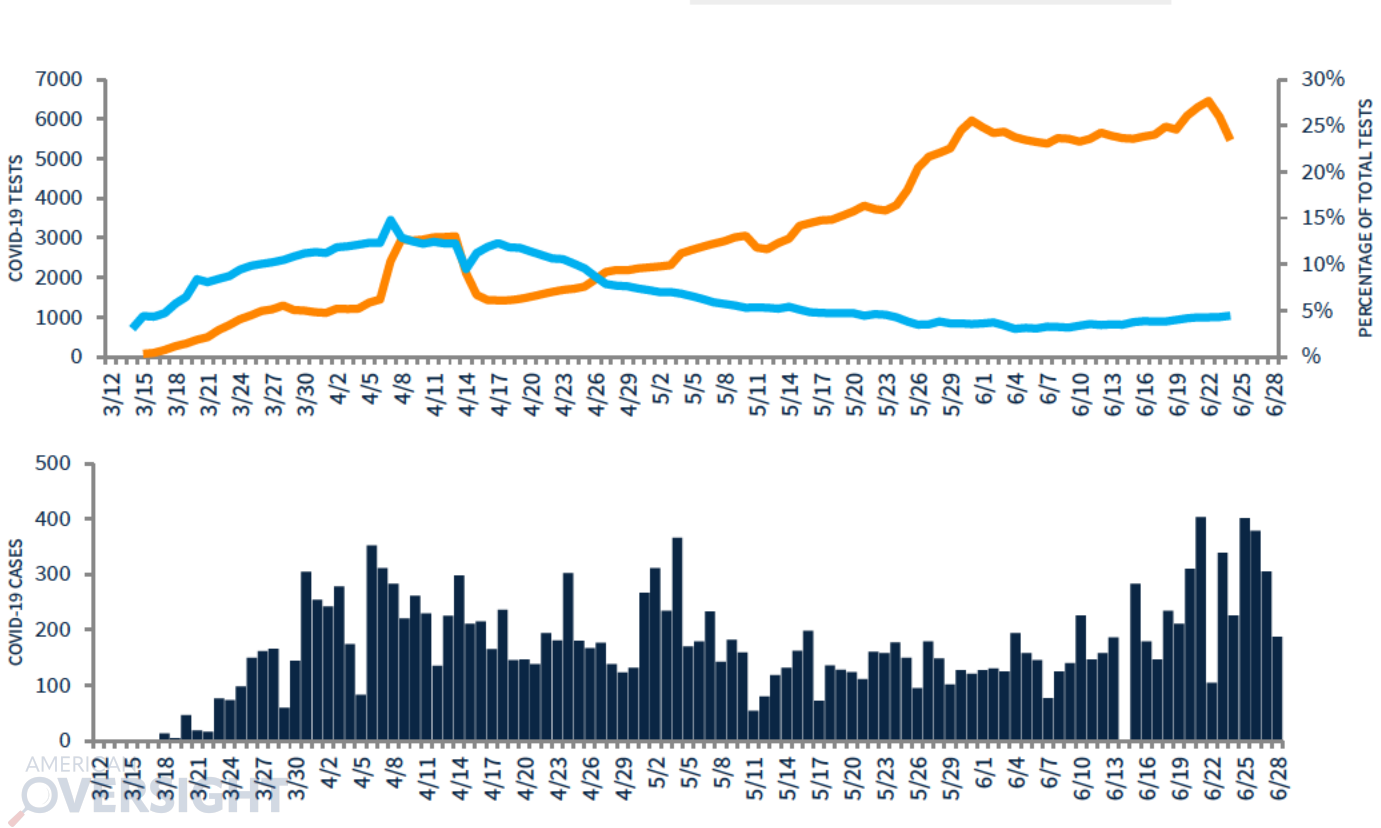
POPULATION DENSITY	57 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.0%

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*
[1] Calculated over the most recent 3 days of data
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AMERICA OVERSIGHT
NIH FOIA 000848
HHS-NIH-20-0496-A-000848

TRENDS IN MISSOURI



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	4.4%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	99 (weekly avg.)
BED UTILIZATION[2]	59%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.6%
INCIDENCE	+10%
TESTING PER 100K / DAY	+9%
BED UTILIZATION	-3%

RISK FACTORS

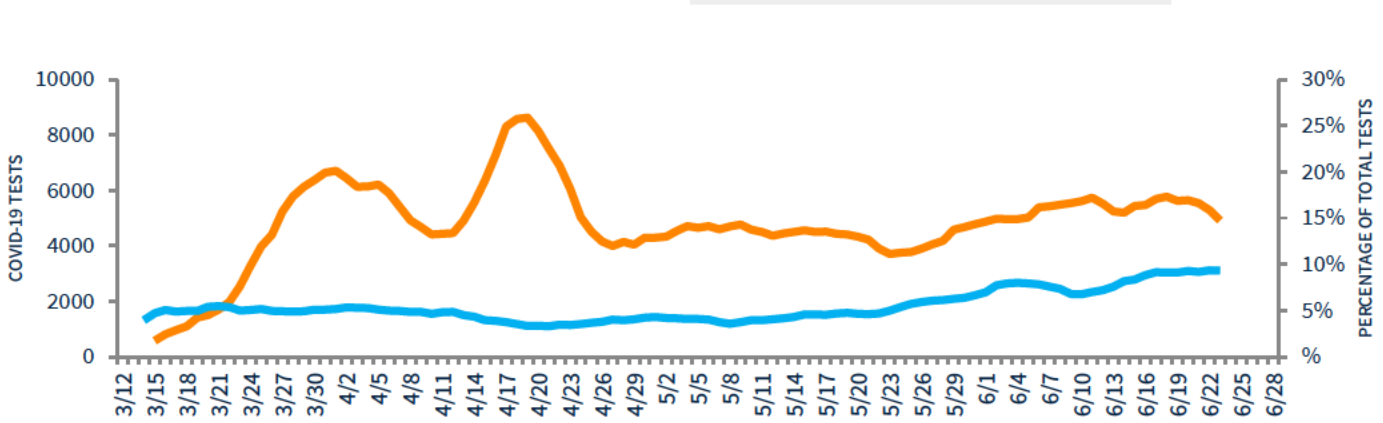
POPULATION DENSITY	89 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	4.7%

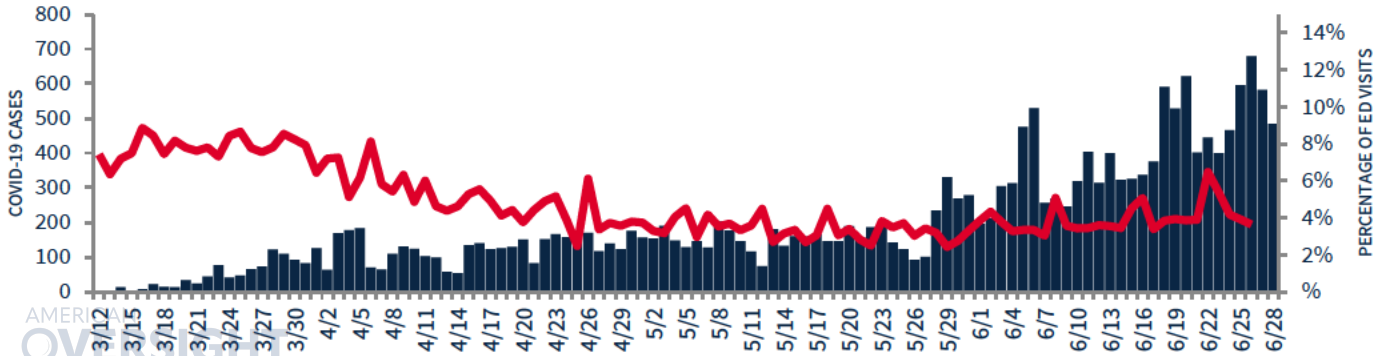
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICA OVERSIGHT
NIH FOIA 000849
HHS-NIH-20-0496-A-000849

TRENDS IN UTAH





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	9.3%
NEW CASES PER 100K / DAY	16 (weekly avg.)
TESTING PER 100K / DAY	155 (weekly avg.)
BED UTILIZATION[2]	53%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.5%
INCIDENCE	+15%
TESTING PER 100K / DAY	-10%
BED UTILIZATION	+1%

RISK FACTORS

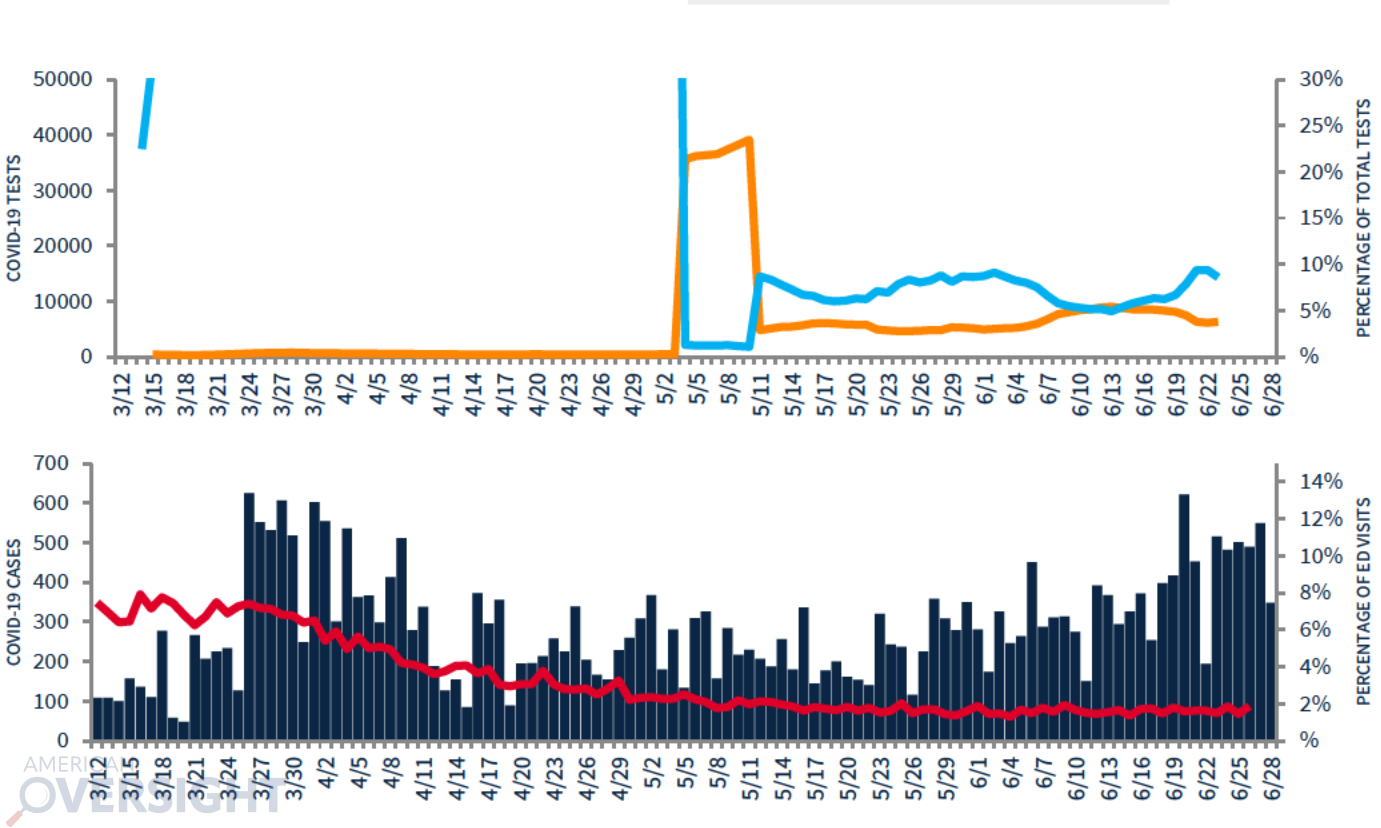
POPULATION DENSITY	38 per sq mi
% OVER 60	16%
CRUDE CVD PREVALENCE	2.7%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000850
HHS_NIH-20-0496-A-000850

TRENDS IN WASHINGTON



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	8.6%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	84 (weekly avg.)
BED UTILIZATION[2]	67%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.5%
INCIDENCE	+8%
TESTING PER 100K / DAY	-26%
BED UTILIZATION	-2%

RISK FACTORS

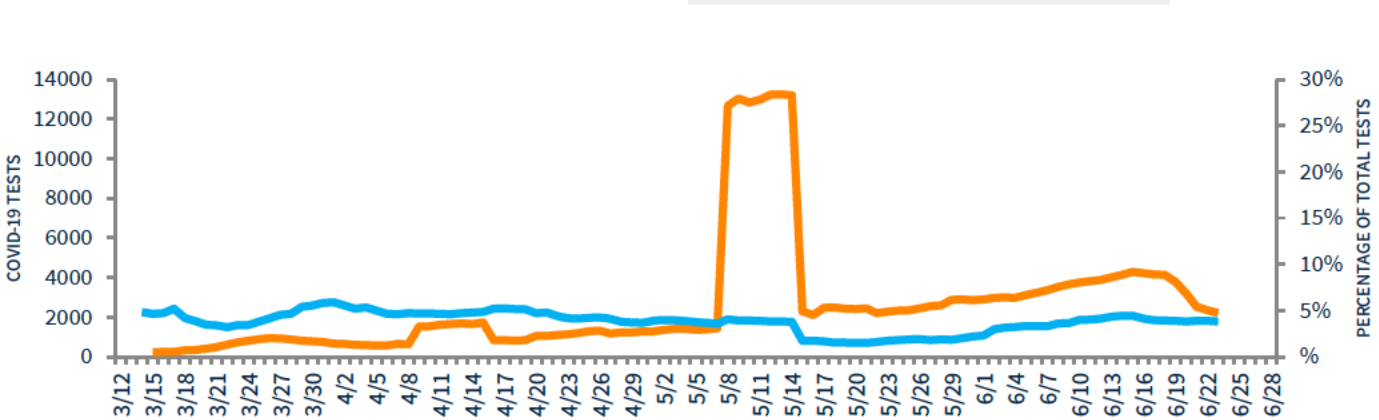
POPULATION DENSITY	113 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.5%

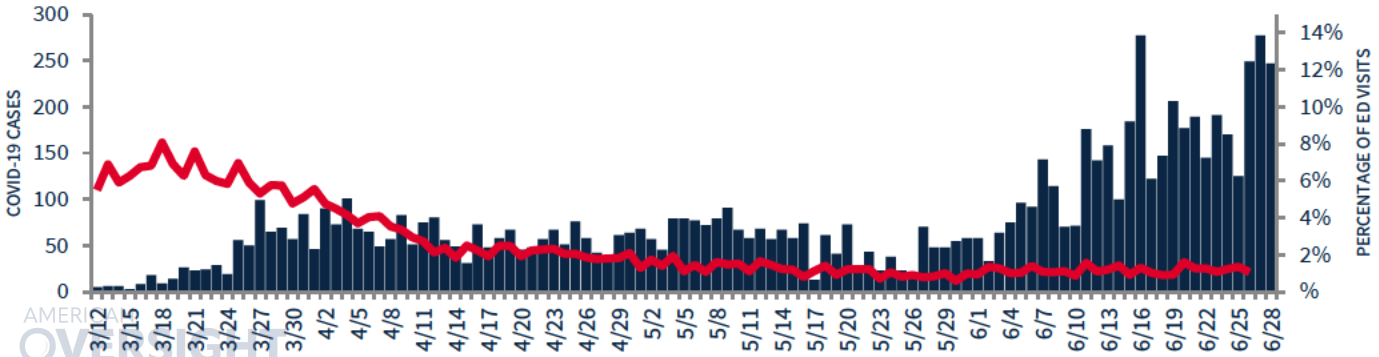
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000851
HHS_NIH-20-0496-A-000851

TRENDS IN OREGON





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE[1]	3.8%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	53 (weekly avg.)
BED UTILIZATION[2]	54%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.3%
INCIDENCE	+8%
TESTING PER 100K / DAY	-47%
BED UTILIZATION	-3%

RISK FACTORS

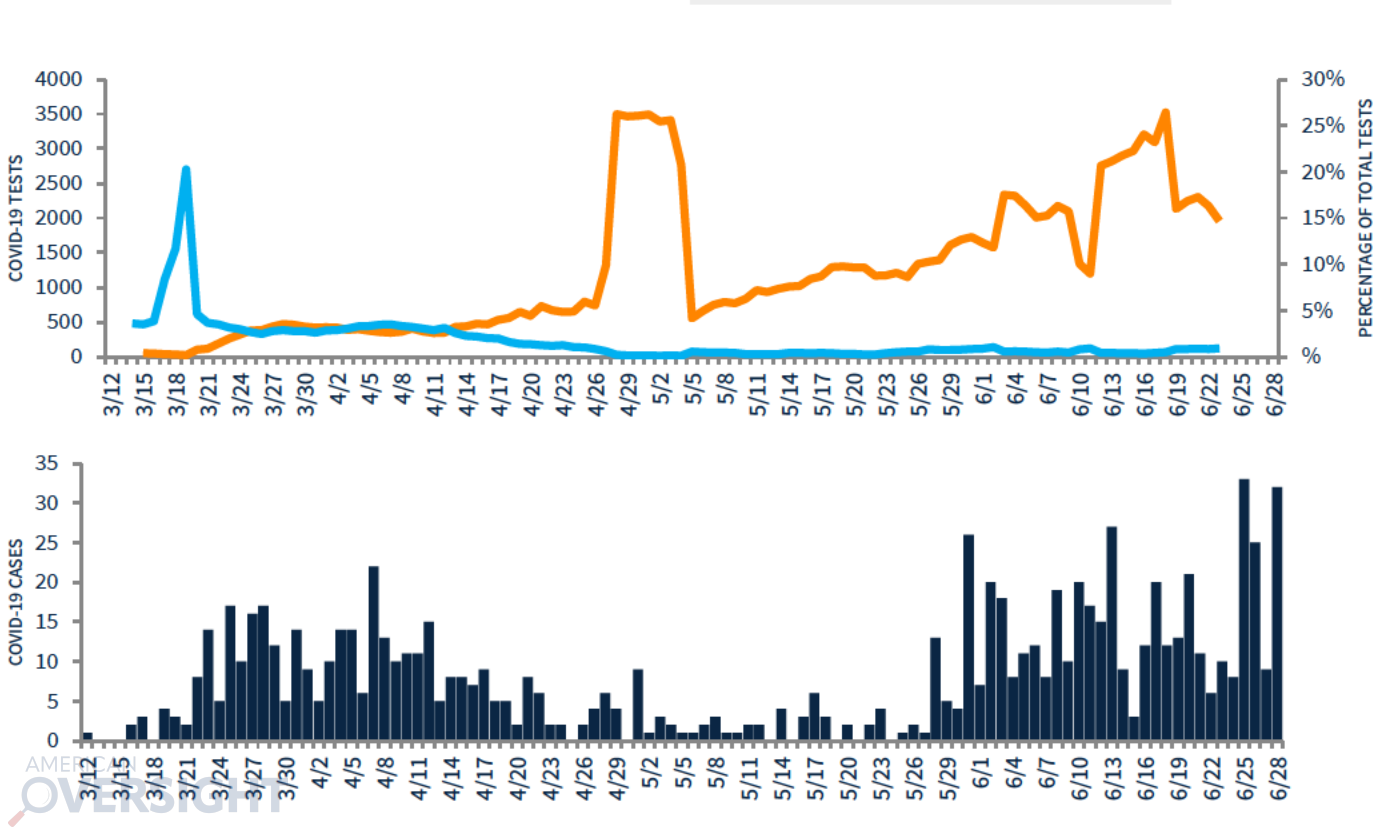
POPULATION DENSITY	44 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.6%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICA OVERSIGHT
NIH FOIA 000852
HHS-NIH-20-0496-A-000852

TRENDS IN ALASKA



COVID-19 SNAPSHOT

POSITIVITY RATE[1]	0.9%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	263 (weekly avg.)
BED UTILIZATION[2]	Unknown

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.5%
INCIDENCE	+34%
TESTING PER 100K / DAY	-39%
BED UTILIZATION	Unknown

RISK FACTORS

POPULATION DENSITY	1 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	2.8%

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AMERICA OVERSIGHT
NIH FOIA 000853
HHS-NIH-20-0496-A-000853

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Tue, 30 Jun 2020 12:05:10 -0500
To:
Subject: White House Coronavirus Task Force Meeting Materials 6.30.30 1330
Attachments: Hospital COVID Spending Slides 6.26.20.pdf, EEOB 376 Seating Chart 6.30.20.pdf, Supply Chain Slide 6.30.20.pptx, WH Coronavirus TF Agenda 6.30 v.1.docx, WH Coronavirus TF Agenda 6.30 v.1.docx

All –

Please see the attached materials for this afternoon's **White House Coronavirus Task Force Meeting** at **1:30pm** in EEOB 376.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

COVID-19 Hospital Spending



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

NIH FOIA 000855

HHS-NIH-20-0496-A-000855

Medicare Spending

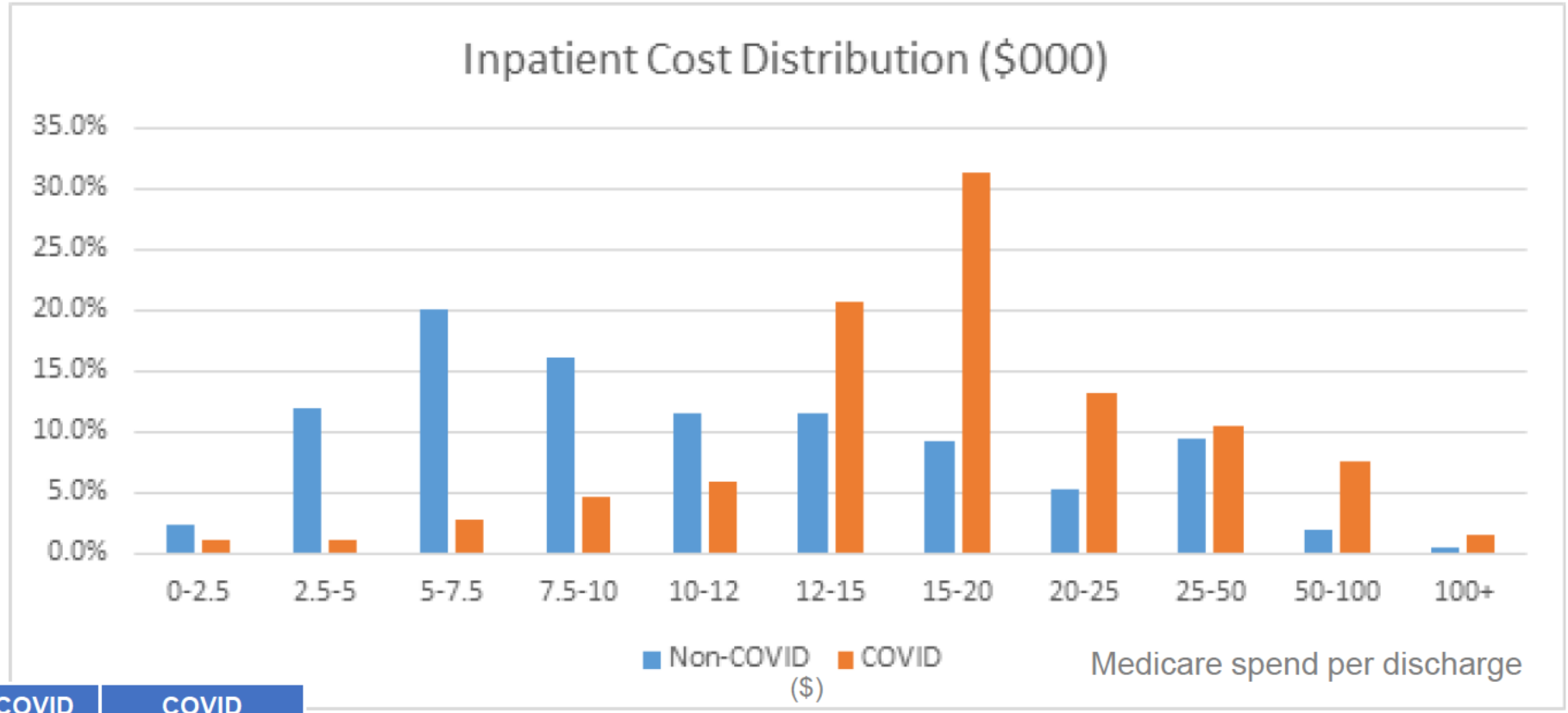
- Medicare providing a 20 percent add-on for both rural and urban inpatient hospital COVID patients.

- Through May, there were a total of 101,348 discharges and total payments of $2.286 billion for an average Medicare spend of $22,556 per COVID discharge.

- For comparison purposes, the average Medicare spending in the first quarter of 2020 was $13,677 per discharge. The average across all respiratory discharges was $11,084, and was $16,032 for septicemia-like discharges.

AMERICAN OVERSIGHT

Medicare Spending



Percentile	Non-COVID	COVID
75%	15,689	22,931
90%	29,937	47,759

OVERSIGHT

CARES Act Funding

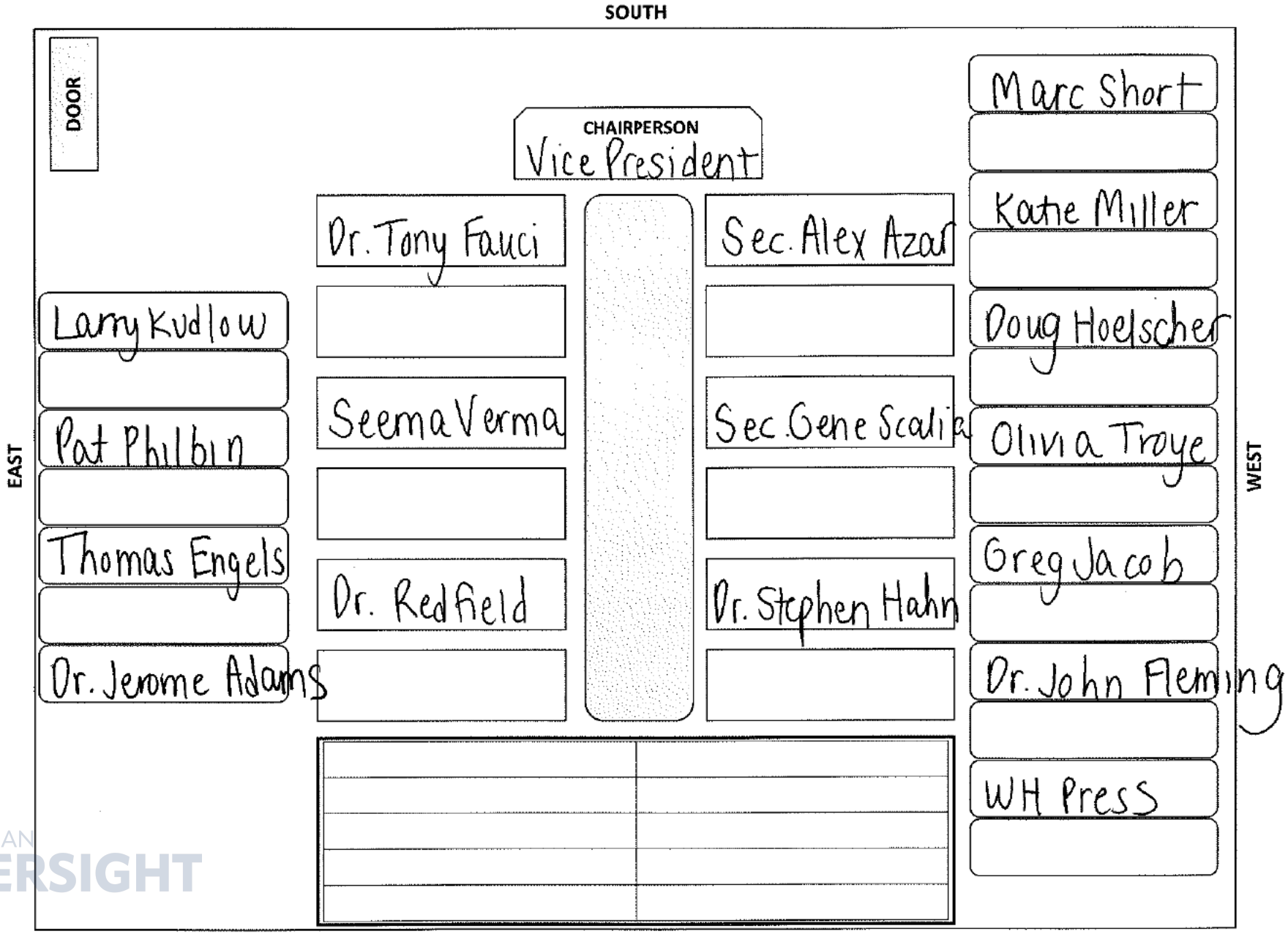
The Cares Act provided $175 billion to hospitals through the CARES Act Provider Relief Fund. Those funds were distributed by categories, including:

- General distribution: $50 billion in general payments, of which $30 billion was provided to 320,000 Medicare-fee-for-service (MFFS) hospitals. The remaining $20 billion was provided to nearly 15,000 providers.
- Targeted Allocations: 10 categories were provided for targeted distribution.
- High-Impact distribution: **($12 billion) 395 hospitals have thus far qualified by caring for 100 or more COVID patients. The qualifying hospitals receive $76,975 per COVID admission.**
- Rural Distribution: ($10 billion) Rural hospitals received an allocation based on past operating expenses and facility type. In total, the base payment per facility ranged between $1 million to $2 million.
- Skilled Nurses Facilities (SNF) Distribution: ($4.9 billion) A facility with six or more bed qualifies for $50,000 plus $2,500 per certified bed.
- Indian Health Services / Tribal Hospitals (IHS) Distribution: ($500 million) Tribal hospitals each receive $2.81 million plus three percent of total operating expenses
- Medicaid and Chip Distribution: ($15 billion) Hospitals that didn't not receive General Distribution funds but billed Medicaid/CHIP programs early 2020.
- Safety Net Hospitals Distribution: ($10 billion) Hospitals qualify when their Medicare Disproportionate Payment Percentage is 20.2 percent or greater.

AMERICAN OVERSIGHT

White House Situation Room – SMS Large Conference Room

0000L 00/00/00 MEETTING TITLE



AMERICAN OVERSIGHT

Supply Chain Advisory Group (SCAG) Summary of Actions

FEMA

Strategic National Stockpile (status delivered)

(b) (5)

Donations (status delivered)

(b) (5)

(b) (5)

(b) (5)

(b) (5)

AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000860

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Tuesday, June 30, 2020
1:30pm EST

I. **Opening Remarks –** Vice President Pence

II. **Data Modeling & Reporting –** Dr. Debbie Birx, M.D.

III. **NRCC & Supplies Update –** Admiral John Polowczyk (FEMA)

IV. **Religious Gatherings Guidance (Capacity) –** Pat Philbin, Deputy Counsel to the President

V. **Hospital COVID Funding –** Seema Verma, Administrator (CMS)

VI. **Testing Pricing Update –** Seema Verma, Administrator (CMS)

VII. **States Update –** Doug Hoelscher, Director (IGA)

VIII. **Concluding Remarks –** Vice President Pence

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

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AMERICAN OVERSIGHT

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Mon, 6 Jul 2020 13:13:21 -0500
To:
Subject: WH Coronavirus TF PowerPoint 7.6.20
Attachments: PowerPoint 7.6.20.pptx

All –

Please see Dr. Birx's PowerPoint for today – Monday, July 6th – attached.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

6 July Data Summary

- Continued increasing cases week over week with increased hospitalizations in AZ, TX, FL, CA, SC, GA – hitting historic high in new cases, substantial acceleration of cases in LA, Phoenix, Houston, Dallas, Miami, Jacksonville – beginning to very early concerns across the mid-Atlantic and mid-West
- **4** States account for 55% of new cases (TX, CA, AZ, FL) with unfortunately increases in deaths
- **6** additional states over 1000 cases/day and increasing (GA, NC, LA, TN, SC, AL)
- **Uniform use of masks in all metros, closing bars, limiting indoor dining to under 50% - with increasing social distanced outdoor dining will be required to prevent full shutdowns**
- **11 states with rising cases and percent positive cases : most concerning are CA, TX, FL, SC, AZ,GA – with early alerts for KS, MS, DE, WI, NV, ID, TN, LA – rate of rising cases in LA and New Orleans and BR must be addressed**
- **27 states with rising cases or rising test positive rate, 13 states and DC stable**
- **154 USA counties with significant increasing cases triggering the emerging county alert**
- States with greater than 10% test positives (7-day average): **TX, AZ, FL, MS, SC, AL, GA, TN, LA, NV : TX and AZ now nearly 20%**
- Metros with greater than 10% positives (7-day average)many approaching 20%: **Phoenix, Houston, Dallas, Austin, San Antonio, Miami, Orlando, Tampa, Jacksonville, Los Angeles, Las Vegas, Riverside, Atlanta,, Nashville, Memphis, Charleston, Charlotte (Talked to the Texas metros Saturday)**

AMERICAN OVERSIGHT

Actions

- **Deployment** of interagency Federal team to both the “hot” states and the states in “yellow” status to ensure joint understanding of the data, the actions necessary to control the pandemic and specifically meeting with local community members to ensure actions are planned with and executed with the community
- **Active health personnel support** to Arizona, Texas, and potentially FL, increased testing support to AZ, FL, TX
- Re-enforce messaging about protecting vulnerable and testing in those who have gathered independent of Sx
- **Weekly comprehensive data summaries and recommendations** to all Governors weekly – going today
- In every county and metro with increase cases and increasing percent positive need to intensify community testing and with isolation of positive individuals and messages of testing in all multigenerational households : **neighborhood level HOUSEHOLD POOLED TESTING with isolation of households and follow-up individuals tests and full activation of the local university researchers to support pooled testing**
- **Aggressive outreach and partnership with local community groups** and NGOs to expand testing, importance of knowing your status and protecting yourself and others in your community
- Move beyond IHS to specific tribal leaders and ensure response supports the Tribal Nations
- **Intensify pooled and individual testing** of nursing home employees and agricultural workers and the communities surrounding them to enhance protection of the vulnerable and stop community spread : must mandate weekly testing of LTCF staff weekly in all areas with rising cases
- **PSAs for plasma collection** to ensure increases availability at all hospitals with new cases, ensuring Remdesivir is available to all states and enhanced supply to states with increasing hospitalizations
- **Mandate social distancing and masks in public** in exploding metros and counties as well as specifically move to **only outdoor options for dining and bars**
- **PSA for the Hispanic community about risk and vulnerabilities and need for testing independent of Sx**

AMERICAN OVERSIGHT

Observations from TX, NM, AZ, FL

- TX
  - Believes majority of community spread due to population letting down their guard and expanding social networks dramatically
  - Bars creating a party time atmosphere increasing both in bar and outside bar social gatherings
  - Large family parties – some with 60/60 NAT+
  - River tubing due to transport in buses
  - <0.25% of elective inpatients NAT+
  - Needs : swabs, transport media, staffing for expanded beds; needs vast improvement in turn around times for lab results – delayed 10-14 days, payment for viral pneumonia vs elective surgery creates problematic incentives, continued border restrictions as they have students and dual citizens continually moving across the border, rural EMS and critical shortages
  - Austin : new admissions up 500%, hospitalization up 300%, ICU up 270%
  - San Antonio – 7Jun 90 hospitalize, 14Jun 167, 21Jun 406, 28Jun 802 – cannot sustain doubling – 23% of all admission COIVD
  - Best practices
    - Nursing home strike teams
    - EMS training on PPE use in nursing homes
    - Hoteling of individuals that don't have a place to quarantine

AMERICAN OVERSIGHT

Observations from TX, NM, AZ, FL

- NM
  - Thinks most community spread from other states not wearing masked
  - Significant nurse shortages across the state
  - 75% of LTCF in hot zones have infections and very difficult to protect those with dementia : 50% of infections in staff are asymptomatic
  - Still using NP swabs
  - 55% of inpatients with COVID are under 60 yo
  - Needs : more clarity on testing and payment especially for asymptomatic, PPE for assisted living centers, better communication of guidance – needs to be clear and practical, better support to tribal nations, need better testing support to tribal nations, more support for Gallop with their monthly surge of people (30-60K for shopping)
  - Best practices
    - Emergency worker day care for their children at the community centers
    - Community center for individuals that don't have a place to quarantine
    - Accelerating local construction projects
    - Accelerating small business grants and loans to business with less than 5 employees
    - COVID patients centralized regionally so most hospitals don't have significant numbers of patients

AMERICAN OVERSIGHT

Observations from TX, NM, AZ, FL

- AZ
  - Believes majority of community spread due to population letting down their guard and expanding social networks dramatically
  - Bars creating a party time atmosphere increasing both in bar and outside bar social gatherings
  - Large family parties with significant spread
  - Significant spread in multigenerational households
  - Contact tracing does not work for people under 44 – don't answer phone and will not supply names
  - Needs : swabs, transport media, staffing for expanded beds; needs vast improvement in turn around times for lab results – delayed 10-14 days, more funding to local NGOs to extent messages, funding delays to tribal nations - needs higher grade of equipment past Abbott ID Now and Biofire, median age of tribal member lifespan – 47yrs, paternalistic approach to access to Abbott ID Now cartridge, Tribal hospitals need better access to Remdesivir, ventilators
  - Best Practices
    - Task Force for African American and COVID
    - Strong Hispanic outreach with messaging
    - ASU and U of Arizona engaged in novel testing approaches from saliva
    - Nursing associations support and internal surge capacity with cross trained nurses

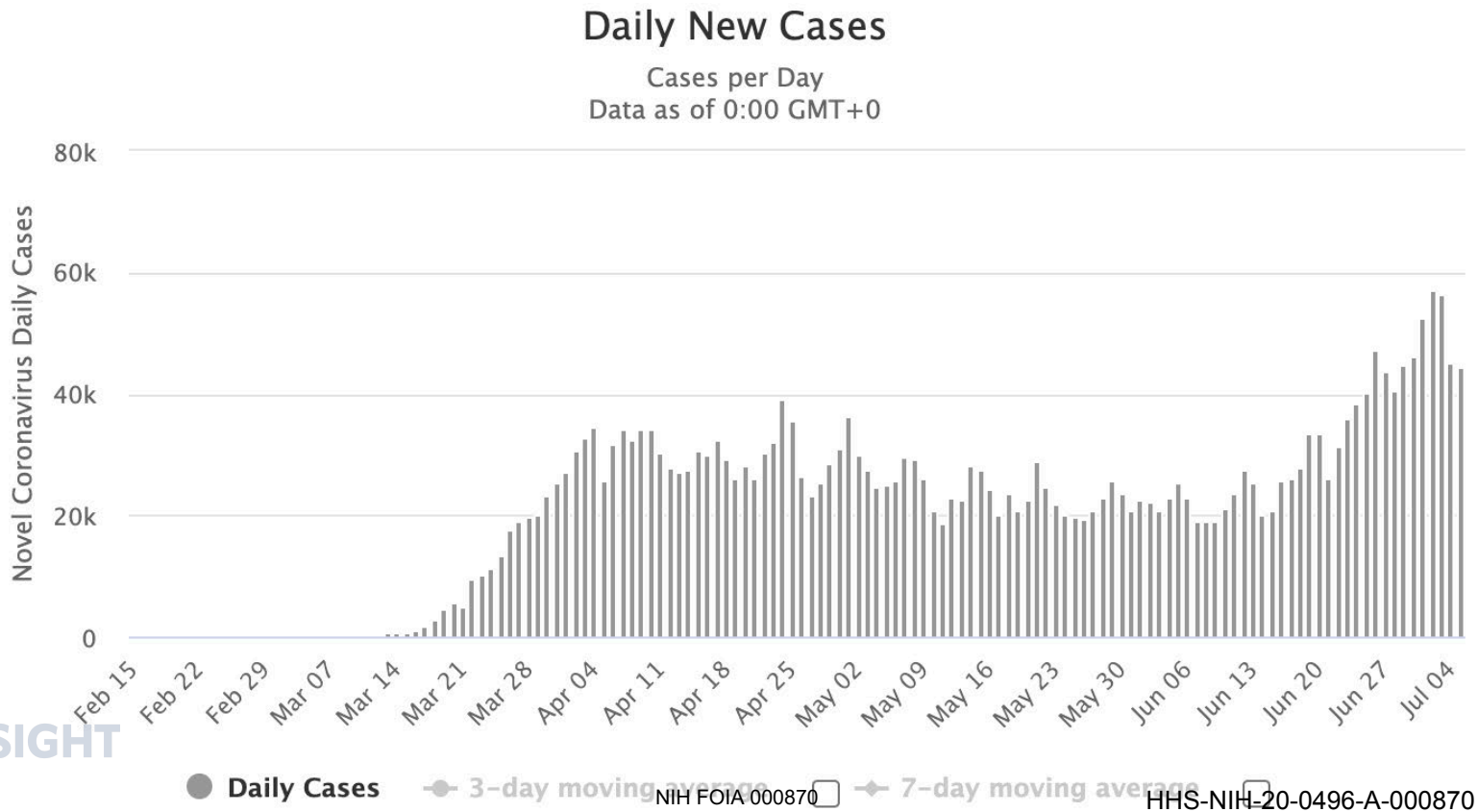
AMERICAN OVERSIGHT

Observations from TX, NM, AZ, FL

- FL
  - Believes majority of community spread due to population letting down their guard and expanding social networks dramatically
  - Bars creating a party time atmosphere increasing both in bar and outside bar social gatherings
  - Large family parties with significant spread especially in Hispanic neighborhoods
  - Significant spread in multigenerational households
  - Median age of test positive is now 34
  - Hospital admission now 14 years younger
  - Contact tracing does not work for people under 44 – don't answer phone and will not supply names
  - Needs : swabs, transport media, staffing for expanded beds; needs vast improvement in turn around times for lab results – delayed 10-14 days, partial forgiveness of Medicaid payments, delay AMAF (?) rules
  - Best Practices
    - Comprehensive and linked outpatient management of patients

AMERICAN OVERSIGHT

Daily New Cases in the United States

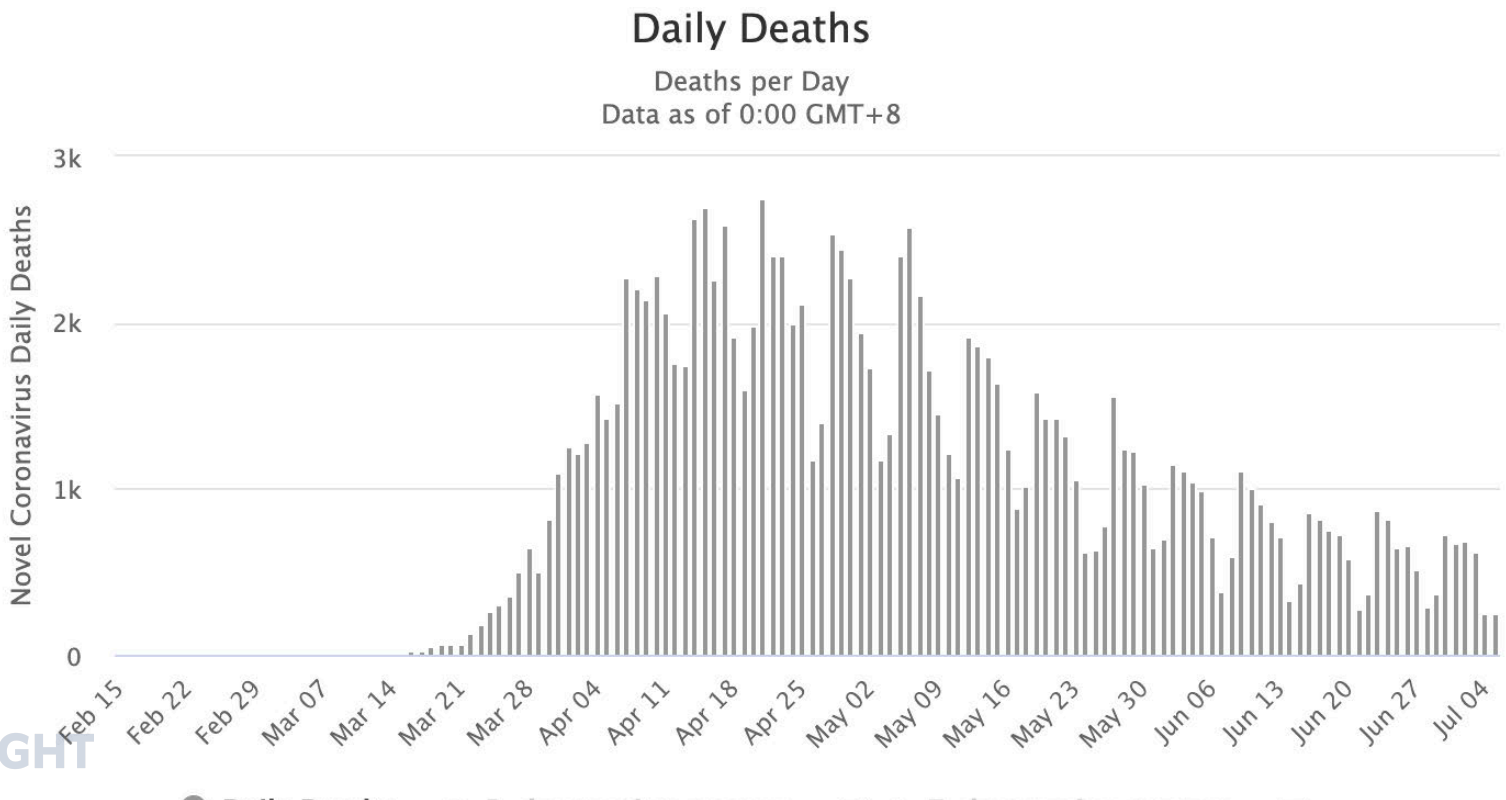


AMERICAN OVERSIGHT

NIH FOIA 000870

HHS-NIH-20-0496-A-000870

Daily New Deaths in the United States



AMERICAN OVERSIGHT

NIH FOIA 000871

HHS-NIH-20-0496-A-000871

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop
USA Total	2,982,928	+44,530	132,569	+251	1,560,795	9,012	401	37,600,814	113,597
New York	422,268	+631	32,248	+33	274,852	21,706	1,658	4,233,803	217,636
California	263,223	+4,625	6,337	+6	186,519	6,662	160	4,680,138	118,448
Texas	200,952	+5,183	2,675	+27	97,433	6,930	92	2,371,709	81,795
Florida	200,111	+10,059	3,732	+29	168,673	9,317	174	2,200,199	102,441
New Jersey	176,967	+304	15,279	+22	103,445	19,924	1,720	1,534,640	172,777
Illinois	148,373	+639	7,230	+6	27,873	11,709	571	1,761,706	139,025
Massachusetts	109,974	+136	8,183	+11	8,634	15,956	1,187	961,849	139,550
Arizona	98,089	+3,536	1,809	+4	85,061	13,476	249	785,999	107,986
Georgia	95,516	+2,197	2,860	+3	79,361	8,996	269	1,119,577	105,447
Pennsylvania	94,305	+383	6,804	+4	17,415	7,366	531	825,902	64,514
North Carolina	72,983	+1,329	1,425	+5	26,020	6,959	136	1,036,838	98,859
Michigan	72,941	+360	6,218		13,882	7,304	623	1,336,869	133,863
Maryland	69,632	+291	3,243	+7	61,360	11,518	536	713,526	118,022
Virginia	65,748	+639	1,853	+4	55,111	7,703	217	782,984	91,732
Louisiana	65,226	+1,937	3,294	+11	18,906	14,031	709	302,454	172,616
Ohio	57,194	+713	2,935	+2	13,799	4,893	251	865,069	74,006

AMERICAN OVERSIGHT

NIH FOIA 000872

HHS-NIH-20-0496-A-000872

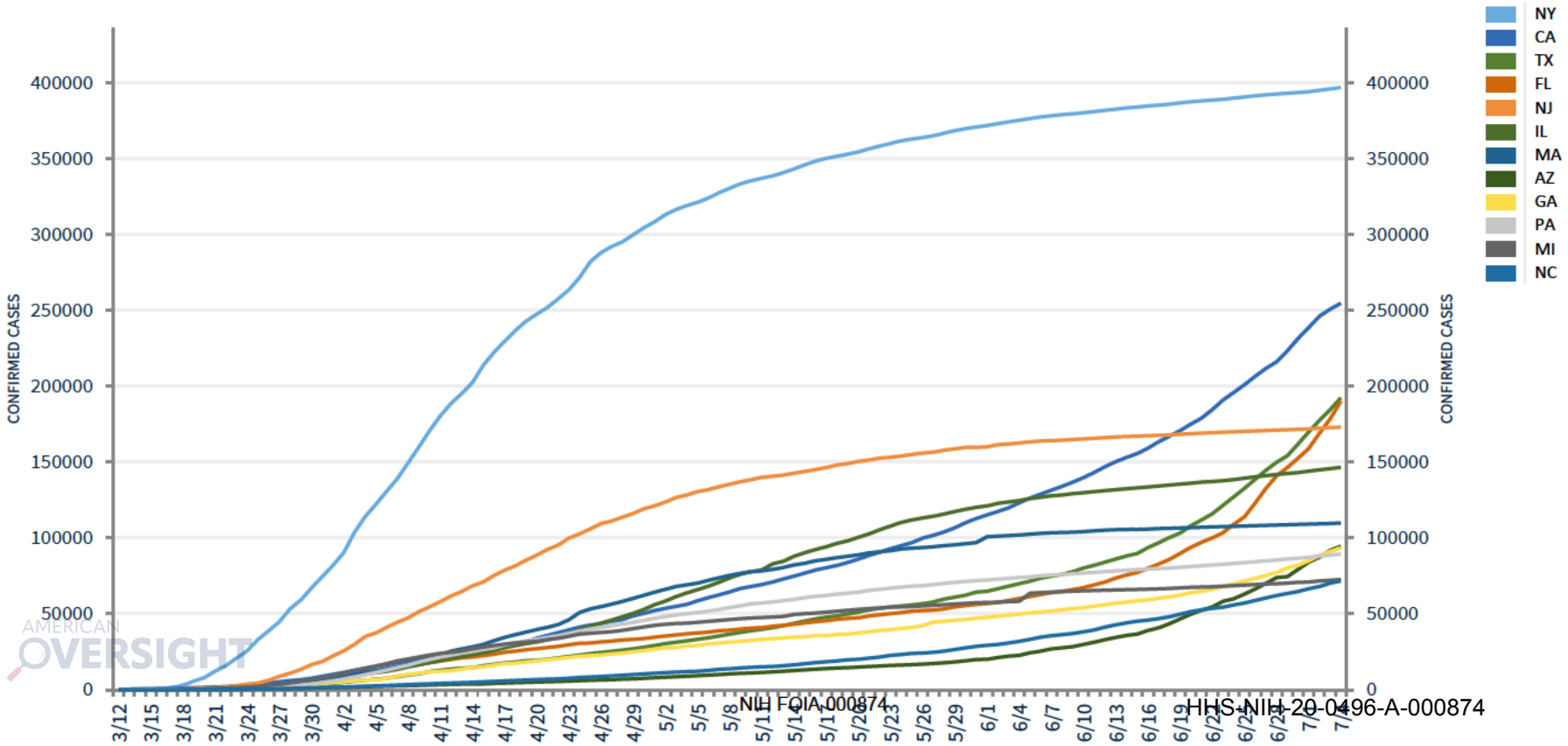
USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop
Tennessee	51,431	+1,291	646	+9	20,531	7,531	95	895,796	131,172
Indiana	48,008	+576	2,693	+6	8,840	7,131	400	521,722	77,496
Connecticut	46,717		4,335		29,622	13,103	1,216	497,693	139,594
South Carolina	44,847	+1,461	820	+7	27,033	8,710	159	473,543	91,973
Alabama	43,953	+1,091	1,007		20,864	8,964	205	449,383	91,651
Minnesota	38,136	+512	1,508	+5	-989	6,762	267	674,015	119,514
Washington	36,708	+571	1,359	+5	23,747	4,821	178	612,706	80,462
Colorado	34,065	+199	1,701		22,794	5,915	295	352,758	61,256
Wisconsin	31,577	+522	796		5,882	5,423	137	615,688	105,744
Iowa	31,475	+414	721		5,925	9,976	229	333,021	105,551
Mississippi	30,900	+226	1,111	+4	10,401	10,383	373	322,221	108,268
Utah	24,952	+410	184	+3	10,621	7,783	57	371,308	115,818
Missouri	24,444	+268	1,074	+1	18,083	3,983	175	465,998	75,927
Arkansas	23,814	+605	287	+1	6,394	7,891	95	344,529	114,165
Nevada	22,418	+843	534	+4	8,311	7,278	173	371,890	120,737
Nebraska	19,929	+102	284		5,004	10,302	147	191,967	99,238
Rhode Island	16,991		960		14,374	16,039	906	250,954	236,892

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NIH FOIA 000873

HHS-NIH-20-0496-A-000873

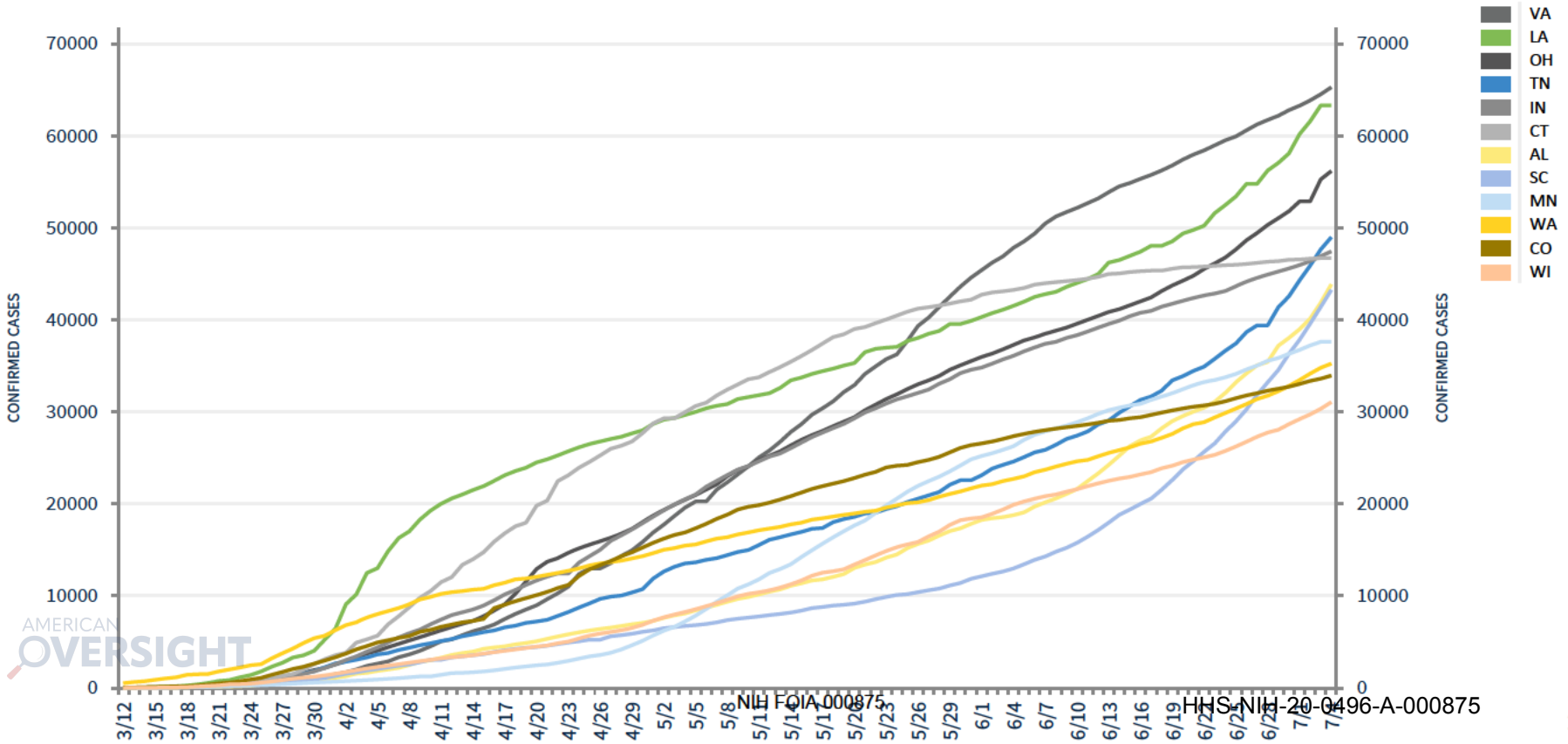
CUMULATIVE CASES: TOP 12 STATES



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NIH FOIA 000874 HHS-NIH-20-0496-A-000874

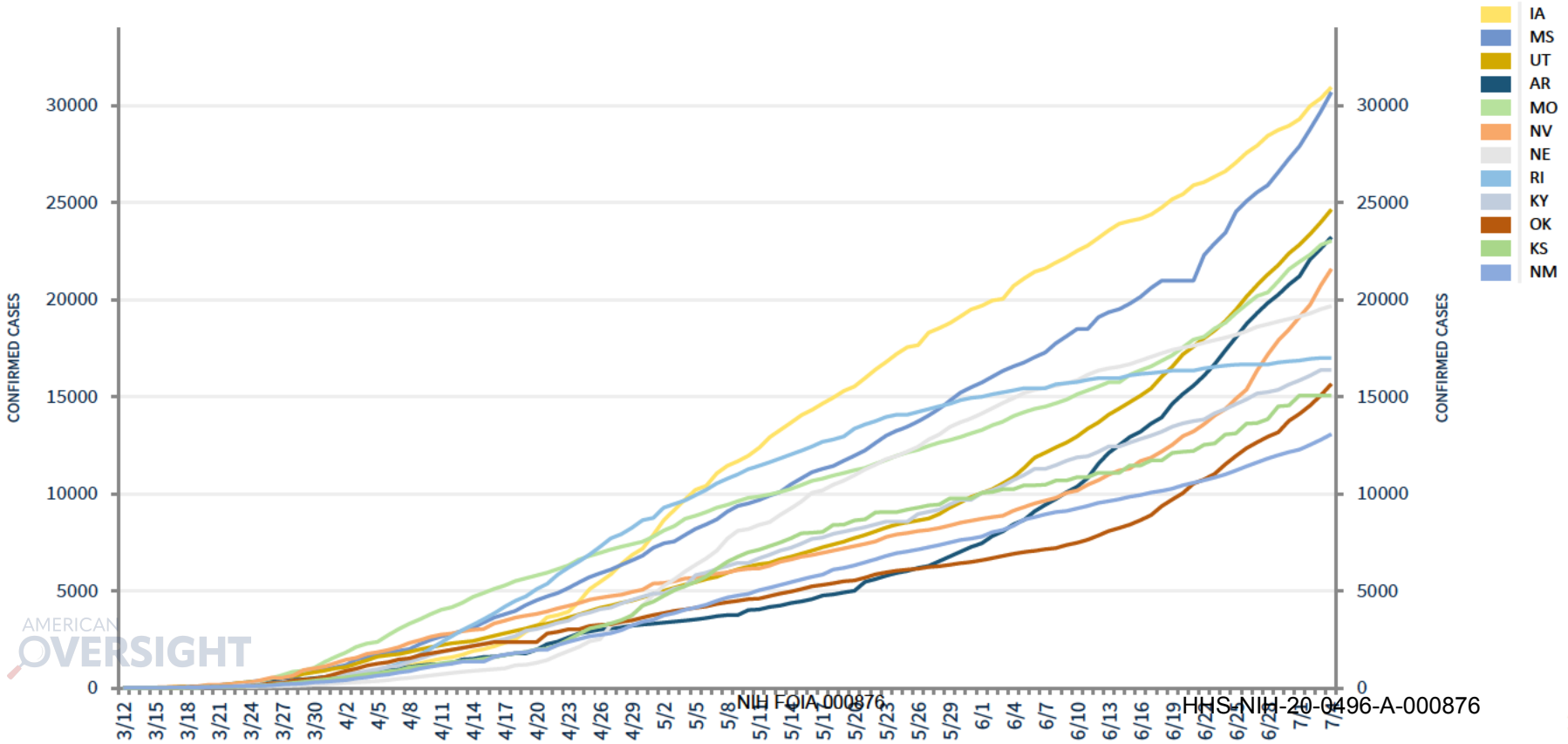
CUMULATIVE CASES: TOP 13-24 STATES



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HHS-NIH-20-0496-A-000875

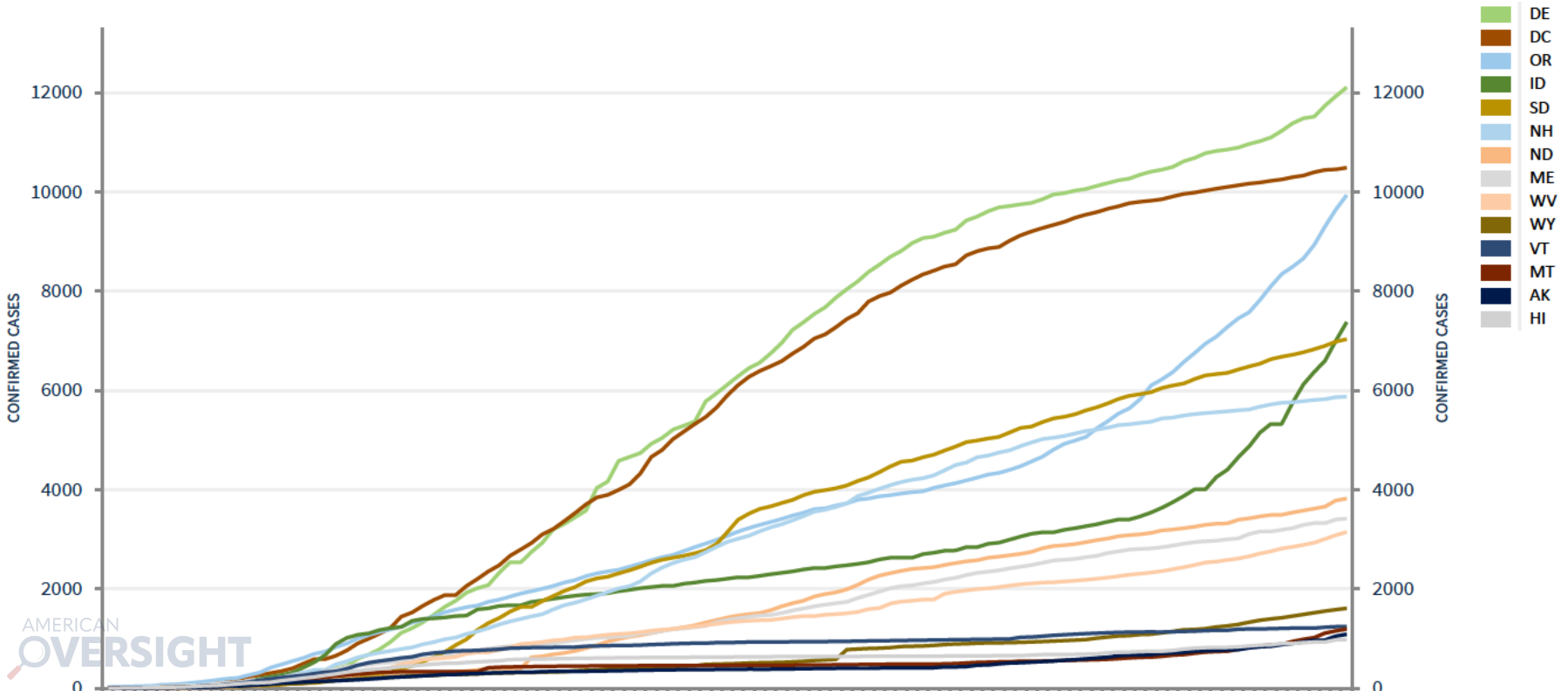
CUMULATIVE CASES: TOP 25-36 STATES



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NIH FOIA 000876
HHS-NIH-20-0496-A-000876

CUMULATIVE CASES: TOP 37-51 STATES



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NIH FOIA 000877

HHS-NIH-20-0496-A-000877

CASE, TESTING, AND SYNDROMIC SURVEILLANCE DATA COMBINED VIEW: ALL STATES AND DC REGION 1

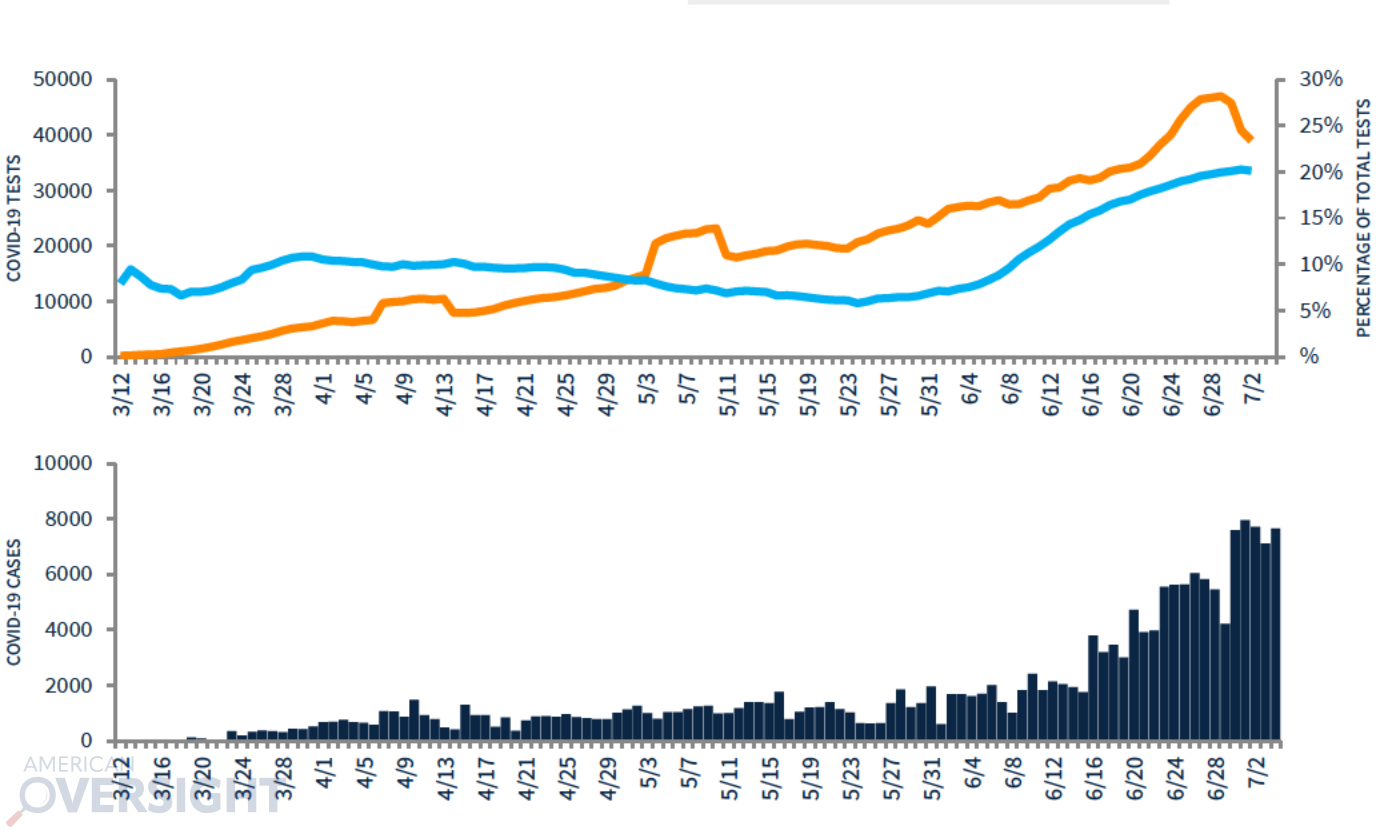
Metric	Green	Yellow	Red	Description
COVID-19 SNAPSHOT				
POSITIVITY RATE	< 5.0%	5.0% — 10.0%	> 10.0%	Percentage of positive tests results over the last 7 days of data
NEW CASES PER 100K / DAY	< 1.4	1.4 — 14.2	> 14.2	Daily average of new cases over the last 7 days per 100,000 people
TESTING PER 100K / DAY	> 142.9	71.4 — 142.9	< 71.4	Daily average of new tests over the last 7 days per 100,000 people
BED UTILIZATION	< 70%	70% — 80%	> 80%	Daily average bed utilization over the last 3 days
WEEK-ON-WEEK CHANGES				
POSITIVITY RATE	< -1.0%	-1.0% — 1.0%	> 1.0%	Change in positivity rate from the last week to second to last week of data
INCIDENCE	< -10%	-10% — 10%	> 10%	Change in new cases from the last week to second to last week of data
TESTING PER 100K / DAY	> 10%	-10% — 10%	< -10%	Change in testing from the last week to second to last week of data
BED UTILIZATION	< -5%	-5% — 5%	> 5%	Change in bed utilization from the last week to second to last week of data
RISK FACTORS				
POPULATION DENSITY	< 100	100 — 300	> 300	
% OVER 60	< 20%	20% — 24%	> 24%	Percent of population over 60 from 2018 census estimate
CRUDE CVD PREVALENCE	< 3.0%	3.0% — 4.0%	> 4.0%	calculated from 2017 CDC behavioral risk factors

AMERICAN OVERSIGHT

NIH FOIA 000878

HHS-NIH-20-0496-A-000878

TRENDS IN TEXAS



Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

COVID-19 SNAPSHOT

POSITIVITY RATE	20.1%
NEW CASES PER 100K / DAY	24 (weekly avg.)
TESTING PER 100K / DAY	164 (weekly avg.)
BED UTILIZATION	64%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.1%
INCIDENCE	+31%
TESTING PER 100K / DAY	+29%
BED UTILIZATION	-3%

RISK FACTORS

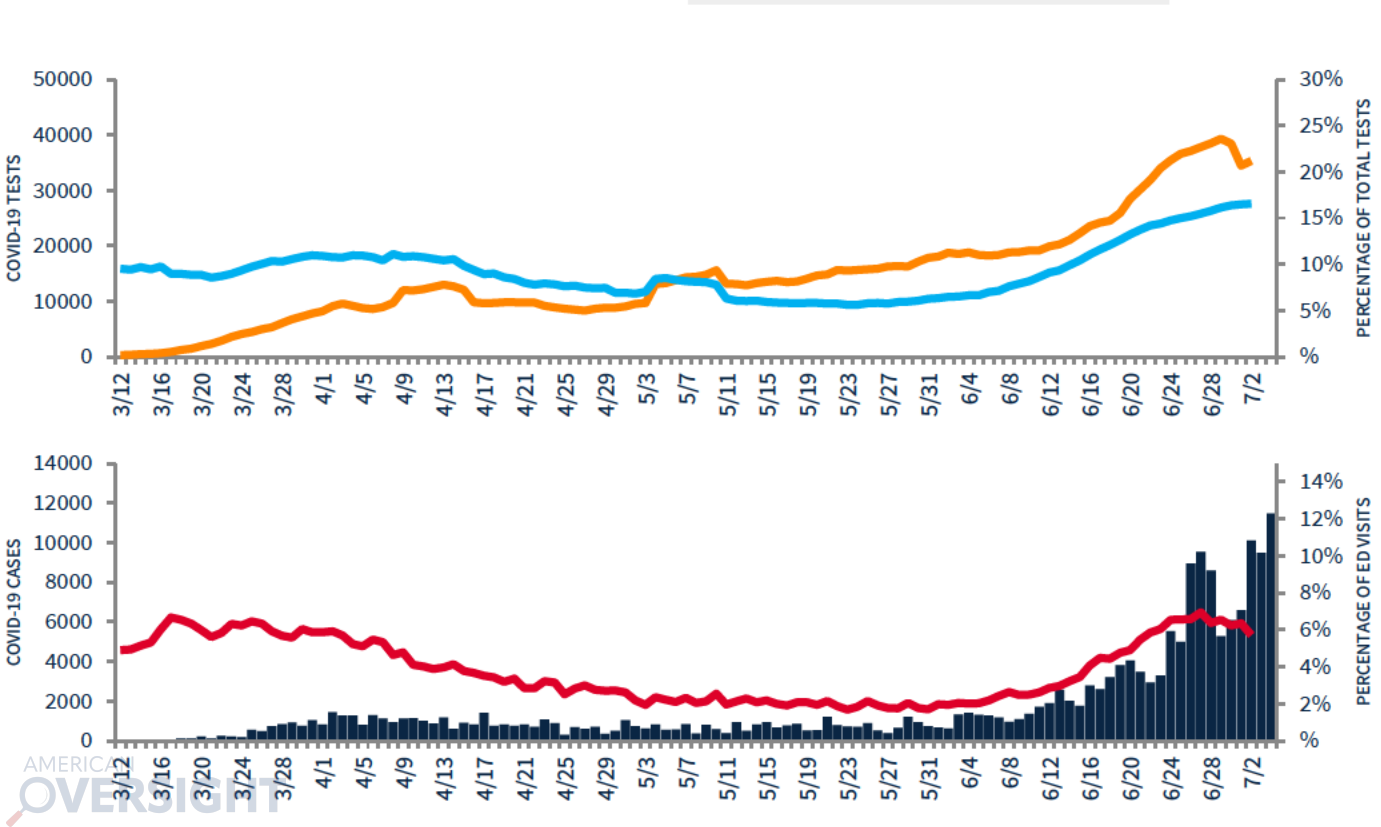
POPULATION DENSITY	110 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	3.3%

** Most recent several days of testing data is incomplete until all test results come in; testing data is updated as results are received*

Not enough CLI syndromic surveillance data to display

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NIH FOIA 000879
HHS-NIH-20-0496-A-000879

TRENDS IN FLORIDA



COVID-19 SNAPSHOT

POSITIVITY RATE	16.5%
NEW CASES PER 100K / DAY	39 (weekly avg.)
TESTING PER 100K / DAY	184 (weekly avg.)
BED UTILIZATION	62%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.6%
INCIDENCE	+49%
TESTING PER 100K / DAY	+23%
BED UTILIZATION	+9%

RISK FACTORS

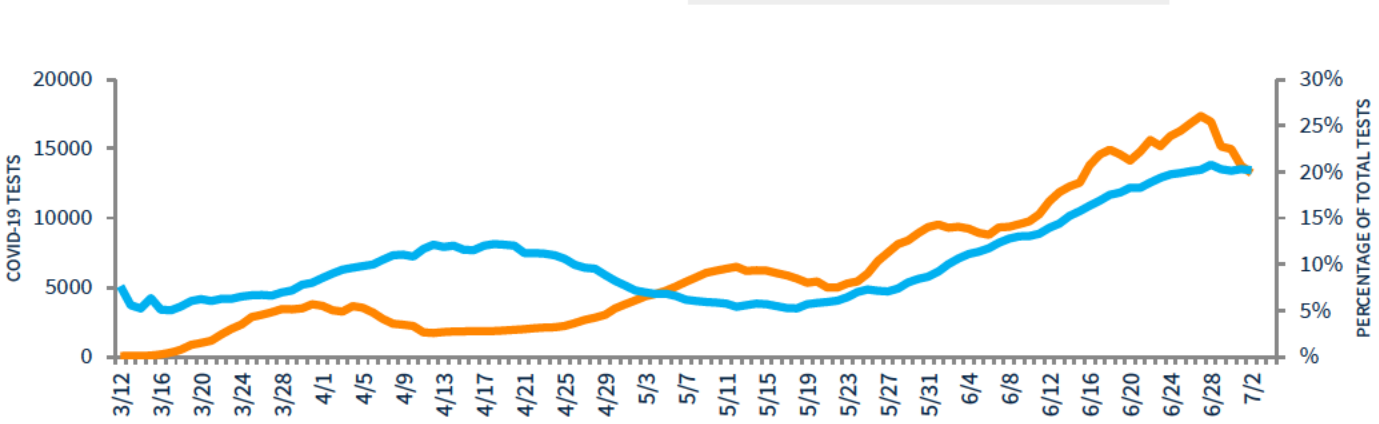
POPULATION DENSITY	397 per sq mi
% OVER 60	27%
CRUDE CVD PREVALENCE	4.7%

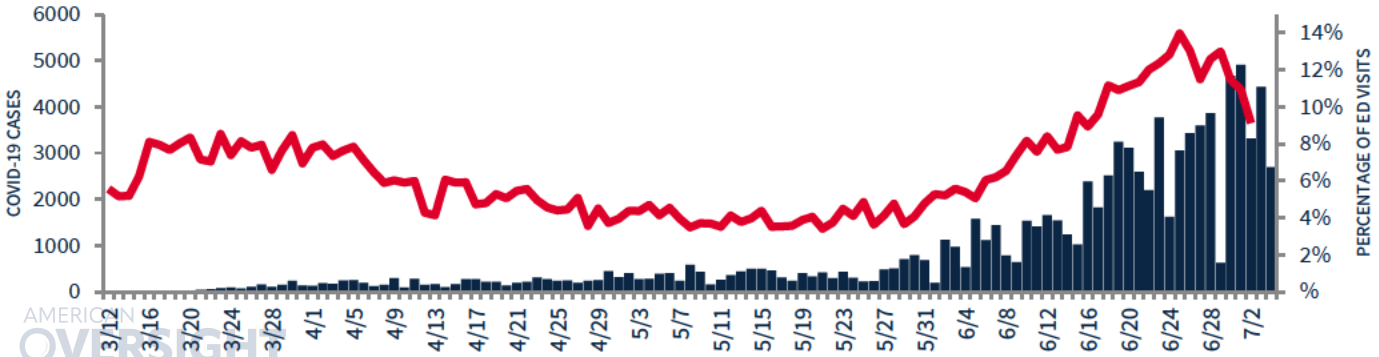
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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HHS-NIH-20-0496-A-000880

TRENDS IN ARIZONA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	20.2%
NEW CASES PER 100K / DAY	49 (weekly avg.)
TESTING PER 100K / DAY	211 (weekly avg.)
BED UTILIZATION	75%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.3%
INCIDENCE	+21%
TESTING PER 100K / DAY	-3%
BED UTILIZATION	+1%

RISK FACTORS

POPULATION DENSITY	63 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	3.7%

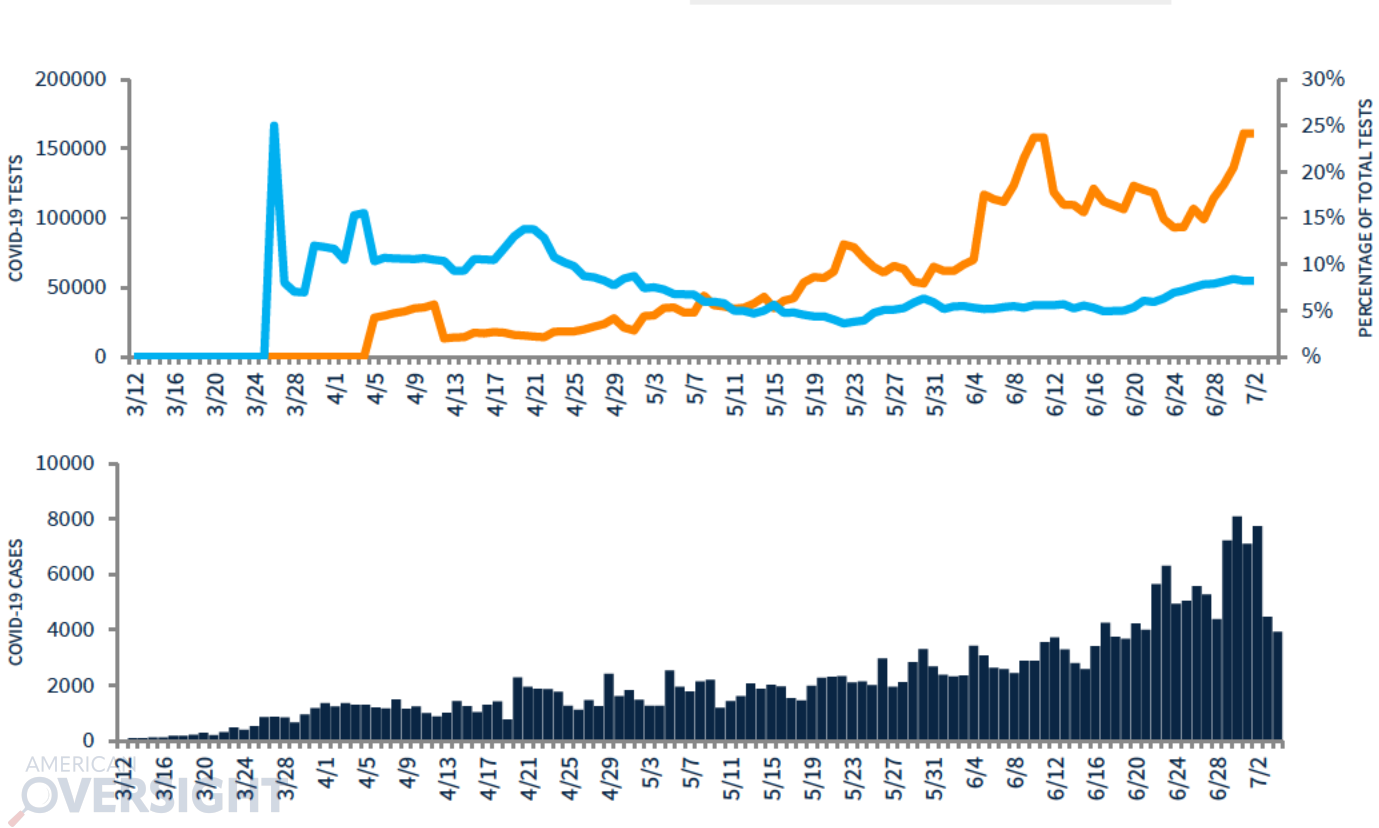
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 000881
HHS-NIH-20-0496-A-000881

TRENDS IN CALIFORNIA



COVID-19 SNAPSHOT

POSITIVITY RATE	8.2%
NEW CASES PER 100K / DAY	15 (weekly avg.)
TESTING PER 100K / DAY	224 (weekly avg.)
BED UTILIZATION	64%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.0%
INCIDENCE	+17%
TESTING PER 100K / DAY	-25%
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	254 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	2.8%

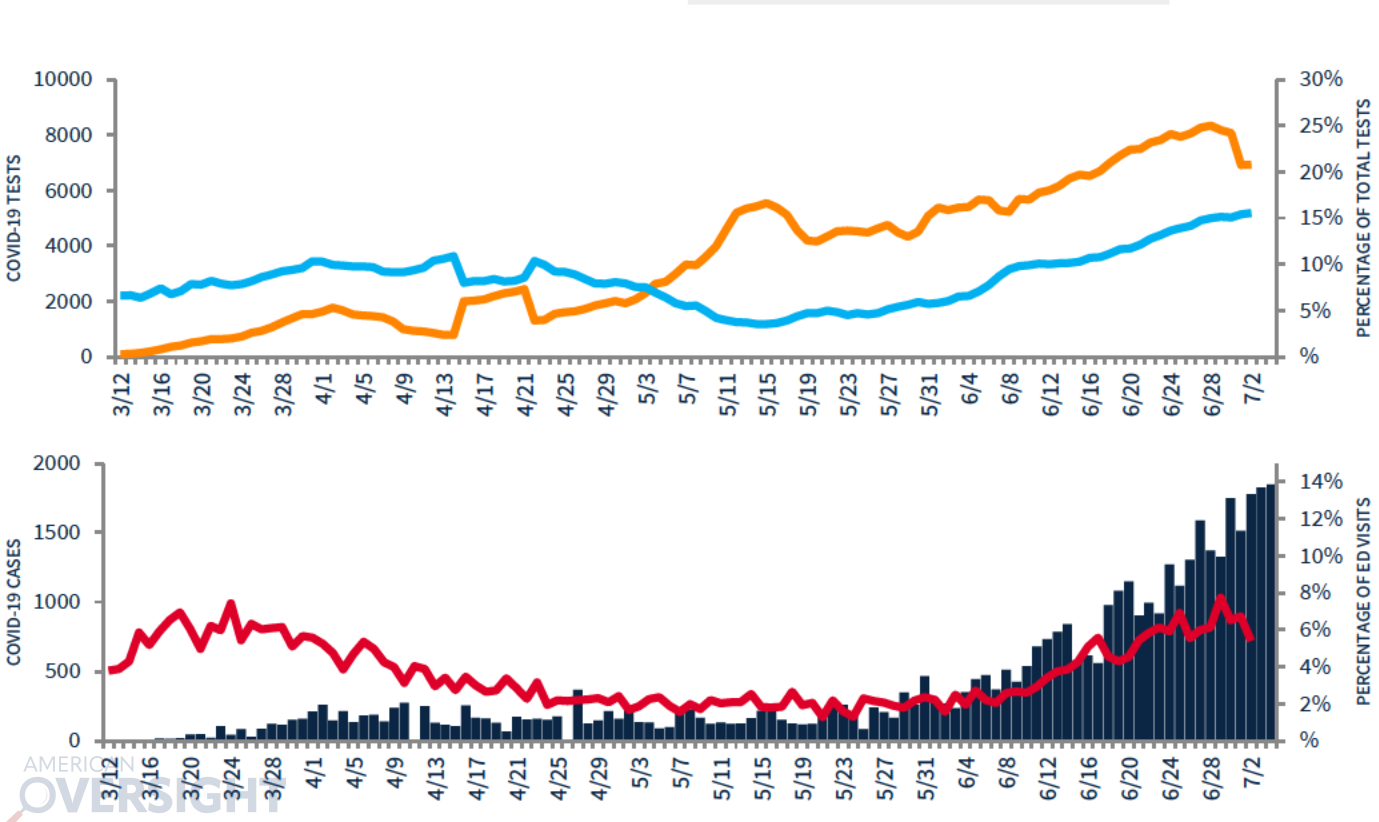
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Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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HHS-NIH-20-0496-A-000882

TRENDS IN SOUTH CAROLINA



COVID-19 SNAPSHOT

POSITIVITY RATE	15.5%
NEW CASES PER 100K / DAY	32 (weekly avg.)
TESTING PER 100K / DAY	161 (weekly avg.)
BED UTILIZATION	72%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.6%
INCIDENCE	+41%
TESTING PER 100K / DAY	+6%
BED UTILIZATION	-1%

RISK FACTORS

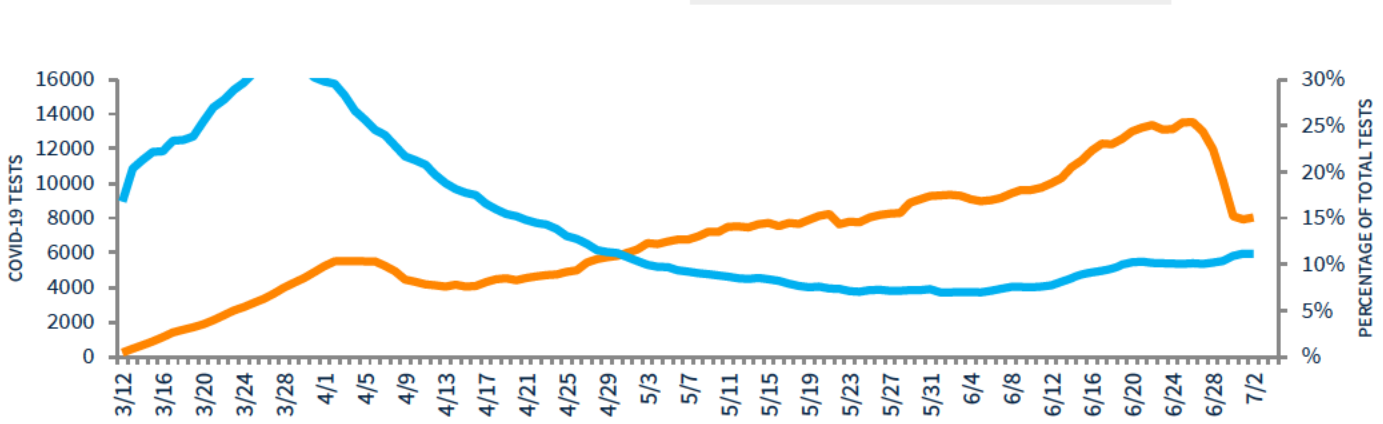
POPULATION DENSITY	169 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.9%

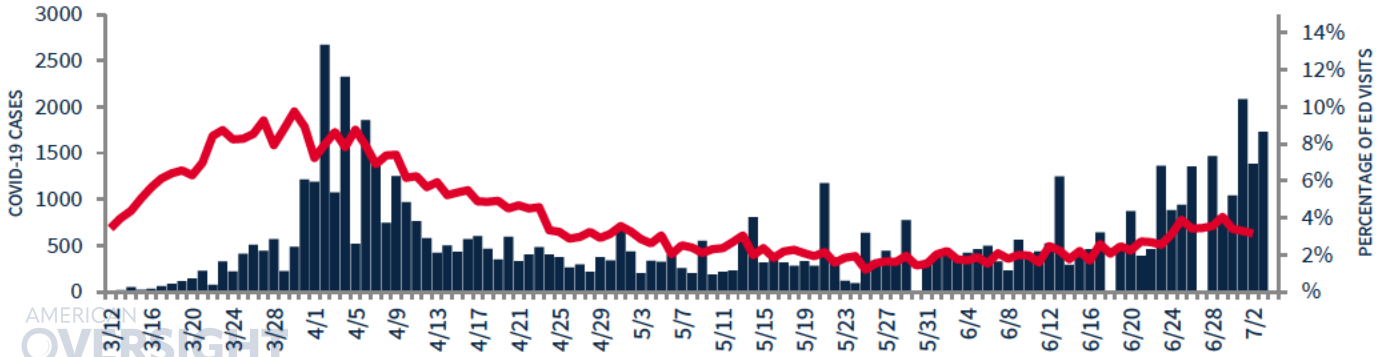
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 000883
HHS-NIH-20-0496-A-000883

TRENDS IN LOUISIANA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	11.1%
NEW CASES PER 100K / DAY	26 (weekly avg.)
TESTING PER 100K / DAY	218 (weekly avg.)
BED UTILIZATION	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.1%
INCIDENCE	+58%
TESTING PER 100K / DAY	-24%
BED UTILIZATION	-10%

RISK FACTORS

POPULATION DENSITY	108 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.3%

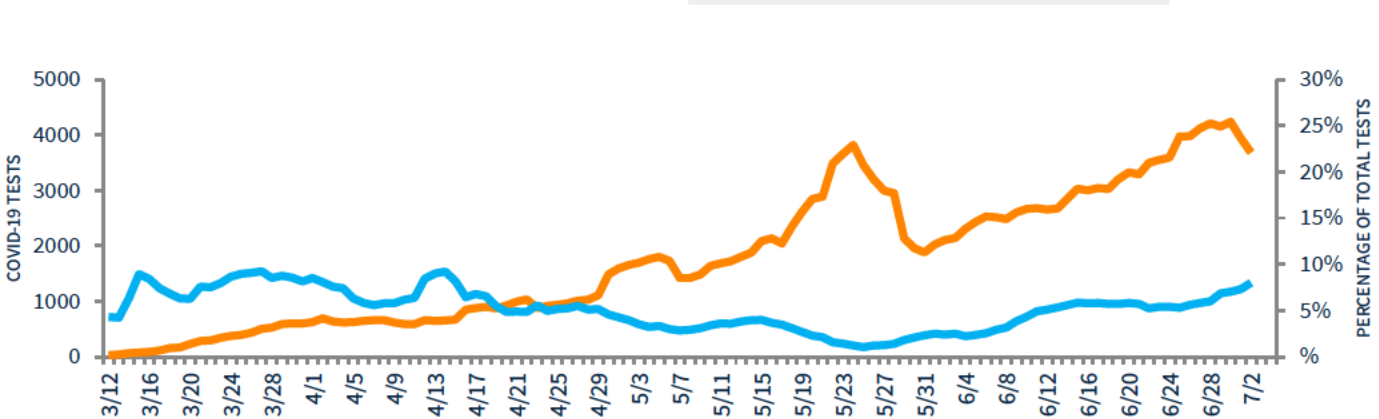
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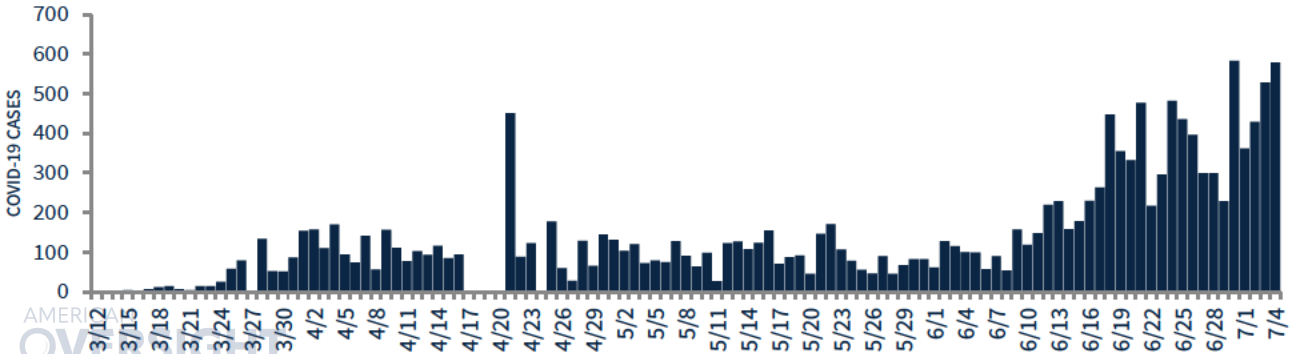
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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HHS-NIH-20-0496-A-000884

TRENDS IN OKLAHOMA





COVID-19 SNAPSHOT

POSITIVITY RATE	8.0%
NEW CASES PER 100K / DAY	11 (weekly avg.)
TESTING PER 100K / DAY	105 (weekly avg.)
BED UTILIZATION	59%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.7%
INCIDENCE	+15%
TESTING PER 100K / DAY	+19%
BED UTILIZATION	-12%

RISK FACTORS

POPULATION DENSITY	57 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.3%

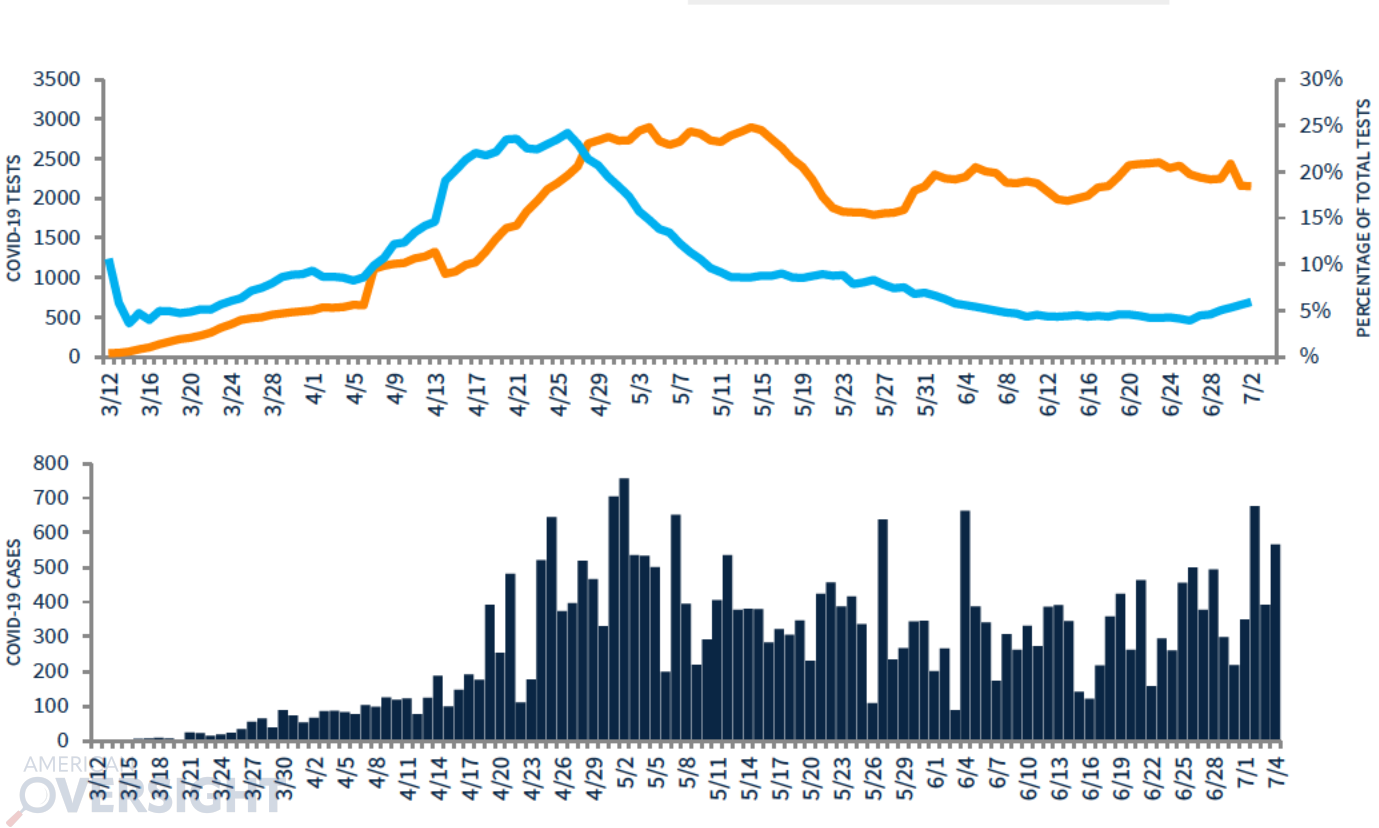
** Most recent several days of testing data is incomplete until all test results come in; testing data is updated as results are received*

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Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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HHS-NIH-20-0496-A-000885

TRENDS IN IOWA



COVID-19 SNAPSHOT

POSITIVITY RATE	5.9%
NEW CASES PER 100K / DAY	14 (weekly avg.)
TESTING PER 100K / DAY	71 (weekly avg.)
BED UTILIZATION	49%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.8%
INCIDENCE	+19%
TESTING PER 100K / DAY	-8%
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	57 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.0%

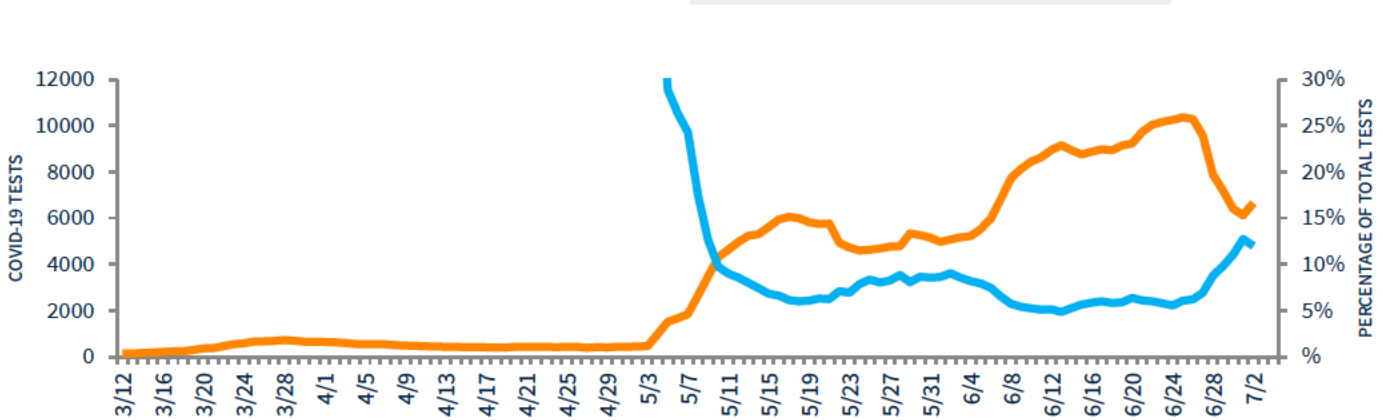
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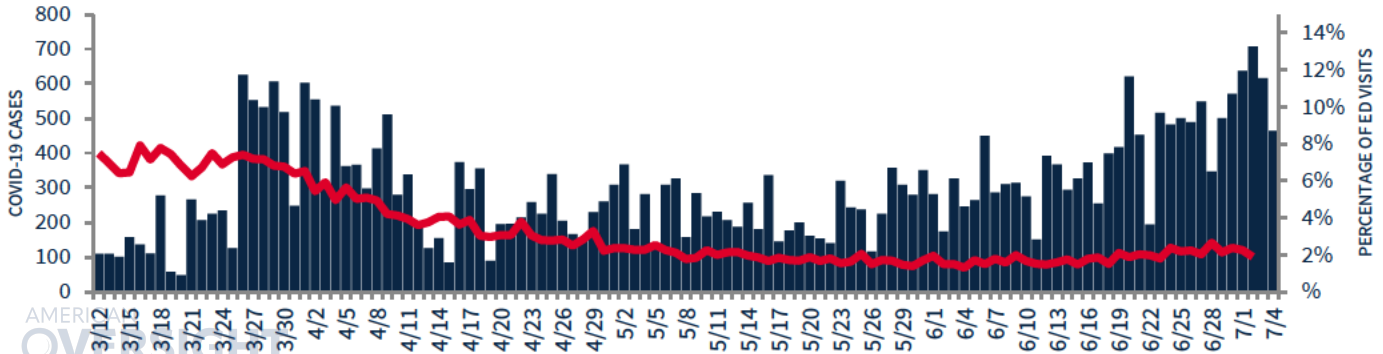
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Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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TRENDS IN WASHINGTON





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	12.0%
NEW CASES PER 100K / DAY	7 (weekly avg.)
TESTING PER 100K / DAY	82 (weekly avg.)
BED UTILIZATION	63%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+5.9%
INCIDENCE	+21%
TESTING PER 100K / DAY	-39%
BED UTILIZATION	+3%

RISK FACTORS

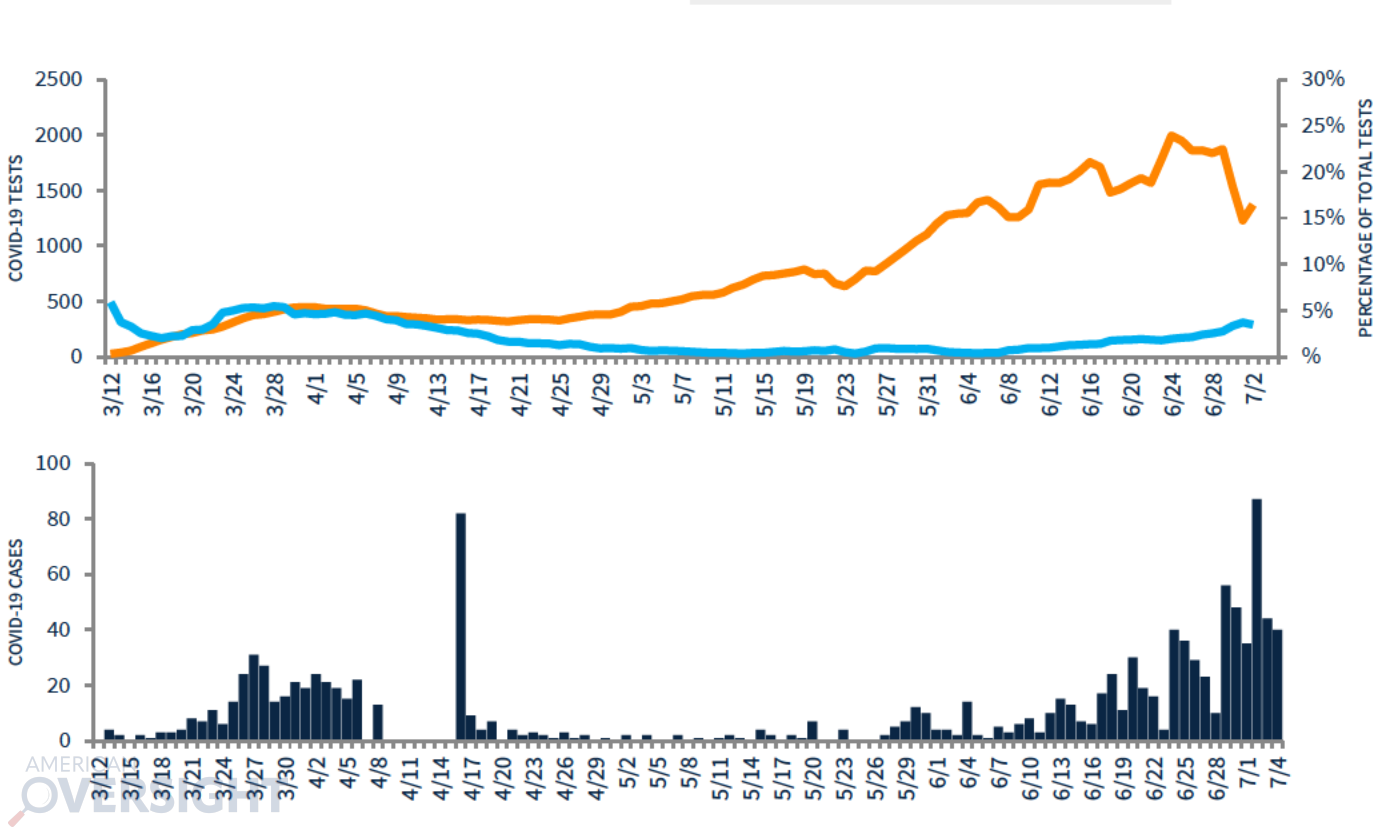
POPULATION DENSITY	113 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.5%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 000887
HHS-NIH-20-0496-A-000887

TRENDS IN MONTANA



COVID-19 SNAPSHOT

POSITIVITY RATE	3.5%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	151 (weekly avg.)
BED UTILIZATION	60%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.4%
INCIDENCE	+92%
TESTING PER 100K / DAY	+2%
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	7 per sq mi
% OVER 60	26%
CRUDE CVD PREVALENCE	3.1%

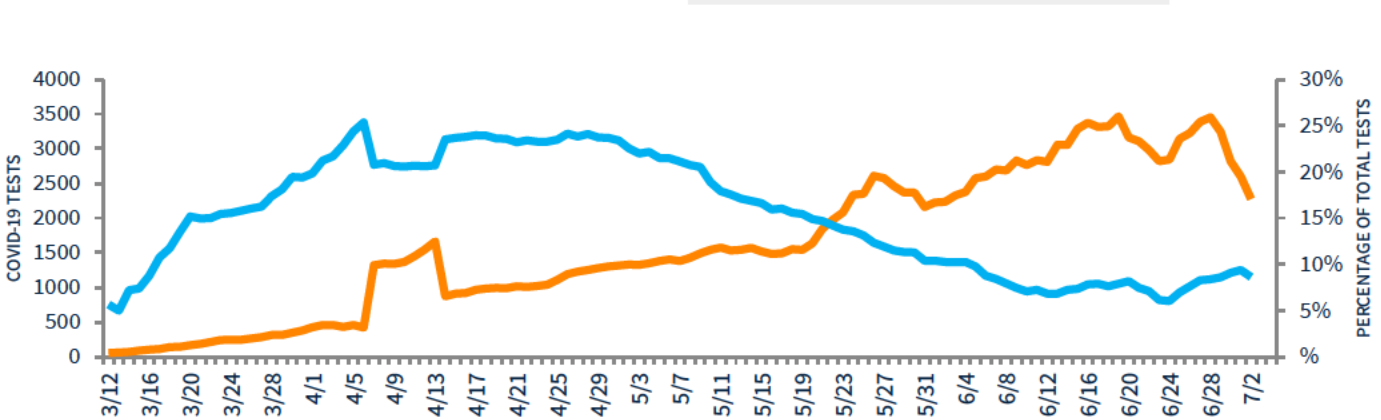
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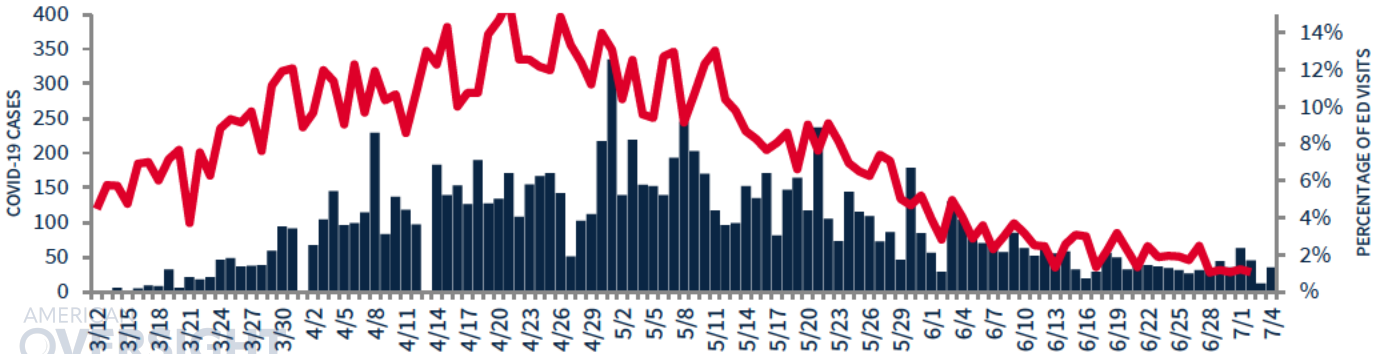
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Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 000888
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TRENDS IN DISTRICT OF COLUMBIA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	8.6%
NEW CASES PER 100K / DAY	5 (weekly avg.)
TESTING PER 100K / DAY	462 (weekly avg.)
BED UTILIZATION	68%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.7%
INCIDENCE	+15%
TESTING PER 100K / DAY	+9%
BED UTILIZATION	+2%

RISK FACTORS

POPULATION DENSITY	11490 per sq mi
% OVER 60	17%
CRUDE CVD PREVALENCE	1.9%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 000889
HHS-NIH-20-0496-A-000889

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Mon, 6 Jul 2020 14:19:06 -0500
To:
Subject: White House Coronavirus Task Force Meeting Materials 7.6.20
Attachments: WH Coronavirus TF Agenda 7.6 v1.docx, Supply Chain Slide 7.6.20.pptx, WH JFK Seating Chat 7.6.20.pptx
Importance: High

All –

There will be a **White House Coronavirus Task Force Meeting** at **4:00pm** in the White House Situation Room. Materials attached.

Sincerely,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Monday, July 6, 2020
4:00pm EST

I. **Opening Remarks –** Vice President Pence

II. **Data Modeling & Reporting –** Dr. Debbie Birx, M.D.

III. **Europe Travel Exceptions & Reciprocity –** Robert O'Brien, National Security Advisor to the President

IV. **NRCC & Supplies Update –** Admiral John Polowczyk (FEMA)

V. **Testing Update –** Admiral Brett Giroir (HHS)

VI. **Schools Discussion –** Doug Hoelscher, Director (IGA)

VII. **Remdesivir State Requests –** Secretary Alex Azar (HHS)

VIII. **Concluding Remarks –** Vice President Pence

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Supply Chain Advisory Group (SCAG) Summary of Actions

FEMA

Strategic National Stockpile (status)

(b) (5)

Donations (status delivered)

(b) (5)

(b) (5)

(b) (5)

(b) (5)

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Not For External Use

WHSR JFK Conference Room (West Wing)
DATE: 7 JULY 2020
TIME: 1600 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

Dr. Bob Redfield

ADM Brett Giroir

APNSA Robert O'Brien

Stephen Miller

Dr. John Fleming

WEST - WINDOWS

EAST

LTG Kellogg

Greg Jacob

Sec. Gene Scalia

Dr. Anthony Fauci

Kellyanne Conway

Katie Miller

Doug Hoelscher

Sec. Alex Azar

Debbie Birx, M.D.

Seema Verma

Marc Short

Dr. Jerome Adams

DOOR

Vice President

Pat Philbin

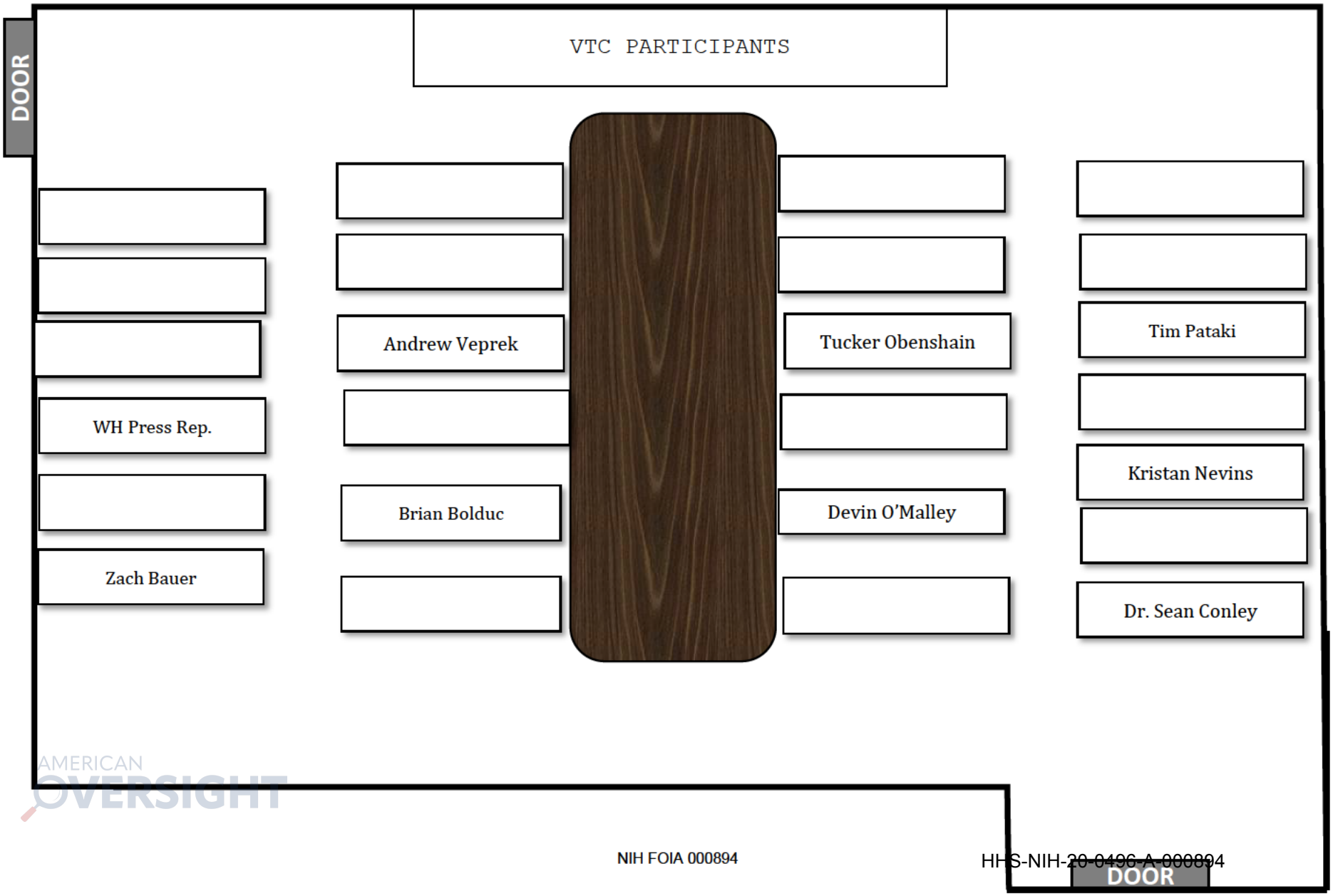
NORTH

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NIH FOIA 000893

HHS-NIH-20-0496-A-000893

WHSR EXEC OVER FLOW
DATE: 7 JULY 2020
TIME: 1600 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-000894

From: McManus, Ayanna (NIH/OD) [E]
Sent: Tue, 7 Jul 2020 17:19:33 -0500
To: Collins, Francis (NIH/OD) [E]
Cc: Wood, Gretchen (NIH/OD) [E]
Subject: RE: IMPORTANT UPDATE - Tomorrow's White House Coronavirus

Ok, thanks.

From: Collins, Francis (NIH/OD) [E] <(b) (6)
Sent: Tuesday, July 7, 2020 6:19 PM
To: McManus, Ayanna (NIH/OD) [E] <(b) (6)
Cc: Wood, Gretchen (NIH/OD) [E] <(b) (6)
Subject: Re: IMPORTANT UPDATE - Tomorrow's White House Coronavirus

I will have to miss the meeting, can't go downtown for this

Sent from my iPhone

> On Jul 7, 2020, at 6:11 PM, McManus, Ayanna (NIH/OD) [E] <(b) (6) wrote:
>
> FC,
>
> Please see email below. The WH is now requesting in-person only participation from the WH Situation Room at 10 AM. VPOTUS will join tomorrow's meeting from DOE. How would you like to proceed?
>
> Thanks,
> Ayanna
>
> ---
>
> **From:** Hurst, Natalie R. EOP/OVP <(b) (6)
> **Sent:** Tuesday, July 7, 2020 6:05 PM
> **Cc:** Croghan, Mary E. EOP/WHO <(b) (6)
> **Subject:** IMPORTANT UPDATE - Tomorrow's White House Coronavirus
> **Importance:** High
>
> Good evening,
>
> This email is being sent to assistants, essential staff, and military aides. Please share the following information with your principal.

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The Vice President will join tomorrow's **White House Coronavirus Task Force Meeting** from the Department of Education. He will be joined by a small group of Task Force Representatives. Those who have been asked to join the Vice President have already been contacted.

All other participants will be asked to join in-person from the White House Situation Room. For tomorrow only, there **will not be a call-in option**.

Please re-confirm your principals availability before 9:00pm tonight.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

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From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Fri, 10 Jul 2020 09:06:53 -0500
To:
Subject: WH Coronavirus TF PowerPoint 7.10.20
Attachments: PowerPoint 7.10.pptx
Importance: High

All –

Please see Dr. Birx's PowerPoint for today – **Friday, July 10th** – attached.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

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10 July Data Summary

- Continued increasing cases and deaths week over week with increased hospitalizations in AZ, TX, FL, CA, SC, GA
- **4** States account for 52% of new cases (TX, CA, AZ, FL)
- **8** additional states over 1000 cases/day and increasing (GA, NC, LA, SC, OH, TN, AL, IL)
- **Uniform use of masks in all metros, closing bars, limiting indoor dining to under 25% -** with increasing social distanced outdoor dining will be required to prevent full shutdowns and ensure schools can open in these 12 States : modelled and moves us under 1 for Ro. Proactive masks, closing bars and limiting indoor dining may keep other states from this log spread

10 states with significant increase in cases and percent positive tests

26 states with rising cases and percent positive tests

14 states stable

- States with greater than 10% test positives (7-day average): **AZ >20%, TX >20%, FL, SC, GA, AL, LA, MS, NV, TN**
- Metros with greater than 20% positives (7-day average) **Phoenix, Houston, Miami,**
- Metros with greater than 10% positive **San Antonio Charleston (19) Dallas, Austin, Orlando, Tampa, Jacksonville, Los Angeles, Las Vegas, Riverside, Atlanta, Nashville, Charleston, Charlotte, Oklahoma City, New Orleans**

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Proactive Actions this week

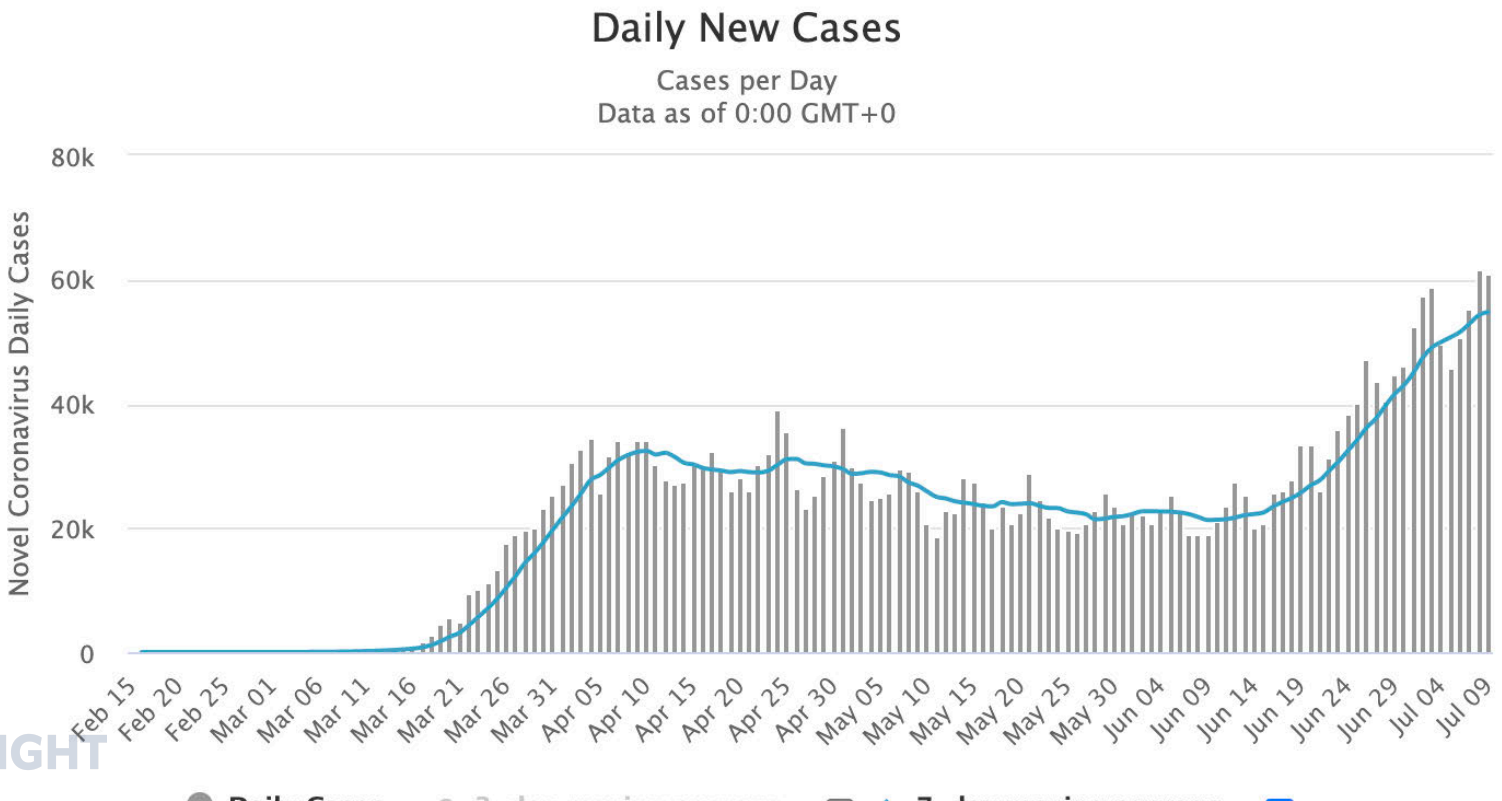
- **TX, FL, CA, AZ were out of Remdesivir.** HHS realigned supplies to move 160,000 vials to those States today and will align the next 160K over weekend based on acute need. The remaining 240K will be distributed in later July based on immediate need.
- **Plasma** encouraging active donations from the 1.4M recovered
- **Testing turn around times** can decrease with pooling especially from lower burden states
- **Surging health personnel support** to AZ, TX, FL
- **Protecting the vulnerable in LTCF :** CMS working with LTCF in hot zones and HHS realigning Ag testing to LTCF in these areas to ensure rapid Dx and isolation
- **Protecting the vulnerable in multigenerational households :** Household pooled sampling and pooled testing with isolation of households (potential Ag test use)
- **PSAs for plasma collection** to ensure increases availability at all hospitals with new cases,
- **PSA for the Hispanic community** about risk and vulnerabilities and need for testing independent of Sx : working with Hispanic church leadership
- **Proactive deployments :** WH and CMS next week and HHS has now sent CHART teams to 19 metros and the 9 metros selected for next month

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NIH FOIA 000899

HHS-NIH-20-0496-A-000899

Daily New Cases in the United States

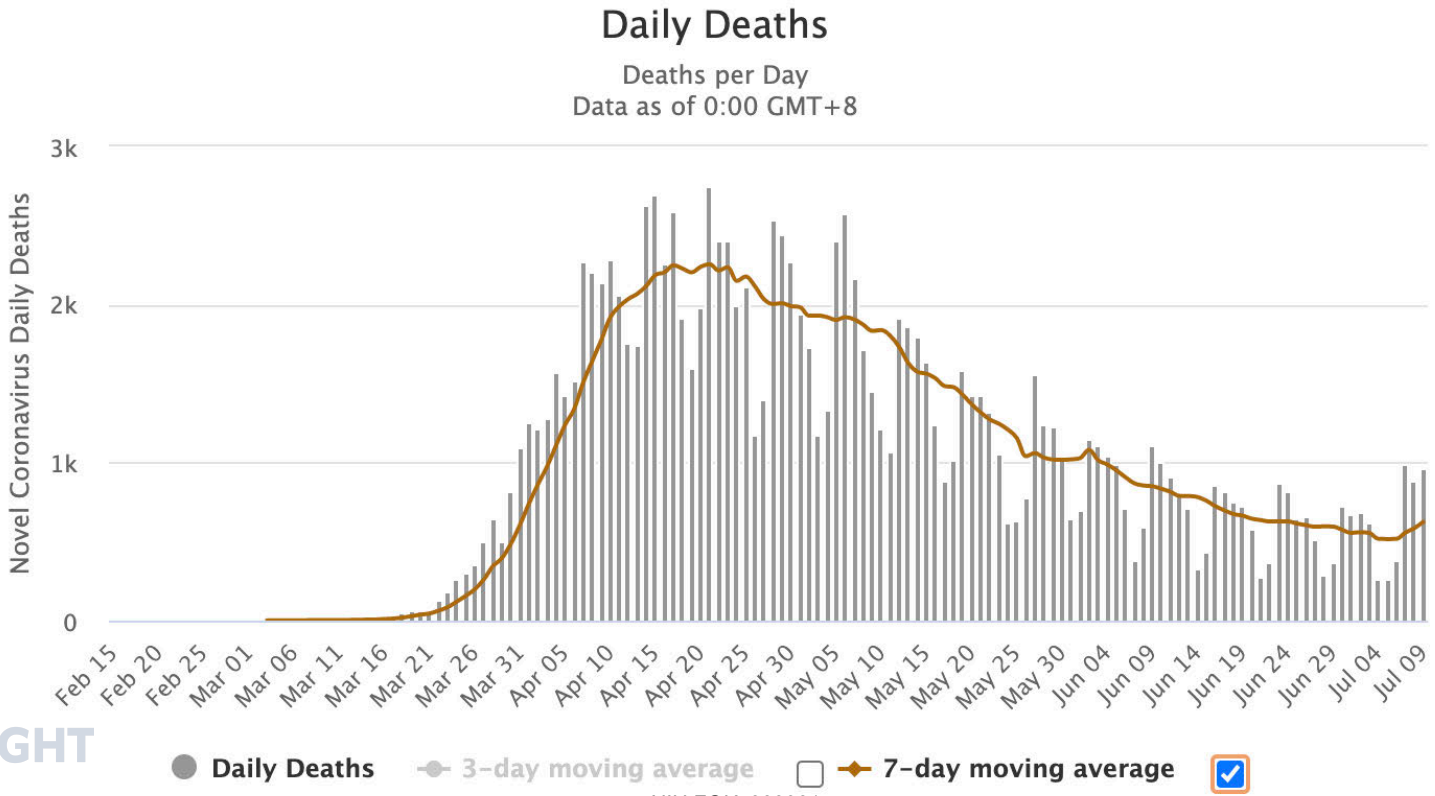


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NIH FOIA 000900

HHS-NIH-20-0496-A-000900

Daily New Deaths in the United States



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NIH FOIA 000901

HHS-NIH-20-0496-A-000901

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop
USA Total	3,219,999	+61,067	135,822	+960	1,657,749	9,728	410	40,161,137	121,332
New York	425,072	+809	32,343	+32	244,159	21,851	1,663	4,468,203	229,686
California	303,323	+7,248	6,850	+137	214,856	7,677	173	5,078,434	128,528
Texas	241,013	+11,394	3,046	+102	119,641	8,312	105	2,603,903	89,803
Florida	232,718	+8,935	4,009	+119	197,802	10,835	187	2,359,636	109,864
New Jersey	177,795	+334	15,522	+106	92,564	20,017	1,748	1,599,417	180,070
Illinois	151,572	+1,018	7,329	+20	29,422	11,961	578	1,878,756	148,263
Arizona	112,671	+4,057	2,038	+75	97,292	15,480	280	841,282	115,581
Massachusetts	110,897	+295	8,268	+25	8,282	16,090	1,200	998,419	144,856
Georgia	106,727	+2,837	2,930	+8	87,517	10,052	276	1,194,337	112,488
Pennsylvania	97,634	+717	6,904	+31	19,223	7,626	539	880,664	68,791
North Carolina	79,669	+2,059	1,491	+23	22,860	7,596	142	1,121,811	106,961
Michigan	75,063	+512	6,271	+9	15,951	7,516	628	1,419,511	142,138
Louisiana	71,994	+1,843	3,360	+16	22,300	15,487	723	880,140	189,327
Maryland	71,447	+586	3,288	+13	63,027	11,818	544	746,274	123,439
Virginia	67,988	+613	1,937	+32	56,986	7,965	227	829,793	97,216
Ohio	61,331	+1,114	3,006	+8	16,214	5,247	257	911,905	78,013

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NIH FOIA 000902

HHS-NIH-20-0496-A-000902

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop
Tennessee	57,591	+1,605	710	+25	23,272	8,433	104	972,276	142,371
South Carolina	50,691	+1,782	905	+21	30,605	9,845	176	507,870	98,640
Indiana	49,575	+512	2,739	+7	9,041	7,364	407	542,292	80,552
Alabama	49,174	+2,212	1,068	+10	22,323	10,029	218	467,754	95,398
Connecticut	47,209	+101	4,348	+5	26,727	13,241	1,220	543,636	152,480
Minnesota	40,163	+574	1,528	+5	3,442	7,122	271	705,440	125,086
Washington	39,686	+688	1,409	+15	25,609	5,212	185	660,330	86,716
Colorado	35,525	+409	1,706	+2	22,993	6,169	296	374,161	64,973
Wisconsin	33,908	+754	809	+2	6,307	5,824	139	657,462	112,919
Mississippi	33,591	+703	1,204	+16	10,220	11,287	405	337,291	113,331
Iowa	33,248	+628	740	+5	6,125	10,538	235	355,345	112,627
Utah	27,356	+601	205	+4	11,490	8,533	64	388,733	121,253
Missouri	27,183	+849	1,101	+10	20,267	4,429	179	503,004	81,957
Arkansas	26,052	+806	309	+4	5,751	8,633	102	364,661	120,837
Nevada	24,904	+603	571	+18	8,193	8,085	185	408,611	132,659
Nebraska	20,623	+198	284	+2	9,333	10,661	147	204,812	105,836
Oklahoma	18,496	+603	410	+3	3,986	4,674	104	404,600	102,250

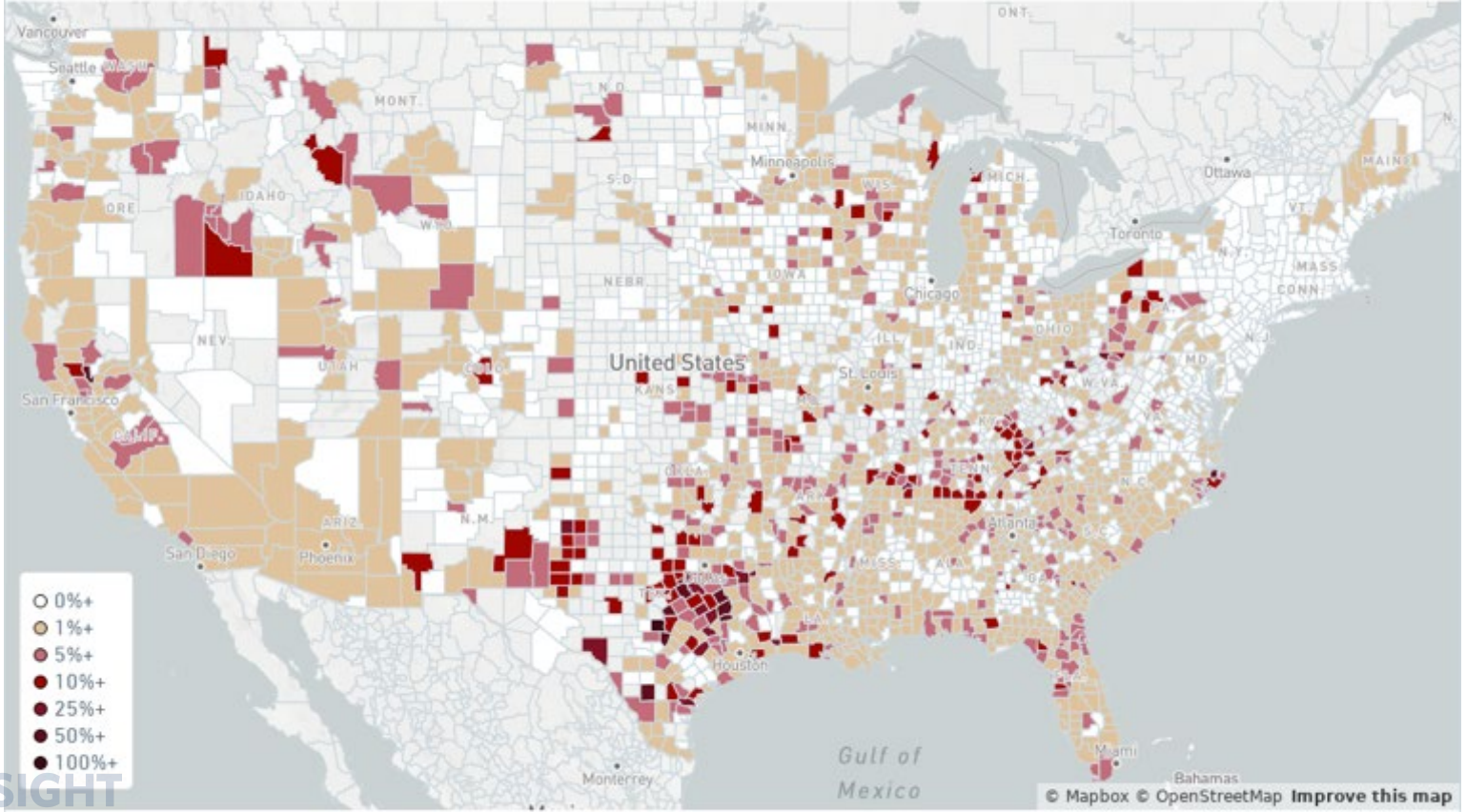
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NIH FOIA 000903

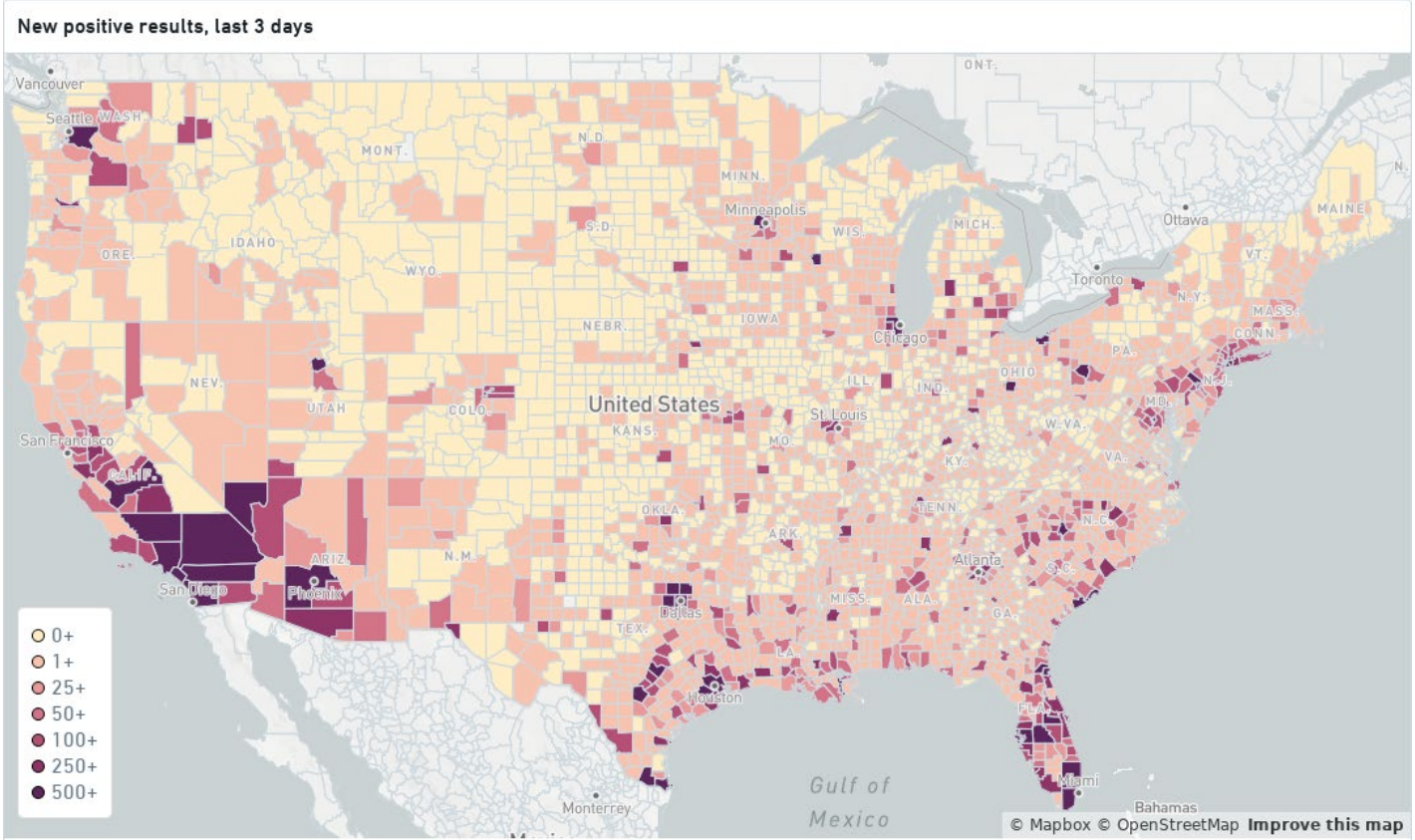
HHS-NIH-20-0496-A-000903

Percent increase for Counties with 20+ cases reported (Within the past day) - USA

Source: USAFacts, Updated: 2020-07-08



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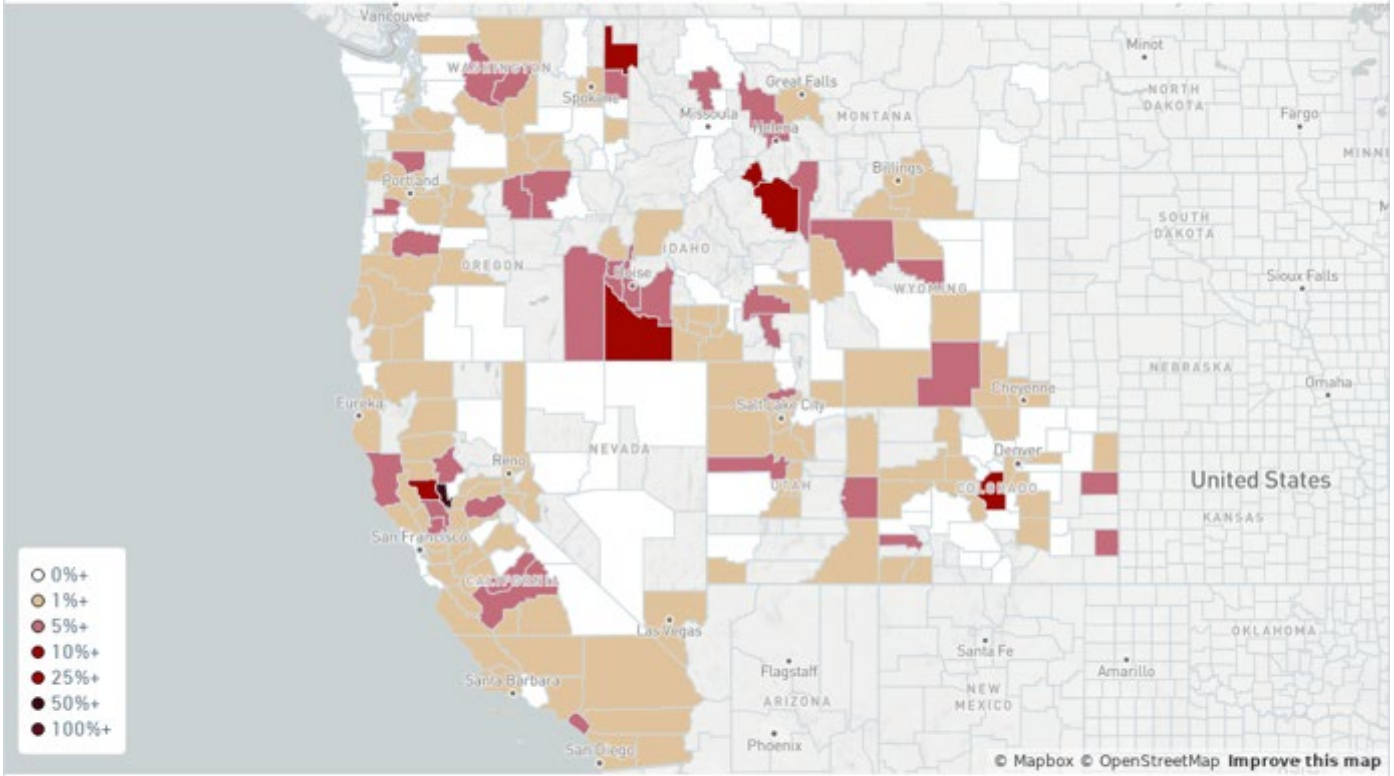


Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days.

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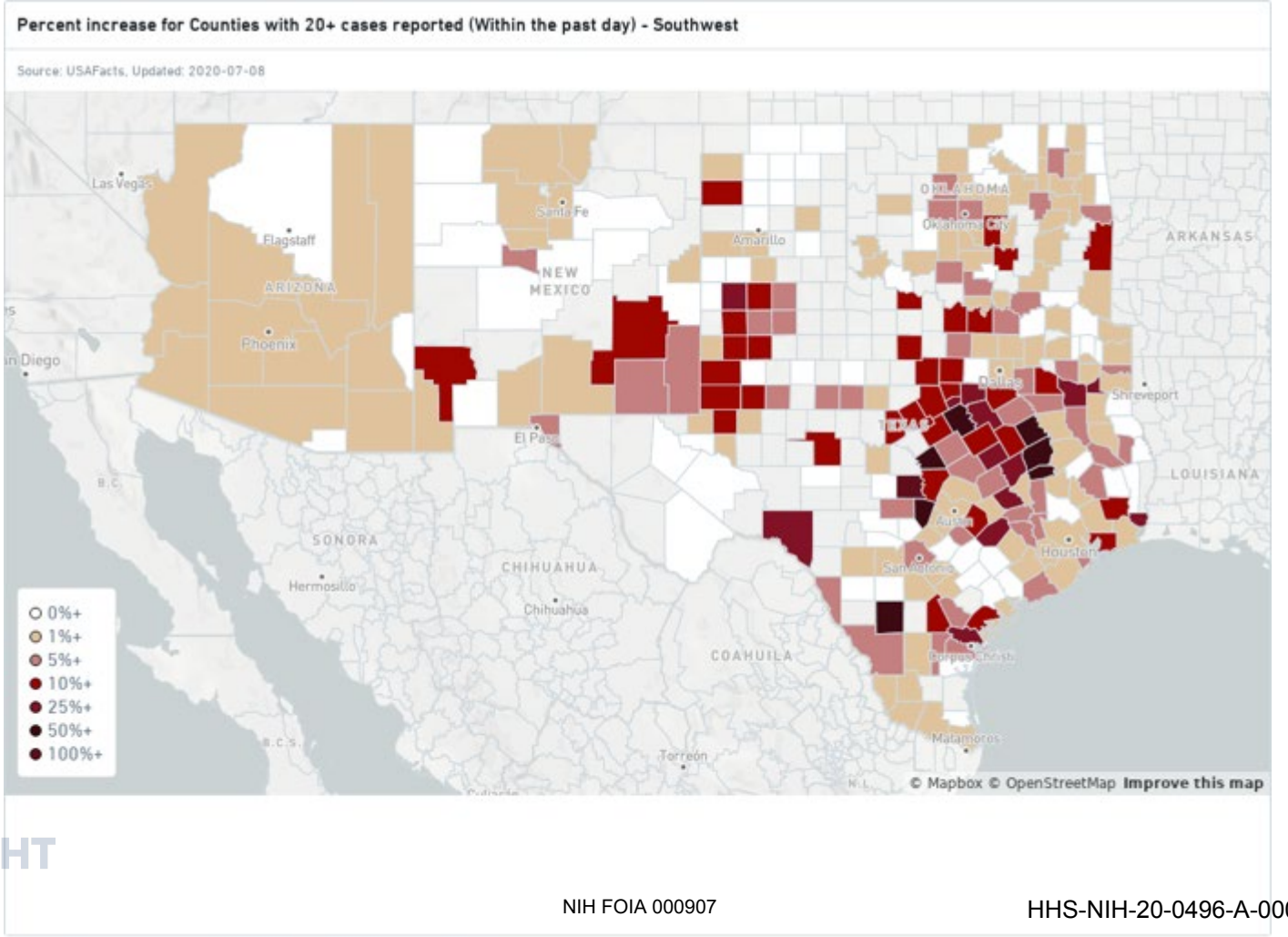
Percent increase for Counties with 20+ cases reported (Within the past day) - West

Source: USAFacts. Updated: 2020-07-08



Counties with fewer than 20 cases today were filtered out.

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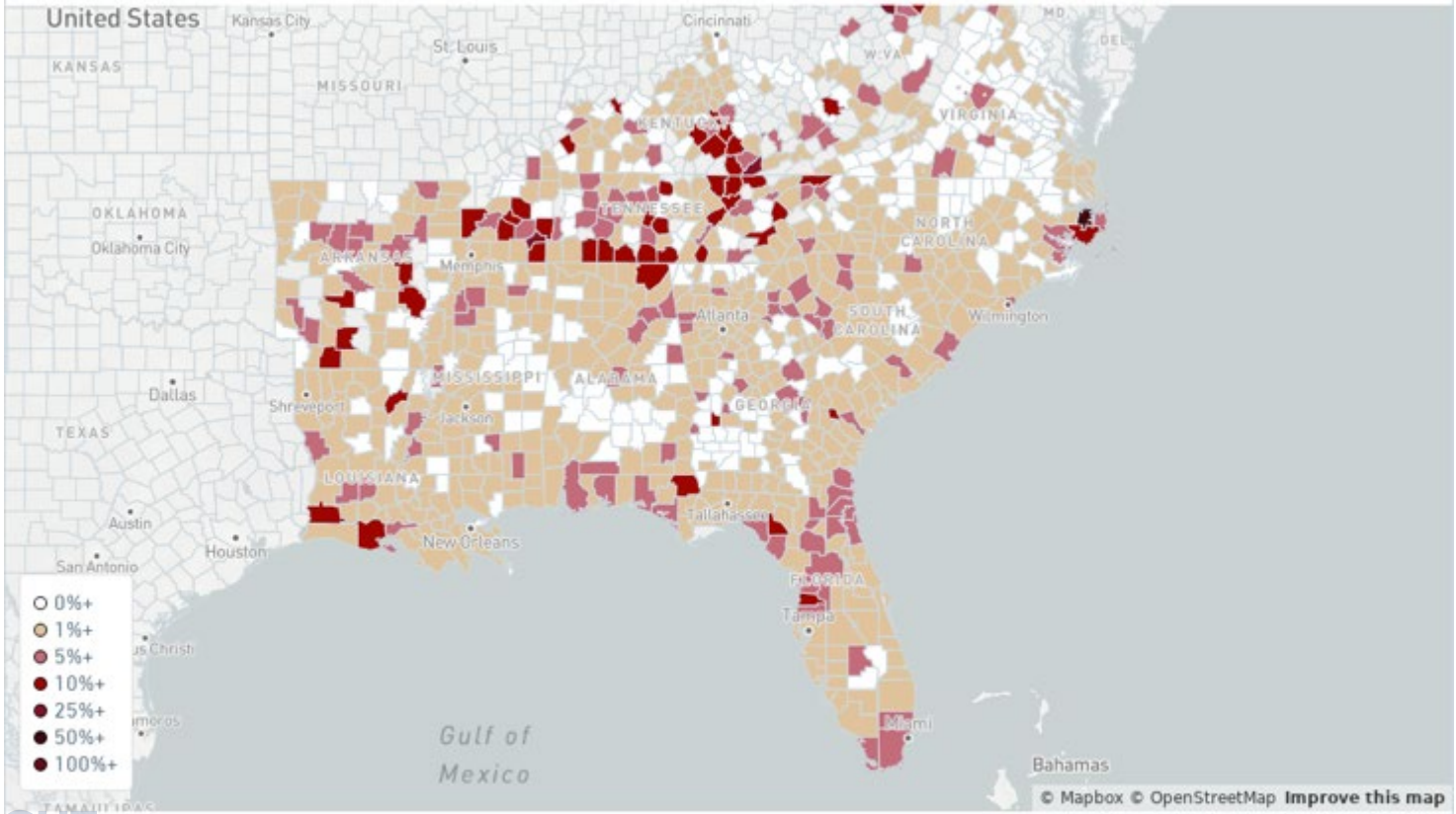


Counties with fewer than 20 cases today were filtered out.

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Percent increase for Counties with 20+ cases reported (Within the past day) - Southeast

Source: USAFacts. Updated: 2020-07-08

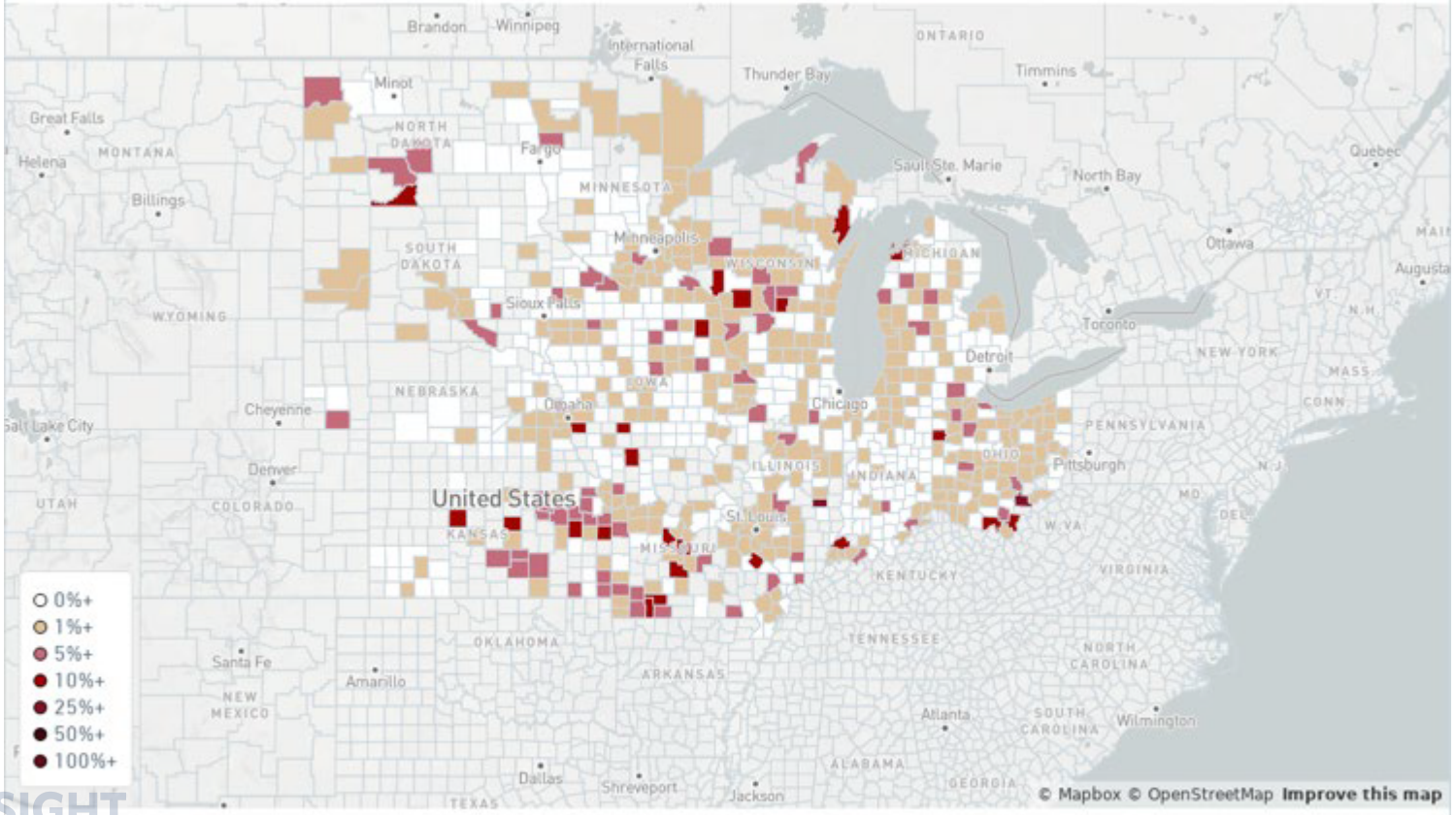


Counties with fewer than 20 cases today were filtered out.

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Percent increase for Counties with 20+ cases reported (Within the past day) - Midwest

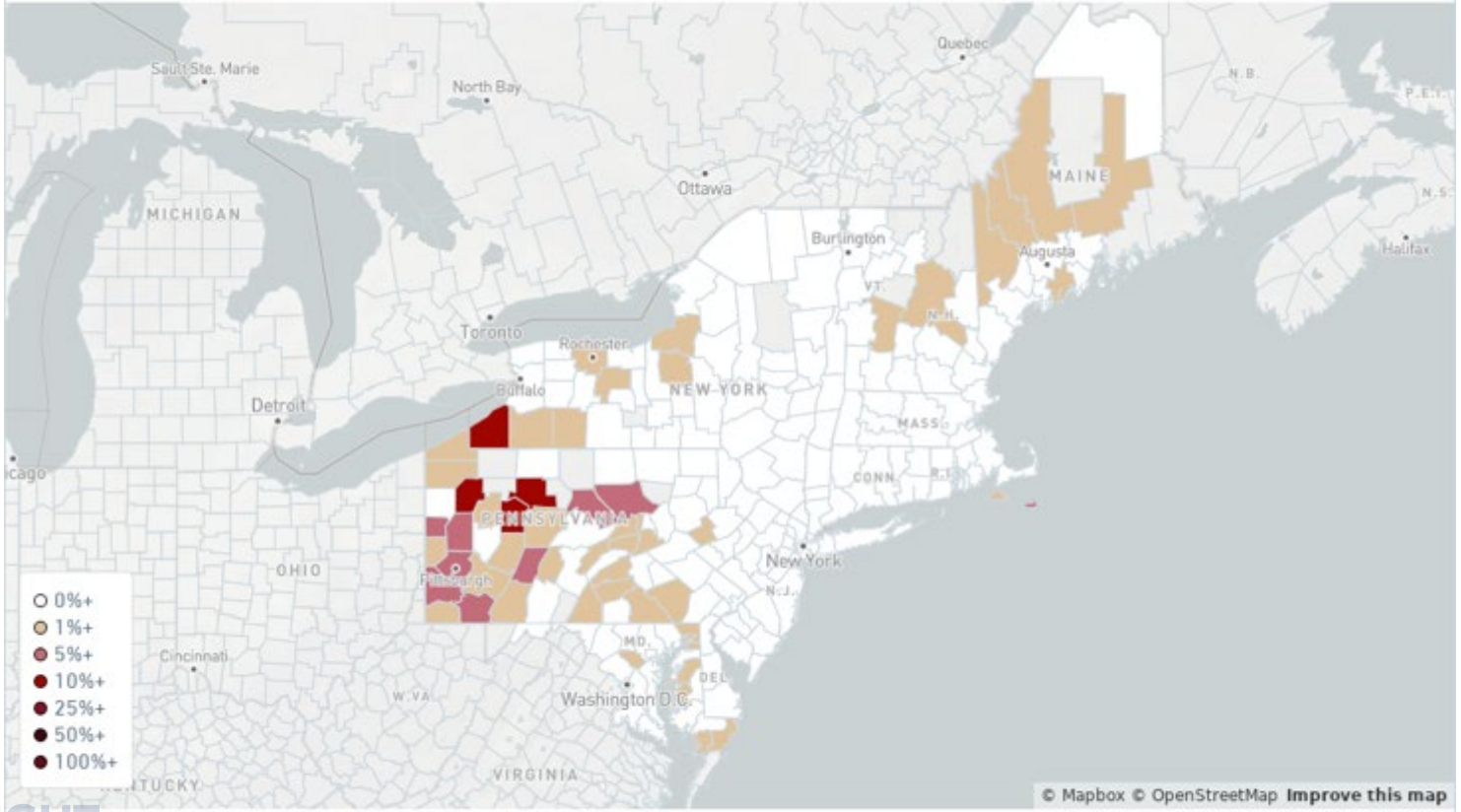
Source: USAFacts, Updated: 2020-07-08



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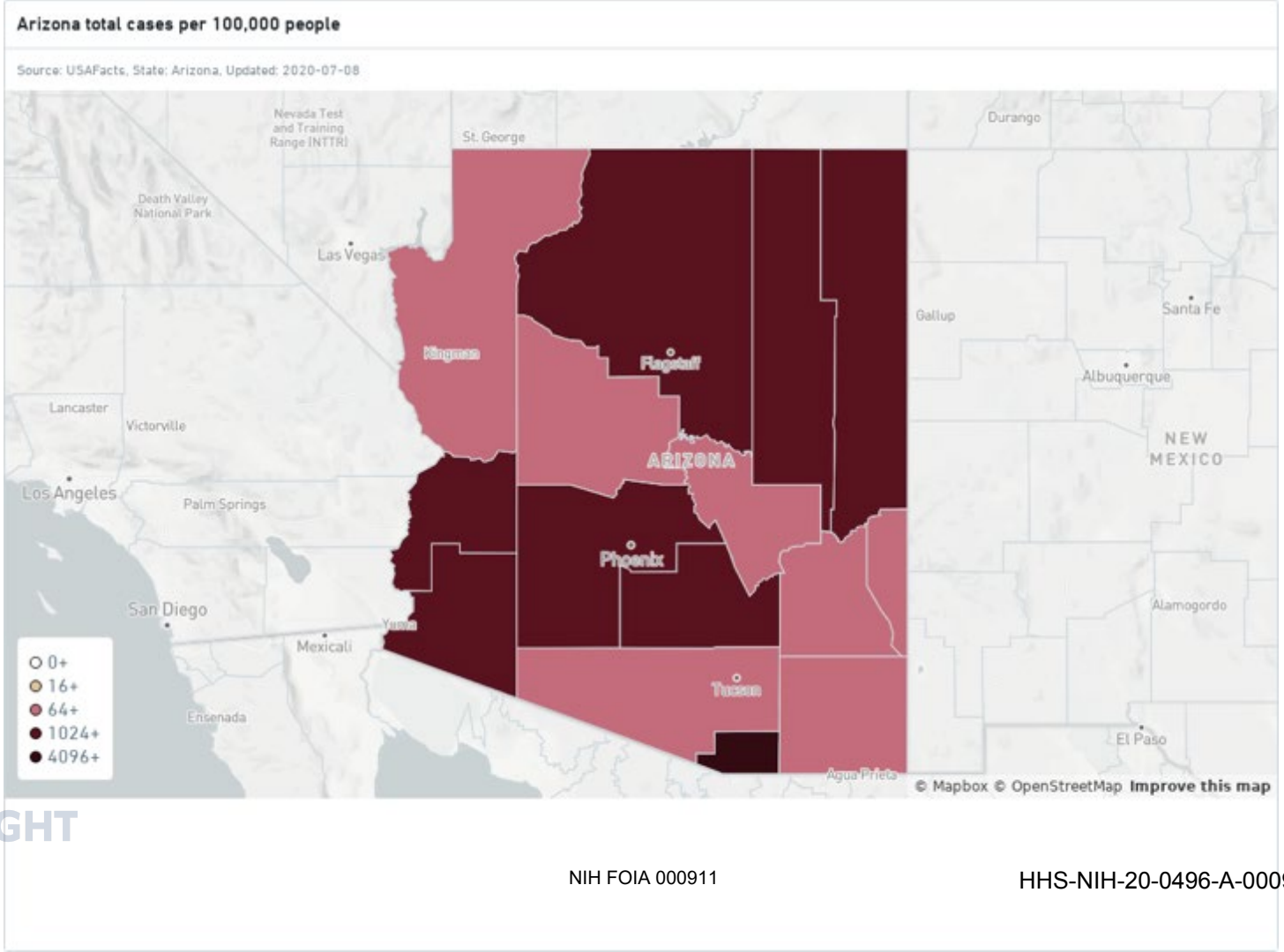
Percent increase for Counties with 20+ cases reported (Within the past day) - Northeast

Source: USAFacts. Updated: 2020-07-08

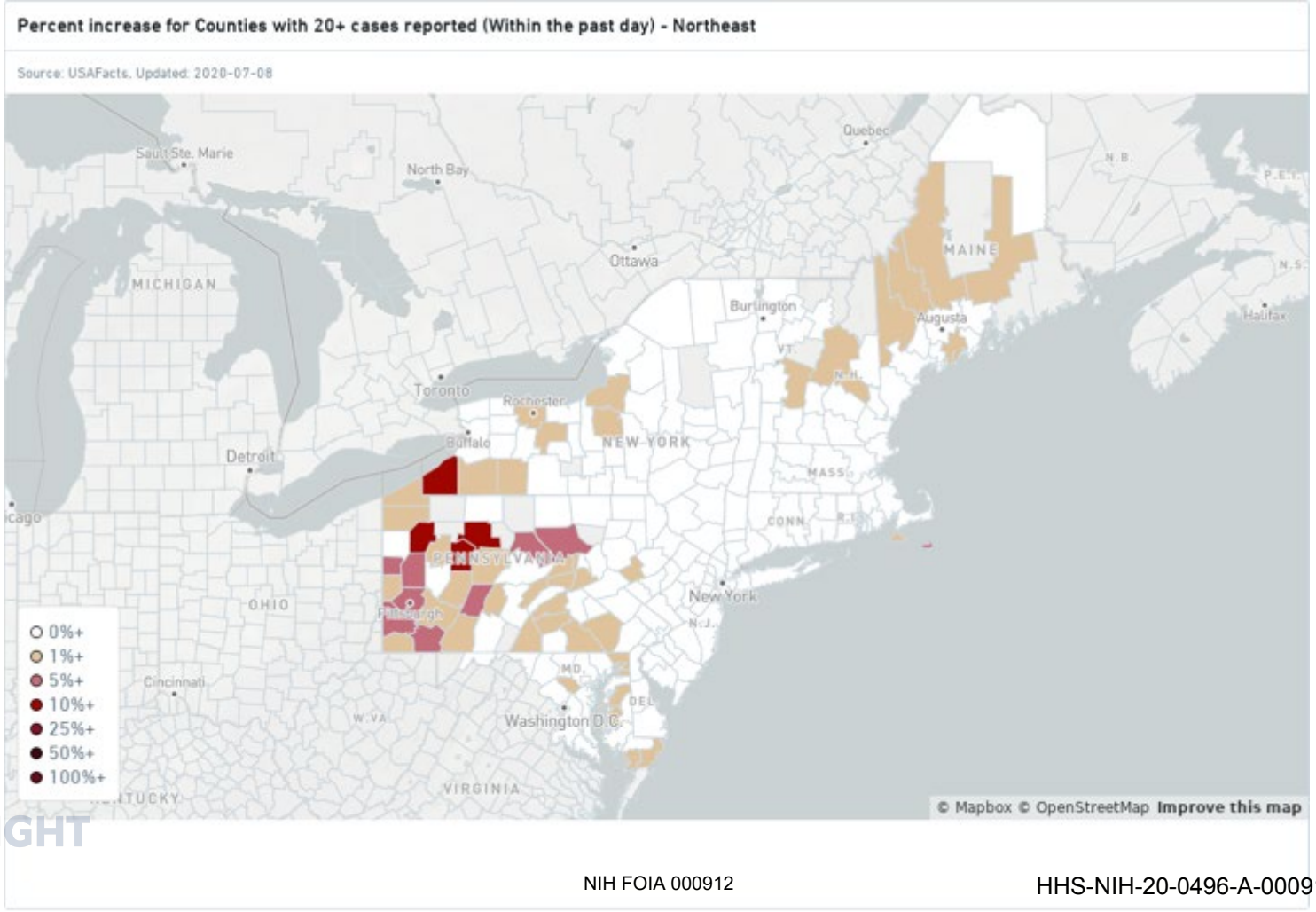


Counties with fewer than 20 cases today were filtered out.

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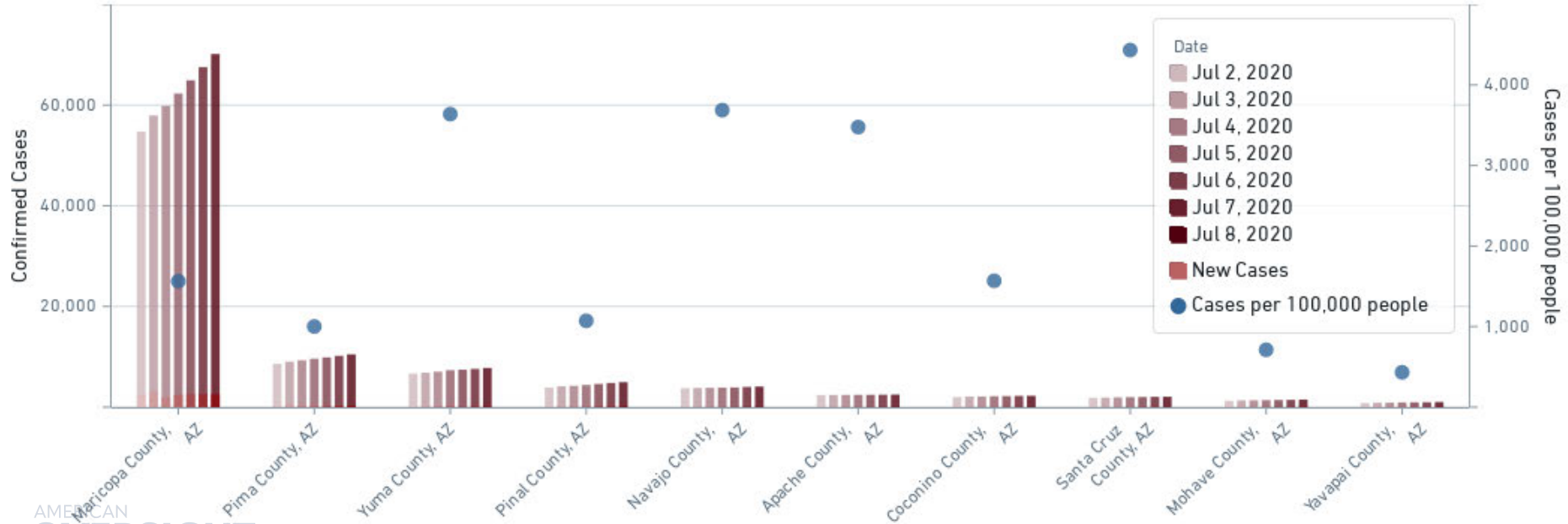


Counties with fewer than 20 cases today were filtered out.

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Arizona top 10 counties with the most cases

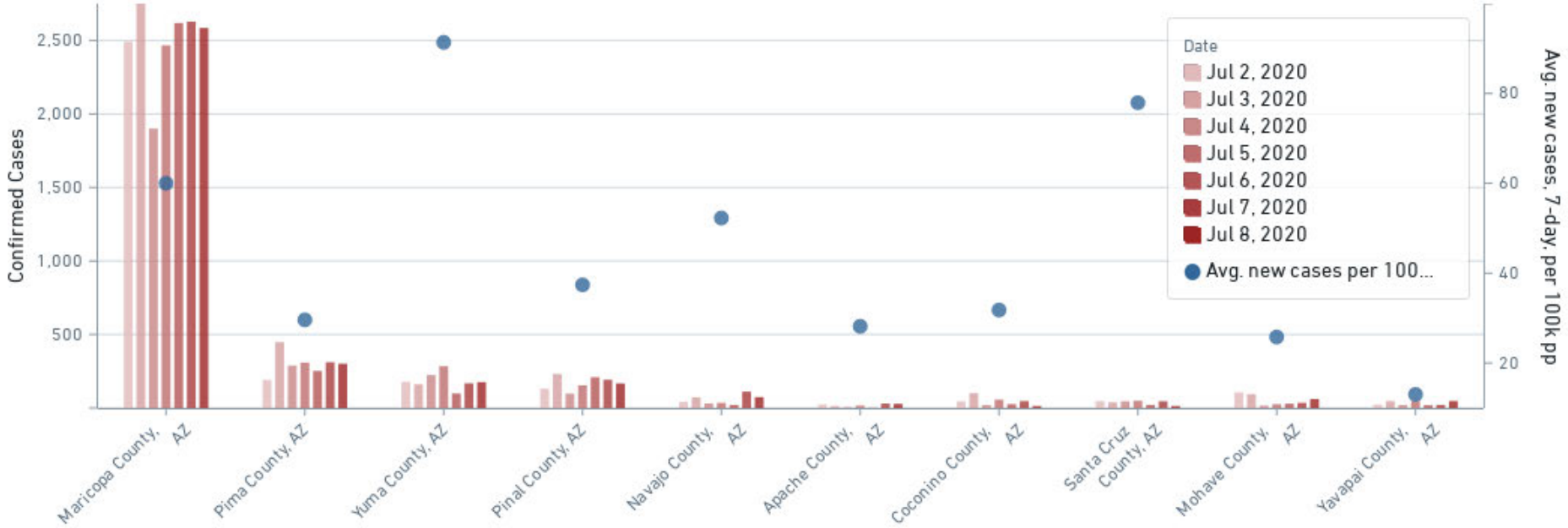
Source: USAFacts, State: Arizona, Updated: 2020-07-08



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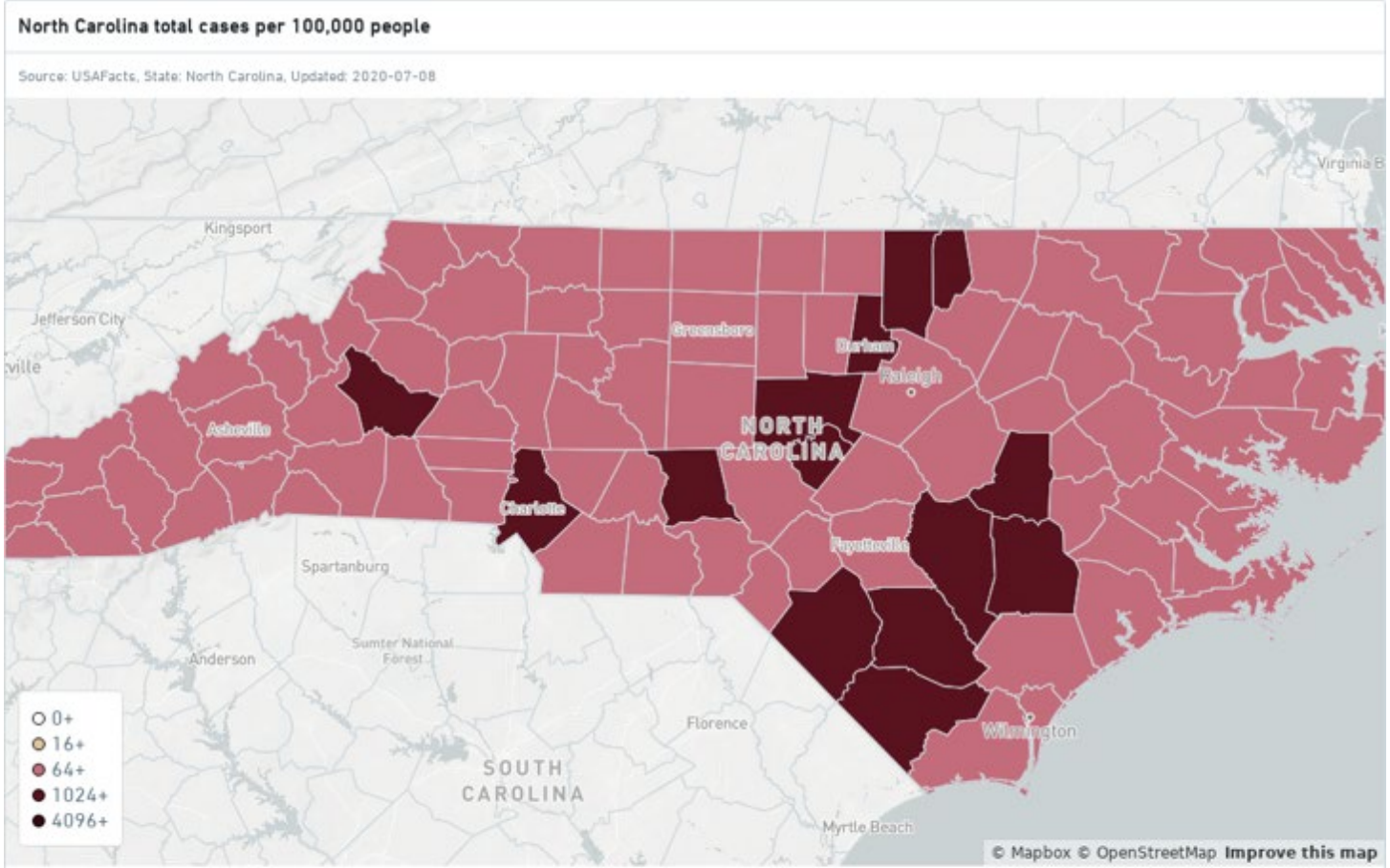
Arizona top 10 counties with the most cases daily

Source: USAFacts, State: Arizona, Updated: 2020-07-08



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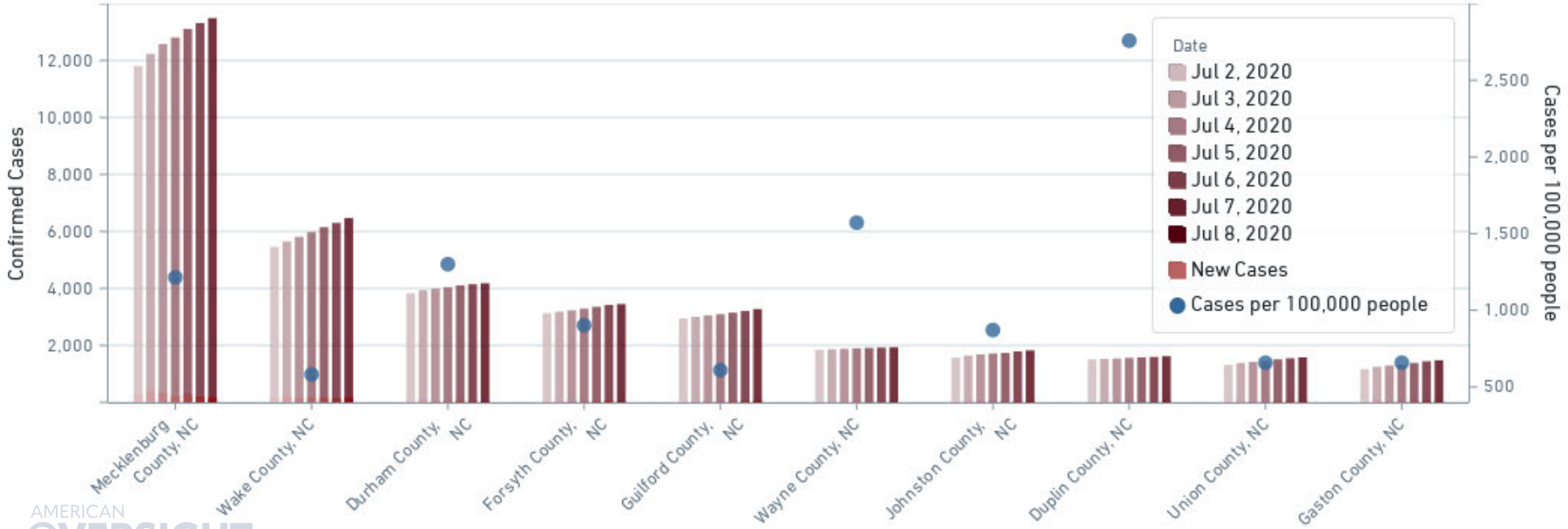
Blue dot is average new cases over the last 7-days per 100,000 people



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North Carolina top 10 counties with the most cases

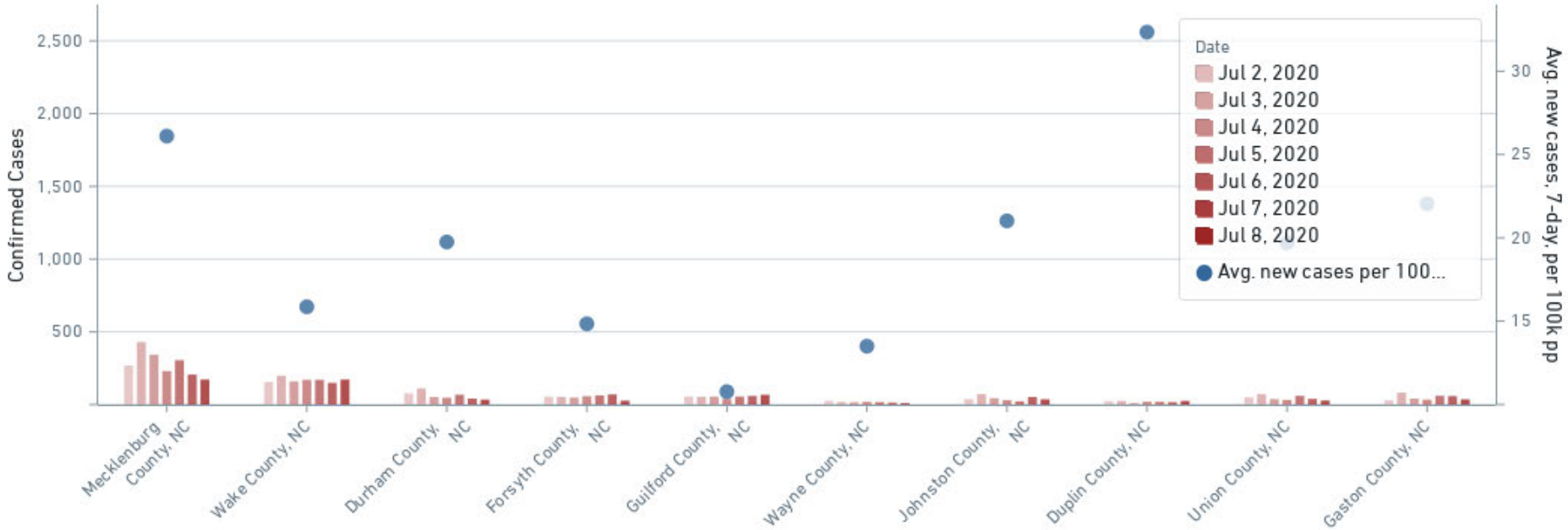
Source: USAFacts, State: North Carolina, Updated: 2020-07-08



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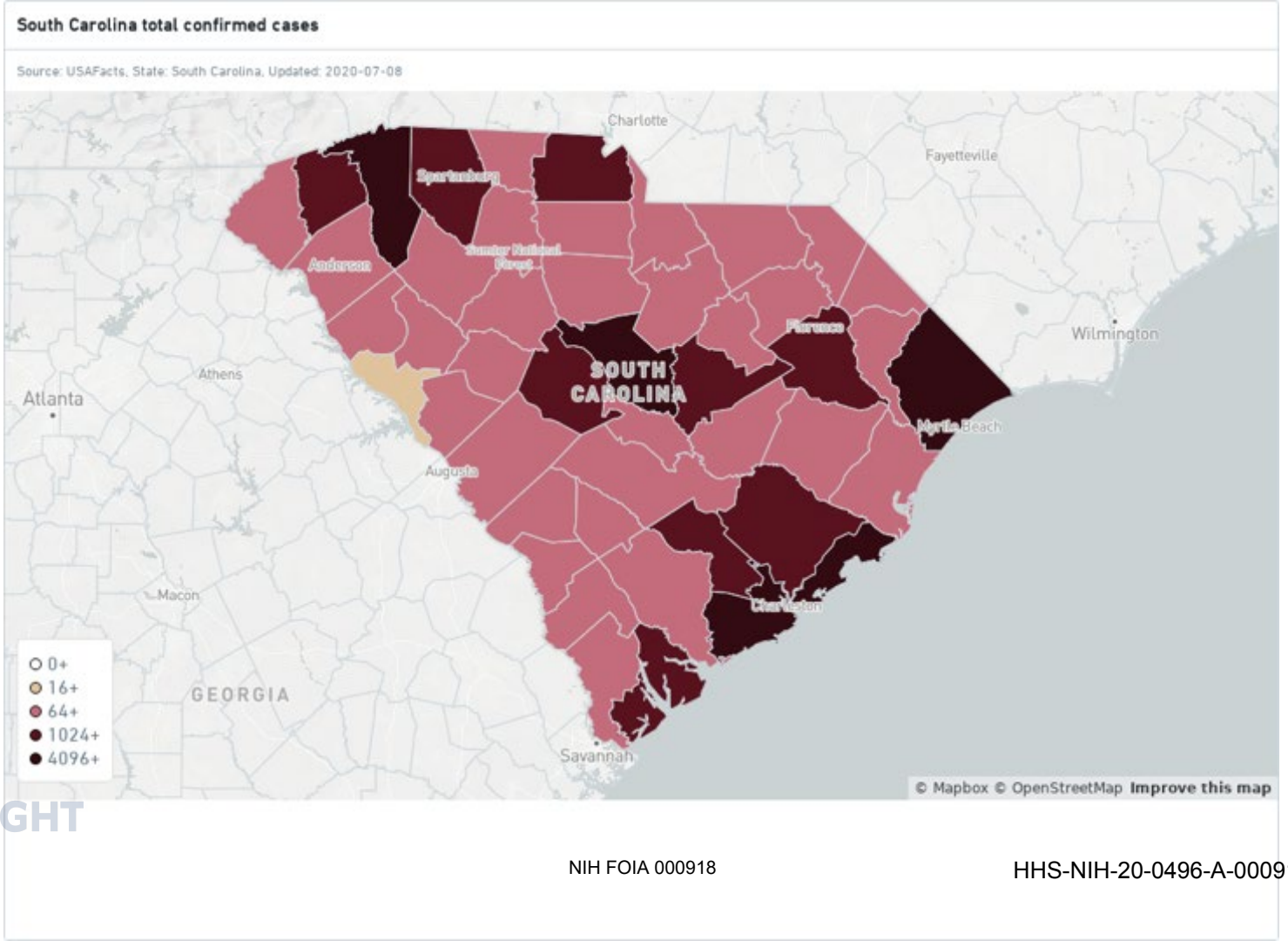
North Carolina top 10 counties with the most cases daily

Source: USAFacts, State: North Carolina, Updated: 2020-07-08



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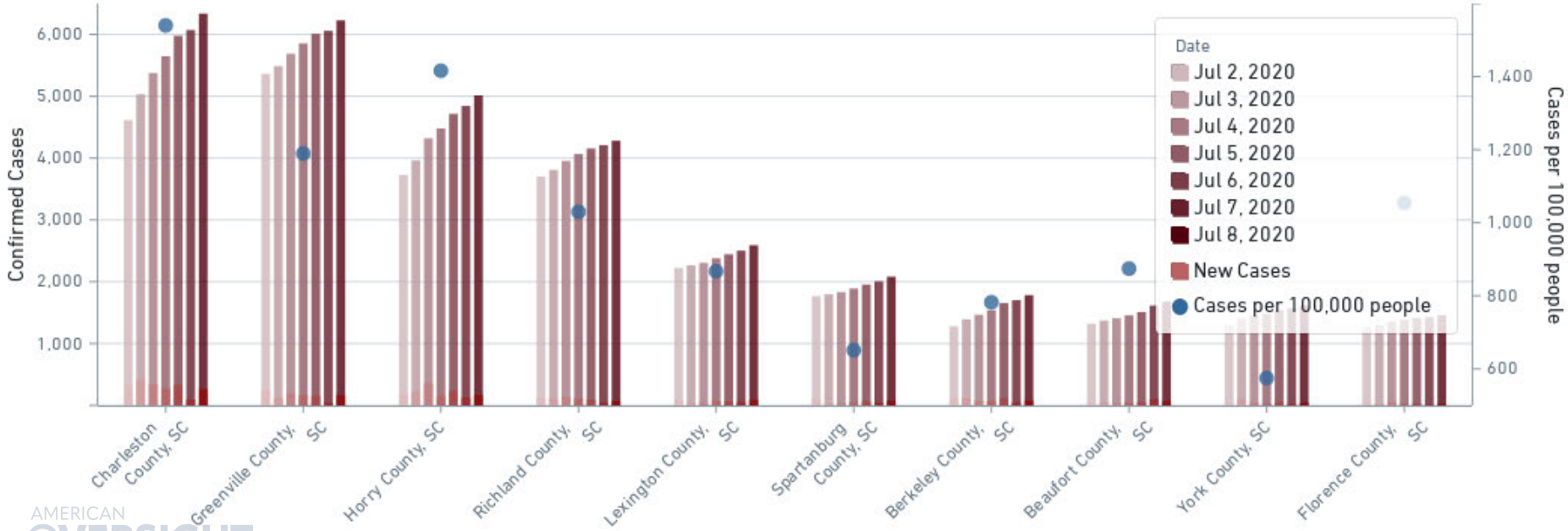
Blue dot is average new cases over the last 7-days per 100,000 people



AMERICAN OVERSIGHT

South Carolina top 10 counties with the most cases

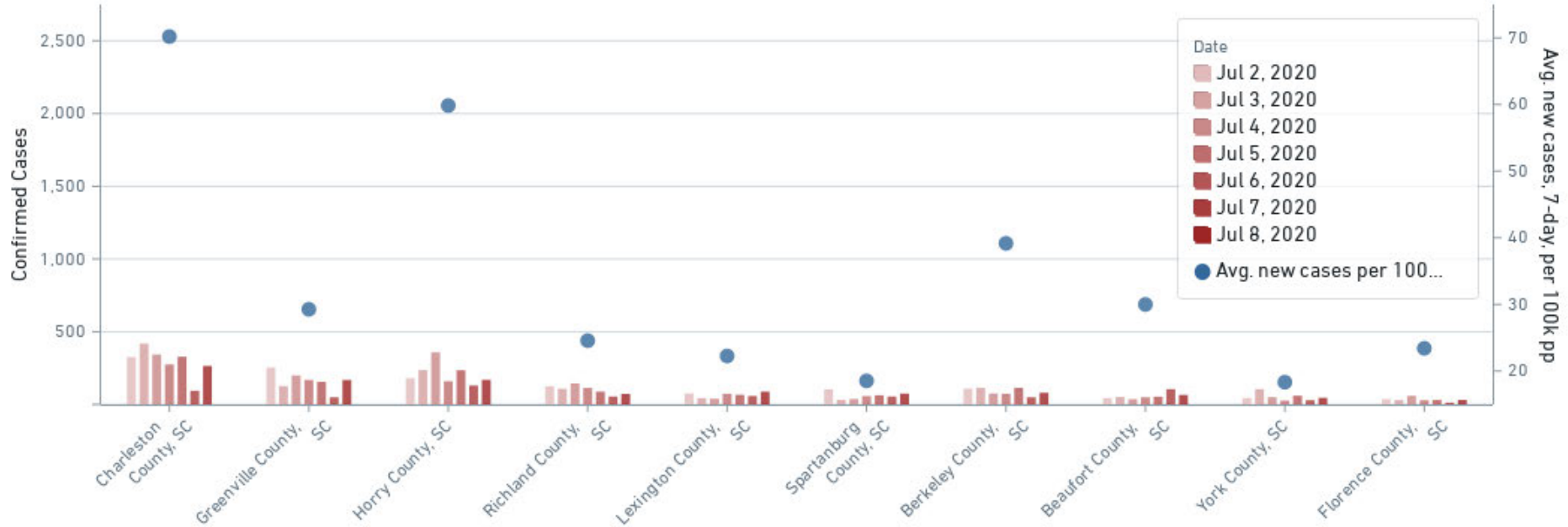
Source: USAFacts, State: South Carolina, Updated: 2020-07-08



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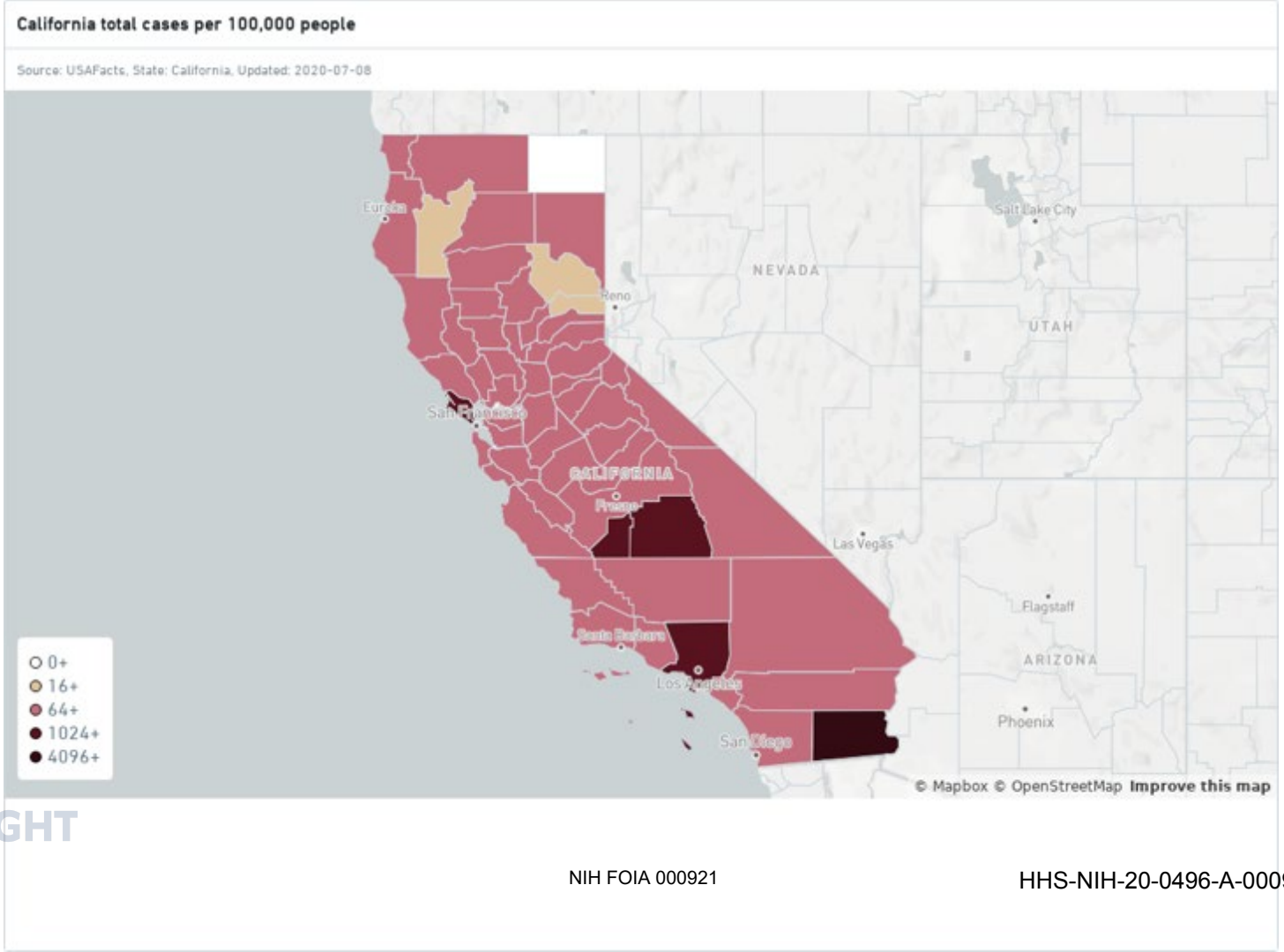
South Carolina top 10 counties with the most cases daily

Source: USAFacts, State: South Carolina, Updated: 2020-07-08



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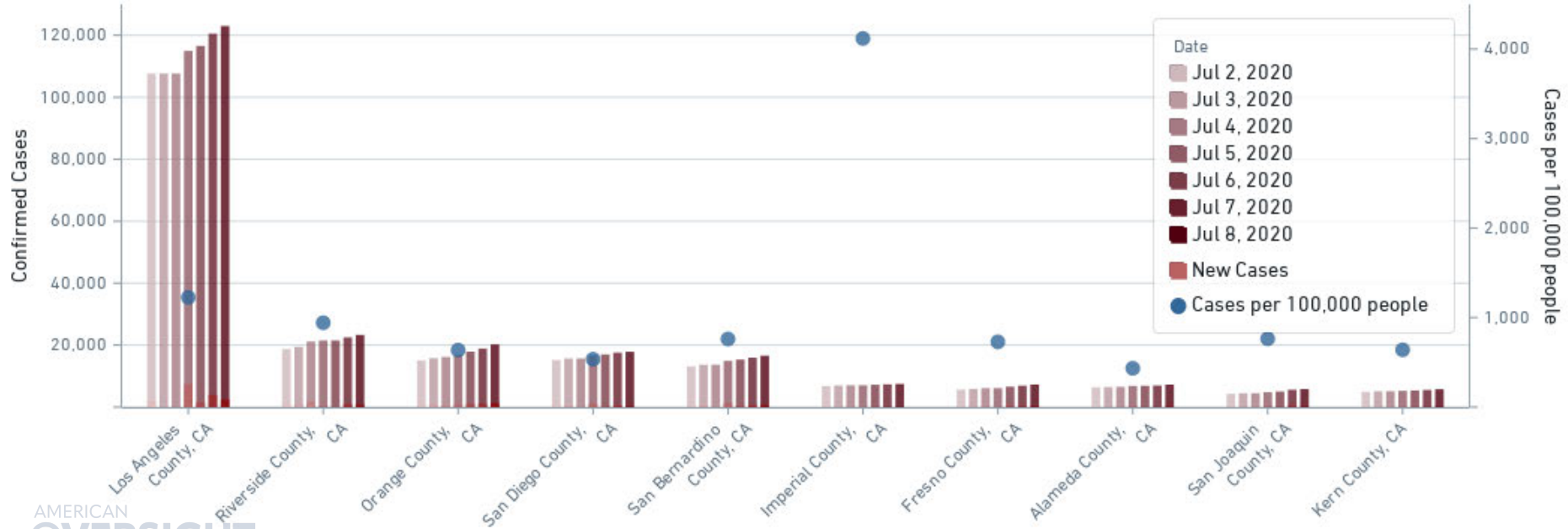
Blue dot is average new cases over the last 7-days per 100,000 people



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California top 10 counties with the most cases

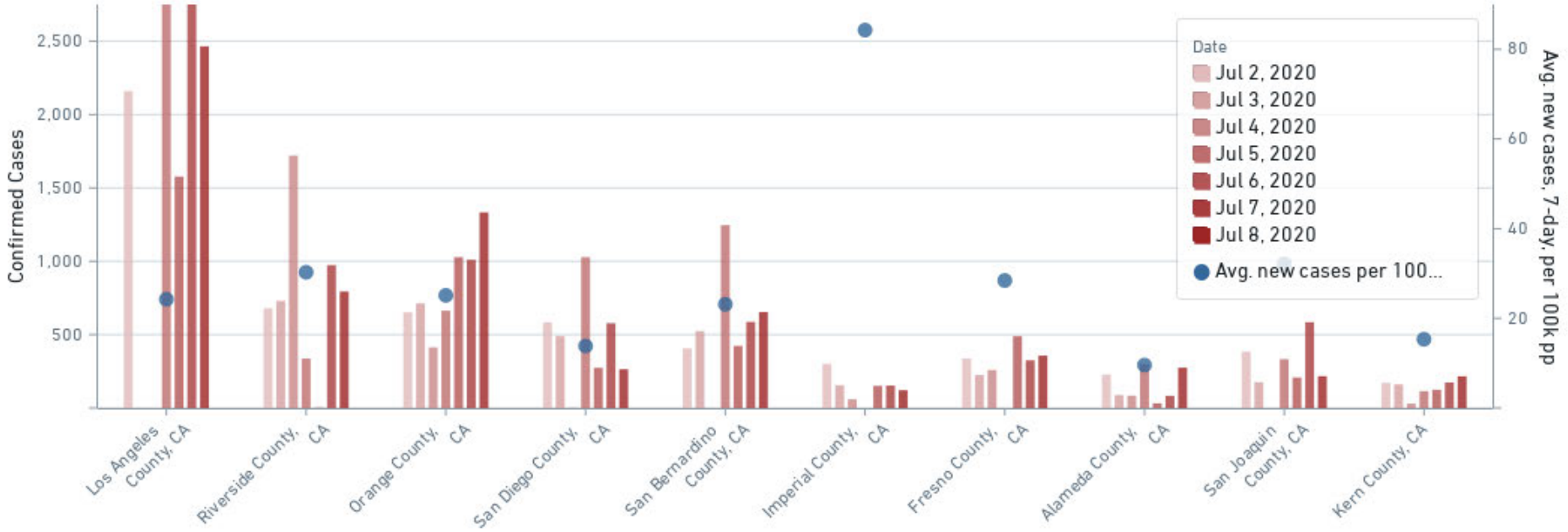
Source: USAFacts, State: California, Updated: 2020-07-08



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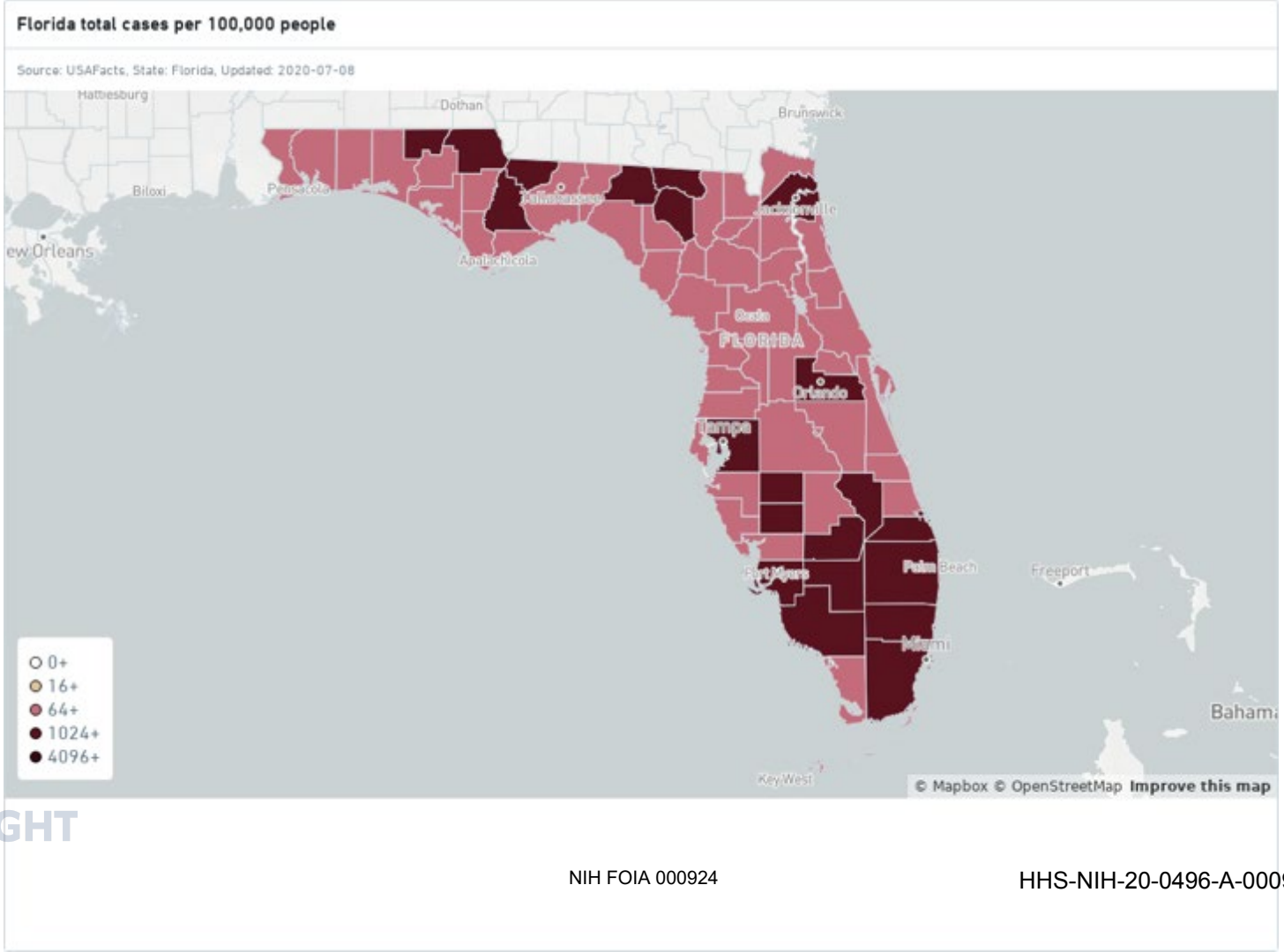
California top 10 counties with the most cases daily

Source: USAFacts, State: California, Updated: 2020-07-08



AMERICAN OVERSIGHT

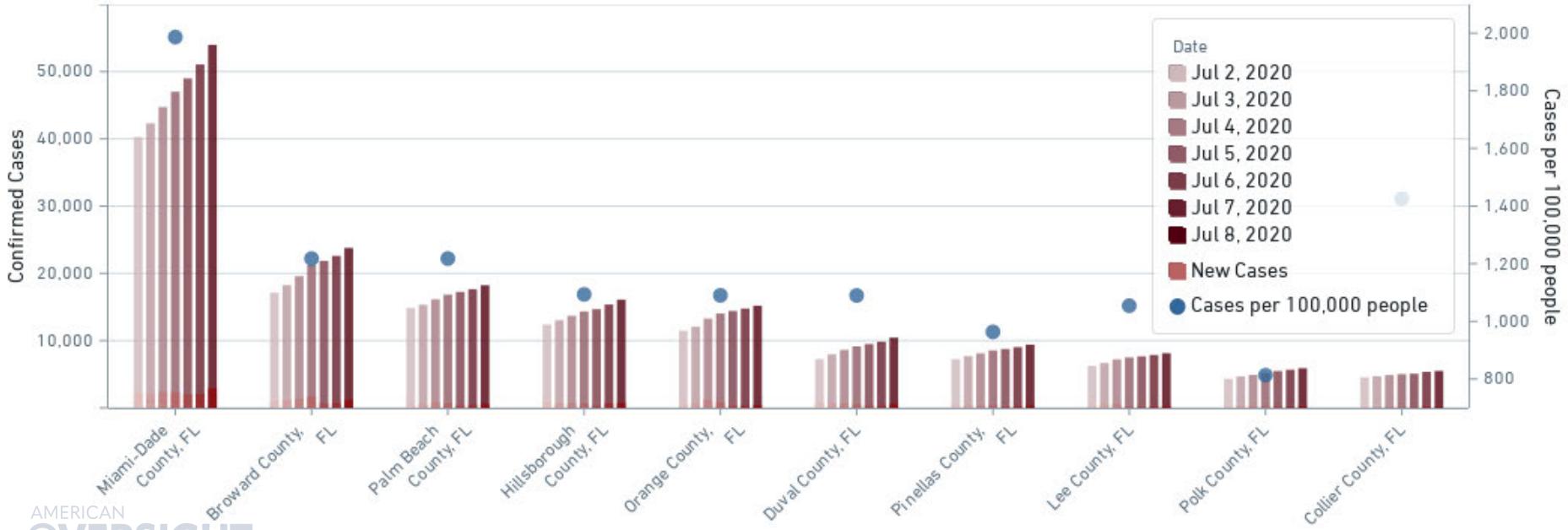
Blue dot is average new cases over the last 7-days per 100,000 people



AMERICAN OVERSIGHT

Florida top 10 counties with the most cases

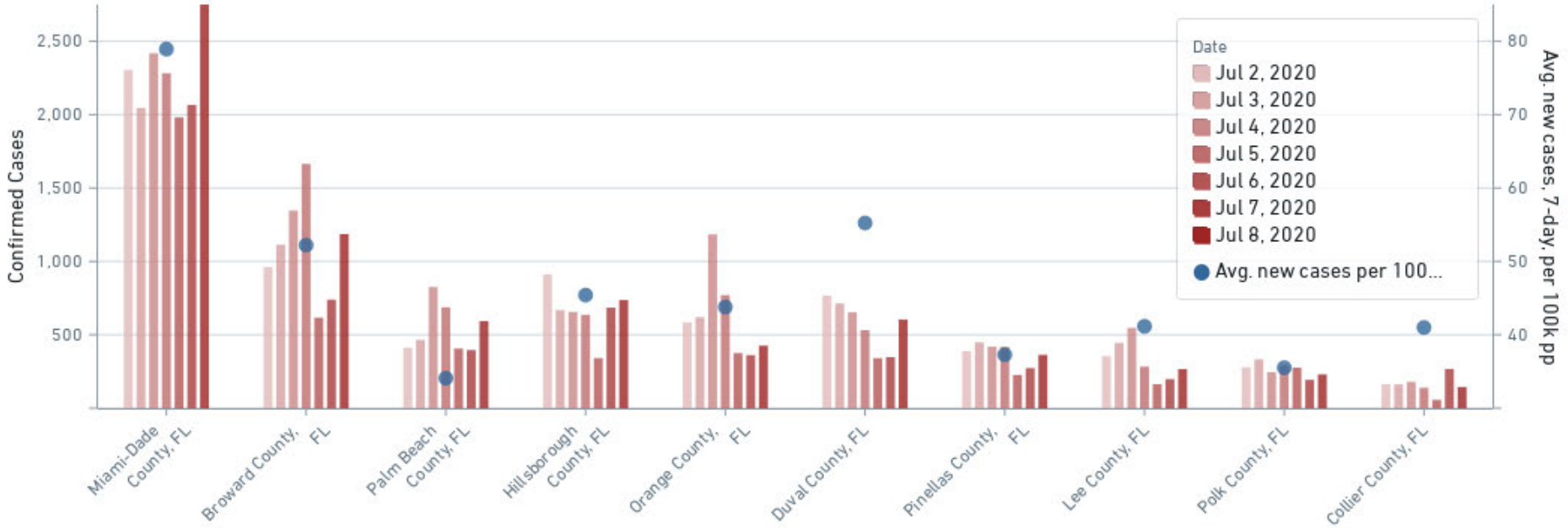
Source: USAFacts, State: Florida, Updated: 2020-07-08



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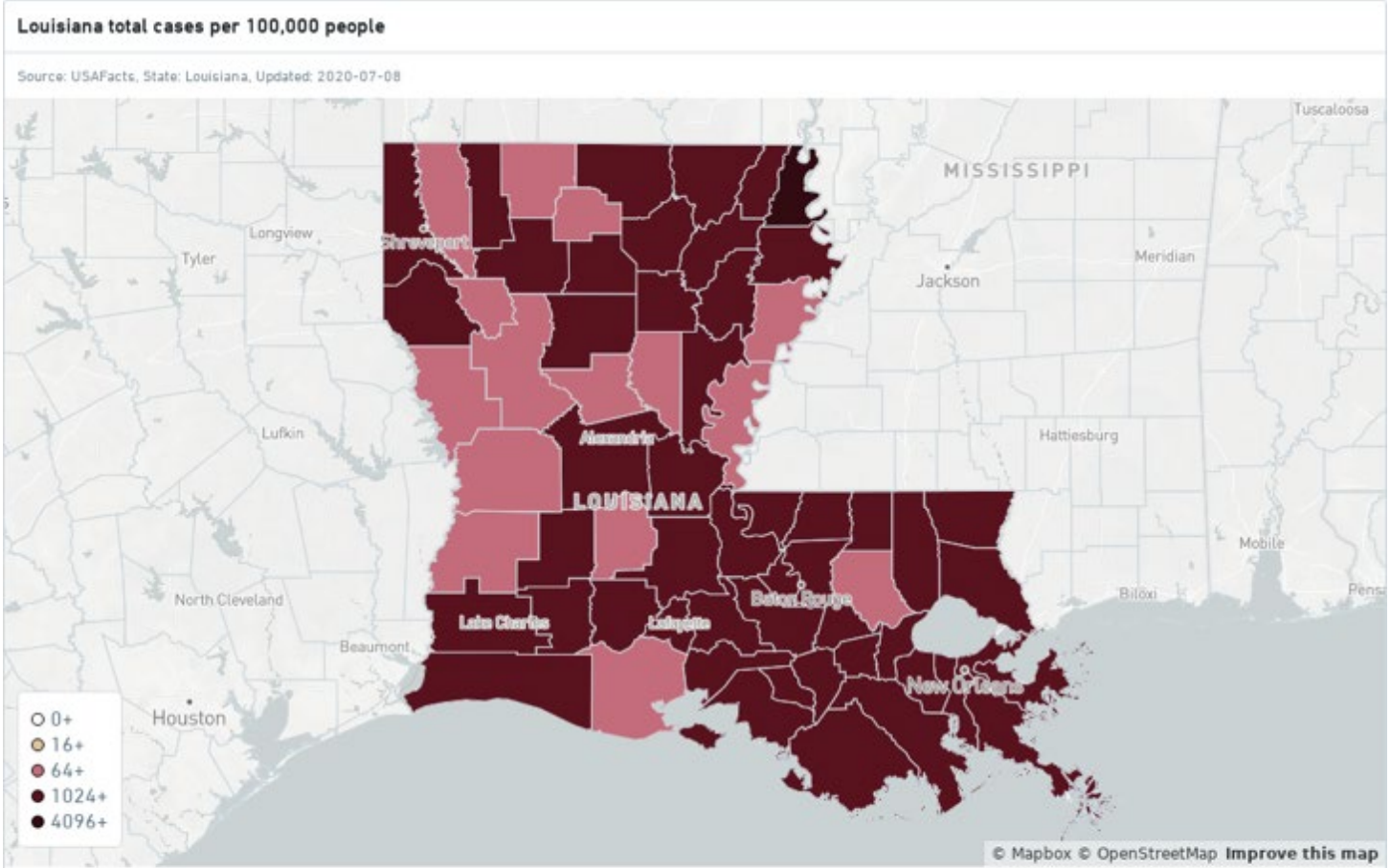
Florida top 10 counties with the most cases daily

Source: USAFacts, State: Florida, Updated: 2020-07-08



AMERICAN OVERSIGHT

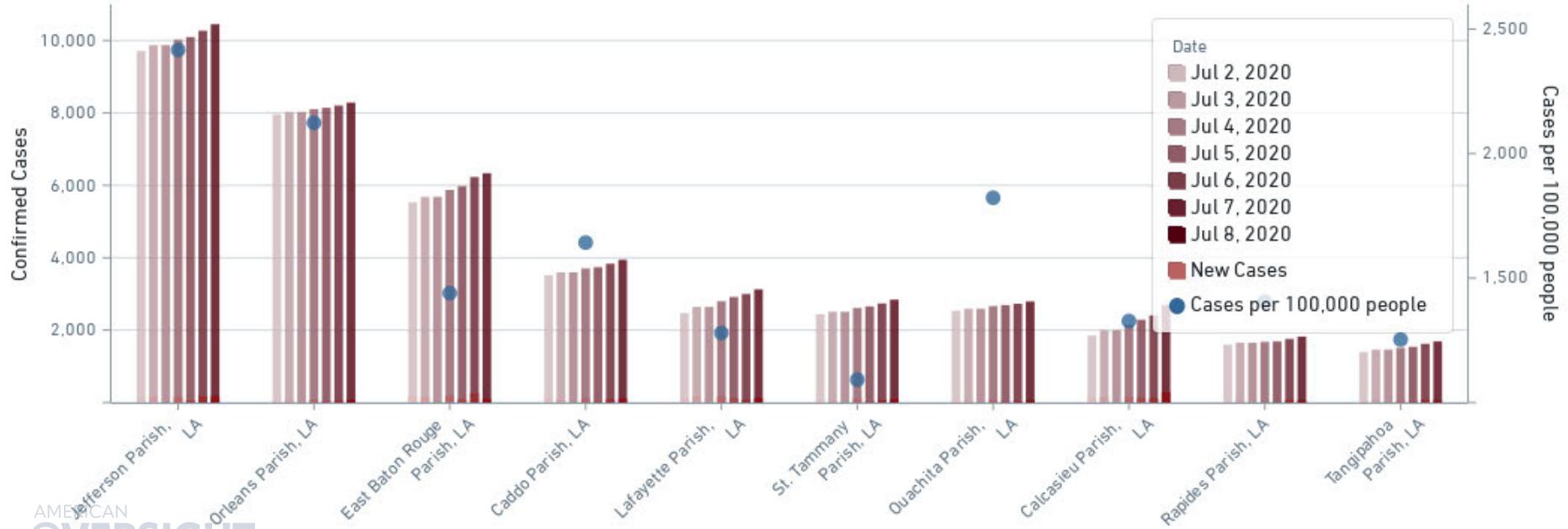
Blue dot is average new cases over the last 7-days per 100,000 people



AMERICAN OVERSIGHT

Louisiana top 10 counties with the most cases

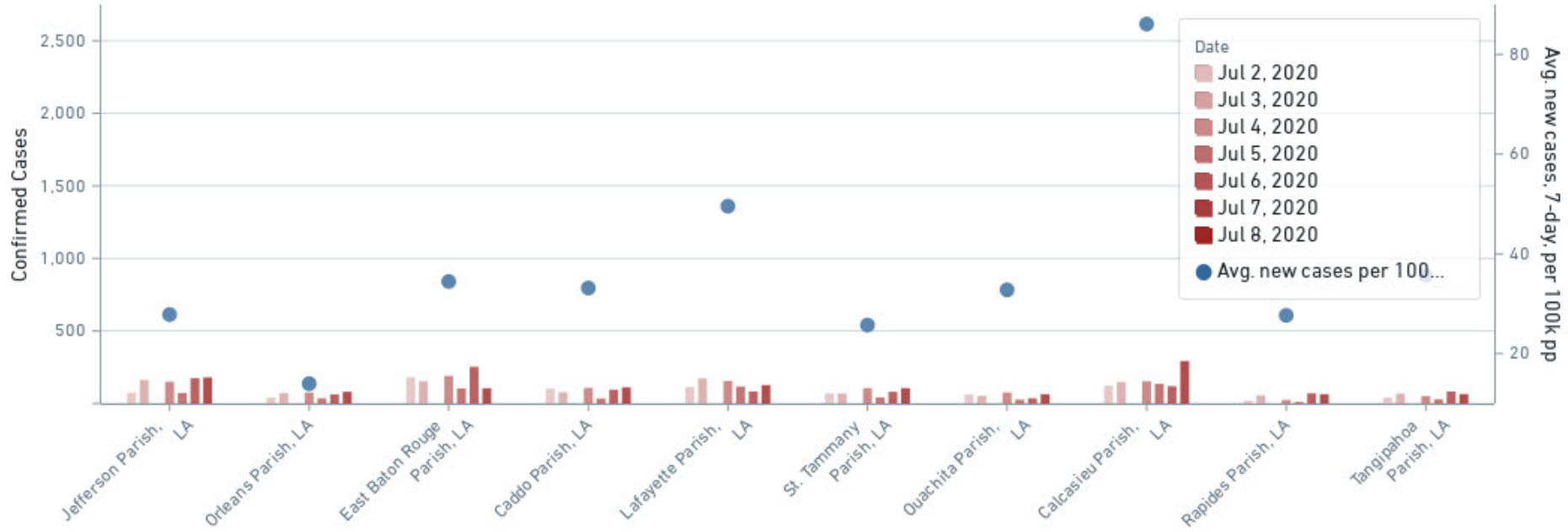
Source: USAFacts, State: Louisiana, Updated: 2020-07-08



AMERICAN OVERSIGHT

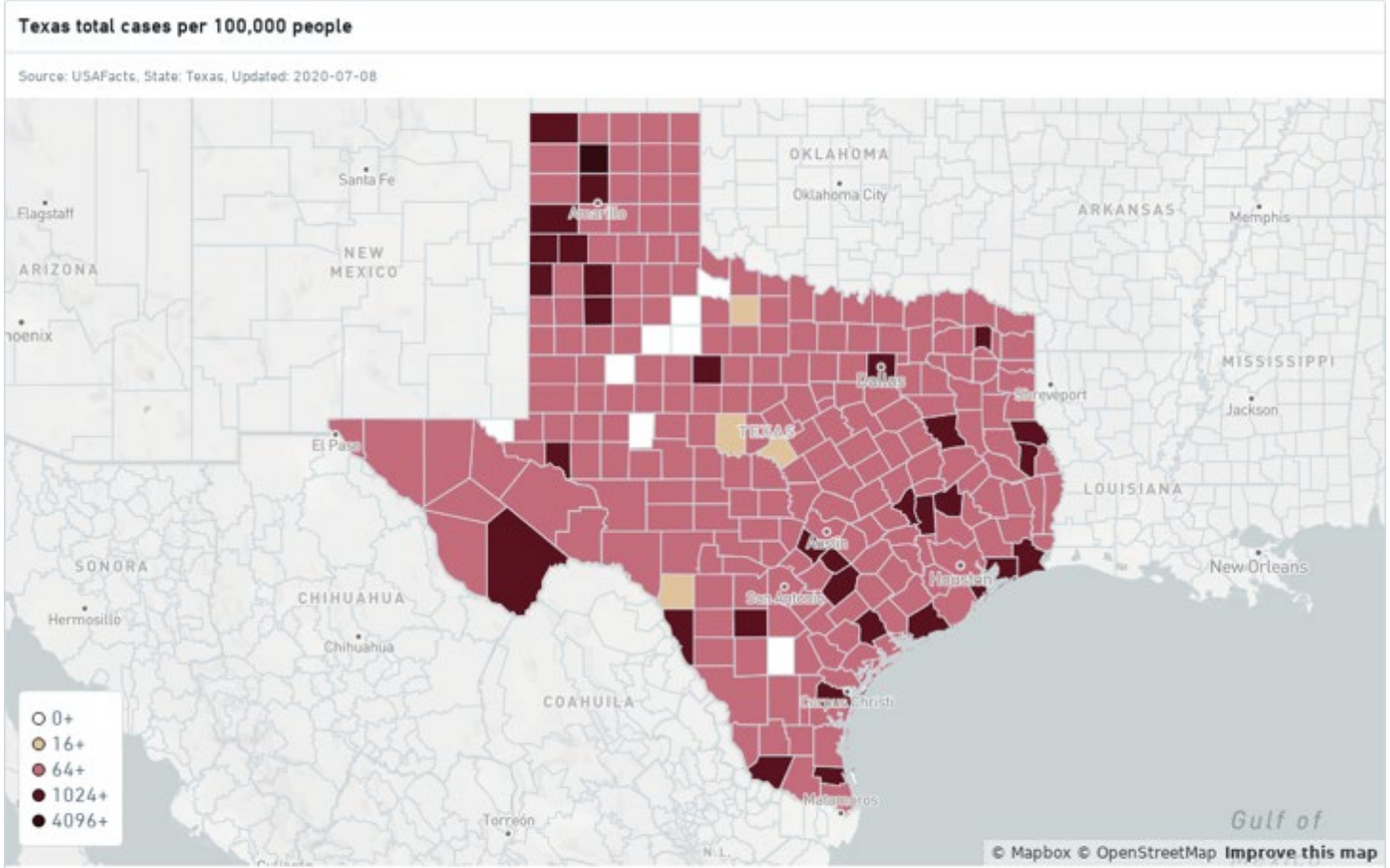
Louisiana top 10 counties with the most cases daily

Source: USAFacts, State: Louisiana, Updated: 2020-07-08



AMERICAN OVERSIGHT

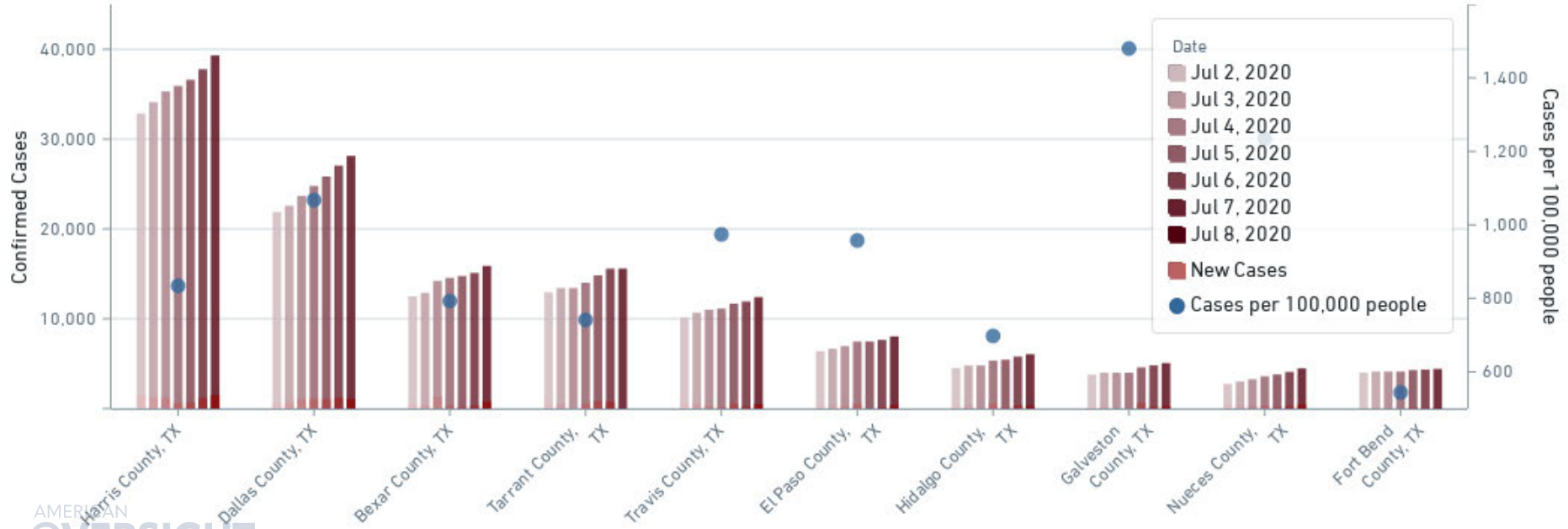
Blue dot is average new cases over the last 7-days per 100,000 people



AMERICAN OVERSIGHT

Texas top 10 counties with the most cases

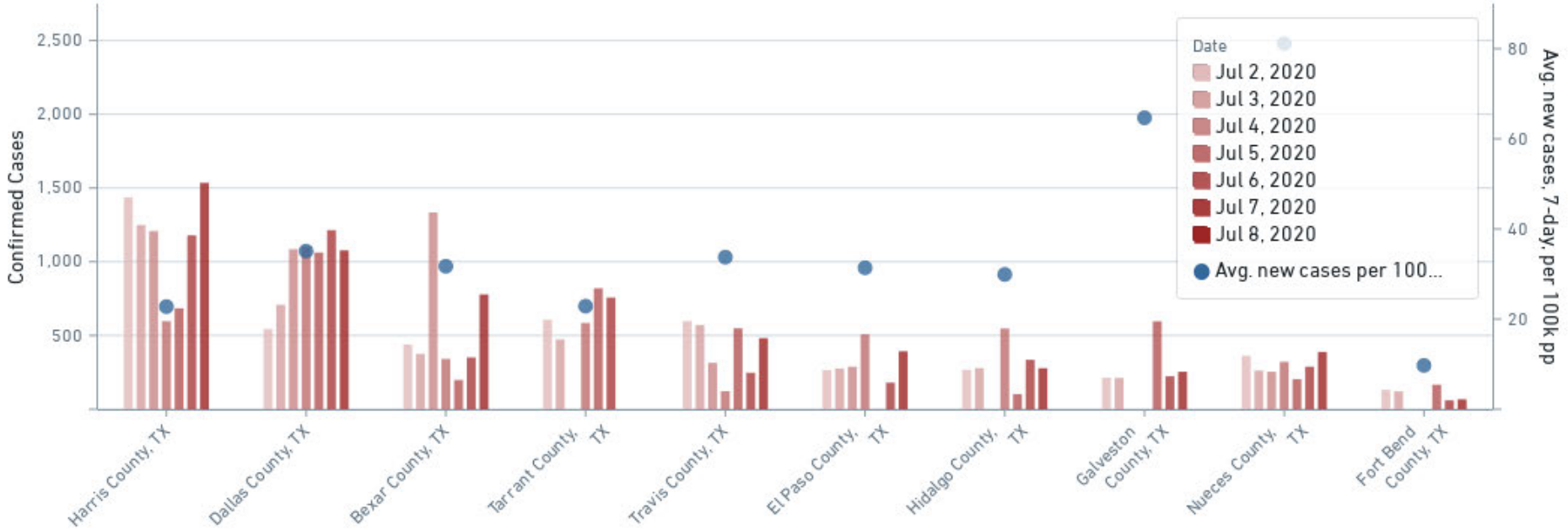
Source: USAFacts, State: Texas, Updated: 2020-07-08



AMERICAN OVERSIGHT

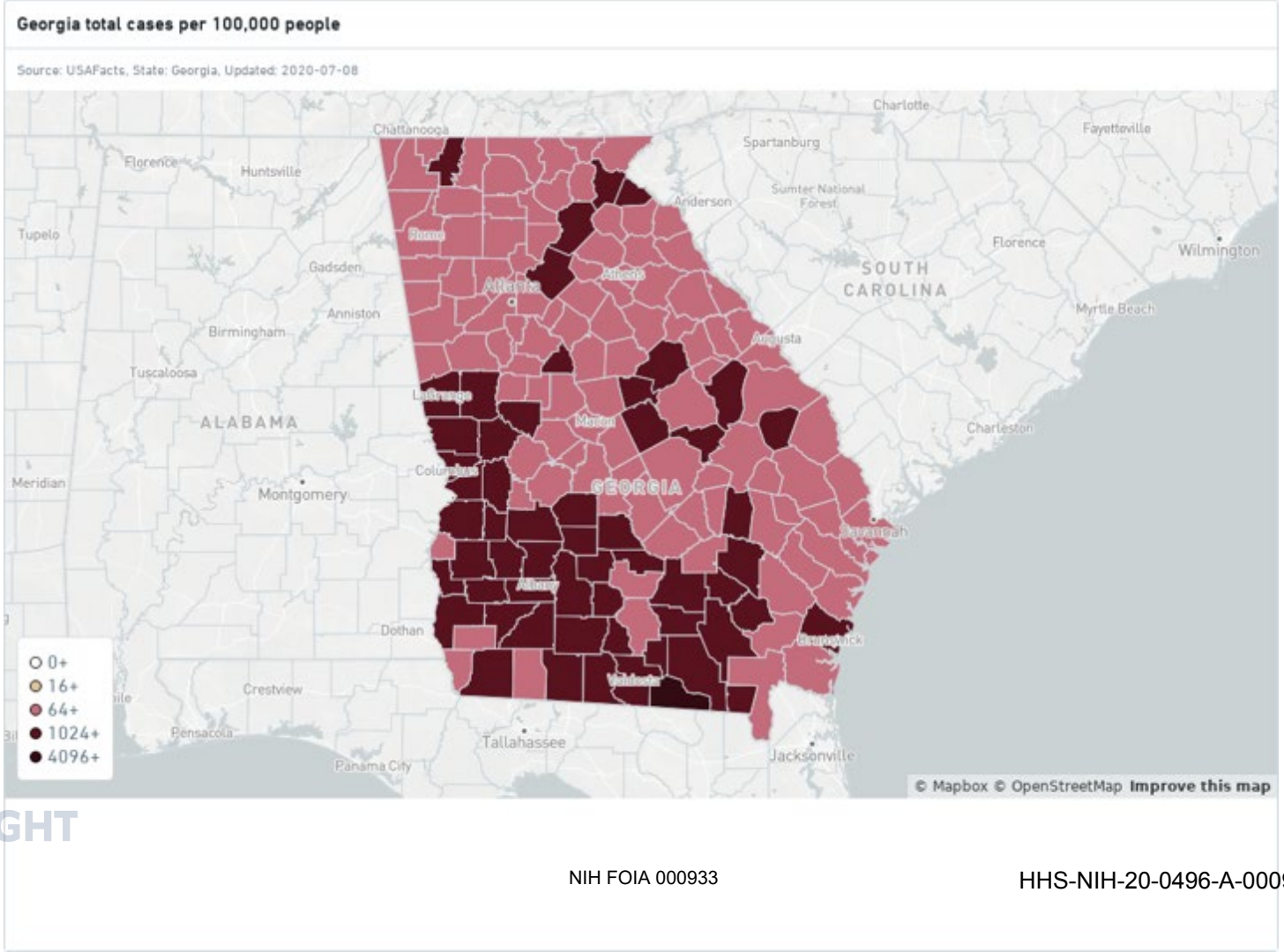
Texas top 10 counties with the most cases daily

Source: USAFacts, State: Texas, Updated: 2020-07-08



Blue dot is average new cases over the last 7-days per 100,000 people

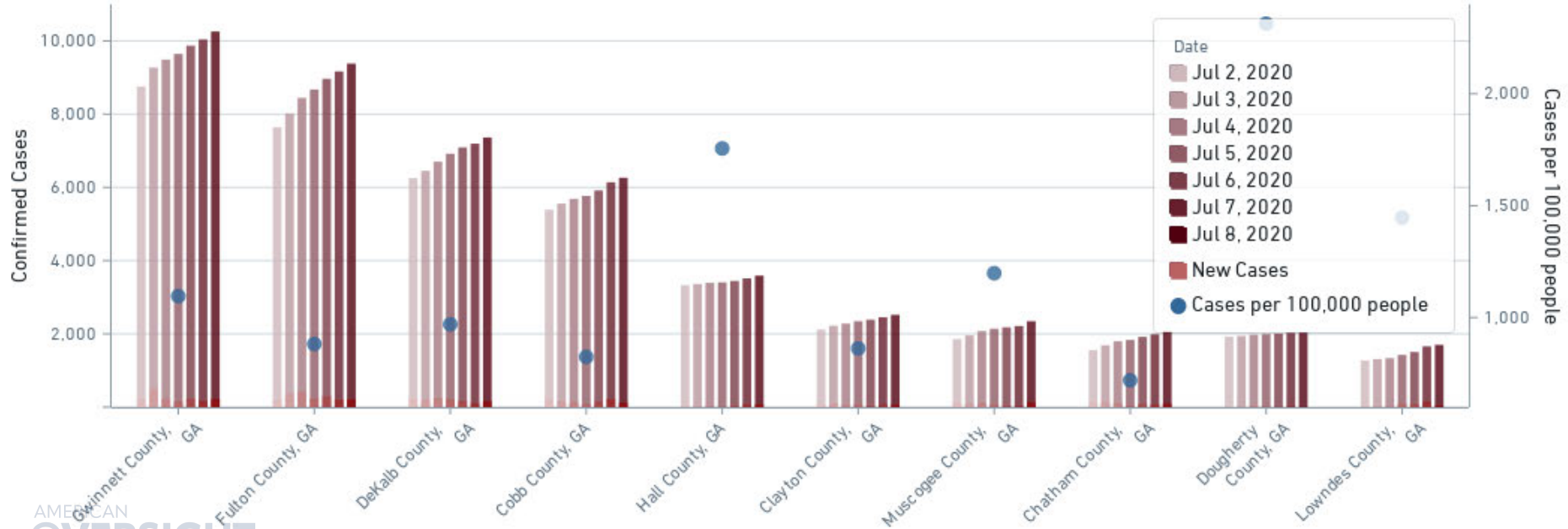
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Georgia top 10 counties with the most cases

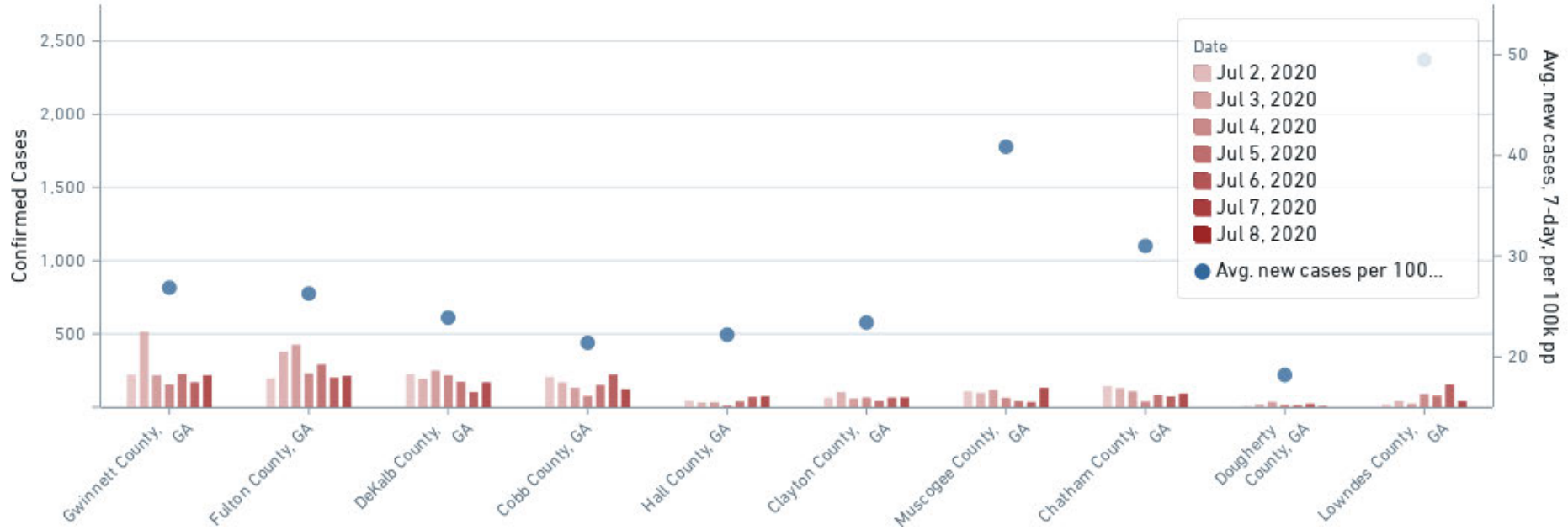
Source: USAFacts, State: Georgia, Updated: 2020-07-08



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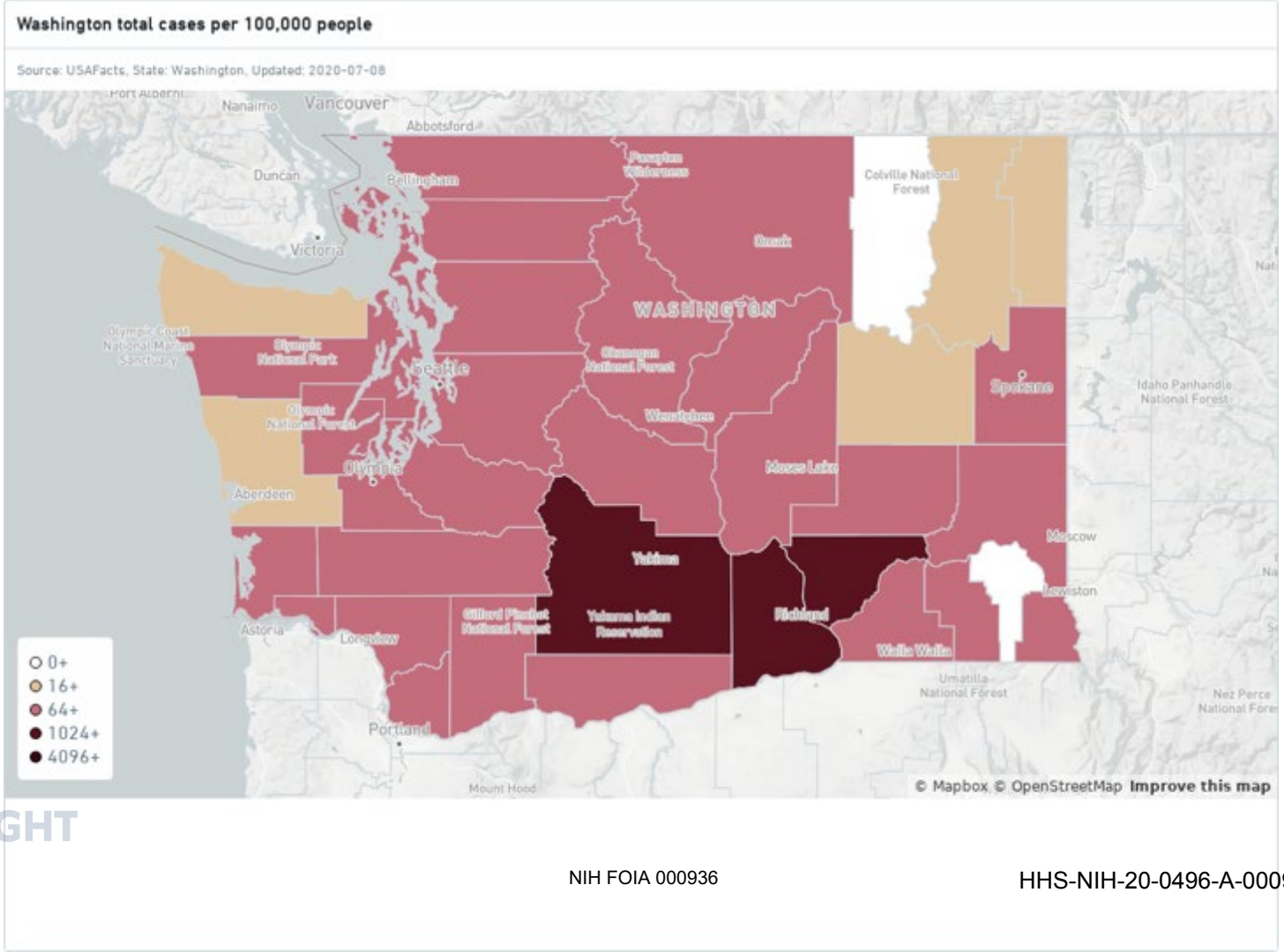
Georgia top 10 counties with the most cases daily

Source: USAFacts, State: Georgia, Updated: 2020-07-08



AMERICAN OVERSIGHT

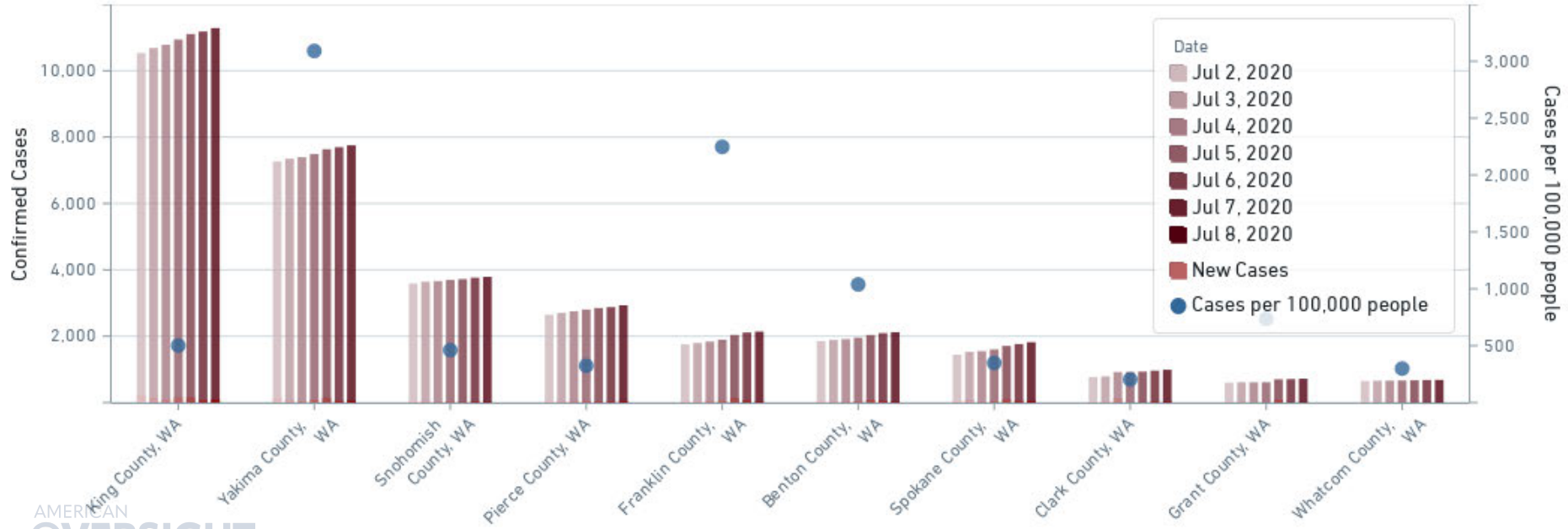
Blue dot is average new cases over the last 7-days per 100,000 people



AMERICAN OVERSIGHT

Washington top 10 counties with the most cases

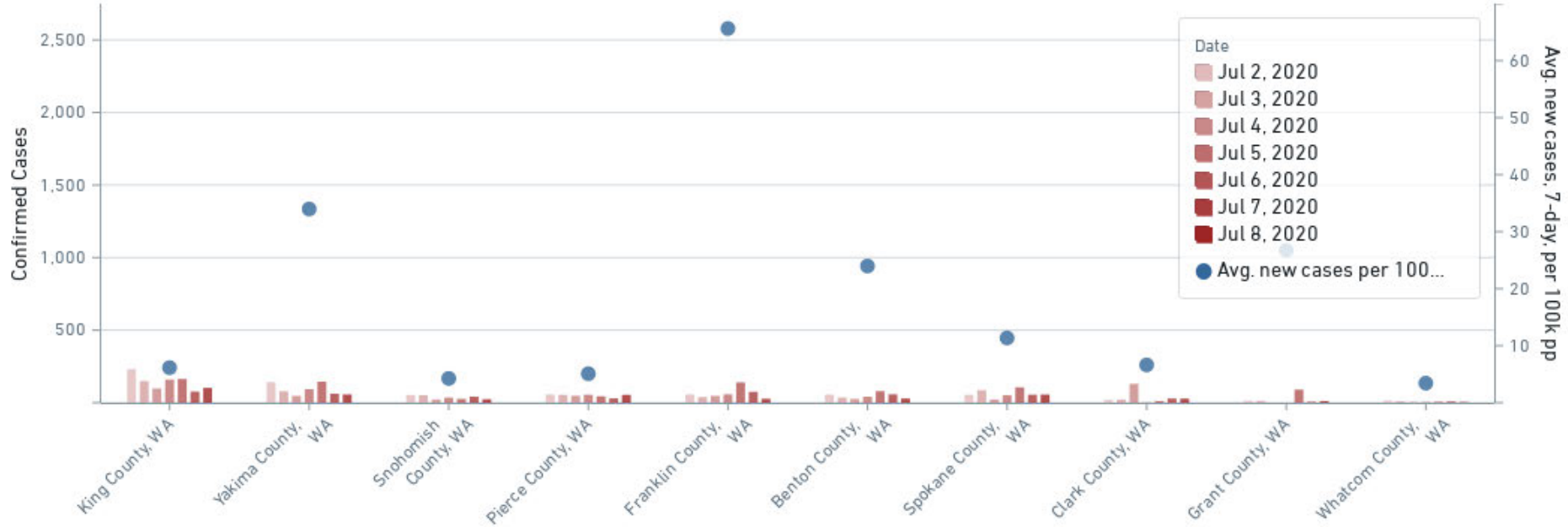
Source: USAFacts, State: Washington, Updated: 2020-07-08



AMERICAN OVERSIGHT

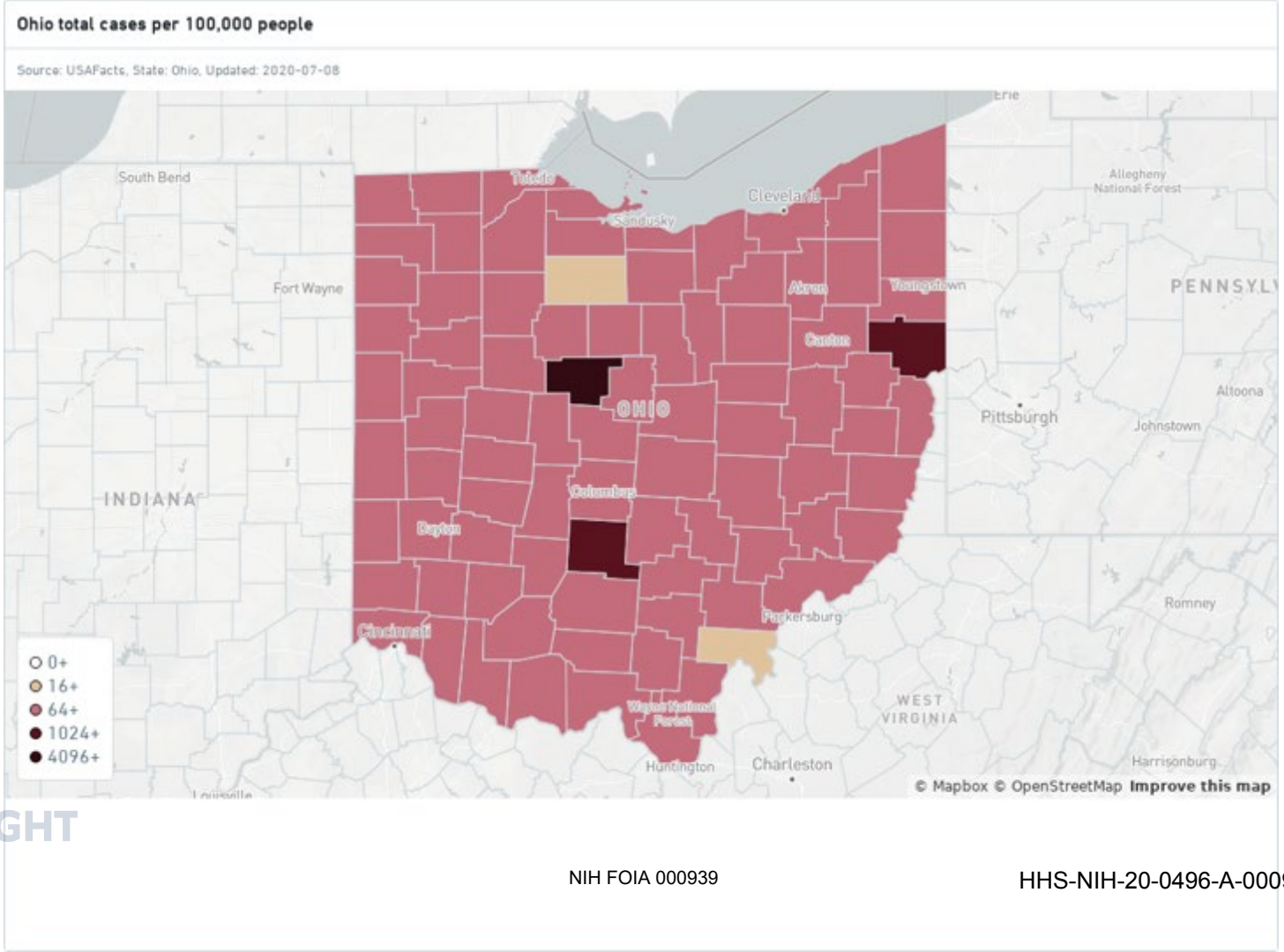
Washington top 10 counties with the most cases daily

Source: USAFacts, State: Washington, Updated: 2020-07-08



AMERICAN OVERSIGHT

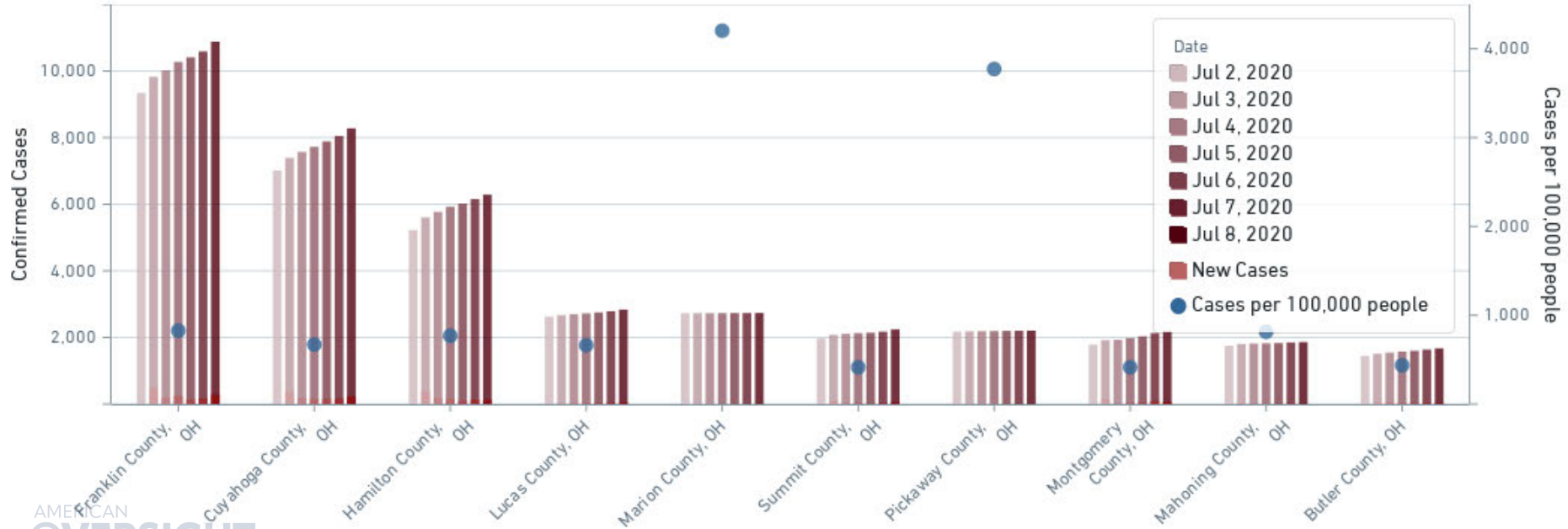
Blue dot is average new cases over the last 7-days per 100,000 people



AMERICAN OVERSIGHT

Ohio top 10 counties with the most cases

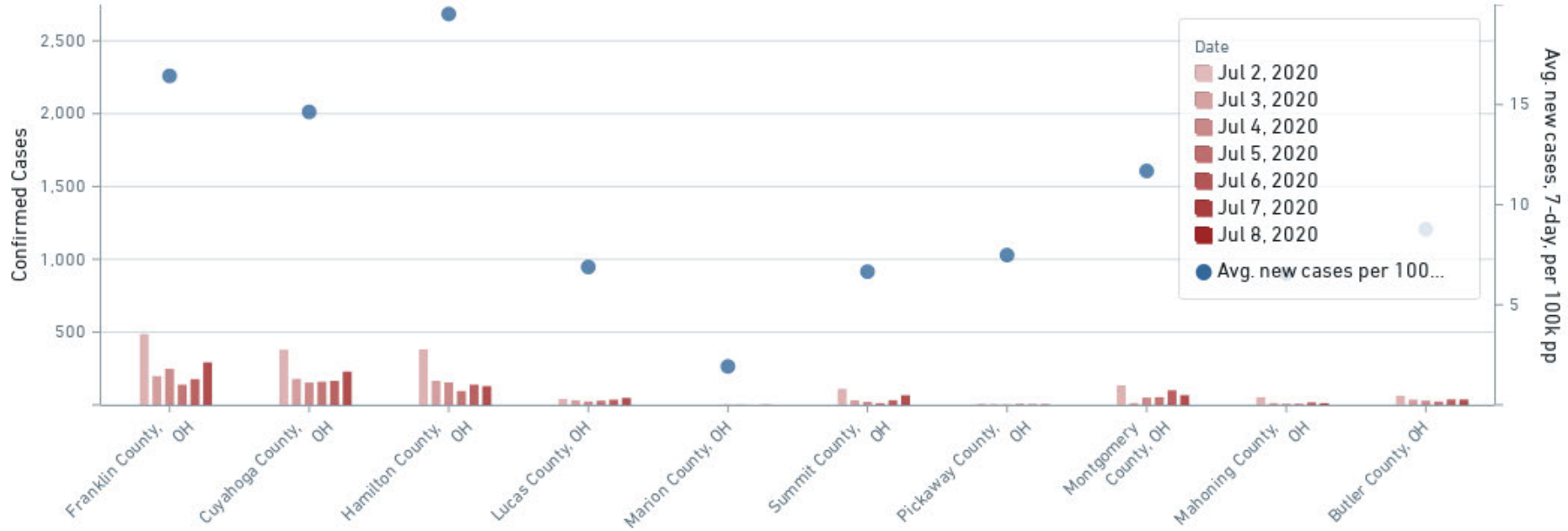
Source: USAFacts, State: Ohio, Updated: 2020-07-08



AMERICAN OVERSIGHT

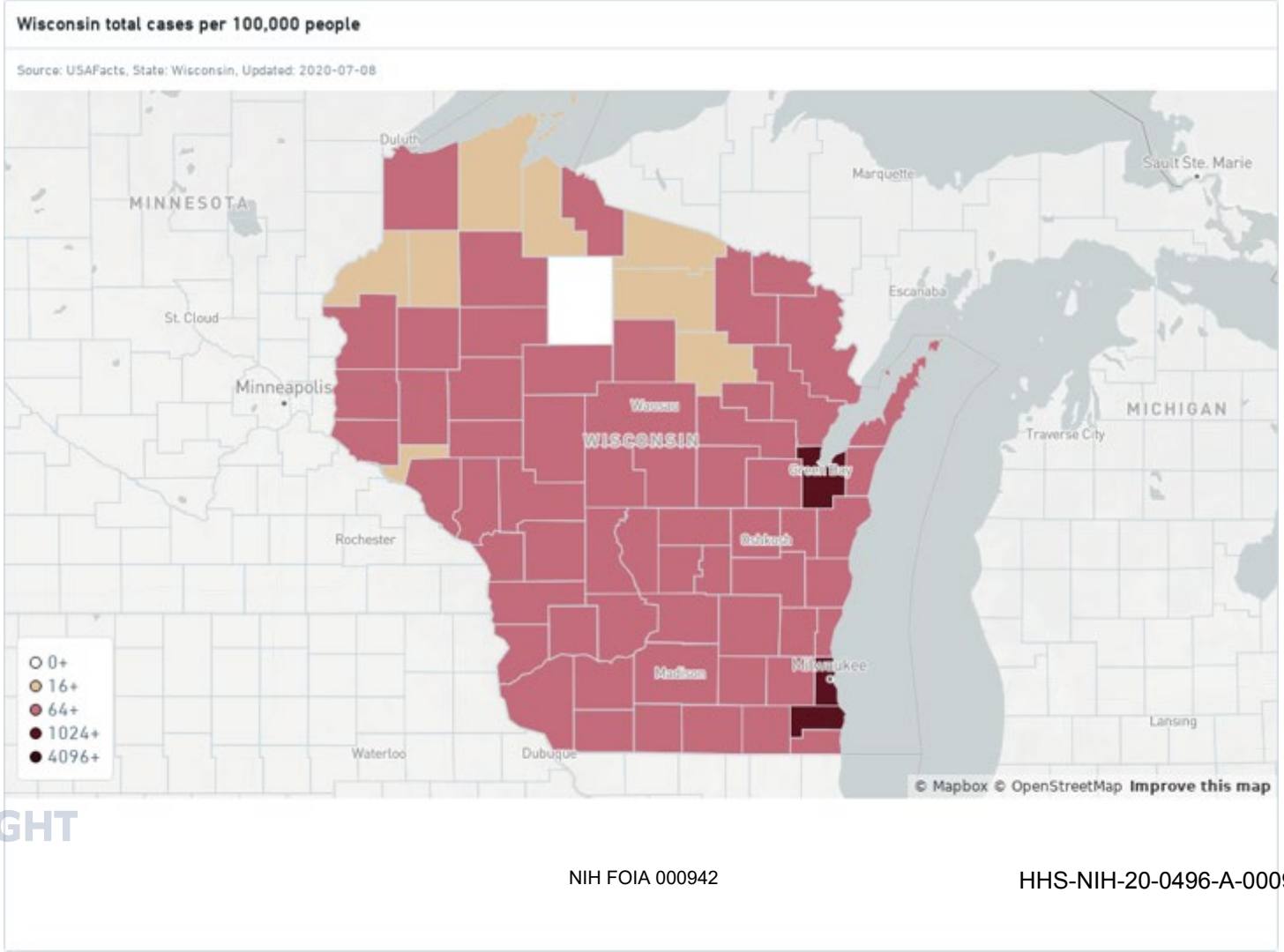
Ohio top 10 counties with the most cases daily

Source: USAFacts, State: Ohio, Updated: 2020-07-08



AMERICAN OVERSIGHT

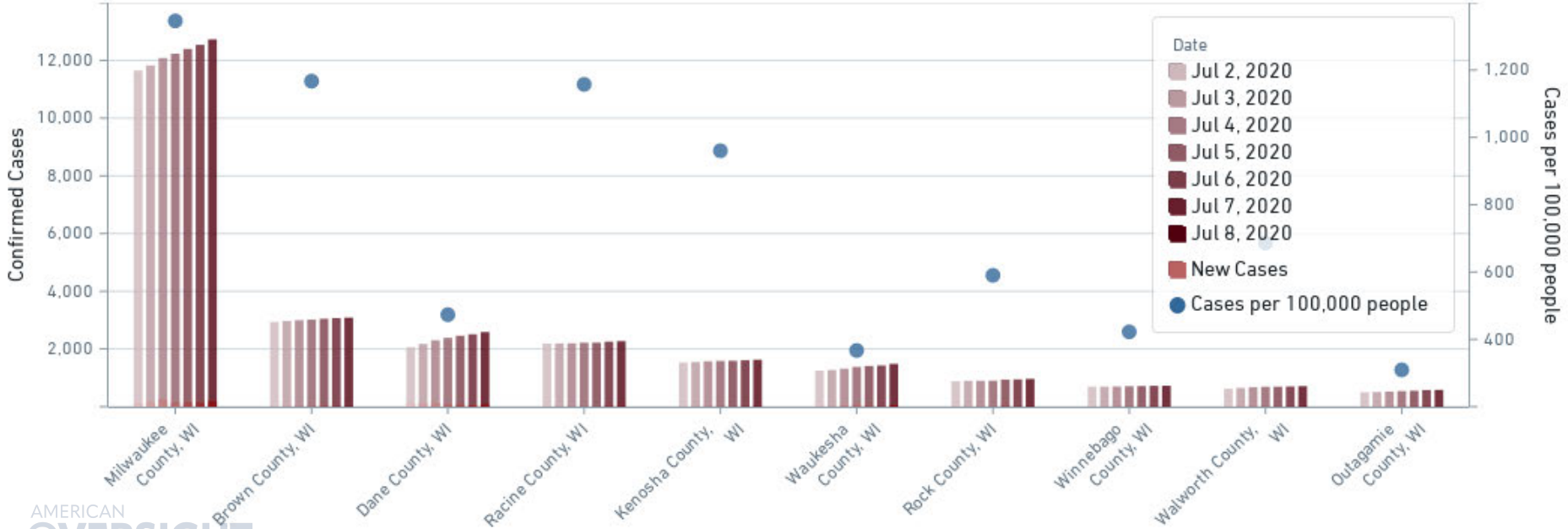
Blue dot is average new cases over the last 7-days per 100,000 people



AMERICAN OVERSIGHT

Wisconsin top 10 counties with the most cases

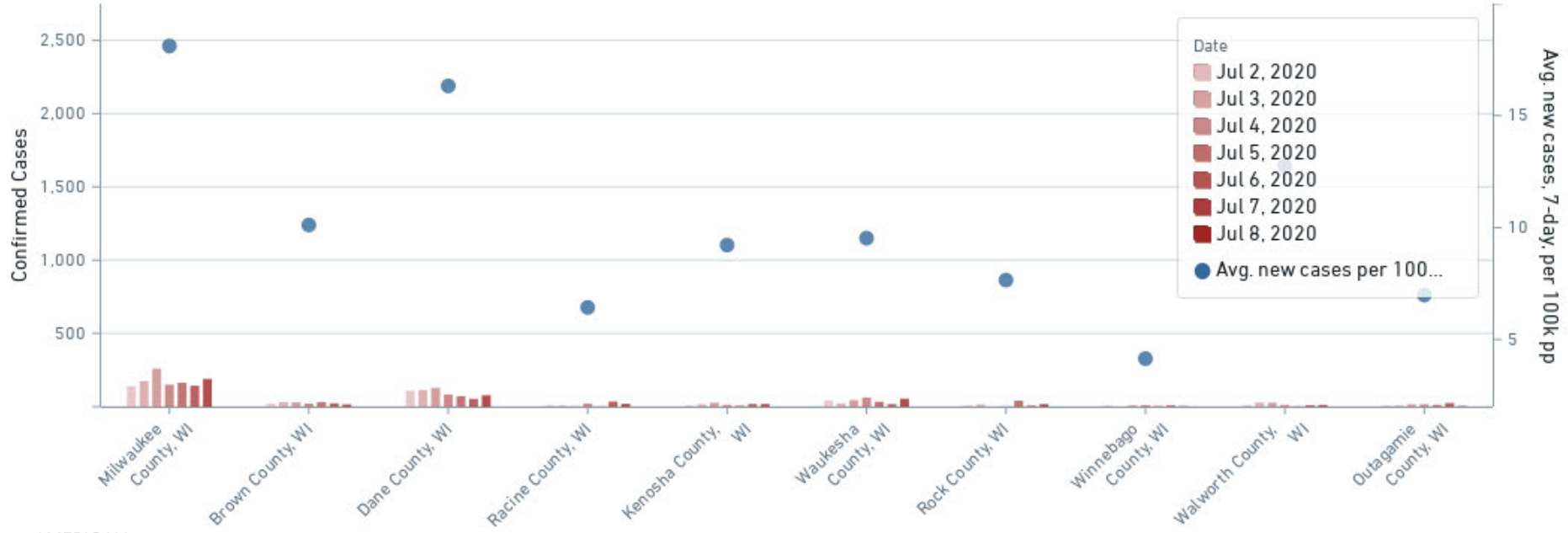
Source: USAFacts, State: Wisconsin, Updated: 2020-07-08



AMERICAN OVERSIGHT

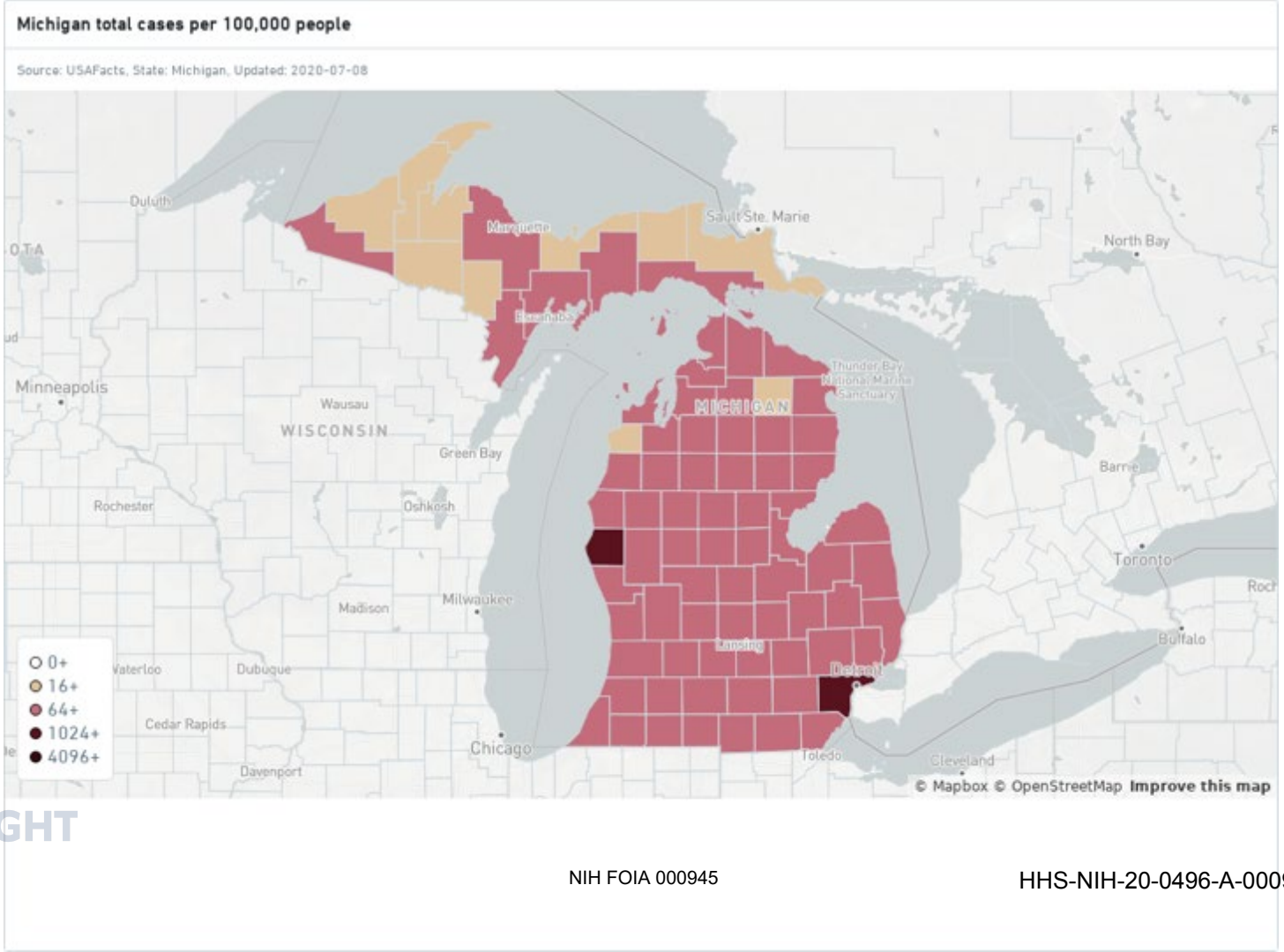
Wisconsin top 10 counties with the most cases daily

Source: USAFacts, State: Wisconsin, Updated: 2020-07-08



AMERICAN OVERSIGHT

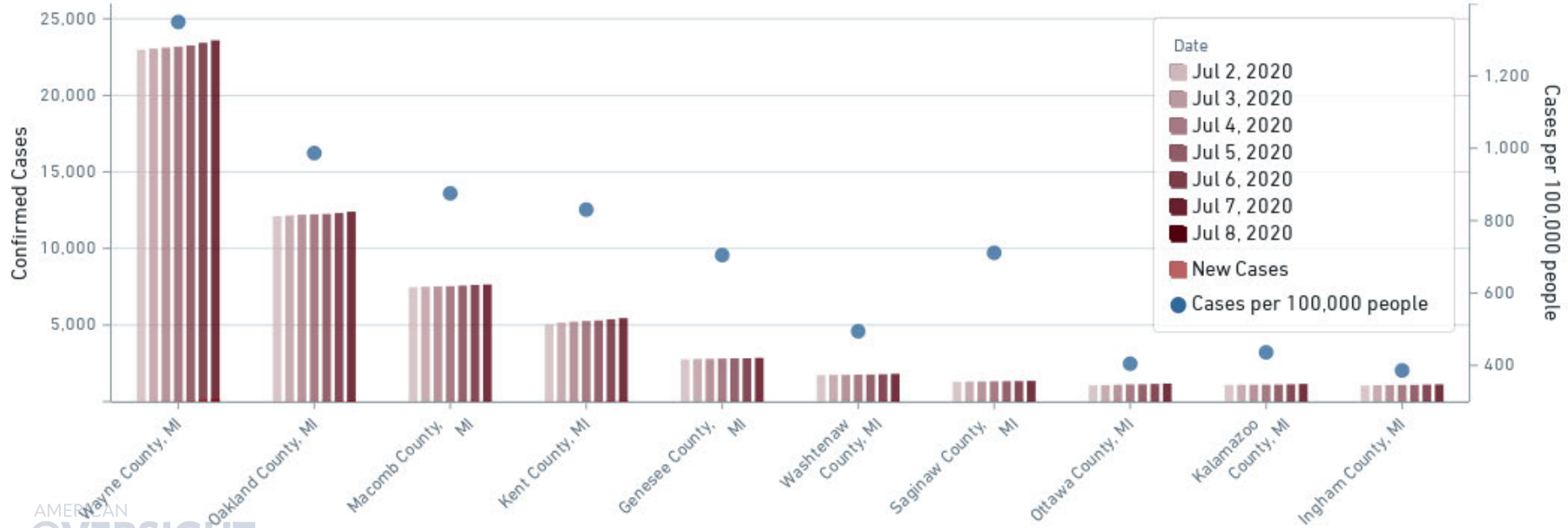
Blue dot is average new cases over the last 7-days per 100,000 people



AMERICAN OVERSIGHT

Michigan top 10 counties with the most cases

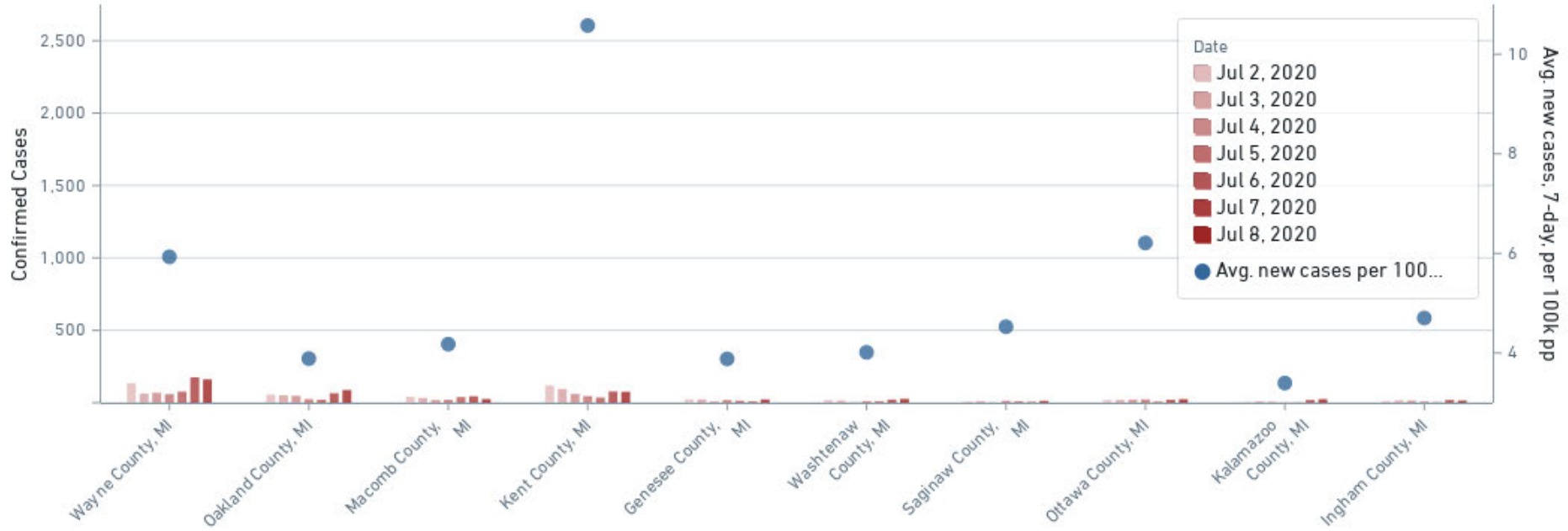
Source: USAFacts, State: Michigan, Updated: 2020-07-08



AMERICAN OVERSIGHT

Michigan top 10 counties with the most cases daily

Source: USAFacts, State: Michigan, Updated: 2020-07-08



AMERICAN OVERSIGHT

Blue dot is average new cases over the last 7-days per 100,000 people

From: McGuffee, Tyler Ann A. EOP/OVP < (b) (6)
Sent: Wed, 15 Jul 2020 11:55:56 -0500
To: McGuffee, Tyler Ann A. EOP/OVP
Subject: Dr. Birx data power point 15 July 2020
Attachments: 15July2020DataSummary [Read-Only]UPDATED.pptx

All –

Please see Dr. Birx's PowerPoint for today – **Wednesday, July 15th** – attached.

