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Congressional Addressees

VA Health Care: Additional Data Needed to Inform the COVID-19 Response in Community Living Centers

Thousands of veterans rely on nursing home care provided or paid for by the Department of Veterans Affairs (VA) to help them meet their skilled nursing and personal care needs.¹ Many of these veterans—around 9,000 per day in fiscal year 2019—receive this care in one of 134 community living centers (CLC).² In contrast to the other nursing home settings in which veterans may receive nursing home care, CLCs are owned and operated by VA and are associated with, and may be located in, on the campuses of, or near, VA medical centers (VAMC).³ CLCs provide nursing home care that includes short-term rehabilitation, respite care, hospice care, long-term skilled nursing, mental health recovery, dementia care, and care for spinal cord injuries and disorders to veterans in this setting.

VA's management of the Coronavirus Disease 2019 (COVID-19) pandemic for CLCs is of critical importance. COVID-19 is a new and highly contagious respiratory disease causing severe illness and death, particularly among the elderly.⁴ Because of this, the health and safety of the nation's nursing home residents—often in frail health and living in close proximity to one another—has been a concern. One of the first major outbreaks of COVID-19 reported in the United States occurred in a Washington State nursing home in February 2020. Since then, there has been a rapid increase in the number of COVID-19 cases in U.S. nursing homes, with more than 130,000 nursing home resident deaths reported as of March 2021—which is likely an undercount.⁵ Nursing home staff, who have close and personal day-to-day

¹VA is required to provide nursing home care for two categories of veterans, known as mandatory veterans: (1) veterans who require nursing home care because of a service-connected disability, and (2) veterans who require nursing home care and who also have a service-connected disability rated at 70 percent or greater. A service-connected disability is an injury or disease that was incurred or aggravated while on active duty. Additionally, VA may provide nursing home care to other veterans, on a discretionary basis, as capacity and resources permit. See 38 U.S.C. §§ 1710, 1710A.

²U.S. Department of Veterans Affairs, *FY 2021 Budget Submission: Medical Programs and Information Technology Programs*, vol. 2 of 4 (February 2020).

³In addition to providing nursing home care to veterans in CLCs, VA pays for such care for veterans in two other settings: public or privately owned community nursing homes and state-owned and -operated veterans homes.

VAMCs provide two or more categories of care to veterans, such as inpatient, outpatient, residential rehabilitation, or institutional extended—that is, nursing home—care.

⁴SARS-CoV-2 (Severe Acute Respiratory Syndrome, coronavirus 2) is the virus that causes COVID-19. We refer to SARS-CoV-2 as “the virus” throughout this report.

A. Patel and D.B. Jernigan, “Initial Public Health Response and Interim Clinical Guidance for the 2019 Novel Coronavirus Outbreak—United States, December 31, 2019–February 4, 2020,” Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, vol. 69: 140–146 (2020).

⁵Centers for Medicare & Medicaid Services, *COVID-19 Nursing Home Data (Submitted Data as of Week Ending 3/14/2021)*, accessed March 31, 2021, <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>.

We reported in September 2020 that the Centers for Medicare & Medicaid Services' (CMS) data on COVID-19 cases and deaths among residents and staff in nursing homes may be an undercount, because they do not capture the early months of the pandemic. We recommended that the U.S. Department of Health and Human Services, in consultation with CMS and the Centers for Disease Control and Prevention, develop a strategy to capture more

contact with at risk residents, may also be at elevated risk for either contracting COVID-19 while working in these facilities or transmitting the virus to residents.⁶ Given the risk COVID-19 poses in nursing homes, VA issued guidance specific to its CLCs on virus mitigation and criteria for making operational decisions to protect residents and staff.⁷ Further, VA has also issued guidance on national surveillance—that is, data collection and reporting—of COVID-19 case growth across the VA health care system, among other measures, to inform resource allocation, maximize clinical care, and predict future trends during the pandemic.⁸

In August 2020, we began work reviewing VA's response to the COVID-19 pandemic in CLCs under the CARES Act provision that GAO monitor the federal response to the pandemic.⁹ In this report, we examine the extent to which VA has data on COVID-19 cases and deaths among CLC residents and staff. Future GAO work will address more broadly selected CLCs' experiences responding to the pandemic and VA's oversight of this response.

To examine this issue, we interviewed VA officials about the data that VA has on COVID-19 cases and deaths among CLC residents and staff, including officials from VA's Healthcare Operations Center; Office of Geriatrics and Extended Care; and Office of Reporting, Analytics, Performance, Improvement, and Deployment. Further, we analyzed the available facility-specific data that VA had on COVID-19 cases and deaths among CLCs as of February 2021 and calculated cumulative case rates and cumulative death rates.¹⁰ We evaluated the available data against Centers for Disease Control and Prevention (CDC)

complete data on COVID-19 cases and deaths in nursing homes retroactive to January 1, 2020. See GAO, *COVID-19: Federal Efforts Could Be Strengthened by Timely and Concerted Actions*, GAO-20-701, (Washington, D.C.: Sept. 21, 2020).

⁶See, for example, Kaiser Family Foundation, *COVID-19 and Workers at Risk: Examining the Long-Term Care Workforce*, accessed January 6, 2021, <https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-and-workers-at-risk-examining-the-long-term-care-workforce/>; and M. Keith Chen, J.A. Chevalier, and E.F. Long, "Nursing Home Staff Networks and COVID-19," *Proceedings of the National Academy of Sciences of the United States of America*, vol. 118 (1): 1-7 (2021).

⁷See, for example, U.S. Department of Veterans Affairs Memorandum, *Coronavirus (COVID-19) Community Living Centers—Revised 03/17/20* (March 17, 2020); and U.S. Department of Veterans Affairs, *Community Living Center (CLC) Moving Forward Plan* (July 27, 2020).

⁸U.S. Department of Veterans Affairs, *Veterans Health Administration Moving Forward Plan: Safe Care is Our Mission*, April 30, 2020; and U.S. Department of Veterans Affairs Memorandum, *National Surveillance Tool for Veterans Health Administration (VHA) COVID-19 Operations* (April 17, 2020).

Similarly, CMS requires that nursing homes participating in Medicare or Medicaid report data to the Centers for Disease Control and Prevention on a weekly basis on confirmed cases of COVID-19 in residents and staff, among other information. See 85 Fed. Reg. 27,550, 27,627 (May 8, 2020) (to be codified at 42 C.F.R. § 483.80(g)).

⁹Pub. L. No. 116-136, § 19010(b), 134 Stat. 281, 580 (2020). We regularly issue government-wide reports on the federal response to COVID-19. For the latest report, see GAO, *COVID-19: Sustained Federal Action Is Crucial as Pandemic Enters Its Second Year*, GAO-21-387 (Washington, D.C.: Mar. 31, 2021). Our next government-wide report will be issued in July 2021 and will be available on GAO's website at <https://www.gao.gov/coronavirus>.

¹⁰To determine the reliability of these data, we interviewed VA officials and reviewed a VA manual that defines the data elements. VA officials indicated that the reported number of cases or deaths that occurred in previous months might change over time as staff continuously update information—such as information on CLC residents who test positive for the virus—in VA data systems. However, we found the data sufficiently reliable for our reporting.

According to VA officials, the available data includes information on residents who test positive for the virus as well as residents diagnosed with COVID-19 without a test. Throughout this report, we include both instances when referring to "COVID-19 cases" or "COVID-19 deaths" among residents.

VA categorizes cases and deaths by the location in which residents contracted the virus—within a CLC, external to a CLC, or in an indeterminate location. We combined these categories for our analysis and report cases or deaths collectively throughout this report.

VA officials told us that they compile data on deaths from any cause that occurred within 30 days of residents being diagnosed with COVID-19 or testing positive for the virus. Thus, these deaths may be related to COVID-19 but are

guidance and prior GAO work on national surveillance of public health events, such as the COVID-19 pandemic, as well as federal internal control standards related to risk assessment and information and communication.¹¹

We conducted this performance audit from August 2020 through June 2021 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

While VA Has Facility-Specific Data on COVID-19 Cases and Deaths among CLC Residents, It Does Not Have Such Data for CLC Staff

VA Has Had Facility-Specific Data on COVID-19 Cases and Deaths among CLC Residents since November 2020

VA has facility-specific data—that is, data by individual CLC—on COVID-19 cases and deaths among CLC residents to inform its response to the pandemic in this nursing home setting. According to officials, VA had these data beginning in November 2020. Prior to that time, VA only had CLC-specific data on the number of COVID-19 cases and deaths among all residents nationwide, which, according to agency officials, the agency began to work to compile in June 2020 retroactive to March 1, 2020.¹² Officials told us that they were unable to compile reliable facility-specific data until November 2020 because of challenges in classifying resident cases and deaths by individual CLC.¹³ Since that time, they have compiled and reviewed the facility-specific resident data on at least a monthly basis, according to officials. Officials stated that they report these data to VA leadership if they determine that the data indicate a change to current policy or practice related to the response to the pandemic in CLCs is needed.

