The National Conference of State Legislatures is the country’s most trusted bipartisan organization serving legislators and staff. We promote policy innovation, create opportunities for lawmakers to share knowledge and ensure state legislatures have a strong, cohesive voice in the federal system. We do this because we believe in the importance of the legislative institution and know when states are strong, our nation is strong.
COVID-19 WEB PAGE

Information on state policies and responses related to continuity of government, education, fiscal, elections, criminal justice and more.

Go to ncsl.org
Welcome and Overview
   Tahra Johnson, NCSL

National Overview
   Dr. Nirav R. Shah, physician and senior scholar, Stanford University’s Clinical Excellence Research Center

State Workforce Innovations and Options
   Iris Hentze, NCSL

Indiana and Massachusetts Efforts on Testing and Contact Tracing
   Dr. Kristina Box, state health commissioner, Indiana
   Dr. Monica Bharel, commissioner, Massachusetts Department of Public Health
At least 15 states and the District of Columbia have introduced legislation related to carrying out COVID-19 testing. At least 10 states and the District of Columbia have enacted or adopted these measures.

Trends:
- Funding (e.g., Minnesota)
- Testing protocol or recommendations (e.g., Utah)
- Prioritize certain populations (e.g., New Jersey & Louisiana)
At least seven states and the District of Columbia have enacted or adopted legislation related to contact tracing.

Trends:
- **Funding** (e.g., Illinois)
- **Coordination** (e.g., tracers should be representative of the community - New York, or hired through community partnerships - South Carolina)
- **Privacy protections** (e.g., Kansas)
Disclosures

- Director for STERIS plc
- Trustee of the John A. Hartford Foundation
- Advisor to COVIDactnow.org
- Advisor to Kinsa Health
- All views expressed are my own
Mitigation strategies

1. Total containment with eventual elimination (e.g. New Zealand)
2. Herd immunity (e.g. Sweden, Brazil)
3. Something else
Some Priorities during “Reopen Safely”

1. $R_t$ - infection rate
2. Hospital / health system capacity
3. Testing capacity / positive test rate
4. Trace capacity
5. Effectiveness of interventions
Some Priorities during “Reopen Safely”

1. $R_t$
2. Hospital / health system capacity
3. Testing capacity
4. Trace capacity
5. Effectiveness of interventions
Infection rate

SANTA CLARA COUNTY, CALIFORNIA

On average, each person in Santa Clara County, California with COVID is infecting 1.02 other people. Because this number is around 1.0, it means that COVID continues to spread, but in a slow and controlled fashion.
Some Priorities during “Reopen Safely”

1. $R_t$
2. Hospital / health system capacity
3. Testing capacity
4. Trace capacity
5. Effectiveness of interventions
ICU headroom used

Indiana has about 1,822 ICU beds. We estimate that 39% (710) are currently occupied by non-COVID patients. Of the remaining 1,112 ICU beds, we estimate 331 are occupied by COVID cases, or 30% of available beds. This suggests there is likely enough capacity to absorb a wave of new COVID infections.
Some Priorities during “Reopen Safely”

1. $R_t$
2. Hospital / health system capacity
3. Testing capacity
4. Trace capacity
5. Effectiveness of interventions
Types of COVID-19 tests

1. PCR nasal swabs, saliva tests
2. Serology (antibody tests)
3. Others - antigen tests, CRISPR, NGS, etc.

Before symptom onset | After symptom onset
---|---
Detection unlikely\(^a\) | PCR - Likely positive | PCR - Likely negative\(^b\)

Antibody detection

Week -2 | Week -1 | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6
---|---|---|---|---|---|---|---

SARS-CoV-2 exposure

Increasing probability of detection

Symptom onset:
- Nasopharyngeal swab PCR
- Bronchoalveolar lavage/sputum PCR
- Stool PCR
- IgM antibody
- IgG antibody

https://jamanetwork.com/journals/jama/fullarticle/2765837
Testing capacity follows priorities

The fewer tests you have, the more selective you are with whom you test, and the higher the positive rate you will have.

- Test everybody, every week
- Test everybody
- Add people at random
- Add all contacts traced and travelers
- Add everybody with mild symptoms
- Add everybody with strong symptoms
- Only test those with strong symptoms if other causes are ruled out

Higher priority people to be tested
Higher likelihood of finding positives
Higher % tests positive

Source: Tomas Pueyo Analysis

https://medium.com/@tomaspueyo/coronavirus-how-to-do-testing-and-contact-tracing-bde85b64072e
Broad Testing Leads to Control

Only one country has had lots of testing AND lots of infections

Countries overwhelmed with cases tend to have a high rate of positive tests: They don't have enough of them.

