OKLAHOMA COVID-19 WEEKLY REPORT

Weekly Epidemiology and Surveillance Report May 8 – May 14, 2020



PURPOSE To provide up-to-date weekly epidemiological data on COVID-19 in Oklahoma.

SNAPSHOT

	May 8 – May 14	Change ¹	Total
Confirmed cases	632	-11.2%	4,962
Recovered cases ²	675	15.6%	3,660
Deaths	24	-36.8%	284

^{1.} Change from the week of May 1-May 7, 2020.

The youngest case was **less than a year old** and the oldest case was **102 years**.

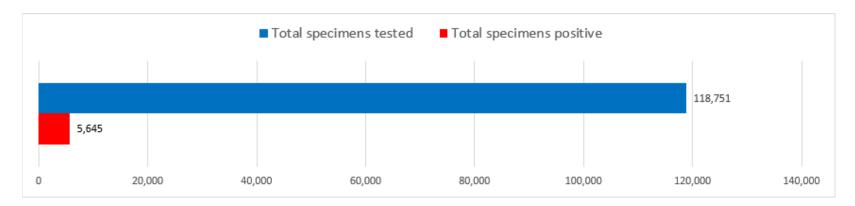
The average age of individuals who died was 75 years.

The youngest individual to die from COVID-19 was 22 years and the oldest was 100 years.

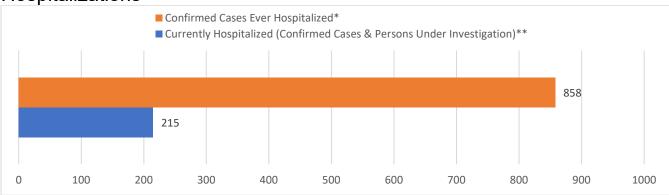
Persons aged 50 and over	Persons aged 50 and over	Females	Males
50% of cases	97% of deaths	55% of cases	52% of deaths

^{2.} Currently not hospitalized or deceased and 14 days after onset/report.

Testing (reported through May 14))



Hospitalizations



*Ever hospitalized includes discharged, deceased, currently hospitalized and recovered.

KEY POINTS

- 632 confirmed cases in the past week
 11.2% decrease from the week before (May 1-7).
- 24 deaths occurred in the past week -36.8% decrease from the week before (May 1-7).

- 118,751 specimens have been tested in total.
- 72 counties (out of 77) have had at least a confirmed case of COVID-19

^{**}Source OSDH Beds Survey. Note, facility response rate of 84% on 5/14/2020.

WHAT'S NEW

A team of public health professionals from the Centers for Disease Control and Prevention (CDC) are assisting with our response to a large cluster of cases in the Oklahoma panhandle area. Responding to this cluster is relatively complex because it crosses state boundaries into Texas and Kansas. The CDC team is helping organize this multi-state response.

Testing for COVID-19: The most accurate and preferred method to diagnose COVID-19 is using a molecular test and we have been reporting results based on these molecular tests. This week we are introducing results from another type of test, known as antibody testing or serology testing. These tests are helpful at determining if a person has been exposed to the COVID-19 virus in the past. These results help us understand how quickly the virus is spreading throughout our communities. People should note that individual antibody test results need to be interpreted with caution because a positive antibody result does not necessarily mean that a person is immune or that they are not infectious to others.

GATING CRITERIA

• Progress on meeting the components of the reopening guidelines proposed by the White House, called the "gating criteria". More information available at https://www.whitehouse.gov/openingamerica/

Proposed State or Regional Gating Criteria Satisfy Before Proceeding to Phased Comeback

SYMPTOMS	CASES	HOSPITALS
Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period AND	Downward trajectory of documented cases within a 14-day period OR	Treat all patients without crisis care AND
Downward trajectory of covid-like syndromic cases reported within a 14-day period	Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)	Robust testing program in place for at-risk healthcare workers, including emerging antibody testing