Sincerely,
TAM

Tyler Ann McGuffee
Assistant to Ambassador Deborah Birx, M.D.
Office of the White House Coronavirus Response Coordinator
Associate Advisor | Office of the Vice President
Office: (b) (6) | Mobile: (b) (6) [no text]
Email: (b) (6)

AMERICAN OVERSIGHT

15 July Data Summary

Continued increasing cases and deaths this week increased hospitalizations in AZ, TX, FL, CA, SC, GA, LA – most rapid rise in test positivity AR, NV, OK, **LA, GA**, FL, TX, WVA, **AL, MS** – increasing community spread – projected end of week cases (70 - 75K)

4 States account for> 50% of new cases TX, CA, AZ, FL

- **9** additional states over 1000 cases/day and increasing (GA (>3000), NC, LA, SC, OH, TN (>3000), AL, KS, WA)

21 states with significant increase in cases and percent positive tests

19 states with rising cases and percent positive tests

10 states stable

12 States with greater than 10% test positives (7-day average):**TX >20%, AZ, FL, SC, GA, AL, LA, MS, NV, AR, CA, ID;** early stabilization of test positivity in AZ and CA but not FL and TX

- Metros with greater than 20% positives (7-day average)**, Houston, Miami, Austin, San Antonio,;** early stabilization in Phoenix and Houston but not Miami
- Metros with greater than 10% positive **Phoenix, Dallas, Bakersfield, Orlando, Tampa, Jacksonville, Los Angeles, Las Vegas, Riverside, Atlanta, Nashville, Charlotte, New Orleans, Memphis –** New Orleans with the highest rate of rise
- **Signs of stabilization in AZ, but continued increase rate of rise in FL**

AMERICAN OVERSIGHT

NIH FOIA 000949

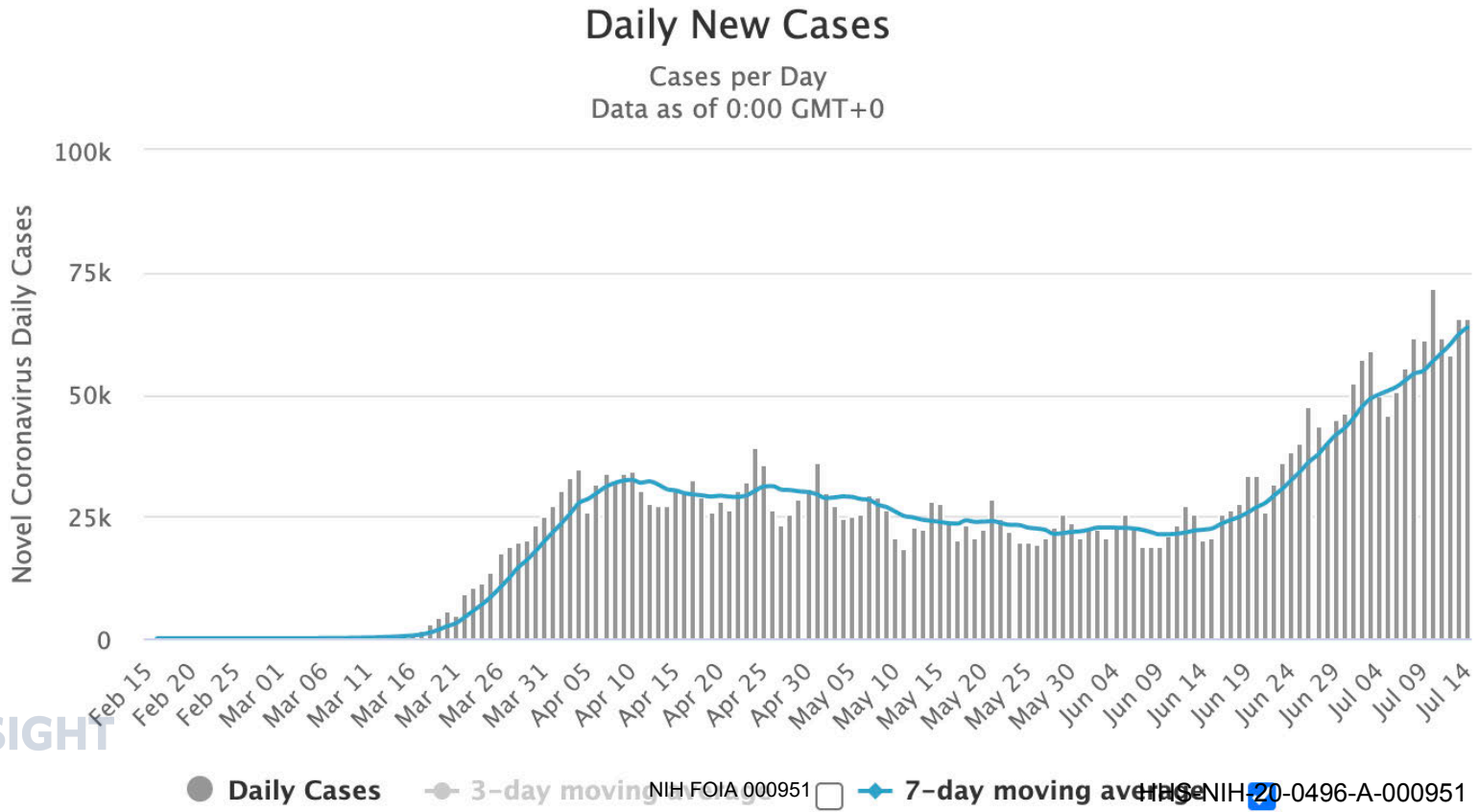
HHS-NIH-20-0496-A-000949

Proactive Actions this week

1. **Proactive deployments to support States and Metros :** WH to LA, MS, AL, GA, SC and HHS teams to Grand Rapids, Lake-Charles-Lafayette, Kansas City, Boise City, Oklahoma City, Las Vegas, Orlando, Jackson, MS, Huntsville, Birmingham AL working to prevent log community spread with proactive actions
2. Governor's report distributed yesterday : will debrief on LA but there are significant concerns
3. **Remdesivir : TX, FL, CA, AZ.** 65,000 vials went to these 4 states to treat 6550 – 10,800 patients
   - **65,000** aligned for shipment yesterday and alignment will occur weekly to maximize impact
4. Letters to Governors today to support real time data essential for distribution of Remdesivir, plasma and PPE
5. **Surging testing sites to specific locations**
6. **Testing turn around times** can decrease with pooling especially from lower burden states – working with DoD to rapidly validate pooling of 5 samples at the lab level over the weekend
7. **Ensuring health personnel support to ensure optimal clinical outcomes** to AZ, TX, FL, **LA**
8. **Protecting the vulnerable in LTCF :** CMS working with LTCF in hot zones and HHS realigning Ag testing to LTCF in these areas to ensure rapid Dx and isolation – will start next week. TX, CA, FL and LA rising LTCF cases
9. **Protecting the vulnerable in multigenerational households :** Household pooled sampling and pooled testing with isolation of households (potential Ag test use) – being tested at LSU site
10. **PSAs for plasma collection** to ensure increases availability at all hospitals with new cases,
11. **PSA for the Hispanic community and Coach O with all SEC coaches PSA** about risk and vulnerabilities
12. **Uniform use of masks in all metros, closing bars, limiting indoor dining to under 25%** moves county under 1 for Ro. Most of the 4 states of mandated most of these elements. Proactive masks, closing bars and limiting indoor dining, and limiting gatherings to <10 may keep other states from this log spread – the 8 other states

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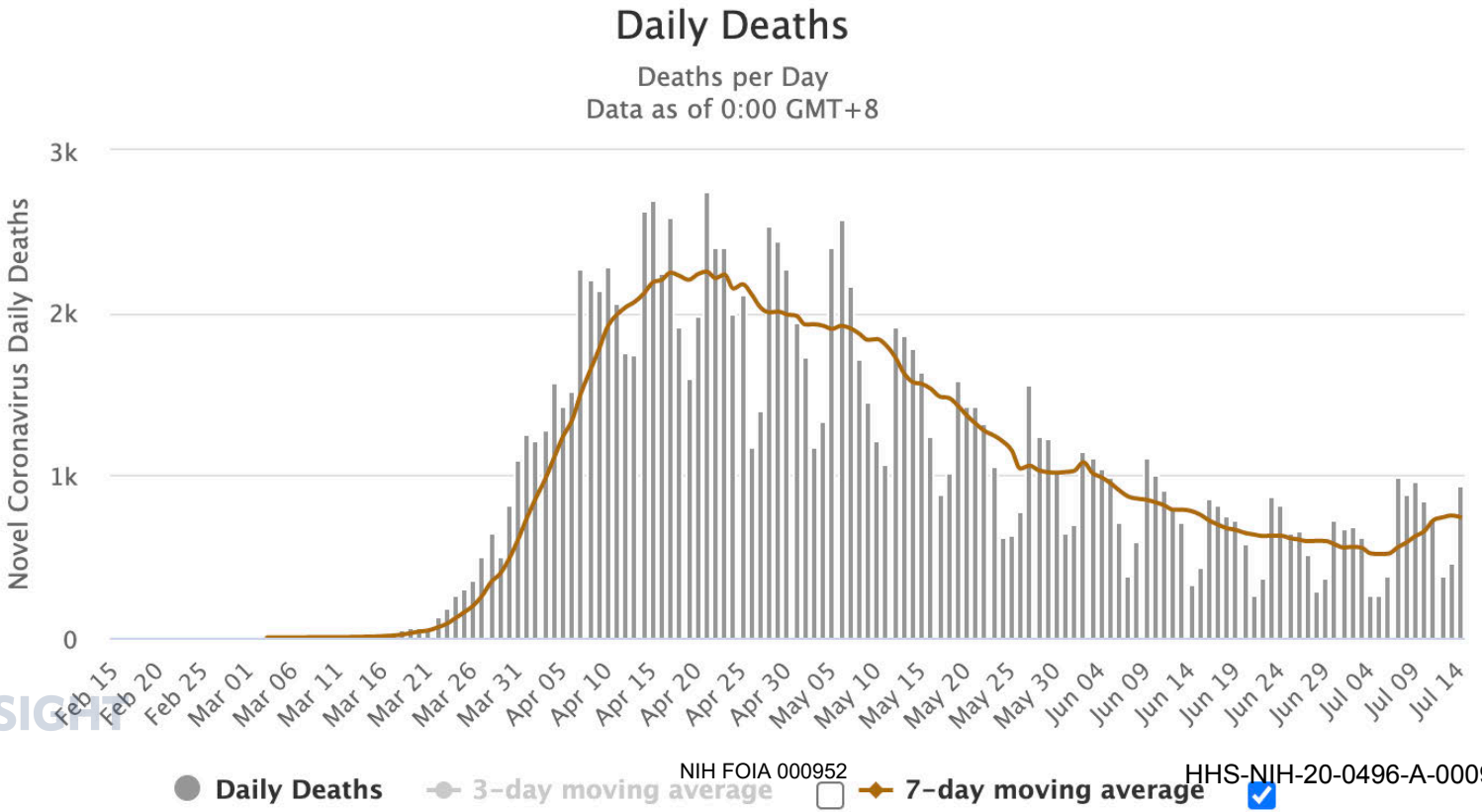
Daily New Cases in the United States



AMERICAN OVERSIGHT

NIH FOIA 000951 HHS-NIH-20-0496-A-000951

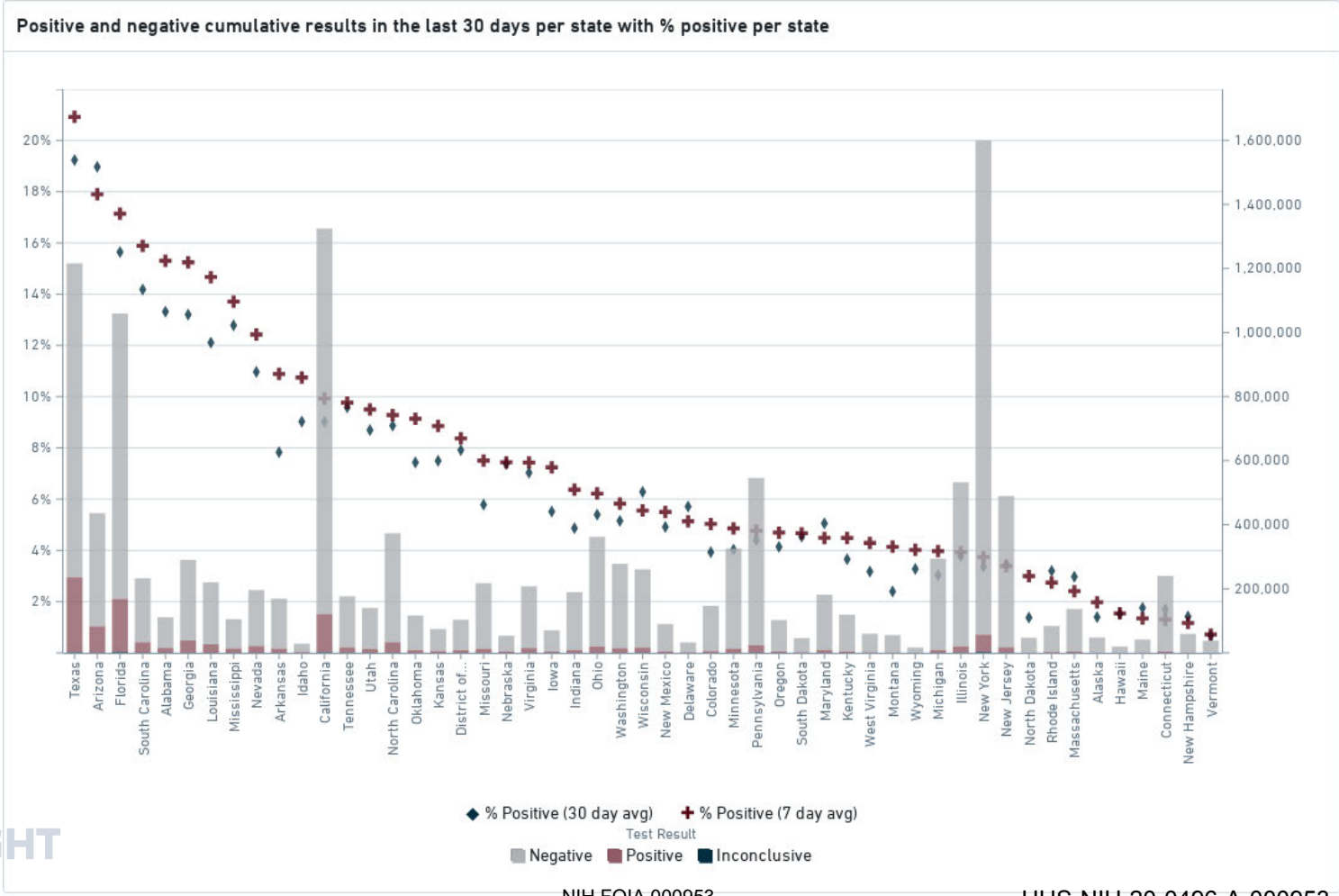
Daily New Deaths in the United States



AMERICAN OVERSIGHT

NIH FOIA 000952

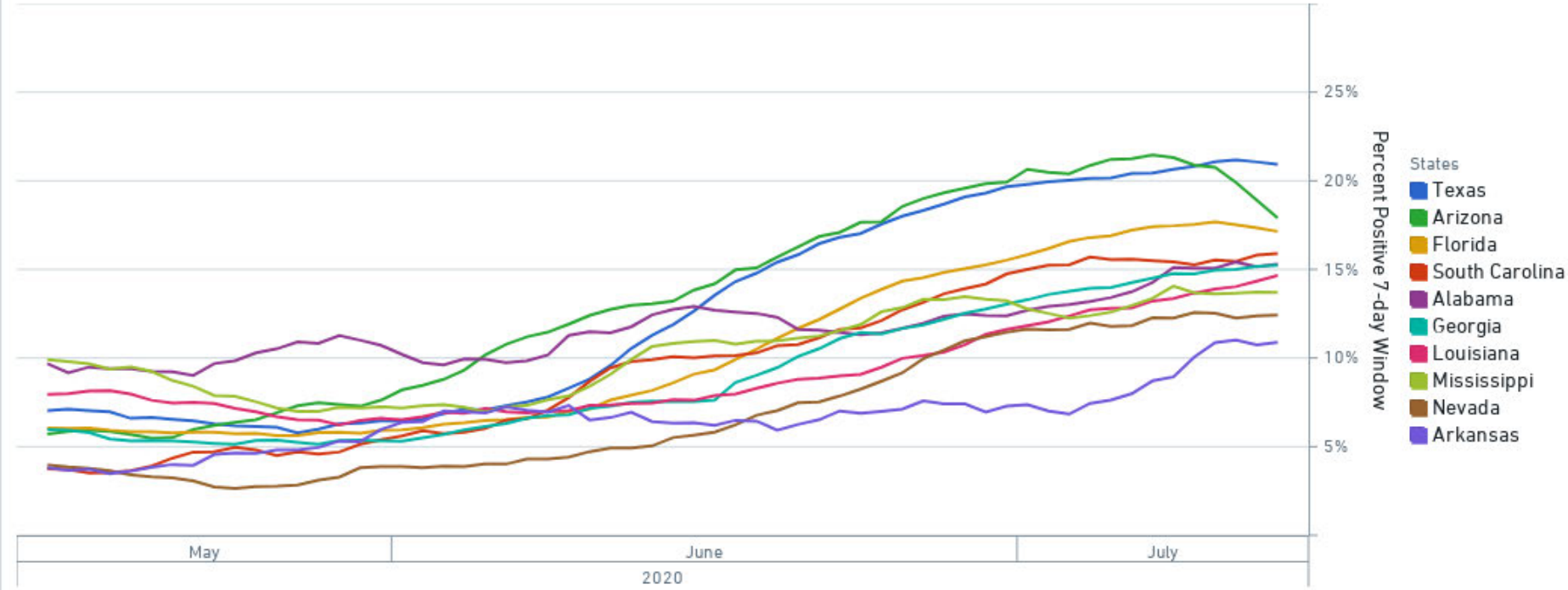
HHS-NIH-20-0496-A-000952



Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. This chart is sorted by the 7-day percent positive.

AMERICAN OVERSIGHT

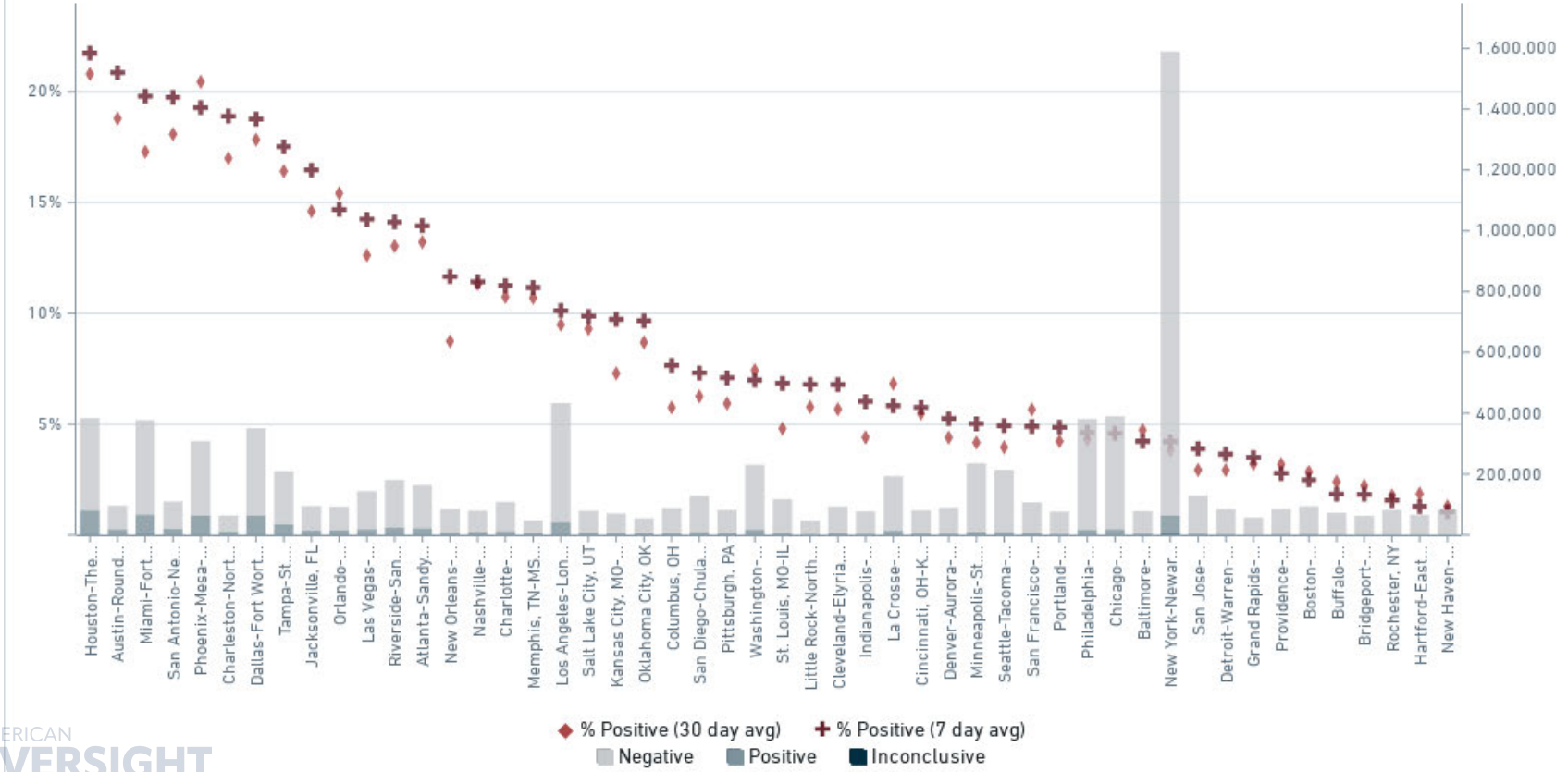
7-day Percent Positive, states 1-10



States are ranked based on the current percent positive on a 7-day window. 7-day positive percent is calculated as total positive results in trailing 7 days / total test results in trailing 7 days.

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Positive and negative cumulative results in the last 30 days per CBSA with % positive per CBSA



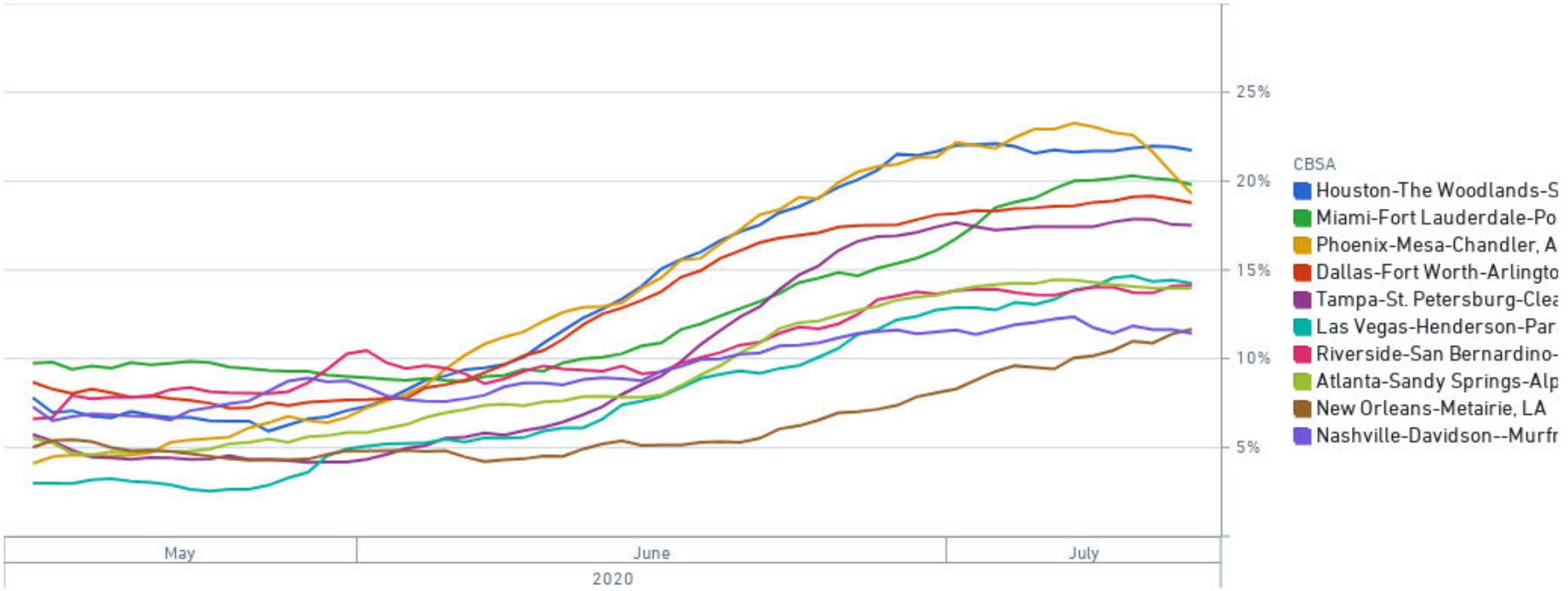
AMERICAN OVERSIGHT

NIH FOIA 000955

HHS-NIH-20-0496-A-000955

Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. The top 50 CBSAs were determined by ranking over the number of results reported for a given area in the last 30 days. This chart is sorted by the 7-day percent positive.

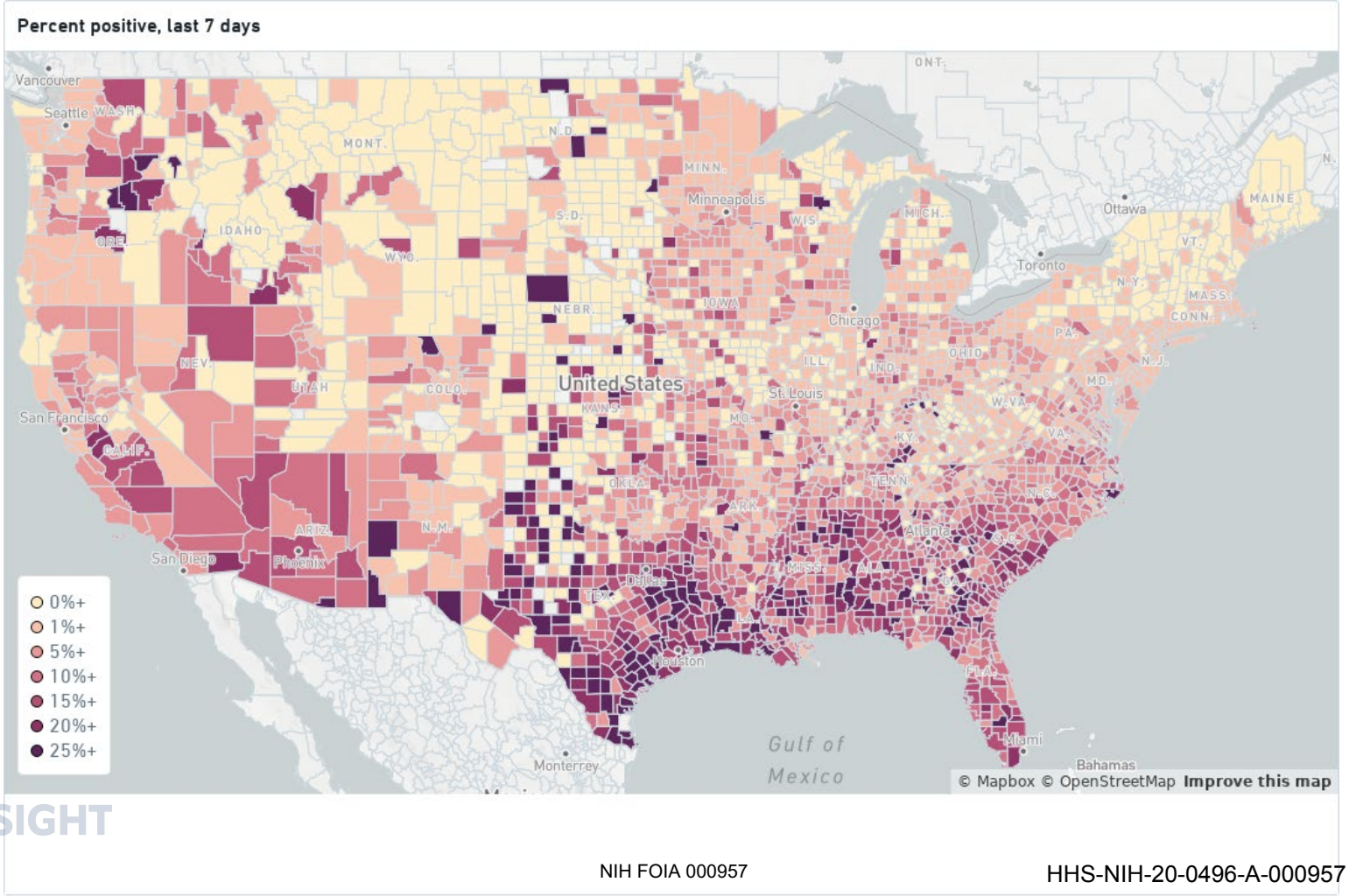
1-10 CBSAs with most results reported ranked by 7-day percent positive



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CBSAs are initially filtered to include the top 30 metro areas based on number of results reported in the area, then are ranked based on the current percent positive on a 7-day window. 7-day positive percent is calculated as total positive results in trailing 7 days / total test results in trailing 7 days.

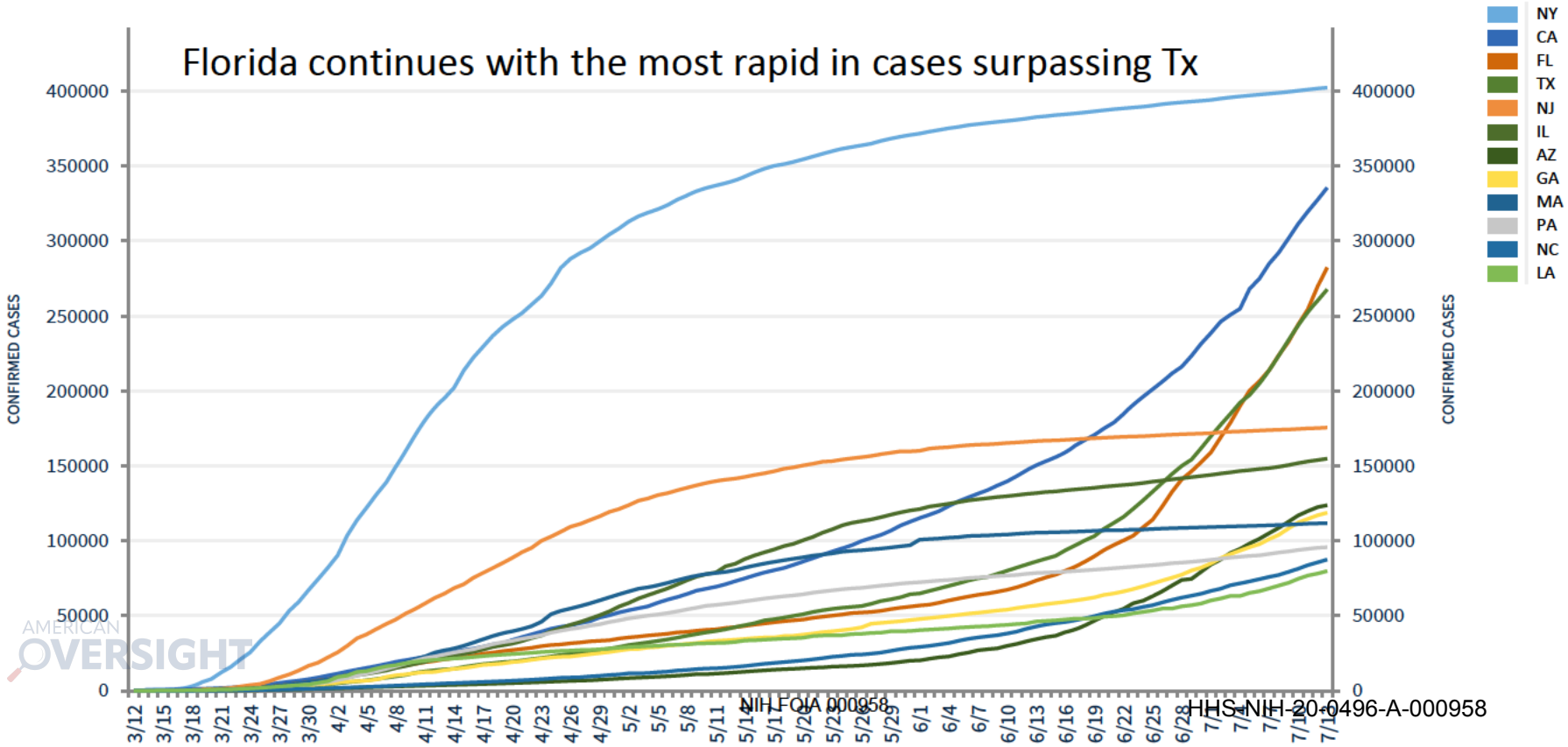
NIH FOIA 000956
HHS-NIH-20-0496-A-000956



Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days.

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CUMULATIVE CASES: TOP 12 STATES

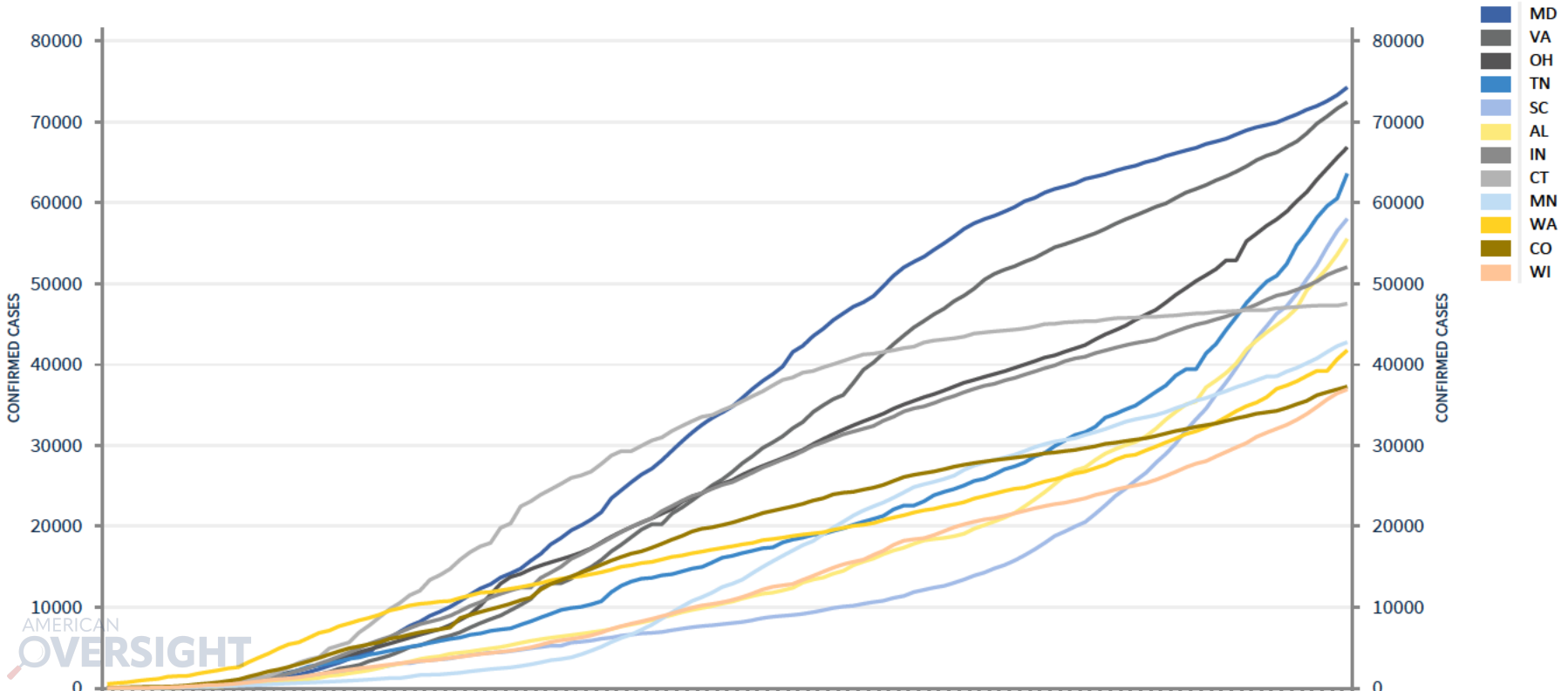


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NIH FOIA 000958

HHS-NIH-20-0496-A-000958

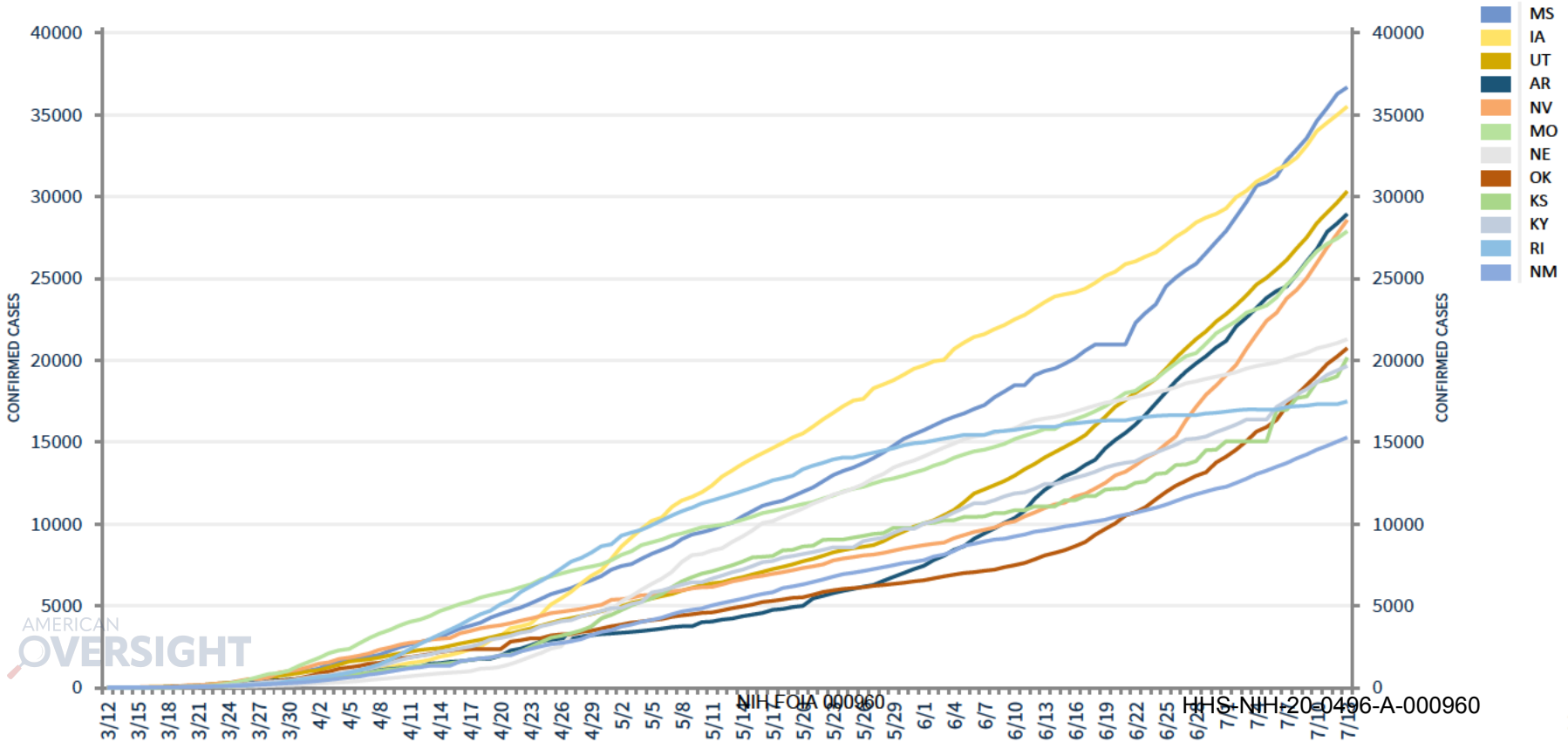
CUMULATIVE CASES: TOP 13-24 STATES



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NIH FOIA 000959
HHS-NIH-20-0496-A-000959

CUMULATIVE CASES: TOP 25-36 STATES

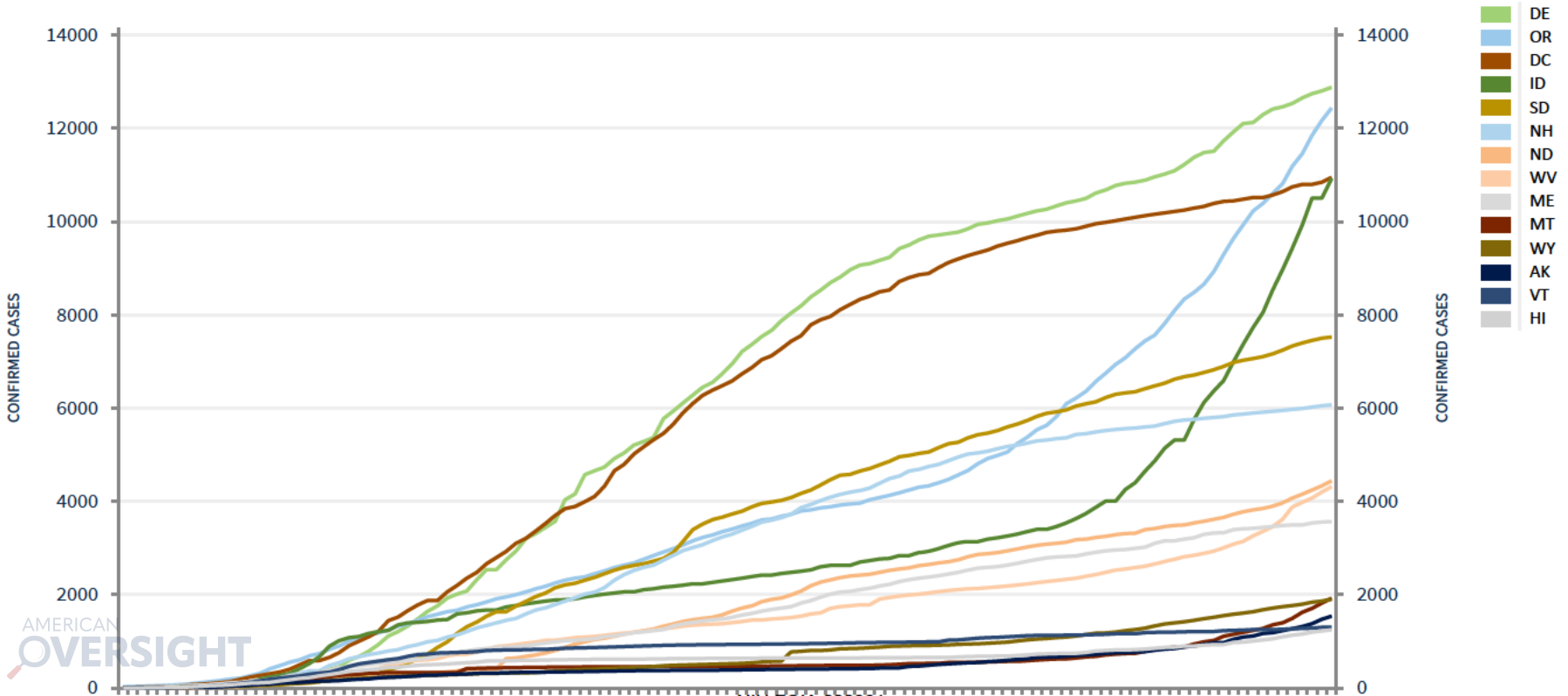


AMERICAN OVERSIGHT

NIH FOIA 000960

HHS-NIH-20-0496-A-000960

CUMULATIVE CASES: TOP 37-51 STATES

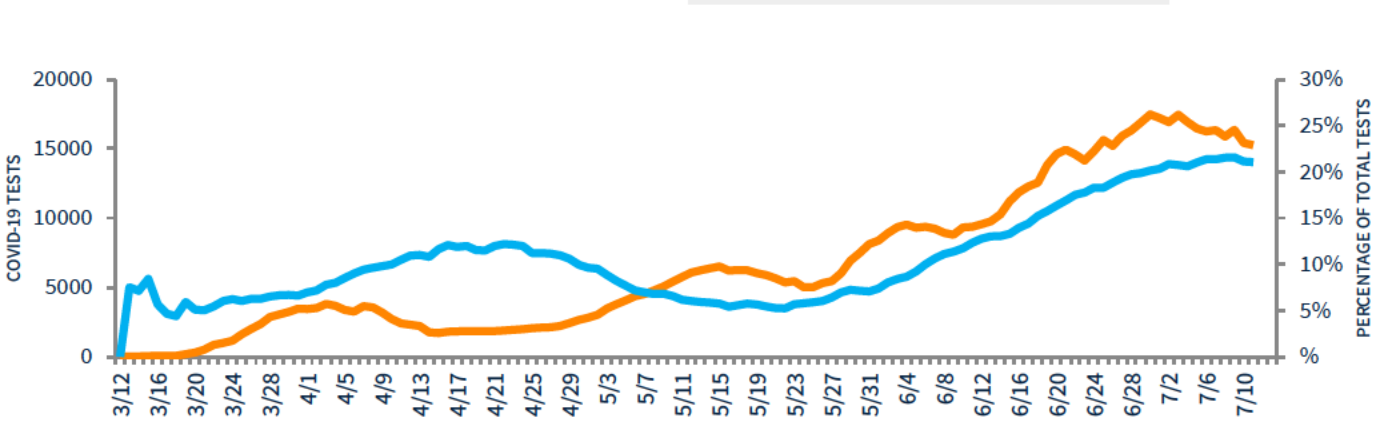


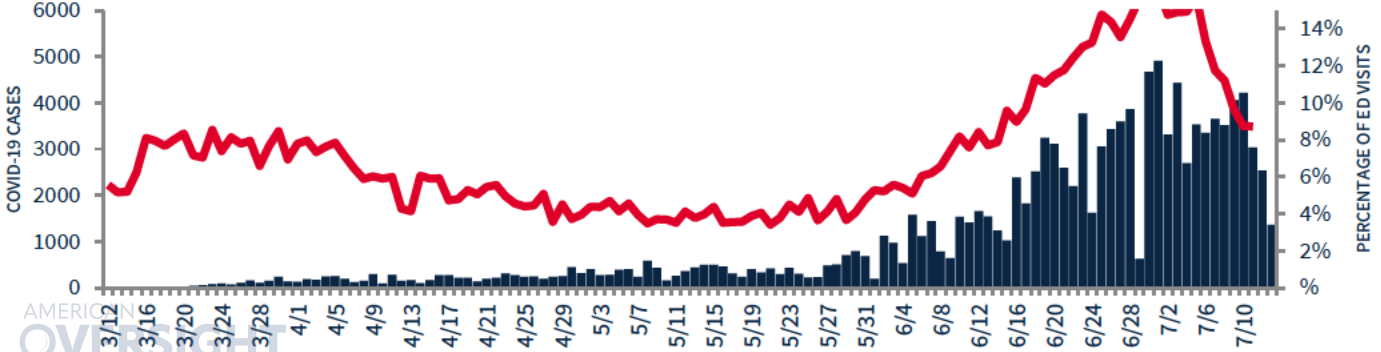
AMERICAN OVERSIGHT

NIH FOIA 000961

HHS-NIH-20-0496-A-000961

TRENDS IN ARIZONA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	21.0%
NEW CASES PER 100K / DAY	44 (weekly avg.)
TESTING PER 100K / DAY	210 (weekly avg.)
BED UTILIZATION	73%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.4%
INCIDENCE	-17%
TESTING PER 100K / DAY	-10%
BED UTILIZATION	+2%

RISK FACTORS

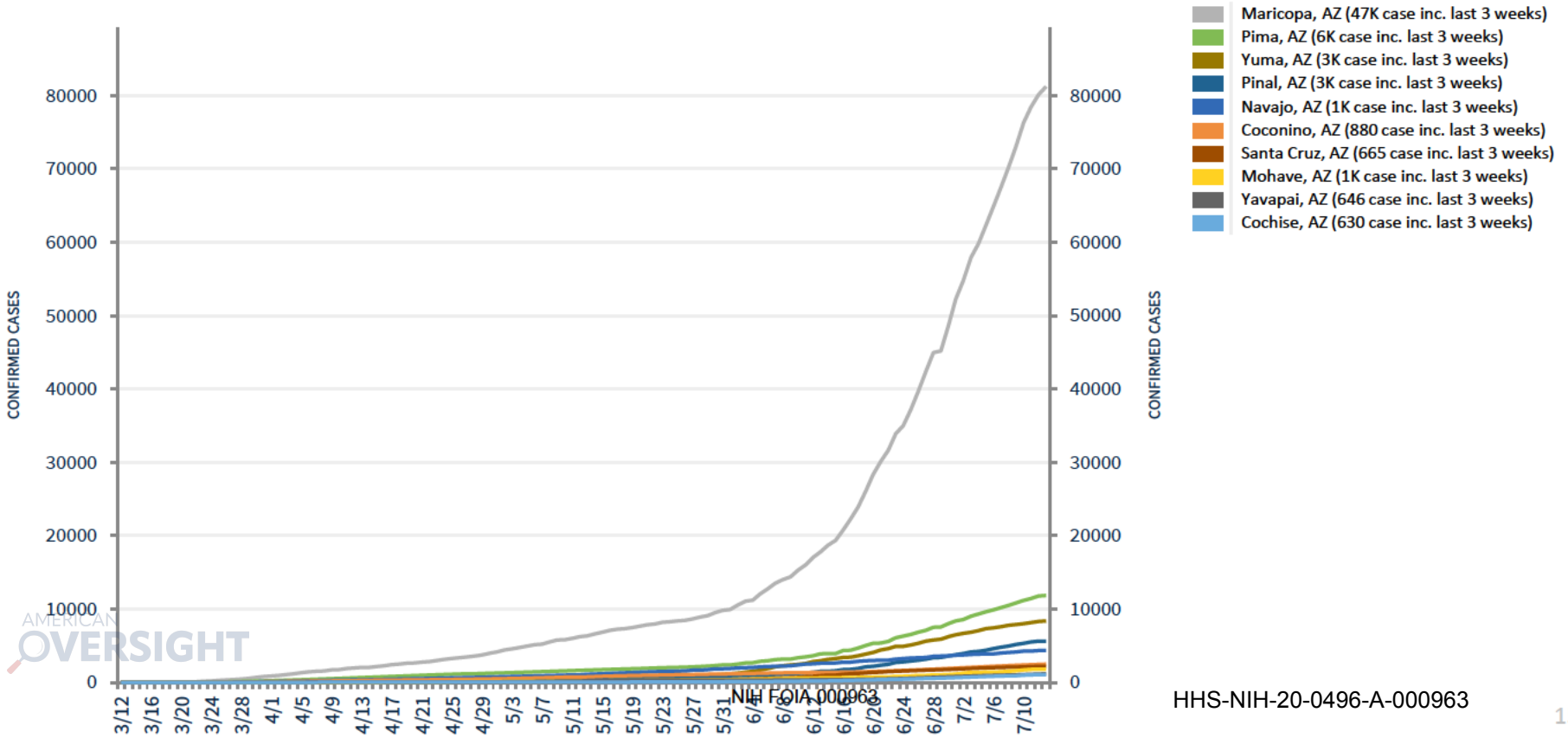
POPULATION DENSITY	64 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.7%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

AMERICAN OVERSIGHT
NIH FOIA 000962
HHS-NIH-20-0496-A-000962

ARIZONA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

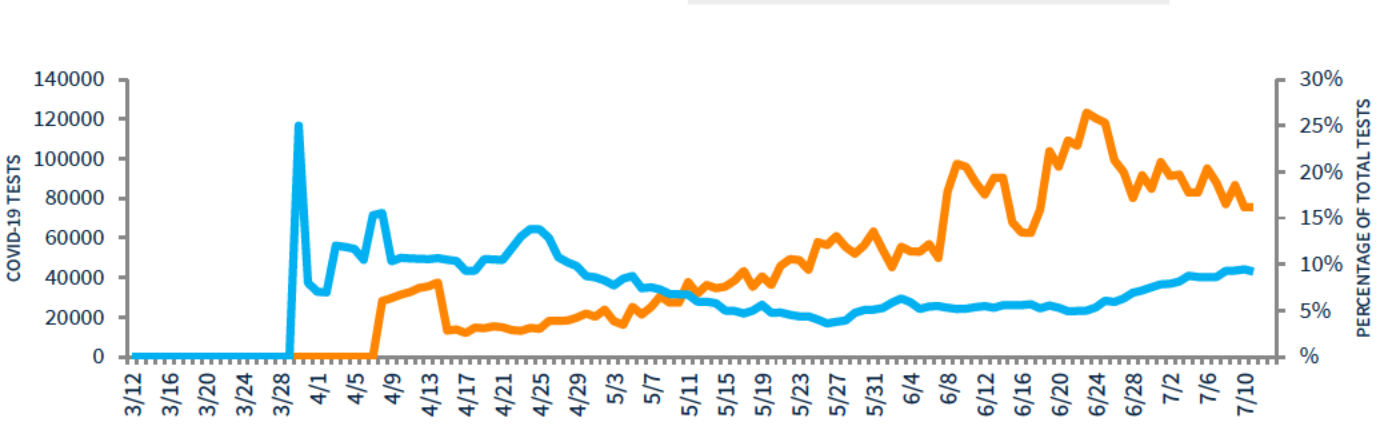


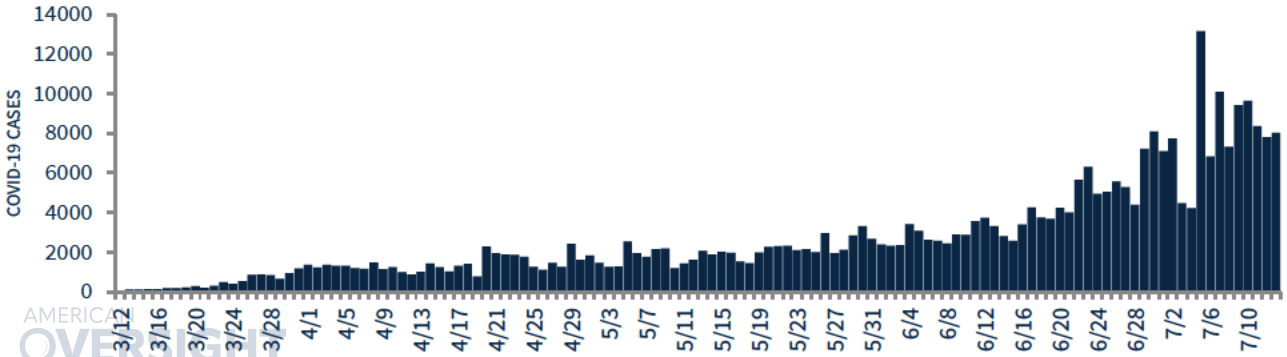
AMERICAN OVERSIGHT

NIH FOIA 000963

HHS-NIH-20-0496-A-000963

TRENDS IN CALIFORNIA





COVID-19 SNAPSHOT

POSITIVITY RATE	9.2%
NEW CASES PER 100K / DAY	22 (weekly avg.)
TESTING PER 100K / DAY	191 (weekly avg.)
BED UTILIZATION	63%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.5%
INCIDENCE	+18%
TESTING PER 100K / DAY	-9%
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	254 per sq mi
% OVER 60	21%
CRUDE CVD PREVALENCE	2.8%

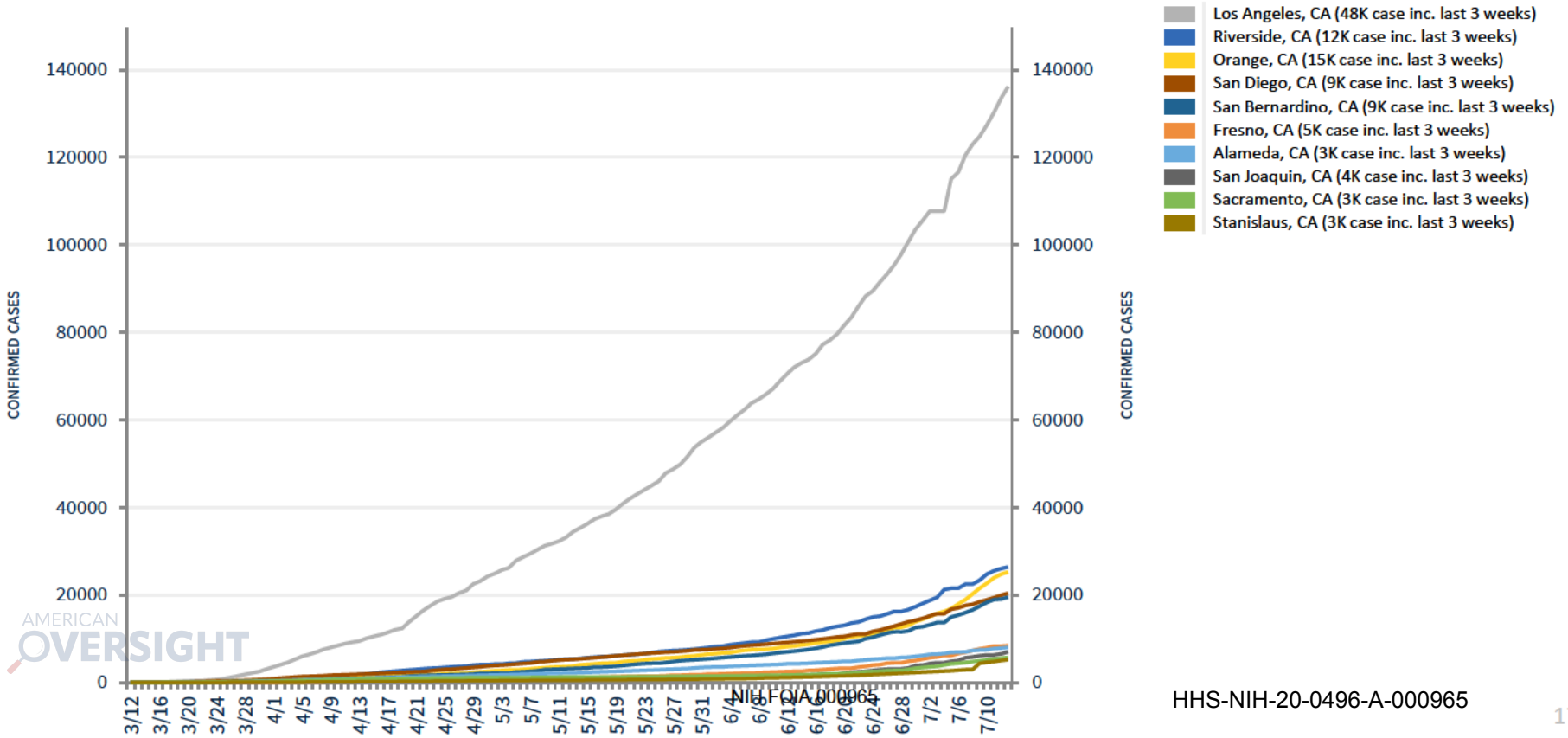
** Most recent several days of testing data is incomplete until all test results come in; testing data typically continues to be received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICA OVERSIGHT
NIH FOIA 000964
HHS-NIH-20-0496-A-000964

CALIFORNIA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

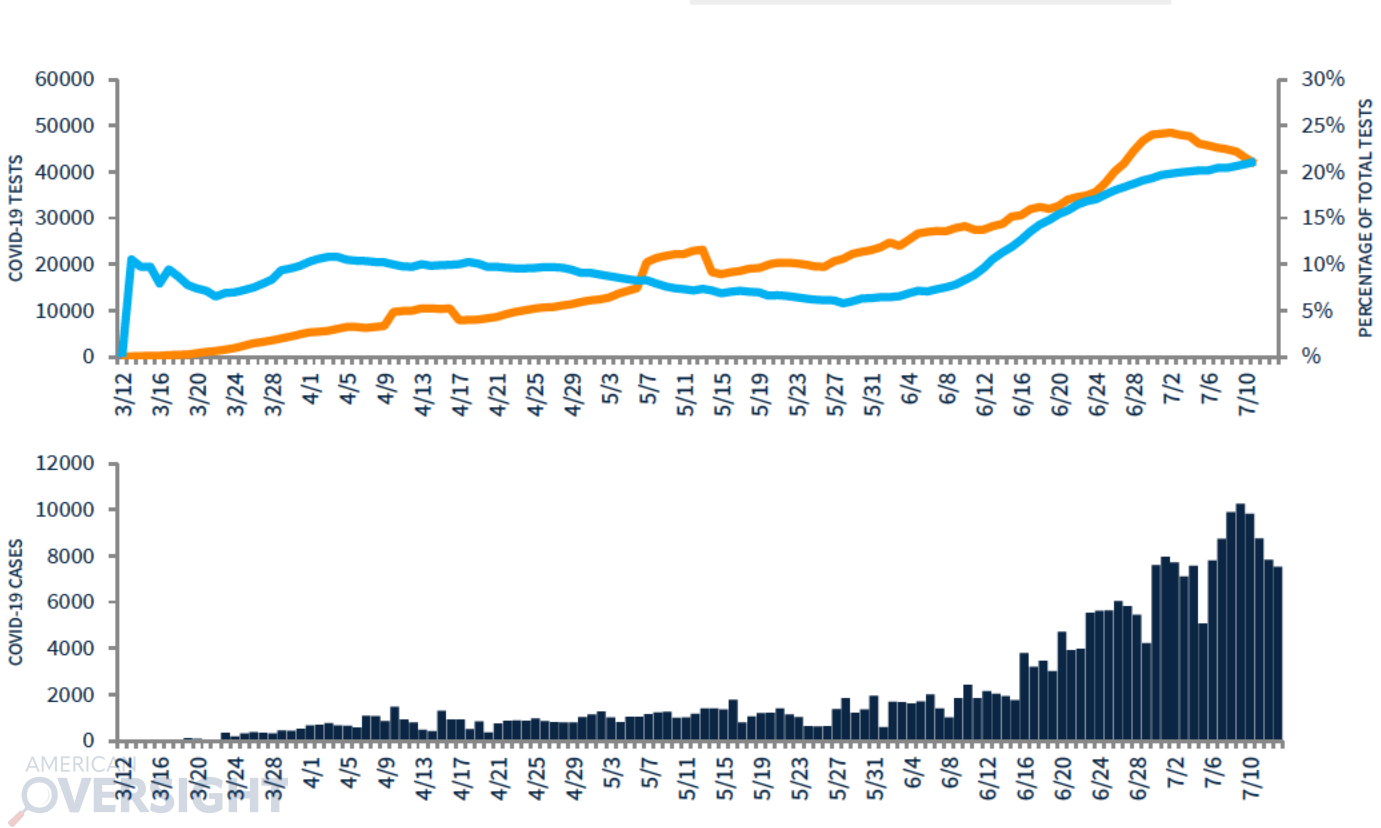


AMERICAN OVERSIGHT

NIH FOIA 000965

HHS-NIH-20-0496-A-000965

TRENDS IN TEXAS



COVID-19 SNAPSHOT

POSITIVITY RATE	21.1%
NEW CASES PER 100K / DAY	31 (weekly avg.)
TESTING PER 100K / DAY	144 (weekly avg.)
BED UTILIZATION	66%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.1%
INCIDENCE	+24%
TESTING PER 100K / DAY	-12%
BED UTILIZATION	-4%

RISK FACTORS

POPULATION DENSITY	111 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	3.3%

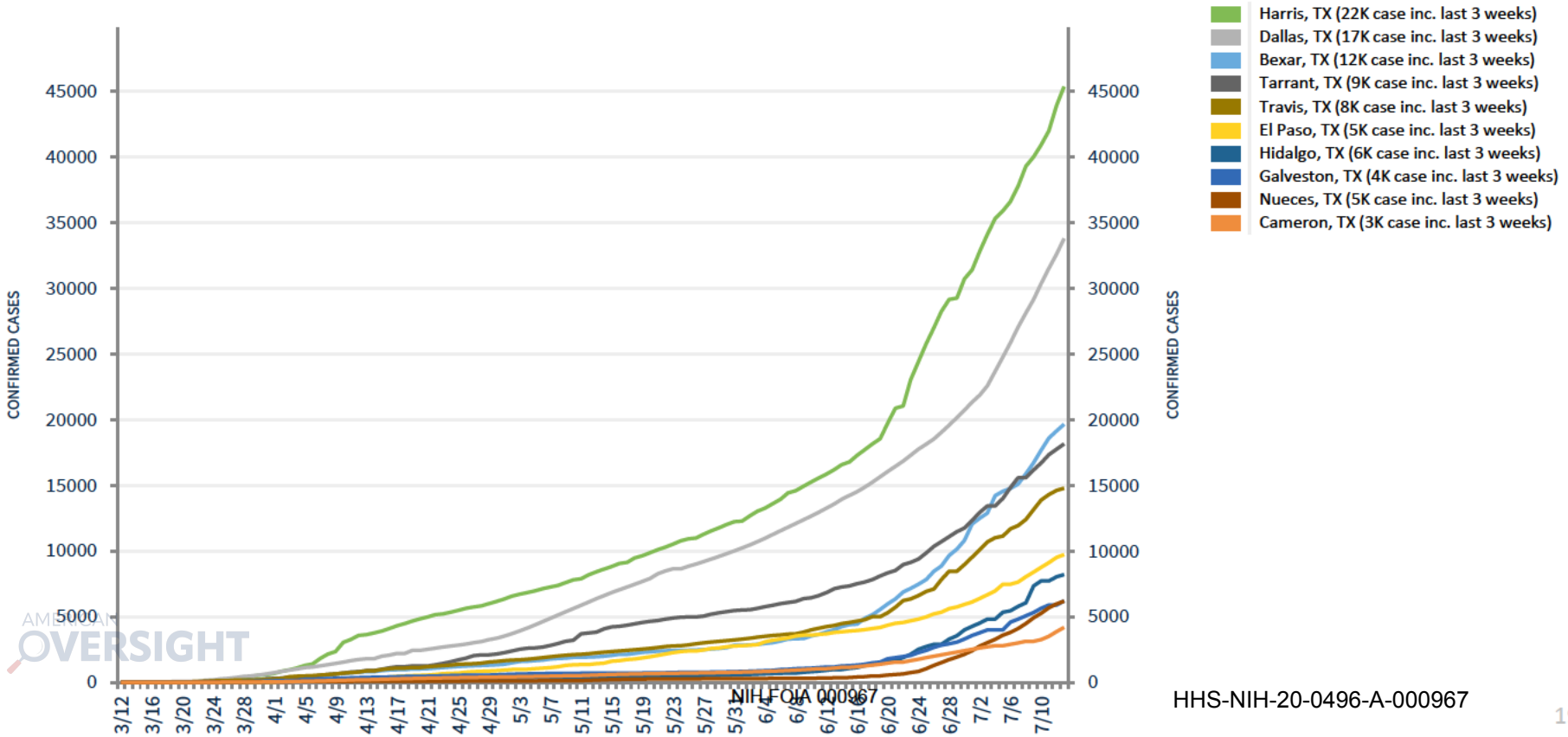
** Most recent several days of testing data is incomplete until all test results come in; testing data will be updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICA OVERSIGHT
NIH FOIA 000966
HHS-NIH-20-0496-A-000966

TEXAS: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

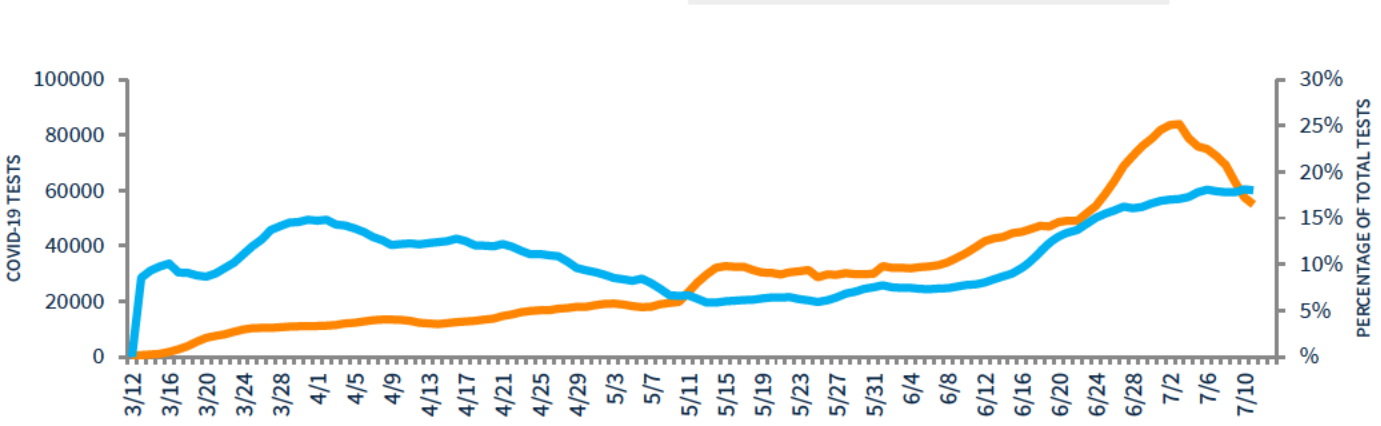


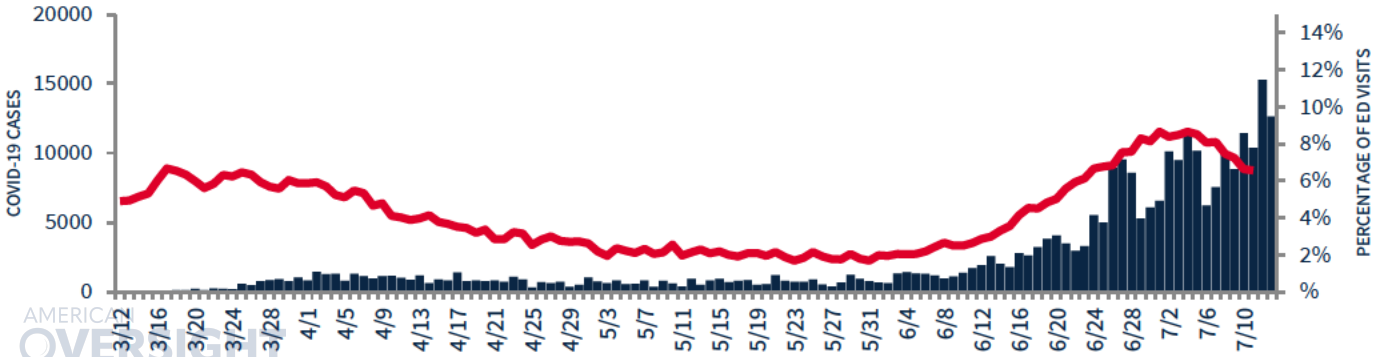
AMERICAN OVERSIGHT

NIH-FOIA 000967

HHS-NIH-20-0496-A-000967

TRENDS IN FLORIDA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	18.0%
NEW CASES PER 100K / DAY	51 (weekly avg.)
TESTING PER 100K / DAY	255 (weekly avg.)
BED UTILIZATION	75%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.7%
INCIDENCE	+26%
TESTING PER 100K / DAY	-30%
BED UTILIZATION	-1%

RISK FACTORS

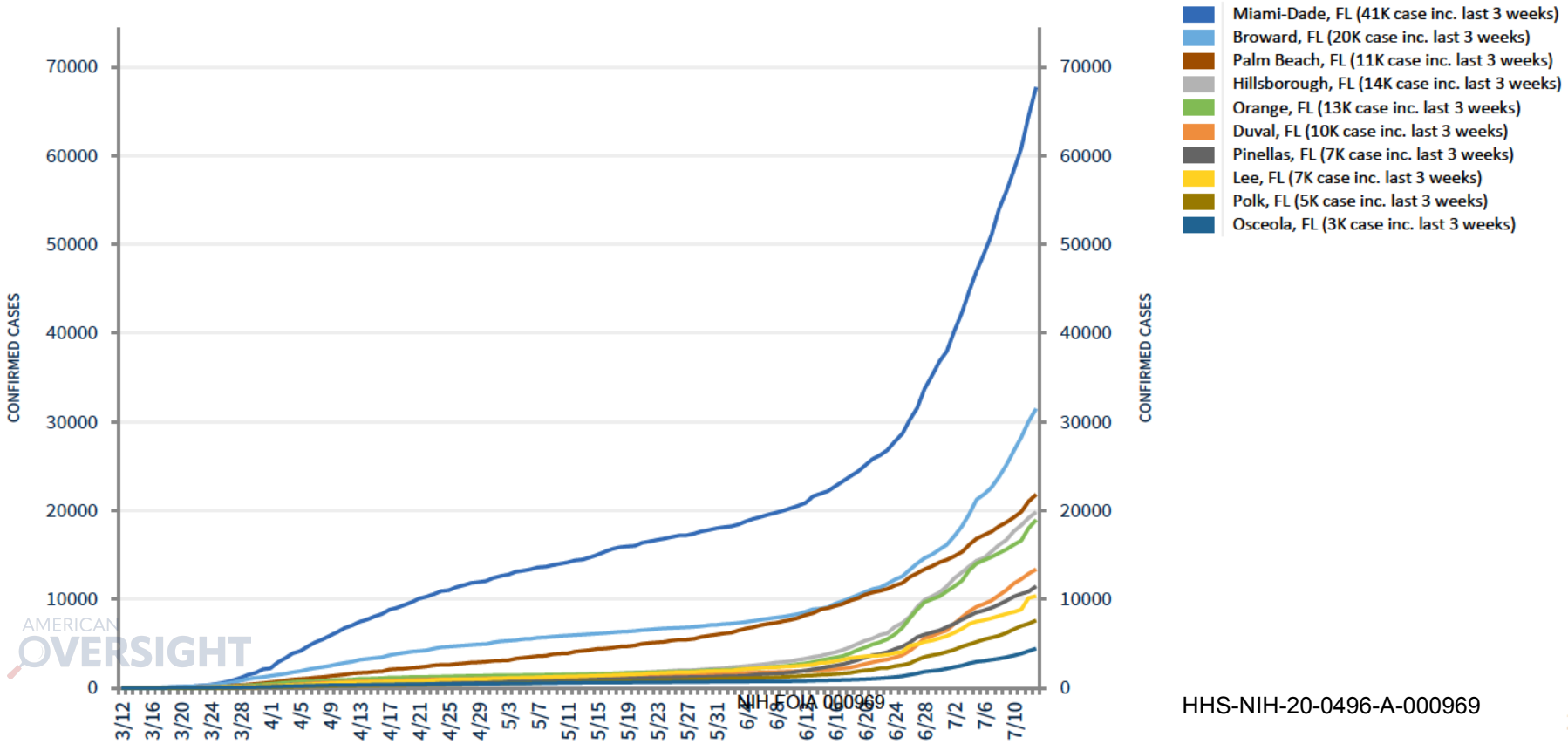
POPULATION DENSITY	400 per sq mi
% OVER 60	27%
CRUDE CVD PREVALENCE	4.7%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICA OVERSIGHT
NIH FOIA 000968
HHS-NIH-20-0496-A-000968

FLORIDA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

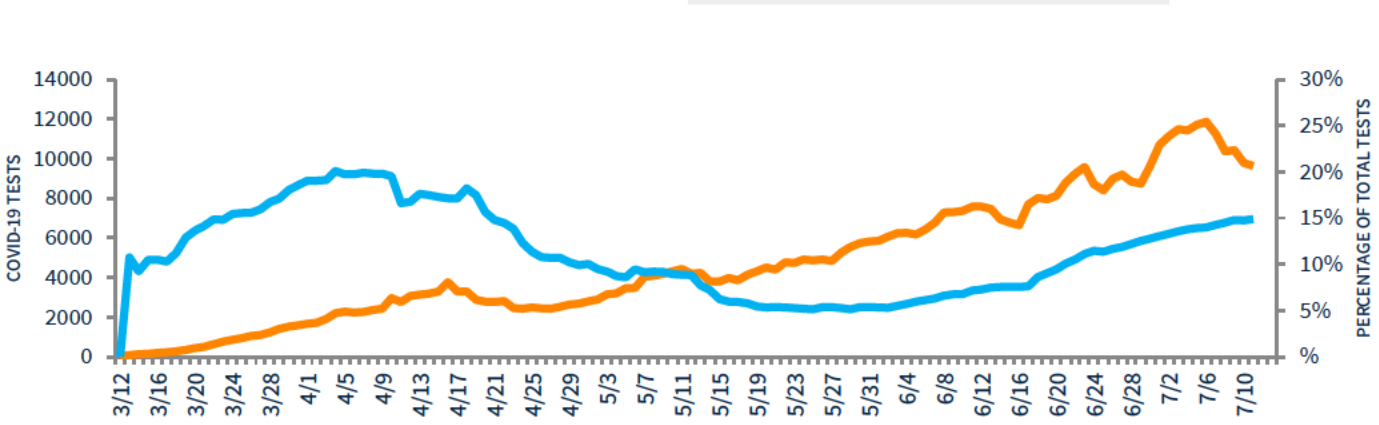


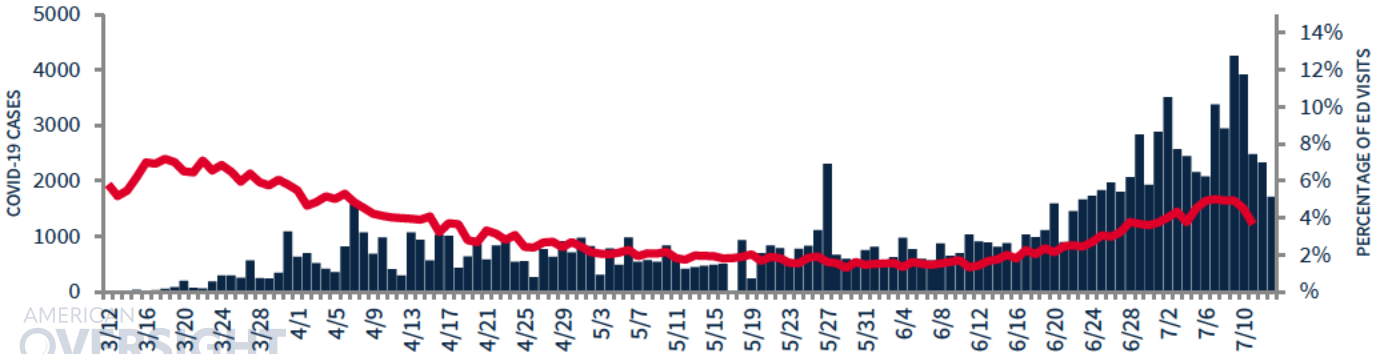
AMERICAN OVERSIGHT

NIH FOIA 000969

HHS-NIH-20-0496-A-000969

TRENDS IN GEORGIA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	14.9%
NEW CASES PER 100K / DAY	28 (weekly avg.)
TESTING PER 100K / DAY	91 (weekly avg.)
BED UTILIZATION	70%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.1%
INCIDENCE	+20%
TESTING PER 100K / DAY	-16%
BED UTILIZATION	-5%

RISK FACTORS

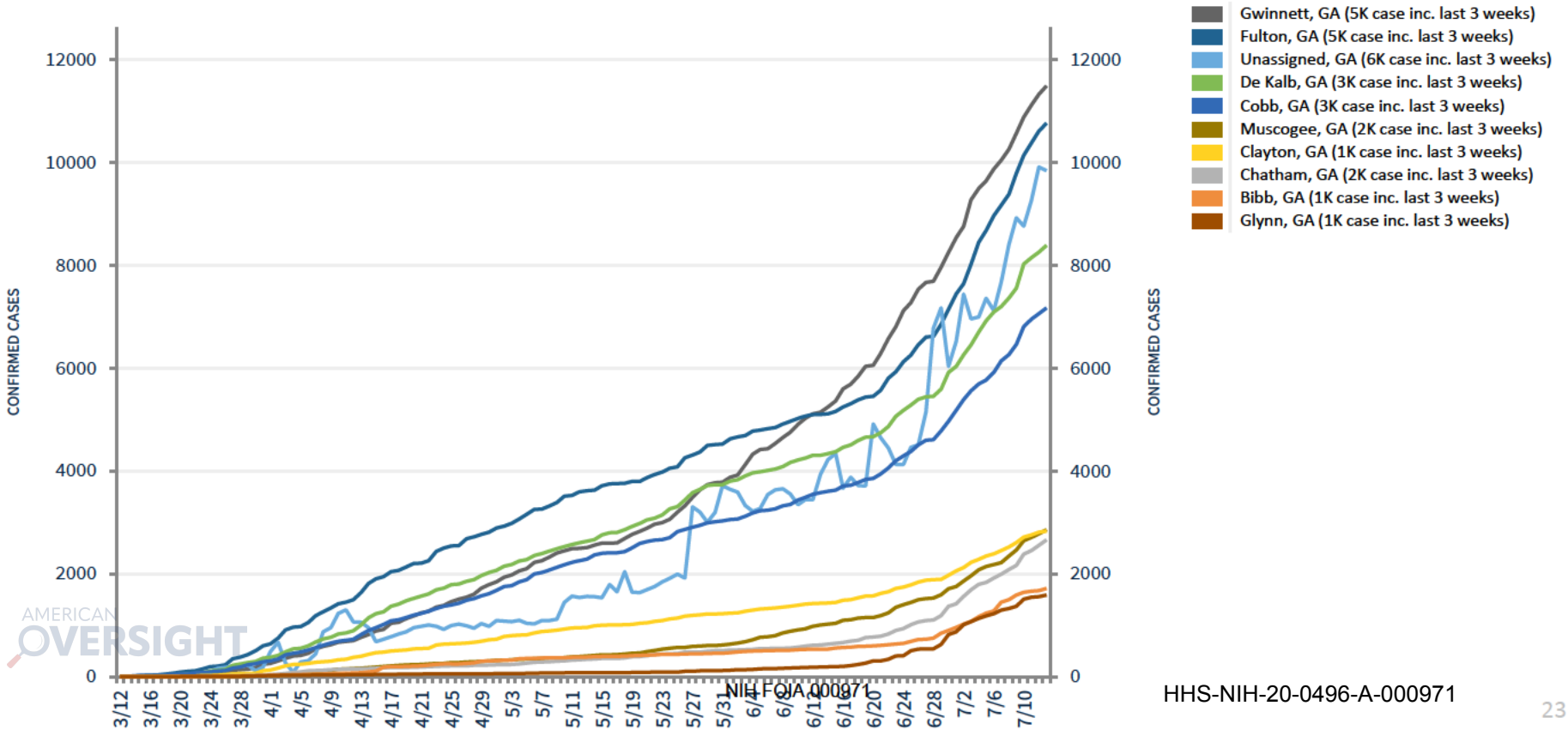
POPULATION DENSITY	184 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	4.0%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 000970
HHS-NIH-20-0496-A-000970

GEORGIA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

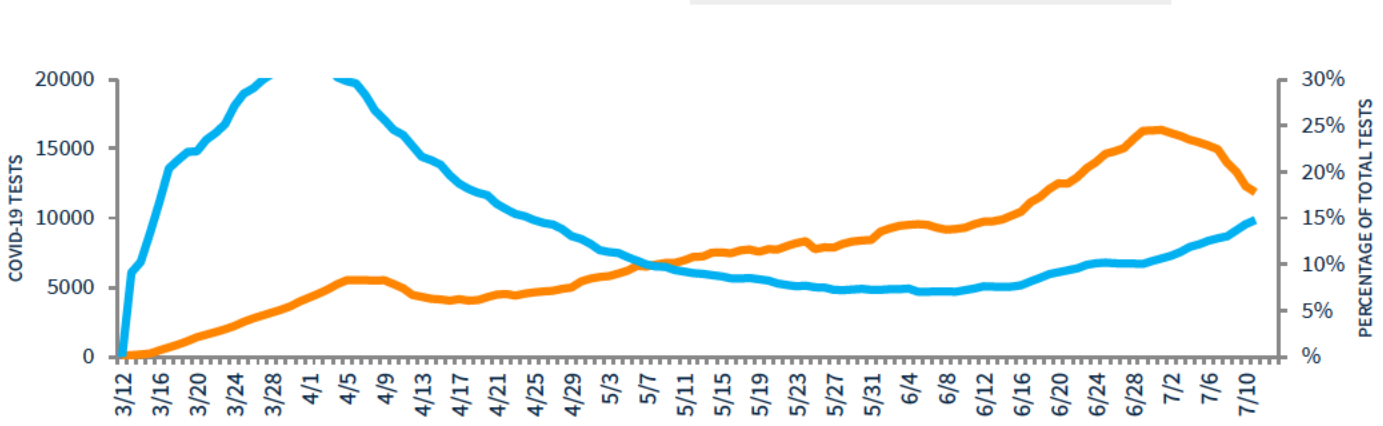


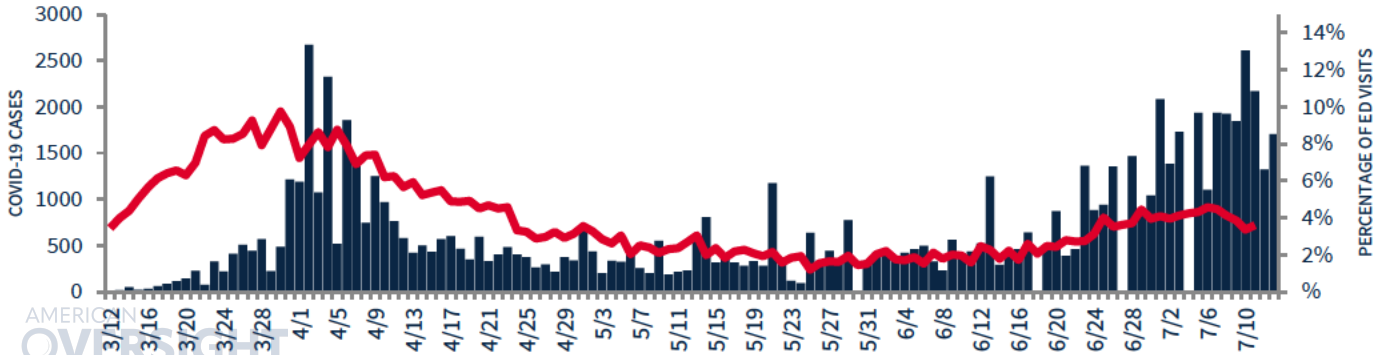
AMERICAN OVERSIGHT

NIH FOIA 000871

HHS-NIH-20-0496-A-000971

TRENDS IN LOUISIANA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	14.8%
NEW CASES PER 100K / DAY	41 (weekly avg.)
TESTING PER 100K / DAY	255 (weekly avg.)
BED UTILIZATION	46%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.9%
INCIDENCE	+46%
TESTING PER 100K / DAY	-24%
BED UTILIZATION	+1%

RISK FACTORS

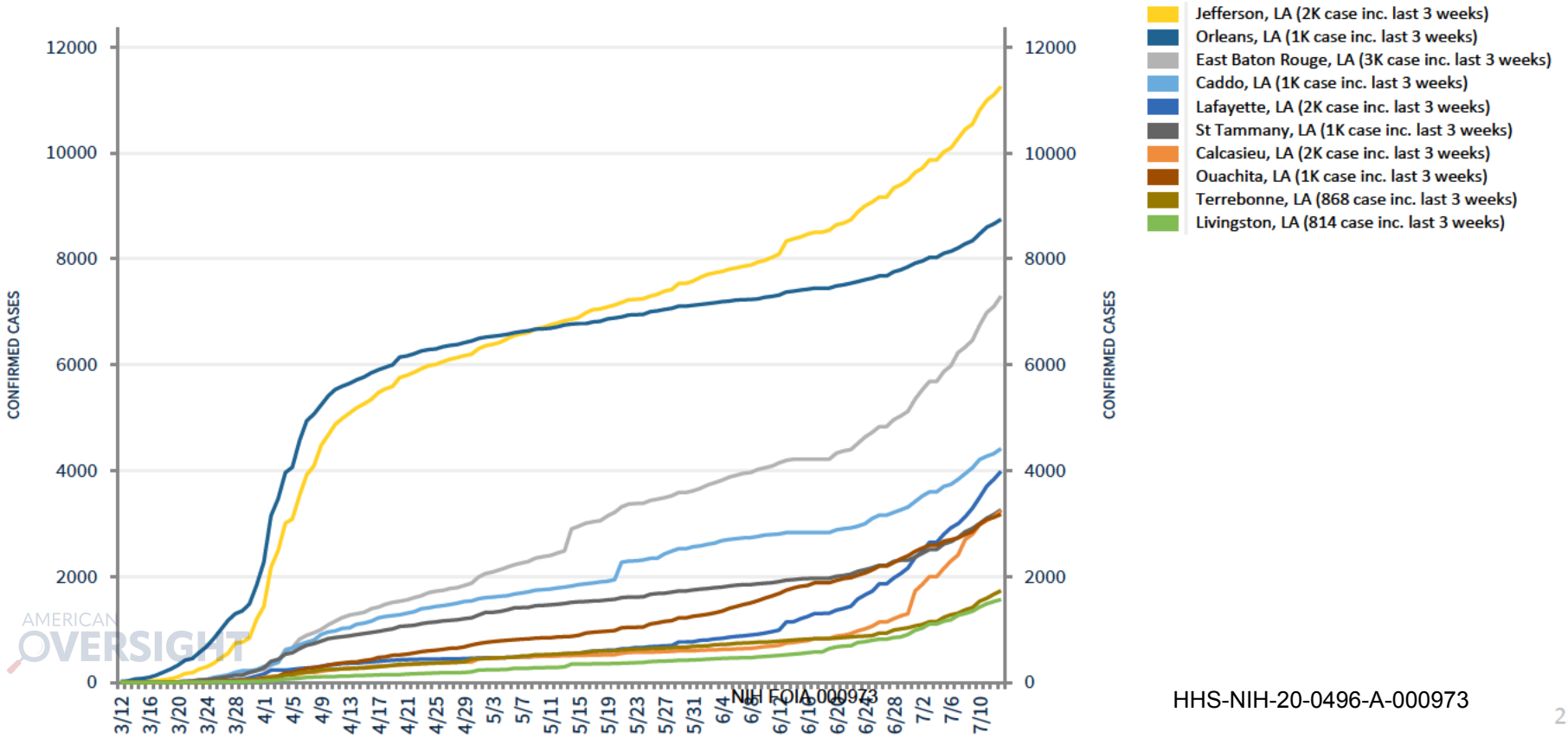
POPULATION DENSITY	108 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.3%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 000972
HHS-NIH-20-0496-A-000972

LOUISIANA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

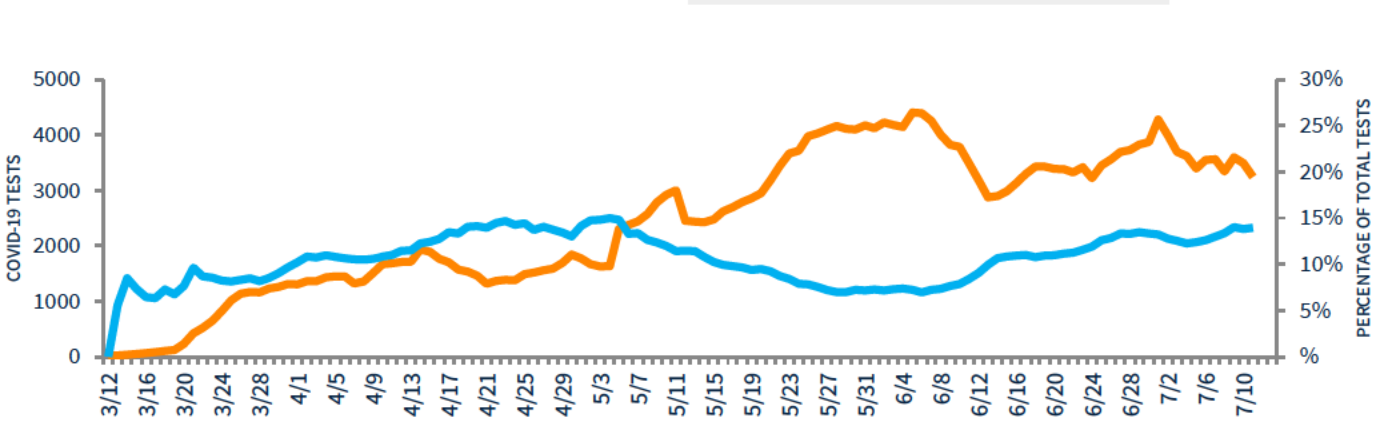


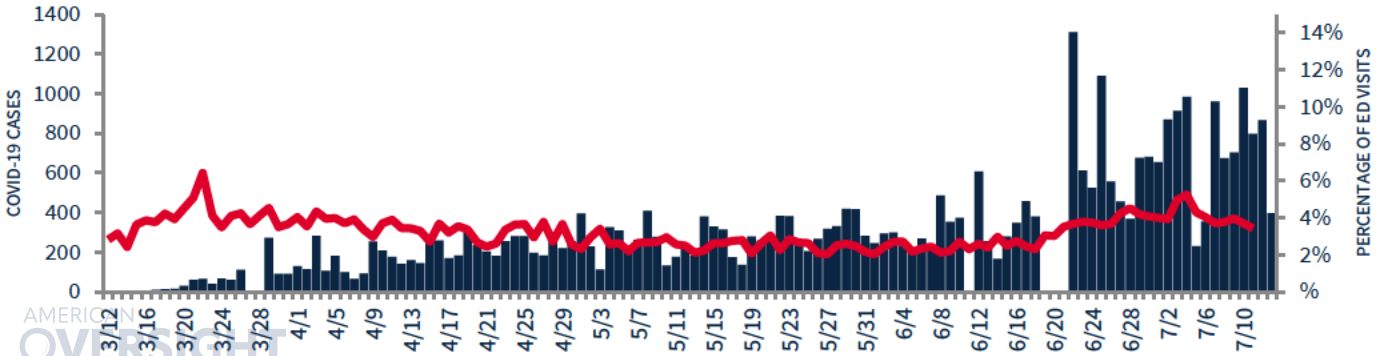
AMERICAN OVERSIGHT

NIH FOIA 000973

HHS-NIH-20-0496-A-000973

TRENDS IN MISSISSIPPI





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	13.9%
NEW CASES PER 100K / DAY	26 (weekly avg.)
TESTING PER 100K / DAY	109 (weekly avg.)
BED UTILIZATION	62%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.7%
INCIDENCE	+16%
TESTING PER 100K / DAY	-10%
BED UTILIZATION	-1%

RISK FACTORS

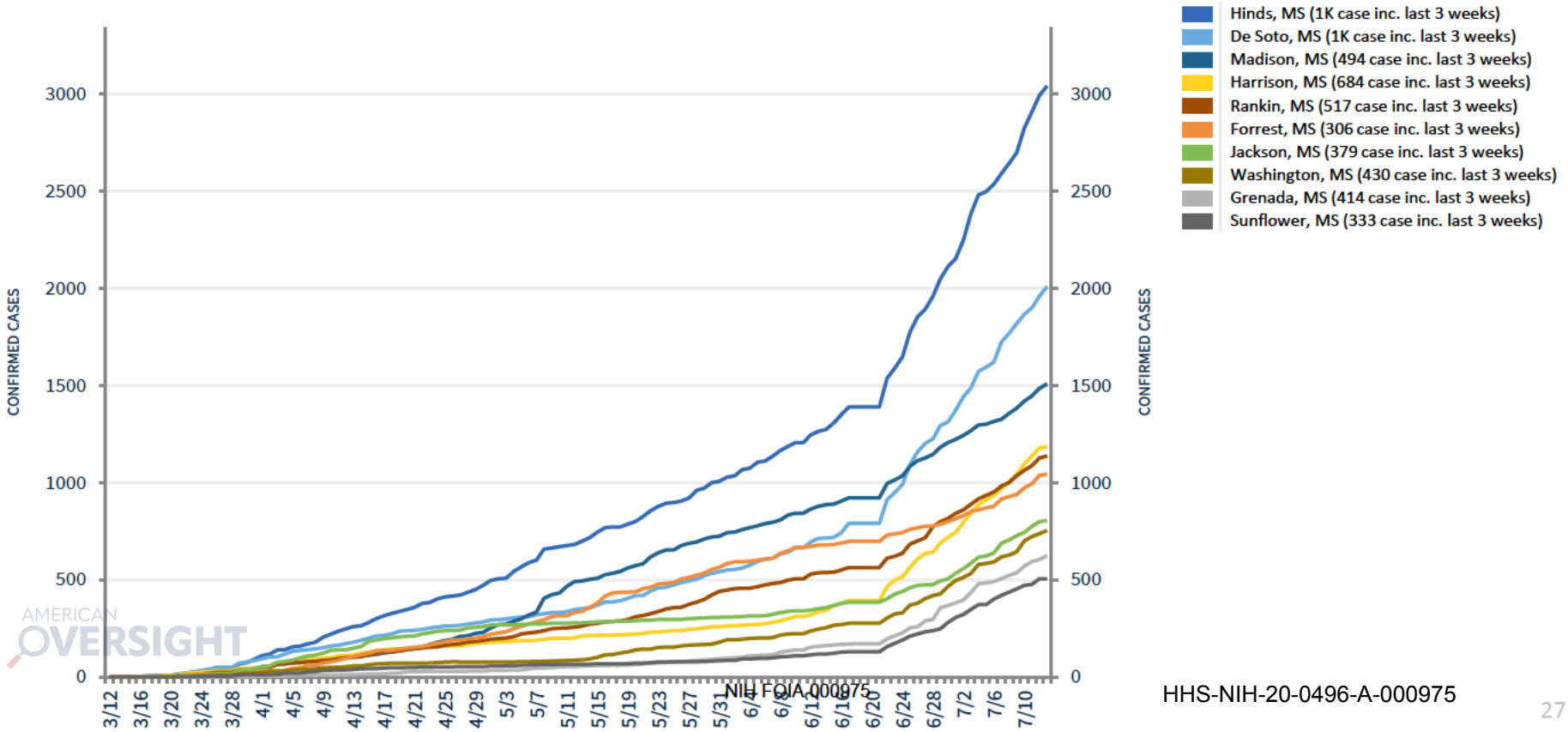
POPULATION DENSITY	63 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	5.6%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000974
HHS-NIH-20-0496-A-000974

MISSISSIPPI: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

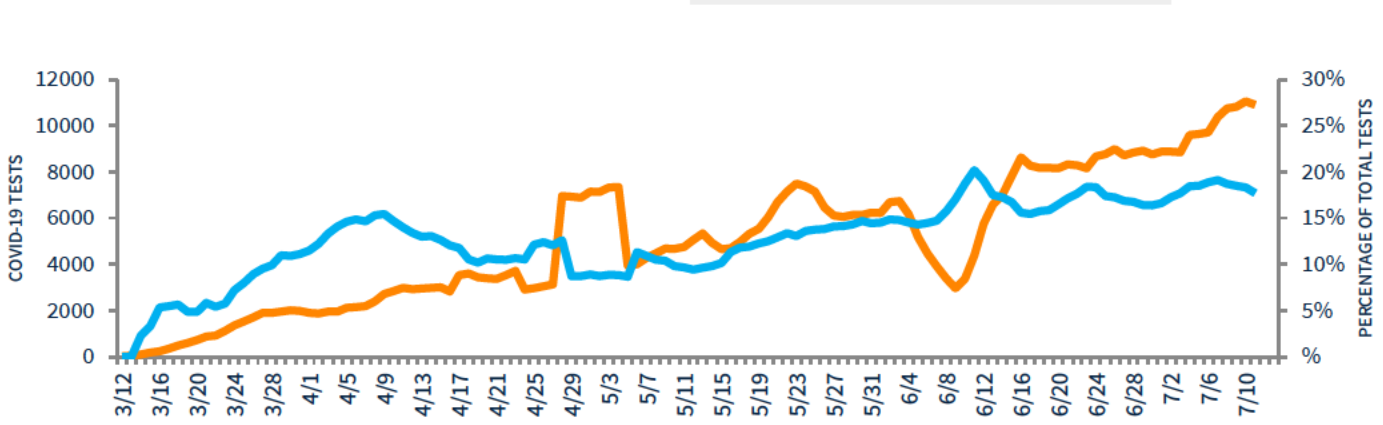


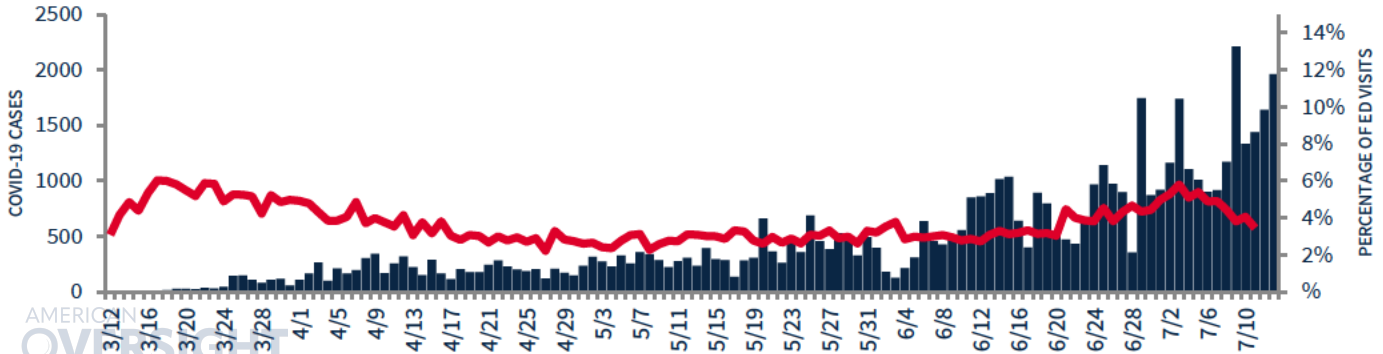
AMERICAN OVERSIGHT

NIH FOIA 000975

HHS-NIH-20-0496-A-000975

TRENDS IN ALABAMA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	17.7%
NEW CASES PER 100K / DAY	31 (weekly avg.)
TESTING PER 100K / DAY	222 (weekly avg.)
BED UTILIZATION	68%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.7%
INCIDENCE	+38%
TESTING PER 100K / DAY	+14%
BED UTILIZATION	-2%

RISK FACTORS

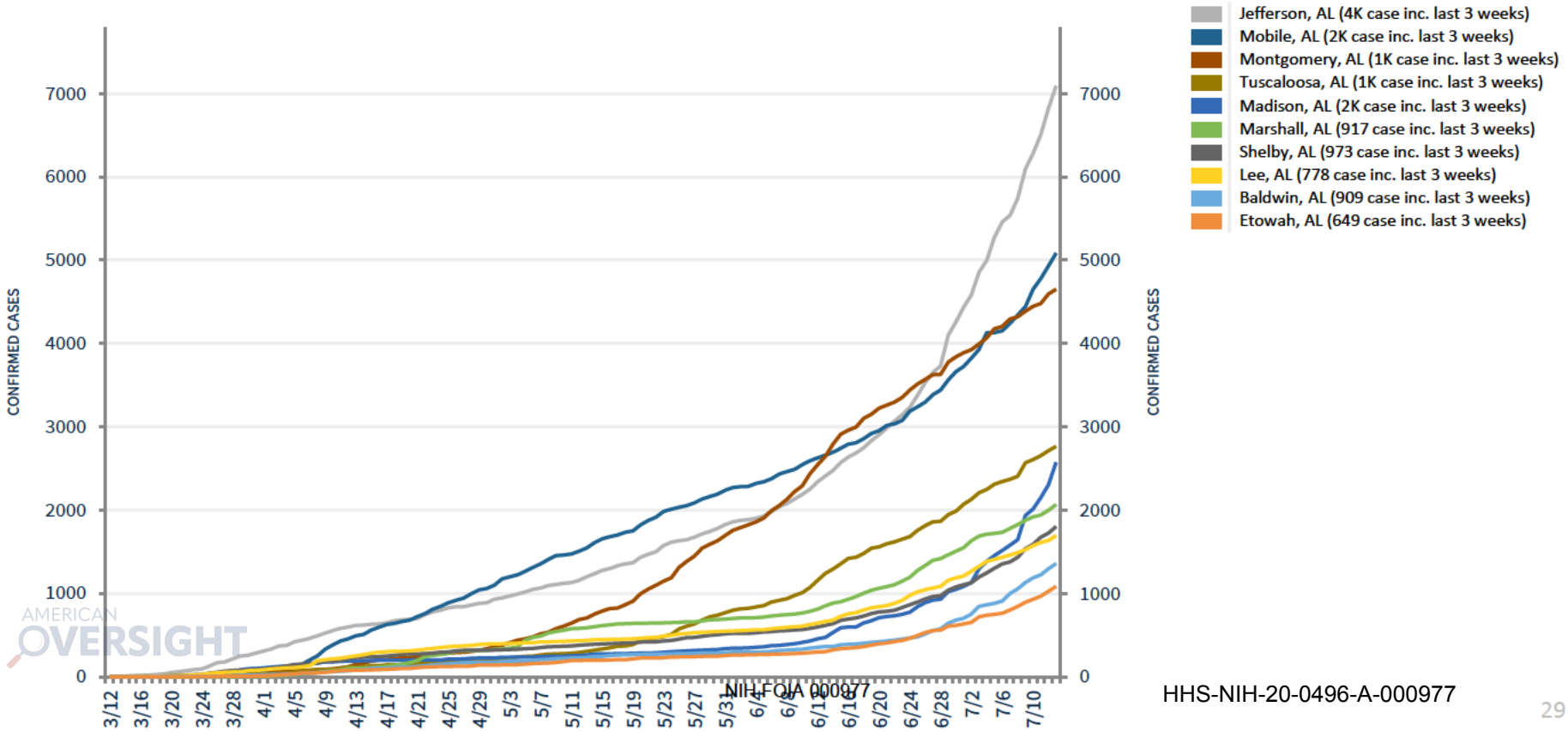
POPULATION DENSITY	97 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	5.5%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 000976
HHS-NIH-20-0496-A-000976

ALABAMA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

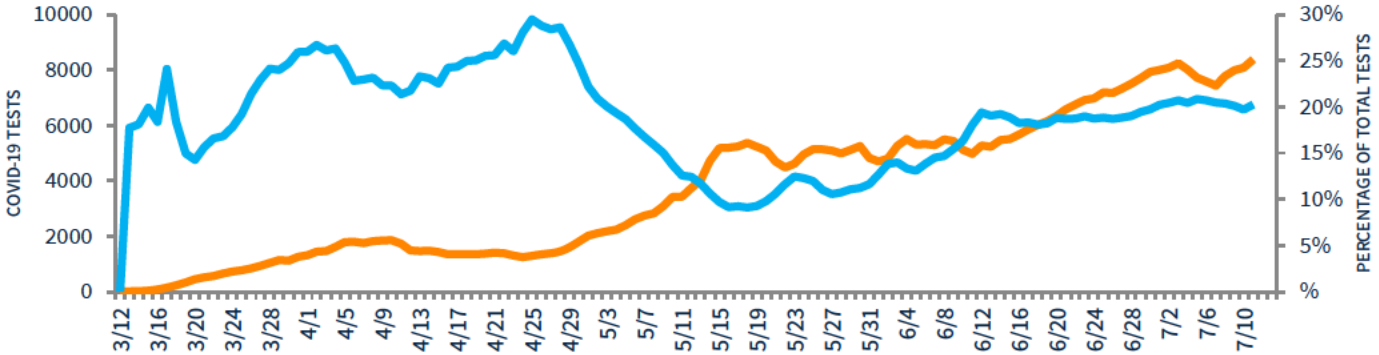


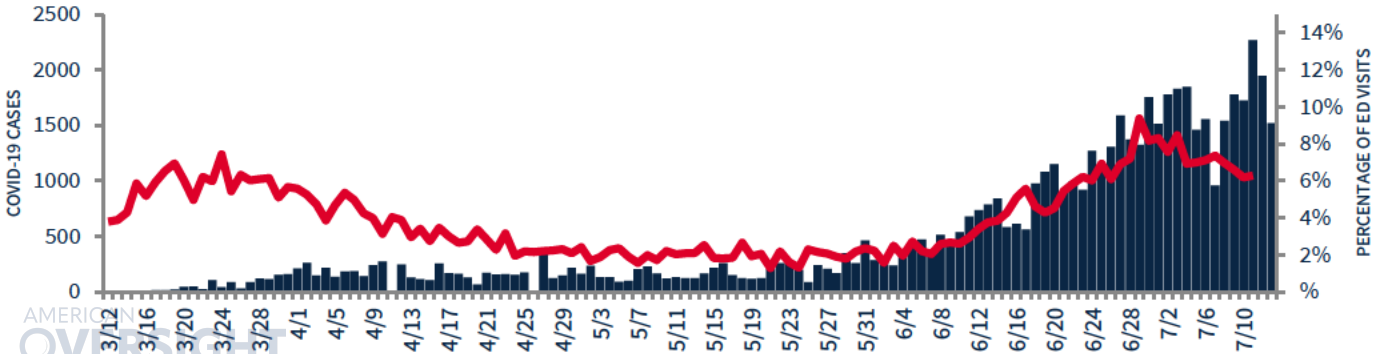
AMERICAN OVERSIGHT

NIH FOIA 000977

HHS-NIH-20-0496-A-000977

TRENDS IN SOUTH CAROLINA





Daily Tests Completed (7 day avg.)
% Positivity Rate (by result date 7 day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	20.2%
NEW CASES PER 100K / DAY	33 (weekly avg.)
TESTING PER 100K / DAY	163 (weekly avg.)
BED UTILIZATION	72%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.2%
INCIDENCE	+0%
TESTING PER 100K / DAY	+5%
BED UTILIZATION	-2%

RISK FACTORS

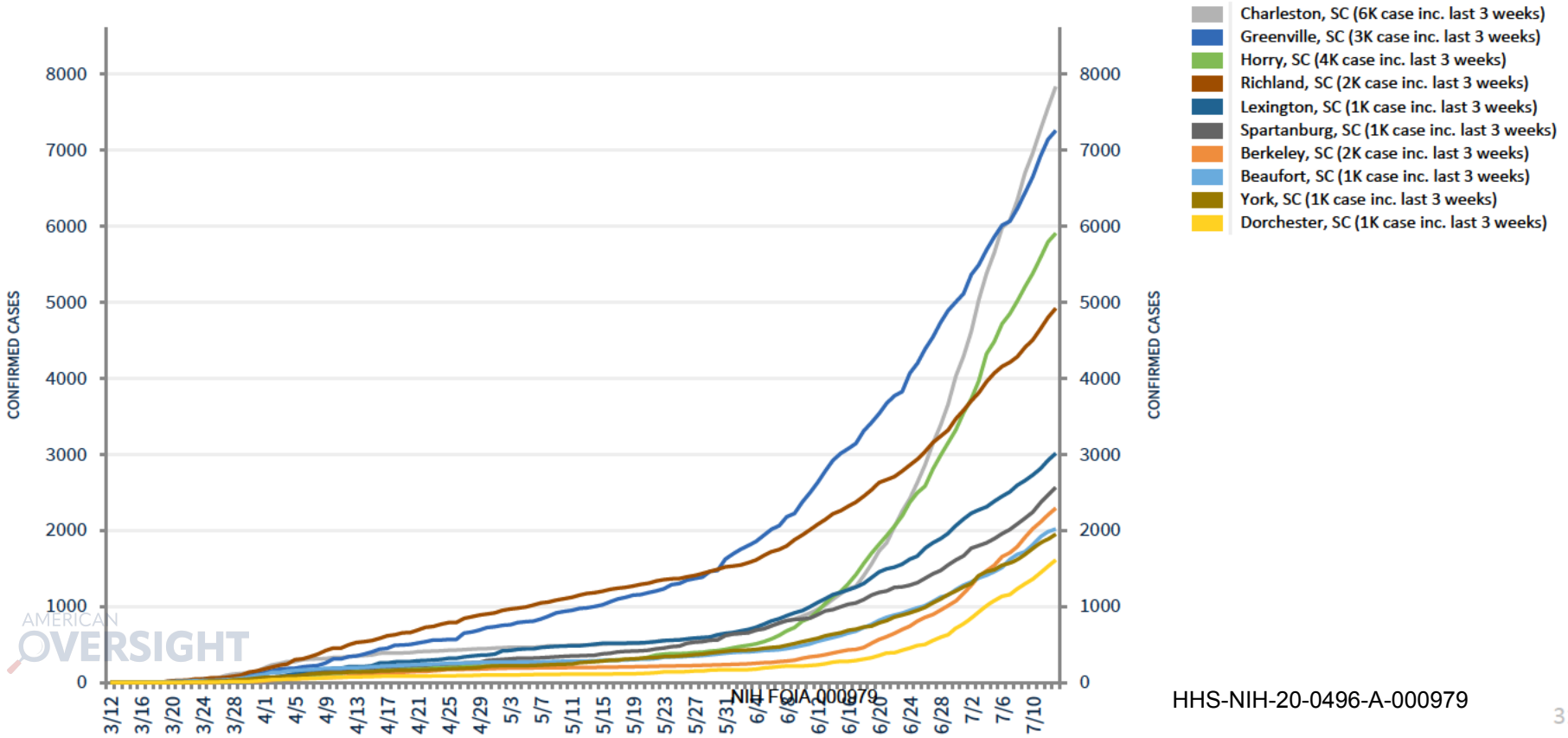
POPULATION DENSITY	171 per sq mi
% OVER 60	25%
CRUDE CVD PREVALENCE	4.9%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000978
HHS-NIH-20-0496-A-000978

SOUTH CAROLINA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

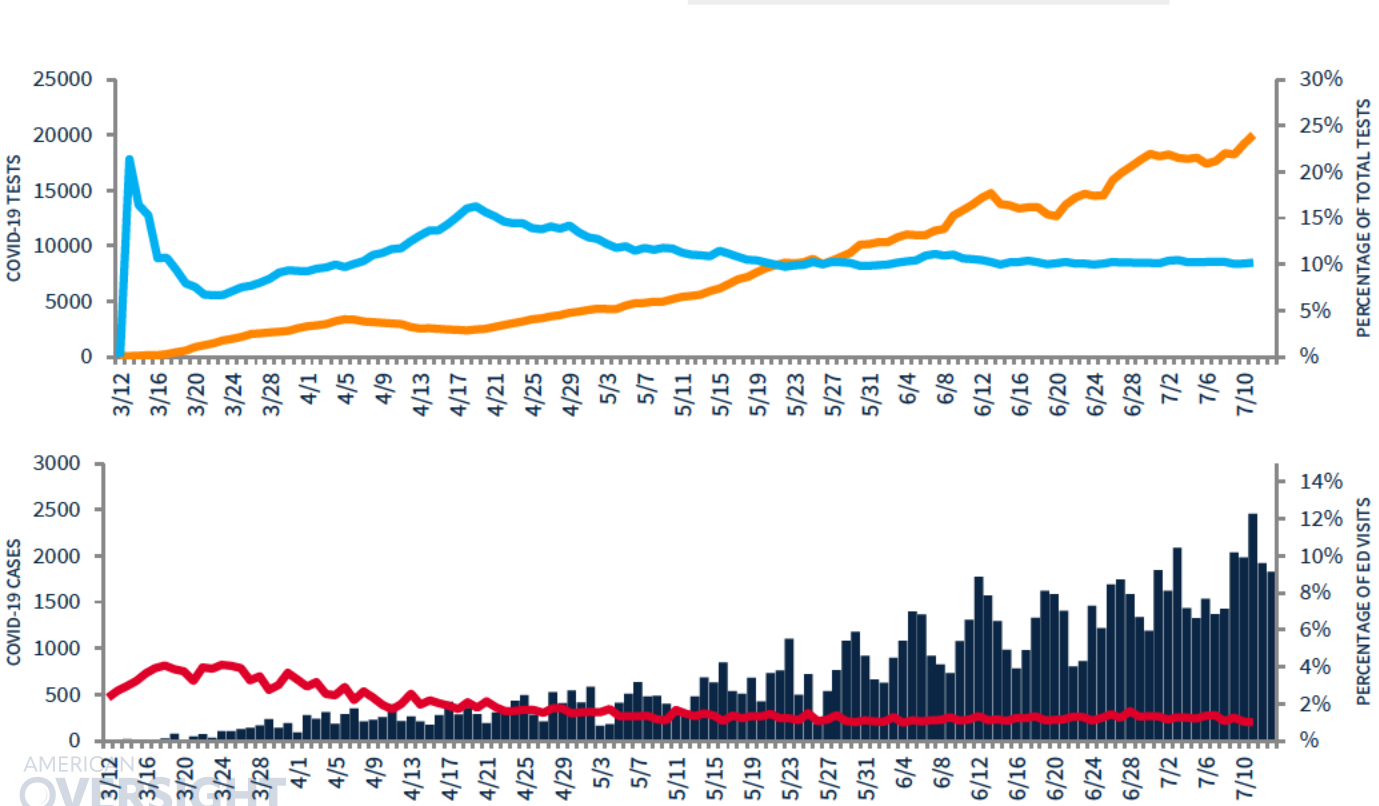


AMERICAN OVERSIGHT

NIH FOIA 000979

HHS-NIH-20-0496-A-000979

TRENDS IN NORTH CAROLINA



COVID-19 SNAPSHOT

POSITIVITY RATE	10.2%
NEW CASES PER 100K / DAY	18 (weekly avg.)
TESTING PER 100K / DAY	191 (weekly avg.)
BED UTILIZATION	55%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.0%
INCIDENCE	+18%
TESTING PER 100K / DAY	+12%
BED UTILIZATION	+13%

RISK FACTORS

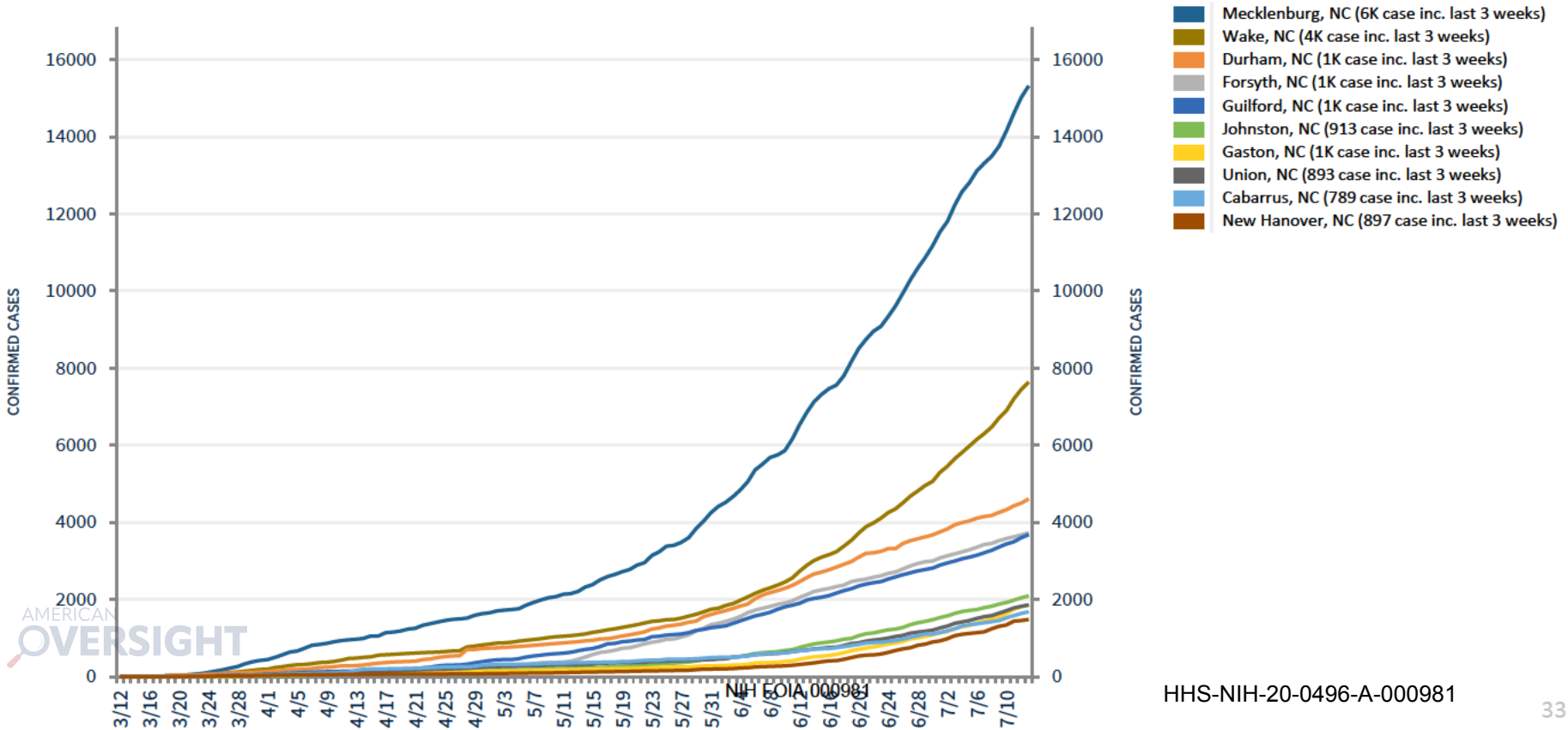
POPULATION DENSITY	216 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	4.3%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 000980
HHS-NIH-20-0496-A-000980

NORTH CAROLINA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE



AMERICAN OVERSIGHT

NIH FOIA 000981

HHS-NIH-20-0496-A-000981

19 July Data Summary

Cases and deaths continue to rise

Summary of major metros in highly impacted states

- Cases continue rapid rise : Miami, Orlando, Portland, Seattle, Las Vegas, Houston, San Antonio, New Orleans, Baton Rouge, Atlanta, Nashville, Charlotte, Milwaukee, Cincinnati
- Cases show signs of early stabilization at high plateau :LA, Riverside, San Francisco, Sacramento, Tampa, Jacksonville, Phoenix, Tuscan, Dallas, Austin, El Paso, Kansas City, Des Moises
- Metros with greater than 20% positives (7-day average) **Houston, Miami**
- Metros with greater than 10% positive **Austin, Bakersfield, Phoenix, Dallas, San Antonio, Orlando, Tampa, Jacksonville, Los Angeles, Las Vegas, Riverside, Atlanta, Nashville, Charlotte, New Orleans, Memphis**
- Cities with the most significant increases in test positivity over the past 7 days Miami, New Orleans, Las Vegas, St Louis, Kansas City, Bakersfield, ATL, San Jose, Indianapolis, Riverside, Cincinnati, Cleveland, Columbus OH

4 States account for 50% of new cases TX, CA, AZ, FL : CA, TX and AZ beginning to slow the rise or show early signs of plateauing

- **14** additional states over 1000 cases/day and increasing GA (>3000), NC, LA, SC, OH, TN, PA, VA, AL, KS, IL, WA, MI, OK
- Cases increasing in VA Beach and Richmond.

16 states with significant increase in cases and percent positive tests : states with the most rapid rise in the percent of test positive : LAa, Georgia, Arkansas, Oklahoma, Nevada, Alabama, Idaho, Mississippi, ND, MO, MO FL, KY, IN, IA, MI,

24 states with rising cases and percent positive tests

10 states stable

13 States with greater than 10% test positives (7-day average):**TX, AZ, FL, SC, GA, AL, LA, MS, NV, CA, ID, TN, OK**

- **Signs of stabilization in AZ and CA, but continued increase rate of rise in FL centered in Miami**

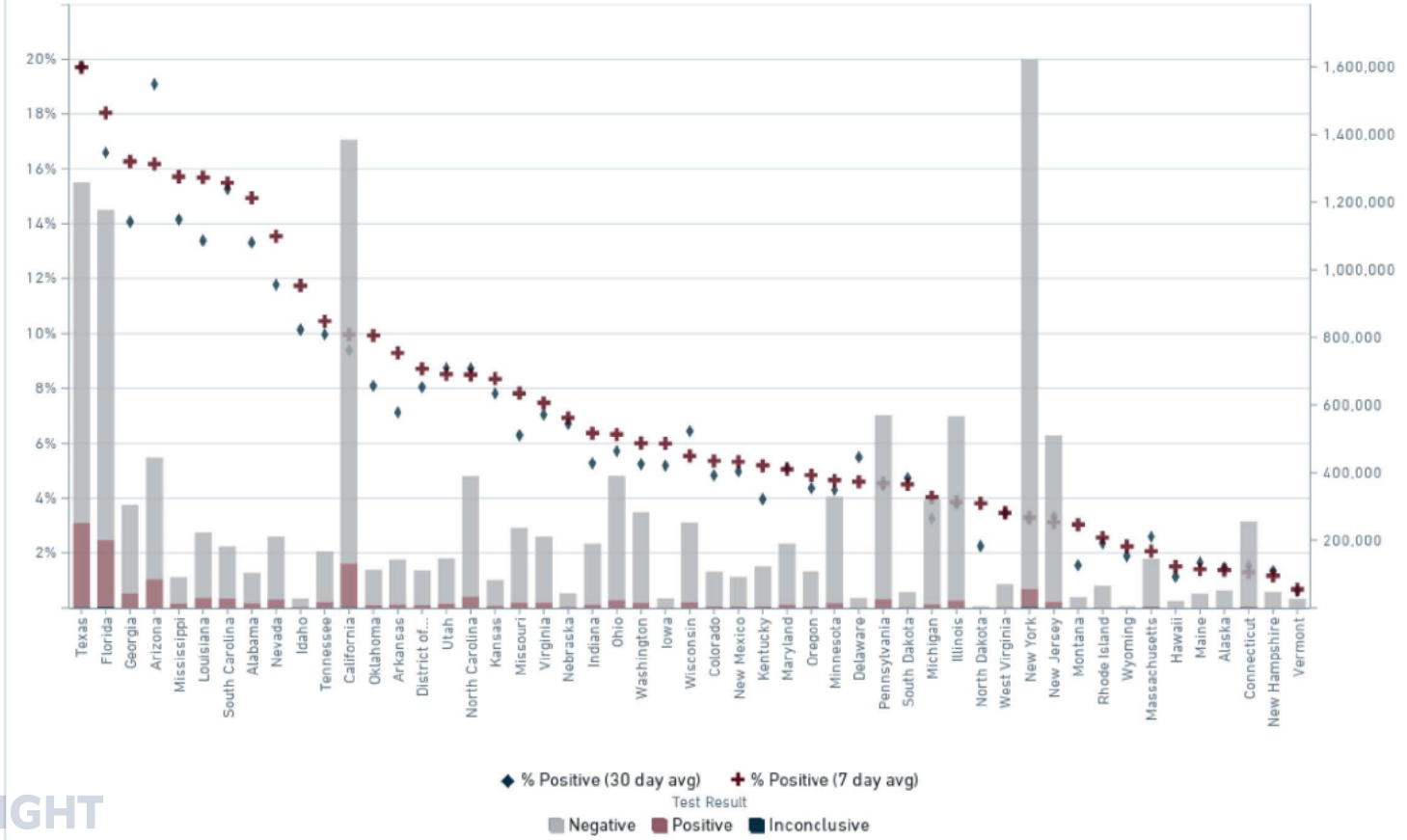
AMERICAN OVERSIGHT
NIH FOIA 000982
HHS-NIH-20-0496-A-000982

Proactive Actions :

1. **Proactive deployments to support States and Metros continue**
2. **Increase communication about the importance of masks and decreasing high risk environments :** indoors where social distancing is not maintained and masks not used : bars and indoor parties
3. **Remdesivir :** 180,000 vials available for shipment this weekend aligned on new admissions (FL vials expedited for arrival tomorrow) approx. 14% of vials not shipped for emergency shipment midweek
4. **Surging testing sites to specific locations** (MIA –specific zip codes, Bakersfield, Baton Rouge) and some progress in pooling approvals at FDA
5. **Testing turn around times** continue to increase
6. **Ensuring health personnel support to ensure optimal clinical outcomes** to AZ, TX, FL, **LA, (AL, MS, GA, SC, TN will be next)**
7. **Protecting the vulnerable in LTCF :** CMS working with LTCF in hot zones and HHS realigning Ag testing to LTCF in these areas to ensure rapid Dx and isolation – will start next week. TX, CA, FL and LA rising LTCF cases and rising across the South with admission ages rising
8. **Protecting the vulnerable in multigenerational households :** Household pooled sampling and pooled testing with isolation of households (potential Ag test use) – being tested at LSU site – data available this weekend
9. **PSAs for plasma collection** to ensure increases availability at all hospitals with new cases
10. **PSA for the Hispanic community and Coach O with all SEC coaches PSA** about risk and vulnerabilities
11. **Uniform use of masks in all metros, closing bars, limiting indoor dining to under 25%** moves county under 1 for Ro.
12. Next road trip should be AR, TN, VA, WVA, OH
13. AZ is showing early promise within 2-3 weeks after mandating masks, closing bars, limiting indoor dining and restricting gathering size – tracking these social distancing and mask enhancements and cases

AMERICAN OVERSIGHT

Positive and negative cumulative results in the last 30 days per state with % positive per state



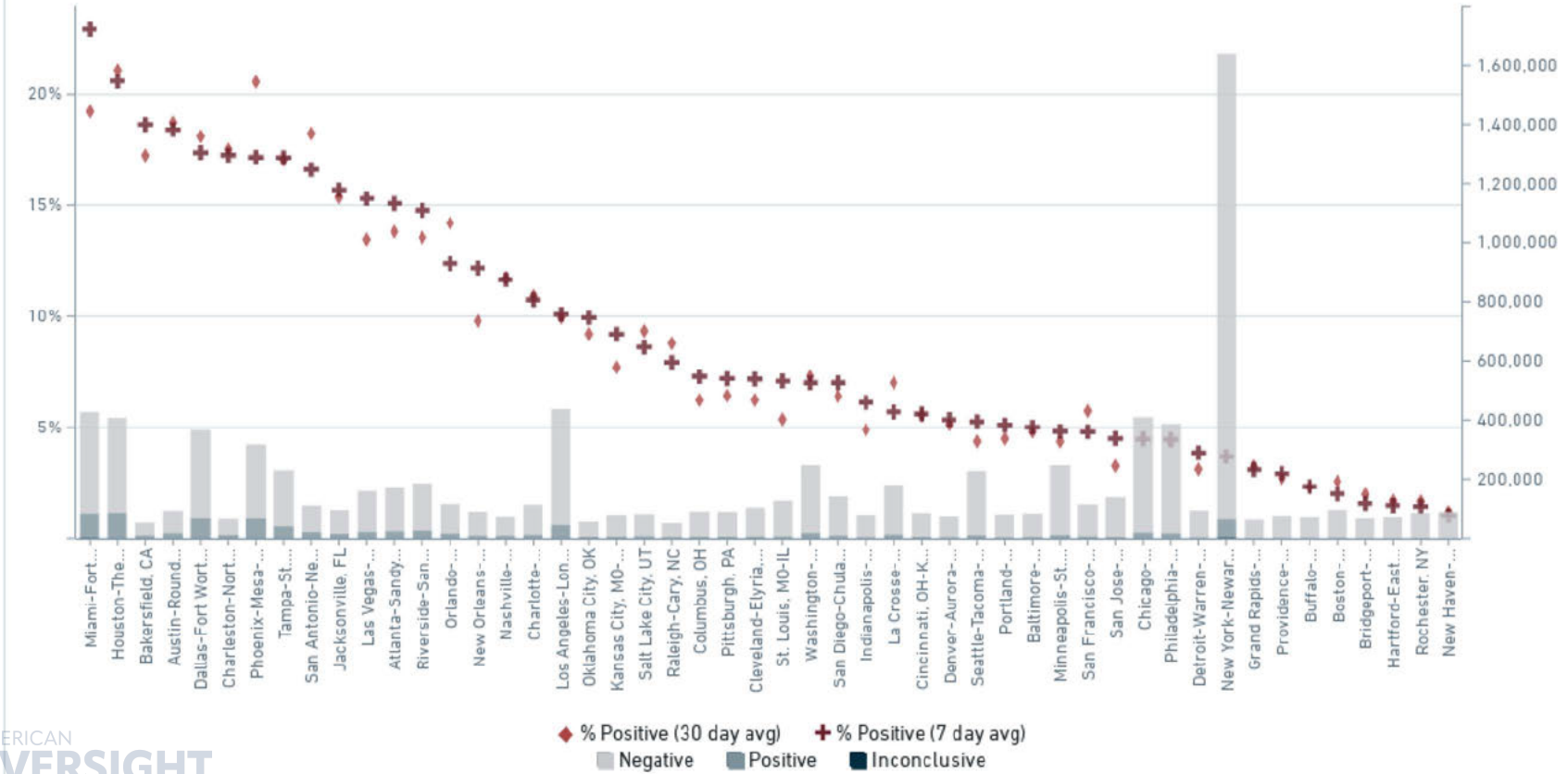
Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. This chart is sorted by the 7-day percent positive.

AMERICAN OVERSIGHT

NIH FOIA 000984

HHS-NIH-20-0496-A-000984

Positive and negative cumulative results in the last 30 days per CBSA with % positive per CBSA



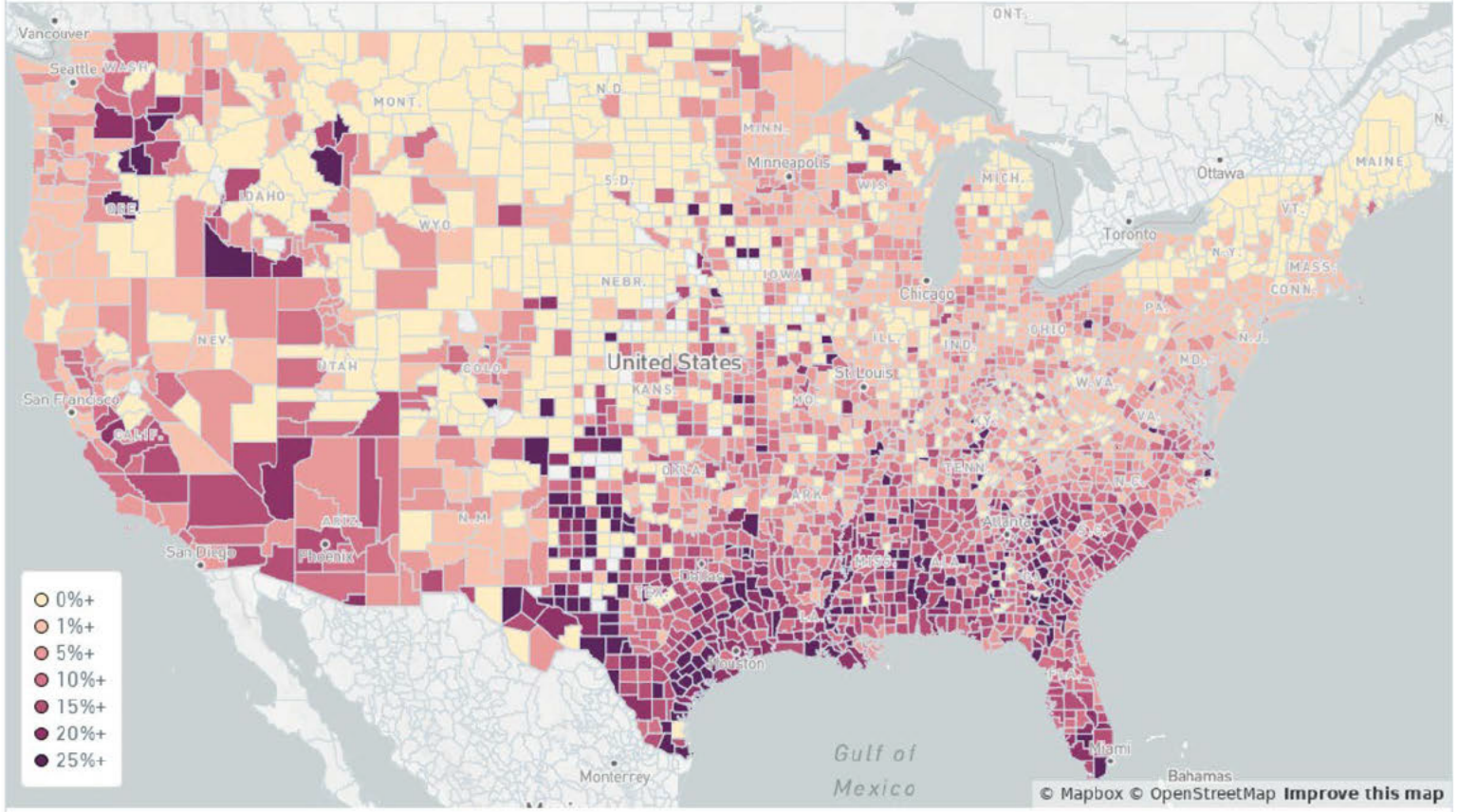
AMERICAN OVERSIGHT

NIH FOIA 000985

HHS-NIH-20-0496-A-000985

Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. The top 50 CBSAs were determined by ranking over the number of results reported for a given area in the last 30 days. This chart is sorted by the 7-day percent positive.

Percent positive, last 7 days

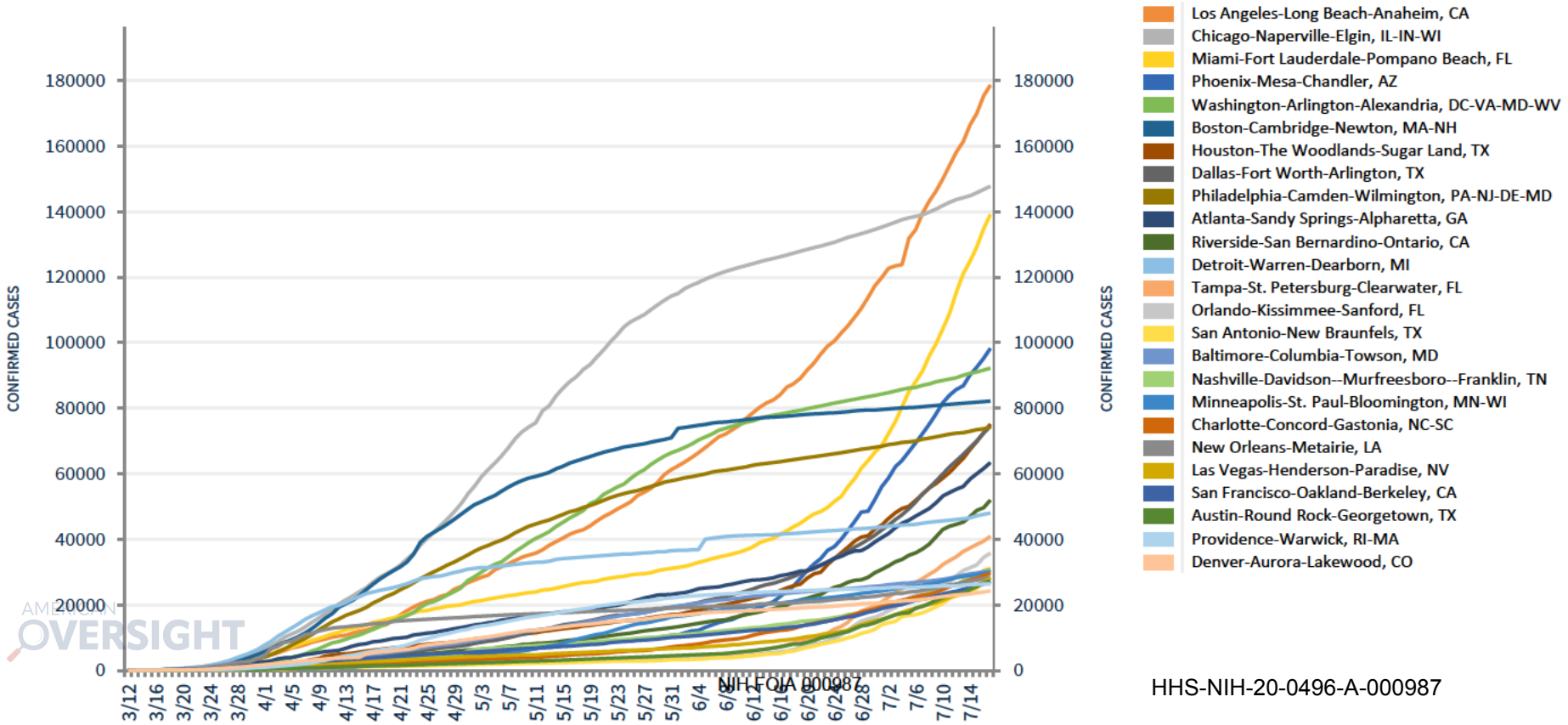


AMERICAN OVERSIGHT

Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days.

CUMULATIVE CASES: TOP 25 CBSA WITHOUT NYC

STEEPEST SLOPE OF INCREASE CASES: MIA, DALLAS, HOUSTON



AMERICAN OVERSIGHT

NIH FOIA 000987

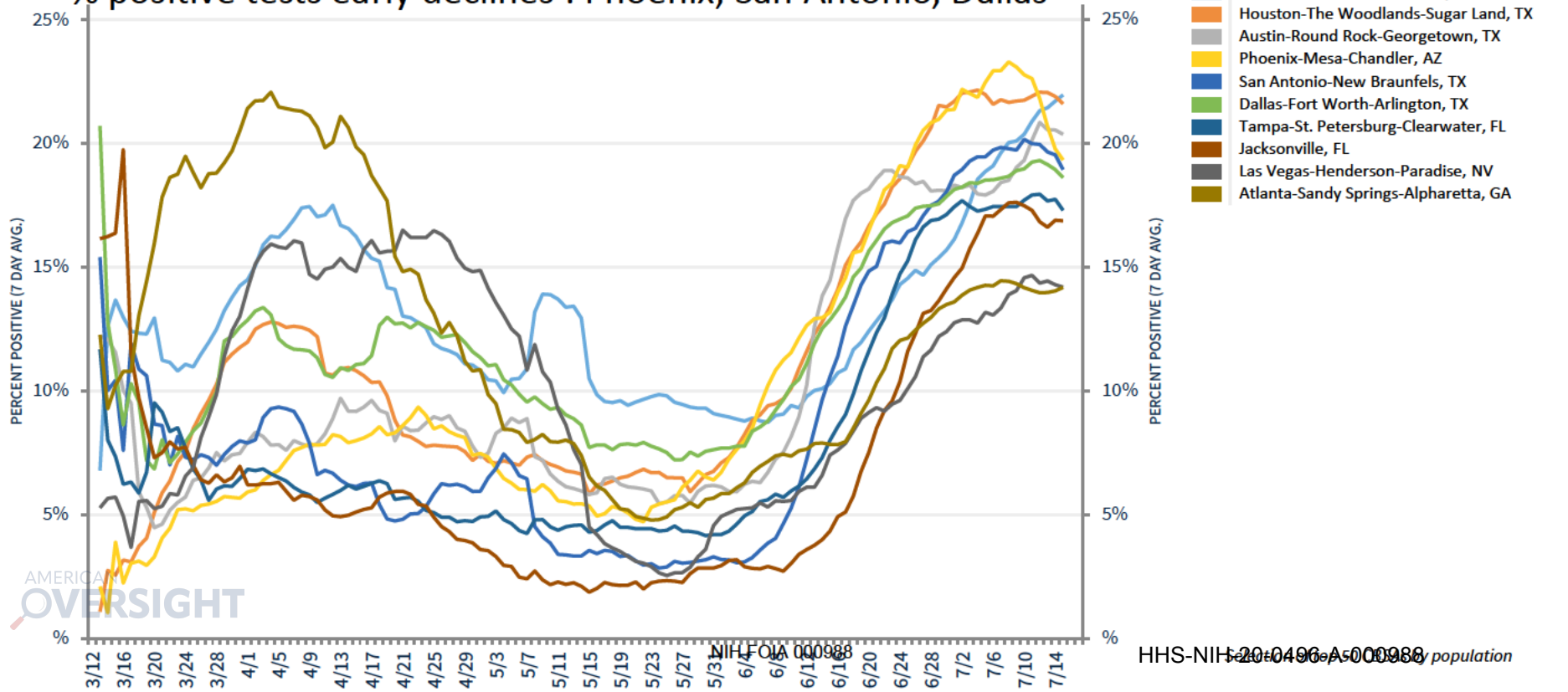
HHS-NIH-20-0496-A-000987

PERCENT POSITIVITY OVER 7 DAYS OF CBSAS 1-10

% positive tests still rising : Miami

% positive tests plateau : Houston, Austin, ATL, Las Vegas, Jacksonville, Tampa

% positive tests early declines : Phoenix, San Antonio, Dallas

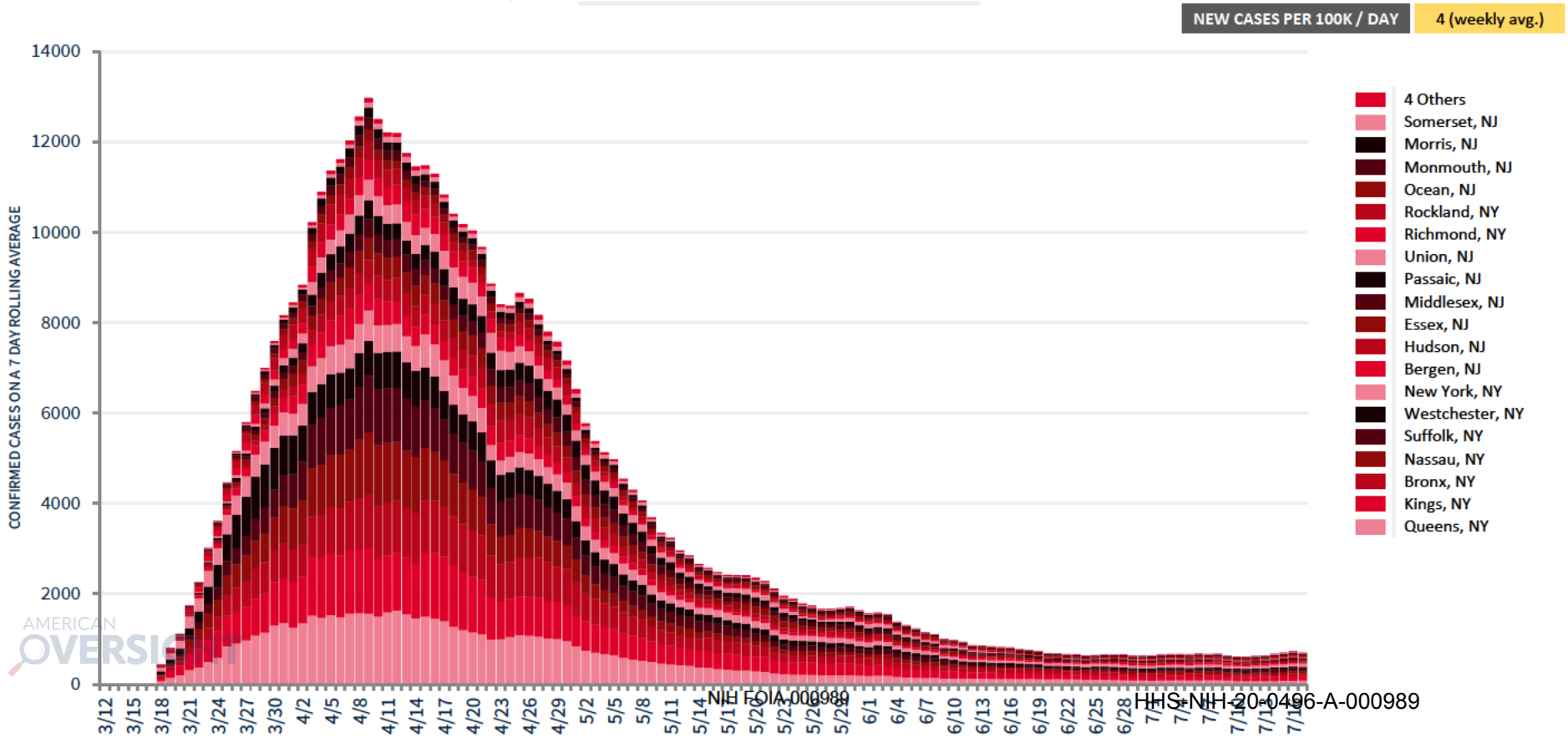


AMERICAN OVERSIGHT

NIH FOIA 000988

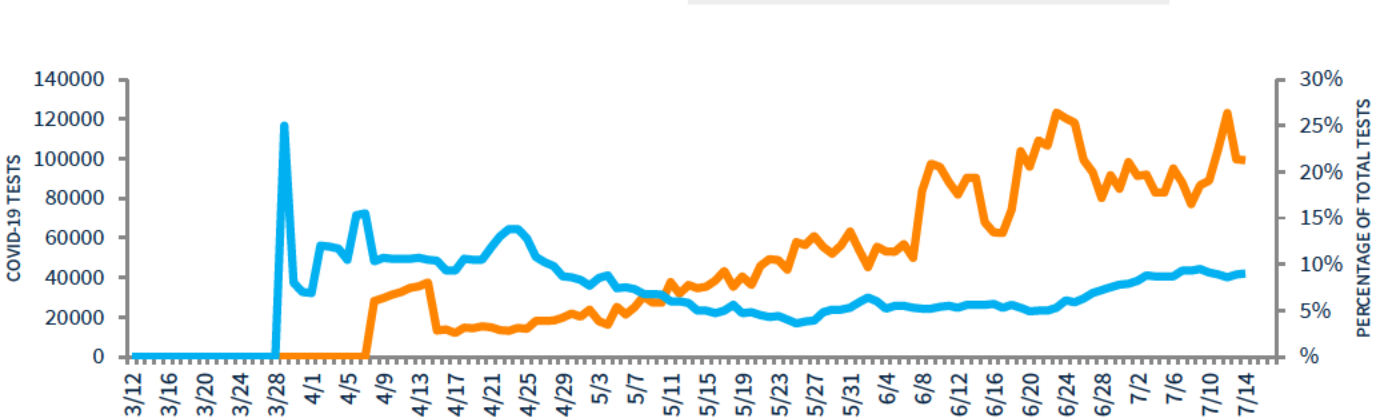
HHS-NIH-20-0496-A-000988

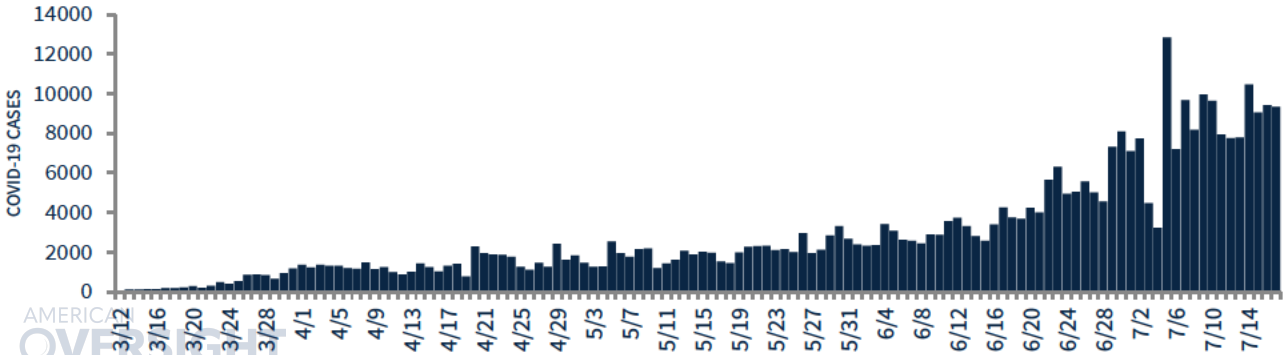
CONFIRMED CASES DAILY IN NEW YORK-NEWARK-JERSEY CITY, NY-NJ-PA
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT
NIH FOIA 000988
HHS-NIH-20-0496-A-000989

TRENDS IN CALIFORNIA





COVID-19 SNAPSHOT

POSITIVITY RATE	9.0%
NEW CASES PER 100K / DAY	22 (weekly avg.)
TESTING PER 100K / DAY	219 (weekly avg.)
BED UTILIZATION	63%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.3%
INCIDENCE	+2%
TESTING PER 100K / DAY	+12%
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	254 per sq mi
% OVER 60	21%
CRUDE CVD PREVALENCE	2.8%

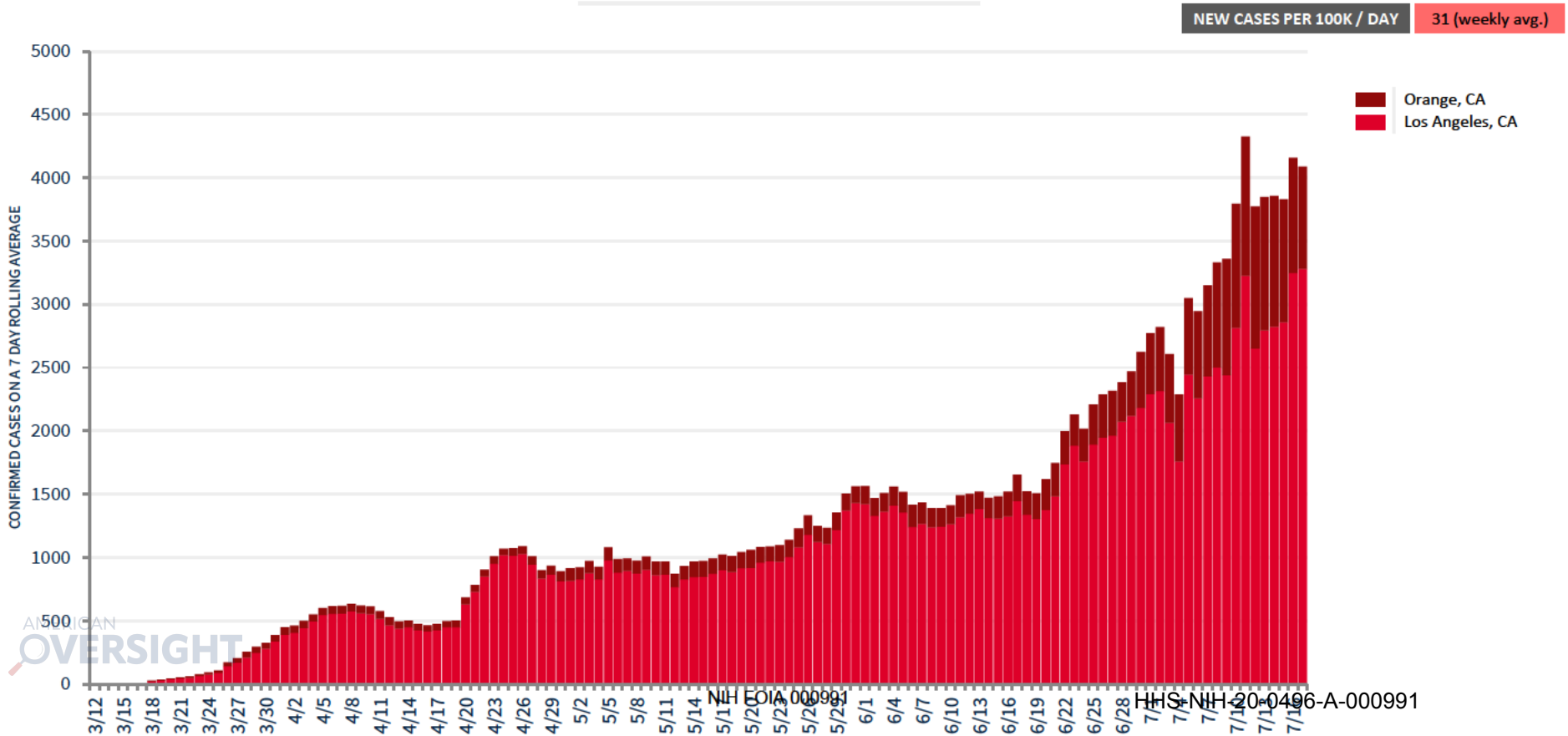
** Most recent several days of testing data is incomplete until all test results come in; testing data is updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICA OVERSIGHT
NIH FOIA 000990
HHS-NIH-20-0496-A-000990

CONFIRMED CASES DAILY IN LOS ANGELES-LONG BEACH-ANAHEIM, CA
7 DAY ROLLING AVERAGE

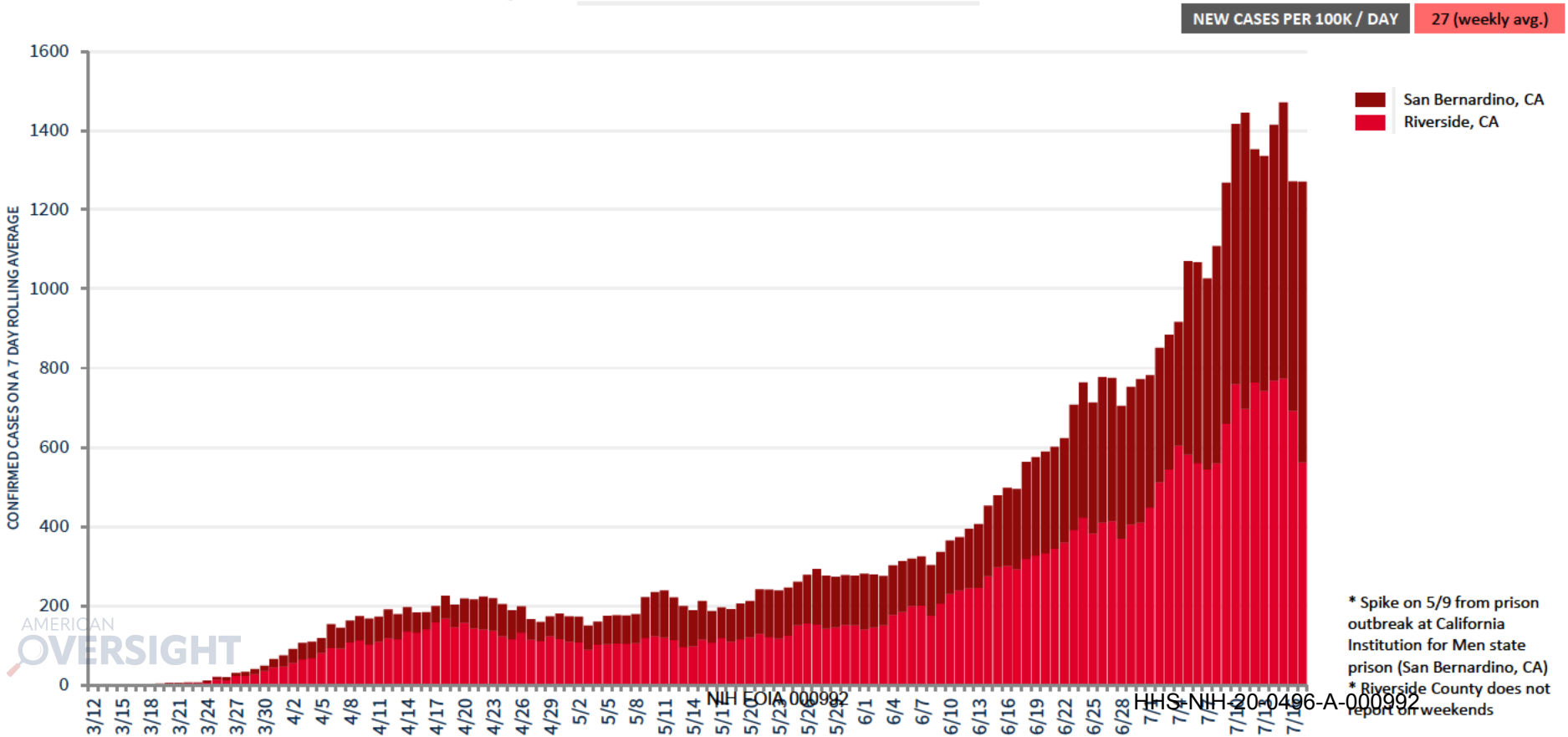


AMERICAN OVERSIGHT

NIH FOIA 000981

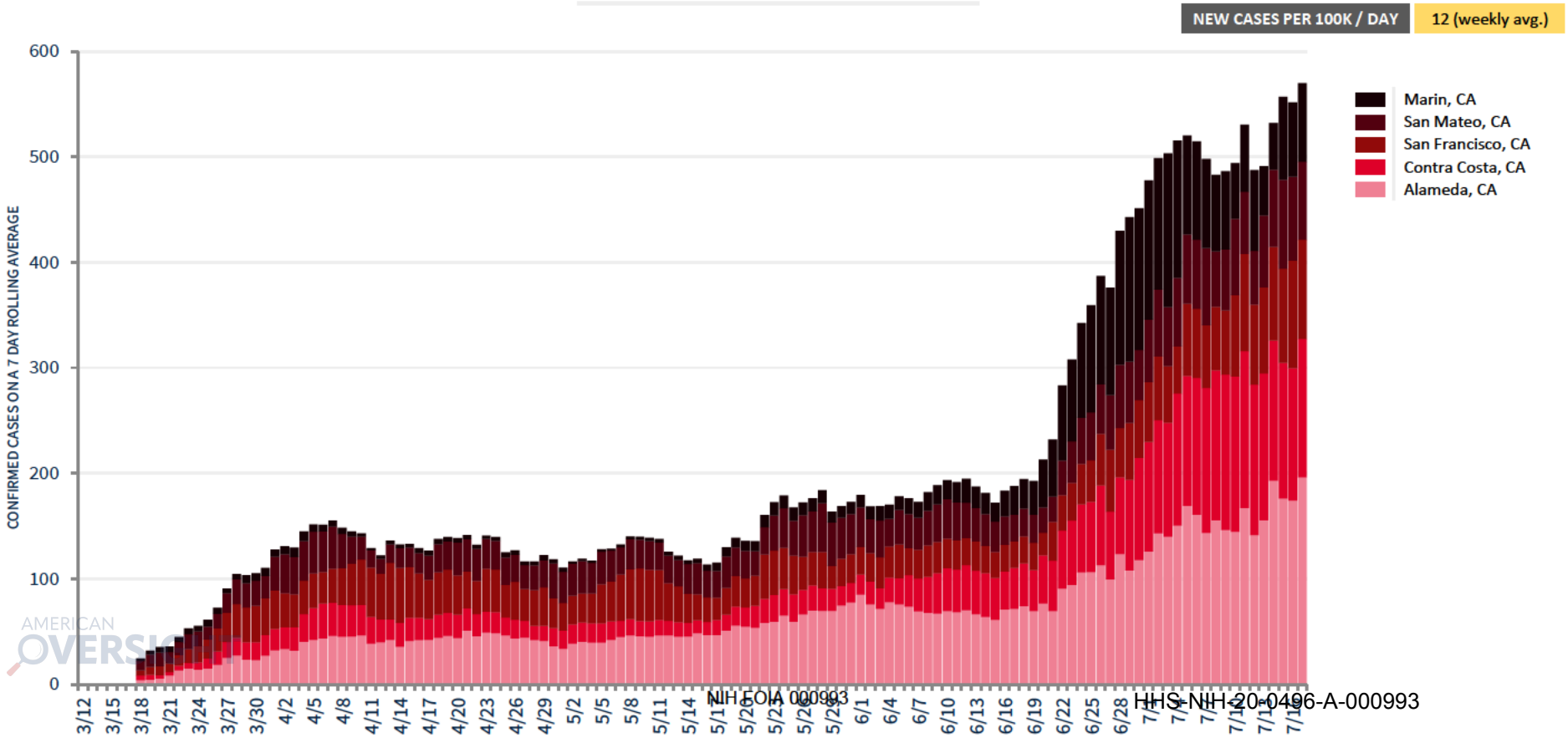
HHS-NIH-20-0496-A-000991

CONFIRMED CASES DAILY IN RIVERSIDE-SAN BERNARDINO-ONTARIO, CA
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT
NIH FOIA 000982
HHS-NIH-20-0496-A-000992

CONFIRMED CASES DAILY IN SAN FRANCISCO-OAKLAND-BERKELEY, CA
7 DAY ROLLING AVERAGE

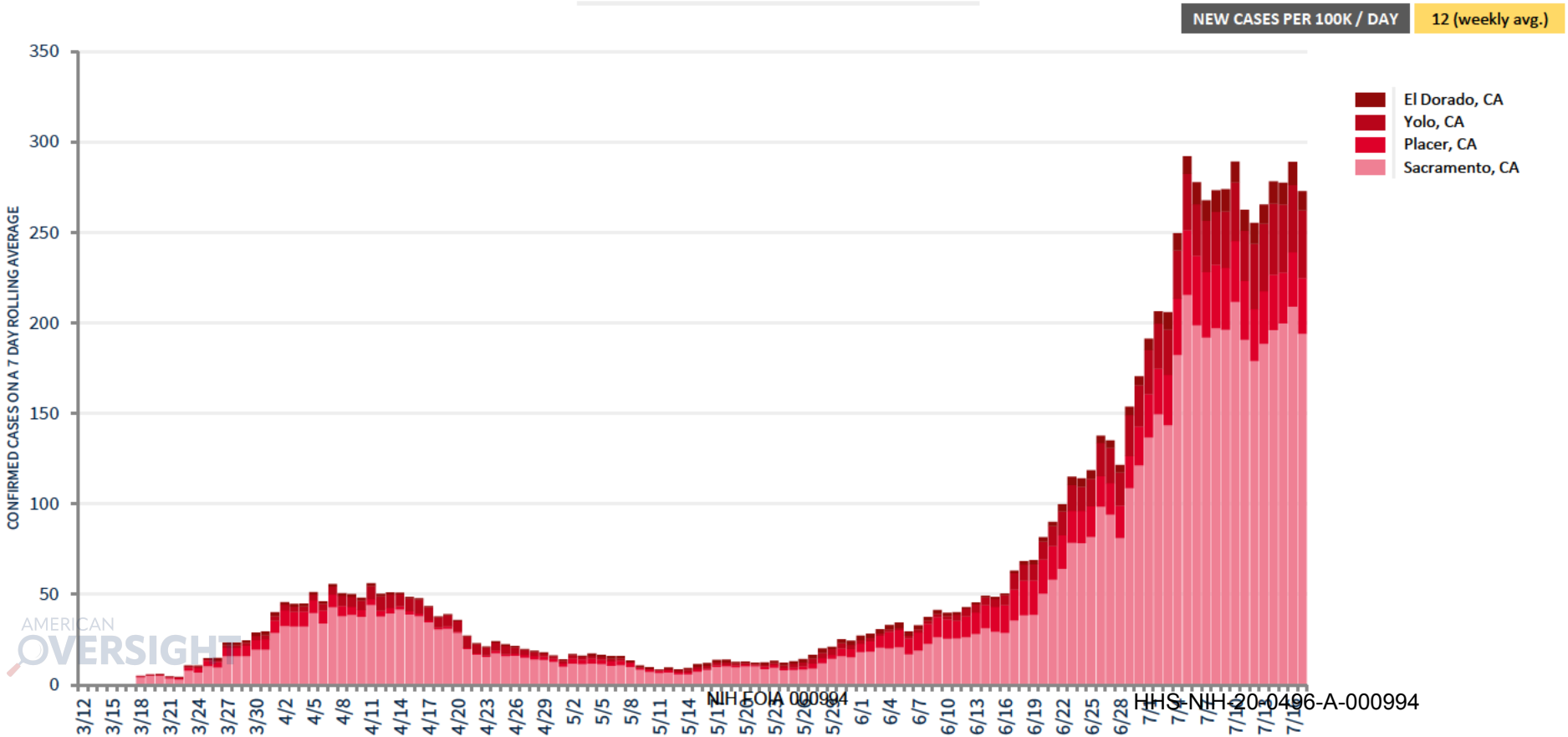


AMERICAN OVERSIGHT

NIH FOIA 000993

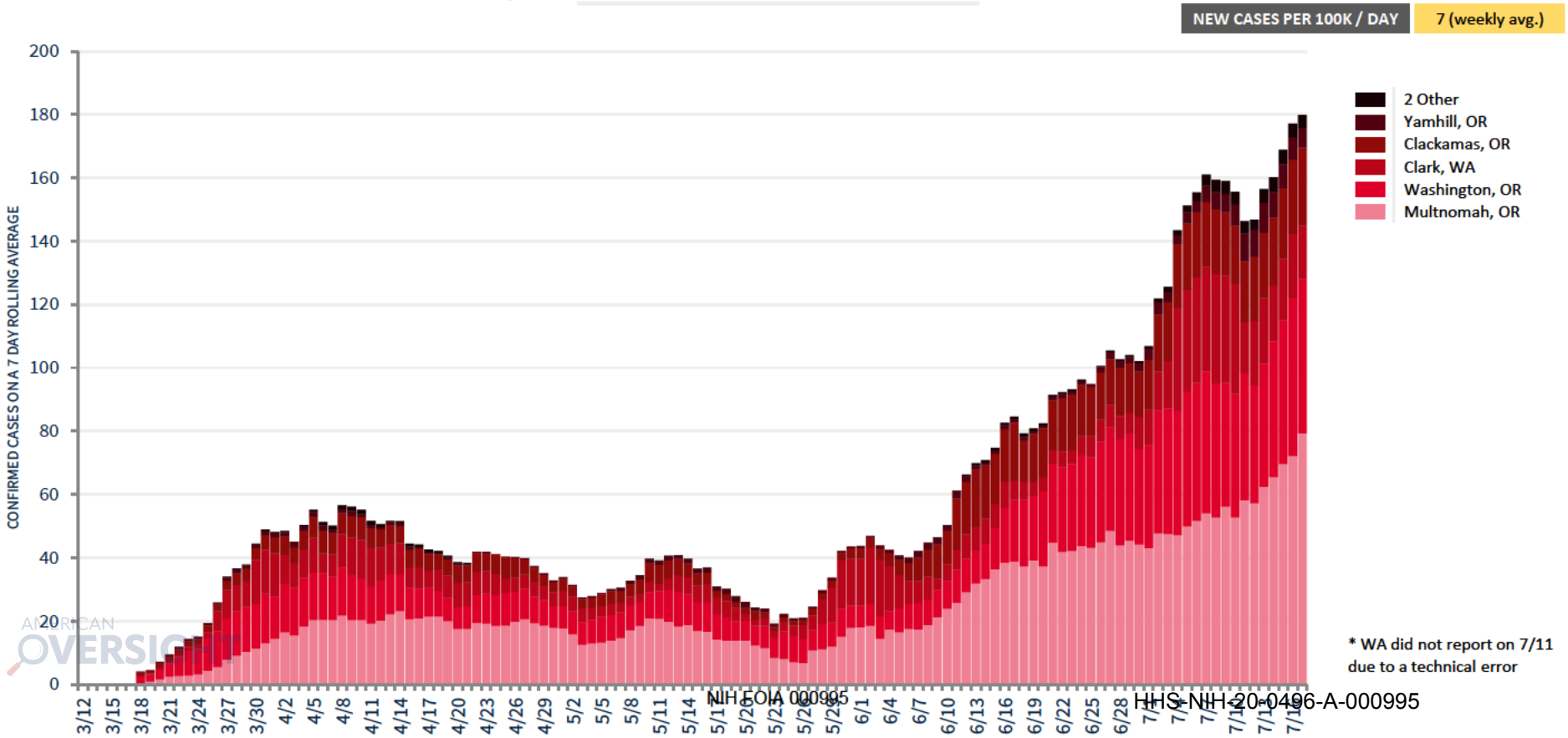
HHS-NIH-20-0496-A-000993

CONFIRMED CASES DAILY IN SACRAMENTO-ROSEVILLE-FOLSOM, CA
7 DAY ROLLING AVERAGE



NIH FOIA 000994
HHS-NIH-20-0496-A-000994

CONFIRMED CASES DAILY IN PORTLAND–VANCOUVER–HILLSBORO, OR–WA
7 DAY ROLLING AVERAGE

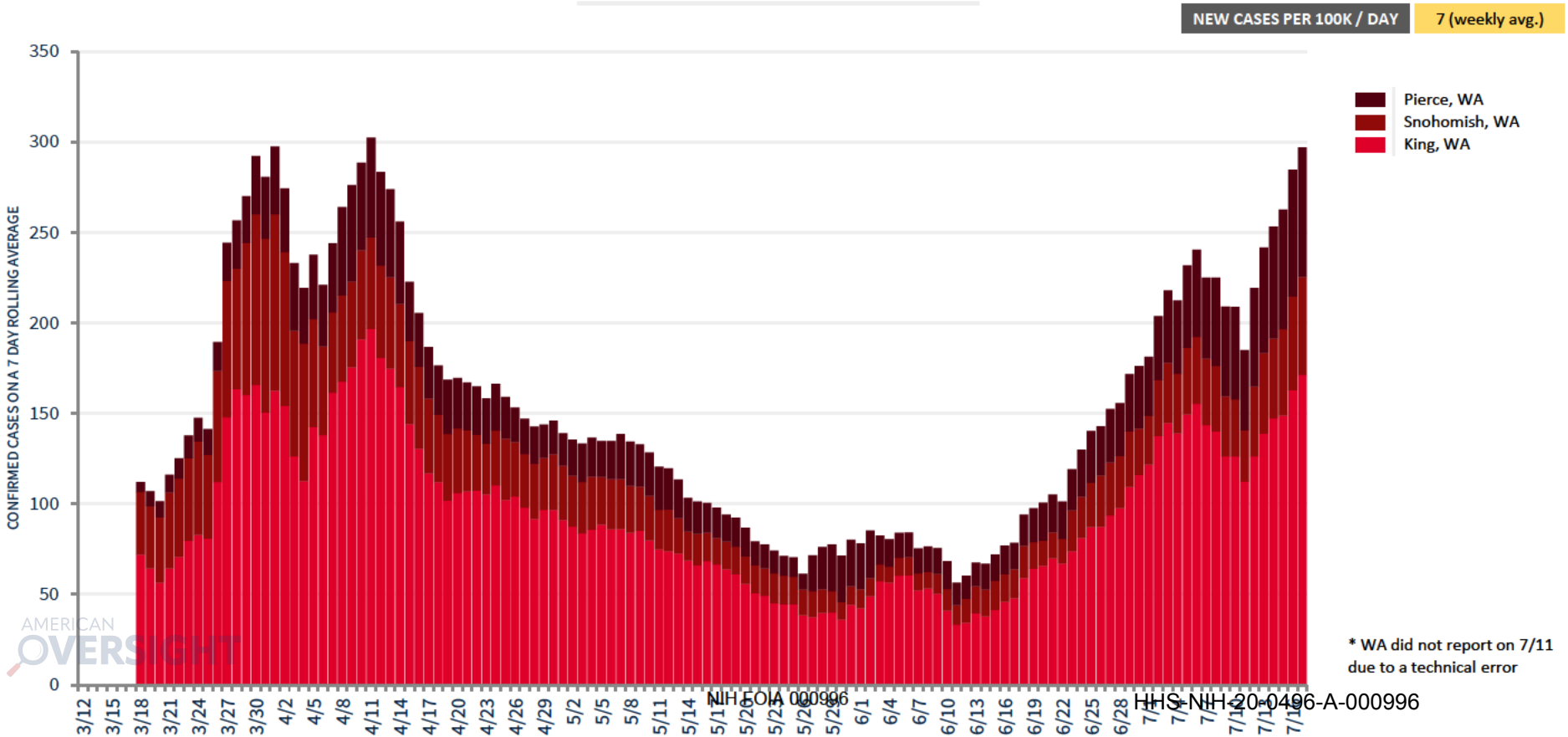


* WA did not report on 7/11 due to a technical error

AMERICAN OVERSIGHT

NIH FOIA 000995
HHS-NIH-20-0496-A-000995

CONFIRMED CASES DAILY IN SEATTLE-TACOMA-BELLEVUE, WA
7 DAY ROLLING AVERAGE

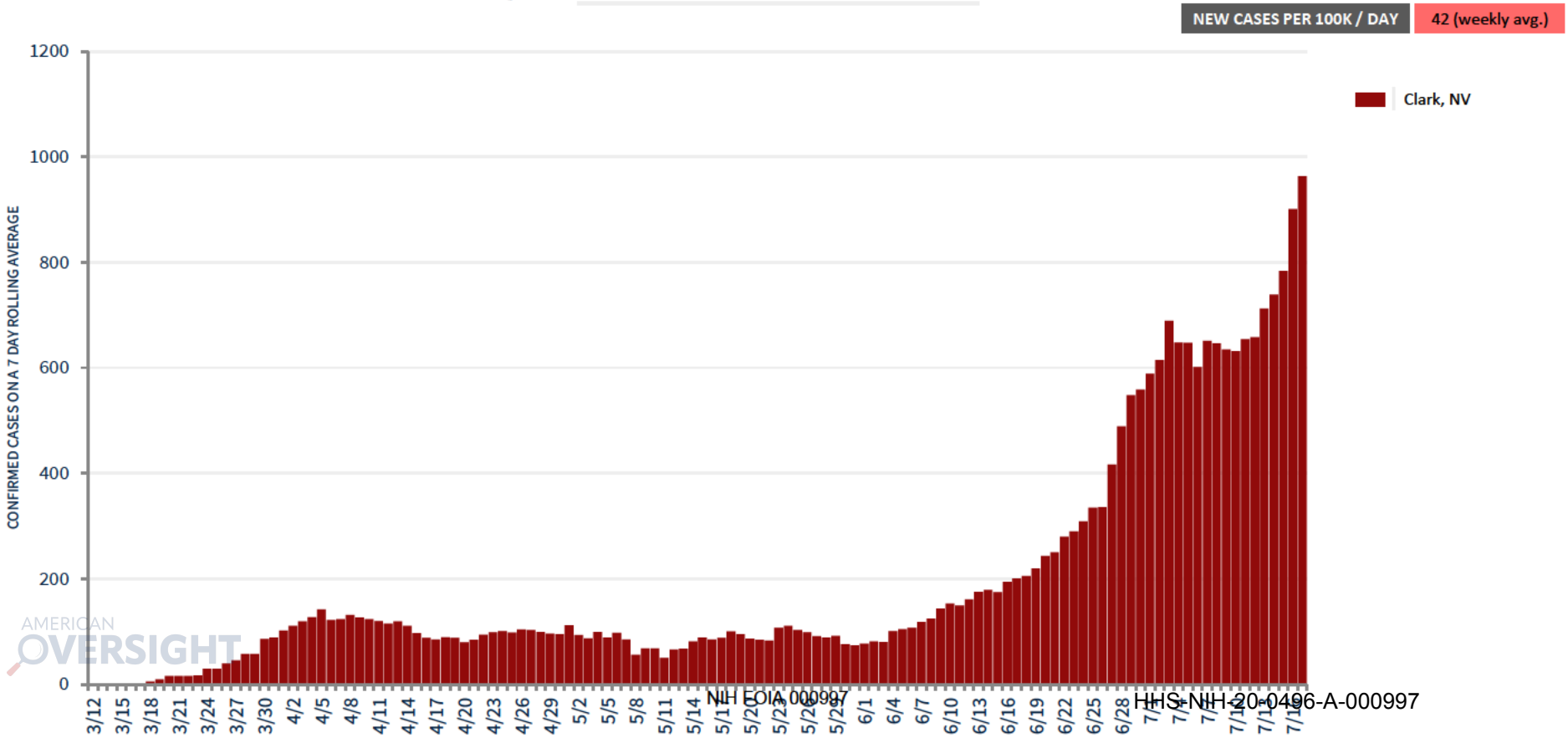


AMERICAN OVERSIGHT

NIH FOIA 000996

HHS-NIH-20-0496-A-000996

CONFIRMED CASES DAILY IN LAS VEGAS-HENDERSON-PARADISE, NV (CLARK)
7 DAY ROLLING AVERAGE

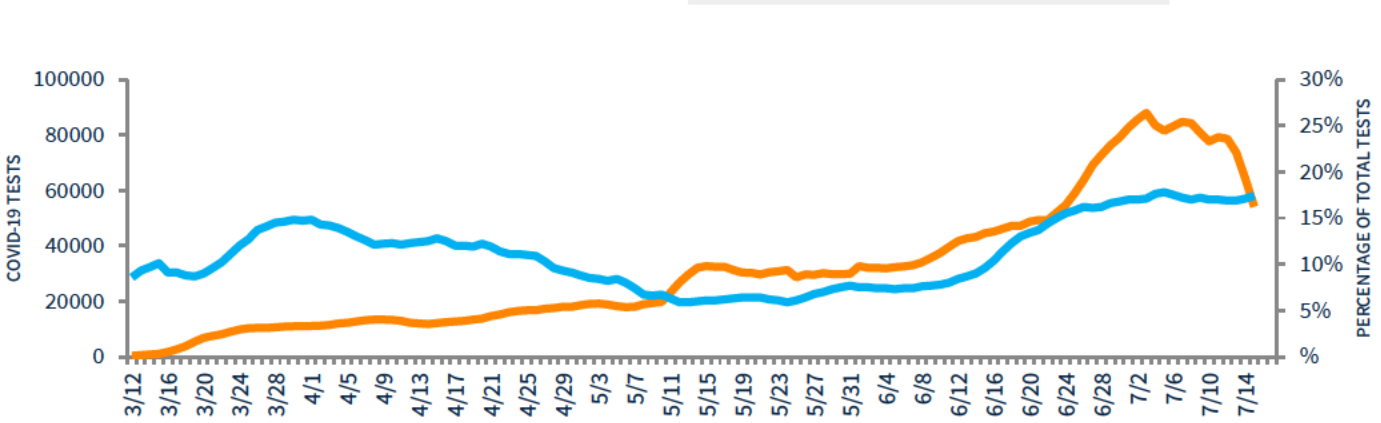


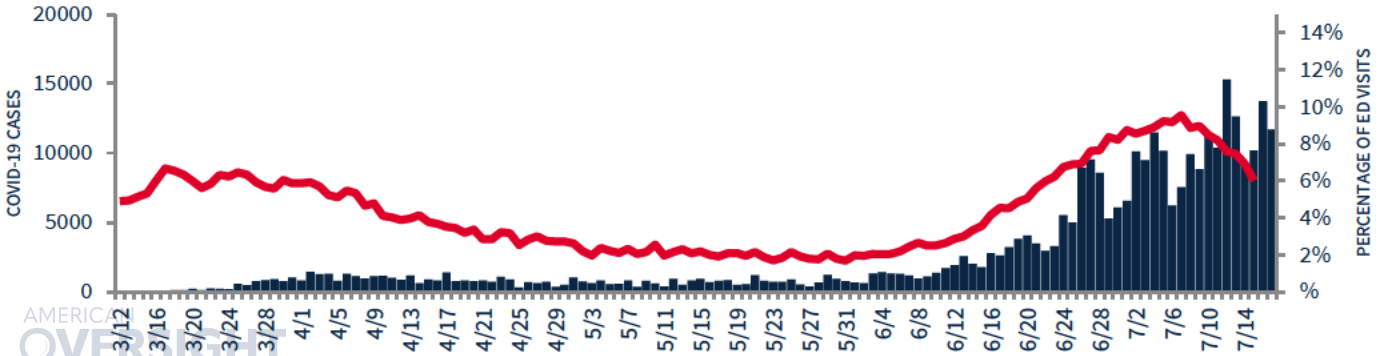
AMERICAN OVERSIGHT

NIH FOIA 000997

HHS-NIH-20-0496-A-000997

TRENDS IN FLORIDA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	17.4%
NEW CASES PER 100K / DAY	55 (weekly avg.)
TESTING PER 100K / DAY	252 (weekly avg.)
BED UTILIZATION	75%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.4%
INCIDENCE	+27%
TESTING PER 100K / DAY	-36%
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	400 per sq mi
% OVER 60	27%
CRUDE CVD PREVALENCE	4.7%

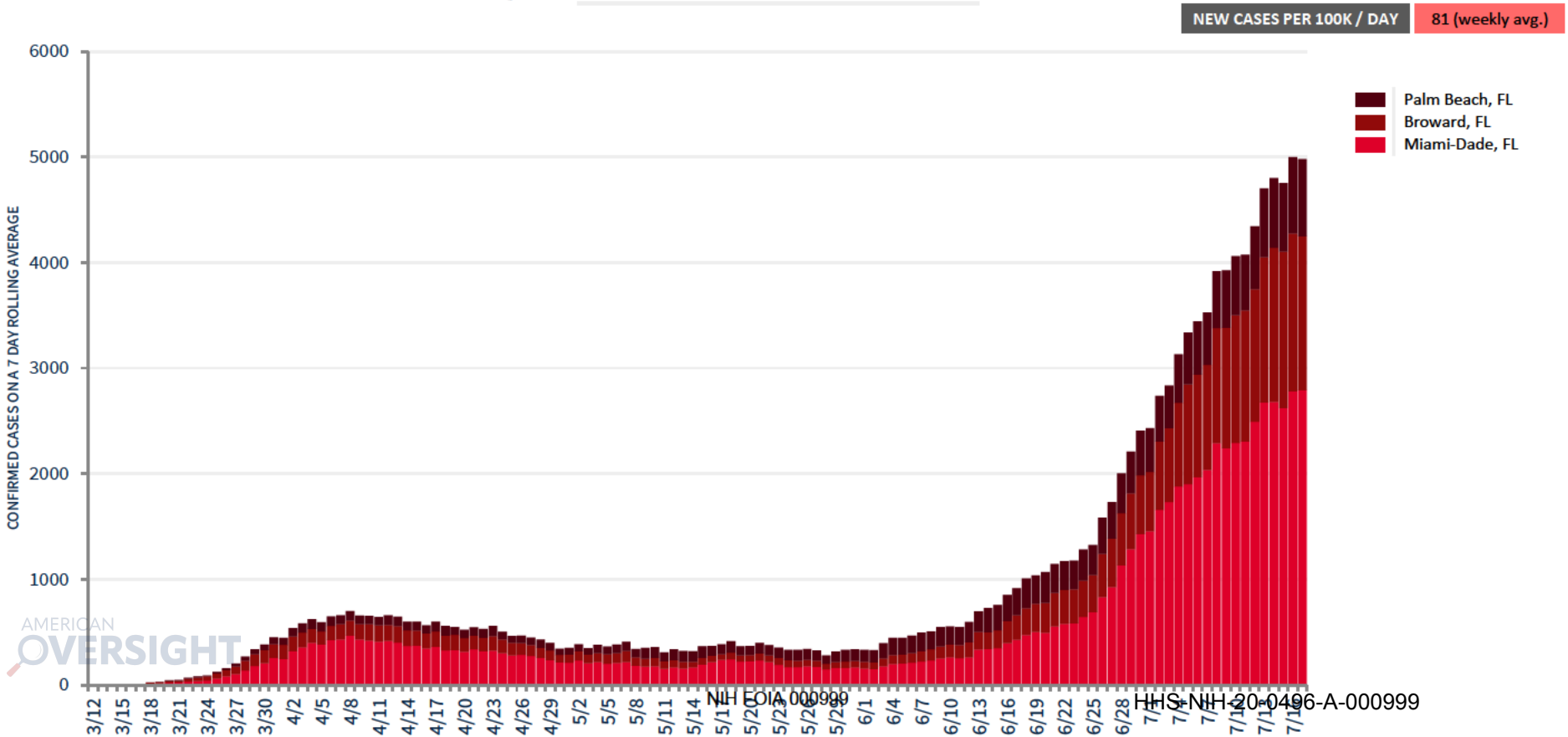
AMERICA OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 000998
HHS-NIH-20-0496-A-000998

CONFIRMED CASES DAILY IN MIAMI-FORT LAUDERDALE-POMPANO BEACH, FL
7 DAY ROLLING AVERAGE

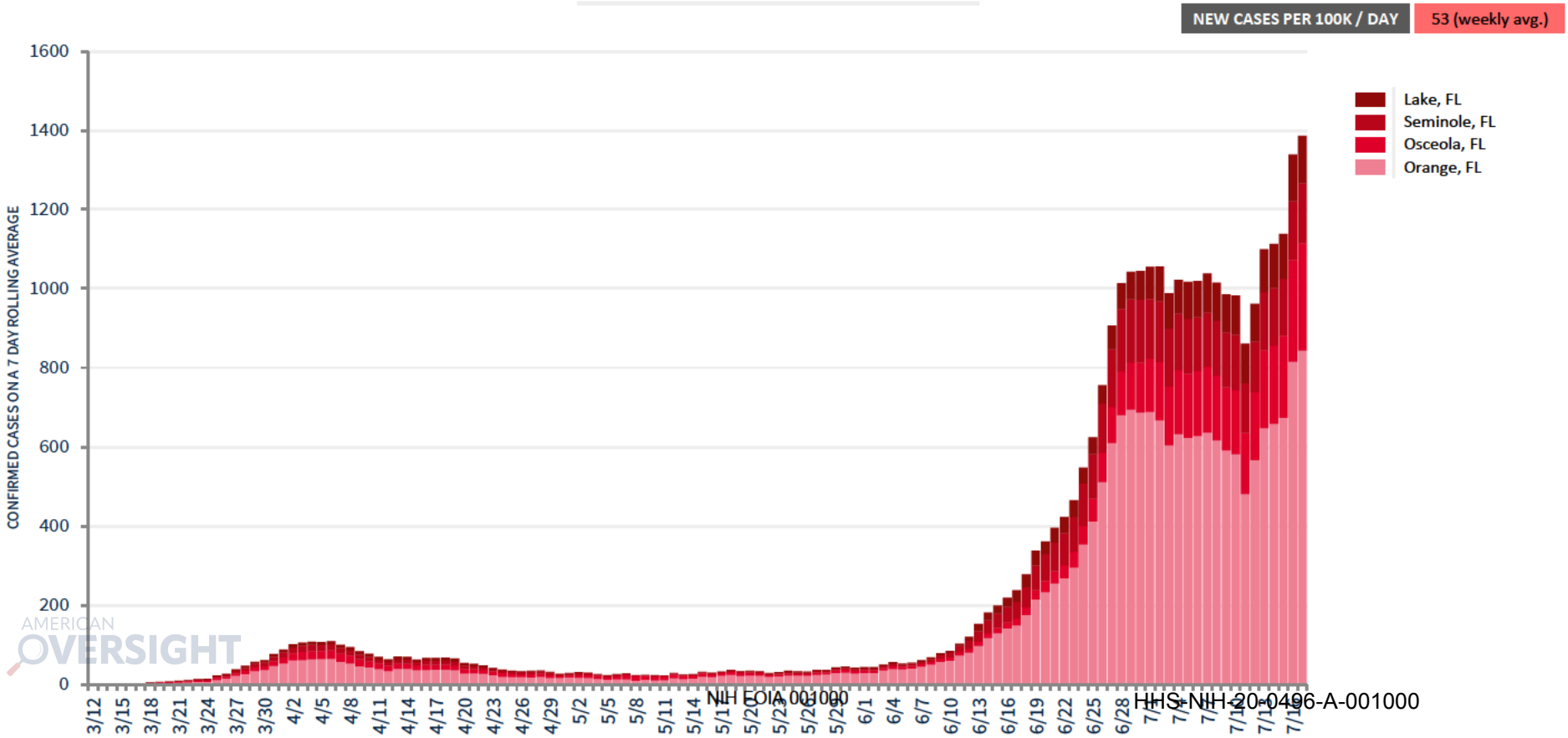


AMERICAN OVERSIGHT

NIH FOIA 000989

HHS-NIH-20-0496-A-000999

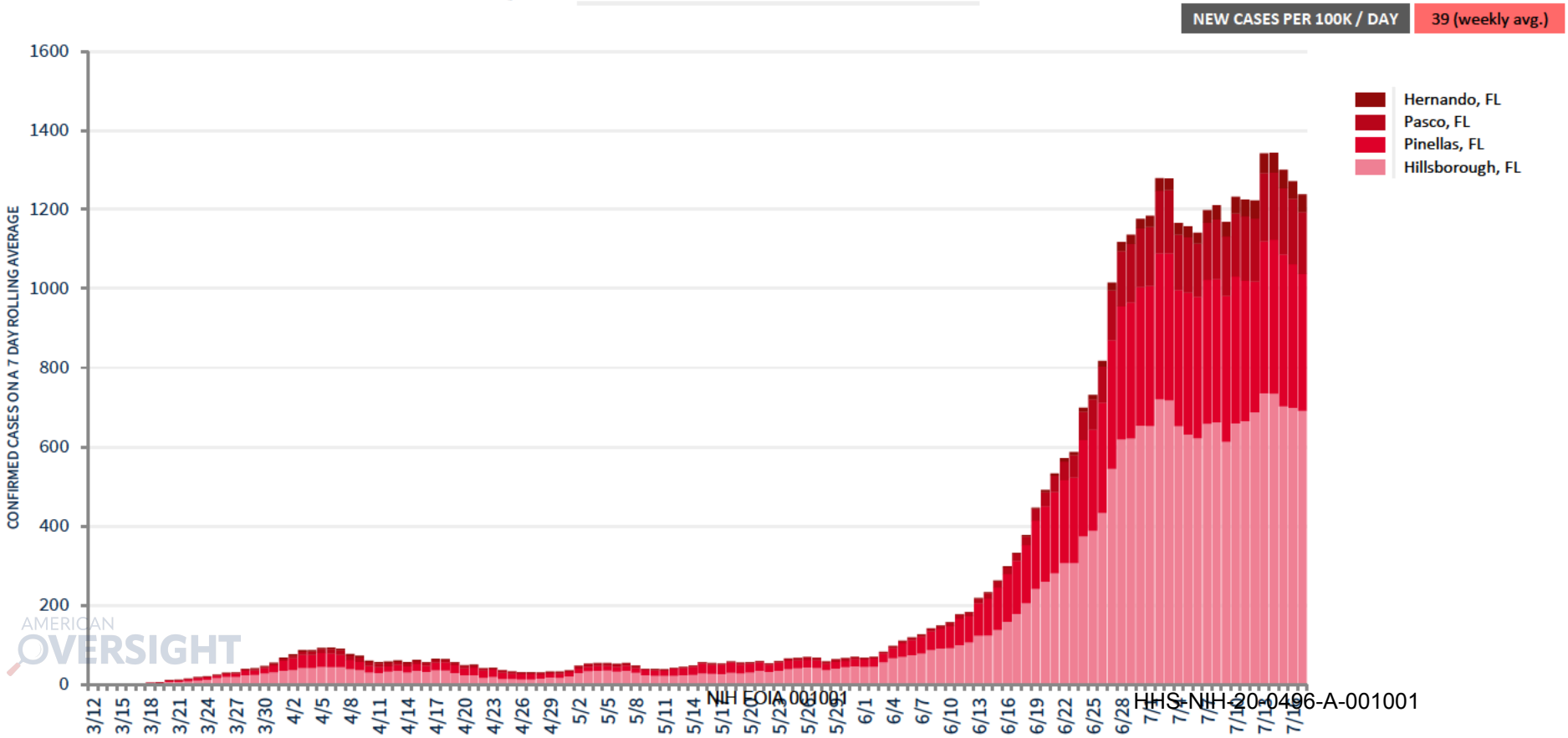
CONFIRMED CASES DAILY IN ORLANDO-KISSIMMEE-SANFORD, FL
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 001000 HHS-NIH-20-0496-A-001000

CONFIRMED CASES DAILY IN TAMPA-ST. PETERSBURG-CLEARWATER, FL
7 DAY ROLLING AVERAGE

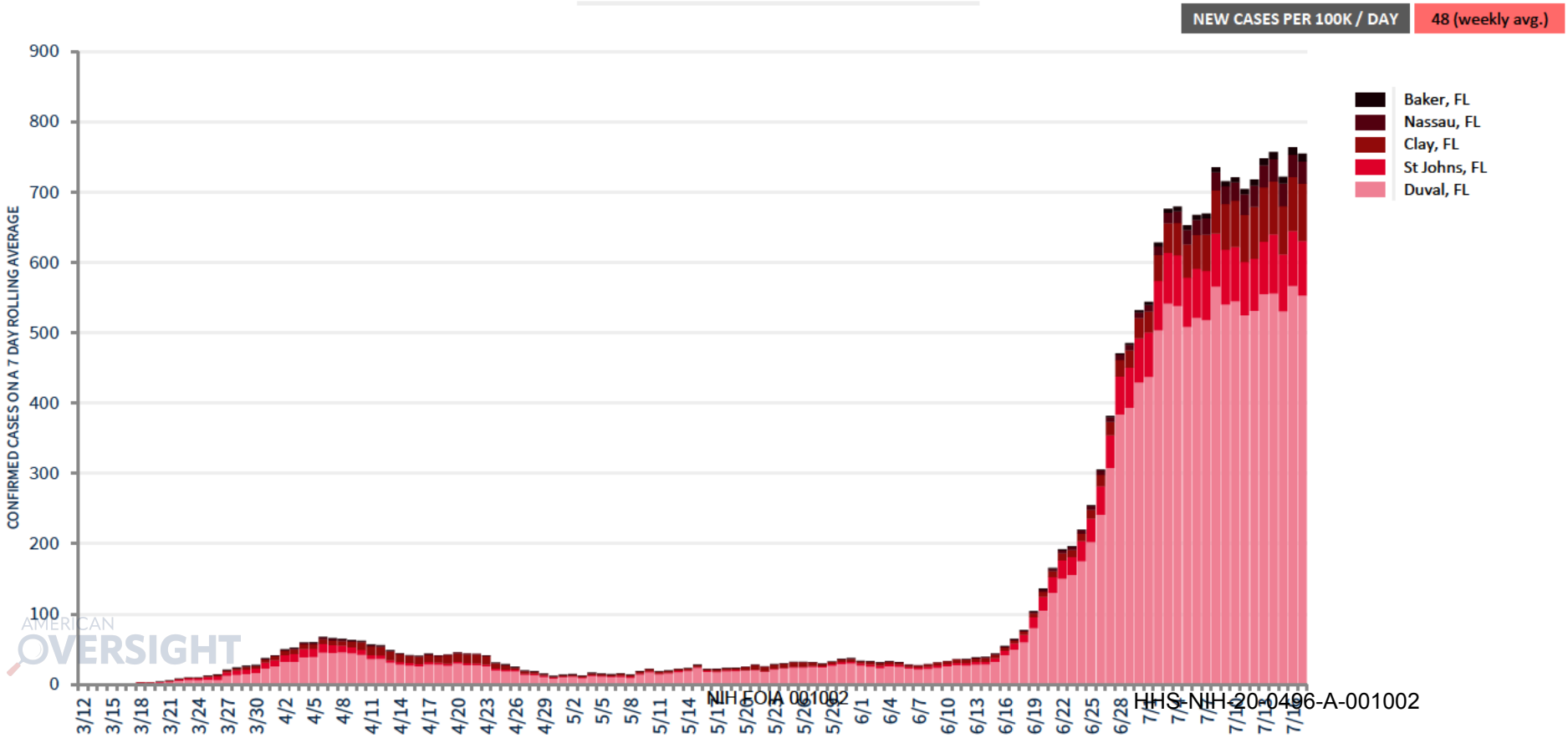


AMERICAN OVERSIGHT

NIH FOIA 001001

HHS-NIH-20-0496-A-001001

CONFIRMED CASES DAILY IN JACKSONVILLE, FL
7 DAY ROLLING AVERAGE

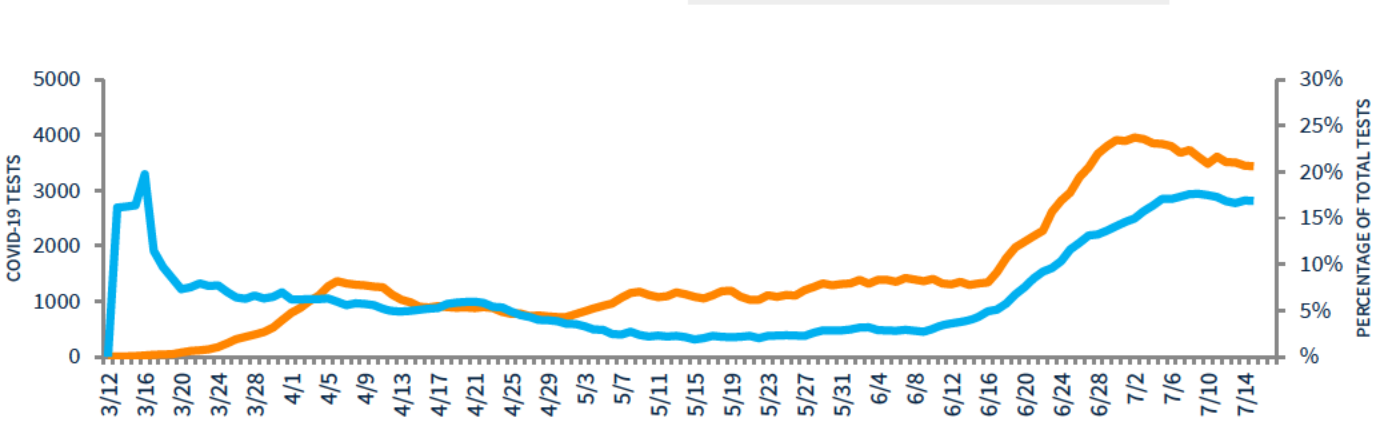


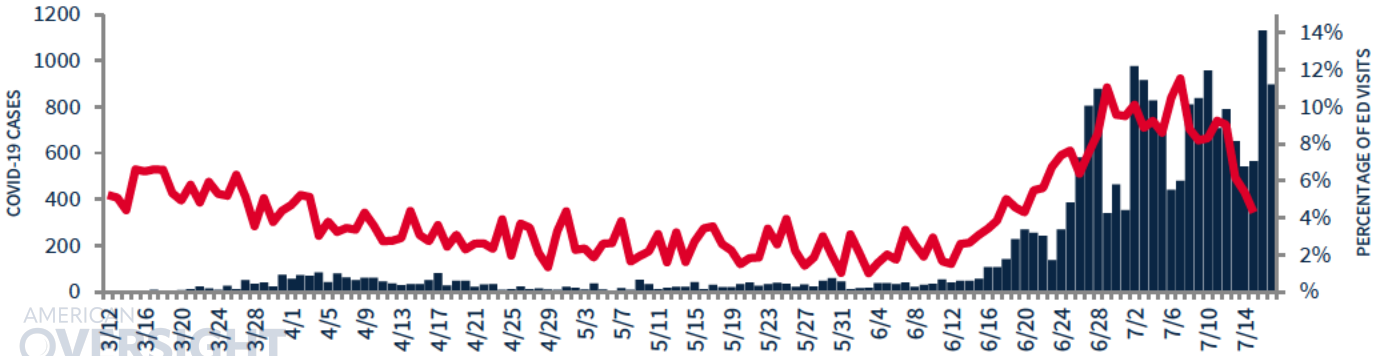
AMERICAN OVERSIGHT

NIH FOIA 001002

HHS-NIH-20-0496-A-001002

TRENDS IN JACKSONVILLE, FL





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	16.9%
NEW CASES PER 100K / DAY	48 (weekly avg.)
TESTING PER 100K / DAY	220 (weekly avg.)
BED UTILIZATION	76%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.7%
INCIDENCE	+5%
TESTING PER 100K / DAY	-8%
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	487 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	5.5%

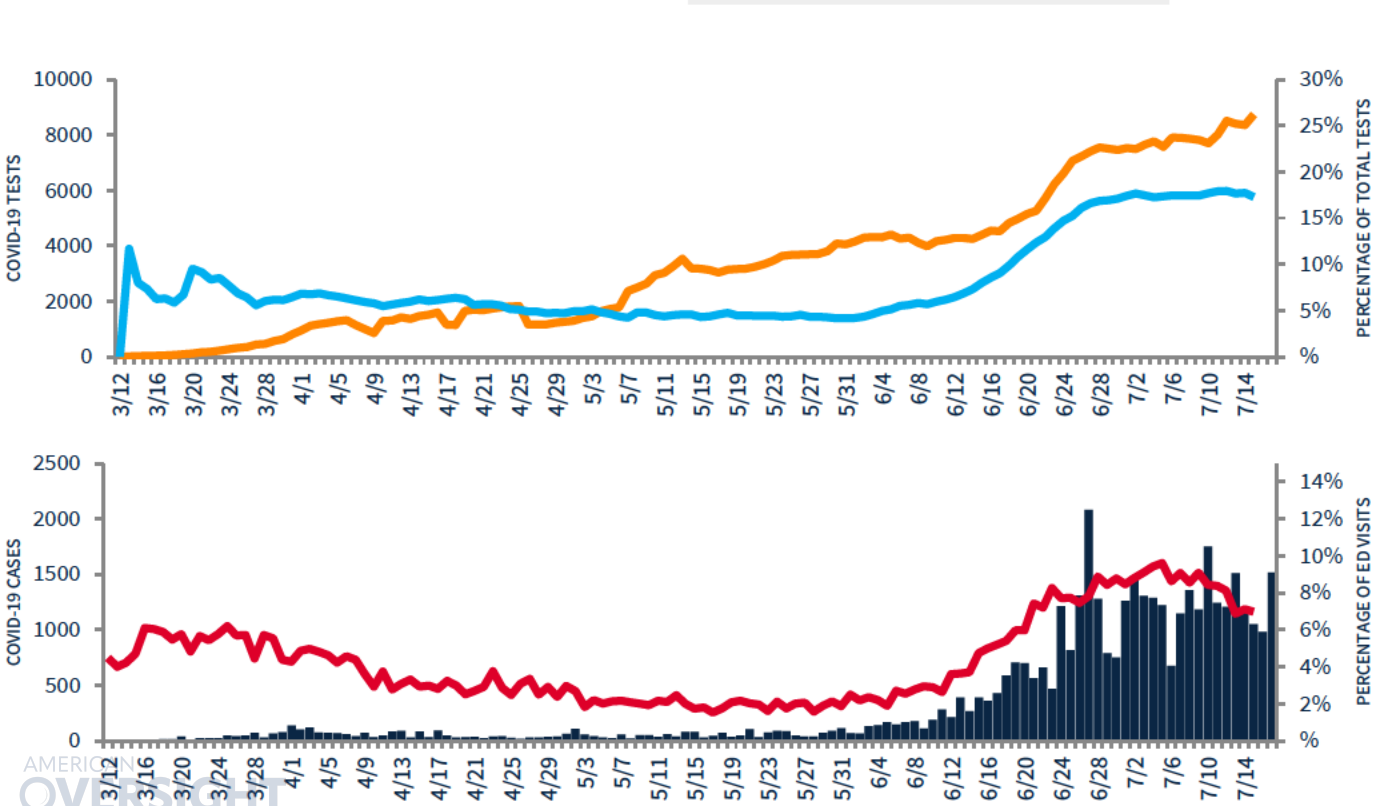
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001003
HHS-NIH-20-0496-A-001003

TRENDS IN TAMPA–ST. PETERSBURG–CLEARWATER, FL



COVID-19 SNAPSHOT

POSITIVITY RATE	17.3%
NEW CASES PER 100K / DAY	39 (weekly avg.)
TESTING PER 100K / DAY	273 (weekly avg.)
BED UTILIZATION	76%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.2%
INCIDENCE	+0%
TESTING PER 100K / DAY	+11%
BED UTILIZATION	+0%

RISK FACTORS

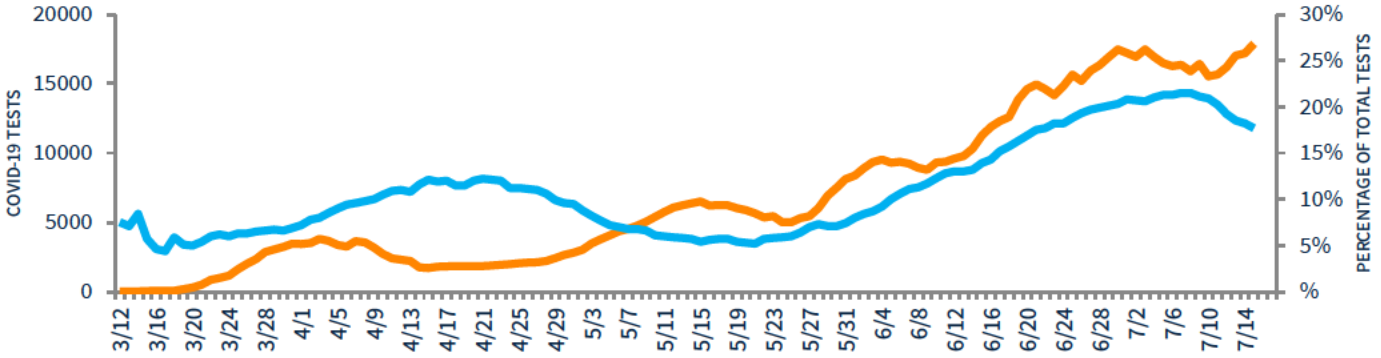
POPULATION DENSITY	1270 per sq mi
% OVER 60	27%
CRUDE CVD PREVALENCE	5.6%

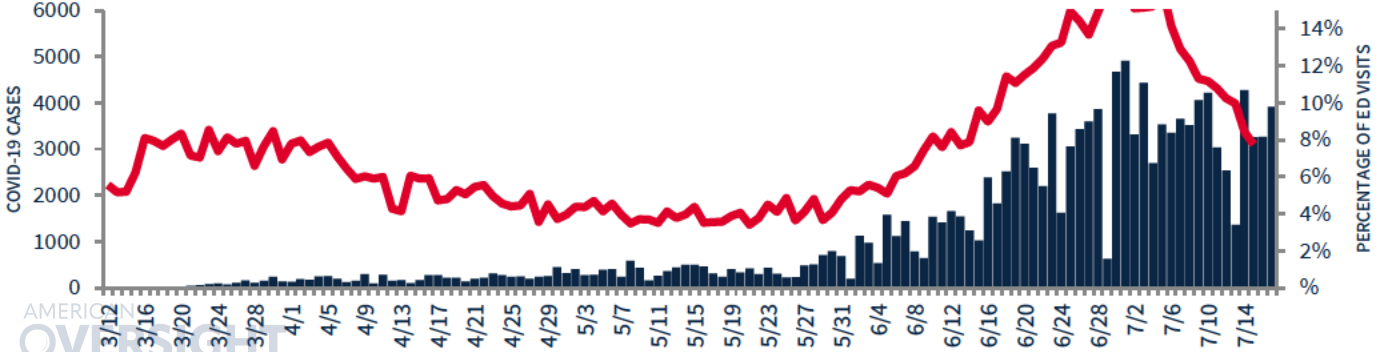
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 001004
HHS-NIH-20-0496-A-001004

TRENDS IN ARIZONA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	17.7%
NEW CASES PER 100K / DAY	42 (weekly avg.)
TESTING PER 100K / DAY	246 (weekly avg.)
BED UTILIZATION	65%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-3.8%
INCIDENCE	-14%
TESTING PER 100K / DAY	+13%
BED UTILIZATION	+11%

RISK FACTORS

POPULATION DENSITY	64 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.7%

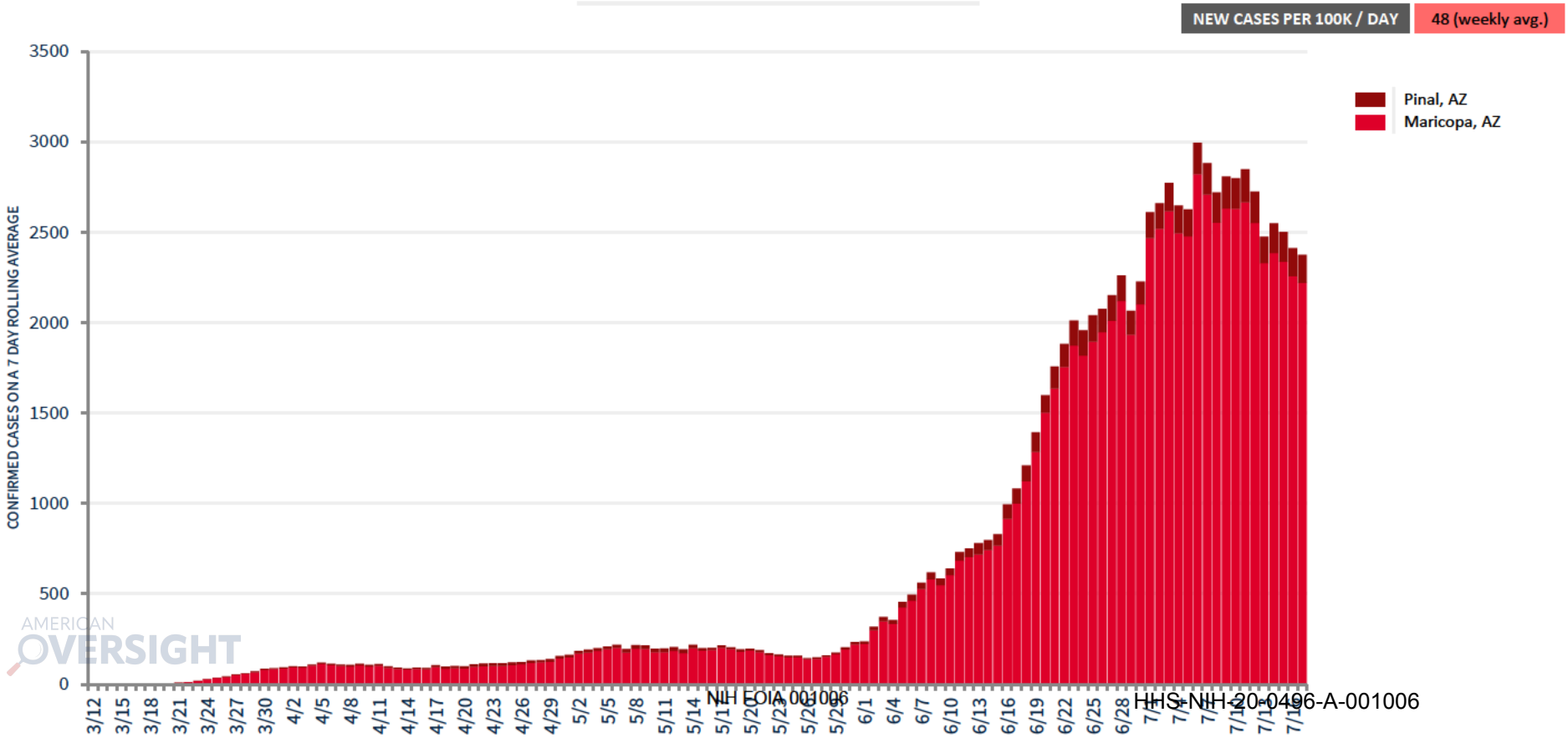
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001005
HHS-NIH-20-0496-A-001005

CONFIRMED CASES DAILY IN PHOENIX-MESA-CHANDLER, AZ
7 DAY ROLLING AVERAGE

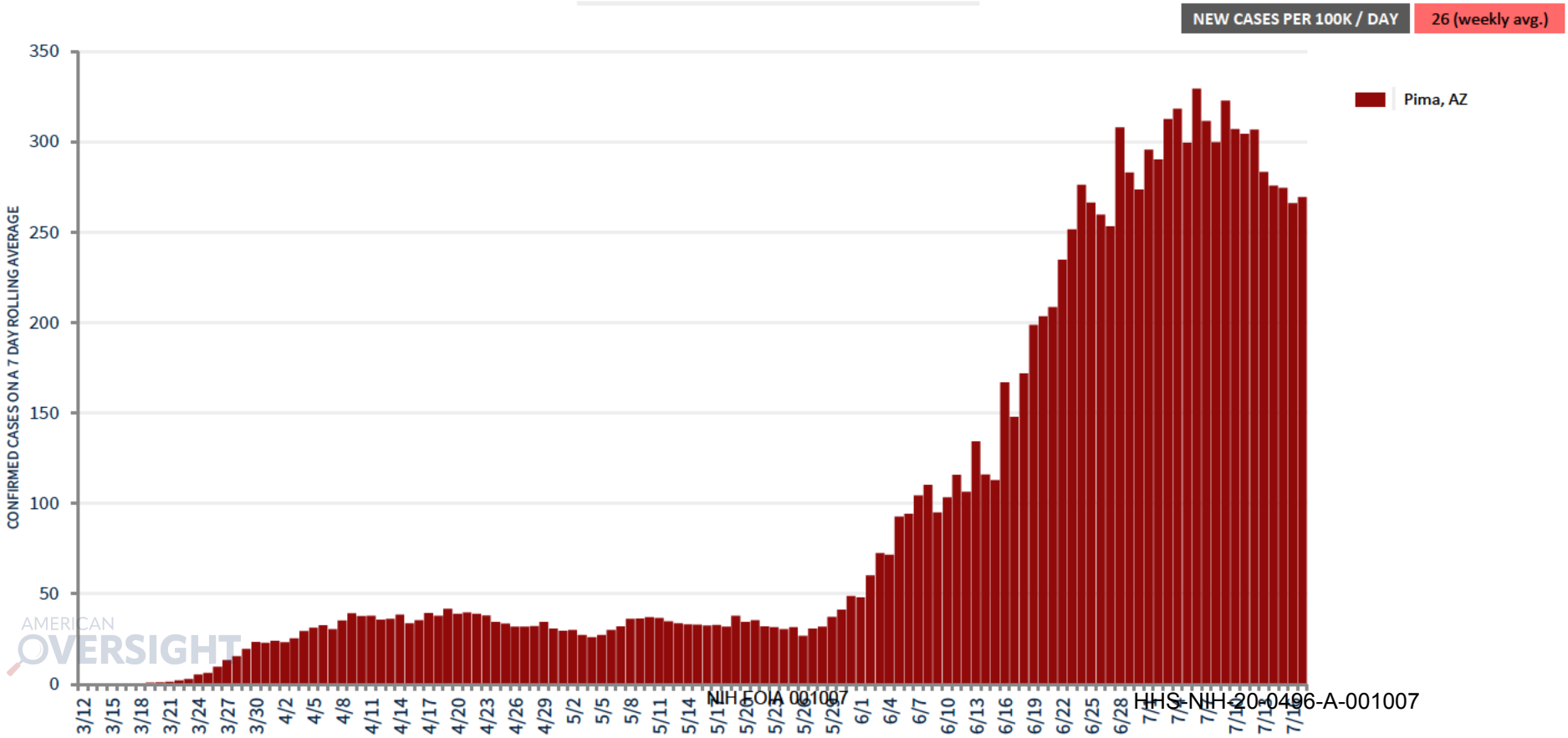


AMERICAN OVERSIGHT

NIH FOIA 001006

HHS-NIH-20-0496-A-001006

CONFIRMED CASES DAILY IN TUCSON, AZ (PIMA)
7 DAY ROLLING AVERAGE

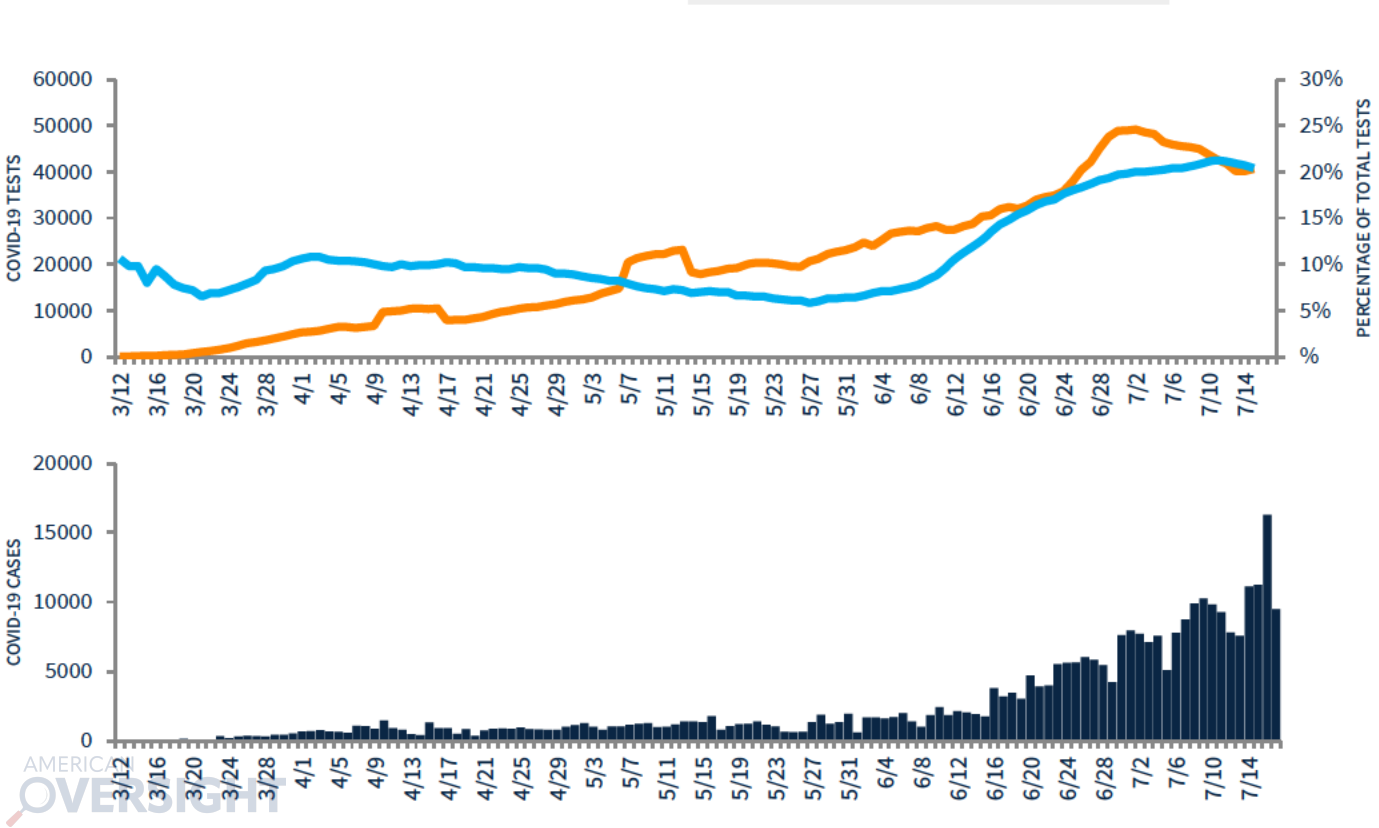


AMERICAN OVERSIGHT

NIH FOIA 001007

HHS-NIH-20-0496-A-001007

TRENDS IN TEXAS



COVID-19 SNAPSHOT

POSITIVITY RATE	20.4%
NEW CASES PER 100K / DAY	36 (weekly avg.)
TESTING PER 100K / DAY	140 (weekly avg.)
BED UTILIZATION	67%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.2%
INCIDENCE	+23%
TESTING PER 100K / DAY	-10%
BED UTILIZATION	-4%

RISK FACTORS

POPULATION DENSITY	111 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	3.3%

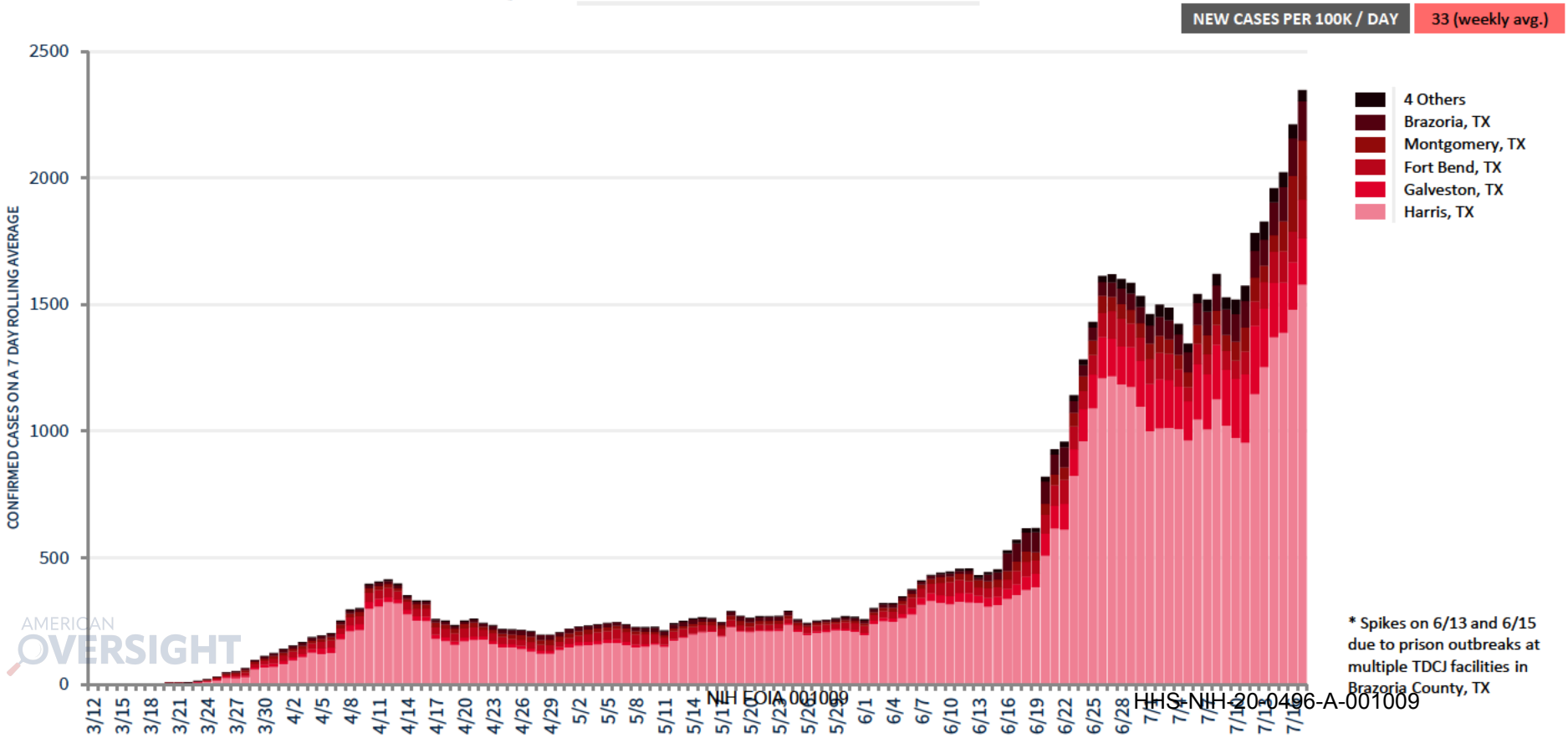
** Most recent several days of testing data is incomplete until all test results come in; testing data will be updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICA OVERSIGHT
NIH FOIA 001608
HHS-NIH-20-0496-A-001008

CONFIRMED CASES DAILY IN HOUSTON-THE WOODLANDS-SUGAR LAND, TX
7 DAY ROLLING AVERAGE

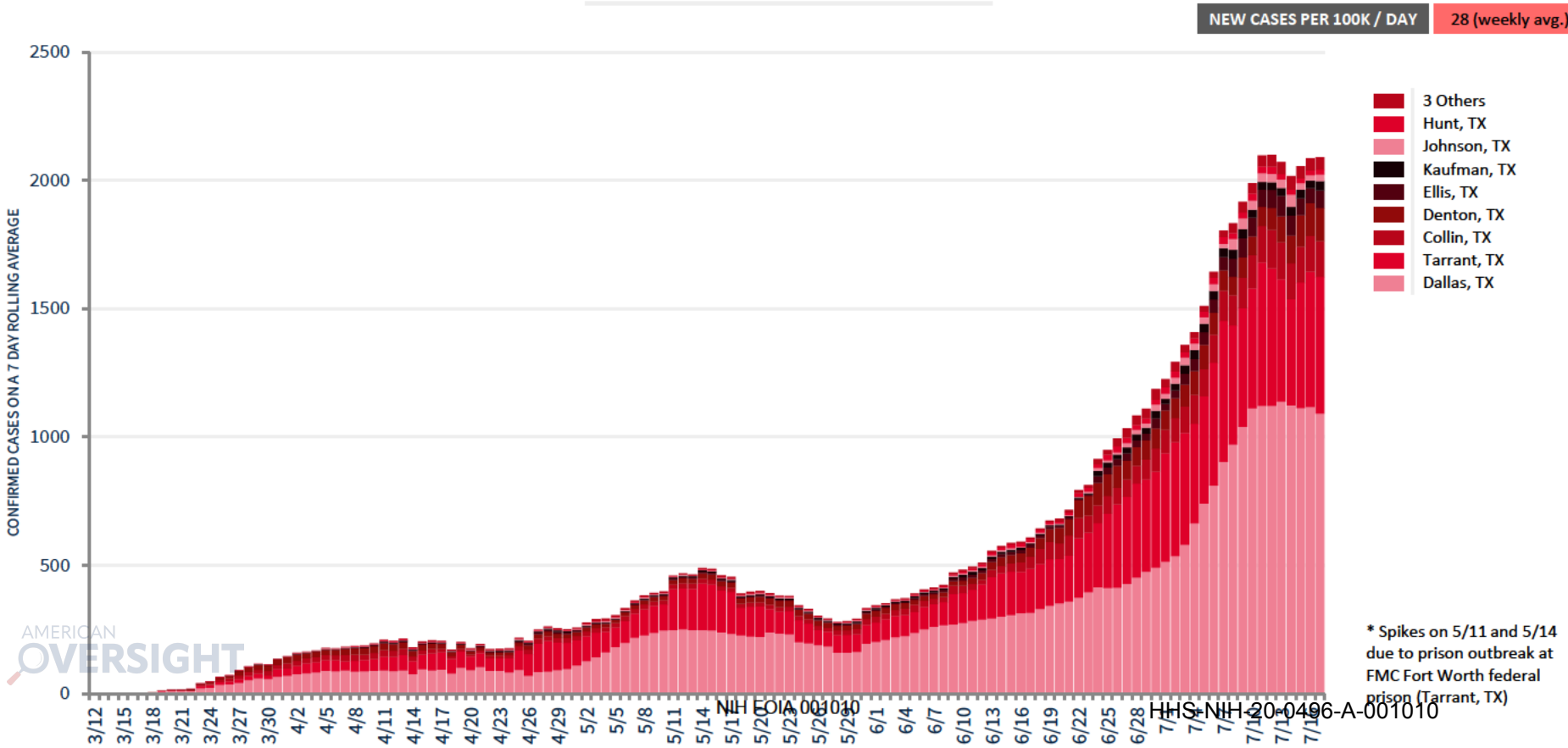


AMERICAN OVERSIGHT

NIH FOIA 001009

HHS-NIH-20-0496-A-001009

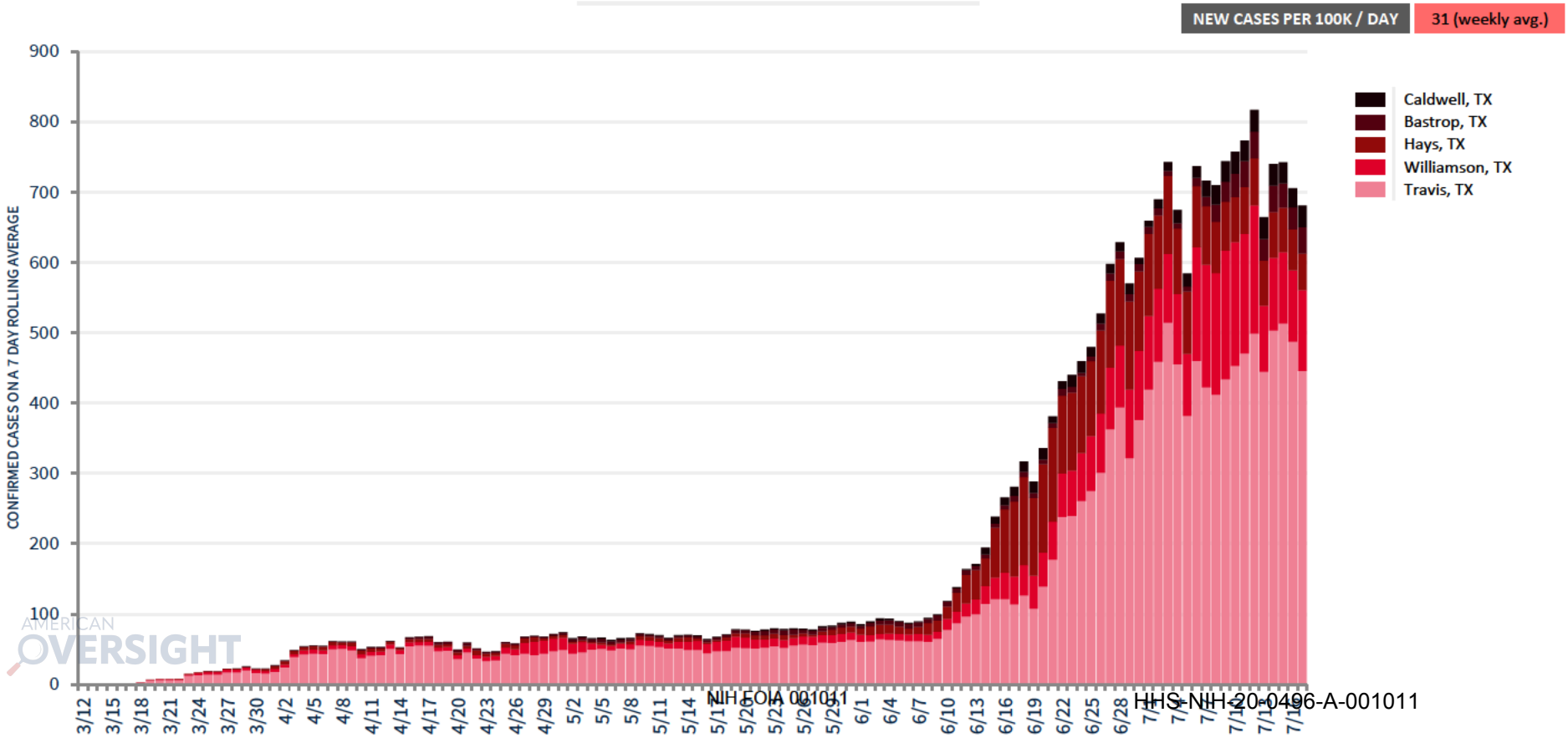
CONFIRMED CASES DAILY IN DALLAS-FORT WORTH-ARLINGTON, TX
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 001010
HHS-NIH-20-0496-A-001010

CONFIRMED CASES DAILY IN AUSTIN-ROUND ROCK-GEORGETOWN, TX
7 DAY ROLLING AVERAGE

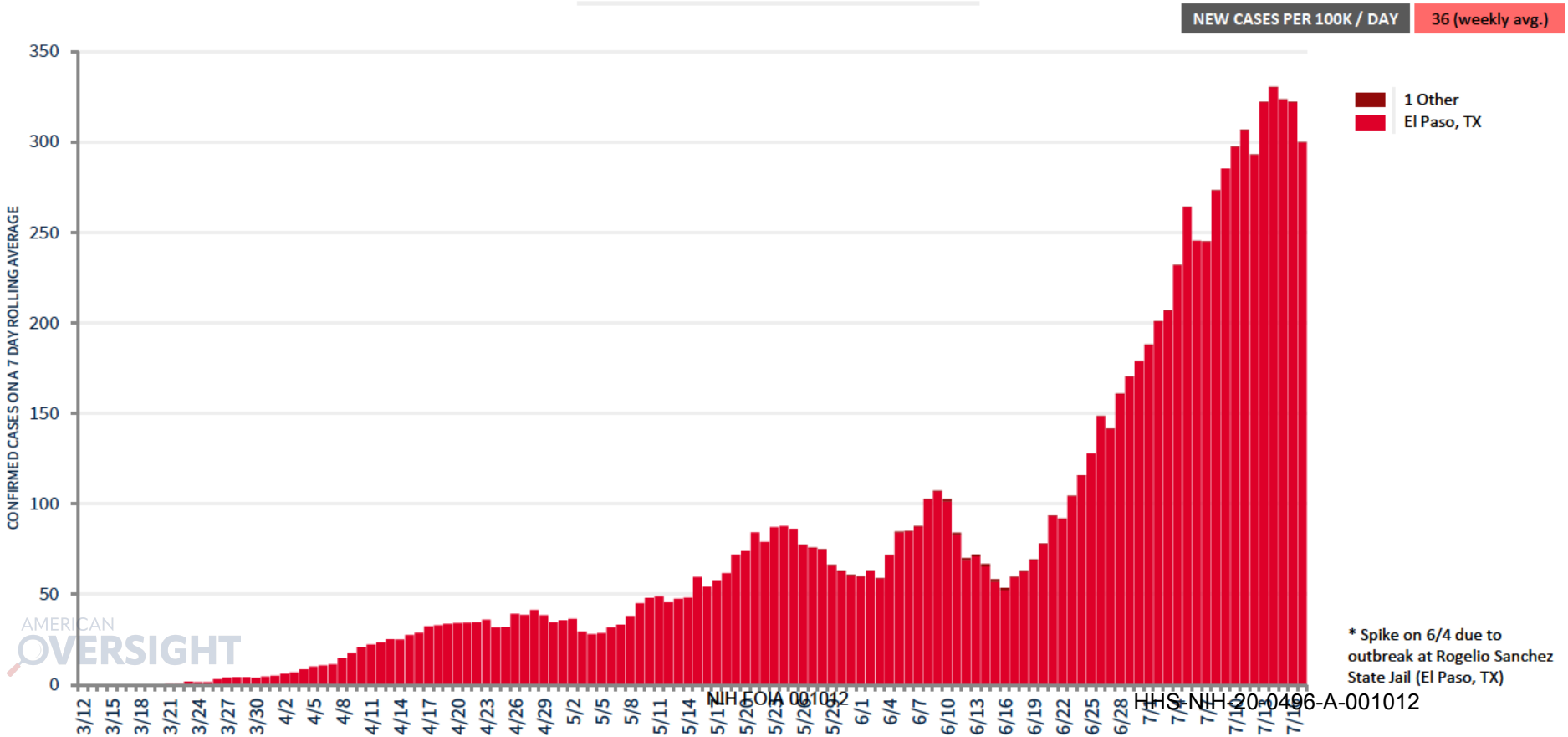


AMERICAN OVERSIGHT

NIH FOIA 001011

HHS-NIH-20-0496-A-001011

CONFIRMED CASES DAILY IN EL PASO, TX
7 DAY ROLLING AVERAGE

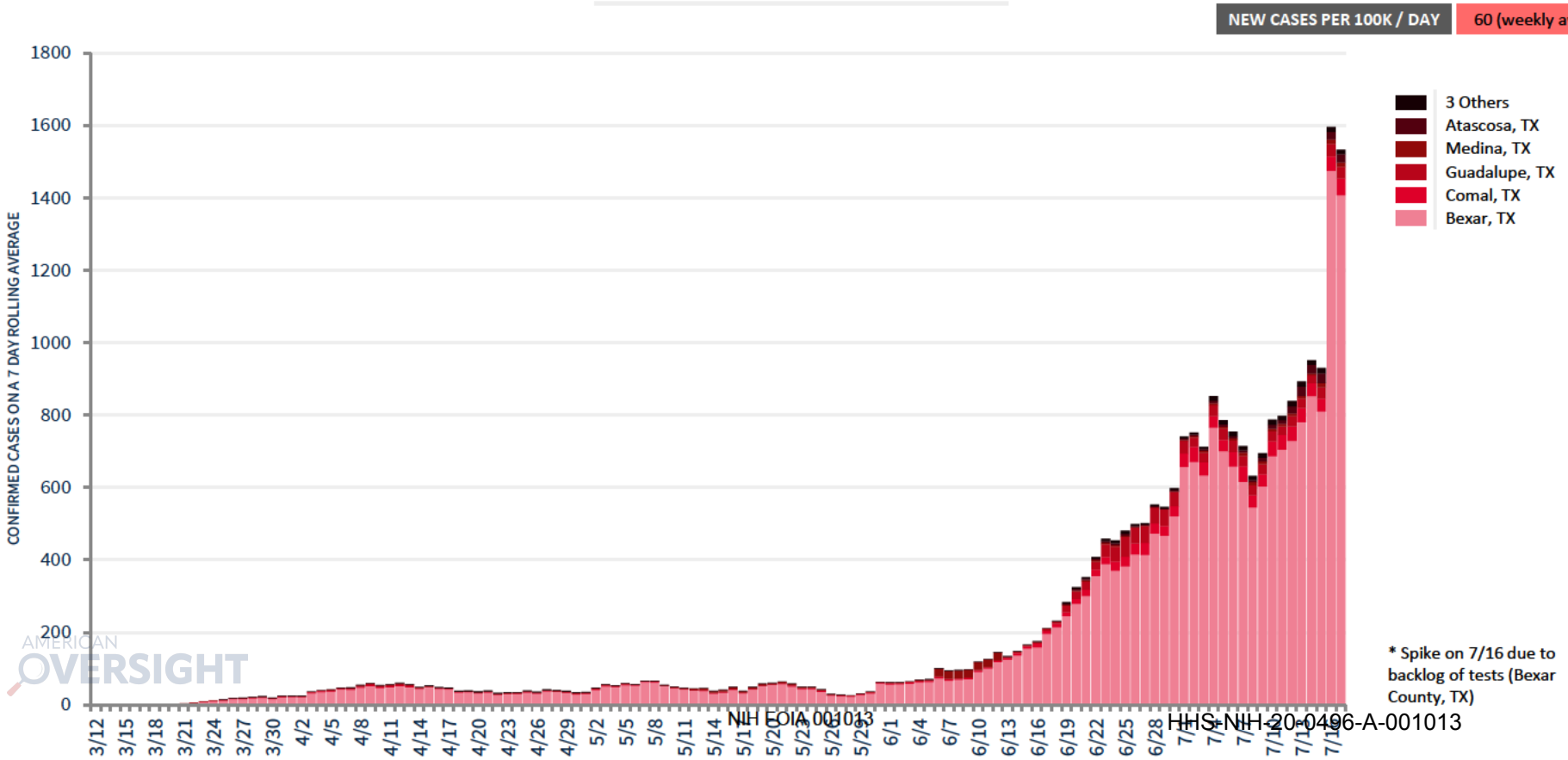


AMERICAN OVERSIGHT

NIH FOIA 001012

HHS-NIH-20-0496-A-001012

CONFIRMED CASES DAILY IN SAN ANTONIO–NEW BRAUNFELS, TX
7 DAY ROLLING AVERAGE

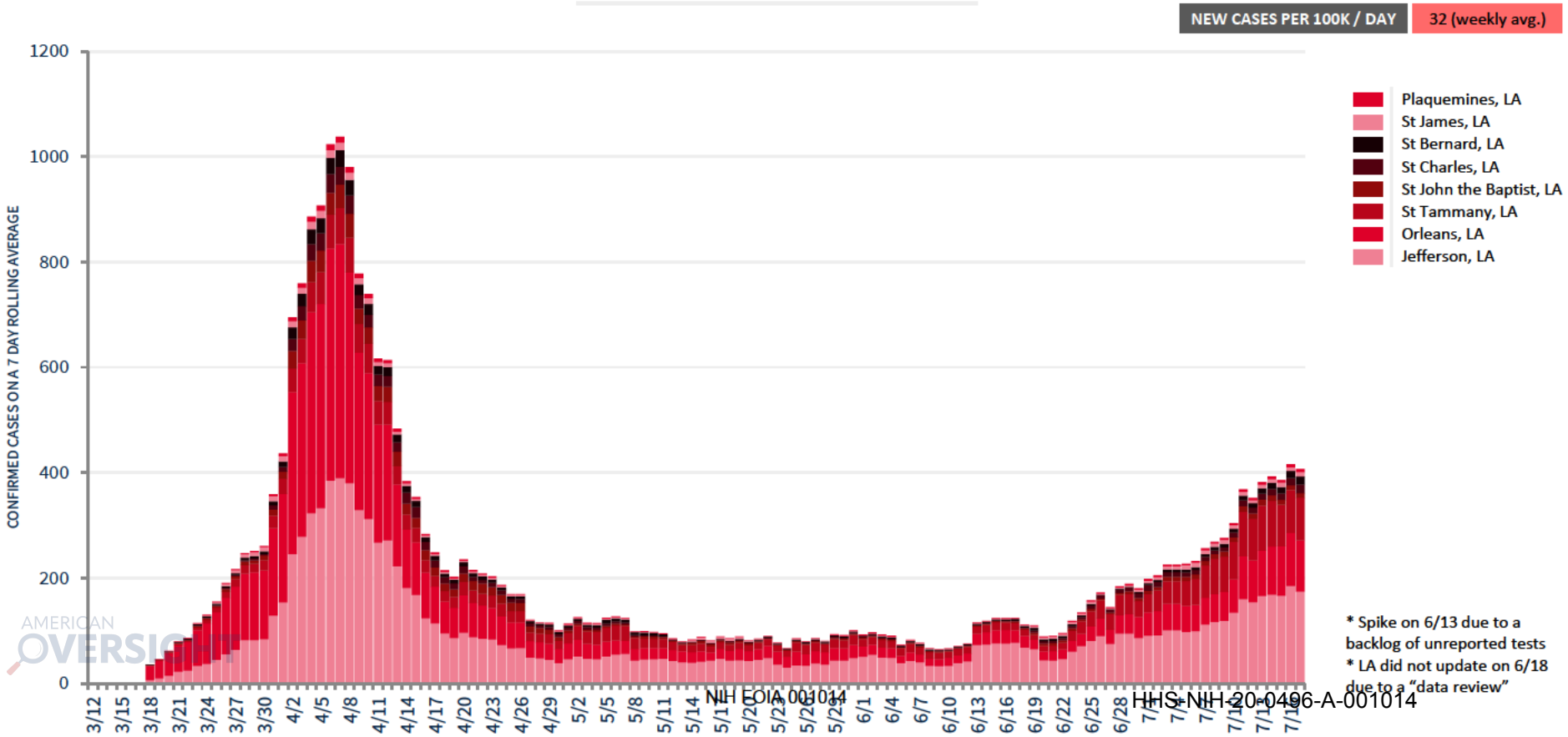


AMERICAN OVERSIGHT

NIH FOIA 001013

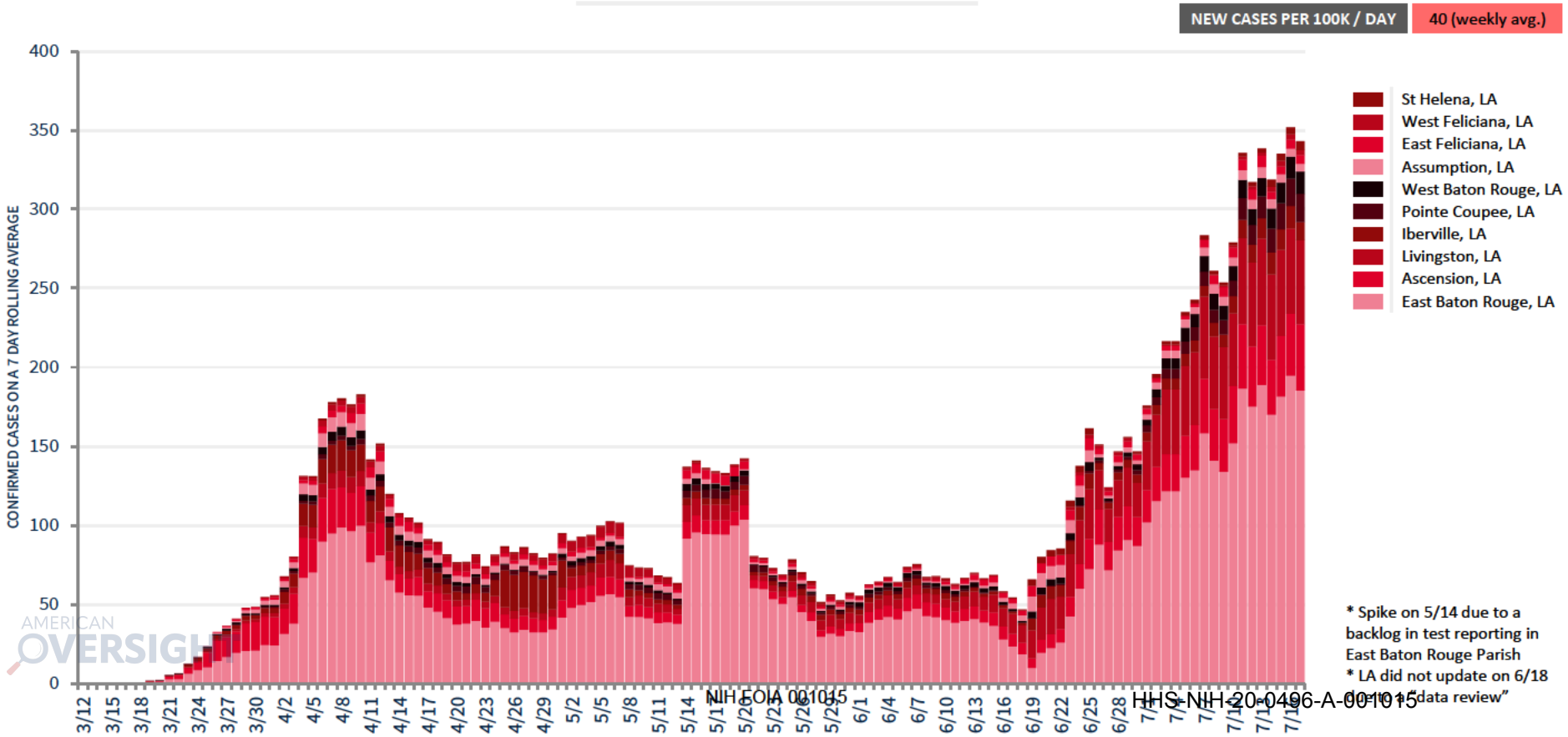
HHS-NIH-20-0496-A-001013

CONFIRMED CASES DAILY IN NEW ORLEANS–METAIRIE, LA
7 DAY ROLLING AVERAGE



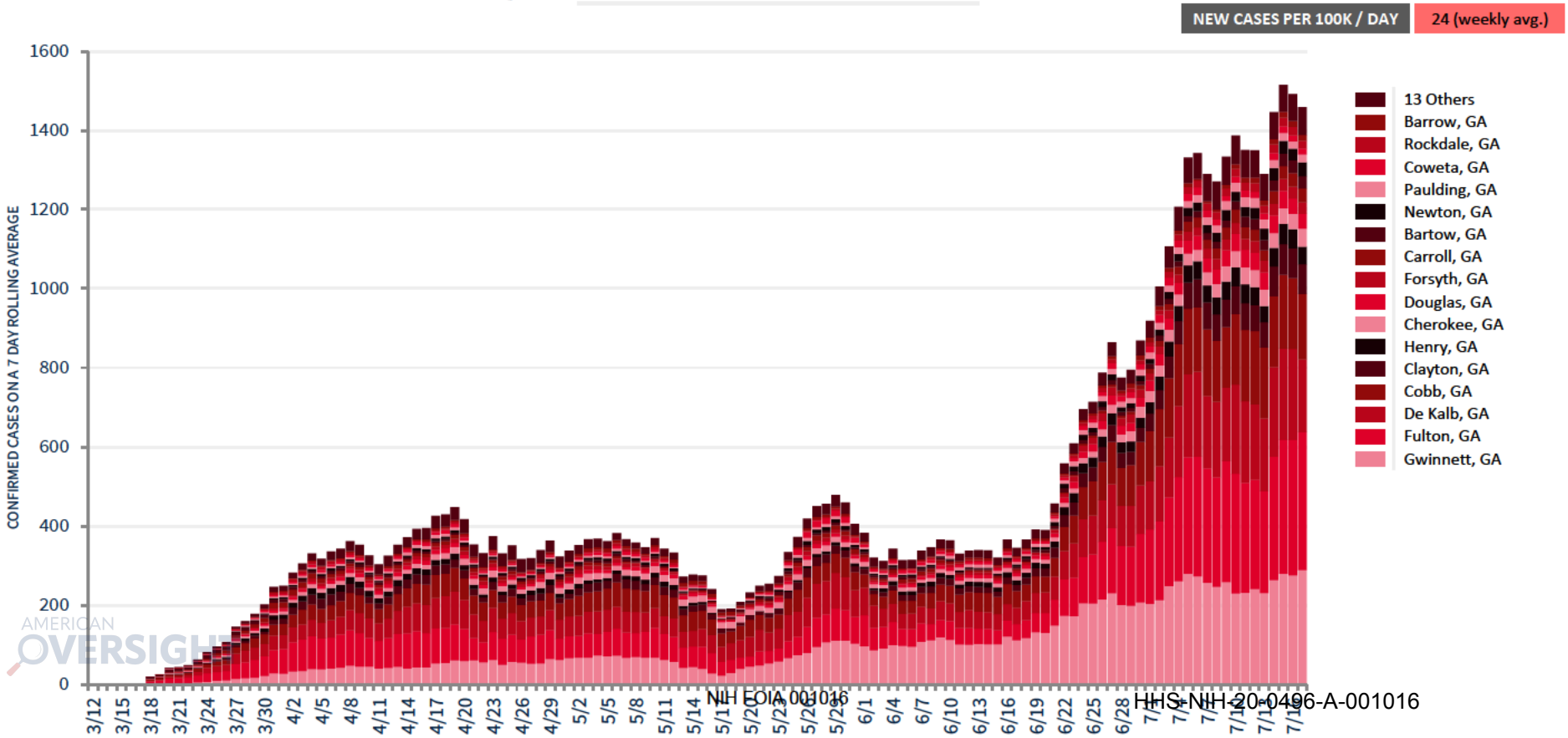
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NIH FOIA 001014
HHS-NIH-20-0496-A-001014

CONFIRMED CASES DAILY IN BATON ROUGE, LA
7 DAY ROLLING AVERAGE



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NIH FOIA 00105
HHS-NIH-20-0496-A-001015

CONFIRMED CASES DAILY IN ATLANTA-SANDY SPRINGS-ALPHARETTA, GA
7 DAY ROLLING AVERAGE

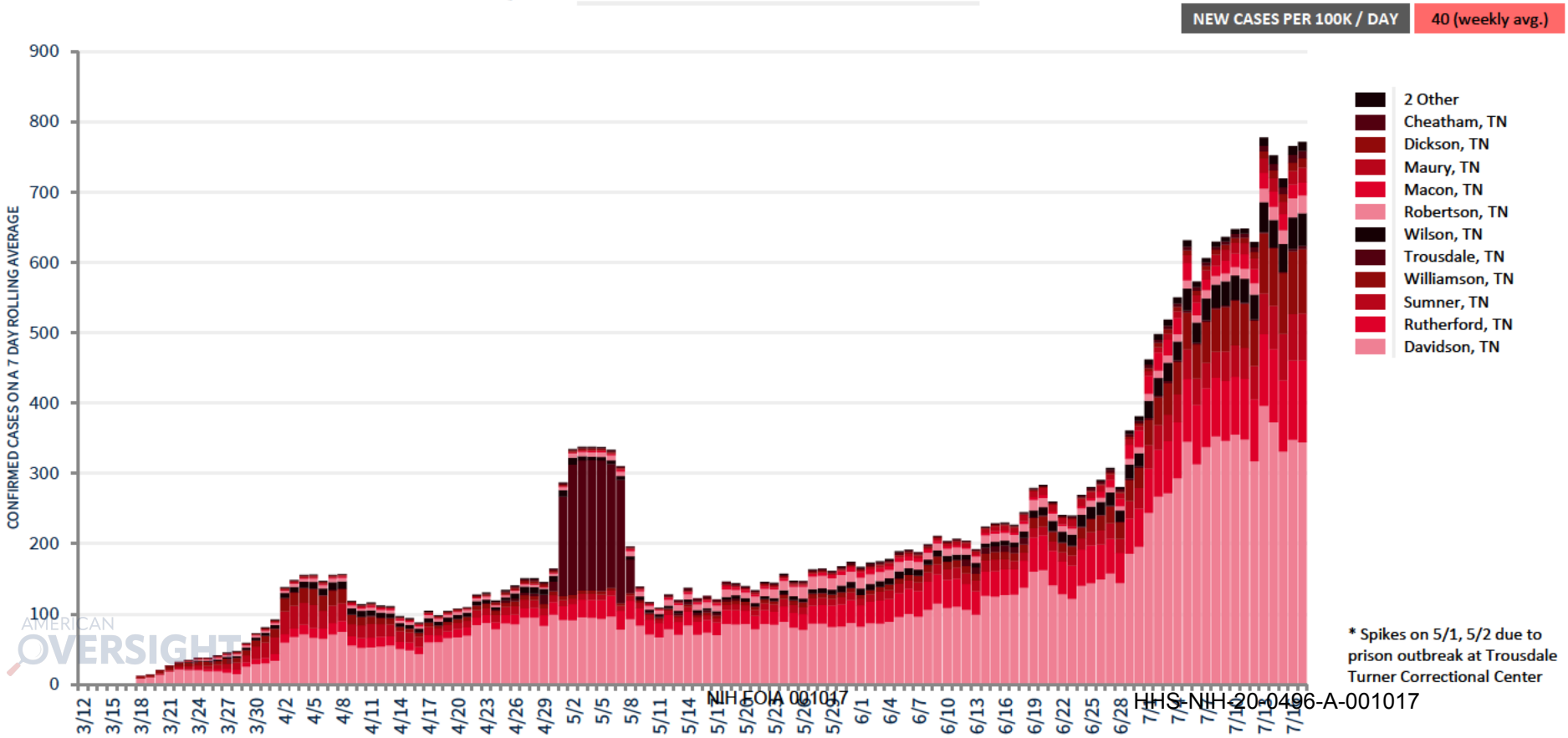


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NIH FOIA 001016

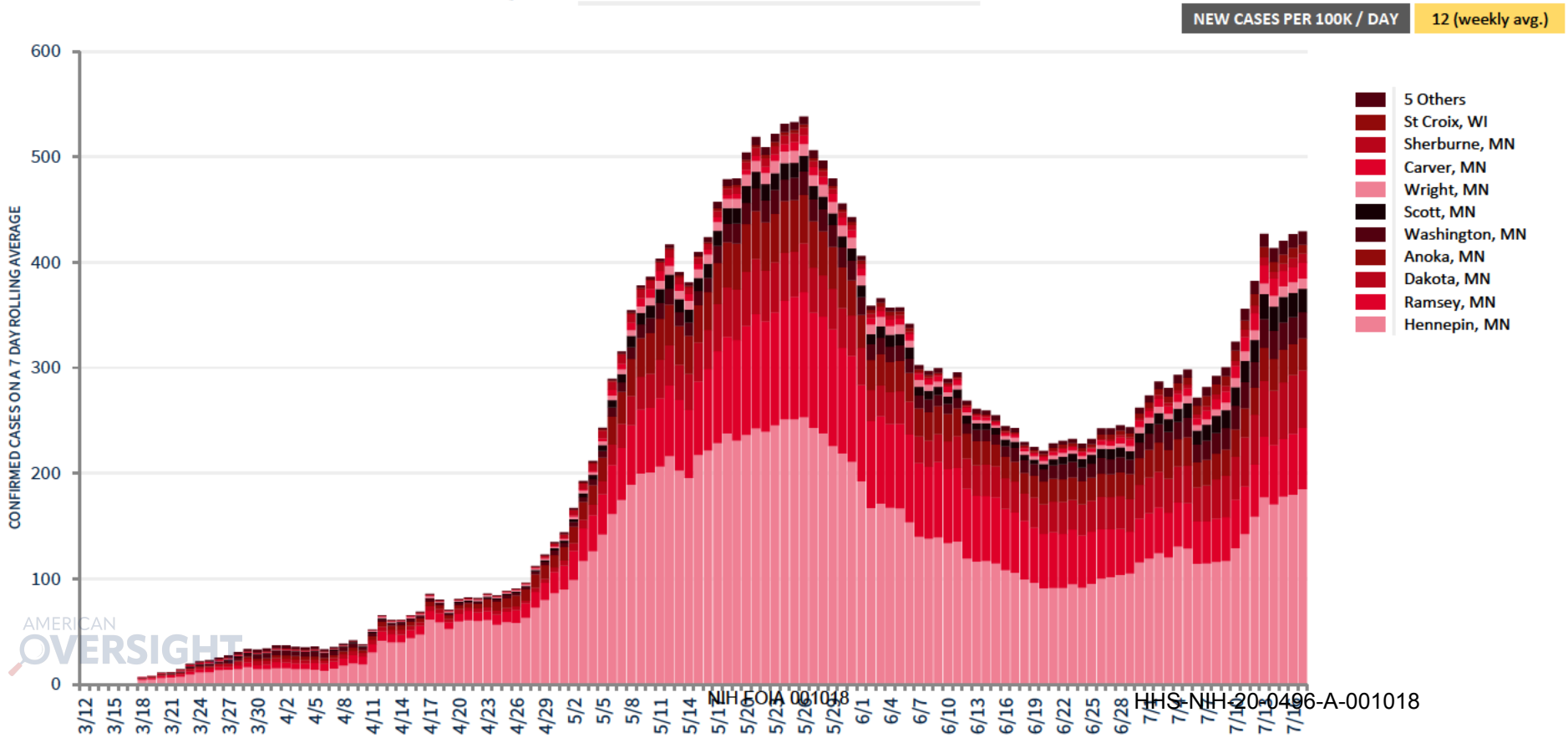
HHS-NIH-20-0496-A-001016

CONFIRMED CASES DAILY IN NASHVILLE-DAVIDSON--MURFREESBORO--FRANKLIN, TN
7 DAY ROLLING AVERAGE



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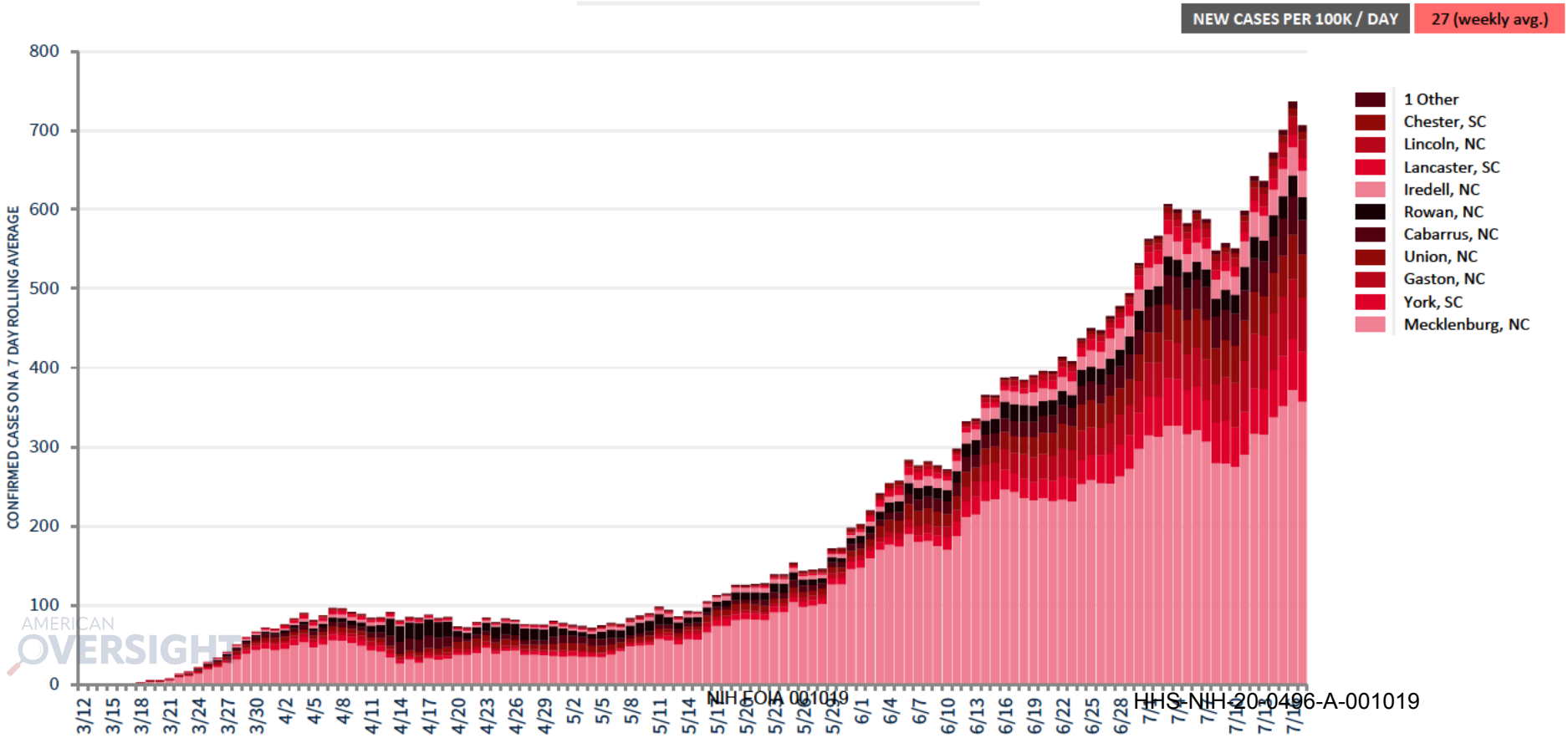
CONFIRMED CASES DAILY IN MINNEAPOLIS–ST. PAUL–BLOOMINGTON, MN–WI
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

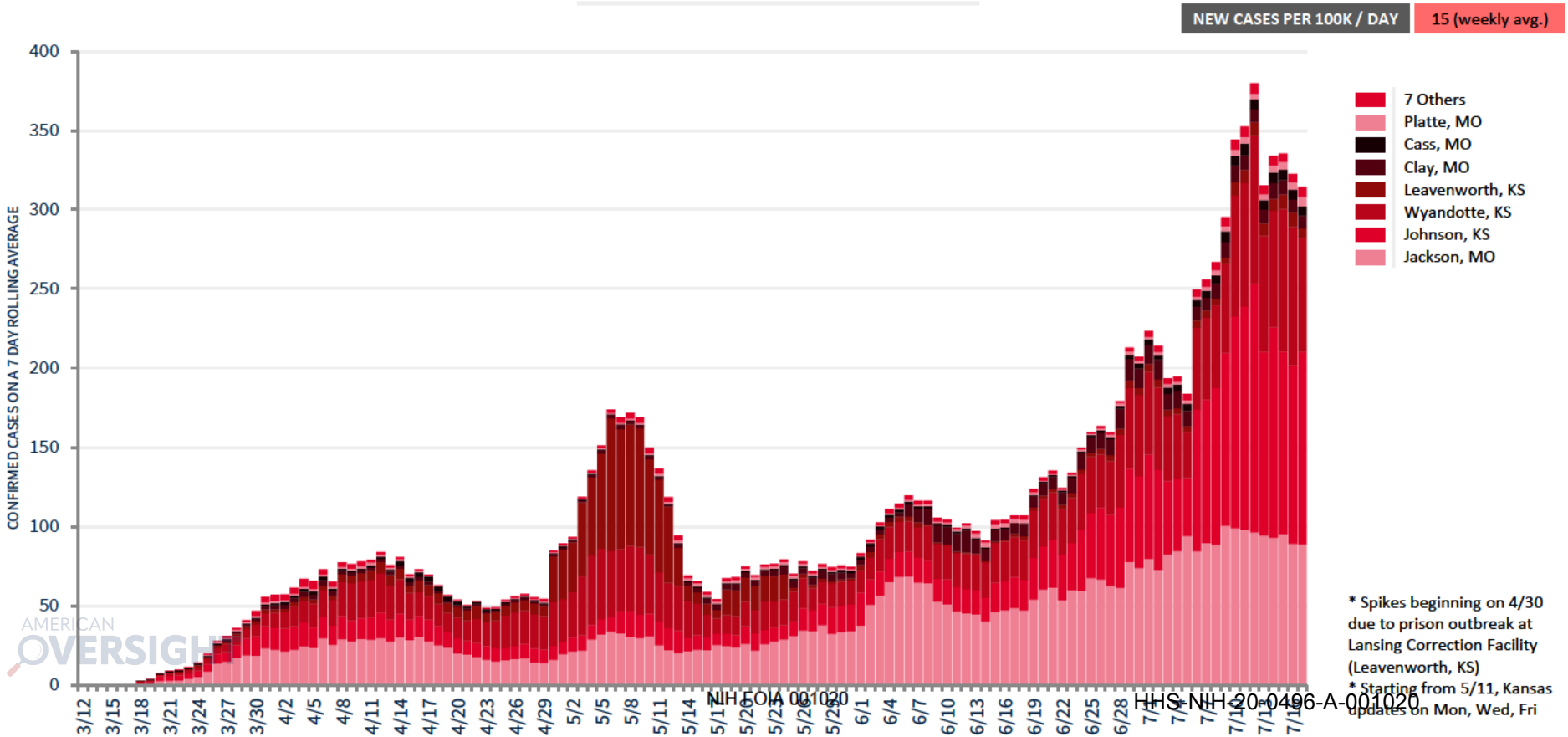
NIH FOIA 001018 HHS-NIH-20-0496-A-001018

CONFIRMED CASES DAILY IN CHARLOTTE-CONCORD-GASTONIA, NC-SC
7 DAY ROLLING AVERAGE



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NIH FOIA 001019
HHS-NIH-20-0496-A-001019

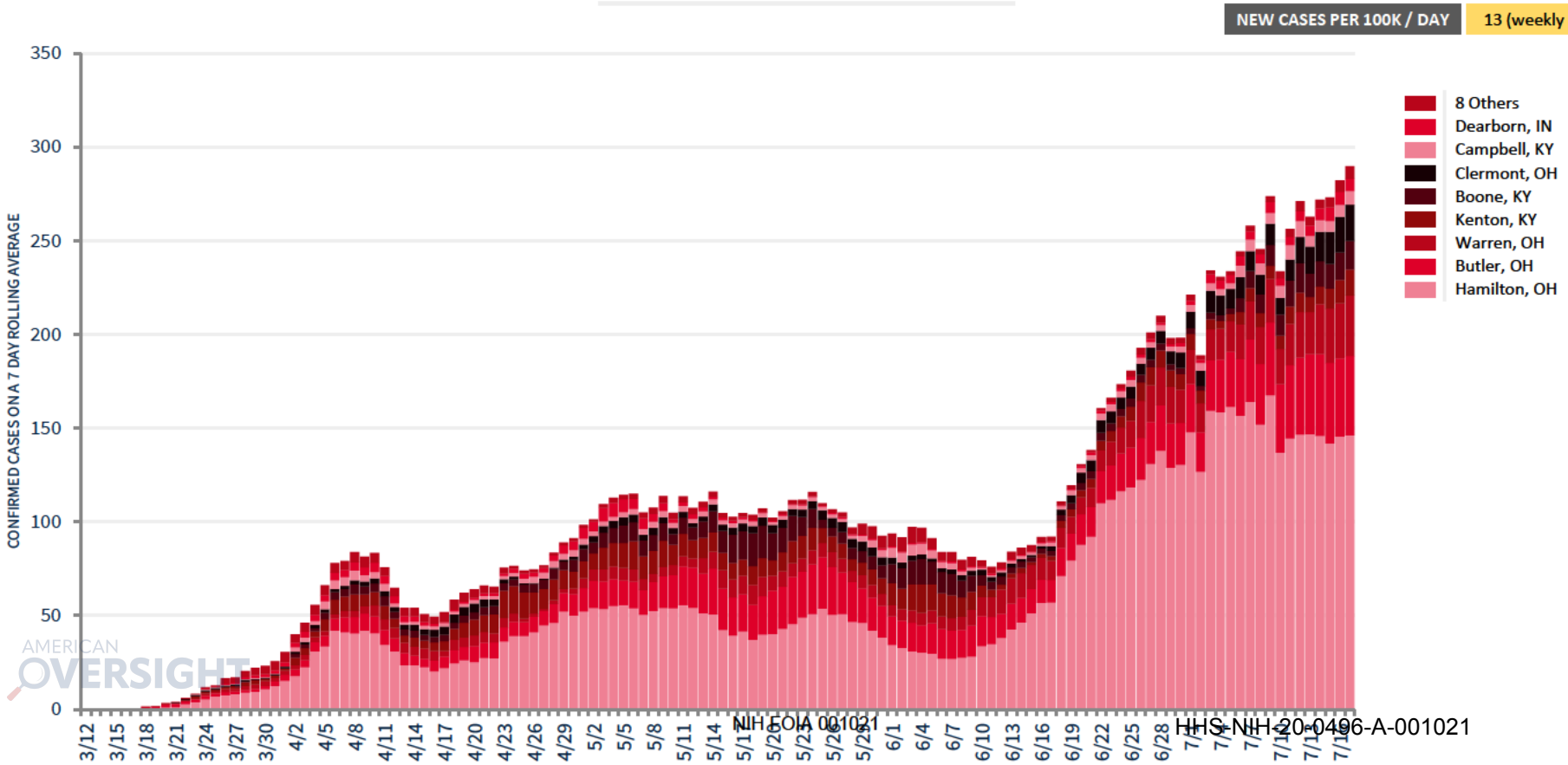
CONFIRMED CASES DAILY IN KANSAS CITY, MO-KS
7 DAY ROLLING AVERAGE



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NIH FOIA 001020 HHS-NIH-20-0496-A-001020

CONFIRMED CASES DAILY IN CINCINNATI, OH-KY-IN
7 DAY ROLLING AVERAGE

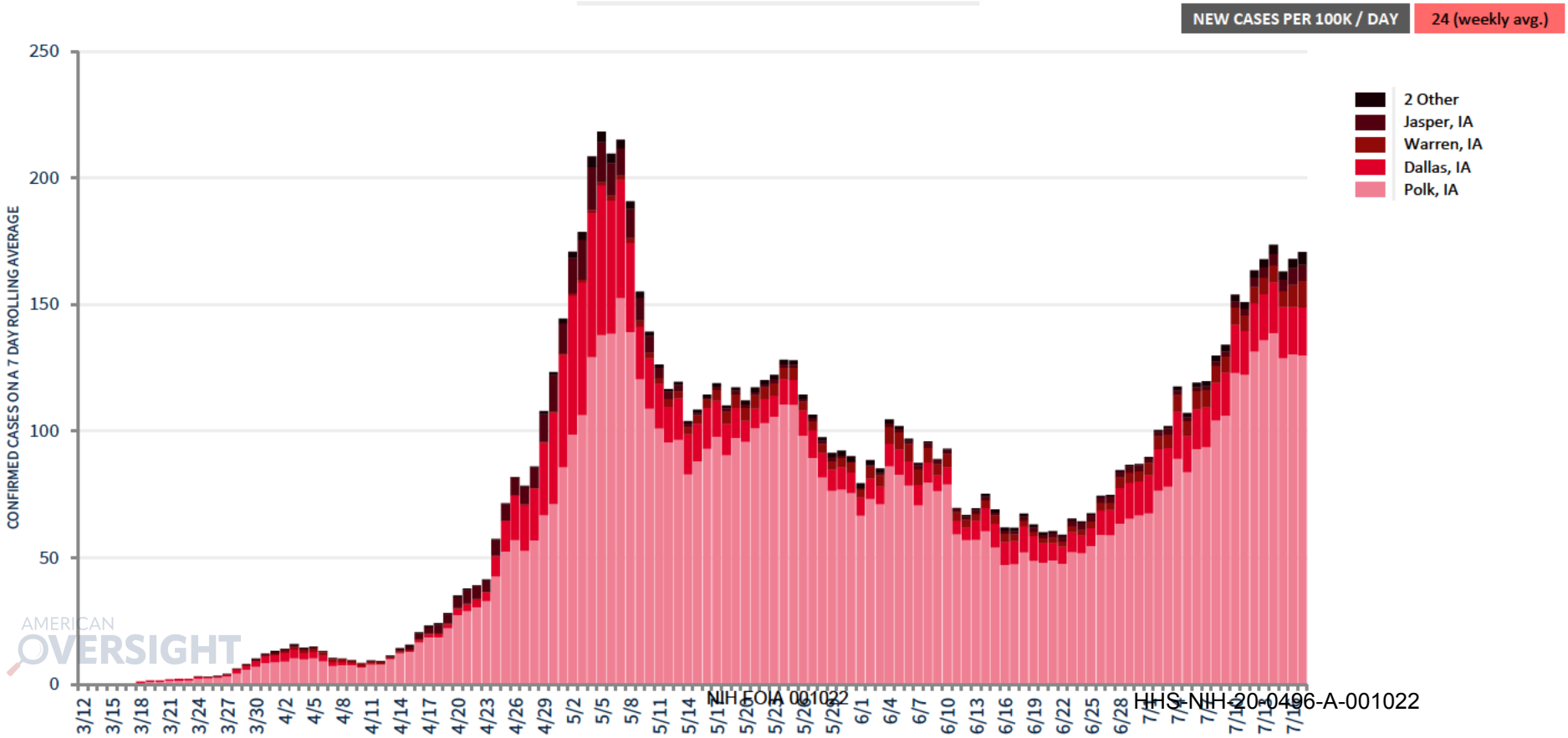


AMERICAN OVERSIGHT

NIH FOIA 001021

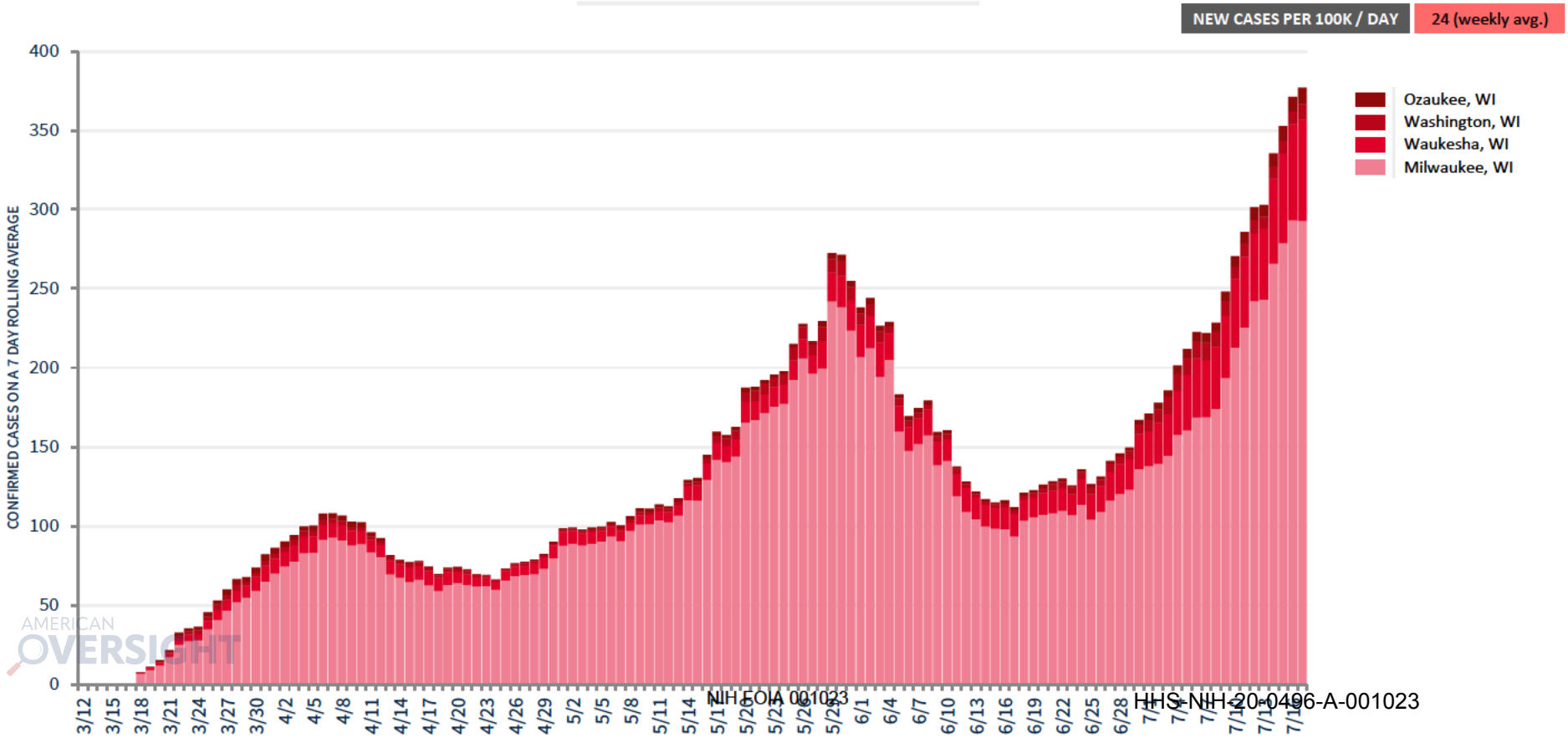
HHS-NIH-20-0496-A-001021

CONFIRMED CASES DAILY IN DES MOINES-WEST DES MOINES, IA
7 DAY ROLLING AVERAGE



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CONFIRMED CASES DAILY IN MILWAUKEE-WAUKESHA, WI
7 DAY ROLLING AVERAGE



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NIH FOIA 001023

HHS-NIH-20-0496-A-001023

From: Birx, Deborah L. EOP/NSC <(b) (6)
Sent: Mon, 20 Jul 2020 05:05:12 -0500
To: Short, Marc T. EOP/OVP;Abel, Vadm Daniel (HHS/IOS);Pete Gaynor;Polowczyk, John P RADM USN JS J4 (USA);AMA2 (OS/IOS);Collins, Francis (NIH/OD) [E];Kushner, Jared C. EOP/WHO;Boehler, Adam;Smith, Brad (CMS/OA);Navarro, Peter K. EOP/WHO;Fleming, John C. Jr. EOP/WHO;Kudlow, Larry A. EOP/WHO
Cc: McGuffee, Tyler Ann A. EOP/OVP;Miller, Katie R. EOP/OVP;O'Malley, Devin M. EOP/OVP;Gilmartin, Kayleigh M. EOP/WHO;Farah, Alyssa A. EOP/WHO;Gilmartin, Chad P. EOP/WHO
Subject: 20July2020 full state packet for GOV call
Attachments: 20July2020DataSummary - all States.pptx

Governors report ready and will send in a moment

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20 July Data Summary

Cases and deaths continue to rise : may have early stabilization in AZ with cases and rate of hospitalization, deaths will increase this week

Nursing home outbreaks across the South and West – which will also increase non hospital mortality

Miami continues to have the highest rate of rise of test positivity, rate of new cases and rate of hospitalizations – no evidence of improvement

Summary of major metros in highly impacted states

- Cases continue rapid rise : Miami, Orlando, Portland, Seattle, Las Vegas, Houston, San Antonio, New Orleans, Baton Rouge, Atlanta, Nashville, Charlotte, Milwaukee, Cincinnati
- Cases show signs of early stabilization at high plateau :LA, Riverside, San Francisco, Sacramento, Tampa, Jacksonville, Phoenix, Tuscan, Dallas, Austin, El Paso, Kansas City, Des Moises
- Metros with greater than 20% positives (7-day average) **Houston, Miami**
- Metros with greater than 10% positive **Austin, Bakersfield, Phoenix, Dallas, San Antonio, Orlando, Tampa, Jacksonville, Los Angeles, Las Vegas, Riverside, Atlanta, Nashville, Charlotte, New Orleans, Memphis**
- Cities with the most significant increases in test positivity over the past 7 days Miami, New Orleans, Las Vegas, St Louis, Kansas City, Bakersfield, ATL, San Jose, Indianapolis, Riverside, Cincinnati, Cleveland, Columbus OH, Detroit, Portland, Denver

4 States account for 50% of new cases TX, CA, AZ, FL : CA, TX and AZ beginning to slow the rise or show early signs of plateauing

- **9** additional states over 1000 cases/day and increasing GA (>3000), NC, LA, SC, OH, TN, VA, AL, NV
- Cases increasing in VA Beach and Richmond.