Countries either a huge population, who caught the epidemic early with a hammer, developing, or just early enough in an outbreak.

Source: Tomas Pueyo and Genevieve Gao analysis, based on data from Worldometers: https://www.worldometers.info/coronavirus/#countries

https://medium.com/@tomaspu耶o/coronavirus-how-to-do-testing-and-contact-tracing-bde85b64072e
Positive test rate

NORTH CAROLINA

A significant percentage (7.1%) of COVID tests were positive, meaning that North Carolina's testing meets WHO minimums but needs to be further expanded to detect most new cases. Identifying and isolating new cases can help contain COVID without resorting to lockdowns.
Some Priorities during “Reopen Safely”

1. $R_t$
2. Hospital / health system capacity
3. Testing capacity
4. Trace capacity
5. Effectiveness of interventions
How do people get infected?

45% pre-symptomatic

40% symptomatic

10% environment

5% asymptomatic
Contact Tracers per 100K people

- Wuhan
- USA (JHU)
- Massachusetts
- Iceland
- New Zealand

https://medium.com/@tomaspueyo/coronavirus-how-to-do-testing-and-contact-tracing-bde85b64072e
Tracing: Box It In

1. Test Widely
2. Isolate All infected people
3. Find Everyone who has been in contact with infected people
4. Quarantine All contacts self-isolate for 14 days

To get us all working again

Contacts traced

WISCONSIN

Per best available data, Wisconsin has 480 contact tracers. With an average of 291 new daily cases, we estimate Wisconsin needs 1,455 contact tracing staff to trace all new cases in 48 hours, before too many other people are infected. This means that Wisconsin is likely able to trace 33% of new COVID infections in 48 hours. At these lower levels of tracing, it is unlikely Wisconsin will be able to successfully identify and isolate sources of disease spread fast enough to prevent new outbreaks.
Possible Pandemic Wave Scenarios for COVID-19

**Scenario 1: Peaks and Valleys**

**Scenario 2: Fall Peak**

**Scenario 3: Slow Burn**

Source: The CIDRAP Viewpoint
Some Priorities during “Reopen Safely”

1. $R_t$
2. Hospital / health system capacity
3. Testing capacity
4. Trace capacity
5. Effectiveness of interventions
Atypical fever clusters predict deaths 18 days later


$r = 0.92; P < 0.0001$
Thank you!

@niravrshah

nirav.shah@stanford.edu
STATE APPROACHES TO RAMPING UP THE CONTACT TRACING WORKFORCE

Hire New Workers
➢ Hire new workers through an open application process.
➢ Train workers to contact trace and collaborate closely with state and local public health officials.

Retrain Existing Workers
➢ Pivot existing government employees to contact tracing efforts.
➢ Retrain these workers to assist public health specialists in state and local health departments.

Recruit Students and Volunteers
➢ Leverage volunteers in existing public service programs to assist with contact tracing.
➢ Leverage state relationships with universities to recruit and train students.
HIRE NEW WORKERS: STATE EXAMPLES

**Massachusetts**

- Partnered with local health nonprofit.
- Began hiring contact tracers, through an open application process, in April.
- Has hired and trained 1,500 contact tracers to date; plans to hire more.

**Ohio**

- Partnered with health nonprofit.
- Hired and trained hundreds of contact tracing workers to assist local health departments.
- Plans to hire about 1,750 part-time workers in the next 12 months.
WASHINGTON

- Reallocated 390 employees from the Department of Licensing and 630 from state and local health departments to contact trace.
- Onboarded 351 workers from the National Guard.
- Announced plans to hire additional workers in coming weeks.

NEW MEXICO

- Reallocated 150 workers from the Department of Health to contact trace.
- Partnered with health consulting company Accenture to help manage hiring and training of new workers.
- Plans to hire 200 to 250 workers in addition to current state employees.
RECRUITING STUDENTS AND VOLUNTEERS: STATE EXAMPLES

New Jersey

- Training Rutgers University students to contact trace.
- Students begin training early this summer and will be able to assist local health departments in a matter of weeks.
- Cultural competency training included so students will be responsive to the specific needs of diverse communities.

Colorado

- Tapping members of the AmeriCorps and the Senior Corps programs to contact trace.
- 300 AmeriCorps and Senior Corps members are ready to assist the state’s public health officials immediately.
- 500 more workers will be recruited through an application process.
Thank You!