Based on our analysis of the facility-specific resident data, we found that the five highest cumulative case rates among individual CLCs ranged from 38 percent to 59 percent of total residents, and the five highest cumulative death rates ranged from 6 percent to 11 percent of total residents, for the period March 1, 2020, through February 14, 2021. In addition, five CLCs experienced no cases of COVID-19 among residents, and 54 experienced no deaths among residents. (See enclosure I for the complete facility-

not necessarily attributable to it.

We calculated cumulative case rates and cumulative death rates by dividing the cumulative number of cases or deaths that occurred among CLC residents from March 1, 2020, through a given month by the cumulative number of residents for the same period. While incidence rates may commonly be standardized by average daily census, VA only provided cumulative counts of residents at the time of our analysis. As such, the reported rates represent the best available information at the time.

Separate from the CLC-specific data that VA provided to us, VA reports data on the number of COVID-19 cases and deaths among veterans and staff for each of its VAMCs on its website. See U.S. Department of Veterans Affairs, *Department of Veterans Affairs COVID-19 National Summary*, accessed February 3, 2021, <https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary>.

¹¹Centers for Disease Control and Prevention, *Updated Guidelines for Evaluating Public Health Surveillance Systems, Recommendations from the Guidelines Working Group, Morbidity and Mortality Weekly Report* 2001;50 (No. RR-13); GAO, *COVID-19: Data Quality and Considerations for Modeling and Analysis*, [GAO-20-635SP](#) (Washington, D.C.: July 30, 2020); and *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 2014). Internal control is a process effected by an entity's management, oversight body, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved.

¹²VA officials also indicated that, between April 2020 and August 2020, they reported data to VA leadership on the number and rate of positive COVID-19 tests among residents by individual CLC. However, according to officials, these data are not an indicator of the number or rate of COVID-19 cases among these residents.

¹³According to VA officials, they began to test methods for reliably compiling facility-specific data prior to November 2020.

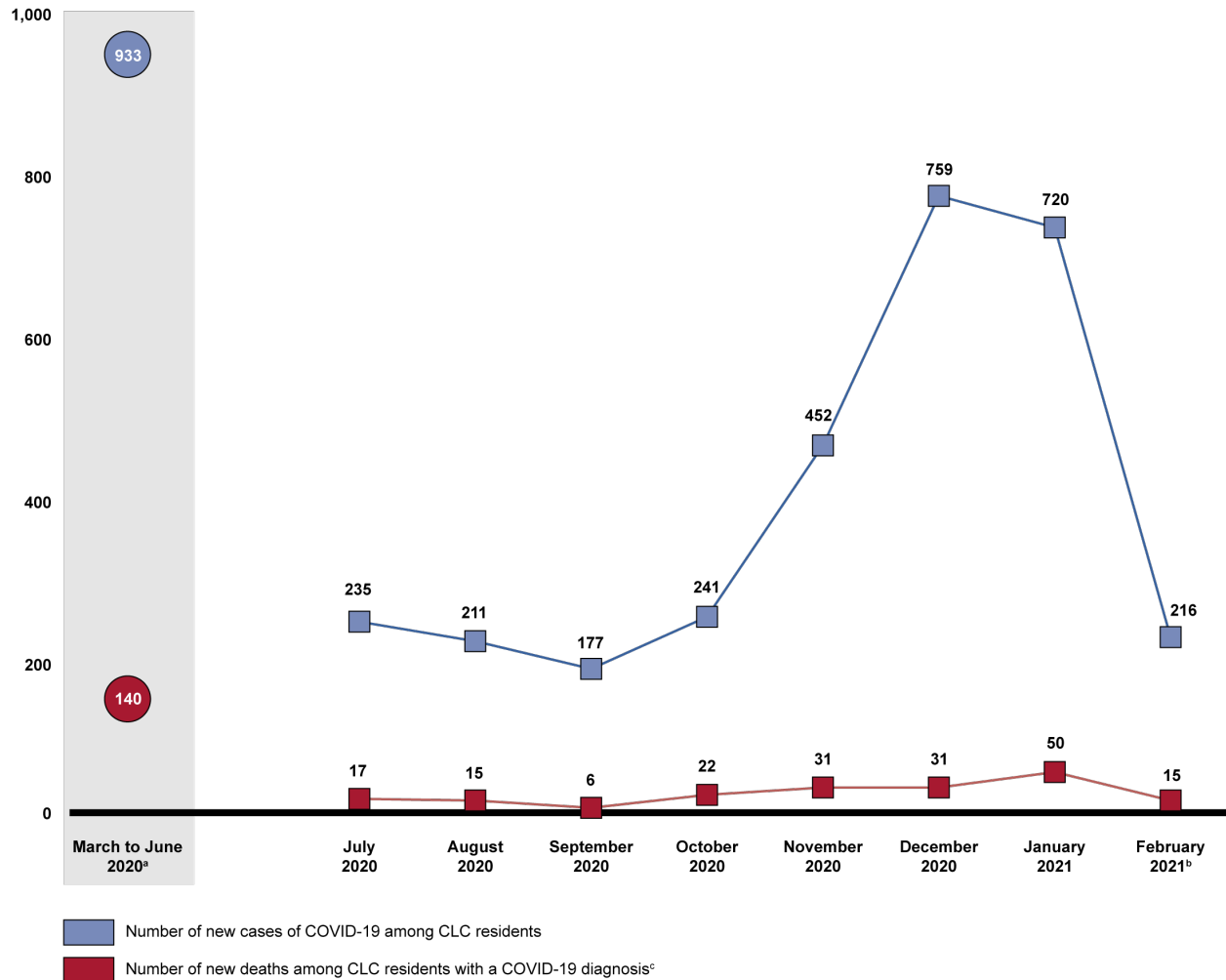
specific resident data.) These data also show that the nationwide cumulative case rate—that is, the cumulative case rate among all CLC residents—was 17 percent, and the nationwide cumulative death rate was one percent.

Our analysis of these data also indicates that, nationally, the number of new cases of COVID-19 among CLC residents peaked at 759 in December 2020. The next month, in January 2021, the greatest number of deaths occurred among CLC residents with such a diagnosis. (See fig. 1.) These data follow a similar overall pattern of increases and decreases over time as CDC data on COVID-19 cases and deaths among community nursing home residents.¹⁴

¹⁴We reported in March 2021 that new cases of COVID-19 among community nursing home residents began to increase in late 2020, peaked in December of that year, and have since declined. Further, we reported that deaths among residents with COVID-19 began to increase in late November, with changing death counts paralleling changes in the country as a whole. See GAO, *COVID-19: Sustained Federal Action Is Crucial as Pandemic Enters Its Second Year*, [GAO-21-387](#) (Washington, D.C.: Mar. 31, 2021).

Figure 1: Number of New Coronavirus Disease 2019 (COVID-19) Cases and Deaths among Department of Veterans Affairs (VA) Community Living Center (CLC) Residents Nationwide and by Month, June 2020 through February 14, 2021

Number of new cases/new deaths



Source: GAO analysis of VA data on COVID-19 cases and deaths among CLC residents as of February 2021. | GAO-21-369R

Data table for Figure 1: Number of New Coronavirus Disease 2019 (COVID-19) Cases and Deaths among Department of Veterans Affairs (VA) Community Living Center (CLC) Residents Nationwide and by Month, June 2020 through February 14, 2021

	March to June 2020 ^a	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021 ^b
Number of new cases of COVID-19 among CLC residents	933	235	211	177	241	452	759	720	216
Number of new deaths among CLC residents with a COVID-19 diagnosis ^c	140	17	15	6	22	31	31	50	15

Note: VA officials indicated that the reported number of cases or deaths that occurred in previous months might change over time as staff continuously update information—such as information on CLC residents who test positive for SARS-CoV-2 (Severe Acute Respiratory Syndrome, coronavirus 2), the virus that causes COVID-19 (which we refer to as “the virus”)—in VA data systems.

According to VA officials, the data includes information on residents who test positive for the virus as well as residents diagnosed with COVID-19 without a test. We include both instances in the numbers of new cases of COVID-19 or new deaths among those with a COVID-19 diagnosis.

VA categorizes cases and deaths by the location in which residents contracted the virus—within a CLC, external to a CLC, or in an indeterminate location. We combined these categories for our analysis and report cases or deaths collectively.

