



Daily Status Report Data Definitions and FAQs for COVID-19

The Daily Status Report is updated once daily at 3 p.m. Data are reported to the Georgia Department of Public Health (DPH) from numerous labs, hospitals and providers in various ways.

Electronic Laboratory Reports (ELR) are data files transmitted to DPH that contain patient identifiers, test information and results. Individual “case” reports may also be submitted through DPH’s secure web portal, SendSS, from healthcare providers and other required reporters. These reports often contain more specific patient information. In either reporting scenario, data may be incomplete.

Data displayed on the DPH Daily Status Report reflect the information transmitted to DPH, but may not reflect all current tests or cases due to timing of testing and data reporting.

Data definitions

1. “Confirmed COVID-19 Cases”: This number represents confirmed cases only, defined as an individual with a positive molecular (PCR) test. Only molecular test results are used in identifying confirmed cases. These test results are reported through multiple sources including electronic lab reporting (ELR), State Electronic Notifiable Disease Surveillance System (SendSS), faxed case reports and calls from providers to DPH.
2. “Hospitalizations”: This number includes the confirmed COVID-19 cases that were hospitalized at the time the case was reported to DPH or when the case was interviewed. This number does *not* capture hospitalizations that occur after a confirmed case was reported and, as such, is likely an underestimation of actual hospitalizations. It does *not* represent the number of COVID-19 cases currently hospitalized.
3. “Confirmed Deaths”: This number includes confirmed COVID-19 cases that were either reported to DPH as deceased by healthcare providers or medical examiners/coroners, identified by death certificates with COVID-19 indicated as the cause of death, or there is evidence that COVID-19 contributed to the individual’s death.
4. “ICU Admissions”: This number includes the confirmed COVID-19 cases where Intensive Care Unit admission information is known at the time the case is reported to DPH or when the case was investigated. This number does not capture ICU admissions that occur after a confirmed case was reported and, as such, is likely an underestimation of actual ICU admissions.
5. “Antigen Positive Cases”: This number represents individuals with a positive antigen test. Only antigen test results are used in identifying these cases. These test results are reported through multiple sources including electronic lab reporting (ELR), State Electronic Notifiable Disease Surveillance System (SendSS), faxed case reports and calls from providers to DPH.
6. “Total Cases”: This number represents confirmed (PCR positive) and antigen positive cases reported to DPH.
7. “Probable Deaths”: This number includes individuals who are antigen positive or individuals with compatible illness and known close contact to a case that were either reported to DPH as

deceased by healthcare providers or medical examiners/coroners, identified by death certificates with COVID-19 indicated as the cause of death, or there is evidence that COVID contributed to the individual's death OR individuals with a death certificate that has COVID-19 indicated as the cause of death and there is no laboratory evidence for SARS-CoV-2.

8. "Reported Today": These numbers show cases, hospitalizations, and deaths that have been newly reported since the previous day's posting. These are included in the overall totals above. The cases reported today may not equal the difference in total cases between yesterday and today because previously reported cases may be removed as duplicate reports are corrected or may be reclassified as additional information is collected during case investigation.
9. "COVID-19 Testing": This chart displays data for molecular tests and serologic tests reported to DPH through ELR only, not all reporting sources. ELR reports include both positive and negative results; other reporting sources do not consistently report negative results. Positive and negative results are used to determine the percent of tests that are positive.
 - a. Molecular (PCR) tests detect active virus and infections. These tests are administered by collecting either nose, nose and throat, or throat specimens.
 - b. Serology tests detect whether a person may have previously been infected with COVID-19 by attempting to detect antibodies that the person has produced as a result of the infection. Serology tests are administered by collecting a blood specimen.
 - c. Antigen tests detect active virus and infections but are slightly less reliable than PCR tests. These tests are administered by collecting either nose, nose and throat, or throat specimens.
 - d. Number Positive is the total number of each test type reported to DPH with a positive result.
 - e. Percent Positive is the percent of positive tests for each test type reported to DPH
 - f. Molecular Reported Today represents tests that were newly reported since the previous day's posting.

Note: these data only include lab tests reported to DPH by electronic laboratory reporting (ELR) and do not represent all tests performed in Georgia. The number of positive tests in this chart will not match the number of confirmed cases because the case numbers include **all reporting sources**, not just ELR. People with positive tests can be retested and may test positive multiple times. These repeat positive tests will be counted as new positive tests, but they will not be reported as new cases.

10. "COVID-19 by County": The maps show the number and rate of confirmed (PCR positive) and total (PCR and antigen positive) COVID-19 cases and percent positive PCR tests by county of residence. Choose "PCR Cases", "Testing", "Confirmed Deaths" or "Total Cases", then use the drop-down menu to choose cumulative "Cases", "Cases per 100K", "Deaths", "Deaths per 100K", "% Positive", "Total Cases" or "Total Cases per 100K" or data for the "Last 2 Weeks". By clicking on the date above the map, you can select a past date to see historic maps, using the current color scale. On the map, you can hover or click to find out additional details such as number of deaths, hospitalizations, case rate, etc. Selecting a county will also update the cases over time charts

The color scale is based on the distribution of county-level case counts or rates, outlier values are removed from the scale calculation. The scale will change as needed to accommodate increasing

or decreasing case counts and maintain distinctions between counties, and will be calculated based on the current data. Historic maps can be viewed by changing the date above the map. Case rates may not be accurate when case counts are <5 and are not presented. Percent positive may not be accurate when total PCR tests are <10 and are not presented.