21 states with significant increase in percent positive tests or high % positives : states with the most rapid rise in the percent of test positive : ND, GA, LA, NV, MS, OK, FL ID, MO, AL, AR, KY, MT, IN, CO, MI, OH, FL, TX, CA, AZ

19 states with rising cases and percent positive tests

10 states stable

13 States with greater than 10% test positives (7-day average):**TX, AZ, FL, SC, GA, AL, LA, MS, NV, CA, ID, TN, OK**

- **Signs of stabilization in AZ and CA, but continued increase rate of rise in FL centered in Miami**

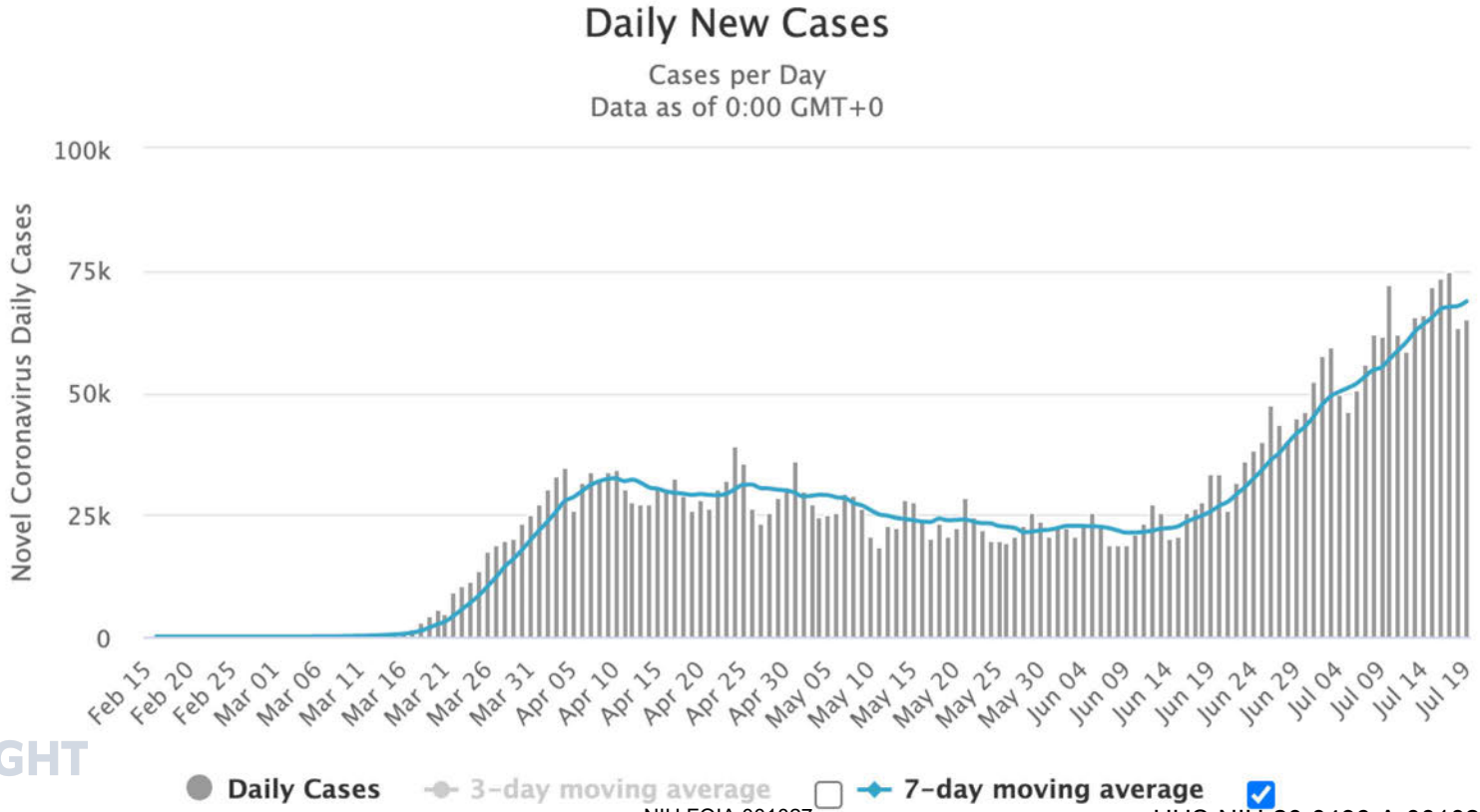
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Proactive Actions :

1. **Proactive deployments to support States and Metros continue**
2. **Increase communication about the importance of masks and decreasing high risk environments :** indoors where social distancing is not maintained and masks not used : bars and indoor parties
3. **Remdesivir :** 180,000 vials shipped this weekend aligned on new admissions (FL vials expedited for arrival tomorrow) approx. 14% of vials not shipped for emergency shipment midweek
4. **Surging testing sites to specific locations** (MIA –specific zip codes, Bakersfield, Baton Rouge) and some progress in pooling approvals at FDA
5. **Testing turn around times** continue to increase
6. **Ensuring health personnel support to ensure optimal clinical outcomes** to AZ, TX, FL, **LA, (AL, MS, GA, SC, TN will be next)**
7. **Protecting the vulnerable in LTCF :** CMS working with LTCF in hot zones and HHS realigning Ag testing to LTCF in these areas to ensure rapid Dx and isolation – shipping this week. TX, CA, FL and LA rising LTCF cases and rising across the South with admission ages rising
8. **Protecting the vulnerable in multigenerational households :** Household pooled sampling and pooled testing with isolation of households (potential Ag test use) – being tested at LSU site – data available this weekend
9. **PSAs for plasma collection** to ensure increases availability at all hospitals with new cases
10. **PSA for the Hispanic community and Coach O with all SEC coaches PSA** about risk and vulnerabilities
11. **Uniform use of masks in all metros, closing bars, limiting indoor dining to under 25%** moves county under 1 for Ro.
12. Next road trip should be AR, TN, VA, WVA, OH
13. AZ is showing early promise within 2-3 weeks after mandating masks, closing bars, limiting indoor dining and restricting gathering size – tracking these social distancing and mask enhancements and cases

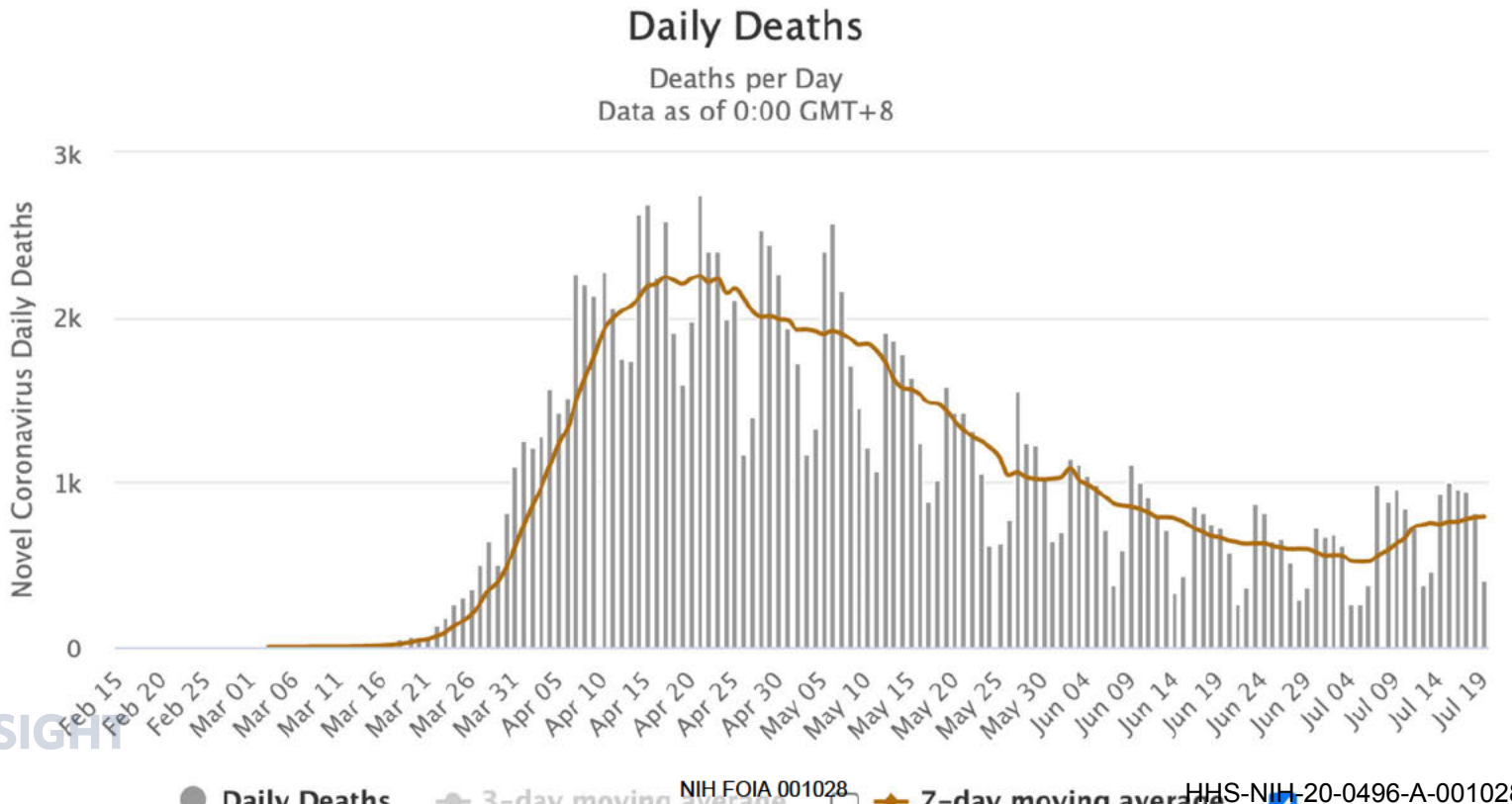
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Daily New Cases in the United States



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Daily New Deaths in the United States

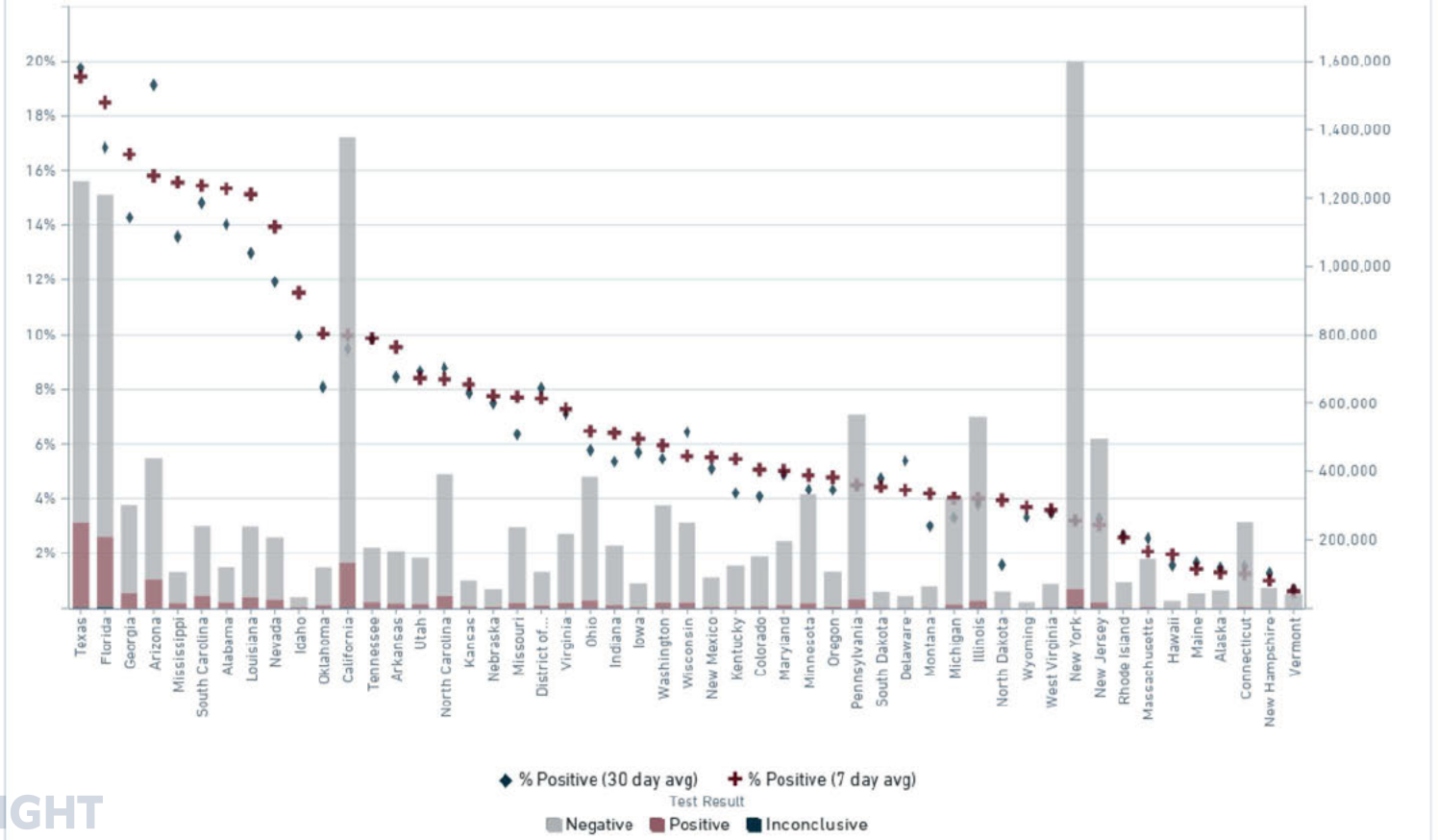


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NIH FOIA 001028

HHS-NIH-20-0496-A-001028

Positive and negative cumulative results in the last 30 days per state with % positive per state



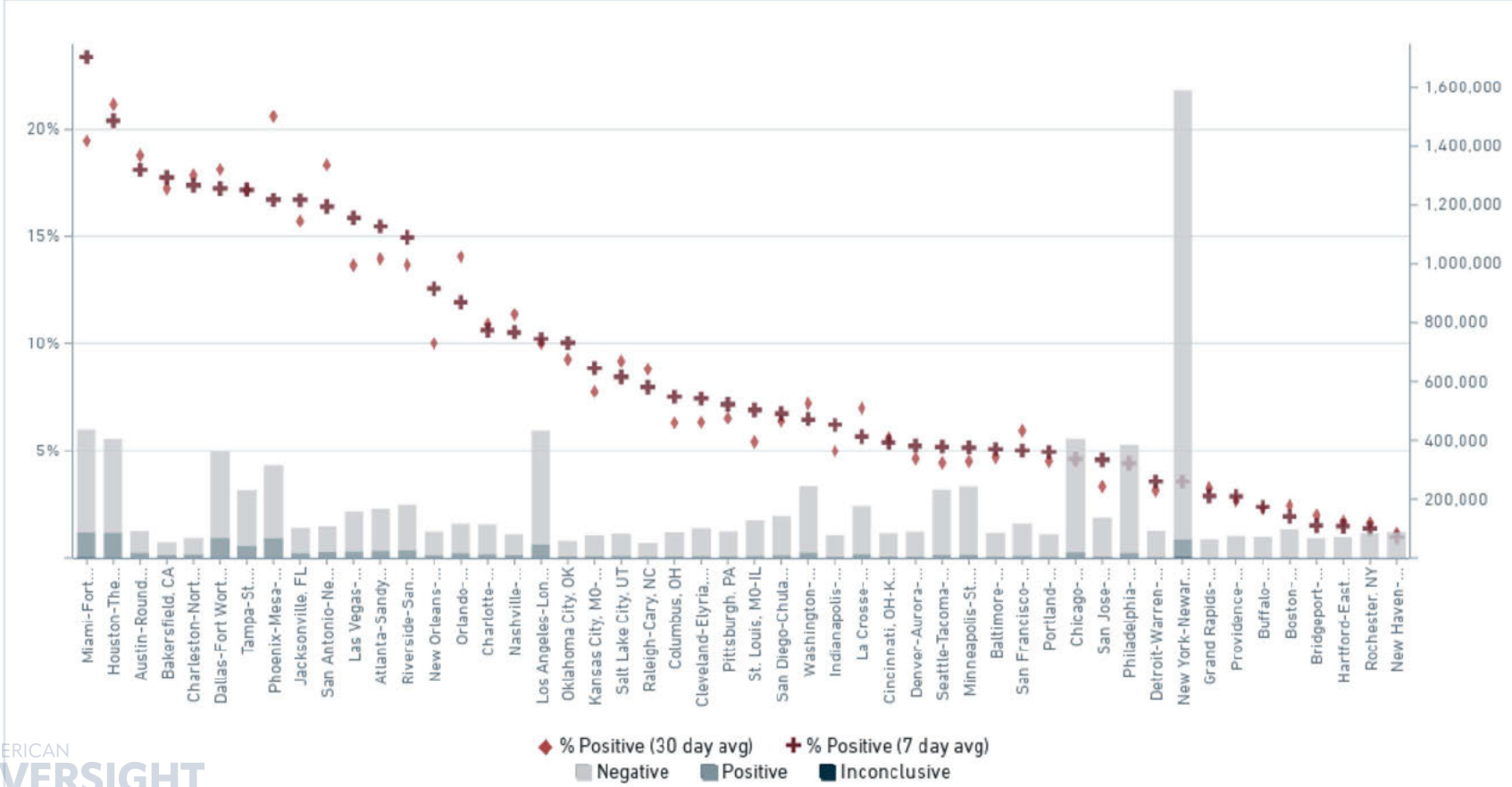
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NIH FOIA 001029

HHS-NIH-20-0496-A-001029

Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. This chart is sorted by the 7-day percent positive.

Positive and negative cumulative results in the last 30 days per CBSA with % positive per CBSA



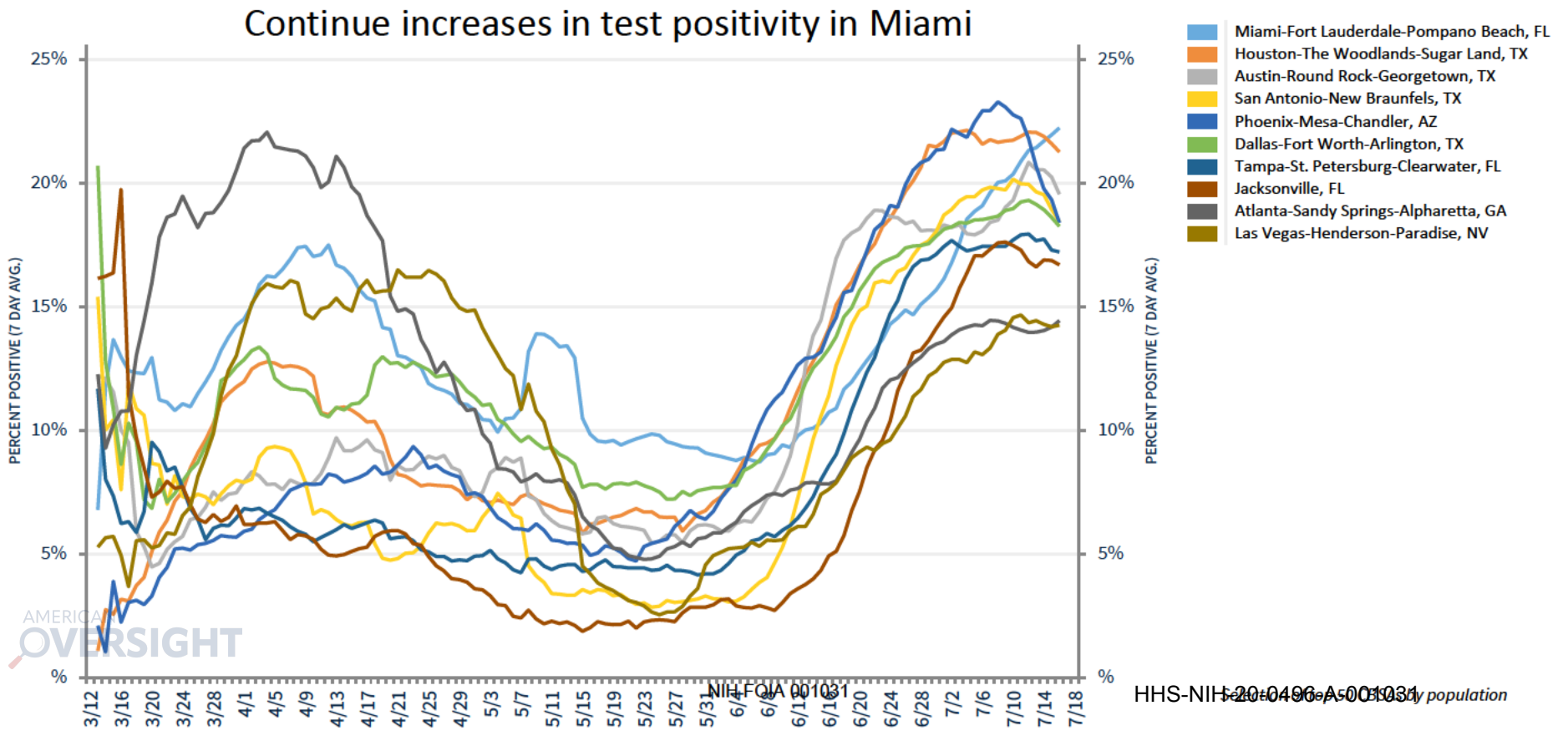
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NIH FOIA 001030

HHS-NIH-20-0496-A-001030

Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. The top 50 CBSAs were determined by ranking over the number of results reported for a given area in the last 30 days. This chart is sorted by the 7-day percent positive.

PERCENT POSITIVITY OVER 7 DAYS OF CBSAS 1-10



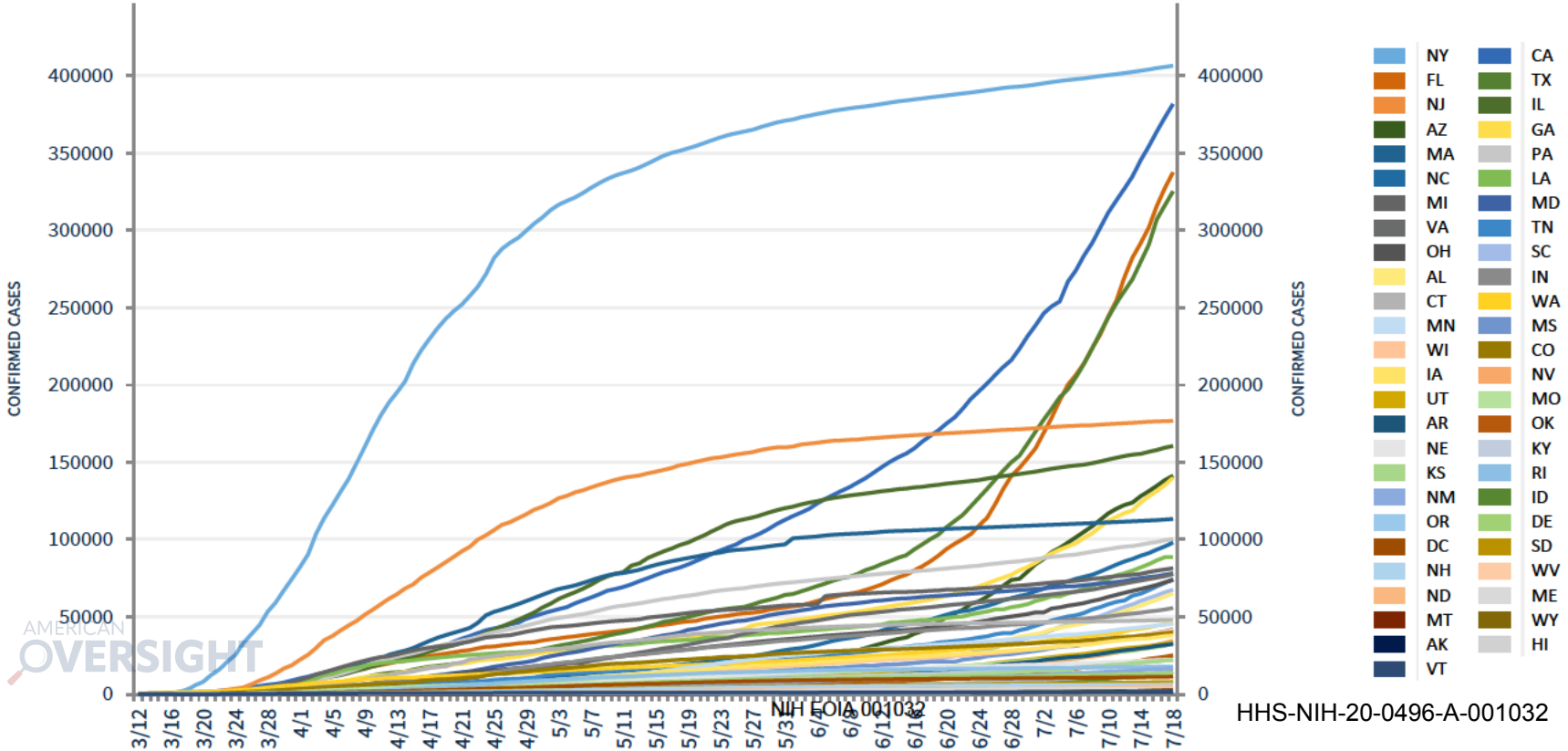
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NIH FOIA 001031

HHS-NIH-20-0496-A-001031

Relative to the CBSA's population

CUMULATIVE CASES: ALL STATES

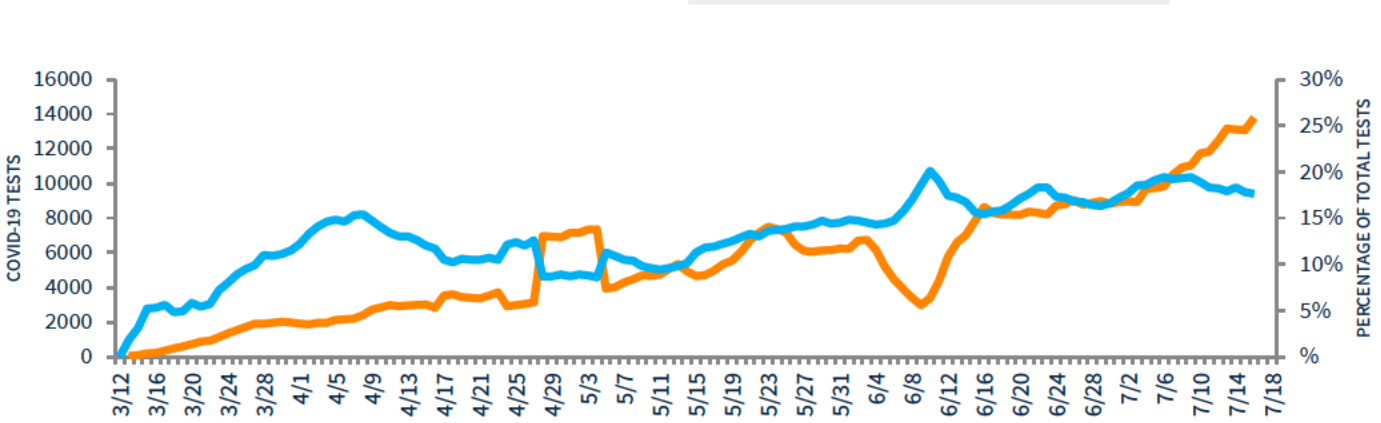


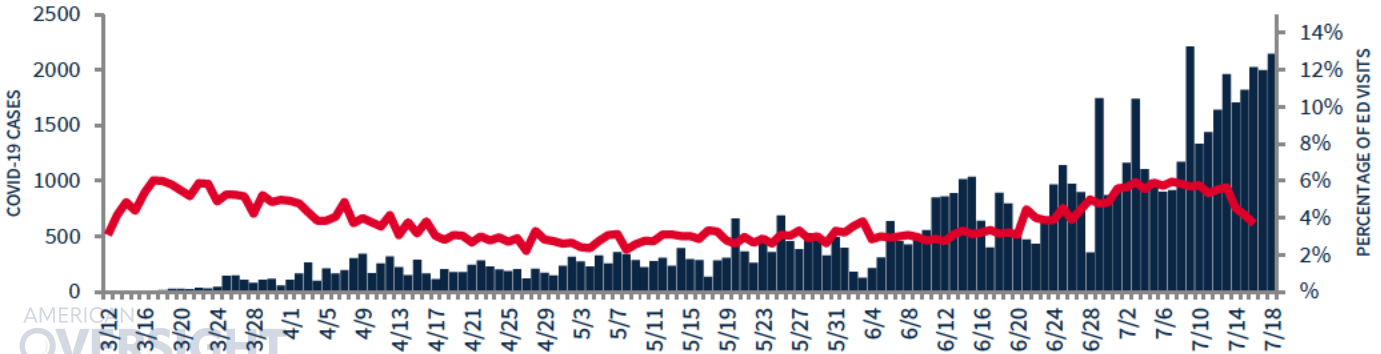
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NIH FOIA 001032

HHS-NIH-20-0496-A-001032

TRENDS IN ALABAMA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	17.6%
NEW CASES PER 100K / DAY	39 (weekly avg.)
TESTING PER 100K / DAY	281 (weekly avg.)
BED UTILIZATION	68%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.8%
INCIDENCE	+48%
TESTING PER 100K / DAY	+25%
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	97 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	5.5%

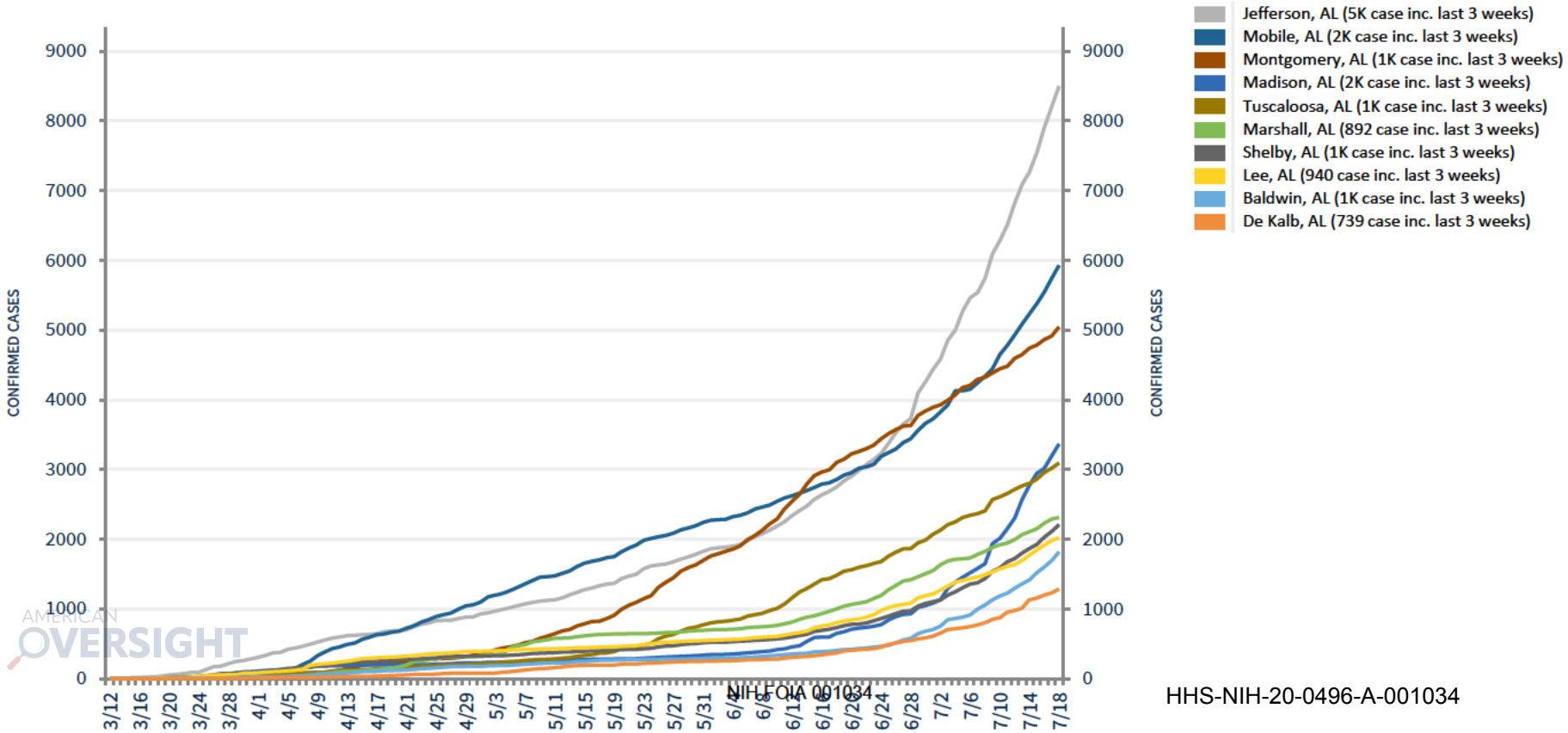
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001033
HHS-NIH-20-0496-A-001033

ALABAMA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

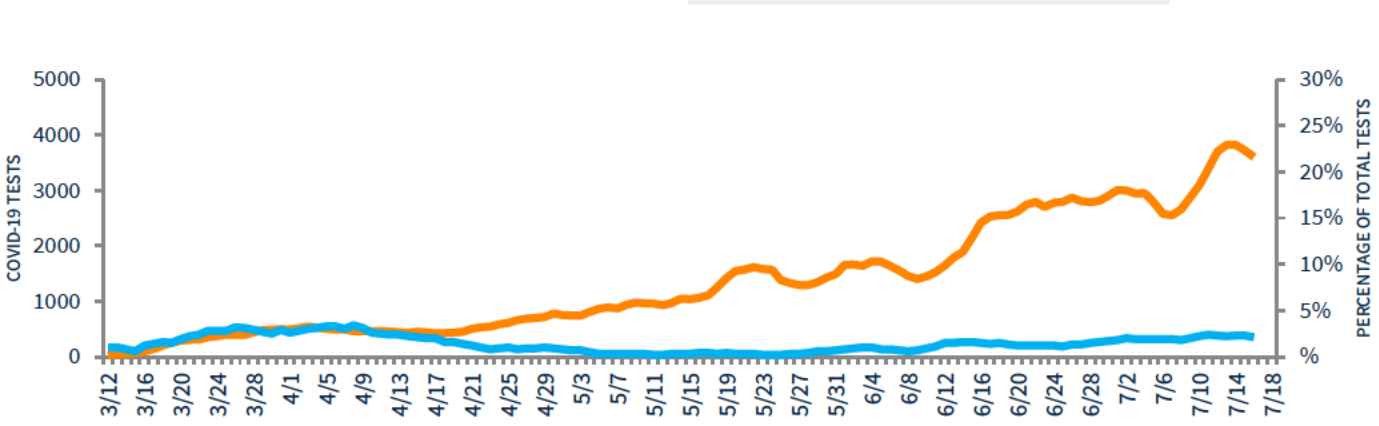


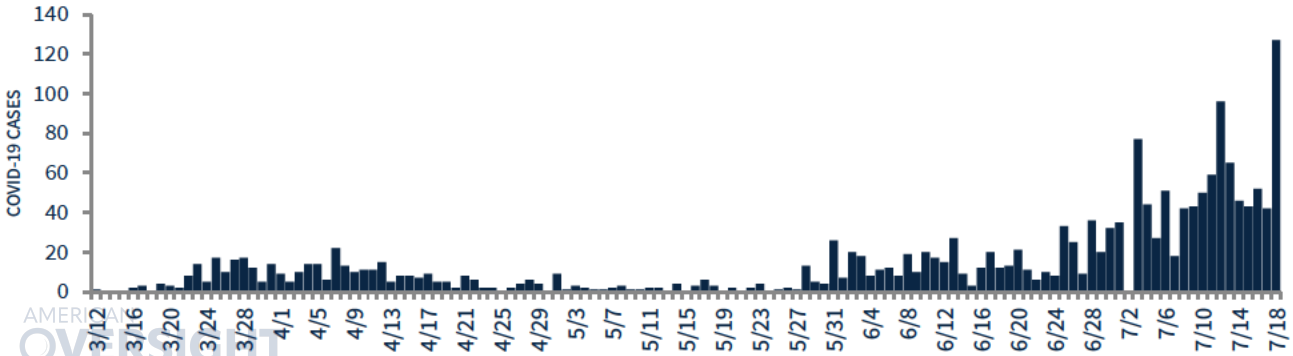
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NIH FOIA 001034

HHS-NIH-20-0496-A-001034

TRENDS IN ALASKA





COVID-19 SNAPSHOT

POSITIVITY RATE	2.1%
NEW CASES PER 100K / DAY	9 (weekly avg.)
TESTING PER 100K / DAY	487 (weekly avg.)
BED UTILIZATION	50%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.1%
INCIDENCE	+62%
TESTING PER 100K / DAY	+25%
BED UTILIZATION	+7%

RISK FACTORS

POPULATION DENSITY	1 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	2.8%

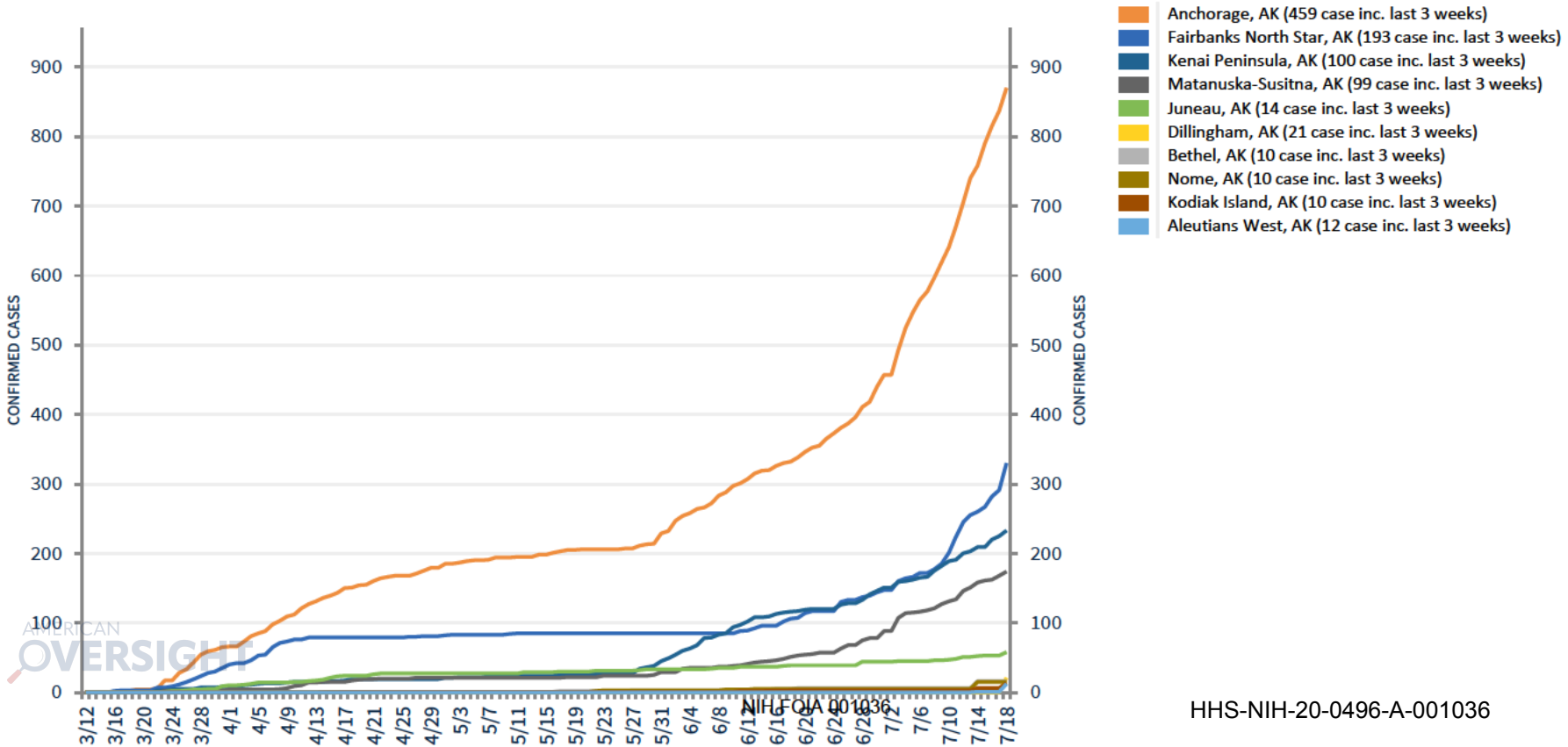
** Most recent several days of testing data is incomplete until all test results come in; testing data is updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001035
HHS-NIH-20-0496-A-001035

ALASKA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

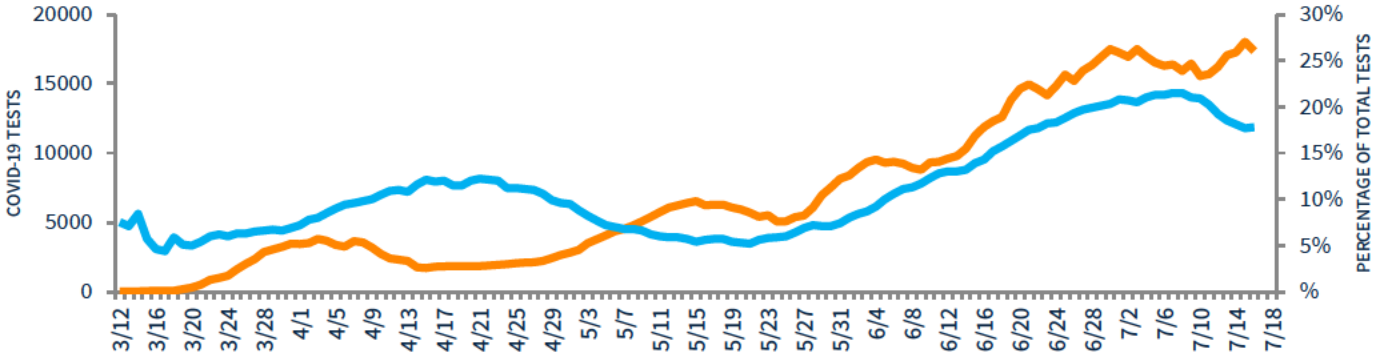


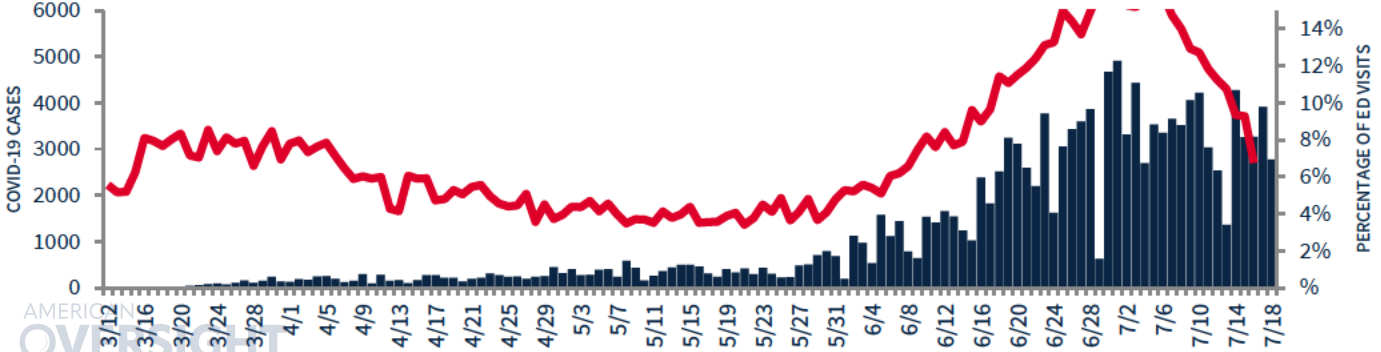
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NIH FOIA 001036

HHS-NIH-20-0496-A-001036

TRENDS IN ARIZONA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	17.8%
NEW CASES PER 100K / DAY	42 (weekly avg.)
TESTING PER 100K / DAY	238 (weekly avg.)
BED UTILIZATION	65%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-3.2%
INCIDENCE	-16%
TESTING PER 100K / DAY	+5%
BED UTILIZATION	+10%

RISK FACTORS

POPULATION DENSITY	64 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.7%

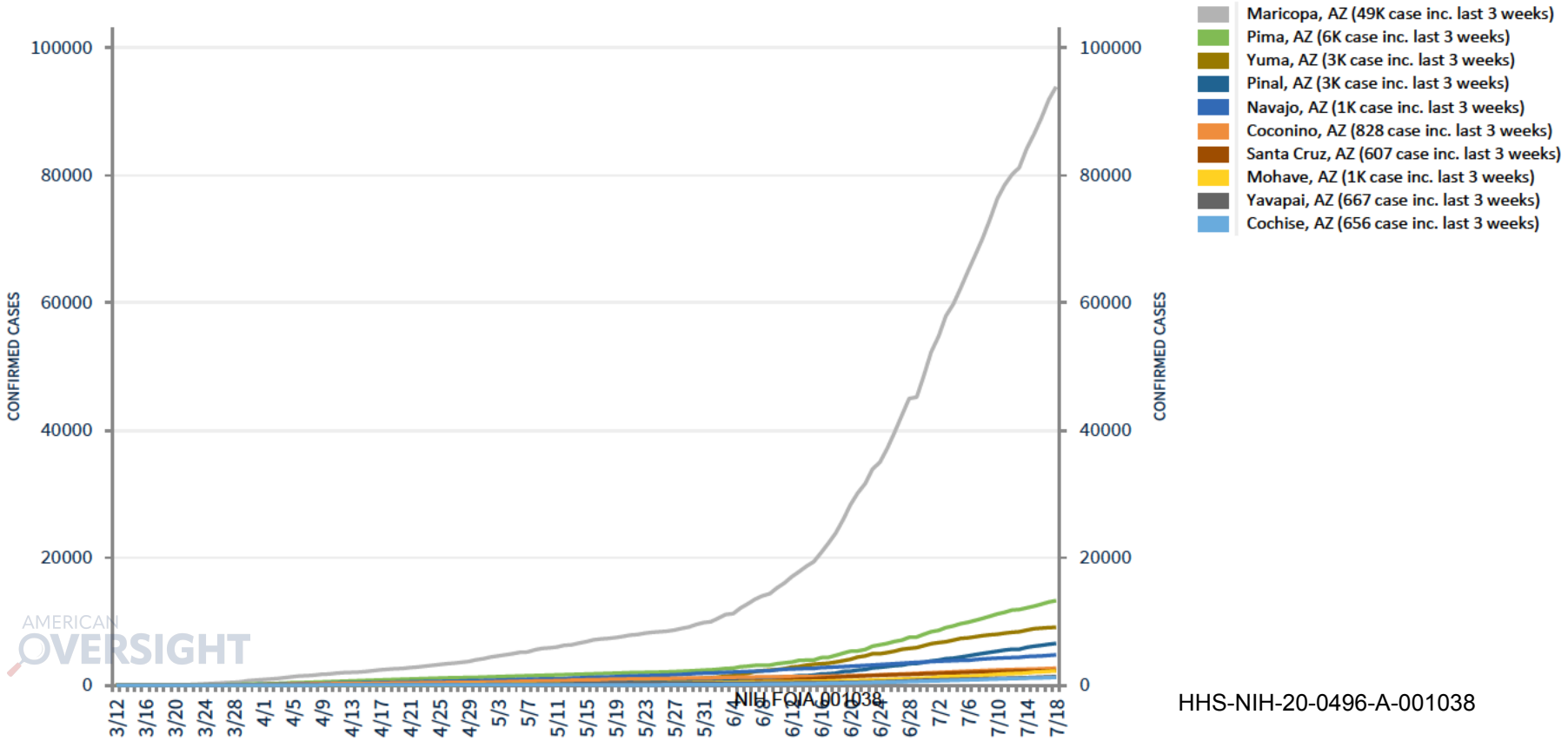
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001037
HHS-NIH-20-0496-A-001037

ARIZONA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

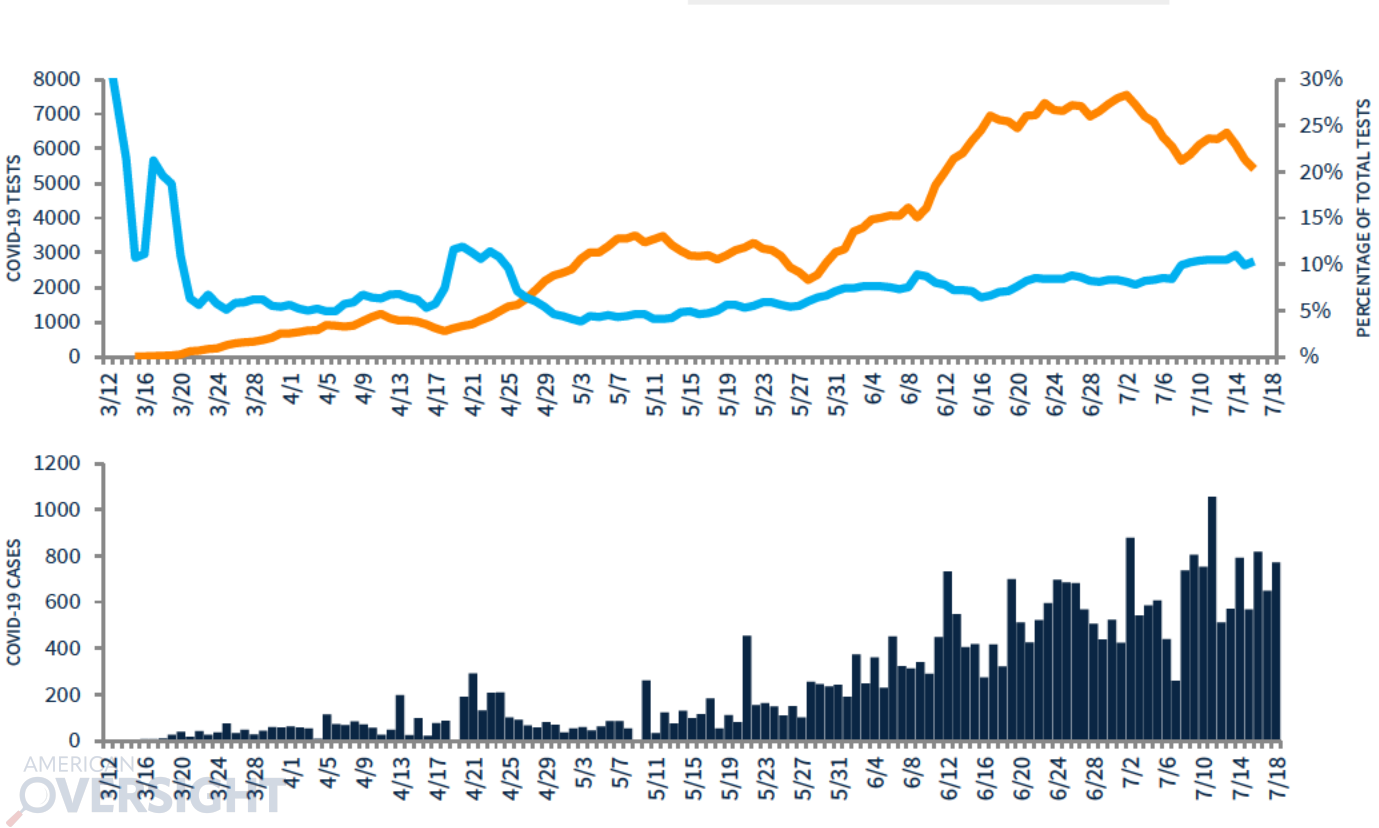


AMERICAN OVERSIGHT

NIH FOIA 001038

HHS-NIH-20-0496-A-001038

TRENDS IN ARKANSAS



COVID-19 SNAPSHOT

POSITIVITY RATE	10.3%
NEW CASES PER 100K / DAY	22 (weekly avg.)
TESTING PER 100K / DAY	180 (weekly avg.)
BED UTILIZATION	57%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.1%
INCIDENCE	+1%
TESTING PER 100K / DAY	-7%
BED UTILIZATION	-4%

RISK FACTORS

POPULATION DENSITY	58 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	5.9%

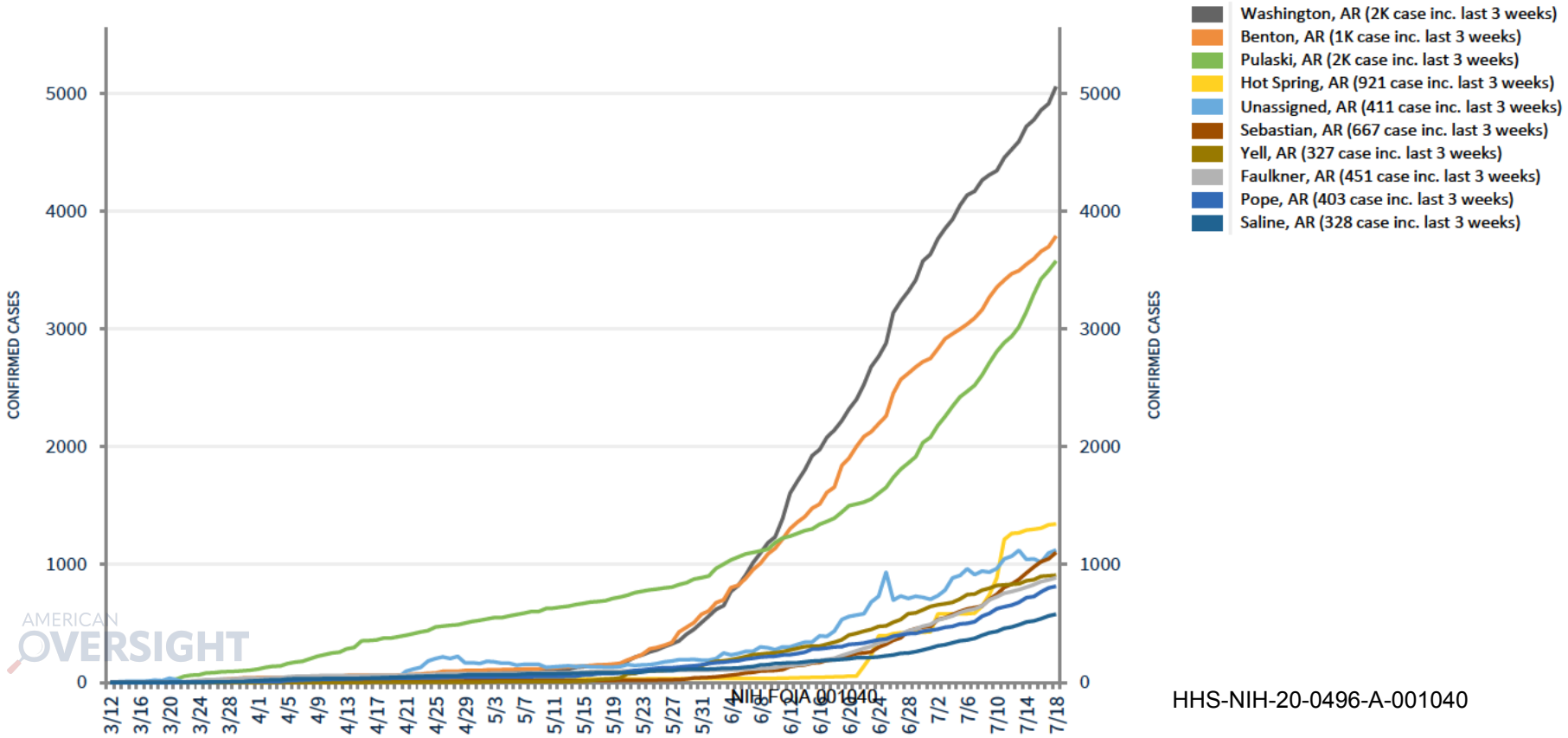
** Most recent several days of testing data is incomplete until all test results come in; testing data is updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001039
HHS-NIH-20-0496-A-001039

ARKANSAS: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

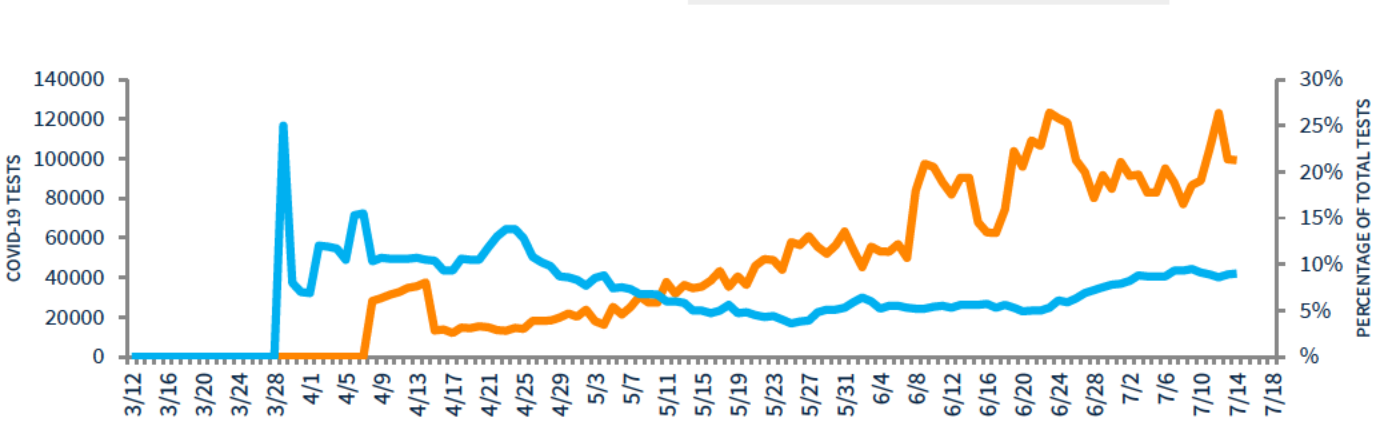


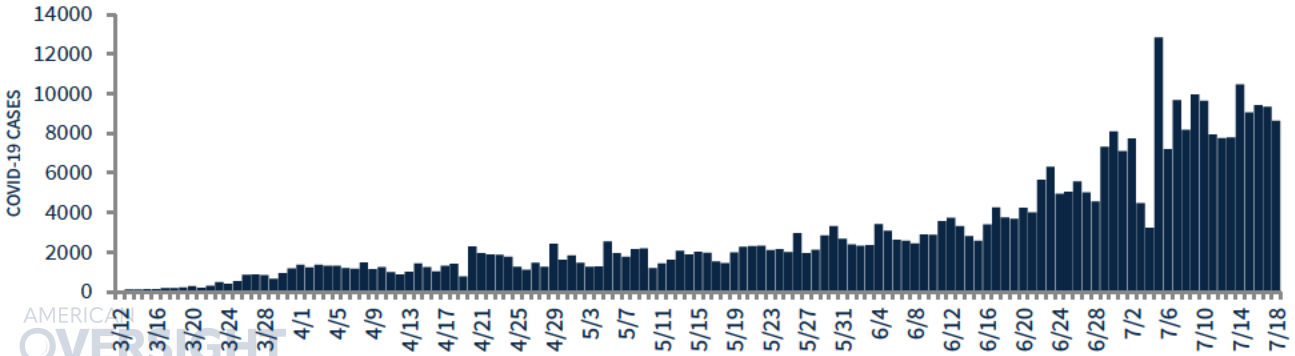
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NIH FOIA 001040

HHS-NIH-20-0496-A-001040

TRENDS IN CALIFORNIA





COVID-19 SNAPSHOT

POSITIVITY RATE	9.0%
NEW CASES PER 100K / DAY	23 (weekly avg.)
TESTING PER 100K / DAY	188 (weekly avg.)
BED UTILIZATION	62%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.3%
INCIDENCE	-5%
TESTING PER 100K / DAY	-14%
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	254 per sq mi
% OVER 60	21%
CRUDE CVD PREVALENCE	2.8%

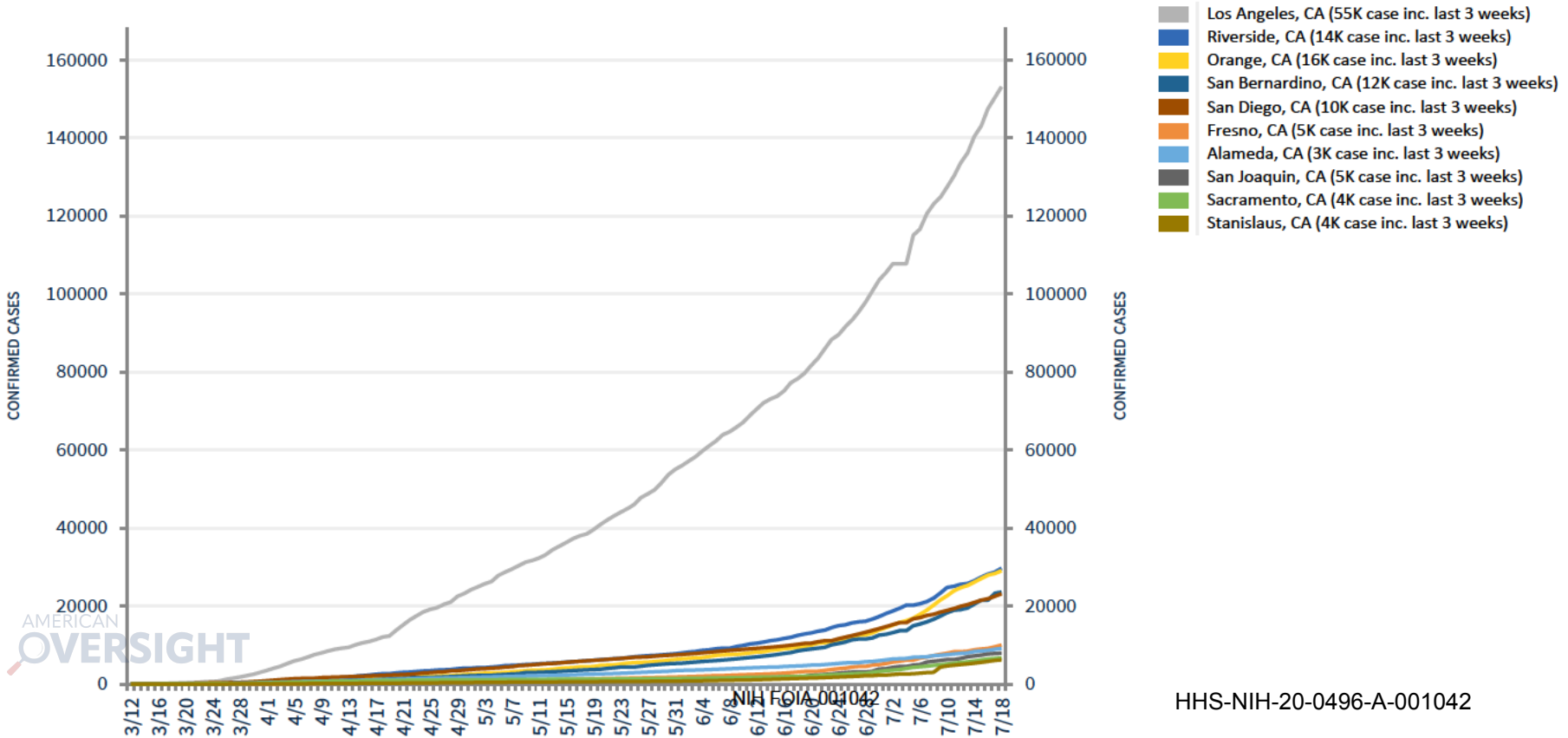
** Most recent several days of testing data is incomplete until all test results come in; testing data will be updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICA OVERSIGHT
NIH FOIA 001041
HHS-NIH-20-0496-A-001041

CALIFORNIA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

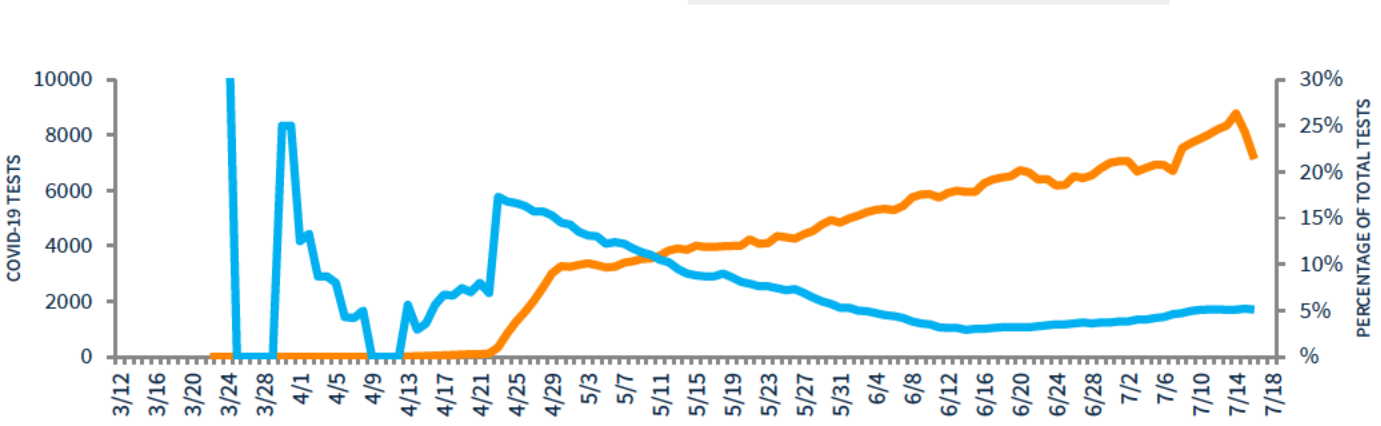


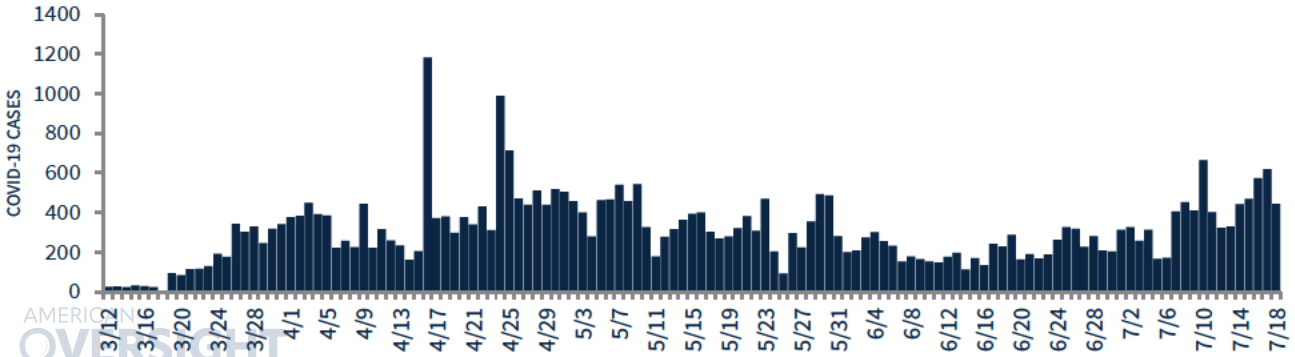
AMERICAN OVERSIGHT

NIH FOIA 001042

HHS-NIH-20-0496-A-001042

TRENDS IN COLORADO





COVID-19 SNAPSHOT

POSITIVITY RATE	5.1%
NEW CASES PER 100K / DAY	8 (weekly avg.)
TESTING PER 100K / DAY	124 (weekly avg.)
BED UTILIZATION	52%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.2%
INCIDENCE	+20%
TESTING PER 100K / DAY	-8%
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	56 per sq mi
% OVER 60	21%
CRUDE CVD PREVALENCE	2.7%

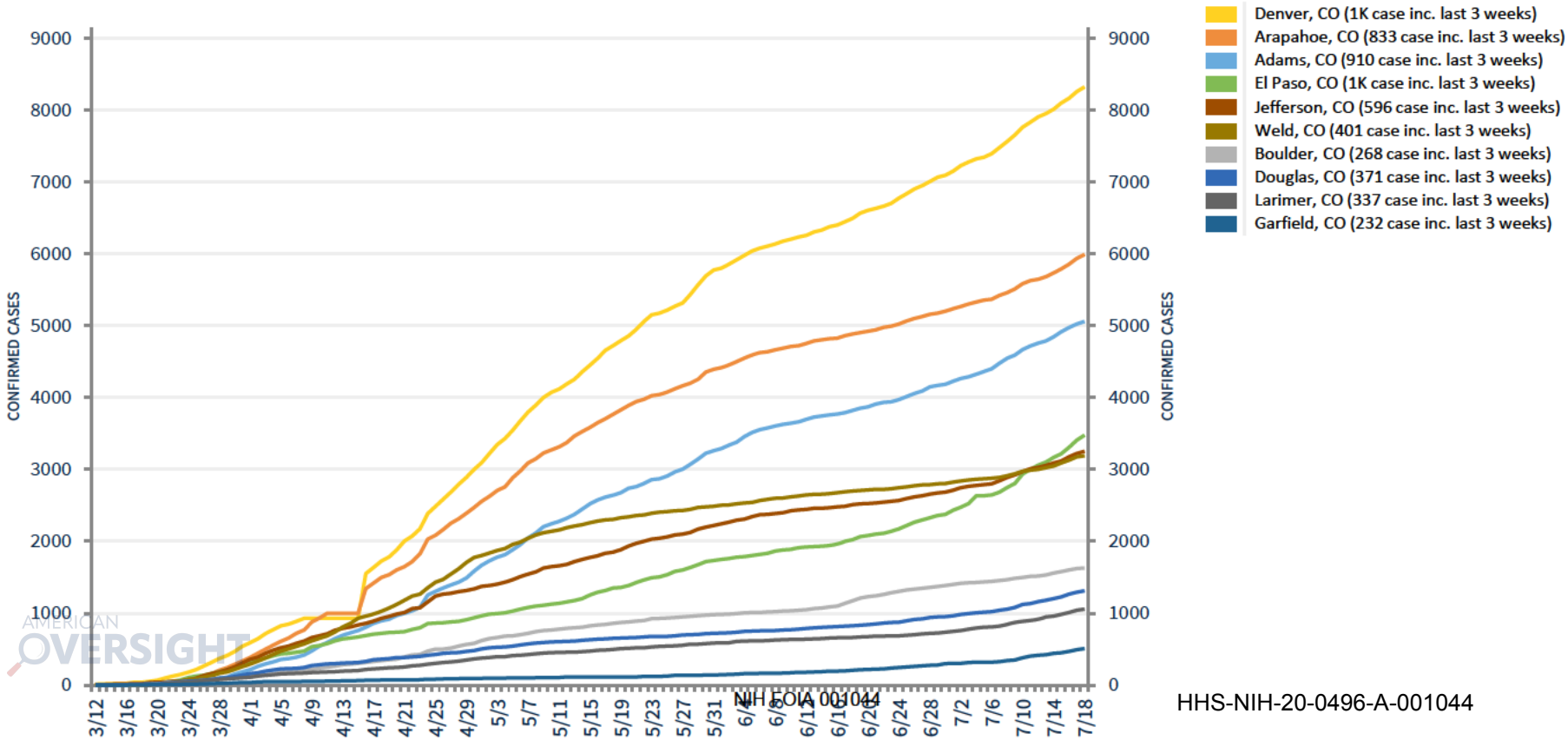
** Most recent several days of testing data is incomplete until all test results come in; testing data will be updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001043
HHS-NIH-20-0496-A-001043

COLORADO: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

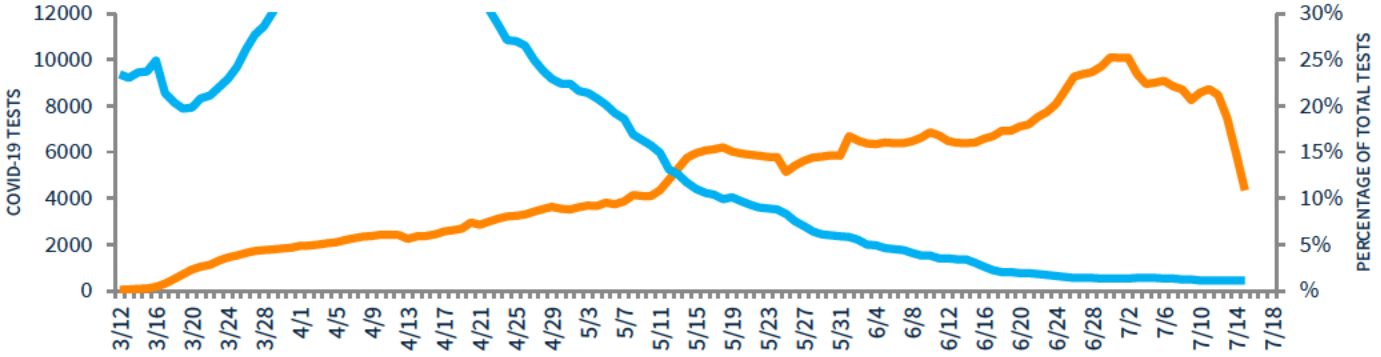


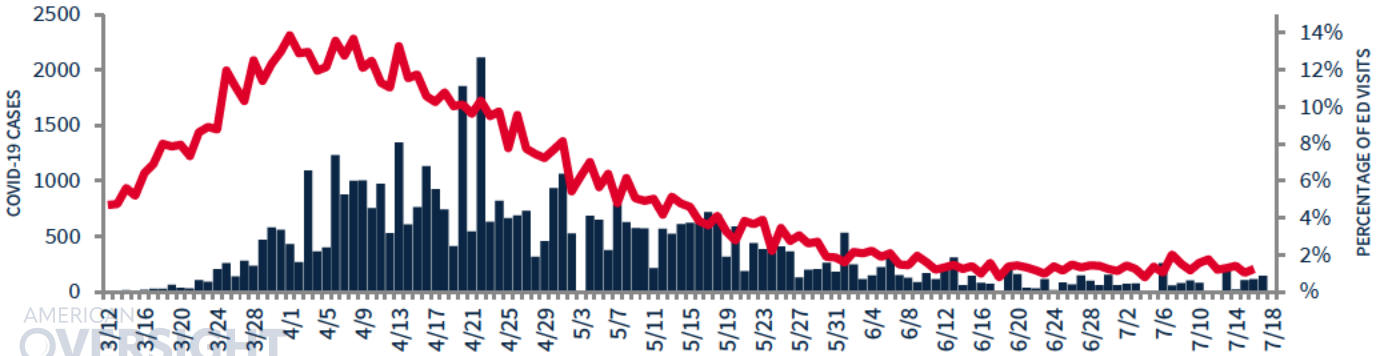
AMERICAN OVERSIGHT

NIH FOIA 001044

HHS-NIH-20-0496-A-001044

TRENDS IN CONNECTICUT





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	1.1%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	84 (weekly avg.)
BED UTILIZATION	69%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.1%
INCIDENCE	+6%
TESTING PER 100K / DAY	-64%
BED UTILIZATION	-3%

RISK FACTORS

POPULATION DENSITY	736 per sq mi
% OVER 60	25%
CRUDE CVD PREVALENCE	3.8%

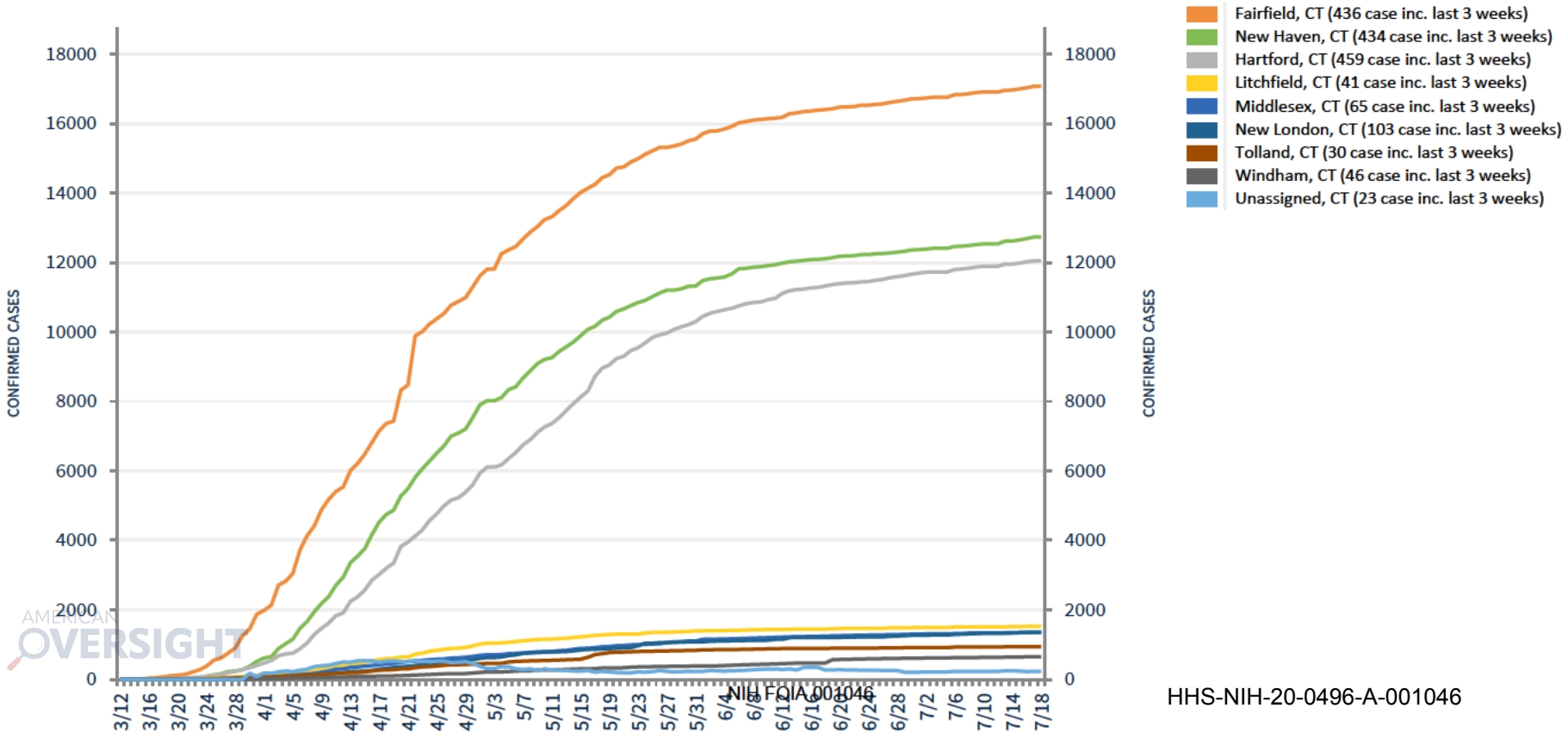
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001045
HHS-NIH-20-0496-A-001045

CONNECTICUT: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

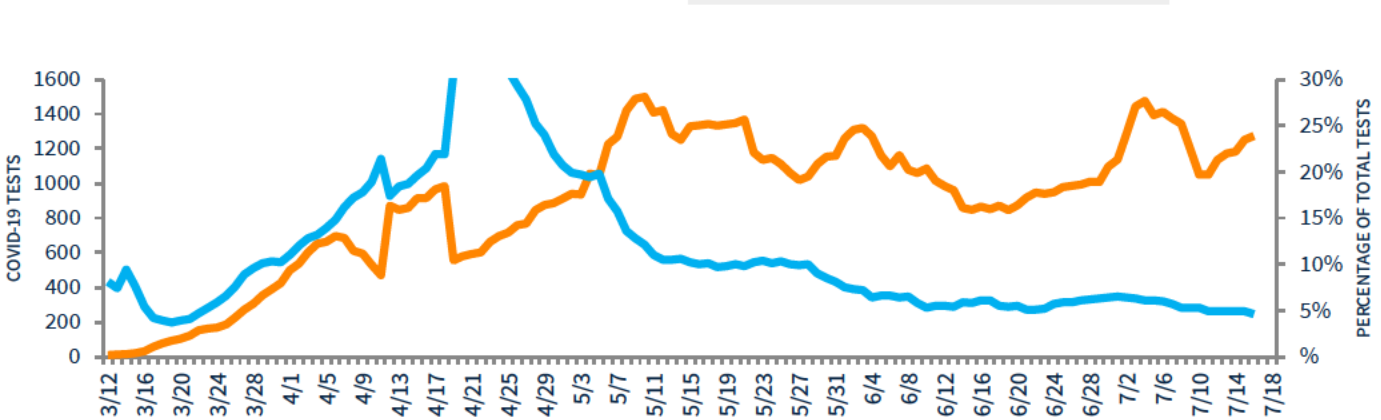


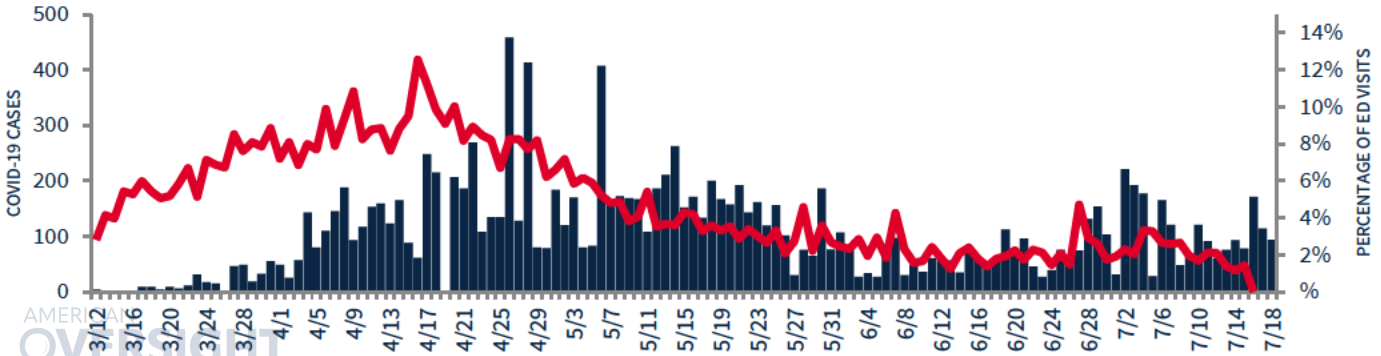
AMERICAN OVERSIGHT

NIH FOIA 001046

HHS-NIH-20-0496-A-001046

TRENDS IN DELAWARE





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	4.6%
NEW CASES PER 100K / DAY	10 (weekly avg.)
TESTING PER 100K / DAY	131 (weekly avg.)
BED UTILIZATION	65%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.7%
INCIDENCE	+7%
TESTING PER 100K / DAY	+6%
BED UTILIZATION	+3%

RISK FACTORS

POPULATION DENSITY	500 per sq mi
% OVER 60	26%
CRUDE CVD PREVALENCE	4.2%

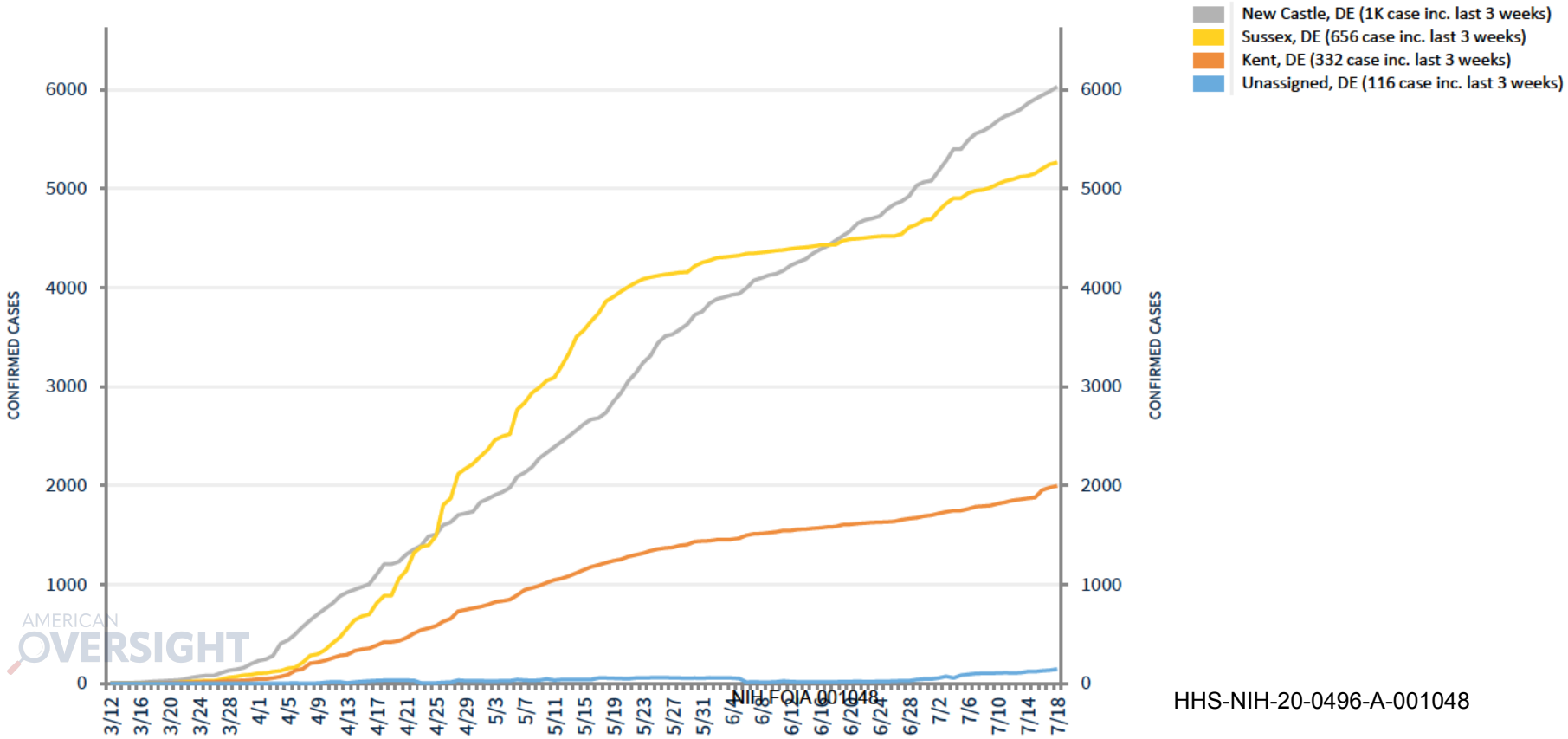
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 001047
HHS-NIH-20-0496-A-001047

DELAWARE: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

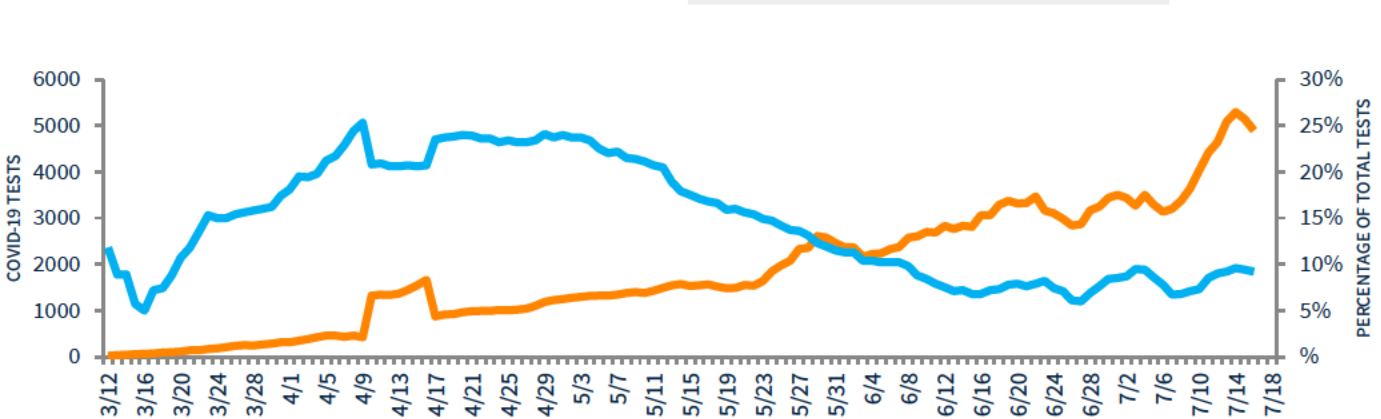


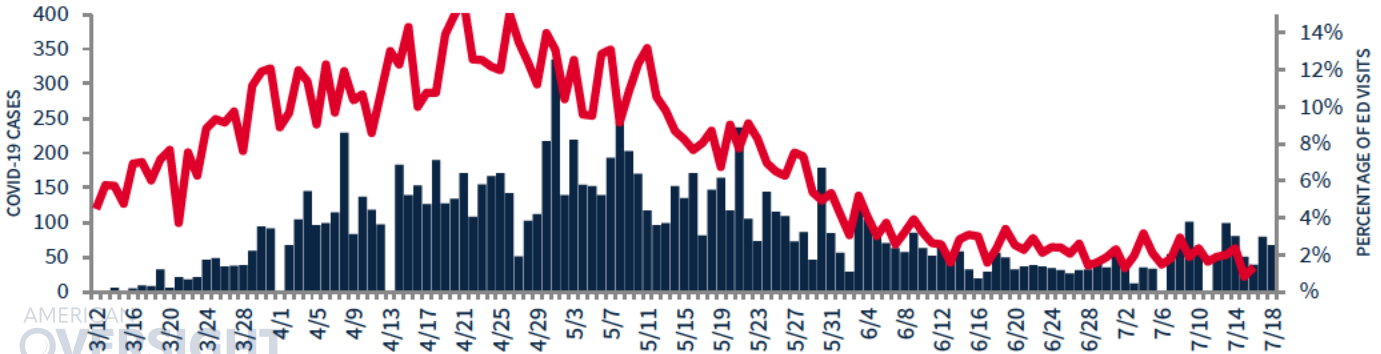
AMERICAN OVERSIGHT

NIH FOIA 001048

HHS-NIH-20-0496-A-001048

TRENDS IN DISTRICT OF COLUMBIA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	9.2%
NEW CASES PER 100K / DAY	9 (weekly avg.)
TESTING PER 100K / DAY	693 (weekly avg.)
BED UTILIZATION	67%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.1%
INCIDENCE	+44%
TESTING PER 100K / DAY	+34%
BED UTILIZATION	+2%

RISK FACTORS

POPULATION DENSITY	11544 per sq mi
% OVER 60	17%
CRUDE CVD PREVALENCE	1.9%

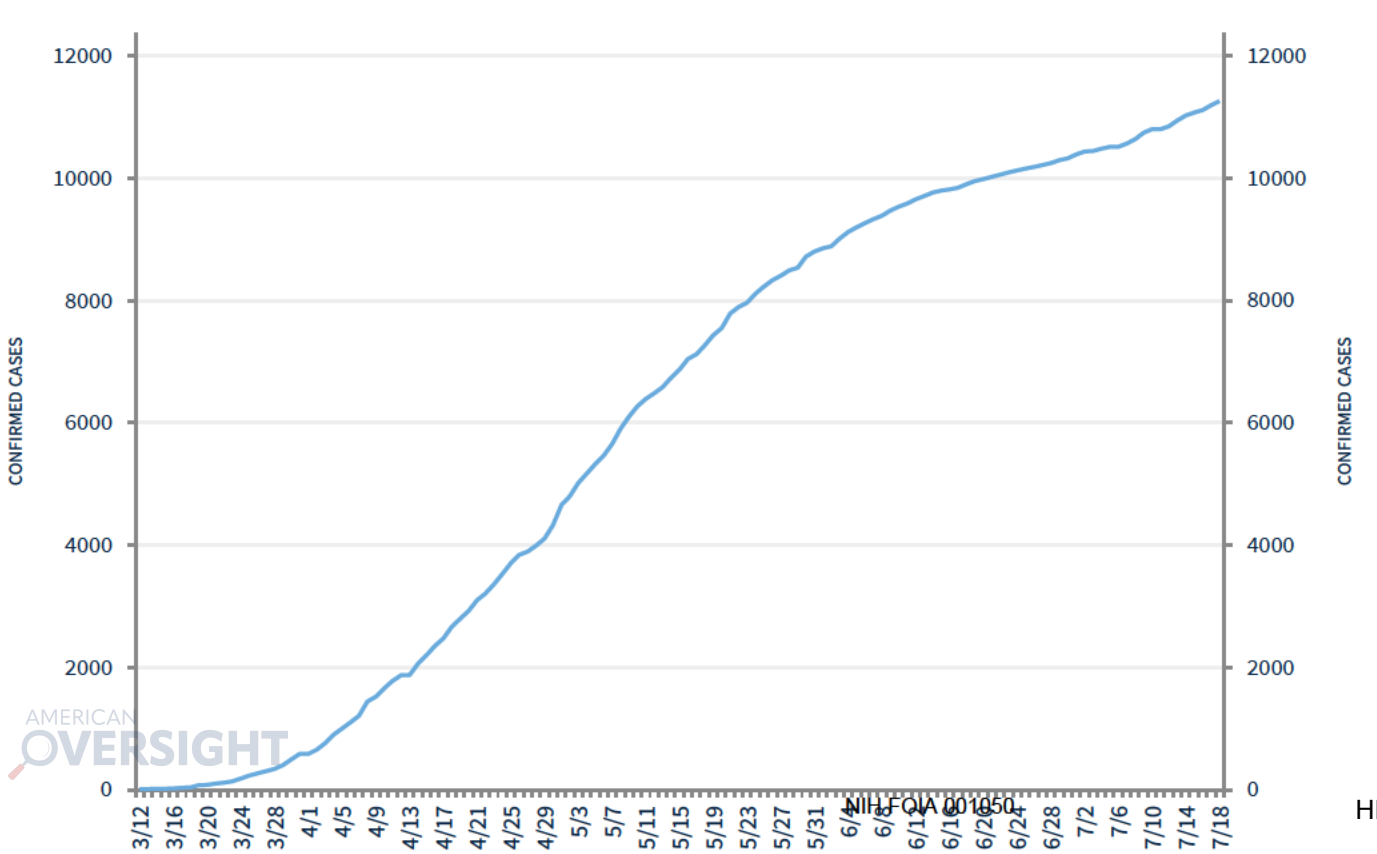
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 001049
HHS-NIH-20-0496-A-001049

DISTRICT OF COLUMBIA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

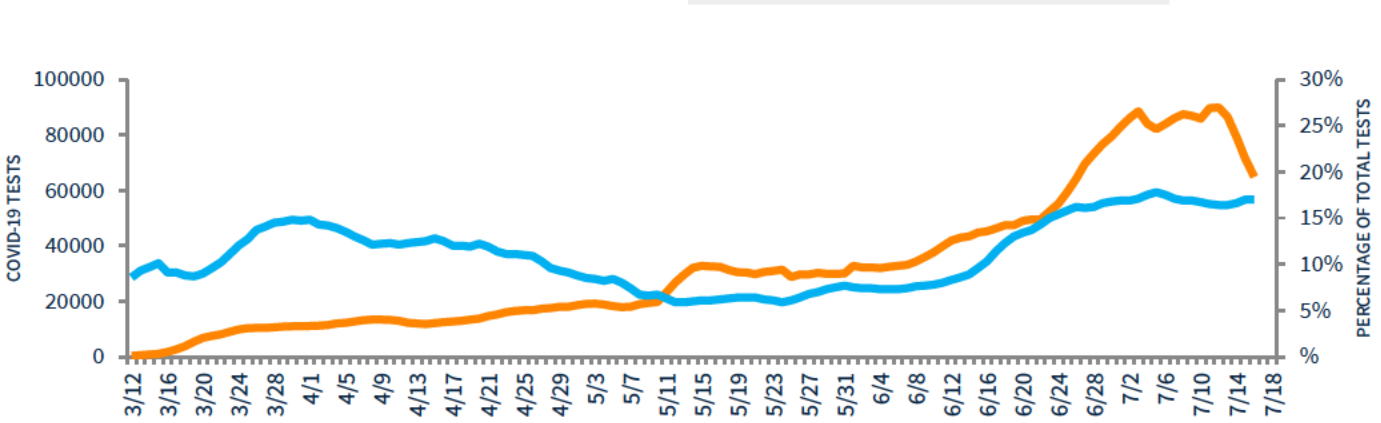


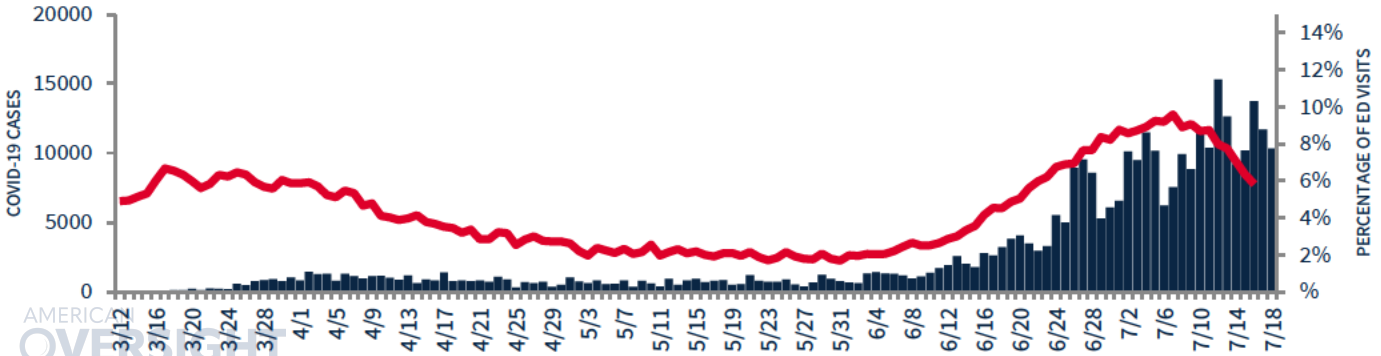
AMERICAN OVERSIGHT

NIH FOIA 001050

HHS-NIH-20-0496-A-001050

TRENDS IN FLORIDA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	17.0%
NEW CASES PER 100K / DAY	55 (weekly avg.)
TESTING PER 100K / DAY	302 (weekly avg.)
BED UTILIZATION	74%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.1%
INCIDENCE	+29%
TESTING PER 100K / DAY	-25%
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	400 per sq mi
% OVER 60	27%
CRUDE CVD PREVALENCE	4.7%

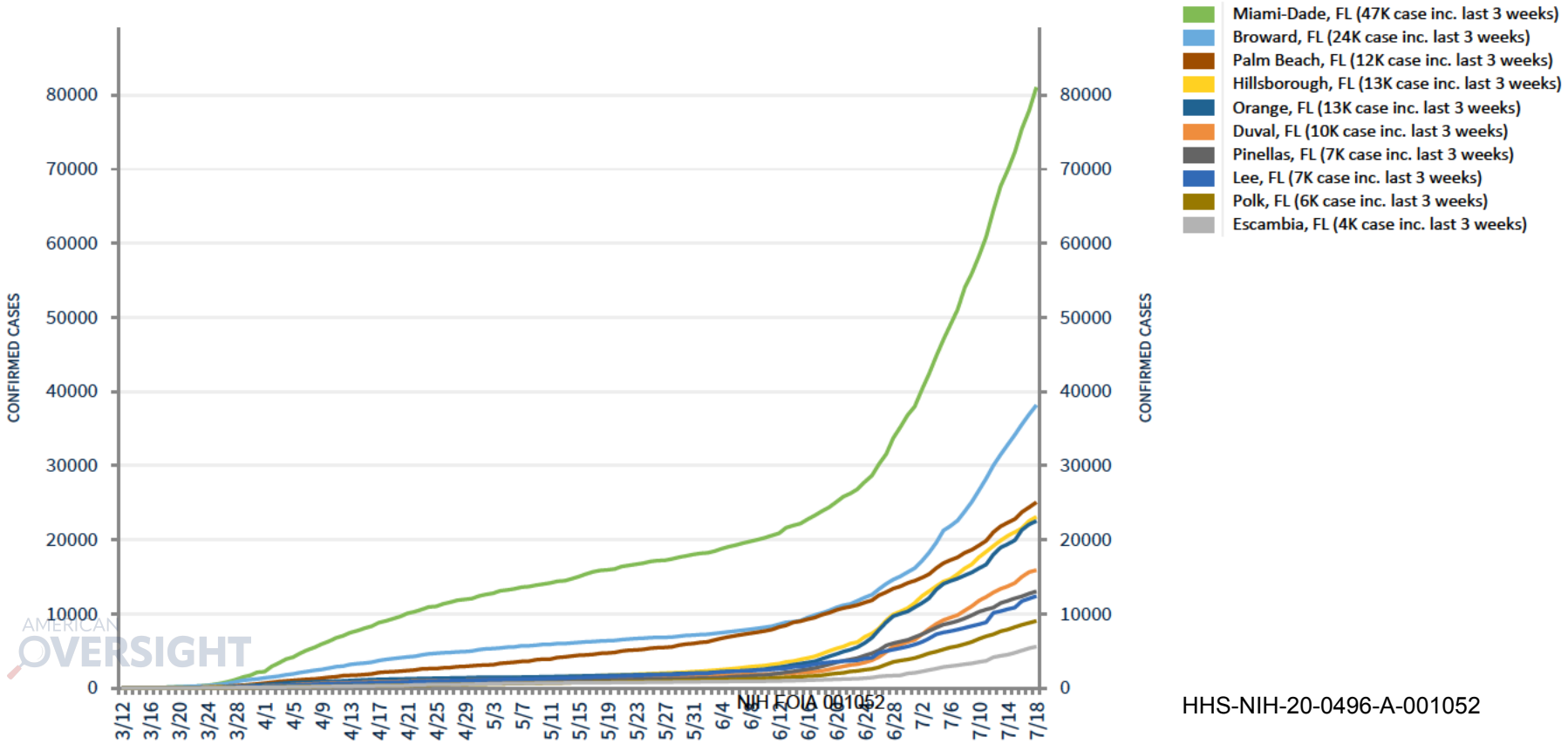
AMERICA OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001051
HHS-NIH-20-0496-A-001051

FLORIDA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

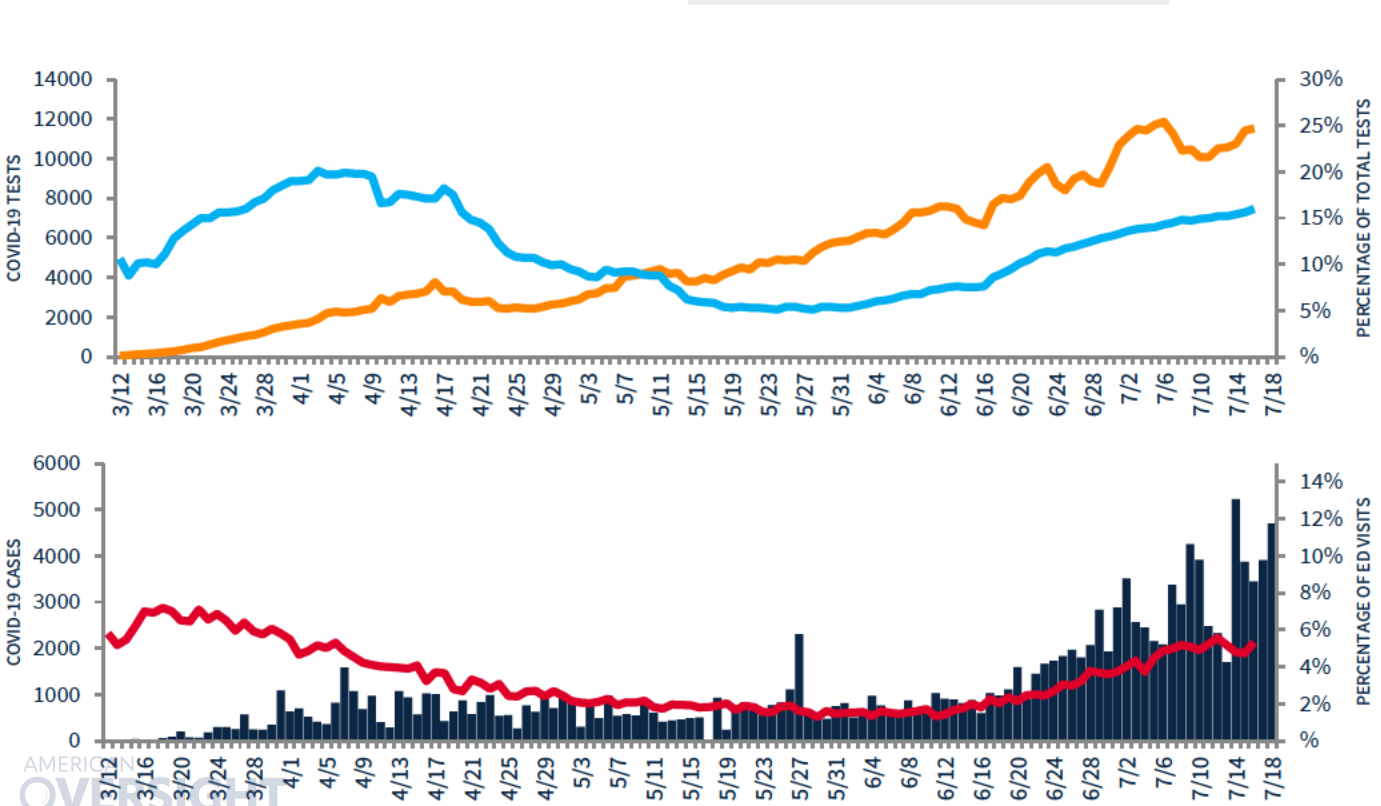


AMERICAN OVERSIGHT

NIH FOIA 001052

HHS-NIH-20-0496-A-001052

TRENDS IN GEORGIA



COVID-19 SNAPSHOT

POSITIVITY RATE	16.0%
NEW CASES PER 100K / DAY	34 (weekly avg.)
TESTING PER 100K / DAY	108 (weekly avg.)
BED UTILIZATION	66%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.3%
INCIDENCE	+19%
TESTING PER 100K / DAY	+10%
BED UTILIZATION	+3%

RISK FACTORS

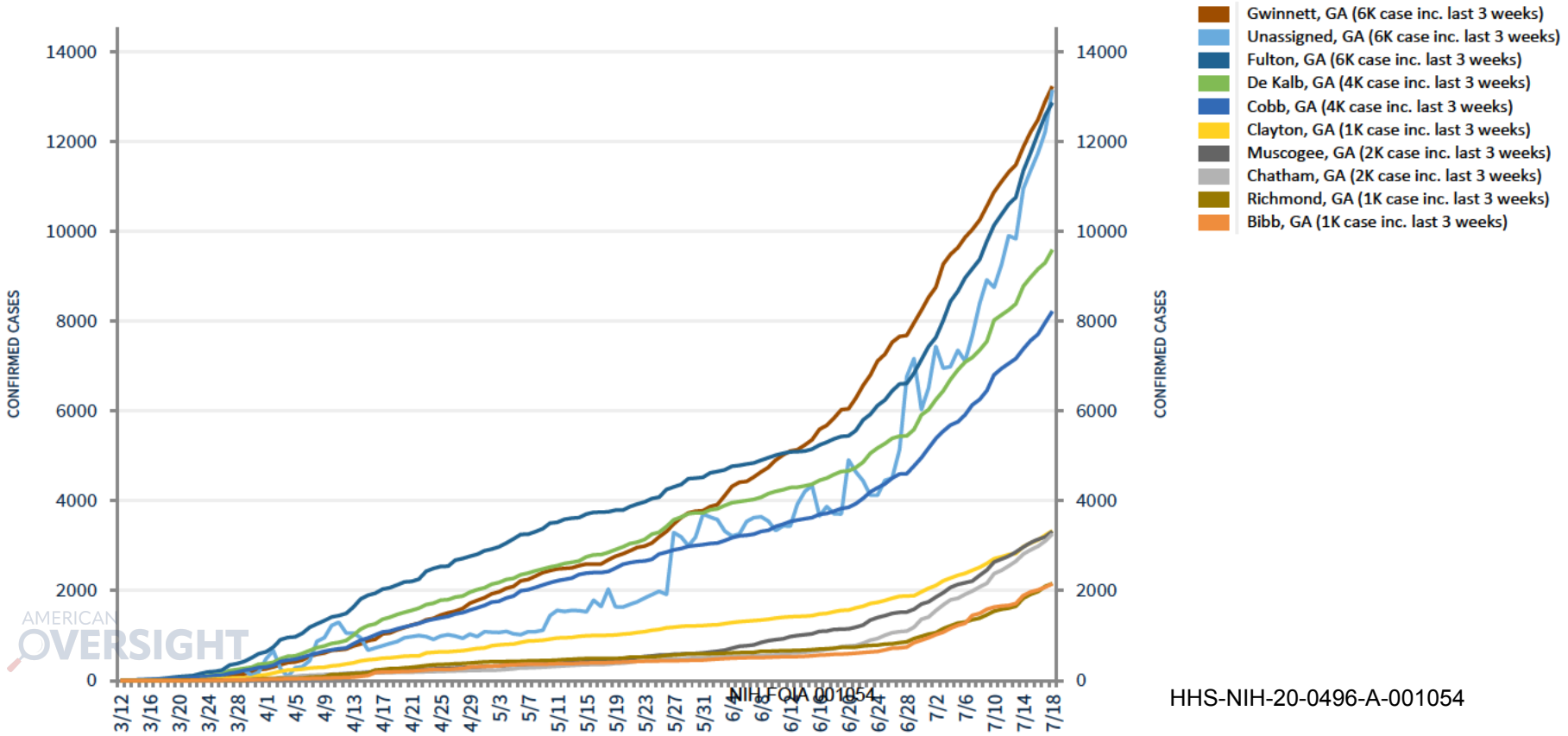
POPULATION DENSITY	184 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	4.0%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 001053
HHS-NIH-20-0496-A-001053

GEORGIA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

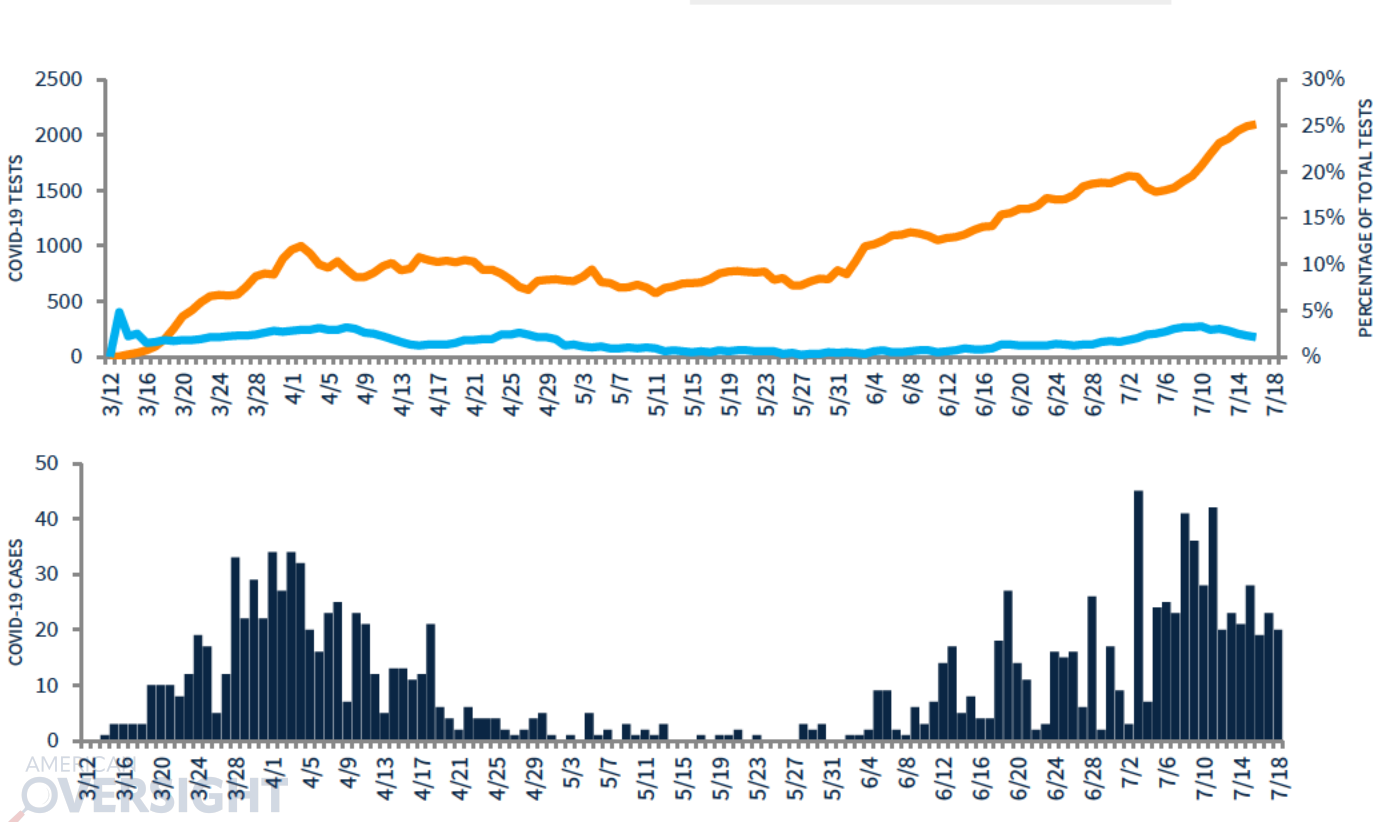


AMERICAN OVERSIGHT

NIH FOIA 001854

HHS-NIH-20-0496-A-001054

TRENDS IN HAWAII



COVID-19 SNAPSHOT

POSITIVITY RATE	2.1%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	148 (weekly avg.)
BED UTILIZATION	62%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.1%
INCIDENCE	-30%
TESTING PER 100K / DAY	+29%
BED UTILIZATION	+15%

RISK FACTORS

POPULATION DENSITY	220 per sq mi
% OVER 60	25%
CRUDE CVD PREVALENCE	2.5%

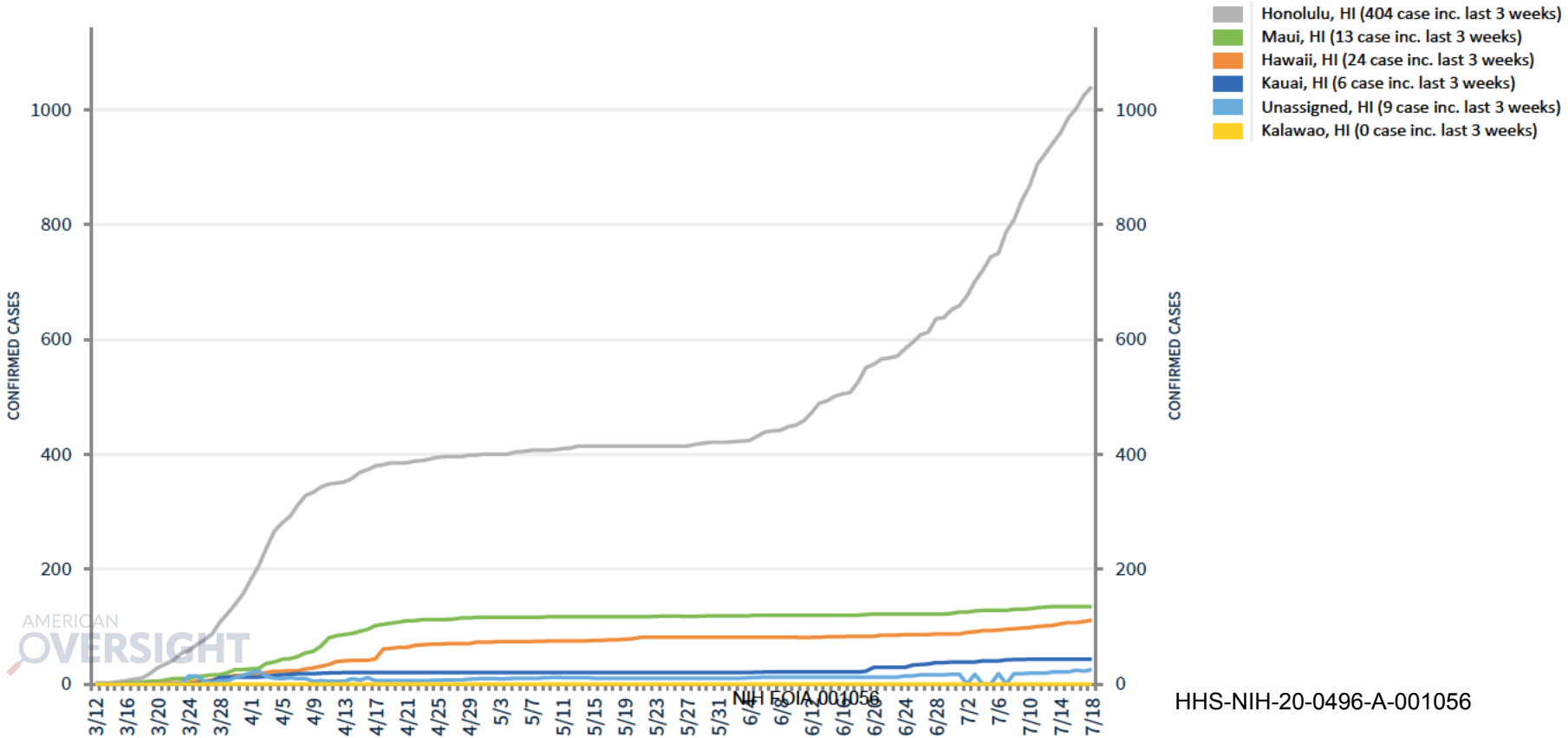
** Most recent several days of testing data is incomplete until all test results come in; testing data is updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICA OVERSIGHT
NIH FOIA 001055
HHS-NIH-20-0496-A-001055

HAWAII: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

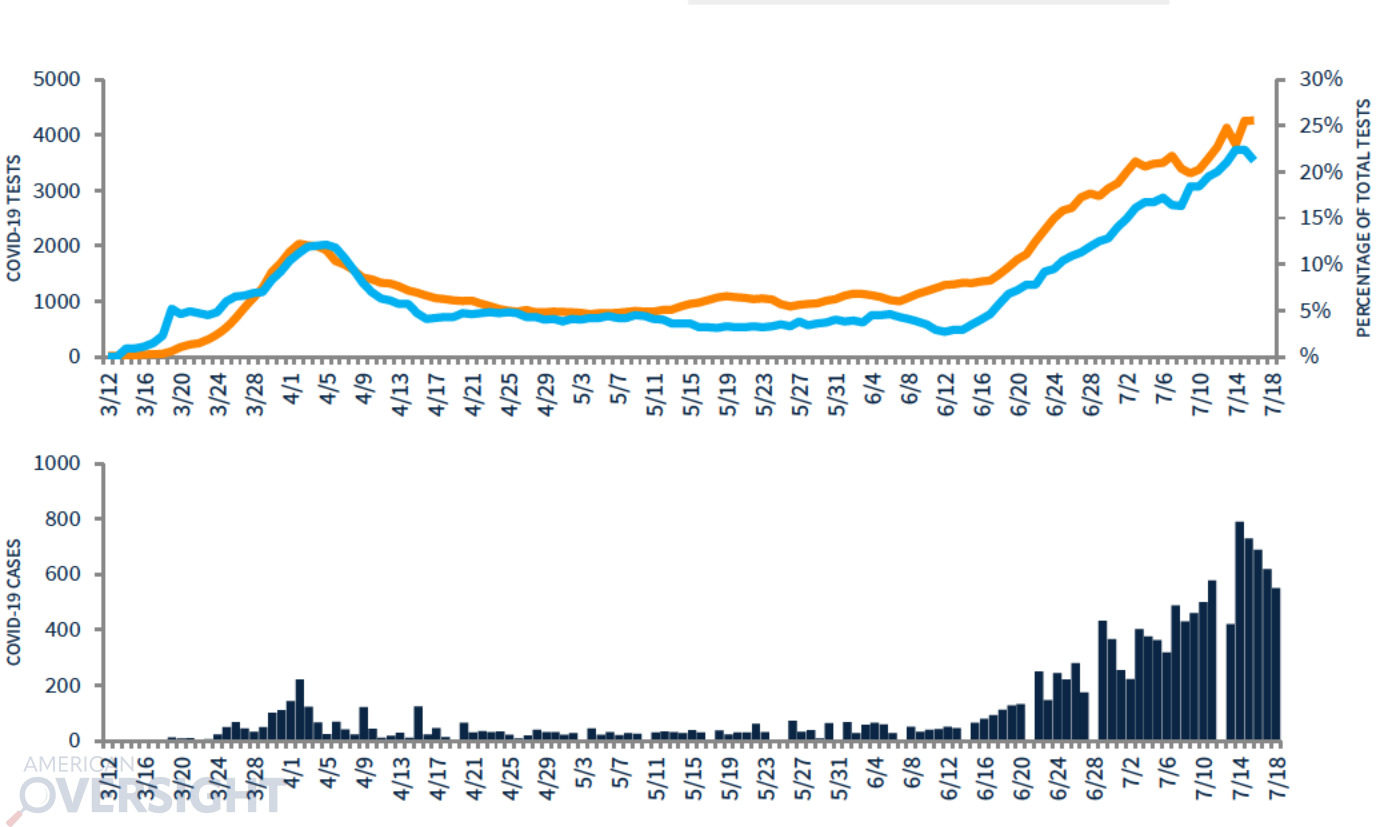


AMERICAN OVERSIGHT

NIH FOIA 001056

HHS-NIH-20-0496-A-001056

TRENDS IN IDAHO



COVID-19 SNAPSHOT

POSITIVITY RATE	21.2%
NEW CASES PER 100K / DAY	30 (weekly avg.)
TESTING PER 100K / DAY	238 (weekly avg.)
BED UTILIZATION	48%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+2.8%
INCIDENCE	+21%
TESTING PER 100K / DAY	+29%
BED UTILIZATION	-4%

RISK FACTORS

POPULATION DENSITY	22 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.3%

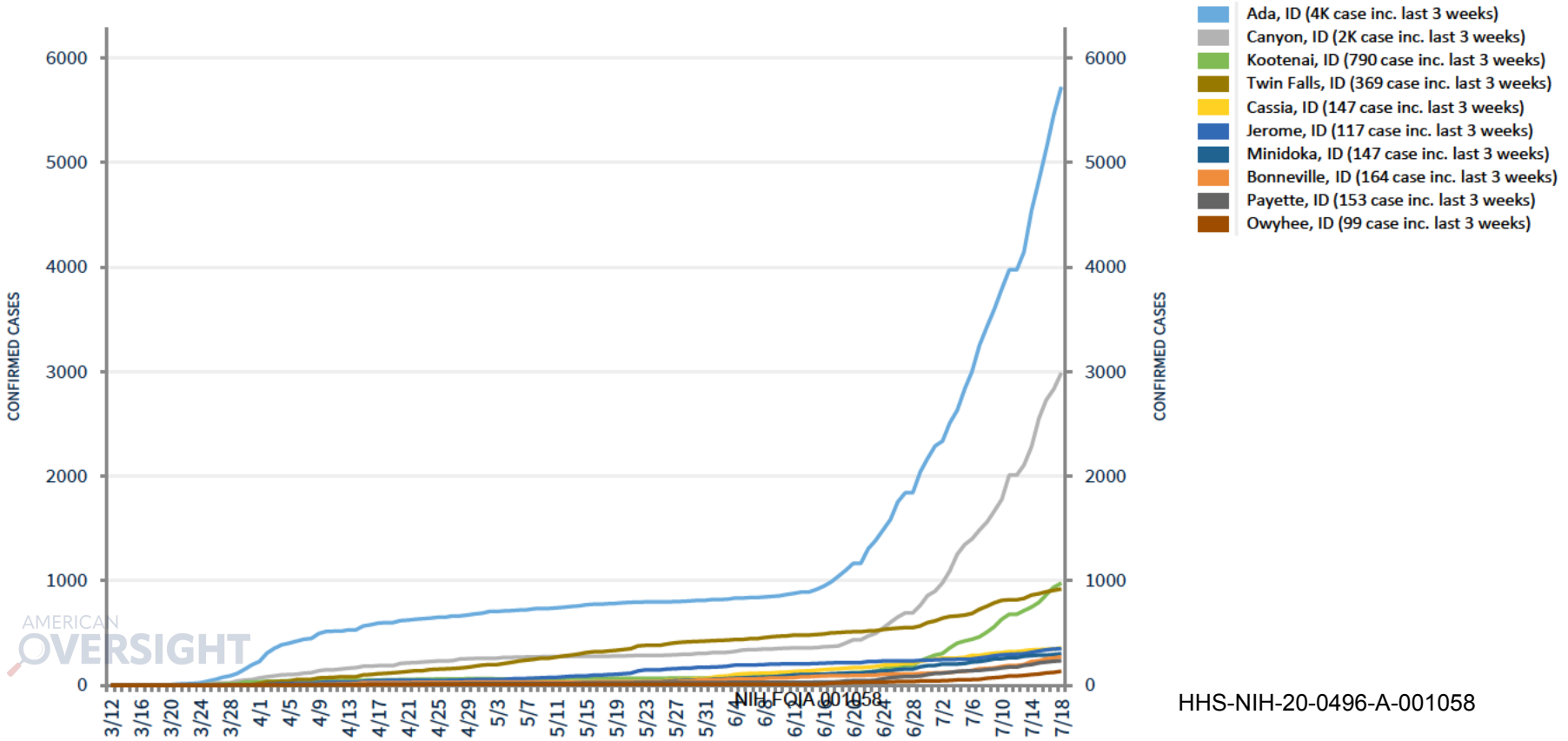
** Most recent several days of testing data is incomplete until all test results come in; testing data will be updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001657
HHS-NIH-20-0496-A-001057

IDAHO: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

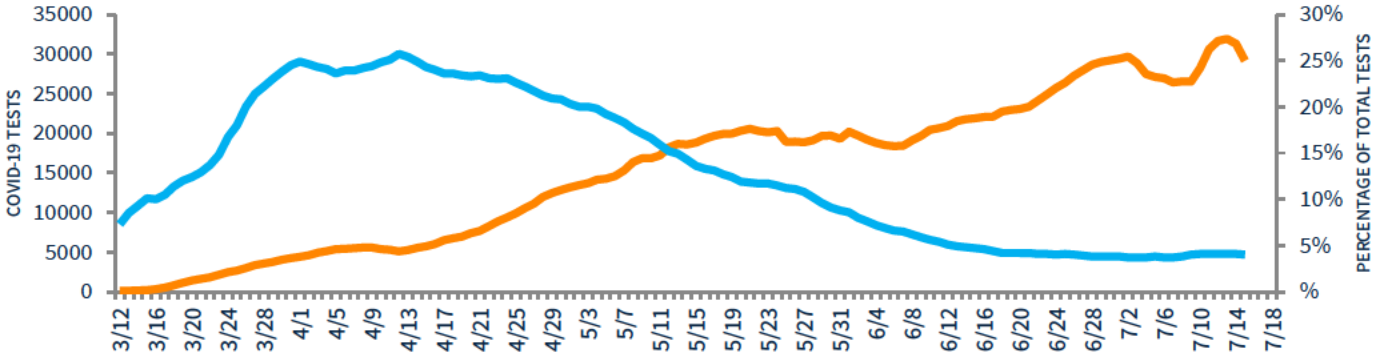


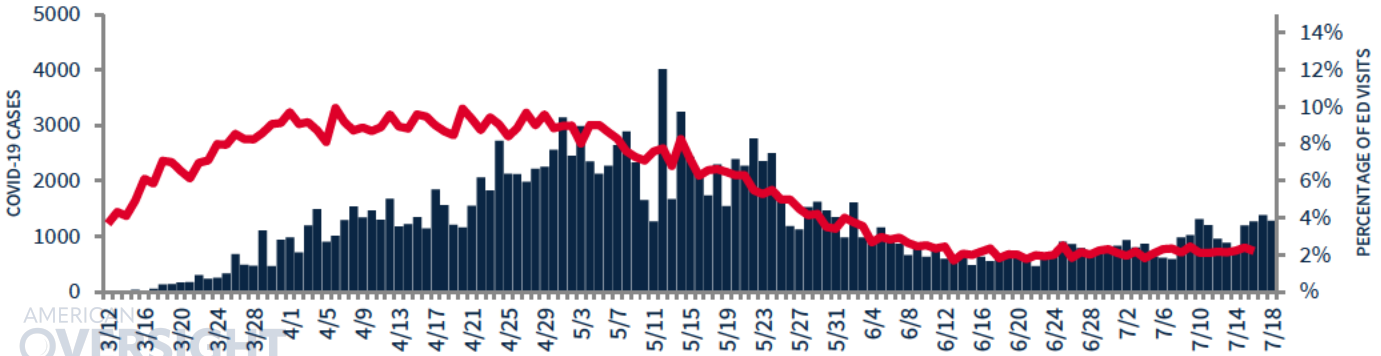
AMERICAN OVERSIGHT

NIH FOIA 001058

HHS-NIH-20-0496-A-001058

TRENDS IN ILLINOIS





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	4.0%
NEW CASES PER 100K / DAY	9 (weekly avg.)
TESTING PER 100K / DAY	193 (weekly avg.)
BED UTILIZATION	55%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.2%
INCIDENCE	+21%
TESTING PER 100K / DAY	-8%
BED UTILIZATION	+1%

RISK FACTORS

POPULATION DENSITY	228 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.0%

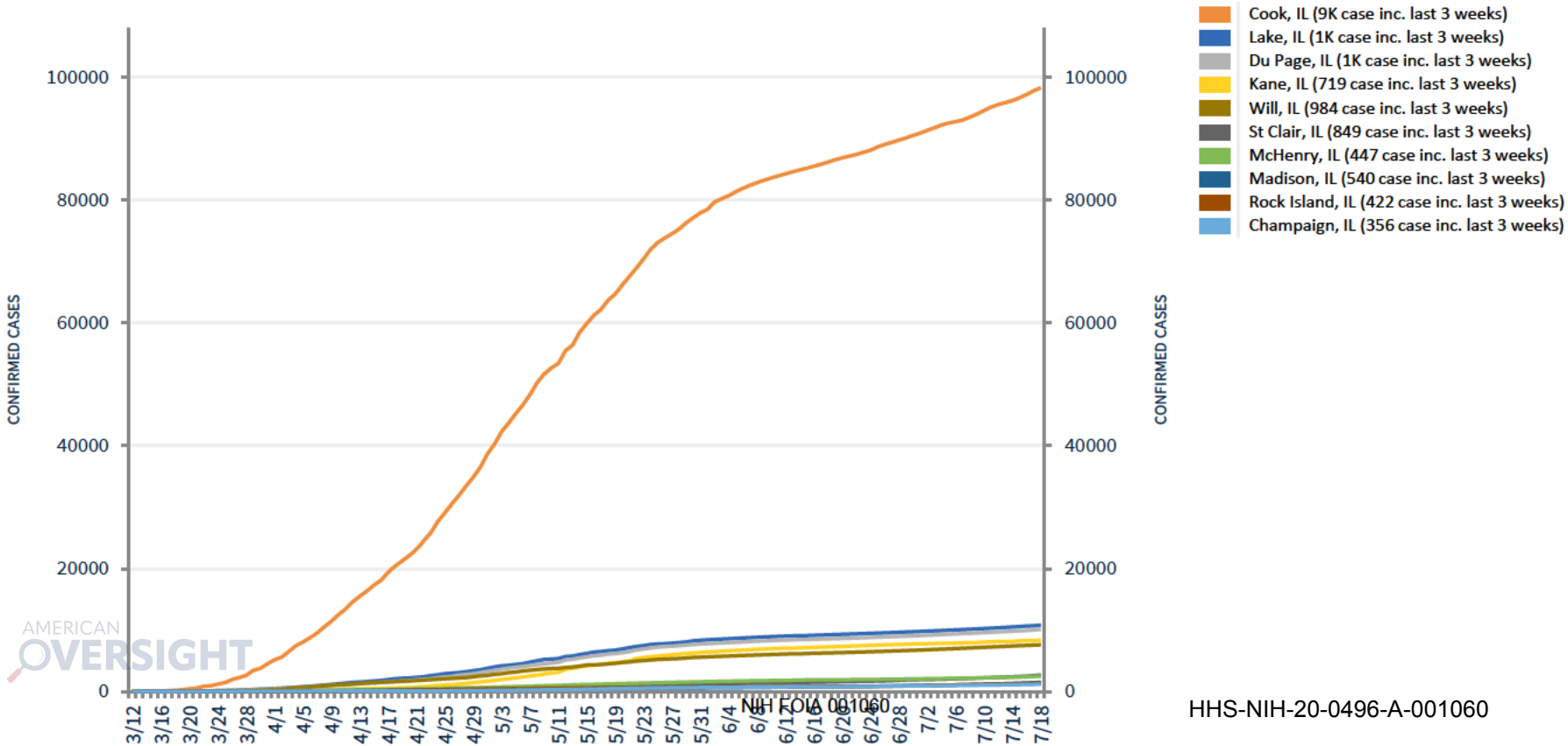
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001059
HHS-NIH-20-0496-A-001059

ILLINOIS: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

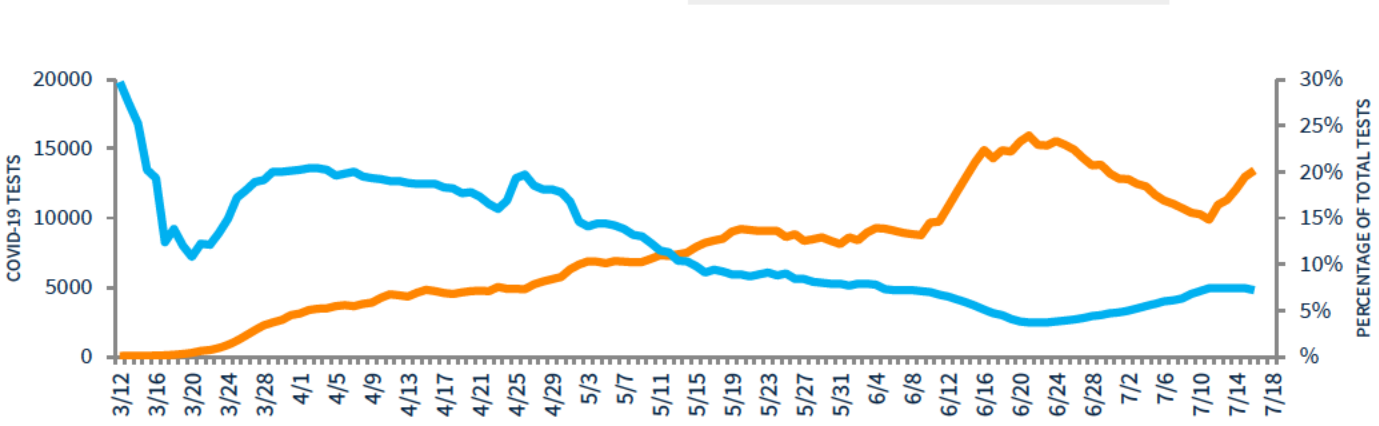


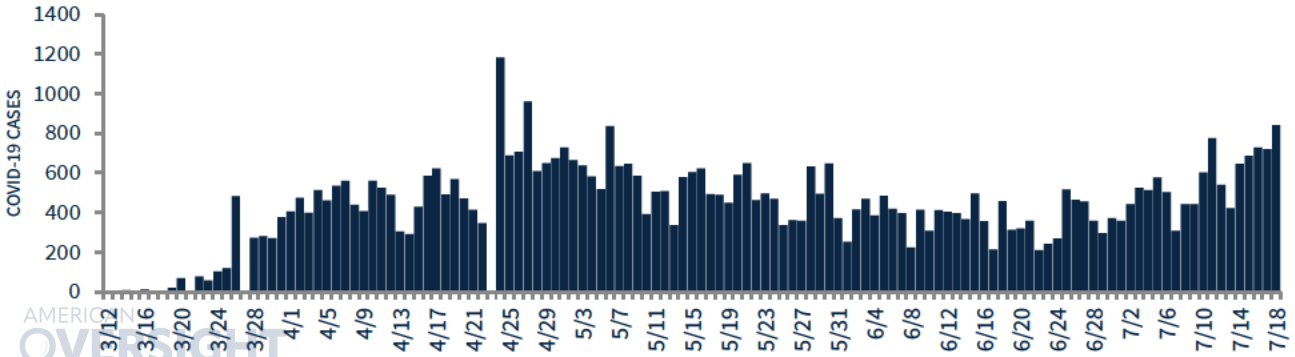
AMERICAN OVERSIGHT

NIH FOIA 001060

HHS-NIH-20-0496-A-001060

TRENDS IN INDIANA





COVID-19 SNAPSHOT

POSITIVITY RATE	7.2%
NEW CASES PER 100K / DAY	10 (weekly avg.)
TESTING PER 100K / DAY	199 (weekly avg.)
BED UTILIZATION	51%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.4%
INCIDENCE	+26%
TESTING PER 100K / DAY	+29%
BED UTILIZATION	+4%

RISK FACTORS

POPULATION DENSITY	188 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.8%

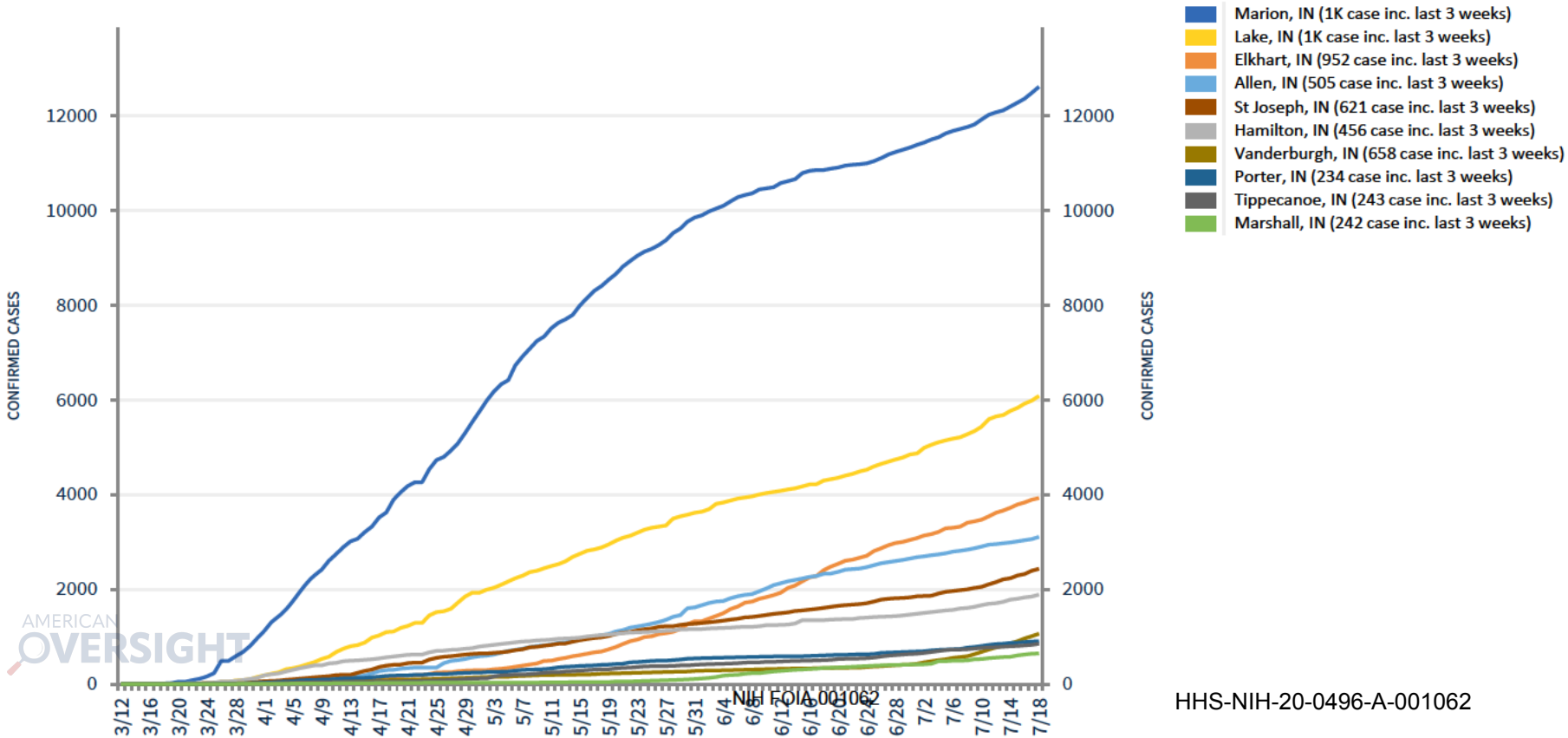
** Most recent several days of testing data is incomplete until all test results come in; testing data will be updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001061
HHS-NIH-20-0496-A-001061

INDIANA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

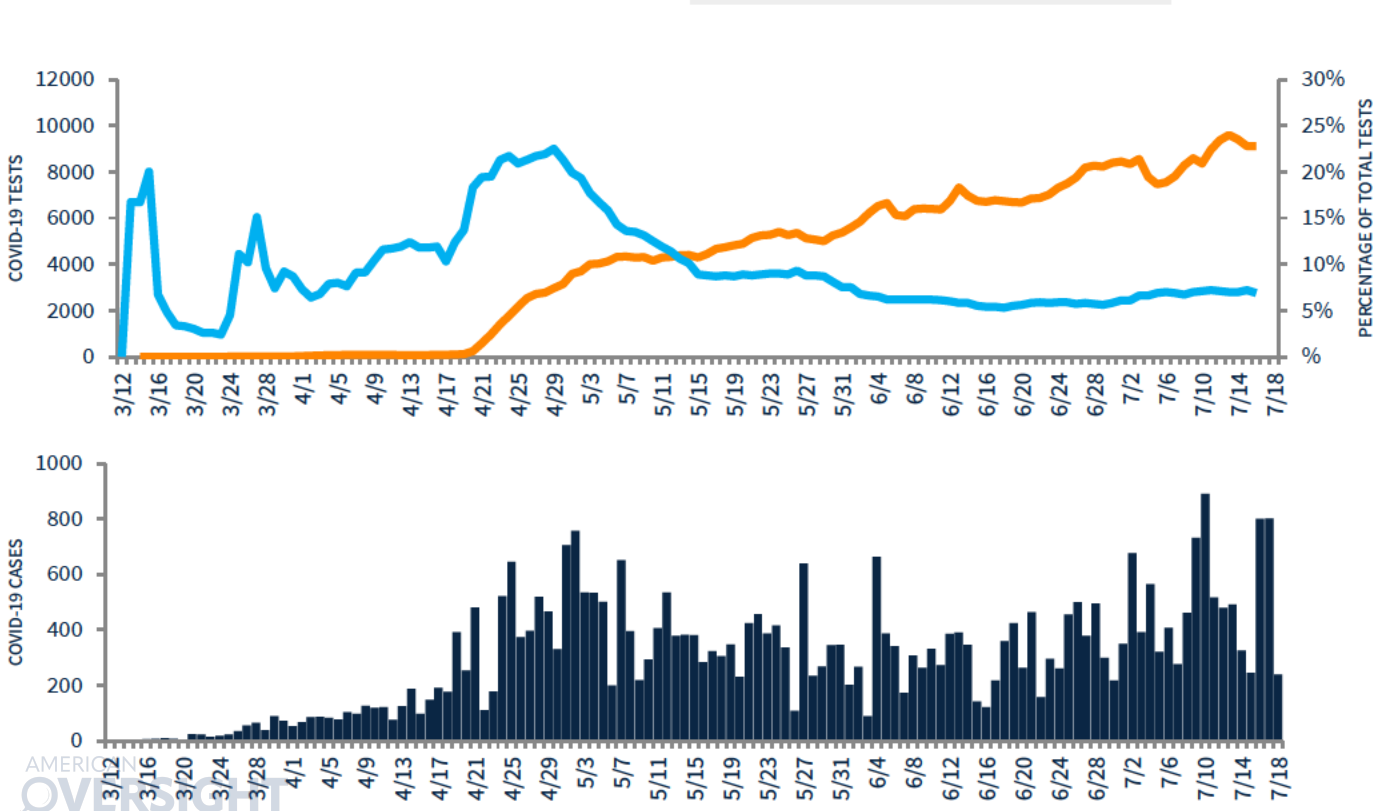


AMERICAN OVERSIGHT

NIH FOIA 001062

HHS-NIH-20-0496-A-001062

TRENDS IN IOWA



COVID-19 SNAPSHOT

POSITIVITY RATE	6.9%
NEW CASES PER 100K / DAY	15 (weekly avg.)
TESTING PER 100K / DAY	289 (weekly avg.)
BED UTILIZATION	49%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.1%
INCIDENCE	-6%
TESTING PER 100K / DAY	+6%
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	56 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.0%

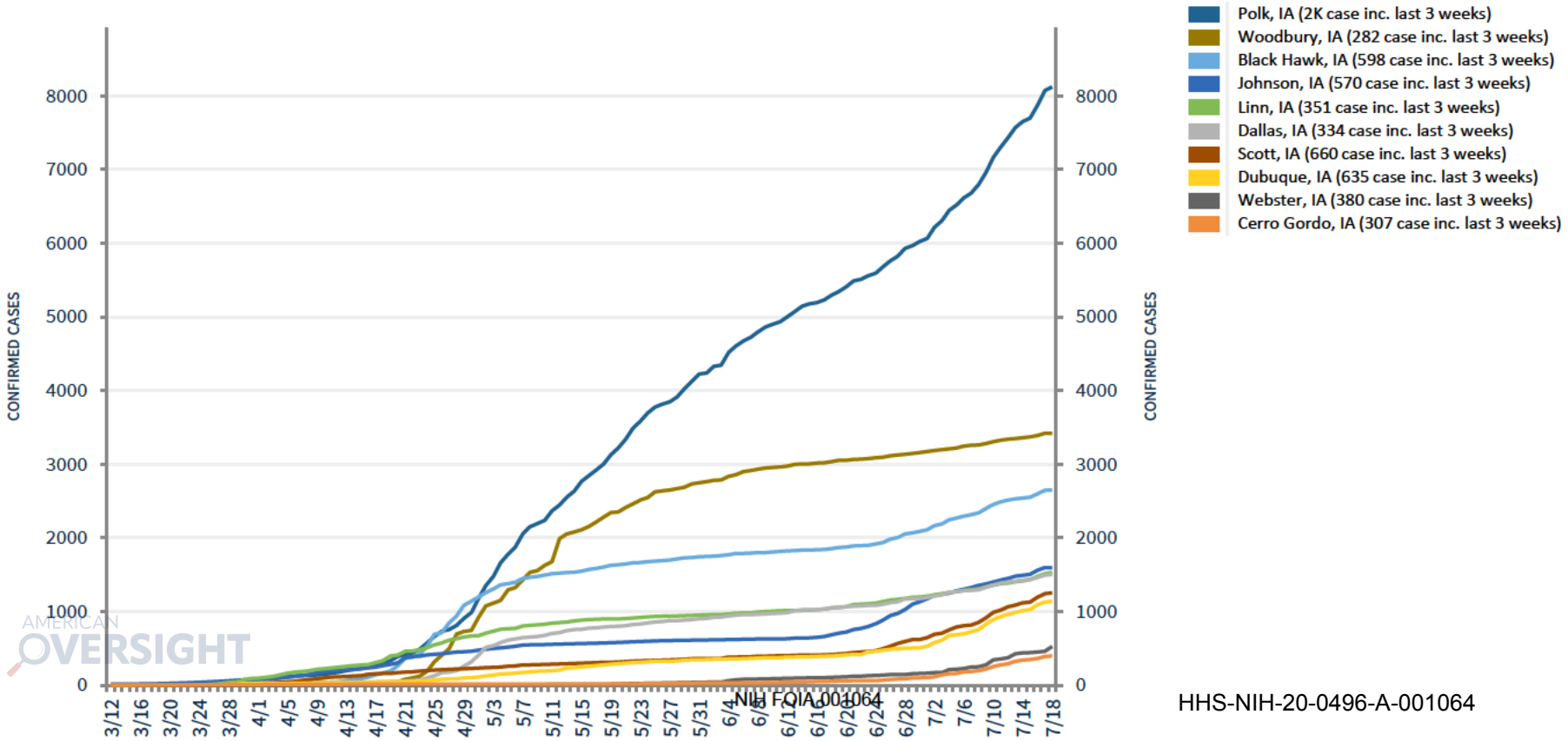
** Most recent several days of testing data is incomplete until all test results come in; testing data is updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001063
HHS-NIH-20-0496-A-001063

IOWA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

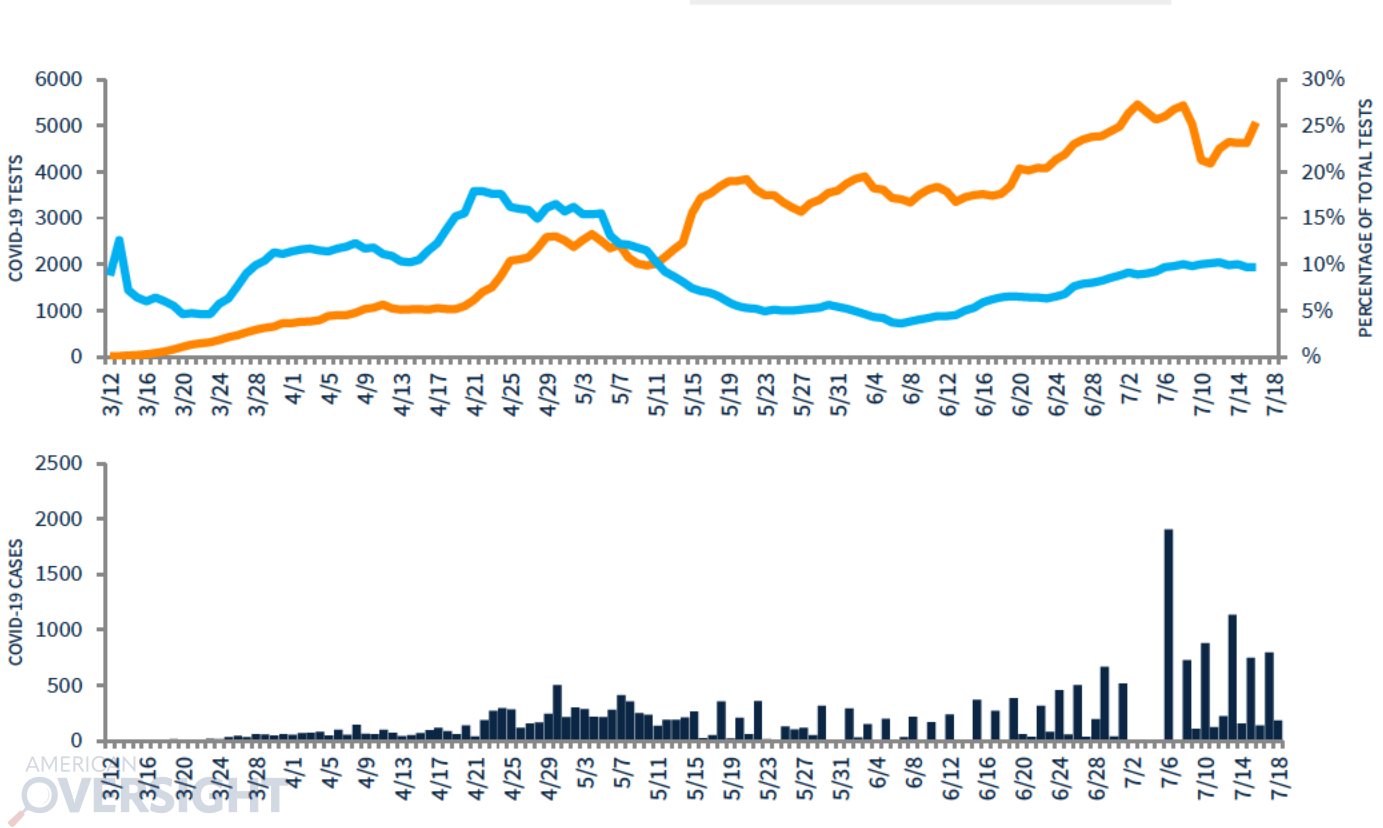


AMERICAN OVERSIGHT

NIH FOIA 001064

HHS-NIH-20-0496-A-001064

TRENDS IN KANSAS



COVID-19 SNAPSHOT

POSITIVITY RATE	9.7%
NEW CASES PER 100K / DAY	17 (weekly avg.)
TESTING PER 100K / DAY	174 (weekly avg.)
BED UTILIZATION	49%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.1%
INCIDENCE	-10%
TESTING PER 100K / DAY	+1%
BED UTILIZATION	-4%

RISK FACTORS

POPULATION DENSITY	36 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	4.0%

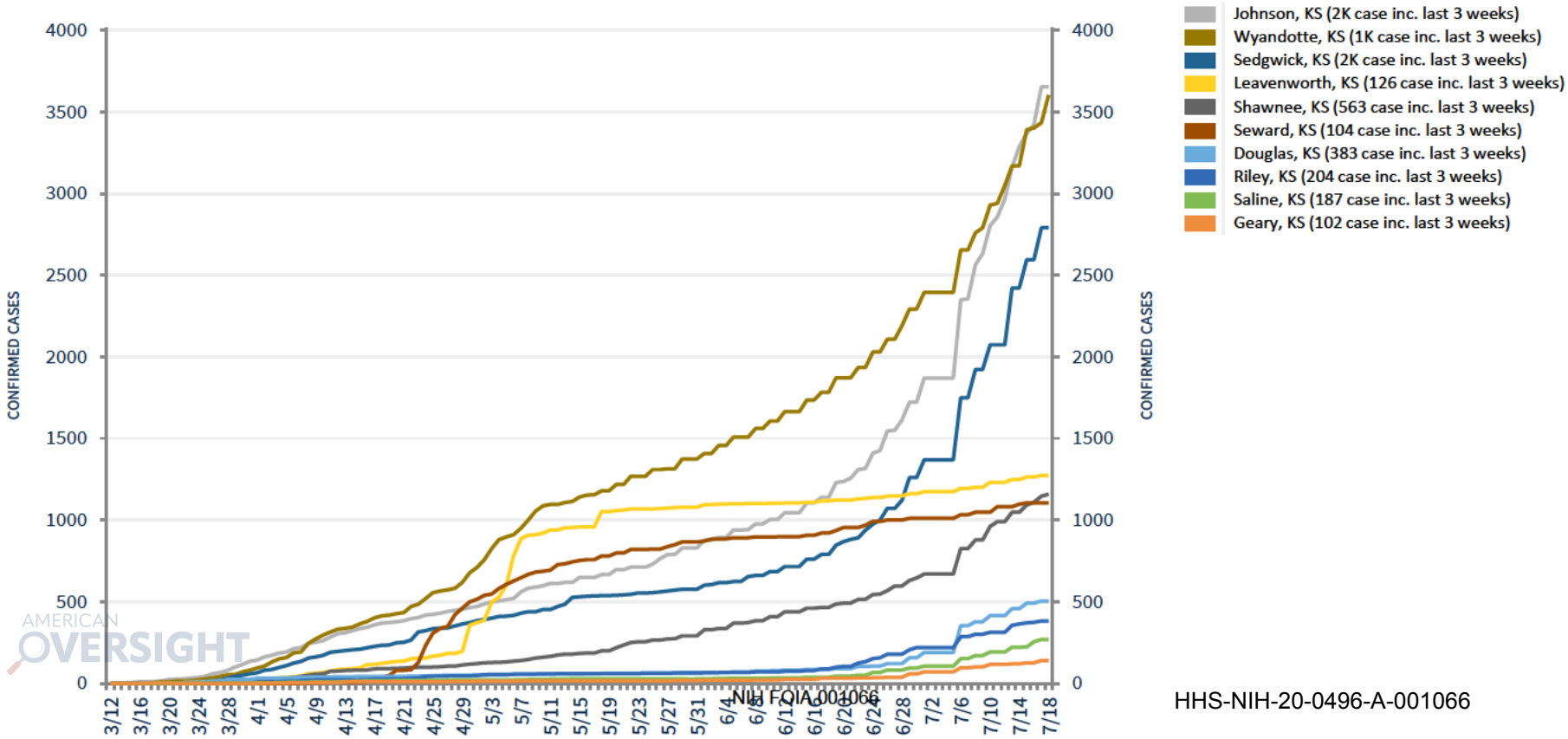
** Most recent several days of testing data is incomplete until all test results come in; testing data will be updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001065
HHS-NIH-20-0496-A-001065

KANSAS: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

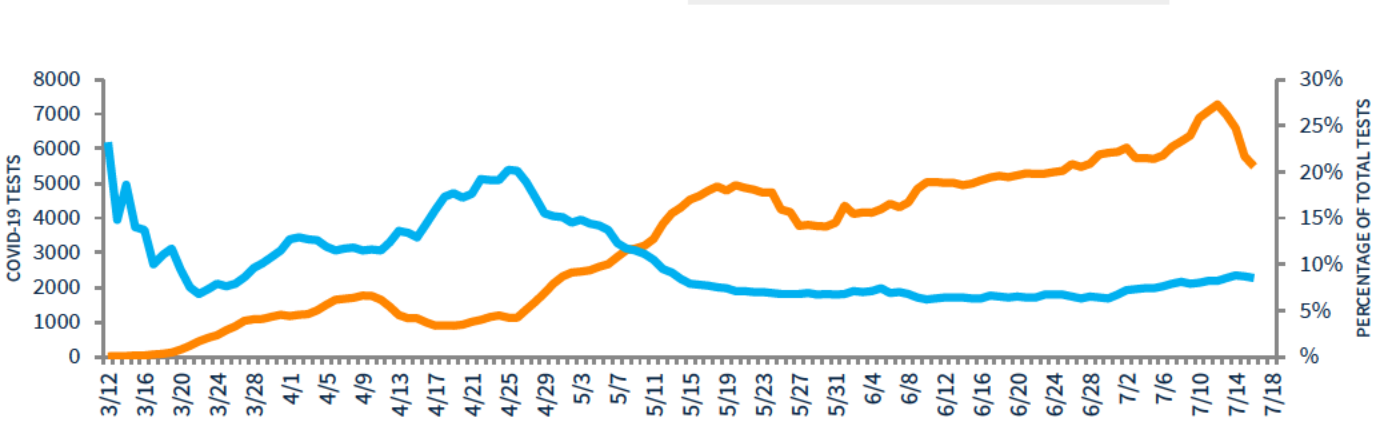


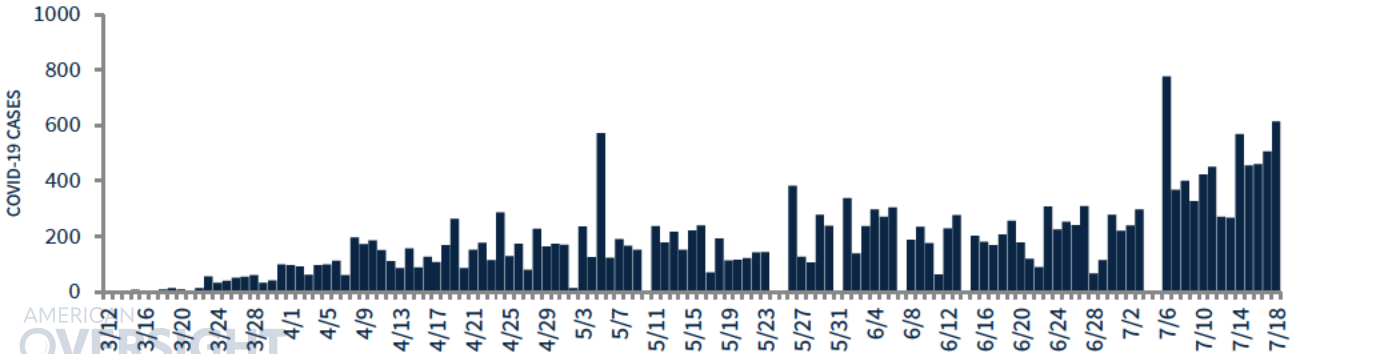
AMERICAN OVERSIGHT

NIH FOIA 001066

HHS-NIH-20-0496-A-001066

TRENDS IN KENTUCKY





COVID-19 SNAPSHOT

POSITIVITY RATE	8.5%
NEW CASES PER 100K / DAY	10 (weekly avg.)
TESTING PER 100K / DAY	123 (weekly avg.)
BED UTILIZATION	60%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.6%
INCIDENCE	+14%
TESTING PER 100K / DAY	-14%
BED UTILIZATION	+3%

RISK FACTORS

POPULATION DENSITY	113 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	6.2%

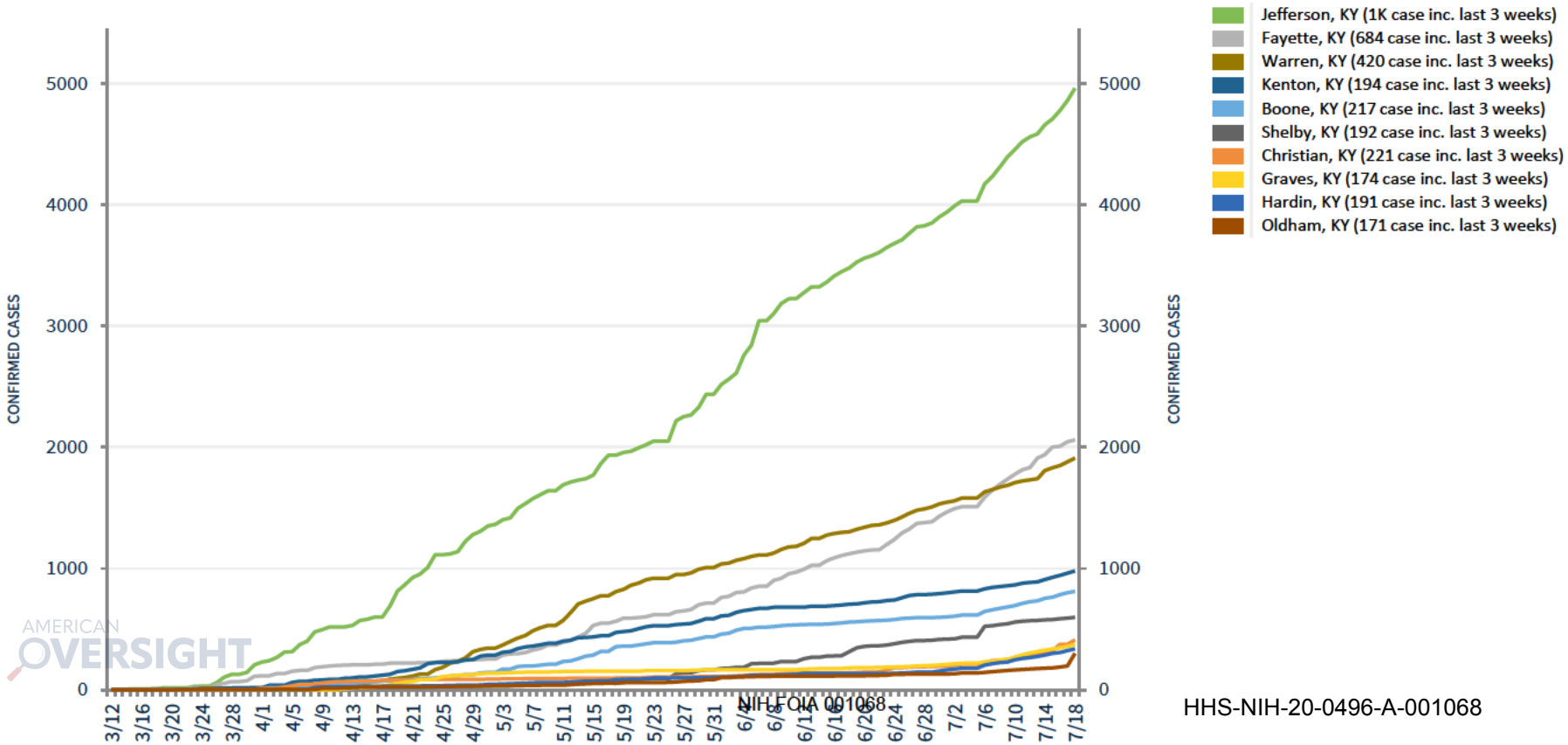
** Most recent several days of testing data is incomplete until all test results come in; testing data will be updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001067
HHS-NIH-20-0496-A-001067

KENTUCKY: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

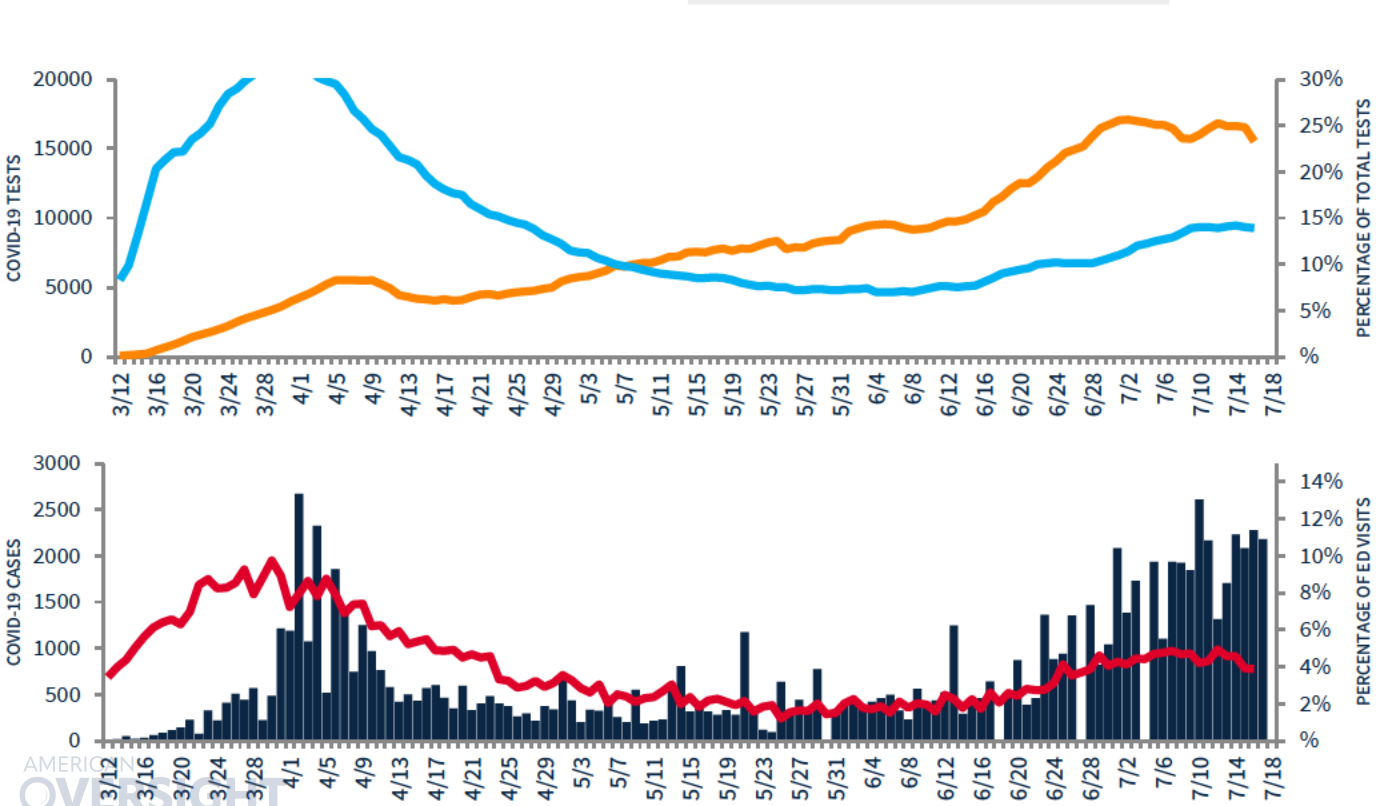


AMERICAN OVERSIGHT

NIH FOIA 001068

HHS-NIH-20-0496-A-001068

TRENDS IN LOUISIANA



COVID-19 SNAPSHOT

POSITIVITY RATE	13.9%
NEW CASES PER 100K / DAY	36 (weekly avg.)
TESTING PER 100K / DAY	334 (weekly avg.)
BED UTILIZATION	55%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.0%
INCIDENCE	-13%
TESTING PER 100K / DAY	-1%
BED UTILIZATION	-9%

RISK FACTORS

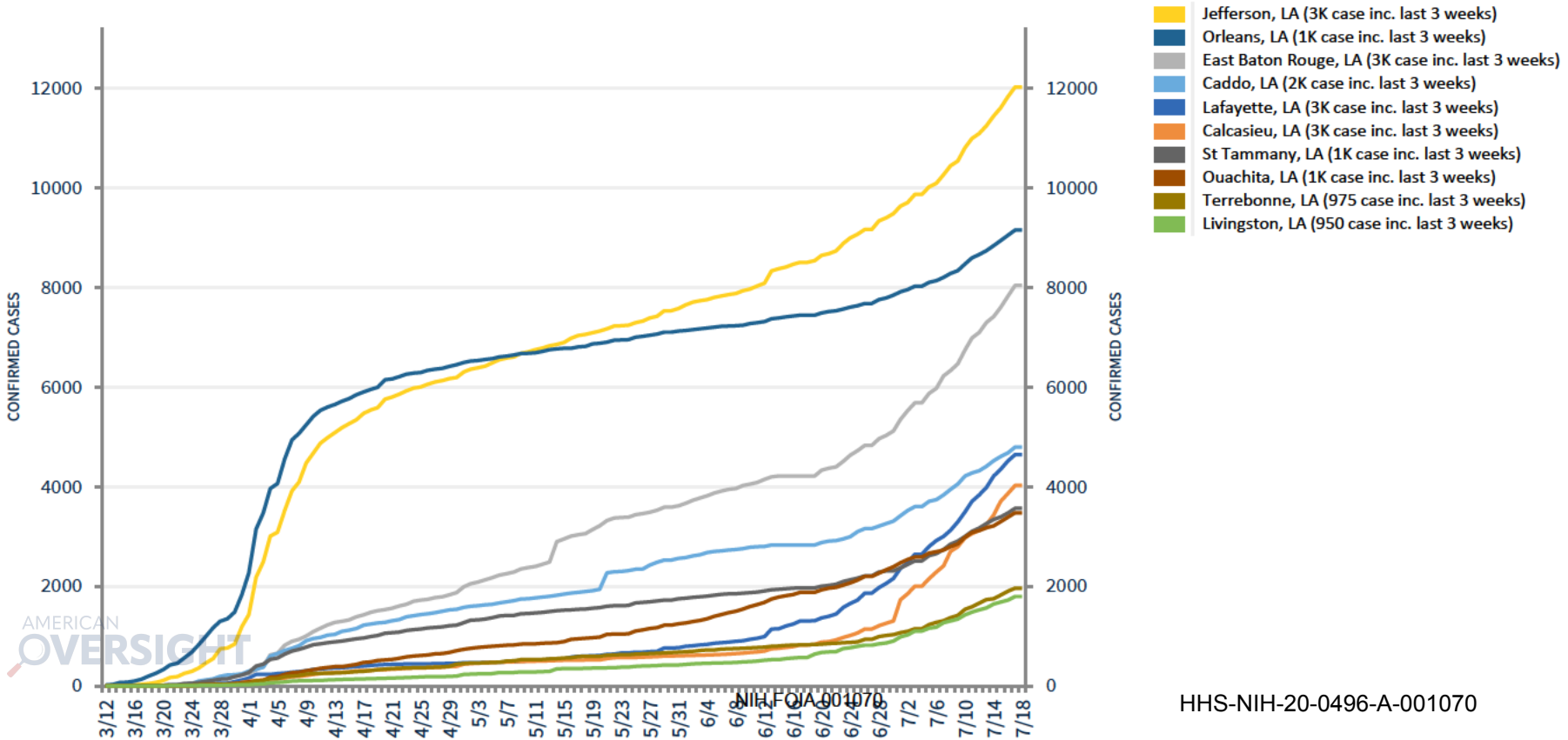
POPULATION DENSITY	108 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.3%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 001069
HHS-NIH-20-0496-A-001069

LOUISIANA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

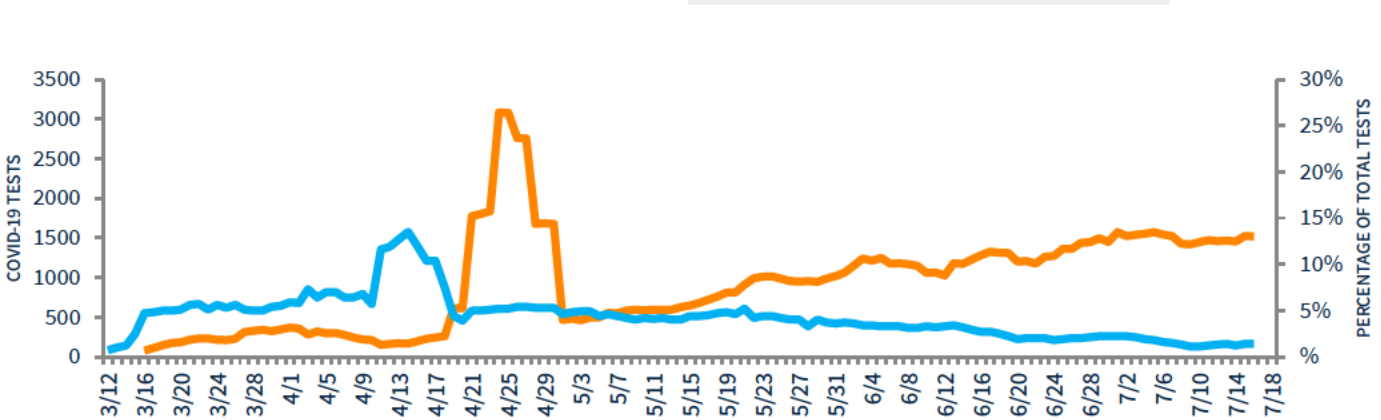


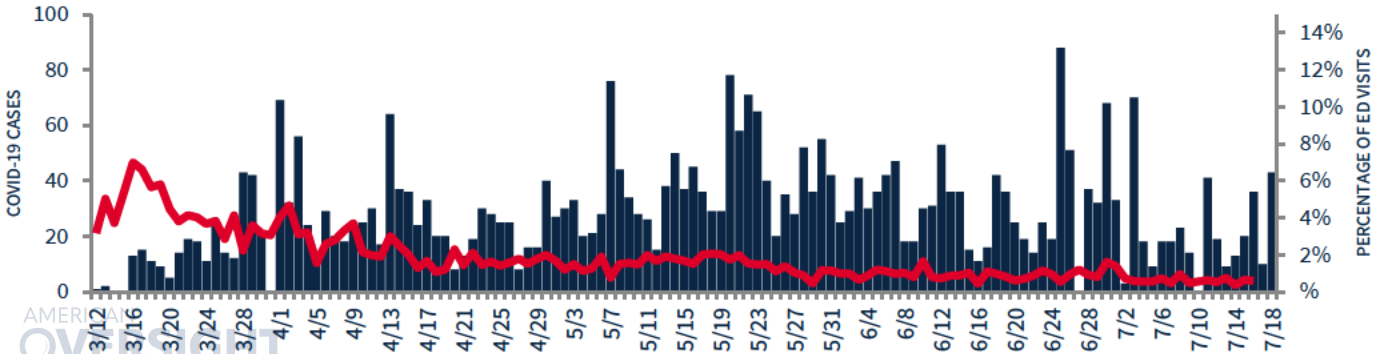
AMERICAN OVERSIGHT

NIH FOIA 001070

HHS-NIH-20-0496-A-001070

TRENDS IN MAINE





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	1.4%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	113 (weekly avg.)
BED UTILIZATION	59%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.3%
INCIDENCE	+22%
TESTING PER 100K / DAY	+7%
BED UTILIZATION	+1%

RISK FACTORS

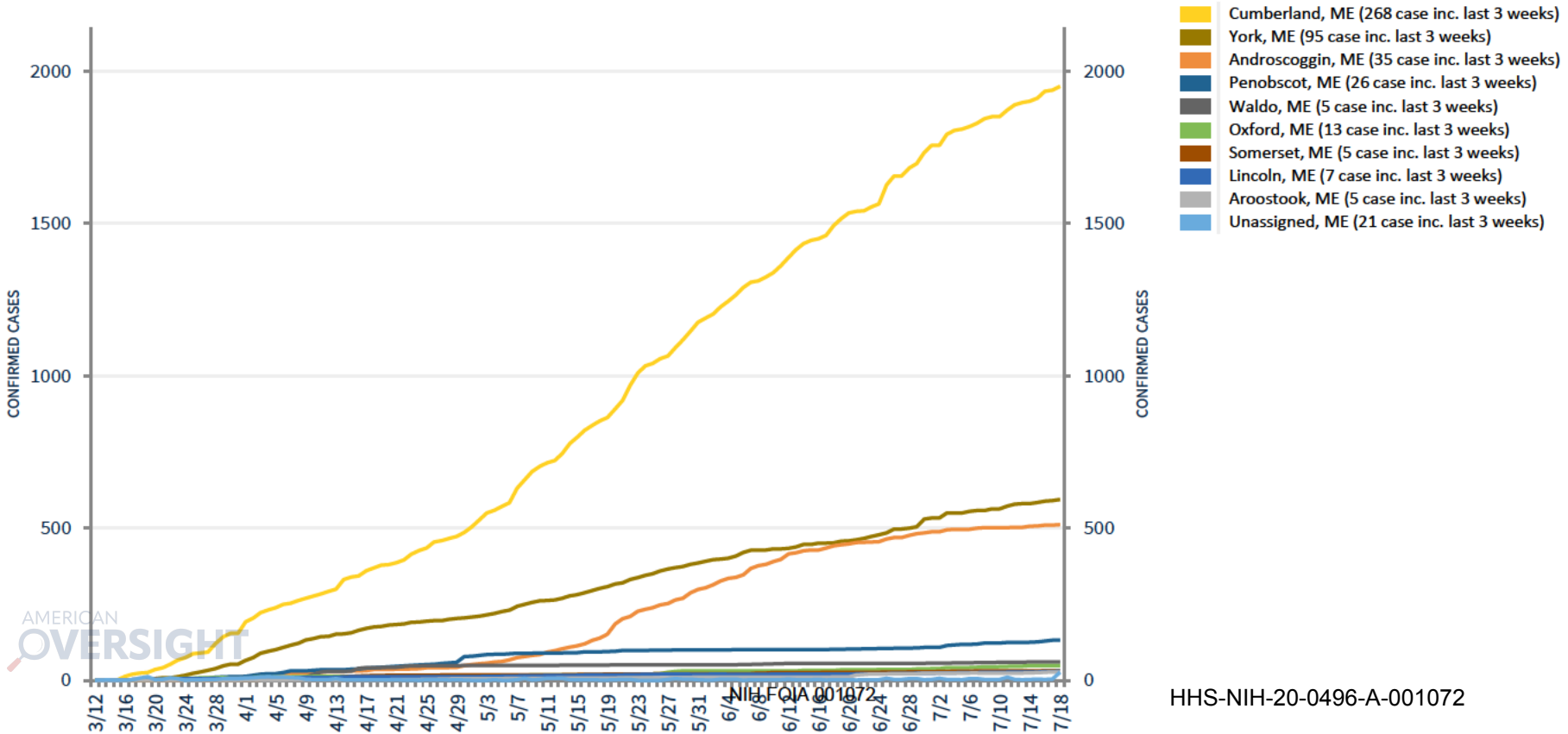
POPULATION DENSITY	44 per sq mi
% OVER 60	29%
CRUDE CVD PREVALENCE	4.7%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 001071
HHS-NIH-20-0496-A-001071

MAINE: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

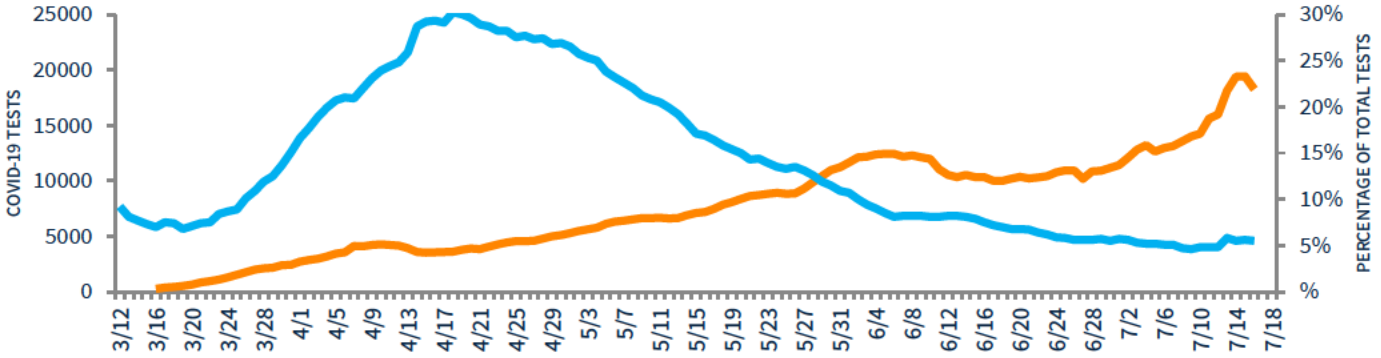


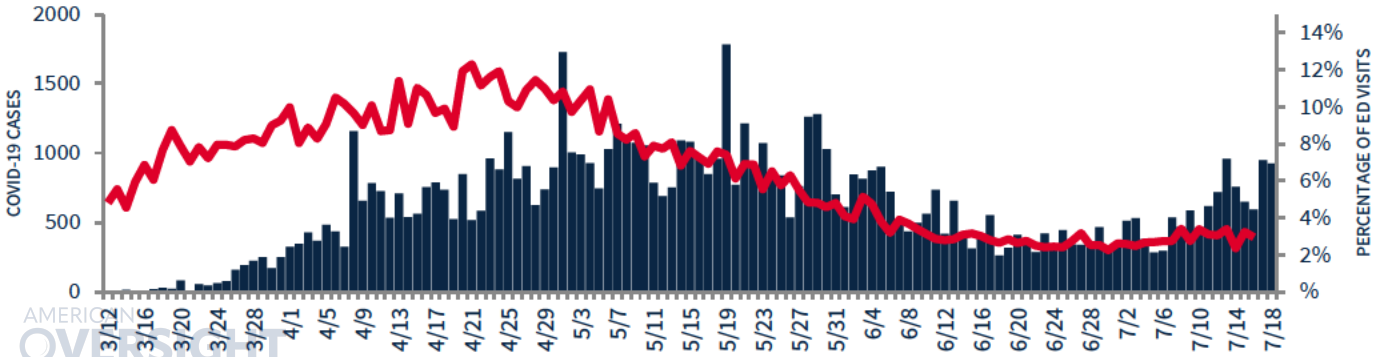
AMERICAN OVERSIGHT

NIH FOIA 001872

HHS-NIH-20-0496-A-001072

TRENDS IN MARYLAND





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	5.5%
NEW CASES PER 100K / DAY	13 (weekly avg.)
TESTING PER 100K / DAY	302 (weekly avg.)
BED UTILIZATION	60%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.9%
INCIDENCE	+71%
TESTING PER 100K / DAY	+31%
BED UTILIZATION	+15%

RISK FACTORS

POPULATION DENSITY	623 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.3%

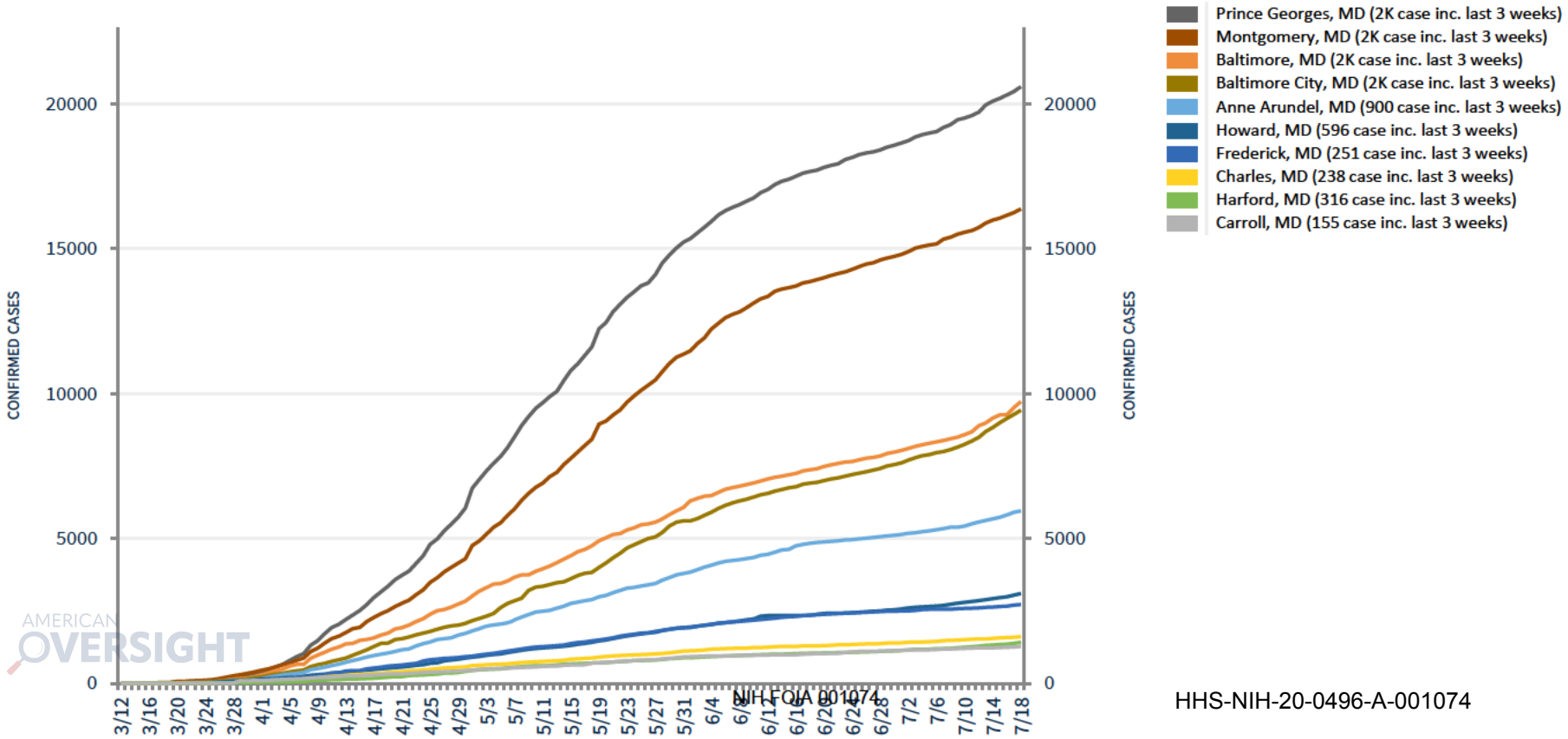
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 001073
HHS-NIH-20-0496-A-001073

MARYLAND: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

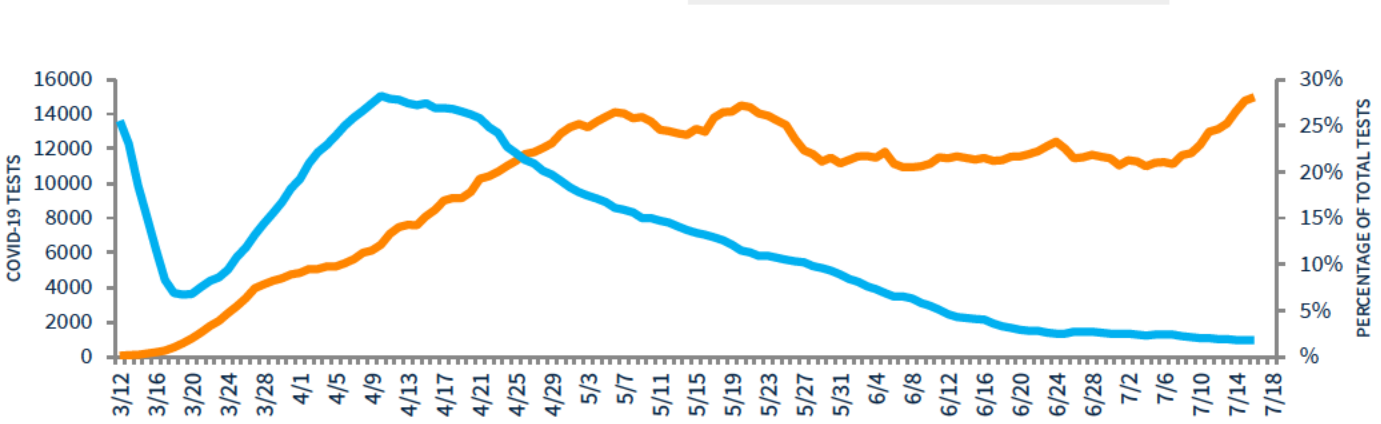


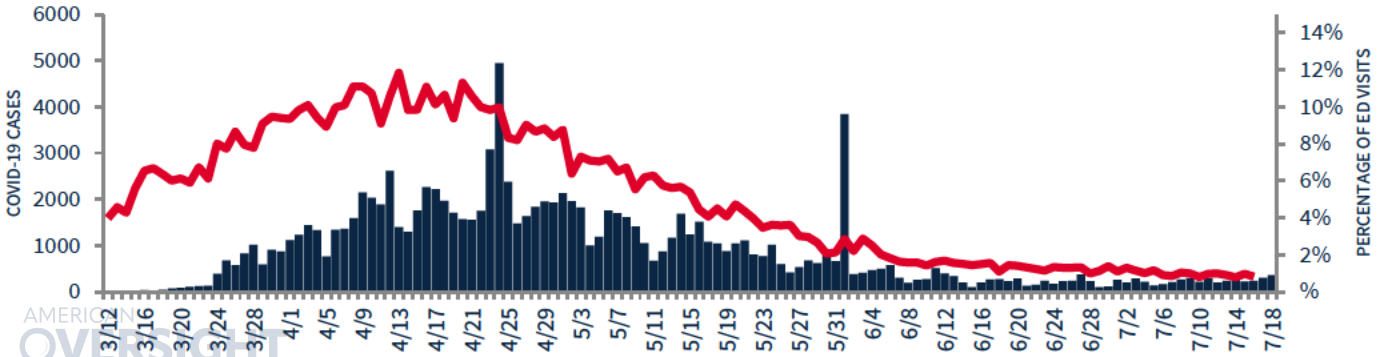
AMERICAN OVERSIGHT

NIH FOIA 001074

HHS-NIH-20-0496-A-001074

TRENDS IN MASSACHUSETTS





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	1.8%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	217 (weekly avg.)
BED UTILIZATION	70%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.3%
INCIDENCE	+18%
TESTING PER 100K / DAY	+28%
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	884 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.6%

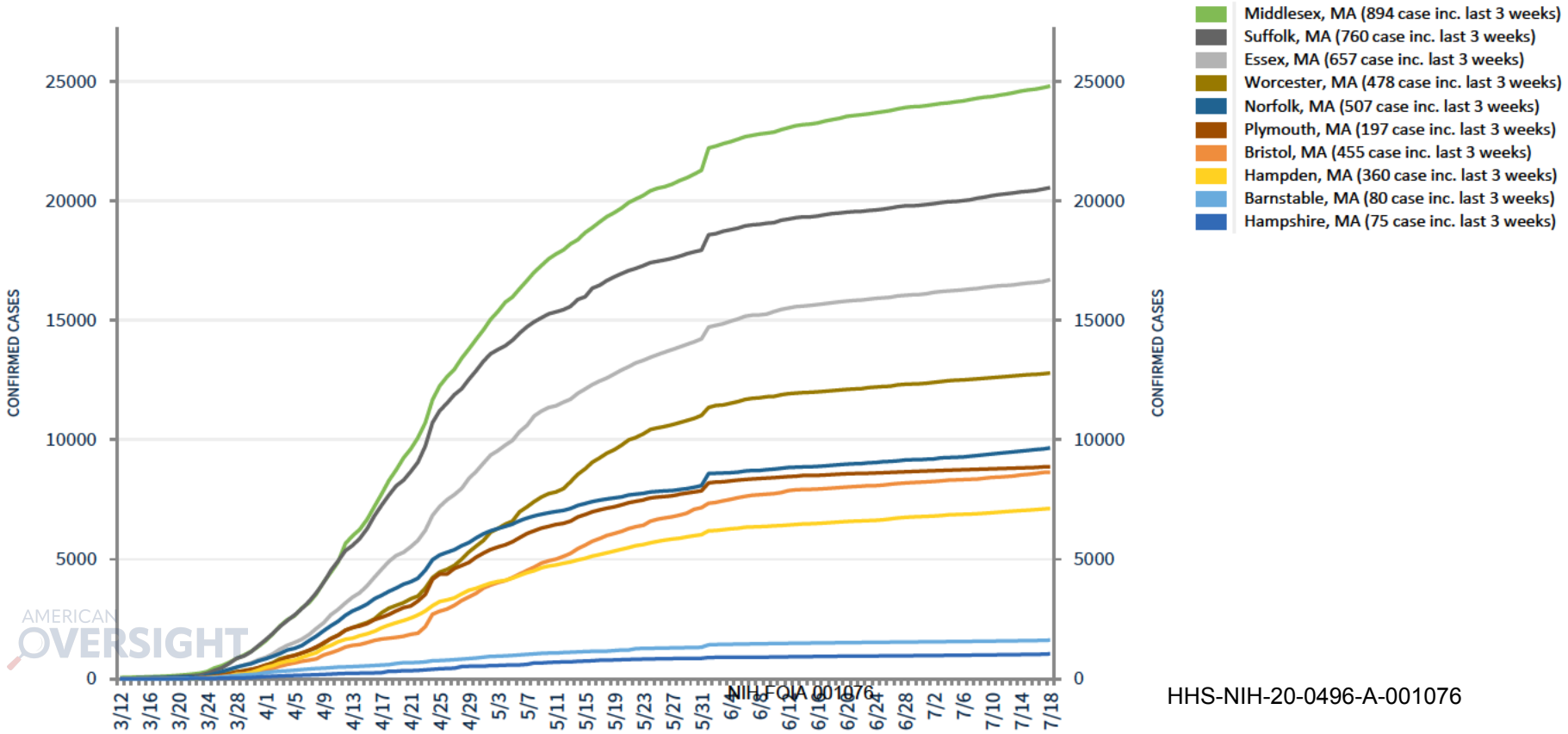
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 001075
HHS-NIH-20-0496-A-001075

MASSACHUSETTS: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

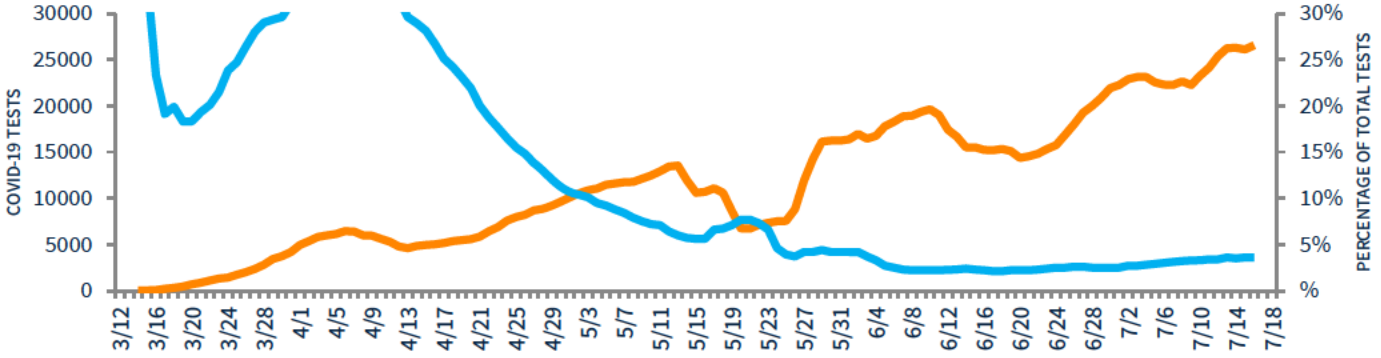


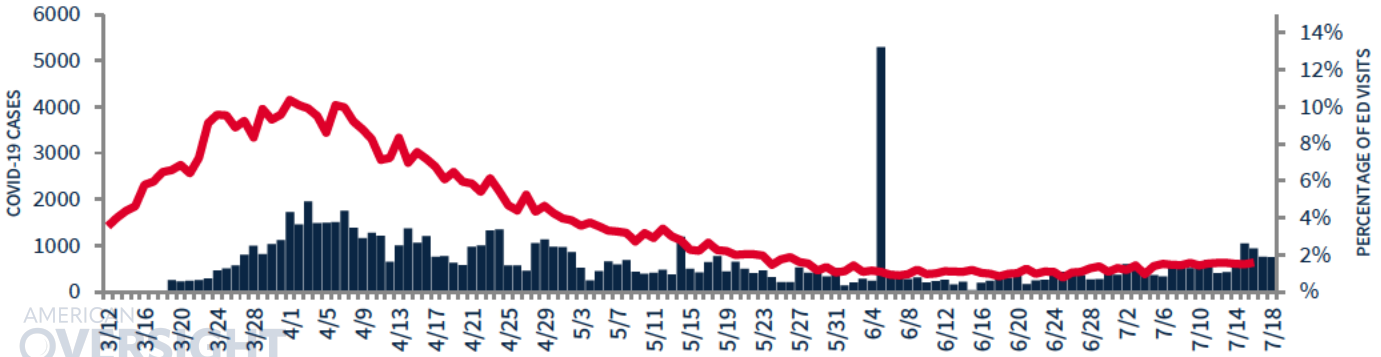
AMERICAN OVERSIGHT

NIH FOIA 001876

HHS-NIH-20-0496-A-001076

TRENDS IN MICHIGAN





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	3.6%
NEW CASES PER 100K / DAY	7 (weekly avg.)
TESTING PER 100K / DAY	266 (weekly avg.)
BED UTILIZATION	64%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.3%
INCIDENCE	+31%
TESTING PER 100K / DAY	+19%
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	176 per sq mi
% OVER 60	25%
CRUDE CVD PREVALENCE	5.2%

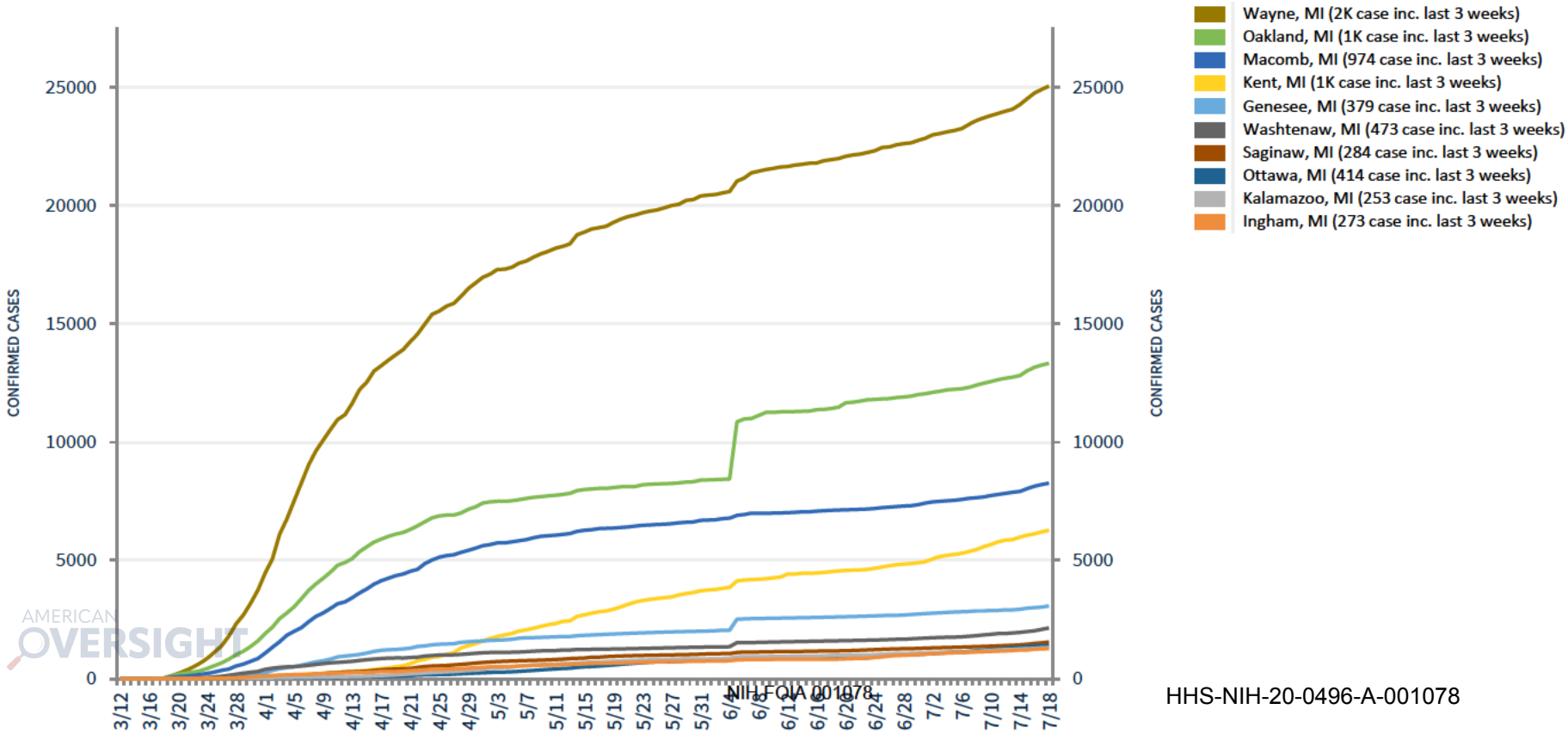
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 001077
HHS-NIH-20-0496-A-001077

MICHIGAN: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

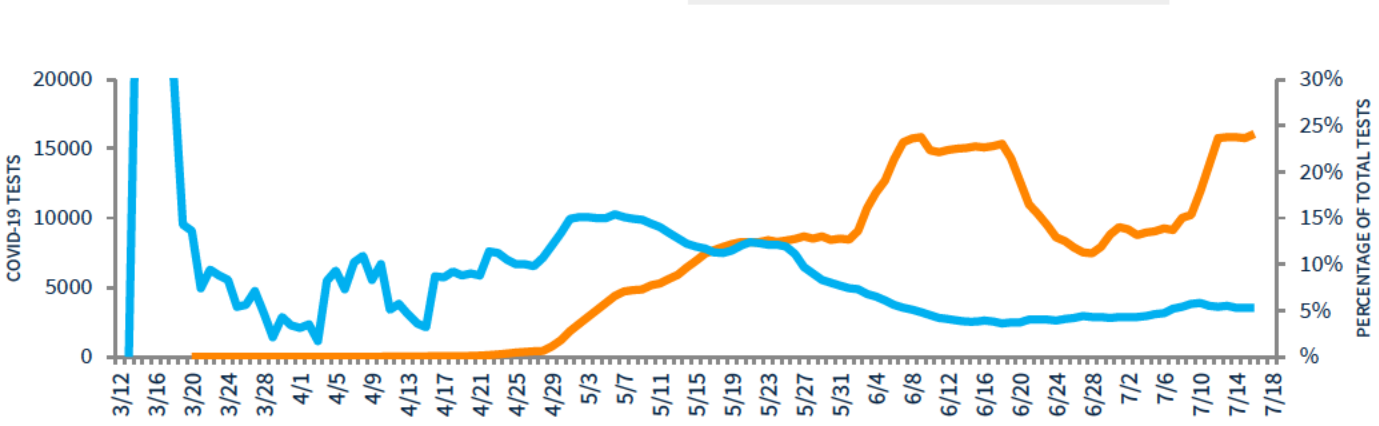


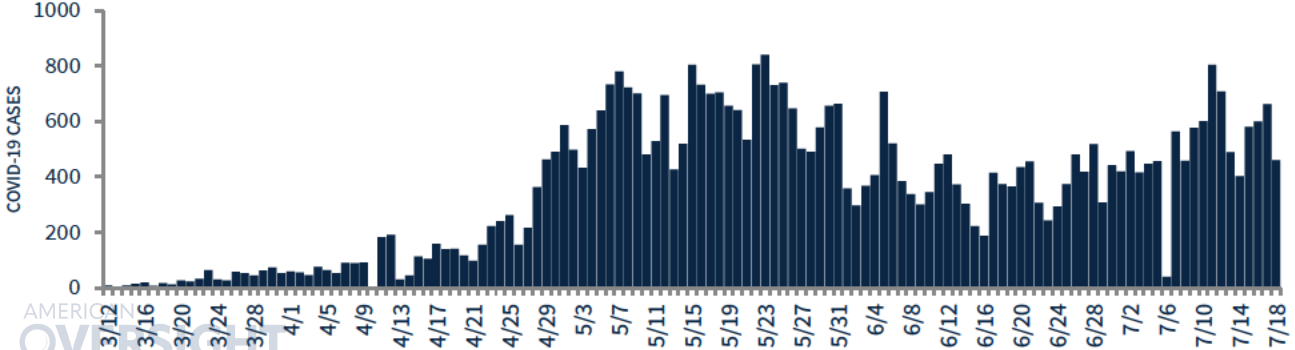
AMERICAN OVERSIGHT

NIH FOIA 001078

HHS-NIH-20-0496-A-001078

TRENDS IN MINNESOTA





Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

COVID-19 SNAPSHOT

POSITIVITY RATE	5.3%
NEW CASES PER 100K / DAY	10 (weekly avg.)
TESTING PER 100K / DAY	285 (weekly avg.)
BED UTILIZATION	57%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.4%
INCIDENCE	+11%
TESTING PER 100K / DAY	+57%
BED UTILIZATION	+1%

RISK FACTORS

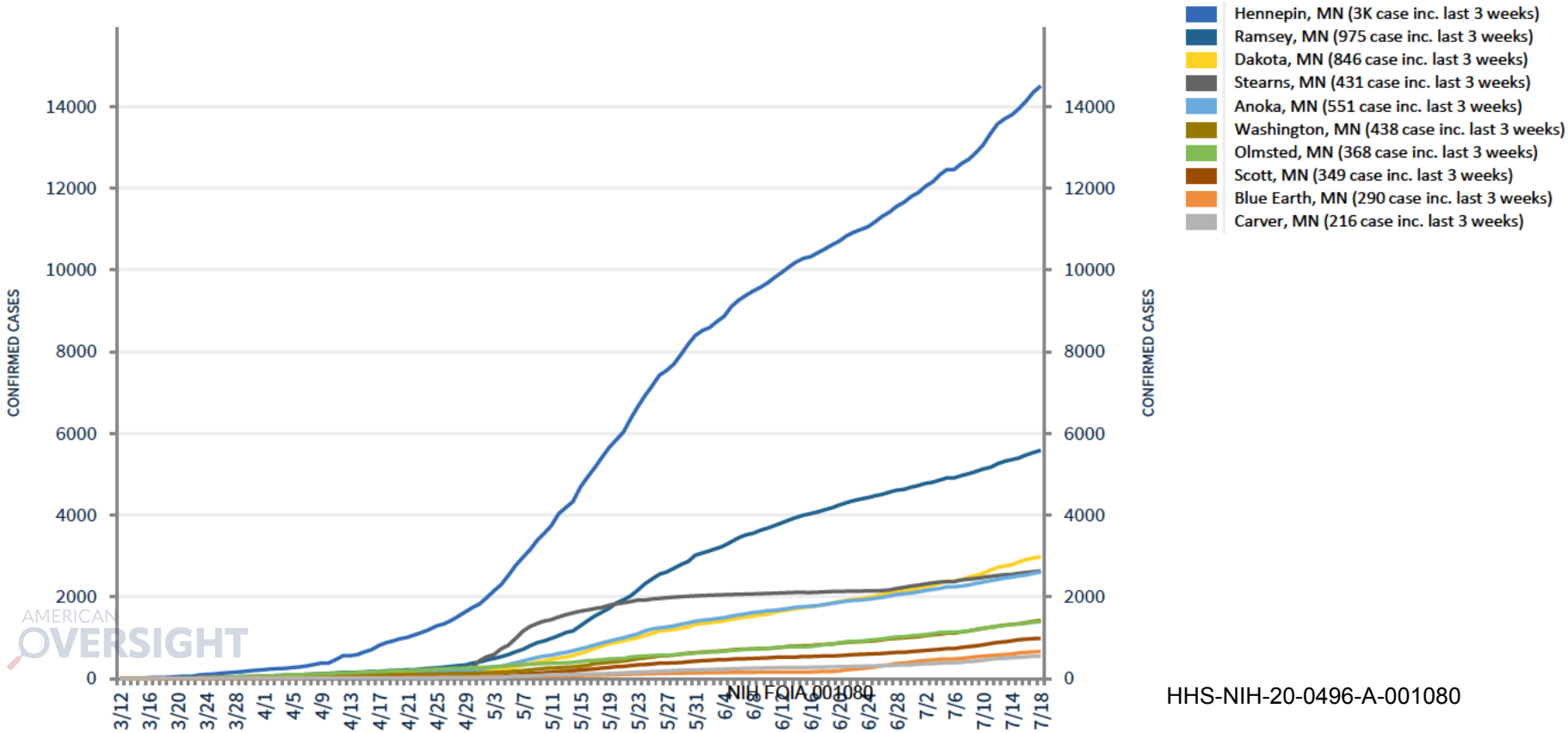
POPULATION DENSITY	71 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	3.4%

** Most recent several days of testing data is incomplete until all test results come in; testing data will be updated as results are received*

Not enough CLI syndromic surveillance data to display

AMERICAN OVERSIGHT
NIH FOIA 001079
HHS-NIH-20-0496-A-001079

MINNESOTA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

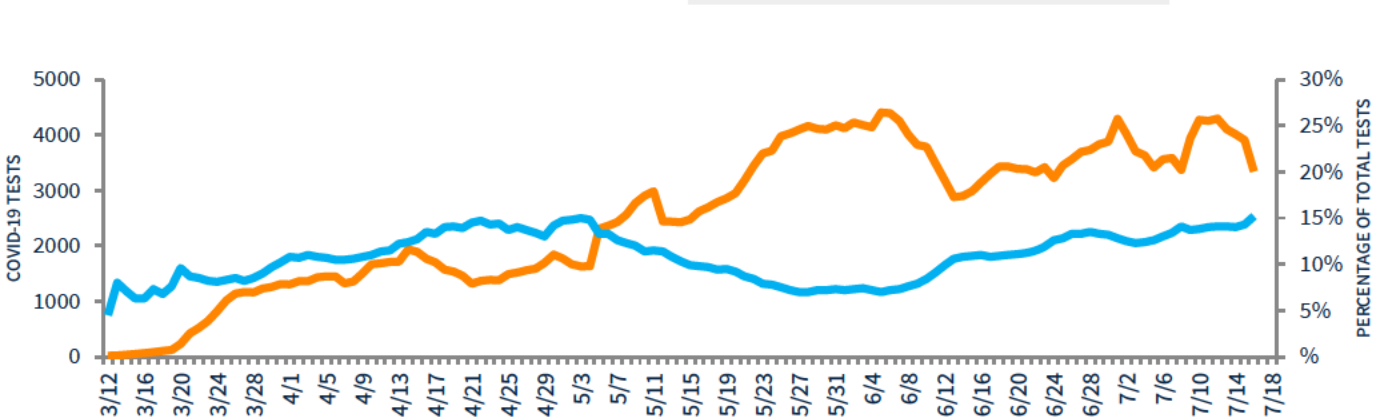


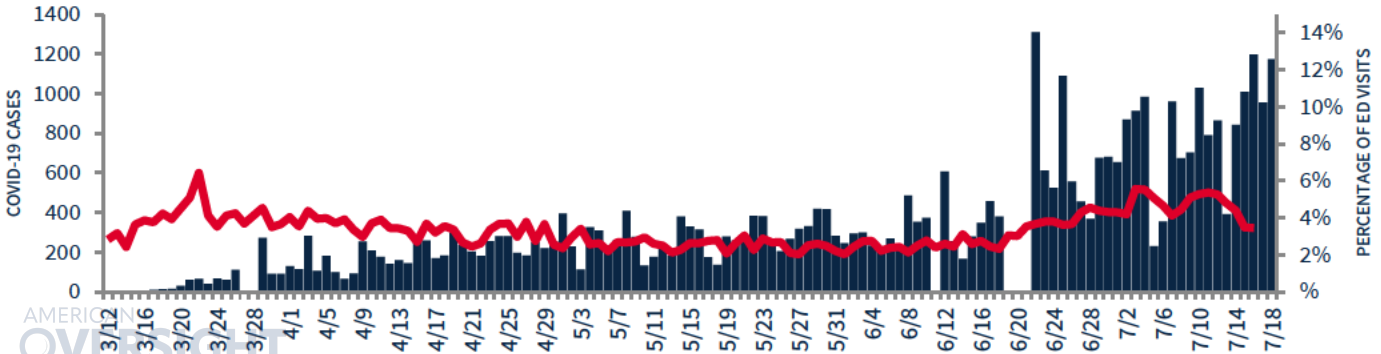
AMERICAN OVERSIGHT

NIH FOIA 001080

HHS-NIH-20-0496-A-001080

TRENDS IN MISSISSIPPI





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	15.2%
NEW CASES PER 100K / DAY	31 (weekly avg.)
TESTING PER 100K / DAY	112 (weekly avg.)
BED UTILIZATION	59%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.5%
INCIDENCE	+36%
TESTING PER 100K / DAY	-15%
BED UTILIZATION	+3%

RISK FACTORS

POPULATION DENSITY	63 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	5.6%

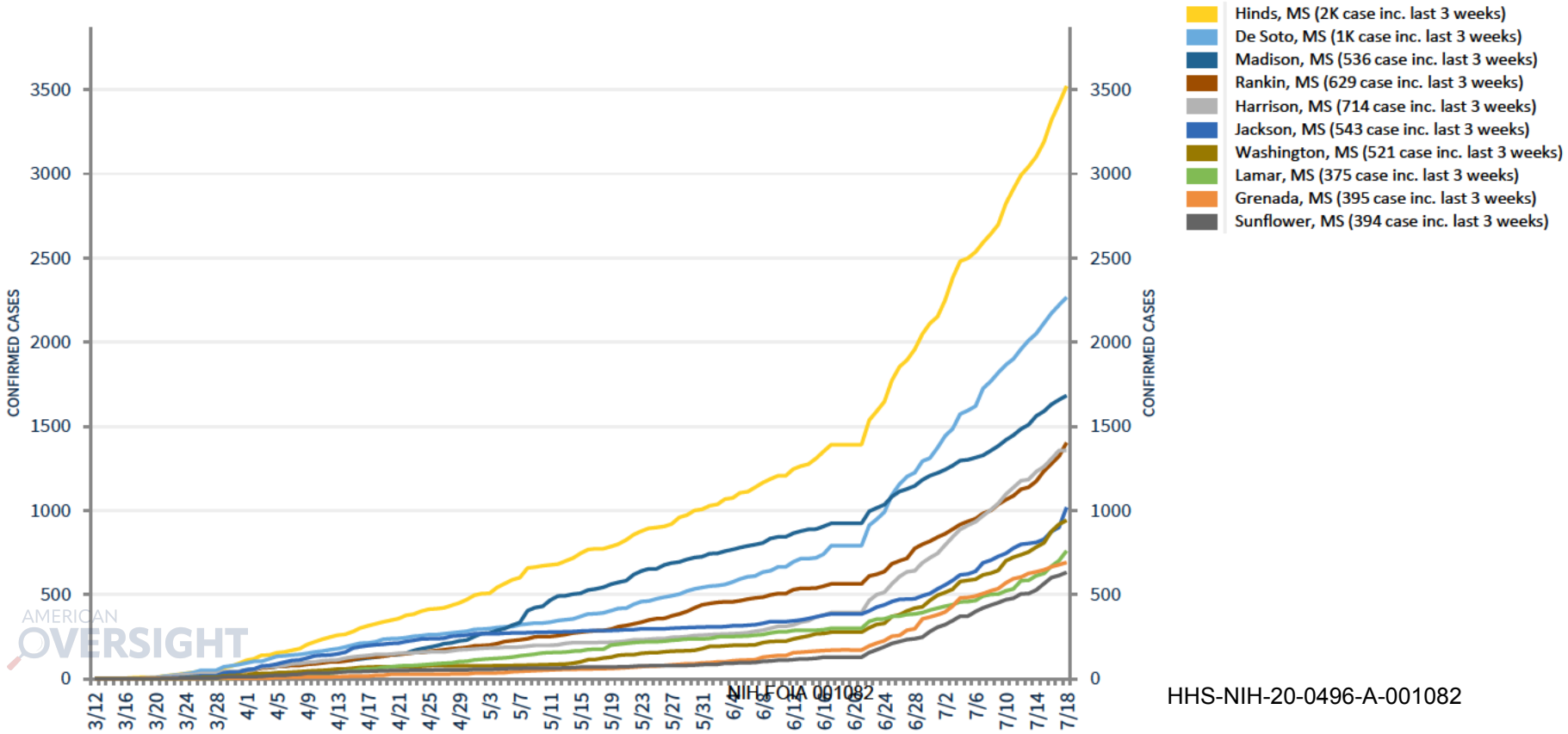
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001081
HHS-NIH-20-0496-A-001081

MISSISSIPPI: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

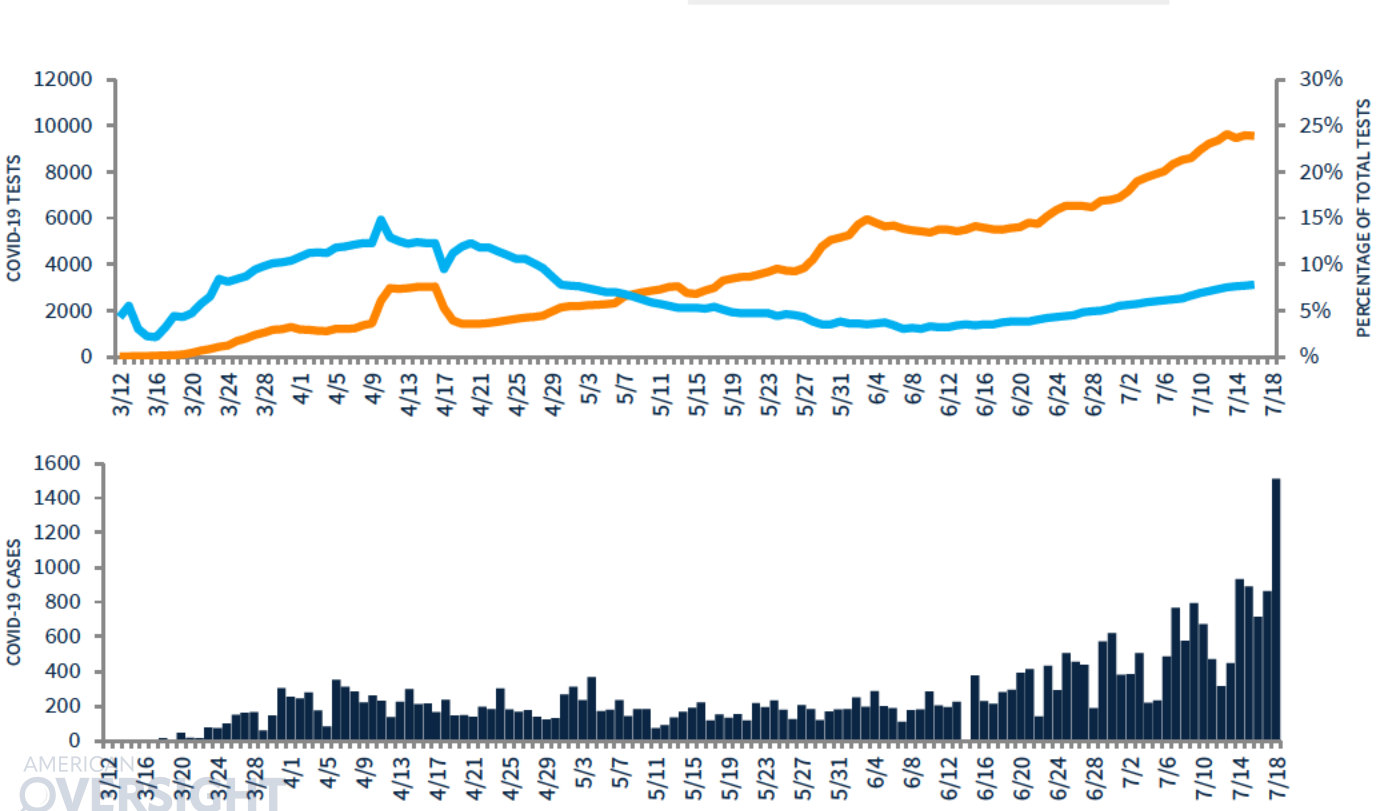


AMERICAN OVERSIGHT

NIH FOIA 001082

HHS-NIH-20-0496-A-001082

TRENDS IN MISSOURI



COVID-19 SNAPSHOT

POSITIVITY RATE	7.8%
NEW CASES PER 100K / DAY	13 (weekly avg.)
TESTING PER 100K / DAY	156 (weekly avg.)
BED UTILIZATION	60%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.2%
INCIDENCE	+42%
TESTING PER 100K / DAY	+11%
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	89 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.7%

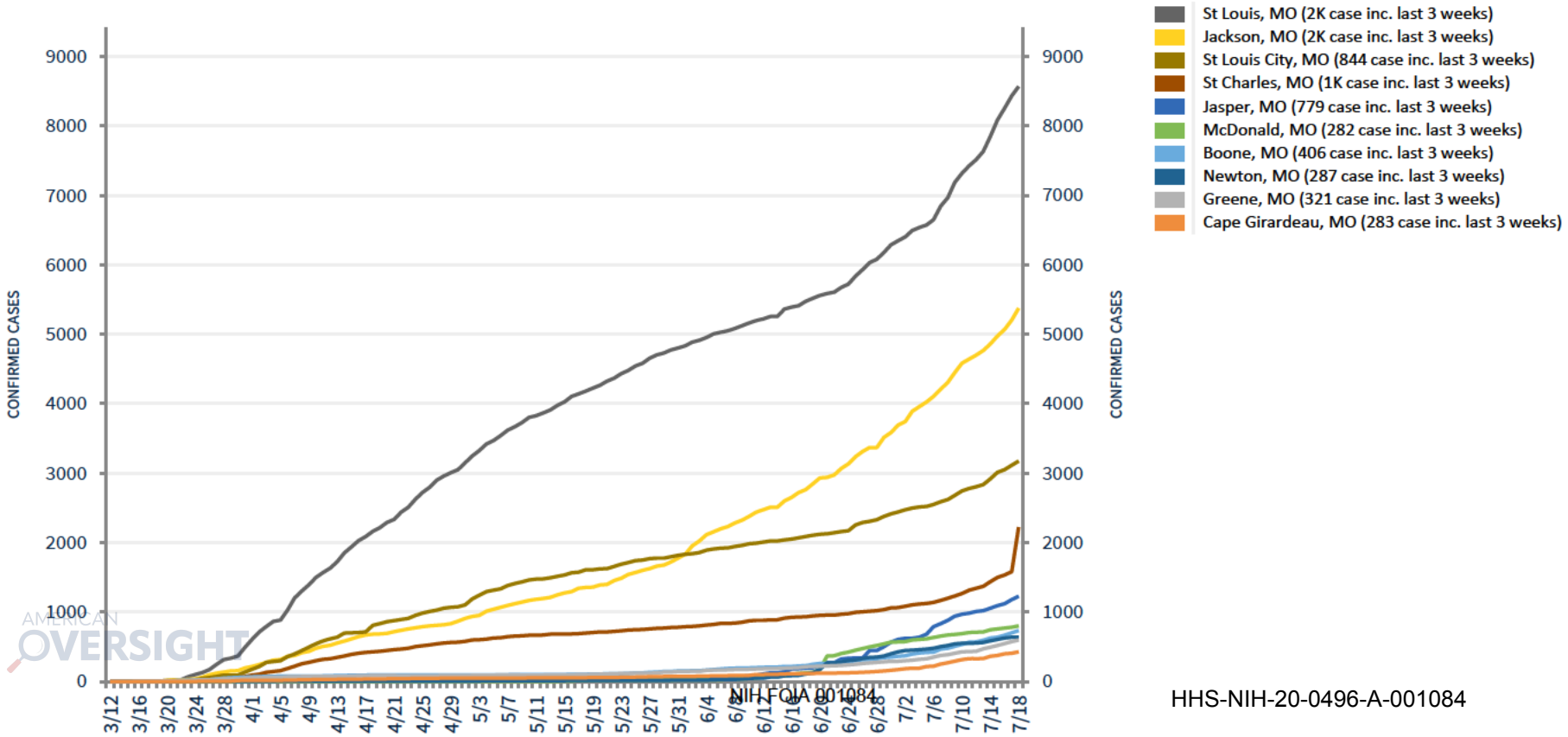
** Most recent several days of testing data is incomplete until all test results come in; testing data will be updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001083
HHS-NIH-20-0496-A-001083