^aVA compiles these data by month, with the exception of the data for June 2020. According to VA officials, the data for that date represent the number of new cases or new deaths that occurred between March 1, 2020, and June 30, 2020.

^bThe data for February are through February 14, 2021, and do not represent the total number of new cases or new deaths for the entire month.

^cVA officials told us that they compile data on deaths from any cause that occurred within 30 days of residents being diagnosed with COVID-19 or testing positive for the virus. Thus, these deaths may be related to COVID-19 but are not necessarily attributable to it.

VA Does Not Have Facility-Specific Data on COVID-19 Cases and Deaths among CLC Staff

For the first year of the pandemic, from March 2020 through March 2021, VA has not had facility-specific data on COVID-19 cases and deaths among CLC staff that the agency could use to identify regional or local trends in the pandemic. Because CLC staff have close and personal day-to-day contact with residents, these data are of particular importance for preventing transmission of the virus among both populations.

VA does not have facility-specific data on COVID-19 cases and deaths among CLC staff because, according to agency officials, there are challenges to identifying such staff in existing employee data on COVID-19. Officials told us that CLC operations are integrated with the associated VAMC, the same as with any other department or unit of the medical center, and VAMC staff are not necessarily assigned as dedicated staff to the CLC.¹⁵ According to officials, VA incorporates data on staff who worked at a CLC into the data it compiles and reports on COVID-19 cases and deaths among all VAMC staff and it is difficult to separate out staff who worked at a CLC in these data. Specifically, officials indicated that VA typically classifies or codes staff by VAMC in the data but does not sub-classify or sub-code them by specific VAMC care setting—such as a CLC. Among other options, VA could consider leveraging data that may exist—such as laboratory test result data—related to the required COVID-19 testing of CLC staff to identify the number of cases among these individuals.¹⁶

VA's lack of facility-specific data on COVID-19 cases and deaths among CLC staff is inconsistent with CDC guidance on national surveillance of public health events. This guidance recommends that officials should have data on public health events by specific populations and by locality to develop appropriate responses.¹⁷ GAO's prior work also identified the importance of reporting COVID-19 data by demographic group to highlight those disproportionately affected by COVID-19 as well as by geographic location, as the pandemic has affected some areas of the country more than others.¹⁸ Further, federal internal controls require that agencies identify and respond to risk and use quality information to achieve objectives.¹⁹ The risk of contracting or transmitting COVID-19 may vary based upon the location in which VAMC staff worked, be it full time or part time, necessitating data specific to CLC staff to allow the agency to respond

¹⁵VA guidance on the response to the COVID-19 pandemic recommends that dedicated staff be assigned to the CLC to protect veterans and staff from acquiring the virus. See U.S. Department of Veterans Affairs Memorandum, *Coronavirus (COVID-19) Community Living Centers*.

¹⁶VA guidance requires that CLCs test staff as soon as a new confirmed case of COVID-19 is identified in the CLC and twice weekly thereafter until no new cases have been identified for a 14-day period. Further, this guidance requires that staff be tested based on risk, including the risk posed by the prevalence of the virus in the community. See U.S. Department of Veterans Affairs Memorandum, *Guidance on COVID-19 Testing for Community Living Centers (CLC) and Spinal Cord Injuries and Disorder (SCI/D) Units* (December 3, 2020). Although these data may not provide a complete picture of COVID-19 cases among CLC staff since testing is based on the occurrence of outbreaks or risk, they could provide at least partial information on the situation in CLCs.

¹⁷Centers for Disease Control and Prevention, *Updated Guidelines for Evaluating Public Health Surveillance Systems*.

¹⁸[GAO-20-635SP](#).

¹⁹[GAO-14-704G](#).

appropriately.

Until VA has facility-specific data on COVID-19 cases and deaths for CLC staff, compiled and reviewed on a regular basis and reported to leadership as needed, VA will not have complete information on the extent of the pandemic across its CLCs. As previously noted, research has shown that staff are an important source of COVID-19 transmission to nursing home residents.²⁰ Although VA officials told us that CLCs may informally report outbreaks of COVID-19 to VA officials, inclusive of staff cases, VA could use facility-specific staff data to better inform the agency's national surveillance and respond systematically to virus outbreaks.²¹

These facility-specific data would allow VA to monitor the extent of morbidity and mortality in CLCs individually, regionally, or nationally among both residents and staff; identify local or regional trends in infection rates among both populations; and oversee whether CLCs have taken appropriate steps to mitigate the spread of COVID-19 to protect both veterans and employees in this nursing home setting, among other things.²² VA could then better allocate resources to CLCs when and where they are needed most, depending upon the status of the virus' spread in each individual facility. This type of surveillance is critical for VA to manage not just the current pandemic but also future infectious disease outbreaks among the vulnerable CLC population.

Conclusions

Veterans who receive nursing home care in one of VA's 134 CLCs are at increased risk of contracting COVID-19 and experiencing severe morbidity or mortality related to this disease. CLC staff are also at elevated risk of contracting the virus or transmitting it to residents, given the close and personal day-to-day contact they have with these veterans. Although VA now has facility-specific data on the number of COVID-19 cases and deaths among CLC residents, the agency does not have these data for CLC staff. These facility-specific staff data would provide a more complete picture of the COVID-19 situation in CLCs, which VA could use to better inform the agency's response to the COVID-19 pandemic—or to future infectious disease outbreaks—and target its response effectively.

Recommendations for Executive Action

We are making the following recommendation to VA:

The Department of Veterans Affairs Under Secretary for Health should compile and review facility-specific COVID-19 data on Community Living Center staff cases and deaths on a regular basis to inform the agency's response to the pandemic or future infectious disease outbreaks. (Recommendation 1)

Agency Comments

We provided a draft of this report to VA for review and comment. In its written comments, which are reproduced in enclosure II, VA concurred with our recommendation in principle. VA agreed with the importance of tracking COVID-19 cases and deaths among its staff to inform the agency's response to the pandemic and prepare for future infectious disease outbreaks. VA stated that it will provide periodic information to agency leadership on COVID-19 case counts

²⁰See again, for example, Kaiser Family Foundation, *COVID-19 and Workers at Risk*, and Chen, Chevalier, and Long, "Nursing Home Staff Networks and COVID-19."

²¹VA could use the facility-specific data to calculate the nationwide number of COVID-19 cases and deaths that occurred among staff across all CLCs nationwide.

²²We have reported similar effects related to the limited availability of data on the occurrence of COVID-19 in state veterans homes and community nursing homes. See GAO, *COVID 19: Federal Efforts Could be Strengthened by Timely and Concerted Actions*, [GAO-20-701](#) (Washington, D.C.: Sept. 21, 2021), and *COVID-19: Urgent Actions Needed to Better Ensure an Effective Federal Response*, [GAO-21-191](#) (Washington, D.C.: Nov. 30, 2020).

among CLC staff by September 2021 but noted that this information should not be used to compare CLCs or CLCs and community nursing homes. VA reiterated that VAMC staff may be deployed to different areas of the medical center based on need during the pandemic. Thus, the agency indicated, while it can provide staff case counts, it is difficult to calculate accurate COVID-19 case rates or death rates for specific VAMC unit staff, such as those working in CLCs. Our recommendation focuses on the need for CLC staff data generally and does not indicate that VA should calculate COVID-19 case rates or death rates for such staff specifically.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Veterans Affairs, and other interested parties. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or at SilasS@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. Major contributors to this report were Karin Wallestad (Assistant Director), Karen Belli (Analyst-in-Charge), Kye Briesath, Naomi Joswiak, and Jeffrey Tamburello. Also contributing were Laurie Pachter and Jennifer Whitworth.



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Enclosures - 2

List of Addressees

The Honorable Patrick Leahy
Chairman

The Honorable Richard Shelby
Vice Chairman

Committee on Appropriations
United States Senate

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The Honorable Richard E. Neal
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House of Representatives
The Honorable Julia Brownley
Chairwoman
Subcommittee on Health
Committee on Veterans' Affairs
House of Representatives
The Honorable Edward J. Markey
United States Senate
The Honorable Elizabeth Warren
United States Senate

Enclosure I: COVID-19 Cases and Deaths among Community Living Center Residents through February 14, 2021

Legend: We use “—” to indicate instances in which there were one or two new cases or new deaths among CLC residents in a given month. We blinded these instances to protect personal privacy.

