COVID-19 North Carolina Dashboard

Updated daily by 11 a.m. Last updated 10:30 a.m., May 11, 2020. *Updated at 2:00 p.m.*

Laboratory-Confirmed Cases	Deaths	Completed Tests	Currently Hospitalized	Number of Counties
15,045	550	195,865	464	99

Knowing when to dial up or down social distancing and other protections depends on two factors: our Trends in key metrics, and our capacity to conduct Testing and Tracing. Governor Cooper and Secretary Cohen announced a combination of key metrics that North Carolina is watching to inform decisions to ease restrictions. These key metrics are included below.

New: Weekly report on COVID-19 Patients Presumed to be Recovered updated every Monday by 4 p.m.

Laboratory-Confirmed Cases reflect cases that were tested and returned positive, including the NC State Laboratory of Public Health, reporting hospitals and commercial labs. All data are preliminary. Not all cases of COVID-19 are tested, so this does not represent the total number of people in North Carolina who have or had COVID-19.

Deaths reflect deaths in persons with laboratory-confirmed COVID-19 reported by local health departments to the NC Department of Health and Human Services.

Completed tests reflect testing completed by the NC State Laboratory of Public Health, reporting hospitals and commercial labs.

Currently hospitalized reflect the number of patients with COVID-19 that are currently hospitalized in reporting hospitals.

For COVID-19 U.S. case information ☒ go to the Centers for Disease Control and Prevention (CDC) website.

NC Cases COVID-19

Key Metrics

Is North Carolina Slowing the Spread?

Knowing when to dial up or down social distancing and other protections depends on two factors: our Trends in key metrics and our capacity to conduct Testing and Tracing.

Learn more about the Governor's plan on Staying Ahead of the Curve ☒ .

Trend Metrics

Governor Cooper and Secretary Cohen announced a combination of key metrics that North Carolina is watching to inform decisions to ease restrictions. Because each has limitations, no one metric should be viewed in isolation. These are:

COVID-Like Illness Surveillance

Is North Carolina seeing a continued downward trajectory or sustained leveling of COVID-Like Illnesses in its surveillance systems?

The North Carolina Department of Health and Human Services (NCDHHS) is using all available tools to monitor the spread of COVID-19 across the state. In addition to tracking and reporting of laboratory-confirmed cases, NCDHHS is using many of the same systems that are used to track influenza and other respiratory illnesses each season.

Mild COVID-19 illness presents with symptoms similar to influenza-like illness, so surveillance systems that have historically been used during influenza seasons are being used to track trends of mild COVID-19 illness and allow for comparison with prior influenza seasons. These data are updated weekly in the COVID-19 Surveillance Summary ☐ .

Limitation: These numbers represent only people seeking care in the Emergency Department (ED). Other data show that fewer people than normal are seeking ED care during COVID-19.
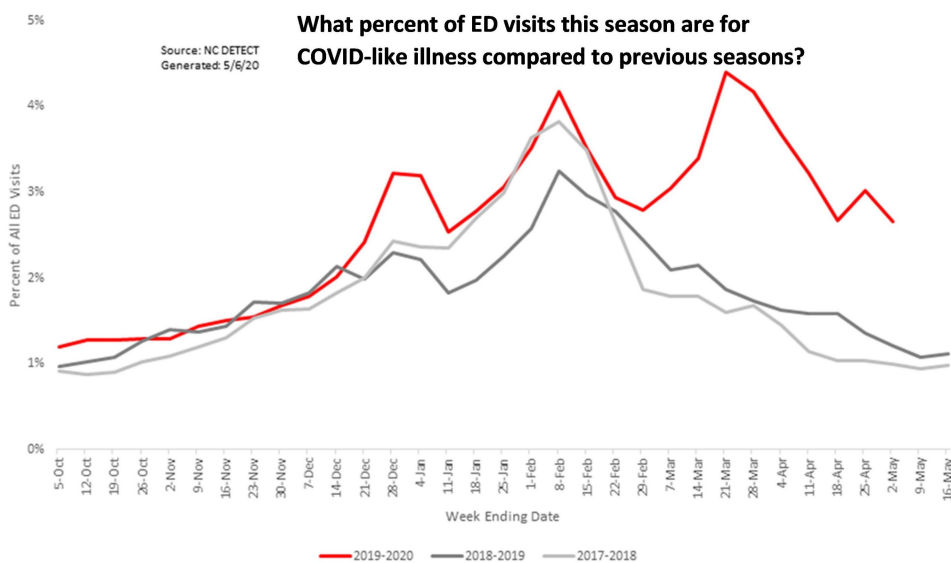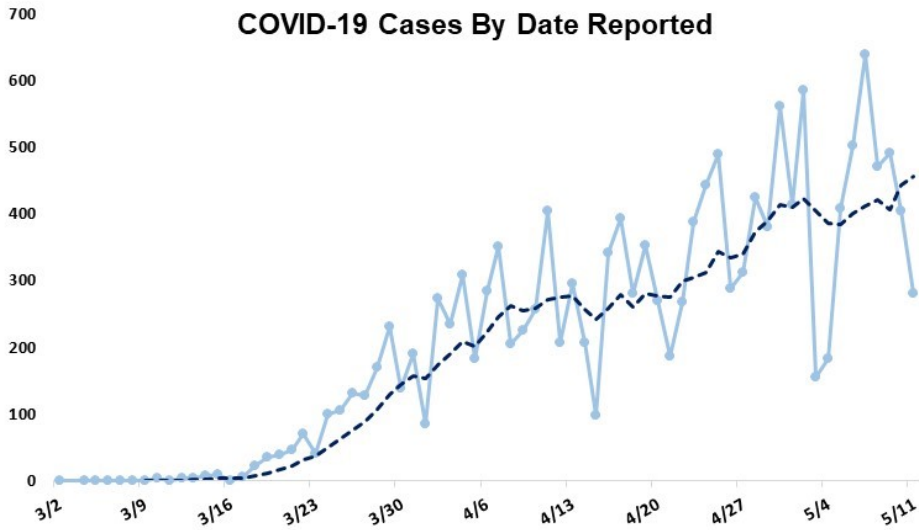

Laboratory-Confirmed Cases

Is North Carolina seeing a downward trajectory over 14 days, or sustained leveling in new cases?

These are laboratory-confirmed COVID-19 cases, by date reported. You can also see COVID-19 cases reported by date of specimen collection.

Limitation: These numbers only reflect laboratory-confirmed cases and not all people who have or had COVID-19.

COVID-19 Cases By Date Reported

Positive Tests

Is North Carolina seeing a 14-day downward trajectory or sustained leveling of positive tests as a percentage of total tests?