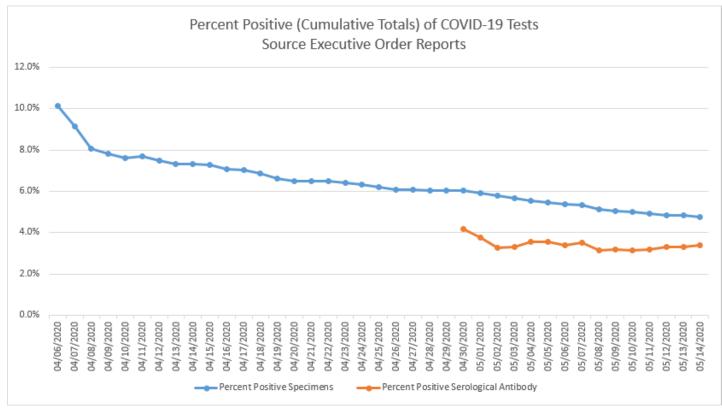
DISEASE TESTING

	May 8 - May 14	Total Number
Specimens tested ¹ , count	28,849	118,751
Specimens positive, count (%)	866 (3.0%)	5,645 (4.8%)
Antibody tested, count	5,098	13,642
Antibody positive, count (%)	159 (3.1%)	459 (3.3%)

^{1.} Includes state and private laboratories.

Note: Specimen counts may not reflect unique individuals.

Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)



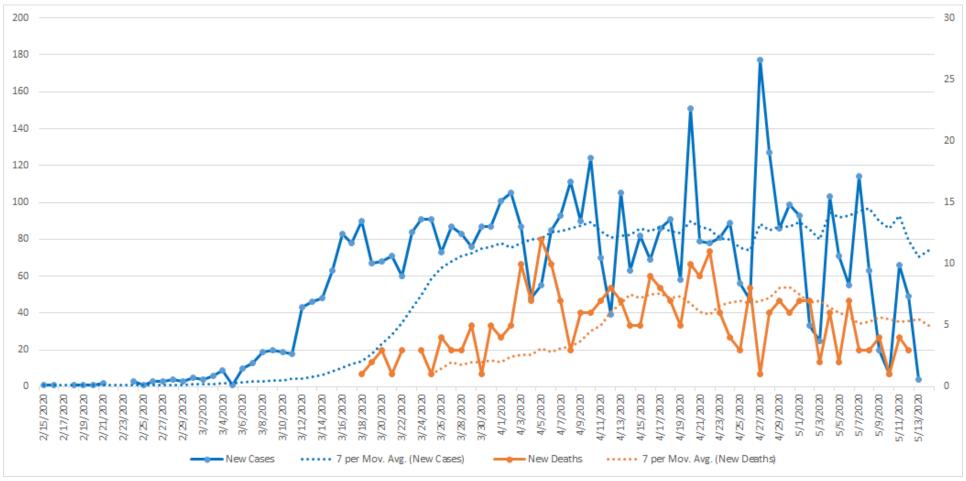
Oklahoma, April 6 - May 14, 2020

EPIDEMIOLOGICAL ESTIMATES

	Estimate	Notes / Interpretation
Cases		
Cumulative incidence	125.8 (per 100,000 persons)	From March 7 to May 14, there were about 126 (per 100,000) new cases of COVID-19 in Oklahoma.
Absolute change in cumulative incidence from previous week	-2.0 (per 100,000 persons)	Compared to May 1- May 7, there were 2.0 (per 100,000) fewer cases of COVID-19 in Oklahoma during the past week (May 8 – May 14).
Disease Severity		
Case-fatality risk (crude)	5.7%	The estimate is not adjusted for the lag time from reporting to death (i.e., delay between the time someone dies and the time their death is reported). The fatality estimate could be lower due to cases that were undiagnosed or had milder symptoms.
Cumulative Hospitalization rate (overall)	21.8 (per 100,000 persons)	About 22 people per 100,000 have ever been hospitalized for COVID-19 during this outbreak.

