

A Frontline Guide for Local Decision-Makers

Metrics overview May 2020







Case & Contact Investigations



Healthcare Readiness



Protecting At-Risk Populations

Rates & New Cases Decreasing

PHASES FOR RE-OPENING

<3% of tests conducted are positive

Current estimate of less than 1 case per 100,000 population per week

4

Phase 4: New normal

- Maximal return to normalcy that is viable prior to herd immunity via widespread vaccination
- Community transmission is well monitored and virus flare-ups are contained rapidly
- Most high-risk/low criticality functions can resume

Continued decline in daily cases

<3% of tests conducted are positive

Current estimate of less than 1 case per 100,000 population per day

3

Phase 3: Economic recovery

- Widely re-opening economic and social functions once transmission has declined and is suppressed
- Moderate-sized gatherings and activities in enclosed spaces possible with appropriate mitigation
- Continue to prohibit large gatherings
- Telework should continue wherever feasible

Sustained decline in daily cases for 21 consecutive days, as reflected in the 5-day rolling average

<10% of tests conducted are positive

Current estimate of less than 5 cases per 100,000 population per day

2

Phase 2: Initial re-opening

- Limited number of critically important activities open
- Continue to prohibit gatherings in enclosed spaces
- Some outdoor activities with appropriate distancing
- Telework should continue wherever feasible

Rates & New Cases Increasing

1

Phase 1: Maximum social-distancing

Tailored to each community, focus is on reducing person-to-person transmission and decreasing the burden on the healthcare system

LOCKDOWN















Case & Contact Investigations



Healthcare Readiness



Protecting At-Risk Populations

Faster & Widely Available

PHASES FOR RE-OPENING

All symptomatic people, all asymptomatic high-risk individuals or contacts, and anyone who requests a test/any physician who orders a test can access testing

Tests are readily available for all essential personnel

Majority of test results are returned within 24 hours

Sufficient number of tests per day

Phase 4: New normal

- Maximal return to normalcy that is viable prior to herd immunity via widespread vaccination
- Community transmission is well monitored and virus flare-ups are contained rapidly
- Most high-risk/low criticality functions can resume

All symptomatic people, all asymptomatic high-risk individuals or contacts can access testing

Tests are readily available for all essential personnel

Majority of test results are returned within 24 hours

Increasing number of tests per day; nearing sufficiency

Phase 3: Economic recovery

- Widely re-opening economic and social functions once transmission has declined and is suppressed
- Moderate-sized gatherings and activities in enclosed spaces possible with appropriate mitigation
- Continue to prohibit large gatherings
- Telework should continue wherever feasible

All symptomatic people, all asymptomatic high-risk individuals or contacts can access testing

Tests are readily available for all essential personnel

Majority of test results are returned within 48 hours

Increasing number of tests per day

Phase 2: Initial re-opening

- Limited number of critically important activities open
- Continue to prohibit gatherings in enclosed spaces
- Some outdoor activities with appropriate distancing
- Telework should continue wherever feasible

Slower and Less Available

Phase 1: Maximum social-distancing

Tailored to each community, focus is on reducing person-to-person transmission and decreasing the burden on the healthcare system

LOCKDOWN

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Healthcare Readiness



Protecting At-Risk Populations

More Contacts Managed

PHASES FOR RE-OPENING

95% of close contacts are elicited, located, tested within 24 hours

At least 30 contact tracers per 100,000, as well as case managers, care resource coordinators, community health workers

At least 90% of new cases from identified contacts

Phase 4: New normal

- Maximal return to normalcy that is viable prior to herd immunity via widespread vaccination
- Community transmission is well monitored and virus flare-ups are contained rapidly
- Most high-risk/low criticality functions can resume

90% of close contacts are elicited, located, tested within 24 hours

At least 30 contact tracers per 100,000, as well as case managers, care resource coordinators, community health workers