As we ramp up testing, there will be more laboratory-confirmed cases. Looking at what percent of total tests are positive helps us understand whether laboratory-confirmed cases are increasing in comparison to the number of tests conducted.

To calculate this, North Carolina uses positive tests and total test numbers from labs that reported both positive and negative tests electronically into the NC Electronic Disease Surveillance System (NC EDSS). This ensures that the positive and total tests were conducted on the same day to calculate a more accurate daily percent positive.
Limitation: While most labs report negative results, we do not get this data from all labs. The labs used in the percent positive calculation represent the majority of total tests reported to the state.

Positive Tests as a Percent of Total Tests
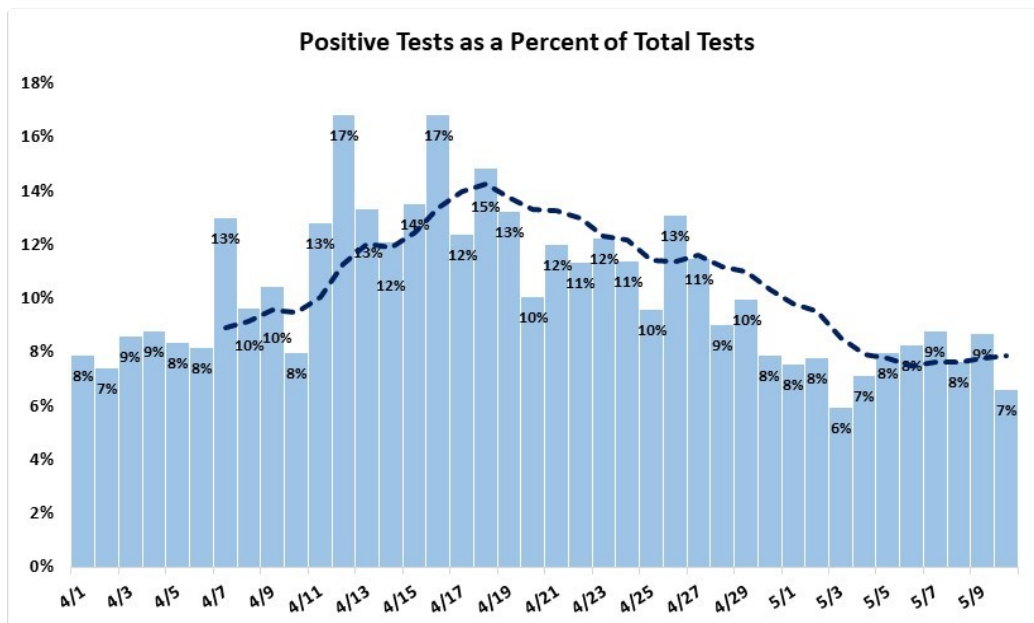
Hospitalizations

Is North Carolina seeing a 14-day downward trajectory or sustained leveling in the number of people currently

hospitalized?

This shows the number of people who are currently hospitalized with COVID-19 by reporting hospitals.
[Expanded data from reporting hospitals.](#)
Limitation: People stay in the hospital multiple days with COVID-19, and so this reflects the number of people reported by hospitals.

Current COVID-19 Hospitalizations

Testing and Tracing Capacity
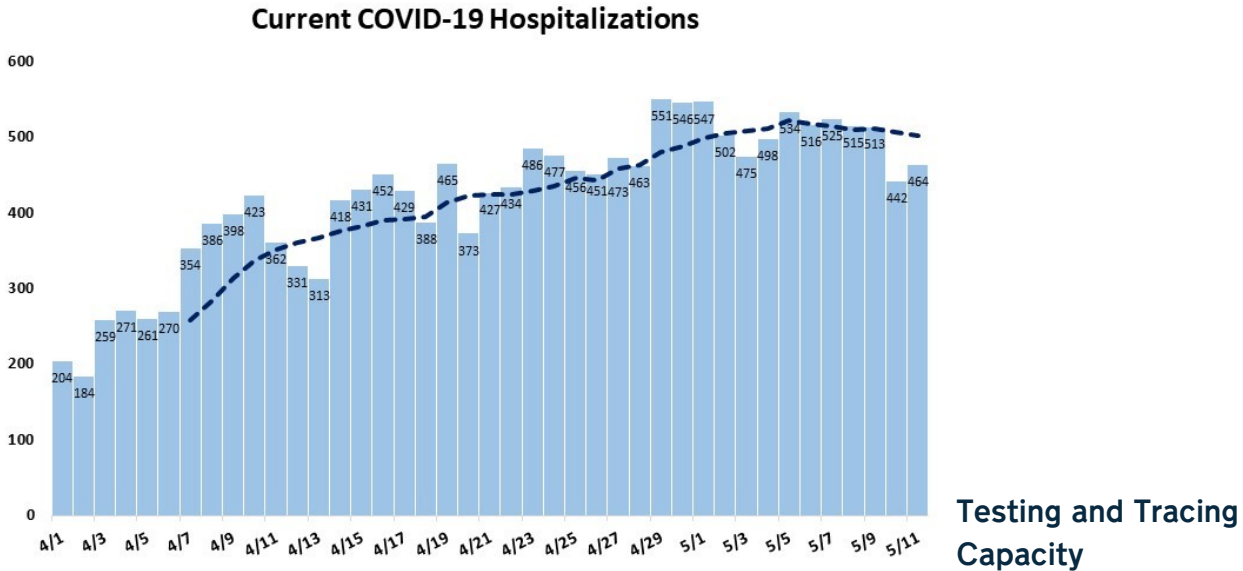
We need to continue to build the state's capacity to identify who has COVID-19, who that individual may have been in contact with so those people can take precautions to avoid infecting others, and have enough critical supplies on hand to keep frontline workers safe.

Testing

Does North Carolina have the capacity to test an average of 5,000 to 7,000 people daily?

This shows the number of total tests reported each day to NCDHHS. The average is taken as a seven-day rolling average.
Limitation: While most labs report negative tests, we do not get this data from all labs. While positive cases must be reported immediately, negative tests can be reported in batches; for example, when a new lab begins reporting it will often report for more than the previous 24 hours. This often explains high days of reported testing.