CASES AND DEATHS

New cases (by date of onset) and new deaths (by date of death) of COVID-19 in Oklahoma, February–May 2020



Data as of May 14, 2020.

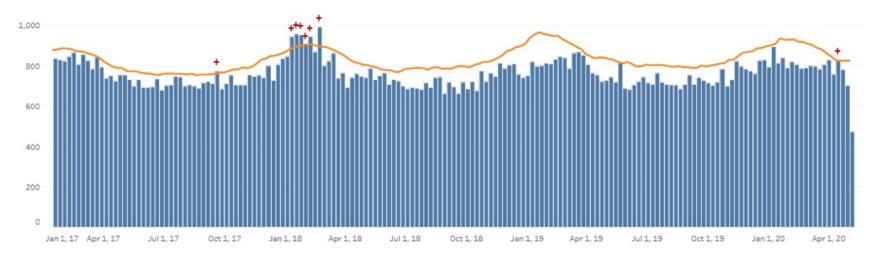
Please note the different axes for new cases (left—from 0 to 200 for new cases) and new deaths (right—from 0 to 30 for new deaths). Additionally a 7 day lag has been applied to the trend line based on information collected to-date for the week of 4/26 and 5/02 where within 7 days of onset date 90% of the cases had been reported.

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Oklahoma Excess Death Analysis

- + indicates observed count above threshold
- Predicted number of deaths from all causes
- threshold for excess deaths

Weekly number of deaths (from all causes)



Source: CDC, National Center for Health Statistics, https://www.cdc.gov/nchs/nvss/vsrr/covid19/excess deaths.htm#dashboard, May 14, 2020 11am.

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DEMOGRAPHIC INFORMATION

	Ca: coun	ses t (%)¹		ath t (%)¹	Cumulative Incidence Rate ²	Cumulative Mortality Rate ²
Gender						<u> </u>
Male	2,256	(45.5)	148	(52.1)	115.5	7.6
Female	2,706	(54.5)	136	(47.9)	136.0	6.8
Age group						
Under 1- 4	34	(0.7)	0	(0.0)	16.1	
5-14	72	(1.5)	0	(0.0)	13.4	
15-24	474	(9.6)	1	(0.4)	88.1	0.2
25-34	728	(14.7)	2	(0.7)	134.0	0.4
35-44	761	(15.3)	3	(1.1)	155.2	0.6
45-54	712	(14.4)	12	(4.2)	154.7	2.6
55-64	826	(16.7)	41	(14.4)	167.4	8.3
65-74	614	(12.4)	78	(27.5)	171.2	21.7
75-84	410	(8.3)	71	(25.0)	218.4	37.8
85+	309	(6.2)	76	(26.8)	422.2	103.8
Unknown	22	(0.4)		, ,		
Race		` .				
American Indian or Alaska Native	330	(6.7)	21	(7.4)	107.4	6.8
Asian or Pacific Islander	120	(2.4)	2	(0.7)	135.5	2.3
Black or African American	385	(7.8)	23	(8.1)	133.8	8.0
Multiracial/Other	201	(4.1)	7	(2.5)	48.6	1.7
White	3,373	(68.0)	218	(76.8)	118.5	7.7
Unknown	553	(11.1)	13	(4.6)		
Ethnicity						
Hispanic or Latino	788	(15.9)	7	(2.5)	183.6	1.6
Not Hispanic or Latino	3,466	(69.9)	250	(88.1)	98.6	7.1
Unknown	708	(14.3)	27	(9.4)		

Percentages may not add up to 100 due to rounding.
 Rate per 100,000 population

HEALTHCARE & NON-HEALTHCARE

Status ¹	Non-Healthcare Worker count (%)*	Healthcare Worker count (%)*
Active	947 (22.9)	71 (8.6)
Deceased	280 (6.8)	4 (0.5)
Recovered	2,907 (70.3)	753 (90.9)
Total	4,134	828

^{*} percentages may not add up to 100 due to rounding.