At least 80% of new cases from identified contacts

Phase 3: Economic recovery

- Widely re-opening economic and social functions once transmission has declined and is suppressed
- Moderate-sized gatherings and activities in enclosed spaces possible with appropriate mitigation
- Continue to prohibit large gatherings
- Telework should continue wherever feasible

75% of close contacts are elicited, located, tested within 24 hours

At least 30 contact tracers per 100,000, as well as case managers, care resource coordinators, community health workers

At least 60% of new cases from identified contacts

Phase 2: Initial re-opening

- Limited number of critically important activities open
- Continue to prohibit gatherings in enclosed spaces
- Some outdoor activities with appropriate distancing
- Telework should continue wherever feasible

Fewer Contacts Managed

Phase 1:

Phase 1: Maximum social-distancing

Tailored to each community, focus is on reducing person-to-person transmission and decreasing the burden on the healthcare system

LOCKDOWN

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Protecting At-Risk Populations

Capacity Increasing

PHASES FOR RE-OPENING

At least 30% of existing ICU capacity is available to accommodate a surge in COVID-19 patients without resorting to crisis standards of care

Sufficient PPE for majority healthcare facilities, at-risk facilities, essential personnel

PPE reserve of at least 90 days

Phase 4: New normal

- Maximal return to normalcy that is viable prior to herd immunity via widespread vaccination
- Community transmission is well monitored and virus flare-ups are contained rapidly
- Most high-risk/low criticality functions can resume

At least 30% of existing ICU capacity is available to accommodate a surge in COVID-19 patients without resorting to crisis standards of care

Sufficient PPE for majority healthcare facilities, at-risk facilities, essential personnel

PPE reserve of at least 2-4 weeks

Phase 3: Economic recovery

- Widely re-opening economic and social functions once transmission has declined and is suppressed
- Moderate-sized gatherings and activities in enclosed spaces possible with appropriate mitigation
- Continue to prohibit large gatherings
- Telework should continue wherever feasible

At least 15% of existing ICU capacity is available to accommodate a surge in COVID-19 patients without resorting to crisis standards of care

Sufficient PPE for majority healthcare facilities, at-risk facilities, essential personnel

Phase 2: Initial re-opening

- Limited number of critically important activities open
- Continue to prohibit gatherings in enclosed spaces
- Some outdoor activities with appropriate distancing
- Telework should continue wherever feasible

Capacity Decreasing Phase 1: Maximum social-distancing

Tailored to each community, focus is on reducing person-to-person transmission and decreasing the burden on the healthcare system

LOCKDOWN

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Case & Contact Investigations



Healthcare Readiness



Cases Decreasing

PHASES FOR RE-OPENING

Sufficient testing, quarantine, and isolation in long-term care facilities

% of cases reported from long-term care facilities <5% over last 28 days

Local rapid response teams are avaiable to respond to outbreak hotspots within 24 hours with sufficient PPE

Phase 4: New normal

- Maximal return to normalcy that is viable prior to herd immunity via widespread vaccination
- Community transmission is well monitored and virus flare-ups are contained rapidly
- Most high-risk/low criticality functions can resume

Sufficient testing, quarantine, and isolation in long-term care facilities

% of cases reported from long-term care facilities <10% over last 28 days

Local rapid response teams are available to respond to outbreak hotspots within 24 hours with sufficient PPE 3

Phase 3: Economic recovery

- Widely re-opening economic and social functions once transmission has declined and is suppressed
- Moderate-sized gatherings and activities in enclosed spaces possible with appropriate mitigation
- Continue to prohibit large gatherings
- Telework should continue wherever feasible

Sufficient testing, quarantine, and isolation in long-term care facilities

% of cases reported from long-term care facilities <20% over last 28 days

Local rapid response teams are avaiable to respond to outbreak hotspots within 24 hours with sufficient PPE

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Phase 2: Initial re-opening

- Limited number of critically important activities open
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Cases Increasing

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Phase 1: Maximum social-distancing

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