Total Tests Reported
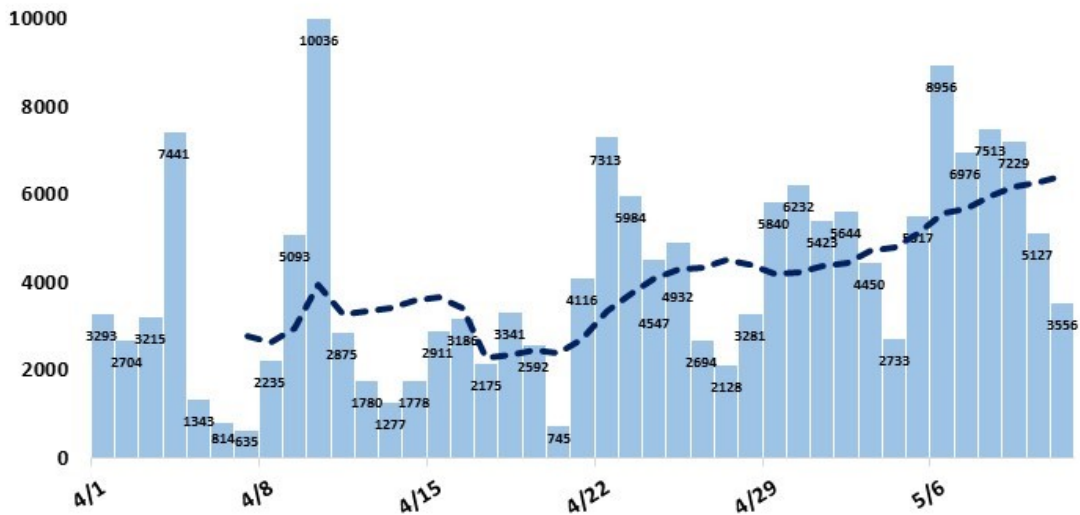
Tracing

Does North Carolina have sufficient capacity to conduct contact tracing?

Contact tracing identifies contacts of a person who have tested positive for COVID-19 to determine if those people may also be positive. This helps North Carolina understand the spread of the disease, and more rapidly identify people who may have COVID-19.

North Carolina currently has more than 250 contact tracers with local health departments. We aim to double this, to at least 500 contact tracers, as well as deploying digital tracing technology to support contact tracers.

Tracing Measure	Status
Number of Contact Tracers	250 Tracers
Digital Technology Deployment	On April 27, NCDHHS announced the formation of the Carolina Community Tracing Collaborative ⤤ . The Collaborative is now hiring tracers.

Personal Protective Equipment

Does North Carolina have adequate supplies to fill requests for at least 30 days?

We need to ensure we have enough personal protective equipment (PPE) for critical healthcare and frontline workers and to conduct the needed testing. We also need to be prepared if there is another increase in cases once measures are dialed back.

This shows us an estimate for how many days of supplies the state currently has on hand. Days of supply is estimated based on the average daily requests from healthcare system surveys. Expanded data on personal protective equipment.

Critical Supplies	Average Requests per Day	Estimated Days of Supplies on Hand
Face Shields	1,023	554
Gloves	24,512	485
Gowns	7,178	0
N95 Respirators	2,922	41
Surgical and Procedure Masks	15,675	332

ZIP Code Map

Map Credit: NCDHHS

* ZIP code level data may change once residence is verified. The total number reflected in the ZIP code level data may differ from the total number of cases and deaths at either the county or state level.

* Cases are suppressed in ZIP codes where the population is less than five hundred and there are less than five cases.

All data are preliminary and may change as cases are investigated.

By Counties/Map

Map Credit: NCDHHS

*County case numbers may change once residence is verified. Therefore, the total number on the county map may differ from the number of NC Cases.

County	Laboratory-Confirmed Cases	Deaths
Alamance County	178	5
Alexander County	12	0
Alleghany County	8	0

County	Laboratory-Confirmed Cases	Deaths
Anson County	38	0
Ashe County	10	0
Beaufort County	25	0
Bertie County	61	2
Bladen County	54	1
Brunswick County	50	2
Buncombe County	101	4
Burke County	137	11
Cabarrus County	350	17
Caldwell County	60	0
Camden County	2	0
Carteret County	31	3
Caswell County	41	1
Catawba County	82	2
Chatham County	458	11
Cherokee County	18	1
Chowan County	11	0
Clay County	5	0
Cleveland County	50	2
Columbus County	205	14
Craven County	55	4

County	Laboratory-Confirmed Cases	Deaths
Cumberland County	351	9
Currituck County	9	0
Dare County	17	1
Davidson County	205	10
Davie County	36	2
Duplin County	258	3
Durham County	873	32
Edgecombe County	155	7
Forsyth County	379	5
Franklin County	111	20
Gaston County	175	5
Gates County	11	0
Graham County	2	0
Granville County	167	6
Greene County	36	1
Guilford County	609	38
Halifax County	94	1
Harnett County	228	13
Haywood County	17	0
Henderson County	227	28
Hertford County	51	1

County	Laboratory-Confirmed Cases	Deaths
Hoke County	123	0
Hyde County	1	0
Iredell County	153	5
Jackson County	21	1
Johnston County	209	16
Jones County	20	2
Lee County	277	1
Lenoir County	122	4
Lincoln County	39	0
Macon County	3	1
Madison County	1	0
Martin County	31	1
McDowell County	29	1
Mecklenburg County	2,134	62
Mitchell County	5	0
Montgomery County	42	2
Moore County	111	9
Nash County	121	3
New Hanover County	97	3
Northampton County	106	7
Onslow County	54	2

County	Laboratory-Confirmed Cases	Deaths
Orange County	253	33
Pamlico County	8	0
Pasquotank County	81	3
Pender County	39	1
Perquimans County	17	2
Person County	31	1
Pitt County	169	2
Polk County	29	0
Randolph County	354	6
Richmond County	91	2
Robeson County	391	4
Rockingham County	42	2
Rowan County	488	24
Rutherford County	154	5
Sampson County	167	1
Scotland County	41	0
Stanly County	29	4
Stokes County	11	0
Surry County	43	1
Swain County	5	0
Transylvania County	7	0