1. Data as of May 14, 2020.

CASES & DEATHS BY LONG-TERM CARE AND CORRECTIONAL FACILITIES

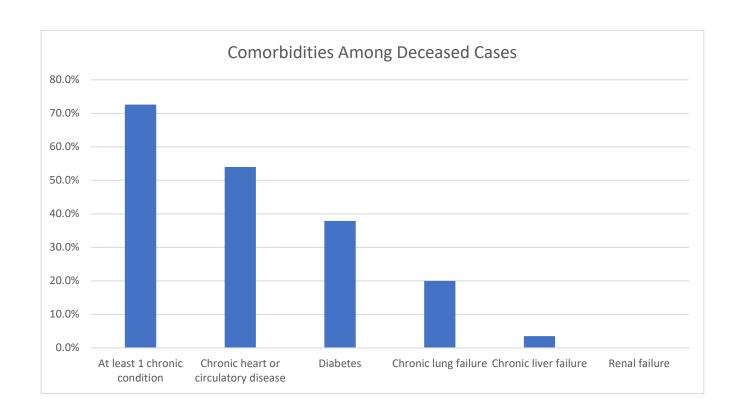
	Cases	Deaths
LTCF ^{1,2}		
Reside	ents 708	135
S	taff 424	2
Total	1132	137
Correctional Facilities ³		
Inma	ites 166	1
S	taff 45	0
Total	211	1

Long term care facility or nursing home
 Data as of May 14, 2020.
 Correctional facilities include prisons, jails, and juvenile detention centers.

Comorbidities among deceased cases

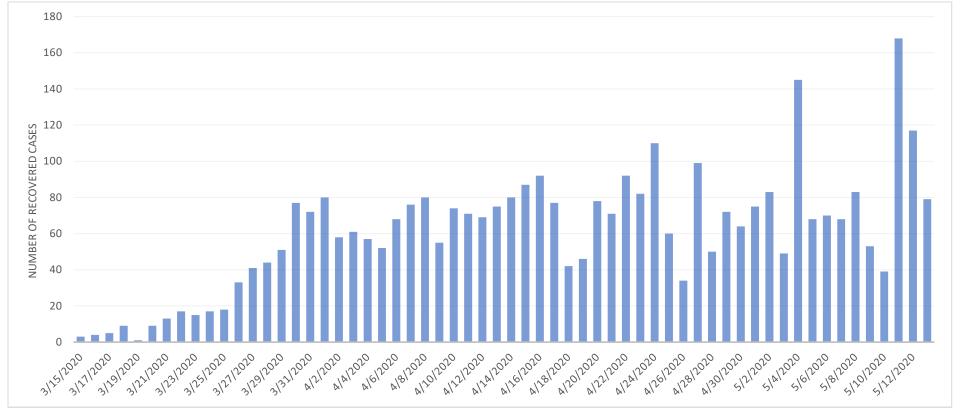
Comorbidities	Number (%)
At least 1 chronic condition*	207 (72.6)
Chronic heart or circulatory disease	154 (54.0)
Diabetes	108 (37.9)
Chronic lung failure	57 (20.0)
Chronic liver failure	10 (3.5)
Renal failure	0 (0)

^{*}Chronic conditions include; chronic heart or circulatory disease, diabetes, chronic lung failure, chronic liver failure and renal failure