- a. "County": Reflects the county of residence. This data element is often unreported to DPH, and in such instances, is reported as "Unknown."
 - b. "Last 2 Weeks": Reflects the number of cases per 100,000 residents in the county reported during the previous 2 weeks, using 2020 Georgia Population Estimates: <https://opb.georgia.gov/census-data/population-projections>.
 - c. "Cases per 100k": Reflects the number of cases per 100,000 residents in the county. This is often referenced as the case or incidence rate.
 - d. "Deaths per 100k": Indicates the number of confirmed COVID-19 deaths per 100,000 residents in the county. This is often referenced as the death rate.
 - e. "% Positive Last 2 Weeks": Reflects the percent positive PCR tests reported through ELR by county during the last 2 weeks. Date used reflects Date of Collection.
 - f. "% Positive Overall": Reflect the cumulative percent positive PCR tests reported through ELR by county.
11. "COVID-19 Over Time": The charts present the number of newly confirmed (PCR positive), antigen positive and total (PCR and antigen positive) COVID-19 cases, deaths, PCR tests and percent positive PCR tests over time. They are meant to aid understanding of whether the outbreak is growing, leveling off, or declining and can help to guide the COVID-19 response. Cases over time can be viewed using two date options, Date of Onset or Date of Report, and they can also be viewed by county. Total Tests and Percent Positive over time can be viewed using two date options, Date of Collection or Date of Report, and they can also be viewed by county. To zoom in on a specific time period, click on a graph and use the mouse to zoom in our out.
- a. "Date of Onset": The date of symptom onset is used if available. Otherwise, the collection date of the positive specimen is used. If both of those are unavailable, the date of report to public health is used. When looking at cases over time to understand the progression of an outbreak or epidemic, it is important count the cases closest to when the person was ill. COVID-19 deaths are presented by the date of death.
 - b. "Date of Report": The date the case, death or test was reported to DPH.
 - c. "Date of Collection": The date the specimen was collected from the person being tested.
 - d. "PCR Cases": Daily number of confirmed COVID-19 cases by day, using the date type selected. The 7-Day Moving Average is the average of the previous 7 days confirmed case counts and is used to better visualize trends.
 - e. "Antigen Cases": Daily number of antigen positive COVID-19 cases by day, using the date type selected. The 7-Day Moving Average is the average of the previous 7 days confirmed case counts and is used to better visualize trends.
 - f. "Total Cases": Daily number of confirmed (PCR positive) and antigen positive COVID-19 cases by day, using the date type selected. The 7-Day Moving Average is the average of the previous 7 days confirmed case counts and is used to better visualize trends.
 - g. "Cumulative Cases": The cumulative number of confirmed cases or deaths as of a specific date, using the date type selected.
 - h. "Confirmed Deaths": Daily number of confirmed COVID-19 deaths by day, using the date type selected. The 7-Day Moving Average of Deaths is the average of the previous 7 days confirmed COVID-19 deaths.

- i. “Total Tests”: Daily number of PCR tests reported through ELR, and do not represent all tests performed in Georgia. This includes positive and negative tests. These data are presented by the date the test was reported to DPH.
 - j. “Percent Positive”: Daily percent positive PCR tests reported through ELR. The 7-Day Moving Average of is the average percent positive of the previous 7 days. Percent positive >50% will display as 50% on the graph, hover over the day to get the exact number.
12. “Confirmed Health Care Worker Cases Over Time”: Reports the number of confirmed cases in healthcare workers, as reported at the time to DPH or as reported during the case interview.
13. “Comorbidity Status”: Indicates whether a confirmed case has or had any comorbid or simultaneously existing diseases or underlying conditions that would make the individual more susceptible to severe outcomes. The data reflects reports to DPH during the initial report or during a case interview. Comorbidities include:
- a. Chronic Lung Disease
 - b. Diabetes Mellitus
 - c. Cardiovascular Disease
 - d. Chronic Renal Disease
 - e. Chronic Liver Disease
 - f. Immunocompromised Condition
 - g. Neurologic/Neurodevelopmental Condition
 - h. Pregnancy
 - i. Other

Frequently Asked Questions

Q: What is COVID-19? What is SARS-CoV-2?

A: Novel Coronavirus disease 2019, abbreviated as COVID-19, is the official name of the disease caused by infection with SARS-CoV-2 virus.

Q: How is the county assigned to a person or case?

A: This comes from information reported to DPH and represents the county of residence, when known. If county is not known, it is reported as “unknown” and is not included in county case data.

Q: What does the date for a confirmed case represent?

A: When looking at cases over time there are two options:

1. Date of Onset: to understand the progression of an outbreak or epidemic, it is important count the cases closest to when the person was ill. The date indicated for the confirmed COVID-19 cases is not necessarily the date that the information was reported to Georgia DPH, but is based on a combination of dates. The date of symptom onset is used if available. Otherwise, the collection date of the positive specimen is used. If both of those are unavailable, the date of report to public health is used.
2. Date of Report: the date the case was reported to DPH.

Q: What does the date for a laboratory test represent?

A: When looking at test over time there are two options:

1. Date of Collection: the date the specimen was collected from the person being tested. Date of Collection is a more accurate indicator of percent positivity on any given day because Date of Report can be affected by reporting delays.
2. Date of Report: the date the case was reported to DPH.

Q: Where does the date of death come from?

A: The date of death is based on the date of death reported to DPH or identified on death certificates.

When looking at deaths over time there are two options:

1. Death of Death: The date the individual died as reported or identified on the death certificate.
2. Date of Report: the date the individual was reported as died to DPH

Q: How is Healthcare Worker Status defined? Does this account or report on all healthcare workers in the State of Georgia?

A: This includes confirmed COVID-19 cases that were reported as a healthcare worker at the time the case was reported to DPH or when the case was interviewed. Healthcare worker status is self-reported and does not represent a survey of all health care workers.

Q: Is a test the same as a confirmed case?

A: No. A confirmed case means an individual had a positive molecular test. An individual may have had one or more molecular and/or serologic tests.

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