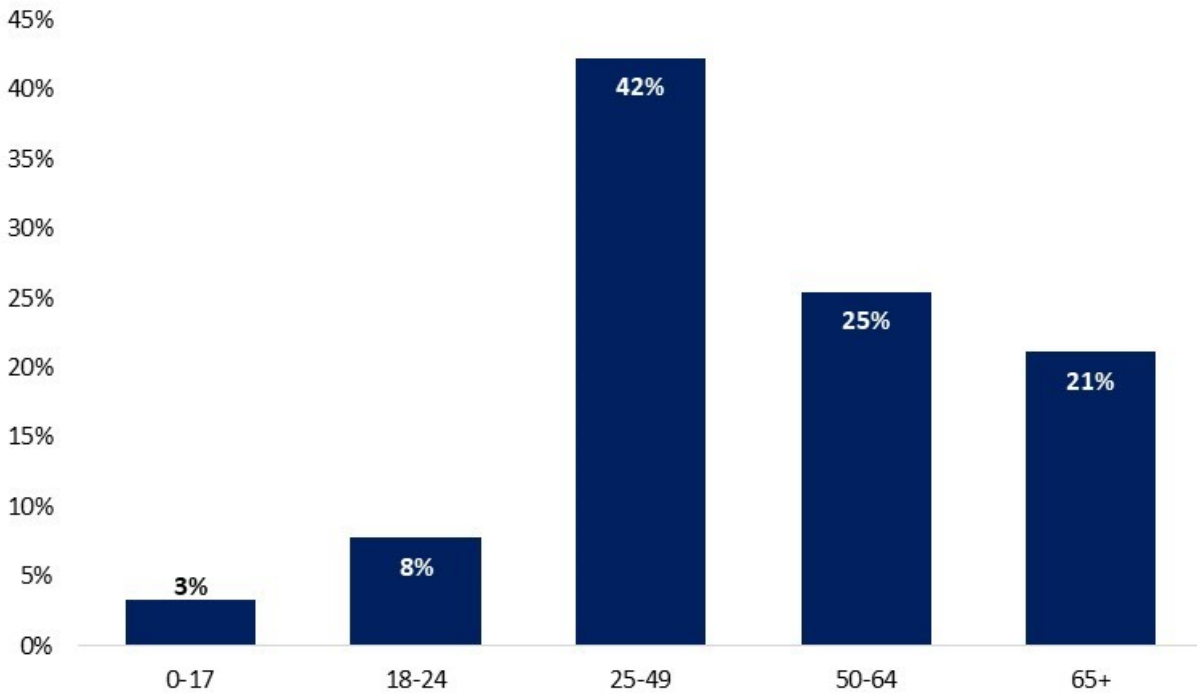| County	Laboratory-Confirmed Cases	Deaths
Tyrrell County	4	0
Union County	301	16
Vance County	162	12
Wake County	1,048	23
Warren County	23	0
Washington County	25	3
Watauga County	9	0
Wayne County	752	13
Wilkes County	242	1
Wilson County	214	8
Yadkin County	54	1
Yancey County	9	0

All data are preliminary and may change as cases are investigated.
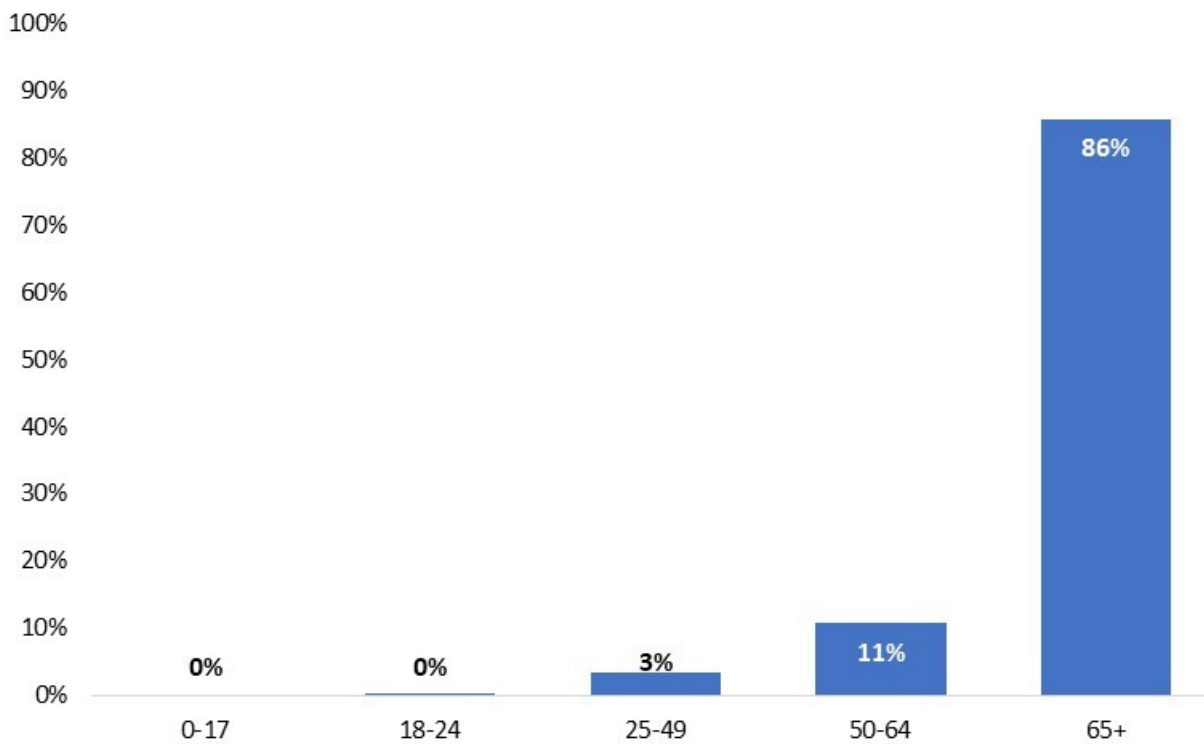
By Age
Report will be updated every Tuesday by 4 p.m.

Risk Factors for Severe Illness from COVID-19 Report ⧉

Laboratory-Confirmed Cases by Age

Age	Percentage
0-17	3%
18-24	8%
25-49	42%
50-64	25%
65+	21%

*Age is missing for 6 laboratory-confirmed cases

COVID-19 Deaths by Age

Age	Percentage
0-17	0%
18-24	0%
25-49	3%
50-64	11%
65+	86%

*All data are preliminary and might change as cases are investigated. Numbers may not sum to 100% due to rounding.

By Race/Ethnicity

	Laboratory-Confirmed Cases	% Laboratory-Confirmed Cases	Deaths from COVID-19	% Deaths from COVID-19
Race				
Total with known race[1]	11,000		521	
American Indian Alaskan Native	105	1%	1	0%
Asian	277	3%	6	1%
Black or African American	3,841	35%	179	34%
Native Hawaiian or Pacific Islander	22	0%	1	0%
White	5,840	53%	314	60%
Other	915	8%	20	4%
Ethnicity				
Total with known ethnicity[2]	9,893		462	
Hispanic	2,526	26%	20	4%
Non-Hispanic	7,365	74%	442	96%

[1] Race data are missing for 4,045 laboratory-confirmed cases and 29 deaths.

[2] Ethnicity data are missing for 5,154 laboratory-confirmed cases and 88 deaths.

All data are preliminary and may change as cases are investigated.

