



OKLAHOMA

STATE REPORT | 07.26.2020

SUMMARY

- Oklahoma is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Over the past week, Oklahoma continues to have high number of cases diagnosed and high test percent positivity.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Oklahoma County, 2. Tulsa County, and 3. Cleveland County. These counties represent 58.7 percent of new cases in Oklahoma.
- More counties and CBSAs are in the red zone this week.
- Oklahoma had 126 new cases per 100,000 population in the past week, compared to a national average of 140 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 6 to support operations activities from FEMA; 2 to support epidemiology activities from CDC; and 1 to support operations activities from CDC.
- During Jul 18 - Jul 24, on average, 70 patients with confirmed COVID-19 and 81 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oklahoma. An average of 51 percent of hospitals reported each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Closing bars and reducing indoor dining at restaurants to 25% capacity is critical to disrupt transmission.
- Mask mandates must be implemented in yellow and red zones.
- Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been tested and appropriate cohorting measures are in place.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Monitor testing data to identify additional sites of increased transmission and focus public health resources on them.
- For family and cohabitating households, screen entire households in a single test by pooling a sample of each member's sample. For households that test positive, isolate and conduct follow-up individual tests.
- Expand testing capacity in public health labs, adding shifts and weekend shifts to reduce turnaround times.
- Increase messaging of the risk of serious disease in all age groups with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

** This figure may differ from state data due to differences in hospital lists between federal and state systems or inclusion of hospitals that are not admitting COVID-19 patients. We are working to incorporate feedback on an ongoing basis to update these figures. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals.*



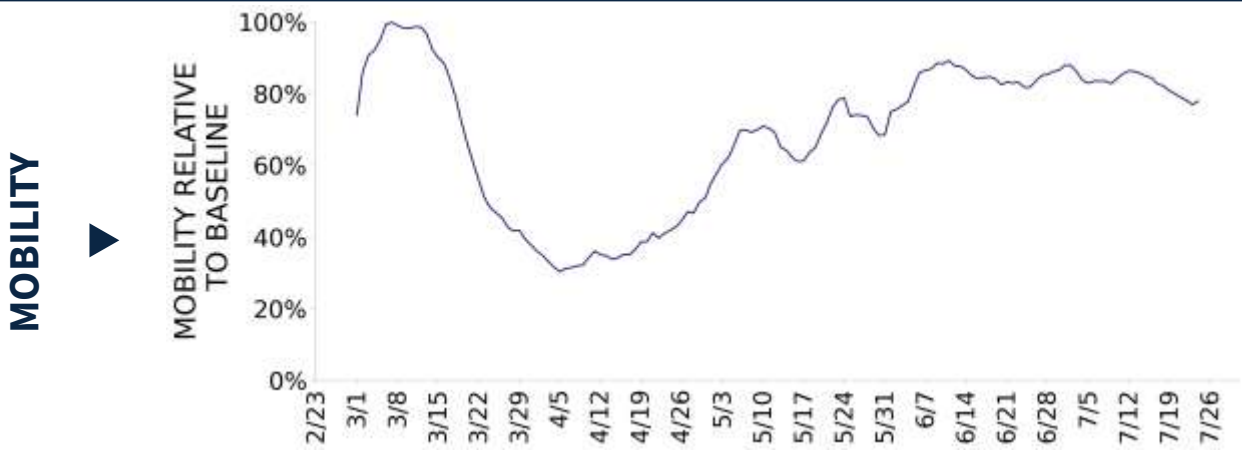
COVID-19



OKLAHOMA

STATE REPORT | 07.26.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	4,975 (126)	-1.5%	89,941 (211)	460,137 (140)
DIAGNOSTIC TEST POSITIVITY RATE	10.1%	+0.7%*	13.3%	8.5%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	30,467** (770)	-0.9%**	396,835** (929)	5,437,404** (1,657)
COVID DEATHS (RATE PER 100,000)	39 (1)	+34.5%	1,274 (3)	6,434 (2)
SNFs WITH AT LEAST ONE COVID-19 CASE	5.3%	+0.5%*	20.8%	12.1%



* Indicates absolute change in percentage points.

** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 7/24/2020; last week is 7/18 - 7/24, previous week is 7/11 - 7/17.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 7/22/2020. Last week is 7/16 - 7/22, previous week is 7/9 - 7/15. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 07/25/2020. Some dates may be incomplete due to delays in reporting. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 7/24/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Last week is 7/13-7/19, previous week is 7/6-7/12.



OKLAHOMA

STATE REPORT | 07.26.2020

COVID-19 COUNTY AND METRO ALERTS

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

METRO AREA (CBSA) LAST WEEK

5

Tulsa
Altus
Miami
Enid
Fort Smith

13

Top 12 shown (full list below)

Oklahoma City
Lawton
Durant
Muskogee
Stillwater
Shawnee
Ardmore
Tahlequah
Weatherford
Duncan
Ponca City
McAlester

COUNTY LAST WEEK

16

Top 12 shown (full list below)

Oklahoma
Tulsa
Jackson
Wagoner
McCurtain
Ottawa
Creek
Garfield
Adair
Sequoyah
Caddo
McIntosh

39

Top 12 shown (full list below)

Cleveland
Canadian
Rogers
Grady
Comanche
Delaware
Bryan
Muskogee
Payne
Pottawatomie
McClain
Mayes

All Red CBSAs: Tulsa, Altus, Miami, Enid, Fort Smith

All Yellow CBSAs: Oklahoma City, Lawton, Durant, Muskogee, Stillwater, Shawnee, Ardmore, Tahlequah, Weatherford, Duncan, Ponca City, McAlester, Guymon

All Yellow Counties: Cleveland, Canadian, Rogers, Grady, Comanche, Delaware, Muskogee, Bryan, Payne, Pottawatomie, McClain, Mayes, Carter, Cherokee, Osage, Logan, Le Flore, Seminole, Custer, Stephens, Kay, Pittsburg, Lincoln, Pawnee, Atoka, Hughes, Murray, Latimer, Texas, Okfuskee, Major, Haskell, Coal, Blaine, Greer, Nowata, Roger Mills, Beaver, Grant

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 7/24/2020; last week is 7/18 - 7/24, three weeks is 7/4 - 7/24.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 7/22/2020. Last week is 7/16 - 7/22. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials

- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing

- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging

- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials

- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing

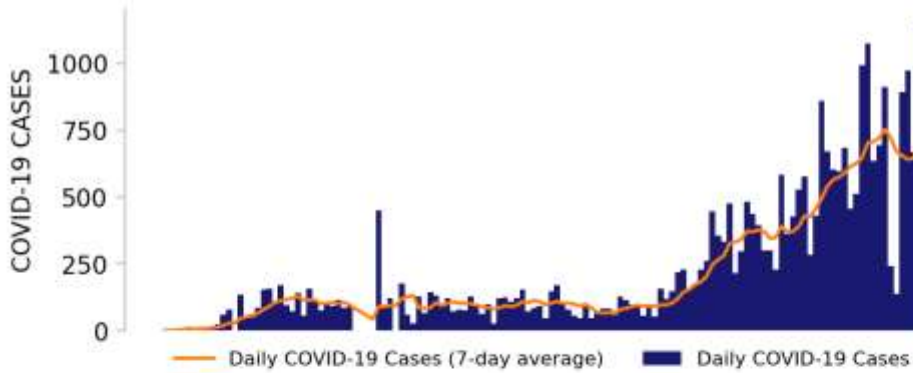
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device