Iris Hentze
Iris.hentze@ncsl.org
303-856-1363
COVID-19 Testing & Contact Tracing
Indiana’s Approach
Indiana’s Testing Approach

• Strike teams
  • Long-term care, industry
• Drive-thru/walk-up clinics in high-risk communities
  • More than 12,000 people tested across the state
• Statewide testing sites through OptumServe partnership
  • 50 fixed and mobile sites
• Testing map
  • www.coronavirus.in.gov
• Lab Testing Network
  • Bulk buy reagents/test kits, using CARES funding to outfit labs and diversify testing capabilities
Contact Tracing Defined
Four Key Steps for Public Health

1. **Initial notification of confirmed or presumptive case of COVID-19**

2. **Interviewing patient (case)**
   - Walk through entire infectious period hour-by-hour to identify contacts
   - Provide specific instructions on isolation and treatment
   - Identify resource needs

3. **Locate and Notify contacts that they have been exposed**
   - Interview them for symptoms and refer them to testing
   - Provide specific instructions on isolation and treatment
   - Identify resource needs

4. **Monitor contacts**
   - Daily reporting on symptoms for up to 14 days since exposure
Indiana’s Approach: How?

• Took localized approach involving 94 local health departments and consolidated into a centralized system

• Scalable workforce partner hires, trains, and deploys call center agents and supporting roles
  – More than 600 hired to date
  – Include epidemiologists, nursing students, doctors, nurses, others trained by ISDH public health experts

• Robust call center operations integrated with Customer Relationship Management (CRM) tool

• The system integrates with our disease surveillance system and automatically reports cases to local health departments
Identify | Testing

Indiana COVID-19 Testing Sites
Indiana State Department of Health

List of Sites by County

COVID-19 Testing Sites: 204

- Adams: 1
- Allen: 9
- Bartholomew: 3
- Boone: 2
- Cass: 1
- Clark: 6
- Clinton: 1
- Delaware: 3
- Elkhart: 14
- Fayette: 2
- Floyd: 1
- Fountain: 1
- Fulton: 1

https://www.coronavirus.in.gov/2524.htm
1. Initial interview with the COVID-19 positive patient.

2. Gather information about people/places they have been in close contact with.
Close contacts are notified via SMS text message to fill out a brief questionnaire. This daily survey monitors if the close contact is or becomes symptomatic.

If a close contact fails to complete the questionnaire in the specified timeframe, a call agent will reach out to the close contact to conduct the questionnaire over the phone.
Support of individuals needing additional assistance

If a positive case or close contact needs additional resources (food, medication, quarantine/isolation support, etc.), he or she will be referred to the LHD.
**Case Investigation**

New Positive cases enter the CRM daily at 7 am

- Positive case triggers text/email for individual to contact ISDH
- No response to text/email in 4 hours triggers case to call queue
- Sends daily text/email symptoms assessment
  - If completed, the case record is updated
- Positive case call back flag set for frequency by call center agent specific to each case symptoms and situation

**Contact Tracing**

All contact receive text/email to fill out survey

- No response in 4 hours triggers case to call queue
- Individual will be tracked until positive test or until 14 days have passed since contact with positive case
- Sends daily text/email symptom assessment
  - If completed, the contact record is updated
  - If the individual meets clinical criteria, individual can be directed for testing
Thank You!
PUBLIC HEALTH RESPONSE TO COVID-19 IN MASSACHUSETTS

National Conference of State Legislatures

June 16, 2020

Monica Bharel, MD, MPH, Commissioner
Key Features of COVID-19 response

- Social Distancing
- Surveillance and data analytics
- PPE and hospital surge capacity
- Testing
- Contact tracing and case investigation
- Communication
Social Distancing

- State of Emergency declared on March 10
- Limits on large gatherings implemented on March 13
- Stay at Home Advisory issued on March 24
COVID-19 cases in MA

Number of New Confirmed and Probable COVID-19 Cases by Week in Massachusetts
Massachusetts Data Dashboard

Earsn an **A+** from the national COVID Tracking Project

**Daily report includes daily and cumulative data:**
- Confirmed cases
- Testing by date
- Cases by hospital, county, age/sex/ethnicity
- Hospitalizations
- Deaths
- Hospital capacity and census

**Weekly report includes:**
- Case and testing by city and town
- Cases and deaths in Long Term Care Facilities
- Individuals released from isolation (recovered)
- PPE Distribution
Preparing for the surge