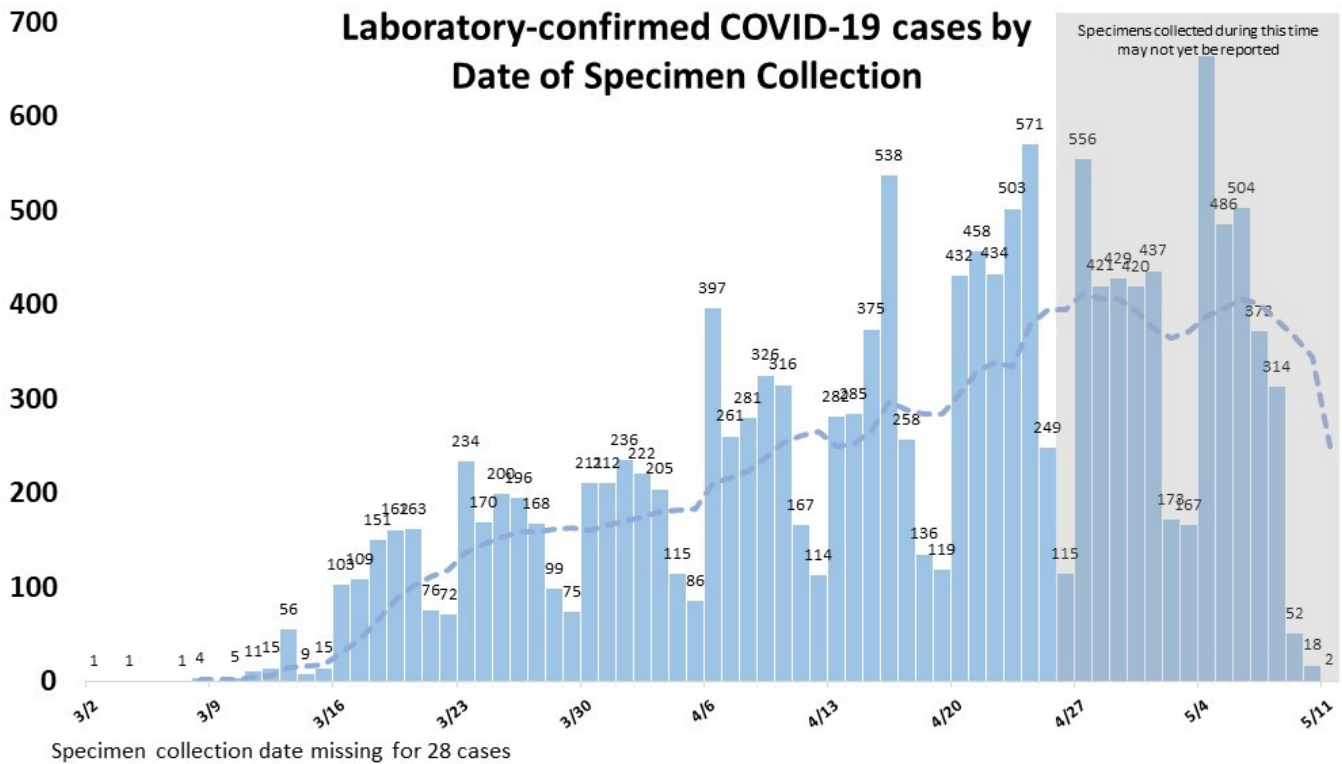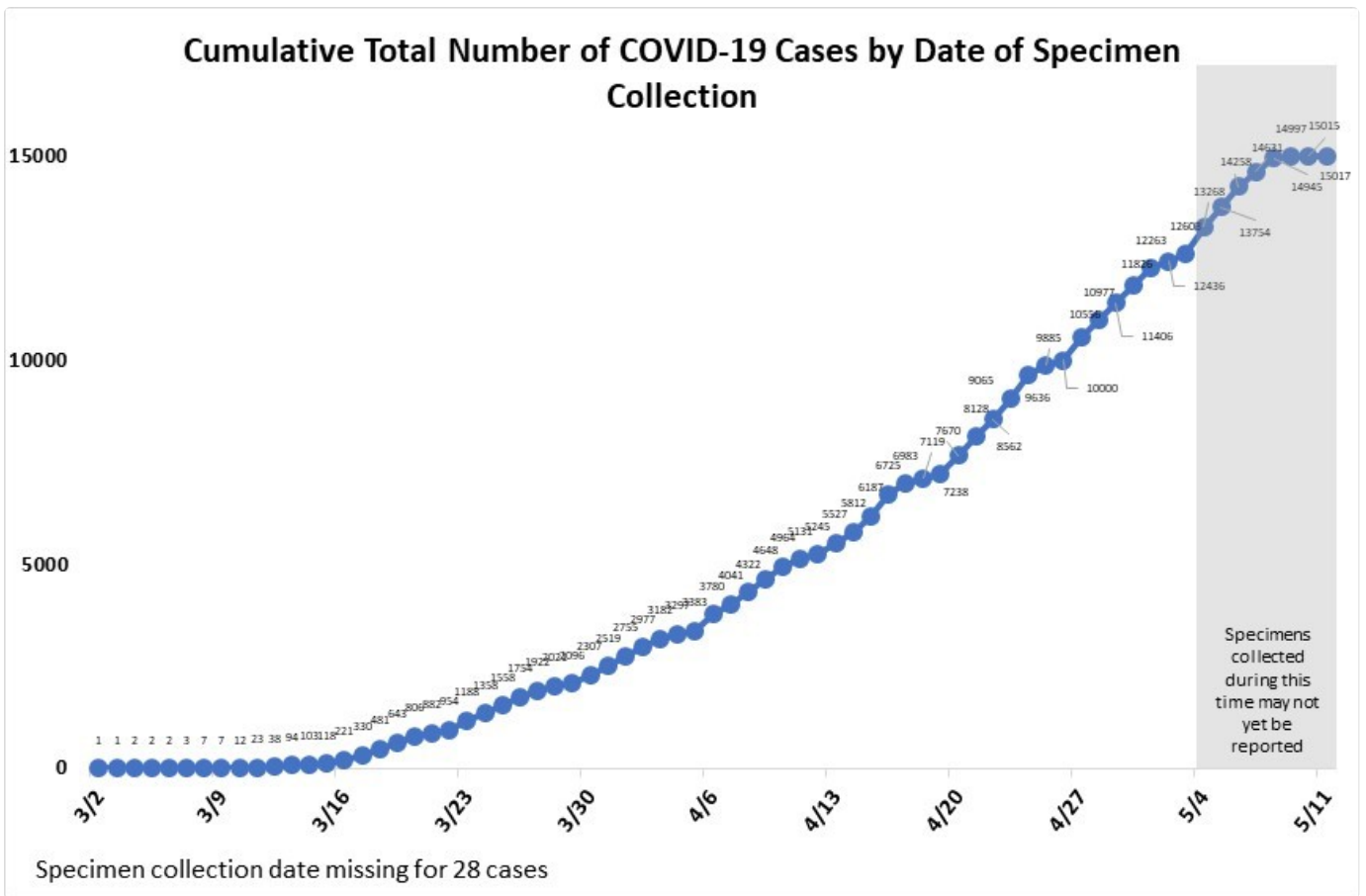By Gender

Laboratory-Confirmed Cases by Gender

48% Male	51% Female	

1% Unknown

COVID-19 Deaths by Gender

53% Male	47% Female

*All data are preliminary and might change as cases are investigated. Numbers may not sum to 100% due to rounding.