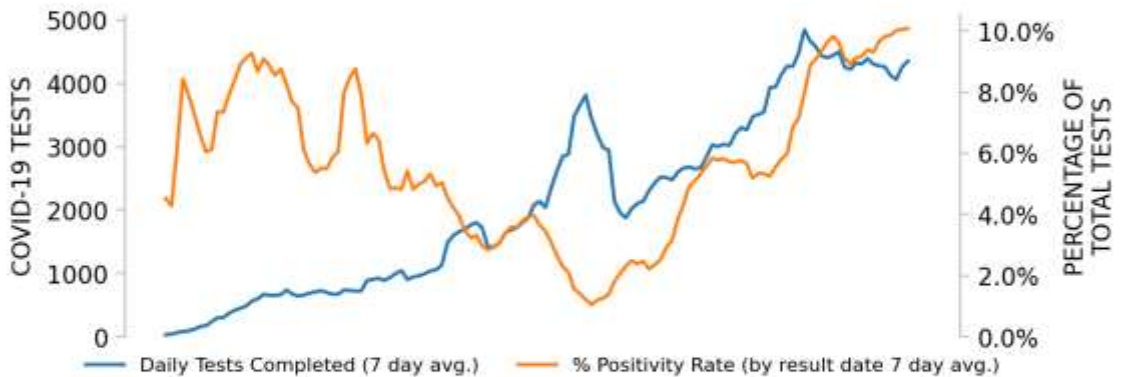
OKLAHOMA

STATE REPORT | 07.26.2020

NEW CASES

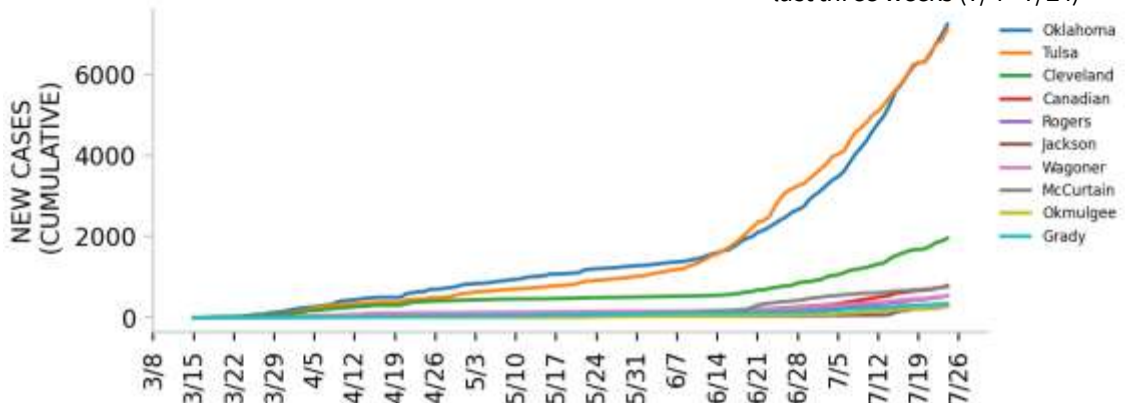


TESTING



Top counties based on greatest number of new cases in last three weeks (7/4 - 7/24)

TOP COUNTIES



DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 7/24/2020.