Table 1: Coronavirus Disease 2019 (COVID-19) Cases and Deaths among Department of Veterans Affairs (VA) Community Living Center (CLC) Residents by Month, June 2020 through February 14, 2021

		June 2020 ^a	July 2020	Aug. 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021 ^b	
AL	Tuscaloosa	New cases	7	—	0	—	0	13	15	4	—
		New deaths	3	0	0	0	0	—	0	0	0
		Case rate (%)	5.07	6.52	6.52	7.04	6.94	15.65	25.68	27.27	27.92
		Death rate (%)	2.17	2.17	2.17	2.11	2.08	3.40	3.38	3.25	3.25
	Tuskegee	New cases	—	—	0	0	0	0	—	—	0
		New deaths	0	0	0	0	0	0	0	0	0
		Case rate (%)	3.57	5.36	5.26	5.08	5.08	5.00	7.94	9.38	9.38
		Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AR	North Little Rock	New cases	5	—	0	—	—	4	11	18	5
		New deaths	—	0	0	0	0	—	—	—	0
		Case rate (%)	2.92	3.21	3.02	3.81	3.88	5.31	9.13	14.69	16.21
		Death rate (%)	0.58	0.53	0.50	0.48	0.43	0.82	1.14	1.40	1.38
AZ	Phoenix	New cases	—	24	5	—	—	3	4	18	—
		New deaths	0	0	—	0	0	—	0	—	0
		Case rate (%)	1.11	9.92	10.20	10.16	10.25	10.62	11.30	15.59	15.65
		Death rate (%)	0.00	0.00	0.34	0.33	0.31	0.59	0.56	0.81	0.80
	Prescott	New cases	0	—	—	0	0	—	6	—	—
		New deaths	0	0	0	0	0	0	—	0	0
		Case rate (%)	0.00	2.99	4.17	3.85	3.80	4.55	10.64	12.37	13.73
		Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	1.06	1.03	0.98
	Tucson	New cases	3	—	3	—	0	3	11	10	11
		New deaths	—	—	0	0	0	0	—	5	3
		Case rate (%)	1.36	2.02	2.66	2.98	2.65	3.09	5.33	7.14	9.07
		Death rate (%)	0.45	0.81	0.66	0.60	0.53	0.48	0.67	1.68	2.22
CA	Fresno	New cases	—	3	3	3	4	8	14	8	5
		New deaths	0	0	0	0	0	—	3	0	0
		Case rate (%)	1.11	3.92	6.03	7.69	9.66	13.17	18.85	21.46	22.58
		Death rate (%)	0.00	0.00	0.00	0.00	0.00	1.20	2.62	2.44	2.30
	Livermore	New cases	17	—	0	—	—	—	0	—	0
		New deaths	—	0	0	0	0	0	0	0	0
		Case rate (%)	17.00	17.82	17.82	18.45	18.35	19.09	18.26	18.80	18.80
		Death rate (%)	2.00	1.98	1.98	1.94	1.83	1.82	1.74	1.71	1.71
	Loma Linda	New cases	—	3	—	3	—	—	4	10	10
		New deaths	0	0	0	0	0	0	0	4	0
		Case rate (%)	0.63	1.94	2.02	2.90	2.87	3.24	4.37	7.27	9.94

		June 2020 ^a	July 2020	Aug. 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021 ^b
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.16	1.14
Long Beach	New cases	13	0	0	—	0	—	5	9	0
	New deaths	0	0	0	0	0	0	—	—	0
	Case rate (%)	11.11	9.92	8.90	9.62	8.52	9.04	10.78	13.72	13.48
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.49	1.33	1.30
Los Angeles	New cases	46	19	4	—	3	0	39	39	14
	New deaths	3	0	0	0	0	0	0	3	—
	Case rate (%)	19.57	24.44	24.04	23.26	23.17	22.05	31.11	37.10	38.37
	Death rate (%)	1.28	1.13	1.05	1.00	0.95	0.91	0.83	1.47	1.86
Martinez	New cases	—	0	—	3	5	3	4	4	0
	New deaths	0	0	0	0	—	0	0	0	0
	Case rate (%)	1.22	1.12	1.55	2.69	4.55	5.49	6.82	7.91	7.72
	Death rate (%)	0.00	0.00	0.00	0.00	0.41	0.39	0.38	0.36	0.35
Menlo Park	New cases	4	0	—	—	—	0	—	—	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	2.17	2.03	2.13	2.49	2.81	2.71	3.37	3.66	3.64
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Palo Alto	New cases	0	0	—	0	0	0	0	—	—
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	1.30	1.18	1.02	0.95	0.88	1.67	3.13
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
San Diego	New cases	0	—	—	—	0	—	—	5	0
	New deaths	0	0	0	0	0	0	0	—	0
	Case rate (%)	0.00	1.39	2.44	4.12	3.81	4.27	5.56	9.45	9.16
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.57	1.53
San Francisco	New cases	0	0	0	0	0	0	20	—	—
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	16.13	16.67	17.05
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sepulveda	New cases	6	3	0	0	0	—	5	7	—
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	6.45	9.38	8.82	8.49	8.04	8.40	12.10	16.30	16.20
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CO Grand Junction	New cases	0	0	0	0	—	—	5	5	0
	New deaths	0	0	0	0	0	0	—	0	0
	Case rate (%)	0.00	0.00	0.00	0.00	1.54	2.60	7.87	12.24	11.21
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	1.12	1.02	0.93
Pueblo	New cases	0	0	0	0	0	—	0	0	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	0.00	0.00	0.00	3.23	3.23	3.13	3.13
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CT West Haven	New cases	—	—	—	0	0	0	5	3	—

		June 2020 ^a	July 2020	Aug. 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021 ^b
	New deaths	—	0	0	0	0	0	0	0	0
	Case rate (%)	2.94	3.61	4.12	3.57	3.15	2.90	6.43	7.84	8.44
	Death rate (%)	1.47	1.20	1.03	0.89	0.79	0.72	0.71	0.65	0.65
DC	Washington									
	New cases	5	0	0	0	—	—	—	4	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	7.81	7.81	7.58	7.35	8.33	9.33	10.13	13.64	13.48
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DE	Wilmington									
	New cases	—	0	0	0	0	0	0	0	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	2.44	2.33	2.33	2.27	2.27	2.22	2.17	2.17	2.08
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FL	Bay Pines									
	New cases	3	3	—	0	0	—	4	3	—
	New deaths	—	0	0	0	0	—	0	0	0
	Case rate (%)	2.27	4.23	5.03	4.42	3.86	4.52	5.86	6.37	6.88
	Death rate (%)	0.76	0.70	0.63	0.55	0.48	0.90	0.84	0.75	0.72
	Gainesville									
	New cases	3	—	3	—	—	3	3	6	—
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	4.55	6.58	9.20	10.31	9.73	11.20	12.50	15.75	16.56
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Lake City									
	New cases	5	7	19	3	—	7	8	8	3
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	3.13	6.86	15.42	15.38	14.89	16.73	19.01	20.28	20.82
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Miami									
	New cases	16	5	6	—	3	—	0	5	0
	New deaths	—	—	—	0	0	0	0	—	0
	Case rate (%)	13.01	16.03	18.00	18.24	17.98	17.09	16.43	17.65	17.11
	Death rate (%)	0.81	1.53	2.00	1.89	1.69	1.51	1.45	1.81	1.75
	Orlando									
	New cases	3	4	—	4	3	—	8	6	4
	New deaths	0	0	0	0	—	0	0	0	—
	Case rate (%)	2.00	3.76	4.37	5.88	6.84	7.44	9.59	11.19	11.92
	Death rate (%)	0.00	0.00	0.00	0.00	0.43	0.41	0.37	0.35	0.66
	Tampa									
	New cases	—	5	8	—	3	—	—	3	3
	New deaths	0	5	4	0	—	0	—	—	—
	Case rate (%)	1.79	4.76	9.26	8.65	8.92	8.55	8.27	8.66	9.31
	Death rate (%)	0.00	3.40	5.56	4.86	4.69	4.27	4.33	4.69	4.83
	West Palm Beach									
	New cases	—	9	4	7	—	—	3	5	—
	New deaths	0	0	0	0	0	0	—	0	0
	Case rate (%)	0.96	7.87	9.79	13.29	12.85	13.02	13.73	14.60	14.23
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.49	0.44	0.42
GA	Augusta									
	New cases	0	0	0	0	—	4	5	8	—
	New deaths	0	0	0	0	0	0	0	—	0
	Case rate (%)	0.00	0.00	0.00	0.00	1.63	4.88	8.66	14.18	14.93