Laboratory-confirmed COVID-19 cases by Date of Specimen Collection

Specimens collected during this time may not yet be reported

Specimen collection date missing for 28 cases

Number of new COVID-19 cases each day by the date the person's specimen was collected. This number reflects cases that were tested and returned positive, including the NC State Laboratory of Public Health and reporting hospital and commercial labs. All data is preliminary. Not all cases of COVID-19 are tested, so this does not represent the total number of people in North Carolina who have or had COVID-19.

Cumulative Total Number of COVID-19 Cases by Date of Specimen Collection

Specimen collection date missing for 28 cases

Cumulative total number of COVID-19 cases by the date the person's specimen was collected. This number reflects cases that were tested and returned positive, including testing completed by the NC State Laboratory of Public Health and reporting hospital and commercial labs. All data is preliminary. Not all cases of COVID-19 are tested, so this does not represent the total number of people in North Carolina who have or had COVID-19.

All data are preliminary and might change as cases are investigated. Numbers may not sum to 100% due to rounding.

By Congregate Living
Report will be updated every Tuesday and Friday by 4 p.m.

COVID-19 Ongoing Outbreaks in Congregate Living Settings Report

Laboratory-Confirmed Cases and Deaths in Congregate Living Settings [1]

Setting Type	Laboratory-Confirmed Cases	Deaths
Nursing Home[2]	2,157	279
Residential Care Facility[3]	389	44
Correctional Facility[4]	1,064	14
Other	87	2

Setting Type	Laboratory-Confirmed Cases	Deaths
[1] 7,406 laboratory-confirmed cases and 164 deaths are among persons who do not live or work in congregate living settings. Data are missing for 3,942 laboratory-confirmed cases and 47 deaths.		

Data include cases that are part of the ongoing outbreaks listed below as well as cases associated with these settings that are not part of an ongoing outbreak. All numbers are preliminary and may change as cases are investigated.

Ongoing Outbreaks in Congregate Living Settings [5]

Setting Type	Ongoing Outbreaks	Counties with Ongoing Outbreaks
Nursing Home[2]	63	Alamance; Anson; Bertie; Burke (2); Cabarrus; Chatham (2); Cleveland; Columbus (2); Cumberland; Davidson; Duplin; Durham (3); Forsyth; Franklin; Guilford (2); Harnett (2); Henderson (3); Iredell; Johnston; Lenoir (2); Mecklenburg (7); Moore; Northampton; Onslow; Orange (3); Pasquotank; Pitt; Polk (2); Randolph; Rowan (4); Union (2); Vance (2); Wake (4); Wayne; Wilkes; Wilson
Residential Care Facility[3]	23	Cabarrus (2); Columbus (2); Duplin; Guilford; Henderson; Hoke; Lenoir (2); Mecklenburg (5); Northampton; Orange (2); Rutherford; Stanly; Union; Wayne; Wilson
Correctional Facility[4]	17	Anson; Bertie; Cabarrus; Caswell; Cumberland; Durham; Gaston; Granville; Greene; Halifax; Hertford; Johnston; Pasquotank; Pender; Wake (2); Wayne
Other	6	Cabarrus (2); Caswell; Guilford; Lee; Wake

[2] Nursing homes (nursing homes/skilled nursing facilities) provide nursing or convalescent care.

[3] Residential care facilities can include adult care homes, family care homes, multi-unit assisted housing, group homes, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) homes.

[4] Correctional facilities can include federal and state prisons and local jails.

[5] In a congregate living setting, a COVID-19 outbreak is defined as two or more laboratory-confirmed cases. An outbreak is considered over if there is not evidence of continued transmission within the facility. This is measured as 28 days after the person identified as the last case began having symptoms, or their date of specimen collection if they didn't have symptoms. If another case is detected in a facility after an outbreak is declared over, the outbreak is not reopened. It is counted as a case in congregate living settings, and if a second case is detected within 28 days in the same facility, it is considered a second, new outbreak in that facility.
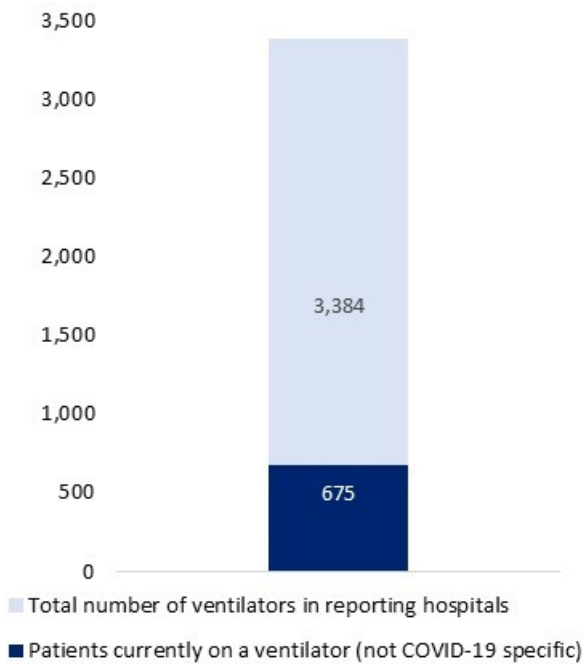
All data are preliminary and may change as cases are investigated.