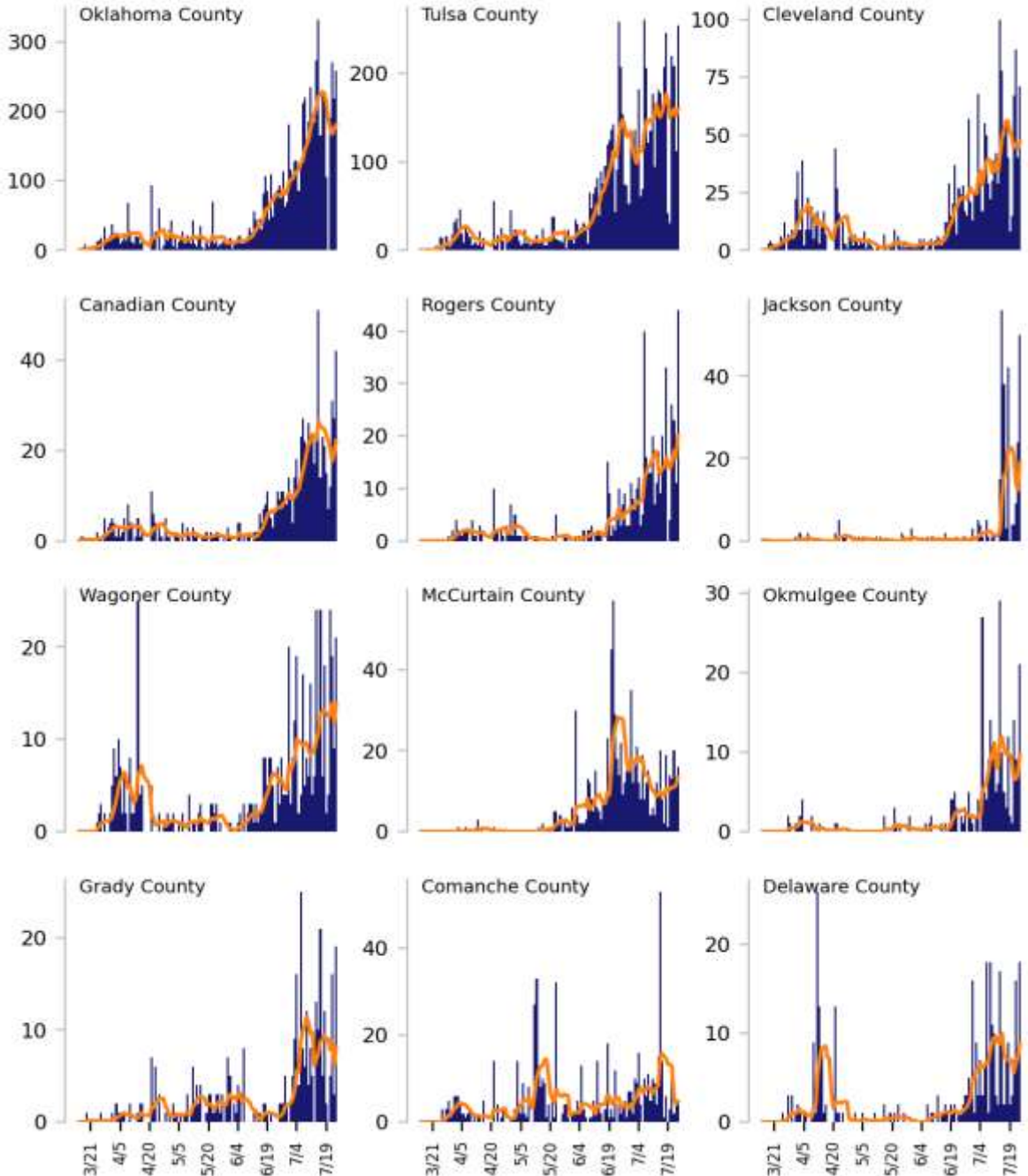
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 7/22/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 7/24/2020. Last 3 weeks is 7/4 - 7/24.