Occupancy/ availability as reported by hospitals to DPH.
Represent EOHHS Regions Note that total bed estimates may change day-to-day due to hospitals updating surge planning. This data includes 5,200 unstaffed surge beds.
Preparing for the surge

- Boston Convention and Exhibition Center
- 1000 beds, six acute-care suites, a physical therapy space, 52 nurses stations and 48 bathroom facilities
- Other sites:
  - DCU Center, Worcester
  - Joint Base Cape Cod
  - UMASS Lowell

*photo: Partners HealthCare*
Focus on Long-Term Care – Six Key initiatives

• Expanding testing capacity through the Mobile Testing Program  
  o Partnership between the Massachusetts National Guard, DPH, and the Broad Institute

• Commonwealth distribution of personal protective equipment (PPE) to nursing homes

• Supporting staffing and increasing staffing capacity

• Deploying crisis management support to specific nursing homes

• Committing $130 million in funding through MassHealth and funding to stand up dedicated COVID-19 skilled nursing facilities

• Launching the Nursing Home Family Resource Line
Testing and Tracing

**Test**
Increase access to testing and number of people tested so people with COVID-19 are aware of their diagnosis and can self-isolate.

**Trace**
Trace all contacts of people with COVID-19 to ensure safe quarantine and testing for those who need it.

**Isolate**
Put transmission to a stop through timeline and safe isolation and quarantine for people with COVID-19 and their contacts.

**Support**
Identify vulnerability and address needs for social assistance so all people can safely isolate and quarantine.
People | Workforce Teams comprised of three roles

**Case Investigator** (strong communication skills, empathy, smart phone)
- Contacts newly diagnosed COVID-19 patient (orange)
- Explains diagnosis, evaluates ability to Isolate
- Collects details on Contacts, enters Contact details into database. Communicates to dedicated Contact Tracers (below), Resource Coordinator (if needed)

**Contact Tracer** (strong communication skills, smart phone)
- Receives names and phone numbers of Contacts
- Reaches out to Contacts.
- Facilitates pathway for expedited testing, need to quarantine.

**Care Resource Coordinator** (social work/nursing, or equivalent)
- Interview persons identified as vulnerable
- Assess basic needs, follow-up testing or quarantine recommendations
- Connect those needing support for COVID testing or quarantine with local resources & support, by municipality
High-Risk High-Priority Cases

Congregate settings, e.g. nursing homes
Disease Clusters
Healthcare Workers
Any Complex Case
Highway Billboards
Below is the status as of June 5, 2020:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 positive test rate</td>
<td>![Green]</td>
</tr>
<tr>
<td>Number of individuals who died from COVID-19</td>
<td>![Green]</td>
</tr>
<tr>
<td>Number of patients with COVID-19 in hospitals</td>
<td>![Green]</td>
</tr>
<tr>
<td>Healthcare system readiness</td>
<td>![Green]</td>
</tr>
<tr>
<td>Testing capacity</td>
<td>![Green]</td>
</tr>
<tr>
<td>Contact tracing capabilities</td>
<td>![Green]</td>
</tr>
</tbody>
</table>

**Legend**
- ![Green] Positive trend
- ![Green] In progress
- ![Red] Negative trend

**Key Figures**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newly Reported Cases Today</td>
<td><strong>87</strong></td>
</tr>
<tr>
<td>Total Cases</td>
<td><strong>105,690</strong></td>
</tr>
<tr>
<td>Newly Reported Deaths Today</td>
<td><strong>23</strong></td>
</tr>
<tr>
<td>Total Deaths</td>
<td><strong>7,647</strong></td>
</tr>
<tr>
<td>New Individuals Tested by Antibody Tests</td>
<td><strong>304</strong></td>
</tr>
<tr>
<td>Total Individuals Tested by Antibody Tests</td>
<td><strong>57,886</strong></td>
</tr>
<tr>
<td>Total Molecular Tests Administered</td>
<td><strong>894,616</strong></td>
</tr>
<tr>
<td>New Individuals Tested by Molecular Tests</td>
<td><strong>4,492</strong></td>
</tr>
<tr>
<td>Total Individuals Tested by Molecular Tests</td>
<td><strong>712,875</strong></td>
</tr>
<tr>
<td>Confirmed</td>
<td>Probable</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Newly Reported Confirmed Cases</td>
<td>Newly Reported Probable Cases</td>
</tr>
<tr>
<td>Today 58</td>
<td>Today 29</td>
</tr>
<tr>
<td>Total Confirmed Cases</td>
<td>Total Probable Cases</td>
</tr>
<tr>
<td>101,334</td>
<td>4,356</td>
</tr>
<tr>
<td>Newly Reported Deaths among</td>
<td>Newly Reported Deaths among</td>
</tr>
<tr>
<td>Confirmed Cases</td>
<td>Probable Cases</td>
</tr>
<tr>
<td>Today 23</td>
<td>Today 0</td>
</tr>
<tr>
<td>Total Deaths among Confirmed Cases</td>
<td>Total Deaths among Probable</td>
</tr>
<tr>
<td>7,490</td>
<td>Cases 157</td>
</tr>
</tbody>
</table>