Inpatient Hospital Bed Count
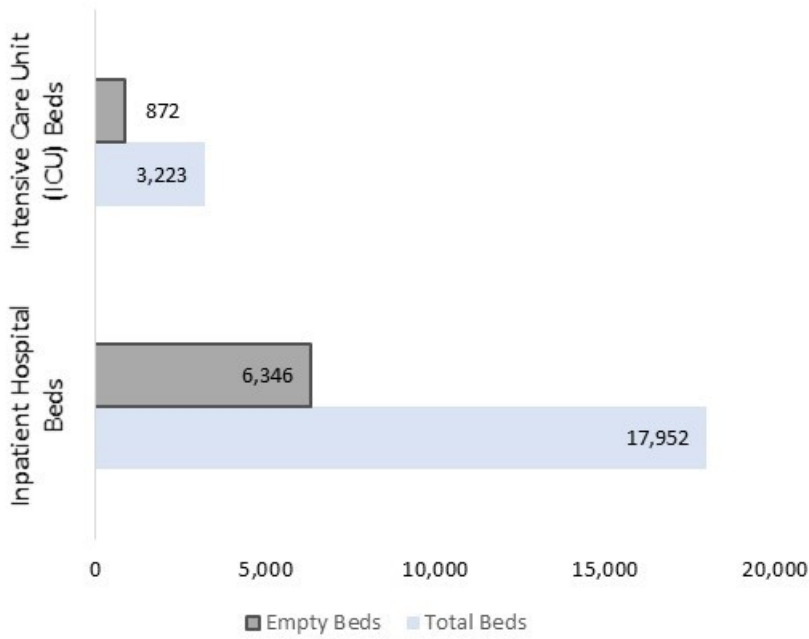
Empty beds reflects beds which are able to be staffed but do not currently have patients. These numbers reflect the current percent of hospitals reporting. These numbers do not reflect hospital surge.
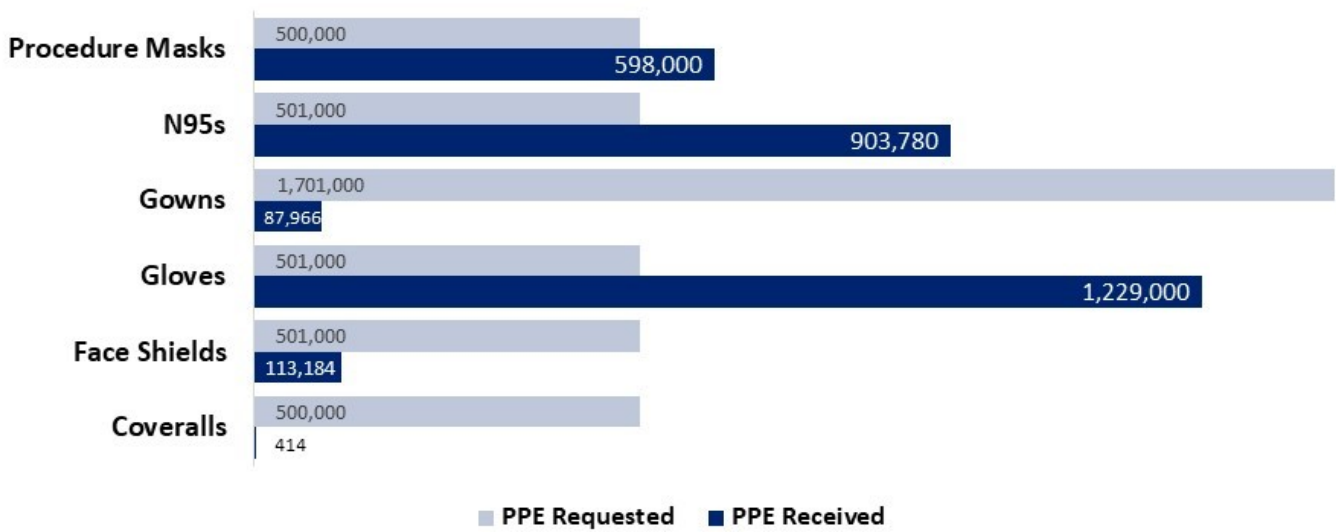
Ventilators Currently in Hospitals

Number of patients on a ventilator (not specific to COVID-19), as self-reported by hospitals. Ventilators in hospitals as self-reported by hospitals. This number does not reflect ventilators from other sources, including those purchased but not yet deployed to hospitals.

All data are preliminary and may change as cases are investigated.

These data reflect 83% of hospitals reporting statewide.

Personal Protective Equipment (PPE) from the Strategic National Stockpile

	PPE Requested	PPE Received
Procedure Masks	500,000	598,000
N95s	501,000	903,780
Gowns	1,701,000	87,966
Gloves	501,000	1,229,000
Face Shields	501,000	113,184
Coveralls	500,000	414

These numbers reflect shipments from the Strategic National Stockpile and will be updated as new items are received. This does not reflect other sources of supplies.

Personal Protective Equipment from Private Sector[1] *Updated every Monday by 4 p.m.*

Critical Supplies	Ordered[2]	Received[3]
Face Shields	1,609,000	848,000
Gloves	24,921,000	13,371,000
Gowns	11,338,000	19,000
N95 Respirators	13,207,000	135,000
Surgical and Procedure Masks	33,469,000	10,716,000

[1] This table reflects orders placed and received through the private sector. This does not reflect other sources of supplies.

[2] Ordered reflects supplies ordered and may fluctuate based on status of purchase orders.

[3] Received reflects the number of items received, including items that have already been distributed.

Personal Protective Equipment for Average Requests and Estimated Days on Hand

Critical Supplies	Average Requests per Day[4]	Estimated Days of Supplies on Hand[5]
Face Shields	1,023	554
Gloves	24,512	485
Gowns	7,178	0
N95 Respirators	2,922	41
Surgical and Procedure Masks	15,675	332

[4] Average requests per day reflects requests from healthcare partner surveys from April 24, 2020 to May 8, 2020.

[5] Estimated days of supplies on hand is calculated based on critical supplies on hand from multiple sources including private sector and donations and current requests received through healthcare partner surveys from April 24, 2020 to May 8, 2020.

All data are preliminary and may change.

Surveillance Report
Updated every Thursday by 4 p.m.

COVID-19 Surveillance Summary ⧉

Introduction

The North Carolina Department of Health and Human Services (NCDHHS) is using all available tools to monitor the spread of COVID-19 across the state. In addition to tracking and reporting of laboratory-confirmed cases, the Department is using many of the same systems that are used to track influenza and other respiratory illnesses each season. Mild COVID-19 illness presents with symptoms similar to influenza-like illness, so surveillance systems that have historically been used to monitor influenza-like illnesses are being used to track trends of mild COVID-19 illness and allow for comparison with prior influenza seasons.

These surveillance systems include information related to outpatient visits, emergency department visits, laboratory data, as well as hospital data. Data sources used to gather the information presented here are described below. As additional data sources become available, that information will be included in this summary.

NC DETECT

The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) is North Carolina's statewide, electronic, real-time public health surveillance system. NC DETECT was created to

provide early event detection and timely public health surveillance using a variety of secondary data sources, including data from the NC Emergency Departments (EDs). Each ED visit is grouped into syndromes based on keywords in several different fields and/or diagnosis codes.