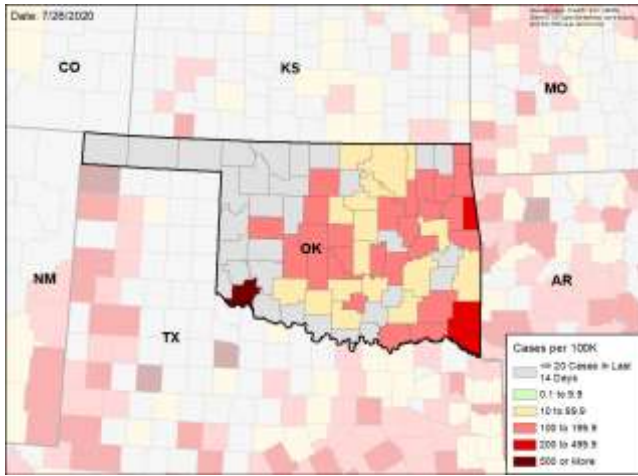


OKLAHOMA

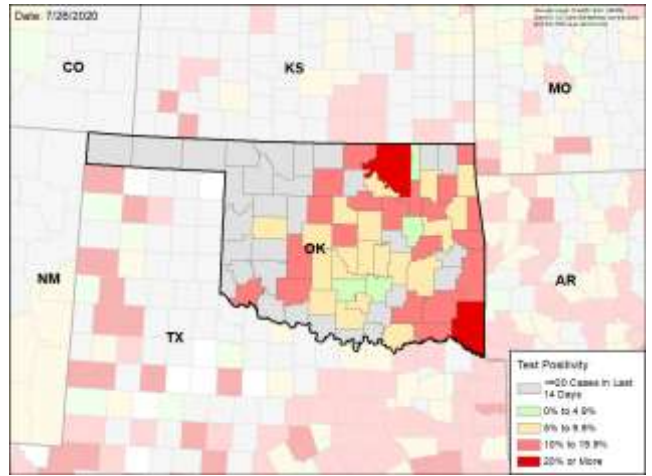
STATE REPORT | 07.26.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

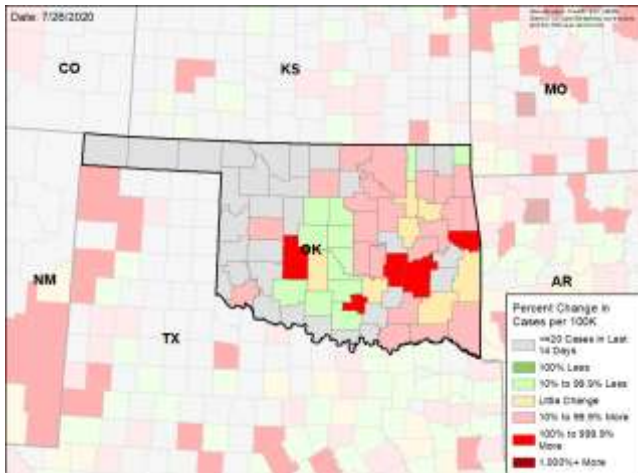
NEW CASES PER 100,000 DURING LAST WEEK



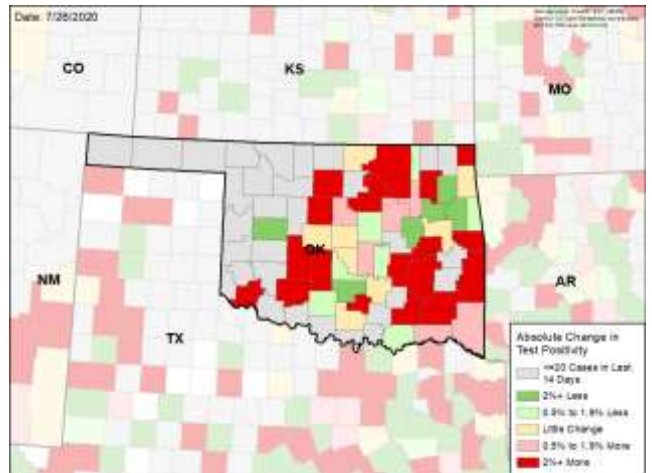
TEST POSITIVITY DURING LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