RECOVERED CASES

Distribution of recovered cases of COVID-19, March-May 2020, Oklahoma



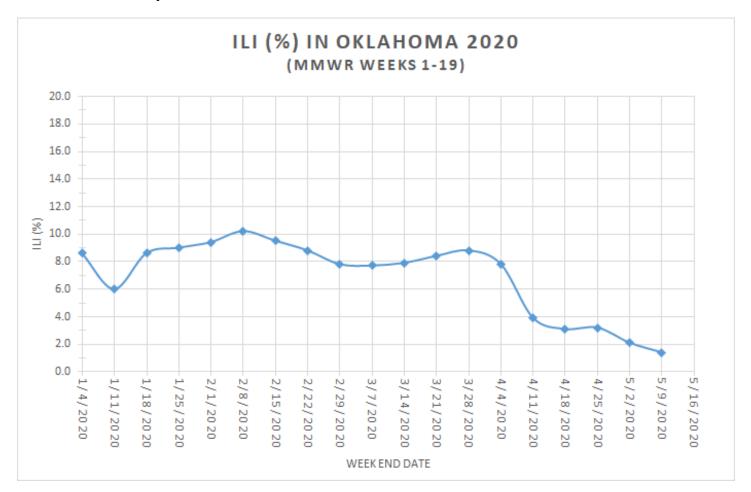
Note: A recovered case is an individual currently not hospitalized or deceased AND 14 days after the onset of symptoms

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Symptoms Criteria

Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period

Weekly percentage of **Influenza-Like Illness (ILI)** (%), Morbidity and Mortality Weekly Report, Oklahoma, Jan–May 2020

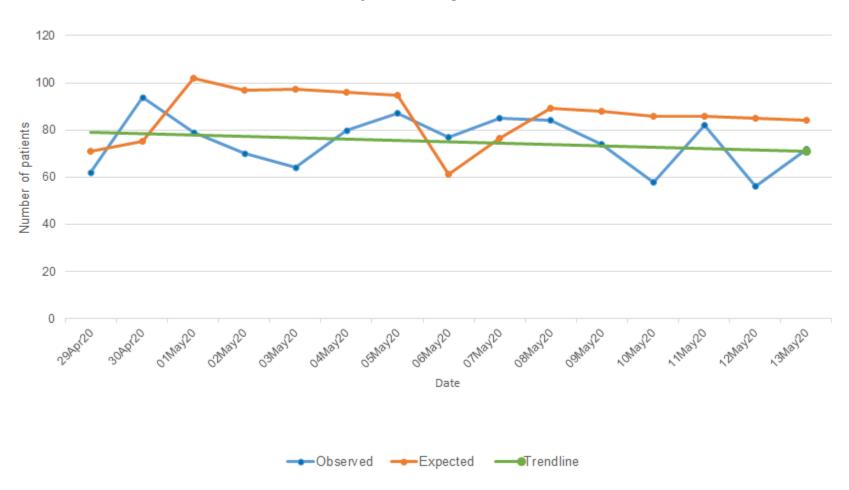


Interpretation: Data on Influenza-Like Illness shows a slight decline in the daily number and weekly percentage of influenza-like illness cases in the past 2 weeks.

Downward trajectory of covid-like syndromic cases reported within a 14-day period

COVID-19 Related Emergency Department Visits, Oklahoma State Syndromic Surveillance, April 29-May 13, 2020

Oklahoma State Syndromic Surveillance of COVID-19 related ED Visits April 29-May 13, 2020

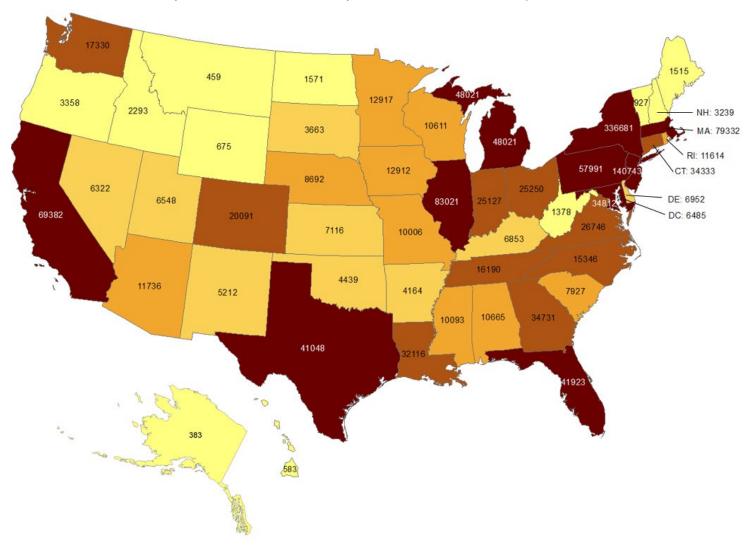


Interpretation: Data from syndromic surveillance shows a slight decline in the number of COVID-19 related emergency department visits in the past 2 weeks.