		June 2020 ^a	July 2020	Aug. 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021 ^b
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.75	0.75
Carrollton	New cases	0	—	0	0	0	0	11	—	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	2.38	2.38	2.38	2.38	2.38	28.57	30.95	26.00
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Decatur	New cases	11	4	—	0	0	0	0	0	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	23.91	30.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dublin	New cases	—	—	—	0	0	3	14	5	—
	New deaths	0	0	0	0	0	0	0	—	0
	Case rate (%)	1.28	2.50	3.13	3.13	3.13	4.97	13.66	16.77	17.39
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.62	0.62
HI Honolulu	New cases	0	0	0	0	0	—	0	0	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	0.00	0.00	0.00	1.39	1.37	1.37	1.35
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IA Des Moines	New cases	5	0	—	—	5	7	7	9	4
	New deaths	—	0	0	0	0	0	0	—	0
	Case rate (%)	2.84	2.45	2.55	2.60	3.95	5.78	7.30	9.14	9.95
	Death rate (%)	0.57	0.49	0.43	0.37	0.33	0.30	0.28	0.52	0.51
ID Boise	New cases	0	0	—	0	4	3	5	9	—
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	1.06	0.92	4.42	6.50	10.40	15.83	16.22
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IL Chicago	New cases	11	4	—	—	6	11	15	13	—
	New deaths	0	0	0	0	0	—	0	—	0
	Case rate (%)	14.67	15.15	13.60	11.84	13.41	16.59	21.10	23.42	23.19
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.47	0.42	1.12	1.09
Danville	New cases	0	0	0	3	27	—	—	4	—
	New deaths	0	0	0	0	7	0	0	0	0
	Case rate (%)	0.00	0.00	0.00	2.52	25.00	26.67	27.87	31.15	31.97
	Death rate (%)	0.00	0.00	0.00	0.00	5.83	5.83	5.74	5.74	5.74
Hines	New cases	27	—	—	—	7	10	11	11	6
	New deaths	—	0	0	0	0	0	0	0	0
	Case rate (%)	12.92	12.13	10.91	10.16	11.11	12.80	14.15	15.42	16.14
	Death rate (%)	0.96	0.84	0.73	0.66	0.58	0.53	0.48	0.44	0.42
Marion	New cases	0	0	0	6	5	—	4	3	—
	New deaths	0	0	0	0	—	0	0	0	0
	Case rate (%)	0.00	0.00	0.00	6.67	11.34	12.15	13.93	14.60	14.69
	Death rate (%)	0.00	0.00	0.00	0.00	2.06	1.87	1.64	1.46	1.40
North Chicago	New cases	26	4	—	—	9	—	4	—	—

		June 2020 ^a	July 2020	Aug. 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021 ^b
	New deaths	—	0	0	0	—	—	0	0	0
	Case rate (%)	23.21	22.39	21.05	20.50	24.56	25.58	27.75	27.53	26.74
	Death rate (%)	0.89	0.75	0.66	0.62	1.17	1.74	1.73	1.69	1.60
IN	Marion									
	New cases	0	0	—	—	—	8	16	15	3
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	0.75	1.46	2.19	7.91	19.42	30.00	31.91
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
KS	Leavenworth									
	New cases	0	0	0	0	0	0	—	—	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	2.70	5.13	5.00
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Topeka									
	New cases	0	—	0	0	—	4	4	0	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	2.50	2.33	2.04	5.45	12.07	18.97	18.64	17.74
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Wichita									
	New cases	0	0	0	0	0	0	—	—	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	3.85	7.27	6.90
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
KY	Lexington									
	New cases	—	0	—	0	—	3	3	6	—
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.98	0.79	1.41	1.29	2.42	4.19	5.65	8.51	9.28
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LA	New Orleans									
	New cases	0	—	—	—	—	—	0	5	4
	New deaths	0	0	0	0	0	0	0	0	—
	Case rate (%)	0.00	1.11	1.79	2.42	2.80	3.68	3.51	5.91	7.61
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.51
	Pineville									
	New cases	—	—	0	3	—	9	0	—	—
	New deaths	0	0	0	0	—	0	0	0	0
	Case rate (%)	2.90	4.29	4.29	8.11	9.09	20.25	20.25	20.99	21.69
	Death rate (%)	0.00	0.00	0.00	0.00	1.30	1.27	1.27	1.23	1.20
MA	Bedford									
	New cases	108	—	6	—	—	5	10	17	—
	New deaths	33	0	0	0	0	0	0	0	—
	Case rate (%)	35.29	32.84	32.49	31.38	30.20	30.10	31.68	33.86	33.63
	Death rate (%)	10.78	9.85	9.24	8.78	8.38	8.01	7.80	7.40	7.47
	Brockton									
	New cases	44	0	3	—	—	0	0	4	0
	New deaths	4	0	0	0	0	0	0	0	0
	Case rate (%)	30.14	25.43	23.27	21.78	20.24	18.73	17.79	18.12	17.42
	Death rate (%)	2.74	2.31	1.98	1.78	1.62	1.50	1.42	1.34	1.29
	Leeds									
	New cases	0	0	0	0	0	0	0	0	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

		June 2020 ^a	July 2020	Aug. 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021 ^b		
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
MD	Baltimore	New cases	11	—	0	22	3	—	—	—		
		New deaths	3	0	0	3	0	0	0	0		
		Case rate (%)	9.57	10.00	9.16	25.37	27.61	28.36	28.37	27.63	28.39	
		Death rate (%)	2.61	2.50	2.29	4.48	4.48	4.48	4.26	3.95	3.87	
		Perry Point	New cases	0	—	—	0	0	—	14	22	
			New deaths	0	0	0	0	0	—	—	0	
			Case rate (%)	0.00	1.68	2.36	2.14	2.08	2.70	11.69	25.00	25.47
			Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.65	1.25	1.24
ME	Augusta	New cases	0	0	0	0	0	0	0	0		
		New deaths	0	0	0	0	0	0	0	0		
		Case rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
		Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
MI	Ann Arbor	New cases	0	0	0	—	0	—	—	3	0	
		New deaths	0	0	0	0	0	0	0	0	0	
		Case rate (%)	0.00	0.00	0.00	1.14	0.93	1.67	2.50	5.00	4.55	
		Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		Battle Creek	New cases	0	0	5	0	—	—	0	—	
			New deaths	0	0	—	0	0	0	—	0	
			Case rate (%)	0.00	0.00	5.10	5.05	6.06	7.07	7.07	8.82	9.80
			Death rate (%)	0.00	0.00	2.04	2.02	2.02	2.02	2.02	2.94	2.94
		Detroit	New cases	22	—	0	—	0	—	8	—	
			New deaths	3	0	0	0	0	0	0	0	
			Case rate (%)	19.47	19.20	17.52	17.22	15.85	15.47	18.95	18.32	18.10
			Death rate (%)	2.65	2.40	2.19	1.99	1.83	1.66	1.58	1.49	1.43
		Iron Mountain	New cases	—	0	0	0	7	4	3	4	
			New deaths	0	0	0	0	—	—	0	0	
			Case rate (%)	4.35	4.08	3.57	2.90	12.00	16.05	18.82	21.74	22.34
			Death rate (%)	0.00	0.00	0.00	0.00	2.67	3.70	3.53	3.26	3.19
	Saginaw	New cases	7	3	0	0	0	—	8	8		
		New deaths	0	—	0	0	0	—	0	0		
		Case rate (%)	5.60	6.71	6.45	5.81	5.29	5.88	8.66	10.69	10.82	
		Death rate (%)	0.00	0.67	0.65	0.58	0.53	0.49	0.87	0.76	0.75	
MN	Minneapolis	New cases	3	—	3	3	3	11	8	4	7	
		New deaths	—	0	—	—	—	—	0	0	0	
		Case rate (%)	2.05	2.26	3.50	4.35	5.08	8.36	10.36	10.65	12.18	
		Death rate (%)	0.68	0.56	1.00	1.30	1.56	1.74	1.62	1.48	1.42	
		St. Cloud	New cases	0	0	0	0	—	39	4	5	
			New deaths	0	0	0	0	—	—	0	0	
			Case rate (%)	0.00	0.00	0.00	0.00	0.73	14.54	15.85	17.36	18.21
			Death rate (%)	0.00	0.00	0.00	0.00	0.37	0.71	0.70	0.69	0.69
MO	Columbia	New cases	—	—	0	0	—	10	4	5	0	

