

<https://coronavirus.jhu.edu/testing/testing-positivity>

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10 May 2020 – 16 Feb 2021

TESTING HUB

WHICH U.S. STATES MEET WHO RECOMMENDED TESTING CRITERIA?

On May 12, 2020 the World Health Organization (WHO) advised governments that before reopening, rates of positivity in testing (ie, out of all tests conducted, how many came back positive for COVID-19) of should remain at 5% or lower for at least 14 days.

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States that meet positivity recommendations: 22

STATE

PERCENTAGE OF
POSITIVE TESTS

States above recommended positivity: 32

STATE

PERCENTAGE OF
POSITIVE TESTS

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Wyoming	1.15%	Northern Mariana Islands	100.00%
Vermont	1.43%	Puerto Rico	100.00%
Hawaii	1.76%	Iowa	26.41%
Alaska	1.86%	Idaho	25.02%
Guam	2.02%	Kansas	24.27%
Massachusetts	2.87%	South Dakota	20.19%
Rhode Island	3.01%	Alabama	19.15%
Maine	3.07%	Texas	18.29%
North Dakota	3.12%	Kentucky	17.31%
District of Columbia	3.31%	Mississippi	16.77%
Illinois	3.36%	Georgia	14.91%
Minnesota	3.53%	Oklahoma	13.33%
Nebraska	3.70%	Virginia	11.96%
Connecticut	3.72%	Pennsylvania	11.74%
Wisconsin	3.94%	Arkansas	11.73%
New Mexico	4.02%	Utah	11.45%
Maryland	4.10%	Tennessee	10.94%
Oregon	4.33%	South Carolina	9.76%

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Michigan	4.33%	North Carolina	9.31%
New York	4.50%	Nevada	9.25%
Colorado	4.52%	Ohio	8.92%
Indiana	4.80%	New Jersey	8.09%
		Florida	8.09%
		Missouri	7.98%
		Arizona	7.85%
		Louisiana	6.68%
		Delaware	6.47%
		California	5.40%
		Montana	5.31%
		West Virginia	5.18%
		New Hampshire	5.16%
		Washington	5.07%

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Data Source:

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retroactively change the numbers they report. This can affect the percentages you see presented in these data visualizations. We are taking steps to account for these irregularities in how we present the information, but it is important to understand the full context behind these data.

It is important to track the testing that states are doing to diagnose people with COVID-19 infection in order to gauge the spread of COVID-19 in the U.S. and to know whether enough testing is occurring. When states report the number of COVID-19 tests performed, this should include the number of viral tests performed and the number of patients for which these tests were performed. Currently, states may not be distinguishing overall tests administered from the number of individuals who have been tested. This is an important limitation to the data that is available to track testing in the U.S., and states should work to address it.

When states report testing numbers for COVID-19 infection, they should not include serology or antibody tests. Antibody tests are not used to diagnose active COVID-19 infection and they do not provide insights into the number of cases of COVID-19 diagnosed or whether viral testing is sufficient to find infections that are occurring within each state. States that include serology tests within their overall COVID-19 testing numbers are misrepresenting their testing capacity and the extent to which they are working to identify COVID-19 infections within their communities. States that wish to track the number of serology tests being performed should report those numbers separately from viral tests performed to diagnose COVID-19.

Our data provider, The Covid Tracking Project, is in the process of changing how it maps states' data to the categories we use for our positivity calculations. These changes mean the category of data we use in our denominator (Total tests) may now include tests previously not included in our calculations, which in turn may result in a test positivity calculation that is lower than what we would have calculated for the state prior to the change.