OKLAHOMA IN COMPARISON

Total number of reported COVID-19 cases

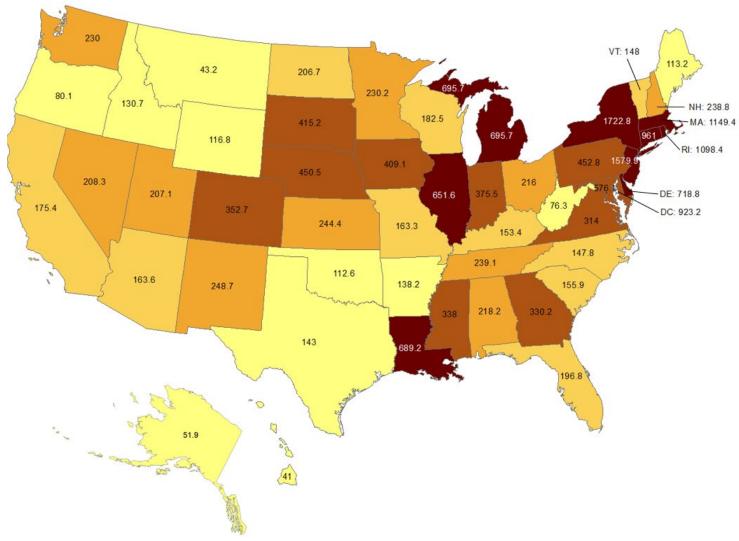
Oklahoma ranks $\bf 38$ (out of all States and DC) in the total number of reported COVID-19 cases in the US.



Data from CDC. Available at https://www.cdc.gov/covid-data-tracker/index.html
Data as of May 13, 2020

Cumulative incidence of reported COVID-19 cases

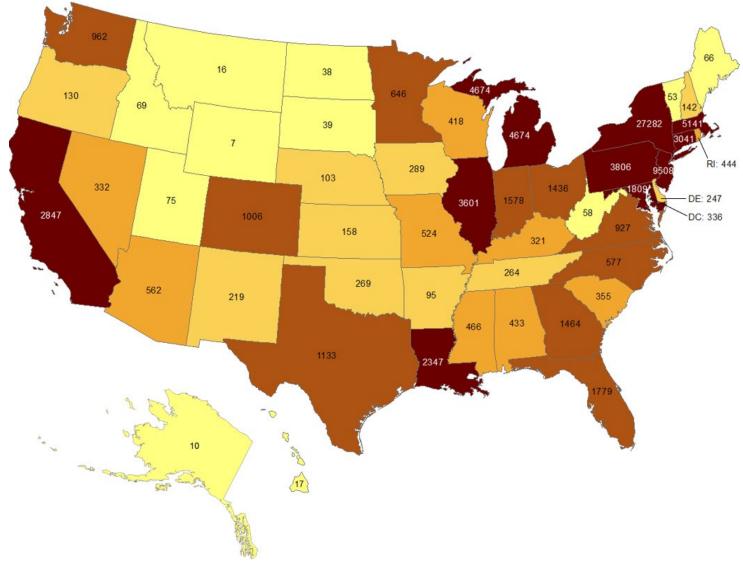
Oklahoma ranks **46** (out of all States and DC) in the cumulative incidence (per 100,000 persons) of reported COVID-19 cases in the US.