WEEKLY CHANGE IN TEST POSITIVITY



DATA SOURCES

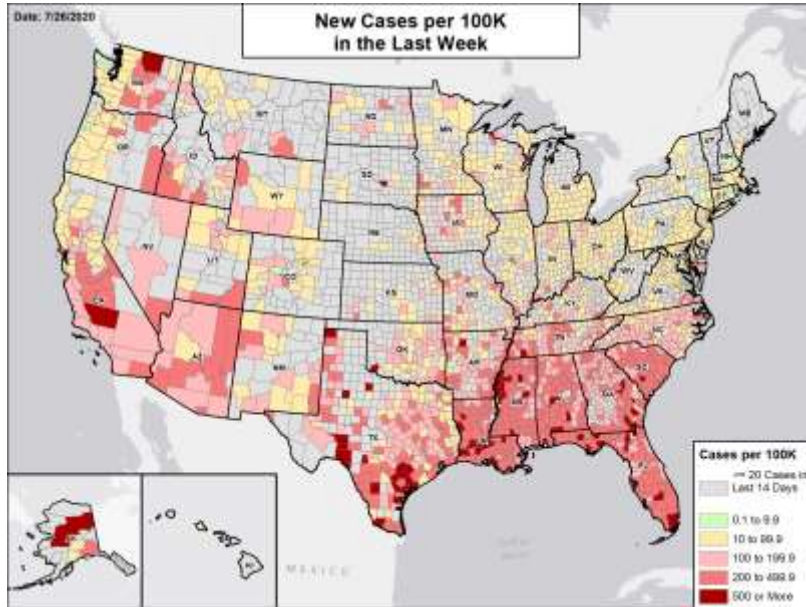
Cases: County-level data from USAFacts through 7/24/2020. Last week is 7/18 - 7/24, previous week is 7/11 - 7/17.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 7/22/2020. Last week is 7/16 - 7/22, previous week is 7/9 - 7/15. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

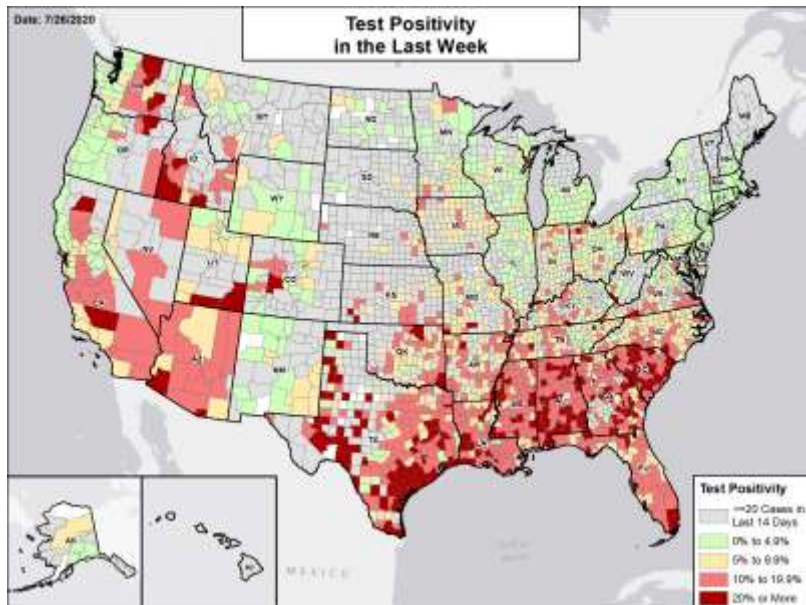


National Picture

NEW CASES PER 100,000 LAST WEEK



TEST POSITIVITY LAST WEEK



DATA SOURCES

Cases: County-level data from USAFacts through 7/24/2020. Last week is 7/18 - 7/24.

Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 7/22/2020. Last week is 7/16 - 7/22. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



Methods

STATE REPORT | 07.26.2020

COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<0.5	0.5-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one COVID-19 case	0%	0.1%-5%	>5%
Change in SNFs with at least one COVID-19 case	<-0.5%	-0.5%-0.5%	>0.5%

DATA NOTES

- Cases and deaths:** County-level data from USAFacts as of 14:00 EDT on 07/26/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 7/18 to 7/24; previous week data are from 7/11 to 7/17.
- Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 7/16 to 7/22; previous week data are from 7/9 to 7/15. HHS Protect data is recent as of 13:30 EDT on 07/26/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 07/25/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
- Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 07/26/2020 and through 7/24/2020.
- Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Data is recent as of 13:10 EDT on 07/25/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.