For monitoring COVID-19, NC DETECT epidemiologists are using a syndrome called the COVID-like Illness (CLI) Syndrome. CLI Syndrome looks for ED visits with mention of COVID or fever/chills and cough or shortness of breath in the chief complaint or triage notes. Please note that CLI syndrome does NOT indicate confirmed cases of COVID-19.

Recent changes in health care seeking behavior are impacting trends in CLI syndrome and other ED data, making it difficult to draw conclusions at this time. Tracking these systems moving forward will give additional insight into illness related to COVID-19. NC DETECT was created by the NC Division of Public Health in collaboration with the Carolina Center for Health Informatics (CCHI) in the UNC Department of Emergency Medicine.

About the Data
Data in the North Carolina Dashboard

North Carolina collects data from several sources and partners to monitor the COVID-19 pandemic in North Carolina. The following data is used in the dashboard. New data sources may be added.

North Carolina Electronic Disease Surveillance System (NC EDSS)

NC EDSS, the North Carolina Electronic Disease Surveillance System, is a component of the Centers for Disease Control and Prevention (CDC) initiative to move states to web-based health surveillance and reporting systems. NC EDSS is also part of the Public Health Information Network (PHIN). The electronic system replaced a patchwork of smaller disease-specific surveillance systems and paper-based reporting.

NC EDSS is used by the North Carolina Department of Health and Human Services, Division of Public Health, the state's 86 local and multi-county district health departments (LHDs), and eight HIV/STD Regional Offices. Laboratories also report electronically to NC EDSS.

NC EDSS creates a central repository of person-based public health data. Local Health Departments collect and enter the data included in the dashboard, including COVID cases, COVID deaths, and demographic information for cases.

ReadyOp

Data on hospitalizations, hospital beds, and ventilators is collected using the ReadyOp system. This system uses a survey to collect self-reported data from hospitals. The data are reported throughout the day and collected and aggregated daily. The percent of hospitals reporting to the survey statewide is updated daily. The percent responding may change.

Healthcare partners that need to request Personal Protective Equipment (PPE) can complete a survey in ReadyOp to provide information on their PPE needs. The request is routed to the appropriate emergency support function to review and vet the resource. Once approved the resource request is entered into WebEOC and is routed for fulfillment (if the resource is on hand) or for sourcing (if the resource needs to be procured).

Congregate Living Setting

In a congregate living setting, a COVID-19 outbreak is defined as two or more laboratory-confirmed cases. An

outbreak is considered over if there is not evidence of continued transmission within the facility. This is measured as 28 days after the person identified as the last case began having symptoms, or their date of specimen collection if they didn't have symptoms. If another case is detected in a facility after an outbreak is declared over, the outbreak is not reopened. It is counted as a case in congregate living settings, and if a second case is detected within 28 days in the same facility, it is considered a second, new outbreak in that facility.

Personal Protective Equipment

Personal Protective Equipment (PPE) from our federal partners, Federal Emergency Management Agency (FEMA) and the Strategic National Stockpile are tracked and monitored by North Carolina Emergency Management. This information reflects key pieces of PPE requested from and received from FEMA and the Strategic National Stockpile. It does not reflect PPE purchased or received from other sources.

PPE from the Private Sector is purchased, tracked and monitored by North Carolina Emergency Management.

Requests for PPE are submitted through ReadyOp and WebEOC by healthcare partners, first responders and county partners.

WebEOC

County Emergency Operation Centers (EOC) have access to WebEOC to request and track resource requests for fulfillment by the State Emergency Response Team at the State Emergency Operations Center. When a resource request is placed by a county EOC into WebEOC the request is routed to the appropriate emergency support function to review and vet the request. Once approved the resource request is routed for fulfillment (if the resource is on hand) or for sourcing (if the resource needs to be procured).

How North Carolina Counts COVID-19 Cases

Recognizing the threat posed by COVID-19, North Carolina acted in early February to add COVID-19 to the lists of conditions that physicians and laboratories are required to report to the state. This means that all positive tests results must be reported to the state. The number of laboratory-confirmed cases has been tracked since that time.

Health providers determine to which lab they send their COVID-19 tests. There are multiple hospital and commercial labs that conduct tests. These labs manage their own supplies and operate independently from the Department of Health and Human Services and the North Carolina State Laboratory of Public Health.

North Carolina will continue to track and post the number of laboratory-confirmed COVID-19 cases. However, it is important to recognize that there are many people with COVID-19 who will not be included in daily counts of laboratory-confirmed cases, including:

1. People who had minimal or no symptoms and were not tested.

2. People who had symptoms but did not seek medical care.

3. People who sought medical care but were not tested.

4. People with COVID-19 in whom the virus was not detected by testing.

Therefore, the number of laboratory-confirmed cases through testing will increasingly provide a limited picture

of the spread of infections in the state as COVID-19 becomes more widespread and the number of people in the first three groups above increases.

Surveillance Strategies

To get a more complete picture of COVID-19 in our state, North Carolina uses evidence-based surveillance tools, including what is known as syndromic surveillance. Syndromic surveillance refers to tools that gather information about patients' symptoms (such as cough, fever, or shortness of breath) and do not rely only on laboratory testing.

In North Carolina, as well as in other states and at the Centers for Disease Control and Prevention (CDC), public health scientists are modifying existing surveillance tools for COVID-19. These tools have been used for decades to track influenza annually and during seasonal epidemics and pandemics. These include the following:

- The Influenza-Like Illness Surveillance Network (ILINet). ILINet is a network of clinical sites across the country, including in North Carolina, that is coordinated by the CDC. ILINet sites report data each week on fever and respiratory illness in their patients. They also submit samples (swabs) from a subset of patients for laboratory testing at the North Carolina State Laboratory of Public Health. This network will now test for COVID-19 in addition to influenza.

- Emergency department (ED) surveillance based on symptoms (syndromic). In North Carolina, we receive ED data in near real-time from all 126 hospitals in the state using the North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT). This is an effective way to track respiratory illness, including COVID-19. Specifically, we will use NC DETECT to track trends in respiratory illness across the state and over time.

- Data on severe illnesses. Public health scientists will use a variety of sources to track hospitalizations related to COVID-19. These include data reported directly by hospitals (including current numbers of patients hospitalized with COVID-19) and more detailed data from a network of epidemiologists in the state's largest healthcare systems (including total hospitalizations and intensive care unit admissions for respiratory illness). Deaths due to COVID-19 have also been added to the list of conditions that physicians are required to report in North Carolina.

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Contact Information

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2001 Mail Service Center
Raleigh, NC 27699-2000
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