Data from CDC. Available at https://www.cdc.gov/covid-data-tracker/index.html Data as of May 13, 2020

Total number of reported COVID-19 deaths

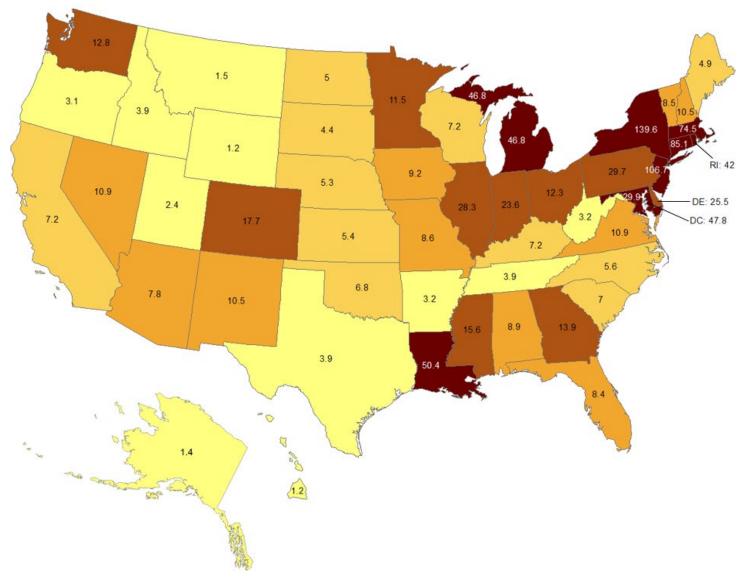
Oklahoma ranks 32 (out of all States and DC) in the total number of reported COVID-19 deaths in the US.



Data from CDC. Available at https://www.cdc.gov/covid-data-tracker/index.html Data as of May 13, 2020

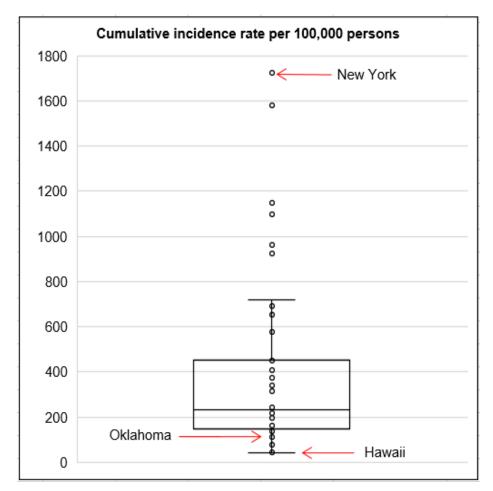
Cumulative death rate of reported COVID-19 cases

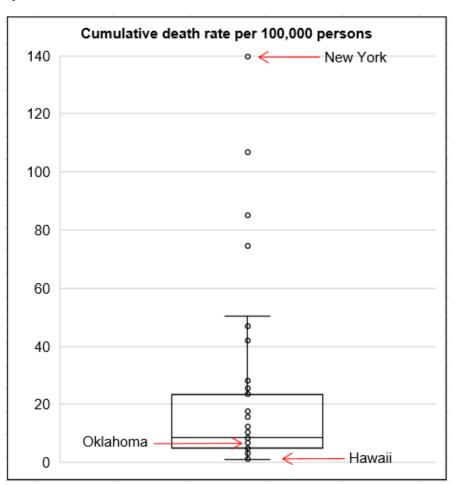
Oklahoma ranks 34 (out of all States and DC) in the cumulative death percent of reported COVID-19 cases in the US.



Data from CDC. Available at https://www.cdc.gov/covid-data-tracker/index.html Data as of May 13, 2020

Cumulative incidence and cumulative death rate of reported COVID-19 cases





Interpretation: Oklahoma has cumulative incidence and cumulative death rate below the median of the US.

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ACKNOWLEDGEMENT

The weekly report is made by possible through the efforts of county and city public health and healthcare professionals.

NOTES

Every effort is made to ensure accuracy and the data is up-to-date for the time period reported.

For daily updates on COVID-19, please visit https://coronavirus.health.ok.gov/