Patients with a positive molecular test for COVID-19 are counted as confirmed.
Patients with a positive serology/antibody test and either COVID-like symptoms or likely exposure to COVID-19 are counted as probable cases.
Patients who did not have a laboratory test but whose death certificate listed COVID-19 as a cause of death are counted as probable deaths.
Probable cases are included in all counts from March 1 onward.

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences, and the Registry of Vital Records and Statistics; Tables and Figures created by the Office of Population Health. Note: all data are current as of 10:00am.
Massachusetts Department of Public Health COVID-19 Dashboard
Dashboard of Public Health Indicators

7 Day Weighted Average of Positive Molecular Test Rate

3 Day Average of Number of COVID-19 Patients in Hospital*

Number of Hospitals using Surge Capacity

3 Day Average of COVID-19 Deaths**

-90%

-71%

-95%

-80%

*Includes both confirmed and suspected cases of COVID-19; **includes deaths in only confirmed cases of COVID-19
Daily and Cumulative Confirmed and Probable Cases

Total COVID-19 Cases To Date by Date Individual Tested or Date of Symptom Onset

- New Confirmed Cases
- New Probable Cases
- Cumulative Total Cases

Sex*
- Female
- Male

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences; Tables and Figures created by the Office of Population Health.

Note: all data are current as of 10:00am on the date at the top of the page; *Excludes unknown values. Data previously shown according to date report received; data now presented according to date the individual was tested. Due to lag in reporting by laboratories, counts for most recent dates are likely to be incomplete. Includes both confirmed and probable cases.
Testing by Date - Molecular

Number of Individuals Tested by Molecular Method by Test Date

- New Individuals Tested by Molecular Method
- Cumulative Individuals Tested by Molecular Method

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences; Tables and Figures created by the Office of Population Health.
Note: all data are current as of 10:00am on the date at the top of the page. Data previously shown according to date report received; data now presented according to date the individual was tested. Due to lag in reporting by laboratories, counts for most recent dates are likely to be incomplete. Please note that some individuals have been tested by both molecular and antibody methods.
Massachusetts Department of Public Health COVID-19 Dashboard - Tuesday, June 16, 2020

Daily and Cumulative Deaths

Total Deaths* in COVID-19 Cases by Date of Death

- New Confirmed Deaths
- New Probable Deaths
- Total Deaths

Date of Death: [Graph showing daily deaths from March to June 2020]

Cumulative Death Count: 7,647

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics; Tables and Figures created by the Office of Population Health

Note: all data are current as of 10:00am on the date at the top of the page; *Counts on the trend chart do not match total number of deaths reported, as there is a several day lag in reporting by date of death. Includes both probable and confirmed cases.
Cases and Case Rate by Age Group

Total COVID-19 Cases by Age Group

- 0-19: 5,486
- 20-29: 14,380
- 30-39: 15,842
- 40-49: 15,118
- 50-59: 16,845
- 60-69: 13,711
- 70-79: 9,246
- 80+: 14,779

Rate (per 100,000) of Total COVID-19 Cases by Age Group

- 0-19: 342
- 20-29: 1,389
- 30-39: 1,746
- 40-49: 1,746
- 50-59: 1,774
- 60-69: 1,735
- 70-79: 1,657
- 80+: 1,926

Average age of Total COVID-19 Cases: 52


Note: all data are cumulative and current as of 10:00am on the date at the top of the page. Includes both probable and confirmed cases.
Average Age of Total Cases Reported as Hospitalized: 68
Deaths and Death Rate by Age Group

Deaths by Age Group in Total COVID-19 Cases

Rate (per 100,000) of Total COVID-19 Deaths by Age Group


Note: all data are cumulative and current as of 10:00am on the date at the top of the page. Includes both probable and confirmed cases.
<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents/Healthcare Workers of Long-Term Care Facilities</td>
<td>22,795</td>
</tr>
<tr>
<td>Long-Term Care Facilities Reporting At Least One Probable or Confirmed Case of COVID-19</td>
<td>366</td>
</tr>
<tr>
<td>Probable or Confirmed COVID-19 Deaths Reported in Long-Term Care Facilities</td>
<td>4,817</td>
</tr>
</tbody>
</table>

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics; Tables and Figures created by the Office of Population Health.