		June 2020 ^a	July 2020	Aug. 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021 ^b
	New deaths	0	0	0	0	0	0	—	—	0
	Case rate (%)	1.92	2.90	2.60	2.30	4.21	14.00	16.22	19.33	19.17
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.90	1.68	1.67
Poplar Bluff	New cases	0	0	0	—	0	0	—	0	0
	New deaths	0	0	0	0	0	0	—	0	0
	Case rate (%)	0.00	0.00	0.00	4.00	4.00	4.00	11.54	11.11	11.11
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	3.85	3.70	3.70
Saint Louis	New cases	21	—	—	—	11	19	24	22	9
	New deaths	—	0	0	0	0	—	—	—	—
	Case rate (%)	13.82	13.69	12.24	11.26	14.40	19.57	25.82	29.62	30.56
	Death rate (%)	0.66	0.60	0.51	0.45	0.40	0.71	0.98	1.17	1.39
MS Biloxi	New cases	—	0	19	6	—	7	4	6	0
	New deaths	—	0	0	—	0	0	0	0	0
	Case rate (%)	1.65	1.53	13.29	15.70	16.02	19.05	20.62	22.77	22.66
	Death rate (%)	0.83	0.76	0.63	1.16	1.10	1.06	1.03	0.99	0.99
Jackson	New cases	0	—	—	—	—	—	12	3	—
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	1.39	2.60	3.70	4.65	5.38	17.17	18.87	19.44
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MT Miles City	New cases	0	0	0	0	0	0	0	0	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NC Asheville	New cases	0	0	—	—	0	—	0	—	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	0.98	2.56	2.42	3.01	2.96	3.70	3.70
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Durham	New cases	9	—	0	0	—	0	—	4	—
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	10.59	12.36	11.58	10.58	10.62	9.68	10.61	12.16	12.67
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Fayetteville	New cases	—	0	—	—	0	0	—	—	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	3.23	3.08	4.48	7.25	7.14	7.14	8.57	10.00	10.00
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Salisbury	New cases	10	0	4	—	0	—	5	23	3
	New deaths	—	0	0	0	0	0	0	0	0
	Case rate (%)	6.54	6.54	8.54	8.72	8.20	8.85	10.43	20.93	22.02
	Death rate (%)	0.65	0.65	0.61	0.58	0.55	0.52	0.47	0.47	0.46
ND Fargo	New cases	0	0	0	0	—	3	3	—	—
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	0.00	0.00	1.22	4.49	7.29	9.18	9.80

		June 2020 ^a	July 2020	Aug. 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021 ^b	
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
NE	Grand Island	New cases	—	0	—	—	0	—	—	3	3
		New deaths	0	0	0	0	0	0	0	0	0
		Case rate (%)	3.28	2.94	3.90	4.65	4.30	5.88	7.55	9.82	11.57
		Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NH	Manchester	New cases	—	0	0	0	0	—	—	—	0
		New deaths	0	0	0	0	0	0	0	0	0
		Case rate (%)	4.55	4.35	4.17	4.08	4.00	5.88	7.55	10.91	10.53
		Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NJ	Lyons	New cases	120	—	0	4	—	3	—	—	4
		New deaths	28	0	0	0	0	0	0	0	0
		Case rate (%)	50.63	51.48	51.48	53.16	53.78	54.58	53.88	54.47	55.42
		Death rate (%)	11.81	11.81	11.81	11.81	11.76	11.67	11.43	11.38	11.24
NM	Albuquerque	New cases	0	0	0	0	—	—	3	3	—
		New deaths	0	0	0	0	0	—	—	0	0
		Case rate (%)	0.00	0.00	0.00	0.00	1.10	2.17	4.85	7.08	8.47
		Death rate (%)	0.00	0.00	0.00	0.00	0.00	1.09	1.94	1.77	1.69
NV	Reno	New cases	—	—	—	0	—	11	14	8	—
		New deaths	0	0	0	0	0	—	3	—	0
		Case rate (%)	1.19	2.30	3.23	2.88	3.33	11.72	21.80	25.17	25.32
		Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.78	3.01	4.08	3.90
NY	Albany	New cases	0	0	0	0	0	0	—	—	—
		New deaths	0	0	0	0	0	0	0	0	0
		Case rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	1.43	4.00	5.19
		Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Batavia	New cases	5	0	0	0	0	7	8	24	—
		New deaths	—	0	0	0	0	0	0	—	0
		Case rate (%)	6.41	6.02	5.95	5.68	5.32	12.37	20.20	44.00	44.66
		Death rate (%)	1.28	1.20	1.19	1.14	1.06	1.03	1.01	2.00	1.94
	Bath	New cases	—	0	0	0	—	0	6	10	—
		New deaths	0	0	0	0	—	0	0	0	0
		Case rate (%)	1.09	1.06	1.04	0.93	1.65	1.53	5.56	11.61	11.80
		Death rate (%)	0.00	0.00	0.00	0.00	0.83	0.76	0.69	0.65	0.62
	Bronx	New cases	26	3	0	0	—	3	—	—	0
		New deaths	4	0	0	0	0	0	0	0	0
		Case rate (%)	40.63	40.85	35.80	33.72	34.07	36.56	37.63	36.73	36.00
		Death rate (%)	6.25	5.63	4.94	4.65	4.40	4.30	4.30	4.08	4.00
Buffalo	New cases	—	0	0	0	—	0	0	7	—	
	New deaths	0	0	0	0	0	0	0	0	0	
	Case rate (%)	8.33	8.33	8.33	8.33	11.11	8.82	7.32	17.24	17.74	
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Canandaigua	New cases	0	0	0	0	0	0	0	11	—	

		June 2020 ^a	July 2020	Aug. 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021 ^b
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.91	10.53
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Jamaica	New cases	103	0	7	—	—	0	—	3	—
	New deaths	14	0	—	0	0	0	0	—	0
	Case rate (%)	56.91	56.28	56.99	56.35	54.63	52.83	52.07	52.25	52.91
	Death rate (%)	7.73	7.65	7.77	7.61	7.32	7.08	6.91	7.21	7.17
Montrose	New cases	57	0	—	0	—	—	—	0	0
	New deaths	11	0	0	0	0	0	0	0	0
	Case rate (%)	61.96	60.64	61.05	60.42	60.20	60.00	61.39	60.19	59.05
	Death rate (%)	11.96	11.70	11.58	11.46	11.22	11.00	10.89	10.68	10.48
Northport	New cases	29	0	—	0	3	—	—	5	—
	New deaths	6	0	0	0	0	0	0	0	0
	Case rate (%)	20.86	19.46	19.23	18.40	19.19	18.78	18.72	20.83	21.24
	Death rate (%)	4.32	4.03	3.85	3.68	3.49	3.31	3.21	3.13	3.11
Syracuse	New cases	0	0	0	0	0	0	0	0	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Wappingers Falls	New cases	—	0	0	0	0	0	—	—	0
	New deaths	0	0	0	0	0	0	—	0	0
	Case rate (%)	5.71	5.56	5.56	5.56	5.13	4.88	6.67	8.51	8.33
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	2.22	2.13	2.08
OH Chillicothe	New cases	—	0	0	0	—	4	7	3	—
	New deaths	—	0	0	0	0	0	0	0	0
	Case rate (%)	0.53	0.51	0.49	0.48	0.94	2.82	6.07	7.44	7.91
	Death rate (%)	0.53	0.51	0.49	0.48	0.47	0.47	0.47	0.47	0.47
Cincinnati	New cases	0	0	—	0	—	4	9	—	—
	New deaths	0	0	0	0	0	—	0	0	0
	Case rate (%)	0.00	0.00	0.95	0.86	1.53	4.35	10.79	11.64	12.67
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.72	0.72	0.68	0.67
Cleveland	New cases	7	—	—	3	—	8	27	18	5
	New deaths	—	0	—	0	0	—	—	0	0
	Case rate (%)	2.87	3.08	3.32	3.81	3.95	5.65	10.97	13.86	14.42
	Death rate (%)	0.41	0.34	0.60	0.54	0.49	0.71	0.86	0.80	0.78
Dayton	New cases	—	—	3	—	3	5	46	7	5
	New deaths	0	0	0	0	—	0	0	—	—
	Case rate (%)	1.08	1.37	2.41	2.46	3.18	4.42	17.28	17.89	18.48
	Death rate (%)	0.00	0.00	0.00	0.00	0.64	0.59	0.57	0.79	1.27
OK Oklahoma City	New cases	—	—	0	—	0	3	7	9	6
	New deaths	—	0	0	0	0	0	0	—	0
	Case rate (%)	1.43	1.68	1.49	1.79	1.58	2.60	5.07	8.10	9.76