MISSOURI: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

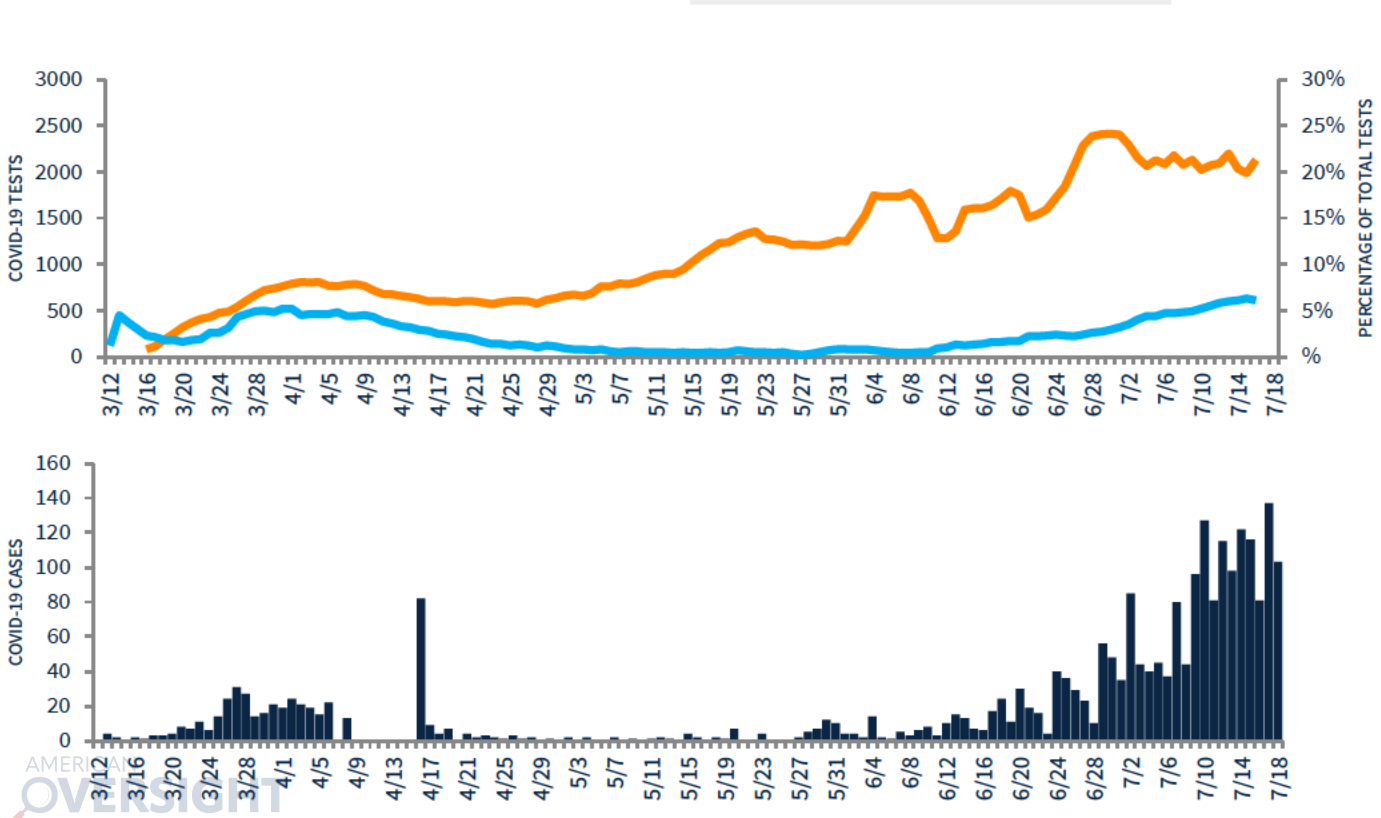


AMERICAN OVERSIGHT

NIH FOIA 001084

HHS-NIH-20-0496-A-001084

TRENDS IN MONTANA



COVID-19 SNAPSHOT

POSITIVITY RATE	6.1%
NEW CASES PER 100K / DAY	10 (weekly avg.)
TESTING PER 100K / DAY	199 (weekly avg.)
BED UTILIZATION	59%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.2%
INCIDENCE	+51%
TESTING PER 100K / DAY	+0%
BED UTILIZATION	-3%

RISK FACTORS

POPULATION DENSITY	7 per sq mi
% OVER 60	27%
CRUDE CVD PREVALENCE	3.1%

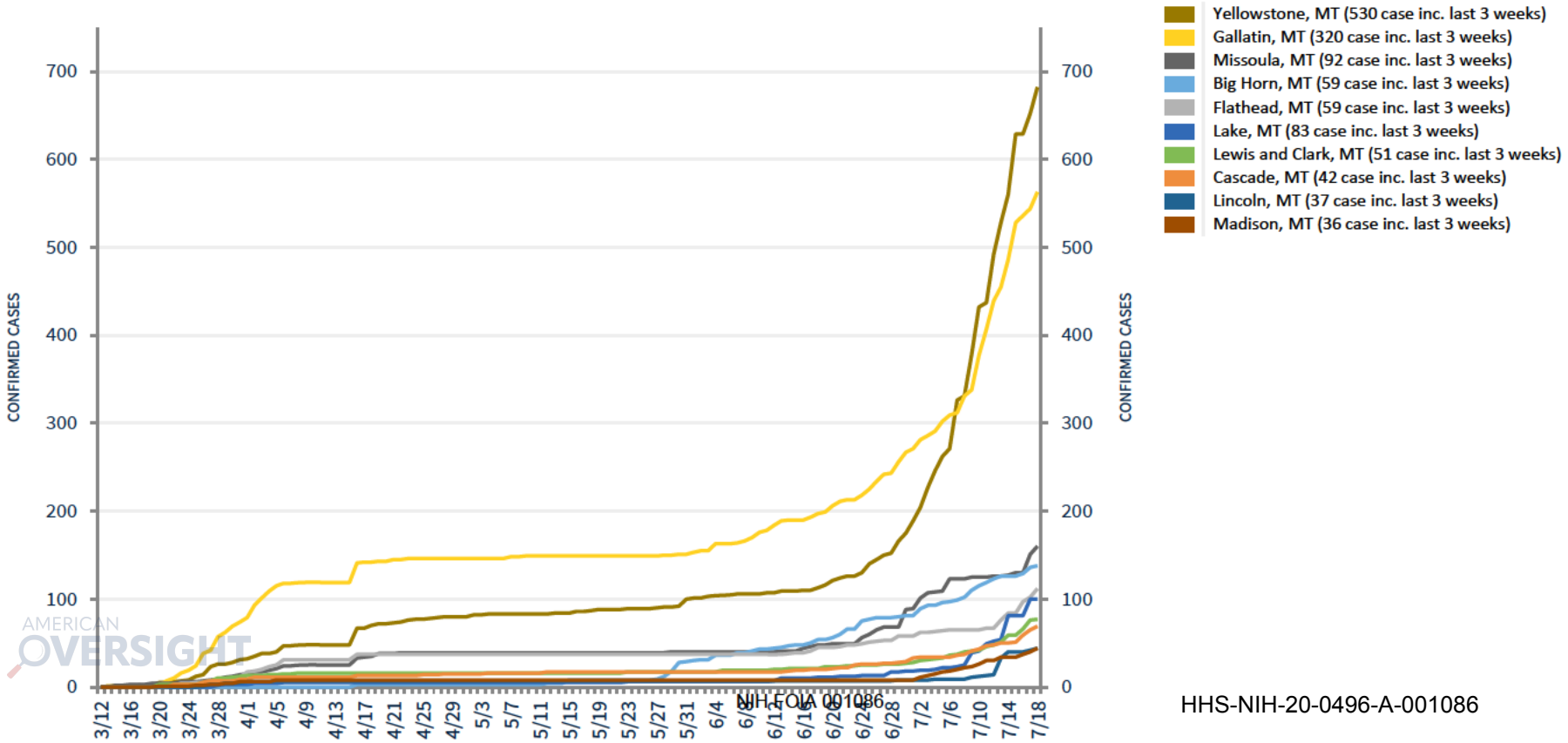
** Most recent several days of testing data is incomplete until all test results come in; testing data will be updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001085
HHS-NIH-20-0496-A-001085

MONTANA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

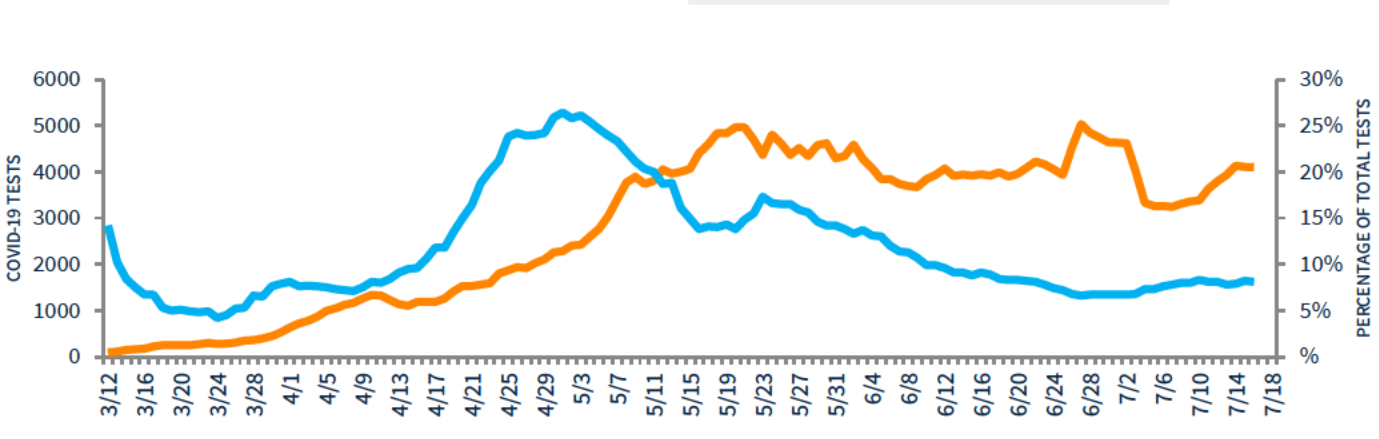


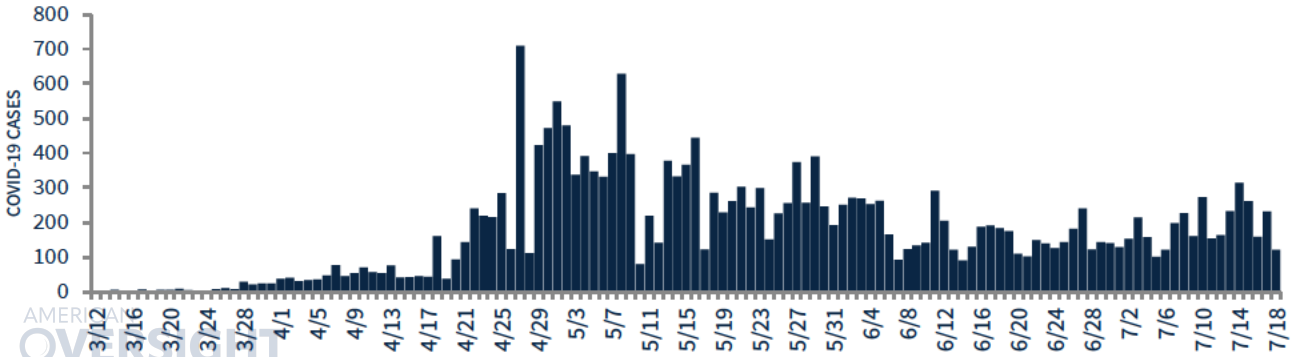
AMERICAN OVERSIGHT

NIH FOIA 001086

HHS-NIH-20-0496-A-001086

TRENDS IN NEBRASKA





COVID-19 SNAPSHOT

POSITIVITY RATE	8.1%
NEW CASES PER 100K / DAY	11 (weekly avg.)
TESTING PER 100K / DAY	212 (weekly avg.)
BED UTILIZATION	56%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.1%
INCIDENCE	+20%
TESTING PER 100K / DAY	+22%
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	25 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.8%

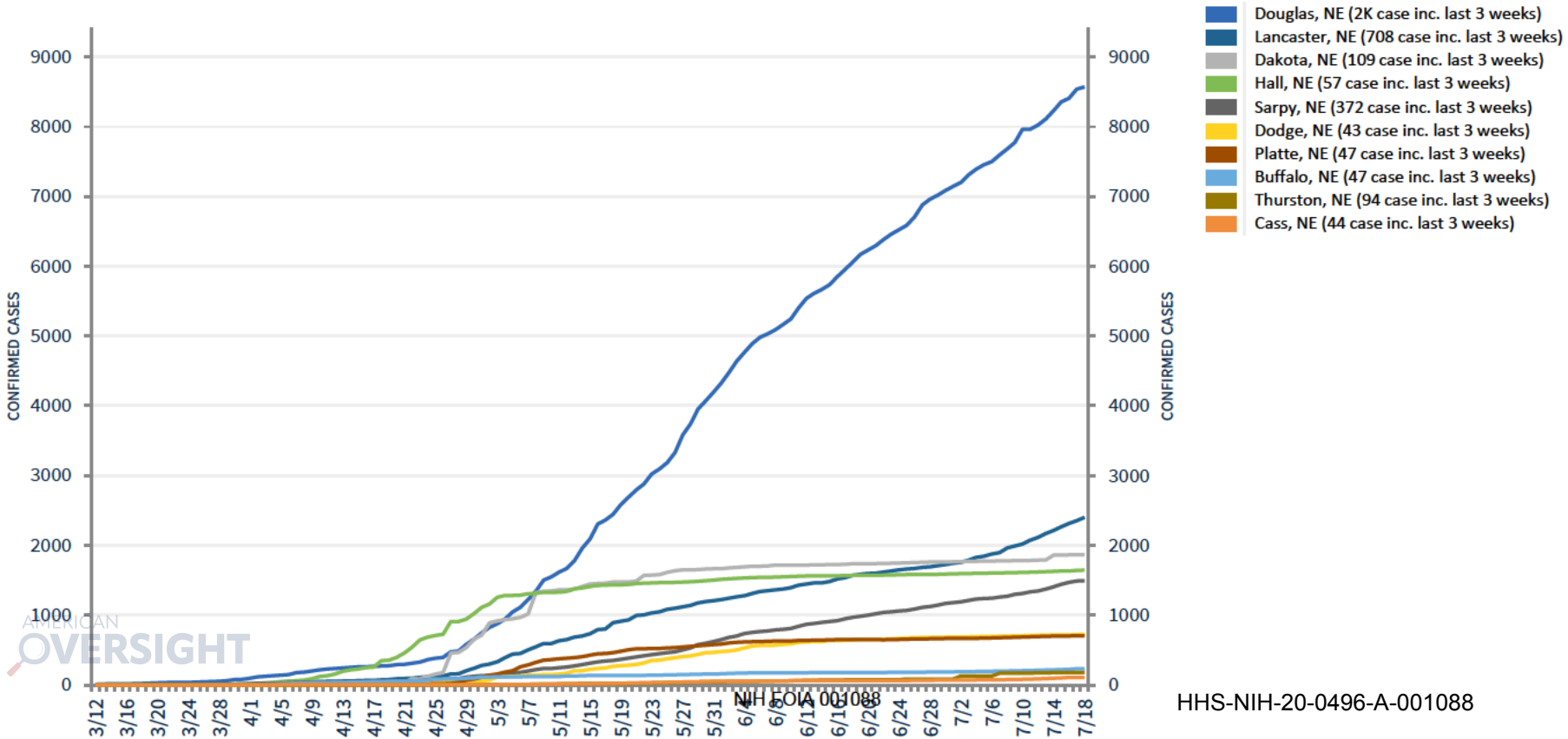
** Most recent several days of testing data is incomplete until all test results come in; testing data will be updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001687
HHS-NIH-20-0496-A-001087

NEBRASKA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

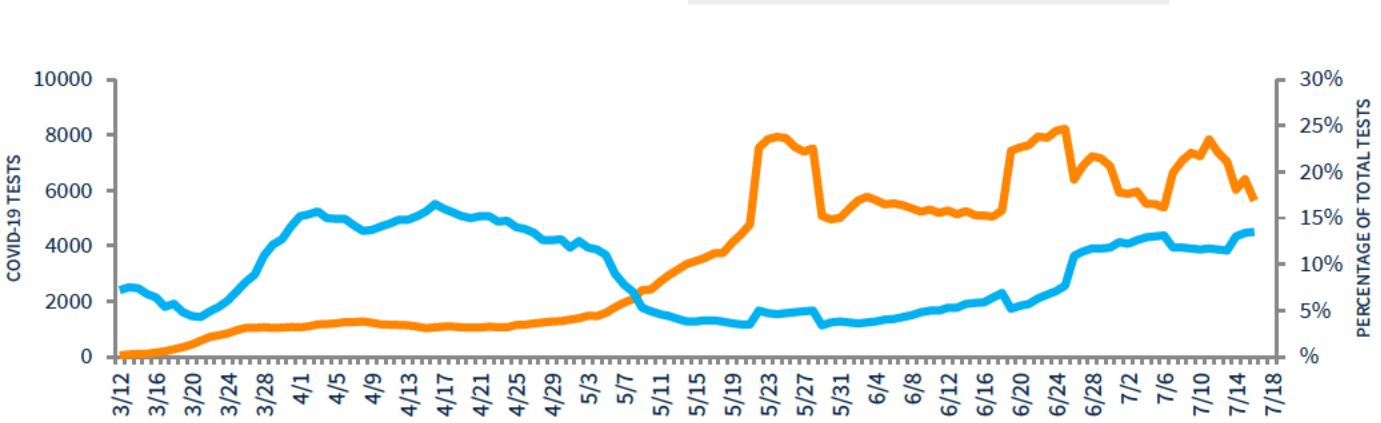


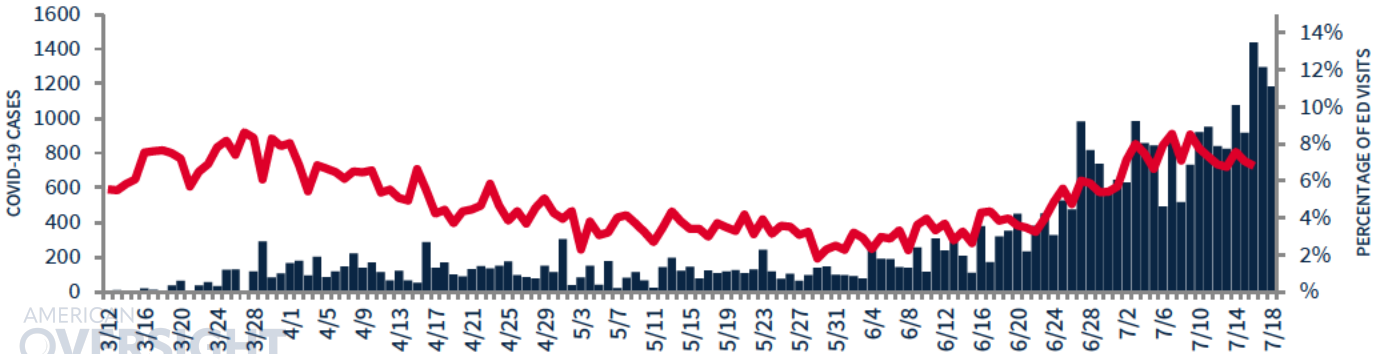
AMERICAN OVERSIGHT

NIH FOIA 001088

HHS-NIH-20-0496-A-001088

TRENDS IN NEVADA





COVID-19 SNAPSHOT

POSITIVITY RATE	13.5%
NEW CASES PER 100K / DAY	35 (weekly avg.)
TESTING PER 100K / DAY	183 (weekly avg.)
BED UTILIZATION	70%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.8%
INCIDENCE	+42%
TESTING PER 100K / DAY	-23%
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	28 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.3%

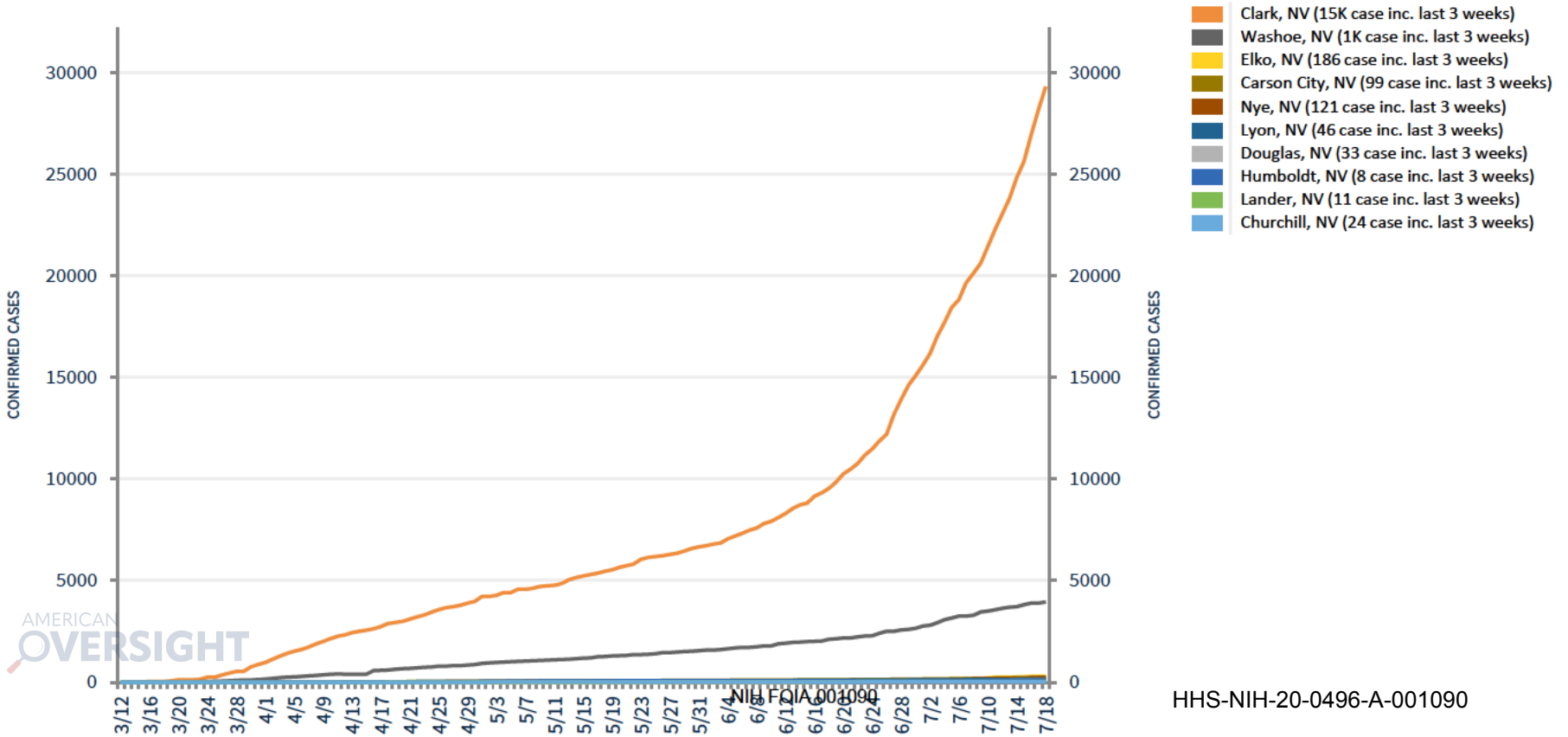
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001089
HHS-NIH-20-0496-A-001089

NEVADA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

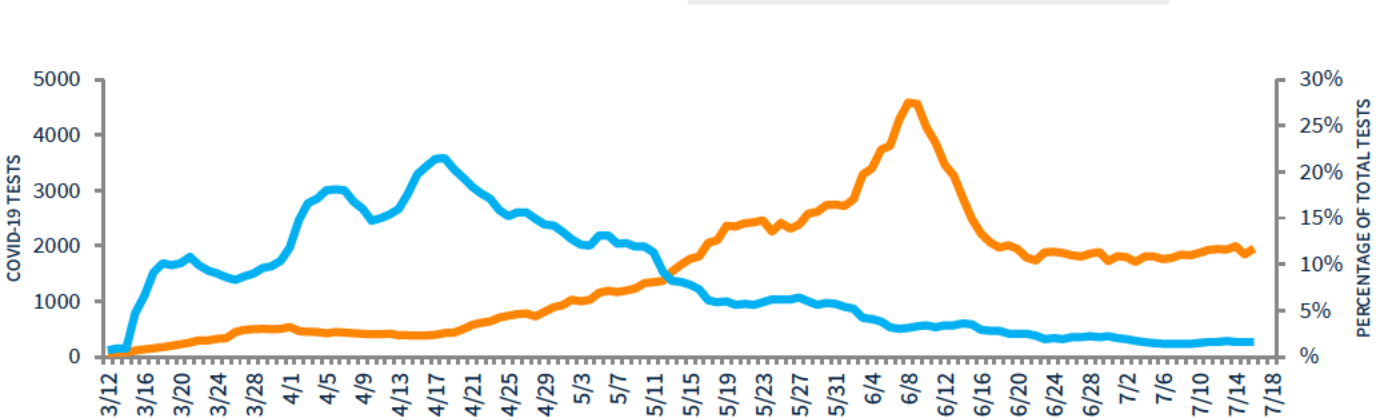


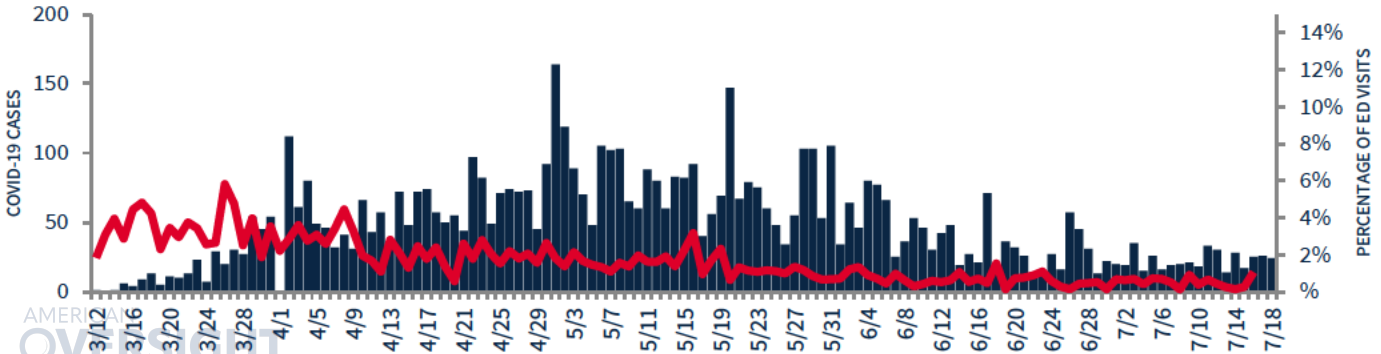
AMERICAN OVERSIGHT

NIH FOIA 001090

HHS-NIH-20-0496-A-001090

TRENDS IN NEW HAMPSHIRE





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	1.6%
NEW CASES PER 100K / DAY	2 (weekly avg.)
TESTING PER 100K / DAY	143 (weekly avg.)
BED UTILIZATION	63%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.2%
INCIDENCE	+7%
TESTING PER 100K / DAY	+7%
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	152 per sq mi
% OVER 60	26%
CRUDE CVD PREVALENCE	3.4%

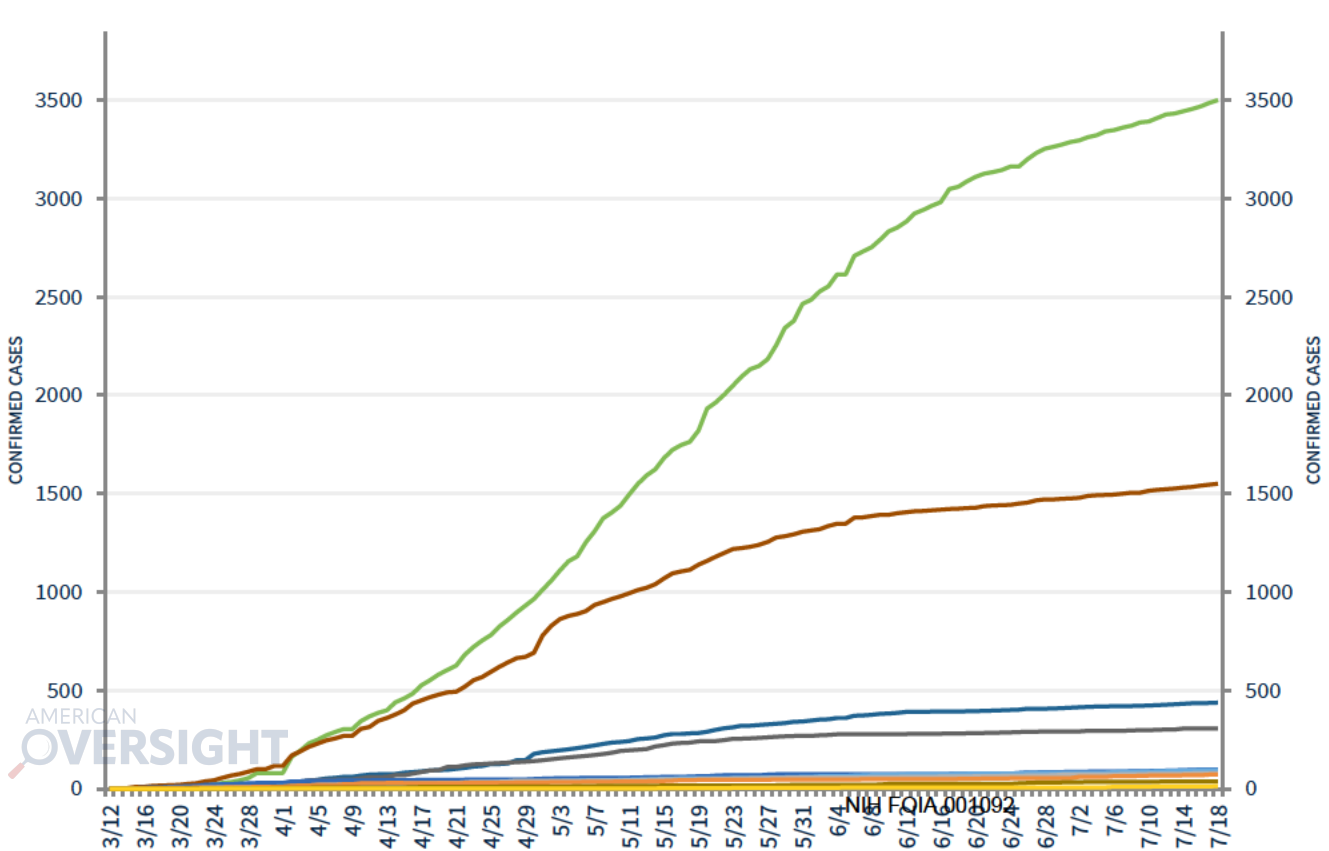
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001091
HHS-NIH-20-0496-A-001091

NEW HAMPSHIRE: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE



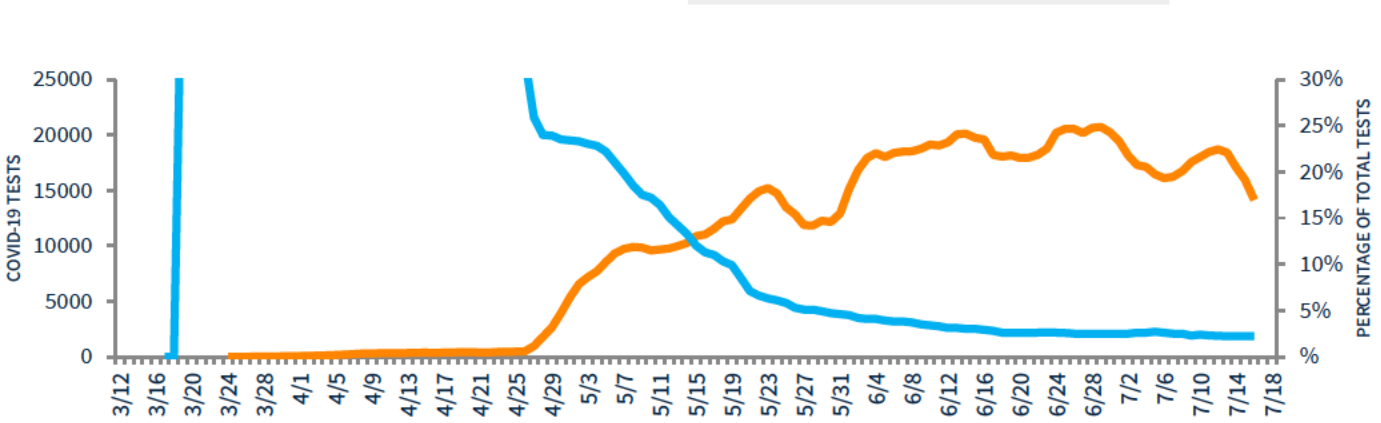
Hillsborough, NH (246 case inc. last 3 weeks)
Rockingham, NH (81 case inc. last 3 weeks)
Merrimack, NH (30 case inc. last 3 weeks)
Strafford, NH (15 case inc. last 3 weeks)
Grafton, NH (14 case inc. last 3 weeks)
Belknap, NH (14 case inc. last 3 weeks)
Cheshire, NH (13 case inc. last 3 weeks)
Carroll, NH (17 case inc. last 3 weeks)
Sullivan, NH (6 case inc. last 3 weeks)
Coos, NH (7 case inc. last 3 weeks)

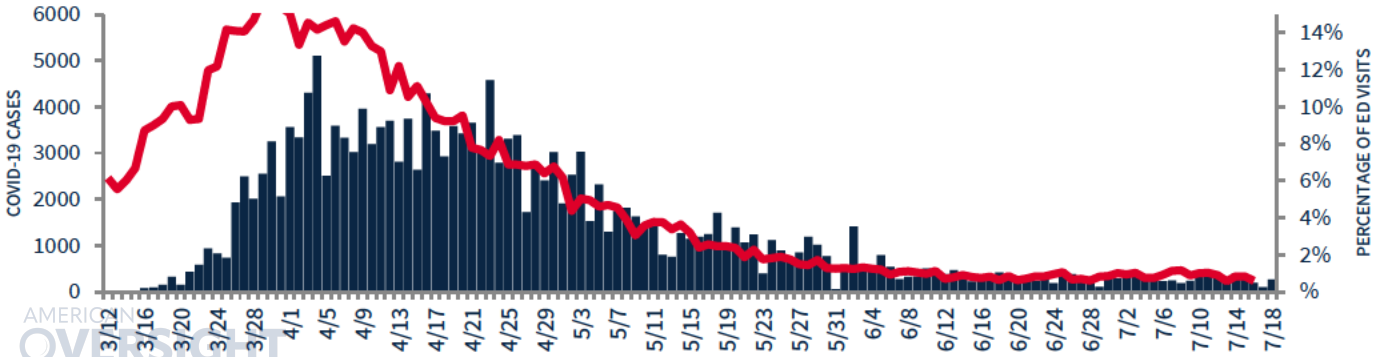
AMERICAN OVERSIGHT

NIH FOIA 001092

HHS-NIH-20-0496-A-001092

TRENDS IN NEW JERSEY





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	2.2%
NEW CASES PER 100K / DAY	3 (weekly avg.)
TESTING PER 100K / DAY	159 (weekly avg.)
BED UTILIZATION	61%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.1%
INCIDENCE	-4%
TESTING PER 100K / DAY	-19%
BED UTILIZATION	+3%

RISK FACTORS

POPULATION DENSITY	1208 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	3.7%

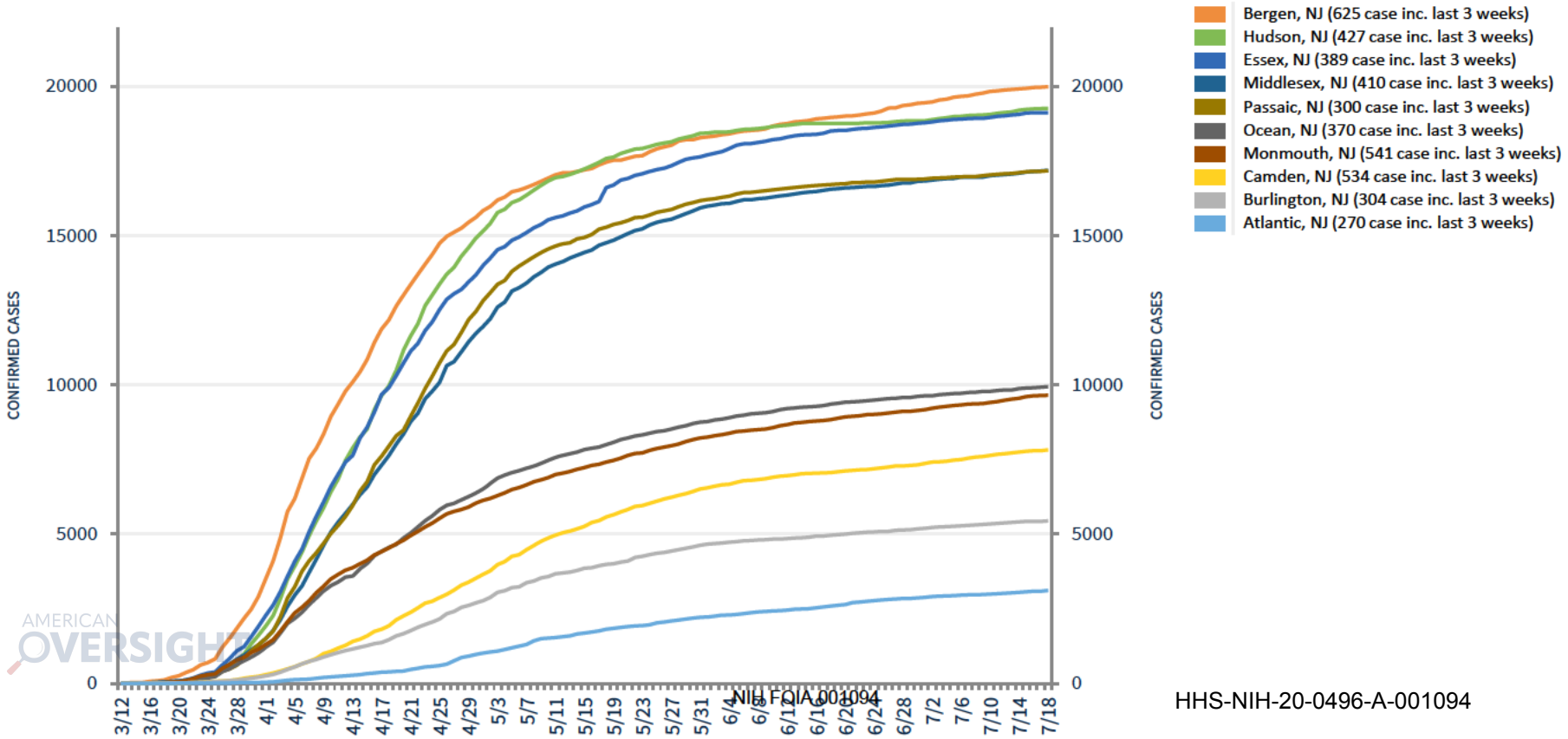
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 001093
HHS-NIH-20-0496-A-001093

NEW JERSEY: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

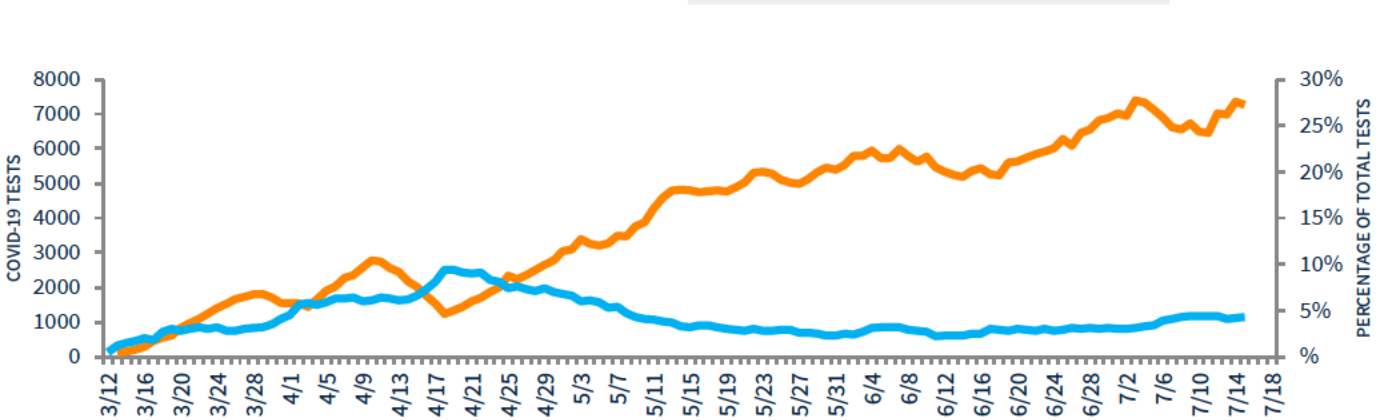


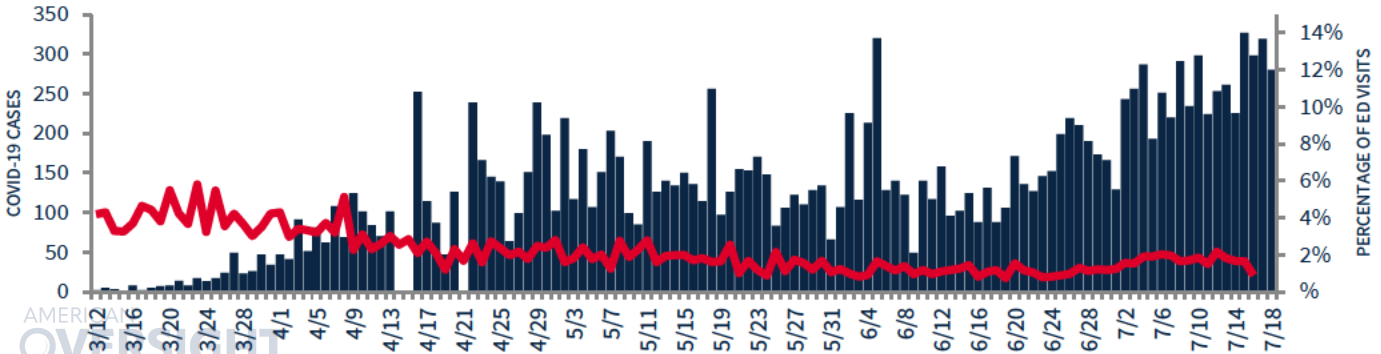
AMERICAN OVERSIGHT

NIH FOIA 001094

HHS-NIH-20-0496-A-001094

TRENDS IN NEW MEXICO





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	4.3%
NEW CASES PER 100K / DAY	13 (weekly avg.)
TESTING PER 100K / DAY	289 (weekly avg.)
BED UTILIZATION	59%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.0%
INCIDENCE	+15%
TESTING PER 100K / DAY	-10%
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	17 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.0%

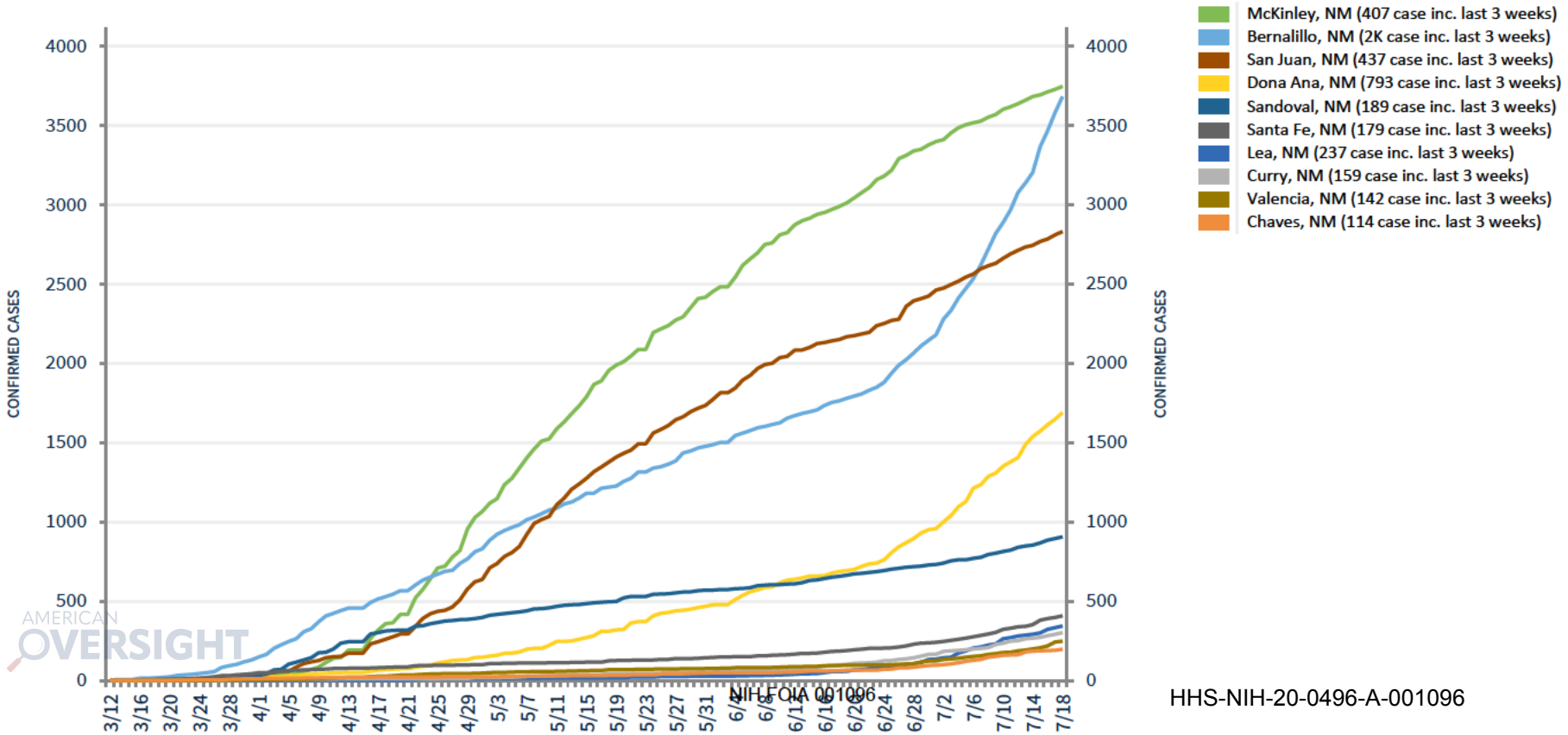
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 001095
HHS-NIH-20-0496-A-001095

NEW MEXICO: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

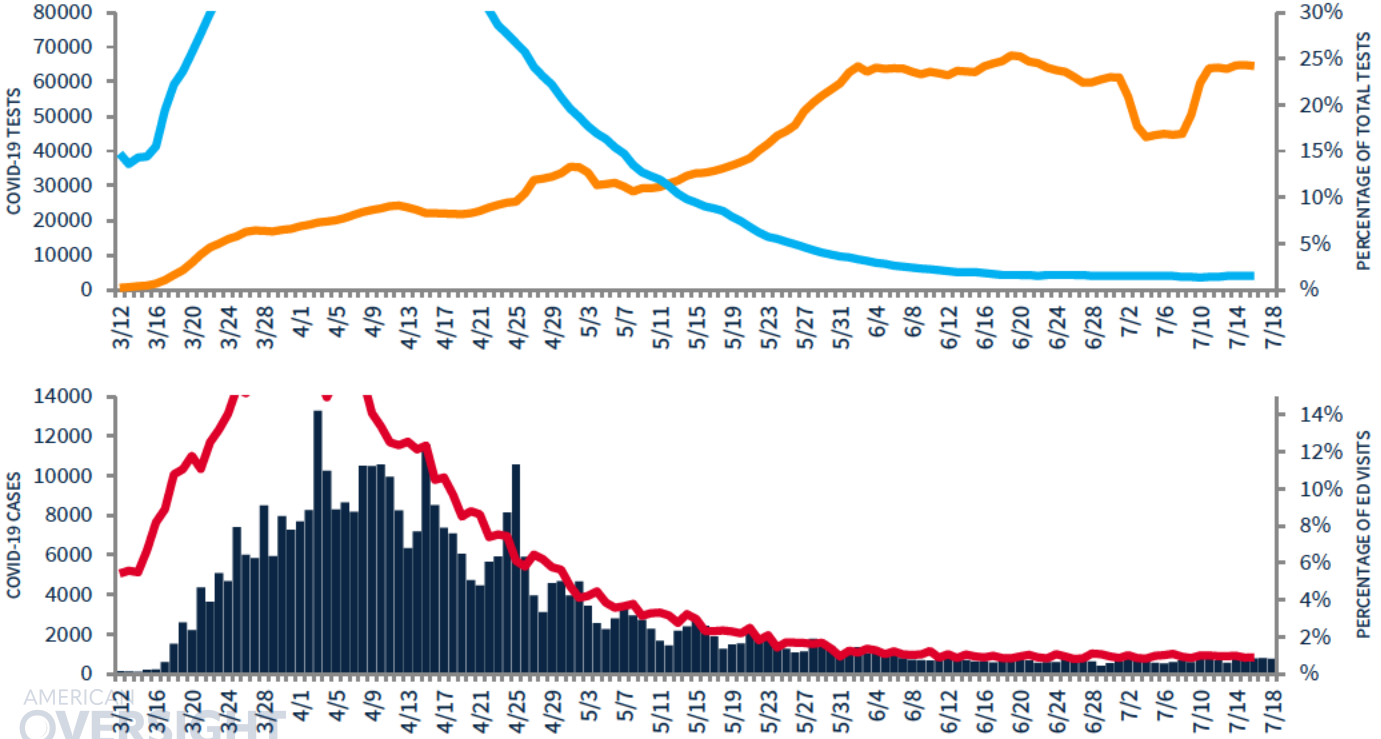


AMERICAN OVERSIGHT

NIH FOIA 001096

HHS-NIH-20-0496-A-001096

TRENDS IN NEW YORK



COVID-19 SNAPSHOT

POSITIVITY RATE	1.5%
NEW CASES PER 100K / DAY	4 (weekly avg.)
TESTING PER 100K / DAY	332 (weekly avg.)
BED UTILIZATION	64%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.1%
INCIDENCE	+19%
TESTING PER 100K / DAY	+28%
BED UTILIZATION	+0%

RISK FACTORS

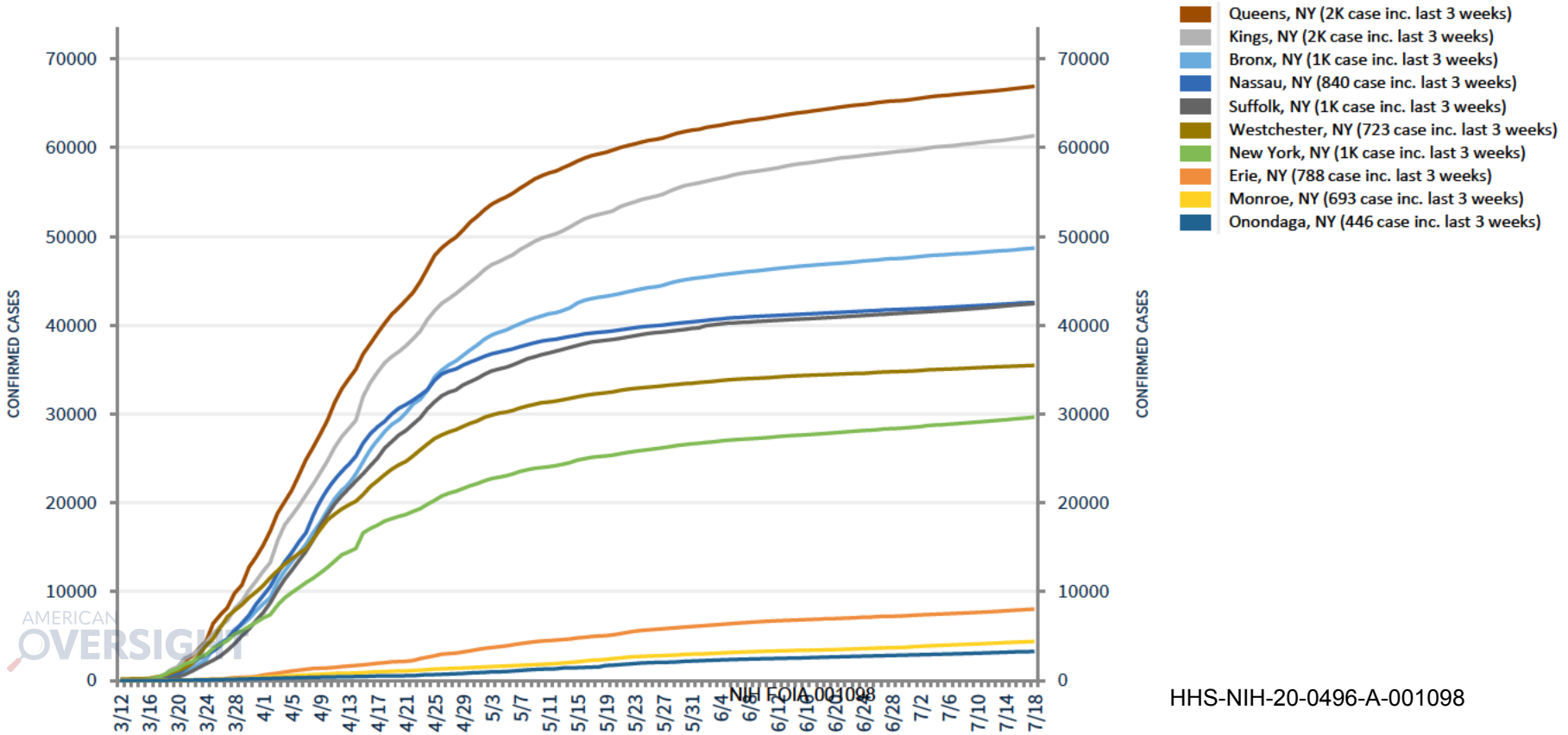
POPULATION DENSITY	413 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	3.9%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICA OVERSIGHT
NIH FOIA 001097
HHS-NIH-20-0496-A-001097

NEW YORK: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

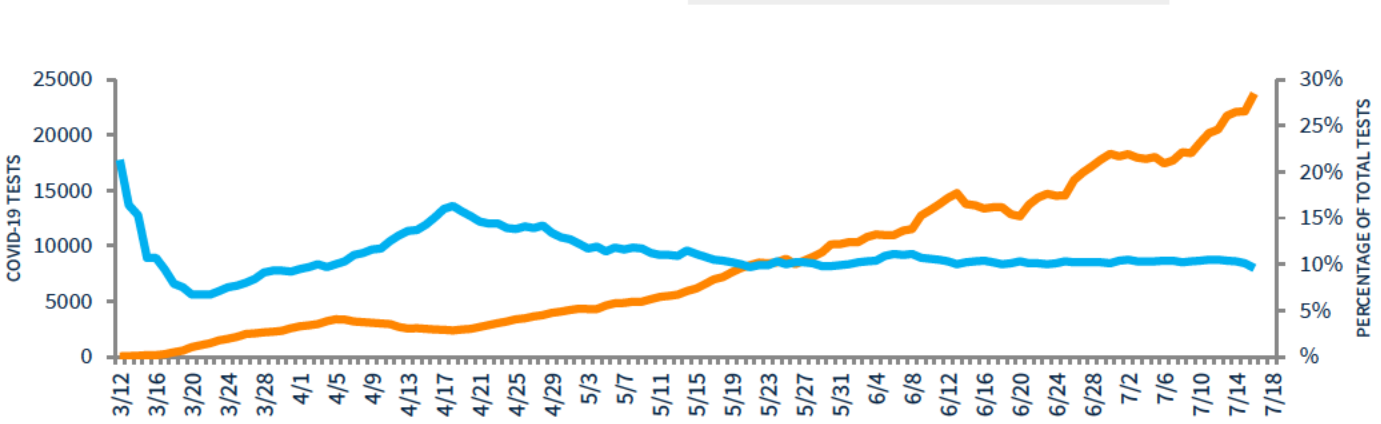


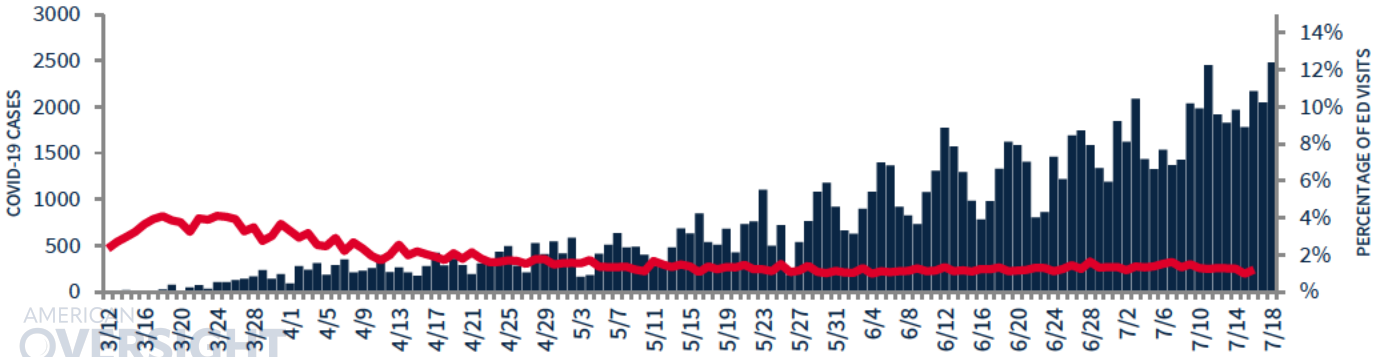
AMERICAN OVERSIGHT

NIH FOIA 001098

HHS-NIH-20-0496-A-001098

TRENDS IN NORTH CAROLINA





COVID-19 SNAPSHOT

POSITIVITY RATE	9.6%
NEW CASES PER 100K / DAY	19 (weekly avg.)
TESTING PER 100K / DAY	226 (weekly avg.)
BED UTILIZATION	66%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.7%
INCIDENCE	+17%
TESTING PER 100K / DAY	+29%
BED UTILIZATION	+2%

RISK FACTORS

POPULATION DENSITY	216 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	4.3%

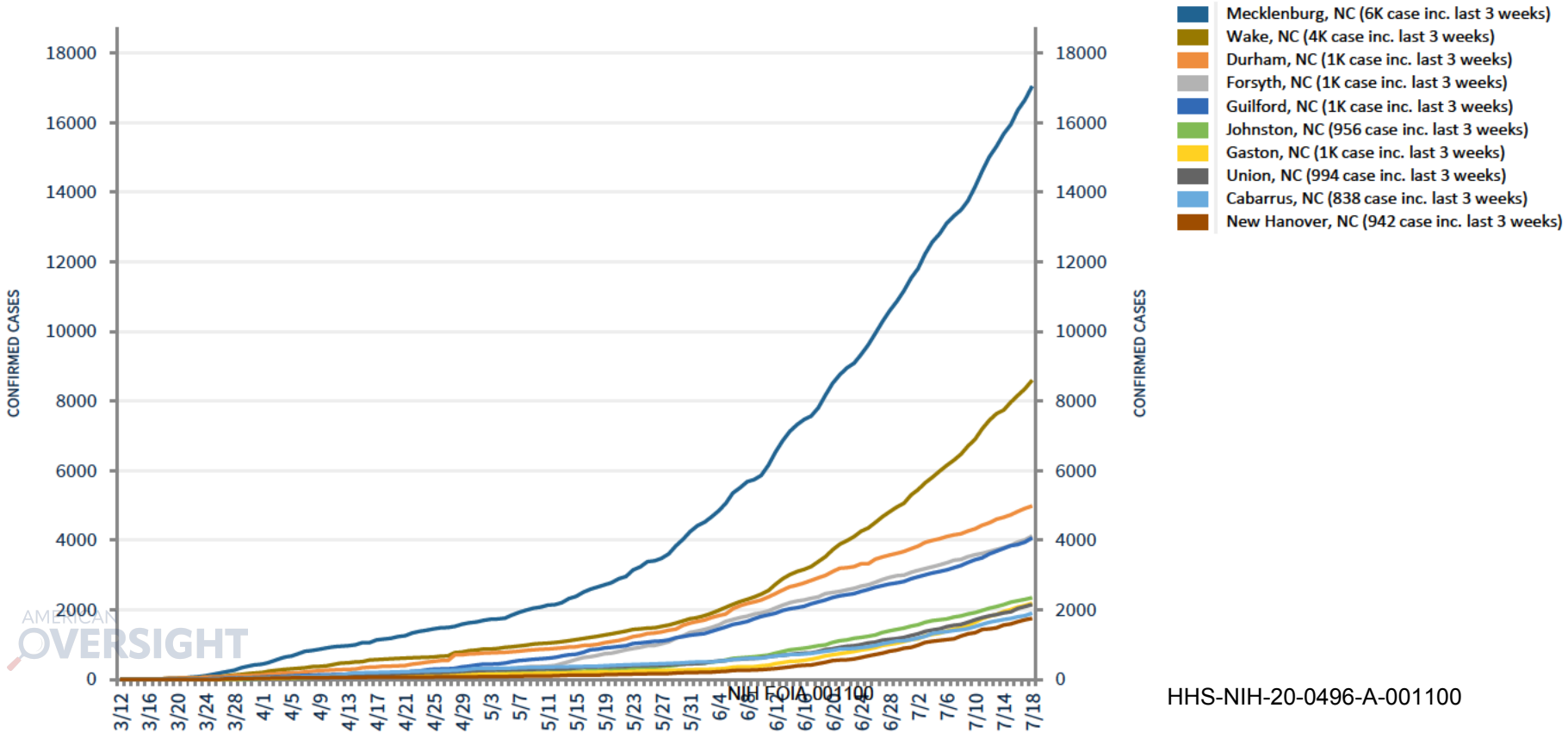
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001099
HHS-NIH-20-0496-A-001099

NORTH CAROLINA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

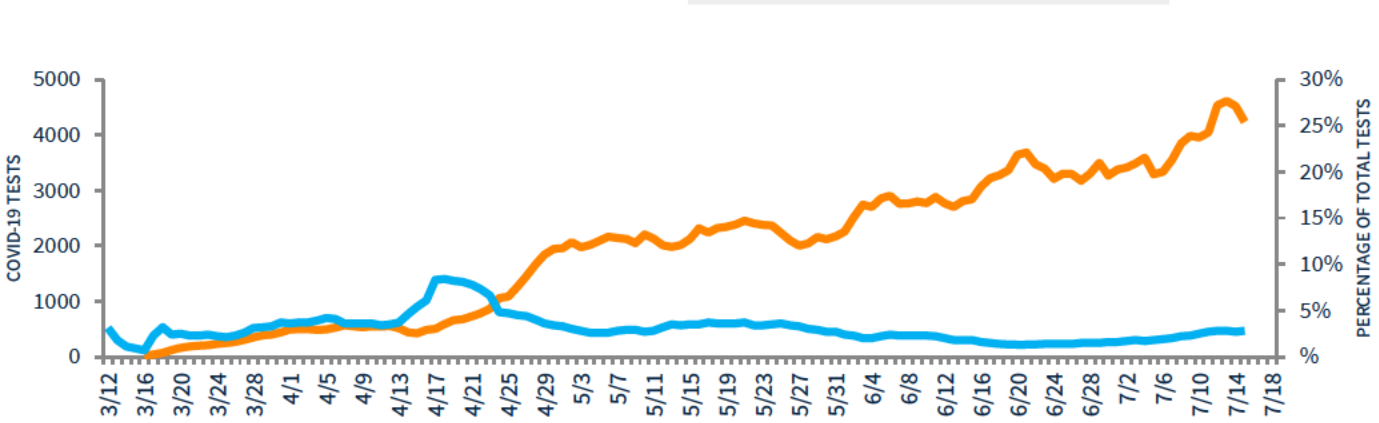


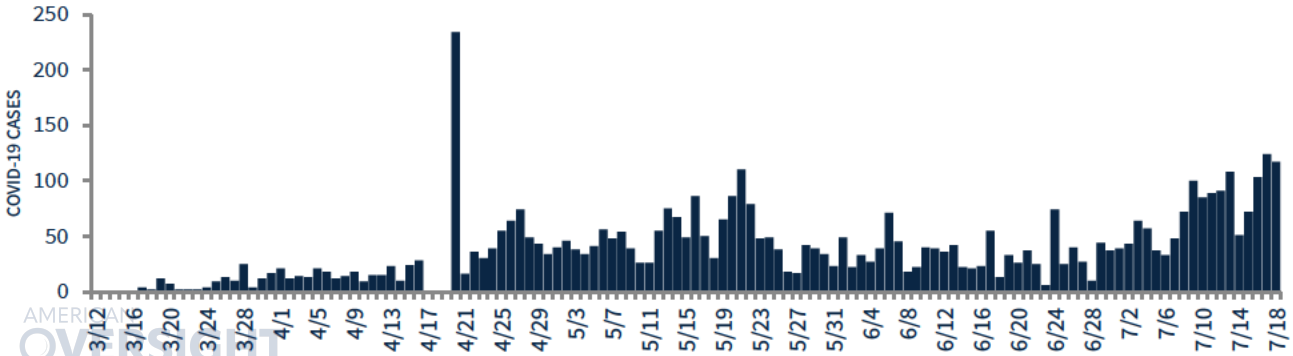
AMERICAN OVERSIGHT

NIH FOIA 001100

HHS-NIH-20-0496-A-001100

TRENDS IN NORTH DAKOTA





COVID-19 SNAPSHOT

POSITIVITY RATE	2.8%
NEW CASES PER 100K / DAY	12 (weekly avg.)
TESTING PER 100K / DAY	448 (weekly avg.)
BED UTILIZATION	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.6%
INCIDENCE	+44%
TESTING PER 100K / DAY	-14%
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	11 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.8%

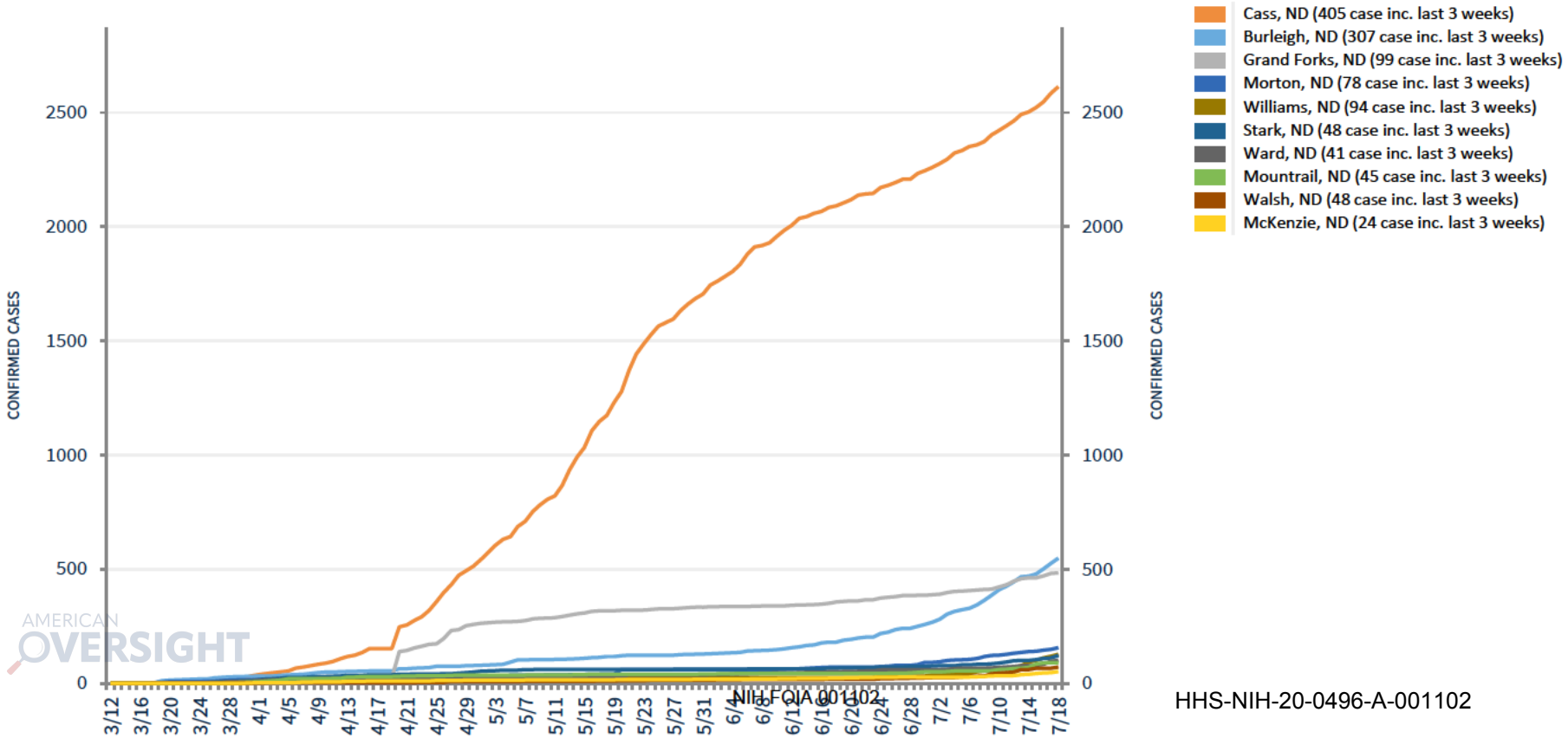
** Most recent several days of testing data is incomplete until all test results come in; testing data is updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001101
HHS-NIH-20-0496-A-001101

NORTH DAKOTA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

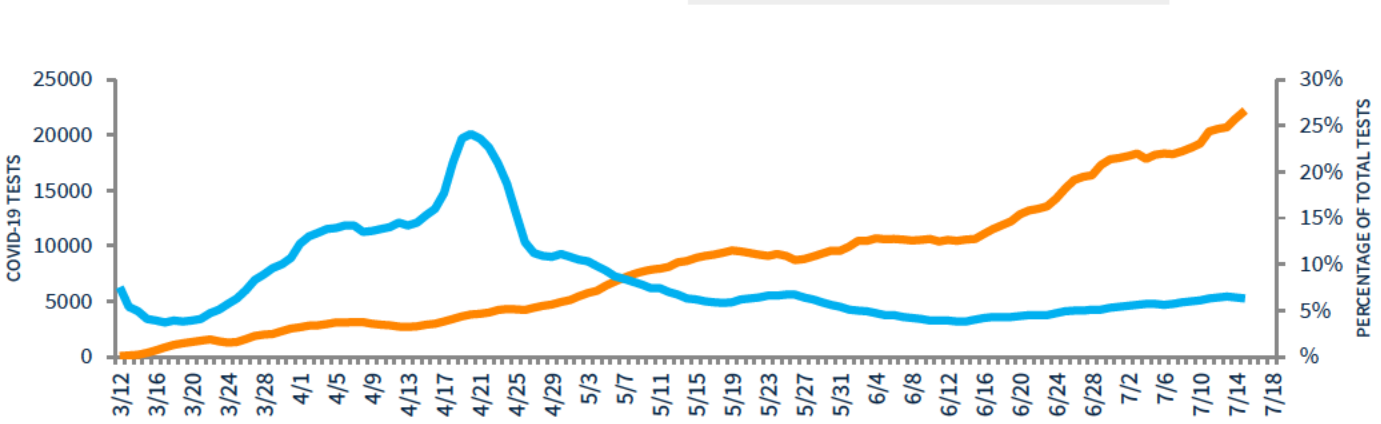


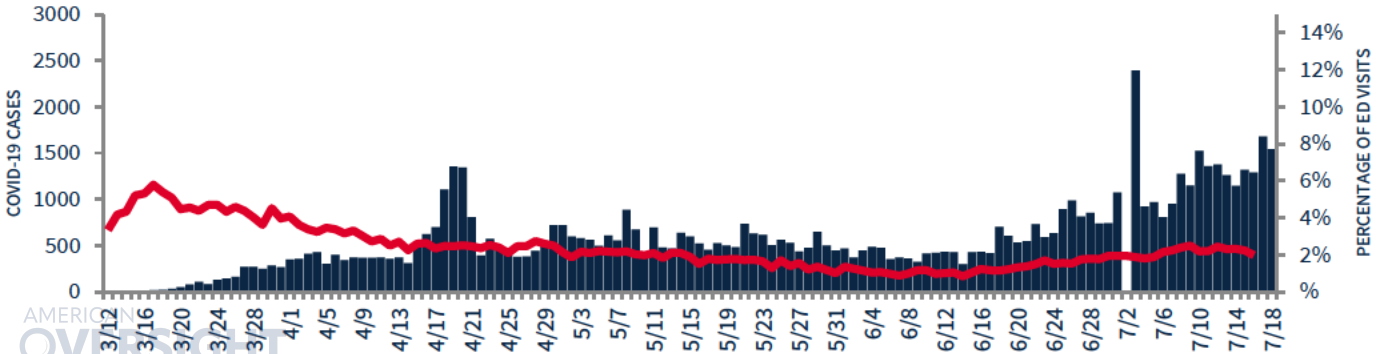
AMERICAN OVERSIGHT

NIH FOIA 001102

HHS-NIH-20-0496-A-001102

TRENDS IN OHIO





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	6.3%
NEW CASES PER 100K / DAY	12 (weekly avg.)
TESTING PER 100K / DAY	162 (weekly avg.)
BED UTILIZATION	54%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.4%
INCIDENCE	+20%
TESTING PER 100K / DAY	+0%
BED UTILIZATION	-5%

RISK FACTORS

POPULATION DENSITY	286 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.7%

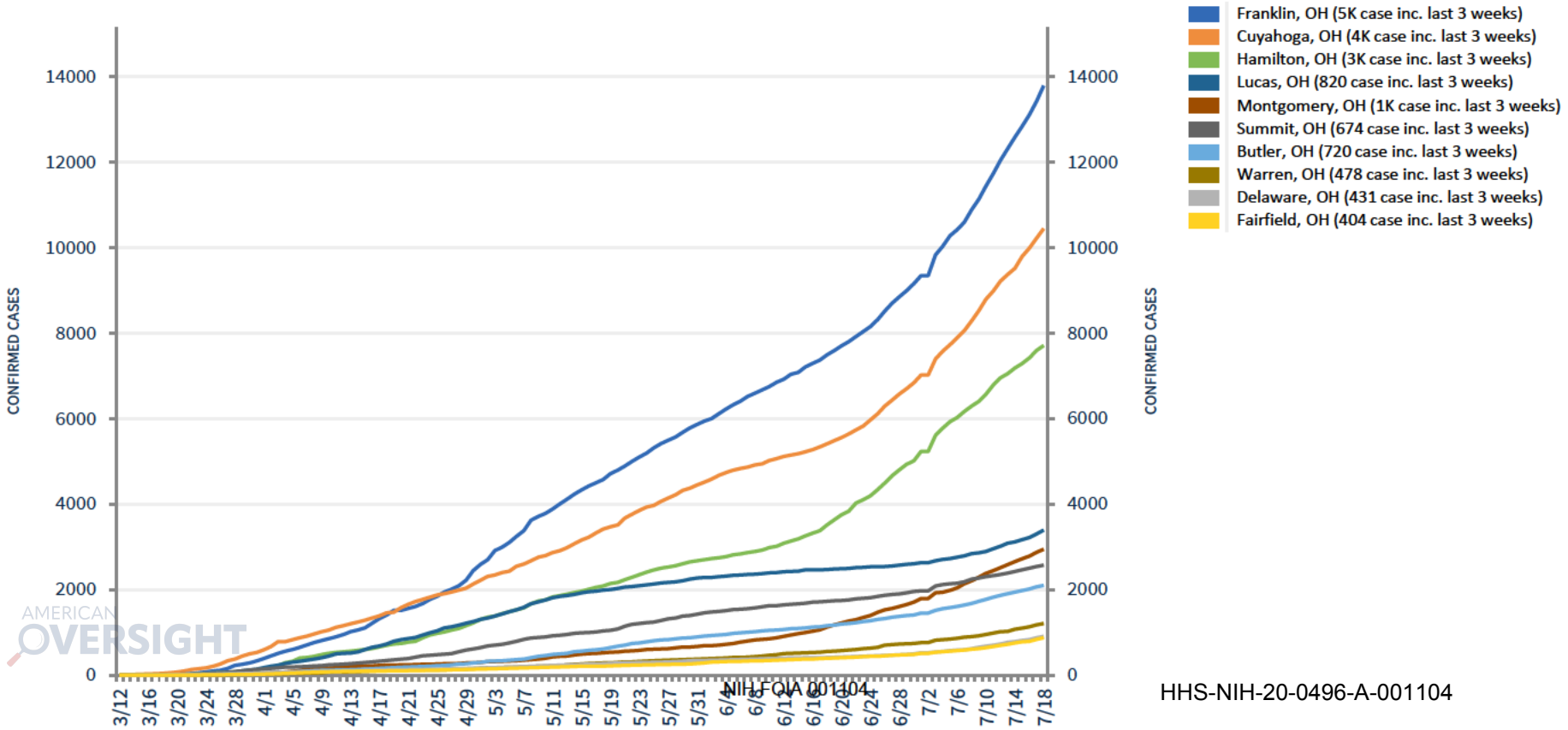
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001103
HHS-NIH-20-0496-A-001103

OHIO: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

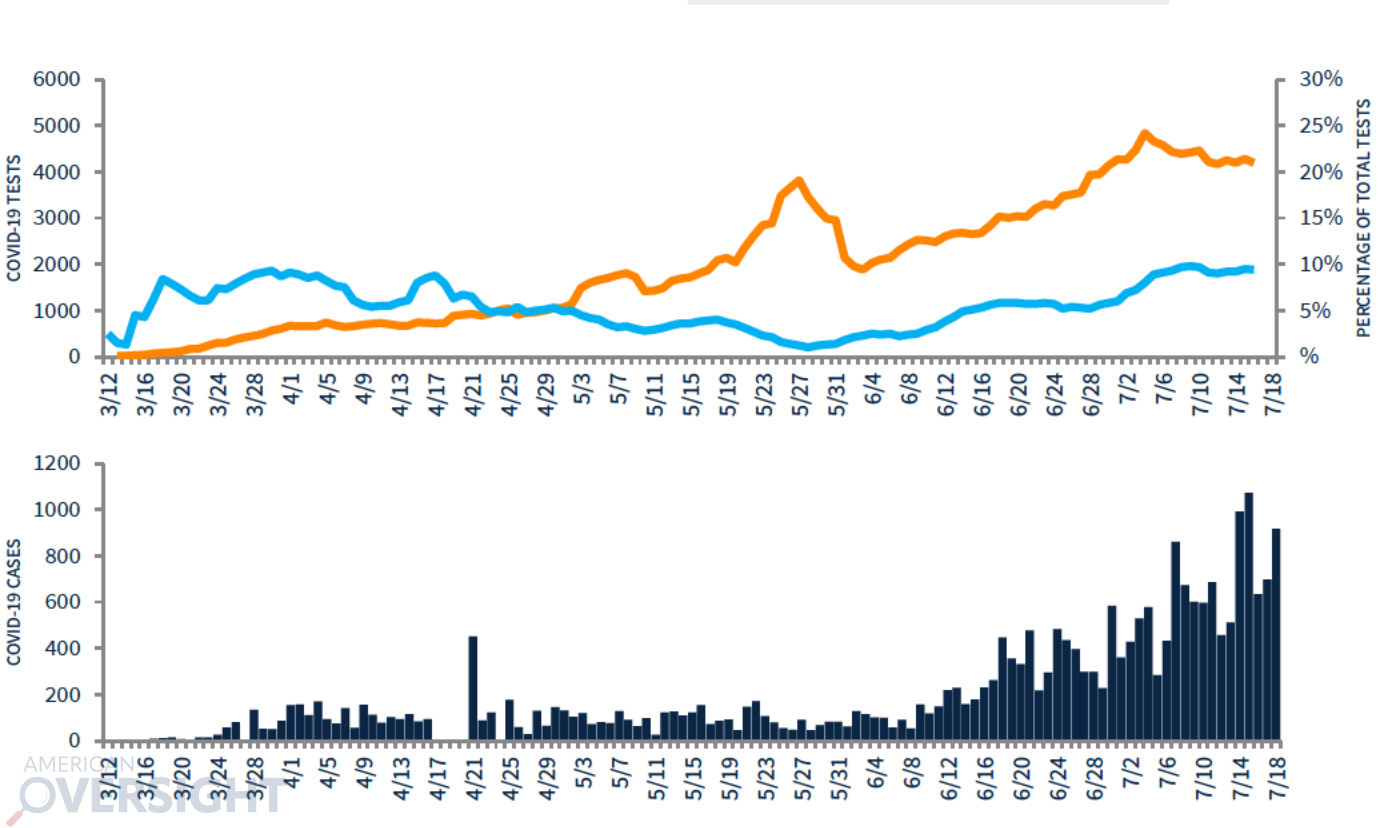


AMERICAN OVERSIGHT

NIH FOIA 001104

HHS-NIH-20-0496-A-001104

TRENDS IN OKLAHOMA



COVID-19 SNAPSHOT

POSITIVITY RATE	9.4%
NEW CASES PER 100K / DAY	19 (weekly avg.)
TESTING PER 100K / DAY	106 (weekly avg.)
BED UTILIZATION	52%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.4%
INCIDENCE	+28%
TESTING PER 100K / DAY	-5%
BED UTILIZATION	-5%

RISK FACTORS

POPULATION DENSITY	58 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.3%

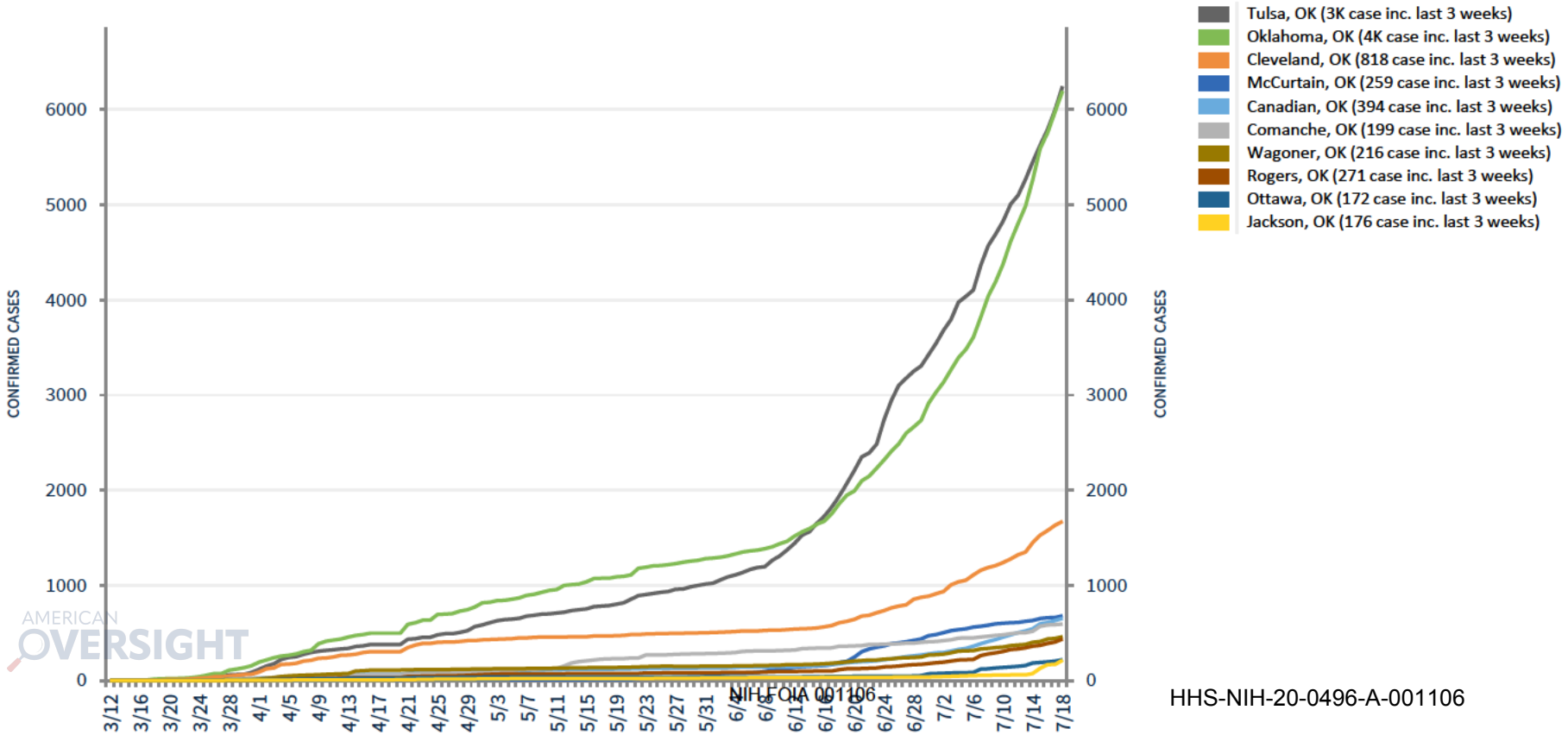
** Most recent several days of testing data is incomplete until all test results come in; testing data will be updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001105
HHS-NIH-20-0496-A-001105

OKLAHOMA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

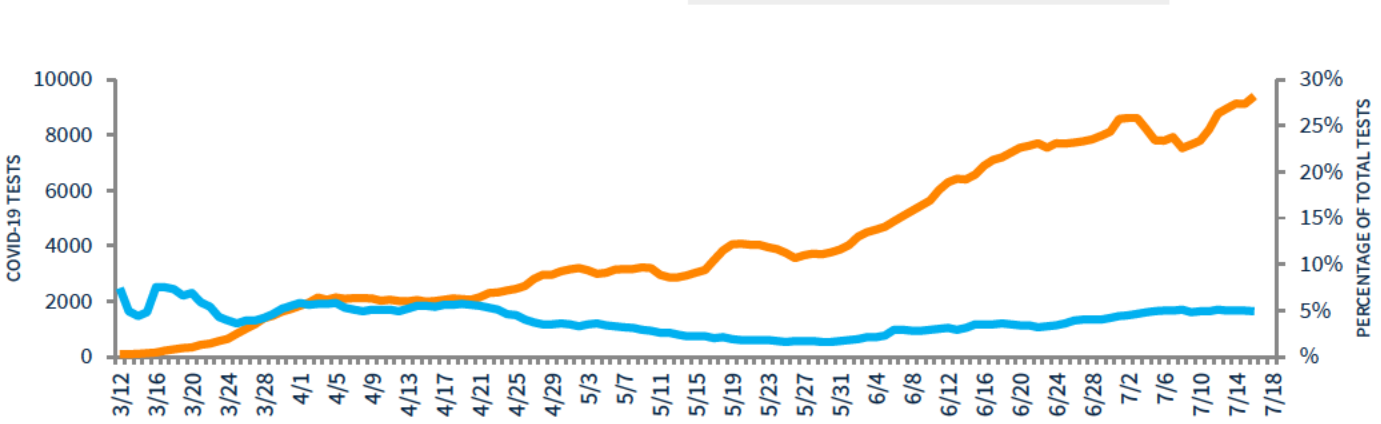


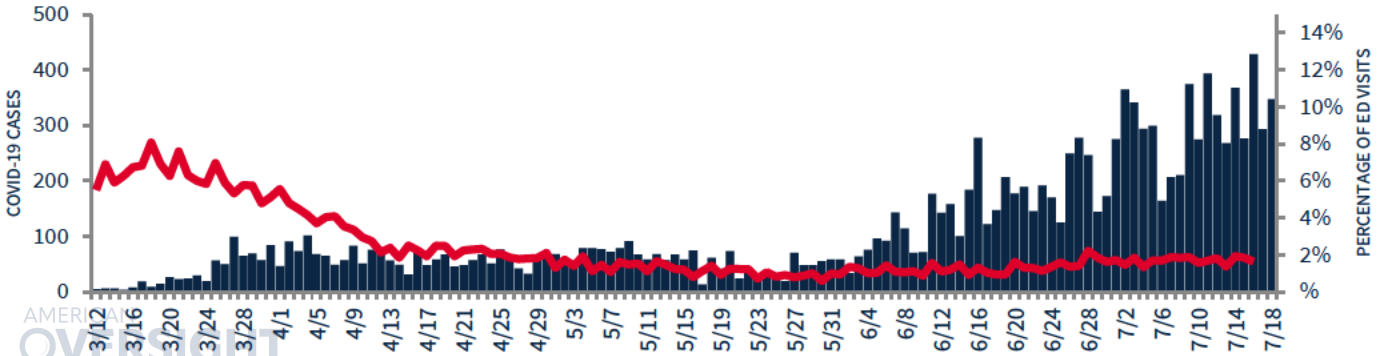
AMERICAN OVERSIGHT

NIH FOIA 001106

HHS-NIH-20-0496-A-001106

TRENDS IN OREGON





COVID-19 SNAPSHOT

POSITIVITY RATE	4.9%
NEW CASES PER 100K / DAY	8 (weekly avg.)
TESTING PER 100K / DAY	223 (weekly avg.)
BED UTILIZATION	54%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.1%
INCIDENCE	+20%
TESTING PER 100K / DAY	+23%
BED UTILIZATION	+3%

RISK FACTORS

POPULATION DENSITY	44 per sq mi
% OVER 60	25%
CRUDE CVD PREVALENCE	3.6%

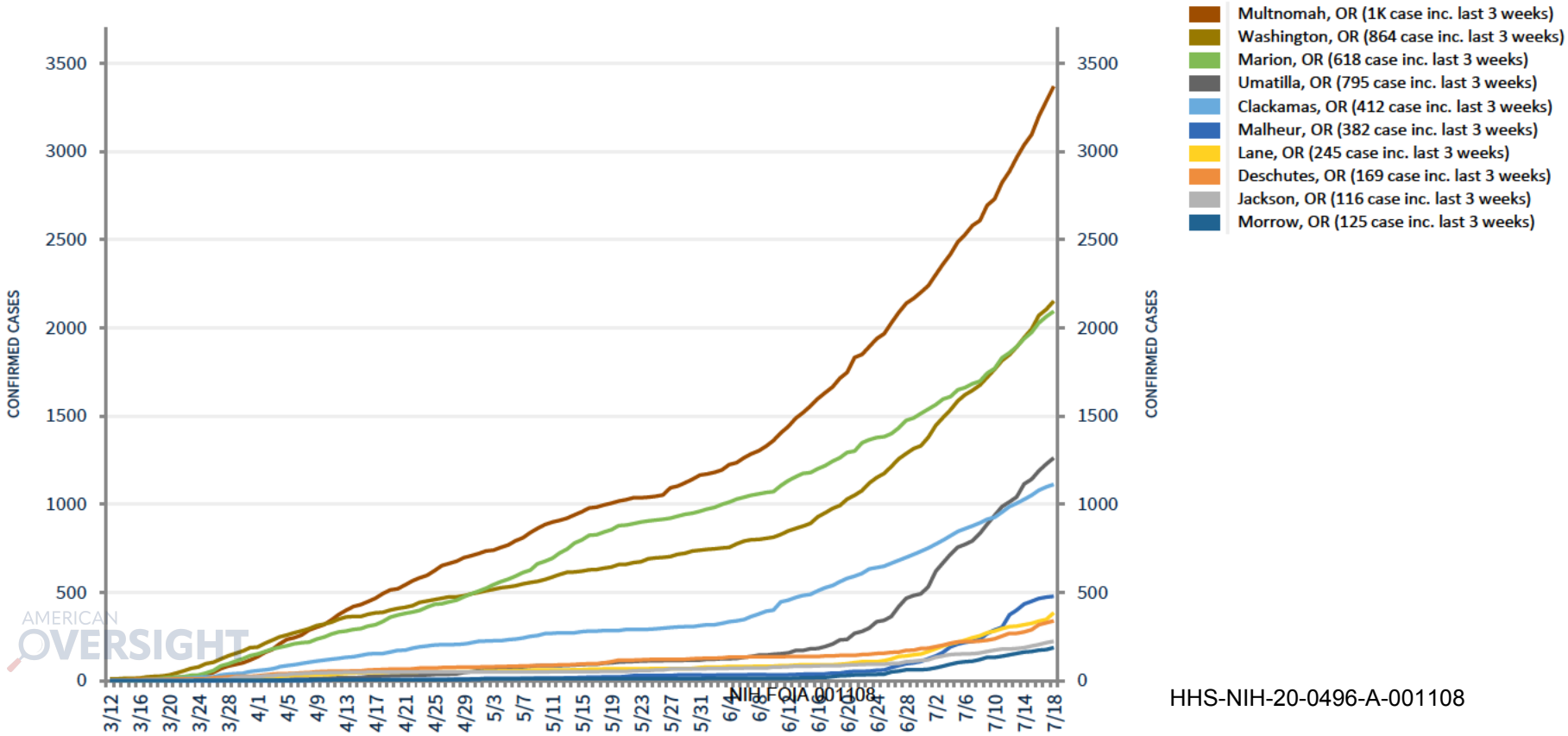
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 001107
HHS-NIH-20-0496-A-001107

OREGON: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

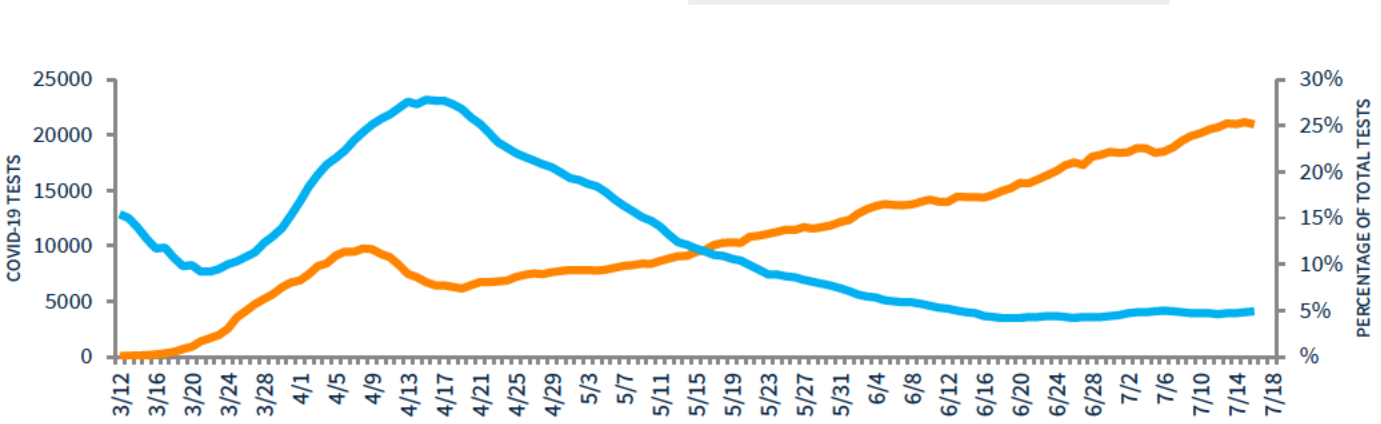


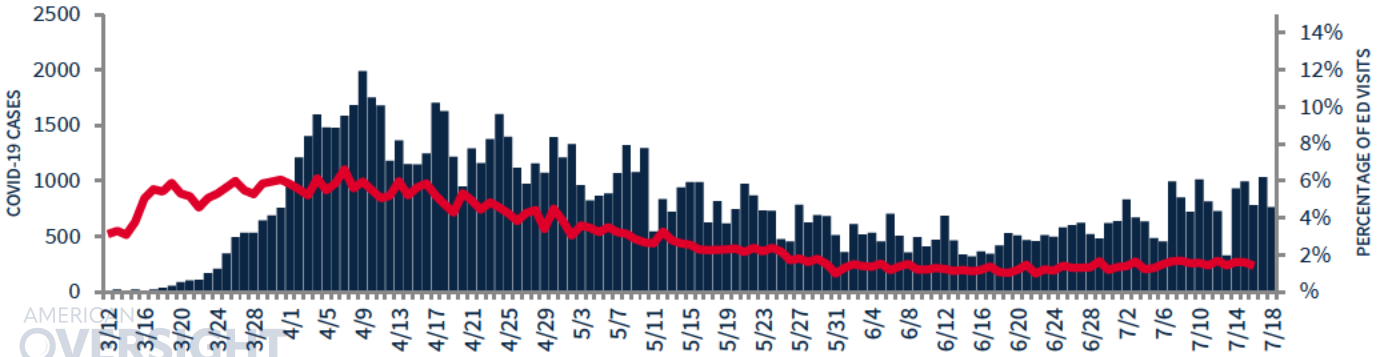
AMERICAN OVERSIGHT

NIH FOIA 001108

HHS-NIH-20-0496-A-001108

TRENDS IN PENNSYLVANIA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	4.9%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	164 (weekly avg.)
BED UTILIZATION	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.2%
INCIDENCE	+4%
TESTING PER 100K / DAY	+5%
BED UTILIZATION	-1%

RISK FACTORS

POPULATION DENSITY	286 per sq mi
% OVER 60	26%
CRUDE CVD PREVALENCE	5.1%

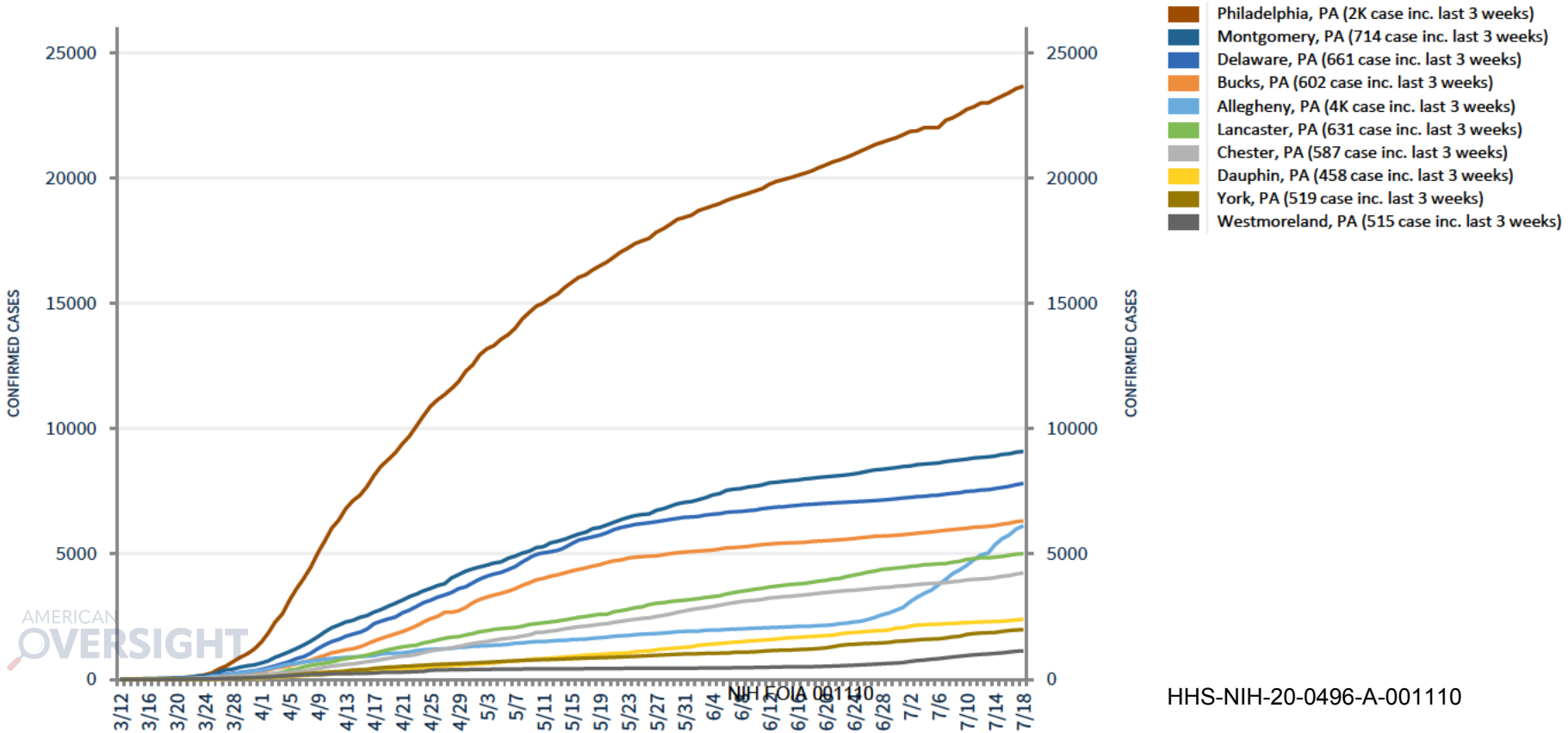
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001109
HHS-NIH-20-0496-A-001109

PENNSYLVANIA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

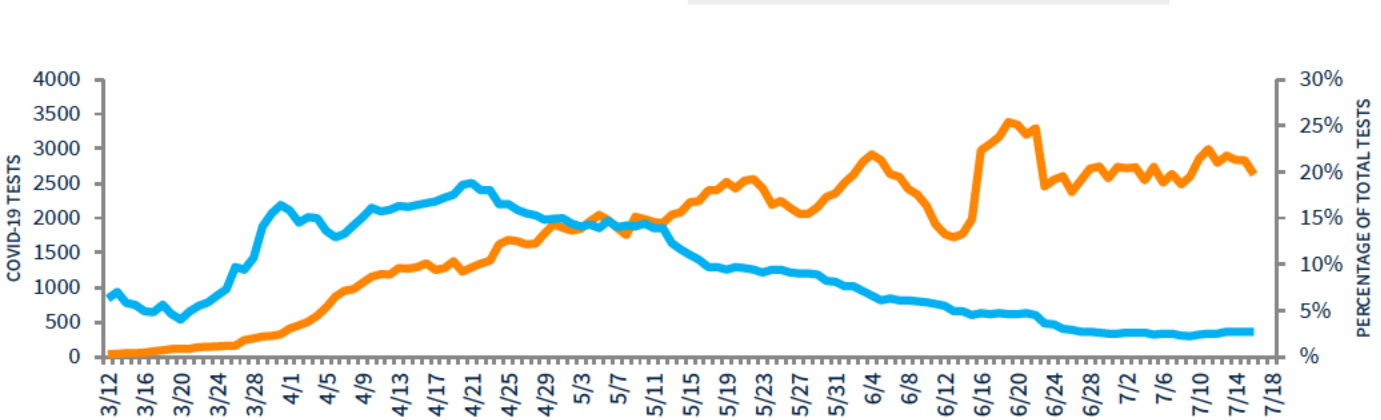


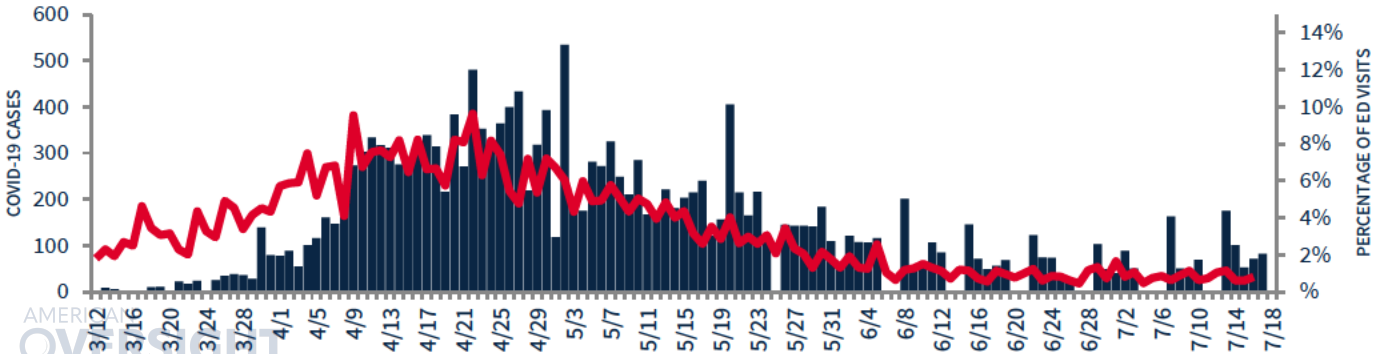
AMERICAN OVERSIGHT

NIH FOIA 001110

HHS-NIH-20-0496-A-001110

TRENDS IN RHODE ISLAND





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	2.7%
NEW CASES PER 100K / DAY	6 (weekly avg.)
TESTING PER 100K / DAY	248 (weekly avg.)
BED UTILIZATION	70%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.5%
INCIDENCE	+50%
TESTING PER 100K / DAY	+1%
BED UTILIZATION	+4%

RISK FACTORS

POPULATION DENSITY	1025 per sq mi
% OVER 60	25%
CRUDE CVD PREVALENCE	3.8%

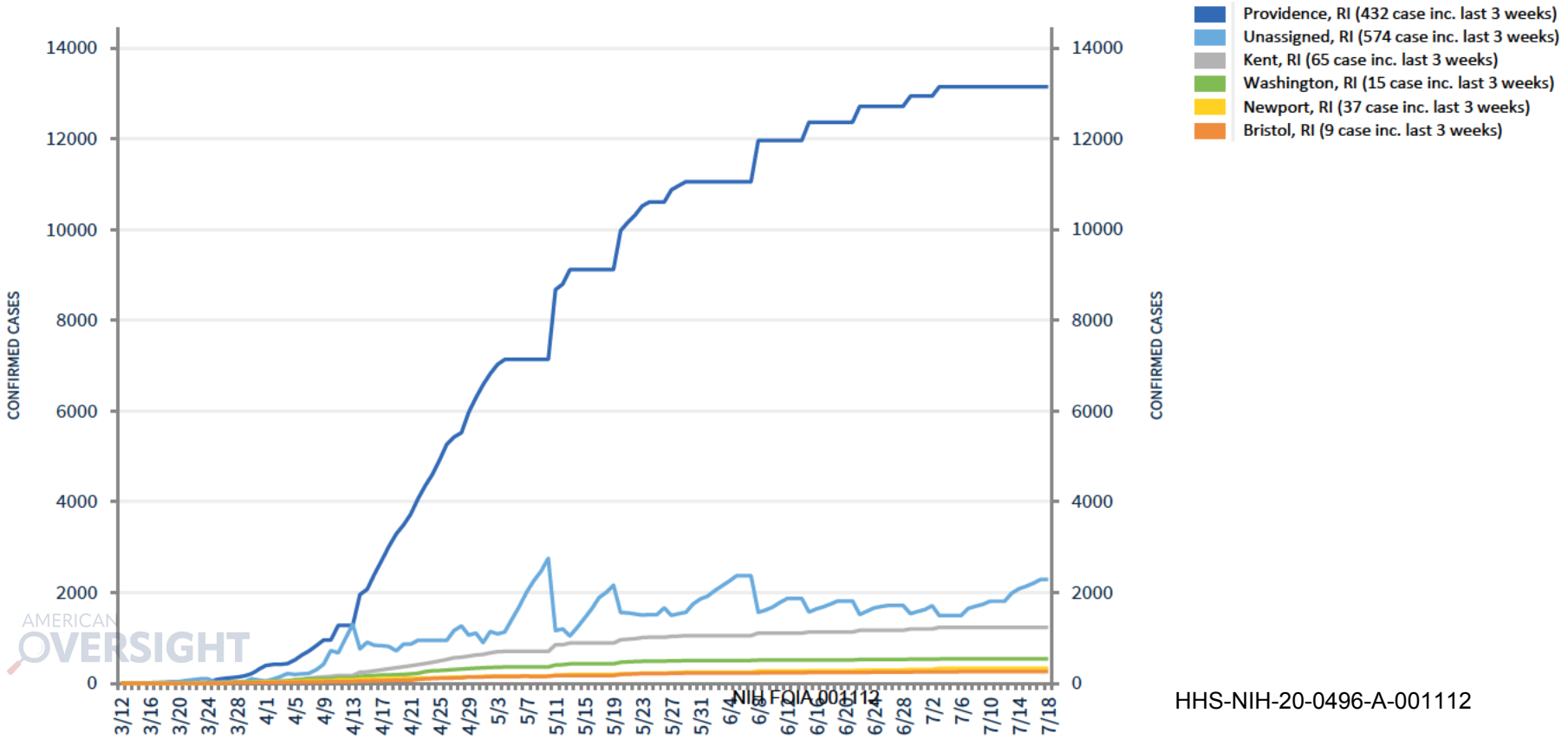
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001111
HHS-NIH-20-0496-A-001111

RHODE ISLAND: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

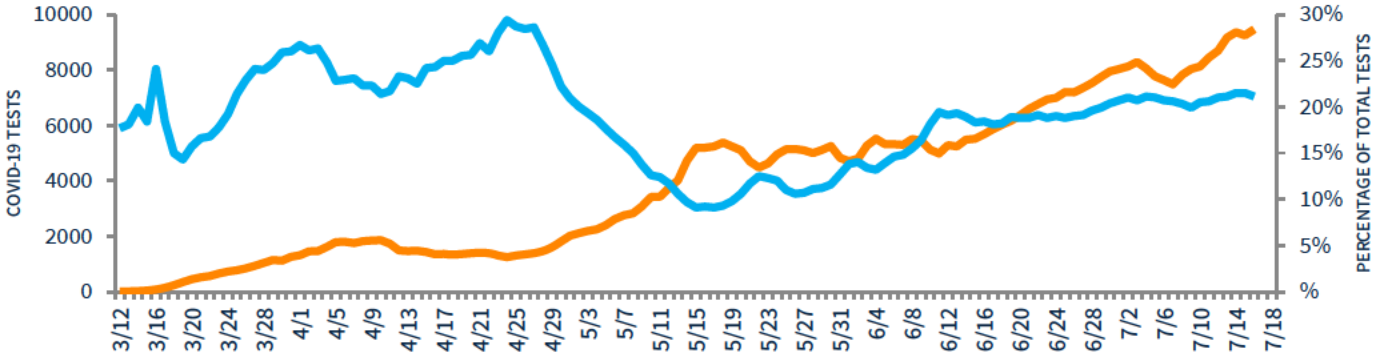


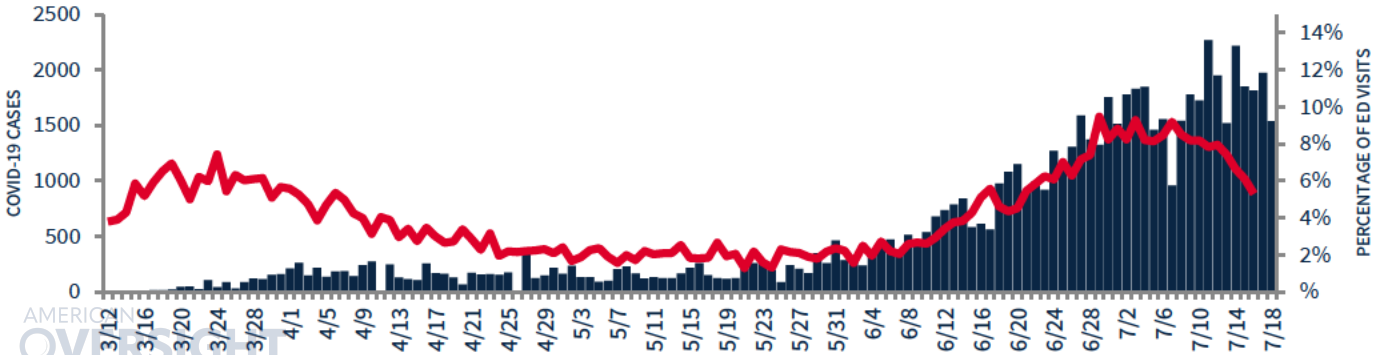
AMERICAN OVERSIGHT

NIH FOIA 001112

HHS-NIH-20-0496-A-001112

TRENDS IN SOUTH CAROLINA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	21.1%
NEW CASES PER 100K / DAY	36 (weekly avg.)
TESTING PER 100K / DAY	184 (weekly avg.)
BED UTILIZATION	68%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.2%
INCIDENCE	+14%
TESTING PER 100K / DAY	+18%
BED UTILIZATION	+3%

RISK FACTORS

POPULATION DENSITY	171 per sq mi
% OVER 60	25%
CRUDE CVD PREVALENCE	4.9%

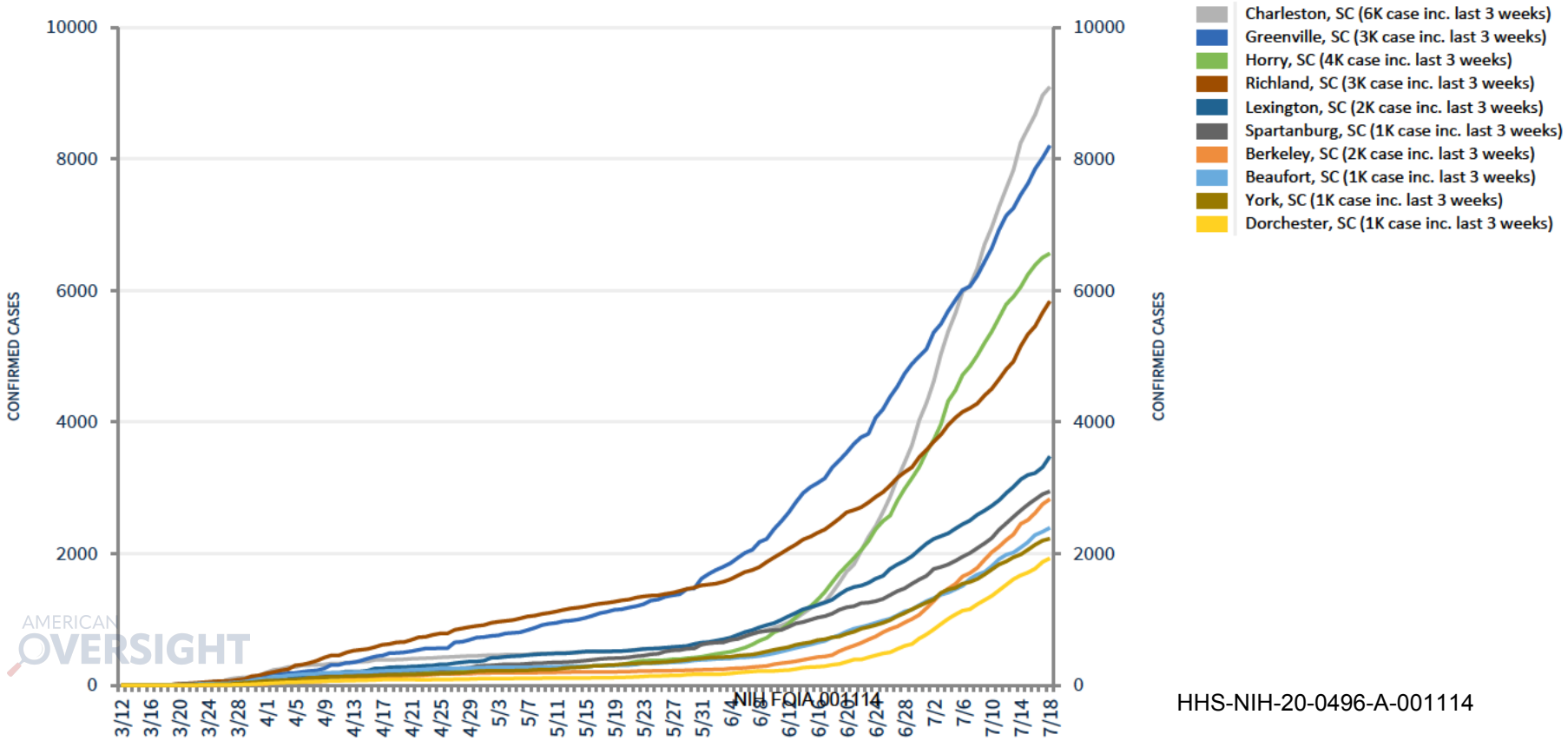
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001113
HHS-NIH-20-0496-A-001113

SOUTH CAROLINA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

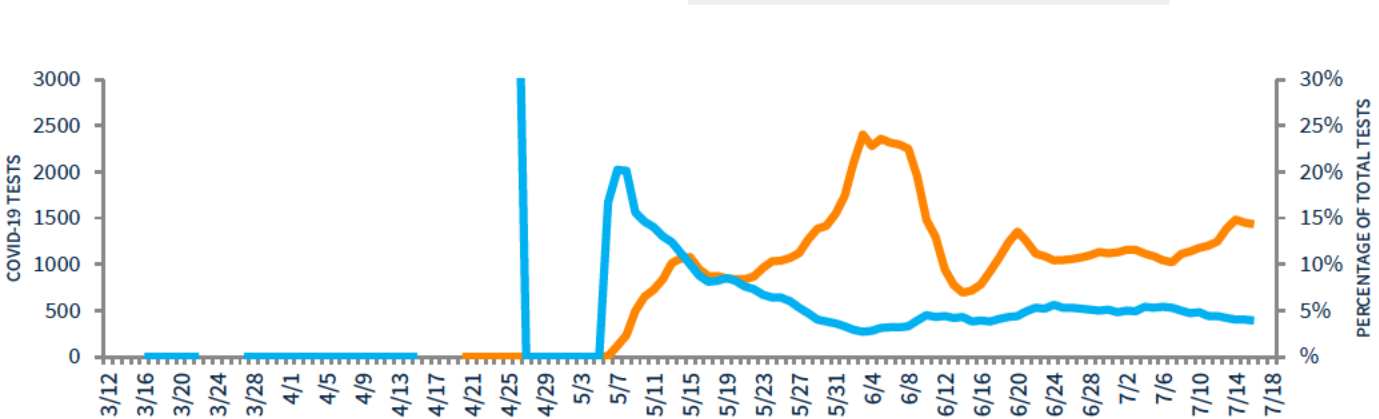


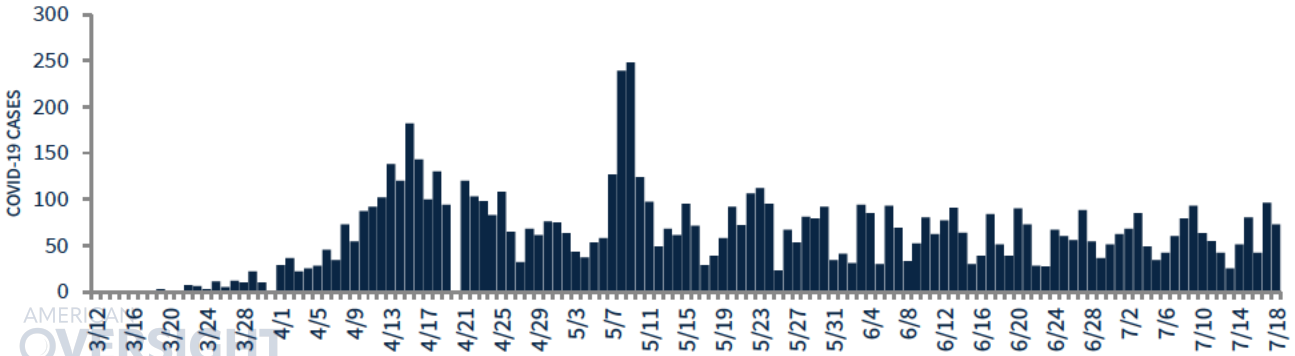
AMERICAN OVERSIGHT

NIH FOIA 001114

HHS-NIH-20-0496-A-001114

TRENDS IN SOUTH DAKOTA





COVID-19 SNAPSHOT

POSITIVITY RATE	3.9%
NEW CASES PER 100K / DAY	7 (weekly avg.)
TESTING PER 100K / DAY	162 (weekly avg.)
BED UTILIZATION	51%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.8%
INCIDENCE	-4%
TESTING PER 100K / DAY	+26%
BED UTILIZATION	-14%

RISK FACTORS

POPULATION DENSITY	12 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.7%

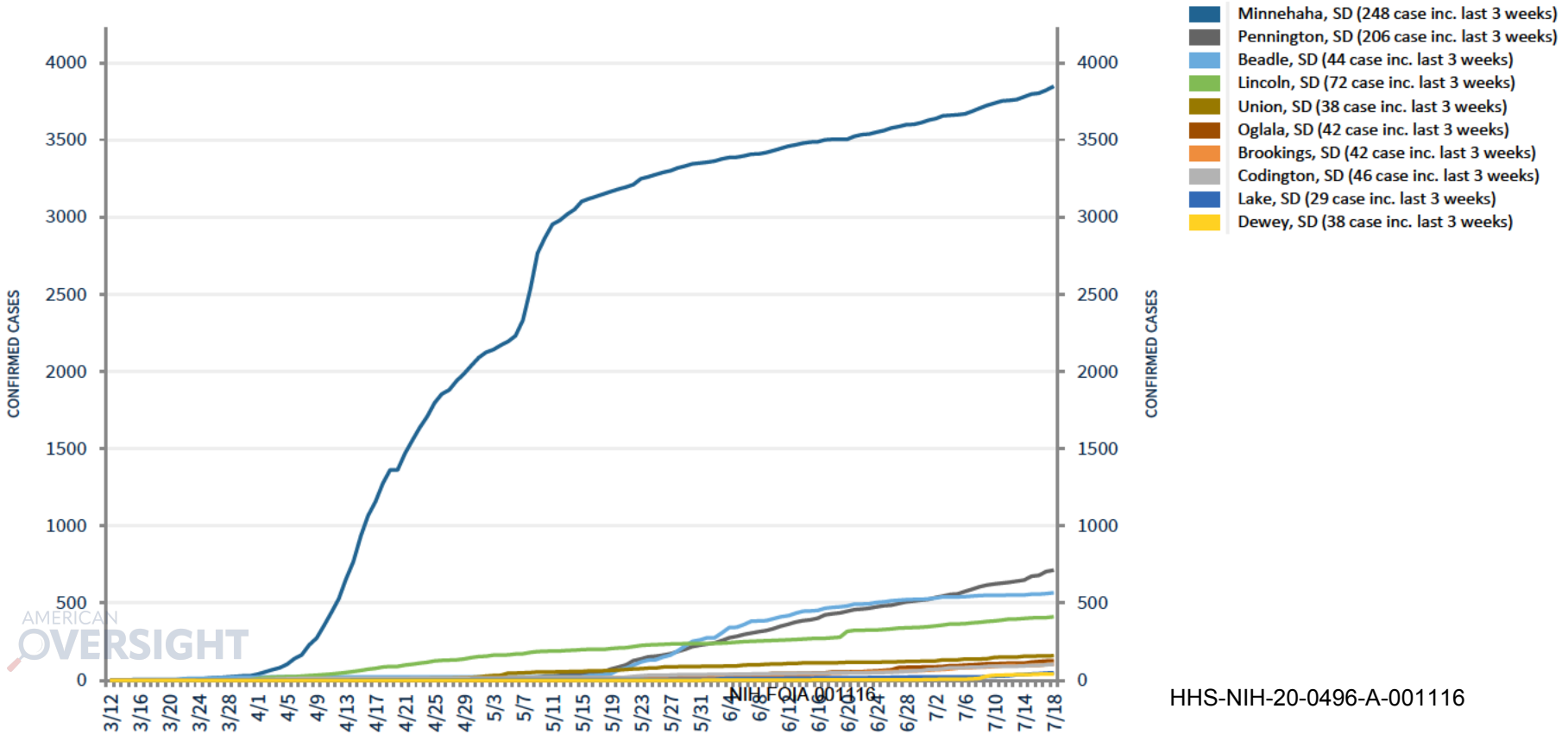
** Most recent several days of testing data is incomplete until all test results come in; testing data is updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001115
HHS-NIH-20-0496-A-001115

SOUTH DAKOTA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

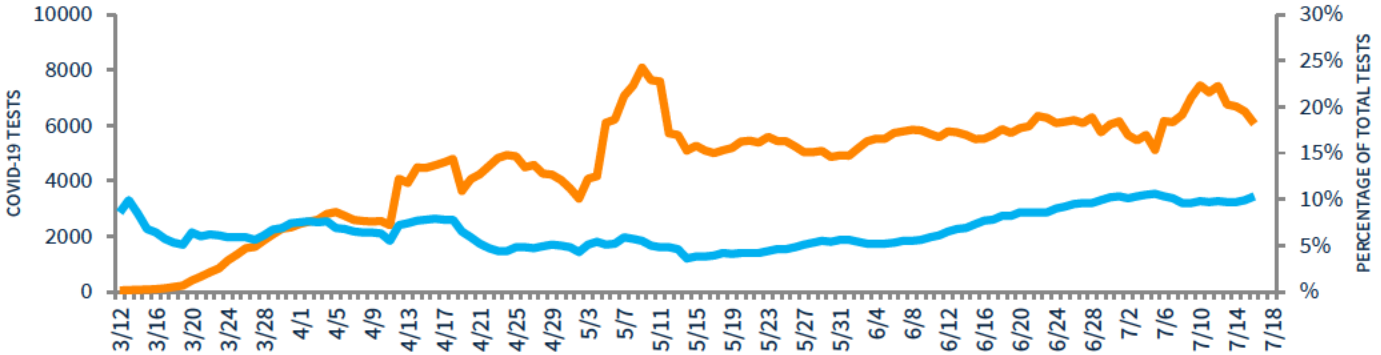


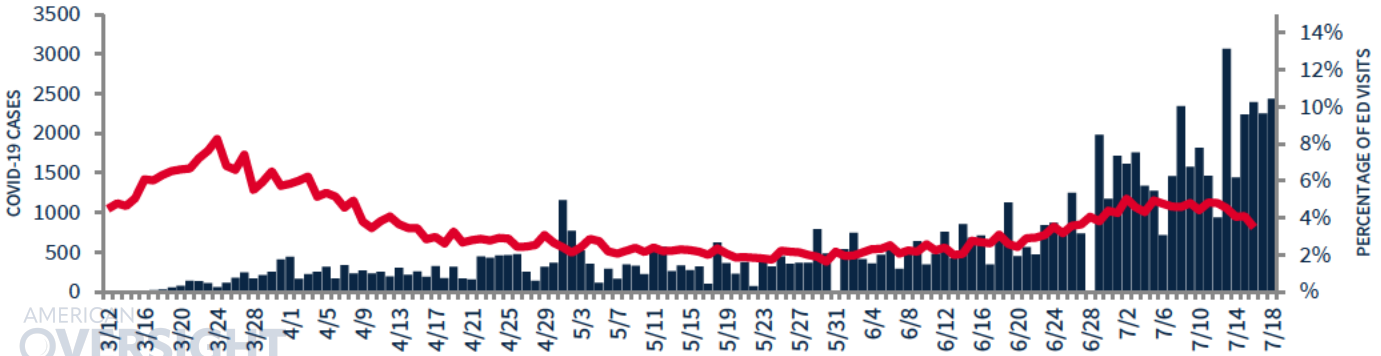
AMERICAN OVERSIGHT

NIH FOIA 001116

HHS-NIH-20-0496-A-001116

TRENDS IN TENNESSEE





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	10.3%
NEW CASES PER 100K / DAY	31 (weekly avg.)
TESTING PER 100K / DAY	89 (weekly avg.)
BED UTILIZATION	59%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.7%
INCIDENCE	+39%
TESTING PER 100K / DAY	-13%
BED UTILIZATION	+3%

RISK FACTORS

POPULATION DENSITY	166 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	4.9%

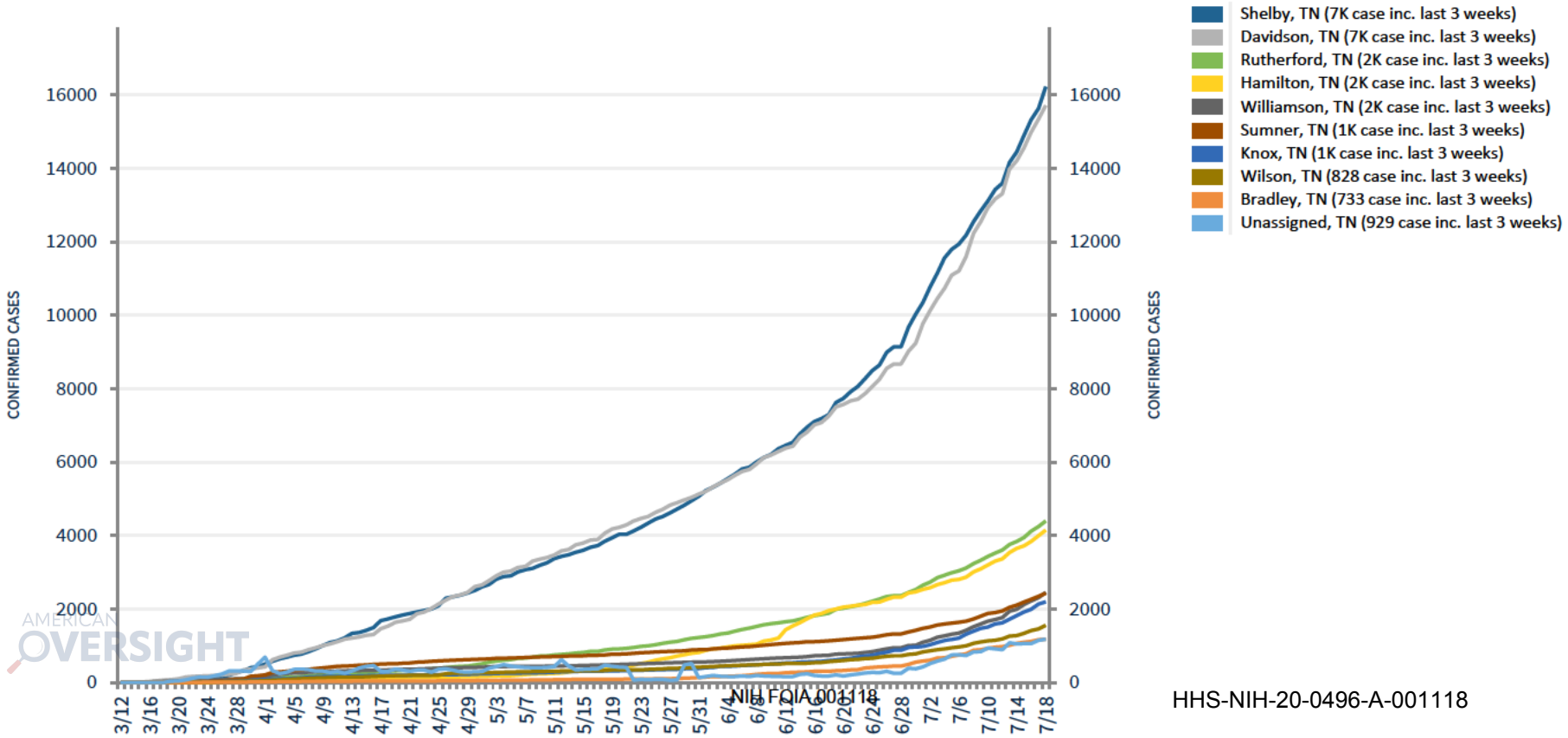
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001117
HHS-NIH-20-0496-A-001117

TENNESSEE: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

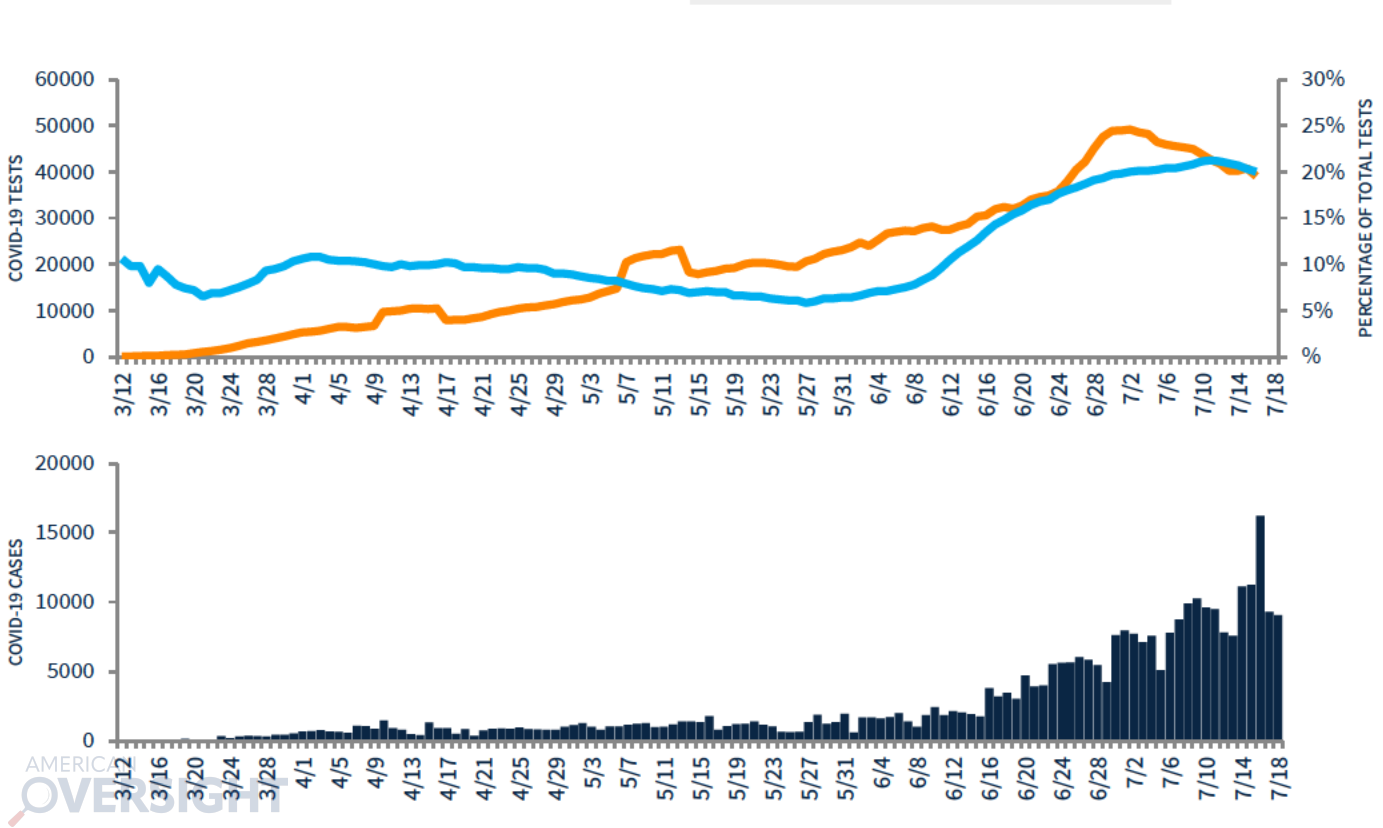


AMERICAN OVERSIGHT

NIH FOIA 001118

HHS-NIH-20-0496-A-001118

TRENDS IN TEXAS



COVID-19 SNAPSHOT

POSITIVITY RATE	20.0%
NEW CASES PER 100K / DAY	36 (weekly avg.)
TESTING PER 100K / DAY	135 (weekly avg.)
BED UTILIZATION	67%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.8%
INCIDENCE	+19%
TESTING PER 100K / DAY	-13%
BED UTILIZATION	-3%

RISK FACTORS

POPULATION DENSITY	111 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	3.3%

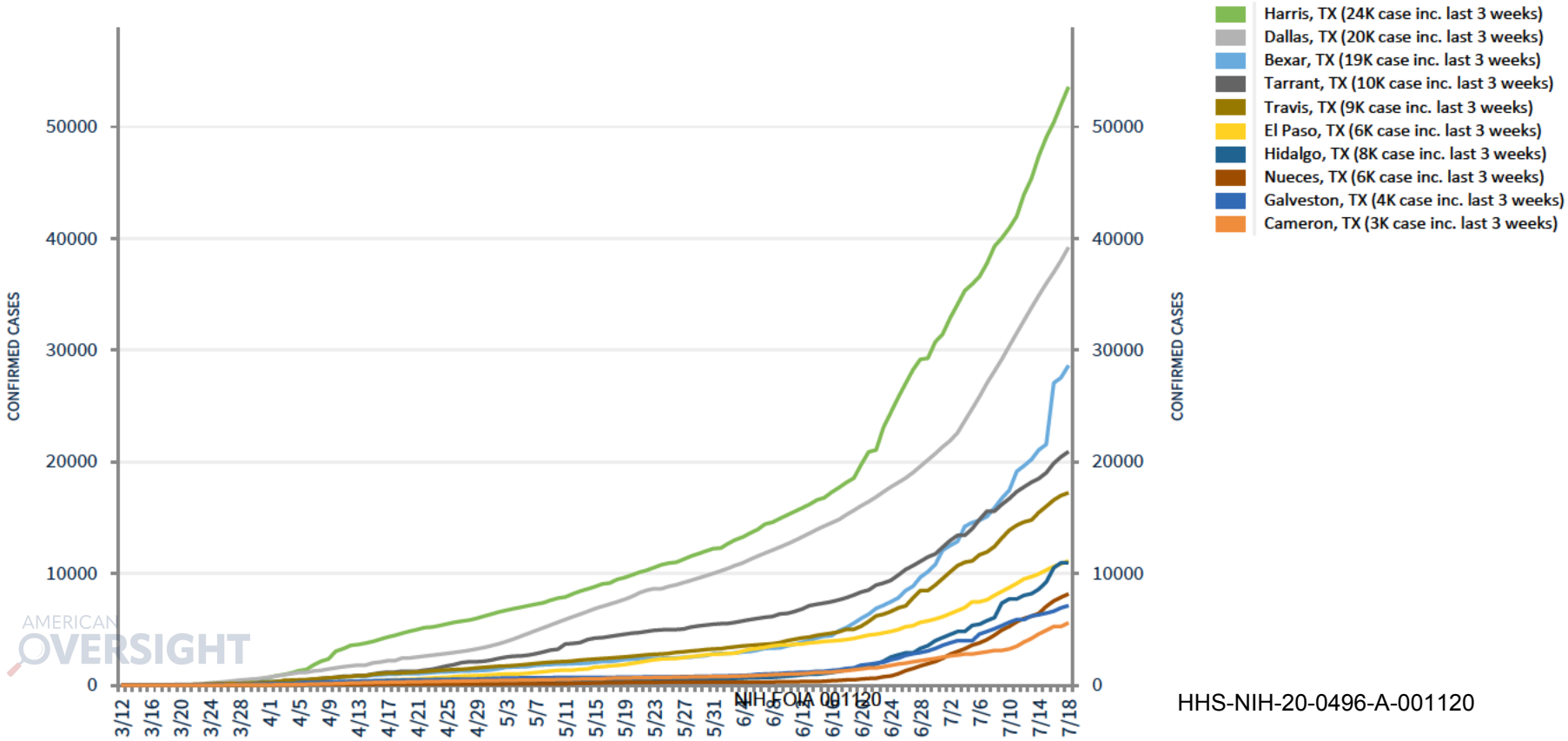
** Most recent several days of testing data is incomplete until all test results come in; testing data is updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICA OVERSIGHT
NIH FOIA 001119
HHS-NIH-20-0496-A-001119

TEXAS: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

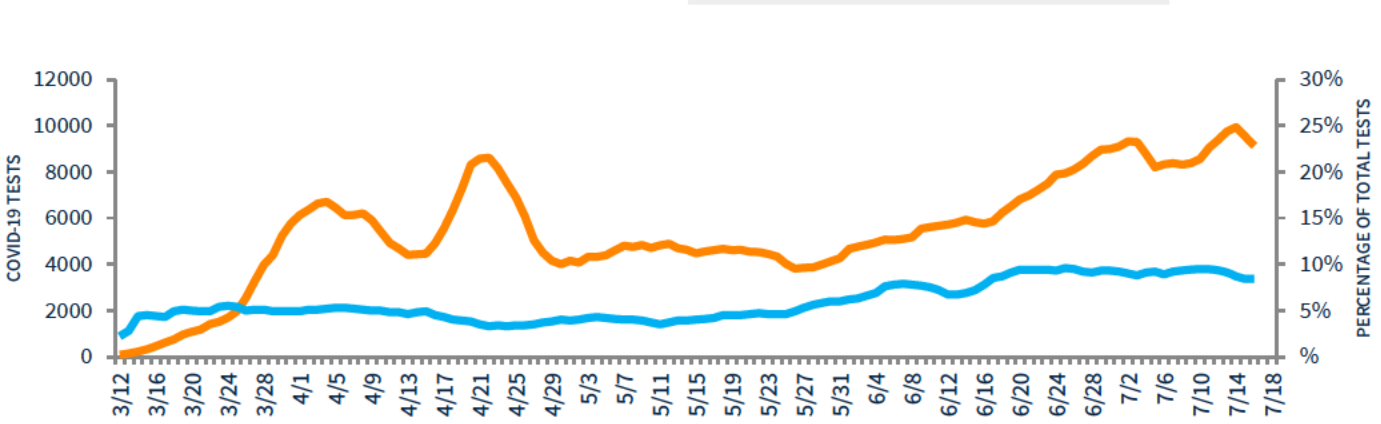


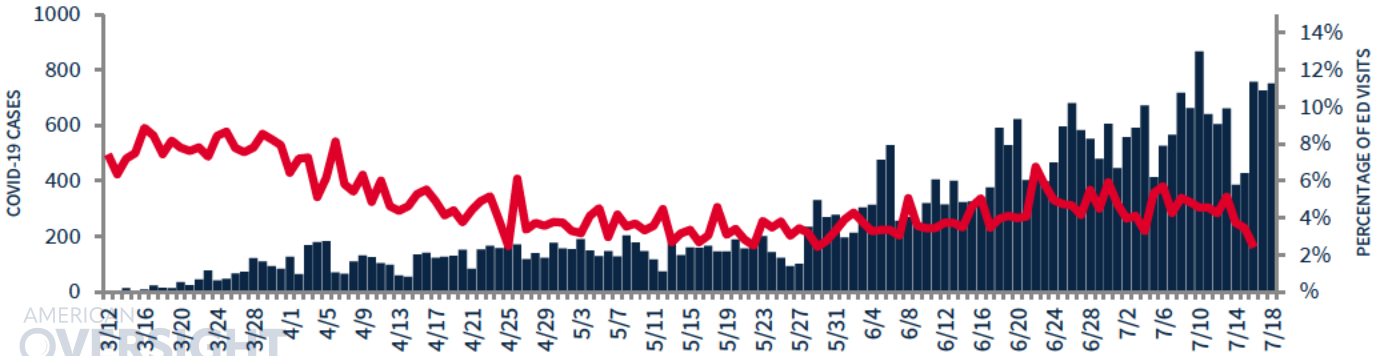
AMERICAN OVERSIGHT

NIH FOIA 001120

HHS-NIH-20-0496-A-001120

TRENDS IN UTAH





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	8.4%
NEW CASES PER 100K / DAY	19 (weekly avg.)
TESTING PER 100K / DAY	285 (weekly avg.)
BED UTILIZATION	53%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.0%
INCIDENCE	-2%
TESTING PER 100K / DAY	+9%
BED UTILIZATION	+1%

RISK FACTORS

POPULATION DENSITY	39 per sq mi
% OVER 60	16%
CRUDE CVD PREVALENCE	2.7%

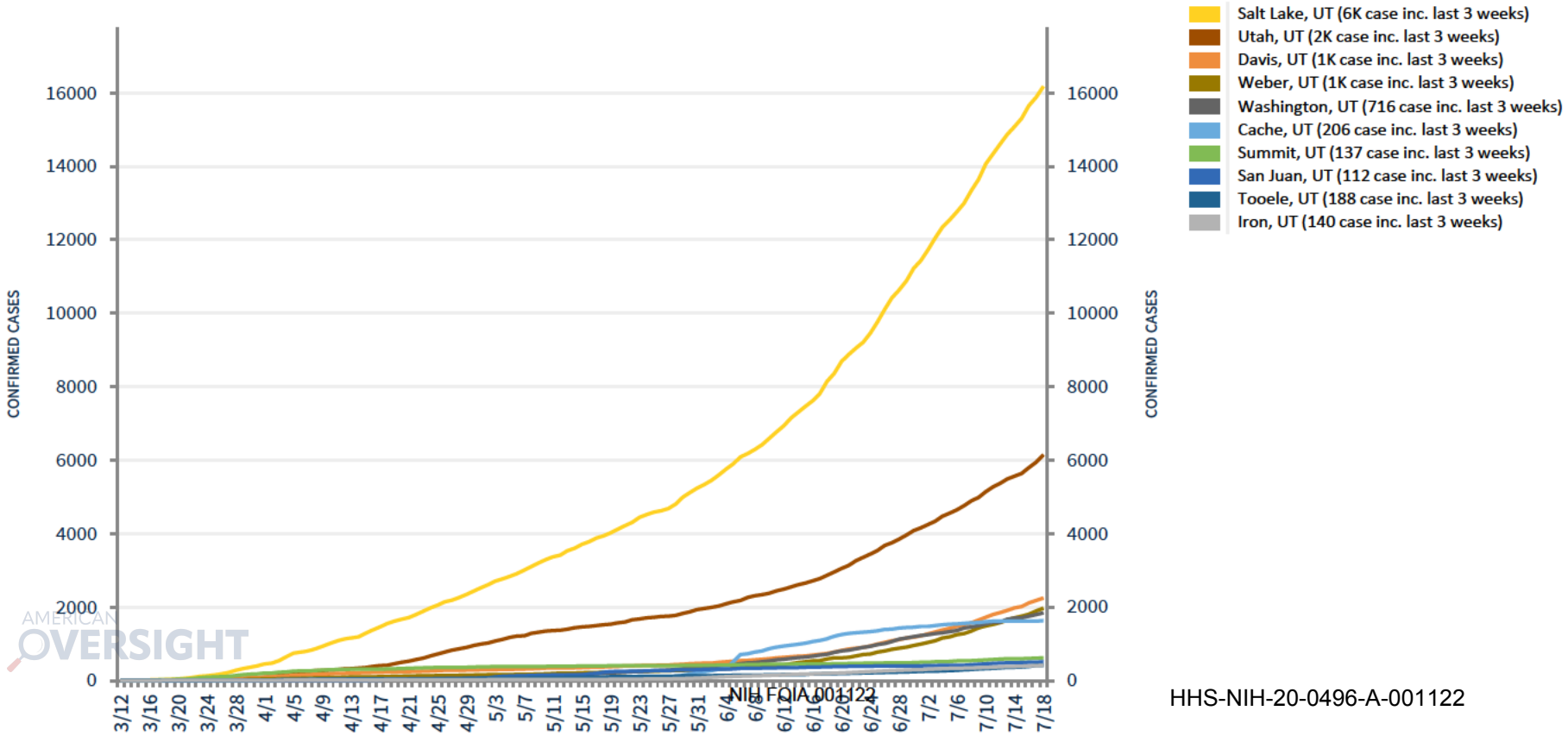
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 001121
HHS-NIH-20-0496-A-001121

UTAH: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

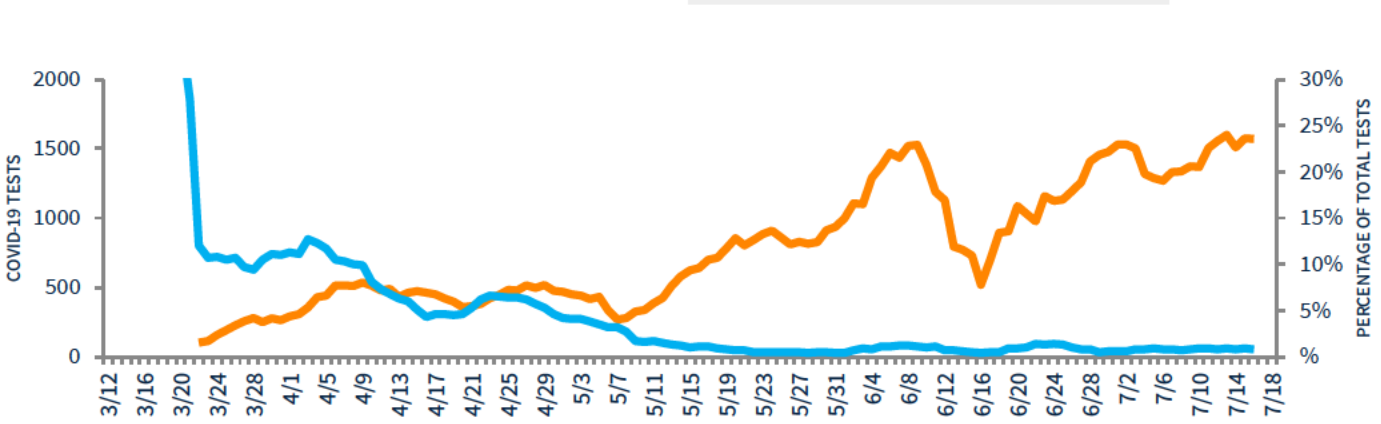


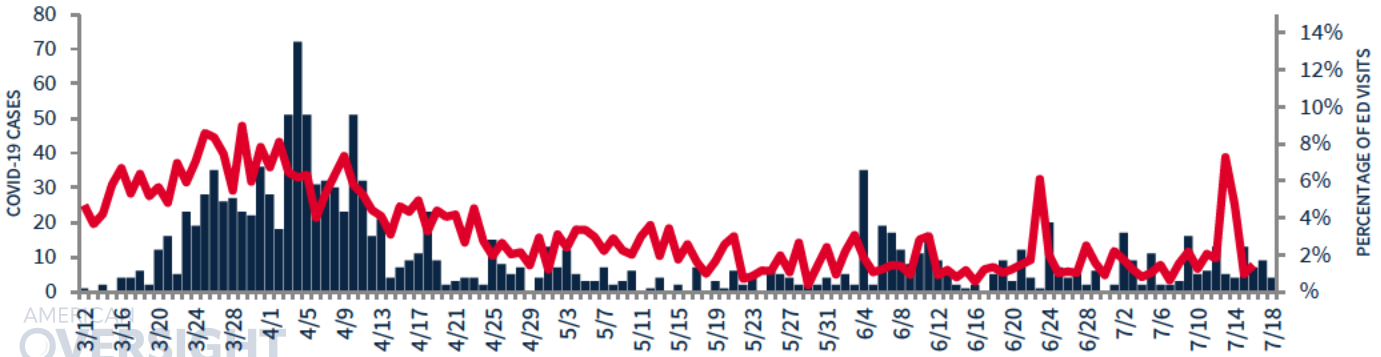
AMERICAN OVERSIGHT

NIH FOIA 001122

HHS-NIH-20-0496-A-001122

TRENDS IN VERMONT





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	0.8%
NEW CASES PER 100K / DAY	1 (weekly avg.)
TESTING PER 100K / DAY	252 (weekly avg.)
BED UTILIZATION	57%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.0%
INCIDENCE	+22%
TESTING PER 100K / DAY	+15%
BED UTILIZATION	+1%

RISK FACTORS

POPULATION DENSITY	68 per sq mi
% OVER 60	28%
CRUDE CVD PREVALENCE	4.0%

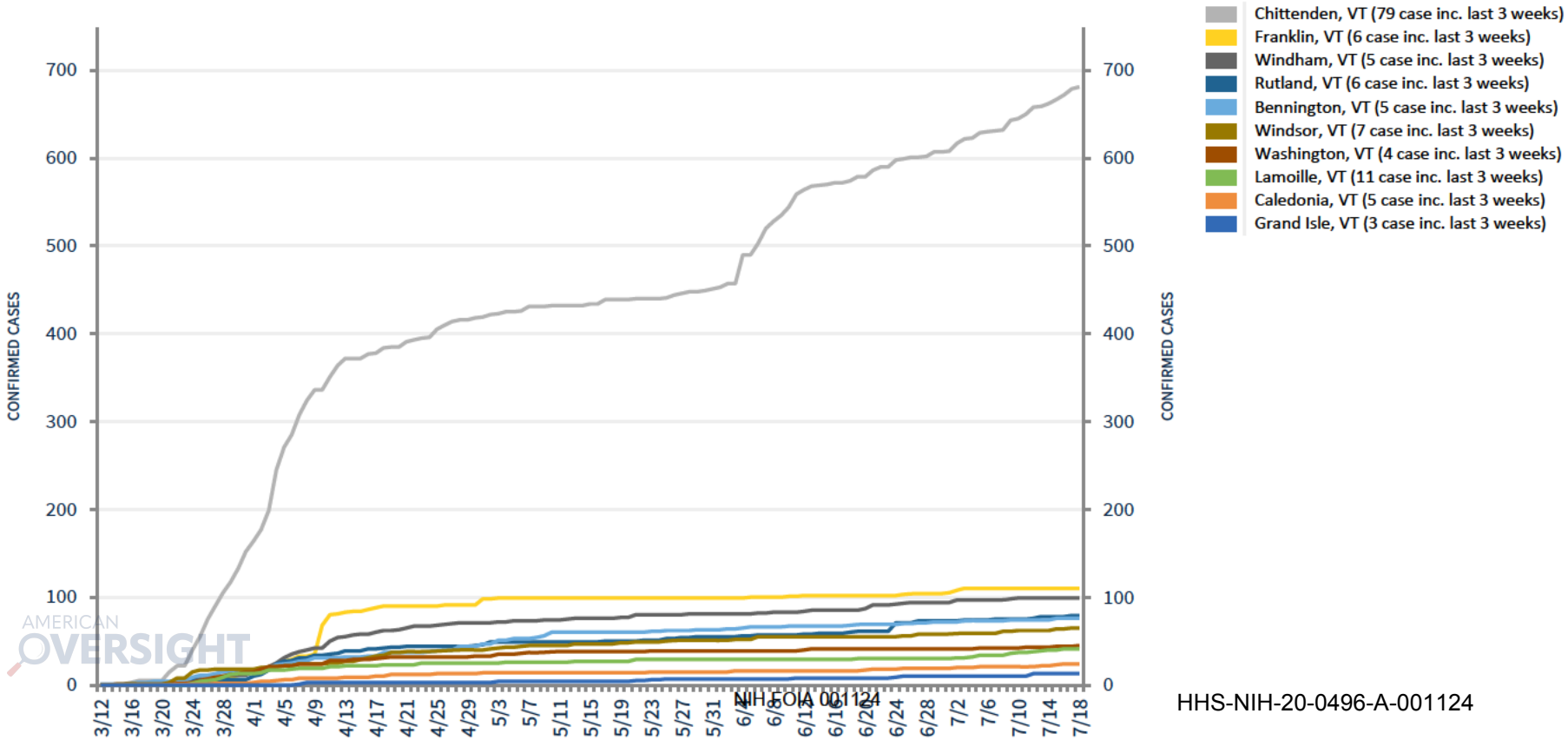
AMERICA OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

NIH FOIA 001123
HHS-NIH-20-0496-A-001123

VERMONT: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

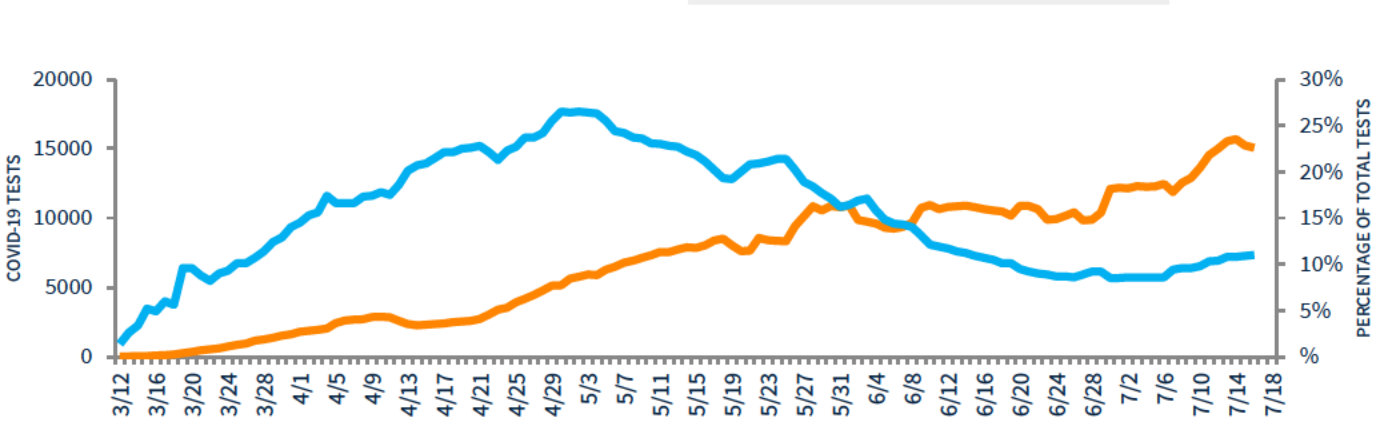


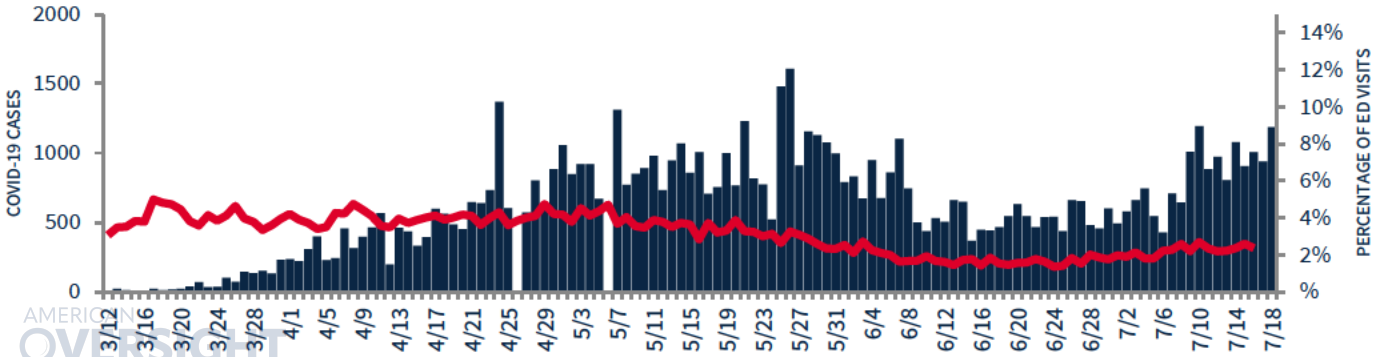
AMERICAN OVERSIGHT

NIH FOIA 001124

HHS-NIH-20-0496-A-001124

TRENDS IN VIRGINIA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	11.0%
NEW CASES PER 100K / DAY	12 (weekly avg.)
TESTING PER 100K / DAY	177 (weekly avg.)
BED UTILIZATION	63%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.4%
INCIDENCE	+27%
TESTING PER 100K / DAY	+17%
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	216 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.8%

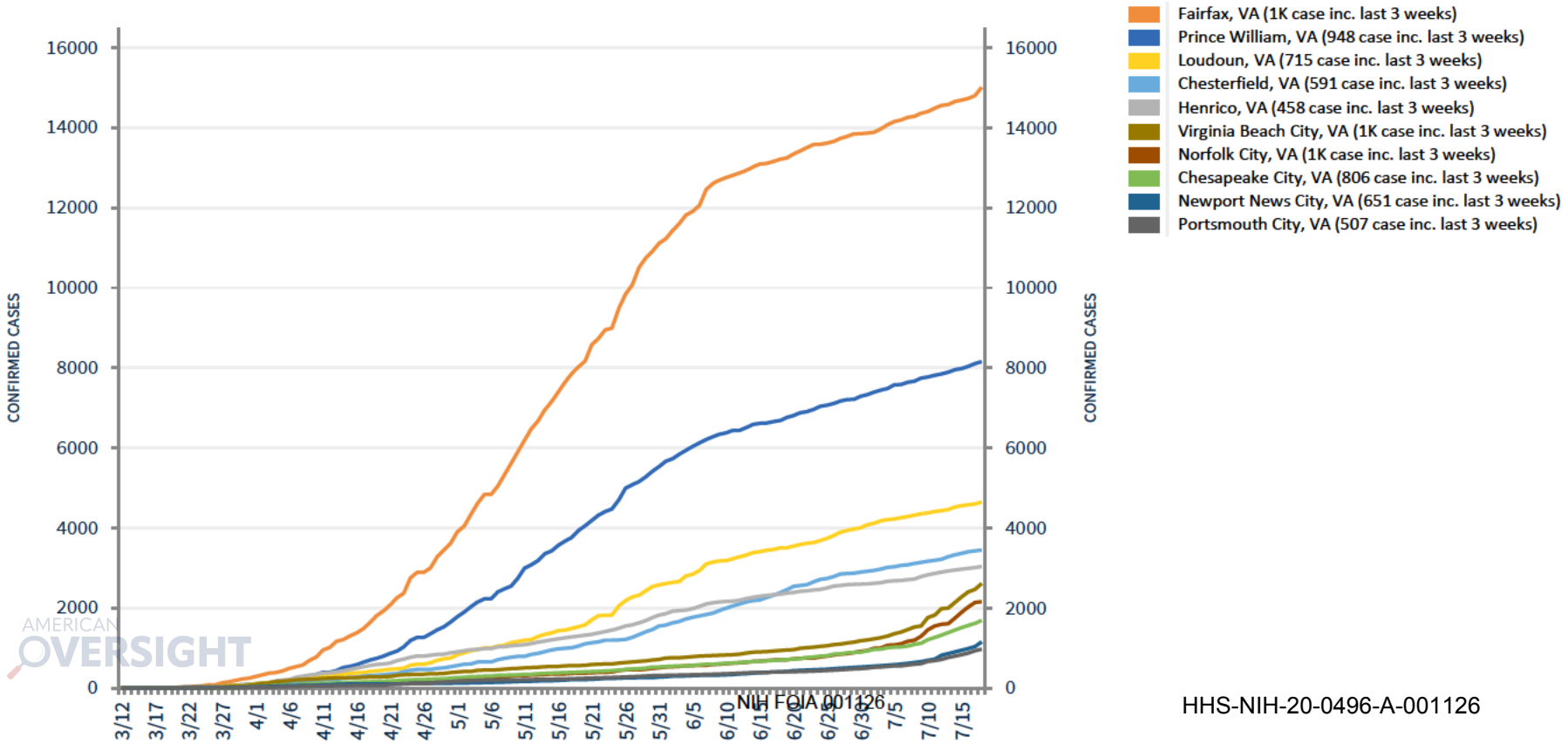
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001125
HHS-NIH-20-0496-A-001125

VIRGINIA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

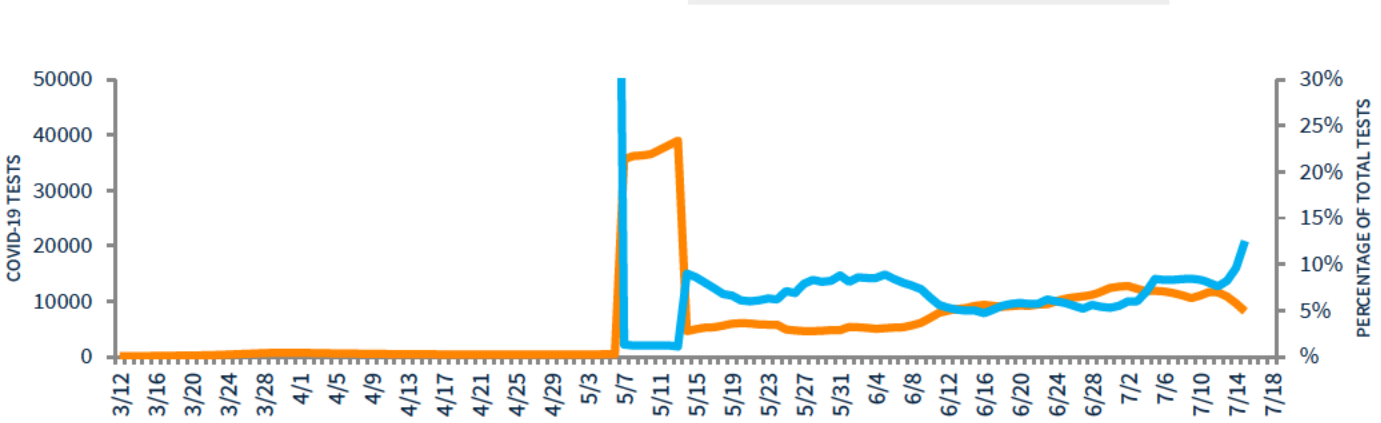


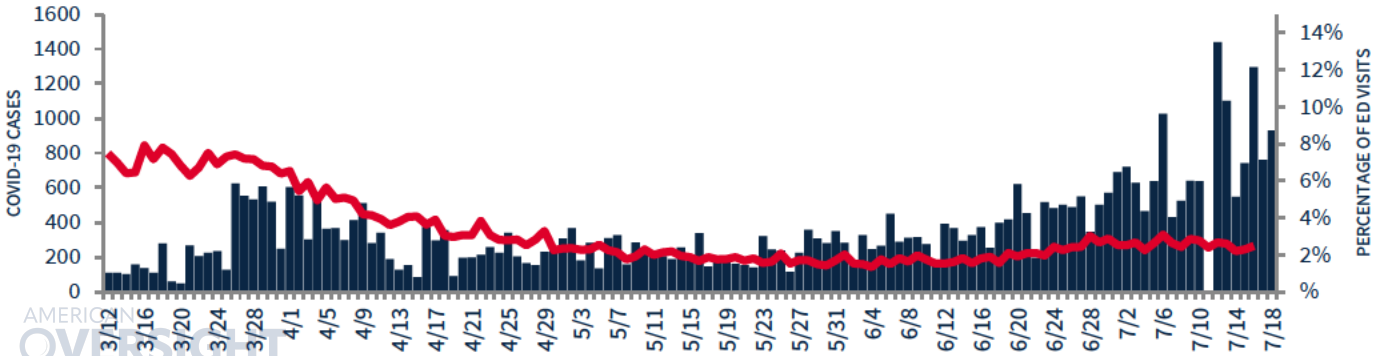
AMERICAN OVERSIGHT

NIH FOIA 001126

HHS-NIH-20-0496-A-001126

TRENDS IN WASHINGTON





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	12.5%
NEW CASES PER 100K / DAY	13 (weekly avg.)
TESTING PER 100K / DAY	89 (weekly avg.)
BED UTILIZATION	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+4.1%
INCIDENCE	+75%
TESTING PER 100K / DAY	-36%
BED UTILIZATION	+1%

RISK FACTORS

POPULATION DENSITY	115 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.5%

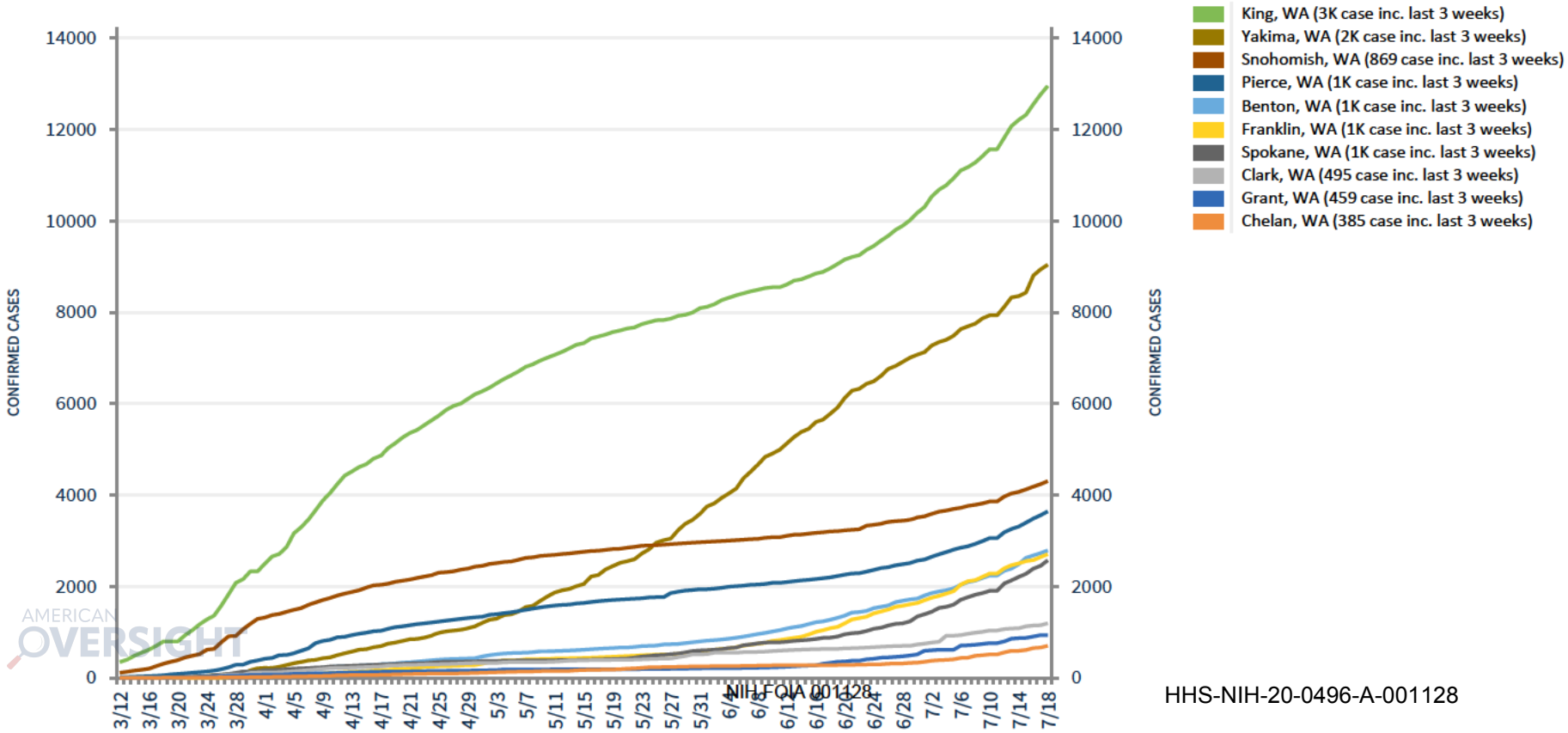
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 001127
HHS-NIH-20-0496-A-001127

WASHINGTON: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

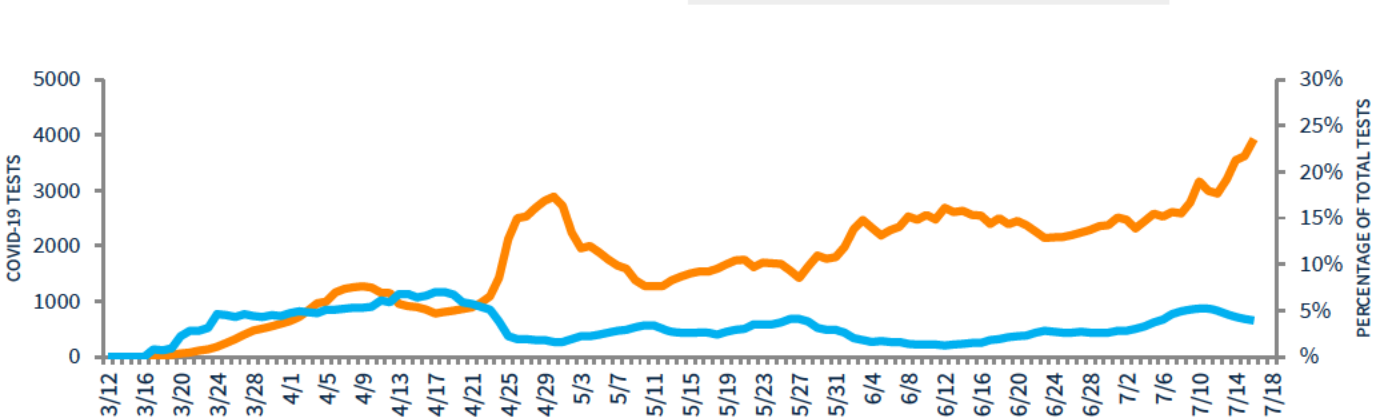


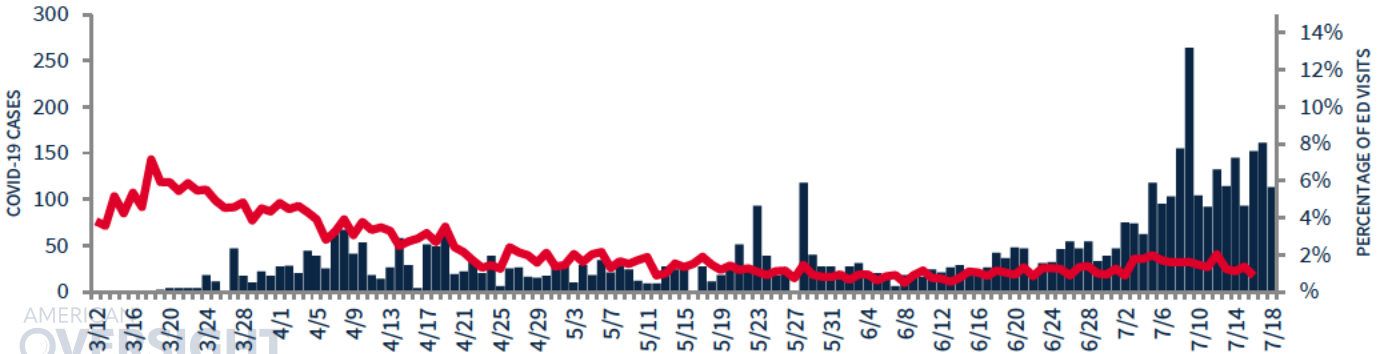
AMERICAN OVERSIGHT

NIH FOIA 001128

HHS-NIH-20-0496-A-001128

TRENDS IN WEST VIRGINIA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	3.9%
NEW CASES PER 100K / DAY	7 (weekly avg.)
TESTING PER 100K / DAY	219 (weekly avg.)
BED UTILIZATION	65%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.2%
INCIDENCE	-2%
TESTING PER 100K / DAY	+41%
BED UTILIZATION	+1%

RISK FACTORS

POPULATION DENSITY	75 per sq mi
% OVER 60	28%
CRUDE CVD PREVALENCE	7.4%

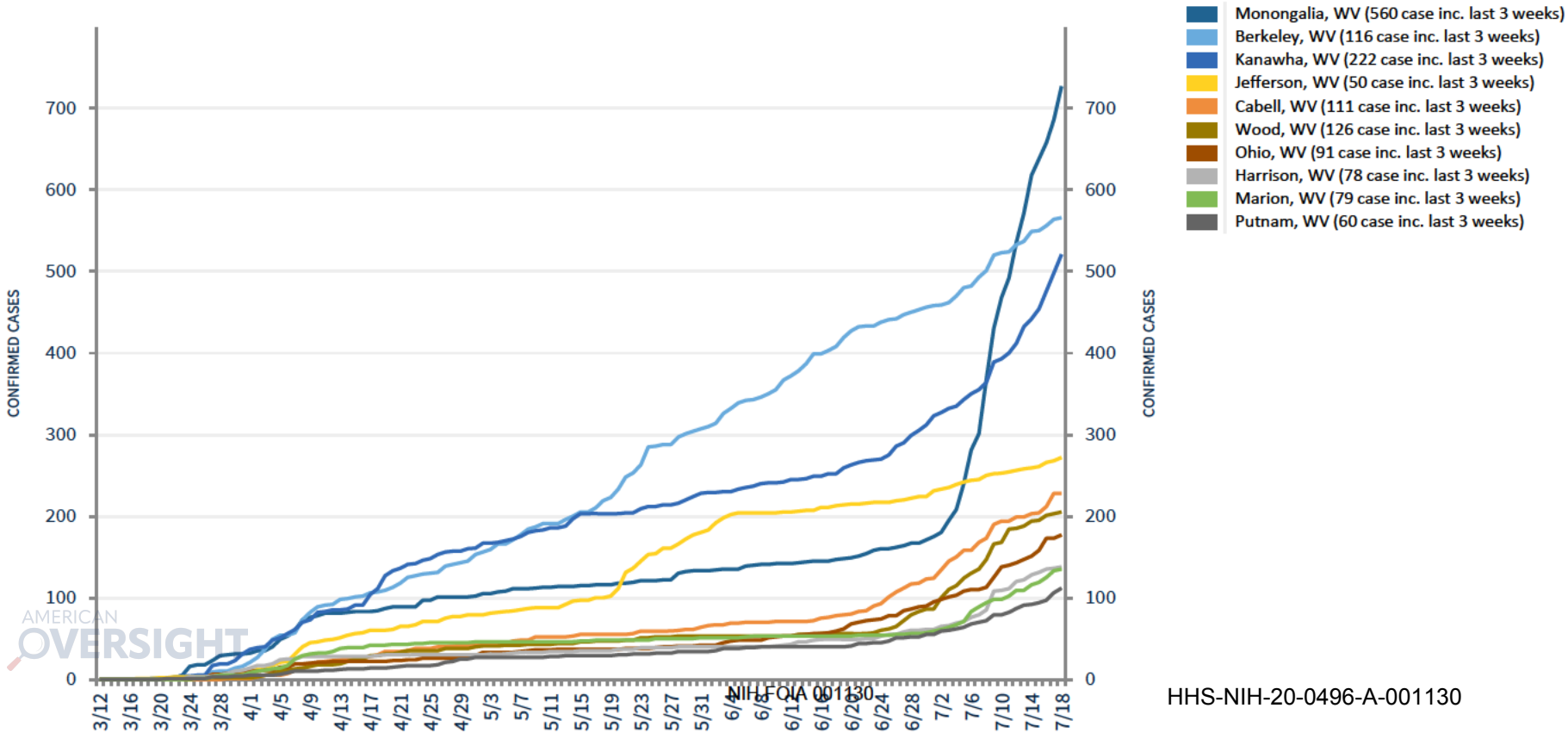
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001129
HHS-NIH-20-0496-A-001129

WEST VIRGINIA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

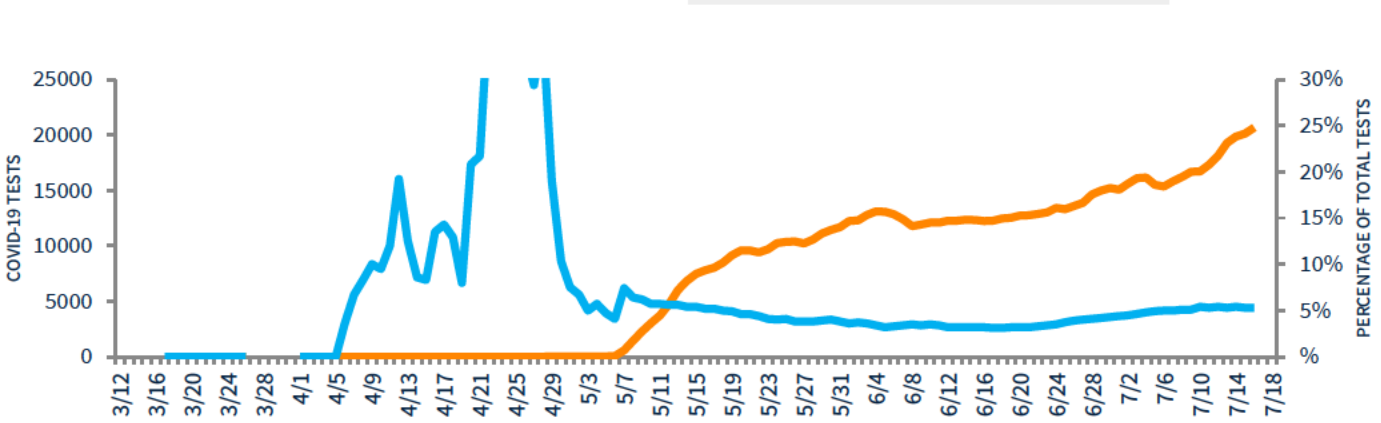


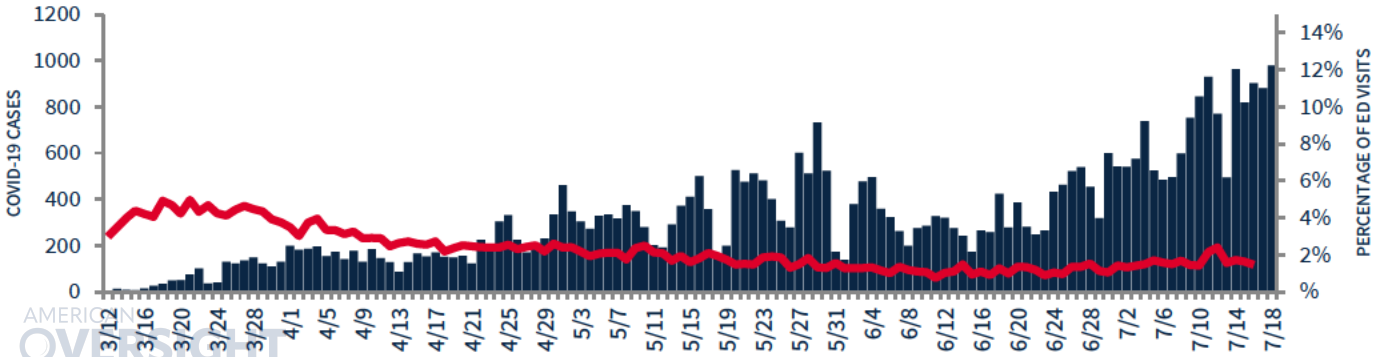
AMERICAN OVERSIGHT

NIH FOIA 001130

HHS-NIH-20-0496-A-001130

TRENDS IN WISCONSIN





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	5.3%
NEW CASES PER 100K / DAY	14 (weekly avg.)
TESTING PER 100K / DAY	355 (weekly avg.)
BED UTILIZATION	59%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.2%
INCIDENCE	+25%
TESTING PER 100K / DAY	+24%
BED UTILIZATION	+1%

RISK FACTORS

POPULATION DENSITY	107 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.7%

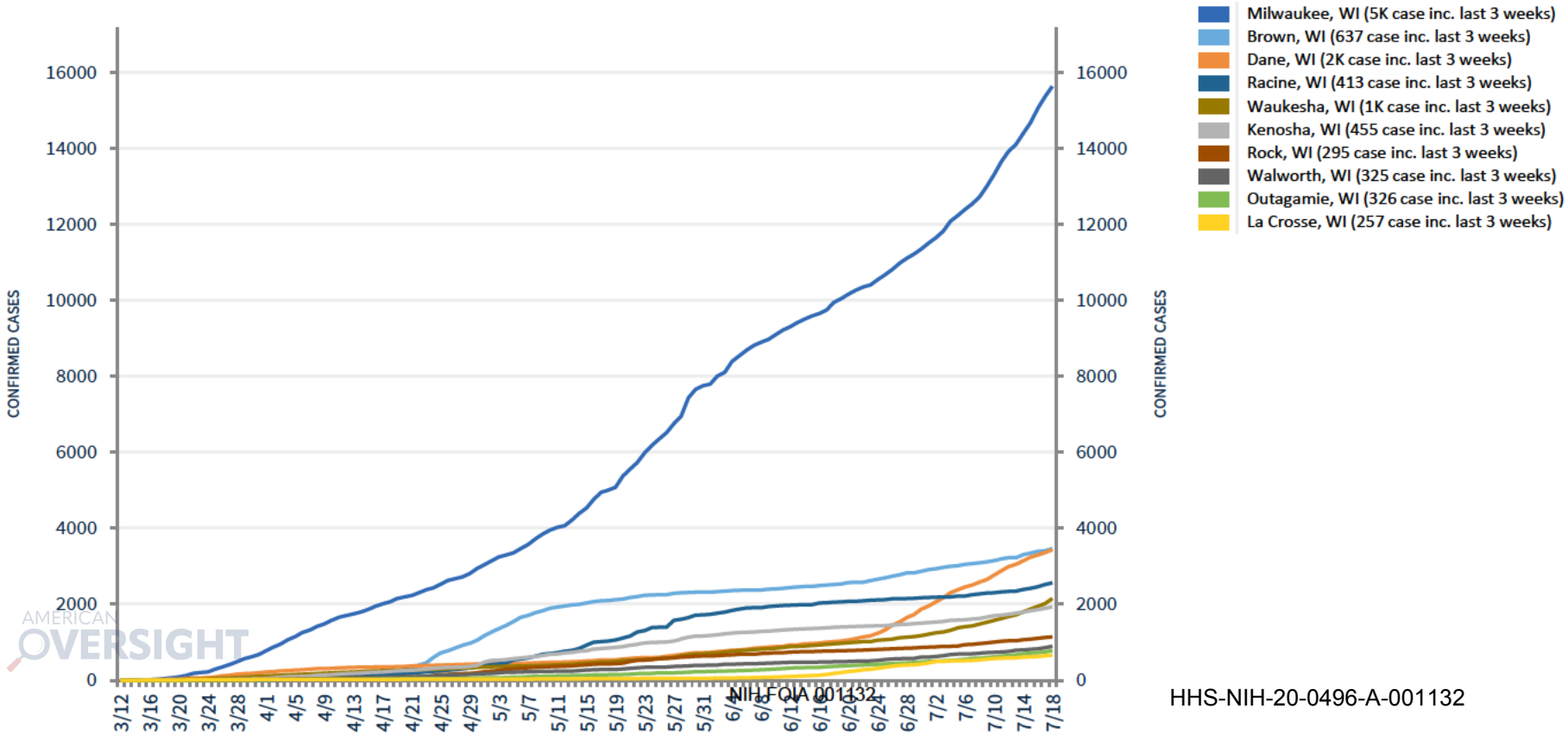
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

NIH FOIA 001131
HHS-NIH-20-0496-A-001131

WISCONSIN: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

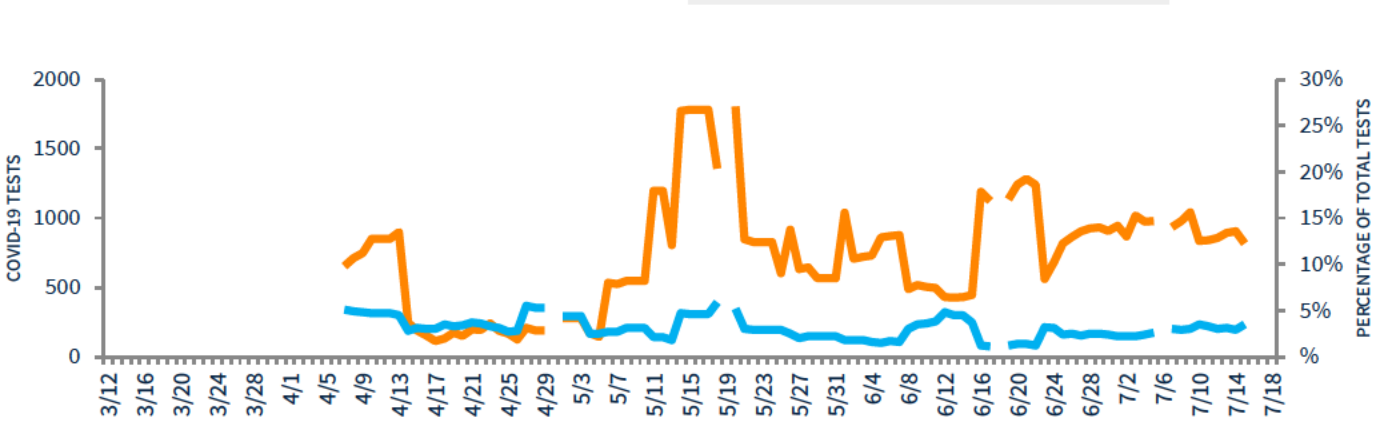


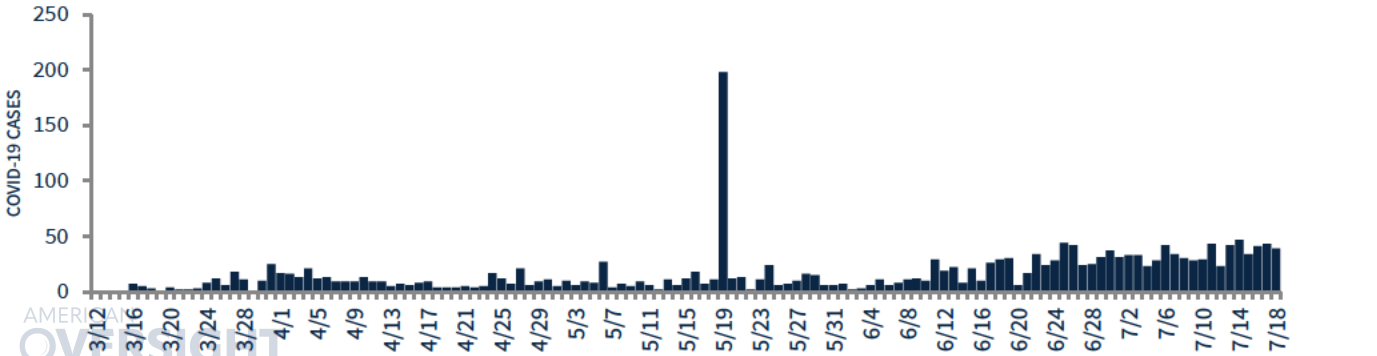
AMERICAN OVERSIGHT

NIH FOIA 001132

HHS-NIH-20-0496-A-001132

TRENDS IN WYOMING





COVID-19 SNAPSHOT

POSITIVITY RATE	3.5%
NEW CASES PER 100K / DAY	7 (weekly avg.)
TESTING PER 100K / DAY	116 (weekly avg.)
BED UTILIZATION	39%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.6%
INCIDENCE	+15%
TESTING PER 100K / DAY	-34%
BED UTILIZATION	+8%

RISK FACTORS

POPULATION DENSITY	6 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.7%

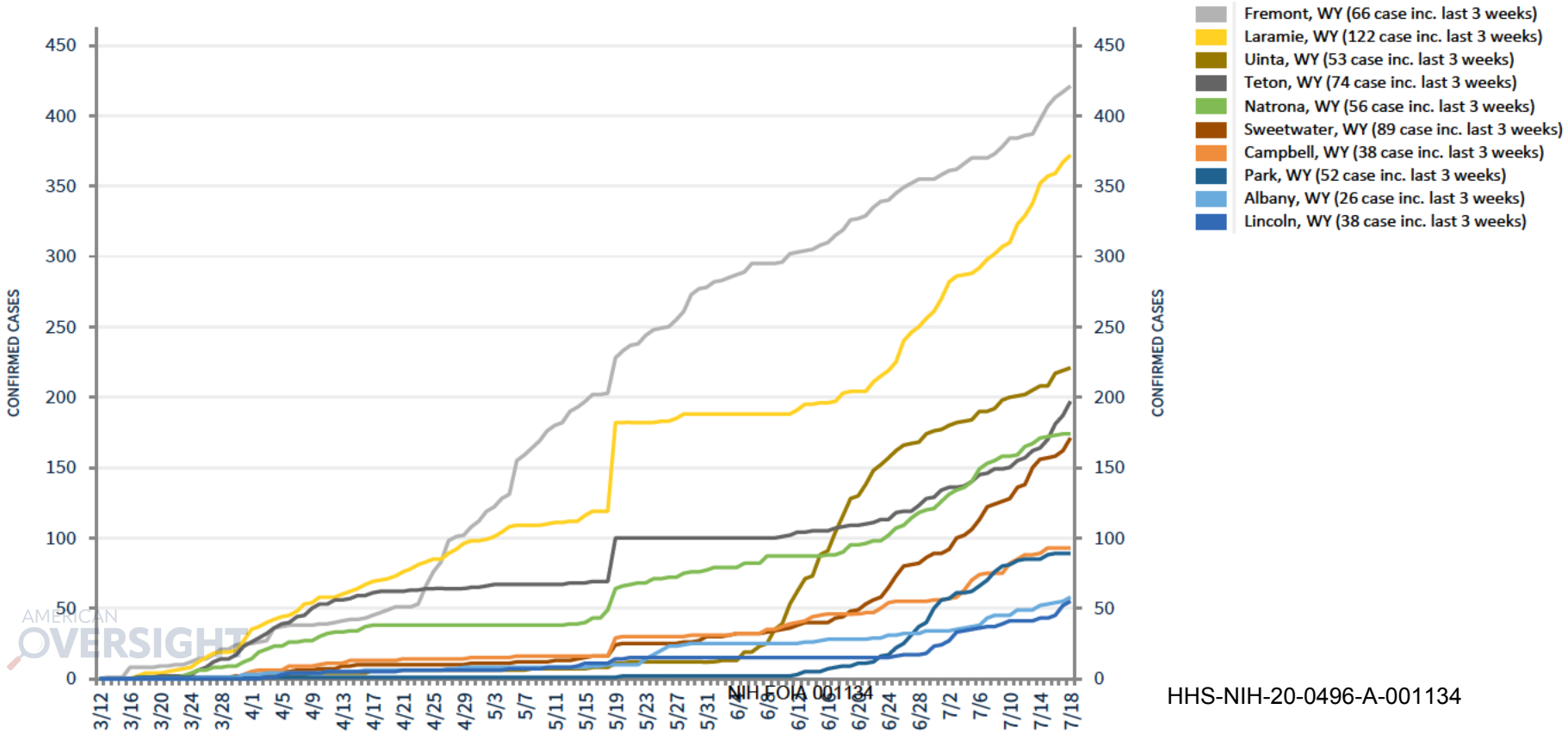
** Most recent several days of testing data is incomplete until all test results come in; testing data is updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001133
HHS-NIH-20-0496-A-001133

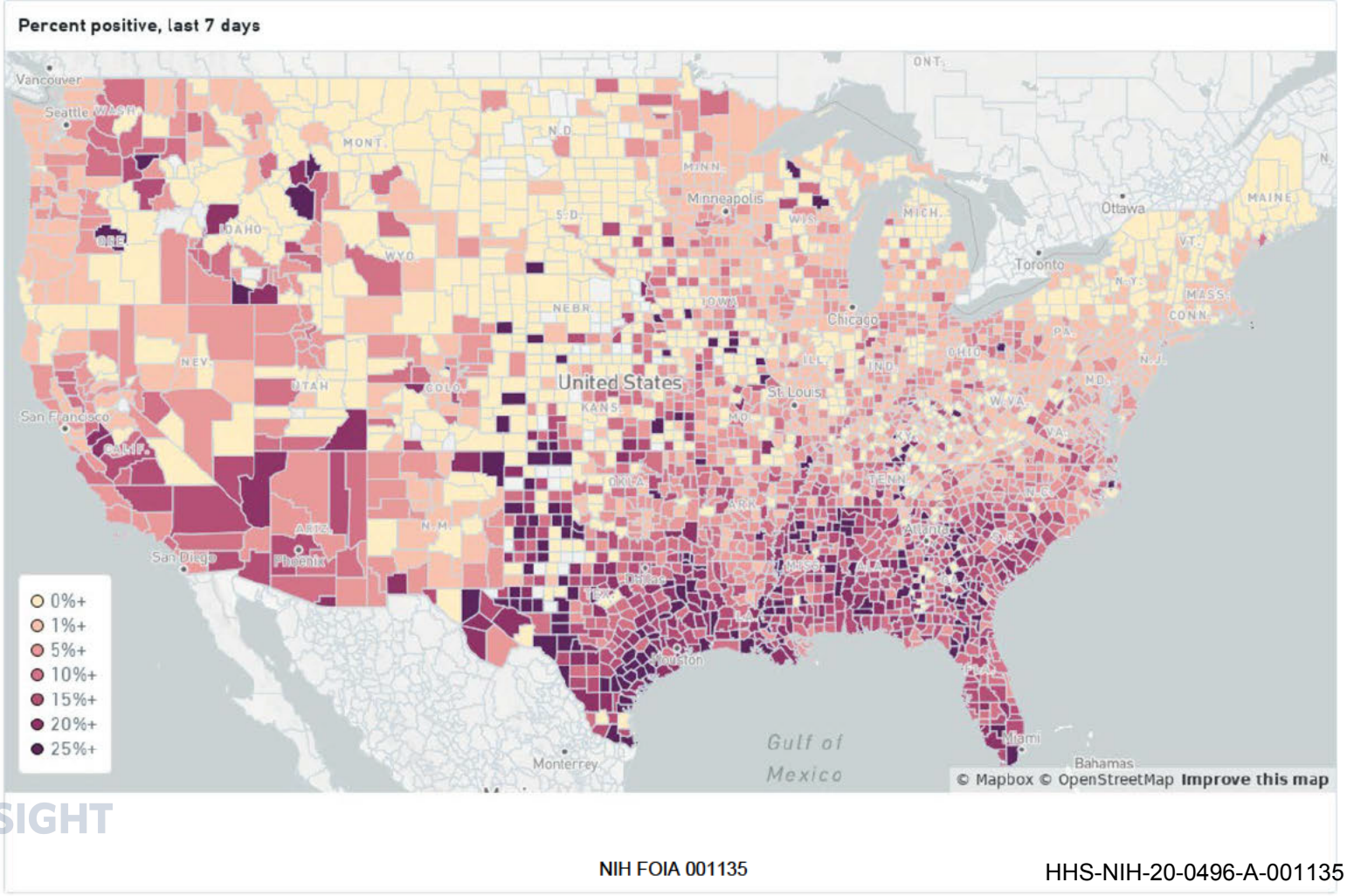
WYOMING: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE



AMERICAN OVERSIGHT

NIH FOIA 001134

HHS-NIH-20-0496-A-001134



AMERICAN OVERSIGHT

Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days.

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Wed, 22 Jul 2020 11:25:15 -0500
To: AMA2 (OS/IOS); (b) (6) Kudlow, Larry A. EOP/WHO;Redfield, Robert R. (CDC/OD);Fauci, Anthony (NIH/NIAID) [E];Amie Kalsbeek (DOT);Johnson, Miles M. EOP/WHO;Adams, Jerome (HHS/OASH);sh1@fda.hhs.gov;Birx, Deborah L. EOP/NSC;CMS (b) (b) (6) Short, Marc T. EOP/OVP;Miller, Katie R. EOP/OVP;Troye, Olivia EOP/NSC;Philbin, Patrick F. EOP/WHO;Miller, Stephen EOP/WHO; (b) (6) (b) (6) (b) (6) Cipollone, Pat A. EOP/WHO;Kellogg, Joseph Keith K. Jr. EOP/OVP; (b) (6) Engels, Thomas (HRSA); (b) (6) Collins, Francis (NIH/OD) [E];Harrison, Brian (HHS/IOS);Pataki, Tim A. EOP/WHO;Goyer, Jim L. IV EOP/WHO;Pottebaum, Nic D. EOP/WHO;Hoelscher, Douglas L. EOP/WHO;Obenshain, Tucker T. EOP/OVP;Kushner, Jared C. EOP/WHO;Conley, Sean P. CDR USN WHMO/WHMU;Fleming, John C. Jr. EOP/WHO;Jacob, Gregory F. EOP/OVP;Hicks, Hope C. EOP/WHO;Fisher, Garrett C. EOP/OVP;Nevins, Kristan K. EOP/WHO;O'Malley, Devin M. EOP/OVP;DL OVP NSA EXECSEC; (b) (6) Farah, Alyssa A. EOP/WHO;Gilmartin, Kayleigh M. EOP/WHO; (b) (6) (b) (6) (b) (6) Jen (b) (6) Lin, Merry S. EOP/WHO;Baker, Brittany G. EOP/WHO;Olmem, Andrew J. EOP/WHO;Gershman, Lynn E. (CDC/OD/OCS);Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Dulaigh, Joel (HHS/OASH);Rose, Lyndee D. EOP/WHO;Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Olivarria, Frank (FDA/OC);Brookes, Brady (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA); (b) (6) (b) (6) (b) (6) Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Lair, Kate E. EOP/WHO;Murrell, Baxter R. EOP/WHO; (b) (6) Bolduc, Brian J. EOP/OVP;Dumbauld, Cassidy M. EOP/WHO; (b) (6) (b) (6) Cytryn, Jen B. EOP/WHO (Associate);McGuffee, Tyler Ann A. EOP/OVP;Hahn, Julia A. EOP/WHO;Haddad, Carla (HHS/OASH);Taylor, Elizabeth A. EOP/WHO;DL WHO COMMS Speechwriters;Brunson, Brandy (HHS/OASH/OSG); (b) (6) Boyd, Charlton J. EOP/WHO;Bante, Katie (OS/OASH); (b) (6) (b) (6) Kline, Katherine E. EOP/WHO;Trevor, Sarah J. EOP/WHO;Gideos, Darawan (HRSA); (b) (6) McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E]; (b) (6) (b) (6) Hodgson, Christopher M. EOP/OVP;Lewis, Michael B. EOP/OVP;Conant, Ann M. EOP/OMB;Vought, Russell T. EOP/OMB;Smith, Brad (CMS/OA);Charles, Joshua T. EOP/OVP;Gray, John W. EOP/OVP; (b) (6) Pottinger, Matthew F. EOP/WHO
Cc: Joannou, Tom W. EOP/WHO;Conway, Kellyanne E. EOP/WHO;OVP NSA Plans and Ops Calendar;Troutman, Joel D. EOP/OVP;Stickles, Brendan R. EOP/OVP;Veprek, Andrew M. EOP/NSC
Subject: White House Coronavirus Task Force Meeting
Attachments: 2020 07 21 Face Covering Read Ahead Memo_CLEAN.PDF, CMS Strategy for Nursing Home Hotspots 7.22.20_ 1139 update.pdf, WH Coronavirus TF Agenda 7.22.20 v2.docx, WH JFK Seating Chart 7.22.20.pptx
Importance: High

All –

AMERICAN OVERSIGHT

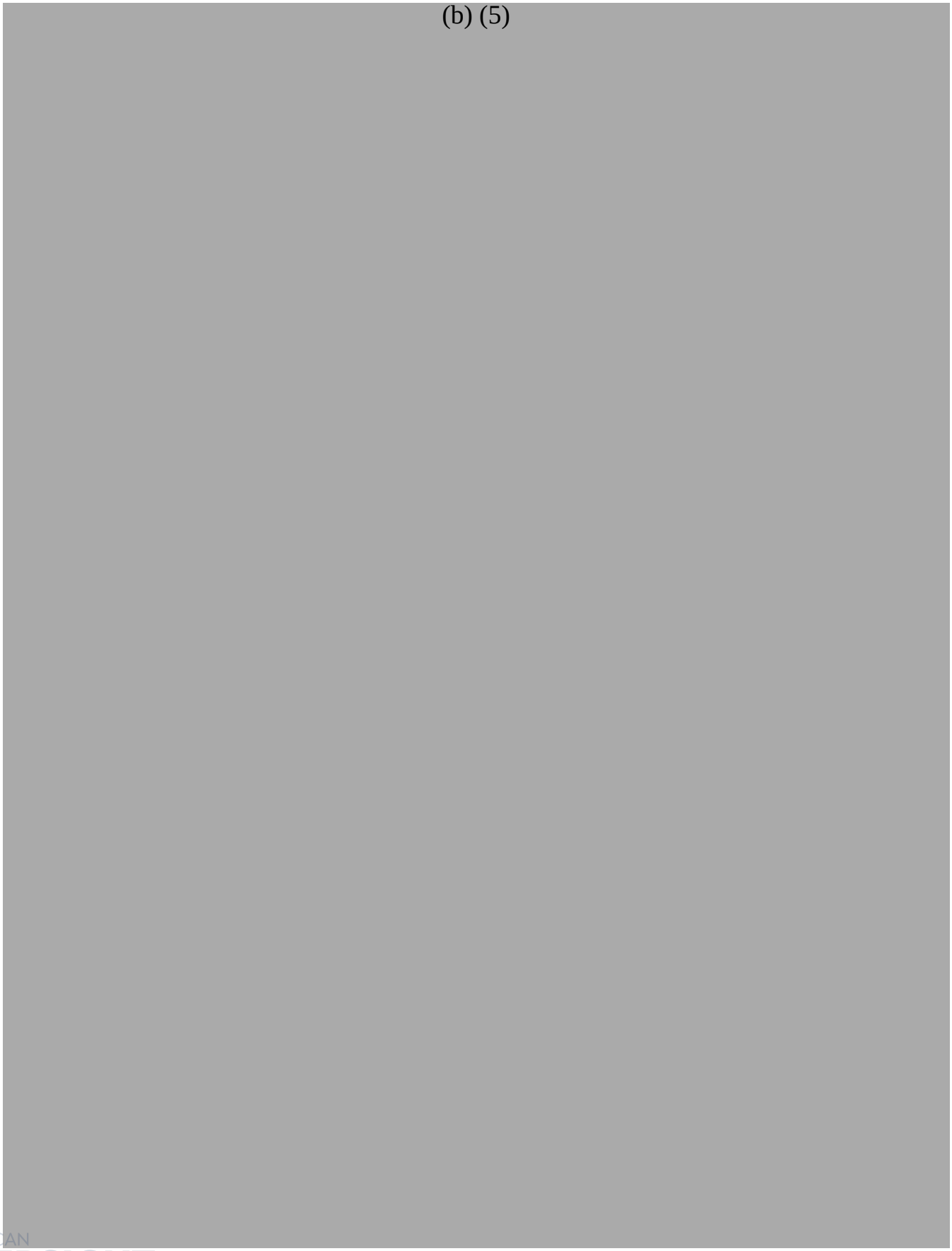
There will be a **White House Coronavirus Task Force Meeting** on **Wednesday, July 22nd** at **2:30pm** in the White House Situation Room. Materials attached.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

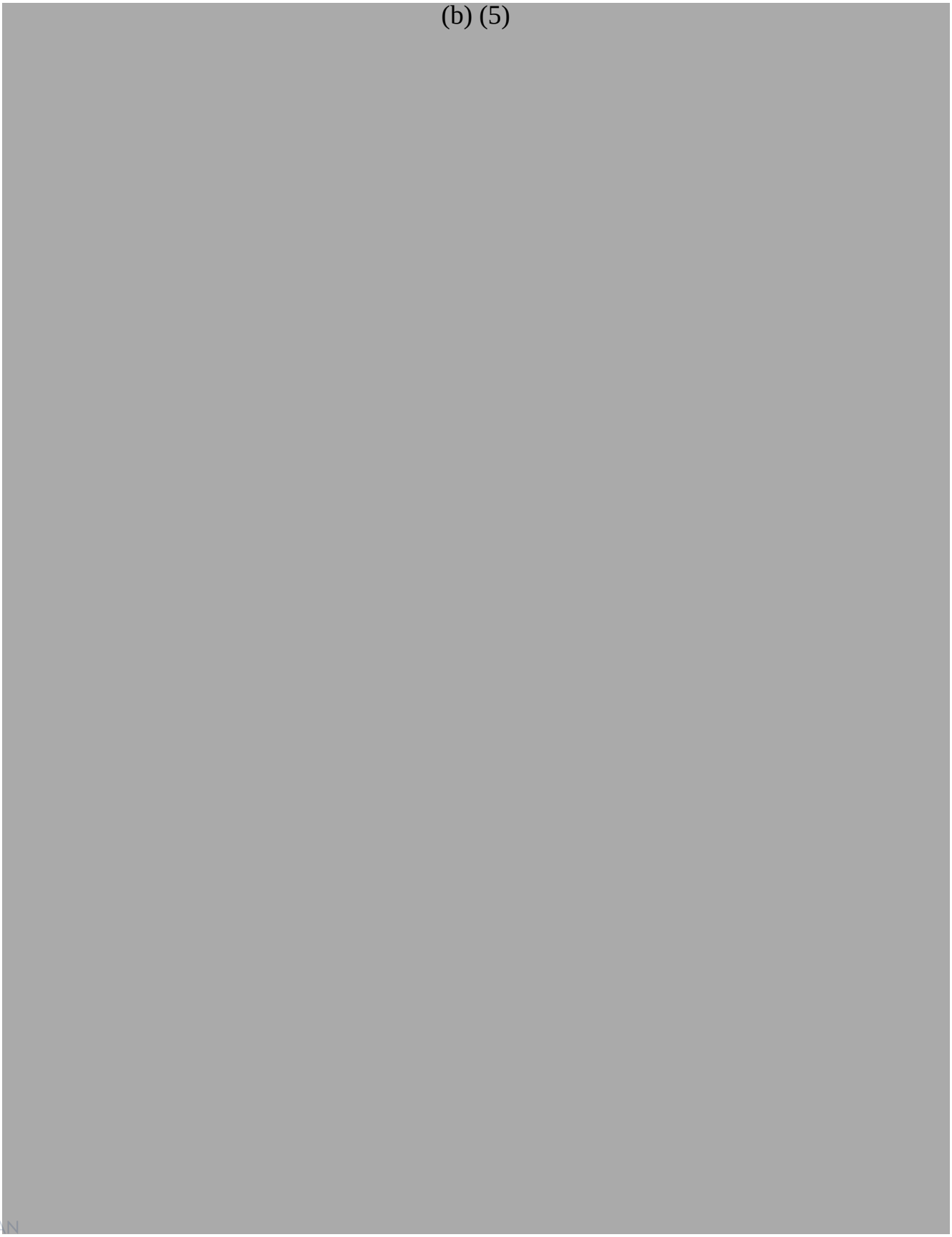
AMERICAN OVERSIGHT

(b) (5)



AMERICAN OVERSIGHT

(b) (5)

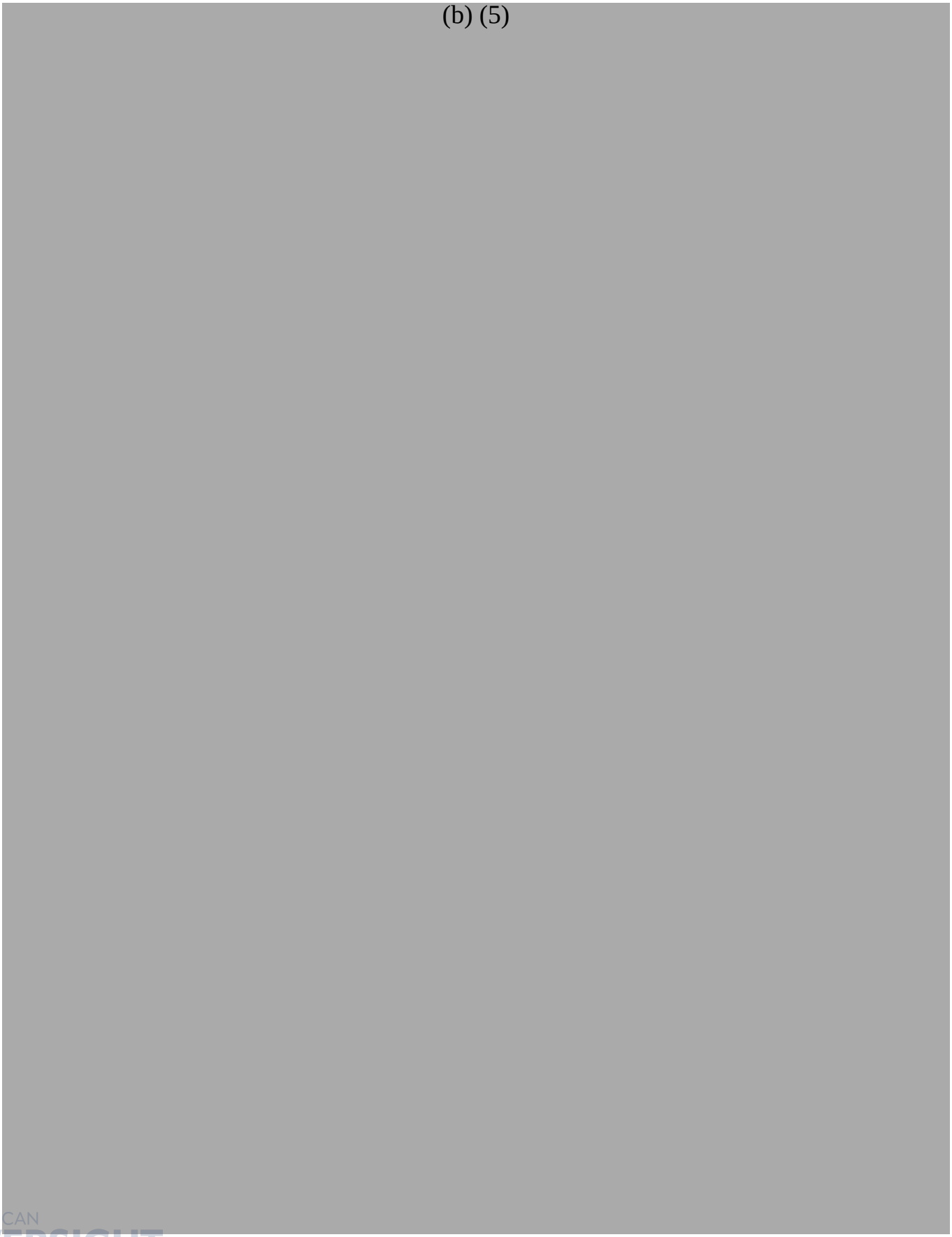


AMERICAN OVERSIGHT

(b) (5)

AMERICAN OVERSIGHT

(b) (5)



AMERICAN OVERSIGHT

(b) (5)

AMERICAN OVERSIGHT

CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS Strategy for Nursing Home Hotspots

Confidential and Deliberative, Pre-decisional Communication

AMERICAN OVERSIGHT

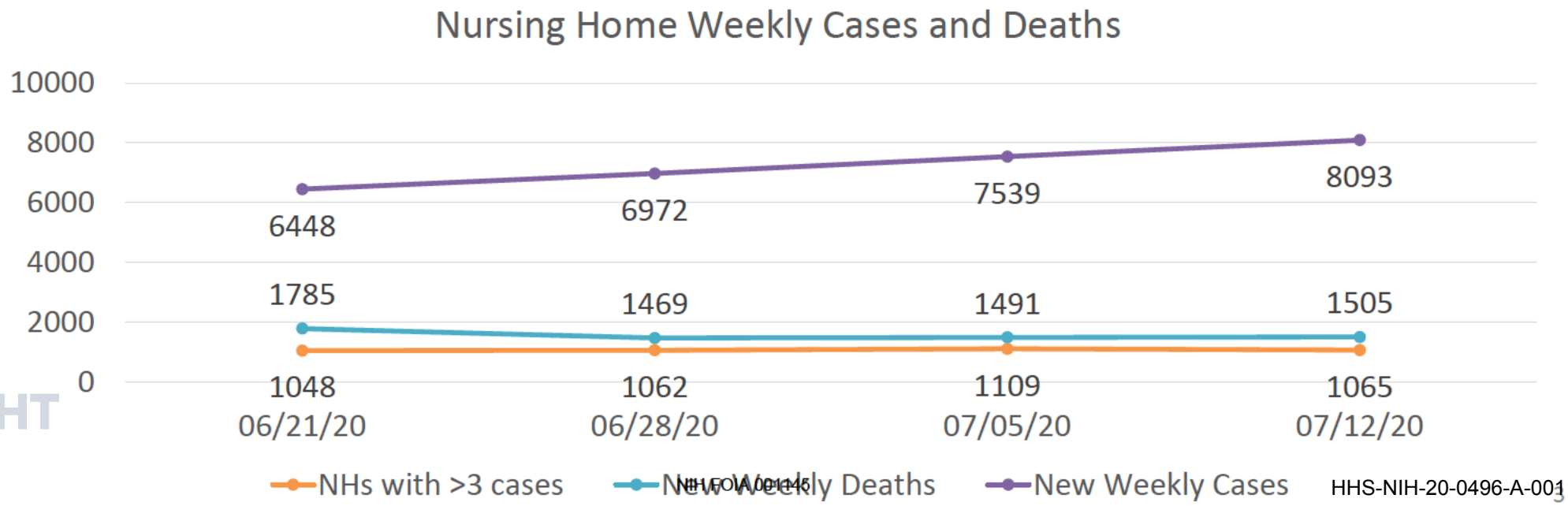
Data Driving Our Efforts

- Data triggers one of four responses:
  1. Inspection
     - For example, facilities reporting 3 or more COVID-19 suspected or confirmed cases in a week, or one new case after being COVID-19-free, will be inspected within 3-5 days.
  2. Outreach to states
  3. Targeted onsite Quality Improvement Organization support
  4. Strike teams where additional federal resources are necessary to address the outbreak.

AMERICAN OVERSIGHT

Tracking New Cases and Deaths

- Over the last four weeks, cases rates have increased each week, while death rates have remained relatively flat.
- Nationwide, 10% of facilities reported an increase of 3 or more confirmed or suspected cases, or reported their first COVID-19 case.
  - Some states saw much higher rates: Five states had more than 20% of their nursing homes see these increases (AL, AR, FL, SC, and TX)



AMERICAN OVERSIGHT

HHS-NIH-FOIA-001145

HHS-NIH-20-0496-A-001145

Funding

- $XB of the Provider Relief Fund distributed to nursing homes, including state veterans homes
  - In addition to the $4.9B already distributed
  - Use for PPE, supplemental staffing, and technology to facilitate virtual visitation
  - Pay for performance – incentive program for nursing homes that prevented infection and showed improvement
  - Access to Provider Relief Funds dependent upon completion of national training program.
  - COVID+ Facilities?

AMERICAN OVERSIGHT

Testing

- All nursing homes to receive a Point of Care testing instrument
- New testing requirement
  - CMS will require nursing homes in states with 5% + positivity rate to test staff each week
- Expediting process for CLIA certificates of waiver
- Building on interim testing strategy

AMERICAN OVERSIGHT

Federal Task Force Strike Teams

- Pilot program deployed Federal Task Force Strike Teams (CMS, CDC, OASH) to 18 nursing homes in hot spot areas (IL, FL, LA, OH, PA, TX)
- Strike Teams worked with staff to:
  - Provide testing
  - Infection control knowledge and adherence to guidance
  - Assessing PPE
  - Problem solving and recommendations
  - Provide immediate clinical recommendations to ensure patient safety
  - Determine areas of need and report needs back to federal officials

AMERICAN OVERSIGHT

National Training Program

- CMS & CDC National COVID Curriculum for all nursing homes
  - Self-assessment tool to identify specific training modules needed
  - Certificate of completion and recognition badges for website.

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Wednesday, July 22, 2020
2:30pm EST

I. **Opening Remarks –** Vice President Pence

II. **Data Modeling & Reporting –** Dr. Debbie Birx, M.D.

III. **NRCC & Supplies Update –** Administrator Pete Gaynor (FEMA) & Admiral John Polowczyk (FEMA)

IV. **Update on School Guidance –** Dr. Bob Redfield, Director (CDC)

V. **Global Travel Advisory –** Matt Pottinger, Deputy National Security Advisor

VI. **Nursing Home Update –** Seema Verma, Administrator (CMS)

VII. **Facial Coverings –** Dr. Bob Redfield, Director (CDC)

VIII. **Therapeutics & Vaccines –** Dr. Anthony Fauci, Director (NIAID)

IX. **Concluding Remarks –** Vice President Pence

AMERICAN OVERSIGHT

WHSR JFK Conference Room (West Wing)
DATE: 15 JULY 2020
TIME: 1330 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

Jared Kushner

Dr. Bob Redfield

Stephen Miller

ADM Brett Giroir

Matt Pottinger

Adam Boehler

Larry Kudlow

Andrew Veprek

WEST - WINDOWS

Dr. John Fleming

EAST

Sec. Gene Scalia

Dr. Anthony Fauci

A/Sec. Joel Szabat

Russ Vought

Dr. Stephen Hahn

Katie Miller

Sec. Alex Azar

Dr. Debbie Birx

Dr. Jerome Adams

Marc Short

Seema Verma

DOOR

Vice President

Pat Philbin

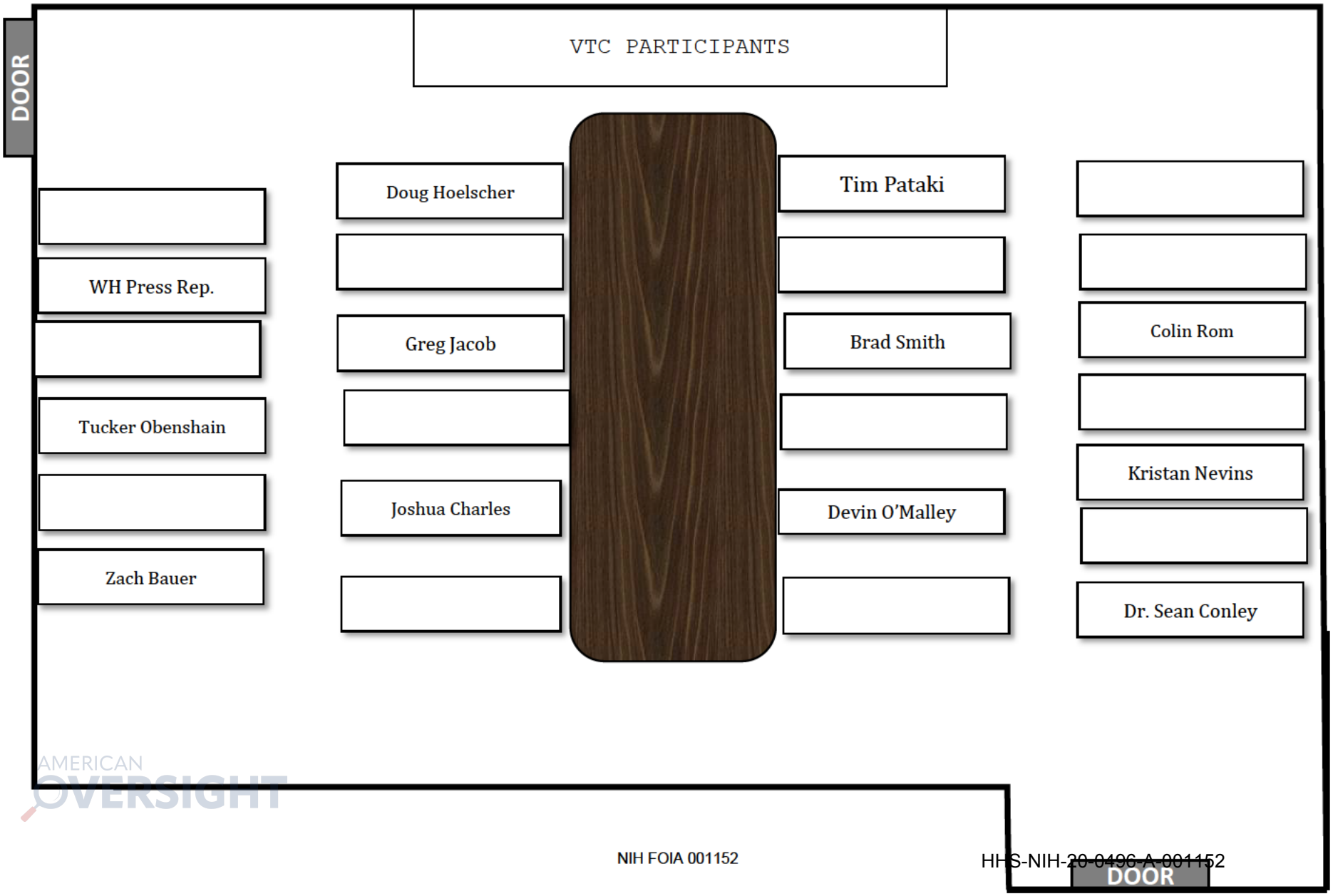
NORTH

AMERICAN OVERSIGHT

NIH FOIA 001151

HHS-NIH-20-0496-A-001151

WHSR EXEC OVER FLOW
DATE: 29 JUNE 2020
TIME: 1730 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-001152

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Wed, 22 Jul 2020 12:39:15 -0500
To:
Subject: WH Coronavirus TF PowerPoint 7.22.20
Attachments: PowerPoint 7.22.20.pptx
Importance: High

All –

Please see Dr. Birx's PowerPoint for today – **Wednesday, July 22nd** – attached.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

22 July Data Summary

Cases and deaths continue to rise : weekly cases peak on Friday and deaths on Weds : rate of hospitalization, deaths will increase this week

Nursing home outbreaks across the South and West – which will also increase non hospital mortality

Currently we have the equivalent of 3 NY, 2 NJ, and 5 PA simultaneously and spreading to new states

Miami continues to have the highest rate of rise of test positivity an now over 22%, rate of new cases and rate of hospitalizations – no evidence of improvement

New states with increasing cases MD, VA,

Summary of major metros in highly impacted states

- Cases continue rapid rise : Miami, Las Vegas, New Orleans, Ann Arbor, St. Louis, San Jose, Indianapolis, Atlanta, Jacksonville, Riverside, Columbus, Cincinnati, Minneapolis, Kansas City, Pittsburgh, Portland, Seattle, Houston
- Cities with the most significant increases in test positivity over the past 7 days Miami, New Orleans, Las Vegas, St Louis, Kansas City, Bakersfield, ATL, San Jose, Indianapolis, Riverside, Cincinnati, Cleveland, Columbus OH, Detroit, Portland, Denver
- Cases show signs of early stabilization at high plateau :LA, San Francisco, Sacramento, Tampa, Jacksonville, Phoenix, Tuscan, Dallas, Austin, El Paso, Des Moises
- Metros with greater than 20% positives (7-day average) **Miami**
- Metros with greater than 10% positive **Austin, Bakersfield, Phoenix, Houston, Dallas, San Antonio, Orlando, Tampa, Jacksonville, Los Angeles, Las Vegas, Riverside, Atlanta, Nashville, Charlotte, New Orleans, Memphis, Oklahoma City**

4 States account for 50% of new cases TX, CA, AZ, FL : CA, TX and AZ beginning to slow the rise or show early signs of plateauing cases expanding in numerous southern state and moving North up through AR, TN, KY, OH, MO, IN, PA, and now MD, VA

- **12** additional states over 1000 cases/day and increasing GA (>3000), NC, LA, SC, MS, AL, OH, TN, VA, NV, IL, PA, KS
- Cases increasing in VA Beach, Richmond, Baltimore

21 states with significant increase in percent positive tests or high % positives : states with the most rapid rise in the percent of test positive : ND, GA, LA, NV, MS, OK, FL ID, MO, AL, AR, KY, MT, IN, CO, MI, OH, FL, TX, CA, AZ

19 states with rising cases and percent positive tests

10 states stable

13 States with greater than 10% test positives (7-day average):**TX, AZ, FL, SC, GA, AL, LA, MS, NV, CA, ID, TN, OK**

- **Signs of stabilization in AZ and CA, but continued increase rate of rise in FL centered in Miami**

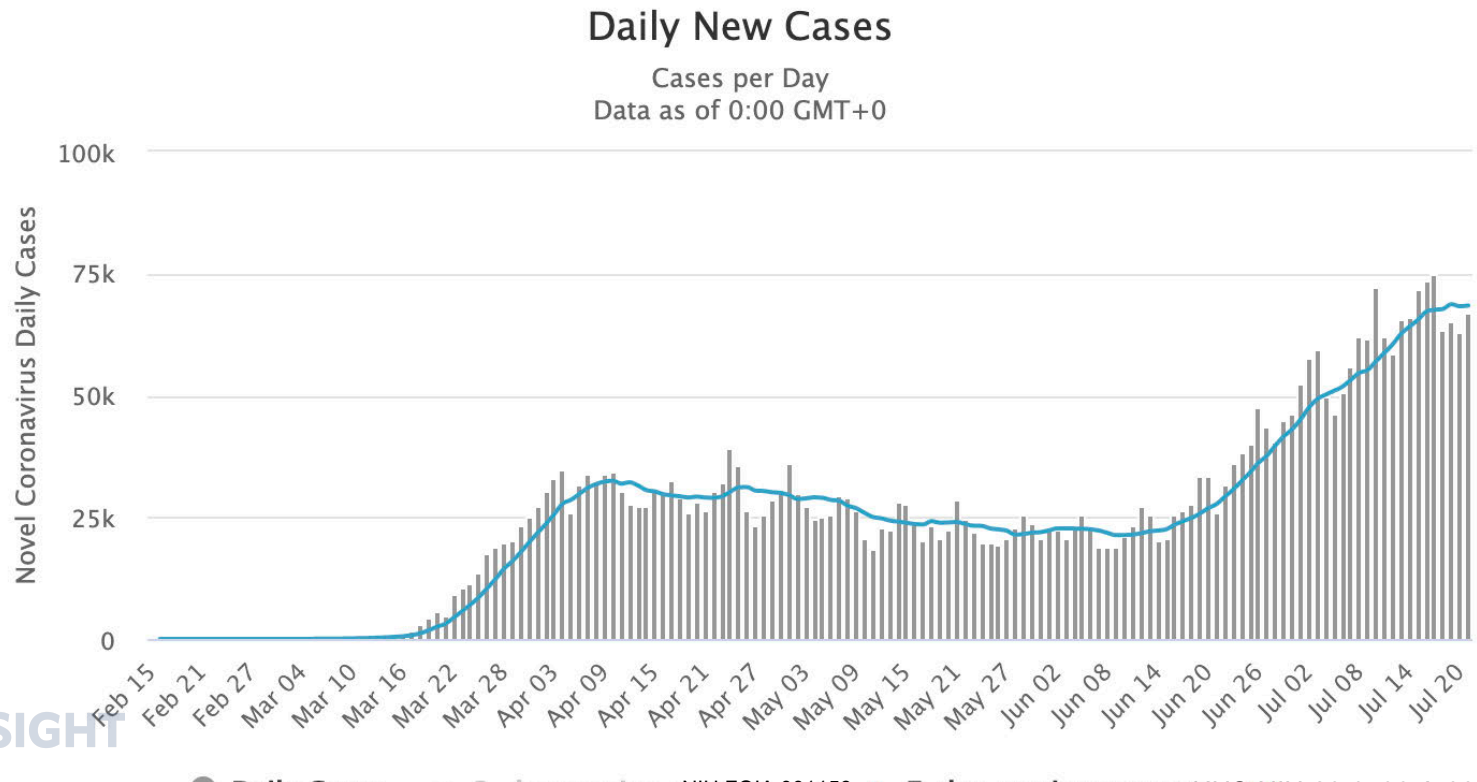
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Proactive Actions :

1. **Proactive deployments to support States and Metros continue**
2. **Increase communication about the importance of masks and decreasing high risk environments :** indoors where social distancing is not maintained and masks not used : bars and indoor parties
3. **Remdesivir :** 180,000 vials shipped this weekend aligned on new admissions (FL vials expedited for arrival tomorrow) approx. 14% of vials not shipped for emergency shipment midweek
4. **Surging testing sites to specific locations** (MIA –specific zip codes, Bakersfield, Baton Rouge) and some progress in pooling approvals at FDA
5. **Testing turn around times** continue to increase and must be addressed this week
6. **Ensuring health personnel support to ensure optimal clinical outcomes** to AZ, TX, FL, **LA, (AL, MS, GA, SC, TN will be next)**
7. **Protecting the vulnerable in LTCF :** CMS working with LTCF in hot zones and HHS realigning Ag testing to LTCF in these areas to ensure rapid Dx and isolation – shipping this week. TX, CA, FL and LA rising LTCF cases and rising across the South with admission ages rising
8. **Protecting the vulnerable in multigenerational households :** Household pooled sampling and pooled testing with isolation of households (potential Ag test use) – being tested at LSU site – data available this weekend
9. **PSAs for plasma collection** to ensure increases availability at all hospitals with new cases
10. **PSA for the Hispanic community and Coach O with all SEC coaches PSA** about risk and vulnerabilities
11. **Uniform use of masks in all metros, closing bars, limiting indoor dining to under 25%** moves county under 1 for Ro.
12. Next road trip should be AR, TN, KY, VA, WVA, OH, MO, AR
13. AZ is showing early promise within 2-3 weeks after mandating masks, closing bars, limiting indoor dining and restricting gathering size – tracking these social distancing and mask enhancements and cases

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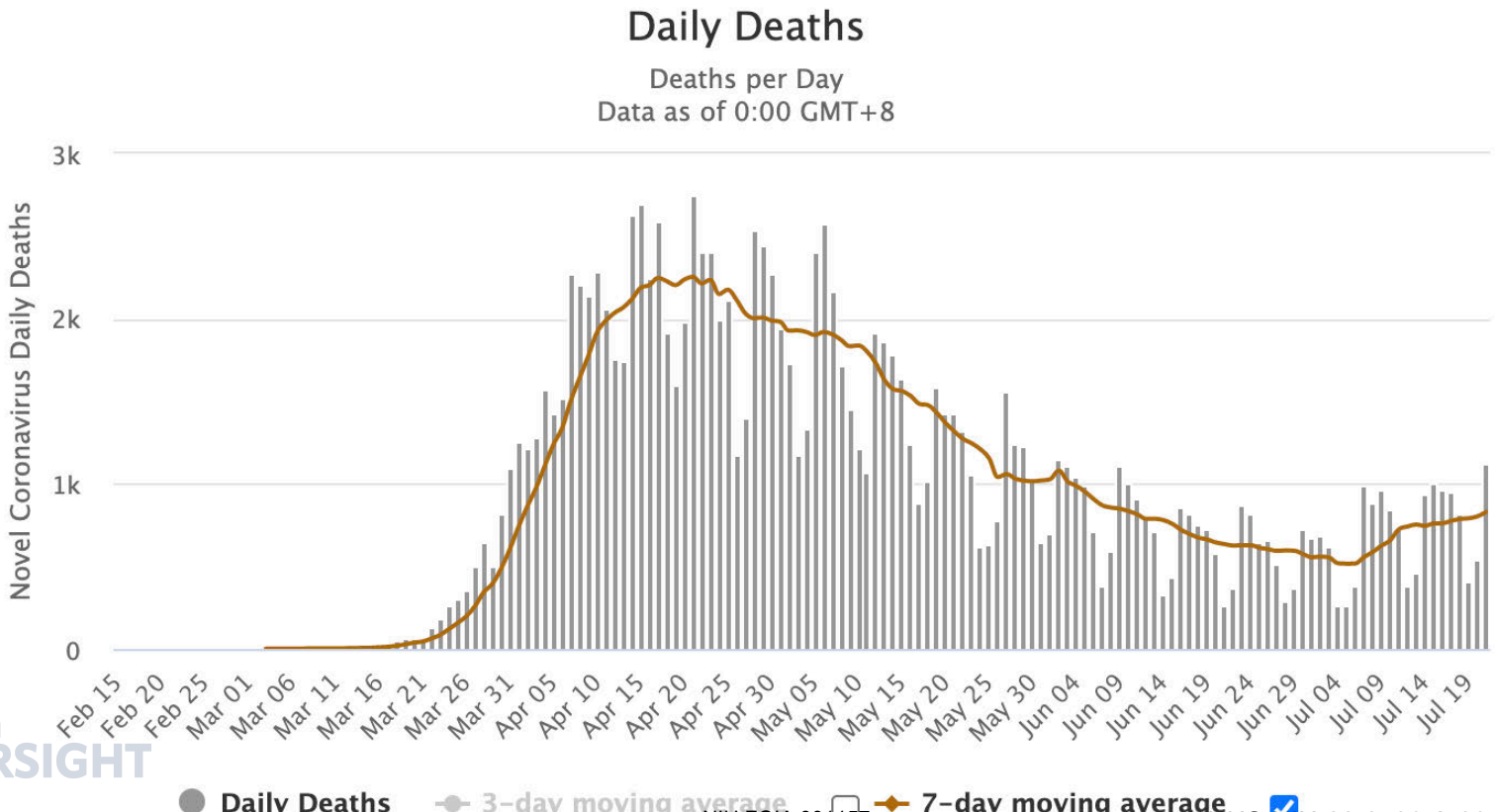
Daily New Cases in the United States



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Daily New Deaths in the United States



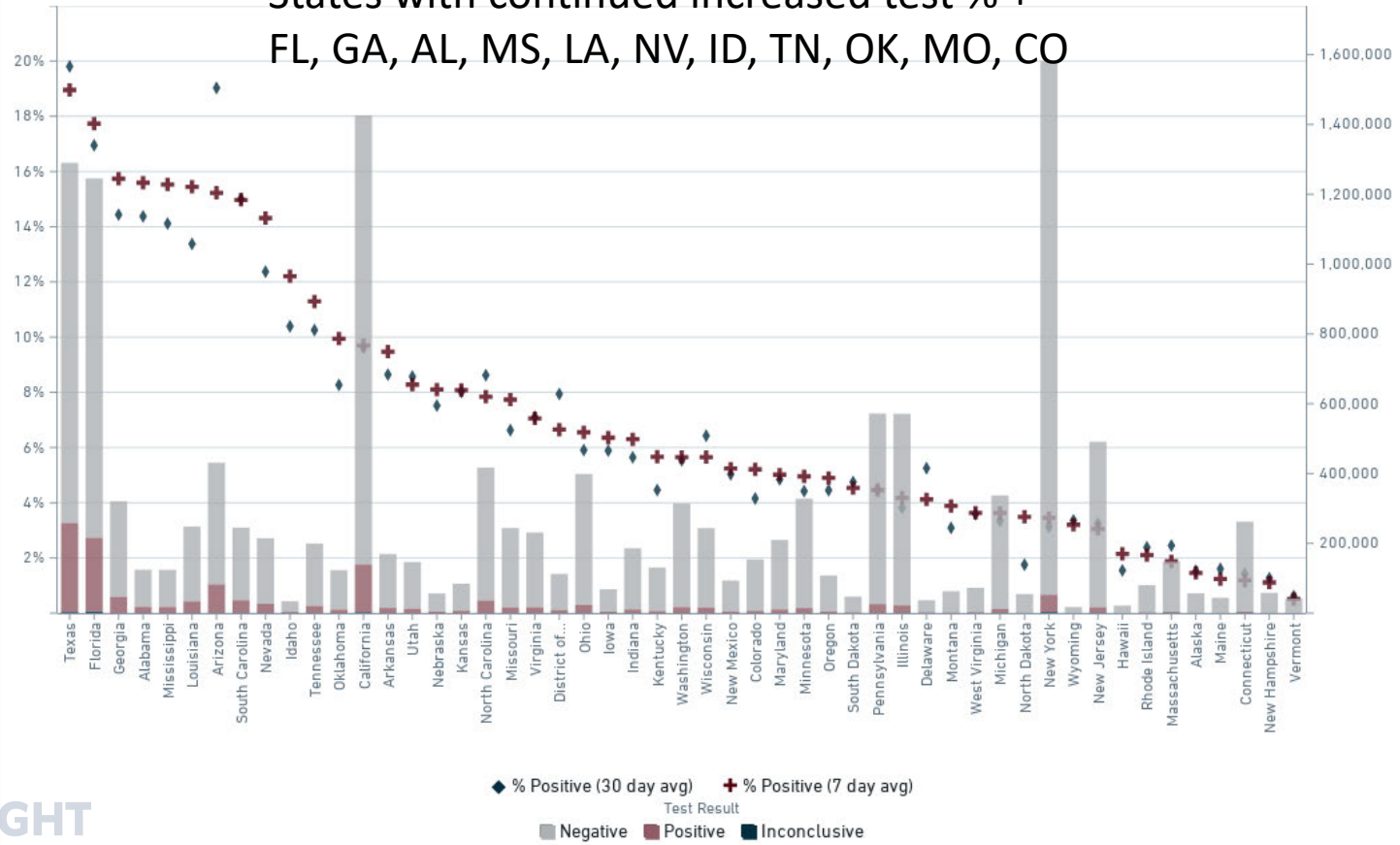
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HHS-NIH-20-0496-A-001157

Positive and negative cumulative results in the last 30 days per state with % positive per state

States with continued increased test % +
FL, GA, AL, MS, LA, NV, ID, TN, OK, MO, CO



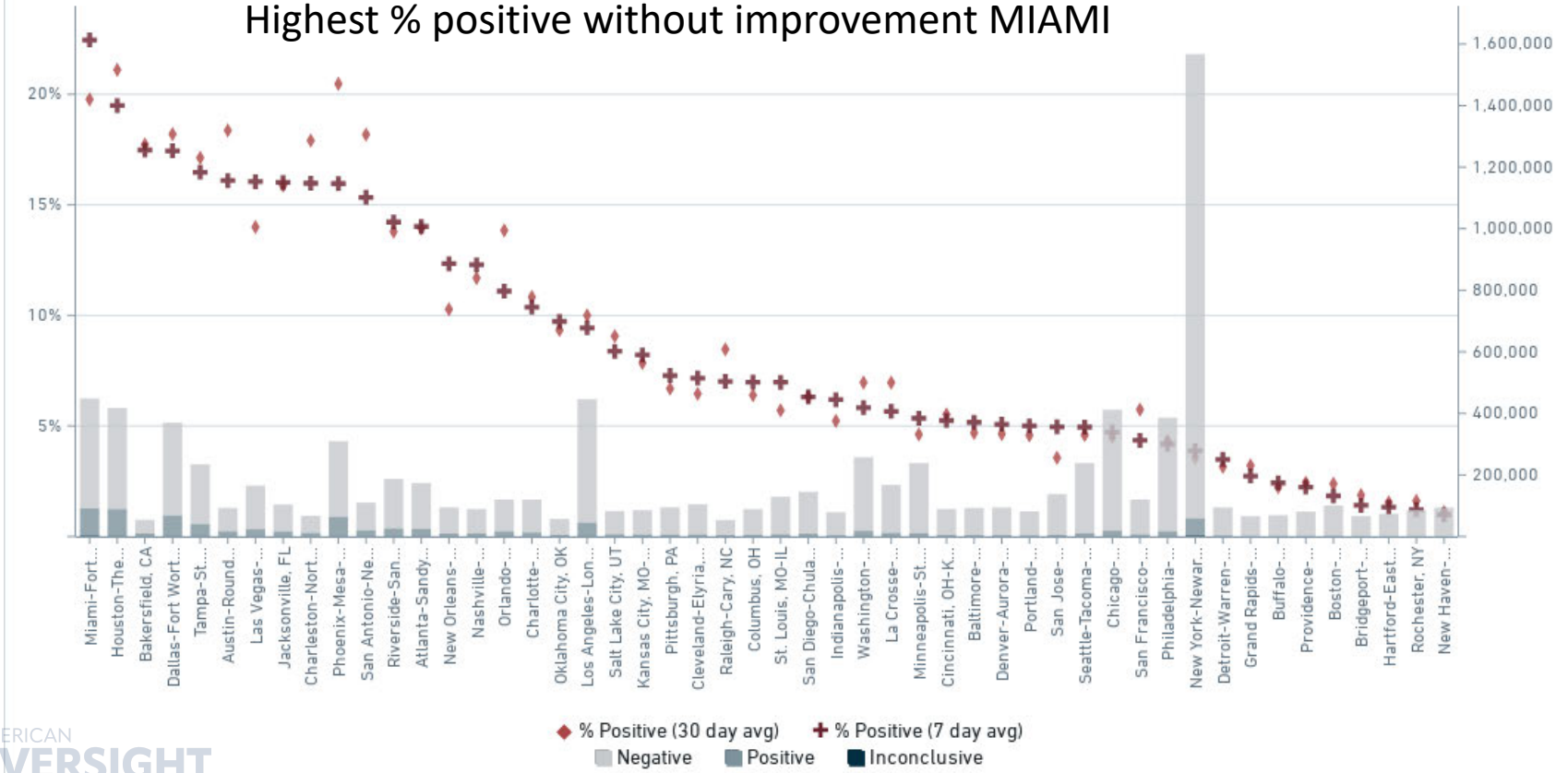
Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. This chart is sorted by the 7-day percent positive.

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HHS-NIH-20-0496-A-001158

Positive and negative cumulative results in the last 30 days per CBSA with % positive per CBSA



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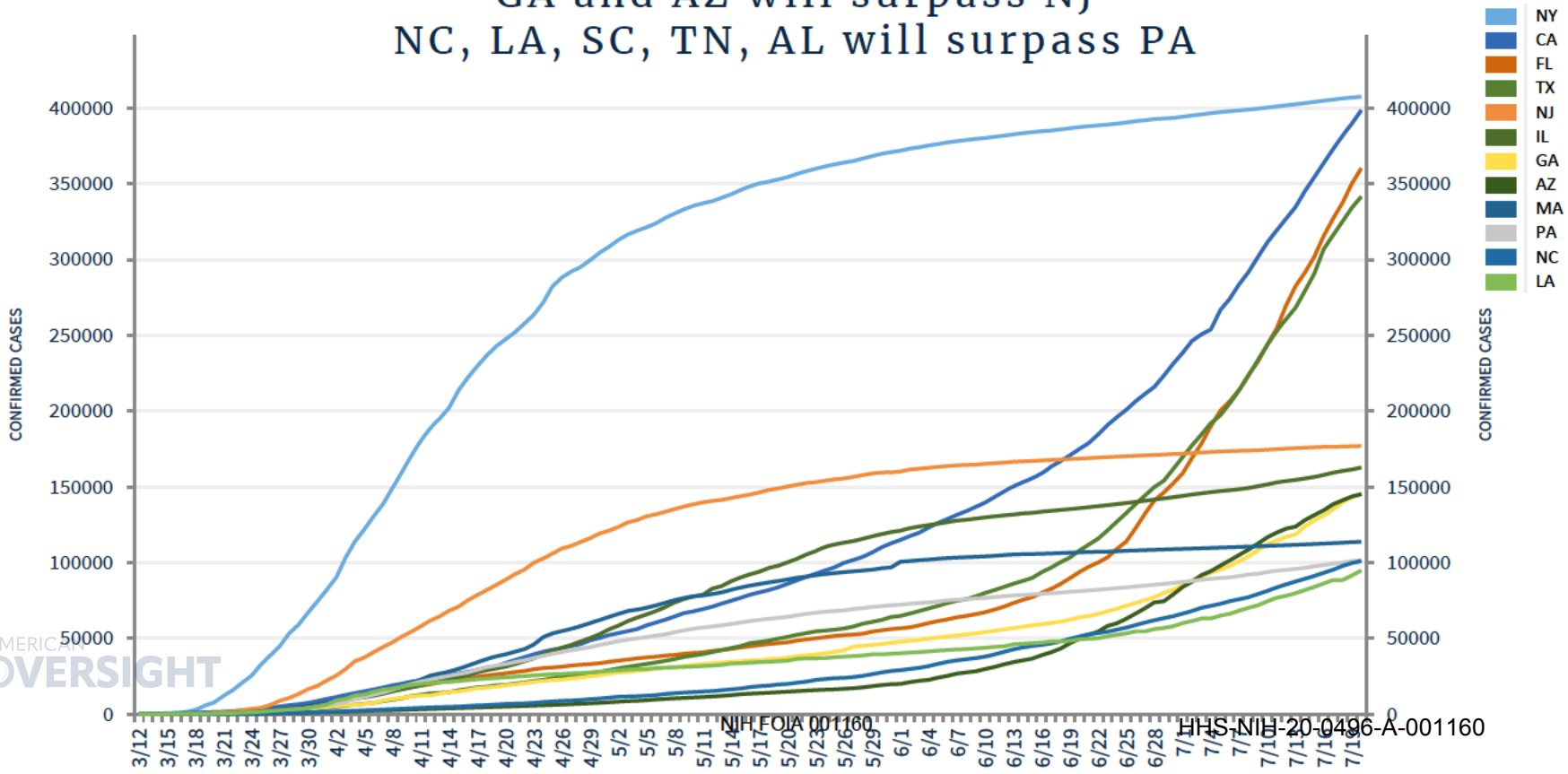
Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. The top 50 CBSAs were determined by ranking over the number of results reported for a given area in the last 30 days. This chart is sorted by the 7-day percent positive.

