



## Panhandle Health District

*Healthy People in Healthy Communities*

**Public Health**  
Prevent. Promote. Protect.

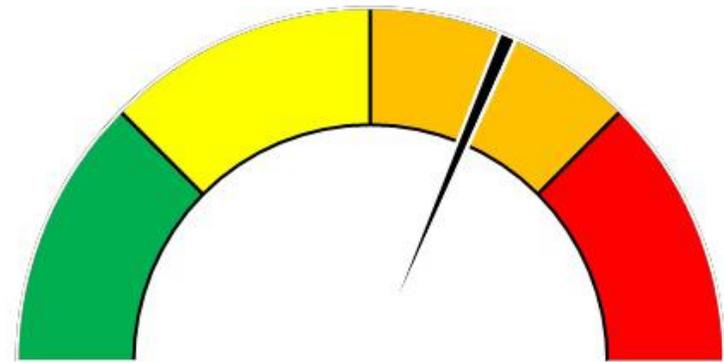
**Panhandle Health District**

# COVID-19 COUNTY RISK LEVELS

This document establishes the criteria PHD will use to monitor COVID-19 disease trends and resources. The established criteria will inform PHD, our Board of Health, and local jurisdictions.

## WHAT TO KNOW ABOUT PHD'S COVID-19 RISK LEVELS:

- The risk levels may be applied at a county or regional level.
- **Different parts of PHD's region may be at different risk levels.**
- In addition to those metrics determining exposure risk, public health officials will also be closely monitoring and taking into consideration the following:
  - Input from our hospital partners
  - Trends in COVID-19 testing, including positivity rate and turnaround time of test results
  - Supplies of Personal Protective Equipment for healthcare providers/first responders
  - Epidemiologic investigation capacity
  - COVID-related hospitalizations & deaths



**LOW MINIMAL MODERATE SUBSTANTIAL**

RISK LEVEL	METRICS MONITORED
<p style="text-align: center;"><b>LOW RISK</b></p>	<ol style="list-style-type: none"> <li>1. NEW Daily cases 7 day rolling average &lt; 1 per 100,000*</li> <li>2. Testing positivity rate &lt; 5%</li> <li>3. Regional Hospital Bed occupancy 75-90%</li> </ol>
RISK LEVEL	METRICS MONITORED
<p style="text-align: center;"><b>MINIMAL RISK</b></p>	<ol style="list-style-type: none"> <li>1. NEW Daily cases 7 day rolling average 1-15 per 100,000*</li> <li>2. Testing positivity rate 5-8 %</li> <li>3. Regional Hospital Bed occupancy 75-90% with staffing and resource shortages</li> </ol>
RISK LEVEL	METRICS MONITORED
<p style="text-align: center;"><b>MODERATE RISK</b></p>	<ol style="list-style-type: none"> <li>1. NEW Daily cases 7 day rolling average 16-30 per 100,000*</li> <li>2. Testing positivity rate 8.1-20%</li> <li>3. Regional Hospital Bed occupancy &gt;90% with staffing and resource shortages</li> <li>4. Medical surgery capacity still available</li> <li>5. Significant outbreaks occurring at <ul style="list-style-type: none"> <li>• Hospitals/Healthcare providers/EMS</li> <li>• Critical infrastructure services (fire, Law enforcement, utilities, Solid waste etc)</li> <li>• Congregate living facilities (LTCF's, correction facilities etc)</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>Schools, churches, mass gatherings.</li> </ul>
RISK LEVEL	METRICS MONITORED
<b>SUBSTANTIAL RISK</b>	<ol style="list-style-type: none"> <li>NEW Daily cases 7 day rolling average &gt;30 per 100,000*</li> <li>Testing positivity rate &gt;20%</li> <li>Hospital capacity, including ICU, consistently at or above 100% and surge capacity cannot be maintained OR Crisis Standards of Care Implemented</li> </ol>

*\*It is customary to use rates per 100,000 population for things like case of a disease or deaths. That way we ensure we are comparing apples to apples when looking at data. A basic measure of disease frequency is a rate, which takes into account the number of cases or deaths and the population size. For example, if a cancer incidence rate is 500 per 100,000, it means that 500 new cases of cancer were diagnosed for every 100,000 people. The cases we are reporting and using in our metrics are individuals who primarily reside in the counties we serve.*