		June 2020 ^a	July 2020	Aug. 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021 ^b
	Death rate (%)	0.71	0.56	0.50	0.45	0.40	0.37	0.36	0.70	0.67
OR	Roseburg									
	New cases	0	0	0	0	0	—	0	—	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	0.00	0.00	0.00	1.75	1.55	2.24	2.14
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PA	Altoona									
	New cases	0	0	0	0	0	6	10	—	3
	New deaths	0	0	0	0	0	0	—	0	0
	Case rate (%)	0.00	0.00	0.00	0.00	0.00	6.98	16.67	17.35	18.52
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	2.08	2.04	1.85
Butler	New cases	—	0	—	12	0	—	3	—	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	1.41	1.35	2.63	18.42	17.95	18.29	19.78	21.51	21.51
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Coatesville	New cases	4	0	0	—	—	8	12	—
New deaths		0	0	0	0	0	—	0	0	0
Case rate (%)		4.60	4.60	4.60	5.62	6.67	13.33	24.76	25.47	25.23
Death rate (%)		0.00	0.00	0.00	0.00	0.00	0.95	0.95	0.94	0.93
Erie		New cases	0	0	—	0	0	—	—	—
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	1.79	1.72	1.67	3.17	4.62	5.97	5.80
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Lebanon	New cases	16	—	0	0	3	5	9	11
New deaths		4	0	0	0	0	—	0	—	0
Case rate (%)		15.84	13.08	11.33	9.34	9.13	10.16	12.78	15.57	16.33
Death rate (%)		3.96	3.08	2.67	2.20	1.83	2.03	1.88	2.42	2.38
Philadelphia		New cases	24	4	—	—	—	—	5	7
	New deaths	3	—	0	0	0	0	0	0	—
	Case rate (%)	19.83	20.59	19.08	18.29	16.85	16.84	18.72	20.36	20.44
	Death rate (%)	2.48	3.68	3.29	3.05	2.72	2.55	2.46	2.26	2.67
	Pittsburgh	New cases	8	3	—	0	0	10	48	11
New deaths		0	0	0	0	0	3	—	0	0
Case rate (%)		2.94	3.77	4.15	3.96	3.72	6.30	18.30	20.30	20.38
Death rate (%)		0.00	0.00	0.00	0.00	0.00	0.82	1.29	1.24	1.20
Wilkes-Barre		New cases	9	0	0	0	0	3	0	4
	New deaths	0	0	0	0	0	0	0	3	0
	Case rate (%)	10.59	10.34	10.34	10.00	9.68	12.77	12.00	14.68	15.04
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.75	2.65
	PR	San Juan								
New cases		0	—	—	0	4	—	—	8	—
New deaths		0	0	0	0	0	0	0	—	0
Case rate (%)		0.00	0.58	1.05	0.95	2.46	2.63	3.06	5.36	5.52
Death rate (%)		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.63	0.61
SC	Charleston									
New cases	0	0	0	0	0	0	0	—	0	

		June 2020 ^a	July 2020	Aug. 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021 ^b
	New deaths	0	0	0	0	0	0	0	—	0
	Case rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.13	4.88
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.13	4.88
Columbia	New cases	0	—	0	0	0	—	—	—	—
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	2.27	2.20	2.17	2.13	4.21	5.26	7.14	8.00
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SD Fort Meade	New cases	0	0	—	10	3	14	9	3	0
	New deaths	0	0	0	—	0	3	0	0	0
	Case rate (%)	0.00	0.00	0.96	10.58	12.73	21.71	26.81	26.14	25.32
	Death rate (%)	0.00	0.00	0.00	0.96	0.91	3.10	2.90	2.61	2.53
Hot Springs	New cases	0	0	0	0	0	3	0	0	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	0.00	0.00	0.00	8.11	6.82	6.52	6.38
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sioux Falls	New cases	0	0	0	—	3	4	5	—	—
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	0.00	0.92	3.31	6.06	8.90	9.74	10.13
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TN Mountain Home	New cases	0	0	0	—	—	0	—	—	—
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	0.00	0.80	1.50	1.50	2.26	3.01	3.70
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Murfreesboro	New cases	—	3	12	10	3	5	23	7	5
	New deaths	0	0	0	0	0	0	—	0	0
	Case rate (%)	0.47	1.83	7.14	11.45	11.93	13.44	22.09	23.62	24.30
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.39	0.37	0.35
TX Amarillo	New cases	0	0	—	—	18	7	—	4	—
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	1.74	2.61	18.10	24.14	25.86	29.31	30.17
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Big Spring	New cases	—	0	0	—	3	0	0	0	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	6.25	6.25	6.06	8.33	16.67	16.67	16.67	16.67	16.22
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Bonham	New cases	0	0	0	0	—	3	0	18	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	0.00	0.00	0.79	3.15	3.10	17.05	17.05
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dallas	New cases	—	—	8	5	14	7	12	16	6
	New deaths	0	0	0	0	0	0	0	—	0
	Case rate (%)	0.74	1.28	3.37	4.26	7.11	8.58	10.48	12.74	13.38

		June 2020 ^a	July 2020	Aug. 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021 ^b
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.39	0.37
Houston	New cases	8	45	10	5	5	6	6	21	3
	New deaths	—	—	—	0	0	0	—	—	0
	Case rate (%)	3.45	19.78	21.07	20.67	20.17	20.26	20.33	24.37	24.38
	Death rate (%)	0.86	1.49	1.67	1.52	1.38	1.28	1.44	1.61	1.57
Kerrville	New cases	0	11	—	—	0	0	—	—	0
	New deaths	0	4	0	0	0	0	0	0	0
	Case rate (%)	0.00	10.89	11.21	11.93	11.93	11.61	12.28	14.04	14.04
	Death rate (%)	0.00	3.96	3.74	3.67	3.67	3.57	3.51	3.51	3.51
San Antonio	New cases	0	3	18	—	—	—	—	4	—
	New deaths	0	0	—	0	0	0	—	0	—
	Case rate (%)	0.00	2.61	10.66	11.17	11.48	12.09	12.73	14.35	14.91
	Death rate (%)	0.00	0.00	1.02	0.97	0.96	0.93	1.36	1.35	1.75
Temple	New cases	—	0	5	—	—	—	3	9	4
	New deaths	0	0	0	0	0	0	0	0	—
	Case rate (%)	1.54	1.26	3.41	3.52	4.26	4.53	5.53	8.19	9.25
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.34
Waco	New cases	0	6	0	0	0	—	7	0	—
	New deaths	0	—	0	0	0	0	0	0	0
	Case rate (%)	0.00	5.50	5.22	5.04	5.04	5.88	11.76	11.76	12.61
	Death rate (%)	0.00	0.92	0.87	0.84	0.84	0.84	0.84	0.84	0.84
VA Hampton	New cases	0	0	0	0	0	0	0	—	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.99	2.99
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Richmond	New cases	—	0	0	0	—	0	—	—	—
	New deaths	0	0	0	0	—	0	0	0	0
	Case rate (%)	1.47	1.35	1.27	1.22	2.33	2.25	3.33	5.10	6.00
	Death rate (%)	0.00	0.00	0.00	0.00	1.16	1.12	1.11	1.02	1.00
Salem	New cases	—	0	3	0	0	—	—	6	3
	New deaths	0	0	—	0	0	0	0	—	0
	Case rate (%)	1.11	0.98	3.57	3.57	3.48	5.08	6.72	10.77	12.41
	Death rate (%)	0.00	0.00	0.89	0.89	0.87	0.85	0.84	1.54	1.46
WA Seattle	New cases	—	—	0	0	0	—	—	—	0
	New deaths	0	0	0	0	0	0	—	—	0
	Case rate (%)	2.30	3.26	2.80	2.44	2.16	2.88	3.82	4.17	3.98
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.64	1.19	1.14
Spokane	New cases	—	—	0	0	0	0	0	0	0
	New deaths	0	0	0	0	0	0	0	0	0
	Case rate (%)	3.17	4.35	4.29	4.29	4.29	4.29	4.23	4.23	4.23
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Tacoma	New cases	0	0	—	0	0	—	—	—	0