TOP 12 STATES :current outbreak across the S, SW, W is equivalent To 3 NY 2 NJ and 5 PA all at once

CA , TX, FL will surpass NY

GA and AZ will surpass NJ

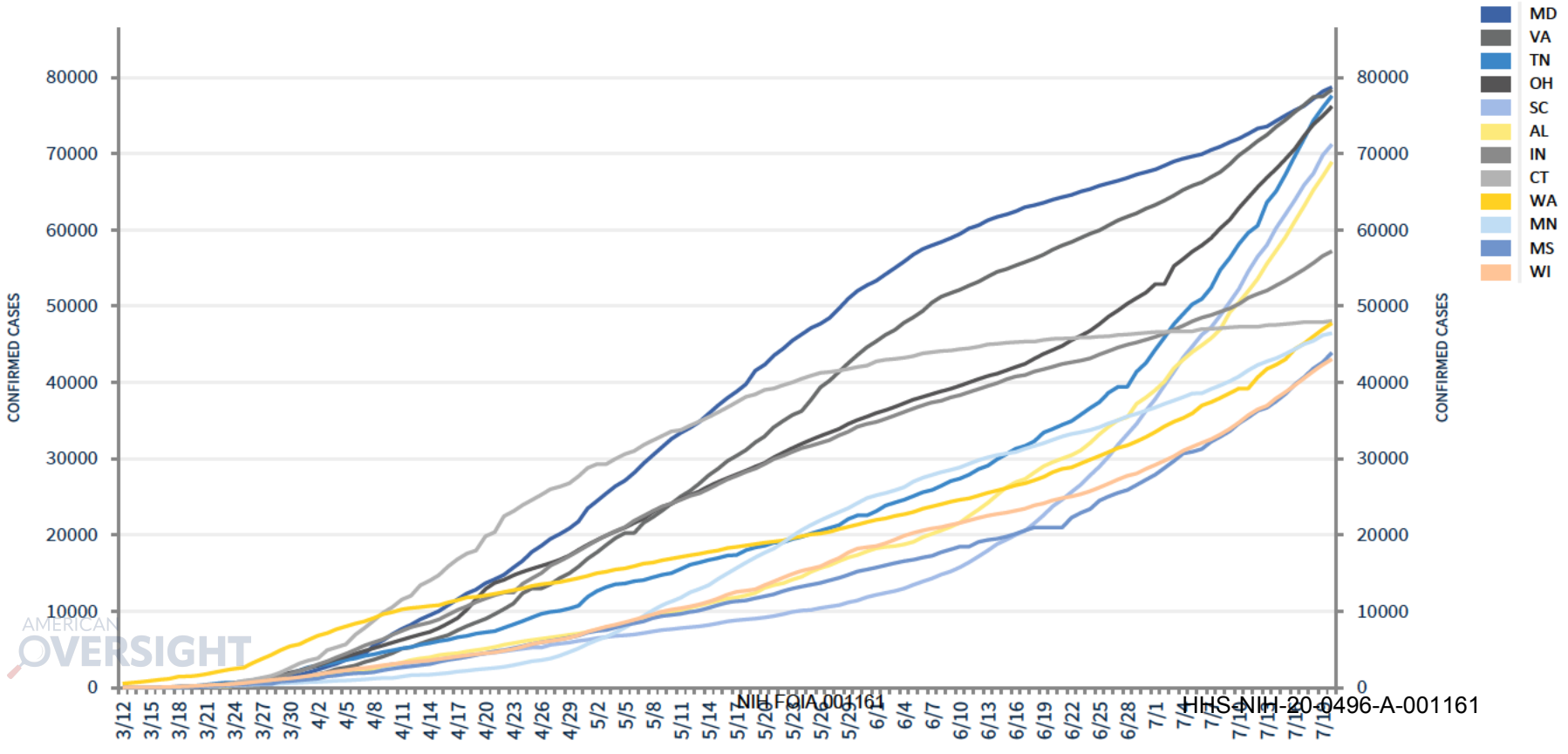
NC, LA, SC, TN, AL will surpass PA



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CUMULATIVE CASES: TOP 13-24 STATES



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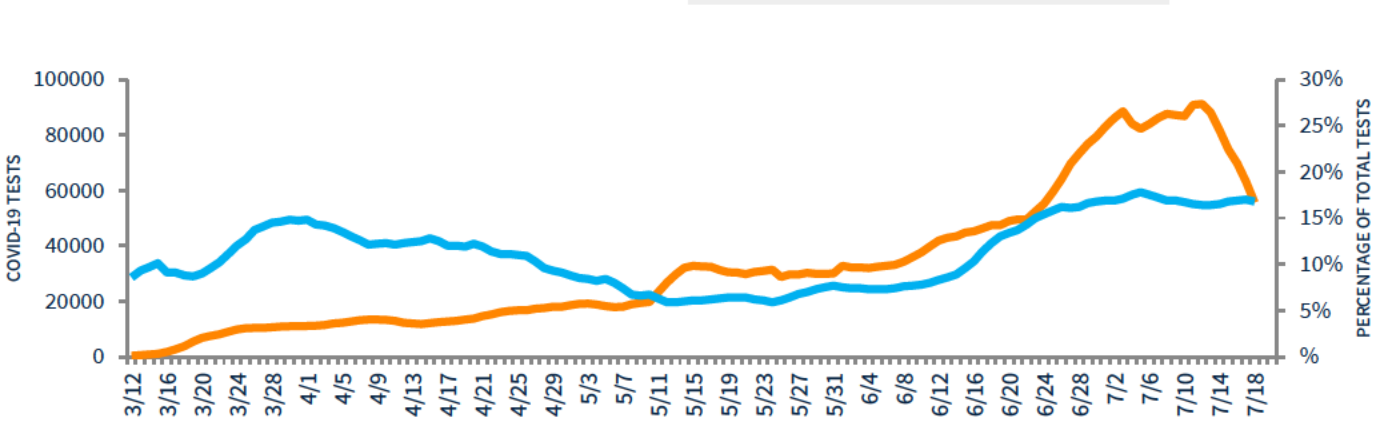
HHS-NIH-20-0496-A-001161

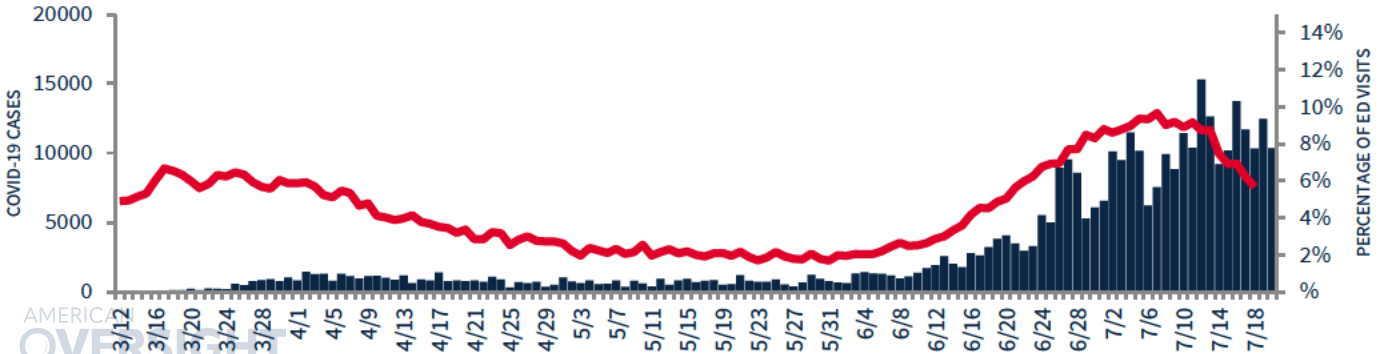
Current States with in red zone **WA, OR, CA, AZ, NM, TX, LA, MS, AL, FL, GA, SC, NC, NV, UT, ID, OK**

States with evidence of early significant spread **AR, TN, KY, MO, WI, OH, PA, IN, VA, MD**

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TRENDS IN FLORIDA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	16.8%
NEW CASES PER 100K / DAY	52 (weekly avg.)
TESTING PER 100K / DAY	259 (weekly avg.)
BED UTILIZATION	70%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.3%
INCIDENCE	+3%
TESTING PER 100K / DAY	-39%
BED UTILIZATION	+4%

RISK FACTORS

POPULATION DENSITY	400 per sq mi
% OVER 60	27%
CRUDE CVD PREVALENCE	4.7%

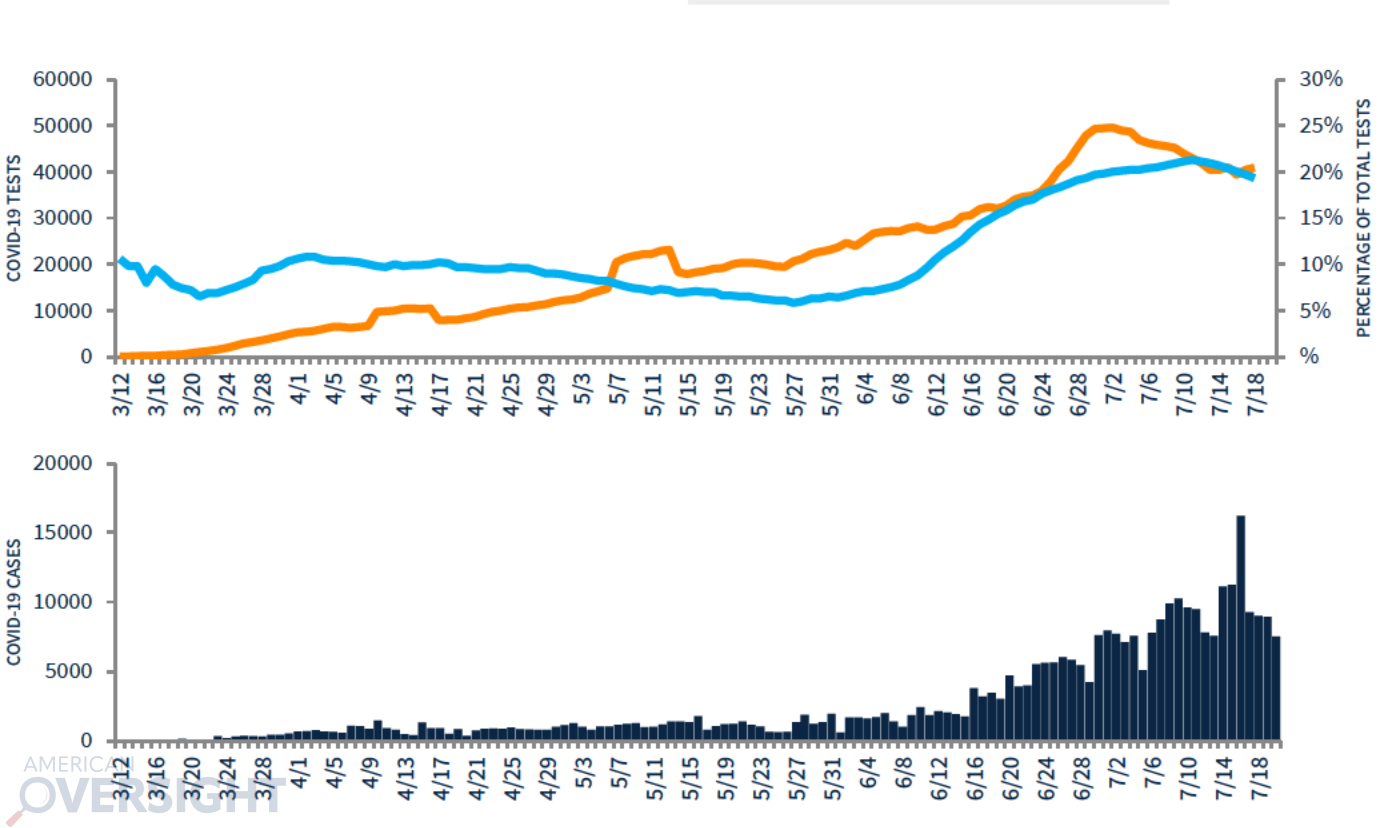
AMERICA OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

NIH FOIA 001163
HHS-NIH-20-0496-A-001163

TRENDS IN TEXAS



COVID-19 SNAPSHOT

POSITIVITY RATE	19.3%
NEW CASES PER 100K / DAY	36 (weekly avg.)
TESTING PER 100K / DAY	141 (weekly avg.)
BED UTILIZATION	68%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-2.0%
INCIDENCE	+16%
TESTING PER 100K / DAY	-5%
BED UTILIZATION	-2%

RISK FACTORS

POPULATION DENSITY	111 per sq mi
% OVER 60	18%
CRUDE CVD PREVALENCE	3.3%

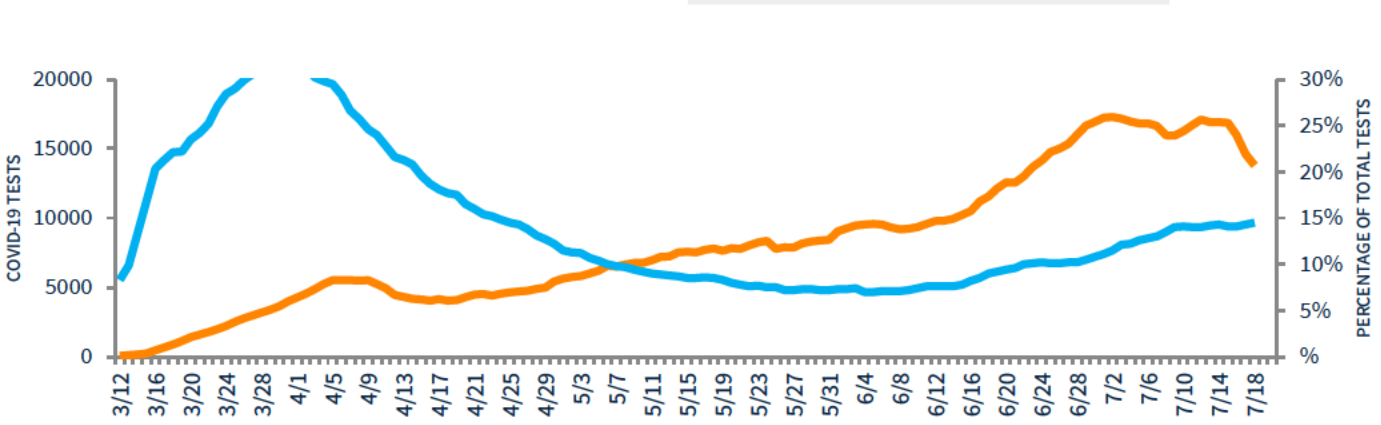
** Most recent several days of testing data is incomplete until all test results come in; testing data will be updated as results are received*

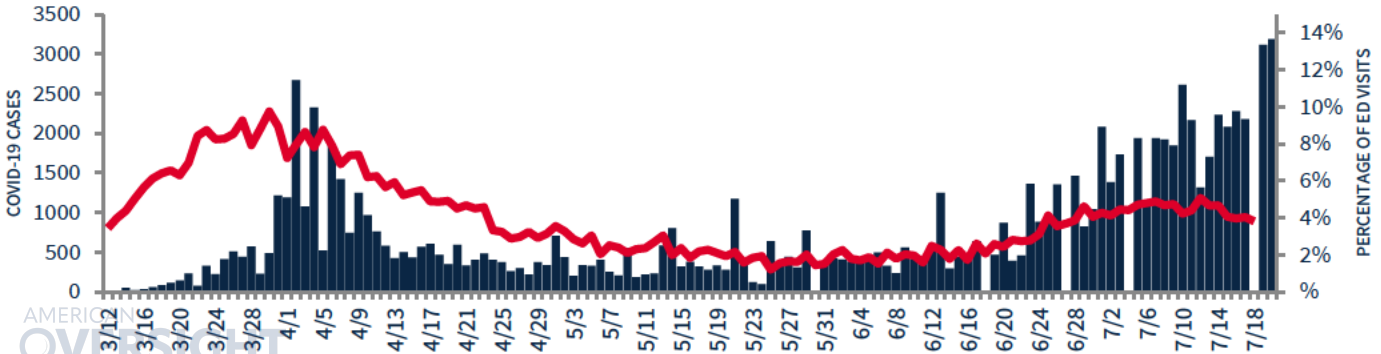
Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001164
HHS-NIH-20-0496-A-001164

TRENDS IN LOUISIANA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	14.5%
NEW CASES PER 100K / DAY	46 (weekly avg.)
TESTING PER 100K / DAY	297 (weekly avg.)
BED UTILIZATION	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.5%
INCIDENCE	+12%
TESTING PER 100K / DAY	-17%
BED UTILIZATION	-10%

RISK FACTORS

POPULATION DENSITY	108 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.3%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

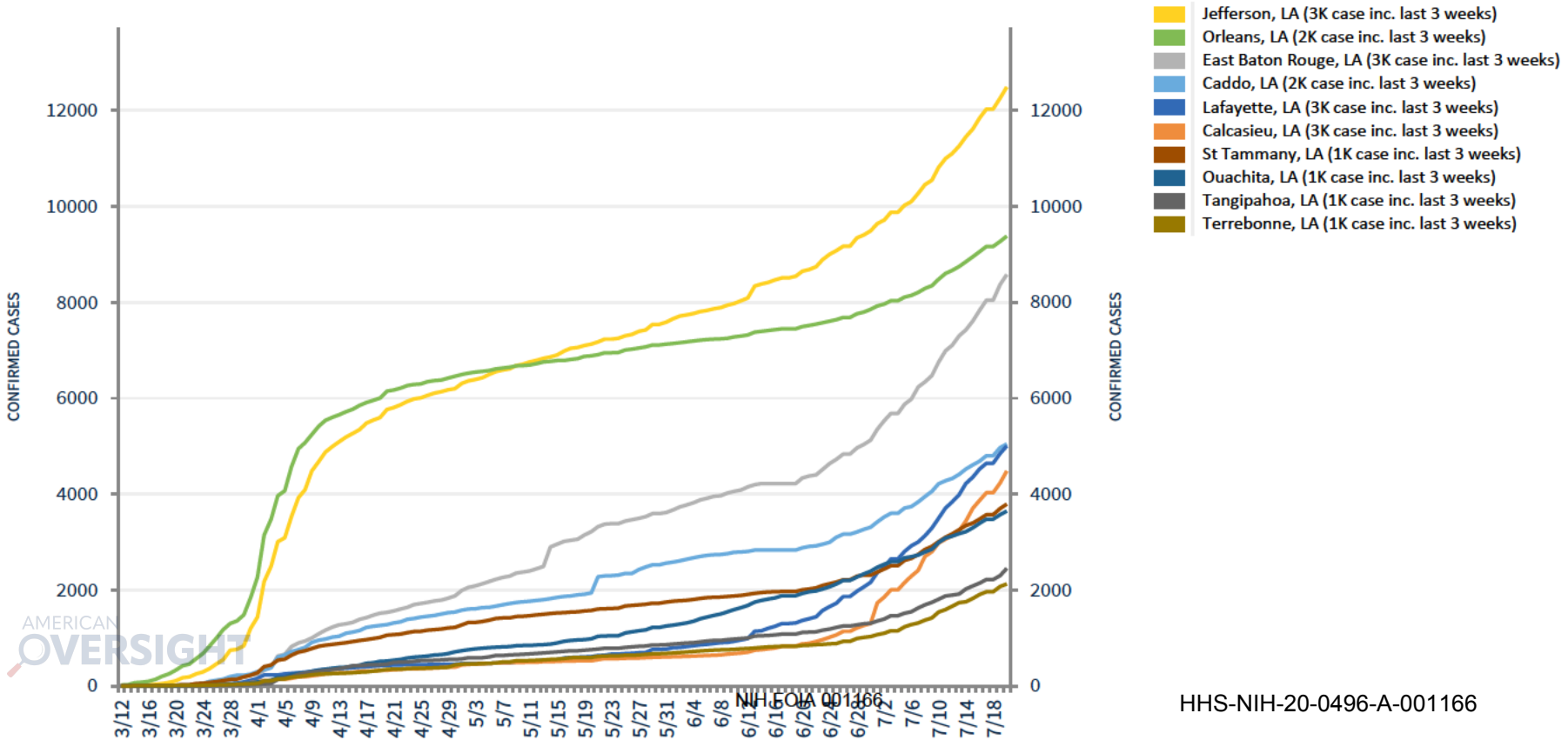
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HHS-NIH-20-0496-A-001165

LOUISIANA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

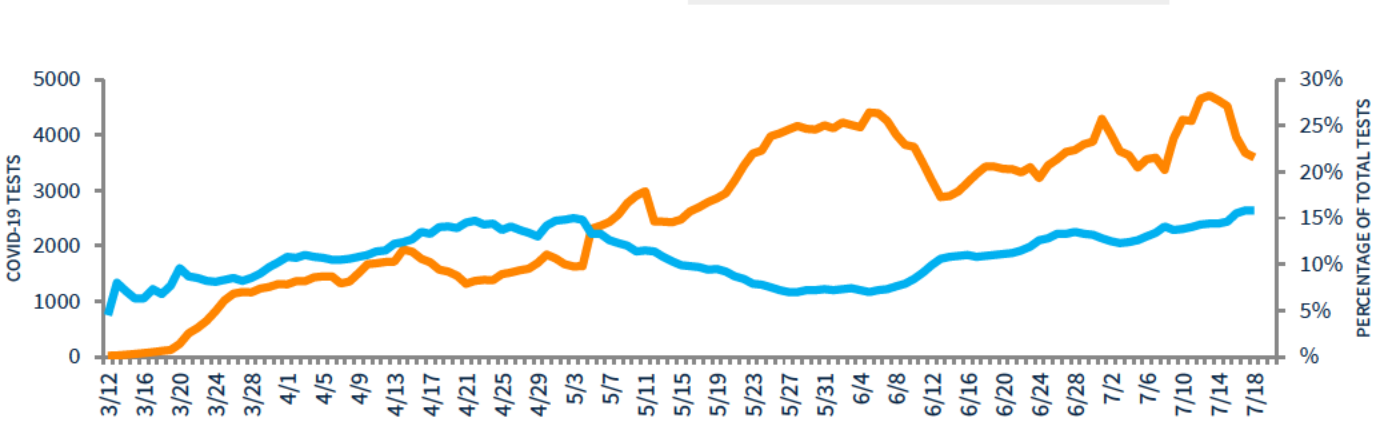


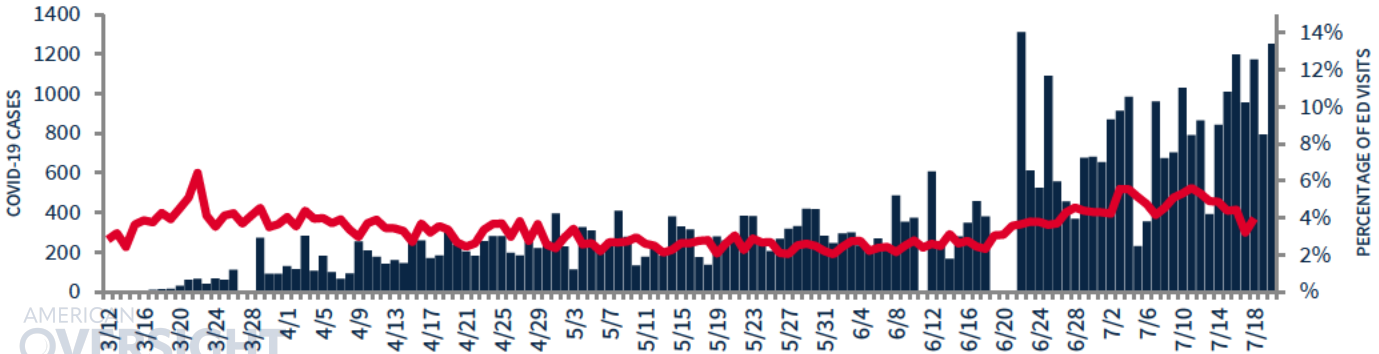
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HHS-NIH-20-0496-A-001166

TRENDS IN MISSISSIPPI





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	15.8%
NEW CASES PER 100K / DAY	35 (weekly avg.)
TESTING PER 100K / DAY	121 (weekly avg.)
BED UTILIZATION	57%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.8%
INCIDENCE	+33%
TESTING PER 100K / DAY	-15%
BED UTILIZATION	+5%

RISK FACTORS

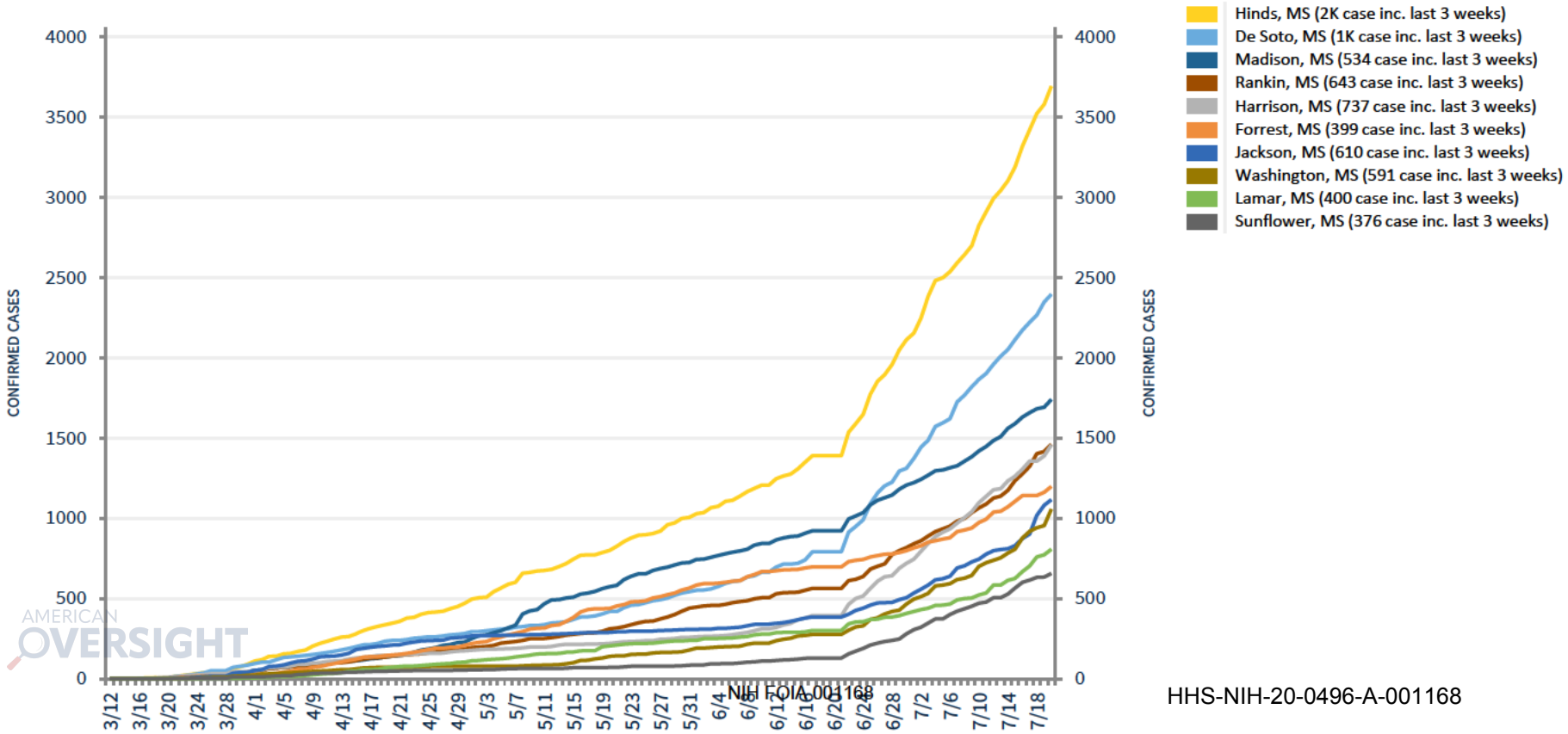
POPULATION DENSITY	63 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	5.6%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001167
HHS-NIH-20-0496-A-001167

MISSISSIPPI: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

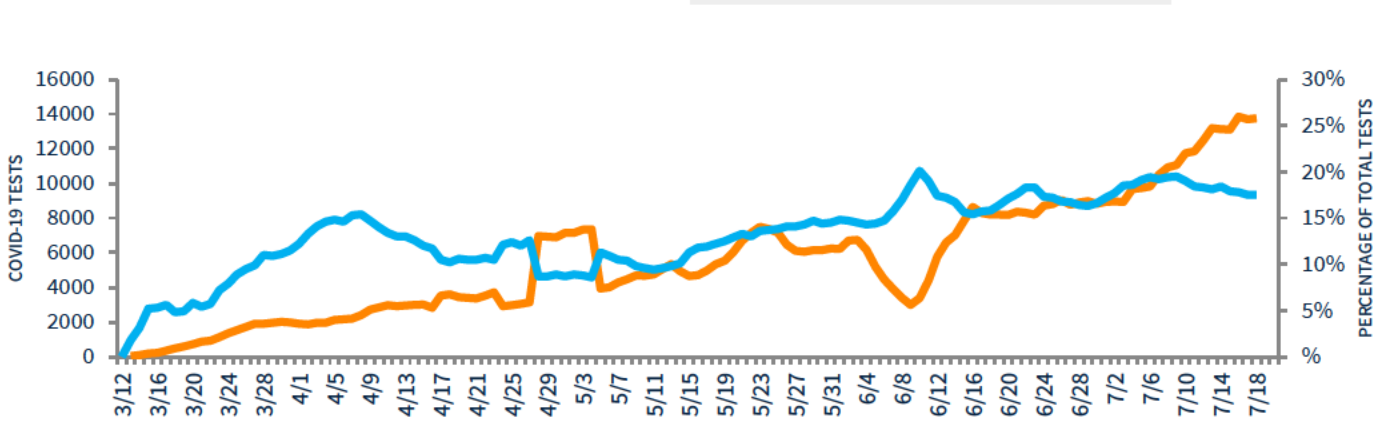


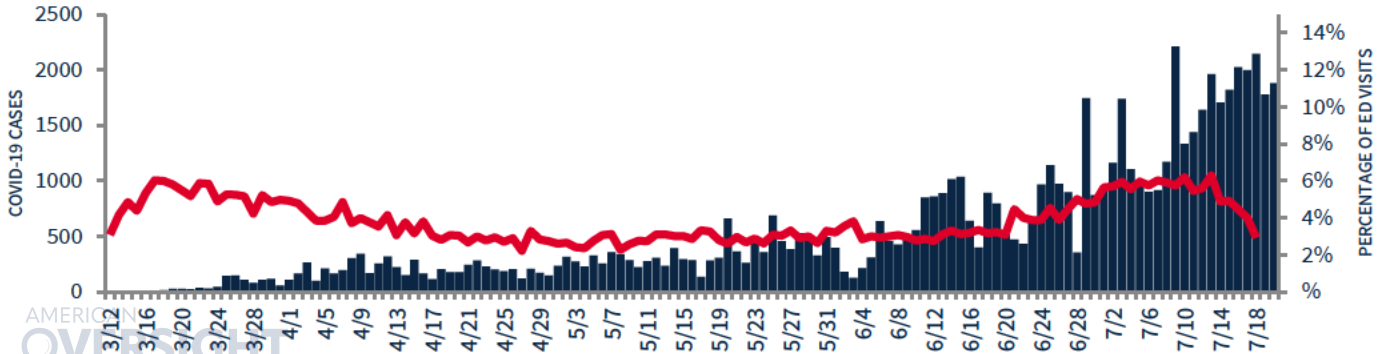
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NIH FOIA 001168

HHS-NIH-20-0496-A-001168

TRENDS IN ALABAMA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	17.5%
NEW CASES PER 100K / DAY	39 (weekly avg.)
TESTING PER 100K / DAY	281 (weekly avg.)
BED UTILIZATION	69%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.9%
INCIDENCE	+25%
TESTING PER 100K / DAY	+16%
BED UTILIZATION	-2%

RISK FACTORS

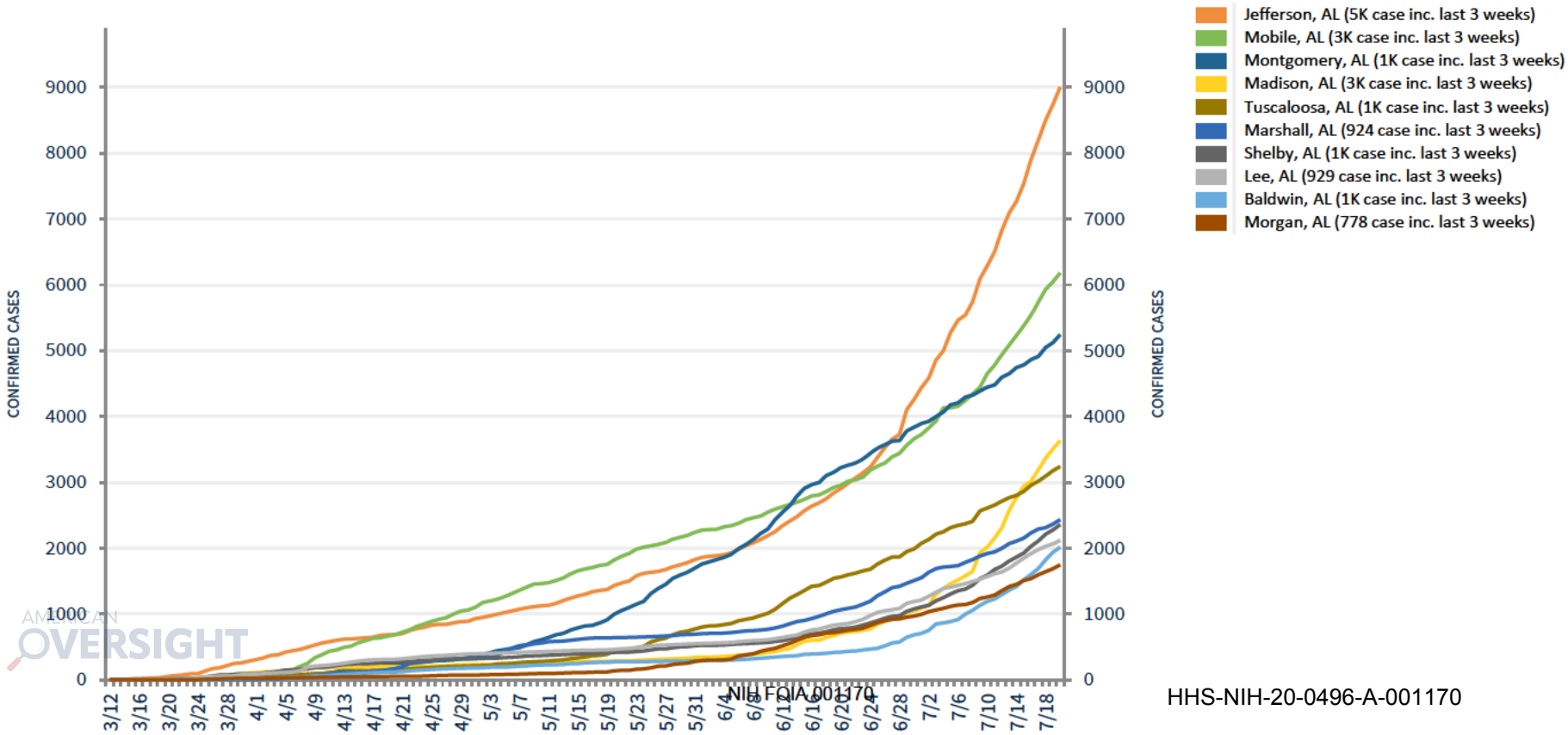
POPULATION DENSITY	97 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	5.5%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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HHS-NIH-20-0496-A-001169

ALABAMA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

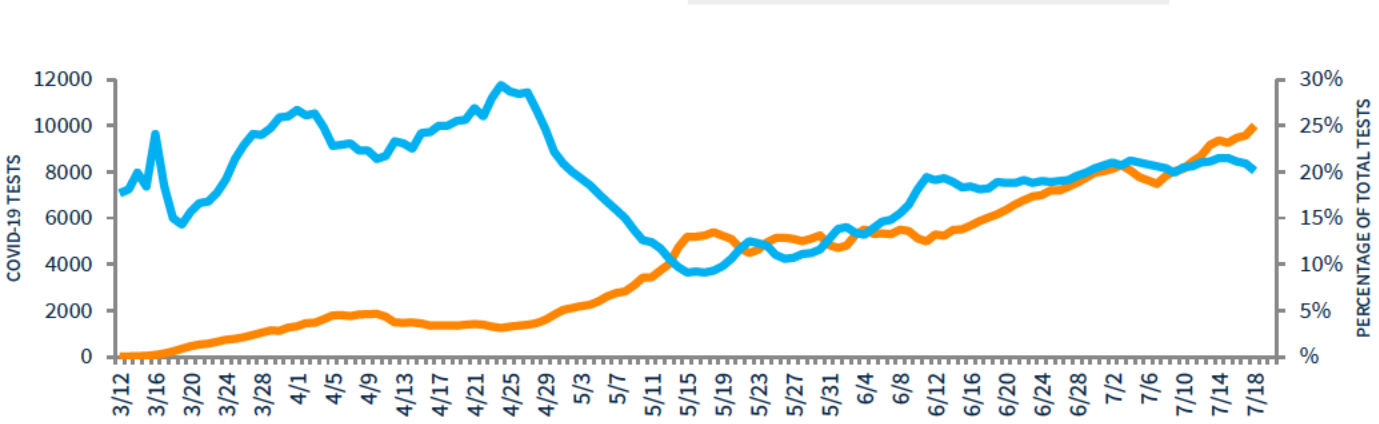


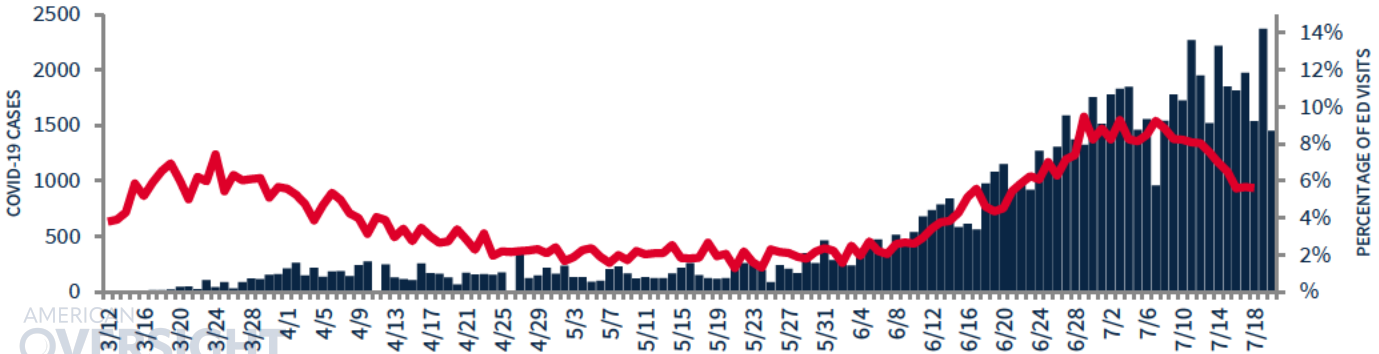
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NIH FOIA 001170

HHS-NIH-20-0496-A-001170

TRENDS IN SOUTH CAROLINA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	20.1%
NEW CASES PER 100K / DAY	37 (weekly avg.)
TESTING PER 100K / DAY	194 (weekly avg.)
BED UTILIZATION	66%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.5%
INCIDENCE	+13%
TESTING PER 100K / DAY	+18%
BED UTILIZATION	+6%

RISK FACTORS

POPULATION DENSITY	171 per sq mi
% OVER 60	25%
CRUDE CVD PREVALENCE	4.9%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

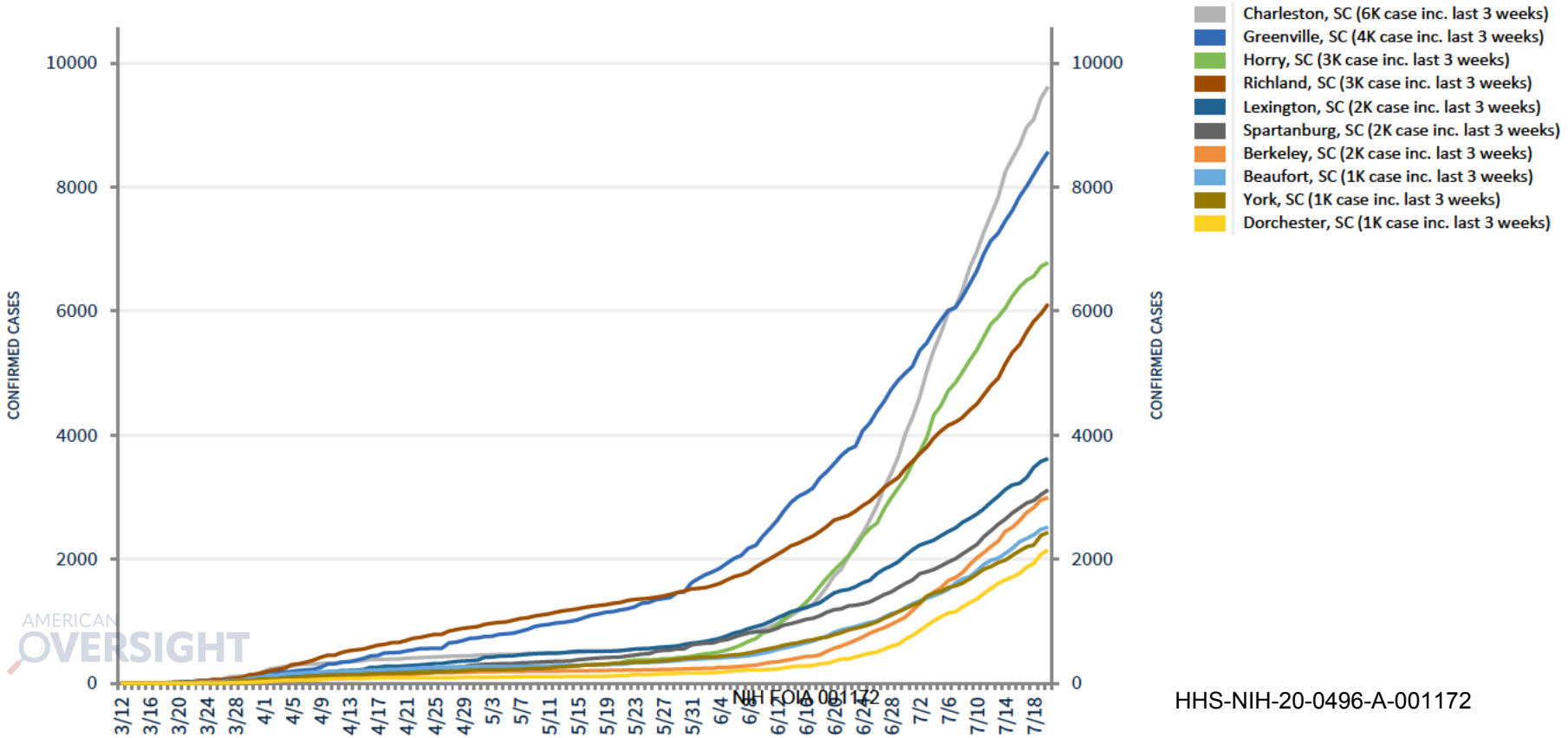
** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

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NIH FOIA 001171

HHS-NIH-20-0496-A-001171

SOUTH CAROLINA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

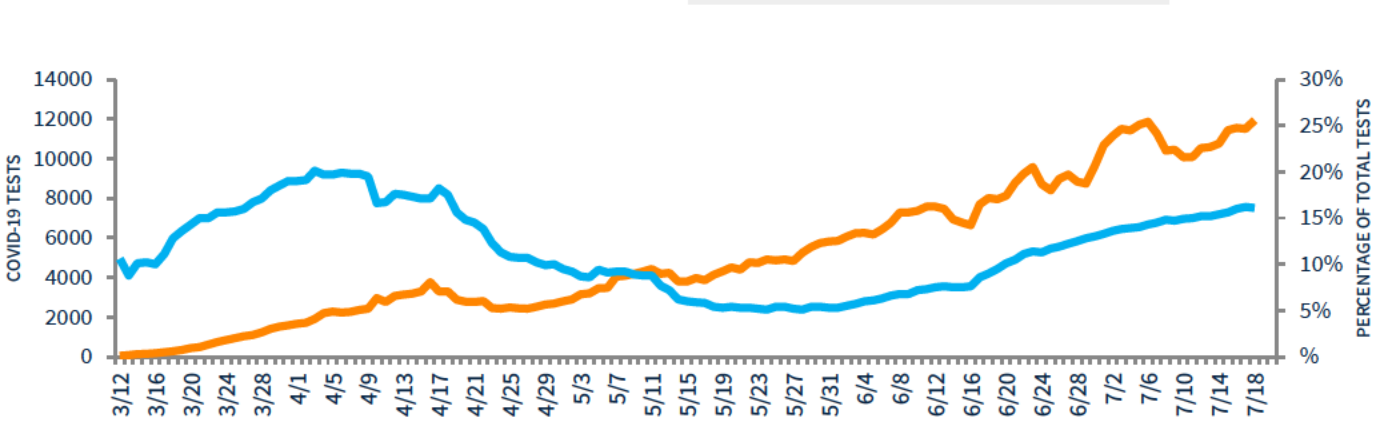


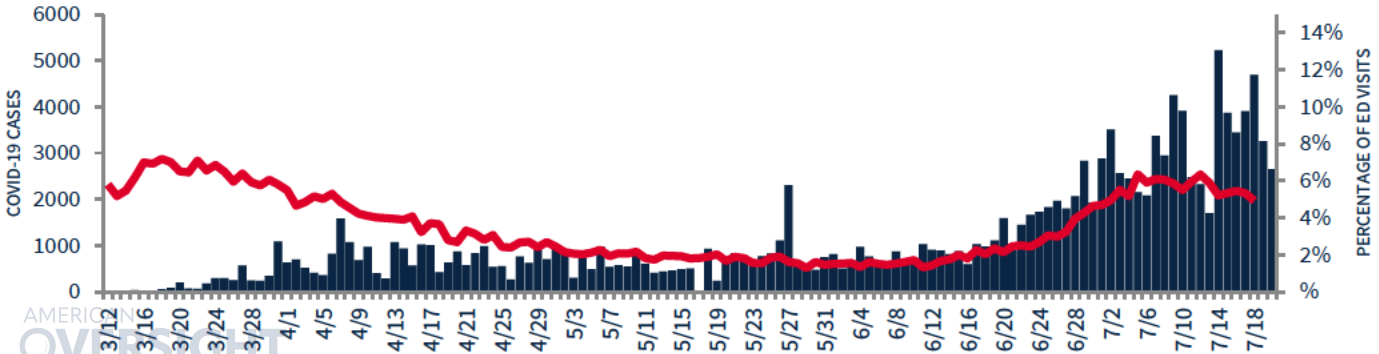
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NIH FOIA 001172

HHS-NIH-20-0496-A-001172

TRENDS IN GEORGIA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	16.1%
NEW CASES PER 100K / DAY	36 (weekly avg.)
TESTING PER 100K / DAY	112 (weekly avg.)
BED UTILIZATION	64%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.1%
INCIDENCE	+29%
TESTING PER 100K / DAY	+18%
BED UTILIZATION	+6%

RISK FACTORS

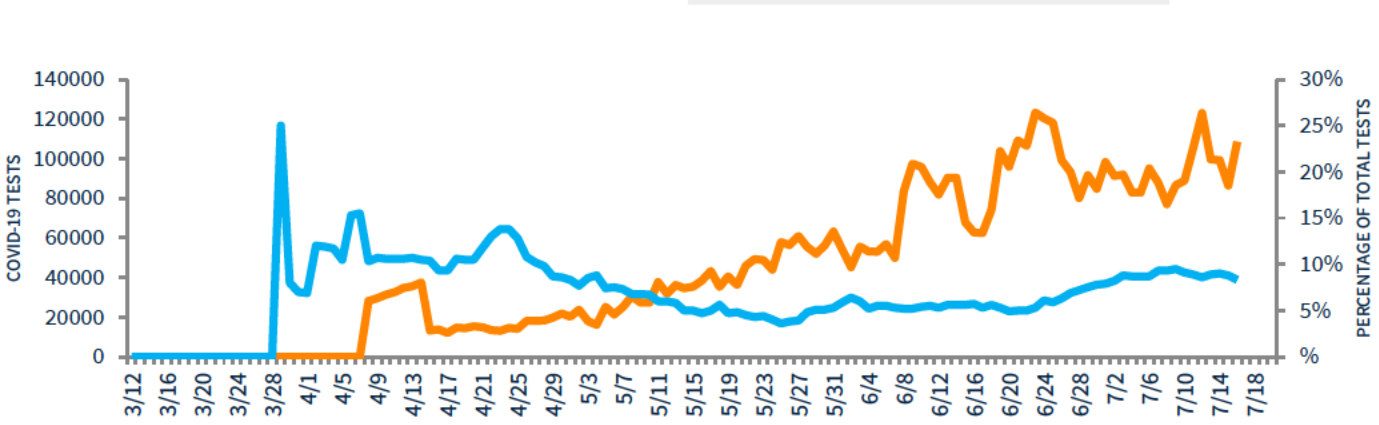
POPULATION DENSITY	184 per sq mi
% OVER 60	20%
CRUDE CVD PREVALENCE	4.0%

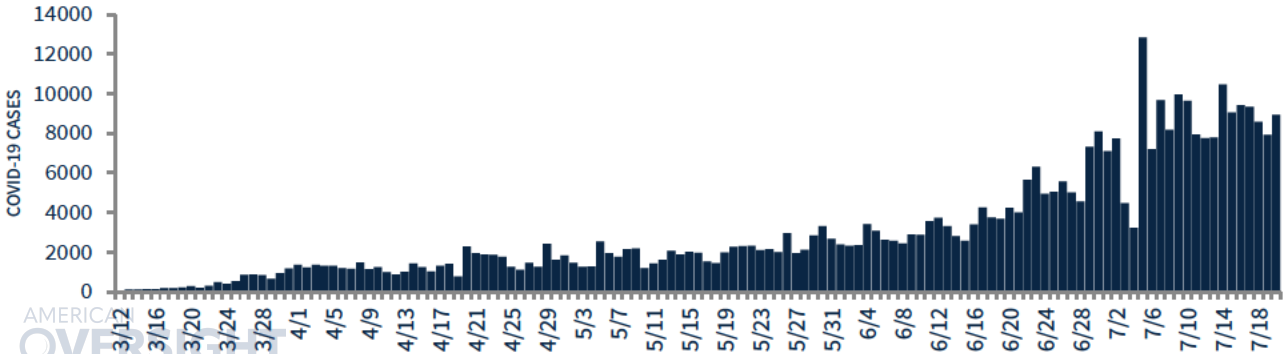
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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HHS-NIH-20-0496-A-001173

TRENDS IN CALIFORNIA





COVID-19 SNAPSHOT

POSITIVITY RATE	8.3%
NEW CASES PER 100K / DAY	23 (weekly avg.)
TESTING PER 100K / DAY	199 (weekly avg.)
BED UTILIZATION	61%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.2%
INCIDENCE	+5%
TESTING PER 100K / DAY	-25%
BED UTILIZATION	+2%

RISK FACTORS

POPULATION DENSITY	254 per sq mi
% OVER 60	21%
CRUDE CVD PREVALENCE	2.8%

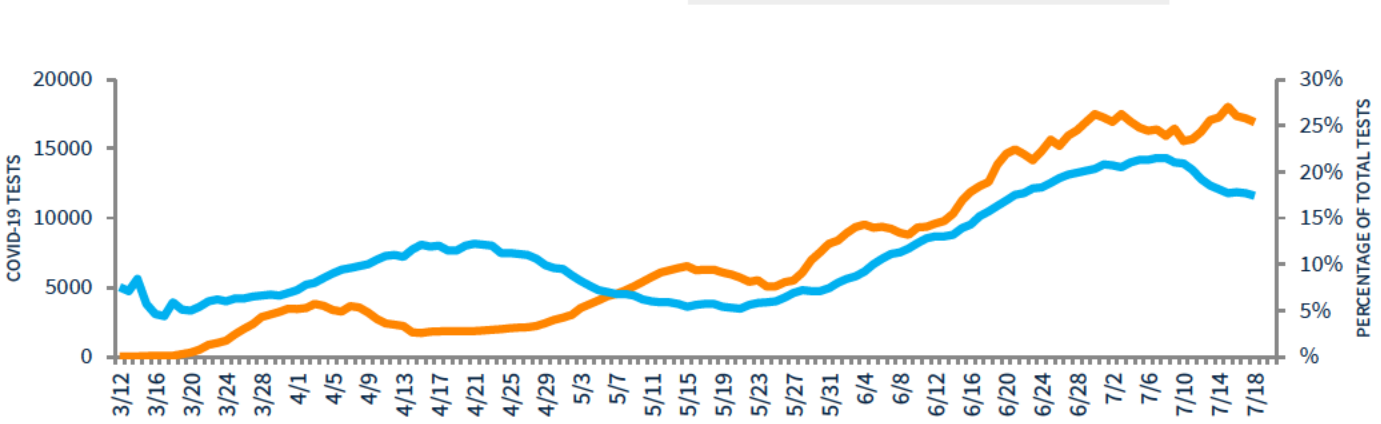
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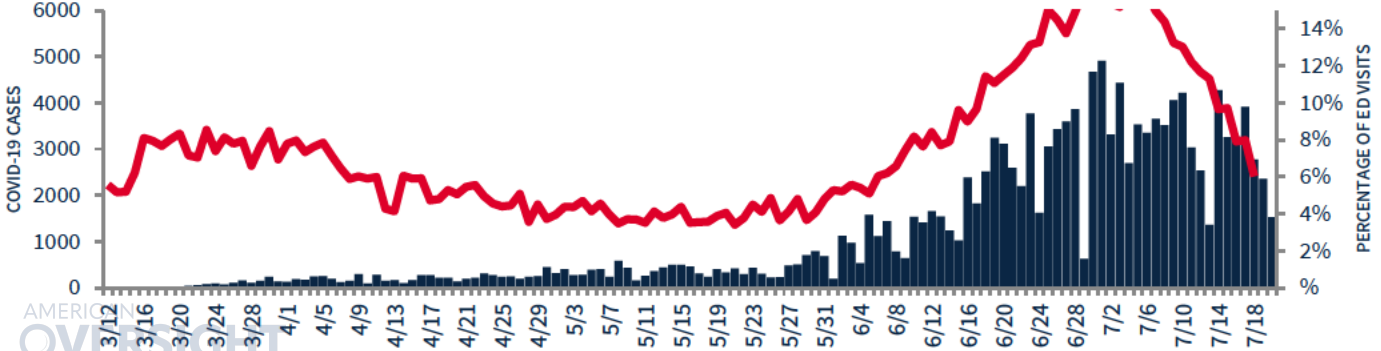
Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICA OVERSIGHT
NIH FOIA 001174
HHS-NIH-20-0496-A-00174

TRENDS IN ARIZONA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	17.4%
NEW CASES PER 100K / DAY	42 (weekly avg.)
TESTING PER 100K / DAY	232 (weekly avg.)
BED UTILIZATION	61%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-2.8%
INCIDENCE	-5%
TESTING PER 100K / DAY	+8%
BED UTILIZATION	+13%

RISK FACTORS

POPULATION DENSITY	64 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.7%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

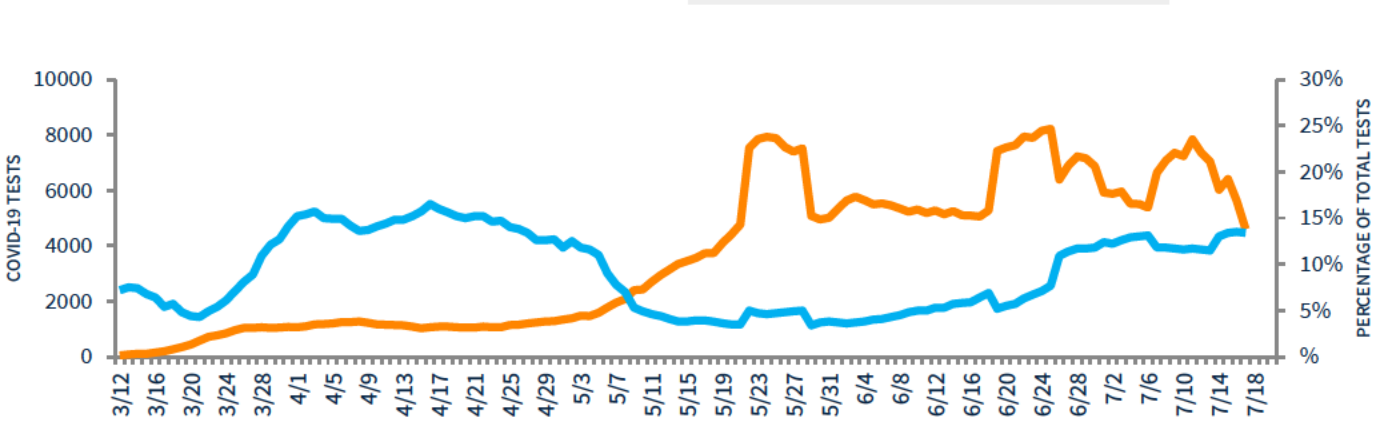
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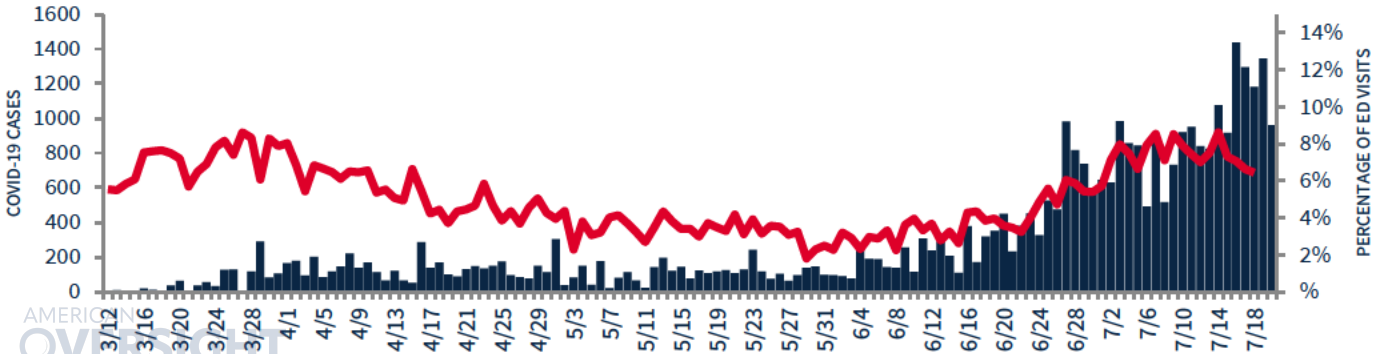
AMERICAN OVERSIGHT

NIH FOIA 001175

HHS-NIH-20-0496-A-001175

TRENDS IN NEVADA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	13.4%
NEW CASES PER 100K / DAY	38 (weekly avg.)
TESTING PER 100K / DAY	97 (weekly avg.)
BED UTILIZATION	74%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.8%
INCIDENCE	+45%
TESTING PER 100K / DAY	-62%
BED UTILIZATION	-6%

RISK FACTORS

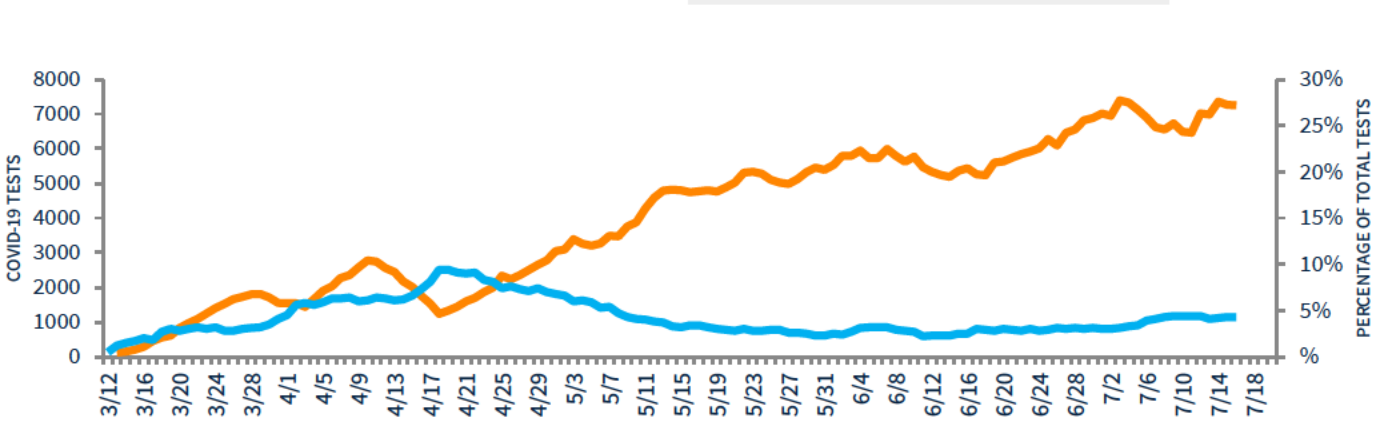
POPULATION DENSITY	28 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.3%

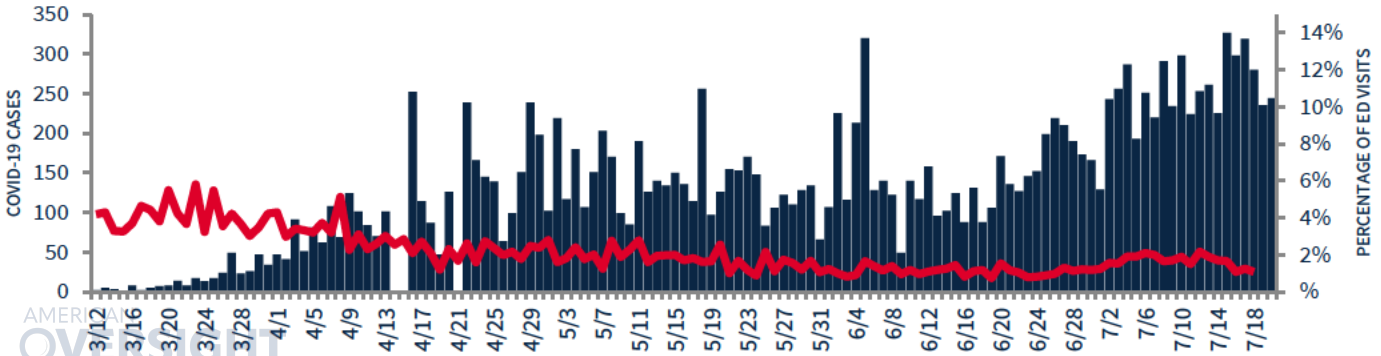
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 001176
HHS-NIH-20-0496-A-001176

TRENDS IN NEW MEXICO





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	4.3%
NEW CASES PER 100K / DAY	13 (weekly avg.)
TESTING PER 100K / DAY	240 (weekly avg.)
BED UTILIZATION	65%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.1%
INCIDENCE	+8%
TESTING PER 100K / DAY	-22%
BED UTILIZATION	-6%

RISK FACTORS

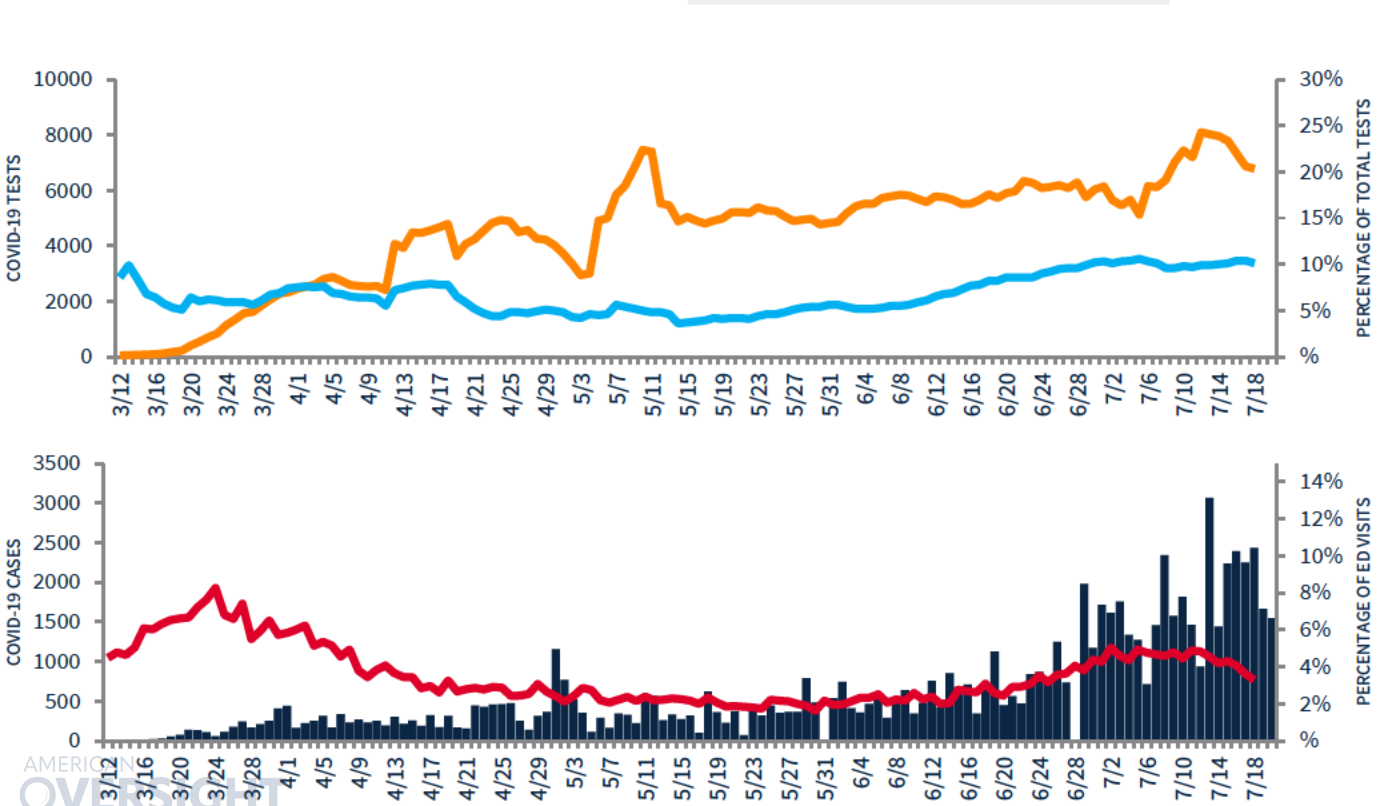
POPULATION DENSITY	17 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.0%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 001177
HHS-NIH-20-0496-A-001177

TRENDS IN TENNESSEE



COVID-19 SNAPSHOT

POSITIVITY RATE	10.1%
NEW CASES PER 100K / DAY	29 (weekly avg.)
TESTING PER 100K / DAY	99 (weekly avg.)
BED UTILIZATION	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.4%
INCIDENCE	+10%
TESTING PER 100K / DAY	-6%
BED UTILIZATION	+5%

RISK FACTORS

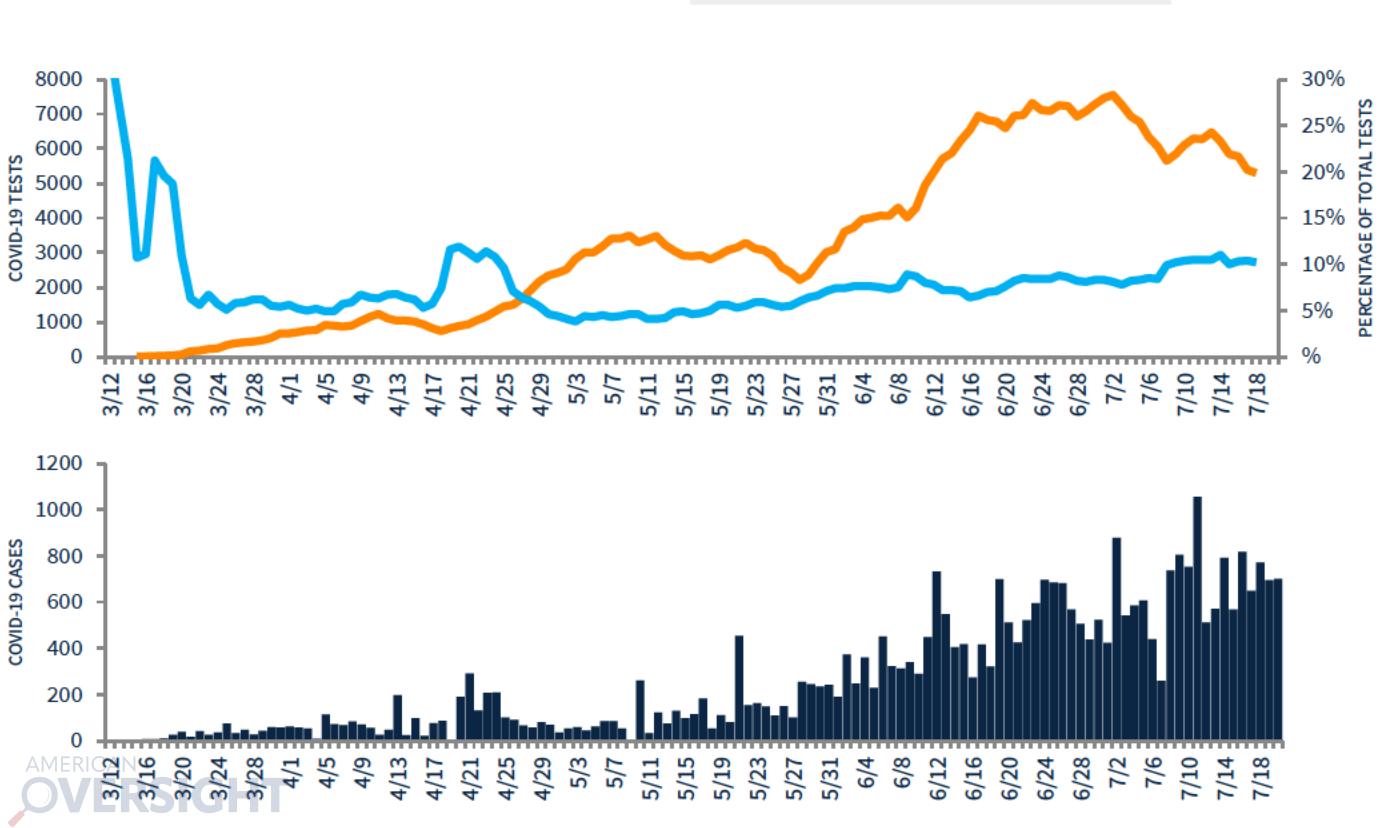
POPULATION DENSITY	166 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	4.9%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 001178
HHS-NIH-20-0496-A-001178

TRENDS IN ARKANSAS



COVID-19 SNAPSHOT

POSITIVITY RATE	10.2%
NEW CASES PER 100K / DAY	24 (weekly avg.)
TESTING PER 100K / DAY	176 (weekly avg.)
BED UTILIZATION	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.3%
INCIDENCE	+6%
TESTING PER 100K / DAY	-16%
BED UTILIZATION	-3%

RISK FACTORS

POPULATION DENSITY	58 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	5.9%

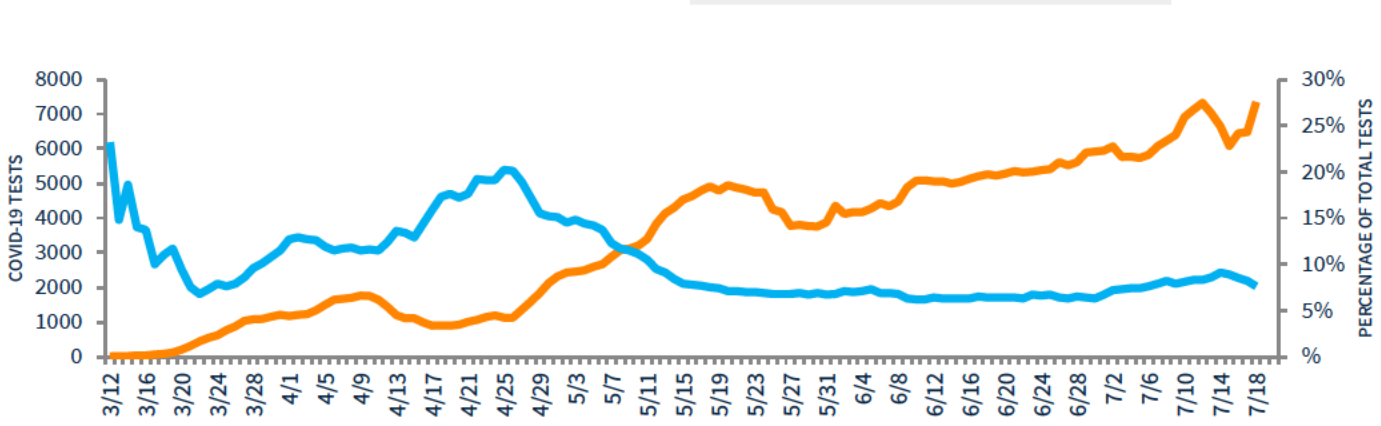
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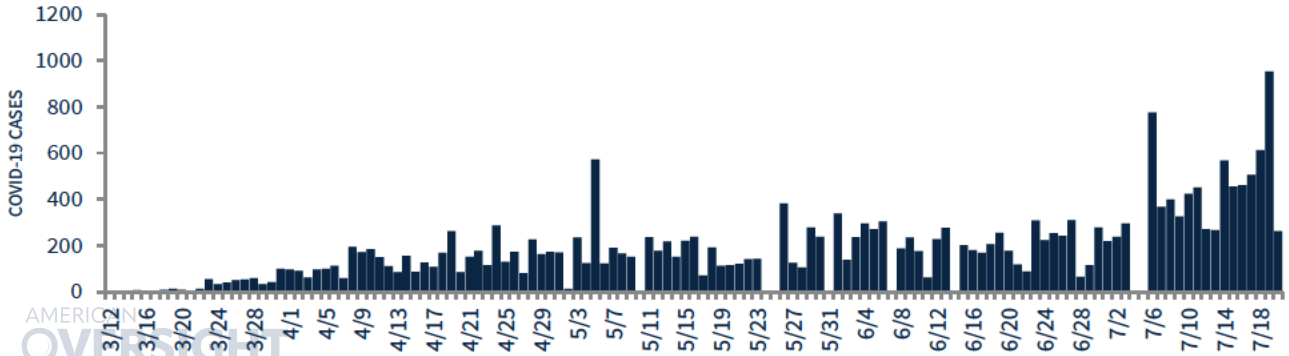
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Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001179
HHS-NIH-20-0496-A-001179

TRENDS IN KENTUCKY





COVID-19 SNAPSHOT

POSITIVITY RATE	7.6%
NEW CASES PER 100K / DAY	12 (weekly avg.)
TESTING PER 100K / DAY	164 (weekly avg.)
BED UTILIZATION	60%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.7%
INCIDENCE	+53%
TESTING PER 100K / DAY	+3%
BED UTILIZATION	+2%

RISK FACTORS

POPULATION DENSITY	113 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	6.2%

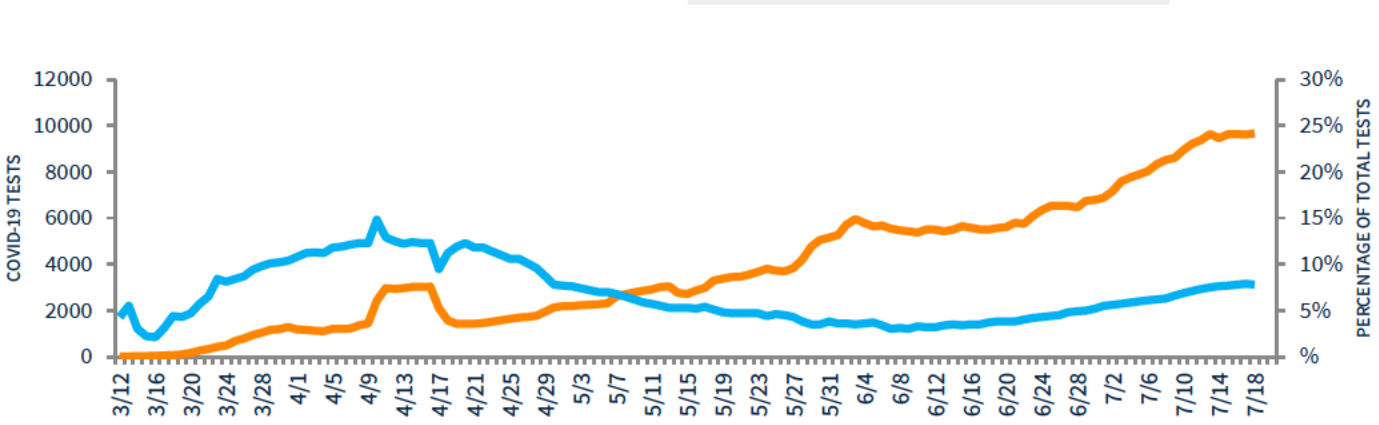
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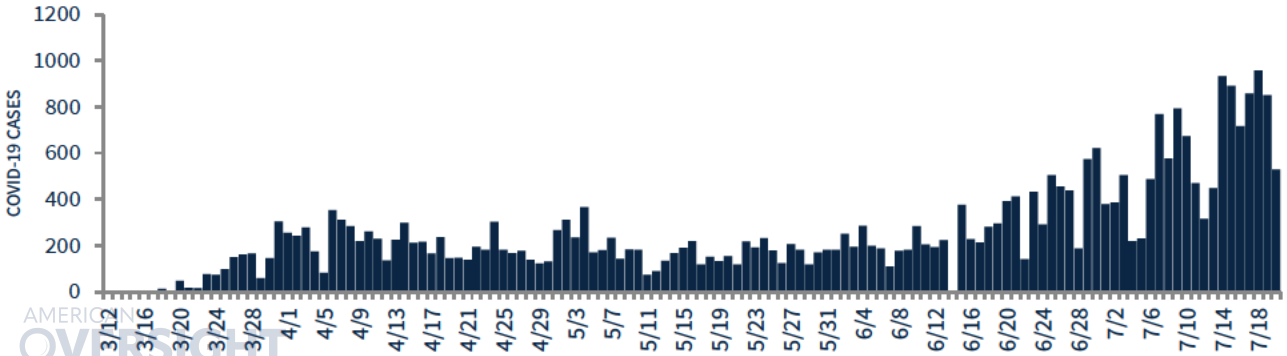
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Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001180
HHS-NIH-20-0496-A-001180

TRENDS IN MISSOURI





COVID-19 SNAPSHOT

POSITIVITY RATE	7.8%
NEW CASES PER 100K / DAY	13 (weekly avg.)
TESTING PER 100K / DAY	157 (weekly avg.)
BED UTILIZATION	64%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.7%
INCIDENCE	+42%
TESTING PER 100K / DAY	+5%
BED UTILIZATION	-5%

RISK FACTORS

POPULATION DENSITY	89 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.7%

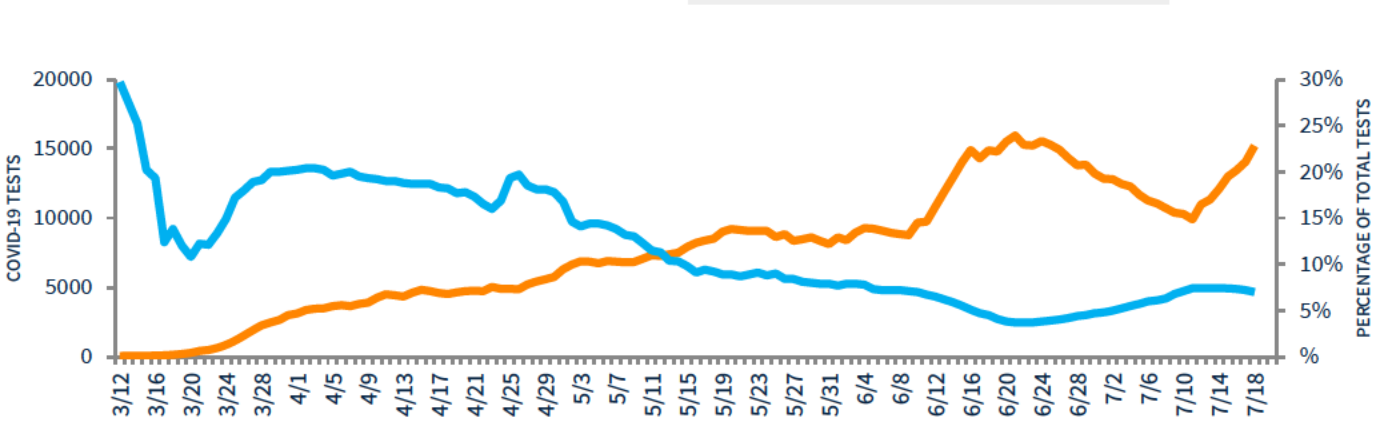
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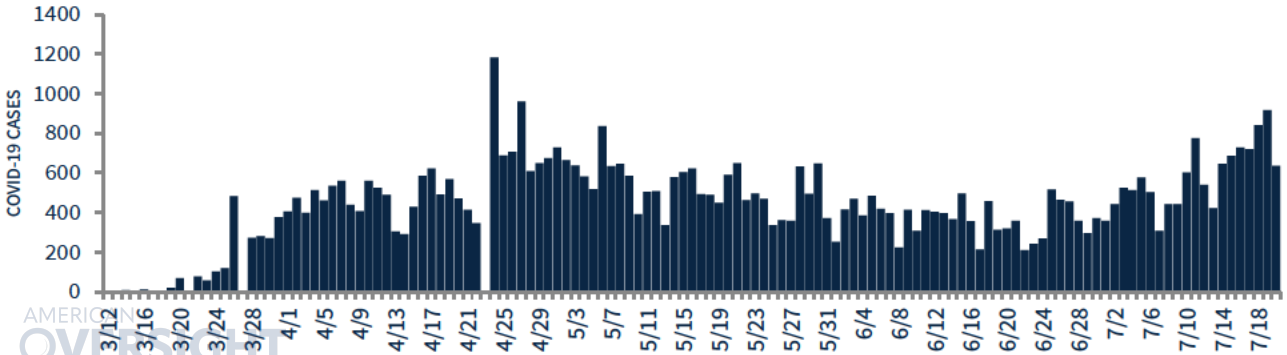
Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001181
HHS-NIH-20-0496-A-001181

TRENDS IN INDIANA





COVID-19 SNAPSHOT

POSITIVITY RATE	7.0%
NEW CASES PER 100K / DAY	11 (weekly avg.)
TESTING PER 100K / DAY	226 (weekly avg.)
BED UTILIZATION	53%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.4%
INCIDENCE	+47%
TESTING PER 100K / DAY	+53%
BED UTILIZATION	+2%

RISK FACTORS

POPULATION DENSITY	188 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	4.8%

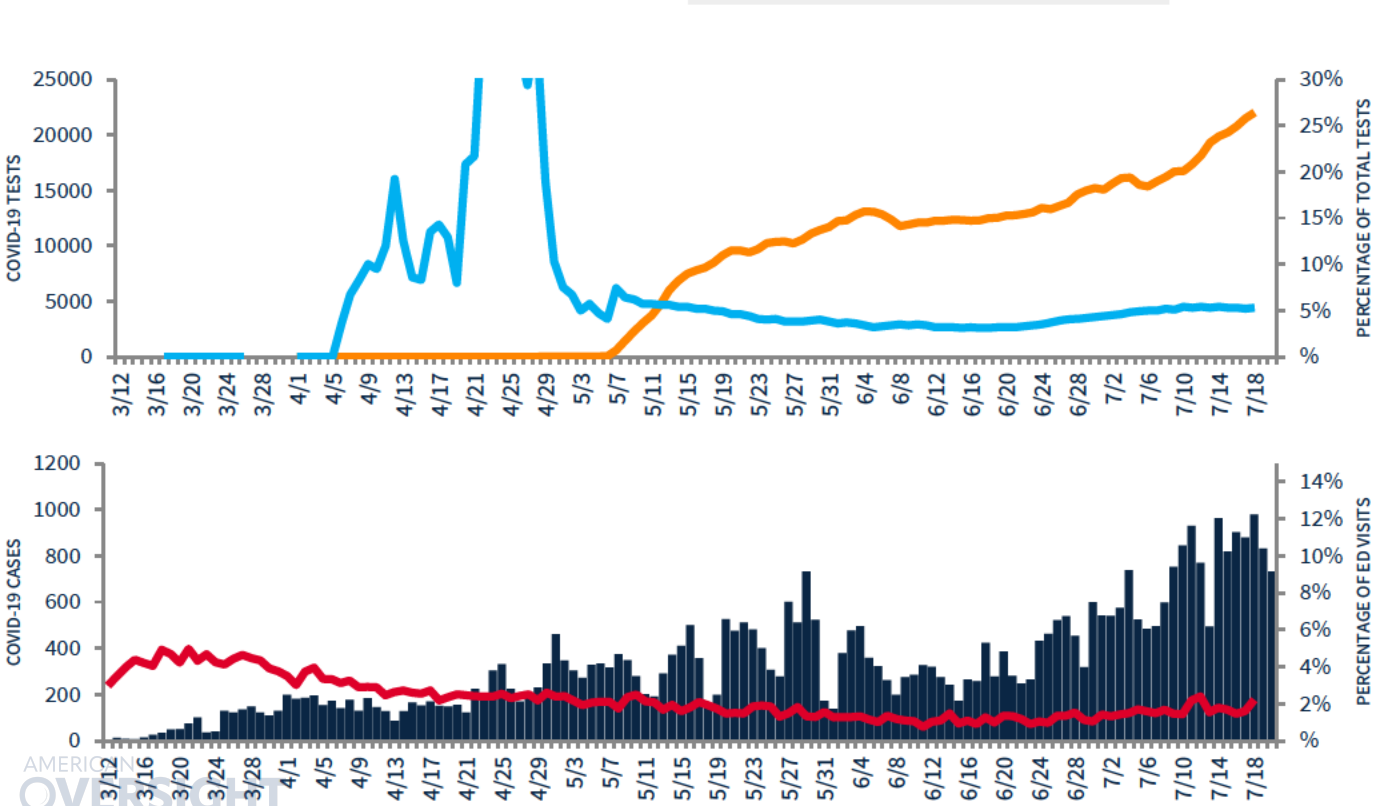
** Most recent several days of testing data is incomplete until all test results come in; testing data will be updated as results are received*

Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001182
HHS-NIH-20-0496-A-001182

TRENDS IN WISCONSIN



COVID-19 SNAPSHOT

POSITIVITY RATE	5.3%
NEW CASES PER 100K / DAY	15 (weekly avg.)
TESTING PER 100K / DAY	378 (weekly avg.)
BED UTILIZATION	56%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.0%
INCIDENCE	+25%
TESTING PER 100K / DAY	+27%
BED UTILIZATION	+5%

RISK FACTORS

POPULATION DENSITY	107 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	3.7%

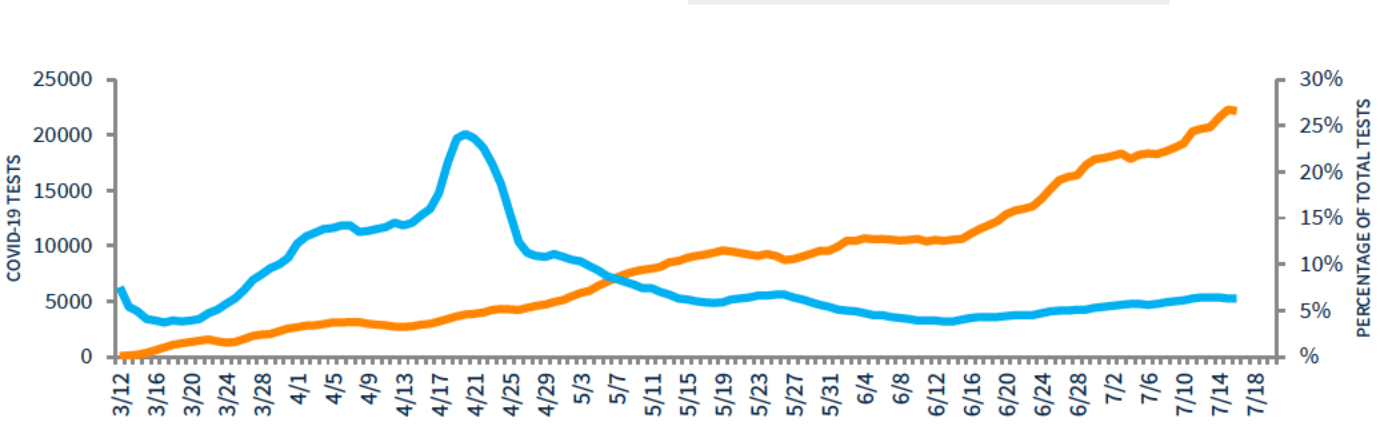
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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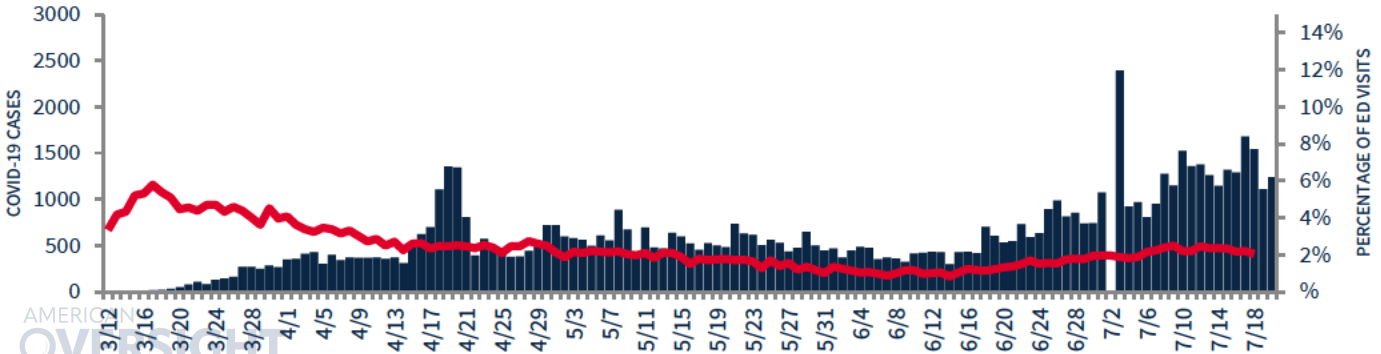
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AMERICAN OVERSIGHT

NIH FOIA 001183
HHS-NIH-20-0496-A-001183

TRENDS IN OHIO





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	6.3%
NEW CASES PER 100K / DAY	11 (weekly avg.)
TESTING PER 100K / DAY	136 (weekly avg.)
BED UTILIZATION	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.3%
INCIDENCE	+5%
TESTING PER 100K / DAY	-22%
BED UTILIZATION	-6%

RISK FACTORS

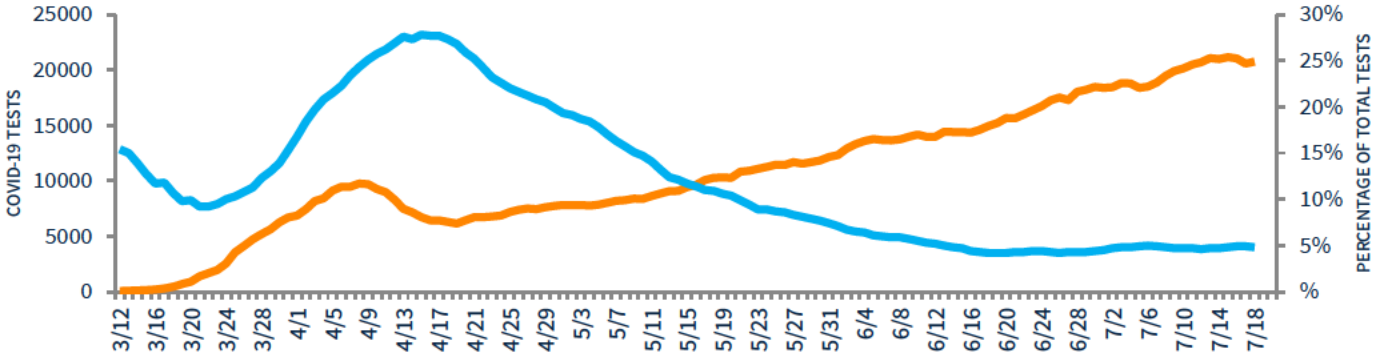
POPULATION DENSITY	286 per sq mi
% OVER 60	24%
CRUDE CVD PREVALENCE	4.7%

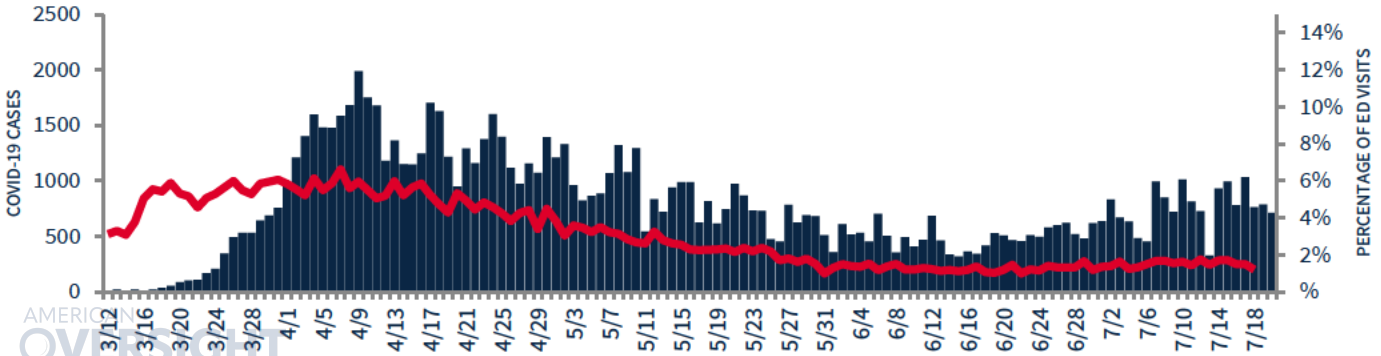
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 001184
HHS-NIH-20-0496-A-001184

TRENDS IN PENNSYLVANIA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	4.8%
NEW CASES PER 100K / DAY	7 (weekly avg.)
TESTING PER 100K / DAY	162 (weekly avg.)
BED UTILIZATION	57%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.1%
INCIDENCE	+10%
TESTING PER 100K / DAY	+1%
BED UTILIZATION	-1%

RISK FACTORS

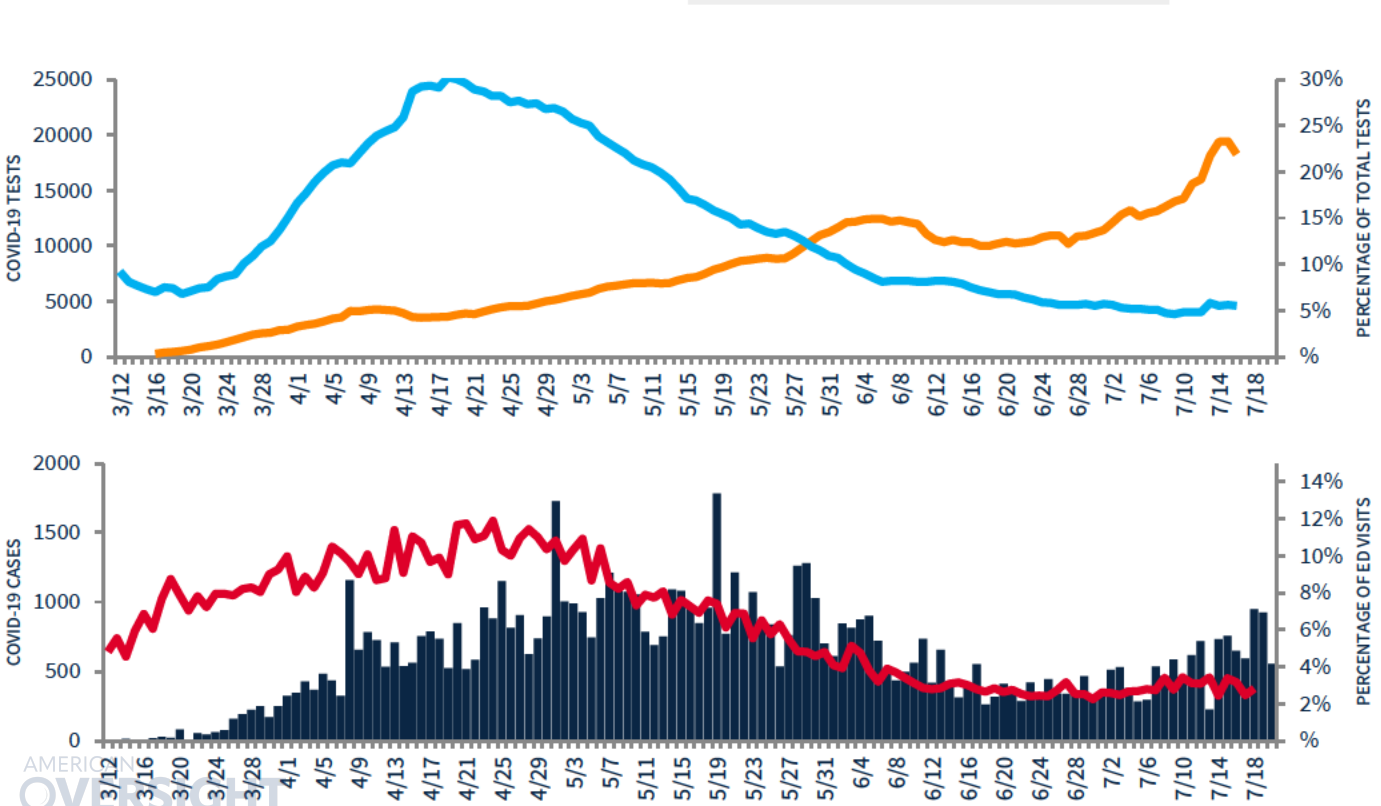
POPULATION DENSITY	286 per sq mi
% OVER 60	26%
CRUDE CVD PREVALENCE	5.1%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 001185
HHS-NIH-20-0496-A-001185

TRENDS IN MARYLAND



COVID-19 SNAPSHOT

POSITIVITY RATE	5.5%
NEW CASES PER 100K / DAY	12 (weekly avg.)
TESTING PER 100K / DAY	213 (weekly avg.)
BED UTILIZATION	60%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.9%
INCIDENCE	+43%
TESTING PER 100K / DAY	-17%
BED UTILIZATION	+15%

RISK FACTORS

POPULATION DENSITY	623 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.3%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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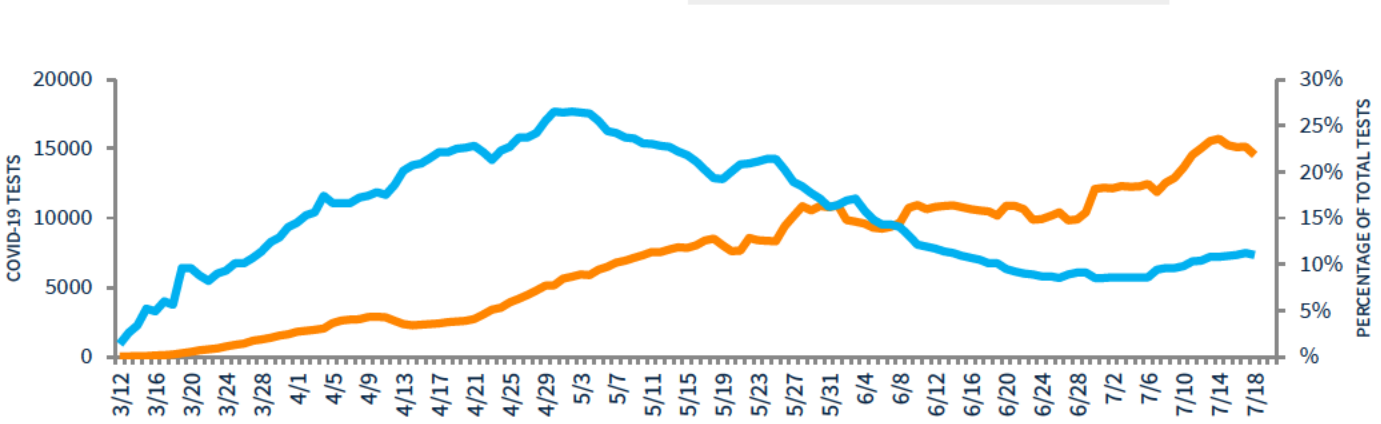
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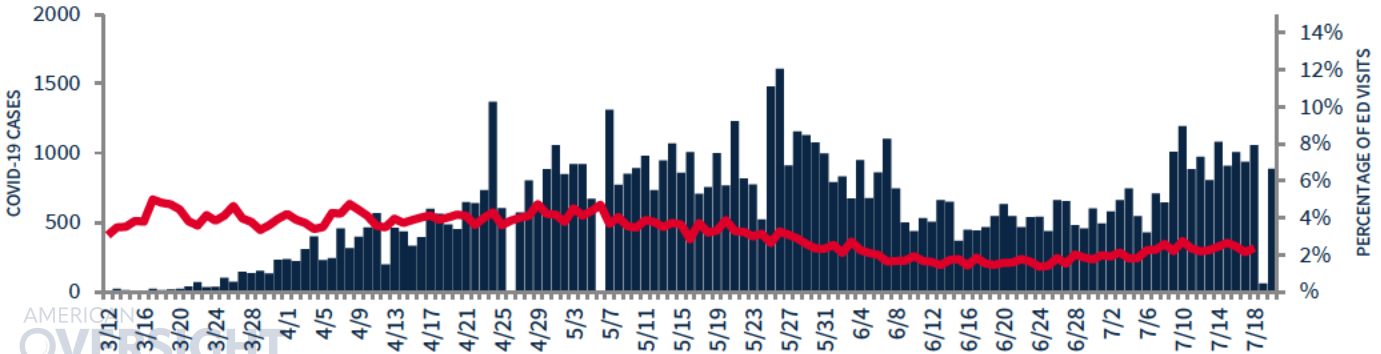
AMERICAN OVERSIGHT

NIH FOIA 001186

HHS-NIH-20-0496-A-001186

TRENDS IN VIRGINIA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	11.0%
NEW CASES PER 100K / DAY	10 (weekly avg.)
TESTING PER 100K / DAY	171 (weekly avg.)
BED UTILIZATION	62%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.7%
INCIDENCE	-5%
TESTING PER 100K / DAY	+0%
BED UTILIZATION	+1%

RISK FACTORS

POPULATION DENSITY	216 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.8%

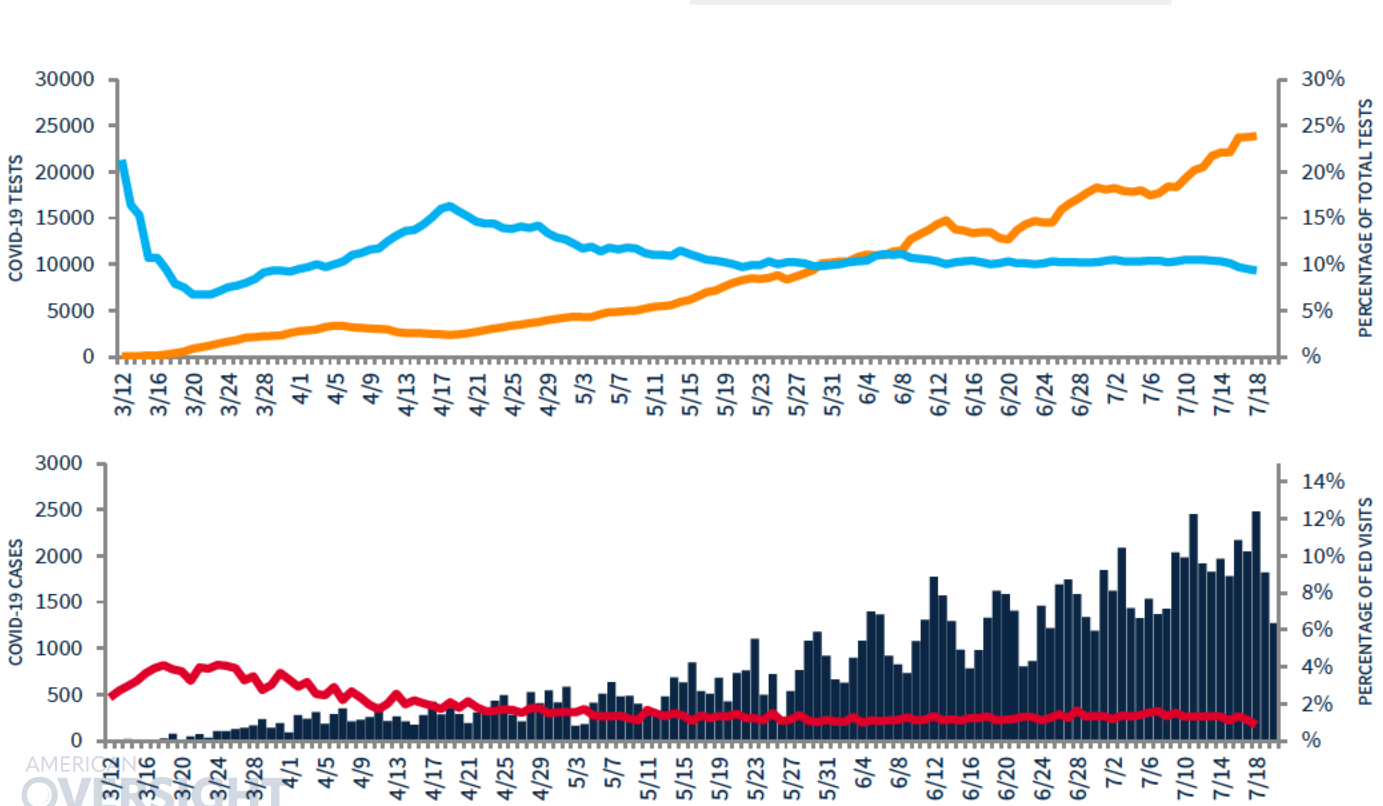
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT

NIH FOIA 001187
HHS-NIH-20-0496-A-001187

TRENDS IN NORTH CAROLINA



COVID-19 SNAPSHOT

POSITIVITY RATE	9.3%
NEW CASES PER 100K / DAY	18 (weekly avg.)
TESTING PER 100K / DAY	228 (weekly avg.)
BED UTILIZATION	64%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.2%
INCIDENCE	+4%
TESTING PER 100K / DAY	+18%
BED UTILIZATION	+3%

RISK FACTORS

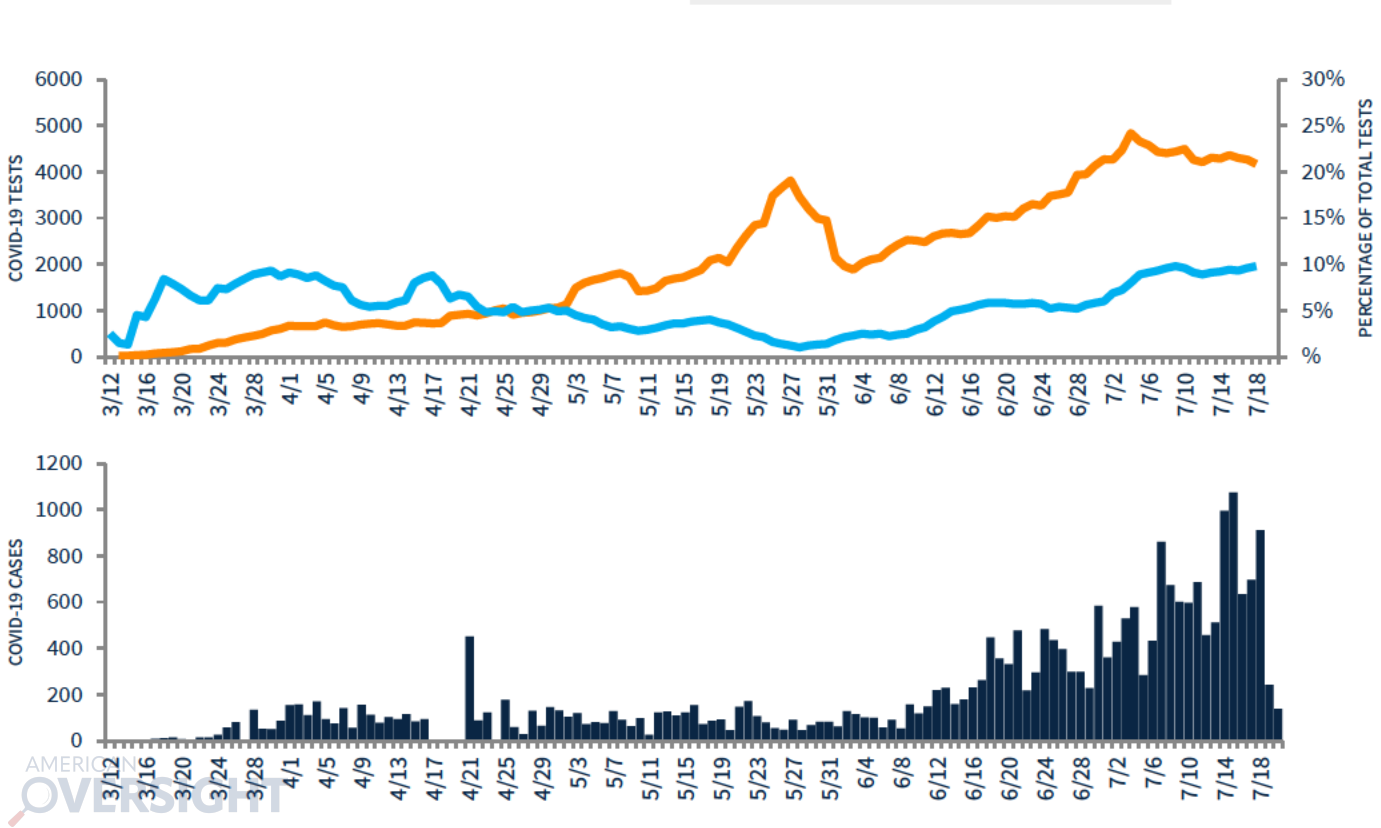
POPULATION DENSITY	216 per sq mi
% OVER 60	23%
CRUDE CVD PREVALENCE	4.3%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

NIH FOIA 001188
HHS-NIH-20-0496-A-001188

TRENDS IN OKLAHOMA



COVID-19 SNAPSHOT

POSITIVITY RATE	9.8%
NEW CASES PER 100K / DAY	17 (weekly avg.)
TESTING PER 100K / DAY	105 (weekly avg.)
BED UTILIZATION	59%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.7%
INCIDENCE	+7%
TESTING PER 100K / DAY	-2%
BED UTILIZATION	-12%

RISK FACTORS

POPULATION DENSITY	58 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	5.3%

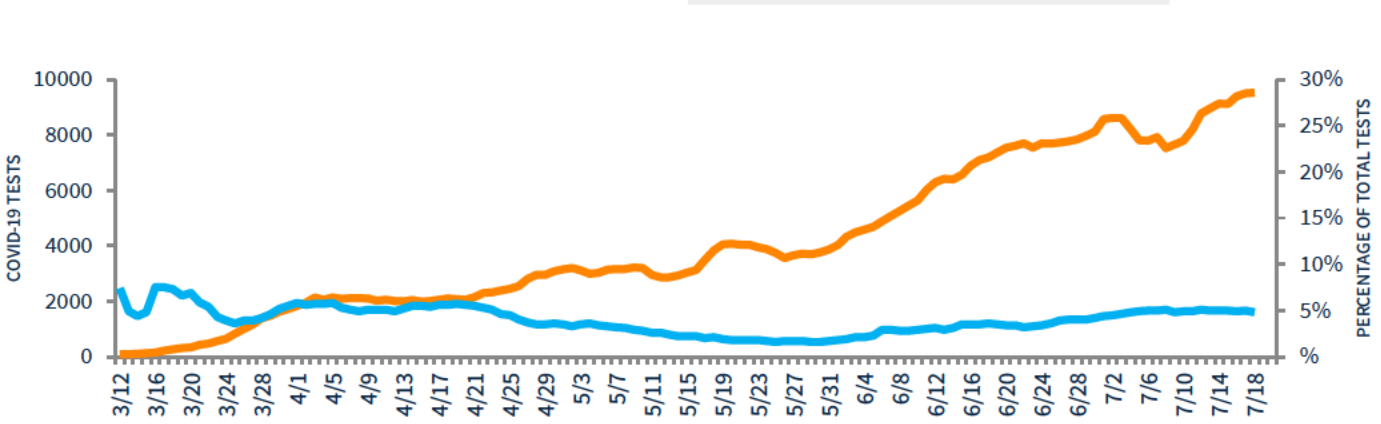
** Most recent several days of testing data is incomplete until all test results come in; testing data will be updated as results are received*

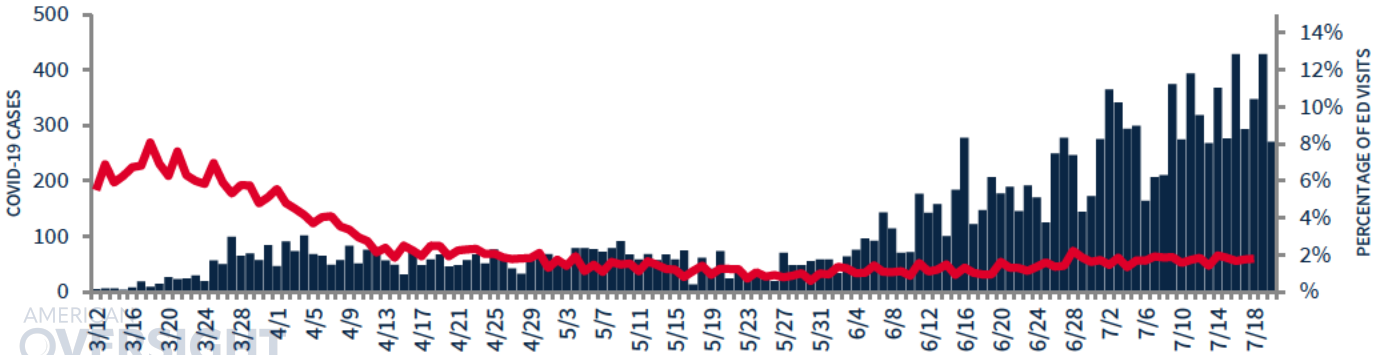
Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001189
HHS-NIH-20-0496-A-001189

TRENDS IN OREGON





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	4.8%
NEW CASES PER 100K / DAY	8 (weekly avg.)
TESTING PER 100K / DAY	226 (weekly avg.)
BED UTILIZATION	54%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.1%
INCIDENCE	+18%
TESTING PER 100K / DAY	+16%
BED UTILIZATION	+3%

RISK FACTORS

POPULATION DENSITY	44 per sq mi
% OVER 60	25%
CRUDE CVD PREVALENCE	3.6%

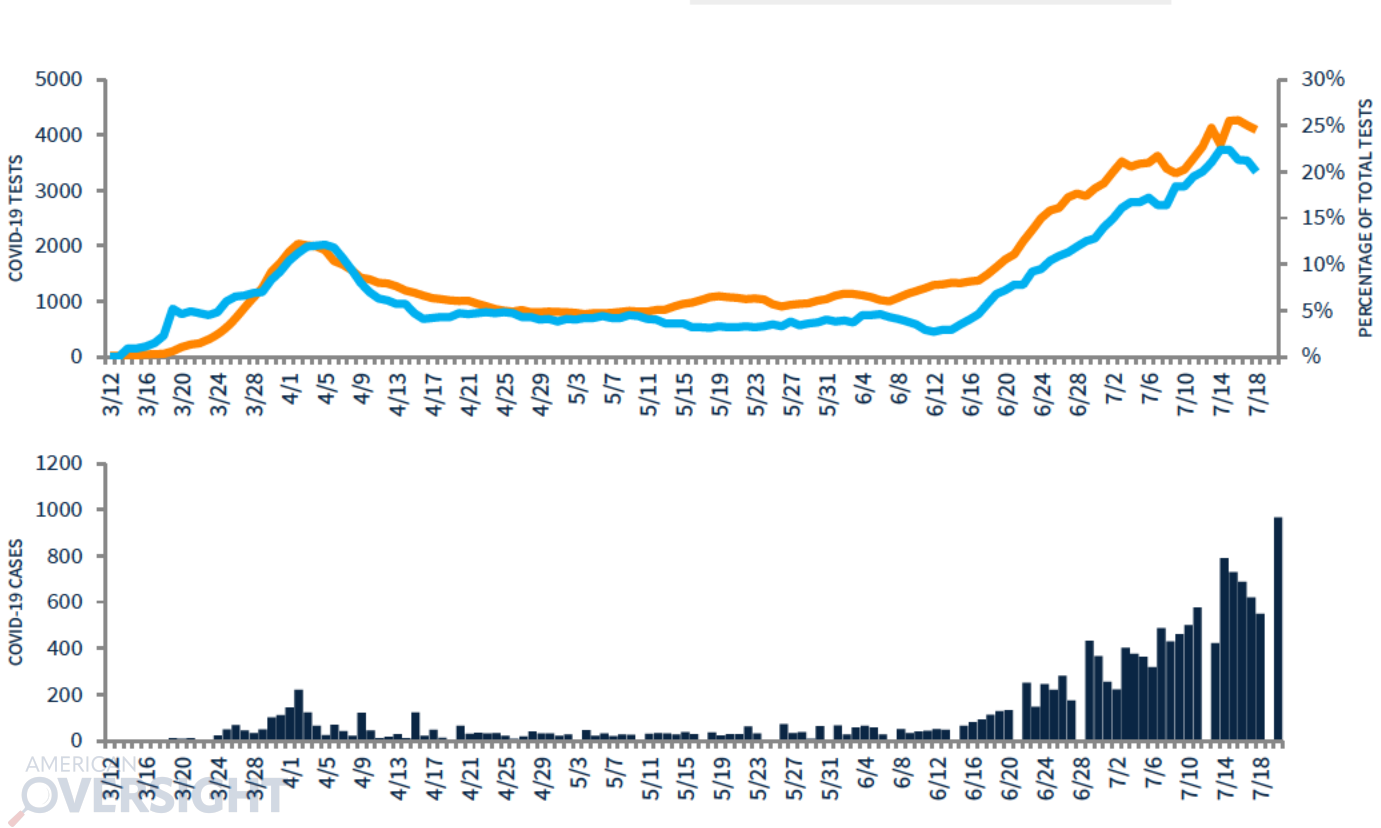
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001190
HHS-NIH-20-0496-A-001190

TRENDS IN IDAHO



COVID-19 SNAPSHOT

POSITIVITY RATE	20.0%
NEW CASES PER 100K / DAY	35 (weekly avg.)
TESTING PER 100K / DAY	229 (weekly avg.)
BED UTILIZATION	50%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.5%
INCIDENCE	+51%
TESTING PER 100K / DAY	+14%
BED UTILIZATION	-4%

RISK FACTORS

POPULATION DENSITY	22 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.3%

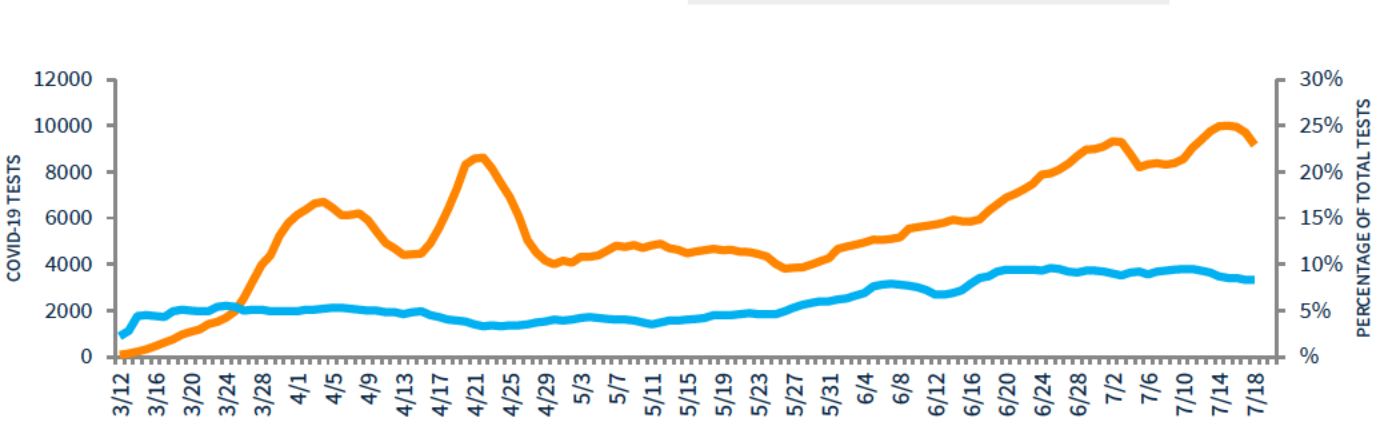
** Most recent several days of testing data is incomplete until all test results come in; testing data is updated as results are received*

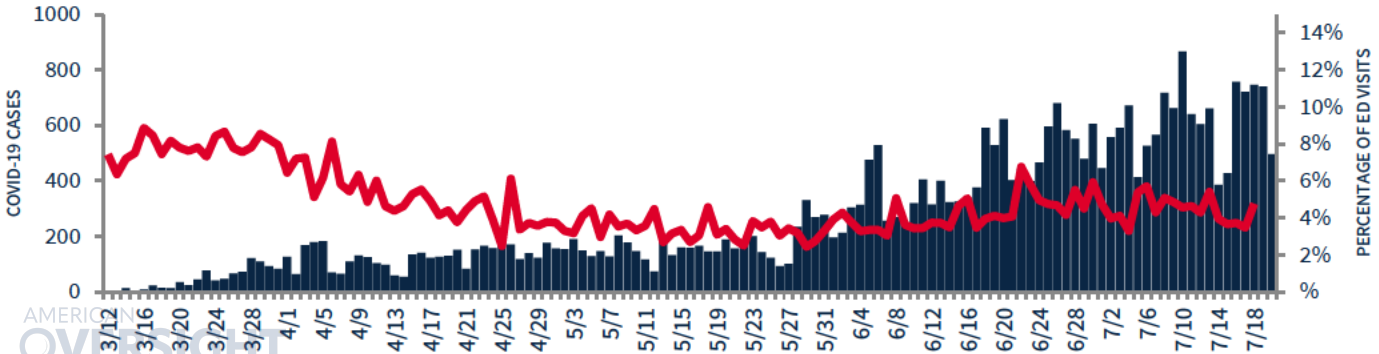
Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001191
HHS-NIH-20-0496-A-001191

TRENDS IN UTAH





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	8.3%
NEW CASES PER 100K / DAY	19 (weekly avg.)
TESTING PER 100K / DAY	286 (weekly avg.)
BED UTILIZATION	51%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.2%
INCIDENCE	-9%
TESTING PER 100K / DAY	+1%
BED UTILIZATION	+4%

RISK FACTORS

POPULATION DENSITY	39 per sq mi
% OVER 60	16%
CRUDE CVD PREVALENCE	2.7%

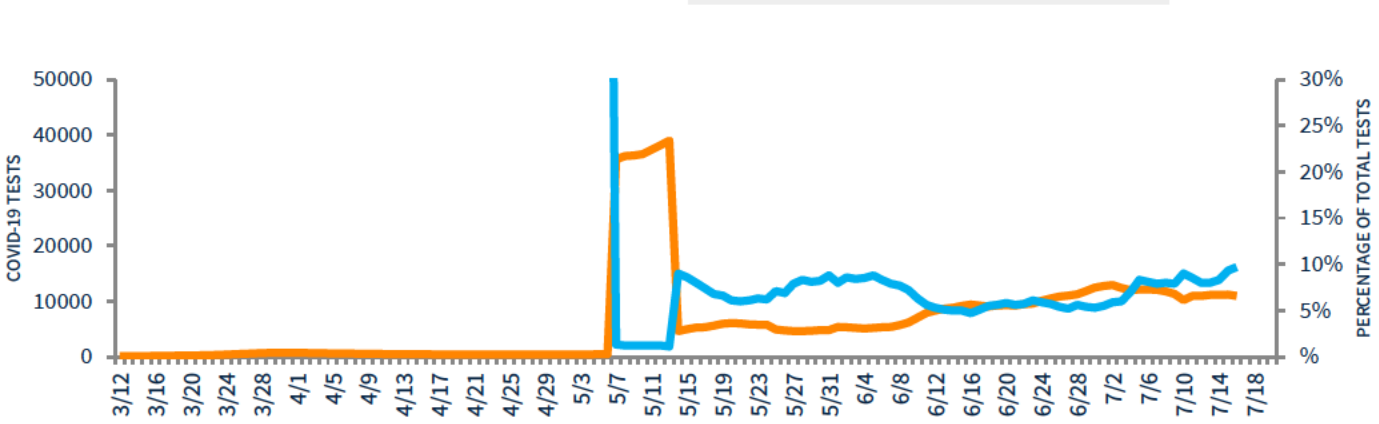
AMERICAN OVERSIGHT

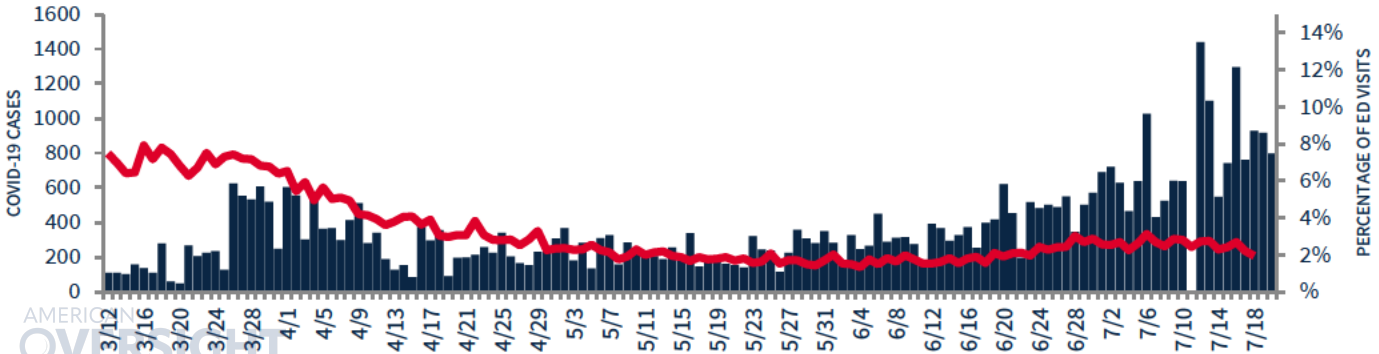
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001192
HHS-NIH-20-0496-A-001192

TRENDS IN WASHINGTON





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	9.7%
NEW CASES PER 100K / DAY	11 (weekly avg.)
TESTING PER 100K / DAY	121 (weekly avg.)
BED UTILIZATION	57%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.8%
INCIDENCE	+25%
TESTING PER 100K / DAY	-16%
BED UTILIZATION	+3%

RISK FACTORS

POPULATION DENSITY	115 per sq mi
% OVER 60	22%
CRUDE CVD PREVALENCE	3.5%

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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AMERICAN OVERSIGHT
NIH FOIA 001193
HHS-NIH-20-0496-A-001193

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Wed, 17 Jun 2020 15:38:38 -0500
To:
Subject: 6.17.20 - PowerPoint Part ll
Attachments: 17JuneTF Addendum[1] [Read-Only]UPDATED.pptx

All –

Please see the additional slide deck attached. This PowerPoint is an addendum to the slide deck sent earlier this afternoon from Dr. Birx.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

28 July2020 Data with Focus on Metros

Cases are beginning to stabilize as a whole but moving forward will require a National commitment to mask to ensure new area don't become full hot spots

Hospitalization stabilizing but rising in the others across the South : LA, MS, AL, GA, SC

Deaths will continue to rise for 1-2 weeks

More hospitalizations and mortality coming from mutigenerational households and we need more emphasis on this risk

Nursing home outbreaks across the South and West – which will also increase non hospital mortality

Currently we have the equivalent of 3 NY, 2 NJ, and 5 PA simultaneously and spreading to new states

Miami continues to have the highest rate of rise of test positivity now under 20%

New states with increasing cases MD, VA, MO, WI, AR – cases rising Baltimore

Summary of major metros in highly impacted states

- Cities with the most significant increases in test positivity over the past 7 days, New Orleans, Las Vegas, St Louis, Kansas City, Bakersfield, ATL, San Jose, Indianapolis, Riverside, Cincinnati, Cleveland, Columbus OH, Detroit, Portland, Denver
- Cases show signs of early stabilization and beginning declines:, Tampa, Jacksonville, Phoenix, Tuscan, Dallas, Houston, Austin, El Paso, Des Moises
- Metros with greater than 10% positive **Miami, Austin, Bakersfield, Phoenix, Houston, Dallas, San Antonio, Orlando, Tampa, Jacksonville, Los Angeles, Las Vegas, Riverside, Atlanta, Nashville, Charlotte, New Orleans, Memphis, Oklahoma City**

4 States account for 40% of new cases TX, CA, AZ, FL : all beginning to slow the rise or show early signs of plateauing cases expanding in numerous southern state and moving North up through AR, TN, KY, OH, MO, IN, PA, and now MD, VA

- **12** additional states over 1000 cases/day and increasing GA (>3000), NC, LA, SC, MS, AL, OH, TN, VA, NV, IL MO,WI,
- Cases increasing in VA Beach, Richmond, Baltimore

21 states with significant increase in percent positive tests or high % positives : states with the most rapid rise in the percent of test positive : ND, GA, LA, NV, MS, OK, FL ID, MO, AL, AR, KY, MT, IN, CO, MI, OH, FL, TX, CA, AZ

19 states with rising cases and percent positive tests

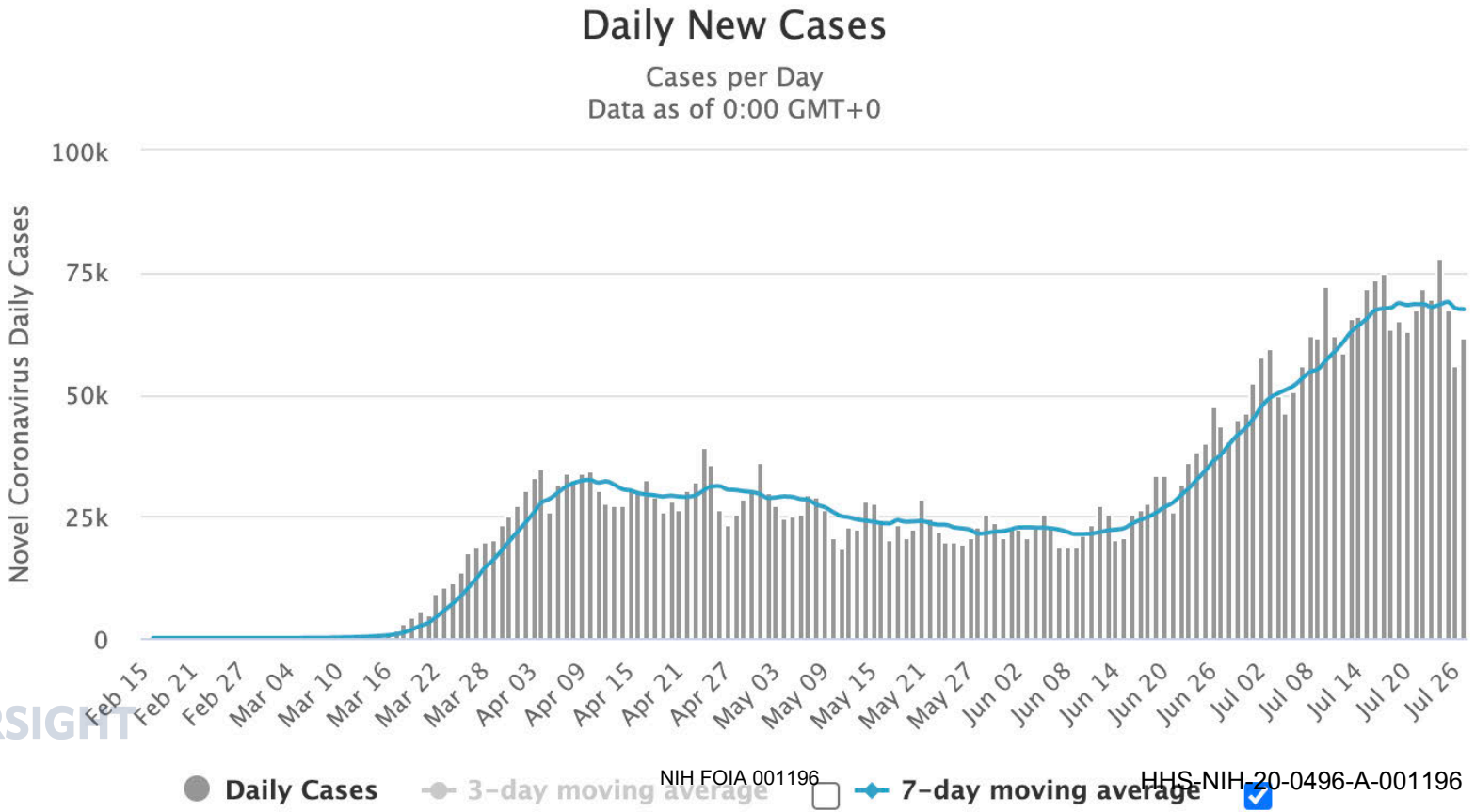
10 states stable

13 States with greater than 10% test positives (7-day average):**TX, AZ, FL, SC, GA, AL, LA, MS, NV, CA, ID, TN, OK**

- **Signs of stabilization in AZ, TX, FL CA, NV**

OVERSIGHT

Daily New Cases in the United States

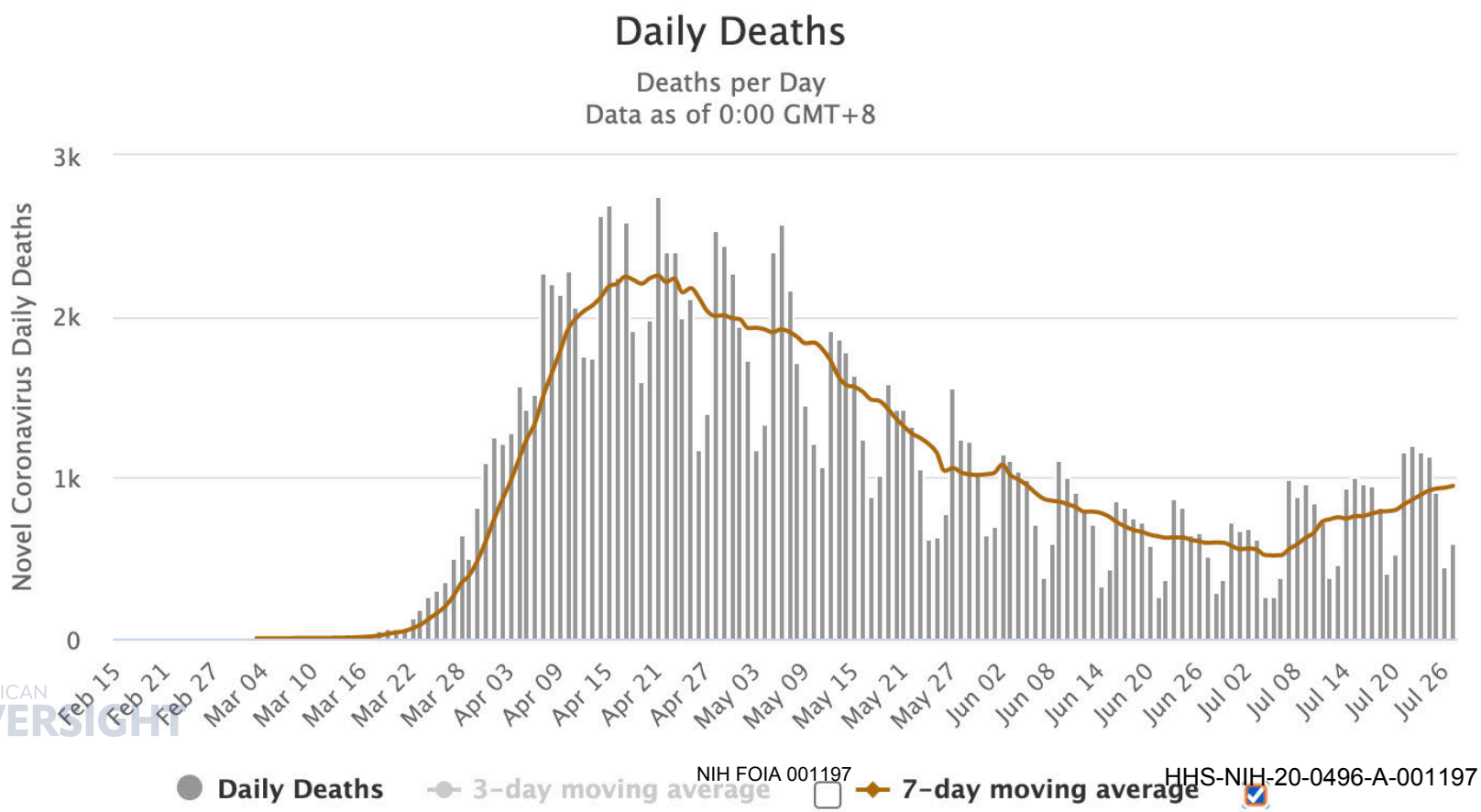


AMERICAN OVERSIGHT

NIH FOIA 001196

HHS-NIH-20-0496-A-001196

Daily New Deaths in the United States



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NIH FOIA 001197

HHS-NIH-20-0496-A-001197

National Metrics

National metrics	This week Daily average July 20-26	Last week Daily average July 13-19	Percent change	Cumulative
Percent positive*	8.3%	8.9%	-0.6%	9.2% positive
Cases	66,332	66,395	-0.1%	4,225,687 cases
Inpatients with COVID-19	66,395	67,517	-1.7%	n/a
Deaths	913	753	+21.2%	146,546 deaths

Source: Cases and deaths are calculated from CDC aggregate data, including states and territories. Inpatients with COVID-19 are calculated from the Unified Hospital Dataset and may be an underestimate due to delayed reporting. Test data are from the Unified State Reporting Results dataset. *Testing data have a 3-day delay (this week 7/18-7/24, last week 7/11-7/17).

Weekly Indicators

Indicators for percent change from previous week: ▲ Increase ▼ Decrease ▭ Minor change/stable

Red states

State	Cases	Deaths	% positive
AL	▭	▲	▼
AR	▲	▲	▭
AZ	▼	▭	▼
FL	▭	▲	▭
GA	▭	▲	▲
ID	▼	▲	▼
LA	▲	▲	▭
MS	▲	▲	▼
NV	▼	▲	▼
OK	▲	▲	▭
SC	▼	▲	▼
TN	▭	▲	▼
TX	▼	▲	▭
VA	▲	▼	▼

Yellow states

State	Cases	Deaths	% positive
CA	▭	▭	▲
CO	▲	▲	▭
DC	▲	▼	▼
IN	▲	▲	▭
IA	▭	▼	▭
KS	▭	▲	▭
KY	▭	▼	▼
MN	▲	▭	▭
MO	▲	▲	▭
NC	▭	▲	▼
NE	▲	▭	▲
OH	▭	▲	▭
UT	▼	▲	▭
WA	▭	▲	▼
WI	▲	▲	▭

Green states

State	Cases	Deaths	% positive
AK	▲	▲	▲
CT	▲	▼	▭
DE	▲	▲	▭
HI	▲	▼	▭
IL	▲	▭	▲
MA	▭	▭	▭
ME	▼	▼	▭
MD	▲	▲	▼
MI	▭	▼	▭
MT	▲	▲	▼
NH	▲	▲	▭
NJ	▲	▼	▭
NM	▭	▲	▭
NY	▭	▭	▭
ND	▭	▭	▭
OR	▭	▲	▼
PA	▭	▭	▭
RI	▭	▼	▭
SD	▲	▼	▭
VT	▭	---	▭
WV	▲	▼	▭
WY	▲	▼	▲

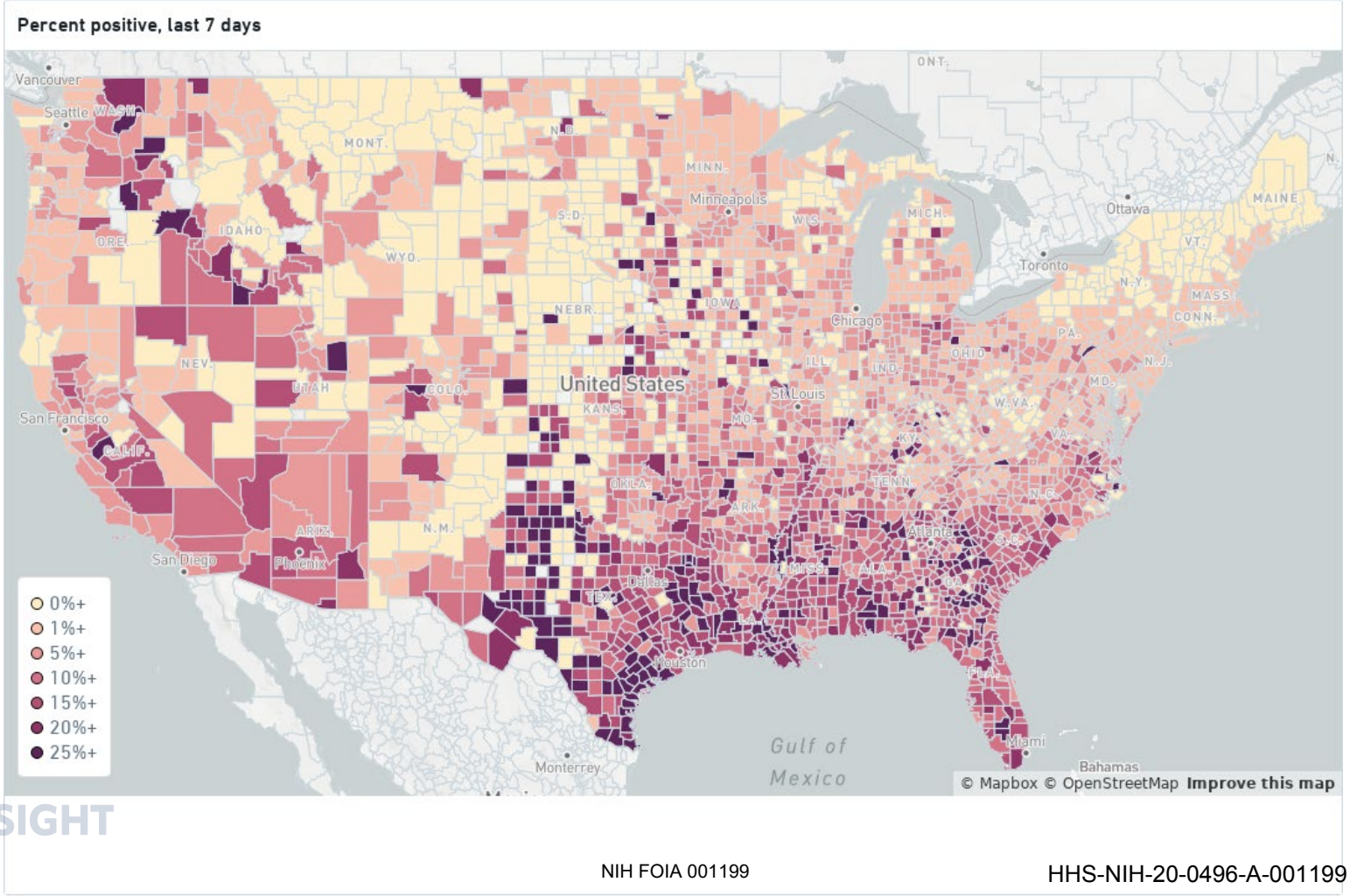
Weekly indicator color thresholds

▼	<- 10% change in cases, deaths; <-0.5% change in positivity
▭	-10% - 10% change in cases, deaths; -0.5 – 0.5% change in positivity
▲	>10% change in cases, deaths; >0.5% change in positivity

AMERICAN OVERSIGHT

NIH FOIA 001198

HHS-NIH-20-0496-A-001198



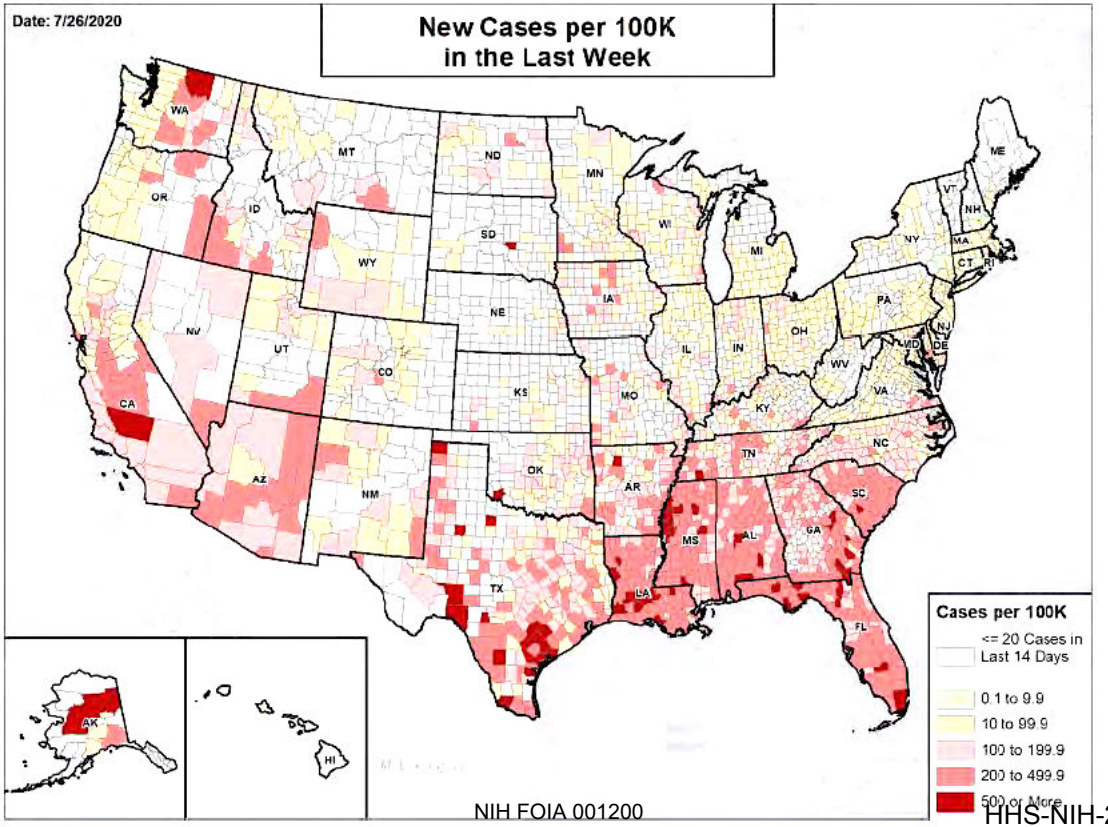
Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days.

AMERICAN OVERSIGHT

NIH FOIA 001199

HHS-NIH-20-0496-A-001199

NEW CASES PER 100,000 LAST WEEK

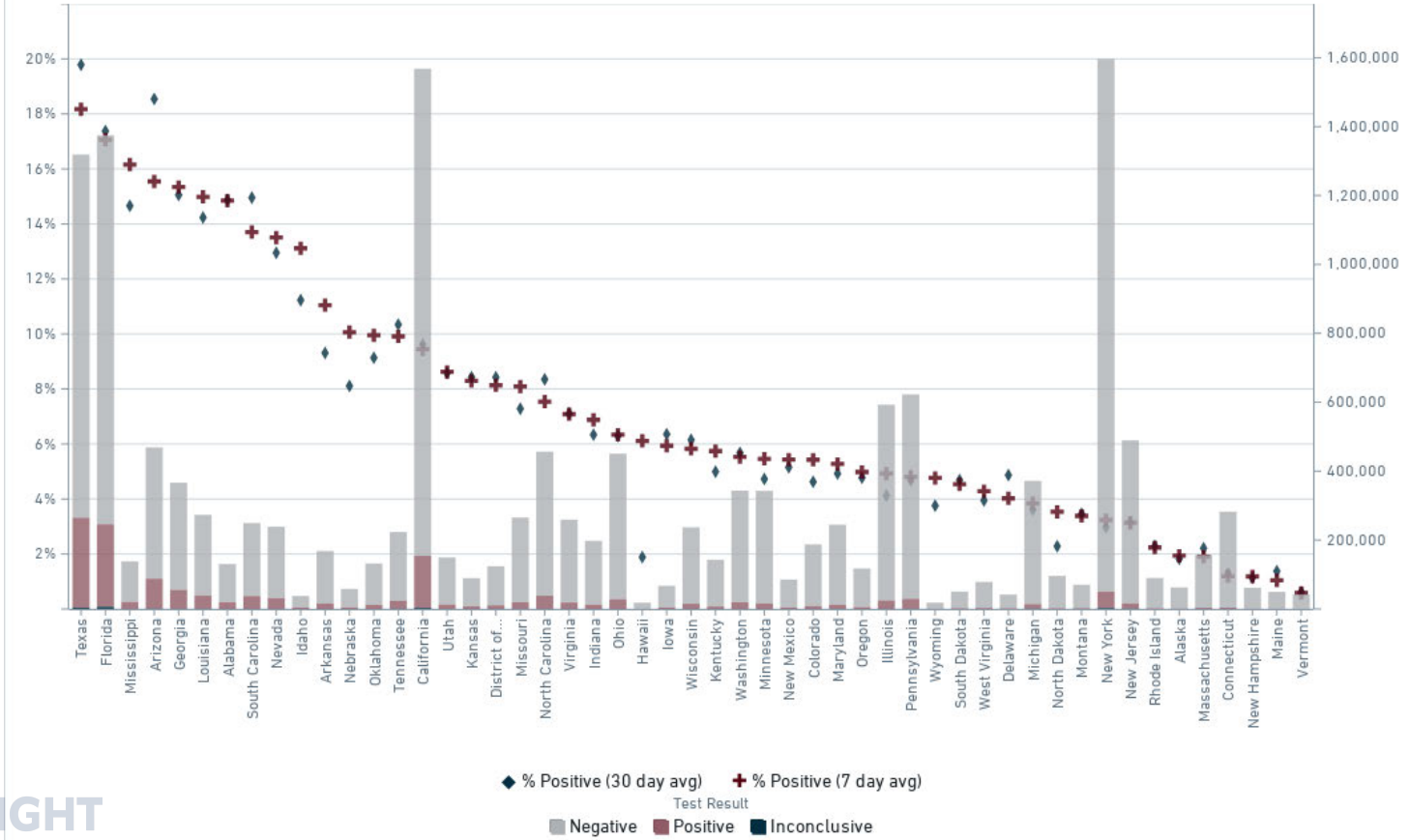


AMERICAN OVERSIGHT

NIH FOIA 001200

HHS-NIH-20-0496-A-001200

Positive and negative cumulative results in the last 30 days per state with % positive per state



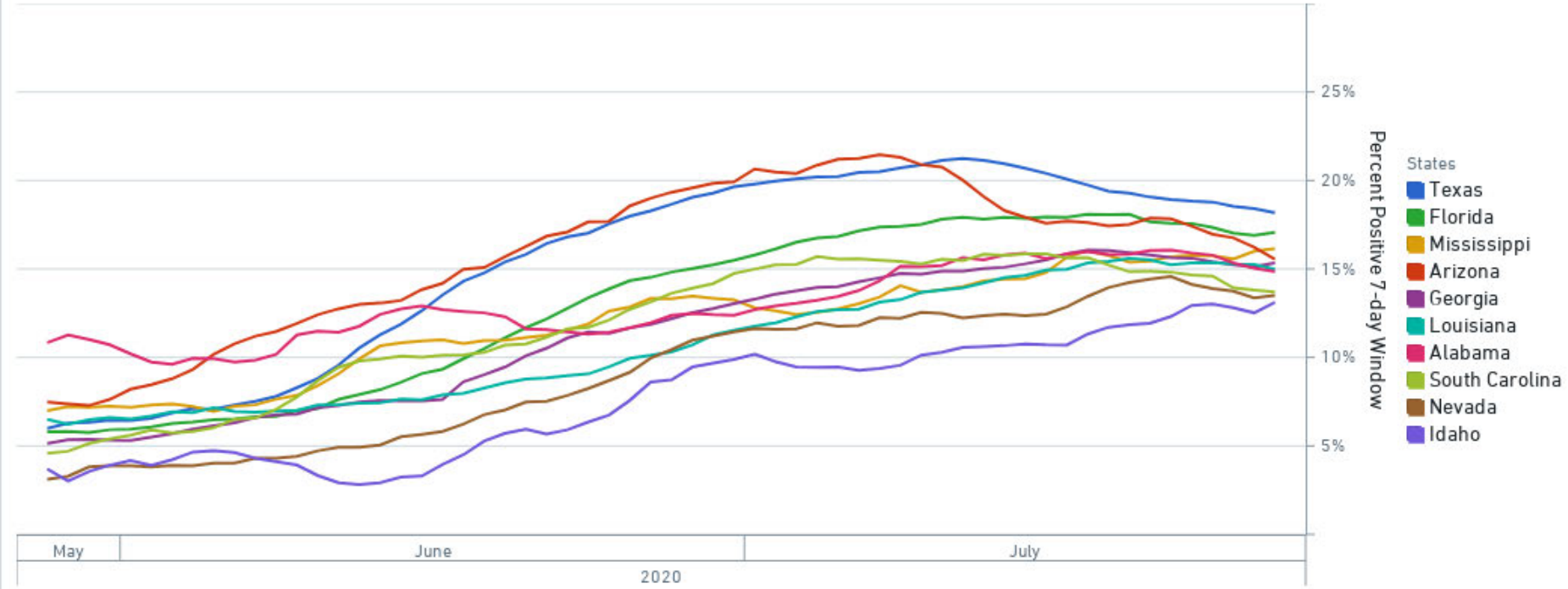
Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. This chart is sorted by the 7-day percent positive.

AMERICAN OVERSIGHT

NIH FOIA 001201

HHS-NIH-20-0496-A-001201

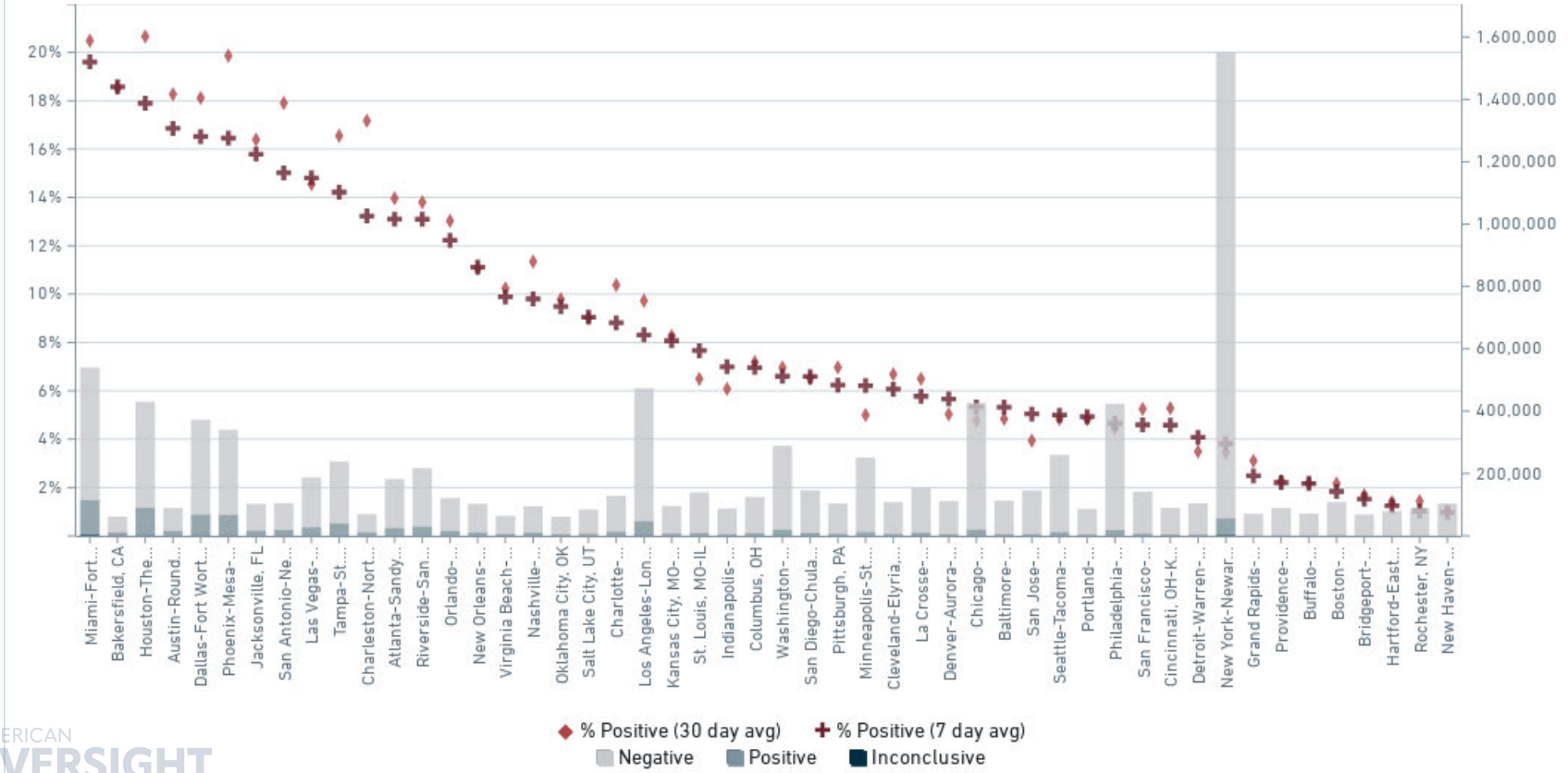
7-day Percent Positive, states 1-10



AMERICAN OVERSIGHT

States are ranked based on the current percent positive on a 7-day window. 7-day positive percent is calculated as total positive results in trailing 7 days / total test results in trailing 7 days.

Positive and negative cumulative results in the last 30 days per CBSA with % positive per CBSA

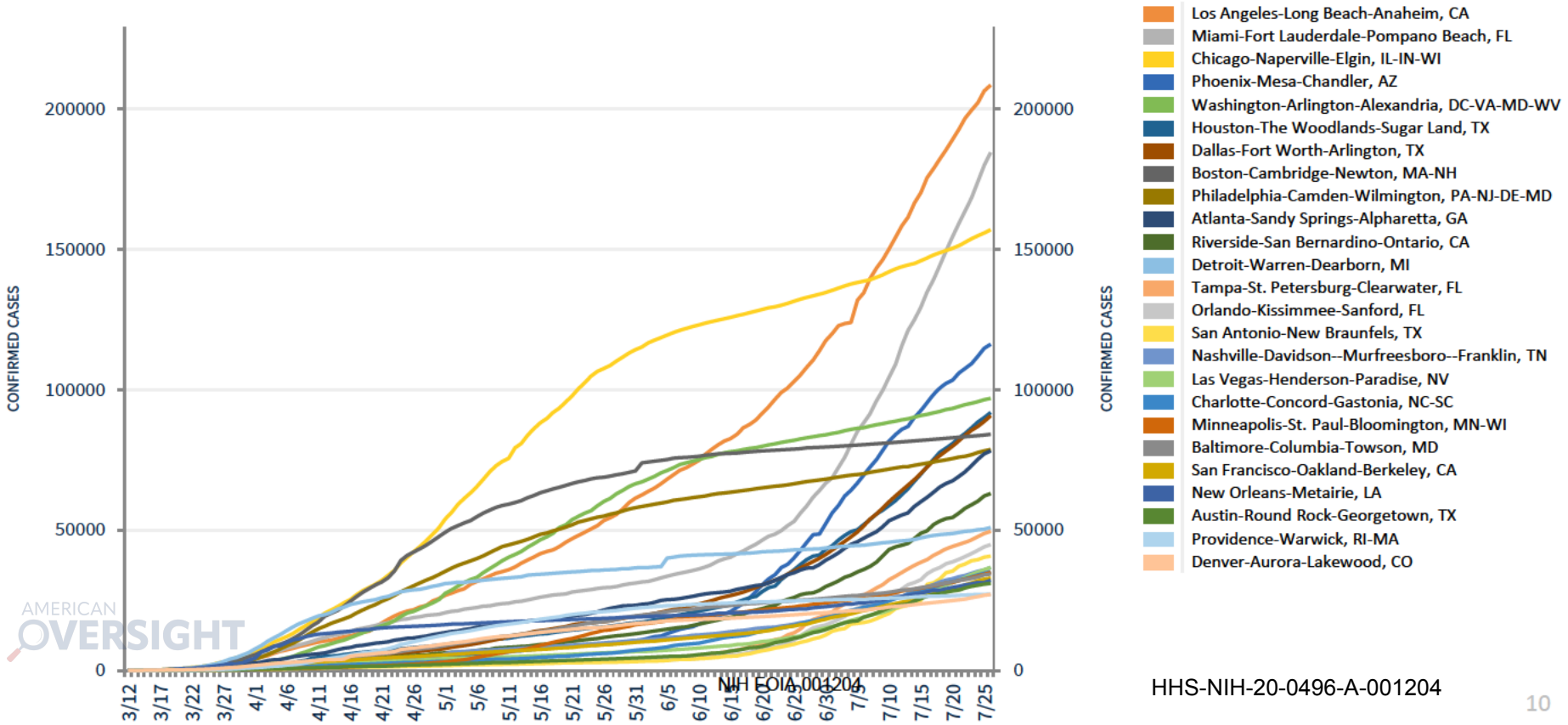


AMERICAN OVERSIGHT

Data from state public health labs, commercial labs, and hospitals. Some data may still coming in for the most recent 3 days. The top 50 CBSAs were determined by ranking over the number of results reported for a given area in the last 30 days. This chart is sorted by the 7-day percent positive.

NIH FOIA 001203
HHS-NIH-20-0496-A-001203

CUMULATIVE CASES: TOP 25 CBSA WITHOUT NYC

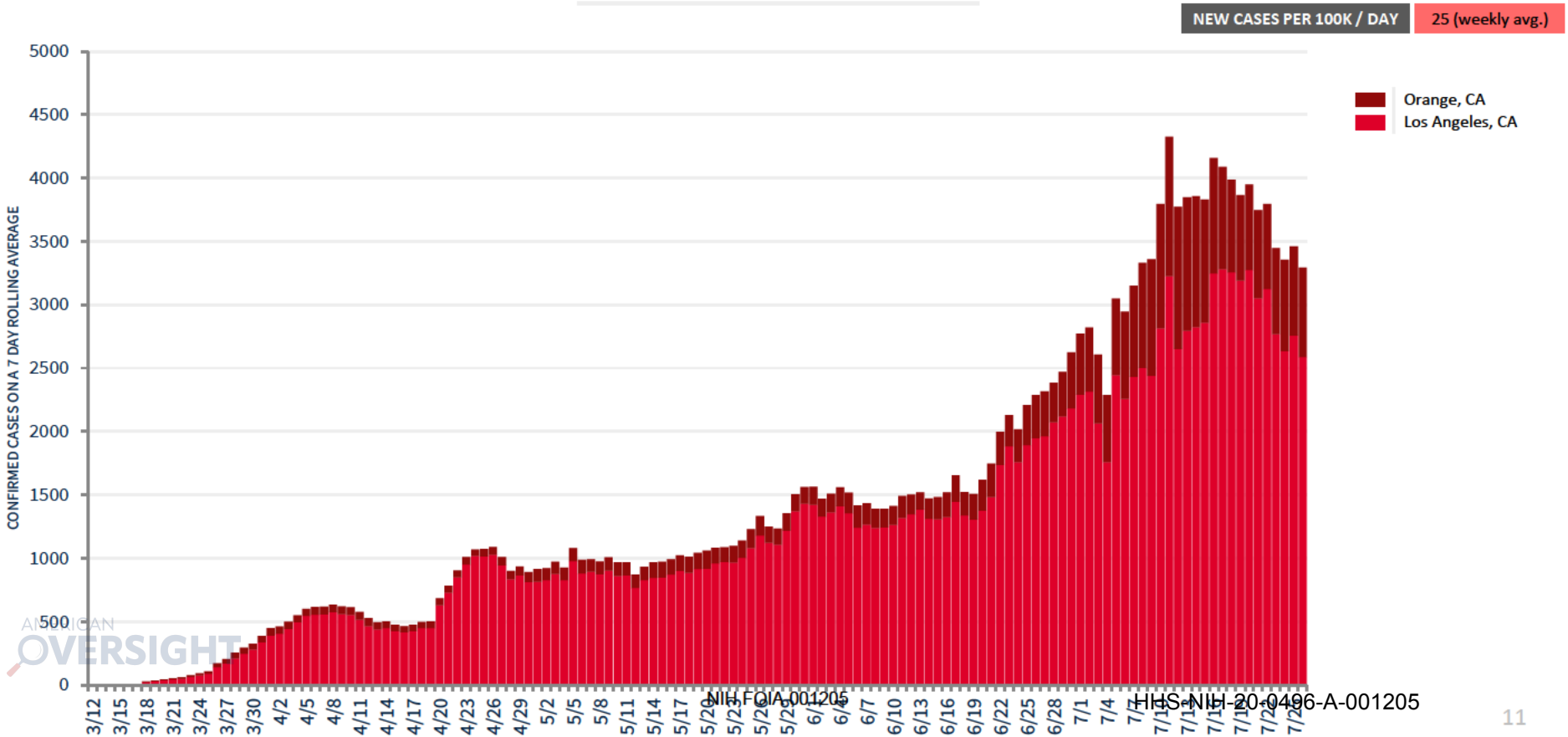


AMERICAN OVERSIGHT

NIH FOIA 001204

HHS-NIH-20-0496-A-001204

CONFIRMED CASES DAILY IN LOS ANGELES-LONG BEACH-ANAHEIM, CA
7 DAY ROLLING AVERAGE

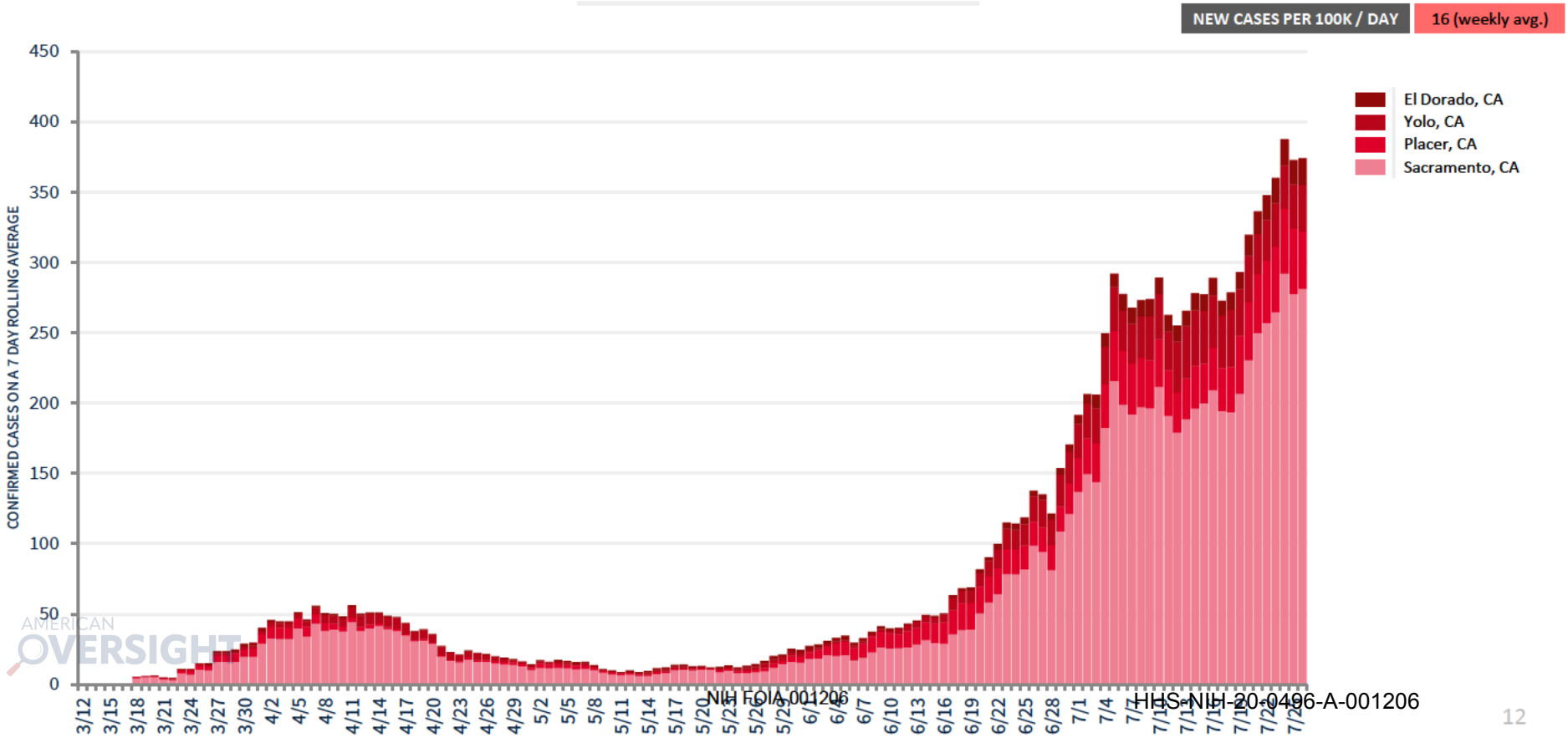


AMERICAN OVERSIGHT

NIH FOIA 001205

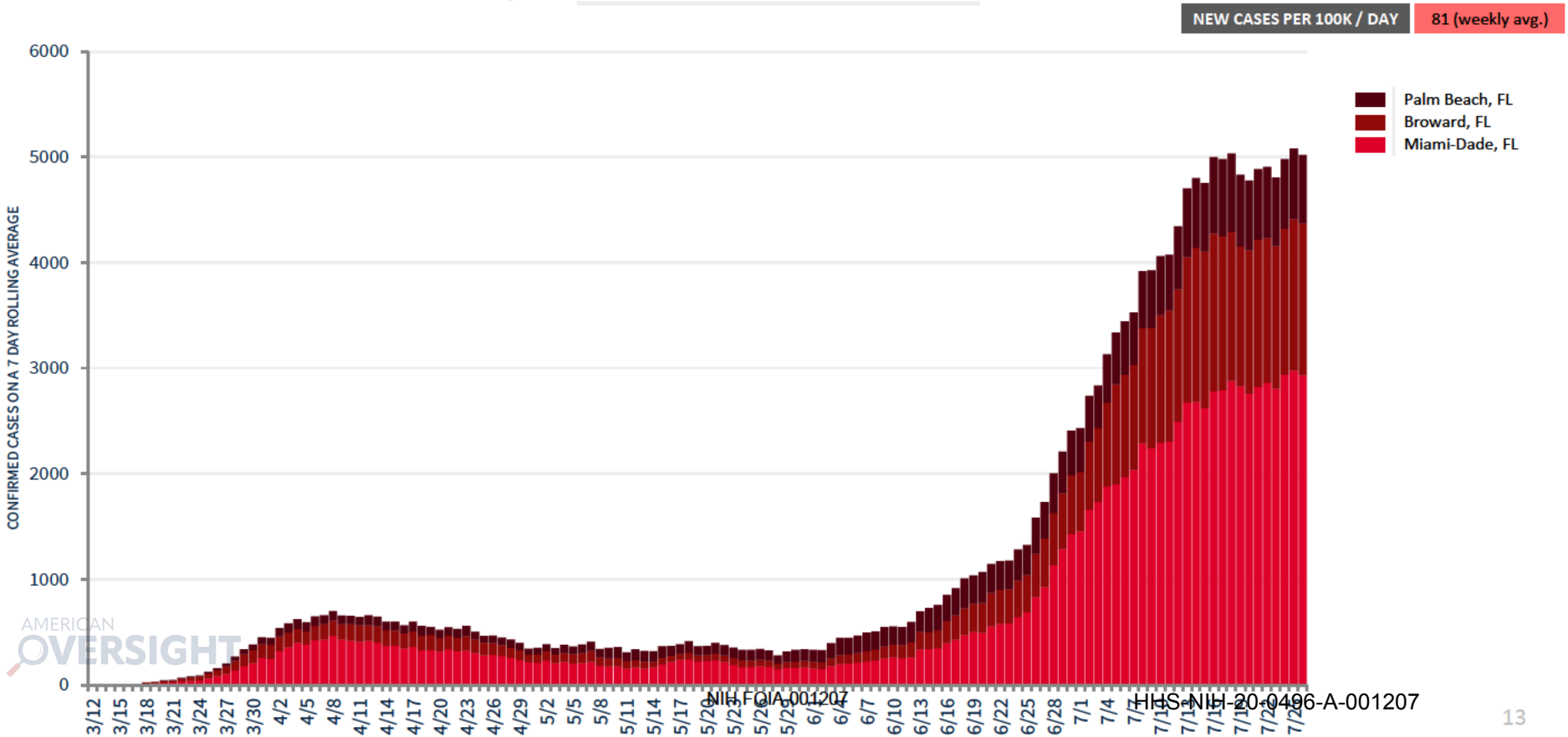
HHS-NIH-20-0496-A-001205

CONFIRMED CASES DAILY IN SACRAMENTO–ROSEVILLE–FOLSOM, CA
7 DAY ROLLING AVERAGE



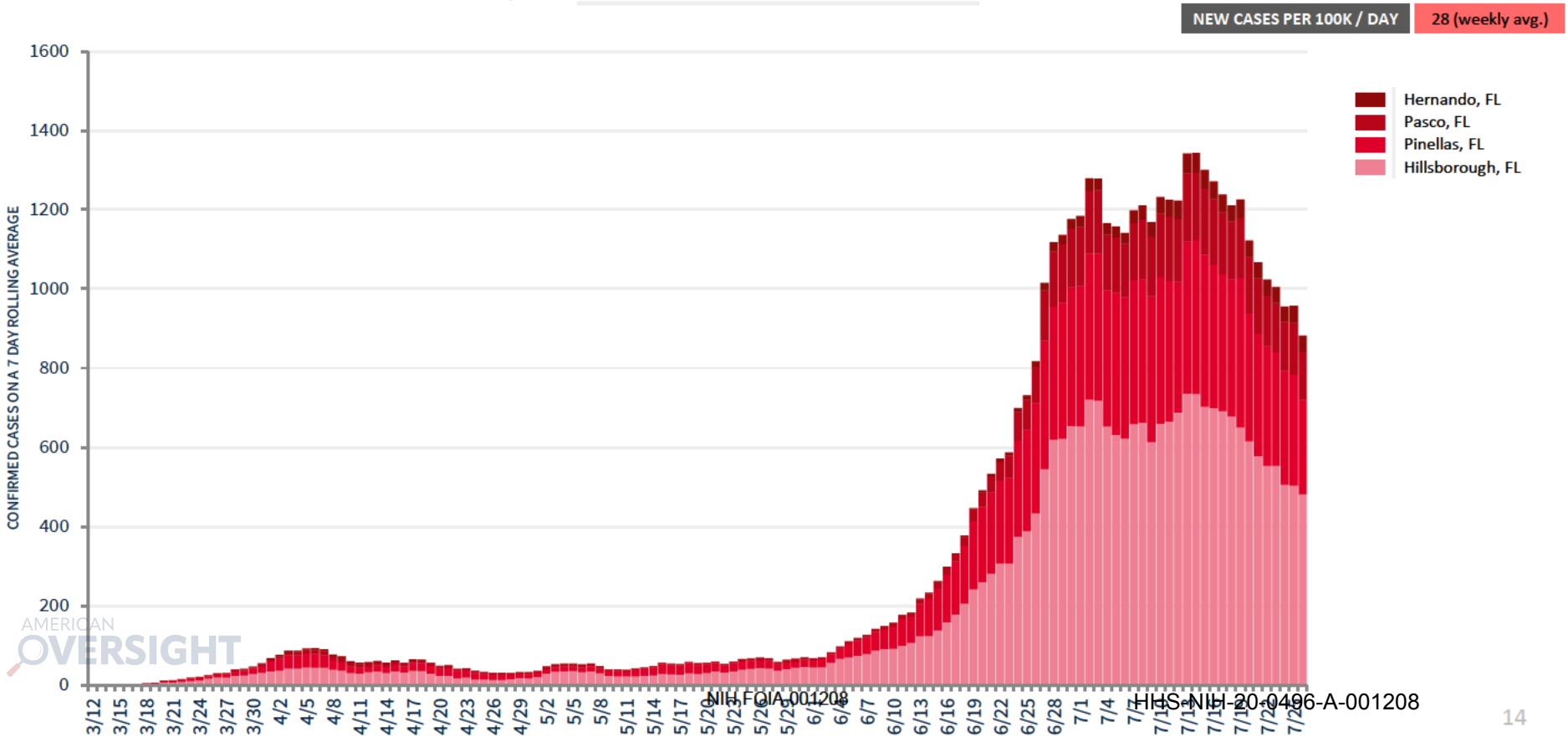
AMERICAN OVERSIGHT
NIH FOIA 001206
HHS-NIH-20-0496-A-001206

CONFIRMED CASES DAILY IN MIAMI-FORT LAUDERDALE-POMPANO BEACH, FL
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT
NIH FOIA 001207
HHS-NIH-20-0496-A-001207

CONFIRMED CASES DAILY IN TAMPA-ST. PETERSBURG-CLEARWATER, FL
7 DAY ROLLING AVERAGE

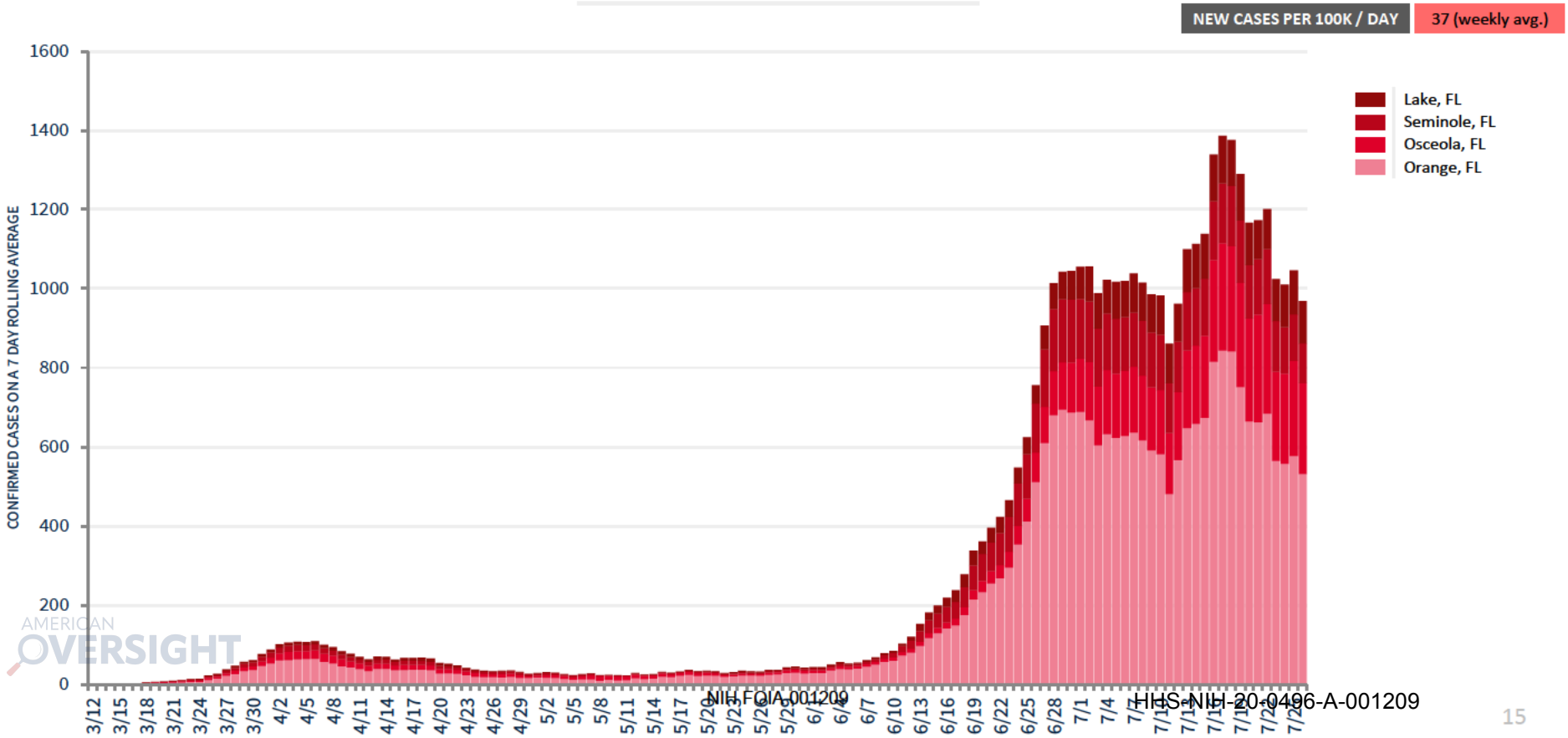


AMERICAN OVERSIGHT

NIH FOIA 001208

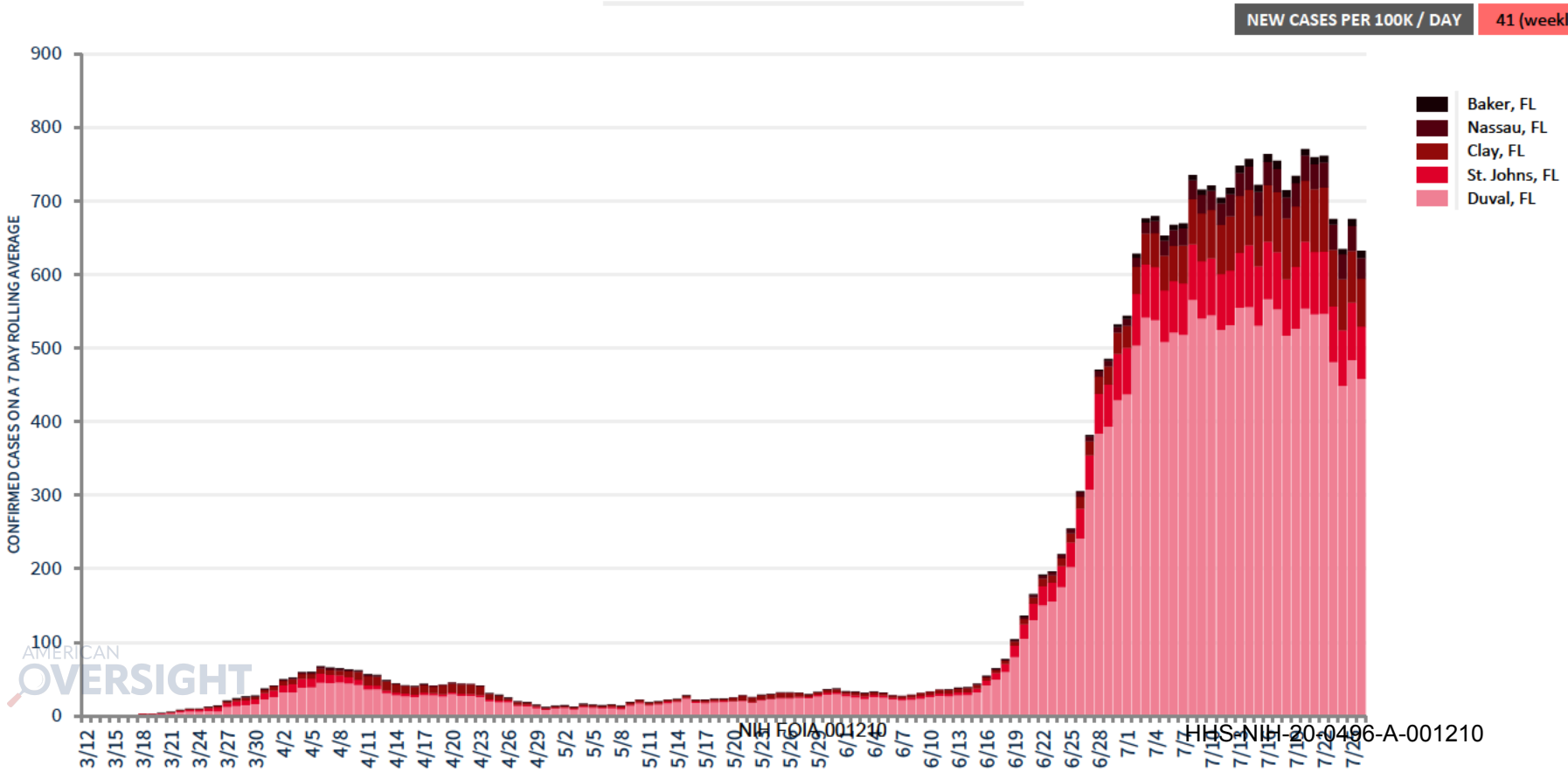
HHS-NIH-20-0496-A-001208

CONFIRMED CASES DAILY IN ORLANDO-KISSIMMEE-SANFORD, FL
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT
NIH FOIA 001209
HHS-NIH-20-0496-A-001209

CONFIRMED CASES DAILY IN JACKSONVILLE, FL
7 DAY ROLLING AVERAGE

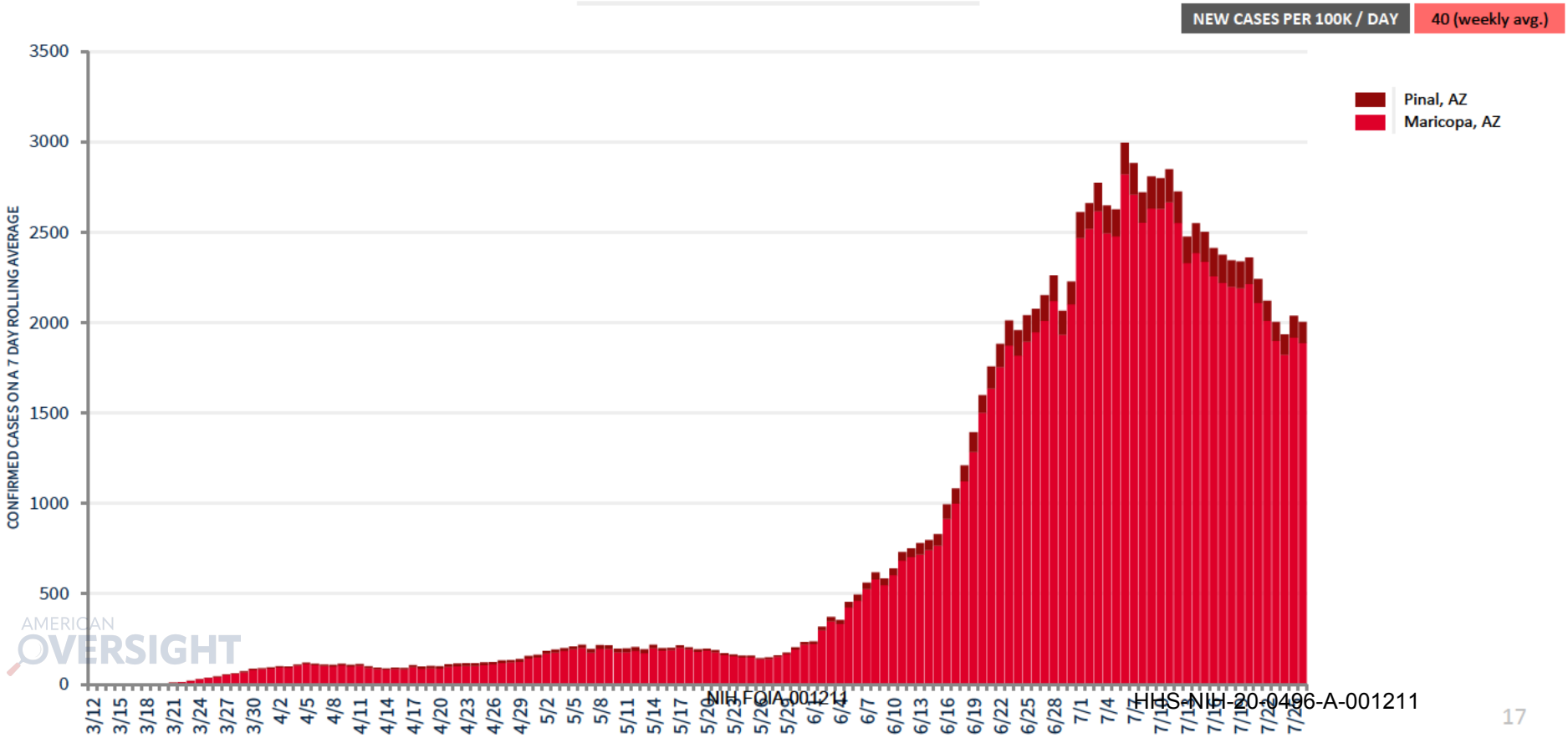


AMERICAN OVERSIGHT

NIH FOIA 001210

HHS-NIH-20-0496-A-001210

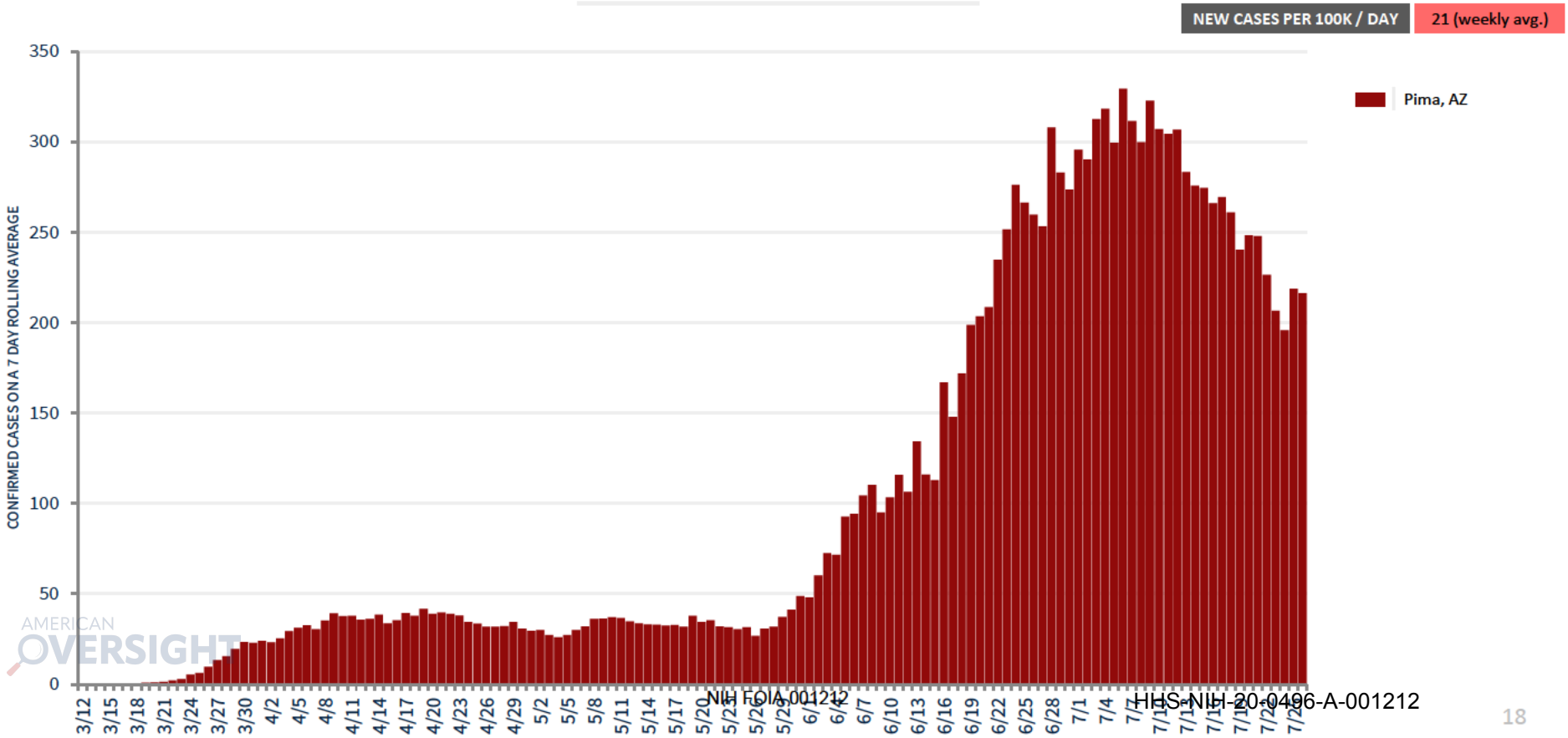
CONFIRMED CASES DAILY IN PHOENIX-MESA-CHANDLER, AZ
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

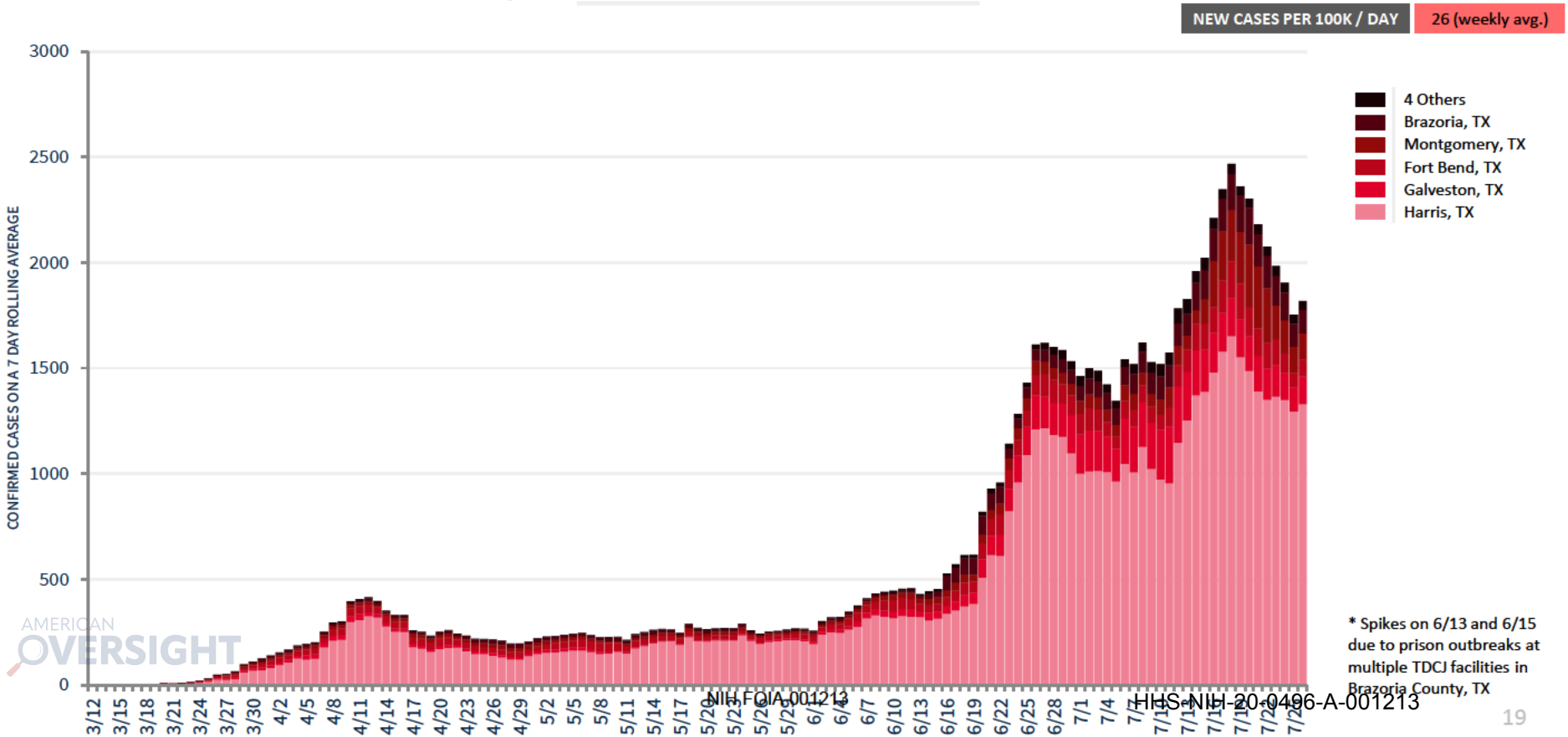
NIH FOIA 001211
HHS-NIH-20-0496-A-001211

CONFIRMED CASES DAILY IN TUCSON, AZ (PIMA)
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT
NIH FOIA 001212
HHS-NIH-20-0496-A-001212

CONFIRMED CASES DAILY IN HOUSTON-THE WOODLANDS-SUGAR LAND, TX
7 DAY ROLLING AVERAGE

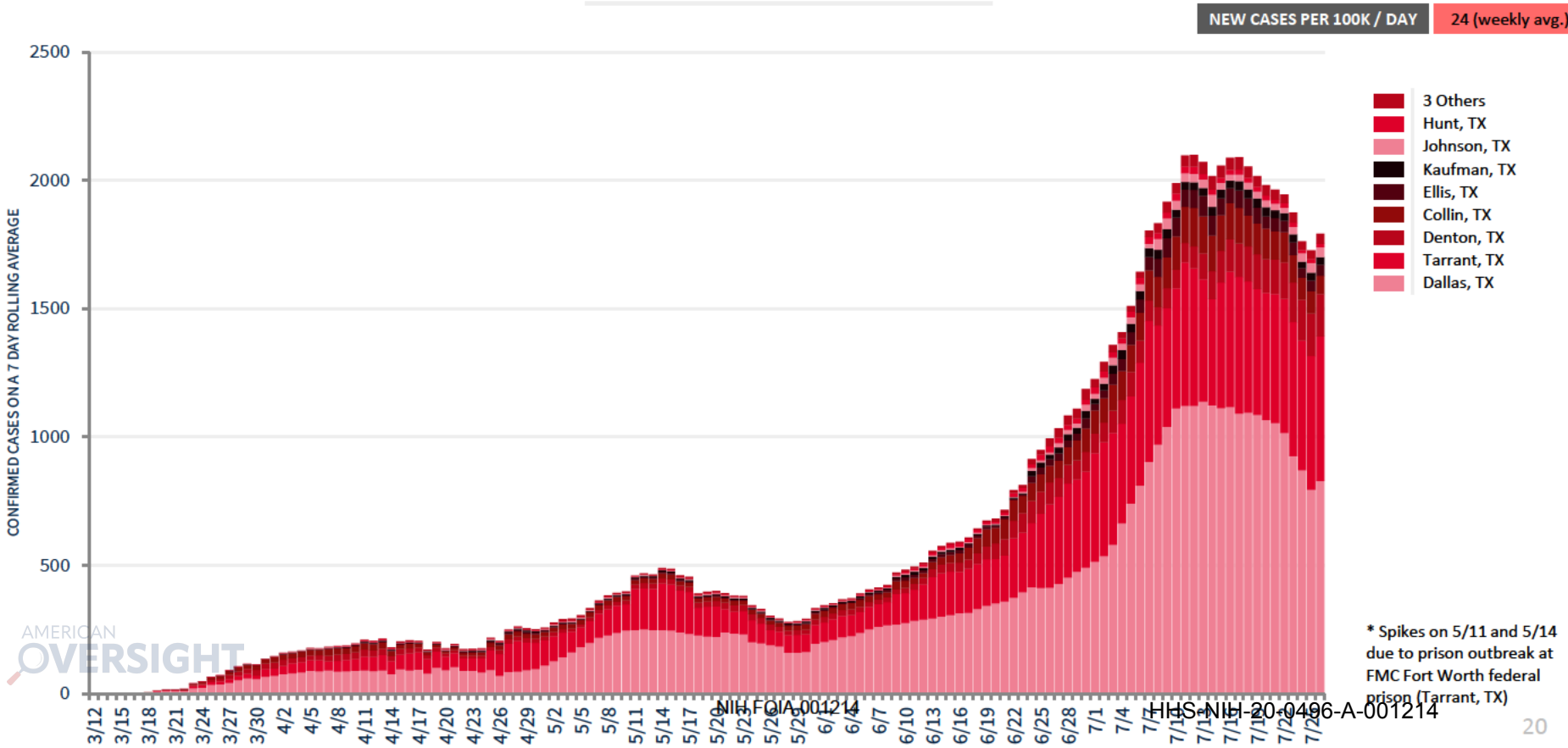


AMERICAN OVERSIGHT

NIH FOIA 001213

HHS-NIH-20-0496-A-001213

CONFIRMED CASES DAILY IN DALLAS-FORT WORTH-ARLINGTON, TX
7 DAY ROLLING AVERAGE

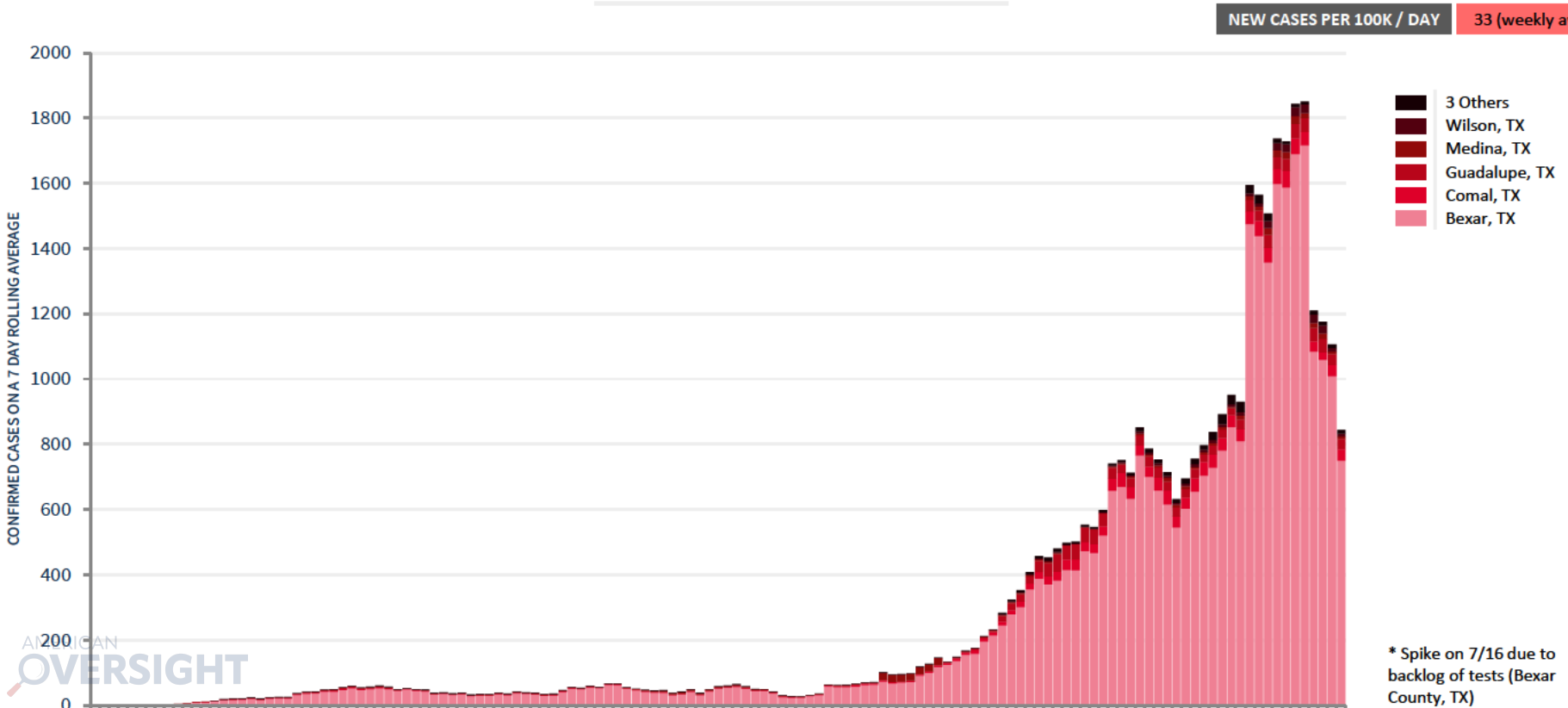


AMERICAN OVERSIGHT

NIH FOIA 001214

HHS-NIH-20-0496-A-001214

CONFIRMED CASES DAILY IN SAN ANTONIO–NEW BRAUNFELS, TX
7 DAY ROLLING AVERAGE



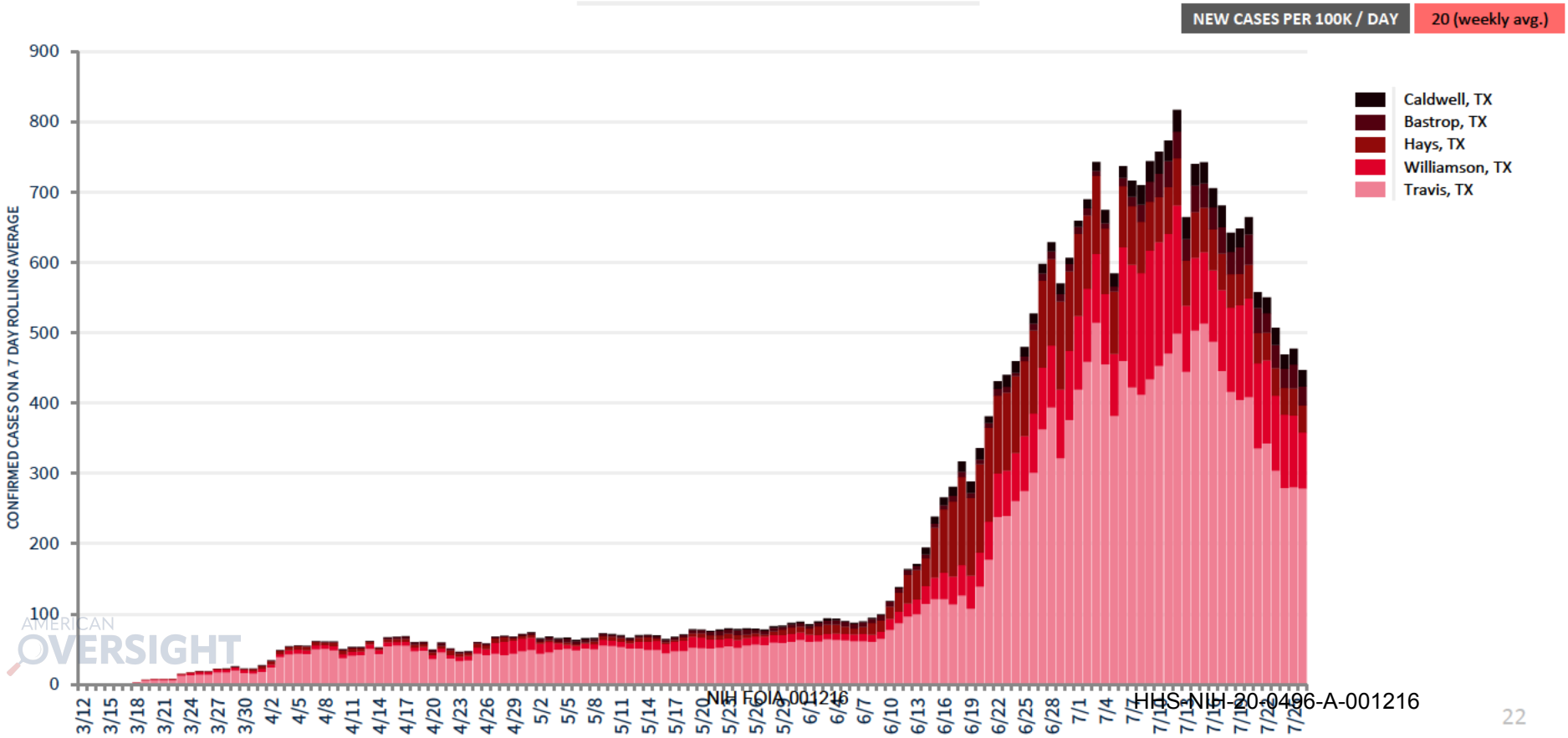
* Spike on 7/16 due to backlog of tests (Bexar County, TX)

AMERICAN OVERSIGHT

NIH FOIA 001215

HHS-NIH-20-0496-A-001215

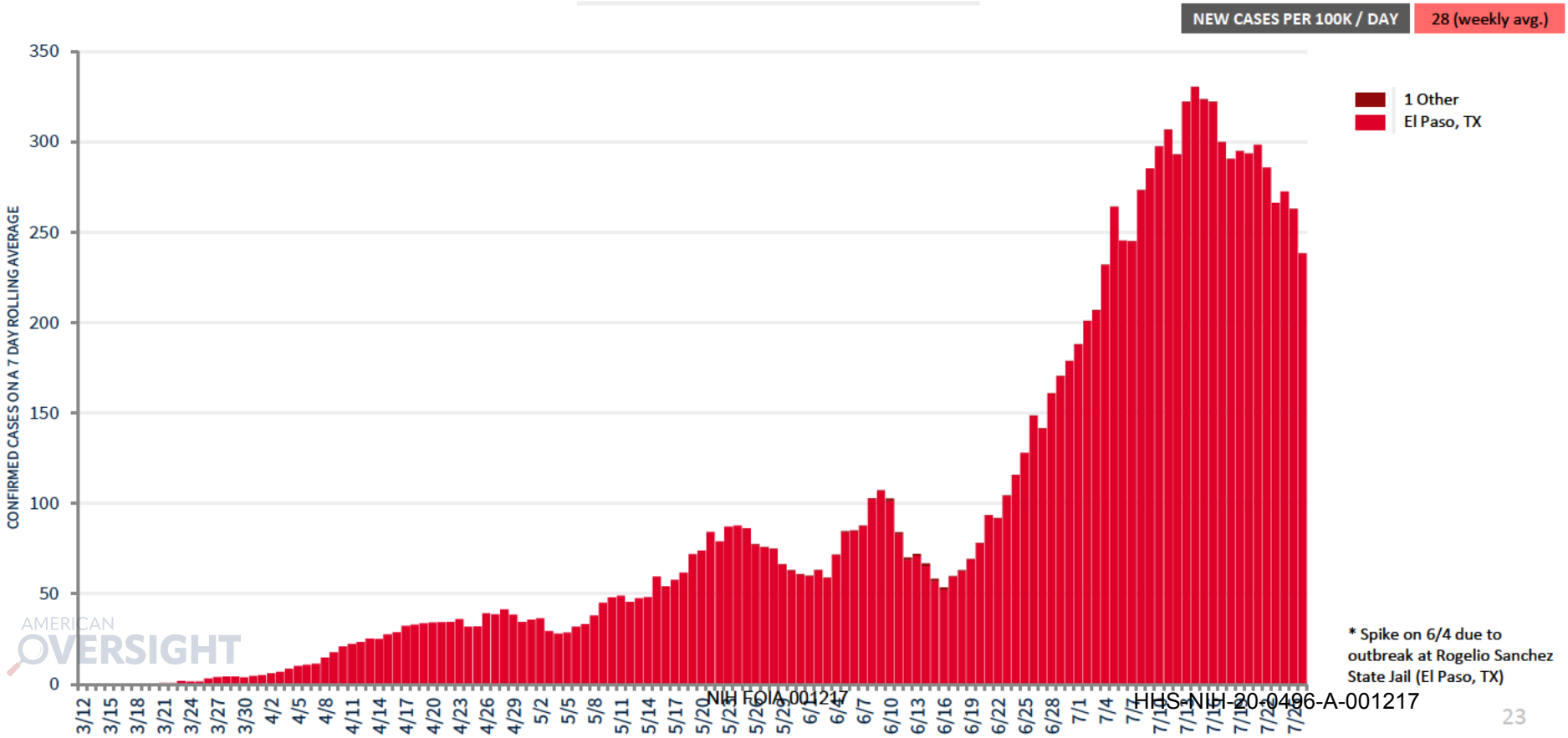
CONFIRMED CASES DAILY IN AUSTIN-ROUND ROCK-GEORGETOWN, TX
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 001216
HHS-NIH-20-0496-A-001216

CONFIRMED CASES DAILY IN EL PASO, TX
7 DAY ROLLING AVERAGE

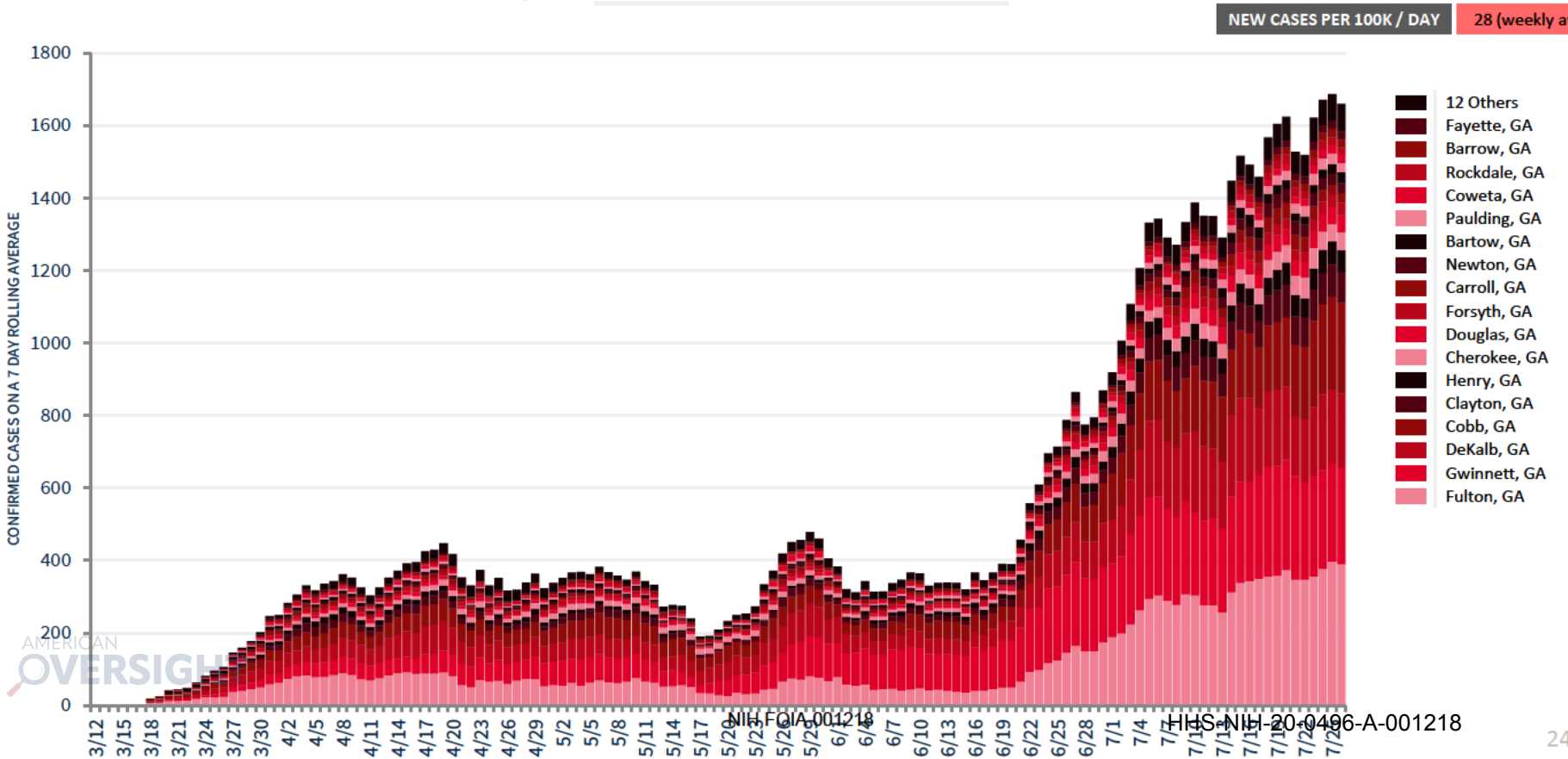


AMERICAN OVERSIGHT

* Spike on 6/4 due to outbreak at Rogelio Sanchez State Jail (El Paso, TX)

NIH FOIA 001217
HHS-NIH-20-0496-A-001217

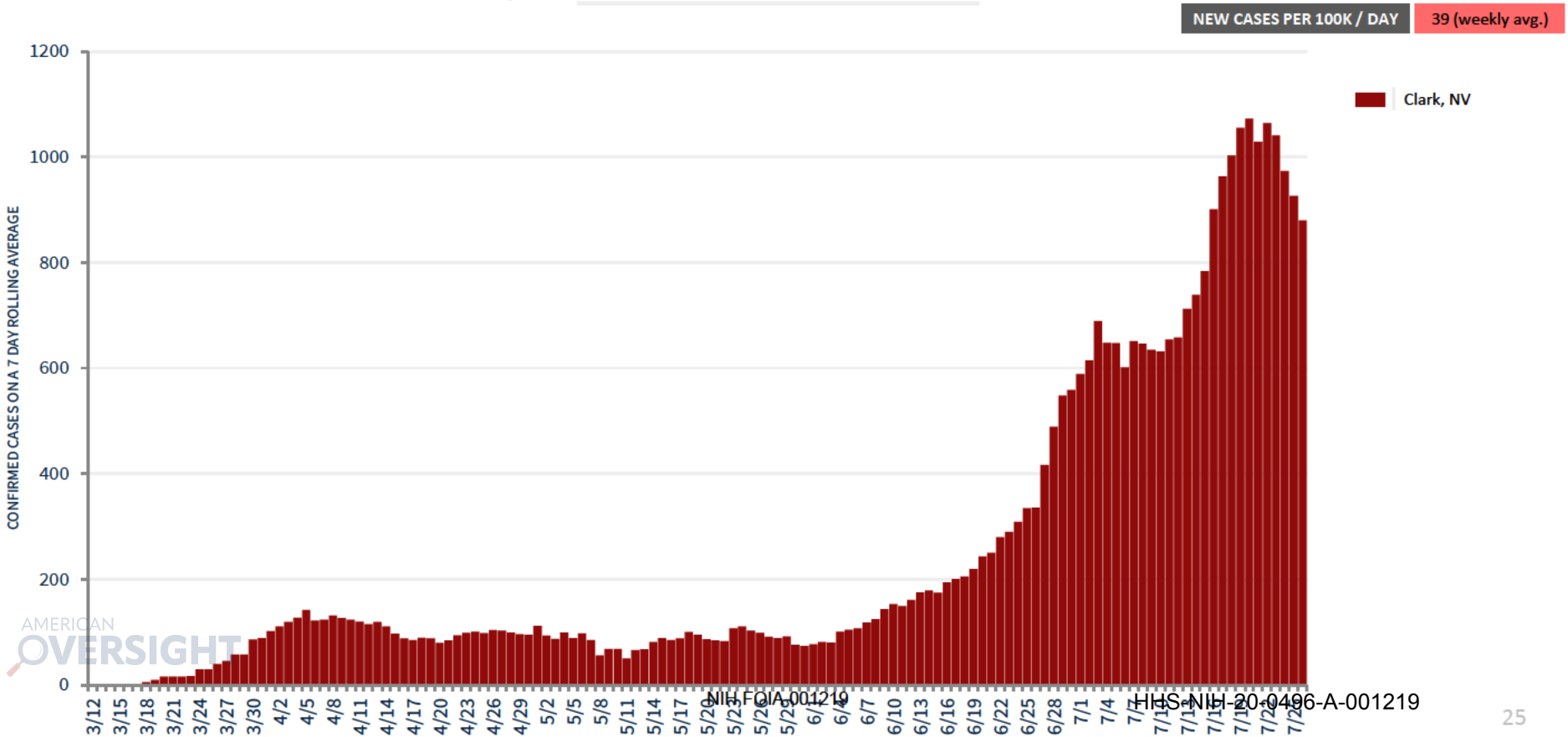
CONFIRMED CASES DAILY IN ATLANTA-SANDY SPRINGS-ALPHARETTA, GA
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

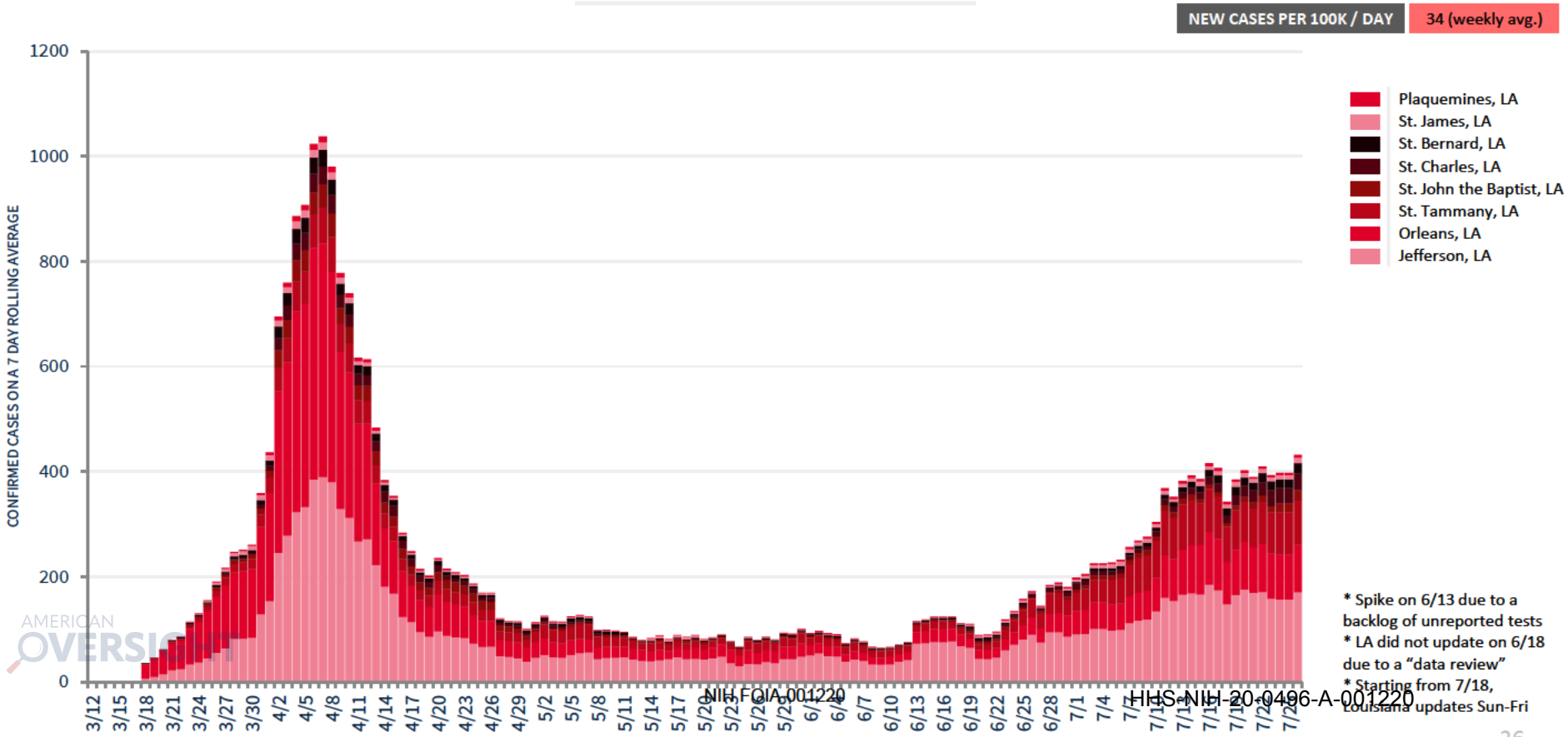
NIH FOIA 001218
HHS-NIH-20-0496-A-001218

CONFIRMED CASES DAILY IN LAS VEGAS-HENDERSON-PARADISE, NV (CLARK)
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT
NIH FOIA 001219
HHS-NIH-20-0496-A-001219

CONFIRMED CASES DAILY IN NEW ORLEANS–METAIRIE, LA
7 DAY ROLLING AVERAGE

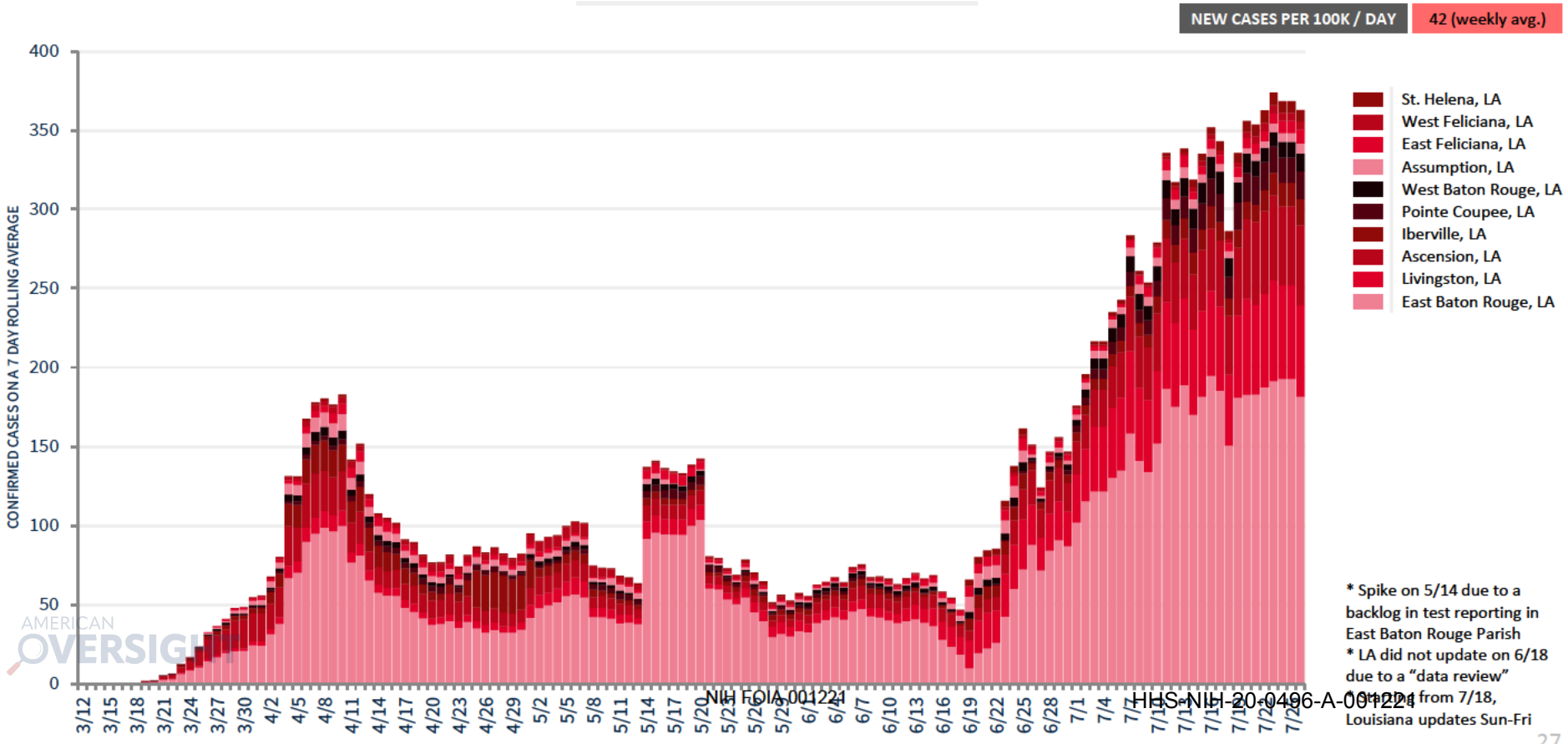


AMERICAN OVERSIGHT

NIH FOIA 001220

HHS-NIH-20-0496-A-001220

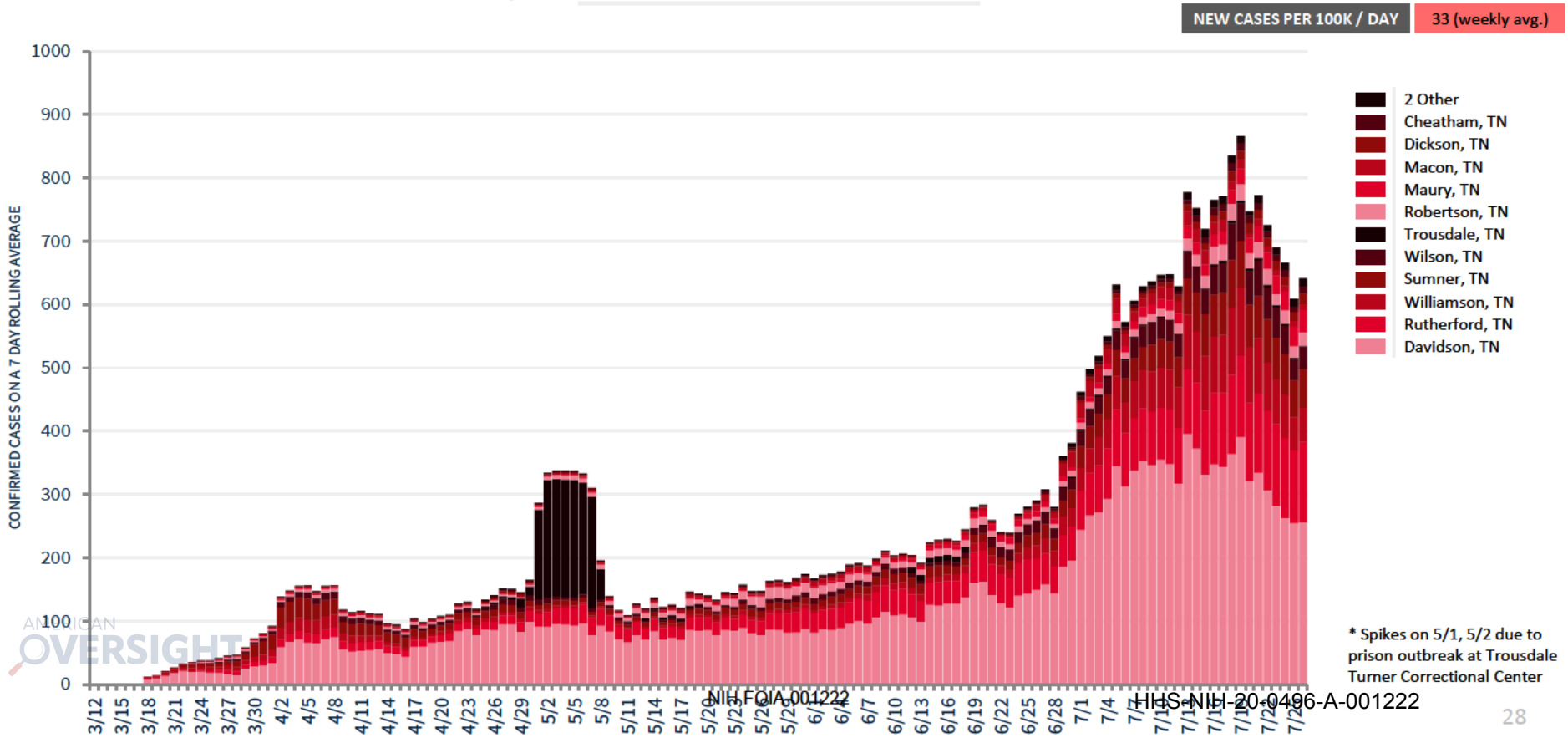
CONFIRMED CASES DAILY IN BATON ROUGE, LA
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 001221 HHS-NIH-20-0496-A-001224

CONFIRMED CASES DAILY IN NASHVILLE-DAVIDSON--MURFREESBORO--FRANKLIN, TN
7 DAY ROLLING AVERAGE



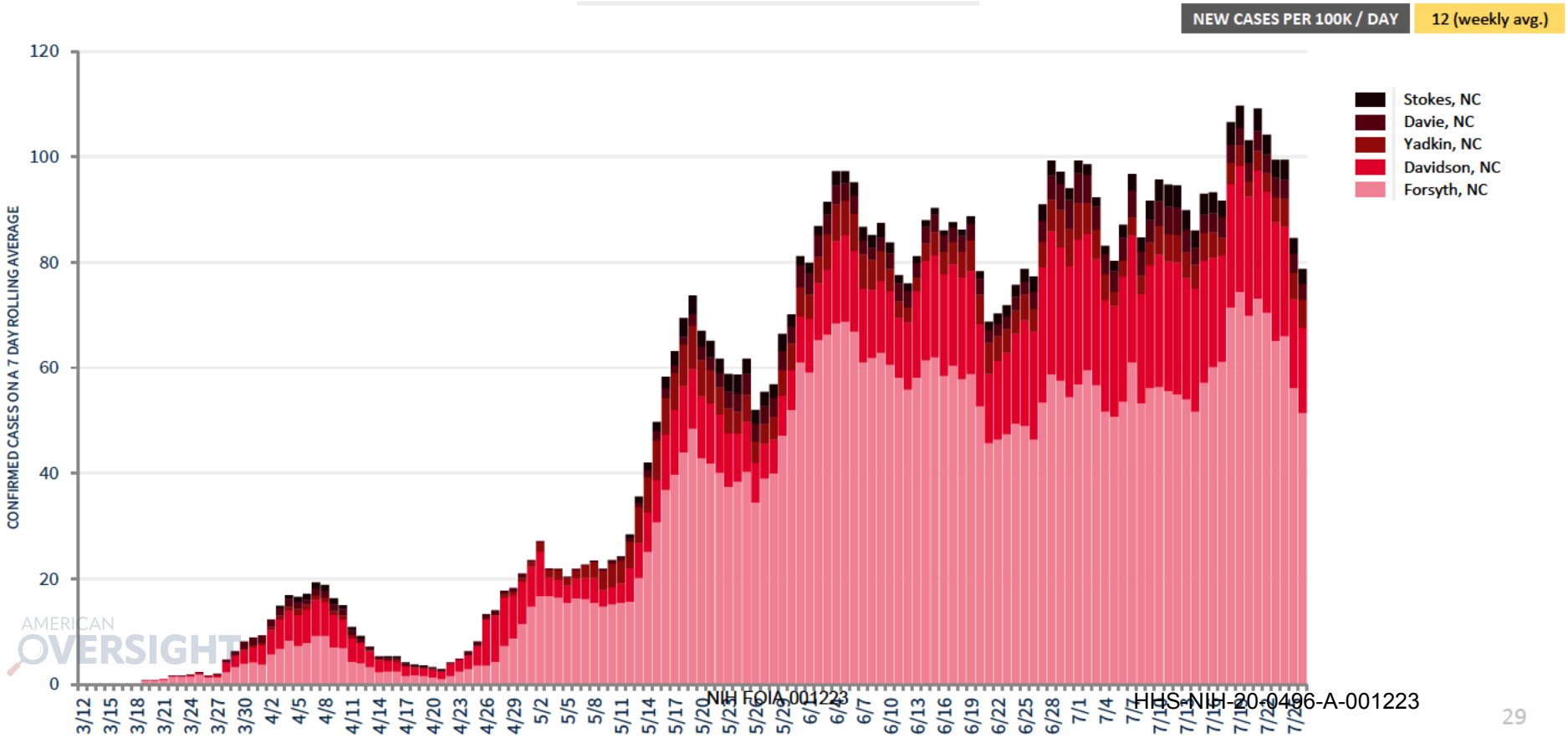
* Spikes on 5/1, 5/2 due to prison outbreak at Trousdale Turner Correctional Center

AMERICAN OVERSIGHT

NIH FOIA 001222

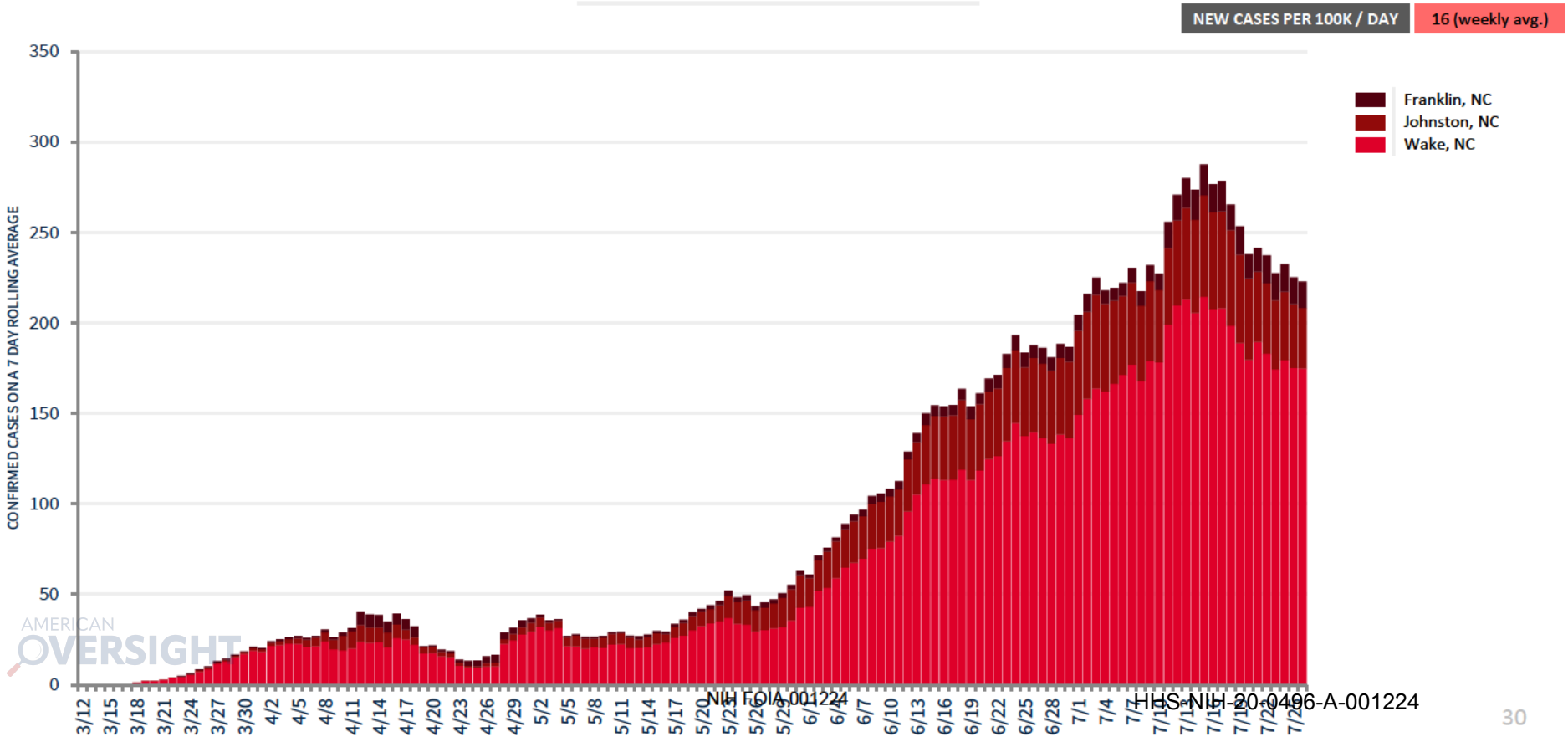
HHS-NIH-20-0496-A-001222

CONFIRMED CASES DAILY IN WINSTON-SALEM, NC
7 DAY ROLLING AVERAGE



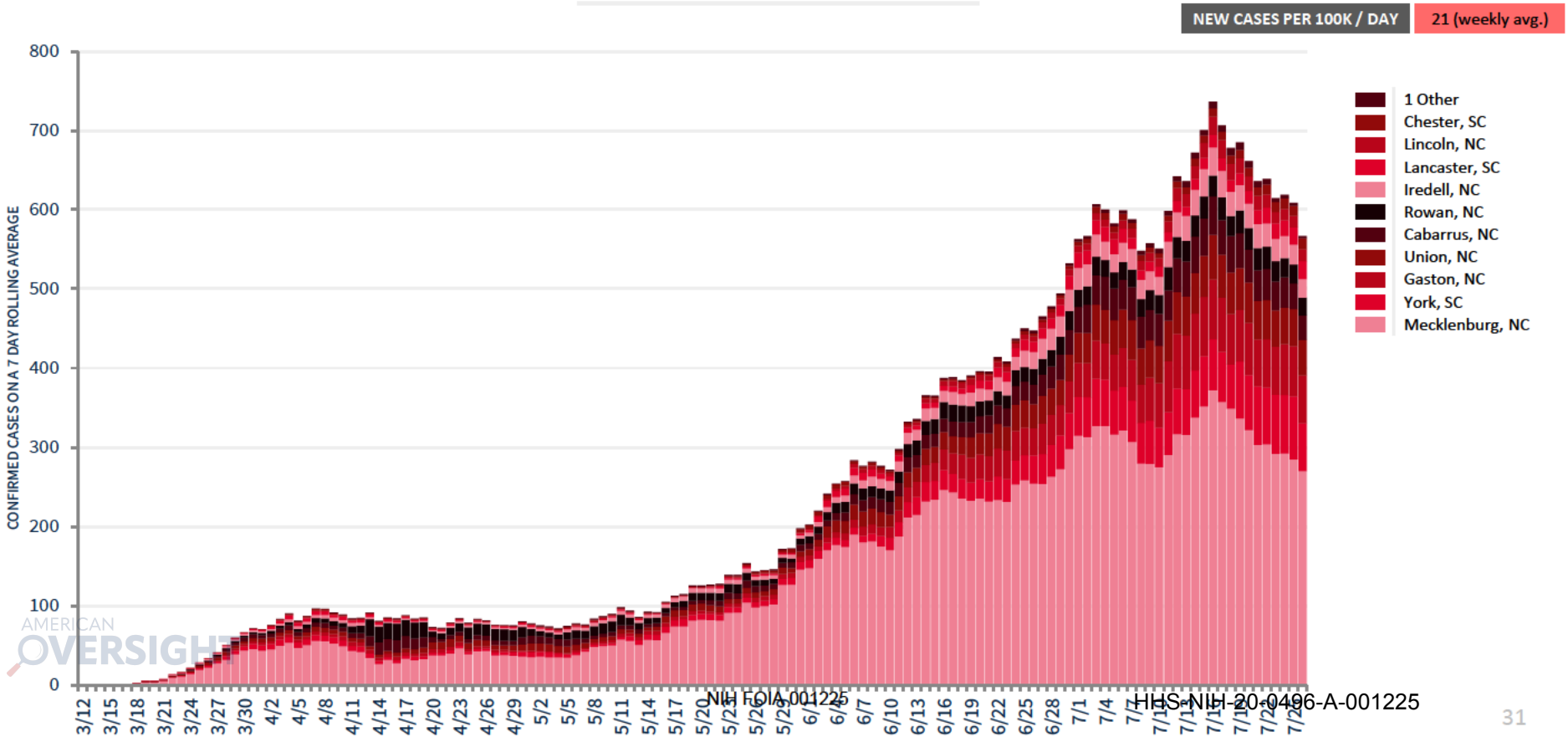
AMERICAN OVERSIGHT
NIH FOIA 001223
HHS-NIH-20-0496-A-001223

CONFIRMED CASES DAILY IN RALEIGH-CARY, NC
7 DAY ROLLING AVERAGE



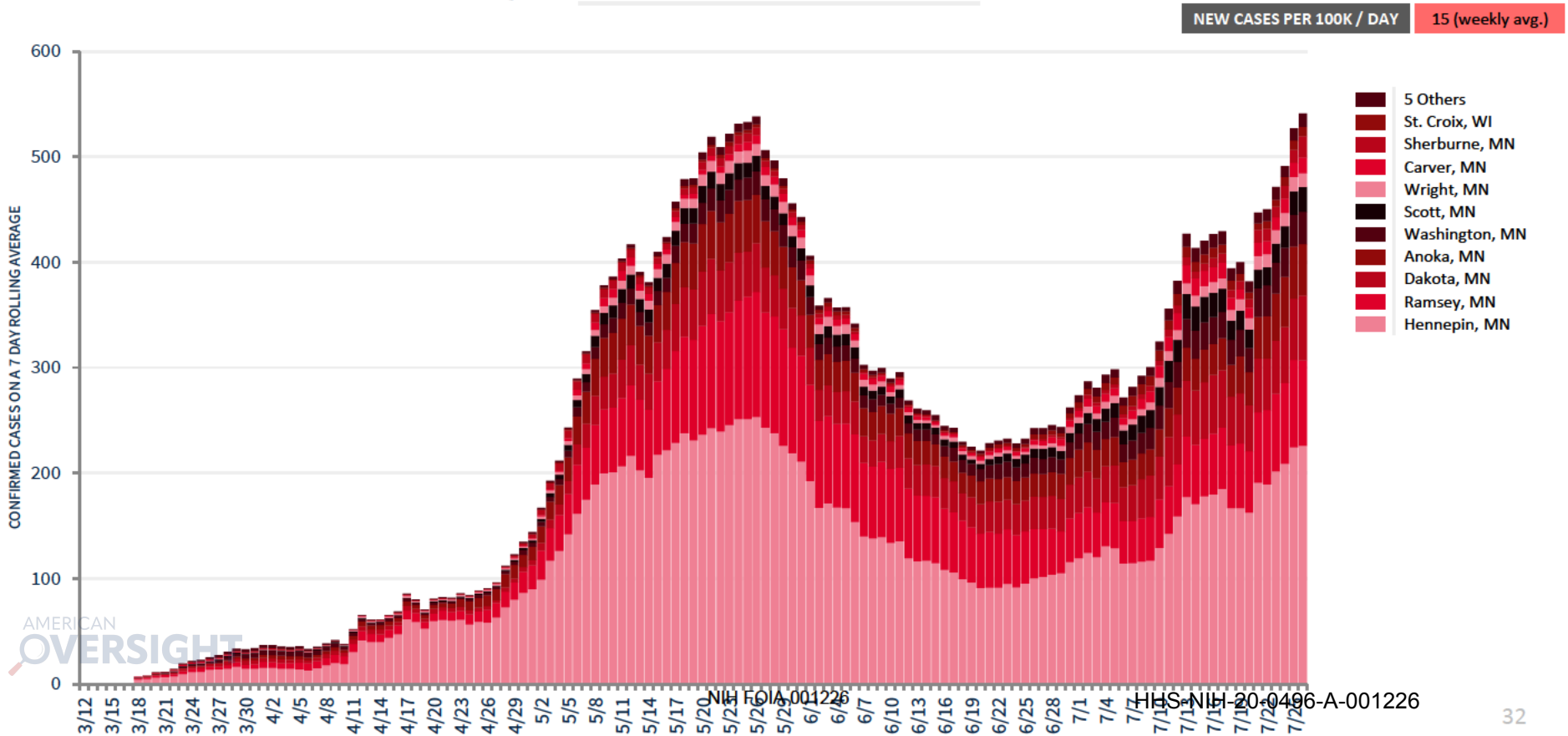
AMERICAN OVERSIGHT
NIH FOIA 001224
HHS-NIH-20-0496-A-001224

CONFIRMED CASES DAILY IN CHARLOTTE-CONCORD-GASTONIA, NC-SC
7 DAY ROLLING AVERAGE



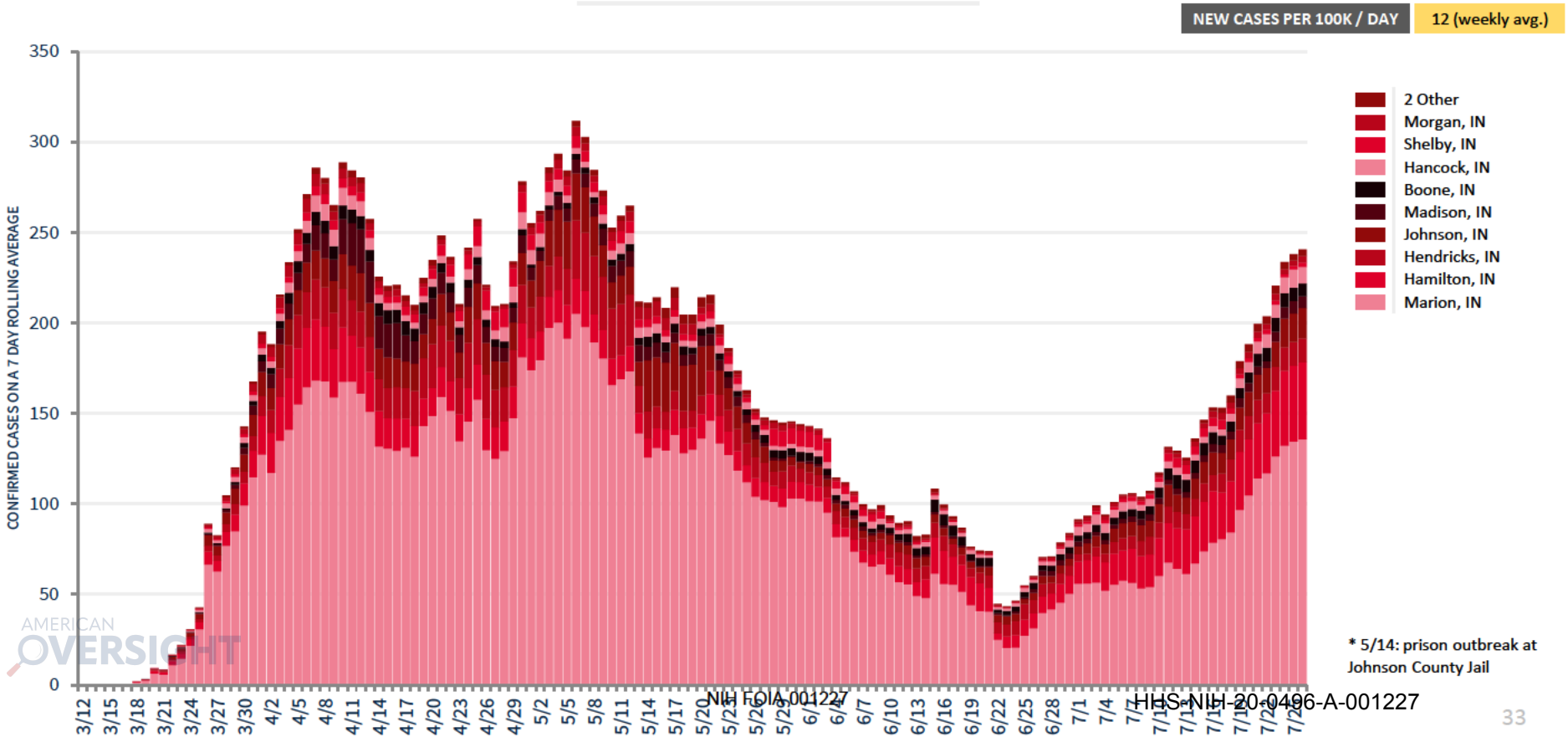
AMERICAN OVERSIGHT
NIH FOIA 001225
HHS-NIH-20-0496-A-001225

CONFIRMED CASES DAILY IN MINNEAPOLIS–ST. PAUL–BLOOMINGTON, MN–WI
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT
NIH FOIA 001226
HHS-NIH-20-0496-A-001226

CONFIRMED CASES DAILY IN INDIANAPOLIS-CARMEL-ANDERSON, IN
7 DAY ROLLING AVERAGE

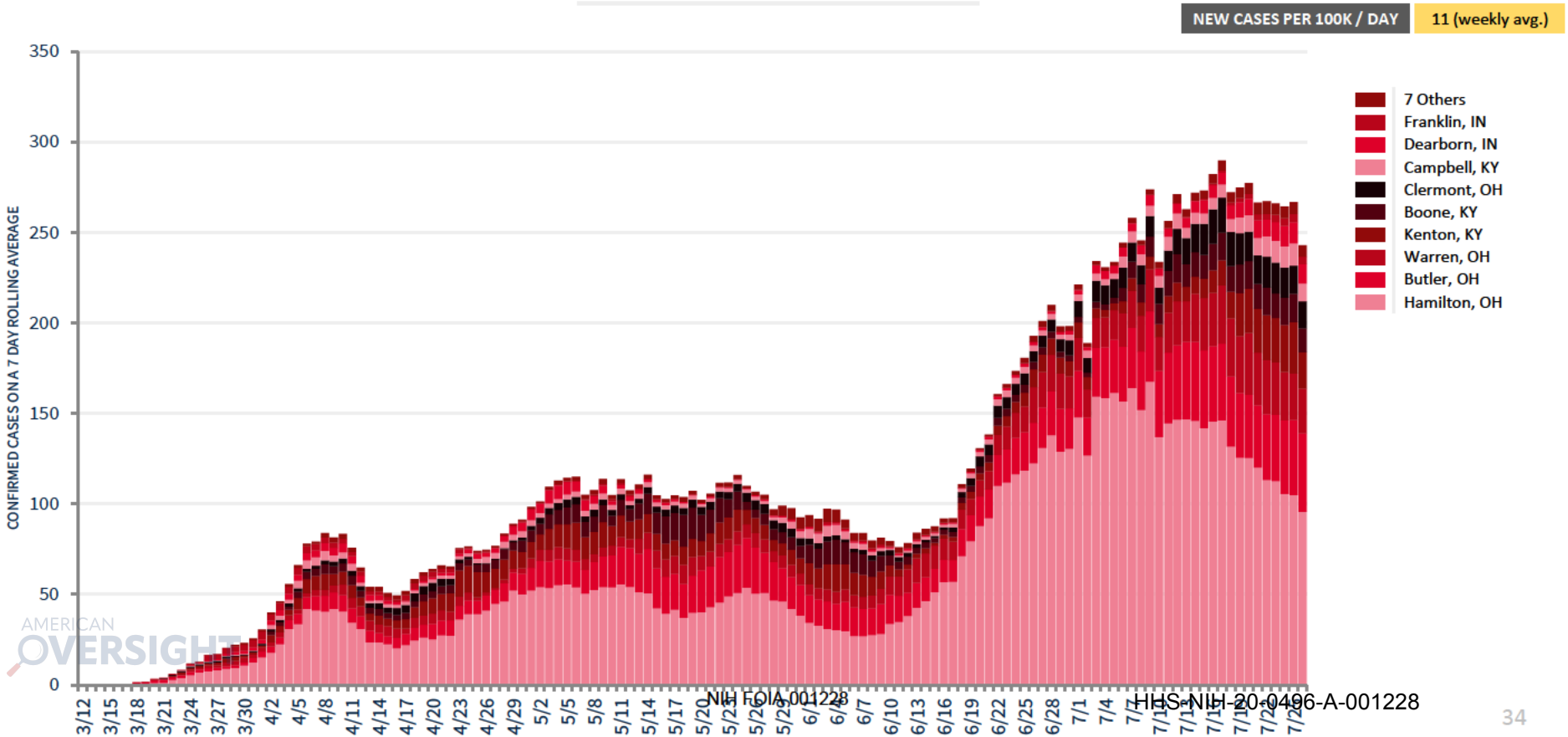


* 5/14: prison outbreak at Johnson County Jail

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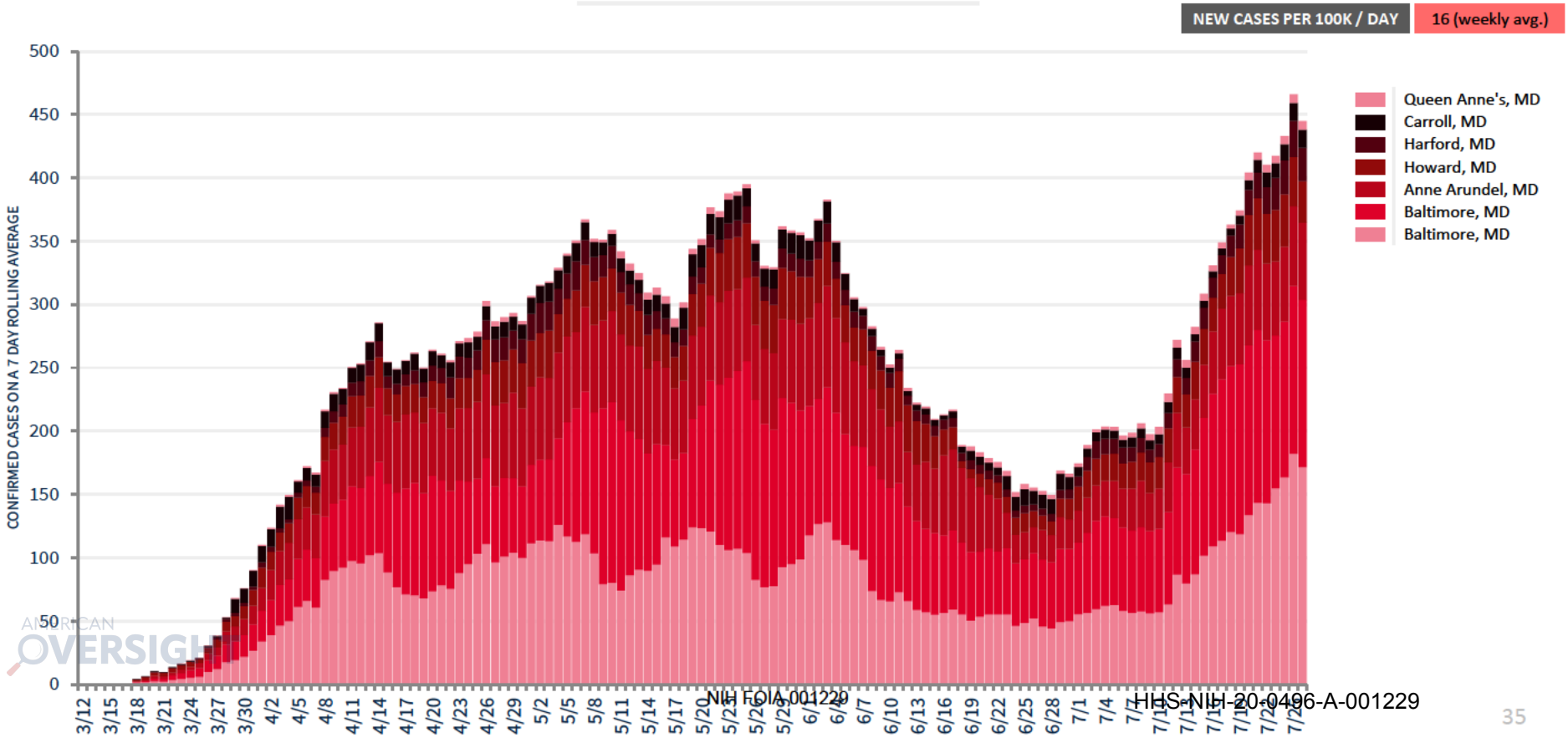
NIH FOIA 001227 HHS-NIH-20-0496-A-001227

CONFIRMED CASES DAILY IN CINCINNATI, OH-KY-IN
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT
NIH FOIA 001228
HHS-NIH-20-0496-A-001228

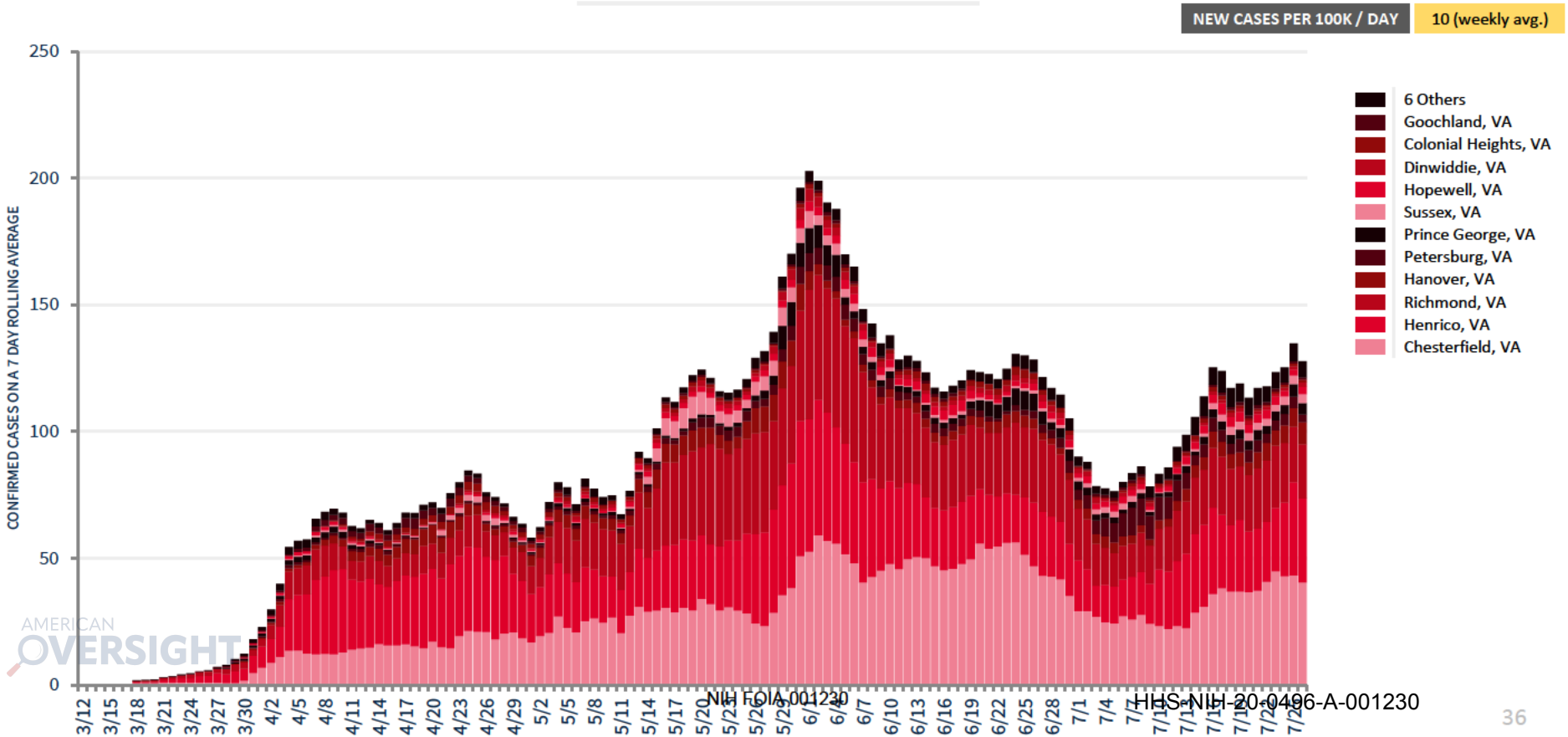
CONFIRMED CASES DAILY IN BALTIMORE-COLUMBIA-TOWSON, MD
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

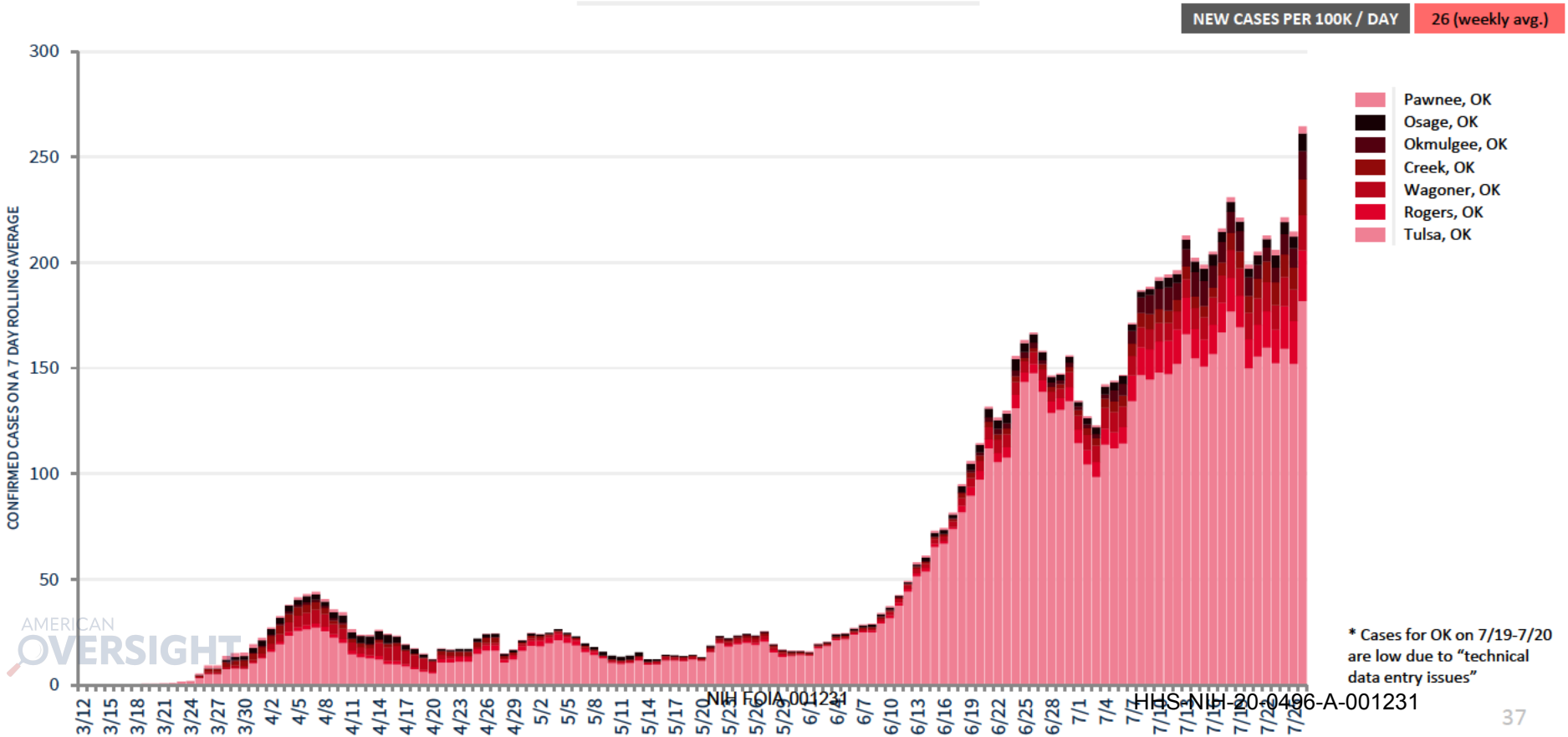
NIH FOIA 001229 HHS-NIH-20-0496-A-001229

CONFIRMED CASES DAILY IN RICHMOND, VA
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT
NIH FOIA 001230
HHS-NIH-20-0496-A-001230

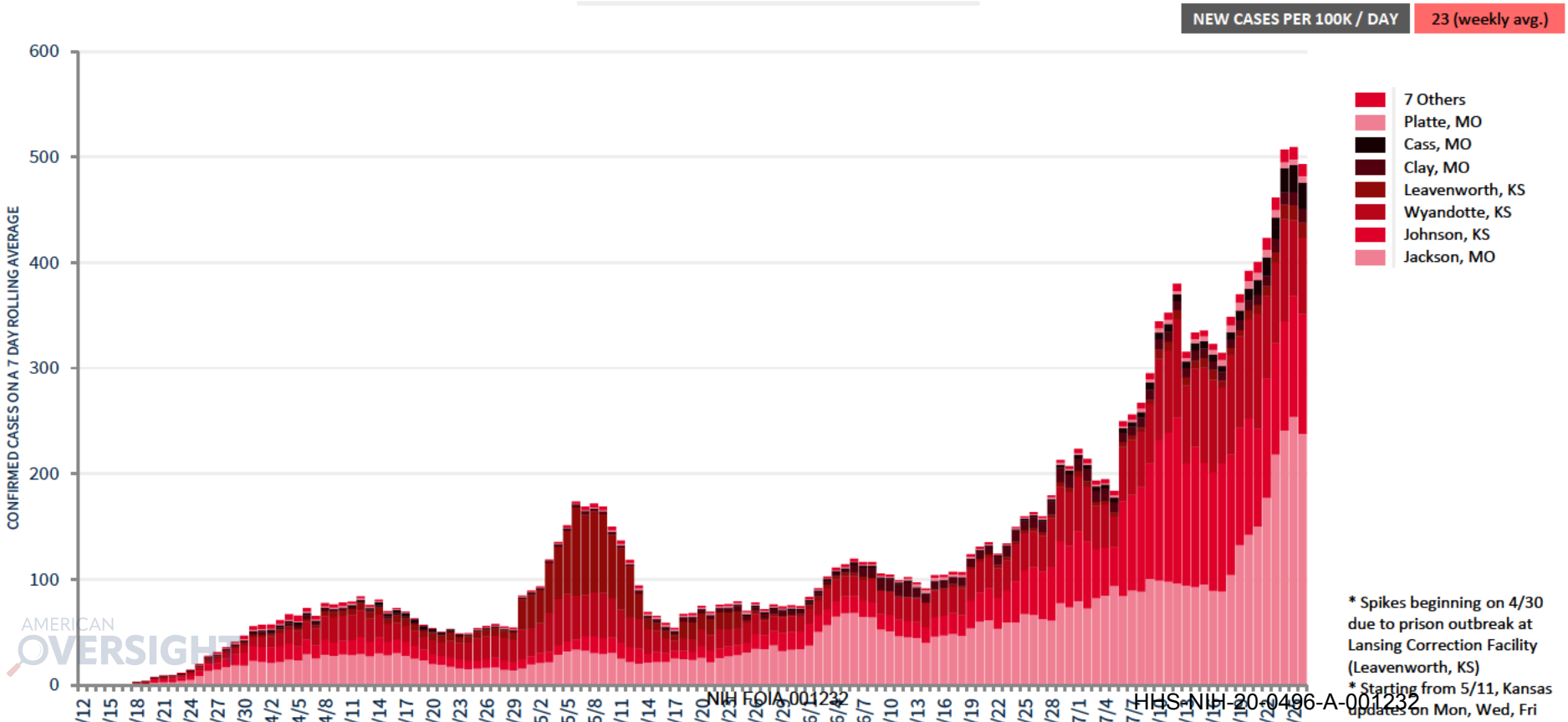
CONFIRMED CASES DAILY IN TULSA, OK
7 DAY ROLLING AVERAGE



* Cases for OK on 7/19-7/20 are low due to "technical data entry issues"

AMERICAN OVERSIGHT
NIH FOIA 001231
HHS-NIH-20-0496-A-001231

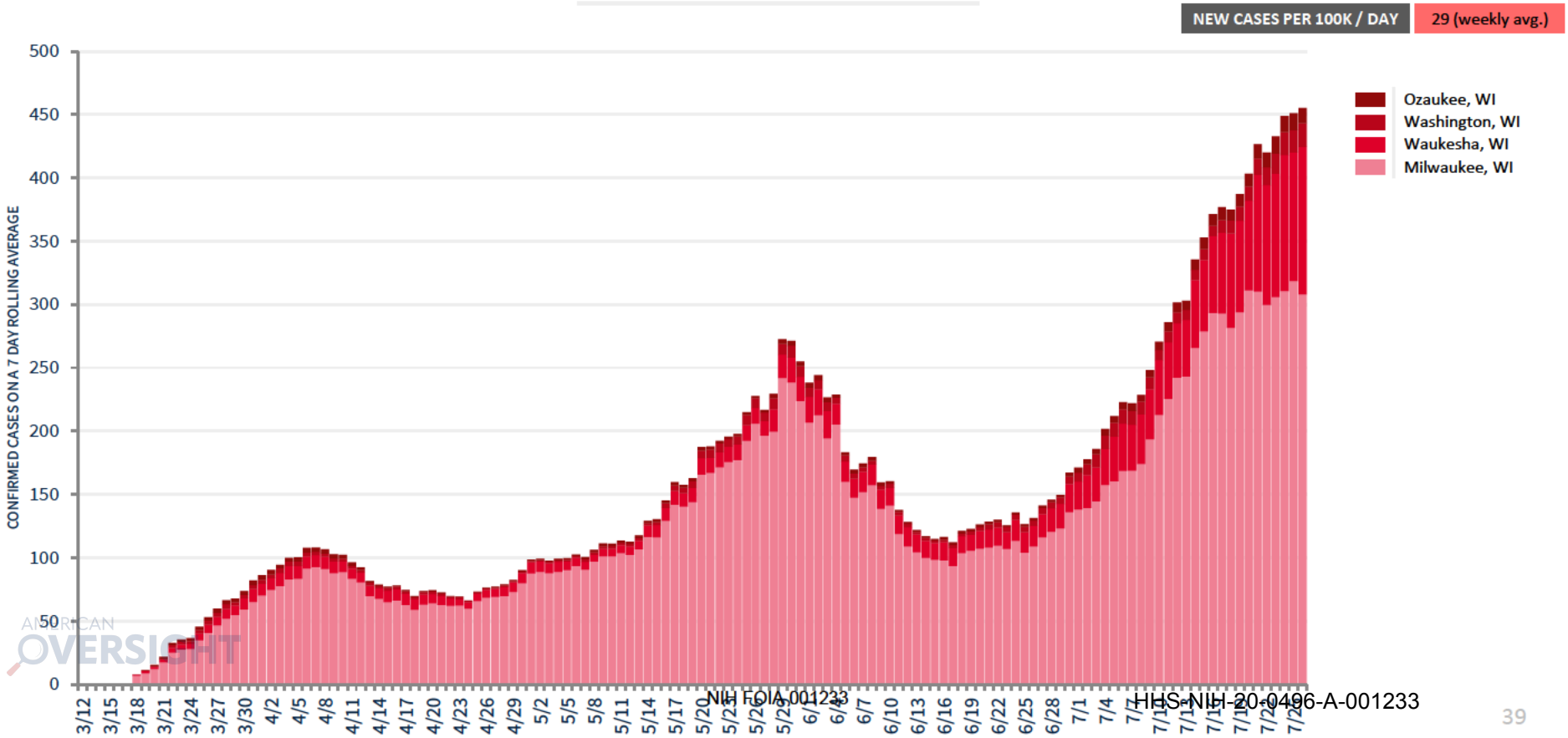
CONFIRMED CASES DAILY IN KANSAS CITY, MO-KS
7 DAY ROLLING AVERAGE



* Spikes beginning on 4/30 due to prison outbreak at Lansing Correction Facility (Leavenworth, KS)
* Starting from 5/11, Kansas updates on Mon, Wed, Fri

AMERICAN OVERSIGHT
NIH FOIA 001232
HHS-NIH-20-0496-A-001232

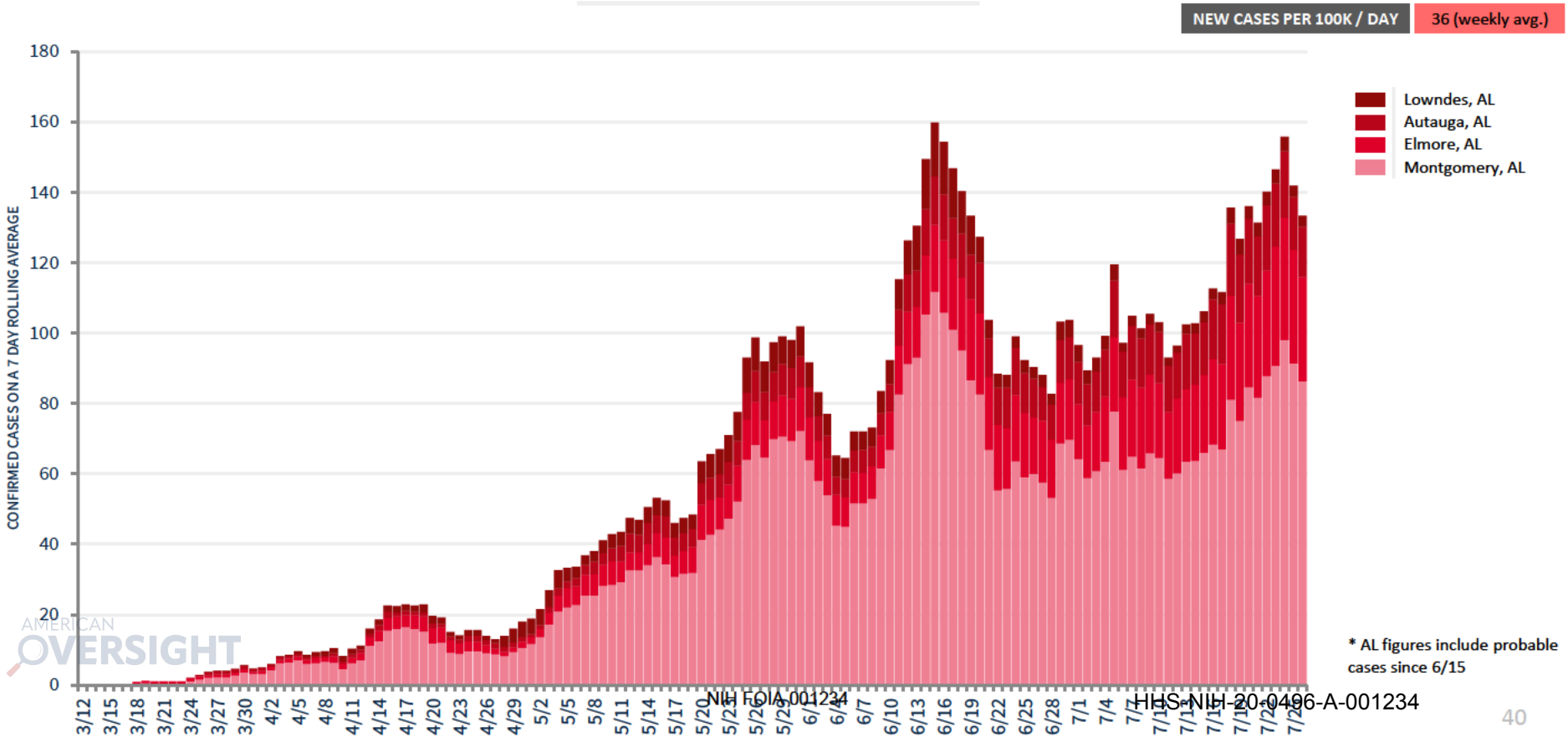
CONFIRMED CASES DAILY IN MILWAUKEE-WAUKESHA, WI
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 001233
HHS-NIH-20-0496-A-001233

CONFIRMED CASES DAILY IN MONTGOMERY, AL
7 DAY ROLLING AVERAGE

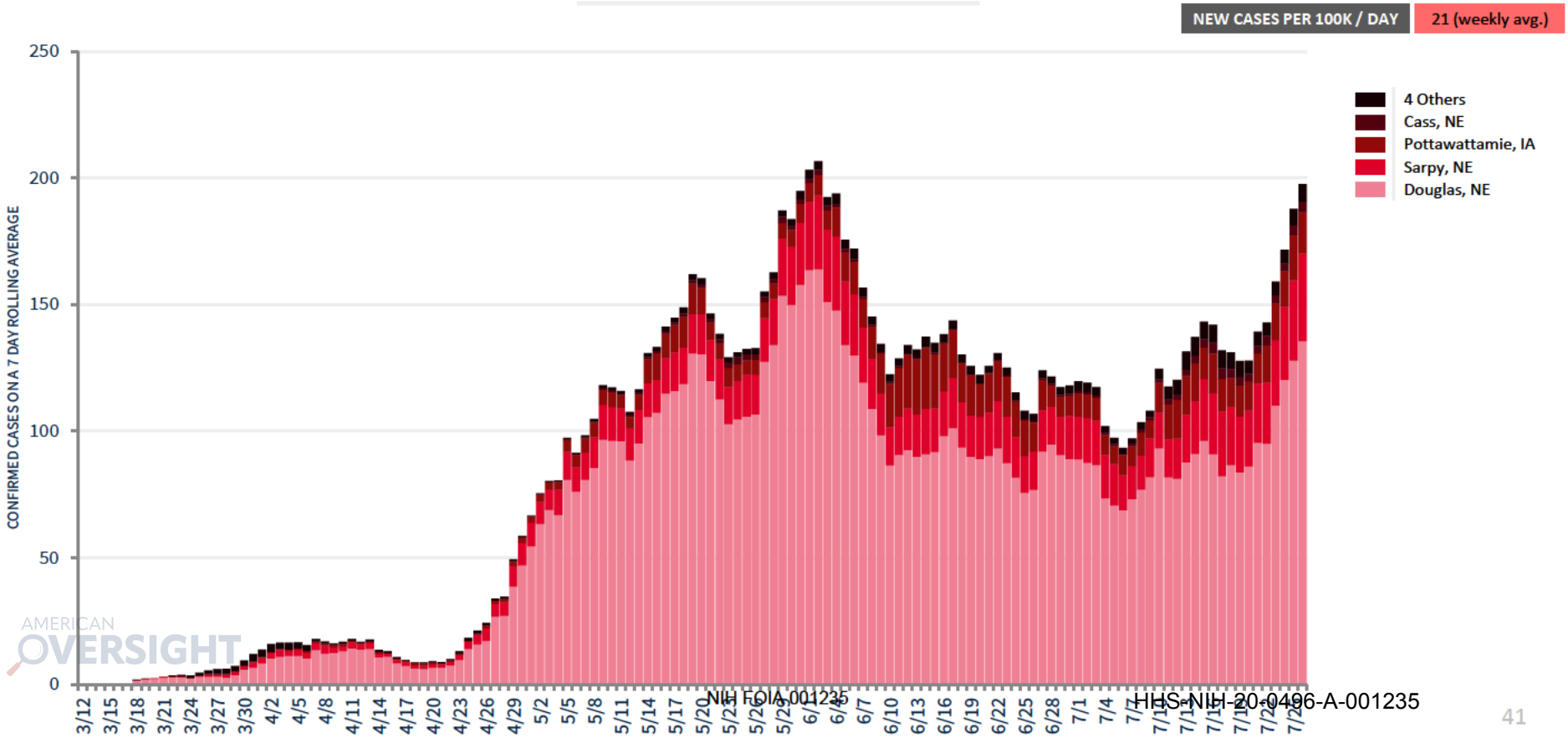


* AL figures include probable cases since 6/15

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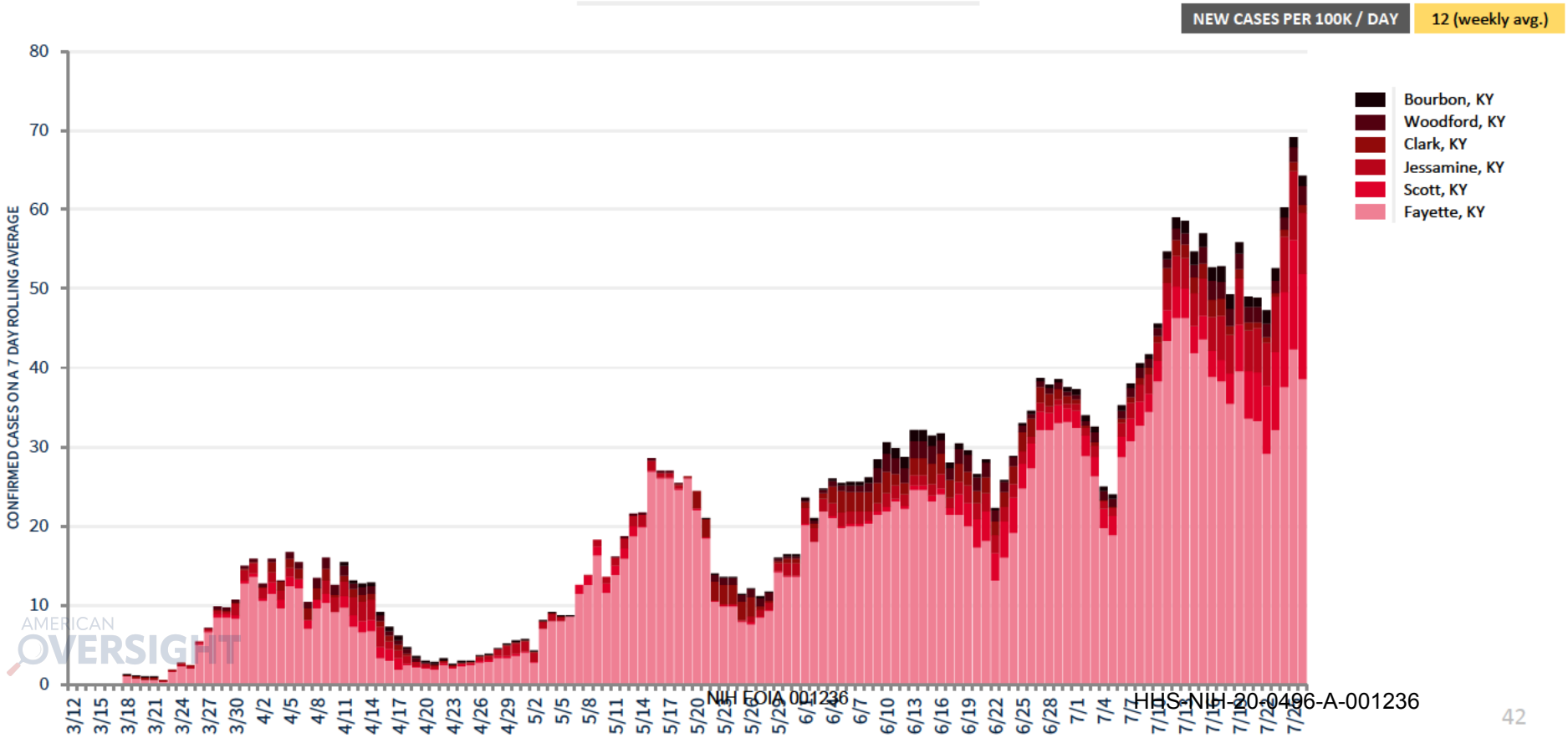
NIH FOIA 001234 HHS-NIH-20-0496-A-001234

CONFIRMED CASES DAILY IN OMAHA-COUNCIL BLUFFS, NE-IA
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT
NIH FOIA 001235
HHS-NIH-20-0496-A-001235

CONFIRMED CASES DAILY IN LEXINGTON-FAYETTE, KY
7 DAY ROLLING AVERAGE

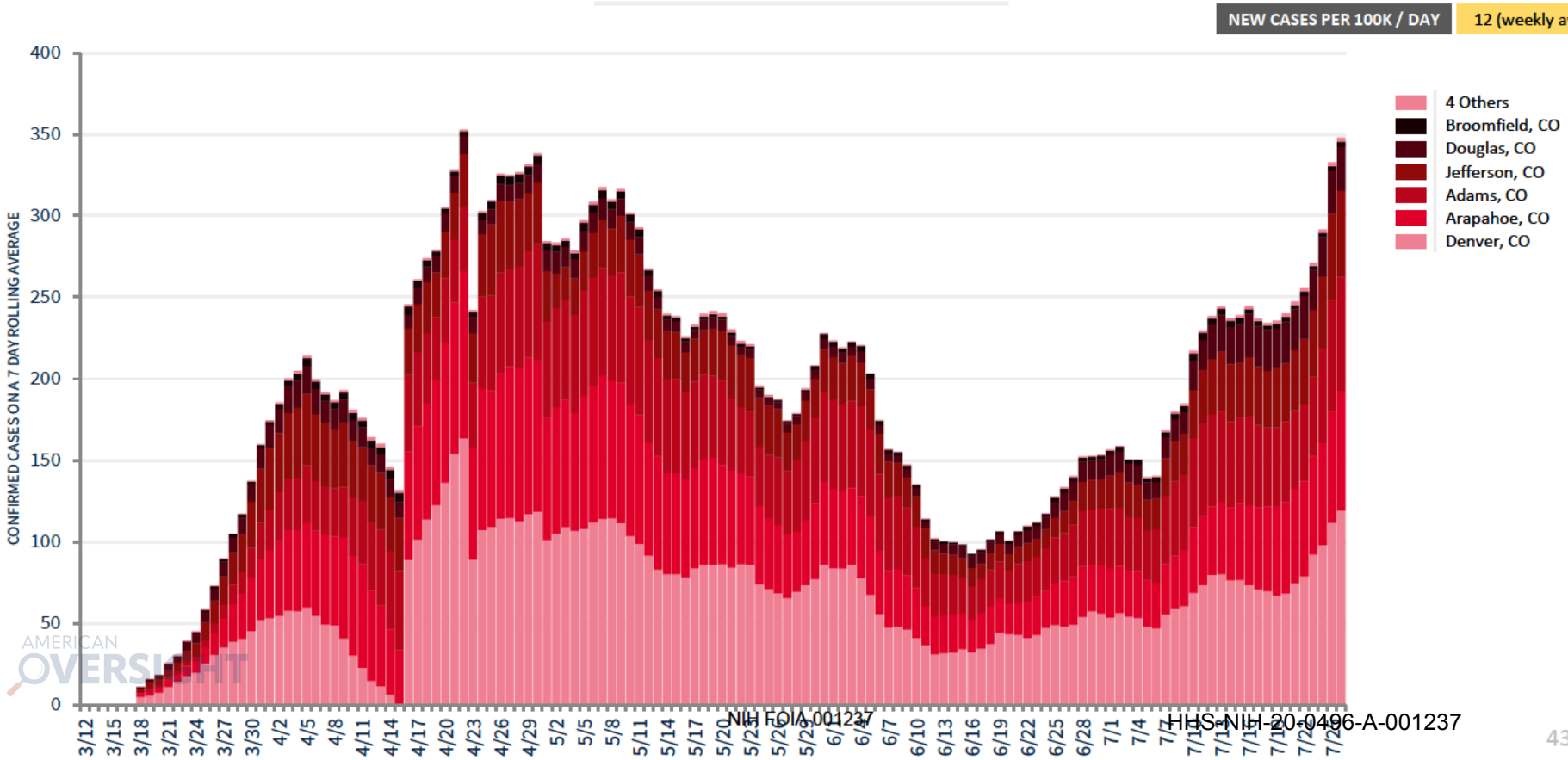


AMERICAN OVERSIGHT

NIH FOIA 001236

HHS-NIH-20-0496-A-001236

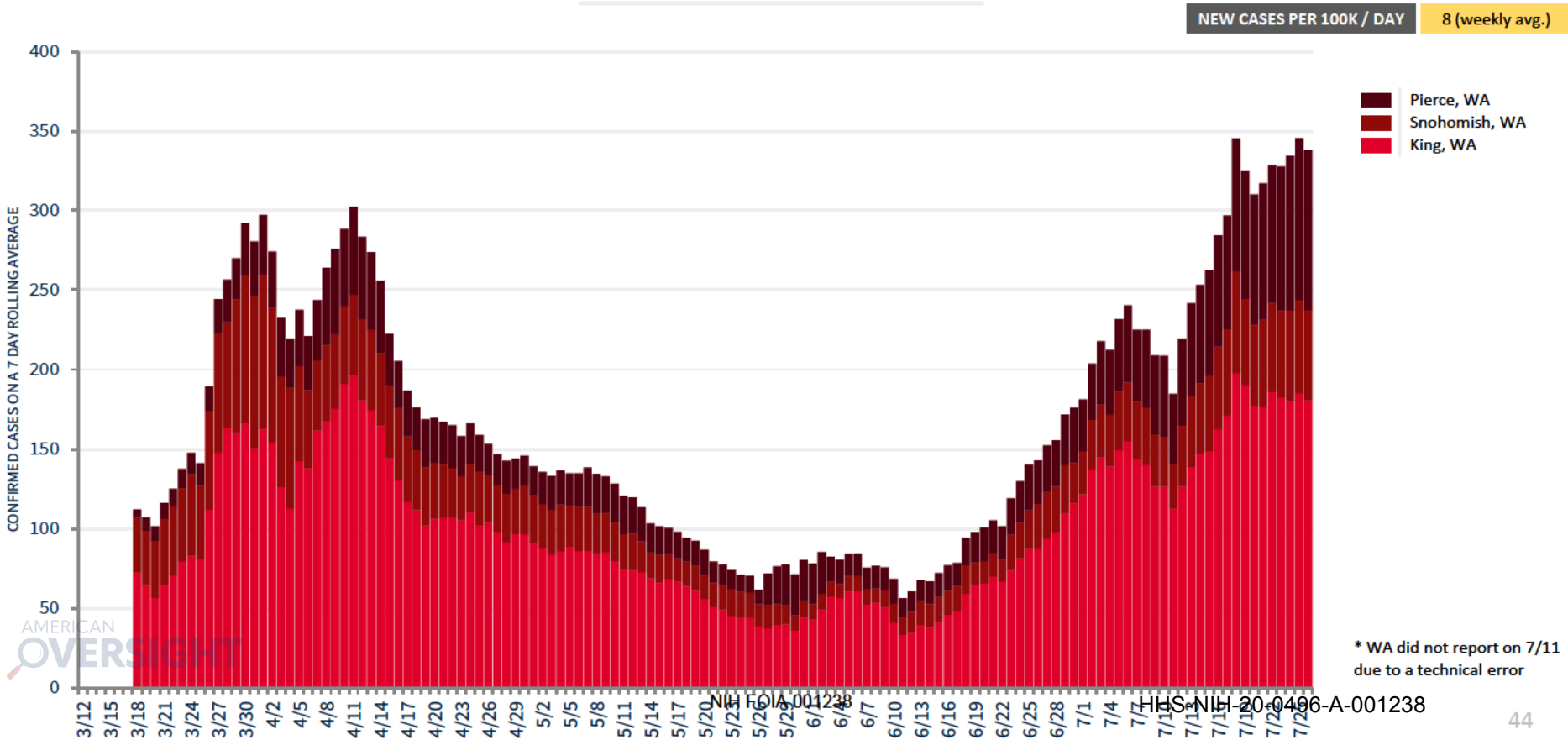
CONFIRMED CASES DAILY IN DENVER–AURORA–LAKEWOOD, CO
7 DAY ROLLING AVERAGE



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NIH FOIA 001237 HHS-NIH-20-0496-A-001237

CONFIRMED CASES DAILY IN SEATTLE-TACOMA-BELLEVUE, WA
7 DAY ROLLING AVERAGE



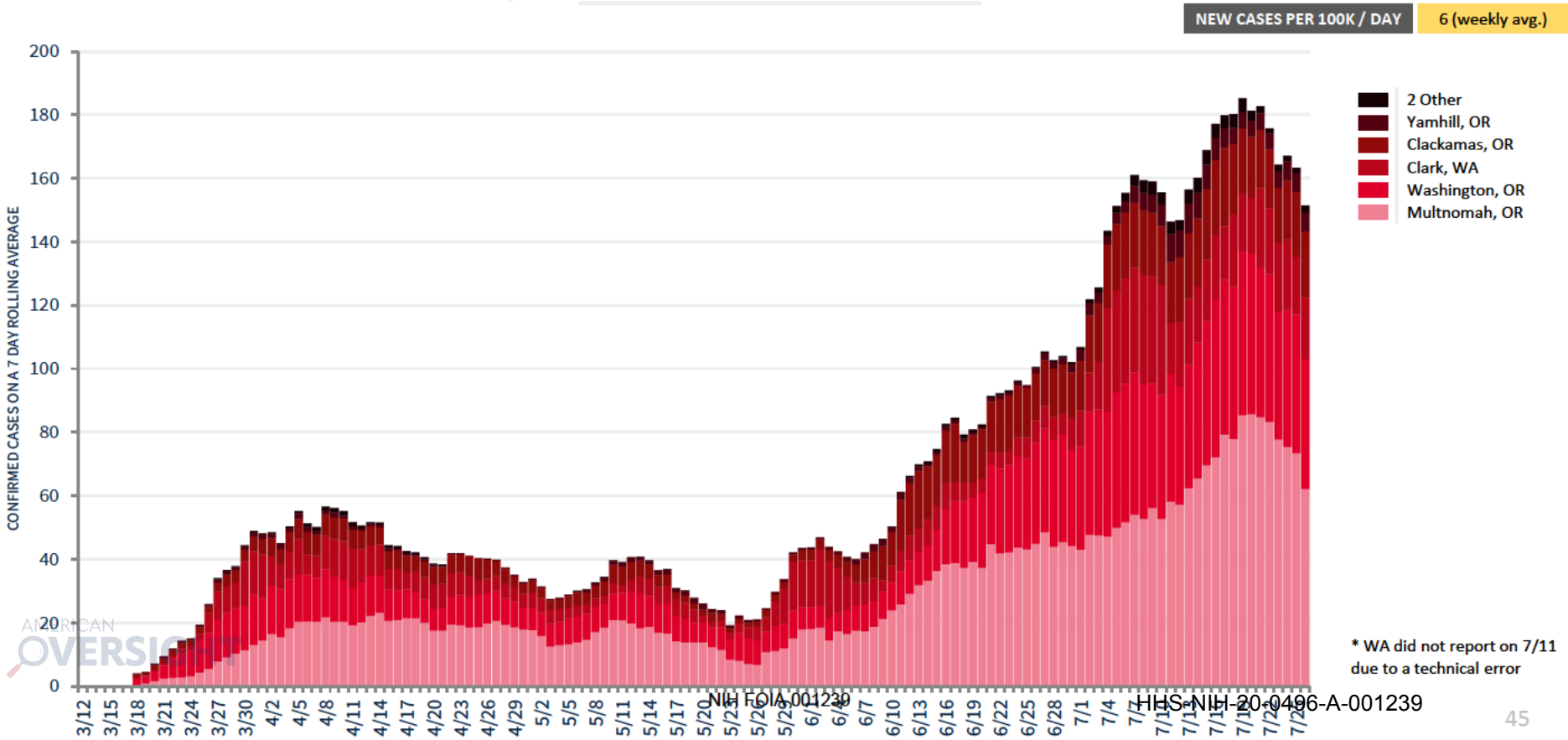
* WA did not report on 7/11 due to a technical error

AMERICAN OVERSIGHT

NIH FOIA 001238

HHS-NIH-20-0496-A-001238

CONFIRMED CASES DAILY IN PORTLAND–VANCOUVER–HILLSBORO, OR–WA
7 DAY ROLLING AVERAGE



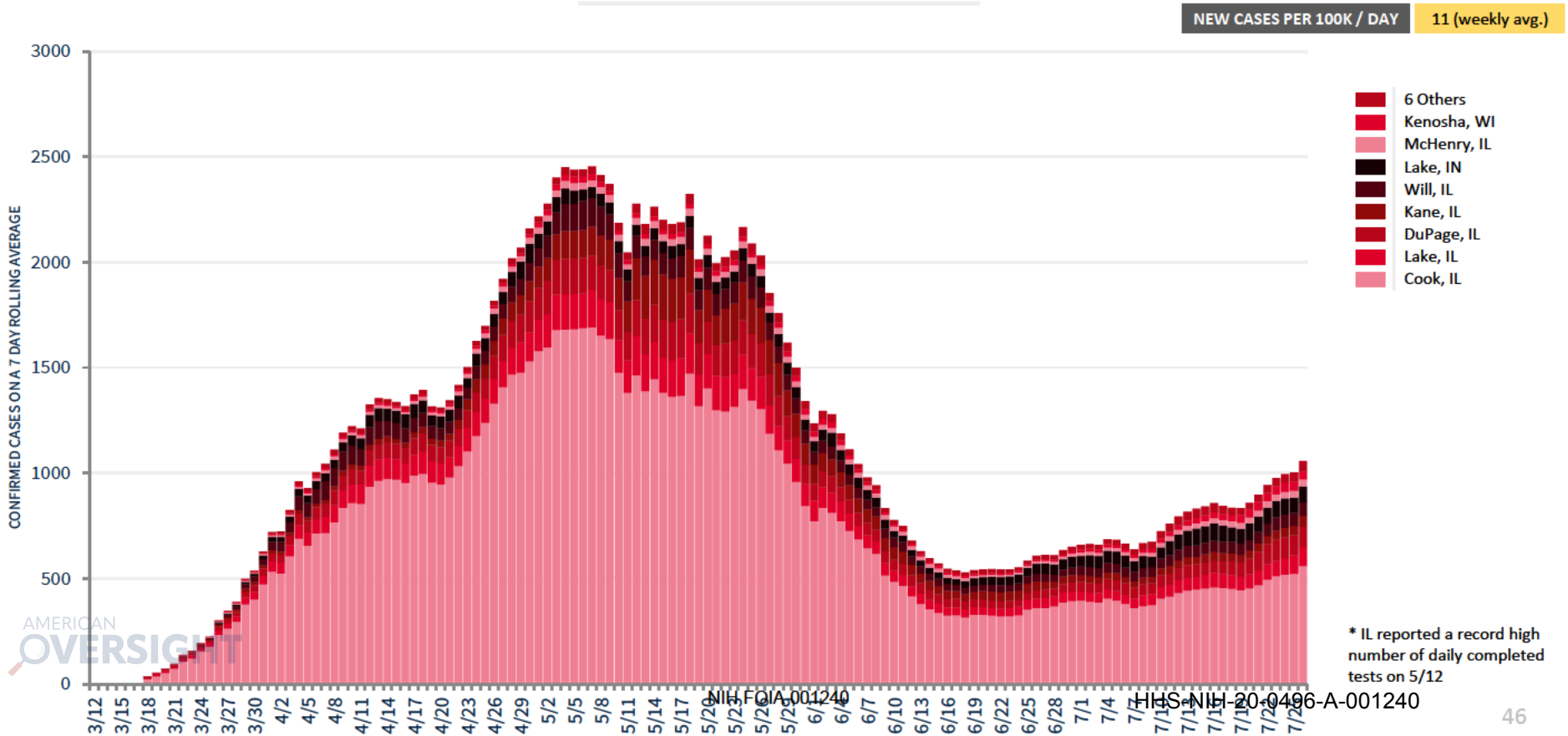
* WA did not report on 7/11 due to a technical error

AMERICAN OVERSIGHT

NIH FOIA 001239

HHS-NIH-20-0496-A-001239

CONFIRMED CASES DAILY IN CHICAGO-NAPERVILLE-ELGIN, IL-IN-WI
7 DAY ROLLING AVERAGE

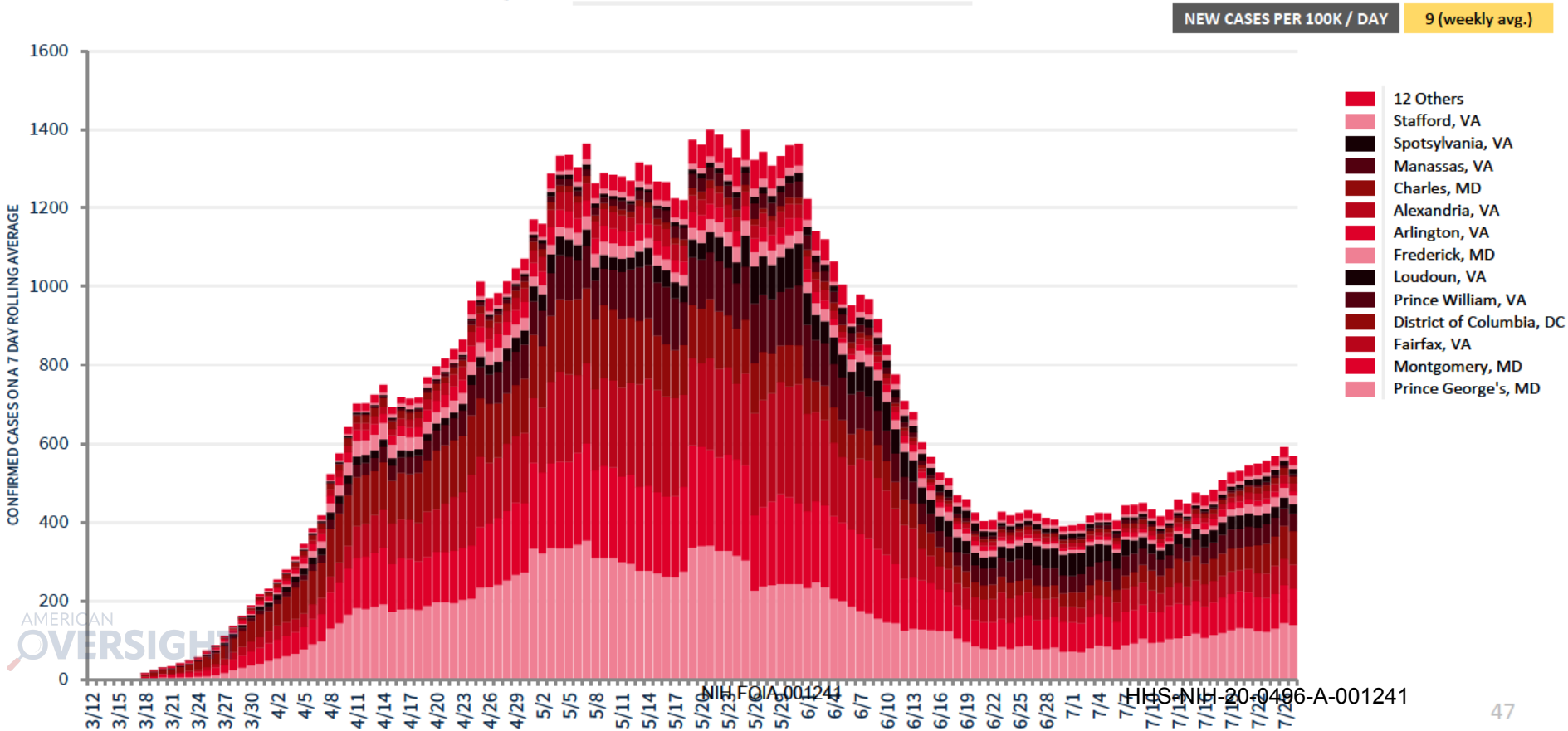


* IL reported a record high number of daily completed tests on 5/12

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NIH FOIA 001240
HHS-NIH-20-0496-A-001240

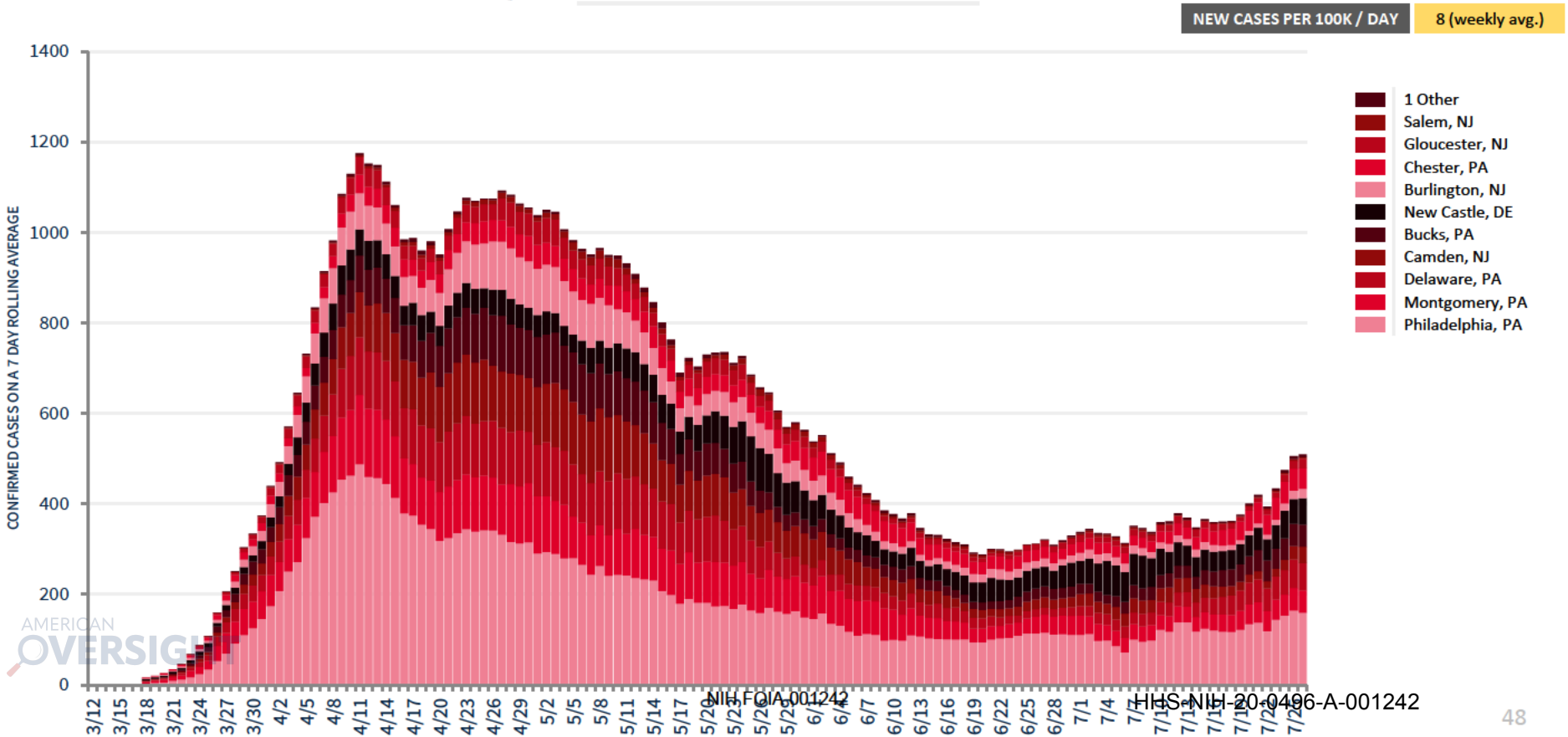
CONFIRMED CASES DAILY IN WASHINGTON-ARLINGTON-ALEXANDRIA, DC-VA-MD-WV
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 001241
HHS-NIH-20-0496-A-001241

CONFIRMED CASES DAILY IN PHILADELPHIA-CAMDEN-WILMINGTON, PA-NJ-DE-MD
7 DAY ROLLING AVERAGE



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NIH FOIA 001242 HHS-NIH-20-0496-A-001242

From: Collins, Francis (NIH/OD) [E]
Sent: Fri, 31 Jul 2020 10:15:34 -0500
To: Wood, Gretchen (NIH/OD) [E]
Cc: McManus, Ayanna (NIH/OD) [E]
Subject: RE: Important Update - White House Coronavirus Task Force Meeting Today - 1430

Yes, please send regrets for this one.