Note: all data are cumulative and current as of 10:00am on the date at the top of the page. Data includes nursing homes, skilled nursing facilities, and rest homes.
Deaths by Sex, Previous Hospitalization, & Underlying Conditions

Total Deaths by Sex:
- Female: 3,599 (47.1%)
- Male: 4,047 (52.9%)

Total Deaths with a Previous Hospitalization:
- Yes: 987 (12.9%)
- Unknown: 2,471 (32.3%)
- No: 4,189 (54.8%)

Total Deaths** with Underlying Conditions:
- Yes: 62 (1.7%)
- No: 3,603 (98.3%)

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics; Demographic data on hospitalized patients collected retrospectively; analysis does not include all hospitalized patients and may not add up to data totals from hospital survey; Tables and Figures created by the Office of Population Health. Note: all data are cumulative and current as of 10:00am on the date at the top of the page; *Hospitalized at any point in time, not necessarily the current status; **Only includes data from deaths following completed investigation, figures are updates as additional investigations are completed; + Excludes unknown values. Includes both probable and confirmed cases.
The following caveats apply to these data:

1. Information on race and ethnicity is collected and reported by laboratories, healthcare providers and local boards of health and may or may not reflect self-report by the individual case.
2. If no information is provided by any reporter on a case’s race or ethnicity, DPH classifies it as missing.
3. A classification of unknown indicates the reporter did not know the race and ethnicity of the individual, the individual refused to provide information, or that the originating system does not capture the information.
4. Other indicates multiple races or that the originating system does not capture the information.

**Note:** COVID-19 testing is currently conducted by dozens of private labs, hospitals, and other partners and the Department of Public Health is working with these organizations and to improve data reporting by race and ethnicity, to better understand where, and on whom, the burden of illness is falling so the Commonwealth can respond more effectively. On 4/8, the Commissioner of Public Health issued an Order related to collecting complete demographic information for all confirmed and suspected COVID-19 patients.

**Total Cases by Race/Ethnicity**
- Hispanic: 2.0%
- Non-Hispanic Asian: 19.0%
- Non-Hispanic Black/African American: 5.0%
- Non-Hispanic Other: 9.3%
- Non-Hispanic White: 35.2%
- Unknown/Missing: 29.4%

**Total Cases Count:** 105,690

**Total Cases Reported as Hospitalized by Race/Ethnicity**
- Hispanic: 7.8%
- Non-Hispanic Asian: 11.6%
- Non-Hispanic Black/African American: 2.0%
- Non-Hispanic Other: 13.3%
- Non-Hispanic White: 47.9%
- Unknown/Missing: 16.2%

**Total Cases Reported as Hospitalized:** 10,817

**Total Deaths by Race/Ethnicity**
- Hispanic: 6.8%
- Non-Hispanic Asian: 8.2%
- Non-Hispanic Black/African American: 6.9%
- Non-Hispanic Other: 2.7%
- Non-Hispanic White: 73.4%

**Total Deaths:** 7,647

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics; Demographic data on hospitalized patients collected retrospectively; analysis does not include all hospitalized patients and may not add up to data totals from hospital survey; Tables and Figures created by the Office of Population Health.

Note: all data are cumulative and current as of 10:00am on the date at the top of the page; *Hospitalization refers to status at any point in time, not necessarily the current status of the patient/demographic data on hospitalized patients collected retrospectively; analysis does not include all hospitalized patients and may not add up to data totals from hospital surveys. Includes both probable and confirmed cases.
THANK YOU

Monica Bharel, MD, MPH, Commissioner

www.mass.gov/covid
Questions and Answers

Please type your questions into the chat box in the lower left-hand corner of your screen.

June 16| COVID-19: STATE EFFORTS ON TESTING AND CONTACT TRACING
COVID-19 RESOURCES

Go to:
www.ncsl.org or
ADDITIONAL RESOURCES

Available Under the Resource Tab

- COVID-19 Legislation Tracking Database
- NCSL Blog: Contact Tracing, What it is and How it is Getting Done in States
- NCSL Memo: Contact Tracing Legislation
- NCSL Memo: Testing Legislation
- National and State Guidance