		June 2020 ^a	July 2020	Aug. 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan. 2021	Feb. 2021 ^b	
	New deaths	0	0	0	0	0	0	0	0	0	
	Case rate (%)	0.00	0.00	1.79	1.79	1.72	5.17	6.67	9.52	9.38	
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Vancouver	New cases	0	—	0	—	—	9	7	—	—	
	New deaths	0	0	0	0	0	0	—	0	0	
	Case rate (%)	0.00	0.50	0.44	0.81	1.07	4.15	6.05	6.42	6.53	
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.32	0.31	0.30	
	WI Madison	New cases	0	0	0	—	—	—	0	0	0
	New deaths	0	0	0	0	0	0	0	0	0	
Case rate (%)	0.00	0.00	0.00	3.23	6.45	9.68	9.68	9.68	9.68		
Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Milwaukee	New cases	6	3	0	3	—	31	25	10	—	
	New deaths	0	0	0	0	0	6	—	0	0	
	Case rate (%)	3.02	4.00	3.73	4.46	4.62	13.43	18.97	20.15	20.20	
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	1.79	1.90	1.76	1.72	
Tomah	New cases	5	0	—	—	9	12	7	4	0	
	New deaths	0	0	0	0	0	0	0	0	0	
	Case rate (%)	2.67	2.39	3.03	3.17	6.23	10.21	11.92	12.82	12.66	
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
WV Beckley	New cases	0	0	0	0	0	0	0	0	0	
	New deaths	0	0	0	0	0	0	0	0	0	
	Case rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Clarksburg	New cases	—	0	0	0	0	0	3	—	0	
	New deaths	0	0	0	0	0	0	0	0	0	
	Case rate (%)	2.17	1.79	1.61	1.39	1.33	1.12	3.92	4.76	4.67	
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Martinsburg	New cases	0	3	—	—	3	—	4	6	0	
	New deaths	0	0	0	0	0	0	0	0	0	
	Case rate (%)	0.00	1.82	2.99	3.93	5.38	5.58	7.21	9.81	9.68	
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
WY Cheyenne	New cases	0	0	0	—	0	0	0	—	0	
	New deaths	0	0	0	0	0	0	0	0	0	
	Case rate (%)	0.00	0.00	0.00	2.94	2.70	2.56	2.56	5.00	4.88	
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Sheridan	New cases	0	0	0	0	0	0	6	4	—	
	New deaths	0	0	0	0	0	0	0	0	0	
	Case rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	6.12	9.43	10.81	
	Death rate (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Legend: We use “—” to indicate instances in which there were one or two new cases or new deaths among CLC residents in a given month. We blinded these instances to protect personal privacy.

Source: GAO analysis of VA data on COVID-19 cases and deaths among CLC residents as of February 2021. | GAO-21-369R

Note: VA officials indicated that the reported number of cases or deaths that occurred in previous months might change over time as staff continuously update information—such as information on CLC residents who test positive for SARS-CoV-2 (Severe Acute

Respiratory Syndrome, coronavirus 2), the virus that causes COVID-19 (which we refer to as “the virus”)—in VA data systems. According to VA officials, the data include information on residents who test positive for the virus as well as residents diagnosed with COVID-19 without a test. We include both instances in the numbers of new cases or new deaths and the case rates or death rates. VA categorizes cases and deaths by the location in which residents contracted the virus—within a CLC, external to a CLC, or in an indeterminate location. We combined these categories for our analysis and report cases or deaths collectively.

VA officials told us that they compile data on deaths from any cause that occurred within 30 days of residents being diagnosed with COVID-19 or testing positive for the virus. Thus, these deaths may be related to COVID-19 but are not necessarily attributable to it.

The reported case rates and death rates are cumulative and represent the percentage of cases or deaths among CLC residents from March 1, 2020, through the month indicated. We calculated these rates by dividing the cumulative number of cases or deaths that occurred among residents of an individual CLC from March 1, 2020, through the month indicated by the cumulative number of residents for the same period. While incidence rates may commonly be standardized by average daily census, VA only provided cumulative counts of residents at the time of our analysis. As such, the reported rates represent the best available information at the time.

^aVA compiles the data on new cases and new deaths by month, with the exception of the data for June 2020. According to VA officials, the data for that date represent the number of new cases or new deaths that occurred between March 1, 2020, and June 30, 2020.

^bThe data for February are through February 14, 2021, and do not represent the number or rate of cases or deaths inclusive of the entire month.

Enclosure II: Comments from the Department of Veterans Affairs



DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON

May 17, 2021

Ms. Sharon Silas
Director
Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Silas:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: ***VA Health Care: Additional Data Needed to Inform the COVID-19 Response in Community Living Centers*** (GAO-21-369R).

The enclosure contains general and technical comments, and the actions to be taken to address the draft report recommendation. VA appreciates the opportunity to comment on your draft report.

Sincerely,

A handwritten signature in blue ink that reads "Tanya J. Bradsher".

Tanya Bradsher
Chief of Staff

Enclosure

Enclosure

The Department of Veterans Affairs (VA) Response to the
Government Accountability Office (GAO) Draft Report
***VA Health Care: Additional Data Needed to Inform the COVID-19 Response in
Community Living Centers***
(GAO-21-369R)

Recommendation 1: The Department of Veterans Affairs Under Secretary for Health should compile and review facility-specific COVID-19 data on Community Living Center staff cases and deaths on a regular basis to inform the agency's response to the pandemic or future infectious disease outbreaks.

VA Response: Concur in Principle. VA strongly endorses the importance of tracking the status of Coronavirus among its staff, including cases and deaths. Such data informs our response to the current pandemic and will help us prepare for future infectious disease outbreaks. This principle is very important to us and we review staff cases daily on the Health Operations Center (HOC) national COVID call. We also post this information on a publicly-accessible website, <https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary>.

However, there are pragmatic constraints on calculating accurate coronavirus attacks and case-fatality rates for specific units such as our Community Living Centers (CLC). Epidemiological parameters require both an accurate count of cases (numerator) as well as a valid estimate of the population at risk of exposure (denominator). VA CLCs integrate many of their clinical and operational functions across the entire medical center. For example, during a pandemic surge, medical and nursing staff; nutrition and food service staff; environmental management staff; medical support assistants; and others may be deployed to different areas of the medical center based on need. We have no practical electronic means to track the location and duration of these assignments in any of our surveillance systems. For this reason, for internal and external reporting purposes, VA uses the medical center as its unit of analysis.

We note that this is different than private sector skilled nursing facilities (SNF), which operate as distinct physical and corporate entities from hospitals, emergency departments or outpatient clinics.

It is our current practice and policy to regularly screen staff that spend time in the CLC for SARS-CoV-2 virus. When a staff member has a positive screening test, that potential case is made known to the facility infection control staff for appropriate action, including contact tracing, quarantine, isolation and identification of potential spread. Identifying cases of possible vaccine breakthrough among staff is also an important consideration. Information about potential CLC outbreaks is communicated to facility, network and national leadership and discussed on the daily HOC national COVID call. To meet the intent of this recommendation, the Veterans Health Administration Support Service Center (VSSC) plans to formalize this roll-up into a periodic CLC update for HOC, to allow full sharing and discussion across VA network and program office

Enclosure

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leadership. However, it must be noted, this data will be case counts only, rather than coronavirus attack or case fatality rates. While suitable and appropriate for informing agency response, such count-based data cannot be used to compare across different CLCs or with private sector SNFs, because of the noted uncertainty in denominator at risk.

Target Completion Date: September 2021

The Department of Veterans Affairs (VA) Response to the
Government Accountability Office (GAO) Draft Report
***VA Health Care: Additional Data Needed to Inform the COVID-19 Response in
Community Living Centers***
(GAO-21-369R)

General Comments:

- Of the 3,944 total COVID-19 CLC cases from March 1, 2020, to February 14, 2021, 1,925 (48.8%) were not CLC onset. CLC residents under this classification include those with no CLC contact in the 14 days prior to case-date; or case-date occurred in the CLC within 3 days of admission to the CLC. This highlights VA's vigilant and active efforts to contain and mitigate the impact of COVID-19 and continues to provide high-quality care within the CLCs.
- VA's infection prevention and control approaches, monitoring of CLC COVID-19 cases and rapid administration of COVID-19 vaccination has significantly protected the lives and health of the highly vulnerable residents residing in VA's CLCs.
- At the onset of the pandemic, VA immediately implemented infection prevention and control safeguards geared to prevent entry of the SARS-CoV-2 virus into the CLCs, detect cases and minimize transmission within the highly vulnerable CLC Veteran population. These proactive steps included the following:
 - Regular testing of CLC residents and staff;
 - Screening residents and staff for symptoms consistent with COVID-19;
 - Limits on new admissions;
 - Promoting safe visitation, with parameters, between the residents and families;
 - Implementing 14-day observation for Veterans returning to the CLC for continued care;
 - Promoting consistent staffing based on local ascertainment of needs;
 - Promoting use of telehealth modalities;
 - Establishing virtual communication between the residents and families;
 - and
 - Promoting vaccination of CLC residents and staff.
- Veterans residing in CLCs and CLC staff were among the first in VA to be offered the FDA-Emergency Use Authorized COVID-19 vaccines. VA rapidly distributed COVID-19 vaccines to protect CLC residents.

Text of Enclosure II: Comments from the Department of Veterans Affairs

Page 1

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Health Care

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Sincerely,

Tanya Bradsher Chief of Staff

Enclosure

Page 2

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Target Completion Date: September 2021

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General Comments:

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