From: Wood, Gretchen (NIH/OD) [E] <(b) (6)
Sent: Friday, July 31, 2020 8:48 AM
To: Collins, Francis (NIH/OD) [E] <(b) (6)
Cc: McManus, Ayanna (NIH/OD) [E] <(b) (6)
Subject: FW: Important Update - White House Coronavirus Task Force Meeting Today - 1430
Importance: High

Good morning, Francis,

Okay to send regrets for this given today's schedule? Thank you.

From: "Hurst, Natalie R. EOP/OVP" <(b) (6)
Date: Friday, July 31, 2020 at 8:43 AM
Cc: "Troutman, Joel D. EOP/OVP" <(b) (6) "Croghan, Mary E. EOP/WHO" <(b) (6)
Subject: Important Update - White House Coronavirus Task Force Meeting Today - 1430

All –

Apologies for the last-minute change, and thank you for your patience as always.

There will now be a **White House Coronavirus Task Force Meeting** this afternoon at **2:30pm** in the White House Situation Room. All materials will be forthcoming.

Please submit all RSVPs to Mary, Joel, and I no later than 11:30am this morning. To adhere to social distancing guidelines, we may ask your principal to call-in to today's meeting.

All attendees sitting in JFK are required to get tested prior to the meeting start time. That being said, please also confirm your principal's ability to be tested.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President

AMERICAN OVERSIGHT

(b) (6)

AMERICAN OVERSIGHT

From: Hurst, Natalie R. EOP/OVP <(b) (6)
Sent: Fri, 31 Jul 2020 12:58:00 -0500
To:
Subject: WH Coronavirus TF PowerPoint 7.31.20
Attachments: WH Coronavirus TF PowerPoint 7.31.20.pptx

All –

Please see Dr. Birx's PowerPoint for today – **Friday, July 31st** – attached.

Thank you,

Natalie Hurst
Operations Coordinator, White House Coronavirus Task Force
Executive Assistant to the Chief of Staff
The Office of the Vice President
(b) (6)

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31July2020 Data Summary

- Red States : improvement in AZ, NV; concerning is continued high plateau of infection in Houston and Miami despite mitigation. AK, MS, OK rising cases and deaths – these states need statewide mitigation efforts and mandates
- Yellow States : concerning case rise in NE, MO, CO, MN – these states need statewide mitigation mandates
- Green States : slow steady rise in cases – tracking test positivity closely – IL concerning
- If yellow states can be controlled and MIA and HOU improve mortality should stabilize and begin to decline the end of next week.
- Talked with Miami City and County Mayors yesterday and will continue to follow-up with them : difficulty to

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Weekly Indicators

Indicators for percent change from previous week: ▲ Increase ▼ Decrease ■ Minor change/stable

Red states

State	Cases	Deaths	% positive
AL	■	▲	■
AR	▲	▲	▲
AZ	■	▼	▼
FL	■	▲	■
GA	■	▲	▲
ID	▼	▲	■
LA	▼	■	▼
MS	▲	▲	■
NV	▼	▼	▼
OK	▲	▲	■
SC	▼	▲	▼
TN	■	▲	▼
TX	▼	▲	▼
VA	▲	▲	▼

Yellow states

State	Cases	Deaths	% positive
CA	■	▲	■
CO	▲	▲	■
DC	■	▼	▲
IN	■	▼	■
IA	▼	■	■
KS	▼	▲	▼
KY	■	▲	▼
MN	▲	▼	▲
MO	▲	■	■
NE	▲	▼	▲
NC	■	▲	■
OH	■	▲	■
UT	▼	■	■
WA	■	▲	■
WI	■	▲	■

Green states

State	Cases	Deaths	% positive
AK	▲	▲	▲
CT	▲	▼	■
DE	■	▲	■
HI	▲	▼	▲
IL	▲	■	▲
ME	■	▼	■
MD	▲	▲	■
MA	▲	▲	■
MI	■	▼	■
MT	▲	▲	■
NH	▲	▲	■
NJ	▲	▲	■
NM	▲	▲	■
NY	■	▼	■
ND	■	▼	▼
OR	■	▲	■
PA	▲	■	■
RI	▲	■	■
SD	▲	▲	▲
VT	▼	---	■
WV	■	▲	■
WY	▲	▼	■

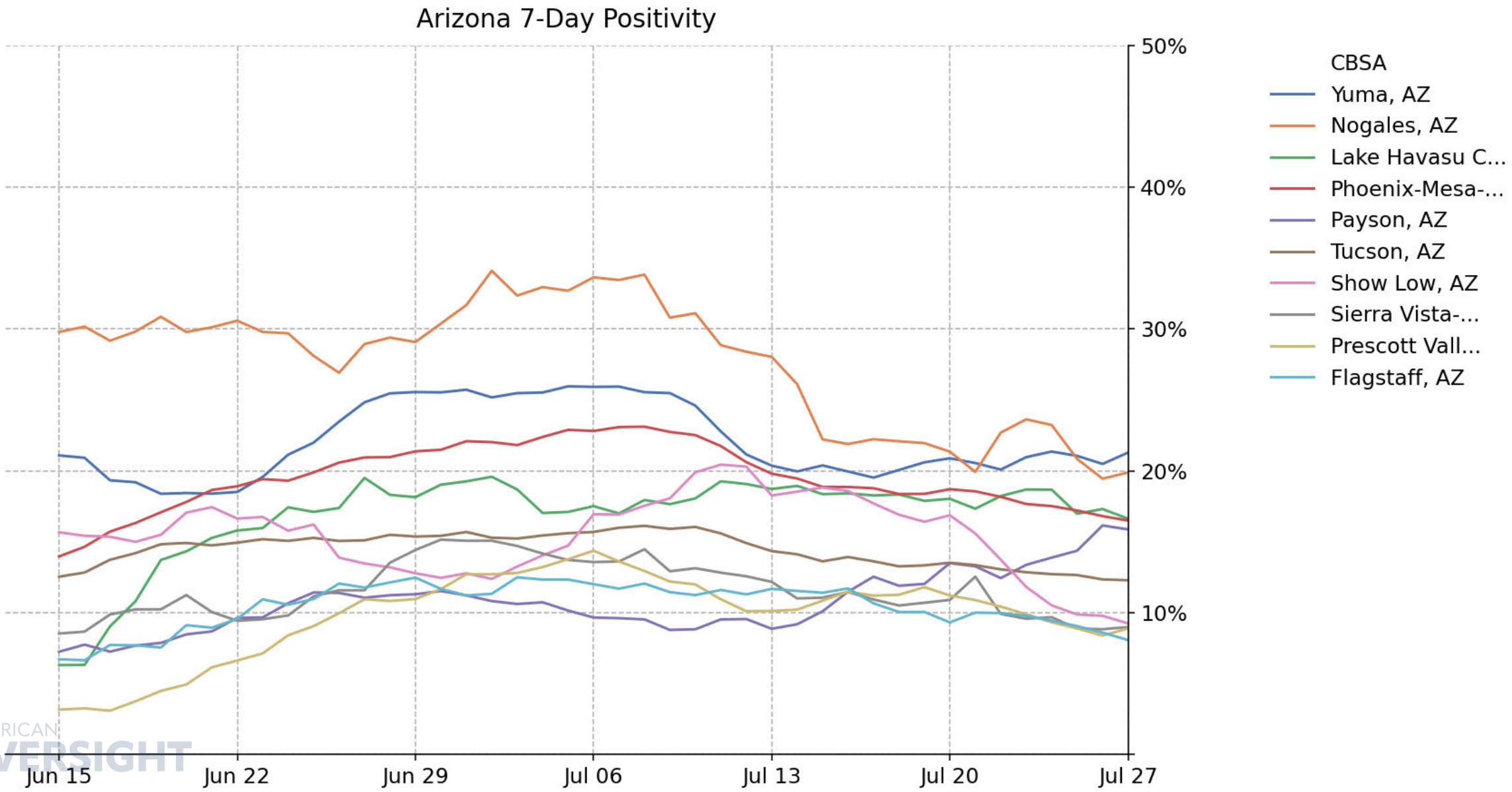
Weekly indicator color thresholds

▼	<-10% change in cases, death; <-0.5% change in positivity
■	-10% - 10% change in cases, deaths; -0.5% - 0.5% change in positivity
▲	>10% change in cases, deaths; >0.5% change in positivity

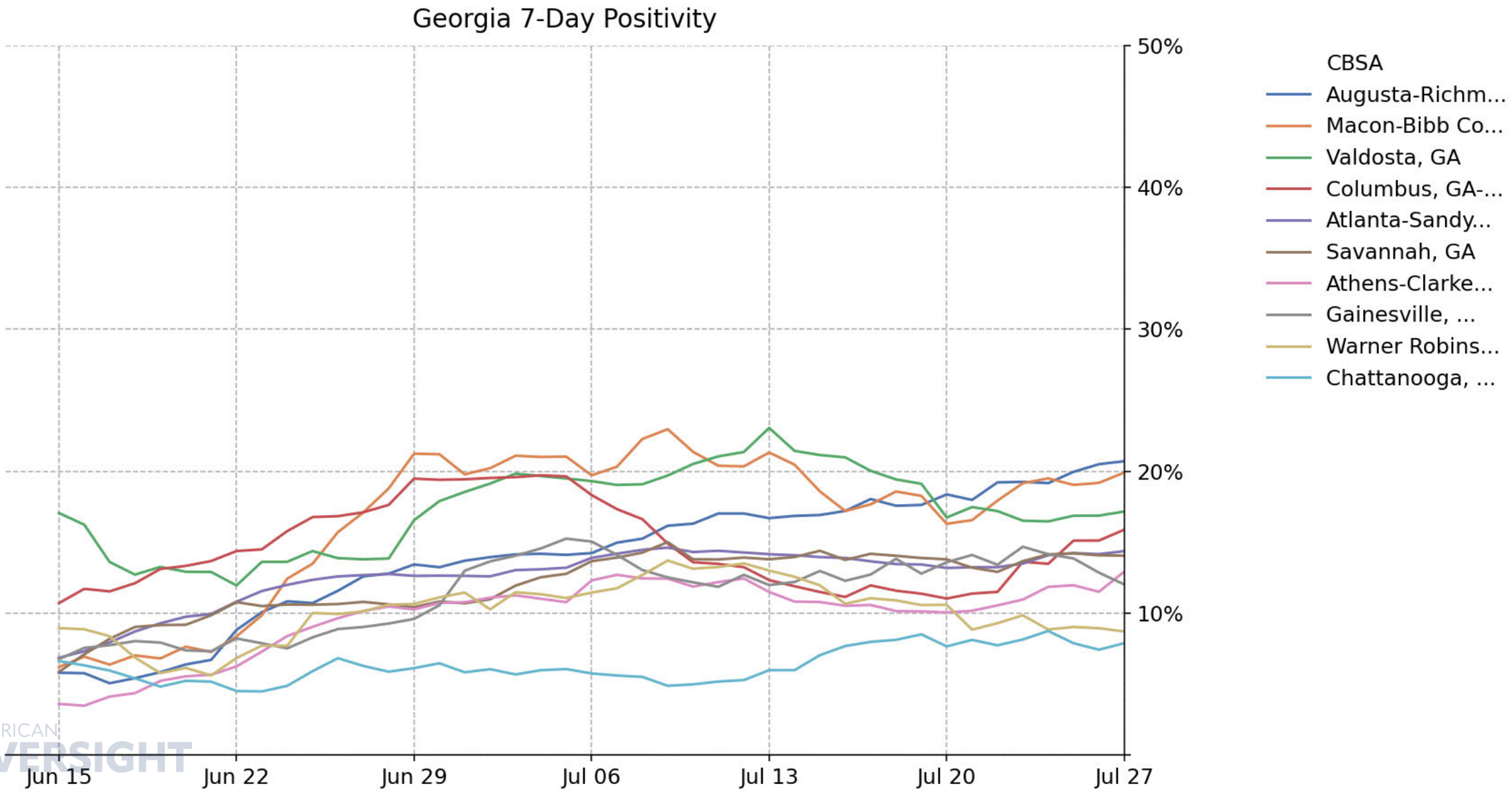
AMERICAN OVERSIGHT

NIH FOIA 001247

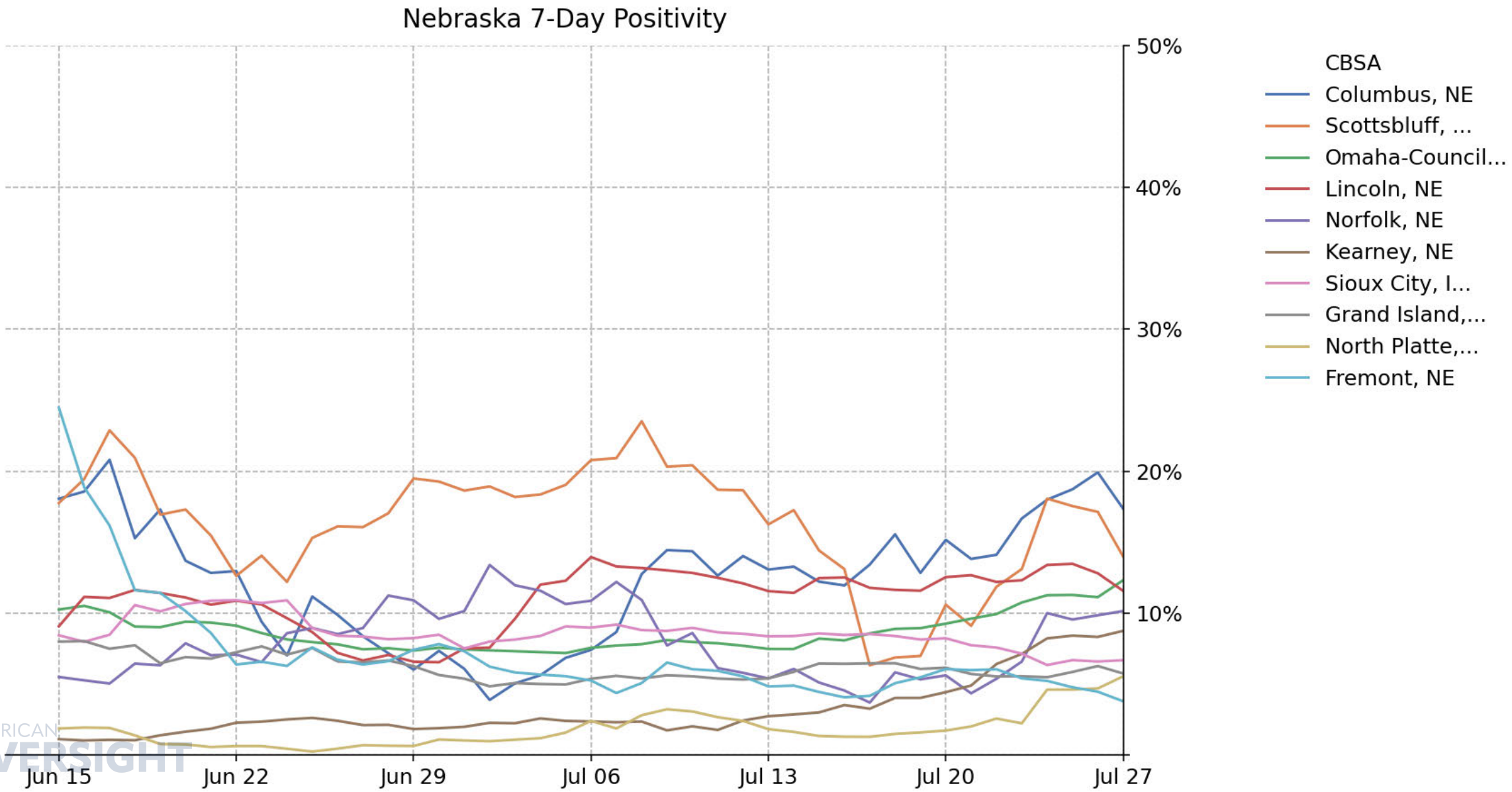
HHS-NIH-20-0496-A-001247



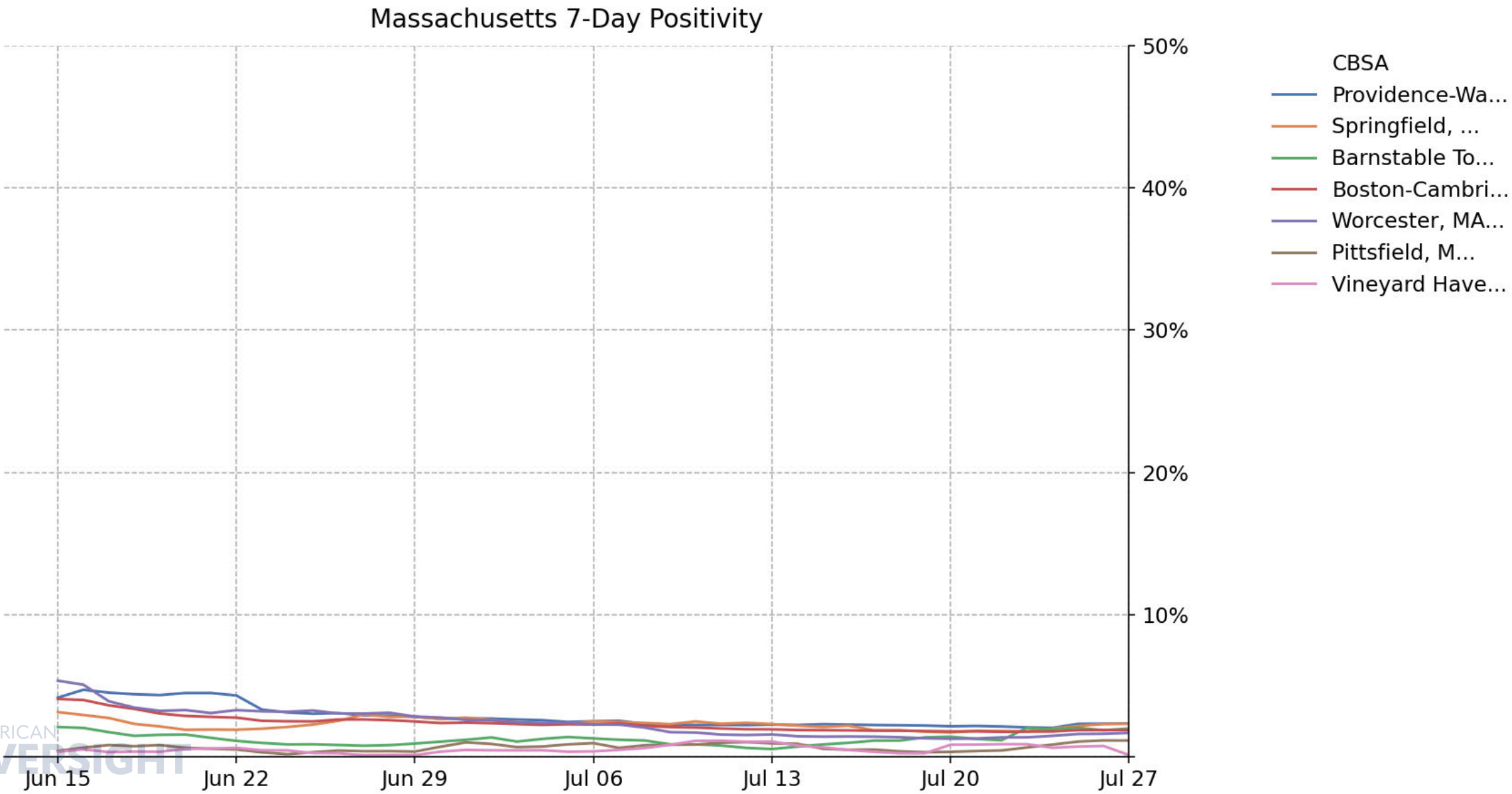
AMERICAN OVERSIGHT



AMERICAN OVERSIGHT

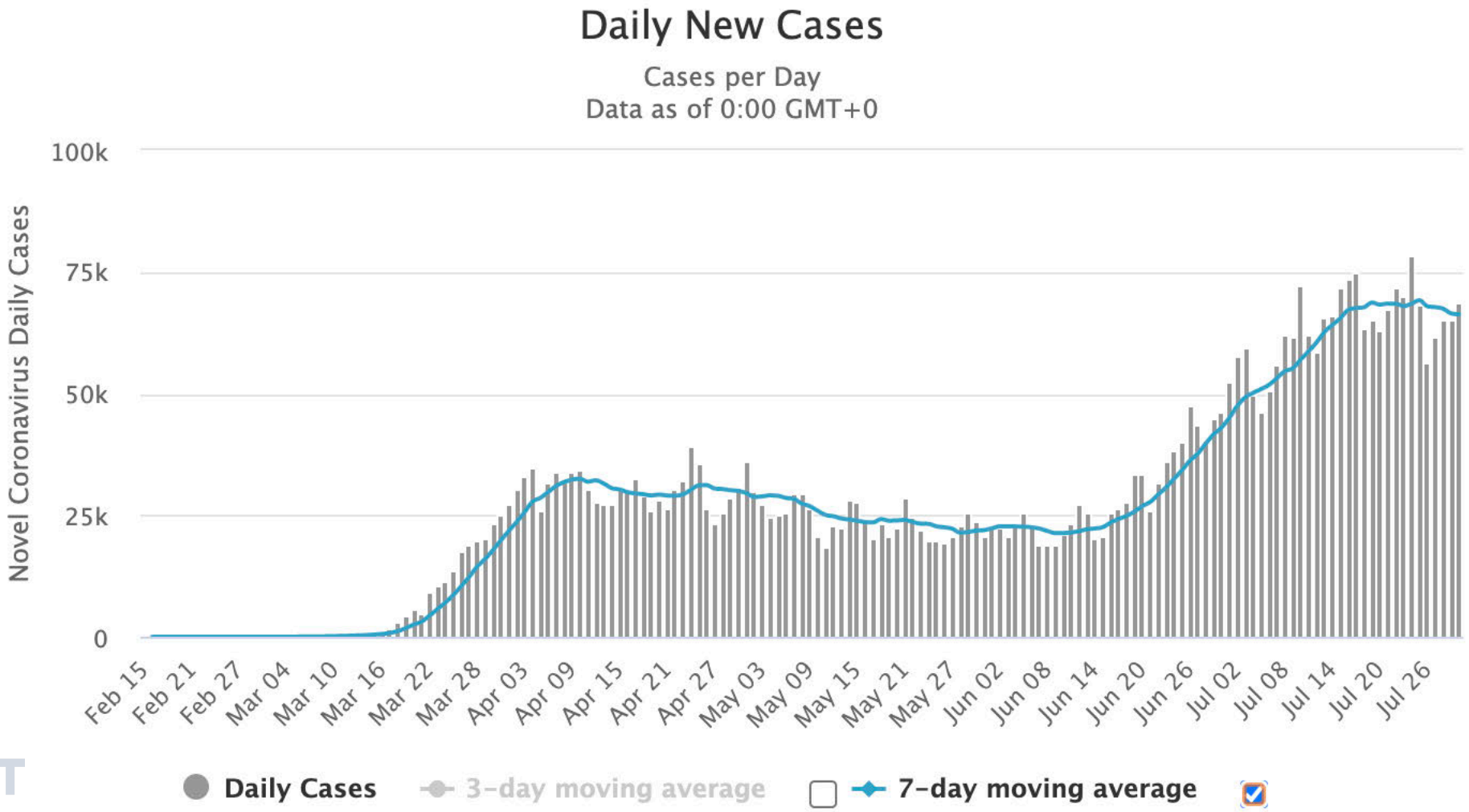


AMERICAN OVERSIGHT



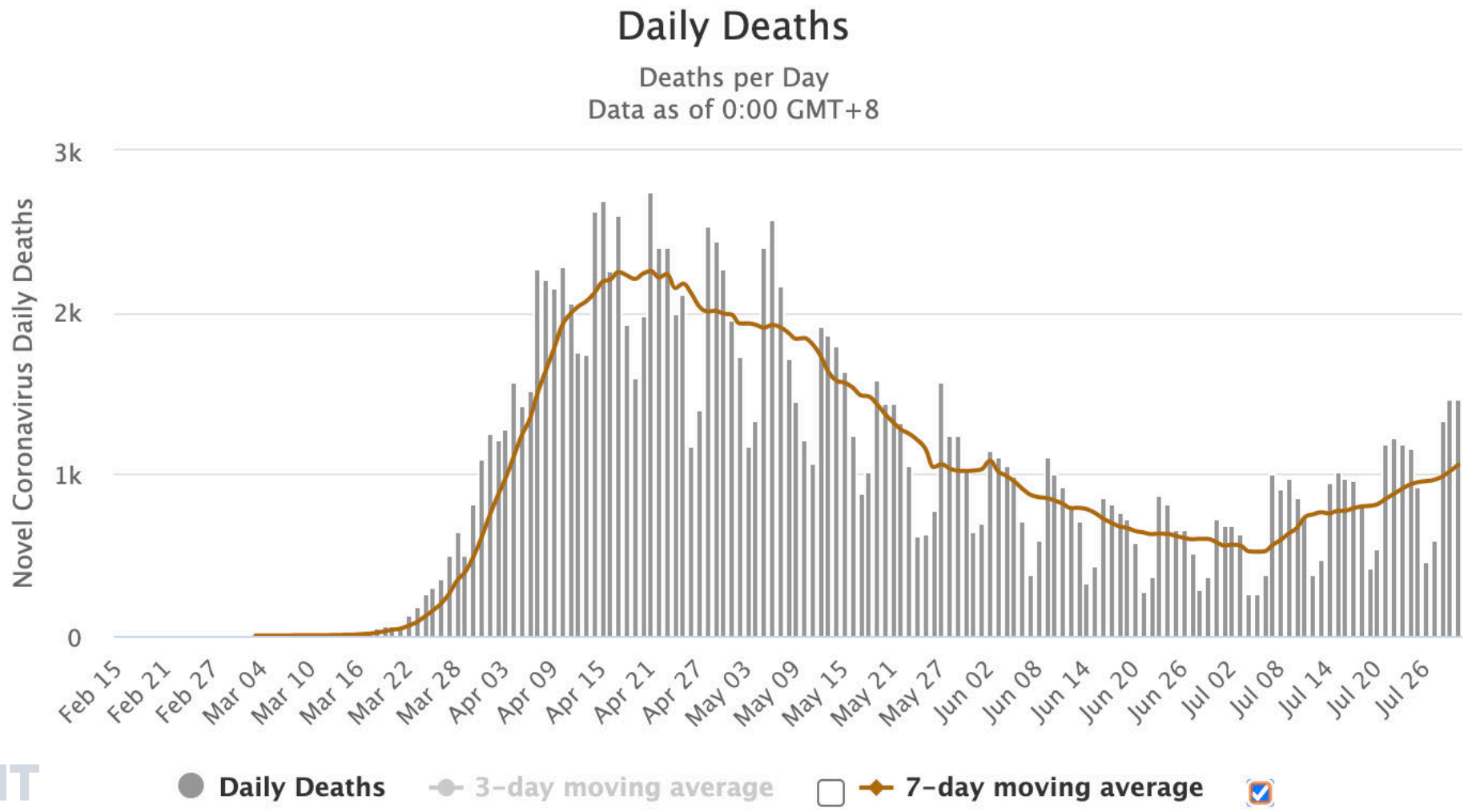
AMERICAN OVERSIGHT

Daily New Cases in the United States



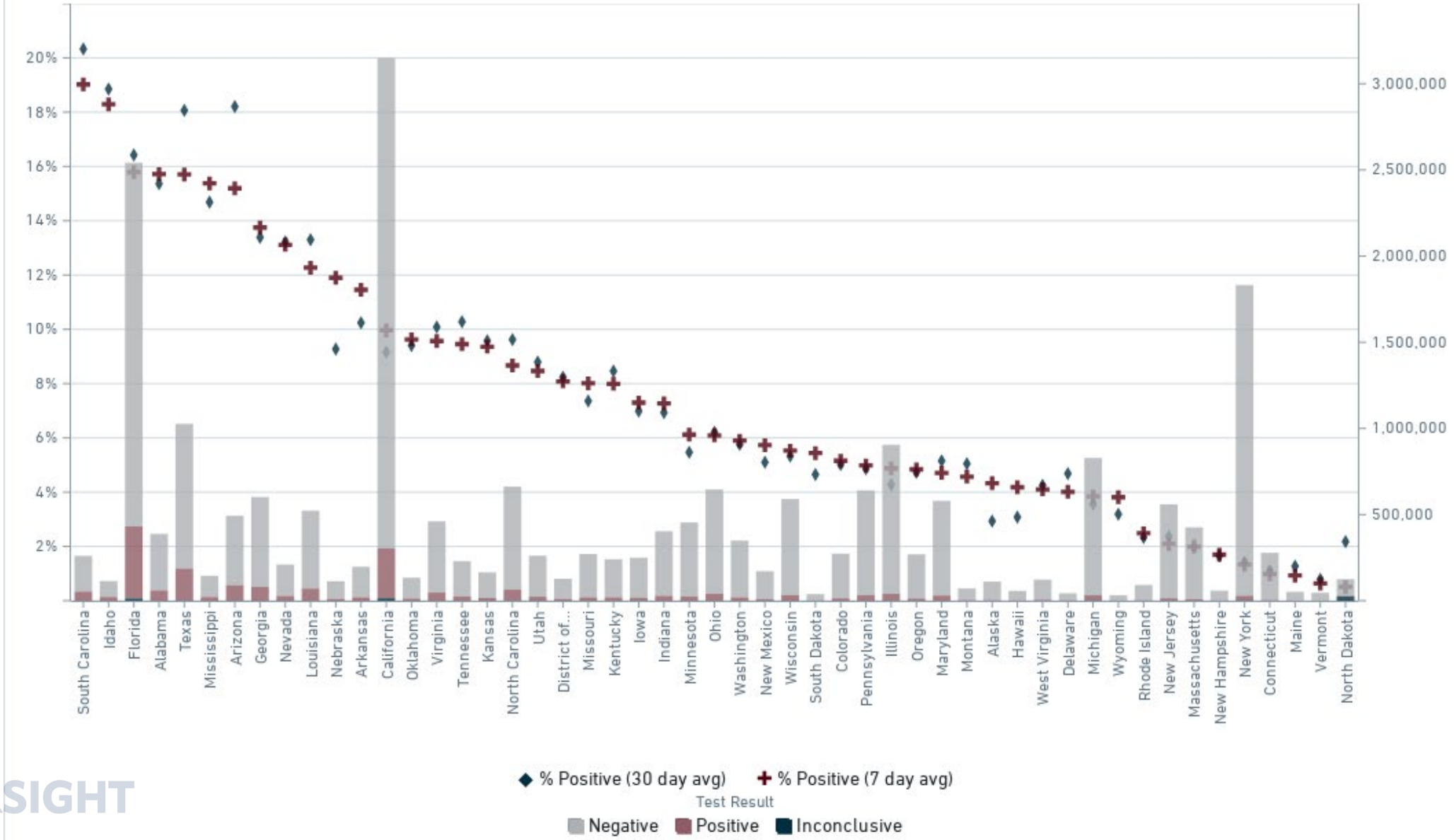
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Daily New Deaths in the United States



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Results and % positive in the last 7 and 30 days, by state



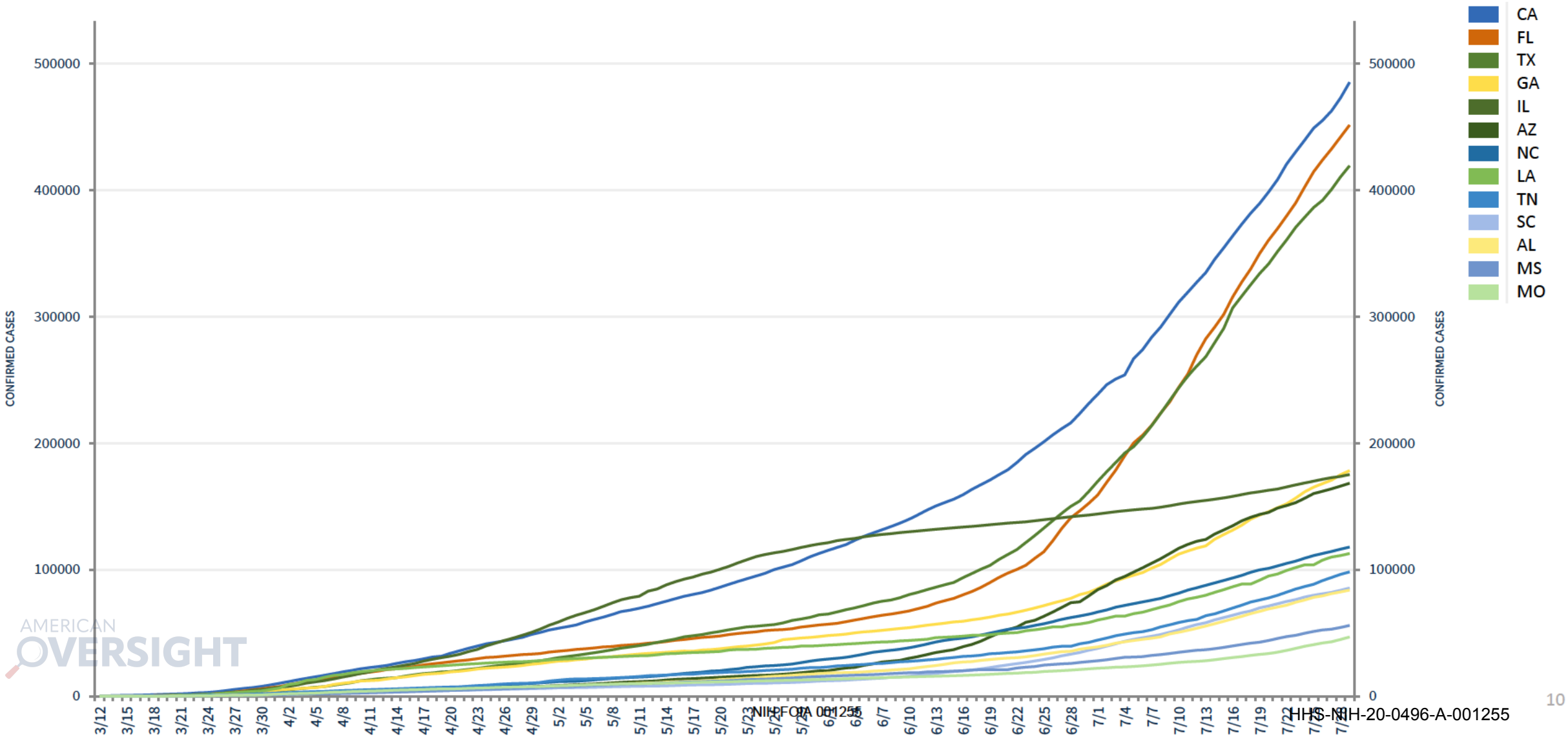
Source: unified dataset

AMERICAN OVERSIGHT

NIH FOIA 001254

HHS-NIH-20-0496-A-001254

CUMULATIVE CASES: TOP 13 STATES BY 7 DAY INCREASE IN CASES

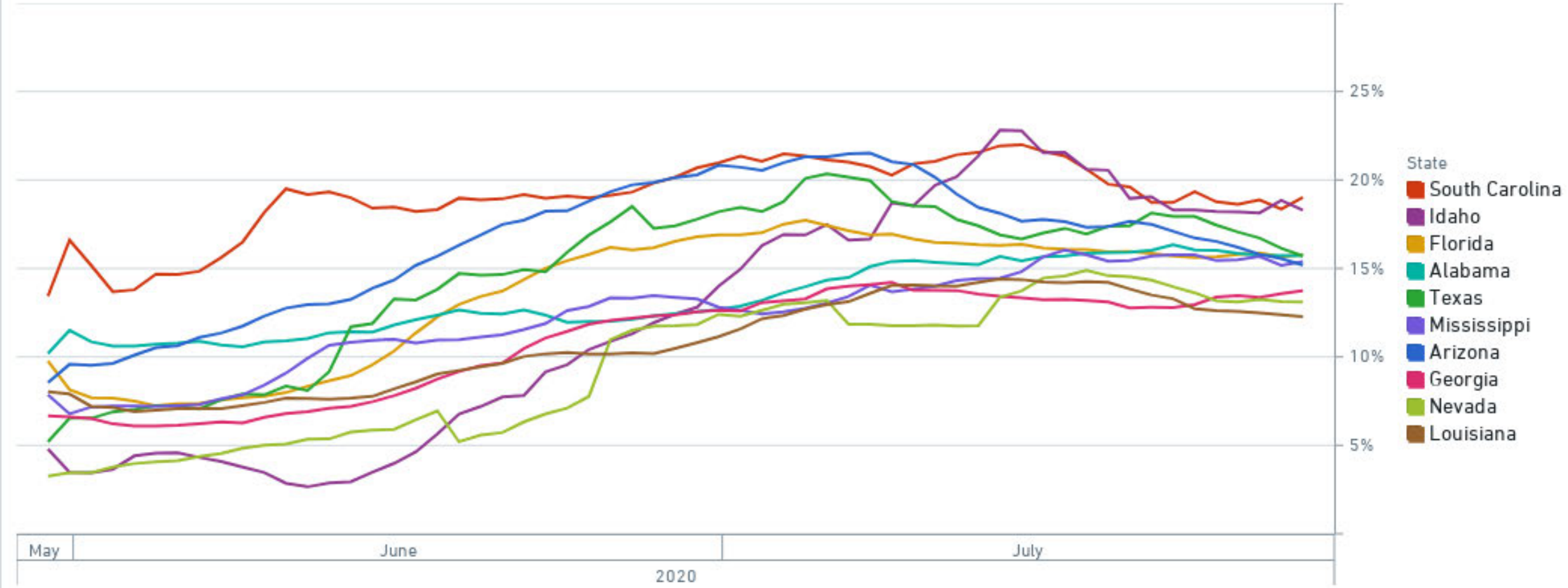


AMERICAN OVERSIGHT

NIHFOIA 001255

HHS-NIH-20-0496-A-001255

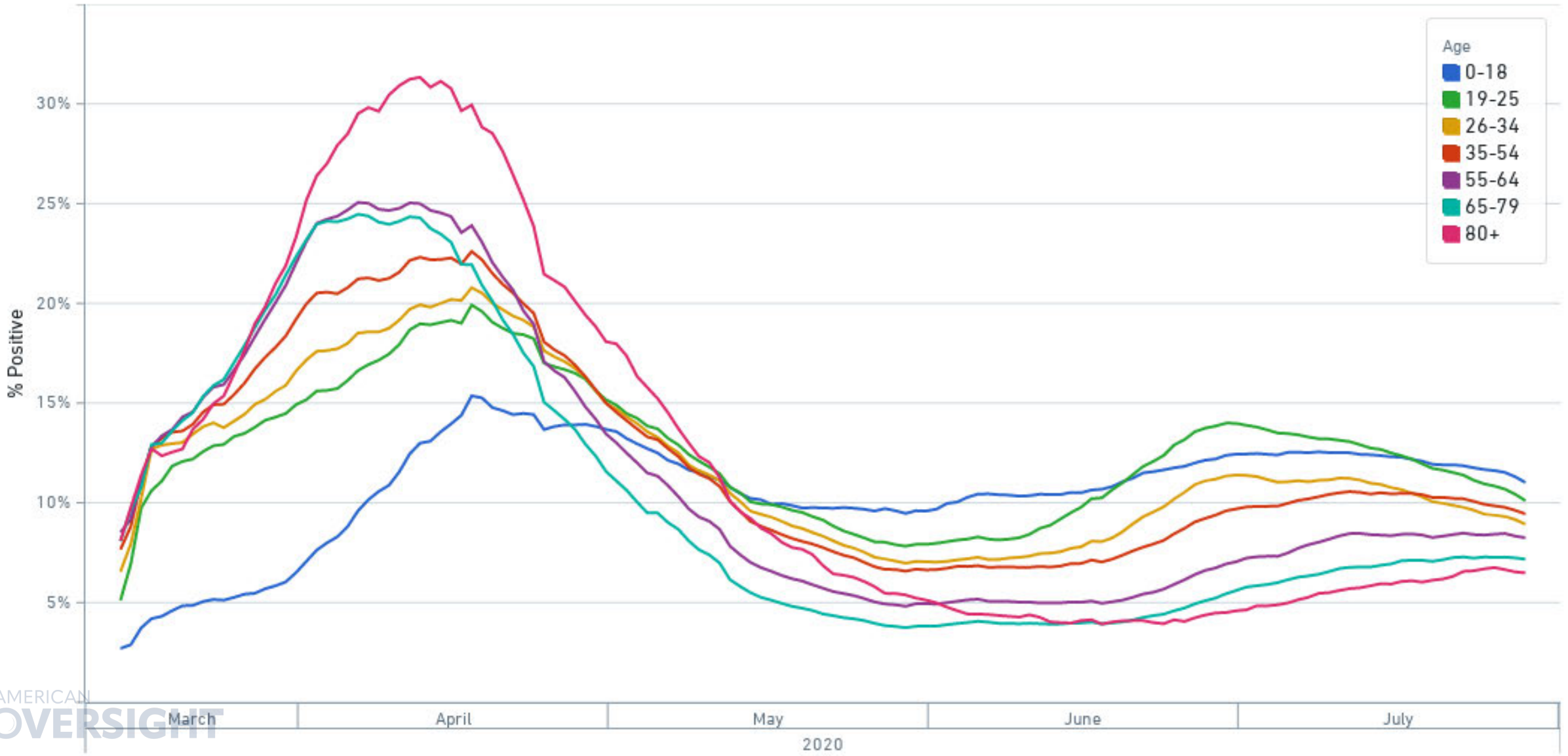
7-day Percent Positive, states 1-10



AMERICAN OVERSIGHT

Source: unified dataset

Percent positive by age group

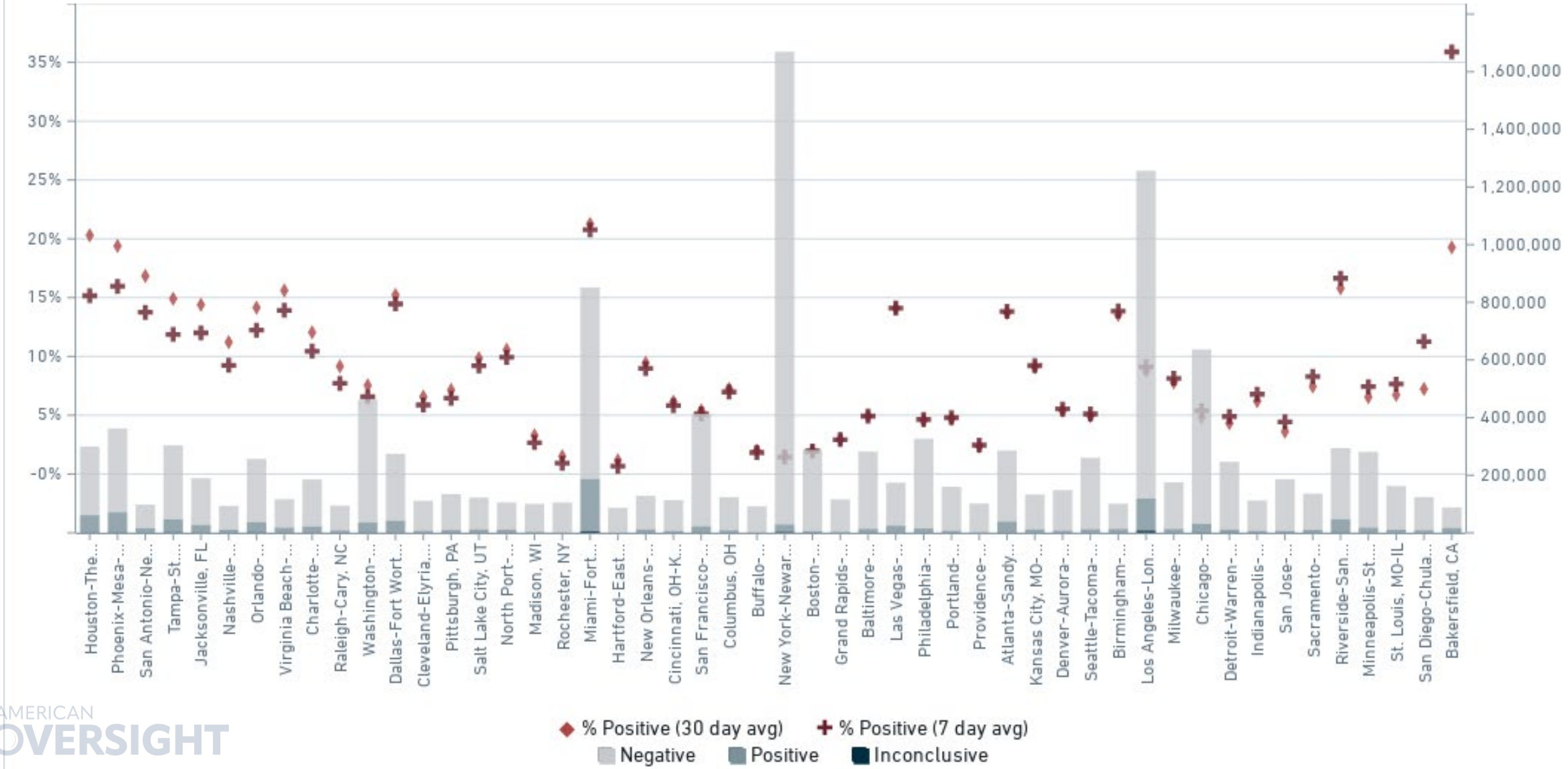


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NIH FOIA 001257
HHS-NIH-20-0496-A-001257

Source: commercial and public health lab data. Note, this is data element is available for ~90% of specimens from these sources.

Results in the last 30 days and % positive, by CBSA



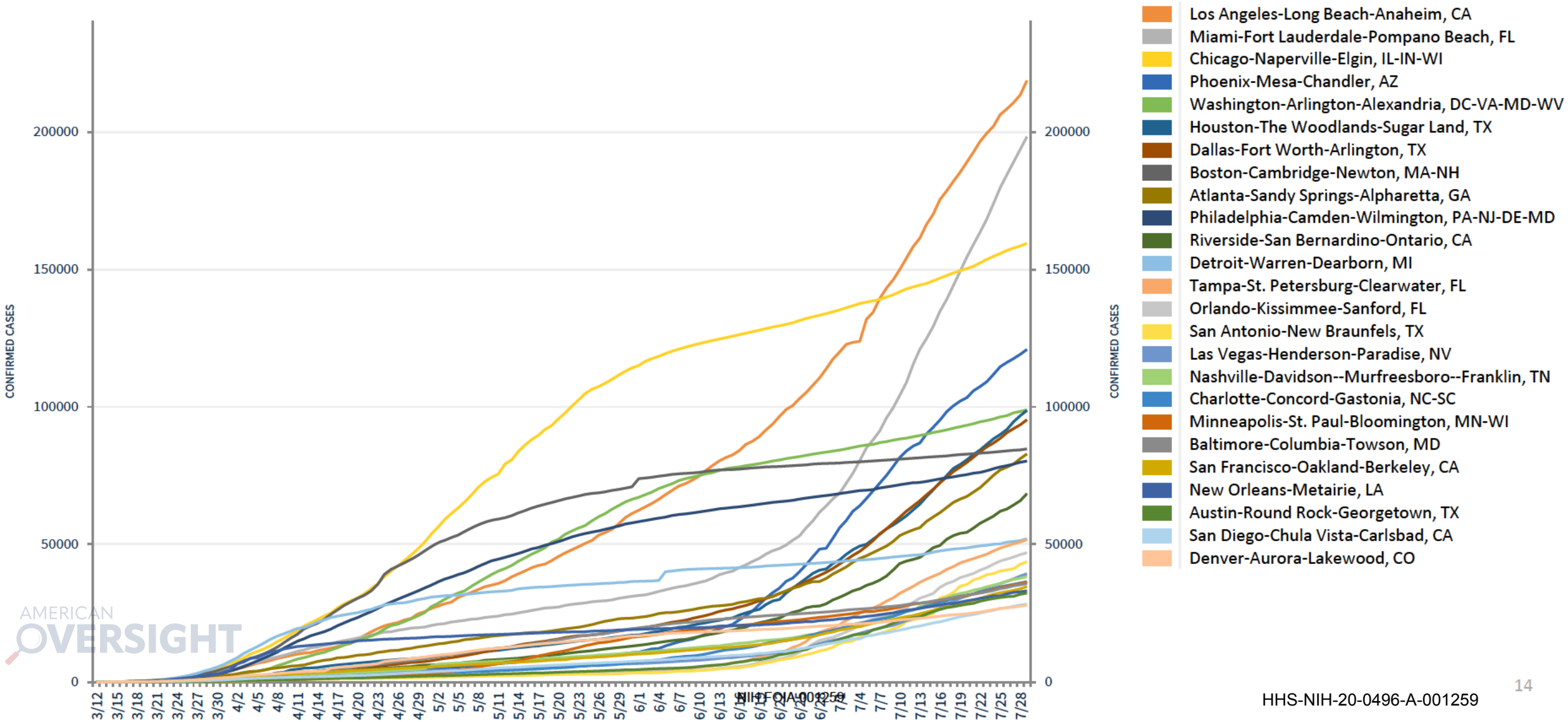
Source: unified dataset

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HHS-NIH-20-0496-A-001258

NIH FOIA 001258

CUMULATIVE CASES: TOP 25 CBSA WITHOUT NYC

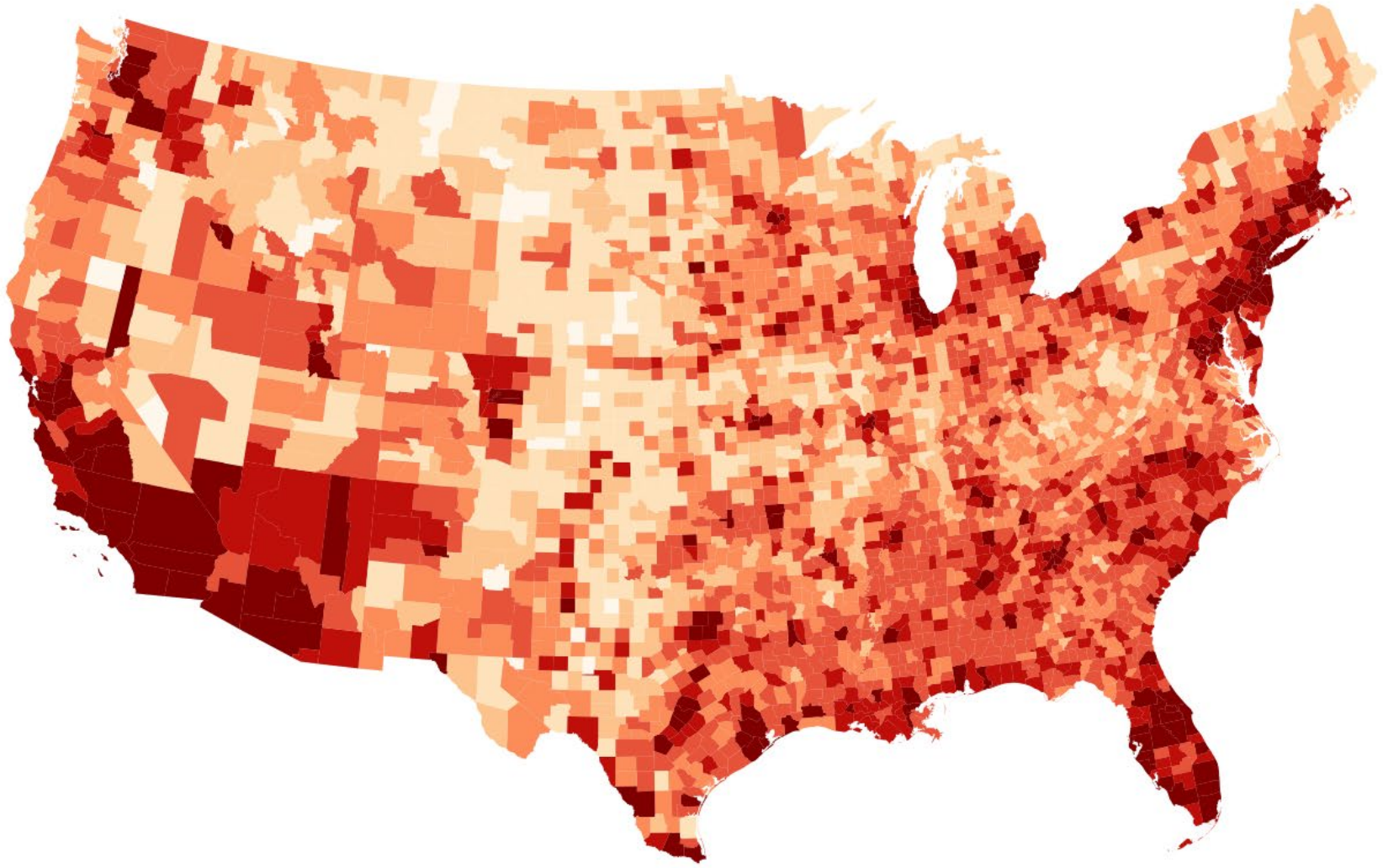


AMERICAN OVERSIGHT

NIH FOIA 001259

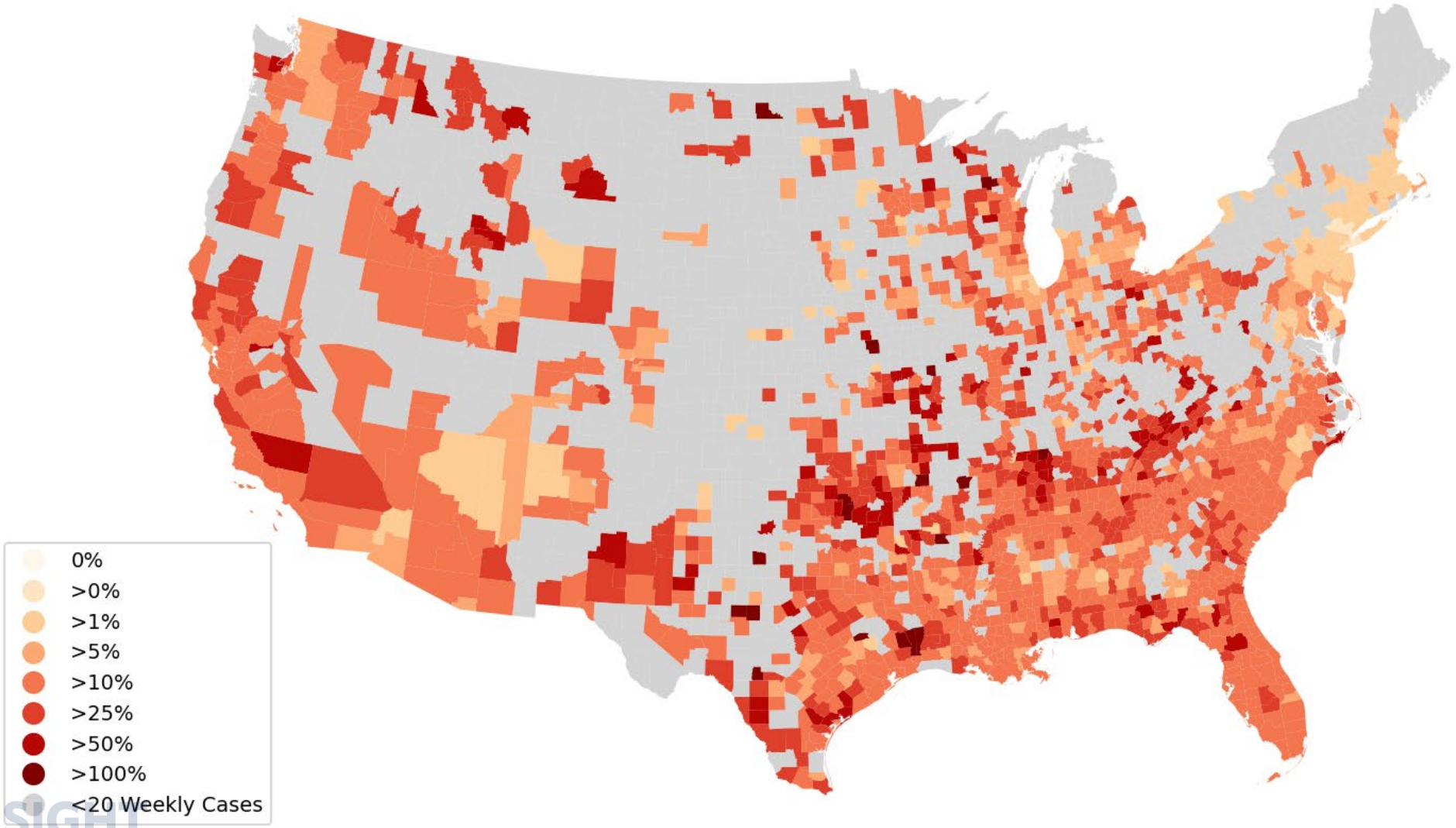
HHS-NIH-20-0496-A-001259

Total Cases



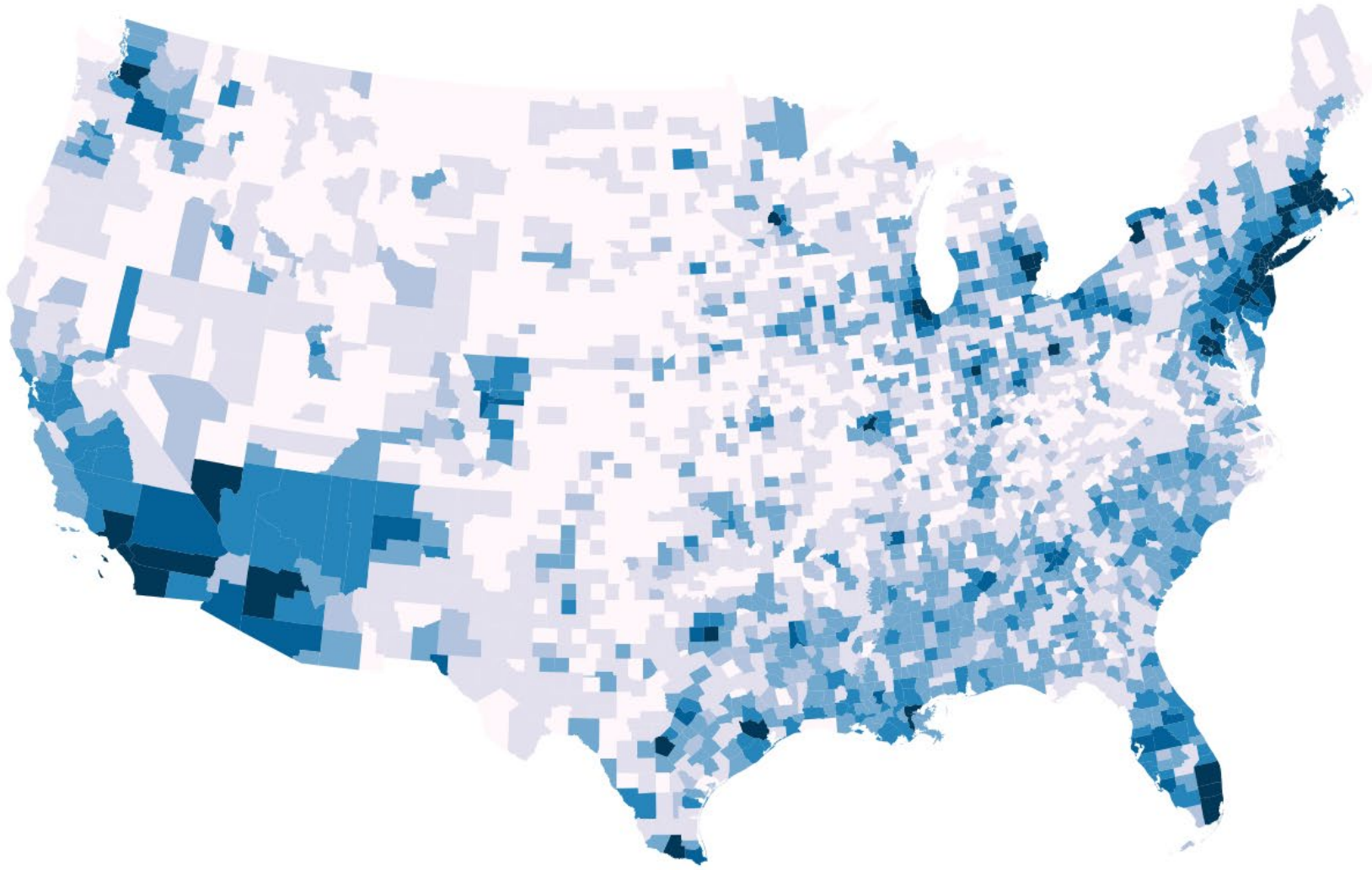
AMERICAN OVERSIGHT

Percent Increase in Total Cases over 7 days



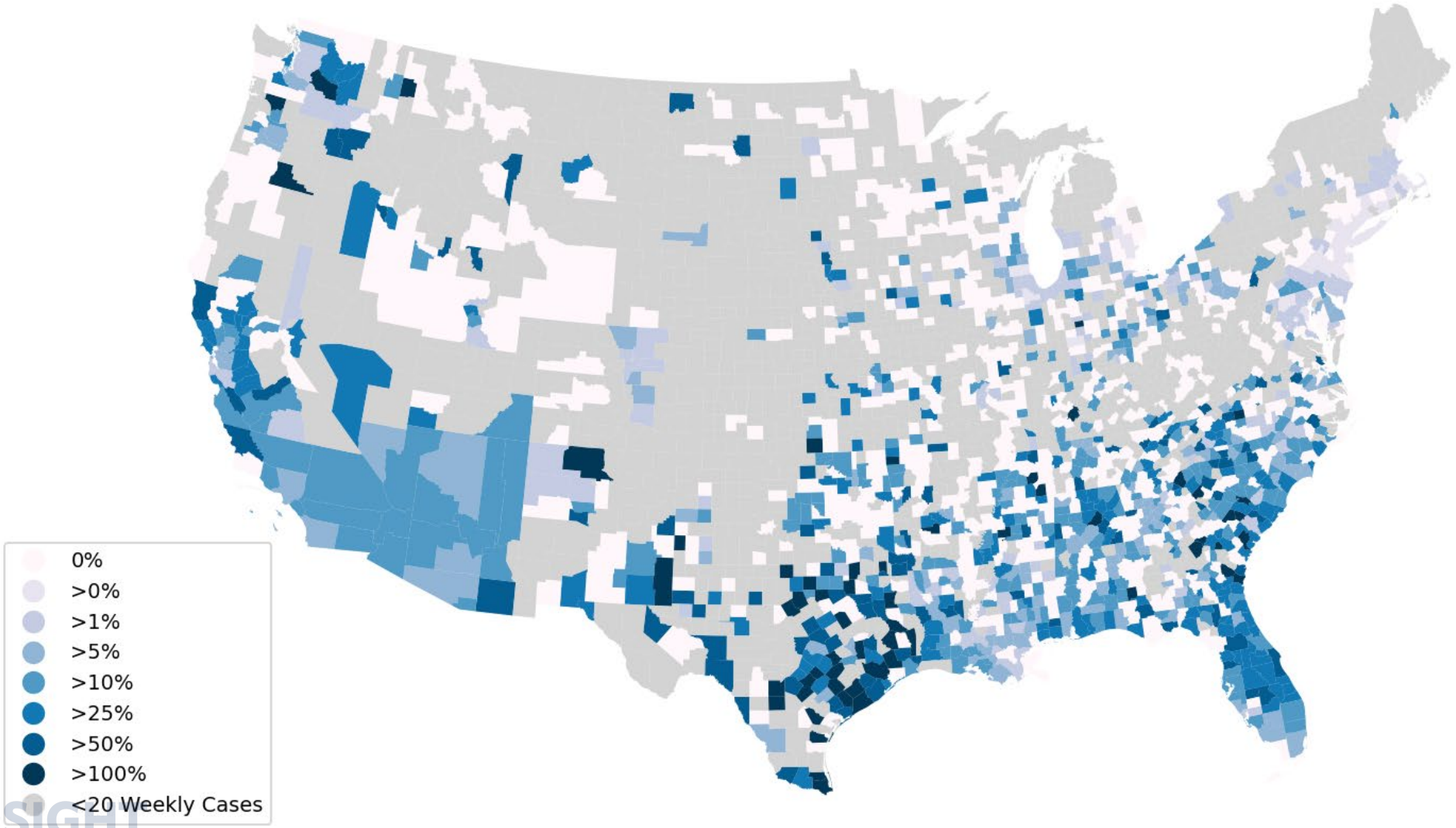
AMERICAN OVERSIGHT

Total Deaths



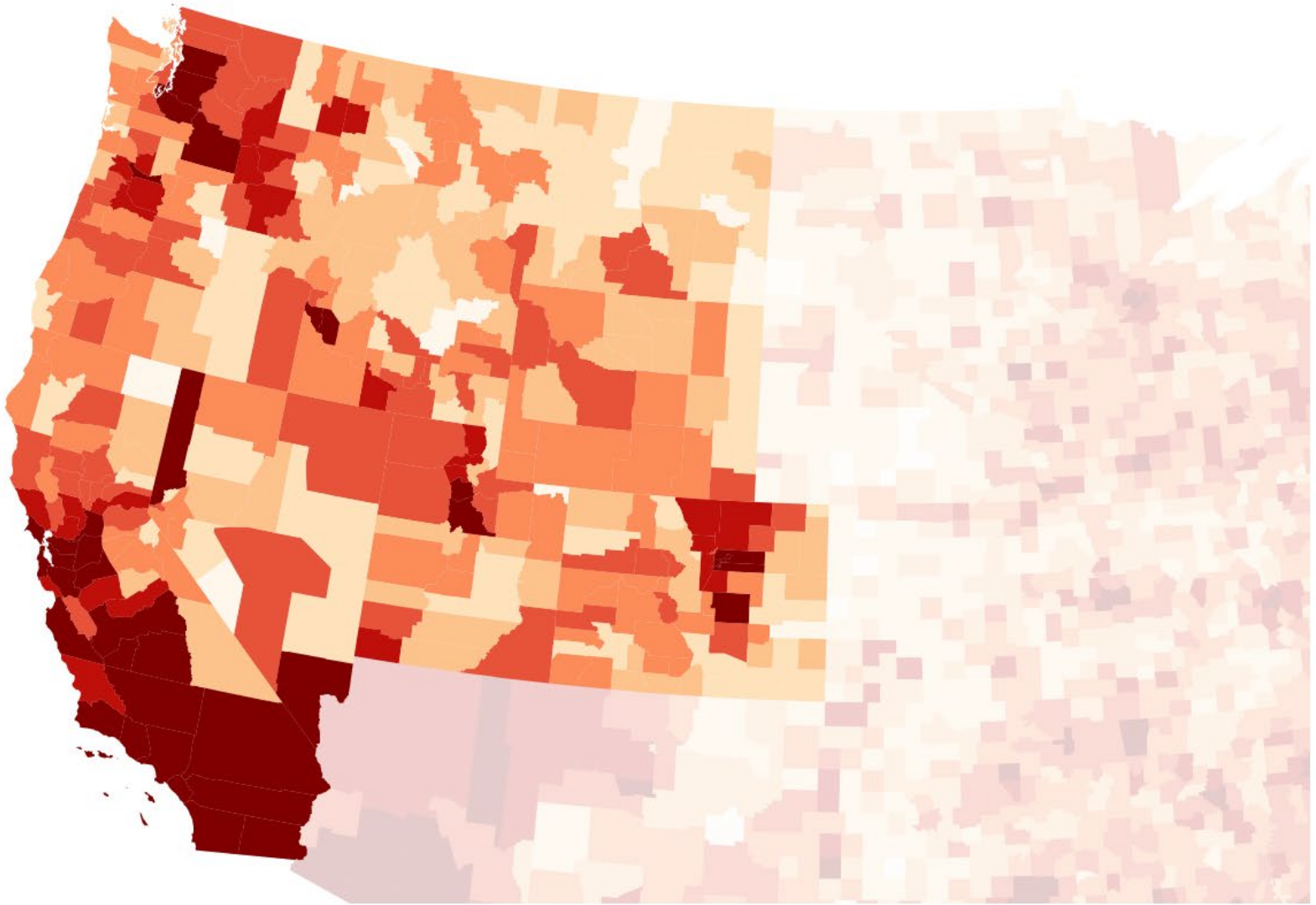
AMERICAN OVERSIGHT

Percent Increase in Total Deaths over 7 days



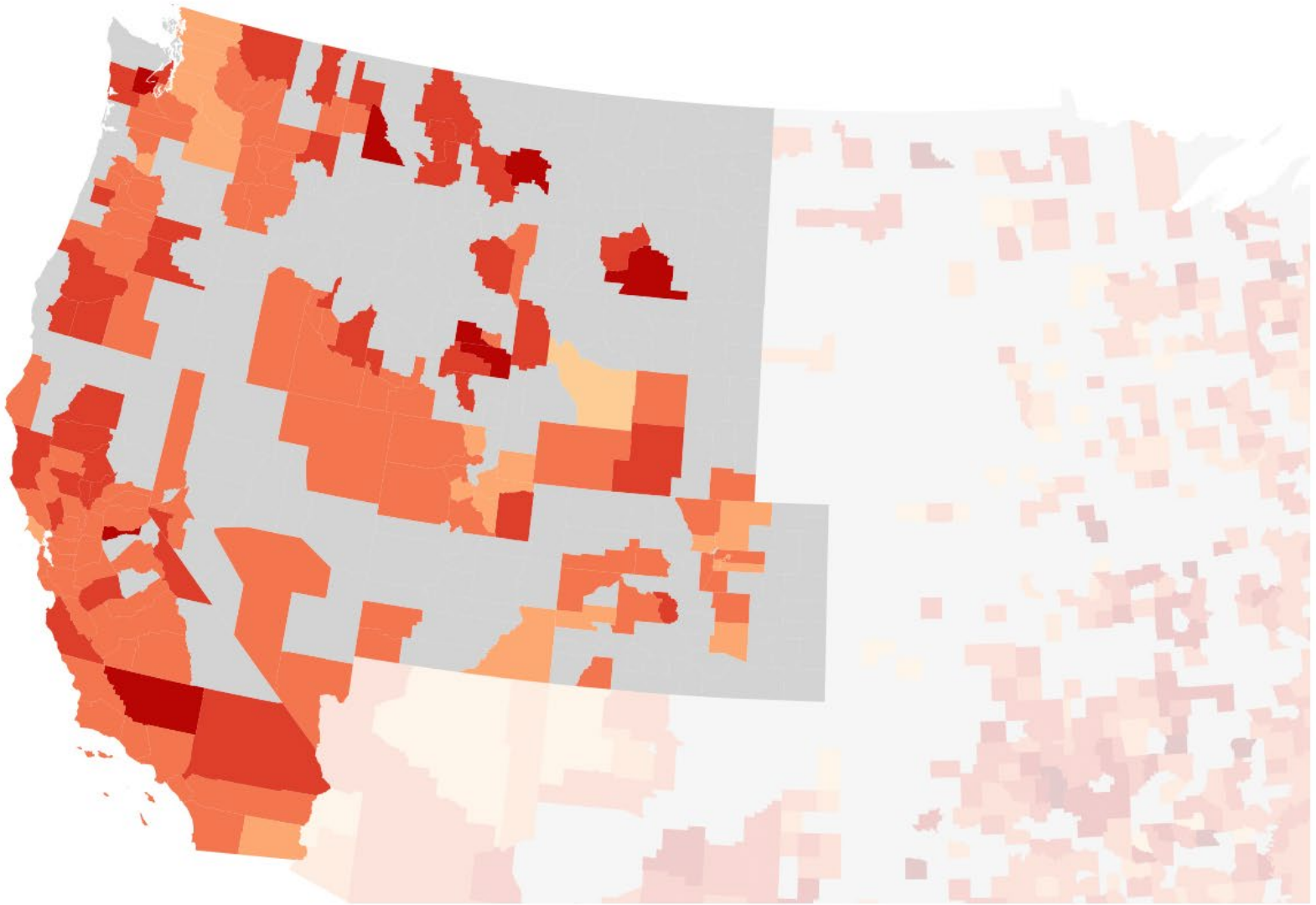
AMERICAN OVERSIGHT

Total Cases



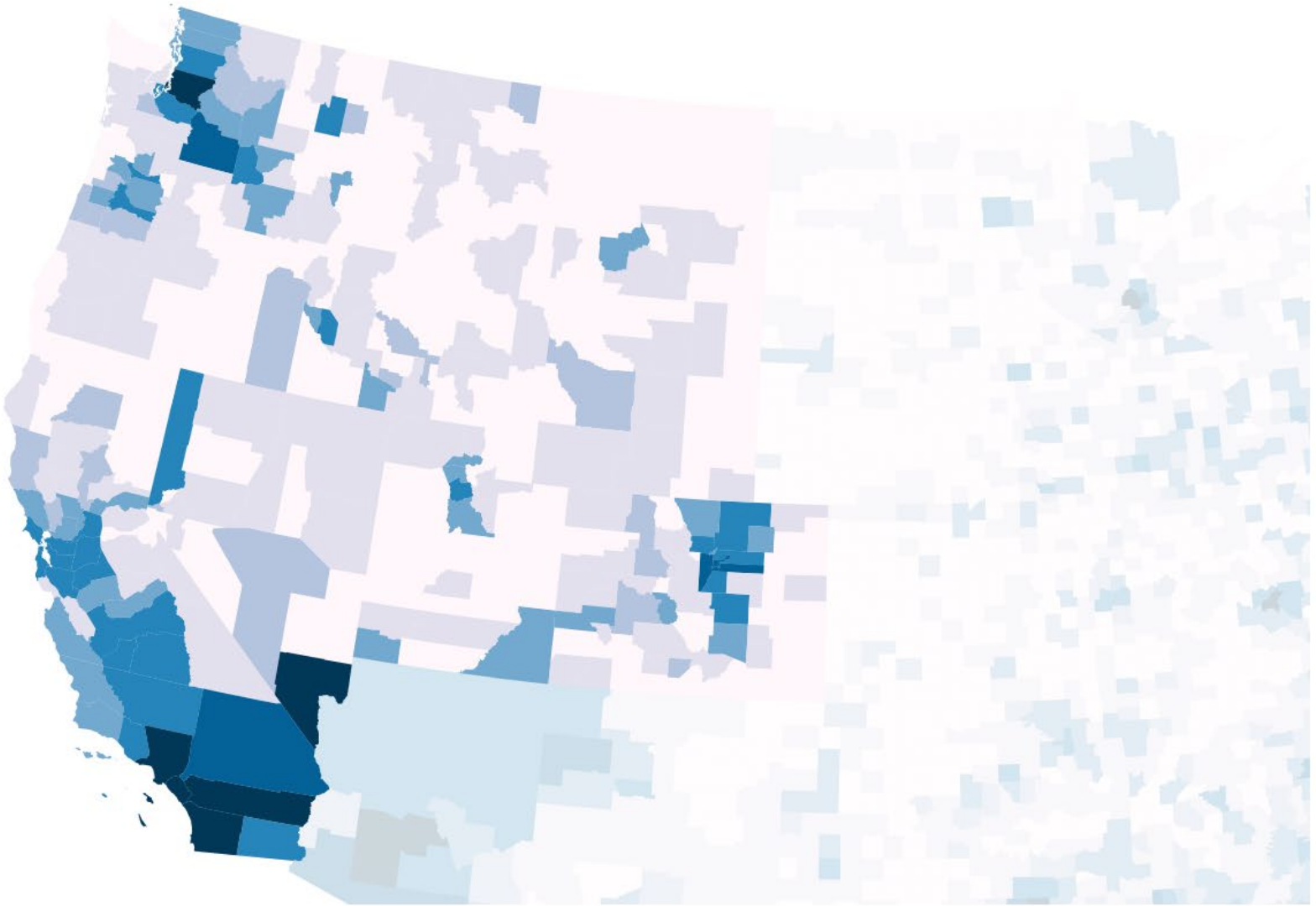
AMERICAN OVERSIGHT

Percent Increase in Total Cases over 7 days



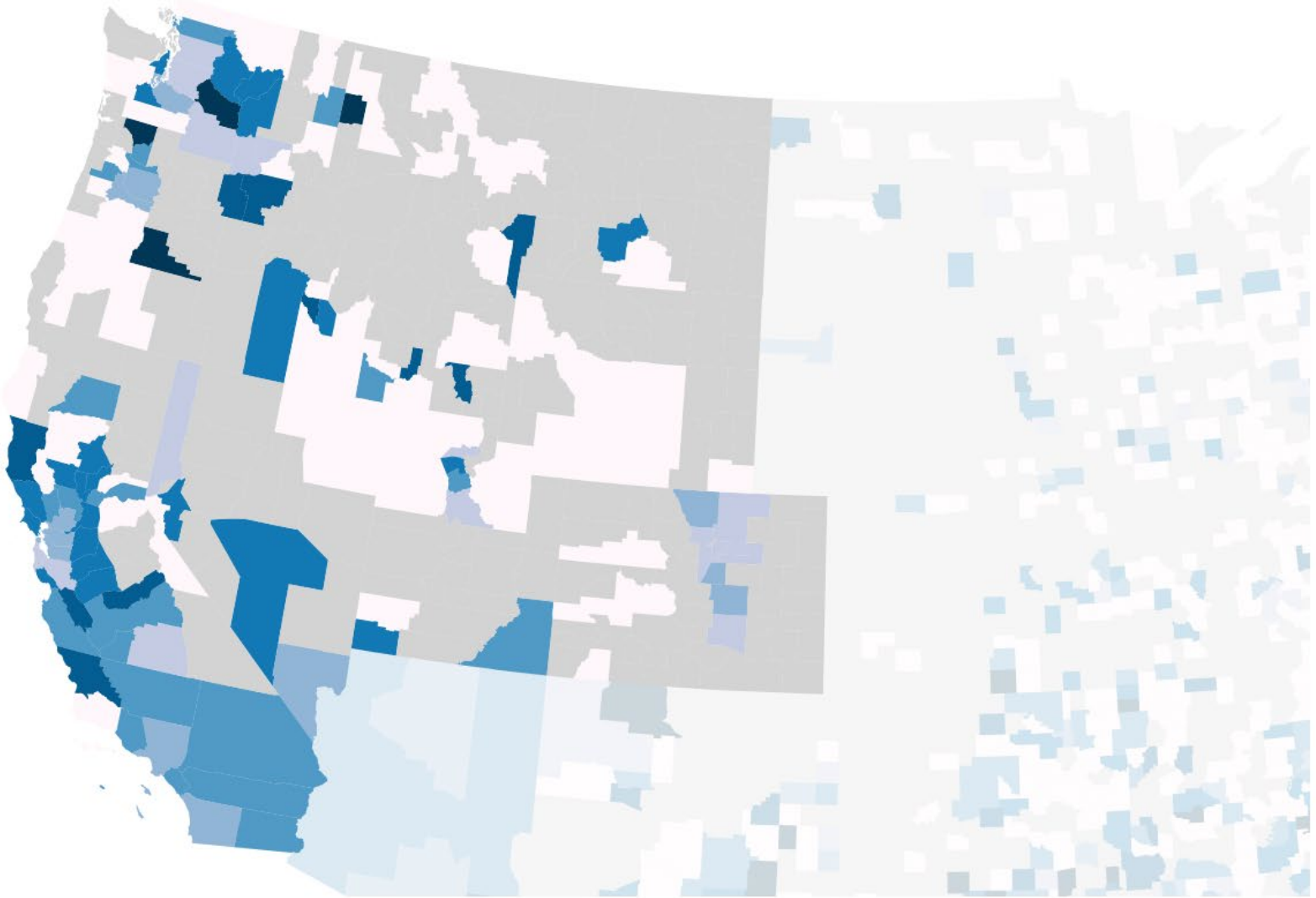
AMERICAN OVERSIGHT

Total Deaths

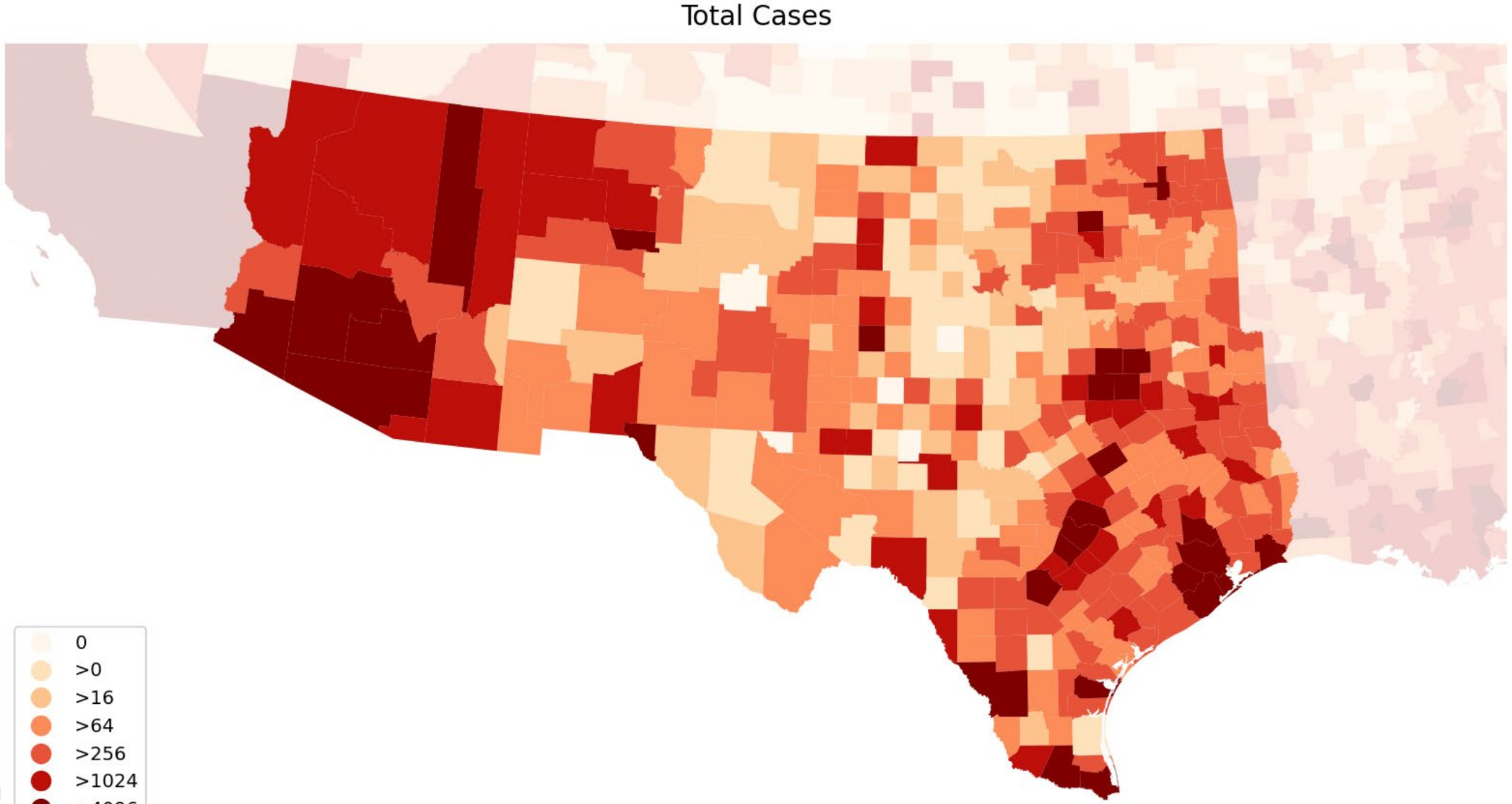


AMERICAN OVERSIGHT

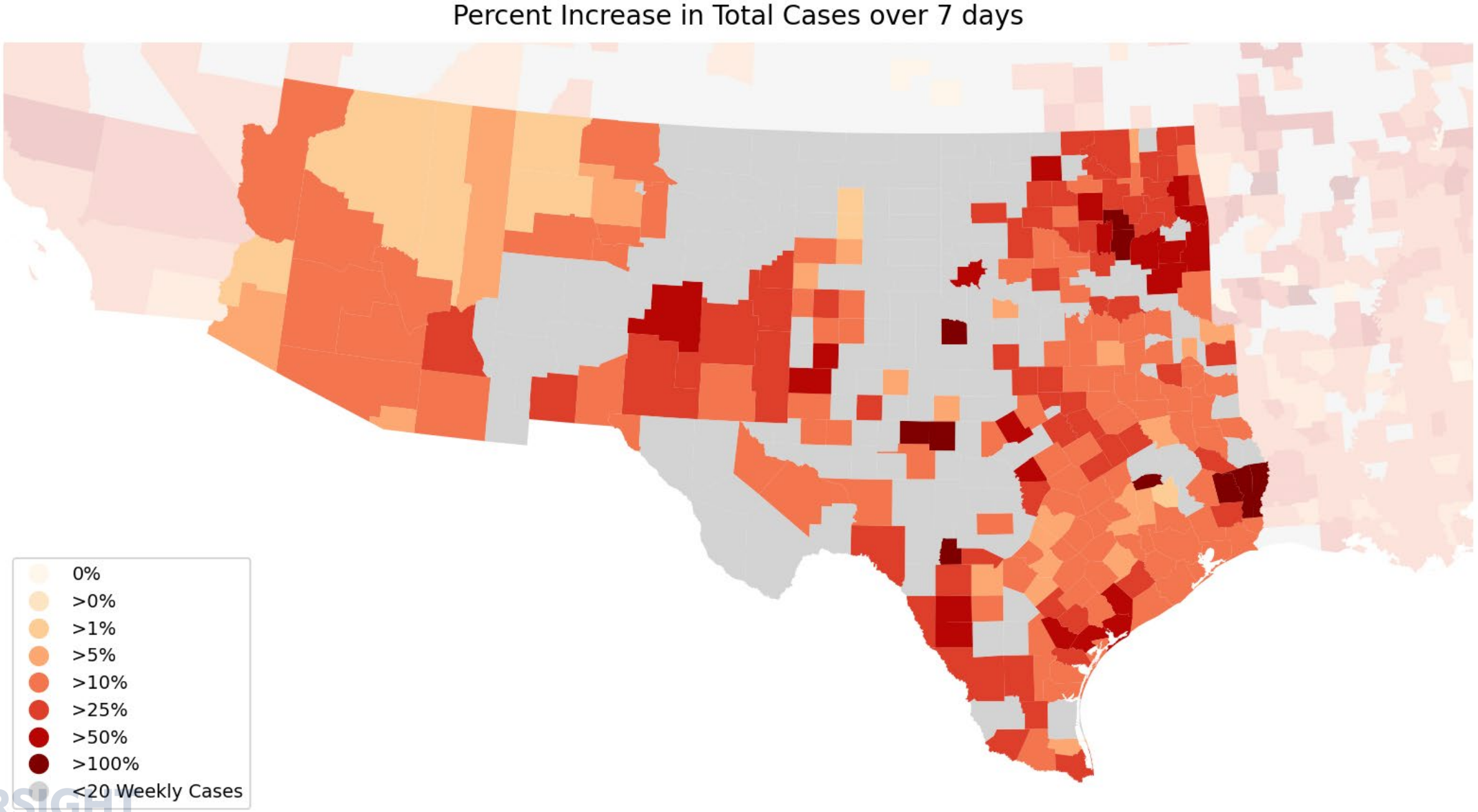
Percent Increase in Total Deaths over 7 days



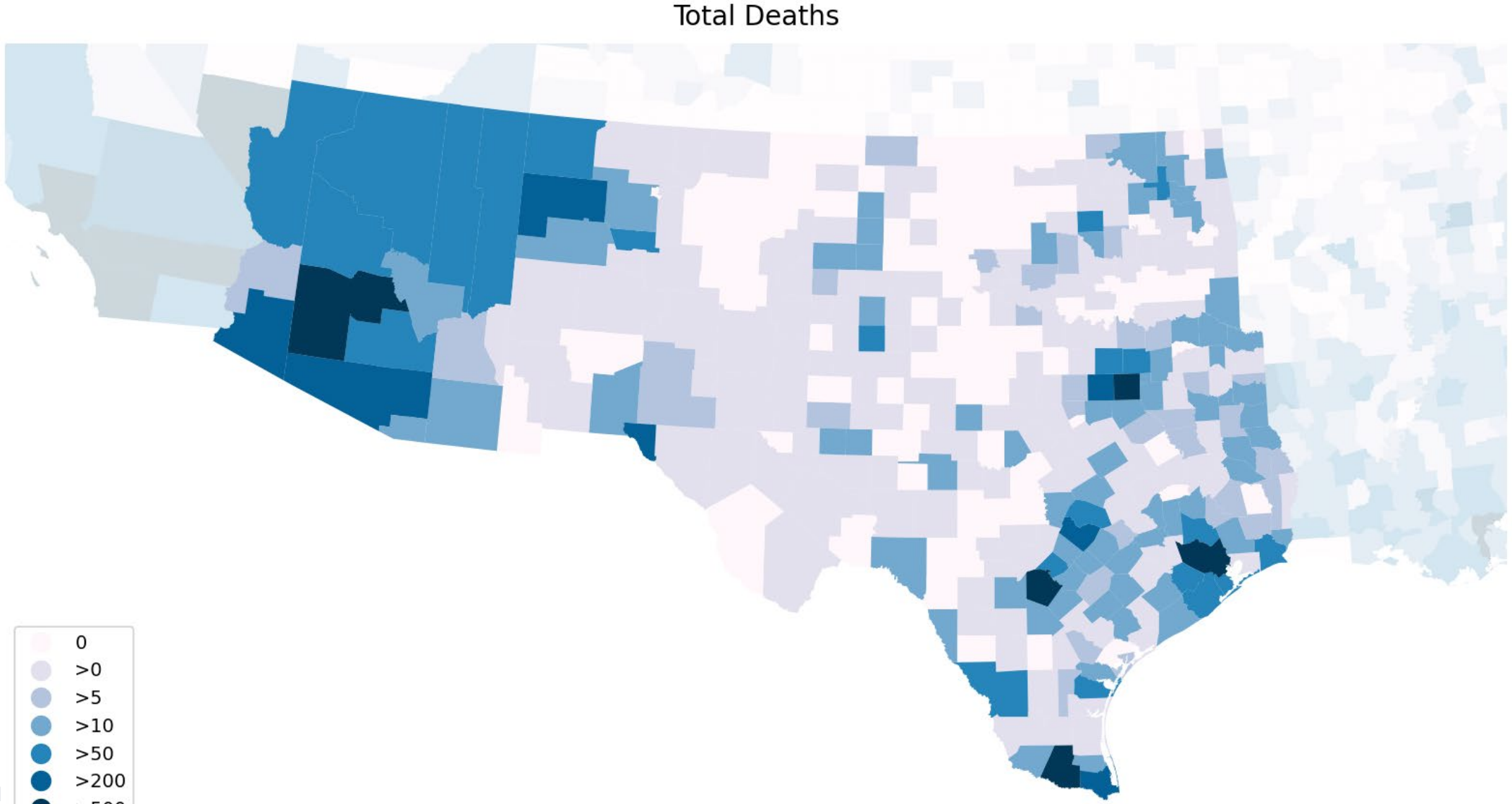
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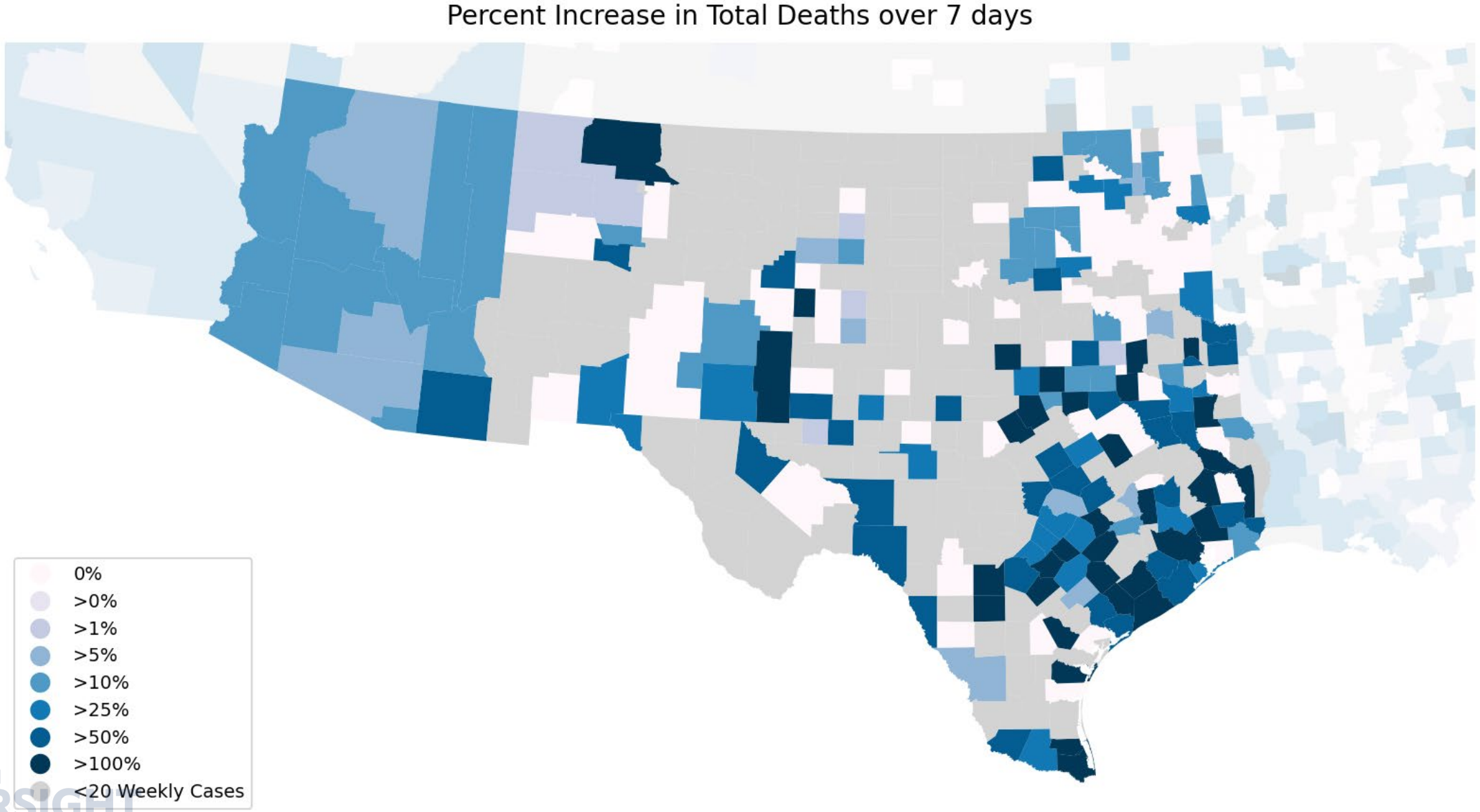
AMERICAN OVERSIGHT



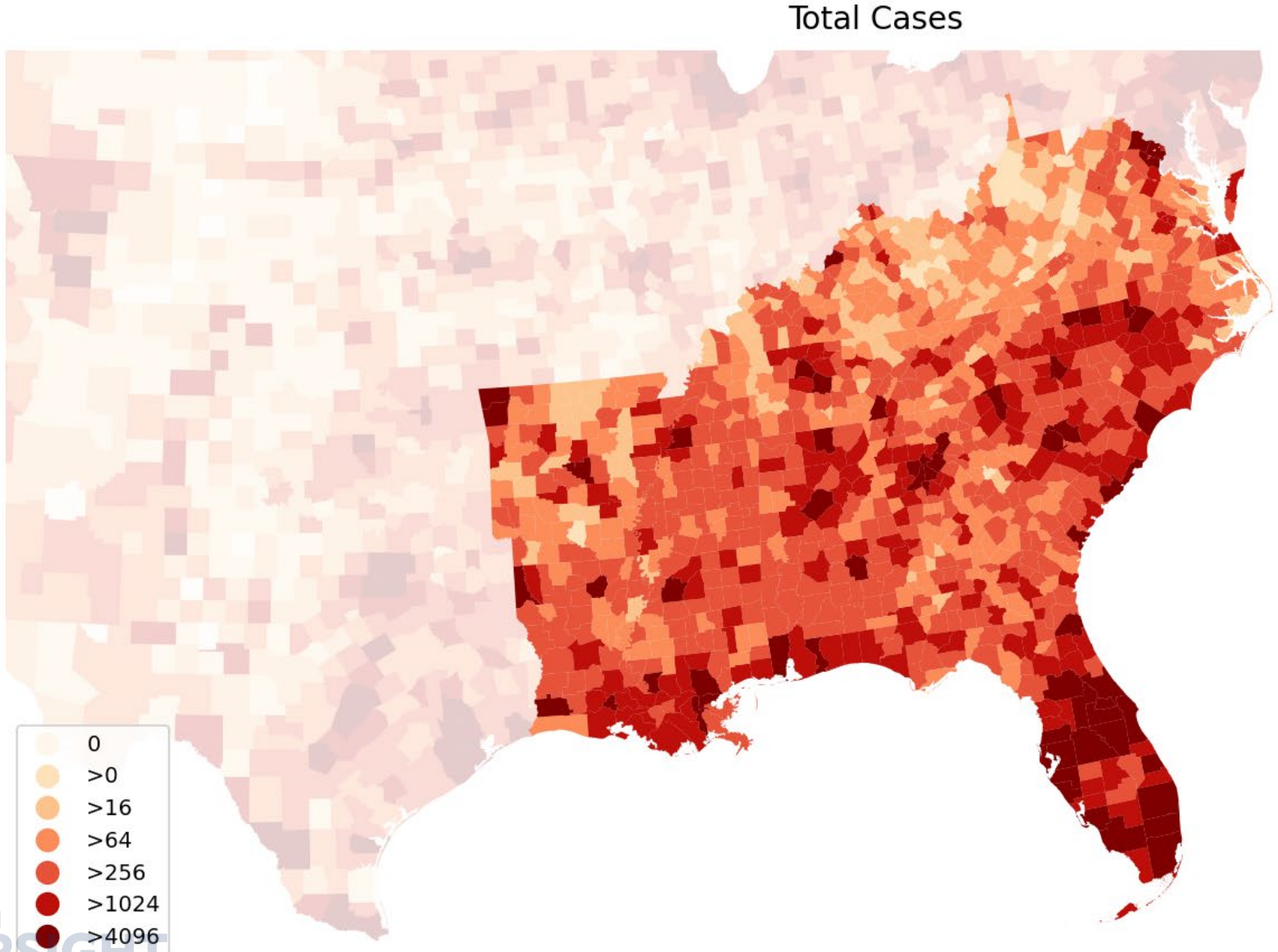
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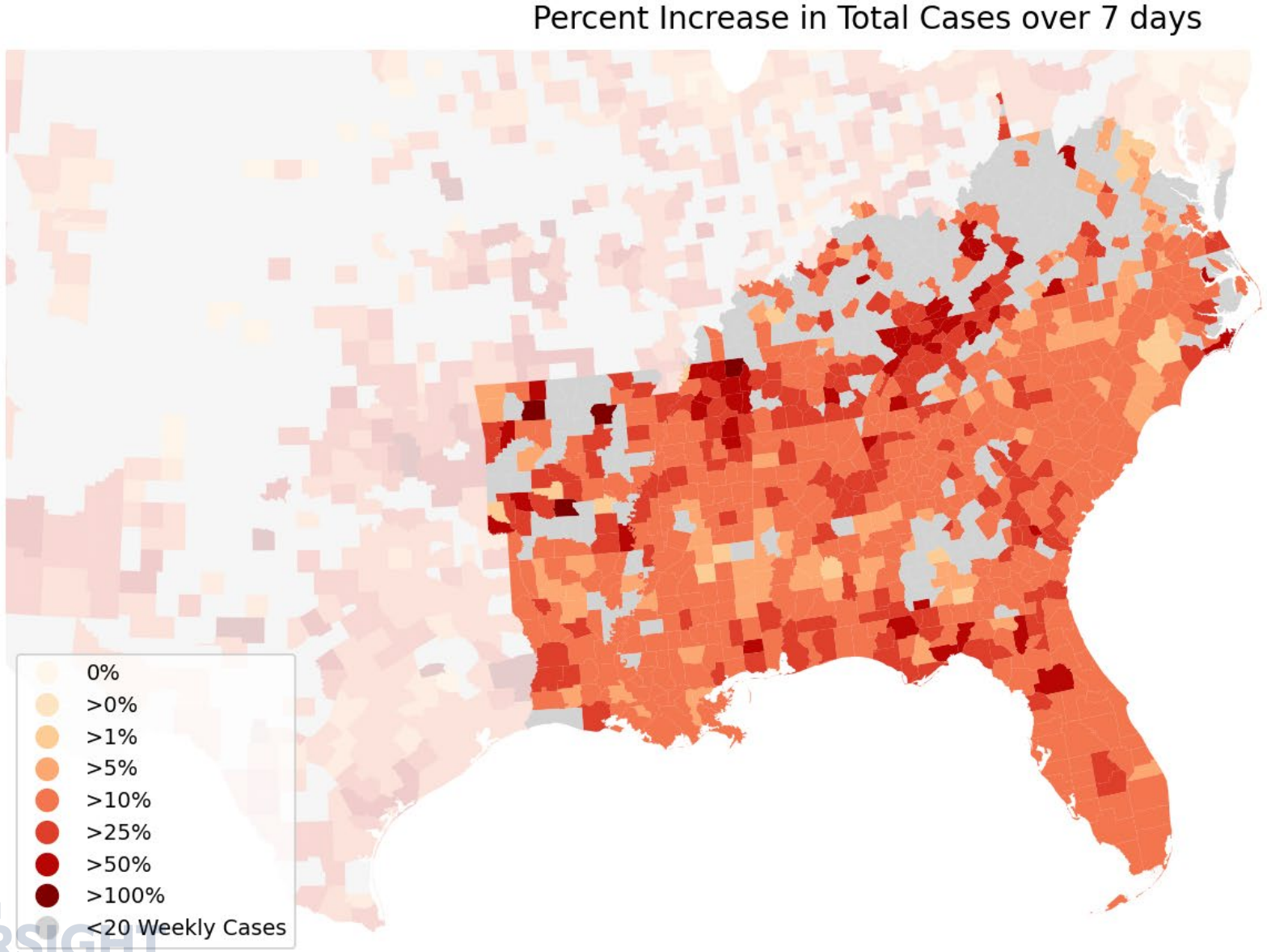
AMERICAN OVERSIGHT



AMERICAN OVERSIGHT

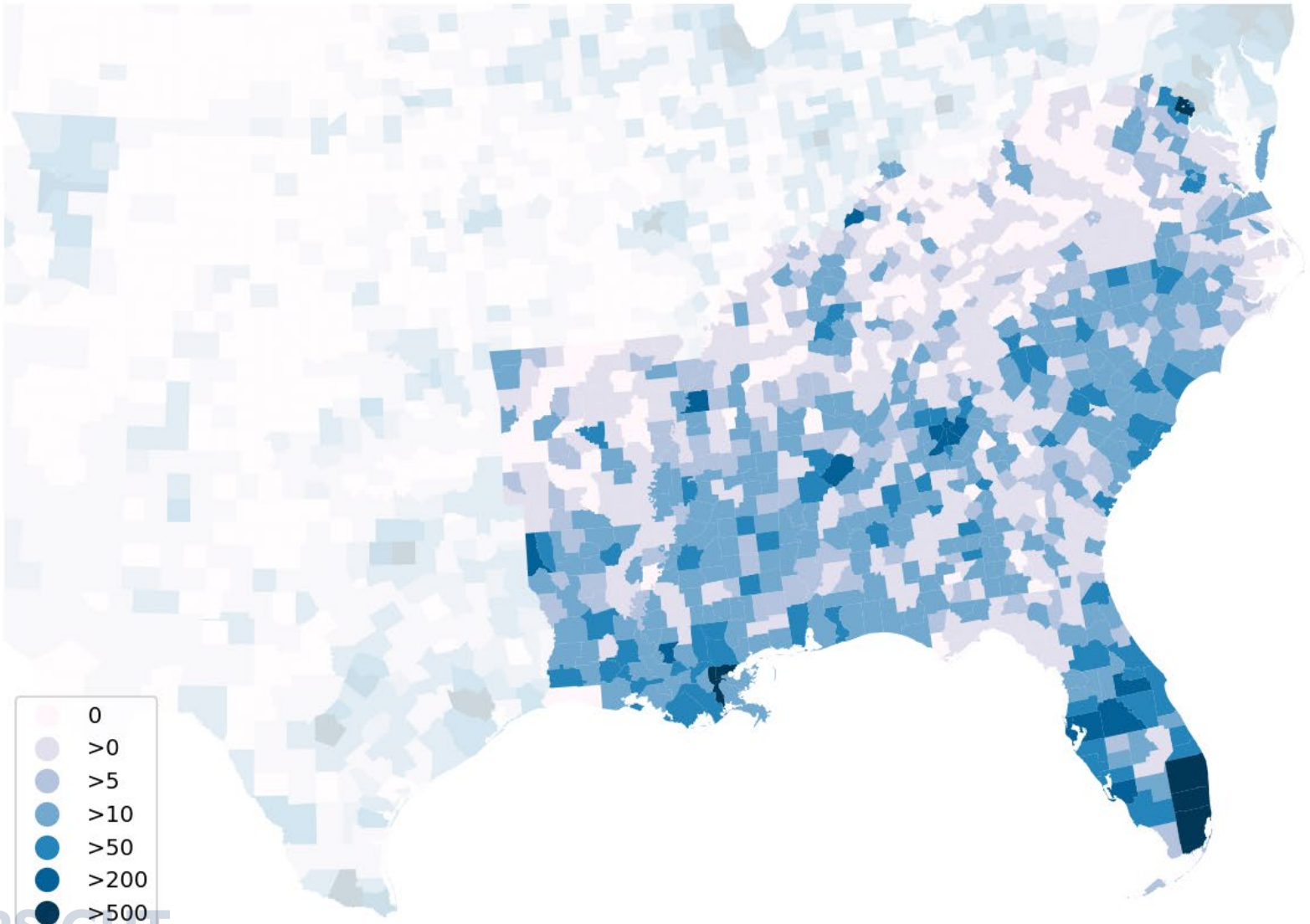


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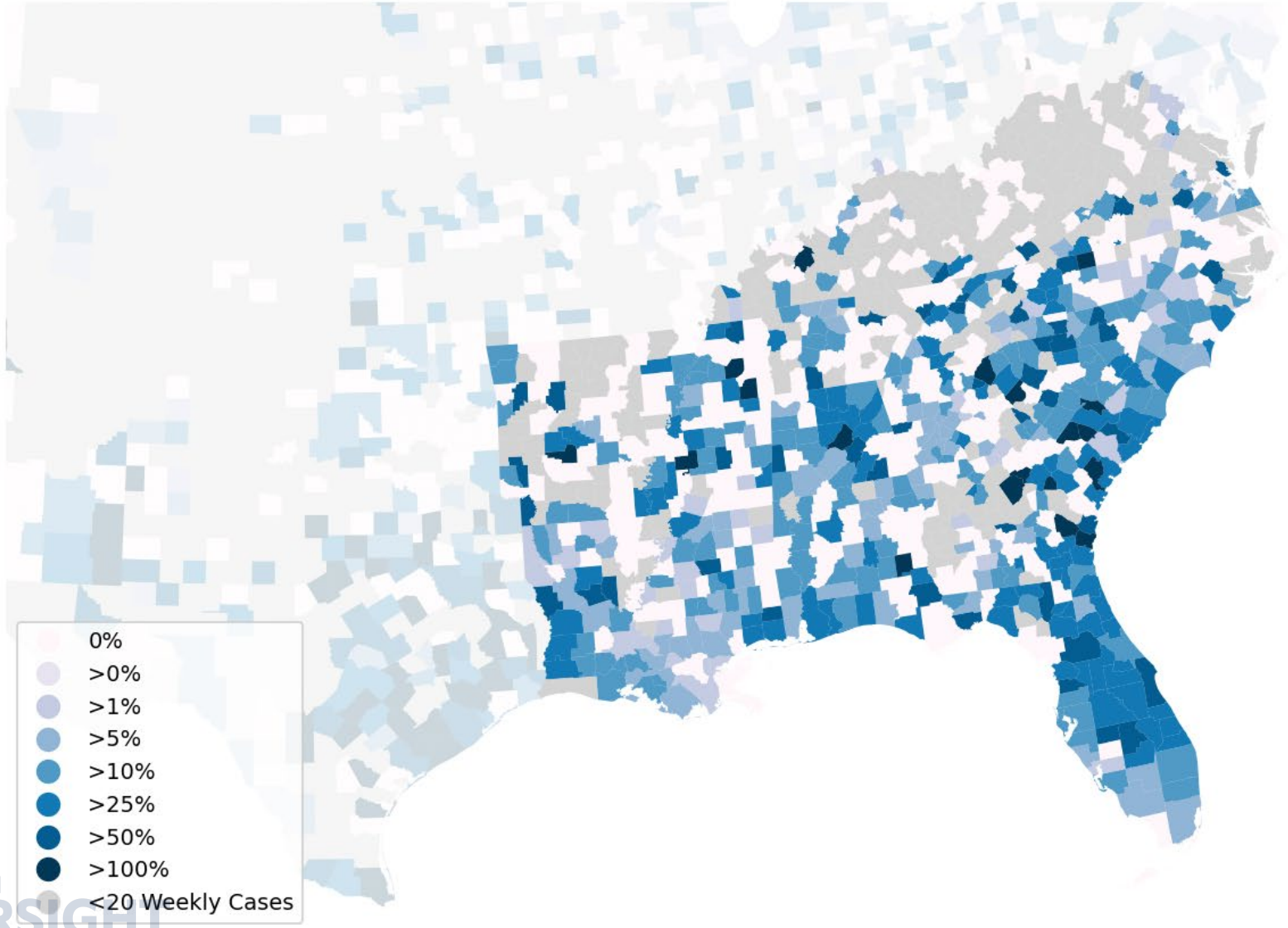
AMERICAN OVERSIGHT

Total Deaths



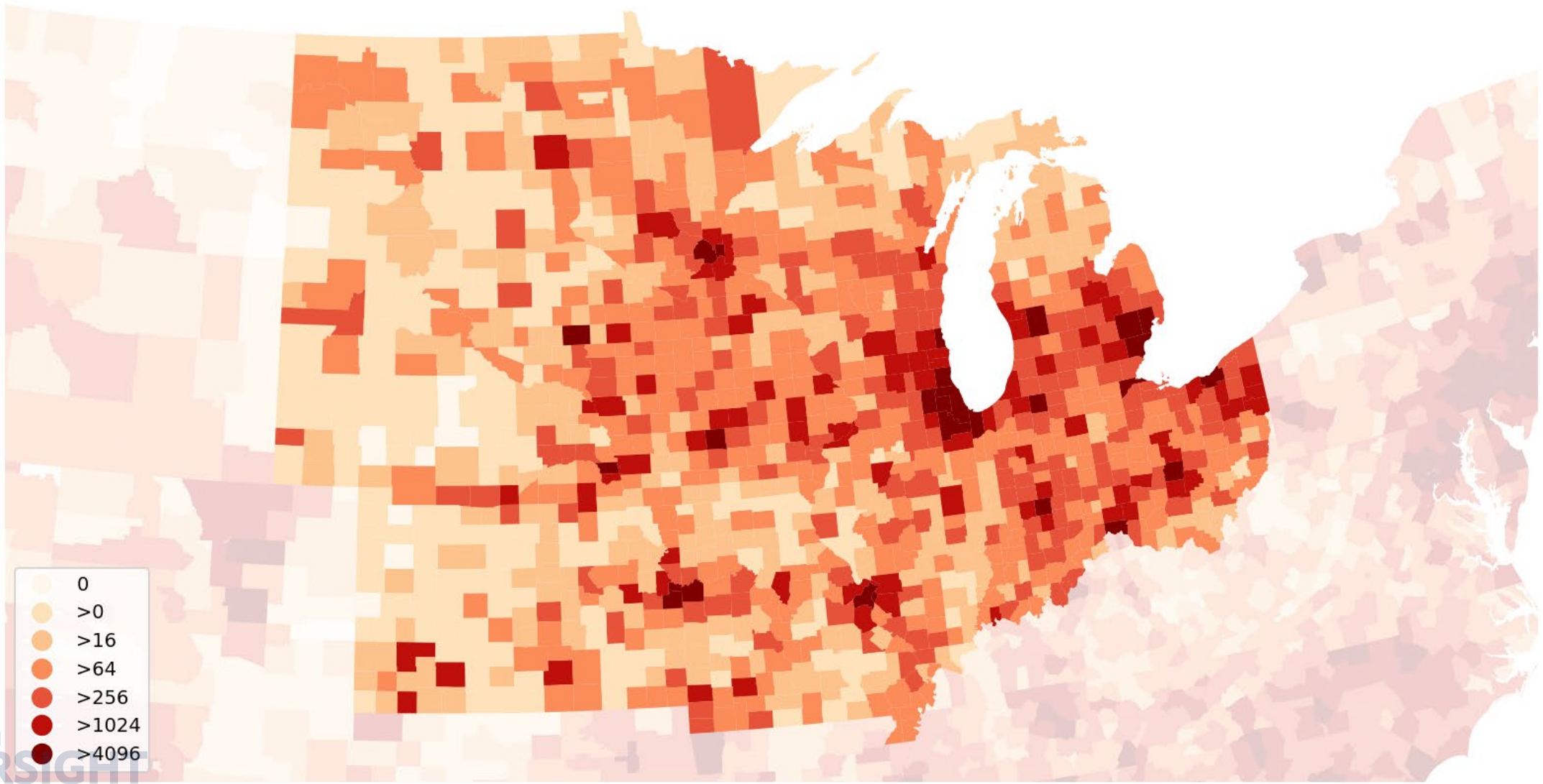
AMERICAN OVERSIGHT

Percent Increase in Total Deaths over 7 days

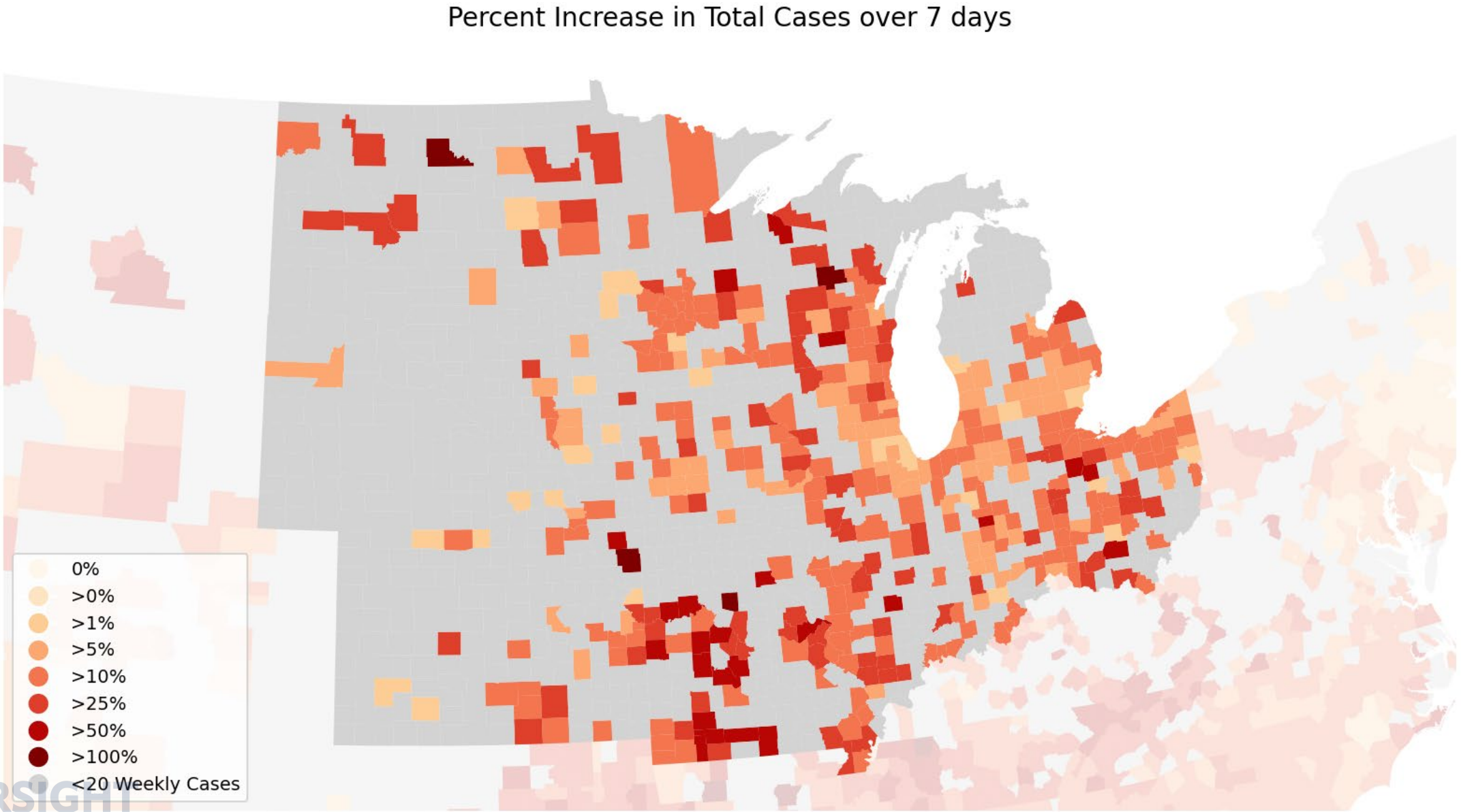


AMERICAN OVERSIGHT

Total Cases



AMERICAN OVERSIGHT



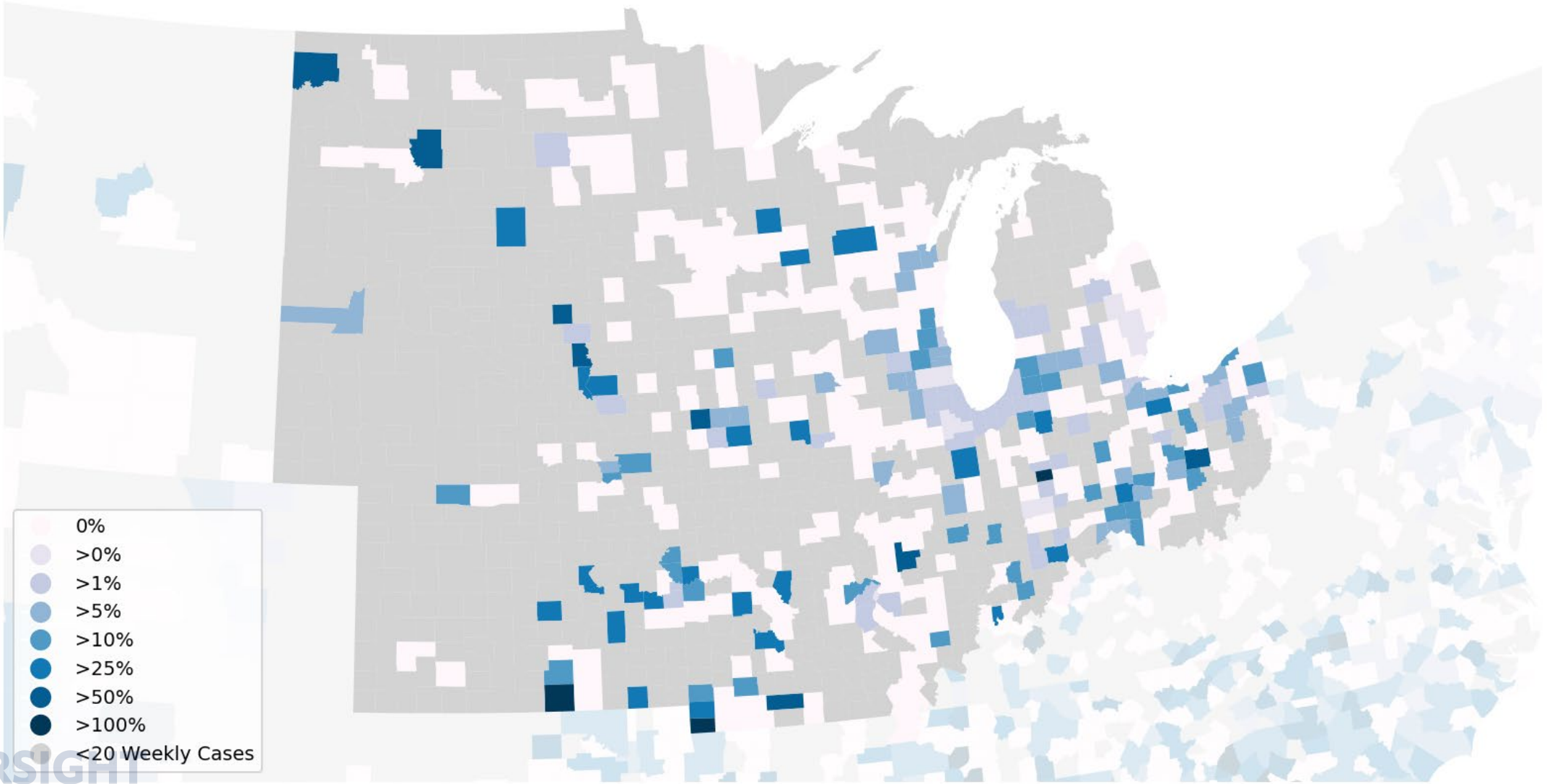
AMERICAN OVERSIGHT

Total Deaths

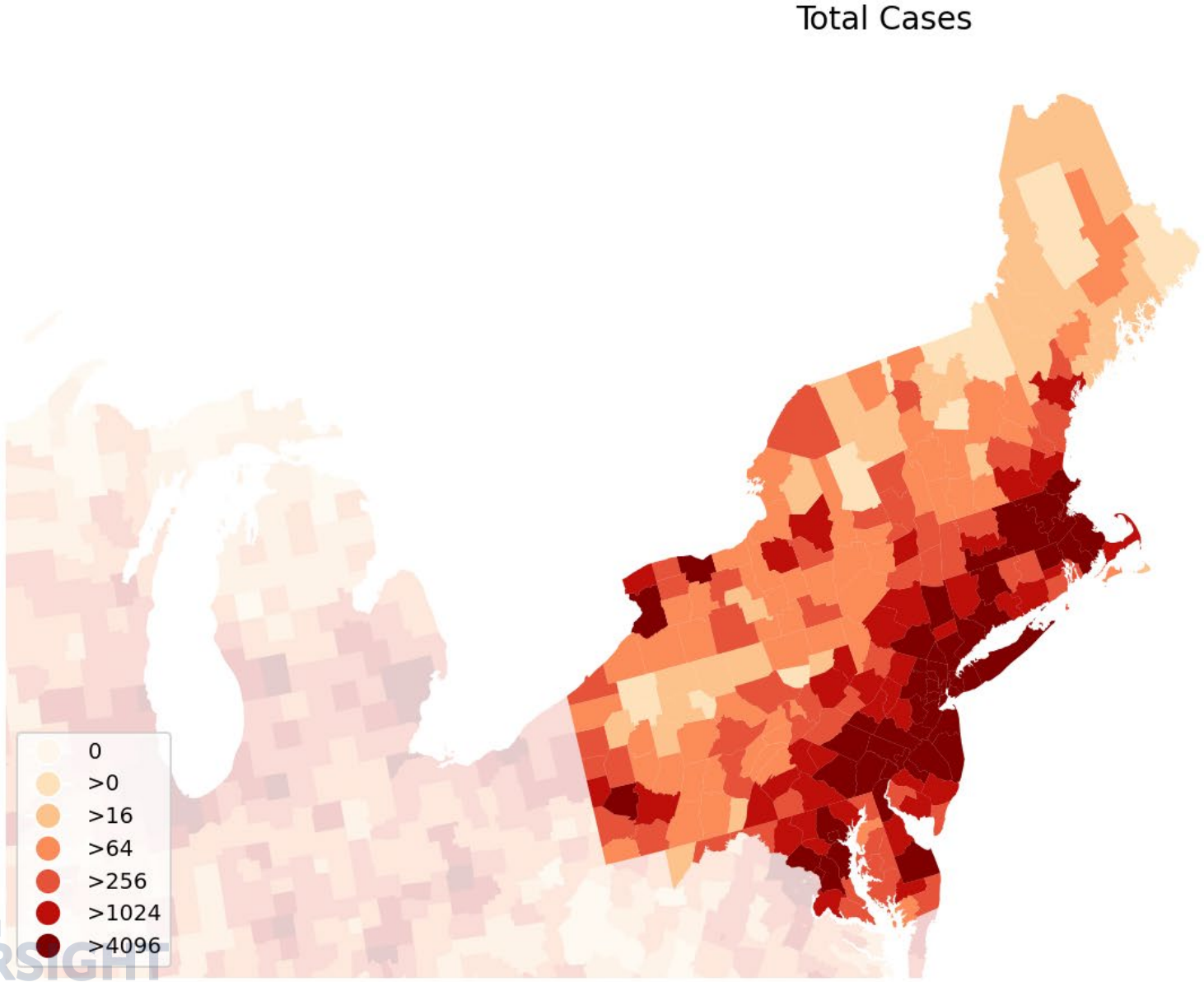


AMERICAN OVERSIGHT

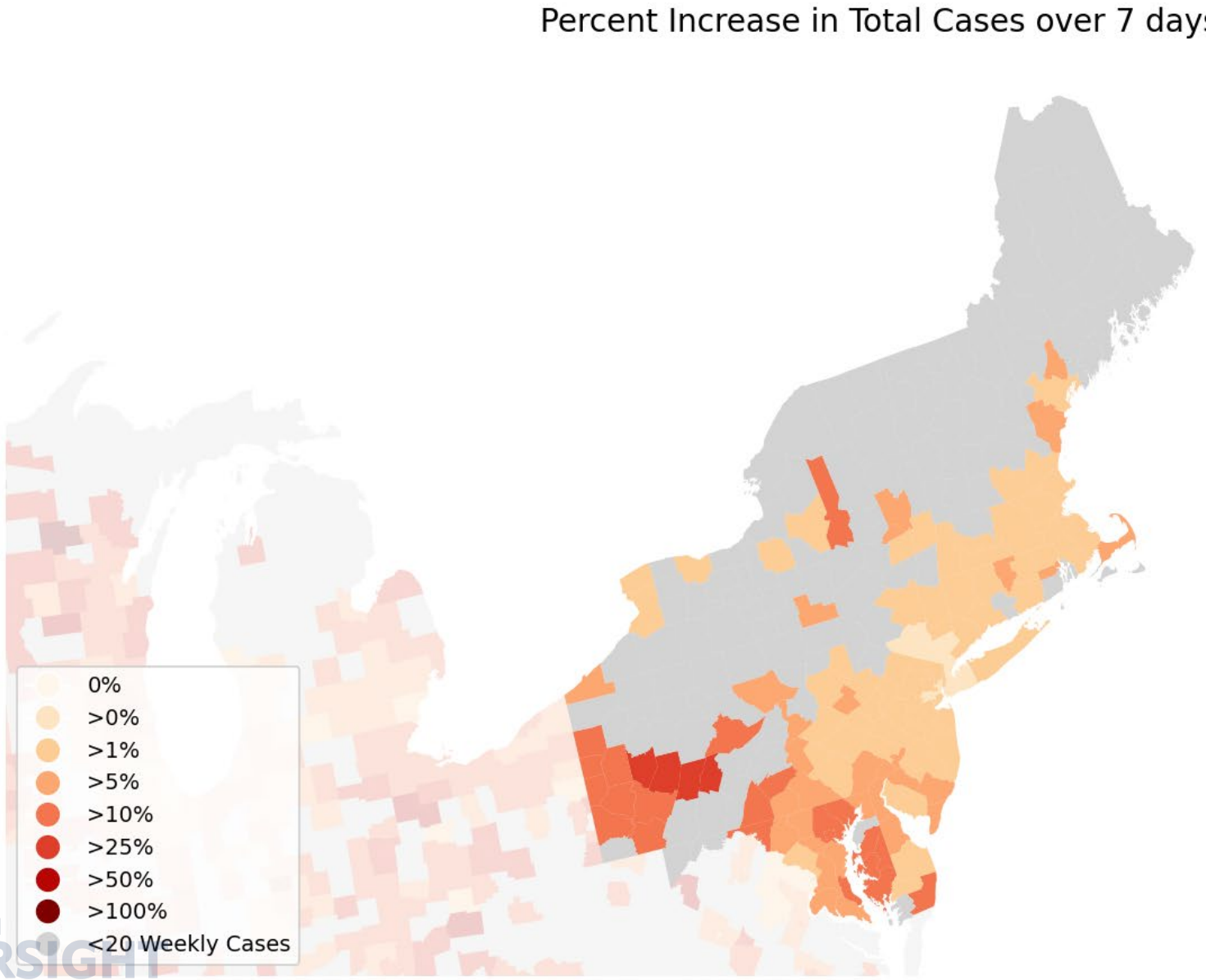
Percent Increase in Total Deaths over 7 days



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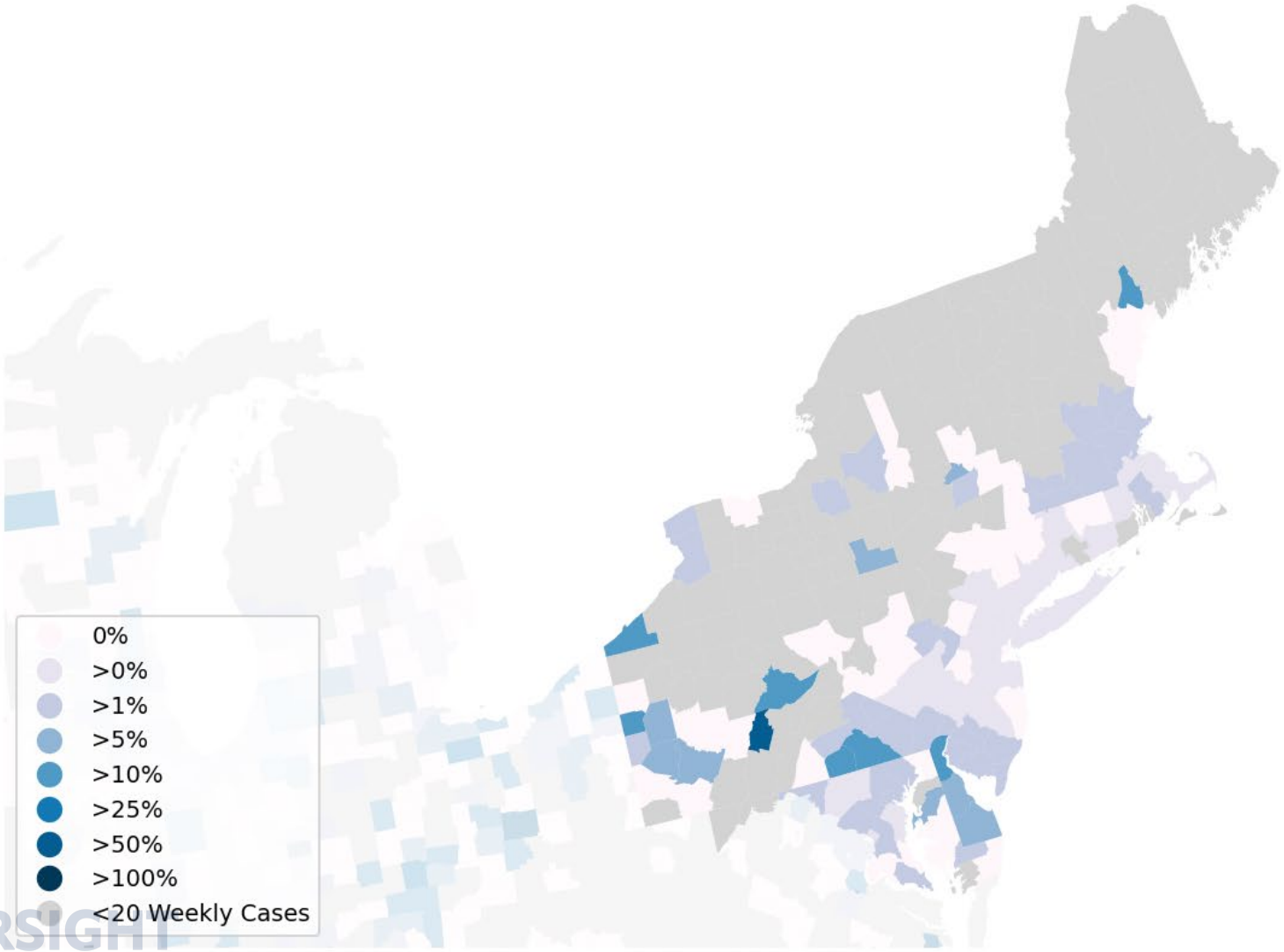
AMERICAN OVERSIGHT

Total Deaths

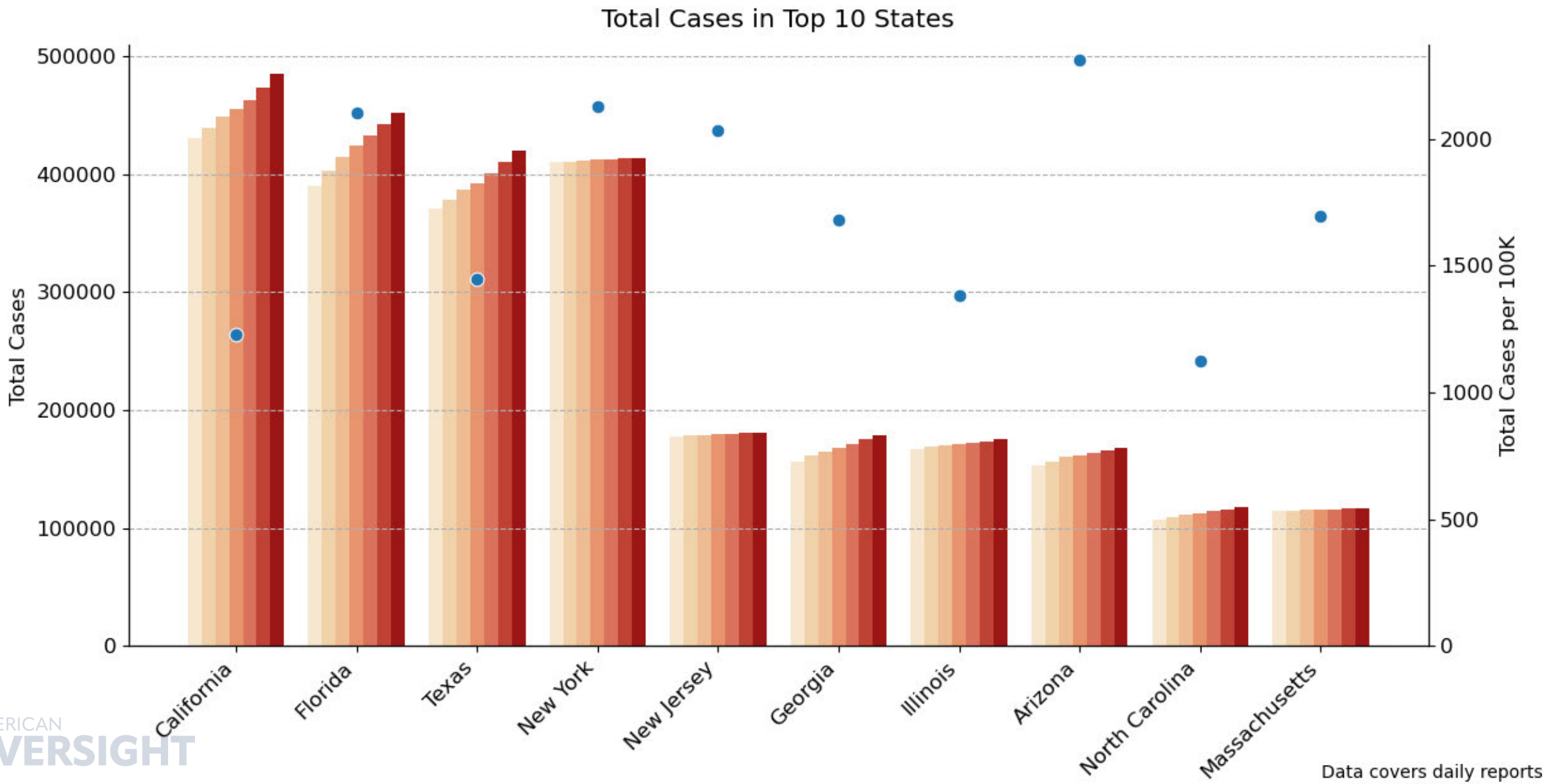


AMERICAN OVERSIGHT

Percent Increase in Total Deaths over 7 days



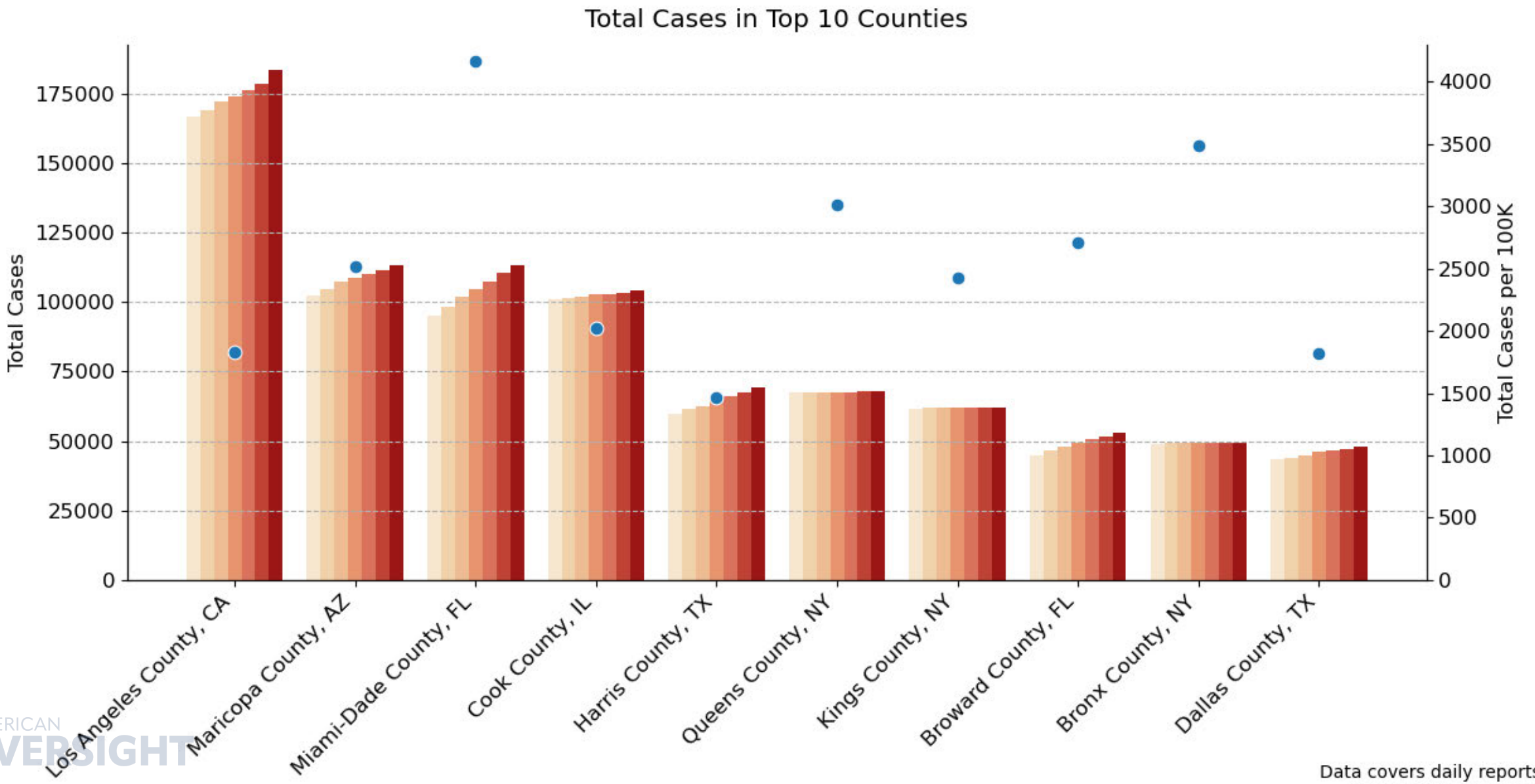
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Data covers daily reports from July 23 to July 29

NIH FOIA 001284
HHS-NIH-20-0496-A-001284



AMERICAN OVERSIGHT

Data covers daily reports from July 23 to July 29

NIH FOIA 001285
HHS-NIH-20-0496-A-001285

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Tue, 4 Aug 2020 13:17:50 -0500
To: AMA2 (OS/IOS); (b) (6) Kudlow, Larry A. EOP/WHO;Redfield, Robert R. (CDC/OD);Fauci, Anthony (NIH/NIAID) [E];Adams, Jerome (HHS/OASH);sh1@fda.hhs.gov;Birx, Deborah L. EOP/NSC;CMS (b) (6) Short, Marc T. EOP/OVP;Miller, Katie R. EOP/OVP;Philbin, Patrick F. EOP/WHO;Miller, Stephen EOP/WHO; (b) (6) (b) (6) (b) (6) Cipollone, Pat A. EOP/WHO;Kellogg, Joseph Keith K. Jr. EOP/OVP; (b) (6) Engels, Thomas (HRSA); (b) (6) Collins, Francis (NIH/OD) [E];Harrison, Brian (HHS/IOS);Pataki, Tim A. EOP/WHO;Pottebaum, Nic D. EOP/WHO;Hoelscher, Douglas L. EOP/WHO;Obenshain, Tucker T. EOP/OVP;Kushner, Jared C. EOP/WHO;Conley, Sean P. CDR USN WHMO/WHMU;Fleming, John C. Jr. EOP/WHO;Jacob, Gregory F. EOP/OVP;Hicks, Hope C. EOP/WHO;Fisher, Garrett C. EOP/OVP;Nevins, Kristan K. EOP/WHO;O'Malley, Devin M. EOP/OVP;DL OVP NSA EXECSEC; (b) (6) Farah, Alyssa A. EOP/WHO;Gilmartin, Kayleigh M. EOP/WHO; (b) (6) (b) (6) (b) (6) Jen (b) (6) Lin, Merry S. EOP/WHO;Baker, Brittany G. EOP/WHO;Gershman, Lynn E. (CDC/OD/OCS);Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Dulaigh, Joel (HHS/OASH);Hurst, Natalie R. EOP/OVP;Rose, Lyndee D. EOP/WHO;Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Olivarria, Frank (FDA/OC);Brookes, Brady (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA); (b) (6) (b) (6) (b) (6) Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Lair, Kate E. EOP/WHO; (b) (6) Dumbauld, Cassidy M. EOP/WHO; (b) (6) (b) (6) McGuffee, Tyler Ann A. EOP/OVP;Hahn, Julia A. EOP/WHO;Haddad, Carla (HHS/OASH);Taylor, Elizabeth A. EOP/WHO;DL WHO COMMS Speechwriters;Brunson, Brandy (HHS/OASH/OSG); (b) (6) Boyd, Charlton J. EOP/WHO;Bante, Katie (OS/OASH); (b) (6) (b) (6) Kline, Katherine E. EOP/WHO;Trevor, Sarah J. EOP/WHO;Gideos, Darawan (HRSA); (b) (6) McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E]; (b) (6) (b) (6) Hodgson, Christopher M. EOP/OVP;Lewis, Michael B. EOP/OVP;Conant, Ann M. EOP/OMB;Vought, Russell T. EOP/OMB;Smith, Brad (CMS/OA);Charles, Joshua T. EOP/OVP;Gray, John W. EOP/OVP;Johnson, Miles M. EOP/WHO; (b) (6) Pitts, Kara (CMS/CMMI);Smith, Brad M. EOP/WHO;Hemphill, Hayden;OVPSchedule;Ortagus, Morgan D. EOP/WHO
Cc: Joannou, Tom W. EOP/WHO;Conway, Kellyanne E. EOP/WHO;Stickles, Brendan R. EOP/OVP;Royer, Theodore M. EOP/WHO;Woolfolk, Jon J. EOP/NSC;Porter, Macaulay V. EOP/WHO
Subject: White House Coronavirus Task Force Meeting
Attachments: WH Coronavirus TF Agenda 8.4.20.docx, CMS Regulation Update 8.4.pdf, Supply Chain Slide 8.4.pptx, WHSR JFK Seating Chart 8.4.pptx, CBP Update 8.4.pdf

All –

There will be a **White House Coronavirus Task Force Meeting** at **3:00pm** in the White House Situation Room. Materials attached.

Thank you,

AMERICAN OVERSIGHT

Joel Troutman
Office of the Vice President
(b) (6)

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OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Tuesday, August 4, 2020
3:00pm EST

I. **Opening Remarks** – Vice President Pence

II. **Data Modeling & Reporting** – Dr. Debbie Birx

III. **NRCC & Supplies Update** – Administrator Pete Gaynor (FEMA) & Admiral John Polowczyk (FEMA)

IV. **Teachers as Essential Workers** – Acting Secretary Chad Wolf (DHS)

V. **CMS Regulation Update** – Administrator Seema Verma (CMS)

VI. **CBP Update on Southwest Border** – Acting Secretary Chad Wolf (DHS)

VII. **Therapeutics & Vaccines** – Dr. Anthony Fauci (NIAID)

VIII. **Concluding Remarks** – Vice President Pence

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
200 Independence Avenue, SW
Washington, DC 20201

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
OFFICE OF THE ADMINISTRATOR

(b) (5)

[redacted]

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Supply Chain Advisory Group (SCAG) Summary of Actions

FEMA

Strategic National Stockpile (status)

(b) (5)

Donations (status delivered)

(b) (5)

(b) (5)

(b) (5)

(b) (5)

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Not For External Use

WHSR JFK Conference Room (West Wing)
DATE: 4 AUGUST 2020
TIME: 1500 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

EAST

Jared Kushner

Brad Smith

LTG Keith Kellog

Katie Miller

Marc Short

Sec. Sonny Perdue

A/Sec. Chad Wolf

Sec. Gene Scalia

Sec. Alex Azar



Dr. Bob Redfield

ADM Brett Giroir

Dr. Anthony Fauci

Dr. Debbie Birx

Vice President

Stephen Miller

Dr. John Fleming

Larry Kudlow

Russ Vought

Adm. Seema Verma

Pat Philbin

WEST - WINDOWS

DOOR

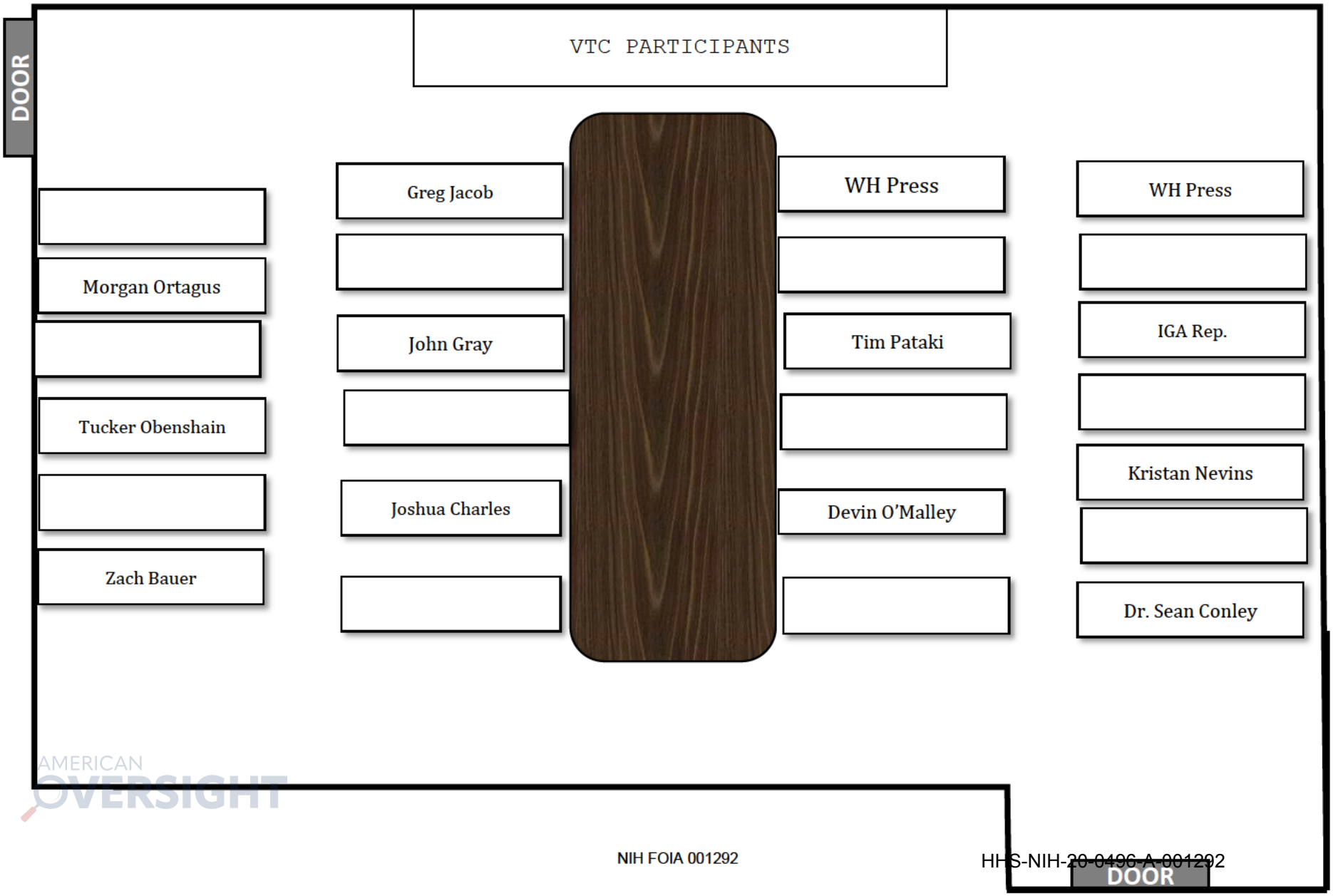
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NORTH

NIH FOIA 001291

HHS-NIH-20-0496-A-001291

WHSR EXEC OVER FLOW
DATE: 4 AUGUST 2020
TIME: 1500 EST



AMERICAN OVERSIGHT

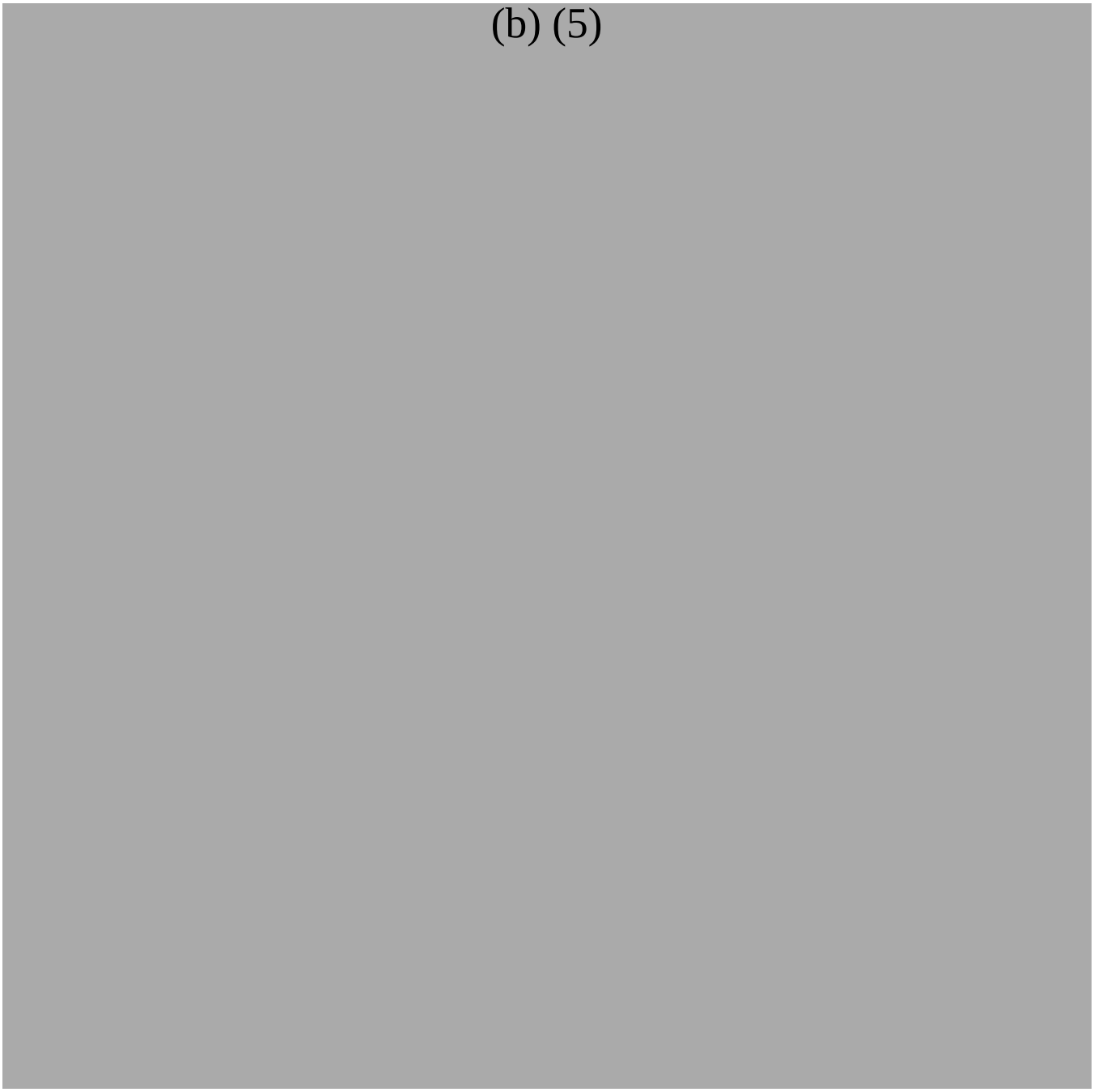
HHS-NIH-20-0496-A-001292

Homeland Security

(b) (5)

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

From: Jorgenson, Lyric (NIH/OD) [E]
Sent: Sat, 8 Aug 2020 22:48:13 -0500
To: Collins, Francis (NIH/OD) [E];McManus, Ayanna (NIH/OD) [E]
Cc: Tabak, Lawrence (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E]
Subject: RE: 8/11: Vaccine Update

Done. I've noted that you'll be there and indicated that if there is nothing needed ASAP, Ayanna or Gretchen will follow-up Monday am with WAVES or whatever else they need.

Carrie mentioned to me that she had indicated that Ayanna is the relevant contact here, but … well… you know.

Best,

LJ

From: Collins, Francis (NIH/OD) [E] < (b) (6)
Sent: Saturday, August 8, 2020 10:14 PM
To: Jorgenson, Lyric (NIH/OD) [E] < (b) (6) McManus, Ayanna (NIH/OD) [E] < (b) (6)
Cc: Tabak, Lawrence (NIH/OD) [E] < (b) (6) Wolinetz, Carrie (NIH/OD) [E] < (b) (6)
Subject: RE: 8/11: Vaccine Update

Hi Lyric et al.,

If it's a vaccine update for the President, and I'm supposed to be there, I will need to say yes. Can that word be passed to the White House ASAP? I have no idea why this came to Carrie and not to Ayanna.

I will need White House clearance to get into the West Wing.

FC

From: Jorgenson, Lyric (NIH/OD) [E] < (b) (6)
Sent: Saturday, August 8, 2020 4:07 PM
To: Collins, Francis (NIH/OD) [E] < (b) (6) McManus, Ayanna (NIH/OD) [E] < (b) (6)
Cc: Tabak, Lawrence (NIH/OD) [E] < (b) (6) Wolinetz, Carrie (NIH/OD) [E] < (b) (6)
Subject: Fwd: 8/11: Vaccine Update

Hi Francis and Ayanna-

AMERICAN OVERSIGHT

My apologies for sending this, but I'm not sure about protocol for scheduling these TF meetings (obviously Ayanna has the ball, but since this was sent to me over the weekend I wanted to cover all bases). I just wanted to make you aware of this request given it appears to be on behalf of POTUS and I'm sure your schedule is already pretty packed.

I'm happy to respond if appropriate or wait for Ayanna (or just be told there are already too many cooks in the kitchen).

Best,

Lyric

Lyric Jorgenson, PhD
Deputy Director, Office of Science Policy
National Institutes of Health
(b) (6)

Begin forwarded message:

From: "Morrall, Kimberly E. EOP/WHO" <(b) (6)
Date: August 8, 2020 at 1:52:54 PM EDT
To: "Jorgenson, Lyric (NIH/OD) [E]" <(b) (6)
Cc: "McManus, Ayanna (NIH/OD) [E]" <(b) (6)
Subject: RE: 8/11: Vaccine Update

Hi Dr. Jorgenson,

Please see the meeting request with the President below.

Thank you,
Kimberly

From: Morrall, Kimberly E. EOP/WHO
Sent: Saturday, August 8, 2020 1:50 PM
To: 'Wolinetz, Carrie (NIH/OD) [E]' <(b) (6)
Cc: 'McManus, Ayanna (NIH/OD) [E]' <(b) (6)
Subject: RE: 8/11: Vaccine Update

Hi Carrie,

Final update is this meeting will now be held at **11:00 AM** on Tuesday, August 11, 2020. Please let me know if Dr. Collins is able to participate.

Thank you,
Kimberly

AMERICAN OVERSIGHT

From: Morrall, Kimberly E. EOP/WHO
Sent: Friday, August 7, 2020 3:56 PM
To: Wolinetz, Carrie (NIH/OD) [E] <(b) (6)
Subject: RE: 8/11: Vaccine Update

Hi Carrie,

Following up on this request. This meeting is being held on the President's schedule on Tuesday, August 11, 2020 at 3:00 PM.

Thank you,
Kimberly

From: Morrall, Kimberly E. EOP/WHO <(b) (6)
Sent: Thursday, August 6, 2020 5:23 PM
To: Morrall, Kimberly E. EOP/WHO <(b) (6)
Subject: 8/11: Vaccine Update

Hi all,

We are tentatively holding **Tuesday, August 11, 2020** for a Vaccine Update with the President. Timing TBD. Can you let me know if your Principal is available that day to attend?

Participants Requested
Dr. Fauci
Dr. Collins
Dr. Slaoui
General Perna
Pfizer CEO
Novavax CEO
Moderna CEO

Let me know if you have any questions.

Thank you,

Kimberly Morrall
Special Assistant to the President and Senior Director
Office of Cabinet Affairs
The White House
O: (b) (6) C: (b) (6)

AMERICAN OVERSIGHT

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Wed, 12 Aug 2020 14:04:33 -0500
To: AMA2 (OS/IOS); (b) (6) Kudlow, Larry A. EOP/WHO;Redfield, Robert R. (CDC/OD);Fauci, Anthony (NIH/NIAID) [E];Adams, Jerome (HHS/OASH);sh1@fda.hhs.gov;Birx, Deborah L. EOP/NSC;CMS (b) ; (b) (6) Short, Marc T. EOP/OVP;Miller, Katie R. EOP/OVP;Philbin, Patrick F. EOP/WHO;Miller, Stephen
EOP/WHO; (b) (6) (b) (6) (b) (6) Cipollone, Pat A. EOP/WHO;Kellogg, Joseph Keith K. Jr. EOP/OVP; (b) (6) Engels, Thomas (HRSA); (b) (6) Collins, Francis (NIH/OD) [E];Troye, Olivia EOP/NSC;Harrison, Brian (HHS/IOS);Pataki, Tim A. EOP/WHO;Pottebaum, Nic D. EOP/WHO;Hoelscher, Douglas L. EOP/WHO;Obenshain, Tucker T. EOP/OVP;Kushner, Jared C. EOP/WHO;Conley, Sean P. CDR USN WHMO/WHMU;Fleming, John C. Jr. EOP/WHO;Jacob, Gregory F. EOP/OVP;Hicks, Hope C. EOP/WHO;Fisher, Garrett C. EOP/OVP;Nevins, Kristan K. EOP/WHO;O'Malley, Devin M. EOP/OVP; (b) (6) Farah, Alyssa A. EOP/WHO;Gilmartin, Kayleigh M. EOP/WHO; (b) (6) (b) (6) (b) (6) Jen (b) (6) Lin, Merry S. EOP/WHO;Baker, Brittany G. EOP/WHO;Gershman, Lynn E. (CDC/OD/OCS);Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Dulaigh, Joel (HHS/OASH);Rose, Lyndee D. EOP/WHO;Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Olivarria, Frank (FDA/OC);Brookes, Brady (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA); (b) (6) (b) (6) (b) (6) Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Lair, Kate E. EOP/WHO; (b) (6) Dumbauld, Cassidy M. EOP/WHO; (b) (6) (b) (6) McGuffee, Tyler Ann A. EOP/OVP;Hahn, Julia A. EOP/WHO;Haddad, Carla (HHS/OASH);Taylor, Elizabeth A. EOP/WHO;Brunson, Brandy (HHS/OASH/OSG); (b) (6) Boyd, Charlton J. EOP/WHO;Bante, Katie (OS/OASH); (b) (6) (b) (6) Kline, Katherine E. EOP/WHO;Trevor, Sarah J. EOP/WHO;Gideos, Darawan (HRSA); (b) (6) McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E]; (b) (6) (b) (6) Hodgson, Christopher M. EOP/OVP;Lewis, Michael B. EOP/OVP;Conant, Ann M. EOP/OMB;Vought, Russell T. EOP/OMB;Smith, Brad (CMS/OA);Charles, Joshua T. EOP/OVP;Gray, John W. EOP/OVP;Johnson, Miles M. EOP/WHO;Bars, Michael J. EOP/WHO; (b) (6) Atlas, Scott W. EOP/WHO;DL WHO COMMS Speechwriters;DL OVP NSA EXECSEC;OVPSchedule;Cooke, Priscilla M. EOP/NSC (Contractor);Carr, Nicole (OS/IOS)
Cc: Ketelsen, Andrew D - OASAM DPO;Joannou, Tom W. EOP/WHO;Conway, Kellyanne E. EOP/WHO;Woolfolk, Jon J. EOP/NSC;Royer, Theodore M. EOP/WHO;Stickles, Brendan R. EOP/OVP;Bauer, Zachary C. EOP/OVP;Scully, Bethany S. EOP/OVP;Abel, Vadm Daniel (HHS/IOS)
Subject: White House Coronavirus Task Force Meeting
Attachments: Supply Chain Slide 8.12.pptx, DHS SWB Covid-19 Update 8.12.pptx, CMS Regulation Update 8.12.pdf, CMS Nursing Home Update 8.12.pdf, WHSR JFK Seating Chart 8.12.pptx, WH Coronavirus TF Agenda 8.12.20.docx

All –

There will be a **White House Coronavirus Task Force Meeting** at 4:**00pm**, **Wednesday 8/12** in the White House Situation Room. Materials are attached.

Thank you,

AMERICAN OVERSIGHT

Joel Troutman
Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

Supply Chain Advisory Group (SCAG) Summary of Actions

FEMA

Strategic National Stockpile (status)

(b) (5)

Donations (status delivered)

(b) (5)

(b) (5)

(b) (5)

(b) (5)

AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-001300

U.S. Customs and Border Protection

Southwest Border Travel Trends and Options

2020-08-09

AMERICAN OVERSIGHT

Overview

U.S. Customs and Border Protection

- Generally, CBP sees approximately **216,000** private owned vehicle (POV) occupants and **57,000** pedestrian travelers crossing the Southwest Border daily.

- On average, **85 to 88 %** of travel across the U.S.-Mexico border daily **are by United States Citizens (USCs) and Lawful Permanent Residents (LPRs)**.
  - Privately Owed Vehicles (POV) - USC/LPR daily average is 84.9%
  - Pedestrians – USC/LPR daily average is 87.5%.

- **Mexico COVID Update**: As of August 9, GOM reported **475,902 confirmed cases** of COVID-19, with **52,006 confirmed deaths**, 89,025 suspected cases, 30,290 active cases, 318,638 persons who have recuperated and 520,970 persons with negative test results.
  - Globally, Mexico is amongst the **top seven (7) countries** in COVID cases and deaths.
  - **U.S. State Department Level 4 Do Not Travel Advisory -** recently issued Travel Advisory for crime, kidnapping, and health risks.
  - Note that various public health experts, including the GOM Health Ministry, have questioned whether there is **under-reporting** of COVID impacts on the Mexican population.

AMERICAN OVERSIGHT

NIH FOIA 001302

HHS-NIH-20-0496-A-001302

Essential v. Non-Essential

U.S. Customs and Border Protection

- CBP conducted a four day survey of **106,058 USC/LPR travelers** at the four largest Southwest Border Port of Entries in El Paso, Laredo, Nogales, and San Ysidro. California, Texas, and Arizona are amongst the top seven states with highest COVID rates within the United States.
    - 63% (66,996) – non-essential travel
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- Based on CBP's observations, there is a higher percentage of non-essential travel during the weekend and weekday evening travel, while morning weekday travel reflected higher percentages of essential travel.

AMERICAN OVERSIGHT

NIH FOIA 001303

HHS-NIH-20-0496-A-001303

Medical Events on SWB

U.S. Customs and Border Protection

April 22 – July 31

Medical Events by Field Office	
San Diego	1006
Tucson	377
El Paso	323
Laredo	218
Total	**1924**

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More than 25% of all medical events along with SWB POEs are reported to be COVID-19 related.

The medical events are captured **regardless of conveyance** (e.g., **walk ups and ambulances**) and includes **individuals who self reported**. The number of actual medical incidents could potentially be higher due to those who did not self report.

AMERICAN OVERSIGHT

NIH FOIA 001304

HHS-NIH-20-0496-A-001304

CDC Data

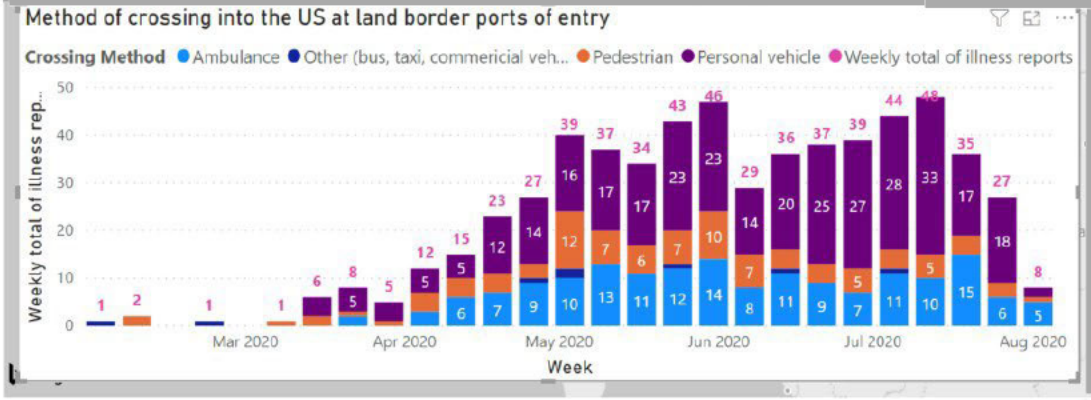
U.S. Customs and Border Protection

- CDC found that 92 percent of suspected COVID-19 cases presenting themselves at U.S. hospitals along the SWB are USCs/LPRs with recent travel through Mexico.

(b) (7)(E)

Demographics of Reports:
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-338 (55%) COVID-19 cases
-126 (20%) not tested or tested negative for COVID-19
-154 (23%) awaiting COVID-19 determination
-520 (84%) of reports came from a POE
-369 (60%) male
-567 (92%) U.S. Citizens/Lawful Permanent Residents
-Age range: 2 - 95 years (median 50 years)

(b) (7)(E)



(b) (7)(E)

Data courtesy of CDC as of August 7, 2020

Recommendations

U.S. Customs and Border Protection

DHS proposes three options to reduce COVID-19 spread and volume of travel across the SWB:

1. **Expand Title 19 Restrictions:** further exercise DHS authority under Sec. 1318, to restrict non-essential travel for USCs/LPRs to address a "specific threat."
2. **Reduce POE Lanes/Hours:** reduce the number of open lanes and hours of operation (particularly at three POEs with the highest community COVID-19 infection rates).
3. **Issue Quarantine Order:** CDC to implement a quarantine order for cross border travelers.
4. **Maintain Status Quo:** take no action and continue to monitor SWB USC/LPR travel trends and health implications.

AMERICAN OVERSIGHT

NIH FOIA 001306

HHS-NIH-20-0496-A-001306

DEPARTMENT OF HEALTH AND HUMAN SERVICES
200 Independence Avenue, SW
Washington, DC 20201

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
OFFICE OF THE ADMINISTRATOR

(b) (5)

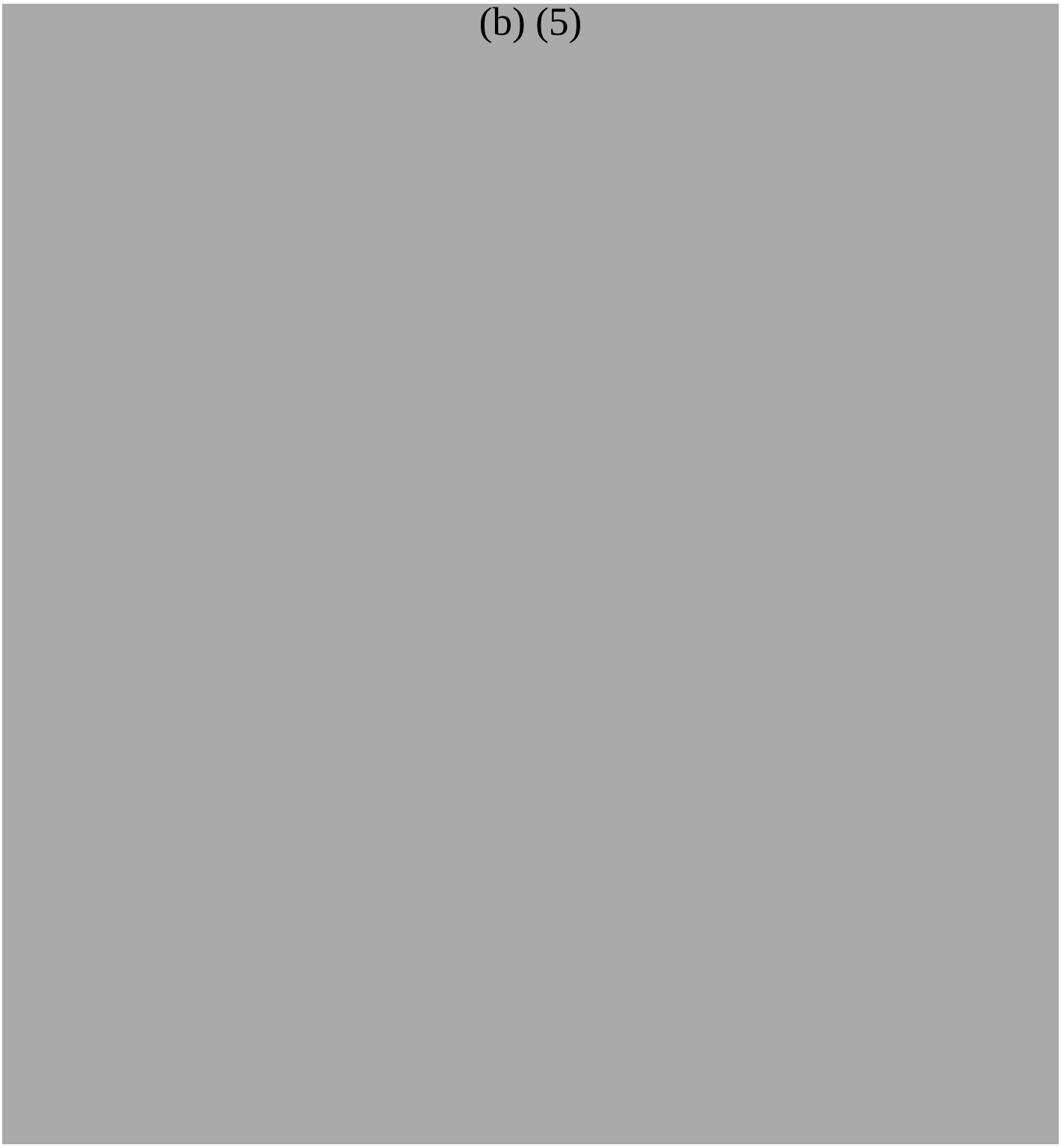
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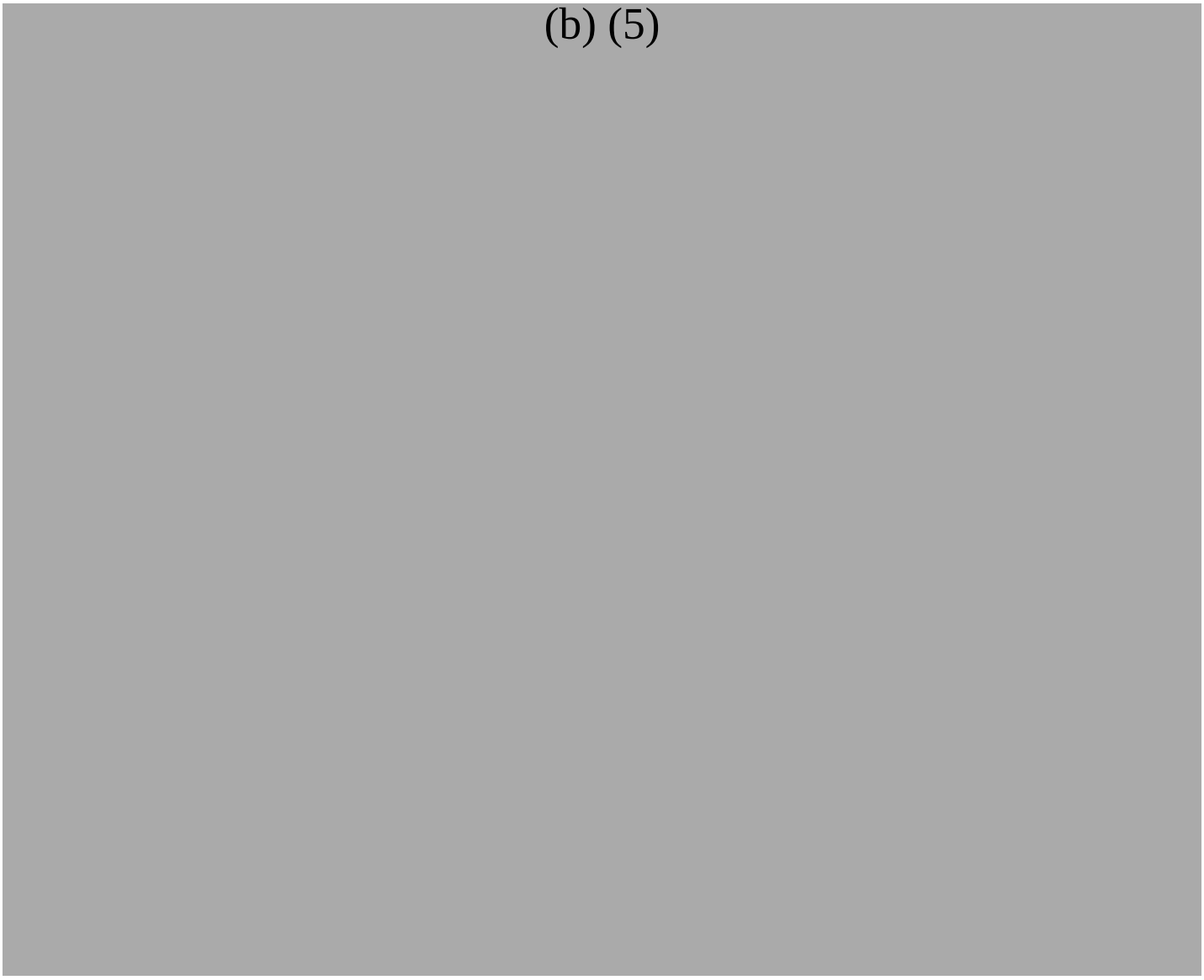
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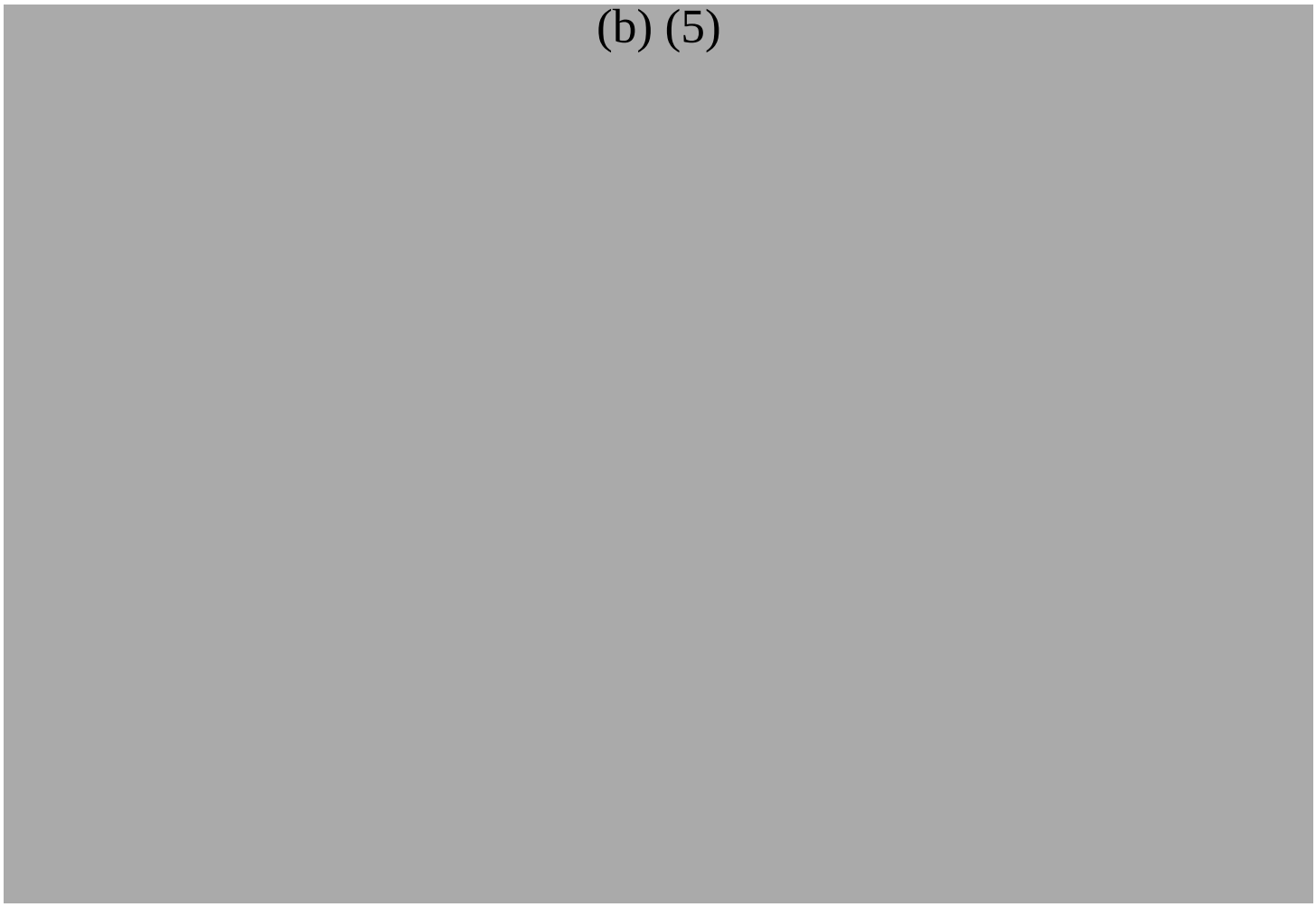
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WHSR JFK Conference Room (West Wing)
DATE: 12 AUGUST 2020
TIME: 1600 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

EAST

Jared Kushner

Robert Perez (DHS)

LTG Keith Kellogg

Katie Miller

Marc Short

A/Sec. Chad Wolf

Sec. Sonny Perdue

Adm. Seema Verma

Dr. Scott Atlas



Dr. Bob Redfield

ADM Brett Giroir

Dr. Anthony Fauci

Dr. Debbie Birx

Stephen Miller

Dr. John Fleming

Larry Kudlow

Russ Vought

Kellyanne Conway

Pat Philbin

WEST - WINDOWS

Vice President

DOOR

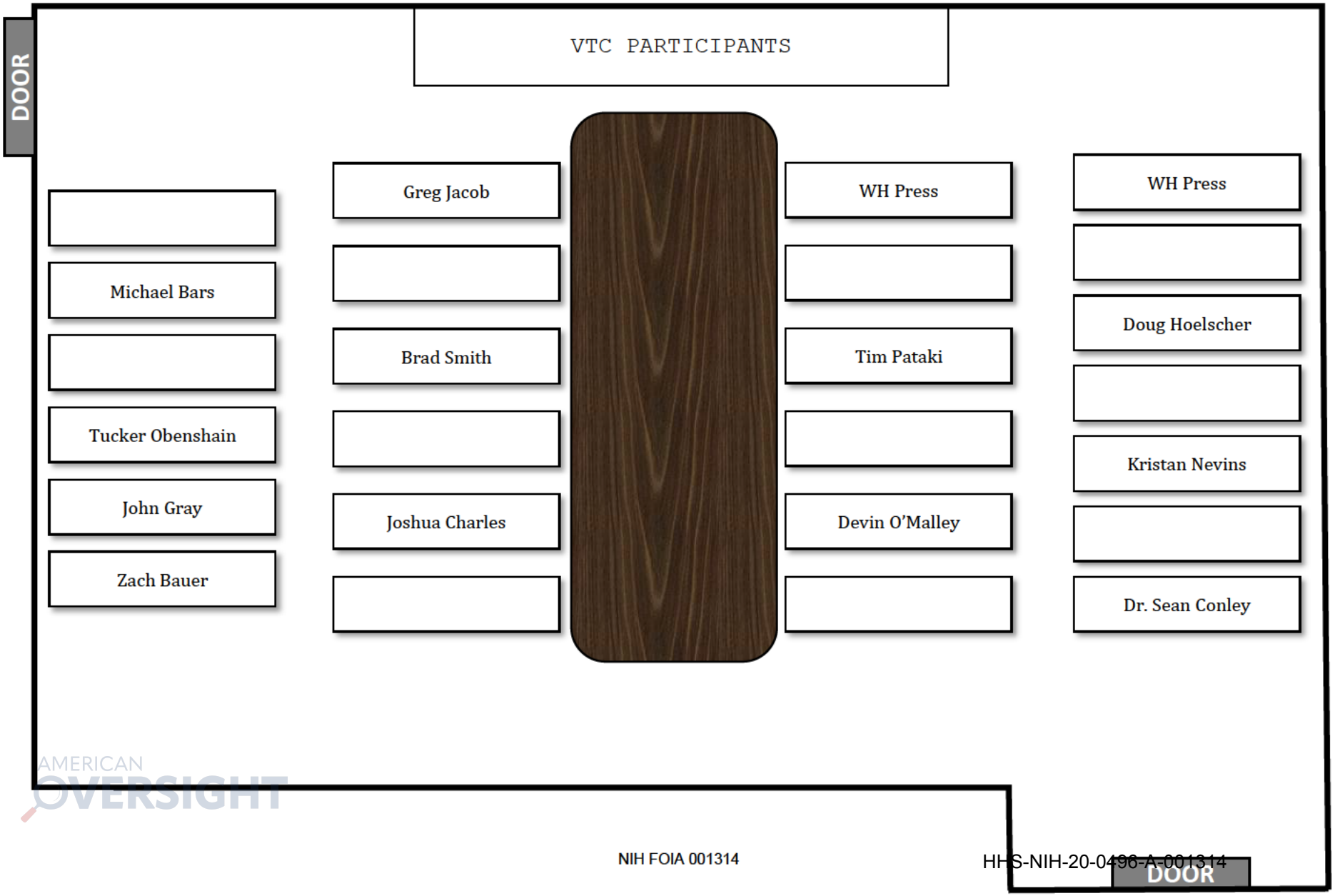
AMERICAN OVERSIGHT

NORTH

NIH FOIA 001313

HHS-NIH-20-0496-A-001313

WHSR EXEC OVER FLOW
DATE: 12 AUGUST 2020
TIME: 1600 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-001314

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Tuesday, August 12, 2020
4:00pm EST

I. **Opening Remarks** – Vice President Pence

II. **Data Modeling & Reporting** – Dr. Debbie Birx

III. **NRCC & Supplies Update** – Administrator Pete Gaynor (FEMA) & Admiral John Polowczyk (FEMA)

IV. **Teachers as Essential Workers** – Acting Secretary Chad Wolf (DHS)

V. **CMS Regulation Update** – Administrator Seema Verma (CMS)

VI. **CBP Update on Southwest Border** – Acting Secretary Chad Wolf (DHS)

VII. **EUA for Convalescent Plasma** – Commissioner Stephen Hahn (FDA)

VIII. **CDC Testing Guidelines Update** – Dr. Robert Redfield (CDC)

IX. **Therapeutics & Vaccines** – Dr. Anthony Fauci (NIAID)

X. **Concluding Remarks** – Vice President Pence

AMERICAN OVERSIGHT

From: McManus, Ayanna (NIH/OD) [E]
Sent: Fri, 14 Aug 2020 09:03:04 -0500
To: Collins, Francis (NIH/OD) [E]
Cc: Wood, Gretchen (NIH/OD) [E]
Subject: MATERIALS: White House Coronavirus Task Force Meeting
Attachments: WH Coronavirus TF Agenda 8.14.20.docx, Supply Chain Slide 8.14.pptx, WHSR JFK Seating Chart 8.14.20.pptx, DHS SWB Covid-19 Update 8.14.pptx

Hi FC,

Attached you will find materials for today's WH Coronavirus TF meeting. I'm sending them to you via email as we believe there may be a technical glitch with your calendar. The calendar entry notes that you added Bruce, Jill, and myself to the TF meeting. I've asked IT to look into this. I've also notified Jill and Bruce's assistant that they should not dial into this meeting as it's secure and I don't see them noted on the agenda.

If I'm wrong in my assumptions, please let me know.

Thanks,
Ayanna

Ayanna L. McManus

Immediate Office of the Director

National Institutes of Health

Bethesda, MD 20892

Voice: (b) (6)

Fax: 301-402-2700

Email: (b) (6)

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AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

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IV. **Teachers as Essential Workers** – Director Christopher Krebs (DHS)

V. **CBP Update on Southwest Border** – A/Commissioner Mark Morgan (DHS)

VI. **Mask Mandate for Public Transportation** – A/S Joel Szabat (DOT) & Dr. Robert Redfield (CDC)

VII. **Cruise Industry Update** – Deputy Commandant Gary Rasicot (USCG)

VIII. **Therapeutics & Vaccines** – Dr. Anthony Fauci (NIAID)

IX. **Concluding Remarks** – Vice President Pence

AMERICAN OVERSIGHT

Supply Chain Advisory Group (SCAG) Summary of Actions

FEMA

Strategic National Stockpile (status)

(b) (5)

Donations (status delivered)

(b) (5)

(b) (5)

(b) (5)

(b) (5)

AMERICAN OVERSIGHT

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WHSR JFK Conference Room (West Wing)
DATE: 14 AUGUST 2020
TIME: 1100 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

EAST

Jared Kushner

Brad Smith

D/C Gary Rasicot

LTG Keith Kellogg

Katie Miller

Marc Short

DOOR

Dir. Christopher Krebs

A/S Joel Szabat

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Dr. Bob Redfield

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WEST - WINDOWS

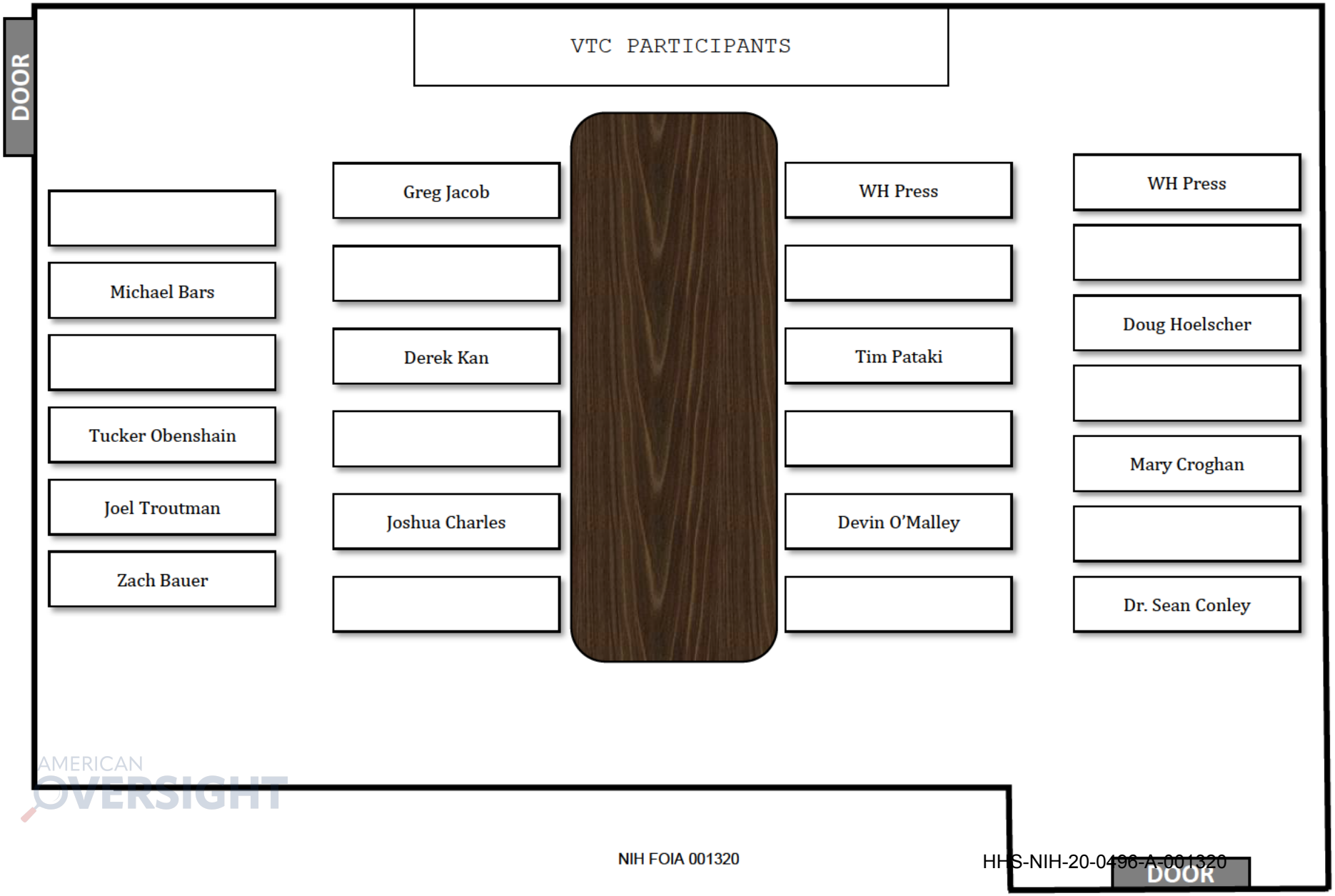
AMERICAN OVERSIGHT

NORTH

NIH FOIA 001319

HHS-NIH-20-0496-A-001319

WHSR EXEC OVER FLOW
DATE: 14 AUGUST 2020
TIME: 1100 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-001320

U.S. Customs and Border Protection

Southwest Border Travel Trends and Options

2020-08-09

AMERICAN OVERSIGHT

Overview

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AMERICAN OVERSIGHT

NIH FOIA 001322

HHS-NIH-20-0496-A-001322

Essential v. Non-Essential

U.S. Customs and Border Protection

- CBP conducted a four day survey of **106,058 USC/LPR travelers** at the four largest Southwest Border Port of Entries in El Paso, Laredo, Nogales, and San Ysidro. California, Texas, and Arizona are amongst the top seven states with highest COVID rates within the United States.
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AMERICAN OVERSIGHT

NIH FOIA 001323

HHS-NIH-20-0496-A-001323

Medical Events on SWB

U.S. Customs and Border Protection

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AMERICAN OVERSIGHT

NIH FOIA 001324

HHS-NIH-20-0496-A-001324

CDC Data

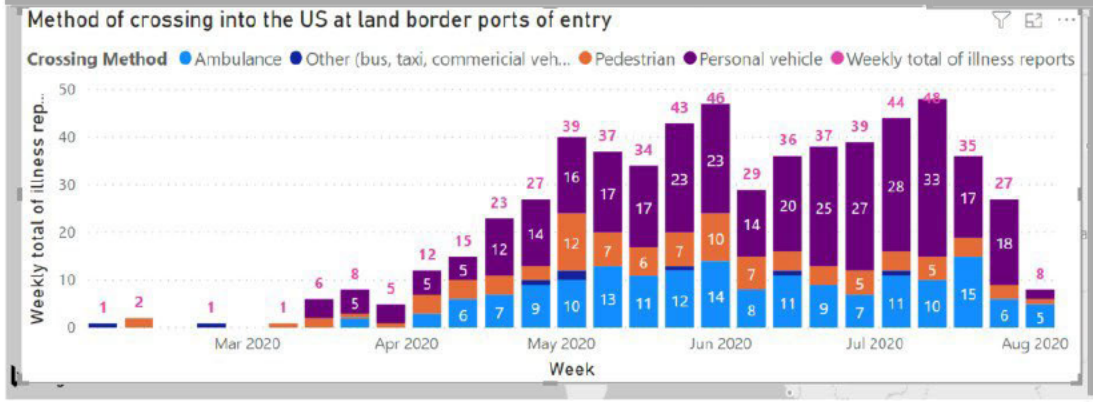
U.S. Customs and Border Protection

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(b) (7)(E)

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(b) (7)(E)



(b) (7)(E)

Data courtesy of CDC as of August 7, 2020

Recommendations

U.S. Customs and Border Protection

DHS proposes three options to reduce COVID-19 spread and volume of travel across the SWB:

1. **Expand Title 19 Restrictions:** further exercise DHS authority under Sec. 1318, to restrict non-essential travel for USCs/LPRs to address a "specific threat."
2. **Reduce POE Lanes/Hours:** reduce the number of open lanes and hours of operation (particularly at three POEs with the highest community COVID-19 infection rates).
3. **Issue Quarantine Order:** CDC to implement a quarantine order for cross border travelers.
4. **Maintain Status Quo:** take no action and continue to monitor SWB USC/LPR travel trends and health implications.

AMERICAN OVERSIGHT

NIH FOIA 001326

HHS-NIH-20-0496-A-001326

From: Troutman, Joel D. EOP/OVP < (b) (6)
Sent: Thu, 20 Aug 2020 10:42:07 -0500
To: AMA2 (OS/IOS); (b) (6) Kudlow, Larry A. EOP/WHO;Redfield, Robert R. (CDC/OD);Fauci, Anthony (NIH/NIAID) [E];Adams, Jerome (HHS/OASH);sh1@fda.hhs.gov;Birx, Deborah L. EOP/NSC;CMS (b) (6) Short, Marc T. EOP/OVP;Miller, Katie R. EOP/OVP;Philbin, Patrick F. EOP/WHO;Miller, Stephen
EOP/WHO; (b) (6) (b) (6) (b) (6) Cipollone, Pat A. EOP/WHO;Kellogg, Joseph Keith K. Jr. EOP/OVP; (b) (6) Engels, Thomas (HRSA); (b) (6) Collins, Francis (NIH/OD) [E];Harrison, Brian (HHS/IOS);Pataki, Tim A. EOP/WHO;Pottebaum, Nic D. EOP/WHO;Hoelscher, Douglas L. EOP/WHO;Obenshain, Tucker T. EOP/OVP;Kushner, Jared C. EOP/WHO;Conley, Sean P. CDR USN WHMO/WHMU;Fleming, John C. Jr. EOP/WHO;Jacob, Gregory F. EOP/OVP;Hicks, Hope C. EOP/WHO;Fisher, Garrett C. EOP/OVP;Nevins, Kristan K. EOP/WHO;O'Malley, Devin M. EOP/OVP; (b) (6) Farah, Alyssa A. EOP/WHO;Gilmartin, Kayleigh M.
EOP/WHO; (b) (6) (b) (6) (b) (6) Jen (b) (6) Lin, Merry S. EOP/WHO;Baker, Brittany G. EOP/WHO;Gershman, Lynn E. (CDC/OD/OCS);Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Dulaigh, Joel (HHS/OASH);Rose, Lyndee D. EOP/WHO;Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Olivarria, Frank (FDA/OC);Brookes, Brady (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA); (b) (6) (b) (6) (b) (6) Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Lair, Kate E. EOP/WHO; (b) (6) Dumbauld, Cassidy M. EOP/WHO; (b) (6) (b) (6) McGuffee, Tyler Ann A. EOP/OVP;Hahn, Julia A. EOP/WHO;Haddad, Carla (HHS/OASH);Taylor, Elizabeth A. EOP/WHO;Brunson, Brandy (HHS/OASH/OSG); (b) (6) Boyd, Charlton J. EOP/WHO;Bante, Katie (OS/OASH); (b) (6) (b) (6) Kline, Katherine E. EOP/WHO;Trevor, Sarah J. EOP/WHO;Gideos, Darawan (HRSA); (b) (6) McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E]; (b) (6) (b) (6) Hodgson, Christopher M. EOP/OVP;Conant, Ann M. EOP/OMB;Vought, Russell T. EOP/OMB;Smith, Brad (CMS/OA);Charles, Joshua T. EOP/OVP;Gray, John W. EOP/OVP;Croghan, Mary E. EOP/WHO;Bars, Michael J. EOP/WHO; (b) (6) Atlas, Scott W. EOP/WHO; (b) (6) (b) (6) Lynch, Calder (CMS/OA);DL WHO COMMS Speechwriters;DL OVP NSA EXECSEC;OVPSchedule;Harris, Shane M. EOP/WHO;Halbmaier, Craig A;Abel, Vadm Daniel (HHS/IOS);Carr, Nicole (OS/IOS)
Cc: Lyons, Derek S. EOP/WHO;Joannou, Tom W. EOP/WHO;Conway, Kellyanne E. EOP/WHO;Szabat, Joel (OST);Bauer, Zachary C. EOP/OVP;Wood, Jordan T. EOP/OVP;Stickles, Brendan R. EOP/OVP;Lewis, Michael B. EOP/OVP;Woolfolk, Jon J. EOP/NSC;Scully, Bethany S. EOP/OVP;MacDonnell, Patrick P. EOP/WHO
Subject: White House Coronavirus Task Force Meeting
Attachments: Supply Chain Slides 8.20.20.pptx, Nursing Home Dashboard 8.9.2020 Data - 8.20.20.pdf, WHTF Cruise Ship Update 8.20.20.pdf, WHSR JFK Seating Chart 8.20.20.pptx, WH Coronavirus TF Agenda 8.20.20.docx

Good morning,

AMERICAN OVERSIGHT

There will be a **White House Coronavirus Task Force Meeting** at **2:00pm**, August 20th in the White House Situation Room. Materials attached.

Thank you,

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

Supply Chain Advisory Group (SCAG) Summary of Actions

FEMA

Strategic National Stockpile (status)

(b) (5)

Donations (status delivered)

(b) (5)

(b) (5)

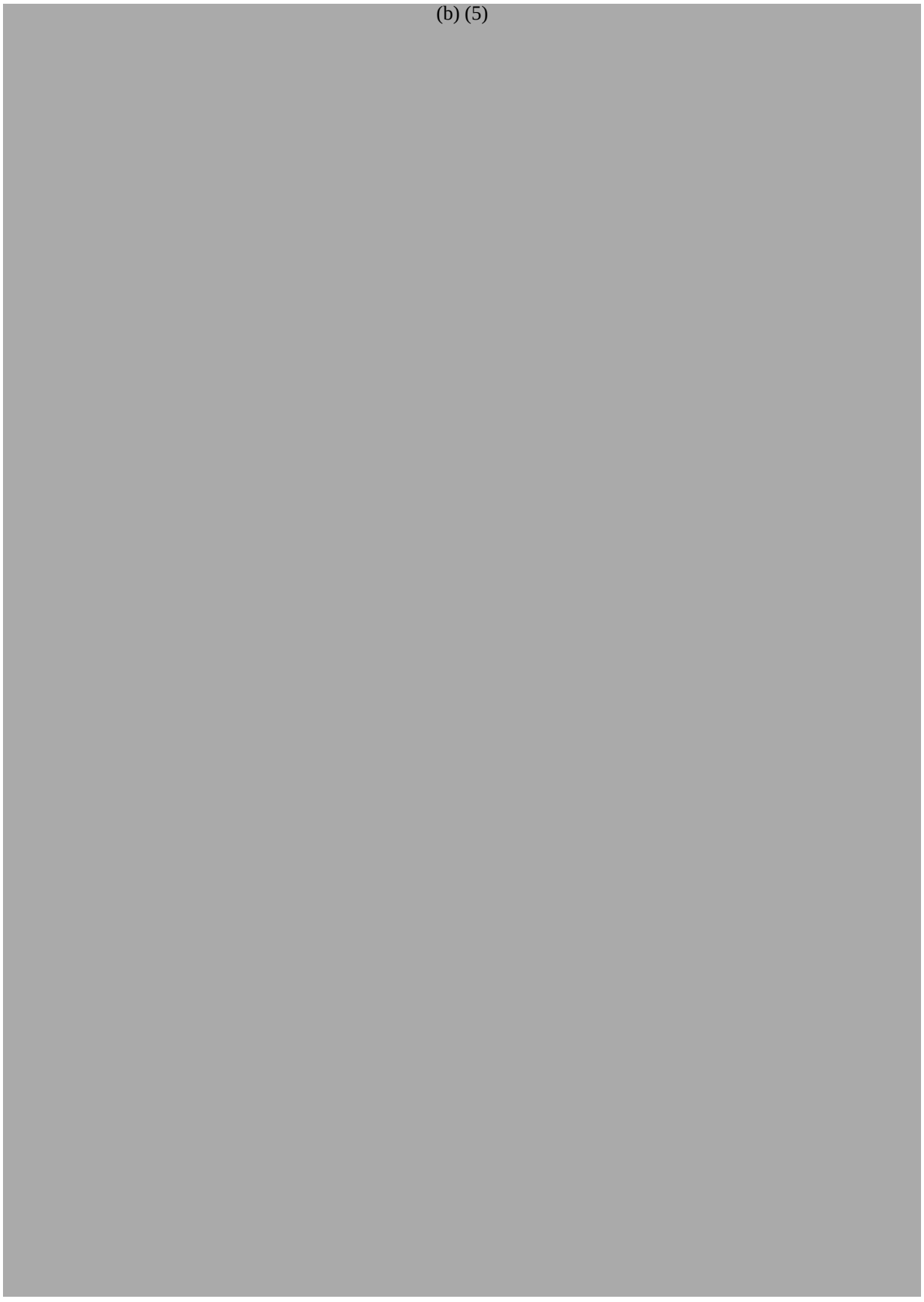
(b) (5)

(b) (5)

AMERICAN OVERSIGHT

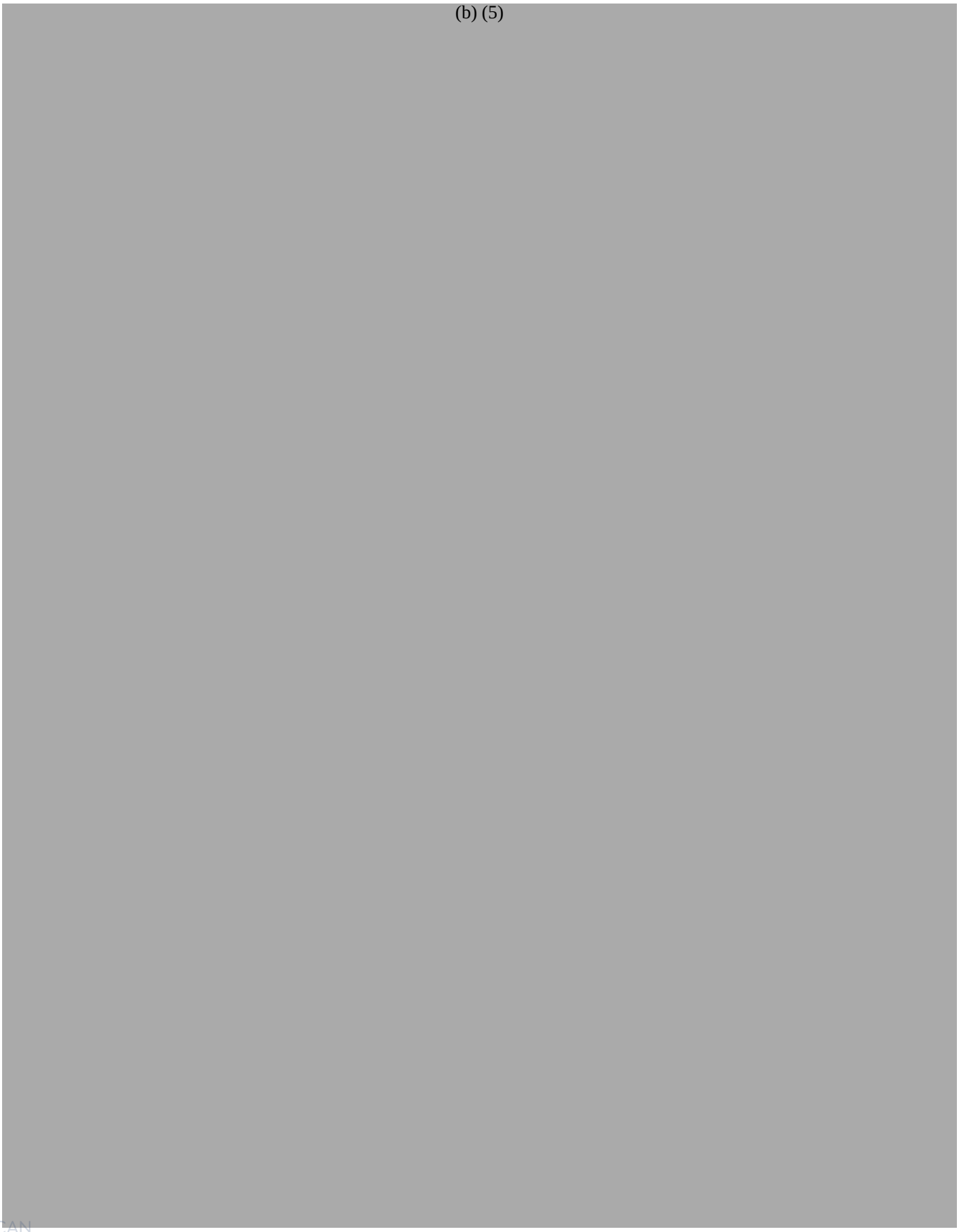
HHS-NIH-20-0496-A-001329

(b) (5)



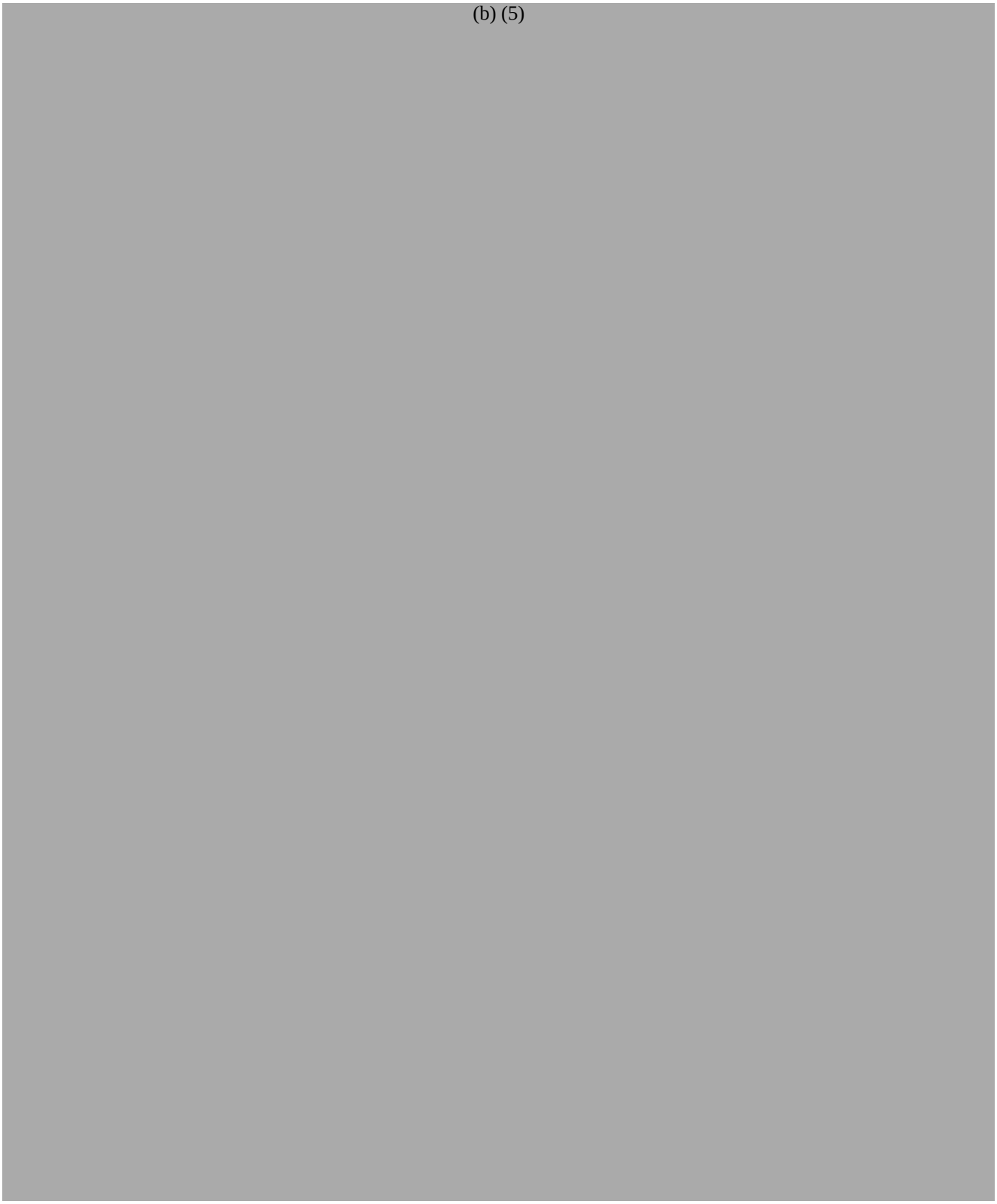
AMERICAN OVERSIGHT

(b) (5)



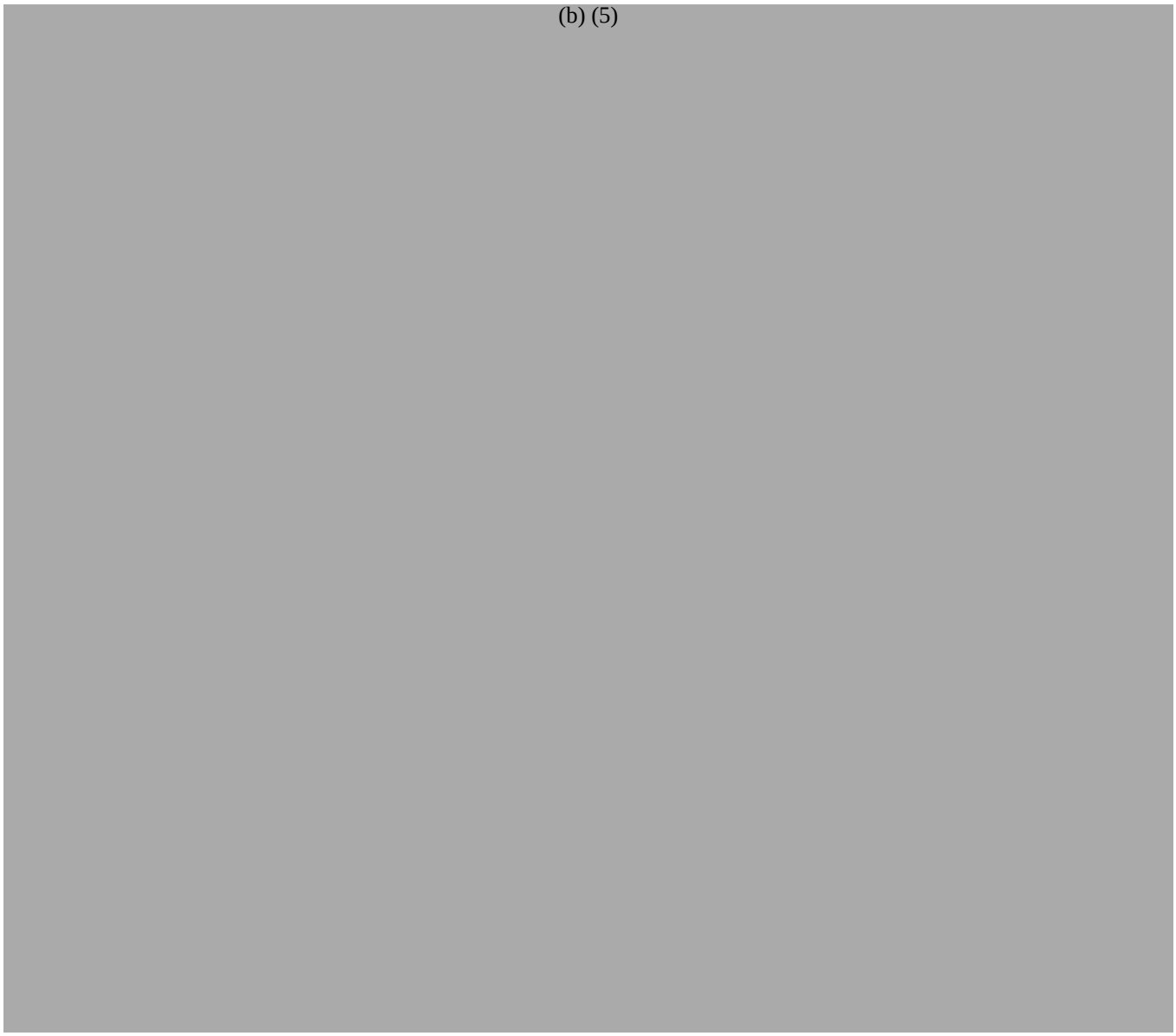
AMERICAN OVERSIGHT

(b) (5)



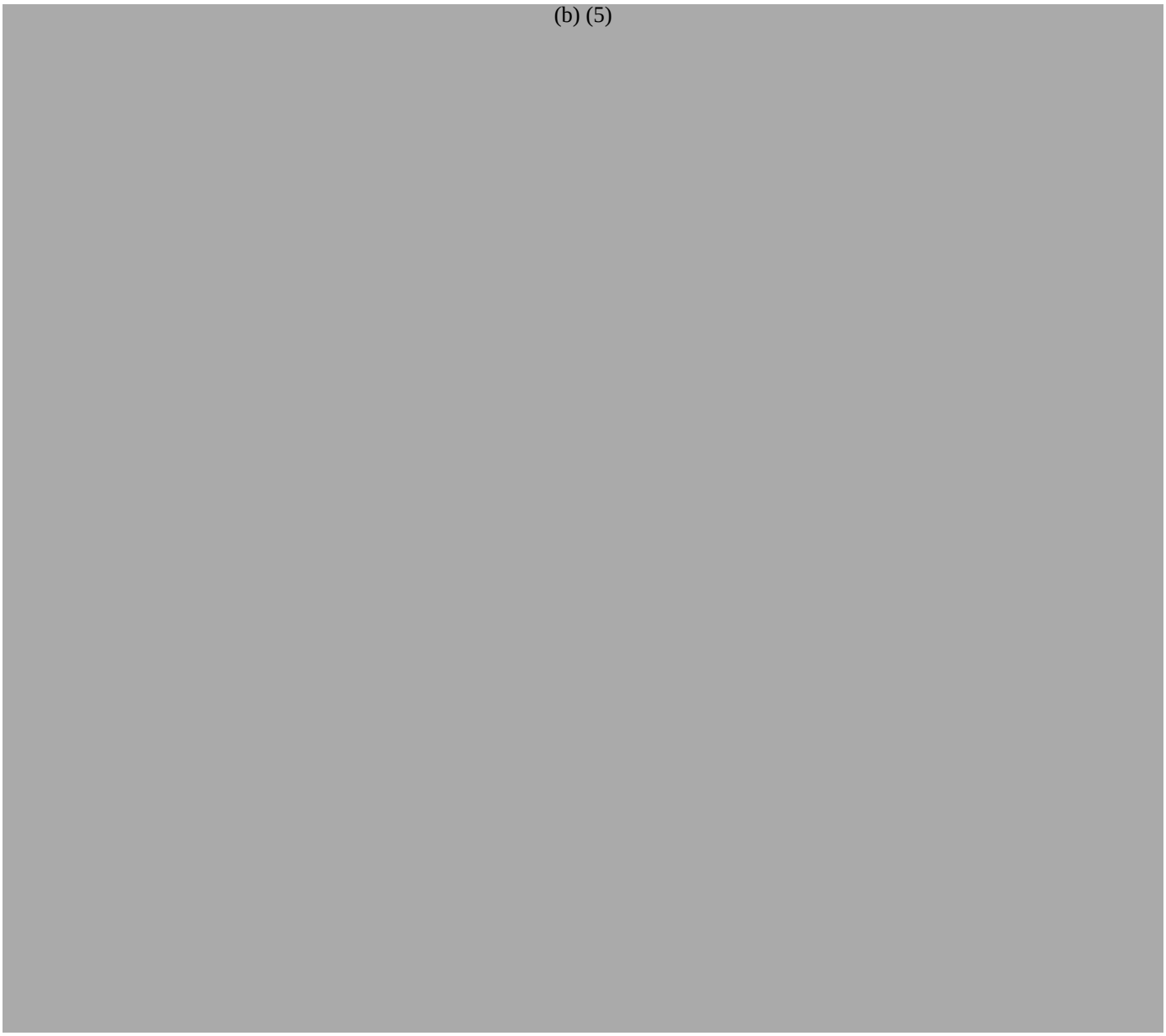
AMERICAN OVERSIGHT

(b) (5)



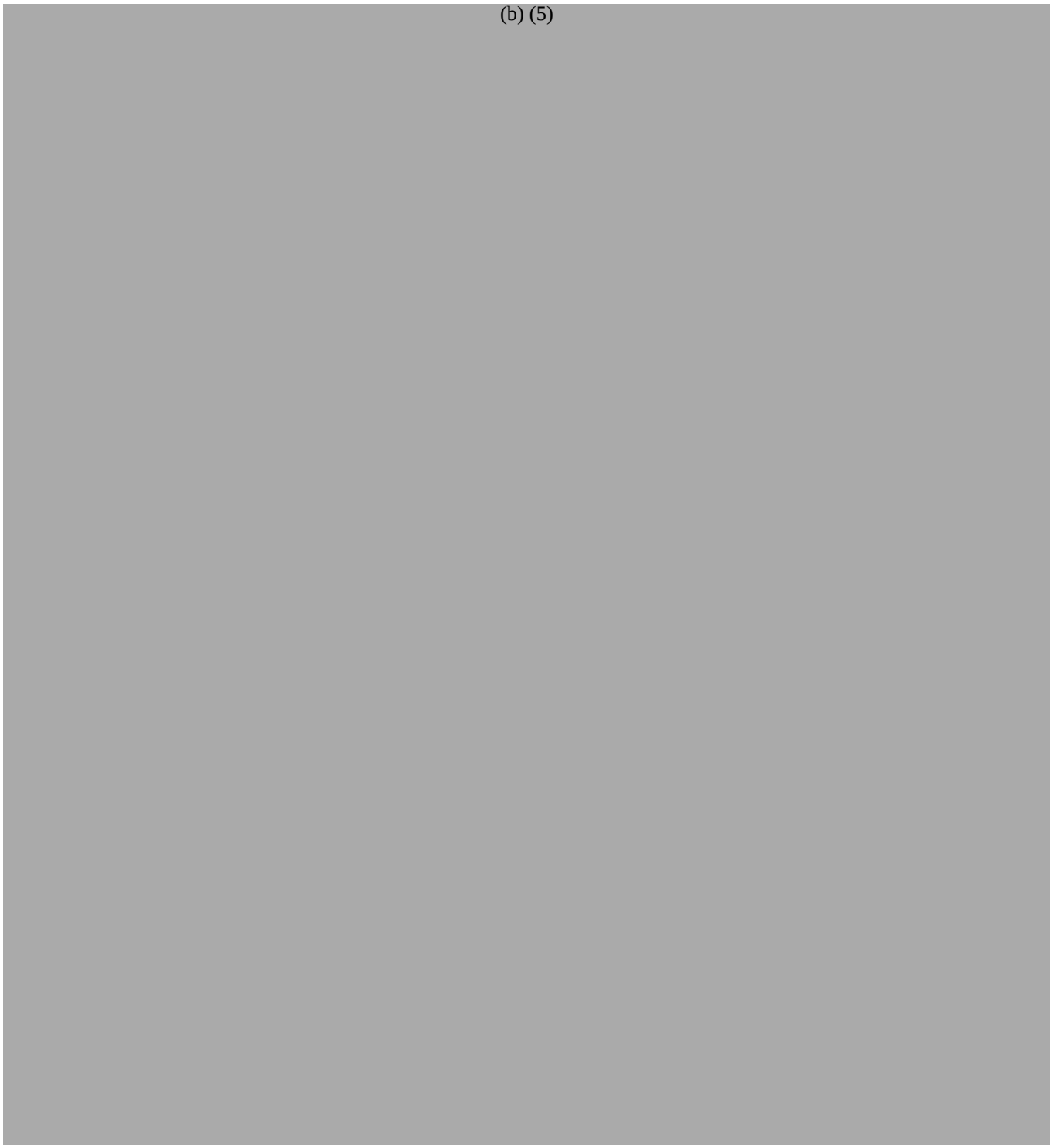
AMERICAN OVERSIGHT

(b) (5)



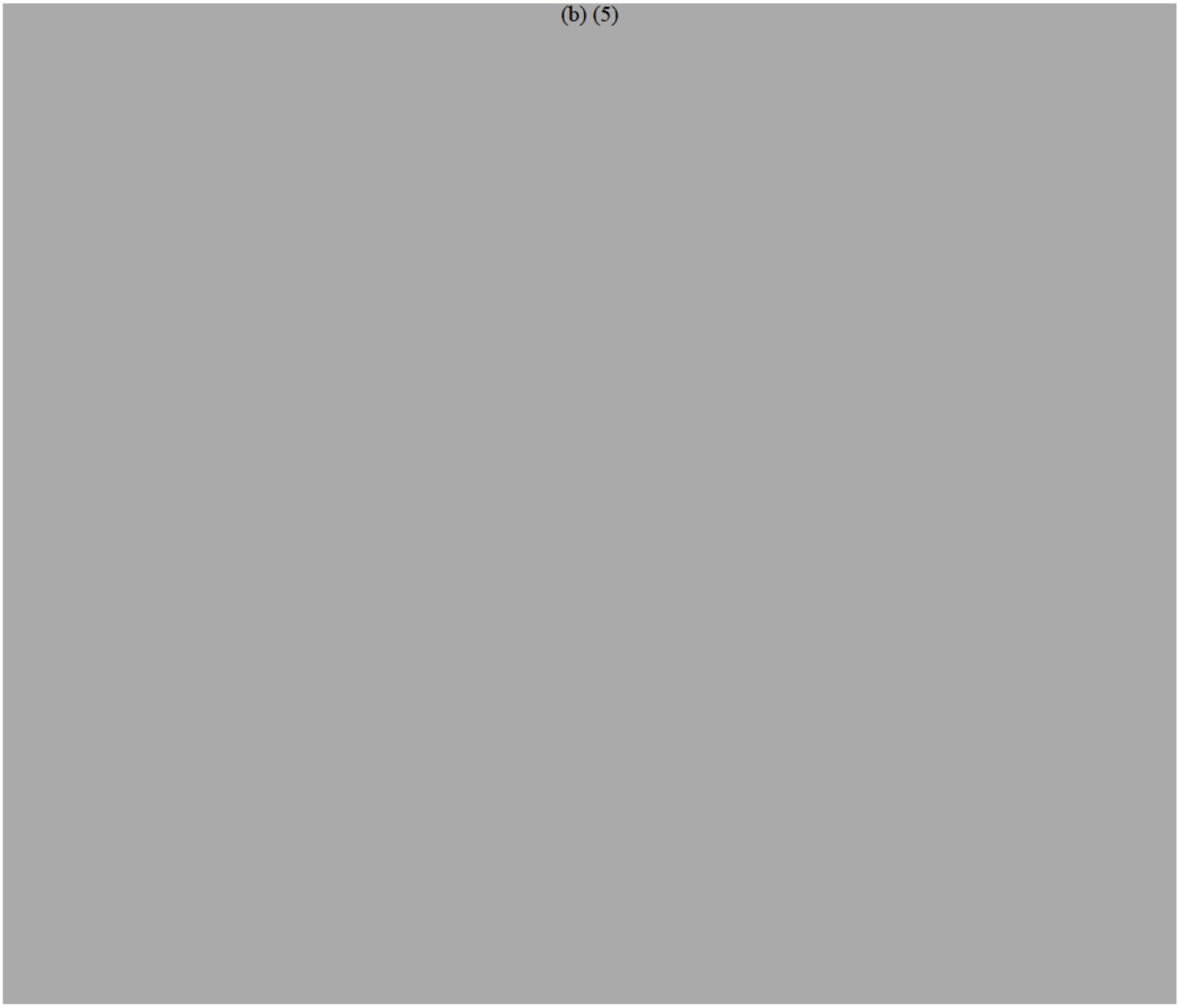
AMERICAN OVERSIGHT

(b) (5)



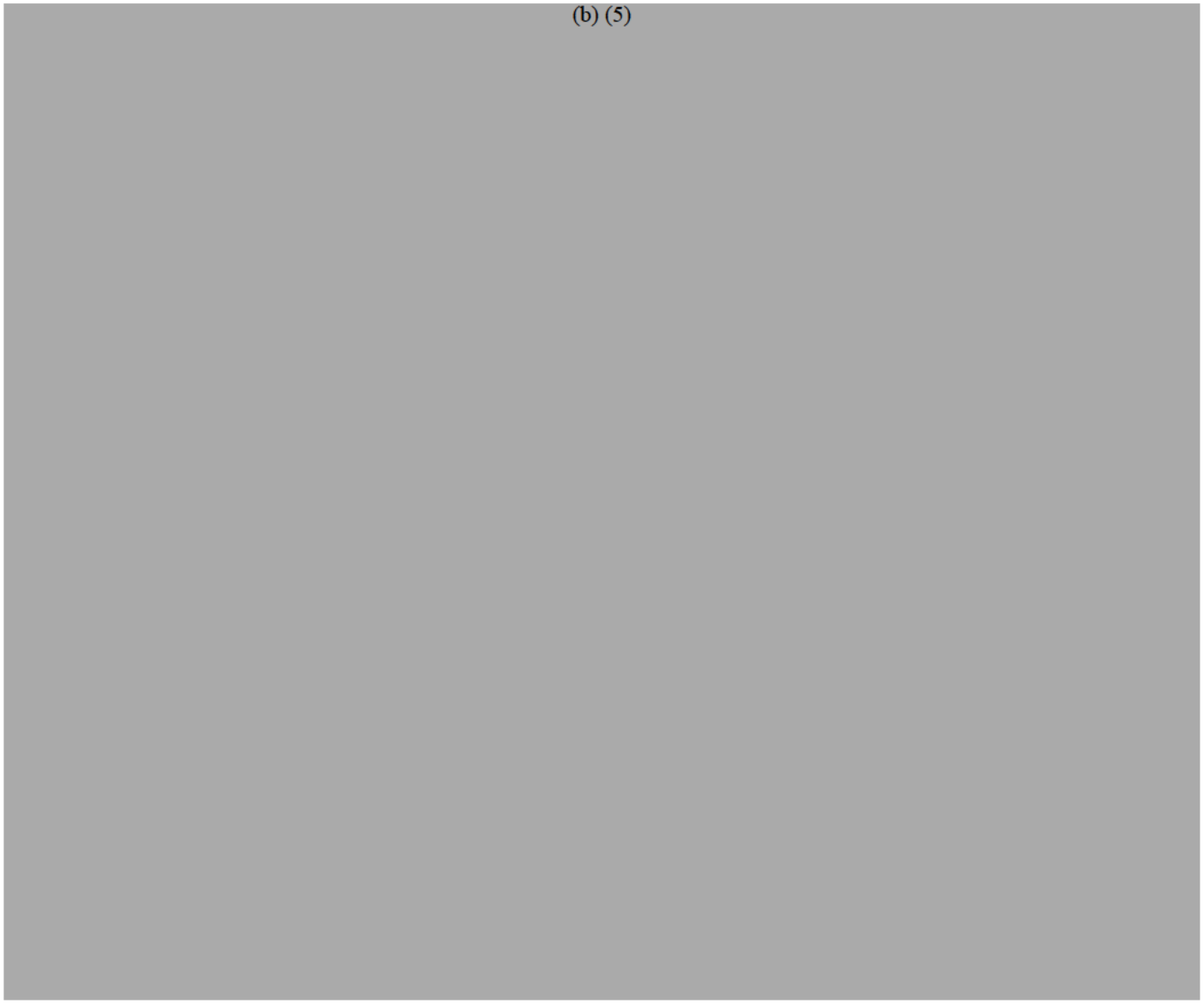
AMERICAN OVERSIGHT

(b) (5)



AMERICAN OVERSIGHT

(b) (5)



AMERICAN OVERSIGHT

DHS/CDC CRUISE SHIP UPDATE FOR THE CORONAVIRUS TASK FORCE

CDC No Sail Order: On July 16, 2020, Disease Control and Prevention (CDC) extended its *No Sail Order* through September 30, 2020. Previously, the order was effective through July 24, 2020. CDC order prohibits the embarkation of passengers and directs specific actions regarding the transfers of crew on and off and between ships. The CDC order also requires cruise ships operating in U.S. waters to develop, implement, and operationalize, an appropriate, actionable, and robust plan to prevent, mitigate, and respond to the spread of COVID-19 among crew onboard cruise ships. CDC monitors ships under its jurisdiction through an Enhanced Data Collection effort in which ships report their crew numbers and epidemiological status (COVID-19 positive, symptomatic, tests administered, etc.) to the CDC.

Industry Actions: On August 5, the Cruise Line International Association (CLIA) and its oceangoing cruise line members announced the decision to voluntarily suspend U.S. cruise operations until October 31, 2020 in the interest of public health and safety. They also stated that should conditions in the U.S. change and it becomes possible to consider short, modified sailings, they would consider an earlier restart. Additionally, informal discussions with cruise lines indicate that they would likely need at least a three-week ramp up period for logistics, crew return, contracting with destination ports, etc to re-initiate passenger operations.

Current Ship Disposition: As of 12 August there are 59 vessels with approximately 12,000 crew in U.S. waters or surrounding waters. Of those, 41 are in Florida, the Bahamas or the Caribbean. As of last report, there are 205 American citizen crew aboard 35 cruise ships in U.S. waters, including one U.S.-flagged ship in Hawaii with over 100 American citizen crew. As a point of reference in late April 2020, the Coast Guard was tracking over 100 cruise ships with over 90,000 embarked crew members in or around U.S. waters.

Other Issue for Awareness – Industry-led Panel: An industry-led panel is meeting regularly to assist cruise lines in the evaluation of public health and safety requirements for potential resumption of cruise line passenger operations. Norwegian Cruise Line Holdings and Royal Caribbean Group are leading this effort and have engaged public health experts (some retired CDC executives/ Secretary Leavitt, HHS is one of the names). The effort is expected to last for a couple of months, meeting weekly in the US/virtual. The panel is integrating COVID-related data and the best available public health, science and engineering insights with a view towards developing recommendations for resuming passenger operations. CDC has two observers on this panel, but no product or report has yet been provided to CDC.

AMERICAN OVERSIGHT

WHSR JFK Conference Room (West Wing)
DATE: 20 AUGUST 2020
TIME: 1400 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

EAST

Jared Kushner

John Gray

LTG Keith Kellogg

Katie Miller

Marc Short

DOOR

D/C Gary Rasicot

Dr. Stephen Hahn

Dr. Scott Atlas

Sec. Sonny Perdue



Dr. Bob Redfield

Adm. Seema Verma

ADM Brett Giroir

Dr. Debbie Birx

Vice President

Greg Jacob

Derek Lyons

Derek Kan

Doug Hoelscher

Kellyanne Conway

Brad Smith

WEST - WINDOWS

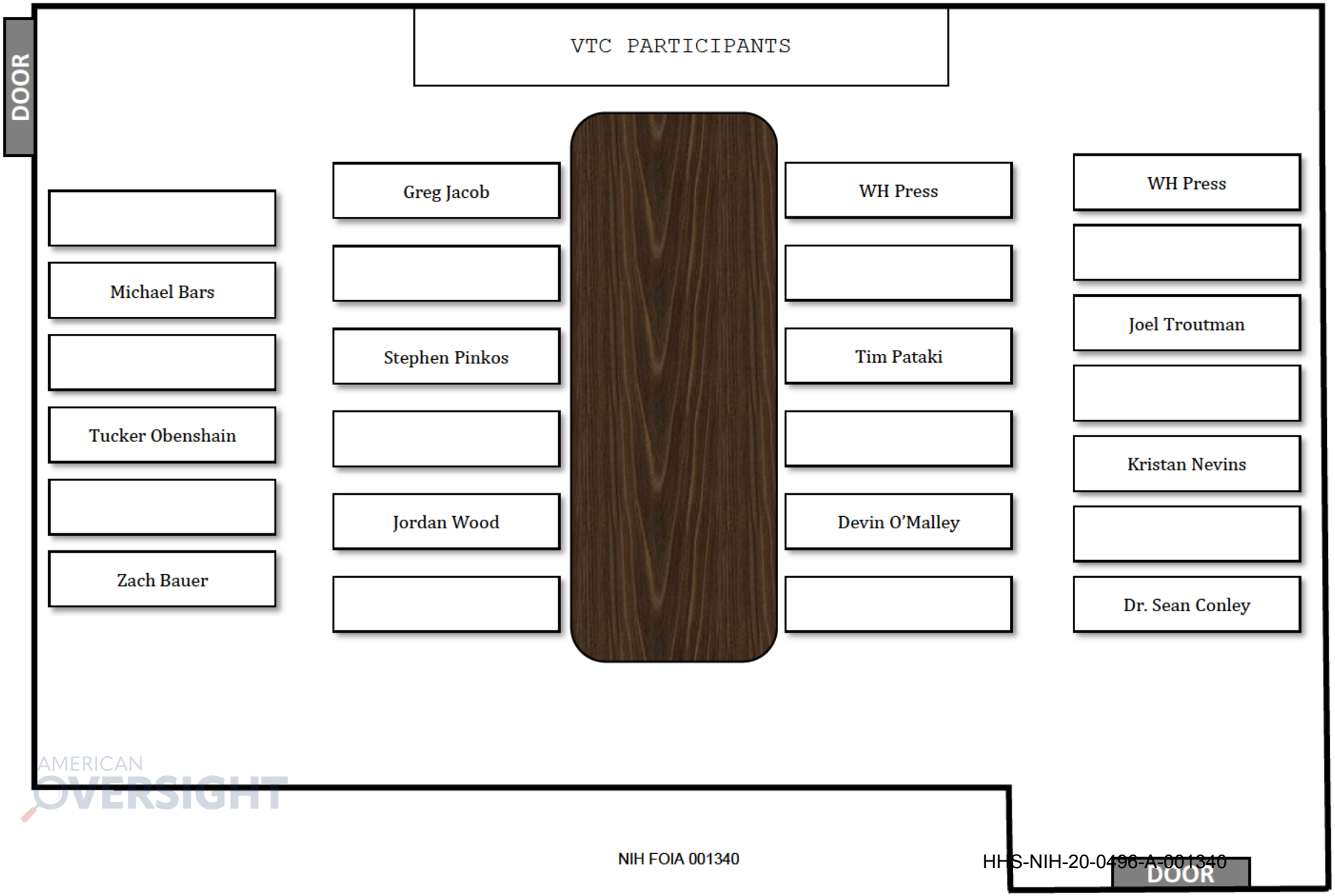
NORTH

AMERICAN OVERSIGHT

NIH FOIA 001339

HHS-NIH-20-0496-A-001339

WHSR EXEC OVER FLOW
DATE: 20 AUGUST 2020
TIME: 1400 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-001340

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Thursday, August 20, 2020
2:00pm EST

I. **Opening Remarks** – Vice President Pence

II. **Data Modeling & Reporting** – Dr. Debbie Birx

III. **NRCC & Supplies Update** – Administrator Pete Gaynor (FEMA) & Admiral John Polowczyk (FEMA)

IV. **CDC Testing Guidelines** – Derek Lyons (Staff Secretary)

V. **Vaccines and Plasma EUA Update** – Commissioner Stephan Hahn (FDA)

VI. **Nursing Home Update** – Administrator Seema Verma (CMS)

VII. **Cruise Industry Update** – Deputy Commandant Gary Rasicot (USCG)

VIII. **European Travel Update** – Assistant Secretary Carl Risch (State)

IX. **Concluding Remarks** – Vice President Pence

AMERICAN OVERSIGHT

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Thu, 27 Aug 2020 13:14:29 -0500
To: AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH);(b) (6) sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH);(b) (6) Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS (b) ;Lynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E];(b) (6) (b) (6) (b) (6) (b) (6) David.norq (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) lau (b) (6) (b) (6) (b) (6) (b) (6) hs.gov;(b) (6) (b) (6) (b) (6) stm77@tre asury.gov;(b) (6) (b) (6) (b) (6) Hanna (b) (6) (b) (6) (b) (6) (b) (6) Smi th, Brad (CMS/OA);(b) (6) Conley, Sean P. CDR USN WHMO/WHMU;Conant, Ann M. EOP/OMB;Vought, Russell T. EOP/OMB;Birx, Deborah L. EOP/NSC;Kudlow, Larry A. EOP/WHO;Cipollone, Pat A. EOP/WHO;Pataki, Tim A. EOP/WHO;Pottebaum, Nic D. EOP/WHO;Hoelscher, Douglas L. EOP/WHO;Kushner, Jared C. EOP/WHO;Philbin, Patrick F. EOP/WHO;Miller, Stephen EOP/WHO;Fleming, John C. Jr. EOP/WHO;Hicks, Hope C. EOP/WHO;Nevins, Kristan K. EOP/WHO;Farah, Alyssa A. EOP/WHO;Gilmartin, Kayleigh M. EOP/WHO;Lin, Merry S. EOP/WHO;Baker, Brittany G. EOP/WHO;Rose, Lyndee D. EOP/WHO;Dumbauld, Cassidy M. EOP/WHO;Hahn, Julia A. EOP/WHO;Boyd, Charlton J. EOP/WHO;Kline, Katherine E. EOP/WHO;Trevor, Sarah J. EOP/WHO;Lair, Kate E. EOP/WHO;Croghan, Mary E. EOP/WHO;Bars, Michael J. EOP/WHO;Atlas, Scott W. EOP/WHO;Taylor, Elizabeth A. EOP/WHO;Morgenstern, Brian R. EOP/WHO;Short, Marc T. EOP/OVP;Miller, Katie R. EOP/OVP;Kellogg, Joseph Keith K. Jr. EOP/OVP;Obenshain, Tucker T. EOP/OVP;Jacob, Gregory F. EOP/OVP;Fisher, Garrett C. EOP/OVP;O'Malley, Devin M. EOP/OVP;McGuffee, Tyler Ann A. EOP/OVP;Hodgson, Christopher M. EOP/OVP;Gray, John W. EOP/OVP;Wood, Jordan T. EOP/OVP;DL WHO COMMS Speechwriters;DL OVP NSA EXECSEC;OVPSchedule;Halbmaier, Craig A
Cc: Bauer, Zachary C. EOP/OVP;Woolfolk, Jon J. EOP/NSC;OVP NSA Plans and Ops Calendar;Lewis, Michael B. EOP/OVP;Stickles, Brendan R. EOP/OVP;Szabat, Joel (OST);Royer, Theodore M. EOP/WHO;Scully, Bethany S. EOP/OVP;Swint, Zachariah D. EOP/WHO
Subject: White House Coronavirus Task Force Meeting
Attachments: WH Coronavirus TF Agenda 8.27.20.docx, WHSR JFK Seating Chart 8.27.20.pptx, Supply Chain Slides 8.27.20.pptx

NOTE THE NEW TIME. Due to a scheduling conflict, we need to push this to 3:00pm. Thank you for your patience and understanding.

All,

There will be a **White House Coronavirus Task Force Meeting** at **3:00pm** on Thursday, August 27th in the White House Situation Room. Materials will be forthcoming.

AMERICAN OVERSIGHT

Thank you,

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Thursday, August 27, 2020
3:00pm EST

I. **Opening Remarks** – Vice President Pence

II. **Data Modeling & Reporting** – Dr. Debbie Birx

III. **Therapeutics & Vaccines** – Dr. Anthony Fauci (NIAID)

IV. **Plan for Testing (Surveillance)** – Dr. Robert Redfield (CDC)

V. **European Travel Update** – Assistant Secretary Carl Risch (State)

VI. **International Requests for Vaccines & Remdesivir** – Dr. (b) (6) (State)

VII. **Concluding Remarks** – Vice President Pence

AMERICAN OVERSIGHT

WHSR JFK Conference Room (West Wing)
DATE: 27 AUGUST 2020
TIME: 1500 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

EAST

Jared Kushner

John Gray

LTG Keith Kellogg

Katie Miller

Marc Short

DOOR

Thomas Engles

Dr. Scott Atlas

Sec. Gene Scalia

Sec. Sonny Perdue

Dr. Bob Redfield

Russ Vought

ADM Brett Giroir

Dr. Debbie Birx

John Fleming

Stephen Pinkos

Greg Jacob

Brian Morgenstern

Pat Philbin

Brad Smith

WEST - WINDOWS

Vice President

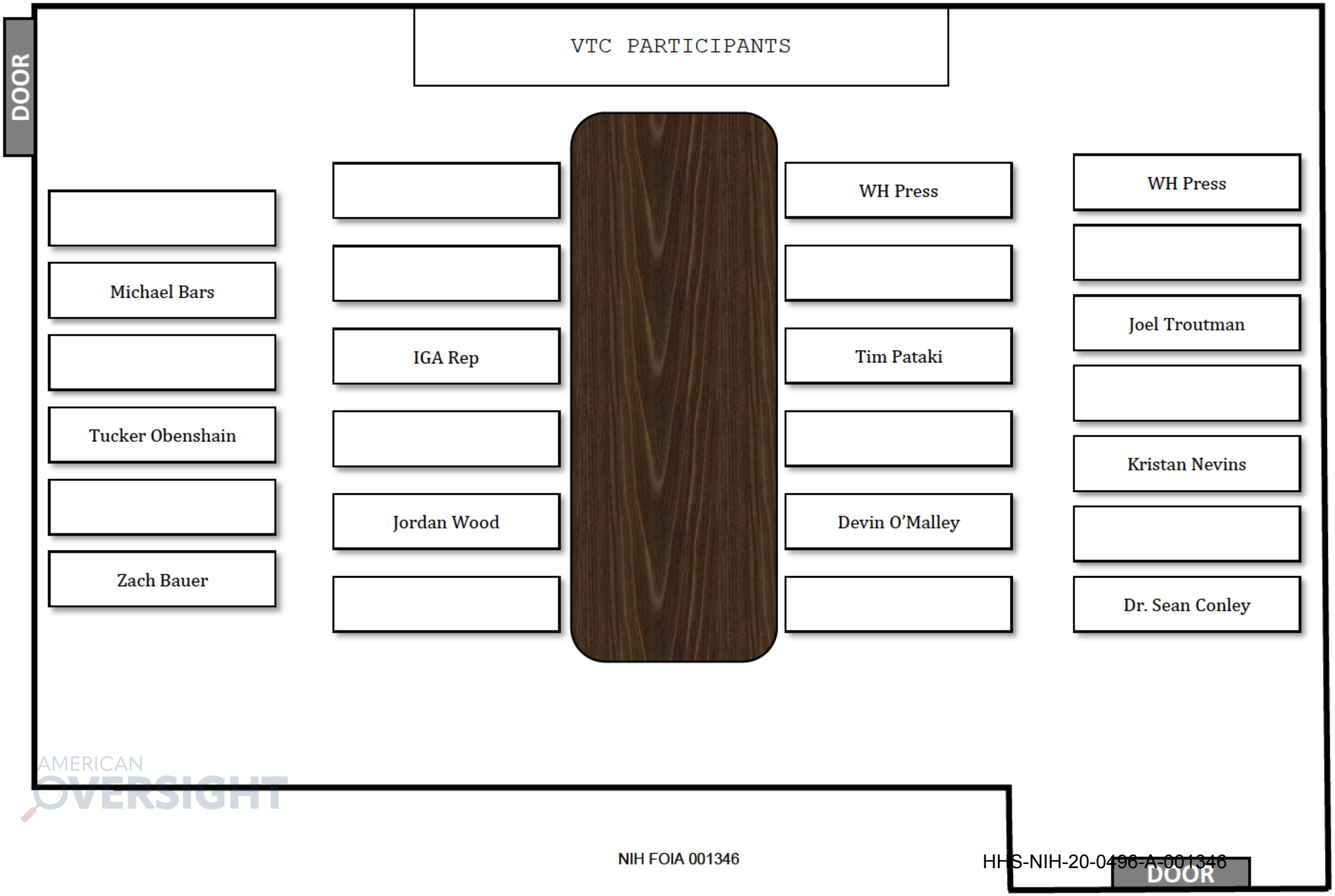
NORTH

AMERICAN OVERSIGHT

~~NIH FOIA 001345~~

HHS-NIH-20-0496-A-001345

WHSR EXEC OVER FLOW
DATE: 27 AUGUST 2020
TIME: 1500 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-001346

Supply Chain Advisory Group (SCAG) Summary of Actions

FEMA

Strategic National Stockpile (status)

(b) (5)

Donations (status delivered)

(b) (5)

(b) (5)

(b) (5)

(b) (5)

AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-001347

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Wed, 2 Sep 2020 12:52:19 -0500
To: AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH); (b) (6) sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH); (b) (6) Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS (b) ;Lynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E]; (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) ; (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) hs.gov; (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) ; (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) Smith, Brad (CMS/OA); (b) (6) Conley, Sean P. CDR USN WHMO/WHMU;Conant, Ann M. EOP/OMB;Vought, Russell T. EOP/OMB;Birx, Deborah L. EOP/NSC;Kudlow, Larry A. EOP/WHO;Cipollone, Pat A. EOP/WHO;Pataki, Tim A. EOP/WHO;Pottebaum, Nic D. EOP/WHO;Hoelscher, Douglas L. EOP/WHO;Kushner, Jared C. EOP/WHO;Philbin, Patrick F. EOP/WHO;Miller, Stephen EOP/WHO;Fleming, John C. Jr. EOP/WHO;Hicks, Hope C. EOP/WHO;Nevins, Kristan K. EOP/WHO;Farah, Alyssa A. EOP/WHO;Gilmartin, Kayleigh M. EOP/WHO;Lin, Merry S. EOP/WHO;Baker, Brittany G. EOP/WHO;Rose, Lyndee D. EOP/WHO;Dumbauld, Cassidy M. EOP/WHO;Hahn, Julia A. EOP/WHO;Boyd, Charlton J. EOP/WHO;Kline, Katherine E. EOP/WHO;Trevor, Sarah J. EOP/WHO;Lair, Kate E. EOP/WHO;Croghan, Mary E. EOP/WHO;Bars, Michael J. EOP/WHO;Atlas, Scott W. EOP/WHO;Taylor, Elizabeth A. EOP/WHO;Morgenstern, Brian R. EOP/WHO;Short, Marc T. EOP/OVP;Miller, Katie R. EOP/OVP;Kellogg, Joseph Keith K. Jr. EOP/OVP;Obenshain, Tucker T. EOP/OVP;Jacob, Gregory F. EOP/OVP;Fisher, Garrett C. EOP/OVP;O'Malley, Devin M. EOP/OVP;McGuffee, Tyler Ann A. EOP/OVP;Hodgson, Christopher M. EOP/OVP;Gray, John W. EOP/OVP;Wood, Jordan T. EOP/OVP;DL WHO COMMS Speechwriters;DL OVP NSA EXECSEC;OVPSchedule; (b) (6) ;Norris, Jessica E;Kepto, Abbie E. EOP/WHO;Cavanaugh, Brian J. EOP/NSC;Veprek, Andrew M. EOP/NSC;Bailey, Nathan
Cc: Stickles, Brendan R. EOP/OVP;Royer, Theodore M. EOP/WHO;Szabat, Joel (OST);Woolfolk, Jon J. EOP/NSC;OVP NSA Plans and Ops Calendar;Bauer, Zachary C. EOP/OVP;Scully, Bethany S. EOP/OVP;Lewis, Michael B. EOP/OVP
Subject: White House Coronavirus Task Force Meeting
Attachments: WH Coronavirus TF Agenda 9.2.20.docx, WHSR JFK Seating Chart 9.2.20.pptx, Supply Chain Slides 9.2.20.pptx

All,

There will be a **White House Coronavirus Task Force Meeting** at **3:30pm** on Wednesday, September 2nd in the White House Situation Room. Materials attached.

Thank you,

AMERICAN OVERSIGHT

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Wednesday, September 2, 2020
3:30pm EST

I. **Opening Remarks** – Vice President Pence

II. **Data Modeling & Reporting** – Dr. Debbie Birx

III. **College Campus Guidelines** – Dr. Scott Atlas & Dr. Debbie Birx

IV. **European Travel** – Assistant Secretary Carl Risch (State)

V. **International Requests for Vaccines & Remdesivir** – (b) (6) (State)

VI. **Provisional Death Counts & Incentives to Miscode** – Dr. Robert Redfield (CDC) & Secretary Alex Azar (HHS)

VII. **Nursing Home Coronavirus Commission** – Administrator Seema Verma (CMS)

VIII. **Nursing Home Incentive Payment Methodology** – Secretary Alex Azar (HHS)

IX. **Therapeutics & Vaccines** – Dr. Anthony Fauci (NIAID)

X. **NRCC & Supplies** – Administrator Pete Gaynor & Admiral John Polowczyk (FEMA)

XI. **DPA Request for School Openings** – Greg Jacob (OVP Counsel)

XII. **Concluding Remarks** – Vice President Pence

AMERICAN OVERSIGHT

WHSR JFK Conference Room (West Wing)
DATE: 2 SEPTEMBER 2020
TIME: 1530 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

EAST

Brian Morgenstern

Greg Jacob

LTG Keith Kellogg

John Gray

Katie Miller

Marc Short

DOOR

Dr. Scott Atlas

Sec. Gene Scalia

Sec. Steve Mnuchin

Sec. Alex Azar

Dr. Bob Redfield

Seema Verma

ADM Brett Giroir

Dr. Tony Fauci

Stephen Miller

John Fleming

Larry Kudlow

Dr. Jerome Adams

Brad Smith

Pat Philbin

WEST - WINDOWS

Vice President

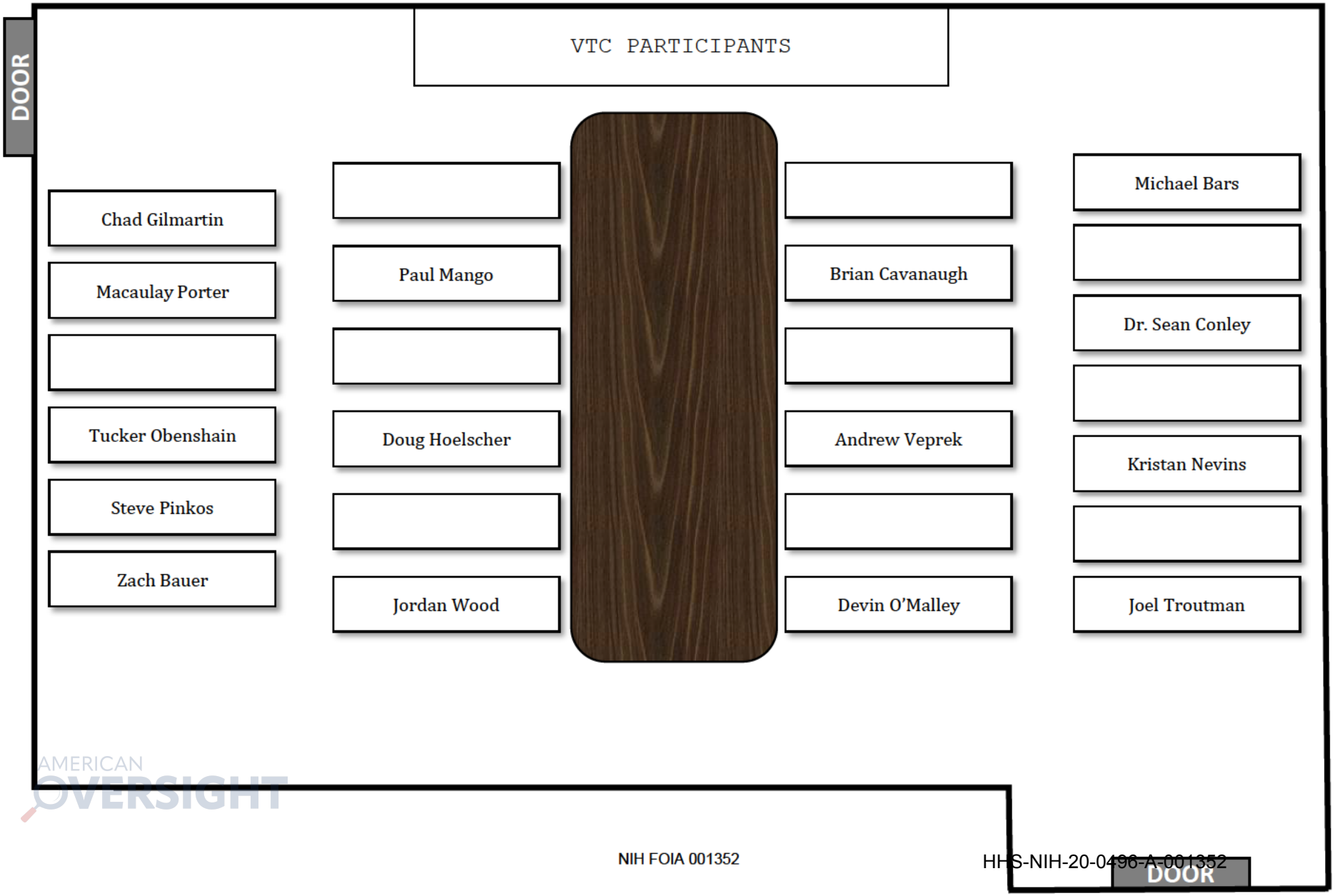
NORTH

AMERICAN OVERSIGHT

NIH FOIA 001351

HHS-NIH-20-0496-A-001351

WHSR EXEC OVER FLOW
DATE: 2 SEPTEMBER 2020
TIME: 1530 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-001352

Supply Chain Advisory Group (SCAG) Summary of Actions

FEMA

Strategic National Stockpile (status)

(b) (5)

Donations (status delivered)

(b) (5)

(b) (5)

(b) (5)

(b) (5)

AMERICAN OVERSIGHT

Not For External Use

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Wed, 2 Sep 2020 17:52:08 -0500
To: Troutman, Joel D. EOP/OVP
Subject: RE: White House Coronavirus Task Force Meeting
Attachments: 04 NH Commission Summary Paper for TF.DOCX

All,

Following up today's Task Force meeting with the article the Vice President referenced (see link below) and an attachment from CMS on the Nursing Home Commission.

https://www.wsj.com/articles/a-virus-progress-report-11599001150

Thanks!

Joel

-----Original Appointment-----
From: Troutman, Joel D. EOP/OVP
Sent: Tuesday, September 1, 2020 9:22 AM
To: Troutman, Joel D. EOP/OVP
Cc:
Subject: White House Coronavirus Task Force Meeting
When: Wednesday, September 2, 2020 3:30 PM-4:30 PM (UTC-05:00) Eastern Time (US & Canada).
Where: WHSR

All,

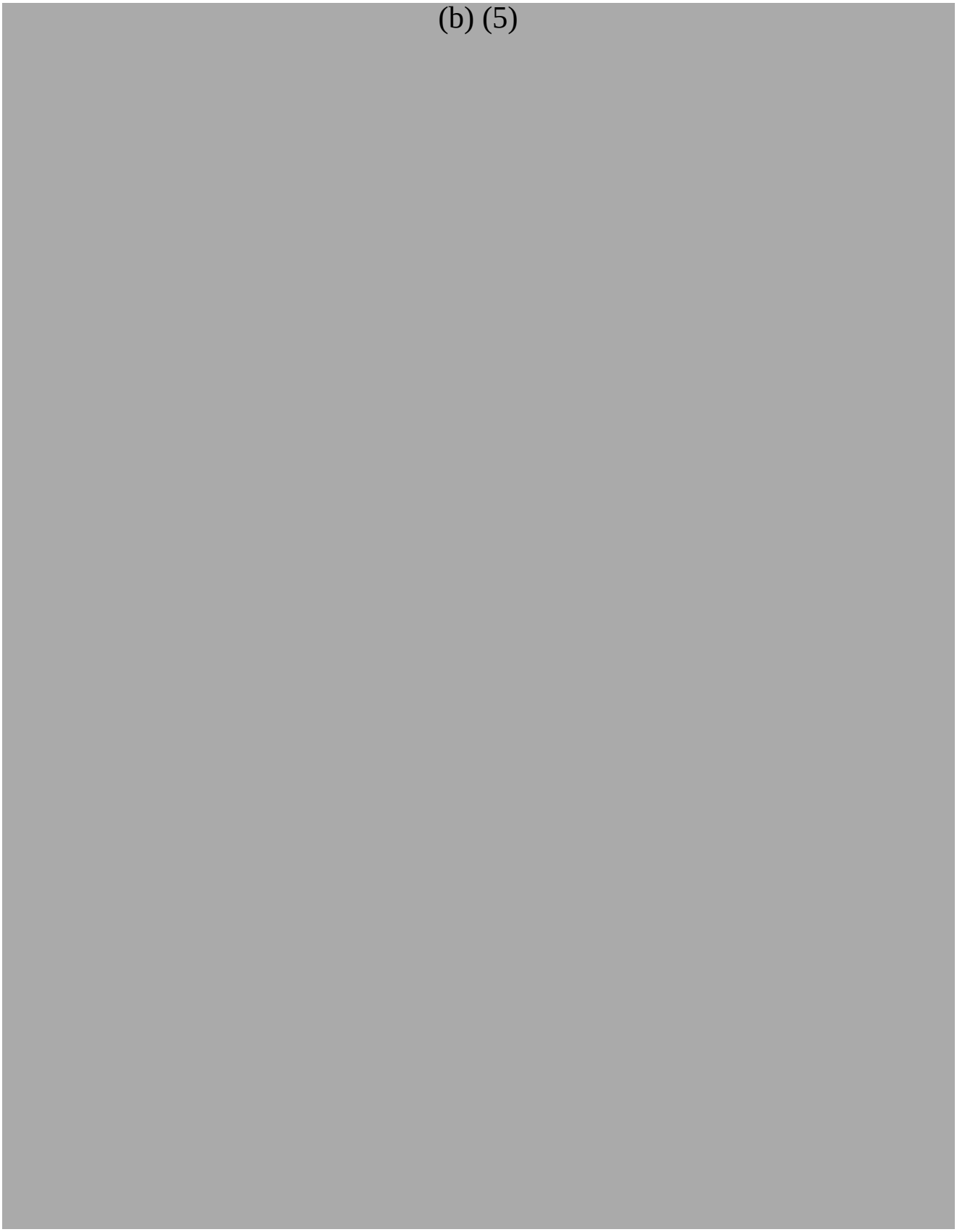
There will be a **White House Coronavirus Task Force Meeting** at **3:30pm** on Wednesday, September 2nd in the White House Situation Room. Materials attached.

Thank you,

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President
(b) (6)

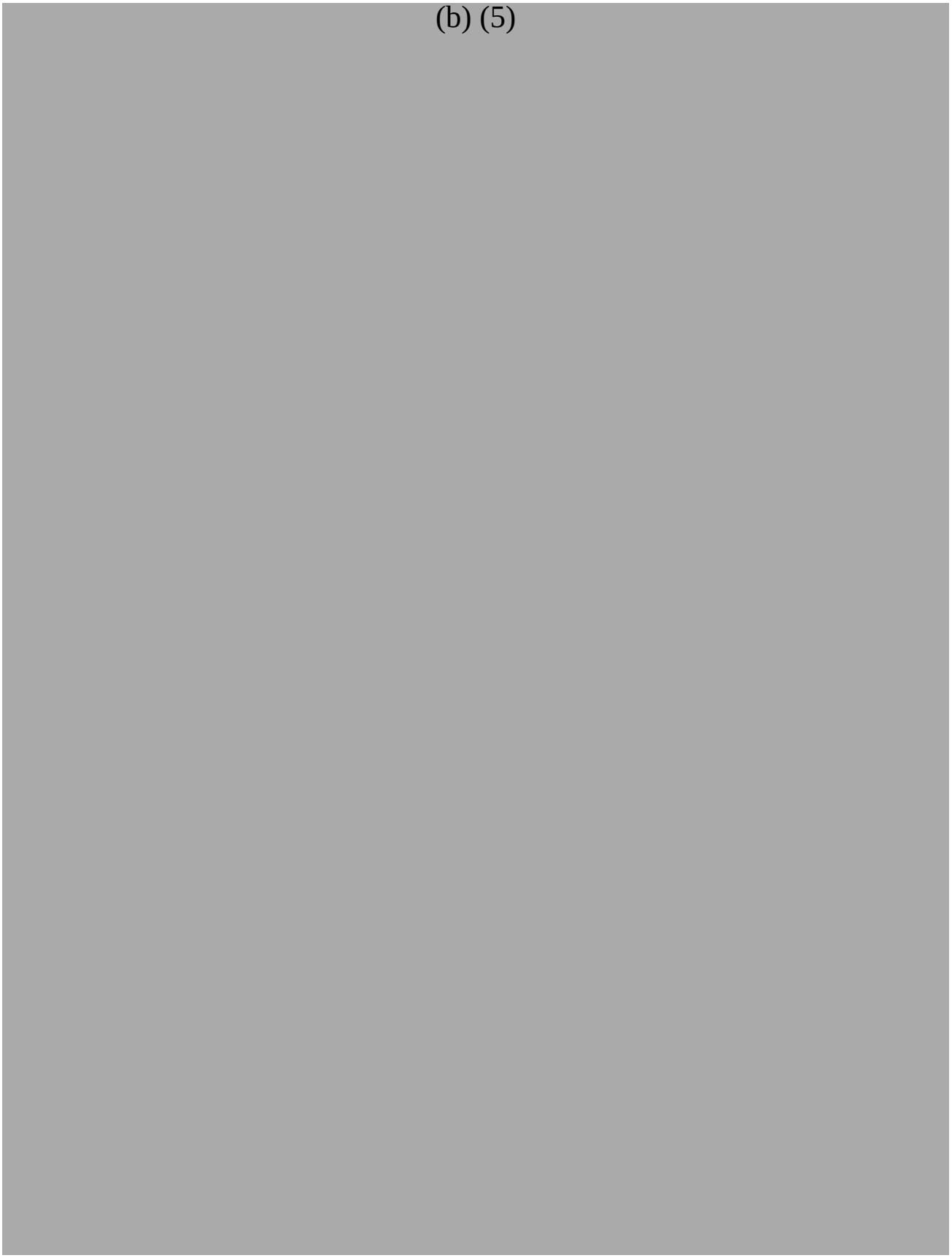
AMERICAN OVERSIGHT

(b) (5)



AMERICAN OVERSIGHT

(b) (5)



AMERICAN OVERSIGHT

From: Droegemeier, Kelvin K. EOP/OSTP < (b) (6)
Sent: Mon, 29 Jun 2020 12:13:22 -0500
To: Collins, Francis (NIH/OD) [E]
Cc: Wolinetz, Carrie (NIH/OD) [E]
Subject: RE: Possible NSTC changes?

Dear Francis,

Let me check on this and get back to you.

Kelvin

From: Collins, Francis (NIH/OD) [E] < (b) (6)
Sent: Monday, June 29, 2020 12:06 PM
To: Droegemeier, Kelvin K. EOP/OSTP < (b) (6)
Cc: Wolinetz, Carrie (NIH/OD) [E] < (b) (6)
Subject: Possible NSTC changes?

Hi Kelvin,

I hope this finds you well. I hear from Carrie that the NSTC is considering establishing new subcommittees on Health Security and the Bioeconomy, to be placed under the Committee on the S&T Enterprise. While both of these topics are timely, and we have appreciated the streamlining efforts under the NSTC, as co-chair of the Committee on Science, I wanted to suggest that (b) (5)
(b) (5)
(b) (5) I would be happy to discuss further and thanks for considering.

Francis

AMERICAN OVERSIGHT

From: Droegemeier, Kelvin K. EOP/OSTP < (b) (6)
Sent: Mon, 29 Jun 2020 13:44:06 -0500
To: Collins, Francis (NIH/OD) [E]
Cc: Wolinetz, Carrie (NIH/OD) [E]
Subject: RE: Possible NSTC changes?

Hi Francis,

Thanks for your good input. Nothing has been finalized, and my understanding from the Executive Director is that multiple options are being developed for me to consider. It's safe to say this won't be under CoE! I'll make sure your input gets thoughtful consideration!

Sincerely,

Kelvin

From: Collins, Francis (NIH/OD) [E] < (b) (6)
Sent: Monday, June 29, 2020 12:06 PM
To: Droegemeier, Kelvin K. EOP/OSTP < (b) (6)
Cc: Wolinetz, Carrie (NIH/OD) [E] < (b) (6)
Subject: Possible NSTC changes?

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(b) (5)
(b) (5) I would be happy to discuss further and thanks for considering.

Francis

AMERICAN OVERSIGHT

From: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Sent: Thu, 9 Jul 2020 10:54:57 -0500
To: Collins, Francis (NIH/OD) [E]
Cc: Wolinetz, Carrie (NIH/OD) [E];Droegemeier, Kelvin K. EOP/OSTP;Droegemeier, Kelvin K. EOP/OSTP
Subject: RE: Possible NSTC changes?

Dear Francis,

I hope you had as relaxing a 4th of July as is possible these days!

I appreciate you reaching out about NSTC subcommittee organization. Bearing in mind the many changes wrought by COVID-19, as well as the Administration's emphasis of biotechnology as an Industry of the Future, it made sense to align NSTC efforts to better reflect the Administration's priorities and the current and projected science and technology landscape. This realignment includes two primary elements, and as your e-mail highlights, leadership from NIH and broader HHS are critical to each of them.

(b) (5)

I hope this helps clarify both the substance of and rational behind these changes. Please let me know if some additional discussion would be helpful.

Thanks much!

Kelvin

From: Collins, Francis (NIH/OD) [E] <(b) (6)
Sent: Monday, June 29, 2020 12:06 PM
To: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)

AMERICAN OVERSIGHT

Cc: Wolinetz, Carrie (NIH/OD) [E] < (b) (6)
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(b) (5) I would be happy to discuss further and thanks for considering.

Francis

AMERICAN OVERSIGHT

From: Wolinetz, Carrie (NIH/OD) [E]
Sent: Fri, 10 Jul 2020 10:43:22 -0500
To: Collins, Francis (NIH/OD) [E]
Subject: RE: Possible NSTC changes?

It's hard to get excited about anything in the NSTC space, truthfully…

Here are my thoughts – (b) (5)

(b) (5)

--C.

From: Collins, Francis (NIH/OD) [E] < (b) (6)
Sent: Thursday, July 9, 2020 12:44 PM
To: Wolinetz, Carrie (NIH/OD) [E] < (b) (6)
Subject: FW: Possible NSTC changes?

I'm finding it hard to get very excited about these committee changes – but please give me your thoughts.

FC

From: Droegemeier, Kelvin K. EOP/OSTP < (b) (6)
Sent: Thursday, July 9, 2020 11:55 AM
To: Collins, Francis (NIH/OD) [E] < (b) (6)
Cc: Wolinetz, Carrie (NIH/OD) [E] < (b) (6) Droegemeier, Kelvin K. EOP/OSTP < (b) (6) Droegemeier, Kelvin K. EOP/OSTP < (b) (6)
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AMERICAN OVERSIGHT

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Thanks much!

Kelvin

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(b) (5)

AMERICAN OVERSIGHT

(b) (5)

(b) (5) I would be happy to discuss further and thanks for considering.

Francis

AMERICAN OVERSIGHT

From: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Sent: Thu, 16 Jul 2020 06:50:52 -0500
To: Collins, Francis (NIH/OD) [E]
Cc: Wolinetz, Carrie (NIH/OD) [E];Droegemeier, Kelvin K. EOP/OSTP
Subject: RE: Possible NSTC changes?

Dear Francis,

That all sounds terrific – thanks so much, and sorry for any angst this might have caused!! Love all the great things you are doing – NIH is amazingly innovative, and yesterday Mike and Jodi joined our monthly call with 17 science advisors/ministers and were terrific as usual (the call is at 6 am, so double kudos to them)!

Take care and stay well!

Sincerely,

Kelvin

From: Collins, Francis (NIH/OD) [E] <(b) (6)
Sent: Wednesday, July 15, 2020 2:50 PM
To: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Cc: Wolinetz, Carrie (NIH/OD) [E] <(b) (6)
Subject: Re: Possible NSTC changes?

Dear Kelvin,

Thank you, this is both helpful and reassuring. I am particularly glad you see NIH in the co-chair position for the Bioeconomy group, and I would like to suggest Carrie Wolinetz serve in that role. Since the BSSC is being retained, we can designate a new co-chair for that group, most likely Carrie's deputy, Dr. Lyric Jorgenson. I will ask Carrie to coordinate with Tracie on these items as well as on an NIH rep for the Health Security subcommittee, since we also have a lot of equities in that arena.

Thanks again for following up and clarifying.

Regards, Francis

From: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Sent: Thursday, July 9, 2020 11:55 AM
To: Collins, Francis (NIH/OD) [E] <(b) (6)
Cc: Wolinetz, Carrie (NIH/OD) [E] <(b) (6) Droegemeier, Kelvin K. EOP/OSTP <(b) (6) Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Subject: RE: Possible NSTC changes?

AMERICAN OVERSIGHT

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Kelvin

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To: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Cc: Wolinetz, Carrie (NIH/OD) [E] <(b) (6)
Subject: Possible NSTC changes?

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(b) (5)
(b) (5) I would be happy to discuss further and thanks for considering.

Francis

AMERICAN OVERSIGHT

From: Tabak, Lawrence (NIH/OD) [E]
Sent: Thu, 6 Aug 2020 11:12:39 -0500
To: Collins, Francis (NIH/OD) [E];Tromberg, Bruce (NIH/NIBIB) [E];Bright, Rick (NIH/OD) [E];Heemskerk, Jill (NIH/NIBIB) [E];Fleurence, Rachael (NIH/OD) [C];Schwetz, Tara (NIH/OD) [E]
Subject: Re: Testing

Sorry, but one small (repeat) point on saliva; now that Janice can bring + patients into CC she should be able to nail down the best source of saliva for testing. Her preliminary data indicates that it submandibular/sublingual saliva is not a good source. If it is in parotid>>submandibular/sublingual all that needs to be done is use a gustatory stimulus to collect (lemon juice/drop, dilute citric acid) the self collected sample will be largely derived from parotid. I encouraged her again this am to make this a high priority as everyone prefers self collection and it obviously eliminates some supply chain issues. She should be able to quickly disprove or prove this idea.
larry

From: Francis Collins < (b) (6)
Date: Thursday, August 6, 2020 at 11:29 AM
To: "Tromberg, Bruce (NIH/NIBIB) [E]" < (b) (6) "Bright, Rick (NIH/OD) [E]" < (b) (6) "Heemskerk, Jill (NIH/NIBIB) [E]" < (b) (6) "Fleurence, Rachael (NIH/OD) [C]" < (b) (6) "Tabak, Lawrence (NIH/OD) [E]" < (b) (6) "Schwetz, Tara (NIH/OD) [E]" < (b) (6)
Subject: FW: Testing

See note below from Deb Birx – note specifically her point #3. While this e-mail was addressed to Brett and Brad, I suspect this will soon lead to a request for RADx testing projections and talking points.

And of course point 1 is relevant to our plans for the RFI to universities.

FC

From: Birx, Deborah L. EOP/NSC < (b) (6)
Sent: Thursday, August 6, 2020 7:58 AM
To: Giroir, Brett (HHS/OASH) < (b) (6) Smith, Brad M. EOP/WHO < (b) (6)
Cc: Fauci, Anthony (NIH/NIAID) [E] < (b) (6) Collins, Francis (NIH/OD) [E] < (b) (6)
Subject: Testing

3 things
First I think we need to have talking points on when we called for the research labs to be turned on MARCH 2020, when we removed all regulatory barriers for research labs to conduct LDT for surveillance, when we called for pooling MAY 2020 and removed all barriers by posting way forward JUN 2020.

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Second we need the TPs on the antigen tests – that we pursued this in Mar as one of the critical platforms and as soon as available we have been making it available immediately as developed for NH, LTCF and the next new platform for schools K-12
Third we need a full accounting and TPs for RADX, progress and technical platforms being pursued as well as adapting to saliva non-swab technology of current tests as it appears we aren't doing anything on the innovation side nor funding new technology. I believe funding began 22April or so and we are nearly 3.5 months in and should be giving monthly updates whenever doing press

Together noting planned daily tests available by the end of Aug, end of Sept and end of October under-promising and over-delivering for the American people. I don't think the way forward is to ask people not to be tested because there is no clinical decision to be made. This is so much bigger than clinical decisions as testing is essential to defining depth and breadth of outbreaks and without immediate surge capacity we need to immediately order the research labs that have received federal funding for equipment and technicians to support us in surge capacity to rapidly pool and screen large number of children and teachers with schools opening.

Deb

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 23 Aug 2020 13:25:51 -0500
To: Collins, Francis (NIH/OD) [E]
Subject: RE: I heard the EUA was signed

The fact is the decision was made prior to our seeing the data, which is the FDA's prerogative. It is what it is. She wrote to me and I will just tell her the truth that I have not seen the data without any judgment attached to that statement.

From: Collins, Francis (NIH/OD) [E] <(b) (6)
Sent: Sunday, August 23, 2020 2:15 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)
Subject: FW: I heard the EUA was signed

Not sure how explicit to be with the answer….

From: Birx, Deborah L. EOP/NSC <(b) (6)
Sent: Sunday, August 23, 2020 1:58 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)
Cc: Collins, Francis (NIH/OD) [E] <(b) (6)
Subject: I heard the EUA was signed

I didn't see the data but assuming you are all good with the decision?

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From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sun, 23 Aug 2020 13:26:36 -0500
To: Birx, Deborah L. EOP/NSC
Cc: Collins, Francis (NIH/OD) [E]
Subject: RE: I heard the EUA was signed

I have not yet seen the data either.

From: Birx, Deborah L. EOP/NSC <(b) (6)
Sent: Sunday, August 23, 2020 1:58 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)
Cc: Collins, Francis (NIH/OD) [E] <(b) (6)
Subject: I heard the EUA was signed

I didn't see the data but assuming you are all good with the decision?

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From: Marks, Peter <Peter.Marks@fda.hhs.gov>
Sent: Wed, 12 Aug 2020 09:19:54 -0500
To: Collins, Francis (NIH/OD) [E]
Cc: Fauci, Anthony (NIH/NIAID) [E]
Subject: RE: Plasma

Dear Francis,

(b) (5)
.

It might be really helpful for us to get on a call together. There may be some misunderstandings here regarding things, but we are in a situation that deserves discussion, so that all are making recommendations or decisions with the same information.

Please let me know how you want to proceed.

Best Regards,
Peter

-----Original Message-----
From: Collins, Francis (NIH/OD) [E] <(b) (6)
Sent: Wednesday, August 12, 2020 6:43 AM
To: Marks, Peter <Peter.Marks@fda.hhs.gov>
Cc: Fauci, Anthony S (NIH) <(b) (6)
Subject: FW: Plasma

Hi Peter,

See note below from Deb Birx. (b) (5)
Any update on the potential timetable for receipt of those data?

Of course what she refers to as the "first 1000" was really the first 4330.

I would want to add that "confirms the findings" would need to be the shared agreement amongst the statistical experts, not just within FDA.

Agree?

Francis

-----Original Message-----
From: Birx, Deborah L. EOP/NSC <(b) (6)
Sent: Wednesday, August 12, 2020 6:19 AM
To: Collins, Francis (NIH/OD) [E] <(b) (6) Fauci, Anthony (NIH/NIAID) [E] <(b) (6)
Cc: Stephen Hahn <sh1@fda.hhs.gov>
Subject: Plasma

Just want to confirm we are all on the same page. (b) (5)

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(b) (5)

I think it is important that we agree before the data is presented. Deb Sent from my iPhone

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From: Birx, Deborah L. EOP/NSC <(b) (6)
Sent: Wed, 12 Aug 2020 09:52:43 -0500
To: Hahn, Stephen;Fauci, Anthony (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E];Marks, Peter (FDA/CBER);Lenihan, Keagan (FDA/OC)
Subject: Re: Plasma

No we agreed (b) (5)

From: "Hahn, Stephen" <SH1@fda.hhs.gov>
Date: Wednesday, August 12, 2020 at 10:49 AM
To: "Fauci, Anthony S (NIH)" <(b) (6) "Birx, Deborah L. EOP/NSC" <(b) (6) "Collins, Francis S (NIH)" <(b) (6) "Marks, Peter" <Peter.Marks@fda.hhs.gov>, "Lenihan, Keagan" <Keagan.Lenihan@fda.hhs.gov>
Subject: RE: Plasma

It actually does not sound like we are all on the same page. I haven't been on the calls with NIH and FDA but (b) (5) I am copying Peter and we're pulling together a call.
Steve

From: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)
Date: August 12, 2020 at 9:00:25 AM CDT
To: Birx, Deborah L. EOP/NSC <(b) (6) Collins, Francis S (NIH) <(b) (6)
Cc: Hahn, Stephen <SH1@fda.hhs.gov>
Subject: RE: Plasma

Ditto.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)
The information in this e-mail and any of its attachments is confidential and may contain sensitive

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-----Original Message-----
From: Birx, Deborah L. EOP/NSC <(b) (6)
Sent: Wednesday, August 12, 2020 9:11 AM
To: Collins, Francis (NIH/OD) [E] <(b) (6)
Cc: Stephen Hahn <sh1@fda.hhs.gov>; Fauci, Anthony (NIH/NIAID) [E] <(b) (6)
Subject: Re: Plasma

Understood and that is the plan as I understand it

On 8/12/20, 9:08 AM, "Collins, Francis (NIH/OD) [E]" <(b) (6) wrote:

Hi Deb,

Thanks for your note. I agree that clarifying the plan is a really good thing.

(b) (5)

(b) (5)
Apparently this is somewhat challenging logistically.

(b) (5)
. It will be important, however, that this be written with great care so that it does not render the ongoing randomized clinical trials on CP (for both outpatients and inpatients) no longer viable. We will still really want those rigorous results.

Francis

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Subject: Plasma

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Just want to confirm we are all on the same page. (b) (5) [redacted]

I think it is important that we agree before the data is presented. Deb Sent from my iPhone

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From: Marks, Peter <Peter.Marks@fda.hhs.gov>
Sent: Wed, 12 Aug 2020 09:55:30 -0500
To: Collins, Francis (NIH/OD) [E]
Cc: Fauci, Anthony (NIH/NIAID) [E]
Subject: RE: Plasma

Dear Francis,

We should discuss the totality of the evidence. That said, I am so on the same page as you and Tony about not wanting to disrupt ongoing trials of any agent, including convalescent plasma trials.

I also think that we need to get on the phone, because (b) (5)

Best Regards,
Peter

-----Original Message-----
From: Collins, Francis (NIH/OD) [E] < (b) (6)
Sent: Wednesday, August 12, 2020 10:36 AM
To: Marks, Peter <Peter.Marks@fda.hhs.gov>
Cc: Fauci, Anthony S (NIH) < (b) (6)
Subject: RE: Plasma

Hi Peter,

I was getting some pressure to clarify, so I sent a response to Dr. Birx, and got the response you can see in the attachment.

Glad to get on the phone if this doesn't settle it.

Francis

P.S. Nice article in the Post today!

-----Original Message-----
From: Marks, Peter <Peter.Marks@fda.hhs.gov>
Sent: Wednesday, August 12, 2020 10:20 AM
To: Collins, Francis (NIH/OD) [E] < (b) (6)
Cc: Fauci, Anthony (NIH/NIAID) [E] < (b) (6)
Subject: RE: Plasma

Dear Francis,

(b) (5)
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AMERICAN OVERSIGHT

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Of course what she refers to as the "first 1000" was really the first 4330.

I would want to add that "confirms the findings" would need to be the shared agreement amongst the statistical experts, not just within FDA.

Agree?

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Subject: Plasma

Just want to confirm we are all on the same page. (b) (5)

I think it is important that we agree before the data is presented. Deb Sent from my iPhone

AMERICAN OVERSIGHT

From: Droegemeier, Kelvin K. EOP/OSTP <(b) (6)
Sent: Fri, 14 Aug 2020 12:23:42 -0500
To: Collins, Francis (NIH/OD) [E];Lauer, Michael (NIH/OD) [E];Wolinetz, Carrie (NIH/OD) [E]
Cc: Droegemeier, Kelvin K. EOP/OSTP;Droegemeier, Kelvin K. EOP/OSTP
Subject: Announcing the FY22 OMB-OSTP R&D Priorities Memo!!

Dear Francis, Mike and Carrie,

I have some exciting news to share! The FY 2022 R&D Budget Priorities Memo is now public: https://www.whitehouse.gov/wp-content/uploads/2020/08/M-20-29.pdf

I hope you will agree with me that the five budget priorities described in the memo enable you to continue to execute on your important mission, advance Administration priorities, and position the United States to remain the global S&T leader for the long term. In addition to the five R&D budget priorities, you'll see that we also highlight a set of "priority crosscutting actions." These capture priorities that I know we share—for example, optimizing research environments—and together the actions ensure that we leverage the resources and expertise present both with your organization and across the entire multisector U.S. S&T enterprise.

I deeply appreciate the input you provided at the front end of this process when we chatted about your agency priorities. As I believe you will be able to tell, we listened carefully to that input and are grateful for your leadership!

If you have any questions, comments, or other reactions, please don't hesitate to share them with me. Thanks for all of your great work and collaboration.

Sincerely,

Kelvin

_____
Dr. Kelvin K. Droegemeier, Director
Office of Science and Technology Policy
The White House
Washington, DC 20502
(202) 456-4444
http://www.ostp.gov
@WHOSTP

AMERICAN OVERSIGHT

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Mon, 14 Sep 2020 10:14:59 -0500
To: AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH); (b) (6) Danko, Carol (OS/ASPR/IO);sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH); (b) (6) Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS (b) ;Lynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E]; (b) (6) (b) (6) (b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Tuesday, September 15, 2020
3:30pm EST

I. **Opening Remarks** – Vice President Pence

II. **Data Modeling & Reporting** – Dr. Debbie Birx

III. **Therapeutics & Vaccines** – Dr. Anthony Fauci (NIAID)

IV. **NRCC & Supplies** – Administrator Pete Gaynor & Admiral John Polowczyk (FEMA)

V. **Liability Protections** – Pat Philbin (WHCO)

VI. **Remdesivir Treatment Incentives & Incentives to Miscode COVID-19 Deaths** – Administrator Seema Verma (CMS)

VII. **Concluding Remarks** – Vice President Pence

AMERICAN OVERSIGHT

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Wed, 23 Sep 2020 12:09:36 -0500
To: AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH); (b) (6) Abel, Vadm Daniel (HHS/IOS);Danko, Carol (OS/ASPR/JIC);sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH); (b) (6) Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS (b) (6) Lynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E]; (b) (6) (b) (6) (b) (6)

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Wednesday, September 23, 2020
4:00pm EST

I. **Opening Remarks** – Vice President Pence

II. **Data Modeling & Reporting** – Dr. Debbie Birx

III. **Therapeutics & Vaccines** – Dr. Anthony Fauci (NIAID)

IV. **Vaccine Distribution and J&J Phase III** – Secretary Alex Azar & Paul Mango (HHS)

V. **Remdesivir Treatment Incentives & Incentives to Miscode COVID-19 Deaths** – Administrator Seema Verma (CMS)

VI. **No Sail Order** – Gary Rasicot (DHS)

VII. **NRCC & Supplies** – Administrator Pete Gaynor & Admiral John Polowczyk (FEMA)

VIII. **Concluding Remarks** – Vice President Pence

AMERICAN OVERSIGHT

WHSR JFK Conference Room (West Wing)
DATE: 23 SEPTEMBER 2020
TIME: 1600 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

EAST

Brian Morgenstern

VADM Scott Buschman

LTG Keith Kellogg

John Gray

Katie Miller

Marc Short

DOOR

Gary Rasicot

Dr. Scott Atlas

Sec. Sonny Perdue

Sec. Alex Azar

Dr. Robert Redfield

ADM Brett Giroir

Seema Verma

Dr. Tony Fauci

Vice President

Tom Engels

AU/S Joel Szabat

Larry Kudlow

Russ Vought

Dr. Jerome Adams

Paul Mango

Pat Philbin

WEST - WINDOWS

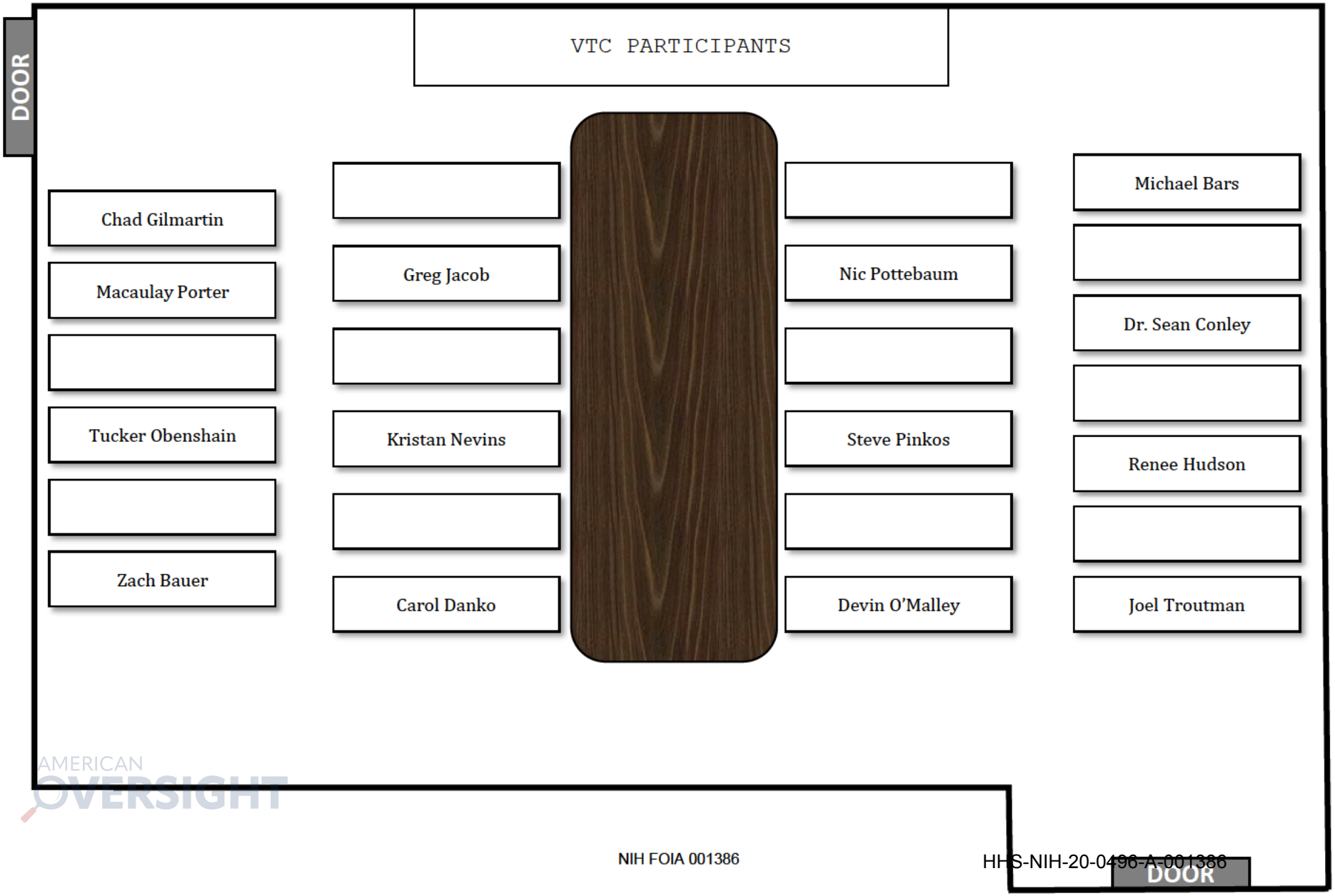
NORTH

AMERICAN OVERSIGHT

NIH FOIA 001385

HHS-NIH-20-0496-A-001385

WHSR EXEC OVER FLOW
DATE: 23 SEPTEMBER 2020
TIME: 1600 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-001386

CDC CRUISE SHIP NO SAIL ORDER UPDATE FOR THE CORONAVIRUS TASK FORCE

CDC No Sail Order: On July 16, 2020, Disease Control and Prevention (CDC) extended its *No Sail Order* through September 30, 2020. Previously, the order was effective through July 24, 2020. CDC order prohibits the embarkation of passengers and directs specific actions regarding the transfers of crew on and off and between ships. The CDC order also requires cruise ships operating in U.S. waters to develop, implement, and operationalize, an appropriate, actionable, and robust plan to prevent, mitigate, and respond to the spread of COVID-19 among crew onboard cruise ships.

Update: CDC is proposing to extend the order to 15 February 2021. The CDC Request for Information period closed on 21 September. To date CDC has received over 13,000 comments including the comments from the industry sponsored Healthy Sail panel of experts and the Cruise Line International Association which are detailed below.

Industry-led Panel: An industry-led panel known as "Healthy Sail" is meeting regularly to assist cruise lines in the evaluation of public health and safety requirements for potential resumption of cruise line passenger operations. Norwegian Cruise Line Holdings and Royal Caribbean Group are leading this effort and have engaged public health experts (some retired CDC executives/ Secretary Leavitt, HHS is one of the names). The panel is integrating COVID-related data and the best available public health, science and engineering insights with a view towards developing recommendations for resuming passenger operations.

Update: The Healthy Sail panel submitted a 65 page report containing 74 recommendation to CDC for consideration on 21september. Highlights of the recommendations include:

- Passengers should be tested for COVID-19 five days to 24 hours before boarding and share a negative result with the cruise operator.
- At embarkation, passengers should undergo an additional health screening.
- Crew members should be tested five days to 24 hours before leaving their home. After receiving a negative result, they should quarantine on board for seven days and take another test before beginning duties with a negative result.
- Passengers and crew should undergo a daily temperature check.
- Passengers and crew should wear a face mask or cloth covering in accordance with CDC guidelines.
- Ships should have lowered crew and passenger loads.
- Cruise lines should implement shorter sailing itineraries.
- Cruise operators should implement contact-free check-in.
- Increased sanitation on board and in ports should be implemented with attention paid to both low-touch and high-touch areas.

Industry Actions: On August 5, the Cruise Line International Association (CLIA) and its oceangoing cruise line members announced the decision to voluntarily suspend U.S. cruise operations until October 31, 2020 in the interest of public health and safety. They also stated that should conditions in the U.S. change and it becomes possible to consider short, modified

AMERICAN OVERSIGHT

sailings, they would consider an earlier restart. Additionally, informal discussions with cruise lines indicate that they would likely need at least a six-week ramp up period for logistics, crew return, contracting with destination ports, etc to re-initiate passenger operations. Several cruise lines have indicated to CDC that they do not anticipate beginning passenger operations until 2021 at the earliest.

Update: CLIA issued a press release on 21 September announcing that CLIA continues to work with health authorities throughout the world to finalize its comprehensive COVID-19 policy, which once adopted will require each CLIA ocean-going member CEO to attest in writing to its implementation and will be subject to independent audit. Meanwhile, on September 9, 2020, CLIA adopted all of the below-listed core elements to support an initial restart of limited operations in the Americas. With support and approval of regulators and destinations in the region, CLIA believes this could be followed by a gradual expansion of sailings in 2021 as circumstances permit. Highlights of the approach include:

- **Testing:** 100 percent testing of passengers and crew for COVID-19 prior to embarkation and continual monitoring. Crew also tested three times with a negative result and quarantine prior to beginning work on ships.
- **Mask-Wearing:** Mandatory wearing of masks by all passengers and crew onboard and during excursions whenever physical distancing cannot be maintained.
- **Distancing:** Physical distancing in terminals, onboard ships, on private islands, and during shore excursions.
- **Ventilation:** Air management and ventilation strategies to increase fresh air onboard and, where feasible, using enhanced filters and other technologies to mitigate risk.
- **Medical Capability:** Risk based response plans tailored for each ship to manage medical needs, dedicated cabin capacity allocated for isolation and other operational measures, and advance arrangements with private providers for shoreside quarantine, medical facilities, and transportation.
- **Shore Excursions:** Only permit shore excursions according to the cruise operators' prescribed protocols, with strict adherence required of all passengers and denial of re-boarding for any passengers that do not comply.

Current Ship Disposition: As of 22 September, there are 59 vessels with approximately 9,300 crew in U.S. waters or surrounding waters. Of those, 53 are in Florida, the Bahamas or the Caribbean. As of last report, there are 200 American citizen crew aboard 33 cruise ships in U.S. waters, including one U.S.-flagged ship in Hawaii with 138 American citizen crew. As a point of reference in late April 2020, the Coast Guard was tracking over 100 cruise ships with over 90,000 embarked crew members in or around U.S. waters.

AMERICAN OVERSIGHT

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Mon, 28 Sep 2020 10:57:28 -0500
To: AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH); (b) (6) Abel, Vadm Daniel (HHS/IOS);Danko, Carol (OS/ASPR/JIC);sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH); (b) (6) Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS (b) ;Lynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E]; (b) (6) (b) (6) (b) (6)

(b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Tuesday, September 29, 2020
2:00pm EST

I. **Opening Remarks** – Vice President Pence

II. **Data Modeling & Reporting** – Dr. Debbie Birx

III. **Therapeutics & Vaccines** – Dr. Anthony Fauci (NIAID)

IV. **Vaccine Distribution** – Secretary Alex Azar & Paul Mango (HHS)

V. **CDC Testing Guidelines** – Dr. Scott Atlas & Dr. Robert Redfield (CDC)

VI. **No Sail Order** – Gary Rasicot (DHS)

VII. **NRCC & Supplies** – Administrator Pete Gaynor & Admiral John Polowczyk (FEMA)

VIII. **Concluding Remarks** – Vice President Pence

AMERICAN OVERSIGHT

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Tue, 29 Sep 2020 12:25:21 -0500
To: AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH); (b) (6) Abel, Vadm Daniel (HHS/IOS);Danko, Carol (OS/ASPR/JIC);sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH); (b) (6) Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS (b) ;Lynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E]; (b) (6) (b) (6) (b) (6)

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT
WASHINGTON

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IV. **Vaccine Distribution** – Paul Mango (HHS)

V. **CDC Testing Guidelines** – Dr. Scott Atlas & Dr. Robert Redfield (CDC)

VI. **IHE Interim Guidance** – Dr. Robert Redfield (CDC)

VII. **No Sail Order** – Gary Rasicot (DHS)

VIII. **NRCC & Supplies** – Admiral John Polowczyk & Associate Admin. David Bibo (FEMA)

IX. **Concluding Remarks** – Vice President Pence

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Vaccine Distribution Update 9/29/20

1. Launching “Vaccinate with Confidence” Plan with emphasis on adult care providers.

2. Strike Teams deployed to OR and OK to help with State Vaccination Plans due 10/16.

3. Feedback from McKesson CEO - They report excellent collaboration with OWS, and have the Company focused on COVID-19 vaccine distribution as its number 1 priority.

4. Second table top exercise, scheduled for 14 October, focusing on different scenarios with additional manufacturers.

5. HIPPA and PII issues. We are working through encrypting and de-encrypting technologies for the 13 jurisdictions not yet sharing data across borders.

6. Distribution to Tribes - States vs IHS choice for ~500 tribes.

7. Detailed Operational Plans and MOUs for Pharmacies and Long-Term Care Facilities.

8. CDC/FDA collaboration on developing “Phase 4” monitoring for safety and effectiveness.

9. Standing up “Vaccine Distribution Command Centers” in Atlanta and Humphrey Building.

10. Misc. - NYS, STAT, etc.

AMERICAN OVERSIGHT

WHSR JFK Conference Room (West Wing)
DATE: 29 SEPTEMBER 2020
TIME: 1400 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

Brian Morgenstern

Brad Smith

EAST

LTG Keith Kellogg

John Gray

Greg Jacob

Katie Miller

Marc Short

DOOR

Dr. Robert Redfield

Dr. Scott Atlas

Sec. Ben Carson

Sec. Sonny Perdue

ADM Brett Giroir

Seema Verma

Dr. Tony Fauci

Dr. Debbie Birx

Vice President

Tom Engels

Gary Rasicot

Larry Kudlow

Russ Vought

John Fleming

Paul Mango

Pat Philbin

WEST - WINDOWS

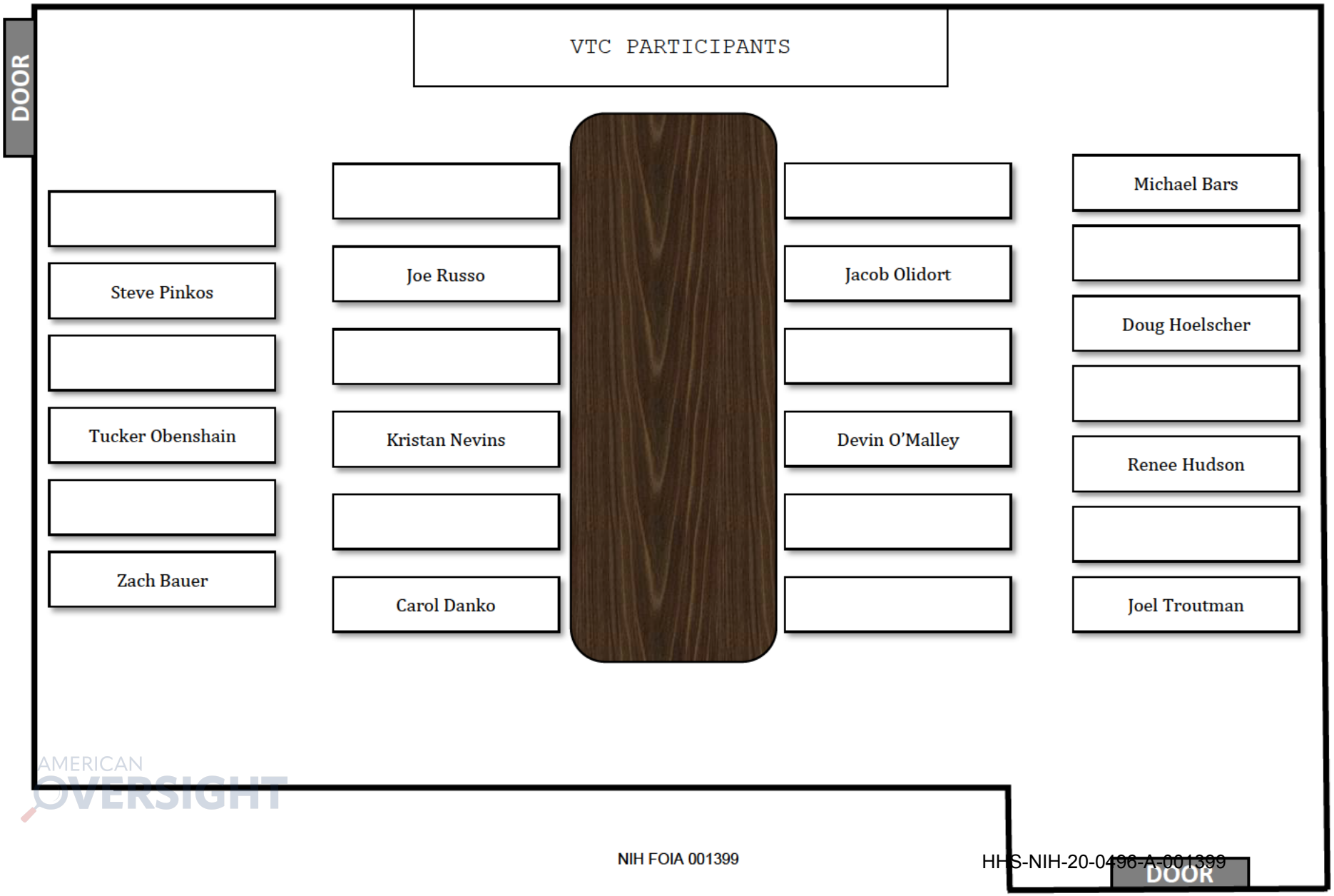
AMERICAN OVERSIGHT

NIH FOIA 001398

NORTH

HHS-NIH-20-0496-A-001398

WHSR EXEC OVER FLOW
DATE: 29 SEPTEMBER 2020
TIME: 1400 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-001399

From: Birx, Deborah L. EOP/NSC <(b) (6)
Sent: Sat, 3 Oct 2020 14:35:50 -0500
To: Troutman, Joel D. EOP/OVP;AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH); (b) (6) Abel, Vadm Daniel (HHS/IOS);Danko, Carol (OS/ASPR/JIC);sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH); (b) (6) Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS (b) ynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E]; (b) (6) (b) (6) (b) (6)

There is no specific treatment for COVID-19. Most people with illnesses caused by coronaviruses like COVID-19 will recover on their own. However, there are some things you can do to relieve your symptoms, including:

- Taking pain and fever medications (caution: do not give aspirin to children).
- Using a humidifier or taking a hot shower to ease a sore throat and cough.
- Drinking plenty of liquids and stay home and rest.

Follow instructions from your local health department and health care provider for appropriate care.

Medications and treatments for COVID-19 are being investigated, including through clinical trials in North Carolina and across the nation. A clinical trial is a type of research study used to test if a drug or medical device is both safe and effective for human use. Registered trials for drugs being studied for the prevention or treatment of COVID-19 can be found at ClinicalTrials.gov .

To find clinical trials happening specifically in NC, you may specify your search through ClinicalTrials.gov by location. Additionally, many academic medical centers update clinical trials occurring at their institutions on their respective websites.

From: "Troutman, Joel D. EOP/OVP" <(b) (6)
Date: Saturday, October 3, 2020 at 1:58 PM
To: "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "sh1@fda.hhs.gov" <sh1@fda.hhs.gov>, "Frank.Olivarria@fda.hhs.gov" <Frank.Olivarria@fda.hhs.gov>, "Janice.Sheehy@fda.hhs.gov" <Janice.Sheehy@fda.hhs.gov>, "Colin.Rom@fda.hhs.gov" <Colin.Rom@fda.hhs.gov>, "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "meredith.good-cohn@cms.hhs.gov" <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) Robert Redfield <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6)

AMERICAN OVERSIGHT

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<(b) (6) "Cipollone, Pat A. EOP/WHO"
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<(b) (6) "Hicks, Hope C. EOP/WHO" <(b) (6) "Nevins,
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<(b) (6) Kayleigh McEnany <(b) (6)
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<(b) (6) "Russell, Sarah J. EOP/WHO"
<(b) (6) "Lair, Kate E. EOP/WHO" <(b) (6)
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EOP/WHO" <(b) (6) "Kepto, Abbie E. EOP/WHO"

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< (b) (6) "Pitts, Kara S. EOP/WHO" < (b) (6)
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< (b) (6) "Gray, John W. EOP/OVP"
< (b) (6) "Wood, Jordan T. EOP/OVP" < (b) (6) DL
WHO COMMS Speechwriters < (b) (6) DL OVP NSA EXECSEC
< (b) (6) OVPSchedule < (b) (6)
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< (b) (6) Zach Bauer < (b) (6) "Scully,
Bethany S. EOP/OVP" < (b) (6) "Hudson, Renee R. EOP/WHO"
< (b) (6) "Szabat, Joel (OST)" < (b) (6) "Brister, Paul CIV
SD" < (b) (6) "Vartanian, Dennis SSG SD" < (b) (6)
Subject: White House Coronavirus Task Force Conference Call

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Thank you,

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

From: Birx, Deborah L. EOP/NSC <(b) (6)
Sent: Sat, 3 Oct 2020 14:38:13 -0500
To: Troutman, Joel D. EOP/OVP;AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH);(b) (6) Abel, Vadm Daniel (HHS/IOS);Danko, Carol (OS/ASPR/JIC);sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH);(b) (6) Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS (b) Lynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E];(b) (6) (b) (6) (b) (6) (

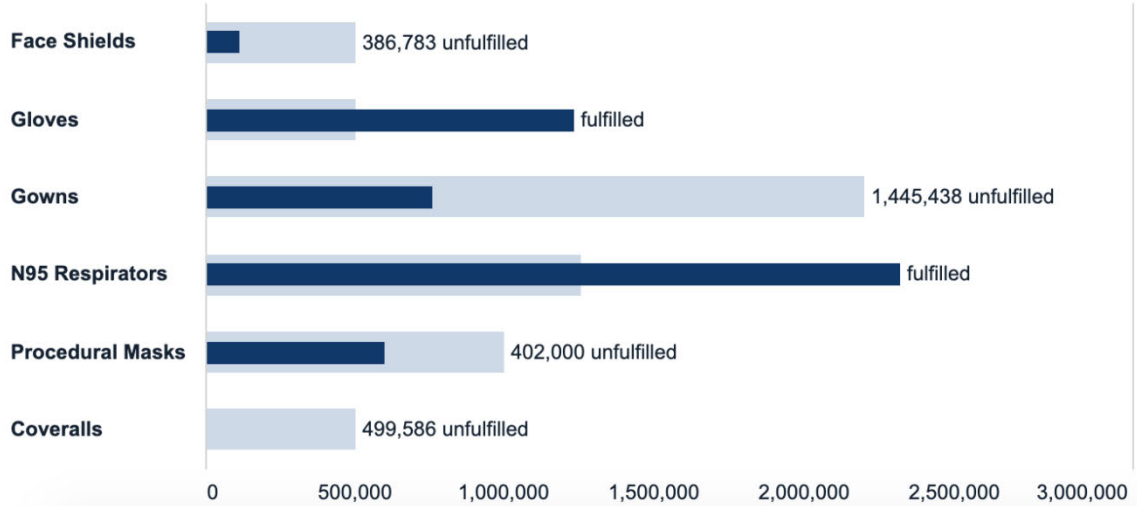
Estimated Days of Supplies on Hand

Critical Supplies	Average Requests per Day	Estimated Days of Supplies on Hand	
Face Shields	1,510	1,253	✓
Gloves	47,150	373	✓
Gowns	8,525	618	✓
N95 Respirators	8,188	1,357	✓
Procedural Masks	17,629	498	✓

Ordered from private sector

Critical Supplies	Ordered	Received	Unfulfilled
Face Shields	2,367,000	2,096,000	271,000
Gloves	68,074,000	29,736,000	38,338,000
Gowns	7,959,000	8,091,000	0
N95 Respirators	18,915,000	11,201,000	7,714,000
Procedural Masks	27,376,000	27,251,000	125,000

Supplies requested and received from Strategic National Stockpile (SNS)



From: "Troutman, Joel D. EOP/OVP" <(b) (6)
Date: Saturday, October 3, 2020 at 1:58 PM
To: "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "sh1@" <sh1@fda.hhs.gov>, "Frank.Olivarria@fda.hhs.gov" <Frank.Olivarria@fda.hhs.gov>, "Janice.Sheehy@fda.hhs.gov" <Janice.Sheehy@fda.hhs.gov>, "Colin.Rom@fda.hhs.gov" <Colin.Rom@fda.hhs.gov>, "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "(b) (6) <(b) (6) "meredith.good-

AMERICAN OVERSIGHT

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< (b) (6) "Lair, Kate E. EOP/WHO" < (b) (6)
"Croghan, Mary E. EOP/WHO" < (b) (6) "Bars, Michael J. EOP/WHO"
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"Taylor, Elizabeth A. EOP/WHO" < (b) (6) "Morgenstern, Brian R.
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Thank you,

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

There is no specific treatment for COVID-19. Most people with illnesses caused by coronaviruses like COVID-19 will recover on their own. However, there are some things you can do to relieve your symptoms, including:

- Taking pain and fever medications (caution: do not give aspirin to children).
- Using a humidifier or taking a hot shower to ease a sore throat and cough.
- Drinking plenty of liquids and stay home and rest.

Follow instructions from your local health department and health care provider for appropriate care.

Medications and treatments for COVID-19 are being investigated, including through clinical trials in North Carolina and across the nation. A clinical trial is a type of research study used to test if a drug or medical device is both safe and effective for human use. Registered trials for drugs being studied for the prevention or treatment of COVID-19 can be found at ClinicalTrials.gov .

To find clinical trials happening specifically in NC, you may specify your search through ClinicalTrials.gov by location. Additionally, many academic medical centers update clinical trials occurring at their institutions on their respective websites.

AMERICAN OVERSIGHT

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Thu, 8 Oct 2020 07:34:07 -0500
To: AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH); (b) (6) Abel, Vadm Daniel (HHS/IOS);Danko, Carol (OS/ASPR/JIC);sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH); (b) (6) Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS (b) (6) ;Lynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E]; (b) (6) (b) (6) (b) (6)

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Thursday, October 8th, 2020
4:00pm EST

I. **Opening Remarks** – Secretary Azar, HHS

II. **Epidemiological Update** – Dr. Robert Redfield, CDC

III. **Operation Warp Speed Update** – Secretary Alex Azar, HHS

IV. **EUA Guidance** – Commissioner Steve Hahn, FDA

V. **COVID-19 Impact IFR** – Administrator Seema Verma, CMS

VI. **Hypertension Call to Action** – VADM Adams, HHS PHSCC

VII. **International Travel** – Director Redfield, CDC

VIII. **Follow Up Items from Last Week's TF Meeting**

- **Healthcare Capacity** – VADM Abel, HHS JCC
- **Therapeutic Information to State Health Dept./Websites** - WH IGA

IX. **Next Steps**

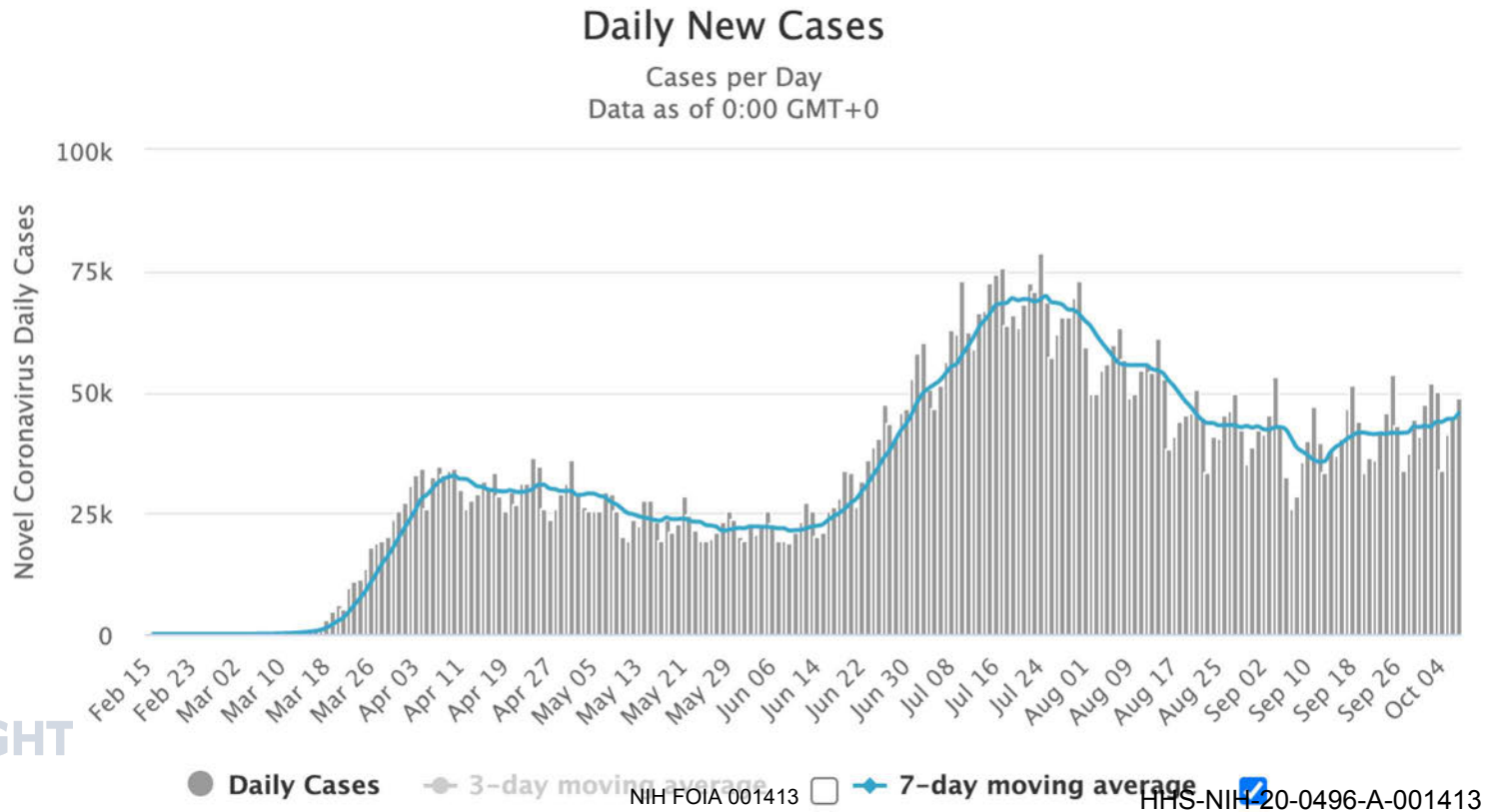
AMERICAN OVERSIGHT

6 October 2020

1. Continued spread in the Upper Mid West, the Heartland and now early warning signs in NE : cooler weather will accelerate
2. The primary drivers of current community spread is from social gatherings and within households.
3. The cases that are rising trigger household spread and result in admissions from households>>facilities including LTCF
4. New hospitalization admissions continue to rise
5. I have focused on hospitalizations by region in this report. Again showing that increase test positivity, increased asymptomatic cases result in community spread where social gathering result in those with co-morbidities infected and hospitalized and on going fatalities : this spread starts with asymptomatic household members usually under 30 bringing the virus into the household and family and friend social occasions. Testing in communities with ongoing spread and alerting those with asymptomatic infections to their status and alerting them to protect others in their household is critical.
6. Expanding surveillance testing to find those early alerts will be key to prevent broad community spread
7. Data driven laser focused interventions will be essential as we move into the fall : there needs to be a clear recognition of in household, small gatherings among neighbors and family events are active spreading events when there is even one asymptomatic COVID positive individual – although outdoors are safer both the level of the viral load and closeness of contact can lead to increasing spread
8. Will be key to increase testing in the communities and states where test positivity is rising to prevent

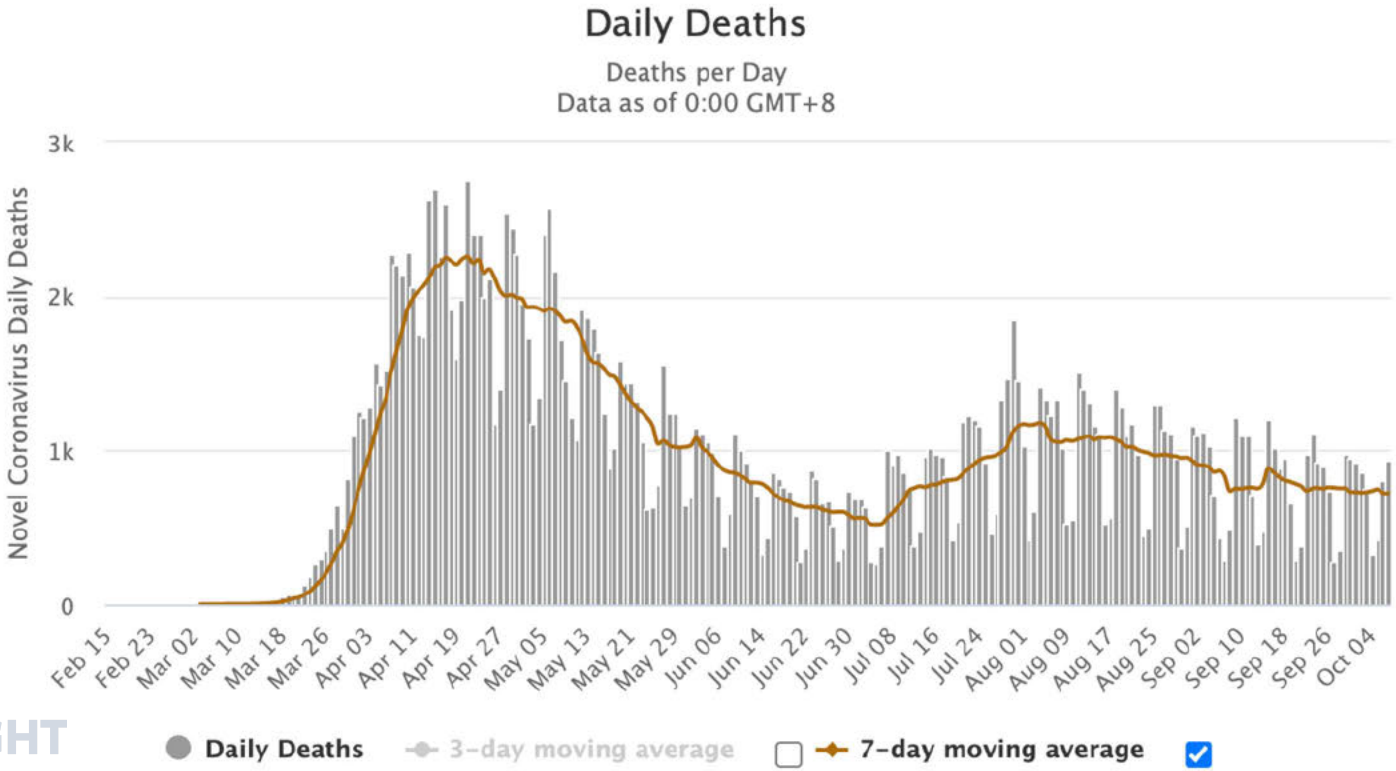
AMERICA'S OVERSIGHT
NIH FOIA 001412
HHS-NIH-20-0496-A-001412

Daily New Cases in the United States



AMERICAN OVERSIGHT

Daily New Deaths in the United States



AMERICAN OVERSIGHT

COVID-19 Daily Report

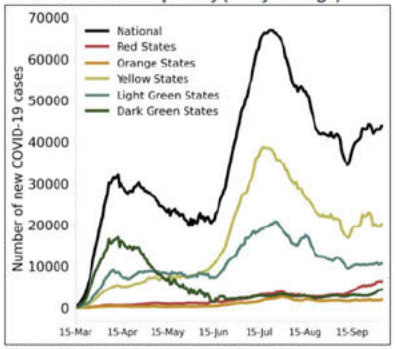
Reported on October 8, 2020

States assigned to groups based on test positivity in the week ending September 30.

Red states (>10% positive)	Orange states (8 - 10% positive)	Yellow states (5 - <8% positive)	Light Green states (3 - <5% positive)	Dark Green states (<3% positive)
ID, MT, NE, OK, SD, UT, WI	MO, NV	AL, AR, FL, GA, IA, IN, KS, KY, MN, MS, NC, ND, OR, SC, TN, TX, VA, WY	AK, AZ, CA, CO, DE, HI, IL, LA, MD, MI, NM, PA, WA, WV	CT, DC, MA, ME, NH, NJ, NY, OH, RI, VT

Case counts

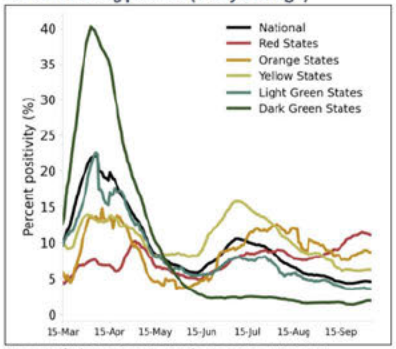
New COVID-19 cases per day (7-day average)



Source: Aggregate counts reported by jurisdictions to CDC.

Test positivity rate

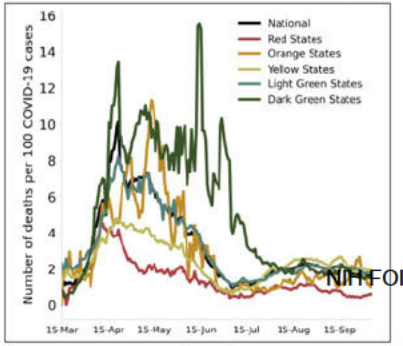
Percent testing positive (7-day average)



Source: Unified State Reporting Results Timeseries, HHS Protect.

Deaths per 100 cases

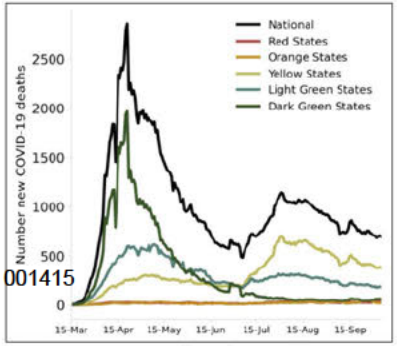
COVID-19 deaths per 100 cases (7-day average)



Source: Aggregate counts reported by jurisdictions to CDC.

Death counts

New COVID-19 deaths per day (7-day average)

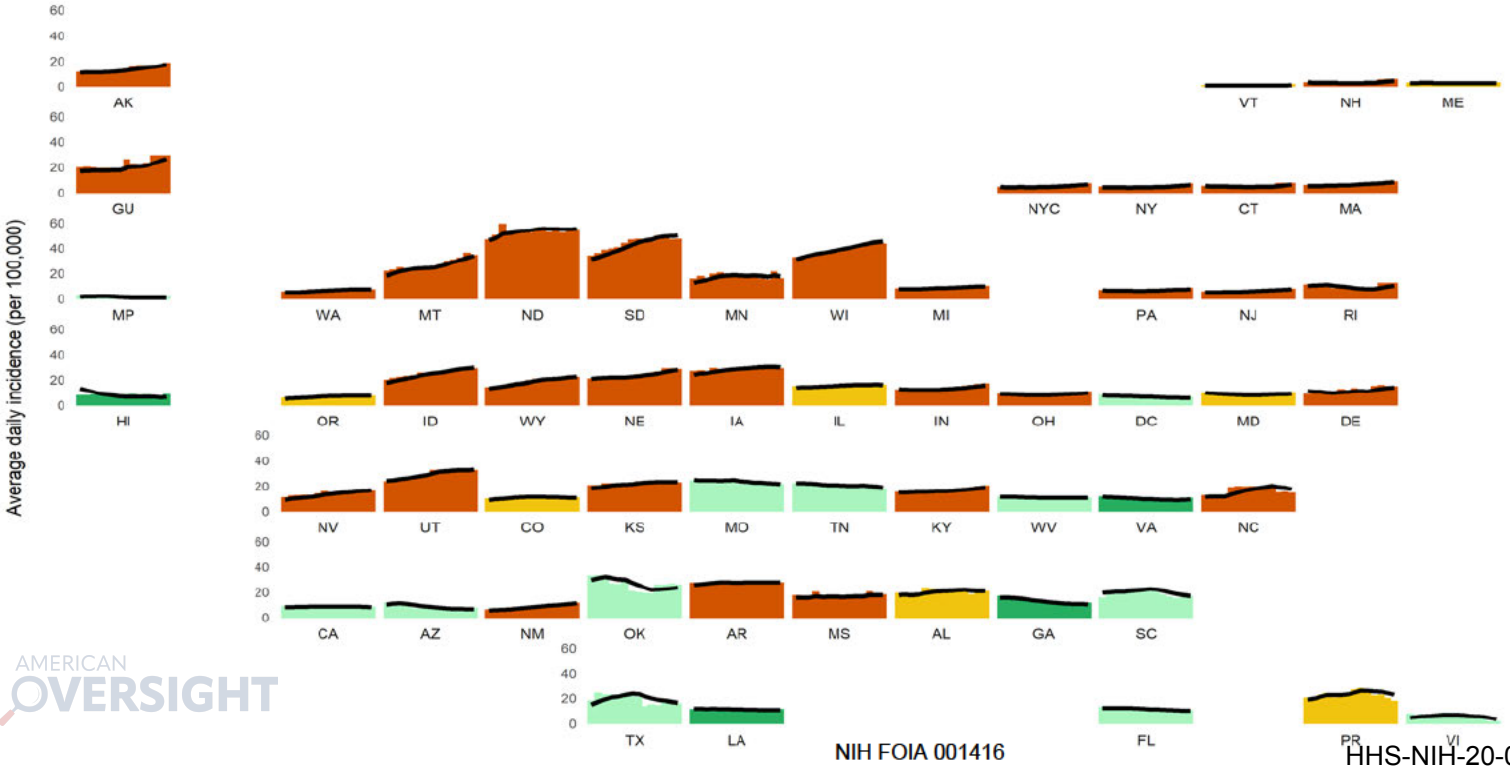


Source: Aggregate counts reported by jurisdictions to CDC.

AMERICAN OVERSIGHT

Y

Incidence by jurisdiction, Sep 21 – Oct 4, 2020



Status of incidence trajectory

- ≥14 days downward trajectory
- 1-13 days downward trajectory
- Plateau
- Upward trajectory

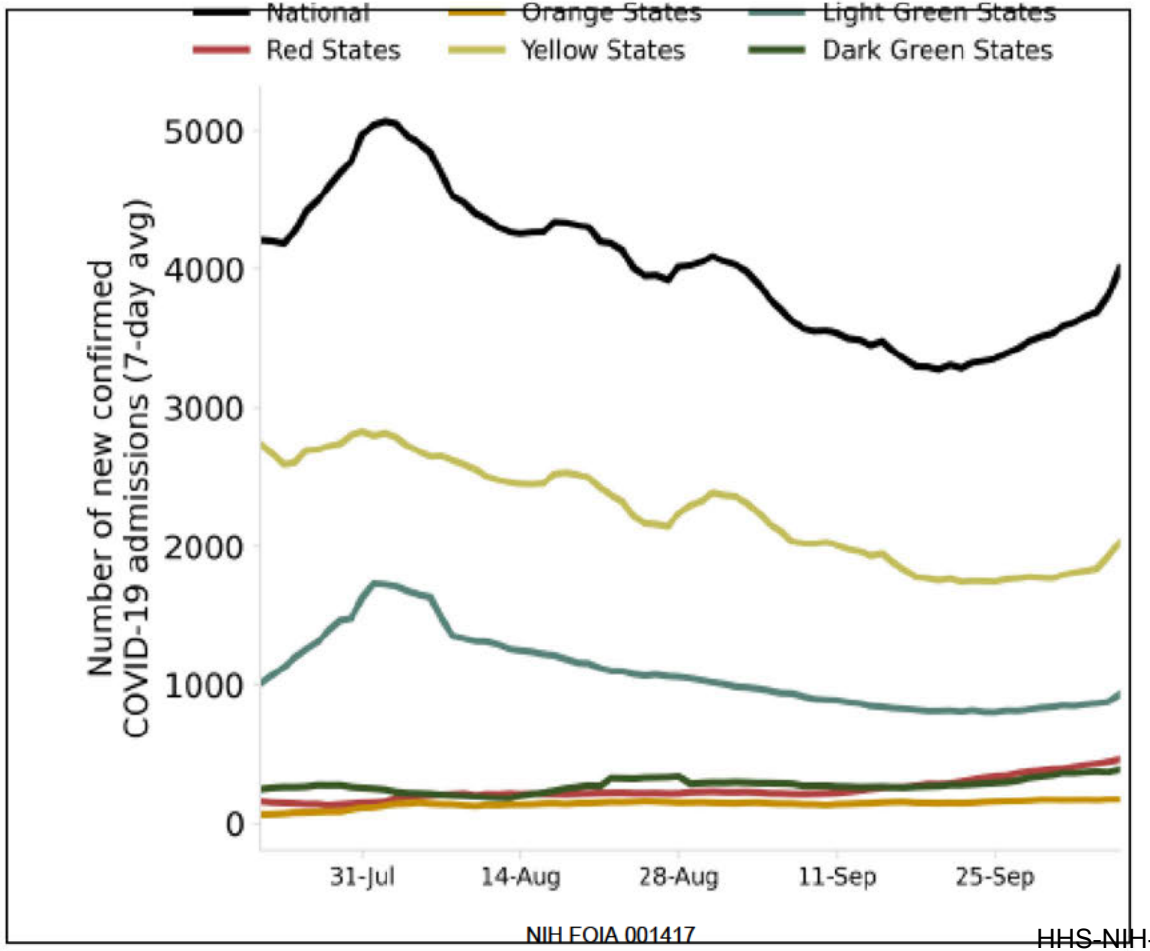
Note: The number of days in downward trajectory represents the number of consecutive days for which the jurisdiction experienced either a negative slope or a low incidence plateau (two-week incidence < 10 cases per 100,000 and slope > -0.1 and <0.1). **Data:** Jurisdiction-validated case counts.

AMERICAN OVERSIGHT

NIH FOIA 001416

HHS-NIH-20-0496-A-001416

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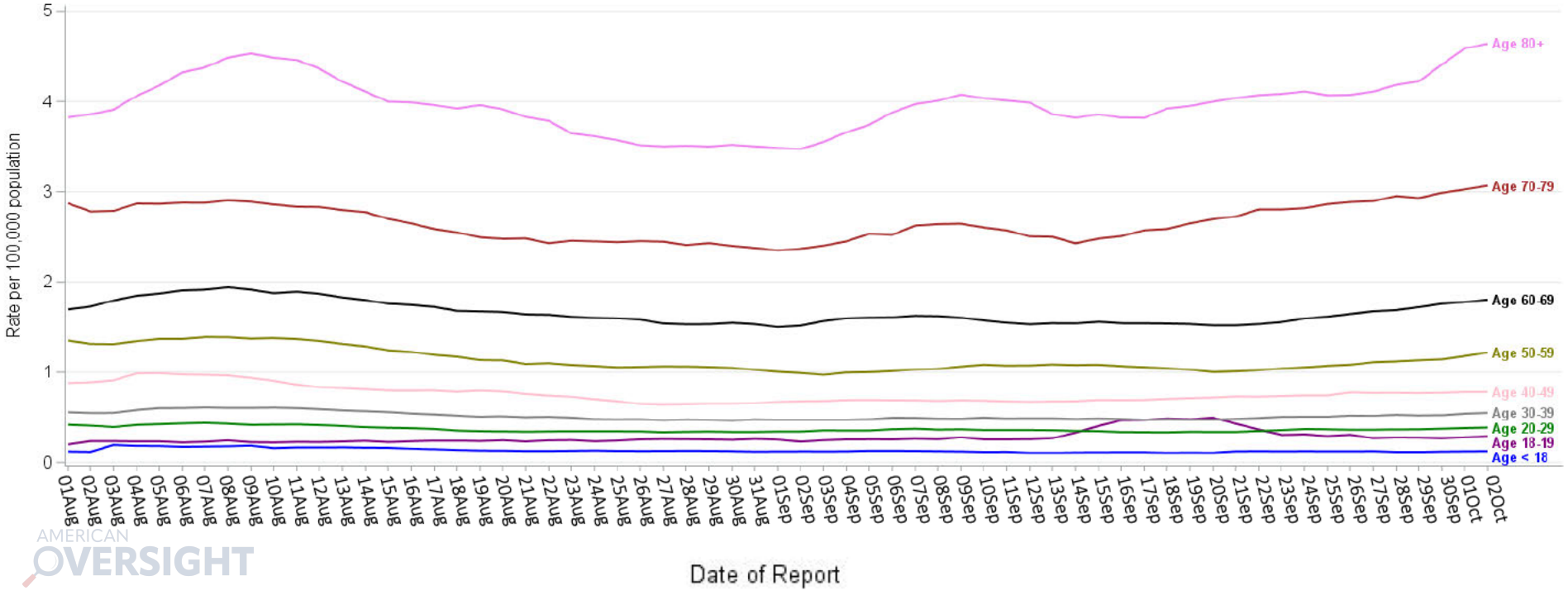
AMERICAN OVERSIGHT

NIH FOIA 001417

HHS-NIH-20-0496-A-001417

R

Rates of New Admissions of Patients with Confirmed COVID-19 by Age Group, August 1-October 2, 2020, United States



AMERICAN OVERSIGHT

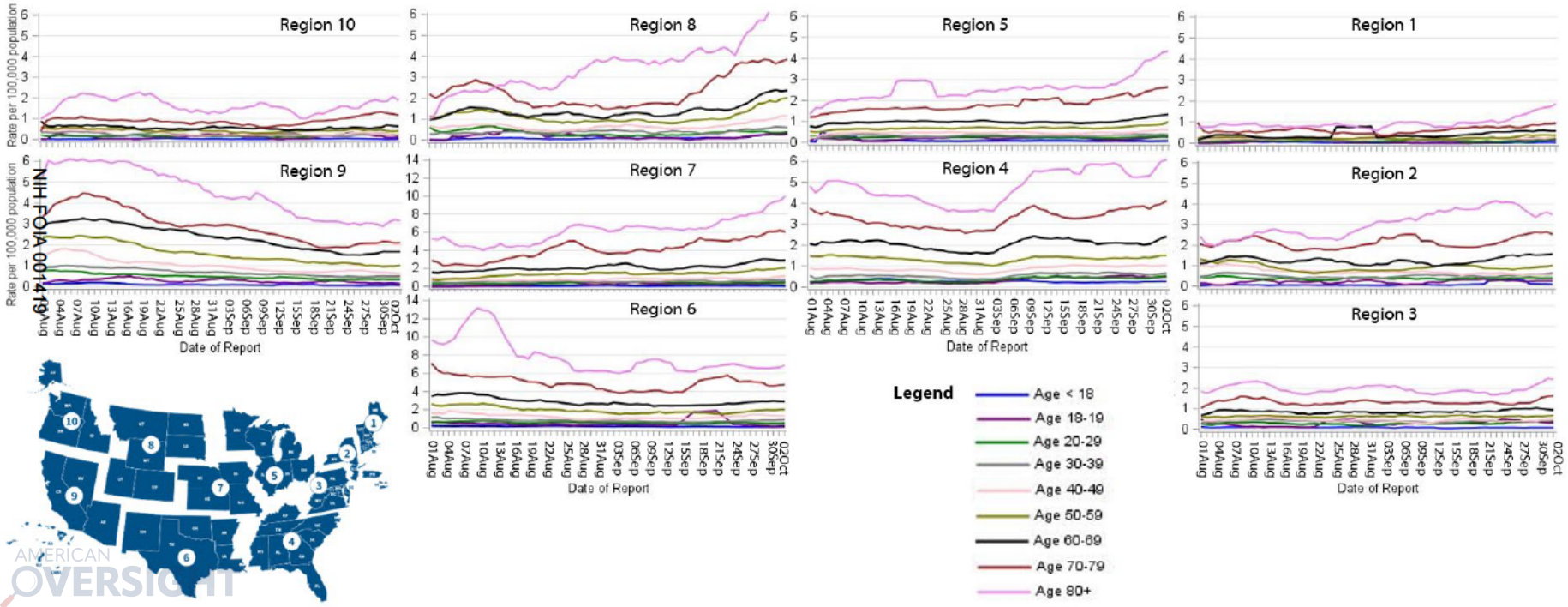
Showing 7-day moving average. Source: Unified Hospital Timeseries Dataset, based on reporting from all hospitals (excluding psychiatric and rehabilitation hospitals), N=5,748

NIH FOIA 001418
HHS-NIH-20-0496-A-001418

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R

Rates of New Admissions of Patients with Confirmed COVID-19 by Age Group and HHS Region, August 1-October 2, 2020, United States



NIH FOA 001419

AMERICAN OVERSIGHT

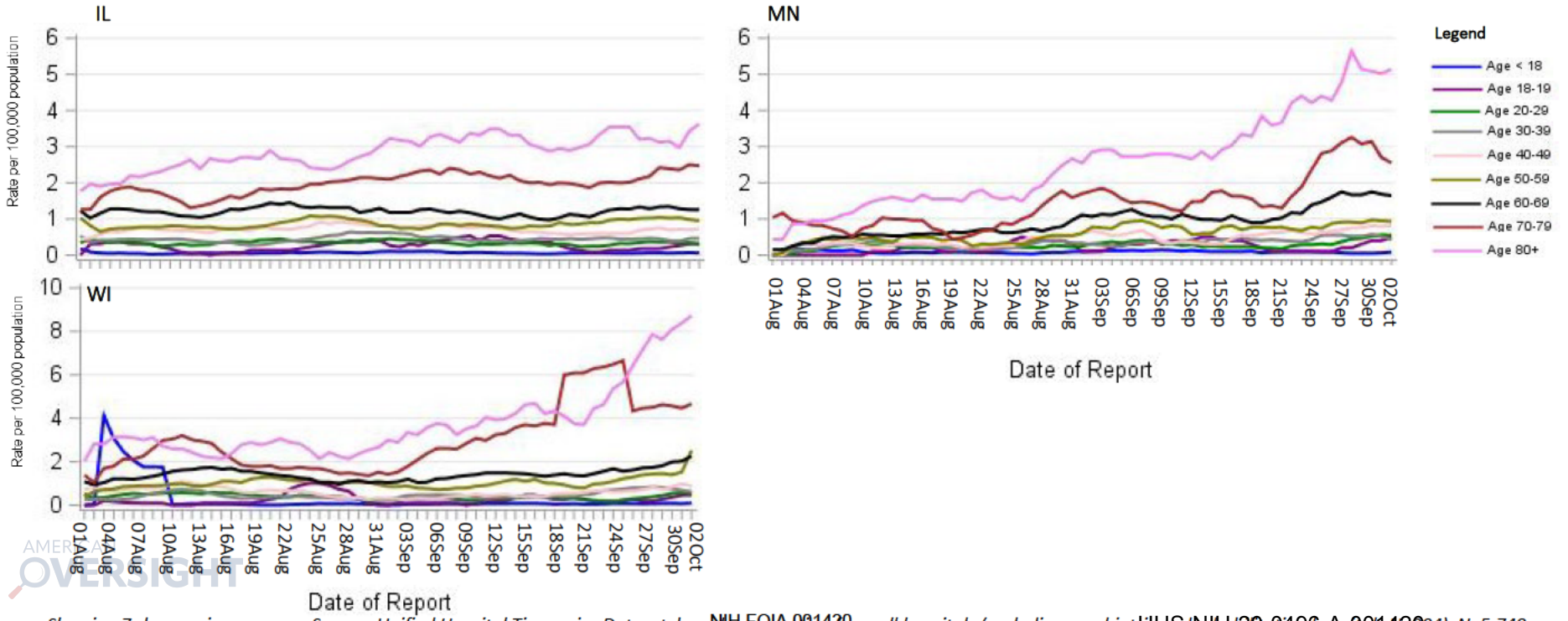
Showing 7-day moving average. Source: Unified Hospital Timeseries Dataset, based on reporting from all hospitals (excluding psychiatric and rehabilitation hospitals), N=5,748

HHS-NIH-20-0496-A-001419

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R

Rates of New Admissions of Patients with Confirmed COVID-19 by Age Group, August 1-October 2, 2020, Selected States, Region 5

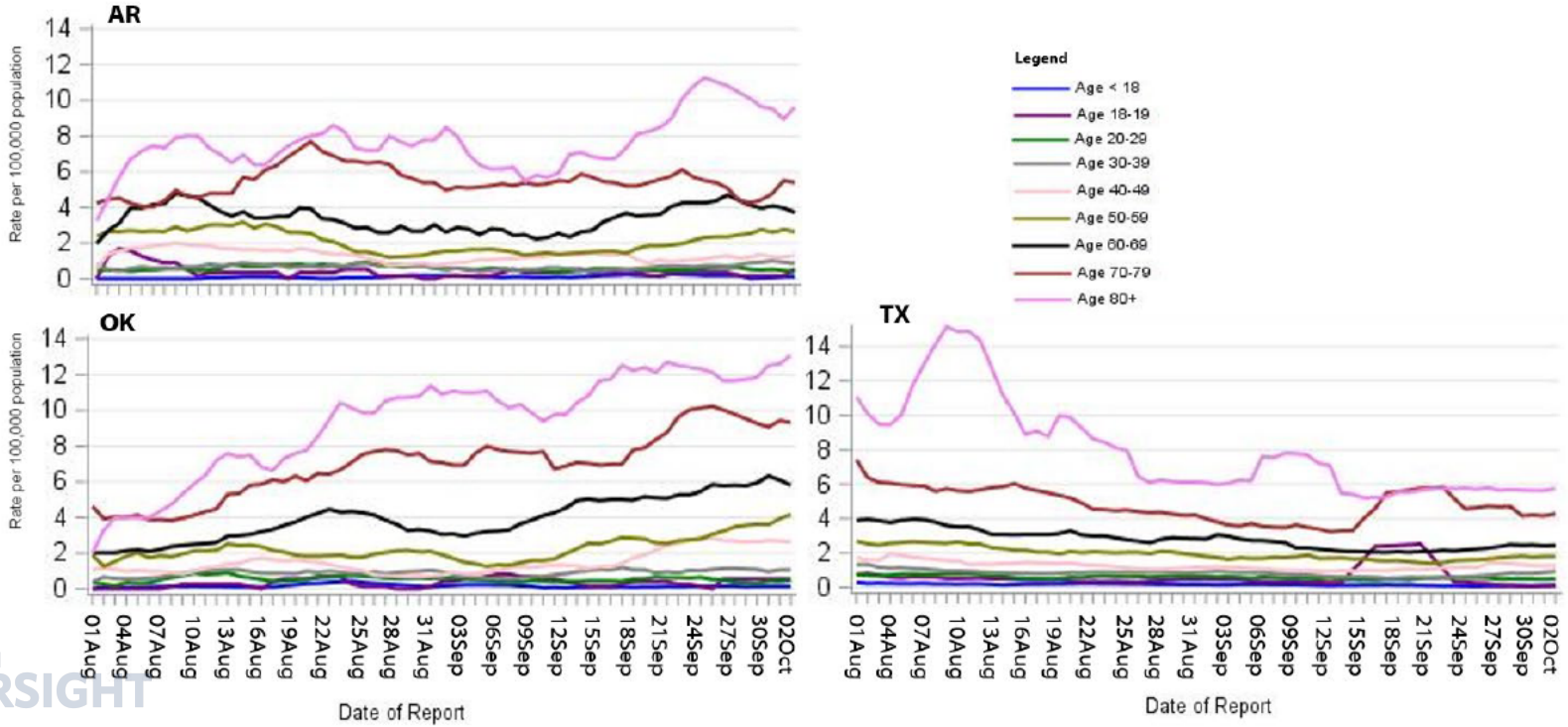


Showing 7-day moving average. Source: Unified Hospital Timeseries Dataset, based on reporting from all hospitals (excluding psychiatric hospitals), N=5,748

AMERICA OVERSIGHT
NIH FOIA 001420
HHS-NIH-2020-0496-A-001420

R

Rates of New Admissions of Patients with Confirmed COVID-19 by Age Group, August 1-October 2, 2020, Selected States, Region 6



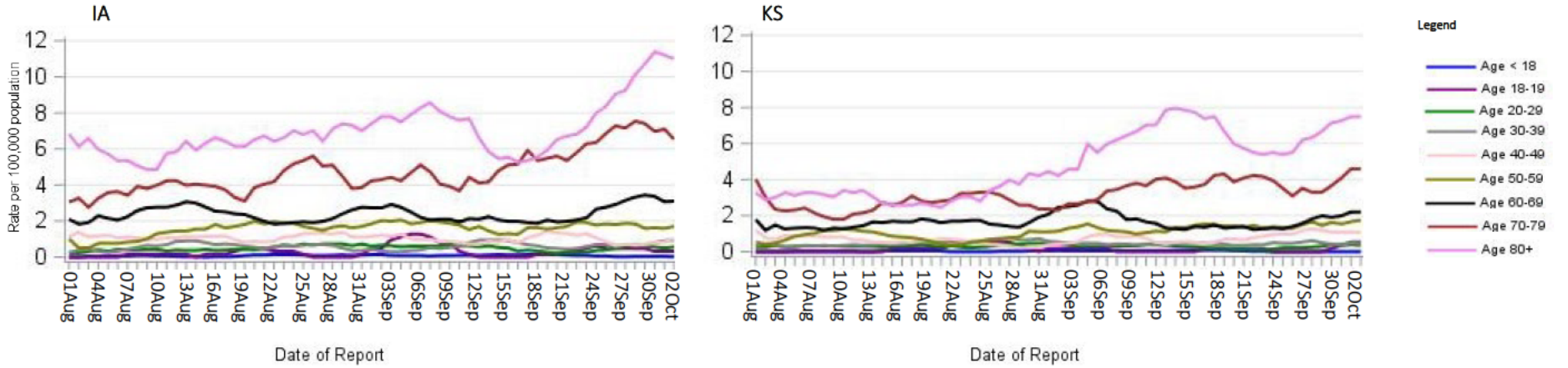
Showing 7-day moving average. Source: Unified Hospital Timeseries Dataset, based on reporting from all hospitals (excluding psychiatric and rehabilitation hospitals), N=5,748

AMERICAN OVERSIGHT
NIH FOIA 001421
HHS-NIH-2020-0490-A-001421

Data are Provisional Until Officially Released by the CDC - For Internal Use Only (FIUO) - For Official Use Only (FOUO) - Sensitive But Unclassified (SBU) - Not for Further Distribution

R

Rates of New Admissions of Patients with Confirmed COVID-19 by Age Group, August 1-October 2, 2020, Selected States, Region 7



AMERICAN OVERSIGHT

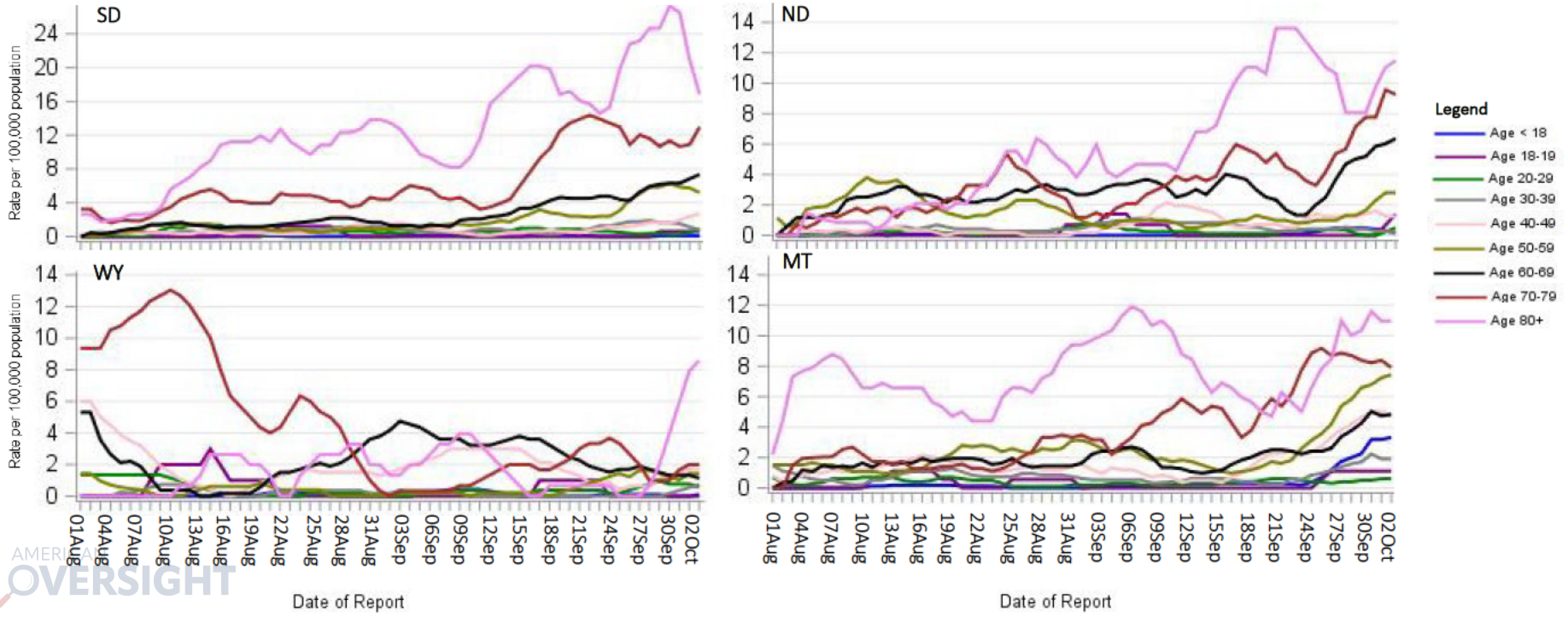
Showing 7-day moving average. Source: Unified Hospital Timeseries Dataset, based on reporting from all hospitals (excluding psychiatric and rehabilitation hospitals), N=5,748

NIH FOIA 001422 HHS-NIH-2020-0490-A-001422

Data are Provisional Until Officially Released by the CDC - For Internal Use Only (FIUO) - For Official Use Only (FOUO) - Sensitive But Unclassified (SBU) - Not for Further Distribution

R

Rates of New Admissions of Patients with Confirmed COVID-19 by Age Group, August 1-October 2, 2020, Selected States, Region 8

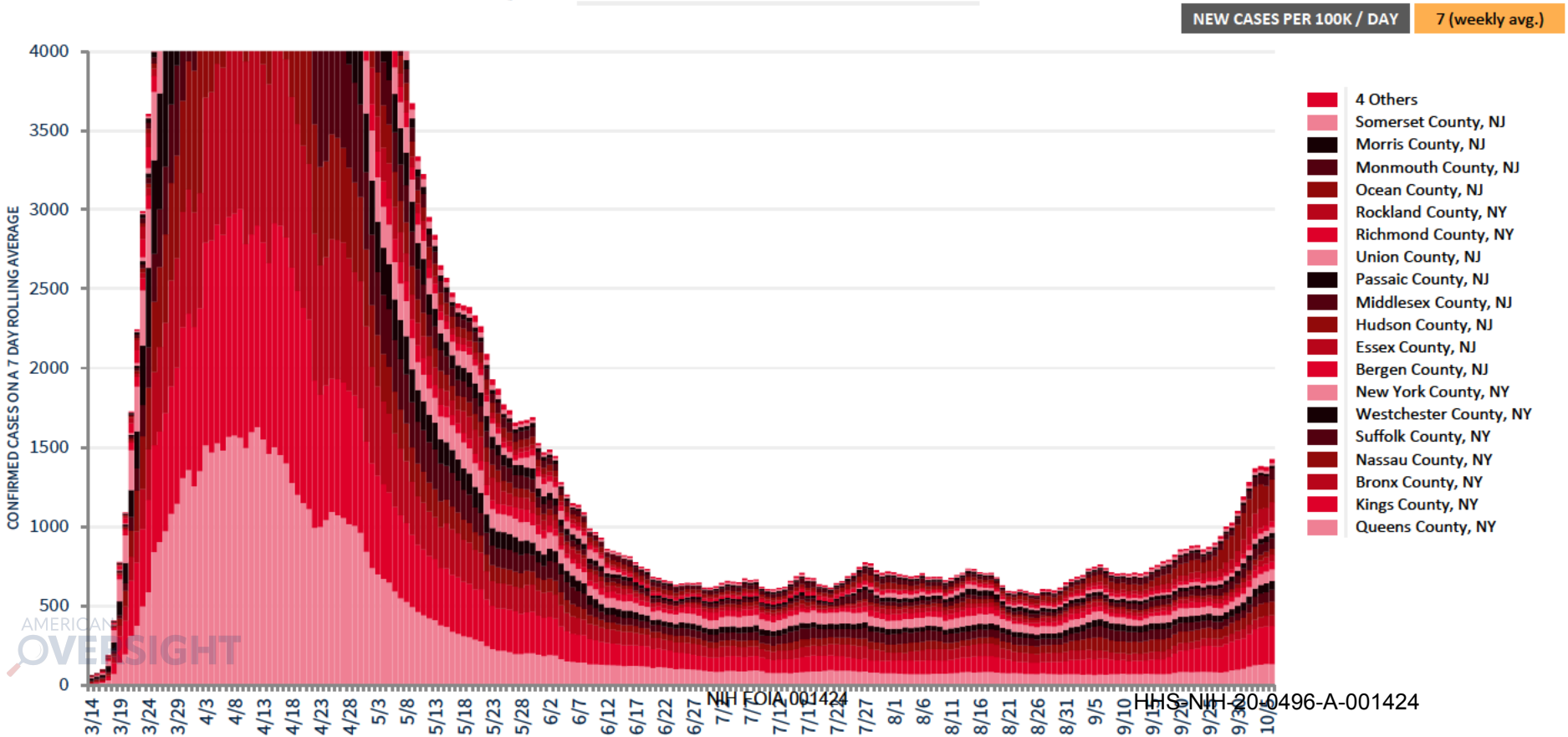


Showing 7-day moving average. Source: Unified Hospital Timeseries Dataset, based on reporting from all hospitals (excluding psychiatric and rehabilitation hospitals), N=5,748

AMERICAN OVERSIGHT
NIH FOIA 001423
HHS.NIH-20-0498-A-001423

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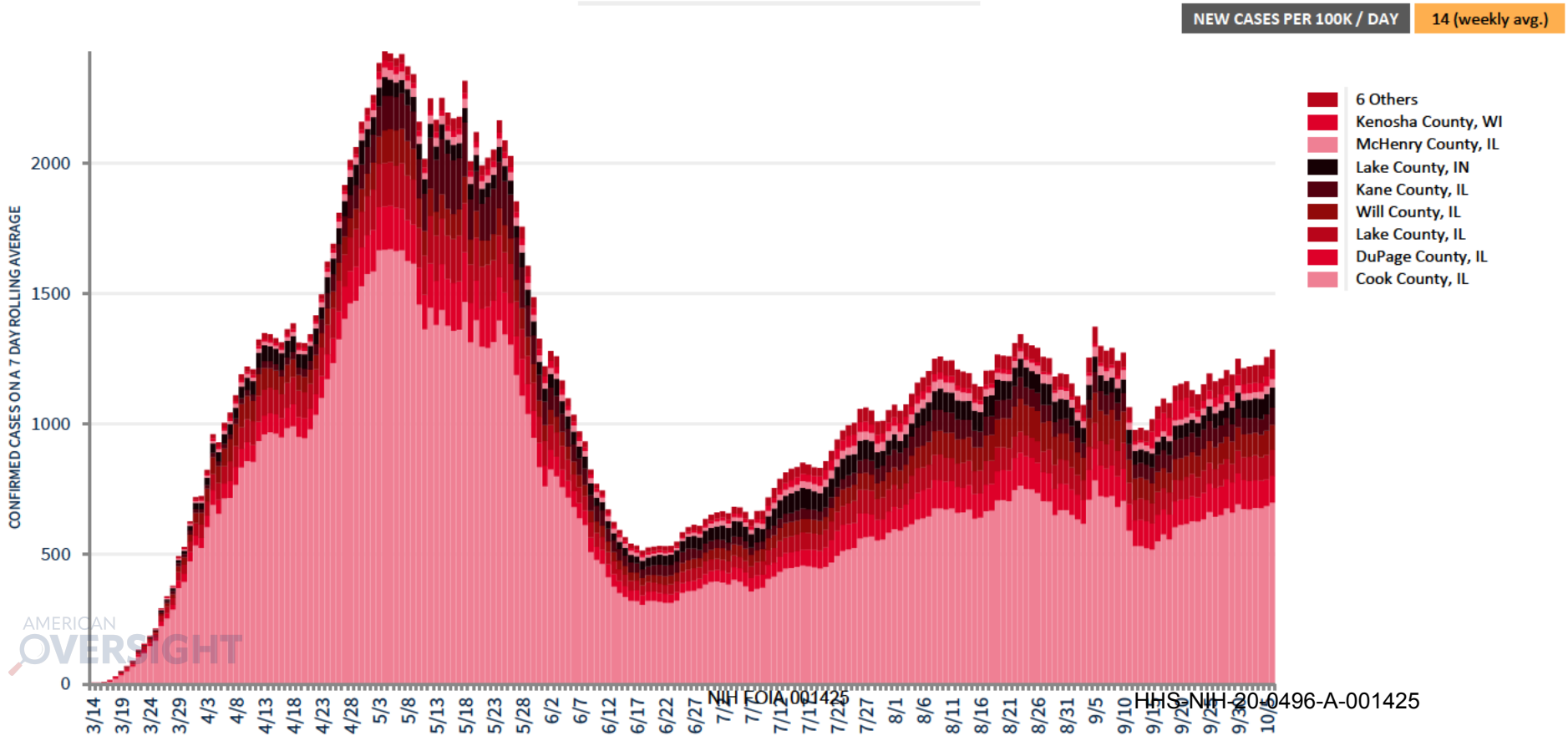
CONFIRMED CASES DAILY IN NEW YORK-NEWARK-JERSEY CITY, NY-NJ-PA
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

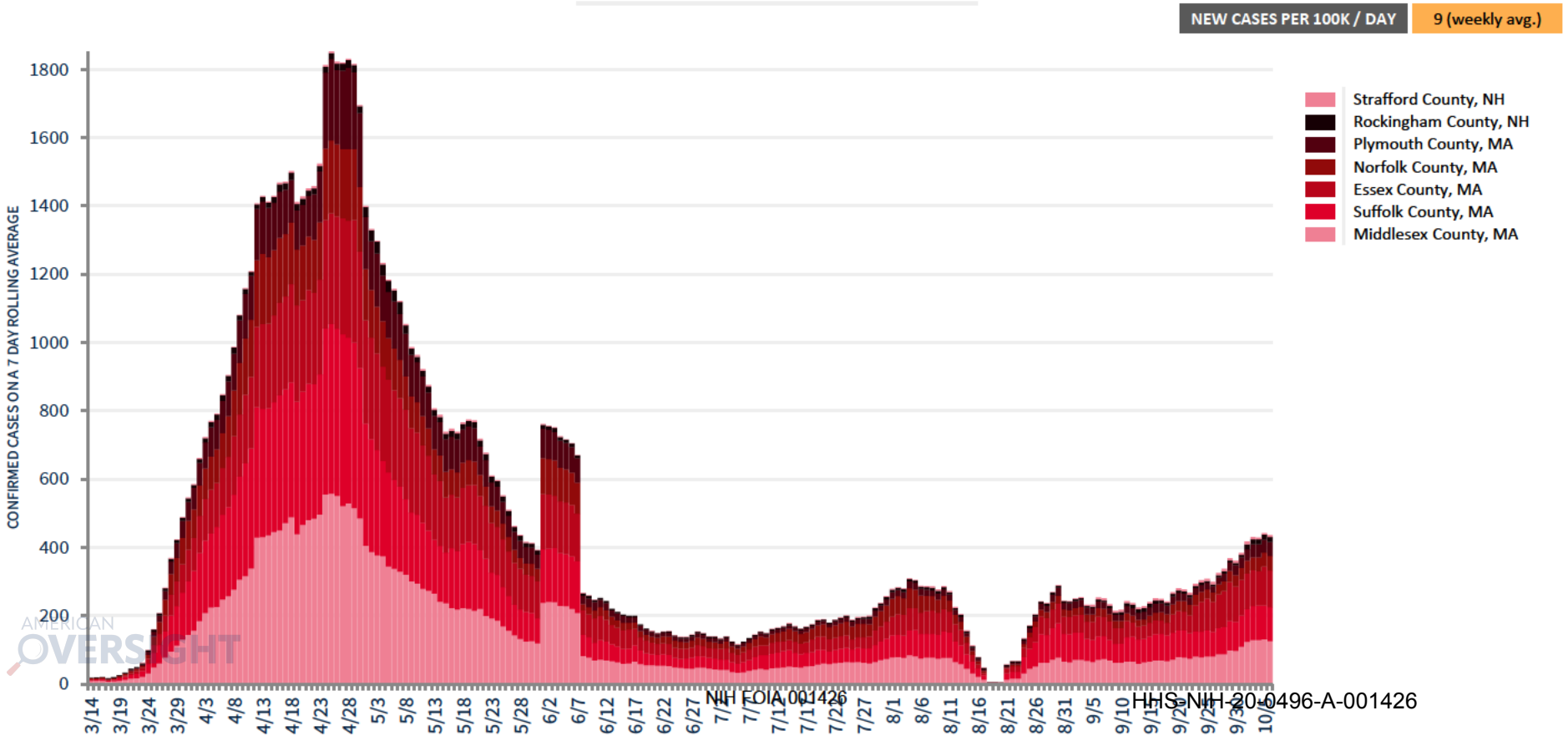
NIH FOIA 001424 HHS-NIH-20-0496-A-001424

CONFIRMED CASES DAILY IN CHICAGO-NAPERVILLE-ELGIN, IL-IN-WI
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

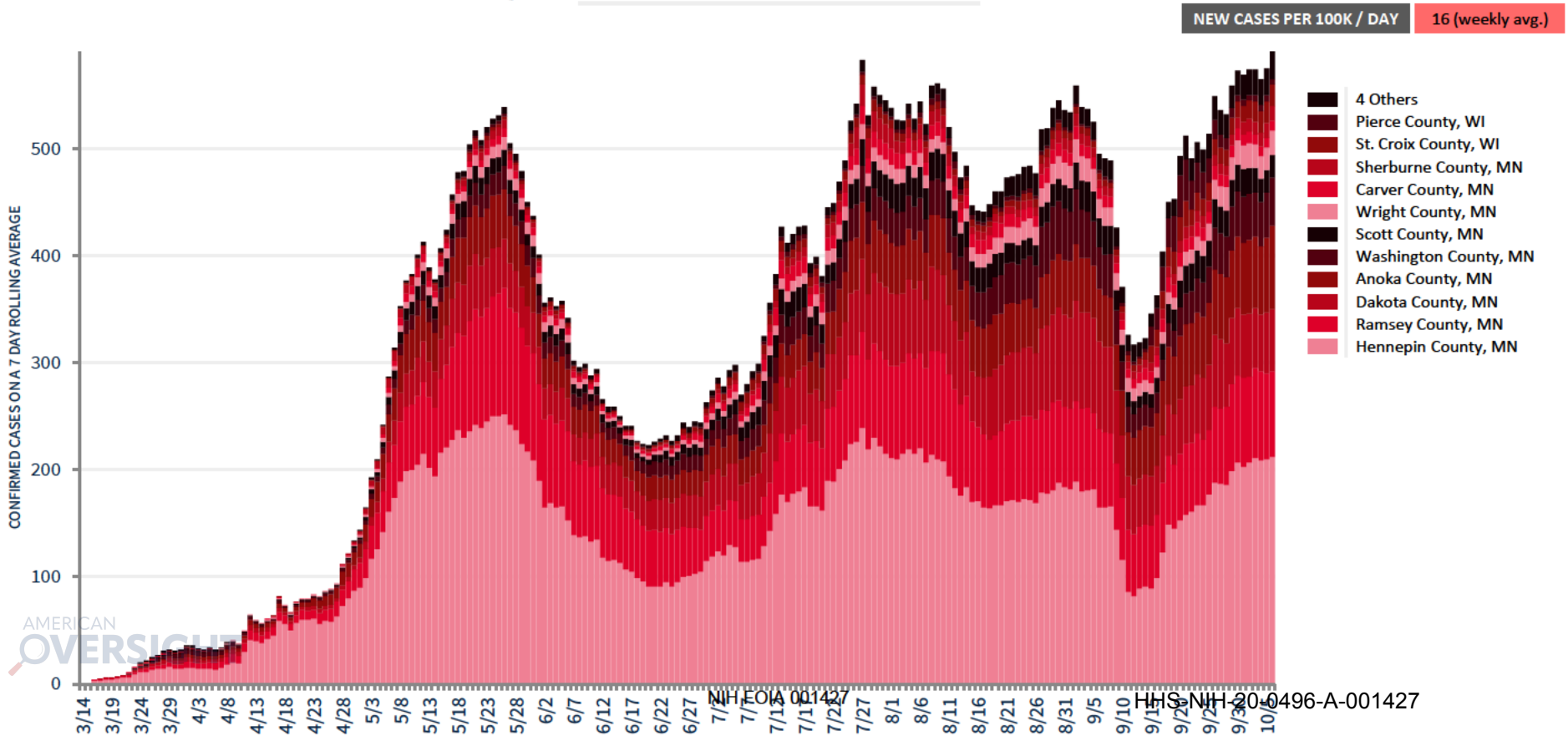
CONFIRMED CASES DAILY IN BOSTON-CAMBRIDGE-NEWTON, MA-NH
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

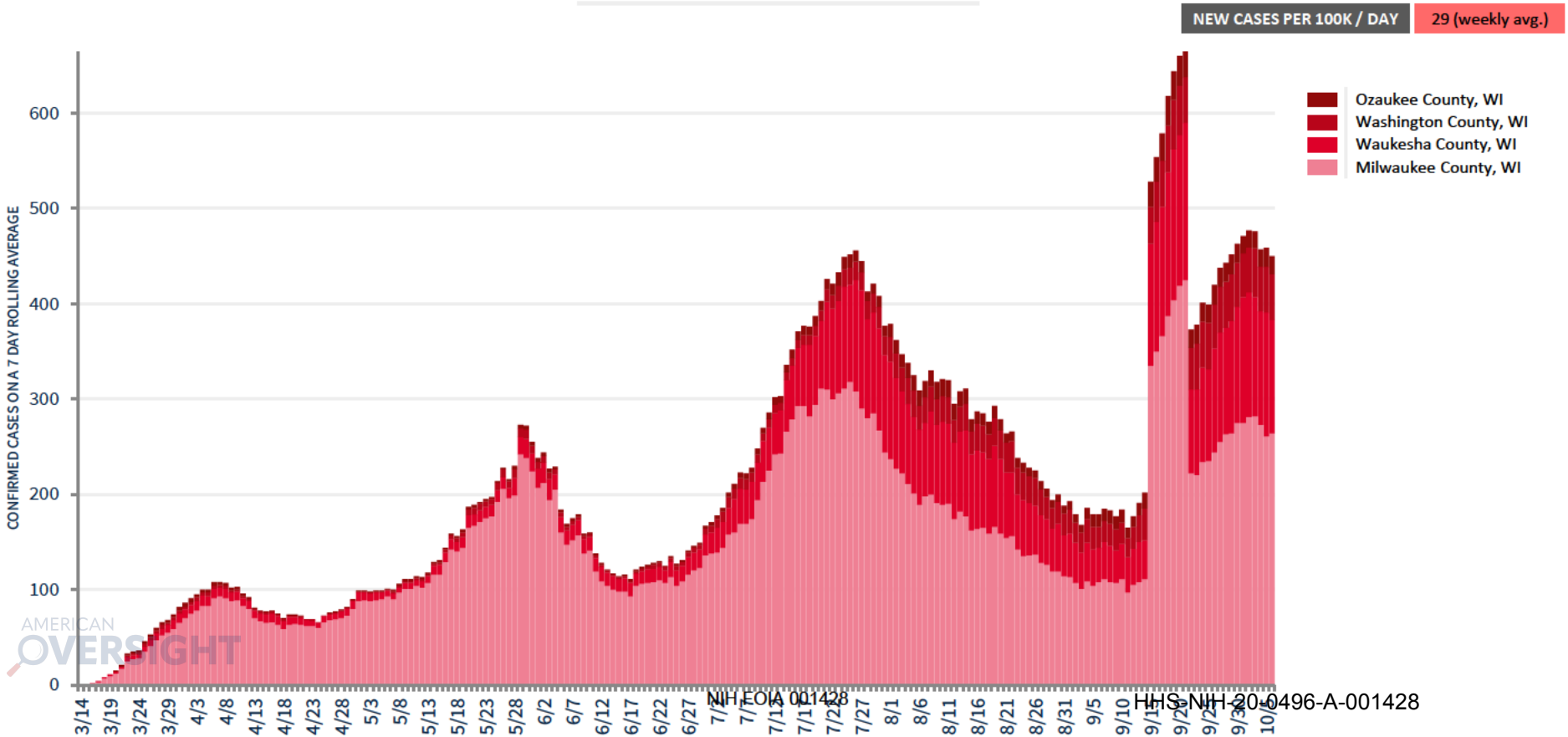
NIH FOIA 001426 HHS-NIH-20-0496-A-001426

CONFIRMED CASES DAILY IN MINNEAPOLIS–ST. PAUL–BLOOMINGTON, MN–WI
7 DAY ROLLING AVERAGE



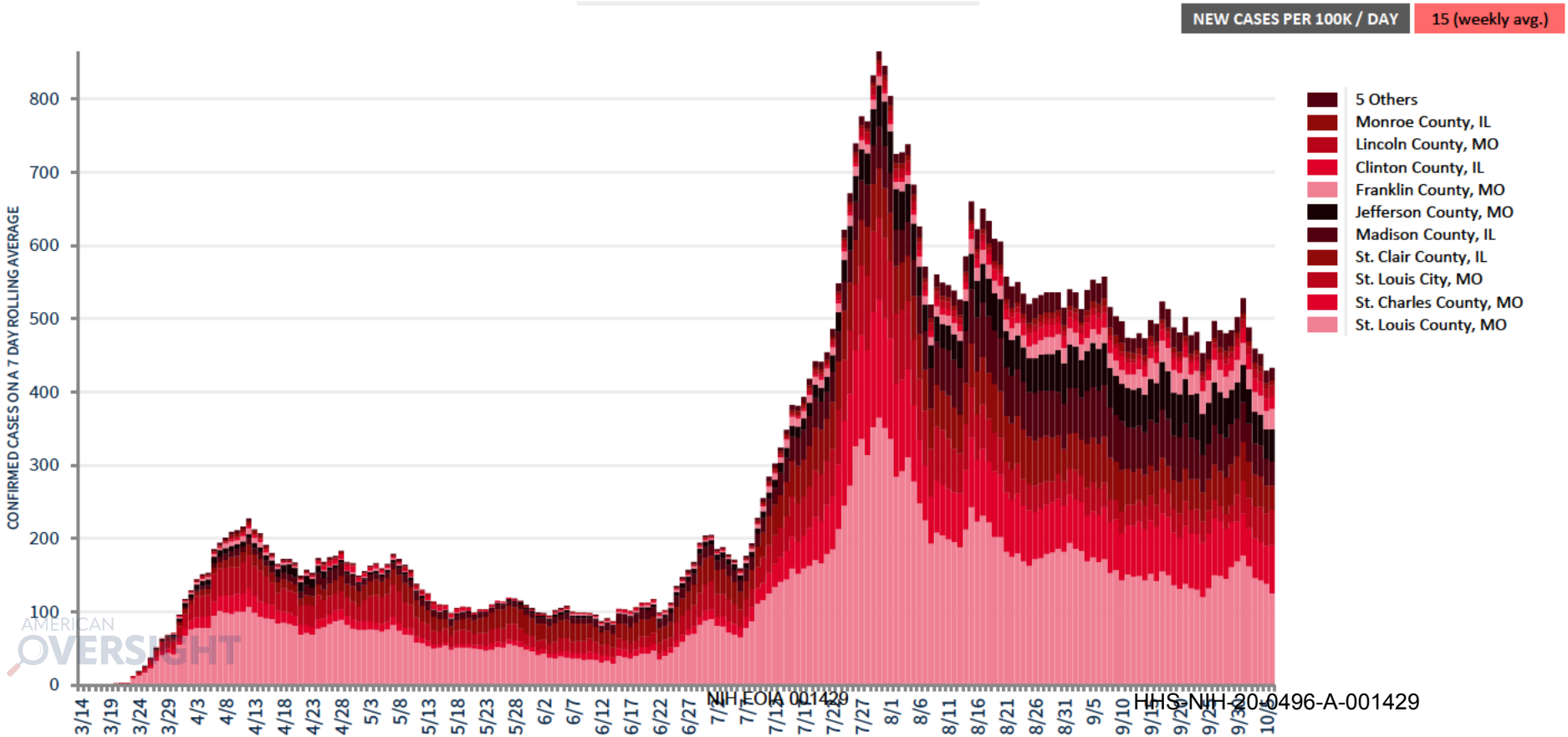
AMERICAN OVERSIGHT

CONFIRMED CASES DAILY IN MILWAUKEE-WAUKESHA, WI
7 DAY ROLLING AVERAGE



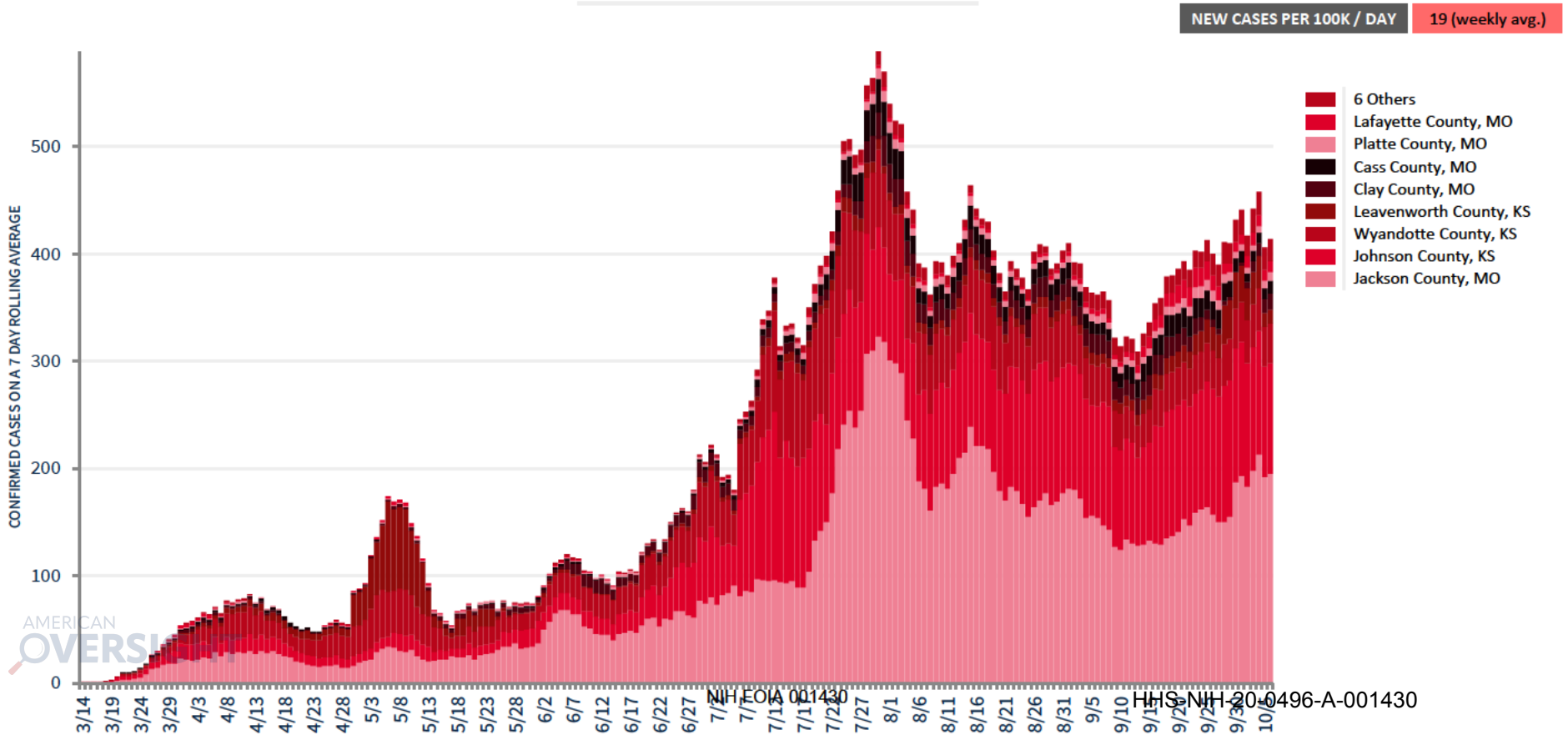
AMERICAN OVERSIGHT

CONFIRMED CASES DAILY IN ST. LOUIS, MO–IL
7 DAY ROLLING AVERAGE



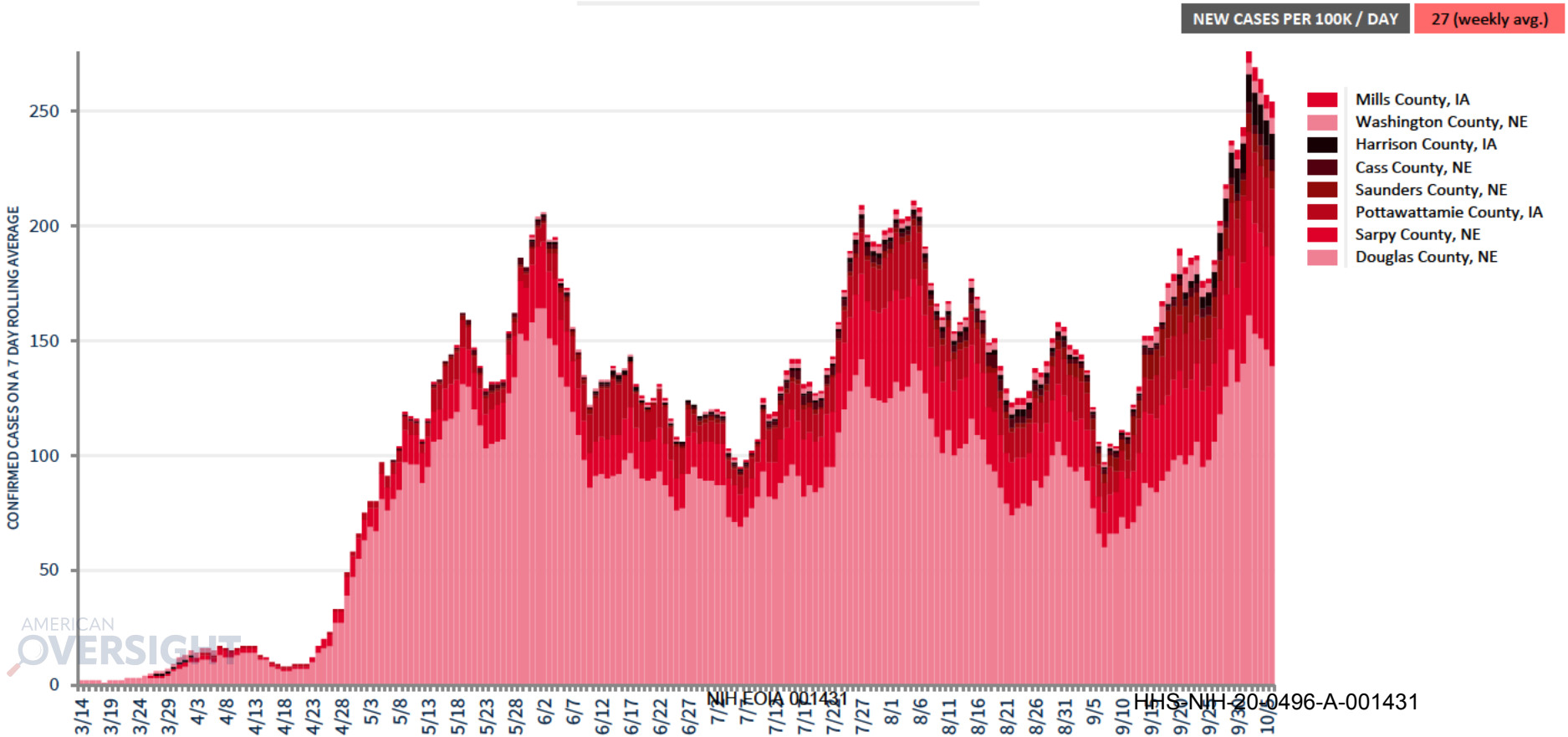
AMERICAN OVERSIGHT

CONFIRMED CASES DAILY IN KANSAS CITY, MO-KS
7 DAY ROLLING AVERAGE



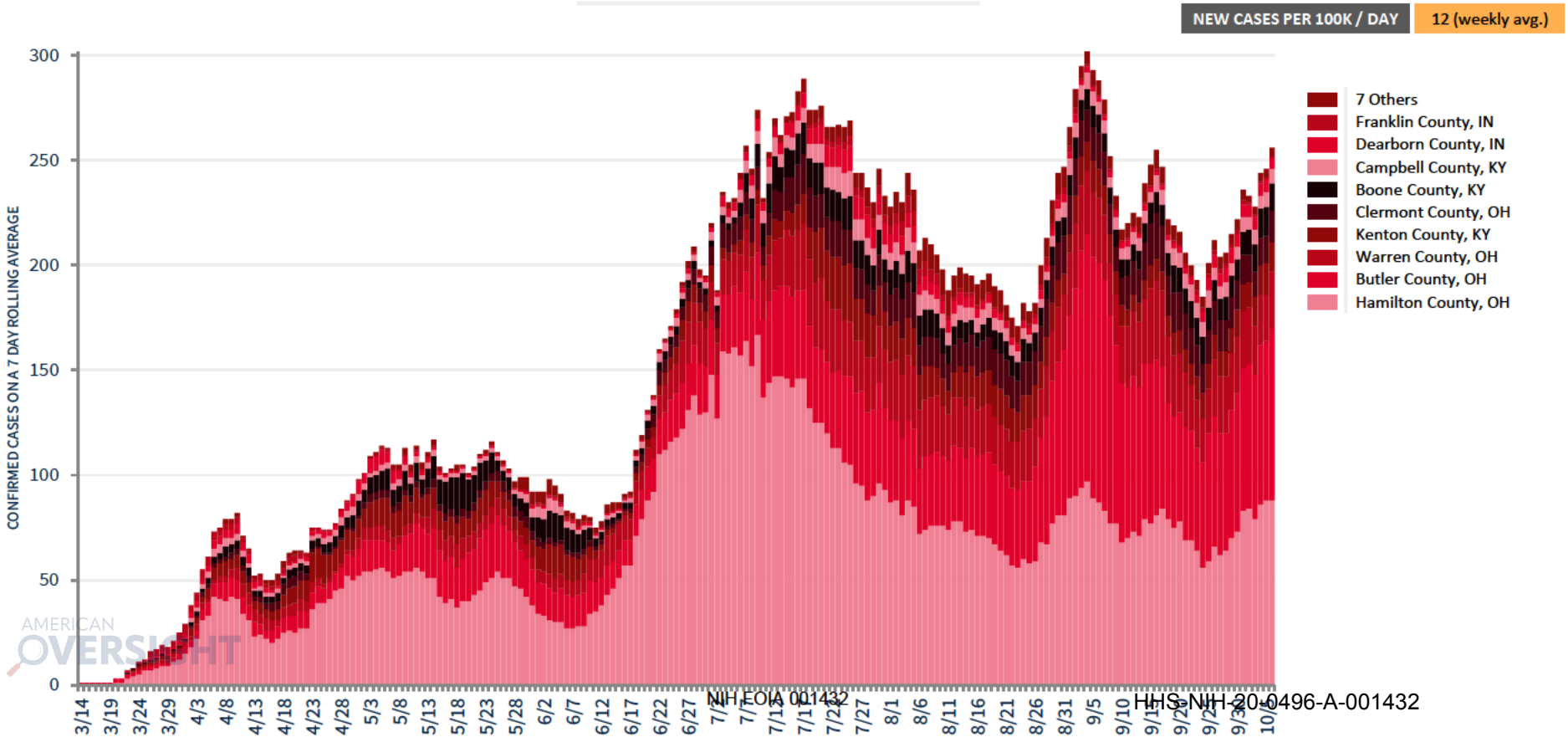
AMERICAN OVERSIGHT

CONFIRMED CASES DAILY IN OMAHA-COUNCIL BLUFFS, NE-IA
7 DAY ROLLING AVERAGE



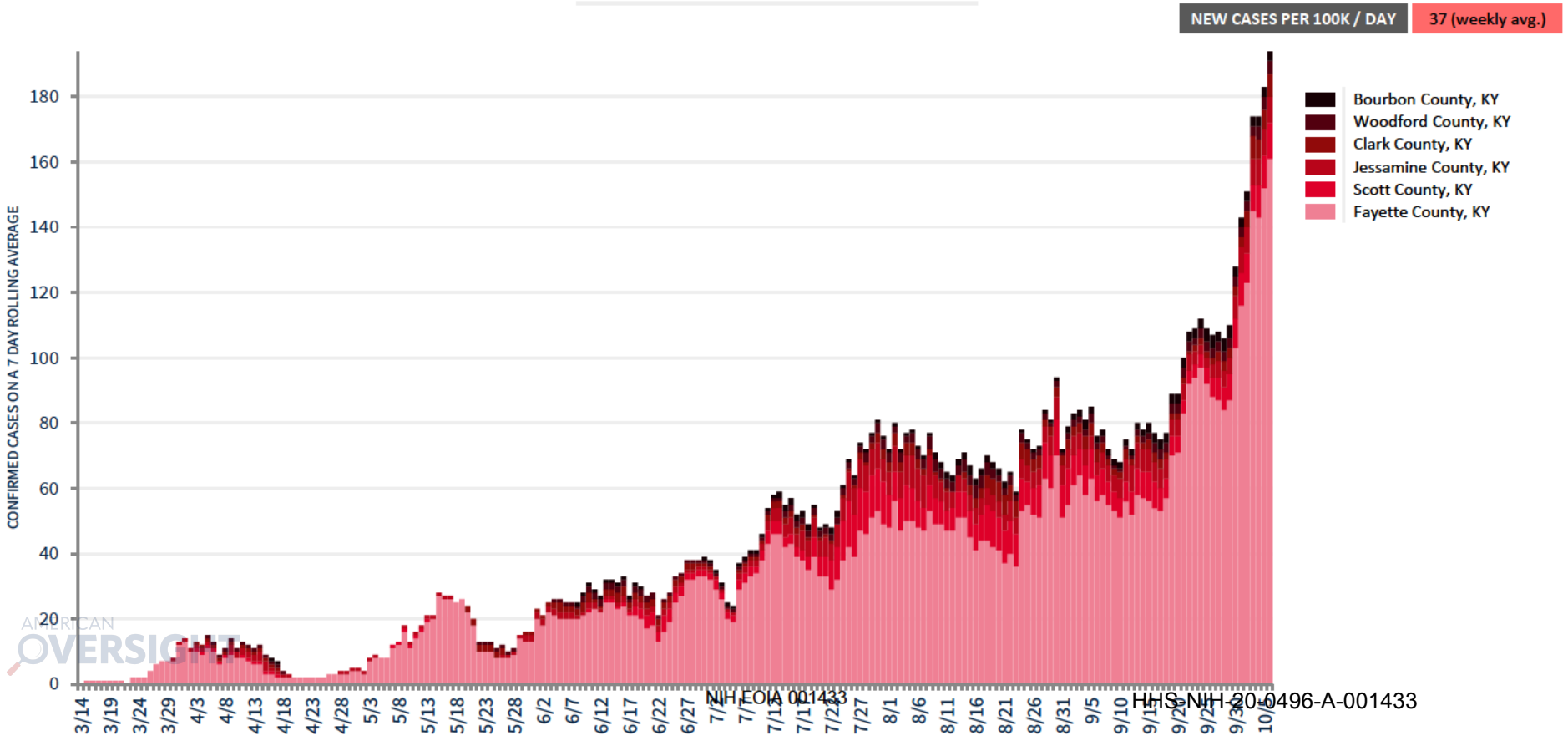
AMERICAN OVERSIGHT

CONFIRMED CASES DAILY IN CINCINNATI, OH-KY-IN
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

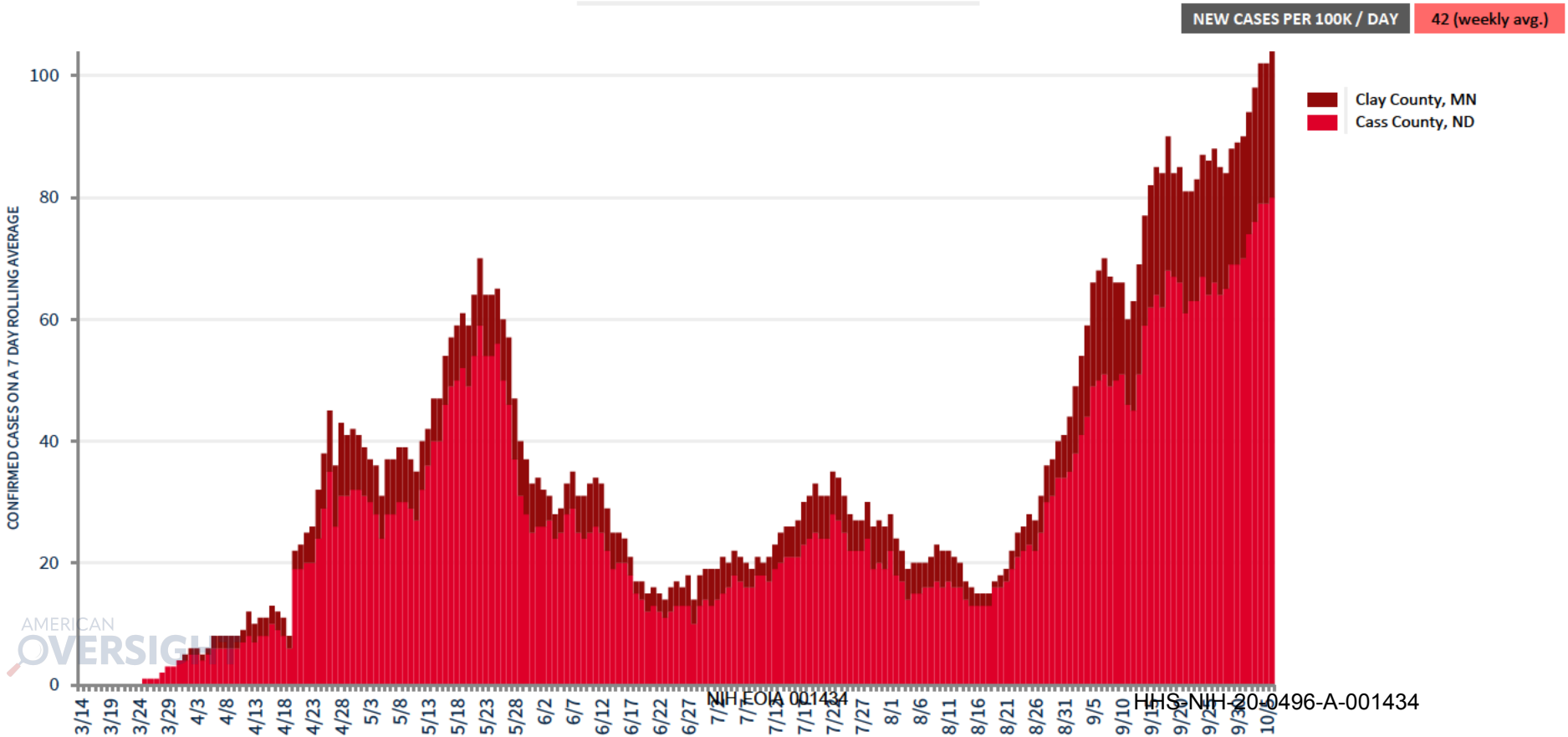
CONFIRMED CASES DAILY IN LEXINGTON-FAYETTE, KY
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

NIH FOIA 001433 HHS-NIH-20-0496-A-001433

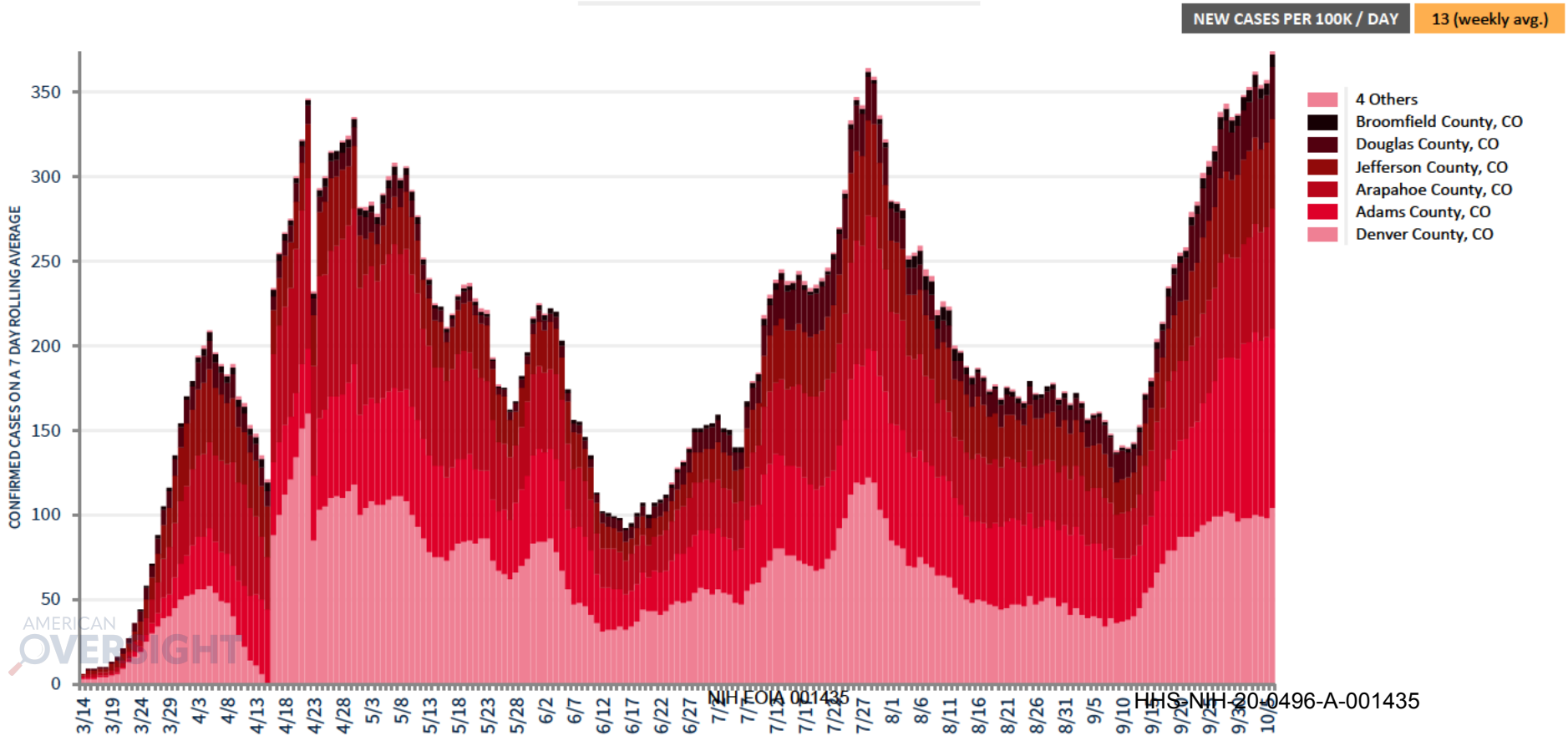
CONFIRMED CASES DAILY IN FARGO, ND-MN
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

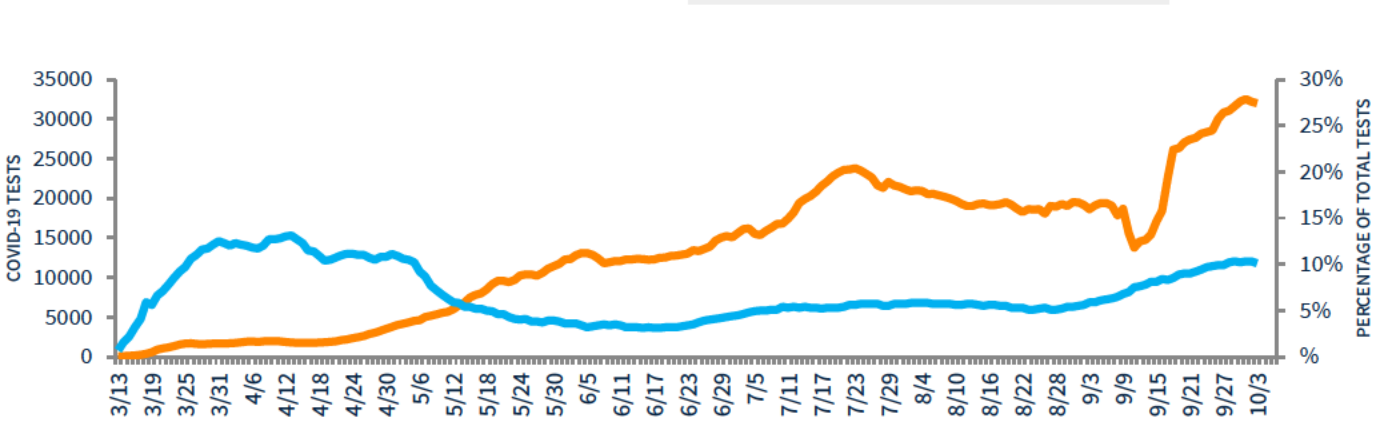
NIH FOIA 001434 HHS-NIH-20-0496-A-001434

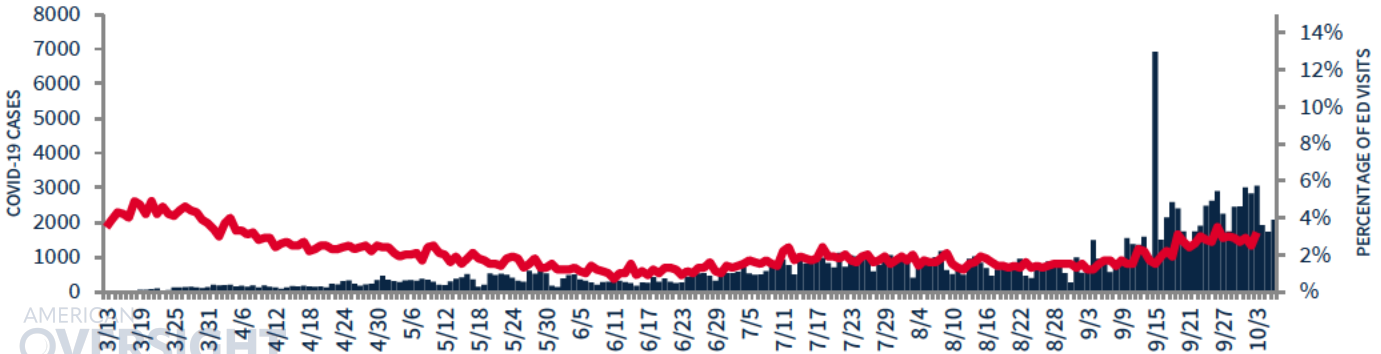
CONFIRMED CASES DAILY IN DENVER–AURORA–LAKEWOOD, CO
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

TRENDS IN WISCONSIN





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	10.1%
NEW CASES PER 100K / DAY	42 (weekly avg.)
TESTING PER 100K / DAY	550 (weekly avg.)
BED UTILIZATION	63%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.2%
INCIDENCE	+4%
TESTING PER 100K / DAY	+7%
BED UTILIZATION	+1%

RISK FACTORS

POPULATION DENSITY	107 per sq mi
% OVER 65	17%
CRUDE CVD PREVALENCE	3.7%

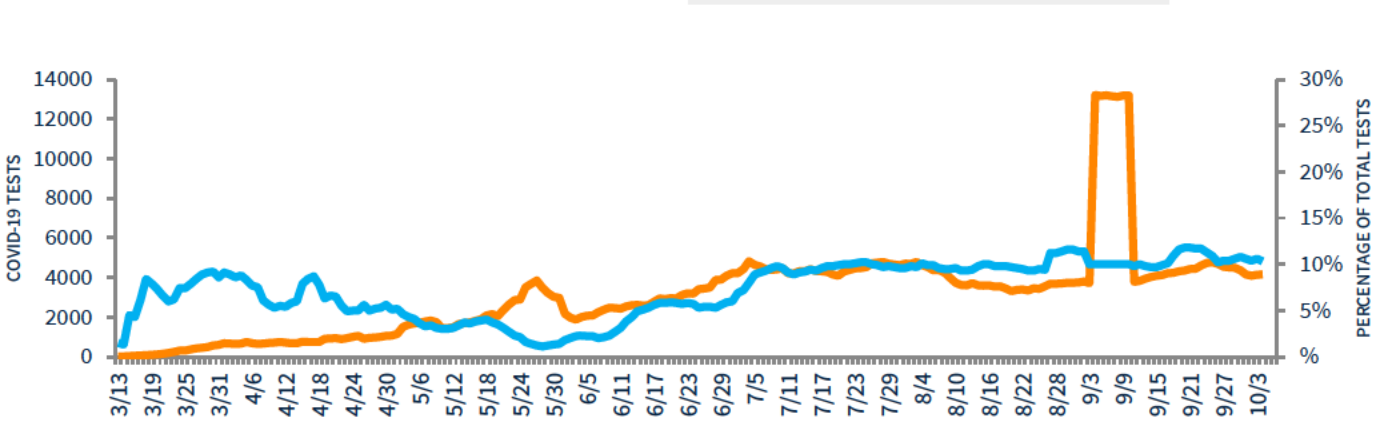
AMERICAN OVERSIGHT

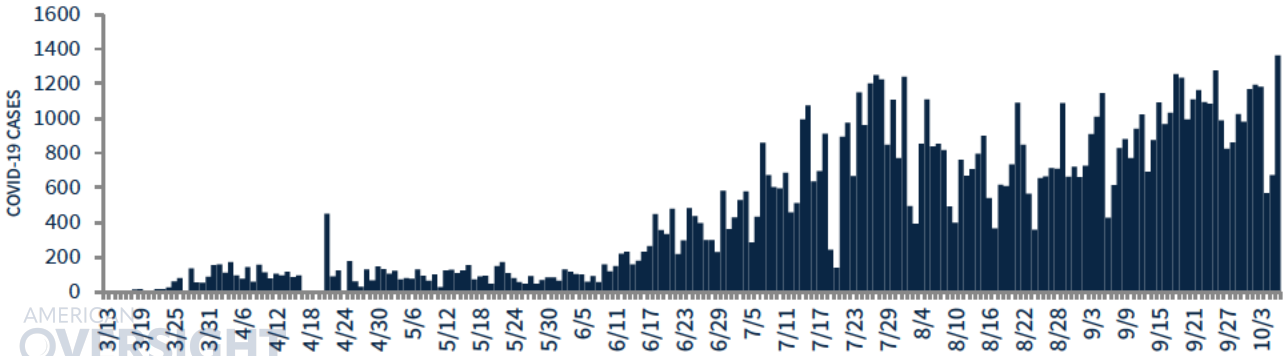
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

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NIH FOIA 001436
HHS-NIH-20-0496-A-001436

TRENDS IN OKLAHOMA





COVID-19 SNAPSHOT

POSITIVITY RATE	10.3%
NEW CASES PER 100K / DAY	26 (weekly avg.)
TESTING PER 100K / DAY	105 (weekly avg.)
BED UTILIZATION	61%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-0.1%
INCIDENCE	+0%
TESTING PER 100K / DAY	-9%
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	58 per sq mi
% OVER 65	16%
CRUDE CVD PREVALENCE	5.3%

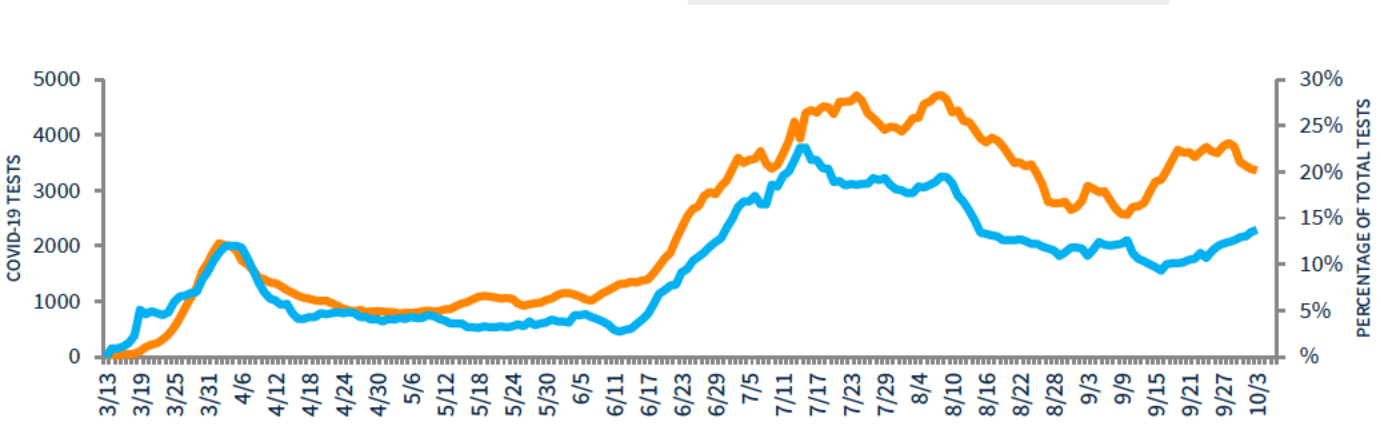
** Most recent several days of testing data is incomplete until all test results come in; testing data will be updated as results are received*

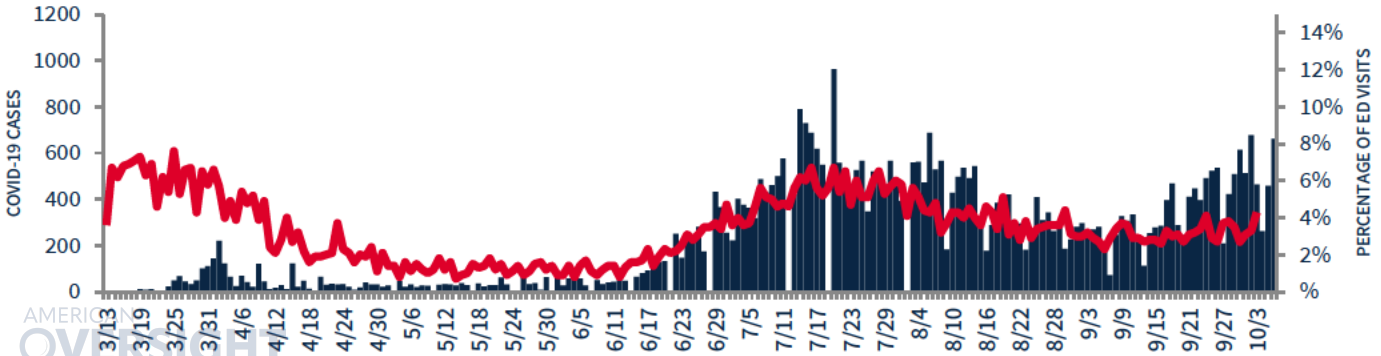
Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICAN OVERSIGHT
NIH FOIA 001437
HHS-NIH-20-0496-A-001437

TRENDS IN IDAHO





COVID-19 SNAPSHOT

POSITIVITY RATE	13.7%
NEW CASES PER 100K / DAY	29 (weekly avg.)
TESTING PER 100K / DAY	192 (weekly avg.)
BED UTILIZATION	49%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+1.8%
INCIDENCE	+18%
TESTING PER 100K / DAY	-8%
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	22 per sq mi
% OVER 65	16%
CRUDE CVD PREVALENCE	3.3%

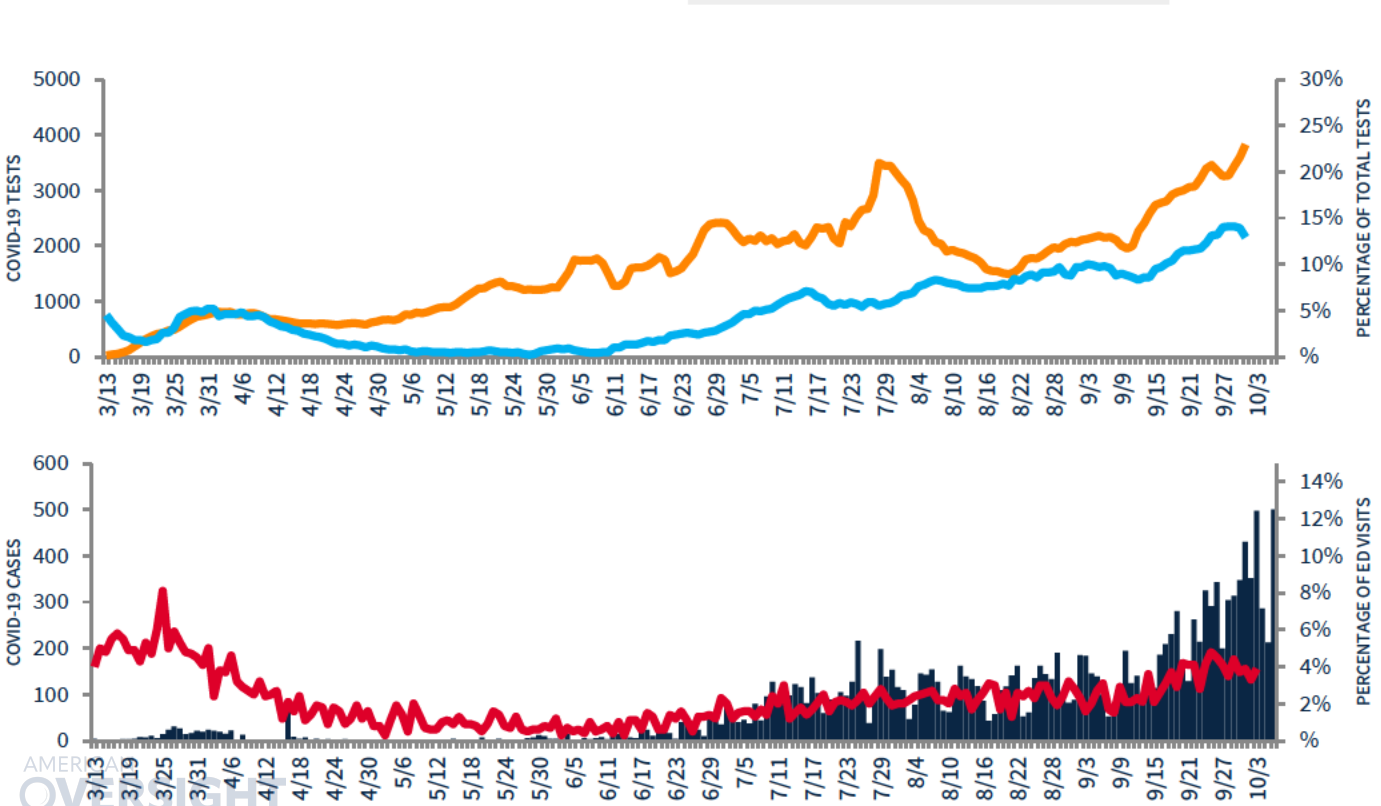
AMERICAN OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 001438
HHS-NIH-20-0496-A-001438

TRENDS IN MONTANA



COVID-19 SNAPSHOT

POSITIVITY RATE	12.9%
NEW CASES PER 100K / DAY	35 (weekly avg.)
TESTING PER 100K / DAY	360 (weekly avg.)
BED UTILIZATION	70%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.6%
INCIDENCE	+32%
TESTING PER 100K / DAY	+13%
BED UTILIZATION	+2%

RISK FACTORS

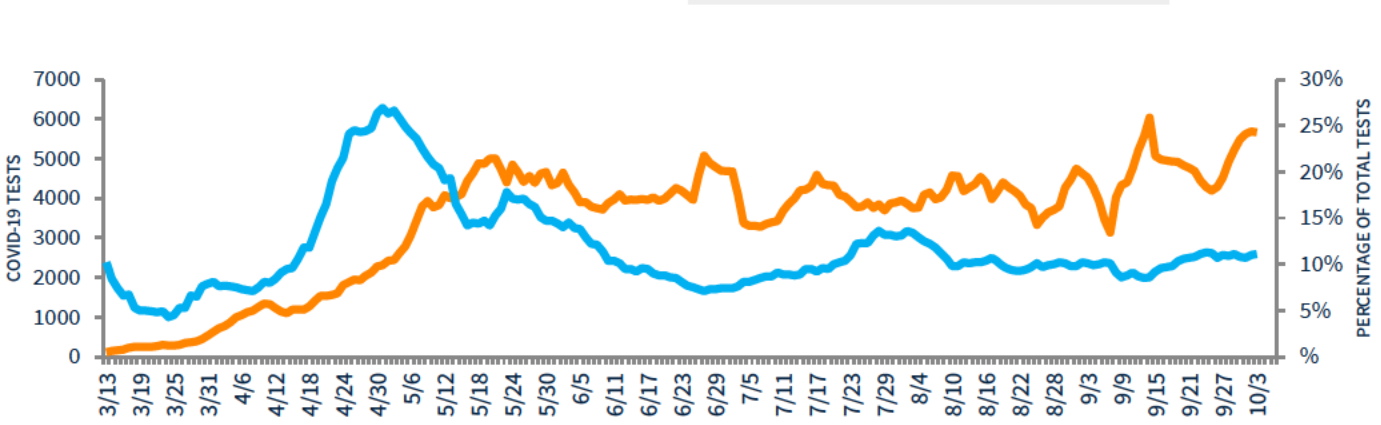
POPULATION DENSITY	7 per sq mi
% OVER 65	19%
CRUDE CVD PREVALENCE	3.1%

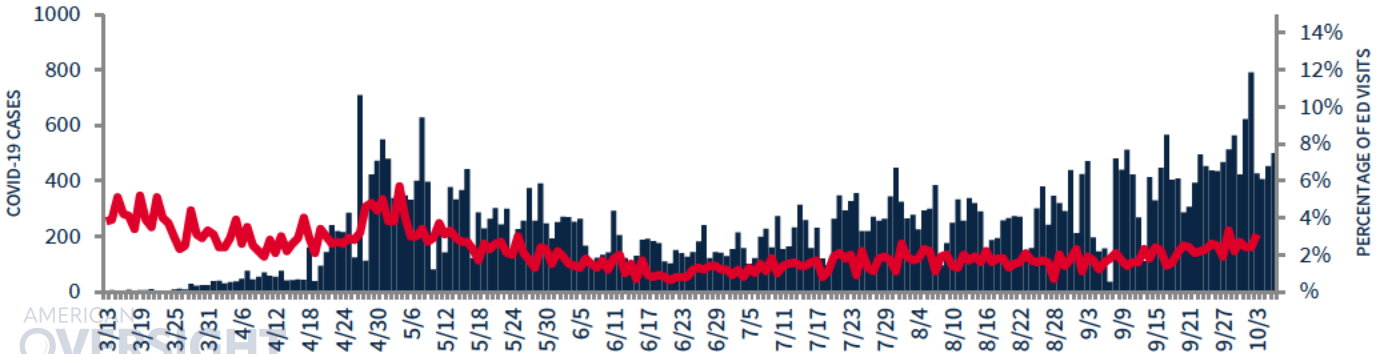
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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AMERICA OVERSIGHT
NIH FOIA 001439
HHS-NIH-20-0496-A-001439

TRENDS IN NEBRASKA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	11.1%
NEW CASES PER 100K / DAY	27 (weekly avg.)
TESTING PER 100K / DAY	293 (weekly avg.)
BED UTILIZATION	67%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.4%
INCIDENCE	+8%
TESTING PER 100K / DAY	+31%
BED UTILIZATION	+2%

RISK FACTORS

POPULATION DENSITY	25 per sq mi
% OVER 65	16%
CRUDE CVD PREVALENCE	3.8%

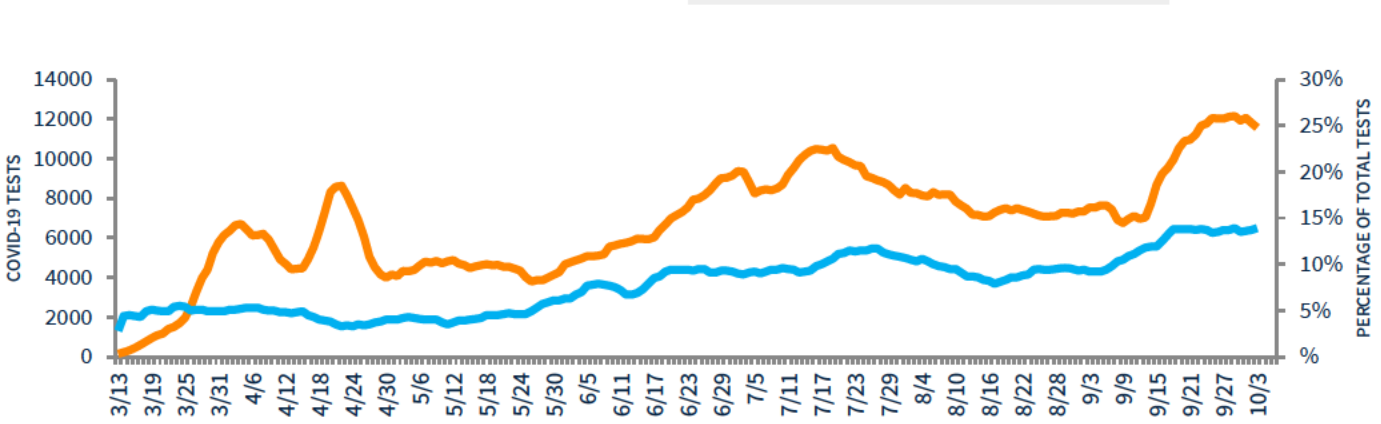
AMERICAN OVERSIGHT

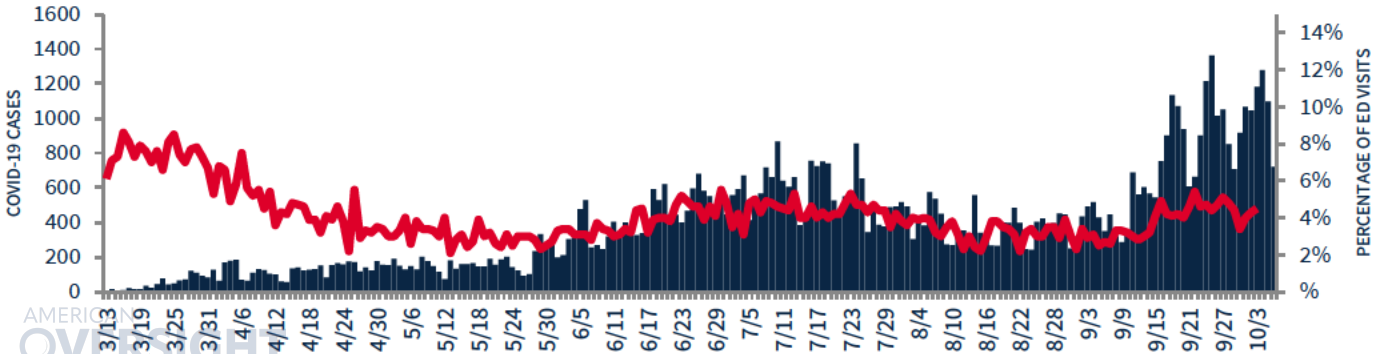
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 001440
HHS-NIH-20-0496-A-001440

TRENDS IN UTAH





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	13.9%
NEW CASES PER 100K / DAY	33 (weekly avg.)
TESTING PER 100K / DAY	366 (weekly avg.)
BED UTILIZATION	58%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.4%
INCIDENCE	+3%
TESTING PER 100K / DAY	-4%
BED UTILIZATION	+3%

RISK FACTORS

POPULATION DENSITY	39 per sq mi
% OVER 65	11%
CRUDE CVD PREVALENCE	2.7%

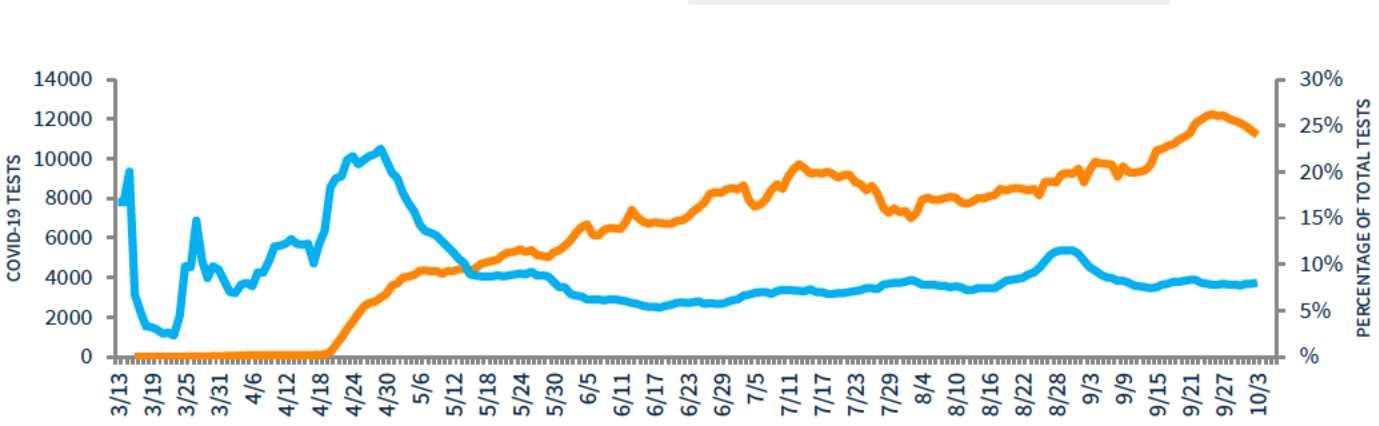
AMERICAN OVERSIGHT

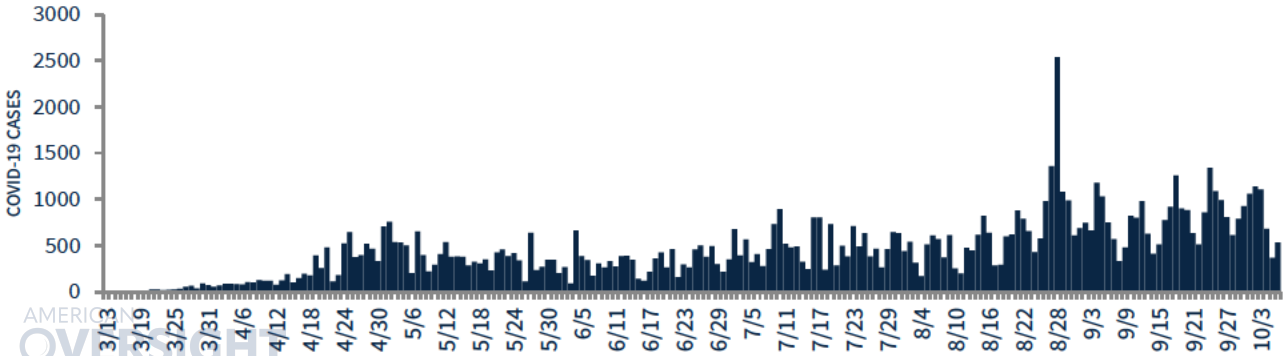
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 001441
HHS-NIH-20-0496-A-001441

TRENDS IN IOWA





COVID-19 SNAPSHOT

POSITIVITY RATE	8.0%
NEW CASES PER 100K / DAY	26 (weekly avg.)
TESTING PER 100K / DAY	355 (weekly avg.)
BED UTILIZATION	61%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.2%
INCIDENCE	-10%
TESTING PER 100K / DAY	-8%
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	56 per sq mi
% OVER 65	18%
CRUDE CVD PREVALENCE	4.0%

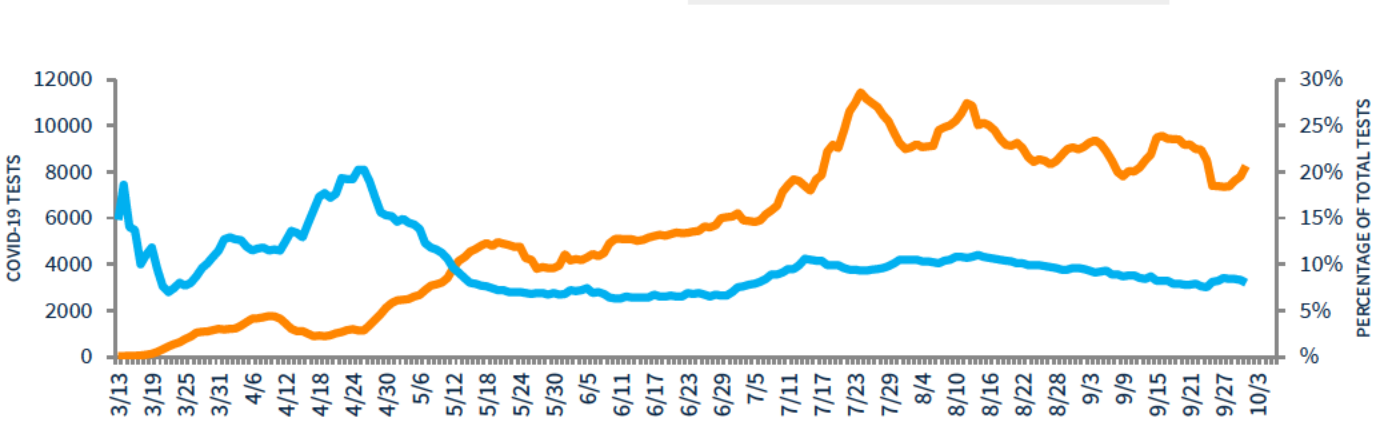
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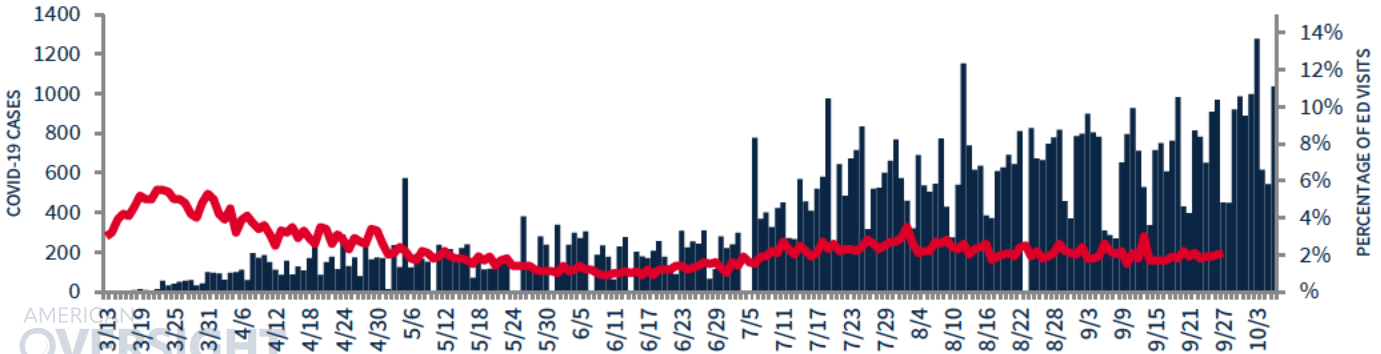
Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICAN OVERSIGHT
NIH FOIA 001442
HHS-NIH-20-0496-A-001442

TRENDS IN KENTUCKY





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	8.0%
NEW CASES PER 100K / DAY	20 (weekly avg.)
TESTING PER 100K / DAY	185 (weekly avg.)
BED UTILIZATION	65%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.5%
INCIDENCE	+24%
TESTING PER 100K / DAY	-3%
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	113 per sq mi
% OVER 65	17%
CRUDE CVD PREVALENCE	6.2%

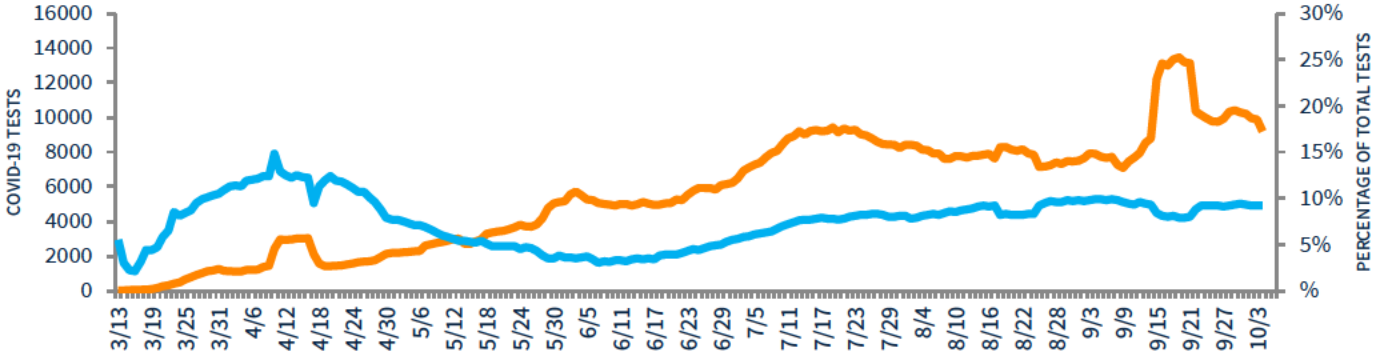
AMERICAN OVERSIGHT

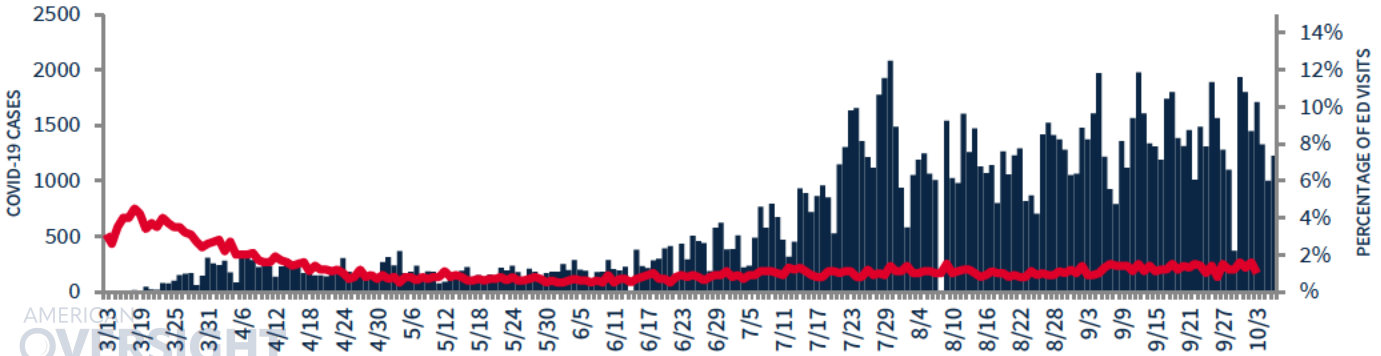
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
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NIH FOIA 001443
HHS-NIH-20-0496-A-001443

TRENDS IN MISSOURI





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	9.2%
NEW CASES PER 100K / DAY	24 (weekly avg.)
TESTING PER 100K / DAY	150 (weekly avg.)
BED UTILIZATION	64%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.1%
INCIDENCE	+16%
TESTING PER 100K / DAY	-7%
BED UTILIZATION	+0%

RISK FACTORS

POPULATION DENSITY	89 per sq mi
% OVER 65	17%
CRUDE CVD PREVALENCE	4.7%

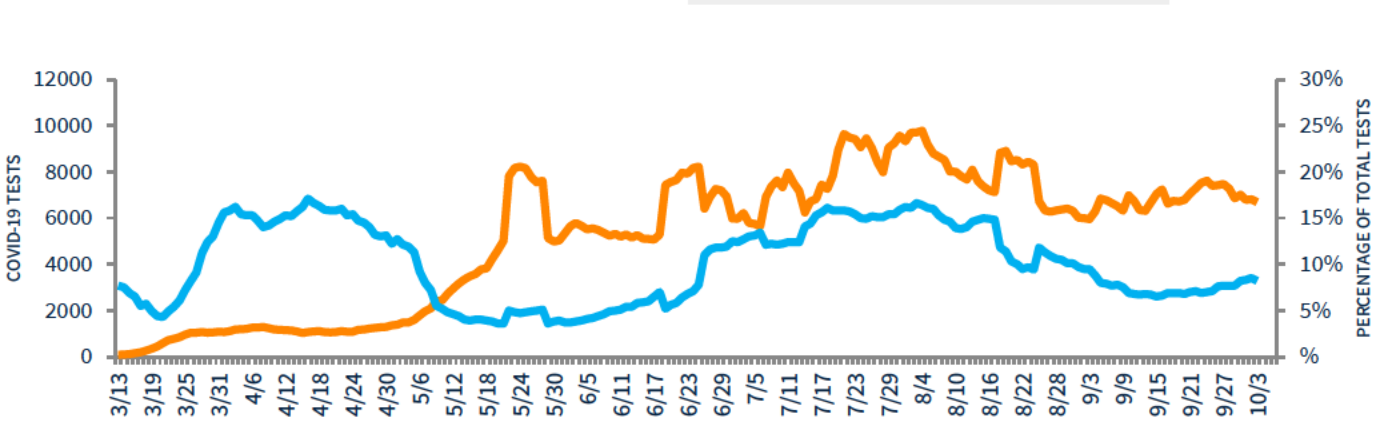
AMERICAN OVERSIGHT

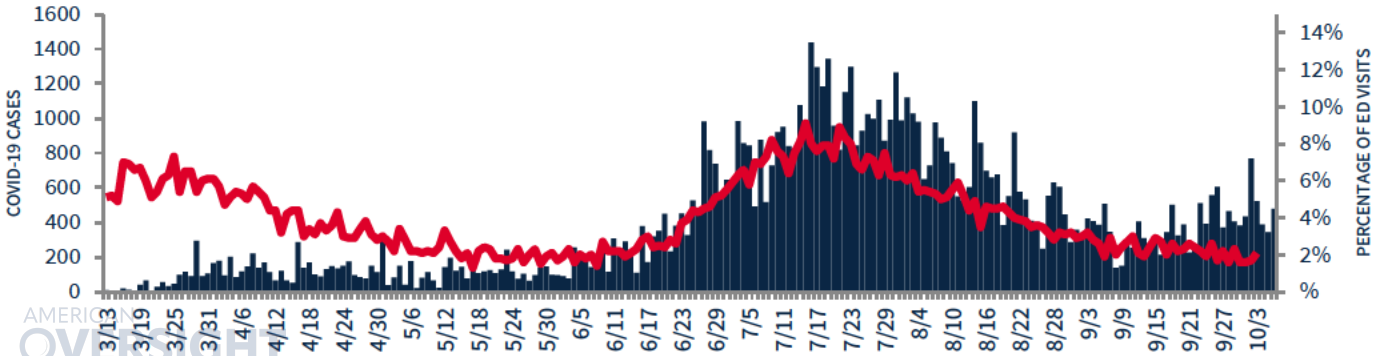
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

NIH FOIA 001444
HHS-NIH-20-0496-A-001444

TRENDS IN NEVADA





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	8.2%
NEW CASES PER 100K / DAY	15 (weekly avg.)
TESTING PER 100K / DAY	220 (weekly avg.)
BED UTILIZATION	69%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+0.6%
INCIDENCE	+0%
TESTING PER 100K / DAY	-10%
BED UTILIZATION	+1%

RISK FACTORS

POPULATION DENSITY	28 per sq mi
% OVER 65	16%
CRUDE CVD PREVALENCE	4.3%

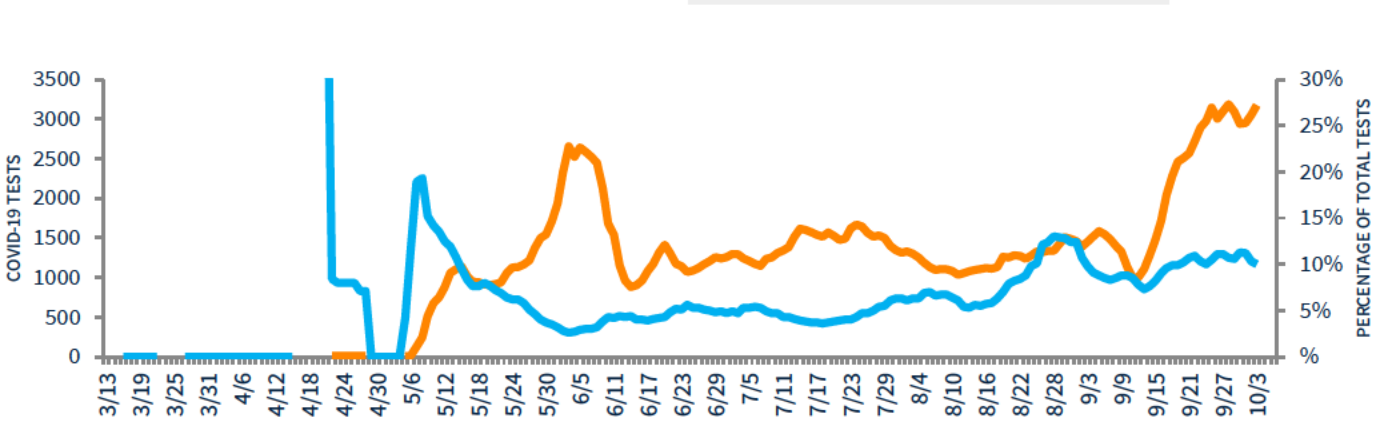
AMERICAN OVERSIGHT

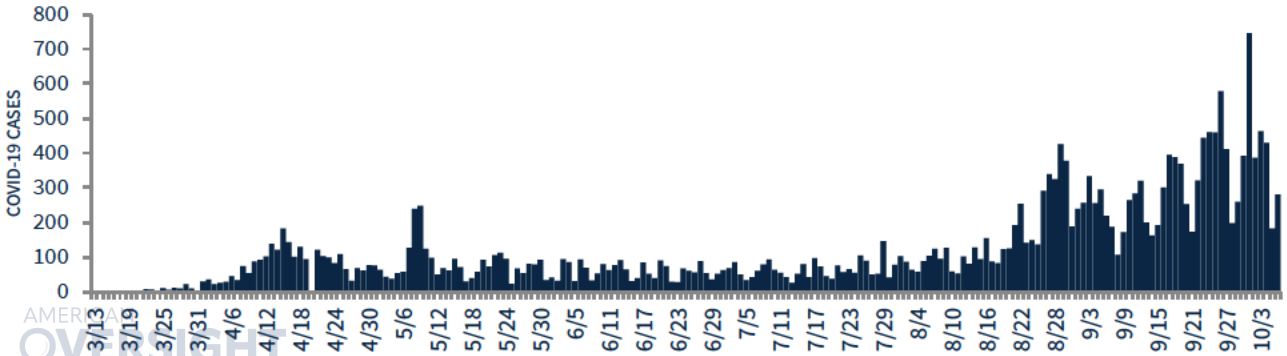
Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

NIH FOIA 001445
HHS-NIH-20-0496-A-001445

TRENDS IN SOUTH DAKOTA





COVID-19 SNAPSHOT

POSITIVITY RATE	10.0%
NEW CASES PER 100K / DAY	46 (weekly avg.)
TESTING PER 100K / DAY	360 (weekly avg.)
BED UTILIZATION	60%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	-1.1%
INCIDENCE	+3%
TESTING PER 100K / DAY	+6%
BED UTILIZATION	+5%

RISK FACTORS

POPULATION DENSITY	12 per sq mi
% OVER 65	17%
CRUDE CVD PREVALENCE	4.7%

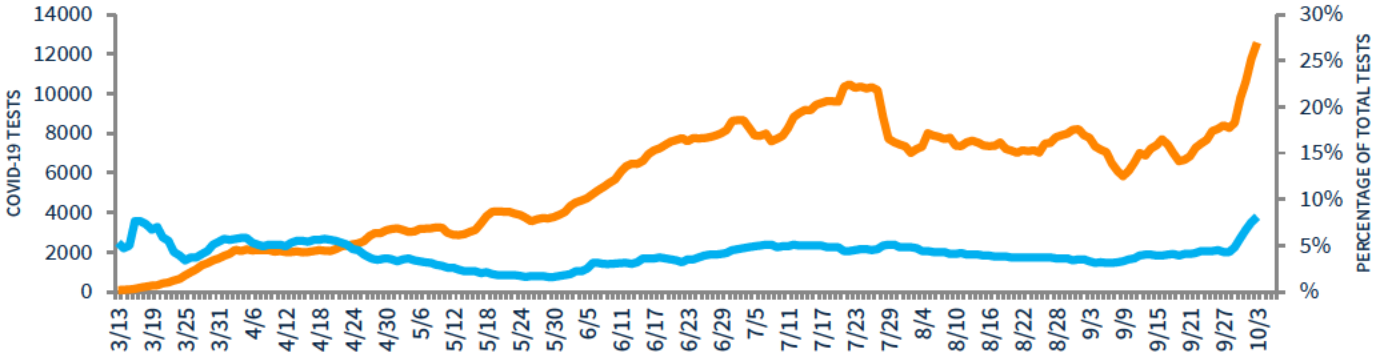
** Most recent several days of testing data is incomplete until all test results come in; testing data will be updated as results are received*

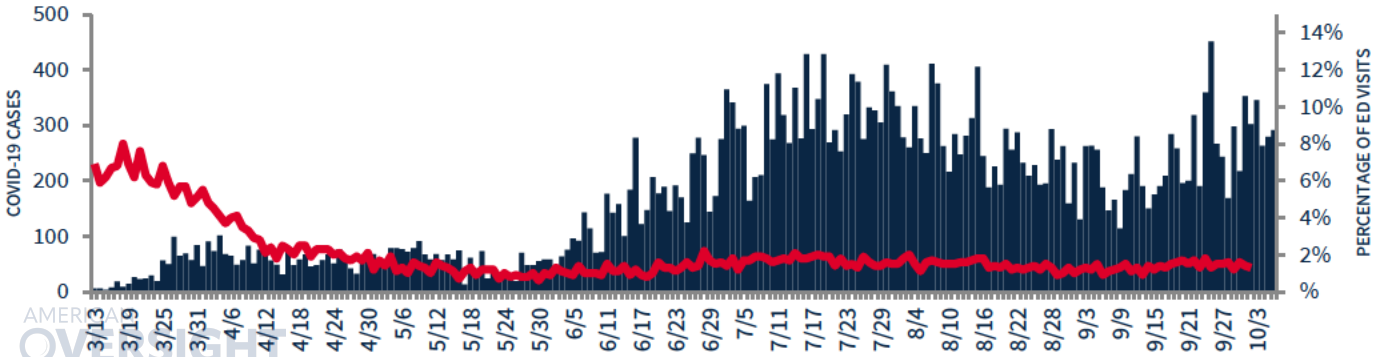
Not enough CLI syndromic surveillance data to display

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

AMERICA OVERSIGHT
NIH FOIA 001446
HHS-NIH-20-0496-A-001446

TRENDS IN OREGON





Daily Tests Completed (7-day avg.)
% Positivity Rate (by result date 7-day avg.)
Daily COVID-19 Cases
Daily ED visits for CLI reported to CDC as a % of all ED visits

COVID-19 SNAPSHOT

POSITIVITY RATE	8.1%
NEW CASES PER 100K / DAY	7 (weekly avg.)
TESTING PER 100K / DAY	300 (weekly avg.)
BED UTILIZATION	70%

WEEK-ON-WEEK CHANGES

POSITIVITY RATE	+3.6%
INCIDENCE	+4%
TESTING PER 100K / DAY	+53%
BED UTILIZATION	+1%

RISK FACTORS

POPULATION DENSITY	44 per sq mi
% OVER 65	18%
CRUDE CVD PREVALENCE	3.6%

AMERICA OVERSIGHT

Sources: Cases - USAFacts.org; ED visits - ESSENCE; COVID-19 test results - CELR (COVID Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs)
Testing & hospital data based on best available data in HHS Protect

** Most recent several days of testing data is incomplete until all test results come in; testing date is by date the result was received*

NIH FOIA 001447
HHS-NIH-20-0496-A-001447

COVID-19 Daily Report

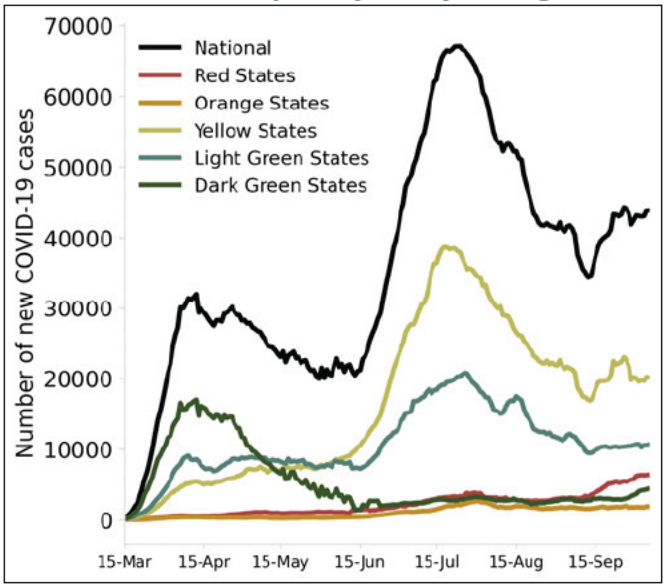
Reported on October 8, 2020

States assigned to groups based on test positivity in the week ending September 30.

Red states (>10% positive)	Orange states (8 - 10% positive)	Yellow states (5 - <8% positive)	Light Green states (3 - <5% positive)	Dark Green states (<3% positive)
ID, MT, NE, OK, SD, UT, WI	MO, NV	AL, AR, FL, GA, IA, IN, KS, KY, MN, MS, NC, ND, OR, SC, TN, TX, VA, WY	AK, AZ, CA, CO, DE, HI, IL, LA, MD, MI, NM, PA, WA, WV	CT, DC, MA, ME, NH, NJ, NY, OH, RI, VT

Case counts

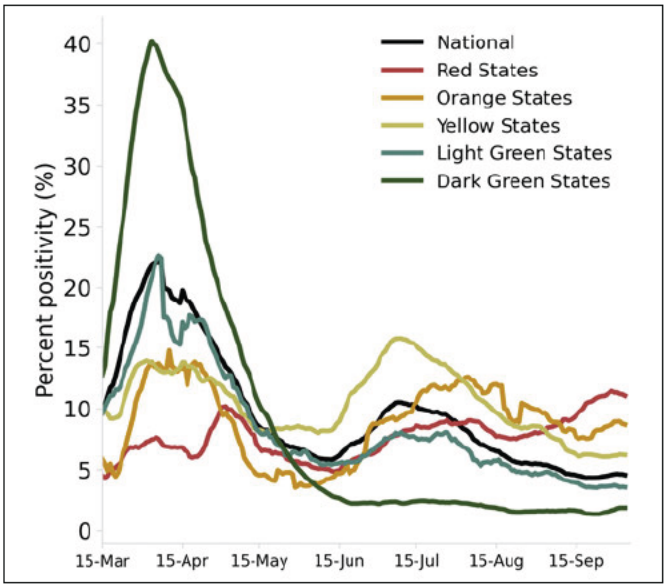
New COVID-19 cases per day (7-day average)



Source: Aggregate counts reported by jurisdictions to CDC.

Test positivity rate

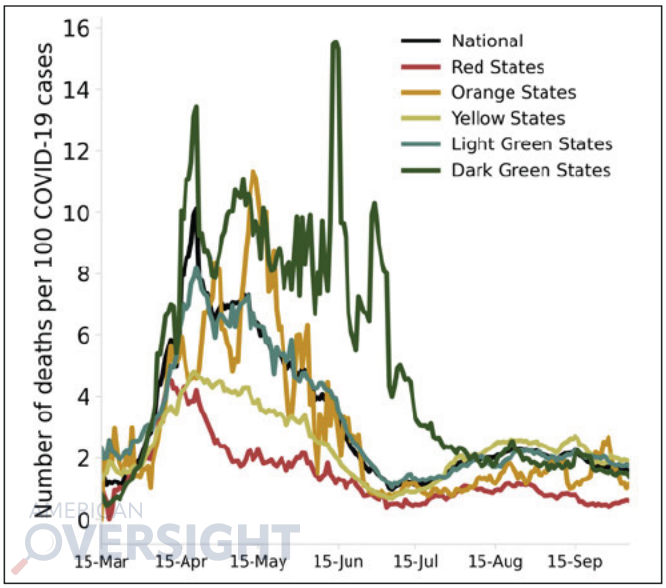
Percent testing positive (7-day average)



Source: Unified State Reporting Results Timeseries, HHS Protect.

Deaths per 100 cases

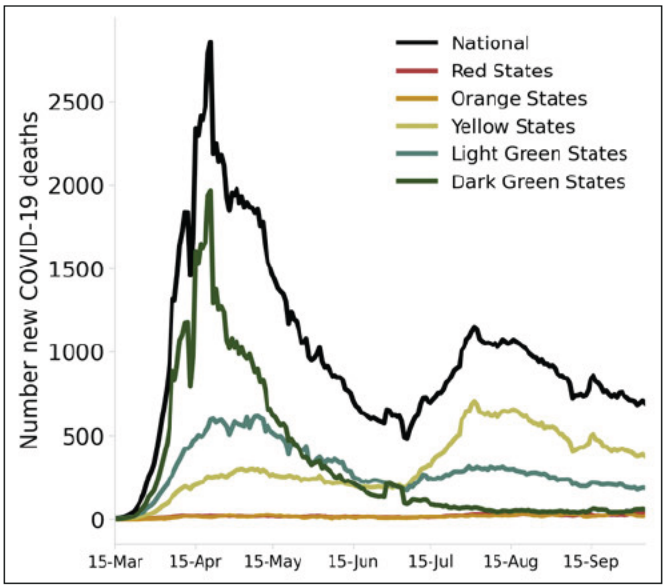
COVID-19 deaths per 100 cases (7-day average)



Source: Aggregate counts reported by jurisdictions to CDC.

Death counts

New COVID-19 deaths per day (7-day average)



Source: Aggregate counts reported by jurisdictions to CDC.

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HHS-NIH-20-0496-A-001448

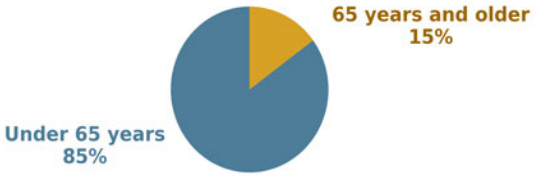
Outcomes by Age

Calculations involving age are performed with the CDC line list, which captures ~80% of reported cases and deaths. The denominator for deaths per 100 cases includes cases with unknown outcome; ~50% of cases have unknown outcome. Therefore, calculations are likely to be substantial underestimates of true rates.

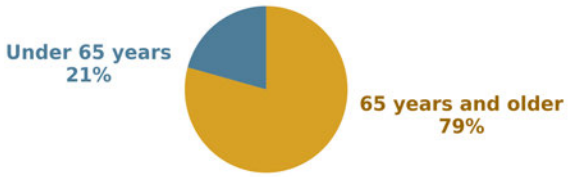
	Cases	Hospitalized	Hospitalized %	Deaths	Case Fatality Rate
65 years and older	839,781	200,688	23.9%	120,850	14%
Younger than 65 years	4,797,167	226,089	4.7%	31,607	0.7%

Source: CDC line list including states and territories.

COVID-19 cases by age category



COVID-19 deaths by age category



National Metrics*

Week	Percent Positive**	Change from previous week	Cases	Change from previous week	Inpatients with COVID-19	Change from previous week	Deaths	Change from previous week
9/30-10/6	4.6%	+0.1%	43,884	+4.8%	36,298	+3.5%	694	-4.6%
9/23-9/29	4.5%	+0.1%	41,871	-3.3%	35,071	+2.0%	728	-2.4%
9/16-9/22	4.3%	-0.3%	43,282	+15.9%	34,373	-7.4%	746	-11.6%
9/9-9/15	4.6%	-0.6%	37,335	-0.6%	37,135	-5.2%	844	+16.6%
9/2-9/8	5.2%	-0.3%	37,567	-10.9%	39,189	-8.1%	723	-19.9%
8/26-9/1	5.5%	-0.1%	42,148	+1.0%	42,623	-9.4%	903	-6.3%
8/19-8/25	5.6%	-0.9%	41,746	-14.2%	47,049	-10.6%	964	-8.3%
8/12-8/18	6.5%	-0.6%	48,674	-8.1%	52,620	-9.4%	1,052	+0.3%
8/5-8/11	7.1%	-1.3%	52,986	-9.3%	58,087	-6.9%	1,049	-1.4%
7/29-8/4	8.4%	-1.2%	58,401	-10.7%	62,380	-2.9%	1,064	+3.6%
7/22-7/28	9.5%	-0.3%	65,404	-1.7%	64,259	-4.5%	1,027	+26.4%
7/15-7/21	9.8%	-0.5%	66,534	+7.4%	67,254	+21.2%	812	+15.4%
7/8-7/14	10.3%	+0.2%	61,933	+21.1%	55,491	+8.4%	704	+30.8%
7/1-7/7	10.1%	+1.7%	51,147	+24.2%	51,201	+20.0%	538	-13.0%
6/24-6/30	8.4%	+1.3%	41,180	+41.4%	42,665	+16.2%	618	+2.1%
6/17-6/23	7.2%	+1.1%	29,125	+28.3%	36,704	-0.3%	606	-10.7%
6/10-6/16	6.0%	+0.1%	22,706	+8.6%	36,800	-5.4%	678	-20.1%
6/3-6/9	5.9%	-0.7%	20,910	-1.5%	38,901	-7.2%	848	-17.2%
5/27-6/2	6.6%	-0.7%	21,226	-1.3%	41,913	-3.8%	1,024	-2.7%
5/20-5/26	7.3%	-1.0%	21,515	-8.3%	43,572	-7.0%	1,052	-21.8%
5/13-5/19	8.2%	-2.2%	23,453	-3.6%	46,860	-11.9%	1,345	-17.7%
5/6-5/12	10.4%	-2.9%	24,321	-9.8%	53,205	-4.2%	1,635	-13.9%
4/29-5/5	13.2%	-2.5%	26,952	-6.9%	55,515	-0.7%	1,900	+2.8%
4/22-4/28	15.7%	-2.7%	28,938	+2.7%	55,915	+7.2%	1,847	-35.3%
4/15-4/21	18.4%	-0.6%	28,170	-5.9%	52,175	+11.8%	2,856	+69.0%
4/8-4/14	19.0%	-3.0%	29,923	-0.2%	46,682	+30.2%	1,690	+29.2%
4/1-4/7	22.0%	+2.6%	29,975	+59.4%	35,844	+286.7%	1,307	+219.3%
3/25-3/31	19.5%	+5.0%	18,807	+177.6%	9,269	+407.1%	409	+347.8%
3/18-3/24	14.4%	+4.4%	6,776	+679.3%	1,828	+275.0%	91	+841.2%
3/11-3/17	10.0%	-0.2%	869	+608.5%	487	+918.5%	10	+240.0%
Cumulative	7.7%		7,475,261				210,232	

Source: Cases and deaths calculated from CDC aggregate data. Inpatients with COVID-19 are calculated from the Unified Hospital Dataset and represent the total number of inpatients currently hospitalized with COVID-19. Psychological, rehabilitation, and religious non-medical hospitals were excluded from this total. Test data are from the Unified State Reporting Results dataset.

* Values in the table are daily averages over the week specified.

** Testing data have a 2-day lag relative to the case data, i.e. the most recent week is 9/28-10/4.

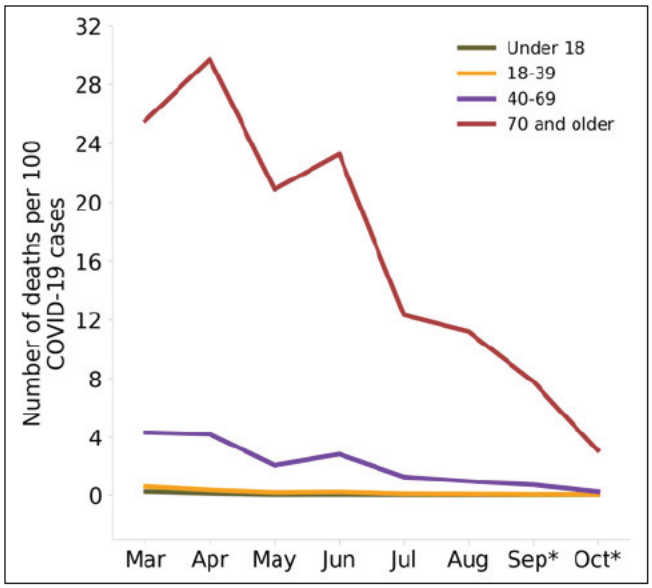
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NIH FOIA 001449

HHS-NIH-20-0496-A-001449

Deaths per 100 cases by age and month

COVID-19 deaths per 100 cases

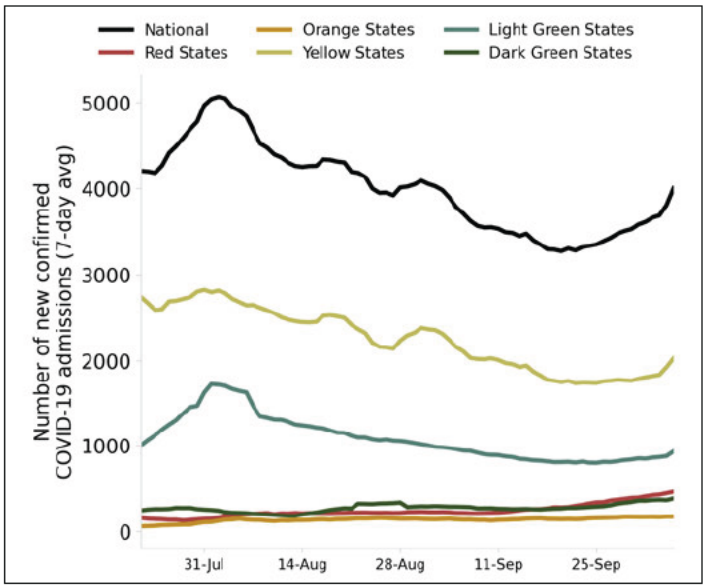


Source: CDC line list. Records with misreported or unreported dates (~10% of all data) have been excluded.

* Deaths might not yet be reported for cases identified in September and October, and data from recent weeks could be an underestimate.

Daily COVID-related hospitalizations

7-day average



Source: Unified Hospital Dataset. Psychological, rehabilitation, and religious non-medical hospitals are excluded from this total.

Weekly Indicators†

Indicators for percent change from previous week:

▲ Increase ▼ Decrease ■ Minor change/stable

Red states

State	% Pos	Cases	Admits	Deaths
ID	▲	▲	■	▲
MT	▼	▲	■	▼
NE	■	▲	▲	▲
OK	■	▲	▲	■
SD	▼	■	■	▲
UT	■	■	■	▲
WI	■	■	▲	▲

Orange states

State	% Pos	Cases	Admits	Deaths
MO	■	■	■	▼
NV	■	■	■	▼

Yellow states

State	% Pos	Cases	Admits	Deaths
AL	■	■	■	■
AR	▼	■	▲	▼
FL	■	■	■	▼
GA	■	■	▲	▼
IA	■	■	▼	▲
IN	▲	▲	■	■
KS	▼	▼	▲	▲
KY	▼	▲	▲	■
MN	■	▲	■	▲
MS	▲	■	▲	▼
NC	▲	▼	▲	▼
ND	■	■	▲	▲
OR	▲	■	■	▲
SC	▲	▼	■	■
TN	▲	▲	▲	▲
TX	■	▲	■	▼
VA	■	■	▲	▼
WY	■	▲	▲	▲

Light Green states

State	% Pos	Cases	Admits	Deaths
AK	▲	▲	■	▼
AZ	■	▲	▲	▼
CA	■	■	■	■
CO	■	■	▲	▲
DE	▲	▲	▲	▲
HI	▼	▼	▼	▲
IL	■	■	▲	▲
LA	■	■	■	■
MD	■	▲	▲	▼
MI	■	■	▲	▲
NM	▲	▲	▲	■
PA	■	▲	▲	▲
WA	■	■	■	▼
WV	■	■	■	▼

Dark Green states

State	% Pos	Cases	Admits	Deaths
CT	▲	▲	▲	▲
DC	■	▲	■	■
MA	■	▲	■	▲
ME	■	■	▲	■
NH	■	▲	▼	▲
NJ	■	▲	▲	▼
NY	■	▲	■	▲
OH	■	▲	▲	▲
RI	■	▲	▲	▼
VT	■	▲	▲	---

Weekly indicator color thresholds

▼	<-10% change in cases, deaths, new admissions; <-0.5% change in positivity
■	-10% - 10% change in cases, deaths, new admissions; -0.5% - 0.5% change in positivity
▲	>10% change in cases, deaths, new admissions; >0.5% change in positivity

† "% Pos" refers to the viral (RT-PCR) lab test positivity rate. "Admits" refers to confirmed COVID-19 new hospital admissions.

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HHS-NIH-20-0496-A-001450

New hospital admissions by age category and week, July 22† – October 6, 2020

		Jul 22 – Jul 28	Jul 29 – Aug 4	Aug 5 – Aug 11	Aug 12 – Aug 18	Aug 19 – Aug 25	Aug 26 – Sep 1	Sep 2 – Sep 8	Sep 9 – Sep 15	Sep 16 – Sep 22	Sep 23 – Sep 29	Sep 30 – Oct 6	Cumulative
Under 18 years	Confirmed hosp	937	933	850	705	657	624	643	574	637	591	705	7,856
	Suspected hosp	2,354	2,325	2,628	2,585	2,688	2,493	2,862	2,684	2,650	2,715	2,779	28,763
	Confirmed hosp per 100 cases	4.1	3.8	4.1	3.0	2.5	3.5	4.1	3.2	2.8	2.6	3.2	3.3
	Suspected hosp per 100 cases	10.2	9.4	12.7	11.0	10.4	13.8	18.5	15.1	11.8	12.0	12.7	12.2
18-39 years	Confirmed hosp	3,195	3,412	3,289	2,822	2,677	2,661	2,771	2,805	2,783	2,851	3,170	32,436
	Suspected hosp	5,074	6,145	6,470	6,168	5,692	6,175	6,614	6,521	6,347	6,485	6,371	68,062
	Confirmed hosp per 100 cases	3.5	3.5	4.2	3.0	2.4	3.3	3.7	3.4	2.9	3.1	3.8	3.3
	Suspected hosp per 100 cases	5.5	6.3	8.3	6.6	5.2	7.6	8.7	7.9	6.7	7.0	7.6	6.9
40-69 years	Confirmed hosp	11,233	12,176	11,489	10,138	9,255	8,831	9,286	9,261	9,112	10,041	11,756	112,578
	Suspected hosp	14,989	17,705	17,863	17,100	16,635	16,569	17,359	17,326	16,812	17,914	18,293	188,565
	Confirmed hosp per 100 cases	13.8	13.3	16.0	11.6	9.2	14.0	18.1	15.2	11.2	12.6	15.1	13.3
	Suspected hosp per 100 cases	18.4	19.4	24.9	19.6	16.5	26.3	33.8	28.4	20.7	22.5	23.5	22.3
70 Years and older	Confirmed hosp	8,136	8,991	8,720	7,752	7,255	7,030	7,991	7,541	8,273	8,623	10,168	90,480
	Suspected hosp	12,229	14,378	14,548	14,133	14,072	14,059	14,623	14,839	14,623	15,552	16,353	159,409
	Confirmed hosp per 100 cases	46.8	43.4	51.8	39.7	31.2	45.3	62.1	49.7	41.8	43.5	51.2	45.1
	Suspected hosp per 100 cases	70.4	69.4	86.3	72.4	60.4	90.5	113.6	97.8	73.8	78.4	82.4	79.4

Source: New hospital admissions with confirmed or suspected COVID-19 are calculated from the Unified Hospital Dataset and represent new admissions on the day prior to the report date. Psychological, rehabilitation, and religious non-medical hospitals are excluded from this total. Cases from CDC line list. Records with misreported or unreported dates (~10% of all data) have been excluded.

† Values represent data only on or after July 22 due to inconsistent reporting before that date.

COVID-19 cases and deaths by age category and month

	Under 18 years			18-39 years			40-69 years			70 years and older		
	Cases	Deaths	CFR	Cases	Deaths	CFR	Cases	Deaths	CFR	Cases	Deaths	CFR
March	3,194	7	0.22	49,962	283	0.57	84,978	3,652	4.3	22,140	5,649	25.5
April	14,583	15	0.10	157,920	517	0.33	263,040	10,980	4.2	96,332	28,638	29.7
May	38,056	9	0.02	221,262	355	0.16	283,182	5,732	2.0	89,472	18,659	20.9
June	62,578	21	0.03	317,644	618	0.19	329,394	9,135	2.8	93,570	21,774	23.3
July	105,953	16	0.02	472,868	356	0.08	395,444	4,915	1.2	82,409	10,157	12.3
August	98,980	13	0.01	401,573	255	0.06	361,966	3,387	0.94	83,748	9,386	11.2
September*	84,693	13	0.02	373,337	152	0.04	297,395	2,031	0.68	73,716	5,766	7.8
October*	18,077	5	0.03	68,086	27	0.04	61,579	134	0.22	15,792	480	3.0
Cumulative	426,114	99	0.02	2,062,652	2,563	0.12	2,076,978	39,966	1.9	557,179	100,509	18.0

Source: CDC line list. Records with misreported or unreported dates (~10% of all data) have been excluded.

Case Fatality Rate (CFR) is the number of deaths per 100 cases.

* Deaths might not yet be reported for cases identified in September and October, and data from recent weeks could be an underestimate.

AMERICAN OVERSIGHT

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Fri, 16 Oct 2020 08:41:12 -0500
To: AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH);Morris, Katy (HHS/IOS);Abel, Vadm Daniel (HHS/IOS);Danko, Carol (OS/ASPR/JIC);sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH);(b) (6) Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS(b) Lynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E];(b) (6) (b) (6) (b) (6) (b) (6) D(b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) lau (b) (6) (b) (6) (b) (6) (b) (6) hs.gov;(b) (6) (b) (6) (b) (6) (b) (6) ;(b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) Smi th, Brad (CMS/OA);(b) (6) Conley, Sean P. CDR USN WHMO/WHMU;Conant, Ann M. EOP/OMB;Vought, Russell T. EOP/OMB;Birx, Deborah L. EOP/NSC;Kudlow, Larry A. EOP/WHO;Cipollone, Pat A. EOP/WHO;Pataki, Tim A. EOP/WHO;Pottebaum, Nic D. EOP/WHO;Hoelscher, Douglas L. EOP/WHO;Kushner, Jared C. EOP/WHO;Philbin, Patrick F. EOP/WHO;Miller, Stephen EOP/WHO;Fleming, John C. Jr. EOP/WHO;Hicks, Hope C. EOP/WHO;Nevins, Kristan K. EOP/WHO;Farah, Alyssa A. EOP/WHO;Gilmartin, Kayleigh M. EOP/WHO;Baker, Brittany G. EOP/WHO;Rose, Lyndee D. EOP/WHO;Dumbauld, Cassidy M. EOP/WHO;Hahn, Julia A. EOP/WHO;Boyd, Charlton J. EOP/WHO;Kline, Katherine E. EOP/WHO;Russell, Sarah J. EOP/WHO;Lair, Kate E. EOP/WHO;Croghan, Mary E. EOP/WHO;Bars, Michael J. EOP/WHO;Atlas, Scott W. EOP/WHO;Taylor, Elizabeth A. EOP/WHO;Morgenstern, Brian R. EOP/WHO;Kepto, Abbie E. EOP/WHO;Pitts, Kara S. EOP/WHO;Short, Marc T. EOP/OVP;Miller, Katie R. EOP/OVP;Kellogg, Joseph Keith K. Jr. EOP/OVP;Obenshain, Tucker T. EOP/OVP;Jacob, Gregory F. EOP/OVP;Fisher, Garrett C. EOP/OVP;O'Malley, Devin M. EOP/OVP;McGuffee, Tyler Ann A. EOP/OVP;Hodgson, Christopher M. EOP/OVP;Gray, John W. EOP/OVP;Wood, Jordan T. EOP/OVP;DL WHO COMMS Speechwriters;DL OVP NSA EXECSEC;OVPSchedule;Hudson, Renee R. EOP/WHO
Cc: Stickles, Brendan R. EOP/OVP;Lewis, Michael B. EOP/OVP;Scully, Bethany S. EOP/OVP;Bauer, Zachary C. EOP/OVP;Kan, Derek T. EOP/OMB;Hoffman, Austin B. EOP/OMB;Royer, Theodore M. EOP/WHO
Subject: White House Coronavirus Task Force Meeting
Attachments: WH Coronavirus TF Agenda 10.16.20.docx, OWS Update Outline WHTF 10_16_20.docx, CMS_Vaccine_10152020.pdf, WHSR JFK Seating Chart 10.16.20.pptx

All,

There will be a **White House Coronavirus Task Force Meeting** at **10:30am** on Friday, October 16th in the White House Situation Room. Materials attached.

Thank you,

AMERICAN OVERSIGHT

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Friday, October 16th, 2020
10:30am EST

I. **Opening Remarks** – Vice President Pence

II. **Data Modeling & Reporting** – Dr. Debbie Birx

III. **Therapeutics & Vaccines Status** – Paul Mango (HHS)

IV. **Conditional Safe Sail Order** – Dr. Robert Redfield (CDC)

V. **Increased State Positivity Rates & PPE** – Admiral John Polowczyk (FEMA)

VI. **NRCC & Supplies** – Admiral John Polowczyk & Associate Admin. David Bibo (FEMA)

VII. **COVID Vaccine Reimbursement Strategy** – Administrator Seema Verma (CMS)

VIII. **Concluding Remarks** – Vice President Pence

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WHTF OWS Update 10/16/20

Vaccines

- Pfizer - Trial status, Enrollment of Children
- Moderna - Trial status
- AZ/Oxford - Trial Status
- J&J - trial status
- Dose availability

Therapeutics

- Lilly I/P Status
- Lilly O/P EUA application
- Regeneron O/P EUA application
- Dose availability

Distribution Update

- CVS/Walgreens relationship
- Monoclonal allocation methodology
- Vaccine distribution to Tribes, choice of States vs HIS
- Feedback from McKesson CEO

AMERICAN OVERSIGHT

WHSR JFK Conference Room (West Wing)
DATE: 16 OCTOBER 2020
TIME: 1030 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

EAST

Steve Pinkos

Greg Jacob

LTG Keith Kellogg

John Gray

Katie Miller

Marc Short

DOOR

AMERICAN OVERSIGHT

AU/S Joel Szabat

ADM Brett Giroir

Sec. Ben Carson

Dr. Debbie Birx

Vice President

Brian Morgenstern

Brad Smith

John Fleming

Derek Kan

Doug Hoelscher

Renee Hudson

Pat Philbin

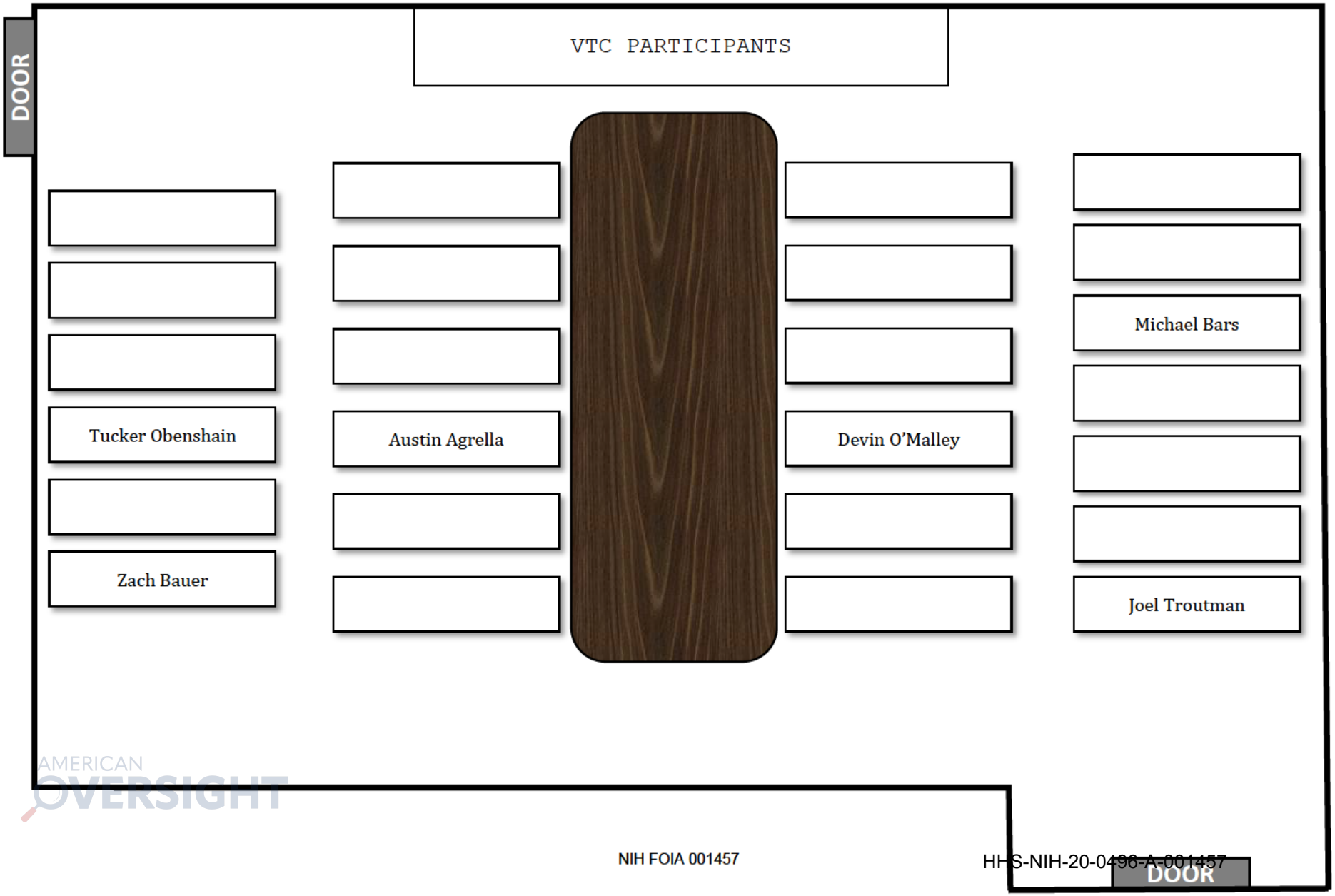
WEST - WINDOWS

NORTH

NIH FOIA 001456

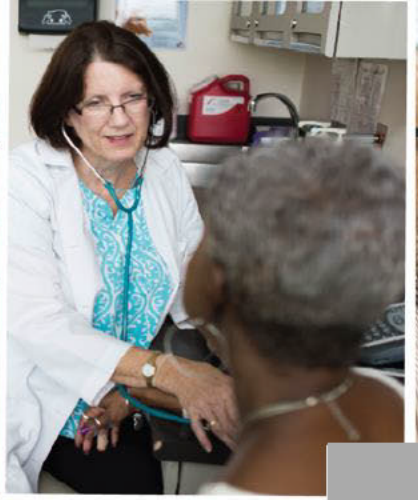
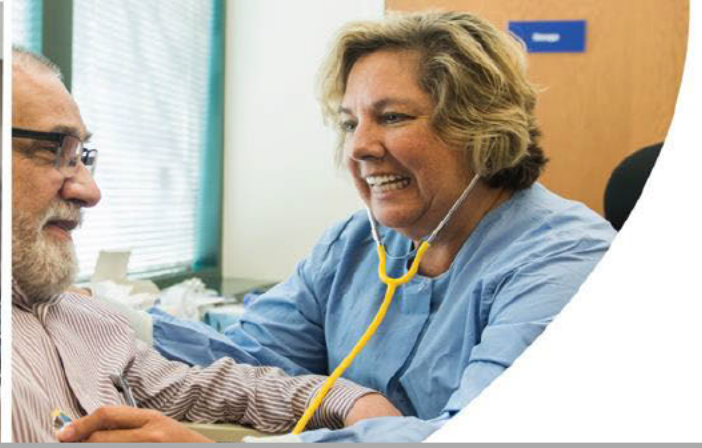
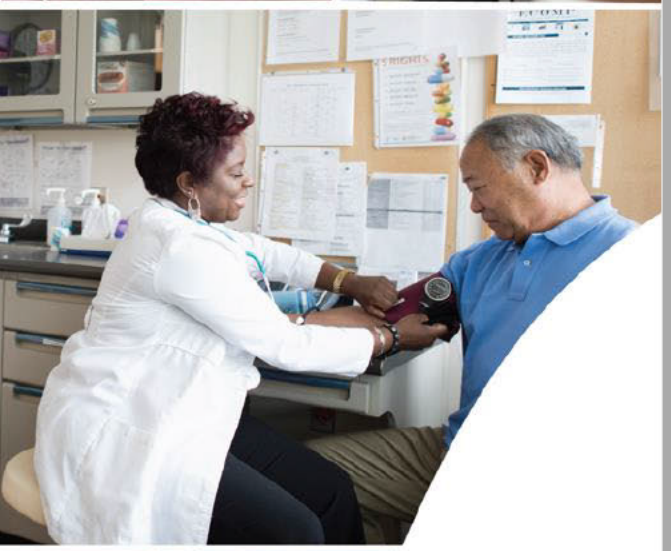
HHS-NIH-20-0496-A-001456

WHSR EXEC OVER FLOW
DATE: 16 OCTOBER 2020
TIME: 1030 EST



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HHS-NIH-20-0496-A-001457


(b) (5)

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October 15, 2020

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AMERICAN OVERSIGHT

NIH FOIA 001460
HHS-NIH-20-0496-A-001460

(b) (5)

AMERICAN OVERSIGHT

NIH FOIA 001461
HHS-NIH-20-0496-A-001461

(b) (5)

AMERICAN OVERSIGHT

NIH FOIA 001462
HHS-NIH-20-0496-A-001462

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Tue, 20 Oct 2020 14:56:03 -0500
To: AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH);Morris, Katy (HHS/IOS);Abel, Vadm Daniel (HHS/IOS);Danko, Carol (OS/ASPR/JIC);sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH); (b) (6) Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS (b) ;Lynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E]; (b) (6) (b) (6) (b) (6)

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Tuesday, October 20th, 2020
5:00pm EST

I. **Opening Remarks** – Vice President Pence

II. **Data Modeling & Reporting** – Dr. Debbie Birx

III. **Therapeutics & Vaccines** – Secretary Alex Azar (HHS) & Dr. Tony Fauci (NIAID)

IV. **Nursing Home Staff Testing Guidance** – Administrator Seema Verma (CMS)

V. **COVID Vaccine Reimbursement Strategy** – Administrator Seema Verma (CMS)

VI. **NRCC & Supplies** – Administrator Pete Gaynor & Admiral John Polowczyk (FEMA)

VII. **Concluding Remarks** – Vice President Pence

AMERICAN OVERSIGHT

WHSR JFK Conference Room (West Wing)
DATE: 20 OCTOBER 2020
TIME: 1700 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

DOOR

VTC PARTICIPANTS

EAST

Greg Jacob

LTG Keith Kellogg

John Gray

Katie Miller

Marc Short

Dr. Jerome Adams

Sec. Ben Carson

Sec. Sonny Perdue

Dr. Redfield

Seema Verma

Dr. Debbie Birx

Brian Morgenstern

John Fleming

Brad Smith

Larry Kudlow

Russ Vought

Pat Philbin

WEST - WINDOWS

DOOR

Vice President

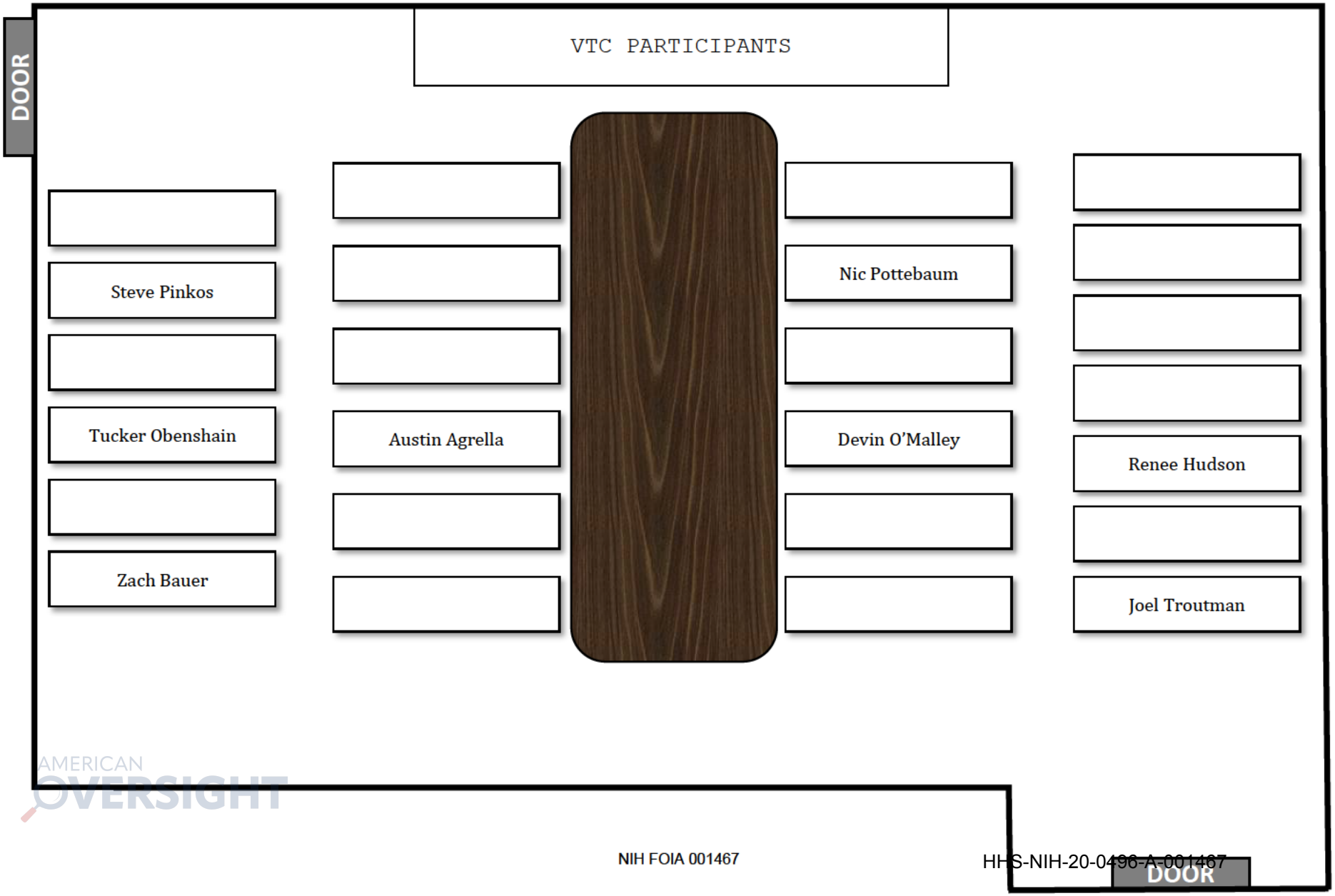
NORTH

AMERICAN OVERSIGHT

NIH FOIA 001466

HHS-NIH-20-0496-A-001466

WHSR EXEC OVER FLOW
DATE: 20 OCTOBER 2020
TIME: 1700 EST



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HHS-NIH-20-0496-A-001467

COVID-19 TRACKING

Data as of October 19, 2020 at 11:59pm
Next Update October 23, 2020

CLEMSON UNIVERSITY

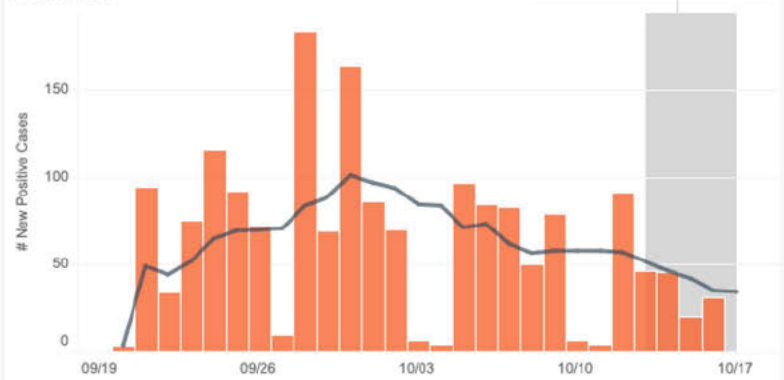
Healthy Clemson UNITED AS TIGERS

Student Or Employee: (All)
Testing Type: (All)

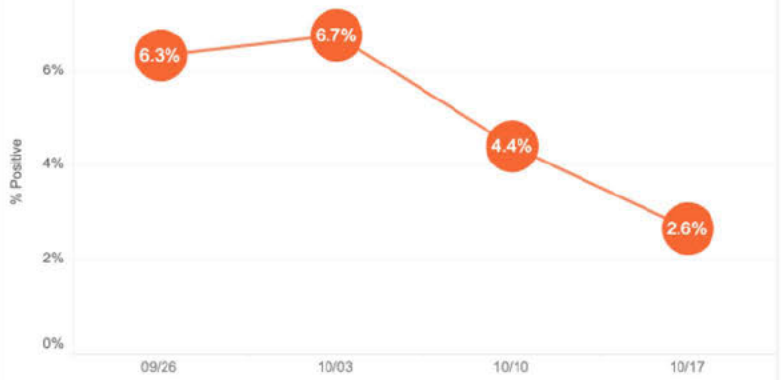
All New Positive Cases Reported (Daily)

09/20 to 10/17

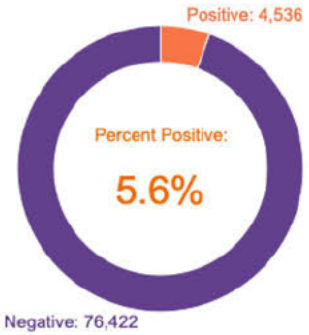
Due to delays or deduplication of test results, data are subject to change.



All Percent Positive (Weekly)



All Cumulative Test Results Since 06/05/2020

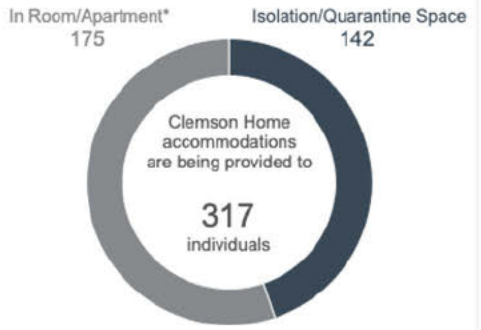


All Test Results Last 4 Weeks

	Positive	# Tests	% Positive
10/11 - 10/17	237	8,972	2.6%
10/04 - 10/10	403	9,188	4.4%
09/27 - 10/03	588	8,725	6.7%
09/20 - 09/26	486	7,698	6.3%

Clemson Home Isolation and Quarantine

as of 10/19



*Only students living in private or semi-private bath are able to I/Q in room.

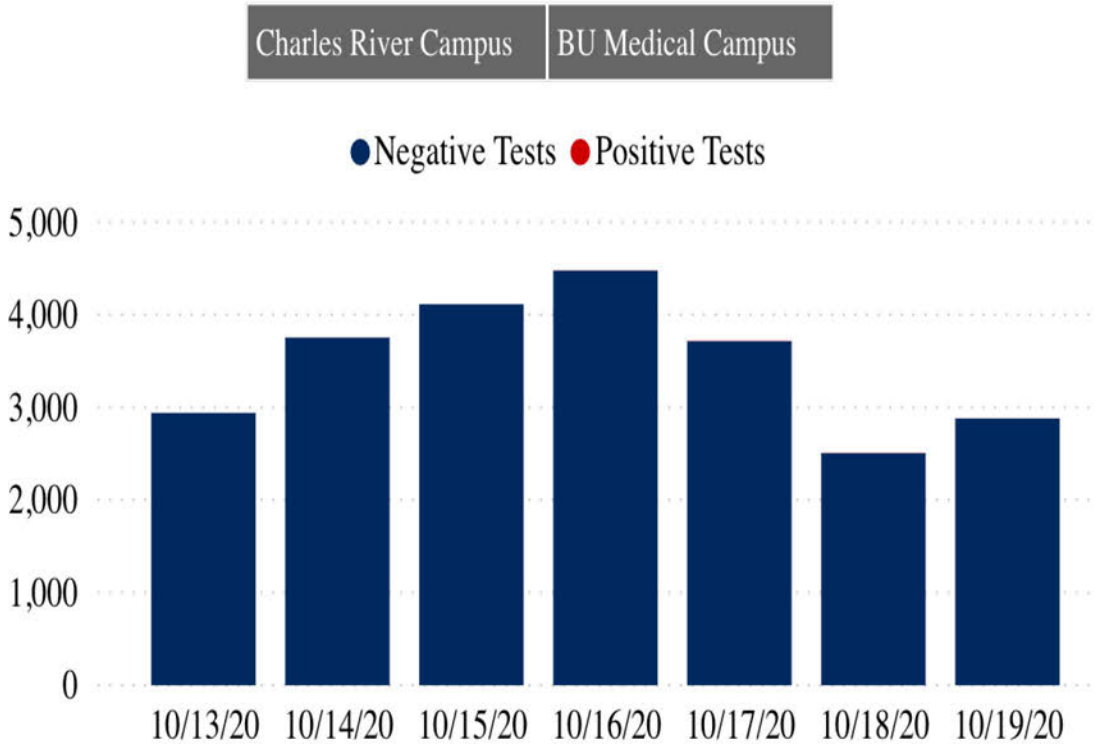
AMERICAN OVERSIGHT

Students | Faculty, Staff, and Clinical Enterprise Employees

	1/1 - 8/18	8/19 - 8/24	8/25 - 8/27	8/28 - 9/3	9/4 - 9/10	9/11 - 9/17	9/18 - 9/24	9/25 - 10/1	10/2 - 10/8	10/9 - 10/15	Total
University of Alabama System	305	571	492	872	332	156	77	55	97	101	3,059
	158	563	481	846	294	119	48	24	45	34	2,612
UAB	147	1	9	19	27	18	16	19	49	64	369
THE UNIVERSITY OF ALABAMA IN HUNTSVILLE	0	8	2	7	11	19	13	12	3	3	78

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BU Testing This Week: Students



October 19, 2020		Cumulative from July 27, 2020	
3,510 Test Results*		257,723 Test Results*	
3,506 Negative Tests	99.89% Negative	257,543 Negative Tests	99.93% Negative
4 Positive Tests	0.11% Positive	180 Positive Tests	0.07% Positive
17.4 Avg. Sample Processing Hours		23.6 Avg. Sample Processing Hours	

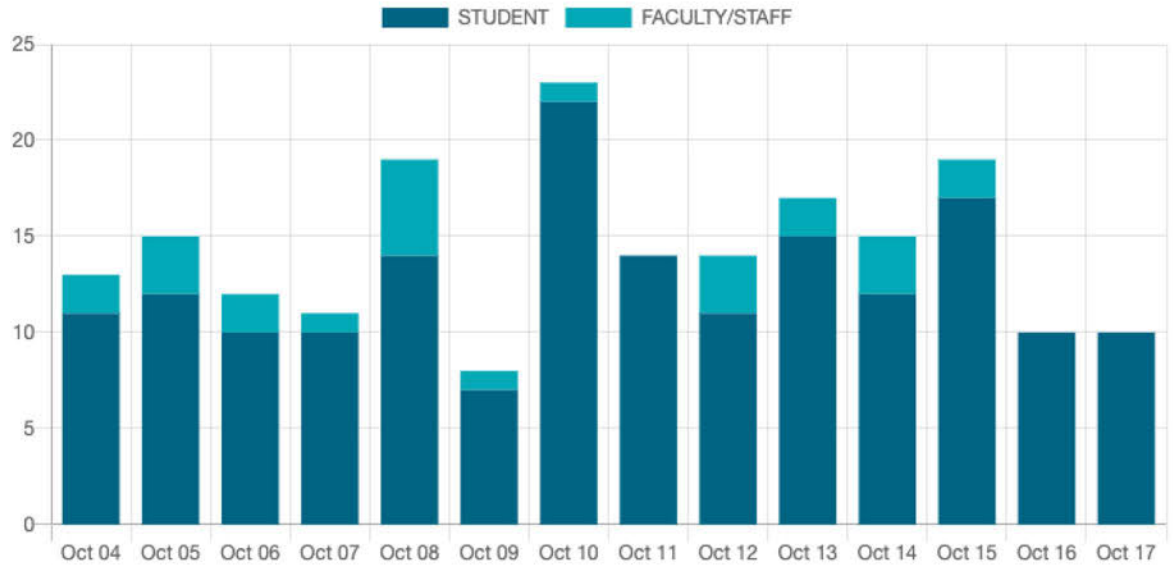
Week of October 13, 2020 - October 19, 2020

Students	Faculty	Staff
24,393 Tests*	1,716 Tests*	4,421 Tests*
15,584 Individuals	1,610 Individuals	3,878 Individuals
0.09% Tests Positive	0.00% Tests Positive	0.25% Tests Positive
0.15% Individuals Positive	0.00% Individuals Positive	0.26% Individuals Positive

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Daily new cases* self-reported of COVID-19 among Texas A&M University Faculty, Staff and Students

Click data labels to filter data.

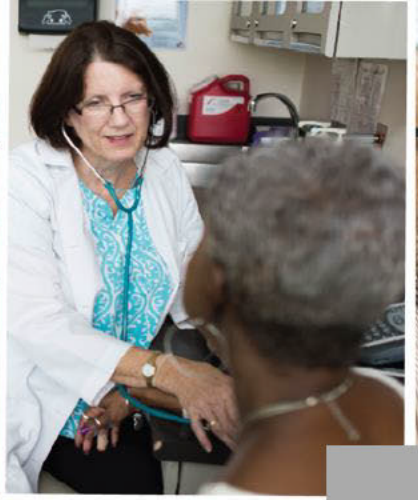
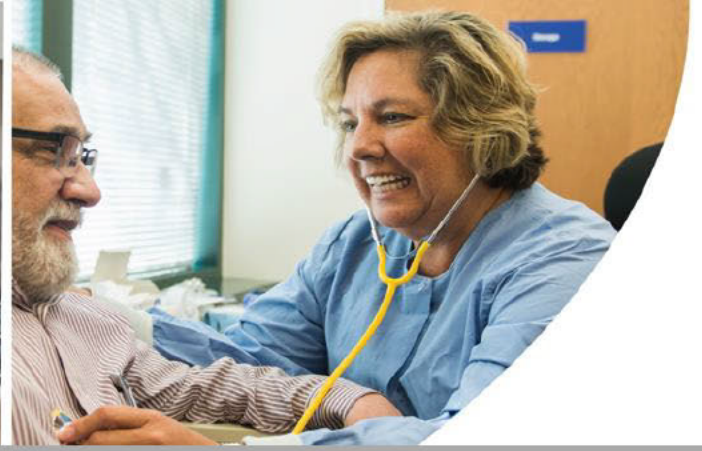
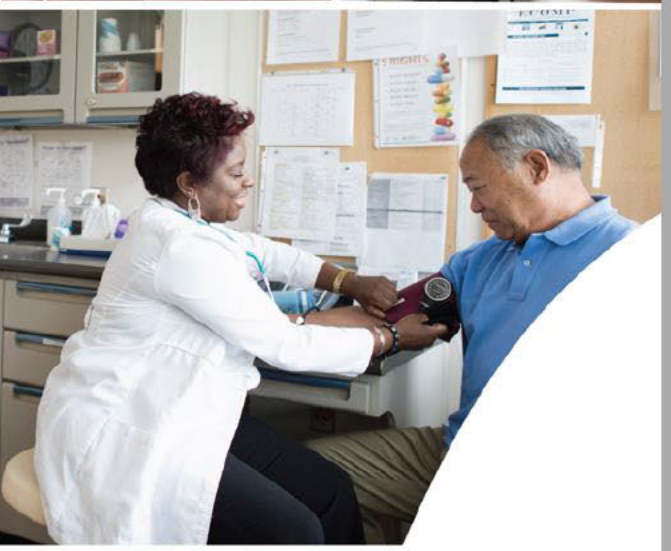


*Data represents laboratory-confirmed cases of COVID-19, as reported to Texas A&M University by students, faculty and staff in the Bryan-College Station area through its centralized reporting system.

Weekly COVID-19 Clinical Testing Activity and Positivity at Texas A&M University*

Week Ending	Negative	Positive	Total	Positivity (%)
Aug 08	526	17	543	3.1%
Aug 15	463	32	495	6.5%
Aug 22	1,812	371	2,183	17%
Aug 29	2,982	327	3,309	9.9%
Sep 05	2,500	285	2,785	10.2%
Sep 12	2,500	202	2,702	7.5%
Sep 19	1,906	213	2,119	10.1%
Sep 26	1,857	74	1,931	3.8%
Oct 03	1,632	92	1,724	5.3%
Oct 10	2,092	80	2,172	3.7%
Oct 17	2,520	128	2,648	4.8%
Total	**20,790**	**1,821**	**22,611**	**8.1%**

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(b) (5)

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October 15, 2020

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NIH FOIA 001474
HHS-NIH-20-0496-A-001474

(b) (5)

AMERICAN OVERSIGHT

NIH FOIA 001475
HHS-NIH-20-0496-A-001475

(b) (5)

AMERICAN OVERSIGHT

NIH FOIA 001476

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Tue, 27 Oct 2020 13:43:43 -0500
To: AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH);Morris, Katy (HHS/IOS);Abel, Vadm Daniel (HHS/IOS);Danko, Carol (OS/ASPR/JIC);sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH);(b) (6) Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS (b) ;Lynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E];(b) (6) (b) (6) (b) (6) (

Reminder: the Watchfloor will start building the call by calling attendees to 10-15 minutes before the start time.

Thank you,

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Tuesday, October 27th, 2020
3:00pm EST

I. **Opening Remarks** – Secretary Alex Azar

II. **Therapeutics & Vaccines** – Secretary Alex Azar (HHS) & Dr. Tony Fauci (NIAID)

III. **NRCC & Supplies** – Assistant Administrator Jeff Dorko & Admiral John Polowczyk (FEMA)

IV. **COVID-19 Drug Shortages** – Admiral John Polowczyk (FEMA)

V. **Concluding Remarks** – Secretary Alex Azar

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

PRELIMINARY

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AMERICAN OVERSIGHT

All quantities in milligrams.

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AMERICAN OVERSIGHT

Note different

PRELIMINARY

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Note different

PRELIMINARY

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Note different

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PRELIMINARY

(b) (5)

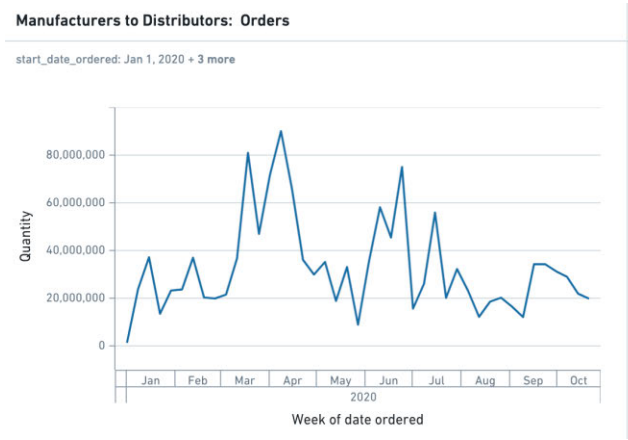
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Note different scales on y-axes

PRELIMINARY Data to be validated and does not include all major pharma distributors

Succinylcholine (Rapid Sequence Intubation)

Orders



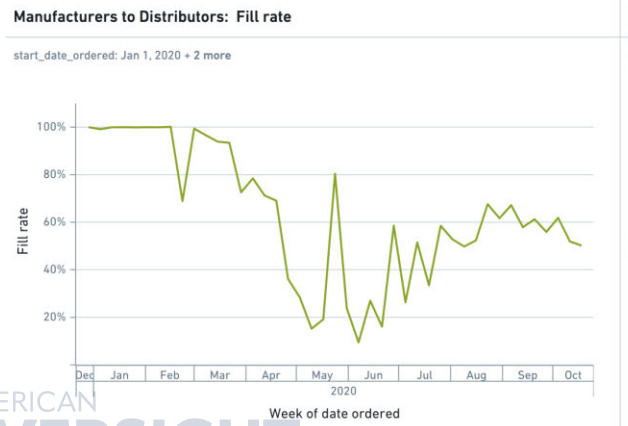


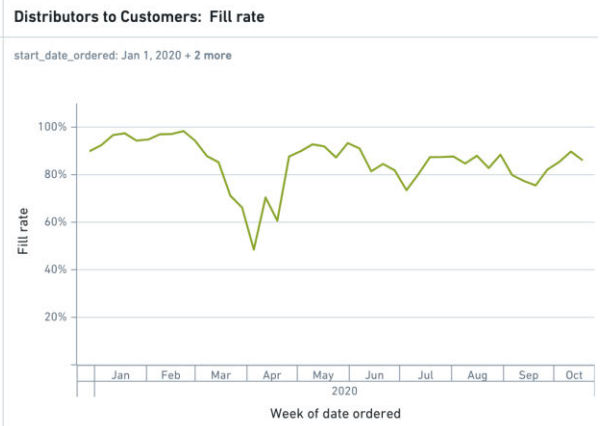
Shipments



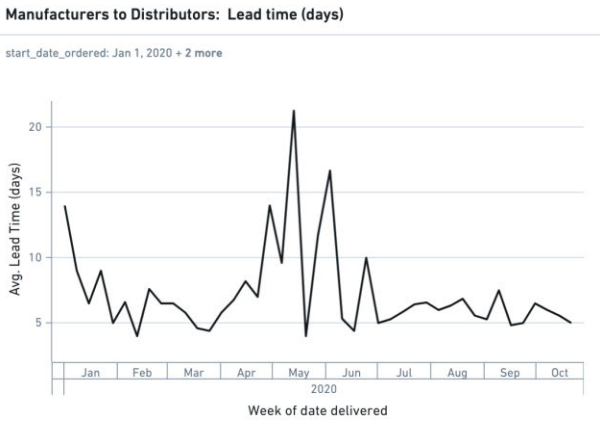


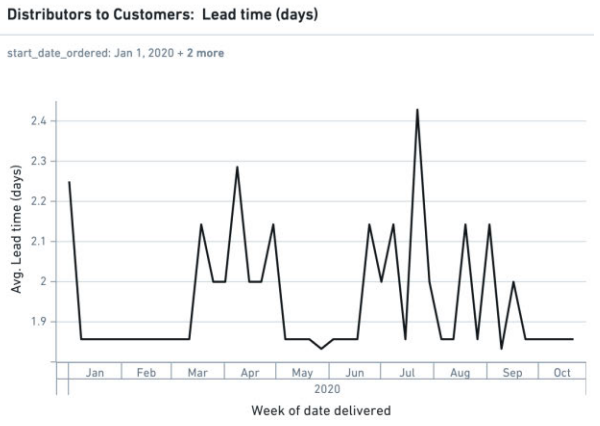
Fill rates





Lead times





All quantities in milligrams. Source: Supply Chain Control Tower data with deliveries through October 24, 2020. Note: Dataset does not include all pharma distributors and may not be indicative of the entire market. Not all NDCs for each drug category are tracked in the Supply Chain Control Tower. Data validation with distributors is still in process; may contain business proprietary information – do not distribute.

Disclosure and Source of Attachment: Commercial distributor data provided by major U.S. medical distributors (Amerisource Bergen, Cervey, McKesson). Product classifications summarized from National Drug Code. Dataset does not include supplies distributed outside of these medical distributors (e.g. manufacturer direct shipments or other distributors). Drug categories may contain only a subset of possible formulations (NDCs). Data validation with distributors is in progress.

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(b) (5)

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PRELIMINARY

(b) (5)

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Note different

PRELIMINARY

(b) (5)

AMERICAN OVERSIGHT

(b) (5)

AMERICAN OVERSIGHT

(b) (5)

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PRELIMINARY

(b) (5)

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(b) (5)

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(b) (5)

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(b) (5)

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(b) (5)

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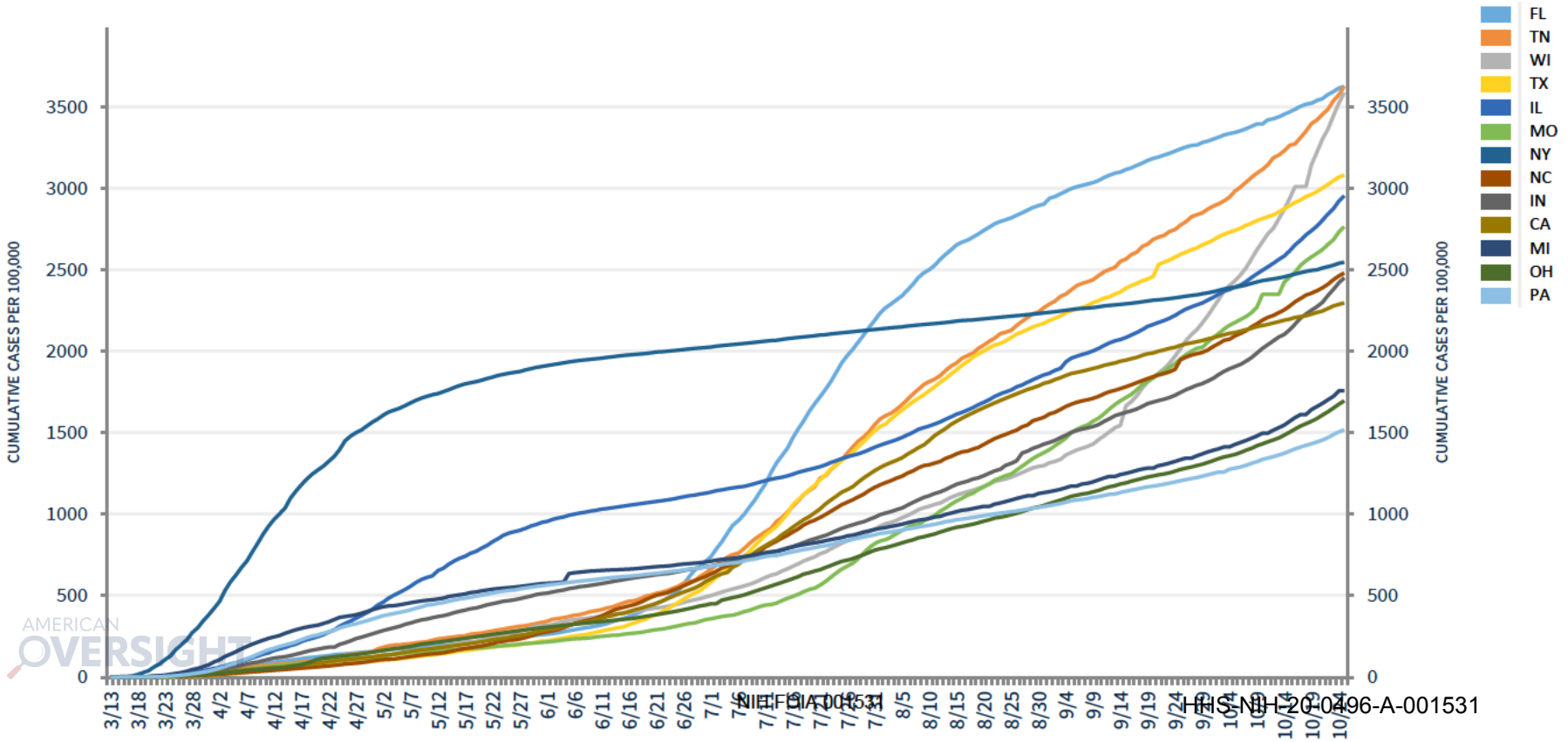
(b) (5)

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(b) (5)

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CUMULATIVE CASES PER 100,000: TOP 13 STATES BY 7 DAY INCREASE IN CASES

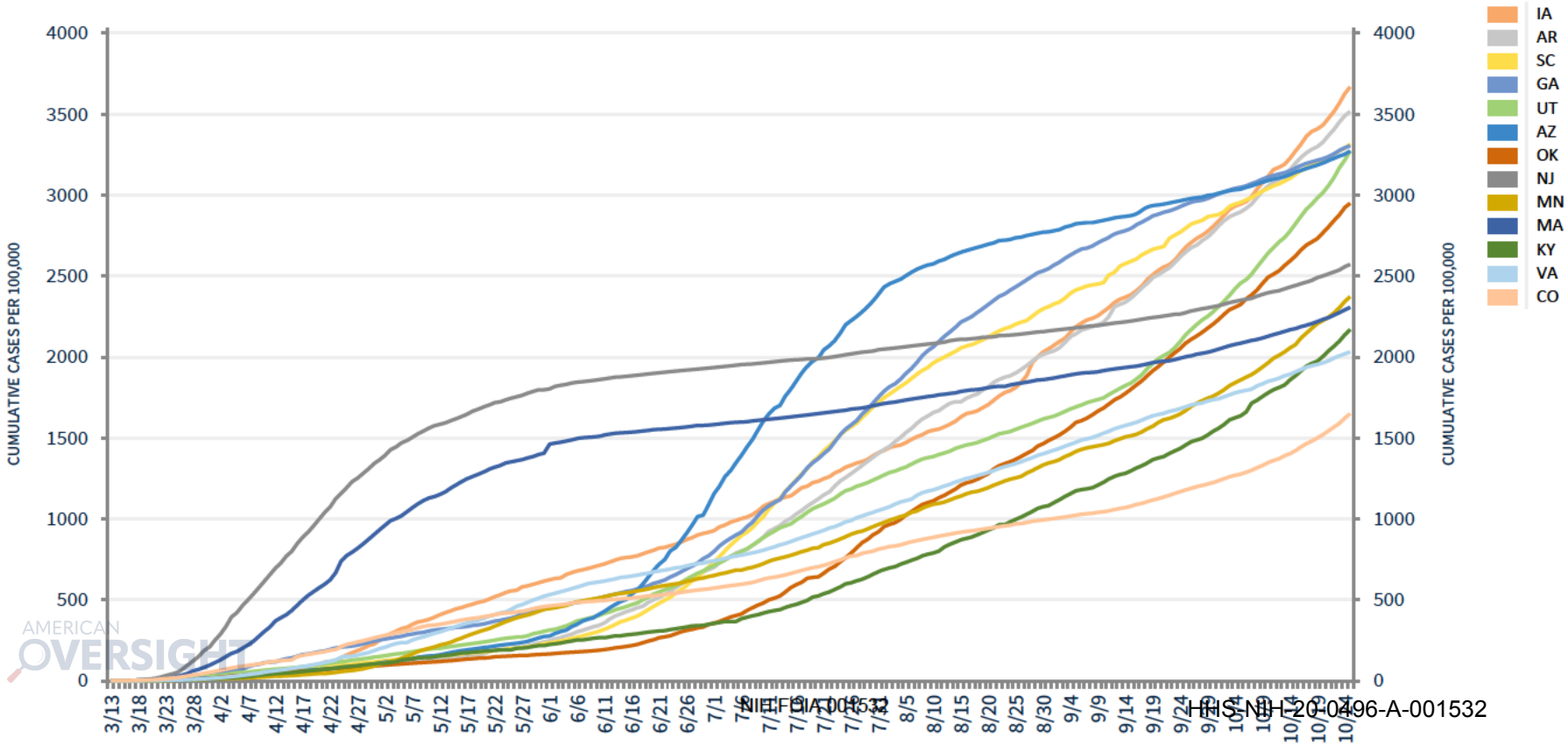


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NIH-FOIA-001531

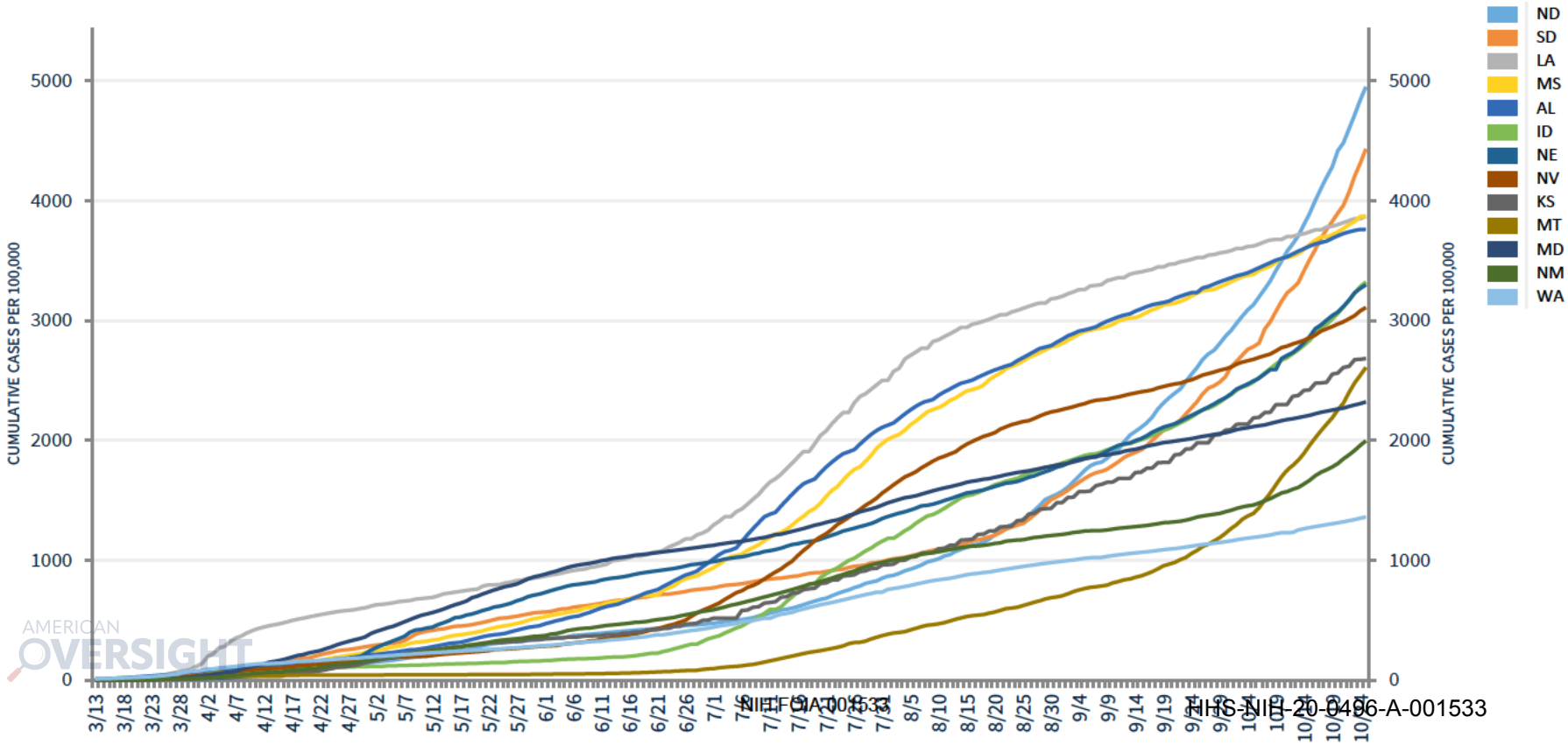
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CUMULATIVE CASES PER 100,000: TOP 14-26 STATES BY 7 DAY INCREASE IN CASES



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CUMULATIVE CASES PER 100,000: TOP 27-39 STATES BY 7 DAY INCREASE IN CASES

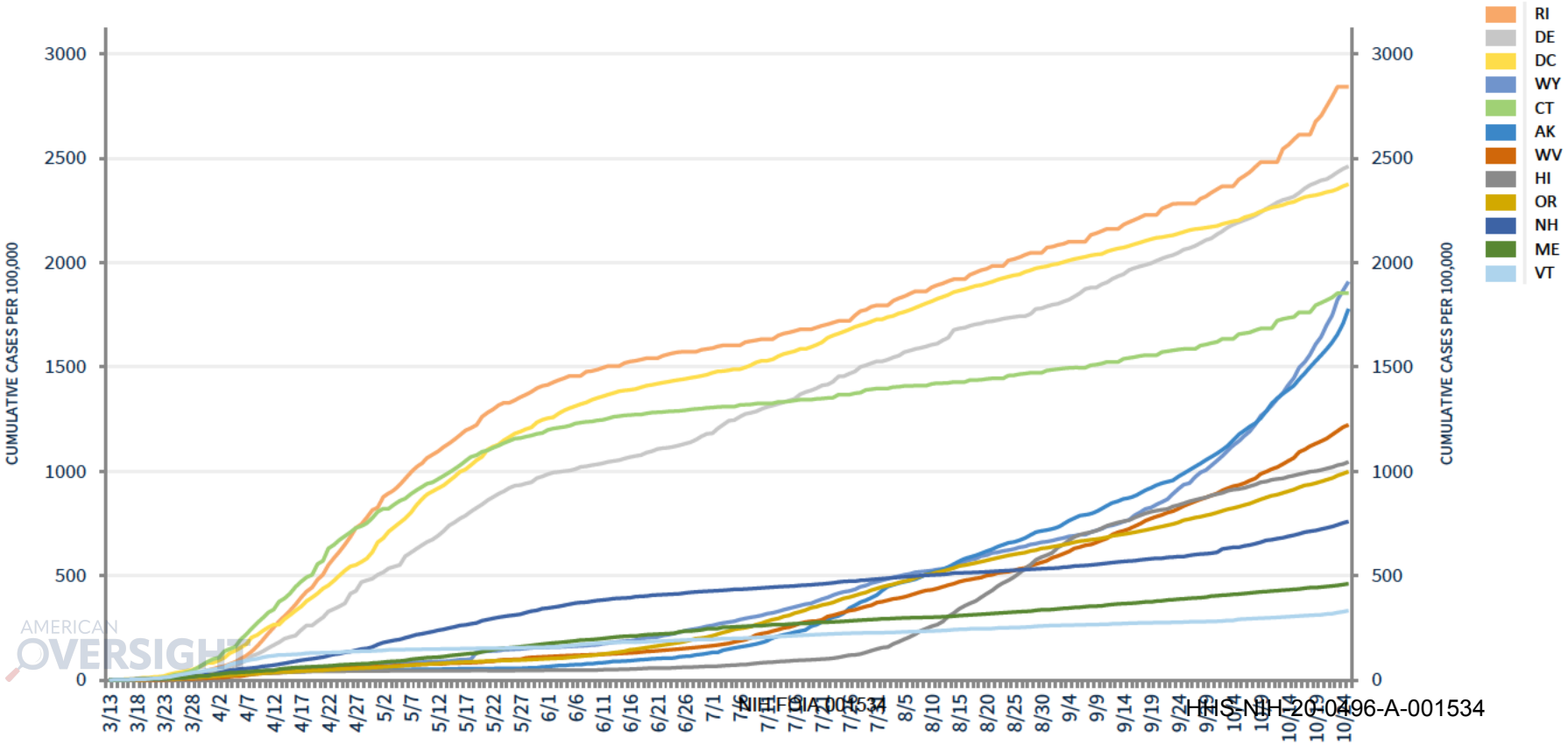


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NIH-FOIA-001533

HHS-NIH-20-0496-A-001533

CUMULATIVE CASES PER 100,000: TOP 40-51 STATES BY 7 DAY INCREASE IN CASES

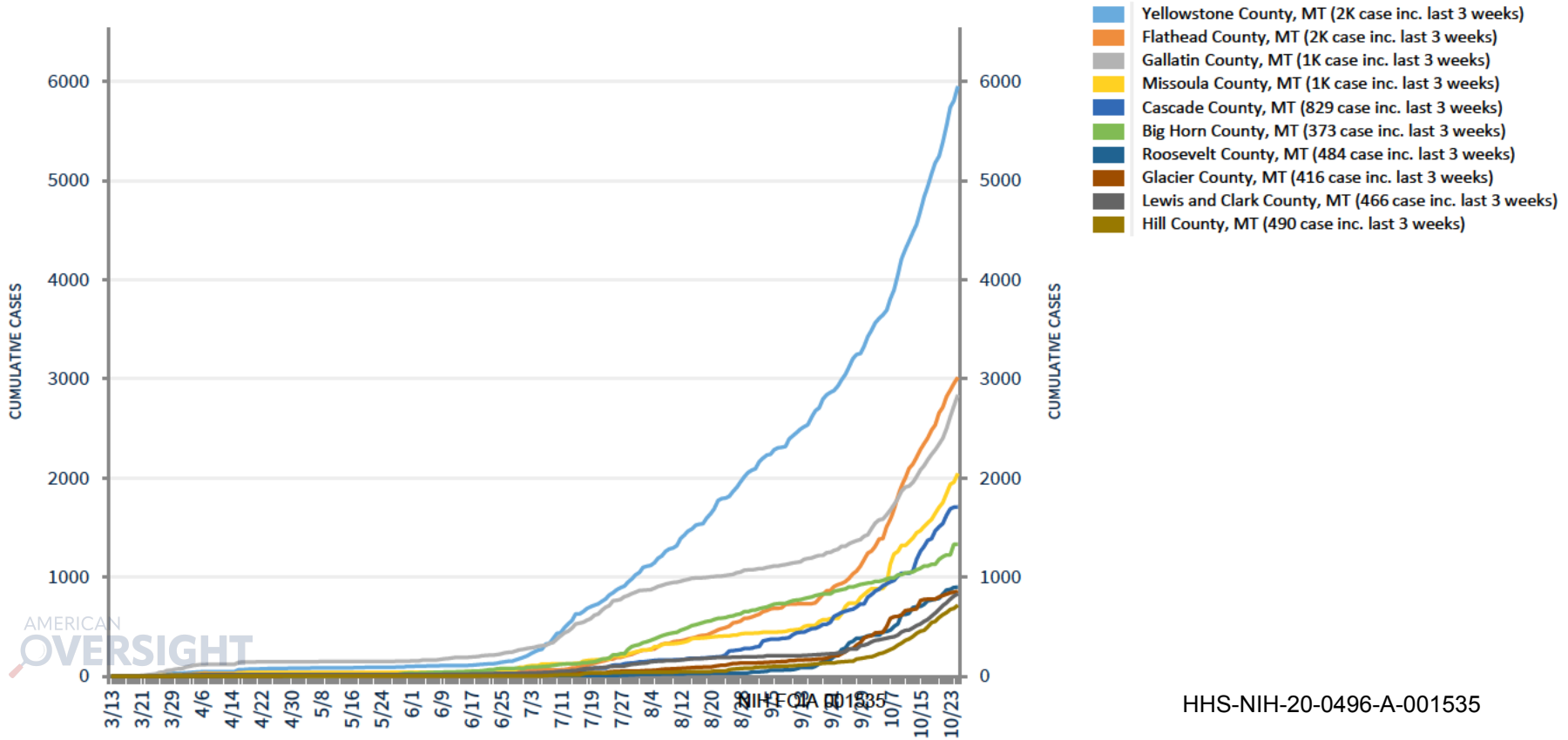


AMERICAN OVERSIGHT

NIH-FOIA-001534

HHS-NIH-20-0496-A-001534

MONTANA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

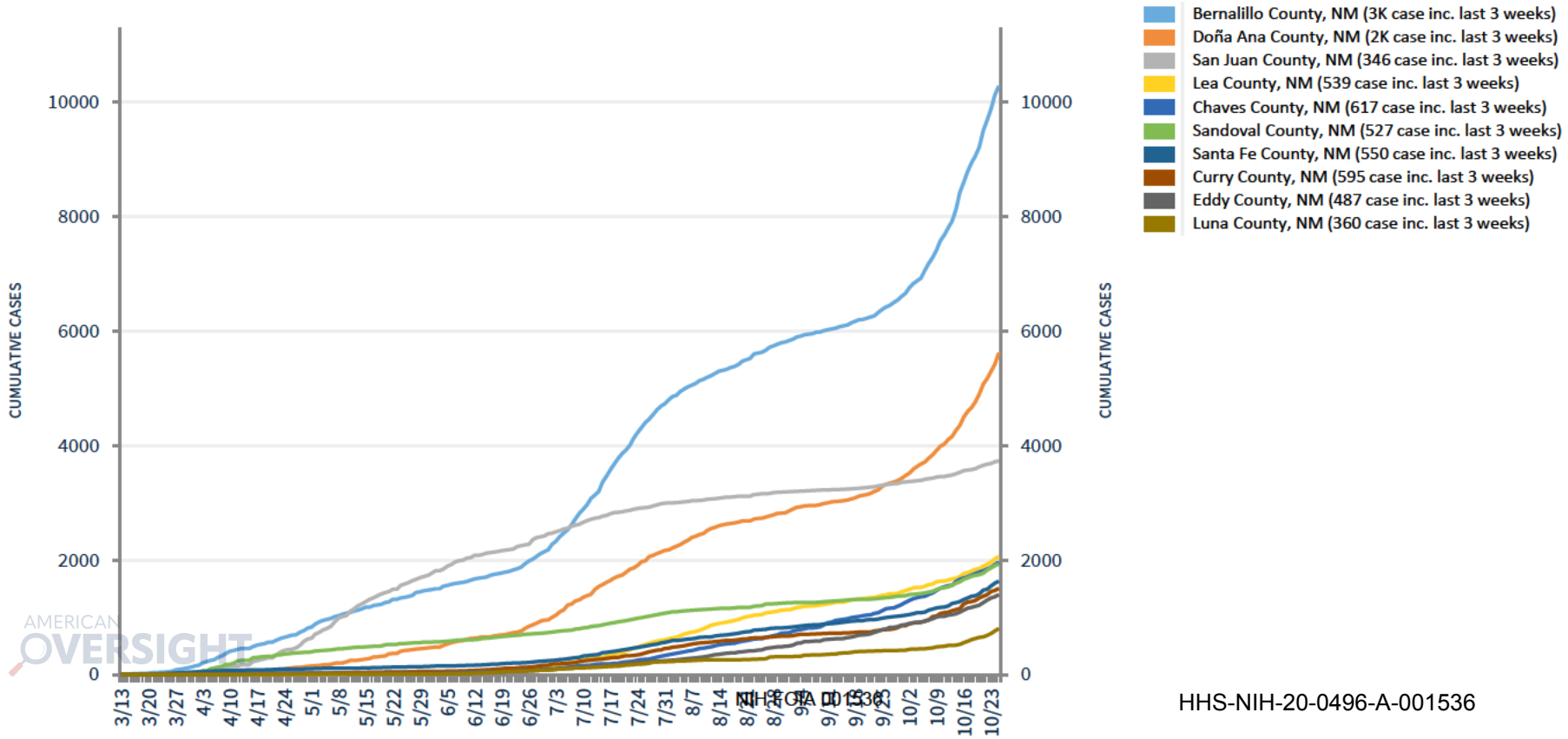


AMERICAN OVERSIGHT

NIH FOIA 001535

HHS-NIH-20-0496-A-001535

NEW MEXICO: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

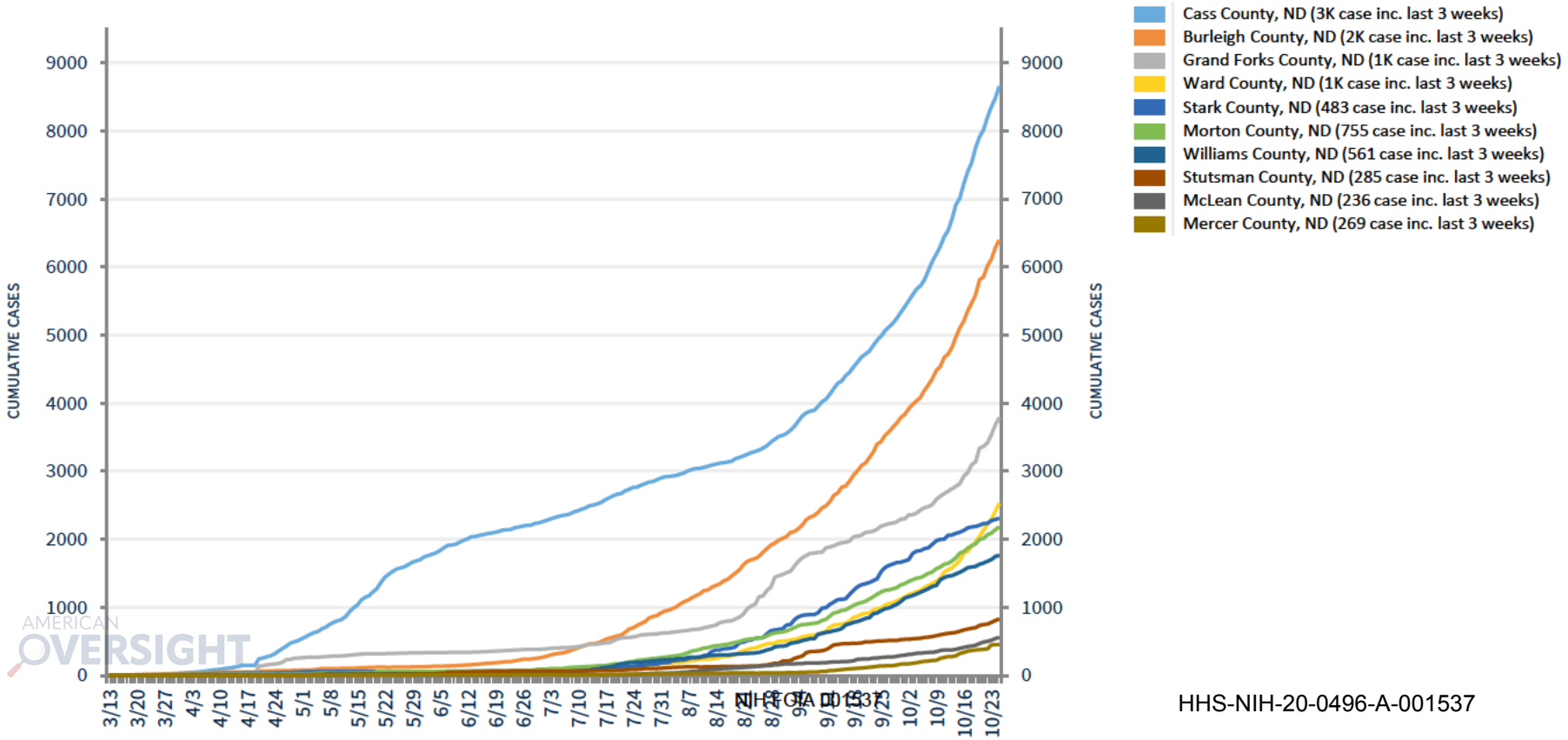


AMERICAN OVERSIGHT

NIH-OIA-0015361

HHS-NIH-20-0496-A-001536

NORTH DAKOTA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

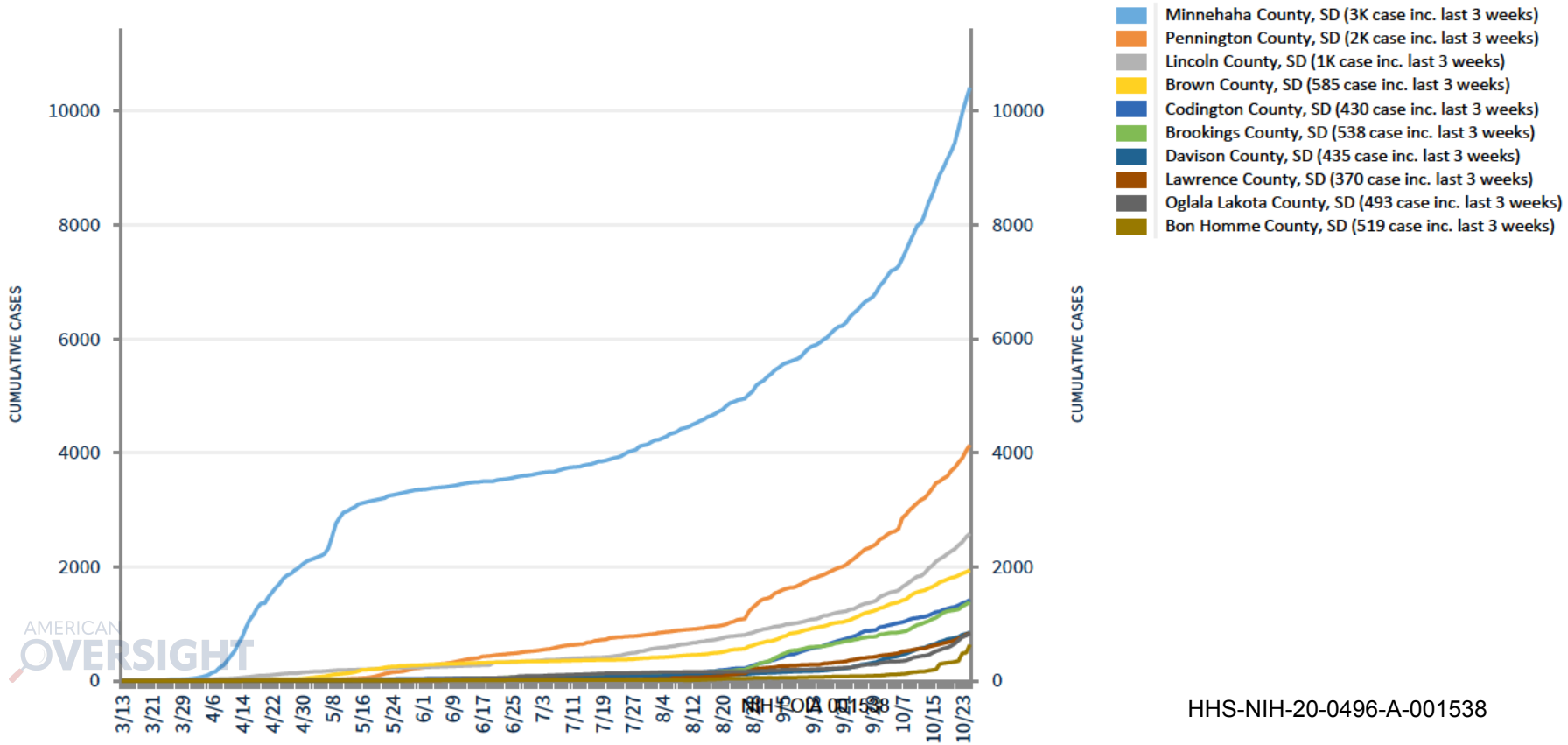


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NIH-FOIA-001537

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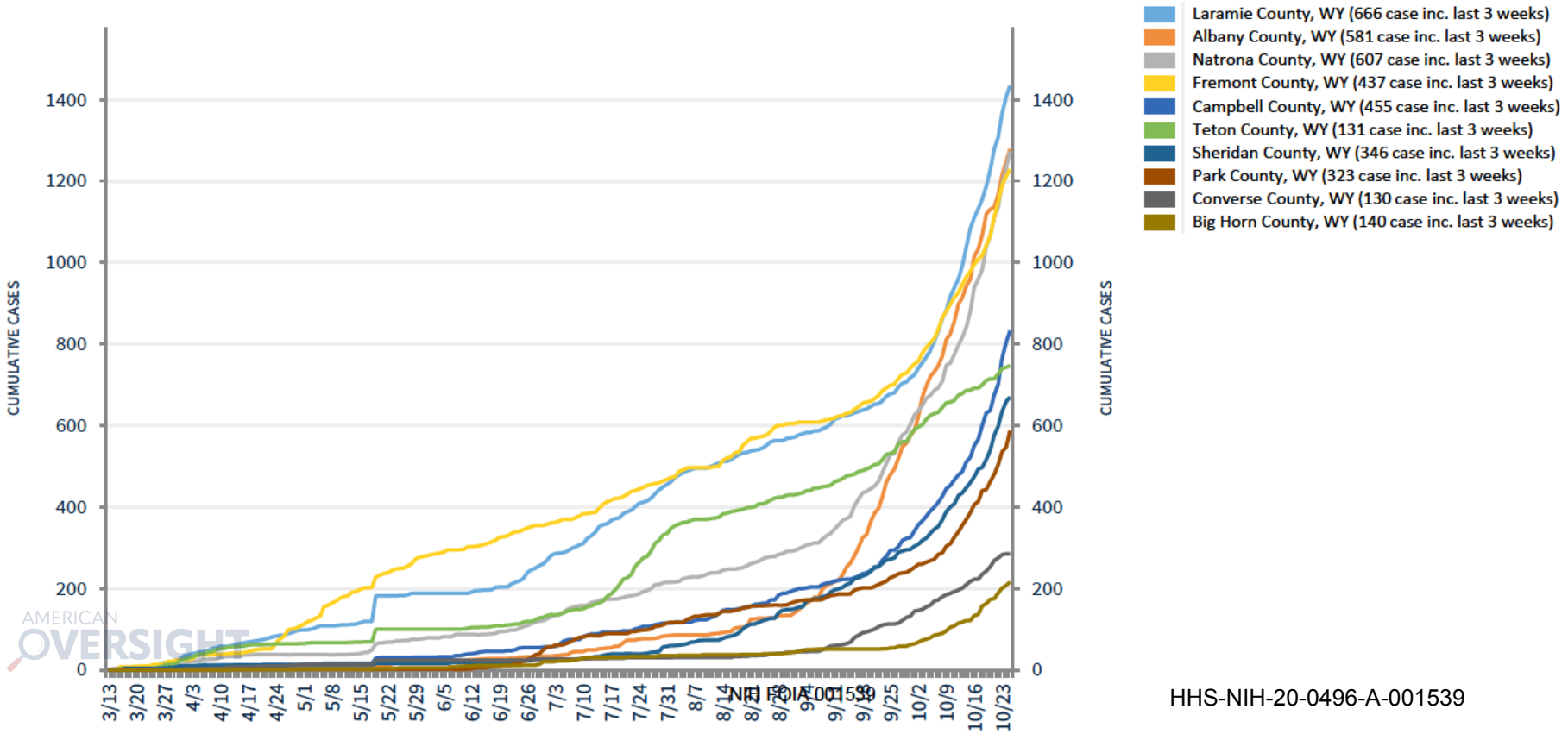
SOUTH DAKOTA: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-001538

WYOMING: TOP 10 COUNTIES BY 3-WEEK CASE INCREASE

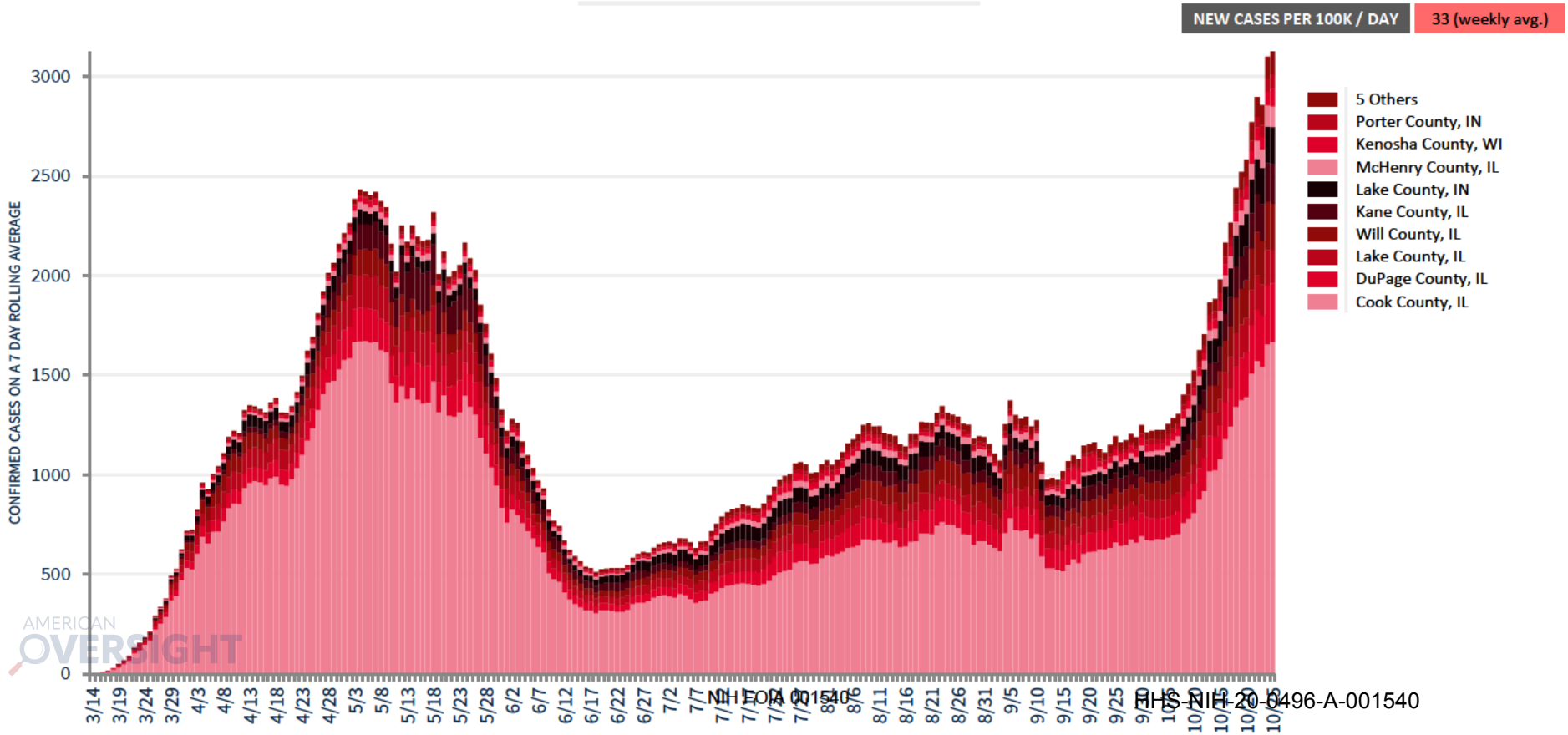


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NIH FOIA 001539

HHS-NIH-20-0496-A-001539

CONFIRMED CASES DAILY IN CHICAGO-NAPERVILLE-ELGIN, IL-IN-WI
7 DAY ROLLING AVERAGE

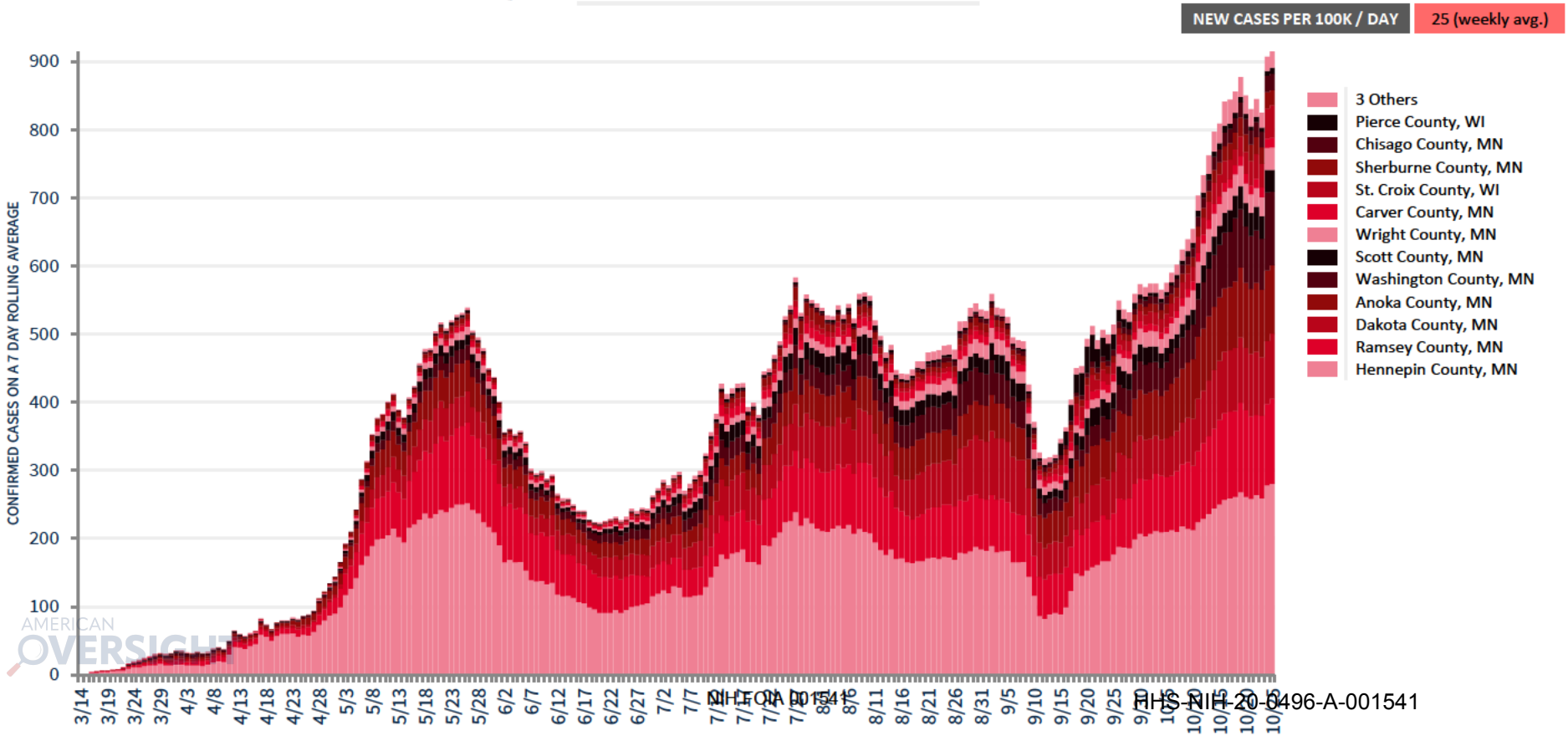


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NIH-OA 001540

HHS-NIH-20-0496-A-001540

CONFIRMED CASES DAILY IN MINNEAPOLIS–ST. PAUL–BLOOMINGTON, MN–WI
7 DAY ROLLING AVERAGE

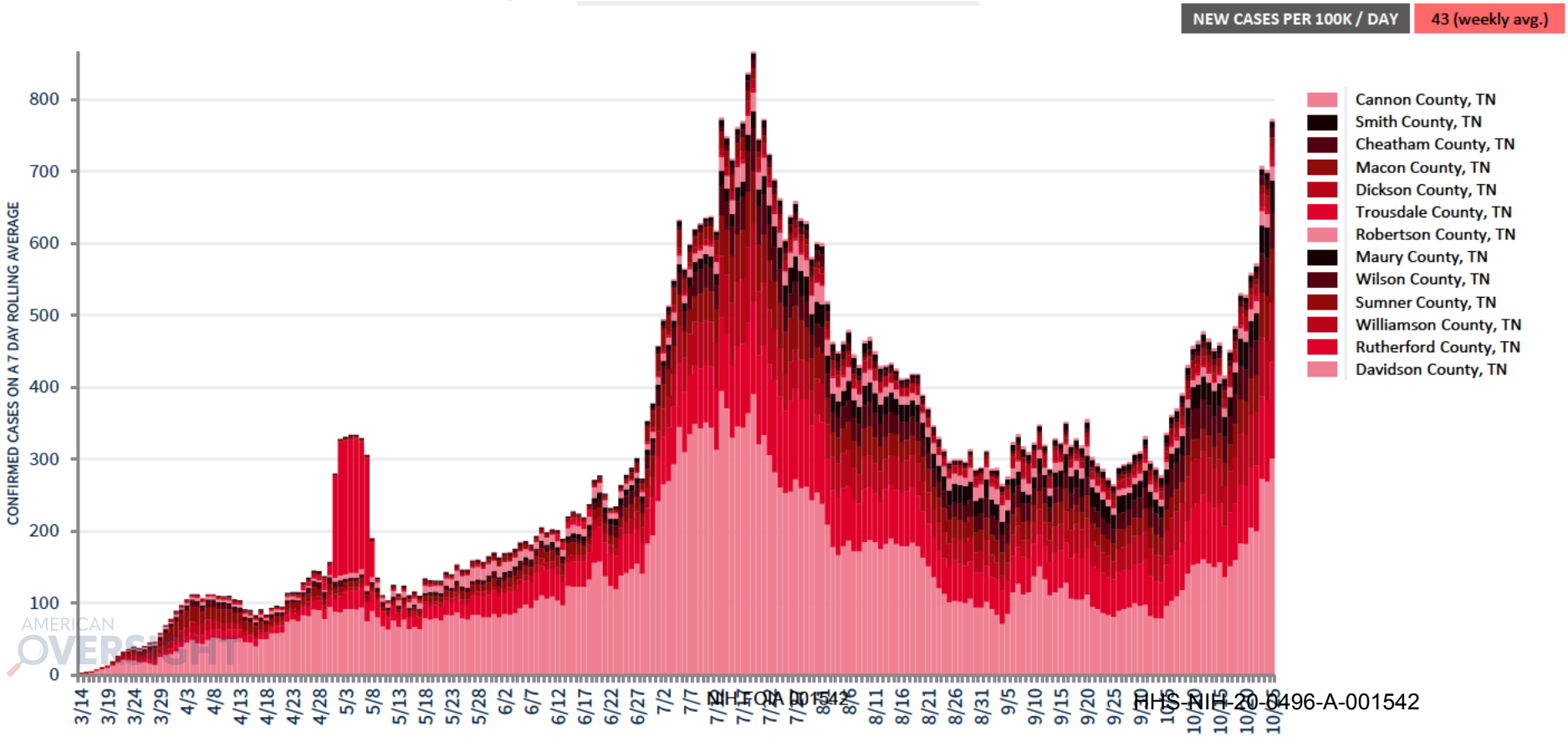


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NIH-OA 001541

HHS-NIH-20-0496-A-001541

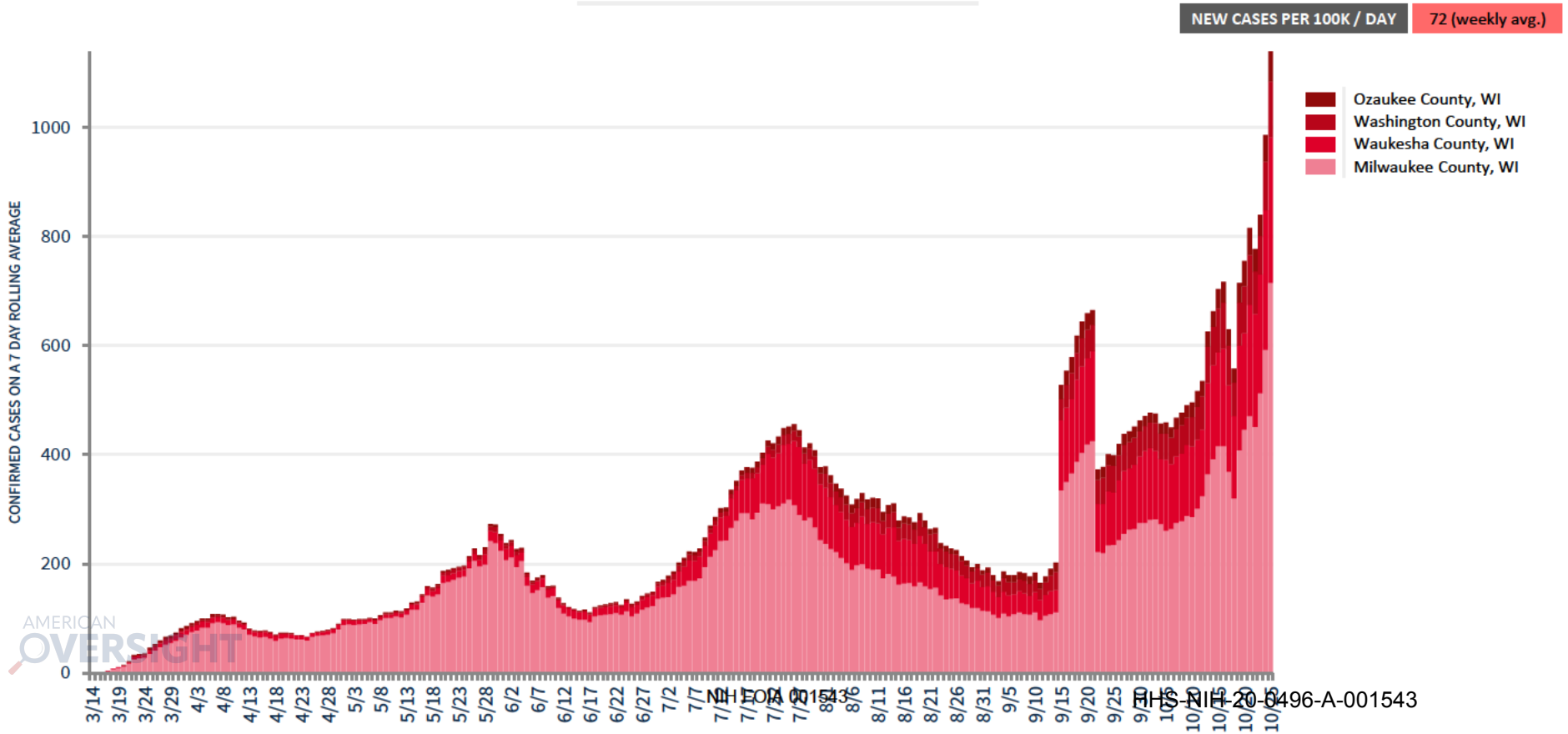
CONFIRMED CASES DAILY IN NASHVILLE-DAVIDSON--MURFREESBORO--FRANKLIN, TN
7 DAY ROLLING AVERAGE



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-001542

CONFIRMED CASES DAILY IN MILWAUKEE-WAUKESHA, WI
7 DAY ROLLING AVERAGE

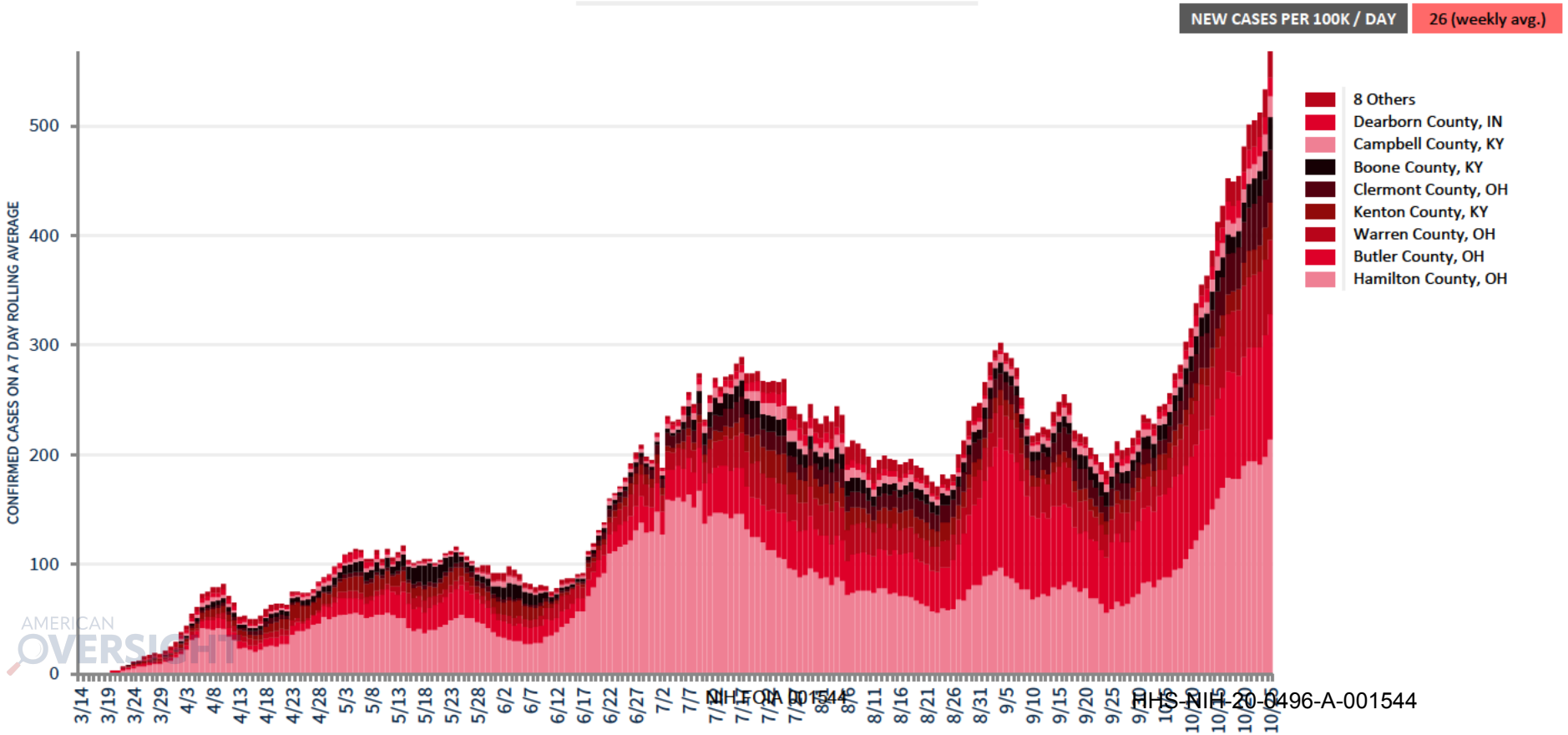


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NIH-OA 001543

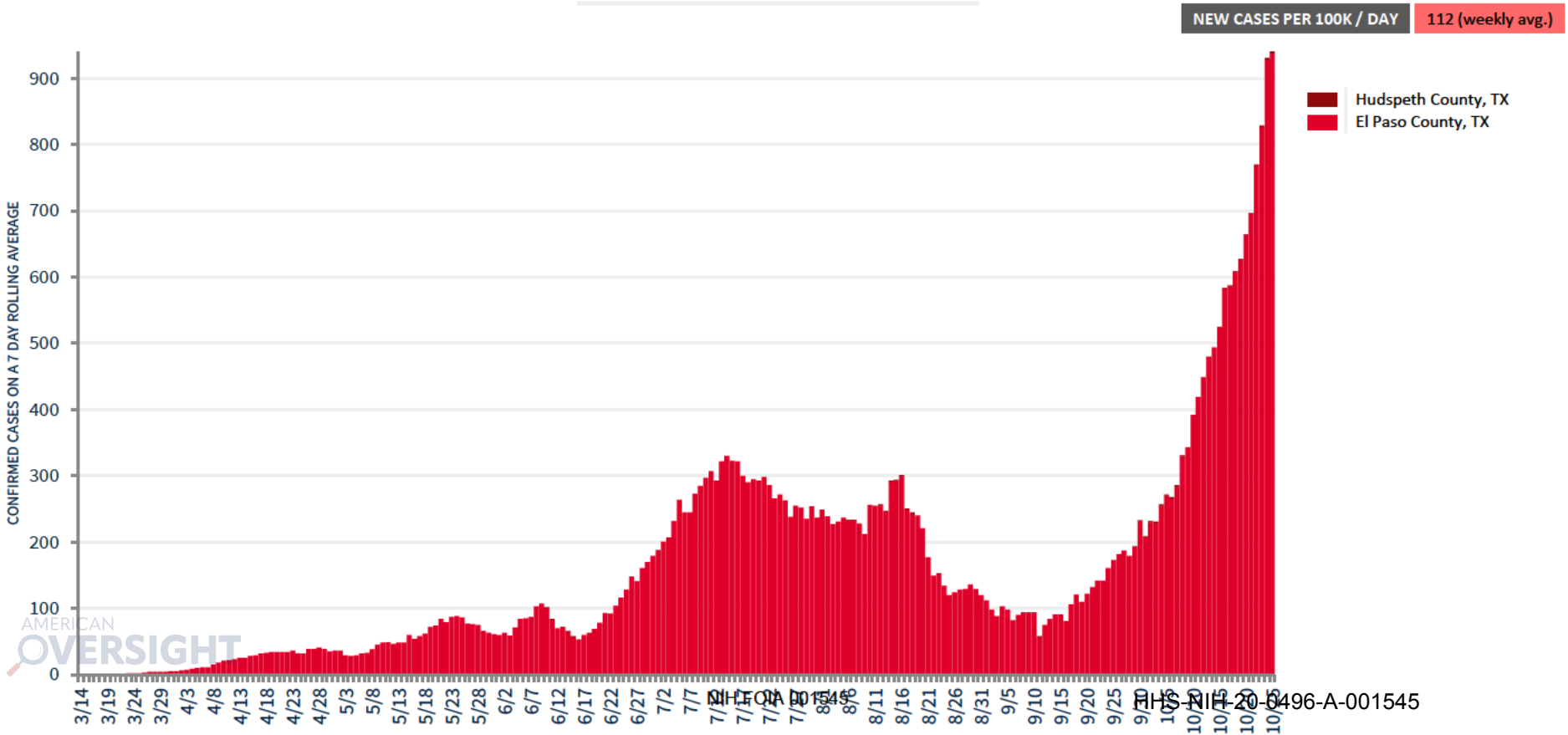
HHS-NIH-20-0496-A-001543

CONFIRMED CASES DAILY IN CINCINNATI, OH-KY-IN
7 DAY ROLLING AVERAGE



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CONFIRMED CASES DAILY IN EL PASO, TX
7 DAY ROLLING AVERAGE

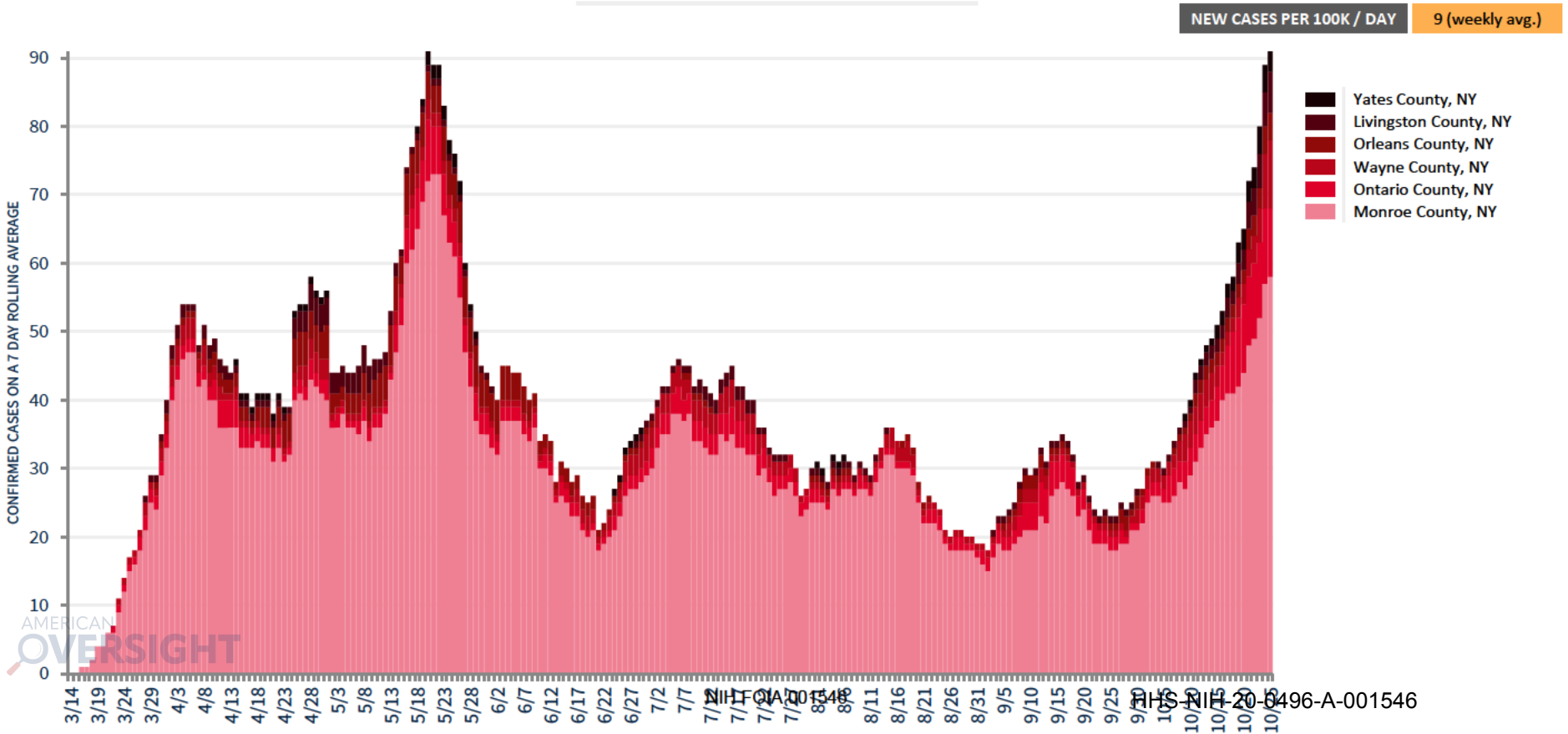


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NIH-OA 001545

HHS-NIH-20-0496-A-001545

CONFIRMED CASES DAILY IN ROCHESTER, NY
7 DAY ROLLING AVERAGE

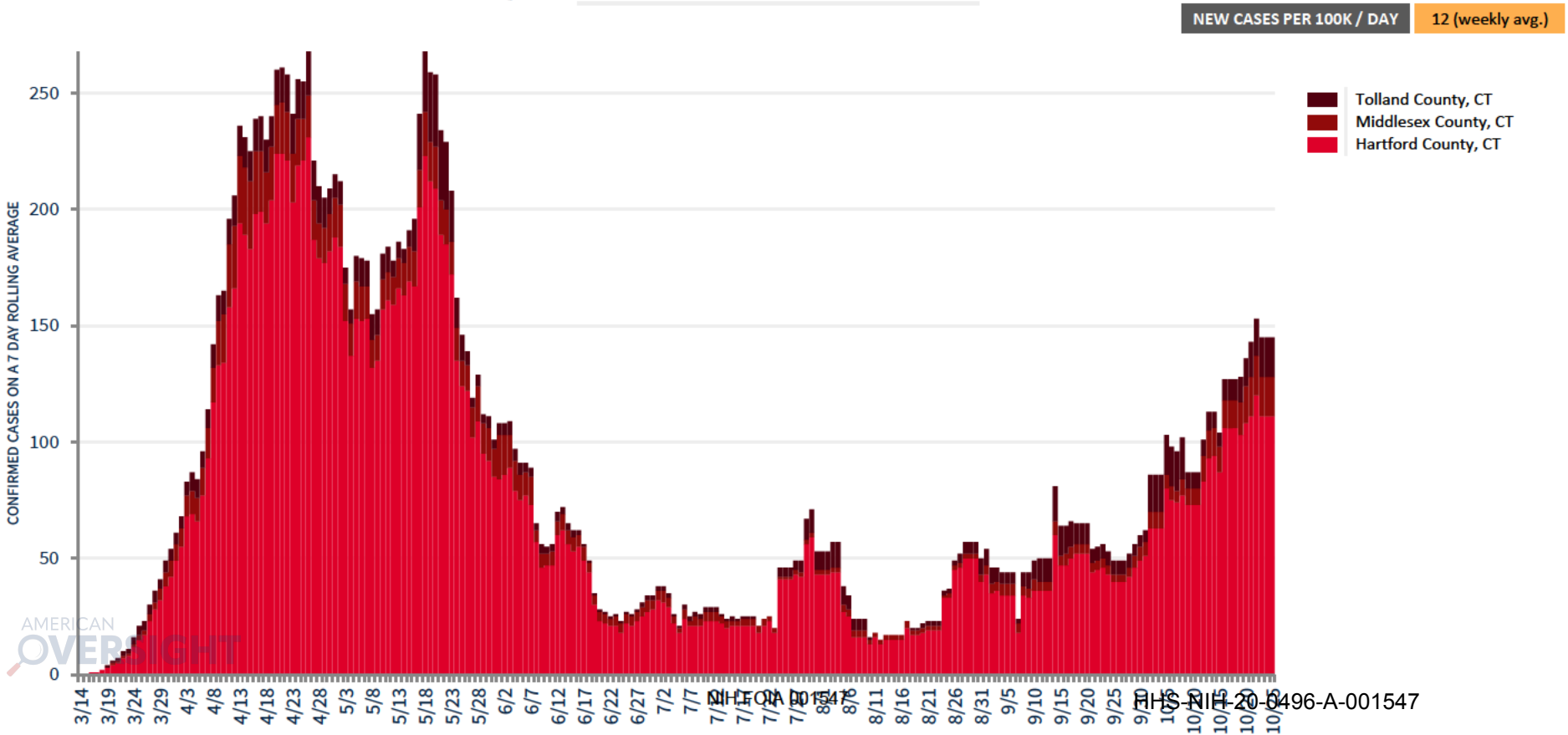


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NIH-QA-001548

HHS-NIH-20-0496-A-001546

CONFIRMED CASES DAILY IN HARTFORD-EAST HARTFORD-MIDDLETOWN, CT
7 DAY ROLLING AVERAGE

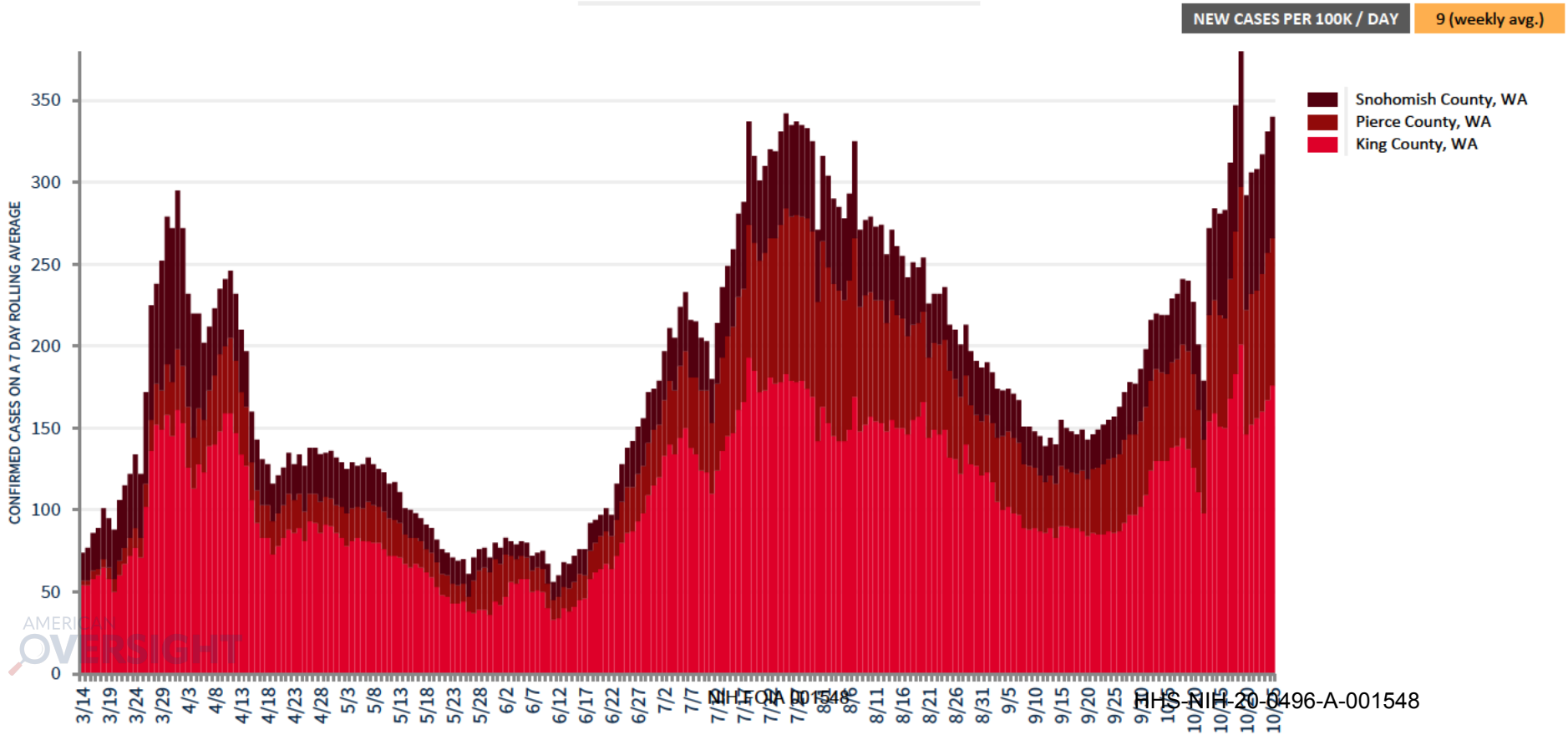


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NIH-OA 001547

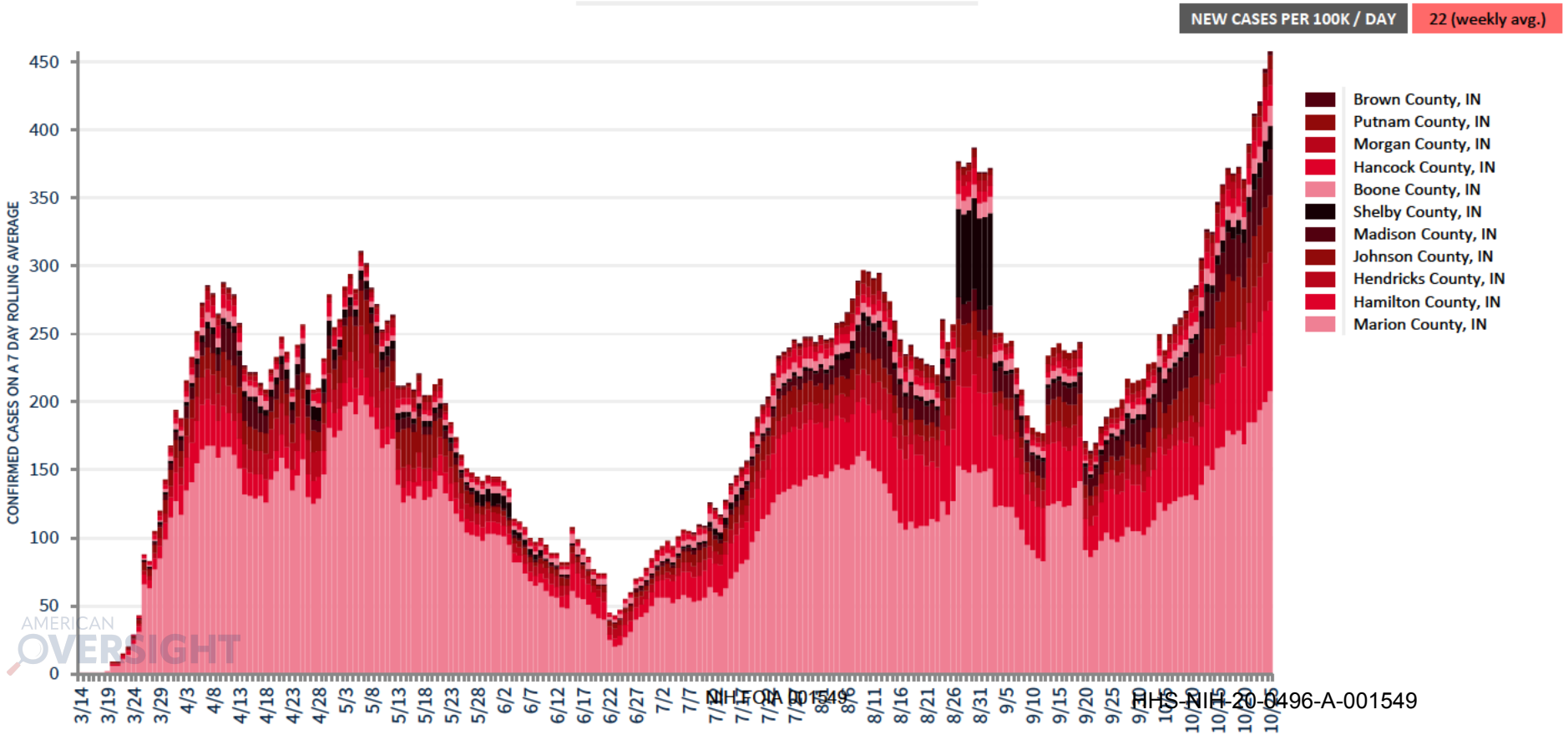
HHS-NIH-20-0496-A-001547

CONFIRMED CASES DAILY IN SEATTLE-TACOMA-BELLEVUE, WA
7 DAY ROLLING AVERAGE



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CONFIRMED CASES DAILY IN INDIANAPOLIS-CARMEL-ANDERSON, IN
7 DAY ROLLING AVERAGE

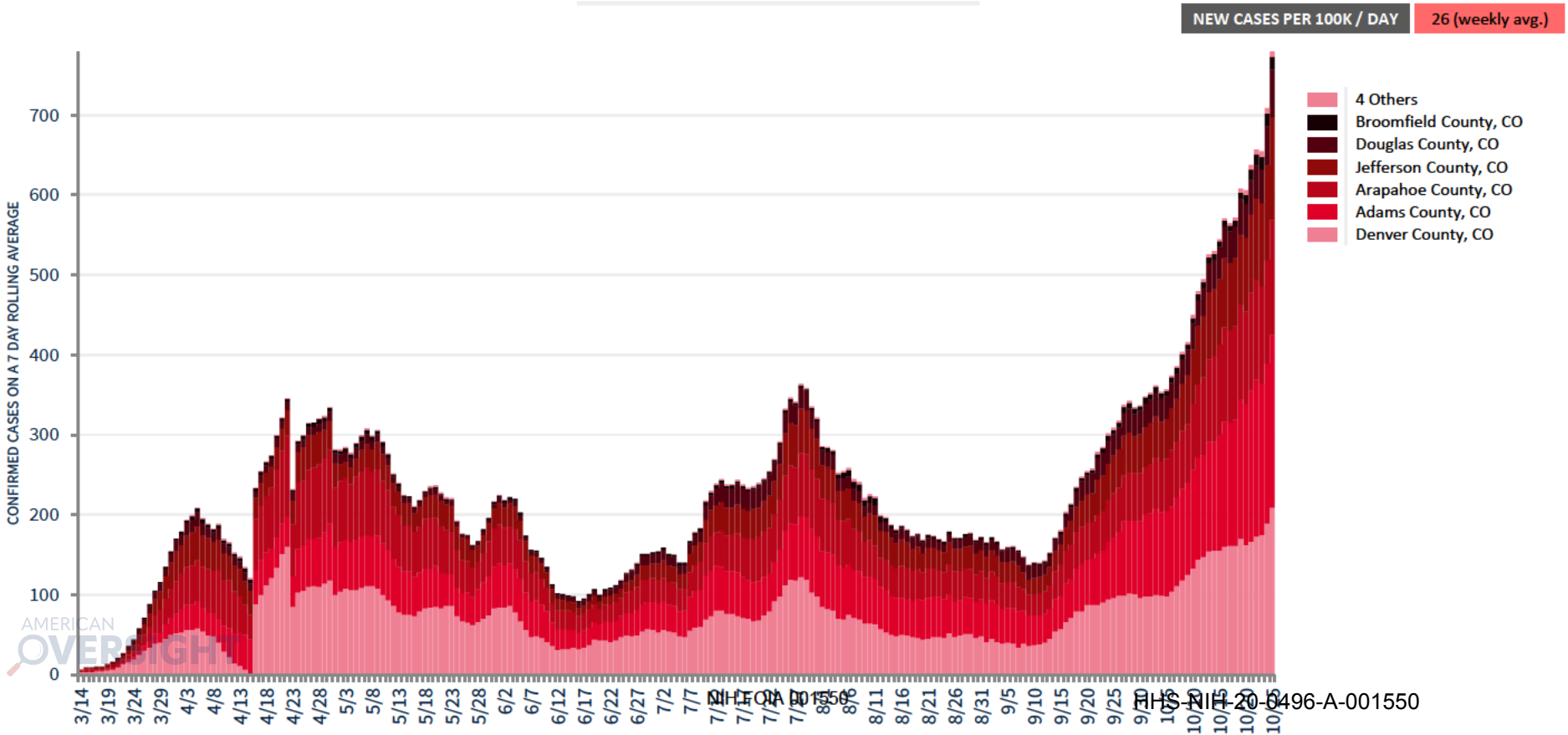


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NIH-OA-001549

HHS-NIH-20-0496-A-001549

CONFIRMED CASES DAILY IN DENVER-AURORA-LAKEWOOD, CO
7 DAY ROLLING AVERAGE



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NIH-OIA-001550

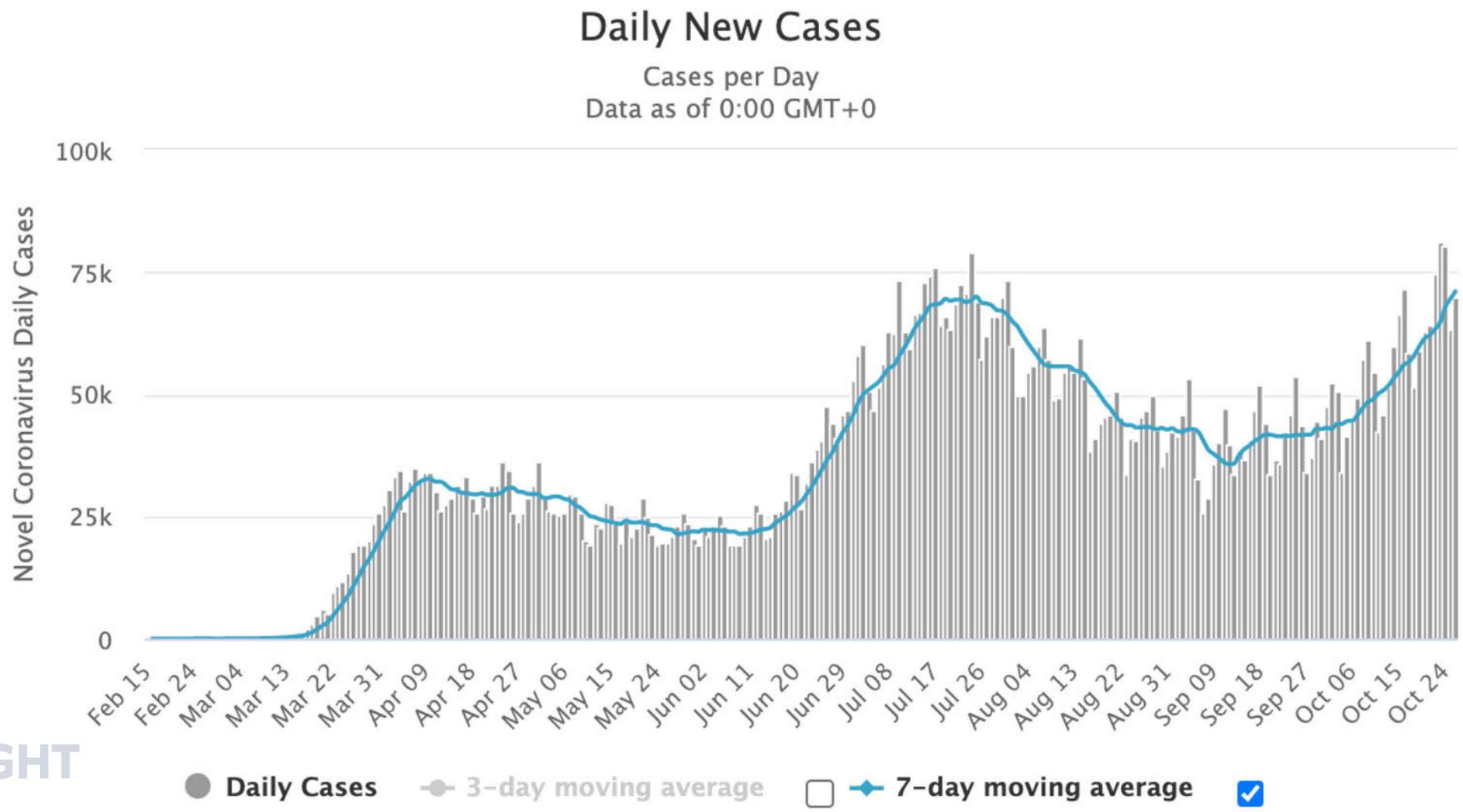
HHS-NIH-20-0496-A-001550

27 October 2020

1. **Rapid viral spread in both urban and rural counties in most states. 11 States are in the red zone 8 in the orange zone (19 total)**
2. **Hospitalizations are rising in all state categories (red, orange, yellow, light green) except for dark green states at this time – see daily report**
3. **Rising community cases leads to rising cases in institutional workers especially LTCF in ND 62% of all LTCF have a positive staff 51% in SD and 42% in MT etc – community spread does not distinguish between workers or the vulnerable leading to ever increasing hospitalizations and fatalities**
4. **Fatality rates in people over 70 remains at 10-11% of all cases. Increased access to novel therapeutics will be needed to change this.**
5. Cases will continue to hit all time highs week over week as the core mitigation efforts and targeted testing for asymptomatic infection in those under are not occurring. **(Last week we were up nearly 9K high over high and with current slope it means we could cross 90K the end of this week and 100K/day the end of the next week – its not the absolute case number but these numbers are an indication of community spread and community spread leads inevitably to infection to those vulnerable to serious complications and deaths)**
6. See slide 5 showing the greatest number of counties in the USA ever in high community spread
7. Daily hospital admissions are higher than summer peak (summer surge led to 100K fatalities). We are now well above those daily admissions.
8. This sequence of events must stop with the initial silent spread with aggressive sentinel surveillance testing. Aggressive testing in the contagious but asymptomatic population with isolation effectively contained and mitigated prior to infection of the more vulnerable community members. Providing appropriate isolation options for infected individuals from multigeneration households will be key.

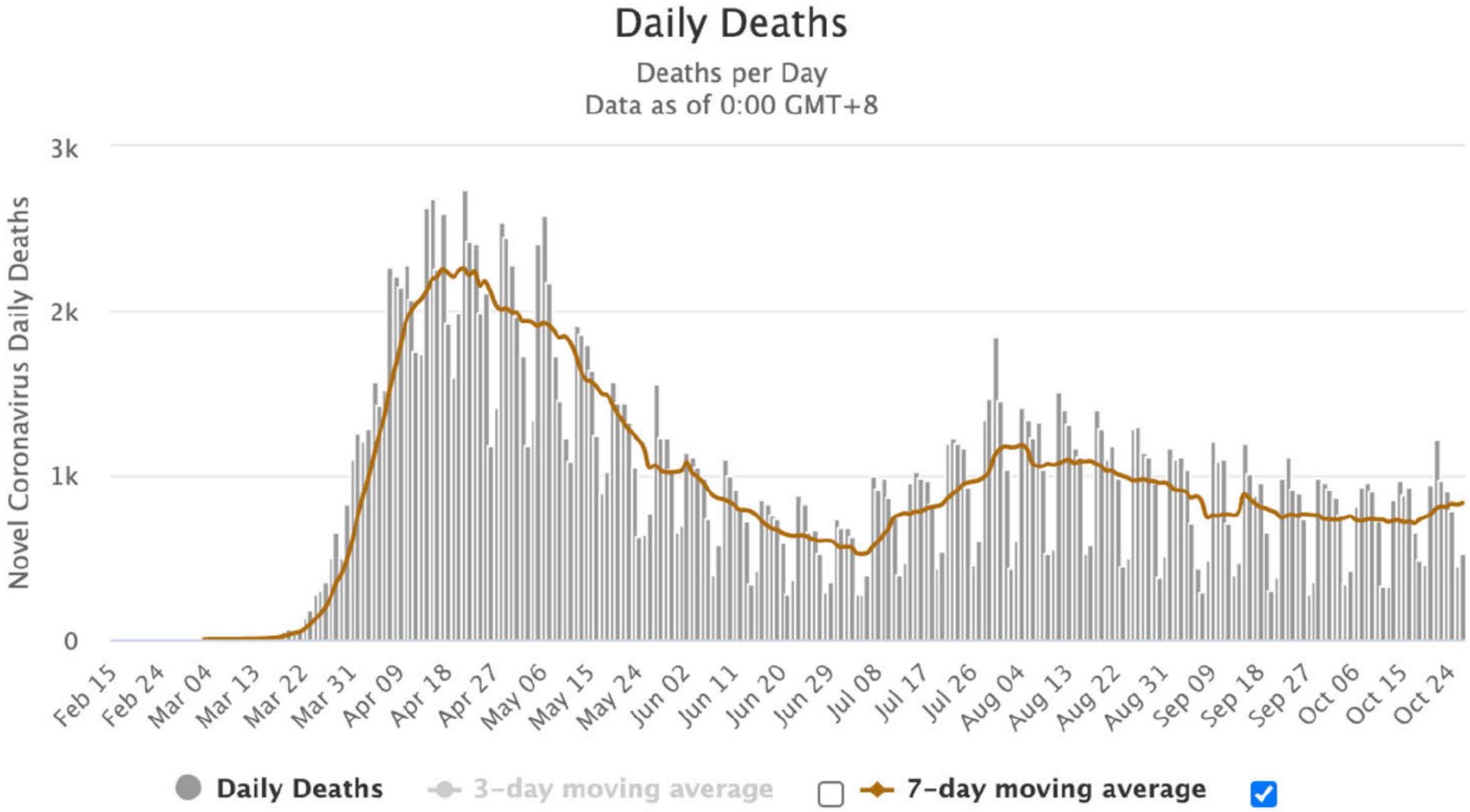
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Daily New Cases in the United States



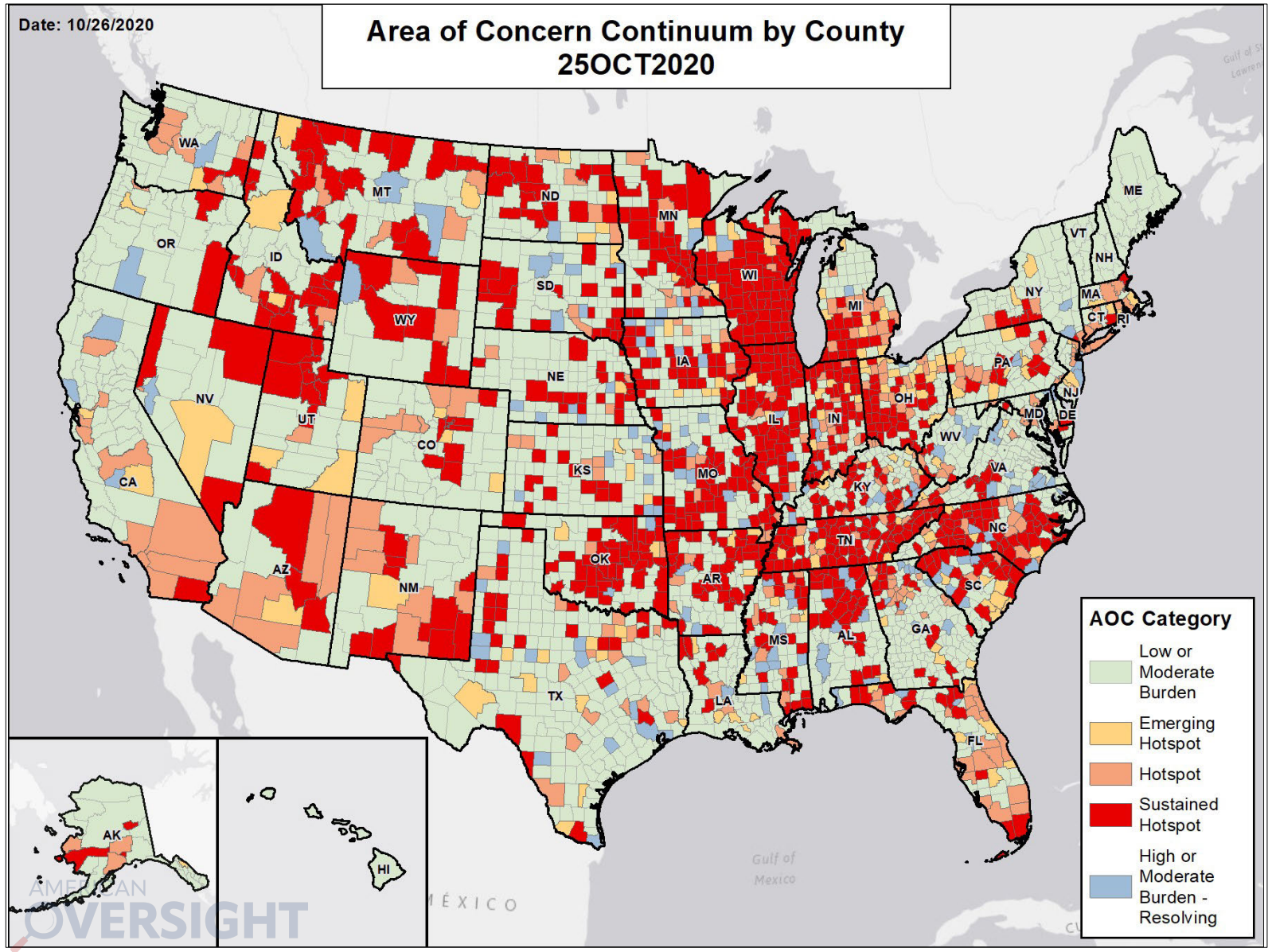
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Daily New Deaths in the United States



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AREA OF CONCERN CONTINUUM



The Areas of Concern Continuum (AOCC) is used to describe communities as they progress through stages of the epidemic. There are 7 possible AOC classifications based on current and recent history of case and testing data for the location:

(1) Low Burden – communities with minimal activity

(2) Moderate Burden – communities with moderate disease activity

(3) Emerging Hotspot – communities with a high likelihood to become hotspots in the next 1-7 days

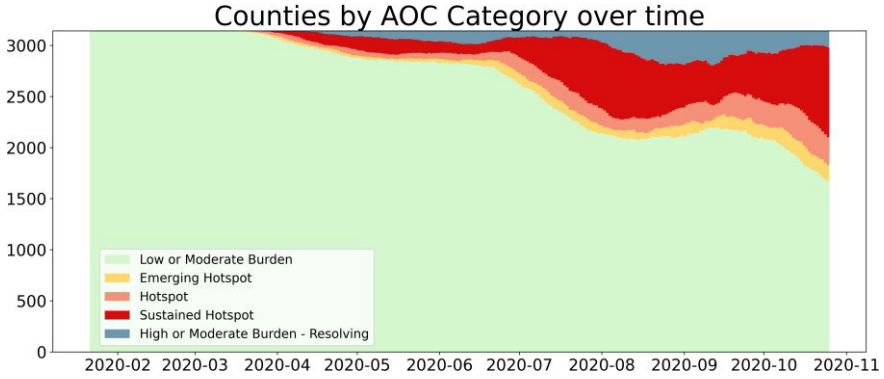
(4) Hotspot – communities that have reached a threshold of disease activity considered as being of high burden

(5) Sustained Hotspot – communities that have had a high sustained case burden and may be higher risk for experiencing healthcare resource limitations

(6) High Burden – Resolving – communities that were recently identified as hotspots and are now improving

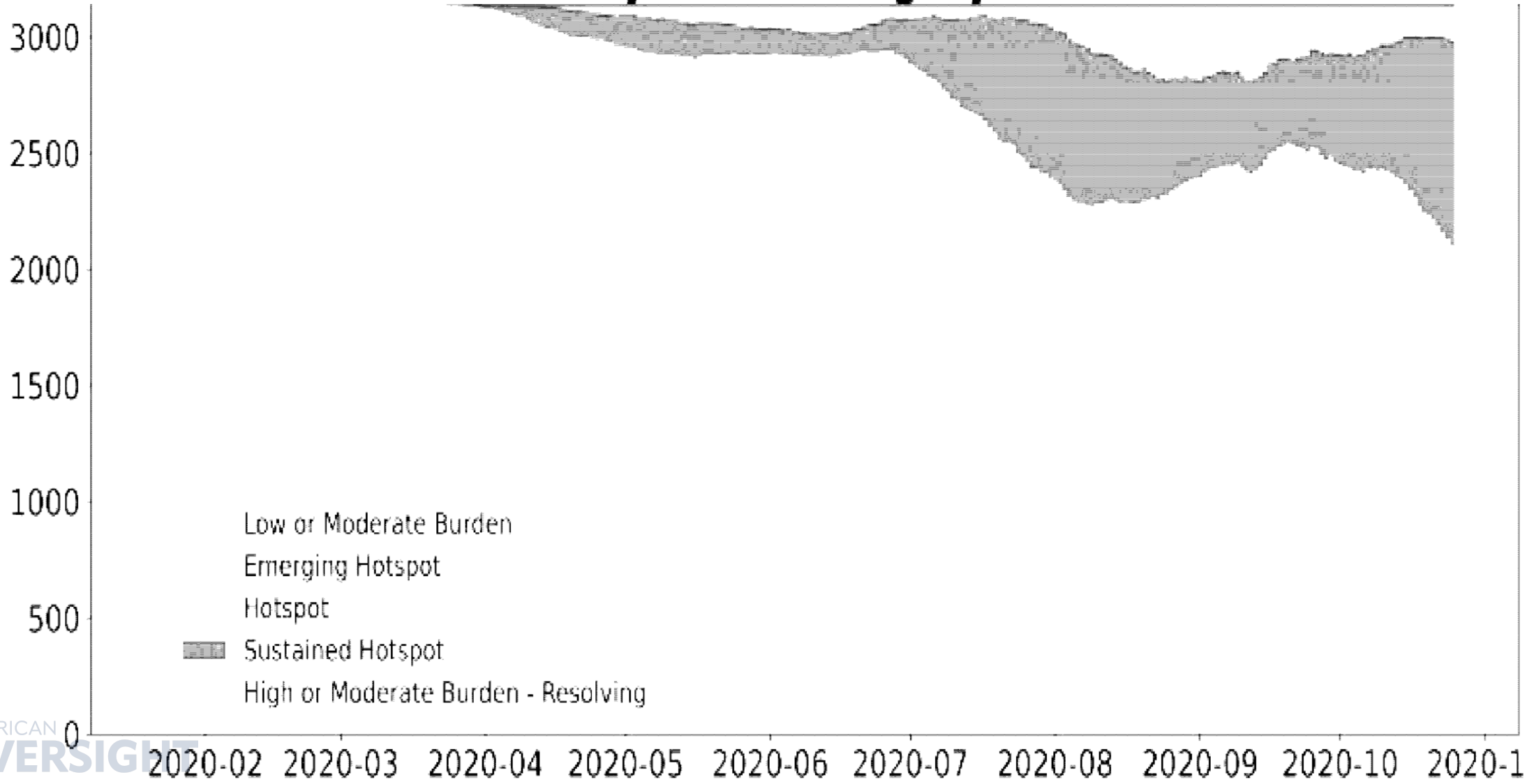
(7) Moderate Burden – Resolving – communities that have a moderate level of burden, but are demonstrating improvement

See Data Sources/Methods slides for more information.



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Counties by AOC Category over time

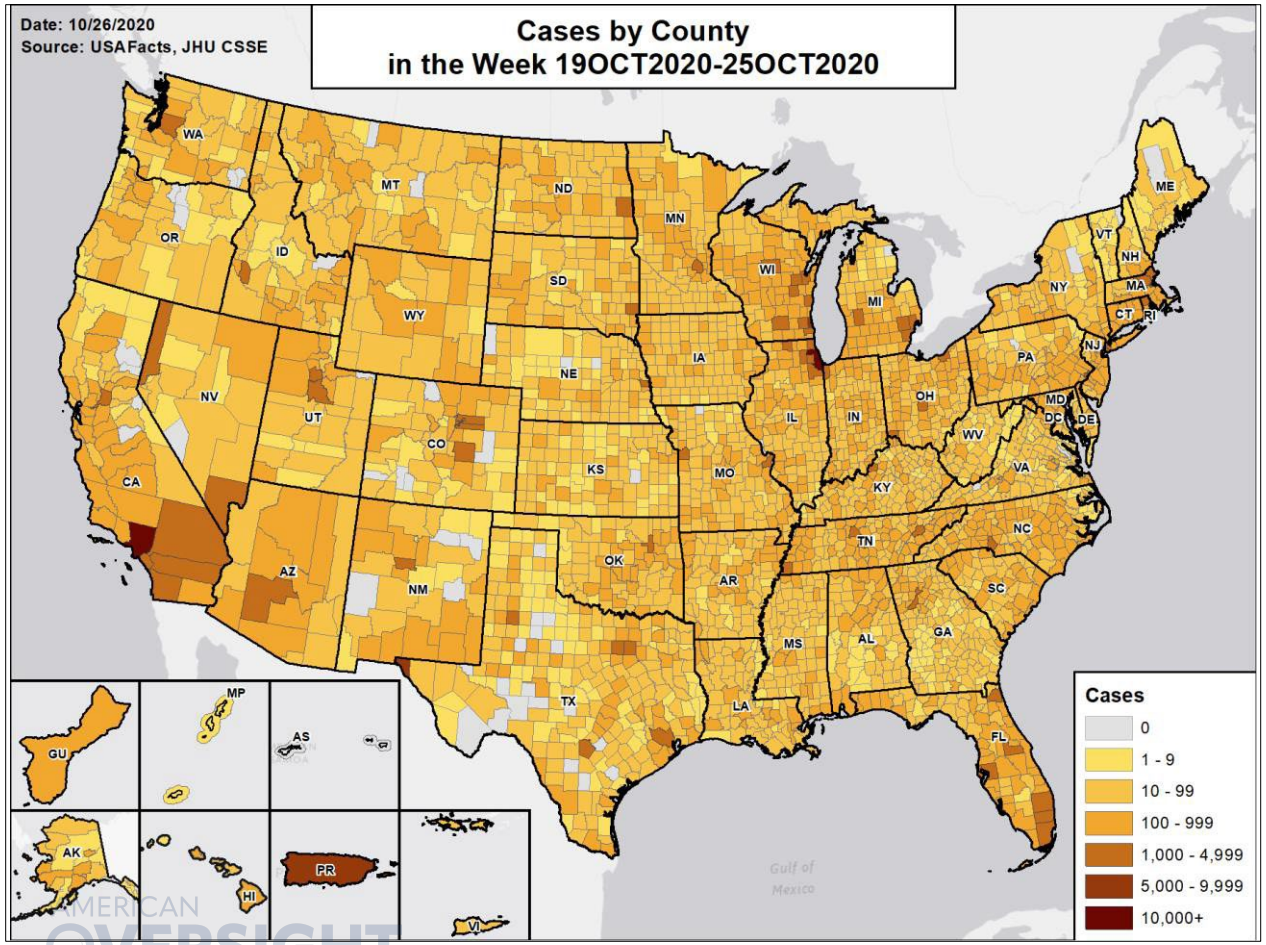


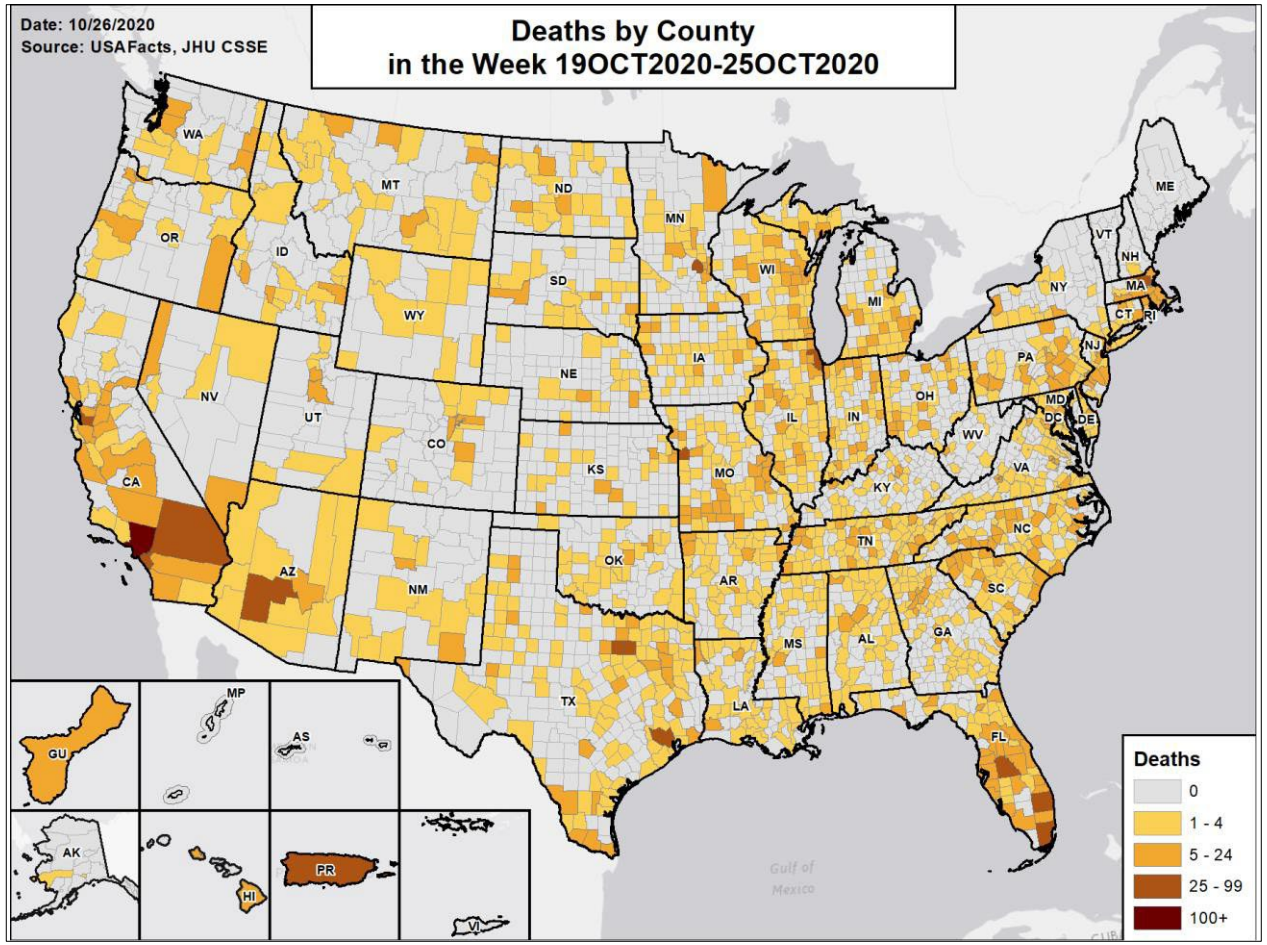
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NUMBER OF NEW CASES AND DEATHS IN THE LAST 7 DAYS

Total Cumulative Cases: 8,617,022
New Cases in Last 7 Days: 488,498
Percent change from Previous 7 Days: +26.0%

Total Cumulative Deaths: 224,601
New Deaths in Last 7 Days: 5,615
Percent change from Previous 7 Days: +15.1%



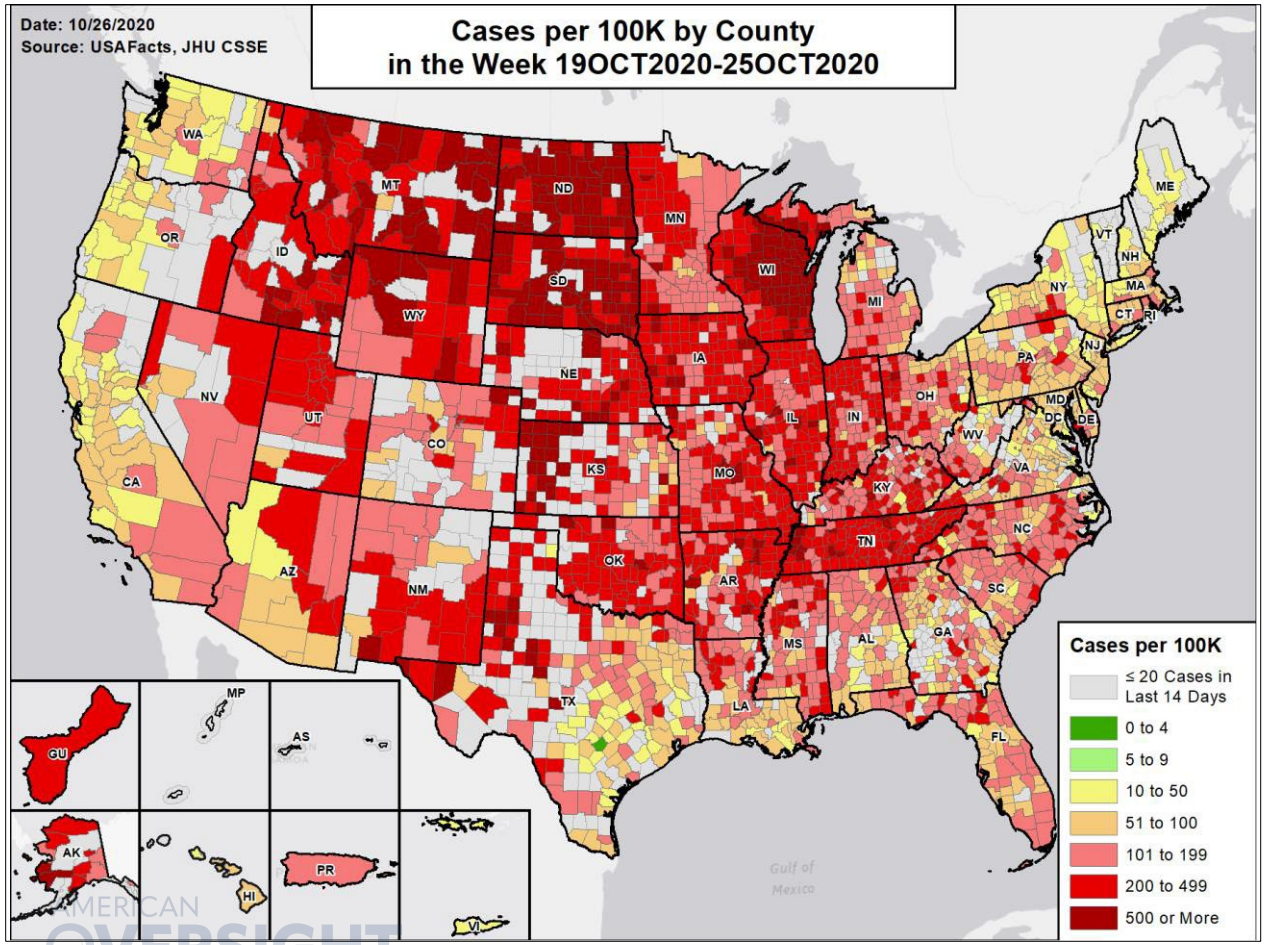


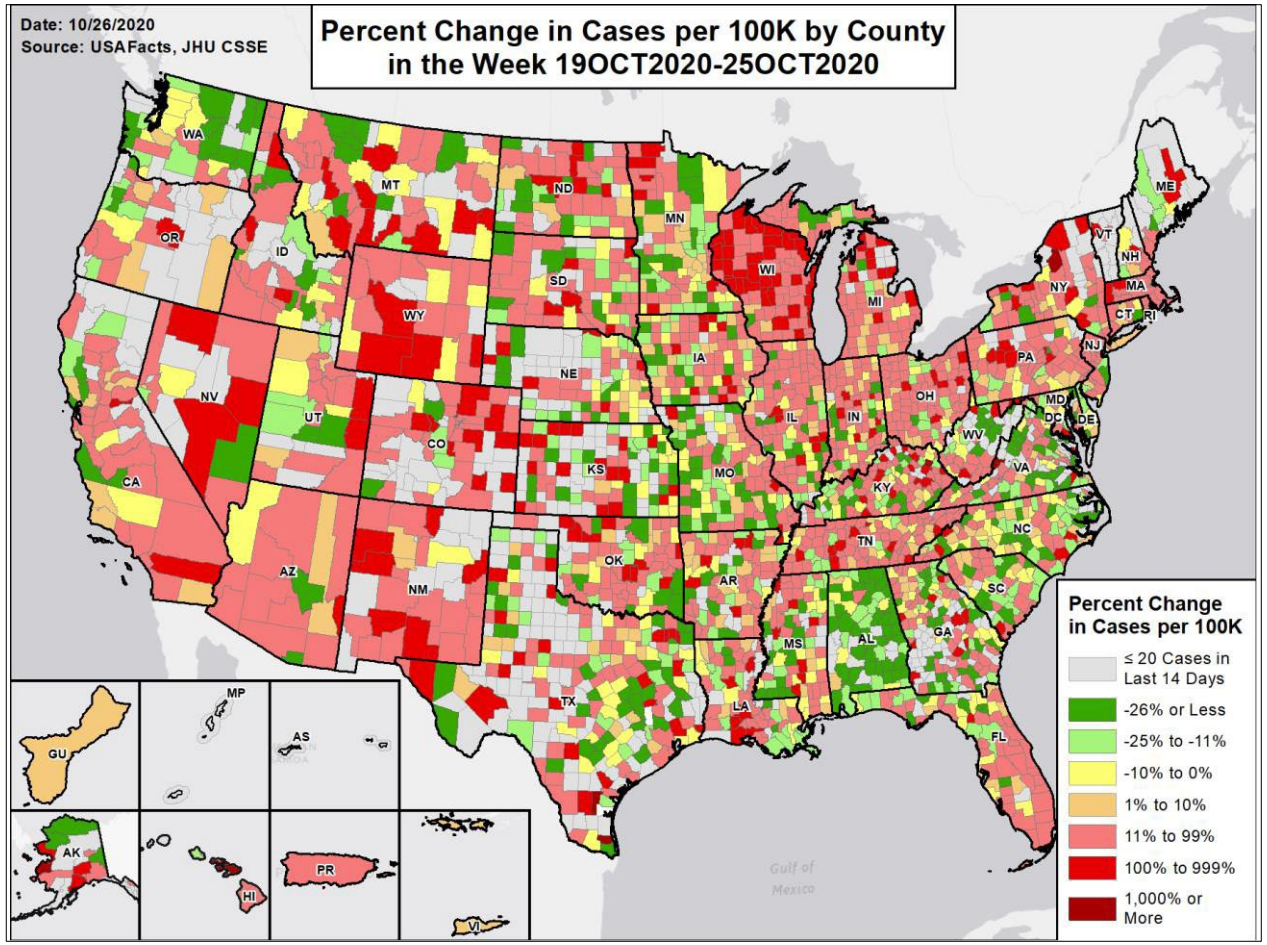
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CASE INCIDENCE IN LAST 7 DAYS AND COMPARISON TO THE PREVIOUS 7 DAYS

Incidence Rate in the Last 7 Days: 147.2 per 100,000

Percent Change from Previous 7 Days: +26.0%





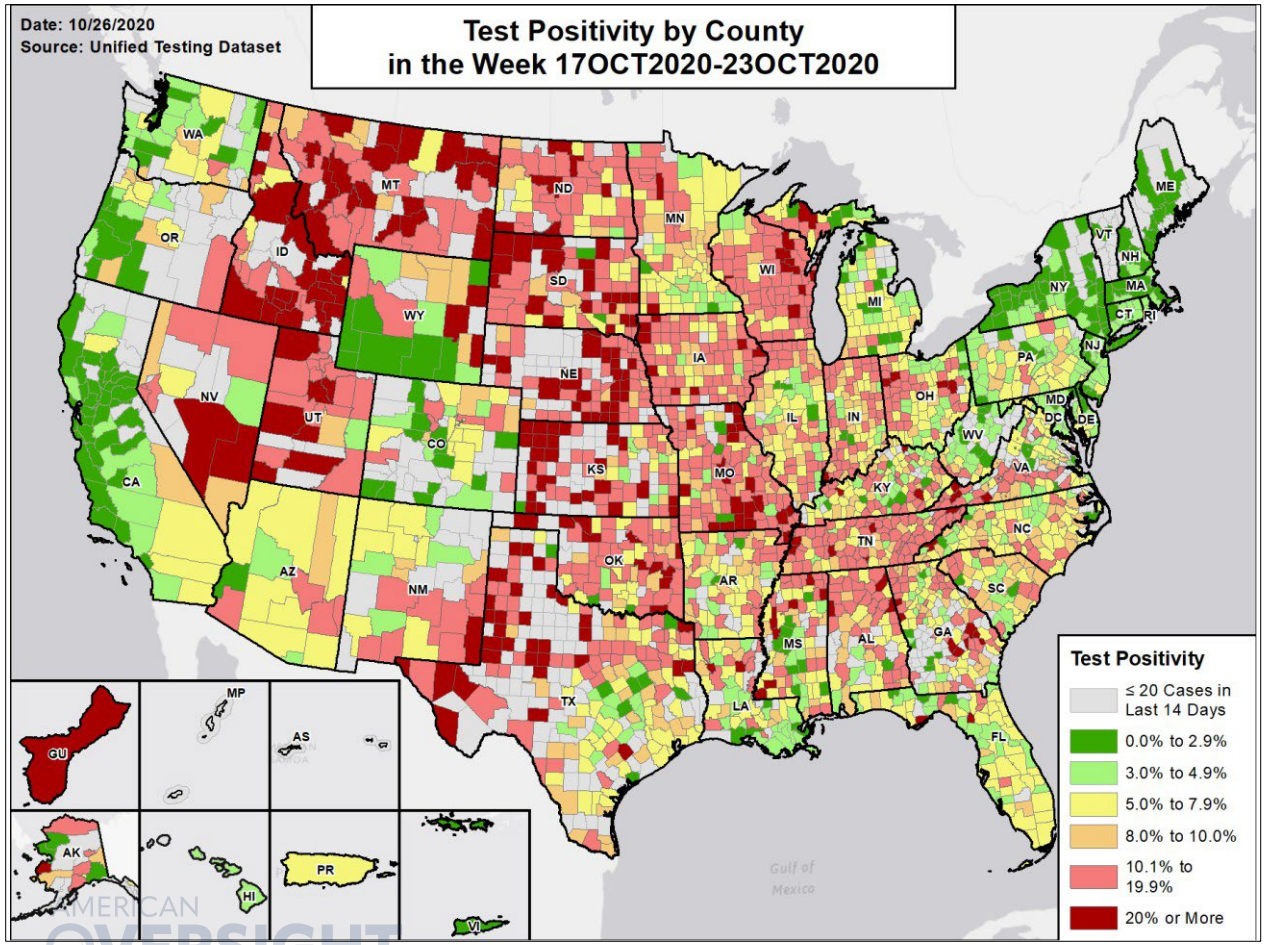
AMERICAN OVERSIGHT

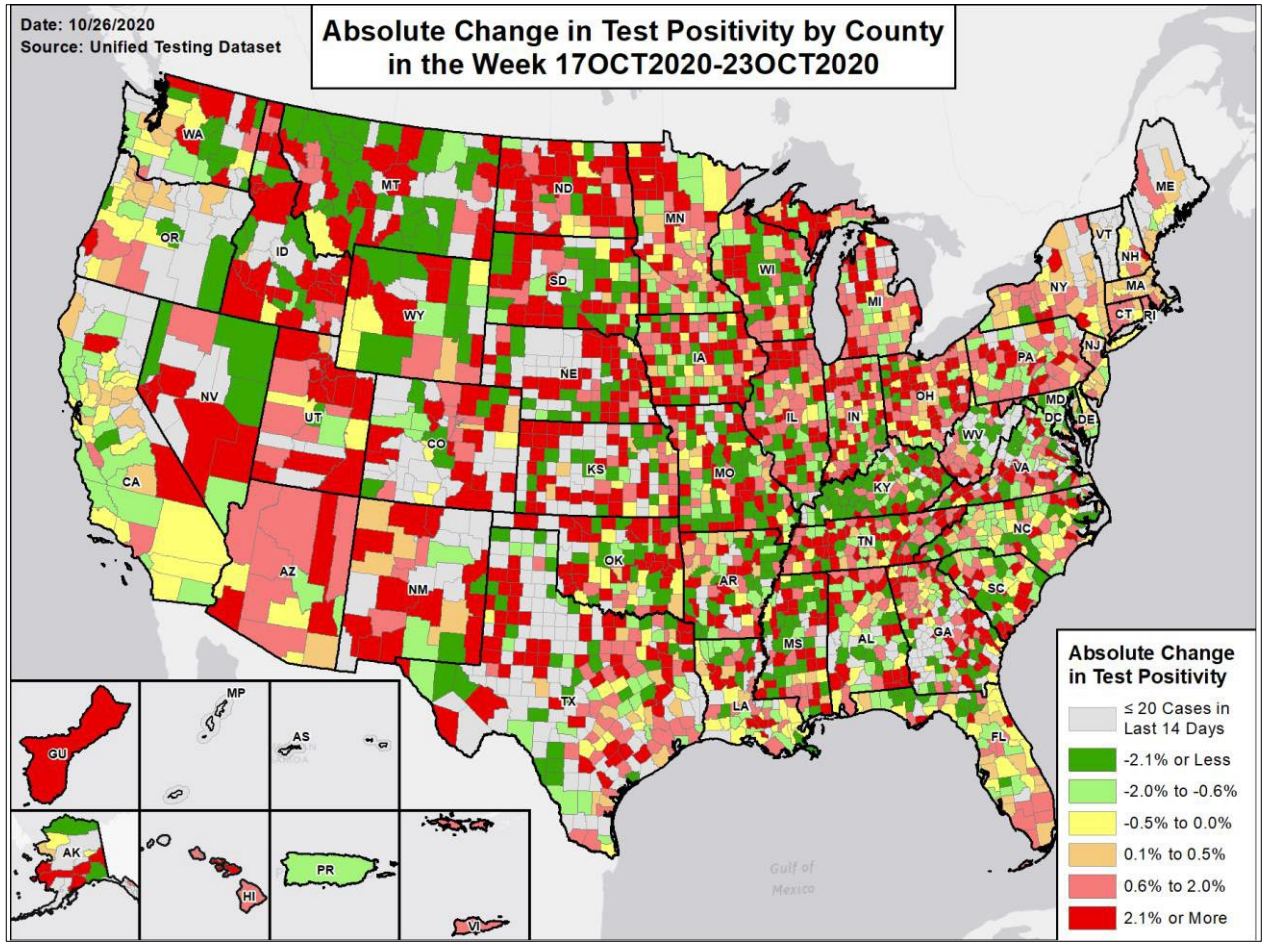
NOT FOR DISTRIBUTION // FOR OFFICIAL USE AND PLANNING PURPOSES ONLY

PERCENT TEST POSITIVITY IN THE LAST 7 DAYS AND COMPARISON TO THE PREVIOUS 7 DAYS

Percent Test Positivity in Last 7 Days: 6.1%

Absolute Change from Previous 7 Days: +0.5%





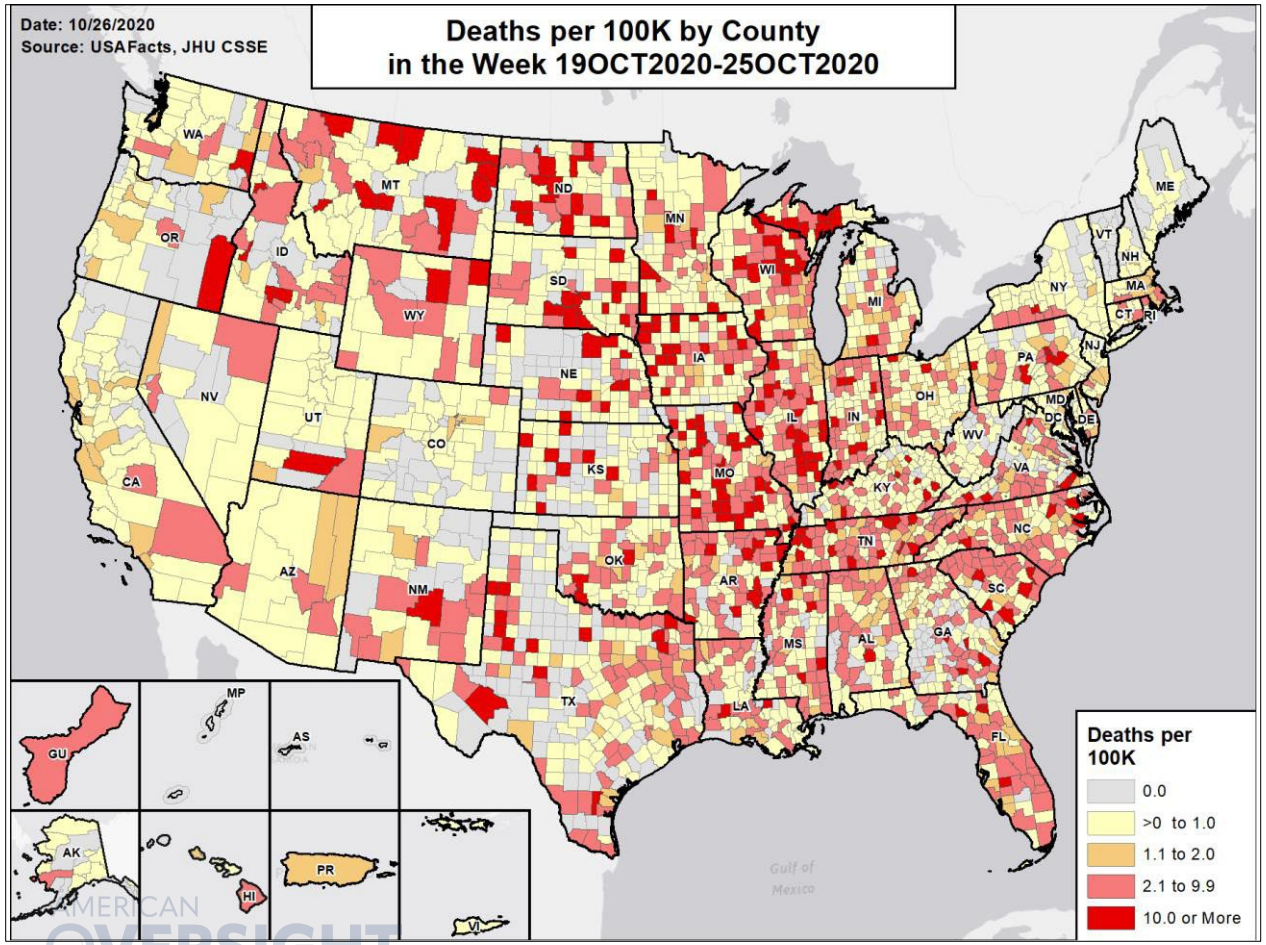
WY, OH, and RI county-level test information is provided directly to the federal government and is missing a significant proportion of known state tests. Because of this, the calculated percent test positivity may be unreliable in some counties in these states. ME, MO, MS, OK, PR, and WA test information at the county and state levels is provided directly to the federal government and may underestimate the total number of tests. Because of this, the calculated percent test positivity may be unreliable in some counties in these states.

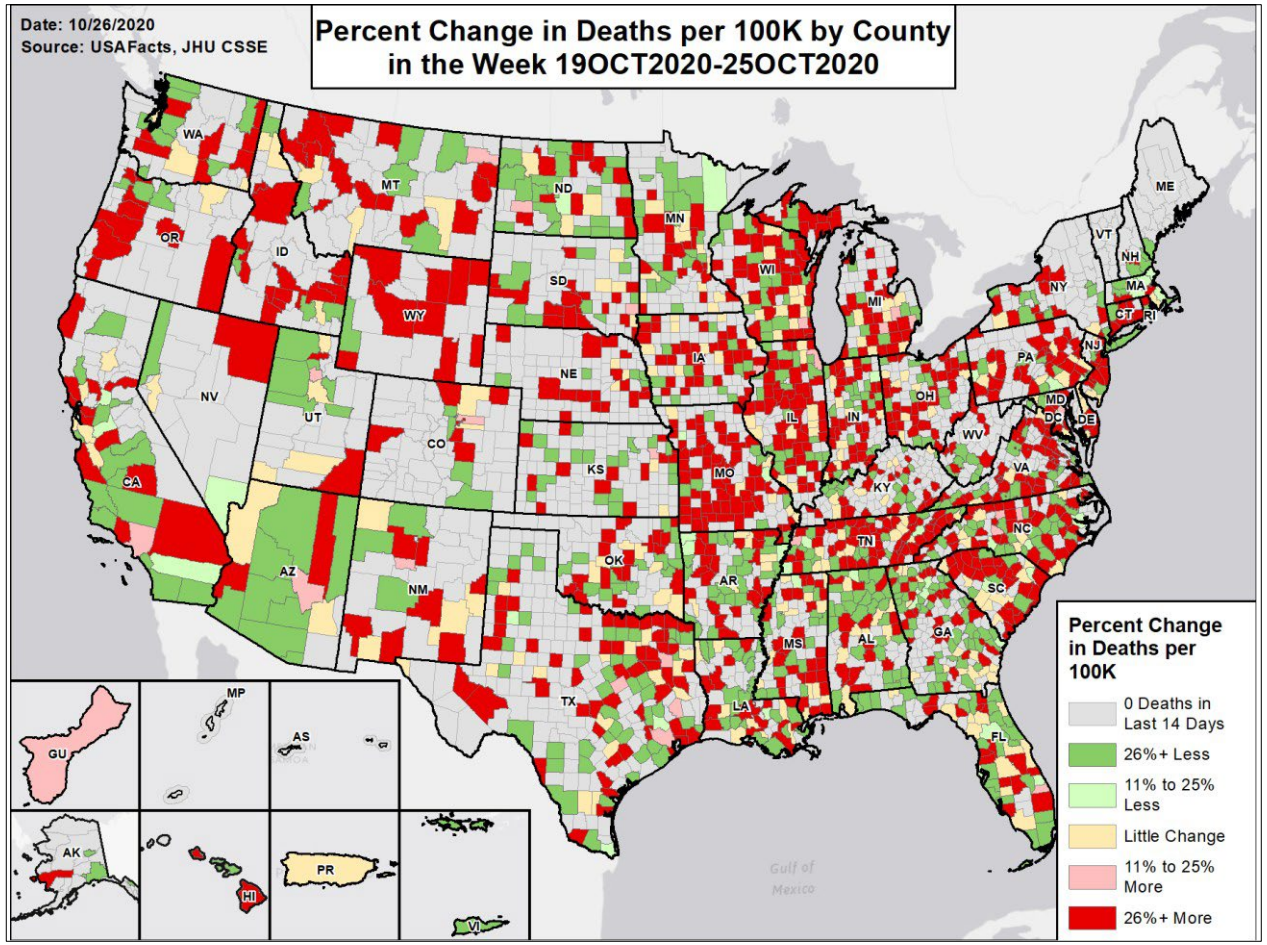
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MORTALITY RATE IN THE LAST 7 DAYS AND COMPARISON TO THE PREVIOUS 7 DAYS

Mortality Rate in the Last 7 Days: 1.7 deaths per 100,000

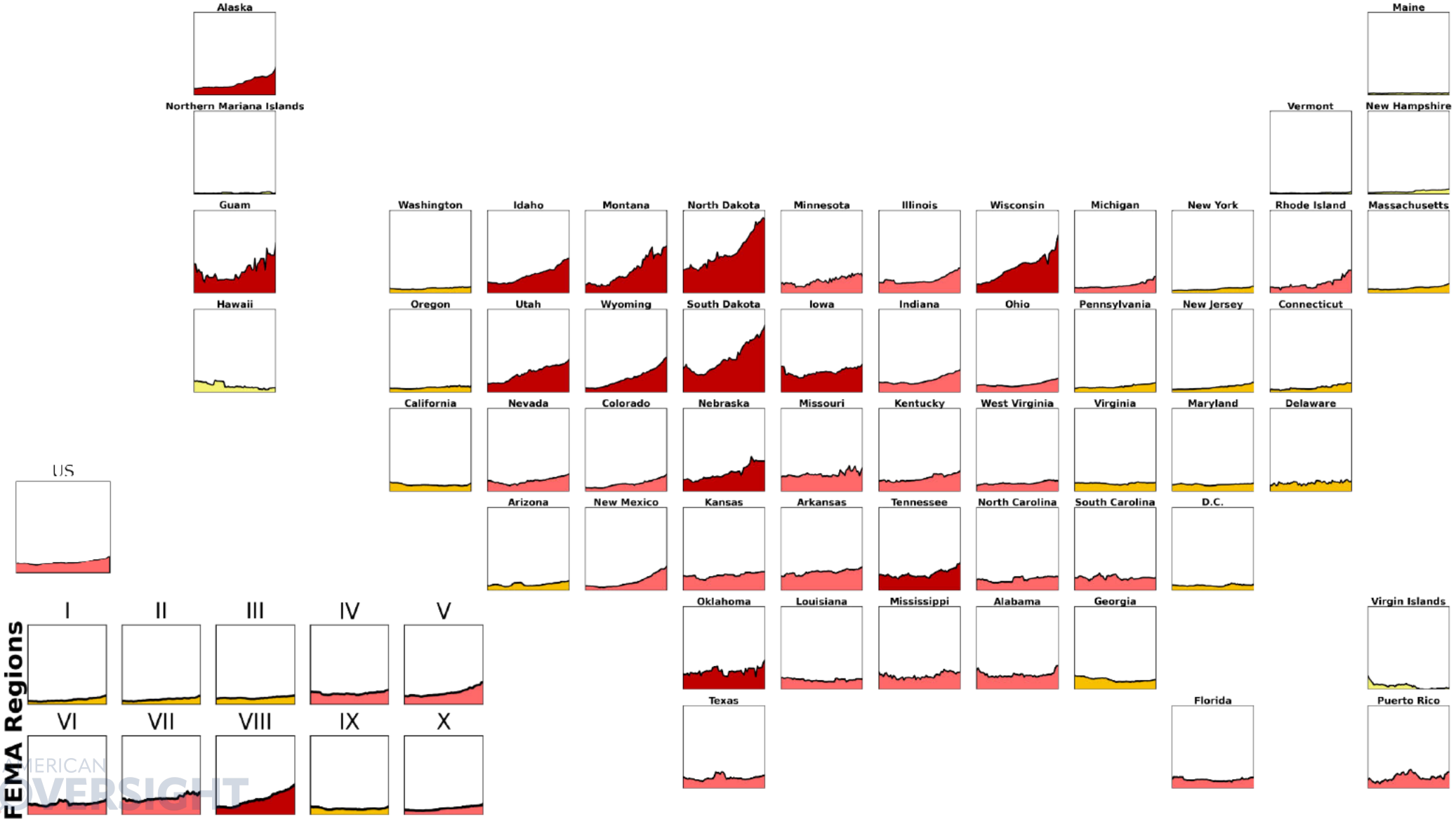
Percent Change from Previous 7 Days: +15.1%





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TRENDS IN CASE INCIDENCE DURING THE LAST 8 WEEKS



Rate per 100,000 population categories
(based on last 7 days)

- 4 or less
- 5 – 9
- 10 – 50
- 51 – 100
- 101 – 250
- 251 or more

Figure depicts average case incidence for each state and region over the 8-week period of 8/31-10/25. Vertical axis ranges from 0 to 829 casesper 100,000 population (7 day total).

AMERICAN OVERSIGHT

TRENDS IN PERCENT TEST POSITIVITY DURING THE LAST 8 WEEKS



Percent test positivity categories
(based on last 7 days)

- 2.9% or less
- 3.0% – 4.9%
- 5.0% – 7.9%
- 8.0% – 10.0%
- 10.1% – 20.0%
- 20.1% or more

Figure depicts 7 day average test positivity for each state and region over the 8-week period of 8/29-10/23. Vertical axis ranges from 0 to 60.4%. Most recent dates may be less reliable due to delayed reporting. Data source varies by state. See Data Sources/Methods slide for additional details.

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TRENDS IN HOSPITAL ADMISSIONS PER 100 BEDS DURING THE LAST 8 WEEKS



Average daily COVID-19 admissions per 100 inpatients beds – last 7 days

0.4 or less
0.5 – 0.9
1.0 – 2.0
2.1 – 3.0
3.1 – 5.0
5.1 or more

Figure depicts total confirmed and suspected hospital admissions per 100 inpatient beds for each state and region over the 8-week period of 8/31-10/25. Vertical axis ranges from 0 to 8 admissions per 100 beds in a 7-day period).

Source: Unified Hospital Dataset. See Data Sources/Methods slide for additional details.

Kentucky data includes a reporting error that significantly overestimates admissions through mid-October.

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STATE PROFILES AND WEEKLY CATEGORIES

Weekly Categorization of States/DC based on Test Positivity from October 15-21 (Governors Report dated October 25)

Red States

State	Last 7 days: Cases (per 100k)	Last 7 days: Test pos.	Change from previous week: Percent change in cases	Change from previous week: Absolute change in test pos.	Daily case trend – last 8 weeks
MT	5,059 (473)	19.3%	+23%	-5.0%	
ID	6,252 (350)	18.4%	+24%	+2.3%	
UT	10,488 (327)	17.4%	+23%	+2.5%	
SD	5,934 (671)	15.6%	+26%	+1.8%	
NE	5,729 (296)	12.9%	+1%	+1.2%	
ND	5,604 (735)	12.8%	+14%	+3.1%	
OK	11,529 (291)	12.4%	+40%	+1.0%	
WI	33,690 (579)	12.2%	+99%	-0.2%	
KS	5,375 (184)	11.5%	+6%	+1.6%	
IA	8,722 (276)	11.2%	+17%	+0.9%	
MO	14,326 (233)	11.0%	+15%	+0.2%	
TN	18,843 (276)	10.3%	+34%	+1.2%	

Yellow States

State	Last 7 days: Cases (per 100k)	Last 7 days: Test pos.	Change from previous week: Percent change in cases	Change from previous week: Absolute change in test pos.	Daily case trend – last 8 weeks
WY	2,016 (348)	8.9%	+43%	+3.9%	
NM	5,075 (242)	8.5%	+33%	+1.8%	
AK	2,032 (278)	8.2%	+57%	+1.8%	
AR	7,049 (234)	7.7%	+13%	-0.2%	
IL	31,334 (247)	7.4%	+23%	+0.8%	
MN	9,363 (166)	7.3%	-15%	+0.6%	
OR	2,569 (61)	6.9%	+13%	+0.3%	
VA	7,447 (87)	6.8%	+3%	+0.1%	
GA	10,365 (98)	6.7%	+13%	+0.5%	
NC	14,071 (134)	6.4%	-3%	-0.3%	
CO	9,787 (170)	6.2%	+43%	+0.8%	
AZ	7,014 (96)	6.1%	+26%	+0.7%	
MI	16,493 (165)	5.9%	+71%	+0.9%	
FL	23,161 (108)	5.8%	+15%	+0.3%	
PA	12,076 (94)	5.5%	+21%	+1.0%	

Light Green States

State	Last 7 days: Cases (per 100k)	Last 7 days: Test pos.	Change from previous week: Percent change in cases	Change from previous week: Absolute change in test pos.	Daily case trend – last 8 weeks
OH	16,328 (140)	5.1%	+25%	+0.7%	
LA	4,706 (101)	4.8%	+10%	-0.3%	
WV	1,825 (102)	4.5%	-7%	+0.0%	
NJ	8,455 (95)	4.3%	+32%	+0.7%	
HI	629 (44)	4.3%	+77%	+1.2%	
CT	3,222 (90)	3.9%	+15%	+1.1%	
MD	4,690 (78)	3.7%	+9%	-1.2%	
CA	30,712 (78)	3.6%	+48%	+0.2%	
WA	4,712 (62)	3.6%	+9%	+0.4%	

Orange States

State	Last 7 days: Cases (per 100k)	Last 7 days: Test pos.	Change from previous week: Percent change in cases	Change from previous week: Absolute change in test pos.	Daily case trend – last 8 weeks
TX	38,596 (133)	9.5%	+23%	+1.2%	
AL	11,729 (239)	9.4%	+61%	+0.3%	
IN	15,025 (223)	9.1%	+19%	+0.7%	
NV	5,346 (174)	9.1%	+19%	-1.3%	
MS	5,171 (174)	8.8%	-9%	+0.2%	
KY	9,335 (209)	7.8%	+28%	-1.7%	
SC	6,688 (130)	7.5%	+2%	-0.1%	

Dark Green States

State	Last 7 days: Cases (per 100k)	Last 7 days: Test pos.	Change from previous week: Percent change in cases	Change from previous week: Absolute change in test pos.	Daily case trend – last 8 weeks
RI	2,427 (229)	3.1%	+74%	+1.2%	
DE	972 (100)	2.9%	-9%	+0.2%	
NH	634 (47)	2.2%	+15%	+0.5%	
NY	12,593 (65)	1.8%	+23%	+0.3%	
MA	6,473 (94)	1.6%	+45%	+0.2%	
DC	397 (56)	1.4%	+3%	-0.0%	
ME	292 (22)	0.8%	+22%	+0.2%	
VT	136 (22)	0.5%	+123%	+0.2%	

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SELECT HIGH BURDEN CORE-BASED STATISTICAL AREAS (CBSAS)

WY, OH, and RI county-level test information is provided directly to the federal government and is missing a significant proportion of known state tests. Because of this, the calculated percent test positivity may be unreliable in some counties in these states. ME, MO, MS, OK, PR, and WA test information at the county and state levels is provided directly to the federal government and may underestimate the total number of tests. Because of this, the calculated percent test positivity may be unreliable in some counties in these states.

Population over 1 million

CBSA (population)	Last 7 days		Change from previous week		Daily case trend – last 8 weeks
	Cases (per 100k)	Test pos.	Percent change in cases	Absolute change in test pos.	
Milwaukee, WI (1,575,179)	7,977 (506)	11.9%	+105%	-0.4%	
Chicago, IL (9,458,539)	21,899 (232)	8.5%	+28%	+1.2%	
Salt Lake City, UT (1,232,696)	4,479 (363)	16.7%	+18%	+2.6%	
Nashville, TN (1,934,317)	5,878 (304)	8.2%	+71%	+0.6%	
Dallas, TX (7,573,136)	10,331 (136)	10.2%	+8%	+0.9%	
St. Louis, MO (2,803,228)	4,862 (173)	9.1%	+19%	+0.3%	
Oklahoma City, OK (1,408,950)	3,416 (242)	11.2%	+19%	+0.5%	
Minneapolis, MN (3,640,043)	6,460 (177)	7.5%	+8%	+0.4%	
Memphis, TN (1,346,045)	3,609 (268)	9.0%	+63%	+1.0%	
Denver, CO (2,967,239)	5,455 (184)	7.0%	+36%	+0.9%	

Population 250k – 1million

CBSA (population)	Last 7 days		Change from previous week		Daily case trend – last 8 weeks
	Cases (per 100k)	Test pos.	Percent change in cases	Absolute change in test pos.	
El Paso, TX (844,124)	6,590 (781)	22.1%	+54%	+2.8%	
Provo, UT (648,252)	2,661 (410)	21.8%	+23%	+2.6%	
Green Bay, WI (322,906)	2,324 (720)	16.6%	+75%	-1.3%	
Sioux Falls, SD (268,232)	1,915 (714)	17.6%	+28%	-0.0%	
Lubbock, TX (322,257)	1,767 (548)	15.6%	+5%	+4.5%	
Rockford, IL (336,116)	1,376 (409)	14.3%	-10%	+1.2%	
Amarillo, TX (265,053)	1,047 (395)	17.7%	-18%	+4.7%	
Ogden, UT (683,864)	1,695 (248)	13.3%	+20%	+2.3%	
Kingsport, TN (307,202)	1,014 (330)	18.1%	+42%	+1.4%	
Omaha, NE (949,442)	2,672 (281)	10.3%	-10%	+0.3%	

Population 50k – 250k

CBSA (population)	Last 7 days		Change from previous week		Daily case trend – last 8 weeks
	Cases (per 100k)	Test pos.	Percent change in cases	Absolute change in test pos.	
Sheboygan, WI (115,340)	1,446 (1,254)	19.9%	+244%	+2.5%	
Beaver Dam, WI (87,839)	981 (1,117)	22.6%	+175%	+9.3%	
Billings, MT (181,667)	977 (538)	22.7%	+19%	-2.5%	
Rexburg, ID (53,006)	595 (1,123)	35.9%	+4%	+6.1%	
Oshkosh, WI (171,907)	1,556 (905)	16.6%	+60%	-1.5%	
Wausau, WI (163,285)	1,524 (933)	16.5%	+99%	-2.7%	
Twin Falls, ID (111,290)	671 (603)	23.1%	+38%	-0.9%	
Appleton, WI (237,974)	2,024 (851)	15.6%	+92%	-2.1%	
Minot, ND (75,713)	673 (889)	17.4%	+65%	+4.3%	
Jefferson City, MO (151,235)	794 (525)	17.8%	+4%	-2.3%	

Within each population bin, CBSAs are ordered by the sum of 3 individual attribute rankings: 7-day case count, 7-day cases per 100,000 population, and 7-day average percent test positivity. The CBSAs with the ten smallest sums are shown.

*Last 7 days indicates case data from 10/19-10/25 and testing data from 10/17-10/23.

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SELECT CORE-BASED STATISTICAL AREAS (CBSAS) WITH INCREASING BURDEN

WY, OH, and RI county-level test information is provided directly to the federal government and is missing a significant proportion of known state tests. Because of this, the calculated percent test positivity may be unreliable in some counties in these states. ME, MO, MS, OK, PR, and WA test information at the county and state levels is provided directly to the federal government and may underestimate the total number of tests. Because of this, the calculated percent test positivity may be unreliable in some counties in these states.

Population over 1 million

CBSA (population)	Last 7 days		Change from previous week		Daily case trend – last 8 weeks
	Cases (per 100k)	Test pos.	Percent change in cases	Absolute change in test pos.	
Cleveland, OH (2,048,449)	1,707 (83)	5.4%	+44%	+1.3%	
Providence, RI (1,624,578)	2,181 (134)	3.1%	+41%	+1.1%	
Rochester, NY (1,069,644)	637 (60)	2.0%	+56%	+0.8%	
Los Angeles, CA (13,214,799)	13,014 (98)	4.2%	+76%	+0.4%	
Detroit, MI (4,319,629)	4,565 (106)	6.6%	+24%	+0.9%	
Phoenix, AZ (4,948,203)	4,828 (98)	5.7%	+29%	+0.5%	
Miami, FL (6,166,488)	7,445 (121)	6.2%	+23%	+0.9%	
Houston, TX (7,066,141)	5,911 (84)	6.5%	+24%	+0.7%	
Tucson, AZ (1,047,279)	573 (55)	6.2%	+13%	+1.4%	
Boston, MA (4,873,019)	4,721 (97)	5.7%	+39%	+0.2%	

Population 250k – 1million

CBSA (population)	Last 7 days		Change from previous week		Daily case trend – last 8 weeks
	Cases (per 100k)	Test pos.	Percent change in cases	Absolute change in test pos.	
Greeley, CO (324,492)	503 (155)	8.2%	+109%	+2.9%	
Aguadilla, PR (339,441)	371 (109)	5.1%	+63%	+1.9%	
Boise City, ID (749,202)	1,832 (245)	11.9%	+54%	+2.4%	
Bridgeport, CT (943,332)	954 (101)	4.9%	+55%	+2.0%	
Boulder, CO (326,196)	398 (122)	4.1%	+86%	+1.4%	
Lansing, MI (550,391)	708 (129)	5.9%	+48%	+1.6%	
Anchorage, AK (396,317)	1,188 (300)	8.5%	+53%	+1.5%	
Toledo, OH (641,816)	756 (118)	6.8%	+32%	+2.0%	
Colorado Springs, CO (745,791)	1,305 (175)	6.1%	+71%	+1.0%	
Allentown, PA (844,052)	581 (89)	4.2%	+43%	+1.5%	

Population 50k – 250k

CBSA (population)	Last 7 days		Change from previous week		Daily case trend – last 8 weeks
	Cases (per 100k)	Test pos.	Percent change in cases	Absolute change in test pos.	
Midland, TX (182,603)	539 (295)	14.7%	+97%	+6.5%	
Eau Claire, WI (169,304)	981 (579)	13.5%	+164%	+4.4%	
Coeur d'Alene, ID (165,697)	597 (360)	23.4%	+80%	+8.6%	
Cleveland, TN (124,942)	270 (216)	15.7%	+71%	+5.2%	
Shawnee, OK (72,592)	287 (395)	11.6%	+108%	+2.7%	
Watertown, WI (84,769)	430 (507)	16.2%	+70%	+3.8%	
Grand Forks, ND (100,815)	844 (837)	15.6%	+62%	+4.2%	
Muskegon, MI (173,566)	227 (131)	6.8%	+92%	+2.2%	
Hobbs, NM (71,070)	254 (357)	23.2%	+48%	+8.9%	
Yuma, AZ (213,787)	367 (172)	12.6%	+87%	+2.2%	

Within each population bin, CBSAs with at least 200 total confirmed cases and at least 30 confirmed cases per 100K in the past 7 days are ordered by the sum of 2 individual attribute rankings: 7-day percent change in cases and 7-day absolute change in percent test positivity. The CBSAs with the ten smallest sums are shown.

**Last 7 days indicates case data from 10/19-10/25 and testing data from 10/17-10/23.*

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COVID-19 Daily Report

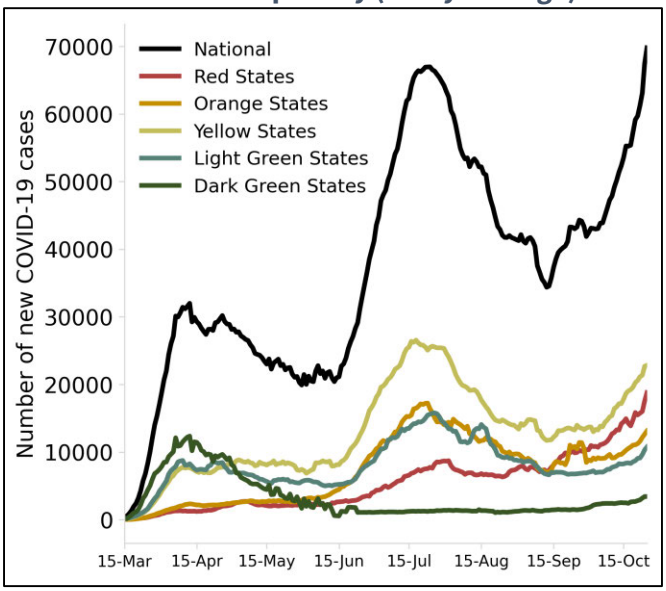
Reported on October 27, 2020

States assigned to groups based on test positivity in the week ending October 21.

Red states (>10% positive)	Orange states (8 - 10% positive)	Yellow states (5 - <8% positive)	Light Green states (3 - <5% positive)	Dark Green states (<3% positive)
IA, ID, KS, MO, MT, ND, NE, OK, SD, TN, UT, WI	AL, IN, KY, MS, NV, SC, TX	AK, AR, AZ, CO, FL, GA, IL, MI, MN, NC, NM, OR, PA, VA, WY	CA, CT, HI, LA, MD, NJ, OH, WA, WV	DC, DE, MA, ME, NH, NY, RI, VT

Case counts

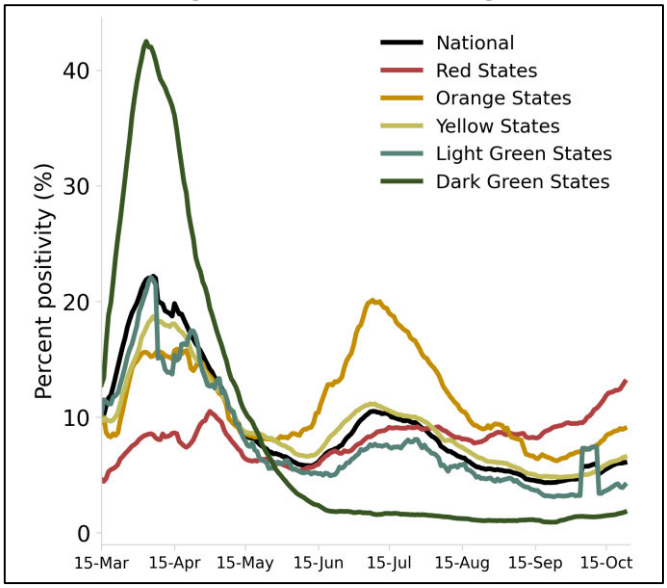
New COVID-19 cases per day (7-day average)



Source: Aggregate counts reported by jurisdictions to CDC.

Test positivity rate

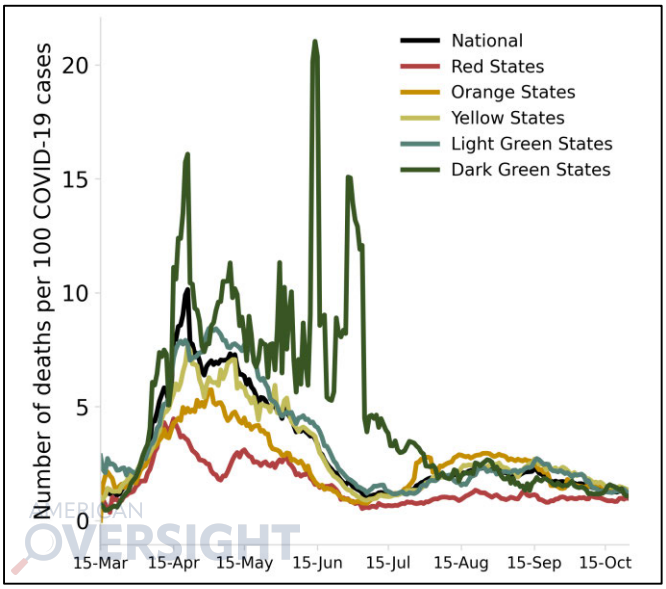
Percent testing positive (7-day average)



Source: Unified State Reporting Results Timeseries, HHS Protect.

Deaths per 100 cases

COVID-19 deaths per 100 cases (7-day average)

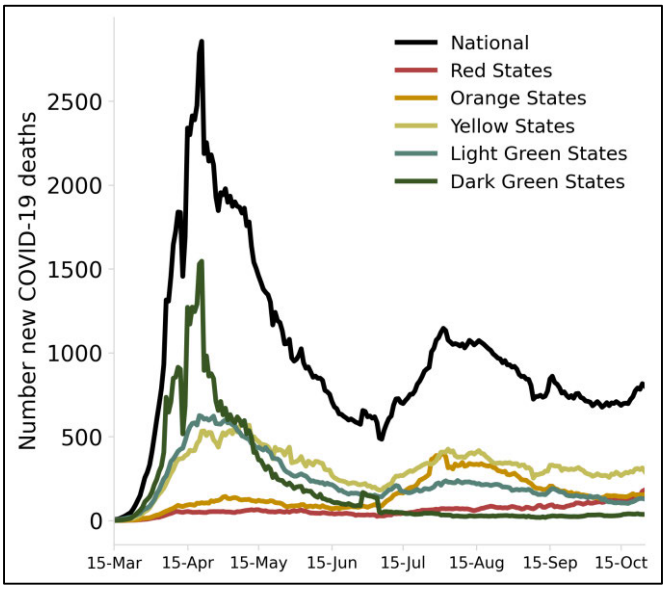


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Source: Aggregate counts reported by jurisdictions to CDC.

Death counts

New COVID-19 deaths per day (7-day average)



Source: Aggregate counts reported by jurisdictions to CDC.

NIH FOIA 001566 HHS-NIH-20-0496-A-001566

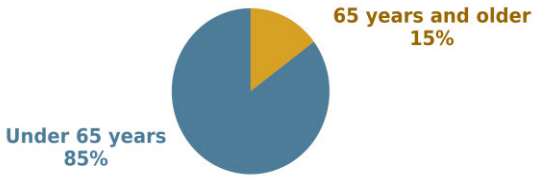
Outcomes by Age

Calculations involving age are performed with the CDC line list, which captures ~80% of reported cases and deaths. The denominator for deaths per 100 cases includes cases with unknown outcome; ~50% of cases have unknown outcome. Therefore, calculations are likely to be substantial underestimates of true rates.

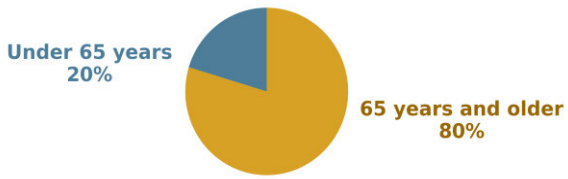
	Cases	Hospitalized	Hospitalized %	Deaths	Case Fatality Rate
65 years and older	998,591	224,472	22.5%	134,046	13%
Younger than 65 years	5,732,351	250,701	4.4%	34,191	0.6%

Source: CDC line list including states and territories.

COVID-19 cases by age category



COVID-19 deaths by age category



National Metrics*

Week	Percent Positive**	Change from previous week	Cases	Change from previous week	Inpatients with COVID-19	Change from previous week	Deaths	Change from previous week
10/19-10/25	6.1%	+0.5%	69,785	+26.0%	45,617	+7.3%	802	+15.1%
10/12-10/18	5.6%	-0.2%	55,370	+12.6%	42,519	+8.9%	697	-0.6%
10/5-10/11	5.9%	+1.2%	49,172	+14.2%	39,059	+10.0%	701	+0.8%
9/28-10/4	4.6%	+0.2%	43,044	-2.5%	35,515	+3.1%	696	-8.2%
9/21-9/27	4.4%	0.0%	44,153	+9.1%	34,463	-0.5%	758	-0.3%
9/14-9/20	4.4%	-0.3%	40,475	+17.2%	34,629	-7.4%	760	+2.4%
9/7-9/13	4.7%	-0.7%	34,545	-16.3%	37,409	-6.7%	742	-11.9%
8/31-9/6	5.3%	-0.1%	41,266	-0.3%	40,095	-8.1%	842	-7.9%
8/24-8/30	5.5%	-0.2%	41,409	-3.5%	43,612	-9.7%	914	-6.9%
8/17-8/23	5.7%	-0.9%	42,909	-16.2%	48,294	-10.4%	982	-8.5%
8/10-8/16	6.6%	-0.8%	51,211	-4.3%	53,916	-9.0%	1,073	+1.9%
8/3-8/9	7.4%	-1.4%	53,507	-11.5%	59,246	-6.1%	1,053	-7.0%
7/27-8/2	8.8%	-0.8%	60,488	-8.8%	63,088	-2.9%	1,132	+24.0%
7/20-7/26	9.6%	-0.4%	66,332	-0.1%	64,958	+2.5%	913	+21.2%
7/13-7/19	10.0%	-0.5%	66,395	+13.3%	63,366	+13.1%	753	+3.9%
7/6-7/12	10.4%	+0.7%	58,619	+20.3%	56,051	+18.8%	725	+47.4%
6/29-7/5	9.8%	+1.8%	48,717	+26.5%	47,191	+16.8%	492	-25.0%
6/22-6/28	7.9%	+0.9%	38,515	+42.0%	40,397	+10.6%	656	+7.3%
6/15-6/21	7.0%	+1.2%	27,125	+29.2%	36,526	-0.7%	611	-18.8%
6/8-6/14	5.8%	-0.3%	20,992	-2.8%	36,773	-6.7%	753	-11.9%
6/1-6/7	6.1%	-0.7%	21,592	+0.6%	39,409	-5.6%	854	-11.1%
5/25-5/31	6.8%	-0.7%	21,461	-4.4%	41,744	-6.2%	961	-18.6%
5/18-5/24	7.5%	-1.0%	22,444	+0.8%	44,522	-8.3%	1,180	-14.4%
5/11-5/17	8.5%	-2.4%	22,266	-9.4%	48,552	-8.9%	1,379	-21.5%
5/4-5/10	10.9%	-3.0%	24,588	-11.5%	53,289	-4.4%	1,757	-9.1%
4/27-5/3	13.9%	-2.5%	27,785	-7.9%	55,751	+1.5%	1,933	-8.8%
4/20-4/26	16.4%	-2.5%	30,179	+10.2%	54,932	+8.5%	2,120	-14.3%
4/13-4/19	18.9%	-0.8%	27,397	-14.4%	50,613	+16.4%	2,474	+34.8%
4/6-4/12	19.8%	-2.1%	31,994	+17.9%	43,488	+45.8%	1,836	+97.6%
3/30-4/5	21.9%	+3.4%	27,141	+76.7%	29,824	+563.6%	929	+224.4%
3/23-3/29	18.5%	+5.8%	15,357	+259.1%	4,495	+248.7%	286	+502.1%
3/16-3/22	12.7%	+2.6%	4,276	+881.7%	1,289	+327.2%	48	+593.8%
3/9-3/15	10.1%	-0.9%	436	+677.8%	302	+2960.9%	7	+166.7%
Cumulative	7.4%		8,617,021				224,601	

Source: Cases and deaths calculated from CDC aggregate data. Inpatients with COVID-19 are calculated from the Unified Hospital Dataset and represent the total number of inpatients currently hospitalized with COVID-19. Psychological, rehabilitation, and religious non-medical hospitals were excluded from this total. Test data are from the Unified State Reporting Results dataset.

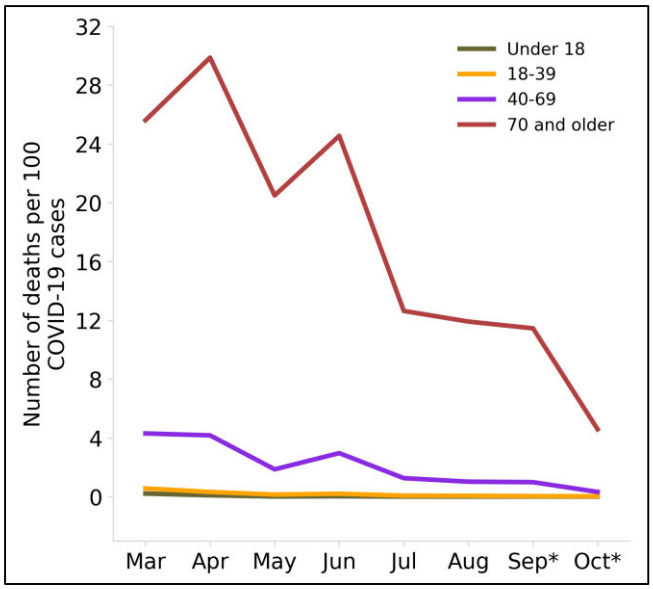
* Values in the table are daily averages over the week specified.

** Testing data have a 2-day lag relative to the case data, i.e. the most recent week is 10/17-10/23.

NIH FOIA 001567
HHS-NIH-20-0496-A-001567

Deaths per 100 cases by age and month

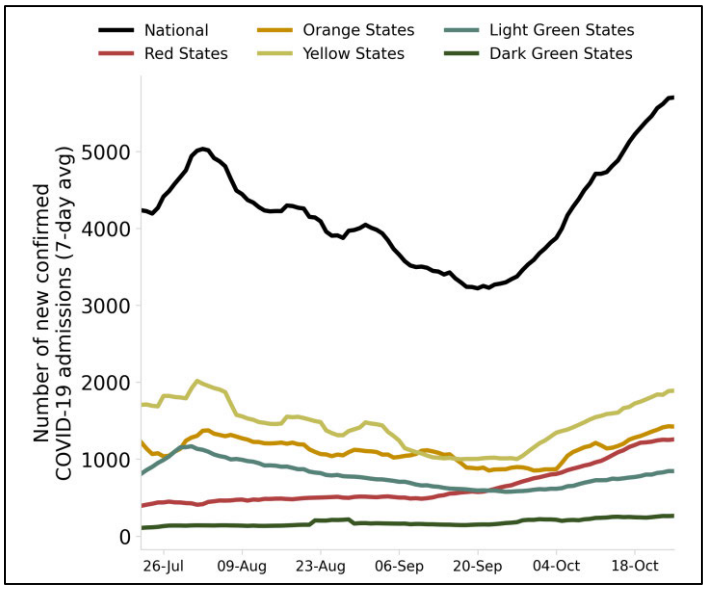
COVID-19 deaths per 100 cases



Source: CDC line list. Records with misreported or unreported dates (~10% of all data) have been excluded.
* Deaths might not yet be reported for cases identified in September and October, and data from recent weeks could be an underestimate.

Daily COVID-related hospitalizations

7-day average



Source: Unified Hospital Dataset. Psychological, rehabilitation, and religious non-medical hospitals are excluded from this total.

Weekly Indicators†

Indicators for percent change from previous week: ▲ Increase ▼ Decrease ■ Minor change/stable

Red states

State	% Pos	Cases	Admits	Deaths
IA	▲	▲	▲	▲
ID	▲	▲	▲	▲
KS	▲	■	■	▲
MO	■	▲	■	▲
MT	▼	▲	■	▲
ND	▲	▲	▲	▼
NE	▲	■	▲	▲
OK	▲	▲	▲	▲
SD	▲	▲	▲	▲
TN	▲	▲	▼	▲
UT	▲	▲	▲	▲
WI	■	▲	▲	▲

Orange states

State	% Pos	Cases	Admits	Deaths
AL	■	▲	▲	▼
IN	▲	▲	▲	▲
KY	▼	▲	▲	▲
MS	■	■	■	▲
NV	▼	▲	■	▼
SC	■	■	▼	▲
TX	▲	▲	■	■

Yellow states

State	% Pos	Cases	Admits	Deaths
AK	▲	▲	■	▼
AR	■	▲	■	▼
AZ	▲	▲	▲	▼
CO	▲	▲	▲	▼
FL	■	▲	▲	▼
GA	■	▲	■	▼
IL	▲	▲	■	▲
MI	▲	▲	▲	▲
MN	▲	▼	▲	▲
NC	■	■	■	▲
NM	▲	▲	▲	▲
OR	■	▲	▲	▲
PA	▲	▲	▲	▲
VA	■	■	■	▲
WY	▲	▲	■	▲

Light Green states

State	% Pos	Cases	Admits	Deaths
CA	■	▲	■	■
CT	▲	▲	■	▲
HI	▲	▲	▼	▲
LA	■	■	▲	■
MD	▼	■	■	▲
NJ	▲	▲	▲	▲
OH	▲	▲	■	▲
WA	■	■	■	▲
WV	■	■	▲	▲

Dark Green states

State	% Pos	Cases	Admits	Deaths
DC	■	■	▲	▼
DE	■	■	▼	▲
MA	■	▲	▲	■
ME	■	▲	▲	▼
NH	■	▲	■	▼
NY	■	▲	■	▼
RI	▲	▲	▲	▲
VT	■	▲	▲	---

Weekly indicator color thresholds

▼	<-10% change in cases, deaths, new admissions; <-0.5% change in positivity
■	-10% - 10% change in cases, deaths, new admissions; -0.5% - 0.5% change in positivity
▲	>10% change in cases, deaths, new admissions; >0.5% change in positivity

† "% Pos" refers to the viral (RT-PCR) lab test positivity rate. "Admits" refers to confirmed COVID-19 new hospital admissions.

AMERICA OVERSIGHT
NIH FOIA 001568 HHS-NIH-20-0496-A-001568

New hospital admissions by age category and week, July 22† – October 25, 2020

		7/22 – 7/28	7/29 – 8/4	8/5 – 8/11	8/12 – 8/18	8/19 – 8/25	8/26 – 9/1	9/2 – 9/8	9/9 – 9/15	9/16 – 9/22	9/23 – 9/29	9/30 – 10/6	10/7 – 10/13	10/14 – 10/20	10/21 – 10/25	Cumulative
Under 18 years	Confirmed hosp	937	937	850	707	657	621	639	570	637	601	750	714	732	456	9,808
	Suspected hosp	2,360	2,336	2,636	2,584	2,689	2,497	2,861	2,690	2,650	2,726	2,799	3,049	3,209	2,247	37,333
	Confirmed hosp per 100 cases	4.0	3.7	4.1	2.9	2.5	3.3	2.7	3.1	2.7	2.4	2.6	2.5	2.2	2.0	2.9
	Suspected hosp per 100 cases	10.2	9.3	12.6	10.6	10.2	13.4	12.2	14.4	11.2	11.1	9.7	10.8	9.6	9.6	10.9
18-39 years	Confirmed hosp	3,191	3,411	3,313	2,822	2,669	2,654	2,758	2,791	2,759	2,962	3,365	3,596	4,036	3,094	43,421
	Suspected hosp	5,048	6,132	6,486	6,162	5,698	6,191	6,620	6,536	6,344	6,469	6,310	6,467	6,227	4,251	84,941
	Confirmed hosp per 100 cases	3.4	3.5	4.2	2.9	2.4	3.2	2.4	3.3	2.8	3.0	3.0	3.5	3.4	3.5	3.1
	Suspected hosp per 100 cases	5.4	6.2	8.2	6.4	5.1	7.4	5.7	7.7	6.4	6.5	5.7	6.4	5.3	4.9	6.2
40-69 years	Confirmed hosp	11,157	12,027	11,370	10,045	9,147	8,729	9,147	9,111	8,952	9,898	11,787	13,826	15,884	12,548	153,628
	Suspected hosp	14,961	17,679	17,887	17,100	16,676	16,613	17,191	17,335	16,790	17,919	18,260	18,983	18,827	13,547	239,768
	Confirmed hosp per 100 cases	13.5	13.0	15.6	11.1	8.9	13.5	9.9	14.5	10.7	11.7	11.6	13.9	13.1	14.6	12.4
	Suspected hosp per 100 cases	18.2	19.2	24.6	18.9	16.3	25.7	18.5	27.5	20.0	21.2	18.0	19.0	15.5	15.8	19.4
70 Years and older	Confirmed hosp	8,078	8,903	8,635	7,647	7,161	6,949	7,874	7,404	8,107	8,504	10,200	12,563	14,339	11,367	127,731
	Suspected hosp	12,218	14,408	14,519	14,136	14,080	14,096	14,634	14,843	14,613	15,556	16,372	17,095	16,915	12,303	205,788
	Confirmed hosp per 100 cases	46.3	42.8	50.8	38.0	30.5	43.9	30.5	47.6	39.9	41.1	39.7	48.5	46.3	52.7	42.4
	Suspected hosp per 100 cases	70.0	69.3	85.3	70.2	59.9	89.1	56.7	95.3	71.9	75.2	63.8	66.0	54.6	57.0	68.3

Source: New hospital admissions with confirmed or suspected COVID-19 are calculated from the Unified Hospital Dataset and represent new admissions on the day prior to the report date. Psychological, rehabilitation, and religious non-medical hospitals are excluded from this total. Cases from CDC line list. Records with misreported or unreported dates (~10% of all data) have been excluded.

† Values represent data only on or after July 22 due to inconsistent reporting before that date.

COVID-19 cases and deaths by age category and month

	Under 18 years			18-39 years			40-69 years			70 years and older		
	Cases	Deaths	CFR	Cases	Deaths	CFR	Cases	Deaths	CFR	Cases	Deaths	CFR
March	3,223	7	0.22	50,029	283	0.57	85,029	3,662	4.3	22,138	5,669	25.6
April	15,115	15	0.10	159,009	521	0.33	264,254	11,034	4.2	96,720	28,886	29.9
May	38,600	8	0.02	221,090	328	0.15	279,309	5,211	1.9	86,831	17,795	20.5
June	62,748	22	0.04	319,922	653	0.20	335,579	9,960	3.0	98,371	24,145	24.5
July	106,576	16	0.02	475,877	372	0.08	399,187	5,050	1.3	82,554	10,433	12.6
August	101,542	13	0.01	411,084	275	0.07	369,597	3,786	1.0	85,051	10,133	11.9
September*	97,049	15	0.02	429,102	195	0.05	349,835	3,468	0.99	88,594	10,148	11.5
October*	110,328	12	0.01	401,539	136	0.03	393,063	1,289	0.33	100,606	4,617	4.6
Cumulative	535,181	108	0.02	2,467,652	2,763	0.11	2,475,853	43,460	1.8	660,865	111,826	16.9

Source: CDC line list. Records with misreported or unreported dates (~10% of all data) have been excluded.

Case Fatality Rate (CFR) is the number of deaths per 100 cases.

* Deaths might not yet be reported for cases identified in September and October, and data from recent weeks could be an underestimate.

AMERICAN OVERSIGHT

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Mon, 9 Nov 2020 14:28:18 -0500
To: AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH);Zhou, Fengyee (HHS/OASH);Morris, Katy (HHS/IOS);Abel, Vadm Daniel (HHS/IOS);Danko, Carol (OS/ASPR/JIC);sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH);(b) (6) Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS(b) Lynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E];(b) (6) (b) (6) (b) (6) (

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Monday, November 9th, 2020
3:00pm EST

I. **Opening Remarks** – Vice President Pence

II. **Data Modeling & Reporting** – Dr. Debbie Birx

III. **Therapeutics & Vaccines** – Dr. Tony Fauci (NIAID)

- **Operation Warp Speed** – Secretary Alex Azar (HHS)
- **Pfizer Vaccine** – Secretary Alex Azar (HHS)
- **Monoclonal EUA & Distribution** – Dr. Stephen Hahn (FDA)
- **Monoclonal Therapeutic Coverage** – Administrator Seema Verma (CMS)

IV. **NRCC & Supplies** – Administrator Pete Gaynor & Brig.-Gen. Dave Sanford (FEMA)

V. **Surge Capacity (Tabletop Exercise)** – Secretary Alex Azar (HHS)

VI. **Nursing Home Update** – Administrator Seema Verma (CMS)

VII. **Concluding Remarks** – Vice President Pence

AMERICAN OVERSIGHT

WHSR JFK Conference Room (West Wing)
DATE: 9 NOVEMBER 2020
TIME: 1500 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

EAST

Greg Jacob

LTG Keith Kellogg

John Gray

Katie Miller

Marc Short

Dr. Stephen Hahn

Sec. Gene Scalia

Sec. Alex Azar



ADM Brett Giroir

Dr. Tony Fauci

Dr. Debbie Birx

Stephen Miller

Brian Morgenstern

Brad Smith

Tom Engels

Derek Kan

Doug Hoelscher

WEST - WINDOWS

DOOR

Vice President

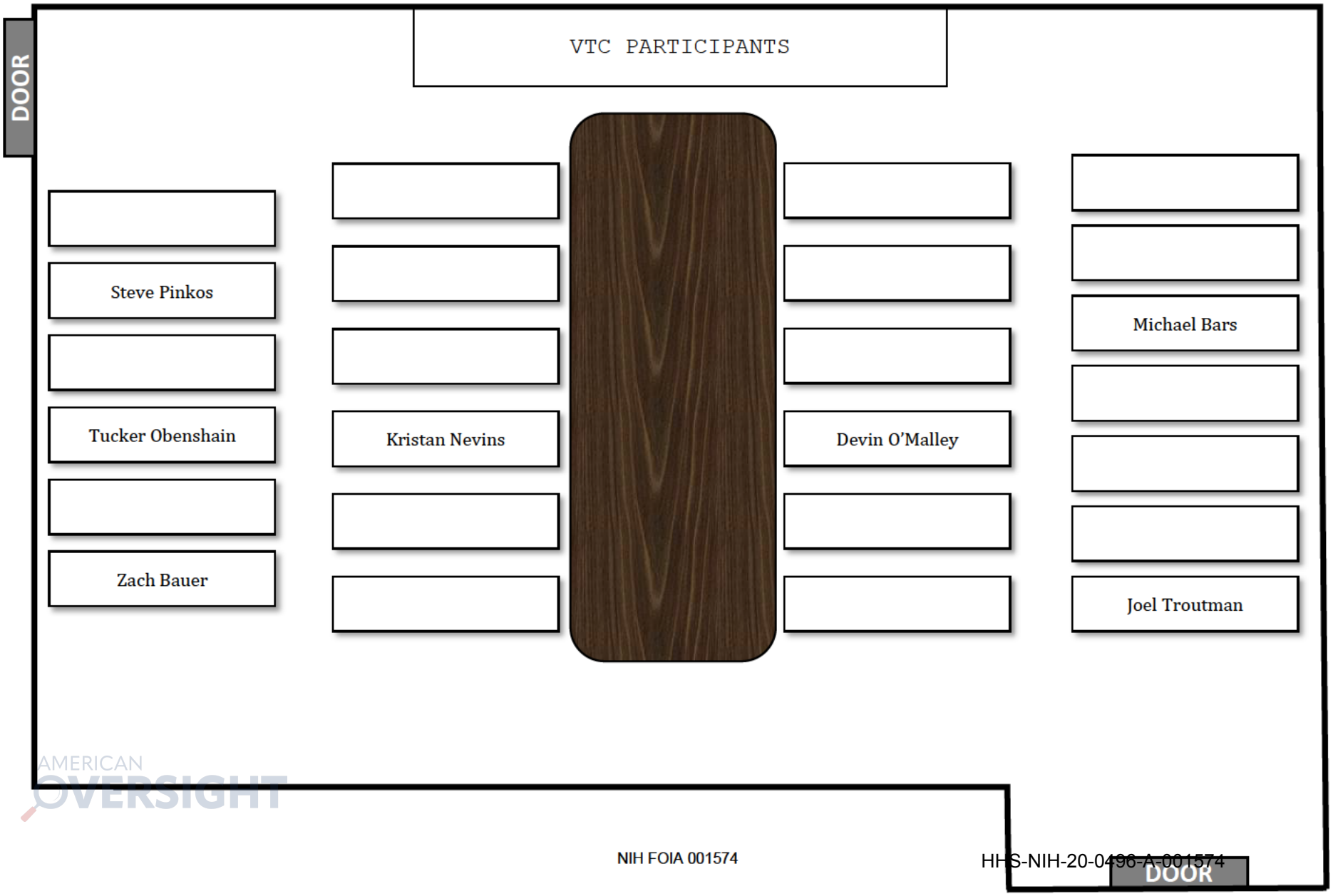
NORTH

AMERICAN OVERSIGHT

NIH FOIA 001573

HHS-NIH-20-0496-A-001573

WHSR EXEC OVER FLOW
DATE: 9 NOVEMBER 2020
TIME: 1500 EST



AMERICAN OVERSIGHT

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Tue, 17 Nov 2020 13:32:12 -0500
To: AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH);Zhou, Fengyee (HHS/OASH);Morris, Katy (HHS/IOS);Abel, Vadm Daniel (HHS/IOS);Danko, Carol (OS/ASPR/JIC);sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH);(b) (6) Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS (b) ;Lynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E];(b) (6) (b) (6) (b) (6) (

Thank you,

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

WHSR JFK Conference Room (West Wing)
DATE: 17 NOVEMBER 2020
TIME: 1400 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

Matt Pottinger

Greg Jacob

EAST

LTG Keith Kellogg

John Gray

Katie Miller

Marc Short

DOOR

Dr. Robe t Redfield

Sec. Gene Scalia

Sec. Sonny Perdue

ADM Brett Giroir

Seema Verma

Dr. Debbie Birx

Mark Meadows

Brian Morgenstern

Brad Smith

Dr. Jerome Adams

Larry Kudlow

Doug Hoelscher

WEST - WINDOWS

Vice President

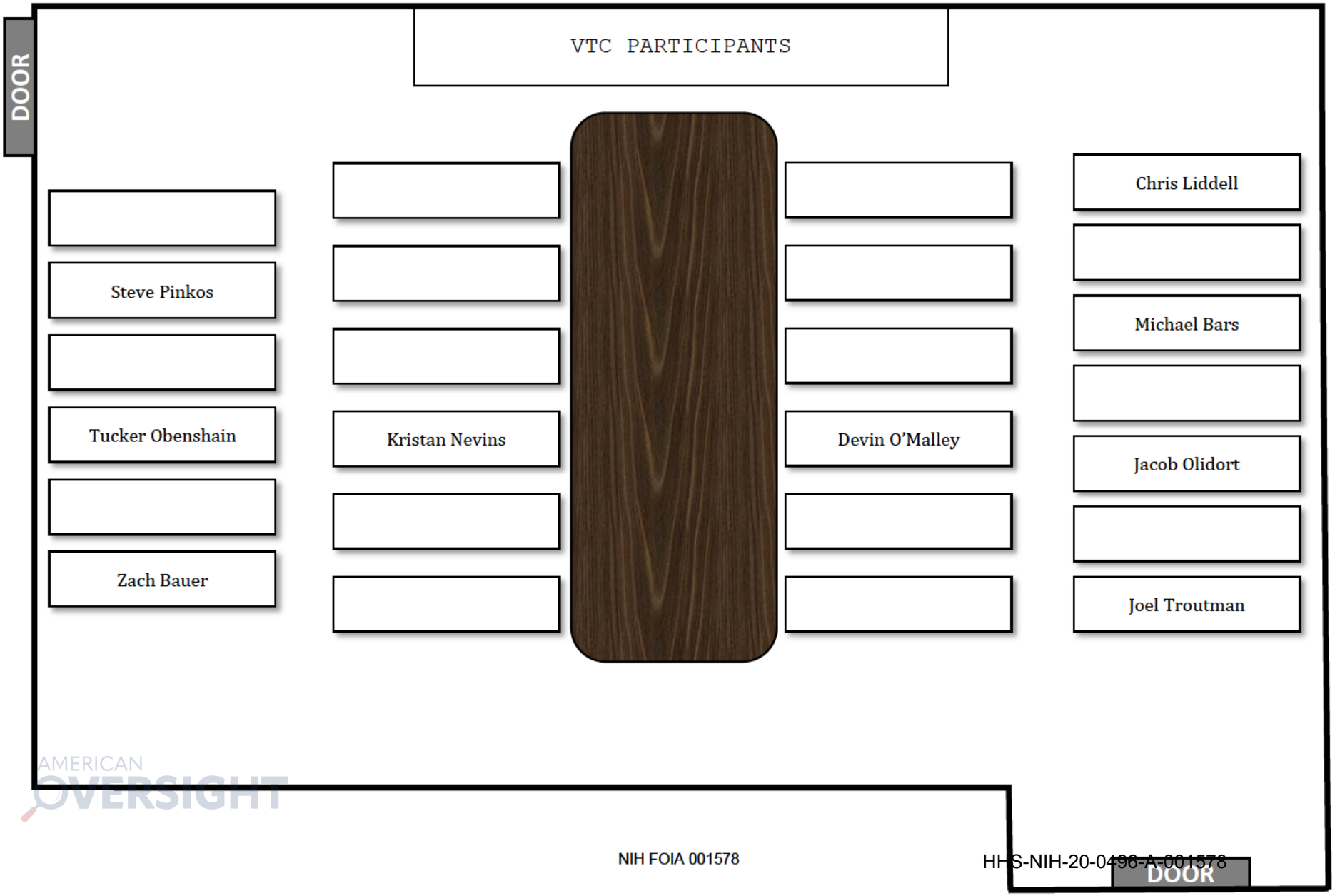
NORTH

AMERICAN OVERSIGHT

NIH FOIA 001577

HHS-NIH-20-0496-A-001577

WHSR EXEC OVER FLOW
DATE: 17 NOVEMBER 2020
TIME: 1400 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-001578

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Tuesday, November 17th, 2020
2:00pm EST

I. **Opening Remarks** – Vice President Pence

II. **Moderna Vaccine** – Dr. Stephen Hahn (FDA)

III. **New At-Home COVID Test** – Dr. Stephen Hahn (FDA)

IV. **Vaccine Distribution** – Paul Mango (HHS)

V. **NRCC & Supplies** – Administrator Pete Gaynor & Brig.-Gen. Dave Sanford (FEMA)

VI. **212(f) Travel Suspension** – Matt Pottinger (NSA), Dr. Redfield (CDC), & Assistant Secretary Carl Risch (State)

VII. **Binax DPA Rating** – ADM Brett Giroir (HHS)

VIII. **Data Modeling & Reporting** – Dr. Debbie Birx

IX. **Concluding Remarks** – Vice President Pence

AMERICAN OVERSIGHT

OWS Distribution Update - WHTF 17 Nov 2020

I. Week 1 Lilly monoclonal shipments going well (30k in hospitals, another 15k on the way)

II. Jurisdiction vaccine distribution preparation
   a. Tiberius Enrollment - 60/64
   b. VTracks Enrollment - necessary for shipment - 49/62
   c. Data Use Agreements (DUA) - necessary for reminders and snowbirds
      i. 29 done, 18 in progress, 17 not started

III. Vaccine Administration Sites
   a. 40,000+ pharmacies
   b. 10,000+ FQHCs
   c. Over 90% of SNFs already enrolled in the CVS/Walgreens mobile vaccine program

IV. Federal Entity Vaccination planning going well
   a. Dod, DoS, IHS, VHA, BoP

AMERICAN OVERSIGHT

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Tue, 1 Dec 2020 14:21:09 -0500
To: AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH);Zhou, Fengyee (HHS/OASH);Morris, Katy (HHS/IOS);Abel, Vadm Daniel (HHS/IOS);Danko, Carol (OS/ASPR/JIC);sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH);Giroir, Brett (HHS/OASH);Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS (b) (6) Lynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E];(b) (6) (b) (6) (b) (6) (

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

WHSR JFK Conference Room (West Wing)
DATE: 1 DECEMBER 2020
TIME: 1500 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

EAST

William Crozer

Greg Jacob

John Gray

LTG Kellogg

Devin O'Malley

Marc Short

DOOR

BGEN Dave Sandford

Sec. Ben Carson

Sec. Gene Scalia

Dr. Robert Redfield

Seema Verma

Dr. Debbie Birx

Brian Morgenstern

Brad Smith

Dr. Jerome Adams

Russ Vought

Larry Kudlow

Pat Philbin

WEST - WINDOWS

Vice President

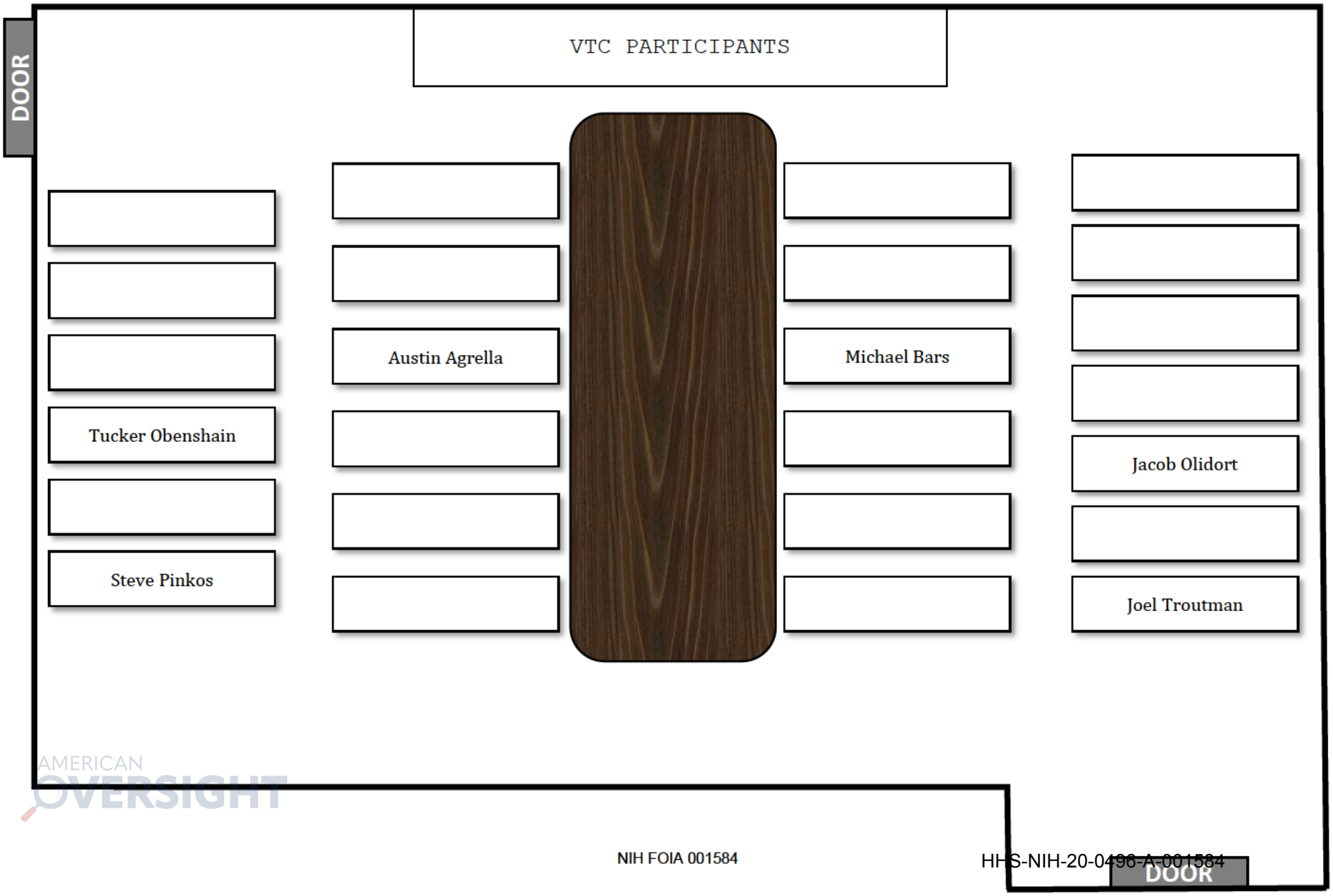
AMERICAN OVERSIGHT

NORTH

NIH FOIA 001583

HHS-NIH-20-0496-A-001583

WHSR EXEC OVER FLOW
DATE: 1 DECEMBER 2020
TIME: 1500 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-001584

Leveraging CDC Areas of Concern Continuum Data

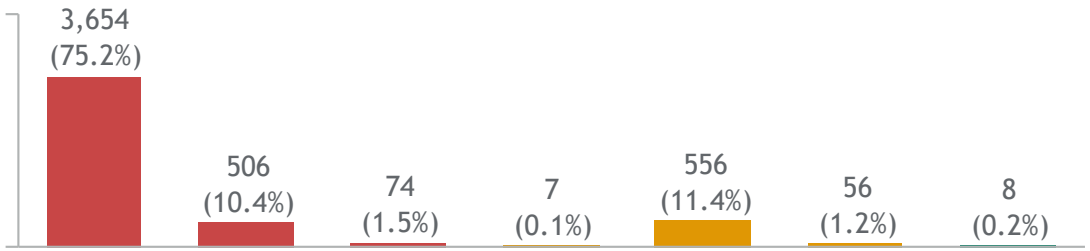
Areas of Concern Classifications:

1. **Sustained Hotspot** – communities that have had a high sustained case burden and may be higher risk for experiencing healthcare resource limitations
2. **Hotspot** – communities that have reached a threshold of disease activity considered as being of high burden
3. **Emerging Hotspot** – communities with a high likelihood to become hotspots in the next 1-7 days
4. **High Burden - Resolving** – communities that were recently identified as hotspots and are now improving
5. **Moderate Burden** – communities with moderate disease activity
6. **Moderate Burden - Resolving** – communities that have a moderate level of burden, but are demonstrating improvement
7. **Low Burden** – communities with minimal activity

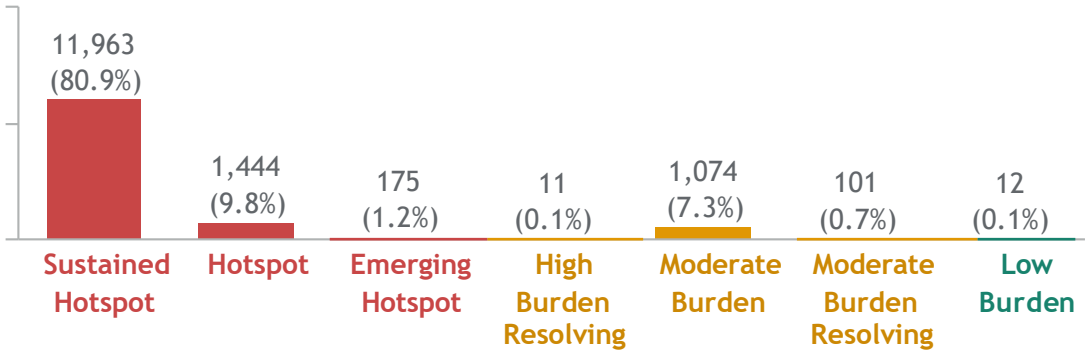
Sources: CDC's Areas of Concern Continuum

~85% of hospitals and ~90% of LTCFs are located in 'hotspot' counties

Number of hospitals in counties by AOC classification

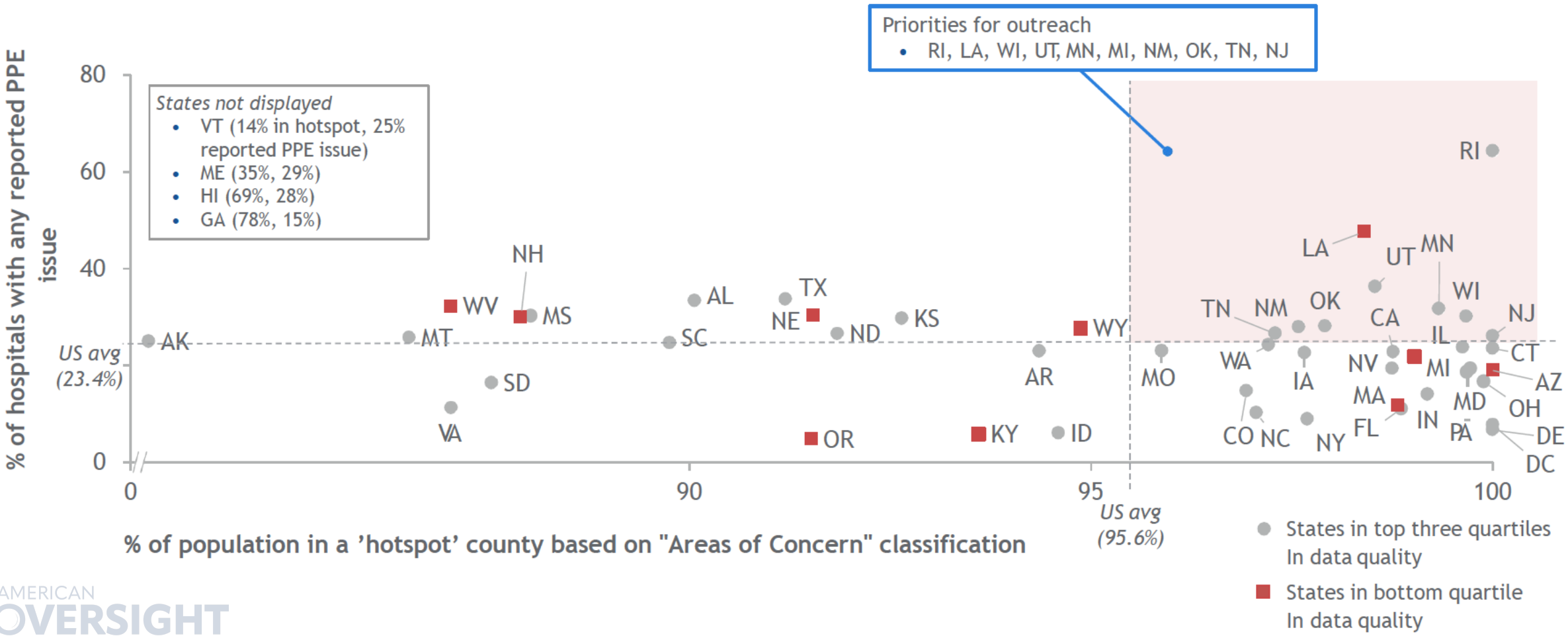


Number of LTCFs in counties by AOC classification



AMERICAN OVERSIGHT

Using CDC's Areas of Concerns classification & hospital-reported supply status—prioritize Distributors efforts



AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Tuesday, December 1st, 2020
3:00pm EST

I. **Opening Remarks** – Vice President Pence

II. **Data Modeling & Reporting** – Dr. Debbie Birx

III. **Moderna Vaccine** – Dr. Stephen Hahn (FDA)

IV. **New At-Home COVID Test** – Dr. Stephen Hahn (FDA)

V. **Vaccine Distribution** – Sec. Alex Azar (HHS)

VI. **Title 32** – Russ Vought (OMB)

VII. **Vaccine Prioritization** – Dr. Robert Redfield (CDC)

VIII. **Change in Quarantine Guidance** – Dr. Robert Redfield (CDC)

IX. **Hospital at Home Efforts** – Administrator Seema Verma (CMS)

X. **NRCC & Supplies** – Administrator Pete Gaynor & Brig.-Gen. Dave Sanford (FEMA)

XI. **Concluding Remarks** – Vice President Pence

AMERICAN OVERSIGHT

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Wed, 16 Dec 2020 13:25:01 -0500
To: AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH);Zhou, Fengyee (HHS/OASH);Morris, Katy (HHS/IOS);Abel, Vadm Daniel (HHS/IOS);Danko, Carol (OS/ASPR/JIC);sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH);Giroir, Brett (HHS/OASH);Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS (b) (6);Lynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E];(b) (6) (b) (6) (b) (6) (

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Wednesday, December 16th, 2020
4:00pm EST

I. **Opening Remarks** – Vice President Pence

II. **Governor's Call** – Vice President Pence

III. **State Distribution Visits** – Vice President Pence

IV. **Moderna EUA** – Dr. Stephen Hahn (FDA)

V. **At-Home Rapid Test** – Dr. Stephen Hahn (FDA)

VI. **Vaccine Distribution** – Sec. Alex Azar (HHS)

VII. **Extension of DPA Export Restrictions** – Greg Jacob

VIII. **Data Modeling & Reporting** – Dr. Debbie Birx

IX. **NRCC & Supplies** – Administrator Pete Gaynor & Brig.-Gen. Dave Sanford (FEMA)

X. **Concluding Remarks** – Vice President Pence

AMERICAN OVERSIGHT

WHSR JFK Conference Room (West Wing)
DATE: 16 DECEMBER 2020
TIME: 1600 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

EAST

Paul Mango

Brad Smith

Greg Jacob

LTG Kellogg

Devin O'Malley

Marc Short

DOOR

Dr. Robert Redfield

Sec. Gene Scalia

Sec. Alex Azar

Dr. Jerome Adams

ADM Brett Giroir

Adm. Seema Verma

Stephen Miller

Brian Morgenstern

Larry Kudlow

Russ Vought

John Fleming

Pat Philbin

WEST - WINDOWS

Vice President

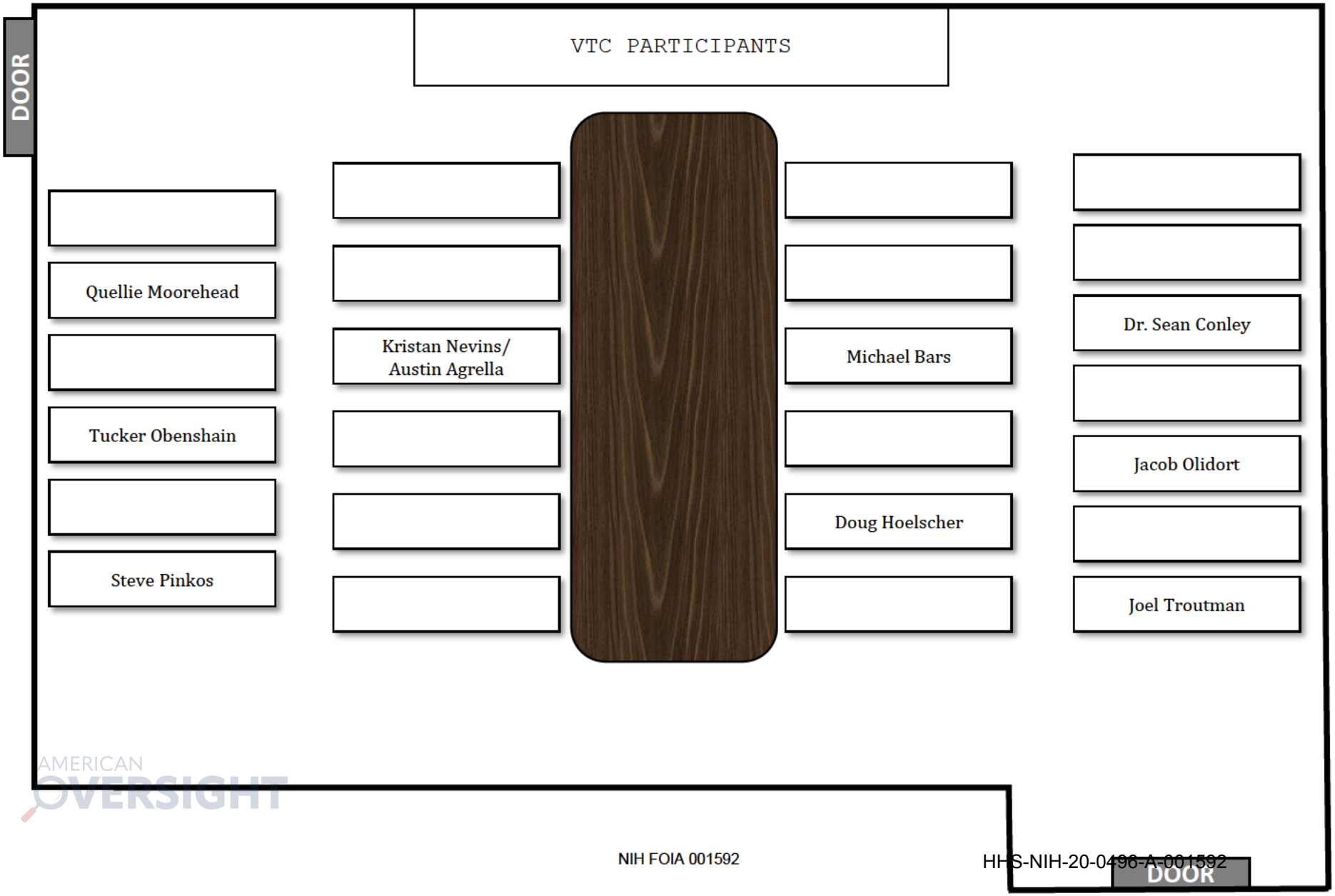
NORTH

AMERICAN OVERSIGHT

NIH FOIA 001591

HHS-NIH-20-0496-A-001591

WHSR EXEC OVER FLOW
DATE: 16 DECEMBER 2020
TIME: 1600 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-001592

COVID-19 U.S. Testing Strategy

Results by the Numbers

December 16, 2020

>216 million
Tests Completed

>180 million
Test Capacity December

OASH Office of the Assistant Secretary for Health

$10.25 billion
to states, territories and tribes for **TESTING**

$20 billion
to nursing homes for testing and other needs

$847million
to support testing for uninsured people

Critical Supplies Delivered to States

184 million
swabs

202 million
tubes of transport media

4.3 million
ID NOW molecular tests

Point-of-Care Instruments to Nursing Homes

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

15,200 nursing homes received point-of-care instruments AND

5.3 million point-of-care tests

BinaxNOW Rapid Antigen Tests



- **66.6 million**
  distributed to states
- **35.9 million**
  distributed to nursing homes, assisted living, HBCUs, tribes and disaster relief

K-12 School Pilot Program

120,000 Tests

- Louisville
- Los Angeles
- New Orleans
- Tulsa
- Rhode Island
- District of Columbia

The ROCKEFELLER FOUNDATION

Duke | MARGOLIS CENTER for Health Policy

Strategic Surveillance Program

>1.8 million tests

- Colorado
- North Dakota
- Pennsylvania
- Rhode Island
- Utah
- Veterans Affairs
- Select Tribes

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

AMERICAN OVERSIGHT

NIH FOIA 001593

HHS-NIH-20-0496-A-001593

COVID-19 U.S. Testing Strategy

Results by the Numbers

December 16, 2020

Testing: Research and Development

> $255 million
for rapid antigen tests

> $176 million
for rapid molecular tests

> $570 million
for lab based tests

Building Infrastructure: DPA and other Investments

10 DPA Rated Orders



38 Air Bridge Flights
for testing supplies:
swabs, pipette tips, others

300 EUAs for Tests
issued by FDA -- including 3 at-home tests

$155.3 million
to increase U.S. swab production

$180.2 million
to increase U.S. reagents/kits production

$53 million
to increase U.S. pipette tip production

Federally Enabled Testing Sites

>1,300 Federally Qualified Health Centers

>6,000 Retail sites

>500 Surge testing sites in 19 states

Acquisition of Products and Services

$938 million
Community Based Testing Sites

$760 million
BinaxNOW Rapid Tests

$198 million
ID NOW Rapid Molecular Tests

$481 million
CUE Rapid Molecular Tests

$659 million
Swab and Media Procurement

$50 million
National Wastewater Surveillance System

$133 million
BD and Quidel Rapid Tests

$400 million
Solicitation for Home Tests

$30 million
Diagnostics Data Platform

AMERICAN OVERSIGHT

NIH FOIA 001594

HHS-NIH-20-0496-A-001594

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Mon, 21 Dec 2020 13:00:36 -0500
To: AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH);Zhou, Fengyee (HHS/OASH);Morris, Katy (HHS/IOS);Abel, Vadm Daniel (HHS/IOS);Danko, Carol (OS/ASPR/JIC);sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH);Giroir, Brett (HHS/OASH);Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS (b) (6) ynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/OA);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E];(b) (6) (b) (6) (b) (6) (b) (6) David.norq (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) lau (b) (6) (b) (6) (b) (6) (b) (6) hs.gov;(b) (6) (b) (6) (b) (6) stm77@tre asury.gov;(b) (6) (b) (6) (b) (6) michael.harris (b) (6) (b) (6) (b) (6) Toepfer, LCDR Josiah (HHS/IOS);Smith, Brad (CMS/OA);(b) (6) Conley, Sean P. CDR USN WHMO/WHMU;Conant, Ann M. EOP/OMB;Vought, Russell T. EOP/OMB;Birx, Deborah L. EOP/NSC;Kudlow, Larry A. EOP/WHO;Cipollone, Pat A. EOP/WHO;Pataki, Tim A. EOP/WHO;Hoelscher, Douglas L. EOP/WHO;Kushner, Jared C. EOP/WHO;Philbin, Patrick F. EOP/WHO;Miller, Stephen EOP/WHO;Fleming, John C. Jr. EOP/WHO;Hicks, Hope C. EOP/WHO;Nevins, Kristan K. EOP/WHO;Farah, Alyssa A. EOP/WHO;Gilmartin, Kayleigh M. EOP/WHO;Baker, Brittany G. EOP/WHO;Rose, Lyndee D. EOP/WHO;Luna, Cassidy M. EOP/WHO;Hahn, Julia A. EOP/WHO;Boyd, Charlton J. EOP/WHO;Kline, Katherine E. EOP/WHO;Russell, Sarah J. EOP/WHO;Lair, Kate E. EOP/WHO;Bars, Michael J. EOP/WHO;Taylor, Elizabeth A. EOP/WHO;Morgenstern, Brian R. EOP/WHO;Kepto, Abbie E. EOP/WHO;Pitts, Kara S. EOP/WHO;Policy Coordinator;Short, Marc T. EOP/OVP;Miller, Katie R. EOP/OVP;Kellogg, Joseph Keith K. Jr. EOP/OVP;Obenshain, Tucker T. EOP/OVP;Jacob, Gregory F. EOP/OVP;O'Malley, Devin M. EOP/OVP;McGuffee, Tyler Ann A. EOP/OVP;Hodgson, Christopher M. EOP/OVP;Gray, John W. EOP/OVP;Wood, Jordan T. EOP/OVP;Olidort, Jacob EOP/OVP;DL WHO COMMS Speechwriters;DL OVP NSA EXECSEC;OVPSchedule
Cc: OVP NSA Plans and Ops Calendar;Szabat, Joel (OST);Scully, Bethany S. EOP/OVP;Lewis, Michael B. EOP/OVP;Stickles, Brendan R. EOP/OVP;Bauer, Zachary C. EOP/OVP;Moorhead, Quellie U. EOP/WHO;Woolfolk, Jon J. EOP/NSC;Sanford, David J Brig Gen USAF DLA AVIATION (USA);Keeler, Claire T. EOP/OVP
Subject: White House Coronavirus Task Force Meeting
Attachments: WH Coronavirus TF Agenda 12.21.20.docx, WHSR JFK Seating Chart 12.21.20.pptx

All,

There will be a **White House Coronavirus Task Force** meeting at **2:00pm** on Monday, December 21st. Materials attached.

Thank you,

AMERICAN OVERSIGHT

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

WHSR JFK Conference Room (West Wing)
DATE: 21 DECEMBER 2020
TIME: 1400 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

EAST

Brian Morgenstern

Brad Smith

Greg Jacob

LTG Kellogg

Devin O'Malley

Marc Short

DOOR

Russ Vought

Gen. David Sanford

Adm. Pete Gaynor

Vice President

Dr. Robert Redfield

ADM Brett Giroir

Dr. Debbie Birx

Tucker Obenshain

Doug Hoelscher

AU/S Joel Szabat

Matt Pottinger

Paul Mango

Dr. Jerome Adams

Pat Philbin

WEST - WINDOWS

NORTH

AMERICAN OVERSIGHT

NIH FOIA 001597

HHS-NIH-20-0496-A-001597

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Monday, December 21st, 2020
2:00pm EST

I. **Opening Remarks** – Vice President Pence

II. **Moderna EUA Approval & Vaccine Distribution** – Sec. Alex Azar (HHS)

III. **Data Modeling & Reporting** – Dr. Debbie Birx

IV. **NRCC & Supplies** – Administrator Pete Gaynor & Brig.-Gen. Dave Sanford (FEMA)

V. **UK to US Travel** – Matt Pottinger (NSA)

VI. **Concluding Remarks** – Vice President Pence

AMERICAN OVERSIGHT

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Tue, 5 Jan 2021 12:59:15 -0500
To: AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH);Zhou, Fengyee (HHS/OASH);Morris, Katy (HHS/IOS);Abel, Vadm Daniel (HHS/IOS);Danko, Carol (OS/ASPR/JIC);sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH);Giroir, Brett (HHS/OASH);Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS (b) (6) ynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/CMMI);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E];(b) (6) (b) (6) (b) (6) (

Thank you,

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President
(b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Tuesday, January 5th, 2021
2:15pm EST

I. **Opening Remarks** – Vice President Pence

II. **Vaccine Distribution** – Dr. Stephen Hahn (FDA)

III. **Data Modeling & Reporting** – Dr. Debbie Birx

IV. **NRCC & Supplies** – Administrator Pete Gaynor & Brig.-Gen. Dave Sanford (FEMA)

V. **Testing by the Numbers** – ADM Brett Giroir (HHS)

VI. **Concluding Remarks** – Vice President Pence

AMERICAN OVERSIGHT

COVID-19 U.S. Testing Strategy

Results by the Numbers

January 4, 2021

>250 million
Tests Completed

>170 million
Test Capacity January

OASH Office of the Assistant Secretary for Health

$30 billion
to states, territories and tribes for **TESTING***

* includes 2021 supplemental

$20 billion
to nursing homes for testing and other needs

>$1.28 billion
testing reimbursement for uninsured (HRSA)

Critical Supplies Delivered to States

182 million
swabs

225 million
tubes of transport media

4.3 million
ID NOW molecular tests

Point-of-Care Instruments to Nursing Homes

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

15,200 nursing homes received point-of-care instruments AND

5.3 million point-of-care tests

BinaxNOW Rapid Antigen Tests



- **94.4 million**
  distributed to states
- **49.8M million**
  distributed to nursing homes, assisted living, HBCUs, tribes and disaster relief

K-12 School Pilot Program

120,000 Tests

- Louisville
- Los Angeles
- New Orleans
- Tulsa
- Rhode Island
- District of Columbia

The ROCKEFELLER FOUNDATION

Duke | MARGOLIS CENTER for Health Policy

Strategic Surveillance Program

>1.8 million tests

- Colorado
- North Dakota
- Pennsylvania
- Rhode Island
- Utah
- Veterans Affairs
- Select Tribes

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

AMERICAN OVERSIGHT

NIH FOIA 001602

HHS-NIH-20-0496-A-001602

COVID-19 U.S. Testing Strategy

Results by the Numbers

January 4, 2021

Testing: Research and Development

> $310 million
for rapid antigen tests

> $582 million
for lab based tests

> $195 million
for rapid molecular tests

> $107 million
for novel diagnostics

Building Infrastructure: DPA and other Investments

13 DPA Rated Orders



41 Air Bridge Flights
for testing supplies:
swabs, pipette tips, others

309 EUAs for Tests
issued by FDA -- including 3 at-home tests and 32 home collections

$155.3 million
to increase U.S. swab production

$180.2 million
to increase U.S. reagents/kits production

$53 million
to increase U.S. pipette tip production

Federally Enabled Testing Sites

>1,300 Federally Qualified Health Centers

>7,600 Retail and community sites

>644 Surge testing sites in 23 states

Acquisition of Products and Services

$1.4 billion
Community Based Testing Sites

$481 million
CUE Rapid Molecular Tests

$133 million
BD and Quidel Rapid Tests

$915 million
BinaxNOW Rapid Tests

$583 million
Health Center Testing Capacity

$659 million
Swab and Media Procurement

$198 million
ID NOW Rapid Molecular Tests

$30 million
Diagnostics Data Platform

$50 million
National Wastewater Surveillance System

$400+ million
Solicitation for Home Test Capacity (pending)

AMERICAN OVERSIGHT

NIH FOIA 001603

HHS-NIH-20-0496-A-001603

WHSR JFK Conference Room (West Wing)
DATE: 5 JANUARY 2021
TIME: 1415 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

VTC PARTICIPANTS

DOOR

EAST

Nick Butterfield

Greg Jacob

LTG Kellogg

John Gray

Devin O'Malley

Marc Short

DOOR

Dr. Robert Redfield

Sec. Gene Scalia

Sec. Ben Carson

ADM Brett Giroir

Adm. Seema Verma

Dr. Debbie Birx

Vice President

Brad Smith

Brian Morgenstern

AU/S Joel Szabat

Dr. Jerome Adams

Brian McCormack

John Fleming

Doug Hoelscher

WEST - WINDOWS

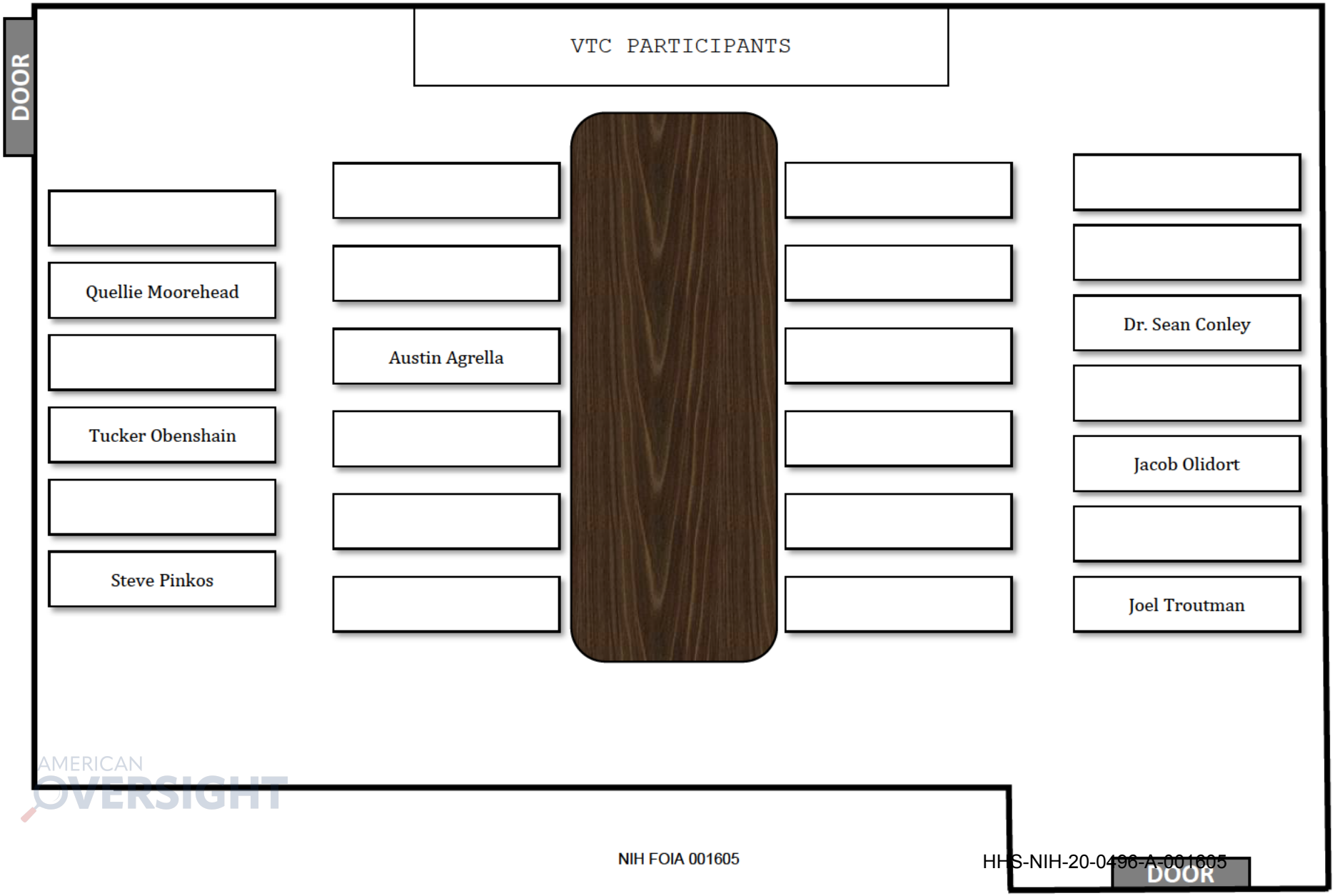
AMERICAN OVERSIGHT

NORTH

NIH FOIA 001604

HHS-NIH-20-0496-A-001604

WHSR EXEC OVER FLOW
DATE: 5 JANUARY 2021
TIME: 1415 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-001605

From: Troutman, Joel D. EOP/OVP <(b) (6)
Sent: Mon, 11 Jan 2021 13:39:28 -0500
To: AMA2 (OS/IOS);Harrison, Brian (HHS/IOS);Tignor, Beth (HHS/IOS);Dareshori, Zack (OS/ASPR/IO);Brunson, Brandy (HHS/OASH/OSG);Carr, Nicole (OS/IOS);Dulaigh, Joel (HHS/OASH);Zhou, Fengyee (HHS/OASH);Morris, Katy (HHS/IOS);Abel, Vadm Daniel (HHS/IOS);Danko, Carol (OS/ASPR/JIC);sh1@fda.hhs.gov;Olivarria, Frank (FDA/OC);Sheehy, Janice (FDA/ORA);Rom, Colin (FDA/OC);Adams, Jerome (HHS/OASH);Giroir, Brett (HHS/OASH);Haddad, Carla (HHS/OASH);Bante, Katie (OS/OASH);CMS (b) (6);Lynch, Calder (CMS/OA);Good-Cohn, Meredith (CMS/CMMI);Perez-Rivera, Diana (CMS/OA);Engels, Thomas (HRSA);Gideos, Darawan (HRSA);Redfield, Robert R. (CDC/OD);Gershman, Lynn E. (CDC/OD/OCS);Fauci, Anthony (NIH/NIAID) [E];McManus, Ayanna (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E];Conrad, Patricia (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Collins, Francis (NIH/OD) [E];(b) (6) (b) (6) (b) (6) (b) (6) (b) (6) ; (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) ; (b) (6) (b) (6) (b) (6) (b) (6) ; (b) (6) (b) (6) (b) (6) (b) (6) ; (b) (6) Smith, Brad (CMS/OA); (b) (6) Conley, Sean P. CDR USN WHMO/WHMU;Conant, Ann M. EOP/OMB;Vought, Russell T. EOP/OMB;Birx, Deborah L. EOP/NSC;Kudlow, Larry A. EOP/WHO;Cipollone, Pat A. EOP/WHO;Pataki, Tim A. EOP/WHO;Hoelscher, Douglas L. EOP/WHO;Kushner, Jared C. EOP/WHO;Philbin, Patrick F. EOP/WHO;Miller, Stephen EOP/WHO;Fleming, John C. Jr. EOP/WHO;Hicks, Hope C. EOP/WHO;Nevins, Kristan K. EOP/WHO;Gilmartin, Kayleigh M. EOP/WHO;Baker, Brittany G. EOP/WHO;Rose, Lyndee D. EOP/WHO;Luna, Cassidy M. EOP/WHO;Hahn, Julia A. EOP/WHO;Boyd, Charlton J. EOP/WHO;Kline, Katherine E. EOP/WHO;Lair, Kate E. EOP/WHO;Croghan, Mary E. EOP/WHO;Bars, Michael J. EOP/WHO;Taylor, Elizabeth A. EOP/WHO;Morgenstern, Brian R. EOP/WHO;Kepto, Abbie E. EOP/WHO;Pitts, Kara S. EOP/WHO;Policy Coordinator;Short, Marc T. EOP/OVP;Miller, Katie R. EOP/OVP;Kellogg, Joseph Keith K. Jr. EOP/OVP;Obenshain, Tucker T. EOP/OVP;Jacob, Gregory F. EOP/OVP;O'Malley, Devin M. EOP/OVP;McGuffee, Tyler Ann A. EOP/OVP;Hodgson, Christopher M. EOP/OVP;Gray, John W. EOP/OVP;Wood, Jordan T. EOP/OVP;Olidort, Jacob EOP/OVP;DL WHO COMMS Speechwriters;DL OVP NSA EXECSEC;OVPSchedule;McGuffee, Tyler Ann (HHS/IOS);Pitts, Kara (CMS/CMMI)
Cc: Stickles, Brendan R. EOP/OVP;Lewis, Michael B. EOP/OVP;Moorhead, Quellie U. EOP/WHO;Woolfolk, Jon J. EOP/NSC;Scully, Bethany S. EOP/OVP
Subject: White House Coronavirus Task Force Meeting
Attachments: WH Coronavirus TF Agenda 1.11.21.docx, WHSR JFK Seating Chart 1.11.21.pptx

All,

There will be a **White House Coronavirus Task Force** meeting at **2:00pm** on Monday, January 11th. Materials attached.

Thank you,

Joel Troutman
Operations Coordinator, White House Coronavirus Task Force
Office of the Vice President

AMERICAN OVERSIGHT

(b) (6)

AMERICAN OVERSIGHT

OFFICE OF THE VICE PRESIDENT

WASHINGTON

WHITE HOUSE CORONAVIRUS TASK FORCE AGENDA

Monday, January 11th, 2021
2:00pm EST

I. **Opening Remarks** – Vice President Pence

II. **Vaccine Distribution** – Sec. Alex Azar (HHS)

III. **Data Modeling & Reporting** – Dr. Debbie Birx

IV. **NRCC & Supplies** – Administrator Pete Gaynor & Brig.-Gen. Dave Sanford (FEMA)

V. **Testing by the Numbers** – ADM Brett Giroir (HHS)

VI. **Concluding Remarks** – Vice President Pence

AMERICAN OVERSIGHT

WHSR JFK Conference Room (West Wing)
DATE: 11 JANUARY 2021
TIME: 1400 EST

Table: 13
Side: 19
TOTAL: 33

SOUTH

DOOR

VTC PARTICIPANTS

EAST

Brad Smith

Greg Jacob

LTG Kellogg

John Gray

Devin O'Malley

Marc Short

DOOR

GEN David Sanford

Admin. Pete Gaynor

Sec. Alex Azar

Dr. Robert Redfield

ADM Brett Giroir

Dr. Debbie Birx

Vice President

AU/S Joel Szabat

Brian Morgenstern

Russ Vought

Dr. Jerome Adams

Thomas Engels

John Fleming

Doug Hoelscher

WEST - WINDOWS

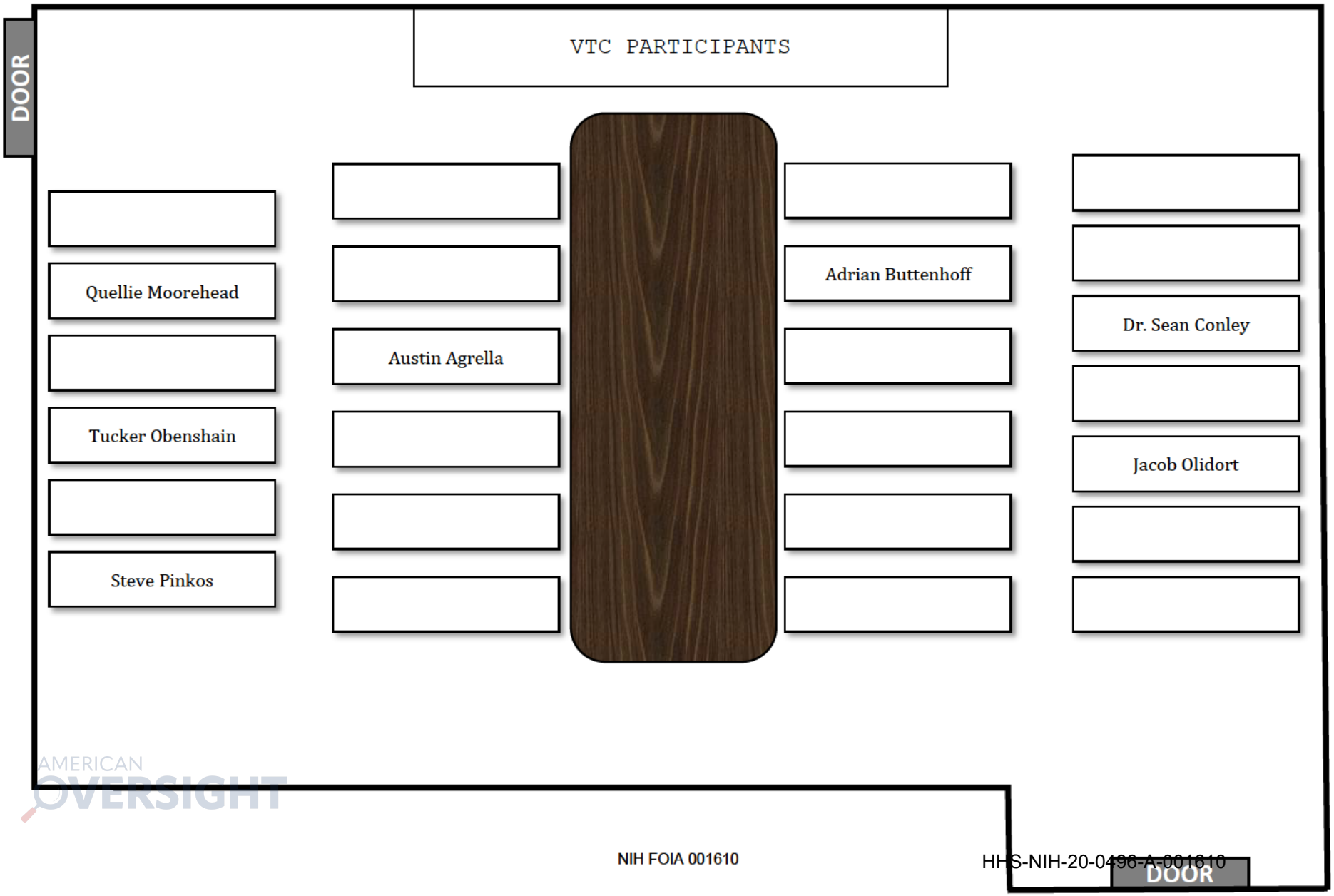
NORTH

AMERICAN OVERSIGHT

NIH FOIA 001609

HHS-NIH-20-0496-A-001609

WHSR EXEC OVER FLOW
DATE: 11 JANUARY 2021
TIME: 1400 EST



AMERICAN OVERSIGHT

HHS-NIH-20-0496-A-001610

From: Birx, Deborah L. EOP/NSC <(b) (6)
Sent: Fri, 16 Oct 2020 05:23:17 -0500
To: Fauci, Anthony (NIH/NIAID) [E]
Cc: Redfield, Robert R. (CDC/OD);Hahn, Stephen;Collins, Francis (NIH/OD) [E];Verma, Seema (CMS/OA)
Subject: Re: Today's Doctor meeting and Task Force

Thank you – will proceed. Be well. Deb

From: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)
Date: Friday, October 16, 2020 at 6:19 AM
To: "Birx, Deborah L. EOP/NSC" <(b) (6)
Cc: Robert Redfield <(b) (6) "Hahn, Stephen" <SH1@fda.hhs.gov>, "Collins, Francis (NIH/OD) [E]" <(b) (6) "Verma, Seema (CMS/OA)" <(b) (6)
Subject: Today's Doctor meeting and Task Force

Deb:
I had mentioned to you previously that I would be out of action this morning (b) (6) and therefore would miss the Doctor's call and the Task Force meeting. And so, just a heads-up. Over the past week I have come out very strongly publicly against the "Great Barrington Declaration". See this GMA link at time 4:20 - >https://gma.abc/37aXIbp< (b) (5) Atlas will likely say that there is no such thing as post-COVID-19 syndromes, which is ridiculous. He will also say that the sub-clinical cardiac MRI findings are nonsense. These clearly need further investigation. The NIH is holding a workshop on these subjects in December. This is all part of his theme that infections do not bother healthy people. (b) (5) I will try to connect with you later today or over the weekend. Thanks.
Best regards,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
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From: Birx, Deborah L. EOP/NSC <(b) (6)
Sent: Sun, 18 Oct 2020 17:50:45 -0500
To: Collins, Francis (NIH/OD) [E]
Cc: Pelis, Kim (NIH/OD) [E];George, Jill (NIH/OD) [E];Burklow, John (NIH/OD) [E];Wolinetz, Carrie (NIH/OD) [E];Tabak, Lawrence (NIH/OD) [E]
Subject: Re: our Zoom call with church leaders tomorrow

Perfect – I will be short. Deb

From: "Collins, Francis (NIH/OD) [E]" <(b) (6)
Date: Sunday, October 18, 2020 at 4:38 PM
To: "Birx, Deborah L. EOP/NSC" <(b) (6)
Cc: "Pelis, Kim (NIH/OD) [E]" <(b) (6) "George, Jill (NIH/OD) [E]" <(b) (6) "Burklow, John (NIH/OD) [E]" <(b) (6) "Wolinetz, Carrie (NIH/OD) [E]" <(b) (6) "Tabak, Lawrence (NIH/OD) [E]" <(b) (6)
Subject: our Zoom call with church leaders tomorrow

Hi Deb,

I note that Laura Trueman of DHHS-IEA has lined up you and me for a briefing on COVID-19 for church leaders tomorrow at 3:30 pm. The briefing memo is attached.

As we are both supposed to give opening remarks, I thought I should reach out and see how you would like to divide this up. I assume that they will want to hear from you about the status of the pandemic across the US, and what public health measures need to be undertaken to keep this from getting worse. For my part, I am most comfortable talking about the status of therapeutic and vaccine trials. Shall we follow that rough plan?

Best, Francis

P.S. I will be ready with the information about the use of (b) (5), (b) (4) in the various vaccine programs.

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From: Tabak, Lawrence (NIH/OD) [E]
Sent: Tue, 20 Oct 2020 06:57:35 -0500
To: Collins, Francis (NIH/OD) [E];Wood, Gretchen (NIH/OD) [E]
Cc: Wolinetz, Carrie (NIH/OD) [E]
Subject: Re: Great doing that presentation with you yesterday

Sure.

From: Francis Collins <(b) (6)
Date: Tuesday, October 20, 2020 at 7:56 AM
To: "Wood, Gretchen (NIH/OD) [E]" <(b) (6)
Cc: "Tabak, Lawrence (NIH/OD) [E]" <(b) (6) "Wolinetz, Carrie (NIH/OD) [E]" <(b) (6)
Subject: RE: Great doing that presentation with you yesterday

I'd like to show these at the beginning of Ex Comm, will I be able to show my screen?

From: Collins, Francis (NIH/OD) [E]
Sent: Tuesday, October 20, 2020 7:55 AM
To: NIH Director's Executive Committee <OD-SmallStaff@mail.nih.gov>
Subject: FW: Great doing that presentation with you yesterday

These maps are pretty breathtaking.

From: Birx, Deborah L. EOP/NSC <(b) (6)
Sent: Tuesday, October 20, 2020 7:34 AM
To: Collins, Francis (NIH/OD) [E] <(b) (6)
Subject: Re: Great doing that presentation with you yesterday

We make these for the chain of command and the GOVs – its embedded in the back of the GOV report. Trying to get people's attention – so far its not working. Feel free to use and we can continue to update and get to you. Deb

---

From: "Collins, Francis (NIH/OD) [E]" <(b) (6)
Date: Tuesday, October 20, 2020 at 6:26 AM
To: "Birx, Deborah L. EOP/NSC" <(b) (6)
Subject: Great doing that presentation with you yesterday

Hi Deb,

I was glad to join you for the virtual meeting with faith leaders yesterday – and I'm hopeful that we might have encouraged their partnership in addressing this crisis.

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The slides you showed were dramatic. I have a variety of other visuals to show the COVID-19 trends over the nation, but these were particularly effective. Can you share those? Or point me to the source?

Best, Francis

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From: Lorsch, Jon (NIH/NIGMS) [E]
Sent: Sat, 31 Oct 2020 07:08:16 -0500
To: Fauci, Anthony (NIH/NIAID) [E]
Cc: Collins, Francis (NIH/OD) [E];Tabak, Lawrence (NIH/OD) [E]
Subject: Re: Data for infectious disease modeling research

Tony, Francis,

NPR had a story yesterday on problems with COVID-19 data access that is worth listening to/looking at: https://www.npr.org/sections/health-shots/2020/10/30/929239481/internal-documents-reveal-covid-19-hospitalization-data-the-government-keeps-hid

I haven't heard back from Dr. Birx or her team about our data access request. I'll ping her again on Monday if I don't hear by then (that would be over a week).

I had a call with the department yesterday about HHS Protect (Charles Keckler reached out) but it isn't clear we will be able to make headway there. It's very hazy to me whether someone at HHS has decided they don't want to give data access to researchers after all or if it is just such chaos in their CIO group that they aren't able the even think about it.

Thanks again for your help.

Jon

From: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)
Date: Sunday, October 25, 2020 at 12:02 PM
To: "Lorsch, Jon (NIH/NIGMS) [E]" <(b) (6)
Cc: "Collins, Francis (NIH/OD) [E]" <(b) (6) "Birx, Deborah L. EOP/NSC" <(b) (6)
Subject: FW: FW: Data for infectious disease modeling research

Jon:
I just spoke with Deb Birx and she would be happy to speak with you about the complexity of this situation and how it might be at least partially resolved. I have copied her on this e-mail and her cell phone number is (b) (6).
Best regards,
Tony

From: Deborah Birx <(b) (6)
Sent: Sunday, October 25, 2020 10:44 AM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)
Cc: Collins, Francis (NIH/OD) [E] <(b) (6)
Subject: Re: FW: Data for infectious disease modeling research

Call me

AMERICAN OVERSIGHT

On Sat, Oct 24, 2020 at 18:03 Fauci, Anthony (NIH/NIAID) [E] <(b) (6)> wrote:

Deb:

Please take a look at the e-mails below, particularly from Jon Lorsch who is Director of NIGMS at NIH. Is it true that data accumulated by USG on COVID-19 is not available to researchers? There is a link below to an OpEd in the New York Times by Chris Murray about this. Is there anything that we can do about this? I hope that you are not wearing yourself down on the road. Thanks.

Best regards,

Tony

Anthony S. Fauci, MD
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From: Collins, Francis (NIH/OD) [E] <(b) (6)>
Sent: Saturday, October 24, 2020 12:19 PM
To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)>
Cc: Glass, Roger (NIH/FIC) [E] <(b) (6)> Denny, Joshua (NIH/OD) [E] <(b) (6)> Lauer, Michael (NIH/OD) [E] <(b) (6)> Lorsch, Jon (NIH/NIGMS) [E] <(b) (6)> Tabak, Lawrence (NIH/OD) [E] <(b) (6)>
Subject: RE: Data for infectious disease modeling research

Tony, do you have any insight into why the government (CDC and other parts of HHS) would want to withhold these data? Is this something that should be raised at the level of the Task Force?

Francis

From: Lorsch, Jon (NIH/NIGMS) [E] <(b) (6)>
Sent: Saturday, October 24, 2020 8:06 AM
To: Collins, Francis (NIH/OD) [E] <(b) (6)> Tabak, Lawrence (NIH/OD) [E] <(b) (6)>
Cc: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)> Glass, Roger (NIH/FIC) [E] <(b) (6)> Denny, Joshua (NIH/OD) [E] <(b) (6)> Lauer, Michael (NIH/OD) [E] <(b) (6)>
Subject: Data for infectious disease modeling research

Francis,

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I wanted to make sure you saw this OpEd by Christopher Murray from the University of Washington about lack of access to federal COVID-19 data for researchers. It is a good summary of the situation, although he does not also mention that the private sector (e.g., health insurers) are also unwilling to share their data.

https://www.nytimes.com/2020/10/23/opinion/coronavirus-data-secrecy.html

Dorit Zuk and I have been working for the past six months to try to broker agreements with anyone who will talk to us to get access to COVID-19-related data for the academic infectious disease modeling community. With help from Tony and Larry, we were making what appeared to be substantial progress with getting access to HHS Protect, but ever since Jose Arietta left the Department as CIO all we have gotten is radio silence (the new acting CIO doesn't even respond to my emails). We haven't given up working on this, but it has been one of the most frustrating endeavors of my time at NIH thus far. Given how high the stakes are, I find it very troubling that we haven't been able to make any headway.

My quixotic efforts have really opened up my eyes to the dysfunction in the health data "system" in the U.S. I think it is time for the NIH to get involved in trying to build a better system.

Jon

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From: Lorsch, Jon (NIH/NIGMS) [E]
Sent: Sun, 1 Nov 2020 10:15:55 -0500
To: Tabak, Lawrence (NIH/OD) [E];Fauci, Anthony (NIH/NIAID) [E]
Cc: Collins, Francis (NIH/OD) [E]
Subject: Re: Data for infectious disease modeling research

Larry,

Many thanks. The data in the second attachment is the kind of thing we are trying to get access to for researchers, but as you say, the issue is not whether someone at NIH can access it, it is brokering an agreement to allow academic researchers to get access. We aren't looking for just one data set either – anything that would be useful for modeling researchers.

Dr. Birx said she would get access to two data sets for us – nucleic acid testing and hospital admissions. Those were the only data she said she had faith in. The idea was to either use N3C as a host or the MIDAS Center at the University of Pittsburgh. I will follow up with her on Monday and see where that stands.

Thanks for asking internally about what NIH sees.

Jon

From: "Tabak, Lawrence (NIH/OD) [E]" <(b) (6)
Date: Sunday, November 1, 2020 at 9:04 AM
To: "Lorsch, Jon (NIH/NIGMS) [E]" <(b) (6) "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6)
Cc: "Collins, Francis (NIH/OD) [E]" <(b) (6)
Subject: Re: Data for infectious disease modeling research

I have heard back from Colleen McGowan, Hilary Marston, and Julie Berko, each of whom access to data feeds. None believe that the data they are accessing corresponds to what you are looking for Jon, but let's be certain.

- Colleen does not believe her group receives anything from ASPR. An example of what her team produces is displayed in the first attachment.
- Hilary believes the NPR piece may be referring to NIH access to the Predictive Analytics Working Group but will check with her team tomorrow morning. An example of what she receives is in the second and third attachments.
- Julie has access to HHS protect but has not found the county level data useful and has depended on the information put together by Colleen.

Jon, can you be more explicit about the exact data feed(s) you need access to please? Are the above sources what you are looking for? Each person would need permission to share what they have access to. This may be more about gaining permission to share outside of the USG then NIH having access.
Larry

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From: "Lorsch, Jon (NIH/NIGMS) [E]" <(b) (6)
Date: Sunday, November 1, 2020 at 7:04 AM
To: "Tabak, Lawrence (NIH/OD) [E]" <(b) (6) Anthony Fauci <(b) (6)
Cc: Francis Collins <(b) (6)
Subject: Re: Data for infectious disease modeling research

Thanks, Tony. Excellent question. It will be interesting to see what Colleen tells Larry. However, what we are trying to get is access for extramural researchers, so even if they are sending it to someone at NIH, my guess is that person wouldn't be allowed to give it to anyone else.

From: "Tabak, Lawrence (NIH/OD) [E]" <(b) (6)
Date: Saturday, October 31, 2020 at 3:14 PM
To: "Fauci, Anthony (NIH/NIAID) [E]" <(b) (6) "Lorsch, Jon (NIH/NIGMS) [E]" <(b) (6)
Cc: "Collins, Francis (NIH/OD) [E]" <(b) (6)
Subject: Re: Data for infectious disease modeling research

Let me forward to Colleen McGowan who compiles data weekly – to ensure that she is not receiving this and I have not connected the dots.
Larry

From: Anthony Fauci <(b) (6)
Date: Saturday, October 31, 2020 at 3:06 PM
To: "Lorsch, Jon (NIH/NIGMS) [E]" <(b) (6)
Cc: Francis Collins <(b) (6) "Tabak, Lawrence (NIH/OD) [E]" <(b) (6)
Subject: RE: Data for infectious disease modeling research

Jon:
The NPR piece says that the NIH is among the agencies who get access to the restricted information. That must be incorrect if you are in the position you are in, i.e. not having access. Is someone from NIH receiving the data and not even noticing that they are receiving it?
Best,
Tony

Anthony S. Fauci, MD
Director
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Sent: Saturday, October 31, 2020 8:08 AM
To: Fauci, Anthony (NIH/NIAID) [E] < (b) (6)
Cc: Collins, Francis (NIH/OD) [E] < (b) (6) Tabak, Lawrence (NIH/OD) [E] < (b) (6)
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Thanks again for your help.

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Jon

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From: Birx, Deborah L. EOP/NSC < (b) (6)
Sent: Tue, 12 Jan 2021 08:49:55 -0500
To: Giroir, Brett (HHS/OASH);Collins, Francis (NIH/OD) [E];Fauci, Anthony (NIH/NIAID) [E];Redfield, Robert R. (CDC/OD)
Cc: Kadlec, Robert (OS/ASPR/IO);Schwartz, Erica (HHS/OASH);Bilderback, Tiffany R. (mail.mil);Abel, Vadm Daniel (HHS/IOS)
Subject: Re: mAb messaging packet_1.12.21.pdf

Getting the infusion sites listed will be key - great work. Deb

On 1/12/21, 8:47 AM, "Giroir, Brett (HHS/OASH)" < (b) (6) wrote:

Thanks to ASPR for content support.
Please review.
This would be given out at all CBTS and Retail sites.
On page 1, there is a place to put a reference for local infusion sites - there are many around the country and that would be a first choice.

Thanks to DSG and MAJ Bilderback for putting this together

Brett P. Giroir, M.D.
ADM, U.S. Public Health Service
Assistant Secretary for Health (ASH) (HHS)
U.S. Representative, Executive Board, WHO (DOS)
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
Office Phone: (b) (6)

AMERICAN OVERSIGHT

From: Schwartz, Erica (HHS/OASH) < (b) (6)
Sent: Tue, 12 Jan 2021 10:46:38 -0500
To: Giroir, Brett (HHS/OASH);Collins, Francis (NIH/OD) [E];Birx, Deborah (nsc.eop.gov);Fauci, Anthony (NIH/NIAID) [E];Redfield, Robert R. (CDC/OD)
Cc: Kadlec, Robert (OS/ASPR/IO);Bilderback, Tiffany R. (mail.mil);Abel, Vadm Daniel (HHS/IOS)
Subject: RE: mAb messaging packet_1.12.21.pdf

Yes sir - tracking.

Erica Schwartz, MD, JD, MPH
Rear Admiral, U.S. Public Health Service
Deputy Surgeon General

Email: (b) (6)
Desk: (b) (6)
Mobile: (b) (6)
www.surgeongeneral.gov

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From: Giroir, Brett (HHS/OASH) < (b) (6)
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Subject: RE: mAb messaging packet_1.12.21.pdf

That is the
Infusioncenter.org
website

DSG, I think you can put both on the sheet.
Protect plus this commercial one

Brett P. Giroir, M.D.
ADM, U.S. Public Health Service
Assistant Secretary for Health (ASH) (HHS) U.S. Representative, Executive Board, WHO (DOS) U.S. Department of Health and Human Services
200 Independence Avenue, SW
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(CDC/OD) < (b) (6)
Cc: Kadlec, Robert (OS/ASPR/IO) < (b) (6) Schwartz, Erica (HHS/OASH) < (b) (6) Bilderback, Tiffany R. (mail.mil) < (b) (6) Giroir, Brett (HHS/OASH) < (b) (6) Abel, Vadm Daniel (HHS/IOS) < (b) (6)
Subject: RE: mAb messaging packet_1.12.21.pdf

This looks great, Brett.

It would be good to include the https://protect2.fireeye.com/v1/url?k=00797804-5fe240d0-0079493b-0cc47a6d17cc-c1d05dff79345248&q=1&e=d4da530a-540f-4ff1-8248-3275406b1e7b&u=http%3A%2F%2Finfusioncenter.org%2F site as well -- at the moment, I think it is both easier to use and more complete than the protect-public site, which is missing a whole lot of states.

Francis

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From: Giroir, Brett (HHS/OASH) < (b) (6)
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